



Community Health Needs Assessment (CHNA)

Adopted FY2024 for FY2025-27

Making a Difference

in the Health of Our Community



OAKLAND

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Executive Summary

Trinity Health Oakland (THOA) is dedicated to providing the best care for all patients, especially those experiencing poverty. As a Catholic health care institution, Trinity embodies its mission of serving as a compassionate and transforming healing presence in the community through development of a comprehensive Community Health Needs Assessment (CHNA) that identifies priorities, establishes a detailed description of the hospital's service area, and analyzes health data to reduce health disparities.

The Affordable Care Act requires nonprofit hospitals conduct a CHNA every three years to learn about health inequities and opportunities within the community. THOA's CHNA was completed over a nine-month period spanning May 2023 through February 2024. The THOA Board of Directors approved the FY24 CHNA report on June 11, 2024.

THOA is located in Pontiac, the heart of Oakland County. The CHNA service area for THOA was defined as the residential zip codes where at least 75% of current patients reside, based on current unduplicated outpatient emergency room visits. The specific communities include Pontiac, Waterford, Clarkston, Auburn Hills, Oxford, White Lake, Bloomfield Hills, Ortonville, and Lake Orion. The collective population of all 21 zip codes is 251,205 residents.

The CHNA process included the Oakland County Health Department, CHNA steering committee, Oakland University, and Oakland Livingston Human Service Agency (OLHSA). The CHNA steering committee supported the hospital's CHNA development. Members of the collective CHNA committee created and distributed the electronic survey tool, reviewed significant community health data, and supported prioritization of health needs.

Primary data for the 2024 CHNA was gathered through surveys, focus groups and community interviews. The 2021 CHNA survey was updated to include 24 questions related to health care access and health behaviors. The survey was distributed in digital and print formats. Electronic surveys were accessed through a SurveyMonkey QR code, and direct email correspondence by community partner agencies. To reduce barriers to access, paper surveys were distributed to residents at strategic community access points. Paper survey distribution locations included Pontiac and Waterford senior centers, Pontiac and Auburn Hills public libraries and Oakland County Health Department

The CHNA steering committee reviewed extensive secondary data including the United States Census, Michigan Behavioral Risk Factor Surveillance System, Community Health Status Assessment, and hospital-specific discharge data. Healthy Pontiac, We Can!, and Pontiac Collective Impact coalition community surveys were also referenced.

The CHNA steering committee evaluated four health needs using a prioritization matrix that weighed criteria including ability to achieve health equity, severity of need, scope of impact, measurable outcomes (over three years), and consequence of inaction.



Top priority health needs

1. Behavioral Health (mental health/substance abuse)
2. Access to Care (resource navigation, specialty providers)
3. Food Security (diabetes, obesity)
4. Housing (community safety)

The data presented in this report provides information about the health and social landscape in greater Pontiac during the transition from the COVID-19 pandemic to endemic. Health and social issues related to COVID-19 impacted residents' ability to meet basic needs, especially communities of color within Oakland County. The 2024 CHNA isolates health outcomes to emphasize inequalities and assets within unique ethnic groups.

Over the next three years, THOA, in partnership with local community benefit organizations, will develop programs designed to address priority health needs. Through collective input a defined implementation plan will be developed for the hospital to follow. Data will be collected and progress will be tracked. The implementation plan is detailed in a separate document and located on the hospital's webpage under community benefits at [Trinity Health Oakland CHNA Implementation Strategy FY22_24 \(trinityhealthmichigan.org\)](https://www.trinityhealthmichigan.org). To submit written comments or to request a copy of the CHNA, contact Trinity Health Oakland, Office of Community Health, 44405 Woodward Ave., Pontiac, MI 48341. No written comments were received on the 2021 CHNA or Implementation Strategy.

Introduction

THOA's Community Health Needs Assessment (CHNA) was completed over a nine-month period spanning May 2023 through February 2024. The THOA Board of Directors approved the 2024 CHNA report June 11, 2024. THOA performed the CHNA in adherence with federal requirements for not-for-profit hospitals in the Patient Protection and Affordable Care Act of 2010 and Internal Revenue Service.

In alignment with the mission, vision, and values of Trinity and the Catholic health care tradition, THOA prioritizes the well-being of our community and works closely with residents, community leaders, and partners to identify health inequality. As a ministry, we are committed to addressing the root cause of health disparities and welcome the support of community partners, and stakeholders as we strive to improve access to care for all.

About Trinity Health Oakland


For more than 95 years, Trinity Health Oakland (THOA) has been a vital part of the health care landscape in northern Oakland County, Michigan. The Sisters of Mercy founded the hospital in 1927 at the request of the City of Pontiac. The hospital has grown into a 497-bed comprehensive community and teaching hospital, highly rated for clinical quality outcomes. The hospital is part of Trinity Health Michigan, with five hospitals serving Southeast Michigan and four hospitals serving West Michigan; and a member of Trinity Health, one of the country's largest nonprofit health care systems.

Accredited by The Joint Commission, THOA is a leader in innovation and improving health care delivery. Current accomplishments include:

- Grade "A" in Patient Safety and Top Teaching Hospital from the Leapfrog Group, a national health care rating organization.
- First certified Thrombectomy Stroke Program in the country.
- American Heart Association/American Stroke Association's Get with The Guidelines[®]-Stroke Gold Plus Achievement Award.
- Blue Cross Blue Shield Distinction Center for Maternity Care.
- Crain's Detroit Business Notable Women in Healthcare, Shannon Striebich, president and CEO, Trinity Health Oakland.
- Most Wired Innovator Award from the American Hospital Association and Hospitals & Health Networks.
- Baby Friendly Hospital for support of breastfeeding access.

About Trinity Health Michigan

THOA is a member of Trinity Health Michigan, serving seven counties in southeast Michigan including Livingston, Washtenaw, Wayne, Oakland, Macomb, Jackson, and Lenawee. Trinity Health Michigan includes 548-bed Trinity Health Ann Arbor, 497-bed Trinity Health Oakland in Pontiac, 304-bed Trinity Health Livonia, 66-bed Trinity Health Livingston in Howell, 133-bed Trinity Health Chelsea, and 348-bed Trinity Health Muskegon. Combined, these hospitals are licensed for 1,896 beds. Trinity Health Michigan has more than 25 specialty centers; employs more than 15,300 individuals; and has a medical staff of nearly 2,700 physicians.



Nationally, Trinity Health is among the country's largest Catholic health care systems. Based in Livonia, Michigan, with operations in 22 states, Trinity Health nationally employs about 129,000 colleagues, including 7,500 physicians and clinicians. The system has annual operating revenues of \$18.3 billion, assets of nearly \$27 billion, and returns about \$1.3 billion to its communities annually in the form of charity care and other community benefit programs. For more information, visit www.trinity-health.org.

About Trinity Health IHA Medical Group

Established in 1994, Trinity Health IHA Medical Group is one of the largest multi-specialty medical groups in Michigan delivering more than one million patient visits each year, practicing based on the guiding principle: our family caring for yours. Trinity Health IHA Medical Group has Oakland County primary care offices in Bloomfield, Clarkston, Commerce Charter Township, Lake Orion, Pontiac, Rochester Hills, South Lyon, and Waterford.

Mission, Vision, and Values

At the core of the hospital's mission is a commitment to care for the poor and underserved. As a Catholic Christian health care organization, THOA provides community benefit services to those in need as a core element of the hospital's mission to "serve together in the spirit of the Gospel as a compassionate, transforming and healing presence within our communities." As a member of Trinity Health, this mission guides everything we do.

Mission: We, Trinity Health, serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities.

Core Values: Reverence, Commitment to Those Experiencing Poverty, Justice, Stewardship, Integrity, Safety

Vision: As a mission-driven innovative health organization, we will become the national leader in improving the health of our communities and each person we serve. We will be the most trusted health partner for life.

Summary and Impact of 2021 CHNA Implementation Plan

THOA selected four health priorities to address within its 2021 implementation plan using metrics to prioritize community impact, relevancy of programs and appropriate resource allocation. The full 2021 CHNA report is available for review and commentary [online](#).

2021 PRIORITIES	TREND	TREND DETAILS
Behavioral health (Mental Health/ Substance abuse)	Poor	Oakland County has adequate primary care and mental health providers, but shortage areas indicate inequitable distribution of mental health providers throughout the county. Mental health community data reflect deficiencies in access. The suicide rate in Pontiac rose, Oakland County's suicide rate reduced overall. The suicide rate for residents 75+ has risen. ¹ The percent of people reporting poor mental health days also rose in Oakland County. ² Community interviews and surveys indicate a high demand for access to mental and behavioral health services for all adults and youth, especially Medicaid recipients.
Food Security	Mixed	The primary metric to measure food security is percent of adults eating adequate fruits and vegetables. Resident access to healthy foods varies across Oakland County. Food access challenges are central to Pontiac. Community interviews and surveys indicate increased need for fresh produce access, education, and mitigation of produce cost.
Diabetes, High Blood Pressure	Mixed	Data regarding incidence, hospitalization and mortality rates from chronic diseases were mixed, with some improvement in overall mortality but no clear trend. Interviews and surveys revealed ongoing financial issues for low income and undocumented residents, and Medicaid recipients requiring specialty services. Culture, language, and transportation-related barriers to care also exist. Community interviews point toward a need for community health education topics including hypertension, diabetes, and smoking cessation.
Maternal Health Resources	Mixed	Infant mortality rate overall has reduced within the hospital's service area but remains high for African American and Asian ethnic groups. ³ The Cesarean section rate in Oakland County has improved over three years. Community interviews indicated barriers to obstetrics for African American, indigenous, and other people of color, including inadequate hours of service for working poor.

1. Behavioral Health and Substance Abuse

Goals:

- Decrease negative perception associated with mental illness, improve access to mental health services and education. Decrease the negative impacts of substance use.
- Improve Oakland County residents' connection to mental health and substance abuse services and utilization.

