

COMMUNITY HEALTH NEEDS
ASSESSMENT - 2016
IMPLEMENTATION STRATEGY
2017-2019



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EXECUTIVE SUMMARY

Henry Ford Hospital-Detroit Campus completed a comprehensive Community Health Needs Assessment (CHNA) that was adopted by the Henry Ford Health System (HFHS) Board of Directors in December 2016. Henry Ford 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

Several significant health needs within the service area of Henry Ford Hospital were identified. 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 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 three most significant health issues to be addressed:

- 1. Healthy Lifestyles: Weight Management/ Obesity/Diet and Nutrition**
- 2. Substance Abuse & Mental Health**
- 3. Infant Mortality**

Hospital Implementation Strategy

Henry Ford Hospital (HFH) will focus on developing and supporting initiatives and measure their effectiveness to improve these 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 transform lives and communities. The Hospital reserves the right to amend this implementation strategy as circumstances warrant.

In terms of significant health needs that will not be addressed, Henry Ford Hospital acknowledges the wide range of health concerns that emerged from the CHNA process, and determined it could most effectively focus on those health needs that were determined to be most urgent and essential to the health of the community as well as within its ability to influence. While most of these additional health issues are currently being addressed by existing programs and initiatives of HFM or a partner organization, HFM will not take new or specific, additional actions related to the following health needs:

- Chronic diseases – Because many chronic diseases such as high blood pressure, cardiac diseases and cancer are closely related to weight issues, many of these will be addressed indirectly through many of the strategies and activities aimed at reducing obesity and promoting weight management, along with healthy diet and nutrition. Efforts to improve behavioral health should also indirectly improve chronic disease issues including a person's emotional ability to manage chronic medical issues. For these reasons, HFH will not take new actions to address chronic diseases.
- Health insurance enrollment – HFH will continue to assist patients with insurance enrollment and access to other financial supports through its patient financial services programs, but will not be taking new or specific actions to address this need until the full impact of the Affordable Care Act and its next iteration can be measured and specific barriers identified.

CHNA IMPLEMENTATION STRATEGY

Fiscal Years 2017-2019

Hospital Facility: Henry Ford Hospital

CHNA Significant Health Need: **Healthy Lifestyles**

CHNA Reference Pages: 13, 15, 16, 17, 21, 22, 28 & 29

BRIEF DESCRIPTION OF NEED: Overweight or obesity is a particular area in need of improvement within the Tri-County area. Approximately 66% of Michigan and Tri-County residents are either obese or overweight, a slight decrease from the 2013 assessment. In Detroit, rates of obesity and overweight were reported at 68.4%, higher than state average of 65.8%. In addition, 37.5% of residents reported no physical activity, more than a 13% difference from the state average of 24.4%. 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. Another area in need of improvement is the consumption of fruit and vegetables. In 2013, an estimated 37.7% of adults in Michigan reported consuming fruits less than one time a day, and 24.8% reported consuming vegetables less than once daily.¹ The CDC found that 68.4% of adolescent children ate fruits or drank fruit juice less than 2 times per day during the 7 days prior to the study. 88.4% ate vegetables less than 3 times per day and 27.6% drank a can, bottle or glass of soda or pop at least one time per day during the week prior to the study².

The Healthy Lifestyles category describes the System’s overall attention to wellness-based initiatives in an effort to address priorities involving obesity, hypertension, and related indicators. Specifically, a system-wide approach toward addressing weight management, nutrition, access to healthy food, physical activity, tobacco use and smoking cessation is included. Multiple programs tackling different aspects of each indicator are coordinated across business units and departments, and in coordination with an array of local community partners. Specific areas of focus include:

- **Obesity/Overweight** - a health concern due to its link to chronic conditions such as cardiovascular disease and diabetes.
- **Nutrition/Eating Disorders** - a health concern as evidenced by obesity rates, preventable hospitalizations for dehydration and generally poor health status.
- **Access to affordable healthy food** - a health need also evidenced by obesity rates, preventable hospitalizations for dehydration and generally poor health status.

¹ 2013 Behavioral Risk Factor Survey, Michigan Department of Community Health

² <http://www.cdc.gov/obesity/stateprograms/fundedstates/pdf/michigan-state-profile.pdf>

GOAL: *Promote health and reduce chronic disease especially among vulnerable populations.*

PROJECT OBJECTIVES:

1. Through partnership with the Generation With Promise (GWP) program and the Student Action Teams (SAT): a) 45% of program participants will report an increase in frequency of consumption of fruits and vegetables by .28 times per day; b) 50% will report an increase of one or more days per week that they were physically active at least one hour. All participants are community members who are SNAP (Supplemental Nutrition Assistance Program); eligible ages range from youth 3-18; adults 18+.
2. Graduates of the GWP Cooking Matters (adults and youth) from school, community and faith-based sites a) 30% will report an increase in the frequency of their consumption of fruits and vegetables by .28 times per day and b) 10% will report an increase in their physical activity by at least 20 minutes per week.
3. Through Henry Ford Hospital’s level 1 Trauma center, utilize our full-time injury prevention specialist to host at least 25 community health sessions that will focus on increasing physical activities and train at least 100 community members on basic first aid intervention.

