

# McLaren Oakland Community Health Needs Assessment Report 2019-2022



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## **I. 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 2022 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 2022 Form 990, Schedule H.

### **Summary of Prioritized Needs**

The McLaren Oakland team 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.

## **II. Introduction/Background**

### **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. About McLaren Oakland Community Benefit Report**

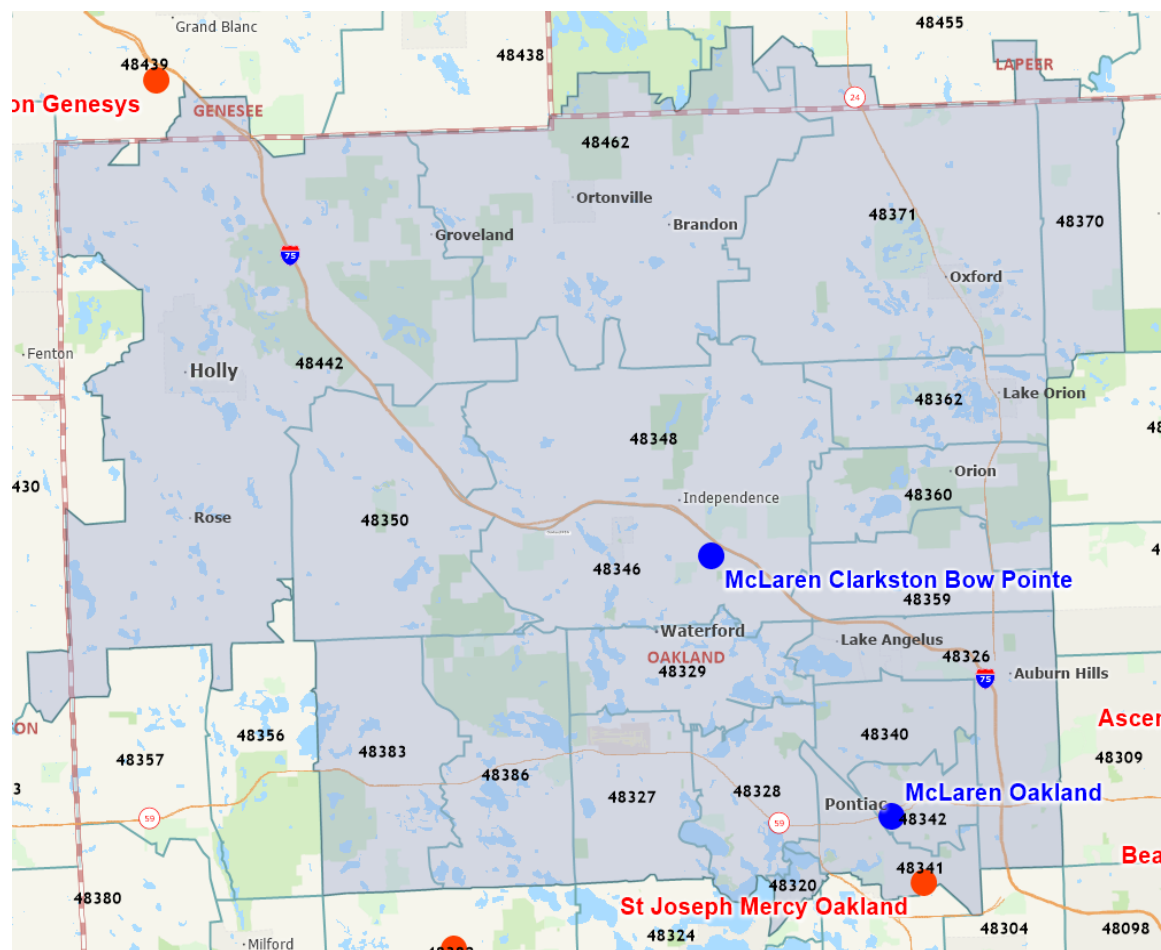
McLaren Oakland is committed to making a difference in the health of the communities that we serve. Community benefit activities take on several forms: from educational community programs to free or low-cost health screenings to charity and indigent care. We realize that good health extends beyond doctor's offices and the hospital. McLaren Oakland has worked diligently with its community partners to address and support serious public health issues and has conducted a Community Health Needs Assessment to better understand our communities' resources and unique needs.

