

Delivering on the Promise of Population Health... for all

**Eighteenth Population Health Colloquium
LOEWS PHILADELPHIA HOTEL
PHILADELPHIA, PA
MARCH 19 – 21, 2018**



“Change will not come
if we wait for some
other person or some
other time. We are the
ones we’ve been
waiting for. We are the
change that we seek.”

Barack Obama

Our Mission

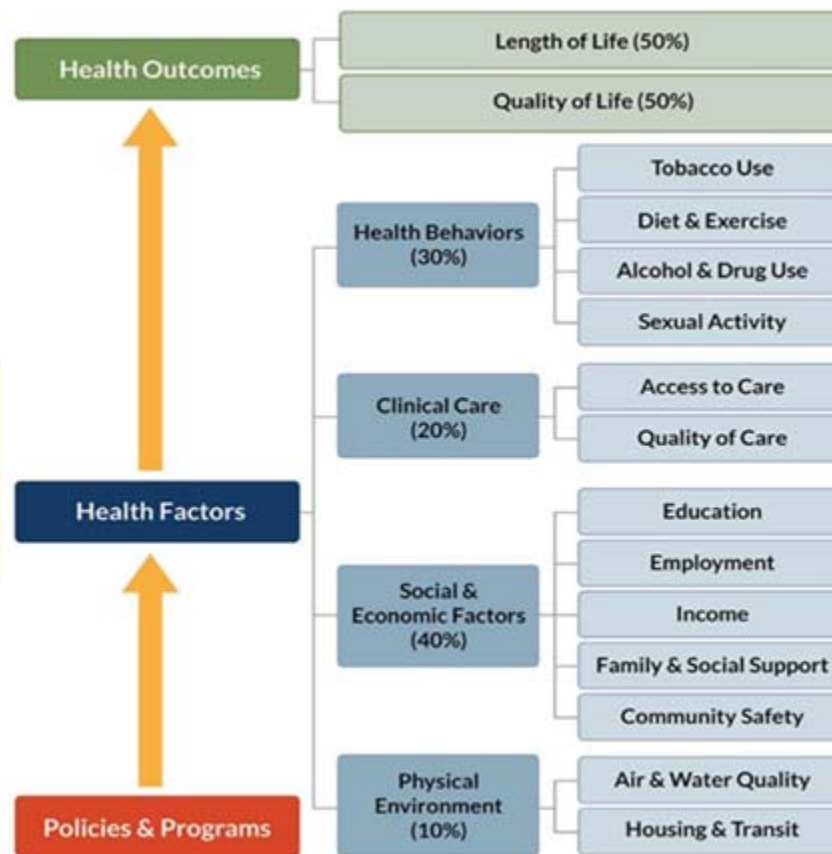
To coordinate efforts to improve the population health of residents of the City of Detroit and Wayne County by assuring access to care.

