December 2016

Greetings,

Henry Ford Health System's new customer promise – All for You – is a simple statement that speaks volumes when it comes to our commitment to those we serve. This promise is, in part, delivered through our community needs assessment and investments as well as our programs and practices.

While we assess risk factors and population trends, we measure our success by each individual whose life we enrich and by populations that we impact. At Henry Ford, everyone we serve is more than a patient, more than a chronic disease. It's the mom with a healthy baby who learned how to care for herself through our infant mortality project. It's a busy business owner who learned to manage his type 2 diabetes through our faith community network initiative. It's the struggling single parent who became insured for the first time.

People throughout southeast Michigan continue to experience alarming rates of chronic disease, infant mortality, mental illness, substance abuse, and conditions that are preventable. Accompanying these high rates are associated behavioral risk factors, socioeconomic and environmental factors – and profound, persistent racial health and healthcare disparities.

We are now armed with tools of the Affordable Care Act and the Triple Aim, as well as Health Equity and Population Health initiatives. Just as important, we have the benefit of Henry Ford's award-winning core competencies in the delivery of excellent, patient-focused quality care, and over 200 community partners from the neighborhood to regional and national levels.

On behalf of our 30,000 employees and physicians, and the HFHS Board of Trustees, this *2016 Community Health Needs Assessment (CHNA) and Implementation Plan* identifies the strategic areas of focus for targeted services and programs, where the greatest measurable impact will be realized.

The CHNA provides a detailed snapshot of our region's health needs, incorporating both data and stakeholder input. Information gained in this triennial process is deployed for strategic planning efforts throughout Henry Ford – inside and outside our hospital and clinic walls, System-wide and at the individual Business Units.

It is through the CHNA and related implementation planning efforts that we ensure we are making ever-increasing improvements in the health of our region and, just as important, building capacity for enduring, empowered health improvement for the lives and communities we serve.

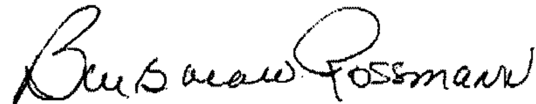
In accordance with corporate policy, the Board of Trustees reviewed and approved this report at its December 16, 2016 meeting. We invite you to delve into this document as well, and find ways you can use its key information to join us, as together – living out our Vision – we transform lives and communities through health and wellness, one person at a time.

Sincerely,

Nancy M. Schlichting
Chief Executive Officer

Sandra E. Pierce
Chair, Board of Trustees

Kimberlydawn Wisdom, MD, MS
Sr. Vice President, Community Health & Equity
Chief Wellness & Diversity Officer
Co-Chair, Community Pillar Team



Barbara W. Rossmann
President and Chief Executive Officer
Henry Ford Macomb Hospitals
Co-Chair, Community Pillar Team

Henry Ford Health System

COMMUNITY HEALTH NEEDS ASSESSMENT 2016

OUR MISSION

To improve human life through excellence in the science and art of health care and healing.

OUR VISION

Transforming lives and communities through health and wellness – one person at a time.

all for you

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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 Tri-County area of Wayne, Macomb and Oakland 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 85,000 inpatient discharges and 130,000 outpatient visits on an annual basis. In addition, HFHS touches more than 689,000 members through operation of the Health Alliance Plan, a nonprofit managed care insurance organization. In April 2016, Allegiance Health in Jackson, Michigan joined Henry Ford Health System to become Henry Ford Allegiance Health. HF Allegiance will be incorporated into future CHNA cycles.

Our vision guides all that we do: "Transforming lives and communities through health and wellness, one person at a time." As a healthcare system providing essential services that benefit Tri-County 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 and access to all, regardless of their circumstances.

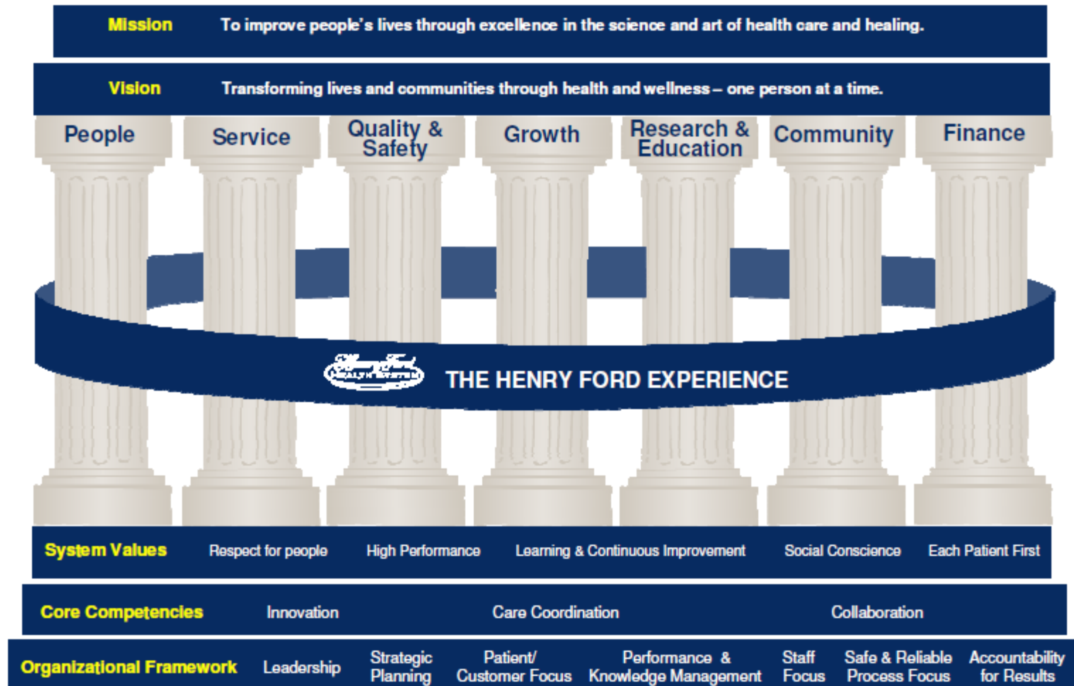
SECTION 1: COMMITMENT TO COMMUNITY HEALTH

HFHS Approach to the Community Health Needs Assessment

The assessment of community health needs is an essential function of a health care organization for several reasons. First, it provides an understanding of the demographics and major health needs of the communities it serves and insight into what services should be offered to meet those needs. Second, by understanding the major health needs of the community, strategies can be prioritized and a more tailored approach developed, resulting in greater use of the limited resources of many healthcare organizations. Third, vulnerable populations with significant health needs can be identified and targeted for intervention such as the poor, uninsured, underinsured, or various racial/ethnic or other vulnerable populations that may have otherwise been overlooked. Through identification, programs can then be developed so that all populations we serve will receive appropriate and timely access to healthcare services. In addition, the community health needs assessment process encourages an organization to identify and partner with other organizations and community agencies. Through partnership, knowledge can be shared and resources can be aligned and more optimally utilized to benefit the communities served.

Internally, the Community Pillar team provides executive oversight of the community health needs assessment for Henry Ford Health System. 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 suburbs. 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 cultivate new community relationships.

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



Externally we have over 200 community partners across Southeastern Michigan including:

Authority Health	Nurse-Family Partnership	Wayne, Oakland & Macomb County Health Departments
REACH Detroit	Gleaners Community Food Bank	Detroit Regional Infant Mortality Reduction Task Force
City Year Detroit	PACE Southeast Michigan	Skillman Good Neighborhood Alliances
Matrix Human Services	Institute for Population Health	The National Kidney Foundation of Michigan
The Greening of Detroit	Ecumenical Theological Seminary	Michigan Nutrition Network @ Michigan Fitness Foundation
Wayne State University	Great Start Collaborative	The Center for Understanding Environmental Risk (CURES) at WSU
University of Michigan	Detroit Area Agency on Aging	Black Mothers' Breast Feeding Association
Ruth Ellis Center	100 Black Men of Greater Detroit	The Greater Detroit Area Health Council
United Way 2-1-1	Families Against Narcotics (FAN)	Detroit Community-Academic Urban Research Center
New Detroit	Michigan Rehabilitation Services	Michigan Roundtable for Diversity & Inclusion
March of Dimes		InterFaith Leadership Council of Metropolitan Detroit

We also work with many other organizations and initiatives, including social service agencies, urban farming, food assistance & fair food initiatives, maternal/child health organizations, education and literacy services, school districts and other academic institutes, local health systems, senior service organizations, free clinics and federally qualified health centers. The focus and purpose of these partnerships is collaboratively determined by HFHS entities in partnership with the community groups, along with operational leaders throughout the system who have identified unmet needs in the communities we serve. This dynamic, ongoing process falls within the auspices of the Community Pillar Team.

Summary of Observations from 2013-2016 CHNA

In 2013 Henry Ford Health System conducted a Community Health Needs Assessment of the three main counties in which it provides health care—Wayne, Macomb and Oakland counties (the entire document can be viewed here). After surveying community stakeholders and analyzing local health data, the following table indicates the previous areas of focus for HFHS.

2013 CHNA Identified Priorities

Category	CHNA Recommended Priority
Geographic	*City of Detroit *Selected Cities around Tri-County Area
At-Risk Populations	*Uninsured/Underinsured (Access to Care) *Racial-Ethnic Minority Populations & Racial Health Disparities *Infants (Mortality)
Health Status/Health Behavior	*Obesity/Overweight *Inadequate Nutrition
Chronic Disease Management	*Heart Disease/Congestive Heart Failure/Diabetes

While not every priority on the list is measurable, the State of Michigan experienced a reduction in uninsured residents in 2014, and HFHS experienced improvements in diabetes and infant mortality metrics. In order to make those improvements, HFHS utilized/implemented several programs to make progress possible. Below is a description of the programs established/enhanced to achieve measurable outcomes.

Henry Ford Health System Identified Priorities

Priority	Improvement	Details behind Improvement
The Uninsured	7% reduction in uninsured Michigan residents[1]	Michigan expanded Medicaid in 2014.
Infant Mortality	0 infant deaths in enrolled populations since 2012	WIN (Women-Inspired Neighborhood) Network: Detroit Members of WIN Network: Detroit who were pregnant received home visits and other services, and group education for non-pregnant women was provided.
Diabetes	10% decrease in A1C of low income/underinsured clients—improved from a 5.6% decrease of previous year	The Called to Care Project—included South Family Medicine and the Neighbors Transitions Clinics (Formerly Neighbors Caring for Neighbors). Patients referred by clinics were tracked and cared for by faith community nurses in a community partnership program from 2013-2016.

