

# Community Health Needs Assessment – 2016

## Beaumont Hospital, Troy 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](http://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:

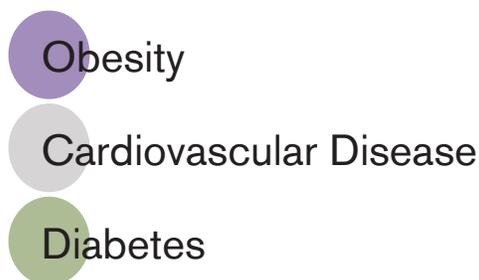
- Importance of the problem to the community ensures the priorities chosen reflect the community experience.
- Alignment with the health system's strengths is important to ensure we leverage our ability to make an impact.
- Resources criteria acknowledges that we need to work within the capacity of our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

In response to the health care needs of a growing community, Beaumont Health System opened a new 200-bed hospital on rural farmland in Troy in 1977. Today, Beaumont Hospital, Troy has grown to 520 beds and offers a comprehensive array of health care services, continuing to develop to meet the needs of the growing communities it serves.

## Community served

The Beaumont Hospital, Troy community (Beaumont, Troy) 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](http://beaumont.org/chna)



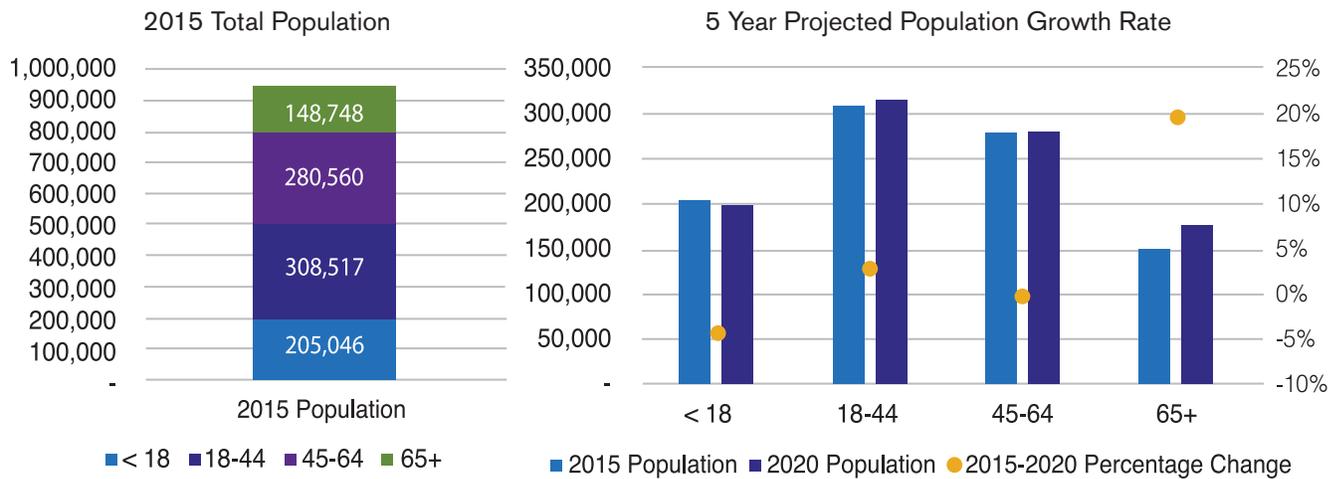
## Demographic and socio-economic summary

Along with Royal Oak, Beaumont, Troy is one of the only communities with projected population growth in the next five years; the predicted 3 percent increase is the highest in the overall Beaumont community.

The age distribution in Beaumont, Troy is similar to that seen in Michigan and the U.S. overall. The 18 to 44 age group, which makes up the largest portion of the population, will increase by 3 percent (9,074 lives). Similar to the pattern seen across Beaumont's communities, the 65+ group will experience the greatest growth and is projected to increase by more than 20 percent (29,384 lives). The under 18 population will decrease by 4 percent.

