

Community Health Needs Assessment – 2016

Beaumont Hospital, Trenton Implementation Strategy 2018 Update



Building healthier lives and communities.

Beaumont

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:

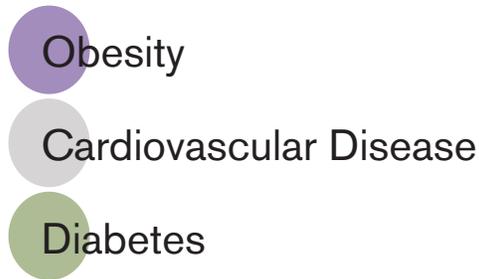
- Importance of the problem to the community ensures the priorities chosen reflect the community experience.
- Alignment with the health system's strengths is important to ensure we leverage our ability to make an impact.
- Resources criteria acknowledges that we need to work within the capacity of our 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)

- 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.

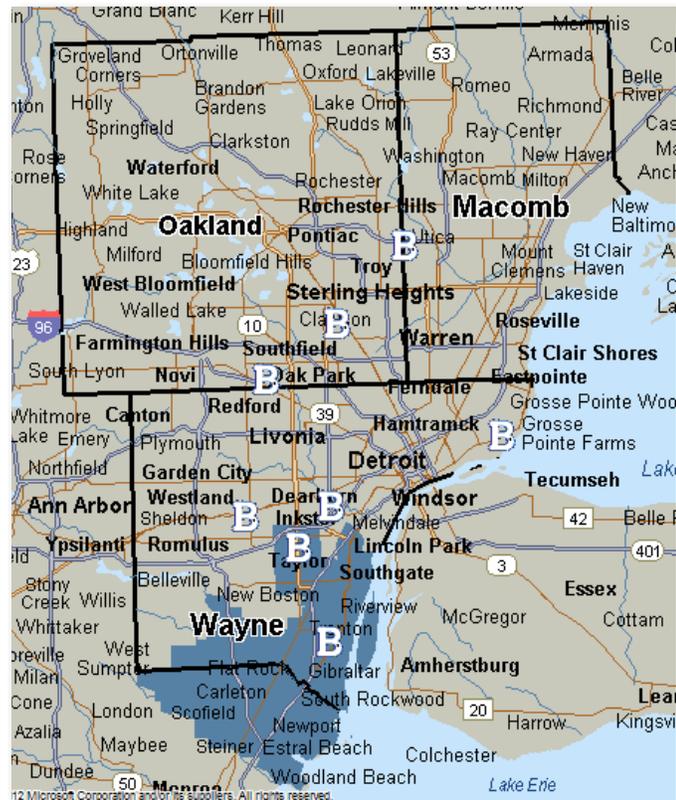
Over the next three years each Beaumont Health hospital will execute its implementation strategies which will be evaluated and updated on an annual basis.

BEAUMONT HOSPITAL, TRENTON

Beaumont Hospital, Trenton (formerly Oakwood Hospital – Southshore) is a 193-bed community hospital that opened its doors to residents of Trenton and surrounding communities in 1961. Beaumont, Trenton provides comprehensive medical care for its patients. A recipient of the Governor's Award of Excellence for Improving Care in Hospital Surgical and Emergency Department Settings, Beaumont, Trenton offers the latest in health services and has the only verified Level II trauma center serving the downriver community. This important distinction means that advanced life-saving procedures are readily available 24/7 for patients with traumatic injuries.

Community served

The Beaumont Hospital, Trenton community (Beaumont, Trenton) 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



