



## **2012 Community Health Needs Assessment for the Genesee County/City of Flint Community**

*An assessment of Genesee County and the City of Flint (Michigan) conducted jointly by Genesys Health System, Hurley Medical Center, McLaren-Flint, and the Greater Flint Health Coalition (GFHC)*

In 2012, a Community Health Needs Assessment (CHNA) led by the Greater Flint Health Coalition was conducted for the 425,790 residents of Genesee County. This includes the City of Flint, the county's urban center which represents approximately 25% of the total population.

There are three area hospitals that serve the Genesee County / Flint population: Genesys Health System, Hurley Medical Center, and McLaren-Flint.

### **Description of Community Served by the Hospitals**

Our community – Genesee County, which includes its major urban core of the City of Flint – was at one time the national epicenter of automotive forethought and production. As the birthplace of General Motors (GM) in 1908 and home to the United Auto Workers' (UAW) famous Sit-Down Strike of 1936-37, Genesee County/Flint helped define the American auto industry. By the late 1970's, GM employed more than 80,000 workers in the county. Impacted by national deindustrialization in the 1980s and thereafter, a period of disinvestment, depopulation, and urban decay would follow as the automotive industry declined rapidly. By 2010, less than 8,000 GM jobs remained – less than 10% of what once defined the community's manufacturing and economic base.

Today, Genesee County/Flint remains a "community in recovery" due to this historical economic shift, having experienced significant unemployment and population declines coupled with overwhelmingly poor measures for both health factors and health outcomes. Genesee County's current population of 425,790 includes a racial composition of 74.5% White, 20.7% African-American, and 3.0% Hispanic/Latino. While nearly 200,000 people once lived within the City of Flint during its peak in the 1960s and 1970s, today only 102,434 residents remain, a majority being African-American (56.6%). These developments have fueled consistently high unemployment rates (currently at 11.4%) and growing generational poverty (36.1% in the City of Flint, 16.3% countywide, and 29.5% among county children). From 2008 to 2010, the county's population has decreased by almost 5,000 residents. Genesee County is also an aging population--the median age has increased from 35.0 years in 2000 to 37.3 years in 2008. The Median Household income in 2007 for the City of Flint was \$26,143; Genesee County \$43,112; the State of Michigan \$47,950 and the United States \$50,740. Genesee County's educational attainment (relative to percentage of individuals with a Bachelor's degree) is significantly lower than the State of Michigan and the United States. The percentage of persons with Bachelor's degrees in Genesee County is 19%; Michigan 25% and the United States 27.9%.

## **Who was Involved in the Assessment**

Through the GFHC's established Community Data Scorecard process, the CHNA included input and data from people and organizations throughout the community representing the broad interests of Genesee County. The CHNA included input from persons with expertise in public health, government health, leaders, representatives and members of the medically underserved, low income and minority populations. Data is collected and shared through the GFHC. The following list represents the CHNA participating organizations and data sources:

- Blue Cross Blue Shield of Michigan;
- Blue Care Network;
- City of Flint;
- General Motors/UAW;
- Genesee County Community Mental Health (Genesee Health System);
- Genesee County Department of Human Services;
- Genesee County Health Department;
- Genesee County Medical Society;
- Genesee Health Plan;
- Genesee Intermediate School District;
- Genesys Health System;
- Hamilton Community Health Network;
- HealthPlus of Michigan;
- Hurley Medical Center;
- McLaren Flint;
- McLaren Health Plan;
- Mott Children's Health Center;
- University of Michigan Prevention Research Center;
- The GFHC's Community Network, reaching a group of approximately 100 community-based organizations and residents (representing all community demographics), convened to discuss and disseminate health-focused community data, resources, and programs;
- Publicly available data from the Centers for Disease Control and Prevention, Health Resources and Services Administration, Michigan Department of Community Health, United States Census Bureau, American Community Survey, United States Department of Justice, United States Department of Labor, Michigan Health & Hospitals Association, and the County Health Rankings Report available through the University of Wisconsin Population Health Institute.

