

2023-2025

# COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGY

 **McLaren**  
FLINT  
DOING WHAT'S BEST.®

**Table of Contents**

- I. Executive Summary.....3**
  - A. Community Health Needs Assessment (CHNA) purpose
  - B. Summary of Prioritized Needs
  
- II. Introduction/Background.....3**
  - A. About McLaren Flint
  - B. About McLaren Flint Benefit Report
  
- III. Communities Served.....4-5**
  - A. Definition of Community Served
  - B. Geographics / Map of Community Served
  - C. Population, Demographics and Health Disparities of Community Served
  
- IV. Community Input and Collaboration.....5-6**
  
- V. Identifying & Prioritization Community Health Needs.....6-8**
  - A. Identifying Community Health Needs
  - B. Prioritized Health Needs Identified through CHNA
    - 1. Promoting Health Lifestyles**
      - a. Smoking and Vaping
      - b. Opioid Misuse and Abuse
      - c. Obesity and Weight Management
    - 2. Chronic Disease Prevention**
      - a. Heart Disease and Stroke
      - b. Cancer
      - c. Diabetes
    - 3. Access to Medical Care, Preventive Services and Screenings**
      - a. Access to Medical Care
      - b. Preventive Services and Screenings
  
- VI. Evaluation of Impact:.....8-14**

## **I. EXECUTIVE SUMMARY**

### **A. Community Health Needs Assessment (CHNA) Purpose**

The 2023-2025 CHNA was conducted, and an implementation strategy was developed to help meet community health needs in Genesee County, MI. The CHNA serves as the basis for implementation strategies that are required to be filed with the IRS as part of the hospital organization's 2023 Form 990, Schedule H. This assessment includes collaboration with the Greater Flint Health Coalition, state of Michigan data related to the community served by McLaren Flint, and general feedback from the community.

### **B. Summary of Prioritized Needs**

In collaboration with the Greater Flint Health Coalition (GFHC), the McLaren Flint community outreach and education team evaluated data and input sources collected to prioritize the major issues impacting the community we serve. Criteria included the number of persons affected by the various factors analyzed, the seriousness of the issues, the health needs of persons living in poverty or reflected other disparities and availability of community resources to address the needs. Strategic goals, community input and a review of the existing community benefit activities also guided this plan.

## **II. Introduction/Background**

### **A. About McLaren Flint**

McLaren Flint is a 378-bed tertiary and teaching facility located in Flint, Michigan. McLaren Flint is affiliated with Michigan State University (MSU) College of Human Medicine in its medical and surgical residency programs, including family practice, internal medicine, general surgery, and orthopedic surgery. McLaren Flint also maintains fellowship programs in clinical health psychology, vascular surgery, minimally invasive surgery and cardiology in partnership with MSU. The hospital is certified as a Bariatric Surgery Center of Excellence, a Gold Plus Comprehensive Stroke Center (The Joint Commission), and a BCBSM Blue Distinction Center+ for Spine Surgery, Cardiac Care and OB services. Cancer accreditations include the American College of Radiology Radiation Oncology Practice Accreditation and the Quality Oncology Practice Initiative, American Society of Clinical Oncology.

