



2012 Community Health Needs Assessment & Implementation Strategy

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ST. MARY MERCY HOSPITAL COMMUNITY HEALTH NEEDS ASSESSMENT – 2012

I. Executive Summary

St. Mary Mercy Hospital conducted a Community Health Needs assessment for the Western Wayne County and South Oakland County service area using a web-based survey. The service area targeted included of the communities of Livonia, Northville, Plymouth, Canton, Westland, Wayne, Redford, Farmington Hills, and Novi, representing a population of about 532,949 residents. The purpose of the assessment was to gather information about perceived health needs from the citizens of this locale.

The web-based survey consisted of eight (8) questions aimed to solicit information about the community's perception of need about health concerns, barriers to access, gaps in service, health education and prevention services, vulnerable populations, and social concerns. There were over 800 respondents, the majority within the 41 – 60 year age range, representing each of the targeted communities. Respondents were provided the opportunity to volunteer for participation in a Focus Group, which aided in the validation of the survey results. Focus group sessions included St. Mary Mercy employees, community members, senior citizens and key stakeholders (community partners, agencies, city and business leaders, schools and churches).

In conjunction with the survey and Focus Group sessions, data sources utilized included Michigan Department of Community Health Critical Health Indicators, Community Needs Index, County Health Rankings, St. Mary Mercy Hospital utilization data, and asset maps. Southeast Michigan United Way, Wayne Metro Community Action Agency, Starfish, and Livonia Save Our Youth Coalition shared results from their respective community assessments and this information was also used to determine implementation priorities and strategies.

Health needs identified through this process include obesity, substance abuse (adult and youth), mental health, chronic disease management/access to care (prescriptions, medical debt, free/ low cost clinics), and senior care. An Implementation Plan has been designed to address these needs with activities that align with St. Mary Mercy strategic initiatives, mission and vision. In addition, other needs identified that will not be directly addressed in the Implementation Plan were affordable healthcare coverage, dental services, and smoking cessation. With the guidance of the St. Mary Mercy Community Benefit Steering Committee and identified community partners, the goals, objectives and outcome measures defined for the Implementation Plan will be reviewed annually for the positive impact and improvement of the perceived health needs of the community.

II. Service Area and Population

The primary service area of St. Mary Mercy Hospital Livonia (SMMH) encompasses 21 zip codes of Westland, Canton Township, Livonia, City of Northville, Northville Township, City of Plymouth, Plymouth Township, Redford, Farmington Hills, Farmington, and Novi. The majority of these cities are located in Western Wayne County; however, Novi, and Farmington Hills lie within Southern Oakland County lines. The population for these communities is 532,949 residents. Demographics for each community, including size, age, income, and race, are very diverse as shown in Table 1.

Table 1. SMMH Service Area Population Demographic (based upon 2010 Census data)

	Westland	Canton	Livonia	Northville	Northville Township	Plymouth	Plymouth Township	Redford	Farmington Hills	Farmington	Novi
Total Population	84,094	90,173	96,942	2,739	28,497	9,132	27,524	48,362	79,740	10,372	55,374
Total Household	35,886	32,771	38,714	1,275	11,520	4,314	11,203	19,148	33,559	4,624	22,317
Population 5-17 yrs	13,252	18,547	15,768	443	5,434	1,348	4,861	8,499	13,134	1,608	10,770
Population 18-34 yrs	19,693	17,997	17,237	406	4,364	1,939	4,211	10,384	15,340	2,210	10,521
Population 35-64 yrs	34,046	39,577	42,374	1,307	12,801	3,950	12,643	20,604	34,516	4,269	24,607
Population +65	11,764	8,028	17,166	456	4,365	1,281	4,536	5,799	12,712	1,611	6,269
Average Household Income	\$53,489	\$91,404	\$76,890	\$121,670	\$126,665	\$87,415	\$108,100	\$60,227	\$85,192	\$68,914	\$96,742
Unemployment Rate	14.4%	10.1%	11.3%	6.3%	7.0%	5.1%	5.6%	10.6%	7.8%	7.8%	7.0%
Persons living in poverty (2009)	15,894	2,841	3,136	79	494	298	485	2616	3,299	342	1,054
White	73.5%	70.0%	90.1%	91.9%	80.9 %	92.7%	90.4%	64.7%	68.3%	70.1%	71.1%
Black/African American	17.1%	10.1%	3.4%	2.0%	3.6%	1.6%	2.1%	28.7%	17.3%	11.3%	8.0%
Asian	3.0%	14.1%	2.5%	2.3%	11.2%	2.2%	3.5%	0.8%	10.1%	13.9%	15.8%
Spanish/Latino	3.8%	3.1%	2.5%	1.8%	2.4%	1.8%	2.4%	2.9%	1.9%	2.1%	3.0%

Source: Factfinder.census.gov

III. Community Health Needs Assessment Partners

As St. Mary Mercy embarked on the Community Needs Assessment, it was important to identify collaborative partners as part of the process.

The St. Mary Mercy Community Benefits Steering Committee consists of key stakeholders involved in the planning, budgeting, implementation, and monitoring of the community benefit programs. These stakeholders include SMMH representatives from strategic planning, finance, service line administrators, community outreach, administration, marketing and foundation. In addition three community representatives from the Wayne County Health Department Health and Human Services, Wayne Metro Community Action Coalition and Trinity Health Home Health Services serve on the committee.

The St. Mary Mercy Strategic Leadership Council also had input in the development of the Community Health Needs Assessment (CHNA) implementation plan. This multidisciplinary team is comprised of representatives from strategic planning on the system, regional and local level; senior leadership from the regional and local level and SMMH service line administrators.

The Healthy Partners Circle of Care consists of representatives from various social service agencies, schools, churches, and community members in western Wayne County. The mission of this diverse group is to serve the community by working together to connect resources that will promote healthy living. The group provided input into the survey process, reviewed the survey results and assisted in the development of the implementation plan. In addition, four of the agencies – Southeast Michigan United Way, Starfish, Wayne Metro and Livonia Save Our Youth Coalition - shared the results of their recently conducted CHNA.

The Detroit Wayne County Health Authority (DWCHA) is a group of representatives from the City of Detroit and Wayne County, who work to meet the health needs of the uninsured and underinsured residents in the City of Detroit and Wayne County. This group invited St. Mary Mercy to report on the progress of their CHNA. The DWCHA membership supported the health needs identified in the SMMH Community Health Needs Assessment and provided information about potential resources for the implementation strategies.

Collaboration with Madonna University nursing students was essential to the success of the CHNA process. Eleven senior nursing students used the CHNA as their senior project. Students distributed paper surveys to institutions, churches, businesses, and schools and conducted a windshield survey, or observation of an area, to gain more knowledge about the demographics and physical environment of each specific community. The collected data was reviewed with the Madonna Students to determine the most prominent health concerns identified on the survey. (See Appendix A for the complete list of the community partners and focus group participants.)

IV. Community Health Needs Assessment Methodology and Process

A. *SMMH Community Health Needs Survey*

A web-based community health needs survey was created in August 2011 to evaluate the changing health and social needs in the SMMH service area. The survey was composed of eight questions regarding the top health concerns, barriers to health care services, gaps in health care services, health education needs, vulnerable populations, top social concerns, and knowledge of available services for health issues in each community. Participant demographic information was also collected. A paper or web-based survey was available to the public from September 11, 2011 to November 15, 2011. The survey was promoted at the Embrace Life 5K run/walk, on the SMMH website, and through

email blasts sent to city officials and community leaders in businesses, schools and churches. Over 800 respondents completed the survey from areas within the SMMH service area, as well as residents from Belleville, Detroit, Inkster, Wyandotte, Bloomfield, and Romulus. See Appendix B for a copy of the survey tool and summary of the survey results.

B. *Focus Groups*

Three focus groups were conducted throughout the months of January and February 2012 with community leaders, hospital employees and community members. A faculty member from Madonna University School of Nursing facilitated the focus groups. The focus groups reviewed and validated the survey results and discussed SMMH's role in chronic disease prevention, addressing the cost of health care and improving health education and screening in the community. Participants were also asked to define "healthy lifestyle" and the role that the hospital and other community groups should play in addressing these health problems (A summary of the three focus groups is included in Appendix C.)

C. *Data Gathering*

Ensuring the most accurate demographic information and community health concerns, data was gathered from numerous sources. Primary data was obtained through conducting a web-based community needs survey and use of the information contained in the four CHNA that were shared during the assessment process. Secondary data analysis was conducted utilizing national, state and local demographic and community health databases.

Community Needs Index 2011

The Community Needs Index (CNI) identifies the severity of health disparity for every zip code in the United States and demonstrates the link between community need, access to care, and preventable hospitalizations.

Rather than relying solely on public health data, the CNI accounts for the underlying economic and structural barriers that affect overall health. Using a combination of research, literature, and experiential evidence, Catholic Health West identified five prominent barriers that enable us to quantify health care access in communities across the

nation. These barriers include those related to income, culture/language, education, insurance, and housing.

