Community Health Needs Assessment – 2016

Beaumont Hospital, Farmington Hills Implementation Strategy

Building healthier lives and communities.

Beaumont

COMMUNITY HEALTH NEEDS ASSESSMENT IMPLEMENTATION STRATEGY

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:

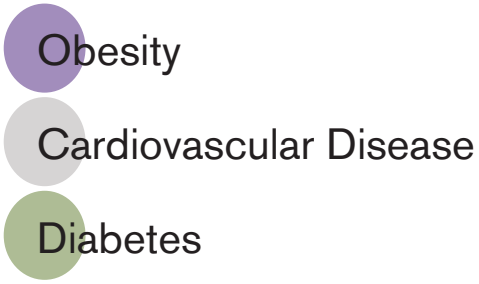
- Importance of the problem to the community ensures the priorities chosen reflect the community experience.
- Alignment with the health system's strengths is important to ensure we leverage our ability to make an impact.
- Resources criteria acknowledges that we need to work within the capacity of our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

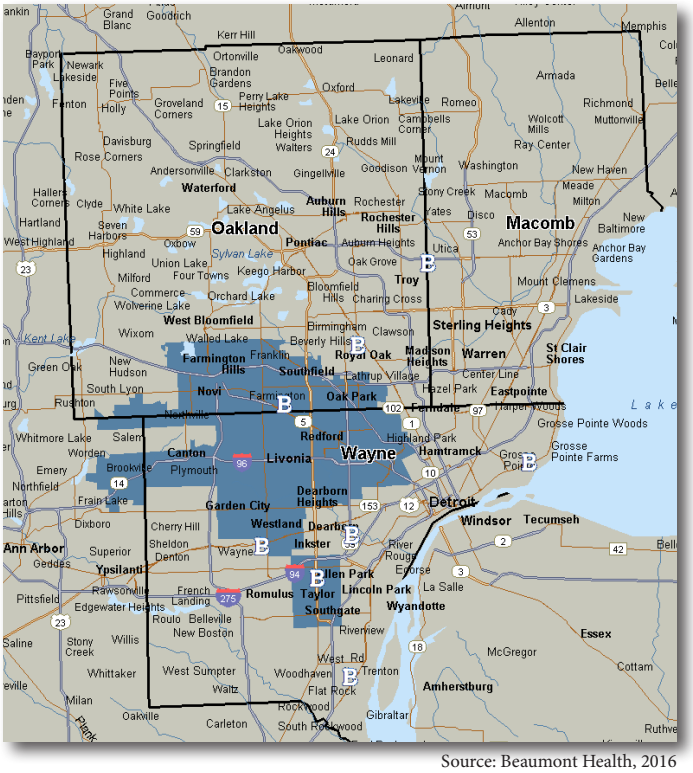
Over the next three years each Beaumont Health hospital will execute its implementation strategies which will be evaluated and updated on an annual basis.

BEAUMONT HOSPITAL, FARMINGTON HILLS

Beaumont Hospital, Farmington Hills (formerly Botsford Hospital) opened on Jan. 19, 1965 as a 200-bed community hospital named Botsford General Hospital. Today, the hospital is a 330-bed facility with Level II trauma status. It is a major osteopathic teaching facility with 20 accredited residency and fellowship programs with 180 residents and fellows. Beaumont Hospital, Farmington Hills is the base teaching hospital for Michigan State University College of Osteopathic Medicine and for Arizona College of Osteopathic Medicine.

Community served

The Beaumont Hospital, Farmington Hills community (Beaumont, Farmington Hills) is defined as the contiguous ZIP codes that comprise 80 percent of inpatient discharges. To the right is a map that highlights the community definition (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**