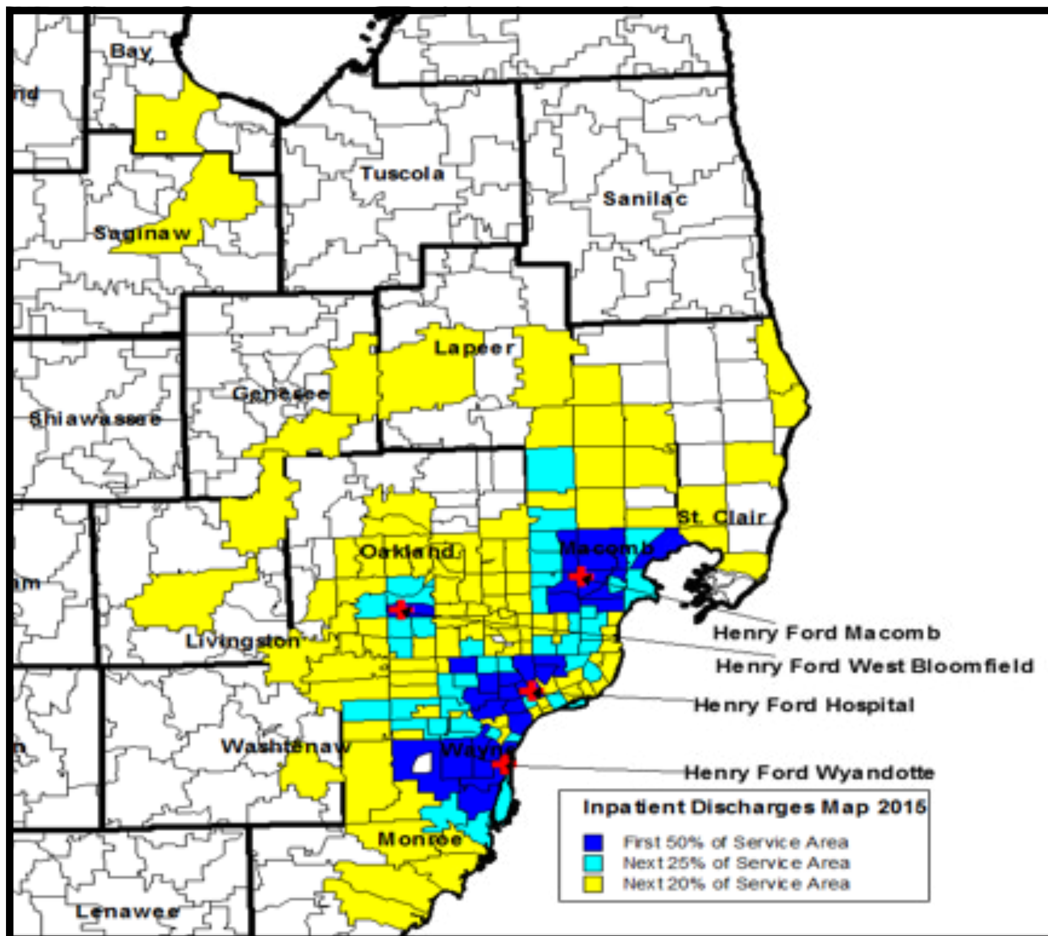
[1] http://www.chrt.org/publication/cover-michigan-survey-2014-coverage-and-health-care-access/#accordion-section-2

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 and Macomb counties. Below is a map of the communities where HFHS receives the majority of its inpatient volume[2] (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



Although Henry Ford Health System sees patients from counties throughout Michigan as well as patients outside of Michigan, the majority of patient volume comes from the Tri-County area of Macomb, Oakland and Wayne counties as depicted in Figure 1 and Figure 2. With this in mind, the Tri-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 2015 estimated populations of the three counties are as follows:

[2] http://www.datakoala.com/

Oakland County – 1,242,304
Macomb County – 864,840
Wayne County – 1,759,335

Within the Tri-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 the majority of each hospital's inpatient discharges originate (Figure 2).

Figure 2 – 2015 Percentage of Inpatient Discharges by Hospital and Region

Region	Henry Ford Health System	Henry Ford Hospital	Henry Ford Macomb Hospital	Henry Ford Wyandotte Hospital	Henry Ford West Bloomfield Hospital
Macomb	26%	9%	84%	0%	5%
Oakland	14%	8%	2%	1%	57%
Wayne (excluding Detroit)	33%	27%	1%	85%	19%
Detroit	19%	41%	1%	4%	5%
Outside Tri-County	8%	11%	7%	4%	5%
Grand Total	**86,430**	**34,470**	**21,334**	**16,947**	**13,679**

Source: DataKoala

Figure 2 above illustrates what percentage of Henry Ford inpatient discharges originate from each county within the Tri-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 86,430 inpatient discharges in 2015 with 92% originating from Tri-County area residents.

Data Profile of Communities Served

HFHS utilized both primary and secondary data sources for the community health needs assessment. Primary data was generated through surveys of essential community agencies and persons representing the broad interests of the communities we serve in each of the three counties. The Oakland County survey ECHO (**E**nergizing **C**onnections for **H**ealthier **O**akland) was conducted by the Oakland County Health Department in 2015, and its data was utilized for this community health needs assessment (CHNA). HFHS also collaborated with the Macomb County Health Department in their community survey process in 2016, and data has been incorporated in this CHNA. Finally, HFHS conducted the survey for Wayne County/Detroit in 2016. 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, US Census data, Crimson Market Reports and the Michigan Inpatient Database (Data Koala).

The Tri-County area includes the contiguous counties of Wayne, Oakland and Macomb, which are located in southeastern Michigan and account for 39% of the Michigan population. Wayne, Oakland, and Macomb (in that order) are the most populated counties in Michigan. Of the nearly 4 million residents, approximately 52% of the population is female. With regard to race/ethnicity, the Tri-County

*formerly Michigan Department of Community Health

area is 65% white, compared to a national average of 63%. Of note, the Tri-County area is 25% black, which is over twice the national percentage of 12%. Conversely, the Hispanic population (4.0%) is less than one quarter of the national percentage of 17% (Figure 3).

The number of Tri-County residents is expected to decrease by 1% over the next several years, which contrasts with the 3% increase expected nationwide. In addition, females of childbearing age (15-44), who make up 19% of the Tri-County's population, are expected to decline by 4% over the next several years. When examining age distribution, the Tri-County area has a comparable population to that of the country with 14% of the population above the age of 65. Of particular interest to healthcare providers is the aging population of the Tri-County area with the 55-years-old and above population expected to rise by 9% from 2013 to 2018.[3]

Figure 3 - Demographic Snapshot of Tri-County Area

Demographic Characteristics

	Tri-County Area	USA
2010 Total Population	3,863,924	308,745,538
2013 Estimated Population	3,863,110	311,536,594
2018 Estimated Population	3,823,747	325,322,277
% Change 2013-2018	-1.0%	4.4%
Average Household Income	$ 71,262.33	$ 73,487

	2013	2018	% Change
Total Male Population	1,867,002	1,852,182	-0.7%
Total Female Population	1,996,108	1,971,565	-1.2%

Population Distribution

	Age Distribution				
Age Group	2013	% of Total	2018	% of Total	USA 2013 % of Total
0-14	749,871	19.4%	705,866	18.5%	19.6%
15-19	272,009	7.0%	156,386	4.1%	7.0%
20-24	242,696	6.3%	354,223	9.3%	7.1%
25-34	468,200	12.1%	467,891	12.2%	13.4%
35-54	1,109,346	28.7%	982,513	25.7%	27.4%
55-64	496,803	12.9%	540,055	14.1%	12.1%
65+	524,185	13.6%	616,813	16.1%	13.4%
Total	**3,863,110**	**100.0%**	**3,823,747**	**100.0%**	**100.0%**

Household Income Distribution

	Income Distribution		
2013 Household Income	HH Count	% of Total	USA % of Total
<$15K	196,698	13.2%	12.6%
$15-25K	161,432	10.8%	10.8%
$25-50K	353,659	23.7%	23.9%
$50-75K	260,774	17.5%	17.9%
$75-100K	186,267	12.5%	12.2%
Over $100K	332,797	22.3%	22.6%
Total	**1,490,137**	**100.0%**	**100.0%**

Education Level

	Education Level Distribution		
2013 Adult Education Level	Pop Age 25+	% of Total	USA % of Total
Less than High School	100,280	3.9%	5.9%
Some High School	216,878	8.3%	8.0%
High School Degree	713,595	27.5%	28.1%
Some College/Assoc. Degree	824,461	31.7%	29.0%
Bachelor's Degree or Higher	743,319	28.6%	28.8%
Total	**2,598,533**	**100.0%**	**99.8%**

Race/Ethnicity

	Race/Ethnicity Distribution		
Race/Ethnicity	2013 Pop	% of Total	USA % of Total
White Non-Hispanic	2,501,711	64.8%	63.3%
Black Non- Hispanic	960,717	24.9%	12.2%
Hispanic	159,298	4.1%	16.6%
Asian & Pacific Is. Non-Hispanic	147,674	3.8%	5.0%
All Others	93,710	2.4%	2.9%
Total	**3,863,110**	**100.0%**	**100.0%**

US Census Bureau Data 2013 estimates

With regard to education, the Tri-County area has approximately 12% of residents who have some high school education or less compared to the national average of 14%. Further, 28% of residents have a bachelor's degree or greater, which is comparable to the national average.

The Tri-County area is diverse in population, race/ethnicity, economic growth and development. The automotive industry remains the largest employer in the region, but the health care sector is represented among the top employers in the region as well[4]. The average household income

[3] US Census Bureau Data 2013
[4] Crain's Detroit 2013 Listings of Major Employers

within the Tri-County area ($71,262) is less than the national average ($73,487). Within the Tri-County area, the average household income in Oakland County ($89,683) is significantly higher than Wayne County ($57,369) and Macomb County ($66,735). At the zip code level, average household incomes vary significantly.

The United Way ALICE (**A**sset **L**imited, **I**ncome **C**onstrained, **E**mployed) report shows the number of households whose average income is insufficient to afford basic expenses, including housing, child care, health care & transportation by county and city.

ALICA Income Indicator	Households living below ALICE	Households living below Poverty	# Households living above ALICE
Michigan	24%	16%	60%
Macomb	24%	12%	64%
Oakland	24%	10%	66%
Wayne (includes Detroit)	26%	23%	51%
Detroit	28%	29%	33%

http://www.unitedwayalice.org/documents/14UW%20ALICE%20Report_MI_Lowres_10.24.15.pdf

Lower household incomes negatively impact purchasing power, health insurance coverage, and costs of basic necessities. As a result, the Tri-County area's safety nets, including healthcare systems, are being stretched to the limit. Studies have shown a significant rise in child poverty in southeast Michigan, growing from 18.9% in 2006 to 27% in 2012.[5] On a more positive note, unemployment in Michigan has dropped to 5%[6] in September 2015, which is similar to the national average[7] and a decline of 1.7% over the last year in Michigan. Conversely, within the Tri-County area the unemployment rate is slightly higher than the national average of 5% at 5.6%, and ranges from 4.6% in Oakland County to 6.7% in Wayne County.[8]

There are key demographic differences between the residents of each county within the Tri-County area. For example, 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 $37,887, which is significantly less than average household income of the overall Tri-County area ($71,262). Regarding education, 22% of residents have less than a high school education and only 13% have a bachelor's degree or higher. In terms of race/ethnicity, approximately 92% of Detroit is composed of a minority population versus 35% for the Tri-County area as a whole. The Detroit unemployment rate is 11.5%[9] (Sept 2015), which is significantly greater than the national average of 5%, but 6% less than what was reported in 2013.

