

Community Health Needs Assessment: 2016



OAKLAND FOUNDATION

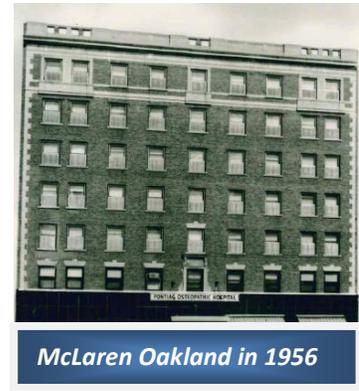
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Introduction

McLaren Oakland is a leader in providing state-of-the-art health care services in Oakland County. As a part of McLaren Health Care Corporation, McLaren Oakland is able to leverage the resources of one of the top 25 integrated health care systems in the United States in order to provide the highest quality care for our patients. Every day, dedicated staff members at McLaren Oakland work tirelessly to improve the health of our community, guided by the principles of Osteopathic Medicine and the values of integrity, excellence, diversity and intelligence.

McLaren Oakland was founded in 1953 by Dr. Donald L. Fraser, Dr. Leroy C. Johnson and Dr. Merton C. Worster. Their passion for expanding the medical services available in northern Oakland County led to the full-fledged medical community that is McLaren Oakland today. McLaren Oakland is home to over 300 physicians, a cutting edge surgery center, an inpatient hospital with a range of services, and eight satellite facilities. Certifications such as the Primary Stroke Certification from the Healthcare Facilities Accreditation Program and the Level II Trauma Center given by the Verification Review Committee of the American College of Surgeons add to McLaren Oakland's prestige.



As a training hospital, we aim to provide residents with the skills, knowledge and aptitudes that they need to provide patients safe, high value, and cost conscientious primary and specialty health care services. With 12 resident programs and 3 fellowship programs, McLaren Oakland physicians, residents, and medical students work closely together on interdisciplinary teams in order to create outstanding Oakland County physicians. McLaren Health Care Corporation retains more than 35% of its residents, which creates a workforce culture that values both experience and cutting edge knowledge, while maintaining commitment to Oakland County and our patients.

McLaren Health Care Corporation, headquartered in Flint, MI, is a fully integrated health network, committed to quality, evidence-based patient care and cost efficiency. The McLaren system includes 11 hospitals, ambulatory surgery centers, imaging centers, the state's only proton therapy center, an employed primary care physician network, commercial and Medicaid HMOs covering over 250,000 lives, home health care and hospice, durable medical equipment, retail pharmacy services, and a wholly-owned medical malpractice insurance company. McLaren operates the state's largest network of cancer centers and providers anchored by Karmanos Cancer Institute - one of only two NCI-designated cancer centers in the state. McLaren has 19,500 employees and more than 20,000 network physicians. The operations and services of MHC are housed in over 300 facilities serving a 53-county market with a population in excess of 6.5 million lives.

McLaren Oakland has provided more than \$20 million in compensated medical care for those in need as a part of our commitment to the community. Another component of this commitment is regularly assessing community health needs. In an effort to be responsive to industry changes, to consistently measure health outcomes, and to continually improve health in northern Oakland County, a new Community Health Needs Assessment initiative was launched and completed during 2015 and 2016.

2015 - 2016 Community Health Needs Assessment

The following health needs were identified through the 2015 – 2016 Community Health Needs Assessment:

1. Improved healthy eating and physical activity for cardiovascular disease prevention.
2. Increased regular screenings, including cancer screenings to prevent late-stage diagnoses.
3. Expanded access to health care through convenient scheduling, better transportation, navigation services, and affordability.
4. Reduced disparities in health outcomes due to high poverty levels in zip codes 48342, 48341, 48342, and 48343

Background and Process

During the summer of 2015, McLaren Oakland began the process of learning more about Oakland County's current health needs by forming a Community Health Needs Assessment subcommittee, made of up members of the various McLaren Oakland Cancer Committees. The subcommittee reviewed previous Community Health Needs Assessment (CHNA) questionnaires before developing the 2015 CNHA survey (Attachment A). The updated survey consists of 33 questions designed to assess the respondent's demographics, ability to access care, physical activity level, healthy eating habits, previous participation in health screenings, perceived level of health, and cancer history.

Data Collection Methodology

The 2015 CNHA was mailed to 1,000 randomly selected households in Oakland County. In order to maintain the integrity of the assessment and ensure the survey was randomly distributed, addresses were purchased from Acculeads. The CHNA Subcommittee set a goal of a 10% response rate. To help achieve this return rate, participants were offered the opportunity to enter their name into a drawing for a free gas card. The surveys were mailed out on September 1, 2015 and respondents were asked to return the surveys by October 15, 2015. The survey was also left at the Loving Hands Clinic, Bowen Senior Center, Ruth Paterson Community Center, and Waterford Regional Helping Hands Clinic in an attempt to ensure that the survey reached those in need. 76 of the 1,000 surveys that were mailed were returned as undeliverable. A total of 107 surveys were returned for a response rate of 11.25%.

According to the Organization, people from different backgrounds tend to interpret survey questions differently.¹ As a result, surveys that utilize self-reported health indicators may fail to fully measure health inequities between people of different ages, genders, educations, and races/ethnicities.² Therefore, the CHNA combines the results of the 2015 CHNA survey with a deep dive into publicly available Oakland County health data from the US Census Bureau's American Community Survey, Center for Disease Control's Behavioral Risk Factor Surveillance System, Health Resources and Services Administration, the Michigan Department of Health and Human Services, Susan G. Komen Detroit Race for the Cure's 2015 Community Profile, the Michigan Health and Hospital Association among other sources.

¹ World Health Organization: Self-reported health assessments in the 2002 World Health Survey: How do they correlate with education? <http://www.who.int/bulletin/volumes/88/2/09-067058/en/>

² Dowd JB, Todd M, Does self-reported health bias the measurement of health inequalities in U.S. adults? Evidence using anchoring vignettes from the Health and Retirement Study. *J Gerontol B Psychol Sci Soc Sci.* 2011 Jul;66(4):478-89.

Service Area Demographics

Oakland County is the second most populated county in Michigan behind Wayne County with approximately 1.2 million residents in 61 cities, village, and townships. The Robert Wood Johnson Foundation ranks Oakland County as the 15th healthiest county in Michigan.³ However, the McLaren Oakland main hospital is located in Pontiac, MI, an area designated by the Health Resources and Services Administration as Medically Underserved for having too few primary care providers, high infant mortality, high poverty or a high elderly population. The poverty rate for the census tract 1422 where McLaren Oakland is located is 69% and 28% of the population has less than a high school degree⁴. As a result, the CHNA resource review was conducted to analyze needs in Pontiac as well as Oakland County overall.

Oakland County residents are primarily white, black and Asian according to the US Census Bureau, American Community Survey, 2010 – 2014 five-year estimates. Eight ethnic groups make up the majority of Oakland County’s Asian population. They are Chinese, Filipino, Korean, Japanese, Hmong, Pakistani, and Vietnamese. Pontiac is a majority minority city, where 68.6% of the population is either black and Hispanic/Latino.

