

It is our Mission at Crittenton Hospital Medical Center (CHMC) to dedicate ourselves to all the communities that we serve; we do this by creating relationships. Our strong relationships with our community, our physicians, and our employees have established CHMC as an industry leader not only in providing high-quality healthcare but also as an organization that strives to improve the health of our community.

As a new health ministry of Ascension, Michigan Market, our Mission guides everything that we do and is foundational to our work to transform health care and express our priorities when providing care and services, particularly to those most in need.

In 2015, CHMC conducted a Community Health Needs Assessment (CHNA) of the community that we serve. The 2015 assessment was the second CHNA conducted by CHMC in our community. The 2012 assessment proved to be a powerful tool in determining community development and community health improvement needs.

We recognize the need for a systematic approach to servicing our community and applaud the federal laws in the Affordable Care Act requiring health care organizations to assess the health needs of the community and adopt implementation strategies to address these needs. The March 2010 passage of the Patient Protection and Affordable Care Act (PPACA) introduced new reporting requirements for private, not-for-profit hospitals to maintain 501(c)(3) tax-exempt status. Effective for tax years beginning after March 2012, each tax-exempt hospital facility must:

- Conduct a Community Health Needs Assessment (CHNA) once every three years on a facility-by facility basis.
- Adopt an implementation strategy, identify action plans, and address unmet community health needs.
- Report the results of each CHNA publicly.

Crittenton Hospital Medical Center, in collaboration with our community partners, created a survey tool for our CHNA and widely distributed it throughout our primary service areas.

The 2015 CHNA report will provide:

1. A summarized evaluation of the impact of the successes from the 2012 CHNA report.
2. A description of the community served by CHMC and of description of how the community was determined.
3. A description of the process and methods used to conduct the CHNA, including how we took into account input from persons who represent the broad interests of the community.
4. A summary of the process and criteria used to identify and prioritize the significant community health needs through the CHNA.
5. A description of the potential resources available to address the significant health needs identified through the CHNA.

## SUMMARY OF 2012 CHNA

The 2012 CHNA identified several needs encompassing all regions of our community service areas. The needs were categorized into three general areas of concern:

1. Family Health
2. Mental Health
3. General Health/Nutrition

Over the past three years, CHMC has implemented action plans designed to fulfill these significant community needs. To address the Family Health need, CHMC created a Parent Navigator program. This program offers a continuum of care, support and resources from pregnancy on through parenting years serving over 550 families. The Parent Navigator provides education and support beginning in the second trimester of pregnancy, inpatient and outpatient breastfeeding support, discharge education, follow up phone calls, Ages and Stages Developmental/Social screening tools, and e-newsletters. CHMC also expanded parent and family programs to include parenting education and health events serving 500+ annually.

To address the Mental Health need, CHMC increased collaborations with community coalitions and not for profit organizations supporting awareness, prevention and treatment of tobacco, alcohol and substance abuse, suicide and mental illness for all ages. CHMC added additional support groups, educational lectures, events, increased participation in support groups, and provided Mental Health First Aid Training programs.

To address the General Health and Nutrition need, CHMC created annual health/screening events targeting women, teens, babies, and seniors reaching 1,000+ participants each year. CHMC also developed a monthly Wellness Series and Dinner with the Doc lectures highlighting various health topics. To address the need for Diabetes education and services, CHMC redesigned web pages, increased social media posts, purchased additional blood glucose equipment, and expanded clinic hours increasing units of service by 879 units.

CHMC, as an independent health system, faced many financial challenges over the past three years, yet efforts to address the identified community health needs over this time have been very successful. Much of the success can be attributed to the efforts put into creating valuable community partnerships and collaborations. CHMC will continue to strengthen current relationships and seek new partnerships all working together to meet the health needs of our community. We also look forward to the support and resources available as a new health ministry of Ascension.

## **EXECUTIVE SUMMARY**

The opportunity to strengthen existing relationships and create new relationships within the communities in the areas that we serve is a high priority for CHMC. Engaging the community in meaningful and productive assessment and implementation has enhanced the results of our CHNA. The findings will assist leadership in the alignment of organizational strategic goals and the needs of the community creating successful collaborations addressing the community health needs.

