Community Health Needs Assessment – 2016

Beaumont Hospital, Grosse Pointe 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:
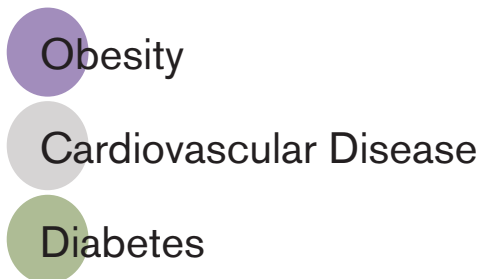
- Importance of the problem to the community ensures the priorities chosen reflect the community experience.

- 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:

- Obesity
- Cardiovascular Disease
- Diabetes

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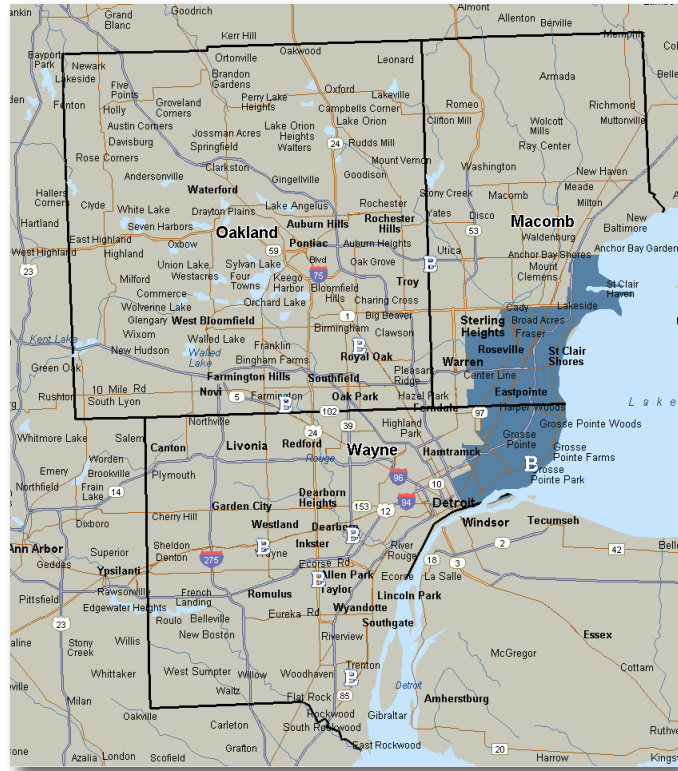
Over the next three years each Beaumont Health hospital will execute its implementation strategies, which will be evaluated and updated on an annual basis.

Beaumont Hospital, Grosse Pointe is a 250-bed hospital located in the heart of Grosse Pointe. Opened in 1945 by the Sisters of Bon Secours, it was acquired by Beaumont Health System in October 2007, making Beaumont Health System a three-hospital regional health care provider. Beaumont Hospital, Grosse Pointe offers medical, surgical, emergency, obstetric, pediatric and critical care services.

Community served

The Beaumont Hospital, Grosse Pointe community (Beaumont, Grosse Pointe) 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**
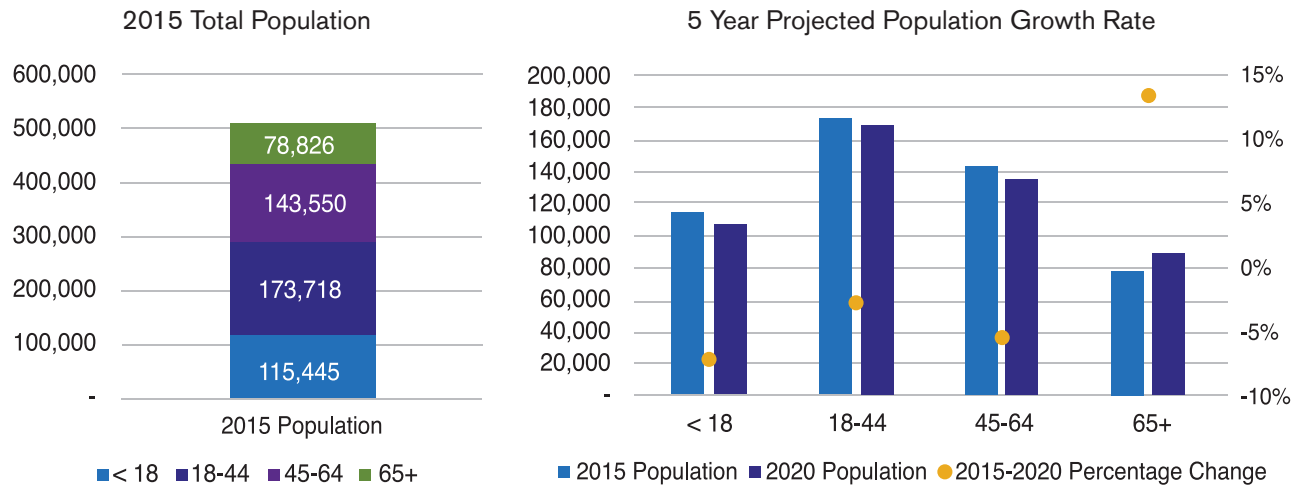