¹ Community Health Information--Critical Indicators (state.mi.us)

² Poor Mental Health Days | County Health Rankings & Roadmaps

³ <http://www.mlpp.org/kids-count>

Strategies	Accomplishments
Social influencers of health screening utilization within the ambulatory setting for THOA service area, with focus on priority zip codes 48340, 48341, 48342, 48328	<ul style="list-style-type: none"> 85% of Trinity Health Oakland patients were screened for social needs in the primary care setting. Approximately 25% identified a social need. 12% requested help and were referred for services.
Utilization and expansion of Community Resource Directory within the ambulatory setting, with a focus on 48340, 48341, 48342, 48328 zip codes	<ul style="list-style-type: none"> THOA introduced FindHelp Community Resource Directory training and technical assistance for community benefit organizations within 48340, 48341, 48342, 48328 zip codes. Transforming Communities Initiative, Healthy Pontiac, We Can! And Pontiac Collective Impact Coalitions engagement in community resource directory expansion efforts.
Expand Community Health Worker patient referral for socially isolated and marginalized patients	<ul style="list-style-type: none"> In FY23, a Community Health Worker program received over 1,100 referrals, 15% increase from 2021-23. Approximately 37% identified Social Isolation as an identified need. Reduced Social Isolation rate for white patients within THOA service area by 3% from 2021-23.

2. Food Security

Goals:

- Improve connections of Oakland County residents to healthy and affordable food resources and utilization of programs/services.
- Improve access to healthy produce, Support programs and policies that increase healthy weight and reduce chronic disease among adults and youth.

Farm Share Produce Program	<ul style="list-style-type: none"> 67% of Farm Share Assistance Memberships support households within our five priority zip codes. 7,300 shares distributed at no cost to members experiencing nutrition insecurity.
Provide support/funding to expand referral partner access to evidence-based health promotion programming	<ul style="list-style-type: none"> \$60,234 spent with farmers in our region. 26 partner farms supplied fresh foods.
Provide access to monthly food pantry	<ul style="list-style-type: none"> 71% of pantry shoppers live within our priority zip codes.
Provide access for the Produce to Patients program	<ul style="list-style-type: none"> 8,198 shares, 5,919 pounds distributed to members. Total value produce to patient program FY23 \$25,093.

3. Maternal Health Resources

Goals:

- Reduce infant mortality rate and low birth weight babies within Oakland County. Improve health and well-being of women, infants, and families in city of Pontiac zip codes by increasing access to maternal health care resources for those impacted by Social influencers of health (SIOH).
- Improve health outcomes for perinatal health. Improve navigation and access to health care resources for mothers, infants, children, and families.

Strategies	Accomplishments
Fund initiatives that improve access to maternal health resources	<ul style="list-style-type: none"> • Grant funded Community Health Worker placement within inpatient obstetrics and gynecology. • Annual March for Babies Community Benefit funding support.
Improve reduction in C-section for Oakland County families	<ul style="list-style-type: none"> • Maintained cesarean birth rate below 24% and exclusive breastfeeding rate above 60% through FY23. • Improvement in birth equity, 2023 OBI Nulliparous Term, Singleton, Vertex (NTSV) Cesarean Birth Rate Champion Award recipient. • THOA Obstetrics Initiative site based on Cesarean examination rates.
Increase SIOH screening rate within Women’s Health Center	<ul style="list-style-type: none"> • 70% of obstetrics and gynecology patients screened for SIOH within the past year.

4. Diabetes and High Blood Pressure

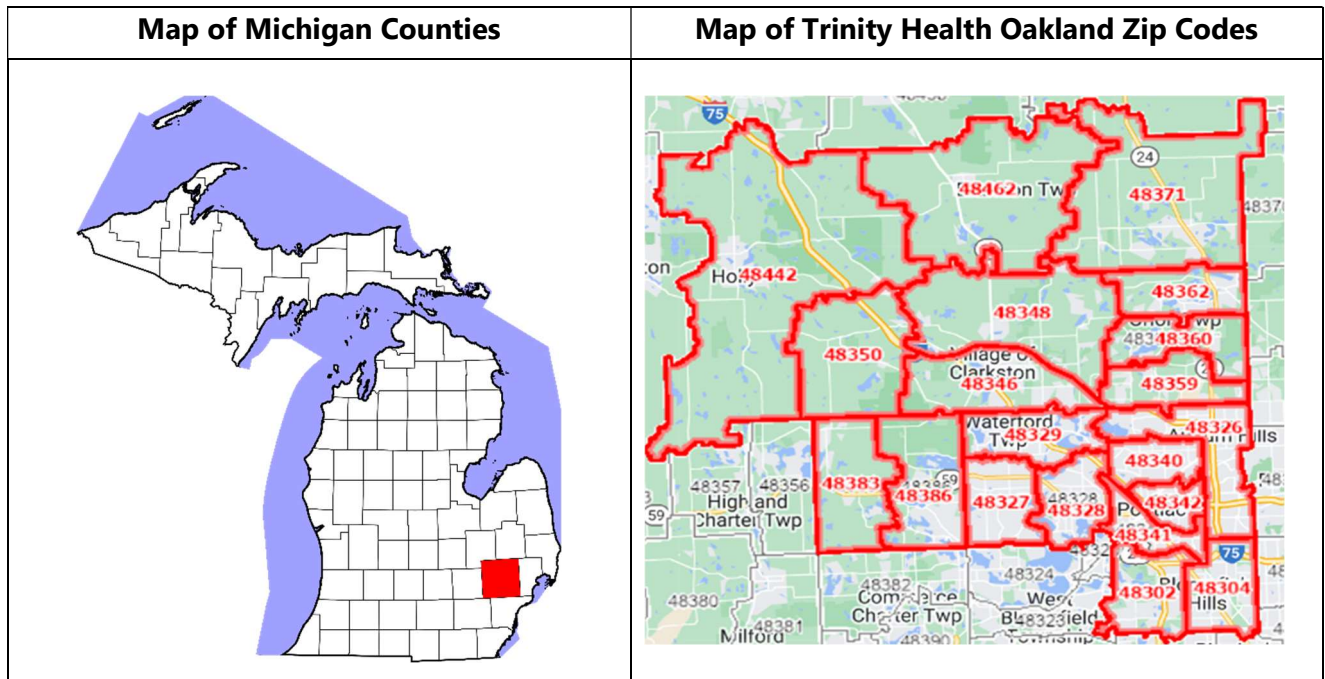
Goals:

- Reduce diabetes and chronic disease prevalence among adults in Oakland County. Improve diabetes prevention knowledge and healthy lifestyle choices through education and access options for adults in THOA service area.

Strategies	Accomplishments
Expand Diabetes Prevention Program (DPP) capacity and provide at least one cohort annually targeted to Pontiac and/or Waterford communities	<ul style="list-style-type: none"> • THOA’s in-person and distance learning programs exceed the Centers for Disease Control and Prevention (CDC) benchmarks for retention and risk reduction. • THOA introduced third virtual DPP cohort. • Record enrollment, 14 participants and 154 pounds lost annually.
Expand diabetes education and referrals by providers through targeted outreach using Together Care Registry and community outreach	<ul style="list-style-type: none"> • Received 374 referrals, 183 participants and 72 completed diabetes education. 39% completion rate. • More than 35% of the population we serve live in the Pontiac zip code.

Community Description

The hospital's primary service area is North Oakland County. THOA is located in Pontiac, the heart of Oakland County. The specific zip codes include Pontiac, Waterford, Clarkston, Auburn Hills, Oxford, White Lake, Bloomfield Hills, Ortonville, and Lake Orion. The THOA service area was defined as residential zip codes where at least 75% of current patients reside, based on outpatient emergency room visits. THOA's service area has a population of 296,825 residents and includes 21 unique zip codes.



Population Demographics

Age and Gender

THOA's service area has an even distribution between males and females; approximately 53% of residents are male, while 45% are female. THOA's median age is 41 years old with the largest age group represented between the ages of 18 and 64 (63%) followed by young adults between ages 5 to 17 (16.65%). Adults at least age 65 were about 11.6% of the population while youth ages 0-4 make up the smallest age group (8.6%).



Age	Trinity Health Oakland Service Area
Median Age	41.1 years old
0-4	8.6%
5-17	16.65%
18 -64	63%
65+ years	11.6%

Race/Ethnicity

THOA's non-Hispanic population is 85%, and the Hispanic Latinx population is 12.3%. THOA's service area demographics indicate increases in populations of color. Alternatively,

Pontiac is heavily influenced by Black, Indigenous, People of Color (BIPOC) residents facing serious economic challenges that affect health and well-being. Pontiac residents who identify as African American reflect 56% of the population, while 17.6% represent as White, followed by 20% of multiple races. Pontiac residents who identify as Hispanic or Latino represented 19.2% of the population, one of the highest percentages in Oakland County.

Race/Ethnicity	THOA Service Area	City of Pontiac
White	71.4%	23.5%
Hispanic or Latino	12.3%	21.5%
Black or African American	10.2%	47%
American Indian and Alaska Native	0.2%	0.6%
Asian	2.8%	2.3%
Two or More Races	4%	5.1%

THOA opened the first Senior Emergency Department in Oakland County in 2010 to help manage the growing senior population. Currently, individuals 55 and older make up nearly 30% of the Oakland County population. To serve this changing demographic, THOA trained its nurses and doctors on the nuances of meeting the health care and cultural needs of senior patients. THOA provides the highest quality health care to all individuals regardless of their ability to pay. The hospital maintains a commitment to patient-centered care and community outreach. Each year, the hospital provides charity care and programs for the community serving more than 45,500 residents.

Report Area	Total Population	Population Age 18+	Percent Population Age 18+
Report Location	376,867	296,825	78.76%
Genesee County, MI	405,280	315,014	77.73%
Lapeer County, MI	88,687	70,769	79.79%
Livingston County, MI	194,302	154,198	79.36%
Oakland County, MI	1,272,264	1,011,667	79.52%
Michigan	10,057,921	7,908,457	78.63%
United States	331,097,593	257,883,888	77.89%

Data Source: US Census Bureau, American Community Survey, 2018-22.

