Henry Ford Health System

HENRY FORD HEALTH SYSTEM

Community Health Needs Assessment 2013

Our Mission

To improve human life through excellence in the science and art of health care and healing.

Our Vision

Transforming lives and communities through health and wellness – one person at a time.

Greetings,

Reaching out to improve the health of the people we serve through community programs and intervention strategies is at the core of the Henry Ford Health System mission.

On behalf of the more than 23,000 HFHS employees and physicians and the Board of Trustees, and the communities we serve, the triennial *Community Health Needs Assessment & Community Benefit Implementation Plan* identifies the strategic areas of focus that assist us to target services and skills where most needed, where the greatest measurable impact will be realized.

Partnering with local, state and national organizations, and through engagement with community leaders and a network of community assets, we can multiply our effectiveness and create strong, dynamic systems to address our region's health issues and their root causes. Our objective is not simply to offer assistance, but to create opportunities to build capacity for sustainable, improved health in the communities we serve.

In accordance with corporate policy, the Henry Ford Health System Board of Trustees reviewed and approved this report at its December 20, 2013 meeting. We hope it will provide you with new insight into the pressing health needs of our region, and the priority work we do to transform lives and communities through health and wellness – one person at a time.

Sincerely,

Nancy M. Schlichting
Chief Executive Officer

Sandra L. Pierce
Chair, Board of Trustees

Kimberlydawn Wisdom, MD, MS
Sr. Vice President Health and Equity
Chief Wellness Officer
Co-Chair, Community Pillar Team

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Executive Summary

The assessment of community health needs is an essential function of a health care organization for several reasons. First, it provides an understanding of the demographics and major health needs of the communities served and insight into what services should be offered to meet those needs. Second, by understanding the major health needs of the community, strategies can be prioritized and a more tailored approach developed, resulting in greater use of the limited resources of many healthcare organizations. Third, vulnerable populations with significant health needs can be identified and targeted such as the poor, uninsured, underinsured, or various racial-ethnic or other vulnerable populations that may have otherwise been overlooked. Through identification, programs can then be developed so they receive appropriate and timely access to health services. In addition, the community health needs assessment process encourages an organization to identify and partner with other organizations and community agencies. Through partnership, knowledge can be shared and resources can be pooled and more optimally utilized to benefit the communities served.

Henry Ford Health System through the Community Pillar completed the Community Health Needs Assessment (CHNA) in 2013. The assessment includes the following major components:

- **Section 1 - Description of Henry Ford Health System**
  Provides an overview of the major divisions of Henry Ford Health System, as well as describing the mission, vision, and values of the organization, and "The Henry Ford Experience" framework.

- **Section 2 - Methodology for Defining Target Communities**
  Outlines the methodology used for defining the geographic regions that are the focus of this assessment, and matching those regions to a specific Henry Ford Health System hospital.

- **Section 3 – Profile of Tri-County Area Demographics**
  Provides a demographic overview of the Tri-County area along dimensions such as population size & growth, age, gender, income, education, race/ethnicity, and unemployment.

- **Section 4 – Assessment of Significant Health Issues**
  Description of key at-risk populations such as the uninsured, infants, minorities, and the homeless. Also provides figures for various dimensions around preventative health, lifestyle factors, chronic conditions, death rates, and preventable hospitalizations.

- **Section 5 – Survey Results of Key Stakeholders**
  Provides the results of a survey that was administered by Henry Ford Health System to key stakeholders around the Tri-County area, who provide services to the community, or represent a segment of the population, such as health departments, federally qualified health clinics, and nonprofit organizations.

- **Section 6 – CHNA recommended priorities**
  This section outlines the recommended priorities for the Tri-County area based on the community health needs assessment process and the quantitative and qualitative data that was collected.

- **CHNA Implementation Plan**
  Includes a Community Benefit Plan developed in keeping with the priorities identified from the CHNA and the strategic planning process of Henry Ford Health System. Specific elements reflect health system-wide and hospital-specific strategies, including locally non-duplicative services, documented severity of problems/high utilization rates, existing organizational and partner expertise, and available internal and external resources.

Information for this CHNA was obtained from a variety of different sources including the Michigan Department of Community Health (MDCH), Michigan Behavioral Risk Factor Survey, Claritas Inc. /Truven Health Analytics, Michigan State Homeless Management Information System (MSHMIS), and the Michigan Inpatient Database. In addition, a Henry Ford Health System survey of community leaders and representatives was conducted to gain an understanding of important health priorities in the communities we serve, and activities to address identified health priorities.

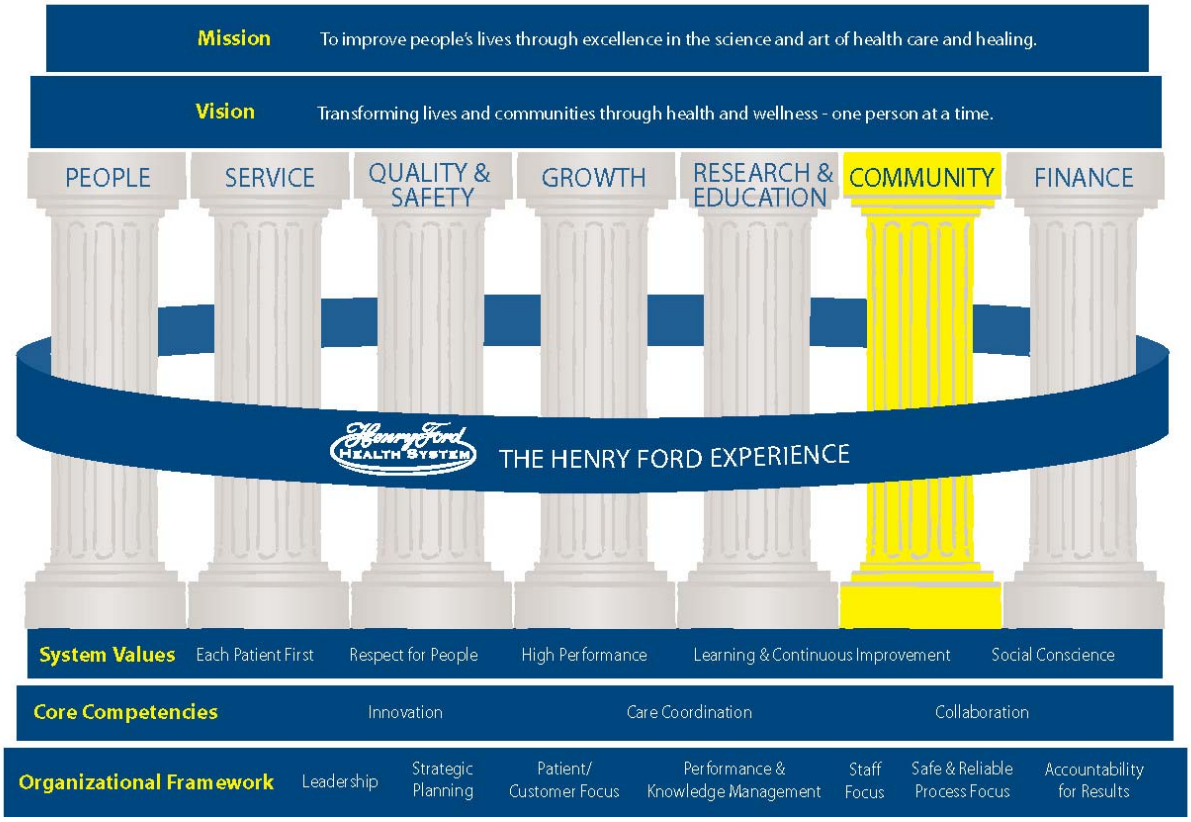
Section 1: Description of Henry Ford Health System

Henry Ford Health System (HFHS) is one of the nation's leading integrated healthcare systems and provides a full continuum of health care services primarily to the residents of Southeastern Michigan. The system provides acute, post-acute, specialty, primary and preventive care services supported by clinical education and research. HFHS consists of a network of hospitals, ambulatory medical centers, nursing homes, and specialty, retail and community outreach centers, as well as a managed care organization. HFHS sees nearly 100,000 inpatient discharges and 3.2 million outpatient visits on an annual basis. With regard to employment, there are more than 23,000 total employees making HFHS a major employer for the community.

With regard to hospital care, Henry Ford Health System is accessed by patients through various entry points. Henry Ford Hospital (HFH), a 877-bed tertiary care hospital with a Level 1 trauma center located in Detroit, serves as a community hospital for local residents and as a tertiary/quaternary referral center for the region, supported by approximately 1,200 employed physicians of the Henry Ford Medical Group (HFMG), who also provide care in Henry Ford Medical Centers located throughout southeastern Michigan. Four suburban community hospitals provide acute inpatient and ambulatory services – Henry Ford Macomb Hospital (HFMH), with 349 beds; Henry Ford Wyandotte Hospital (HFWH), with 401 beds; Henry Ford Macomb Hospital – Warren Campus (HFMH-WC), with 203 beds; and Henry Ford West Bloomfield Hospital (HFWBH), with 191 beds. In addition, inpatient care for patients with acute mental illness and various outpatient programs are offered through Henry Ford Kingswood Hospital with 100 beds and Henry Ford Macomb Hospital-Mount Clemens with 86 beds; and chemical dependency services are offered through the Maplegrove Center.

Patients and the community also access HFHS through Community Care Services, which offers a broad level of services at numerous geographic locations throughout southeastern Michigan. Service offerings include nursing homes, senior care, pharmacies, home health, hospice care, occupational health, dialysis services, eye care, and a cancer center. In addition, HFHS touches more than 670,000 members through operation of the Health Alliance Plan, a nonprofit managed care organization.

The mission of Henry Ford Health System is to improve people's lives through excellence in the art and science of health care and healing with the vision of transforming lives and communities through health and wellness one person at a time. To reach this vision, Henry Ford utilizes "The Henry Ford Experience" model below, which addresses several dimensions of performance for the organization, with one of the major pillars being "Community".



The Community Pillar team provides executive oversight of the community health needs assessment for Henry Ford Health System. The goal of this assessment is to describe the major health needs of the communities HFHS serves, as well as to identify populations who are underserved and most in need such as minorities, the poor, and the uninsured/underinsured.

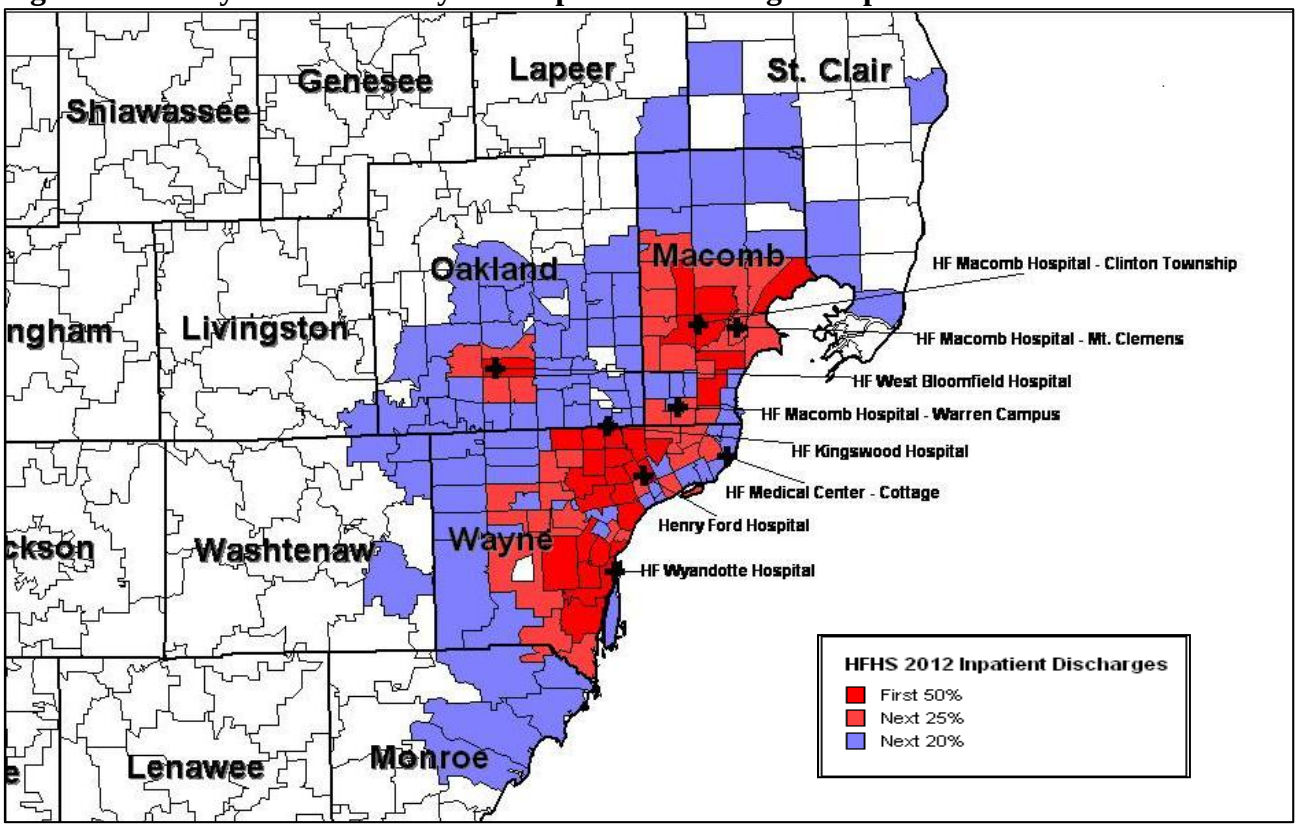
Section 2: Process & Methodology for Defining Targeted Communities

The community health needs assessment was completed in three phases. The first phase includes data collection from a variety of public and proprietary sources that provided information around population demographics, socioeconomic data, health status indicators, as well as several other data points. Sources for this first phase included the Michigan Department of Community Health (MDCH), Michigan Behavioral Risk Factor Survey, Claritas Inc. /Truven Health Analytics, Michigan State Homeless Management Information System (MSHMIS), and the Michigan Inpatient Database. The second phase involved developing and distributing a key stakeholder survey to capture the input of other community organizations and coalitions about what they believe are the major health needs that should be prioritized and addressed in the Tri-County area. The third phase incorporated the quantitative and qualitative data that was collected in the first two phases, and based on this information identified priorities for Henry Ford Health System to address with the communities it serves.

This assessment was prepared by the Corporate Planning department within Henry Ford Health System. Results are used as a foundation for planning, developing, and refining HFHS's future community services in the Tri-County area.