Table 1: Race and Ethnicity in Michigan, Oakland County (OC), and Pontiac

Race/Ethnicity	MI #	MI %	OC #	OC %	Pontiac #	Pontiac %
<i>White</i>	7,526,388	76.1%	903,320	74%	15,815	26.6%
<i>Black</i>	1,368,159	13.8%	166,763	13.7%	30,384	52.1%
<i>Asian</i>	257,464	2.6%	73,230	6%	1,359	2.3%
<i>American Indian / Alaskan Native</i>	48,437	.5%	2,542	.2%	242	.6%
<i>Native Hawaiian / Pacific Islander</i>	1,757	0%	260	0.0%	2	0%
<i>Other</i>	11,526	.1%	2304	0.2%	69	0%
<i>Two or More Races</i>	218,184	2.2%	28,067	2.3%	1,809	4.5%
<i>Hispanic/Latino</i>	457,109	4.6%	44,312	3.6%	9,835	16.5%
Total	9,889,024	100	1,220,798	100%	59,515	100%

US Census Bureau, American Community Survey, 2010 – 2014 five-year estimates

The race and ethnicity breakdown of those who responded to the 2015 CHNA survey was similar to the race and ethnicity make-up of Oakland County overall. Seventy-six percent of those who completed and returned the 2015 CHNA survey identified their race as white, 20% identified as African American, and 4% identified as either Hispanic or Middle Eastern. 42% were female, 45% were male, and 13% declined to answer.

Twenty-two percent of survey respondents were under the age of 50, 55% were between the ages of 50 and 70, and 23% were over the age of 71. As a whole, the 2015 CHNA survey respondents tended to be slightly older than Oakland County residents. Only 14.5% of Oakland County residents are over 65 years of age. Oakland County which has a median age of 40 compared to the median age of the survey

³ Robert Wood Johnson Foundation: County Rankings:

<http://www.countyhealthrankings.org/app/michigan/2016/rankings/oakland/county/outcomes/overall/snapshot>

⁴ US Census Bureau 2010 - 2014 American Community Survey

respondents, which was in the range of 65 – 70 years of age. Table 2 outlines the leading cause of deaths of adults in Michigan by age to show how health concerns differ by age.

Leading Cause	18 - 34 Years	35 – 49 Years	50 – 64 Years	65 and Older
1.	Accidents	Malignant neoplasms	Malignant neoplasms	Diseases of the heart
2.	Intentional self-harm (suicide)	Diseases of the heart	Diseases of the heart	Malignant neoplasms
3.	Assault (homicide).	Accidents	Accidents	Chronic lower respiratory diseases
4.	Malignant neoplasms	Intentional self-harm (suicide)	Chronic lower respiratory diseases	Cardiovascular diseases
5.	Diseases of the heart	Chronic liver disease and cirrhosis	Diabetes mellitus	Alzheimer’s disease

Michigan Department of Health and Human Services, Michigan Mortality Statistics, Leading Causes During Each Age Group, Michigan Residents

Between 2010 and 2014 the median income of households in Oakland County was \$66,436 compared to a median household income of \$49,087 for MI overall. In Oakland County, as estimated 5.3% of households had income below \$10,000 a year and 31.7% had income over \$100,000. The five largest employers in Oakland County are Beaumont Health, Fiat Chrysler Automobiles, General Motors Corporation, CHE Trinity Health, and St. John Providence Health System.⁵

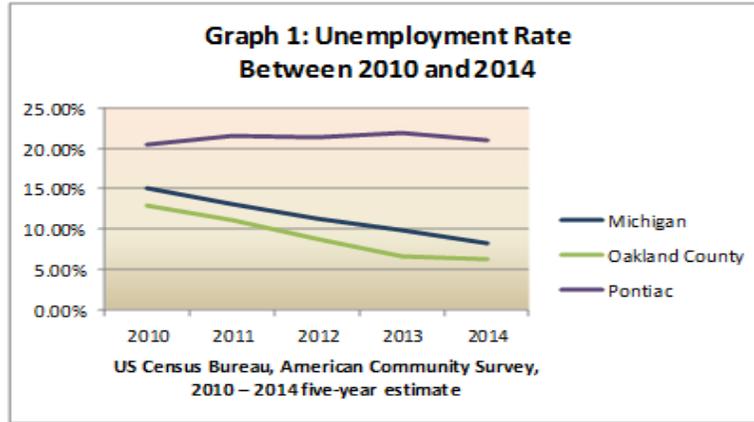
Total Household Earnings	Michigan	Oakland County	Pontiac
<i>Less than \$10,000</i>	8.0%	5.3%	17.8%
<i>\$10,000 - \$14,999</i>	5.5%	3.8%	10.7%
<i>\$15,000 - \$24,000</i>	11.7%	8.5%	17.4%
<i>\$25,000 - \$34,999</i>	11.1%	8.3%	13.6%
<i>\$35,000 – 49,000</i>	14.5%	11.9%	12.8%
<i>\$50,000 - \$74,999</i>	18.5%	17.3%	15.6%
<i>\$75,000 - \$99,000</i>	11.9%	13.1%	6.3%
<i>\$100,000 or more</i>	18.8%	31.7%	5.55%
<i>Median Household Income</i>	\$49,087	\$66,436	\$27,632

US Census Bureau, American Community Survey, 2010 – 2014 five-year estimates

More than one fifth of survey participants did not provide an answer to the question, “how much do you earn in a year?” Of those that answered the question, 23% earned under \$29,000 per year. On the flip side, 15% earned above \$90,000 per year. The vast majority earned between \$30,000 per year and \$89,000 (31% \$30,000 to \$49,999, and 31% \$49,999 to \$89,000). However, half of the 2015 CHNA respondents were retired and only 41% worked either full- or part-time. The other 8% were unemployed, disabled, or a homemaker. Between 2010 and 2014, Oakland County’s unemployment rate

⁵ Crains Business Detroit, 2013 Crains List Detroit

was halved from 12.9% to 6.3%. Similarly, Michigan’s unemployment rate went from 15.1% to 8.3%. However, in Pontiac unemployment has hovered just above 20% and shows no sign of improving.



The majority of survey respondents had some sort of college degree (29% graduate or professional degree, 24% bachelors degree, 7% associates degree). An additional 21% had completed some college but had not earned a degree. Nineteen percent were high school graduates or had a GED.

In 2014, 9.9% of Oakland County’s total population lived below poverty. The percentage has continued to decrease since 2011. In Pontiac the percent of the population living below the poverty level is significantly higher, over 36%. In certain census tracts, like McLaren Oakland’s poverty rates reach 69%. Higher poverty rates are associated with poorer educational outcomes, reduced future income levels, increased crime and incarceration, and a lack of health insurance. At the same time, communities with high poverty levels have increased environmental health concerns with pollution, crime, property abandonment, and a lack of green spaces or areas to exercise. Other health concerns such as infant mortality, babies born with low birth weight, food insecurity, and increased chronic physiological stress are also associated with high rates of poverty. The disparity in poverty rates must be addressed in order to truly improve health in Oakland County.

