



# Make a Difference in the health of our community

## Community Health Needs Assessment 2015-2018

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## Executive Summary

St. Mary Mercy Livonia (SMML) completed a comprehensive Community Health Needs Assessment (CHNA) that was presented to the SMML local Board of Directors for review and approval on May 18, 2015. SMML performed the CHNA in adherence with certain federal requirements for not-for-profit hospitals set forth in the Affordable Care Act and by the Internal Revenue Service. The assessment took into account input from community leaders, community members and various community organizations. The complete CHNA report is available electronically at [stmmarymercy.org](http://stmmarymercy.org).

The service area for this assessment was defined as cities within a five mile radius of the hospital. This includes zip codes of Westland, Canton, Livonia, Northville City, Northville Township, Plymouth City, Plymouth Township, Redford, Farmington Hills and Farmington City. The population for these communities is 510,806 residents. Garden City and Novi are within five miles of the hospital but were not included in the SMML service area because they have a hospital in their community.

The CHNA included:

- Many collaborative partners were engaged in the Community Health Needs Assessment process, including the membership of a CHNA Steering Committee. These dedicated members were involved in the tool development, survey distribution, needs identification and prioritization and development of the CHNA Design and Implementation Workgroups.
- The SMML Community Health Needs Survey was branded with the banner "Make a Difference in the Health of our Community." A paper and on-line survey, composed of 30 questions about access to care, personal health behaviors, perceived community health needs and participant demographics was promoted at many community events through various community partners. Of the 1,578 responses, 666 were paper surveys completed by vulnerable populations at the Redford Interfaith Food Pantry, Westland Salvation Army Food Pantry and Wayne Hope Clinic.
- On November 20, 2014, a *Community Forum* was held at Thurston High School in Redford, Michigan to share the survey results, gain some additional information about 10 of the survey questions and engage community members in discussion about programs for changing behaviors for healthy eating, increased physical activity, access to care and mental health/substance abuse prevention and treatment.
- Ensuring the most accurate demographic information and community health concerns, data was gathered from numerous sources. Primary data was obtained through the survey, Community Forum and information gathered from the community partners represented on the CHNA Steering Committee. Secondary data analysis was conducted utilizing national, state and local demographic and community health databases.
- The health needs were prioritized using the survey data, Healthy Peoples 2020 indicators, magnitude of persons affected, severity of the need, alignment of the problem with organizational strengths, the hospital's ability to impact the need and the ability to measure change. The goals for three health needs were also prioritized by the Implementation Teams.

The survey results quickly identified two health issues that were also raised on the 2012 CHNA. These were obesity and access to care. Further review of the data and validation from the Community Forum, Healthy Partners Circle of Care Coalition and the St. Mary Mercy Community Health/Population Health Strategic Leadership Council resulted in adding mental health and substance abuse as the third health priority.

Three CHNA Implementation Teams, comprised of community members, established these goals for the identified needs:

1. To reduce obesity by:
  - Increasing physical activity for children.
  - Improving the eating habits of children.
2. To improve access to care by:
  - Increasing usage of Primary Care Providers.
  - Improving transportation to health care appointments.
  - Increasing access to specialists for those under or uninsured.
3. Improve behavioral health in the community by:
  - Preventing suicide.
  - Improving access to Behavioral Health services.
  - Reducing the use of alcohol.

St. Mary Mercy Livonia resources and the overall alignment with the hospital's mission, goals and strategic priorities were taken into consideration of the significant health needs identified through the most recent CHNA process. In addition, the SMML Strategic Leadership Community Health/Population Health Council provides oversight to the process and implementation strategy.

Over the next three years, health improvement programs will be implemented with identified collaborative partners according to the plan and metrics collected.

## I. Introduction

St. Mary Mercy Livonia is a 304-bed hospital located in Livonia, Michigan. Since 1959, when the hospital was established by the Felician Sisters, our goal has been to meet the health care needs of our community with an emphasis on quality, personalized care. Over the past 55 years, the hospital has grown to become one of the premier community hospitals in the area as exemplified by the numerous awards recognizing excellence in clinical outcomes, patient safety, financial performance and efficiency. As a member of Saint Joseph Mercy Health System, St. Mary Mercy Hospital maintains a Catholic heritage that is as proud of its past as it is devoted to its future. Through our dedicated administration, physicians, employees and volunteers, the hospital continues to expand its medical services to maintain its role as a leader in community health care.

### Mission, Vision and Values

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

**Core Values:** Reverence, Commitment to Those who are Poor, Justice, Stewardship and Integrity

**Vision:** To be a truly great hospital, providing comprehensive, coordinated and compassionate care, every time to everyone.

## II. Summary and Impact of 2012 Community Health Needs Assessment and Implementation Plan

St. Mary Mercy Livonia (SMML) conducted a community health needs assessment (CHNA) in 2012. The five prioritized needs were obesity, mental health, substance abuse, access to care/chronic disease management and senior care. Annually, the hospital reviewed these needs and created the tactical plans and budget to address these needs. Listed below is a summary of the strategies and outcomes for these five health needs.

### A. *Obesity strategies: Collaborate with community partners in events and programs that promote physical activity and healthy eating*

#### Outcomes

- Annually coordinated the SMML Embrace Life 5K run/walk, sponsored the YMCA Strong Kids Program, Save Our Youth Fun Run and Kona Runs and participated in Heart and Diabetes Walks.
- Committed to a three year healthcare sponsorship for the Westland "Passport to a Healthy City" Program. Two successful programs were conducted as part of this initiative: The "Journey to Better Health" monthly senior lectures and the "Buddy Program," which was a twelve-week program to increase physical activity and improve nutrition.
- Incorporated cooking demonstrations and healthy eating seminars into large community events sponsored by the hospital and at local farmer's markets.

### B. *Access to Care strategies: Increase access to care*

#### Outcomes

- Provided free transportation services for patients coming to the hospital for outpatient services, lab services to the two free clinics in our area: the Wayne Hope Clinic and Joy Southfield Clinic (JS); conducted a Diabetes Education and Self- Management Program at JS; and created a SMML Specialist Care Program for the uninsured patients seen in the ER who needed follow-up care.

- C. *Youth Substance Abuse strategies: Support the Livonia Save Our Youth (LSOY) Coalition to educate and empower the community regarding the health and safety of our young people with a focus on alcohol and other drugs.*

Outcomes

- Active participation on LSOY Steering Committee, community education events and annual Fun Run

- D. *Adult Mental Health and Substance Abuse strategies: Increased patient/family awareness and utilization of inpatient and outpatient mental health and substance abuse services and community resources.*

Outcomes

- Created a Behavioral Medicine ER triage and access center
- Expanded inpatient services including Psychiatrist residents
- Provided meeting space for eight peer and SMML support groups

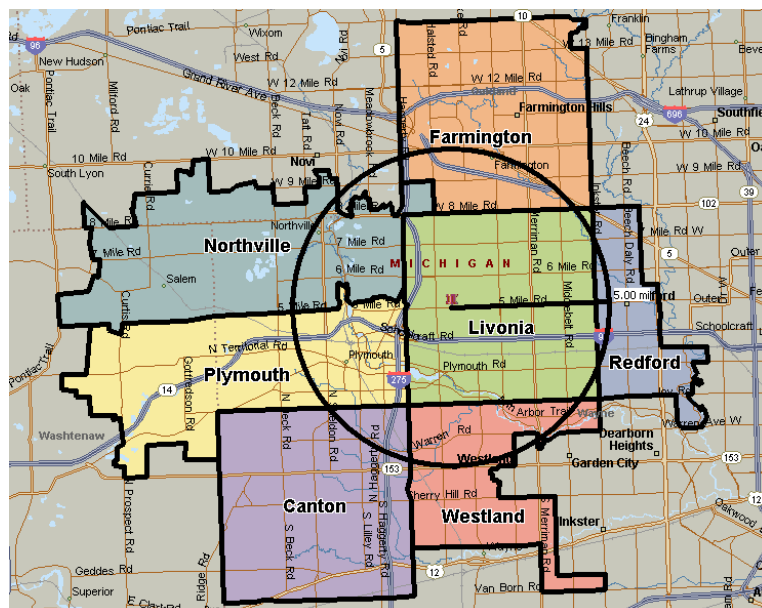
- E. *Senior Care strategies: Support the adult seniors and their caregivers to have a healthy aging process through education, exercise programs and increased knowledge of available community resources*

Outcomes

- Opened a Senior Wellness Center at St Mary Mercy Livonia
- Partnered with The Senior Alliance (Area Agency on Aging 1-c) to provide an on-site office in the Wellness Center
- Offered Tai Chi, Exercises for Arthritis, Yoga and Matter of Balance classes to help maintain health and function

### III. Service Area and Population

The service area of St. Mary Mercy Livonia for this assessment was defined as cities within a five mile radius of the hospital. This includes zip codes of Westland, Canton, Livonia, Northville City, Northville Township, Plymouth City, Plymouth Township, Redford, Farmington Hills and Farmington City. The majority of these cities are located in Western Wayne County; however, Farmington Hills lies within Southern Oakland County lines. The population for these communities is 510,806 residents. Garden City and Novi are within five miles of the hospital but have not been included in the SMML service area because they have a hospital (Garden City Hospital and Providence Park) in their community. Demographics for each community, including size, age, income, and race, are very diverse as shown in Appendix A.



#### **IV. Community Health Needs Assessment Partners**

As St. Mary Mercy embarked on the Community Health Needs Assessment, many collaborative partners were engaged in the process.

##### *A. CHNA Steering Committee*

A twenty member community-based Community Health Needs Assessment Steering Committee was created in July 2014 to lead this process with the intent that some of them would continue as members of the Implementation Teams. These partners include representatives from the Detroit Wayne County Health Department, Livonia and Redford schools, Wayne Hope Clinic, Westland Salvation Army, Madonna University, Joy Southfield Community Development Corporation, Judson Center, Plymouth Community United Way, Farmington Costick Center, South Eastern Michigan Health Association, Redford Interfaith Relief, Westland Youth Assistance, Wayne County Health and Human Services, Livonia YMCA and SMML representatives from strategic planning, medical leadership, community health and administration.

##### *B. St. Mary Mercy Strategic Leadership Community Health/Population Health Council*

The St. Mary Mercy Strategic Leadership Community Health Council comprised of physician leaders, senior executives, strategic planning, service line administrators and finance provided periodic input into the CHNA. Reinforcing that this was a community-based project, three of the community leaders from the CHNA Steering Committee will chair the ongoing Obesity, Access to Care and Behavioral Medicine Implementation Teams. To connect this work to the hospital's strategic plan and to the Board, quarterly CHNA Implementation Plan reports will be presented to this council.

##### *C. Outreach to the Vulnerable Populations: Westland Salvation Army, Redford Interfaith Relief and Wayne Hope Clinic*

To gain input from the vulnerable populations in our area, we engaged the leadership of the Westland Salvation Army, Redford Interfaith Relief and Wayne Hope Clinic in the distribution of paper surveys, which were manually added to the online survey database.

##### *D. Livonia Public Schools and the Redford School District*

Representatives from Livonia and South Redford School District were instrumental in promoting the CHNA survey and Forum within the school community and personally inviting community leaders to be members of the Implementation workgroups. The Livonia Public School Physical Education program and health services provided data from the U.S. Department of Education PEP Grant for increased physical education and improved nutrition. The South Redford School District hosted the Community Forum and provided information and data from their school-based clinic.

For the complete list of the community stakeholders see Appendix B.

#### **V. Community Health Needs Assessment Methodology and Process**

To assess the health needs of the St. Mary Mercy Livonia communities, a quantitative and qualitative approach was used. St. Mary Mercy Livonia conducted a hospital-based needs assessment and did not collaborate with any other providers in this assessment.

##### **Qualitative Data: Input from Community**

##### *A. SMML Community Health Needs Survey*

An on-line survey was created in July 2014 to evaluate the changing health needs in the SMML service area. The survey tool was branded with the banner "Make a Difference in the Health of our Community." The survey was composed of 30 questions about access to care, personal health behaviors, perceived community health needs and patient demographics. A paper or on-line survey

was available to the public from September 7 through 17, 2014. The survey was promoted at a variety of events, posted on the hospital website and distributed through email blasts to city officials, community leaders in businesses, schools and churches, SMML employees and physicians and the Livonia and Redford school districts. Of the 1,578 responses, 666 were paper surveys completed by vulnerable populations at the Redford Interfaith Food Pantry, Westland Salvation Army Food Pantry and Wayne Hope Clinic. Appendix C contains the survey tool and summary charts of the survey results.

To test the clarity of the questions and length of the survey, forty internal staff members ranging from senior leadership to our lowest paid workers, were asked to complete the paper and on-line survey and answer these questions:

- How long did it take you to complete the survey from start to finish?
- Were there any questions that you didn't understand? If yes, which question and include comments?
- Were there any questions that you couldn't answer? If yes, which question and include comments?

Based upon this feedback, the survey took about 10 minutes to complete. The wording in many of the questions was changed and the two ranking questions were changed from rank in chronological order to pick the top three priorities.

#### *B. Community Forum*

On November 20, 2014 a Community Forum was held at Thurston High School in Redford, Michigan to share the survey results, gain some additional information about ten of the survey questions and engage the community members in discussion about programs for changing behaviors of healthy eating, increased physical activity, access to care and mental health/substance abuse prevention and treatment. Due to the weather and close proximity to the Thanksgiving holiday, only 30 of the 200 invitees attended. Although the group was small, they increased their knowledge of the health issues in the community and 10 of the 30 stated they would like to participate in the development of the Implementation Plan. In addition, Mental Health/Substance Abuse was added as the third health priority. Results of the polling questions are included in Appendix D.

#### *C. Quantitative Data Gathering*

Ensuring the most accurate demographic information and community health concerns, data was gathered from numerous sources. Secondary data analysis was conducted utilizing national, state and local demographic and community health databases.

