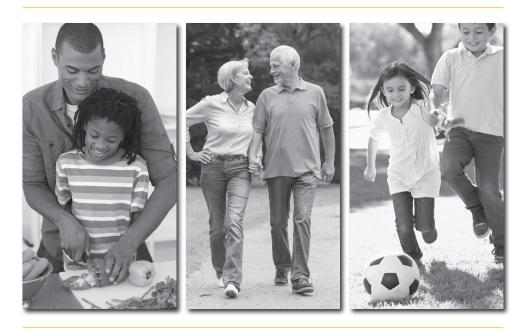
Community Health Needs Assessment – 2016

Beaumont Hospital, Wayne Implementation Strategy 2018 Update



Building healthier lives and communities.



The Patient Protection and Affordable Care Act (the PPACA) requires all tax-exempt hospitals to assess the health needs of their community through a community health needs assessment (CHNA) once every three years. A CHNA is a written document developed for a hospital facility that defines the community served by the organization, explains the process used to conduct the assessment and identifies the salient health needs of the community. In addition, the CHNA must include a description of the process and criteria used in prioritizing the identified significant health needs, and an evaluation of the implementation strategies adopted as part of the most recently conducted (2013) assessment. A CHNA is considered conducted in the taxable year that the written report of its findings, as described above, is approved by the hospital governing body and made widely available to the public. Beaumont Health completed a CHNA in the first half of 2016. The CHNA report was approved by the Beaumont Health board of directors in December 2016. It is available to the public at no cost for download and comment on our website at beaumont.org/chna.

In addition to identifying and prioritizing significant community health needs through the CHNA process, the PPACA requires creating and adopting an implementation strategy. An implementation strategy is a written plan addressing each of the significant community health needs identified through the CHNA. The implementation strategy must include a list of the significant health needs the hospital plans to address and the rationale for not addressing the other significant health needs identified. The implementation strategy (a.k.a. implementation plan) is considered implemented on the date it is approved by the hospital's governing body. The CHNA implementation strategy is filed along with the organization's IRS Form 990, Schedule H and must be updated annually with progress notes.

The Beaumont Health community has been identified as Macomb, Oakland and Wayne counties. The CHNA process identified significant health needs for this community (see box to right). Significant health needs were identified as those where the qualitative data (interview and focus group feedback) and quantitative data (health indicators) converged. Beaumont Health prioritized these significant community healthcare needs based on the following:

- Importance of the problem to the community ensures the priorities chosen reflect the community experience.
- Alignment with the health system's strengths is important to ensure we leverage our ability to make an impact.
- Resources criteria acknowledges that we need to work within the capacity of our organization's budget, partnerships, infrastructure, and available grant funding.
- To be sure we reach the most people, the criteria of magnitude considers the number of people the problem affects either actually or potentially.

High Data and Qualitative

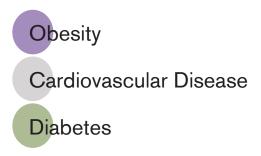
- Cardiovascular Conditions (e.g. heart disease, hypertension, stroke)
- **Diabetes** (e.g. prevalence, diabetic monitoring)
- **Respiratory Conditions** (e.g. COPD, asthma, air quality)
- Mental and Behavioral Health (e.g. diagnosis, suicide, providers)
- Health Care Access

 (e.g. insurance coverage, providers, cost, preventable admissions, transportation, dental care)
- Obesity
- Prevention: Screenings and Vaccinations
- Substance Abuse (e.g. drug overdose, alcohol abuse, drug use, tobacco)

Beaumont

• In order to address the health disparities that exist, we consider the impact of the problem on vulnerable populations.

Through the prioritization process, three significant needs were selected to be addressed via the Beaumont Health CHNA Implementation Strategy:



All other significant health needs were not chosen for a combination of the following reasons:

- The need was not well-aligned with organizational strengths.
- There are not enough existing organizational resources to adequately address the need.
- Implementation efforts would not impact as many community residents (magnitude) as those that were chosen.
- The chosen needs more significantly impact vulnerable populations.