dis·rup·tion

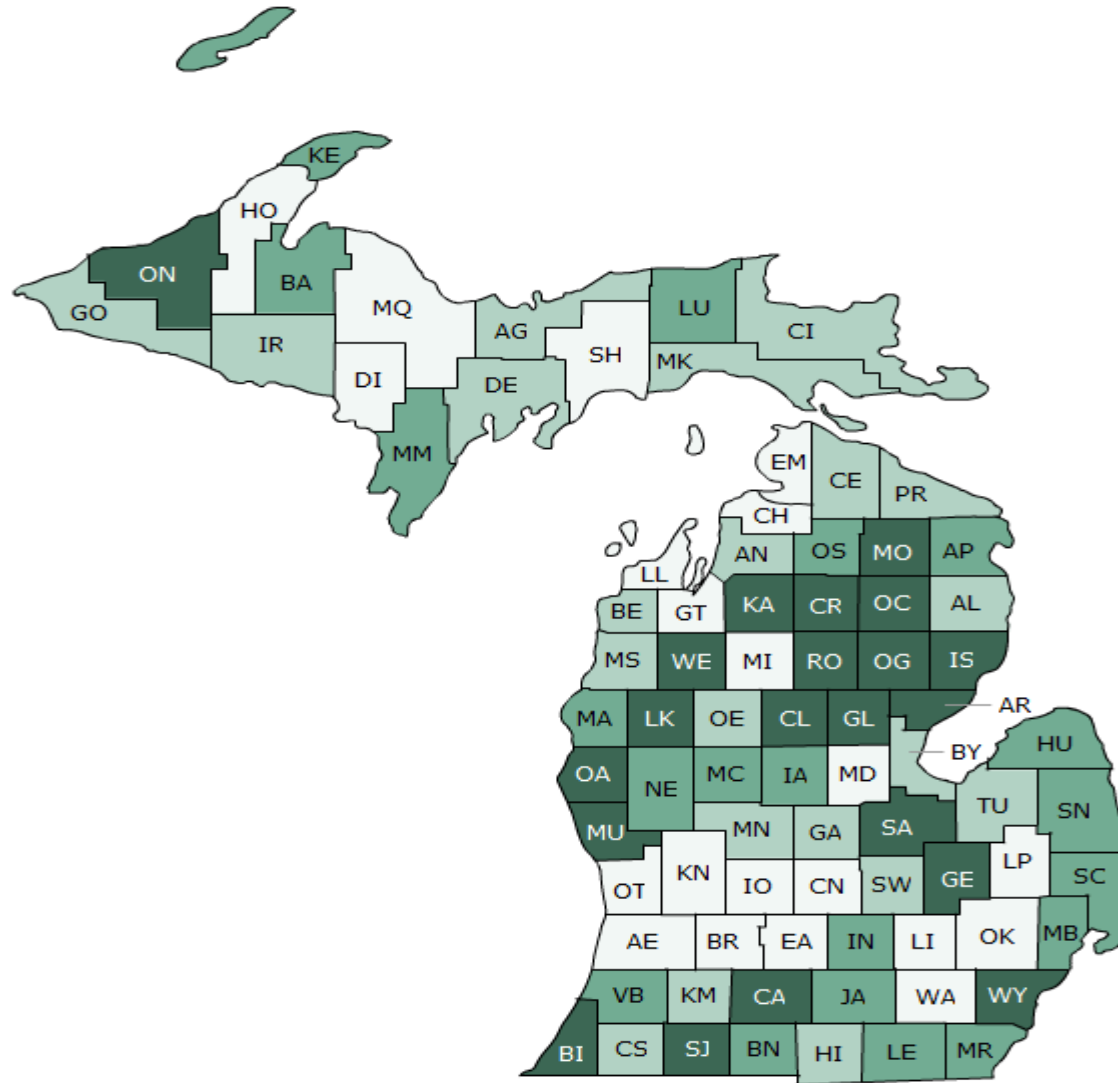
disturbance or problem
that interrupts an
event, activity, or
process.

Our Vision

We envision all people living healthy lives within healthy communities; easily accessing and securing services as needed which are provided by the best practitioners, facilities and innovative approaches to care; thereby increasing the vitality of Southeast Michigan in order to model exceptional community wellness and influence national health policy.