Year	MI %	OC%	Pontiac %
2014	16.2%	9.9%	29.4%
2013	17.0%	10.0%	34.2%
2012	17.4%	10.5%	29.1%
2011	17.5%	11.1%	30.0%
2010	16.8%	10.2%	36.6%

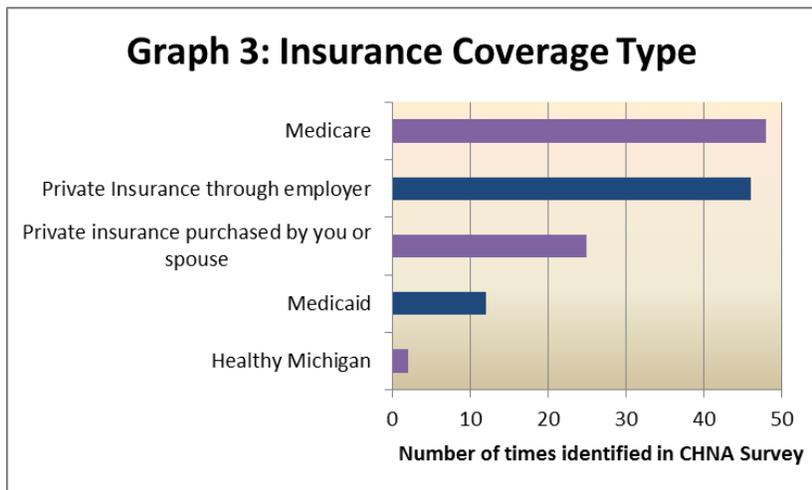
US Census Bureau, American Community Survey, 2010 – 2014 five-year estimates

Health Care Access

The vast majority of survey respondents visited the doctor within the last year for a checkup. When sick, the majority of respondents said that they usually go to a private doctor’s office or clinic as opposed to the Emergency Room or Urgent Care. Only 4% of respondents did not have insurance. The most common types of insurance were Medicare and private Insurance through an employer. These results

make sense given that Medicare coverage eligibility begins at 65 and 52% of survey respondents were older than 65. Lack of time, high deductible, and don't feel the need were the three most cited reasons for why people with insurance do not go to the Doctor. 63% of respondents participated in some sort of health screening in the last year.

In 2010, President Obama signed the Patient Protection and Affordable Care Act into law, requiring all Americans to have health care coverage or face a tax penalty, and eliminating annual and lifetime limits on care. The Affordable Care Act also made it illegal to deny coverage to those with pre-existing conditions and to charge women more than men for the same coverage. As a part of the Affordable Care Act, Michigan expanded Medicaid in 2014 through the Healthy Michigan Program. The program expanded Medicaid coverage to those with incomes up to 133% of the federal poverty level. Due to these changes, Oakland County has seen a decline in the number of uninsured residents. According to the Census Bureau's American Community Survey only 7.1% of Oakland County residents did not have health insurance in 2014. However, the Commonwealth Fund estimates that between 2000 and 2010, the number of underinsured people in the United States nearly doubled. In fact, they estimate that nearly one fourth of 19-to-64-year-old adults are underinsured due to high out-of-pocket costs or high deductibles relative to their income. The Commonwealth Biennial Health Insurance Survey found that over half of those who were underinsured had trouble paying for their medical bills and that 44% of those who were underinsured delayed or skipped necessary health care.

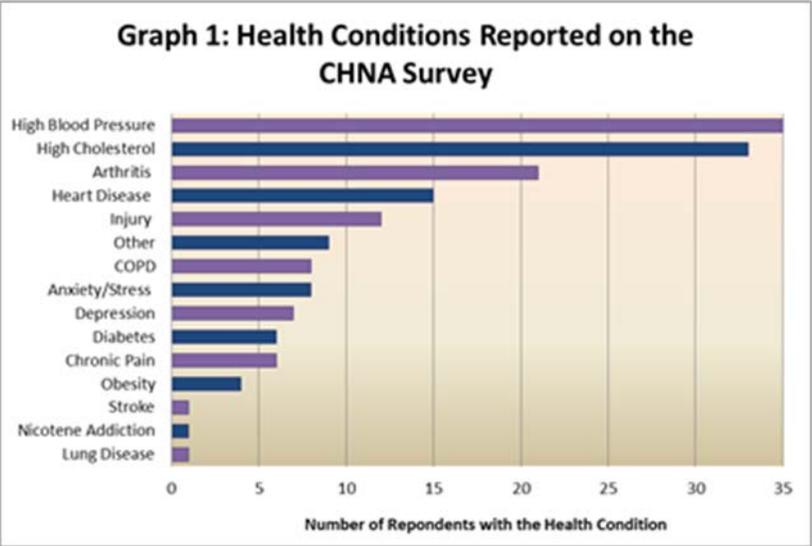


Community Health Status

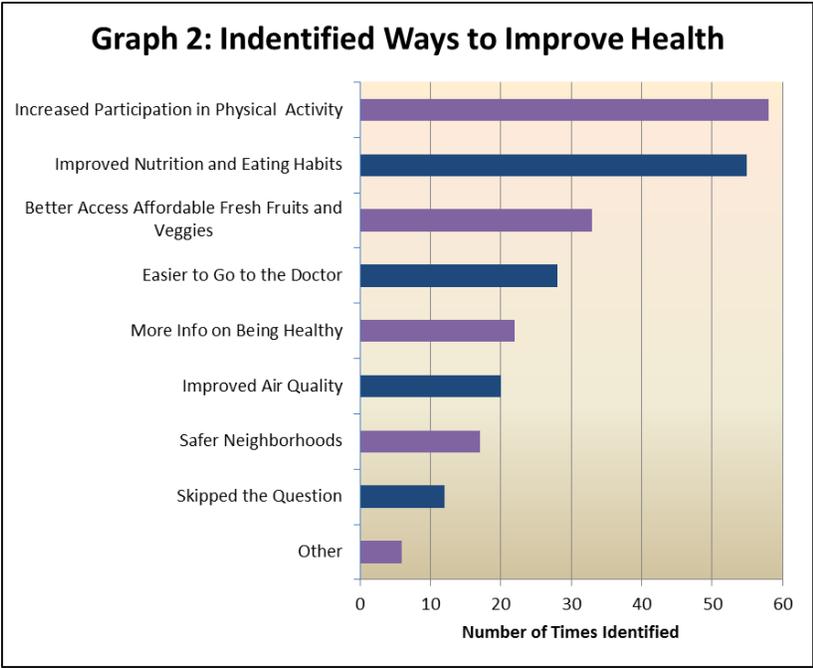
Only 17% of respondents said that they or a family member had received care from McLaren Oakland in the past 2 years. 8 of these patients received services at the emergency room, 4 received in-patient care, and 6 had lab tests completed. One hundred percent of those who received care were happy with the service they received at McLaren Oakland. Participants were asked what illnesses and conditions they are currently managing. The top three that were identified were high blood pressure, high cholesterol, and arthritis. No one identified that they had asthma or substance abuse/addiction and 37 respondents did not report any illnesses or health conditions.

