COMMUNITY HEALTH NEEDS ASSESSMENT

Responding to the Call

Adopted FY18 for FY2019-2021
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Community Health Needs Assessment & Implementation Plan

Approved June 27, 2018

FY2019–2021

Making a Difference in the health of our community

ST. JOSEPH MERCY LIVINGSTON
SAINT JOSEPH MERCY HEALTH SYSTEM

Community Health Needs Assessment

Approved June 27, 2018

FY2019–2021
EXECUTIVE SUMMARY

Mission of the Organization
As a faith-based health care organization in the Catholic Christian tradition, Saint Joseph Mercy Livingston’s (SJML) work of providing services that benefit the community is core to our identity. Our Mission guides everything we do. As Saint Joseph Mercy Livingston, a member of Trinity Health, we continue our healing ministry into the 21st century. We are called to both serve others and transform care delivery, reinvesting our resources back into the community through new technologies, vital health services and access for everyone regardless of their circumstances. Our Mission: We, Trinity Health, serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities.

Prioritization and Identification of Needs
Through analysis of data from multiple data sources, focus groups, and key stakeholder interviews, the CHNA identified 8 health needs for prioritization. During the fall and winter of 2017, the Community Benefit Ministry Council (CBMC) of Saint Joseph Mercy Livingston and Saint Joseph Mercy Ann Arbor (SJMAA) and community stakeholders that sit on the local Human Services Collaborative Body Community Needs Assessment Workgroup classified three (3) health needs as high priority based on the following common public health framework:

1. The number of people impacted;
2. Severity of the problem;
3. SJML’s ability to positively impact the potential priority;
4. SJML’s ability to enhance existing resources and/or complement strategies;
5. Alignment with institutional missions; and

Potential priorities were ranked using a point system based on how well the potential priorities met the criteria listed above. To emphasize criterion 6, a subgroup of CBMC and community stakeholders separately ranked each potential priority. The rank was then multiplied by a factor reflecting impact on equity for each potential priority, allowing for health equity to have a distinct impact on the final selection of top health priorities. Ranked potential priorities were presented to the CBMC for review before being presented for approval and adoption to the hospital board.

The three priorities SJML will be focusing on in this CHNA cycle are:
• Obesity and Cardiovascular Health
• Behavioral Health, which includes Mental Health and Substance Abuse
• Healthcare Access
The final approved version of the CHNA and Implementation Plan is available to the public on the hospital website, at www.stjoeshealth.org/cbm. On this page is also an opportunity for community members to provide comment and request a hard copy of the documents. The opportunity to provide comment was made available for the previous CHNA. At the time of approval by the hospital board, no comments were made by the public. A paper copy of the CHNA is also available by request at SJML.

INTRODUCTION

Saint Joseph Mercy Livingston (SJML) is one of 10 hospitals comprising Trinity Health Michigan/Saint Joseph Mercy Health System/Mercy Health. These 10 hospitals span across western and southeast Michigan. Saint Joseph Mercy Livingston is a 136-bed hospital located in Howell and serving Livingston County. Additional services in the community are provided in part through Saint Joseph Marcy Brighton, an outpatient health center housing primary care and specialty physicians, comprehensive diagnostic and testing services, emergency services, outpatient surgery and cancer care.

BACKGROUND AND PROCESS

SJML engaged in a robust Community Health Needs Assessment process. The CHNA process included an in-depth review of national, state and local data, key stakeholder interviews, community focus groups and reviews of local level surveys and studies. The Community Benefit Ministry Council (CBMC) for SJML and Saint Joseph Mercy Ann Arbor reviewed information from each of these sources prior to prioritization of health needs. The purpose of these meetings was to evaluate trends, needs, special populations and hospital and community capabilities.

A RETROSPECTIVE REVIEW

In 2015, Saint Joseph Mercy Livingston participated in a Community Health Needs Assessment (CHNA) for the Livingston County area to identify community perceptions of health concerns, barriers to access, gaps in service, health education, prevention services, vulnerable populations and social concerns. At that time, a plan was developed for addressing needs within the community. The full report can be viewed at www.stjoeshealth.org/cbm. In that 2015 Needs Assessment, the health priorities listed in the below were identified and plans were implemented to address each priority need.

