Sketching A New Path Forward

2010 Community Report

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The Health Authority held a Safety Net Summit in February and March 2010 to help determine its next five-year plan. Stakeholders from various areas of the health care safety net, community health advocates to health system executives, discussed health policy issues in anticipation of health reform. Nicole Boyer, a graphic recorder, assisted in documenting the process on wall-sized murals. The memorable images of this historic event are featured throughout this report.

With the completion of our fifth year, I find it remarkable that we have achieved so much. The Health Authority, together with its community partners, has achieved most of the objectives of the Path Forward, its first strategic plan, and now is finalizing plans for its next five years in the context of health reform.

The Safety Net Summit and subsequent Community Forum were successful in revisiting the mission of the Health Authority in the context of today’s challenges. The coming of health reform adds opportunity for the Health Authority to meet its primary objectives of increasing access to health services through health benefit coverage and expanding safety net services, but also to explore ways it can contribute to improving the health status of the population and reducing health costs.

On behalf of the Board of Directors, we are very pleased with the accomplishments that have been made, particularly without any public funding. The Health Authority’s entrepreneurial approach to funding its mission is relatively unique among public bodies and indicative of the creativeness and vitality of the organization’s culture.

We are confident that despite the current lean years, the Health Authority will continue to serve a leading role in the safety net as health reform takes shape in the region.
Message from the Executive Director

This year, we convened a Safety Net Summit during the national debate over health care reform. At the time, we had to assume that the challenges of the safety net would remain with us while the numbers of the uninsured continued to grow with unemployment. However, between the two sessions of our Summit between February and March 2010, the Patient Protection and Affordable Care Act was signed into law. This momentous event became a major league game-changer.

Following the Summit, Health Authority conducted a community forum, “Making the Most of Health Care Reform,” which built on the Summit’s conclusions and gave us a framework for developing the Health Authority’s next five-year plan.

Like most organizations, this has been a difficult time making the most of minimal financial resources. While the Health Authority completed its fiscal year in stable condition, we are compelled to be increasingly entrepreneurial in how we find the resources we need to implement our vision. We look to collaborations with public and private health providers to create the kind of synergy needed to strengthen the safety net as health reform is developed.

While our work to enroll people into the Medicaid program will intensify, anticipating the expansion of the Medicaid-eligible population in 2014, we are also concerned with our role as partners in community health. Our Integrated Behavioral Health and Childhood Obesity initiatives are examples of ways the Health authority can contribute to community health. We also need to continue expanding primary care capacity in our region. We have helped existing federally qualified health centers and prospective new health centers complete the largest federal grant request in our community’s history. We hope this will result in several new health centers serving the medically underserved areas of Wayne County.

Expanded eligibility and clinical capacity is only part of the answer in building a healthier community. We need to continue our efforts to keep people from using emergency services for their primary care and we need to find channels for people with chronic disease to get the specialty consultations they need in an efficient and affordable manner.

Health reform not only extends access to health care services, it challenges us to rethink how we provide those services – and specifically how we ensure access to “health” for all.

Our Mission and Vision

MISSION

To coordinate efforts to meet the health needs of the uninsured and underinsured residents of the City of Detroit and Wayne County by assuring access and improving the health status of all people.

VISION

To create an organization recognized locally, statewide and nationally for its ability to develop and sustain an effective safety net delivery system for the uninsured and underinsured populations of the City of Detroit and Wayne County. This will be accomplished through: the coordination of primary care and preventive health services; the establishment of “medical homes” providers to assure continuity of care to residents regardless of where they live; the maximization of private and public resources; and the cooperation and collaboration of all stakeholders on both health services and public health issues.
Health Authority adds new Strategic Development function to enhance fundraising and planning

With the Health Authority completing its fifth year, and with federal health reform beginning its implementation phase, the Health Authority established a Strategic Development Department, headed by Elizabeth Longley, a longtime fund development and planning expert. Under her leadership, over $1 million in grant requests have been submitted to various philanthropic sources, including $330,000 to pay for grant-writing services on behalf of existing and would-be Federally Qualified Health Centers in their efforts to establish new access sites in Wayne County. Following the 2010 Safety Net Summit, Strategic Development facilitated the subsequent Community Town Meeting, as well as initial work on the Health Authority’s new five-year plan. Listed below are Strategic Development highlights:

Grant applications
Strategic Development has actively supported the Medicaid Outreach and Primary Care initiatives of the Health Authority through the application of grant funding to various foundations and public agencies. This support includes application and receipt of $10,000 from Fifth Third Bank and $2,000 from the Blue Cross Blue Shield Foundation in support of the Walk for Healthy Communities, and a $35,000-grant from the Flinn Foundation to support the pilot documentary for Detroit Public Television’s upcoming health care series. The pilot program will focus on the stigma of mental illness.