100% of those who received care at McLaren Oakland were happy with the service they received.

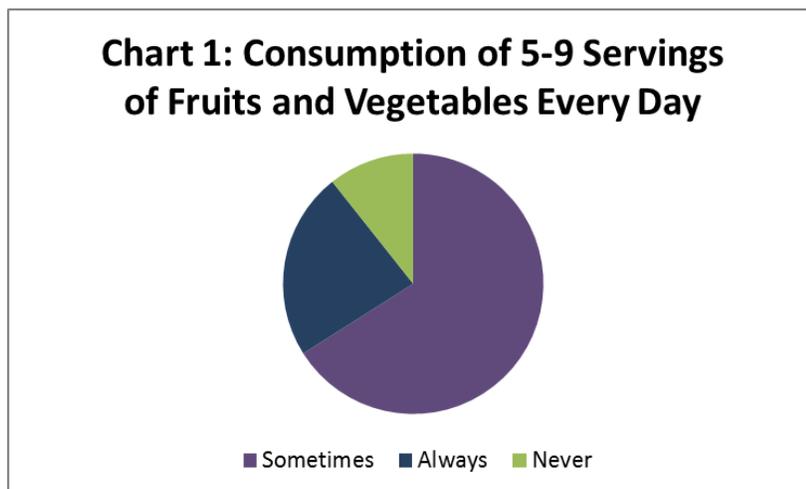
Five percent of respondents said that they currently smoke and that they primarily smoke cigarettes. Forty percent of those that currently smoked said that either they or a family member would like help to quit smoking. Twenty-two percent of those that do not currently smoke reported that they had smoked previously, but stopped.



The vast majority of respondents thought that their health or their family’s health could be improved. Increased physical activity and improved nutrition were the two largest priorities, although access to fresh and affordable produce, making it easier to go to the Doctor, getting more information on being health, improved air quality, and having safe neighborhood were all identified as priorities in the CHNA survey. Those who chose “other” were given the opportunity to provide us with additional information. Having employment, working fewer hours, having better health insurance, quitting smoking, and eating organic foods were all identified as other priorities that would make their family healthier.



Only 23% of respondents said that they eat the recommended 5-9 servings of fruits and vegetables every day. While 82% of respondents exercised at least 20 minutes 2 or more days per week, only 17% met the recommended USDA guidelines of 2 hours and 30 minutes or moderate activity per week. Those that did exercise preferred walking, lifting weights, and bicycling over swimming, running, and aerobics. Other forms of preferred exercising included: bowling, gardening, golf, yoga, dancing, using the wii, and skiing. Lack of time was the primary reason given for not exercising.



The 2011 Michigan Health Profile Chartbook notes that, “Moderate to higher levels of regular physical activity lower mortality rates for both older and younger adults. Regular physical activity is associated with decreased risk of developing conditions such as diabetes, colon cancer and high blood pressure. Regular physical activity reduces feelings of depression and anxiety; helps control weight; helps build and maintain healthy bones, muscles and joints; helps older adults become stronger and better able to move about; and promotes psychological wellbeing.”⁶

Healthy eating and physical activity would help reduce the age adjusted coronary heart disease death rate for Oakland County, MI which is 136.2 per 100,000 people.⁷ This is higher than the national median age adjusted coronary heart disease death rate of 126.7 per 100,000 people. The rate is even higher for those who are black in Oakland County. The age adjusted coronary heart disease death rate for black community members in Oakland County 173.7 per 100,000 people. Heart disease is one of the top five causes of deaths for adults of all age ranges, and the leading cause of death for adults in Michigan over 65.

Additionally, Stroke is the leading cause of disability in the United States and the 5th leading cause of death.⁸ More than 25% of deaths in Michigan in 2013 were due to cardiovascular disease and stroke. Each year, women have more strokes than men, and stroke kills more women than men. It is estimated that approximately 50% of adults 65 and older in Oakland County have pre-diabetes, which increases

⁶ 2011 Michigan Health Profile Chartbook: https://www.oakgov.com/health/.../mi_healthprofile_chartbook.pdf

⁷ Centers for Disease Control and Prevention: Community Health Profile: Oakland County: Indicator: Mortality: Coronary Heart Disease Deaths: <http://wwwn.cdc.gov/CommunityHealth/profile/currentprofile/MI/Oakland/877>

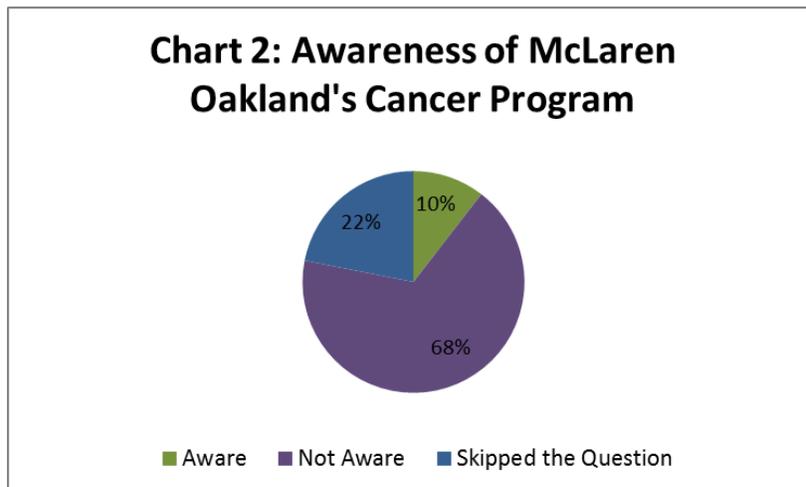
⁸ American Stroke Association: http://www.strokeassociation.org/STROKEORG/AboutStroke/TogethertoEndStroke/Together-to-End-Stroke_UCM_448718_SubHomePage.jsp

risk for a stroke.⁹ Increasing physical activity and healthy eating continues to be a strong need within Oakland County in order to prevent cardiovascular disease and reduce the rates of heart disease and stroke.

Cancer History and Treatment

The Karmanos Cancer Institute at McLaren Oakland is leader in cancer research, and is able to offer patients access to innovative treatments and clinical trials that are not available anywhere else. More than \$60 million is invested each year into cancer research with a level of commitment and expertise that cannot be duplicated at local hospitals. Karmanos Cancer Institute at McLaren Oakland believes that a total focus on cancer ensures the best in developing and applying maximally effective treatment options.

At the time of the survey, only 10% of respondents were aware of McLaren Oakland's cancer program. We expect a drastic increase in awareness in the future, as the McLaren partnership with the Karmanos Cancer Institute is more widely publicized.



Thirteen percent of survey participants admitted that they have had cancer in the past with skin, breast, leukemia, colon, lung, and prostate cancers all identified. Just over half of the participants had someone who was diagnosed with cancer in their immediate family. 42% did not have someone in their family that had been diagnosed with cancer and 7% choose not to respond to the question.