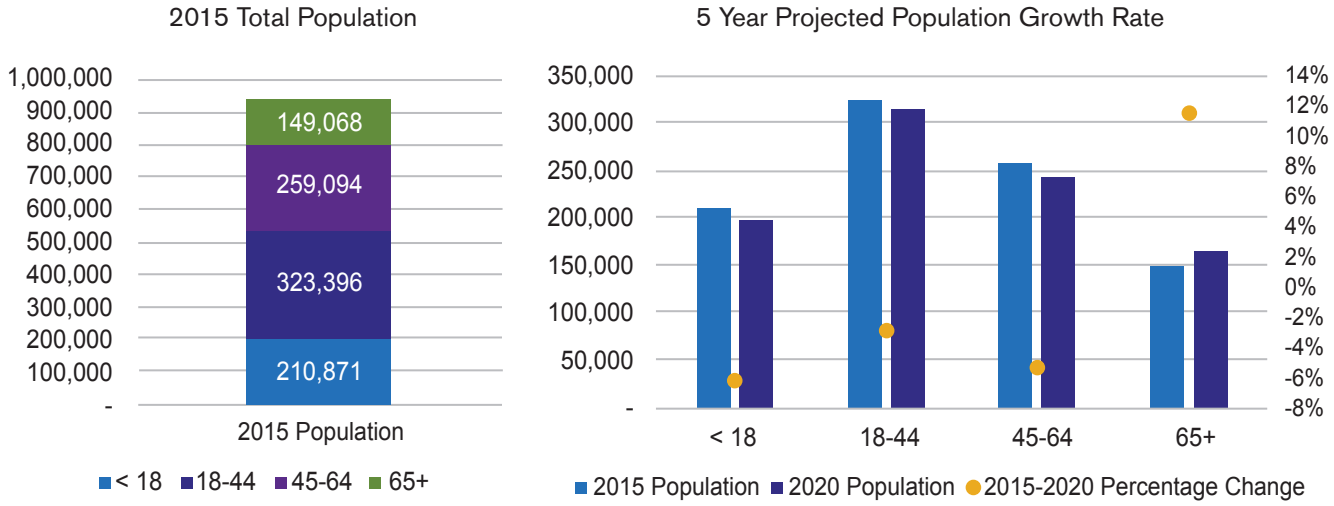


Source: Beaumont Health, 2016

Demographic and socio-economic summary

Beaumont, Farmington Hills' population is expected to decrease 2 percent (18,000 lives) by 2020. The portion of the community that includes the city of Detroit will experience the greatest contraction, while Novi will grow slightly. 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 (16 percent), but is expected to experience the most growth over the next five years. This age group is expected to increase approximately 12 percent while the other age groups are expected to decrease 4 to 6 percent. As the community ages, it is likely that need for health care services will also increase.