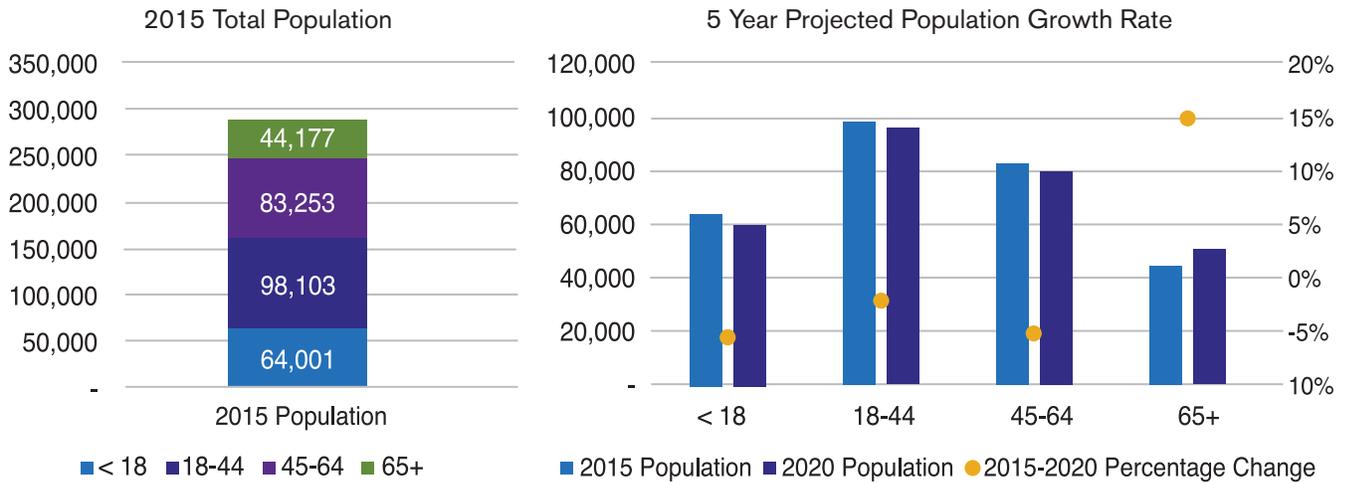
Demographic and socio-economic summary

In the next five years, Beaumont, Trenton's population is expected to decrease by 1 percent. Flat Rock, Rockwood, Newport, and New Boston are expected to grow slightly. Taylor, the most populated ZIP code, will decrease in population.

The age composition of the community is similar to the state of Michigan and the country. The cohort aged 65+ makes up the smallest segment of the population (15 percent), but is the only age group expected to grow over the next five years. This group is expected to increase by 15 percent (6,550 lives) while the other age groups are expected to decrease less than 5 percent.

