

# HENRY FORD HEALTH SYSTEM

## COMMUNITY HEALTH NEEDS ASSESSMENT 2019



all for you



December 2019

Greetings,

Henry Ford's strategic vision is: *"We will be the trusted partner in health, leading the nation in superior care and value."*

Indeed, being that trusted partner is a key driver of True North – our System-wide compass for excellence. But True North extends well beyond our hospital and clinic walls as we reach out through our community programs and collaborations to help people live their healthiest lives.

We know that individuals and families can best thrive when they are able to make good health choices in settings where barriers to health, often called the "social determinants of health," are addressed and lifted.

Further, we know that our work as a Healthcare Anchor Institution – how we contribute to the regions we serve as a major employer, purchaser, investor, leader and participant in a web of interconnected relationships for the good of the whole – also improves our community's health.

Henry Ford takes its role as a community leader and trusted partner as seriously as any other aspect of our strategy. Yet, how do we measure our success? Like any other metric, we start with a baseline. This triennial Community Health Needs Assessment (CHNA), a detailed snapshot of our regions' health needs, comprises that baseline. Using a number of different sources, it incorporates both data and stakeholder input. You will find that information, as well as comparative data from our last CHNA in 2016, in the pages that follow.

It is through our CHNA process and ensuing impact-planning efforts by each of our hospitals that we ensure we – in concert with community and anchor partners – are making sustaining, measurable improvements in the health and wellbeing of the communities we serve.

On behalf of our 34,000 employees and physicians and the HFHS Board of Trustees, we are pleased to provide this *2019 Henry Ford Health System Community Health Needs Assessment*. In accordance with corporate policy, the Board of Trustees reviewed and approved this report at its December 13, 2019 meeting. We invite you to explore this document as well, and find ways to join us as together we engage as partners in addressing and solving the critical health issues of our times.

Sincerely,

A handwritten signature in black ink, appearing to read "Wright L. Lassiter III".

Wright L. Lassiter III  
President  
Chief Executive Officer

A handwritten signature in black ink, appearing to read "Sandra E. Pierce".

Sandra E. Pierce  
Chair, Board of HFHS Directors

A handwritten signature in black ink, appearing to read "Kimberlydawn Wisdom".

Kimberlydawn Wisdom, MD, MS  
SVP, Community Health & Equity  
Chief Wellness & Diversity Officer

# Community Health Needs Assessment

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## EXECUTIVE SUMMARY

Henry Ford Health System (HFHS) is one of the nation's leading integrated healthcare provider systems offering a full continuum of health care services primarily to the residents of Southeastern Michigan, most of whom reside in the four-county area of Wayne, Macomb, Oakland and Jackson counties. 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 and specialty, retail and community outreach centers, as well as a managed care organization. HFHS sees over 110,000 inpatient discharges and 4,769,751 outpatient encounters on an annual basis. In addition, HFHS touches more than 535,630 members through operation of Health Alliance Plan, a nonprofit managed care organization.

In April 2016, Allegiance Health in Jackson, Michigan joined Henry Ford Health System to become Henry Ford Allegiance Health. Henry Ford Allegiance Health includes both Henry Ford Allegiance Health's main 475-bed hospital and Henry Ford Allegiance Specialty Hospital. Henry Ford Allegiance Specialty Hospital is a long-term acute care hospital located in Jackson, Michigan. Its focus is to restore optimum well-being for patients whose complex medical issues have stabilized beyond the need for intensive care, but still require hospitalization.

The Specialty Hospital differs from a nursing home or rehabilitation facility, in that it provides intense, extended-care services for an average of three to six weeks. A multidisciplinary team meets the needs of patients with multiple and serious medical conditions through occupational therapy, IV services, physical therapy, respiratory therapy, speech therapy, nutritional counselling, dialysis, ventilator support and weaning, complex wound care and other services. The unique capabilities of the Henry Ford Allegiance Specialty Hospital are an important part of the continuum of care provided by both Henry Ford Allegiance Health and Henry Ford Health System.

As a healthcare system providing essential services that benefit the four-county area communities and the entire State of Michigan since 1915, we continue to reinvest our resources back into the communities we serve. We do this through our expert and caring medical teams supported by advanced technologies, accessible to all, regardless of their circumstances; and a full spectrum of community benefit programs strategically responsive to the community needs identified herein.



## SECTION I: COMMITMENT TO COMMUNITY HEALTH

### **Purpose and Process for the Community Health Needs Assessment**

At Henry Ford Health System, our vision is to be the trusted partner in health, leading the nation in superior care and value. To be a truly transformative force for communities and trusted partner, it is imperative that as an organization, we listen to the voices of those we serve. Henry Ford Health System serves many diverse communities and populations with unique histories, characteristics, struggles, and strengths.

To achieve this vision, Henry Ford Health System must build trusted relationships with our patients and community members and assure those we serve that their needs inform our practices, policies and allocation of resources. Our patients entrust our health system with their lives and the lives of those that they love. Assessing and responding to the changing needs of these patients is vital to developing and maintaining trusted relationships as we work toward a common goal – communities full of healthy, thriving people of all ages.

In healthcare we face a constant challenge to use our limited time and resources to heal and treat those walking through our doors. By committing to an iterative process of assessing the needs of our communities, our system is able to ensure that our resources are spent on the programs and services presenting the greatest opportunity for transforming the health of those entrusting us to serve them.

The purpose of the 2019 CHNA was to:

1. Evaluate health needs of the community and discern whether previously identified needs continue to be priority areas
2. Identify resources available to meet both the priorities as well as the opportunities identified through the CHNA
3. Inform the development of Implementation Plans to address the identified health priorities
4. Assist in building capacity to address the opportunities within the context of the existing health system programs, resources, priorities, and partnerships

The infrastructure designed to successfully complete and oversee this CHNA required the full collaboration of our community hospitals and their partners. Representatives for Henry Ford Hospital, Henry Ford Macomb, Henry Ford West Bloomfield, Henry Ford Wyandotte, Henry Ford Allegiance Health, and Henry Ford Allegiance Specialty Hospital met regularly to develop the CHNA. No third parties were contracted to conduct this CHNA.

To maintain and expand “local market leadership” on our path to True North, the Community Health ANchor Council Enterprise-wide (CHANCE) will direct the positive impact of HFHS operations and strategic initiatives – and our external partnerships – on the vulnerable communities we serve, to improve social and environmental factors affecting human health and well-being. As Henry Ford

# Community Health Needs Assessment

Health System exerts its resources, talent, and influence in local market leadership, one of the key strategies identified includes an expansion of community health efforts. Creating alignment, reducing inefficiencies, and promoting growth opportunities, both internally and externally, are paramount to this effort. The proposed framework for organizing the work of the community health enterprise is now substantially broader, reflecting a new perspective from the field that critical determinants of health are social and economic as much as they relate to health care provision and access. The term “anchor institution” describes an organizational role to contribute to this expanded version of community health, since all of what we do has a bearing on our communities. As a member of the Healthcare Anchor Network (HAN), HFHS has made commitments that will contribute to local economic impact in the areas of investing, policy, hiring, purchasing, real estate and facilities, measuring impact, and through the CHNA.

The key functions of CHANCE include, but are not limited to, the following activities:

- Responsibility for the Community Health Needs Assessment (CHNA) development, tracking, and reporting
- Responsibility for the CHNA's corresponding Community Health Implementation Plan development, tracking and reporting
- Partnership with Compliance for Community Benefit reporting and System-wide strategic alignment
- Provide guidance and technical support on all place-based and social determinants of health strategies and programming, including community and population health, to foster alignment, collaboration and information-sharing across System
- Provide guidance and technical support on all anchor-based mission elements related to local hiring, purchasing, and investing, driving environmental and economic sustainability for local communities to realize improved vitality

Team members approve Henry Ford Health System's ongoing work as a national and state leader in community health advocacy that seeks to improve health status in Detroit and the surrounding communities. This is achieved through targeted health improvement programs such as our Women-Inspired Neighborhood (WIN) Network: Detroit, Generation With Promise, faith community nursing initiatives, school-based health clinics, health literacy improvement projects and other activities. Through targeted volunteerism and partnerships, the System's goal is to continue to cultivate community relationships.

This assessment was prepared jointly by the Office of Community Health, Equity, and Wellness, Business Integrity Services, and Corporate Strategic Planning departments. Results are being used as a foundation for planning, developing and refining HFHS's community services in the four-county areas. Results of this assessment have been reviewed with Henry Ford Health System leadership, leading to strategic and implementation plan modifications to align strategy with identified needs.

# Community Health Needs Assessment

**WE IMPROVE PEOPLE'S LIVES**  
through excellence in the science and art of healthcare and healing.

WITH OUR VALUES  
Compassion Innovation Respect Results

September 2019

**Strategic vision**

We will be the trusted partner in health, leading the nation in superior care and value – one person at a time

**True North**

**Strategic Themes | Our Path North**

- Differentiated Care & Experience, Every Time
- Highest Performing Networks
- World-Class Service Lines
- Local Market Leadership
- Transformative Partnerships
- Inspired People / Extraordinary Place to Work

**Our outcomes**  
Sustainable growth that leads to...

Health of the community

Large scale market impact

Margin for innovation

**Our Priorities**

<ul style="list-style-type: none"> <li>▪ High Reliability Organization – Quality</li> <li>▪ Customer Experience</li> <li>▪ System Redesign &amp; Transformation</li> </ul>	<ul style="list-style-type: none"> <li>▪ HAP Growth</li> <li>▪ HFPN/JHN</li> <li>▪ Covered Life Performance</li> <li>▪ Primary Care</li> </ul>	<ul style="list-style-type: none"> <li>▪ Cancer</li> <li>▪ Orthopedics</li> <li>▪ Heart &amp; Vascular</li> <li>▪ Neurosciences</li> <li>▪ Physician Partnerships</li> </ul>	<ul style="list-style-type: none"> <li>▪ Integrated Market Plan</li> <li>▪ Tertiary/Quaternary Market Capabilities</li> <li>▪ Ambulatory Services</li> <li>▪ Community Health</li> </ul>	<ul style="list-style-type: none"> <li>▪ Academic Provider</li> <li>▪ Payer</li> <li>▪ Commercial</li> <li>▪ International</li> </ul>	<ul style="list-style-type: none"> <li>▪ Employee Experience</li> <li>▪ Diverse &amp; Inclusive Workforce</li> <li>▪ Cultural Transformation</li> <li>▪ Operating Model Alignment</li> <li>▪ Safe Place to Work</li> </ul>
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Community health is at the forefront of Henry Ford Health System’s priorities, as evidenced by our strategic themes. In our efforts to achieve our strategic vision, we are committed to maintaining local market leadership. In order to be a local market leader, it is imperative that our patients see us not only as providers, but as partners in their health and the health of their community. Our commitment to community health and the Community Health Needs Assessment process is vital to our ability to achieve our “True North” – providing an exceptional experience, affordable, efficient care, and the safest and best outcomes, with compassionate and committed people.

The Community Health Needs Assessment process informs Henry Ford Health System in how we reach within and beyond our walls, forming partnerships to better learn about and serve the community. Our system has long valued community partnerships because they help us assess our communities’ needs, expand our reach, and push ourselves to find new ways to support the health and well-being of our patients.

The Community Health Needs Assessment is a collaborative process between Henry Ford Health System and community partner organizations. These partner organizations assisted in gathering stakeholder input to determine the most pressing health and social needs facing the communities that we serve by participating in surveys and focus groups. A full list of these partner organizations can be found in the Appendix.

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# Community Health Needs Assessment

## Retrospective Review 2016-2019 CHNA

In 2016 Henry Ford Health System conducted a Community Health Needs Assessment of the three main counties in which it provided health care—Wayne, Macomb and Oakland (the entire document can be viewed [here](#)). Key areas of focus are listed below by Business Unit, including a summation of activities and outcomes achieved across the HFHS Business Units.

### 2016 Henry Ford Health System Identified Priorities

	Healthy Lifestyles	Drug/Alcohol Abuse/Mental Health	Physical Activity	Infant Mortality	Diabetes	Domestic Violence
Henry Ford Main Campus	X	X		X		
Henry Ford West Bloomfield Hospital	X	X				X
Henry Ford Macomb Hospital	X	X			X	
Henry Ford Wyandotte	X	X	X			

Across the system, shared priorities were identified as healthy lifestyles and drug/alcohol abuse and mental health. Each hospital chose its own unique third priority to focus on and create its own implementation plan to address these priorities.

Henry Ford Allegiance Health joined Henry Ford Health System mid-year in 2016, at which time a separate Community Health Needs Assessment focused on Jackson County was already underway. The 2016 Community Health Needs Assessment for Henry Ford Allegiance Health was created separately (report can be viewed [here](#)).



# Community Health Needs Assessment

Listed below is a non-exhaustive summary of the goals and outcomes achieved in each hospital for the chosen priorities since the 2016 CHNA. Priorities 1 and 2 were consistent across the health system in each of the four hospitals. Priority 3 is unique to each hospital. Henry Ford Allegiance Health in Jackson County was not part of Henry Ford Health System at the time of the 2016 CHNA and as such their chosen priorities were different than the priorities chosen for Henry Ford Health System, system-wide.

Shared Priority 1: Healthy Lifestyles – Promote health and reduce chronic disease especially among vulnerable populations		
	Goal/Activity	Outcome/Progress
Henry Ford Hospital (Main Campus)	45% of Generation With Promise and participants will report increase in frequency of fruit/vegetable (F/V) consumption by at least .28 times per day	51.6% of participants increased consumption of F/V by at least .28 times per day
	30% of Cooking Matters participants will report increase in frequency of F/V consumption by .28 times per day	48.32% of participants increased consumption of F/V by at least .25 cups per day
	Host at least 25 community health sessions focusing on physical activity and train at least 100 community members on basic first aid	31 first aid/CPR courses completed, 89 registered/59 attendees to safety fair
Henry Ford West Bloomfield	Provide access to healthy food to visitors to hospital and surrounding community, focus on elderly and children	Blessing in a Backpack – over \$1,000. Government assistance programs, no increase
	Promote Henry’s Market on Main (weekly farmers market) as a resource for healthy, fresh Michigan produce throughout the growing season (June-November)	68 healthy meals in a bag collected
Henry Ford Macomb	Reduce BMI in 50% of clients who participate in the Center for Weight Management program.	90% pre- and 90% post-reported
	Increase number of clients that are referred by private physicians to the Center for Weight Management for obesity treatment.	Met goal of 92 referrals, 5% increase over prior year
	F/V surveys are promoted to encourage F/V consumption in elementary school students in the target population after	Overall 20% increase in F/V consumption

# Community Health Needs Assessment

	receiving nutrition education intervention	
Henry Ford Wyandotte	Through partnership with City of Wyandotte Farmer’s Market, provide access to healthy food to children through the Power of Produce, reach 90% token redemption rate.	92% token redemption rate
	Host healthy food drive and collect 500 lbs of food.	583 lbs of food collected
	Provide nutrition seminar and/or cooking demonstration and increase attendance 20%.	39% increase in attendance

## Shared Priority 2: Drug, Alcohol Abuse and Mental Health – Improve the behavioral health status of at-risk populations in the community, including those who have mental health and/or substance abuse conditions.

