



# 2022-2025 Community Health Needs Assessment & Implementation Strategy



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**2022 Community Health Needs Assessment**

**McLaren Macomb**

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## Executive Summary

### **Community Health Needs Assessment (CHNA) Purpose**

The Patient Protection and Affordable Care Act (PPACA) passed by Congress in March 2010 set forth additional requirements that hospitals must meet in order to maintain their status as a 501(c)(3) Charitable Hospital Organization. One of the main requirements states that a hospital must conduct a Community Health Needs Assessment (CHNA) and must adopt an implementation strategy to meet the community health needs identified through the assessment.

The CHNA report must document how the assessment was done, including the community served and an assessment of the health needs of the community. The facility must solicit and consider input from persons who represent the broad interests of the community served by the hospital, including those with special knowledge of, or expertise in, public health. A written report must document the CHNA and be adopted by an authorized body of the hospital. The written report must be made public and a means to collect input must be in place. The report also includes a description of the impact of implemented strategies identified in the previous implementation strategy report.

The CHNA process was completed in 2022 and was conducted in compliance with current federal requirements. This 2022 assessment is the fifth such assessment conducted since the ACA was enacted and builds upon the information and understanding that resulted from the previous assessments. This assessment includes feedback from the community and experts in public health, clinical care, and others. This CHNA serves as the basis for implementation strategies that are required to be filed with the IRS as part of the hospital organization's 2022 Form 990, Schedule H.

### **Summary of Prioritized Needs**

The CHNA team at McLaren Macomb evaluated data and input sources collected to prioritize the major issues impacting the community we serve. Criteria included the number of persons affected by the various factors analyzed, the seriousness of the issues, the health needs of persons living in poverty or reflected other disparities, and availability of community resources to address the needs. Strategic goals, community input and a review of the existing community benefit activities also guided this plan.

This process identified the following priority issues for the community:

1. Promoting healthy behaviors
2. Chronic disease prevention, maintenance and treatment
  - a. Heart disease & stroke
  - b. Cancer
  - c. Diabetes
3. Access to high-quality health care and prevention services
  - a. Access to medical care
  - b. Trauma and injury prevention

## **Summary of Needs Assessment Methodology and Process**

A workgroup was established to develop this CHNA, including: 1) quantitative data review and analysis, 2) literature review to identify state and national benchmarks and evidence-based strategies that relate to the indicators/metrics measured through the quantitative data source, and 3) qualitative data provided through community dialogue sessions with local residents and then filtering those needs against a set of criteria.

Health indicators, such as leading causes of death, disease rates, health risk behaviors, access to health care and review of county health rankings were collected and analyzed. Combining this analysis, input from the health and human service public agencies, community-based organizations, policy makers, and the community members, provided a basis to prioritize the current health of the community and how McLaren Macomb could best impact these needs. This allowed for data collection across a broad range of indicators relating to overall population health, social determinants of health including geographic/location difference in health outcomes, and the needs of disadvantaged populations including uninsured persons, low-income persons, and minority groups within Macomb County. This workgroup prioritized/ranked the list of health needs via a multiple-criteria scoring system.

This CHNA also includes information that was derived from a county-wide health needs assessment conducted in 2021, when the Macomb County Health Department conducted an independent Community Health Survey. The primary goal of the study was to identify key health and health service issues in Macomb County.

Data was gathered from a variety of sources and using multiple methodologies. Community input was obtained via a Behavioral Risk Factor Survey (BRFS) of the broader adult population in Macomb County. Health care professionals and other community leaders, known as key stakeholders or key informants, provided input via interviews.

## Introduction and Background

### **About McLaren Macomb**

McLaren Macomb is a 288-bed non-profit hospital located in Mount Clemens, Michigan. In January 2012, Mount Clemens Regional Medical Center became McLaren Macomb, an acute-care hospital with nearly 500 physicians and 2,000 employees.

McLaren Macomb provides a full range of services, including cancer and cardiovascular care. As Macomb County's first verified Trauma Center, the hospital operates one of the busiest emergency departments in Macomb County, is an accredited chest pain center and an accredited Comprehensive Stroke Center.

McLaren Macomb is a subsidiary of McLaren Health Care Corporation, headquartered in Grand Blanc, Michigan. McLaren Health Care is a fully integrated health network committed to quality, evidence-based patient care and cost efficiency.