Source: Beaumont Health, 2016

Demographic and socio-economic summary

Beaumont, Grosse Pointe's population is expected to decrease less than 2 percent, with Roseville experiencing slight growth and the surrounding Detroit area experiencing a contraction. 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 expected to experience the most growth over the next five years. This age group is expected to increase by almost 15 percent while the other age groups are expected to decrease. The pediatric population (<18 years) will experience the largest decrease.

Population by Age Cohort
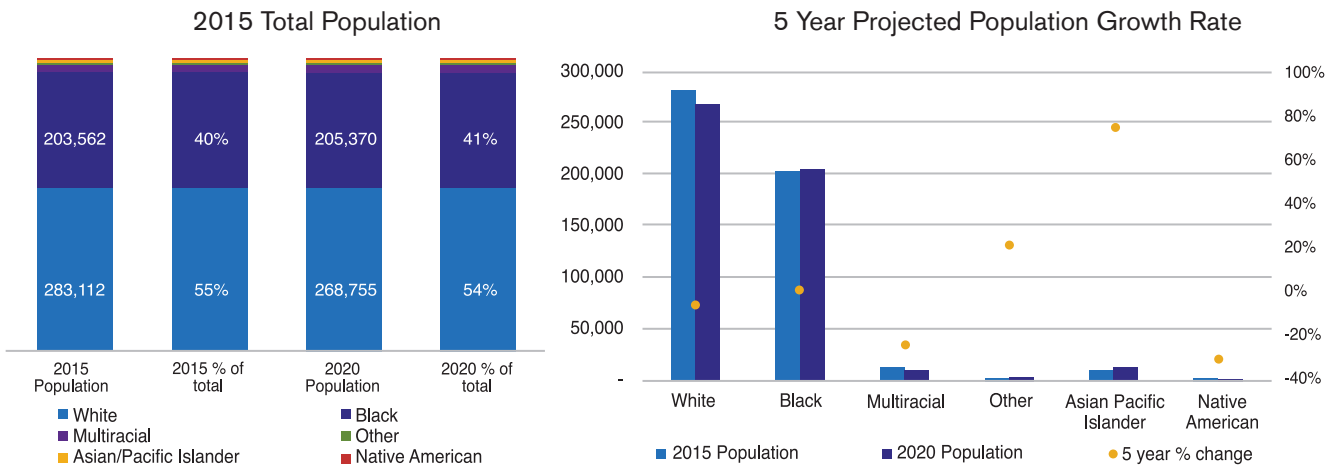
2015 Total Population

5 Year Projected Population Growth Rate

Source: Truven Health Analytics, 2016

Beaumont, Grosse Pointe's population is primarily white (55 percent) and black (40 percent). The other and Asian Pacific Islander populations are expected to increase, with the Asian Pacific Islander group experiencing the most growth. The impact of these changes on the overall racial composition of the community will be minimal as the racial breakdown will remain relatively stable over the next five years.