	Goal/Activity	Outcome/Progress
Henry Ford Hospital (Main Campus)	Participate in 2 community forums that provide education regarding opioid use disorders and available resources.	Presented on youth/adults and addiction, mental health, parenting skills for 12 community groups  Presented educational programs to students at 13 events across 9 schools
	Provide education services regarding substance use disorders to “at-risk” children and adults in the community. 60% of families or concerned others of patients engaged in OPD SUD care will participate in these support services	Provided education, skill-building and support programs for adult family members of patients receiving inpatient and outpatient addiction care at Maplegrove as well as the general public. Over 480 adults from the community participated in our SHARE Family Support groups and/or Skill Building groups. Provided a separate Family Support group for family members visiting inpatients on Family Day once per week.  Provided education, skill-building and support programs for adult family members of adolescent

# Community Health Needs Assessment

		patients receiving outpatient addiction care at Maplegrove .
	Partner with community public and private agencies for provision of education and tactics for mental health care and suicide prevention.	<p>Obtained grants from the Flinn Foundation and the Michigan Endowment Fund to do Behavioral Health Integration with Primary Care and to have Adult Practice Providers prescribe Suboxone in the Primary Care setting.</p> <p>Developed collaboration with Kevin's Song, a private foundation working on suicide prevention, to provide HFHS speakers in their Annual Suicide Prevention Conference.</p> <p>Sponsored Metro Detroit Out of the Darkness Walk for Suicide Prevention and National Association for Mental Illness Walk.</p>
<b>Henry Ford West Bloomfield</b>	Reduce the number of chronic pain and substance abuse patients repeatedly presenting to our ED.	Providers and nursing staff feel this tactic has proven very useful and the number of drug-seeking patients has dramatically decreased.
	Launch year-long Detera Bag Pilot project with out-patient pharmacy to enable patients to have safe, eco-friendly method to dispose of unused narcotic prescriptions.	Due to funding, this tactic changed a bit. Now a pilot with ortho patients which was implemented in Q4 of 2017 as a joint initiative between outpatient pharmacy and ortho surgeons/team.
	In conjunction with community partners, host 2 forums educating public on various substance abuse and mental health issues.	Total attendance for both forums was approximately 70.
<b>Henry Ford Macomb</b>	Increase the number of lives saved in Macomb County with Naloxone use, according to data from first responders collected by Families Against Narcotics (FAN).	Increased 'save' percentage through education and accessibility from 26% to 91%
	Increase referrals to treatment for patients seen in the ED with drug-seeking and opioid related issues, in order to decrease recidivism rates.	Outcome: 51% of referrals continued with intervention after discharge from the ED

# Community Health Needs Assessment

	Increase the early detection of suicide thru use of trainings such as MHFA (Mental Health First Aid) or other evidence-based training programs (including QPR).	Exceeded number of persons trained in Mental Health First Aid in Macomb County – 297 trained
Henry Ford Wyandotte	In partnership with SUDDs coalition, host in-service substance abuse educational training for HFWH nursing staff. 20% increase in substance abuse attendance.	37% increase in substance abuse attendance

## Henry Ford Allegiance Health & Henry Ford Allegiance Specialty Hospital

### Priorities: Tobacco, Substance Use and Social Needs

Goal/Activity	Outcome/Progress
Increase % of patients screened for tobacco use	% of attributed patients screened increased from 85% to 87%
Increase social and emotional screening and referrals by primary care providers	44,841 screenings completed in primary care offices
Percentage of high school students who had at least one drink of alcohol during the past 30 days	Decreased from 21.4% to 17.5%

## Henry Ford Hospital (Main Campus)

### Priority 3: Infant Mortality – Coordinate and support efforts that create opportunities to reduce the leading causes of infant mortality in Detroit, including preterm birth and low birth weight deliveries

Goal/Activity	Outcome/Progress
Deploy Community Health Workers through the WIN Network: Detroit 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. Maintain 0 preventable infant deaths for WIN Network, reach 180 group prenatal care participants, 300 FYI participants.	<ul style="list-style-type: none"> <li>Ave. gestational age of 39.3 weeks; Only 4.4% PTB compared to 10.2% for MI and 14.3% for Detroit</li> <li>Ave. birthweight of 6.76lbs</li> <li>Only 7% born LBW compared to 8.8% for MI and 14% for Detroit</li> <li>0 preventable infant deaths</li> <li>210 GPC participants</li> <li>1,104 FYI participants</li> </ul>
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. Hold 4 Task Force Meetings.	4 Task Force Meetings

# Community Health Needs Assessment

## Henry Ford West Bloomfield

**Priority 3: Domestic Violence - HFWBH Hospital-Wide Domestic Violence (DV) Prevention Committee will increase employee and community awareness of DV through education, including prevalence of the problem, role of health care providers and resources available to assist.**

Goal/Activity	Outcome/Progress
Increase attendance at the Silent Witness ceremony (October, annually) to 100 attendees.	115 attendees
Provide DV educational training to at least 50 health care providers within HF and the community (annually). Increase attendees to 176.	175 attendees

## Henry Ford Macomb

**Priority 3: Diabetes – Increase the number of provider referrals of patients with pre-diabetes symptoms to CDC Diabetes Prevention Program (DPP) by implementing a pre-diabetes registry with special attention to vulnerable populations.**

Goal/Activity	Outcome/Progress
CDC DPRP Full recognition achieved or not in 2018.	Full recognition of Diabetes Prevention Recognized Program (DPRP) quality measures for DPP class interventions achieved.
Number HFM Providers referring patients to DPP Classes.	Outcome: Increased referrals by physicians from 42% to 61%.

## Henry Ford Wyandotte

**Priority 3: Physical Activity – Promote health and reduce chronic disease especially among vulnerable populations.**

Goal/Activity	Outcome/Progress
Promote and support community activities that advocate for increased physical activity for Diabetic Education Program attendees. Increase physical activity and reduce BMI in 50% of participants.	100% increased physical activity, 45% reported reduced BMI.
Increase amount of participants in the Diabetic Education Program by 5%.	6% increase

# Community Health Needs Assessment

*The following profiles detail the implementation plan efforts at each Henry Ford Health System hospital to address the hospital's chosen third health priority.*

## Henry Ford Hospital (Main Campus)

Henry Ford Main Campus chose Infant Mortality as its third priority during the 2016 Community Health Needs Assessment. To combat high infant mortality rates in the City of Detroit and stark disparities between deaths of black and white babies, Henry Ford Women's Health Services and the Women-Inspired Neighborhood (WIN) Network: Detroit collaborated to begin offering an enhanced model of group prenatal care to pregnant women in Detroit in 2016.



Group prenatal care is an alternative prenatal care model which in each session brings together 8-12 pregnant women of similar gestational ages to receive their prenatal care in a group setting, allowing for more time with their provider and extra health education during their visit. Groups are co-facilitated by a HFHS Certified Nurse Midwife and a Community Health Worker. Our enhanced model places an added focus on addressing the social determinants of health that may be impacting the ability of a mom and her family to have a healthy pregnancy, birth, and

baby. Community Health Workers perform home visits with participants, providing extra support for families until their baby turns one year old.

Group prenatal care sessions are two hours long and provide participants with ample time with their providers. Each group incorporates education on many topics related to pregnancy, birth, and parenting such as breastfeeding, proper nutrition, making a birth plan, and common pregnancy discomforts, so that all participants are fully prepared for what a new baby will bring.



Since 2016, we have seen zero preventable infant deaths amongst group prenatal care participants and better-than-average rates of low birthweight births and preterm births in comparison to both Michigan and Detroit averages. In 2019 group prenatal care was expanded to be offered to patients at the Henry Ford Medical Center - Ford Road clinic in Dearborn, Michigan, and combined with participants at the original New Center One - Detroit location. As of this writing, 210 women have been actively enrolled in group prenatal care with 164 births to date.

# Community Health Needs Assessment

## Henry Ford Macomb Hospital

Henry Ford Macomb Hospital, in partnership with the American Medical Association (AMA), piloted a patient registry that is now available to Epic users nationally for enrolling patients with prediabetes into evidence-based diabetes prevention programs designed to reduce their risk of developing type 2 diabetes.



Henry Ford Macomb worked with the American Medical Association and Epic to develop a registry for efficiently screening, testing, and referring patients diagnosed with prediabetes to a diabetes prevention program. Henry Ford Macomb's role was to develop specific clinical protocols using tools available in its Epic electronic medical record. Since April 2017, 1,074 referrals from 94 HFHS providers have been received. Sixty-three percent (659) of the referrals were enrolled in a CDC-approved Diabetes Prevention Program one-year course. Efficiencies enabled by the registry have been instrumental in the Henry Ford Macomb Hospital Faith Community Nursing Network for maintaining a quality program. Having met quality standards for weight loss, activity, and attendance, HFHS has obtained two consecutive "full recognition" extensions. We have also been able to help close the feedback loop to providers from this community-based intervention.



"We're delighted to continue to work in partnership with the American Medical Association on this project," says Henry Ford Macomb President and CEO Barbara Rossmann. "Our team has designed a user-friendly, efficient registry that has proven to be a valuable tool for addressing the rising prevalence of prediabetes in Michigan and across the country."

# Community Health Needs Assessment

## Henry Ford West Bloomfield

Henry Ford West Bloomfield chose domestic violence as its third priority during the last CHNA cycle. In partnership with the Silent Witness National Initiative, Henry Ford West Bloomfield held a Silent Witness Commemorative Service in 2018 for victims and survivors of domestic violence and sexual

assault. This event, held annually in October, is meant to bring awareness to domestic violence and its impact on the community and allow survivors an outlet to share their story. Silent Witness figures, life-sized red wooden silhouettes of victims - a woman, child, or man - were displayed in the atrium. The names of several victims of domestic violence murdered in Michigan were read and remembered as a bell was rung. An additional bell was rung to remember those uncounted victims.



A goal was set to attract 100 attendees at 2018's Silent Witness Ceremony, and that goal was exceeded, with 115 attendees. In addition to the Silent Witness Ceremony, Henry Ford West Bloomfield conducted a Fleece Blanket Drive to donate fleece blankets to victims of domestic violence at HAVEN, Common Ground, and Sanctum House, local shelters for those seeking refuge from violence. Through this drive over 100 fleece blankets were collected and donated.





# Community Health Needs Assessment

## Henry Ford Wyandotte

Henry Ford Wyandotte's third priority was to promote and support community activities that advocate for increased physical activity for adults and families. HFWH offers year-round free weekly yoga sessions, including "DOGA"- yoga with dogs. During the summer, yoga is held outdoors in downtown Wyandotte at Arrowhead Pavilion. These sessions are well-attended and a great asset to the community. In addition to increasing participation in physical activity, HFWH aimed to increase health awareness through educational programs that address impact of nutrition and physical activity on health.



HFWH offers an educational LiveWell event featuring a panel discussion from healthcare experts on a variety of health topics including free health screenings, an information fair, healthy refreshments, giveaways, and door prizes. Henry Ford Wyandotte also co-hosts a Diabetes Prevention Program class, in partnership with the National Kidney Foundation of Michigan. This program is a

16-week long educational workshop for adults at risk of developing diabetes, with the goal of preventing the onset of diabetes amongst participants. 100% of the Diabetes Prevention Program participants increased their physical activity and 45% reduced their BMI. Participation in this program increased by 6%, which exceeded the set goal of a 5% increase in participation.

# Community Health Needs Assessment

## Henry Ford Allegiance Health & Henry Ford Allegiance Specialty Hospital

Several of Henry Ford Allegiance Health's 2016 CHNA priorities focused on supporting consistent screening and effective referrals for patients and families in need of health and social services.



On the medical side, clinical quality reporting capability was already well-developed for Jackson Health Network membership (including Henry Ford Allegiance Medical Group) with the COMPASS application and expansion of functionality to incorporate claims-based analysis with the transition to the Epic EHR in August 2017. To implement, sustain, and scale a clinical-community linkage solution to hardwire closed-loop screening and referral for social needs required

development of 1) a social network and governance structure to organize services and link people to services; and 2) a community health information hub that provides the clinical and communications platform to link people to services, link service providers to each other, and link the 'community enterprise' to the 'medical enterprise'. The design process to develop these systems was completed as a community collaborative effort with formal and informal mechanisms for input from multiple stakeholders (including Patient-Centered Medical Home practices), a designated oversight workgroup, and backbone and project-related staff.

The collaborative committee oversaw creation and implementation of specific tools and protocols for data collection, sharing and use across community providers; centralized systems and protocols for referral, intake, navigation and closed loop feedback; and community stewardship to ensure the dissemination of and use of system information to improve social services capacity and reduce unmet need. Almost 50,000 social needs screenings have been implemented in primary care settings to date, with thousands of referrals to social service agencies and community-based navigators. The ability to quantify positive screenings, referrals and outcomes for social service needs is a significant new source of information for evaluation of clinical and social service interventions as well as community planning.