The first step in conducting the community health needs assessment for Henry Ford Health System is defining what communities should be included and could be most impacted by the Henry Ford's resources and services. Below is a map of the communities where HFHS receives the majority of its inpatient volume (Figure 1). The variable of inpatient volume provide a good geographic indication of what communities HFHS significantly interacts with, and likewise, where HFHS could most target its limited resources to make the greatest impact on the community.

Figure 1 – Henry Ford Health System Inpatient Discharges Map



Although Henry Ford Health System sees patients from counties throughout Michigan, as well as patients outside of Michigan, the majority of patient volume comes from the Tri-County area of Macomb, Oakland and Wayne Counties as depicted in Figure 1 and Figure 2. With this in mind, the Tri-County area was chosen as the most appropriate geographical area for assessing and impacting community health needs and is the target of this assessment.

Within the Tri-County region, each of Henry Ford Health System's hospitals has been assigned to a specific county, or city, given where the majority of each hospital's inpatient discharges originate from (Figure 2).

Figure 2 – Percentage of Inpatient Discharges by Hospital and Region

Region	Henry Ford Health System	Henry Ford Hospital	Henry Ford Kingswood Hospital	Henry Ford Macomb Hospital	Henry Ford Macomb Hospital - Mt. Clemens	Henry Ford Macomb Hospital - Warren Campus	Henry Ford West Bloomfield Hospital	Henry Ford Wyandotte Hospital	Henry Ford Medical Center - Cottage*
Macomb	25%	8%	9%	87%	92%	72%	5%	0%	31%
Oakland	13%	7%	13%	3%	2%	7%	61%	0%	3%
Wayne (Excluding Detroit)	32%	28%	35%	1%	1%	4%	21%	91%	35%
Detroit	24%	50%	35%	1%	2%	15%	6%	5%	29%
Outside Tri-County	6%	7%	7%	8%	4%	2%	6%	4%	2%
Grand Total	**107,477**	**44,426**	**3,786**	**21,780**	**2,199**	**1,335**	**14,401**	**19,550**	**70,483**

*Henry Ford Medical Center - Cottage volume is displayed as outpatient visits by Tri-County area as this facility provides primarily outpatient care.

Figure 2 above illustrates what percentage of Henry Ford inpatient discharges originate from each county within the Tri-County area including the City of Detroit, as well as outside this region. For each hospital the region that represents the largest proportion of volume has been highlighted. Overall, Henry Ford Health System had 107,477 inpatient discharges in 2012 with 94% originating from Tri-County area residents. Figure 3 below is a summary of which Tri-County area region corresponds to which Henry Ford Health System hospital when viewing data for this assessment.

Figure 3 – Community Health Needs Service Area by Hospital

HFHS Hospital	Community Health Needs Service Area	% of Total Volume from Region
Henry Ford Hospital	Wayne County/Detroit	78%
Henry Ford Kingswood Hospital	Wayne County/Detroit	70%
Henry Ford Macomb Hospital	Macomb County	87%
Henry Ford Macomb Hospital - Mt. Clemens	Macomb County	92%
Henry Ford Macomb Hospital - Warren Campus	Macomb County	72%
Henry Ford West Bloomfield Hospital	Oakland County	61%
Henry Ford Wyandotte Hospital	Wayne County*	91%
Henry Ford Medical Center - Cottage	Wayne County*	35%

*Excludes City of Detroit.

Section 3: Demographic Profile of Southeastern Michigan's Tri-County Area

The Tri-County area includes the contiguous counties of Wayne, Oakland and Macomb, which are located in southeastern Michigan and account for 39% of the Michigan population. Wayne, Oakland, and Macomb (in that order) are the most populated counties in Michigan. Of the nearly 4 million residents, approximately 52% of the population is female. With regard to race/ethnicity, the Tri-County area is 65% white, compared to a national average of 62%. Of note, the Tri-County area is 25% black, which is over twice the national percentage of 12%. Conversely, the Hispanic population (4.0%) is less than one quarter of the national percentage of 17% (Figure 4).

The number of Tri-County residents is expected to decrease by 1% over the next several years, which contrasts with the 3% increase expected nationwide. In addition, females of child bearing age (15-44), who make up 19% of the Tri-County's population, are expected to decline by 4% over the next several years. When examining age distribution, the Tri-County has a comparable population to that of the country and 14% of the population is above the age of 65. Of particular interest to healthcare providers is the aging population of the Tri-County area with the 55 years old and above population expected to rise by 9% from 2013 to 2018.

Figure 4 - Demographic Snapshot of Tri-County Area

DEMOGRAPHIC CHARACTERISTICS

	Tri-County Area	USA
2010 Total Population	3,882,680	308,745,538
2013 Total Population	3,860,218	314,861,807
2018 Total Population	3,823,747	325,322,277
% Change 2013 - 2018	-0.9%	3.3%
Average Household Income	$63,344	$69,637

	2013	2018	% Change
Total Male Population	1,866,814	1,852,182	-0.8%
Total Female Population	1,993,404	1,971,565	-1.1%
Females, Child Bearing Age (15-44)	750,426	718,450	-4.3%

POPULATION DISTRIBUTION

	Age Distribution				
Age Group	2013	% of Total	2018	% of Total	USA 2013 % of Total
0-14	737,964	19.1%	705,866	18.5%	19.6%
15-17	169,917	4.4%	156,386	4.1%	4.1%
18-24	357,114	9.3%	354,223	9.3%	10.0%
25-34	455,977	11.8%	467,891	12.2%	13.1%
35-54	1,080,327	28.0%	982,513	25.7%	26.9%
55-64	512,762	13.3%	540,055	14.1%	12.4%
65+	546,157	14.1%	616,813	16.1%	13.9%
Total	3,860,218	100.0%	3,823,747	100.0%	100.0%

HOUSEHOLD INCOME DISTRIBUTION

	Income Distribution		
2013 Household Income	HH Count	% of Total	USA % of Total
<$15K	239,717	15.7%	13.8%
$15-25K	187,995	12.3%	11.6%
$25-50K	390,492	25.6%	25.3%
$50-75K	270,795	17.8%	18.1%
$75-100K	172,594	11.3%	11.7%
Over $100K	260,968	17.1%	19.5%
Total	1,522,561	100.0%	100.0%

EDUCATION LEVEL

	Education Level Distribution		
2013 Adult Education Level	Pop Age 25+	% of Total	USA % of Total
Less than High School	99,739	3.8%	6.2%
Some High School	220,411	8.5%	8.4%
High School Degree	724,644	27.9%	28.4%
Some College/Assoc. Degree	830,132	32.0%	28.9%
Bachelor's Degree or Greater	720,297	27.8%	28.1%
Total	2,595,223	100.0%	100.0%

RACE/ETHNICITY

	Race/Ethnicity Distribution		
Race/Ethnicity	2013 Pop	% of Total	USA % of Total
White Non-Hispanic	2,490,938	64.5%	62.3%
Black Non-Hispanic	965,322	25.0%	12.3%
Hispanic	165,880	4.3%	17.3%
Asian & Pacific Is. Non-Hispanic	147,945	3.8%	5.1%
All Others	90,133	2.3%	2.9%
Total	3,860,218	100.0%	100.0%

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With regards to education, the Tri-County has approximately 12% of residents who have some high school education or less compared to the national average of 15%. Further, 28% of residents have a Bachelor's Degree or greater, which is comparable to the national average.

The Tri-County area is diverse in regards to population, racial/ethnic composition, economic growth and development. The automotive industry remains the largest employer in the region, but the health care sector is also represented among the top employers in the region as well (Crain's Detroit

2012 Listings of Major Employers). The average household income within the Tri-County area ($63,344) is less than the national average ($69,637). Within the Tri-County area, the average household income in Oakland County ($80,157) is significantly higher than Wayne County ($53,355) and Macomb County ($58,589). At the zip code level, average household incomes vary significantly, ranging from $25,145 to $163,374. Lower household incomes negatively impact purchasing power, health insurance coverage, and costs of basic necessities. As a result, the Tri-County area's safety nets, including healthcare systems, are being stretched to the limit (United Way Research Income down across state: Poverty increasing and spreading throughout the tri-county 2006, http://www.uwsem.org). In addition, within the Tri-County area the unemployment rate is slightly higher than the national average of 7.6% and ranges from 8.3% in Oakland County to 11% in Wayne County (Local Area Unemployment Statistic Update March 2013, Oakland County Michigan).

As stated previously, the Tri-County area is rather diverse throughout its three counties. For example, age, sex, education, and income distribution differ from county to county. In order to increase the utility of the Community Health Needs Assessment, it is important to analyze the profile(s) of each of these counties at a more detailed level, such as zip codes, so that certain differences within the area become evident.

One community in particular need of attention is the City of Detroit (Figure 5). When examining the City of Detroit the average household income is $36,186, which is significantly less than average household income of the overall Tri-County area ($63,344). Regarding education, 22% of residents have less than a high school education and only 12% of have a bachelor's degree or higher. In terms of racial/ethnic diversity, approximately 93% of Detroit is composed of a minority population versus 36% for the Tri-County area as a whole. The Detroit unemployment rate is 17.5%, which is significantly greater than the national average of 7.6% (Local Area Unemployment Statistic Update March 2013, Oakland County Michigan).

Figure 5 – City of Detroit Demographics

DEMOGRAPHIC CHARACTERISTICS

	City of Detroit	USA
2010 Total Population	672,771	308,745,538
2013 Total Population	645,363	314,861,807
2018 Total Population	608,148	325,322,277
% Change 2013 - 2018	-5.8%	3.3%
Average Household Income	$36,186	$69,637

	2013	2018	% Change
Total Male Population	305,029	288,882	-5.3%
Total Female Population	340,334	319,266	-6.2%
Females, Child Bearing Age (15-44)	138,024	125,928	-8.8%

POPULATION DISTRIBUTION

	Age Distribution				
Age Group	2013	% of Total	2018	% of Total	USA 2013 % of Total
0-14	135,261	21.0%	125,481	20.6%	19.6%
15-17	31,225	4.8%	25,434	4.2%	4.1%
18-24	74,879	11.6%	65,988	10.9%	10.0%
25-34	81,318	12.6%	85,225	14.0%	13.1%
35-54	163,851	25.4%	144,152	23.7%	26.9%
55-64	78,967	12.2%	76,030	12.5%	12.4%
65+	79,862	12.4%	85,838	14.1%	13.9%
Total	645,363	100.0%	608,148	100.0%	100.0%

HOUSEHOLD INCOME DISTRIBUTION

	Income Distribution		
2013 Household Income	HH Count	% of Total	USA % of Total
<$15K	80,567	32.6%	13.8%
$15-25K	41,220	16.7%	11.6%
$25-50K	67,353	27.3%	25.3%
$50-75K	31,629	12.8%	18.1%
$75-100K	13,448	5.4%	11.7%
Over $100K	12,758	5.2%	19.5%
Total	246,975	100.0%	100.0%

EDUCATION LEVEL

	Education Level Distribution		
2013 Adult Education Level	Pop Age 25+	% of Total	USA % of Total
Less than High School	25,307	6.3%	6.2%
Some High School	63,777	15.8%	8.4%
High School Degree	133,276	33.0%	28.4%
Some College/Assoc. Degree	131,615	32.6%	28.9%
Bachelor's Degree or Greater	50,023	12.4%	28.1%
Total	403,998	100.0%	100.0%

RACE/ETHNICITY

	Race/Ethnicity Distribution		
Race/Ethnicity	2013 Pop	% of Total	USA % of Total
White Non-Hispanic	48,339	7.5%	62.3%
Black Non-Hispanic	529,410	82.0%	12.3%
Hispanic	49,528	7.7%	17.3%
Asian & Pacific Is. Non-Hispanic	3,783	0.6%	5.1%
All Others	14,303	2.2%	2.9%
Total	645,363	100.0%	100.0%

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When looking outside of the City of Detroit, various zip codes in the Tri-County area represent sections of the region that have lower incomes, less education, and are more racially and ethnically diverse. Figure 6 displays the zip codes that rank in the top 25 zip codes for both lowest average household income and highest proportion of the population without a high school diploma in the Tri-County area. The average household income of these zip codes is $41,724, which is significantly less than the average household income of $63,344 for the overall Tri-County area. Overall, 21% of residents in these zip codes have less than a high school education compared to 12% for the Tri-County area.

These 20 zip codes have a slightly higher percentage of racial/ethnic minorities as compared to the rest of the Tri-County area. As a whole these zip codes are comprised of 42% minorities compared to 36% for the Tri-County area.

Figure 6 – Selected Zip Codes

DEMOGRAPHIC CHARACTERISTICS

	Top 20 Zip Codes	USA
2010 Total Population	530,981	308,745,538
2013 Total Population	520,252	314,861,807
2018 Total Population	504,430	325,322,277
% Change 2013 - 2018	-3.0%	3.3%
Average Household Income	$41,724	$69,637

	2013	2018	% Change
Total Male Population	255,265	248,184	-2.8%
Total Female Population	264,987	256,246	-3.3%
Females, Child Bearing Age (15-44)	107,701	100,929	-6.3%

POPULATION DISTRIBUTION

	Age Distribution				
Age Group	2013	% of Total	2018	% of Total	USA 2013 % of Total
0-14	111,691	21.5%	107,409	21.3%	19.6%
15-17	22,644	4.4%	20,098	4.0%	4.1%
18-24	53,517	10.3%	49,502	9.8%	10.0%
25-34	69,321	13.3%	68,063	13.5%	13.1%
35-54	141,249	27.2%	130,488	25.9%	26.9%
55-64	59,552	11.4%	61,689	12.2%	12.4%
65+	62,278	12.0%	67,181	13.3%	13.9%
Total	520,252	100.0%	504,430	100.0%	100.0%

HOUSEHOLD INCOME DISTRIBUTION

	Income Distribution		
2013 Household Income	HH Count	% of Total	USA % of Total
<$15K	45,704	23.2%	13.8%
$15-25K	33,052	16.8%	11.6%
$25-50K	58,105	29.5%	25.3%
$50-75K	32,439	16.5%	18.1%
$75-100K	15,630	7.9%	11.7%
Over $100K	11,857	6.0%	19.5%
Total	196,787	100.0%	100.0%

EDUCATION LEVEL

	Education Level Distribution		
2013 Adult Education Level	Pop Age 25+	% of Total	USA % of Total
Less than High School	22,575	6.8%	6.2%
Some High School	47,563	14.3%	8.4%
High School Degree	121,010	36.4%	28.4%
Some College/Assoc. Degree	101,699	30.6%	28.9%
Bachelor's Degree or Greater	39,553	11.9%	28.1%
Total	332,400	100.0%	100.0%

RACE/ETHNICITY

	Race/Ethnicity Distribution		
Race/Ethnicity	2013 Pop	% of Total	USA % of Total
White Non-Hispanic	301,882	58.0%	62.3%
Black Non-Hispanic	149,740	28.8%	12.3%
Hispanic	32,276	6.2%	17.3%
Asian & Pacific Is. Non-Hispanic	18,564	3.6%	5.1%
All Others	17,790	3.4%	2.9%
Total	520,252	100.0%	100.0%

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As a result, the Detroit area and above 20 zip codes, as well as other zip codes with similar characteristics, should be of particular interest when planning community needs initiatives within the Tri-County area.