To determine the severity of barriers to health care access in a given community, the CNI gathers data about that community’s socio-economy. For example, what percentage of the population is elderly and living in poverty; what percentage of the population is uninsured; etc. A score is given to each barrier condition with 1 representing less community need and 5 representing more community need. Scores are then aggregated and averaged for a final CNI score (each barrier receives equal weight in the average). Zip codes with a score of 1.0 indicate those with the lowest socio-economic barriers, while a score of 5.0 represents a zip code with the most socio-economic barriers.¹

2011 Catholic Healthcare West Community Needs Index for SMMH Service Area

Zip Code	CNI Score	Population	City
48184	3.8	17368	Westland, MI
48185	3.4	45245	Westland, MI
48186	3.0	34254	Westland, MI
48377	2.6	14359	Novi, MI
48336	2.6	25120	Farmington Hills, MI
48335	2.4	21934	Farmington Hills, MI
48239	2.2	34139	Redford, MI
48187	2.2	45287	Canton, MI
48375	2.2	20826	Novi, MI
48334	2.2	17114	Farmington Hills, MI
48152	2.0	29754	Livonia, MI
48188	2.0	38934	Canton, MI
48167	2.0	22907	Northville, MI
48240	1.8	17224	Redford, MI
48170	1.8	37871	Plymouth, MI
48331	1.8	21949	Farmington Hills, MI
48374	1.6	15186	Novi, MI
48150	1.4	24994	Livonia, MI
48154	1.2	36928	Livonia, MI

Source: www.chwhealth.org/cni

County Health Rankings

County Health Rankings are posted yearly to determine the current health status of each individual county. Comparisons can be made with other counties within the state to identify which health factors and health outcomes contribute to the health status of the community. Wayne County is ranked 82nd in negative health outcomes that influence a county, out of 82 counties within Michigan. Oakland County was ranked 4th in negative health outcomes. These rankings are extremely useful; however, show a skewed view of the overall health of the SMMH service area. Detroit, the most urban area of Wayne County, makes up 39.9% of the overall population. The SMMH service area only consists

of 19.6% of the overall population of Wayne County and 14.7% of Oakland County lies within the SMMH service area.²

Michigan Critical Health Indicator Report

The Michigan Critical Health Indicators Report is a group of significant health matters specific to the Michigan population. Forty-two (42) indicators have been identified varying from obesity to morbidity. Every issue has been created to reflect the health of an individual resident, and when brought together as a whole to account for the entire state of Michigan. Ultimate goals of the indicators begin with raising public awareness of pressing health concerns and creating new methods to produce positive progress.³ (See Appendix D for the 2010 Michigan Critical Health Indicator Report, 2009 Profile for Wayne County and Michigan and top five leading causes of death by service area)

Asset Maps

An asset map was created for all cities within the SMMH service area. The strengths and weaknesses of each area were identified to determine the available resources for its residents. The Chamber of Commerce, health and wellness programs/facilities, senior services, community education, environmental health, recreational parks, and farmer's markets were included as strengths. An underlying weakness in all cities was a lack of disease management classes being offered in the area, as well as poor air and water quality. (See Appendix E for the asset maps)

D. *Information Gaps and Process Challenges*

Two major challenges in the CHNA process were identified. The first challenge was using county data for health needs and measuring the impact that has been made as a county since the last survey. The city of Detroit, part of Wayne County, distorts the data for the surrounding suburban communities as evidenced in the county health rankings. The information received from the Southeast Michigan United Way 2-1-1 phone line also shows skewed results due to the Detroit resident callers. Numerous requests have been made by various institutions and agencies to separate Detroit from the rest of the county to no avail.

The second challenge was the absence of a local coalition of hospitals in the development of the community health needs survey for Western Wayne County. Local hospitals were

contacted about working collaboratively on the development of a CHNA survey, but due to timing and other issues, a community hospital survey was not created. St. Mary Mercy Hospital created a survey tool to gain the perception of the health needs by community. Challenges with the development and management of the online survey were encountered. The St. Joseph Mercy Health System IT department managed the web-based survey tool, designed by St. Mary Mercy Hospital. A small sampling of 800 people participated in the survey within the SMMH service area which is comprised of over 500,000 residents.

V. Community Health Needs Identified in Assessment

A. Needs Identified

The needs identified were classified in three categories - financial, education and wellness/prevention and access to care. The top three financial concerns included lack of health care insurance due to high unemployment rates; the cost of prescription and medical care, which many times results in personal medical debt; and home foreclosures. Education, wellness/prevention and access to care needs identified were lack of understanding of available health care information and resources and lack of affordable and accessible health education and screening events for low-income residents and senior citizens.

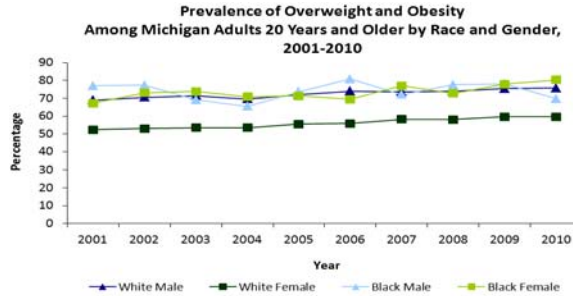
The top five health concerns conveyed by the survey respondents of the SMMH service area included obesity, youth and adult substance abuse, adult mental health, chronic disease management/access to care and senior care.

1. Obesity

The obesity epidemic has greatly impacted Michigan within the past decade. Adult obesity can be measured as the percentage of adults with a BMI (body mass index) of 30 or greater. According to the 2010 Health Rankings, Wayne County residents are 34% obese while Oakland County residents are 27% obese. Both counties are above the United States obesity average of 24%.² Lack of physical activity and poor eating habits contribute to obesity, which can lead to the development of co-morbidities and chronic diseases. In the CHNA, respondents within the SMMH service area believed healthy lifestyle and obesity prevention were the top health concerns. Data indicates a targeted decrease in the average Michigan obesity rates from 29.5% to 15% has not

been met. Despite efforts to decrease obesity, Michigan remains the 43rd most obese state in the United States.³ In Table 2, the prevalence of obesity within the first decade of the century is shown.

TABLE 2

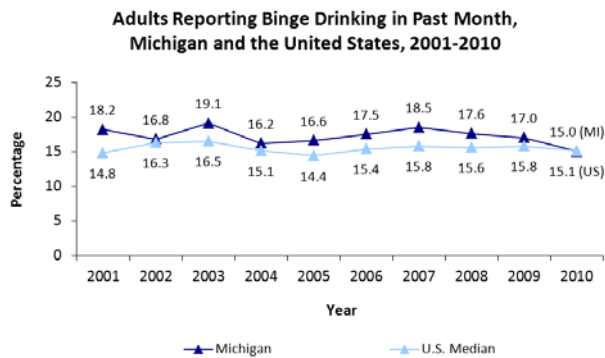


Source: Comparison of Michigan Critical Health Indicators and Healthy People 2010 Targets

2. Substance Abuse

Binge drinking is defined as having five or more drinks in one sitting within the past month and excessive drinking as binge drinking plus drink heavily and consistently. Compared to the national average of 15.6%, 17.7% of Michigan adults were found to participate in binge drinking. Thirty-five (35%) of Wayne County residents are excessive drinkers. Eighteen percent (18%) of Oakland County residents participate in excessive drinking.² Alcoholism diminishes support systems within the home, often resulting in unemployment, home foreclosures, and broken homes. The uninsured may be unable to obtain care and seek treatment for alcohol abuse. The lives of those affected by alcoholism are often negatively impacted, due to a lack of education about alcohol addiction and knowledge of available resources. In Table 3, an illustration of adult binge drinking in Michigan from 2001 to 2010 is shown.

TABLE 3



Source: Comparison of Michigan Critical Health Indicators and Healthy People 2010 Targets

3. Mental Health-Adults

Mental illness is among the top health indicators in *Healthy People 2010*.⁴ Many with mental illness cannot afford treatment, due to lack of insurance or high health care and prescription costs. The community identified in the health needs survey that there is a gap in health care coverage for mental health services and a lack of understanding of available resources. The high costs, along with stigmas associated with mental illness, often keep those away from the hospital in need of treatment, education, and screenings. In Table 4, the rate of adults reporting mental illness in Michigan from 2003 to 2010 is shown.

TABLE 4

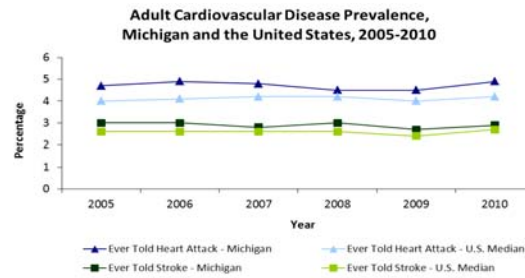


Source: Source: Comparison of Michigan Critical Health Indicators and Healthy People 2010 Targets

4. Chronic Disease and Access to Care

There is a direct correlation between prevention and management of chronic diseases and access to care. The needs assessment noted that people aged 25-64 with chronic diseases did not properly manage their illness due to competing priorities for their time and money. High health care and prescription costs force those with low-paying jobs to work long hours, often times neglecting their own personal health to take care of their family. The lack of education regarding heart disease, diabetes, and cancer is negatively impacting the management of these chronic diseases. Michigan is ranked 45th out of 50 states in coronary heart disease deaths. Only 83% of the diabetic Medicare enrollees in Michigan have received a HbA1C screening.² The overall Michigan cancer death ranking is 35th in the United States.³ Table 5 shows the prevalence of adult cardiovascular disease in Michigan from 2005 to 2010, Diagnosed Diabetes Prevalence (2009) and Cancer Incidence Trends, Wayne County 1993-2007.

TABLE 5



Source: Comparison of Michigan Critical Health Indicators and Healthy People 2010 Targets

Diagnosed Diabetes Prevalence and Incidence (New Cases) in Adults, Michigan

	Frequency in 100	95% Confidence Interval
Total Prevalence	9.5	(9.1-9.9)
Age Group		
18-44	3.2	(2.7-3.7)
45-54	9.1	(8.3-10.0)
55-64	16.9	(15.8-18.0)
65-74	22.1	(20.8-23.5)
75+	19.2	(17.9-20.6)
Gender		
Male	10.3	(9.7-11.0)
Female	8.8	(8.3-9.2)
Total Incidence (new cases)	10.3	(8.0-13.4)

Source: 2008-2010 Michigan Behavioral Risk Factor Surveillance System, Bureau of Epidemiology, Division of Genomics, Perinatal Health and Chronic Disease Epidemiology, Michigan Department of Community Health

1998-2002 Wayne County Residents Cancer Incidence Trends

Primary Site	1998-2002		2003-2007	
	Average Number	Age Adjusted Rate	Average Number	Age Adjusted Rate
Prostate	1,929.0	96.5 ±1.9	1,690.2	86.2 ±1.8
Lung	1,748.4	87.4 ±1.8	1,714.4	87.9 ±1.8
Breast	1,435.2	71.7 ±1.6	1,361.4	68.0 ±1.6
Colon	1,250.8	62.5 ±1.4	1,162.6	58.7 ±1.4
All other sites	4,669.2	232.3 ±2.8	4,660.8	234.7 ±2.9
Total	11,032.6	550.5 ±4.2	10,589.4	535.6 ±4.3

Source: Michigan Resident Cancer Incidence File. Updated with cases processed through December 30, 2009. Division for Vital Records & Health Statistics, Michigan Department of Community Health. **Last Updated:** August 2, 2010

In our immediate service area, there was also to be an shortage of free or low cost clinics. This may contribute to improper use of the emergency room in place of a visit to the doctor, thereby leading to medical debt. In the third quarter 2011 Southeast Michigan United Way 2-1-1 Report for the Top Ten Referred Services, 2% (678 calls in Wayne County and 129 calls in Oakland County) of the calls in Wayne and Oakland County were for information about community health clinics.⁵

5. Senior Services

The SMMH service population is comprised largely of seniors, 65 years and older. Many seniors do not have supplemental health insurance and live on a fixed or low income budget. It was discovered in the CHNA that many seniors have a poor understanding of their health problems and use of their medications. Issues are not being addressed as a result of poor communication or simply not knowing how to handle the information provided by medical professionals. Shortages in free or low cost transportation also contribute to those seniors not being able to receive proper medical care. Senior centers and adult day care facilities often provide health-related educational opportunities aimed at the senior population; however, there was a concern of a lack of these services within the SMMH service area.