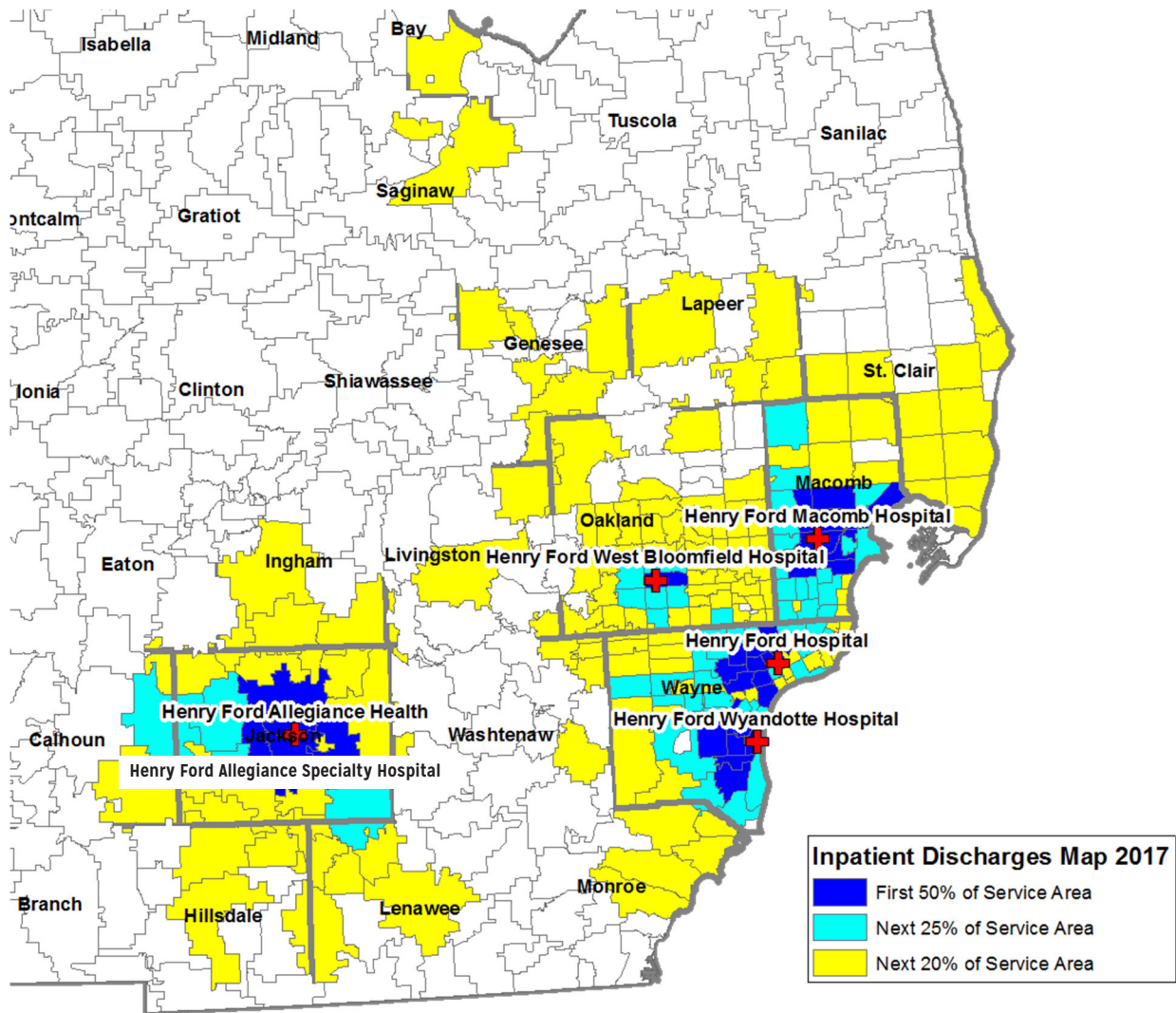
Henry Ford Allegiance Specialty Hospital addressed the same Community Health Needs Assessment priorities as Henry Ford Allegiance Health as a whole, with emphasis placed on patients aged 60 and older, as this is the primary demographic served by Specialty Hospital. Age-specific assessment of needs was performed through countywide telephone surveys and secondary data sources.

## SECTION 2: COMMUNITIES SERVED

### Definition and Description of Communities Served

For purposes of this needs assessment, the Henry Ford Health System (HFHS) service area is defined as the population of Wayne, Oakland, Macomb and Jackson counties. Below is a map of the communities where HFHS receives most of its inpatient volume (Figure 1). The variable of inpatient volume provides a good geographic indication of what communities HFHS significantly interacts with, and likewise, where HFHS targets its limited resources to make the greatest impact on the community.

Figure 1 - Henry Ford Health System Inpatient Discharges Map



Source: DataKoala

# Community Health Needs Assessment

Although Henry Ford Health System sees patients from counties throughout Michigan as well as patients outside of Michigan, most of the patient volume comes from the four-county area of Wayne, Oakland, Macomb and Jackson counties as depicted in Figure 1 and Figure 2. The four-county area was chosen as the most appropriate geographical area for assessing and impacting community health needs and is the focus of this assessment. The total 2019 estimated populations<sup>1</sup> of the four counties are as follows:

- Jackson County – 158,476
- Oakland County – 1,285,517
- Macomb County – 875,937
- Wayne County – 1,739,599

Within the four-county region, each of Henry Ford Health System’s hospitals has been assigned to a specific county or city based on the location from which most of each hospital’s inpatient discharges originate (Figure 2).

Figure 2 – 2018 Percentage of Inpatient Discharges by Hospital and Region

Region	Henry Ford Health System	Henry Ford Hospital	Henry Ford Allegiance Health & Henry Ford Allegiance Specialty Hospital	Henry Ford Macomb Hospital & Mt. Clemens	Henry Ford West Bloomfield Hospital	Henry Ford Wyandotte Hospital
Macomb	20%	9%	0%	87%	4%	0%
Oakland	12%	8%	0%	3%	64%	1%
Wayne (excluding Detroit)	26%	28%	0%	1%	20%	90%
Detroit	16%	41%	0%	1%	6%	5%
Jackson	14%	1%	81%	0%	0%	0%
Outside Four-county	11%	13%	19%	8%	6%	4%

Source: DataKoala

Figure 2 above illustrates what percentage of Henry Ford inpatient discharges originate from each county within the four-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 112,559 inpatient discharges in 2018 with 89% originating from the four-county area residents.

<sup>1</sup> Sg2 Population Estimates

## Data Profile of Communities Served

HFHS used both primary and secondary data sources for the Community Health Needs Assessment. Primary data was generated through surveys and focus groups of essential community agencies and persons representing the broad interests of the communities we serve in each of the four counties and the City of Detroit. Surveys were used to gather this data in Jackson, Wayne, Detroit, Oakland, and focus groups were used to gather this data in Macomb.

Secondary data sources utilized in this CHNA include publicly available local, state and national data on demographics, socio-economic factors, health behaviors, access and mortality from a wide range of sources. The most recent data available were reviewed using the Michigan Department of Health & Human Services, Michigan Behavioral Risk Factor Survey, Sg2 and Nelson Census data, and the Michigan Inpatient Database (Data Koala).

The four-county area includes the counties of Wayne, Oakland, Macomb and Jackson, which are located in southeastern and southcentral Michigan and account for 41% of the Michigan population. Wayne, Oakland, and Macomb (in that order) are the most populated counties in Michigan; Jackson is a much smaller county. Of the nearly 4 million residents, approximately 51% of the population is female. With regard to race/ethnicity, the four-county area is 64% white, compared to a national average of 60%. Of note, the four-county area is 24% black, which is twice the national percentage of 12%. Conversely, the Hispanic population (5.0%) is much smaller (national percentage of 18%) (Figure 3).

Population in the four-county area is expected to remain flat by 2024. When examining age distribution, the four-county area has a comparable population to that of the country with 17% of the population above the age of 65. Of particular interest to healthcare providers is the aging population of the four-county area with the 65-year-olds and above population expected to rise by 15% from 2019 to 2024.<sup>2</sup>

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<sup>2</sup> US Census Bureau Data 2013

# Community Health Needs Assessment

Figure 3 - Demographic Snapshot of Four-County Area

Population and Gender	Market 2019 Population	Market 2019 % of Total	Market 2024 Population	Market 2024 % of Total	Population % Change	National 2019 % of Total
Female Population	2,086,273	51.4%	2,095,303	51.3%	0.4%	50.8%
Male Population	1,973,256	48.6%	1,987,260	48.7%	0.7%	49.2%
<b>Total</b>	<b>4,059,529</b>	<b>100.0%</b>	<b>4,082,563</b>	<b>100.0%</b>	<b>0.6%</b>	<b>100.0%</b>
Age Groups	Market 2019 Population	Market 2019 % of Total	Market 2024 Population	Market 2024 % of Total	Market Population % Change	National 2019 % of Total
00-17	895,223	22.1%	872,883	21.4%	(2.5)%	22.5%
18-44	1,377,730	33.9%	1,375,239	33.7%	(0.2)%	35.7%
45-64	1,113,062	27.4%	1,058,035	25.9%	(4.9)%	25.6%
65-UP	673,514	16.6%	776,406	19.0%	15.3%	16.3%
<b>Total</b>	<b>4,059,529</b>	<b>100.0%</b>	<b>4,082,563</b>	<b>100.0%</b>	<b>0.6%</b>	<b>100.0%</b>
Ethnicity/Race	Market 2019 Population	Market 2019 % of Total	Market 2024 Population	Market 2024 % of Total	Population % Change	National 2019 % of Total
Asian & Pacific Is. Non-Hispanic	193,311	4.8%	224,547	5.5%	16.2%	5.9%
Black Non-Hispanic	962,415	23.7%	962,609	23.6%	0.0%	12.4%
Hispanic	190,566	4.7%	208,239	5.1%	9.3%	18.4%
White Non-Hispanic	2,599,146	64.0%	2,561,596	62.7%	(1.4)%	60.0%
All Others	114,091	2.8%	125,572	3.1%	10.1%	3.3%
<b>Total</b>	<b>4,059,529</b>	<b>100.0%</b>	<b>4,082,563</b>	<b>100.0%</b>	<b>0.6%</b>	<b>100.0%</b>
Household Income	Market 2019 Households	Market 2019 % of Total	Market 2024 Households	Market 2024 % of Total	Market Households % Change	National 2019 % of Total
<\$15K	184,977	11.5%	163,797	10.1%	(11.5)%	10.5%
\$15-25K	150,806	9.3%	133,109	8.2%	(11.7)%	9.1%
\$25-50K	347,668	21.5%	321,081	19.7%	(7.7)%	21.5%
\$50-75K	264,299	16.4%	256,589	15.7%	(2.9)%	16.9%
\$75-100K	194,222	12.0%	194,741	11.9%	0.3%	12.3%
\$100K-200K	350,622	21.7%	394,175	24.2%	12.4%	21.6%
>\$200K	121,558	7.5%	166,893	10.2%	37.3%	8.1%
<b>Total</b>	<b>1,614,152</b>	<b>100.0%</b>	<b>1,630,385</b>	<b>100.0%</b>	<b>1.0%</b>	<b>100.0%</b>
Education Level**	Market 2019 Population	Market 2019 % of Total	Market 2024 Population	Market 2024 % of Total	Population % Change	National 2019 % of Total
Less than High School	94,915	3.4%	96,314	3.4%	1.5%	5.4%
Some High School	202,364	7.2%	205,811	7.2%	1.7%	7.3%
High School Degree	748,918	26.7%	762,468	26.7%	1.8%	27.3%
Some College/Assoc. Degree	945,718	33.7%	961,337	33.7%	1.7%	30.7%
Bachelor's Degree or Greater	814,320	29.0%	825,480	29.0%	1.4%	29.3%
<b>Total</b>	<b>2,806,235</b>	<b>100.0%</b>	<b>2,851,410</b>	<b>100.0%</b>	<b>1.6%</b>	<b>100.0%</b>

\*Excludes population age <5, \*\*Excludes population age <25  
Sg2 Population Estimates

With regard to education, the four-county area has approximately 11% of residents who have some high school education or less compared to the national average of 13%. Further, 29% of residents have a bachelor's degree or greater, which is comparable to the national average. The four-county area is diverse in population, race/ethnicity, economic growth and development. The automotive industry remains the largest employer in the region, but the healthcare sector is represented among the top employers in the region as well.<sup>3</sup>

<sup>3</sup> Crain's Detroit 2019 Listings of Major Employers

# Community Health Needs Assessment

The average median household income within the four-county area (\$56,240) is slightly less than the national average (\$57,652).<sup>4</sup> Within the four-county area, the median household income in Oakland County (\$73,369) is significantly higher than Wayne County (\$43,702), Jackson County (\$49,715) Macomb County (\$58,175). At the zip code level, average household incomes vary significantly.

The United Way ALICE (Asset Limited, Income Constrained, Employed)<sup>5</sup> report shows the number of households whose average income is insufficient to afford basic expenses, including housing, child care, health care and transportation by county and city.

	Households living below ALICE	Households living below Poverty	Households living above ALICE
<b>Michigan</b>	25%	15%	60%
<b>Jackson</b>	21%	15%	64%
<b>Macomb</b>	27%	11%	62%
<b>Oakland</b>	20%	10%	70%
<b>Wayne (includes Detroit)</b>	29%	23%	48%
<b>Detroit</b>	33%	37%	30%

Source: 2017 ALICE Report: [https://www.michigan.gov/documents/mdot/ALICE\\_Report\\_621556\\_7.pdf](https://www.michigan.gov/documents/mdot/ALICE_Report_621556_7.pdf)

**Worse than state average**

Lower household incomes negatively impact purchasing power, health insurance coverage, and costs of basic necessities. As a result, the four-county area's safety nets, including healthcare systems, are being stretched to the limit. Michigan ranks 33rd in the country for children under 18 in families below poverty level, at 19.3% in 2018, a 3% improvement from 2016.<sup>6</sup> Unemployment in Michigan has dropped to 4.6% in 2018, which is similar to the national average and a decline of 0.8% since 2016 in Michigan. Conversely, within the four-county area the unemployment rate matches the national average of 4%, and ranges from 3.2% in Oakland County to 5.0% in Wayne County.<sup>7</sup>

There are key demographic differences among the residents of each county within the four-county area. 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 4). When examining the City of Detroit, the average household income is \$40,314, which is significantly less than the average household income of the overall four-county area (\$68,064). Regarding education, 23% of residents have less than a high school education and only 14% have a bachelor's degree or higher. In terms of

<sup>4</sup> American FactFinder Mean Income Households 2017 estimates

<sup>5</sup> [https://www.michigan.gov/documents/mdot/ALICE\\_Report\\_621556\\_7.pdf](https://www.michigan.gov/documents/mdot/ALICE_Report_621556_7.pdf)

<sup>6</sup> <https://talkpoverty.org/state-year-report/michigan-2018-report/>

<sup>7</sup> <http://www.ncsl.org/research/labor-and-employment/national-employment-monthly-update.aspx>; <http://milmi.org/datasearch/unemployment-by-county>

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race/ethnicity, approximately 91% of Detroit is composed of a minority population versus 37% for the four-county area as a whole. The Detroit unemployment rate is 7.9% (November 2018),<sup>8</sup> down from 11.5% in September 2015.