Additionally, $330,000 in funding was received from the Kresge, Flinn, Blue Cross Blue Shield, McGregor Foundations and the Community Foundation of Southeast Michigan to support grant writing and training activities of eleven applications to the U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA). These applications have the potential of approximately $15 million dollars for new access points for Federally Qualified Health Centers in Detroit and Wayne County. Currently, the Detroit Wayne County area is served by eight FQHCs, with 22 sites serving in excess of 70,000 patients. In addition, services are provided to the homeless in various locations. These include:

• Five FQHCs with full Section 330 funding: Advantage Health Centers, Community Health and Social Services; Covenant Community Care, Detroit Community Health Connection, and Western Wayne Family Health Center;

• Two FQHC ‘look-alikes’ that provide similar services: Health Centers Detroit Medical Group, The Wellness Plan Health Centers;

• One Urban Indian Health Care Clinic: American Indian Health and Family Services.

Strategic Planning and Alignment
Strategic Development activities also include the creation of a five-year strategic plan in alignment with the Affordable Health Care Act. The alignment includes prevention and wellness activities, access to care through the improvement of primary care initiatives and equity of care and delivery of services. The plan is based on the five goals established by the Health Authority’s Interlocal Agreement which are as follows:

• Facilitate access to a full range of culturally competent preventative medical and non-medical services
• Expand the number of primary access points
• Expand number for primary care providers
• Assign every enrolled client a primary care provider (Medical Home)
• Coordinate and integrate service delivery between and among providers to eliminate fragmentation and reduce costs
• Provide care management and referral services as a core component of the delivery system.

Health and Wellness Development Corporation
The Health Authority established the Health and Wellness Development Corporation this past year to foster the development and expansion high quality, cost-effective primary health care services benefiting the medically underserved communities. The Health and Wellness Development Corporation will:

• Assist primary health care providers in obtaining private and governmental grants and loans;
• Foster the development of training and continuing education programs for health facility administrators and the physicians, nurses and allied professionals who work in primary health care facilities;
• Conduct health care planning and policy analysis, including without limitation development of program, third party reimbursement and financing initiatives, and evaluation of the effectiveness and quality of various health care delivery models.
Children in Southeast Michigan (Livingston, Macomb, Monroe, Oakland, St. Clair, Wayne, and Washtenaw Counties) have the opportunity to grow up healthy. The task force is co-chaired by Rose Knailfa, Executive Director of Metro Solutions, and Kimberly Dawn Wisdom, M.D., Vice President, Community Health Education and Wellness, Henry Ford Health System.

Using the White House Task Force on Childhood Obesity Report as a starting point and guide, the Childhood Obesity Task Force agreed to prioritize the themes of Early Childhood; Access to Healthy, Affordable Food; and Increasing Physical Activity. The focus of the task force is to find out the resources in the community, connect the dots, and decide how to go forward with a comprehensive strategic approach. University of Detroit Mercy School of Health Administration’s strategic planning class will help the task force by conducting asset mapping, gaps analysis, and needs assessment in regards to childhood obesity. They will be working with the task force through December to explore existing resources such as nonprofit, school, faith-based efforts, and health system programs to combat childhood obesity.

Through this information, the task force will be better informed of what programs are currently available. The task force will then be able to create a virtual clearinghouse and resource center to inform the public about what programs are available in their community. The task force will also identify and promote best practices for treatment and prevention of childhood obesity at a regional, state, and national level. The task force will promote collaboration between regional, state and national entities and be a strong advocate for specific initiatives.

**Safety Net Summit and Community Forum**

In anticipation of health care reform, the Health Authority convened the Future of the Safety Net Planning Summit. The summit consisted of four days of meetings in February and March of 2010. Summit participants included leaders of key safety net organizations (SNO) in the region, as well as individuals representing area communities, the City of Detroit, Wayne County, the State of Michigan, and federal health agencies. During the course of the meetings, the Affordable Care Act was passed, changing the focus to the implementation of health reform.

Two important outcomes of the event were:

1.) Acknowledgement that the region has historically lost out on funding opportunities due in part to a perceived lack of coordination among SNOs; and

2.) Consensus that the ability to meet the challenges facing the safety net hinged on the ability of SNOs to work collaboratively to develop community-wide plans. Such plans will contribute to a more unified and coordinated regional safety net and will also help strengthen grant applications of individual SNOs.

Following the summit, an open, community-wide forum was scheduled to convene a broad spectrum of SNOs and other safety-net stakeholders. This forum, “Making the Most of Health Care Reform,” was held on May 11, 2010. It included an overview of the funding opportunities in the new health care reform legislation, as well as an update on the existing plan to expand services at local FQHCs. Forum participants also broke into groups to begin thinking about options for approaching key areas of the safety net in a collaborative manner.

Summit participants reached consensus on a number of several points, including:

- Safety net organizations need to speak with one voice, and have unified messaging;
- Greater collaboration, especially around a shared plan, can unlock new funding resulting in better health outcomes in the community;
- The Health Authority has an important coordinating role around safety net collaboration activities, including grant proposals;
- Wayne County has a unique opportunity to be an innovator in high quality, low cost care to the medically underserved. These new approaches will include the effective use of health information technology;
- The safety net community needs to proactively address possible unintended consequences of health reform—e.g. pressures on primary care networks—and be an advocate for the equitable allocation of resources;
- In developing its own approach, the safety net community should learn from other innovative, effective models such as Denver Health.