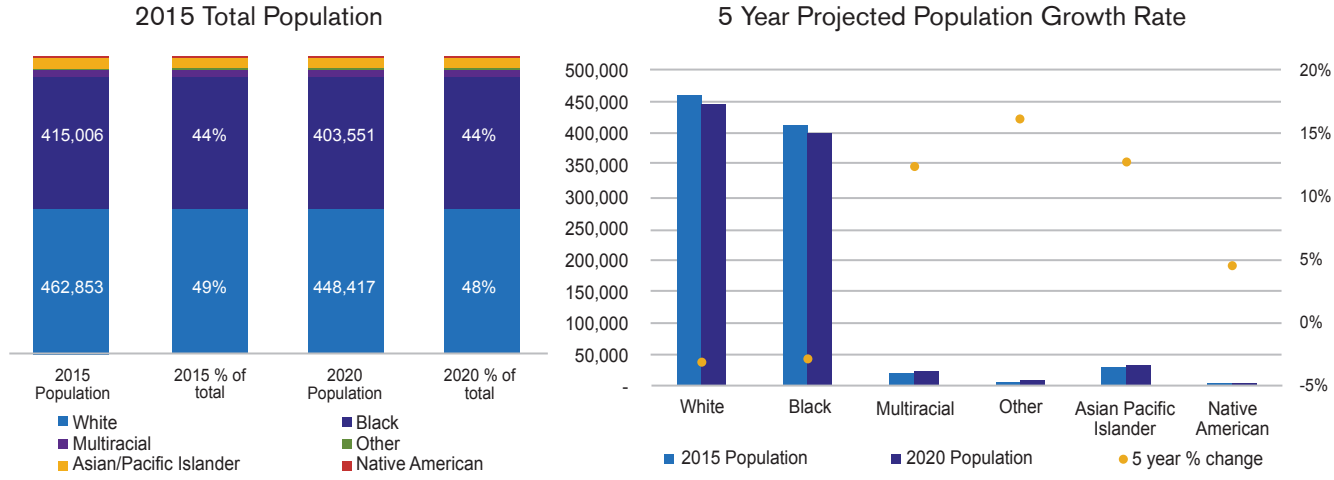
Population by Age Cohort



Source: Truven Health Analytics, 2016

Beaumont, Farmington Hills' population is much more diverse relative to both the Michigan and U.S. population. The two largest groups by race are white (49 percent) and black (44 percent), and both are expected to decrease approximately 3 percent in the next five years. All other minority groups are projected to increase; Asian Pacific Islanders will experience the most growth, closely followed by the multiracial group.

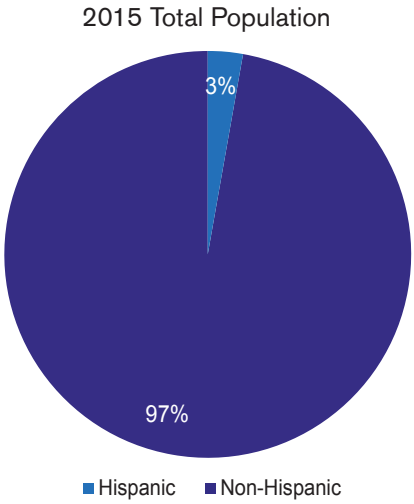
Population by Race

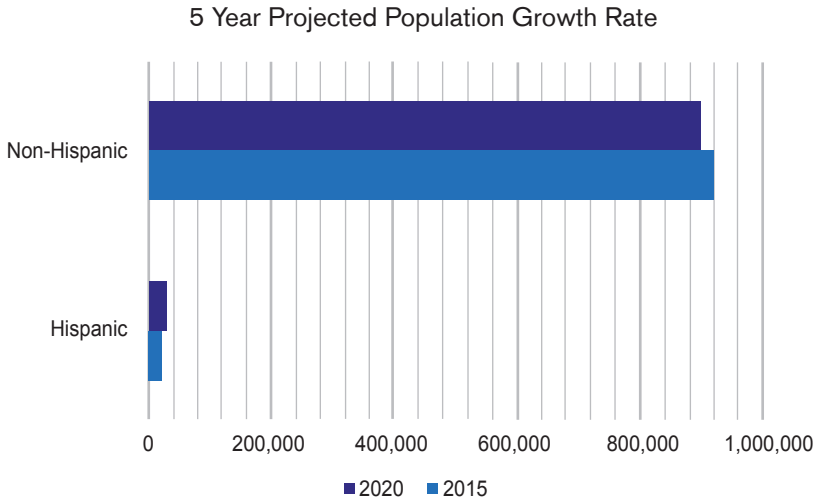


Source: Truven Health Analytics, 2016

Hispanics currently comprise only 3 percent of the community's population, but is expected to grow slightly over the next five years.

Population by Hispanic Ethnicity





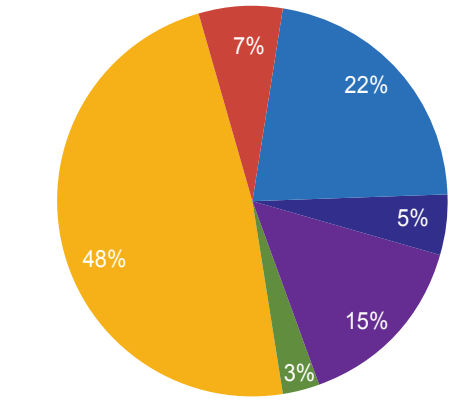
Source: Truven Health Analytics, 2016

Forty-eight percent of the Beaumont, Farmington Hills community is privately insured; this includes people who are purchasing health insurance through the insurance exchange marketplace (4 percent), those who are buying directly from an insurance provider (4 percent), and those who receive insurance through an employer (40 percent). Compared to state and national levels, the community has a higher proportion of people who are insured by either Medicare or Medicaid. Over one fourth of the community has Medicaid (27 percent) and 15 percent has Medicare.