While each of the significant health needs identified through the community health needs assessment process is important, and many are currently addressed by existing programs and initiatives of Beaumont Health or a Beaumont Health partner organization, allocating significant resources to the three priority needs above prevents the inclusion of all health needs in the Beaumont Health CHNA implementation strategy.

Key Approaches of the Implementation Strategy

Beaumont Health is committed to engaging in transformative relationships with local communities to address the social determinants of health and

to increase access to high quality-health care. We recognize good health extends beyond the doctor's office and hospital. Our work in the community takes a prevention, evidence-based approach with key elements that include:

- Building and Sustaining Multi-Sector Community Coalitions - partnering with leaders of local and state government, public health, community leaders, schools, community-based nonprofits, faith-based organizations, and community residents to achieve measurable, sustainable improvements by using a "collective impact" framework to improve the health and well-being of the diverse communities we serve. These multi-sector coalitions engage in mutually reinforcing activities to build and strengthen partnerships that address the social determinants of health and work towards solutions.
- Addressing social determinants of health and improving access to care for vulnerable populations.
- Working with community partners to supplement CHNA initiatives through grants, programs and policies.
- Partnering with FQHCs (Federally Qualified Health Centers) and free clinics to provide support to the underinsured and uninsured within the economically disadvantaged and medically underserved populations of Beaumont Health.
- Partnering with public health departments to align efforts, resources and programs.
- Consideration of sponsorships to organizations for events or activities that address the key health priorities of obesity, cardiovascular disease and diabetes.

The implementation strategy for the chosen health needs of obesity, cardiovascular disease and diabetes are outlined in the following pages.

Over the next three years each Beaumont Health hospital will execute its implementation strategies, which will be evaluated and updated on an annual basis.

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Beaumont Hospital, Wayne (formerly Oakwood Hospital – Wayne) opened its doors to western Wayne County in 1957. This 185-bed, full-service hospital offers high-quality care to the community with compassionate service and state-of-the-art technology. Beaumont Hospital, Wayne is the only hospital in the Wayne, Westland, Garden City, Inkster, and Romulus area that is verified by the American College of Surgeons as a Level III Trauma Center providing prompt assessment, resuscitation, surgery, intensive care and stabilization of injured patients. It also has a dedicated hospice and palliative care unit in partnership with Hospice of Michigan. As the closest hospital to Detroit Metropolitan Airport, Beaumont Hospital, Wayne is prepared to handle a wide variety of health and communicable disease concerns in addition to mass trauma and emergency patients.

Community served

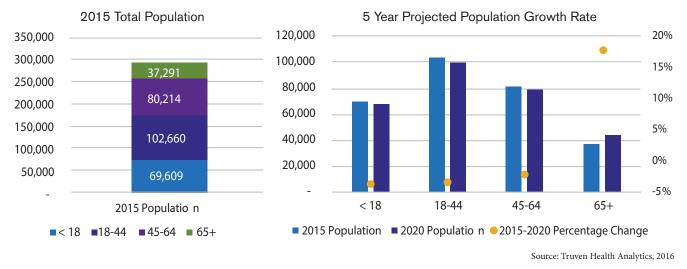
The Beaumont Hospital, Wayne community (Beaumont, Wayne) is defined as the contiguous ZIP codes that comprise 80 percent of inpatient discharges. To the right is a map that highlights the community served (in blue) as a portion of the overall Beaumont community. A table which lists the ZIP codes included in the community definition can be found in **Appendix B** of the **CHNA Full Report** located at **beaumont.org/chna**



Demographic and socio-economic summary

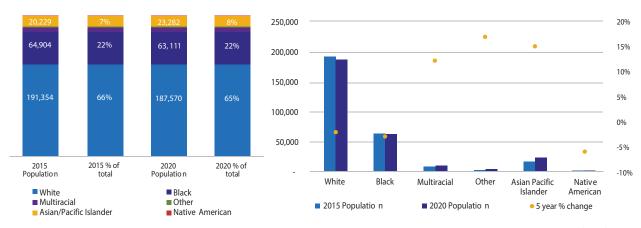
In contrast to other areas in Beaumont's overall community, Beaumont, Wayne's population will decrease less than 1 percent over the next five years. The community's age distribution is fairly similar to the state and country. The community has a lower percentage of people who are 65+ compared to the state and national levels, however, this group is the only one which is expected to grow in the next five years (+18 percent).