[5] http://www.mlive.com/news/detroit/index.ssf/2015/02/child_poverty_rises_to_27_perc.html
[6] http://www.milmi.org/
[7] http://www.ncsl.org/research/labor-and-employment/national-employment-monthly-update.aspx
[8] http://data.bls.gov/map/MapToolServlet?survey=la&map=county&seasonal=u
[9] https://ycharts.com/indicators/detroit_mi_unemployment_rate

Figure 4 – City of Detroit Demographics

Demographic Characteristics

	Detroit	USA
2010 Total Population	713,777	308,745,538
2013 Estimated Population	706,663	311,536,594
2018 Estimated Population	608,148	325,322,277
% Change 2013-2018	-13.9%	4.4%
Average Household Income	$ 37,887	$ 73,487

	2013	2018	% Change
Total Male Population	334,374	288,882	-13.6%
Total Female Population	372,289	319,266	-14.2%

Population Distribution

	Age Distribution				
Age Group	2013	% of Total	2018	% of Total	USA 2013 % of Total
0-14	149,879	21.2%	125,481	20.6%	19.6%
15-19	59,206	8.4%	25,434	4.2%	7.0%
20-24	57,989	8.2%	65,989	10.9%	7.1%
25-34	86,927	12.3%	85,225	14.0%	13.4%
35-54	184,713	26.1%	144,152	23.7%	27.4%
55-64	84,376	11.9%	76,030	12.5%	12.1%
65+	83,573	11.8%	85,838	14.1%	13.4%
Total	706,663	100.0%	608,149	100.0%	100.0%

Household Income Distribution

	Income Distribution		
2013 Household Income	HH Count	% of Total	USA % of Total
<$15K	80,829	31.5%	12.6%
$15-25K	42,399	16.5%	10.8%
$25-50K	67,742	26.4%	23.9%
$50-75K	33,358	13.0%	17.9%
$75-100K	15,909	6.2%	12.2%
Over $100K	16,422	6.4%	22.6%
Total	256,659	100.0%	100.0%

Education Level

	Education Level Distribution		
2013 Adult Education Level	Pop Age 25+	% of Total	USA % of Total
Less than High School	28,134	6.4%	5.9%
Some High School	70,334	16.0%	8.0%
High School Degree	141,987	32.3%	28.1%
Some College/Assoc. Degree	143,306	32.6%	29.0%
Bachelor's Degree or Higher	55,828	12.7%	28.8%
Total	439,589	100.0%	99.8%

Race/Ethnicity

	Race/Ethnicity Distribution		
Race/ Ethnicity	2013 Pop	% of Total	USA % of Total
White Non-Hispanic	58,044	8.2%	63.3%
Black Non- Hispanic	574,880	81.4%	12.2%
Hispanic	50,161	7.1%	16.6%
Asian & Pacific Is. Non-Hispanic	8,760	1.2%	5.0%
All Others	14,818	2.1%	2.9%
Total	706,663	100.0%	100.0%

US Census Bureau Data 2013 estimates

When looking outside of the City of Detroit, various zip codes in the Tri-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 twenty zip codes for both lowest average household income and highest proportion of the population without a high school diploma in the Tri-County area. The average household income of these zip codes is $37,620, which is significantly less than the average household income of $71,262 for the overall Tri-County area. Overall, 21% of residents in these zip codes have less than a high school education compared to 12% for the Tri-County area.

These twenty zip codes are also referenced in Figure 5b and have a similar percentage of racial/ethnic minorities as compared to the rest of the Tri-County area. As a whole these zip codes are composed of 34.5% minorities compared to 35.2% for the Tri-County area.

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

Macomb County	Oakland County	Wayne County*	
48043 Mt. Clemens	48342 Pontiac	48212 Hamtramck	48146 Lincoln Park
48015 Center Line	48340 Pontiac	48218 River Rouge	48180 Taylor
48091 Warren	48030 Hazel Park	48126 Dearborn	48184 Wayne
48089 Warren	48341 Pontiac	46229 Ecorse	
48066 Roseville	48034 Southfield	48141 Inkster	
	48071 Madison Heights	48122 Melvindale	

*Excludes Detroit

Figure 5b – Selected Zip Codes

Demographic Characteristics

	Top 20 Zips	USA
2010 Total Population		308,745,538
2014 Estimated Population	514,413	317,172,265
2019 Estimated Population	518,225	329,543,581
% Change 2014-2019	0.7%	3.9%
Average Household Income	$ 37,620	

	2014	2019	% Change
Total Male Population	251,546	n/a	n/a
Total Female Population	262,869	n/a	n/a

Population Distribution

Age Group	2014	% of Total	2019	% of Total	USA 2014 % of Total
	Age Distribution				
0-14	105,438	20.5%	104,904	20.2%	19.3%
15-19	35,975	7.0%	34,037	6.6%	4.0%
20-24	39,363	7.7%	35,447	6.8%	9.9%
25-34	72,048	14.0%	72,951	14.1%	13.4%
35-54	135,419	26.3%	130,868	25.3%	26.5%
55-64	59,952	11.7%	63,663	12.3%	12.5%
65+	66,207	12.9%	76,350	14.7%	14.5%
Total	514,402	100.0%	518,220	100.0%	100.0%

Household Income Distribution

2014 Household Income	HH Count	% of Total	USA % of Total
	Income Distribution		
<$15K	73,412	18.6%	11.5%
$15-25K	62,574	15.8%	11.1%
$25-50K	113,828	28.8%	24.3%
$50-75K	75,962	19.2%	18.7%
$75-100K	33,262	8.4%	10.7%
Over $100K	36,616	9.3%	23.7%
Total	395,654	100.0%	100.0%

Education Level

2014 Adult Education Level	Pop Age 25+	% of Total	USA % of Total
	Education Level Distribution		
Less than High School	22,019	6.6%	n/a
Some High School	47,041	14.1%	n/a
High School Degree	15,768	34.7%	n/a
Some College/Assoc. Degree	104,425	31.3%	n/a
Bachelor's Degree or Higher	44,372	13.3%	n/a
Total	233,625	100.0%	0.0%

Race/Ethnicity

Race/ Ethnicity	2014 Pop	% of Total	USA % of Total
	Race/Ethnicity Distribution		
White Non-Hispanic	337,384	65.6%	72.3%
Black Non- Hispanic	126,907	24.7%	12.6%
Hispanic	n/a		n/a
Asian & Pacific Is. Non-Hispanic	19,302	3.8%	5.0%
All Others	30,816	6.0%	10.1%
Total	514,409	100.0%	100.0%

Data Source- Crimson Analytics for 20 zip code identification and Demographics, except Education. Database does not include same data elements as US Census

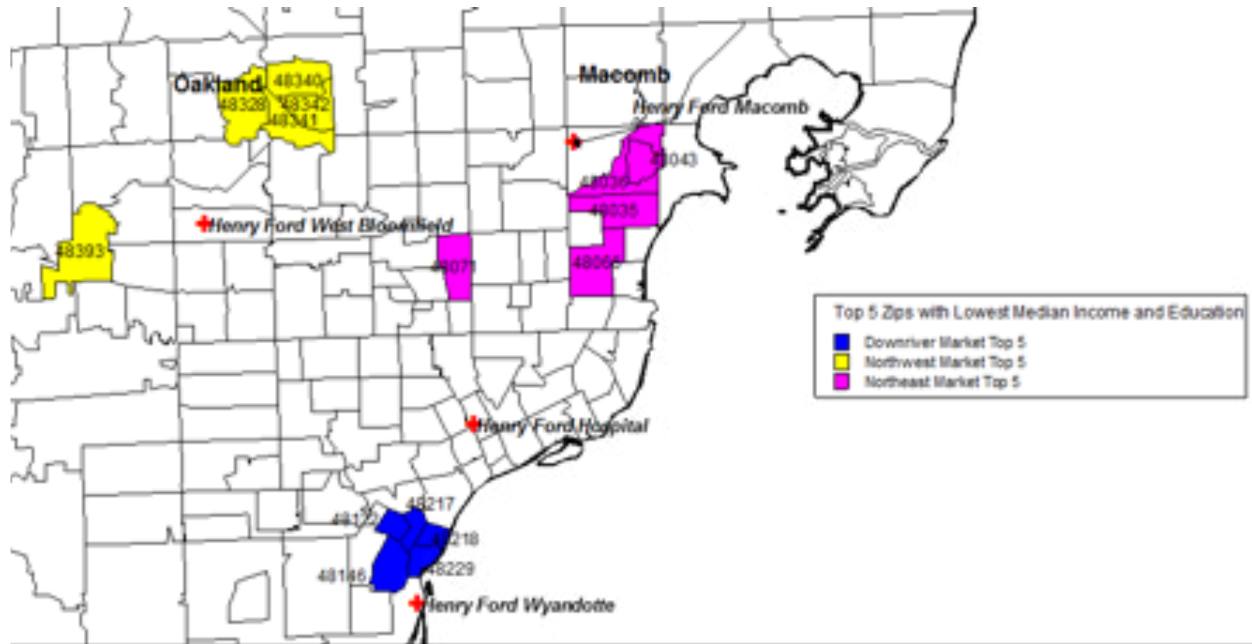
As a result, the Detroit area and above twenty zip codes, as well as other zip codes with similar characteristics, are of particular interest in planning community needs initiatives within the Tri-County area.

A similar review was done for our community hospitals, which identified the top five zip codes in each area that have lower incomes and less education.

When looking at the top five zip codes for HF Wyandotte Hospital with lowest median household income and education, there is an $11,000 average difference in median income for the zip codes

in comparison to the other hospitals. In addition, there is a larger percentage of those who have less than a high school education and lower percentage of those with bachelor's degrees or higher in these zip codes. Similar trends appear when looking at the top five zip codes for HF Macomb Hospital and HF West Bloomfield Hospital. Figure 6 depicts these zip codes graphically. This data will influence the focus of our community hospital action plans.

Figure 6 – Top 5 Zips surrounding each community hospital with Low Median Income and Education



Crimson Census data and figure 5a

SECTION 3: ASSESSMENT OF SIGNIFICANT HEALTH ISSUES WITHIN THE TRI-COUNTY AREA

The CHNA process included an in-depth review of national, state, and local data. Some common health issues or trends include the prevalence of cardiovascular disease, asthma, cancer, diabetes and mental health related issues, as well as the risk factors that contribute to developing chronic conditions such as obesity, low physical activity, cigarette smoking, and drug and alcohol abuse. Significant societal factors also negatively impact health and are experienced in various pockets within the Tri-County area, including harmful environmental factors (i.e. poor air quality, lead exposure), lack of adequate health insurance, low education, low income and lack of adequate transportation. Indications support that poor health outcomes are often made worse by the interaction between individuals and their social and physical environment.

Social Determinants of Health Including at-Risk Populations

Two groups at particular risk for developing disease and participating in risky behaviors in the Tri-County area are those with lower income and/or education. The correlation that is frequently observed is as income and education decreases, the prevalence of risky behaviors and chronic conditions increases, and the prevalence of preventive practices decreases. There are several examples of this theme. According to the 2013 Michigan Behavioral Risk Factor Survey estimates, looking at those whose income is less than $20,000 and between $20,000 and $34,999:

- The prevalence of women receiving an appropriately timed breast exam was estimated to be 47.6% of the population for those with less than a high school degree, but 74.8 % for the population of college graduates. With regard to income, 49.5% of women with household incomes less than $20,000 were estimated to receive a breast exam versus 78.3% of those with household incomes above $75,000.
- The prevalence of women receiving an appropriately timed cervical cancer screening was estimated to be 63.6% of the population for those with less than a high school degree, but 84.5% for the population of college graduates. With regard to income, 66.5% of women with household incomes less than $20,000 were estimated to receive an appropriately timed cervical cancer screening versus 86.5% of those with household incomes above $75,000.
- The prevalence of men receiving a prostate cancer screening was estimated to be 58.6% of the population for those with less than a high school degree, but 82.5 % for the population of college graduates. With regard to income, 59.2% of men with household incomes less than $20,000 were estimated to receive a prostate cancer screening versus 81.7% of those with household incomes above $75,000.
- The prevalence of adults who currently smoke is 42.9% for those with less than a high school education versus 7.2% for those who have graduated college. Regarding income, the prevalence of cigarette smoking is 36.4% for those making less than $20,000 versus 10.8% for those making $75,000 or more.

Other areas where this income/education correlation is seen include health status, health care access, cardiovascular disease, depression, disability, physical activity, oral health, and diabetes. Given how income and education impact the prevalence of risky behavior and disease, it is important to prioritize efforts for communities and households with lower income and education.[10]

[10] 2013 Michigan Behavioral Risk Factor Survey estimates

As noted earlier, pockets of communities with lower income and education exist throughout the Tri-County area. One such pocket in Wayne County is the City of Detroit where average household income is 52% below the U.S. average, and 13% of the Detroit community has a bachelor degree or higher versus 29% for the U.S. overall. Another such pocket in Oakland County are the communities making up the city of Pontiac (48340 to 48342). In Pontiac, the median household income is 53% below the Oakland County median and 41% below the U.S median.[11] With regard to education, approximately 12% of Pontiac adults 25 years & older have a bachelor's degree or higher versus 48% for Oakland County overall. A similar pocket within Macomb County includes the communities of Centerline (48015) and Mt. Clemens (48043). The average household income within these communities is approximately 34% below the Macomb County average and roughly 16% of residents of these communities have no high school diploma versus 12% for Macomb County overall. These income/education disparities put Tri-County residents at particular risk for unsafe health behaviors such as smoking and poor nutrition, and developing chronic conditions such as asthma, diabetes and heart disease.