# BEAUMONT HOSPITAL, TROY

## Population by Age Cohort

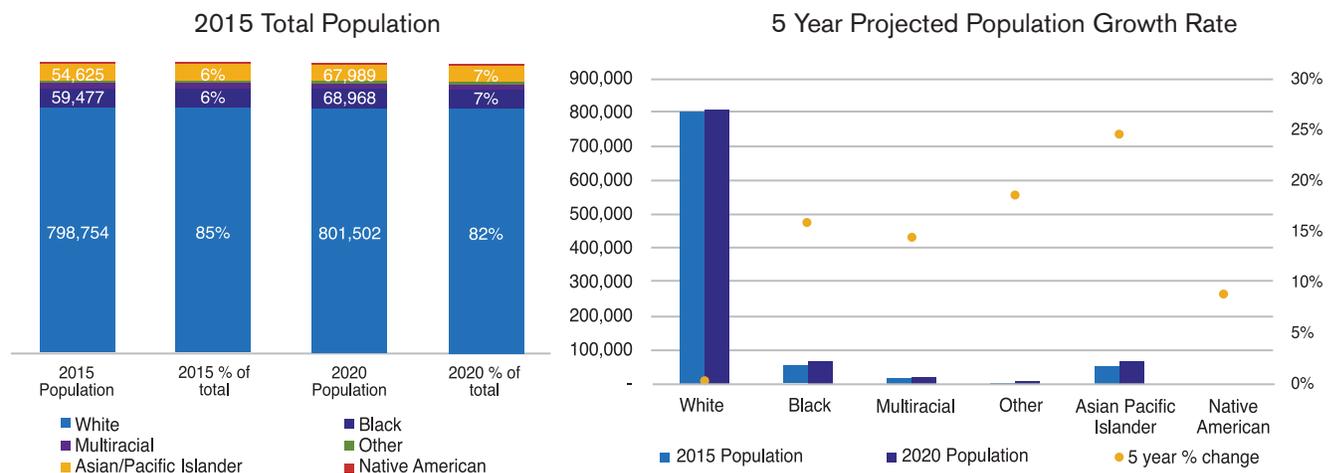


Source: Beaumont Health, 2016

The community's population is 85 percent white, 6 percent black, and 6 percent Asian Pacific Islander. Beaumont, Troy has a higher percentage of whites and Asian Pacific Islanders than both Michigan and the U.S. overall. The community is also home to a relatively large Arab population. Almost 3 percent of the community's population (24,281 lives) is of Arab ancestry. The highest proportion of Beaumont, Troy's Arab population (21.3 percent) resides in Sterling Heights (ZIP code 48310).

The community's population is expected to become increasingly diverse by 2020. With the exception of whites, which will remain relatively stable, all other racial groups are expected to increase by 15 to 25 percent. Asian Pacific Islanders will experience the most growth, increasing by almost 25 percent in the next few years.

## Population by Race

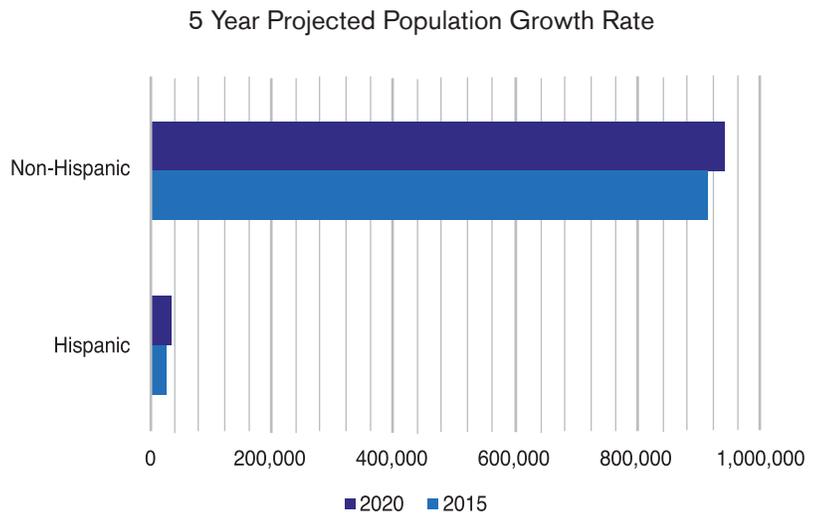
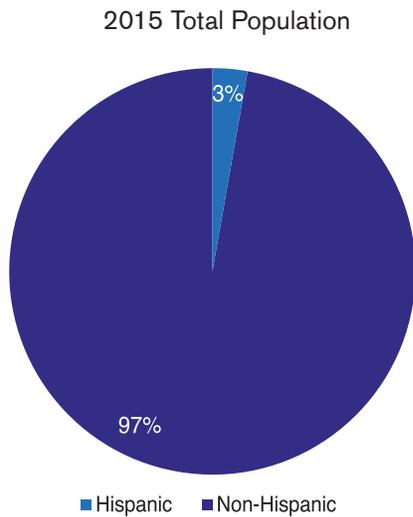


