



**Royal Oak, Michigan
2012 Community Health Needs Assessment
& Implementation Plan**

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EXECUTIVE SUMMARY

Beaumont Health System is a three-hospital regional health system with a total of 1,714 licensed beds, more than 14,000 full-time equivalent employees and 3,700 physicians. In addition to its hospitals, Beaumont operates numerous community-based medical centers in Oakland, Macomb and Wayne counties, family practice and internal medicine practices, five nursing centers, a research institute, home care services and hospice. Beaumont is the exclusive clinical teaching site for the new Oakland University William Beaumont School of Medicine. Its flagship hospital, **Beaumont Hospital, Royal Oak**, is a 1,070-bed tertiary hospital complete with inpatient and outpatient services. It is the only certified Level I trauma center in Oakland and Macomb Counties. Beaumont, Royal Oak is consistently recognized - nationally and locally and is singled out by diverse and respected organizations for its strong performance in a broad range of categories.

Service Area

Beaumont Hospital, Royal Oak is located on Woodward Avenue in Oakland County. Woodward Avenue, which begins in downtown Detroit and ends in Pontiac, is the main artery of the metropolitan Detroit area. Beaumont Hospital Royal Oak primarily services this tri-county area. The City of Royal Oak has a vibrant downtown area. Although it is an older community, there are many young adults moving in.

The targeted geographic market for the hospital's CHNA was restricted to the county level since geographic distinctions, such as county lines, are more stable over time than zip code level market areas. The area represents where 90%+ of the hospital's patients reside and includes Oakland, Macomb and Wayne counties.

Demographics

Oakland County is home to 1.2 million residents and is greatly comprised of those aged 45-64 (30%) and females (52%). Its race distributions is similar to the U.S. having a large concentration of white (78%) followed by black (13%) and Asian (6%). English is the primary language spoken (87%).

Macomb County is home to 841 thousand residents and is comprised of those aged 45-64 (28%) and females (51%). Its race distributions is similar to the U.S. having a large concentration of white (85%) followed by black (9%) and Asian (3%). English is the primary language spoken (87%).

Wayne County is home to 1.9 million residents and is comprised of those aged 44-64 (28%) and females (52%). Its race distributions are comprised of white (52%), black (41%) and Hispanic Origin (4%). English is the primary language spoken (88%).

Social & Economic Factors

Between 2008 and 2009, Michigan and Oakland County had year-over-year increases in the percentage of the population with a disability, while the percentage was slightly unfavorable in the U.S., Wayne County and Macomb County. In 2010, Wayne County

had the highest percentage of the population with a disability (16.1%), followed by Macomb County (12.7%) and Oakland County (11.3%). From 2008 to 2010, Wayne County had the largest increase in pediatric disabilities (+2.8%) and is above both the U.S. (5.2%) and Michigan (6.3%). Across all age groups, seniors (aged 65+) have the highest percentage of the population with disabilities. In 2010, Wayne County had the highest percent of seniors with disabilities (43%), followed by Macomb (37%) and Oakland (35%) counties.

In 2010, Oakland County had the largest percentage of the population earning a bachelor's degree or higher (42%), nearly 20% higher than Michigan (25%) and the nation (28%). About 71% the residents have at least some college degree or higher, compared to 56% in Macomb County and 50% in Wayne County.

In 2010, households with an income of \$75,000 or more, Oakland County had the largest percentage (40%), compared to the U.S. (32%) and Michigan (27%). About 31% of Macomb County households had an income of \$75,000 or higher, followed by 28% with \$25,000-\$49,900. Wayne County households had the lowest incomes with 34% earning under \$25,000.

Between 1992 and 2003, the percentage of people lacking basic prose literacy skills declined by 3% in Michigan, 9% in Wayne County and 3% in Macomb County. Wayne County (12%) has the highest percentage of adults lacking basic prose literacy skills. Oakland and Macomb counties both at 7% were lower than Michigan at 8%.

From 2008 to 2010, the percent of children in poverty increased in all markets. In 2010, Wayne County had the highest percentage of children in poverty (35%), followed by Macomb County (17%), and Oakland County (13%). Between 2008 and 2010, Michigan and the nation had a favorable trend in the number of seniors in poverty.

Access to Healthcare

Differences in access to health care can have far-reaching consequences. Those denied access to basic health care may live shorter and more constrained lives. This report examined three aspects of access to health care: insurance coverage, cost and physicians. From 2008 to 2010, the percentage of adults (18-64 years) without health care coverage increased in all markets. In 2010, Macomb County had the largest percentage of adults without health care coverage (15%), followed by Wayne (13.5%) and Oakland (10%) counties.

About one-third of Michigan adults did not receive a routine checkup in the past year. Macomb County (33.5%) had the most adults not receiving a routine checkup in the past year, followed by Wayne County (32%) and Oakland County (30%). The number of adults that did not access health care during the past 12 months due to costs increased in all markets. In 2010, Wayne and Macomb counties had the largest number of adults that did not access health care during the past 12 months due to costs (13% each), followed by Oakland County (11%).

In Michigan, between 2008 and 2010, the percentage of adults that reported not having anyone that they thought of as their personal doctor or health care provider continued to decline. Wayne County (13%) has the largest percentage of the population reporting no primary care provider, followed by Macomb County (10.2%), and Oakland County (9.6%). Oakland and Macomb counties continued to show favorable declines in percentage of population that reported not having a health care provider each year.

CHNA Methodology

The following six-step process was developed and used to conduct the assessment:

- 1. Plan and Prepare:** Determine who will participate in the assessment process, plan for community engagement, engage hospital board and executive leadership, determine how the community health needs assessment will be conducted, identify and obtain available resources, and develop a preliminary time line.
- 2. Determine Scope and Approach:** Determine the purpose and needs of the assessment, and revisit the resources and time line.
- 3. Define the Market Served:** Determine the targeted geographic market for the assessment. This was restricted to the county level since geographic distinctions, such as county lines, are more stable over time than ZIP code level market areas. The area defined by county represents where 90%+ of the hospital's patients reside.
- 4. Collect Data:** Several publically available secondary resources and associated limitations were identified and used. Primary research was obtained through an online survey and focus group discussions.
- 5. Analyze Data:** Analyze and interpret the data, identify disparities, identify and understand causal factors.
- 6. Document and Disseminate Results:** Write the assessment report that includes graphs displaying the data and disseminate results widely.

Health Indicators

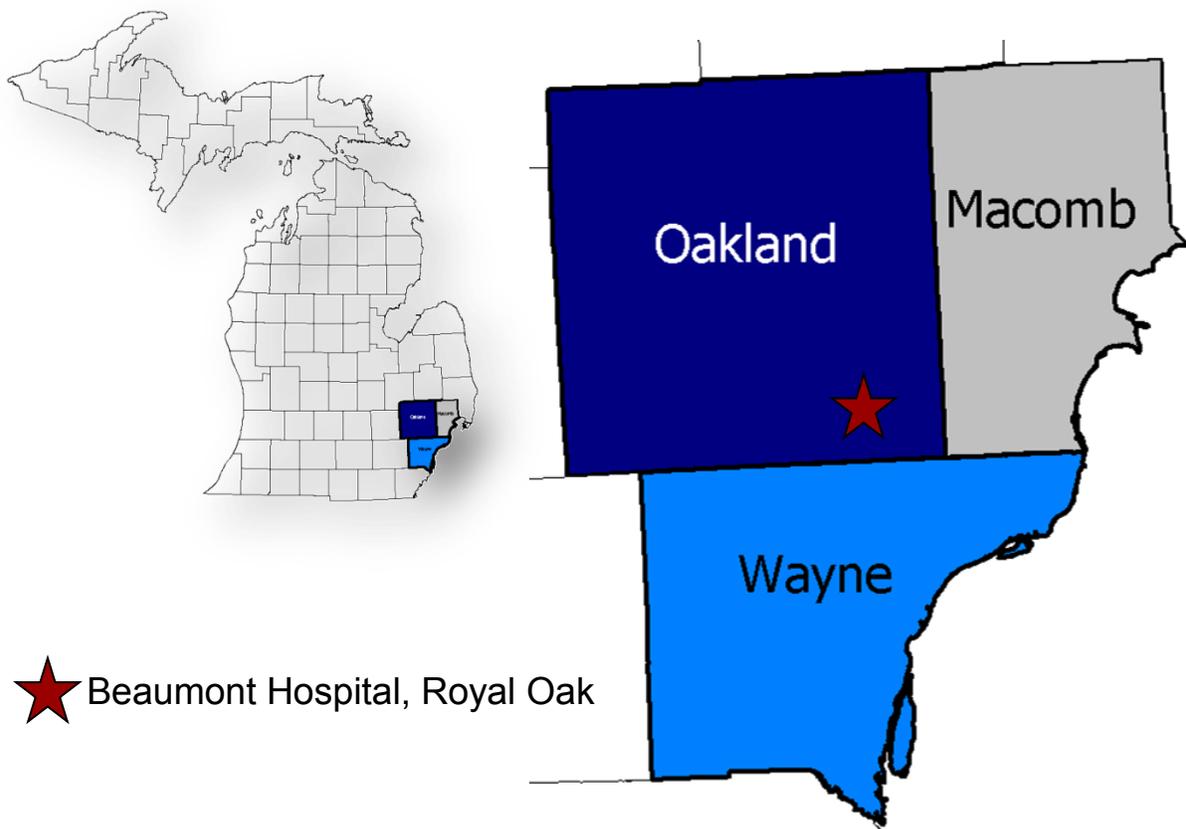
Twenty eight healthcare indicators were used to assess the health of Beaumont's community (Oakland, Macomb and Wayne counties). The top five areas of focus that were identified as a result of this assessment include:

- 1. Asthma:** The prevalence of asthma in the U.S. and Michigan increased over the past three years. In 2010, Wayne County had the highest number of adults with asthma (17%), followed by Macomb (16%), and Oakland (13%) counties. From 2008 to 2010, the percentage of Oakland County adults with asthma declined, while Wayne and Macomb counties increased.

2. Diabetes: Between 2008 and 2010, the percentage of adults with diabetes in Michigan and the U.S. showed unfavorable increases. In 2010, all three counties percentage of adults with diabetes was around 9%, similar to both Michigan and the U.S. Oakland and Macomb counties had year-over-year unfavorable increases in the number of adults with diabetes.
3. Drug Related Admission: The proportion of adults with a primary reason for admission of marijuana is higher in the tri-county market (24-30%) than in Michigan (17.5%). The proportion of adults with a primary substance of cocaine reported at admission is higher in Wayne County (12%) than in Macomb (8%) and Oakland (7%) counties. Between 2005 and 2009, cocaine use by high school students declined in Michigan and the nation. However, Detroit's proportion of students using cocaine more than doubled going from 2% in 2007 to 5% in 2009.
4. Obesity: The percentage of adults classified as obese increased each year in the U.S., Michigan, Oakland County and Macomb County. In 2010, Macomb County had the highest percentage of obese adults (30%) followed by Wayne (29%), and Oakland (26%) counties. The Michigan prevalence of overweight and obese children significantly increased going from 14.5% in 2003 to 30.6% in 2007. According to the 2008 Pediatric Nutrition Surveillance System, 30.5% of low-income children age 2-5 are overweight or obese in Michigan.
5. Suicide: The percentage of fatal injuries that were self-inflicted and/or suicide increased in Oakland and Macomb counties, both with results higher than Michigan. Oakland County had the highest percent of fatal injuries that were self-inflicted and/or suicide (25%) followed by Macomb (24%) and Wayne (14%) counties. The percentage of fatal injuries that were self-inflicted and/or suicide (aged 15-24) increased in Oakland and Macomb counties, both with results higher than Michigan. Oakland County had the highest percent of fatal injuries that were self-inflicted and/or suicide (aged 15-24) with 33%, followed by Macomb (27%) and Wayne (9%) counties.

SERVICE AREA DEFINITION

Royal Oak



Indicator Definition: The area (defined by county) in which 90%+ of the hospital's patients reside.

Overview:

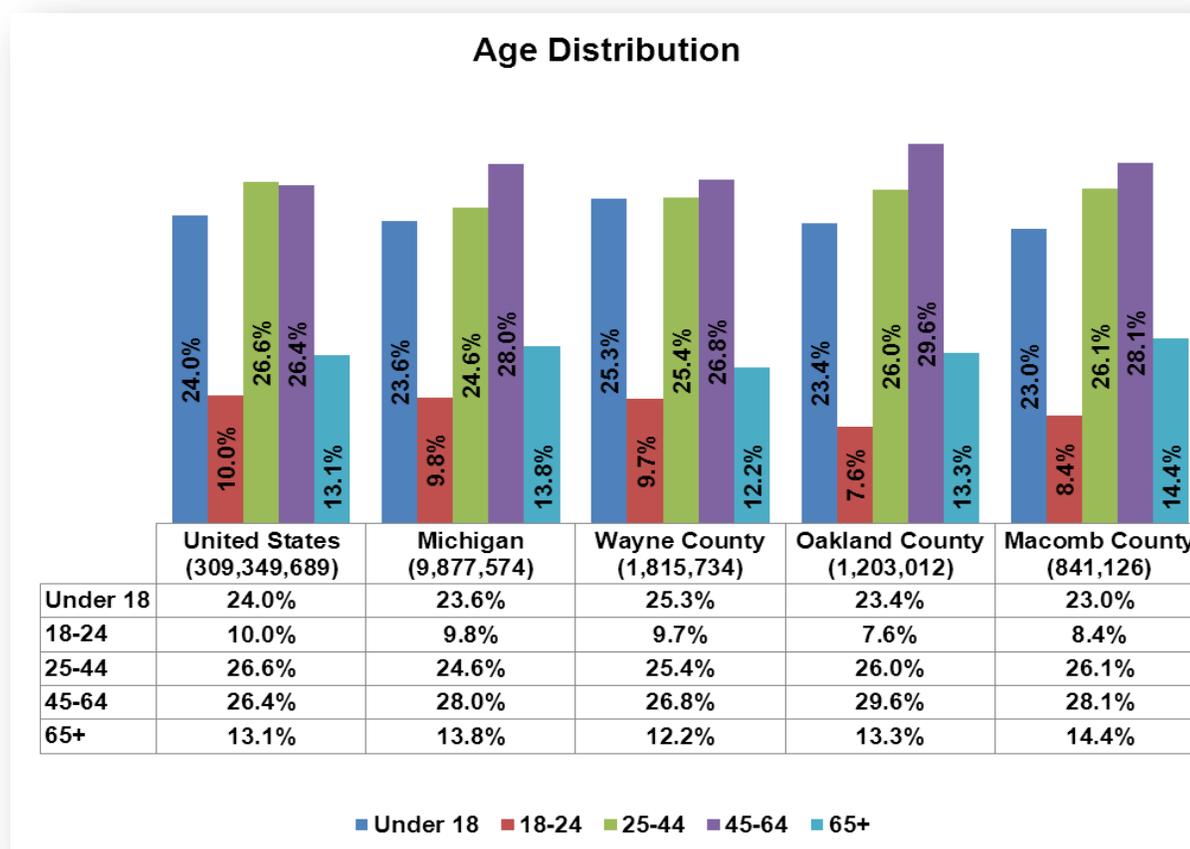
- 94% of Beaumont Health System patients reside in Oakland (48%), Macomb (30%) and Wayne (16%) counties.
- 93% of Beaumont Hospital, Royal Oak patient's reside in the tri-county; Oakland (63%), Wayne (16%), and Macomb (14%) counties.