Although our metrics were generally recorded prior to the full deployment of the Affordable Care Act and Medicaid Expansion, the ACA has positively impacted access factors and barriers.[12] Figure 7 below reflects levels of coverage in our communities served and estimates of health care coverage. At a state level, we are seeing significant improvement. According to a recent study by the Center for Healthcare Research & Transformation (CHRT, University of Michigan), Michigan uninsured rates dropped from 14% to 7% between 2012 and 2014. While data below do not yet reflect the improved coverage that the CHRT study found, Henry Ford has noted a shift in the communities we serve. For example, there is less demand for subsidized clinics in Macomb County, but we continue to see challenges surrounding access for certain specialties for our at-risk populations. In addition, challenges remain with patients presenting in ED's in the Tri-County area rather than going to their primary care physicians when they are ill or for annual visits. Access is hindered due to lack of transportation, high deductibles, misunderstanding of resources available, and other socioeconomic factors.

Figure 7 - Health Care Coverage & Access

	% Estimated Prevalence					
Subject Issue	**Michigan**	**Macomb**	**Oakland**	**Wayne***	**Detroit**	**Notes - Trends 2010-2014**
No Personal Health Provider	17.0%	14.2%	14.3%	14.8%	25.3%	Detroit is above State average
No Health Care Access in Past 12 Months due to Cost	15.5%	16.1%	12.6%	13.6%	24.9%	Macomb, Detroit above State avg.

Source: Michigan BRFS, 2012-2014 Combined Estimates *Wayne County excluding Detroit Region

Figure 8 summarizes the estimated prevalence of adults' healthcare coverage and access by race. Again, a racial disparity can be observed between the percentage of whites and minorities who have no healthcare coverage, no personal healthcare provider, and no health care access in the past 12 months due to cost. In comparing results, data indicate that while more white and black Michigan residents have health care coverage, they have not chosen a health care provider. In addition, there is an increase across the board in no health care access in the past 12 months. This could be due to the higher deductible health plans.

[11] http://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml#none
[12] http://www.chrt.org/publication/cover-michigan-survey-2014-coverage-and-health-care-access/#accordion-section-2

Figure 8 - Healthcare Coverage & Access by Race

	% Estimated Prevalence		
Subject Issue	White	Black	Hispanic
No Personal Health Provider	23.1%	30.6%	27.4%
No Health Care Access in Past 12 Months due to Cost	16.7%	21.5%	33.0%

Source: Michigan BRFS, 2014 Data

Racial and ethnic minority populations are another at-risk group for developing various chronic diseases and illnesses. The problem of racial health disparities exists both at state and national levels, and as a result the elimination of these disparities became a significant national concern in 1998. Under President Bill Clinton, six categories were identified with the goal of reducing racial and ethnic disparities and include adult immunization, cardiovascular health, cancer care, diabetes, HIV/AIDS and infant mortality. The term "health disparity" is often used to signify two different areas for which there is an important distinction: "health disparity" refers to differences in health outcomes and status, and the term "healthcare disparity" refers to differences in the care offered to people with similar health conditions.

Figure 9 summarizes age-adjusted death rates by race. This figure clearly illustrates persistent, significant racial disparities between white and black populations in Michigan and highlights the need for improvement. One significant racial disparity of note is AIDS. The AIDS death rate for whites was 0.4 per 100,000 versus the death rate for blacks being 5.8 per 100,000 in 2013. Another area of significant disparity is infant mortality. The infant mortality rate for whites was 5.7 per 1,000 live births versus 13.1 per 1,000 live births for blacks in 2013. There has been, as identified in Figure 9, slight improvements in death rates in most common conditions since the 2013 assessment. The prevalence of Alzheimer's disease, however, has increased for all races since the 2013 assessment.

Figure 9 – Michigan Age Adjusted Death Rates (per 100,000) by Race

Condition	All Races	White	Black	Notes- Trends 2010-2014
Overall Death Rate	**783.3**	758.3	**965.1**	Improvement in Black and all Races
AIDS	**1.2**	**0.4**	**5.8**	Across the board Improvement
Alzheimer's Disease	26.5	27.3	20.5	Increase in all areas, but black is most significant
Cancer	**170.7**	**166.7**	**207.3**	Across the board improvement
Diabetes Mellitus	**23.7**	**21.6**	38.7	Minor improvements in All Races, White, decline in Black
Heart Disease	**199.9**	**190.3**	274.1	Black stayed flat, improvement in other areas
Infant Mortality (per 1,000 live births)	**7.0**	5.7	**13.1**	Improvement in Black and all Races
Kidney Disease	**13.9**	**12.4**	26.3	Slight improvements in All Races, White, decline in Black
Pneumonia/Influenza	15.7	15.4	**17.7**	Black improved, decline in White and All Races
Stroke	36.3	34.7	**48.3**	Significant improvement in Black
Suicide	12.9	13.9	7.2	Fairly unchanged between reporting periods

Source: Michigan Department of Community Health

Figure 10 examines infant mortality more closely in the Tri-County region. According to the figure, Detroit has a significantly higher rate of infant mortality (13.6 per 1,000 live births) compared to the rest of the Tri-County area and Michigan overall. A growing body of research attributes this health disparity to social determinants of health including poverty, education, transportation, access to care, and racism. Current data reflect an overall improvement in Detroit and in all counties for the black population in comparison to the 2013 assessment results. Data reflect an increase in infant mortality in the City of Detroit for the white population by 4.9%.

Figure 10 - Infant Mortality by Region & Race (per 1,000 live births)

	Detroit	Wayne*	Macomb	Oakland	Michigan	Notes- Trends 2010-2014
All Races	13.6	6.8	6.2	6.3	6.8	Detroit continues to be above state average, but has improved
White	10.5	5.9	5.5	5.6	5.3	All areas above state average
Black	14.8	11.3	10.8	11.1	13.4	Across the board improvements, but Detroit remains above state average

Source: Michigan Department of Community Health 2011-13 Average

Lifestyle Factors/Preventive Practices

Lifestyle factors such as consumption of alcohol, smoking cigarettes, lack of physical activity, poor nutrition, unsafe sexual practices, and obesity are known to greatly impact the onset of disease and chronic illness. In addition, other preventive practices such as regular health screenings, health physicals, and dental care are also known to positively impact the onset and treatment of disease and chronic illness. As noted earlier, as income and education increase, the practice of risky behaviors such as smoking cigarettes or a sedentary lifestyle 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 or cancer screenings.[13]

Figure 11 outlines the prevalence of specific lifestyle factors for residents of the Tri-County area. Overweight or obesity is a particular area in need of improvement within the Tri-County area. Based on Figure 13, approximately 66% of Michigan and Tri-County residents are either obese or overweight, a slight decrease from the 2013 assessment. This is an area of particular concern given that obesity in particular is linked with many adverse health outcomes such as hypertension, type 2 diabetes, coronary heart disease, stroke, and sleep apnea. Another area in need of improvement is the consumption of fruit and vegetables. In 2013, an estimated 37.7% of adults in Michigan reported consuming fruits less than one time a day, and 24.8% reported consuming vegetables less than once daily.[14] The CDC found that 68.4% of adolescent children ate fruits or drank fruit juice less than 2 times per day during the 7 days prior to the study. 88.4% ate vegetables less than 3 times per day and 27.6% drank a can, bottle or glass of soda or pop at least one time per day during the week prior to the study.[15] Overall, there was an increase in many risky behaviors between reporting periods except prevalence of population being overweight.

[13] Healthy Michigan 2010
[14] 2013 Behavioral Risk Factor Survey, Michigan Department of Community Health
[15] http://www.cdc.gov/obesity/stateprograms/fundedstates/pdf/michigan-state-profile.pdf
* excludes Detroit

Figure 11 - Prevalence of Risky Behaviors

Subject Issue	% Estimated Prevalence					
	Michigan	Macomb	Oakland	Wayne*	Detroit	Notes- Trends 2010-2014
Obese	31.1%	33.1%	26.9%	30.4%	37.0%	Prevalence increased in all areas but Detroit
Overweight	34.7%	33.1%	36.0%	33.8%	31.4%	Prevalence decreased in all areas but Oakland
No Leisure-Time Physical Activity	24.4%	24.4%	20.2%	23.0%	37.5%	Prevalence increased in all areas but Detroit
Poor Mental Health	12.6%	12.0%	11.4%	12.3%	18.0%	
Poor/Fair General Health	17.2%	17.2%	13.0%	16.4%	31.4%	
Current Cigarette Smoking	22.0%	25.3%	17.8%	20.9%	30.7%	Prevalence significantly increased in all areas
Heavy Drinking	6.4%	6.2%	5.6%	6.0%	4.9%	Prevalence increased in all areas
Binge Drinking	19.0%	20.7%	18.3%	18.5%	17.4%	Prevalence increased in all areas

Source: Michigan BRFS 2012-14 combined *Excludes City of Detroit

Figure 12 outlines several preventive screening and awareness practices that are in need of improvement within regions of the Tri-County area. Oakland County appears to perform well in comparison to state estimates on many of these practices such as receiving a flu vaccine, and being screened for cervical and breast cancer. Detroit on the other hand has lower prevalence of preventive health practices compared to Michigan averages such as receiving the flu vaccine, having a routine checkup in past year, breast cancer, colorectal cancer and prostate cancer screening, and seatbelt use. From a geographic perspective, one important area to target for preventive health practices is the Detroit region. As shown in the Figure 11, residents of this region show a lower prevalence of engaging in these preventive measures across several categories. For example, adults receiving the flu vaccine was estimated to be 40.4% of Detroit residents versus 56.6% of Michigan residents overall. The importance of residents receiving this vaccination is evident given the aging of the population coupled with the fact that influenza is one of the leading causes of death (Figure 13), and bacterial pneumonia is among the leading causes of preventable hospitalizations (Figure 14) in the Tri-County region and Michigan overall.

Figure 12 - Prevalence of Preventive Health Practices

Subject Issue	% Estimated Prevalence					
	Michigan	Macomb	Oakland	Wayne*	Detroit	Notes- Trends 2010-2014
Had Flu Vaccine in Past Year	56.6%	56.2%	57.9%	56.0%	40.4%	Significant across the board decline
No Routine Checkup in Past Year	30.6%	29.6%	28.8%	29.2%	25.8%	Across the board improvement
Breast Cancer Screening (Women 40+)	49.1%	46.7%	50.8%	47.5%	43.1%	Significant across the board decline
Cervical Cancer Screening (Women 18+)	77.2%	74.9%	79.4%	76.0%	81.7%	Improvement in Detroit only
Prostate Cancer Screening (Men 50+)	46.3%	59.6%	51.7%	47.4%	33.6%	Significant across the board decline
Colorectal Cancer Screening (50+)	68.6%	71.5%	70.0%	66.4%	61.2%	Across the board improvement
Dental Visit in Past Year	31.7%	25.6%	26.4%	30.8%	52.3%	Across the board improvement
Ever Had an HIV Test	40.6%	39.3%	42.8%	41.4%	68.6%	Across the board improvement
Always uses seatbelt	88.5%	89.6%	90.1%	90.3%	86.4%	

Source: Michigan BRFS 2012-14 combined *Excludes City of Detroit

Chronic Disease Prevalence

As noted above, poor lifestyle choices such as not engaging in 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 13 outlines the prevalence of several chronic conditions for the Tri-County area and Michigan. Overall, we have seen an increase in chronic disease and illness across the board when comparing Michigan and county data between reporting periods, with the exceptions identified below. Specifically, Detroit is the area most in need of improvement with regard to chronic disease in the region, scoring lower than Michigan and the remaining Tri-County area on the majority of measures. Two chronic conditions that impact a higher percentage of Tri-County residents are arthritis and asthma.