As part of the 2018 Community Health Needs Assessment process, a retrospective review of the 2015 CHNA and Implementation plan was conducted. This review included collecting information on each of the Community Benefits programs supported in FY2017, against the following metrics:

- Number of individuals served
- Alignment of the initiative with an identified need in the CHNA
- Included in the 2015 CHNA Implementation Plan
- Metrics for program impact
- Total expenditures on the program.
The complete inventory of community benefits is available on request and is provided annually to the IRS in compliance with the IRS’ requirements for charitable hospitals.

SJML evaluated progress in impacting the needs it had prioritized in its 2015 CHNA. SJML had selected two priority health needs to address in the 2015 Implementation Plan. The assessment of the change, if any, in the metrics related to those priorities are included below. As can be seen, while we have made improvements in the community through the items below, we recognize that our involvement is about contribution not attribution, and it takes many years and engagement across many partnerships to make meaningful change. These explanations are important components of why we, as a community, have decided to focus on these priorities again in this cycle.

Obesity:

- Works to improve the coordination of and support for existing community resources addressing rising obesity rates in our community, including:

  - Providing Shapedown family programming around healthy eating and physical activity habits to over 300 youth and their families. Pulling from 2016-2017 data representing 424 individuals served, we have seen improvements across BMI metrics (60% decreased or maintained BMI), fruit and vegetable consumption (improved from 45% to 78% of youth consuming 3 or more servings per day), nutrition habits (65%), and physical activity (54%) in the duration of the program. Currently we are assessing opportunities to collect longitudinal data from youth and families in the programming to identify long-term behavior change on the aforementioned metrics.

  - The Saint Joseph Mercy Health Exploration Station (SJMHES) is a 3,500 square foot facility, located inside the Saint Joseph Mercy Canton Health Center, which is dedicated to health education. The center offers programs both on and off-site for pre-school through high-school students on a variety of health topics. Programming including healthy eating habit health education saw 5,900 students and 1,700 adult chaperones. These programs target youth grades K-6.

  - Supports efforts seeking to increase access to nutritious foods through the availability of affordable, locally sourced options coupled with nutrition education to encourage long-term behavior change.

    - Worked with Livingston County Health Department to initiate the Prescription for Health Program in Livingston County. The first year saw 75 participants in a year-long effort to improve healthy eating behaviors, and the second year increased to 125 participants. Additionally, a new data platform has been established to
capture participant data, and in the next year we plan to enhance data collection to include clinical metrics.

Behavioral Health - SJML:

- Contributes toward improving access to and integration of behavioral health services across the lifespan, substance use disorder treatment, and support for patient compliance.
  
  • Behavioral health department improving integrated care model by working with physician partners to align behavioral health access with primary care strategies

- Addresses access to care barriers for those most vulnerable in the community we serve, including the donation of funds supporting the development of an Engagement Center to support those experiencing mental health and substance use disorder crises

  • Increased access to hundreds of residents since the opening of the center
  • Enhanced referral relationship between Community Mental Health and Saint Joseph Mercy Livingston Emergency Department
COMMUNITY DESCRIPTION

The service area for Saint Joseph Mercy Livingston's CHNA is defined as Livingston County, as the majority of patients served by the hospital are from this county. Livingston County is located on the southeast side of Michigan, bordered by Washtenaw, Genesee, Shiawasee, Oakland, Ingham and Jackson counties. In Livingston County, Saint Joseph Mercy Health System operates Saint Joseph Mercy Livingston hospital and Saint Joseph Mercy Brighton; the health system has a focus on serving local Livingston County community members through these facilities. Services provided by these facilities include but are not limited to:

- Emergency Services
- Inpatient and Outpatient Surgery
- Bariatric Surgery
- Cancer Center
- Radiology Services

The University of Michigan Medical Center also has a large medical office facility in Brighton. Additionally, Ascension Health operates Brighton Center for Recovery, a 41-
bed inpatient facility that provides drug and alcohol treatment, and Ascension Medical Center, an ambulatory care center.