2010 Hospital Statistics:

- Admissions: 56,233
- Emergency Dept. Visits: 114,695
- Surgeries: 47,326
- Outpatient Hospital Visits: 630,306

DEMOGRAPHICS

2010 Population Distribution by Age Category

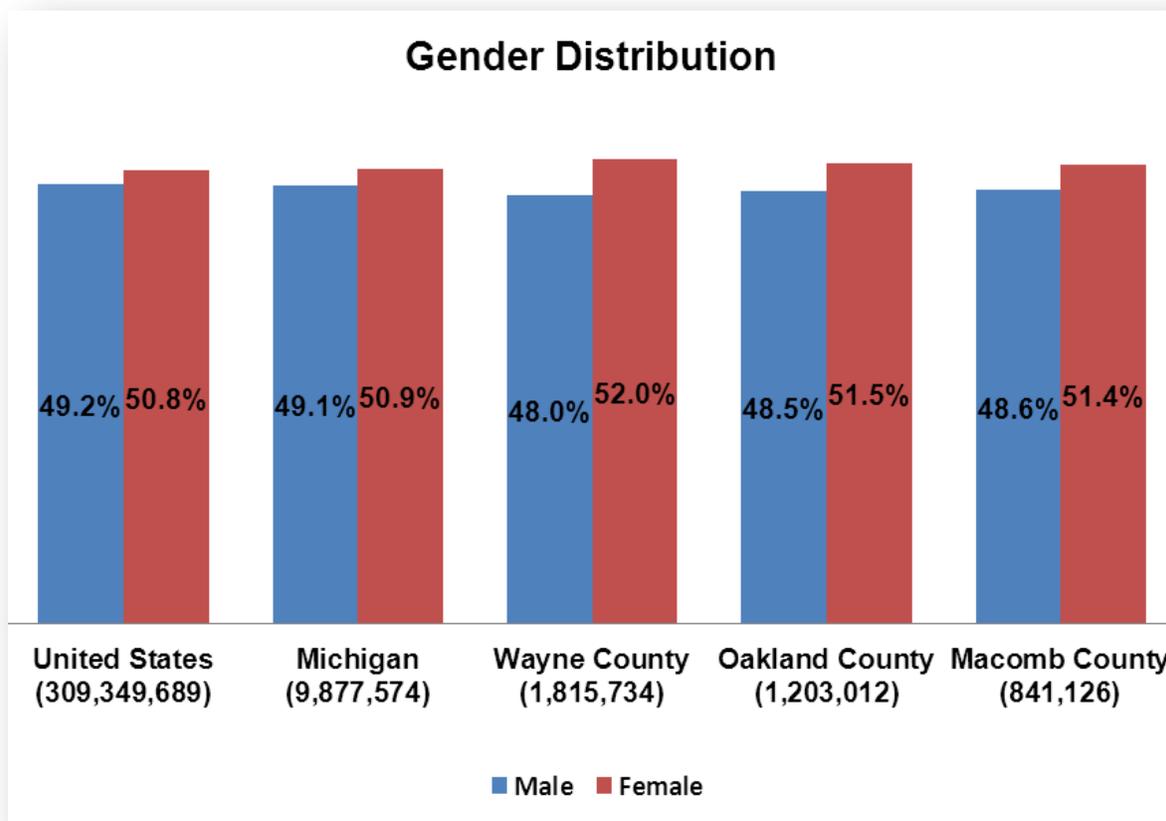


Indicator Definition: The distribution of different age groups in a given population.

Overview:

- In 2010, the age distribution between Oakland, Macomb and Wayne counties were similar.
- Wayne County has the largest percentage of people under 18 (25%), followed by Oakland County (23.4%) and Macomb County (23%).
- Oakland County has the largest percentage of those aged 45-64 (30%), followed by Macomb County (28%) and Wayne County (27%).
- Macomb County has the most seniors (14%), followed by Oakland County (13%) and Wayne County (12%).

2010 Gender Distribution

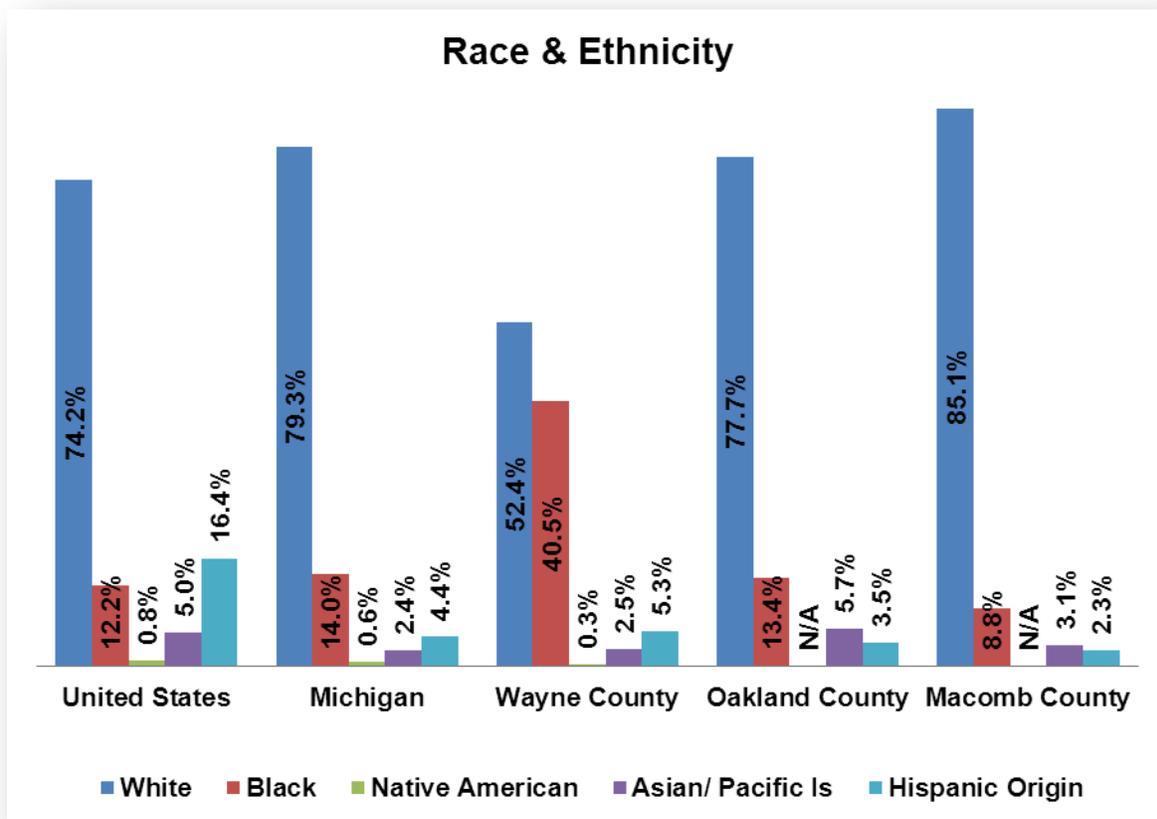


Indicator Definition: The distribution of genders in a given population.

Overview:

- The gender distribution is similar across all regions.
- Wayne County has the largest percentage of females (52%), and the lowest percent of male population (48%).
- Oakland and Macomb counties' gender distributions are the same with 51% female and 49% male.

2010 Race and Ethnicity Distribution

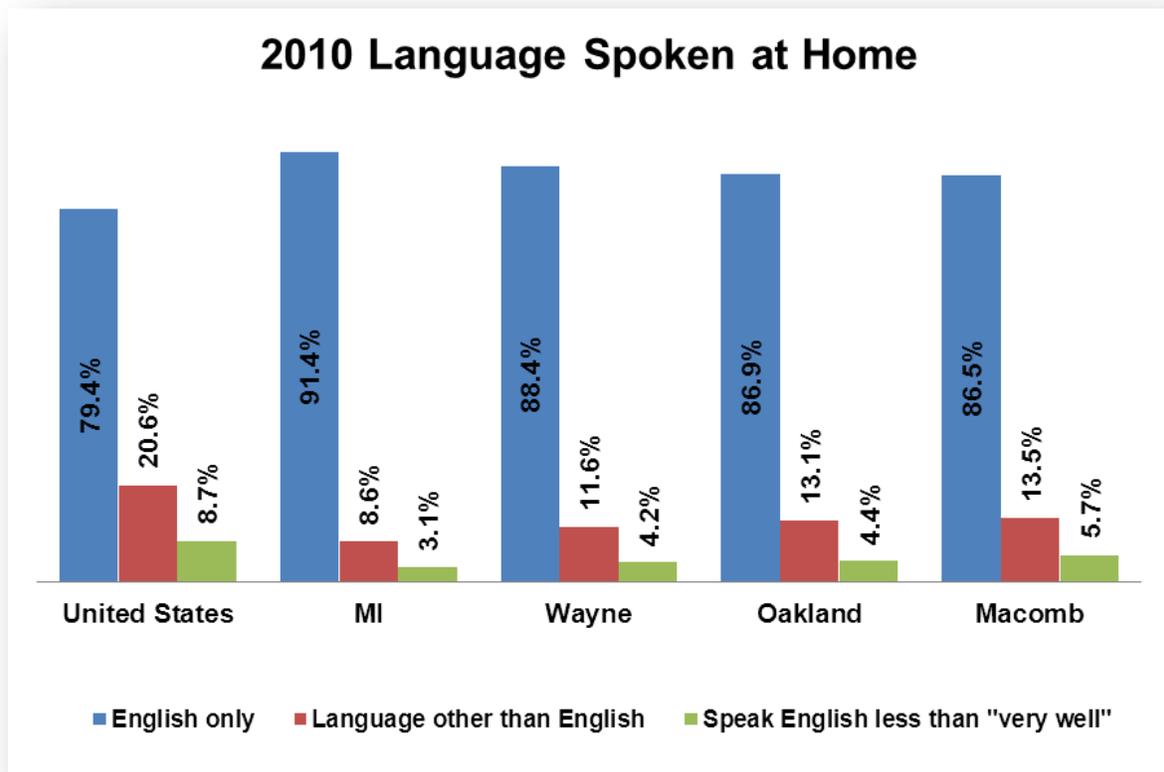


Indicator Definition: The distribution of different race/ethnicities in a given population. Hispanic origin also falls into one or more of the race categories.

Overview:

- Macomb and Oakland counties' race distributions are similar to the U.S. and Michigan.
- Macomb and Oakland counties have the largest concentration of the White population with 85% and 78% respectively.
- Wayne County has the largest concentration of the black population (41%), more than three times the national rate (12%).
- Oakland County has a large Asian population (6%) compared to Michigan (2%).

2010 Language Spoken at Home



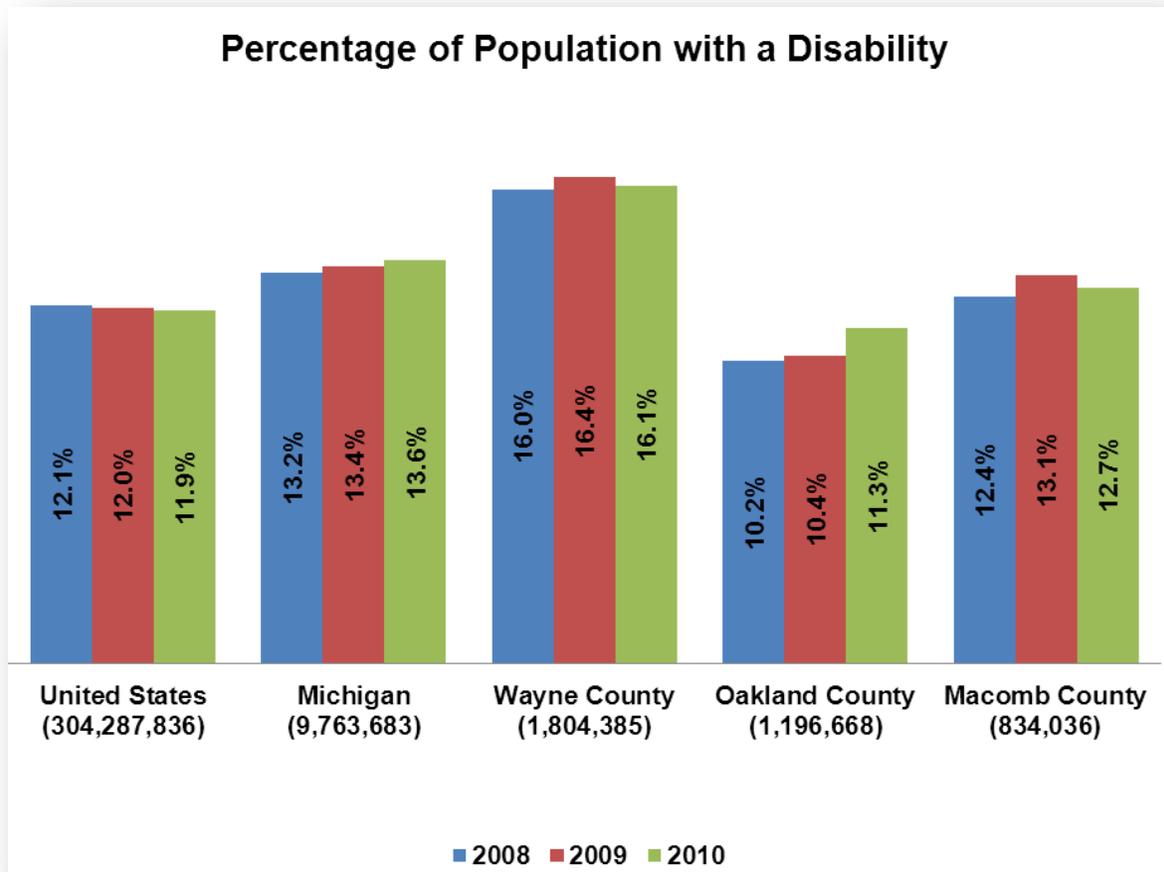
Indicator Definition: The distribution of languages spoken at home, for those aged five and above, in a given population.