Figure 13- Prevalence of Chronic Disease & Illness

	% Estimated Prevalence					
Subject Issue	**Michigan**	**Macomb**	**Oakland**	**Wayne***	**Detroit**	**Notes- Trends 2010-2014**
General Health, Fair or Poor	17.2%	17.2%	13.0%	16.4%	31.4%	
Poor Physical Health	12.9%	11.0%	9.6%	13.2%	18.4%	
Poor Mental Health	12.6%	12.0%	11.4%	12.3%	18.0%	
Ever Told Arthritis	31.7%	**29.8%**	27.7%	31.7%	32.4%	Improvement ONLY in Macomb
Ever Told Asthma	15.8%	17.2%	15.8%	**16.1%**	20.1%	Improvement ONLY in Wayne
Ever Told Any Cardiovascular Disease	10.0%	10.8%	9.1%	10.1%	11.5%	
Ever Told Heart Attack	5.2%	5.3%	**4.0%**	5.5%	5.3%	Improvement ONLY in Oakland
Ever Told Angina/Coronary Heart Disease	5.2%	5.9%	4.7%	4.4%	4.6%	
Ever Told Diabetes	10.4%	**8.5%**	9.4%	10.1%	14.6%	Improvement ONLY in Macomb
Ever Told Stroke	3.4%	4.7%	3.2%	3.1%	5.1%	

Source: Michigan BRFS 2012-14 combined *Excludes City of Detroit

When examining the leading causes of death across the Tri-County area (Figure 14) it appears that heart disease and cancer remain by far the dominant causes of death. Oakland County is the only county that has shown change in leading causes of death, with declines in rates in six of the top ten causes, and experiencing lower rates than Michigan overall. Both Wayne County and Detroit rates have improved, but are above state averages in most causes of death. Of note is the higher rate of stroke causing death in Detroit versus other Tri-County regions and Michigan overall, but the rate represents an improvement over the 2013 assessment.

Figure 14 – Age-Adjusted Death Rates for 10 Leading Causes (Sorted by Michigan Rate)

	Rate per 100,000 population					
Cause of Death	**Michigan Rate**	**Macomb Rate**	**Oakland Rate**	**Wayne* Rate**	**Detroit Rate**	**Notes- Improvement 2010-2013**
Heart Disease	199.7	209.9	171.7	219.9	314.1	Oakland, Wayne & Detroit
Cancer	170.7	169.2	149.2	175.1	211.3	Across the board improvement
Chronic Lower Respiratory Diseases	46.8	44.6	36.5	52.7	38.2	Oakland
Stroke	36.3	31.2	35.2	34.3	39.9	Macomb, Wayne & Detroit
Unintentional Injuries	39.7	48.1	24.9	43.2	48.9	Oakland & Wayne
Alzheimer's Disease	26.4	27.4	21.4	27.3	16.3	No Trended Improvement
Diabetes Mellitus	23.7	25.8	19.4	25.3	32.0	Oakland & Wayne
Pneumonia/Influenza	15.7	16.0	12.9	17.3	22.3	No Trended Improvement
Kidney Disease	13.9	13.6	12.1	15.1	23.9	Across the board improvement
Intentional Self-Harm (suicide)	12.9	14.4	11.5	13.5	8.6	No Trended Improvement
All Causes	782.8	804.5	676.1		1028.7	

Source: Michigan Department of Community Health, 2013

Preventable Hospitalizations

Preventable hospitalizations are hospitalizations for conditions where timely and effective ambulatory care could have decreased or prevented these hospitalizations. The leading diagnosis involving preventable hospitalizations in all regions of the Tri-County area is congestive heart failure (Figure 14). This condition accounted for 11,146 (9.3%) of the 119,784 total preventable hospitalizations in the Tri-County area. Bacterial pneumonia (10,101) and chronic obstructive pulmonary (10,864) were two other diagnoses making up a large number of preventable hospitalizations. Of particular note is asthma being the 2nd highest cause of preventable hospitalizations in Detroit. This highlights one specific area of focus for potential improvement in Detroit that could make a large positive impact in community health and hospital resources given the high number of hospitalizations caused by asthma in Detroit (3,051 hospitalizations). Figure 15 lists the remaining top preventable hospitalization conditions in the Tri-County area.

Figure 15 - Ten Leading Causes of Preventable Hospitalizations (Sorted by Michigan Discharges)

	Discharges & Rank					
Causes of Preventable Hospitalization	**Michigan Rate**	**Macomb Rate**	**Oakland Rate**	**Wayne* Rate**	**Detroit Rate**	**Notes- Improvement 2011-2013**
Congestive Heart Failure	32615 (1)	2682 (1)	3701 (1)	3854 (2)	4239 (1)	Across the board improvement
Bacterial Pneumonia	25932 (2)	2013 (3)	2578 (2)	3425 (3)	2085 (5)	Across the board improvement
Chronic Obstructive Pulmonary	24386 (3)	2193 (2)	2435 (3)	3861 (1)	2375 (4)	Across the board improvement
Kidney/Urinary Infections	16313 (4)	1801 (5)	2277 (4)	2706 (4)	1469 (7)	Across the board improvement
Cellulitis	16087 (5)	1907 (4)	2079 (5)	2476 (5)	1650 (6)	Wayne & Detroit
Diabetes	14632 (6)	1252 (6)	1538 (7)	1715 (6)	2479 (3)	Wayne & Detroit
Asthma	12687 (7)	1116 (7)	1542 (6)	1610 (7)	3051 (2)	Across the board improvement
Grand Mal & Other Epileptic Conditions	7943 (8)	695 (8)	909 (8)	991 (8)	1422 (8)	Across the board improvement
Dehydration	5098 (9)	484 (9)	655 (9)	716 (9)	584 (9)	Across the board improvement
Gastroenteritis	3875 (10)	463 (10)	458 (10)			Oakland
Hypertension				475 (10)	570 (10)	Detroit
Other Ambulatory Care Sensitive Conditions	90,022	9,355	11,688	12,618	11,659	
All Ambulatory Care Sensitive Conditions	267,000	23,961	29,860	34,538	31,425	

Source: Michigan Department of Community Health, 2013 *Excludes City of Detroit

The top ten preventable hospitalization conditions occurring in the Tri-County area are virtually identical to conditions responsible for preventable hospitalizations at the state level. Some differences in order are evident amongst the various conditions, such as asthma, diabetes and kidney/urinary infections. Hypertension replaces gastroenteritis in the top ten for Wayne County and Detroit. Figure 16 lists the percentage that preventable hospitalizations comprise of total hospitalizations in the Tri-County area by region.

Figure 16 - Proportion of Preventable Hospitalization to All Hospitalizations

Geographic Area	Preventable Hospitalizations	All Hospitalizations	% Total	Notes- Improvement 2011-2013
Michigan	249,590	1,299,613	19.2%	Improvement of 1.4%
Macomb	23,961	120,666	19.9%	Improvement of 12.2%
Oakland	29,860	149,791	19.9%	Improvement of .7%
Wayne*	34,538	161,596	21.4%	Improvement of 2.1%
Detroit	31,425	132,062	23.8%	Improvement of 2.6%

Source: Michigan Department of Community Health, 2013 *Excludes City of Detroit

The above figure highlights that preventable hospitalizations account for approximately 21% to 24% of all hospitalizations in the Tri-County area with Oakland and Macomb Counties at the low end and Detroit at the high end of the spectrum. Given these ratios, approximately one in every four hospital admissions in the Tri-County area could have been prevented. Reducing the number of preventable hospitalizations is vitally important as such admissions increase the cost of health care to the region and divert resources that could be utilized elsewhere.

SECTION 4: EXTERNAL INPUT - SURVEY RESULTS OF COMMUNITY STAKEHOLDER SURVEY

Our methodology for data collection involved reaching out to community experts and other members of community agencies in Wayne County using a web-based 17-question survey. The survey was distributed to health leaders and other respected individuals within the community representing public agencies and programs from February through April of 2016. In addition, two focus groups were conducted.

Individuals surveyed included leaders from agencies such as the Community Health and Social Services (CHASS) Center; Detroit Department of Health and Wellness Promotion; the Institute for Population Health; United Community Health Care Plan; United Way of Southeastern Michigan; Michigan Department of Health and Human Services, and many others. Focus group participants consisted of representatives from Authority Health; Macomb County Health Department; Macomb County Department of Health and Community Services; Wayne County Health Department; Veterans, and Community Wellness; Beaumont Health; and leaders from various faith communities in Wayne County. Participants' expertise ranged from executives and directors to nursing, epidemiology, superintendents, data analysts and consultants. From their survey responses and focus group discussions, we gained insight into the kinds of health issues our communities face as we approach the end of the decade.

Our methodology also included use and secondary survey results for Macomb and Oakland counties. Our results included both survey and focus group feedback. Additionally, we located state health needs data for HFHS using the Michigan Behavioral Risk Factor Survey and Michigan Department of Health and Human Services profiles. Data from these sources can be found in the appendix.

SECTION 5: 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.

Nutrition/Eating Disorders is a health concern as evidenced by obesity rates, preventable hospitalizations for dehydration and generally poor health states.

Drug/Alcohol Abuse is a health concern due to the rates of liver and kidney disease affecting the community. Accidental overdose is number 1 cause of death in the United States.

Infant mortality is a health concern as evidenced by the high rate of infant death, poverty as well as racial and ethnic disparities.

Diabetes/Kidney disease is a health concern as evidenced by the highest rate of the condition per 100,000 people in the Tri-County area as well as being the third leading cause of preventable hospitalizations.

Access to affordable healthy food is a health need also evidenced by obesity rates, preventable hospitalizations for dehydration and generally poor health status.

Cancer is a health concern due to a higher smoking rate, lower education levels and lack of access to regular health care.

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.

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.

Asthma rate and control is a health concern due to the higher rates of asthma caused by higher smoking levels and the fact that it is the second leading cause of preventable hospitalizations.

Alzheimer's/Dementia is a heath concern due to its increasing rates as one of the top ten causes of death in Michigan.

Stroke is a heath concern due to its place as one of the top three causes of death in Michigan.

Through surveying leaders in the Wayne, Macomb and Oakland communities, we discovered common and overlapping themes from one county to the next, as well as issues unique to each area. Each county demonstrates the need to address obesity, diabetes, heart disease and cancer and services to address these concerns in order to work towards a healthier community. This is comparable to the major chronic conditions many Americans suffer from today.[16]

[16] http://www.cdc.gov/chronicdisease/overview/index.htm

In regards to singular issues, Wayne County respondents indicated a desire to address infant mortality and asthma. For the county, the infant death rate is 6.8 per 1,000 live births[17], and 13.6 per 1,000 live births for the City of Detroit[18], significantly higher than the state and nationwide rates. Asthma rates in Wayne are also significantly higher than other areas of the state at 1,610 hospitalizations, accounting for almost 5% of all discharges, and 3,051 hospitalizations in the City of Detroit, accounting for almost 10% of all discharges.

Macomb and Oakland County respondents expressed a desire to address mental health, drug and alcohol abuse, bullying and suicide. While statistics are lacking in this regard, considering the widening spotlight on bullying, the fact that survey participants felt these public health issues were serious problems needing attention, and the fact that national and state suicide rates are higher than homicide rates[19], mental health and the issues surrounding it should be a renewed focus for current public health efforts.

To determine priorities and recommendations, a list of all identified issues from our state and survey data was created and presented to our HFHS community health stakeholders. These stakeholders were asked to identify those issues that would be the focus of the hospitals for the community. Below are the identified priorities.