#### **Community Needs Index 2015**

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 one representing less community need and five 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 one indicate those with the lowest socio-economic barriers, while a score of five represents a zip code with the most socio-economic barriers.<sup>1</sup>

**2015 Community Needs Index**

Zip Code	CNI Scores		Population		City
	2012	2015	2012	2015	
48150	1.4	2.1	24,994	26,573	Livonia, MI
48152	2.0	2.2	29,754	30,765	Livonia, MI
48154	1.2	2.0	36,928	37,600	Livonia, MI
48239	2.2	3.2	34,139	34,831	Redford, MI
48240	1.8	2.8	17,224	17,142	Redford, MI
48187	2.2	2.4	45,287	49,349	Canton, MI
48188	2.0	2.2	38,934	42,163	Canton, MI
48167	2.0	2.0	22,907	23,030	Northville, MI
48168		2.0		23,030	Northville Township, MI
48185	3.4	3.6	45,245	47,301	Westland, MI
48186	3.0	3.8	34,254	35,840	Westland, MI
48170	1.8	2.0	37,871	39,886	Plymouth, MI
48331	1.8	2.0	21,949	21,350	Farmington Hills, MI
48334	2.2	2.6	17,114	18,827	Farmington Hills, MI
48335	2.4	2.6	21,934	23,857	Farmington Hills, MI
48336	2.6	2.6	25,120	25,852	Farmington Hills, MI

Source: [www.chwhealth.org/cni](http://www.chwhealth.org/cni)

**County Health Rankings**

The annual County Health Rankings measure vital health factors, including high school graduation rates, obesity, smoking, unemployment, access to healthy foods, the quality of air and water, income and teen births in nearly every county in America. These rankings provide a revealing snapshot of how health is influenced by where we live, learn, work and play, and provides a starting point for change in communities. In the 2014, County Health Rankings Report Wayne County ranked 82/82 in health outcomes and health factors and Oakland County ranked 23<sup>th</sup> in outcomes and 9<sup>th</sup> in health factors.

The table below lists the key indicators for obesity, access to care and behavioral health in Wayne and Oakland counties as compared to the state of Michigan.

Health Behaviors	Wayne	Oakland	Michigan
Adult Obesity	34%	27%	32%
Physical Inactivity	28%	19%	24%
Access to exercise opportunities	93%	93%	83%
Excessive drinking	17%	18%	18%
Alcohol-impaired driving deaths	28%	22%	31%
Health Outcomes	Wayne	Oakland	Michigan
Poor physical health days	3.8	3.1	3.6
Poor mental health days	3.7	3.4	3.7

Source: [www.countyhealthrankings.org/michigan](http://www.countyhealthrankings.org/michigan)



**Asset Map**

An asset map was created for all cities within the SMML service area listing parks, nutrition programs, food pantries, fitness centers, farmers markets, exercise and walking programs, malls, community recreation centers, youth and senior services, transportation service and healthcare facilities. See Appendix E for the asset map.

*D. Information Gaps and Process Challenges*

Some challenges working with the available data arose which led to information gaps. First, the majority of health indicators are only available at the county level. It is very difficult to understand the health needs for specific population pockets within a county by evaluating data for the entire county versus data at a ZIP code level.

Second, Wayne County data, which includes the city of Detroit, is not representative of the suburban Wayne County communities. Some county data is now available, with and without the city of Detroit.

Third, many of our community partners did not have good baseline data for our community. Therefore, one of the first priorities of the implementation teams will be to establish baseline data.

One of the process challenges that we encountered during this assessment was timing. Attendance at the Community Forum was poor due to the holiday and the weather. Delaying this event until after the holidays would have caused a three month delay in the process.

Another process challenge was that survey participants were overly optimistic about their healthy behaviors. For example, most of the respondents did not smoke or drink excessively, yet we know that many people in our community smoke and many are struggling with alcohol and drug addiction.

Finally, there is a lack of collaboration among other local hospitals to develop a community or county-wide perception survey for Western Wayne County or to collaborate in the development of a shared implementation plan.

**VI. Community Health Needs Identified in Assessment**

*A. Needs Identified*

The 2015 CHNA identified ten significant health needs within the community. The significant health needs identified included:

<b>Nutrition/Eating Habits</b>	<ul style="list-style-type: none"><li>• 35% of Wayne County residents consume fruit &lt; once per day as compared to 37.5% in Michigan. 25.8% of Wayne County residents consume vegetables &lt; once per day as compared to 36.9% in Michigan.</li></ul>
<b>Physical Activity</b>	<ul style="list-style-type: none"><li>• 23% of Wayne County residents have no leisure time physical activity as compared to 23.8% in Michigan</li></ul>

<b>Obesity</b>	<ul style="list-style-type: none"> <li>Nearly 1 in 3 children in Michigan, ages 10-17, are overweight or obese</li> <li>29.6% of Wayne County residents are obese as compared to 31.3% in Michigan</li> </ul>
<b>Access to Care</b>	<ul style="list-style-type: none"> <li>30.6% of Wayne County residents did not have a routine checkup in the past year as compared to 32.4% in Michigan.</li> </ul>
<b>Mental Health</b>	<ul style="list-style-type: none"> <li>13.4% of Wayne County residents have poor mental health as compared to 12.7% in Michigan. 20.1% of Wayne County residents have depression as compared to 20.9% in Michigan.</li> </ul>
<b>Substance Abuse</b>	<ul style="list-style-type: none"> <li>5.6% of Wayne County residents reported heavy drinking as compared to 6.4% in Michigan. 18.6% of Wayne County residents reported binge drinking as compared to 19.2% in Michigan.</li> </ul>
<b>Transportation</b>	<ul style="list-style-type: none"> <li>According to the 2010 Demographic and Social Profile of Western Wayne County, 10% of Wayne households, 8% of Westland household and 5% of Redford households do not own a vehicle.</li> </ul>
<b>Cancer</b>	<ul style="list-style-type: none"> <li>12.4% of Wayne County residents have cancer as compared to 12.0% in Michigan</li> </ul>
<b>Heart Disease</b>	<ul style="list-style-type: none"> <li>9.5% of Wayne County residents have cardiovascular disease as compared to 9.8% in Michigan</li> </ul>
<b>Diabetes</b>	<ul style="list-style-type: none"> <li>10% of Wayne County residents have diabetes as compared to 10.3% in Michigan</li> </ul>

*2013 Michigan Behavioral Risk Factor Survey. Wayne County data does not include the City of Detroit.*

*B. Process for Prioritizing Identified Health Needs*

The "Make a Difference in the Health of our Community" survey identified ten health issues that were ranked by the CHNA Steering Committee based upon the Healthy People 2020 indicators, magnitude of persons affected, severity of the need, alignment of the problem with organizational strengths, the hospital's ability to impact the need and the ability to measure change.

*C. Prioritized Needs*

Quickly, the CHNA Steering Committee identified two health issues that were also raised on the 2012 CHNA. These were obesity and access to care. Further review of the data and validation from the Community Forum, Healthy Partners Circle of Care Coalition and the St. Mary Mercy Community Health/Population Health Strategic Leadership Council resulted in adding behavioral health, which includes mental health and substance abuse, as the third health priority.

The October 2011 CDCH State Community Health Assessment Region #2 South Meeting Assessment and Findings noted that between 2006 and 2010 some progress had been made related to smoking, mental health, binge drinking and controlled hypertension. Areas that remain a challenge include obesity, fruit and vegetable consumption, physical activity, smoking, diabetes, cancer screening and access to care.<sup>3</sup> This information further supported the three prioritized health issues.

## 1. Obesity

A striking health trend in Michigan is the rapid increase in the prevalence of overweight and obesity among the entire population. Adult obesity rates have increased from 17 percent to almost 25 percent. Michigan adults and high school students report that they are actively trying to lose or maintain their weight through increased physical activity and healthy eating. Short term weight loss is common but is not sustained. The pattern of increasing weight is seen among Michigan children as well. Official statewide data for younger children are not available. Nationally, over the past 30 years, the percent of children who are overweight has tripled.<sup>4</sup>

In 2013, just over one-quarter of Michigan children ages 6 to 17 participated in vigorous physical activity every day, despite the federal recommendation for 60 minutes of physical activity daily. Not only are children not engaging in vigorous physical activity, but they are engaging in high amounts of sedentary activity.<sup>5</sup>

Regular physical activity is linked to improved student concentration, cognitive functioning and classroom behavior as well as improved academic and standardized test performance. To effectively prevent obesity, we need to address both diet and physical activity, as both of these factors influence health.<sup>6</sup>

## 1. Access to Care

As of March 30, 2015, 79,000 people in Wayne County, excluding Detroit, are enrolled in the Healthy Michigan Plan. This plan covers people who are who are eligible or enrolled in Medicaid or Medicare, aged 19-64, not pregnant and have income of up to 133 percent of the Federal Poverty Level (FPL), which is about \$15,000 for a single person.<sup>7</sup>

To address the issue of rising health care costs and decreasing coverage, businesses like Meijer, Kroger and Walmart offer prescription drugs at low flat rates. For those who are insured, Federally Qualified Health Centers (FQHCs) and other free or low-cost clinics, such as retail clinics, are integral in providing access to care.<sup>8</sup>

## 2. Behavioral Health (mental health and substance abuse)

Substance abuse includes binge drinking, prescription drug abuse and tobacco use. The underlying causes for binge drinking and prescription drug abuse described by the interviewees include mental illness or poor mental health and availability of alcohol and prescription drugs.<sup>9</sup>

### A. Suicide

*Most suicides are preventable with appropriate education, awareness and intervention methods.*

Comparing the 2007 and 2009 MiPHY results for questions about suicide attempts shows slight increases in the percent of Middle and High School students reporting that they had attempted suicide. (Middle school students who ever tried to kill themselves increased from 7.44 percent to 7.86 percent and High School students who attempted suicide in the past 12 months increased from 9.03 percent to 9.39 percent and high school students who attempted suicide resulting in injury in past 12 months increased from 3.6 percent to 3.9 percent). *(Note the variation between the questions asked to Middle and High School students. While Middle School students are asked if they ever*

*tried to kill themselves, High School students were asked if they had attempted suicide during the past 12 months.)*<sup>10</sup>

In 2013, 16 percent of Michigan public high school students reported having seriously considered suicide in the past 12 months, compared to 17.0 percent of youth nationally. About one in every 11 Michigan public high school students (9.3 percent) reported having attempted suicide one or more times in the past year with three percent of respondents requiring medical attention after an attempted suicide.<sup>11</sup>

Suicide in Michigan is a hidden health issue especially among the senior adults. Suicide is more common among elderly males than females, and rates generally increase with age for both sexes. The leading method of suicide for males is a firearm (55 percent); for females it is poisoning (45 percent). Suicide rates were highest among males 65 years and older. The overall rate was four times higher among males than females.<sup>12</sup>

Almost all people who kill themselves have a diagnosable mental or substance abuse disorder or both, and the majority have depressive illness. The most promising way to prevent suicide and suicidal behavior is through early recognition and treatment of depression and other psychiatric illnesses. Suicide is the third leading cause of death in Michigan for ages 15 to 34.<sup>13</sup>

#### *B. Depression*

Depressive feelings is defined as feeling so sad or hopeless, almost every day for two weeks or more in a row, that the person stopped doing some of their usual activities.

While there has been some variability, the rate of past year depressive feelings reported by ninth through twelfth graders in Michigan declined from 30.2 percent in 2003 to 26.3 percent in 2005. The rate, however, has slightly increased from 26.9 percent in 2007 to 27.4 percent in 2009. There is a strong correlation between depressive feelings, alcohol consumption and attempted suicides.<sup>14</sup>

An estimated 7 million of the nation's 39 million adults aged 65 years and older are affected by depression. Depression in older adults is often not recognized or treated. Most adult seniors are treated by the primary care physician, although they only recognize depression in 50 percent of their patients.

Depression is not a normal part of aging. While older adults may face widowhood, loss of function or loss of independence, persistent bereavement or serious depression is not normal and should be treated. Living with untreated depression presents a serious public health problem. Depression complicates chronic conditions such as heart disease, diabetes, and stroke; increases health care costs; and often accompanies functional impairment and disability. Depression is also linked to higher health care costs and tied to higher mortality from suicide and cardiac disease.<sup>15</sup>

## **VII. Community Resources to Address Needs**

### *A. SMML Internal Resources*

St. Mary Mercy Livonia 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 2014, Embrace Life raised nearly \$40,000 for this cause. St. Mary Mercy also provides \$90,000 annual for transportation services to patients coming to the hospital for outpatient testing, treatment and surgery.

Education of healthcare professionals has always been part of the history of St. Mary Mercy Livonia since the opening of the hospital in 1959. In June 2010, SMML expanded its educational role to include educating the future generation of physicians. There are 155 residents in the Graduate Medical Education (GME) program. Board-certified physicians serve as mentors to those students specializing in emergency, internal, family medicine, psychiatry and transitional programs. Local, national and international residents reside at SMML 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.

The SMML subsidized inpatient Mental Health and Substance Abuse Program serves the needs of the vulnerable population with mental illness and substance abuse. In an era when most hospitals are closing or downsizing their Behavioral Health services, we have expanded our inpatient capacity and added a Behavioral Medicine area to the ER to create a respectful and safe area for patients being accessed for inpatient approval or outpatient referrals. Dedicated behavioral social workers have been assigned to the ER to assist patients and families in caring for those who come to the ER. Several peer-lead mental health and addiction support groups are provided room space for their weekly meetings.

To address the growing need for specialist care for uninsured patients who present in the ER, SMML created an internal specialist care program. Last year \$95,000 of specialist care was provided to 320 patients.

Community health education and screening events are held throughout the year at the hospital and in the community. Diabetes prevention programs, support and educational programs are provided to the community and healthcare professionals.