ACTIONS TO ACCOMPLISH GOAL:

1. The Generation With Promise (GWP) program will participate in statewide outcome evaluation using the Fruit and Vegetable Screeners for Youth and Adults and the Physical Activity questionnaires. Local tools include Cooking Matters surveys, SAT pre- and post-surveys, and locally developed tools to measure increases in grain and dairy consumption as well as sleep.
2. Host community-based CPR/First Aid training courses that will address early symptoms of cardiac arrest and other heart health conditions.
3. Host 4 senior safety fairs that will focus on the importance of physical activity for our target age group of 55-75.

EVALUATION & INTENDED IMPACT

Evaluation Metric	Intended Impact
1 Surveys to demonstrate an increase in fruit and vegetable (F/V) consumption in our target communities	Increased consumption of fruits and vegetables in our target communities
2 Surveys to demonstrate an increase in physical activity in our target communities	Increase in minutes reported of physical activity in our target communities
3 Participation in Senior Safety First Fairs – including healthy eating classes, cooking sessions, exercise sessions, and offer access to community based health vendors.	Increase knowledge and awareness of senior-focused wellness including injury prevention, physical activity and nutrition

HENRY FORD HOSPITAL PROGRAMS AND RESOURCES:

Continued financial support of Michigan Nutrition Network and SNAP Ed partner;

Support for staffing and materials for the programs described.

COLLABORATIVE PARTNERS:

Generation With Promise

Cooking Matters

5-2-1-0

Health Matters

State of Michigan Department of Health

Michigan Fitness Foundation

ThinkFirst

Detroit Area Agency on Aging

Detroit Public Schools

Detroit Police Department

United Community Housing Coalition

Faith-Based Organizations:

St. Aloysius Roman Catholic Parish

Tabernacle Missionary Baptist Church

Scott Memorial United Methodist Church

New St. Paul Missionary Baptist Church

New Calvary Baptist Church

New Hope Missionary Baptist Church

Michigan Trauma Coalition

Region 2 South Trauma Network

Program of All-Inclusive Care for the Elderly (PACE) Southeast Michigan

Community Health & Social Services (CHASS) Center

Southwest Solutions

Brilliant Detroit

Joy Southfield Community Development Corporation

SAY Detroit Health Clinic

CHNA IMPLEMENTATION STRATEGY Fiscal Years 2016-2018	
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Hospital Facility:	Henry Ford Hospital
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CHNA Significant Health Need:	Drug, Alcohol Abuse & Mental Health
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CHNA Reference Pages:	12, 15, 16, 17, 18, 21, 22, 28 & 29
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BRIEF DESCRIPTION OF NEED: This category captures the System’s overall attention to Opioid Addiction and Mental Health initiatives in an effort to address priorities involving opioid abuse, improved mental health, and a reduction in suicide rates. Multiple programs tackling different aspects of each indicator are coordinated across business units and departments, and in coordination with an array of local community partners. Wayne County survey respondents expressed a desire to address mental health, drug and alcohol abuse. State and local data also support this feedback for this focus. Detroit residents have a higher rate of poor mental health (18%) as the state average of 12.6%. In addition, based on escalating mortality, ER visits, demand for addiction services, and crime figures, opioid addiction has become a significant focus by state and local health care and community agencies.

Specific areas of focus include:

- **Substance Use Disorders (including opioids)** is a health concern due to the rates of medical and psychiatric co-morbidities and their impact to the community.
- **Mental Health/Suicide** is a health need due to the level of self-inflicted injuries and suicide being a top cause of death in the state.

GOAL: *Improve the behavioral health status of at-risk populations in the community, including those who have mental health and/or substance abuse conditions.*

PROJECT OBJECTIVES:
1. Participate in community forums that provide education regarding opioid use disorders and available resources
2. Provide education services regarding substance use disorders to “at-risk” children and adults in the community
3. Partner with community public and private agencies for provision of education and tactics for mental health care and suicide prevention

ACTIONS TO ACCOMPLISH GOAL:	
1.	Partner with local law enforcement and community support groups (i.e.; Families Against Narcotics)
2.	Design and provide free services in the community
3.	Provide support service for families of individuals presenting with substance use disorders
4.	Provide community education presentations

EVALUATION & INTENDED IMPACT

Evaluation Metric		Intended Impact
1	Survey of participants at Maplegrove Community Education forums in Macomb, Oakland and Wayne counties	Increase knowledge and awareness regarding the impact of opiate use and other substance use disorders
2	Number of participants at Behavioral Health Services sponsored events with public and private agencies providing education and tactics focused on suicide prevention	Increase knowledge and awareness of tactics focused on suicide prevention

HENRY FORD HOSPITAL PROGRAMS AND RESOURCES:

