



2025-2028

COMMUNITY HEALTH NEEDS ASSESSMENT



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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 people 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 2025 and was conducted in compliance with current federal requirements. 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 2025 Form 990, Schedule H.

SUMMARY OF PRIORITIZED NEEDS

Evaluated data and input sources have been collected to prioritize the major issues impacting the community we serve. Criteria included the number of people affected by the various factors analyzed, the seriousness of the issues, the health needs of people living in poverty or reflected other disparities and availability of community resources to address the needs.

BACKGROUND AND OVERVIEW

A. About McLaren Oakland

McLaren Oakland is a 318-bed hospital that provides primary and specialty healthcare services to the greater Pontiac and Oakland County, Michigan communities. Founded in 1953, McLaren Oakland has grown to a comprehensive medical community that includes outpatient facilities in Clarkston and Oxford, in addition to an inpatient hospital in Pontiac providing a range of clinical services including emergency and trauma care, cardiology, cancer services, minimally invasive robotic surgery, and orthopedic services.

McLaren Oakland offers ACGME accredited residency and fellowship programs in anesthesiology, diagnostic radiology, emergency medicine, family medicine, internal medicine, orthopedic surgery, otolaryngology, pulmonary disease and critical care medicine, and transitional year, in addition to a CPME accredited podiatry program.

B. Why is the Community Health Needs Assessment Valuable?

Healthcare today faces a wide range of challenges, from rapidly evolving technology and increased training demands to the recruitment of medical professionals and addressing both behavioral and physical health needs.

At McLaren Oakland, we are deeply committed to improving the health of the communities we serve. Our commitment to community efforts takes on many forms, including educational programs, free or low-cost health screenings, and charity care for those in need.

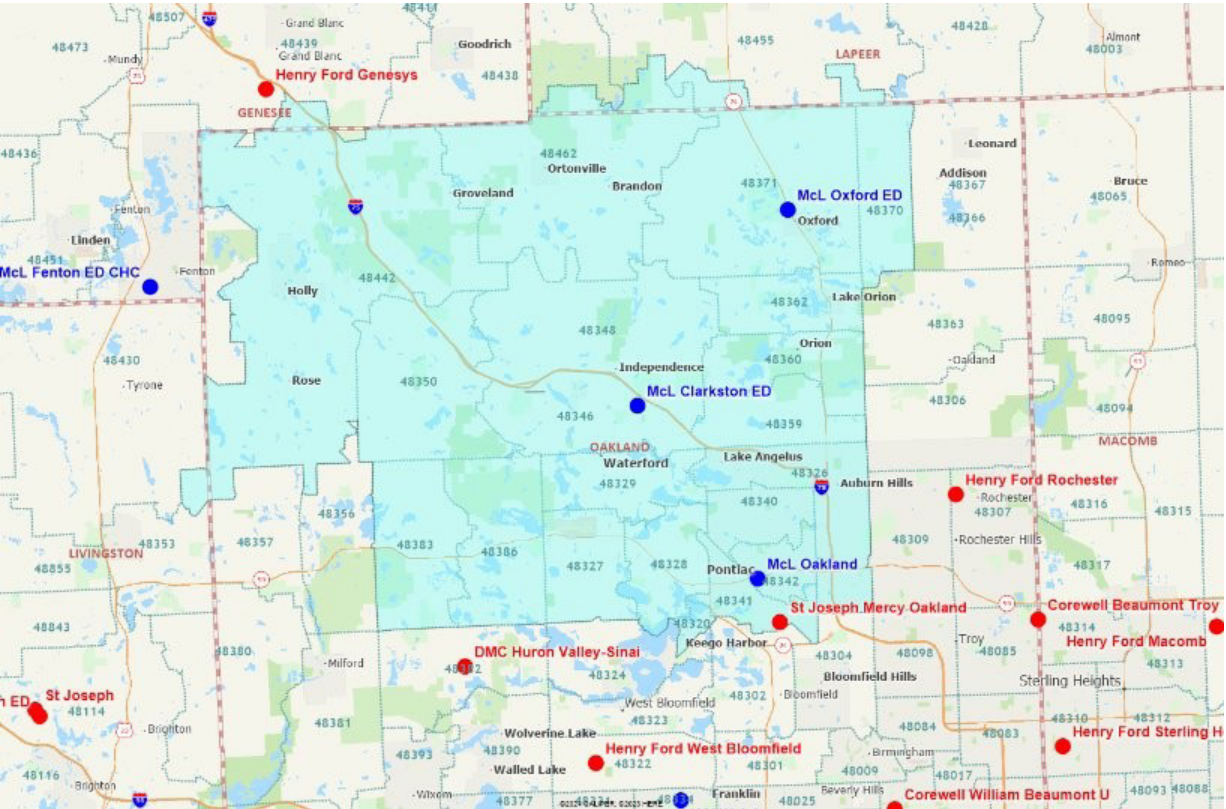
We recognize that good health reaches far beyond the walls of hospitals and clinics. That’s why we’ve worked closely with community partners to tackle pressing public health issues. Through our Community Health Needs Assessment, we’ve gained valuable insights into the unique needs and resources of our local communities—allowing us to better serve and support them.