*B. External Community-Based Resources*

Livonia Save Our Youth Coalition is a grassroots endeavor formed in 2006 to inform and address 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. 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. SMML has been an active partner in this initiative since its inception.

In the spring of 2008, SMMH partnered with Hope Wayne Medical Clinic, a free clinic serving those without health care coverage. Monthly, the GME residents and a nurse staff the clinic and \$15,000 of lab services is provided to its patients.

Healthy Partners Circle of Care consists of representatives from various businesses, faith based groups, education, government, health care and social service agencies in western Wayne County. The mission of this coalition is to serve the community by working together to connect resources that will promote healthy living.

## VIII. Implementation Strategy

### A. *Needs that St. Mary Mercy Livonia will Directly Address*

Listed in order of importance, St. Mary Mercy Livonia will focus on developing and/or supporting initiatives and measure their effectiveness, to improve the following health needs:

- **Obesity** – increase physical activity and improved nutrition especially in children ages K-12
- **Access to Care** – improve access to primary care providers and specialists and transportation for healthcare appointments
- **Mental Health/Substance Abuse** – prevent suicide, improve access to Behavioral Health service and reduce excessive use of alcohol

Detailed Implementation Plans are contained in the Implementation Strategic Plan which is a separate document located on the hospital webpage under community benefits at [stmarymercy.org](http://stmarymercy.org).

### B. *Needs SMML Will Not Directly Address*

St. Mary Mercy Livonia acknowledges the wide range of priority health issues that emerged from the CHNA process and determined that it could effectively focus on only those health needs which it deemed most pressing, under-addressed and within its ability to influence. SMML will not take any new or additional actions on the following health needs:

- **Physical Activity and Nutrition for Adults**- Adult physical activity and nutrition will not be addressed in this plan but the hospital will continue to sponsor community fun runs and the other community events that promote physical activity and cooking demonstrations for healthier eating.
- **Cancer**- Cancer will be addressed in the strategies for access to care and in the hospital's community benefit programs for educational seminars, prevention screenings and support groups.
- **Heart Disease**- Heart disease will be addressed in the strategies for access to care and obesity.
- **Diabetes**- Diabetes did not rank among the top health needs although one-third of the people in the United States have diabetes but do not know it. St. Mary Mercy Livonia will continue to offer diabetes prevention seminars and programs, outpatient diabetes

education and a support group. Many of the strategies to increase physical activity and improve nutrition will also improve the quality of life for diabetic patients.

Demographic Data	Livonia	Farmington City	Farmington Hills	Redford	Westland	Canton	Plymouth City	Plymouth Twp	Northville City	Northville Twp
Population	96,942	103,772	79,740	78,862	84,094	90,173	9,132	27,524	5,970	28,497
Households	38,714	46,24	33,559	19,148	35,886	37,771	4,314	11,203	2,596	11,520
Senior Pop	17,166	16,111	12,712	5,799	11,764	8,028	1,281	4,536	964	4,365
Senior Pop %	18%	16%	16%	7%	14%	9%	14%	16%	16%	15%
Youth Pop	40,330	45,64	34,944	23,150	37,182	49,142	3,924	12,268	2,622	13,924
Youth Pop %	42%	44%	43%	30%	44%	54%	43%	45%	44%	49%
White	90%	70%	68%	65%	74%	70%	93%	90%	92%	81%
Black	3%	11%	17%	29%	17%	10%	2%	2%	2%	4%
Asian	3%	14%	10%	1%	3%	14%	2%	4%	3%	11%
Multi-Racial	1%	2%	2%	2%	2%	2%	1%	1%	1%	2%
Other	0%	1%	0%	1%	1%	0%	0%	0%	0%	0%
Hispanic	3%	2%	2%	3%	4%	3%	2%	2%	2%	2%
Graduate/Professional	11%	25%	23%	5%	5%	18%	21%	22%	25%	27%
Bachelor's	2%	2%	2%	14%	13%	27%	31%	30%	34%	30%
Associate	9%	7%	6%	7%	7%	9%	6%	6%	4%	7%
Some College	24%	1%	1%	27%	25%	20%	19%	21%	14%	19%
High School Grad	27%	16%	18%	35%	38%	21%	17%	17%	16%	14%
Non-High School Grad	8%	5%	6%	12%	14%	6%	5%	4%	7%	4%
Unemployed	42%	31%	27%	33%	50%	38%	36%	32%	30%	36%
Unemployed %	4%	3%	3%	4%	6%	4%	4%	4%	6%	3%
Median HH Income	\$ 69,807	\$ 64,805	\$ 67,803	\$ 52,229	\$ 45,696	\$ 80,283	\$ 70,045	\$ 91,087	\$ 101,943	\$ 101,761
Per Capita Income	\$ 31,632	\$ 35,054	\$ 39,319	\$ 24,154	\$ 23,353	\$ 32,949	\$ 38,970	\$ 43,083	\$ 47,496	\$ 49,799
Persons in Poverty	4837	492	5756	3813	11397	5442	291	855	110	718
Persons in Poverty %	5%	5%	7%	5%	14%	6%	3%	3%	2%	3%
HH in Poverty	1795	203	2169	1434	4949	1753	155	332	67	317
HH in Poverty %	2%	2%	3%	2%	5%	2%	2%	1%	1%	1%
Median House Value	\$ 182,700	\$ 185,000	\$ 238,300	\$ 118,500	\$ 130,600	\$ 224,000	\$ 211,600	\$ 253,300	\$ 272,300	\$ 350,300

Socioeconomic factors that affect health status:

The scientific literature contains many examples of socioeconomic factors such as income, education, and ethnicity directly contributing to the development of disease (Karolyn Gazella, The Impact of Socioeconomic Status on Health; The Healing Factor 2012)

Race: In the U.S., race and ethnicity predict variations in health. These racial disparities have been documented for a long time and have been widening in recent years for multiple indicators of health status (David R. Williams, Race, Socioeconomic Status, and Health; University of Michigan)

Education: An additional four years of education lowers five-year mortality by 1.8 percentage points; it also reduces the risk of heart disease by 2.16 percentage points, and the risk of diabetes by 1.3 percentage points (The Effects of Education on Health; The National Bureau on Economic Research)

Income: Richer, better-educated people live longer than poorer, less-educated people. According to calculations from the National Longitudinal Mortality Survey (Angus Deaton, Health, Income, and Inequality; The National Bureau on Economic Research)

According to the table above, areas with the greatest number of socioeconomic factors that may affect health status are Westland and Redford. These cities have the lowest level of education, the lowest household and per capita income, nearly highest levels of poverty, lowest home values, and are most ethnically diverse.

## Appendix B - Community Stakeholders



St. Mary Mercy Hospital Livonia  
2015 Community Health Needs Assessment & Implementation Plan

<b>Name</b>	<b>Organization</b>	<b>Participation Role</b>
Michaeline Raczka Sister Janet Adamczyk	SMML Director, Community Health SMML Chief Mission & Community Benefit Officer	Co-lead CHNA
Cameron Glenn	SMML Administrative Fellow	Gathering of demographic information, asset map and creation and management of survey, survey distribution
Lisa Wright	SMML Director, Strategic Planning	Steering Committee Survey Distribution Design & Implementation Teams
David Spivey	SMML President and CEO	Steering Committee
Dennis Archambault	Detroit Wayne Co Health Authority	Steering Committee Community Forum Design & Implementation Team
Sheryl Archibald	Livonia Public Schools	Design & Implementation Team
Kelly Backer	Livonia Public Schools	Steering Committee Facilitator Community Forum Design & Implementation Team
Chris Bohm	SMML Administrative Director, MercyElite Sports Medicine	Design & Implementation Team
Jim Bailey	Community Member	Community Forum
Karen Bonanno	Livonia Save Our Youth Coalition	Community Forum Design & Implementation Team
Vicki Boyle	School-Community Health Alliance of Michigan	Design & Implementation Team
Curtis Caid	Livonia Police Department	Community Forum
Jim Cole	Covenant Community Care	Design & Implementation Team
Karen Cumming	South Redford Schools	Design & Implementation Team
Crystal D 'Agostino	National Kidney Foundation of Michigan	Design & Implementation Team
Joanne Darga	Comfort Keepers	Community Forum Design & Implementation Team
Zina Davis	Judson Center	Steering Committee
Andrea Elkins	Community Member	Community Forum
Kathleen Esper	Madonna University Faculty	Community Forum Design & Implementation Team
Cheryl Flesher	Community Member	Community Forum
Melanie Flesher	Community Member	Community Forum
Kim Flowers	Carelink	Design & Implementation Team
Lorraine Gage	Community Member	Community Forum
Brian Galdes	South Redford Schools Superintendent	Steering Committee Facilitator Community Forum Design & Implementation Teams
Michael Gatt, MD	St. Mary Mercy Medical Group	Steering Committee Community Forum
Laura Gossiaux	Trinity Health CB Intern	Data gathering
Dave Heavener	Livonia Fire Department	Community Forum Design & Implementation Team
James Hulett	Salvation Army-Wayne/Westland	Steering Committee Survey Distribution
MaryJo Ingram	Greater Redford Community Foundation	Community Forum
NiJuanna Irby-Johnson	St. Mary Mercy Medical Group	Design & Implementation Team
Lucy Jacobs	SMML Manager, Behavioral Health	Community Forum
<b>Name</b>	<b>Organization</b>	<b>Participation Role</b>

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Angela Jarjis	Trinity Health CB Intern	Data gathering Survey Distribution
Conway Jeffress	Schoolcraft Community College President	Steering Committee
Jason Johnson	Community Member	Community Forum
John Knisely	University of Detroit Mercy, School of Nursing	Design & Implementation Team
Ann Marie Knoerl	Madonna University Facility	Steering Committee Facilitator Community Forum Survey Distribution
David Law	Joy Southfield Clinic	Steering Committee Facilitator Community Forum Design & Implementation Team
Marilyn Lawson	Comfort Keepers	Community Forum
Paula Magid	SMML Michigan Bariatrics Institute	Design & Implementation Team
Corine Mann	Detroit Wayne Mental Health Authority	Design & Implementation Team
Marie Marrow	Plymouth Community United Way	Steering Committee Survey Distribution
Colleen McDonald	Senior Helpers	Community Forum
Carol Meyers	Community Action Agency	Design & Implementation Team
Mike Mikulski	SMML Director of Physician Services	Design & Implementation Team
Ken Miller	STEP Central	Community Forum
Tina Miller	Meijer	Design & Implementation Team
Angela Nazak	Costick Activities Center	Steering Committee Survey Distribution
Mary Neumaier	National Kidney Foundation of Michigan	Design & Implementation Team
Shelia Newton	Redford Interfaith Relief	Community Forum Design & Implementation Team
Robin Nwankwo	DLHA, Medical School, University of Michigan	Design & Implementation Team
Judi Odiorne	SMML Senior Services Advisory Committee	Design & Implementation Team
Mary Jane Peck	SMML- Women's Center	Community Forum
Ann Marie Peterson	HOPE Clinic – Wayne	Steering Committee Survey Distribution Design & Implementation Team
Gary Petroni	SEMHA	Steering Committee
Sue Pherson	Redford Interfaith Relief	Steering Committee Community Forum Survey Distribution Design & Implementation Team
Dominique Rhodes	Westland Youth Assistance	Steering Committee Survey Distribution
Melissa Riba	The Center for Healthcare Research & Transformation	Design & Implementation Team
Cynthia Rochon	SMML Director of Behavioral Health	Community Forum Survey Distribution Design & Implementation Team
Michael Ryan	Trinity Health VP Mission Integration	Steering Committee Survey Distribution
Shannon Saksewski	Detroit Regional Chamber	Design & Implementation Team
Lori Toia	Wayne County Department of Community Health	Steering Committee Design & Implementation Team
Melissa Tolstyka	Hegira	Design & Implementation Team
Dave Varga	Livonia Parks and Recreation	Design & Implementation Team
Dan West	Livonia Chamber of Council	Steering Committee
Chris Wingent	Wayne RESA	Community Forum
<b>Name</b>	<b>Organization</b>	<b>Participation Role</b>

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Brian Wolverton	Livonia YMCA	Steering Committee Survey Distribution Design & Implementation Team
Dale Yagiela	Growth Works	Design & Implementation Team
SMMH Strategic Leadership Council		Development of Implementation Plan
Senior Nursing Students	Madonna University	Survey distribution

## Appendix C: CHNA Survey and Results



**Make a Difference  
in the health of our community**

### Community Health Needs Assessment (CHNA) Survey

Every three years, the Community Health Needs Assessment (CHNA) helps St. Mary Mercy Hospital to evaluate changing health and social needs. Your valuable input allows us to gather the community's perception of need. Once completed, the CHNA will be shared publicly on our web site and utilized to prioritize focus 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.
- ❖ If you prefer, you may complete the survey online by going to [stmarymercy.org/CHNASurvey](http://stmarymercy.org/CHNASurvey).