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

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

Each hospital will develop implementation plans which identify strategies and tactics best suited to address the community health needs identified above, focusing on areas that lack resources or

[17] http://www.mdch.state.mi.us/PHA/OSR/InDxMain/Tab3.asp
[18] http://www.mdch.state.mi.us/PHA/OSR/InDxMain/Tab4.asp
[19] http://www.worldlifeexpectancy.com/usa-homicide-vs-suicide

do not have a strong existing community partner. The implementation plans will include metrics for evaluating the effectiveness of our community benefit programs in addressing these important priorities. The Community Pillar team will ensure the appropriate strategies are in place to advance CHNA implementation and adequately address population health.

CONCLUSION

The Tri-County area of Wayne, Oakland, and Macomb counties and the City of Detroit face significant healthcare challenges. A wide range of education and income levels coupled with varying social determinants of health are problems that require strength, dedication and creativity in order to impact those populations most in need. Due to the prevalence of chronic diseases and factors including many social determinants of health, we must prioritize these concerns and address them in order to mitigate the effects of these conditions. Henry Ford Health System is strategically positioned to meet these challenges and combat the health plights of our communities. We are able to utilize our strengths and abilities to battle the major health problems affecting area communities and seek out new ways to truly transform lives. With further impact of healthcare reform, an increasingly diverse Tri-County population and expertise in community outreach and engagement, HFHS with its partners at the neighborhood, local, regional, state and national level will be able to address the unmet needs of the region now and in the future.

APPENDIX

- Maps and Demographic Data - Top 5 Zip Codes by Community Hospital
  - Henry Ford Wyandotte Hospital
  - Henry Ford Macomb Hospital
  - Henry Ford West Bloomfield Hospital
- State identified priorities
- Survey identified priorities
- State & survey combined identified priorities
- Focus group process
- Focus group participant lists
- Wayne County survey
- Wayne County survey participant list

Top 5 Zip Codes- HF Wyandotte Market

Demographic Characteristics

	Top 5 Zips	USA
2010 Total Population		308,745,538
2014 Estimated Population	74,962	317,172,265
2019 Estimated Population	75,002	329,543,581
% Change 2014-2019	0.1%	3.9%
Median Household Income	$ 30,230	

	2014	2019	% Change
Total Male Population	36,136	n/a	n/a
Total Female Population	38,800	n/a	n/a

Zip Codes: 48218, 48229, 48146, 48217, 48122

Population Distribution

Age Group	2014	% of Total	2019	% of Total	USA 2014 % of Total
	Age Distribution				
0-14	15,236	20.3%	15,124	20.2%	19.3%
15-19	4,986	6.7%	4,954	6.6%	4.0%
20-24	5,271	7.0%	4,865	6.5%	9.9%
25-34	10,281	13.7%	10,138	13.5%	13.4%
35-54	19,988	26.7%	18,922	25.2%	26.5%
55-64	9,267	12.4%	9,779	13.0%	12.5%
65+	9,927	13.2%	11,213	15.0%	14.5%
Total	74,956	100.0%	74,995	100.0%	100.0%

Household Income Distribution

2014 Household Income	HH Count	% of Total	USA % of Total
	Income Distribution		
<$15K	11,110	18.8%	11.5%
$15-25K	8,864	15.0%	11.1%
$25-50K	17,814	30.2%	24.3%
$50-75K	11,038	18.7%	18.7%
$75-100K	5,098	8.6%	10.7%
Over $100K	5,072	8.6%	23.7%
Total	58,996	100.0%	100.0%

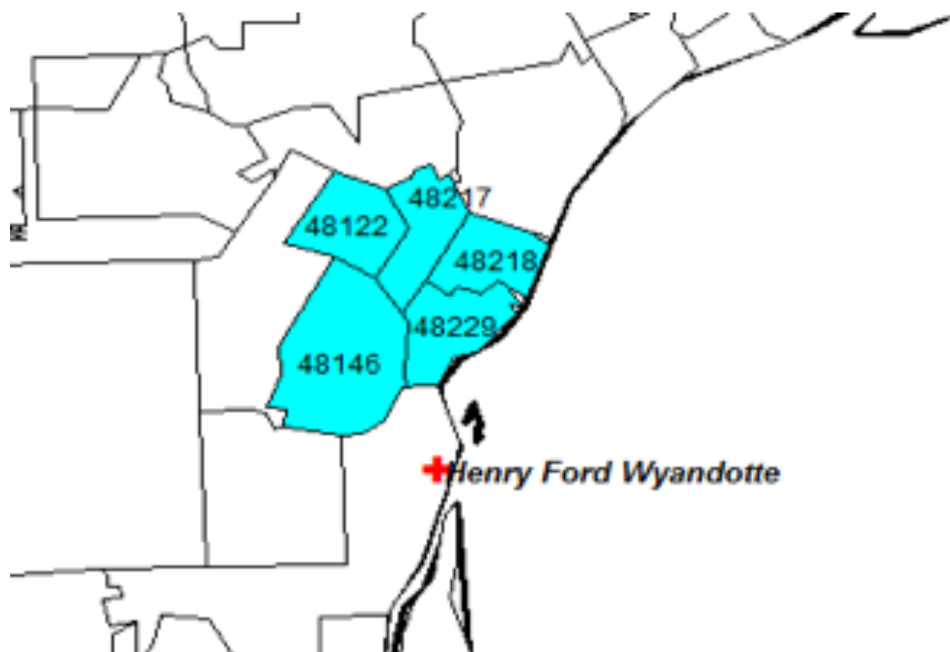
Education Level

2014 Adult Education Level	Pop Age 25+	% of Total	USA % of Total
	Education Level Distribution		
Less than High School	5,547	7.4%	n/a
Some High School	11,994	16.0%	n/a
High School Degree	28,411	37.9%	n/a
Some College/Assoc. Degree	22,788	30.4%	n/a
Bachelor's Degree or Higher	6,222	8.3%	n/a
Total	74,962	100.0%	0.0%

Race/Ethnicity

Race/ Ethnicity	2014 Pop	% of Total	USA % of Total
	Race/Ethnicity Distribution		
White Non-Hispanic	48,650	64.9%	72.3%
Black Non- Hispanic	18,868	25.2%	12.6%
Hispanic	n/a	0.0%	n/a
Asian & Pacific Is. Non-Hispanic	376	0.5%	5.0%
All Others	7,077	9.4%	10.1%
Total	74,971	100.0%	100.0%

Data Source- Crimson Analytics for 5 zip code identification and Demographics, except Education. Database does not include same data elements as US Census



Top 5 Zip Codes- HF Macomb Market

Demographic Characteristics

	Top 5 Zips	USA
2010 Total Population		308,745,538
2014 Estimated Population	149,663	317,172,265
2019 Estimated Population	151,868	329,543,581
% Change 2014-2019	1.5%	3.9%
Median Household Income	$ 44,437	

	2014	2019	% Change
Total Male Population	72,532	n/a	n/a
Total Female Population	77,131	n/a	n/a

Zip Codes: 48043, 48071, 48036, 48066, 48035

Population Distribution

Age Group	2014	% of Total	2019	% of Total	USA 2014 % of Total
	Age Distribution				
0-14	25,615	17.1%	25,514	16.8%	19.3%
15-19	9,460	6.3%	8,932	5.9%	4.0%
20-24	10,422	7.0%	9,489	6.2%	9.9%
25-34	20,707	13.8%	20,495	13.5%	13.4%
35-54	40,969	27.4%	39,403	25.9%	26.5%
55-64	19,144	12.8%	20,929	13.8%	12.5%
65+	23,337	15.6%	27,105	17.8%	14.5%
Total	149,654	100.0%	151,867	100.0%	100.0%

Household Income Distribution

2014 Household Income	HH Count	% of Total	USA % of Total
	Income Distribution		
<$15K	17,624	14.0%	11.5%
$15-25K	16,892	13.4%	11.1%
$25-50K	36,076	28.6%	24.3%
$50-75K	25,602	20.3%	18.7%
$75-100K	13,272	10.5%	10.7%
Over $100K	16,590	13.2%	23.7%
Total	126,056	100.0%	100.0%

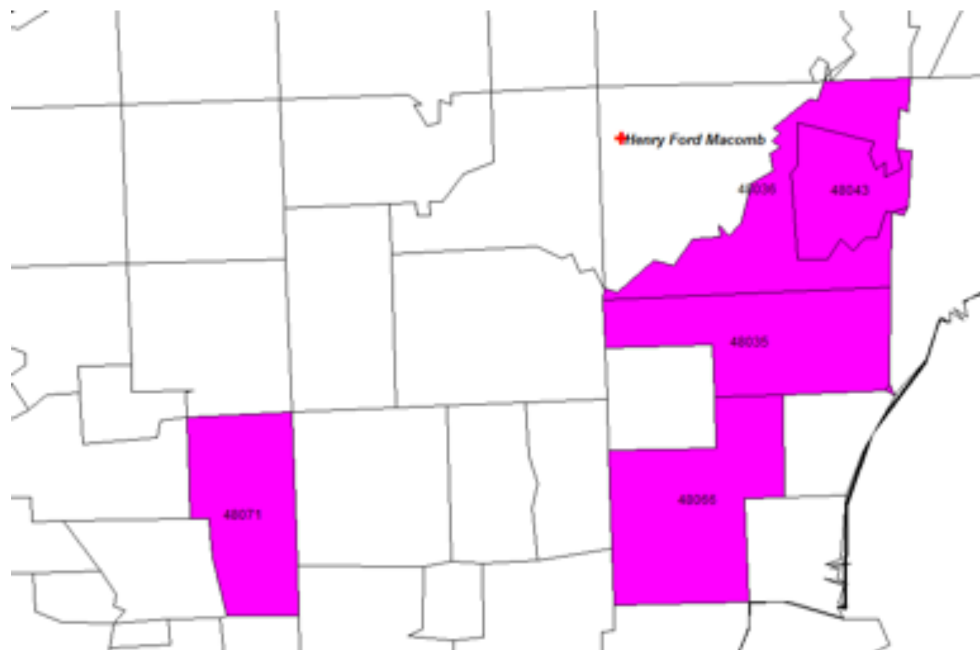
Education Level

2014 Adult Education Level	Pop Age 25+	% of Total	USA % of Total
	Education Level Distribution		
Less than High School	5,238	3.5%	n/a
Some High School	12,422	8.3%	n/a
High School Degree	46,845	31.3%	n/a
Some College/Assoc. Degree	52,831	35.3%	n/a
Bachelor's Degree or Higher	32,327	21.6%	n/a
Total	149,663	100.0%	0.0%

Race/Ethnicity

Race/ Ethnicity	2014 Pop	% of Total	USA % of Total
	Race/Ethnicity Distribution		
White Non-Hispanic	119,633	79.9%	72.3%
Black Non- Hispanic	20,969	14.0%	12.6%
Hispanic	n/a	0.0%	n/a
Asian & Pacific Is. Non-Hispanic	3,568	2.4%	5.0%
All Others	5,491	3.7%	10.1%
Total	149,661	100.0%	100.0%

Data Source- Crimson Analytics for 5 zip code identification and Demographics, except Education. Database does not include same data elements as US Census



Top 5 Zip Codes- HF West Bloomfield Market

Demographic Characteristics

	Top 5 Zips	USA
2010 Total Population		308,745,538
2014 Estimated Population	101,227	317,172,265
2019 Estimated Population	102,665	329,543,581
% Change 2014-2019	1.4%	3.9%
Average Household Income	$ 38,627	

	2014	2019	% Change
Total Male Population	49,622	n/a	n/a
Total Female Population	51,606	n/a	n/a