B. *Process for Prioritizing Identified Health Needs*

In the second quarter of 2012, the SMMH Community Benefits Steering Committee reviewed the four community agency CHNA reports, internal and external data sources for population demographics and health needs, results of the web-based community needs survey data and input from the focus groups. Using these sources, the members identified needs based upon size, severity, and the hospital's ability to impact the need.

C. *Prioritized Needs*

The identified and prioritized needs include obesity, substance abuse of adults and youth, mental health of adults, chronic disease management and access to care and senior care.

VI. Community Resources to Address Needs

A. *SMMH Internal Resources*

St. Mary Mercy Hospital has created numerous programs to positively impact the physical, behavioral, and mental health of its patients and the surrounding community. The various services available provide an opportunity to receive the best care possible to suit the needs of each individual.

Embrace Life 5K run/ walk, is an opportunity to celebrate with cancer survivors, support current cancer patients, and remember those who have lost their lives to cancer. Proceeds

from the event are used to provide transportation services for St. Mary Mercy cancer patients receiving treatments, as well as for products and services offered at the Helen Palmer Image Recovery Center to those who cannot afford these services. In 2011, Embrace Life raised nearly \$24,000 for this cause.

Education of healthcare professionals has been part of the history of St. Mary Mercy Hospital since the opening of the hospital in 1959. In June 2010, SMMH expanded its education role to include educating the future generation of physicians. The first year 43 residents were accepted to the Graduate Medical Education (GME) program and this year there are 83 residents. Board-certified physicians serve as mentors to those students specializing in emergency, internal, or family medicine. Local, national, and international residents reside at SMMH for three to seven years, depending on their area of study. Resident physicians are assessed on medical knowledge, patient care, and ability to communicate, professionalism, and proper system practices.

St. Mary Mercy is committed to promoting activities that lead to improvements in the health and fitness of seniors and their caregivers. The annual Senior Health and Wellness Day at SMMH provides health education, health screenings, as well as exercise and cooking demonstrations.

Health education and screenings are provided to a large number of people through the Westland “Passport to a Healthy City” initiative and various community education and screening events such Ladies Night Out and Men’s Health Day.

The SMMH subsidized inpatient Mental Health and Substance Abuse Program serves the needs of the vulnerable population with mental illness and substance abuse. Dedicating behavioral social workers to the emergency room and expanding the inpatient capacity, has helped meet some needs. Several peer lead mental health and addiction support groups are provided room space for their weekly meetings.

B. External Community-Based Resources

Livonia Save Our Youth Coalition is a grassroots endeavor formed in 2006 to inform and to address the current issues negatively impacting the youth of the community, particularly drugs and alcohol. Concerned educators, parents, and professionals have

come together hoping to raise awareness of this growing concern in the city of Livonia. Although a fairly new organization, the Save Our Youth Coalition has many accomplishments, including holding various educational forums, supporting town hall meetings, providing scholarships, and organizing the annual Run 2 Save Our Youth. SMMH has been an active partner in this initiative since its inception.

Passport to a Healthy City is an initiative created by the city of Westland to promote healthy active lifestyles for all Westland residents through the development of fun and convenient programs. In 2010, SMMH made a three-year commitment to the Mayor of Westland to be the healthcare sponsor for this initiative. SMMH holds monthly health education presentations at the Westland Friendship Center, as well as participates in the Westland Farmers Market.

Joy-Southfield (JS) Health Community Development Corporation is a free clinic assisting the uninsured population of western Detroit and its surrounding communities. The goal of Joy-Southfield is to develop access to primary and preventative care for the surrounding community. Thirty-two percent (32%) of the JS patients have an address in the SMMH service area and 35% of the patients with diabetes are within in this area. Since 2006, SMMH has provided lab services for the clinic and partnered with Joy-Southfield to provide a diabetes self-management and education program. Certified Diabetes Educators visit the clinic to offer diabetes education, as well as insulin training.

In the spring of 2008, SMMH partnered with Hope Wayne Medical Clinic, a free clinic serving those without health care coverage. Free lab services and diabetes education are provided to patients.

Healthy Partners Circle of Care serves the communities of Northwest Wayne County, as well as neighboring cities (Canton, Garden City, Livonia, Northville, Northville Township, Novi, Plymouth, Plymouth Township, Redford, Wayne, and Westland). The group consists of representatives from various businesses, faith based groups, education, government, health care, social service agencies, and residents who identify the major health concerns of the community and provide resources to improve the health of the people in their communities.

VII. Implementation Strategy

The health needs that were acknowledged by the Community Health Needs Assessment have been integrated into the design of the SMMH three-year implementation plan. After reviewing current community collaborations and partnerships, and internal resources, SMMH identified its strengths and weakness for the five prioritized health needs. By stewarding existing resources, strengthening partnerships, and creating innovative programs both on hospital campus and within the community, SMMH hopes to make a positive impact on these identified needs.

A. Needs that St. Mary Mercy Hospital Directly Address

The SMMH Community Health 2012 Logic Model provides a summary of problems, strategies and activities for the top five health needs recognized in the CHNA.

St. Mary Mercy Hospital Community Health 2012 Logic Model and Implementation Plan			
Problem Statement		SMMH Strategies	SMMH Activities
Problem	Why?	How?	How, Specifically?
Obesity	Lack of physical activity	Be a collaborative partner in local programs that promote physical activity and wellness	Sharing of information w Circle of Care Coalition, churches, businesses and schools
			Support community sponsorships for physical activity/wellness events
			Support community participation in Embrace Life 5K run/walk, Heart Walk/Relay for Life
			Be the healthcare sponsor for Westland "Passport to a Healthy City"
	Poor eating habits	Act as a hospital partner in community coalitions to support local events focusing on improvement of nutritional status/knowledge in the community	Be the healthcare sponsor for Westland "Passport to a Healthy City"
			Provide resource list of local food pantries and farmer's markets
Support communities initiatives for community gardens and community programs for feeding the hungry			
		Support local farmer's markets	
		Conduct educational seminars and cooking demos for families and seniors	

Problem Statement		SMMH Strategies	SMMH Activities
Problem	Why?	How?	How, Specifically?
Substance Abuse, Adult and Youth	Lack of access to care for uninsured and working poor; coordination of care	Increase patient/family awareness and utilization of inpatient and outpatient mental health and substance abuse resources	Provide ED and IP social worker support to assist in the placement of patients to the appropriate services
	Lack of knowledge of available resources	Support community programs aimed at providing substance abuse resources	Participate in "Livonia Save Our Youth Coalition"
	Lack of support system; social concerns (unemployment, home foreclosures, broken families)	Provide support for groups addressing social concerns	Continue offering meeting space for peer-lead support groups
Mental Health, Adults Chronic Disease Management and Access to Care	Lack of access to care for uninsured and working poor	Provide information on entitlement programs and available services based on sliding scale	Provide behavioral specialist services in the Emergency Department to direct patients to appropriate care Provide assistance with Medicaid application process
	Cost of prescription drugs	Provide information on prescription assistance programs	Assist with patient registration in prescription assistance programs Provide information on low cost prescription services available in the community
	Lack of free clinics or low cost clinics in our area	Increase access to care for the underserved population	Develop a strategy to provide follow-up specialist care for uninsured patients seen in the ED Introduce Operations Walk Detroit program to provide free total knee/hip surgeries to uninsured patients
	Lack of free clinics or low cost clinics in our area	Increase access to care for the underserved population	Provide free transportation services for hospital based services
		Partner with free clinics in the community to provide services to patients in need	Provide lab and clinical services to Joy Southfield Clinic Provide lab and clinical services to Hope Clinic
		Support an increase in the number of physicians and healthcare professionals	Educating the future physicians, nurses and health care professionals
	Lack of low cost or no cost health screening and health education seminars	Provide health education and screening events	Provide free mammogram screenings to patients in need Create a comprehensive and coordinated health screening and health education program
		Use various technology and media platforms for health education	Work w local colleges and universities and cable companies to explore new ways of providing health education
		Provide information in order to raise awareness of available resources	Create resource list of low cost/free clinics, prescription plans and medical supply companies Provide links to external healthcare websites and resources from the SMMH Webpage

Chronic Disease Management and Access to Care	Medical Debt	Provide information about insurance plans, co-pays and deductibles and hospital billing practices	Conduct seminars on understanding insurance plans, co-pays and deductibles and hospital billing practices
		Provide resources for financial screening for Charity Care and Medicaid Enrollment	Continue to support the financial counselors and Medicaid Assistance Enrollment Introduce the Oncology Financial Navigator Program
	Cost of Prescriptions	Support patients in using available resources to obtain needed prescription drugs	Create a prescription assistance program
			Create a list of the low cost prescription programs
			Explore the implementation of the Dispensary of Hope Program
			Continue Discharge Indigent Prescription Program
	Senior Care	Lack of knowledge of available resources	Collaborate with senior services agencies and align with the essential elements of the SJMHS senior services strategic plan to increase availability of resources, education, and caregiver support
Low costs health education and screening		Offer senior health education programs	
Caregiver Support		Screen caregivers for strain Explore the possibility of providing adult day care	

B. Needs SMMH Will Not Directly Address

Although St. Mary Mercy Hospital recognizes the importance of all needs identified by the community, such as affordable healthcare coverage, dental services, and smoking cessation, SMMH will not directly design strategies for these issues in the implementation plan. For example, the concern about affordable healthcare coverage is being addressed on a national and state level. St. Mary Mercy has programs available to facilitate financial counseling, enrollment into Medicaid, application to community (charity) care funds and payment plans. A partnership exists with the local Area on Aging, which provides the older adult audience with relevant and current information about healthcare coverage.