1. What kind of health insurance do you currently have? (Mark all that apply.)
  - None
  - Healthy Michigan Plan
  - From my employer
  - Bought privately
  - Health Exchange
  - From my spouse's/family's employer
  - Medicare
  - Medicaid
  - Veteran's Administration
2. Does your insurance pay for prescription medications?..... Yes  No
3. Where do you usually go for health care services? (Mark all that apply.)
  - My personal doctor/health professional
  - Pharmacy/retail clinic
  - Urgent care center
  - Alternative care provider (herbalist, homeopath)
  - Emergency Room
4. How do you go about seeking/choosing a primary care doctor? (Mark all that apply.)
  - Friends/family
  - Pharmacists/other health professional
  - Insurance-directed
  - Location close to home/work
  - Emergency Room
  - Media (newspaper, TV, radio, Facebook, Twitter)
5. Was there a time in the past 6 months when you needed to see a doctor, physician's assistant, or nurse but did not or could not?..... Yes  No
6. If you are having trouble getting health care service, what are the biggest problems you are having? (Mark all that apply.) *If you are not having trouble getting any health care services, continue on to question 7.*
  - Existing medical debt
  - Lack of transportation
  - No medical insurance
  - Lack of child care
  - No dental insurance
  - Didn't want to go
  - No vision insurance
  - Didn't have time/busy
  - Prescription costs
  - ER wait time too long
  - High co-pay/high deductible
  - Racial or ethnic prejudice
  - Clinic/office didn't meet my needs/wasn't available when I was
7. In the last 30 days, how would you say your personal health is?
  - Excellent
  - Very Good
  - Good
  - Fair
  - Poor
8. In that past 6 months, how often did you have any problems with stress, anxiety, depression, anger, or any other emotional health problems?
  - All of the time
  - Some of the time
  - None of the time
9. Do you or have you ever misused or over used prescription drugs or over-the-counter drugs? ...  Yes  No
10. How often do you smoke cigarettes?
  - Every day
  - Some days
  - Not at all

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11. In the last 7 days, how often did you have (5 or more for men, 4 or more for women) alcoholic drinks at one time?  
 Never       Once a week       2-3 times a week       More than 3 times during the week
12. Have you ever been told by a doctor or other health professional that you have any of the following? (Mark all that apply.)  
 Alcoholism or other addiction       Diabetes       Kidney disease  
 Arthritis       Hearing problems       Lung disease/COPD  
 Asthma       Heart disease/heart attack       Mental health problems  
 Cancer       High blood pressure       Overweight  
 Dental health problems       High cholesterol       Stroke
13. If you have children under the age of 18, did they have an annual medical check-up/well visit, even if they were not sick in the last year.....  I do not have children under the age of 18  Yes  No
14. Do you have difficulty filling out medical or insurance forms and other paperwork?  Yes  No
15. Do you have access to a computer/technology for your health care needs? .....  Yes  No  
 Does your doctor/health professional explain your health condition in a way you understand?  
 .....  Yes  No
16. Which of the following would improve the health of our community most? (Rank the **top three** choices with 1 being the most important.)  
 \_\_\_ Nutrition/eating habits      \_\_\_ Tobacco use      \_\_\_ Ability to serve different languages/cultures  
 \_\_\_ Physical Activity/exercise      \_\_\_ Drug/alcohol use      \_\_\_ Coordination of care  
 \_\_\_ Access to health care      \_\_\_ Mental health      \_\_\_ End-of-life care (hospice, palliative)  
 \_\_\_ Health insurance coverage      \_\_\_ Dental care      \_\_\_ Public education on health issues
17. Do you understand why and how to take your medications? .....  Yes  No
18. Has the language you speak been a problem in communicating with your doctors/health professionals?  
 .....  Yes  No
19. How many minutes a day do you spend doing physical activity/exercises, other than your job (running, walking, etc.)?  
 None       More than 30 but less than 60 minutes  
 30 minutes or less       60 minutes or more
20. In the last 7 days, how often did you eat 3 or more servings of fruits or vegetables in a day? (*Each time you ate a fruit or vegetable counts as one serving. It can be fresh, frozen, canned, cooked or mixed with other foods.*)  
 0 days       3-6 days  
 1-2 days       Every day
21. Do you? (Mark all that apply.)  
 Wear sunscreen       Participate in a faith or spiritual experience  
 Wear a seatbelt       Participate in groups with interests similar to yours  
 Take vitamins/supplements       Visit with family/friends  
 Get an annual flu shot       Participate in support groups  
 Get an annual check-up       Participate in recreational programs  
 Sleep 7 to 8 hours per day       Shop at/have access to a Farmers Market  
 Wear protective equipment (helmet, wrist guards, goggles)       Have a safe place to walk in your neighborhood
22. What do you think are the most important **chronic diseases in our community**? (Rank the **top three** choices with 1 being the most important.)  
 \_\_\_ Asthma      \_\_\_ Dental health problems      \_\_\_ Lung disease/COPD  
 \_\_\_ Alcoholism or other addiction      \_\_\_ Diabetes      \_\_\_ Mental health problems  
 \_\_\_ Arthritis      \_\_\_ Heart disease/heart attack      \_\_\_ Overweight/Obesity  
 \_\_\_ Cancer      \_\_\_ Kidney disease      \_\_\_ Stroke
23. What is your age?  
 18-24       35-44       55-64       75 and over  
 25-34       45-54       65-74
24. What is your race/ethnicity? (Mark only one.)  
 African American       Hispanic/Latino       White/Caucasian       Other \_\_\_\_\_  
 Asian       Native American       Multi-racial
25. What is your current employment status? (Mark all that apply.)  
 Employed full time       Disabled       Retired       Unemployed  
 Employed part time       Homemaker       Student       Veteran

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26. What is your level of education? (Mark only one.)

- Grade school                       Some college                       Masters or Doctorate degree  
 High school                       College graduate                       Vocational School

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

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

28. Are you?.....  Male  Female

29. What is your ZIP code?.....

30. If you would like to enter the drawing or be part of a future focus group or forum\*, please complete **(PRINT)** the information below and check the options.

- Yes. I would like to enter the drawing.  
 Yes. I would like to be part of a focus group/forum.

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Email address \_\_\_\_\_ Zip Code \_\_\_\_\_

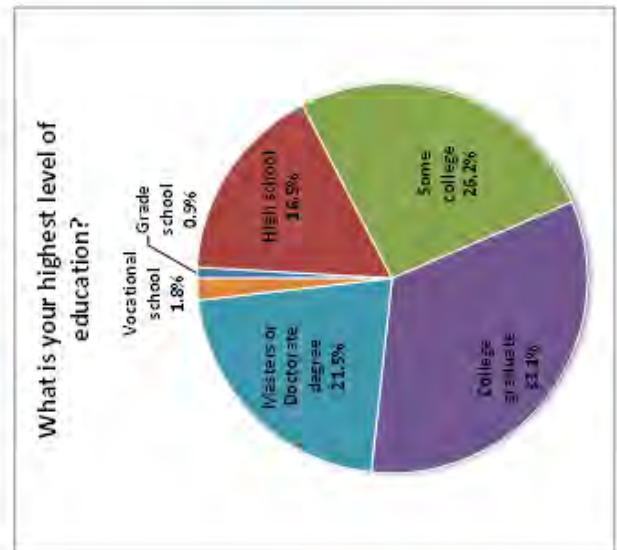
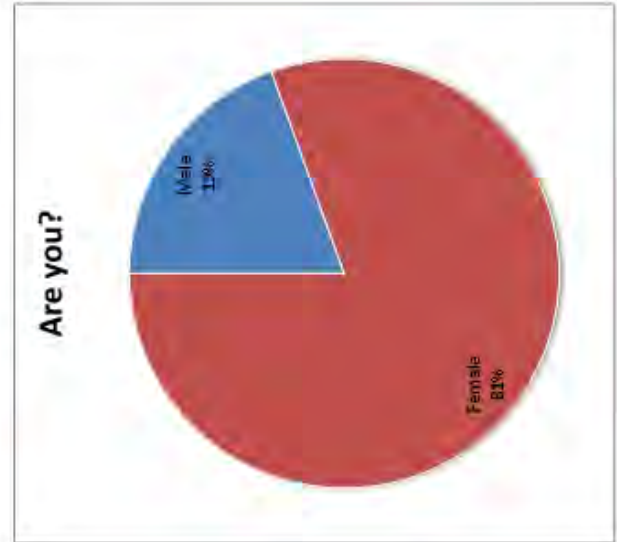
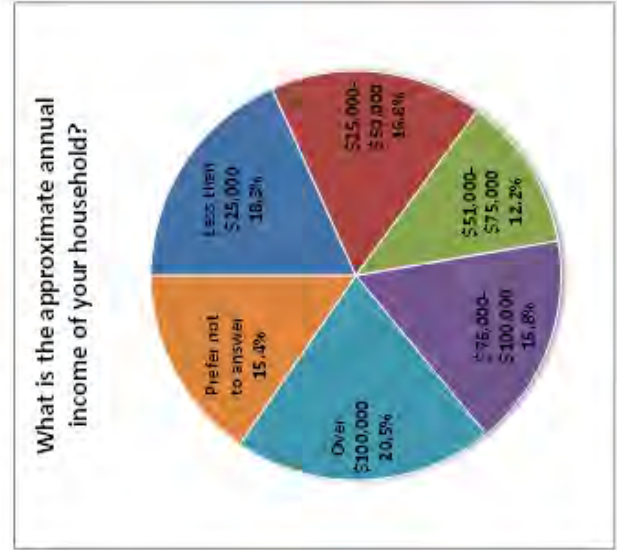
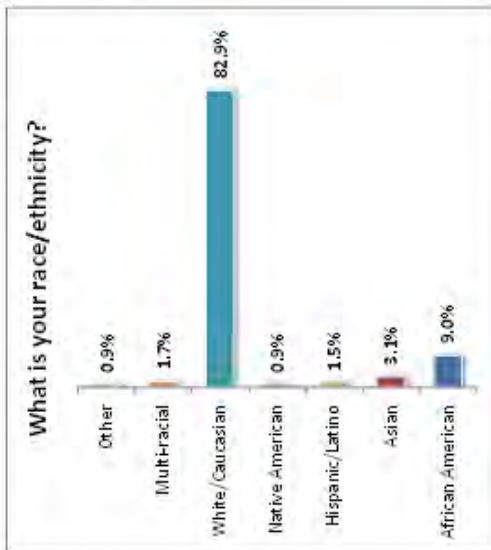
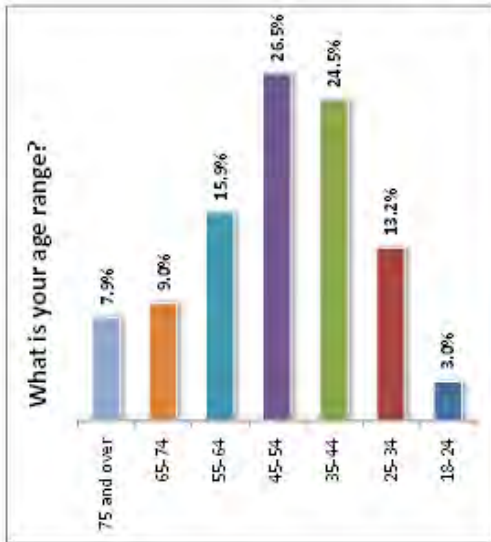
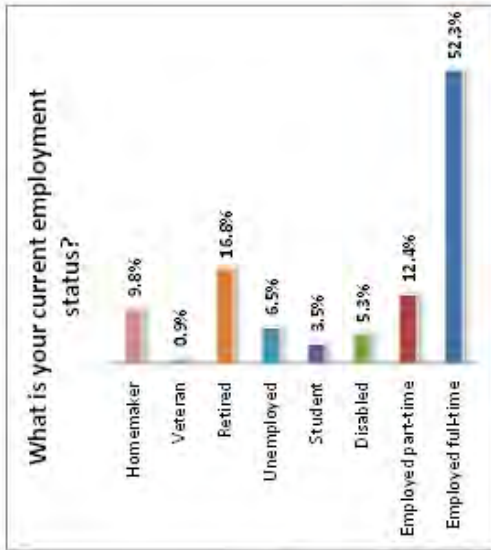
\*In a focus group participants are asked in an interactive setting about their perceptions, opinions, beliefs, and attitudes towards a product, service, concept, or idea such as the health needs of our community.

\*In a forum participants discuss matters of general interest; in this case, related to the health needs of the community.

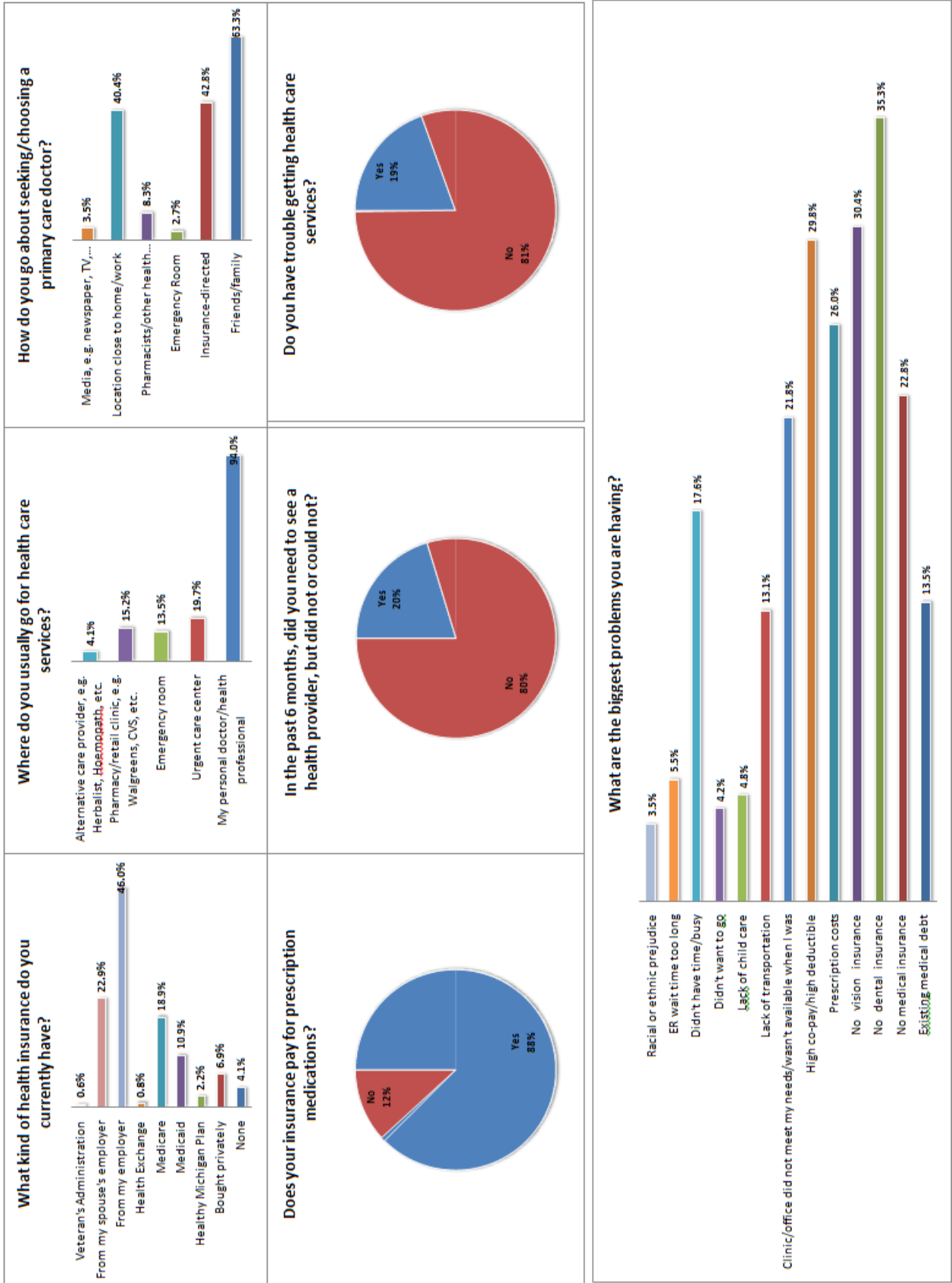
**Thank you** for taking the time to help us better understand the health needs of our community.