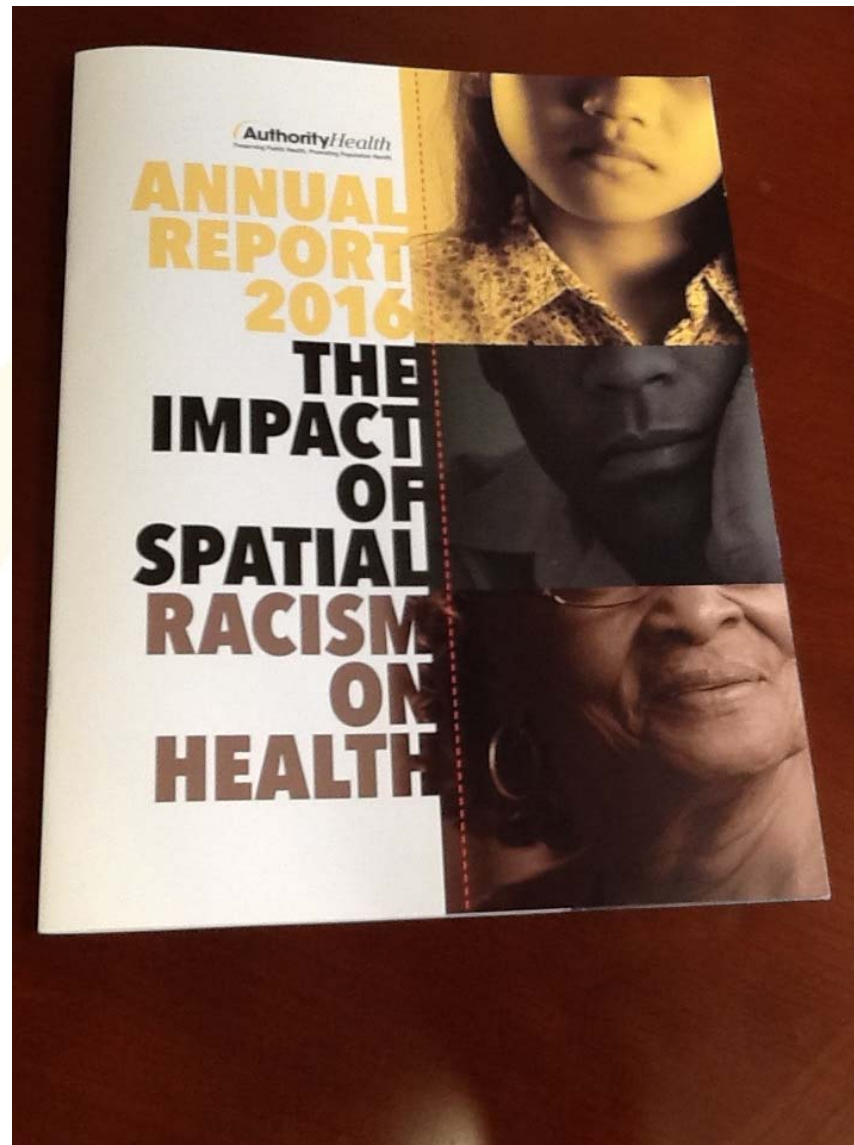
County Health Rankings model © 2016 UWPHI



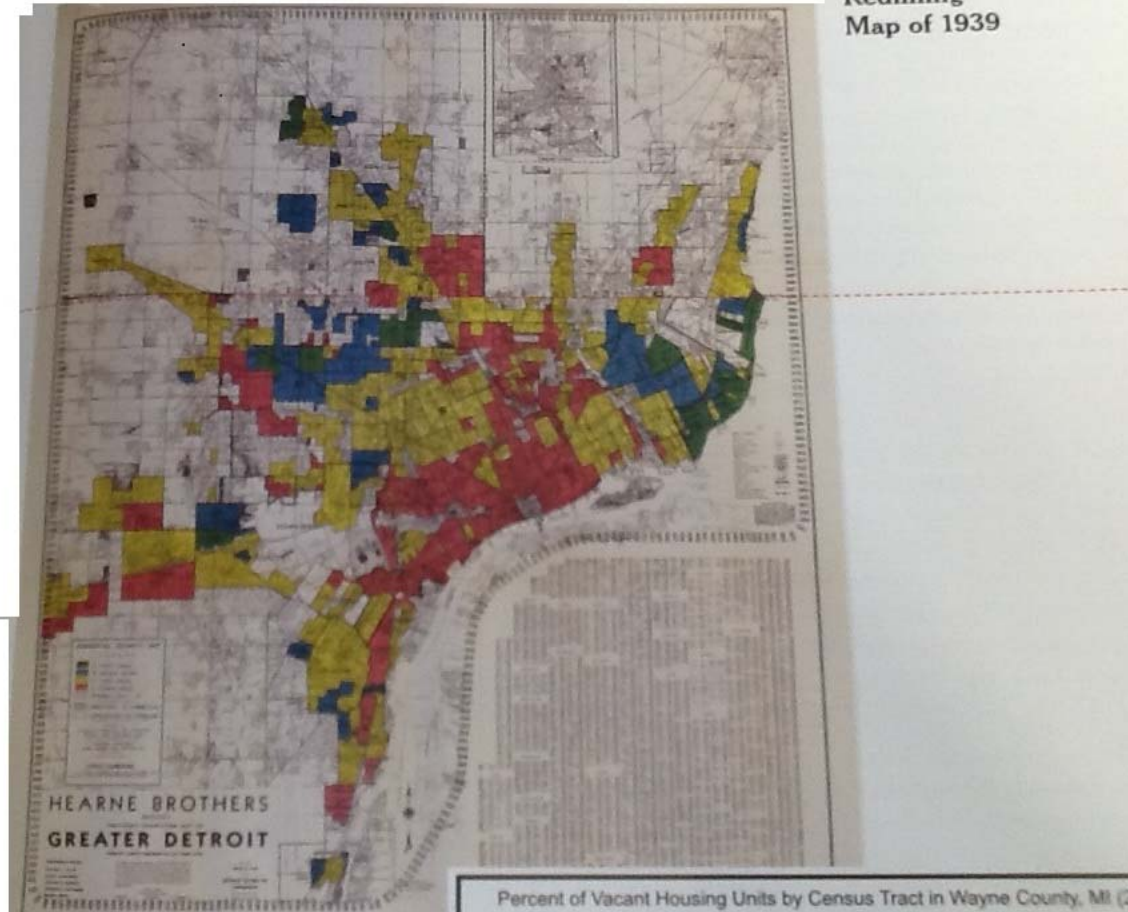
Rank 1-21 Rank 22-42 Rank 43-62 Rank 63-83