As a new health ministry of Ascension, Michigan Market, our Mission guides everything that we do and is foundational to our work to transform health care and express our priorities when providing care and services, particularly to those most in need.

### **Description of Community Served by the Hospital**

Crittenton Hospital Medical Center is a 290-bed all inclusive medical facility serving communities in Oakland, Macomb, and Lapeer counties; providing service to both urban and rural areas. In addition to downsizing, many employers are reducing benefits or cost shifting to employees as a means to save costs. This results in higher co-pays and deductibles for the patient. This increase in out-of-pocket expenditures is acting as a deterrent in seeking health care services as a result. Demographically, the population forecast projects minimal growth over the next three years, however, the age of the population continues to rise. The growth of individuals over the age of 55 is projected to grow 20-30%.

Demographically, CHMC serves a population with a median income of \$77,000; well above Michigan's median income of \$49,000 and the national median of \$53,500. The percent of individuals below poverty level is 7.2%; half the state and national level at 16.2% and 14.8% respectively. The average age of the population served by CHMC is 40 years old and the educational attainment of the community served is 92% earning a high school diploma or higher.

Crittenton Hospital Medical Center resides in a highly competitive market in Southeast Michigan. There are three other hospital systems within a six mile radius that provide competing primary, secondary, and tertiary health care services. CHMC's presence with only 290 beds is substantial in that it captures 34% of the market share in its core service area. As of October 2015, CHMC joined Ascension, the largest not for profit health system in the nation. CHMC's core service area is comprised of three zip codes, and is one of the top three providers in its total service area with 36 zip codes. Key collaborators for CHMC include Ascension Health affiliates in the Michigan Health Ministries throughout St. John Providence Health System and Genesys Health System, in addition to long-standing partnerships with Oakland University School of Nursing and the Wayne State School of Medicine.

### **Community Survey**

The methodology for survey assessment involved the distribution of the survey electronically via email, website accessibility, display boards at community events, and hard copies during the months of September through November 2015. Surveys were distributed in English and Spanish versions. The survey tool was developed to assess the needs of the community and the individual needs and health status of the responders. The intention of the survey topic selection was to assess a general overview of the community needs. The

survey takers were asked to select the health challenges that they face personally and the challenges that they feel their community faces.

### **Community Stakeholders**

Community stakeholders of different ages, socioeconomic status, occupation, and cultural backgrounds were invited to participate. CHMC established an Advisory Board with members from all sectors of our community. The Advisory Board, including Ad Hoc members, assisted in the distribution of the survey.

### **Community Health Needs Assessment Advisory Board Members**

- Nik Banda, Acting City Manager, City of Rochester
- Jessica Goddard, Family Support Specialist, La Familia
- Niki Ross, Planning and QA Manager, Macomb County Health Department
- Carolyn Hribar, Planning and Evaluation Supervisor, Oakland County Health Department
- Renee Cortright, Executive Director, Older Persons' Commission
- Kathy Losinski, Director, Rochester Area Neighborhood House
- Suzanne Bobbitt, President, Rochester Auburn Hills Community Coalition
- Michael Behrmann, Executive Director of Elementary Education, Rochester Community Schools
- Mary Davis, Outreach Manager, Rochester Hills Public Library
- Lisa Dillion, Ph.D, Graduate Medical Education Director of Research and Education, Wayne State University
- Sr. Grace Keane, OSF, Christian Service Coordinator, St. Mary's of the Hills
- Rachele Bonelli, Vice President of Programs, Gleaners Food Bank of Southeastern Michigan
- Pam Setter, Financial Counselor, CHMC
- Dolores LaDuke, Manager, Trauma Administration, CHMC
- Wendi Morgan, Senior Financial Analyst, CHMC
- Lisa Takis, Manager, Quality & Outcomes, CHMC
- Michelle Hornberger, Chief Strategy Officer, CHMC
- Karen Pfeffer, Coordinator, Community Health & Education, CHMC
- Angela DelPup, Director, Community Health & Education, CHMC

In addition to our Advisory Board distribution, email invitations with survey website link were sent to all of our community members in our primary service areas:

- Public/Private Schools
- Public Health
- Business Leaders
- Physicians
- Religious Organizations
- Universities/Colleges
- High School Leadership Groups
- Senior Centers
- Local Government Agencies

Paper surveys, in both English and Spanish, and interactive survey boards were available at all community events during the months of September through November 2015. These events included:

- Community Health Fairs and Expos
- Breast Cancer Walk
- Physician Lectures
- Health Screenings
- Community Events

In an effort to specifically identify the needs of the underserved population in our community, surveys were also distributed at area mobile food bank locations.