Breast Cancer Case Study

Every 10 years, goals for improving the health of Americans are set with established baselines, measurable objectives, and achievable targets. The fourth generation of the Health People initiative was launched in 2010 to encourage collaboration, empower individuals to make informed health decisions, and measure the impact of disease prevention efforts. Healthy People 2020 describes the latest initiative as, "an ambitious, yet achievable, 10-year agenda for improving the country's health." Healthy People 2020 aims to reduce women's death rates from breast cancer and reduce the number of breast cancers that are found at a late-stage. Specifically, Healthy People 2020 identifies a target of less than 20.7 deaths from breast cancer per 100,000 women. Oakland County's death rate from breast

⁹ Community Profile Oakland County: <https://www.midiabetesprevention.org/documents/DPP-Map-Oakland-County.pdf>

cancer is 24 per 100,000 women. Additionally, with 44.1 cases per 100,000 women, Oakland County is well above the target number of 41 breast cancer cases that are found at a late-stage per 100,000 women. Not only does Oakland County fail to meet the targets, but Susan G. Komen Detroit race for the Cure estimates that it will take an additional 8 years to meet the first target and 13 years or longer to meet the second target. Hazel Park and Pontiac, which have more than 20% of their populations living in poverty, also have a higher proportion of late-stage incidence for breast cancer. Just 69% of people living in areas where 20% of the population or more lives in poverty survive four years after receiving a breast cancer diagnosis. For those that live in areas with less poverty, the four year survival rate is 81%.

Table 5: Oakland County Stage of Diagnosis (2006 – 2010) by Zip Code, Percent Living Below Poverty and Uninsured

City	ZipCode	Stage of Diagnosis					Percent Living Below Poverty	Percent Uninsured
		InSitu	Localized	Regional	Distant	Unknown		
<i>Huntington Woods</i>	48070	26%	38%	26%	3%	6%	2.2%	2.9%
<i>Franklin</i>	48025	19%	49%	24%	5%	3%	2.4%	3.9%
<i>Rochester</i>	48306	29%	41%	25%	4%	2%	2.4%	4.5%
<i>Milford</i>	48380	22%	49%	27%	2%	0%	2.7%	3.9%
<i>Troy</i>	48098	23%	55%	20%	2%	0%	2.9%	5.2%
<i>Oak Park</i>	48237	19%	48%	24%	4%	5%	18.8%	17.3%
<i>Hazel Park</i>	48030	25%	49%	15%	11%	0%	26%	19.7%
<i>Pontiac</i>	48341*	26%	41%	27%	4%	1%	24.7%	16.7%
<i>Pontiac</i>	48340*	28%	49%	16%	6%	1%	33.5%	19.8%
<i>Pontiac</i>	48342*	21%	38%	29%	10%	2%	42.5%	20.9%

*Zip Code located in a HRSA-designated Medically Underserved Area
 Susan G. Komen Detroit Race for the Cure: 2015 Community Profile

This gap in the four year survival rates indicates that there is clearly a need to ensure that all individuals have access to regular breast cancer screenings. Malignant neoplasms are a top 5 cause of death for all adult age groups in Michigan, which indicates that this need persists throughout a wide range of cancers. Given that the 2015 survey respondents indicated that reasons they didn't go to the doctor if they had insurance were lack of time, high deductible, and don't feel the need, it is important to view access comprehensively. In order to ensure that all individuals have access to regular cancer screenings, there needs to be convenient times, affordable options, and available transportation.

2013 Community Health Needs Assessment

McLaren Oakland's 2013 Community Health Needs Assessment identified two primary health needs in Oakland County:

1. Healthy Heart, Fitness and Weight Management
2. Stress Management and Depression

The actions of McLaren Oakland have been guided by these primary health needs. Over the past three years, McLaren Oakland has worked to improve cardiovascular health, increase physical activity and healthy eating, lower stress, and improve mental health throughout Oakland County.

Healthy Heart, Fitness and Weight Management

In 2016, McLaren Oakland announced the initiation of the McLaren Cardiovascular Institute, the first fully-employed dedicated cardiology physician practice. Since then the McLaren Cardiovascular Institute has been providing patient care and consulting on care for patients arriving at McLaren Oakland's emergency department. The McLaren Cardiovascular Institute offers expanded capabilities such as treating chronic total occlusion, pulmonary embolisms and deep vein thrombosis, chronic heart failure and other forms of heart disease.

McLaren Oakland also received the Chest Pain Center Accreditation in 2014 from the Society of Cardiovascular Patient Care (SCPC), a not-for-profit organization that focuses on transforming cardiovascular care by assisting facilities in their effort to create communities of excellence that bring together quality, cost and patient satisfaction. By receiving the SCPC accreditation, McLaren Oakland has achieved a high level of expertise in dealing with patients who arrive with symptoms of a heart attack. We emphasize the importance of standardized diagnostic and treatment programs that provide more efficient and effective evaluation as well as more appropriate and rapid treatment of patients with chest pain and other heart attack symptoms.

Additionally, McLaren Oakland was awarded Primary Stroke Certification from the Healthcare Facilities Accreditation Program. The Primary Stroke Certification proves that McLaren Oakland has the capacity to stabilize and treat acute stroke patients, provide acute care, administer a strong clot dissolving medicine called tissue Plasminogen Activator or tPA, and provide other acute therapies safely and efficiently.

In order to encourage physical activity throughout Oakland County, McLaren Oakland organizes several community outreach events each year. For example, helmets are provided to all second grade students in Pontiac and Oxford to encourage students to ride their bikes, roller blade, and skate board safely as a part of the Safe Wheels and Heels Program. Additionally, McLaren Oakland provides more than 100 free sports physicals to students in need



Safe Wheels and Heels 2016

through the Children's Sports Health Fair. Aimed at keeping kids active and healthy, McLaren Oakland hosts the fair in preparation for the upcoming fall sports season. Nathan Cohen brought his children for the first time in 2015. His daughter, Alyssa, needed a sports physical for cheerleading and his son, Treyvon, for football. "The process was fast; the employees were very helpful and the atmosphere was great. This is a wonderful opportunity the hospital offers the community," said Cohen. While at the fair, students also get to enjoy face painting; music provided by Quest to Make a Change; tours of the Star EMS ambulance; food provided by Meet Up and Eat Up; and chances to win new bikes donated by Oakland County Sheriff's Department and Pontiac's Oakland County Commissioner, David Bowman. McLaren Oakland doctors and residents donate their time to provide the physicals. Dr. Helen Stewart, administrator of the McLaren Oakland Children's Clinic and pediatric nurse practitioner and Doctor of Nursing Practice said, "This is a great opportunity for us to provide these sports physicals to those who may not be able to afford one. It also helps offset some of the costs that may prevent them from playing sports, which is so important for their physical health."

