

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



**HENRY FORD
WYANDOTTE
HOSPITAL**

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Henry Ford Wyandotte Hospital Executive Summary

Henry Ford Wyandotte 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 Wyandotte 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 Wyandotte 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 Wyandotte Hospital and its unique community needs.

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

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 Wyandotte 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 Wyandotte 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 Wyandotte 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 Wyandotte 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 Wayne County (excluding City of Detroit), 25.1% of residents do not get any physical activity in their leisure time, compared to 24.9% in Michigan as a whole, and 31.5% of Wayne County (excluding City of Detroit) residents are obese, compared to a state average of 31.4%. Lifestyle factors can also contribute to the onset of diabetes. In Wayne County (excluding City of Detroit), 11.3% of residents have ever been told they have diabetes compared to a state average of 10.8%. The Diabetes death rate in Wayne County is 24.5, the 7th leading cause of death in the County. Diabetes accounts for many preventable hospitalizations in Wayne County – it is the third leading cause of preventable hospitalizations in the County, compared to the fourth-leading cause in the state of Michigan. 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 Wayne County (excluding City of Detroit), 18.0% of residents report their general health as fair or poor compared to 17.5% in the state of Michigan. 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 Wyandotte 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

- Staff resources (dietitian, nutritionist, chef etc.) to support and plan for nutrition education and cooking demos (Cooking Matters, Fresh Rx, Project Fresh, Kids' Cooking/Nutrition Classes)
- Implementation and coordination of Diabetes Prevention Program with Office of Community Health, Equity, and Wellness – Doctor referral training, Epic logistics, staff dietitian oversee implementation
- Resources for education and promotion at community events
- Coordination with HFHS Cancer publications and web with local community events planned

Collaborative Partners (Names and Organizations):

- City of Wyandotte, Downtown Development Authority
- Wyandotte Farmer's Market
- Eastern Market
- National Kidney Foundation
- Schools
- Faith Based Organizations

CHNA IMPLEMENTATION STRATEGY

Fiscal Years 2019-2021

Hospital Facility: Henry Ford Wyandotte 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 Wayne County (excluding City of Detroit), the prevalence of poor mental health is now 16.8%, compared to 16.2% throughout the entire state of Michigan. Amongst surveyed community stakeholders in Wayne County, mental health was ranked amongst the top three most pressing health needs of the community. Wayne County's suicide death rate is 11.9 per 100,000. Overdose deaths from all drugs and opioids in particular continue to burden our communities. In 2017, Wayne County saw an all-drug overdose death rate of 42.71 per 100,000 and an opioid overdose death rate of 36.27 per 100,000. From 2016 to 2017, the age-adjusted rate of drug overdose deaths increased 11.9% in Wayne County. Amongst the ten leading causes of death in Michigan and Wayne 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 Wayne County, this death rate is 63.6 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 Wyandotte 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 Baseline: 2019 HFWH Inpatient: 88,517 2019 HFWH Outpatient: 421,918 Decrease # of chronic opioid patients (taking opioid daily) by 20%	20% decrease from baseline	1/1/2021
		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 Baseline: 10 Narcan kits distributed at community event in 2019	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:

- Access to Narcan kits and promotional resources to coordinate with community outreach planning
- Resources including clinical experts to speak at community seminars and speaker's bureau and attend community health and wellness fairs
- Instructors to provide Narcan training
- Resources for education and promotion at community events
- Coordination with HFHS Cancer publications and web with local community events planned

Collaborative Partners (Names and Organizations):

- SUDDs Coalition (Stop Underage Drinking and Driving)
- The Guidance Center
- Families Against Narcotics (FAN)
- Brownstown Police Department
- Wyandotte Police Department
- Schools
- Faith Based Organizations

<p style="text-align: center;">CHNA IMPLEMENTATION STRATEGY Fiscal Years 2019-2021</p>
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Hospital Facility:	Henry Ford Wyandotte Hospital
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CHNA Significant Health Need:	Cancer
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CHNA Reference Pages:	41
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Brief Description of Need:

In Wayne County, the age-adjusted death rate from all invasive cancers in 2015 was 184.0, compared to the Michigan rate of 166.6. Cancer is the second-leading cause of death in Wayne County and in the state of Michigan. The age-adjusted death rates from invasive cancers including breast, colorectal, lung, and prostate are higher in Wayne County than in the state of Michigan. The percent estimated prevalence of the population in Wayne County (excluding City of Detroit) who have had a breast cancer screening, cervical cancer screening, and colorectal cancer screening are worse than Michigan state averages, according to the Michigan Behavioral Risk Factor Survey 2014-2016. We know that minority populations often experience barriers to healthcare access and healthy lifestyle behaviors and as a result may be less likely to receive timely cancer screenings and experience poorer health outcomes that contribute to prevalence of cancer. At Henry Ford Wyandotte 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 cancer prevention, outreach and screening rates and cancer survivorship, especially amongst vulnerable populations.

Project Objectives:

1. Improve cancer screening volume within population served
2. Increase survival rate/reduce cancer and mortality rates

Strategies to Accomplish Goal:

Activity to Accomplish	Time Frame
1. Support high-risk populations in reducing barriers to improve age-appropriate cancer screening rates for breast, cervical, lung, prostate and colorectal cancer	2020-2022
2. Tobacco Treatment Services - increase tobacco use cessation, reduce secondhand smoke exposure, and prevent initiation of tobacco use among young people	2020-2022
3. Community Education and Outreach Events, targeting high-risk populations and survivors	2020-2022
4. Ensure positive identifications from cancer screenings are swiftly enrolled in treatment plans	2020-2022

SMART Evaluation Metrics:

Metric		Target	
		Measure	Date
1	<p>Increase screening volume for all cancers by 5% each year</p> <p>Baseline: 31,873 cancer screenings</p>	Increase 5% from baseline	1/1/2021
2	<p>Maintain number of PCP Referrals to Tobacco Treatment Services (TTS) or increase by 10%</p> <p>Baseline: 173 patients referred from Wyandotte providers</p> <p>Maintain number of patients that enroll in TTS or increase by 10%</p> <p>Baseline: 9 enrolled in TTS</p> <p>Maintain number of patients that enroll in Freedom From Smoking classes or increase by 10%</p> <p>Baseline: 6 patients enrolled</p>	<p>Maintain at least 173 referrals</p> <p>Maintain at least 9 enrollments</p> <p>Maintain at least 6 enrollments</p>	1/1/2021
3	<p>Hold 2 community education events for each awareness area: cervical, colon, breast, and lung cancer</p>	2 community events each	1/1/2021
4	<p>Increase % patients staged at diagnosis from 37% to 40%</p>	Patients staged at diagnosis 40%	1/1/2021

Programs and Resources Needed:

- Fit Kits to give away at health fairs and community education events
- Engagement with local primary care physicians to educate and recommend screening
- Support from local adult services/senior centers to educate community, including space for health fairs
- Engagement from physicians to clinically stage patients in Epic at diagnosis
- Continued analyst support for data analysis
- Partnership with local health department
- Referral process for patients to reach screening services
- Media coverage at hospital cancer awareness events
- Engagement from specialists to attend community events/give presentations/speaker's bureau
- Physician and Community liaisons to facilitate Continuing Medical Education (CME) events for providers
- Resources for education and promotion at community events
- Coordination with HFHS Cancer publications and web with local community events planned

Collaborative Partners (Names and Organizations):

- American Cancer Society
- Game on Cancer
- Genentech
- Pink Fund
- Warriors 4 Warriors
- West Bloomfield Chamber of Commerce
- Novi Chamber of Commerce
- Lakes Area Chamber of Commerce
- Pink Fund
- Warriors 4 Warriors
- Brownstown Business Center
- It's in Your Jeans
- Downriver Community Clinic
- "Yes Ma'am" Program

ADOPTION OF IMPLEMENTATION STRATEGIES

Approved by the Henry Ford Wyandotte Hospital Board of Trustees on March 26, 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.