The issue regarding access to low cost dental services did not rank high in the needs assessment. Resources are available across the service area through the University of Detroit Mercy School of Dentistry and several local dental care offices. SMMH will continue to keep current with this information and provide these references to those in need.

Smoking cessation is a strategy for health promotion and to modify the risk factor for heart disease and cancer. The incidence and prevalence of smoking has not remarkably increased or decreased among adults in this area. The topic and strategies for smoking cessation are included in health promotion related education for chronic disease management including diabetes self-management, heart health and cancer risk reduction.

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Appendix A - Community Stakeholders

Name	Organization	Participation Role
Marianne Simancek	SMMH Director of Community Outreach	Co-lead in CHNA process and development of implementation plan
Sister Janet Adamczyk	SMMH Chief Mission and Community Benefit Officer	Gathering of demographic information and creation and management of survey
Bill Makela	SMMH Administrative Fellow	Facilitator for Focus Groups
Ann Marie Knoerl	Madonna University Faculty	Survey & Asset Map
Senior Nursing Students	Madonna University	Focus Group
Sharon Urso	Livonia Resident, Madonna University Faculty	Focus Group
Pam Caraher	Livonia Resident	Focus Group
Jay Gruchla	Livonia Resident	Focus Group
Susan Nicholas	Garden City Community Coalition	Focus Group
Laura Scanlan	Pastoral Associate St. Robert Ballarmino, Redford	Focus Group
Teresa Clark	Inkster Resident	Focus Group
Ken Murray	Farmington Hills Training Officer for Emergency Preparedness	Focus Group
Brian Wolverton	Livonia YMCA Director of Wellness	Focus Group
Karin Cavanaugh	SMMH Nursing Administration	Focus Group
Karen Paison	SMMH Nursing Administration	Focus Group
Sharon McMahan	SMMH Infection Control	Focus Group
Linda Madouse	SMMH Nursing Administration	Focus Group
Janet Mailhot	SMMH Laboratory	Focus Group
Cathy Reinke	SMMH Financial Counselor	Focus Group
Lori Chabot, RN	SMMH Endoscopy	Focus Group
Terri Hafner	Trinity Health Home Health	Focus Group
Casey Daly	SMMH Outpatient Registration	Focus Group
Wes Graff	Plymouth Chamber of Commerce	Focus Group
Kathy Hoen	Livonia Chamber of Commerce President	Focus Group; Survey Blast
Greg Hohenberger	Canton Leisure Services	Focus Group
Jack Kirsey	Mayor of Livonia	Focus Group
Carol Meyers	Wayne Metro Community Action Coalition	Focus Group
Sue Nicijewski	Riverside Park Church Adult Day Ministry	Focus Group
Jeff Raleigh	Riverside Park Church Pastor	Focus Group
Sue Pherson	Redford Interfaith Relief	Focus Group
Keith Schoen	Livonia Fire Department	Focus Group
Eric Smith	Westland Fire Department	Focus Group
Jade Smith	Westland Deputy Mayor	Focus Group
Joanne	Canton Foundation	Focus Group
Brian Galdes	South Redford Schools	Focus Group
Randy Liepa	Superintendent for Livonia Public Schools	Focus Group
Leo Snage	Redford Chamber of Commerce President	Focus Group
Diane Wood	Redford Chamber of Commerce Secretary	Focus Group
Mary Dekker	HOPE Clinic – Wayne	Survey to Clinic Patients
Charissa Shawcross	Health Director Joy Southfield Clinic	Survey to Patients
Sally Butler	Livonia Prayer Breakfast Committee	Email blast for survey participation
SMMH CBM Steering Committee	SMMH and Community Members (Lori Toi, Wayne County Health & Human Services, Michael Ryan, TH Home Health, and Shawn Taft, Wayne Metro Community Action Coalition)	Oversight Committee for CHNA
SMMH Strategic Leadership Council	Garry Faja, President of St. Joseph Health System; Dave Spivey, President of St. Mary Mercy Hospital; Senior Leadership Team, Service Line Administrators, Beth Cafaro, SJMHS VP Physician Network; Art Greenlee, TH Strategic Planning and Lisa Wright, SMMH Strategic Planning;	Development of Implementation Plan
Shawn Taft	Wayne Metro Community Action Coalition	Healthy Partners- Circle of Care
Mary Agusti	Services to Enhance Potential, Livonia, MI	Healthy Partners- Circle of Care
Ron Bedford	Interfaith Health & Hope coalition	Healthy Partners- Circle of Care
Jane Caplinger	American Cancer Society	Healthy Partners- Circle of Care
Janice Fitzhugh	American Cancer Society	Healthy Partners- Circle of Care
Tiffany Karol	Starfish Family Service	Healthy Partners- Circle of Care
James Krizan	Judson Center, Redford, MI	Healthy Partners- Circle of Care
Jacqueline Kuehn	Starfish Family Service, Inkster, MI	Healthy Partners- Circle of Care
Ken Miller	STEP Central, Wayne, MI	Healthy Partners- Circle of Care
Rick Nowakowski	Wayne County Four Star Health, Detroit, MI	Healthy Partners- Circle of Care
Katie Olex	Livonia Save Our Youth	Healthy Partners- Circle of Care
Sharon Powell	Sanctuary at Villa Marie, Livonia, MI	Healthy Partners- Circle of Care
Lori Toi	Wayne County Health and Human Services	Healthy Partners- Circle of Care
Michael Zerkich	The Relational Church, Novi, MI	Healthy Partners- Circle of Care
Shannon Ziegler	Wayne Metro Community Action Coalition	Healthy Partners- Circle of Care

Appendix B –Survey Questions and Graphs of the Survey Results

COMMUNITY HEALTH NEEDS ASSESSMENT SURVEY QUESTIONS

1. Please share with us any populations or groups that you represent or serve (select only 1 and answer the survey only as a representative of that community).
 - St. Mary Mercy employee, affiliate
 - Physician
 - Business community
 - Corrections
 - Disabled
 - Education
 - Faith Community
 - Government employee/ official
 - Health care provider
 - Citizen
 - Law enforcement
 - Media
 - Minorities
 - Public Health
 - Senior Citizen
 - Social Service Organization
 - Veteran
 - Youth

2. What are the most pressing health concerns in the community you represent? (Select all that apply)
 - Access to a Primary Care Physician
 - Access to Specialists
 - Mental Health Services
 - Affordable Health Insurance Coverage
 - Heart Disease and Stroke
 - Cancer
 - Prescription Drug Affordability
 - Chronic Disease Management (Diabetes, heart failure, etc.)
 - Reliable Health Information
 - Coordination of Care
 - Substance Abuse Services
 - Dental Services
 - Hunger
 - Personal Debt due to medical bills
 - Wellness and Prevention Services
 - Healthy Lifestyle (exercise and nutrition)
 - Smoking
 - Obesity

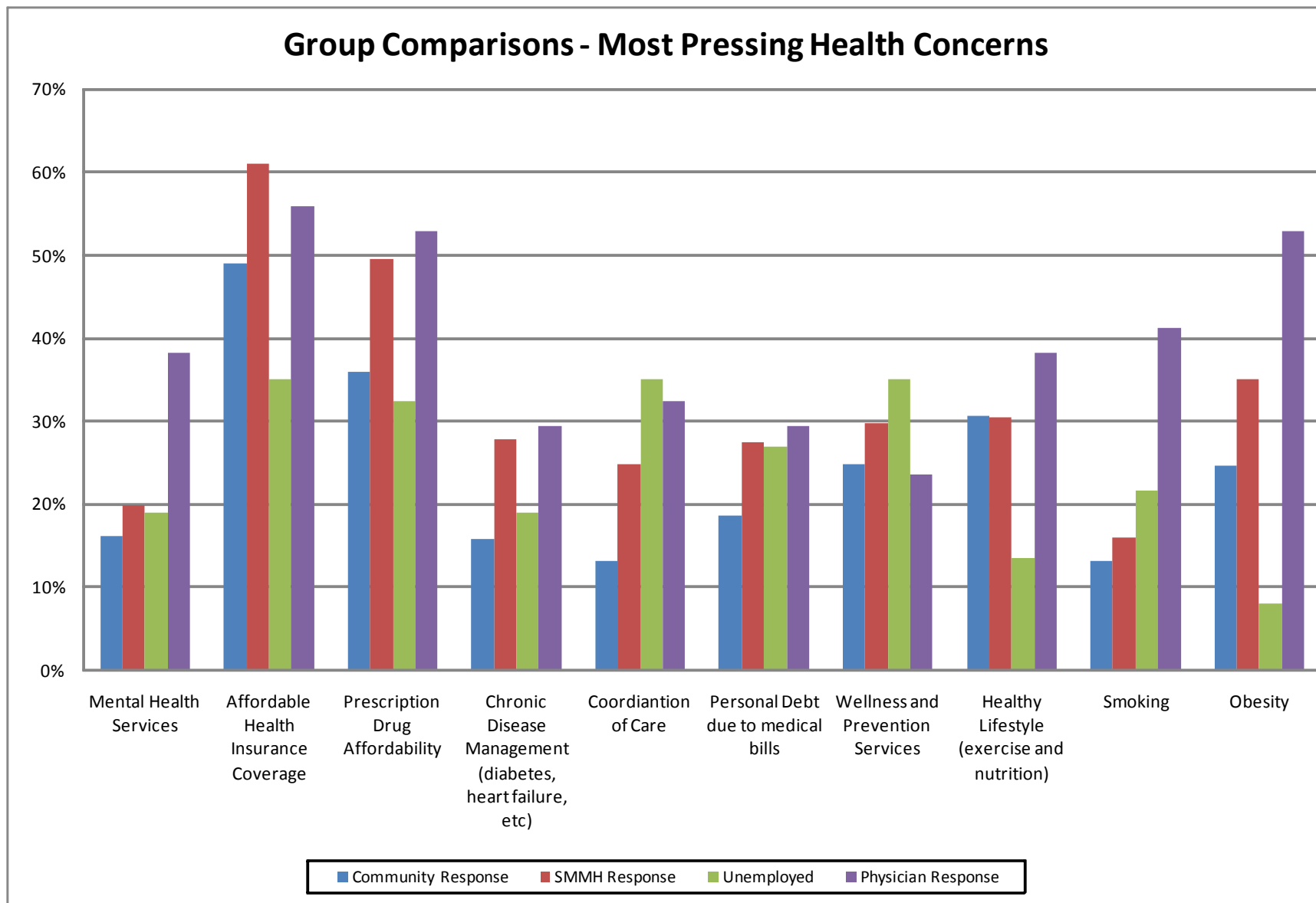
3. Identify the greatest barriers to accessing health care services in the community you represent. (Select all that apply)
 - Availability of needed services in our area
 - Personal debt due to medical bills
 - Being uninsured
 - Cost of Health care
 - Lack of knowledge about available resources
 - Language/ cultural difference
 - Transportation