The Census Bureau 2017 population estimates are at 189,651, an increase from the last cycle’s CHNA. As of the 2000-2010 Census, a 15% population increase was identified and future projections show a continued increase. Male and female populations are roughly equal at 50% and 49%, respectively. The population seeing the largest increase is 65 and over, with a 66% increase recorded in the 2000-2010 Census, and a projected increase through 2040 identified by Southeast Michigan Council of Governments. White individuals make up 96.7% of the population. Individuals experiencing any disability make up 10% of the population in the county, compared to 14% in Michigan and 12.5% in the U.S. The table below, courtesy of Livingston County Health Department, displays the population breakdown for the community.

<table>
<thead>
<tr>
<th>Report Area</th>
<th>Total Population</th>
<th>Population Age 65+</th>
<th>Percent Population Age 65+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Livingston County, MI</td>
<td>185,841</td>
<td>27,278</td>
<td>14.68%</td>
</tr>
<tr>
<td>Michigan</td>
<td>9,909,600</td>
<td>1,527,698</td>
<td>15.42%</td>
</tr>
<tr>
<td>United States</td>
<td>318,558,162</td>
<td>46,180,632</td>
<td>14.5%</td>
</tr>
</tbody>
</table>

The American Community Survey 2012-2016 reports that 61% of Livingston County families have an income over $75,000; this is much higher than the state rate (42%) and the national rate (45%). The reported median annual income in Livingston County is $89,600. The unemployment rate of individuals 16+ is 4.9%, and 8% of children aged 18 and younger are living in poverty. The percentage of children in single parent households is 21%, which aligns with the top US performers and is below the state rate of 34%. Both of these percentages are below the state rate, at 5.4% and 22% respectively. Individuals with an income at or below 200% FPL are reported at 17%. According to the GINI index on Community Commons, which measures income inequality, it is evident that while FPL, children living in poverty, and unemployment, some residents are experiencing grave inequities. GINI index values range between zero and one; a value of zero indicates perfect equality, where all households have equal income. Michigan and the United States have similar GINI Index rates of 0.46 and 0.48, respectively; Livingston County reports a GINI Index value of 0.4. Those in the county receiving Medicaid make up 10.5% of the population, and 5% of individuals are uninsured. High school graduation rates are at 87% and 76% of individuals aged 25-44
have at least some college education. The number of member associations per 10,000 residents is 7.7, below both the state and top US performers at 10.1 and 21.1, respectively. The violent crime rate per 100,000 is 101, below the state rate but above top US performers (444 and 62, respectively). Injury mortality rates are at 59, lower than the state rate at 65.

**PROCESS AND METHODS USED TO CONDUCT CHNA**

The purpose of the CHNA was to 1) evaluate current health needs of the community and prioritize them; 2) identify resources available to meet both the priorities as well as opportunities identified through the CHNA; 3) inform an Implementation Plan to address the health priorities; and 4) build capacity to address the opportunities within the context of the health systems existing programs, resources, priorities, and partnerships.

During the time period of June 2017 through August 2017, interviews were conducted with key stakeholders. These stakeholders are local subject matter experts, community leaders or experts within key populations such as for the elderly and individuals with behavioral health needs. The focus of these interviews explored the viewpoints of key stakeholders regarding health care service needs and barriers, vulnerable populations, and social determinants of health. These intensive interviews were an opportunity to explore issues of service coordination and partnering, and detailed assessment of specific population needs. See Appendix II for list of questions and stakeholder names and affiliations.

During the same time period key stakeholder interviews were conducted, focus groups with the aging and community members experiencing behavioral health issues were completed. The focus groups were opportunities to include community voice into the needs assessment process. See Appendix II for list of questions.