Overview:

- English is the primary language spoken in Michigan and the tri-county region (Oakland, Macomb and Wayne counties).
- Macomb has the highest percent of the population that speak a language other than English (13.5%), followed by Oakland County (13%) and Wayne County (12%).
- Macomb has the highest percent of the population that speak English less than "very well" (6%), followed by Oakland and Wayne counties at 4% each.

SOCIAL AND ECONOMIC FACTORS

Disabilities (all ages)

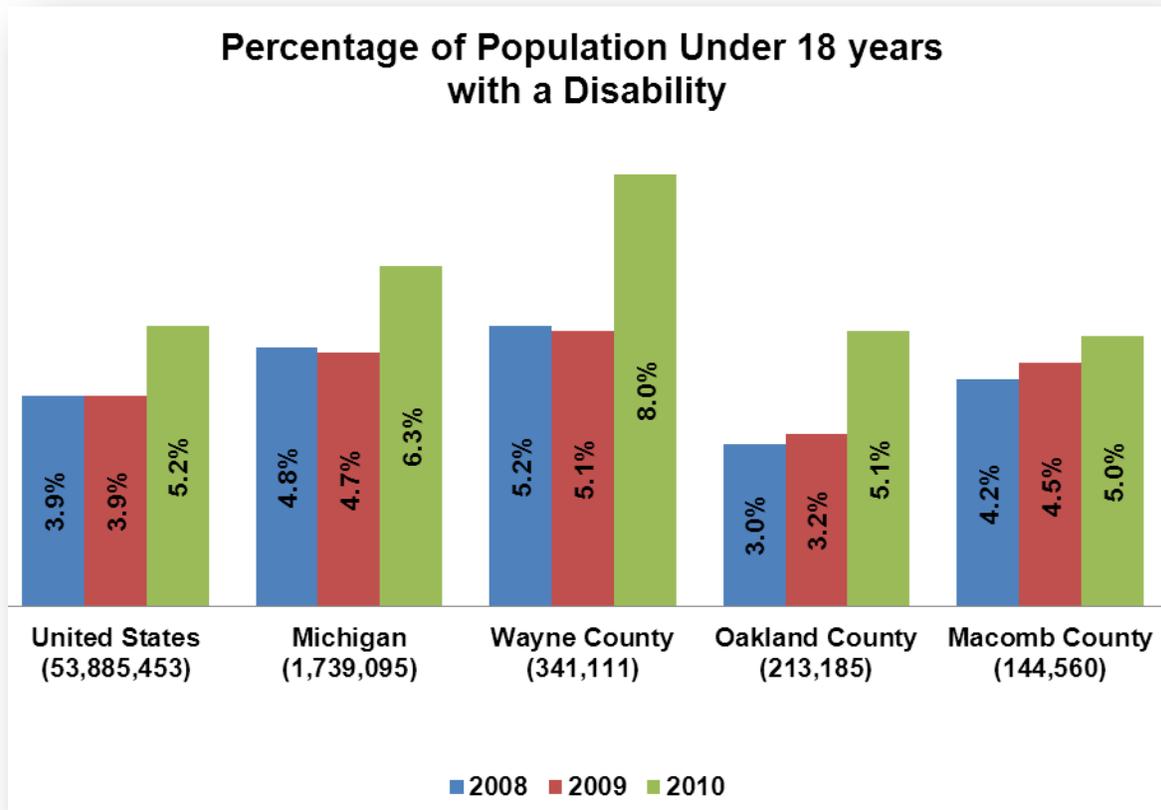


Indicator Definition: The distribution of the population with a disability (non-institutionalized), as determined from hearing, vision, cognitive, ambulatory, self-care, and independent living difficulties (children under age 5 includes only hearing and vision, and age 5 to 15 does not include independent living difficulties).

Overview:

- Between 2008 and 2010, Michigan and Oakland County had year-over-year increases in the percentage of the population with a disability, while the percentage decreased slightly in the U.S., Wayne County and Macomb County.
- In 2010, Wayne County had the highest percentage of the population with a disability (16.1%), followed by Macomb County (12.7%) and Oakland County (11.3%).

Disabilities (under age 18)

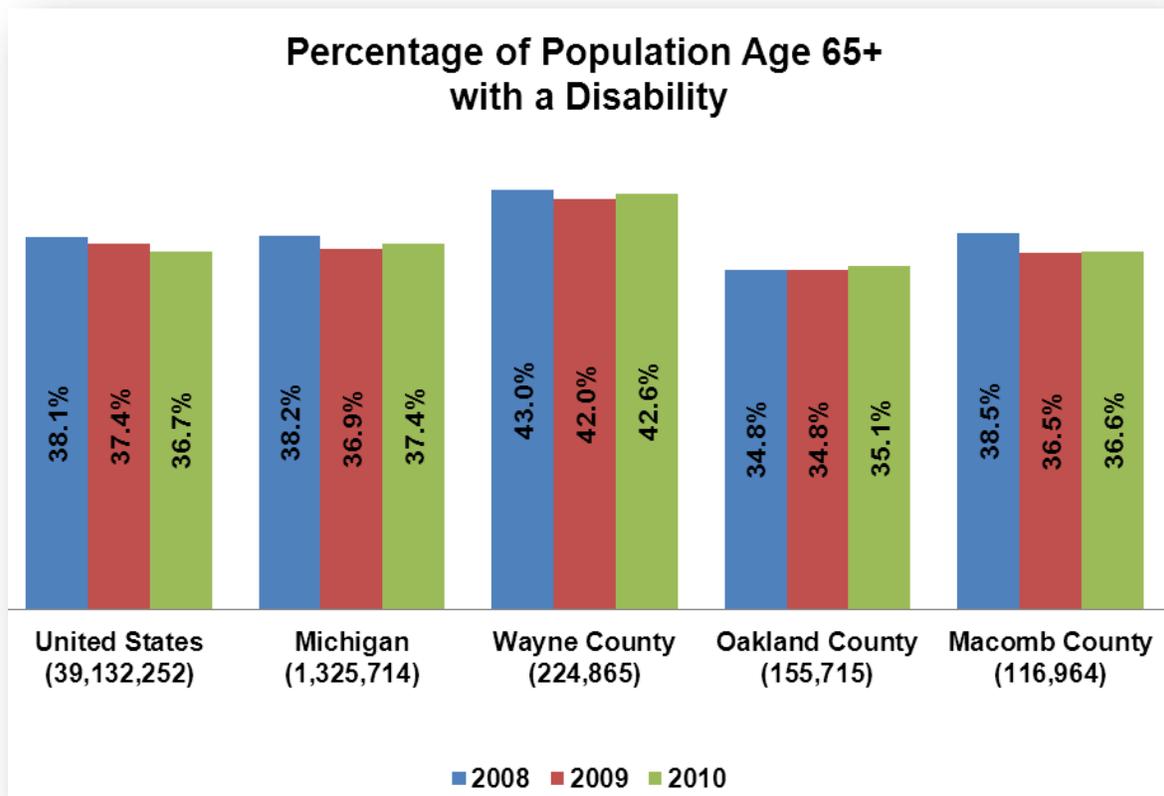


Indicator Definition: The distribution of those under age 18 with a disability (non-institutionalized), as determined from hearing, vision, cognitive, ambulatory, self-care, and independent living difficulties (children under age 5 includes only hearing and vision, and age 5 to 15 does not include independent living difficulties).

Overview:

- In 2010, Wayne County had the highest percentage of the pediatric population with a disability (8%), followed by Oakland (5%) and Macomb (5%) counties.
- From 2008 to 2010, Wayne County had the largest increase in pediatric disabilities (+2.8%) and is unfavorable to the U.S. (5%) and Michigan (6%).

Disabilities (age 65+)

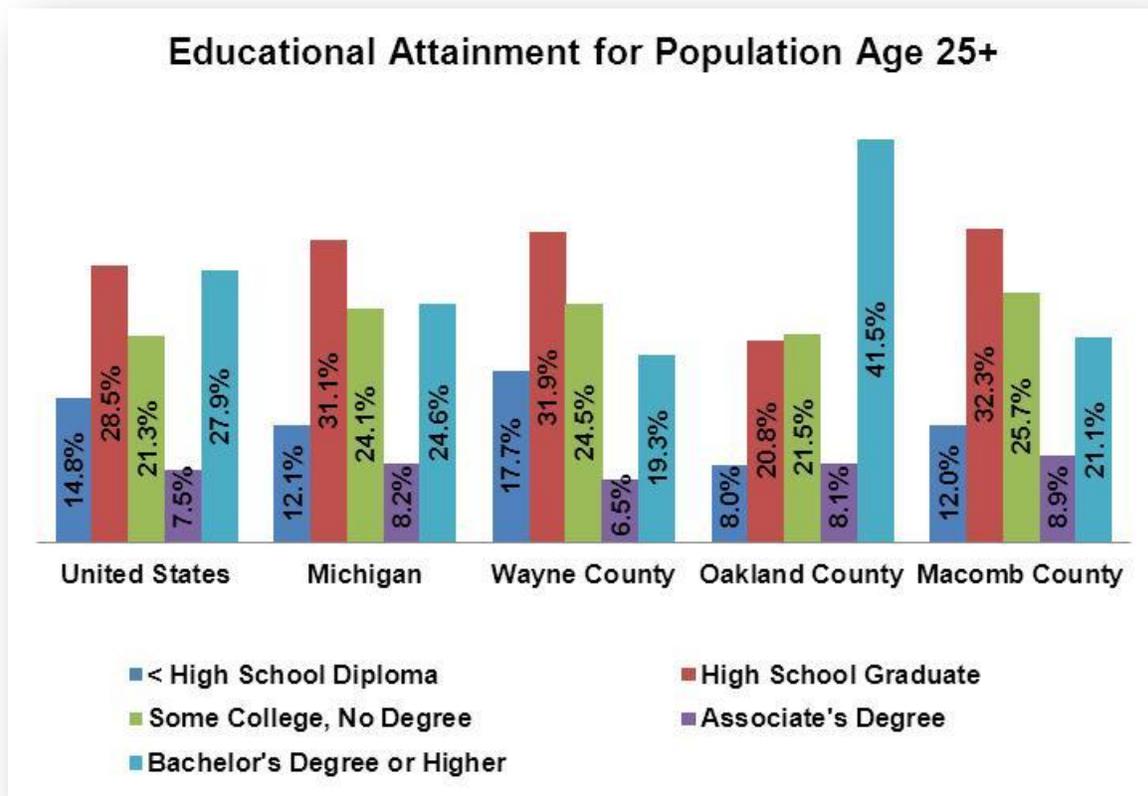


Indicator Definition: The distribution of the population aged 65+ with a disability (non-institutionalized), as determined from hearing, vision, cognitive, ambulatory, self-care, and independent living difficulties.

Overview:

- Across all age groups, seniors (aged 65+) have the highest percentage of the population with disabilities.
- In 2010, Wayne County had the highest percentage of seniors with disabilities (43%), followed by Macomb (37%) and Oakland (35%) counties.

2010 Educational Attainment

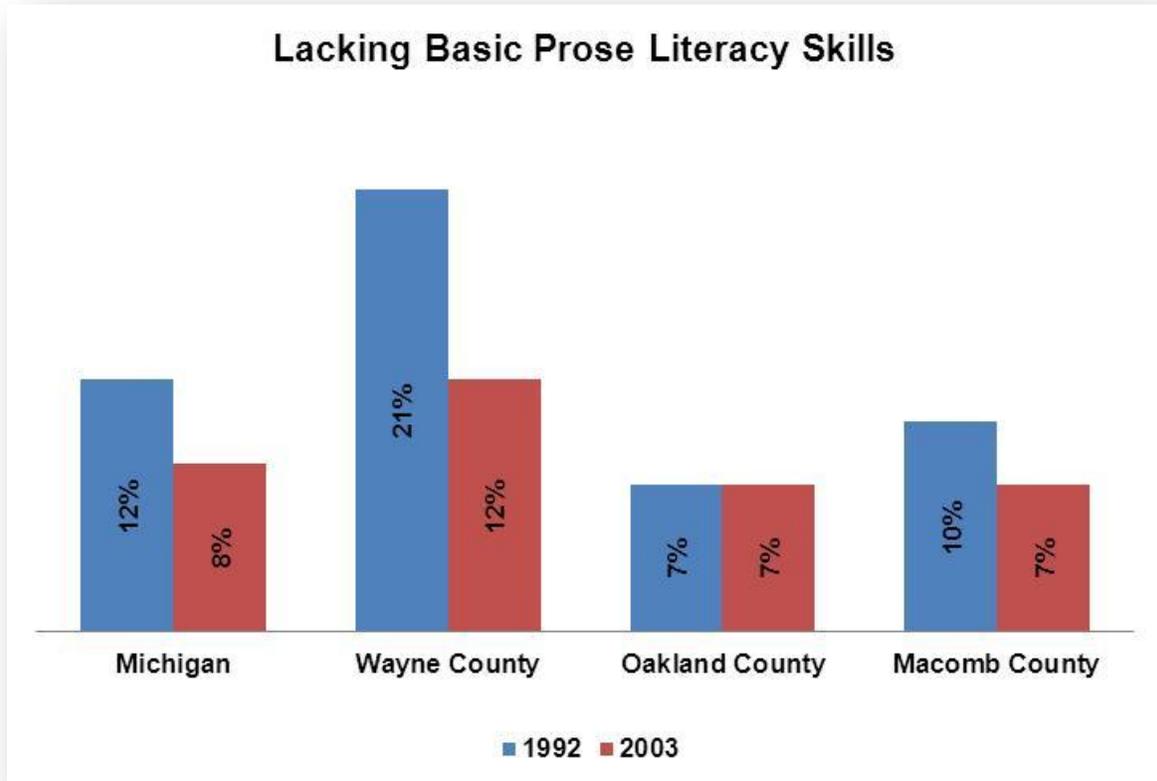


Indicator Definition: The distribution of the highest level of education that an individual, age 25+, has completed in a given population. This is distinct from the level of schooling that an individual is attending.

Overview:

- In 2010, Oakland County had the largest percent of those earning a bachelor's degree or higher (42%), nearly 20% higher than Michigan (25%) and the nation (28%).
- About 71% of Oakland County residents have taken at least some college courses or have earned a degree, compared to 56% in Macomb County and 50% in Wayne County.
- Nearly 57% of U.S. and Michigan residents have taken at least some college courses, or have earned a degree.

