

Fiscal Year 2019

Ascension Southeast Michigan Community Health Needs Assessment

Conducted: FY 2019 (July 1, 2018 – June 30, 2019) for FY 2020-2022



Ascension

2019 Community Health Needs Assessment (CHNA)

Conducted: FY2019 (July 1, 2018 – June 30, 2019)

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Executive Summary

Ascension St. John Providence hospitals, now rebranded as Ascension Southeast Michigan, is a non-profit Catholic health system comprised of five hospitals and over 125 medical facilities, located within southeast Michigan. We are required by the Internal Revenue Service (IRS) to conduct a Community Health Needs Assessment (CHNA) every three years. This assessment was completed jointly for each of the five Ascension St. John Providence operating hospitals, as allowed by current guidelines. The focus is the geographic service area for each facility, which is determined to be the counties where 80 percent of its patients reside. Ascension St. John Providence serves five counties in the southeast Michigan area which are Livingston, Macomb, Oakland, St. Clair, and Wayne County including the city of Detroit.

Conducted in FY 2019, this CHNA covers implementation strategies for the three years of FY 2020-2022.

The CHNA process is an essential objective of Ascension Southeast Michigan. The CHNA aligns with the Ascension Mission statement that calls us to serve all persons with special attention to those who are poor and vulnerable. Ascension St. John Providence CHNA assesses the communities of each of our hospital service areas to understand the health issues and needs of those residing there.

The FY 2019 CHNA will cover the hospitals in the Ascension Southeast Michigan area, which are:

1. Ascension Brighton Center for Recovery
*** Ascension Brighton Center for Recovery is a specialty hospital which focuses on mental health and substance abuse treatment.*
2. Ascension Macomb-Oakland Hospital, Warren Campus, Madison Heights Campus
3. Ascension Providence Hospital, Southfield Campus, Novi Campus
4. Ascension River District Hospital
5. Ascension St. John Hospital

The selected priorities for the FY 2020-2022 are **Obesity reduction and diabetes prevention, Mental health/substance abuse prevention, and Improving Maternal/Infant Health.**

The FY 2019 CHNA report will inform how the priorities were selected, which includes the following steps.

1. A summary of the FY 2016 CHNA successes and goals obtained through the implementation strategies.
2. A definition of the community served by Ascension SE MI hospitals
3. An assessment of the health needs of the community
4. The process conducted to include input from persons who represent the board interests of the community, especially those persons who are medically underserved, low-income, and the minority population.
5. The process conducted to include input from community members and key stakeholders.
6. The process and methodology to prioritize the health need to address for the FY 2019 CHNA.

***The implementation strategies which are included in the CHNA process will be completed and approved by the hospital board by November 2019.*

Summary of CHNA Implementation Plan, FY2017-2019

The CHNA steering committee met and reviewed the successes from the prior CHNA (*approved and posted to the Ascension St. John Providence website in FY2016*) before completing its prioritization for the FY 2019 CHNA. The discussion was centered around the three previous priorities of **Obesity and Diabetes Prevention, Access to Care, and Mental Health and Substance Abuse**.

Obesity and Diabetes Prevention is an ongoing health issue of the Ascension SE MI areas. During the FY 2016 CHNA and FY 2017 – FY 2019 implementation strategies, this priority was addressed with the following programs for adults and children/youth:

Adult programs:

- Diabetes Prevention Program (DPP)
 - Implemented the Center for Disease Control and Prevention (CDC) evidence-based Diabetes Prevention Program (DPP)
 - January 2017, CDC DPP recognition, as an organization qualified to offer the DPP to participants that have been identified with prediabetes.
- Diabetes PATH program: Diabetes PATH is a 6-week program for those diagnosed with diabetes; the program educates on focusing, coping, and managing their diabetes.

Wellness centers

- **Riverview Wellness center** provides a variety of health programs to enhance the physical, emotional, intellectual, social, and spiritual health and well-being of adults and seniors. Includes diabetes prevention and management, exercise, and other health education.
- **Southfield Wellness center** provides exercise, chronic disease management, diabetes programs, and education for healthy lifestyles for our community.
- **Livingston Wellness center** opened in FY 2018, providing exercise classes, diabetes classes, and seminars to address obesity.
- Over **60,000 total encounters** combined for all three wellness centers from FY 2017 – FY 2019.

Children/youth programs:

School-based health centers

- 5-2-1-0 program - an evidence-based program, which is a community-based, multi-setting childhood obesity prevention program designed for children up to the age of 18 and offered through the 19 School-based health centers operated by the Ascension Southeast Michigan Community Health.

***Obesity and diabetes prevention is an ongoing need and will remain a priority for the FY 2019 CHNA.*

Access to Care was significantly improved in SE MI during the FY 2013 CHNA and implementation strategies due to Medicaid Expansion and Ascension St. John Providence active advocacy for its passage and participation in outreach and enrollment of newly eligible uninsured individuals. In FY 2016, Ascension St. John Providence focused on access to care around transportation, mobile access to care, health literacy, and asthma prevention and treatment for children.

Transportation

- Transportation workgroup formed that provided a report on the background, recommendations, and strategies to improve the barrier of transportation to health care.
- Implemented processes across the health system to eliminate transportation as a barrier, especially for specific populations (persons with disabilities, low-income, underinsured, and uninsured...etc.).

Mobile Mammography unit

- Access to mammograms to underinsured and uninsured women in impoverished areas of SE MI
- FY 2017 – FY 2019 estimated 4,700 patients served on the mobile mammography unit.

Health Literacy

- Health seminars on health literacy topics - preventative care, self-care, behavioral health, and mental health.
- Bridges to HOPE (Helping Others Prosper through Empowerment), focuses on access to health care, adequate food, clothing, shelter, transportation, and employment. The program also addresses financial/health literacy and education, with an emphasis on providing long term support services.
- Health literacy offered through annual health fair and scheduled community resource fairs.

Asthma prevention and treatment for children

- School-based health centers asthma camp and deep breath programs - teaches children how to manage their asthma and prevent asthma attacks.

Mental Health and Substance Abuse was identified as a need for youth and adults. We addressed the risk factors of suicide, depression, and substance abuse.