Population by Race

2015 Total Population

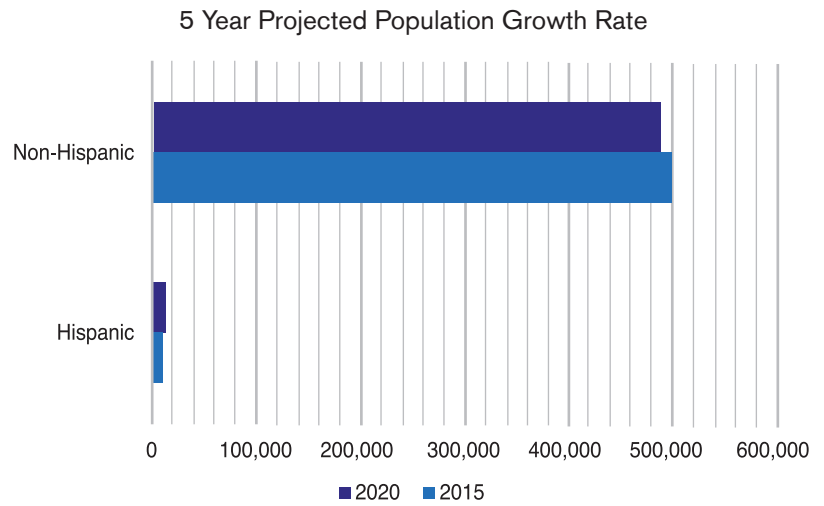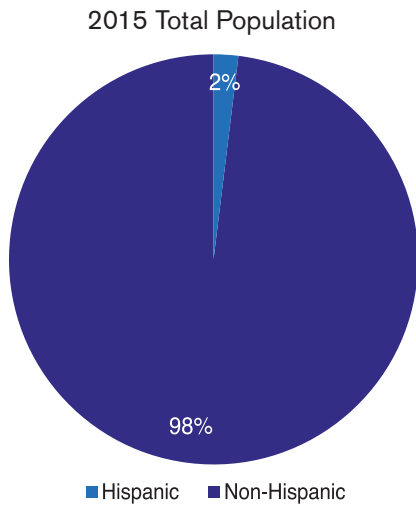### 5 Year Projected Population Growth Rate

Source: Truven Health Analytics, 2016

The community is predominantly non-Hispanic (98 percent) and has a smaller Hispanic population compared to both the state and national estimates. The Hispanic community will grow only slightly (+1,400 lives) by 2020.

Population by Hispanic Ethnicity

2015 Total Population

- Hispanic: 2%
- Non-Hispanic: 98%

■ Hispanic ■ Non-Hispanic

5 Year Projected Population Growth Rate

■ 2020 ■ 2015

Source: Truven Health Analytics, 2016

Compared to state and U.S. estimates, Beaumont, Grosse Pointe has a smaller percentage of privately insured residents and a larger percentage of Medicaid insured residents. Forty-six percent of the 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 (3 percent), and those who receive insurance through an employer (38 percent). Thirty percent of the community has Medicaid and 15 percent has Medicare.
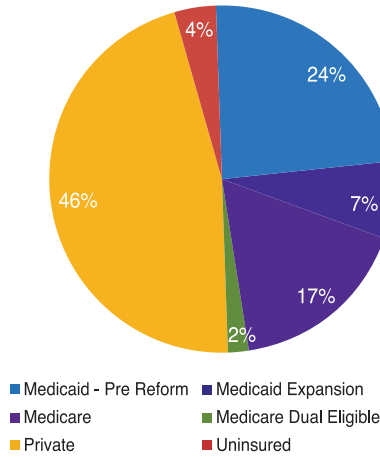
Similar to other Beaumont communities, the Medicare population will experience the greatest growth and is expected to increase 12 percent by 2020. This is primarily fueled by a growing 65+ population in the community. The private insurance category is also projected to increase slightly. The number of people purchasing insurance via PPACA health insurance exchanges is projected to increase by 83 percent. Overall, the Medicaid population will decrease by 5 percent, but the number of people receiving Medicaid coverage due to the PPACAs Medicaid expansion will increase by 11 percent.
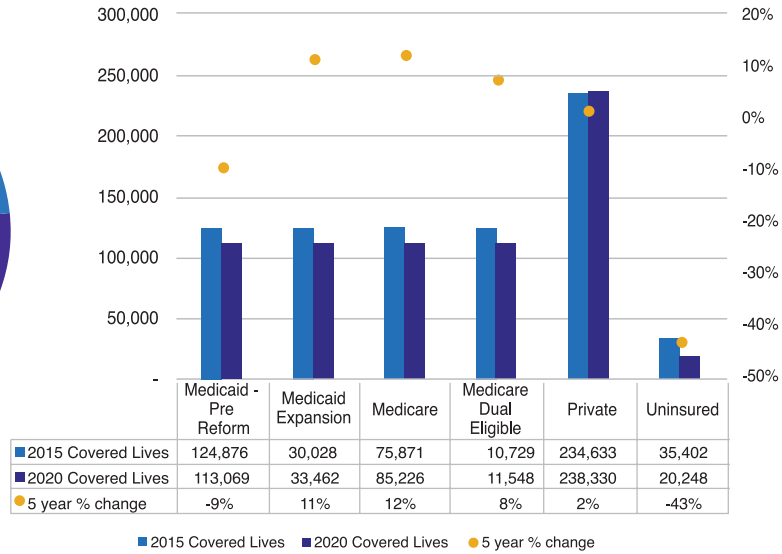
Estimated Covered Lives by Insurance Category