“Population Health: The aggregate health outcomes of health-adjusted life expectancy (quality and quantity) of a group of individuals, in an economic framework that balances the relative marginal returns from the multiple determinants of health.”

- David Kindig 1997



Redlining
Map of 1939



“Given the prevalence of diabetes, hypertension and cardiovascular disease of older Detroiters that exceeds national and statewide prevalence, the inadequate transportation in the city, we are concerned about how relocation affects the already vulnerable health status of those living in Detroit. Scholars have found displacement has negative effects on health including stress and loss of social networks. Gentrification is a neighborhood stressor with great importance to residents and particularly important when examining health disparities.

... By preventing unnecessary displacement through housing preservation strategies, we hope to avert physical and mental health decline in already vulnerable seniors.”

-- Dr. Tam Perry, Wayne State University School of Social Work

[Senior Housing Video](#)

Realignment

Restructuring Authority Health convening efforts under the auspices of population health to reduce duplication, have more meaningful influence on community health, and to promote action-oriented goals and outcomes.

Authority Health Proposed Convening Realignment

Population Health Council Steering Committee

Decision making body for providing guidance from convening efforts into the strategic direction of the organization as well as for providing direction to the two initiatives of the convening structure – the Health Data Resource Center and the Population Health Action Team.

Comprised of the Co-Chairs of the PHC, PAC, and CAC as well as 2 representatives a piece from the Health Data Resource Center and Population Health Action Team advisory groups.

Population Health Council

(All membership from all current convening efforts invited to 2 annual large scale educational events)

Co-chair suggestions: John Powell & Dr. Mouhanad Hammami

Forum for Collaborative Education & Dissemination of Best Practices and Council Work

Provider Advisory Committee

(combination of current PAC & PCNC membership)

Role is to provide expertise to the steering committee around PH improvement in the areas of clinical care and health behaviors

Co-chair suggestions: Kevin Barnett & Dick Bohrer

Community Advisory Committee

(combination of current CAC and Community Engagement and Communication Workgroup of PHC)

Role is to provide expertise to the steering committee around PH improvement in the areas of social/economic factors & the physical environment

Co-chair suggestions: Tim Killeen & Peter Hammer

Health Data Resource Center

(combination of any data workgroups, backbone team, & collaborative)

Advised by a small technical advisory group

Population Health Action Team

(Newly created to carry out the priorities set by the steering committee influenced by the CAC and PAC)

Advised by a small technical advisory group

Clinical Care Leads (20%)

-Hospitals/ Health Systems: Rob Casalou
-Primary Care: Anthony King

Health Behavior Leads (30%)

- Public Health: Steve Gold
- Comm. Mental Health: Dr. Carmen McIntyre
- Research

Social & Economic Factors Lead (40%)

- Police/ Law Enforcement
- Economic Development
- Education/ Employment
- Social Support

Physical Environment Lead (10%)

- Housing or Transportation

Deliverables/ Role:

- Inform PAC and CAC & assist Action Team
- Population Health Dashboard
- Community consultant product line

Deliverables/ Role:

- Communication
- Community Engagement
- Policy and Advocacy

Delivering on the promise:

- Region's only Population Health Council**
- Provider Community Benefit Initiative**
- Community-based GME Teaching Health Center**
- Nurse-Family Partnership and
Community-based nurse midwifery services**
- MOTION Coalition on childhood obesity**
- Integrated wellness centers**

Delivering on the promise:

- Health Council-Community engagement and policy formation along the lines of social determinants/"Health in all Policies"**
- Provider community benefit initiative**

Regional Community Health Assessment

An aggregate of assessment conducted by hospitals and public health departments in Wayne County, Macomb County and Monroe County, intended to support population health investments by community partners, 2015.