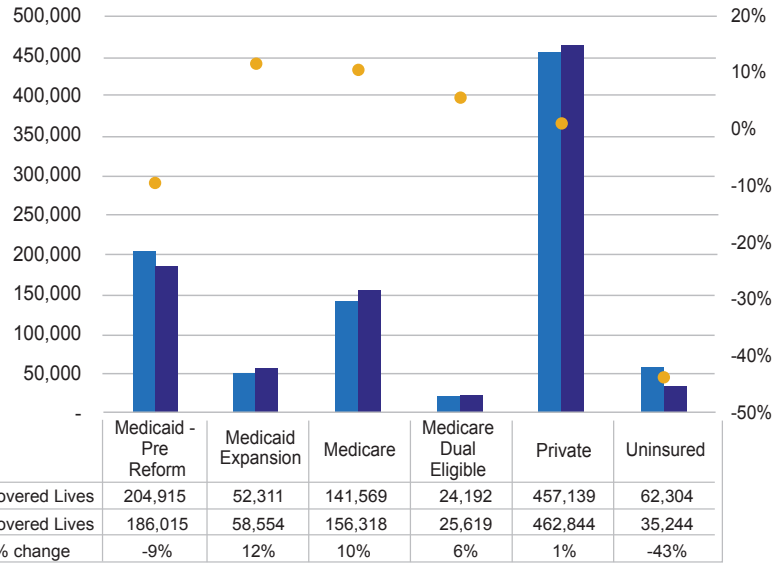
The Medicare population is projected to increase by 10 percent, primarily due to growth in the 65+ population. The private insurance category overall is also projected to increase, though only by 1 percent. However, there will be a shift within the private insurance category as the number of people purchasing insurance via PPACA health insurance exchanges is projected to increase by 82 percent. Overall, the Medicaid population will decrease by 5 percent, but there will be a shift within Medicaid as well as the number of people receiving Medicaid coverage due to the PPACA Medicaid expansion which will increase by 12 percent.

Estimated Covered Lives by Insurance Category

2015 Total Population



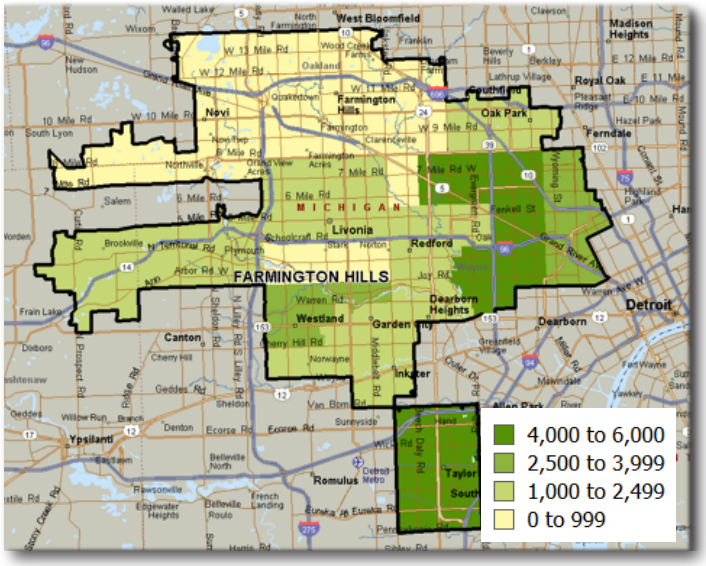
5 Year Projected Population Growth Rate



	Medicaid - Pre Reform	Medicaid Expansion	Medicare	Medicare Dual Eligible	Private	Uninsured
2015 Covered Lives	204,915	52,311	141,569	24,192	457,139	62,304
2020 Covered Lives	186,015	58,554	156,318	25,619	462,844	35,244
5 year % change	-9%	12%	10%	6%	1%	-43%

