Community Health Needs Assessment 2019

Implementation Strategy
Fiscal Years 2019-2021

HENRY FORD
WEST BLOOMFIELD
HOSPITAL

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Henry Ford West Bloomfield Hospital
Executive Summary

Henry Ford West Bloomfield Hospital completed a comprehensive Community Health Needs Assessment (CHNA) that was adopted by the Henry Ford Health System (HFHS) Board of Directors in December 2019. Henry Ford West Bloomfield Hospital performed the CHNA in adherence with certain federal requirements for not-for-profit hospitals set forth in the Affordable Care Act and by the Internal Revenue Service. The assessment took into account input from community representatives, community members, and various community organizations.

Health Needs of the Community

The Henry Ford Health System community has been identified as the City of Detroit and Wayne, Oakland, Macomb, and Jackson counties. The CHNA process identified significant health needs for this community, with two priorities designated to be addressed system-wide. Health needs were prioritized based on several criteria including the importance given to particular health issues by survey and focus group participants, statistical data from the State of Michigan, as well as input from HFHS and community leaders. Henry Ford West Bloomfield Hospital's resources and overall alignment with the Henry Ford Health System mission, vision, goals, and strategic priorities were taken into consideration when identifying the top two most significant health issues to be addressed. The following first two health priorities were chosen for the entire Henry Ford Health System, and the third priority was chosen specifically for Henry Ford West Bloomfield Hospital and its unique community needs.

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

Henry Ford Health System works to leverage its resources, partnerships, and market share across the counties it serves to make large-scale community impact. An important factor in the success of Henry Ford's ability to make this large-scale impact is the individual contributions of each hospital within the System. It is our goal through these Implementation Plans to push each hospital to set ambitious goals that will improve our communities' outcomes and access to resources, while coalescing each hospital around aligned System-wide strategies and metrics.

Hospital Implementation Strategy

Henry Ford West Bloomfield Hospital will focus on developing and supporting initiatives and measuring their effectiveness to improve the aforementioned health needs. The following implementation strategy specifies community health needs that the Hospital/Health System has determined it will address, in partnership with other agencies and organizations, consistent with our mission and vision, to become the trusted partner in health for our communities. The Hospital reserves the right to amend this implementation strategy as circumstances warrant.

Henry Ford Health System and Henry Ford West Bloomfield Hospital acknowledges the numerous and wide range of health needs that exist in our communities served, and we acknowledge that

there are certain health needs identified in the CHNA that were not chosen as priorities. We have determined that our implementation plans are only able to effectively address the most pressing needs identified by our stakeholders and in relevant data. The selected priorities were analyzed through the lens of social determinants of health and health equity, as well as health system resources, and represent the key health issues which are under-addressed with the most compelling data. While Henry Ford Health System and Henry Ford West Bloomfield Hospital provides supportive clinical services in these areas, they will not be included as areas of primary community activity as it relates to the Implementation Plans.

- Kidney Disease
- Family Planning
- Asthma
- Alzheimer's Disease

CHNA IMPLEMENTATION STRATEGY
Fiscal Years 2019-2021

Hospital Facility:	Henry Ford West Bloomfield Hospital
CHNA Significant Health Need:	Healthy Lifestyles and Diabetes Prevention
CHNA Reference Pages:	33-34, 37-38

Brief Description of Need:

Lifestyle factors such as alcohol and drug use, smoking cigarettes, lack of physical activity, poor nutrition, and obesity are known to greatly impact onset of disease and chronic illness. Preventive practices such as regular health screenings, physicals, and dental care are known to positively impact these health outcomes. These lifestyle factors and people's ability to partake in preventative health practices are greatly dependent on the social determinants of health. Social determinants of health are the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels. Examples of social determinants of health include access to housing, food, education, transportation, and more. As income and education increase, the practice of risky behaviors often decreases. In Oakland County, 21% of residents do not get any physical activity in their leisure time, compared to 24.9% in Michigan as a whole, and 26.1% of Oakland County residents are obese, compared to a state average of 31.4%. Lifestyle factors can also contribute to the onset of diabetes. In Oakland County, 9.2% of residents have ever been told they have diabetes compared to a state average of 10.8%. The Diabetes death rate in Oakland County is 16.4, the 7th leading cause of death in the county. Diabetes accounts for many preventable hospitalizations in Oakland County – it is the fourth leading cause of preventable hospitalizations in the County. 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 Oakland County, 13.8% of residents report their general health as fair or poor. The social determinants of health can pose barriers to good health for all types of people. Across all races, ethnicities, genders, and geographic locations, people face struggles due to their social conditions. Often, people of color face significant struggles due to the social determinants of health as a result of the unequal distribution of power and resources across populations. Addressing both the social determinants of health and racial inequities are vital to improving the health of communities. We know that minority populations often experience more barriers to healthy lifestyles and as a result, see worse health outcomes and decreased preventive health

behaviors. At Henry Ford West Bloomfield Hospital, work is being done to build the infrastructure to stratify patient and health outcomes data by demographic characteristics, to better understand and address the barriers vulnerable populations face to achieving optimal health.