Literacy

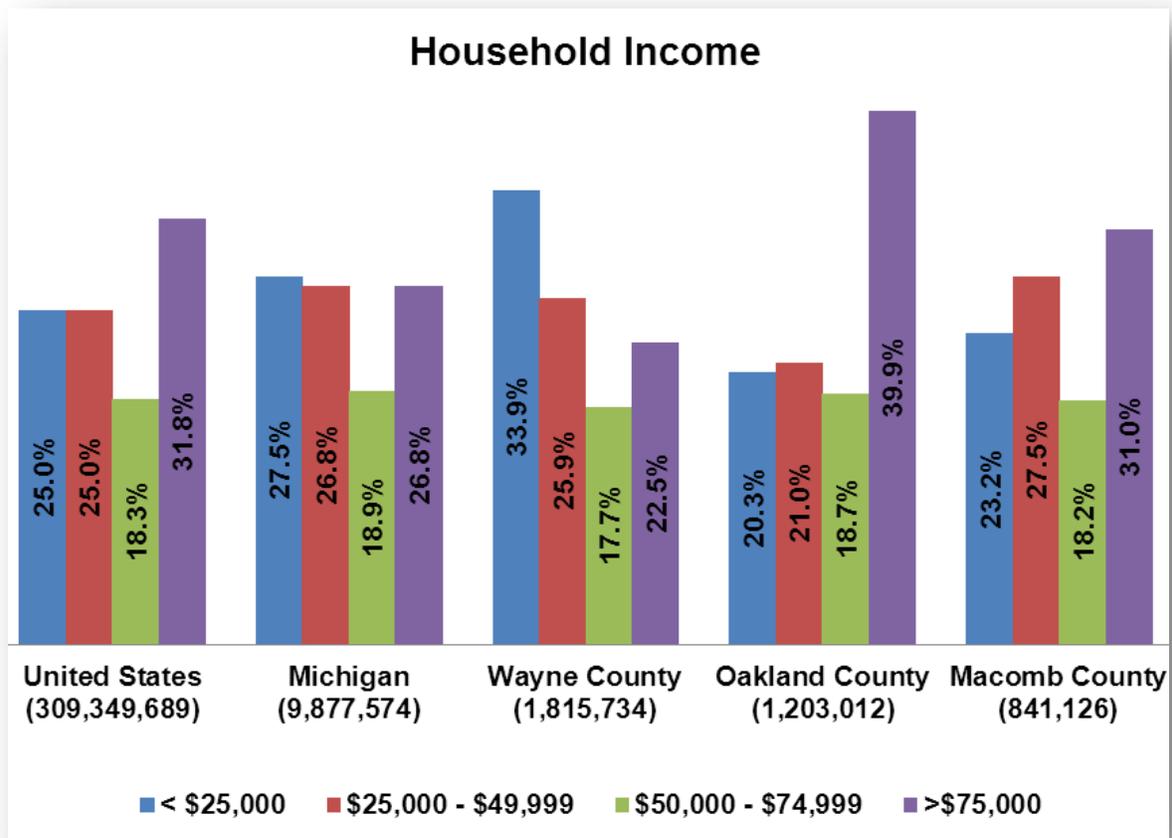


Indicator Definition: The distribution of the population, age 16+, who lack basic prose literacy skills. The results include those who scored below basic in prose and those who could not be tested due to language barriers. Literacy is a person's inability to understand written and verbal information well.

Overview:

- Between 1992 and 2003, the percentage of people lacking basic prose literacy skills declined by 3% in Michigan, 9% in Wayne County and 3% in Macomb County.
- Wayne County (12%) has the largest percentage of individuals lacking basic prose literacy skills.
- Oakland and Macomb counties, both at 7%, were lower than Michigan (8%).

2010 Household Income

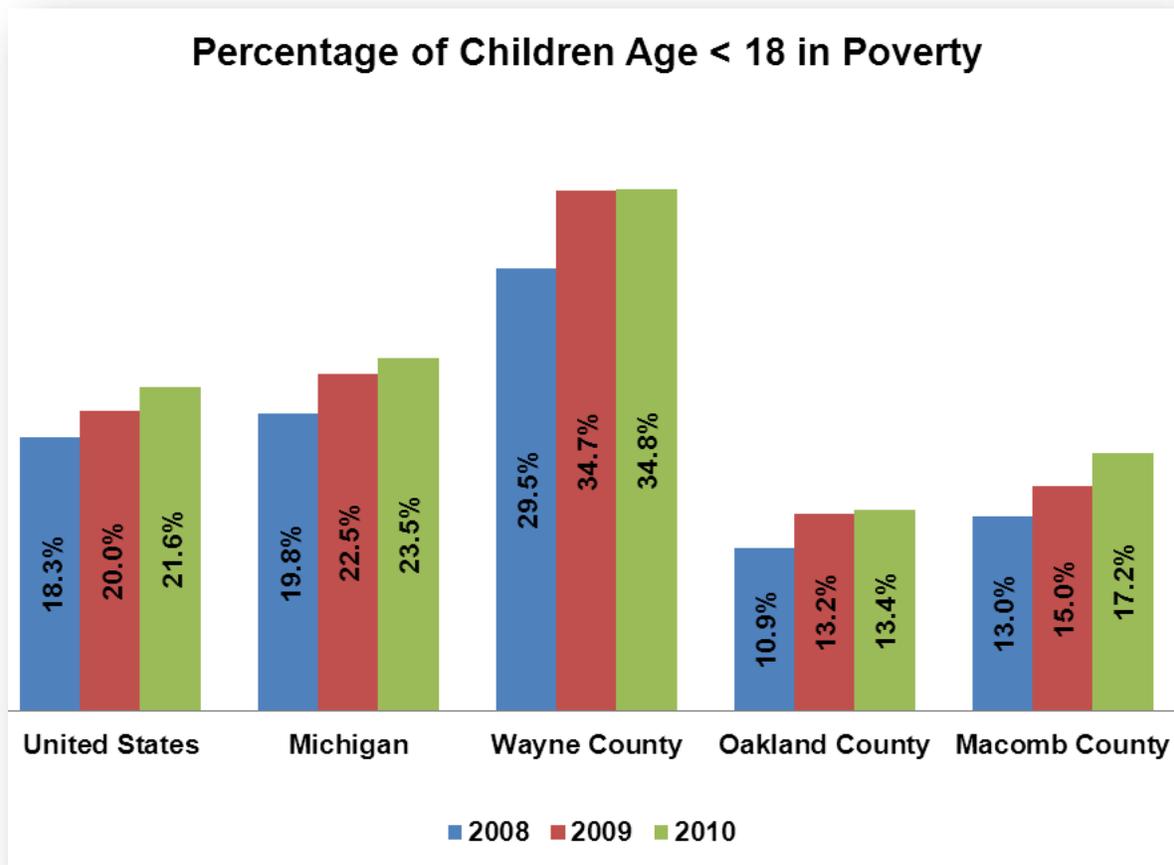


Indicator Definition: The distribution of household income (includes taxable and nontaxable income) received by all adult household members that is used for household expenses during the year in a given population.

Overview:

- In 2010, the median income for Michigan is \$23,061.
- For those households with an income of \$75,000 or more, Oakland County had the largest percentage (40%), followed by Macomb (31%) and Wayne (22.5%) counties, compared to the U.S. (32%) and Michigan (27%).
- Wayne County households have the lowest incomes with 34% of the household's income being under \$25,000.

Children in Poverty

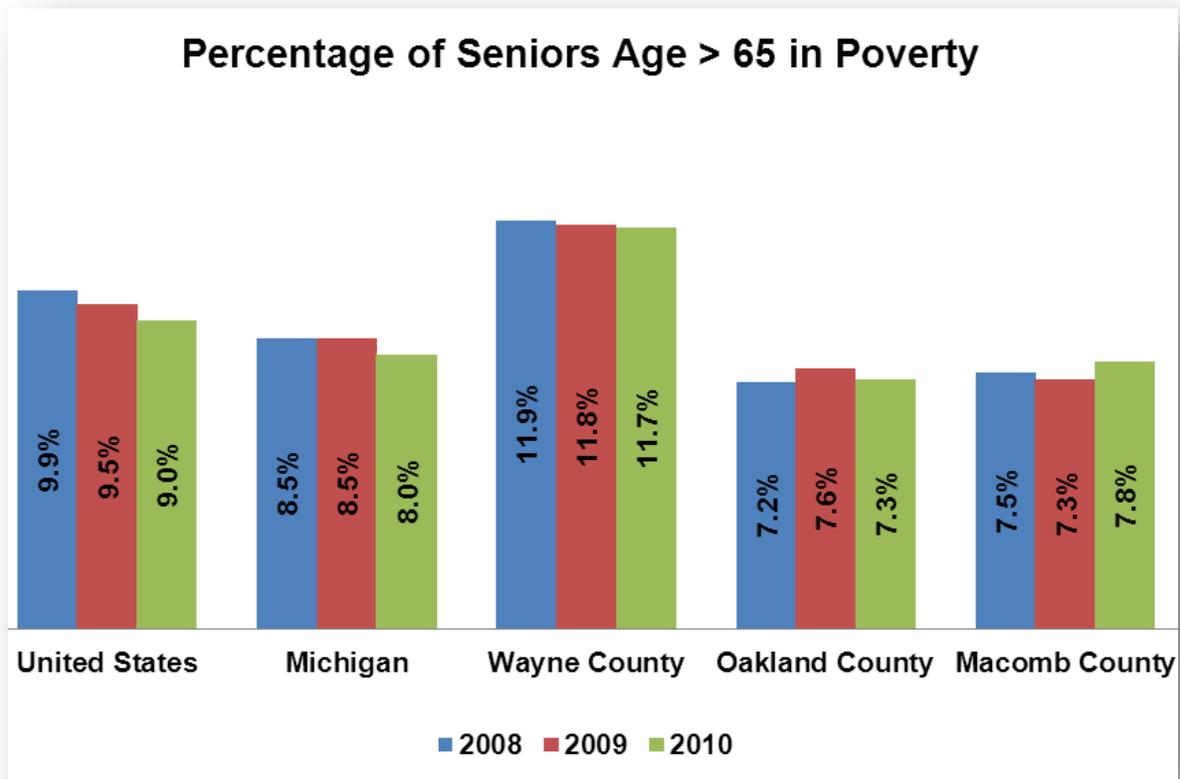


Indicator Definition: The U.S. Census Bureau uses income thresholds that vary by family size and composition to determine who is in poverty. If a family's income is less than the family's threshold that family is considered to be in poverty. The thresholds are updated annually for inflation with the Consumer Price Index (CPI-U).

Overview:

- From 2008 to 2010, the percent of children in poverty has increased in all markets.
- In 2010, Wayne County had the largest percent of children under 18 in poverty (35%), followed by Macomb County (17%), and Oakland County (13%).
- Both Macomb and Oakland counties' percent of children in poverty are favorable to Michigan (24%) and the U.S. (22%), while Wayne County's is unfavorable to all markets.

Seniors in Poverty



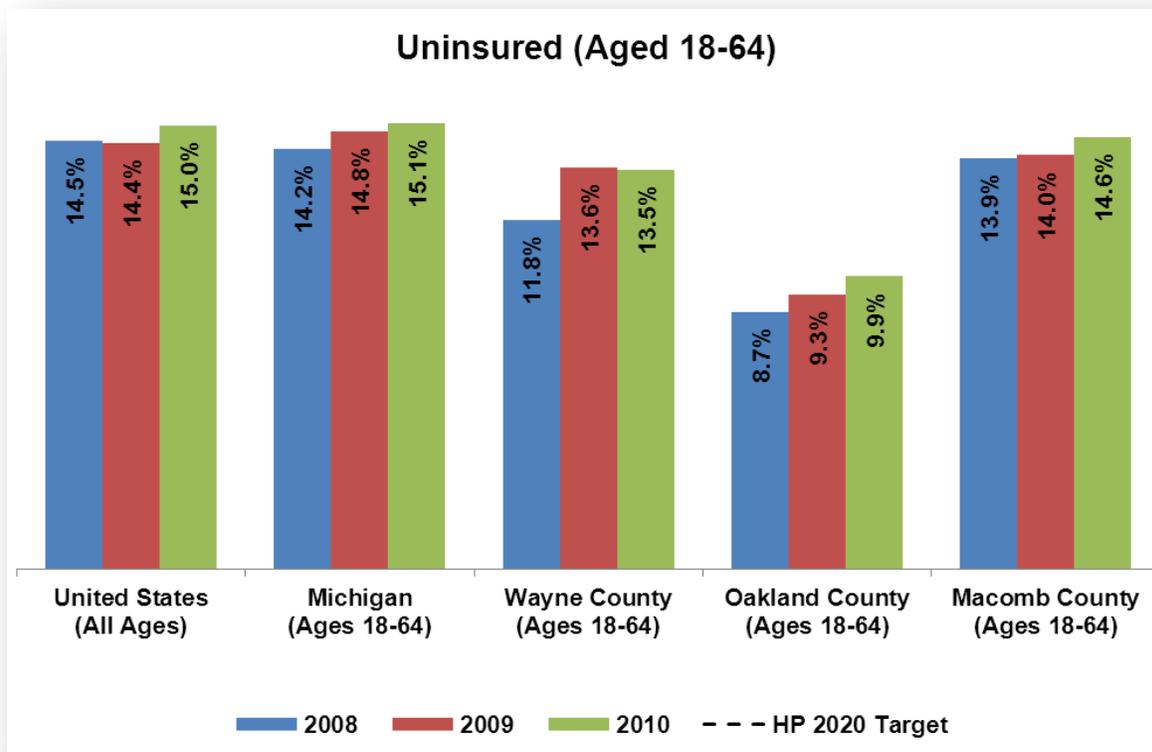
Indicator Definition: The distribution of seniors in poverty (Age >65) in a given population. Poverty is defined by income in the past 12 months that is below the poverty level (income less than 100% of the Federal Poverty Level). The thresholds are updated annually for inflation with the Consumer Price Index (CPI-U).

Overview:

- Between 2008 and 2010, Michigan and the nation had a favorable trend in the number of seniors in poverty.
- In 2010, Wayne County had the largest percentage of seniors in poverty (12%), followed by Macomb (8%) and Oakland counties (7%).
- Wayne County had more seniors in poverty than Michigan and the nation, while Oakland and Macomb counties had slightly less.