Section 4: Assessment of Significant Health Issues within the Tri-County Area

Many of the significant health issues facing the Tri-County are also observed at the state and national levels. Some of these common health issues include the prevalence of cardiovascular disease, cancer and diabetes, as well as the risk factors that contribute to developing chronic conditions such as obesity, low physical activity and poor nutrition.

Other significant societal factors that negatively impact health and that are experienced in various pockets within the Tri-County area include lack of adequate health insurance, low education and low income. Below is a summary of several particular populations that are at-risk in the Tri-County area and the risky lifestyle behaviors that residents engage in that may contribute to the development of chronic disease and illness. In addition, the estimated prevalence of several of the significant chronic conditions plaguing the Tri-County are identified followed by a synopsis of the most common preventable hospitalizations.

At-Risk Populations

Two groups at particular risk for developing disease and participating in risky behaviors in the Tri-County area are those with lower income and/or education. The correlation is frequently observed that as income and education decreases, the prevalence of risky behaviors and chronic conditions increases, and the prevalence of preventive practices decreases. One example is cervical cancer screening. According to the 2012 Michigan Behavior Risk Factor Survey estimates, the prevalence of women receiving a Pap test within the last three years was estimated to be 67.8% of the population for those with less than a high school degree, but 87.1 % for the population of college graduates**.** With regard to income, 71.5% of women with household incomes less than $20,000 were estimated to receive a Pap test in the past three years versus 86.1% of those with household incomes above $75,000. Another example is cigarette smoking. In Michigan, the prevalence of adults who currently smoke is 46.3% for those with less than a high school education versus 8.8% for those who have graduated college. Regarding income, the prevalence of cigarette smoking is 39.9% for those making less than $20,000 versus 12.2% for those making $75,000 or more. Other areas where this income/education correlation is seen include health status, health care access, cardiovascular disease, depression, disability, physical activity, oral health, and diabetes. Given how income and education impact the prevalence of risky behavior and disease, it is important to prioritize efforts for communities and households with lower income and education (2012 Michigan Behavior Risk Factor Survey estimates)

As noted earlier, communities with lower income and education exist throughout the Tri-County area. One such pocket in Wayne County is the communities making up the City of Detroit where average household income is 48% below the U.S. average and 12% of the Detroit community has a bachelor degree or higher versus 28% for the U.S. overall. Another such pocket in Oakland County are the communities making up the city of Pontiac (48340 to 48342). In Pontiac, the average household income is 51% below the Oakland County average and 44% below the U.S average**.** With regard to education, approximately 13% of Pontiac adults 25 years & older have a bachelors degree versus 42% for Oakland County overall. A similar pocket within Macomb County is the community of Centerline (48015) and two Warren communities (48089 & 48091). The average household income within these communities is approximately 30% below the Macomb County average and roughly 20% of residents of these communities have no high school diploma versus 12% for Macomb County overall. These income/education disparities put Tri-county residents at particular risk for risky health behaviors such as smoking and poor nutrition, and developing chronic conditions such as diabetes and heart disease.

Another at-risk group within the Tri-County area is the uninsured and underinsured. They are at particular risk for not seeking preventive care such as annual physicals, or getting appropriate care early on in a disease state due to access barriers and cost of care. This results in developing chronic health conditions that could have been prevented, and conditions progressing to a more difficult and costly to treat stage. In Michigan, the prevalence of those without health care coverage between the ages of 18-64 from 2008-2010 combined is estimated to be 15.1% of the population. During the same timeframe Macomb, Oakland and Wayne County (excluding Detroit) prevalence rates were at or below the overall Michigan uninsured prevalence rate (Figure 7). The exception was the City of Detroit, which had a significantly higher number of uninsured residents with 26.1% having no healthcare coverage. Detroit also has a significantly higher prevalence of residents with no personal health care provider and residents citing no health care access in the past year due to cost in comparison to Michigan and the rest of the Tri-County area.

Figure 7 - Health Care Coverage & Access

	% Estimated Prevalence				
Subject Issue	**Michigan**	**Macomb**	**Oakland**	**Wayne***	**Detroit**
No Health Care Coverage (aged 18-64 years)	15.1%	14.6%	9.9%	13.5%	26.1%
No Personal Health Care Provider	12.5%	10.2%	9.6%	13.2%	23.6%
No Health Care Access in Past 12 Months due to Cost	13.4%	12.8%	10.9%	13.2%	22.2%

Source: Michigan BFRS, 2008-2010 Combined Estimates. *Wayne County excluding Detroit Region

Also at particular risk for developing chronic disease and not seeking preventive care are the homeless, due to risk factors such as low income and education, poor living conditions, and participating in risky behaviors such as drug and alcohol abuse. According to michigan's campaign to end homelessness 2010 annual summary, approximately 18% of homeless families had a monthly income of less than $500, while 50% of homeless singles had a monthly income of less than $500. In Michigan, it is estimated that approximately 93,982 people are homeless based on data from the Michigan State Homeless Management Information System (MSHMIS). Of this estimate approximately 35% (32,991) of Michigan's homeless resided in the Tri-County area. Based on the MSHMIS homeless projections, approximately 69% (22,813) of the Tri-County region's homeless population is estimated to reside in Detroit with the remaining 31% (10,178) being distributed in Oakland County (11%), Macomb County (10%), and Out Wayne County (9%) (Figure 8).

Figure 8 - Homeless Population by Region

Region	**Projected Homeless Population**	**% Total**
Detroit	22,813	69%
Oakland County	3,782	11%
Macomb County	3,283	10%
Out Wayne County	3,113	9%
Tri-County Area Total	**32,991**	**100%**
Michigan Total	**93,982**	

Source: Michigan State Homeless Management Information System (MSHMIS), 2011.

The homeless population represents a significant community health need to be addressed within Wayne County, as well as the overall Tri-County area. First, they are a disadvantaged population as they may lack the needed resources to seek preventive care to avert the development of chronic disease and illness. Second, as the homeless are more likely to develop chronic disease if left

unserved, their conditions become more difficult and expensive to treat when finally seen at the later stages of chronic disease and illness. To compound this problem further is the likelihood that the homeless will turn to the more costly emergency room when seeking care, as they may lack the needed health insurance to be seen in other lower-intensity settings such as a physician office or primary care clinic. As a consequence, the cost of care rises to treat the homeless, as well as diverting precious emergency department resources that could have been better utilized for more complex cases.

Racial and ethnic minority populations are another at-risk group for developing various chronic diseases and illnesses. The problem of racial health disparities exists both at state and national levels, and as a result the elimination of these disparities became a significant national concern in 1998. Under President Bill Clinton, six categories were identified with the goal of reducing racial and ethnic disparities and include adult immunization, cardiovascular health, cancer care, diabetes, HIV/AIDS and infant mortality. The term "health disparity" is often used to signify two different areas for which there is an important distinction: "health disparity" refers to differences in health outcomes and status, and the term "healthcare disparity" refers to differences in the care offered to people with similar health conditions.

Figure 9 summarizes age-adjusted death rates by race. This figure clearly illustrates significant racial disparities between white and black populations in Michigan and highlights the need for improvement. One area to note that illustrates a significant racial disparity is AIDS. The AIDS death rate for whites was .6 per 100,000 versus the death rate for blacks being 6.5 per 100,000 in 2010. Another area of significant disparity is infant mortality. The infant mortality rate for whites was 5.5 per 1,000 live births versus 14.2 per 1,000 live births for blacks in 2010.

Figure 9 - Michigan Age Adjusted Death Rates (per 100,000) by Race

Condition	All Races	White	Black
Overall Death Rate	784.3	756.2	969.0
AIDS	1.5	0.6	6.5
Alzheimer's Disease	23.9	24.8	15.6
Cancer	182.4	178.2	216.9
Diabetes Mellitus	23.9	22.3	35.9
Heart Disease	203.5	194.3	273.8
Infant Mortality (per 1,000 live births)	7.1	5.5	14.2
Kidney Disease	15.3	14.0	24.8
Pneumonia/Influenza	13.5	12.9	18.9
Stroke	39.4	37.3	53.9
Suicide	12.5	13.5	7.2

Source: Michigan Department of Community Health, 2010 data.

Figure 10 examines infant mortality more closely in the Tri-County Region. According to the figure Detroit has a significantly higher rate of infant mortality (14.4 per 1,000 live births) compared to the rest of the Tri-County area and Michigan overall. This is likely due to Detroit having a predominantly black population, which according to Figure 10, as a group, have a significantly higher infant mortality rate in comparison to the white population in every region of the Tri-County area and Michigan overall. A growing body of research attributes this health disparity to social determinants of health including poverty, education, transportation, access to care, and the life course stress of racism.

Figure 10 - Infant Mortality by Region & Race (per 1,000 live births)

	Detroit Rate	Wayne Rate*	Macomb Rate	Oakland Rate	Michigan Rate
All Races	14.4	6.6	6.6	6.2	7.3
White	5.6	5.4	5.9	5.3	5.4
Black	15.9	11.9	13.5	11.7	14.8

Source: Michigan Department of Community Health, 2008-2010 data.
*Wayne County excluding Detroit.

Figure 11 summarizes the percentage of adults 65 years and older who received immunizations by race. A racial disparity can be observed between the percentage of whites and blacks who receive immunizations such as the flu vaccine.

Figure 11 - Michigan Adult Immunization Prevalence by Race (Age 65 Years and Older)

	% Estimated Prevalence		
Adult Immunizations	All Races	White	Black
Flu Vaccine in Past Year	55.4	57.5	37.8
Ever Had Pneumonia Vaccine	66.8	68.4	53.6

Source: Michigan BFRS Prevalence Estimates, 2012 data.

Figure 12 summarizes the estimated prevalence of adults' healthcare coverage and access by race. Again, a racial disparity can be observed between the percentage of whites and minorities who have no healthcare coverage, no personal healthcare provider, and no health care access in past 12 months due to cost.

Figure 12 - Healthcare Coverage & Access by Race

	% Estimated Prevalence		
Subject Issue	White	Black	Hispanic
No Health Care Coverage (aged 18-64 years)	15.1%	24.3%	18.4%
No Personal Health Care Provider	14.5%	22.1%	17.8%
No Health Care Access in Past 12 Months due to Cost	13.5%	19.3%	26.5%

Source: Michigan BFRS Prevalence Estimates, 2012 data.

Lifestyle Behaviors/Preventive Practices

Lifestyle behaviors such as consumption of alcohol, smoking cigarettes, lack of physical activity, poor nutrition, unsafe sexual practices, and obesity are known to greatly impact the onset of disease and chronic illness. In addition, other preventive practices such as regular health screenings, health physicals, and dental care are also known to positively impact the onset and treatment of disease and chronic illness. As noted earlier, as income and education increase, the practice of risky behaviors, such as smoking cigarettes or getting no physical exercise decreases. At the state level there are goals in place to promote healthy lifestyles for Michigan residents with regard to increasing physical activity, reducing obesity, reducing tobacco use, and goals pertaining to preventive care such as getting appropriate immunizations or cancer screenings (Healthy Michigan 2010).

Figure 13 outlines the prevalence of lifestyle behaviors for residents of the Tri-County area. Being overweight or obese is a particular area in need of improvement within the Tri-County area. Based on Figure 13, approximately 62% to 71% of Michigan and Tri-County residents are either obese or

overweight. This is an area of particular concern given that obesity in particular is linked with many adverse health outcomes such as hypertension, type 2 diabetes, coronary heart disease, stroke, and sleep apnea. On a related note, another area in need of improvement is the consumption of fruit and vegetables. According to Figure 13, approximately 75% to 78% of Tri-County residents have inadequate consumption of fruit/vegetables.

Figure 13 - Prevalence of Risky Behaviors

	% Estimated Prevalence				
Subject Issue	**Michigan**	**Macomb**	**Oakland**	**Wayne***	**Detroit**
Obese	30.9%	29.6%	25.9%	28.5%	39.2%
Overweight	35.3%	37.0%	35.7%	35.2%	32.1%
No Leisure-Time Physical Activity	24.3%	22.6%	19.6%	23.7%	34.5%
Inadequate Fruit/Vegetable Consumption**	78.2%	78.0%	74.7%	76.0%	76.4%
Current Cigarette Smoking	19.7%	17.6%	13.7%	19.5%	24.5%
Heaving Drinking	5.4%	5.5%	5.2%	5.0%	4.1%
Binge Drinking	16.6%	20.0%	15.4%	18.4%	12.1%
Drove Vehicle after Drinking	2.7%	3.3%	2.8%	3.7%	1.5%

Source: Michigan BRFS, 2008-2010 Combined Estimates. *Wayne County excluding Detroit Region.
**Michigan BRFSS, 2007-2009 Combined Estimates.

Figure14 outlines several preventive screening and awareness practices that are in need of improvement within regions of the Tri-County area. Oakland County appears to perform well in comparison to state estimates on many of these practices such as receiving a flu vaccine, being screened for cervical and prostate cancer, and seeing a dentist in the past year. Detroit on the other had performs the worst on the prevalence of preventive health practices compared to Michigan averages such as receiving the flu vaccine, breast cancer screening, and dental care. From a geographic perspective, one important area to target for preventive health practices is the Detroit region. As shown in the Figure 14, residents of this region show a lower prevalence in engaging in these preventive measures across several categories. For example, adults receiving the flu vaccine was estimated to be 51.9% of Detroit residents versus 68.9% of Michigan residents overall. The importance of residents receiving this vaccination is evident given the aging of the population coupled with the fact that influenza is one of the leading causes of death (Figure 16) and bacterial pneumonia is among the leading causes of preventable hospitalizations (Figure 17) in the Tri-County region and Michigan overall.