## **Response**

The needs expressed throughout the assessment were common to the participants of the survey encompassing all regions of our community service areas. The needs were categorized into three general areas of concern: Obesity, Mental Health, and Access to Care. The prioritization process incorporated a rating scale with scores one through five, one being the least concern or lowest priority and five being the highest concern or high priority. Ratings for each survey item were scored by community preference, local priority, state priority, national priority and availability of service currently in our community. The Advisory Board reviewed and scored each item based on the above mentioned criteria; score of 22 or higher were noted as priority needs to address.

Discussion ideas for improving the areas of concern were generated by the Advisory Board also involving CHMC team members, community partners, and physicians. Following discussion, formalized actions plans were created and evaluated for feasibility. Upon approval, the implementation process will be initiated.

The combination of local resources, community collaboration, and the dedication of CHMC to the commitment of meeting community needs provides a strong foundation for success. Crittenton Hospital Medical Center continuously strives to live our mission and will continue to work effortlessly to meet the needs of our entire community.

## **PROCESS & METHODOLOGY**

### **Community Survey Report**

The methodology for conducting the survey involved the development of a tool that would assess the needs of the community and the individual needs and health status of the responders. The survey takers were asked to select the health challenges that they face personally and the challenges that they feel their community faces. The overall intent of the survey topic selection was to assess a general overview of the community needs. The deployment of the survey was from September through November 2015.

The online and paper methodology was used to ensure a wide distribution of the survey allowing all community stakeholders the opportunity to participate with both English and Spanish version available. The survey was available on the CHMC website, email invitations were sent to Advisory Board members and all

sectors of the community and social media blasts were distributed several times throughout the survey period. Paper surveys, in both English and Spanish, and interactive survey boards were available at all community events during the months of September through November 2015. In an effort to specifically identify the needs of the underserved population in our community, surveys were also distributed at area mobile food bank locations.

The survey consisted of 8 questions designed to gather information about the specific concerns of the individual, the individual's perception of the needs within the community, general demographic information and where health information is accessed.

## **Survey Responses**

The total number of surveys collected was 1097. The number of surveys collected in English was 1033; the number of Spanish surveys collected was 14; and the number of surveys collected directly from mobile food bank sites was 50.

## **Key Demographics**

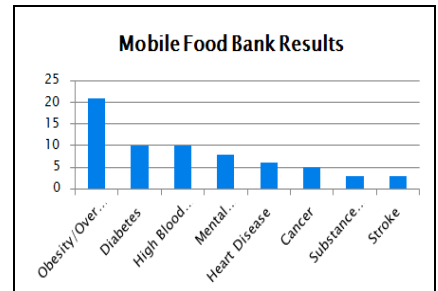
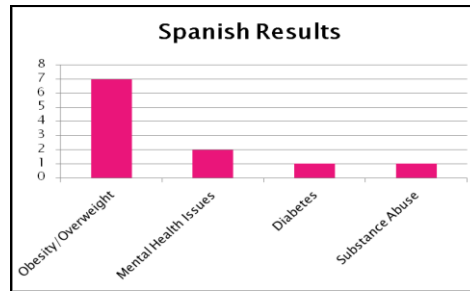
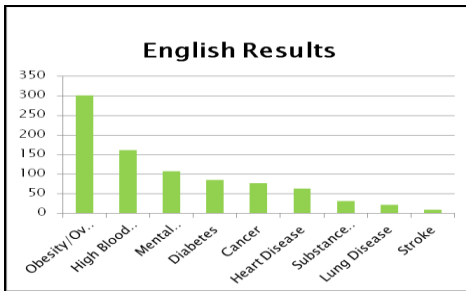
- *English Survey:*
  - 78% of the respondents were female, 22% were male.
  - The majority of the respondents were 40-54 years of age (44%). Respondents from the 26-39 years of age group made up 23%, 55-64 years of age 15% and 65 years old and up 14%.
- *Spanish Survey:*
  - 85% of respondents were female, 15% were male.
  - The majority of the respondents completing the Spanish survey were 26-39 years of age (69%) and 40-54 years of age (31%).
- *Mobile Food Bank Survey:*
  - 92% of the respondents were female, 8% were male.
  - The majority of the respondents completing the Mobile Food Bank survey were 26-39 years of age (56%) and 40-54 years of age (14%).
  