### **McLaren Macomb's Approach to the CHNA**

McLaren Macomb continually works with community partners to improve the health of its residents. The CHNA requirements have provided an opportunity to revisit our needs assessment and strategic planning processes with a focus on enhanced compliance and transparency. With this assessment and the prior CHNAs, the intent is to develop and implement a transparent, rigorous, and collaborative approach to understanding the needs and assets in our communities. From data collection and analysis, to the identification of prioritized needs and the development of an implementation strategy, the purpose was to develop a process that would yield meaningful results.

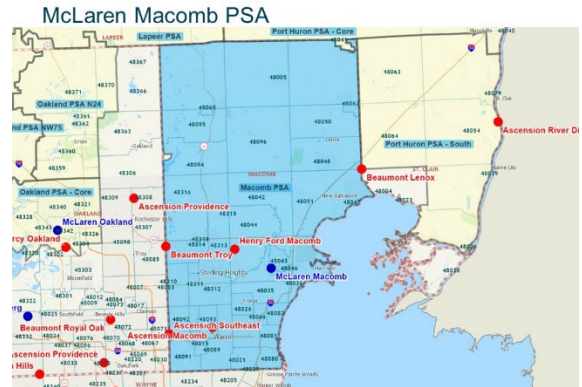
- **Data Sources** — Data for the CHNA was collected from a variety of sources and processed in multiple stages before being used for analysis. The majority of these additional variables were collected from five main data sources: (1) the 2019 Community Health Improvement Plan and 2020-2021 Macomb County Community Health Survey from the Macomb County Health Department; (2) County Health Rankings & Roadmaps; (3) the Michigan Department of Health and Human Services (MDHHS); (4) the US Census Bureau; and (5) the Centers for Disease Control and Prevention (CDC).
- **Community Input** — Community input was provided by a broad-range of community members via community groups, health providers, key informant interviews, and focus groups. Individuals with the knowledge, information, and expertise relevant to the health needs of the community were consulted. Qualitative data collection began with group key informant interviews with hospital service representatives and interviews of area health experts, including public health and social service representatives. The data collected from the first phase of interviews, including initial analysis of socio-demographic data, identified focus communities within the McLaren Macomb service area.
- **Continuous Feedback** — McLaren Macomb's current and previous CHNAs are widely available to the public on the hospital website. Anyone can comment on the report and comments are forwarded to McLaren Macomb's Community Outreach and Education personnel to be addressed and included in the next CHNA.

## Community Served

For the purpose of this assessment, community is defined as the hospital’s primary service area, Macomb County. The target population of the assessment reflects an overall representation of the communities served by McLaren Macomb.

## Geographic Profile of Service Area

Located in Southeast Michigan, Macomb County is 483.7 square miles that includes urban clusters, industry and commerce, natural features and agricultural tracts.



## Demographic Profile of Service Area (census.gov)

	Macomb County	State of Michigan
Population estimates (2020 Census)	881,217	10,050,811
Population rank among counties in state	3 of 84	n/a
Population per square mile	1,838.4	178

## Population Estimates by Select Groups

	Macomb County	Michigan
Under 5 years	5.3%	5.5%
Under 18 years	20.8%	21.4%
65+	17.9%	18.1%
Female	51.0%	50.4%
Male	49.0%	49.6%

Population Estimates: Race and Hispanic Origin

	<b>Macomb County</b>	<b>Michigan</b>
White alone	79%	79%
Black or African American alone	13.3%	14.1%
American Indian and Alaska Native alone	0.3%	0.7%
Asian alone	4.6%	3.4%
Hispanic or Latino	2.9%	5.6%
White alone, not Hispanic or Latino	76.6%	74.2%

Population Estimates: Income and Poverty

	<b>Macomb County</b>	<b>Michigan</b>
Median household income	\$64,641	\$59,234
Persons in poverty	9.2%	12.6%
Per capita income in past 12 months	\$33,327	\$32,854

Population Estimates: Other Social Determinants of Health

	<b>Macomb County</b>	<b>Michigan</b>
Uninsured (under 65)	6.6%	6.4%
High school graduation	90.5%	91.3%

## **Prioritization of Community Health Needs**

For the purposes of the CHNA, McLaren Macomb defines a “health need” as a health outcome and/or the related conditions that contribute to a defined health need. Health needs are identified by the comprehensive identification, interpretation, and analysis of a robust set of primary and secondary data.

Social Determinants of Health (including food insecurity, employment, housing, education, access to health care, health literacy and crime/violence) were considered and discussed while evaluating health data for the community we serve. Social determinants have a major impact on health outcomes, especially for the most vulnerable populations. Factors such as a patient’s education, income level and environment must be considered when providing care and education and addressing needs throughout the community.