COMMUNITIES SERVED BY THE HOSPITAL

A. McLAREN OAKLAND DEFINITION OF COMMUNITY SERVED

Community is defined as primary and secondary service areas all within the boundaries of northern Oakland County. The target population of the assessment reflects McLaren Oakland’s service area in Pontiac, but it also extends beyond Pontiac, primarily to Oakland’s northern and western Regions 1 and 2; Region 2 includes Pontiac.

B. MAP OF SERVICE AREA



C. DEMOGRAPHIC DESCRIPTION OF THE COMMUNITY

Although some areas of Oakland County are exceptionally well-resourced, several communities including Pontiac continue to face deep challenges related to poverty and health disparities.

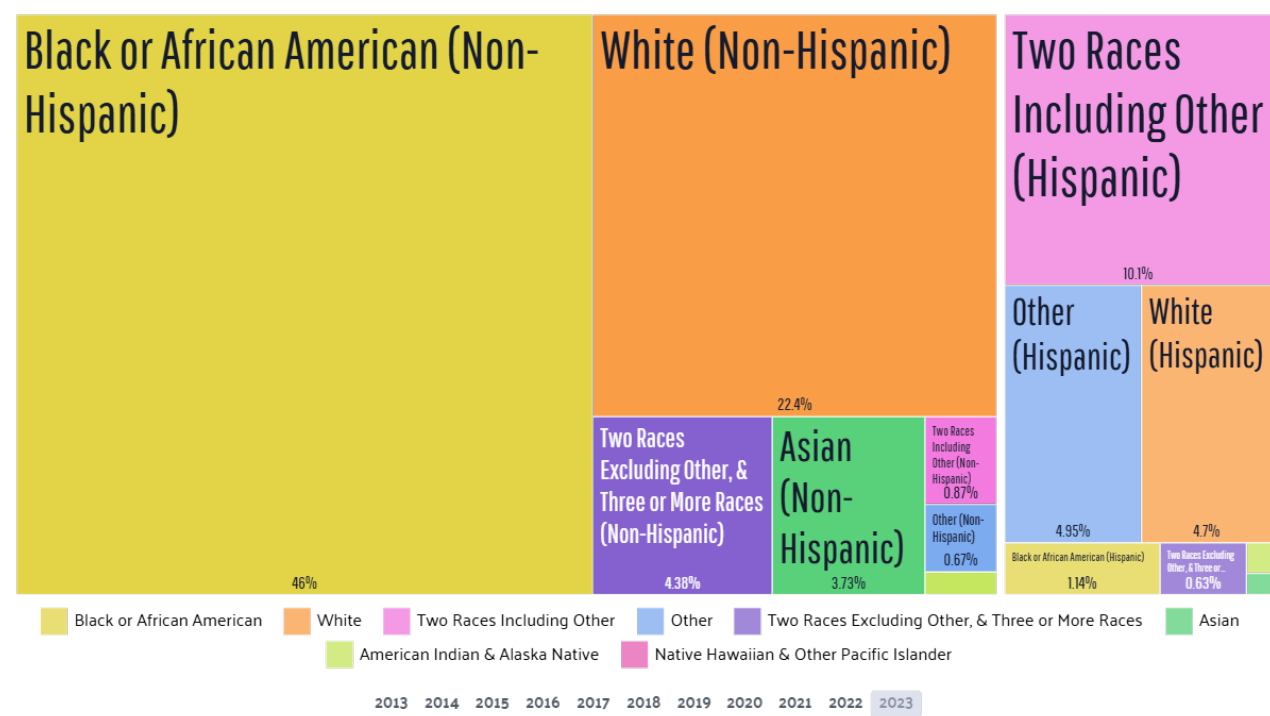
McLaren Oakland is in the City of Pontiac, in Oakland County, Michigan. Pontiac is designated by the U.S. Department of Health and Human Services as a Medically Underserved Area (MUA). Medically Underserved Areas are defined as having too few primary care providers, high infant mortality, high poverty and/or a high elderly population.