2015 Total Population

Pie chart legend:
- Medicaid - Pre Reform (24%)
- Medicaid Expansion (7%)
- Medicare (17%)
- Medicare Dual Eligible (2%)
- Private (46%)
- Uninsured (4%)

5 Year Projected Population Growth Rate

	Medicaid - Pre Reform	Medicaid Expansion	Medicare	Medicare Dual Eligible	Private	Uninsured
2015 Covered Lives	124,876	30,028	75,871	10,729	234,633	35,402
2020 Covered Lives	113,069	33,462	85,226	11,548	238,330	20,248
5 year % change	-9%	11%	12%	8%	2%	-43%

■ 2015 Covered Lives ■ 2020 Covered Lives ● 5 year % change

Source: Truven Health Analytics, 2016

2015 Estimated Uninsured Lives by ZIP Code

Legend:
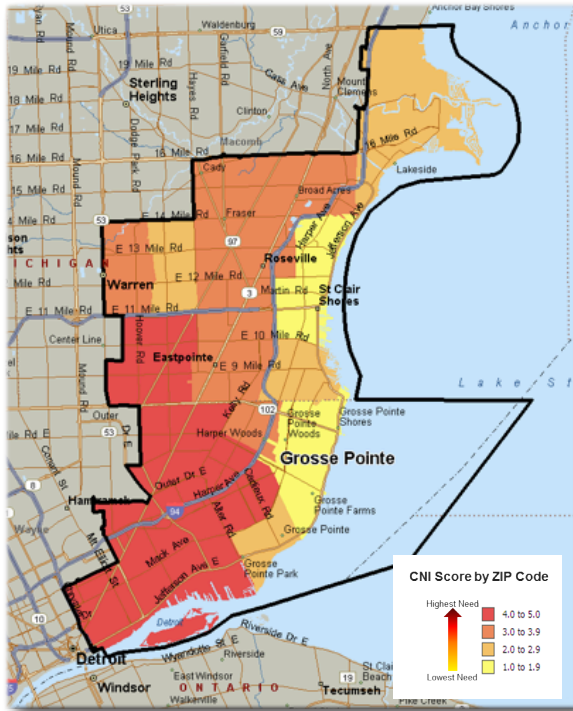- 3,880 to 5,000
- 2,750 to 3,879
- 1,630 to 2,749
- 500 to 1,629

Source: Truven Health Analytics, 2016

Seven percent of Beaumont, Grosse Pointe's population is uninsured, and the uninsured population is expected to decrease by 43 percent over the next five years due in part to the expansion of Medicaid in Michigan. The uninsured population is primarily concentrated in areas that include the city of Detroit, in particular ZIP codes 48205 and 48224.