Access to Health Care

No Health Care Coverage



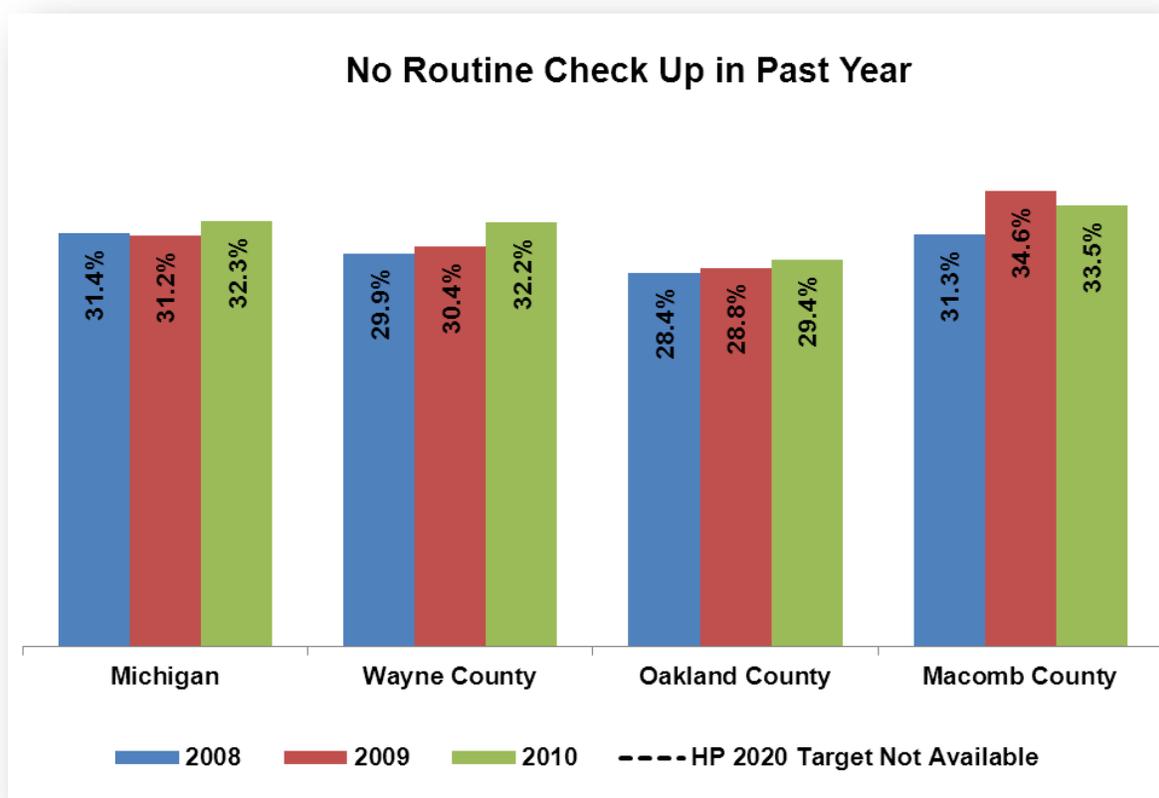
Indicator Definition/Overview: The proportion of adults (aged 18-64) who reported having no health care coverage, including health insurance, prepaid plans such as HMOs, or government plans, such as Medicare.

Healthy People (HP) 2020 Target: 0%

Overview:

- From 2008 to 2010, the percentage of adults (aged 18-64) without health care coverage increased in all markets.
- All markets were unfavorable to the Healthy People 2020 target of 0%.
- In 2010, Macomb County had the largest percentage of adults without health care coverage (15%), followed by Wayne (13.5%) and Oakland (10%).

No Routine Checkup in Past Year

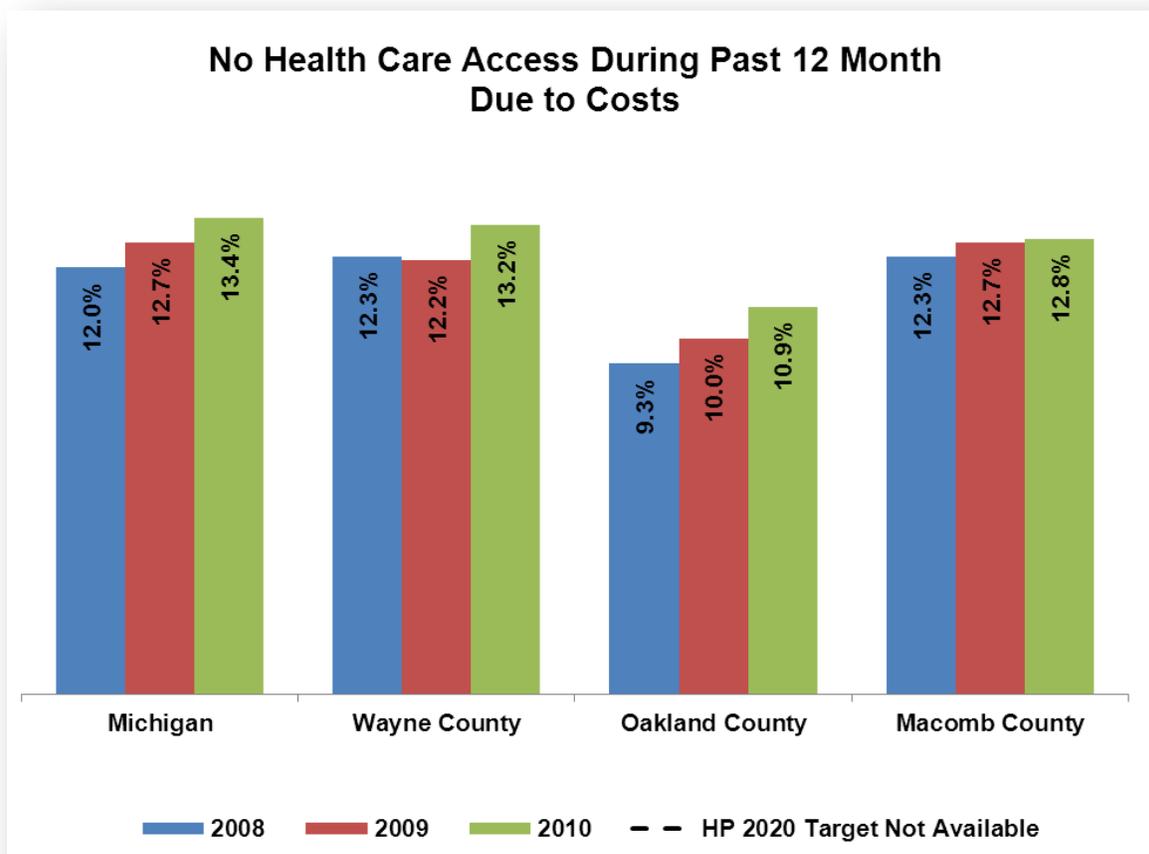


Indicator Definition: The proportion of adults who reported they did not have a routine checkup in the past year.

Overview:

- About one-third of Michigan adults did not receive a routine checkup in the past year.
- Macomb County (33.5%) had the most adults not receiving a routine checkup in the past year, followed by Wayne County (32%) and Oakland County (30%).

No Health Care Access during Past 12 Months Due to Costs

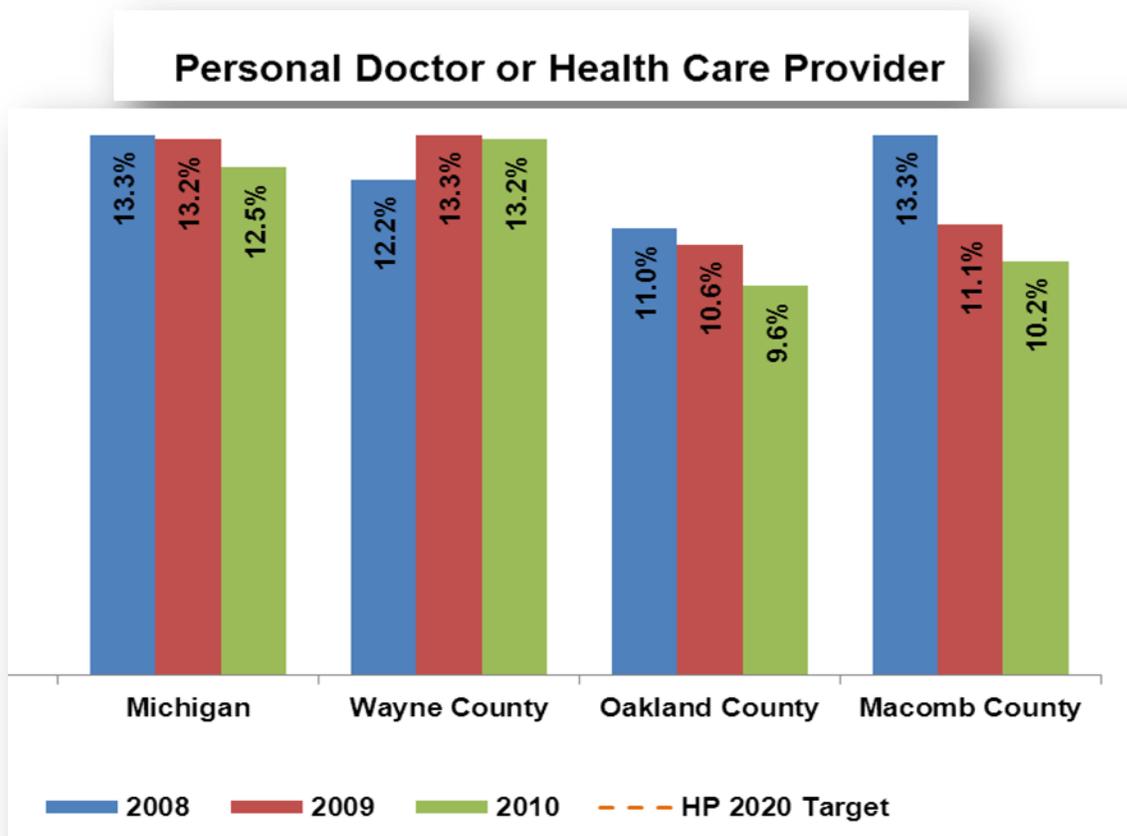


Indicator Definition: The proportion of adults who reported they did not access health care during the past 12 months due to costs.

Overview:

- The number of adults who did not access health care during the past 12 months due to costs increased in all markets.
- In 2010, Wayne County (13%) had the largest number of adults who did not access health care during the past 12 months due to costs, followed by Macomb County (13%) and Oakland County (11%).

Personal Doctor or Health Care Provider



Indicator Definition: The proportion of adults who reported that they did not have anyone that they thought of as their personal doctor or health care provider.

Overview:

- In Michigan, between 2008 and 2010, the percentage of adults who reported not having anyone who they thought of as their personal doctor or health care provider continued to decline.
- Wayne County (13%) has the largest percentage of population reporting no primary care provider, followed by Macomb County (10%), and Oakland County (10%).
- Oakland and Macomb counties have continued to show declines in percentage of population that reported not having a health care provider each year.

CHNA Methodology

The following six-step process was developed and used to conduct the assessment:



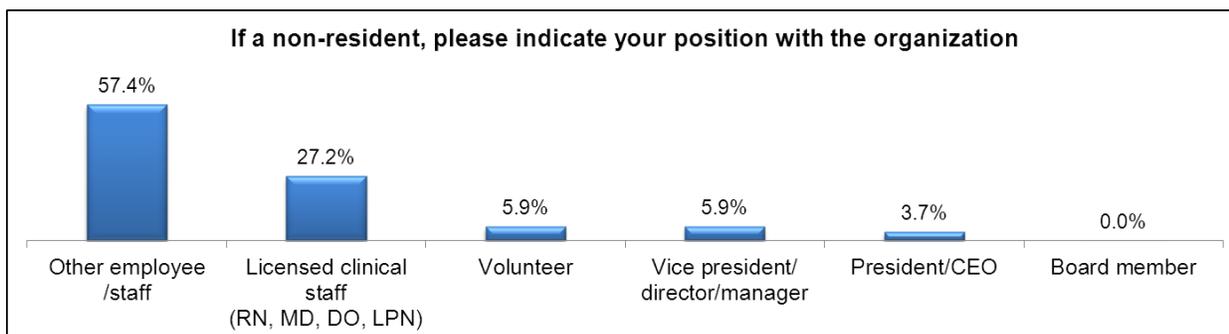
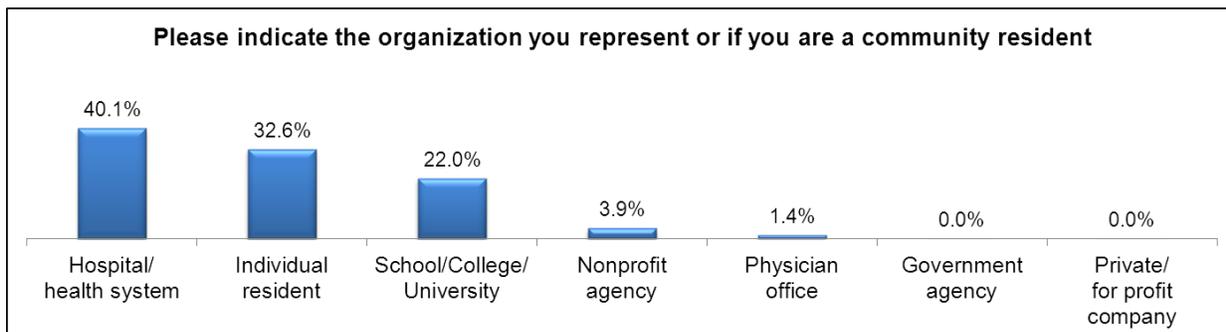
Community Health Needs Survey

An online survey was conducted using surveymonkey.com from October 5, 2011 to April 1, 2012. Respondents were notified of the survey's availability in a variety of ways including: an article posted on the Beaumont Health System's home page (www.beaumont.edu), communication posted on Beaumont's Facebook page, and to participants of Beaumont's community programs/class offerings. Respondents accessed the survey via links posted on the Beaumont Health System's website.

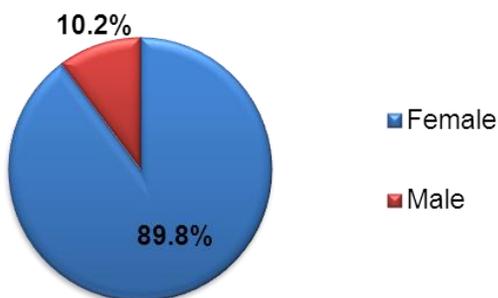
Respondents were asked a series of questions pertaining to health needs and health care access in their community. The results of this survey are based on 282 completed surveys.

It is important to recognize that the results of the online survey are based on a self-selected sample of respondents and may not be fully representative of the population under investigation.