- The primary service areas of CHMC encompass cities with 18 different zip codes; all service areas were represented. The majority of surveys collected were from Rochester, Rochester Hills and Auburn Hills representing 74% of respondents completing the English version and 85% completing the Spanish version. The majority of the of the surveys collected from the Mobile Food Banks were from Auburn Hills and southern Rochester Hills; a small percentage were completed in Spanish.

## **Determination of Defined Community**

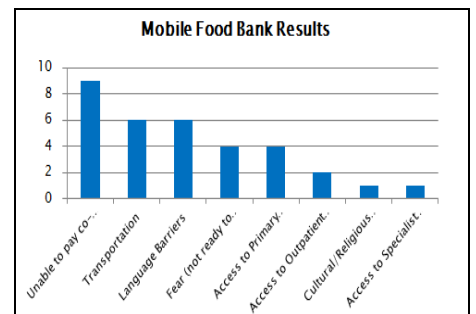
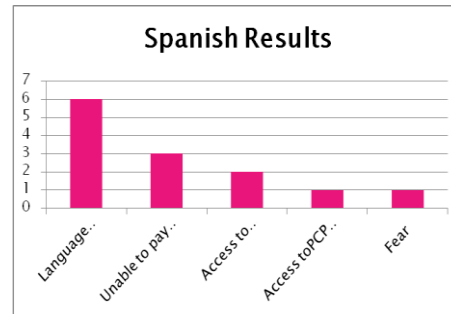
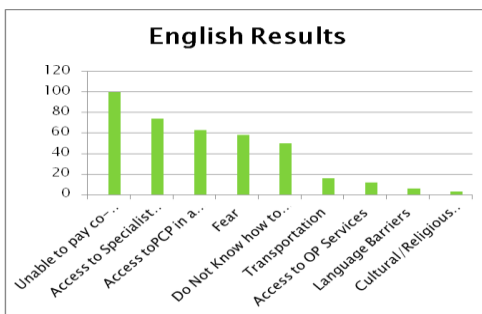
The Community Health Needs Assessment Advisory Board determined the defined community would consist of the core zip codes which encompass Rochester, Rochester Hills and Auburn Hills. This was determined by data analysis of patient encounters (inpatient, outpatient surgeries, extended outpatient, and Emergency Room visits) by zip code from January 1, 2013 through March 1, 2015 in addition to the majority of survey results collected from our community.

## Survey Results

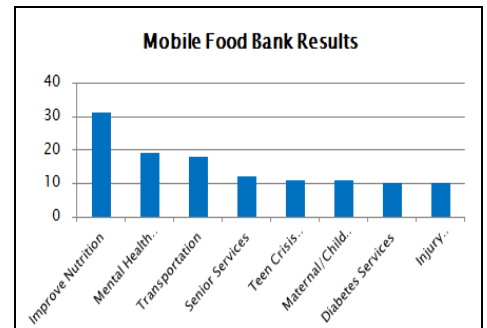
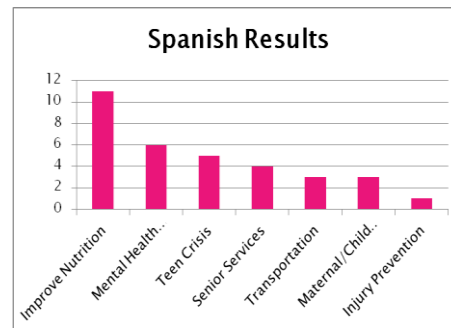
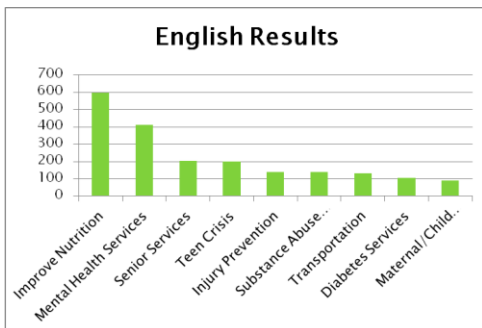
Please select the health challenges that you face:



Are there any issues that prevent you from accessing care?