Figure 4 – City of Detroit Demographics

Population and Gender	Market 2019 Population	Market 2019 % of Total	Market 2024 Population	Market 2024 % of Total	Market Population % Change	National 2019 % of Total
Female Population	324,538	52.6%	315,140	52.4%	(2.9)%	50.8%
Male Population	293,076	47.5%	286,801	47.7%	(2.1)%	49.2%
<b>Total</b>	<b>617,614</b>	<b>100.0%</b>	<b>601,941</b>	<b>100.0%</b>	<b>(2.5)%</b>	<b>100.0%</b>
Age Groups	Market 2019 Population	Market 2019 % of Total	Market 2024 Population	Market 2024 % of Total	Market Population % Change	National 2019 % of Total
00-17	153,700	24.9%	146,652	24.4%	(4.6)%	22.5%
18-44	223,897	36.3%	217,899	36.2%	(2.7)%	35.7%
45-64	151,321	24.5%	138,030	22.9%	(8.8)%	25.6%
65-UP	88,696	14.4%	99,360	16.5%	12.0%	16.3%
<b>Total</b>	<b>617,614</b>	<b>100.0%</b>	<b>601,941</b>	<b>100.0%</b>	<b>(2.5)%</b>	<b>100.0%</b>
Ethnicity/Race	Market 2019 Population	Market 2019 % of Total	Market 2024 Population	Market 2024 % of Total	Market Population % Change	National 2019 % of Total
Asian & Pacific Is. Non-Hispanic	4,873	0.8%	5,581	0.9%	14.5%	5.9%
Black Non-Hispanic	490,159	79.4%	464,991	77.3%	(5.1)%	12.4%
Hispanic	51,186	8.3%	54,147	9.0%	5.8%	18.4%
White Non-Hispanic	52,379	8.5%	54,924	9.1%	4.9%	60.0%
All Others	19,017	3.1%	22,298	3.7%	17.3%	3.3%
<b>Total</b>	<b>617,614</b>	<b>100.0%</b>	<b>601,941</b>	<b>100.0%</b>	<b>(2.5)%</b>	<b>100.0%</b>
Household Income	Market 2019 Households	Market 2019 % of Total	Market 2024 Households	Market 2024 % of Total	Households % Change	National 2019 % of Total
<\$15K	67,196	28.1%	59,754	25.4%	(11.1)%	10.5%
\$15-25K	37,640	15.7%	34,549	14.7%	(8.2)%	9.1%
\$25-50K	62,985	26.3%	60,666	25.8%	(3.7)%	21.5%
\$50-75K	33,118	13.8%	33,722	14.3%	1.8%	16.9%
\$75-100K	16,930	7.1%	18,638	7.9%	10.1%	12.3%
\$100K-200K	18,095	7.6%	22,942	9.8%	26.8%	21.6%
>\$200K	3,426	1.4%	4,916	2.1%	43.5%	8.1%
<b>Total</b>	<b>239,390</b>	<b>100.0%</b>	<b>235,187</b>	<b>100.0%</b>	<b>(1.8)%</b>	<b>100.0%</b>
Education Level**	Market 2019 Population	Market 2019 % of Total	Market 2024 Population	Market 2024 % of Total	Market Population % Change	National 2019 % of Total
Less than High School	23,098	5.7%	22,762	5.7%	(1.5)%	5.4%
Some High School	58,788	14.6%	58,332	14.7%	(0.8)%	7.3%
High School Degree	130,586	32.3%	128,862	32.4%	(1.3)%	27.3%
Some College/Assoc. Degree	136,531	33.8%	134,280	33.7%	(1.7)%	30.7%
Bachelor's Degree or Greater	55,090	13.6%	53,751	13.5%	(2.4)%	29.3%
<b>Total</b>	<b>404,093</b>	<b>100.0%</b>	<b>397,987</b>	<b>100.0%</b>	<b>(1.5)%</b>	<b>100.0%</b>

\*Excludes population age <5, \*\*Excludes population age <25  
Sg2 Population Estimates

When looking outside the City of Detroit, various zip codes in the four-county area indicate sections of the region that have lower incomes, less education, and are more racially and ethnically diverse. Figure 5a displays the zip codes that rank in the top 20 zip codes for both lowest average household income and highest proportion of the population without a high school diploma in the four-county

<sup>8</sup> [https://www.theoaklandpress.com/business/labor-statistics-show-lower-unemployment-rate-in-detroit/article\\_1c22f326-e389-11e8-](https://www.theoaklandpress.com/business/labor-statistics-show-lower-unemployment-rate-in-detroit/article_1c22f326-e389-11e8-)



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area. The average household income of these zip codes ranges from \$29,486-\$54,251, lower than the four-county service area. Overall, 17% of residents in these zip codes have less than a high school education compared to 11% for the four-county area.

Demographic data for these zip codes are highlighted in Figure 5b. These zip codes have a slightly different percentage of racial/ethnic minorities as compared to the rest of the four-county area. As a whole these zip codes are composed of 40% minorities compared to 36% for the four-county area.

Figure 5a - Top 20 Zip Codes with Lowest Average Income and Lowest Education

Macomb County		Oakland County		Wayne County*		Jackson County	
48091	Warren	48342	Pontiac	48218	River Rouge	49203	Jackson
48066	Roseville	48030	Hazel Park	48229	Ecorse	49269	Parma
48021	Eastpointe	48341	Pontiac	48126	Dearborn	49202	Jackson
48043	Mount Clemens	48340	Pontiac	48120	Dearborn	49254	Michigan Center
48048	New Haven	48071	Madison Heights	48122	Melvindale	49201	Jackson

\*Excludes Detroit

Source: Sg2

As a result, the City of Detroit and above 20 zip codes are of particular interest in planning community needs initiatives within the four-county area. Figure 6 depicts the top 20 zip codes geographically. These data will influence the focus of our community hospitals' implementation plans.

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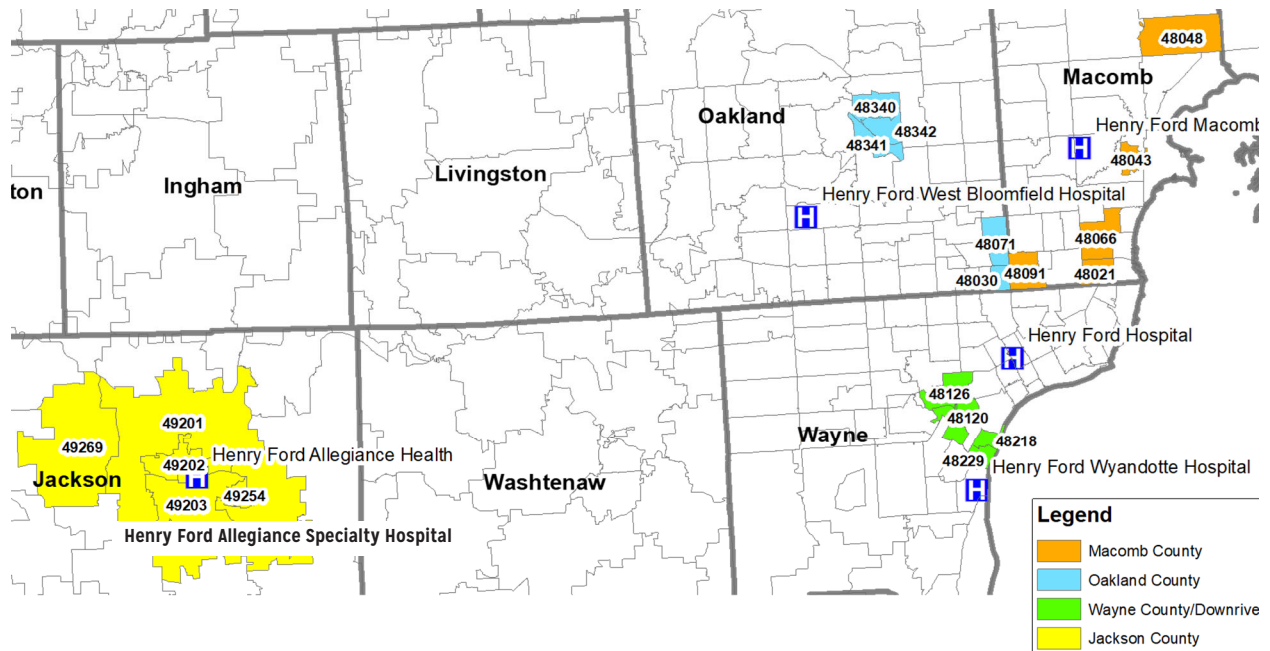
Figure 5b – Demographic Snapshot Top 20 Zip Codes

Population and Gender	Market 2019 Population	Market 2019 % of Total	Market 2024 Population	Market 2024 % of Total	Market Population % Change	National 2019 % of Total
Female Population	240,732	49.8%	240,399	49.7%	(0.1)%	50.8%
Male Population	242,750	50.2%	243,303	50.3%	0.2%	49.2%
<b>Total</b>	<b>483,482</b>	<b>100.0%</b>	<b>483,702</b>	<b>100.0%</b>	<b>0.1%</b>	<b>100.0%</b>
Age Groups	Market 2019 Population	Market 2019 % of Total	Market 2024 Population	Market 2024 % of Total	Market Population % Change	National 2019 % of Total
00-17	119,612	24.7%	117,695	24.3%	(1.6)%	22.5%
18-44	174,845	36.2%	171,809	35.5%	(1.7)%	35.7%
45-64	120,951	25.0%	117,085	24.2%	(3.2)%	25.6%
65-UP	68,074	14.1%	77,113	15.9%	13.3%	16.3%
<b>Total</b>	<b>483,482</b>	<b>100.0%</b>	<b>483,702</b>	<b>100.0%</b>	<b>0.1%</b>	<b>100.0%</b>
Ethnicity/Race	Market 2019 Population	Market 2019 % of Total	Market 2024 Population	Market 2024 % of Total	Market Population % Change	National 2019 % of Total
Asian & Pacific Is. Non-Hispanic	22,466	4.7%	25,475	5.3%	13.4%	5.9%
Black Non-Hispanic	125,147	25.9%	128,625	26.6%	2.8%	12.4%
Hispanic	27,156	5.6%	30,087	6.2%	10.8%	18.4%
White Non-Hispanic	289,184	59.8%	278,617	57.6%	(3.7)%	60.0%
All Others	19,529	4.0%	20,898	4.3%	7.0%	3.3%
<b>Total</b>	<b>483,482</b>	<b>100.0%</b>	<b>483,702</b>	<b>100.0%</b>	<b>0.1%</b>	<b>100.0%</b>
Household Income	Market 2019 Households	Market 2019 % of Total	Market 2024 Households	Market 2024 % of Total	Market Households % Change	National 2019 % of Total
<\$15K	31,873	17.4%	28,368	15.4%	(11.0)%	10.5%
\$15-25K	25,095	13.7%	22,693	12.3%	(9.6)%	9.1%
\$25-50K	49,729	27.1%	47,479	25.7%	(4.5)%	21.5%
\$50-75K	31,354	17.1%	31,301	16.9%	(0.2)%	16.9%
\$75-100K	18,885	10.3%	20,245	11.0%	7.2%	12.3%
\$100K-200K	22,571	12.3%	28,456	15.4%	26.1%	21.6%
>\$200K	4,115	2.2%	6,182	3.4%	50.2%	8.1%
<b>Total</b>	<b>183,622</b>	<b>100.0%</b>	<b>184,724</b>	<b>100.0%</b>	<b>0.6%</b>	<b>100.0%</b>
Education Level**	Market 2019 Population	Market 2019 % of Total	Market 2024 Population	Market 2024 % of Total	Market Population % Change	National 2019 % of Total
Less than High School	19,113	6.0%	19,043	5.9%	(0.4)%	5.4%
Some High School	35,803	11.2%	36,085	11.2%	0.8%	7.3%
High School Degree	105,839	33.0%	106,553	33.2%	0.7%	27.3%
Some College/Assoc. Degree	108,944	34.0%	109,207	34.0%	0.2%	30.7%
Bachelor's Degree or Greater	50,806	15.9%	50,358	15.7%	(0.9)%	29.3%
<b>Total</b>	<b>320,505</b>	<b>100.0%</b>	<b>321,246</b>	<b>100.0%</b>	<b>0.2%</b>	<b>100.0%</b>

Source: Sg2

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Figure 6 - Top 5 Zip Codes Surrounding Each Community Hospital with Low Median Income and Education



Source: Sg2

## Historical Perspective on HFHS Communities Served

The four-county area we serve is 24% African American, and it is no coincidence that a large portion of the City of Detroit and Top 20 zip codes with lowest income and education levels are African American residents. Southeast Michigan's history is rife with spatial racism that has limited African Americans' and people of color's ability to amass wealth, creating the unfavorable social and neighborhood conditions that directly contribute to poor health outcomes.<sup>9</sup>

During the Great Depression, maps were created by the Home Owners Loan Corporation explicitly barring non-white racial and ethnic groups from buying and renting property in certain neighborhoods. This process, now known as "redlining," was technically outlawed in 1968 under the Fair Housing Act, however recent research leads us to believe that systemic segregation of minority groups from whites still occurs through individual, institutional, and policy-level decisions. African Americans were and still are more likely to earn lower incomes than their white neighbors, and secluding African Americans into specific neighborhoods meant they had more limited access to well-funded schools, job opportunities, a clean environment, and resources.<sup>9</sup>

This unfair treatment of African Americans helped lead to the uprising of 1967 throughout the City of Detroit, sparking the movement of much of the white population out to the suburbs. During the Great Recession of 2007-2009, the rise in home foreclosures disproportionately affected minority

<sup>9</sup> The legacy of redlining in the effect of foreclosures on Detroit residents' self-rated health, <https://www.sciencedirect.com/science/article/pii/S135382921830618Xae65-032077d71bc9.html>

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and lower income people in Detroit. As a result, Detroit is now nearly 80% African American, a population of people who have had to overcome far more barriers than a non-minority in accessing basic resources needed to maintain good health.

Research shows that in Detroit, in areas that have been slower to recover from the Great Recession and areas most affected by redlining there are residents who are more likely to negatively rate their own health.<sup>10</sup> We know that the conditions in which someone lives – their neighborhood, their access to quality education, good jobs, reliable transportation, healthy food, safe spaces – all impact their physical and mental health. The seclusion of African Americans in poorly-resourced neighborhoods has also long hindered the ability of black families to build wealth, which epidemiologic studies have confirmed has a close relationship to health outcomes.<sup>11</sup>

The result of this history of racial discrimination is that far too many health disparities lessen life expectancies, burden families with generations of recurring negative health outcomes, overwhelm low-income people with medical costs, and hold communities back from reaching their full potential. Communities that are lower income, that have more marginalized residents, that have experienced more racial and ethnic discrimination and disinvestment have fallen behind, and it's reflected in the data. There are direct relationships between higher prevalence of chronic disease, and higher death rates and populations with minority and lower income residents.

In contrast with Metro Detroit, Jackson County is mostly white and largely rural in landscape. Rural populations have historically faced unique health disparities as well. Rural residents are more likely to smoke cigarettes, exercise less, have less healthy diets, and often are more obese than suburban residents. According to the CDC, rural Americans are at greater risk of death from heart disease, cancer, unintentional injury, chronic lower respiratory disease, and stroke compared to urban Americans. People living in rural environments often have to travel longer distances to receive medical care and are less likely to have health insurance. Rural communities do not have as high of population density as urban and suburban areas, making it difficult to dedicate resources and build health programs in these areas that might need them, due to difficulty reaching enough residents to make these programs cost-effective. While their circumstances are different from vulnerable and marginalized communities in and around Detroit, many of the health disparities that result from Jackson County residents' living situations are similar to those previously discussed.

The Community Health Needs Assessment process is an important step in lifting the voices of those from these communities to ensure in the future their needs are at the forefront of our programs and policies, to mitigate the abuses and neglect they have suffered in the past.