Health systems need to align with public health agencies and community health advocates by pooling community benefit investment to impact social determinants of health.

Investment by individual hospitals along marketing priorities isn't delivering on the promise of population health.

As a public body, Authority Health is in the best position to convene this process. We challenge our private health system colleagues to partner with us in this opportunity to create true collective impact on the social determinants that plague Wayne County and counties throughout our nation.



IF OUR BEDS
ARE FILLED,
IT MEANS WE'VE FAILED.

Image courtesy of Mt. Sinai Health System, New York

Delivering on the promise:

- **The nation's largest community-based teaching health center**
- **Two academic Partners, MSU College of Osteopathic Medicine and U of M School of Public Health**
- **Only population health and health equality certification programs**



Delivering on the promise:

- **Nurse-Family Partnership/Nurse Midwifery**
- **MOTION Coalition**
- **Grocery Store Initiative**

**Detroit Nurse-Family Partnership
Monthly Snapshot: January 2018**

Detroit Overview

Detroit NFP began enrolling clients in the summer of 2012. At that time there were 5 Nurse Home Visitors and a Part-Time Nurse Supervisor. Currently NFP has 7 NHV's with 3 vacancies, one Full Time Supervisor, 2 Data Administrators, and a Director. To date there has been 567 families enrolled in the program, and currently we are serving 96 families.

Referrals

- **57%** Health Care Providers
- **8%** Clinics
- **23%** WIC
- **12%** other program(s), previous clients, health fairs etc.

Client Demographics

- **95%** are unmarried at the time of entry to program
- Median age is **21**
- Race and Ethnicity of Detroit NFP clients:
 - **72%** Black or African American
 - **5%** White
 - **4%** Multiracial
 - **0%** Asian
 - **19%** Declined to self- identify

Outcomes

In the past year, beginning **1/01/17** through **1/31/18**, the Detroit NFP site has:

- Served **197** Women
 - **100%** of NFP Moms take their infants for follow-up appointments and receive immunizations
 - **77%** of NFP Moms initiate breastfeeding compared to only 40% of all Michigan moms giving birth.
- Served **148** Babies
 - **10%** of NFP babies were born premature compared to 11.7% of all Michigan deliveries and 16.5% of all Detroit deliveries in 2015. *(March of Dimes)*

Return on Investment

- State and Federal cost savings due to NFP will average \$25,861 per family served or 2.9 times the cost of the program.
- NFP's total benefits to society equal \$57,148 per family served
- This yields a 6.4 to 1 benefit-cost ratio for every dollar invested in Nurse Family Partnership, Miller, T.R. (3/27/2017)

The future of Public Health lies in Social Entrepreneurship:

- Prepare population health executives: skills of a health care administrator, the perspective of a public health professional**
- The sick care model is passé. We must define a wellness model among socially and medically vulnerable populations.**

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Brightmoor to Novi: The long ride for low-wage workers

By Chad Livengood



Chad Livengood/Crain's Detroit Business



Rochelle Riley
Columnist
Detroit Free Press
USA TODAY NETWORK

Leave Oakland out of regional transit

Metro Detroit may be a victim of its own grand vision.

For months, officials from the region's counties have been meeting and studying plans the Kresge Foundation funded — all to find a regional transit solution that four counties — Wayne, Macomb, Washtenaw and Oakland — and the city of Detroit could agree on. The goal? To create a better regional transit plan than the one that failed at the polls last fall.



**L. Brooks
Patterson**

It hasn't gone well.

And last week, it got worse when Oakland County Executive L. Brooks Patterson announced that he was going to treat nine northern, well-to-do communities in his county like his own Electoral College, a group whose opinions might outweigh those of the entire rest of the county as a whole.