Mental health education for children and youth

- Administered the Rapid Assessment for Adolescent Preventative Services (RAAPS), which screens children 9 and older for depression and suicide. Based on the scoring school-based health centers counseled the children or made the proper referrals for additional treatment. To educate the youth on
- Red Flags mental health education program - alerts students, parents, and school staff to the dangers of adolescent depression and demystifies its source and treatment. In
 - FY 2018, 708 students received the Red Flags mental health education program and increased their knowledge of signs, symptoms, and information on mental health.

Ascension Brighton Center for Recovery

Mental health and substance abuse in adults

- Ascension BCR provided family education to families involved with and at risk for substance abuse. Providing channels for addiction and mental health education to families and minors is an essential contribution to the health of underserved communities that generally lack access to these types of interventions.

*****Mental health and substance abuse have been identified as an ongoing need and is a priority that will continue to be addressed on the FY 2019 CHNA.***

Ascension Southeast Michigan

Description of southeast MI service areas

Southeastern Michigan makes up slightly half of the state's population, with the majority concentrated in Metro Detroit. Ascension Southeast Michigan hospitals serve a five-county region of southeast MI that includes: Livingston, Macomb, Oakland, St. Clair and Wayne County (city of Detroit). The total population for all five counties, including Detroit is a little over 4 million. The percentage of persons living below poverty ranges from 5.2% to 34.5%. Overall, the population is quite diverse, made up of white, black, Hispanic or Latin, and multi-racial people.

Service Area Demographics

County	Population ^a	Median Household Income	White	Black	Percent of Hispanic or Latin	Percent Asian	Percent Multi-racial	Percent of persons below poverty	County Health Ranking ^b (out of 83)
Livingston	189,651	\$80,733	96.5%	0.5%	2.4%	1.0%	1.4%	5.2%	3
Macomb	871,375	\$60,380	80.7%	11.9%	2.6%	4.1%	2.0%	11.3%	54
Oakland	1,250,836	\$77,475	75.1%	13.6%	4.0%	7.2%	2.9%	7.7%	8
St. Clair	159,350	\$57,362	93.6%	2.3%	3.4%	0.5%	2.7%	12.3%	51
Wayne	1,080,513	\$45,135	77.1%	13.7%	5.1%	4.3%	3.2%	15.4%	82
**City of Detroit	673,103	\$30,344	14.5%	79.0%	7.2%	1.8%	1.7%	34.5%	N/A

Source: a. US Census Bureau, ACS Estimates, 2017

b. University of Wisconsin Population Health Institute. County Health Rankings 2018

Ascension Southeast Michigan Community Health Department

Ascension Southeast Michigan hospitals are one of the very few health systems in the country that has an entire department devoted to serving the community. The mission of the community health department is to improve the health status of the community, including the poor and underserved, to be accomplished through strategic partnerships with other health care providers, physicians, public health agencies, businesses, social services, civic and religious organizations, that build on the community's strengths, and value of the uniqueness and diversity of each neighborhood therein. These strategies and programs are informed and guided by the Community Health Needs Assessment.

Supported by the Ascension Southeast Michigan hospitals and other federal, state and local grants, Ascension Community Health has a range of programs that include but is not limited to faith community nursing, community health education, community health fairs and screenings, wellness centers, maternal-infant health program, open arms grief support services, human trafficking education and referrals, school-based health centers and other programs services to improve the health and quality of life of service area residents.

Ascension SE MI Community Health was responsible for leading the CHNA process for all Ascension SE MI hospitals. The Center for Population Health, Southeastern Michigan Health Association (SEMHA) was contracted to provide extensive local, national, state, and regional hospital utilization data and statistics to assist the CHNA steering committee in prioritizing the needs of our service areas.

Community Health Needs Assessment Framework

Ascension SE MI used the Centers for Disease Controls *Invest in Your Community Model* for an understanding of what contributes to a healthy community.

INVEST IN YOUR COMMUNITY 4 Considerations to Improve Health & Well-Being for All

WHAT Know What Affects Health



www.communityhealthrankings.org

WHERE Focus on Areas of Greatest Need

Your zip code can be more important than your genetic code. Profound health disparities exist depending on where you live.



WHO Collaborate with Others to Maximize Efforts



HOW Use a Balanced Portfolio of Interventions for Greatest Impact

- Action in one area may produce positive outcomes in another.
- Start by using interventions that work across all four action areas.
- Over time, increase investment in socioeconomic factors for the greatest impact on health and well-being for all.

Four ACTION Areas


SOCIOECONOMIC FACTORS


PHYSICAL ENVIRONMENT


HEALTH BEHAVIORS


CLINICAL CARE

VISIT www.cdc.gov/CHInav FOR TOOLS AND RESOURCES TO IMPROVE YOUR COMMUNITY'S HEALTH AND WELL-BEING





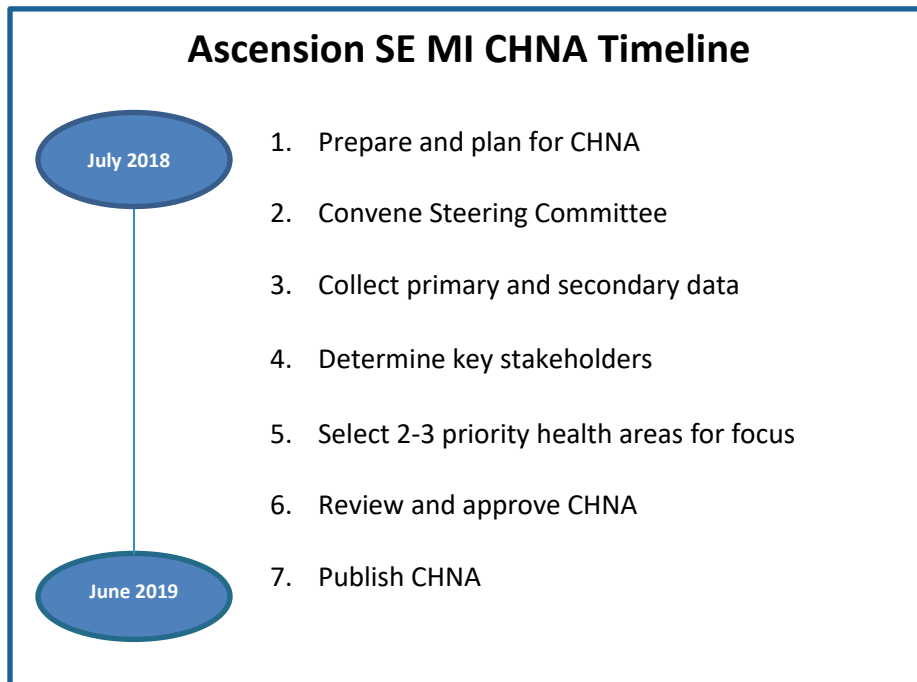
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CHNA Process

The Association for Community Health Improvement (ACHI), Community Health Assessment toolkit, was used as a guide for the process of completing the FY 2019 CHNA.