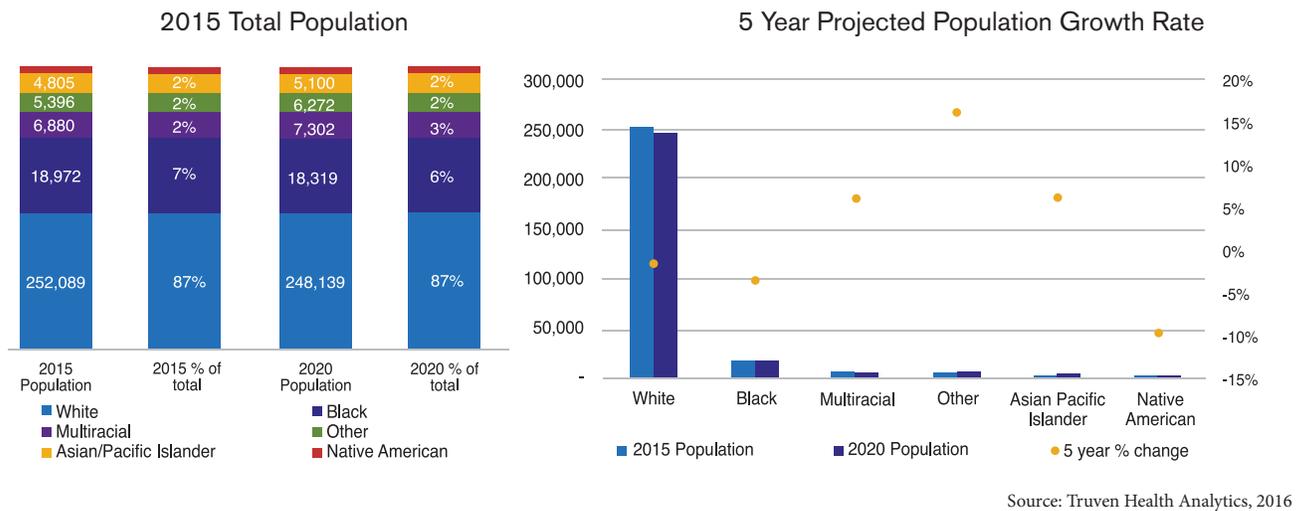
BEAUMONT HOSPITAL, TRENTON

Population by Age Cohort



Beaumont, Trenton has a much higher concentration of whites compared to both the state and national level, as well as other areas in the overall Beaumont community. Beaumont, Trenton's population is 87 percent white; however, this number is expected to decrease slightly in the upcoming years. The other, Asian Pacific Islander, and multiracial groups will experience slight growth by 2020 but this will have minimal impact on the community's population, which is expected to remain predominantly white.

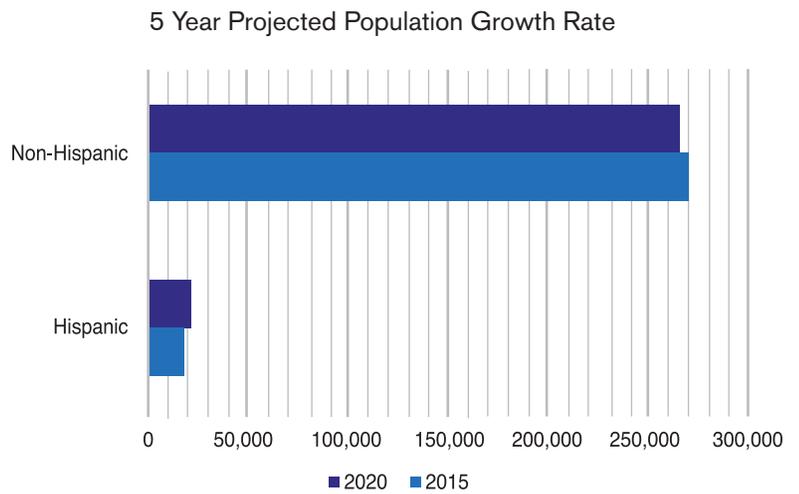
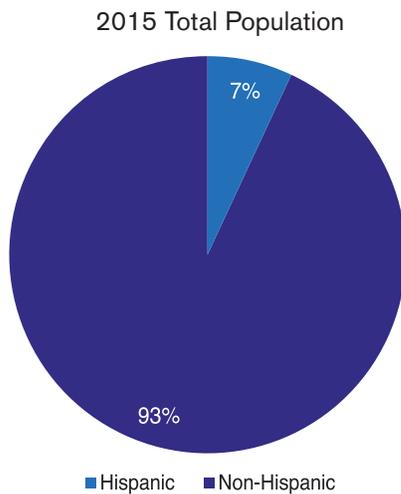
Population by Race



The community's population is predominantly non-Hispanic, with Hispanics making up only 7 percent of the area's population. Beaumont, Trenton's ethnic composition is similar of that in the state. This will remain relatively stable, as the Hispanic population is expected to increase only slightly over the next five years.