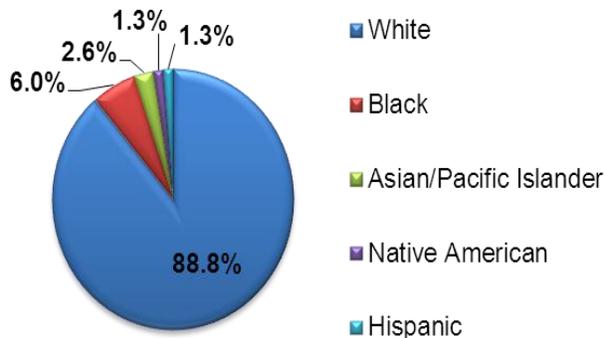
Respondent Demographics



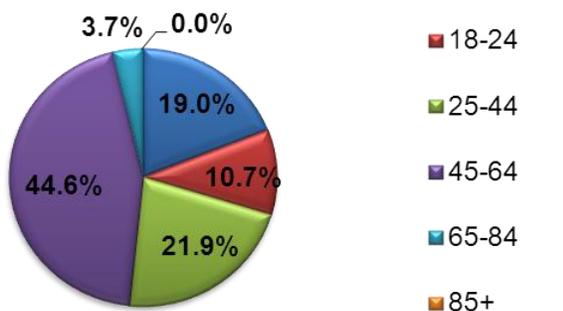
Gender



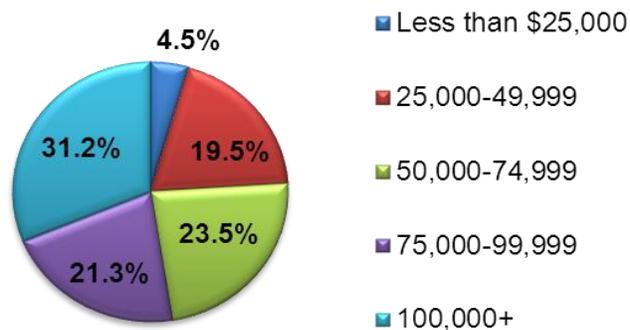
Race

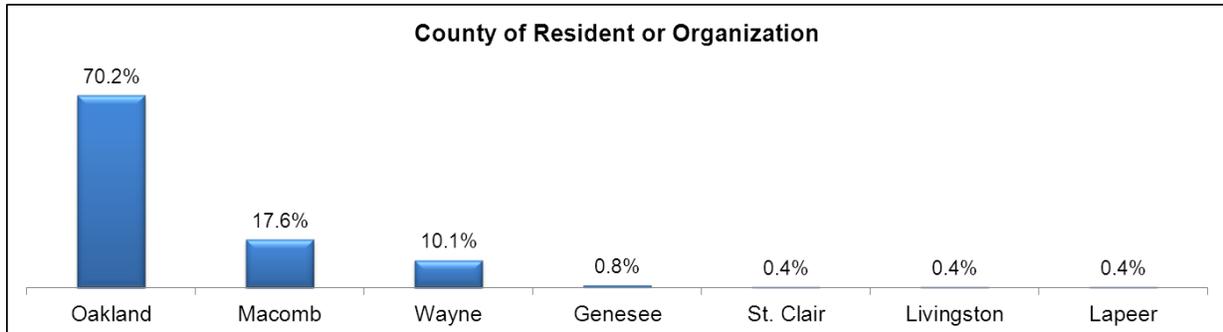
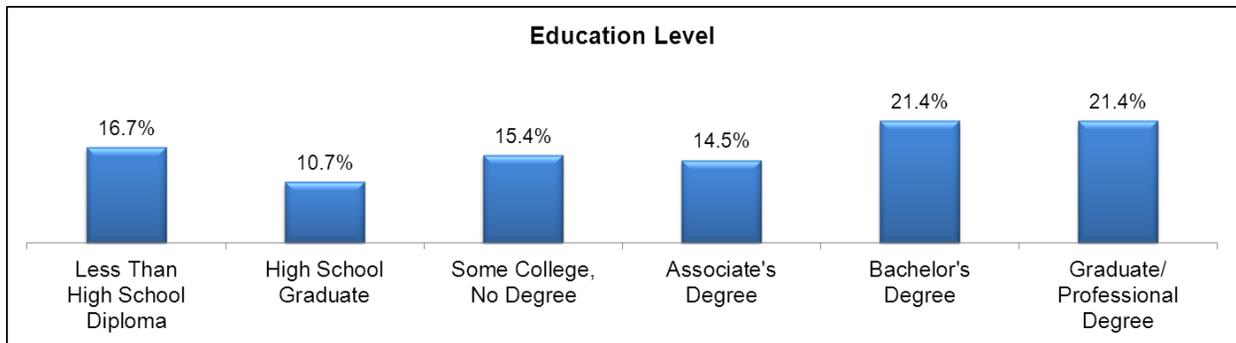


Age



Income





Data Sources and Limitations

Section	Data Source	Data Year(s)	Data Limitations
Service Area Definition	Michigan Inpatient Data Base (MIDB)	2010	No limitations identified
Demographics	U.S. Census Bureau, 2010 American Community Survey; http://www.census.gov/acs/www/	2010	For select regions, sample sizes were too small to produce results. The 2009 ACS and 2010 ACS 1-year estimates use a different Census base year for the population estimates used in the weighting. As a result, users should use caution when making comparisons across years.
Social & Economic Factors	U.S. Census Bureau, 2010 American Community Survey; http://www.census.gov/acs/www/	2010	For select regions, sample sizes were too small to produce results. The 2009 ACS and 2010 ACS 1-year estimates use a different Census base year for the population estimates used in the weighting. As a result, users should use caution when making comparisons across years. Disabilities: under age 5 include hearing and vision. Between ages 5 and 14 includes hearing, vision, cognitive, ambulatory, and self-care difficulties.
	U.S. Department of Education, Institute of Education Sciences, National Center for Education Statistics, NAAL; http://nces.ed.gov/quicktables/index.asp	1992-2003	Literacy skills: Est. population size of aged 16+ in households. Those lacking basic literacy skills include those who scored below basic in prose and those not tested due to language barriers.

Section	Data Source	Data Year(s)	Data Limitations
Health Indicator	Michigan Department of Community Health: Michigan BFRS Regional and Local Health Department Tables; http://michigan.gov/mdch/0,4612,7-132-2945_5104_5279_39424_39427-134707--,00.html	2006-2008, 2007-2009, 2008-2010	Computed using a 3-year Michigan BFRS dataset to maximize sample size. City of Detroit is excluded in Wayne County. The 2009-2010 BRFSS included an optional set of questions related to seasonal and 2009 H1N1 vaccines.
	U.S. Data: Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data http://apps.nccd.cdc.gov/BRFSS/	2008-2010	Only annual data available; 2009 data not available for select measures; mental health data not available.
	Michigan Department of Community Health: Michigan's Health Profile Chart Book 2011 http://manage.baycounty-mi.gov/Docs/Health/StateHealthProfileChartbook.pdf	From the 9/2011 Data Book	Healthy People 2020 targets not available for: asthma, diabetes, heart attack, stroke, colorectal cancer, oral health, and mental health
	Michigan Department of Community Health, Bureau of Substance Abuse and Addiction Services.; http://www.michigan.gov/mdch/0,4612,7-132-2941_4871_45835---,00.html#statistics	2008-2010	No limitations identified
	Michigan Department of Community Health, Bureau of Disease Control, Prevention and Epidemiology, February 2012, Annual Review Of HIV Trends In SE Michigan: http://www.michigan.gov/mdch/0,4612,7-132-2944_5320_5331-36304--,00.html	2008-2010	New diagnoses are estimates based on the number of reported cases adjusted to account for reporting delay; summed counts will not always match due to rounding error. The City of Detroit is not included in Wayne County.
	Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System (YRBSS), http://www.cdc.gov/HealthyYouth/yrbss/index.htm	2005, 2007, 2009	Based on trend analyses using a logistic regression model controlling for sex, race/ethnicity, and grade. Data not available at the county level. 2008 and 2010 data not available.
	National Conference of State Legislatures (NCSL), Childhood Obesity Trends - State Rates	2007	2008-2010 data not available; data not available at the county level.

Section	Data Source	Data Year(s)	Data Limitations
Health Indicator Continued	Division for Vital Records and Health Statistics, Michigan Department of Community Health http://www.mdch.state.mi.us/pha/osr/CHI/hosp/frame.html	2007-2010	2010 data is not available for infant mortality.
	Michigan Department of Community Healths – Statistics on Sexually Transmitted Diseases http://www.mdch.state.mi.us/pha/osr/index.asp?ID=12	2008-2010	Number of cases reported by outpatient clinics, hospitals, doctor's offices and other health facilities. These cases represent testing for Michigan residents whether testing occurred within the State of Michigan or in other states.
	Centers for Disease Control's Statistics on Sexually Transmitted Diseases: http://www.cdc.gov/std/general/default.htm	2008-2010	U.S. rates exclude the outlying areas of Guam, Puerto Rico, and Virgin Islands
Access to Health Care	State and Local Data: Michigan Department of Community Health: Michigan BFRS Regional and Local Health Department Tables, http://michigan.gov/mdch/0,4612,7-132-2945_5104_5279_39424_39427-134707--,00.html	2006-2008, 2007-2009, 2008-2010	Computed using a 3-year combined Michigan BFRS dataset to maximize sample size. City of Detroit is excluded in Wayne County.
	U.S. Data: Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data http://apps.nccd.cdc.gov/BRFSS/	2008-2010	Only annual data available; 2009 data not available for select measures; mental health data not available.

Focus Group Discussions

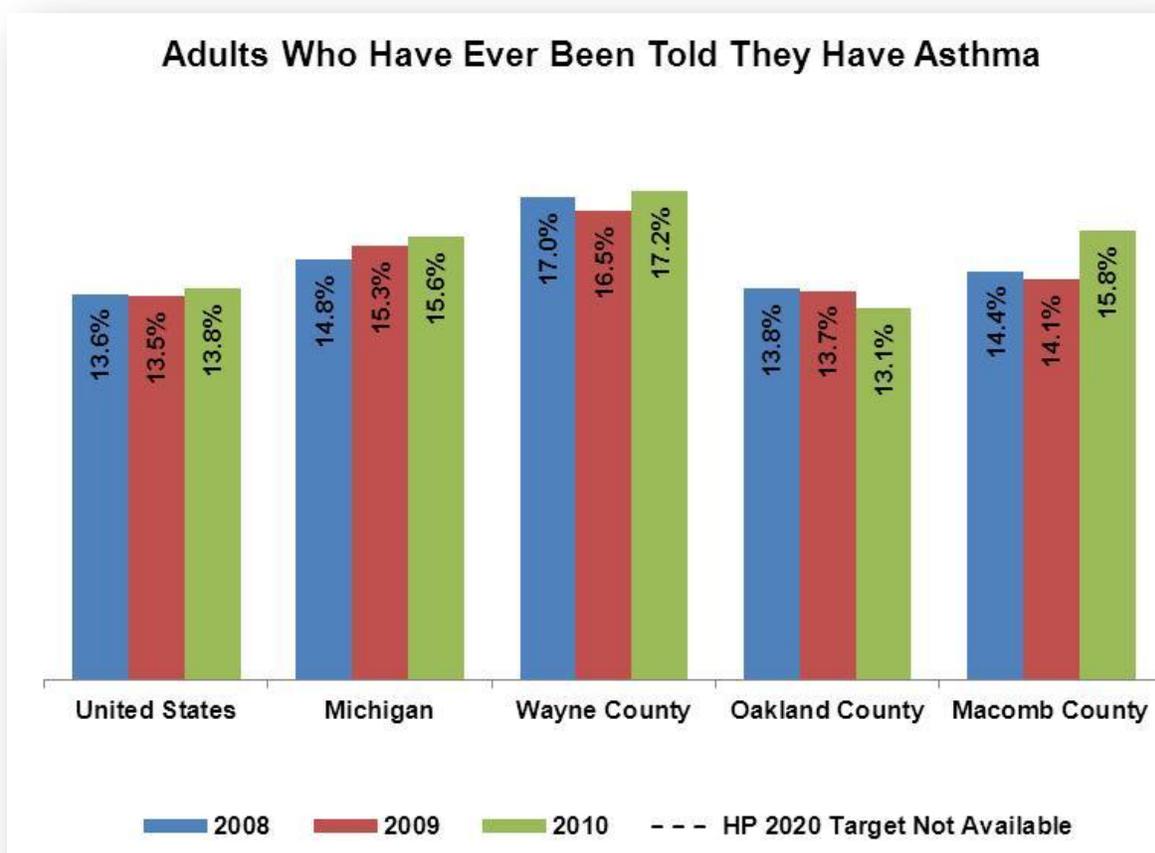
A focus group is a form of qualitative research in which a group of people are asked about their perceptions, opinions and beliefs regarding the assessment results. The community focus groups involved facilitated group discussions with selected individuals, including internal staff/clinicians, county human service staff and community leaders.

Each focus group was limited to individuals that share some specific characteristic (e.g., clinicians (RNs), members of a community organization). Community focus groups provided valuable information on validating the secondary research results, identifying actions that contribute to an indicator's success or failures and identifying ways to overcome barriers.