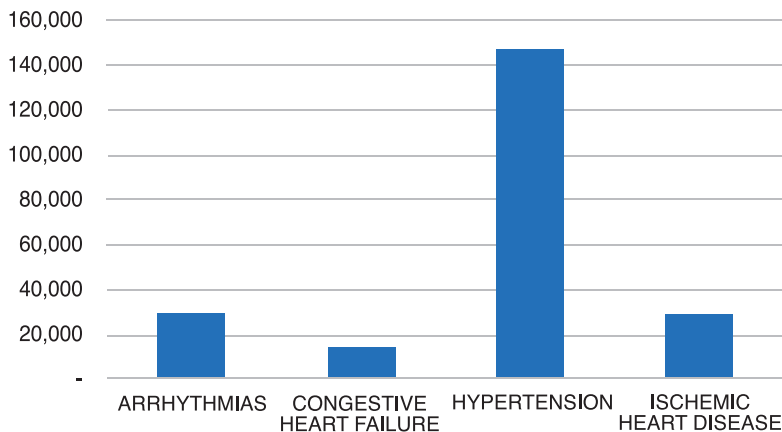## *2015 Community Need Index by ZIP Code*

The community's overall CNI score is 3.6, with a marked contrast between areas of relatively low need (CNI score 0-2.9) and very high need (CNI score 3-5). CNI scores are highest in the areas which include Detroit.

Source: Truven Health Analytics, 2016

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 Roseville (13,369 cases) and Clinton Township (10,151 cases). Arrhythmias are the second most common type of heart disease.