## **III. Communities Served by the Hospital**

### **A. McLaren Oakland Definition of Community Served**

Community is defined as primary and secondary services 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. Geographic description of the community

McLaren Oakland is in the City of Pontiac, in Oakland County, Michigan. Pontiac is the only city in Oakland County that 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.

#### **D. Demographic description of the community**

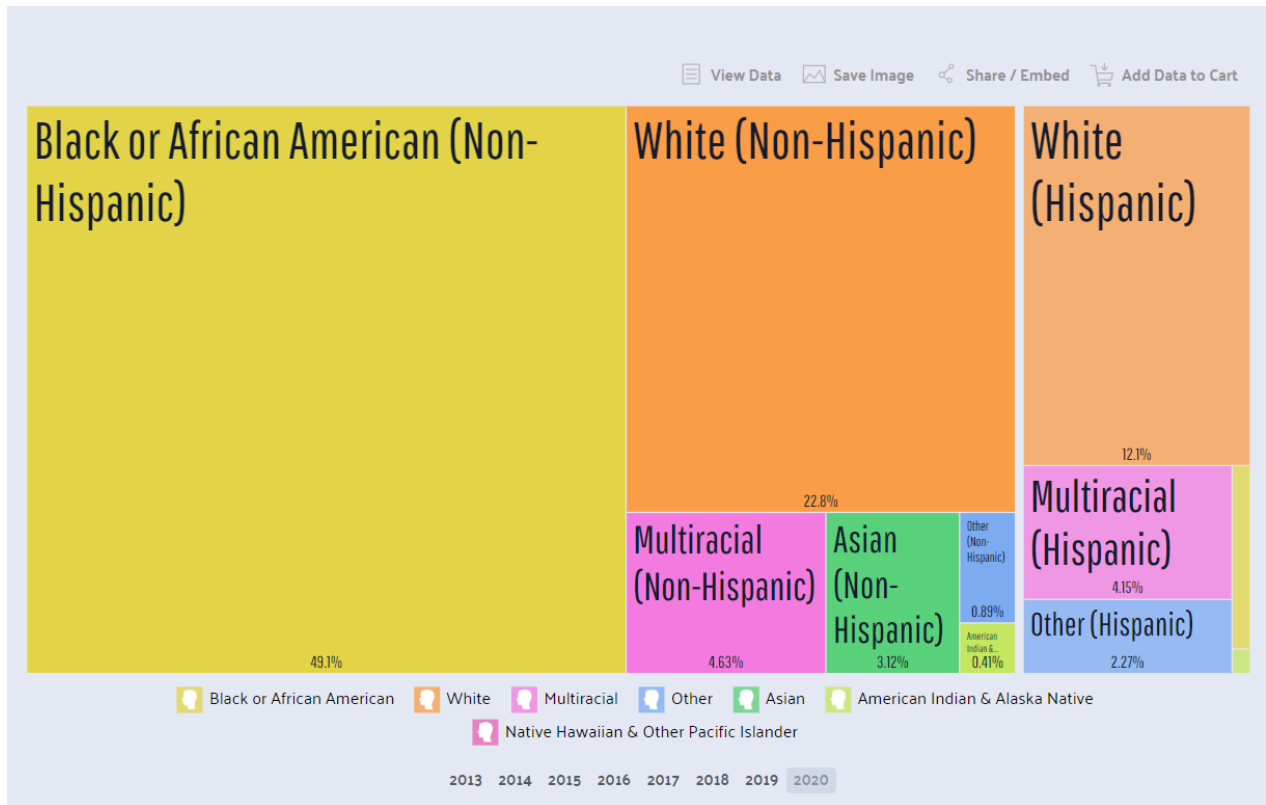
In 2020, Oakland County, MI had a population of 1.26M people with a median age of 41 and a median household income of \$81,587. Between 2019 and 2020 the population of Oakland County, MI grew from 1.25M to 1.26M, a 0.172% increase and its median household income grew from \$79,698 to \$81,587, a 2.37% increase.