## Survey Results

# Community Demographics

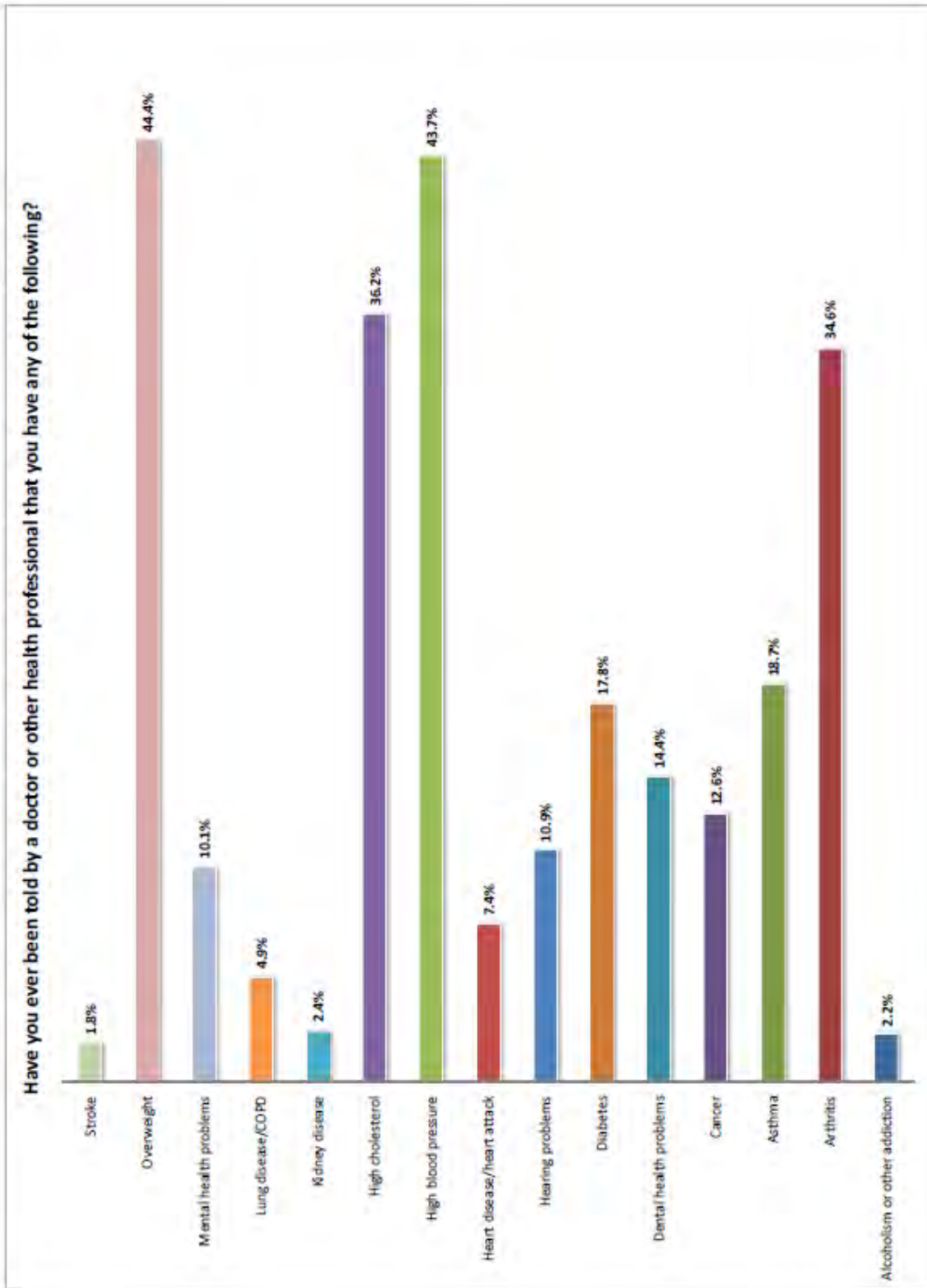


# Access to Care Needs

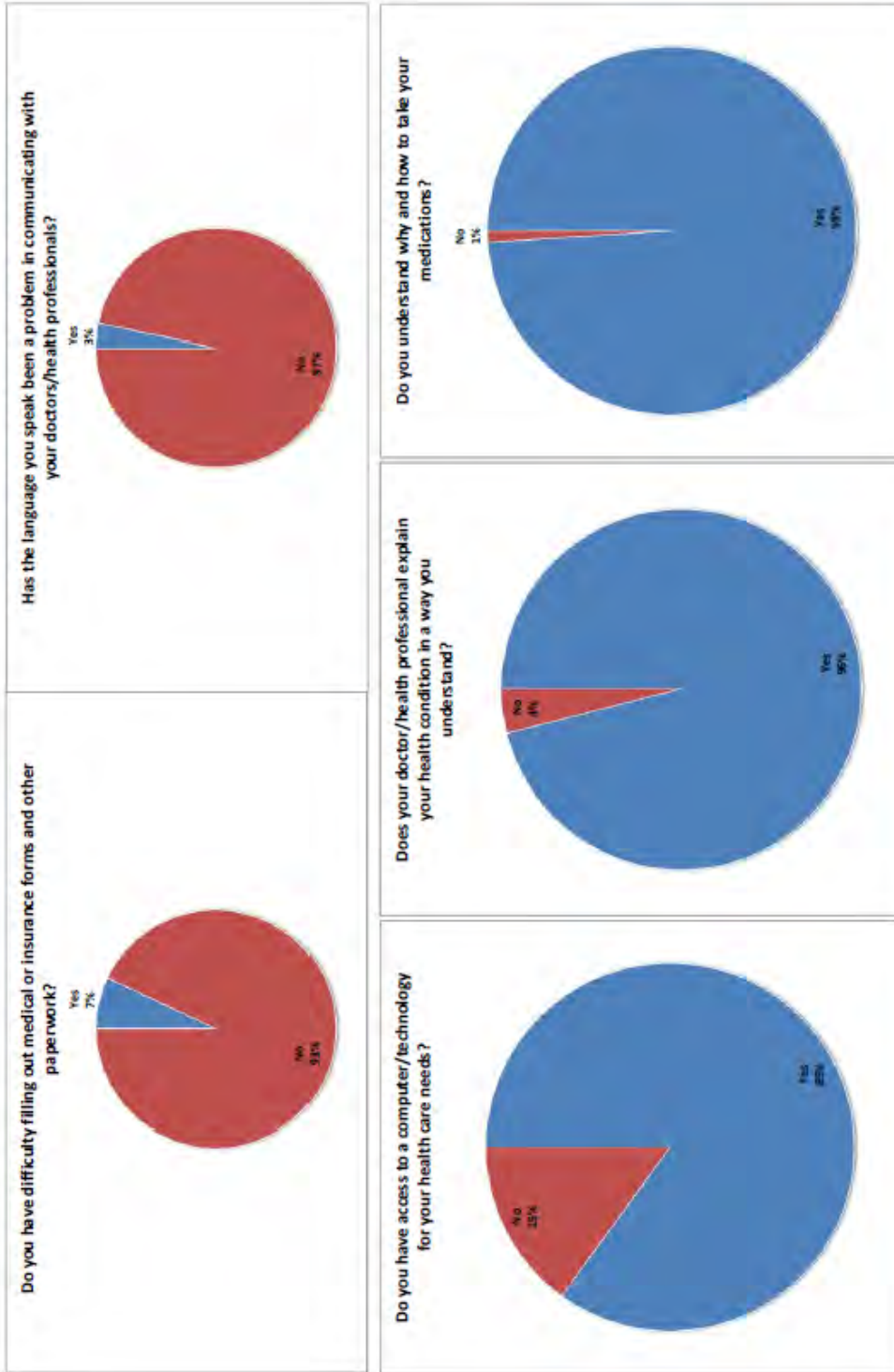




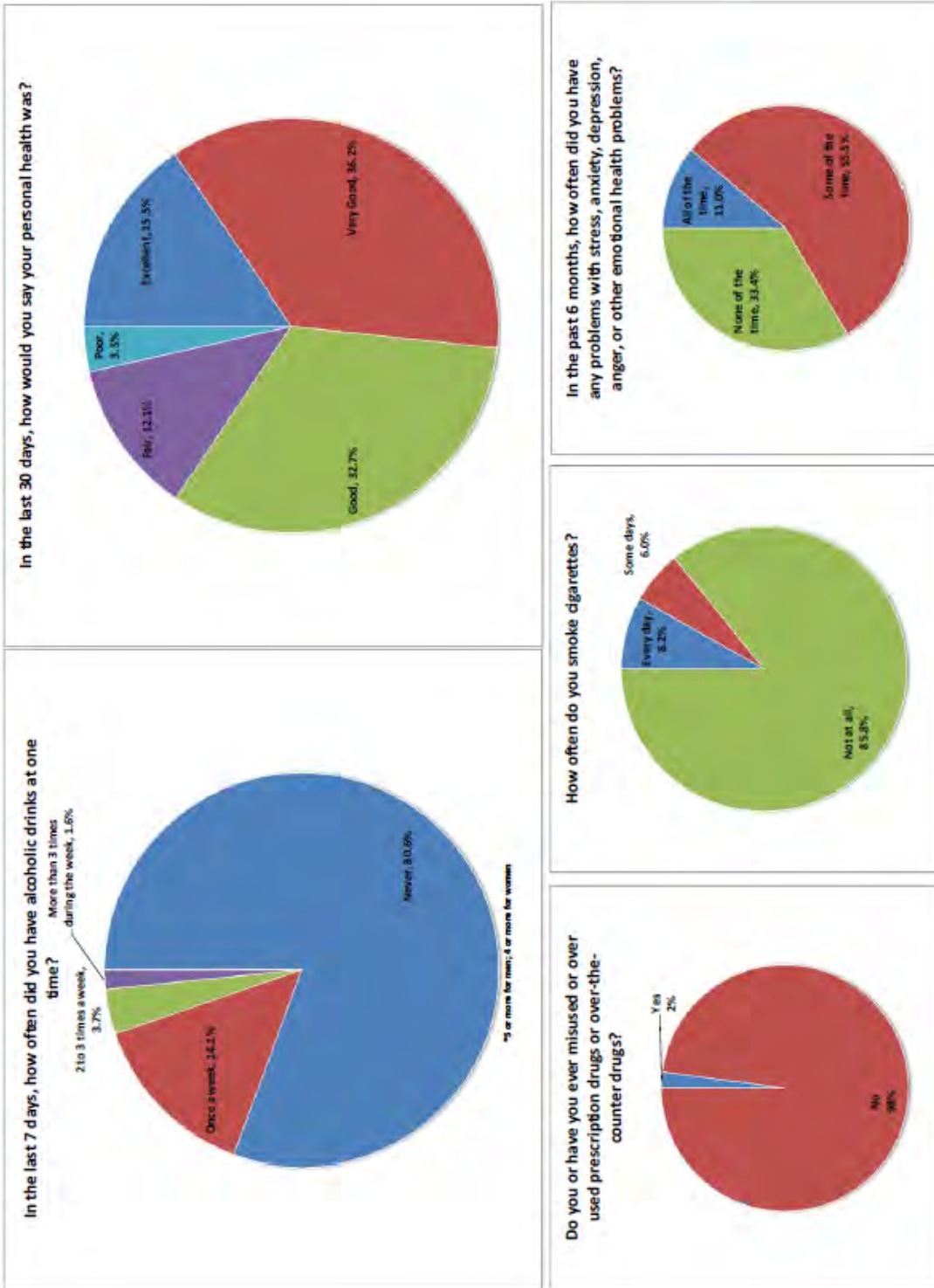
## Personal Health Diagnoses



## Personal Communication/Comprehension

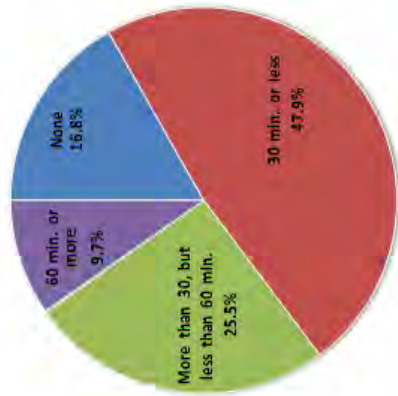


## Personal Health

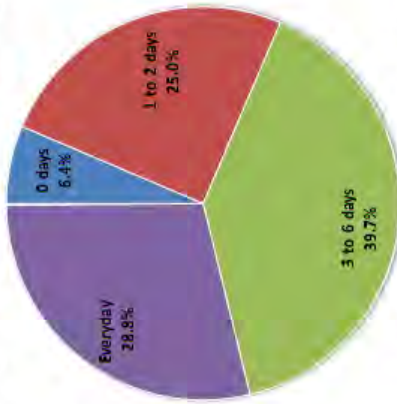


# Personal Health Habits

How many minutes a day do you spend doing physical activity/exercises, other than your job?