Population & Diversity

Pontiac, MI is home to a population of 61.9k people, of which 92.4% are citizens. As of 2023, 10.3% of Pontiac MI residents were born outside of the country (6.41k people). In 2022, the percentage of foreign-born citizens in Pontiac MI was 8.52%, meaning that the rate has been increasing.

In 2023, there were 2.05 times more Black or African American (Non-Hispanic) residents (28.5k people). There were 13.9k White (Non-Hispanic) and 13.5 Hispanic people which comprises 21.7% of the demographic in Pontiac with 6.28k being Other (Hispanic) residents, the second and third most common ethnic groups.

The following chart shows the 8 races represented in Pontiac, MI as a share of the total population:



Employment

From 2022 to 2023, employment in Pontiac, MI grew at a rate of 3.01%, from 26.2k employees to 27k employees.

The most common job groups, by number of people living in Pontiac, MI, are Production Occupations (3,750 people), Office & Administrative Support Occupations (2,373 people), and Sales & Related Occupations (2,132 people). This chart illustrates the share breakdown of the primary jobs held by residents of Pontiac, MI.

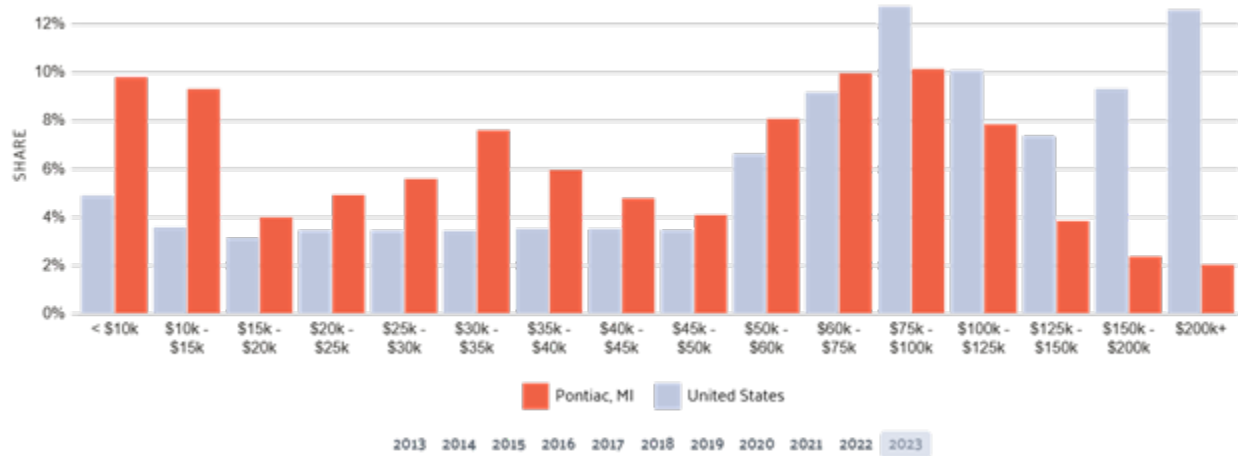
Income

In 2023, the median household income of the 25.6k households in Pontiac, MI grew to \$42,791 from the previous year’s value of \$40,307.

25.6% of the population for whom poverty status is determined in Pontiac, MI (15.5k out of 60.3k people) live below the poverty line, a number that is higher than the national average of 12.4%. The largest demographic living in poverty are Females 25 - 34, followed by Females 35 - 44 and then Males < 5.

The most common racial or ethnic group living below the poverty line in Pontiac, MI is Black, followed by Hispanic and White.

The following chart displays the households in Pontiac, MI distributed between a series of income buckets compared to the national averages for each bucket. The largest share of households have an income in the < \$10k range:



Education

Most students graduating from Universities in Pontiac, MI are Black or African American (21 and 47.7%), followed by White (14 and 31.8%), Hispanic or Latino (7 and 15.9%), and Two or More Races (1 and 2.27%).