Figure 14 - Prevalence of Preventive Health Practices

	% Estimated Prevalence				
Subject Issue	**Michigan**	**Macomb**	**Oakland**	**Wayne***	**Detroit**
Had Flu Vaccine in Past Year	68.9%	69.5%	71.1%	73.3%	51.9%
No Routine Checkup in Past Year	32.3%	29.8%	29.4%	32.2%	27.3%
Breast Cancer Screening (Women 40 years & older)	54.6%	58.7%	54.9%	54.9%	48.4%
Cervical Cancer Screening (Women 18 years & older)	79.3%	77.9%	82.6%	79.2%	74.9%
Prostate Cancer Screening (Men 50 years & older)	59.0%	67.9%	61.2%	65.6%	56.0%
Colorectal Cancer Screening (50 years & older)	64.5%	67.0%	66.1%	62.8%	60.0%
Dental Visit in Past Year	73.8%	81.8%	80.7%	77.1%	57.1%
Ever Had an HIV Test	37.8%	38.1%	38.0%	37.7%	62.9%
Rarely/Never Receive Social/Emotional Support	7.1%	6.4%	5.7%	6.8%	13.7%

Source: Michigan BFRS, 2008-2010 Combined Estimates. *Wayne County excluding Detroit Region

Chronic Disease Prevalence

As noted above, poor lifestyle choices, such as not engaging in physical activity, poor nutrition, tobacco use, and not seeking appropriate preventive care can result in developing chronic disease and illness. In addition, the aging of the population coupled with people living longer contributes to increases in the prevalence of chronic disease. Figure 15 outlines the prevalence of several chronic conditions for the Tri-County area and Michigan. Based on this figure, Detroit is the area most in need of improvement with regard to chronic disease in the region, performing lower than Michigan and the remaining Tri-County area on the majority of measures. Two chronic conditions that impact a higher percentage of Tri-County residents are arthritis and asthma.

Figure 15- Prevalence of Chronic Disease & Illness

	% Estimated Prevalence				
Subject Issue	**Michigan**	**Macomb**	**Oakland**	**Wayne***	**Detroit**
General Health, Fair or Poor	14.6%	13.6%	11.0%	13.7%	24.7%
Poor Physical Health	10.8%	10.7%	9.0%	9.7%	14.4%
Poor Mental Health	10.8%	11.2%	9.4%	11.9%	13.3%
Ever Told Arthritis	31.5%	32.4%	27.7%	31.5%	30.6%
Ever Told Asthma	15.6%	15.8%	13.1%	17.2%	19.1%
Ever Told Any Cardiovascular Disease	8.9%	8.5%	7.7%	8.9%	10.9%
Ever Told Heart Attack	4.6%	4.0%	4.2%	4.4%	5.3%
Ever told Angina/Coronary Heart Disease	4.8%	4.4%	4.4%	5.0%	4.4%
Ever Told Diabetes	9.5%	9.3%	8.7%	9.1%	14.4%
Ever Told Stroke	2.8%	2.7%	1.9%	2.8%	4.7%

Source: Michigan BFRS, 2008-2010 Combined Estimates. *Wayne County excluding Detroit Region

When examining the leading causes of death across the Tri-County area (Figure 16) it appears that heart disease and cancer are by far the dominant causes of death. Of note is the higher rate of stroke causing death in Detroit vs. other Tri-County regions and Michigan overall. These conditions also appear at state level as among the top leading causes of death.

Figure 16 – Age-Adjusted Death Rates for 10 Leading Causes (Sorted by Michigan Rate)

	Rate per 100,000 population				
Cause of Death	**Michigan Rate**	**Macomb Rate**	**Oakland Rate**	**Wayne Rate***	**Detroit Rate**
Heart Disease	203.5	204.8	184.0	220.8	318.4
Cancer	182.4	187.8	169.6	194.7	221.6
Chronic Lower Respiratory Diseases	45.5	38.3	39.3	45.0	36.2
Stroke	39.4	35.7	33.7	38.4	52.6
Unintentional Injuries	36.1	36.1	25.3	35.0	44.0
Alzheimer's Disease	23.9	15.2	17.6	17.3	13.3
Diabetes Mellitus	23.9	24.8	21.4	26.2	32.0
Kidney Disease	15.3	13.7	15.5	17.1	23.1
Pneumonia/Influenza	13.5	12.2	11.8	15.5	17.5
Intentional Self-Harm (Suicide)	12.5	13.1	10.0	12.9	7.7
Total	784.3	762.1	704.1	822.3	1,053.6

Source: Michigan Department of Community Health, 2010. * Wayne County excluding Detroit

Preventable Hospitalizations

Preventable hospitalizations are hospitalizations for conditions where timely and effective ambulatory care could have decreased or prevented these hospitalizations. The leading reason for preventable hospitalizations in all regions of the Tri-County area was due to congestive heart failure

(Figure 17). This condition accounted for 16,326 (12%) of the 130,829 total preventable hospitalizations in the Tri-County area. Bacterial pneumonia (11,817) and chronic obstructive pulmonary (12,481) were two other areas making up a large number of preventable hospitalizations. Of particular note is asthma being the 2nd highest cause of preventable hospitalizations in Detroit. This highlights one specific area of focus for potential improvement in Detroit that could make a large positive impact in community health and hospital resources given the high number of hospitalizations caused by asthma in Detroit (3,395 hospitalizations). Figure 17 lists the remaining top preventable hospitalization conditions in the Tri-County area.

Figure 17 - Ten Leading Causes of Preventable Hospitalizations (Sorted by Michigan Discharges)

	Discharges & Rank				
Cause of Preventable Hospitalization	**Michigan**	**Macomb**	**Oakland**	**Wayne***	**Detroit**
Congestive Heart Failure	34,662 (1)	3,107 (1)	3,967 (1)	4,502 (1)	4,750 (1)
Bacterial Pneumonia	30,874 (2)	2,473 (3)	2,955 (2)	3,927 (3)	2,462 (5)
Chronic Obstructive Pulmonary	27,448 (3)	2,627 (2)	2,583 (3)	4,473 (2)	2,798 (3)
Kidney/Urinary Infections	18,148 (4)	2,057 (4)	2,459 (4)	2,995 (4)	1,658 (7)
Cellulitis	16,554 (5)	1,885 (5)	2,085 (5)	2,576 (5)	1,826 (6)
Asthma	14,464 (6)	1,334 (6)	1,714 (6)	1,890 (6)	3,395 (2)
Diabetes	14,217 (7)	1,178 (7)	1,510 (7)	1,753 (7)	2,532 (4)
Grand Mal & Other Epileptic Conditions	8,101 (8)	798 (8)	896 (8)	1,036 (8)	1,539 (8)
Dehydration	6,297 (9)	752 (9)	793 (9)	864 (9)	689 (9)
Gastroenteritis	4,026 (10)	448 (10)	503 (10)	570 (10)	**
Other Ambulatory Care Sensitive Conditions	92,209	10,461	11,765	13,712	11,832
All Ambulatory Care Sensitive Conditions	267,000	27,210	31,230	38,298	34,091

Source: Michigan Department of Community Health, 2011 data. *Wayne County excluding Detroit. **Hypertension ranks 10th for Detroit with 610 hospitalizations.

The top ten preventable hospitalization conditions occurring in the Tri-County are virtually identical to conditions responsible for preventable hospitalizations at the state level with some differences in order amongst the various conditions, such as with asthma and kidney/urinary infections. Figure 18 lists the percentage that preventable hospitalizations comprise of total hospitalizations in the Tri-County area by region.

Figure 18 - Proportion of Preventable Hospitalization to All Hospitalizations

Geographic Area	Preventable Hospitalizations	All Hospitalizations	% Total
Michigan	267,000	1,294,784	20.6%
Macomb	27,120	122,658	22.1%
Oakland	31,230	151,460	20.6%
Wayne*	38,298	163,159	23.5%
Detroit	34,091	129,294	26.4%

Source: Michigan Department of Community Health, 2011 data.
*Wayne County excluding Detroit.

The above figure highlights that preventable hospitalizations account for approximately 21% to 26% of all hospitalizations in the Tri-County area with Oakland County at the low end and Detroit at the high end of the spectrum. Given these ratios, approximately one in every four to five hospital admissions in the Tri-County area could have been prevented. Reducing the number of preventable hospitalizations is vitally important as these hospitalizations raise the cost of health care to the region, as well as diverting resources that could have been more properly utilized.

Section Five: External Input - Survey Results of Community Stakeholder Survey

As part of the community health needs assessment process a Community Stakeholder Survey was developed and conducted by Henry Ford Health System. The survey was designed to gather input from major community stakeholders in the Tri-County area and be used to complement and validate the trends in demographic and community health data identified within the community health needs assessment. The survey also assisted in achieving compliance with the IRS requirements of gathering community input. Areas of specific focus in the survey included:

- Promoting Healthy Behaviors
- Managing Chronic Disease
- Public Health Infrastructure/Environmental Hazards
- Additional Opened Ended Questions

Key community stakeholders throughout the Tri-County area of Macomb, Oakland, and Wayne counties were invited by email to participate in the survey via a link to the electronic survey from November 2011 to December 2012. Please see Appendix 2 to view the stakeholder survey template. To view the entire list of community stakeholders invited to participate as well as the community stakeholders that completed the survey, please see Appendix 3.

The results of the survey by the specific areas of focus for each county were quite informative. For the most part, there was consistency across the three counties in terms of what should be considered priorities, or ranked as the top issues to be addressed in each county. However, there were some outliers. To view the detailed results of the survey, please see the Stakeholder Survey Results Presentation in Appendix 1.

The community stakeholders largely agreed that obesity and nutrition are the two most important issues when "Promoting Healthy Behaviors" to their constituent groups. This is consistent with our findings in Figure 13 (Prevalence of Risky Behaviors) of this assessment, which indicates that being overweight or obese is a particular area in need of improvement within the Tri-County area. Figure 13 highlights that approximately 62% to 71% of Michigan and Tri-County residents are either obese or overweight. As mentioned, this is an area of particular concern given that obesity in particular is linked with many adverse health outcomes such as hypertension, type 2 diabetes, coronary heart disease, stroke, and sleep apnea. On a related note, another area in need of improvement is the consumption of fruit and vegetables, hence nutrition. According to Figure 13, approximately 75% to 78% of Tri-County residents have inadequate consumption of fruits and vegetables, further supporting the community stakeholder response that obesity and nutrition are the two most important issues when promoting healthy behaviors for residents in the Tri-County area.

The community stakeholders largely agreed that diabetes and heart disease are the two most important issues when "Managing Chronic Diseases" to their constituent groups. This is fairly consistent with our findings in Figure 15 (Prevalence of Chronic Disease & Illness), Figure 16 (Leading Causes of Death), and Figure 17 (Ten Leading Causes of Preventable Hospitalizations) of this assessment. In Figures 16 & 17, heart disease or diseases related to the heart were ranked number one. Diabetes was also high on the list of conditions for Figures 16 & 17 further supporting the community stakeholder response that diabetes and heart disease are two important issues when managing chronic diseases for residents in the Tri-County area.

The community stakeholders largely agreed that access to medical care and health insurance are the two most important issues when addressing "Public Health Infrastructure & Environmental Hazards" to their constituent groups. Within this assessment, an at-risk group within the Tri-County area was identified as those that are uninsured and underinsured. They are at particular risk of not seeking preventive care such as annual physicals, or getting appropriate care early on in a disease state due to access barriers and cost of care. This results in developing chronic health conditions that could have been prevented, and conditions progressing to a more difficult and costly to treat stage. In Michigan according to Figure 7, the prevalence of those without health care coverage between the ages of 18 to 64 years from 2008 to 2010 combined is estimated to be 15.1% of the population. Although the prevalence rate for the Tri-County area (excluding Detroit which is 26.1%) is at or below the Michigan prevalence rate, however, it remains a major concern to the community stakeholders and their constituent groups.

The Community Stakeholder Survey also asked many open ended questions related to healthier communities, important community assets, and the HFHS role as a community partner.

When community stakeholders were asked what a healthier version of their county would look like, the majority of recurring themes were improved access to quality care and insurance coverage. Lower obesity rates were mentioned through improved access to more healthy food alternatives and healthier living with safe areas to live, play and exercise. Also mentioned were safe routes to school with reliable transportation.

Some of the barriers to healthier communities that the community stakeholders addressed were directly related to the responses of what a healthier version of their counties would look like. A majority of the recurring themes included the poor access to and high cost of quality healthcare, particularly for the uninsured and underinsured. The lack of education on promoting and maintaining healthy living and lifestyles were also often mentioned. Additional barriers included cultural and language barriers, the lack of employment, poor schools, and lack of reliable transportation.

When the community stakeholders were asked what they believed were the most important community assets to serve the health of their communities the responses varied by county. For Macomb County, the assets mentioned most often included the services of the Macomb County Health Department, area healthcare institutions, Neighbors Caring for Neighbors Clinics, and the various urgent care and walk-in clinics. For Oakland County, the assets mentioned most often included Henry Ford Health System, Oakland County Health Services, and the free clinics. For Wayne County, the assets mentioned most often included the area healthcare institutions, faith-based community nurses, ACCESS (Arab Community Center for Economic and Social Services), community based health programs, and the free clinics.

When the community stakeholders were asked how Henry Ford Health System could better partner with them to improve the health of the communities the overwhelming response was clear. The community stakeholders want Henry Ford to create and expand partnerships with community organizations and agencies to leverage funding, improve access, and offer effective programming and services aimed at promoting healthy lifestyles and creating healthier communities.

Figure 19 below provide a general summary of the stakeholder survey findings by subject area. To review detailed responses to these questions by county, please see the Stakeholder Survey Results Presentation in Appendix 1.

Figure 19 - Stakeholder Survey Identified Priorities

Category	Tri-County Area	Macomb County	Oakland County	Wayne County (Including Detroit)
Promoting Health Behaviors	1. Nutrition 2. Obesity	1. Nutrition 2. Obesity	1. Pregnancy/Birth 2. Tobacco	1. Physical Activity 2. Obesity
Chronic Disease	1. Diabetes 2. Heart Disease	1. Diabetes 2. Heart Disease	1. Diabetes 2. Infant/Children's Health	1. Diabetes 2. Heart Disease
Public Health & Infrastructure	1. Access to Medical Care 2. Health Insurance	1. Access to Medical Care 2. Healthy Homes	1. Access to Medical Care 2. Health Insurance	1. Health Insurance 2. Access to Medical Care

Section Six: Recommendations for Community Health Priorities

Based on quantitative trends identified in the demographic and community health data, as well as qualitative information received from the results of the Community Stakeholder survey the following areas of priority were identified for the communities Henry Ford Health System serves.

From a geographic perspective the **City of Detroit** is a segment of the Tri-County area in significant need of improvement. Based on the data, Detroit has lower education and income, as well as higher unemployment compared to national averages. In addition, Detroit captures nearly 70% of the total homeless population in the Tri-County area. Compared to other regions within the Tri-County area this geography also has a lower prevalence of engagement in preventive health practices such as receiving an annual flu vaccination or annual dental visit. Detroit also has a higher prevalence of chronic disease and illness such as with asthma and diabetes. The Detroit community also has the highest percentage of preventable hospitalizations in the Tri-County area evidencing the need for improved primary care access.