Paul Propson, Executive Director of Covenant Community Care, makes a point at the Safety Net Community Forums.
Safety Net concerns shadow ‘Medical Mecca’ identity

“Medicine may possibly replace motors as the engine of Detroit”

A study published in 2010 by the National Institute for Health Care Reform, proposed that “there is evidence of considerable vitality in Detroit’s traditionally strong health care system,” while at the same time shadowed that pronouncement by questioning “the ability of the health care safety net to care for the poor and uninsured.” One of the anchors of Michigan’s Life Science Corridor, Detroit and Wayne County also has the largest vulnerable population, creating the good news/bad news rub. The good news is that the health care safety net to care for the poor and uninsured, “The relatively large number of uninsured people in the City of Detroit has focused attention on the ability of the health care safety net to care for the poor and uninsured,” the study notes. “There is no public hospital in Detroit and, as a result, the uncompensated care burden is shared to varying degrees among all community hospitals and payers.” The study also notes that safety net providers of all kinds are seeing an increase in demand. With the uninsured in Detroit estimated at 250,000, the current capacity of federally qualified health centers can only see about 50,000 uninsured, the study adds. And the sustainability of the health centers, in light of fluctuating Medicaid provider payments, is also in question. “The safety net appeared to be financially stable. FQHCs and other safety net clinics reported tight but positive margins, which they attributed to improved management processes and increased federal funding through the American Recovery and Reinvestment Act of 2009. Some clinics also benefit from affiliations with community hospitals.”

The relatively large number of uninsured people in the City of Detroit has focused attention on the ability of the health care safety net to care for the poor and uninsured.

Concern about the capacity to meet safety net needs could thwart the growth of the health care industry, especially if legislative challenges to the national health reform prevent the implementation of the expanded Medicaid eligibility program.

For the complete report, visit: www.nihcr.org/Detroit-Community-Report.html.
Detroit Wayne County Health Authority Safety Net Report

Introduction
The 2010-11 Safety Net report updates the key indicators shared in the previous Safety Net reports. The following information is developed utilizing Michigan Department of Community Health annual and multi-year average information for Wayne County and selected communities within the County. The indicators selected are sentinel public health measures used both nationally and internationally to measure the current and ongoing health of defined populations.

Low Birthweight Babies and Infant Mortality
Low birthweight and infant mortality rates are measures of appropriate prenatal care, nutrition and other behaviors related to both healthy mothers and newborns. Within Wayne County, between 2001 and 2009, the percent of low birthweight babies has remained steady at 10.6% of births. The county-wide rate has been consistently higher than the statewide rate. During this period, residents of Detroit, Hamtramck and Highland Park have recorded rates significantly higher than the county-wide and statewide rates.

Prenatal Care
Prenatal care is a very important part of a healthy pregnancy for both the mother and baby. Prenatal care should begin in the first trimester (3 months) of pregnancy. Mothers who receive no or late prenatal care are at higher risk of having babies with health problems. Overall prenatal care is determined by measuring the number of medical visits during each pregnancy compared to a standard of visits related to positive birth outcomes. During 2009, nearly three-quarters of women giving birth in Michigan (73.5%) and Wayne County (74.6%) had at least one prenatal visit during the first trimester of pregnancy. Residents of Detroit recorded a significantly lower rate of 52.8% reporting first trimester prenatal care. Detroit residents also reported lower rates by each group of mothers by age. During 2009, nearly 70% of residents of Wayne County (excluding Detroit) and 68% of residents statewide received adequate prenatal care, while 30% and 32% of residents did not receive adequate care. Less than one-half of Detroit residents (46.5%) received adequate prenatal care while 53.5% recorded less than adequate prenatal care. Statewide and in Wayne County (excluding Detroit), 8-8.5% of mothers received inadequate prenatal care: twice the percentage of Detroit mothers, 16.3% receiving inadequate prenatal care.

Heart Disease and Cancer
Heart disease and cancer continue to be the leading causes of death for the residents of Wayne County. However, the age-adjusted death rates for both heart disease and cancer have trended downward over the past twenty years. Heart disease continues to be the leading cause of death with 5,121 Wayne County resident deaths in 2009 attributed to heart disease, about 14 persons per day. Detroit residents recorded a higher age-adjusted death rate for heart disease in 2009 than the balance of the County. During 2009, 2,346 Detroit resident deaths were attributed to heart disease and the age-adjusted death rate was 48% higher than the statewide rate.

Cancer is the second leading cause of death recorded for residents of Michigan and Wayne County. Age-adjusted death rates for cancers have also been trending downward for the last two decades. The age-adjusted cancer death rates for Wayne County and many communities within the County are higher than the statewide rates. During 2009, 2,346 Detroit resident deaths were attributed to cancer, about 13 persons per day.