The principal partners in completing this Community Health Needs Assessment included the Greater Flint Health Coalition, Genesys Health System, Hurley Medical Center, and McLaren-Flint, who worked together through the GFHC's Community Data Scorecard process to include data and input from the participating organizations and data sources listed above. These principal partners represent existing health care facilities and resources within the community that are available to respond to the health needs of the community as they include Genesee County's three major health system facilities (Genesys Health System, Hurley Medical Center, and McLaren-Flint) and the Greater Flint Health Coalition, a neutral, non-profit health/healthcare coalition whose membership includes multi-sector participation from additional health care facilities and resources in the community including (but not limited to) Genesee County's federally qualified health center, safety-net healthcare providers for mental health and children, physician organizations, and health insurers.

## **How the Assessment was Conducted**

The CHNA leveraged and utilized the GFHC's existing Community Data Scorecard, which is a collaborative data collection project completed annually by the GFHC and its community and institutional partners that consists of public and private data shared and analyzed by local hospitals, insurers, physicians, government agencies, school systems, businesses, and residents.

The GFHC's Community Data Scorecard utilizes multiple types of research to complete data collection, including: 1) quantitative data, both public and private is provided by the sources listed below; 2) literature reviews are completed to identify State and National benchmarks that relate to the indicators/metrics measured through the quantitative data sources, and 3) qualitative data provided through the University of Michigan Prevention Research Center's "Speak to Your Health!" community survey, which conducts interviews with approximately 1700 individuals on a bi-annual basis, covering 125 health-related questions and issues with these residents. The CHNA's utilization of multiple types of research allowed for data collection across a broad range of indicators relating to overall population health, social determinants of health including geographic/location differences in health outcomes, and the needs of disadvantaged populations including uninsured persons, low-income persons, and minority groups within the Genesee County community.

### **Indicators and Data Measures:**

CHNA includes a significant amount of data collection indicators across multiple categories relating to health and health factors. The Community Data Scorecard/CHNA included trend data for a total of 265 different indicators. Note that the measures below are only a summary of the total data reviewed.

### **Summary of Measures Collected:**

- Population, Socio-economic, and Economic Status
  - *Age, poverty, unemployment, school enrollment, home values, crime rates, and more*
- County Health Status Scorecard Indicators
  - *Prevalence and mortality rates for various health indicators including obesity, heart disease, diabetes, asthma, binge drinking, infant mortality, and more*
- County Health Rankings
  - *Rankings of Genesee County's health outcomes and health factors in relation to all 82 Michigan Counties*
- Health Care Economic Impact
  - *Total economic impact including direct & indirect jobs*
- Hospitals Scorecard Indicators
  - *Inpatient discharges, inpatient days, ED utilization, observations, uncompensated care costs, and more*
- Physician/Provider Scorecard Indicators
  - *Rate of primary care physicians and specialists per resident, physician age, total physicians, number of nurse practitioners, physician assistants, and psychiatrists*
- Safety-net Provider Data
  - *Patient visits & utilization for Hamilton Community Health Network, Mott Children's Health Center, and Genesee County Community Mental Health*

### Summary of Measures Collected (continued):

- Genesee County Health Department
  - *County data, State data, services provided & fiscal changes*
- Genesee Health Plan Scorecard Indicators
  - *Membership & utilization and Community Dialogue Session outcomes*
- Commercial Payers Scorecard Indicators
  - *Membership & utilization rates for office visits and a multitude of services*
- UAW Scorecard Indicators
  - *Membership totals*
- Community Resident Survey and Focus Group Input

Based on the inclusion of the 265 measures and metrics reviewed in the CHNA and outlined above, there were no significant information gaps that limited the ability of the participating hospital facilities to assess the community's health needs.