Income and Poverty

Pontiac is a unique, because it is a community with high poverty surrounded by affluence, creating a silo of underserved residents. Pontiac has a 27% childhood poverty rate and an 18% overall poverty rate, which compares unfavorably to the state poverty rate of 14%. There is an 18-year life expectancy gap between Pontiac and surrounding municipalities. The median family income for Pontiac is \$40,456, compared to \$102,947 for Oakland County and \$72,600 for Michigan.⁴

⁴ U.S. Census Bureau QuickFacts: Pontiac city, Michigan

Community Assets

There are two additional hospitals in Pontiac: Doctors Hospital of Michigan (formerly North Oakland Medical Center, which has downsized significantly since 2008 to a very small for-profit, doctor-owned facility with few patients), and McLaren Oakland Medical Center (formerly Pontiac Osteopathic Hospital). The following not-for-profit hospitals are also located within the THOA larger service area: William Beaumont, Henry Ford Health - West Bloomfield, Huron Valley-Sinai, Providence Park, Providence, and Crittenton. Henry Ford Macomb Hospital, in Macomb County, also draws patients from our service area, and Corewell Health Hospital in Farmington Hills. THOA provides the community four urgent care centers an ambulatory surgery center, and network of medical offices and diagnostic centers and continues to expands to improve patient access to care.

A community resource guide was created for all zip codes within the CHNA service area identifying existing community strengths which support the health of the community. Human capital, physical resources, governmental stability, existing programs services and support were considered assets. These assets were used to evaluate gaps and consider opportunities for collaborative partnerships. The assets identified will be considered as the Implementation Plan is developed. Contact the office of Community Health at Trinity Health Oakland, 44405 Woodward Ave., Pontiac, MI 48341 to request a copy of the community resource guide.

CHNA Methodology and Process

THOA aligned its CHNA cycle with Trinity Health Michigan to improve the impact on shared priority health needs within service areas that cross county lines. Over a nine-month period from May 2023 through February 2024, the CHNA steering committee and Community Health & Well-Being actively engaged the community through surveys and forums. Neighborhood and regional data sources were analyzed to establish a service area for the hospital while state, county, and Pontic community data were analyzed to identify specific health priorities.

Trinity Health Oakland CHNA Steering Committee

The CHNA steering committee was re-established July 2023. The committee consists of a consolidated group of 14 diverse community partners and care leaders. This group provided local guidance to the CHNA process to assure the assessment was reflective of the community. Residents and partners were selected for the CHNA steering committee for their lived experiences and connection to the community.

The CHNA steering committee invited members from the THOA grant-funded coalition, Transforming Community Initiative, (TCI) to support the initial CHNA planning phase. TCI provides funding and technical assistance to help accelerate health improvement around housing and community safety in THOA's service area. The TCI steering committee includes residents, frontline staff, and community stakeholders. The Pontiac-based consulting firm, Tameka Ramsey & Associates, provided community organization and recruitment support for TCI and FY24 CHNA process. The TCI steering committee participated in identifying, researching, and analyzing health data for the CHNA steering committee to select (through ranking, rating, dialogue, and consensus) priority health needs to be addressed. See Appendix A for a list of CHNA steering committee members.

Outreach to Vulnerable Populations

THOA assured authentic community engagement was achieved through partnership with the Pontiac social impact consulting firm, Tameka Ramsey & Associates. Diverse voices and input were obtained from vulnerable populations in each phase of the CHNA process. THOA also collaborated with local community food pantries and homeless shelters in Pontiac to reach marginalized residents including Lighthouse of Oakland County, HOPE Shelter and the Baldwin Center.

Thoughtful consideration was put into assuring surveys were made available to residents electronically through email and through paper format to allow technology-challenged residents with access. The clerk's office, public library, and senior centers served as community-based survey distribution locations in Waterford and Pontiac. Paper and phone surveys were manually entered into the online SurveyMonkey database.

Qualitative Data

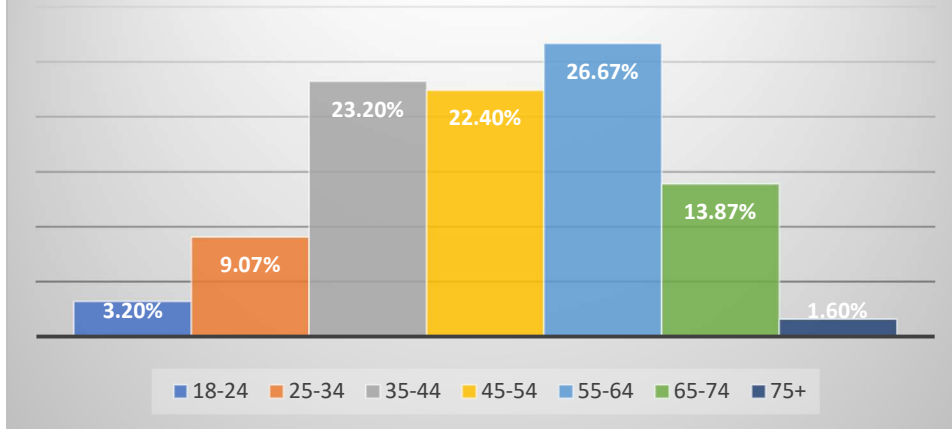
Primary data for 2024 CHNA was gathered through surveys, local community studies, forums and focus groups.

Trinity Health Oakland Community Health Needs Assessment Survey

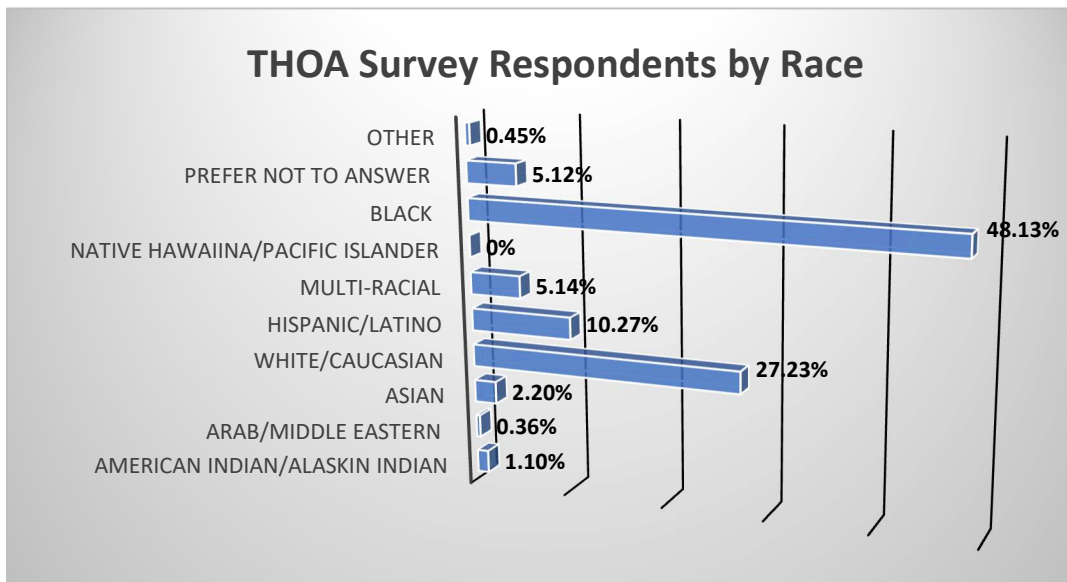
The 2021 CHNA survey was updated to include 24 questions related to health care access and health behaviors. The survey was distributed in digital and print formats. Electronic surveys were accessed through a SurveyMonkey QR code and direct email correspondence through partner agencies. Paper surveys were distributed to residents at strategic community access points within Pontiac and Waterford senior centers, Oakland County public libraries, and Oakland County Health Department to reduce barriers for completion.

Over 1,000 survey responses were collected (1,037) across Oakland County, with a targeted focus on communities located in priority zip codes in Pontiac, Waterford, and Auburn Hills. The CHNA steering committee distributed the survey through THOA's Farm, Oakland County farmers market, and community resource fairs. The survey had representation from vulnerable populations including veterans, seniors, and disabled residents.

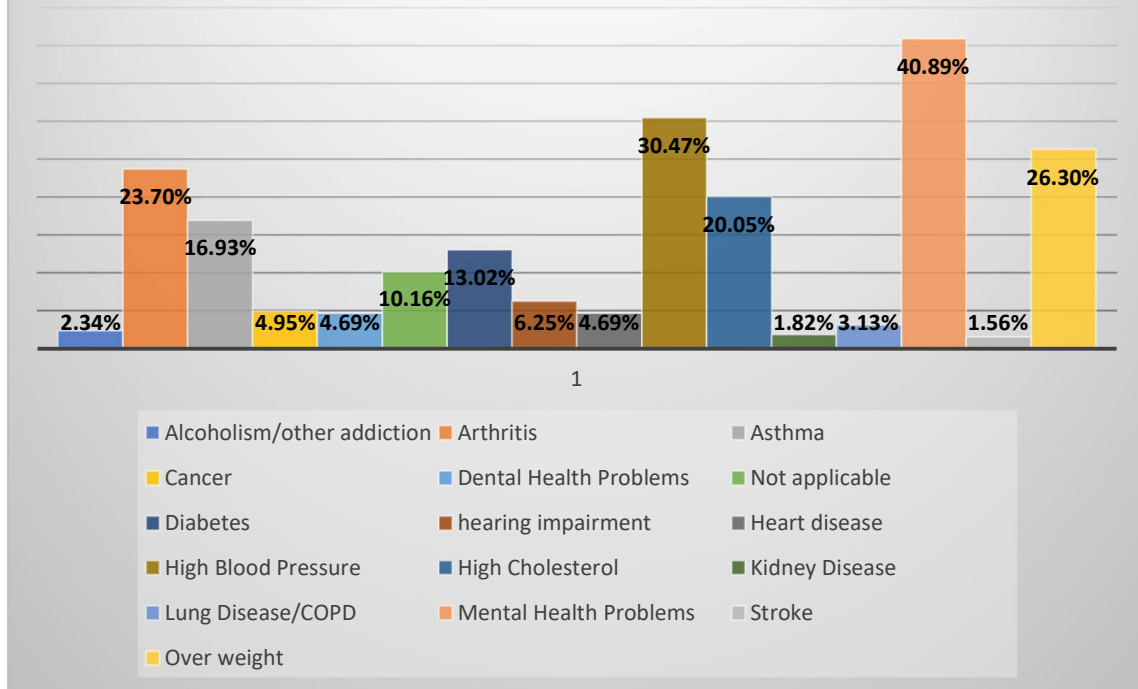
THOA Survey Respondents by Age



THOA Survey Respondents by Race



THOA CHNA FY24 Survey Diagnosed Health Condition



Focus Groups

Understanding the health needs of our patients and those we serve is essential to making a difference in the communities. THOA collaborates with community partners to conduct its CHNA to learn about pressing health issues. The following partners participated in community focus groups to further support retention of vulnerable population’s voices in the CHNA process. Catholic Charities of Southeastern Michigan, Community Network Services Healthcare, HOPE Warming Shelter, Lighthouse of Oakland County, Meals on Wheels, Oakland Community Health Network, Oakland County Harm Reduction Services, Oakland Livingston Human Service Agency (OLHSA) and Oakland County Veterans Services.