In 2020, Pontiac, MI had a population of 59.7k people with a median age of 33.6 and a median household income of \$34,673. Between 2019 and 2020 the population in Pontiac declined from 59,955 to 59,714, a -0.402% and it's median income grew from \$33,568 to \$34,673, a 3.29% increase. Compared to Oakland County as a whole.

The 5 largest ethnic groups in Pontiac are: Black or African American (Non-Hispanic) 49.1%, White (Non-Hispanic) 22.8%, White (Hispanic) 12.1%, Two+(Non-Hispanic) 4.63%, and Two+ (Hispanic) 4.15%.

None of the households in Pontiac, reported speaking a non-English language at home as their primary shared language. This does not consider the potential multi-lingual nature of households, but only the primary self-reported language spoken by all members of the household.

93.2% of the residents in Pontiac are U.S born citizens. As of 2020, 5.49k or 9.2% of Pontiac residents were born outside of the country.



Most people in Pontiac drove to work alone, and the average commute time was 21.9 minutes. Average car ownership in Pontiac was 2 cars per household.

The largest university in Pontiac is the Dorsey School of Business -Waterford Pontiac (44 degrees awarded in 2020).

Language*	Market 2021 Population	Market 2021 % of Total	Market 2026 Population	Market 2026 % of Total	Market Population % Change	National 2021 % of Total
Germanic Lang at Home	741	0.60%	749	0.60%	1.08%	0.74%
Only English at Home	106,902	85.91%	107,703	85.91%	0.75%	76.50%
Other Indo-European Lang at Home	889	0.71%	898	0.72%	1.01%	1.83%
Other Lang at Home	1,394	1.12%	1,405	1.12%	0.79%	0.78%
Spanish at Home	11,160	8.97%	11,243	8.97%	0.74%	14.95%
All Others	3,351	2.69%	3,373	2.69%	0.66%	5.20%
<b>Total</b>	<b>124,437</b>	<b>100.00 %</b>	<b>125,371</b>	<b>100.00 %</b>	<b>0.75 %</b>	<b>100.00 %</b>

Household Income	Market 2021 Households	Market 2021 % of Total	Market 2026 Households	Market 2026 % of Total	Market Households % Change	National 2021 % of Total
<\$15K	7,153	13.36%	6,434	11.90%	(10.05 %)	9.67%
\$15-25K	5,403	10.09%	5,034	9.31%	(6.83 %)	8.29%



\$25-50K	13,048	24.38%	12,116	22.41%	(7.14 %)	20.27%
\$50-75K	9,246	17.27%	9,218	17.05%	(0.30 %)	16.57%
\$75-100K	6,357	11.88%	6,484	11.99%	2.00%	12.46%
\$100K-200K	9,865	18.43%	11,358	21.01%	15.13%	23.23%
>\$200K	2,458	4.59%	3,415	6.32%	38.93%	9.51%
<b>Total</b>	<b>53,530</b>	<b>100.00 %</b>	<b>54,059</b>	<b>100.00 %</b>	<b>0.99 %</b>	<b>100.00 %</b>