### **Health Needs Identified and Assessment Priorities**

Key health impacts and assessment priorities identified are highlighted below:

- Demographic, Social & Economic Impacts
  - Crime (Flint's violent crime rate is over 400% of the national average);
  - Unemployment (May 2012 rates countywide and in Flint were higher than the national average at 8.9% and 15.7%, respectively).
  - Out-migration (more than 39% of the residential properties in Flint are abandoned); falling tax revenues (Flint's tax revenue decreased 20% in 2011; it is currently controlled by a state appointed emergency financial manager).
  - Steady reduction of health insurance (over 50% of county children are covered by Medicaid, 10% greater than the state average).
  - Poverty (36.6% and 18.1% within Flint and countywide, respectively, compared to 13.8% nationwide).
  - All demographic, social, and economic impact risk factors are higher among residents within the City of Flint, where higher rates of poverty and lack of health insurance are associated with poorer educational outcomes, income levels, employment levels, and crime/incarceration.
  - The population is aging, with the median age increasing 6.6% in the past 8 years as individuals aged 55 and higher represent a disproportionately high amount of the total population.
- Physical Environment
  - Per capita liquor store density in the county is higher than 90% of Michigan counties. Furthermore, in the City of Flint, 102,434 residents have access to *one* established chain grocery store compared to 54 liquor stores for food access within city limits.
  - Urban decay continues to grow as the number of vacant homes in the county has increased by 74% since 2000.
  - Environmental issues such as pollution, crime, property abandonment, lack of areas to exercise outdoors, and lack of access to healthy foods disproportionately impact residents who are low-income, minority, or uninsured.

- Healthcare Access & Cost
  - Uncompensated care costs for local hospitals have risen 66% from 2006 to 2010 (from \$78.9 million to \$131.1 million).
  - Emergency Department Utilization (rate per 1,000 residents) is higher than the U.S. National Average.
  - The physician population is aging at an alarming rate, with the rate of MDs who are age 55 or older increasing from 28% of total MDs in 2000 to 40% of total MDs in 2008.
  - Commercial health insurance coverage has decreased 9.1% since 2007.
  - Public health insurance coverage enrollment has risen 9%. This increase relates to Medicare enrollment increasing due to an aging population and Medicaid enrollment increasing due to rising numbers of low-income individuals and families.
  - Total patient visits at Genesee County safety-net providers rose approximately 40% since 2007.
  - Funding for the Genesee County Health Department has decreased 33.4% since 2007.
  
- Health Status
  - Genesee County ranked 78<sup>th</sup> out of 82 Michigan counties for overall health outcomes in the recent Robert Wood Johnson Foundation *County Health Rankings* report, including 77<sup>th</sup> in health behaviors, 67<sup>th</sup> in physical environment, and 75<sup>th</sup> in social/economic factors.
  - The public health problems and subsequent health disparities in Genesee County are enormous; CDC county-level data (2009) identifies the county as being 4<sup>th</sup> in the state for physical inactivity (29.7%), 6<sup>th</sup> for obesity (35.9%), and 3<sup>rd</sup> for adults diagnosed diabetes (10.6%).
  - While 82% of county residents report they do not consume an adequate amount of fruits and vegetables, for those living in Flint's food desert (the City has only one major chain grocery store and 21% of sampled convenience stores offering fresh produce) the lack of access prohibits healthy choices.
  - Genesee County's infant mortality rate in 2009 was higher than both the State and National rate, with the African-American infant mortality rate three times higher than the National rate.
  - The smoking rate among adults is approximately 30% higher than the State rate and is also trending upwards.
  - Age-adjusted death rates for heart disease, stroke, diabetes mellitus, and kidney disease are higher in the county than statewide,
  - African Americans are experiencing significant health disparities compared to the total population (e.g. African American death rate for heart disease is 275.5 compared to the state's overall rate of 204.2, for stroke 74.4 compared to 39.5, and for diabetes mellitus 49.7 compared to 24.0). Racial disparities are profound in all Years of Potential Life Lost (YPLL) categories reviewed in the assessment.
  - While health status data indicates poor overall population health, data for minority, low-income, and uninsured populations indicates these populations are experiencing worse health outcomes when compared to the population as a whole. Specifically, this relates to life expectancy, sexually transmitted diseases, obesity, heart disease, and birthweight. For example, in the Genesee County Zip Code of 48502, whose population is primarily low-income, African-American, and includes disproportionately high levels of uninsured residents, the life expectancy of residents is only 63.9 years compared to the county-wide life expectancy of 75.9 years and the State of Michigan life expectancy of 77.5 years.

