

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



HENRY FORD ALLEGIANCE HEALTH

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Table of Contents

| | |
|--|----|
| Executive Summary..... | 3 |
| Implementation Strategies..... | 5 |
| Healthy Lifestyles and Diabetes Prevention | |
| Mental Health and Substance Use Disorder | |
| Infant Mortality | |
| Adoption of Implementation Strategies..... | 19 |

Henry Ford Allegiance Health Executive Summary

Henry Ford Allegiance Health 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 Allegiance Health 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 these communities, 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 Allegiance Health'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 Allegiance Health and its unique community needs.

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

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 Allegiance Health 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 Allegiance Health 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 Allegiance Health 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 Allegiance Health

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 Jackson County, 28.8% of residents do not get any physical activity in their leisure time, compared to 24.9% in Michigan as a whole, and 37.1% of Jackson County residents are obese, compared to a state average of 31.4%. Lifestyle factors can also contribute to the onset of diabetes. In Jackson County, 12.5% of residents have ever been told they have diabetes compared to a state average of 10.8%. The Diabetes death rate in Jackson County is 22.9, the 7th leading cause of death in the county. In Jackson County, diabetes has become more prevalent in recent years, however the death rate from diabetes has slightly declined. This implies that people with diabetes are becoming more successful in managing their condition. Diabetes accounts for many preventable hospitalizations in Jackson County – it is the third 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 Jackson County, 18.7% of residents report their general health as fair or poor, and this figure has increased since 2012. 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 Allegiance Health, 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:

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|---|
| 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:

- Local program coordinators and staff (including subcontractors such as Jackson County Health Department and Central MI 2-1-1)
- Best-practice sharing with Michigan Department of Health and Human Services, other communities, National Kidney Foundation, local partners, and other HFHS sites
- Partnership with local YMCA for Diabetes Prevention Program space
- Engagement of schools for SNAP-Ed program delivery
- Communication and referral processes for local providers
- Processes to expand Social Determinants of Health screening to additional practices
- Continued IT and reporting functionality
- Sustainable funding models and demonstration of value proposition to stakeholders such as Medicaid Health Plans
- Investment mechanisms, delivery partners (i.e. Community Development Financial Institutions) as well as protocols, processes and prioritization criteria

Collaborative Partners (Names and Organizations):

- Jackson County YMCA
- Central MI 2-1-1
- Jackson County Health Department
- Center for Family Health
- Blue Cross Complete
- Community Action Agency
- Michigan Department of Health and Human Services
- Disability Connections
- Region 2 Area Agency on Aging
- Jackson County Health Department
- Jackson County Intermediate School District
- Meridian Health Plan
- Jackson Northwest Schools
- LifeWays Community Mental Health
- United Way of Jackson County
- Community Dispute Resolution Services
- Aetna
- AWARE, Inc.
- Michigan Works!
- Center for Women

- Jackson County Department on Aging
- Jackson Housing Commission
- Jackson Interfaith Shelter
- Habitat for Humanity
- Michigan Rehabilitation Services
- Jackson Community Foundation
- Seventh Day Adventist Community Services
- Michigan State University Extension

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| <p style="text-align: center;">CHNA IMPLEMENTATION STRATEGY Fiscal Years 2019-2021</p> |
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Hospital Facility: Henry Ford Allegiance Health

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 Jackson County, the prevalence of poor mental health is now 18.1%, compared to 16.2% throughout the entire state of Michigan. Amongst surveyed community stakeholders in Jackson County, mental health and substance use disorder were both ranked amongst the top three most pressing health needs of the community. Jackson County's suicide death rate exceeds the Michigan state average, with a rate of 17.9 per 100,000, exceeding the state average of 13.4 by 34%. Overdose deaths from all drugs and opioids in particular continue to burden our communities. In 2017, Jackson County saw an all-drug overdose death rate of 8.19 per 100,000 and an opioid overdose death rate of 3.78 per 100,000. Progress has been made in recent years to lower the drug overdose death rate in Jackson County. From 2016 to 2017, the age-adjusted rate of drug overdose deaths decreased almost 8% in Jackson County, and continued resources and attention must be focused on this issue in order to make a sustained impact. Amongst the ten leading causes of death in Michigan and Jackson 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. 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 Allegiance Health, 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:

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|--|
| 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 across the system | 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 behavioral health services within 7 days by 5% | 5% increase over baseline | 1/1/2021 |

Programs and Resources Needed:

- Local program coordinators and staff
- Pain Committee, leadership and physician commitment
- Best-practice sharing with MDDHS, MidState Health Network, other communities, local partners and other HFHS sites
- Partnership with the Drug Free Jackson coalition and related Action Teams
- Partnership with Jackson Collaborative Network and related Action Teams
- Engagement of local partners for Narcan distribution
- Communication and engagement processes for local providers
- Partnership with Jackson Health Network to align metrics and incentives for providers/practices
- Partnership with health plans on training and incentives
- Continued IT and reporting functionality

Collaborative Partners (Names and Organizations):

- Drug Free Jackson
- Center for Family Health
- MidState Health Network
- LifeWays Community Mental Health
- Home of New Vision
- Trauma-Informed Collaborative
- Jackson County Intermediate School District
- Whole Child Collaborative
- JXN Harm Reduction

CHNA IMPLEMENTATION STRATEGY

Fiscal Years 2019-2021

Hospital Facility: Henry Ford Allegiance Health

CHNA Significant Health Need: Infant Mortality

CHNA Reference Pages: CHNA Page 32

Brief Description of Need:

Infant mortality is defined as the death of an infant before their first birthday. Across Michigan, the infant mortality rate for all infants is 6.7 per 1,000 live births. In Jackson County, the infant mortality rate for all infants is 6.5 per 1,000 live births, however great disparities between infant mortality rates of black and white infants exists. For white infants in Jackson County, the infant mortality rate is 4.8, compared to a rate of 20.2 for black infants in Jackson County. The infant mortality rate for black infants in Jackson County is over 4x the rate for white infants in Jackson County, and almost 2x the infant mortality rate for black infants across Michigan. Since the last CHNA cycle, the overall, white, and black infant mortality rate in Jackson County has worsened. From 2013-2015 to 2014-2016 averages, black infant mortality in Jackson County grew by 35%, while rates in most other counties remained stagnant. The black infant mortality rate in Jackson County is the highest infant mortality rate in any region that Henry Ford Health System serves.

Goal:

Coordinate and support efforts that create opportunities to reduce the leading causes of infant mortality and reduce disparities, including preterm birth and low birth weight deliveries.

Project Objectives:

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|---|
| 1. Improve prenatal care adequacy rates |
| 2. Reduce preterm and low birthweight births among populations served |

Strategies to Accomplish Goal:

| Activity to Accomplish | Time Frame |
|--|------------|
| 1. Implement social needs screening and referrals | 2020-2022 |
| 2. Improve equity in care by implementing Trauma-Informed and/or Implicit/Unconscious Bias Training within Women's Health/OB teams | 2020-2022 |

SMART Evaluation Metrics:

| Metric | | Target | |
|--------|--|--|----------|
| | | Measure | Date |
| 1 | Increase screening volume for social needs (food insecurity, housing, financial assistance, etc) by 5% in HFHS clinics/settings annually | 5% increase from baseline | 1/1/2021 |
| 2 | Train at least 75% OB/Women's Health team members Increase % of patients reporting their provider treated them with respect (Consumer Assessment of Healthcare Providers and Systems (CAHPS)) by 5% | 75% of team trained 5% increase over baseline | 1/1/2021 |

Programs and Resources Needed:

- Local program coordinators and staff (including subcontractors such as Jackson County Health Department and Central MI 2-1-1)
- Best-practice sharing with Michigan Department of Health and Human Services, other communities, local partners and other HFHS sites
- Communication and referral processes for local providers
- Processes to expand Social Determinants of Health screening to Obstetric patients
- Continued IT and reporting functionality
- Sustainable funding models and demonstration of value proposition to stakeholders such as Medicaid Health Plans
- Communication and engagement processes for local providers
- Partnership with Jackson Health Network to align metrics and incentives for providers/practices

Collaborative Partners (Names and Organizations):

- Jackson Collaborative Network
- Maternal Child-Health Action Team
- Trauma-Informed Collaborative
- Whole Child Collaborative
- Clinical Community Linkage Governance and Sustainability Workgroup
- Central MI 2-1-1
- Jackson County Health Department
- Center for Family Health
- Blue Cross Complete
- Community Action Agency
- Michigan Department of Health and Human Services
- Disability Connections
- Region 2 Area Agency on Aging
- Jackson County Intermediate School District
- Meridian Health Plan
- Northwest Community Schools
- LifeWays Community Mental Health
- United Way of Jackson County
- Community Dispute Resolution Services
- Aetna
- AWARE, Inc.
- Jackson Health Network (JHN)

- Michigan Works!
- Center for Women
- Jackson County Department on Aging
- Jackson Housing Commission
- Jackson Interfaith Shelter
- Habitat for Humanity
- Michigan Rehabilitation Services
- Jackson Community Foundation
- Seventh Day Adventist Community Services

ADOPTION OF IMPLEMENTATION STRATEGIES

Approved by the Henry Ford Allegiance Health Board of Trustees on March 12, 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.