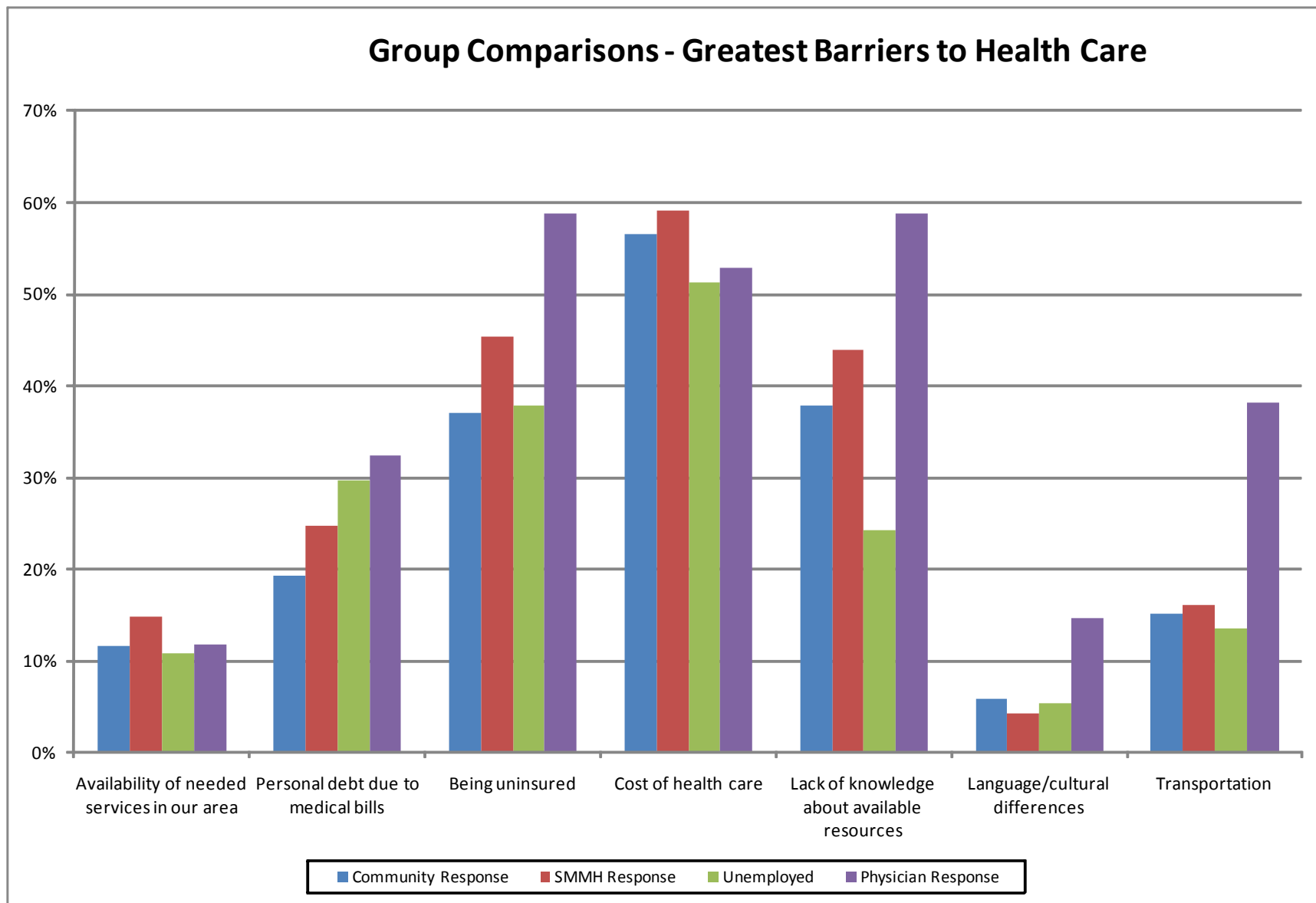
4. In the community you represent, what are the greatest gaps in health care services for community residents? (Select all that apply)
 - Availability of services/ providers
 - Dental Care
 - Geriatric care (Seniors)
 - Ability to serve different languages / cultures
 - End-of-life care (hospice, palliative care)
 - Mental Health services
 - Prescription drug assistance
 - Services for Children
 - Primary Care
 - Services for low income residents
 - Substance abuse

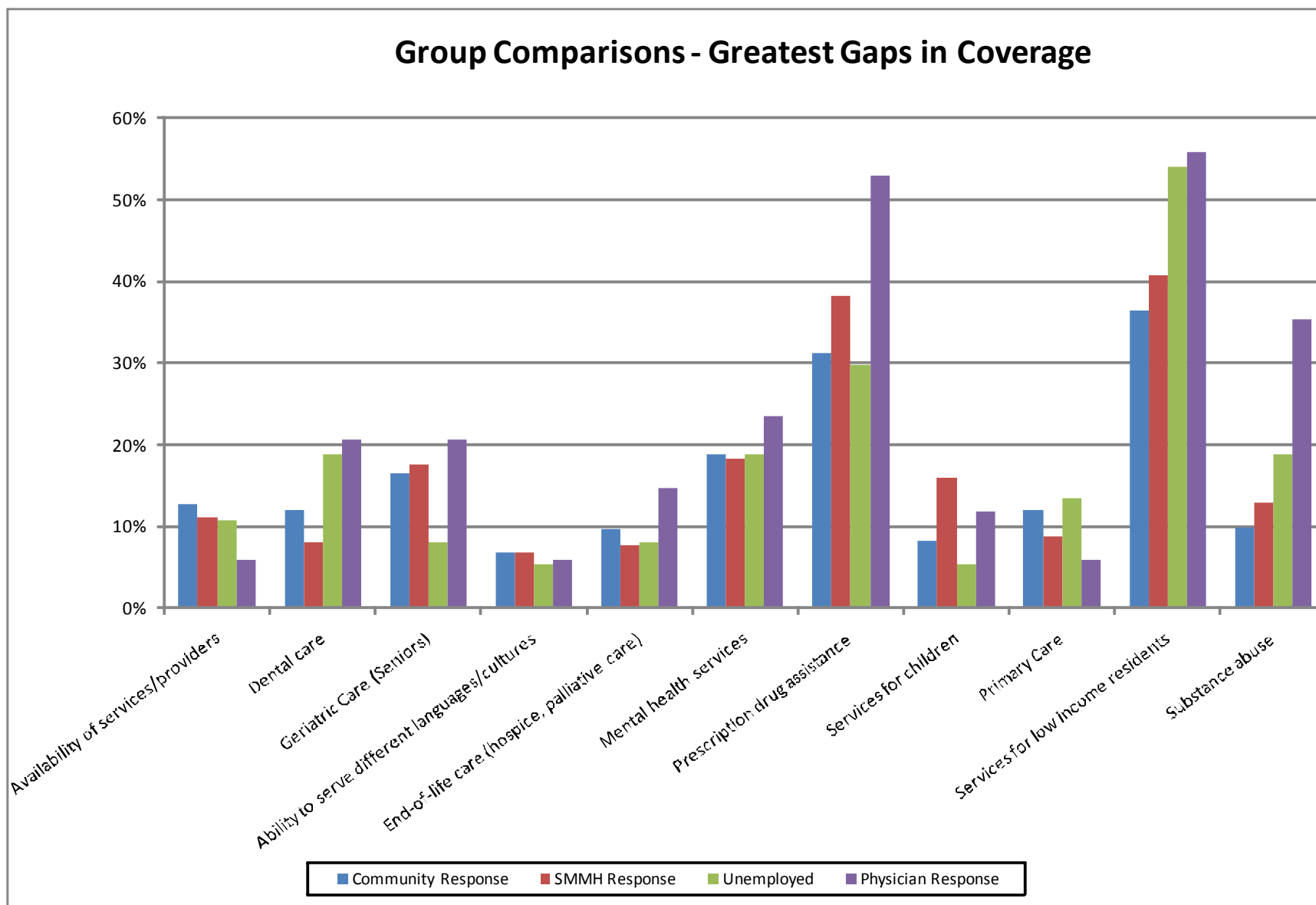
5. In the community you represent, what are the greatest needs regarding health education and prevention services? (Select all that apply)
 - Tobacco prevention and cessation
 - Mental health and substance abuse
 - Obesity prevention
 - Healthy lifestyles
 - Reproductive health
 - Translated health information for non-English speakers
 - Oral/ dental health
 - Health screenings