Goal:

Improve the overall health and wellbeing of the populations we serve by enhancing their ability to overcome barriers to healthy lifestyles, reducing health risk behaviors and preventing diabetes.

Project Objectives:

1. Improve health status of population served
2. Reduce % of population served with BMI > 30
3. Improve % of population served with pre-diabetes who are referred for (received) appropriate support

Strategies to Accomplish Goal:

Activity to Accomplish	**Time Frame**
1. Implement Diabetes Prevention Program (DPP)	**2020-2022**
2. Implement programs to improve nutrition and access to fresh produce for SNAP-eligible and other vulnerable populations	**2020-2022**
3. Develop and implement social needs screening and referrals	**2020-2022**
4. Leverage Henry Ford Health System's investments as an anchor institution to address Social Determinants of Health (SDOH) needs in our communities	**2022-2022**

SMART Evaluation Metrics:

Metric		Target	
		Measure	**Date**
1	30% of DPP participants completing program achieve 5-7% weight loss annually	30% achieving weight loss of 5-7%	1/1/2021
2	Provide at least 24 educational sessions to SNAP-eligible participants annually	24 SNAP educational sessions	1/1/2021
3	Increase screening volume for social needs (food insecurity, housing, financial assistance, etc) by 5% in HFHS clinics/settings annually	5% increase over baseline	1/1/2021
4	Invest 1% of HFHS investment portfolio in place-based SDOH priorities by 2022	1% invested	By 2022

Programs and Resources Needed

- Community Outreach/Speakers' Bureau (need clinicians and professionals for speaking engagements)
- Market on Main (Farmer's Market)
- SNAP, Project Fresh, Senior Project Fresh
- Kids' Cooking/Nutrition Classes
- Monthly Healthy Cooking Demonstrations (guest chefs for events, guest panelists)
- Metabolic Health and Weight Management
- Chef for a Day/Farmer for a Day (Kids' Program)
- Healthy Food Drives – 3x/year
- Begin Coordination of Diabetes Prevention Program with Macomb overseeing – Doctor referral training, EPIC logistics implemented, staff dietitian oversee implementation

Collaborative Partners (Names and Organizations):

- Local organizations including Rotary, Optimists, Chambers, YMCA and others
- Local businesses, churches, senior living facilities, older adult centers and schools
- Community Sharing
- West Bloomfield/Keego Harbor Blessings in a Backpack
- Feed the Need
- Community Resource Centers
- Blue Cross Blue Shield
- PACE Southeast Michigan
- West Bloomfield Parks and Recreation
- MEEMIC Insurance Company
- SNAP/Project FRESH/Senior Project FRESH
- Henry Ford Medial Group/Private Physicians/Clinicians
- Cherry Capital
- Lumetta
- Beaverland Farms
- Community Health and Wellness Expos

CHNA IMPLEMENTATION STRATEGY
Fiscal Years 2019-2021

Hospital Facility:	Henry Ford West Bloomfield Hospital
CHNA Significant Health Need:	Mental Health and Substance Use Disorder
CHNA Reference Pages:	33-35

Brief Description of Need:

Since the last Community Health Needs Assessment was conducted in 2016, the prevalence of self-reported poor mental health status has increased in every community that Henry Ford Health System serves. In Oakland County, the prevalence of poor mental health is now 13.6%, compared to 16.2% throughout the entire state of Michigan. Amongst surveyed community stakeholders in Oakland County, mental health and substance use disorder were both ranked amongst the top three most pressing health needs of the community. Oakland County's suicide death rate is 11.0 per 100,000. Overdose deaths from all drugs and opioids in particular continue to burden our communities. In 2017, Oakland County saw an all-drug overdose death rate of 14.39 per 100,000 and an opioid overdose death rate of 4.40 per 100,000. From 2016 to 2017, the age-adjusted rate of drug overdose deaths increased 27.4% in Oakland County, the fastest increase in all of the Four-County area. Amongst the ten leading causes of death in Michigan and Oakland County, drug overdose deaths are categorized as "unintentional injuries," a category which is the third leading cause of death in Michigan on average, with a death rate of 50.8 per 100,000. In Oakland, this death rate is 29.1 per 100,000. We know that minority populations often experience barriers to healthcare access and healthy lifestyle behaviors and as a result can have unique challenges to achieving good mental health. At Henry Ford West Bloomfield Hospital, work is being done to build the infrastructure to stratify patient and health outcomes data by demographic characteristics, to better understand and address the barriers vulnerable populations face to achieving optimal mental health.

Goal:

Improve the mental health status of at-risk populations in the community and prevent substance use disorder.