Source: Michigan Department of Community Health annual and multi-year average information for Wayne County and selected communities within the County.
3,946 Wayne County resident deaths were attributed to cancer, 1,634 were residents of the City of Detroit. Residents of Detroit recorded an age-adjusted death rate nearly 14% higher than the statewide rate.

**Diabetes**

Deaths attributed to diabetes are captured in two ways: 1) diabetes as the primary cause of death and 2) diabetes-related deaths, where diabetes is the condition giving rise to a chain of events that led to death. Diabetes age-adjusted death rates remained relatively flat during the last 20 years. During 2009, 508 deaths of residents of Wayne County, including 215 Detroit residents, were attributed to diabetes. Diabetes related deaths were attributed to a significantly higher number of residents during 2009 with 1,549 deaths in Wayne County, including 690 Detroit residents. When combined, diabetes and diabetes related deaths were attributed to 2,057 Wayne County residents in 2009.

**Health Related Behavior and Circumstances**

Health behaviors and circumstances impact our health, quality of life and may ultimately be related to cause of death. An examination of responses to the health Behavior Risk Factor Survey, conducted annually throughout the state and nation, sheds some light on the variation of behavior and circumstances reported by residents statewide, as well as residents of Detroit and the balance of Wayne County.

In general, these data indicate the residents of Wayne County, excluding Detroit, report health related behaviors and circumstances similar to the statewide experience. Detroit residents generally report higher levels of fair or poor health, obesity, tooth loss, asthma, heart attacks, stroke and diabetes.

Detroit residents also reported lower rates of access to health insurance and health care providers and other preventive services such as mammograms, PAPs, PSA's, colonoscopies, dental visits and vaccines. Finally, Detroit residents reported lower rates of heavy and binge drinking, however higher rates of smoking, than the region and the rest of the state.

**Ambulatory Care Sensitive Hospitalizations (ACS)**

One measure indicating a lack of community based care is Ambulatory Care Sensitive Hospitalizations. These are “hospitalizations for conditions where timely and effective ambulatory care can decrease hospitalizations by preventing the onset of an illness or condition, controlling an acute episode of an illness or managing a chronic disease of condition.” ACS hospitalizations have increased as a percentage of all hospitalizations over the past decade for Michigan, Wayne County and Detroit residents.

During 2009, there were 270,436 preventable or ACS hospitalizations statewide, representing 20.5% of all hospitalizations. In Wayne County there were 73,659 ACS hospitalizations, representing 24.8% of all hospitalizations.

Residents of Wayne County, excluding Detroit, recorded 38,392 ACS hospitalizations, representing 23.7% of all hospitalizations, while residents of Detroit recorded 35,267 ACS hospitalizations, representing 26.1% of all hospitalizations.

Congestive heart failure is the leading ACS condition for the State, Wayne County and Detroit. The ranking of the leading ACS conditions is the same for the state and Wayne County, excluding Detroit. The ACS condition ranking for residents of Detroit differs for both Asthma (#2 in Detroit, #5 statewide) and Diabetes (#4 in Detroit, #7 statewide).

**ACS Hospitalizations as a Percentage of Total Hospitalizations: 2000-2009**

<table>
<thead>
<tr>
<th>Year</th>
<th>Detroit</th>
<th>Wayne County (excluding Detroit)</th>
<th>Michigan</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>24.3</td>
<td>22.2</td>
<td>18.7</td>
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<tr>
<td>2001</td>
<td>25.0</td>
<td>22.8</td>
<td>18.9</td>
</tr>
<tr>
<td>2002</td>
<td>25.9</td>
<td>23.8</td>
<td>19.4</td>
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<tr>
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<td>23.7</td>
<td>19.4</td>
</tr>
<tr>
<td>2004</td>
<td>25.8</td>
<td>24.0</td>
<td>19.5</td>
</tr>
<tr>
<td>2005</td>
<td>26.1</td>
<td>24.4</td>
<td>20.1</td>
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<td>25.6</td>
<td>24.1</td>
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<td>26.1</td>
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<td>20.4</td>
</tr>
<tr>
<td>2009</td>
<td>26.1</td>
<td>24.8</td>
<td>20.5</td>
</tr>
</tbody>
</table>

**Table: Ambulatory Care Sensitive (ACS) Hospitalizations, 2009**

<table>
<thead>
<tr>
<th>Year</th>
<th>Detroit</th>
<th>Wayne County (excluding Detroit)</th>
<th>Michigan</th>
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<tr>
<td>2009</td>
<td>135,112</td>
<td>161,955</td>
<td>1,318,741</td>
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<tr>
<td>ACS Hospitalizations</td>
<td>35,267</td>
<td>38,392</td>
<td>270,436</td>
</tr>
<tr>
<td>% ACS</td>
<td>26.1%</td>
<td>23.7%</td>
<td>20.5%</td>
</tr>
</tbody>
</table>
Community Outreach staff evaluate first five years of operation and note growth

Community engagement is a core process of the Health Authority. Our work is accomplished in a variety of ways, from interacting with advisory committees and executive-level community dialogue to Public Affairs activities and Medicaid outreach.