BEAUMONT HOSPITAL, TRENTON

Population by Hispanic Ethnicity



Source: Truven Health Analytics, 2016

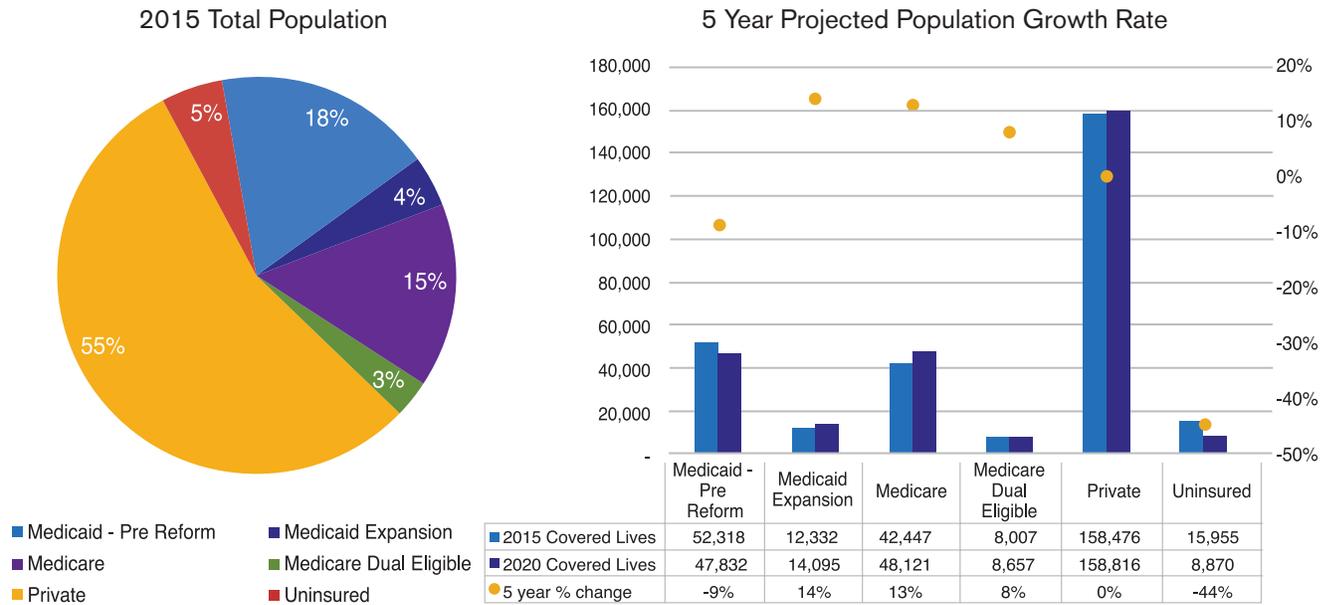
Beaumont, Trenton's insurance type distribution is reflective of that in Michigan as a whole. More than half of the population is privately insured, 22 percent is covered by Medicaid, and 15 percent is covered by Medicare. People who are privately insured include those who are purchasing health insurance 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 (46 percent).

The number of lives covered by Medicare will experience the greatest growth and is expected to increase by more than 13 percent. This growth is mainly due to an aging population. The proportion of people who are privately insured will remain stable, but the number of people purchasing insurance via PPACA health insurance exchanges is projected to increase by 79 percent. Overall, the Medicaid population will decrease by 4 percent, but the number of people receiving Medicaid coverage due to the PPACA Medicaid expansion will increase by 14 percent.