Organization	Date	Participants
Beaumont Hospital, Royal Oak Nurse Council	2-May-12	48 registered nurses attended with specialization in pediatrics, orthopedics, cardiology, intensive care, psychiatry, epidemiology, radiology, anesthesia, gynecology, obstetrics, surgical and medical, oncology, emergency medicine.
Beaumont Hospital, Troy Nurse Council - Sub Committee	2-May-12	Two administrative managers and five registered nurses attended with specialties in critical care, medical and surgical care, human development, and family medicine.
Oakland County Health Division	2-May-12	George Miller, Director of Department of Health and Human Services; Kathy Forzley, Health Division Manager, and Jennifer Kirby, Health Educators Supervisor
Macomb County Health Division	4-May-12	Janice Chang, Division Director ; Steve Gold, Director, Macomb County Department of Health & Community Services; Gary White, Deputy Health Officer and Dr. Kevin Lokar, Medical Director
Beaumont Community Relations Board Level Committee	9-May-12	Six trustees and board members. 11 staff
Beaumont Hospital, Troy Nurse Council	6-Jun-12	Two administrative managers and five registered nurses attended with specialties in critical care, medical and surgical care, human development, and family medicine.
Beaumont Hospital, Grosse Pointe Nurse Council	6-Jun-12	One administrative manager, thirteen registered nurses

Health Indicators

Asthma

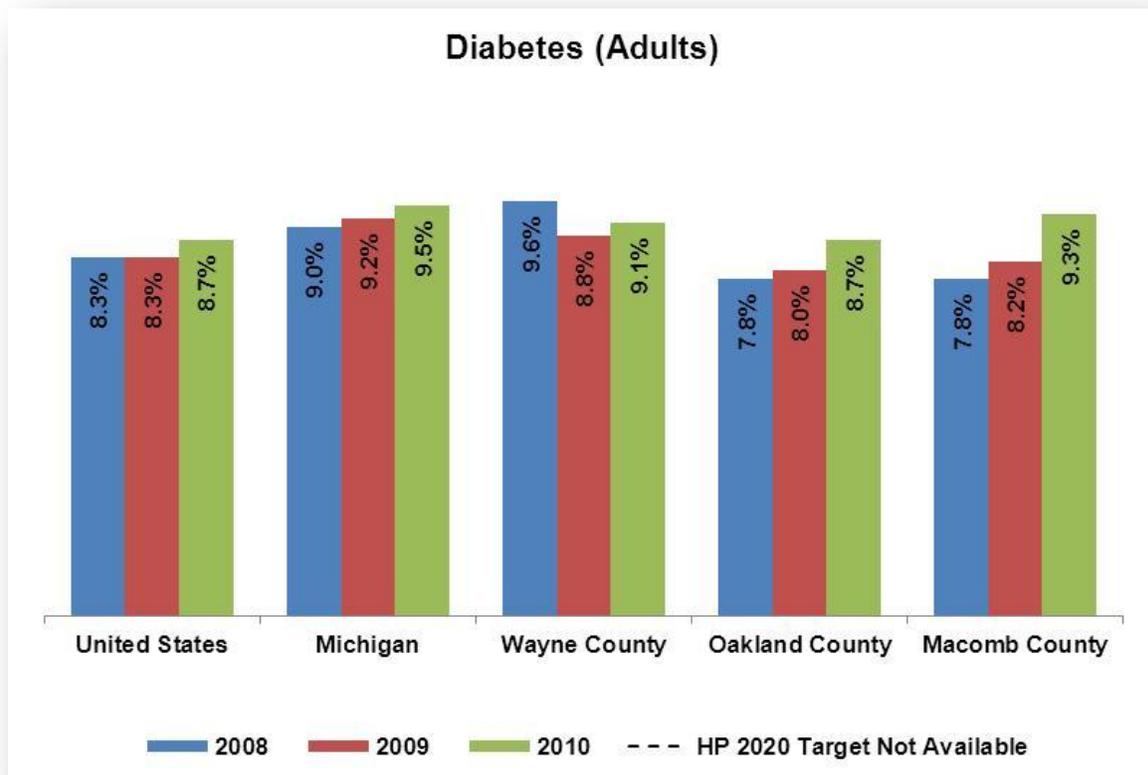


Indicator Definition/Overview: The proportion of adults who reported that they were told by a doctor, nurse or other health professional that they have asthma.

Overview:

- The prevalence of asthma in the U.S. and Michigan increased over the past three years.
- Michigan has a higher prevalence of adults with asthma than the U.S.
- In 2010, Wayne County had the largest number of adults with asthma (17%), followed by Macomb County (16%), and Oakland County (13%).
- From 2008 to 2010, the percentage of Oakland County adults with asthma declined, while Wayne and Macomb counties had increased.

Diabetes

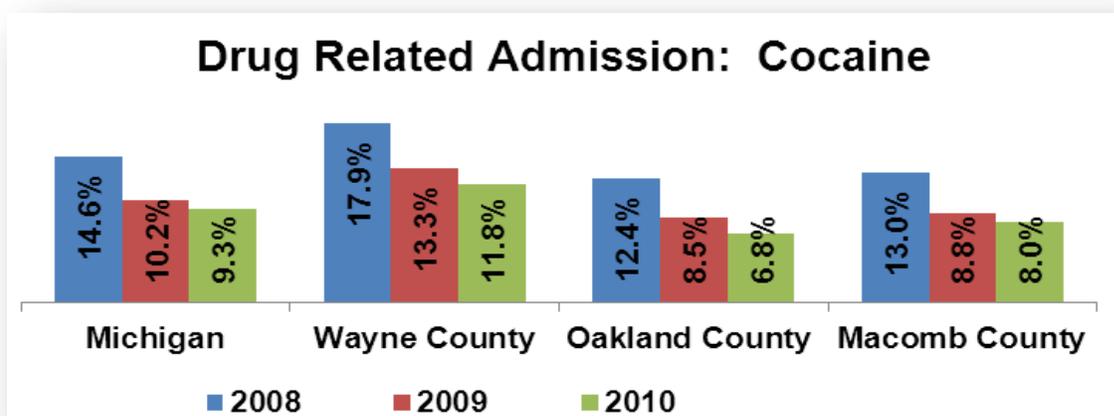
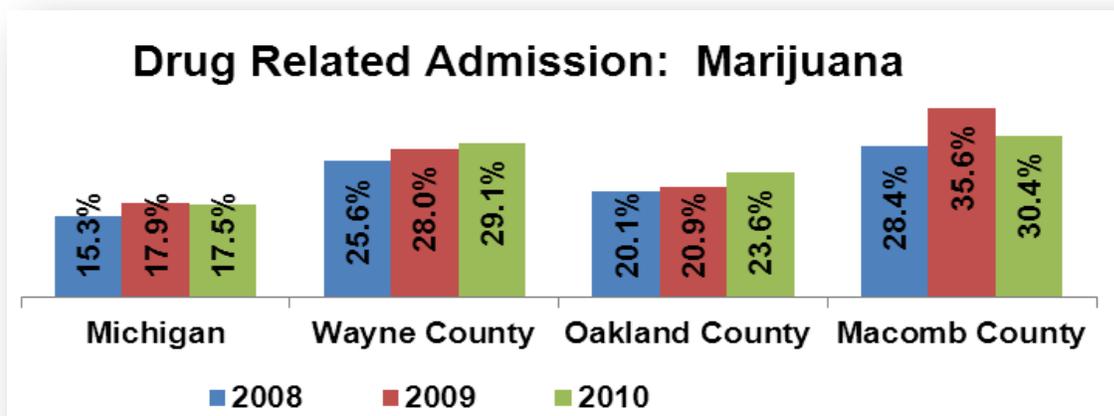


Indicator Definition/Overview: The proportion of adults who reported that they were ever told by a doctor that they have diabetes. Women who had diabetes only during pregnancy and adults who were diagnosed with pre-diabetes were considered to not have been diagnosed with diabetes.

Overview:

- From 2008 to 2010, the percentage of adults with diabetes in Michigan and the U.S. showed unfavorable increases.
- Michigan has a higher prevalence of adults with diabetes than the nation.
- In 2010, the percentage of adults with diabetes in all three counties was around 9%, similar to both Michigan and the U.S.
- Between 2008 and 2010, Oakland and Macomb counties had year-over-year increases in the proportion of adults with diabetes.

Drug Related Admission: Marijuana and Cocaine

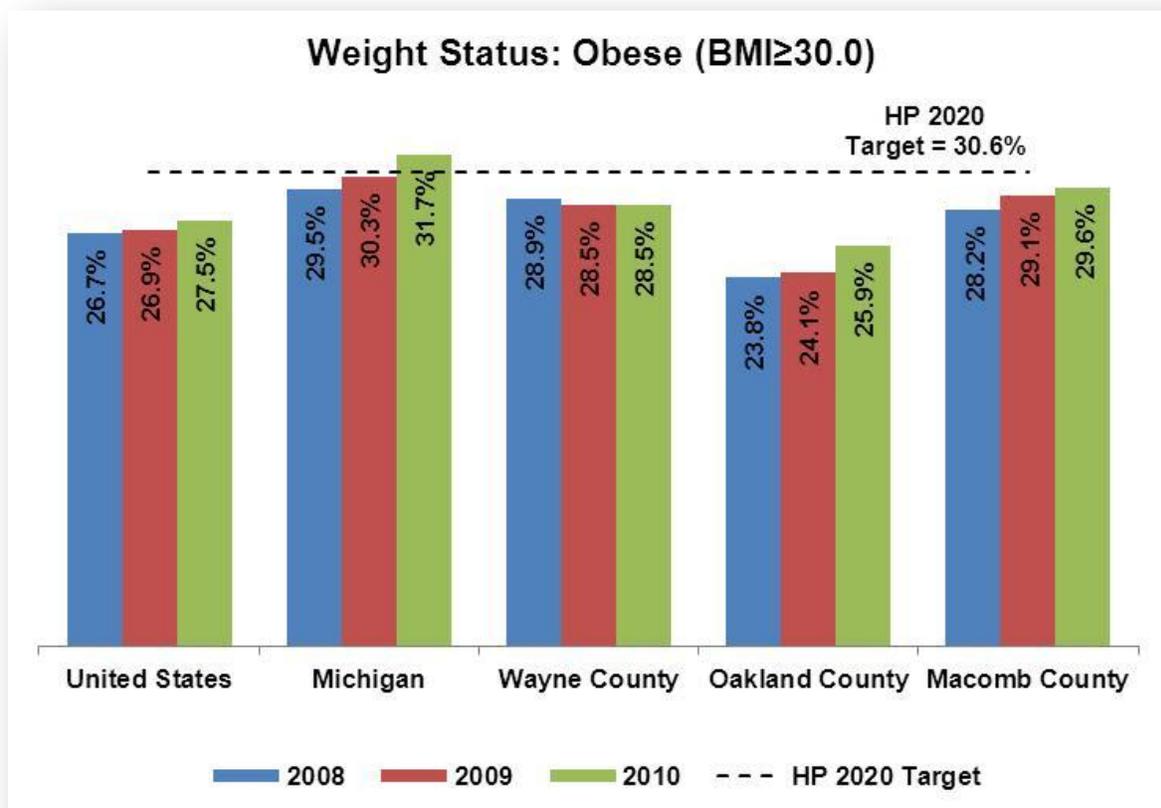


Indicator Definition/Overview: The proportion of adults admitted to a substance abuse treatment center with a primary substance of marijuana and cocaine.

Overview:

- More adults are admitted to substance abuse hospitals due to marijuana than cocaine.
- The proportion of adults with a primary reason for admission being marijuana is higher in the tri-county market (24-30%) than in Michigan (17.5%).
- The proportion of adults with a primary substance of cocaine reported at admission is higher in Wayne County (12%) than in Macomb (8%) and Oakland (7%) counties.

Obesity – Adult



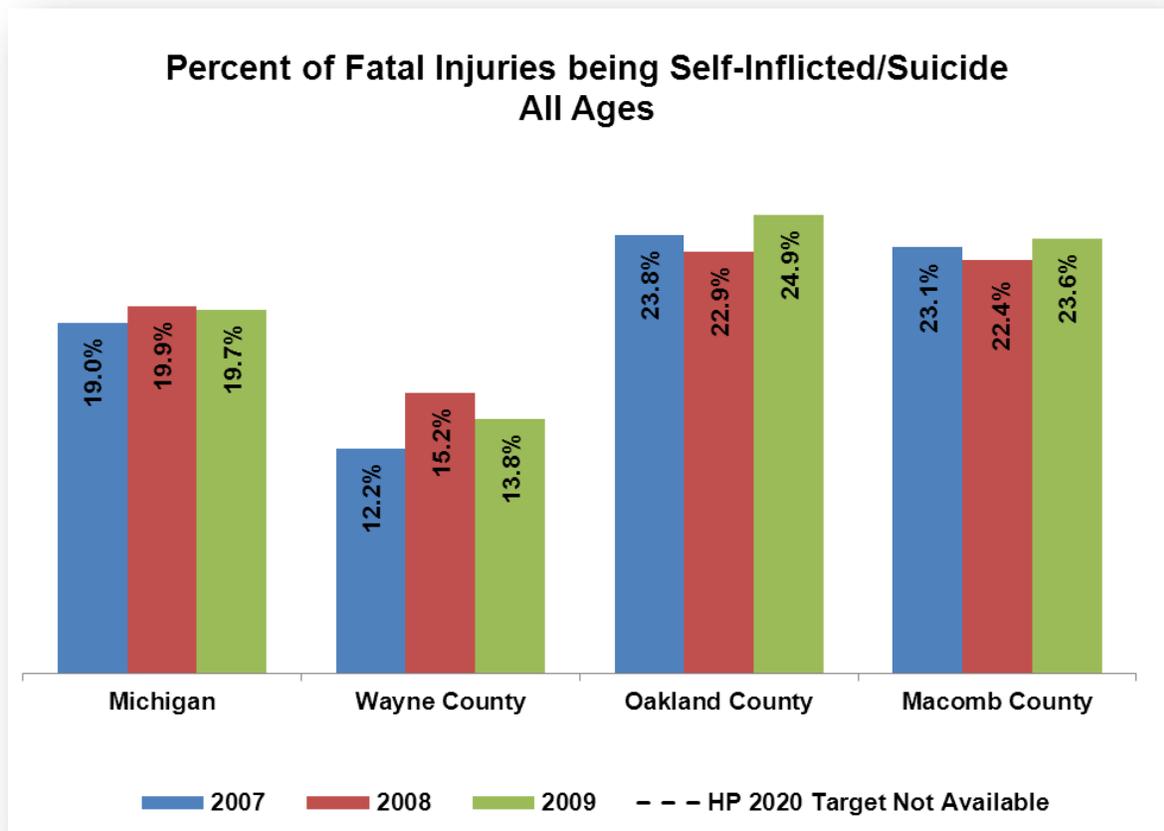
Indicator Definition: The proportion of adults whose Body Mass Index (BMI) is 30.0 or higher. BMI is defined as weight divided by height squared [weight in kg/(height in meters)²]. Pregnant women were excluded.

Healthy People (HP) 2020 Target: Reduce the proportion of adults (aged 20+) who are obese to 30.6%.

Overview:

- From 2008 to 2010, the percentage of adults classified as obese increased in Michigan and the U.S.
- All markets, except Michigan, were favorable to the Healthy People 2020 target of 30.6%.
- In 2010, Macomb County (30%) had the largest percentage of obese adults, followed by Wayne County (29%), and Oakland County (26%).

Suicide, All Ages



Indicator Definition: The proportion of fatal injuries that were self-inflicted and/or suicide; includes all ages.

Overview:

- The percentage of fatal injuries that were self-inflicted and/or suicide increased in Oakland and Macomb counties, both with results higher than Michigan.
- Oakland County had the highest percentage of fatal injuries that were self-inflicted and/or suicide with 25% followed by Macomb County at 24% and Wayne County at 14%.