Local, state and national data on demographics, socio-economic factors, health behaviors, health status, access to services, and mortality were gathered from a range of sources. Some data were limited by the frequency by which it was collected and by the geographic level of detail. The most recent data were reviewed. Where possible, data were broken down to the lowest level of city or township with comparisons conducted between increasingly larger geographies. Because Livingston County has a relatively small population, however, local level (city) data were rarely available from these sources in a timely and meaningful (statistically relevant) manner; as such, most data compared Livingston County with Michigan overall. Key stakeholder interviews, focus groups, and survey data included in the 2015-2020 Livingston County Health
Department MAPP Needs Assessment and Community Health Improvement Plan were relied upon for the most local-level information.

COMMUNITY DATA FINDINGS

"By ranking the health of nearly every county in the nation, the County Health Rankings help communities understand what influences the health of residents and identify challenges and opportunities to improve these outcomes for all. The Rankings are guided by a model of population health that emphasizes the many social, economic, physical, clinical, and other factors that influence both how long and how well we live. They help communities understand the critical influence that education, jobs, income, environment, and more have on individual health and illuminate areas of needs for focusing improvement efforts." (County Health Rankings)

Below is a compilation of County Health Rankings, additional secondary data, and qualitative input focused on Livingston County. The data is broken out by health outcomes and health factors, and is measured against state data, when available, top performing counties across the country, and Healthy People 2020 goals. See Appendix I for full list of sources.

**Health Outcomes**
Livingston County is ranked the No. 3 out of 83 Michigan counties in health outcomes. Premature death rates are 5,800 out of 100,000. Livingston County ranks #1 in the state on quality of life indicators; below is a graph from the County Health Rankings displaying quality of life metrics as they compare to top performing counties across the country and the state.

<table>
<thead>
<tr>
<th>Quality of Life</th>
<th>County</th>
<th>Top US Performers</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Adults reporting fair or poor health</td>
<td>9%</td>
<td>12%</td>
<td>17%</td>
</tr>
<tr>
<td>Avg. physically unhealthy days/month</td>
<td>3.1</td>
<td>3.0</td>
<td>4.0</td>
</tr>
<tr>
<td>Avg. mentally unhealthy days/month</td>
<td>3.2</td>
<td>3.0</td>
<td>3.9</td>
</tr>
<tr>
<td>% Live births with low birth weight &lt;2500g</td>
<td>7%</td>
<td>6%</td>
<td>8%</td>
</tr>
</tbody>
</table>

**Health Behaviors**

**Behavioral Health:**
Behavioral health was one of the most prevalent issues discussed in both key stakeholder interviews and focus groups. Feedback from the community showed difficulty in accessing the limited number of providers for substance use issues and mental health in the community, coupled with stigmatization around acknowledging the need to seek support. Social determinants of health such as transportation and housing
were also mentioned consistently as barriers to improving behavioral health. According to the 2015 Livingston County Health Department Needs Assessment resident survey conducted in 2014, 20.1% of residents reported being diagnosed with depression. Additionally, 17% of adults reporting that someone in their family needed mental health services at some point in the past year. The suicide rate in Livingston of 14.3 is above the state rate and the Healthy People 2020 rates (12.7 and 10.2, respectively).

**Tobacco and Substance Use Disorder:**
Cigarette use in Livingston County is at 14%, with 55% of these residents reporting at least one quit attempt in the last year. The drug overdose rate in the county is 17 per 100,000, which is above the state rate of 15, and the Health People 2020 goal of 10.2. Community feedback shows concern about overdose rates, and a desire to enhance and build on upstream and downstream strategies including naloxone intervention and increased training among law enforcement and access to treatment. Alcohol use among adults shows to be a concern in the community. 23% of adults report as binge drinkers (12% in top US performers, 20% at state level), and the alcohol-impaired driving death percentage (36%) is much higher than the state percentage (29%). The graph below shows inconsistencies over time with this rate. According to the Livingston County Health Department Needs assessment survey, 6% of residents reported using a prescription pain reliever to get high.