	Immigrant/Refugee	Mental Health/Day Hospital	People w/ Disabilities	BIPOC	Veterans	Hispanic
Transportation Access	Not Mentioned in Focus Group	Mentioned in Focus Group	Mentioned in Focus Group	Mentioned in Focus Group	Mentioned in Focus Group	Mentioned in Focus Group
Barriers to Mental Health	Mentioned in Focus Group	Mentioned in Focus Group	Mentioned in Focus Group	Mentioned in Focus Group	Mentioned in Focus Group	Mentioned in Focus Group
Food Access and Healthy Eating	Mentioned in Focus Group	Mentioned in Focus Group	Mentioned in Focus Group	Mentioned in Focus Group	Mentioned in Focus Group	Mentioned in Focus Group
Community Connection	Mentioned in Focus Group	Mentioned in Focus Group	Mentioned in Focus Group	Mentioned in Focus Group	Mentioned in Focus Group	Mentioned in Focus Group
Culturally Competent Healthcare	Mentioned in Focus Group	Mentioned in Focus Group	Mentioned in Focus Group	Mentioned in Focus Group	Mentioned in Focus Group	Mentioned in Focus Group

Legend
Mentioned in Focus Group
Not Mentioned in Focus Group

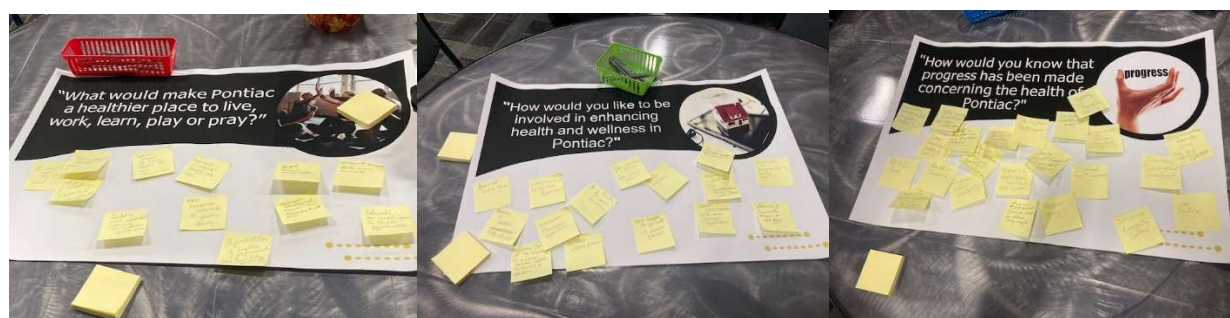
*Theme of community safety & housing

Primary Data Sources – Community Forum

The hospital hosted two unique community forums on November 2 and 3, 2023, in collaboration with Michigan Public Health Institute (MPHI) and OLHSA. These community forums were conducted to expand THOA's understanding of the communities' pressing health needs and barriers to accessing care.

Community forums included community stakeholders, local subject matter experts, and community leaders within the Latino and senior population.

The focus groups questions aligned with the CHNA survey, referencing health care needs and barriers. Focus groups offered an opportunity to dive into issues of service coordination and detail specific population needs. Some of the questions included:



Question 1

Question 2

Question 3

1. What would make Pontiac a healthier place to live, work, learn, play or pray?
2. How would you like to be involved in enhancing health and wellness in Pontiac?
3. How would you know that progress has been made concerning the health of Pontiac?

Quantitative Data Gathering

Michigan, Oakland County, and neighborhood data were used where available. Secondary data references included the United States census, Michigan Behavioral Risk Factor Surveillance System, Community Health Status Assessment, Local Public Health System Assessment, Forces of Change Assessment, THOA discharge data, Trinity Health CHNA Data Hub metrics, and community surveys conducted by Healthy Pontiac, We Can! coalition, and Pontiac Collective Impact.

Trinity Health CHNA Data Hub

The Trinity Health Data Hub is a customized data hub created by CARES Engagement Network that provides statistical information on Trinity Health Vital Signs and CHNA health data by service area, region, or county. The Trinity Health Data Health Hub was used to explore data indicators on health care access; economic stability; education; social support and community context; neighborhood and physical environment; and health outcomes and behaviors for the Trinity Health Oakland service area. The Trinity Health Data Hub can be accessed at [Trinity Health \(trinityhealthdatahub.org\)](https://trinityhealthdatahub.org). See Appendix E for select Trinity Health Data Hub graphics.

Michigan Behavioral Risk Factor Surveillance System

The Michigan Behavioral Risk Factor Surveillance System (MiBRFSS) The Behavioral Risk Factor Surveillance System is a health-related telephone survey that collects state data about U.S. residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services. The MiBRFSS survey was referenced as a comparison to Oakland County and city of Pontiac residents. MiBRFSS was used to assess the prevalence of various behaviors, medical conditions, and preventive health care practices among outlying Oakland County adults.

Based on the data gathered, Oakland County residents reported being told by a doctor they had a depressive disorder. Residents within the THOA service area reported that their mental health was not good almost half the time, this incrementally increased from the previous three survey cycles.

Trinity Health Oakland Patient Data

THOA patient data was de-identified and pulled from THOA's electronic medical records. This data includes clinical conditions and results from screening patients for social needs. The data was stratified by race, age, and gender to better understand differences between groups. Social needs screening data identified social isolation, financial insecurity, and food insecurity as a high or medium need. It also illustrated older adult patients' need for transportation to medical appointments and dependent care.

United States Census Bureau – American Community Survey

American Community Survey data was used to understand population information for the residents of THOA's service area. Race, ethnicity, age, gender, median household income, employment rate, language spoken at home, poverty rate, foreign born, and health care coverage were analyzed.

Healthy Pontiac, We Can! Coalition Survey

The Healthy Pontiac, We Can! Coalition, under the direction of the Oakland County Health Division, conducted the Pontiac Community Survey, which gathered information about health behaviors and perceptions from Pontiac residents from April 1 through May 1, 2021. The survey was distributed through partnering agencies, at community events, and was available online. This data provides a snapshot of health behaviors (e.g., physical activity and nutrition), and perception of things that impact the quality of life in Pontiac. The results from this survey contribute to identifying areas to improve health and wellness within our community.

Pontiac Collective Impact Survey

The Pontiac Collective Impact Partnership convenes a diverse set of residents, stakeholders, organizations, and leaders to improve quality of life in Pontiac. The group utilizes a data-driven approach to address the most pressing issues the community faces using a collective impact formwork.

Information Gaps and Process Challenges

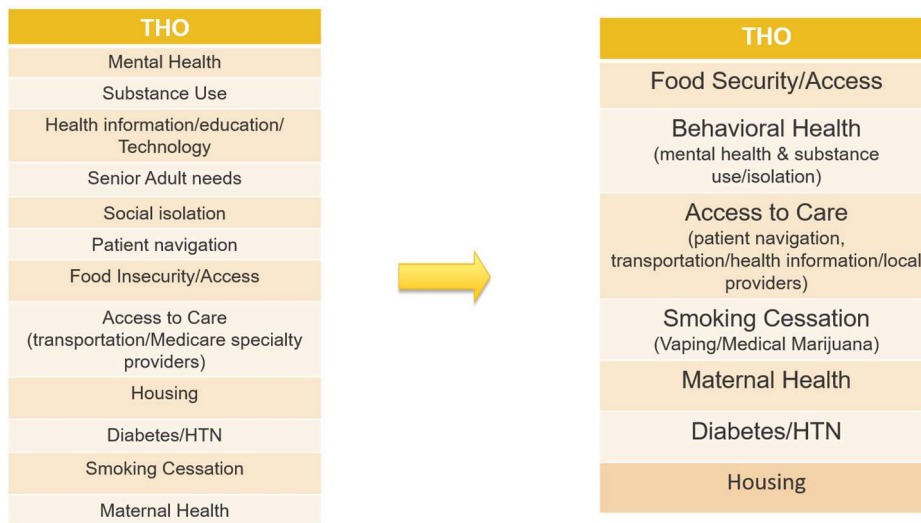
There were various challenges in the data collection process. Due to differing scopes of analysis between local and county data, it was difficult to understand the health needs for the specific population to be impacted while evaluating data for an entire county versus the localized

community. One dilemma of statistical data collection is that data is often dated or too broad to reflect an accurate portrayal of community health.

It was difficult to gather appropriate census data for communities within the THOA service area that have a population under 5,000 residents. Data was limited and, in some instances, void for communities within this low population range.

Significant Health Needs

The CHNA Steering Committee reviewed quantitative data for the service area compared to state and national averages, reviewing community input, revealing 12 health needs through forums and CHNA survey evaluation. After identifying the initial 12 significant community needs (in the table below), a prioritization process was conducted by the CHNA steering committee to further identify THOA’s manageable priority health needs.