The largest universities in Pontiac, MI by number of degrees awarded are Dorsey School of Business-Waterford Pontiac (44 and 100%).

The most popular majors in Pontiac, MI are Medical Assistant (22 and 50%), Medical Insurance Specialist (12 and 27.3%), and General Cooking & Related Culinary Arts (7 and 15.9%).

Education Level**	Market 2021 % of Total	Market 2026 Population	Market 2026 % of Total	Market Population % Change	National 2021 % of Total
Less than High School	4.33%	3,872	4.28%	(1.10 %)	5.05%
Some High School	8.56%	7,736	8.55%	0.03%	6.83%
High School Degree	29.76%	27,033	29.87%	0.53%	26.95%
Some College/Assoc. Degree	35.98%	32,650	36.07%	0.43%	31.05%
Bachelor's Degree or Greater	21.36%	19,223	21.24%	(0.39 %)	30.12%
Total	100.00 %	90,514	100.00 %	0.18 %	100.00 %

Housing

The median property value in Pontiac, MI was \$110,600 in 2023, which is 0.365 times smaller than the national average of \$303,400. Between 2022 and 2023 the median property value increased from \$100,100 to \$110,600, a 10.5% increase.

The homeownership rate in Pontiac, MI is 44.2%, which is lower than the national average of 65%.

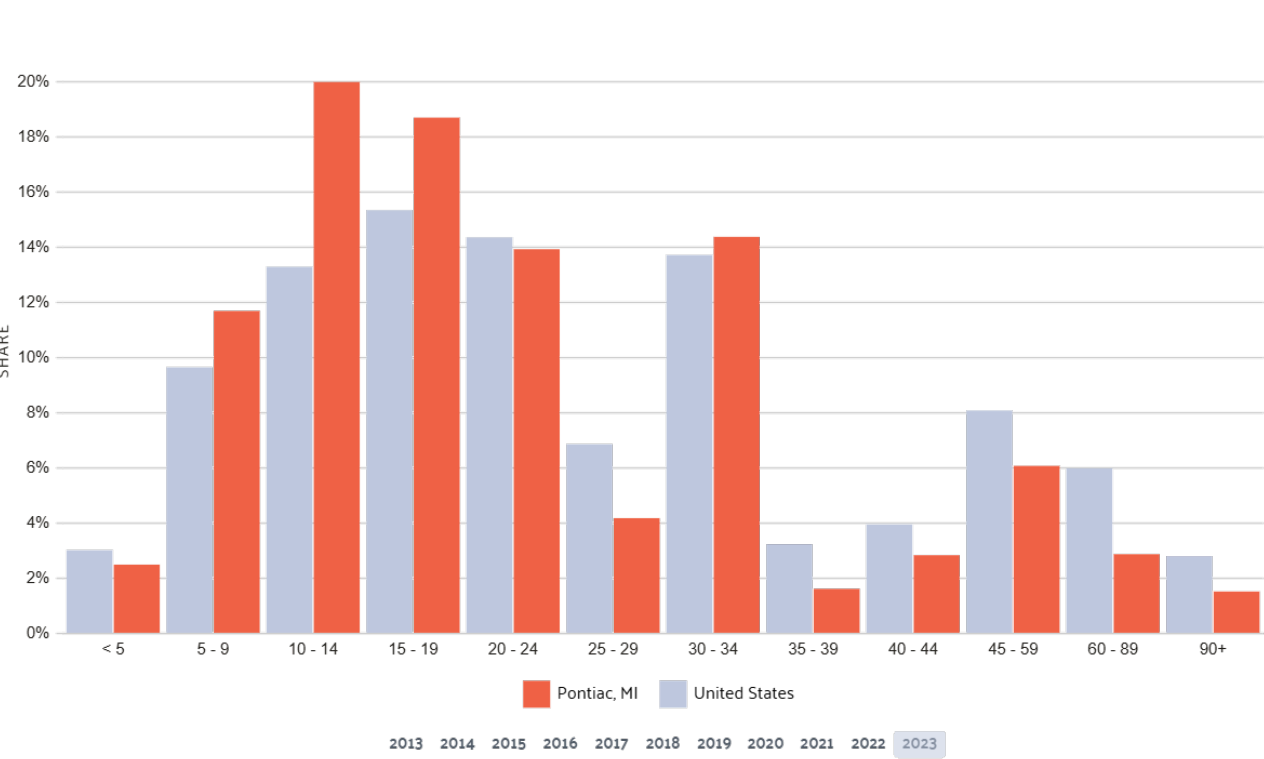
Transportation

Over 28,000 households in Oakland County do not have a vehicle. People living in Pontiac, MI have an average commute time of 21.8 minutes.