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<sup>10</sup> The legacy of redlining in the effect of foreclosures on Detroit residents' self-rated health. <https://www.ncbi.nlm.nih.gov/pubmed/30448354>

<sup>11</sup> CDC: Social Determinants of Health <https://www.cdc.gov/socialdeterminants/index.htm>

## **SECTION 3: SOCIAL AND ENVIRONMENTAL HEALTH IN THE FOUR-COUNTY AREA**

We now know that our health and health outcomes are affected by much more than our genetics and the quality of healthcare that we receive. The social determinants of health describe the conditions in which people live, learn, work, and play, and these conditions have enormous impacts on our health status.<sup>11</sup> Social determinants of health can include housing, education level, income, transportation, neighborhood quality and safety, access to food, social support, and more. Poverty and lower income are almost always associated with poorer social determinants of health such as unstable housing, unsafe neighborhoods, no access to transportation, living far from access to healthy foods, underfunded education systems, and more. Facing these conditions makes accessing and navigating healthcare systems more difficult and puts constraints on the ability of people to practice healthy behaviors that prevent chronic diseases. Many of the communities in the four-county area served by HFHS face profound social determinants of health, directly contributing to poor health outcomes in comparison to state averages and averages in communities with higher incomes. Despite our efforts to provide the highest quality clinical care possible to those we serve, many of our patients leave our hospitals and clinics and return to neighborhoods and socioeconomic conditions that do not lend themselves to good health.

At particular risk for poor health outcomes in the four-county area are those with lower income and/or education. As income and education decrease, the prevalence of risky health behaviors and chronic conditions increases. For example, according to the results of the 2016 Michigan Behavioral Risk Factor Survey:

- 37.4% of people with incomes less than \$20,000 rated their health as fair or poor while just 6.6% of people with incomes of greater than \$75,000 rated their health as fair or poor.
- 35.7% of people with incomes less than \$20,000 smoke cigarettes, compared to 11% of people with incomes greater than \$75,000.
- 65.7% of women making less than \$20,000 had a breast cancer screening in the past two years, compared to 79.7% of women who make more than \$75,000.
- 14% of children living in households making less than \$20,000 have asthma, compared to just 7% of children in households making greater than \$75,000.

This correlation is also seen in health care access, cardiovascular disease, depression, disability, physical activity, oral health, diabetes, and more. Due to these trends, it is important to prioritize efforts for communities with households with lower income and education.<sup>12</sup>

Many communities and pockets within communities with lower income and education exist throughout the four-county area. The largest is the City of Detroit, located in Wayne County. The median household income in the City of Detroit is \$27,838, which is 47% lower than the median household income in Michigan of \$52,668.<sup>13</sup> In Detroit, 14.2% of the population 25 years and older has a bachelor's degree or higher, versus 28.1% in Michigan.<sup>13</sup> Another such pocket in Oakland County is the city of Pontiac, particularly in the zip codes 48340 to 48342. In Pontiac, the median household income is 57% below the Oakland County median and 45% below the U.S median.<sup>13</sup> With regard to

<sup>12</sup> 2016 Michigan Behavioral Risk Factor Survey estimates

<sup>13</sup> 2013-2017 American Community Survey 5-Year Estimates

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education, approximately 11.5% of Pontiac adults 25 years and older have a bachelor’s degree or higher versus 46% for Oakland County overall. A similar pocket within Macomb County includes the community of Warren (48091). The median household income within this community is approximately 22% below the Macomb County average and roughly 14% of residents of this community have no high school diploma versus 11% for Macomb County overall. In Jackson County, Jackson City (48201-203) has a median household income 37% lower than the Jackson County median and 16.4% of Jackson City’s residents have less than a high school diploma, compared to 9.6% of Jackson County.<sup>13</sup>

Figure 7 – Social Determinants in the Four-County Area

	Percent below poverty	Unemployment rate	Median household income	Percent of adults age 25+ with no high school diploma	Percent of population single parent with child under age 18	Percent minority	Percent of households with no vehicle
Michigan	15.6	7.4	52,668	9.7	7.9	11.7	7.9
Jackson	15.2	7.6	49,715	9.6	10.4	14.9	7.6
Macomb	11.8	6.6	58,175	10.7	8.5	19.1	6.1
Oakland	9	5.3	73,369	6.2	7	26.8	5.4
Wayne	23.7	11.6	43,702	14.4	12.5	50.3	14
Detroit	37.9	19.8	27,838	20.3	19.1	89.4	24.6

Source: CDC Social Vulnerability Index, 2016 and American Community Survey 2013-2017 5-Year Estimates

Worse than state average

Figure 7 summarizes just a small list of social determinants at play in the four-county area, with the highlighted figures indicating regions that may face a greater struggle than the Michigan state average. Whenever available, we aim to analyze Detroit as a separate entity, as its population characteristics and subsequent health outcomes are unique from Wayne County as a whole. Here, the relationship between race and poverty is evident, as the two regions with the largest percentage of minorities (Detroit and Wayne County) have the greatest percentage of their populations living below poverty. Detroit and Wayne County see the greatest struggles in these social determinants in relation to the Michigan average in each category. From this data, we can see that there is no shortage of social and socioeconomic barriers facing those living in the four-county area.

Poverty and unemployment are major barriers facing a great number of our patients. Three of these five regions (Jackson, Wayne, and Detroit) have a higher unemployment rate than the state of Michigan average, and these same regions consequently have lower median household incomes than the state average. Macomb, Wayne, and Detroit exceed the state average in percent of adults who have no high school diploma. The lack of a high school diploma not only affects these residents’ earning potential and ability to secure quality, stable jobs, but also may impact health literacy and ability to navigate the healthcare system. Single parenthood seems to be more prevalent in our four-county area in every county except Oakland in comparison to the state of Michigan. While single parenthood itself does not cause health issues, single mothers are more likely to lack social support and more likely to experience lower median household income, which are related to poorer health outcomes.<sup>14</sup>

<sup>14</sup> Single Mothers and Social Support <https://link.springer.com/article/10.1023/A:1005567910606>

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Wayne County and Detroit both have a greater percent of their populations living without access to a vehicle than state average. Despite being a large urban area, Detroit and Wayne County do not have an adequate public transportation system, making the lack of vehicle access in these areas even more restrictive. Lack of transportation to medical appointments is a huge barrier for Detroit patients of Henry Ford Health System. Not only does lack of transportation impact adherence to preventive care screenings and appointments, receiving care for chronic diseases and acute health problems, but also affects residents' abilities to make healthy lifestyle choices that can help prevent these health concerns. Detroit residents without a vehicle and without access to good public transportation may not have the ability to access grocery stores that offer healthy, affordable food, and are less able to travel to recreational physical activity opportunities like fitness centers and parks.

Figure 8 – Housing in the Four-County Area

	Percentage of rental households spending greater than 35% of their household income on rent	Percent of housing units rented, not owned
Michigan	41.8	29
Jackson	42.4	26.8
Macomb	40.6	27.1
Oakland	35.9	29.4
Wayne	48.1	37.8
Detroit City	54.7	51.9

Source: American Community Survey 2013-2017 5-Year Estimates

**Worse than state average**

Housing is a very important social determinant when it comes to health outcomes, as it affects personal safety, stability, financial security, and wealth. Figure 8 shows the percentage of housing units in each of the four-county areas and Detroit which are rented, not owned, and the cost burden upon those renters as a function of household income. We see that in Oakland, Wayne, and Detroit, more people rent their homes on average as compared to the state of Michigan. Home ownership in the United States is many families' primary method of incurring and building wealth, and the lack of home ownership in these communities, especially African American communities, holds these residents back from building wealth, financial security, and the improved health outcomes that accompany wealth. For renters, the cost burden of this expense is often a disproportionate percentage of their household income. 41.8% of Michigan renters spend greater than 35% of their income on that rent, which is exceeded by Jackson County, Wayne County, and Detroit. Spending more than 30% of household income on rent is considered a significant cost burden by the U.S. Government, and these renters may have difficulty affording other necessities such as food, clothing, transportation and medical care.<sup>15</sup>

Food deserts are defined as “parts of the country vapid of fresh fruit, vegetables, and other healthful whole foods, usually found in impoverished areas. This is largely due to a lack of grocery stores, farmers' markets, and healthy food providers.” Food deserts exist in all four counties but affect

<sup>15</sup> Housing and Urban Development, Affordable Housing [https://www.hud.gov/program\\_offices/comm\\_planning/affordablehousing/](https://www.hud.gov/program_offices/comm_planning/affordablehousing/)

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Wayne and Jackson counties the most.<sup>16</sup> Figure 9 summarizes data showing the percentage of the population of each of Macomb, Oakland, Jackson, and Wayne counties that live within a census tract designated by the USDA as a food desert.

Figure 9 – Percentage of Population Living in a Food Desert Census Tract in 2015

Percent of Population Living in a Food Desert Census Tract				
Michigan	Macomb	Oakland	Jackson	Wayne
9.20%	3.20%	1.40%	11.90%	7.10%

Source: USDA Food Desert Atlas

Worse than state average

In Michigan, 9.2% of the population lives in a census tract that qualified as a food desert. Jackson county exceeds this figure, with 11.9% of its population living in a food desert census tract. In Wayne County, 7.1% of the population lives in a food desert census tract. There are likely additional residents not living in these census tracts that still face barriers accessing healthy foods due to lack of transportation, disability, and low income.

The environmental quality of the air and space around us has additional effects on our health outcomes. Poor air quality in the four-county area contributes to high rates of asthma. Toxic air pollutants, or air toxics, are those pollutants known or suspected of causing cancer or other serious health problems, such as birth defects. Cancer risk is expressed as a number in a million, e.g., 16 in a million chance of getting cancer due to air pollution. In 2014, the total Michigan inhalation cancer risk per million was 23.8 according to the National Air Toxics Assessment. This figure is higher than state average in all of the four-county regions. In Oakland the total cancer risk per million is 25, in Macomb 26, in Jackson 24, in Wayne 28 and in Detroit the total risk is 35 per million.<sup>17</sup> In the American Lung Association’s “The State of Air” report, released in 2018, Wayne, Oakland, and Macomb counties were all given a grade of “F” for ground-level ozone levels (also known as smog).<sup>18</sup> Lead exposure poses a significant environmental threat to children in Wayne County, where the percent of children tested with confirmed blood lead levels of 5 µg/dL or greater was 2.3 times higher than the Michigan average in 2015.<sup>19</sup> Three of the four counties in the four-county area (Oakland, Macomb, and Wayne) exceed state average in percent of the population living within 150 meters of a highway, which has negative health effects due to both air and noise pollution.<sup>19</sup>

It is important to analyze and understand the effects that the social determinants of health have on communities, especially in the Community Health Needs Assessment process. The often-negative impact to health of being a racial and ethnic minority, having low income, and low education is reflected in the data in the four-county area. In order to build programs and a system of care that truly serve the needs of our patients, it is vital to understand the social, environmental and economic circumstances at play in their lives, as these circumstances too often do more to inhibit our communities’ good health than our clinical procedures and policies are equipped to mitigate.

<sup>16</sup> USDA

<sup>17</sup> National Air Toxics Assessment

<sup>18</sup> The State of Air Report <https://www.lung.org/our-initiatives/healthy-air/sota/city-rankings/states/michigan/>

<sup>19</sup> CDC National Environmental Public Health Tracking Network



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## SECTION 4: ASSESSMENT OF SIGNIFICANT HEALTH ISSUES WITHIN THE FOUR-COUNTY AREA

In order to get a comprehensive picture of the health of the communities we serve, our CHNA process included an in-depth review of state and local data, from which many common health issues and trends emerged. The leading 10 causes of death in the United States are the same as those in Michigan, the only difference being that kidney disease is a more frequent cause of death in Michigan, ranked as the 8th leading cause of death in Michigan. Salient issues nationally and locally include heart disease, cancer, mental health-related issues, and risk factors that lead to chronic health conditions including obesity, poor nutrition, low physical activity, and drug and alcohol abuse. Data show that drug abuse has increased more quickly than usual in the past few years. There are many health issues that pose a greater threat to local residents than is seen in national data, including asthma, kidney disease, obesity, and infant mortality.

Figure 10 – Health Care Coverage & Access

	% Estimated Prevalence						Trends since 2016 CHNA
	Michigan	Macomb	Oakland	Wayne*	Jackson	Detroit	
No Health Care Coverage (aged 18-64)	11.5	10.6	9.2	12.7	9.0	17.2	Improved in all regions
No Personal Health Provider	15.2	12.7	12.9	12.8	13.0	23.0	Improved in all regions
No Health Care Access in Past 12 Months Due to Cost	13.3	13.3	11.3	12.9	11.9	21.3	Improved in all regions

Source: Michigan BRFSS 2014-2016 Combined Estimates

\*Excluding Detroit

Worse than state average

The 2019 Community Health Needs Assessment is the first in which our metrics were generally recorded following the full deployment of the Affordable Care Act and Medicaid Expansion, and as such we have seen vast improvements in access to care from the 2016 to the 2019 CHNA. The Affordable Care Act positively impacted the ability of people to access health insurance and medical care.<sup>20</sup>

Figure 10 summarizes the estimated prevalence of adult healthcare coverage. From 2012-2014, 17.4% of Michiganders aged 18-64 had no health care coverage, which improved to 11.5% from 2014-2016. Generally our four-county area is doing as well as or better than the state average in terms of healthcare access, with the exception of Detroit, which still sees higher rates of persons who do not have coverage, do not have a personal health provider, and have not accessed care in the past year due to the cost. However, in every single measure in Figure 10, improvements have been made since the 2016 CHNA.

<sup>20</sup> <http://www.chrt.org/publication/cover-michigan-survey-2014-coverage-and-health-care-access/#accordion-section-2>

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Figure 11 – Michigan Healthcare Coverage & Access by Race

	% Estimated Prevalence			Notes – Trends since 2016 CHNA
	White	Black	Hispanic	
No Health Care Coverage (aged 18-64)	8.2	14.6	18.2	Improved in all regions
No Personal Health Provider	13.3	19.5	24.0	Improved in all regions
No Health Care Access in Past 12 Months Due to Cost	11.8	15.1	15.8	Improved in all regions

Source: Michigan BRFS, 2016

Figure 11 summarizes the disparities in healthcare coverage in Michigan by race. A racial disparity can be observed between whites and minority populations. From this data we can see that Hispanics are 2.2 times more likely and African Americans are almost 2 times as likely to not have healthcare coverage than whites. Minority populations face a greater likelihood of not being able to access care due to cost. Data indicate that in all groups, many people who have healthcare coverage have not chosen a personal health provider. Improvement has been seen for all groups since the 2016 CHNA, likely due to the Affordable Care Act.