Implementation Plan

Beaumont Royal Oak Implementation Plan					
Problem Statement		BRO Programs	BRO Description	Outcomes	
Problem	Why?	How?	How, Specifically?	Immediate	Long-term
Asthma- The prevalence of asthma in the U.S. and Michigan increased between 2008 and 2010.	In 2010, Wayne County had 17% of adults with asthma, Macomb with 16%, and Oakland with 13%.	Beaumont Partners With CARE of Macomb County To Deliver The “Tar Wars” Tobacco Cessation Program	Promotes a tobacco-free lifestyle, as well as teaching about handling peer pressure and the pitfalls of tobacco advertising.	Students learn how smoking and tobacco use harms their health and provides tools to make healthy choices.	Decrease the % of adults and children with asthma.
			Early prevention education to elementary students.		
			A 50-minute session, available to anyone in southeastern, MI.		
		Beaumont’s Lung Nodule Clinic	Early diagnosis and expedited care for pulmonary nodules, abnormalities in the lung.	Lung abnormalities are diagnosed early.	
		Breathers Club	Focuses on providing education and emotional support for those with asthma.	Patients with Chronic Pulmonary Illness are educated to enhance their quality of life.	
Bi-monthly support and educational group.					
Healthy Kids Program	This 12 week program is designed for children, from the ages of 3 through 18, who are overweight and would benefit from a multidisciplinary educational program that focuses on improving health through nutrition, exercise and behavior modification.	Prevents medical conditions associated with childhood obesity, including asthma.			

Beaumont Royal Oak Implementation Plan					
Problem Statement		BRO Programs	BRO Description	Outcomes	
Problem	Why?	How?	How, Specifically?	Immediate	Long-term
Diabetes- The percentage of adults with diabetes in Michigan and the U.S. has increased between 2008 and 2010.	In 2010, Wayne, Oakland, and Macomb counties showed 9% of adults had diabetes.	Diabetes Education	Program designed for individuals newly diagnosed with diabetes or those who have a history of diabetes.	Participants are educated on how to manage diabetes.	Decrease the % of adults and children with diabetes.
		Diabetes Personal Action Toward Health (PATH)	A 6 week workshop designed to provide the skills and tools needed by people living with diabetes to improve their health and manage their symptoms.	People are better equipped to face the daily challenges of living with diabetes.	
		Diabetes Support Group	Support group for individuals with diabetes.	Participants with diabetes are educated and supported.	
		Food for the Heart	A class that teaches how to lower cholesterol and blood pressure to better manage diabetes.	Participants learn how to manage their diabetes.	
		Gestational Diabetes Program	A program that teaches pregnant women how to control their diabetes and look forward to a healthy pregnancy and baby.	Women learn how to manage their diabetes for a healthy pregnancy.	
		Healthy Kids Program	This 12 week program is designed for children, from the ages of 3 through 18, who are overweight and would benefit from a multidisciplinary educational program that focuses on improving health through nutrition, exercise and behavior modification.	Prevents medical conditions associated with childhood obesity, including diabetes.	

Beaumont Royal Oak Implementation Plan					
Problem Statement		BRO Programs	BRO Description	Outcomes	
Problem	Why?	How?	How, Specifically?	Immediate	Long-term
Diabetes- The percentage of adults with diabetes in Michigan and the U.S. has increased between 2008 and 2010.	In 2010, Wayne, Oakland, and Macomb counties showed 9% of adults had diabetes.	Lifestyle Series 2012	A series of lectures on a variety of health-related topics presented by Beaumont health care professionals	Participants are educated on exercise, nutrition, cardiovascular health, and psychology health.	Decrease the % of adults and children with diabetes.
		Metabolic Fitness Program	A 12 week program that teaches how to overcome metabolic syndrome through proper nutrition, exercise and weight loss.	Participants decrease their risk of heart disease, stroke and diabetes.	
		Nutrition Therapy	One on one education for people with diabetes.	People are educated about diabetes.	
		Pre-Diabetes Education	The one-session program is designed for individuals who have been diagnosed with pre-diabetes and have a greater risk of developing diabetes within 10 years.	Participants will identify their risk factors and learn how to make lifestyle changes to delay or prevent developing diabetes.	

Beaumont Royal Oak Implementation Plan					
Problem Statement		BRO Programs	BRO Description	Outcomes	
Problem	Why?	How?	How, Specifically?	Immediate	Long-term
Drug Related Admission- The percentage of adults admitted due to marijuana use is steady in Michigan, while admissions due to cocaine use are decreasing.	In 2010, drug related admission due to Marijuana was 29% in Wayne, 24% in Oakland, and 30% in Macomb counties. Drug related admission due to Cocaine was 12% in Wayne, 7% in Oakland, and 8% in Macomb.	West Bloomfield Community Coalition (WBCC)	Community program addressing drug and alcohol use to help ensure that the youth in the community grow to their greatest potential.	Reduce high risk behaviors including alcohol, tobacco and other drug use.	Decrease the % of adults and children who are admitted due to drug abuse.

Beaumont Royal Oak Implementation Plan					
Problem Statement		BRO Programs	BRO Description	Outcomes	
Problem	Why?	How?	How, Specifically?	Immediate	Long-term
Obesity- The percentage of adults classified as obese has increased in Michigan and U.S. from 2008 to 2010.	In 2010, Macomb had the highest percentage of obese adults (30%), followed by Wayne (29%), and Oakland (26%) counties.	7 Tests for \$70	Provides Cardiovascular disease screening, which includes: Blood pressure check, Body Mass Index, blood cholesterol and hemoglobin A1c, 12-lead EKG, carotid artery ultrasound, and abdominal aortic aneurysm ultrasound.	Provides patients an opportunity to receive inexpensive testing to prevent complications from heart and vascular disease.	Decrease the % of adults and children classified as obese.
			For individuals with higher risk for heart or vascular disease.		
		Bariatric Surgery Seminar	An informational session discussing the various forms of weight loss surgery available.	Participants are educated on bariatric surgery and can decide if it is the right choice for their weight loss needs.	
		Bariatric Surgery Support Group	A support group open to all bariatric surgical patients in Beaumont's program and those individuals who are committed to having weight loss surgery.	Patients who have had bariatric surgery are supported and educated to ensure long term success.	
		Bike Day	Children with special needs are fitted with adaptive bicycles.	Children with special needs are given the opportunity to be physically active.	
			Promotes physical activity for children.		
		Cooking Class	A cooking class that demonstrates how to make healthful and delicious dishes for the everyday cook.	Participants learn how to cook and eat healthy.	
Food for the Heart	A class that teaches how to lower cholesterol and blood pressure to better manage weight loss.	Participants learn how to eat healthy to promote weight loss.			

For a complete list of programs visit <http://classes.beaumont.edu/ClassCatalog.aspx?Loc=>

Beaumont Royal Oak Implementation Plan					
Problem Statement		BRO Programs	BRO Description	Outcomes	
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Obesity- The percentage of adults classified as obese has increased in Michigan and U.S. from 2008 to 2010.	In 2010, Macomb had the highest percentage of obese adults (30%), followed by Wayne (29%), and Oakland (26%) counties.	Healthy Heart Check	Program designed to help teens detect their risk for sudden cardiac arrest.	Teens are educated about how to maintain a healthy heart.	Decrease the % of adults and children classified as obese.
		Healthy Kids Program	This 12 week program is designed for children, from the ages of 3 through 18, who are overweight and would benefit from a multidisciplinary educational program that focuses on improving health through nutrition, exercise and behavior modification.	Prevents medical conditions associated with childhood obesity.	
		Lifestyle Series 2012	A series of lectures on a variety of health-related topics presented by Beaumont health care professionals	Participants are educated on exercise, nutrition, cardiovascular health, and psychology health.	
		Metabolic Fitness Program	A 12 week program that teaches how to overcome metabolic syndrome through proper nutrition, exercise and weight loss.	Participants decrease their risk of heart disease, stroke and diabetes.	
		Newton Health Clinic	Delivers health care to elementary students by offering services that include: physical examinations, health education, chronic illness management, and other services.	Children receive health care services that promote wellbeing.	
		Nutrition Class	A nutrition education class that teaches the basic concepts of nutrition including label reading, meal planning, and portion control.	Participants learn how about nutrition and eating healthy.	

Beaumont Royal Oak Implementation Plan					
Problem Statement		BRO Programs	BRO Description	Outcomes	
Problem	Why?	How?	How, Specifically?	Immediate	Long-term
Obesity- The percentage of adults classified as obese has increased in Michigan and U.S. from 2008 to 2010.	In 2010, Macomb had the highest percentage of obese adults (30%), followed by Wayne (29%), and Oakland (26%) counties.	Nutrition Therapy	One on one education for people who are obese.	People are educated about obesity.	Decrease the % of adults and children classified as obese.
		Project Healthy Schools	A 12-week program in partnership with the University of Michigan Cardiovascular Center.	Students learn about healthier lifestyles and are encouraged to make better food choices and get more physical activity.	
			Currently offered in 15 locations throughout Michigan.		
		W.E.L.L Program (Women Exercising to Live Longer)	Provides exercise sessions, lifestyle counseling, diet and nutrition counseling emphasizing weight control and stress management.	Women are educated and counseled about healthy lifestyles.	
		Weight Control Seminar	A Multidisciplinary program to provide personalized weight loss solutions.	Patients feel better and gain positive attitudes toward healthy eating and exercise.	
Wellness to Well-Being	A healthy lifestyle series focusing on nutrition, physical activity and weight management.	Patients learn how to lead healthy lifestyles.			
	Three, 90-minute sessions, held at Beaumont's Medical Center Macomb Township.				

Beaumont Royal Oak Implementation Plan					
Problem Statement		BRO Programs	BRO Description	Outcomes	
Problem	Why?	How?	How, Specifically?	Immediate	Long-term
Suicide- The percentage of fatal injuries that were self-inflicted and/or suicide increased in Oakland and Macomb counties, both with results higher than Michigan.	Oakland County had the highest percentage of suicide with 25%, followed by Macomb County at 24%, and Wayne County at 14%.	Bereaved Parents Support Group	A support group that assists parents who have lost an infant during pregnancy or as a newborn.	Parents are provided support and tools to help cope with the loss of their baby.	Decrease the suicide rate in Michigan.
		Children's Bereavement Art Therapy	A program at Beaumont's Hospice in Madison Heights that provides art and play therapy for children and teens who have experienced a loss.	Children and teens are able to share their worries and fears, as well as good memories of their loved one.	
		Healthy Kids Program	This 12 week program is designed for children, from the ages of 3 through 18, who are overweight and would benefit from a multidisciplinary educational program that focuses on improving health through nutrition, exercise and behavior modification.	Prevents depression and self-esteem issues associated with childhood obesity.	
		Lifestyle Series 2012	A series of lectures on a variety of health-related topics presented by Beaumont health care professionals	Participants are educated on exercise, nutrition, cardiovascular health, and psychology health.	
		Mental Health First Aid (With Common Ground)	Education for caretakers and community members to identify and better understand a mentally ill patient.	Caretakers can identify a potentially suicidal person and know how to get that person help.	
			Held at Beaumont Royal Oak and Troy hospitals.		

Beaumont Royal Oak Implementation Plan					
Problem Statement		BRO Programs	BRO Description	Outcomes	
Problem	Why?	How?	How, Specifically?	Immediate	Long-term
Suicide- The percentage of fatal injuries that were self-inflicted and/or suicide increased in Oakland and Macomb counties, both with results higher than Michigan.	Oakland County had the highest percentage of suicide with 25%, followed by Macomb County at 24%, and Wayne County at 14%.	NoBLE - Support for Bullied Children	A network of clinical services designed to address the critical needs of children, adolescents, young adults, parents, caregivers, and educators who have been exposed to bullying as a bully, victim, or bystander/witness.	Children and families affected by bullying receive help dealing with bullying.	Decrease the suicide rate in Michigan.
		Postpartum Adjustment Support Group	This support group provides a safe and supportive environment for families dealing with postpartum adjustment issues.	Participants learn how to cope with the issues associated with postpartum adjustment.	

Health Facilities and Other Health Resources

- Free or Low Cost Primary Care from a Doctor or Nurse: This section has information on primary care clinics that will help people with low income or no health insurance.
- Free or Low Cost Mental Health Care: This section can help you contact your local Community Mental Health Agency and other places offering mental health care.
- Free or Low Cost Care from a Dentist: This section has information on how to find a dentist that treats low income people, elderly people, or people with special needs.
- Free or Low Cost Prescription Medication: This section has information on low cost prescription drugs.
- Free or Low Cost Testing and Treatment for Sexually-Transmitted Infections: This section can help you locate your local health department or other clinics with free or low cost testing and treatment for sexually-transmitted infections.
- Free or Low Cost Family Planning Services: This section has information on family planning services and clinics.
- Free or Low Cost Testing and Treatment for Breast or Cervical Cancer: This section can help low income women get tests or treatment for breast or cervical cancer.
- Help with a Chronic Disease: This section has links to information on managing chronic diseases like diabetes or heart disease.
- Help with Disabilities: This section has information about health care coverage for persons with disabilities.
- Hospital or Emergency Care: This section can help you find a hospital near you.
- Help with Substance Abuse or Problems Gambling: This site offers information on how to get help with substance abuse or gambling problems.
- Services for Children & Teens: Information about what health care coverage is available for children and teens.
- Services for Seniors: Information about health care coverage available for seniors

- [Services for Pregnant Women](#): Information about health care coverage available to pregnant women.
- [Other Sources for Help with Health Care](#): This section has links that may help if you can't find your answer above.

Additional Health Care Resources

- [Children's Special Health Care Services](#)
- [Women, Infants, & Children \(WIC\)](#)
- [Public Health Administration](#)
- [Family Planning Services](#)
- [MDCH - Oral Health](#)
- [Mental Health and Substance Abuse Administration](#)
- [DLEG - Office of Financial and Insurance Regulation](#)
- [Department of Human Services](#)
- [Assistance Programs in Michigan](#)
- [Medicaid](#)
- [ZIAD Healthcare](#)
- [Where to Find Care](#)
- [Family-to-Family Health Information & Education Center](#)
- [Michigan Dental Association](#)
- [Free Clinics of Michigan](#)
- [Michigan Health and Hospital Association](#)
- [Michigan Primary Care Association](#)
- [United Way 2-1-1](#)
- [Michigan Association of Community Mental Health Boards](#)

Acknowledgments

We would like to thank the following organizations that provided data and/or input into the assessment:

- Beaumont Family Medicine Center
- Beaumont Executive Committee
- Beaumont Board of Directors
- Beaumont Community Relations Committee (Board Level)
- Beaumont, Royal Oak Nurse Council
- Beaumont, Troy Nurse Council
- Beaumont, Grosse Pointe Nurse Council
- Beaumont Employees
- CARE
- Centers for Disease Control (CDC)
- Grosse Pointe Chamber of Commerce
- Grosse Pointe Public School System
- Macomb County Health Department
- Marian High School
- Michigan Department of Community Health
- Michigan Health and Hospital Association
- Migration Policy Institute: Michigan Language & Education
- New Beginnings Animal Rescue
- Oakland County Health Department
- Oakland-Macomb OB-GYN, Inc.
- Oakland University
- Services for Older Citizens
- U.S. Department of Education