BEAUMONT HOSPITAL, WAYNE



Population by Age Cohort

The majority of Beaumont, Wayne's population is white (66 percent). Compared to the state and national levels and other Beaumont communities, this population is more diverse. Twenty-two percent of Beaumont, Wayne's population is black and 7 percent is Asian Pacific Islander. The other, Asian Pacific Islander, and multiracial communities in Wayne are projected to increase in the next five years.



Population by Race

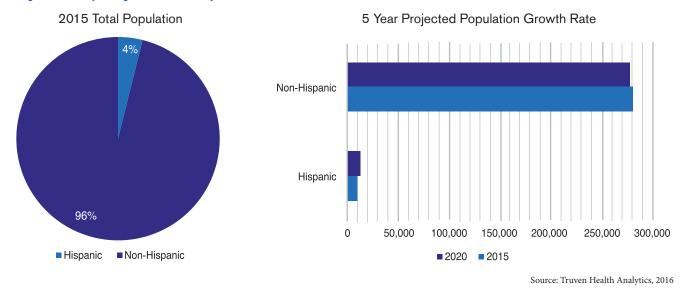
2015 Total Population

5 Year Projected Population Growth Rate

Source: Truven Health Analytics, 2016

Beaumont, Wayne is largely non-Hispanic, with only 4 percent of the community's population being Hispanic. The Hispanic population is expected to grow slightly over the next five years, while the non-Hispanic population will experience a slight decrease.

Population by Hispanic Ethnicity



Beaumont, Wayne shows a similar insurance type distribution among its population as Michigan and the U.S. Fifty-six percent of the community's population is privately insured. This includes people who are purchasing health insurance through the insurance exchange marketplace (5 percent), those who are buying directly from an insurance provider (4 percent), and those who receive insurance through an employer (49 percent). Twelve percent of the population is covered by Medicare and 22 percent is covered by Medicaid.

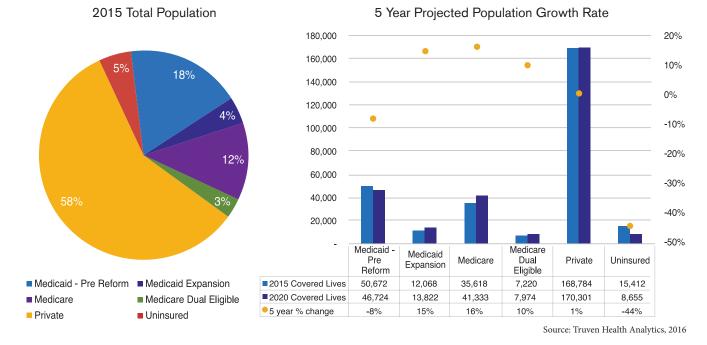
The Medicare population will experience the greatest growth and is expected to increase 16 percent by 2020. This is primarily fueled by a growing 65 and older population in the community. The private insurance category is also projected to increase, though minimally. The number of people purchasing insurance via PPACA health insurance exchanges is projected to increase by 81 percent, driving most of the growth. Overall, the Medicaid population will decrease by 3 percent, but the number of people receiving Medicaid coverage due to the PPACA Medicaid expansion will increase by 15 percent.



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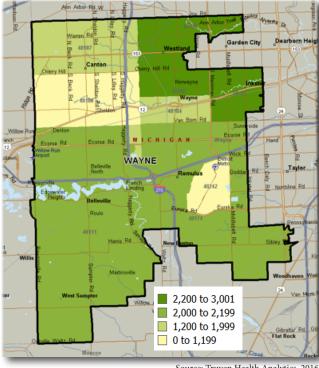
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Estimated Covered Lives by Insurance Category

2015 Estimated Uninsured Lives by ZIP Code

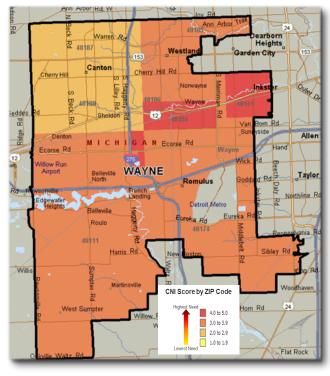


Source: Truven Health Analytics, 2016

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The majority of Beaumont, Wayne's population is insured. Only 5 percent of the community lacks insurance and this number is expected to decrease by 44 percent in the upcoming years. Westland and Inkster are home to the highest number of uninsured people in the community.