CHNA Approach and Timeline



1. *Prepare and plan for CHNA*
2. *Convene Steering Committee*

Ascension SE MI began working on the CHNA on July 1, 2018. At the onset of our work, we convened our internal CHNA steering committee. The CHNA Steering Committee members included the VP of Community Health, the directors of community health, and two community health leads.

3. *Collect primary and secondary data*

Next, the steering committee agreed to hire a data consultant to gather the secondary data for the Ascension SE MI service areas.

The committee had several face-to-face meetings to define the community, compose the community health survey, distribution and implementation of the survey, and instruct the data consultant on the secondary data needs.

4. *Determine key stakeholders*

Once the secondary data was compiled and the community survey distribution and collection commenced, the CHNA steering committee planned for the prioritization meeting, to review the data and prepare to prioritize the needs of the community.

5. *Select 2-3 priority health areas for focus*

On April 1, 2019, a prioritization meeting of key stakeholders convened to provide guidance and oversight in the development of the CHNA priorities. The meeting attendees included the directors

from the local health departments, as well as individuals from a variety of health professions such as public health, physicians, nurses, finance, health planning, communications, behavioral health, and faith-based leaders. The secondary data, as well as primary data (community survey), enabled the meeting attendees to gain further insight into the needs and gaps in the hospital service area.

To select the top health priorities, we utilized the Hanlon Method approach. The Hanlon method list those health needs to be viewed as priorities based on baseline data, numeric values, and feasibility factors.¹

After group discussion led by the Center for Population Health, SEMHA, our health issues were ranked from high to low.

6. *Review and approve CHNA*

The health issues identified from the Hanlon method are reviewed by the steering committee. The steering committee determines the health issues that are feasible, measurable, and will make an impact for the FY 2019 CHNA. After the final prioritization, the health issues are reported on the FY 2019 CHNA and approved by the Ascension SE MI Board.

7. *Publish CHNA*

Once approved by the Ascension SE MI Board, the FY 2019 CHNA is posted to the Ascension MI website for all five hospitals for public access.

¹ Association for Community Health Improvement. (2017). Community Health Assessment Toolkit. Accessed at www.healthycommunities.org/assesstoolkit

Prioritization Process and Criteria

The Hanlon Method is a long-tested Public Health tool that assists stakeholders in identifying priorities from the many health challenges facing communities. This quantitative and qualitative method provides a fair, reasonable, and easy way to compare different health problems in a relative framework, as equally as possible, and in a somewhat objective manner.

The Hanlon Method individually recognizes the A) size of the problem, B) the seriousness of the problem and C) the effectiveness of the solution. The proposed solution may then be modified by several other factors such as propriety, economic feasibility, acceptability, resource availability, resource maximization, long-term benefit, economic sustainability, measurability, and legality. The Hanlon Method allows stakeholders to identify factors to be considered in setting priorities, organize those factors into groups that are weighted relative to each other, modify those factors as needed, and scores the priorities individually.²

The Hanlon Method priorities categorized by the steering committee and key stakeholders from the prioritization meeting.

Obesity/Nutrition/Physical	Access	Behavioral Health	Healthy Behaviors
Activity			
✓ High Blood Pressure	✓ Insurance cost	✓ Mental Health	✓ Smoking
✓ High Cholesterol	✓ PCP	✓ Substance Abuse	✓ Safe Sleep
✓ Diabetes	✓ Routine Check-up		
✓ Fruits and Vegetable consumption	✓ Dental		
	✓ Adequate prenatal care		

² Center for Population Health – Southeastern Michigan Health Association. Description and benefits of a Hanlon Approach for Issue Prioritization.

Ascension SE MI Hanlon Method: Health Issues Ranked HIGH to LOW

Health Issues			A Number of Persons Affected		B Seriousness of Issue	C Effectiveness of Interventions	SCORE
			Number	Rank			
			5- 850K+	5-High	5-Critical	5-Very Effective	
			4- 525K-837K	4-Medium High	4-Very High	4-Relatively Effective	
			3- 350K-520K	3-Medium	3-High	3-Effective	
			2- 194K-329K	2-Limited	2-Moderate	2-Moderately Effective	
			1- <181K	1-Low	1-Low	1-Ineffective	
	Denominator 18+ Pop.	Total Estimated N=					
High Blood Pressure-Ever Told*	3,300,000	1,160,746		5	5	5	75
Fruits (< 1 serving/day)*	3,300,000	1,221,067		5	5	5	75
High Cholesterol-Ever Told*	3,300,000	1,280,090		5	4	5	65
No Routine Physical Check Up	3,300,000	865,552		5	4	5	65
No Dental Visit	3,300,000	986,923		5	4	5	65
No Personal Health Care Provider	3,300,000	475,581		3	5	5	65
No Health Care Due to Cost	3,300,000	452,291		3	5	5	65
Obese	3,300,000	2,155,000		5	5	4	60
Smoking-Current Smoker	3,300,000	736,245		4	5	4	56
Any Mental Health Issue	3,300,000	466,756		5	5	3.5	52.5
Diabetes-Ever Told	3,300,000	350,433		3	5	4	52
Health Status, Fair/Poor	3,300,000	590,792		4	4	4	48
No Health Care Coverage	3,300,000	303,888		2	5	4	48
Cancer-Ever Told	3,300,000	385,998		3	5	3.5	45.5
Safe Sleep/Infant Mortality Prevention		399		1	4	5	45
Adequate Prenatal Care		33,747		1	4	5	45
Serious Suicidal Thoughts	3,300,000	100,468		1	5	4	44
Cardiovascular Disease-Ever Told	3,300,000	312,434		2	5	3.5	42
Reported Any Substance Use	3,300,000	259,345		2	5	3.5	42
Arthritis-Ever Told	3,300,000	1,020,839		5	2	4	36
Asthma-Ever Told	3,300,000	520,833		3	2	5	35
No Seatbelt Use	3,300,000	328,885		2	2	5	30
COPD-Ever Told	3,300,000	287,051		2	3	3	24
Kidney Disease-Ever Told	3,300,000	113,856		1	5	2	22

Secondary data and community survey data

The data input sources that Ascension St. John Providence used included both quantitative and qualitative data.