Education Level**	Market 2021 Population	Market 2021 % of Total	Market 2026 Population	Market 2026 % of Total	Market Population % Change	National 2021 % of Total
Less than High School	3,915	4.33%	3,872	4.28%	(1.10 %)	5.05%
Some High School	7,734	8.56%	7,736	8.55%	0.03%	6.83%
High School Degree	26,891	29.76%	27,033	29.87%	0.53%	26.95%
Some College/Assoc. Degree	32,511	35.98%	32,650	36.07%	0.43%	31.05%
Bachelor's Degree or Greater	19,299	21.36%	19,223	21.24%	(0.39 %)	30.12%
<b>Total</b>	<b>90,350</b>	<b>100.00 %</b>	<b>90,514</b>	<b>100.00 %</b>	<b>0.18 %</b>	<b>100.00 %</b>

\*Excludes population age<5, \*\*Excludes population age<25

## IV. Data Collection Process

A committee representing various departments (Finance and Marketing) within McLaren Oakland met to organize and review the data. Members of the committee also participated in a larger consortium with our community partners at Energizing Connections for Healthier Oakland (ECHO) Advisory Council. Which includes over 20 health and human service organizations including mental health providers, public health departments, hospitals, and community action agencies, conducted a Community Health Assessment.

This report has been compiled with quantitative data and major findings that focus on Oakland County. Valuable data was obtained through engaging and listening to residents and community partners including health care providers. In addition to the gathered data from the consortium, McLaren Oakland collected existing data and statistics including:

- McLaren Oakland ED Admissions Data- FY 20
- Pontiac Michigan Population and Demographics -FY20
- Energizing Connections for Healthier Oakland (ECHO) 2022
- Oakland County's Community Health Profile
- Michigan's State Health Assessment and Improvement Plan (MSHA) 2017
- The Michigan Behavioral Risk Factor Surveillance System (MiBRFSS)



## Methodology

- Percentages, rather than whole numbers, were used to evaluate each area and create the matrix.
- A total score was created based on the number of indicators an area scored in the 10<sup>th</sup> percentile.
- The life expectancy and ALICE indicators were weighted double the other indicators.

Eight areas were chosen as health equity zones based on the following criteria:

- All these areas were in the 10<sup>th</sup> percentile for at least two-thirds of the matrix indicators.
- All these areas were in the 10<sup>th</sup> percentile for both life expectancy and ALICE indicators.
- All these areas scored 6 and above with a distinct cut off below 6.
- Based on feedback from the Advisory Council, we have expanded the number of cities represented from 6 to 8.

## Health Equity Zone Scores

City	Life Expectancy*	% < ALICE*	% High School Educated	% Black Population	% Latino Population	% Asian Population	% Aged 65+	% Veteran Population	% Population with Disability	Total Score
Pontiac	X	X	X	X	X	-	-	-	X	8
Hazel Park	X	X	X	X	-	-	-	X	X	8
Southfield City**	X	X	X	X	-	-	X	-	X	8
Royal Oak Township	X	X	X	X	-	-	-	-	X	7
Oak Park	X	X	-	X	-	-	-	-	X	6
Madison Heights	X	X	X	-	-	-	-	-	X	6
Wixom**	X	X	-	X	-	X	-	-	-	6
Walled Lake**	X	X	X	-	-	-	-	-	X	6

X=city in bottom 10% for indicator

\*indicates the indicator was double-weighted

\*\*indicates the city is new/was not included in the 2016 CHA

Findings show that our communities have many strengths but also face complex interrelated challenges and issues which is the foundation that this needs assessment is based on.

## V. Identifying and Prioritizing Community Health Needs and Issues

### A. Identifying Community Health Needs

For the purpose of 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 a robust data set.

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.