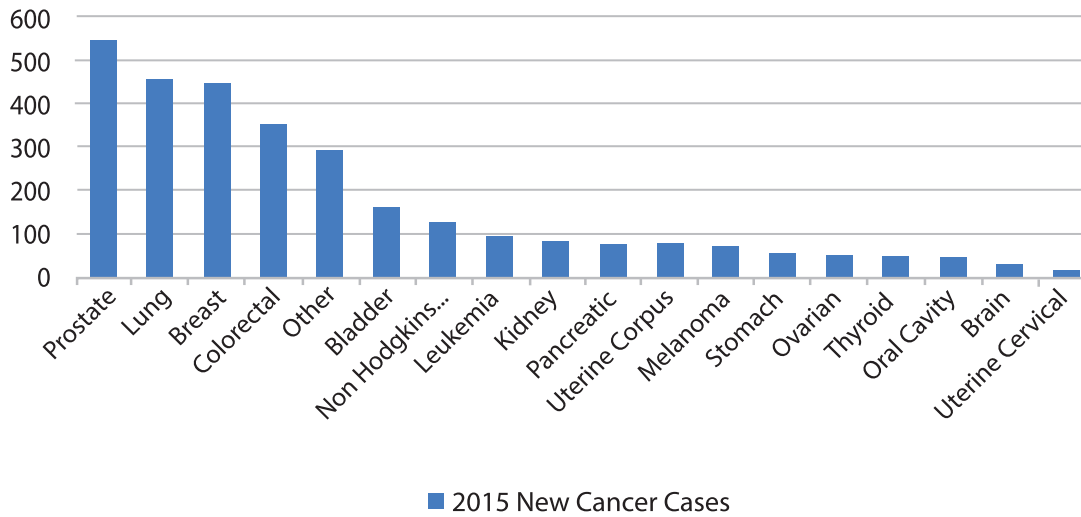## *2015 Estimated Heart Disease Cases*

Source: Truven Health Analytics, 2016

Compared to state and national estimates, Grosse Pointe has a higher proportion of new prostate, lung, and breast cancer cases. These comprise the three most frequently diagnosed cancers in the community during 2015 and make up almost half of all cancer cases.
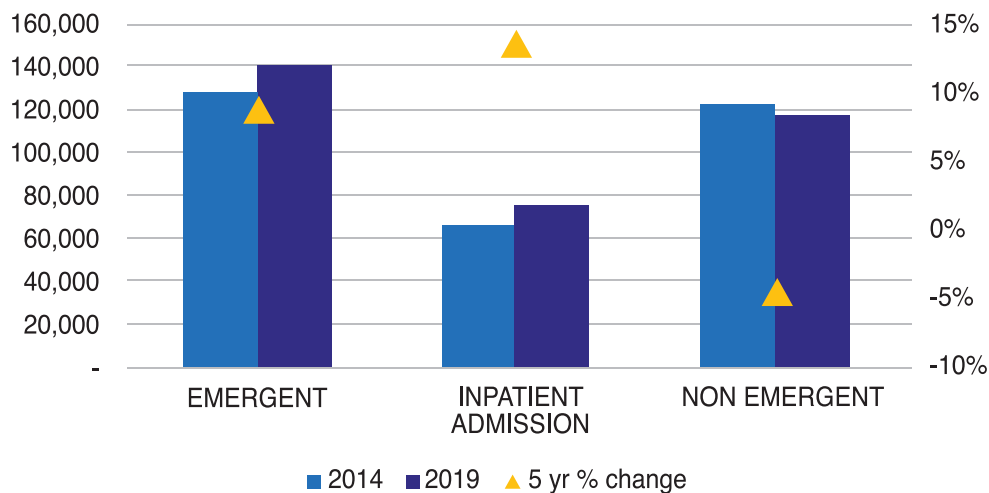
2015 Estimated New Cancer Cases

■ 2015 New Cancer Cases

Source: Truven Health Analytics, 2016

Emergent ED visits are expected to increase 13 percent by 2019, while non-emergent ED visits are projected to decrease by 1 percent.
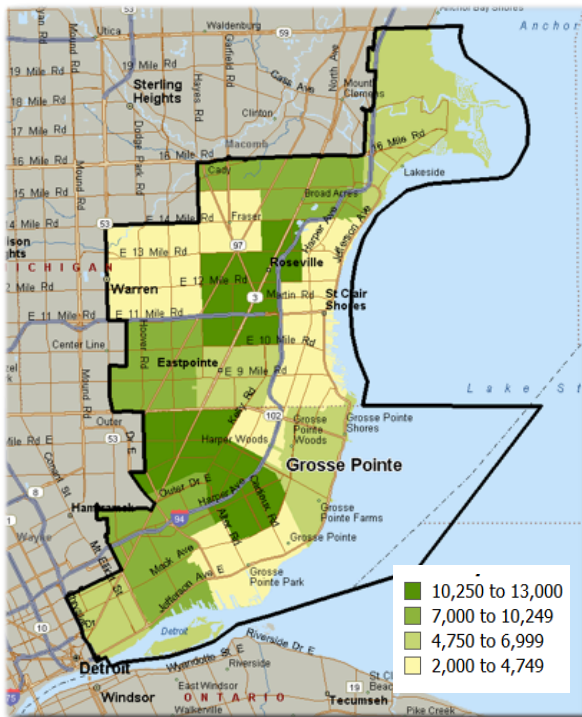
Emergent and Non-Emergent ED Visits

■ 2014 ■ 2019 ▲ 5 yr % change

Source: Truven Health Analytics, 2016

2014 Estimated Non-Emergent Visits by ZIP Code

Source: Truven Health Analytics, 2016

Detroit ZIP codes account for 10 percent (12,384 visits) of the total non-emergent ED visits in the area.

Community input

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

Beaumont Hospital, Grosse Pointe

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 demonstrations	A chef and registered dietitian provide nutritional information, recipes and cooking demonstrations.	Improved knowledge of nutrition and healthy meal preparation	community-wide		Community organizations
Provide Cooking Matters™ programs	Six-week workshops for adults and teens and single session store tours to equip families with the knowledge and skills they need to shop for and prepare healthy meals on a limited budget. Hosted at libraries, senior centers and community organizations.	Improved nutrition practices, eating habits, healthy meal preparation and food budgeting knowledge and behaviors	economically disadvantaged populations	• participation rates • post-test outcome measures such as use of nutrition facts on food labels, adjusting meals to be more healthy, choosing healthy foods at restaurants • participant survey	Gleaners Community Food Bank of SE Michigan
Healthy Grosse Pointe and Healthy Harper Woods coalitions	Beaumont Hospital, Grosse Pointe will provide backbone support to the Healthy Grosse Pointe and Healthy Harper Woods multi-sector community coalitions to develop strategies in the community for healthy eating and active living.	Collaborative partnerships to improve the health and well-being of diverse community members	community-wide	• number of programs and activities implemented to promote healthy eating and active living	Healthy Grosse Pointe and Healthy Harper Woods coalitions Five cities of Grosse Pointe and Harper Woods Grosse Pointe Public School System Harper Woods School District
Provide the Eight Dimensions of Wellness program	Interactive education program to develop Community Ambassadors in Eight Dimensions of Wellness, such as choosing healthy foods, forming strong relationships, and exercising often to help people live longer and improve quality of life.	Increased knowledge of healthy lifestyle practices and increased physical activity	community-wide	• participation rates	St. Clair Shores Senior Center Macomb Community College
Develop strategies to increase access to fresh fruits and vegetables	Explore support of the Farmers Market and the Power of Produce program.	Reduction in food insecurity Increase in fruit and vegetable consumption	community-wide focus on economically disadvantaged populations	• partnership agreements • participation rates	

