

**Community Health Needs Assessment 2019
Implementation Strategy
Fiscal Years 2019-2021**



HENRY FORD MACOMB HOSPITAL

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Henry Ford Macomb Hospital Executive Summary

Henry Ford Macomb Hospital completed a comprehensive Community Health Needs Assessment (CHNA) that was adopted by the Henry Ford Health System (HFHS) Board of Directors in December 2019. Henry Ford Macomb Hospital performed the CHNA in adherence with certain federal requirements for not-for-profit hospitals set forth in the Affordable Care Act and by the Internal Revenue Service. The assessment took into account input from community representatives, community members, and various community organizations.

Health Needs of the Community

The Henry Ford Health System community has been identified as the City of Detroit and Wayne, Oakland, Macomb, and Jackson counties. The CHNA process identified significant health needs for this community, with two priorities designated to be addressed system-wide. Health needs were prioritized based on several criteria including the importance given to particular health issues by survey and focus group participants, statistical data from the State of Michigan, as well as input from HFHS and community leaders. Henry Ford Macomb Hospital's resources and overall alignment with the Henry Ford Health System mission, vision, goals, and strategic priorities were taken into consideration when identifying the top two most significant health issues to be addressed. The following first two health priorities were chosen for the entire Henry Ford Health System, and the third priority was chosen specifically for Henry Ford Macomb Hospital and its unique community needs.

- 1. Healthy Lifestyles and Diabetes Prevention**
- 2. Mental Health and Substance Use Disorder**
- 3. Heart Disease**

Henry Ford Health System works to leverage its resources, partnerships, and market share across the counties it serves to make large-scale community impact. An important factor in the success of Henry Ford's ability to make this large-scale impact is the individual contributions of each hospital within the System. It is our goal through these Implementation Plans to push each hospital to set ambitious goals that will improve our communities' outcomes and access to resources, while coalescing each hospital around aligned System-wide strategies and metrics.

Hospital Implementation Strategy

Henry Ford Macomb Hospital will focus on developing and supporting initiatives and measuring their effectiveness to improve the aforementioned health needs. The following implementation strategy specifies community health needs that the Hospital/Health System has determined it will address, in partnership with other agencies and organizations, consistent with our mission and vision, to become the trusted partner in health for our communities. The Hospital reserves the right to amend this implementation strategy as circumstances warrant.

Henry Ford Health System and Henry Ford Macomb Hospital acknowledges the numerous and wide range of health needs that exist in our communities served, and we acknowledge that there are certain health needs identified in the CHNA that were not chosen as priorities. We have determined that our implementation plans are only able to effectively address the most pressing needs identified by our stakeholders and in relevant data. The selected priorities were analyzed through the lens of social determinants of health and health equity, as well as health system resources, and represent the key health issues which are under-addressed with the most compelling data. While Henry Ford Health System and Henry Ford Macomb Hospital provides supportive clinical services in these areas, they will not be included as areas of primary community activity as it relates to the Implementation Plans.

- Kidney Disease
- Family Planning
- Asthma
- Alzheimer's Disease

CHNA IMPLEMENTATION STRATEGY

Fiscal Years 2019-2021

Hospital Facility: Henry Ford Macomb Hospital

CHNA Significant Health Need: Healthy Lifestyles and Diabetes Prevention

CHNA Reference Pages: 33-34, 37-38

Brief Description of Need:

Lifestyle factors such as alcohol and drug use, smoking cigarettes, lack of physical activity, poor nutrition, and obesity are known to greatly impact onset of disease and chronic illness. Preventive practices such as regular health screenings, physicals, and dental care are known to positively impact these health outcomes. These lifestyle factors and people’s ability to partake in preventative health practices are greatly dependent on the social determinants of health. Social determinants of health are the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels. Examples of social determinants of health include access to housing, food, education, transportation, and more. As income and education increase, the practice of risky behaviors often decreases. In Macomb County, 25.2% of residents do not get any physical activity in their leisure time, compared to 24.9% in Michigan as a whole, and 32.2% of Macomb County residents are obese, compared to a state average of 31.4%. Lifestyle factors can also contribute to the onset of diabetes. In Macomb County, 10.6% of residents have ever been told they have diabetes compared to a state average of 10.8%. The Diabetes death rate in Macomb County is 28.1, the 7th leading cause of death in the county. In Macomb County, the diabetes death rate has increased in recent years. Diabetes accounts for many preventable hospitalizations in Macomb County – it is the second leading cause of preventable hospitalizations in the County, compared to the entire state of Michigan, where diabetes is the fourth leading cause of preventable hospitalizations. Certain behaviors such as lack of physical activity, poor nutrition, tobacco use, and not seeking appropriate preventive care can result in developing chronic disease and illness. In Macomb County, 19.2% of residents report their general health as fair or poor. The social determinants of health can pose barriers to good health for all types of people. Across all races, ethnicities, genders, and geographic locations, people face struggles due to their social conditions. Often, people of color face significant struggles due to the social determinants of health as a result of the unequal distribution of power and resources across populations. Addressing both the social determinants of health and racial inequities are vital to improving the health of communities. We know that minority populations often

experience more barriers to healthy lifestyles and as a result, see worse health outcomes and decreased preventive health behaviors. At Henry Ford Macomb Hospital, work is being done to build the infrastructure to stratify patient and health outcomes data by demographic characteristics, to better understand and address the barriers vulnerable populations face to achieving optimal health.

Goal:

Improve the overall health and wellbeing of the populations we serve by enhancing their ability to overcome barriers to healthy lifestyles, reducing health risk behaviors and preventing diabetes.

Project Objectives:

1. Improve health status of population served
2. Reduce % of population served with BMI > 30
3. Improve % of population served with pre-diabetes who are referred for (received) appropriate support

Strategies to Accomplish Goal:

Activity to Accomplish	Time Frame
1. Implement Diabetes Prevention Program (DPP)	2020-2022
2. Implement programs to improve nutrition and access to fresh produce for SNAP-eligible and other vulnerable populations	2020-2022
3. Develop and implement social needs screening and referrals	2020-2022
4. Leverage Henry Ford Health System's investments as an anchor institution to address Social Determinants of Health (SDOH) needs in our communities	2022-2022

SMART Evaluation Metrics:

Metric		Target	
		Measure	Date
1	30% of DPP participants completing program achieve 5-7% weight loss annually	30% achieving weight loss of 5-7%	1/1/2021
2	Provide at least 24 educational sessions to SNAP-eligible participants annually	24 SNAP educational sessions	1/1/2021
3	Increase screening volume for social needs (food insecurity, housing, financial assistance, etc) by 5% in HFHS clinics/settings annually	5% increase over baseline	1/1/2021
4	Invest 1% of HFHS investment portfolio in place-based SDOH priorities by 2022	1% invested	By 2022

Programs and Resources Needed:

- Community coordinators, community dietician and staff educators
- Best-practice sharing with community partners, regional planning groups, Southeast Michigan Hospital Collaborative, Centers for Disease Control (CDC) and Prevention, and Michigan Diabetes Prevention Network
- Partnership agreements with churches, schools, and other community partners for venues for education
- Engagement of schools, early childhood centers, community centers and markets for SNAP-Ed program delivery
- Communication and referral processes for providers, epic support for DPP registry
- Faith Community Health Web based documentation tool
- Continued IT and reporting functionality
- Sustainable funding models

Collaborative Partners (Names and Organizations):

- CDC National Diabetes Prevention Program
- Faith Community Nursing Program
- Community health champions as life-style coaches
- Master-training lifestyle coach program through Emory University
- Schools, Early Childhood Centers, Churches, Senior Centers, Community Resource Centers, Farmers Markets
- Gleaners Community Food Bank
- Michigan Fitness Foundation