What is needed to improve the health of your community?



## Secondary Data Sources

In addition to the community survey results, secondary data was analyzed from local, state, and federal community health initiatives. Local data was analyzed from a county-wide assessment, Energizing Connections for Healthier Oakland (ECHO), completed by Oakland County which included a comprehensive Community Health Status Assessment, Community Themes and Strengths Assessment, Local Public Health Assessment and a Forces of Change Assessment from April 2014 through May 2015. Additional local data was

analyzed through city and township websites, SocioNeeds Index, and local school district free and reduced lunch price counts. Michigan’s Health and Wellness Four Health Behaviors and the national Healthy People 2020 plans were also used as references to community health needs across the broad spectrum of community and to serve as a basis for aligning health needs.

### ASSESSMENT PRIORITIES, HEALTH NEEDS, AND COMMUNITY ASSETS IDENTIFIED

The CHMC Advisory Board, comprised of business and community leaders, public health, and representatives from organizations serving the underprivileged in our community, categorized the identified community needs and concerns into three priority groups: Obesity, Mental Health, and Access to Care.

The prioritization process incorporated a rating scale with scores one through five, one being the least concern or lowest priority and five being the highest concern or high priority. Ratings for each survey item were scored by community preference, local priority, state priority, national priority and availability of service currently in our community. The Advisory Board reviewed and scored each item based on the above mentioned criteria; score of 22 or higher were noted as priority needs to address.

CHNA - Defining Priorities												
Q1: What are the health challenges that you face?	Community Identified Need <i>Score 1-5: 1-least concern, 5-highest concern</i>				Alignment with Local, State, National Initiatives/ Health Disparity <i>Score 1-5: 1-low priority, 5-high priority</i>				Need	Alignment	Priority	
	English	Spanish	Underserved		Local Priority	State Priority	National Priority	Service Availability				
Cancer	3	1	2		3	3	3	2		6	11	17
Diabetes	3	3	4		4	4	4	2		10	14	24
Obesity/Overweight	5	5	5		5	5	5	5		15	20	35
Lung Disease	1	1	1		1	1	1	1		3	4	7
High Blood Pressure	4	1	4		3	3	3	2		9	11	20
Stroke	1	1	1		3	3	3	2		3	11	14
Heart Disease	3	1	3		3	3	3	2		7	11	18
Mental Health Issues	4	4	3		5	5	5	5		11	20	31
Substance Abuse- Alcohol/Drug/ Tobacco	3	3	2		5	5	5	5		8	20	28
Q2: Are there any issues that prevent you from accessing care?												
Cultural/Religious Beliefs	1	1	1		1	1	1	1		3	4	7
Do not know how to find	3	3	1		1	2	2	3		7	8	15
Fear (not ready to face/discuss health problems)	4	1	3		1	1	1	1		8	4	12
Access to PCP in a timely	4	1	3		2	3	3	4		8	12	20
Access to Specialist in a timely manner	4	3	2		2	3	3	4		9	12	21
Access to Outpatient Services	2	1	2		1	1	1	1		5	4	9
Transportation	2	1	4		2	2	2	2		7	8	15
Language Barriers	1	5	4		1	1	1	1		10	4	14
Unable to pay Co-pays/Deduct	5	4	5		4	4	4	5		14	17	31
Q3: What is needed to improve the health of your community?												
Improve Nutrition	5	5	5		5	5	5	5		15	20	35
Injury Prevention	2	1	2		4	4	4	3		5	15	20
Mental Health Services	4	4	4		5	5	5	5		12	20	32
Transportation	2	2	3		2	2	2	2		7	8	15
Substance Abuse Rehab	2	1	1		5	5	5	5		4	20	24
Senior Services	3	2	2		3	3	3	1		7	10	17
Teen Crisis Services	3	3	2		4	4	4	3		8	15	23
Maternal/Child Services	1	1	2		1	1	1	1		4	4	8
Diabetes Services	3	2	1		4	4	4	4		6	16	22



**Obesity/Overweight:** Improve nutrition, diabetes.

Respondents identified several needs related to obesity including concerns to improve nutrition and diabetes. This priority is consistent with Oakland County's Energizing Connections for Healthier Oakland (ECHO) assessment and initiatives, Michigan's Health and Wellness Four Healthy Behaviors initiative and Healthy People 2020 initiatives. Identification of obesity/overweight as a priority community health need aligns CHMC with local, state and national initiatives. In addition, other needs that scored at a moderate level (cancer, high blood pressure, stroke, and heart disease) would reduce risk factors with initiatives that address obesity.