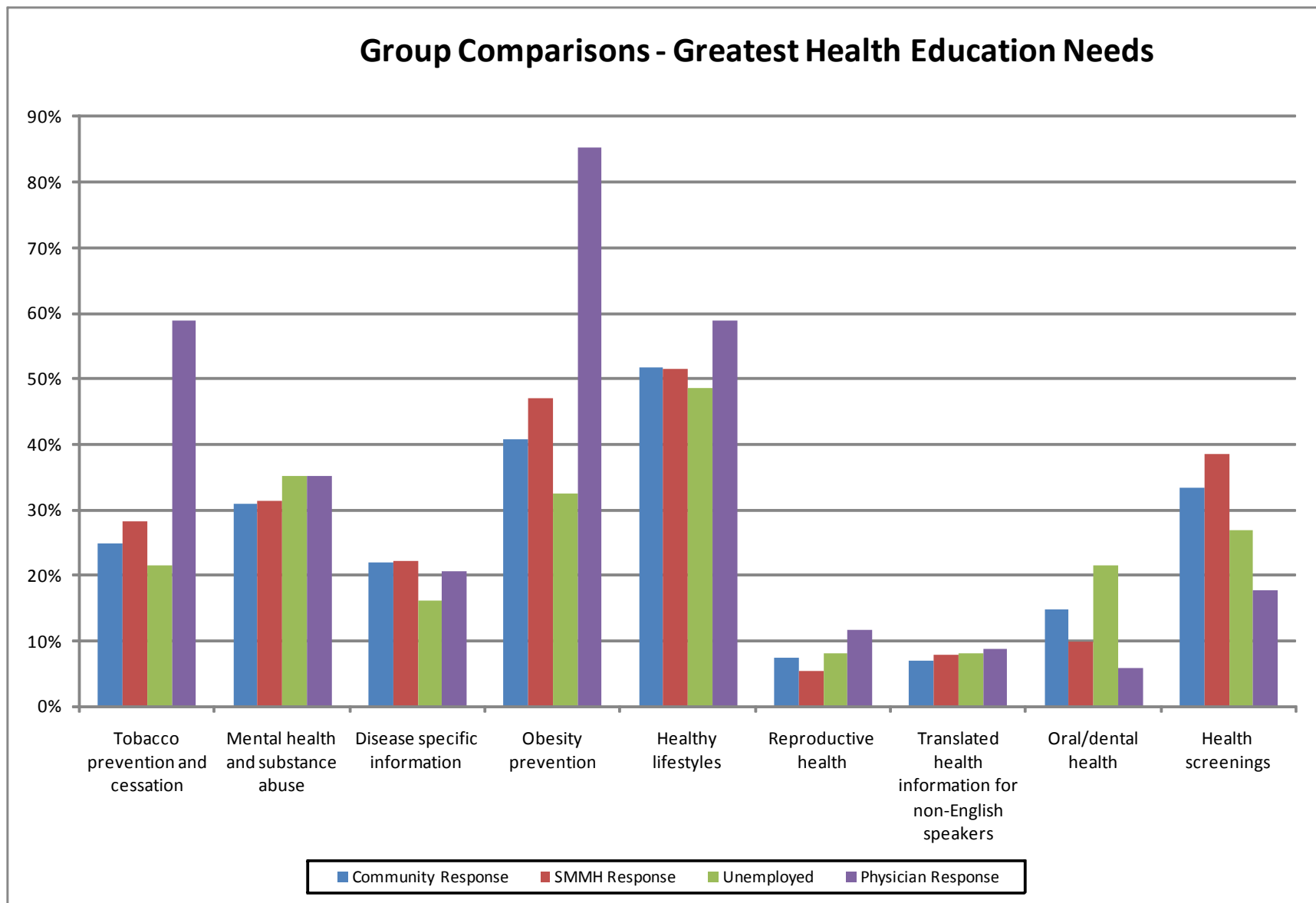
6. In the community you represent, who are the vulnerable populations most affected by local health care needs (Select all that apply)
 - Female-headed households
 - Unemployed heads of households
 - Migrant families/ refugees
 - Youth
 - Uninsured
 - Senior citizens
 - Low income residents
 - Working poor families
 - Minority group

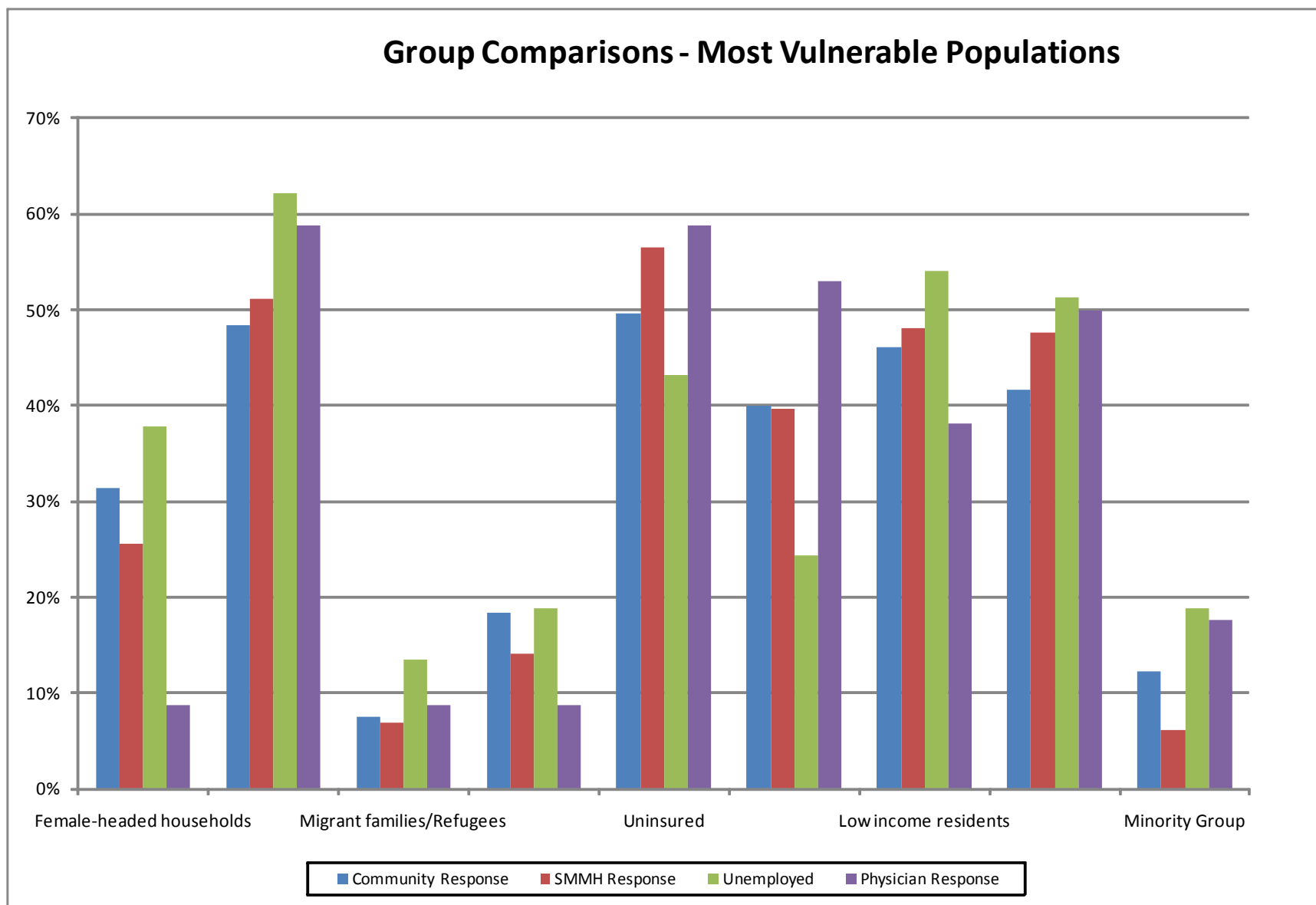
7. What do you consider to be top social concerns in the community you represent? (select all that apply)
- Broken Families
 - Education levels
 - Crime/ violence
 - Domestic violence/ child abuse
 - Homelessness
 - Home foreclosure
 - Services for seniors
 - Lack of social support
 - Language/ cultural barriers
 - Unemployment
 - Transportation
 - Poverty
 - Mental Health
 - Suicide
 - Gang related activity
 - Substance Abuse
 - Affordable childcare services
 - Teen pregnancy
8. List any services you are aware of that currently address the most pressing health issues checked above.
9. Demographic Information
- Age
 - Gender
 - Zip Code
 - Employment status
 - Housing
10. Are you willing to be part of a community focus group?

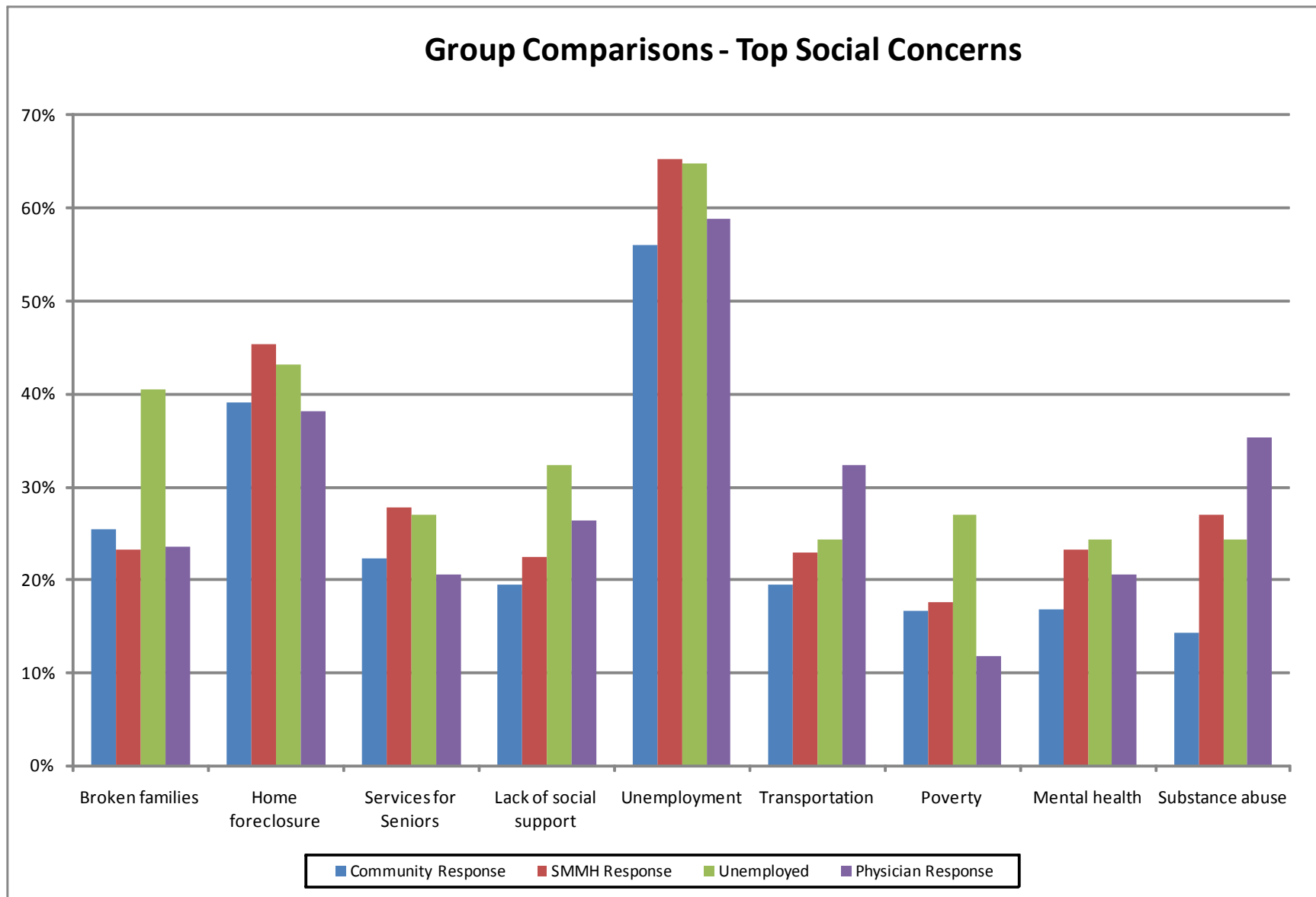












Appendix C: Summary of Focus Group Discussion

Three focus groups (Employee, Community and Community Leaders) were conducted to share the results of the Community Health Needs. During the one hour session the group survey results were presented and the participants were asked four questions about health lifestyle, consumer costs for medical services obtained at the hospital, health education and management of chronic diseases.