Source: Truven Health Analytics, 2016

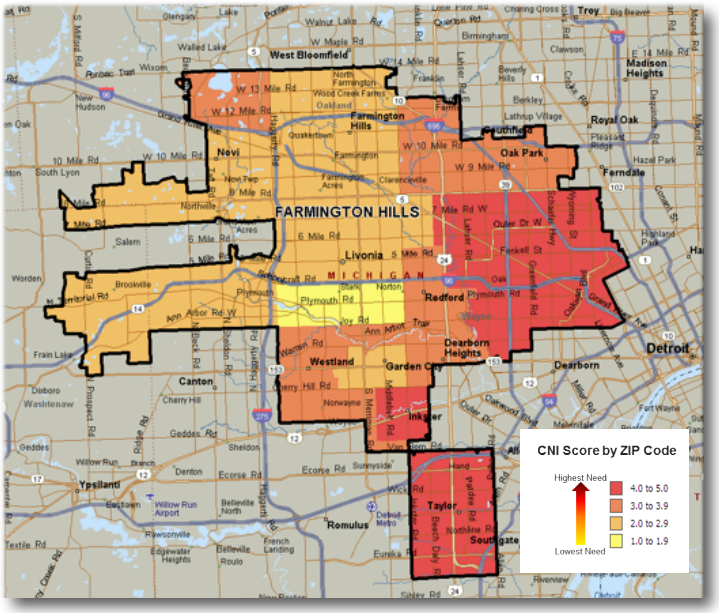
2015 Estimated Uninsured Lives by ZIP Code



Source: Truven Health Analytics, 2016

In the Beaumont, Farmington Hills community, 7 percent of the population is uninsured but projected to decrease by 43 percent in the next five years due, in part, to Medicaid expansion. The portion of the population that is uninsured is highest in ZIP codes 48228 and 48126.

2015 Community Need Index by ZIP Code



Source: Truven Health Analytics, 2016

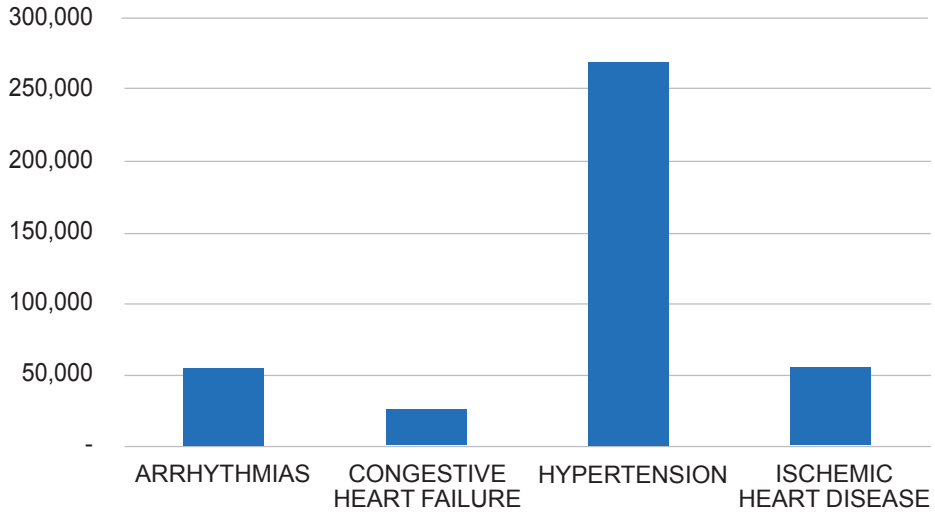
The Beaumont, Farmington Hills CNI score is 3.5. The areas with the highest anticipated need include ZIP codes in the city of Detroit and in Taylor.

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 cases are heavily concentrated in the Taylor (16,898 cases) and Westland (13,757 cases) communities.