Beaumont



2015 Community Need Index by ZIP Code

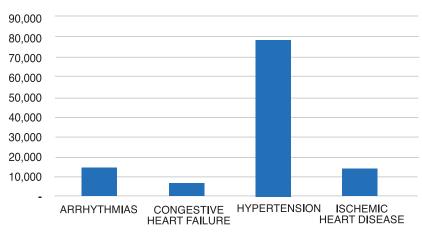
Beaumont, Wayne has an overall CNI score of 3.3, placing it in the mid-range of Beaumont's eight hospital communities. There are potentially higher levels of need across most of the community, with Inkster and Wayne having the highest CNI scores. Canton appears to be the only area in the community with lower levels of anticipated need (CNI score= <2).

Source: Truven Health Analytics, 2016

Truven Health community data

Truven Health Analytics supplemented the publicly available data with estimates of localized disease prevalence of heart disease and cancer as well as emergency department visit estimates.

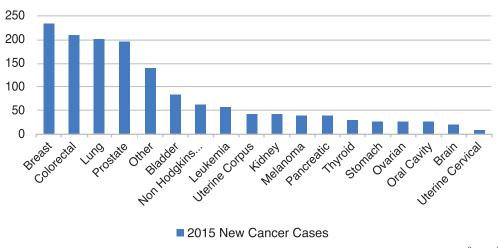
Hypertension is the most prevalent heart disease in the community and accounts for 68 percent of new heart disease cases. New hypertension and arrhythmia cases are particularly high in the Belleville area (ZIP code 48111).



2015 Estimated Heart Disease Cases

Source: Truven Health Analytics, 2016

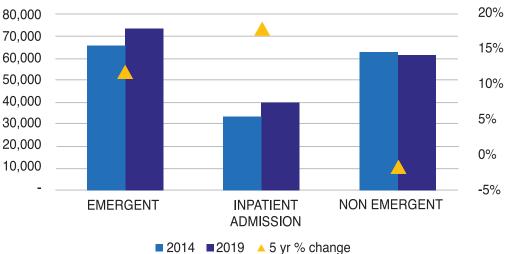
Compared to state and national estimates, Beaumont, Wayne has a higher proportion of new breast and colorectal cancer cases and a lower proportion of new prostate cancer cases. Breast, colorectal and lung cancer were the three most commonly diagnosed cancers in 2015.



2015 Estimated New Cancer Cases

Source: Truven Health Analytics, 2016

Emergent ED visits in the community are projected to increase 12 percent by 2019, while non-emergent ED visits will decrease by 2 percent.

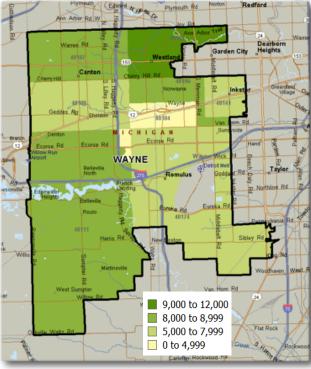


Emergent and Non-Emergent ED Visits

Source: Truven Health Analytics, 2016



2014 Estimated Non-Emergent Visits by ZIP Code



Source: Truven Health Analytics, 2016

Community input

A summary of the focus group conducted for the Beaumont, Wayne community can be found in **Appendix I** of the **CHNA Full Report** located at **beaumont.org/chna**

Belleville (ZIP code 48111) has the highest number of non-emergent ED visits and accounts for almost 25 percent of the total non-emergent ED visits in the area. Non-emergent, ED visits are lower acuity visits that present in the ED but possibly can be treated in other more appropriate, less intensive outpatient settings. Non-emergent ED visits can be an indication that there are systematic issues with access to primary care or managing chronic conditions.