Source: Truven Health Analytics, 2016

Similar to other areas in the Beaumont community, Beaumont, Troy is predominantly non-Hispanic with only 3 percent of the population being Hispanic. In contrast to patterns seen in other communities, Beaumont, Troy is projecting an increase in both the Hispanic and non-Hispanic population over the next five years.

# BEAUMONT HOSPITAL, TROY

## Population by Hispanic Ethnicity



Source: Truven Health Analytics, 2016

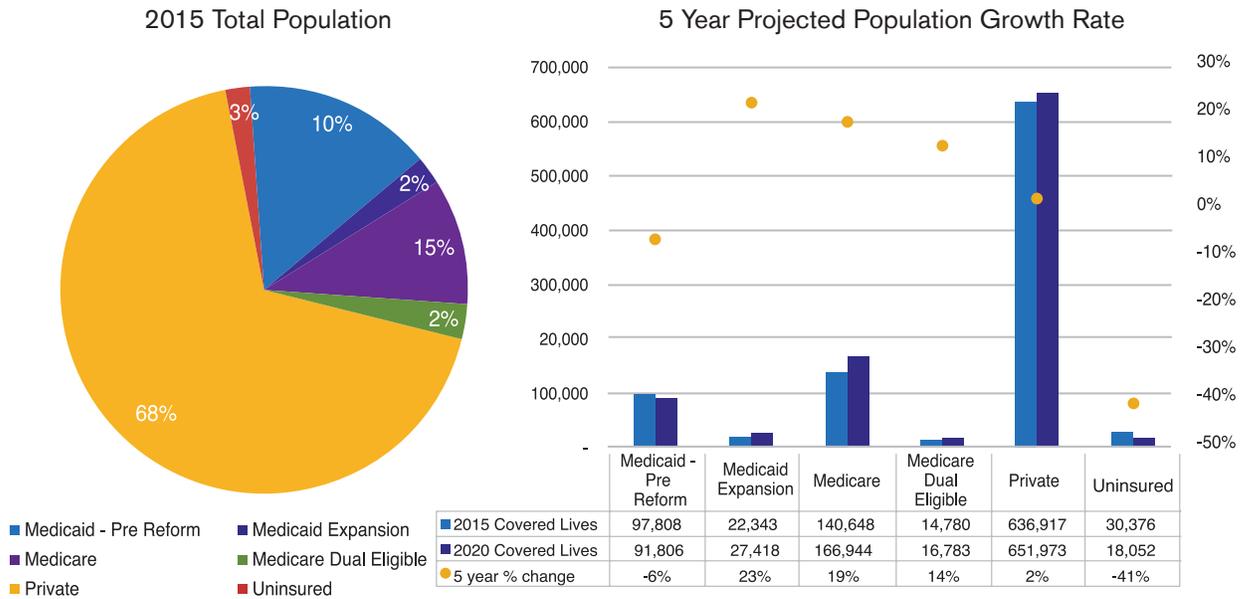
Compared to state and national estimates, the community has a higher proportion of privately insured people and a lower proportion of people with Medicaid coverage. Sixty-seven percent of Beaumont, Troy's population has private insurance, 15 percent has Medicare, and only 13 percent is covered by Medicaid. Beaumont, Troy is the only community of the eight comprising Beaumont's overall community with a larger number of people covered by Medicare than Medicaid.