Outside of the City of Detroit there are other geographic pockets that are in particular need. Figure 20 below identifies communities that have lower education and income in comparison to the rest of the Tri-County area.

Figure 20 - Communities in Need by Tri-County Geography

Macomb County		Oakland County		Wayne County*			
48015	Center Line	48030	Hazel Park	48122	Melvindale	48203	Highland Park
48021	Eastpointe	48340	Pontiac	48126	Dearborn	48212	Hamtramck
48043	Mt. Clemens	48341	Pontiac	48141	Inkster	48218	River Rouge
48066	Roseville	48342	Pontiac	48146	Lincoln Park	48229	Ecorse
48089	Warren			48180	Taylor		
48091	Warren			48184	Wayne		

*Excludes City of Detroit.

Analyzing demographic factors is crucial because many drivers of individual health are rooted in powerful aspects of culture including, but not limited to, socioeconomic status, transportation, education, safe places to play, access to healthy food, access to health care/coverage, and the impact of inconsistent practices and policies influenced by racial and ethnic factors. These drivers are known as the "social determinants of health." By identifying communities that are lacking in these drivers we can work to positively impact them with the result of improving health downstream. One example of a social determinant of health that is in need of improvement is education in the City of Detroit and the communities identified in Figure 20 above. According to the demographic data provided earlier it was identified that in the City of Detroit those with less than a high school diploma account for 22% of the adult population versus the national average of 15%. For the communities identified in Figure 20, 21% of adults have less than a high school diploma.

Regarding at-risk populations two particular areas were identified that are related to social determinants of health. First are those that **lack health insurance** and **face barriers to accessing care**. According to the data in Figure 7, excluding Detroit approximately 10-15% of the population 18-64 year old is estimated to have no healthcare coverage. For residents of the City of Detroit this figure significantly increases to 26.1%. Regarding having no access to care in the past 12 months due to cost, excluding Detroit residents, about 11% to 13% of Tri-County residents are estimated to

fall into this category. For residents of the City of Detroit this figure increases to 22%. In addition, lacking health insurance and facing barrier to accessing care may lead to a higher number of preventable hospitalizations. According to the data, the percentage of preventable hospitalizations out of total hospitalizations ranged from 21% in Oakland County to 26% in the City of Detroit. When viewing the results of the stakeholder survey we also see agreement with stakeholders. With the exception of Oakland County, every Tri-County region ranked their top two priorities for improvement within the Public Health & Infrastructure section of the survey to be lack of access to care and health insurance coverage. Oakland County also ranked access to medical care as their number one priority, but healthy homes as their second priority within this category.

The second at-risk population is racial-ethnic **minority populations**. When examining community health data clear patterns emerged regarding discrepancies between white and minority populations. One example is healthcare coverage and access. According to Figure 12, for the adult white population between the ages of 18 to 64 years, 15% have no healthcare coverage versus 24% of the adult black population in Michigan. 14% of the adult white population reported having no access to healthcare in the past 12 months versus 27% of the adult Hispanic population in Michigan. A second example is adults 65 years and older receiving the flu vaccine in the past year. According to Figure 11 the estimated percentage of the adult 65+ white population who has received the vaccine in the past year is 58%, while for the black adult 65+ population the figure drops to 38% in Michigan. One strategy for improving racial discrepancies may be to have more healthcare providers who can communication in the languages of their patients. For example, one finding in the stakeholder survey for Wayne County was the need for more Arabic and Spanish speaking healthcare providers. In addition, Oakland County stakeholder also commented on the need to address language and cultural barriers for citizens to becoming healthier.

A third at-risk population and related to the racial health disparity noted above is **infants** related to mortality. Overall, the infant mortality rate for the state of Michigan is 7.1 per 1,000 live births versus 6.1 per 1,000 live births nationally (Michigan Department of Community Health, 2010). In Michigan, the infant mortality rate per 1,000 live births for the white population is 5.4 while for the black population the figures jumps significantly to 14.8 per 1,000 live births in Michigan (Figure 10). This racial discrepancy is also observed across all the geographic regions in the Tri-County area. Surprisingly this wasn't clearly seen as a priority among surveyed stakeholders. This may point to the need to provide education and awareness to stakeholders and the community overall regarding infant mortality trends in the Tri-County area and the need for improvement.

From a behavioral perspective, **overweight/obesity** is a major area in need of improvement across all regions of the Tri-County Area. Regarding obesity, the percentage of Tri-County residents is estimated to range from 26% in Oakland County to 39% in Detroit. When factoring in residents who are overweight these percentages jump to 62% to 71% (Figure 13). In a related area, 75% to 78% of the Tri-County residents are estimated to have an **inadequate consumption of fruits and vegetables** (Figure 13). The need to address obesity and nutrition was also clearly seen in the results of the stakeholder survey with the Tri-County region overall rating these as the top two priorities within the Promoting Health Behaviors section of the survey.

From a chronic disease perspective, an area for priority is **heart disease**, which is the leading cause of death for every geographic region in the Tri-County area. Heart disease age-adjusted death rates per 100,000 ranged from 184.0 in Oakland County to 318.4 in Detroit (Figure 16). At a specific disease level is **congestive heart failure,** which is the leading cause of preventable hospitalizations in every geographic region of the Tri-County, ranged from 11% in Macomb County to 14% in Detroit of all preventable hospitalizations (Figure 17). According to the stakeholder survey findings

with the exception of Oakland County, heart disease was ranked as the second most important priority amongst chronic conditions for every geographic region of the Tri-County area. A second specific condition in need of attention is diabetes, which is the seventh leading cause of printable hospitalizations in every geographic region of the Tri-County except Detroit where it was the fourth leading cause (Figure 17). The results of the stakeholder survey also ranked diabetes as number one priority amongst chronic conditions for every geographic region of the Tri-County area.

Figure 21 below highlights the areas of priority as a result of the community health needs assessment process.

Figure 21 - CHNA Identified Priorities

Category	CHNA Recommended Priority
Geographic	*City of Detroit *Selected Cities around Tri-County Area (Figure 20)
At-Risk Populations	*Uninsured/Underinsured (Access to Care) *Racial-Ethnic Minority Populations & Racial Health Disparities *Infants (Mortality)
Health Status/ Health Behavior	*Obesity/Overweight *Inadequate Nutrition
Chronic Disease Management	*Heart Disease/Congestive Heart Failure/Diabetes

The HFHS Identified Priorities and implementation strategy were developed based on the findings established by the CHNA, HFHS system strengths, strategic direction, and a review of existing community benefit activities. The HFHS formed a Community Benefit Team in 2011 to collate, review and provide a reporting structure for community benefit activities across the system. The Community Pillar team insures the appropriate strategies are in place to advance CNHA implementation and adequately address population health. The following criteria were utilized to determine HFHS priorities: level of severity, availability of system and community resources, and the ability to evaluate outcomes. While HFHS is addressing the majority of the identified health issues, it will not directly address the following priority: Infant Mortality in Oakland County (Pontiac). This priority did not meet the evaluation criteria. It was determined that due to the location of our hospital in Oakland County; we did not have sufficient financial and personnel resources available to influence change. In addition, there are other community hospitals located in the immediate vicinity of the city of Pontiac, where this health issue resides

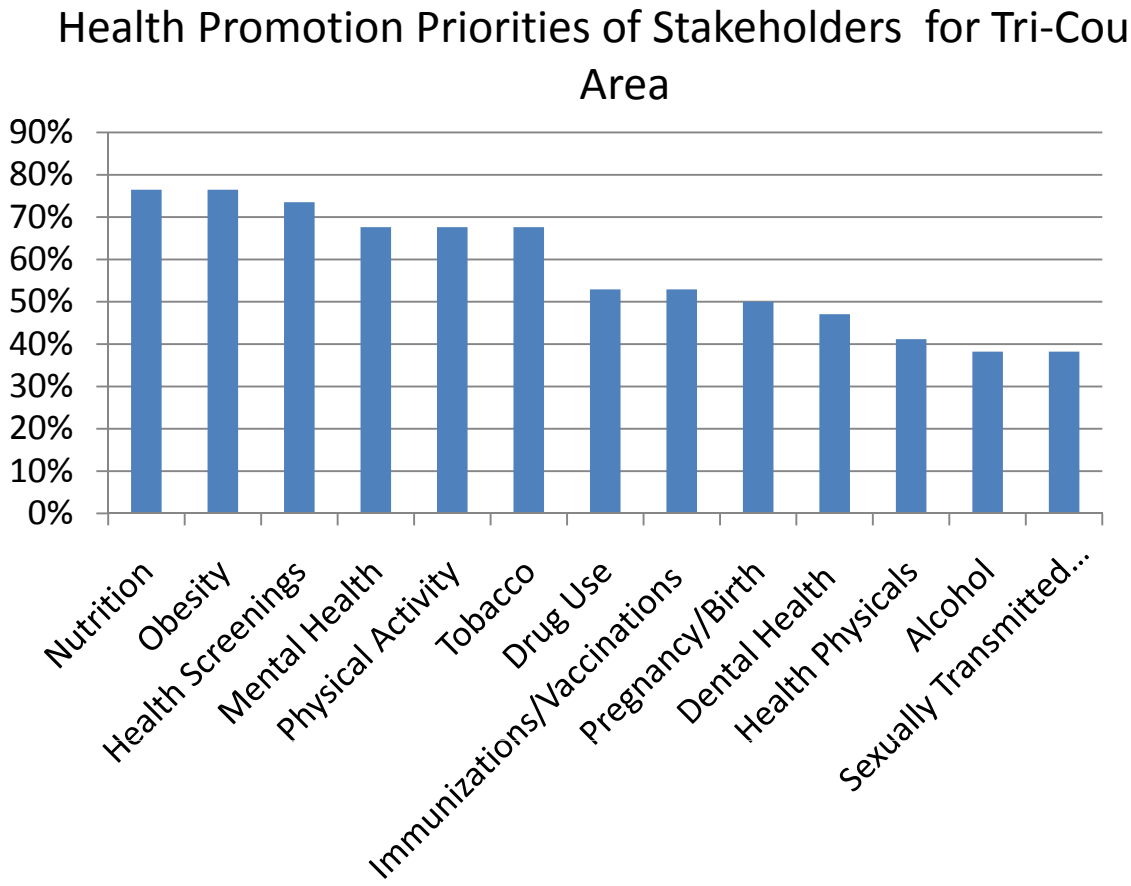
Henry Ford Health System
Community Health Needs Assessment
Stakeholder Survey Results

Organizations Represented in Survey (n=34)

Macomb County	Oakland County	Wayne County
Community Health Program	JVS Marketing and Communications	Joy-Southfield Community Development Corp
Chaldean American Chamber of Commerce	Matrix Human Services	Interfaith Health & Hope Coalition
Macomb County Community Services Agency	Oakland County Health Division	Arab Community Center for Economic and Social Services (ACCESS)
Warren Parks and Recreation	Automation Alley	Joseph Tireman Community Council
Henry Ford Macomb	Arab American & Chaldean Council (ACC)	Home Health Care and Hospice
Macomb County Interfaith Volunteer Caregivers	HAVEN – Domestic Violence and Sexual Assault Prevention	Federally Qualified Health Center
Medstar Ambulance		HF Faith Community Nurse; Faith Community Nurse
Henry Ford Macomb		Concern citizen
		National Kidney Foundation of Michigan
		CHASS/REACH Detroit Partnership
		Osborn Neighborhood Alliance
		The Skillman Foundation
		American Indian Health and Family Services
		Wayne County Four Star Health
		Cabrini Clinic
		Michigan Roundtable for Diversity and Inclusion
		National Kidney Foundation of Michigan
		CHASS Center REACH Detroit Partnership -
		Chamber of Commerce
		The Greater Detroit Area Health Council

CHNA Survey Executive Summary

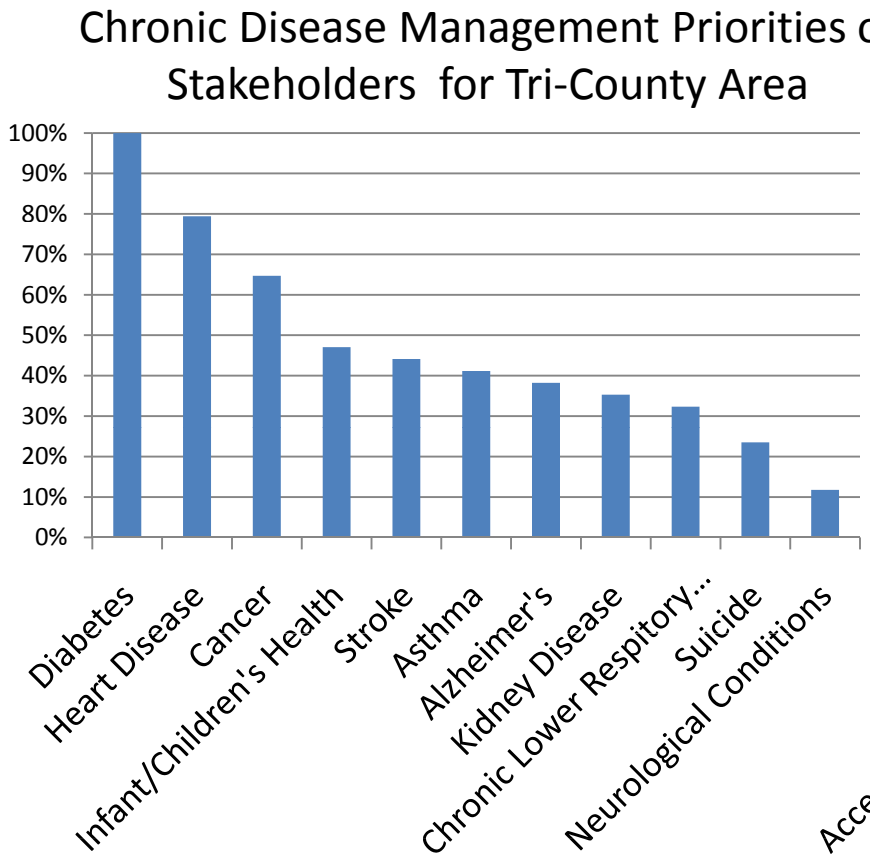
In all three counties, stakeholders consider promoting healthy behaviors, managing chronic disease and the public health infrastructure to be very important.