![Graph showing inconsistencies in alcohol-impaired driving deaths in Livingston County, MI over time](chart.png)

**See Measuring Progress/Rankings Measures for more information. Trends were measured using all years of data.**
**Obesity and Related Health Issues:**
Community members identified obesity, food access, and cardiovascular disease as concerns in the community. Adult obesity in Livingston County is at 30%, which is fairly level with Michigan at 31%; these percentages seem to be on a slightly upward trend. The percentage of adults 20+ reporting no leisure time physical activity is 20%, which is lower than the state rate (23%), and around the same percentage as top US performers (19%). The Coronary Heart Disease mortality rate in Livingston County is 134.2 out of 100,000, which is higher than the state rate of 131, and much higher than the Healthy People 2020 goal of 103.4. The high cholesterol percentage is similar to the state percentage (42.05% and 41.88%, respectively).

Given Livingston’s mix of urban and rural cities, villages, and townships, food access continues to be an issue for many community members. The food environment index (0-worse, 10-best) reported through County Health Rankings shows Livingston at an 8.6, above the state rank of 7.2. However, data shows per 100,000 residents, a 9.95 grocery store rate across the county; this is much lower than the state rate of 18.77; WIC and SNAP authorized stores show much lower rates than the state at 4.53 and 12.7 (state rates at 10.11 and 21.7, respectively). The percentage of community members experiencing low food access is at 29.9%.

**Sexually Transmitted Infections:**
According to the Livingston County Health Department Needs Assessment, despite recent declines in Michigan, 2015 was the second year in a row in which increases were seen in all three nationally reported STDs in Livingston County. County Health rankings report the newly diagnosed chlamydia rate at 146.9, lower than the state rate of 447.2. The teen birth rate (10) is below both the state rate and the top US performers rate of 28 and 17, respectively.

**Clinical Care**
County Health Rankings reports that 7% of individuals in the community are uninsured, below the state rate of 10%. Many community members consistently expressed concerns about shortages of physicians, creating a barrier to accessing care in Livingston County. Below is a table showing access ratios in Livingston County, as well as three Medicare data points on access.
Clinical Care Access

<table>
<thead>
<tr>
<th>Clinical Care Access</th>
<th>Livingston County</th>
<th>Top US Performers</th>
<th>Michigan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ratio of pop. to primary care physicians</td>
<td>2,020 to 1</td>
<td>1,040 to 1</td>
<td>1,240 to 1</td>
</tr>
<tr>
<td>Ratio of pop. to dentists</td>
<td>1,700 to 1</td>
<td>1,320 to 1</td>
<td>1,420 to 1</td>
</tr>
<tr>
<td>Ratio of pop. to mental health providers</td>
<td>680 to 1</td>
<td>360 to 1</td>
<td>460 to 1</td>
</tr>
<tr>
<td>Preventable hospital stays /1,000 Medicare enrollees</td>
<td></td>
<td>47</td>
<td>36</td>
</tr>
<tr>
<td>% Diabetic Medicare enrollees receiving HbA1c test</td>
<td></td>
<td>88%</td>
<td>91%</td>
</tr>
<tr>
<td>% Female Medicare enrollees receiving mammography</td>
<td></td>
<td>67%</td>
<td>71%</td>
</tr>
</tbody>
</table>

Physical Environment

The average daily fine particulate matter in micrograms/cubic meter is 10.2; higher than the state rate of 8.7. Livingston County reports health-related drinking water violations. The severe housing problems percentage is at 12% (the state rate is 17%). Many community members drive alone to work, higher than the state rate of 83%, and 53% commute 30+ minutes to work.

SIGNIFICANT COMMUNITY HEALTH NEEDS

Through analysis of the data from multiple data sources, focus groups, and key stakeholder interviews displayed in the section above, the CHNA identified 8 health needs for prioritization. These needs were:

- Cardiovascular Disease
- Mental Health
- Substance Use Disorder
- Overweight/Obesity
- Healthcare Access
- Food Insecurity
- Transportation
- Affordable Housing

The below groups were responsible for reviewing the data on these health needs and agreeing on a standardized process for prioritization.
Community Benefit Ministry Council
The CHNA and Implementation Strategy work at Saint Joseph Mercy Livingston is guided by the Community Benefit Ministry Council, a leadership council comprised of SJML Clinicians, Department Directors, and Administrators with background, knowledge, and interest in health promotion and disease prevention. This group meets monthly to review and analyze data, identify community partners, set priorities and make decisions about the hospital’s community health improvement initiatives. CBMC is responsible for conducting the Community Health Needs Assessment and developing the Implementation Strategy.

