





REPORT BRIEF

2022 COMMUNITY HEALTH NEEDS ASSESSMENT

Building Healthier Lives and Communities

Beaumont



We can make health better.

People are at the heart of everything we do, and the inspiration for our legacy of outstanding outcomes, innovation, strong community partnerships, philanthropy and transparency. Corewell Health is a not-for-profit health system that provides health care and coverage with an exceptional team of 60,000+ dedicated people—including more than 11,500 physicians and advanced practice providers and more than 15,000 nurses providing care and services in 22 hospitals, 300+ outpatient locations and several post-acute facilities—and Priority Health, a provider-sponsored health plan serving more than 1.2 million members. Through experience and collaboration, we are reimagining a better, more equitable model of health and wellness.

By the numbers

Numbers are only part of our story. They help demonstrate our positive impact on lives across Michigan.



60,000+ Team Members



11,500+

Affiliated, Independent and Employed **Physicians** and Advanced **Practice Providers**



15,000+ Nurses



\$100 Million Health Equity Funding (Over 10 years)



300+ Ambulatory/ Outpatient

Locations



22 **Hospital Facilities**



5,000+ Licensed Beds



\$100 Million Venture Capital Fund (Over 10 years)



1.2+ Million Health Plan Members



7,000+ **Employers** Contracted by Priority Health



\$14 Billion Enterprise

One system of care and coverage

For more information, visit corewellhealth.org

Corewell Health East

spectrumhealthlakeland.org Corewell Health South

spectrumhealth.org

Corewell Health West

priorityhealth.org Priority Health

Locations



Hospitals

O Priority Health



After Beaumont Health completed the data collection, the priority planning sessions, and the implementation planning sessions, but before the Implementation Plans were active, the health system went through a rebranding which included a name change to Corewell Health. During the implementation of the 2023-2025 plans, the system will be referred to as Corewell Health and evaluation reports will refence the 2022 Beaumont Health CHNA, but will be branded Corewell Health.

Executive summary

Beaumont Health understands the importance of serving the health needs of its communities. To understand the health concerns and needs that patients, their families and neighbors face when making health life choices and health care decisions, Beaumont Health implemented a Community Health Needs Assessment.

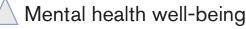
Beginning in January 2022, Beaumont along with community partners began the process. The eight Beaumont hospitals were involved and considered throughout the assessment. Beaumont, with the help of community partners, collected and analyzed data to capture the community's voice and identify the greatest health needs of Macomb, Oakland and Wayne Counties. Prioritization of the needs collected through data resulted in three categories of needs with specific concerns.



The 2022 health needs to be addressed by Beaumont include:



Behavioral Health







Health Education

igwedge Culturally appropriate health education

Community connectedness

Education on community infrastructure that supports health



Access to Care

igtriangle Discrimination & inequity in healthcare

 \triangle System navigation (cost/insurance for care)

Community Health Needs Assessment Requirement

As a result of the Patient Protection and Affordable Care Act, all tax-exempt organizations operating hospital facilities are required to assess the health needs of their community through a Community Health Needs Assessment once every three years.

The written CHNA Report must include descriptions of the following:

- the community served and how the community was determined
- the process and methods used to conduct the assessment, including sources and dates of the data and other information, as well as the analytical methods applied to identify significant community health needs
- how the organization took into account input from persons representing the broad interests of the community served by the hospital, including a description of when and how the hospital consulted with these persons or the organizations they represent
- the prioritized significant health needs identified through the CHNA, as well as a description of the process and criteria used in prioritizing the identified significant needs
- the existing health care facilities, organizations, and other resources within the community available to meet the significant community health needs
- an evaluation of the impact of any actions that were taken, since the hospital facility's most recent CHNA, to address the significant health needs identified in that last CHNA

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. The Patient Protection and Affordable Care Act also requires hospitals to adopt an implementation strategy to address prioritized community health needs identified through the assessment.

An implementation strategy is a written plan that addresses each of the significant community health needs identified through the CHNA and is a separate but related document to the CHNA report.

The written implementation strategy must include:

- a list of the prioritized needs the hospital plans to address and the rationale for not addressing other significant health needs identified
- actions the hospital intends to take to address the chosen health needs
- the anticipated impact of these actions and the plan to evaluate such impact; for example, identifying data sources that will be used to track the plan's impact
- programs and resources the hospital plans to commit to address the health needs
- any planned collaboration between the hospital and other facilities or organizations to address the health needs

The implementation strategy, or 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.