The Community Outreach department has been actively involved in helping underserved people understand services and health benefits that are available to them, and connecting people with resources who might otherwise not get them.

Considerable growth has occurred in activities sponsored by the Health Authority in the past five years, specifically through partnerships with area health systems, safety net providers, religious congregations, and community organizations. The Health Authority’s Community Outreach activities are designed to help enroll uninsured and underinsured in benefit programs such as Medicaid, MI Child, and the Medicaid Adult Waiver program. Activities include Medicaid application assistance, training for patient advocates and training and technical assistance to hundreds of community volunteers.

Direct enrollment assistance is provided in a variety of ways, including facilitating the eligibility process directly in the hospital and Federally Qualified Health Center setting, as well as through individual counseling at community events. Additionally, the Health Authority receives many phone inquiries from individuals asking for health care assistance. The Health Authority maintains current knowledge in public assistance programs including Medicaid, Healthy Kids, MI Child, Plan First, and the Adult Benefit Waiver program.

In addition to its community work, the Health Authority offers a detailed list of community health centers and a “touch screen” health center locator, originally developed by the Cabrini Clinic in Detroit.

This year, despite significant staff reductions, the Community Outreach staff attended 53 events and helped develop more than 1,000 Medicaid applications. In addition, the annual youth health physical program served 380 young athletes and students. These physicals not only provide a needed service to these young people, they also help connect them with health coverage if they are not enrolled.

Reducing avoidable readmission for dually-eligible seniors

The Health Authority implemented a pilot project with Sinai-Grace Hospital in Detroit that shows how readmissions to hospitals can be prevented by ensuring that discharged patients have adequate health benefits to cover home care, transportation, and other support services needed for optimum recovery. Too often, patients leave hospital without adequate support at home, unable to understand their discharge instructions, and not in an optimum physical state to do what they need to do to continue recovery. Some people need to go to extended care facilities when they could recover at home with the proper support.

The Sinai-Grace pilot project involved helping discharged seniors get Medicaid coverage to complement their Medicare coverage. Of the 25 discharged patients encountered, 16 were approved for Medicaid coverage. None of these patients required readmission.

Annual Walk for Healthy Communities helps observe National Community Health Center Week

The Health Authority, community health centers and healthy communities are a natural fit. National Community Health Center Week offers an opportunity to celebrate the contributions of health centers as well as the Health Authority’s commitment to creating a healthy community.

With the new health reform law, most of the medically uninsured will be covered through the Medicaid program. Walk for Healthy Communities, was presented by the Detroit Wayne County Health Authority, to help increase awareness of the benefits of health reform and promote disease prevention and health promotion, beginning with a good walk on Detroit’s Belle Isle, Aug. 7.

At the same time, the Health Authority sponsored an advertising campaign in August to raise awareness of National Community Health Center Week and direct the underserved to one closest to their home.

“As we anticipate increasing numbers of Medicaid-eligible people, we will need more medical homes for them. The Health Authority, in partnership with members of the Primary Care Network Council, has convened a planning process that will result in several proposals to increase the number and capabilities of health centers in Detroit.”

Community Health Centers, nationally, serve over 20 million people, including 925,000 farm workers and nearly 940,000 homeless annually. In Wayne County, there are five Federally Qualified Health Centers – Detroit Community Health Connection, Advantage Health, Community Health & Social Services (CHASS), Covenant Community Care, and Western Wayne Family Health Center.
Walk for Healthy Communities, sponsored by Fifth Third Bank and several other community businesses and institutions, was chaired by Rose Khalifa, Executive Director, Metro Solutions, and Wayne Bradley, President and CEO, Detroit Community Health Connection. The walk, which was led by the Martin Luther King, Jr., Marching Band and involved one-mile and three-mile courses around Belle Isle, included an extensive, entertaining warm-up featuring ethnic dances and boxing routines in the form of stretching and loosening up. Radio personality John Mason led the program, which closed after the walk with a cooking demonstration on low cost, highly nutritious recipe, sponsored by the Eastern Market Corporation.

"Health reform has provided us a great opportunity to insure most Americans, but we need to do more," says Chris Allen, Executive Director and CEO of the Health Authority. "We need to create a healthier community that prevents disease and injury and promotes wellness. Walk for Healthy Communities is a symbolic representation for our commitment to this cause."