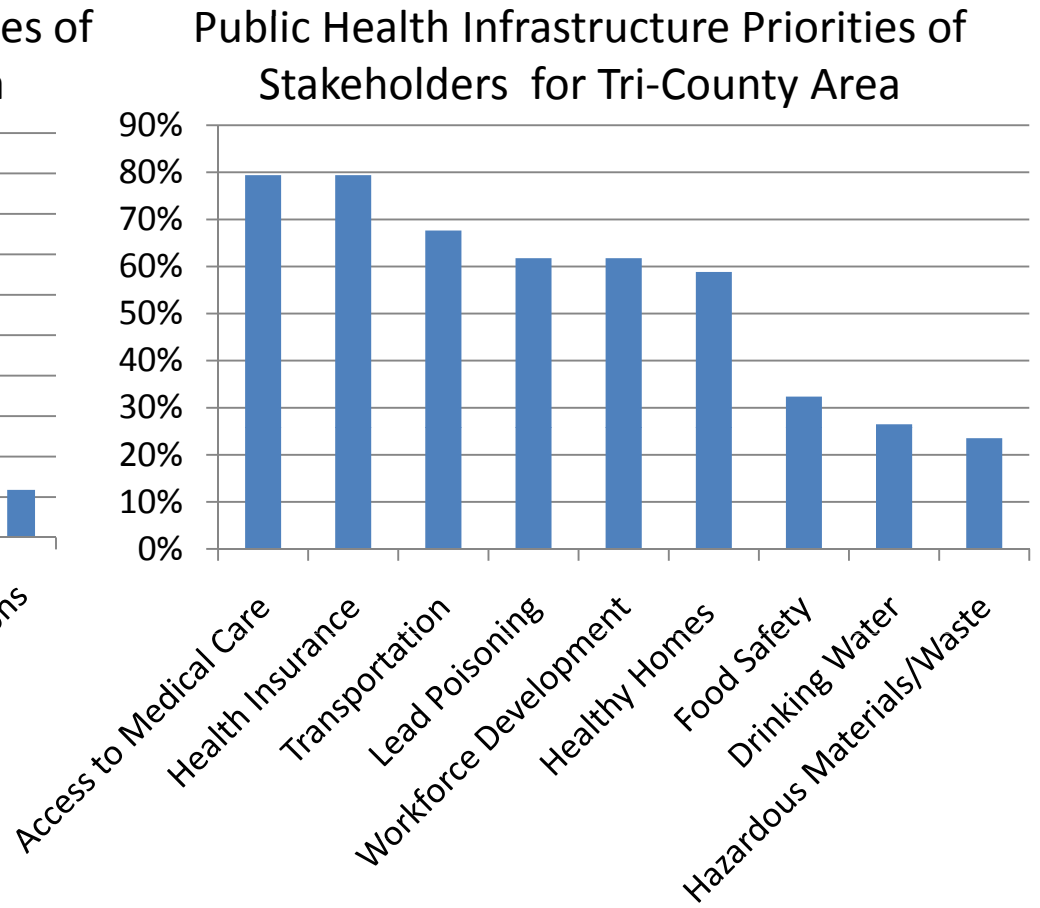


Of the health promotion topics that were ranked first or second priority, services for the following issues were most often ranked as **not available or failing to meet the needs** of the constituents in the tri-county area:

- **Mental Health**
- **Health Screenings**
- **Health Physicals**
- **Obesity**
- **Physical Activity**
- **Nutrition**

Executive Summary Continued





Of the chronic disease management issues that were ranked first or second priority, the following services were most often ranked as **not available or failing to meet the needs** of the constituents in the tri-county area:

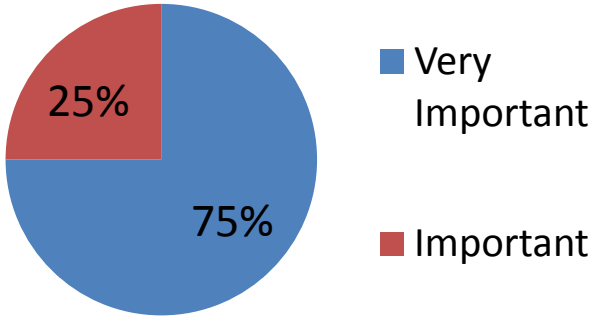
-Diabetes
- Heart Disease
- Infant/Children's Health

Of the public health issues that were ranked first or second priority, the following services were most often ranked as **not available or failing to meet the needs** of the constituents in the tri-county area:

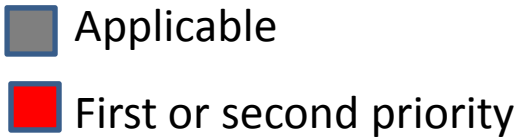
-Access to Medical Care/Health Insurance
- Transportation
-Workforce Development

Macomb: Promoting Healthy Behaviors

Please indicate the importance of promoting health behaviors to you and your constituent group.

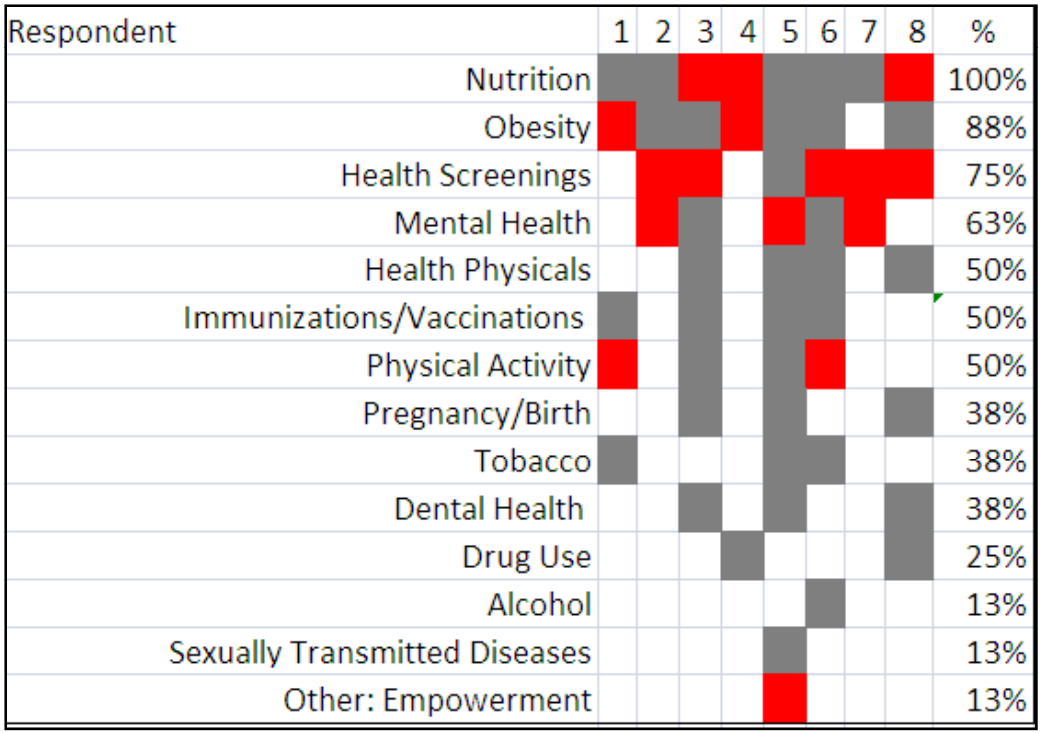


When promoting healthy behaviors, which of the following services should be considered a priority? Please check all that apply.



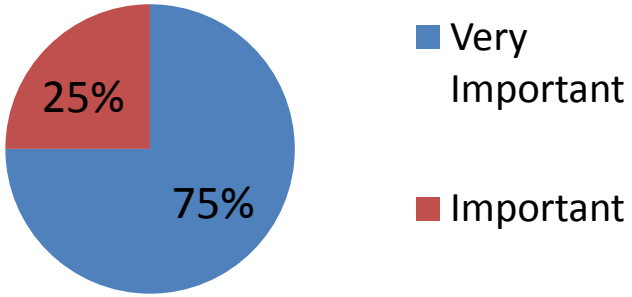
For the services considered a first or second priority, evaluate the availability of the existing resources:

	Available and meeting existing needs	Available, but fails to meet needs	Not available
Mental Health		3	
Health Screenings	1	3	1
Physical Activity		2	
Nutrition		2	1
Obesity		1	1
Other: Empowerment			1

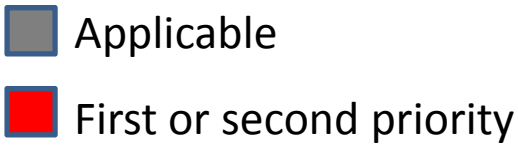


Macomb: Managing Chronic Disease

Please indicate the importance of managing chronic disease to you and your constituent group.



When managing chronic diseases, which of the following services should be considered a priority? Please check all that apply.



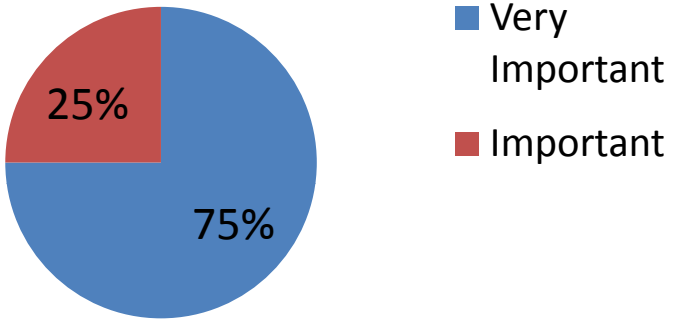
Respondent	1	2	3	4	5	6	7	8	%
Diabetes									100%
Heart Disease									88%
Cancer									63%
Stroke									63%
Asthma									38%
Alzheimer's									25%
Infant/Children's Health									25%
Other: Enabling self-management									13%
Chronic Lower Respitory Disease									13%
Kidney Disease									13%
Suicide									13%
Other: Hypertension									13%
Neurological Conditions									0%

For the services considered a first or second priority, evaluate the availability of the existing resources:

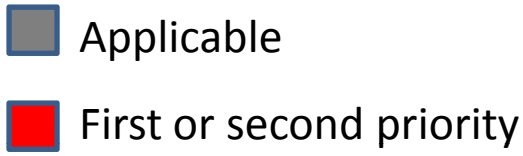
	Available and meeting existing needs	Available, but fails to meet needs	Not available
Alzheimer's		1	
Cancer		1	1
Diabetes		6	1
Heart Disease	2	2	
Infant/Children's Health		1	
Other: Enabling self-management			1

Macomb: Public Health Infrastructure & Environmental Hazards

Please indicate the importance of public health infrastructure & environmental hazards to you and your constituent group.

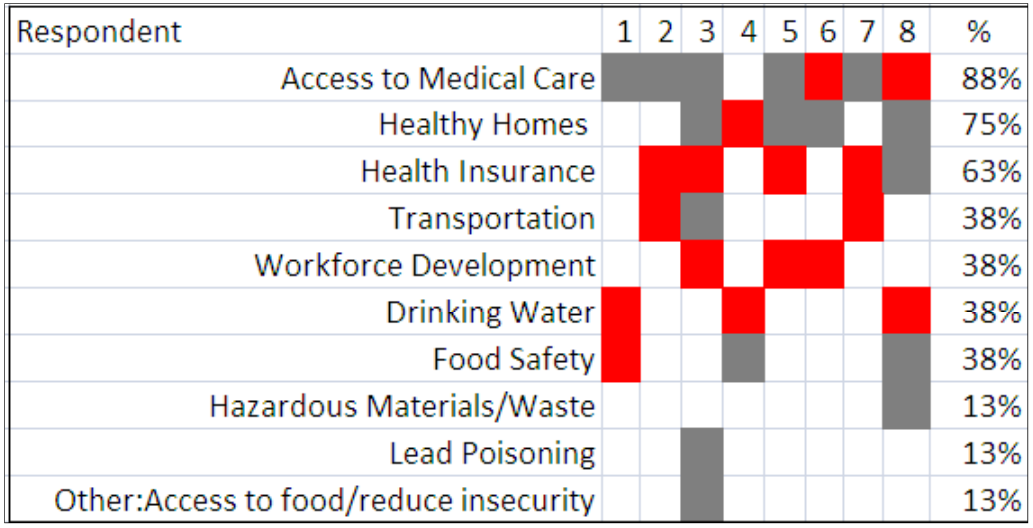


When considering public health infrastructure & environmental hazards, which of the following services should be considered a priority? Please check all that apply.



For the services considered a first or second priority, evaluate the availability of the existing resources:

	Available and meeting existing needs	Available, but fails to meet needs	Not available
Access to Medical Care		2	
Drinking Water	3		
Food Safety	1		
Health Insurance		3	1
Healthy Homes		1	0
Transportation		2	
Workforce Development	1	2	

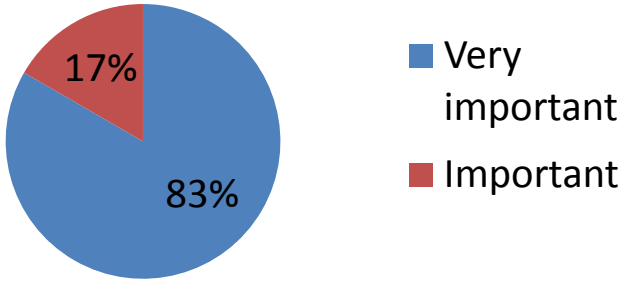


Macomb: Overall

What would a healthier version of your county look like?	Do you see any barriers to prevent those persons you serve from becoming healthier? Include any cultural or racial-ethnic barriers if applicable.	What do you believe are currently the most important community assets available to serve the health needs of your county?	How can Henry Ford Health System better partner with you to improve the health of the communities we serve together?
- Lower obesity rates - Active people eating healthy - Strong safety net of resources for all - Increased recreation: Bridges and trails - Increased access to medical care - Lower smoking rates - Increased access to affordable and healthy food - Increase continuity of care	- Focus on medical care rather than promotion and prevention - Over prescribing - Struggles with basic needs related to employment, food, housing, utilities, transportation - Lack of vision and self-empowerment - Poor race relations challenge some parts of Macomb - Cost - Cultural and racial-ethnic barriers	- Warren Community Center - Henry Ford Macomb Neighbors Clinic - Macomb County Health Department - Hospital systems	- Promote behavior and culture change - Work with Chaldean American Association of Health Professionals to reach Chaldean community - Require physicians to see a certain quota of uninsured - Expand parish nurse and school health concept - Coordination at discharge - Community based Mayo Clinic model

Oakland: Promoting Healthy Behaviors

Please indicate the importance of promoting health behaviors to you and your constituent group.