Figure 12 – Michigan Age-Adjusted Death Rates (Per 100,000) by Race

	All Races	White	Black	Trends 2013-2016
Overall Death Rate	788.3	766.3	965.5	In all groups rates began to improve 2013-15, then worsened greatly in 2016
AIDS	0.8	0.5	3.2	Rate slightly worsened for White, significant improvement for Black
Alzheimer's Disease	33.8	35.0	26.0	Rate worsened for all groups
Cancer	167.2	164.3	198.7	Improvement for all groups
Diabetes Mellitus	21.5	19.8	35.8	Improvement for all groups
Heart Disease	200.8	191.7	279.3	Rate worsened for all groups, most significantly for Black
Infant Mortality (per 1,000 live births)	6.6	4.8	13.7	Improvement for White, rate worsened for Black
Kidney Disease	14.5	12.9	26.3	Rate slightly worsened for All Races and White, unchanged for Black
Pneumonia/Influenza	13.6	13.1	16.5	Improvement for all groups
Stroke	39.2	37.4	51.8	Rate worsened for all groups
Suicide	13.4	14.6	7.8	Rate worsened for all groups

Source: Michigan Department of Health and Human Services, 2016

Figure 12 summarizes age-adjusted death rates in Michigan by race. This figure illustrates clearly persistent, significant racial disparities between white and black populations in Michigan and highlights the need for improvement. In most every category, white populations fare better than the population as a whole, and black populations fare worse. Black populations have an overall death rate that is 26% higher than white populations. The most significant disparities are seen in

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the death rates of AIDS, infant mortality, diabetes, and kidney disease. Of note, the only death rate in which white populations exceed that of black populations is in suicide. White populations have a suicide rate 87% higher than black populations. Changes in these death rates from 2013 to 2016 are not consistent across the health conditions. Death rates have worsened for both white and black populations in Alzheimer's disease, heart disease, stroke, and suicide. Death rates have improved for both white and black populations in cancer, diabetes, and pneumonia/influenza. The death rate from AIDS has significantly improved in black populations since 2013, decreasing by 45%. However, in white populations, the AIDS death rate increased from 0.4 to 0.6 from 2013 to 2016.

Figure 13 – Infant Mortality by Region & Race (per 1,000 live births)

	Detroit	Wayne	Macomb	Oakland	Jackson	Michigan	Trends 2010-2016
All Races	13.6	9.3	5.7	5.6	6.5	6.7	Improvement in Wayne, Macomb; Slightly worsened in Michigan; Significantly worsened in Oakland, Jackson; No change in Detroit
White	9.2	6.1	4.6	4.0	4.8	5.1	Improvement in Michigan, Detroit, Oakland, Macomb; Worsened in Wayne, Jackson
Black	14.5	13.2	10.6	14.3	20.2	13.8	Improvement in Wayne, Macomb; Significantly worsened in Oakland, Jackson; No change in Michigan, Detroit

Source: Michigan Department of Health and Human Services, Vital Statistics, 2014-2016 Average  
**Worse than state average**

Figure 13 summarizes infant mortality rates in the four-county area by race. The Michigan all-race infant mortality rate of 6.7 deaths per 1,000 live births is exceeded by Detroit and Wayne County. The all-race infant mortality rate in Detroit is over 2 times higher than Michigan's rate. In Detroit, both black and white babies have worse infant mortality rates than Michigan average. White babies in Detroit die at a rate 80% higher than white babies in the state of Michigan as a whole. Black babies in Detroit have a mortality rate 57% higher than white Detroit babies and 184% higher than white babies in Michigan on average. Outside Detroit and Wayne County, black infant mortality is a serious issue, as well. In Oakland County the black infant mortality rate has significantly worsened since 2016's CHNA. Oakland's black infant mortality rate is now comparable to the black infant mortality rate in Detroit after seeing a 29% increase since the 2011-2013 average, and in Jackson County the black infant mortality rate is even worse than that of Detroit. Black infant mortality in Jackson is 39% higher than black infant mortality in Detroit and growing at an alarming rate. From 2013-2015 to 2014-2016 averages, black infant mortality in Jackson grew 35%, while rates in most other counties remained stagnant.<sup>21</sup> It is notable to mention that Michigan as a whole has not seen a significant improvement in black infant mortality since 2010.<sup>21</sup>

<sup>21</sup> Michigan Department of Health and Human Services, Vital Records and Statistics

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## Lifestyle Factors/Preventive Health Practices

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. As noted earlier, as income and education increase, the practice of risky behaviors often 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 and cancer screenings.<sup>22</sup>

Figure 14 – Prevalence of Risky Behaviors

	% Estimated Prevalence						Trends 2013-2016
	Michigan	Macomb	Oakland	Wayne*	Jackson	Detroit	
<b>Obese</b>	31.4%	<b>32.2%</b>	26.1%	<b>31.5%</b>	<b>37.1%</b>	<b>37.2%</b>	Increase in Michigan, Detroit, Wayne; Decrease in Oakland, Macomb, Jackson
<b>Overweight</b>	35.0%	34.5%	<b>37.1%</b>	33.6%	30.0%	33.2%	Decrease in Macomb, Wayne; Increase in Oakland, Jackson, Detroit; Slight increase Michigan
<b>No Leisure-Time Physical Activity</b>	24.9%	<b>25.2%</b>	21.0%	<b>25.1%</b>	<b>28.8%</b>	<b>34.7%</b>	Decrease in Macomb, Oakland, Detroit; Increase in Wayne, Jackson; Slight decrease in Michigan
<b>Poor Mental Health</b>	16.2%	15.6%	15.8%	<b>16.8%</b>	<b>18.1%</b>	<b>18.8%</b>	Increase in all regions
<b>Poor/Fair General Health</b>	17.5%	<b>19.2%</b>	13.8%	<b>18.0%</b>	<b>18.7%</b>	<b>27.5%</b>	Increase in Oakland, Jackson; Decrease in Detroit
<b>Current Cigarette Smoking</b>	20.8%	<b>23.5%</b>	16.9%	<b>21.9%</b>	<b>26.0%</b>	<b>32.8%</b>	Decrease in Michigan; Slight increase in Macomb, Oakland, Detroit; Slight decrease in Wayne, Jackson
<b>Heavy Drinking</b>	6.7%	<b>7.1%</b>	5.6%	6.4%	6.4%	5.6%	Increase in Michigan, Macomb, Wayne, Jackson, Detroit; Decrease in Oakland
<b>Binge Drinking</b>	18.8%	<b>20.0%</b>	17.8%	18.6%	<b>22.2%</b>	17.1%	No change in Michigan, Macomb, Oakland, Wayne, Detroit; Increase in Jackson

Source: Michigan BRFSS 2014-2016

\*Excludes City of Detroit

**Worse than state average**

Figure 14 outlines the prevalence of specific lifestyle factors for residents of the four-county area. Overweight and obesity is a particular area in need of improvement within the four-county area. Every four-county region except for Oakland County exceeds the state average for obesity prevalence. Since the last CHNA, Michigan, Detroit, and Wayne have increased their prevalence of obesity while Oakland, Macomb and Jackson saw a decrease. Approximately 66% of Michigan and four-county

<sup>22</sup> Healthy Michigan 2010

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residents are either obese or overweight, which has not changed since the 2016 CHNA. 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.

Likely contributing to the high obesity rates in the four-county area is the lack of physical activity among residents. Figure 14 shows that 24.9% of Michigan residents get no physical activity in their leisure time, and in Macomb, Wayne, Jackson, and Detroit this prevalence is worse than state average. Further, 34.7% of Detroit residents do not get physical activity in their leisure time.

In recent years, mental health has become a greater health concern for many populations, including the four-county area. Wayne, Jackson, and Detroit see slightly higher prevalence of self-reported poor mental health than the state average. These regions, along with Macomb, are more likely to rate their general health as poor or fair as well. Prevalence of poor mental health increased in every four-county region since the 2016 CHNA.

Approximately 1 in 5 Michigan residents still smoke cigarettes. In Detroit, we see that 32.8% of residents smoke cigarettes, followed by 26% in Jackson. Cigarette smoking is a serious issue in the four-county area, as every region has a higher prevalence of smokers than the Michigan average except Oakland.

Figure 15 – Drug Overdose Deaths in Michigan, 2017

Overdose Deaths Crude Rate Per 100k					
	Michigan	Macomb	Oakland	Wayne	Jackson
Opioid Deaths Crude Rate per 100k	20.61	36.72	4.40	36.27	3.78
All Drug Deaths Crude Rate per 100k	26.96	45.22	14.39	42.71	8.19

Source: Michigan Death Certificates, Vital Records and Statistics, MDHHS

<https://mi-suddr.com/blog/2018/09/26/opioid-heroin-poisonings/>

**Worse than state average**

Figures 15 and 16 summarize the state of drug and opioid overdose deaths in the four-county area in recent years. Opioid abuse has become a serious health concern amongst the four-county residents since the 2016 CHNA, and the data support these concerns. In Michigan, the crude death rate for opioid deaths in 2017 was 20.61 and for all drug overdose deaths was 26.96. This means that in Michigan as a whole, opioids account for 76% of all drug overdose deaths. Both Macomb and Wayne Counties have higher opioid and all-drug overdose death rates than the state average. The Macomb opioid overdose death rate is 78% higher than the Michigan rate, and the Macomb all-drug overdose death rate is 67% higher than the Michigan rate. The Wayne County opioid overdose death rate is 77% higher than the Michigan rate, and the Wayne all-drug overdose death rate is 58% higher than the Michigan rate. The rate of increase in these drug overdoses is equally if not more concerning. While Oakland has a significantly lower opioid and all-drug overdose death rate, the percent increase in the drug overdose death rate in Oakland from 2016 to 2017 was 27.4%, compared to a 12.1% increase in Michigan. Jackson was the only four-county region that saw a decrease in the drug overdose death rate from 2016 to 2017.

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Figure 16 – Rate of Change in Michigan Drug Overdose Deaths, 2016-2017

Percent Change in Age-Adjusted Rate of Drug Overdose Deaths					
	Michigan	Macomb	Oakland	Wayne	Jackson
Percent change in drug overdose deaths	12.1	23.3	27.4	11.9	-7.9

Source: Michigan Death Certificates, Vital Records and Statistics, MDHHS

Worse than state average

Opioid abuse is an incredibly serious issue in the four-county area. The opioid death rate in Macomb and Wayne exceed the death rates in those counties for suicide, pneumonia/influenza, kidney disease, diabetes, and Alzheimer’s disease. The Michigan Department of Health and Human Services categorizes drug overdose deaths under “unintentional injuries,” which is now the third leading cause of death in Michigan, rising one spot from the fourth-ranked position in 2013.

Figure 17 outlines several preventive screening and awareness practices that need improvement within regions of the four-county area. Each region in the four-county area exhibits worse-than-average prevalence of at least one of these preventive health practices. The greatest areas in need of improvement are breast cancer screening, flu vaccines, and colorectal cancer screenings. The percent of the population that received a flu vaccine decreased in all four-county regions except Wayne County. The four-county area excelled in number of residents who received a routine checkup in the past year. In all regions except Detroit, the prevalence of routine checkups improved, however Detroit has remained the same since 2013. We see that in areas that struggle with a lower percentage of the population with health coverage – Wayne and Detroit – there is also a lower percentage of people having dental visits in the past year. Half of the Detroit population did not receive a dental visit in the past year. An area where Detroit excels is in HIV testing, where 68.3% of people have had an HIV test, compared to 41% of Michigan.

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Figure 17 – Prevalence of Preventive Health Practices

	% Estimated Prevalence						Trends 2013-2016
	Michigan	Macomb	Oakland	Wayne*	Jackson	Detroit	
Had Flu Vaccine in Past Year	57.1	54.8	57.8	61.8	56.0	43.9	Worsened in all regions except Wayne; Wayne slightly improved
No Routine Checkup in Past Year	27.7	26.8	27.2	26.0	25.9	24.3	Improved in all regions except Detroit; Detroit no change
Breast Cancer Screening (Women 40+)	74.9	72.0	73.9	71.9	81.9	73.4	*Measurement parameters changed in 2014-16 report, no comparable data
Cervical Cancer Screening (Women 18+)	73.7	69.7	78.3	72.1	75.7	75.0	Worsened in all regions
Prostate Cancer Screening (Men 50+)	43.4	51.2	48.4	43.9	43.5	34.2	Worsened in all regions
Colorectal Cancer Screening (50+)	71.0	73.3	70.4	69.5	71.2	65.6	Worsened in Michigan, Macomb, Oakland, Detroit; Improved in Wayne and Jackson
No Dental Visit in Past Year	30.7	27.7	23.6	29.6	36.9	49.6	Worsened in Macomb and Jackson; Improved in Michigan, Oakland, Wayne, Detroit
Ever Had an HIV Test	41.0	39.9	43.8	42.1	37.0	68.3	No change in Michigan, Oakland, Jackson, Detroit; Slight improvement in Macomb; Slightly worsened in Wayne
Always uses seatbelt	88.9	89.0	92.0	90.7	87.8	85.9	No change in Wayne; Slightly worsened in Michigan, Macomb; More significantly worsened in Detroit and Jackson; Improved in Oakland

Source: Michigan BRFSS 2014-2016

\*Excludes City of Detroit

Worse than state average

## Chronic Disease

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 addition, the aging of the population coupled with people living longer contributes to increases in the prevalence of chronic disease. Figure 18 outlines the prevalence of several chronic conditions for the four-county area and Michigan.

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Figure 18 – Prevalence of Chronic Disease & Illness

% Estimated Prevalence							
	Michigan	Macomb	Oakland	Wayne*	Jackson	Detroit	Trends 2012-2016
General Health, Fair or Poor	17.5%	19.2%	13.8%	18.0%	18.7%	27.5%	Worsened in Oakland, Jackson; Improved in Detroit
Poor Physical Health	16.3%	16.4%	13.6%	16.9%	16.8%	18.5%	Significant worsening in all regions except Detroit, which had only slight worsening
Poor Mental Health	16.2%	15.6%	15.8%	16.8%	18.1%	18.8%	Worsened in all regions
Ever Told Arthritis	31.1%	32.7%	28.5%	33.0%	32.0%	31.0%	No change in Michigan; Worsened in Macomb, Oakland, Wayne; Slight improvement in Detroit and Jackson
Ever Told Asthma	15.8%	15.4%	15.0%	15.3%	21.8%	20.9%	No change in Michigan; Worsened in Jackson and Detroit; Improvement in Macomb, Oakland, Wayne
Ever Told Any Cardiovascular Disease	9.7%	9.3%	8.3%	10.2%	11.8%	11.4%	No change in Michigan, Detroit; Worsened in Wayne, Jackson; Improved in Macomb, Oakland
Ever Told Heart Attack	4.9%	4.8%	3.3%	3.0%	6.3%	5.5%	No change in Michigan, Jackson; Slightly worsened in Detroit; Improved in Macomb, Oakland, Wayne
Ever Told Angina/Coronary Heart Disease	5.0%	5.4%	4.5%	4.9%	6.7%	4.6%	No change in Michigan, Oakland, Wayne, Detroit; Worsened in Jackson; Improved in Macomb
Ever Told Diabetes	10.8%	10.6%	9.2%	11.3%	12.5%	13.1%	Worsened in all regions except Detroit; Slight improvement in Detroit
Ever Told Stroke	3.4%	3.6%	2.8%	3.6%	4.1%	6.0%	No change in Michigan, Oakland; Worsened in Wayne, Detroit; Improved in Macomb

Source: Michigan BRFSS 2014-2016

\*Excludes City of Detroit

Worse than state average

There is significant need to improve the prevalence of chronic diseases in the four-county area. In all four-county regions except Oakland, a higher percentage of people rate their general health as fair or poor than the Michigan average. Since the 2016 CHNA, however, Detroit has improved in its general health status, from 31.4% of residents rating their health as fair or poor to 27.5%. In Michigan overall, the prevalence of poor or fair general health slightly worsened, rising from 17.2% to 17.5%. The prevalence of poor physical health has increased in all four-county regions, in addition to across-the-board increases in prevalence of poor mental health. There are significant disparities in the prevalence of asthma among the four-county regions. In Detroit and Jackson, 21.8% and 20.9% of the population respectively have been told they have asthma, compared to a 15.8% average in Michigan. In Detroit and Jackson, asthma prevalence has worsened in recent years. Cardiovascular disease,



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heart attack, coronary heart disease, diabetes, and stroke all pose real threats to the health of populations in the four-county area. Prevalence of diabetes increased in every four-county region from 2012 to 2016, except for a slight improvement in Detroit. In Macomb, the prevalence of diabetes increased over 2 full percentage points and increased about one percentage point in Wayne. In Detroit, the prevalence of stroke is almost twice that of the Michigan average, and the prevalence in all other four-county regions except Oakland exceed that of Michigan. These data show significant need and opportunity for improvement in chronic disease prevalence in the four-county area if we aim to truly improve the health of our residents.