The nominees are recommended by community health center administrators and other people who work in the health care safety net. The 2010 awardees were:

- Jesse Thomas, former President of Molina Healthcare of Michigan
- Henry Ford Health System Community Partner Program
- Louis Maloney, Order of Malta Medical/Dental Clinic at St. Leo’s Church, Detroit
- Betty Dornbrook, MSN, RN, Waller Health Center, Detroit

Other award winners include:
- Margaret Myers, M.D., Medical Director of Mercy Primary Care Center; Pamela Williams, M.D., a member of the Mercy Primary Care Center medical staff;
- Patricia Meade, the Wellness Plan; David Ippel, Oakwood Health System; Ray Zak, ZIAD Healthcare for the Underserved; Felix Valbuena, M.D., Community Health and Social Services Center (CHASS); Augustine Kole-James, M.D., founder of Pro Care health plan; Glenn Kossick, former Executive Director, Metropolitan Health Fund; Sr. Mary Ellen Howard, Executive Director and Susan Schooley, M.D., Medical Director of Cabrini Clinic, Detroit.

Detroit Public Television partners with Health Authority on health series

In some respects, health news is omnipresent on various media outlets and overwhelming. In another respect, audiences in Southeast Michigan need thoughtful health information more than ever to help combat issues like childhood obesity, diabetes, hypertension, and other preventable health problems that cause preventable emergency and long-term hospitalization.

Detroit Public Television (DPTV), known for quality informational programming, is also positioned as a change agent through its role as a major regional media source. As a non-commercial broadcast entity, it is not beholden to commercial interests and is responsible for acting in the community interest. That makes DPTV an ideal partner with the Health Authority and its community partners.

Plans have been under way for a regional health communication program based on the goal "to improve access to health services, improve quality, and promote more cost-efficient ways of using health care resources through multi-media communication." Twelve 30-minute programs with educational content benefiting the medically underserved...
in a variety of community-based settings, as well as being available to various viewers of Channel 56.1, 56.2, and 56.3. However, this is not just about creating television programming, it’s about creating health programming will filter through websites, community settings, public presentations, and other alternative uses to maximize the scope of information among health care safety net audiences. Also, Detroit Public Television is committed to helping promote access to Medicaid for the estimated 300,000 people who will be entitled to coverage beginning in 2014.

In addition to the broadcasts, which have an estimated 1.5 million viewers, the Health Authority, together with Detroit Public Television and community partners will use multiple “platforms” or media in the delivering information to different groups. This isn’t a static television program, though it will involve television. It is video, audio, and printed words that are developed appropriately for diverse audiences. DVD’s and educational support materials will be made available to outreach groups throughout Detroit and Wayne County. Public Affairs and Strategic Development have held several planning sessions with Detroit Public Television programming and fund development staff leading to working concepts and plans for an initial pilot program. Funding has been obtained to support two of the initial program of the series set for launch in mid-2011. Topics will include the stigma of mental health, childhood obesity, physical fitness, nutrition, prevention of chronic disease, and healthy aging. It’s hoped that the series will be ended in subsequent years.

**Strengthening ties to the faith community**

Faith-based organizations represents a human relations and economic development foundation for underserved communities. Health ministries represent a potentially valuable network for improving health status and connecting people to safely net health and human services.

The Health Authority undertook two initiatives that strengthen its ties to the faith-based community: An affiliation with the Interfaith Health & Hope Coalition, representing more than 100 congregations in Southeast Michigan, and a partnership with Ecumenical Theological Seminary resulting in a health ministry fellowship and potential formal seminary education in health ministry.

The Interfaith Health & Hope Coalition was established through a grant by the Robert Wood Johnson Foundation in 2004 and housed in the Health Authority. Eventually, the Coalition established its own non-profit organization and developed along the lines of congregational organizing, educational programs, and other initiatives that strengthen the capacity of health ministries region-wide. The Coalition has also been involved with a national effort, “Faithful Reform in Health Care,” which has promoted universal health care and is currently helping faith communities communicate the benefits of health reform. The Health Authority has supported the Coalition’s annual prayer breakfasts and other activities and has had a longstanding desire to work closely with this network as an extension of its community outreach programming. Discussions between the Coalition Board and Health Authority over the past year consummated in an affiliation agreement.

“In order to achieve our goal of creating a healthy community in Southeast Michigan, we need as many partners as we can get.”

Rev. John Duckworth, who serves as Pastor of Gethsemane Missionary Baptist Church in Westland and Chair of the Coalition, stated that “The Alliance with the Health Authority will now allow us to collaborate with a myriad of health-related organizations to bring greater value to the community via faith-based outreach health ministries.”

The affiliation has strengthened the capacity of the Coalition to fulfill its mission and offers a network of support in connecting medically underserved people with health services.

Rev. Linda Walling, Executive Director, Faithful Reform (left), and Ron Beford, Executive Director, Interfaith Health & Hope Coalition, at the Coalition’s annual prayer luncheon.

Helping community health advocates ensure essential services

Since convening a community collaboration to fill the vacuum of services left from the closure of Detroit Riverview Hospital, the Health Authority has remained actively engaged with community groups regarding the issue of “essential health services.” During 2010, the Health Authority, together with the Michigan Universal Health Care Network and M.O.S.E.S., developed a research paper and action plan to help communities understand their role in working with public and private health resources to...
ensure that essential services are provided at the local level. That includes working with health officials to prevent elimination of programs or helping replace them when necessary. Likewise, health advocates were encouraged to support public and private health services by advocating for funding and other methods of strengthening the delivery of health services in their local communities.