Beaumont, Troy's privately insured and Medicare populations are expected to increase in the next five years. The Medicare population will experience the greatest growth and is projected to increase by almost 20 percent. These changes in insurance coverage are most likely due to a growing number of people purchasing insurance via PPACA health insurance exchanges and an aging population.



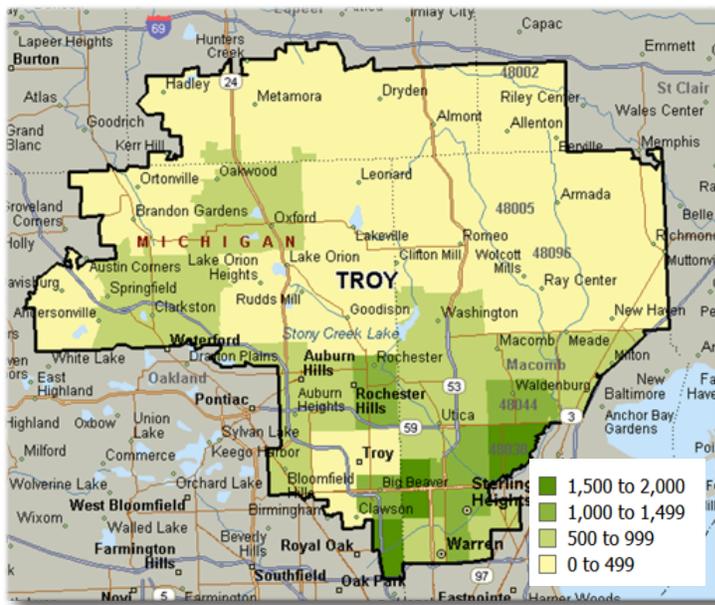
# BEAUMONT HOSPITAL, TROY

## Estimated Covered Lives by Insurance Category



Source: Truven Health Analytics, 2016

## 2015 Estimated Uninsured Lives by ZIP Code

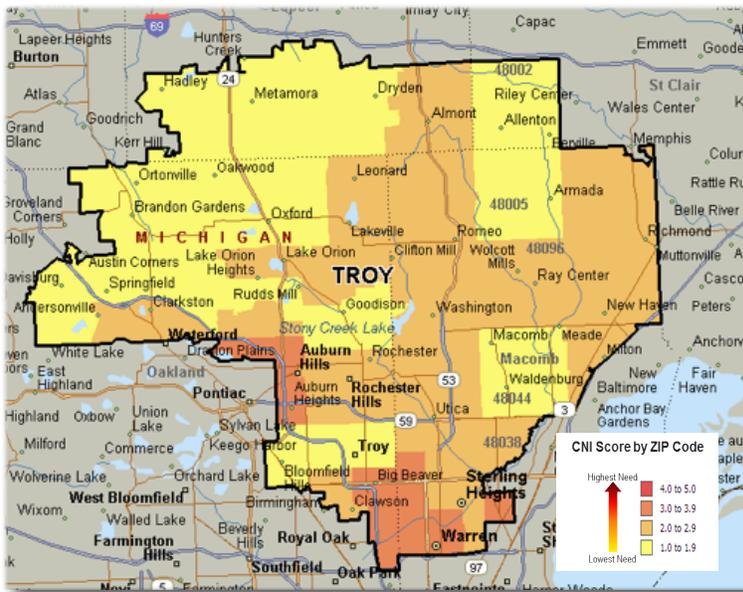


Source: Truven Health Analytics, 2016

Only 3 percent of the community's population is uninsured, making it the community within Beaumont's overall community with the lowest proportion of uninsured residents. The uninsured population is expected to decrease by 44 percent in the next five years.