CHNA IMPLEMENTATION STRATEGY

Fiscal Years 2019-2021

Hospital Facility: Henry Ford Macomb Hospital

CHNA Significant Health Need: Mental Health and Substance Use Disorder

CHNA Reference Pages: 33-35

Brief Description of Need:

Since the last Community Health Needs Assessment was conducted in 2016, the prevalence of self-reported poor mental health status has increased in every community that Henry Ford Health System serves. In Macomb County, the prevalence of poor mental health is now 15.6%, compared to 16.2% throughout the entire state of Michigan. Amongst surveyed community stakeholders in Macomb County, mental health and substance use disorder were both ranked amongst the top three most pressing health needs of the community. Macomb County's suicide death rate is the same as the rate in the state of Michigan, a rate of 13.4. Overdose deaths from all drugs and opioids in particular continue to burden our communities. In 2017, Macomb County saw an all-drug overdose death rate of 45.22 per 100,000 and an opioid overdose death rate of 36.72 per 100,000. The opioid overdose death rate in Macomb County is 78% higher than the state of Michigan average. From 2016 to 2017, the age-adjusted rate of drug overdose deaths increased 23.3% in Macomb County. Amongst the ten leading causes of death in Michigan and Macomb County, drug overdose deaths are categorized as "unintentional injuries," a category which is the third leading cause of death in Michigan on average, with a death rate of 50.8 per 100,000. In Macomb, this death rate is 60.4 per 100,000. We know that minority populations often experience barriers to healthcare access and healthy lifestyle behaviors and as a result can have unique challenges to achieving good mental health. At Henry Ford Macomb Hospital, work is being done to build the infrastructure to stratify patient and health outcomes data by demographic characteristics, to better understand and address the barriers vulnerable populations face to achieving optimal mental health.

Goal:

Improve the mental health status of at-risk populations in the community and prevent substance use disorder.

Project Objectives:

1. Reduce opioid prescribing by HFHS providers
2. Improve access to behavioral health services in HFHS service area
3. Prevent opioid overdose deaths in populations served

Strategies to Accomplish Goal:

Activity to Accomplish	Time Frame
1. Implement alternative to opioid prescribing guidelines	2020-2022
2. Expand delivery of Medication Assisted Treatment (MAT) in Primary Care Provider (PCP) sites	2020-2022
3. Increase accessibility and use of Narcan to save lives and reverse overdoses related to opioid abuse in partnership with community collaboratives	2020-2022
4. Improve access to Behavioral Health (BH) services by integrating behavioral health services within primary care and transitioning stable BH patients back to primary care	2020-2022

SMART Evaluation Metrics:

Metric		Target	
		Measure	Date
1	Reduce opioid pills/patches and Milligram Morphine Equivalent (MMEs) prescribed by 20%, annually	20% decrease from baseline	1/1/2021
	Decrease # of chronic opioid patients (taking opioid daily) by 20%	20% decrease from baseline	1/1/2021
2	Increase percentage of patients with access to MAT by 10%	10% increase from baseline	1/1/2021
3	Increase percentage of Narcan resource distribution by 5% annually	5% increase over baseline	1/1/2021
4	Increase % patients with access to BH services within 7 days by 5%	5% increase over baseline	1/1/2021

Programs and Resources Needed:

- Partnerships with Families Against Narcotics (FAN), Operation Rx and CARE of Southeast Michigan, and Macomb County Community Mental Health/Office of Substance Abuse for access to Federal, state grant-funded programming.
- Collaboration with partners listed above for access to expert instructors, training protocols and collateral, Narcan doses, and class registration.
- Documentation by partners for trainings completed and Narcan use statistics.
- Collaboration with Henry Ford Macomb Hospital and off-site managers to host training sessions in properly equipped classrooms with parking access.
- Partnerships with local municipalities to host training sessions at community centers with public access.
- Communication support to promote training sessions to Henry Ford Macomb Hospital employees and to external audiences.