For the services considered a first or second priority, evaluate the availability of the existing resources:

	Available and meeting existing needs	Available, but fails to meet needs	Not available
Immunization/Vaccinations	1		
Alcohol		2	
Health Screenings	1	2	
Physical Activity			2
Pregnancy/Birth			1
Drug Use		2	
Tobacco		1	

When promoting healthy behaviors, which of the following services should be considered a priority? Please check all that apply.

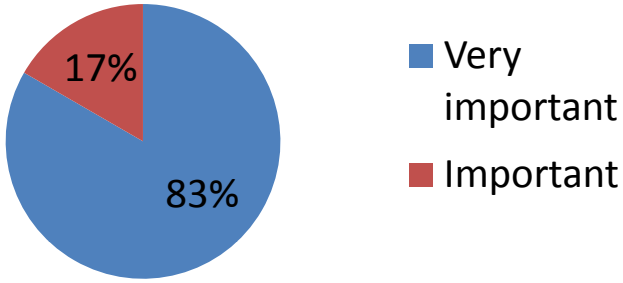
Applicable

First or second priority

Respondent	1	2	3	4	5	6	%
Pregnancy/Birth							83%
Tobacco							67%
Health Screenings							67%
Immunizations/Vaccinations							67%
Mental Health							67%
Nutrition							67%
Physical Activity							50%
Drug Use							50%
Obesity							50%
Alcohol							33%
Health Physicals							33%
Sexually Transmitted Diseases							33%
Dental Health							17%

Oakland: Managing Chronic Disease

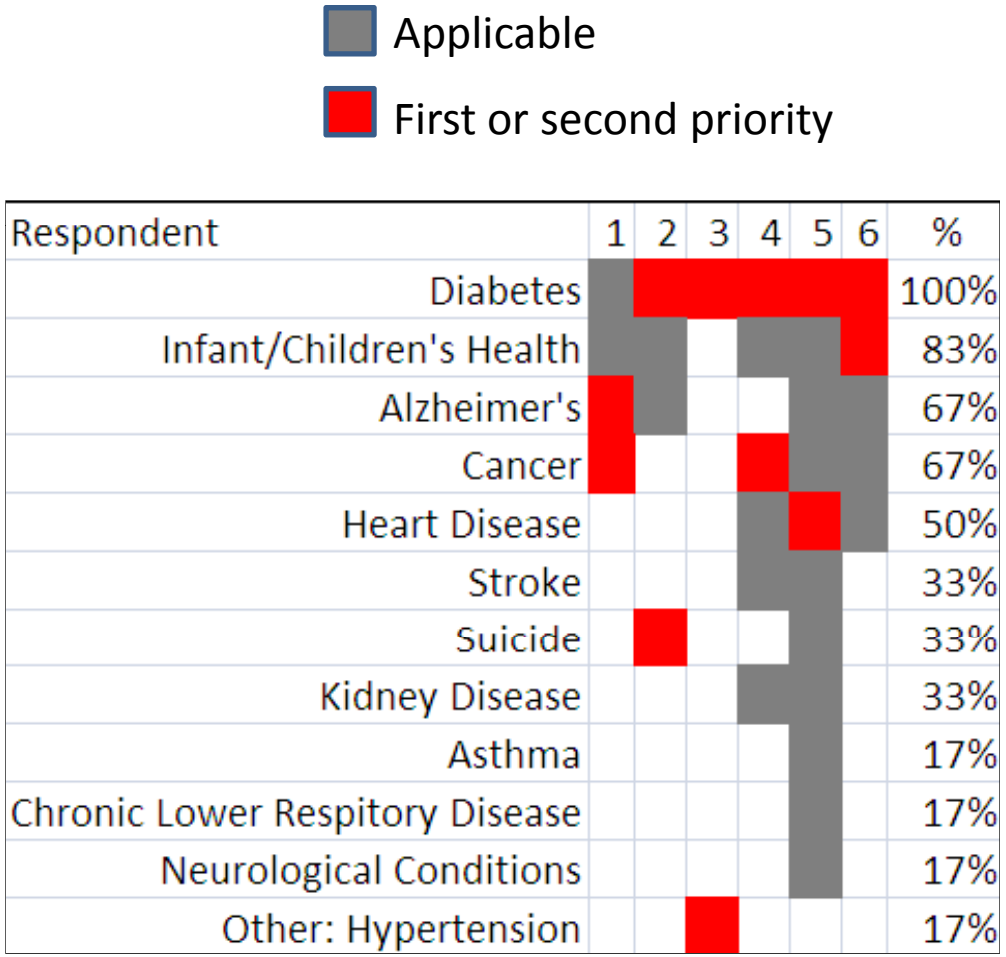
Please indicate the importance of managing chronic disease to you and your constituent group.



For the services considered a first or second priority, evaluate the availability of the existing resources:

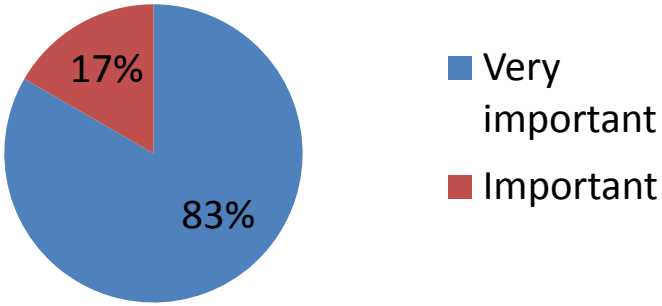
	Available and meeting existing needs	Available, but fails to meet needs	Not available
Alzheimer's	1		
Cancer	1	1	
Diabetes	1	4	
Heart Disease	1		
Infant/Children's Health		1	
Suicide		1	
Other: Hypertension		1	

When managing chronic diseases, which of the following services should be considered a priority? Please check all that apply.

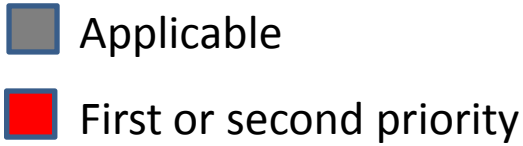


Oakland: Public Health Infrastructure & Environmental Hazards

Please indicate the importance of public health infrastructure & environmental hazards to you and your constituent group.



When considering public health infrastructure & environmental hazards, which of the following services should be considered a priority? Please check all that apply.



Respondent	1	2	3	4	5	6	%
Access to Medical Care							67%
Health Insurance							67%
Workforce Development							67%
Healthy Homes							67%
Transportation							50%
Drinking Water							33%
Food Safety							33%
Hazardous Materials/Waste							33%
Lead Poisoning							17%
Other:Education/Advocacy							17%

For the services considered a first or second priority, evaluate the availability of the existing resources:

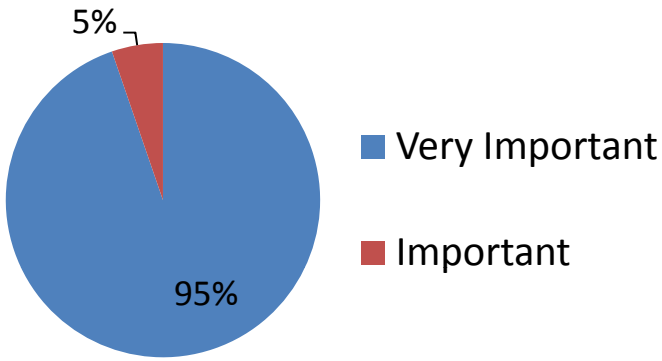
	Available and meeting existing needs	Available, but fails to meet needs	Not available
Access to Medical Care	1	2	
Drinking Water	1		
Food Safety	1		
Healthy Homes			
Health Insurance	1	1	
Transportation		1	1
Workforce Development		2	

Oakland: Overall

What would a healthier version of your county look like?	Do you see any barriers to prevent those persons you serve from becoming healthier? Include any cultural or racial-ethnic barriers if applicable.	What do you believe are currently the most important community assets available to serve the health needs of your county?	How can Henry Ford Health System better partner with you to improve the health of the communities we serve together?
- More opportunities for health screening - Increased economic self-sufficiency - Safe access to recreation and free exercise - Walkable communities - Access to fresh food and vegetables - More health education opportunities - Violence free - High quality family planning and children's health services	- Not enough jobs - Transportation is prohibitive for low income families - Cost/Budget Constraints - Lack of coordinated efforts between agencies and hospitals - Barriers of language and cultural understanding	- Henry Ford Health System - Oakland County Health Services - Nonprofits - Wealth of county - Collaborative capabilities	- Create partnerships to leverage funding - Better public health coordination - Reduction of duplicate efforts - Responsible cost containment to make healthcare affordable - Community engagement on boards - Unified system that can meet the needs of the impoverished

Wayne: Promoting Healthy Behaviors

Please indicate the importance of promoting health behaviors to you and your constituent group.



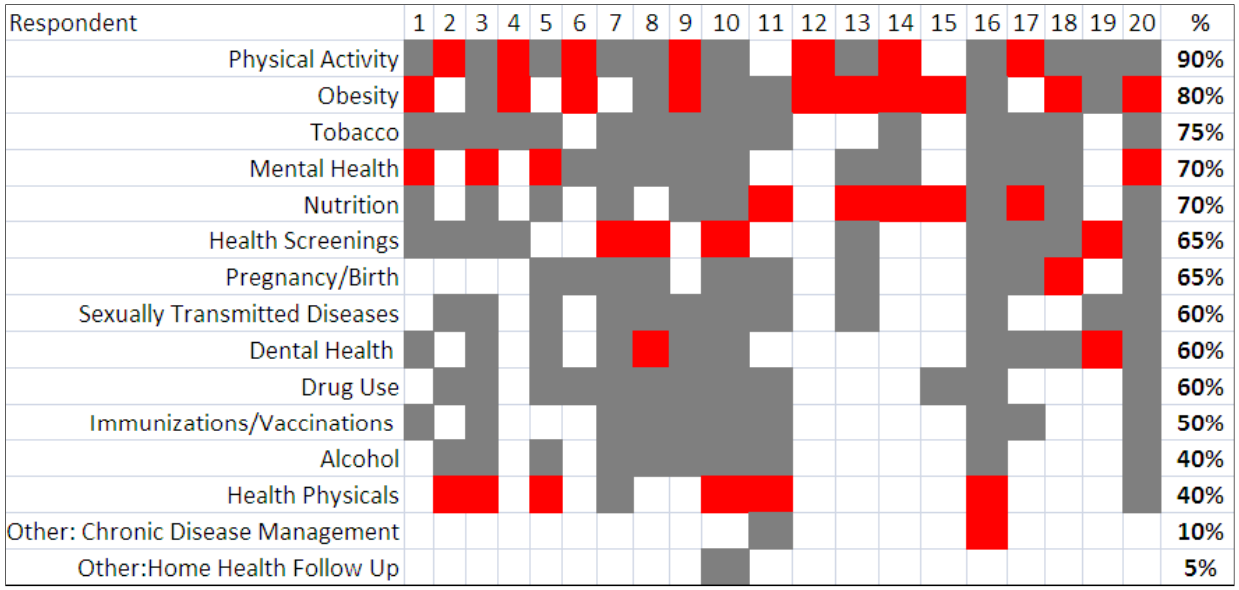
For the services considered a first or second priority, evaluate the availability of the existing resources:

	Available and meeting existing needs	Available, but fails to meet needs	Not available
Drug Use			
Health Physicals	1	3	1
Health Screenings	2		1
Mental Health		3	1
Nutrtition		2	2
Obesity		9	3
Physical Activity		5	2
Other: Chronic Disease Management		1	
Dental Health		1	1
Pregnancy		1	

When promoting healthy behaviors, which of the following services should be considered a priority? Please check all that apply.

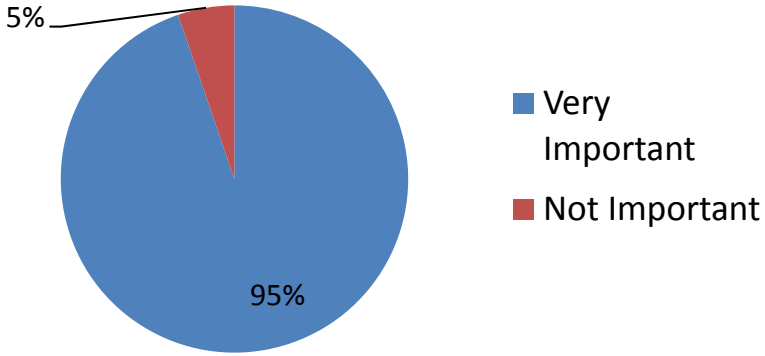
Applicable

First or second priority



Wayne: Managing Chronic Disease

Please indicate the importance of managing chronic disease to you and your constituent group.



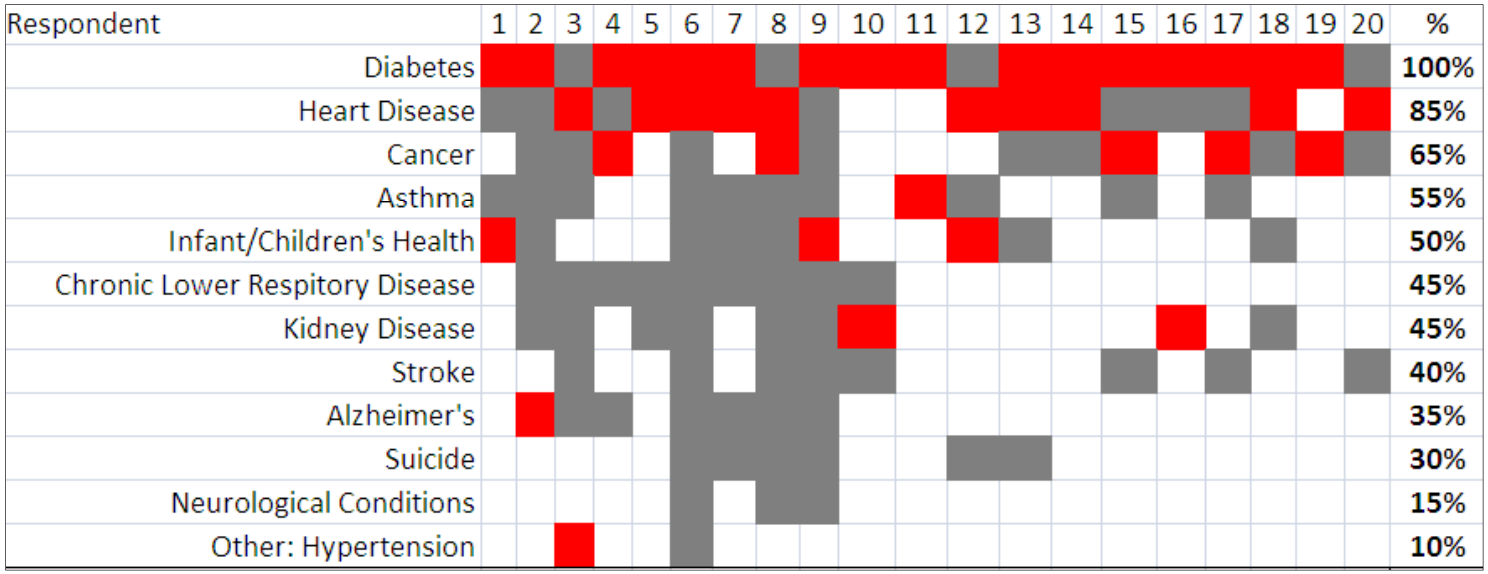
For the services considered a first or second priority, evaluate the availability of the existing resources:

	Available and meeting existing needs	Available, but fails to meet needs	Not available
Diabetes	2	14	
Alzheimers		1	
Asthma		1	
Cancer	3	1	1
Heart Disease		7	3
Infant/Children's Health		2	1
Kidney Disease		2	
Other: Hypertension			1

When managing chronic diseases, which of the following services should be considered a priority? Please check all that apply.