- Expanded funding to implement community support services in other locations
 - Incorporating education and support services for families of patients seeking addiction care services
 - Coordination of Community Education outreach activities in Macomb and Wayne counties
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Collaborative Partners:

HFHS Volunteer Services
 Macomb County Families Against Narcotics (FAN)
 Judge Linda Davis and Dr. Anthony Colucci
 Maplegrove Community Education
 Law enforcement groups as identified

CHNA IMPLEMENTATION STRATEGY
Fiscal Years 2016-2018

Hospital Facility: Henry Ford Hospital

CHNA Significant Health Need: Infant Mortality

CHNA Reference Pages: 3, 4, 14, 15, 21, 22, 29, 30

BRIEF DESCRIPTION OF NEED: In the 2013 Henry Ford Health System Community Health Needs Assessment, infant mortality was identified as one of the priorities for Henry Ford Hospital and the City of Detroit. Henry Ford is a lead partner with the Detroit Regional Infant Mortality Reduction Task-Force and developed the *Women-Inspired Neighborhood (WIN) Network: Detroit* program. Since then, there have been 0 infant deaths in enrolled populations since 2012. Unfortunately, when reviewing the 2016 CHNA data, there's still significant disparity in infant mortality for African Americans in Michigan, with a 6.1 point higher infant mortality rate/100,000. In addition, when looking specifically at the city of Detroit, all races have 13.6 infant deaths per 1,000 births, over the state average of 6.8/1,000. In addition, African Americans in the city of Detroit have an incident rate of 14.8/1,000 births. While Henry Ford has made a difference, we still have more work to do.

GOAL: *Coordinate and support efforts that create opportunities to reduce the leading causes of infant mortality in Detroit, including preterm birth and low birthweight deliveries*

PROJECT OBJECTIVES:

1. Deploy Community Health Workers through the WIN Network program to help at least 120 pregnant and 300 non-pregnant African-American women address social determinants of health to reduce preterm and low birthweight deliveries while increasing awareness about infant mortality disparities and the importance of pre- and interconception health
2. Spearhead quarterly meetings of the Detroit Regional Infant Mortality Reduction Task Force (a collaborative of multiple health systems, academic and governmental institutions) to develop, implement and monitor a plan of action to collaboratively and measurably reduce infant mortality in our region

ACTIONS TO ACCOMPLISH GOAL:

1. Enroll patients in WIN Network for group prenatal care with CHWs and CNMs as co-facilitators at New Center One

2. Enroll participants in WIN Network for Co-Captains Club and Fabulous, Young & Inspired (FYI) educational activities
3. Plan quarterly meetings of Detroit Regional Infant Mortality Reduction Task Force
4. Keep Task Force members engaged around key initiatives including learning collaborative, Fetal-Infant Mortality Review Community Action Team, Healthy Start Community Action Network, Detroit Institute for Equity in Birth Outcomes, Great Start’s Born Ready Campaign and WIN Network
5. Share findings in public forums

EVALUATION & INTENDED IMPACT

Metric		Intended Impact
1	Rate of preterm and low birthweight births for WIN Network: Detroit program participants	Decreased rates of low birthweight and preterm births as compared to city of Detroit averages
2	Engagement level Task Force members	Increased collaboration, shared messaging and other programmatic outcomes related to reducing regional infant mortality rates

HENRY FORD HOSPITAL PROGRAMS AND RESOURCES:

WIN Network: Detroit

CenteringPregnancy® Curriculum

Grant Funding: W. K. Kellogg Foundation, Michigan Health Endowment Fund, The Jewish Fund, Gail & Lois Warden Endowed Chair on Multicultural Health

Collaborative Partners:

- Detroit Medical Center
- Henry Ford Health System
- Beaumont Healthcare (formerly Oakwood Healthcare System)
- St. John Providence Health System
- Greater Detroit Area Health Council
- Michigan Association of Health Plans
- Michigan Department of Community Health
- University of Michigan School of Public Health
- Wayne County Health Department
- Institute for Population Health
- Detroit Health Department
- Black Mother’s Breast Feeding Association
- Brightmoor Alliance
- Chadsey-Condon Community Organization

Authority Health – Nurse Family Partnership
Interfaith Health & Hope Coalition
Matrix Human Services
Michigan Roundtable for Diversity & Inclusion
Osborn Neighborhood Alliance
Tomorrow’s Child
United Way 2-1-1
Wayne County Child Healthcare Access Program
Wayne County Medical Society of Southeast Michigan

ADOPTION OF IMPLEMENTATION STRATEGIES

Approved by the HENRY FORD HOSPITAL & HEALTH NETWORK BOARD OF TRUSTEES on MARCH 9, 2017.

The final, approved versions of the 2016 Community Health Needs Assessment and the 2017-2019 Implementation Strategies are available electronically at www.henryford.com. Printed copies are also available in the Henry Ford Health System Corporate Offices, located at One Ford Place, Detroit, MI 48202.