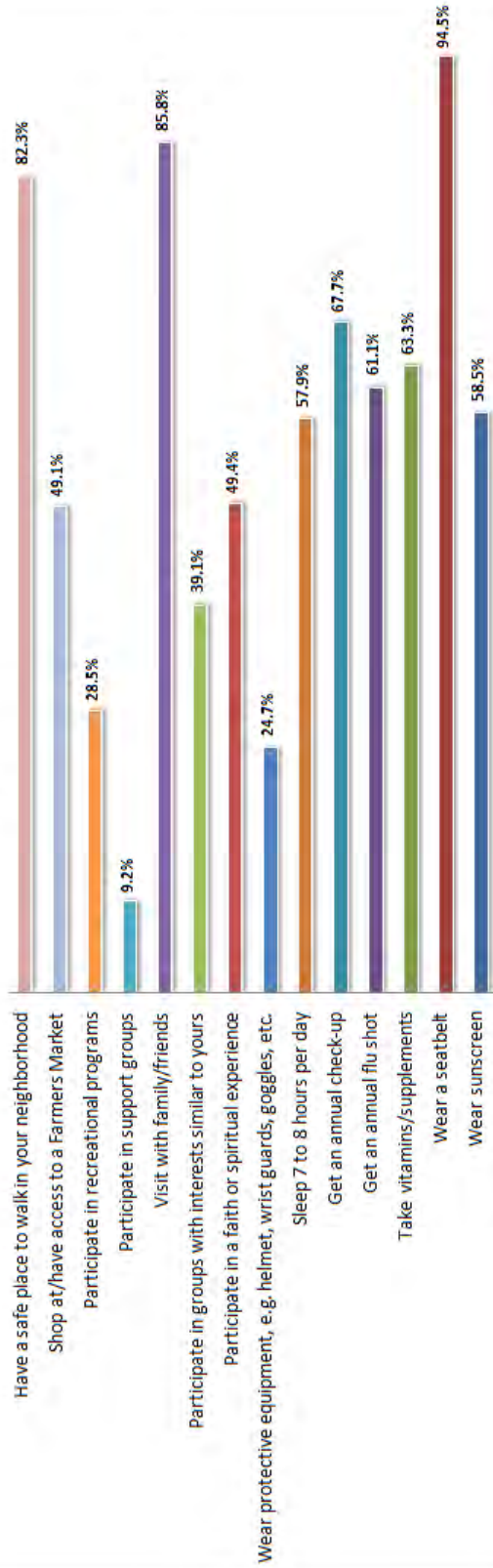


In the last 7 days, how often did you eat 3 or more servings of fruits or vegetables in a day?

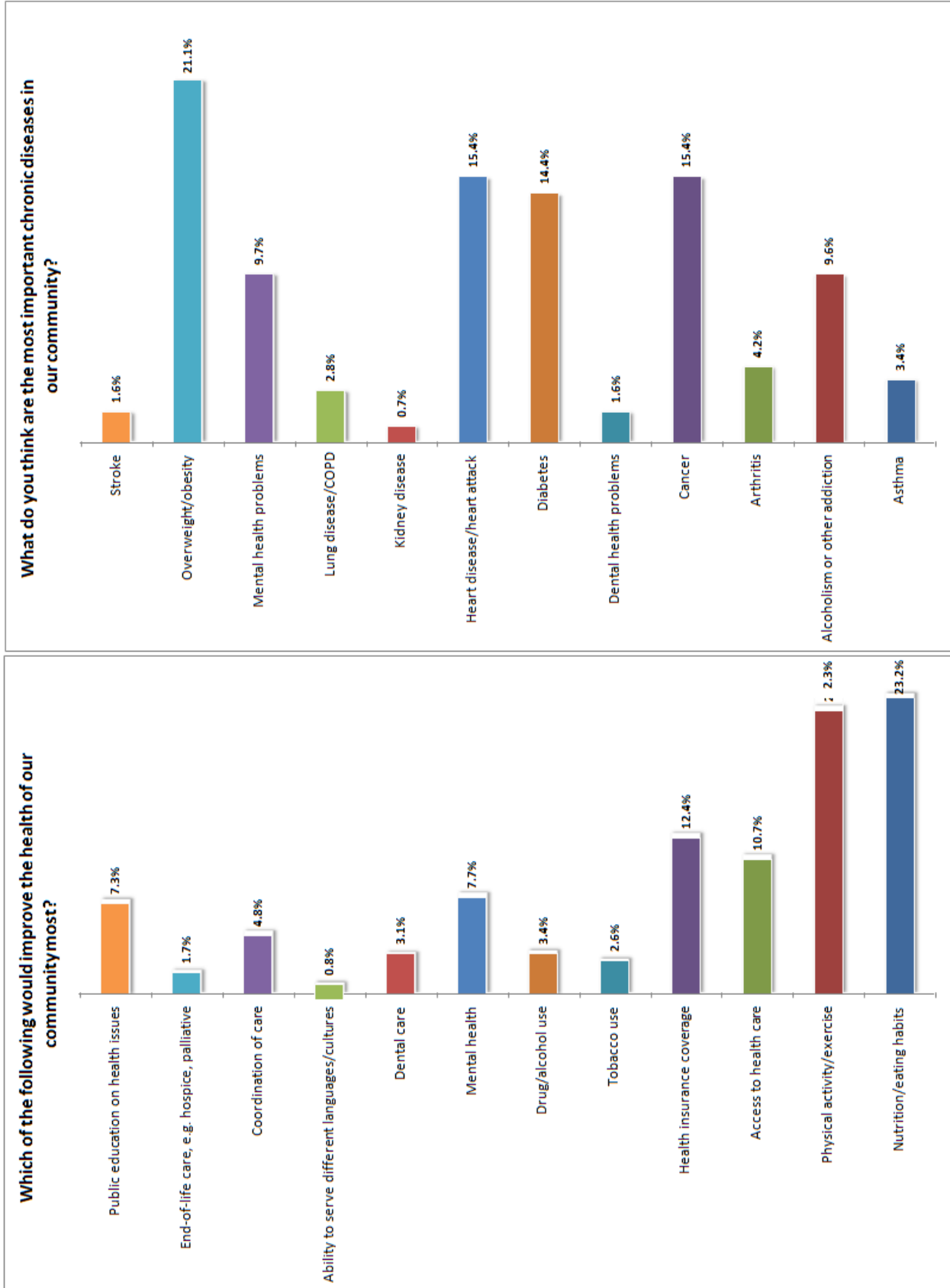


\* Each time you ate a fruit or vegetable counts as one serving. It can be fresh, frozen, canned, cooked or mixed with other foods.

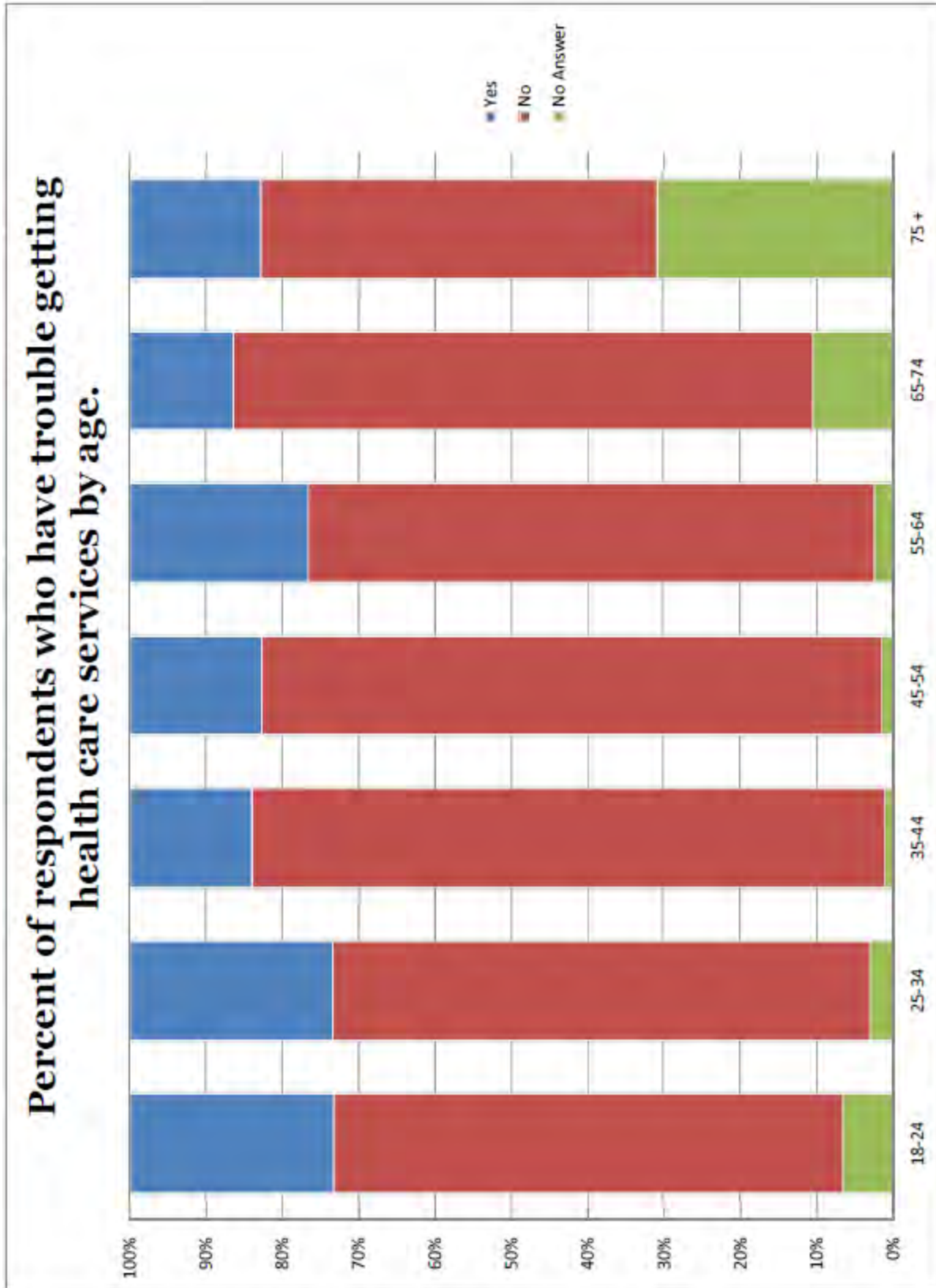
Do you?