Secondary Data

Gary Petroni and team, Center for Population Health, Southeastern Michigan Health Association

- Data consultant provided secondary data for Ascension SE MI service areas defined as:
 - Detroit > Excluding Southwest Detroit
 - Wayne County > Excluding Downriver/Western Wayne
 - Macomb County (ALL)
 - St. Clair County (Special population, based on patients that visit SJRD)
 - Oakland County (Up to Troy > Crittenton – Rochester/Rochester Hills)
 - Livingston County (Special population based on BCR patients)
- Secondary data sources
 - US Census Bureau, ACS Estimates
 - MDHHS Community Health Information
 - Ambulatory Care Sensitive Hospitalizations are hospitalizations for conditions where timely and effective ambulatory care can decrease hospitalizations by preventing the onset of an illness or condition, controlling an acute episode of an illness, or managing a chronic disease or conditions.
 - SEMCOG
 - Michigan Behavioral Risk Factor Surveillance Survey (BRFSS) 2014-2016 3 Year Average & 2013-2015**** 3 Year Average
 - Kids County Data Center
 - CMS Medicare Dashboard; MDHHS Green Book, 2017
 - National Survey on Drug Use and Health, 2016
 - US Environmental Protection Agency, 2017

CHNA Community Survey

The survey was distributed widely throughout the Ascension SE MI service area via the Ascension SE MI Community Health department.

- Paper and online surveys were sent to community members and key stakeholders.
- Conducted from June 2018 – December 2018

Community members

The survey was administered at the following:

- Physician offices
- Community health fairs
- Community Health Wellness centers (Southfield, Riverview/Detroit, and Livingston)
- Annual Christmas store located at Ascension Providence hospital, Southfield campus

Key stakeholders

The survey was administered to the following types of key stakeholders:

- Local public health departments leaders
- Faith-based organization leaders
- Principals and Superintendents from the schools where our school-based health centers are located.

- Federally Qualified Health Center leaders
- Hospital presidents
- Other southeast Michigan health system community benefit leaders (i.e., Beaumont, Henry Ford)
- Ascension SE MI employees
- Ascension SE MI leadership

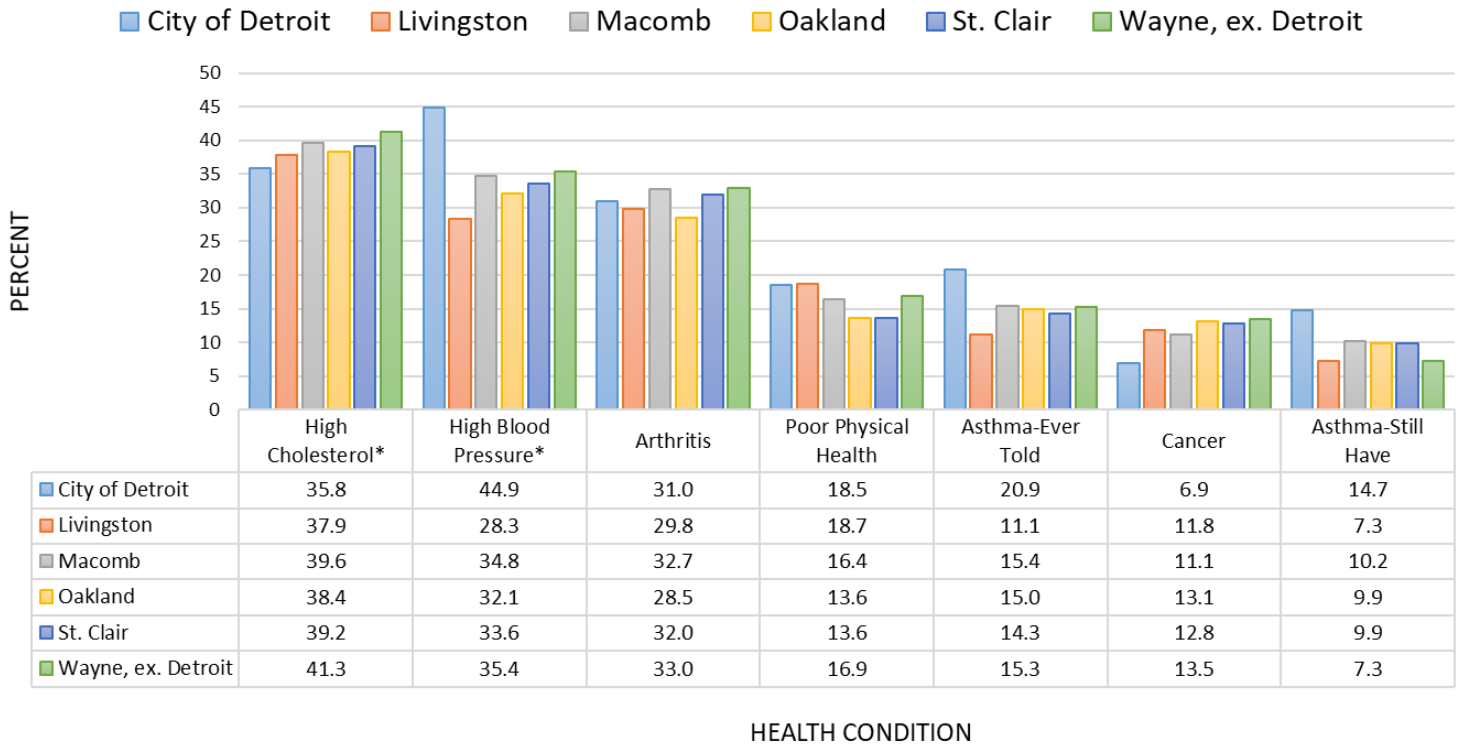
Survey results

Top three health priorities identified by community members and the key stakeholders:

Community members n = 322	Key Stakeholders n = 100
1. Help with insurance	1. Mental health assistance
2. Mental health assistance Alcohol and drug abuse Weight problems (overweight or eating disorders) <i>** These three items tied for 2nd</i>	2. Weight problems (overweight or eating disorders)
3. Safe and affordable housing Stress and Anxiety <i>** These two items tied for 3rd</i>	4. Ability to go to a doctor when need to

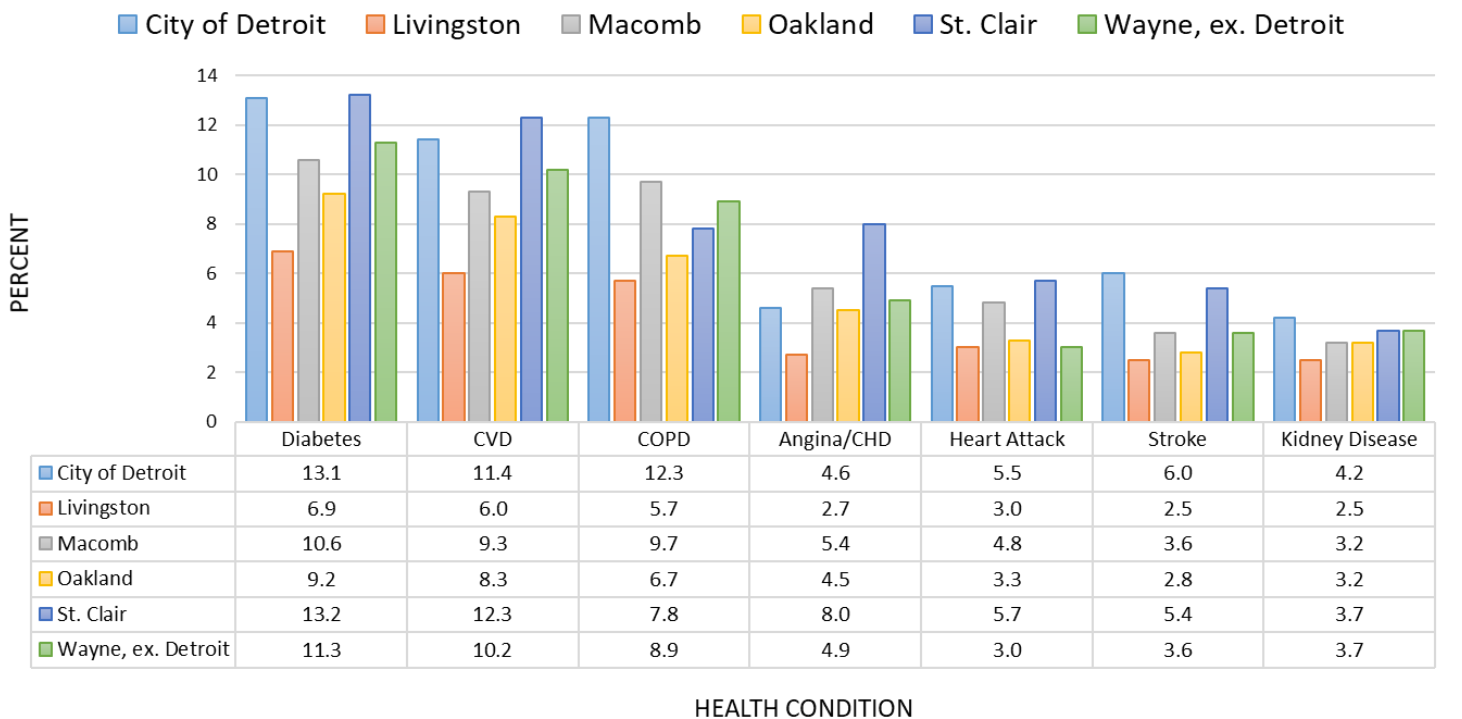
Secondary data results

Adult Physical Health Profile for Persons Aged 18+ (1)



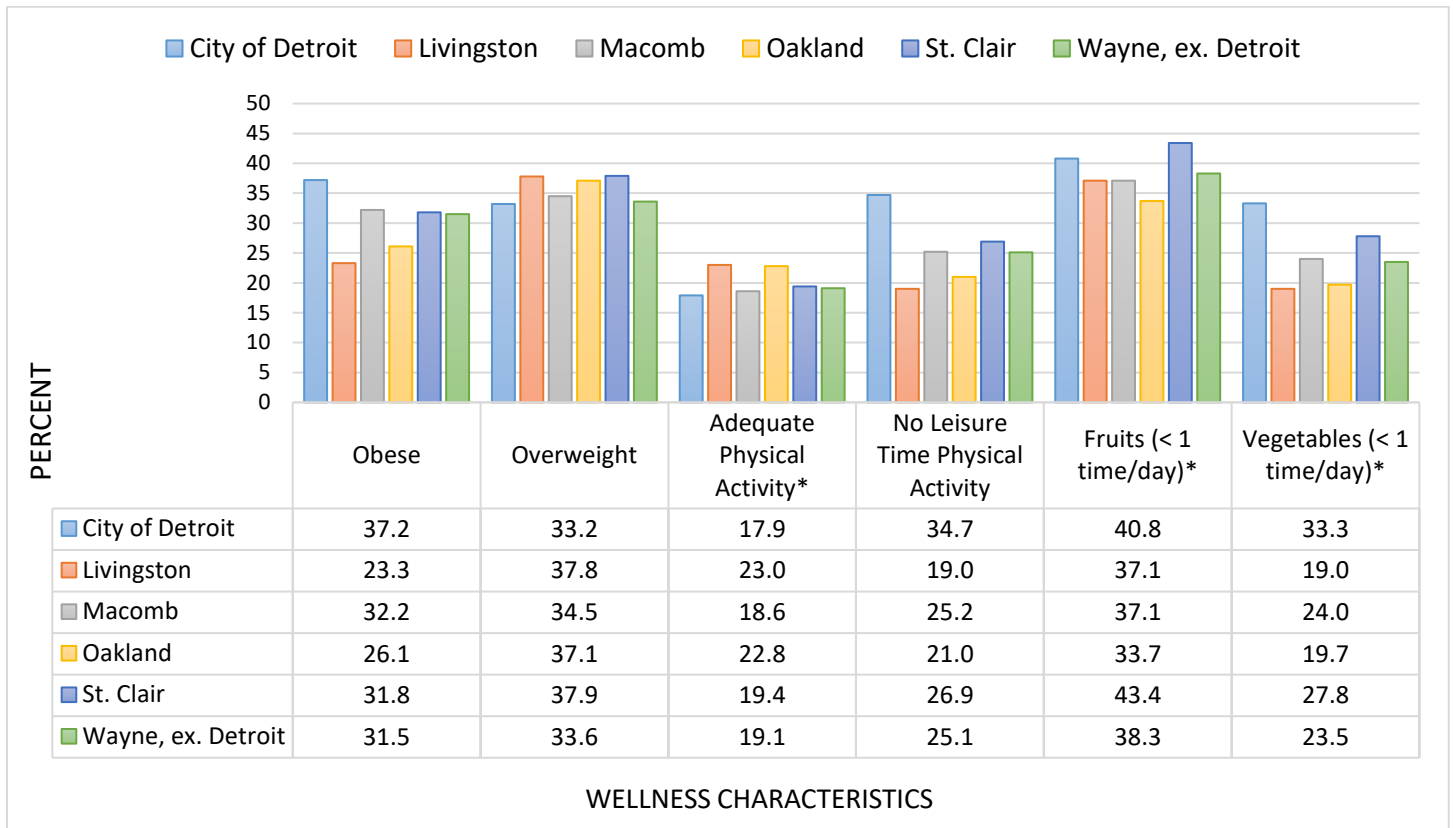
Source: MDHHS BRFS, 2014-2016 and 2013-2015*
 Prepared By: Center for Population Health/SEMHA