## **The Process for Identifying and Prioritizing Community Health Needs and Consulting with Persons Representing the Community's Interests**

Following collection of the 265 metrics within the CHNA, the data was then shared strategically through the Greater Flint Health Coalition's established network of collaborative partners. As noted, the GFHC is a multi-sector coalition recognized in Genesee County as the neutral convener of health initiatives. The GFHC regularly convenes persons and organizations representing the community's cross-sector interests through engagement of leadership representatives from business, education, public health, physicians, hospitals, health insurers, safety-net providers, community-based organizations, residents, policymakers, foundations, labor, and media. This network of collaborative partners is continuously engaged to review and prioritize the health indicators and needs as detailed in the CHNA; specifically, this community involvement was achieved by sharing the CHNA's data metrics with the following entities, as well as requesting additional community health needs input from amongst the following networks:

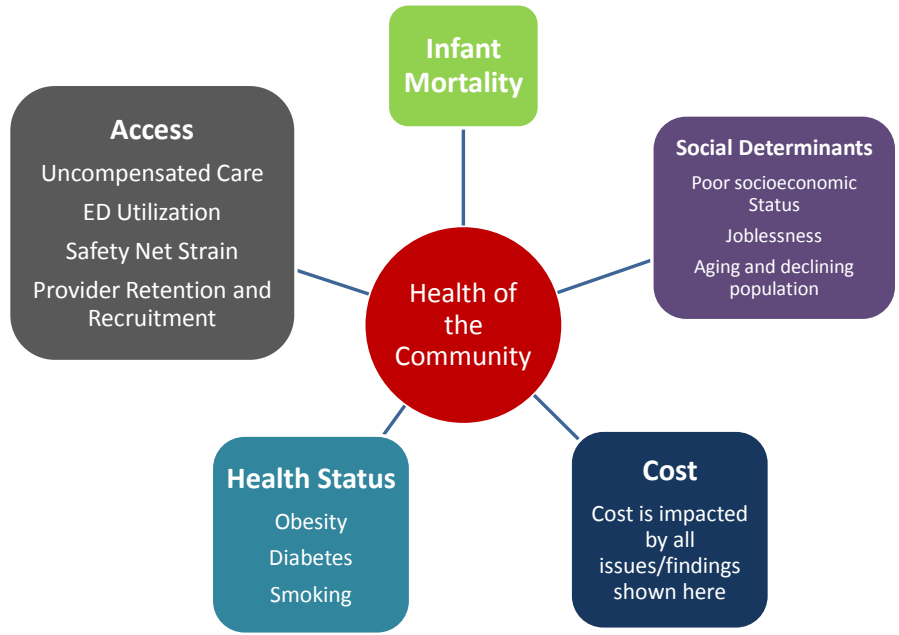
- The GFHC's 33 Member Board of Directors comprised of leadership representatives within the sectors described above;
- The GFHC's 20 multi-sector Committees and Task Forces that work on various projects and activities within the GFHC focus areas of Health Improvement, Access and Environment, Quality and Innovation, Cost & Resource Planning, and Sector Workforce Development. Collectively, these Committees and Task Forces include 299 members who each have special knowledge in healthcare, public health, and community engagement, as sourced from their cross-sector composition and expertise;
- The GFHC's Community Network, reaching a group of approximately 100 community-based organizations and residents including minority groups, the uninsured, and low-income residents;
- Strategic planning representatives from the principal partners in completing the CHNA (Genesys Health System, Hurley Medical Center, and McLaren-Flint);
- Local government leaders from the Genesee County Health Department and the City of Flint;
- Local health foundations that prioritize funding decisions;
- Additional groups in the City of Flint and Genesee County community.

In total, the CHNA process included the engagement of over 500 persons in the community who represent the community served including experts in public health, healthcare, or community engagement as well as community residents. Furthermore, as the assessment process also included a community survey with approximately 1,700 local residents and focus groups designed to engage residents in sharing how to improve health status and mental health in the community, **this CHNA has included the involvement of approximately 2,200 representatives of the community served – Genesee County.**

Through this significant engagement of the community served, all individuals involved in this CHNA were granted the opportunity to provide input relative to the health needs and assessment priorities for the Genesee County community. These health needs and assessment priorities are identified on the following pages, reflecting this broad, cross-sector community input.