Beaumont Hospital, Wayne

OBESITY

GOAL: Decrease rate of obesity in children and adults by promoting healthy eating and active living behaviors. **STRATEGY 1:** Provide education and services that support healthy eating, active living and maintaining a healthy weight.

PROGRAM/ ACTIVITY	DESCRIPTION	ANTICIPATED IMPACT	TARGET AUDIENCE	HOW RESULTS WILL BE MEASURED	PARTNERS
Provide Cooking Matters™ programs	Six-week workshops for adults and teens and single session store tours to equip families with the knowledge and skills they need to shop for and prepare healthy meals on a limited budget. Hosted at libraries, senior centers and community organizations.	Improved nutrition practices, eating habits, healthy meal preparation and food budgeting knowledge and behaviors	economically disadvantaged populations	 participation rates post-test outcome measures such as use of nutrition facts on food labels, adjusting meals to be more healthy, choosing healthy foods at restaurants participant survey 	Gleaners Community Food Bank of SE Michigan
Conduct cooking classes for children and adults	Hands-on classes led by a registered dietitian in a demonstration kitchen at the Beaumont Weight Control Center, Canton.	Improved knowledge of nutrition practices and healthy meal preparation	children and adults	• participation rates	
Provide CATCH Kids Club (Coordinated Approach to Child Health) to prevent childhood obesity	After-school and summer program staff are trained to provide the CATCH nutrition and physical activity program.	Improved knowledge and practices to make healthy eating and physical activity decisions	youth grades K-5	 post-test outcome measures such as fruit and vegetable consumption, exercise, reading nutrition labels 	Westwood Community School District
Healthy Wayne-Westland coalition	Beaumont Hospital, Wayne will provide backbone support to the Healthy Wayne-Westland multi-sector community coalitions to develop strategies in the community and at work-sites for healthy eating and active living.	Collaborative partnerships to improve the health and well-being of diverse community members	community-wide	 number of programs and activities implemented to promote healthy eating and active living 	Healthy Wayne-Westland coalition City of Wayne and City of Westland Wayne-Westland Community Schools
Develop strategies to increase access to fresh fruits and vegetables	Explore support of the Westland Farmer's Market and Power of Produce program.	Reduction in food insecurity Increase in fruit and vegetable consumption	community-wide focus on economically disadvantaged populations	 partnership agreements number of participants 	City of Westland Westland Chamber of Commerce



OBESITY - *continued*

GOAL: Decrease rate of obesity in children and adults by promoting healthy eating and active living behaviors. **STRATEGY 1:** Provide education and services that support healthy eating, active living and maintaining a healthy weight.

PROGRAM/ ACTIVITY	DESCRIPTION	ANTICIPATED IMPACT	TARGET AUDIENCE	HOW RESULTS WILL BE MEASURED	PARTNERS
Nutrition and Physical Activity Health Education using Michigan Model for Health through Beaumont Child and Adolescent Health Center- Adams	RN will provide evidence based health education on healthy eating and physical activity to students via pull out groups.	Improved nutrition and physical activity practices for youth	youth ages 10-21	 number of students receiving health education % of students who increase their consumption of fruits, vegetables and physical activity from pre to post evaluation 	Wayne-Westland Community Schools
Provide education on healthy eating, fitness and weight management through the Beaumont Speakers Bureau	Education presentations to community groups.	Improved knowledge of obesity prevention and treatment options	community organizations	 participation rates participant survey 	

STRATEGY 2: Increase opportunities for physical activity.

Healthy Wayne-Westland coalitions Beaumont Hospital, Wayne will provide backbone support to the Healthy Wayne-Westland multi-sector community coalitions to improve walk-ability and bike-ability of the community and to provide recreational programs and events.	Increase in physical activity of children and adults	community-wide	 number of programs and activities implemented to increase physical activity participation rate in Beaumont Gets Walking programs 	Healthy Wayne-Westland coalitions City of Wayne and City of Westland Wayne-Westland Community Schools
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CARDIOVASCULAR DISEASE

GOAL: Decrease cardiovascular disease risk factors and prevent death from sudden cardiac arrest. **STRATEGY 1:** Provide education programs and services.