Adult Physical Health Profile for Persons Aged 18+ (2)



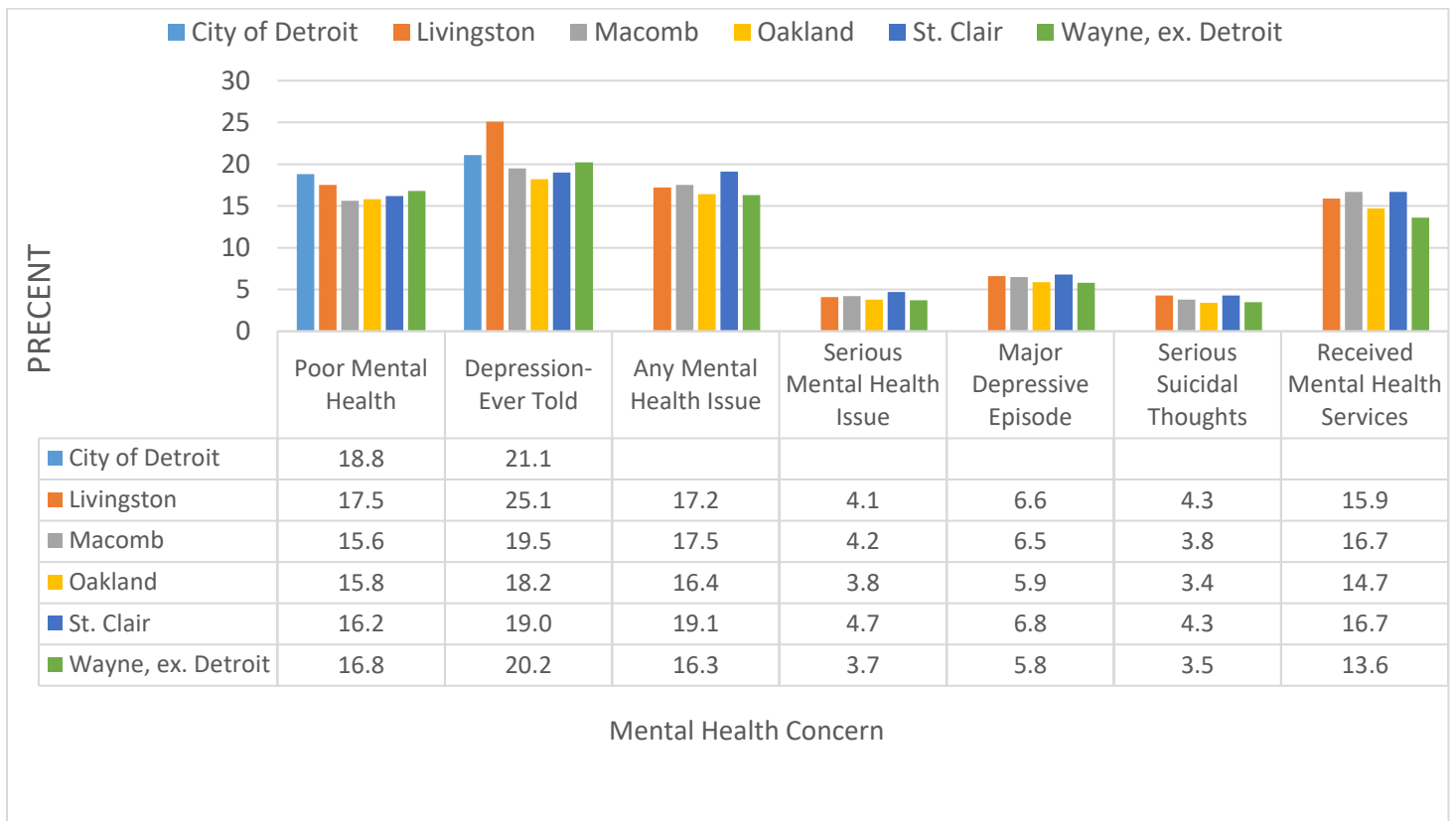
Source: MDHHS BRFS, 2014-2016 and 2013-2015*
 Prepared By: Center for Population Health/SEMHA