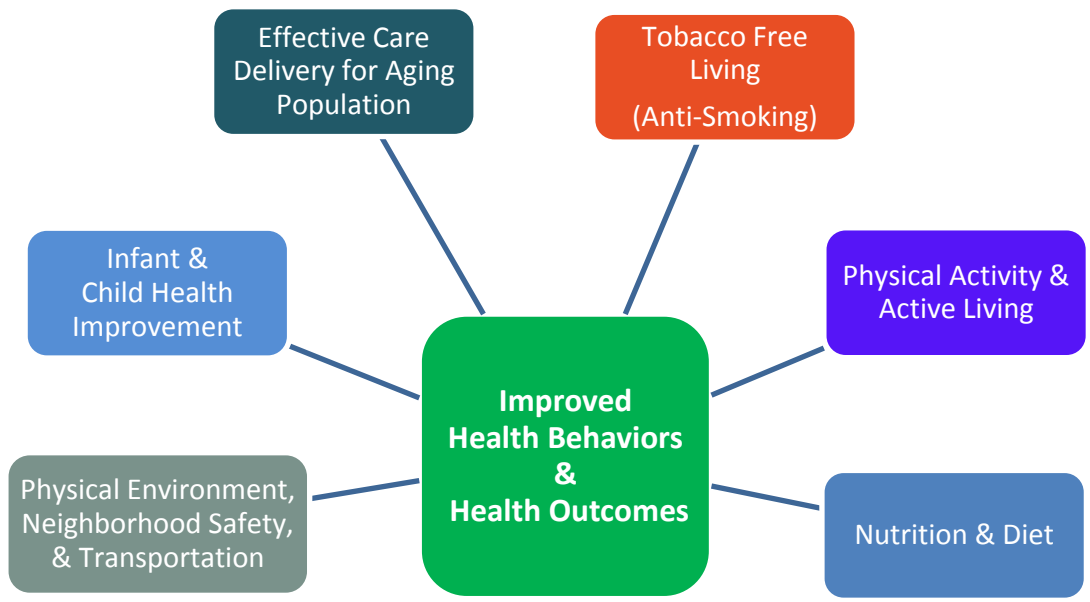
The following identifies the major factors affecting the health of the Genesee County / Flint (Michigan) community (**Assessment Priorities**) and the six major focus areas (**Health Needs Identified**) as identified through the CHNA:

## ASSESSMENT PRIORITIES



Source: Greater Flint Health Coalition Community Scorecard March 2012

## HEALTH NEEDS IDENTIFIED



## **Community Assets Identified**

The Greater Flint Health Coalition serves as a forum and neutral table for community leaders, cross-sector public health / healthcare stakeholders, and the people who live in our community to work together to address the needs of the community through cutting edge initiatives and collaboration relating to the focus areas of access & environment, quality & innovation, cost & resource planning, and population health status improvement.

The CHNA identified strong community healthcare and public health assets including three health systems / hospitals, a Federally Qualified Health Center (FQHC) with multiple sites that provides care to the underserved of Genesee County, a county mental health network, and a county Health Department designed to improve the health status of Genesee County. In addition, the county has a Children's Health Center providing services to those children at or below 250% of federal poverty level. Furthermore, the Greater Flint Health Coalition's network of collaborative partners serves as an asset to facilitate shared activities to work towards collective activities to improve health – including a number of healthcare, non-profit community-based organizations, and grassroots organization partners offering a collection of prevention and service resources to the residents of Genesee County.

The CHNA indicates that although Genesee County as a whole experiences poor health receiving a county health ranking of 78 of 82 (with 82 being the least healthy) for overall health outcomes, access to high quality clinical care was fairly good (28 out of 82). *[Source: 2011 County Health Rankings]*

## **Next Steps**

A Community Health Assessment Team consisting of representation from the three area hospitals / health systems and the Greater Flint Health Coalition has been established to review the CHNA and discuss implementation strategies for each priority. The team will collaborate on appropriate areas, guide the development of implementation strategies, establish metrics including measurable outcome indicators and communicate appropriately with the community on these collaborative plans.