PROGRAM/ ACTIVITY	DESCRIPTION	ANTICIPATED IMPACT	TARGET AUDIENCE	HOW RESULTS WILL BE MEASURED	PARTNERS
Provide resources and referrals through the Beaumont Quit Smoking Resource Line	To address the cardiovascular disease risk factor of smoking, the Quit Smoking Resource line provides telephonic assessment, information and referrals to connect smokers to the quit smoking resources, programs and services they need.	Increased awareness and knowledge of stop smoking methods and support services	smokers	 participation rates referral rates 	

CARDIOVASCULAR DISEASE - continued

GOAL: Decrease cardiovascular disease risk factors and prevent death from sudden cardiac arrest. **STRATEGY 1:** Provide education programs and services.

PROGRAM/ ACTIVITY	DESCRIPTION	ANTICIPATED IMPACT	TARGET AUDIENCE	HOW RESULTS WILL BE MEASURED	PARTNERS
Provide education on cardiovascular health through the Beaumont Speakers Bureau	Education presentations to community groups.	Improved knowledge of cardiovascular disease prevention and treatment options	community organizations	 participation rates participant survey 	

STRATEGY 2: Provide early detection screenings

Provide heart health screenings	Blood pressure, cholesterol and glucose screenings offered at community locations to identify and counsel individuals with elevated levels.	Improved self- management and follow-up care	adults	 screening results referrals for follow-up care participant survey 	community organizations
Offer the 7 for \$70 Heart and Vascular Screening	Blood tests, EKG and artery testing to identify risk factors and recommend a course of action.	Improved heart and vascular health	adults	 participation rates test results 	

DIABETES

GOAL: Decrease rate of new diabetes cases and of diabetes complications.

STRATEGY 1: Provide early detection screenings, diabetes prevention programs and diabetes education services.

PROGRAM/ ACTIVITY	DESCRIPTION	ANTICIPATED IMPACT	TARGET AUDIENCE	HOW RESULTS WILL BE MEASURED	PARTNERS
Provide diabetes screenings	Screening offered at community locations to identify and counsel individuals with elevated glucose levels.	Improved self- management and follow-up care	adults	 screening results referrals for follow-up care participant survey 	community organizations
Provide Diabetes PATH (Personal Action Toward Health) workshops	Six-week chronic disease management class hosted in collaboration with libraries, senior centers and community organizations.	Improved diabetes self-management	adults and seniors with diabetes and their caregivers	 participation rates post-test outcome measures such as blood sugar testing, physical activity, confidence managing condition participant survey 	National Kidney Foundation of Michigan
Provide the National Diabetes Prevention Program	12-month lifestyle change program with group coaching hosted in collaboration with libraries, schools and community centers.	Prevention of Type 2 diabetes	adults with prediabetes or at high risk of diabetes	 participation rates increase in physical activity average weight loss participant survey 	



DIABETES - continued

GOAL: Decrease rate of new diabetes cases and of diabetes complications. **STRATEGY 1:** Provide early detection screenings, diabetes prevention programs and diabetes education services.

PROGRAM/ ACTIVITY	DESCRIPTION	ANTICIPATED IMPACT	TARGET AUDIENCE	HOW RESULTS WILL BE MEASURED	PARTNERS
Provide Cooking Matters™ EXTRA for Diabetes programs	Six-week workshops to equip families with the knowledge and skills they need to shop for and prepare healthy meals on a limited budget. Hosted in collaboration with libraries, senior centers and community organizations.	Improved nutrition practices, eating habits, healthy meal preparation and food budgeting knowledge and behaviors	adults with diabetes or prediabetes	 participation rates post-test outcome measures such as use of nutrition facts on food labels, adjusting meals to be more healthy, choosing healthy foods at restaurants participant survey 	Gleaners Community Food Bank of SE Michigan
Provide health education on diabetes through the Beaumont Speakers	Education presentations to community groups.	Improved knowledge of diabetes prevention and treatment options	community organizations	 participation rates participant survey 	