OBESITY - *continued*

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

PROGRAM/ ACTIVITY	DESCRIPTION	ANTICIPATED IMPACT	TARGET AUDIENCE	HOW RESULTS WILL BE MEASURED	PARTNERS
Explore providing Mindful Eating program	Mindful eating class in partnership with the Beaumont Weight Control Center to improve awareness, focus and achieve a greater sense of well-being.	Improved eating behaviors that positively impact maintaining a healthy weight	community-wide	• perceived Stress Scale • qualitative measures	
Provide education on healthy eating, fitness and weight management through the Beaumont Speakers Bureau	Education presentations at town halls and to community groups.	Improved knowledge of obesity prevention and treatment options	community organizations	• participation rates • participant survey	

STRATEGY 2: Increase opportunities for physical activity.

Provide the Walk with the Doc program and Wednesday Wellness Walks by the Water	Physicians conduct health promotion presentations and lead community walks.	Increased knowledge of healthy lifestyle practices and increased physical activity	community-wide	• participation rates	City of Grosse Pointe
Healthy Grosse Pointe and Healthy Harper Woods coalitions	Beaumont Hospital, Grosse Pointe will provide backbone support to the Healthy Grosse Pointe and Healthy Harper Woods multi-sector community coalitions 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	• number of programs and activities implemented to increase physical activity • participation rate in Beaumont Gets Walking programs	Healthy Grosse Pointe and Healthy Harper Woods coalitions Six Parks and Recreation Departments

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
Offer the Beaumont Quit Smoking Program	Four-week program led by a registered respiratory therapist.	Reduction in smoking, a risk factor for cardiovascular disease	smokers	• participation rates • respiratory therapy staff follow-up at one, three, six and 12-months	

CARDIOVASCULAR DISEASE - *continued*

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

Provide education on cardiovascular health through the Beaumont Speakers Bureau	Education presentations at town halls and to community groups.	Improved knowledge of cardiovascular disease prevention and treatment options	community organizations	• participation rates • participant survey	

STRATEGY 2: Provide early detection screenings

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
Offer the 7 for $70 Heart and Vascular Screening	Blood tests, EKG and artery testing to identify risk factors and recommend a course of action.	Improved heart and vascular health	adults	• participation rates • test results	
Provide stroke screening and education	Blood pressure screening and stroke risk assessment to identify and provide follow-up recommendations for those at increased risk of stroke.	Increased knowledge of individual risk factors for stroke and the signs and symptoms of stroke	adults	• participation rates	Community organizations

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 PATH (Personal Action Toward Health) workshops	Six-week chronic disease management class hosted in collaboration with libraries, senior centers and community organizations.	Improved diabetes self-management	Adults and seniors with diabetes and their caregivers	• participation rates • post-test outcome measures such as blood sugar testing, physical activity, confidence managing condition • participant survey	National Kidney Foundation of Michigan
Provide the National Diabetes Prevention Program	12-month lifestyle change program with group coaching hosted in collaboration with libraries, schools and community centers.	Prevention of type 2 diabetes	Adults with prediabetes or at high risk of diabetes	• participation rates • increase in physical activity • average weight loss • participant survey	

DIABETES - *continued*

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

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