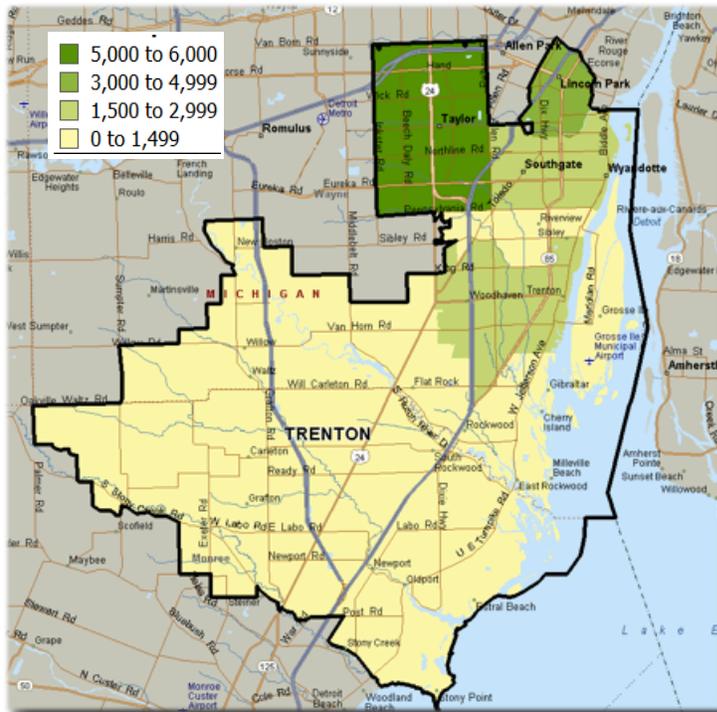
BEAUMONT HOSPITAL, TRENTON

Estimated Covered Lives by Insurance Category



Source: Truven Health Analytics, 2016

2015 Estimated Uninsured Lives by ZIP Code

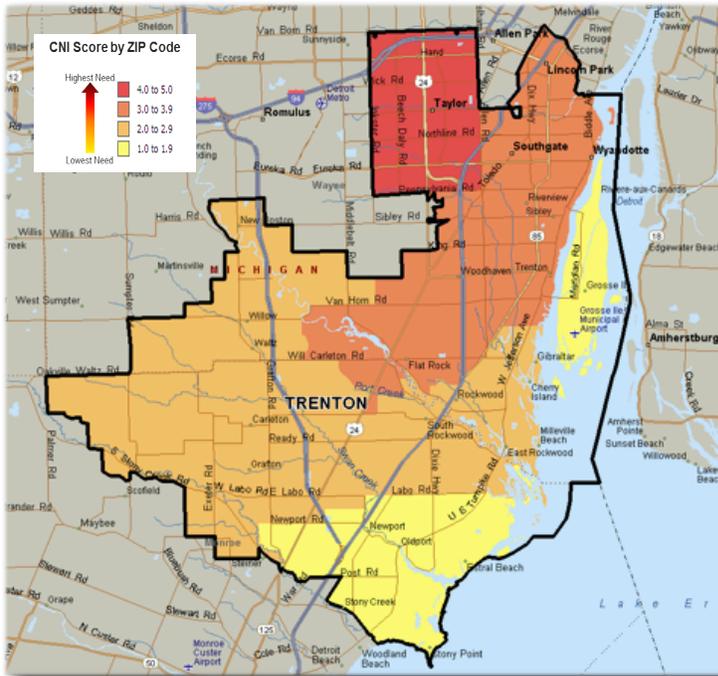


Source: Truven Health Analytics, 2016

Five percent of Beaumont, Trenton's population is currently uninsured. It is projected that this number will decrease by 44 percent over the next five years. The uninsured population is most highly concentrated in the Taylor area.

BEAUMONT HOSPITAL, TRENTON

2015 Community Need Index by ZIP Code



Source: Truven Health Analytics, 2016

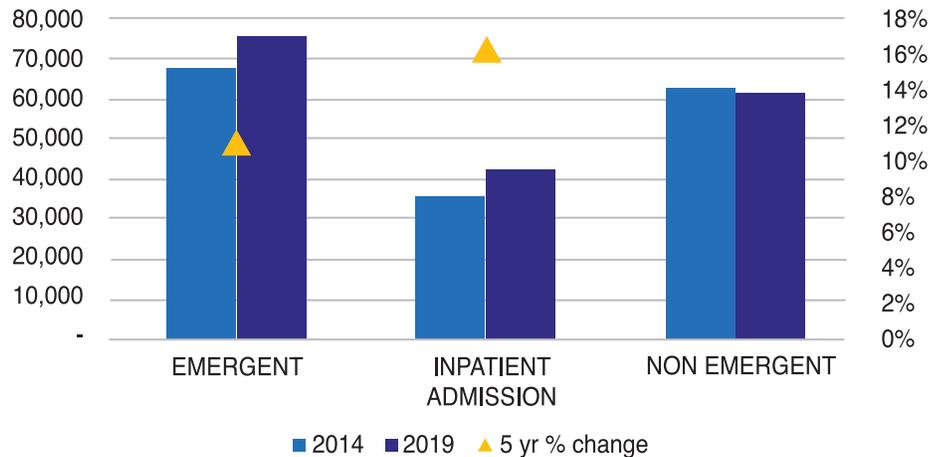
Beaumont, Trenton's community has an overall CNI score of 3.2, making it the third lowest CNI score of all the Beaumont hospital communities. CNI scores appear to be higher in the areas overlapping with the Taylor community, with ZIP code 48180 potentially having the most need.

Truven Health community data

Truven Health Analytics supplemented the publically 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 67 percent of new heart disease cases. New hypertension and arrhythmia cases are heavily concentrated in the community.