1. What do think that St. Mary Mercy Hospital (SMMH) should do to improve the incidence of chronic disease (diabetes, obesity, heart disease and asthma)?

Management of chronic diseases

- Practical education is essential to impacting self management of chronic diseases
- SMMH is a key player for education and screening but must work with community partners to develop programs that include exercise and good nutrition
- Recommend that SMMH to create a inventory of health related activities and programs from community partners and gather the community leaders to identify gaps in needed health activities and programs for the community.
- Education and screening events should be held in the community and not at the hospital

Diabetes

- Diabetes prevention and education classes and support group are a great community resource and should be continued
- Recommend awareness campaign of American Kidney and American Heart Association resources for diabetics education and programs

Obesity and healthy lifestyles

- Recommend partnering with the schools to create program that encourage families to exercise and eat healthy. Parents and students must be educated together about good nutrition and how to cook quick homemade meals
- The elderly need the same education, demos and recipes but cooking for one
- Utilize technology for education and reinforcement. Use Madonna University and local cable stations to promote healthy lifestyles and obesity prevention. For example, video tape cooking demos, use Face book and iPad.
- Community gardens, walking paths and fitness centers are vital to sustaining healthy living. Support groups, virtual or face to face, are essential for lifestyle behavioral changes to be sustained
- SMMH should model healthy eating in the cafeteria and patient menus

2. What do you think St. Mary Mercy can do to address the concerns about the cost of health care and other financial indicators limiting access to healthcare?

- Low income or uninsured 25-64 year olds have limited resources for health screening and managing chronic conditions. They do not get preventative services and many times do not take medications as prescribed due to cost or lack of understanding of the reason for the medication. SMMH can offer low or no cost health fairs/screenings with community partners and continue to work with the two free clinics in this area
- Educate people about multiple hospital bills (hospital, physician, anesthesia, radiology, etc.) and what is covered by their insurance plan and what is an out-of-pocket expense
- Transportation is needed for doctor office visits

- Improve communication between care providers- physicians and specialists- so that the patient is not navigating their care
- Elderly would like someone to schedule outpatient tests and doctor appointments and go with them to these appointments for navigation and understanding/recalling information.

3. What might be some opportunities to enhance health education across the community?

Things that St. Mary Mercy is doing well

- Open House is a great opportunity for providing health education
- Distributing 60,000 copies of Life and Health Community Newsletter three times a year in local newspapers
- Mass mailing for new services, health education and screening events

Health Education Topics Suggested

- Healthy eating topics: Growing a garden. Cooking demos with easy recipes.
- Educating the community on the proper use of the Emergency Department and ambulance service
- Caregivers need education and coping skills to care for loved one with dementia
- Tobacco prevention for students
- Insurance 101: How to pick the right plan for you?
- Q&A with Financial Counselors
- Understanding your medications and how to properly dispose of them

Initiatives

- Work with schools to direct student community service hours to healthy living initiatives in the community
- Replicate with school system to replicate the South Redford School District School Clinic. The parents and student trust the school to provide good care. NP sees students ages 10-18. The students do not need to be part of the district. BMI, glucose and B/P offered at the clinic. Also offer counseling for weight management, Zumba and cooking demos.
- Senior exercise and socialization
- Educate the young about healthy eating/snacks and provide family physical activity events. Sponsor family health prevention events.
- Create and distribute throughout the hospital list of local food pantries, low cost prescription programs and low cost and free clinics

4. What does the term “Healthy Lifestyle” mean to you?

- Healthy eating and exercise; balance in life; emotional, physical and spiritual balance.
- If we are going to change people’s lifestyle to promote healthy living, it must be fun and exciting to sustain these lifestyle changes
- Proper use of medication
- Health literacy
- Health is vitality in life to be able to do what I want to do. Free of stress, spirituality grounded and connected to people
- Living disease free within your genetically defined life

Appendix D: 2010 Michigan Critical Health Indicator Report

The Critical Health Indicators report describes Michigan’s health and well-being and establishes a method for monitoring improvement. The report is organized by four categories with 25 related indicators. These indicators directly or indirectly measure the health and health behaviors of Michigan residents.

A broad look at Michigan’s critical health indicators suggests there is significant room for improvement in Michigan’s population health. For a large portion of health indicators, Michigan’s rates are worse than the national average. While many health outcomes measures are trending in the correct direction for Michigan, a greater rate of improvement is needed for Michigan to catch up to the rest of the nation. Impeding Michigan’s progress, however, are environmental conditions and chronic disease health characteristics that are trending in the wrong direction.

Factors and indicators which contribute to improved health are moving in the correct direction, including immunizations, preventative services, air quality, and smoking. More children have health insurance coverage and fewer have elevated blood lead levels compared to previous years. High school and college graduation rates increased and violent crime rates decreased. The incidence rates of cancer and syphilis decreased. The broader indicators of life expectancy and infant mortality also moved in the right direction.

Michigan has faced severe economic challenges, reflected through increased unemployment and poverty rates. The number of adults with health insurance coverage decreased, while unmet medical need increased. The overall health care expenditures in Michigan increased. The rates of preventable hospitalizations increased. Obesity, a major factor contributing to chronic disease, rose. The percent of the population suffering from chronic conditions such as diabetes, asthma, and chronic hepatitis C increased. While older women continued to get mammograms at about the same rate, the percentage of women getting pap tests, which impacts a larger age range, decreased.

A few indicators did not change over the past ten years; these include unintended pregnancy, self-reported health status, heart attack, stroke, arthritis, serious psychological distress, new AIDS cases, gonorrhea, binge drinking, adequate fruit & vegetable consumption, and mammography.

2010 Michigan Critical Health Indicators Trend Direction Over Time

Right Direction	Wrong Direction
Life Expectancy At Birth	Injury Mortality
Life Expectancy At Age 65	Chronic Disease – Diabetes
Infant Mortality Rate	Chronic Disease – Asthma
Chronic Disease - Cancer	Infectious Disease Chronic Hepatitis C
Infectious Disease – Syphilis	Infectious Disease – Chlamydia
Smoking	Obesity
Adequate Physical Activity	Health Care Expenditures
Children’s Insurance Coverage	Adult Insurance Coverage
Preventative Services – Colorectal Cancer Screening	Unmet Medical Need
Preventative Services – Cholesterol Check	Preventative Services – Pap Test
Immunizations	Pediatric Preventable Hospitalizations
Immunizations	Adult Poverty
Air Pollution – Air Quality Index Rating	Unemployment Rate

Right Direction	Wrong Direction
High School & College Completion	
Violent Crime Rate	
Lead Poisoning – Children’s Blood Lead Levels	

No Change	
Unintended Pregnancy	Serious Psychological Distress
Self-Reported Health Status	Infectious Disease – AIDS
Chronic Disease – Heart Attack	Binge Drinking (Alcohol)
Chronic Disease – Stroke Adequate	Fruit & Vegetable Consumption
Chronic Disease – Arthritis	Preventative Services– Mammograms

Comparison of Michigan to the United States	
Michigan is Better	Michigan is Worse
Injury Mortality	Life Expectancy At Birth
Infectious Disease – Syphilis	Life Expectancy At Age 65
Infectious Disease – AIDS	Infant Mortality Rate
Children’s Insurance Coverage	Self-reported Health Status
Adult Insurance Coverage	Chronic Disease – Diabetes
Preventative Services – Cholesterol Check	Chronic Disease – Asthma
Immunizations – Pediatric	Chronic Disease – Arthritis
Educational Rates – High School Completion	Chronic Disease – Cancer
	Infectious Disease – Gonorrhea
Michigan is the Same as the United States	
	Infectious Disease – Chlamydia
Chronic Disease – Heart Attack	Binge Drinking (Alcohol)
Chronic Disease – Stroke	Obesity
Smoking	Preventative Services – Pap Test
Adequate Physical Activity	Bachelors Degree Completion
Adequate Fruit & Vegetable Consumption	Unemployment Rate
Health Care Expenditures	Violent Crime Rate
Preventative Services – Mammogram	Lead Poisoning – Children’s Blood Lead Levels
Poverty	Immunizations – Adult

Profile of Michigan, 2009

POPULATION		NATALITY		MORTALITY	
As of July 1, 2009	9,969,727	Live Births:	117,309	Total Deaths:	86,310
Rank Among Counties:	-	Teenage Mothers:	11,841	Infant Deaths:	881
Per Square Mile:	175.5	Low Weight Births:	9,846	Neonatal Deaths:	600
		First Births:	47,042	Postneonatal Deaths:	281
				Perinatal Deaths:	1,156
				Fetal Deaths:	678
MARRIAGE		DIVORCE			
Marriages:	53,528	Divorces:	32,771		
Marriage Rate:	10.7	Divorce Rate:	6.6		