In 2023, 73.2% of workers in Pontiac, MI drove alone to work, followed by those who carpooled to work (16.3%) and those who worked at home (4.07%).

The following chart shows the number of households using each mode of transportation over time, using a logarithmic scale on the y-axis to help better show variations in the smaller means of commuting.

Data from the Census Bureau ACS 5-year estimate:



Health Coverage

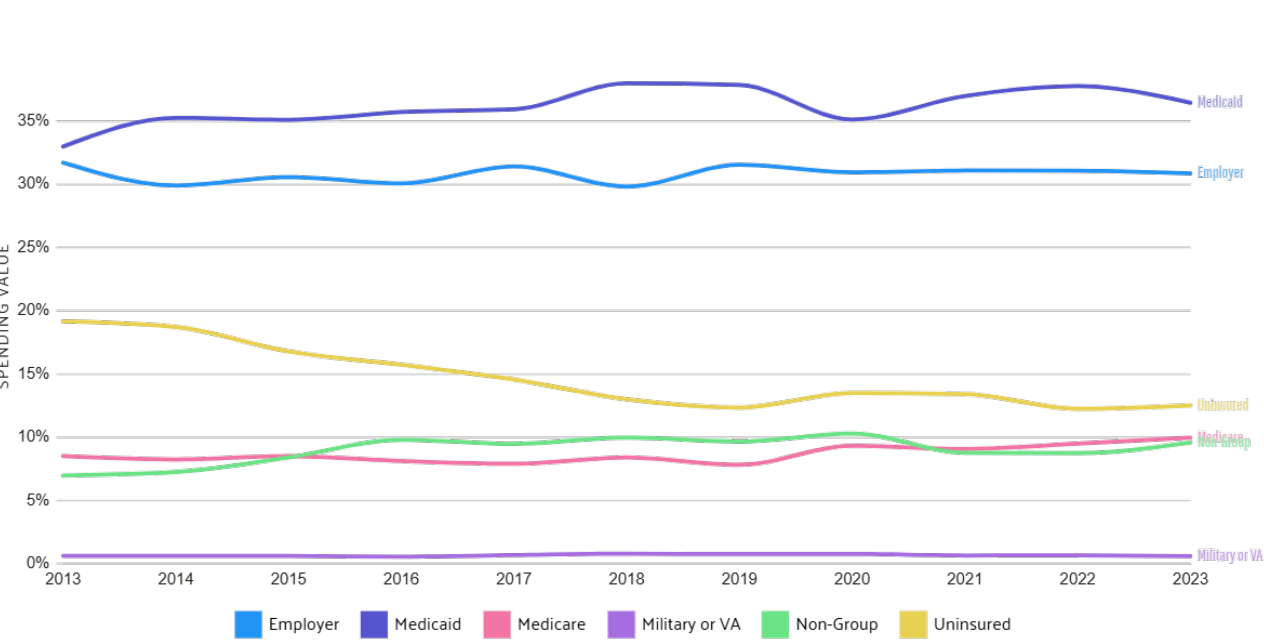
87.5% of the population of Pontiac, MI has health coverage, with 30.9% on employee plans, 36.4% on Medicaid, 9.97% on Medicare, 9.59% on non-group plans, and 0.608% on military or VA plans.

Primary care physicians in Michigan see 1,276 patients per year on average, which represents a 3.32% increase from the previous year (1,235 patients). Compare this to dentists who see 1246 patients per year, and mental health providers who see 297 patients per year.

By gender, of the total number of insured persons, 48.1% were men and 51.9% were women.

Between 2022 and 2023, the percentage of uninsured citizens in Pontiac, MI grew by 2.17% from 12.3% to 12.5%.

The following chart shows how the percentage of uninsured individuals in Pontiac, MI changed over time compared with the percentage of individuals enrolled in various types of health insurance.