Figure 19 – Age-Adjusted Death Rates for 10 Leading Causes (Sorted by Michigan Rate)

Cause of Death	Rate per 100,000 population						Trends 2013-2016
	Michigan	Macomb	Oakland	Wayne	Jackson	Detroit	
Heart Disease	200.8	204.8 (1)	182 (1)	263.7 (1)	207.3 (1)	322.9 (1)	Rate improved in Macomb, Jackson; worsened in Michigan, Oakland, Wayne, Detroit
Cancer	167.2	171.3 (2)	142.7 (2)	183.8 (2)	196.0 (2)	192.8 (2)	Rate improved in Michigan, Oakland, Detroit, Jackson; Worsened in Macomb, Wayne
Unintentional Injuries	50.8	60.4 (3)	29.1 (5)	63.6 (3)	40.9 (5)	72.1 (3)	Worsened in all regions significantly
Chronic Lower Respiratory Diseases	44.7	40.8 (4)	34.1 (4)	42.7 (4)	62.3 (3)	33.9 (5)	Improvement in all regions
Stroke	39.2	34.3 (5)	37.6 (3)	42.1 (5)	39.6 (6)	47.6 (4)	Worsened in all regions
Alzheimer's Disease	33.8	29.8 (6)	28.6 (6)	26.3 (6)	49.9 (4)	20.1 (9)	Worsened in all regions except Wayne, where the rate improved
Diabetes Mellitus	21.5	28.1 (7)	16.4 (7)	24.5 (7)	22.9 (7)	27.6 (6)	Improved in all regions except Macomb, where the rate worsened
Kidney Disease	14.5	12.3 (10)	13.2 (8)	18.9 (8)	13.4 (10)	23.5 (7)	Rate improved in Macomb, Detroit; Worsened in Michigan, Oakland, Wayne, Jackson
Pneumonia/Influenza	13.7	13.5 (8)	12.3 (9)	18.7 (9)	13.8 (9)	21.0 (8)	Rate improved in all regions except Wayne, where the rate worsened
Intentional Self-Harm (suicide)	13.4	13.4 (9)	11.0 (10)	11.9 (10)	17.9* (8)	8.9 (10)	Rate improved in Macomb, Oakland, Wayne; Worsened in Michigan, Detroit, Jackson
All Causes	788.3	789.5	684.4	911.2	871.9	1028.3	Rate improved in Macomb, slight improvement in Detroit; Worsened in Michigan, Oakland, Wayne, Jackson

Source: Michigan Department of Health and Human Services Vital Statistics 2016

Worse than state average

\*2015 data, 2016 unavailable

Figure 19 summarizes the top 10 leading causes of death in Michigan and the four-county area. In Michigan and in all four-county regions, heart disease remains the number one leading cause of death, but cancer follows closely behind. Detroit has a death rate due to heart disease that is 61% higher than the Michigan average, and Oakland's heart disease death rate is 9% lower than the Michigan average. All regions except Oakland have higher than state average death rates for heart disease and cancer. Unintentional injuries rose from the fourth leading cause of death in 2013 to the third leading cause of death in 2016, increasing 28% across the state. As previously discussed, drug overdoses are included in unintentional injuries, and are likely a large reason for the increase in unintentional injury deaths. More specifically, opioid addictions and overdoses have greatly increased in the past few years, and from Figure 15 we saw that the Michigan opioid overdose death rate in 2017 was 20.61. If opioid overdose were listed separately as a cause of death, it would rank as the 8th leading cause of death in Michigan, behind diabetes. The unintentional injury death rate increased in all four-county regions from 2013.

Diabetes death rates are a challenge for all four-county regions, with higher than state averages in all but Oakland County. Since 2013, the diabetes death rate improved in all regions except Macomb. In Figure 18, we learned that diabetes prevalence has increased in all four-county regions since 2013. The increase in diabetes prevalence but contrasting decrease in death rate implies that four-county residents are doing a better job of managing this condition, despite increasing prevalence. As we saw in Figure 17, Macomb, Jackson, and Detroit have lower prevalence of flu vaccinations than the state average, which is reflected in influenza death rates. Detroit's influenza/pneumonia death rate is 53% higher than state average, with Wayne not far behind. Improving the rates of flu vaccinations is critical to lowering this death rate in these regions.

Suicide is one cause of death in which Detroit is far lower than the state average. Death rates from suicide are 34% less in Detroit than in Michigan. Only in Jackson does the suicide death rate exceed the state average, by 34%.

All-cause death rates are higher in all four-county regions except Oakland in comparison to the state of Michigan. These data present a glimpse of the many challenges facing four-county residents and a great deal of room for improvement, especially in Detroit and Jackson.

### **Preventable Hospitalizations**

Preventable hospitalizations are hospitalizations for conditions where timely and effective ambulatory care could have decreased or prevented these hospitalizations, summarized in Figure 20. The leading cause of preventable hospitalization in Michigan and all four-county regions is congestive heart failure. This condition accounted for 18,637 (10.6%) of the 174,298 preventable hospitalizations in the four-county area, however there was improvement in all of these regions from 2013. In most regions (Oakland, Wayne, and Detroit), chronic obstructive pulmonary disease was the second-leading cause of preventable hospitalizations. Chronic obstructive pulmonary disease rose to be the second-leading cause of preventable hospitalizations in 2016 from the third-leading in 2013. In Macomb, diabetes was the second leading cause of preventable hospitalization, accounting for 8.7% of all preventable hospitalizations in the county. The number of preventable hospitalizations for diabetes worsened in

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all four-county regions and Michigan, rising from #6 in 2013 to #4 in 2016. In 2013, kidney and urinary infections were the 4th leading cause of preventable hospitalizations. It is notable that in 2016, they are now the 10th leading cause.

Figure 20 – Ten Leading Causes of Preventable Hospitalizations (Sorted by Michigan Discharges)

Causes of Preventable Hospitalization	Discharges & Rank						Trends 2013-2016
	Michigan	Macomb	Oakland	Wayne	Jackson	Detroit	
Congestive Heart Failure	30,236 (1)	2,773 (1)	3,580 (1)	7,760 (1)	529 (1)	3,995 (1)	Improvement in all regions
Chronic Obstructive Pulmonary	26,324 (2)	2,402 (3)	2,766 (2)	7,168 (2)	243 (4)	3,600 (2)	Worsened in all regions except Jackson, where there was improvement
Bacterial Pneumonia	21,458 (3)	1,989 (4)	2,324 (3)	4,743 (4)	459 (2)	1,824 (4)	Improvement in all regions
Diabetes	19,602 (4)	2,454 (2)	2,282 (4)	5,816 (3)	298 (3)	3,321 (3)	Worsened in all regions
Cellulitis	11,492 (5)	1,295 (5)	1,547 (5)	2,605 (5)	193 (5)	948 (7)	Improvement in all regions
Grand Mal & Other Epileptic Conditions	9,278 (6)	873 (6)	1,197 (6)	2,533 (6)	141 (6)	1,505 (5)	Worsened in all regions
Asthma	5,837 (7)	492 (8)	643 (8)	2,151 (7)	65 (7)	1,469 (6)	Improvement in all regions
Dehydration	4,513 (8)	459 (9)	662 (7)	1,111 (8)	58 (9)	475 (8)	Improvement in all regions
Gastroenteritis	4,002 (9)	499 (7)	536 (9)	1,027 (9)	62 (8)	452 (9)	Worsened in all regions except Jackson, where there was improvement
Kidney/Urinary Infections	2,896 (10)	327 (10)	447 (10)	844 (10)	41 (10)	384 (10)	Improvement in all regions
Other Ambulatory Care Sensitive Conditions	133,240	14,340	19,080	36,203	2,053	17,255	Worsened in all regions
All Ambulatory Care Sensitive Conditions	268,878	27,903	35,064	71,961	4,142	35,228	Worsened in all regions

Source: Michigan Department of Health and Human Services Vital Statistics 2016

Figure 21 – Proportion of Preventable Hospitalization to All Hospitalization

Geographic Area	Preventable Hospitalizations	All Hospitalizations	% Total	Trends 2013-2016
Michigan	268,878	1,245,688	21.6	Percent increase (worsened) 1.5%
Macomb	27,903	120,855	23.1	Percent increased (worsened) 2.8%
Oakland	35,064	153,584	22.8	Percent increased (worsened) 2.8%
Wayne	71,961	279,899	25.7	Percent increased (worsened) 2.1%
Jackson	4,142	21,713	19.1	Percent decreased (improved) 0.6%
Detroit	35,228	124,004	28.4	Percent decreased (improved) 2.9%

Source: Michigan Department of Health and Human Services, 2016

Worse than state average

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Figure 21 summarizes the proportion of all hospitalizations in Michigan and in the four-county area that are preventable hospitalizations. We can see that 21.6% of all hospitalizations in Michigan are preventable, and this proportion has increased by 1.5% since 2013. Preventable hospitalizations present a significant opportunity for improvement in the four-county area, as 4 of the 5 regions see proportions of preventable hospitalizations that are higher than state average. Jackson and Detroit are the only two regions that improved since 2013; Detroit shows a significant improvement, decreasing the proportion of preventable hospitalizations by 2.9%. Reducing the number of preventable hospitalizations is important as such admissions increase the cost of health care to the region and divert resources that could be utilized elsewhere.

## Cancer

Figure 22 – Age-Adjusted Death Rates from Invasive Cancers

Age-Adjusted Death Rates from Invasive Cancers, 2015					
	All Types	Breast Cancer	Colorectal Cancer	Lung Cancer	Prostate Cancer
Michigan	166.6	20.3	14.1	45.6	18.9
Jackson	183.5	21.2	15.5	57	*
Oakland	150.4	19.9	12.2	36.5	17.3
Macomb	176.4	20.9	13	51.4	19
Wayne	184	25.7	16.2	50.9	22
Detroit City	190.1	27.2	19.5	47.6	34.3

Source: Michigan Department of Health and Human Services, 2015

\*A rate is not calculated when there are fewer than 20 events

Worse than state average

Figure 22 summarizes age-adjusted death rates from various invasive cancers, including breast, colorectal, lung, and prostate. The four-county area is greatly affected by cancer, as almost every region exceeds the state's average death rate in all of the categories, except Oakland County. Most notable are Detroit and Wayne County, where overall death rates from all types of invasive cancer are 14% and 10% higher than state average, respectively. The death rate from lung cancer in Jackson county is 25% higher than state average. These figures represent the serious need to improve preventive cancer screening rates in the four-county area and address the health behaviors that contribute to these death rates, such as smoking, physical activity and nutrition.

# Community Health Needs Assessment

## SECTION 5: STAKEHOLDER INPUT

Surveys and focus groups were used to gather input from a variety of stakeholders in the four-county area. We gathered input on the greatest health and social needs of the communities separately in Macomb, Oakland, Wayne (excluding City of Detroit), and Jackson Counties, and the City of Detroit. In Oakland, Wayne, Jackson, and Detroit, surveys were used, and in Macomb, focus groups were used to gather this input. The surveys were distributed to health leaders and other respected community members representing public agencies and programs from May through July 2019. Focus groups were conducted in March and April 2019.

In surveys and in focus groups, participants were provided the following list of both health issues and social determinants of health or social issues and asked to rank the top 3 most pressing issues in each of these two categories affecting the community that they represent. Additionally, they were asked to describe resources and assets available in their community to address these issues.

A summary of survey and focus group participant characteristics can be found in the Appendix, along with survey and focus group methods.

Health Issues	Social Determinants
Alzheimer's	Access to healthy food
Asthma	Affordable healthcare
Cancer	Clean environment
Dental health	Education and literacy
Diabetes	Housing
Disability	Jobs
Drug/alcohol abuse	Poverty/low income
Domestic violence	Public safety and crime
Family planning	Racial discrimination
Heart disease	Recreational and leisure opportunities
HIV/AIDS	Safe drinking water
Hypertension	Social support
Immunizations	Transportation
Infant mortality	
Kidney disease	
Liver disease	
Mental health/suicide	
Obesity, nutrition, physical activity	

# Community Health Needs Assessment

## Findings from Stakeholder Input

### Top Health Needs According to Stakeholder Input

	Detroit	Wayne County	Macomb County	Oakland County	Jackson County
#1 Health Issue	Diabetes	Obesity, nutrition, physical activity	Obesity, nutrition, physical activity	Mental health	Infant mortality
#2 Health Issue	Mental health	Cancer	Diabetes	Obesity, nutrition, physical activity	Mental health
#3 Health Issue	Obesity, nutrition, physical activity	Mental health	Mental health and drug/alcohol abuse	Drug and alcohol abuse	Drug and alcohol abuse

### Top Social Determinants of Health Needs According to Stakeholder Input

	Detroit	Wayne County	Macomb County	Oakland County	Jackson County
#1 Social Issue	Poverty/low income	Affordable healthcare	Poverty/low income	Poverty/low income	Education and literacy
#2 Social Issue	Housing	Poverty/low income	Access to healthy food	Transportation	Poverty/low income
#3 Social Issue	Access to healthy food	Access to healthy food	Affordable healthcare	Affordable healthcare	Social support

## SECTION 6: 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 areas of priority detailed below were identified for the communities Henry Ford Health System serves.

**Obesity/Overweight** is a health concern due to its link to chronic conditions such as cardiovascular disease and diabetes and high prevalence in the four-county area.

**Physical activity and nutrition** is a health concern due to high prevalence of overweight and obesity, and high prevalence of residents getting no physical activity in their leisure time.

**Drug/Alcohol Abuse** is a health concern due to the rates of liver and kidney disease affecting the community. Drug overdose deaths have grown immensely from 2013 to 2016 and have contributed to unintentional injury rising from the fourth- to third-leading cause of death in Michigan.

**Infant mortality** is a health concern as evidenced by the high rate of infant death, and large disparities between white and minority babies.