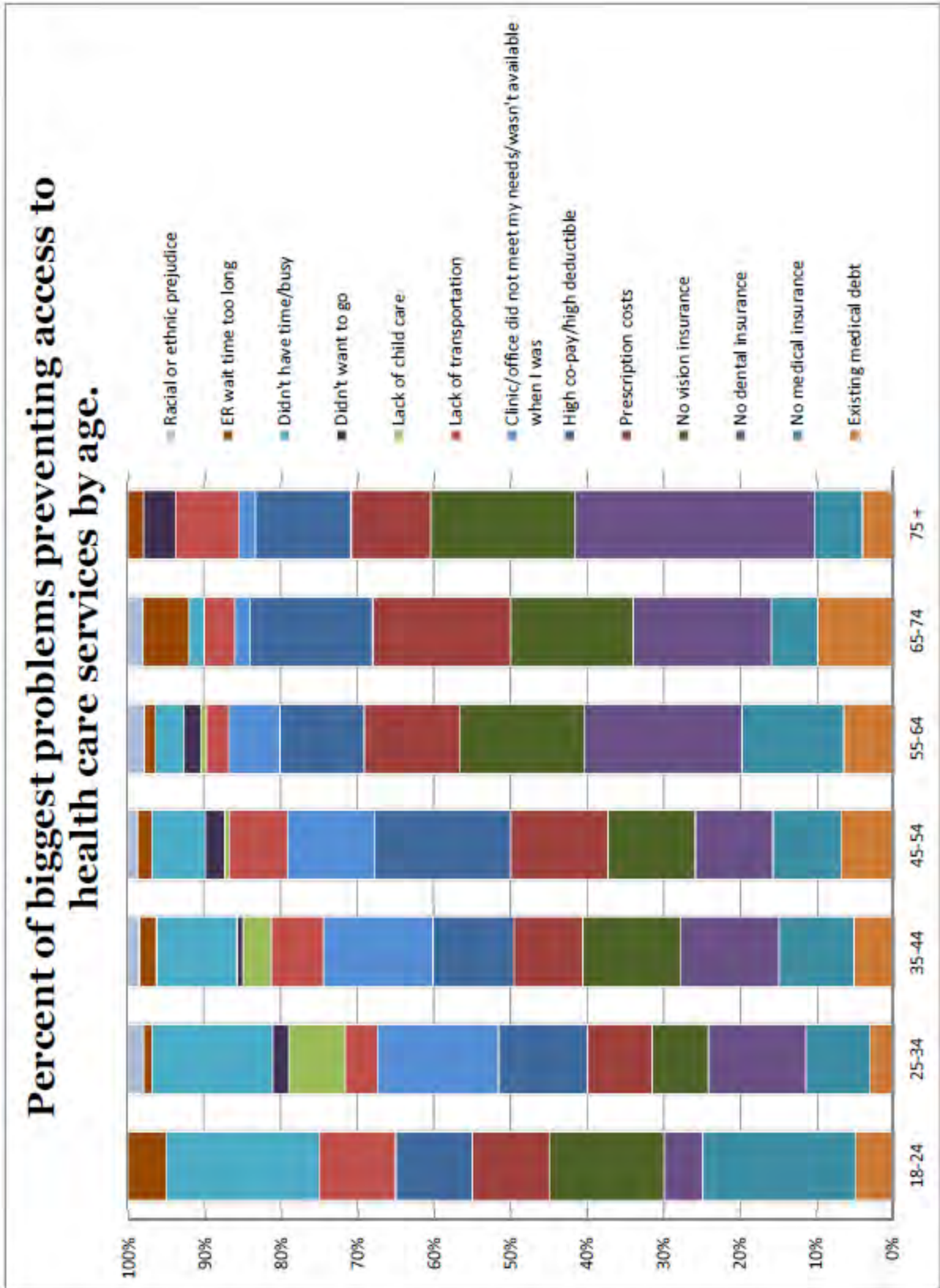


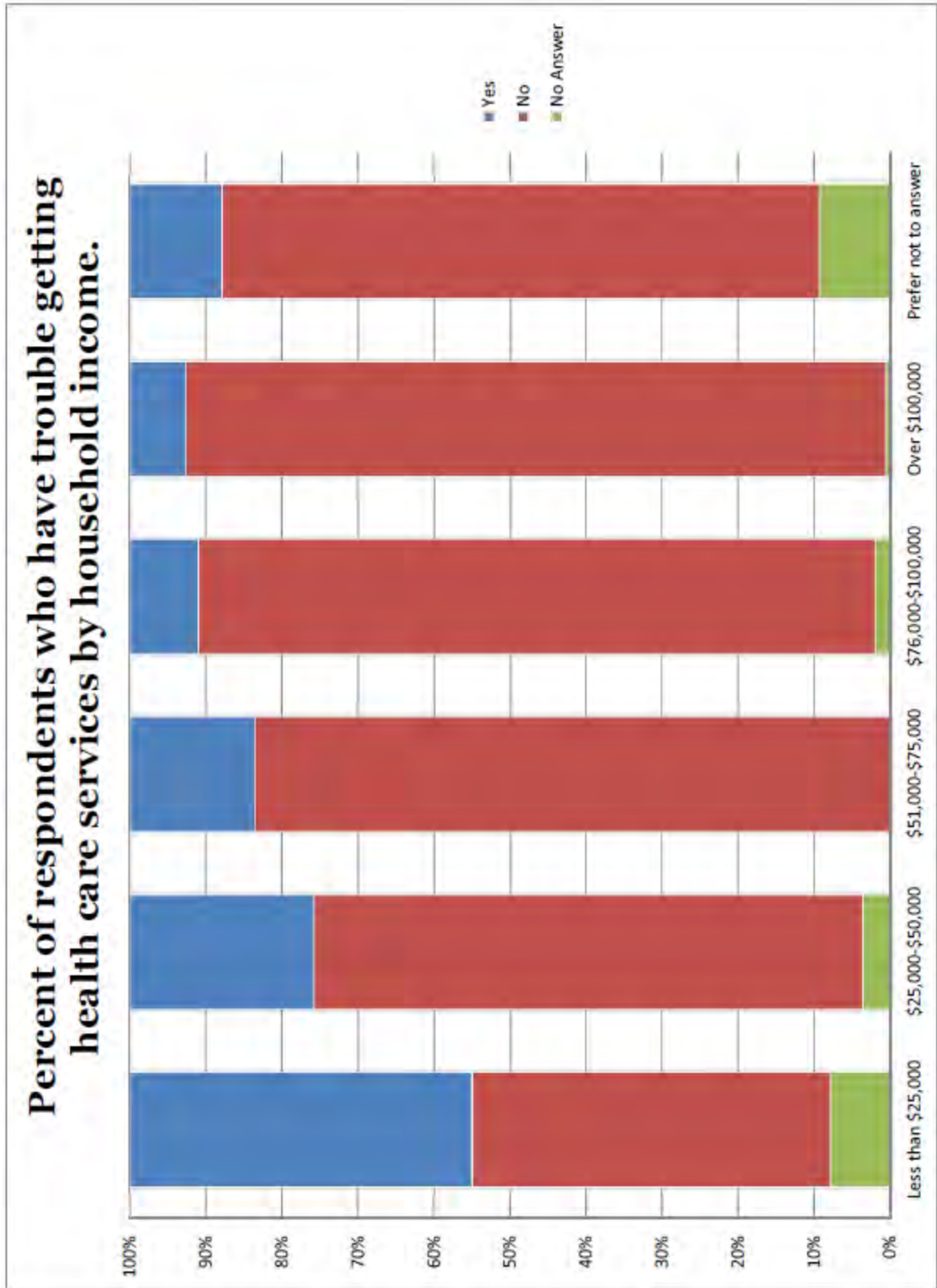
# Community Health Rankings



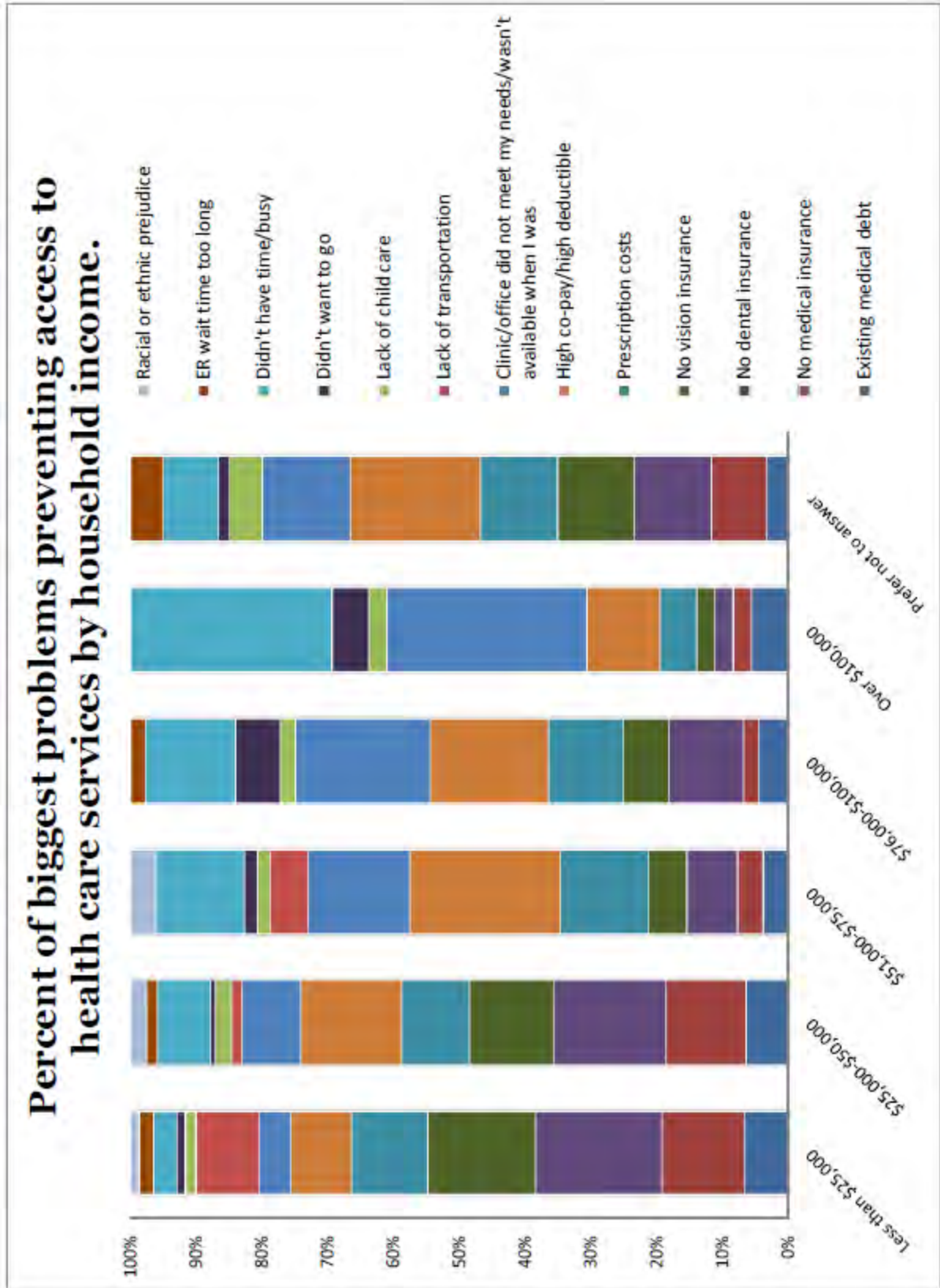


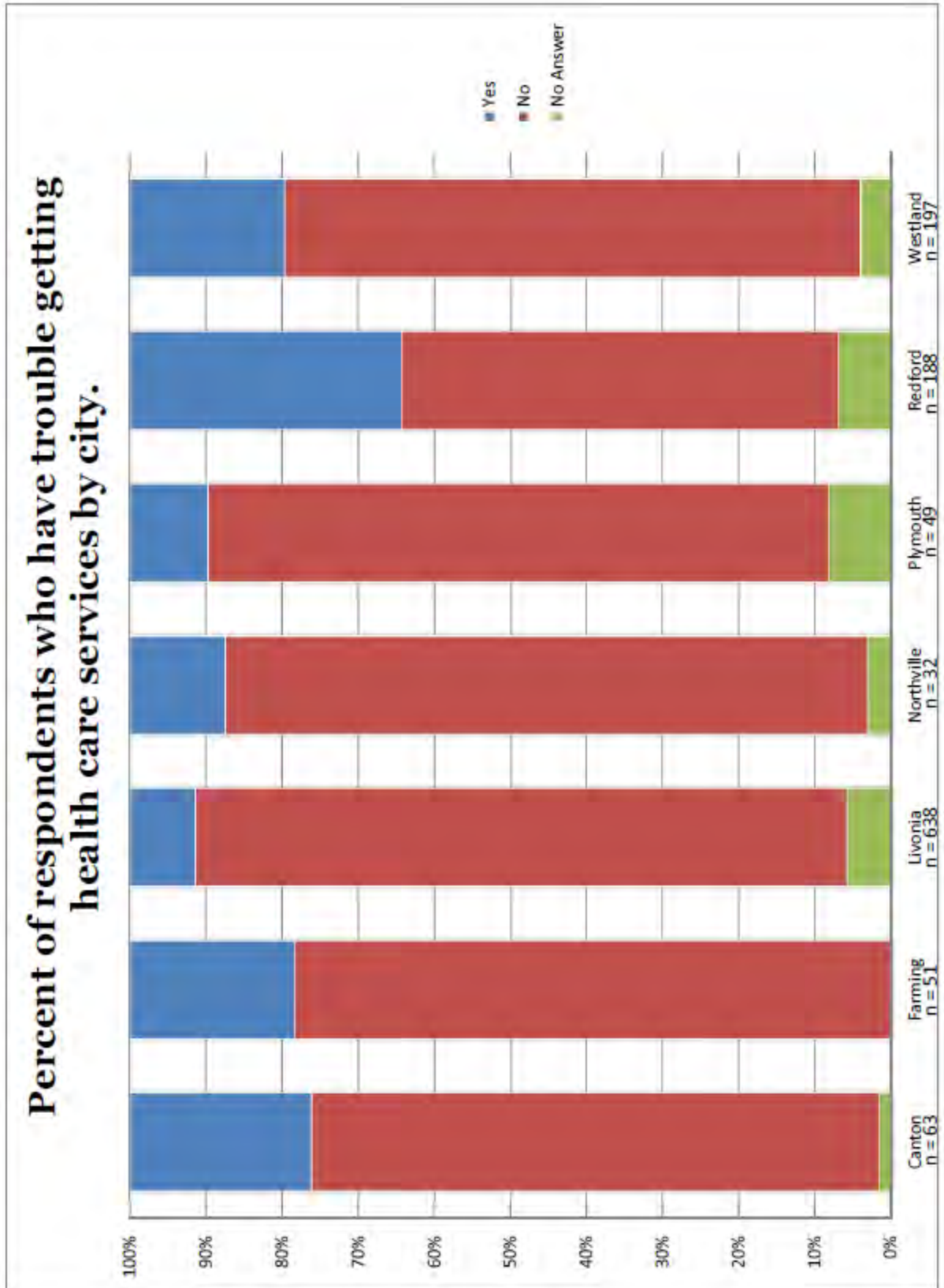


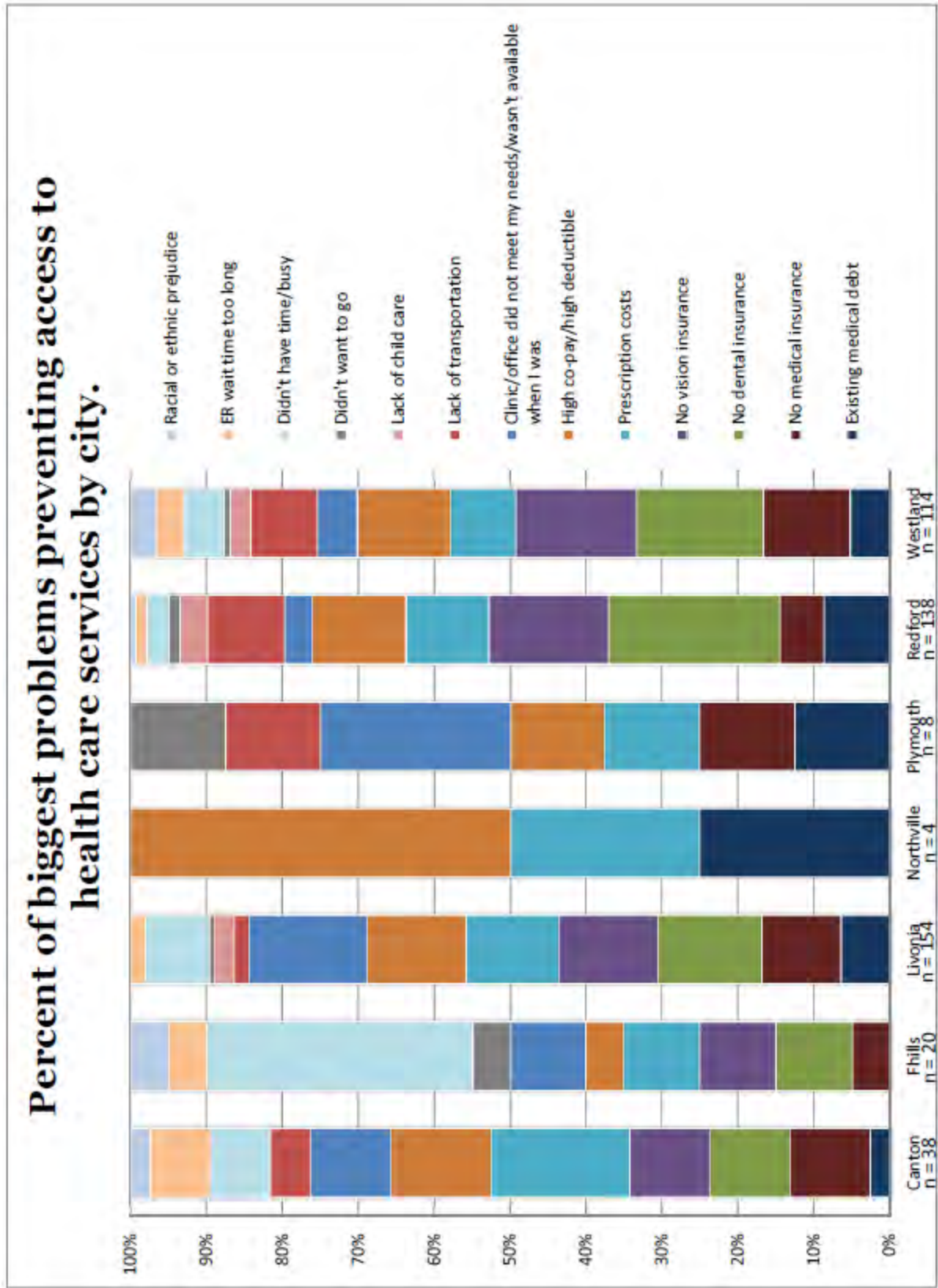


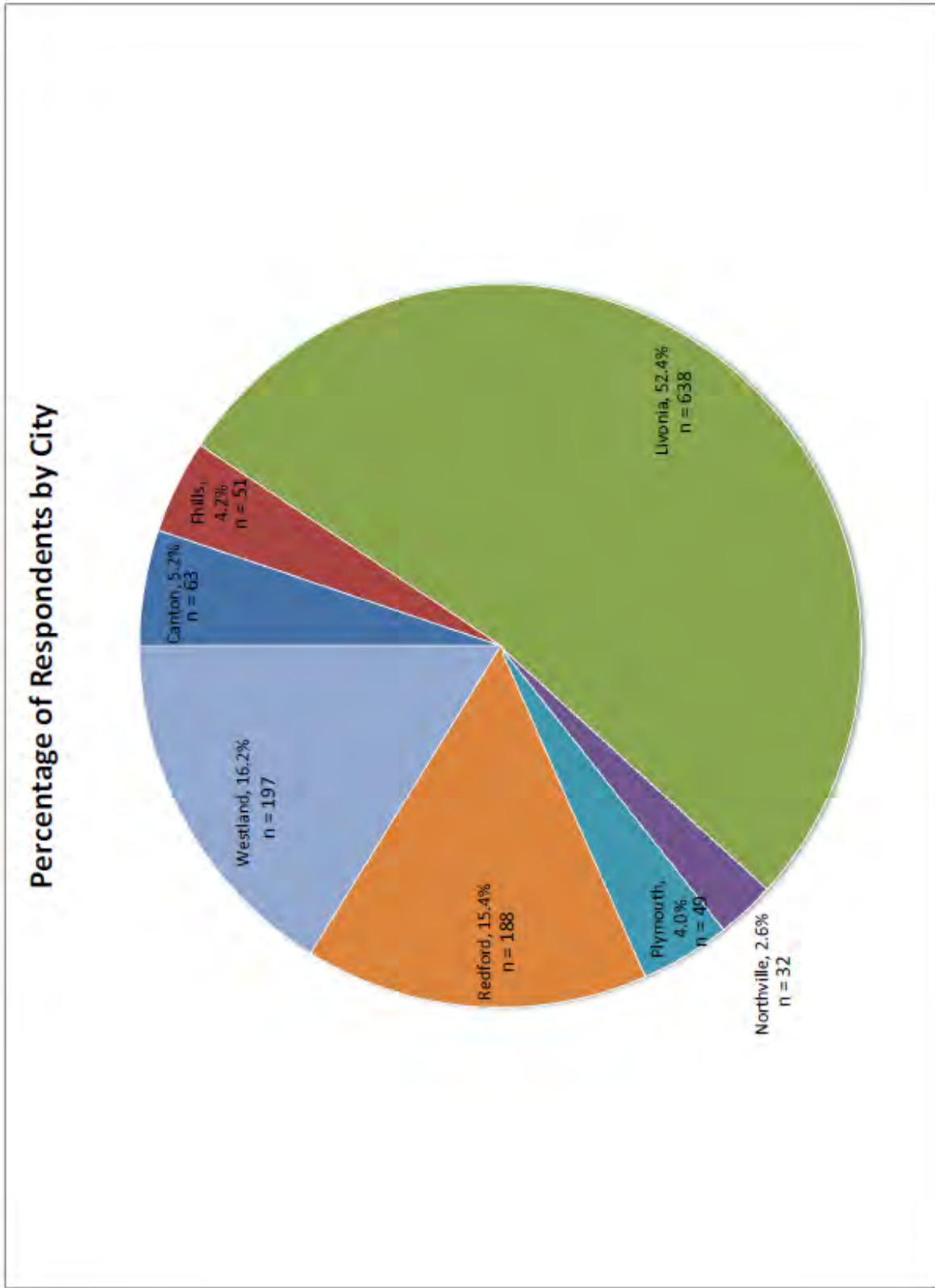












## Appendix D: Polling Questions Used at the Community Forum and St. Mary Mercy Strategic Leader Council Meeting

1. Do you agree or disagree with the statement that nutrition/healthy eating habits are a top priority to address the health of our community?

**Community Forum (CF) Results:** 94% of the respondents agreed and 6% disagreed  
**SLC Results:** 95% of the respondents agreed and 5% disagreed

2. Do you agree or disagree that physical activity/exercise is a top priority to address the health of our community?

**CF Results:** 81% of the respondents agreed and 19% disagreed  
**SLC Results:** 94% of the respondents agreed and 6% disagreed

3. Do you agree or disagree that access to health care is a top priority to address the health of our community?

**CF Results:** 94% of the respondents agreed and 6% disagreed  
**SLC Results:** 58% of the respondents agreed and 42% disagreed

4. If you disagreed that the three previous health issues are not the top health issues, select one issue that should be addressed to improve the health of our community?

**CF Results:** Asthma 0%, Mental Health 60%, Dental Care 13%, Drug/alcohol use 20% and Tobacco use 7%  
**SLC Results:** Asthma 5%, Mental Health 61%, Dental Care 11%, Drug/alcohol use 6% and Tobacco use 17%

5. Was substance abuse under reported or not accurately reported?

**CF Results:** 84% of the respondents YES and 16% NO  
**SLC Results:** 78% of the respondents YES and 22% NO

6. Was mental health under reported or not accurately reported?

**CF Results:** 79% of the respondents YES and 21% NO  
**SLC Results:** 78% of the respondents YES and 22% NO

7. Was physical activity over reported or not accurately reported?

**Results:** 47% of the respondents YES and 53% NO  
**SLC Results:** 63% of the respondents YES and 37% NO

8. Was the consumption of fruits/vegetables over reported or not accurately reported?

**Results:** 52% of the respondents YES and 48% NO  
**SLC Results:** 84% of the respondents YES and 16% NO

9. Was the question about the way your physician/health care professional explains your medical condition in a way you understand accurately reported?

**Results:** 48% of the respondents YES and 52% NO  
**SLC Results:** 32% of the respondents YES and 88% NO

10. Was the question about understanding how and why medications are taken accurately reported?

**Results:** 48% of the respondents YES and 52% NO  
**SLC Results:** 11% of the respondents YES and 89% NO



Appendix E: Asset Map

Asset	Livonia	Farmington Hills	Redford	Westland	Canton	Plymouth	Northville
<b>Parks</b>	60	16	15	6	9	12	12
<b>Nutrition Programs</b>	Senior Nutrition Program (City Website)	Senior Nutrition Program (City Website)	Church of Jesus Christ of Latter Day Saints; Redford Interfaith Relief; Christ Church of Redford	Wayne/Westland Salvation Army	Discover Brochure (City Website)	0	0
<b>Food Pantries</b>	0						
<b>Fitness Centers</b>	City Website	Farmingdon Salvation Army	City Website	City Website	City Website	Plymouth Salvation Army	City Website
<b>Farmers Markets</b>	Wilson Barn Farmers Market	Farmingdon Farmers & Artisans Market	Redford Township Market at the Marquee	Westland Farmers Market	Canton Harvest Market (pre-Thanksgiving)	Plymouth County Farmers Market	Northville Farmers Market