Zip Codes: 48342, 48341, 48393, 48340, 48328

Population Distribution

Age Group	2014	% of Total	2019	% of Total	USA 2014 % of Total
0-14	20,595	20.3%	21,062	20.5%	19.3%
15-19	7,370	7.3%	6,526	6.4%	4.0%
20-24	7,957	7.9%	7,186	7.0%	9.9%
25-34	14,198	14.0%	14,115	13.7%	13.4%
35-54	27,661	27.3%	26,806	26.1%	26.5%
55-64	11,763	11.6%	12,710	12.4%	12.5%
65+	11,689	11.5%	14,251	13.9%	14.5%
Total	101,233	100.0%	102,656	100.0%	100.0%

(Age Distribution)

Household Income Distribution

2014 Household Income	HH Count	% of Total	USA % of Total
<$15K	14,912	18.5%	11.5%
$15-25K	12,362	15.3%	11.1%
$25-50K	22,358	27.7%	24.3%
$50-75K	13,958	17.3%	18.7%
$75-100K	6,430	8.0%	10.7%
Over $100K	10,580	13.1%	23.7%
Total	80,600	100.0%	100.0%

(Income Distribution)

Education Level

2014 Adult Education Level	Pop Age 25+	% of Total	USA % of Total
Less than High School	5,264	5.2%	n/a
Some High School	11,844	11.7%	n/a
High School Degree	31,380	31.0%	n/a
Some College/Assoc. Degree	33,911	33.5%	n/a
Bachelor's Degree or Higher	18,828	18.6%	n/a
Total	101,227	100.0%	

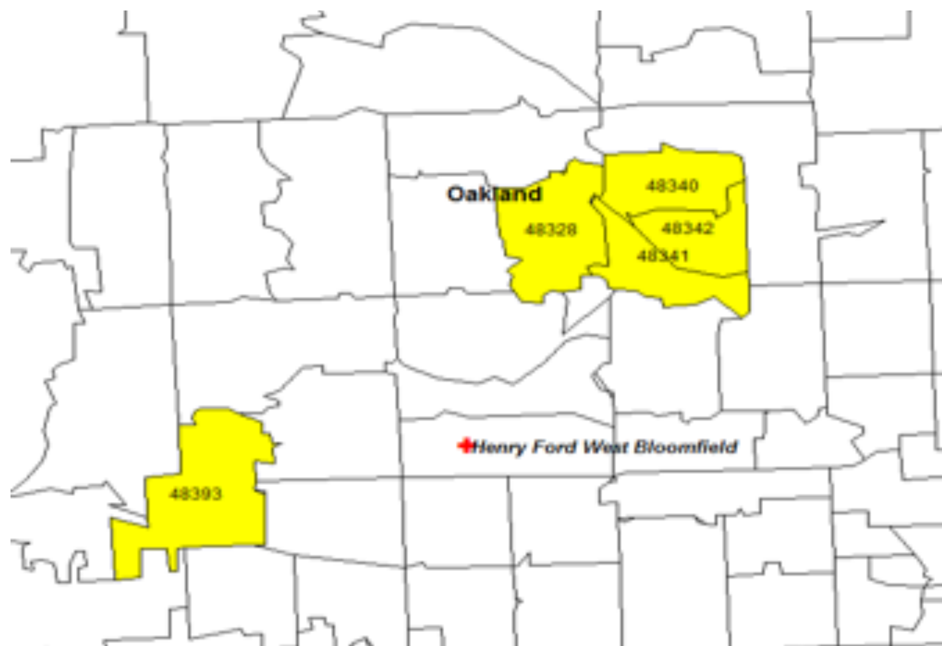
(Education Level Distribution)

Race/Ethnicity

Race/ Ethnicity	2014 Pop	% of Total	USA % of Total
White Non-Hispanic	55,394	54.7%	72.3%
Black Non- Hispanic	34,442	34.0%	12.6%
Hispanic	n/a	0.0%	n/a
Asian & Pacific Is. Non-Hispanic	2,484	2.5%	5.0%
All Others	8,907	8.8%	10.1%
Total	101,227	100.0%	100.0%

(Race/Ethnicity Distribution)

Data Source- Crimson Analytics for 5 zip code identification and Demographics, except Education. Database does not include same data elements as US Census



State Identified Priorities

Category	State of Michigan*^
Health Behavior Priority	• Mental Health/Suicide • Drug/alcohol abuse • Smoking • Lack of Physical Activity
Chronic Disease Priority	• Cardiovascular disease • Cancer • COPD • Stroke • Accidents • Alzheimer's • Diabetes • Pneumonia/Flu • Kidney Disease • Suicide
Determinants of Health	• Obese/overweight • Poor quality of life • Disability • Uninsured/underinsured

* http://www.mdch.state.mi.us/pha/osr/chi/profiles/frame.html
^ Michigan BRFS 2012-2014 combined

Survey Identified Priorities

Category	Oakland County	Macomb County	Wayne County
Health Behavior Priority	• Drug/Alcohol abuse • Bullying • Mental Health	• Mental Health • Drug/Alcohol abuse • Suicide	• Family planning • Nutrition • Mental Health • Smoking
Chronic Disease Priority	• Mental Health • Obesity • Diabetes • Heart disease • Cancer • Other chronic diseases	• Alzheimer's • Asthma • Cancer • COPD • Diabetes • Heart Disease • Kidney Disease • Liver Disease • Obesity • Stroke	• Alzheimer's • Asthma • Cancer • Diabetes • Drug/Alcohol Abuse • Heart Disease • Hypertension/High Blood Pressure • Infant Mortality • Mental Health/Suicide • Obesity
Determinants of Health	• Access to affordable healthcare • Access to healthy food	• Access to affordable healthy food • Jobs/Economy • Clean environment	• Poverty • Income • Transportation • Access to care providers • Social norms and attitudes

State & Survey Combined Identified Priorities

Category	State of Michigan*^	Survey Identified Priorities
Health Behavior Priority	• Mental Health/Suicide • Drug/alcohol abuse • Smoking • Lack of Physical Activity	• Mental Health • Drug/Alcohol abuse • Suicide
Chronic Disease Priority	• Cardiovascular disease • Cancer • COPD • Stroke • Accidents • Alzheimer's • Diabetes • Pneumonia/Flu • Kidney Disease • Suicide	• Mental Health • Obesity • Diabetes • Heart disease • Cancer • Alzheimer's • Asthma • CLRD/COPD • Kidney Disease • Liver Disease • Stroke • Drug/Alcohol Abuse • Hypertension/High Blood Pressure • Infant Mortality • Suicide
Determinants of Health	• Obese/overweight • Poor quality of life • Disability • Uninsured/underinsured	• Access to care providers • Access to affordable healthcare • Access to healthy food • Access to affordable healthy food • Jobs/Economy • Clean environment • Poverty • Income • Transportation • Social norms and attitudes

* http://www.mdch.state.mi.us/pha/osr/chi/profiles/frame.html
^ Michigan BRFS 2012-2014 combined

FOCUS GROUP PROCESS

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/ play in Wayne County/Detroit. This focus group will last for approximately 60 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 Wayne 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 and stakeholder surveys. 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. He/She will record the key components of what is said and may as 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 Wayne 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?
- (Ask the first question & record all responses. Repeat for questions two and three.)

State Identified Priorities

Question	Probes
Question 1 : When thinking about health, what are some of the greatest strengths and assets of your community?	**Probes for Question 1 :** • What does the community have that helps the health of its residents? • 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 : When thinking about health, what are some of the things that you see lacking in your "community?"	**Probes for Question 2 :** • What does the community not have that negatively impacts the health of its residents? • 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 3 : What do you believe are the 2-3 most important health related issues that must be addressed to improve the health and quality of life in your "community?"	**Probes for Question 3 :** • These might include things like personal needs, education, health, employment concerns • Can you give me an example of that? • If others have similar views can you tell me more about that? • What are the thoughts of others in the focus group?

Adjournment: We really appreciate your participation today. Thanks again

Focus Group Participants

Detroit – Wayne County Religious/Faith Leaders February 18, 2016 – 11:30 – 1 PM	**Detroit Regional Health Collaborative/Authority Health** April 7, 2016 – 2:00 pm – 4:00 pm
Raman Singh President, InterFaith Leadership Council of Metropolitan Detroit, representing Sikhism **Rev. Dr. John Duckworth** Pastor, Gethesmane Missionary Baptist Church; Past President, Interfaith Health & Hope Coalition **Reverend Barbara Anthony** Pastor Emeritus, Mitcham Chapel, African Methodist Episcopal Church **Rabbi Bunny Freedman** Chaplain and Executive Director, Jewish Hospice & Chaplaincy Network **Dr. James Tubbs, PhD** Professor, University of Detroit Mercy - Chair of Religious Studies **Dr. Ingrid Draper, PhD** Congregational Health Minister, Lutheran Church Missouri Synod - Acts 2E **Pastor Calvin Glass** Senior Pastor, Lord of Lords Christian Church **Shama Mehta** Hindu Hospital Chaplain, Beaumont Dearborn and Ecumenical Theological Seminary **Health Minister Nina Glass** First Lady and Health Minister, Lord of Lords Christian Church **Sister Ellen Burke** Manager, Spiritual Support Service, Henry Ford Hospital **Rev. Christopher Bodley** Pastor, Lutheran Church Missouri Synod - Acts 2E **Don Ferguson** Community Liaison, Henry Ford Health System **Chandru Acharya** Board Member, InterFaith Leadership Council of Metropolitan Detroit, representing Hinduism **Karen Kippen** Executive Director, Patient Centered Outcome Research, Henry Ford Health System **Nancy Combs** Director, Community Health, Equity and Wellness, Henry Ford Health System **Nate Keeslar** Administrative Fellow, Henry Ford Hospital and Health Network	**Dr. Mouhanad Hammami, MD** Wayne County Director and Health Officer of Wayne County Department of Health, Veterans, and Community Wellness **Steve Gold, MPH** Director of Macomb County Department of Health and Community Services **William Ridella, MBA, MPH** Director and Health Officer of Macomb County Health Department **Dennis Archambault, APR** Vice President of Public Relations at Authority Health **Betty Priskorn, MSW** Vice President of Community Health and Outreach at Beaumont Health **Dr. Carmen McIntyre, MD** Chief Medical Officer of Detroit Wayne Mental Health Authority **Peter Hammer, JD, PhD** Director of Damon J. Keith Center for Civil Rights and Professor of Law at Wayne State University **Chris Allen** President and CEO at Authority Health **Sarah Lewis, MPH, PhD Candidate** Health Data Analytics Consultant for Authority Health **Esperanza Cantú, MPH** W.K. Kellogg Population Health Fellow at Authority Health **Tim Killeen** District 1 Commissioner for Wayne County **Debora Murray, MA** Chief Compliance Officer and Community Benefit Director at Henry Ford Health System **Nancy Combs, MA** Director of Community Health, Equity & Wellness at Henry Ford Health System

Henry Ford Health System
Community Health Needs Assessment Stakeholder Survey

To help Henry Ford Health System identify the major health needs and issues of the communities we serve, we would appreciate you taking a few minutes to provide feedback on three topics: Promoting Healthy Behaviors, Managing Chronic Diseases and Determinants of Health.

Please provide the following information to help us best serve you.

First Name:

Last Name:

Zip Code:

County: (drop down of tri-county)

Organization: (drop down of organizations)

Role:

Section 1: Promoting Healthy Behaviors

This dimension assesses the importance of health services focused on the promotion of healthy lifestyle behaviors and preventive practices (nutrition, exercise, vaccinations, pregnancy & birth, health screenings, etc.)

A. When promoting healthy behaviors, which of the following services should be considered a priority? Please identify what you feel are the top 5 needs from the following list by checking the box next to the behavior.

- ☐ Physical Activity
- ☐ Smoking
- ☐ Safe Sexual Practices
- ☐ Dental Health
- ☐ Mental Health
- ☐ Family Planning
- ☐ Drug or Alcohol Abuse
- ☐ Nutrition
- ☐ Immunizations/Vaccinations
- ☐ Health Physicals/Screenings
- ☐ Other (write in option)

B. Of your top 5, please answer the following:

Priority	Available & meets existing needs	Available but fails to meet needs	Not Available	Population in greatest need
	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐

Section 2: Managing Chronic Diseases & Other Health Issues

This dimension assesses the importance of treating chronic disease in the community.