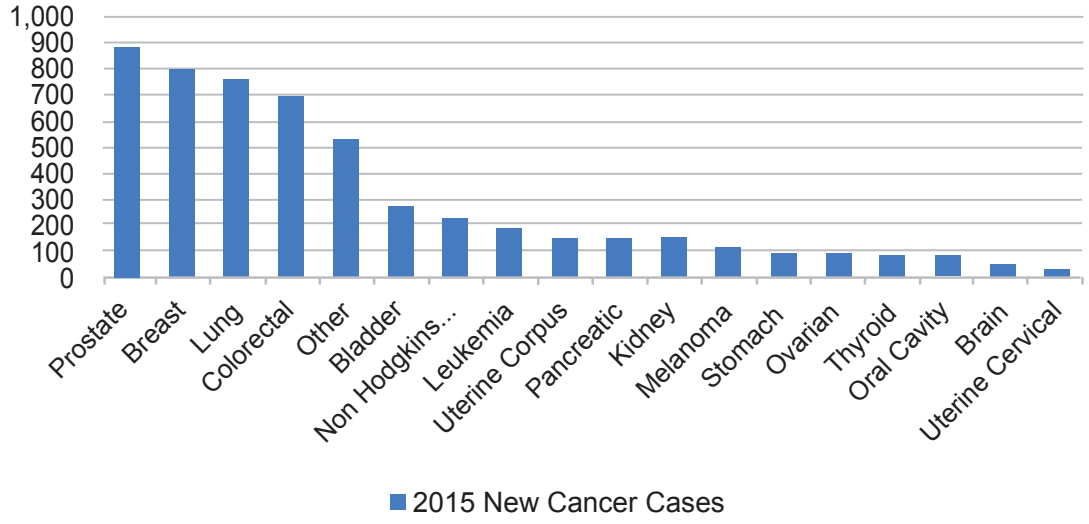
2015 Estimated Heart Disease Cases



Source: Truven Health Analytics, 2016

Compared to state and national estimates, Beaumont, Farmington Hills has a higher proportion of prostate and breast cancer. These two, followed by lung cancer, make up the three most frequently diagnosed cancers in the community during 2015.

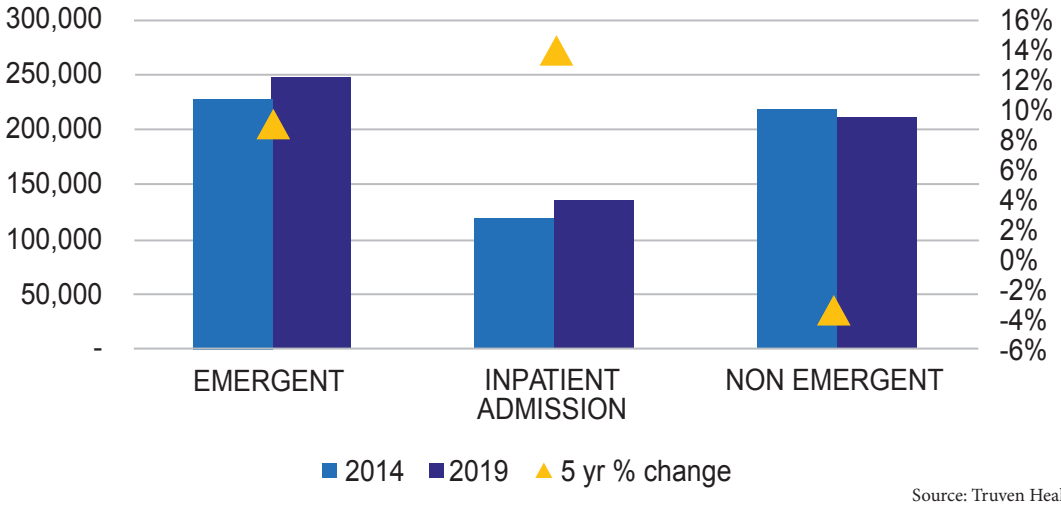
2015 Estimated New Cancer Cases



Source: Truven Health Analytics, 2016

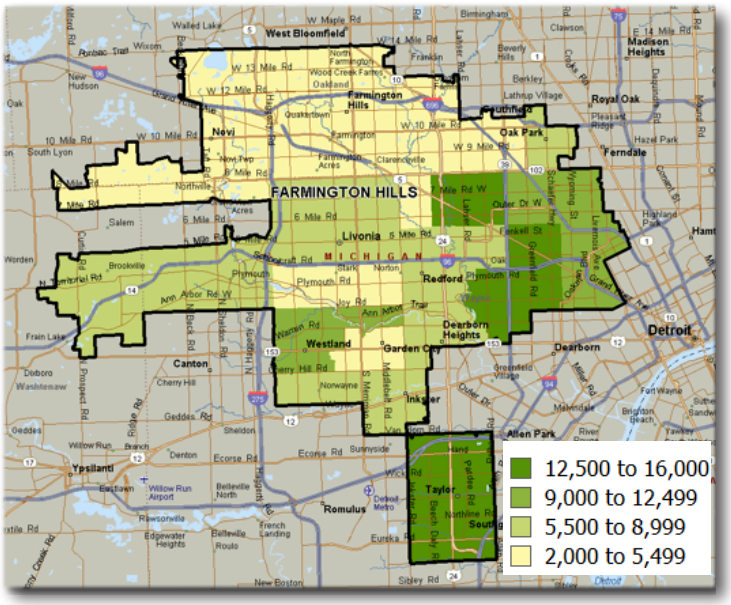
Emergent ED visits are expected to increase almost 10 percent by 2019, while non-emergent ED visits are projected to decrease by 4 percent. Non-emergent, ED visits are lower acuity visits that present in the ED but possibly can be treated in other more appropriate, less intensive outpatient settings. Non-emergent ED visits can be an indication that there are systematic issues with access to primary care or managing chronic conditions.