Adult Wellness Profile for Persons Aged 18+



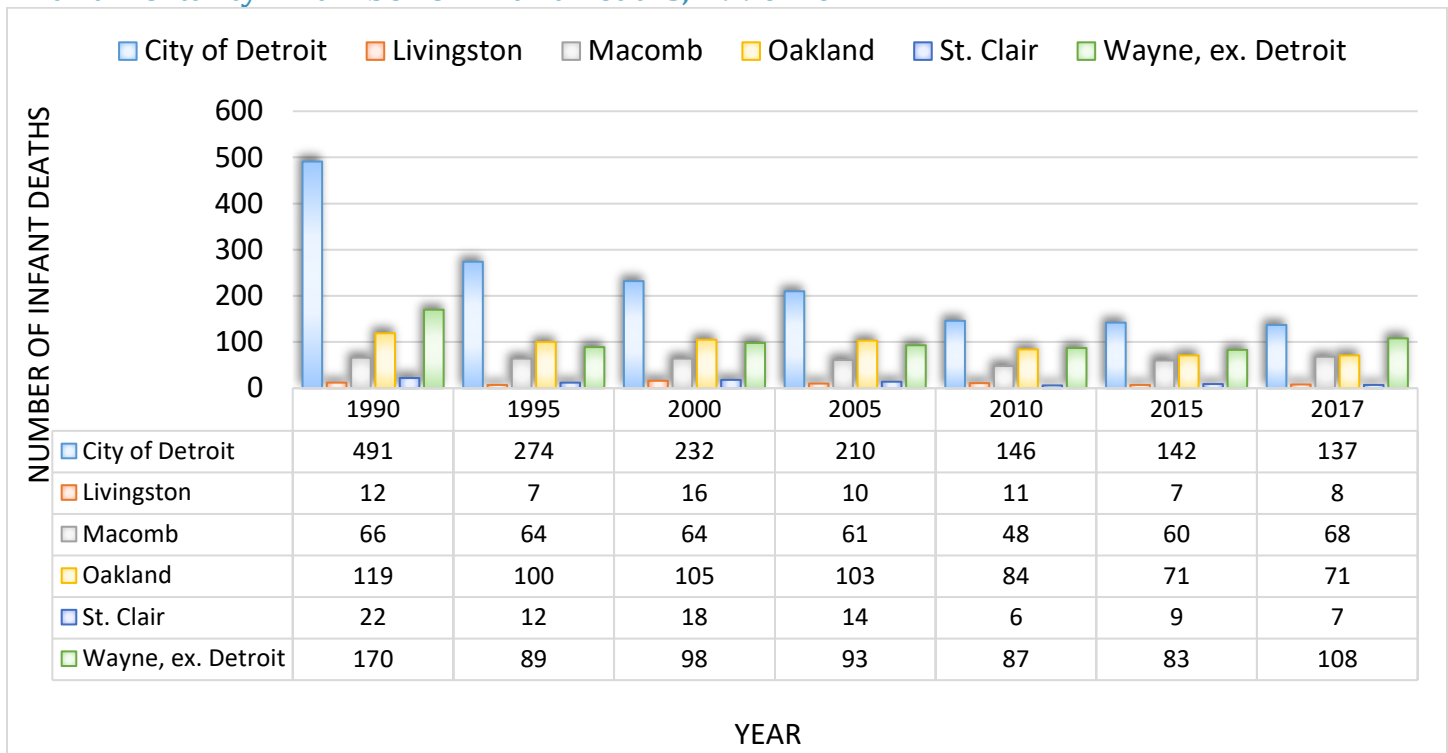
Source: MDHHS BRFSS, 2014-2016 and 2013-2015*
 Prepared By: Center for Population Health/SEMHA

Adult Behavioral/Mental Health Profile for Persons Aged 18+



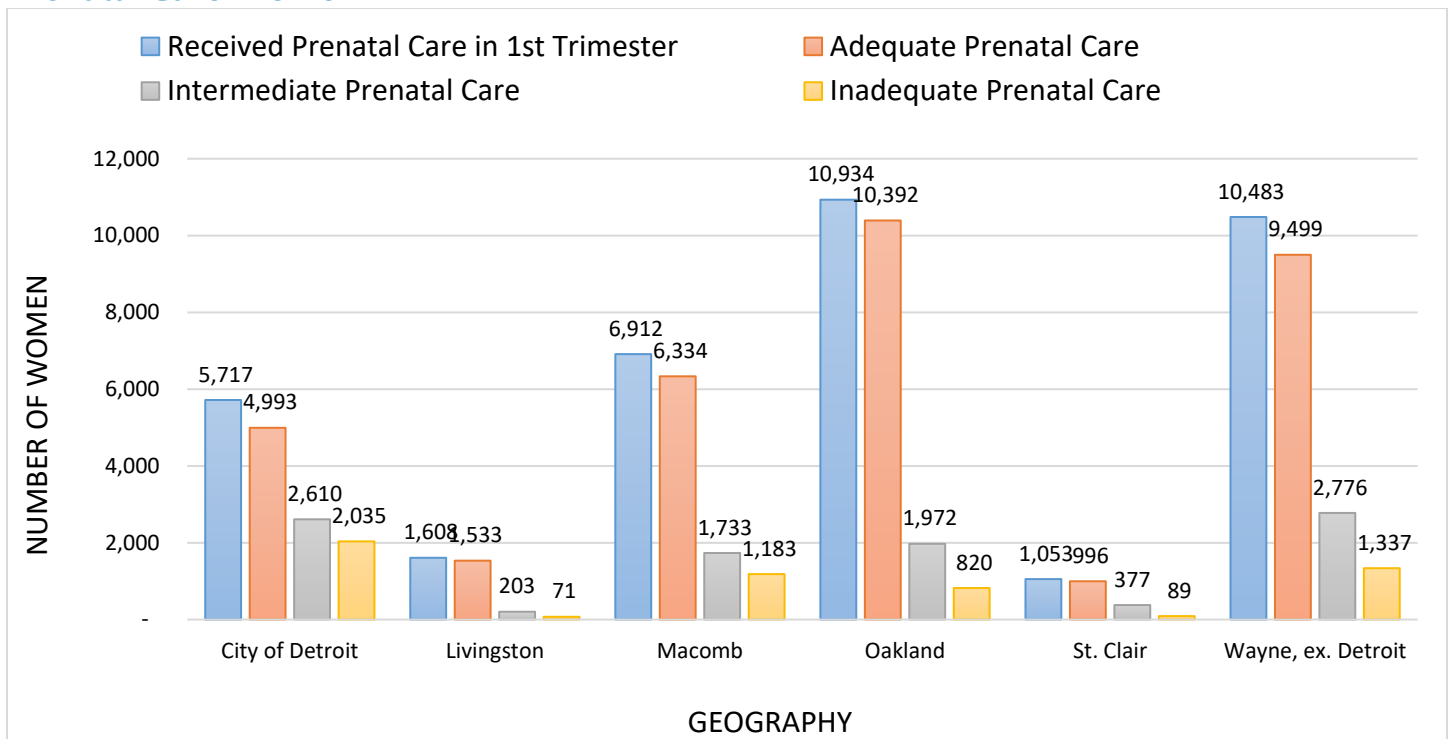
Source: MDHHS BRFSS, 2014-2016; National Survey on Drug Use and Health, 2016/Prepared By Center for Population Health/SEMHA