D. DATA COLLECTION PROCESS

The Six Steps of the CHNA Process

- 1. Gathering Input – interviews with community members and local district leaders, as well as provider partner discussions and community partners
- 2. Reviewing Health Indicator Data – analyzing trends in health outcomes and social determinants
- 3. Identifying Priority Issues – based on data convergence and stakeholder feedback
- 4. Reviewing Progress since 2022– evaluating implementation of prior strategies
- 5. Assessing Available Resources – identifying assets and gaps in service
- 6. Determining Actions –selecting evidence-informed strategies for the implementation plan

Through this collaborative, multi-step process, McLaren Oakland ensures that community voices are heard and that strategies are aligned with quantitative data and major findings that focus on our service area in Oakland County, specifically the city of Pontiac.

- McLaren Oakland Admissions Data
- Karmanos Cancer Institute at McLaren Oakland Data
- Pontiac Michigan Population and Demographics
- Energizing Connections for Healthier Oakland (ECHO) Data
- Oakland County’s Community Health Profile and Assessment Plan
- Michigan’s State Health Assessment and Improvement Plan (MSHA)
- The Michigan Behavioral Risk Factor Surveillance System (MiBRFSS)

E. IDENTIFYING AND PRIORITIZING COMMUNITY HEALTH NEEDS AND ISSUES

A. Identifying Community Health Needs

For the CHNA, McLaren Oakland 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 the analysis of robust data set’s.

Social Determinants have a profound effect on health outcomes, especially for vulnerable populations. Factors such as a patient’s level of education, income, transportation, and environment must be considered. Social Determinants of Health including food insecurity, employment, housing, education, access to health care, health literacy and crime were considered and discussed while evaluating health data for the community that we serve.

B. PRIORITIZED HEALTH NEEDS IDENTIFIED THROUGH THE CHNA

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

Following a comprehensive review of diverse health indicators, it is essential to identify key priorities to ensure that limited resources are used for maximum impact. Focusing on a select number of priorities enables the development of more strategic and effective implementation plans.

This targeted approach also fosters stronger collaboration with community organizations, allowing initiatives to be more thoughtfully designed and executed. Moreover, narrowing the focus enhances the ability to monitor progress and evaluate outcomes with greater precision.

PRIORITY OF NEEDS

1. Promotion of healthy behaviors is a significant health need in the primary and secondary service areas for McLaren Oakland.

a. **Smoking and Vaping** – Continue to pose serious public health risks in Pontiac and across Oakland County. As of 2025, approximately 28.1% of adults in Pontiac report smoking, significantly higher than the countywide rate of 15.1%. Smoking prevalence is disproportionately high among residents with household incomes below \$20,000, with nearly 59% of this group identifying as smokers. Alarminglly, almost 30% of pregnant women in Pontiac smoke during pregnancy which is double the state average, raising concerns about prenatal health outcomes.

Local health professionals believe that tobacco use, particularly among vulnerable populations, remains under-addressed in community health strategies. The rise of vaping and e-cigarette use further complicates efforts to reduce tobacco-related harm, especially among youth and young adults.

2. Chronic disease prevention, maintenance and treatment are also significant health needs in the primary and secondary service areas for McLaren Oakland, including but not limited to cancer, lung disease and diabetes.

a. **Cancer** – remains the second leading cause of death in Oakland County, with 2,280 cancer-related deaths reported in 2023 and an age-adjusted mortality rate of 129.4 per 100,000 residents. At McLaren Oakland, the most diagnosed cancers continue to include breast, lung, colon, and prostate, reflecting statewide trends in Michigan. These cancers represent a significant portion of the cases receiving initial treatment at the facility, underscoring the need for targeted prevention and early detection efforts in Pontiac and surrounding communities.

b. **Diabetes** – remains a significant public health concern in Oakland County, ranking as the seventh leading cause of death, with a crude mortality rate of 79.0 per 100,000 residents as of Q1 2023. In Pontiac, dietary habits continue to reflect challenges in maintaining consistent nutrition. Only 47% of residents report that their diet is generally healthy. On average, individuals consume four meals per week prepared outside the home, including restaurants, fast food outlets, food stands, grocery stores, or vending machines. Highlighting the need for increased access to fresh, nutritious food options and diabetes prevention initiatives.

c. **Chronic Respiratory Lung Disease** – continues to be a pressing health concern in Pontiac and across Oakland County. As of 2025, lifetime asthma prevalence among adults in Pontiac is 24.4%, with 15.4% currently managing asthma symptoms, and 10.2% diagnosed with Chronic Obstructive Pulmonary Disease (COPD) rates that exceed both state and national averages. Smoking remains a major contributing factor, with Pontiac's adult smoking rate at 28.1%, nearly double the county average of 15.1%.