2015 Estimated Heart Disease Cases

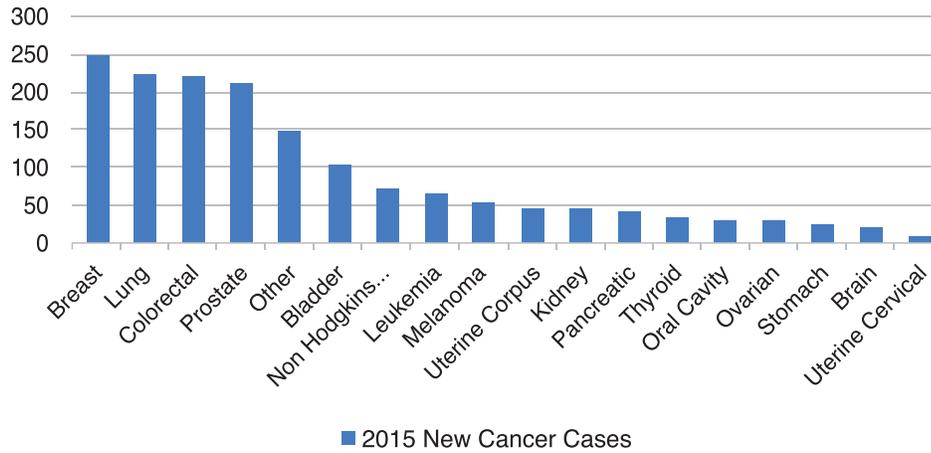


Source: Truven Health Analytics, 2016

BEAUMONT HOSPITAL, TRENTON

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

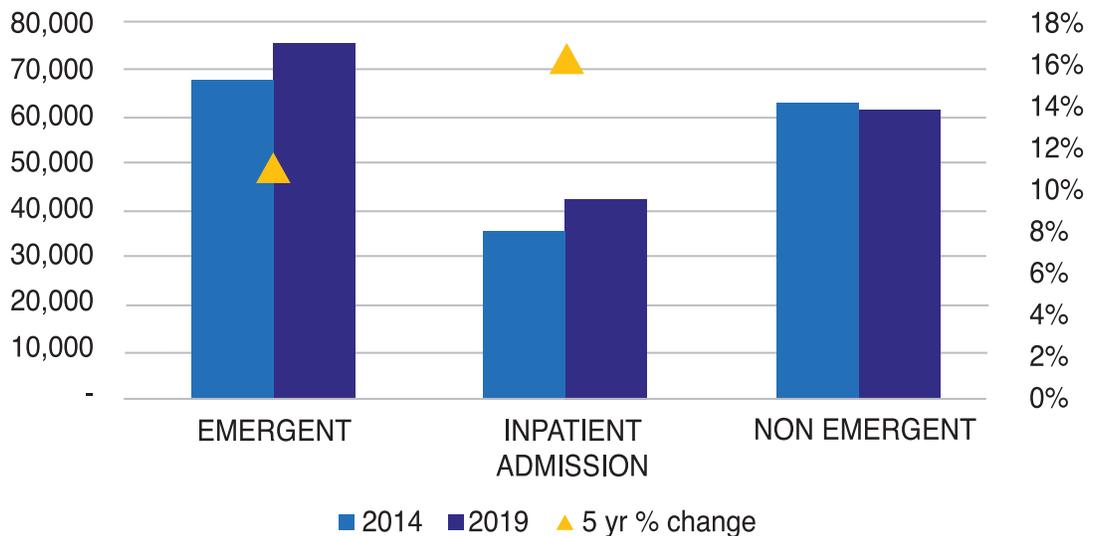
2015 Estimated New Cancer Cases



Source: Truven Health Analytics, 2016

The number of emergent ED visits is expected to increase over 11 percent by 2019, while the number of non-emergent ED visits is expected to decrease slightly.