The CHMC's Diabetes Education & Nutrition Counseling Center offers assessment, planning and counseling with individual instruction, group classes, and support groups. The Community Health & Education Department at CHMC offers health and wellness education at school district health fairs, churches, local community events, and worksites upon request. Education is also provided through Speakers Bureau on community requested topics, physician lectures, and a variety of programs and classes promoting healthy lifestyles.

**Resources:** The nature of our community provides easy walk-ability and access to parks, shopping, nature trails, and bike paths to allow opportunity for physical activity. CHMC is committed to improving the health and wellness of our communities and fully supports local government initiatives and wellness coalitions in their efforts to impact the overall health of our community.

***Priority opportunity areas identified for obesity, nutrition, and physical activity. Action plans will address these areas.***

**Mental Health:** Substance abuse (alcohol, drugs, tobacco), mental health services, substance abuse rehabilitation services, teen crisis services.

Respondents identified access to substance abuse treatment (alcohol, drugs, and tobacco), mental health services and suicide as areas of concern. This priority is consistent with Oakland County's Energizing Connections for Healthier Oakland (ECHO) assessment and initiatives, Michigan Department of Community Health Strategic Priorities and Healthy People 2020 initiatives. CHMC is working to strengthen these factors through education classes and youth-led community improvement initiatives.

**Resources:** CHMC offers the American Lung Association Freedom from Smoking program to aid in the cessation of tobacco use for teens and adults as well as a variety of support groups such as Alcoholic Anonymous, and Bipolar Support Group. CHMC provides a confidential assessment, Psychiatric Evaluation Resource Center (PERC); a 24 hour phone line for psychiatric intake and referral and resources. CHMC also provides community referrals, resources, and support through the Wellness Center at the Older Person Commission (OPC).

***Priority opportunity areas identified are the increase awareness of current mental health programs, increase collaborations with community partners to promote the improvement of mental health for all ages, and increase education. Action plans will address these areas.***

**Access to Care:** Unable to pay co-pays and deductibles, access to primary care physicians and specialists in a timely manner.

Respondents identified concerns over the inability to pay co-pays and deductibles and the ability to access primary care physicians and specialists. This priority is consistent with Oakland County's Energizing Connections for Healthier Oakland (ECHO) assessment and initiatives, Michigan Department of Community Health Strategic Priorities and Healthy People 2020 initiatives.

**Resources:** CHMC does provide financial assistance available for those who are unable to pay the full cost of care. It's part of our commitment to our patients and the community. CHMC continues to grow its primary care and specialty physician network and now has the benefit of the Ascension Michigan physician resources.

***Priority opportunity area identified access to care addressing the inability to pay co-pays and deductibles and barriers to accessing care of primary care physicians and specialists. Action plans will address these areas.***

## **COMMUNITY NEEDS NOT ADDRESSED**

Identified needs that will not be addressed were determined by availability of services in the community. Chronic diseases with substantial support in the community such as cancer, lung disease and heart disease are supported by strong CHMC programs with a variety of available resources in addition to the support of the American Cancer Society, American Lung Association and the American Heart Association. Injury prevention scored moderately high but will not be addressed in the CHNA implementation strategy and action plans; CHMC is Level 3 Trauma Center with very specific requirements for community education, prevention strategies and safety guidelines in place. Finally, senior services scored at a moderate level, however, CHMC will not address this need as top priority due to the services provided by the Older Person's Commission in the community and the Crittenton Wellness Center located on site.

## **NEXT STEPS**

The CHMC team and community team members will collaborate on appropriate areas of identified need and guide the development of implementation strategies and individual action plans for each area of opportunity. Measureable outcome indicators will also be established. The team will appropriately communicate the CHNA results and the Implementation Plan Strategy to the community using a variety of methods.