A. When managing chronic diseases, which of the following services should be considered a priority? Please identify what you feel are the top 5 issues from the following list by checking the box next to the disease or health issue.

- ☐ Alzheimer's
- ☐ Diabetes
- ☐ Pneumonia/Influenza
- ☐ Asthma
- ☐ Heart Disease
- ☐ Stroke
- ☐ Cancer
- ☐ Mental Health/Suicide
- ☐ Drug or Alcohol Abuse
- ☐ COPD
- ☐ Kidney Disease
- ☐ Liver Disease
- ☐ Obesity
- ☐ Hyper Tension/High Blood Pressure
- ☐ Infant Mortality
- ☐ Other (write in option)

B. Of your top 5, please answer the following:

Priority	Available & meets existing needs	Available but fails to meet needs	Not Available	Population in greatest need
	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐

Section 3: Determinants of Health

This dimension assesses the importance of various personal, social, economic and environmental factors impacting community health.

A. When considering determinants of health, which of the following should be rated most impactful to community health. Please identify what you feel are the top 5 issues from the following list by checking the box next to the determinant.

- ☐ Income/Ability to pay/Employment
- ☐ Adequate Health Insurance
- ☐ Access to Care Providers
- ☐ Transportation
- ☐ Language and Literacy
- ☐ Healthy Behaviors - Substance Abuse
- ☐ Healthy Behaviors - Exercise, Nutrition
- ☐ Health Behaviors - Prenatal, Breast Feeding
- ☐ Poverty
- ☐ Other (write in option)
- ☐ Social norms and attitudes toward race, age, gender, sexual orientation, culture or religion.

B. Of your top 5, please answer the following:

Priority	Available & meets existing needs	Available but fails to meet needs	Not Available	Population in greatest need
	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐

Section 4: Overall

1. What do you believe are currently the most important community **assets** available to serve the health needs of your county?

2. How can Henry Ford Health System better partner with you to improve the health of the communities we serve together?

Focus Group Participants

Organization	Name	Title	City
Detroit Health Department	Dr. Kanzoni Asabigi	Deputy Director	Detroit
Covenant Community Care	Paul Propson	Chief Executive Officer	Detroit
Data Driven Detroit	Kit Frohardt-Lane	Data Analyst	Detroit
Promotion	Leseliey Welch	Chief Strategy Officer	Detroit
	Alethia Carr	Public Health Consultant	Detroit
Detroit Food Policy Council	Winona Bynum	Executive Director	Detroit
Detroit Health Department	Dr. Abdul El-Sayed	Executive Director & Medical Officer	Detroit
Detroit Health Department	Yolanda-Hill Ashford	Maternal-Child Health Manager	Detroit
	Toni Grant	Director Practice Environment	Detroit
Detroit Public Schools	Wilam Taylor-Costen	Assistant Superintendent	Detroit
Downriver Guidance Center	Joe Evans	Director of Strategic Initiatives	Southgate
Eastern Market Association	Dan Carmody	President	Detroit
Excellent Schools Detroit	Denise Smith	VP, Early Childhood Learning	Detroit
Greater Detroit Area Health Co. - GDAHC	Kate Kohn Parrott	President/CEO	Detroit
Great Start Collaborative, Wayne	Gaylotta Murray	Early Childhood Community Liaison	Wayne County
Henry Ford Health System	Kathleen Conway	Director, School-Based Community Health P	Detroit
	Martina Caldwell	ER Physician	Detroit
Institute for Population Health	Amy Neumeyer	Maternal Child Health Epidemiologist	Detroit
Interfaith Health & Hope Coalition- IHHC	Ron Bedford	Executive Director	Detroit
Joy-Southfield Community Development Corp	David Law	Executive Director	Detroit
Keep Growing Detroit	Ashley Atkinson	Co-Director	Detroit
	Rosalyn Smiecinski	Quality Coordinator	Detroit
Michigan State Police	Darwin Scott	Section Commander COMET Narcotics	Wayne County
MPHI	Crystal Pirtle Tyler	Project Manager	Wayne County
Northville Chamber of Commerce	Traci Sincock	Associate Director	Wayne County
St. Frances Cabrini Clinic	Kelly Herron	Executive Director	Allen Park
Stop Underage Drinking and Drugs (SUDDS)	Lisa Horvath	Prevention Supervisor/Technical Assistance	Southgate
	Gwen Norman	Maternal Child Health Consultant	Southgate
Wayne Metropolitan Agency	Lisa Byars	Community Liason	Detroit
YMCA-Downriver	Mary Reed	Senior Wellness Director	Southgate
	Yolanda-Hill Ashford	Program Manager, WINN	Southgate
West Grand Boulevard Collaborative	Mildred Hunt Robbins	President	Detroit
West Grand Boulevard Collaborative	Deborah Dorsey	Board member	Detroit
Coalition on Temporary Shelter (COTS)	Nicole Carbonari	Impact Partner Coordinator	Detroit
ACCESS	Rola Harajli	Director of Children's Mental Health Program	Dearborn
Advantage Health Centers	Daniel Zemke	Outreach and Communications Coordinator	Detroit
	Joseph Ferguson	Executive Director	Detroit
American Indian Health and Family Services (	Chasity Dial	Director of Operations	Detroit
	Nickole Fox	Director of Health Education & Prevention	Detroit
	Ashley Toumi	Chief Executive Officer	Detroit
Asthma Coalition of Macomb	Rita Nabor	Director	Detroit / Wayne Co
Baker College	Dr. Bart Daig	President and Chief Executive Officer	Allen Park
Beaumont Health System	Anne Nearhood	Coordinator, Beaumont Community Health C	Grosse Pointe
Black Child Development Institute	Carole Jasper Quarterm	Co-chair public policy committee	Detroit
Black Mother's Breastfeeding Association	Kiddada Green	Founding Executive Director	Detroit
Museum	Jaunita Moore	African American Actress	Detroit
Children's Center	Stefanie Hill	Coordinator of Early Childhood Behavioral He	Detroit
	Nicole Wells Stallworth	Assistant Vice President for Government and	Wayne County
Community Health and Social Services (CHA	Ricardo Guzman	Chief Executive Officer	Detroit

Focus Group Participants

Organization	Name	Title	City
COTS - Coalition on Temporary Shelter	Delphia Simmons	Director	Detroit
Detroit Edison Public School Academy -	Mr. Bland	Superintendent	Detroit
Detroit Greenways Coalition	Todd Scott	Executive Director	Detroit
Detroit Health Authority	Director	Dennis Archambault	Detroit
Detroit Health Department	Leslie Welch	Deputy Director	Detroit
Detroit Health Department	Kara Watson	Office Assistant to all Health Department Le	Detroit
Detroit Medical Center	Shawn Levitt	Chief Nursing Officer	Detroit
	Bonita Stanton	Chair, Department of Pediatrics	Detroit
	Jacqlyn Smith	System Project Manager	Detroit
Detroit Medical Center, Perinatology	Dr. Janine Bieda	Director, Clinical Research Operations	Detroit
Detroit Non-profit Housing Corporation	Avis Holmes	Executive Director	Detroit
	Lesley Jennings	Program Director	Detroit
Detroit Wayne County Health Authority	David Goldbaum	Consultant	Wayne County
Detroiters Working for Enviornmental Justice	Guy Williams	President and Chief Executive Officer	Detroit
DHS / Wayne County	Annie Ray	Wayne County DHS Child Welfare Director	Detroit
	Stacie Bowens	District Manager	Detroit
Downriver Salvation Army	Janice Quick	Volunteer Coordinator	Wyandotte
Greater Detroit Area Health Council	Lisa Mason	Vice President Program Partnerships	Detroit/Wayne Cou
HAP	JoAnn Barnett	Account Manager	Detroit
	Doreen Dankerlui	Detroit Program Coordinator, Global Initiative	Detroit
Henry Ford Health System/WINN	Jaye Clement	Director of Community Health Programs & S	Detroit
Hutzel Women's Hospital	Marci Simon-Burrell	Clinical Nurse Specialist, Women & Infant S	Detroit
	Hafia Harroon	Epidemiologist	Detroit
	Gwen Daniels	Vice President, Community and Consumer A	Detroit
	Frazier Kimpson	Collective Impact Manager, Healthy Start	Detroit
Meridian Health Plan	Diane LeCerf	Director of Quality Improvement	Detroit
	Lindsay Szela	Quality Coordinator	Detroit
Michigan Department of Health & Human Services	Brenda Jegede	PRIME	Wayne County
	Manal Said	Infant Mortality Prevention Specialist	Wayne County
	Trudy Esch	Perinatal Nurse Consultant	Wayne County
	Jill Hardy	PRAMS Coordinator	Wayne County
Michigan League for Public Policy	Renell Weathers	Outreach Director	Wayne County
Michigan Primary Care Association (FQHCs)	Linda Meade	Director of Clinical Services	Detroit
Michigan State University Detroit Center	Jena Baker-Calloway	Director	Detroit
	Gregory Matzelle	Manager Behavioral Health	Detroit
MOSES	Ponsella Hardaway	Director	Detroit
New Center Community Services	Sharon Gordon	Director	Detroit
New Ebenezer B. Church	Teresa Fails	RN, MSN	Detroit
	Lynette Smith	Nurse Supervisor	Detroit
Oakwood Health System	Charles Cash	Obstetrics & Gynecology	Wayne County
Oakwood Health System	Nancy Gray	Administrator, Women's Service Line	Wayne County
Oakwood Health System	Catherine Stock	Faith Based Outreach Program Coordinator	Wayne County
Osborn Neighborhood Alliance	Quincy Jones	Executive Director	Detroit
Plymouth Educational Center	Camille Bailey	Family Involvement Coordinator	Detroit
Southeast Michigan Health Association	Gary J, Petroni	Director of the Center for Population Health	Detroit
Southwest Solutions	John VanCamp	Chief Executive Officer	Detroit
Community Member	Courtney Tatum	Volunteer	Detroit
	Stanley Bunkley	Volunteer	Detroit
	Joyce Driver	Volunteer/Community Member	Detroit

Focus Group Participants

Organization	Name	Title	City
St. John Providence Health System	Cynthia Taueg	VP, Community Health Administration	Wayne County
	Brian Mason	Maternal & Fetal Medicine	Wayne County
	Karen Gray-Sheffield	Executive Director, Infant Mortality Programs	Wayne County
Tabernacle MB Church	Voncile Brown-Miller	Chair, Health Ministry	Detroit
Total Health Care	Linda Alexander	Chief Clinical Officer	Detroit
	Valeon Waller	Manager of Care Management Services	Detroit
Union Grace MB Church	Shirley Corder-Tatum	Director of Communications	Detroit
United Community Health Care Plan	Mary Beth Scherer	Sr. Community Network Specialist	Wayne County
United Way of Southeastern Michigan	Kristen Hott	Chief Operating Officer	Detroit
University of Detroit Mercy School of Dentistry	Mert N. Aksu	Dean of School of Dentistry & Associate Pro	Detroit
Uof M Environmental Health Science Center	Carol Gray	Project Coordinator, Community Outreach &	Detroit
Wayne Children's Health Access Project	Melissa Freel	Executive Director	Wayne County
	Catharine Oliver	Manager	
Welcome Mat Detroit	Mary Lane	Project Director	Detroit
West Grand Boulevard Collaborative	Sue Sells	Board member	Detroit
WSU/Make Your Date	Marisa Rodriguez	Project Manager	Detroit
YMCA- Metro Detroit & Swift Program	Elena Crowley	Outreach Coordinator	Detroit

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