Project Objectives:

1. Reduce opioid prescribing by HFHS providers
2. Improve access to behavioral health services in HFHS service area
3. Prevent opioid overdose deaths in populations served

Strategies to Accomplish Goal:

Activity to Accomplish	**Time Frame**
1. Implement alternative to opioid prescribing guidelines	**2020-2022**
2. Expand delivery of Medication Assisted Treatment (MAT) in Primary Care Provider (PCP) sites	**2020-2022**
3. Increase accessibility and use of Narcan to save lives and reverse overdoses related to opioid abuse in partnership with community collaboratives	**2020-2022**
4. Improve access to Behavioral Health (BH) services by integrating behavioral health services within primary care and transitioning stable BH patients back to primary care	**2020-2022**

SMART Evaluation Metrics:

Metric		Target	
		Measure	**Date**
1	Reduce opioid pills/patches and Milligram Morphine Equivalent (MMEs) prescribed by 20%, annually Decrease # of chronic opioid patients (taking opioid daily) by 20%	20% decrease from baseline 20% decrease from baseline	1/1/2021 1/1/2021
2	Increase percentage of patients with access to MAT by 10%	10% increase from baseline	1/1/2021
3	Increase percentage of Narcan resource distribution by 5% annually	5% increase over baseline	1/1/2021
4	Increase % patients with access to BH services within 7 days by 5%	5% increase over baseline	1/1/2021

Programs and Resources Needed:

- Narcan Training Programs
- Narcan Kits
- Pain Management Council

Collaborative Partners (Names and Organizations):

- Alliance Coalition for Healthy Communities and their 21 local agencies
- Maplegrove Hospital
- Henry Ford Medical Group/Private Physicians
- Emergency Medical Services
  Local fire and police
- Schools
- Families Against Narcotics (FAN)
- Henry Ford West Bloomfield Hospital (HFWBH) Pharmacy
- Medication Take Back Program (at HFWBH Pharmacy)
- Easter Seals
- CNS Healthcare
- Pain Management Council

CHNA IMPLEMENTATION STRATEGY
Fiscal Years 2019-2021

Hospital Facility:	Henry Ford West Bloomfield Hospital
CHNA Significant Health Need:	Cancer
CHNA Reference Pages:	41

Brief Description of Need:

In Oakland County, the age-adjusted death rate from al invasive cancers in 2015 was 150.4. Cancer is the second-leading cause of death in Oakland County and in the state of Michigan. The percent estimated prevalence of the population in Oakland County who have had a breast cancer screening and colorectal cancer screening are worse than Michigan state averages, according to the Michigan Behavioral Risk Factor Survey 2014-2016. We know that minority populations often experience barriers to healthcare access and healthy lifestyle behaviors and as a result may be less likely to receive timely cancer screenings and experience poorer health outcomes that contribute to prevalence of cancer. At Henry Ford West Bloomfield Hospital, work is being done to build the infrastructure to stratify patient and health outcomes data by demographic characteristics, to better understand and address the barriers vulnerable populations face to achieving optimal mental health.

Goal:

Improve cancer prevention, outreach and screening rates and cancer survivorship, especially amongst vulnerable populations.

Project Objectives:

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

Strategies to Accomplish Goal:

Activity to Accomplish	**Time Frame**
1. Support high-risk populations in reducing barriers to improve age-appropriate cancer screening rates for breast, cervical, lung, prostate and colorectal cancer	**2020-2022**
2. Community Education and Outreach Events, targeting high-risk populations and survivors	**2020-2022**
3. Ensure positive identifications from cancer screenings are swiftly enrolled in treatment plans	**2020-2022**

SMART Evaluation Metrics:

Metric		Target	
		Measure	**Date**
1	Increase screening volume for all cancers by 5% each year	Increase 5% from baseline	1/1/2021
2	Hold 2 community education events for each awareness area: cervical, colon, breast, and lung cancer	2 community events each	1/1/2021
3	Increase % patients staged at diagnosis from 37% to 40%	Patients staged at diagnosis 40%	1/1/2021

Programs and Resources Needed:

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

Collaborative Partners (Names and Organizations):

- American Cancer Society
- Team Angels Foundation
- Game on Cancer
- Genentech
- Novi Senior Center
- Dublin Community Senior Center
- West Bloomfield Parks and Recreation
- Wixom Senior Center
- Costick Senior Center
- West Bloomfield Township
- Oakland County Health Department
- Game On Cancer
- West Bloomfield Rotary
- West Bloomfield Optimist Club
- West Bloomfield Chamber of Commerce
- Novi Chamber of Commerce
- Lakes Area Chamber of Commerce
- Pink Fund
- Warriors 4 Warriors

ADOPTION OF IMPLEMENTATION STRATEGIES

Approved by the Henry Ford West Bloomfield Hospital Board of Trustees on March 11, 2020.

The final, approved versions of the 2019 Community Health Needs Assessment and the 2019-2021 Implementation Strategies are available electronically at www.henryford.com/about/community-health.

Printed copies are also available in the Henry Ford Health System Corporate Offices, located at One Ford Place, Detroit, MI 48202.

To submit written comments on the CHNA or to obtain a printed copy of the report, contact Henry Ford Health System at communityevents@hfhs.org.