# BEAUMONT HOSPITAL, TROY

## 2015 Community Need Index by ZIP Code



Source: Truven Health Analytics, 2016

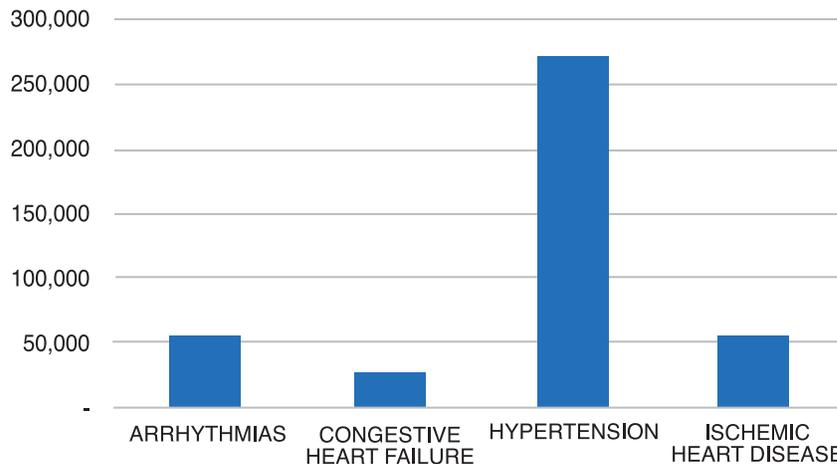
Beaumont, Troy has the lowest CNI score of any Beaumont hospital community with a score of only 2.4. The majority of the community is anticipated to have relatively low need (CNI score <3), however, scores appear to be elevated in the areas surrounding Warren and Auburn Hills.

## 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.

Unsurprisingly, hypertension is the most prevalent heart disease in the community and accounts for 67 percent of new heart disease cases. New hypertension cases are particularly high in the Macomb area (ZIP 48044) with 14,626 new cases in 2015.