Emergent and Non-Emergent ED Visits



Source: Truven Health Analytics, 2016

2014 Estimated Non-Emergent Visits by ZIP Code



Source: Truven Health Analytics, 2016

Non-emergent ED visits are highest in the same areas where the uninsured population is highest. Detroit ZIP code 48228 has the highest number of non-emergent ED visits and accounts for approximately 7 percent of the total non-emergent ED visits in the community.

Community input

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

Beaumont Hospital, Farmington Hills

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 education on healthy eating, fitness and weight management through the Beaumont Speakers Bureau	Education presentations to community members of the Beaumont Generations Senior Program and to community groups	Improved knowledge of obesity prevention and treatment options	Community organizations	▪ Participation rates ▪ Participant survey	
Explore providing 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 in collaboration with 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
Explore designation of a Healthy Community	Beaumont Hospital, Farmington Hills will provide backbone support to the Healthy Communities 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	▪ Partnership agreements	City and school district
Develop strategies to increase access to fresh fruits and vegetables	Explore support of Farmers Markets, the Power of Produce program, food pantries and the Prescription for Health program	Increase in fruit and vegetable consumption	Community-wide	▪ Partnership agreements ▪ Number of participants	Farmington Farmers Market City of Farmington Hills

STRATEGY 2: Increase opportunities for physical activity

Provide the Walk with the 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	▪ Participation rates ▪ Participant survey	City of Farmington Hills Parks

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 Living at Ease classes	Mindfulness classes to cultivate a happy and healthy life and help alleviate anxiety, depression, stress, chronic pain and other various conditions	Reduction in stress, a risk factor for cardiovascular disease Improved eating behaviors that positively impact obesity and diabetes, risk factors for cardiovascular disease	Community-wide	▪ Perceived Stress Scale ▪ Qualitative measures	
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 blood pressure and stroke screenings	Blood pressure screenings and stroke risk assessments conducted at community events to identify and counsel individuals with high blood pressure and other risk factor for cardiovascular disease	Improved self-management and follow-up care	Adults	▪ Screening results ▪ Referrals for follow-up care	Community organizations
Provide CPR and AED (Automatic External Defibrillator) training	Equipment and training provided to high school students and staff in Farmington Public Schools. Fire department professionals also provide a train-the- trainer program for teachers to coordinate future trainings of new students and staff.	Increased knowledge and skills to resuscitate teens or adults suffering sudden cardiac arrest	High school students and staff	▪ Number of individuals trained	Farmington Public Schools Farmington Hills Fire Department
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	▪ Participation rates ▪ Test results	School systems

DIABETES

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

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	▪ Participation rates ▪ Post-test outcome measures such as blood sugar testing, physical activity, confidence managing condition ▪ Participant survey	National Kidney Foundation of Michigan
Explore providing My Choice…My Health 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	National Kidney Foundation of Michigan
Explore providing Cooking Matters™ EXTRA for Diabetes program	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 Bureau	Education presentations to community groups	Improved knowledge of diabetes prevention and treatment options	Community organizations	▪ Participation rates ▪ Participant survey	
Distribute to schools “Managing Type 1 Diabetes in Schools: A Guide for Non-Medical Personnel in Schools”	Online training videos and accompanying guide used in collaboration with schools to provide care to students with type 1 diabetes	Safe and healthy school environment for children with type 1 diabetes	Non-medical school personnel	▪ Online video viewing rate	School systems