Prioritized Needs

The initial list of community health needs identified by the CHNA advisory committee were selected by analyzing quantitative and qualitative community data. There is boundless information and sources of information available to inform the CHNA process. The CHNA advisory committee reviewed a broad range of data including the Forces of Change Assessment which looks at forces that impact health in the community. The Community Health Status Assessment examined Oakland County data to identify health conditions. These assessments, along with data from the THOA Data Hub, helped populate the initial list of identified community needs.

The four priority health needs identified by the CHNA steering committee were selected and prioritized using a weighted matrix. The factors of consideration included: (1) key factor in achieving health equity, (2) urgency for addressing the need/severity of need, (3) potential impact on the greatest number of people, (4) feasibility of effective interventions/measurable outcomes in three years, and (5) consequences of inaction. Each member of the CHNA steering committee prioritized the health need by ranking on a scale of 1-5 (1=lowest importance; 5=highest importance) scoring the need through the lens of each criterion. A total score was

determined for each health need and the score was utilized to rank each need. The results from the process are shown below.

Priority	Health Need	Total Average Score
1	Behavioral Health (mental health/substance abuse)	4.53
2	Access to Care (patient navigation, transportation/health information, smoking cessation/specialty providers)	3.85
3	Food Security	3.54
4	Housing (community safety)	3.18

Prioritized Significant Health Needs

<p>Behavioral Health (mental health/substance abuse)</p>	<ul style="list-style-type: none"> • Focus group participants indicated mental health care and social isolation as a priority need and barrier to achieving wholistic well-being. • 15% of Oakland County residents reported 14 or more days out of the previous 30, on which their mental health was not good, which includes stress, depression, and problems with emotions. Rate remained steady from 2019-2021. • 21% of Oakland County residents reported being told by a doctor that they had a depressive disorder. There has been a progressive increase in the rate over the last three survey cycles. • Nearly 1 out of 5 adults report being diagnosed with depression and more than 10% say their current mental health is poor. • 40.89% of survey respondents reported that mental health problems were the most important health-related issue facing their community.
<p>Access to Care (patient navigation, transportation /health information smoking cessation/specialty providers)</p>	<ul style="list-style-type: none"> • Almost 9% screened high for education and 3% reported high vulnerability for financial security and food access. 14 % of pontiac residents screened identified education as a social need. • 16% of African American patients in THOA’s service area reported financial risk as an issue impacting access to care. • 26.4% of survey respondents reported high copay or deductible as an element impacting access to care. • Access to health education resources around smoking cessation and medical marijuana for high school students was a main theme from the focus groups. Community discussions revealed there is a disparity in the way health care is provided and received within BIPOC communities. It is a struggle to have health issues and concerns acknowledged the same way as others, leading to frustration, mistrust, and reluctance to seek medical attention when needed.

<p>Food Security</p>	<ul style="list-style-type: none"> • 85.25% of the primary care patients seen in fiscal year 2023 (28,171) were screened for social needs. 25% screened positive, while 5% of Pontiac residents identified food access as a need. • 33% of THOA service area residents over 18 are obese. • 48% defined as having a body mass index greater than or equal to 30. The percentage has remained steady in outlying Oakland County from 2018-2022 compared to 43% for Pontiac. • The Oakland County Food Policy Council focus group participants identified access to food as a major theme. • 9% of Trinity Health Oakland primary care patients identified financial insecurity as a high or medium need. • 26% of survey respondents reported that obesity is one of the most important health-related problems facing their community.
<p>Housing (community safety)</p>	<ul style="list-style-type: none"> • More than 10% of residents in Oakland County dedicate 30% or more of their income to housing expenses compared to 35% of expenses dedicated in Pontiac. • The social vulnerability index for Pontiac in housing and transportation is 0.73 compared to 0.40 for THOA’s service area and 0.21 for Oakland County. • The Census Bureau’s American Community Survey measures housing quality and reports 9.3% overcrowding in Pontiac and 1.8% in Oakland County. • 26.7% of housing in the THOA service area is substandard compared to 37.8% in Pontiac. • 72.8% of housing in THOA service area is Owner-Occupied compared to 42.4% in Pontiac. • 26% of African American patients in THOA service area report housing as a need.

https://www.michigan.gov/documents/mdhhs/2016_MiBRFS_Standard_Tables_FINAL_599753_7.pdf

Resources to Address Needs

THOA maintains the industry standard in clinical and social care services. Trinity Health IHA Medical Group, focuses on assessment, treatment, counseling, or referral for all addictions. THOA works closely with primary care providers and specialists, and with other addiction therapists and pain psychology counselors to assess addiction to all substances. THOA manages an Intensive Outpatient Day Hospital Program and outpatient counseling and psychology services.

Trinity Health care managers work with primary care providers to establish a care plan specialized to help patients achieve the health care goals they have set for themselves. Care managers help patients transition out of the hospital to make sure they have what they need to improve their health.

Social workers are available to assist patients and families in coping with severe and long-term illnesses. Activities include patient and family community agency resource intervention referral.

THOA also employs a team of community health workers accredited by the Michigan Community Health Worker Alliance. Community Health Workers (CHW) help patients improve access to care and manage social influences of health that act as barriers to achieving optimal health. CHWs are trusted members of the community who have a strong understanding of community resources.

Diabetes Prevention Programs are also provided to the community and are fully recognized by the Centers for Disease Control and Prevention. THOA offers in-person and distance learning formats of DPP for residents to access. The Diabetes Care and Nutrition department offers individual and group education for diabetes education and Medical Nutrition Therapy (MNT) for individuals with Type 1, Type 2, and Gestational Diabetes. MNT services are also available for weight management, pre-diabetes, and other chronic health conditions.

THOA's Weight Management and Bariatric Surgery Program is recognized by the American Society for Metabolic and Bariatric Surgery. Through our team approach, surgeons work alongside specially trained physician assistants, nurse practitioners, psychologists, and exercise physiologists to prepare patients physically and mentally for their procedure. Surgeons use sophisticated techniques, including laparoscopic and robotic surgery, to carry out procedures through small incisions.

External Community-Based Resources

THOA supports the HOPE warming shelter through fund allocation and staff volunteers. This investment relationship funds the implementation of a respite care program to support homeless and transient patient populations. THOA also partners with the Burstein Community Health Clinic to facilitate lab and radiology services to address the needs of community members who are undocumented or without insurance. These services along with the Trinity Health grant funded TCI will continue to provide coalition investment and technical assistance to accelerate health improvement around housing and community safety in THOA's service area. The programs noted above will trend into the next CHNA implementation cycle. THOA will leverage its network of community partners to produce a comprehensive Implementation Strategy. CHNA Advisory Committee members will participate, in addition to community benefit organization partners representing the identified priority need.

Conclusion and Next Steps

Detailed Implementation Plans with tactics will be developed, implemented, and measured for effectiveness in collaboration with senior leadership and external partners. Specifics will be contained in the Implementation Strategic Plan which is a separate document located on the hospital webpage under [Community Health & Well-Being](#). The complete [CHNA report](#) is available electronically. Contact Office of Community Health, Trinity Health Oakland, 44405 Woodward Ave., Pontiac, MI 48341 to submit written comments on the CHNA or to request a printed copy of the report.

The next year that the Community Health Needs Assessment will be completed is FY2027.

Appendixes

Appendix A

Community Health Needs Assessment Steering Committee Members

First Name	Last name	Organization	Title
Anita	Barksdale	Trinity Health Oakland	Injury Prevention Coordinator
David	Bowman	Trinity Health Oakland	Community Health & Well-Being Director
Bryan	Killian-Bey	Pontiac Charter Commission	Pontiac Community Member
Damar	Byas	Oakland County Water Resources	Affordability Coordinator
Ashok	Gupta	Trinity Health Oakland	Geriatrics/Preventative Medicine
Anisha	Hannah	Pontiac School District	Pontiac School Board
Michael	Hoyt	Trinity Health Oakland/Livonia	Mission Leader
Carrie	Hribar	Oakland County Health Division	Planning and Evaluation Supervisor
Theresa	Krell	Trinity Health Oakland	Lead Community Health Worker
Sonya	LeDuff-Malone	Oakland Livingston Human Service Agency	Service recipient
James	McQueen	City of Pontiac	Outreach Specialist
Tamara	Orza-Ramos	Pontiac Resident	
Leona	Patterson	Lancaster Community Life Center	Program Director
Teresa	Rodgers	Oakland University	Director Community and Pre-College Programs
Deleah	Sharp	Identify Your Dream Foundation	Executive Director
Katelyn	Smoger	Trinity Health Oakland	Farm Director
Kermit	Williams	Oakland Forward	Director Oakland Forward

Appendix B Community Demographics

Demographic Data	Pontiac	Clarkston	Waterford	Auburn Hills	Bloomfield	Lake Orion	Oxford	White Lake	Ortonville
Population, July 1, 2022, (V2022)	61,854	36,580	69,554	25,485	43,7f98	2,973	22,404	31,043	1,312
Population, percent change - April 1, 2020 to July 1, 2022, (V2022)	0.30%	5.30%	1.60%	6.50%	2.60%	2.25%	0.00%	0.30%	-0.68%
American Indian	0.50%	0.00%	0.03%	0.40%	0.20%	0.10%	0.00%	0.20%	0.31%
Asian	2.00%	2.00%	1.70%	14.60%	8.10%	2.34%	2.60%	0.80%	0%
Black	49.9	2.40%	5.20%	18.90%	7.80%	0.00%	1.80%	2.30%	0%
Native Hawaiian	0%	0.00%	0.10%	0.20%	0.00%	0.02%	0.00%	0.00%	0%
Hispanic Latino	21%	6.40%	8.00%	7.20%	2.70%	3.83%	3.90%	2.60%	2%
Two or more	6.50%	2.10%	3.30%	3.80%	2.70%	0.10%	3.50%	4.80%	6.37%
White	39.20%	92.40%	87.50%	60.00%	80.70%	97.24%	89.00%	90.40%	88.10%

Demographic Data	Pontiac	Clarkston	Waterford	Auburn Hills	Bloomfield	Lake Orion	Oxford	White Lake	Ortonville
High school graduate or higher, percent of persons age 25 years+, 2016-2020	78.60%	94.40%	91.70%	92.20%	97.60%	95.90%	95.40%	93.60%	
Bachelor's degree or higher, percent of persons age 25 years+, 2016-2020	12.10%	41.80%	26.70%	42.50%	71.40%	39.70%	44.30%	33.30%	
Persons without health insurance, under age 65 years, percent	17.50%	6.20%	11.60%	10.40%	3.70%		3.80%	3.30%	5.30%
Median household income (in 2020 dollars), 2016-2020	\$30,152	\$84,211	\$56,274	\$53,686	\$118,317	\$64,388	\$105,878	\$89,377	\$83,125
Per capita income in past 12 months (in 2020 dollars), 2016-2020	\$16,610	\$39,367	\$29,631	\$27,369	\$68,168	\$36,746	\$48,345	\$44,052	
Persons in poverty, percent	34.40%	5.80%	11.70%	12.90%	4.50%	9.20%	4.70%	10.20%	12.27%
Persons under 5 years, percent, April 1, 2020	8.40%	5.10%	5.60%	5.70%	4.40%	3.40%	4.70%	5.10%	

Appendix C Community Health Needs Assessment Survey



Copy of Community Health Needs Assessment Survey

The Community Health Needs Assessment (CHNA) helps Trinity Health Oakland evaluate changing health and social needs in the communities we serve. Your valuable input allows us to hear the voice of the Oakland County community. Once completed, the CHNA will be shared publicly on our web site and utilized to focus on areas for the hospital's community benefit planning.