## 2015 Estimated Heart Disease Cases

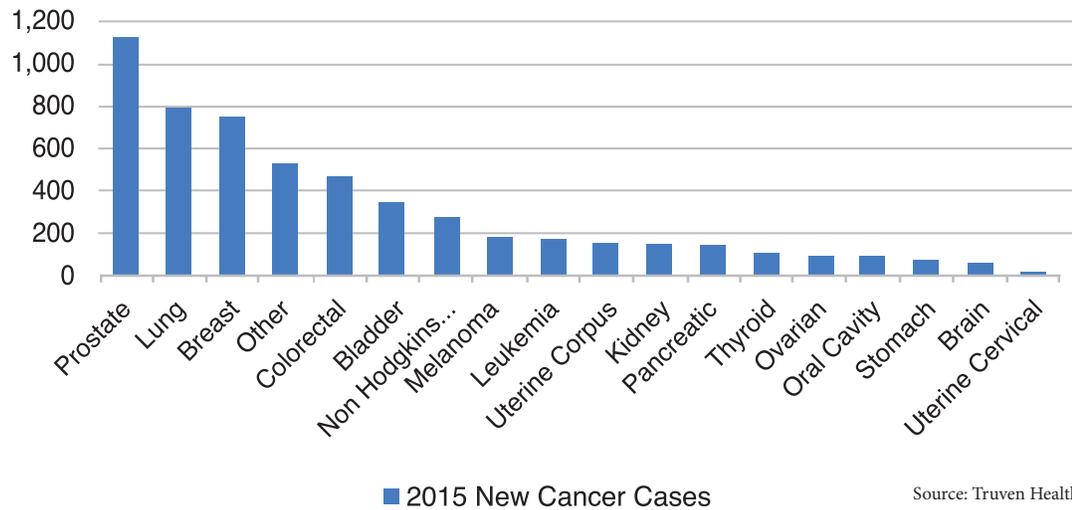


Source: Truven Health Analytics, 2016

# BEAUMONT HOSPITAL, TROY

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

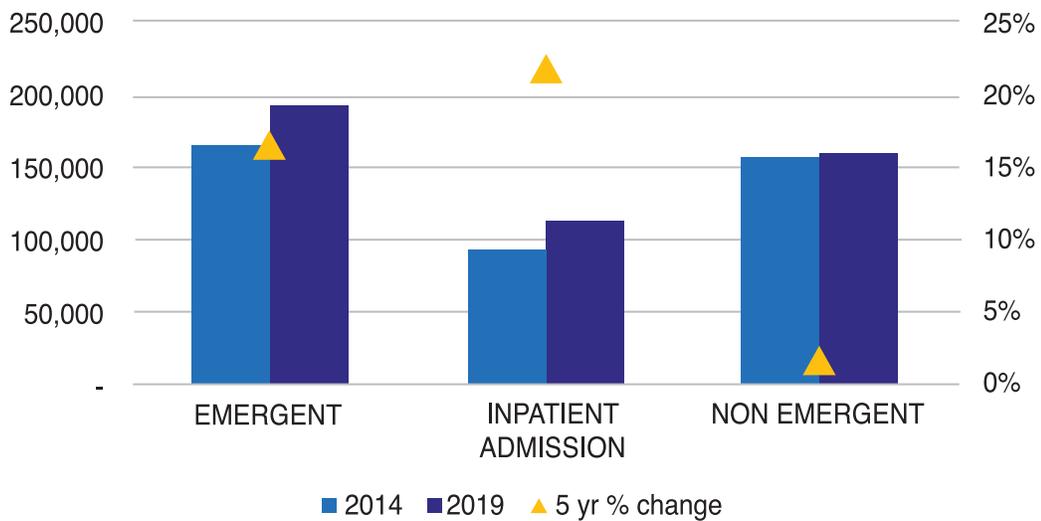
## 2015 Estimated New Cancer Cases



Source: Truven Health Analytics, 2016

Emergent ED visits in the community are projected to increase 16 percent by 2019, while non-emergent ED visits will increase less than 2 percent.

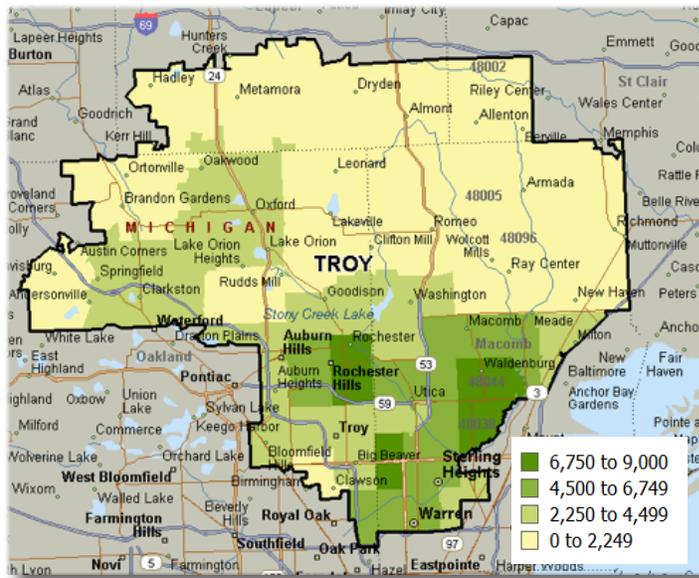
## Emergent and Non-Emergent ED Visits



Source: Truven Health Analytics, 2016

# BEAUMONT HOSPITAL, TROY

## 2014 Estimated Non-Emergent Visits by ZIP Code



Source: Truven Health Analytics, 2016

Macomb (ZIP code 48044) has the highest number of non-emergent ED visits and accounts for 5 percent of the total non-emergent ED visits in the community. 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.

## Community input

A summary of the focus group conducted for the Beaumont, Troy community can be found in **Appendix I** of the **CHNA Full Report** located at [beaumont.org/chna](http://beaumont.org/chna)