LEADING CAUSES OF DEATH

LEADING HOSPITAL DISCHARGES--2009

	Deaths	Rate		Discharges	Rate
Total	86,310	784.6	All Hospitalizations	1,318,741	1,322.8
Heart Disease	23,044	206.5	Heart Diseases	143,249	143.7
Cancer	20,174	181.9	Newborns and Neonates (Less than 7 days)	119,188	119.6
Chronic Lower Respiratory Diseases	4,941	45.1	Females with Deliveries	114,558	114.9
Stroke	4,415	39.9	Injury and Poisoning	103,661	104.0
Unintentional Injuries	3,671	35.4	Infectious and Parasitic Diseases	49,828	50.0
Diabetes Mellitus	2,689	24.3	Psychoses	48,085	48.2

St. Mary Mercy Hospital Livonia
Community Health Needs Assessment & Implementation Plan

June 2012

Alzheimer's Disease	2,552	22.9	Cancer (Malignant Neoplasms)	40,644	40.8
Kidney Disease	1,699	15.5	Osteoarthritis and Allied Disorders	38,226	38.3
Pneumonia/Influenza	1,540	13.9	Pneumonia	35,527	35.6
Intentional Self-harm (Suicide)	1,164	11.3	Cerebrovascular Diseases	34,670	34.8

Children Ages 1-19

	Deaths	Rate	
Total	727	28.8	All Hospitalizations
Accidents	245	9.7	Females with Deliveries
Assault (Homicide)	124	4.9	Injury and Poisoning
Suicide	69	2.7	Pneumonia
Cancer	62	2.5	Asthma
Congenital malformations	32	1.3	Appendicitis

Children Ages 1-19

	Discharges	Rate
Total	68,783	272.1
Accidents	11,775	46.6
Assault (Homicide)	7,927	31.4
Suicide	4,356	17.2
Cancer	3,998	15.8
Congenital malformations	2,644	10.5

Note: Rates are per 100, 000. Leading causes of death are computed by the direct method, using as the standard population the age distribution of the total population of the United States for the year 2000. Children and discharge data are per 100,000, 2009 population in specified group.

Profile of Wayne County, 2009

POPULATION

As of July 1, 2009
Rank Among Counties:
Per Square Mile:

1,925,848
1
3,135.5

NATALITY

Live Births:
Teenage Mothers:
Low Weight Births:
First Births:

24,646
3,393
2,623
9,779

MORTALITY

Total Deaths:
Infant Deaths:
Neonatal Deaths:
Postneonatal Deaths:
Perinatal Deaths:
Fetal Deaths:

17,625
250
173
77
326
185

MARRIAGE

Marriages:
Marriage Rate:

7,098
7.4

DIVORCE

Divorces:
Divorce Rate:

4,998
5.2



LEADING CAUSES OF DEATH

	Deaths	Rate
Total	17,625	876.2
Heart Disease	5,121	251.8
Cancer	3,946	196.4
Chronic Lower Respiratory Diseases	804	40.7
Stroke	815	40.4
Unintentional Injuries	758	38.2
Diabetes Mellitus	508	25.3
Alzheimer's Disease	284	13.9
Kidney Disease	361	17.9
Pneumonia/Influenza	304	15.0
Intentional Self-harm (Suicide)	192	9.8

LEADING HOSPITAL DISCHARGES--2009

	Discharges	Rate
Total	297,067	1,542.5
Heart Diseases	32,918	170.9
Newborns and Neonates (Less than 7 days)	25,076	130.2
Females with Deliveries	24,265	126.0
Injury and Poisoning	22,390	116.3
Infectious and Parasitic Diseases	12,018	62.4
Psychoses	10,797	56.1
Cancer (Malignant Neoplasms)	8,318	43.2
Osteoarthritis and Allied Disorders	5,363	27.9
Pneumonia	7,516	39.0
Cerebrovascular Diseases	7,905	41.1

Children Ages 1-19

	Deaths	Rate
Total	208	40.2
Accidents	54	10.4
Assault (Homicide)	72	13.9
Suicide	9	1.7
Cancer	7	1.4
Congenital malformations	7	1.4

Children Ages 1-19

	Discharges	Rate
Total	16,504	318.8
Accidents	3,343	64.6
Assault (Homicide)	1,756	33.9
Suicide	895	17.3
Cancer	1,458	28.2
Congenital malformations	438	8.5

Note: Rates are per 100, 000. Leading causes of death are computed by the direct method, using as the standard population the age distribution of the total population of the United States for the year 2000. Children and discharge data are per 100,000, 2009 population in specified group.

Top Five Leading Causes of Death by SMMH Service Area

Canton	Novi	Farmington Hills	Plymouth	Redford	Livonia	Northville	Westland
Heart	Heart	Heart	Heart	Heart	Heart	Heart	Heart
Cancer	Cancer	Cancer	Cancer	Cancer	Cancer	Cancer	Cancer
Respiratory	Stroke	Stroke	Respiratory	Respiratory	Stroke	Respiratory	Respiratory
Stroke	Alzheimer's	Respiratory	Alzheimer's	Stroke	Respiratory	Stroke	Stroke
Alzheimer's	Respiratory	Diabetes	Pneumonia Influenza	Alzheimer's	Alzheimer's	Diabetes	Diabetes
Diabetes			Diabetes	Pneumonia Influenza	Diabetes	Alzheimer's	Kidney

Appendix E- Asset Maps

I. [Westland](#)

City Strengths

- [Chamber of Commerce](#)
 - Over 300 businesses and organizations
- [Health Highlights](#)
 - Westland's Mayor Wild – declared it will be the healthiest city in MI and is putting a lot of resources into that
 - Farmers Market
 - H₂O Zone
 - Adult and Kids health classes
 - City parks and Recreation
 - [Therapeutic Recreation Program](#)
 - Cooking Classes – How to make low cost, healthy meals
 - Therapeutic swimming lessons
 - Swimming lessons for kids and adults
 - Affordable rates at the City fitness center
- [Senior Services](#)
- Approximately 40 churches of several denominations primarily Christian
- [Community Education and enrichment](#)
 - GED classes
 - Business skill development
 - Adult leisure and enrichment classes
- Environmental health
 - [Recyclebank Program](#)
 - Mission: Green
- City Jobs page – not only government but private sector jobs

City Weaknesses

- No Disease management classes or exercise programs
- Low utilization of food banks – many residents go to Canton
 - Difficult to find information about food bank locations online
- Population decreases continue to deplete revenue –8.8% since 2000
- Unemployment 10.0%
- Air and water quality

II. [Canton \(city of and township\)](#)

City Strengths

- [Chamber of Commerce](#)
 - Over 600 member organizations
- [Health and Wellness](#)
 - Robust fitness class program
 - Flu shot clinic
 - Good Senior Outreach programs including [Senior Center](#)
 - [The Block](#) – Youth Center
 - Lifetime Fitness
- Farmer's Market
- City Parks and Recreation
- 23 churches of several denominations primarily Christian
- [Community Education and Enrichment](#)

- Food Bank Utilization
- Population growth + 5.70% since 2000
- Unemployment rate

City Weaknesses

- No Disease management classes or exercise programs
- Difficult to find information about food bank locations online
- Negative job growth
- Air and water quality

III. [Livonia](#)

City Strengths

- [Chamber of Commerce](#)
 - Over 900 member organizations
- [Health and Wellness](#)
 - Youth and adult fitness classes
 - Large public recreation center (fees for use – resident discounts)
- Farmer's Market
- City Parks and Recreation
- 54 Churches primarily Christian
- [Strong Senior Center](#) and senior services
- Community education
 - Livonia Schools (a lot of computer and fitness classes)
 - Schoolcraft College and Madonna University

City Weaknesses

- No disease management classes or exercise programs
- Difficult to find information about food bank locations online
- Air and water quality

IV. [Northville](#) (city of and township)

City Strengths

- [Chamber of Commerce](#)
 - Unknown number of members (on website)
- [Health and Wellness](#)
 - Youth, adult, and senior fitness classes
 - Parks and Recreation
 - Maybury State Park
- Running/Walking/Biking/ Horseback riding trails, farm, pond – gets a lot of visitors
- Farmer's Market
- 11 Churches primarily Christian
- [Well connected Senior Services](#)

City Weakness

- No disease management classes or exercise programs
- Difficult to find information about food bank locations online
- Water Quality
- Lack of Community education programs (or available information for them)

V. [Plymouth](#) (city of and township)

City Strengths

- [Chamber of Commerce](#)
 - Unable to find on Chamber's website
 - Website is quite informative with a newsletter that gives a lot of information
- [Health and Wellness](#)
 - Youth, adult, and senior fitness classes
- Farmer's Market
- Parks and Recreation system
- 18 Churches primarily Christian
- [Senior Services](#)
- [Community Education and Enrichment](#)

City Weaknesses

- No disease management classes or exercise programs
- Difficult to find information about food bank locations online
- Air and Water Quality

VI. [Redford](#)

City Strengths

- [Chamber of Commerce](#)
 - Number given on chamber's [website](#)
- [Health and Wellness](#)
 - Youth and Senior programs
- Farmer's Market
- 27 Churches primarily Christian
- [Senior Services](#)
- Community Education
 - Redford Union – Special education
 - [South Redford Schools](#) – health clinic classes for students

City Weakness

- No disease management classes or exercise programs
- Difficult to find information about food bank locations online
- Air and Water Quality
- Neither of the school districts nor the township website had information about adult education or health education classes
- Limited amounts of information on parks and recreation available on township website
- Population decrease of 10.97%

VII. [Farmington](#) / [Farmington Hills](#)

City Strengths

- [Chamber of Commerce](#)
 - Approximately 300 member organizations
 - Jobs link on site
- [Health and Wellness](#)
 - Youth and family activity centers
 - Senior Activities

- Farmer's Market
- Parks and recreation System
- [Senior Services](#)
- 9 Churches primarily Christian
- [Community Education](#)
 - Adult education classes
 - Young adult/post high school education program

City Weaknesses

- No disease management classes or exercise programs
- Difficult to find information about food bank locations online
- Water Quality
- Population decrease of just over 5% since 2000

VIII. [Novi](#)

City Strengths

- [Chamber of Commerce](#)
 - Exact Number of businesses not shown
- [Health and Wellness](#)
 - Parks, Rec, and Cultural Services
 - 1,300 recreation programs with 140,000 users annually
 - Senior Services Division
- Farmer's market
- [Senior Services](#)
- 15 churches primarily Christian
- Jobs link on city site
- [Community Education](#)
 - 4 public school systems offer adult education classes in addition to Walsh College

City Weaknesses

- No Disease management classes or exercise programs
- Difficult to find information about food bank locations online
- Negative job growth