Human Services Collaborative Body
The Livingston HSCB started in 1989 and was officially recognized as the county Multi-Purpose Collaborative Body by the state and county Board of Commissioners in 1995. Now, referred to as Community Collaboratives by the state, the HSCB is comprised of 26 appointed members, including the Livingston County Health Department, that work together to coordinate health and human services across systems. See Appendix for a link to a list of all participating agencies.

The Community Needs Assessment and Evaluation subgroup of the HSCB, which was established to assess and increase community awareness of the health and human service needs in Livingston County and assist in evaluation and collaborative projects, was engaged to participate in the prioritization process.

During the fall and winter of 2017, the Community Benefit Ministry Council (CBMC) and HSCB Community Needs Assessment Workgroup classified three (3) of these health needs as high priority based on common public health frameworks:

1. The number of people impacted;
2. Severity of the problem;
3. SJML's ability to positively impact the potential priority;
4. SJML's ability to enhance existing resources and/or complement strategies;
5. Alignment with institutional missions; and

Potential priorities were ranked using a point system based on how well the potential priorities met the criteria listed above. To emphasize criterion 6, a subgroup of CBMC and community stakeholders separately ranked each potential priority. The rank was then multiplied by a factor reflecting impact on equity for each potential priority, allowing for health equity to have a distinct impact on the final selection of top health priorities.
Ranked potential priorities were presented to the CBMC for review before being presented for approval and adoption to the hospital board.

The three priorities SJML will be focusing on in this CHNA cycle are:

1. **Obesity and Cardiovascular Health**: Saint Joseph Mercy Livingston is currently working to address issues related to obesity and cardiovascular health. The hospital has implemented a bariatric surgery program since the last CHNA was conducted, and has expanded its opportunities to engage residents and attending physicians on the importance of addressing nutrition and food insecurity among their patient populations. Additionally, SJML has partnered with Livingston County Health Department to implement the Prescription for Health program, which focuses on reducing food insecurity and increasing health eating behaviors in those experiencing chronic illness.

2. **Behavioral Health (including Mental Health and Substance Abuse)**: SJML is currently operating an integrated behavioral health model in neighboring Washtenaw County, and has developed telepsychiatry interventions for hospital patients in Brighton.

3. **Healthcare Access**:
   - Primary Care Physician Growth – significant growth of primary care physician employed by St. Joseph Mercy Health System in Livingston county. One of our physician networks is seeing two of its practices- Brighton Family Care and Howel Family Medicine/Internal Me practices have grown faster than any practice in the network to the point where both are nearing capacity. In November 2017, four new primary care sites were granted funding in Brighton, Howell, Pinckney and South Lyon. These sites will add 19 primary care physicians to the community.
   - Improved specialty care access, for example newly available bariatric, robotic, spine and breast surgery as well as expanded gynecologic and urology surgery.

**CONCLUSION**

The implementation strategy for the priority health needs listed above is contained in a separate document. The final approved version of the CHNA and Implementation Plan is available to the public on the hospital website, at www.stjoeshealth.org/cbm. On this page is also an opportunity for community members to provide comment and request a hard copy of the documents. The opportunity to provide comment was made available
for the previous CHNA. At the time of approval by the hospital board, no comments were made by the public. A paper copy of the CHNA is also available by request at SJML. Saint Joseph Mercy Livingston’s next CHNA will be due in 2021.
Appendix I. Sources

American Community Survey

County Health Rankings

https://www.census.gov/quickfacts/fact/table/

Community Commons
https://www.communitycommons.org/

Livingston County Health Department

Michigan Department of Health and Human Services
## Appendix II. Key Stakeholder Interviews and/or Focus Group Information