Overview: Process & Timeline

Overview: Process & Timeline

Beaumont Health began the 2022 CHNA process in January 2022 and partnered with MPHI to complete a CHNA for the communities served by their hospital facilities. The eight Beaumont hospital facilities with overlapping communities have collaborated to conduct this joint Community Health Needs Assessment. This joint CHNA applies to the following Beaumont facilities:

- Beaumont Hospital, Dearborn
- Beaumont Hospital, Farmington Hills
- Beaumont Hospital, Grosse Pointe
- Beaumont Hospital, Royal Oak

- Beaumont Hospital, Taylor
- Beaumont Hospital, Trenton
- Beaumont Hospital, Troy
- Beaumont Hospital, Wayne

Framework

Beaumont Health system assessed the needs of the communities they served by conducting a Community Health Needs Assessment (CHNA) aligned with the American Hospital Association Community Health Improvement (ACHI) Community Health Assessment Toolkit. More information on this toolkit can be found here: https://www.healthycommunities.org/resources/community-health-assessment-toolkit.

Consultation

Michigan Public Health Institute (MPHI) was consulted to collaborate with Beaumont Health and relevant partners to complete the 2022 Community Health Assessment (CHNA). MPHI helped facilitate the CHNA process, collect data, analyze, and report the findings.

Groups Involved

A variety of groups were involved in the CHNA process, providing guidance, input, and expertise along the way. A complete list of organizations represented within each group can be found in the full report, **Appendix A: Involved Organizations**.

Steering Committee	Advisory Group	Partner Group	Implementation Strategy Planning Team
Core team to make decisions and guide the process.	Provides general oversight, recommendations, and expertise throughout the process.	Broad group of partners to engage and inform as we go along, to obtain wider community buy-in.	Beaumont Health staff (representation of each service area) and group of partners to brainstorm and help select objectives, possible partnerships and resources to contribute to the implementation strategy plans.



Overview: Process & Timeline

Community Served Definition

For the purpose of this assessment, the geographic boundary for this study encompasses the combined, contiguous geography of the Beaumont hospitals' primary service areas. Each hospital's primary service area is defined by the contiguous ZIP codes where 80% of the hospital's admissions originate. The combined primary service areas of the eight hospitals principally include Macomb, Oakland, and Wayne counties in Southeast Michigan. In 2022, the total population of the community served by Beaumont was estimated to be 3.9 million people.

Collect and Analyze Data

Concurrent to the Advisory Group defining the community, the Steering Committee finalized data collection strategies with input from the Advisory Group. Data collection started in March. The Advisory and Partner Groups helped with primary data collection by distributing the community survey and recruiting participants key informant interviews and focus groups.

Additionally, the Steering Committee reviewed potential secondary indicators of health in the community, compiling an extensive list of possible indicators, and narrowing that list based on available current data. The Advisory Group helped to compile data on existing community and hospital resources and assets that could support community health through an Asset Mapping activity. Beaumont partnered with MPHI to collect primary and secondary data and conduct analysis.

Prioritize Community Health Needs

Once MPHI analyzed data and organized results, the Advisory Group, along with additional partners, convened in August to review data and identify priorities. This group provided input on identified themes emerging from data and participated in rating potential priorities on a variety of facets to determine final priorities.

Methodology: Assessment of Health Needs

Assessment of Health Needs

To capture the voice of the community, the Steering Committee organized and implemented three main data collection activities, including a community-wide survey, key informant interviews, and focus groups. Beaumont conducted a 25-question community health needs assessment survey to gather information from residents who live within Beaumont service areas. The survey captured opinions on what health issues respondents felt were a priority to be addressed in their communities. Survey respondents also provided information about how they felt about the overall health and safety of their community, as well as their level access to needed health services and resources. The questionnaire captured key informants' thoughts and opinions on the health and related needs of the community. All participants were provided an opportunity to discuss or expand on responses with a telephone if they desired. The Steering Committee worked with Beaumont Community Health Managers to organize a focus group in each of Beaumont's service areas. The Community Health Managers recruited members of the community to participate. MPHI staff facilitated the one-hour focus groups virtually via Zoom, recording all focus groups.

To help illustrate the health needs of the communities Beaumont Health serves, the Steering Committee reviewed indicators included in the health indicators in the 2019 Community Health Needs Assessment (CHNA). The 2019 CHNA indicators included 202 data elements grouped into 13 categories, disaggregated by county (Macomb, Oakland, and Wayne) where possible. Indicator categories included the following:

- Access to Care
- Health Behaviors
- Injury and Death
- Population

- Cancer
- Health Status
- Maternal and Child Health
- Preventable Hospitalizations

Conditions/Diseases

Environment

- Infectious
 Conditions/Diseases
- Mental Health
- Prevention

The Steering Committee worked collaboratively to identify where more recent data were available and to remove outdated indicators, creating a new list of data elements for possible inclusion in this CHNA. From there, data were compiled and checked against five criteria to narrow down indicators to include in the CHNA. Criteria for final indicator selection included selecting indicators where data revealed:

- Disparities between population groups
- Rates trending worse over time
- The Beaumont service area below state or national average
- Falling short of goals for performance (e.g., Healthy People 2030)
- Current performance related to previous organization or CHNA priorities

Methodology: Assessment of Health Needs

Prioritizing Community Health Needs

On July 27, 2022, the Advisory Group and other partner organizations gathered to review data collected through the CHNA process. To view a list of organizations included in the Advisory Group and Partner Group visit **Appendix A: Involved Organizations** in the full report. The group received a data summary document that included the identified community health needs that arose across data sources, along with compiled findings from each data collection method. To focus the conversation, the Steering Committee identified themes that emerged from the CHNA data as the most prevalent health needs in communities served by Beaumont facilities. These themes included (in no particular order):

- Mental Health
- Substance Misuse
- Income/Poverty
- Access to Care: Cost/Insurance

- Health Education
- Access to Care: System Navigation
- Transportation
- Community Connectedness
- Discrimination in Healthcare/Culturally Responsive Care
- Community Infrastructure that Supports Health (access to safe, quality opportunities for physical activity, access to parks/ recreation, and access/proximity to nutritious food)

During the prioritization meeting, the group reflected on data and identified health needs. After reviewing data, facilitators asked the group to rate each need on three Likert scales:

• Disparities in Health Outcomes:

Does this need impact different groups of people disproportionately?

- (1) Low disparities: there is a minimal difference in the way this need impacts different groups of people.
- (10) High disparities: there is a large difference in the way this need impacts different groups of people.
- Urgency: Does the need require swift actions to intervene?
 - (1) Low urgency: not as critical to address.
 - (10) High urgency: requires swift action.
- Feasibility of Possible Interventions: Is this need difficult to address? Does Beaumont Health System with community partners have the capacity to make progress?
 - (1) Low feasibility: difficult to address, Beaumont Health System with community partners does not have the capacity to address.
 - (10) High feasibility: easy to address, Beaumont Health System with community partners has the capacity to address.

Methodology: Assessment of Health Needs

The Steering Committee met to discuss the results of the prioritization meeting and considered all suggestions from the Advisory Group. They reviewed identified needs and combined items to establish three (3) priority areas, which will be described in the CHNA and addressed through future implementation strategy plans:

- Behavioral Health
 - Mental health well-being
 - Substance misuse
- Access to Care
 - Discrimination & inequity in healthcare
 - System navigation (cost/insurance for care)

Health Education

- Culturally appropriate health education
- Community connectedness
- Education on community infrastructure that supports health

All other identified health needs not directly addressed through the implementation strategy plans include:

- Income/Poverty
- Transportation

Although the above identified health needs will not be directly addressed through the implementation strategy plans, Beaumont will consider them while implementing the strategies for the other prioritized needs. Reasons for not addressing these needs include:

- The need was not well-aligned with organizational strengths
- There are not enough existing organizational resources to adequately address the need and it scored low for feasibility during the prioritization session
- Other facilities or organizations in the community are addressing them
- A lack of identified effective interventions to address the need were given

Evaluation: Prior CHNA Implementation Strategies

Prior CHNA Implementation Strategies

Evaluation of prior CHNA implementation strategies

As part of the current assessment, Beaumont conducted an evaluation of the implementation strategies adopted by hospital facilities as part of the 2019 CHNA. In 2019, Beaumont chose to address the following identified needs:

The health needs to be addressed by Beaumont included:



Chronic disease prevention & management



cardiovascular disease



diabetes



obesity



Mental health

Implementation strategies were put into place in 2020 to address the above needs. Those strategies have been evaluated as to effectiveness and impact. Details for that evaluation can be found in the full report, **Appendix H** with the report of interventions and activities outlined in the implementation strategy drafted following the 2019 assessment.

Beaumont Community Health Needs Assessment

Summary

The 2022 CHNA priorities will be addressed over the next three years, and with the goal of improving the health of the community, implementation plans with strategies, measures and potential partners have been developed for the priority areas Beaumont has chosen to address. Beaumont's teams and leaders will participate in implementing these strategies and collecting data to measure progress and show improvements in the communities. Beaumont will build on existing community programs and partnerships to address the health needs identified through the CHNA process.

Beaumont Health hospitals' community findings

Beaumont approached the CHNA process as a collective process between the eight hospitals, but have also included hospital specific information where available. The health needs that Beaumont has chosen to address are common across all eight hospital communities, but the implementation strategies may vary based on each location. The overall Beaumont community is an aggregate of individual hospital communities. It is important to note that individual hospital communities overlap. The Beaumont hospitals are in, and each serve, some portion of Macomb, Oakland and Wayne counties.

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