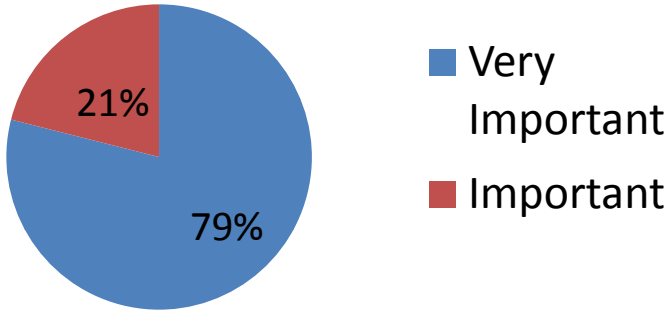
Applicable

First or second priority



Wayne: Public Health Infrastructure & Environmental Hazards

Please indicate the importance of public health infrastructure & environmental hazards to you and your constituent group.



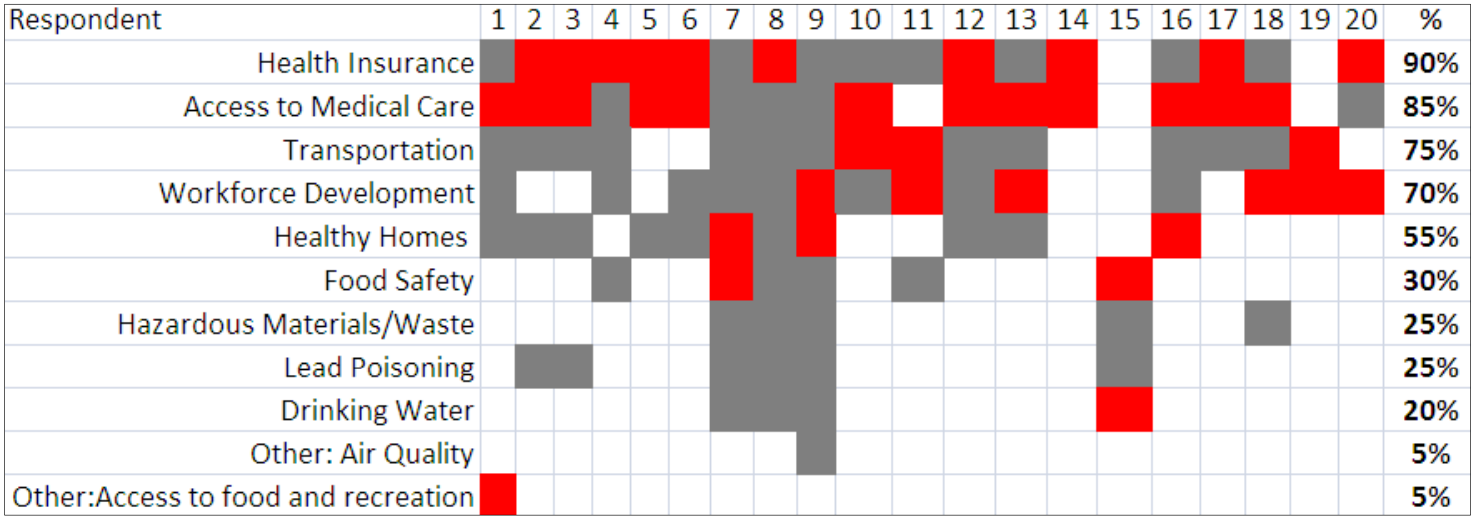
For the services considered a first or second priority, evaluate the availability of the existing resources:

	Available and meeting existing needs	Available, but fails to meet needs	Not available
Access to Medical Care		10	3
Drinking Water		1	
Food Safety	1	1	
Healthy Homes		2	1
Health Insurance		8	2
Transportation		3	
Workforce Development	1	6	
Other: Affordable Food & Rec		1	

When considering public health infrastructure & environmental hazards, which of the following services should be considered a priority? Please check all that apply.

Applicable

First or second priority



Wayne: Overall

What would a healthier version of your county look like?	Do you see any barriers to prevent those persons you serve from becoming healthier? Include any cultural or racial-ethnic barriers if applicable.	What do you believe are currently the most important community assets available to serve the health needs of your county?	How can Henry Ford Health System better partner with you to improve the health of the communities we serve together?
-Self-reliant neighborhoods with access to quality health care -Closer cooperation among social, health and human service agencies -Reduced chronic disease and obesity, increased safe recreation space -Culturally competent and linguistically appropriate services -Access, resources and education for all community members -Empowered individuals -Economic opportunity including access to transportation and safe housing -More green space in city	- Shut down the Detroit Trash Incinerator. It is a major asthma flare vector - Improving social determinants of health - Lack of cultural competency within Arab-American , American Indian and Hispanic populations - Lack of available healthy food - Lack of insurance - Poverty - Poor performing schools - Unsafe built environment - Cost/budget constraints	- The ACCESS Community Health & Research Center - Health systems and faith communities that are reaching out - Community-based health programs - American Indian Health and Family Services - FQHCs - Medicaid - Plan First	-Chronic disease management for the uninsured -Establish initiatives with the faith based community -Improve the collection and dissemination of data on Arab Americans in a form that can be summarized across the system. -Better interpreter services -Expand high school education programs -Improve cultural competency of staff -Increase hospice utilization -Provide transportation -Integrate community health workers into HFHS initiatives

Henry Ford Health System
Community Health Needs Assessment
Stakeholder Survey

To help Henry Ford Health System identify the major health needs and issues of the communities we serve, we would appreciate you taking a few minutes to provide feedback on three topics: Promoting Healthy Behaviors, Managing Chronic Diseases and Public Health Infrastructure & Environmental Hazards.

Please provide the following information to help us best serve you.

First Name:
Last Name:
Zip Code:

Section 1: Promoting Healthy Behaviors

Includes health services focused on the prevention and treatment of addictive behaviors (tobacco, alcohol, other drugs, gambling, etc.) and the promotion of healthy lifestyle behaviors and preventive practices (nutrition, exercise, vaccinations, pregnancy & birth, health screenings, etc.)

A. Please indicate the importance of promoting health behaviors to you and your constituent group.

☐ Very Important ☐ Important ☐ Not Important

B. When promoting healthy behaviors, which of the following services should be considered a priority? Please check all that apply.

☐ Alcohol
☐ Dental Health
☐ Drug Use
☐ Health Physicals
☐ Health Screenings
☐ Immunizations/Vaccinations
☐ Mental Health
☐ Nutrition
☐ Obesity
☐ Sexually Transmitted Diseases
☐ Physical Activity
☐ Pregnancy/Birth
☐ Tobacco
☐ Other

If Other, please specify:

C. Of the services you checked above, please list the two, which you consider are the most important priorities for the community. Then check the column that best describes the availability of this service in your community.

Service	Available and meets existing needs	Available but fails to meet needs	Not Available
	☐	☐	☐
	☐	☐	☐

Section 2: Managing Chronic Diseases

This dimension assesses the importance of treating chronic disease in the community.

A. Please indicate the importance of managing chronic diseases to you and your constituent group.

☐ Very Important ☐ Important ☐ Not Important

B. When managing chronic diseases, which of the following services should be considered a priority? Please check all that apply.

☐ Alzheimer's ☐ Diabetes ☐ Neurological Conditions

☐ Asthma ☐ Heart Disease ☐ Stroke

☐ Cancer ☐ Infant/Children's Health ☐ Suicide

☐ Chronic Lower Respiratory Disease ☐ Kidney Disease ☐ Other

If Other, Please specify:

C. Of the services you checked above, please list the two, which you consider are the most important priorities for the community. Then check the column that best describes the availability of this service in your community.

Service	Available and meets existing needs	Available but fails to meet needs	Not Available
	☐	☐	☐
	☐	☐	☐

Section 3: Public Health Infrastructure & Environment Hazards

This dimension assesses the framework to support public health services and includes such concerns as access to health insurance, transportation and workforce development. Also included in this dimension are environmental hazard concerns such as food safety, hazardous materials, healthy homes and insect control.

A. Please indicate the importance of public health infrastructure & environmental hazards to you and your constituent group.

☐ Very Important ☐ Important ☐ Not Important

B. When considering public health infrastructure and environmental hazards, which of the following services should be considered a priority? Please check all that apply.

☐ Access to Medical Care ☐ Health Insurance ☐ Transportation

☐ Drinking Water ☐ Healthy Homes ☐ Workforce Development

☐ Food Safety ☐ Lead Poisoning ☐ Other

☐ Hazardous Materials/Waste

If Other, please specify:

C. Of the services you checked above, please list the 2 that you believe are the most important priorities for the community. Then check the column that best describes the availability of this service in your community.

Service	Available and meets existing needs	Available but fails to meet needs	Not Available
	☐	☐	☐
	☐	☐	☐

Section 4: Overall

1. Please identify your organization and role.

2. What county does your organization primarily serve? _____Macomb _____Oakland _____Wayne

3. What would a healthier version of your county look like?

4. Do you see any barriers to prevent those persons you serve from becoming healthier? Include any cultural or racial-ethnic barriers if applicable.

5. What do you believe are current the most important community assets available to serve the health needs of your county?

6. How can Henry Ford Health System better partner with you to improve the health of the communities we serve together?

Reference:

- Henry Ford Health System when developing its community health needs assessment stakeholder survey utilized in part the County Health Needs Assessment Survey developed in collaboration with the Iowa Department of Public Health, Iowa State Extension, Campus Community Partnership for Health and the University of Iowa College of Public Health, Department of Epidemiology.

Please contact one of the following contributors if you have any questions regarding the Henry Ford Health System Community Health Needs Assessment Stakeholder Survey:

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Debora Murray (dmurray3@hfhs.org)

CHNA Stakeholder Survey Invited Participants

*Organizations highlighted indicate those that completed a stakeholder survey.

Macomb County

Organization
Area on Aging 1-B
Catholic Services of Macomb
Chaldean American Chamber of Commerce/Chaldean Community Foundation
City of Warren
Clinton Township Senior Activity Center
Downriver Community Services, Inc.
Henry Ford Macomb Hospitals (Henry Ford Health System)
Macomb County Community Care Services Agency
Macomb County Community Mental Health
Macomb County Health Department - Health Promotion & Disease Control
Macomb County Interfaith Volunteer Caregivers
Medstar Ambulance Company
Neighbors Caring for Neighbors Clinic (Henry Ford Health System)
School Health Program (Henry Ford Health System)
Sterling Heights Senior Center
U.S. Army TACOM Life Cycle Management Command
Ukrainian Village Apartments
Utica Community Schools Foundation
Washington Township

Oakland County

Organization
Arab American & Chaldean Council
Asian Pacific Chamber of Commerce
Automation Alley
Boys and Girls Club of Southeast Michigan
Boys and Girls Club of Troy
Chinese Association of Greater Detroit
City of Southfield
Field Zone
Gary Burnstein Community Health Clinic
Greater Farmington Area Chamber
Greater West Bloomfield Chamber of Commerce
Greater West Bloomfield Coalition for Youth
HAVEN
Jewish Community Center
Jewish Family Services of Metropolitan Detroit
Jewish Vocation Services
March of Dimes
Matrix Human Services
Medical Main Street

Oakland County (Continued)

Organization
Michigan Hispanic Chamber
New Detroit
Novi Chamber
Oakland County Department of Human Resources
Oakland County Health Division
Orchards Children's Services
POH Riley Foundation
Rebuilding Together Oakland County
Rochester/Rochester Regional Chamber
Southfield Chamber
Southfield DDA - Cornerstone Development Authority
Troy Chamber
West Bloomfield Fire Department
West Bloomfield School District

Wayne County

Organization
ABC Memorial Health Center
ACCESS
AIDS Partnership of Michigan
American Cancer Society
American Heart Association
American Indian Health & Family Services
Black Family Development
Brightmoor Alliance
Brightmoor Community Center
Central Detroit Christian CDC
Chadsey-Condon
Community Health and Social Services (CHASS)
Citadel of Faith
Citizen
Crossroads of Michigan
Detroit Communities Against Diabetes Policy Committee
The Institute for Black Family Development - Detroit Partnership
Detroit Wayne County Health Authority
Focus Hope
Friends of Parkside
Get Fresh Detroit!
Gleaners Community Food Bank of Southeast Michigan
Greater Detroit Area Health Council
Health Plan of Michigan
Henry Ford Macomb Hospital (Henry Ford Health System)
I Eat Super!
Interfaith Health & Hope Coalition
J Williams Recreation Center
Joseph Tireman Community Council
Joy-Southfield Community Development Corporation, Inc.
Lost and Found Association

Wayne County (Continued)

Organization
MDCH Bureau of Family, Maternal & Child Health
Metro Solutions
Michigan Department of Community Health
Michigan Roundtable for Diversity and Inclusion
Metropolitan Organizing Strategy Enabling Strength (MOSES)
National Kidney Foundation of Michigan
New Center Community Services
New Ebenezer B. Church
Northville Chamber of Commerce
Osborn Neighborhood Alliance
Second Ebenezer ECHO
SEHMA
Skillman Foundation
Southeast Michigan Beacon Community
St. Frances Cabrini Clinic
Tabernacle MB Church
The Children's Center
The Kresge Foundation
Union Grace MB Church
United Way 2-1-1
Visiting Nurse Association of Southeast Michigan
Voices of Detroit Initiative
Wayne CHAP
Wayne County Department of Public Health
Wayne County Four Star Health