The principles behind “Ensuring Essential Community Health Services” were presented to the Michigan Health and Hospital Association (MHA) Foundation Board and accepted. The MHA has agreed to consider integrating them into membership protocol. In turn, the Health Authority has offered to help the MHA develop a community health assessment, together with public health officials.

For a copy of “Ensuring Essential Community Health Services,” contact the Health Authority at 313-871-3751.

Health Ministry Fellowship helps build a new generation of health ministers

One of the challenges of creating more vibrant health ministries in church congregations is preparing future religious leaders with an appreciation for how holistic well-being fits in with a pastoral mission, and how health ministries are valuable aspects of congregational life. Health ministries have become integral to creating healthy communities by promoting holistic well-being through mind, body, and spirit. Likewise, healthy congregations, as components of communities, help build healthier communities.

The Health Authority seeks productive collaborations with all sectors of the community to further access to quality health care, reduce health disparities along racial, cultural, and gender orientation, and promote well-being among underserved populations. It respects the principles of holistic health and actively supports the efforts of the Coalition to create a community-wide effort to improve access and promote health. As a sponsor of health administration fellowships, designed to introduce young professionals to the opportunity of working with the underserved population, the Health Authority envisions a similar benefit to fostering a training relationship with Ecumenical Theological Seminary, a nationally accredited institution in Detroit. Ecumenical Theological Seminary is a prominent religious educational institution which has educated many practicing ministers in Detroit and Southeast Michigan, as well as non-practicing ministers serving in various careers. It has the potential of creating awareness of the value of integrating holistic wellness programming as an aspect of congregational life, thereby supporting the Health Authority’s efforts to extend access to health services.

Rev. Dr. John Duckworth, Pastor of New Gethsemane Church and President of the Coalition, received his Doctor of Ministry from ETS, is the mentor of the fellowship. The Health Ministry Fellow is responsible for fostering a health ministry within a church congregation, assist the Interfaith Health & Hope Coalition, and provide community outreach on behalf of the Health Authority in church environments, among other responsibilities.

Health ministries have become integral to creating healthy communities by promoting holistic well-being through mind, body and spirit.

School, sports physicals help screen and enroll kids

The Health Authority has conducted semi-annual physical exams for students and young athletes that provide a comprehensive medical assessment, referrals for follow-up care, and enrollment assistance for uninsured children and their parents. Hundreds of children are screened at each. Supported by health plans and other volunteers, these events demonstrate how many children don’t get annual physicals, but need them. Pictured above are scenes from the 2010 sports physical program held at Northwestern High School.
Harper Foods: If you improve it, they will come.

There’s an oasis in the food desert on Detroit’s Eastside.

About 20 years ago, Harper Foods, an independent supermarket serving the Ravendale Community on Harper Avenue between Conner and Chalmers, quit selling alcoholic beverages and cigarettes. About the same time, co-owner Saad Ayar met

Toni McIlwain, Ravendale’s executive director. A longtime community activist, McIlwain convinced Saad and his co-owner Ronnie Ayar, his brother, that they could be successful as a “community” grocer.

Harper Foods took her advice in the context of smart business: It improved its fresh meat and fish offerings, improved its customer service, and added an extensive produce section. Last year, the owners decided to invest $12,000 in an upgrade of the store’s produce department, and in 2011 planned to begin work on a catering kitchen that will prepare “meals-to-go” and offer support for community functions.

There are about 155 grocery stores and 1,000 convenience stores in Detroit, including gas stations and party stores that serve food. Few of the grocery stores are over 20,000 square feet. Harper Foods is 15,000 square feet. A 2003 University of Michigan study indicated that the city could support as many as 41 additional supermarkets.

Community organizations have been critical of the scarcity of fresh produce in proximity to the neighborhoods in Detroit as contributing to poor health indicators.

While there are other good supermarkets in the 139-square mile of Detroit, Harper Foods exemplifies a store that successfully integrates respect for its customers and community service into its business model.

Ronnie Ayar never thought twice that the store wouldn’t overcome the losses that came with eliminating cigarettes and alcohol. And McIlwain never doubted that she could help the store become a valuable source of fresh fruit, meat, and fish for her community. It seems so simple to do it right.

“I compare my store to a Meijer’s,” says Ronnie Ayar. That may seem audacious, given the sheer size of the chain store, but Ayar’s point is that he aspires to the quality and customer-focus of Meijer’s.

“I think we stand out because we have better quality meat, better produce,” he says, noting that his store has its own butcher shop. “We cut everything fresh and we only buy ‘choice’ and higher grade Angus beef; nothing that has been pre-frozen. Our chicken is Amish. We don’t buy frozen fish – it’s fresh. While Meijer’s groceries are cheaper, they obviously buy a lot more than we do and they get better deals.” Ayar also says that Harper Foods places a lot of emphasis on customer service.