You must be at least 18 years of age to complete this survey.

Where it states (mark only one), select one choice; where it states (mark all that apply), select all that apply.

1. In the following list, what do you think are the three most important factor for a "Healthy Community"? Choose those factors that most improve quality of life in your community. Check only three.

- | | |
|--|---|
| <input type="checkbox"/> Good place to raise children | <input type="checkbox"/> Quality jobs |
| <input type="checkbox"/> Safe neighborhoods | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Good School District | <input type="checkbox"/> Excellent race relations |
| <input type="checkbox"/> Easy access to parks and recreation | <input type="checkbox"/> Strong family ties |
| <input type="checkbox"/> Clean Environment | <input type="checkbox"/> Religious and spiritual values |
| <input type="checkbox"/> Affordable housing | <input type="checkbox"/> Arts and cultural events |
| <input type="checkbox"/> Access to healthcare | <input type="checkbox"/> Feeling connected to neighbors |
| <input type="checkbox"/> Access to mental health services | <input type="checkbox"/> Aging in place |
| <input type="checkbox"/> Access to healthy food | <input type="checkbox"/> Disability support |

4. Have you been told by a doctor or other health professional that you have any of the following? (Mark all that apply.)

- Alcoholism/other addiction
- Arthritis
- Asthma
- Cancer
- Dental Health Problems
- Mental Health Problems
- Diabetes
- hearing impairment
- Heart disease
- High Blood Pressure
- High Cholesterol
- Kidney Disease
- Lung Disease/COPD
- Overweight
- Stroke
- Not applicable

5. How would you describe your personal health?

- | | |
|---------------------------------|----------------------------|
| <input type="radio"/> Excellent | <input type="radio"/> Fair |
| <input type="radio"/> Very good | <input type="radio"/> Poor |
| <input type="radio"/> Good | |

6. How would you rate the overall health of your community?

- | | |
|------------------------------------|-------------------------------|
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Fair |
| <input type="checkbox"/> Very good | <input type="checkbox"/> Poor |
| <input type="checkbox"/> Good | |

2. In the following list, what do you feel are the three most important health problem in your community? (Those problems which have the greatest impact on overall community health) Check only three.

- | | |
|--|---|
| <input type="checkbox"/> Problems related to aging | <input type="checkbox"/> Mental health problems |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Homicide |
| <input type="checkbox"/> Child abuse/neglect | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> Dental problems | <input type="checkbox"/> Teen pregnancy |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Asthma or otehr respiratory problems |
| <input type="checkbox"/> Domestic violence | <input type="checkbox"/> COVID/Long COVID |
| <input type="checkbox"/> Gun violence | <input type="checkbox"/> Stress/Depression |
| <input type="checkbox"/> Obesity for adults and children | <input type="checkbox"/> Financial burden |
| <input type="checkbox"/> Heart disease and stroke | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Maternal & infant death | <input type="checkbox"/> Kidney disease |
| <input type="checkbox"/> HIV/AIDS | |

3. In the following list, what do you think are the three most important "risky behaviors" in your community? (Those behaviors that have the greatest impact on overall community health)

- | | |
|--|--|
| <input type="checkbox"/> Alcohol abuse | <input type="checkbox"/> Not receiving vaccinations |
| <input type="checkbox"/> Dropping out of school | <input type="checkbox"/> Unsafe sex |
| <input type="checkbox"/> Drug abuse | <input type="checkbox"/> Not using birth control |
| <input type="checkbox"/> Lack of exercise | <input type="checkbox"/> Marijuana abuse |
| <input type="checkbox"/> Lack of care during pregnancy | <input type="checkbox"/> Not having a regular doctor visit |
| <input type="checkbox"/> Poor nutrition | <input type="checkbox"/> Poor sleep |
| <input type="checkbox"/> Tobacco use | <input type="checkbox"/> Gang involvement |
| <input type="checkbox"/> Unsecured guns | <input type="checkbox"/> Unsafe driving |

7. What keeps you from getting healthcare services or improving your health? (Mark all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Availability of services | <input type="checkbox"/> Prescription/medication costs |
| <input type="checkbox"/> Fear of what others think or say | <input type="checkbox"/> Difficulty filling out forms |
| <input type="checkbox"/> No vision insurance | <input type="checkbox"/> Racial or ethnic prejudice |
| <input type="checkbox"/> Cannot take time from work | <input type="checkbox"/> I cannot find a doctor I trust |
| <input type="checkbox"/> High co-pay/deductible | <input type="checkbox"/> Existing medical debt |
| <input type="checkbox"/> Not motivated to improve my health | <input type="checkbox"/> No medical insurance |
| <input type="checkbox"/> Communication/language | <input type="checkbox"/> Clinic hours of operation |
| <input type="checkbox"/> No childcare | <input type="checkbox"/> ER wait too long |
| <input type="checkbox"/> Office/Provider not available | <input type="checkbox"/> No transportation |
| <input type="checkbox"/> Don't have time/too busy | <input type="checkbox"/> Not applicable |
| <input type="checkbox"/> No dental insurance | |

8. We are hoping to learn more about inequity in our community. We would like to understand how you feel others treat you. For each of the following statements, please check one box per statement.

	Often	Sometimes	Rarely	Never
I am treated with less courtesy than other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I receive poorer service than other people at restaurants or stores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People act as if they think I am not smart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People act as if they are afraid of me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People act as if they think I am dishonest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People act as if they think I am not as good as they are	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am called names or insulted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel threatened or harassed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. What is your home zip code?

10. What is your work zip code (if applicable)

11. What is your age?

- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75 and over

12. What is your race/ethnicity? (Mark all that apply.)

- American Indian/Alaskan Indian
- Middle Eastern/North African
- Asian or Asian American
- Black or African American
- Other (please specify)
- Native Hawaiian/Pacific Islander
- White/Caucasian
- Prefer not to answer

13. What is your ethnicity?

- Hispanic or Latino
- Non-Hispanic
- Prefer not to answer.

14. What is your work status? (Mark all that apply.)

- Employed full time
- Employed part time
- Disabled
- Furloughed/laid-off
- Homemaker
- Retired
- Self-employed
- Student
- Volunteer
- Unemployed

15. What is your level of school completed? (Mark only one.)

- 8th grade or less
- Some high school
- High school diploma
- Trade school
- GED
- Some college
- Bachelor's degree
- Associate degree
- Masters degree
- Doctorate degree
- Professional certification

22. Do you have access to a computer/technology for your health care needs?

- Yes
- No

23. What kind of health insurance do you currently have (mark all that apply)

- None
- Bought privately
- Medicare
- Healthy Michigan Plan
- Health Exchange
- Medicaid
- From my employer
- From my spouse's/family's employer
- Veteran's Health Care System

24. If you would like to participate in a future community forum, please complete the information below.

Name

Phone number

Email Address

Zip Code

City/Town

State/Province

16. What is the approximate annual income of your household (you, your spouse, or others who contribute to your household)? (Mark only one.)

- Less than \$25,000
- \$25,000 - \$50,000
- \$51,000 - \$75,000
- \$76,000 - \$100,000
- Over \$100,000
- Prefer not to answer

17. What is your housing status? (Mark all that apply.)

- Own a home
- Homeless
- Hotel/motel
- Rent
- Nursing home
- Assisted living
- Staying with friends/family
- Halfway house
- Senior housing

18. How many people live at your address (regardless of relationship status or age)?

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8+

19. Which gender do you identify with?

- Male
- Female
- Nonbinary
- Prefer not to answer
- Other (please specify)

20. What is your sexual orientation?

- Heterosexual or "straight"
- Lesbian or gay
- Bisexual
- Prefer not to answer

21. Does your doctor/provider communicate to you in a way you understand?

- Yes
- No

Appendix D

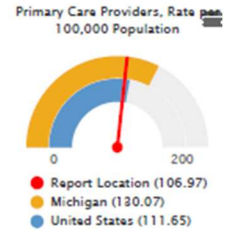
Trinity Health CARES Data

Access to Care - Primary Care

This indicator reports the number of providers with a CMS National Provider Identifier (NPI) that specialize in primary care. Primary health providers include practicing physicians specializing in general practice medicine, family medicine, internal medicine, and pediatrics. The number of facilities that specialize in primary health care are also listed (but are not included in the calculated rate). Data are from the latest Centers for Medicare and Medicaid Services (CMS) National Provider Identifier (NPI) downloadable file.