1. **Promotion of healthy behaviors** is a significant health need in the primary and secondary service areas for McLaren Oakland while addressing smoking and opioid abuse.
  - a. **Smoking and Vaping** -In terms of risk behaviors, smoking is problematic, with almost 28.1% area adults classified as smokers, a rate higher than Oakland County at 15.1%. \*Smoking is far more common among adults from the lowest socioeconomic groups (58.9% of those with household incomes below \$20k). \*Further, almost three in ten pregnant women smoke during pregnancy, a rate much higher than the state of Michigan. \*Area professionals feel that the high incidence of smoking is not being adequately addressed in the community.
  - b. **Opioid Misuse and Abuse**- Substance abuse is considered a pressing and prevalent issue throughout Oakland County. Prescription drugs and prescription drug abuse are driving an epidemic of overdose deaths that include the boundaries of Oakland County. \*Prescription drugs account for nearly 60% of all deaths from drug overdose, and pain relievers such as oxycodone, hydrocodone, and methadone are involved in 3 of every 4 prescription drug overdose fatalities. The need to address is exemplified by the fact that McLaren Oakland uses more Narcan than any other hospital in the McLaren Health Care system.
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, heart disease, cancer, lung disease and diabetes.
  - a. **Heart disease and stroke** -area adults have lower life expectancy rates (both men and women) and higher age -adjusted mortality rates than adults across the state or nation. \*Heart disease is the leading cause of death for both men and women in Oakland County. Since the

early 90's between 2,500 and 2,800 Oakland County residents died from heart disease each year. Twenty two percent of people living in Pontiac have been told by a doctor or other health professional that they had hypertension (also called high blood pressure). Twenty two percent of people take their blood pressure at home. Forty percent of people in Pontiac frequently check their blood cholesterol. Sixteen percent of people have ever been told by a doctor or other health professional that their blood cholesterol level was high.

- b. **Cancer** is the second leading cause of death in Oakland County. The top five sites for 2019 diagnosed and/or have their first course of treatment at McLaren Oakland includes: breast, lung, colon, and prostate.
  - c. **Chronic Respiratory Lung Disease-** Among adults, the prevalence rates for respiratory diseases such as lifetime asthma (24.4%), current asthma (15.4%), and COPD (10.2%) are all higher than both state and national averages.  
Additionally, the rate of adults who smoke is higher than the state and nation. More than 75% of adults do not receive the recommended pneumonia vaccine and more than 80% of adults do not get the flu vaccine. \*Many with asthma or COPD report that they feel they do not get enough information to manage their condition.
  - d. **Diabetes-** Diabetes is the seventh leading cause of death for Oakland County. Forty seven percent of Pontiac residents report that their diet is generally healthy. People living here eat an average of four meals (breakfasts, lunches or dinners) per week that were prepared away from home in places such as restaurants, fast food places, food stands, grocery stores or from vending machines. They get two of these meals from a fast-food or pizza place and eat two "ready to eat" foods such as salads, soups, chicken, sandwiches, and cooked vegetables per month. They also eat three frozen meals or frozen pizzas on average monthly.
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 to care includes three major components: insurance coverage, health services and timeliness of care. The high cost of care, lack of insurance or inadequate coverage that would include high deductibles and copays alone or coupled with the lack of

services are common barriers to accessing health care services. These barriers lead to unmet health needs, lack of preventative care, preventable hospital admissions, and financial burdens. \* Seventy one percent of people living in Pontiac are covered by health insurance or some other kind of health care plan. Leaving 29% without any type of health insurance coverage.

High health care costs are barriers to seeking health care services for many residents, but even those with Medicaid find it hard to see a provider due to the limited number of physicians that accept Medicaid. \* Additional barriers to care include transportation, lack of awareness of existing programs and services, cultural (public misperception of the underserved, mistrust/misunderstanding of preventative healthcare), inability of some residents to secure appointments or get referrals.

### **C. 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  
Hispanic Outreach  
Karmanos Cancer Institute  
La Amistad Latino Senior Services Center  
Latin Affairs Office  
Lighthouse Community Development  
Lighthouse Emergency Services  
Lighthouse of Oakland County  
Lighthouse 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 Bureau  
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  
St. Josephs Mercy Oakland -Harold E Fox Center  
Turning Point Recovery  
Women and Teens Pregnancy Center  
Women's Survival Center of Oakland County

## Sources

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