Additionally, McLaren Oakland coordinated Nuview Nutrition, LLC to present a FREE, "Nutrition Lunch and Learn" series. This series was facilitated by Cindy Crandell, RN, Functional Medicine Nutritionist. This workshop follows the American Society for Nutrition Guidelines that highlights the significance of recent research in nutrition and illustrates the central role of nutrition in the promotion of health and prevention of disease. Nutrition topics discussed that pertain to cancer patients and to non-cancer patients. The series occurs once a week, 2 hours each session. The following topics are discussed:

1. Beating Cancer with Nutrition
2. Discover Immune Boosting Foods & How to Slow Cancer Growth
3. Healing Powers of Food & Cancer Tool Kit
4. Learn How to Plan Health Promoting Meals

Locations and dates:

McLaren Cancer Institute - 5680 Bow Pointe Dr, Clarkston, MI 48346; from 12:00 – 2:00pm

- May 20th, 2015 - Session I - Beating Cancer with Nutrition- 12 Attendees
- May 27th- 2015 - Session II - Discover Immune Boosting Foods and How to Slow Cancer Growth- 10 Attendees
- June 3rd, 2015 - Session III - Healing Powers of Food & Cancer Tool Kit- 17 Attendees
- June 10th, 2015 - Session IV - Learn How to Plan Health Promoting Meals- 13 Attendees

McLaren Oakland Health system will continue to collaborate with local municipalities and coalitions to expand outreach of obesity prevention and weight management programs. Community education on healthy eating, physical activity, and weight management courses will continue.

Stress Management and Depression

McLaren Oakland, in collaboration with the Michigan Department of Health and Human Services, offers the Personal Action Towards Health (PATH) program to help participants manage stress, depression, and other chronic health conditions. The PATH program consists of 6 workshops that emphasize developing action plans and setting practical, achievable goals. Participants learn strategies to help them deal with problems such as pain, fatigue, and difficult emotions. Other topics include managing symptoms, managing medications, working with health care providers, relaxation, healthy eating, physical activity and communicating with family and friends. Since 2013, 295 people have completed the PATH program.

Additionally, McLaren Oakland’s skilled team of behavioral health counselors, nursing and therapy staff offer a range of treatment therapy including inpatient mental health services for adults, partial hospitalization programs for adults and adolescents, as well as both individual and family counseling services.

Increased Regular Cancer Screenings

Skin Cancer Screening

Total of 41 people screened (10 less than last year) every participants received a bag with information on sun safety & skin cancer prevention according to National Guidelines, as well as sun screening samples. Forms used by the physicians & participants to document pertinent patient info & screening findings were provided by the American Academy of Dermatology. All patients with a diagnosis of SCC, BCC, Melanoma and/or had a recommendation for a biopsy will be contacted by Cancer Services to ensure they got follow-up care recommended.

Presumptive Diagnosis

Seborrheic keratosis	12 (29%)	Congenital nevus	2 (5%)
Actinic keratosis	8 (20%)	Melanoma	2 (5%)
Basal cell carcinoma	4 (10%)	Mole/ Nevus	1 (2%)
Squamous cell carcinoma	1 (2%)	Dysplastic Nevus	2 (5%)
No significant findings	5 (12%)	Other:	15 (37%)

- 4 diagnoses of Basal cell carcinoma
- 1 diagnosis of Squamous cell carcinoma
- 2 Diagnosis of Melanoma

Colorectal Cancer Screenings

According to the most recent Health Risk Behaviors in the State of Michigan by the Michigan Department of Community Health (stats reviewed by the committee), only 36.1% of uninsured individuals have had an appropriate colorectal cancer screening. This is defined as a fecal occult blood test in the last year, sigmoidoscopy in the last 5 years or a colonoscopy in the last 10 years. Due to our high population of uninsured individuals and high percentage of obese individuals in our community (according the 2013 CHNA), the committee agreed to continue the screening as long as it is supported and funded.

Results

Total Number of FIT Kits Given Away	70				
Total Number of FIT Kits Returned	36				
	<table border="1"> <tr> <td>Negative</td> <td>Positive</td> </tr> <tr> <td>32</td> <td>4</td> </tr> </table>	Negative	Positive	32	4
Negative	Positive				
32	4				

Patients who received a follow-up colonoscopy	2	Both negative
Patients who repeated the FIT kit	1	negative
Patients who did nothing due to an unconcerned PCP	1	N/A

Oral Cancer Screening

Patients with a history of cigarette smoking are at higher risk of developing oral cancer. Awareness is key component to this screening and this is one step in the right direction. In 2013 with 46% of our lung cancers being diagnosed at stage IV, the committee feels it is a community need to offer this oral cancer screening. We have a high population of smokers and in addition, many community members do not have the opportunity to see a physician on a regular basis, so by offering these screenings, they have the opportunity to see a clinician when they might not otherwise have the chance. The educational component of this screening was most important. The ability to provide information about smoking cessation, cancer prevention, and dental care are extremely beneficial to the community. Awareness is key component to this screening and this is one step in the right direction.

Results:

- 6 participants screened
 - 2 smokers & 1 tobacco chewer
- 3 patients recommended for follow up biopsies (both patients followed up. Per the recommendations made by the physician)
 - All findings resulted in negative results

Oral Screening Event - 1/30/15													
Pt #	Tobacco Use	Skin	Ears	Nose	Oral Cav.	Oro-pharynx	Larynx	Salivary	Thyroid	Neck	Rec	Pt. Contacted	Results
1	Prev. Chewing	N	N	N	<u>ABN</u>	N	N	N	N	N	F/U. Jaber o	4/6/2015	resolved in 3 days
2	None	N	N	N	N	N	N	N	N	N		N/A	N/A
3	Prev. All Tobacco	N	N	N	N	N	N	N	N	N		N/A	N/A
4	Prev. Cigarettes	N	N	N	N	N	N	N	N	N		N/A	N/A
5	None	N	N	N	<u>ABN</u>	N	N	N	N	N	F/U Dr. Jaber o	4/6/2015	specialist
6	None	N	N	N	<u>ABN</u>	N	N	N	N	N	F/U PCP	4/6/15	contacted by Dr.

Prostate Cancer Screening

To support the men of Oakland County in need of prostate exams, McLaren Oakland teamed up with Oakland County Urologists and the McLaren Cancer Institute to provide free prostate screenings. Due to the high African American population and the high number uninsured and underinsured community members, it was recommended moving forward with the screening.

Each screening includes a PSA (Prostate Specific Antigen) blood test and (DRE) digital prostate exam.

Results:

Screening Population

17- African American Participants- 26%

2- Hispanic/Latino Participants- 3%

47- White/Caucasian- 71%

Breast Cancer Screening and our recent partnership with BCCCP

The McLaren Oakland Foundation's Sister & Sister Free Mammogram Program promotes year round breast cancer awareness throughout the community while facilitating mammogram screenings for uninsured, at-risk or low-income women in Oakland County. More recently we have seen a drop in numbers and further review by the Cancer Committee believes this is due to the Healthcare Reform and the increasing number of individuals who now have insurance. As a result we decided to partner with BCCCP. With this partnership, we are now able to screen women who are non-citizens as well as offer cervical screening. A flyer was created to promote these services to the community. All positive findings are followed up by either cancer services department at McLaren Oakland or by BCCCP.