### **B. About McLaren Flint Community Benefit Report**

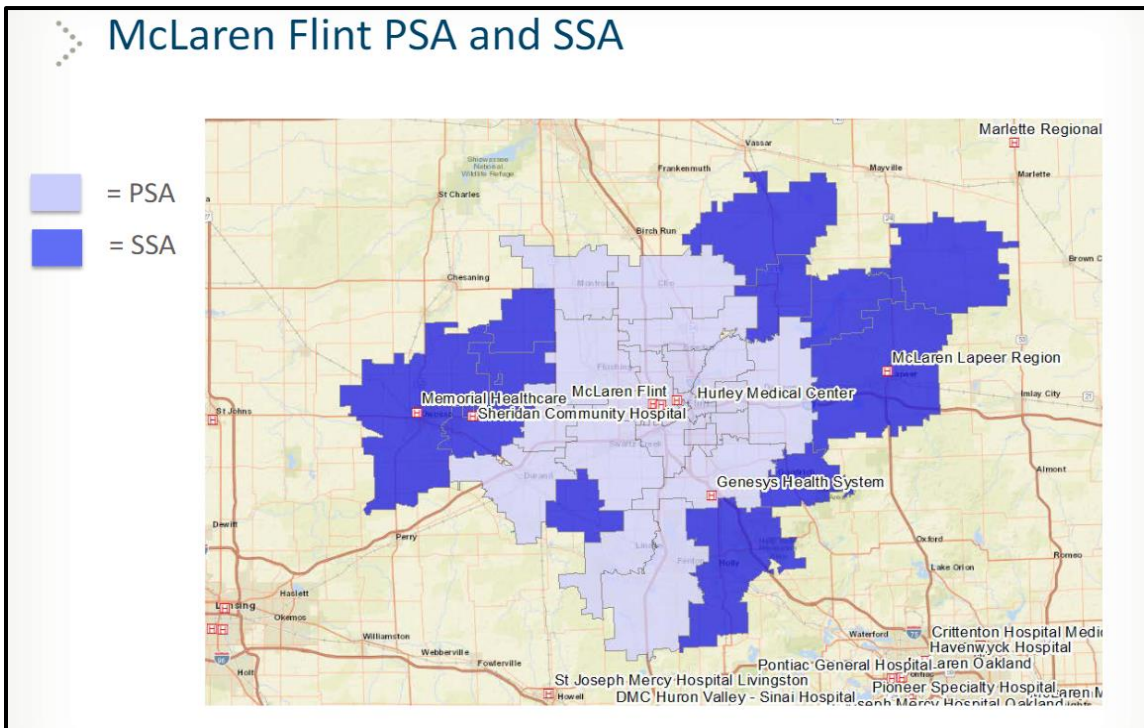
McLaren Flint is committed to making a difference in the health of the communities it serves. Community benefit activities take on several forms: from educational community programs to free or low-cost health screenings for charity and indigent care. McLaren Flint has worked diligently with community partners to address and support serious public health issues and has conducted a Community Health Needs Assessment to better understand the communities' resources and unique needs.

### III. Communities Served

#### A. Definition of Community Served

Community is defined as primary and secondary service areas all within the boundaries of Genesee County. The target population of the assessment reflects McLaren Flint’s service area in Flint, but it also extends beyond Flint to area suburbs.

#### B. Geographics of Community Served



#### C. Population, Demographics and Health Disparities of Community Served:

According to the US Census Bureau, Genesee County’s population is 406,211, with 183,087 total housing units. Genesee County’s gender distribution is 43.4% male and 56.6% female.

Racial Composition: Genesee County – 2021

White	75.3%
African American	20.3%
Hispanic/Latino	3.6%

Other Demographics: City of Flint, Genesee County and the State of MI – 2021

<b>Key Demographics</b>	<b>Flint</b>	<b>Genesee County</b>	<b>State of MI</b>
Median Home Value	\$31,700	\$129,300	\$199,100
Unemployment Rate (Decreased from 2020)	12%	6.1%	5%
Poverty Rate (Decreased from 2020)	35.5%	18%	13.1%
Median Household Income	\$32,358	\$50,269	\$63,498
High School Degree	81.7%	84%	86%
College Degree (Bachelor's)	12.1%	23.8%	19.2%

*(Source: Census.gov)*

Health Disparities: Genesee County and the State of MI – 2021

<b>Health Disparities (per 1,000 residents)</b>	<b>Genesee County</b>	<b>State of MI</b>
Age-Adjusted Deaths for Heart Disease	301.3	232.2
Age-Adjusted Deaths for Stroke	60.2	49.9
Age-Adjusted Deaths for Diabetes	58.9	36.4

*(Source: MI Dept. of Community Health)*

#### **IV. Community Input and Collaboration**

McLaren Flint will continue to solicit and consider input from the community through surveys and/or focus groups. For individuals who wish to share their input about this CHNA or share feedback for future consideration, please contact [FlintMarketing@McLaren.org](mailto:FlintMarketing@McLaren.org).