# CHNA IMPLEMENTATION STRATEGY

2018 Update

## Beaumont Hospital, Troy

### 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 Kids Cooking Classes	Hands-on classes led by a registered dietitian in a demonstration kitchen at Beaumont Weight Control Centers.	Improved knowledge of nutrition practices and healthy meal preparation	children 6 years and older	<ul style="list-style-type: none"> <li>participation rates</li> <li>participant survey</li> </ul>	
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"> <li>participation rates</li> <li>post-test outcome measures such as use of nutrition facts on food labels, adjusting meals to be more healthy, choosing healthy foods at restaurants</li> <li>participant survey</li> </ul>	Gleaners Community Food Bank of SE Michigan
Develop strategies to increase access to fresh fruits and vegetables	Explore support of the Farmer's Market, the Power of Produce program and the Prescription for Health program.	<p>Reduction in food insecurity</p> <p>Increase in fruit and vegetable consumption</p>	<p>community-wide</p> <p>focus on economically disadvantaged populations</p>	<ul style="list-style-type: none"> <li>program plans</li> <li>partnership agreements</li> </ul>	<p>City of Sterling Heights</p> <p>City of Troy</p>
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"> <li>participation rates</li> <li>participant survey</li> </ul>	
Community Education Series on Weight Management	Events providing the community with educational resources on healthy ways to manage your weight and well-being.	Improved knowledge of obesity prevention	community-wide	<ul style="list-style-type: none"> <li>participation rates</li> <li>participation survey</li> </ul>	

**STRATEGY 2:** Increase opportunities for physical activity

Host Bike Day for children with special needs	Event providing free modified bikes to children with special needs.	Increased physical activity of children with special needs	children with special needs	<ul style="list-style-type: none"> <li>participation rates</li> </ul>	
Provide fitness classes	Monthly fitness classes for adults through Sola Life and Fitness.	Increased physical activity	community-wide	<ul style="list-style-type: none"> <li>participation rates</li> </ul>	

# CHNA IMPLEMENTATION STRATEGY

## 2018 Update

### OBESITY

**STRATEGY 2:** Increase opportunities for physical activity - *continued*

PROGRAM/ACTIVITY	DESCRIPTION	ANTICIPATED IMPACT	TARGET AUDIENCE	HOW RESULTS WILL BE MEASURED	PARTNERS
Provide senior wellness education	Individual assessments, wellness and fitness presentations, health fairs, fall risk reduction programs and an onsite Beaumont wellness liaison at the Orion Wellness Center provide seniors with strategies for fall risk reduction and support to maintain physically active lives.	Increased physical activity and wellness with fall risk reduction	seniors	<ul style="list-style-type: none"> <li>participation rates</li> </ul>	Orion Township Community Center
Host Family Fun Days at baseball games	Health information is provided to attendees of baseball games at Jimmy John's Field throughout the season and baseball players provide modified sports activities to children with special needs.	Increased physical well-being of children and families challenged by illness or disability	children challenged by illness or disability	<ul style="list-style-type: none"> <li>participation rates</li> </ul>	United Shore Professional Baseball League
Offer the Walk with a Doc program	Physicians conduct health promotion presentations and lead community walks at local parks.	Increased knowledge of healthy lifestyle practices and increased physical activity	community-wide	<ul style="list-style-type: none"> <li>partnership agreement</li> </ul>	City of Sterling Heights
Provide Beaumont Gets Walking programs	Walking programs to increase physical activity as well as social interaction among neighbors and community members.	Increased physical activity and increased social interaction among neighbors and community members	community-wide	<ul style="list-style-type: none"> <li>participation rates</li> <li>walking log metrics</li> </ul>	City of Sterling Heights Oakland Mall
Provide the Enhance Fitness Program	A low-cost, evidence-based group exercise program that helps older adults at all levels of fitness and socioeconomic status become more active, energized, and empowered to sustain independent lives.	Improved physical activity practices	adults and seniors	<ul style="list-style-type: none"> <li>participation rates</li> <li>fitness test – baseline, 2-3 weeks, 4 months</li> <li>participant survey</li> </ul>	City of Sterling Heights

### 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 Food for the Heart Part I and II classes	Classes to lower cholesterol or triglycerides, lower blood pressure, better manage diabetes or lose weight.	Improved nutrition practices, eating habits and healthy meal preparation knowledge and behaviors	adults	<ul style="list-style-type: none"> <li>participation rates</li> <li>participant survey</li> </ul>	