All Breast imaging done YTD 2015

CHARGE CODE	DESCRIPTION	2014	15-Jan	15-Feb	15-Mar	15-Apr	15-May	15-Jun	15-Jul	15-Aug	15-Sep
Oxford 421103	Mammogram diagnostic unilateral	26	1	0	1	3	0	4	0	2	1
Oxford 421104	Mammogram diagnostic bilateral	44	2	1	2	3	2	4	4	6	6
Oxford 421105	Mammogram screening bilateral	767	38	38	51	56	64	50	40	61	55
Oxford 425125	U/S Breast	96	10	3	12	8	6	5	4	5	8
Pontiac 211525	Mammogram diagnostic unilateral	124	4	4	6	3	5	14	10	2	6
Pontiac 211526	Mammogram diagnostic bilateral	116	9	5	13	7	4	7	7	7	7
Pontiac 211527	Mammogram screening bilateral	1358	85	71	99	117	77	105	104	87	98
Pontiac 218408	U/S Breast	254	21	19	26	25	22	24	31	19	16
Clarkston 222620	Digital Mamm diagnostic unilateral	103	12	4	4	8	5	8	12	6	10
Clarkston 222618	Digital Mamm diagnostic bilateral	138	10	10	2	8	6	3	6	6	7
Clarkston 222616	Digital Mamm screening bilateral	1219	97	78	83	100	106	75	113	109	124
Clarkston	U/S Breast	261	22	25	15	13	13	19	18	14	18

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	Health Division - CSHCS
Brookside Services	Health Division - Medicaid Outreach & Advocacy
CARE House	Health Division - Office of Substance Abuse
Centro Multicultural LaFamilia	Health Division - WIC Program
Catholic Social Services	Library of the Visually & Physically Impaired
Doctor's Hospital of Michigan	Office of Substance Abuse Services
Easter Seals Family Behavioral Health Services	Oakland County Health Department Speaker's Bureau.
Ennis Center for Children	Oakland Family Services
Ewalt Center	Oakland Family Services - CHAMPS
Greater Pontiac Community Coalition	Oakland Family Services - Children w/ Special Needs
Grovecrest Supportive Care	Oakland Family Services - Mental Health Counsel
HAVEN, Inc.	Oakland Integrated Health Network (OIHN)
Hispanic Nurses Association	Oakland Livingston Human Service Agency (OLHSA)
Hispanic Outreach	Oakland Primary Health Services (OPHS)
Karmanos Cancer Institute	Planned Parenthood - Pontiac
La Amistad Latino Senior Citizens Center	Pontiac Human Services Division
Latin Affairs Ofc (Community & Human Svcs)	Pontiac Osteopathic Hospital Children's Clinic
Lighthouse Community Development	Resource Network, Inc., The
Lighthouse Emergency Services	Sequoia Recovery Services
Lighthouse of Oakland County	St. Joseph Mercy Oakland - Harold E. Fox Center
Lighthouse Path	Turning Point Recovery Center Halfway House
Mercy Place Clinic	Women & Teens Pregnancy Center
Comm. Mental Health Authority	Women's Survival Center of Oakland County
Department of Community & Minority Affairs	Woodward Counseling, Inc.

Summary

This community health needs assessment takes into account the quantitative health indicators along with community feedback and four prioritized health needs for the Oakland County community. The community health needs assessment revealed a number of health issues related to health providers/services, lifestyle choices, access and education.

As a not-for profit hospital, McLaren Oakland Health center is dedicated to improving the health of the communities it serves. With the goal of improving the health of the community, McLaren Oakland Health Center intends to partner with and support community and clinical programs that positively impact the identified health needs in 2015-2016. In addition, the hospital will participate in system-wide efforts, that support and impact community health. McLaren Oakland Health center will indirectly address these priority issues along with other needs, through the provision of charity care, support of Medicare and Medicaid programs, discounts to the uninsured and more. McLaren Oakland Health center will continue to engage with the community to ensure that the work in the plan is relevant, effective and modify its efforts accordingly.

Annex A: 2015 Community Health Needs Assessment

This survey will help us at McLaren-Oakland (formerly POH) to look at the health needs of people living in Pontiac and Oakland County. As a person living in this area, we value your input. All answers are confidential and anonymous; Thank you for your time.

Please tell us a little about yourself:

1. **How old are you?** 18-24 30-40 51-54 65-70
 25-29 41-50 55-64 71 or older

2. **Are you:** Male Female

3. **Are you employed?** (*check only one*)

Employed full-time Laid Off Sick Leave
 Employed part-time Retired Unemployed
 Student Homemaker Disabled

4. **What is your race/ethnicity?**

African-American/Black Asian Caucasian/White
 Middle Eastern Native American Hispanic
 Other (please specify) _____

5. **What is your current zip code?** _____

6. **What is the highest level of education you have completed? (Check one)**

Less than high school High School /GED
 Some College No Degree Associate Degree
 Bachelor's Degree Graduate/Professional Degree

7. **How much do you earn in a year?**

Less than \$10,000 \$70,000 to \$89,000
 \$10,000 to \$19,999 \$90,000 to \$149,000
 \$20,000 to \$29,999 \$150,000 or more
 \$30,000 to \$49,999 Prefer not to answer
 \$50,000 to \$69,999

8. **Have you or a family member been a patient at McLaren-Oakland (formerly POH) in the past 2 years?** Yes No **If yes, what services did you receive?**

Emergency Room X-rays/Ultrasound Physical Therapy
 In-Patient Lab Tests Geri-Psyche
 Outpatient Surgery Outpatient Clinic Substance Abuse
 Cancer Services Other (specify) _____

9. **If yes, were you happy with the service you received?** Yes No
10. **If no, please state the reason(s) you were not happy:**

Please share your own personal health concerns:

11. **Do you think you are healthy?**

Yes _____ No _____

12. Do you experience sleep difficulties?

_____ Always _____ Sometimes _____ Never

13. Please tell us if you have been told you have any of the illnesses listed or if you would like to know more about them: (check all that apply).

	Illnesses treated:	Request more information:
Alcoholism or substance abuse	_____	_____
Arthritis	_____	_____
Asthma	_____	_____
COPD (Chronic Obstructive Pulmonary Disease)	_____	_____
Chronic Pain	_____	_____
Diabetes	_____	_____
Heart Disease	_____	_____
High Blood Pressure	_____	_____
High Cholesterol	_____	_____
Injury due to a Slip/Fall	_____	_____
Lung Diseases	_____	_____
Nicotine Addiction (Stop Smoking)	_____	_____
Obesity	_____	_____
Stroke	_____	_____
Other (please list) _____	_____	_____

14. Have you ever been told by a doctor/nurse that you have cancer? ___ Yes ___ No

If yes, what type of cancer do you have?