Preventive care is also low: over 75% of adults have not received the recommended pneumonia vaccine, and more than 80% have not received a seasonal flu shot, leaving vulnerable populations at increased risk for complications. Many individuals living with asthma or COPD report feeling under informed about how to manage their conditions, pointing to a gap in community education and support services.



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

a. Medical Care Access in Oakland County and Pontiac reflects persistent challenges across three key dimensions: insurance coverage, availability of health services, and timeliness of care. While 95.4% of Oakland County residents have some form of health insurance, well above the national average of 88.5%. Pontiac lags behind, with only 71% of residents insured, leaving nearly 29% without coverage, a rate more than six times higher than the county average.

Barriers such as high out-of-pocket costs, limited provider networks, and inadequate Medicaid acceptance contribute to delayed or forgone care.

Even insured individuals, particularly those on Medicaid, often struggle to find providers due to a shortage of physicians who accept public insurance. These access gaps result in unmet health needs, reduced preventive care, and avoidable hospital admissions, compounding financial and health burdens for vulnerable populations.

**Additional barriers to care include transportation, lack of awareness of existing programs and services, cultural (public mis-perception of the underserved, mistrust/ misunderstanding of preventative healthcare), inability of some residents to secure appointments or get referrals.*

b. Expand access to inclusive, high-quality mental health services that are culturally sensitive and linguistically responsive, ensuring all individuals receive care that respects their backgrounds and communication needs.

Behavioral Health continues to rank among the top public health concerns in Oakland County, as consistently identified in the 2025 Oakland County Community Health Needs Assessment. The county currently reports a suicide rate of 13.2 deaths per 100,000 residents, reflecting a slight increase from previous years and underscoring the urgency of mental health interventions.

In the City of Pontiac, behavioral health challenges are especially pronounced, with 1 in 5 children experiencing a serious mental health disorder during their lifetime, a rate aligned with national trends but exacerbated by local socioeconomic stressors.

Oakland County is also home to over 51,000 veterans, many of whom face unique behavioral health needs, including PTSD, depression, and substance use disorders. These overlapping challenges highlight the importance of expanding culturally responsive and trauma informed mental health services across both urban and suburban communities.

CONCLUSION AND NEXT STEPS

Comprehensive implementation plans, including targeted tactics, will be collaboratively developed and executed with input from the board of directors, senior leadership, physicians, and external partners.

Effectiveness will be continuously measured to ensure strategic alignment and impact. The detailed components of this approach will be outlined in a separate document, the Implementation Strategic Plan.

COMMUNITY RESOURCES

The following is a sample of some of the existing health care facilities and resources within the community that are available to respond to the health needs of the community.

- Alcoholics Anonymous of Oakland County
- CARE House
- Centro Multicultural LA Familia
- Catholic Social Services
- Doctors Hospital of Michigan
- Easter Seals Family Behavioral Health Services
- Ennis Center for Children
- Ewalt Center
- Gary Burnstein Clinic
- Greater Pontiac Community Coalition
- HAVEN, Inc
- Honor Community Health Care
- Hispanic Outreach
- Karmanos Cancer Institute
- La Amistad Latino Senior Services Center
- Latin Affairs Office
- Lighthouse Community Development
- Lighthouse Emergency Services
- Lighthouse of Oakland County/Path
- Community Mental Health Authority
- Department of Community & Minority Affairs
- Health Division -CSHCS
- Health Division – Medicaid Outreach & Advocacy
- Health Division – Office of Substance Abuse
- Health Division – WIC Program
- Library of Visually and Physically Impaired
- Oakland County Speakers Burau
- Oakland Family Services
- Oakland Family Services – Champs
- Oakland Family Services – Children with Special Needs
- Oakland Family Services – Mental Health Counsel
- Oakland Integrated Health Network (OIHN)
- Oakland Livingston Human Services Agency (OLHSA)
- Oakland Primary Health Services (OPHS)
- Planned Parenthood – Pontiac
- Pontiac Human Services
- Resource Network, Inc
- Trinity Health Oakland
- Turning Point Recovery
- Women and Teens Pregnancy Center
- Women’s Survival Center of Oakland County

SOURCES

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