### Key Stakeholders

<table>
<thead>
<tr>
<th>Input Received From:</th>
<th>Lead Person or Community Partner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Department</td>
<td>Dianne McCormick, Livingston County Department of Public Health</td>
</tr>
<tr>
<td>Members or representatives of medically underserved, low-income, and minority populations and who they represent</td>
<td></td>
</tr>
<tr>
<td>Individuals experiencing Behavioral Health Issues</td>
<td>Genesis House</td>
</tr>
<tr>
<td>Behavioral Health Provider</td>
<td>Connie Conklin, Livingston County Community Mental Health</td>
</tr>
<tr>
<td>Faith-Based Organization, Human Service Provider</td>
<td>Kathy Jenego, LOVE Inc.</td>
</tr>
<tr>
<td>Youth</td>
<td>Mary Beno, Livingston Educational Services</td>
</tr>
<tr>
<td>Behavioral Health Provider</td>
<td>Kaitlin Fink, Livingston County Catholic Charities</td>
</tr>
<tr>
<td>Housing and Homelessness</td>
<td>Kristy Correll, St. Joseph Mercy Livingston SOAR Coordinator</td>
</tr>
<tr>
<td>Transportation Needs</td>
<td>Leo Hanifin, Livingston County Transportation Authority</td>
</tr>
<tr>
<td>Human Service Provider</td>
<td>Bobette Schrandt, LACASA</td>
</tr>
<tr>
<td>Housing and Homelessness</td>
<td>Erin Tiano, Oakland Livingston Human Services Agency (OLHSA)</td>
</tr>
<tr>
<td>Elected Official</td>
<td>Carol Griffith, County Commissioner's Office</td>
</tr>
<tr>
<td>Health Provider</td>
<td>Barbara Colley, VINA Dental</td>
</tr>
<tr>
<td>Law Enforcement</td>
<td>Mike Murphy, Sheriff's Office</td>
</tr>
<tr>
<td>Human Service Provider</td>
<td>Scott Richardson, Salvation Army</td>
</tr>
<tr>
<td>Health Provider</td>
<td>Kevin Wilkerson, EMS</td>
</tr>
<tr>
<td>Health Provider</td>
<td>Kim Bannon, St. Joseph Mercy Livingston Emergency Department</td>
</tr>
</tbody>
</table>
Key Stakeholder and Focus Group Questionnaire

CHNA INTERVIEW FACILITATOR GUIDE

Interviewee:
Role:

Please describe a little about your organization and the population it serves.

1. What do you see as the most pressing health issues in your community?

2. What efforts or initiatives have been successful in helping meet these community health needs? Which specific organizations have taken a lead role in these efforts?

3. What do you think are the challenges or barriers to addressing the health care needs in the community? In other words, why aren’t the things you mentioned being done more successfully already? What could be done to better to address these unmet needs?

4. Are there specific populations you haven’t already mentioned that do not have access to care? If so, please elaborate regarding this population and its unmet needs.

5. What types of care do you think are the most difficult for people to access? Why?

6. Which social services are most utilized/receive the most referrals in the community?

7. What do you feel St. Joe’s is currently doing well to address the needs you’ve mentioned? What could we be doing more of/or better?

8. What are your top three priorities for social determinants of health to address in the community?

9. Has your organization recently conducted any health-related surveys or focus groups that you would be willing to share with me?

10. Are there other people in your organization you believe I should contact with these similar questions? If so, please provide their name(s) and contact information.
Appendix III. Matrix Tables for Priority Health Issue Voting

<table>
<thead>
<tr>
<th>Health Issue</th>
<th>Criterion</th>
<th>Number of people impacted</th>
<th>Severity of the problem</th>
<th>SJML's ability to positively impact the potential priority</th>
<th>SJML's ability to enhance existing resources and/or complement strategies</th>
<th>Alignment with institutional missions</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular Disease</td>
<td></td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health</td>
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Impact on health equity

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