_____ Lung _____ Colon _____ Breast _____ Prostate
_____ Skin _____ Ovarian _____ Cervical _____ Leukemia/Lymphoma
_____ Bladder _____ Pancreatic

15. If you have been diagnosed with Cancer, where are you being treated?

_____ McLaren _____ St. Joseph Mercy-Oakland
_____ Crittenton _____ Other _____

16. Has anyone in your immediate family been diagnosed with cancer (mother, father, sister, brother)?

_____ Yes _____ No

17. Are you currently being treated for a mental health problem? ___Yes ___No

If yes, what mental health issue do you have?

_____ Schizophrenia _____ Mental Retardation
_____ Bipolar Disorder _____ ADD/ADHD
_____ Depression _____ Autism
_____ Mental illness/substance abuse _____ Other (specify) _____

18. What do you think would make the people in your family healthier?

- Make it easier to go to the doctor
- Get more information on being healthy
- Improve nutrition and eating habits
- Increase participation in physical activities and exercise programs
- Improve air quality, including *more* smoke-free public areas such as apartments
- Safe neighborhoods

19. **Do you currently use tobacco?** Yes No

If yes, what products? Cigarettes chew other _____

If no, have you ever used tobacco products? Yes No Year Quit

20. **Are you or a family member want help to quit smoking?** Yes No

Participation in health screenings:

21. **Select any of the following community outreach screenings you had in the last year? (Check all that apply)**

- | | | |
|--|---|---|
| <input type="checkbox"/> Fecal Occult Blood Test | <input type="checkbox"/> Skin Cancer | <input type="checkbox"/> Breast Cancer Exam |
| <input type="checkbox"/> Blood Pressure | <input type="checkbox"/> Glucose | <input type="checkbox"/> Cholesterol |
| <input type="checkbox"/> BMI (Body Mass Index) | <input type="checkbox"/> Osteoporosis Screening | <input type="checkbox"/> Prostate Cancer |
| <input type="checkbox"/> Lung Cancer | <input type="checkbox"/> None | |

22. **If you have participated in health screenings, how do you usually hear about them?**

- | | | | | |
|---------------------------------|----------------------------------|------------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> church | <input type="checkbox"/> work | <input type="checkbox"/> billboard | <input type="checkbox"/> newspaper | <input type="checkbox"/> Internet |
| <input type="checkbox"/> doctor | <input type="checkbox"/> friends | <input type="checkbox"/> relatives | <input type="checkbox"/> other | _____ |

23. **If you have not had any cancer screening this year please explain why? (check all that apply)**

- | | | |
|---|--|--|
| <input type="checkbox"/> I did not know I needed them | <input type="checkbox"/> Too young | <input type="checkbox"/> Lack transportation |
| <input type="checkbox"/> No healthcare provider | <input type="checkbox"/> No health insurance | <input type="checkbox"/> Fear |

24. **How would you like to hear about health & community events?**

- | | | | | |
|---------------------------------|----------------------------------|------------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> church | <input type="checkbox"/> work | <input type="checkbox"/> billboard | <input type="checkbox"/> newspaper | <input type="checkbox"/> Internet |
| <input type="checkbox"/> doctor | <input type="checkbox"/> friends | <input type="checkbox"/> relatives | <input type="checkbox"/> other | _____ |

Access to health care:

25. **About how long has it been since you last visited a doctor for a checkup?**

(A checkup is a general physical exam, not an exam for a specific injury or illness.

If female, may be either primary care doctor or OB/GYN.)

- Within the year More than 1 year More than 2 years More than 5 years

26. **Where do you usually go when you are sick? (check only one)**

- | | |
|--|--|
| <input type="checkbox"/> Baldwin Clinic | <input type="checkbox"/> McLaren-Oakland Hospital (formerly POH) |
| <input type="checkbox"/> Baybrooke Clinic | <input type="checkbox"/> McLaren-Oakland Children's Clinic (POH) |
| <input type="checkbox"/> Burnstein Community Health Clinic | <input type="checkbox"/> Mercy Place |
| <input type="checkbox"/> Catholic Social Services | <input type="checkbox"/> Oakland County Health Division |
| <input type="checkbox"/> Community Mental Health Center | <input type="checkbox"/> Oakland Primary Health Services (OPHS) |
| <input type="checkbox"/> Doctor's Hospital | <input type="checkbox"/> Oakland Family Services |

Emergency Room (any) Private doctor's office/clinic
 HAVEN Crisis Center St. Joseph Mercy Oakland
 Urgent Care/Walk in Center Other (please list) _____

27. **Do you currently have health insurance?** Yes _____ No _____

If you answered "Yes", what type of insurance do you have?

Private Insurance through employer _____ Medicaid _____
 Private insurance purchased by you or spouse _____ Medicare _____
 Other (please list) _____ _____ Michigan HIP _____

28. **Does your insurance cover prescription drugs?** Yes _____ No _____

29. **Does your insurance cover office visits?** Yes _____ No _____

If you answered "Yes", do you have a deductible/co-pay? Yes _____ No _____

30. **If you have insurance, what are some reasons you don't go to the doctor?**
(please check all that apply)

<input type="checkbox"/> Cost of healthcare	<input type="checkbox"/> Prescription Drug costs too high
<input type="checkbox"/> Can't afford Specialty Care	<input type="checkbox"/> Doctor not accepting new patients
<input type="checkbox"/> Dropped for missed appointments	<input type="checkbox"/> ER waiting time too long
<input type="checkbox"/> Lack of specialty care	<input type="checkbox"/> Insurance doesn't cover procedure
<input type="checkbox"/> Cannot find a Doctor	<input type="checkbox"/> Doctor appointment times
<input type="checkbox"/> Deductible too high	<input type="checkbox"/> Hospital costs not affordable
<input type="checkbox"/> Transportation not available	<input type="checkbox"/> High co-pay for office visits
<input type="checkbox"/> Lack of time	<input type="checkbox"/> Don't feel the need to

31. **If you answered "No", when was the last time you were insured?**

Less than a year ago _____ More than a year ago _____ Never _____

Participation in regular exercise:

32. **If you exercise, what type of exercise do you do?**

Running Aerobics Weights Other
 Walking Swimming Bicycling (please specify) _____

33. **If you don't exercise, tell us why you don't.** *(check only one)*

<input type="checkbox"/> Unmotivated	<input type="checkbox"/> Too tired
<input type="checkbox"/> Lack of time	<input type="checkbox"/> Do not see the need
<input type="checkbox"/> Do not have exercise equipment or facilities	<input type="checkbox"/> Cannot afford it
<input type="checkbox"/> Do not have encouragement from others	<input type="checkbox"/> Do not have a place to go

34. **During the past 12 months, how many days per week did you exercise for at least 20 minutes per day?**

_____ 0-1 day _____ 2-3 days _____ 4-5 days _____ 6-7 days

35. **Do you eat 5-9 servings of fruit/vegetables every day? (Serving is ½ cup, ½ banana or small apple) (check one)**

_____ Always _____ Sometimes _____ Never