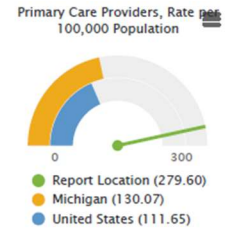
Report Area	Total Population (2020)	Number of Facilities	Number of Providers	Providers, Rate per 100,000 Population
Report Location	373,926	207	400	106.97
Genesee County, MI	406,211	223	609	149.92
Oakland County, MI	1,274,395	1,044	2,147	168.47
Lapeer County, MI	88,619	31	34	38.37
Livingston County, MI	193,866	59	121	62.41
Michigan	10,077,331	4,883	13,108	130.07
United States	334,735,155	125,326	373,727	111.65

Note: This indicator is compared to the state average.
Data Source: Centers for Medicare and Medicaid Services, CMS - National Plan and Provider Enumeration System (NPPES), February 2024.



Report Area	Total Population (2020)	Number of Facilities	Number of Providers	Providers, Rate per 100,000 Population
Report Location	61,875	46	173	279.60
Oakland County, MI	1,274,395	1,044	2,147	168.47
Michigan	10,077,331	4,883	13,108	130.07
United States	334,735,155	125,326	373,727	111.65

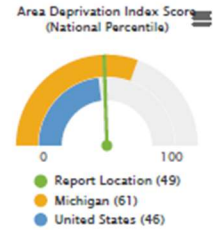
Note: This indicator is compared to the state average.
Data Source: Centers for Medicare and Medicaid Services, CMS - National Plan and Provider Enumeration System (NPPES), February 2024.



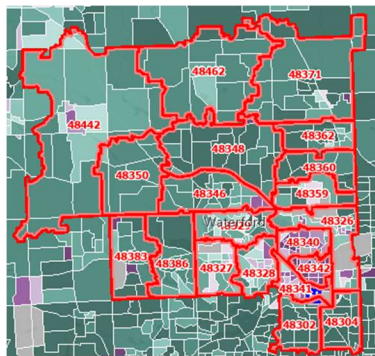
Area Deprivation Index

This indicator reports the average (population weighted) Area Deprivation Index (ADI) for the selected area. The Area Deprivation Index ranks neighborhoods and communities relative to all neighborhoods across the nation (National Percentile) or relative to other neighborhoods within just one state (State Percentile). The ADI is calculated based on 17 measures related to four primary domains (Education; Income & Employment; Housing; and Household Characteristics). The overall scores are measured on a scale of 1 to 100 where 1 indicates the lowest level of deprivation (least disadvantaged) and 100 is the highest level of deprivation (most disadvantaged).

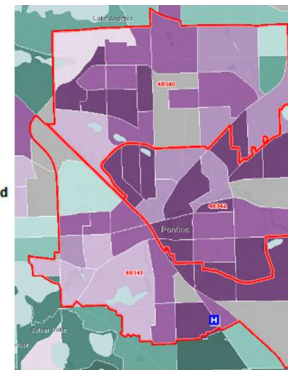
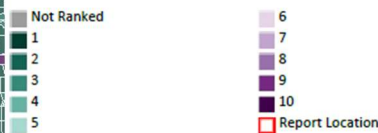
Report Area	Total Population (2020)	State Percentile	National Percentile
Report Location	372,671	39	49
Genesee County, MI	406,211	63	72
Lapeer County, MI	88,619	43	57
Livingston County, MI	193,866	24	39
Oakland County, MI	1,274,395	30	42
Michigan	10,077,331	No data	61
United States	334,735,155	No data	46



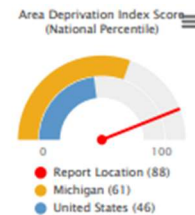
Note: This indicator is compared to the state average.
Data Source: University of Wisconsin-Madison School of Medicine and Public Health, *Neighborhood Atlas*, 2020.



Area Deprivation Index (2020), State Decile by Block Group, Neighborhood Atlas 2022



Report Area	Total Population (2020)	State Percentile	National Percentile
Report Location	60,792	85	88
Oakland County, MI	1,274,395	30	42
Michigan	10,077,331	No data	61
United States	334,735,155	No data	46



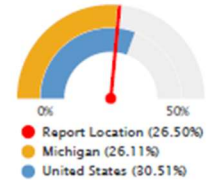
Note: This indicator is compared to the state average.
Data Source: University of Wisconsin-Madison School of Medicine and Public Health, *Neighborhood Atlas*, 2020.

Housing Costs - Cost Burden (30%)

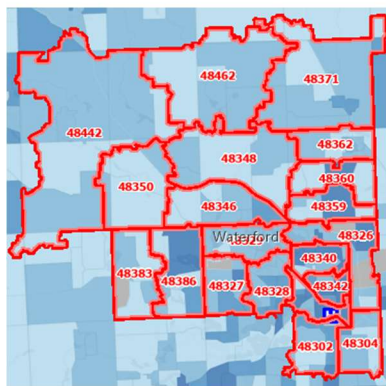
This indicator reports the percentage of the households where housing costs are 30% or more of total household income. This indicator provides information on the cost of monthly housing expenses for owners and renters. The information offers a measure of housing affordability and excessive shelter costs. The data also serve to aid in the development of housing programs to meet the needs of people at different economic levels. Of the 152,277 total households in the report area, 40,361 or 26.50% of the population live in cost burdened households.

Report Area	Total Households	Cost-Burdened Households	Cost-Burdened Households, Percent
Report Location	152,277	40,361	26.50%
Genesee County, MI	166,060	47,461	28.58%
Lapeer County, MI	34,239	7,236	21.13%
Livingston County, MI	74,841	15,709	20.99%
Oakland County, MI	524,762	130,363	24.84%
Michigan	4,009,253	1,046,988	26.11%
United States	125,736,353	38,363,931	30.51%

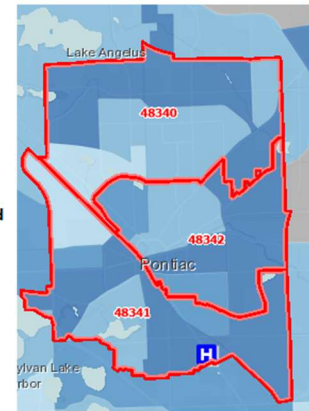
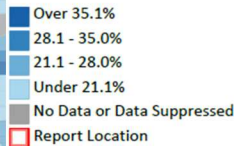
Percentage of Households where Housing Costs Exceed 30% of Income



Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey, 2018-22.

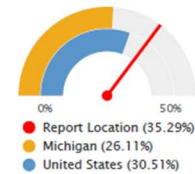


Cost Burdened Households (Housing Costs Exceed 30% of Household Income), Percent by Tract, ACS 2018-22



Report Area	Total Households	Cost-Burdened Households	Cost-Burdened Households, Percent
Report Location	25,392	8,960	35.29%
Oakland County, MI	524,762	130,363	24.84%
Michigan	4,009,253	1,046,988	26.11%
United States	125,736,353	38,363,931	30.51%

Percentage of Households where Housing Costs Exceed 30% of Income



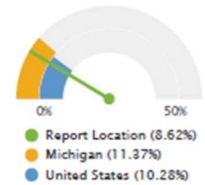
Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey, 2018-22.

Food Insecurity Rate

This indicator reports the estimated percentage of the population that experienced food insecurity at some point during the report year. Food insecurity is the household-level economic and social condition of limited or uncertain access to adequate food.

Report Area	Total Population	Food Insecure Population, Total	Food Insecurity Rate
Report Location	373,349	32,199	8.62%
Genesee County, MI	405,036	56,300	13.9%
Lapeer County, MI	88,396	9,370	10.6%
Livingston County, MI	192,763	14,650	7.6%
Oakland County, MI	1,272,442	109,430	8.6%
Michigan	10,061,462	1,144,200	11.37%
United States	330,343,991	33,954,370	10.28%

Percentage of Total Population with Food Insecurity



Note: Indicator data for the report location is calculated using small area estimation method. This indicator is compared to the state average.
Data Source: Feeding America, 2021.

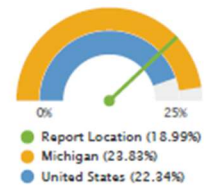
Insurance - Population Receiving Medicaid

This indicator reports the percentage of the population with insurance enrolled in Medicaid (or other means-tested public health insurance). This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs; when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.

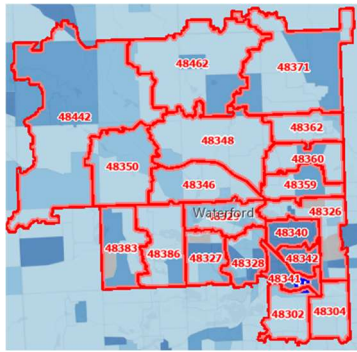
THO Service Area

Report Area	Total Population (For Whom Insurance Status is Determined)	Population with Any Health Insurance	Population Receiving Medicaid	Percent of Insured Population Receiving Medicaid
Report Location	374,007	353,766	67,164	18.99%
Genesee County, MI	403,025	383,544	126,970	33.10%
Lapeer County, MI	87,087	81,513	16,695	20.48%
Livingston County, MI	193,286	186,895	21,184	11.33%
Oakland County, MI	1,265,417	1,213,955	170,235	14.02%
Michigan	9,949,793	9,434,782	2,248,523	23.83%
United States	326,147,510	297,832,418	66,532,218	22.34%

Percent of Insured Population Receiving Medicaid

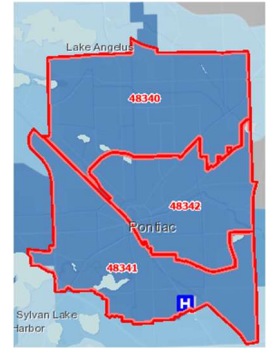


Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey, 2018-22.