# CHNA IMPLEMENTATION STRATEGY

## 2018 Update

### 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 Mindfulness Classes	Mindful Self-Compassion classes to cultivate a happy and healthy life help alleviate anxiety, depression, stress, chronic pain and other various conditions.	Reduction in stress, a risk factor for cardiovascular disease	community-wide	<ul style="list-style-type: none"> <li>Self-Compassion Scale</li> <li>qualitative measures</li> </ul>	
Offer the Beaumont Quit Smoking Program	Seven-week program led by a tobacco treatment specialist.	Reduction in smoking, a risk factor for cardiovascular disease	smokers	<ul style="list-style-type: none"> <li>participation rates</li> <li>respiratory therapy staff follow-up at one-month, six-months and 12-months</li> </ul>	
Teach the American Academy of Family Physicians Tar Wars tobacco-free education program	Physicians provide education to elementary school children on the dangers of tobacco use.	Decrease in tobacco use among pre-teens to improve health and reduce lifelong smoking habits, a risk factor for cardiovascular disease	fourth and fifth grade students	<ul style="list-style-type: none"> <li>number of classrooms</li> <li>participation rates</li> </ul>	Troy School District
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"> <li>participation rates</li> <li>participant survey</li> </ul>	
Provide the Cane and Able Stroke Support Group	Monthly sessions providing support and education on cardiovascular disease, stroke prevention and stroke recovery.	Increased education and re-entry into the community for post-stroke individuals and their families	adults who have had a stroke	<ul style="list-style-type: none"> <li>participation rates</li> <li>participant survey</li> </ul>	
Provide the Aphasia Support Group	Monthly sessions providing support and education on cardiovascular disease, stroke prevention and stroke recovery.	Improved self-management	adults who have had a stroke and develop speech difficulties (aphasia)	<ul style="list-style-type: none"> <li>participation rates</li> </ul>	
Provide the Guiding Heart Support Group	Monthly group offering education and support for individuals with cardiac disease.	Increased awareness and education for management of cardiovascular diseases	adults with diagnosed cardiac problems	<ul style="list-style-type: none"> <li>participation rates</li> </ul>	
Provide Automatic External Defibrillator (AED) training program	AED instruments are placed in community organizations and training is provided.	Increased knowledge and skills to resuscitate teens or adults suffering sudden cardiac arrest	community-wide non-profit organizations	<ul style="list-style-type: none"> <li>number of units placed</li> <li>number of individuals trained</li> </ul>	American Heart Association

# CHNA IMPLEMENTATION STRATEGY

## 2018 Update

### 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
Community Education Series on Heart Health	Events providing the community with educational resources on heart and vascular health, stroke and stroke care.	Increased knowledge and awareness of heart health	community-wide	<ul style="list-style-type: none"> <li>participation rates</li> <li>participation survey</li> </ul>	

**STRATEGY 2:** Provide early detection screenings

Implement 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"> <li>participation rates</li> <li>test results</li> </ul>	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"> <li>participation rates</li> <li>test results</li> </ul>	

### 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 the Diabetes Support Group	Monthly sessions providing support to those with diabetes and their caregivers.	Improved diabetes self-management	adults with diabetes	<ul style="list-style-type: none"> <li>participation rates</li> </ul>	
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"> <li>participation rates</li> <li>post-test outcome measures such as rate of blood sugar testing at home, physical activity and confidence managing condition</li> <li>participant survey</li> </ul>	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"> <li>participation rates</li> <li>weekly physical activity rate</li> <li>average weight loss</li> <li>participant survey</li> </ul>	

# 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 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 & community organizations.	Improved nutrition practices, eating habits, healthy meal preparation and food budgeting knowledge and behaviors	adults with diabetes or prediabetes	<ul style="list-style-type: none"> <li>• participation rates</li> <li>• post-test outcome measures such as use of nutrition facts on food labels, adjusting meals to be more healthy, choosing healthy foods at restaurants</li> <li>• participant survey</li> </ul>	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"> <li>• participation rates</li> <li>• participant survey</li> </ul>	
Community Education Series on Diabetes	Events providing the community with educational resources on diabetes and diabetes prevention.	Improved knowledge and awareness of preventing diabetes and managing diabetes	adults with prediabetes and diabetes, their families and caregivers	<ul style="list-style-type: none"> <li>• participation rates</li> <li>• participant survey</li> </ul>	