**Diabetes/Kidney disease** is a health concern as evidenced by the high rate of death from the condition per 100,000 people in the four-county area as well as being the fourth-leading cause of preventable hospitalizations.

**Family Planning** is a health concern due to high rates of unintended pregnancy and high prevalence of pregnancies spaced less than 18 months apart.

**Cancer** is a health concern due to a higher smoking rate, lower education levels and lack of access to regular health care. It is the second-leading cause of death.

**Cardiovascular/Heart Disease** is a health concern as evidenced by the number of cases each year as the leading cause of death and preventable hospitalizations. It is the leading cause of death in Michigan.

**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, with an increasing death rate.

**Asthma** rate and control is a health concern due to the higher rates of asthma in the four-county area and the fact that it is a leading cause of preventable hospitalizations.

**Alzheimer's/Dementia** is a health concern due to its increasing rates as one of the top ten causes of death in Michigan, rising from the seventh to sixth-leading cause of death from 2013 to 2016.

Through surveying leaders in the Detroit, Wayne, Detroit, Jackson, Macomb and Oakland communities, we discovered common and overlapping themes from one county to the next, as well as issues unique to each area.

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## Henry Ford Health System Community Health Needs Assessment Priorities 2019

Based on our Community Health Needs Assessment state and local data, stakeholder input, and internal review, the following areas have been chosen as priorities for Henry Ford Health System as a whole and for each system hospital. Priorities 1 and 2 are consistent across the system.

	Healthy Lifestyles & Diabetes	Substance Abuse & Mental Health	Heart Disease	Cancer	Infant Mortality
Henry Ford Hospital	X	X			X
Henry Ford West Bloomfield Hospital	X	X		X	
Henry Ford Macomb Hospital	X	X	X		
Henry Ford Wyandotte Hospital	X	X		X	
Henry Ford Allegiance Health	X	X			X
Henry Ford Allegiance Specialty Hospital	X	X			

### Other Activities Related to the CHNA Implementation Plan

Henry Ford Health System acknowledges the numerous and wide range of health needs that exist in our communities served, and we acknowledge that there are certain health needs not chosen as priorities, listed above. 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 HFHS 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

The complete CHNA report is available electronically at [henryford.com/about/community-health](http://henryford.com/about/community-health). 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](mailto:communityevents@hfhs.org). The next year that the Community Health Needs Assessment will be completed will be fiscal year 2022.



## **APPENDIX**

- A. Focus Group Methods and Participants
- B. Survey Methods and Participants

# Community Health Needs Assessment

## A. FOCUS GROUP METHODS AND PARTICIPANTS

### **Purpose**

- Welcome! Thank you for your participation today in this focus group about community health. You have been asked to participate because you work/live in Macomb County. Every 3 years, nonprofit health systems are required by the IRS to complete a Community Health Needs Assessment. In this process, we are required to gather input from stakeholders like you regarding the most pressing health and social issues facing the communities that we serve. This focus group will last for approximately 30 minutes.
- My name is \_\_\_\_\_, and I am with Henry Ford Health System.
- The ideas, opinions and thoughts you share today will help us to identify Macomb County's strengths as well as issues needing more attention. The results of today's discussion will be combined with results from other focus groups. This information will aid Henry Ford Health System in their process to complete the Community Health Needs Assessment.

### Roles:

- I will be the facilitator. My job is to guide the group process and make sure that everyone has the opportunity to contribute their thoughts.
- \_\_\_\_\_ will be the recorder. They will record the key components of what is said and may ask for clarification to assure that your comments are captured accurately.
- You are a participant. We ask you to express your thoughts, ideas and opinions, following a few commonly used group guidelines:
  1. All points of view are accepted and respected.
  2. Only one person speaks at a time so that all ideas can be heard.
  3. Monitor your air time to allow all points of view to be expressed.
  4. Silence is accepted. Participate as you feel comfortable.
  5. Please keep confidential the information that others share today.

### **Process**

- Each of you has a copy of the Focus Group Questions
- Please note:
  - For the purposes of our meeting today, the word "community" refers to all those who live, work or play in Macomb County.
  - We will read each question and use a round robin format to collect responses. The first person to respond will provide one idea, opinion or item for the list and then we'll move to the next person for another response. Please feel free to pass if you have no response. After we get around the table, we will start again until all ideas are expressed, or our allotted time runs out.
- Any questions on the process before we begin

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Question 1: When thinking about health issues, what are the greatest challenges your community is facing?

Probes

- What are the issues that present the greatest barriers to residents having a high quality of life?
- Can you give me an example of that?
- If others have had a similar view, can you tell me more about that?
- What are the thoughts of others in the group?

Question 2: What resources are available in your community to address these health challenges?

Probes

- Are there any programs or organizations tackling this issue?
- What information is available to residents?
- What do residents do when they face this health issue?

Question 3: What gaps exist in resources to address these challenges?

Probes

- What could help residents facing this issue that they don't currently have?

Question 4: What do you believe are the top 3 most pressing health related issues that need to be addressed in your community?

Probes

- Can you give me an example of that?
- If others have had a similar view, can you tell me more about that?
- What are the thoughts of others in the group?

Question 5: When thinking about social determinants of health, what are the greatest challenges your community is facing?

Probes

- What are the issues that present the greatest barriers to residents having a high quality of life?
- Can you give me an example of that?
- If others have had a similar view, can you tell me more about that?
- What are the thoughts of others in the group?

Question 6: What resources are available in your community to address these social issues?

Probes

- Are there any programs or organizations tackling this issue?
- What information is available to residents?
- What do residents do when they face this health issue?

# Community Health Needs Assessment

Question 7: What gaps exist in resources to address these challenges?

Probes

- What could help residents facing this issue that they don't currently have?

Question 8: What do you believe are the top 3 most pressing social determinants of health that need to be addressed in your community?

Probes

- Can you give me an example of that?
- If others have had a similar view, can you tell me more about that?
- What are the thoughts of others in the group?

## Focus Group Participant Summary

Focus groups were conducted with the Macomb County Health Department Community Health Improvement Plan Workgroups at the Macomb County Health Department in March and April 2019. Three separate focus groups were conducted, each for 30 minutes.

Participants represented the following organizations: (N=33)

CARE of Southeast Michigan	Macomb County Health Department
Easterseals Michigan	Alliance Health
Macomb County Office of Substance Abuse	McLaren Medical Group
Macomb County Community Mental Health	My Care Health Center
Macomb Intermediate School District	Macomb County Planning and Economic Development Office
Delta Dental	Macomb Community Action
Beaumont Health	

## **B. SURVEY METHODS AND PARTICIPANTS**

Surveys were distributed using Survey Monkey.

### **2019 Henry Ford Health System Community Health Needs Assessment Stakeholder Input Survey**

Every three years, Henry Ford Health System completes a Community Health Needs Assessment, as a requirement of not-for-profit health systems by the IRS. The goal of this CHNA is to gather insight into the most pressing needs of the people we serve and to develop implementation plans that will address the needs that are identified.

To better understand the unique needs of the many communities that Henry Ford Health System serves, we are seeking input from a wide range of stakeholders, community partners and residents from Detroit, Jackson, Macomb, Oakland, and Wayne counties. Your feedback on this survey should only take 5 minutes to complete and will assist us by providing your insight into the most pressing health and social needs of your community, and the resources that exist to address these needs currently.

1. Please select which county you represent and will be referring to while completing this survey for the Community Health Needs Assessment

- Jackson
- Macomb
- Oakland
- Wayne (excluding Detroit)
- City of Detroit

2. Please rank from #1 to #3 what you believe are the top three most pressing health issues facing the people in your County at this time. You only need to rank 1, 2, and 3 - you do not need to rank the remaining health issues.

- Alzheimer's
- Asthma
- Cancer
- Dental health
- Diabetes
- Disability
- Drug/alcohol abuse
- Domestic violence
- Family planning

## Community Health Needs Assessment

Heart disease  
HIV/AIDS  
Hypertension  
Immunizations  
Infant Mortality  
Kidney Disease  
Liver disease  
Mental health/suicide  
Obesity, nutrition, & physical activity

3. Please indicate any resources or assets that exist in your County that seek to address any of the top 3 health issues you chose in the previous question.
4. Social determinants of health are the economic and social conditions that influence individual and group differences in health status.

Please rank from #1 to #3 what you believe are the top three most pressing social determinants of health facing the people in your County at this time. You only need to rank 1, 2, and 3 - you do not need to rank the remaining social determinants.

Access to healthy food  
Affordable healthcare  
Clean environment  
Education and literacy  
Housing  
Jobs  
Poverty/low income  
Public safety and crime  
Racial discrimination  
Recreational and leisure opportunities  
Safe drinking water  
Social support  
Transportation

5. Please indicate any resources or assets that exist in your County that seek to address any of the top 3 social issues you chose in the previous question.

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## Survey Participant Summary

Input was gathered from stakeholders in Detroit, Wayne, Oakland, and Jackson Counties through a variety of mechanisms including stakeholder surveys, focus groups and community member feedback. The following represents the number of individuals and list of organizations who provided input in each County.

### Wayne County (N=22)

Henry Ford Health System	Michigan League for Public Policy
Great Start Collaborative Wayne	Detroit Health Department
Ascension Southeast Michigan	PNC Bank
Wayne County Health Department	ACCESS
Wayne County Healthy Communities	Kimberly Crafton Consulting, LLC
Everybody Ready	Detroit Parent Network
Wayne State University	TOTE Early On Woodhaven Brownstown Schools
Wayne RESA	Leaps and Bounds Family Services

### Detroit (N=20)

Second Baptist Church of Detroit	Faith Community Nursing
New Ebenezer Baptist Church	Lord of Lords Church
Supportive Oncology Services Henry Ford Health System	Wayne State University
Henry Ford Health System	Authority Health
Detroit Health Department	Russell Street Baptist Church
Community Development Advocates of Detroit	

### Oakland (N=66)

Henry Ford Health System	Mt. Camel Missionary Baptist Church Greater
Greater New Mt. Moriah Baptist Church	Oakland Livingston Human Service Agency
American Lung Association	Interfaith Leadership Council
Church of Jesus Christ of Latter-Day Saints	Oakland County Health Division
Huron Valley Schools	St. Joseph Mercy Oakland Hospital
HOPE Hospitality and Warming	Easterseals
Oakland County Board of Commissioners	Oakland County Government
Beaumont Health	Oakland Human Service Agency

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Oakland County Economic Development and Community Affairs	Greater Detroit Area Health Council
Metro Health Foundation	ExoPlexus
Oakland County Youth Assistance	Dr. Gary Burnstein Community Health Clinic
Havenwyck Hospital	Oakland Community College
Oakland Family Services	Synergy Home Care of Rochester
Taste the Local Difference	Oakland County MSU Extension
The Golden Opportunity Club	Common Ground
Elsmar Home Health Care	Jewish Family Services
Center for Civil Justice	Affirmations LGBTQ Community Center
American Indian Health and Family Services	Honor Community Health
New Oakland Family Centers	Lighthouse
Oakland County Health Division - WIC	SMART – Transportation Systems
Recovery Consultants Incorporated	Disability Network Oakland & Macomb
Neighborhood House	St. Vincent de Paul
North Oakland Family YMCA	Oakland University School of Medicine
Blue Cross Complete of Michigan	Matchan Nutrition Center
Meals on Wheels	Community Housing Network
Star EMS	Safe Balance LLC
Meridian Health	Oakland Community Health Network

## Jackson (N=1210)

1208 Greenwood Church	Baker College of Jackson
AARP	Big Brothers Big Sisters of Jackson County
ABC Academy	Blackman Township
Aetna Better Health	Blackman-Leoni Township Public Safety
American One Credit Union	Blue Cross Complete
Arbor Hills Psychological Services	Browns Advanced Care Pharmacy
AWARE Inc.	Catholic Charities of Jackson, Lenawee and Hillsdale Counties
Catholic Social Services of Washtenaw County	College & Career Access Center
Catholic Social Services of Washtenaw County	Columbia Central Schools
Central Michigan 211	ComForCare Home Care
Child Care Network	Community Action Agency
City of Jackson	Community Members
City of Jackson's Parks, Recreation & Grounds	Compassionate Ministries of Jackson County
Concord Schools	daVinci School District
Concord United Methodist Church	disAbility Connection
Consumers Energy	Do'chas II



# Community Health Needs Assessment

Council for the Prevention of Child Abuse and Neglect	Early Impressions Preschool & Child Care Center
County Prosecuting Attorney Office CP Federal Credit Union	East Jackson Schools Ella Sharp Museum
Enterprise Group	Grass Lake Schools
Family Service & Children's Aid	Great Start Collaborative of Jackson County
Felician Sisters Child Care Centers, Inc.	Greater Jackson Habitat for Humanity
Flourish	Hanover Horton Schools
Food Bank of South Central Michigan	Henry Ford Allegiance Health
Friends Who Care, Inc.	Henry Ford Allegiance Specialty Hospital
Highfields, Inc.	Jackson Community Ambulance
Home of New Vision	Jackson Community Food Pantry
Integro LLC	Jackson Community Foundation
Jackson Area Manufacturers Association	Jackson Counseling for Well Being LLC
Jackson Area Transportation Authority	Jackson County
Jackson College	Jackson County 4th Circuit Court - Family Division
Jackson County Chamber of Commerce	Jackson District Library
Jackson County Courts	Jackson Health Network
Jackson County Department of Transportation	Jackson Housing Commission
Jackson County Education Association	Jackson Interfaith Shelter
Jackson County Health Department	Jackson Inventors Network
Jackson County Intermediate School District	Jackson Police Department
Jackson County Office of the Sheriff	Jackson Preparatory & Early College
Jackson County Parks Department	Jackson Public Schools
Jackson County Youth Center	Jackson YMCA
JaxNaz Church	Meridian Health Plan
John S. Hand, Ph.D., P.C. and Associates	Michigan Center Schools
Junior Achievement	Michigan Department of Community Health
JustLeadershipUSA	Michigan Department of Health and Human Services
Legal Services of South Central Michigan	Michigan Department of Transportation
LifeWays Community Mental Health	Michigan State Police
Lily Missions Center	Michigan Works! Southeast
Love INC of Jackson County	Mid-State Health Network
March of Dimes	MSU Extension Jackson County
Martin Luther King Jr. Center	Napoleon Schools
McLaren Health Plan	Nonprofit Network

## Community Health Needs Assessment

Spring Arbor University	Springport Public Schools
St. Mary on the Lake Church	Student Advocacy Center of Michigan
Together We Can Make a Difference	Training & Treatment Innovations
Unified, HIV Health and Beyond	United Center for Caring
United Way of Jackson County	Vandercook Lake Schools
Weatherwax Pharmacies	Western Schools
Women of Worth, Inc.	Work Services, Inc.





## OUR MISSION

We improve people's lives through excellence in the science and art of health care and healing.

## OUR VISION

We will be the trusted partner in health, leading the nation in superior care and value — one person at a time.

## OUR VALUES