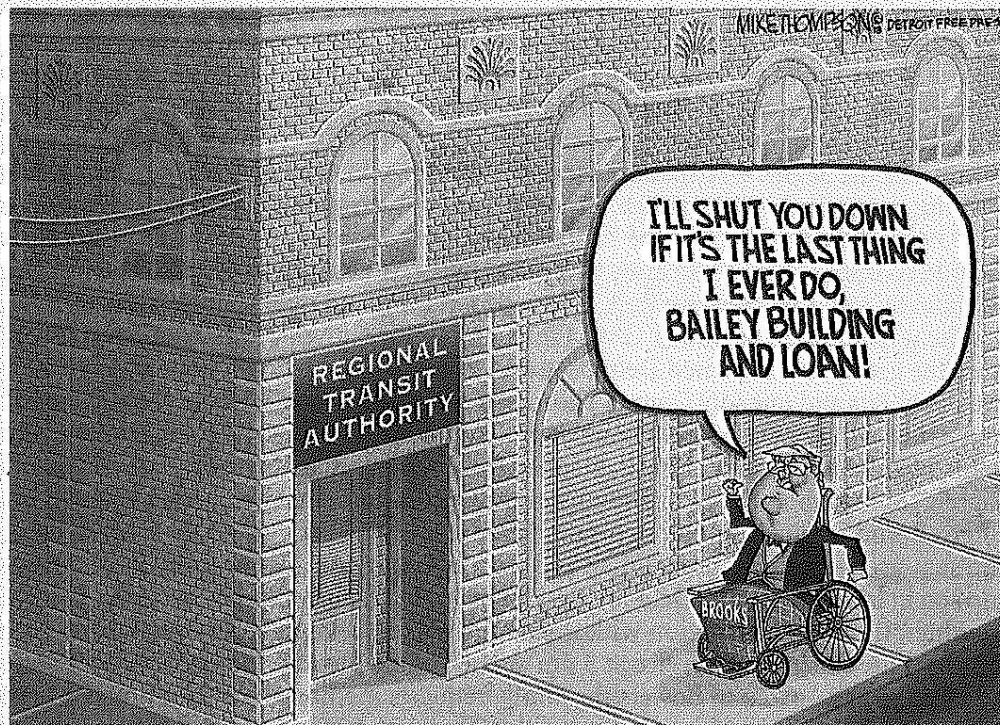
He can do it, continuing a segregationist attitude that has plagued the region for decades and ensuring that future companies like

See RILEY, Page 5A



Mike Thompson
Editorial Cartoonist
Detroit Free Press
USA TODAY NETWORK

Comment on Mike Thompson's daily blogs, sketchbooks and animations about life in Michigan, the nation and the world at freep.com/mikethompson.



Community Based Participatory Research

- Support academic research projects in the community
- Conducting self-initiated projects (ACEs)

Adverse Childhood Experiences (ACES) and Toxic Stress

- Toxic Stress is frequent and continuous stress without the protection of a support system
- Experiencing traumatic events such as Adverse Childhood Experiences (ACES) can result in toxic stress.
- Individuals who experience adverse events during childhood are more likely to have poor mental and physical health in adulthood

Addressing Childhood Trauma and its implications for long-term well-being

[Oprah 60 Minute Preview](#)

Exploring Adverse Childhood Experiences & Toxic Stress in an Urban Community Study

- **Demographic differences:**
 - *CDC ACES study*: 75% (non Hispanic, White)
5% (African American)
 - *MIBRFSS*: 84% (non Hispanic, White)
9% (African American)
 - *Detroit demographics*: 11% (non Hispanic, White)
83% (African American)
- Patient medical records were reviewed to verify 11 health outcomes

Photo Voice Project

"My fear is that one day an obstacle will get in the way of me reaching my goals"



Photo Voice Project

"My fear is to live in an
overly polluted world."



Photo Voice Project

"I fear losing the Boys & Girls Club and no longer having a place to go."



Photo Voice Project

"My fear is losing my sister,
who is also my best
friend."



Photo Voice Project

"I worry about my niece
having a safe & good
childhood."



What We Hope To Achieve

- Identify the ACEs and sources of toxic stress that may be related to living in urban communities
- Determine the need for evidence-based interventions that reduce the negative health impact of toxic stress associated with ACEs
- Determine the need for changes to policies and systems as it relates to toxic stress
- Increase collaborative networking among diverse sectors to build community resiliency.







Thank you.

Chris Allen, FACHE
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