McIlwain, who is also a member of the Health Authority’s Community Advisory Committee, meets regularly with the Ayars brothers to voice community concerns and suggestions. They listen and act. “They provide a lot of support to the community – for different churches and block clubs in the area. Naturally, if they support us, we’re going to support them,” she says. Several years ago, Ravendale organized the “Harmony Project,” to “get the residents and (Middle Eastern) store owners working together to help reduce crime around the stores. We invited the store owners to Ravendale for a soul food dinner and then they invited us to an event” at the Chaldean Sacred Heart Church Community Center on 7 Mile and John R. That led to her long-term relationship with the Ayar brothers and Harper Foods.

Jeanette White, an Eastside Detroit resident and longtime employee of Harper Foods, was asked to help design the produce area and eventually to manage it. In addition to an array of greens, fruits, and vegetables, Harper Foods also offers Middle Eastern items such as tabouli and hummus. Recently, the store instituted salad preparation demonstrations, which helps promote awareness of nutritious options in the produce area.

“The buying habits of this population have changed, but people have to drive miles to get these items,” says Ayars, noting that it’s just good business to provide products that people are willing to buy, close to their homes. It took a few years, but Ayar says that better quality meat and produce and effective community promotion has allowed the store to match profits that would have come through cigarettes and alcoholic beverages. And with the adjustment in the bridge card distribution to twice monthly, the flow of customer traffic is more consistent, allowing better circulation of fresh products.

“We’re trying to give families a quality place to purchase groceries,” Ayar says.

“We want to stand apart from everybody else.”
Overview
The General Fund is presented on a modified accrual basis of accounting; a short-term view to tell how the resources were spent during the year, as well as how much is available for future spending. This information is then adjusted to the full accrual basis to present a long-term view of the Health Authority as a whole. The long-term view uses the accrual accounting basis, which measures the cost of providing services during the current year and whether the full cost of providing government services has been funded.

The General Fund modified accrual basis financial statements provide detailed information about the current financial resources. This is important as it demonstrates compliance with various state laws and shows the stewardship of the Health Authority’s revenue.

The Health Authority’s full accrual statements present information about the Health Authority’s total economic resources, including long-lived assets and any long-term obligations. This information is important as it recognizes the long-term ramifications of decisions made by the Health Authority on an ongoing basis.

The financial statements also include notes that explain some of the information in the financial statements and provide more detailed data. The statements are followed by a section of required supplemental information that further explains and supports the information in the financial statements.

The Health Authority as a Whole
The Health Authority’s net assets decreased this year by $1,526,729. The Health Authority’s primary source of revenue decreased significantly from federal grants through the MDCH Interdepartmental Agreement, Medicaid Outreach Services and Contributions and Donations. Salaries and fringes are a significant expense of the Health Authority representing 58 percent of the Health Authority’s total expenses, with contracted and consulting services at 26 percent.

The Health Authority’s Fund
The Health Authority’s Board has the ability to create separate funds to help manage money for specific purposes, and to maintain accountability for certain activities. The Health Authority’s major fund consists of the General Fund and a Reserved Fund.

The fund balance of the General Fund was directly impacted by the decrease in the Health Authority’s primary source of revenue and decreased during the current year by $1,513,797. The decrease in fund balance was less than the final budgeted decrease by $17,348.

Sources of Funding
For fiscal year-end 2010, the Health Authority’s sources of funding came from the community at large and various stakeholders, including: Michigan Department of Community Health/Federal Government, Fifth Third Bank, Ethel and James Flinn Foundation, Kresge Foundation, Blue Cross Blue Shield Foundation, Community Foundation, Early Childhood Investment Corporation and the McGregor Fund.

Capital Assets and Debt Administration
At the end of the fiscal year, the Health Authority had $47,548 invested in furniture and equipment with no additional depreciable assets added during the year.

Contacting the Health Authority’s Management
This financial report is intended to provide our stakeholders, benefactors, etc. with a general overview of the Health Authority’s finances and to show the Health Authority’s accountability for the money it receives. If you have questions about this report or need additional information, we welcome you to contact the Executive Director, Chris Allen at (313) 871-3751.

Contacting the Health Authority’s performance.

Summary of Unrestricted Fund Balance

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<th>2010 Liabilities (in Thousands of Dollars)</th>
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Balance Sheet – Governmental Fund

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<th>FUND BALANCE (Unrestricted)</th>
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<tr>
<td>Total Governmental Fund Balances</td>
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Amounts reported for governmental activities in the Statement of Net Assets are different because Capital assets not used in governmental activities are not financial resources and are not reported in the funds.

The cost of the capital assets are $112,357
Less accumulated depreciation $ (64,809)
Total $ 47,548

NET ASSETS OF GOVERNMENTAL ACTIVITIES $ 1,073,643
Thank You to Our Sponsors

Blue Cross Blue Shield Foundation
Community Foundation
Early Childhood Investment Corporation
Ethel & James Flinn Foundation
Fifth Third Bank
Kresge Foundation
McGregor Fund
Michigan Department of Community Health and Human Services