Emergent and Non-Emergent ED Visits

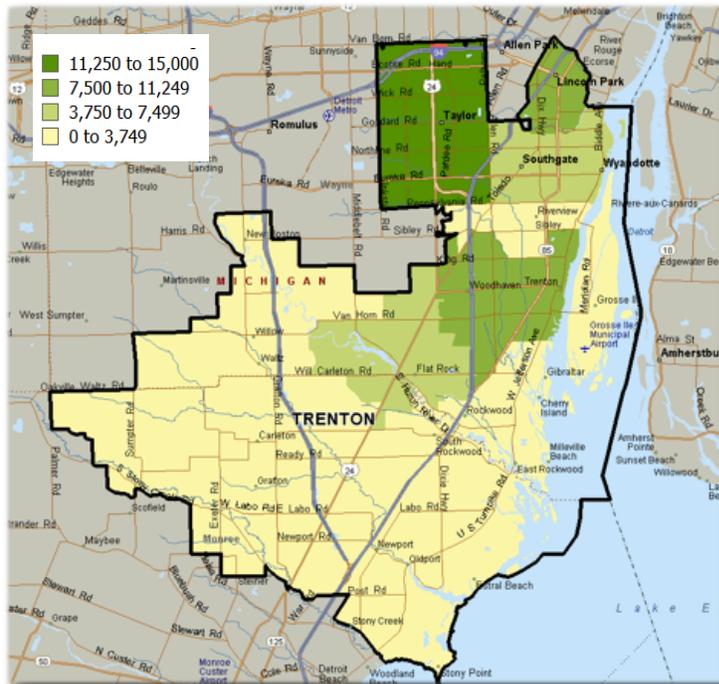


Source: Truven Health Analytics, 2016

Taylor accounts for 22 percent of non-emergent ED visits in the area. Rockwood is expected to experience a slight increase in non-emergent ED visits (+3 percent).

BEAUMONT HOSPITAL, TRENTON

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, Trenton community can be found in **Appendix I** of the **CHNA Full Report** located at beaumont.org/chna

Beaumont Hospital, Trenton

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	<ul style="list-style-type: none"> • 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 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	<ul style="list-style-type: none"> • post-test outcome measures such as fruit and vegetable consumption, exercise, reading nutrition labels 	City of Trenton Parks and Recreation Trenton Public Schools
Healthy Trenton coalition	Beaumont Hospital, Trenton will provide backbone support to the Healthy Trenton multi-sector community coalition to develop strategies in the community and at worksites for healthy eating and active living.	Collaborative partnerships to improve the health and well-being of diverse community members	community-wide	<ul style="list-style-type: none"> • number of programs and activities implemented to promote healthy eating and active living • number of restaurants meeting criteria for healthy meals 	Healthy Trenton coalition City of Trenton Trenton Public 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	<ul style="list-style-type: none"> • participation rates • participant survey 	

STRATEGY 2: Increase opportunities for physical activity.

Healthy Trenton coalition	Beaumont Hospital, Trenton will provide backbone support to the Healthy Trenton multi-sector community coalition to improve walkability and bikeability of the community and to provide recreational programs and events.	Increase in physical activity of children and adults	community-wide	<ul style="list-style-type: none"> • number of programs and activities implemented to increase physical activity • participation rate in Beaumont Gets Walking programs 	Healthy Trenton coalition City of Trenton Parks and Recreation Wayne County Parks Traffic Safety Commission
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CHNA IMPLEMENTATION STRATEGY

2018 Update

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	<ul style="list-style-type: none"> participation rates referral rates 	
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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> screening results referrals for follow-up care participant survey 	Community organizations
Explore implementing the Healthy Heart Check Student Heart Screening Program	High school student heart checks to detect abnormal heart structure or abnormal rhythms.	Prevent sudden cardiac arrest	youth ages 13-18	<ul style="list-style-type: none"> participation rates test results 	School systems
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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> screening results referrals for follow-up care participant survey 	Community organizations

CHNA IMPLEMENTATION STRATEGY

2018 Update

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 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • participation rates • increase in physical activity • average weight loss • participant survey 	
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 at libraries, senior centers and community organizations.	Improved nutrition practices, eating habits, healthy meal preparation and food budgeting knowledge and behaviors	adults with diabetes and prediabetes	<ul style="list-style-type: none"> • 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 Bureau	Education presentations to community groups.	Improved knowledge of diabetes prevention and treatment options	community organizations	<ul style="list-style-type: none"> • participation rates • participation survey 	