Infant Mortality - Number of Infant Deaths, 1990-2017



Source: MDHHS Community Health Information, 1990-2017
 Prepared By: Center for Population Health/SEMHA

Prenatal Care Profile



Source: MDHHS Community Health Information, 2017
 Prepared By: Center for Population Health/SEMHA

FY 2019 CHNA Priorities

Identified Community Health Needs

After completing the Hanlon Method prioritization with internal and external key stakeholders, the CHNA steering committee conducted a final prioritization assessment based on the following relevant factors for each Hanlon Method priority:

1. Feasibility/ability to make a measurable impact
2. List of known/existing evidence-based programs and/or other interventions
3. Potential partners/partnership opportunities

The CHNA Steering committee finalized the top three priorities as the following:

- **Obesity Reduction and Diabetes Prevention** including high blood pressure, high cholesterol, diabetes, physical activity and fruit, and vegetable consumption
- **Mental Health/Substance Abuse Prevention**, including depression, suicide, stress and anxiety, and substance abuse intervention.
- **Improving Maternal/Infant Health**, including infant mortality prevention, adequate prenatal care, breastfeeding, safe sleep, and smoking cessation.

Identified Community Health Needs

Not prioritized for FY 2019 CHNA

Access to care was identified as a need by the Hanlon Method prioritization. However, the CHNA steering committee confirmed through the final prioritization assessment that it is a low priority need. Due to MI Medicaid expansion, a large amount of the population in the SE MI area have health insurance and a primary care provider. Also, it would be challenging to make a measurable impact on health insurance cost. Also, the utilization of a primary care provider, and routine check-ups are behavioral activities that can be encouraged through education from the main three priorities.

A sub-category under Access to care is adequate prenatal care that will be addressed under the Improving Maternal/Infant Health priority.

Healthy behaviors priority included the sub-categories of smoking and safe sleep identified from the Hanlon Method prioritization. Based on the CHNA steering committee final prioritization assessment, this is a priority that coincides with the sub-categories of the main three priority areas. It would be more feasible to address healthy behaviors under the top 3 priority areas.

Other health issues identified by the Hanlon Method that were not selected as a top priority were **cancer, cardiovascular disease, arthritis, and asthma.**

These health issues were identified but not selected as a priority because of the following:

1. These health issues ranked lower on the Hanlon Method scoring than other health issues.
2. The CHNA steering committee evaluated each issue and concluded that there is an inability to measure impact for cancer, cardiovascular disease, and arthritis.
3. The health issue of Asthma continues to be addressed in our school-based health centers through our Asthma Camp and Deep Breathing programs.

- An existing Michigan initiative titled AIM, Asthma Initiative of MI is addressing strategies for common issues in asthma.
4. The priority, Obesity reduction, and Diabetes prevention will address the prevention of secondary/tertiary outcomes of cardiovascular disease.

Appendix A

CHNA Steering Committee 2018-2019	
Cynthia Taueg	Vice President, Ascension SE MI Community Health
Karen Beger	Director, Ascension SE MI Community Health
Ken Coleman	Director, Ascension SE MI Community Health
Karen Gray Sheffield	Director, Ascension SE MI Community Health
Kristin Finton	Lead, Ascension SE MI Community Health
TaShara Coakley	Lead, Ascension SE MI Community Health
Mary Gaughan	Vice President, Legal Services & Associate General Counsel

Ascension Southeast Michigan Board	
Marita Grobbel	Chair
Christine Crader, MD	
Issac Grinberg, MD	
Jamie Hresko	
Ia Kue, DO	
Jean Meyer	Ex officio
Rob Lubera	Secretary
Steven Rivera, MD	
Kathy Ryan	Vice Chair
Jim Sawyer	Treasurer

CHNA Prioritization Advisory Group	
Rachelle Bonelli	Vice President of Programs Gleaners Food Bank
Jessica Steinhart	Director-Population Health Ascension Michigan
Karen Wood, RD – CEO	MyCare Health Center
Paul Propson, Executive Director	Covenant Community Care, Inc.
Brian Bunte, Case Management Manager	Ascension Michigan
Carol Austerberry, Acting Director/Health Officer	Wayne County Dept. of Hlth
Ruth Kaleniecki, CEO	Interfaith Health & Hope Coalition
Cassandra Jackson, Lead-Community Health	Ascension SE MI Community Hlth
Carolyn Hribar, Planning and Evaluation Supervisor	Oakland County Hlth Dept.
Daphne Marbury, Behavioral Health Mgr.	Ascension SE MI Comm. Hlth – School Based Hlth Centers
Karen Gray-Sheffield, Director-Community Health	Ascension SE MI Community Hlth
Andy Kruse, Director-Community Benefit	Ascension Michigan
Donna Emch, Director-Emergency Services	Ascension St. John Hospital
Karen Beger, Director-Community Health	Ascension SE MI Community Hlth
Bob Hoban, President/CEO	Ascension St. John Hospital
Ken Coleman, Director-Community Health	Ascension SE MI Comm. Hlth. – School-Based Hlth Centers
Kristin Finton, Lead-Community Health	Ascension SE MI Community Hlth
Michael Wiemann, President Clinical AMG SE MI Mkt.	Ascension Michigan
Denise Robertson, Director of Case Management	Ascension Providence Hospital
David Rupprecht, Lead-Community Health	Ascension SE MI Community Hlth
Angela Delpup, Administrator	Ascension Providence Rochester Hospital
Whitney Litzner, Planning and QA Manager	Macomb County Hlth Dept
Steve Candela, Director-Behavioral Health	Ascension Michigan
Julie Markgraf, Senior Attorney	Ascension Michigan

Stephanie Brady, Project Manager COE	Ascension Michigan
Jonnie Hamilton, Program Manager Clinical	Ascension SE MI Comm. Hlth – School Based Hlth Centers
Kimberly Ronnisch, VP-Nursing	Ascension Macomb-Oakland Hospital-Warren campus