The following are summarized descriptions of the prioritized significant health needs that were identified through the CHNA process.

### **1. Promoting healthy behaviors**

Promoting healthy behaviors is a significant health need in the primary and secondary service areas for McLaren Macomb while addressing obesity and nutrition. These issues have a direct impact on the quality of life in the community. Residents of Macomb County have lower life expectancy rates than adults in Michigan.

- **Obesity** – The obesity rate (32.7%) for adults in Macomb County has increased over the past five years. Area adults and children do not engage in physical activity as much as they should. Nearly one-quarter (24.2%) of Macomb County adults report no leisure time physical activity.<sup>1</sup>
- **Nutrition** — Only 16.6% of adults in Macomb County consumer more than 5 servings of fruits or vegetables a day. The figure is improved for high school students (23.2%) and middle school students (29%).<sup>1</sup>

### **2. Chronic disease prevention, maintenance and treatment**

Chronic disease prevention, maintenance and treatment are significant health needs in the primary service area for McLaren Macomb, including but not limited to heart disease, cancer, lung disease and diabetes.

- **Heart disease & stroke** — Heart disease is the number one cause of death in Macomb County with 2,321 attributable deaths in 2021. Stroke is the fifth highest cause of death, at 518 in 2021.<sup>2</sup> More than one third (35.3%) of all Macomb County adults have been told by a health professional they have high blood pressure, a trend that has been increasing. In addition, 9.8% of residents have been told they have cardiovascular disease.<sup>1</sup>
- **Cancer** — Cancer is the second leading cause of death in Macomb County, with 1,867 attributable deaths in 2021.<sup>2</sup> The top five sites for those diagnosed and/or having their first course treatment at McLaren Macomb in 2022 includes: breast (132), prostate (129), lung



(108), colon (68) and bladder (45). Cancer screenings among residents in Macomb County appear to be increasing, though still below optimal levels. Women over age 40 indicate compliance with breast cancer screening (72.3%) and Pap tests (87.1%), with colorectal screening rates for adults over 50 at 74.2%.<sup>1</sup>

- **Diabetes** — Diabetes is the eighth leading cause of death in Macomb County.<sup>2</sup> The diabetes incidence rate is similar in Macomb County to the state of Michigan (10%).<sup>2</sup>

### 3. Access to high-quality health care and prevention services

Access to high-quality health and prevention services are vital for the health of our community and is a critical aspect of health prevention to understand any potential barriers that can affect access to care.

- **Access to Care**— *Healthy People 2020* states, “Access to comprehensive, quality health care services is important for promoting and maintaining health, preventing and managing disease, reducing unnecessary disability and premature death, and achieving health equity for all Americans.” Access to care includes three major components: insurance coverage, health services, and timeliness of care. The high cost of care, the lack of insurance coverage or inadequate coverage (such as high deductibles and copayments), the lack of available services, or culturally competent care are common barriers to accessing health services.<sup>5</sup> These barriers lead to delays in receiving health care, unmet health needs, lack of preventative care, preventable hospital admissions, and financial burdens.<sup>5</sup>

The rate of people who are uninsured in Macomb County has decreased from 11% in 2013 to 5.2% in 2020.<sup>1</sup> The percentage of residents who say they have no access to health care due to cost has also decreased from 16.1% in 2012 to 11.3% in 2020.<sup>1</sup>

There are 1,836 primary care physicians for residents in Macomb County.<sup>6</sup> However, in Macomb County, the number of adults who indicate they have a personal health care provider has declined from 14.2% in 2012 to 12.8% in 2020.<sup>1</sup>

In addition, mental health continues to be a challenge in the community. 15.3% of adults surveyed in Macomb County reported 14 or more days (out of the past 30) on which their mental health was not good, an increase from 8% in 2015.

- **Trauma/Injury Prevention**— Exposure to trauma and injury can have profound long-term consequences. Studies support that exposure to violence and trauma correlate with long term poor health outcomes and chronic disease.<sup>3</sup>

Unintentional injuries are the 4th leading cause of death in Macomb County<sup>2</sup> Unintentional falls is the leading injury-related cause of death for the 65 and over population, which is at a rate 3.6 times higher than the next leading injury-related cause of death.<sup>4</sup> Each year, 2.8 million older people are treated in emergency departments for fall injuries.<sup>4</sup>

Although many types of injury can result from a trauma, traumatic brain injuries remain a prevention focus because of its magnitude and consequences. Traumatic brain injuries contribute to a substantial number of deaths and cases of permanent disability.<sup>4</sup>