Insured, Medicaid / Means-Tested Coverage, Percent by Tract, ACS 2017-21

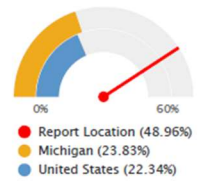
- Over 25.0%
- 20.1 - 25.0%
- 15.1 - 20.0%
- Under 15.1%
- No Data or Data Suppressed
- Report Location



City of Pontiac

Report Area	Total Population (For Whom Insurance Status is Determined)	Population with Any Health Insurance	Population Receiving Medicaid	Percent of Insured Population Receiving Medicaid
Report Location	60,575	53,165	26,031	48.96%
Oakland County, MI	1,265,417	1,213,955	170,235	14.02%
Michigan	9,949,793	9,434,782	2,248,523	23.83%
United States	326,147,510	297,832,418	66,532,218	22.34%

Percent of Insured Population Receiving Medicaid



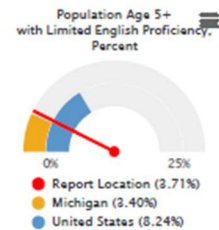
Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey, 2018-22.

Population with Limited English Proficiency

This indicator reports the percentage of the population aged 5 and older who speak a language other than English at home and speak English less than "very well". This indicator is relevant because an inability to speak English well creates barriers to health care access, provider communications, and health literacy/education. Of the 356,685 total population aged 5 and older in the report area, 13,227 or 3.71% have limited English proficiency.

THO Service Area

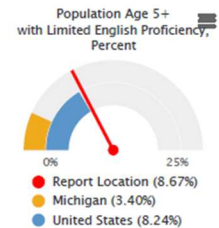
Report Area	Population Age 5+	Population Age 5+ with Limited English Proficiency	Population Age 5+ with Limited English Proficiency, Percent
Report Location	356,685	13,227	3.71%
Genesee County, MI	382,315	4,604	1.20%
Lapeer County, MI	84,550	1,544	1.83%
Livingston County, MI	184,847	1,417	0.77%
Oakland County, MI	1,206,132	56,770	4.71%
Michigan	9,505,118	323,255	3.40%
United States	312,092,668	25,704,846	8.24%



Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey, 2018-22.

City of Pontiac

Report Area	Population Age 5+	Population Age 5+ with Limited English Proficiency	Population Age 5+ with Limited English Proficiency, Percent
Report Location	57,456	4,983	8.67%
Oakland County, MI	1,206,132	56,770	4.71%
Michigan	9,505,118	323,255	3.40%
United States	312,092,668	25,704,846	8.24%



Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey, 2018-22.

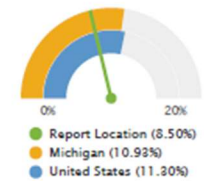
Chronic Conditions - Diabetes (Adult)

This indicator reports the number and percentage of adults age 18 and older who report ever been told by a doctor, nurse, or other health professional that they have diabetes other than diabetes during pregnancy. Within the report area there are 8.50% adults age 18 and older with diabetes of the total population age 18 and older.

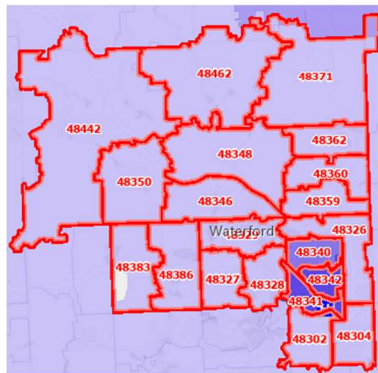
THO Service Area

Report Area	Total Population	Adults Age 18+ Ever Diagnosed with Diabetes (Crude)	Adults Age 18+ Ever Diagnosed with Diabetes (Age-Adjusted)
Report Location	358,163	8.50%	No data
Genesee County, MI	404,208	12.70%	10.60%
Lapeer County, MI	88,513	11.20%	8.80%
Livingston County, MI	195,014	8.90%	7.10%
Oakland County, MI	1,270,017	8.60%	7.20%
Michigan	10,050,811	10.93%	9.32%
United States	331,893,745	11.30%	9.90%

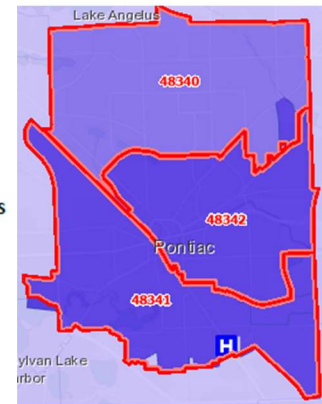
Percentage of Adults Age 18+ Ever Diagnosed with Diabetes



Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2021.



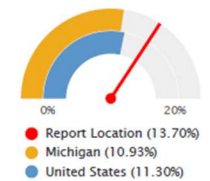
Diabetes, Prevalence Among Adults Age 18+ by ZCTA, CDC BRFSS PLACES Project 2021



City of Pontiac

Report Area	Total Population	Adults Age 18+ Ever Diagnosed with Diabetes (Crude)	Adults Age 18+ Ever Diagnosed with Diabetes (Age-Adjusted)
Report Location	59,853	13.70%	No data
Oakland County, MI	1,270,017	8.60%	7.20%
Michigan	10,050,811	10.93%	9.32%
United States	331,893,745	11.30%	9.90%

Percentage of Adults Age 18+ Ever Diagnosed with Diabetes



Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2021.

Chronic Conditions - Obesity (Adult)

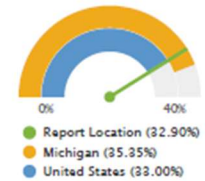
This indicator reports the number and percentage of adults age 18 and older who are obese, defined as having a body mass index (BMI) ≥ 30.0 kg/m², calculated from self-reported weight and height. Within the report area there are 42.70% adults age 18 and older with obesity of the total population age 18 and older.

THO Service Area

Report Area	Total Population	Adults Age 18+ with Obesity (BMI ≥ 30.0 kg/m ²) (Crude)	Adults Age 18+ with Obesity (BMI ≥ 30.0 kg/m ²) (Age-Adjusted)
Report Location	358,163	32.90%	No data
Genesee County, MI	404,208	42.40%	42.40%
Lapeer County, MI	88,513	37.40%	36.90%
Livingston County, MI	195,014	30.10%	29.70%
Oakland County, MI	1,270,017	30.00%	29.70%
Michigan	10,050,811	35.35%	35.48%
United States	331,893,745	33.00%	33.00%

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal, 2021.

Percentage of Adults Age 18+ with Obese (BMI ≥ 30.0 kg/m²)

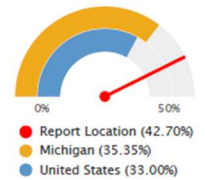


City of Pontiac

Report Area	Total Population	Adults Age 18+ with Obesity (BMI ≥ 30.0 kg/m ²) (Crude)	Adults Age 18+ with Obesity (BMI ≥ 30.0 kg/m ²) (Age-Adjusted)
Report Location	59,853	42.70%	No data
Oakland County, MI	1,270,017	30.00%	29.70%
Michigan	10,050,811	35.35%	35.48%
United States	331,893,745	33.00%	33.00%

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal, 2021.

Percentage of Adults Age 18+ with Obese (BMI ≥ 30.0 kg/m²)



High Blood Pressure

This indicator reports the percentage of adults age 18 and older who report ever having been told by a doctor, nurse, or other health professional that they have high blood pressure (HTN).

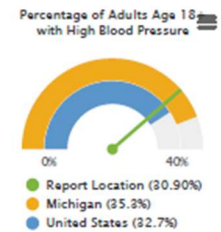
Women who were told high blood pressure only during pregnancy and those who were told they had borderline hypertension were not included. Within the report area, there were 30.90% of adults age 18+ who reported having high blood pressure of the total population age 18+.

THO Service Area

Report Area	Total Population	Adults Age 18+ with HTN (Crude)	Adults Age 18+ with HTN (Age-Adjusted)
Report Location	358,163	30.90%	No data
Genesee County, MI	404,208	39.70%	35.20%
Lapeer County, MI	88,513	35.60%	29.90%
Livingston County, MI	195,014	32.40%	27.40%
Oakland County, MI	1,270,017	31.80%	28.00%
Michigan	10,050,811	35.3%	31.5%
United States	331,893,745	32.7%	29.6%

Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2021.

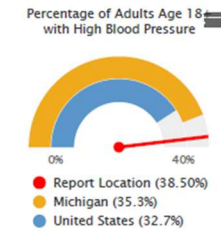


City of Pontiac

Report Area	Total Population	Adults Age 18+ with HTN (Crude)	Adults Age 18+ with HTN (Age-Adjusted)
Report Location	59,853	38.50%	No data
Oakland County, MI	1,270,017	31.80%	28.00%
Michigan	10,050,811	35.3%	31.5%
United States	331,893,745	32.7%	29.6%

Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2021.



Poor Mental Health

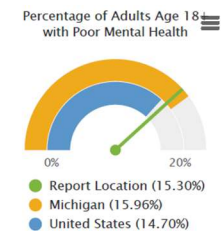
This indicator reports the percentage of adults age 18 and older who report 14 or more days during the past 30 days during which their mental health was not good. Within the report area, there were 20.00% of adults 18 and older who reported poor mental health in the past month of the total population age 18 and older.

THO Service Area

Report Area	Total Population	Adults Age 18+ with Poor Mental Health (Crude)	Adults Age 18+ with Poor Mental Health (Age-Adjusted)
Report Location	358,163	15.30%	No data
Genesee County, MI	404,208	16.50%	17.60%
Lapeer County, MI	88,513	15.80%	17.10%
Livingston County, MI	195,014	14.00%	15.20%
Oakland County, MI	1,270,017	13.20%	13.90%
Michigan	10,050,811	15.96%	16.79%
United States	331,893,745	14.70%	15.20%

Note: This indicator is compared to the state average.

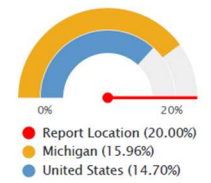
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2021.



City of Pontiac

Report Area	Total Population	Adults Age 18+ with Poor Mental Health (Crude)	Adults Age 18+ with Poor Mental Health (Age-Adjusted)
Report Location	59,853	20.00%	No data
Oakland County, MI	1,270,017	13.20%	13.90%
Michigan	10,050,811	15.96%	16.79%
United States	331,893,745	14.70%	15.20%

Percentage of Adults Age 18+ with Poor Mental Health



Note: This indicator is compared to the state average.
 Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2021.

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