<b>Exercise Programs</b>	City Website	Activities Brochure (City Website)	0	0	Discover Brochure (City Website)	Spring/Summer 2015 Recreation Brochure (City Website)	City Website
<b>Walking Programs</b>	City Website	Activities Brochure (City Website)	0	0	Discover Brochure (City Website)	Spring/Summer 2015 Recreation Brochure (City Website)	City Website
<b>Malls</b>	Laurel Park Place	0	0	Westland Shopping Center	0	0	0
<b>Community Recreation Center</b>	City Website	City Website	City Website	City Website	City Website	City Website	City Website
<b>Senior Services</b>	Senior Center (City Website)	Senior Services (City Website)	Senior Services (City Website)	Senior Services (City Website)	Community Senior Services (City Website)	Senior Services (City Website)	Senior Services (City Website)
<b>Youth Services</b>	Youth Employment Resource Center (City Website)	The After School & Summer Drop-In Program (City Website)	Youth Assistance Program (City Website)	Youth Assistance Program (City Website)	Teens-B.L.O.C.K. Youth and Teen Center (City Website)	Youth Soccer (City Website)	Youth Assistance Program (City Website)
<b>Recycling Options</b>	City Website	City Website	City Website	City Website	City Website	City Website	City Website
<b>Transportation Service</b>	Livonia Community Transit	Senior Services Transportation	Senior Services Transportation	0	Canton Community Mobility Transportation Services	Plymouth Community Senior Transportation	0
<b>Library</b>	City Website	City Website	City Website	City Website	City Website	City Website	City Website
<b>Employment Opportunities</b>	City Website	City Website	City Website	City Website	City Website	City Website	City Website
<b>Adult Education Resources</b>	McKinley School;	0	0	Tinkham Adult Education Center	0	Community Literacy Council	0
<b>Homeless Shelter</b>	0	0	0	Wayne County Family Center	0	0	0
<b>Hospitals</b>	St. Mary Mercy Hospital	Botsford Hospital	0	0	0	0	0
<b>Mental Health Services</b>	Hegira Psychiatric Intervention Clinic; Hegira Livonia Counseling Center; Ultimate Solutions Inc	Counseling/Assessment Associates LLC; Action Net Psychological Services PLLC; ADF Counseling; McCain LLC	Lincoln Behavioral Services (Telegraph Rd & Plymouth Rd); Lincoln Behavioral Services Child & Family Services; Lincoln Behavioral Services - The Gathering Place Clubhouse; Redford Counseling Center	Starfish Family Services/Lifespan Clinical Services; POEM Human Services; Wayne; Hegira Children's Outpatient Services; Sale Step LLC	Advanced Counseling Services PC; Downriver Mental Health Clinic/Advance Counseling; Hegira Oakdale Recovery Center; Growth Works Inc	Personalized Nursing Light House Inc; Growth Works Inc; Heron Ridge Associates PLLC; Kara Lee and Associates; Access Behavioral Healthcare LLC; Downriver Mental Health Clinic/Advance Counseling; Lincoln Behavioral Services - Plymouth Assertive Community Treatment	Hegira Northville Counseling Center; Hawthorn Center
<b>Free Dental Care</b>	0	0	0	Western Wayne Family HC	0	0	0
<b>Urgent Care</b>	Healthy Urgent Care; Concentra (Plymouth Rd & Schoolcraft Rd)	Northeast Macomb Urgent Care; Orchard Medical Urgent Care; BMC Urgent Care	Midwest Urgent Care	RiteMed Urgent Care	St. Joseph Mercy Urgent Care; Premier Medicine Urgent Care; Canton Urgent Care; Western Wayne Urgent Care; MI Express Care; Choice Urgent Care of Michigan; Children's Hospital of Michigan	Plymouth Urgent Care	Medical Clinic of Northville; Northville Urgent Care
<b>Minute/Retail Clinics</b>	0	MinuteClinic at CVS	0	0	Pediatric Urgent Care MinuteClinic at CVS	0	MinuteClinic at CVS
<b>Free/Sliding Scale Health Clinics</b>	0	0	Botsford South Redford School-Based Health Center	Wayne Hope Medical Clinic	0	0	0

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