Collaborative Partners (Names and Organizations):

- Families Against Narcotics
- Operation Rx
- Macomb County Office of Substance Abuse (MCOSA)

CHNA IMPLEMENTATION STRATEGY

Fiscal Years 2019-2021

Hospital Facility: Henry Ford Macomb Hospital

CHNA Significant Health Need: Heart Disease

CHNA Reference Pages: 37-38

Brief Description of Need:

In Macomb County, the prevalence of people who have ever been told they have heart disease is 5.4%, compared to 5.0% in the state of Michigan as a whole. Heart disease is the leading cause of death in both Michigan and in Macomb County. The heart disease death rate in Macomb is 204.8 per 100,000, which is slightly higher than the rate of 200.8 per 100,000 in Michigan. Congestive heart failure is the leading cause of preventable hospitalizations in Michigan and in Macomb County. In 2016, congestive heart failure produced 2,773 preventable hospitalizations in Macomb County. In Macomb County, preventable hospitalizations account for 23.1% of all hospitalizations, an increase of 2.8% since the previous Community Health Needs Assessment was conducted in 2016. In Michigan on average, 21.6% of hospitalizations are preventable. Healthy lifestyles play an important role in preventing heart disease. In Macomb County, 32.2% of the population is obese, compared to 31.4% of the Michigan population. 25.2% of the Macomb County population does not get any physical activity in their leisure time, which exceed the Michigan average by 0.3%. At Henry Ford Macomb Hospital, work is being done to build the infrastructure to stratify patient and health outcomes data by demographic characteristics, to better understand and address the barriers vulnerable populations face to achieving optimal cardiovascular health.

Goal:

Prevent incidence of heart disease and promote behaviors contributing to good heart health.

Project Objectives:

1. Improve the cardiovascular health of Macomb County residents
2. Reduce deaths from cardiovascular disease and stroke

Strategies to Accomplish Goal:

Activity to Accomplish	Time Frame
1. Increase awareness of cardiovascular disease risk through outreach activities focused on prevention of heart disease, i.e. blood pressure screening, health education forums, smoking cessation, Hypertension Self-management Program (HSMP)	2020-2022

SMART Evaluation Metrics:

Metric		Target	
		Measure	Date
1	Increase participation in blood pressure screening and health education events by 10%	Community Relations Outreach, Target: 363 encounters Faith Community Nursing Blood Pressure Screening, Target: 1,210 American Hospital Association Heart Walk, Target: 20 teams; 20 team coaches; 100 registered walkers CPR Training as Lifesaving skill-- Target: 800 hospital staff 300 community members	1/1/2021
	Increase enrollment in HSMP by 10%	10% increase over baseline	1/1/2021
	Increase educational encounters related to risks of tobacco use, e-cigarettes, and vaping by 10% (2020 Target: 500)	10% increase over baseline	1/1/2021
	Increase referrals to smoking cessation classes by 10%	10% increase over baseline	1/1/2021

Programs and Resources Needed:

- Faith Nursing Coordinator, Community coordinators, and staff educators
- Best-practice sharing with community partners, including Kids Heart Challenge
- Henry Ford Macomb Hospital Stroke Program
- Partnership agreements with churches, schools, and other community partners for venues for education
- Faith Community Health Web based documentation tool
- Continued IT and reporting functionality
- Sustainable funding models

Collaborative Partners (Names and Organizations):

- American Heart Association
- Faith Community Nurses
- School Health Champions
- Schools, Churches and Community Venues

ADOPTION OF IMPLEMENTATION STRATEGIES

Approved by the Henry Ford Macomb Hospital Board of Trustees on March 11, 2020.

The final, approved versions of the 2019 Community Health Needs Assessment and the 2019-2021 Implementation Strategies are available electronically at www.henryford.com/about/community-health.

Printed copies are also available in the Henry Ford Health System Corporate Offices, located at One Ford Place, Detroit, MI 48202.

To submit written comments on the CHNA or to obtain a printed copy of the report, contact Henry Ford Health System at communityevents@hfhs.org.