Beyond organizing hospital workgroups and seeking feedback from the community to help prioritize needs for the Implementation Strategy, McLaren Flint also works collaboratively with various agencies and organizations that share a common vision – to improve the health status of individuals residing in Genesee County.

McLaren Flint participates in collaborative initiatives with other health partners through the Greater Flint Health Coalition, including Hurley Medical Center, Ascension Genesys Hospital and the Genesee County Health Department, to collectively address community health needs identified in the Community Health Needs Assessment Report for Flint and Genesee County.

The goal of these partnerships is to sponsor events and/or fund causes that provide education, enrichment and access to care. In return, the funding supports the mission of these organizations and helps provide resources to the community that McLaren Flint does not specifically offer. These causes align with McLaren Flint’s Implementation Strategies related to access to care, chronic disease management, healthy behaviors, and health prevention and maintenance.

These initiatives are outlined in a shared Community Health Improvement Plan, with the goal of aligning implementation plan activities where possible to leverage existing programs, avoid duplication, build economies of scale, and maximize available resources through combined community benefit investment. See the most current GFHC current community report here: [https://gfhc.org/wp-content/uploads/2022/07/hc726-CHNA-Report-2022\\_web.pdf](https://gfhc.org/wp-content/uploads/2022/07/hc726-CHNA-Report-2022_web.pdf).

## V. Identifying and Prioritizing Community Health Needs and Issues

### A. Identifying Community Health Needs

McLaren Flint defines a health need as a health outcome and/or the related conditions that contribute to a defined health need. Health needs are identified by the comprehensive identification, interpretation, and the analysis of a robust data set.

Social determinants, including food insecurity, employment, housing, education, access to health care, health literacy and crime, have a profound effect on health outcomes, especially for vulnerable populations. Additional factors, such as a patient’s level of education, income, transportation, and environment were also considered while evaluating health data for the community that we serve.

### B. Prioritized Health Needs Identified Through the CHNA

The following are summarized descriptions of the prioritized significant health needs that were identified through the CHNA process.

#### 1. Promoting Healthy Behaviors

Promoting healthy behaviors is a significant health need in the primary and secondary service areas for McLaren Flint while addressing smoking and vaping, opioid abuse and misuse as well as obesity and overweight.

- a. **Smoking and Vaping:** In terms of risk behaviors, smoking is problematic, with almost 28.1% area adults classified as smokers, a rate higher than the state average at 15.1%. Smoking is far more common among adults from the lowest socioeconomic groups (58.9% of those with household incomes below \$20,000). Further, almost three in 10 pregnant women smoke during pregnancy, a rate much higher than the state of Michigan. Area professionals feel that the high incidence of smoking is not being adequately addressed in the community.
- b. **Opioid Misuse and Abuse:** Substance abuse is considered a pressing and prevalent issue throughout Genesee County. Prescription drug abuse and misuse are driving an epidemic of overdose deaths that include the boundaries of Genesee County. Prescription drugs

account for nearly 60% of all deaths from drug overdose, and pain relievers such as oxycodone, hydrocodone, and methadone are involved in three of every four prescription drug overdose fatalities.

- c. **Obesity and Overweight:** Almost two-thirds (64.2%) of Genesee County adults are overweight or obese and the obesity rate (33.0%) for adults and (20%) for children in the area is greater than the state or the nation. Area adults and children also consume inadequate amounts of fruits and vegetables and do not engage in physical activity as much as they should. More than one-quarter (27%) of Genesee County adults report no leisure time or physical activity.

## 2. **Chronic Disease Prevention, Maintenance and Treatment**

Chronic disease prevention, maintenance and treatment are also significant health needs in the primary and secondary service areas for McLaren Flint, including but not limited to, heart disease, stroke, cancer, lung disease and diabetes.

- a. **Heart Disease and Stroke:** Heart disease is the leading cause of death in Genesee County, and stroke is the fifth highest cause, according to MDCH. Area adults have lower life expectancy rates (both men and women) and higher age-adjusted mortality rates than adults across the state or nation. Twenty-two percent of people living in Flint have been told by a doctor or other health professional that they had hypertension (high blood pressure).
- b. **Cancer:** Cancer is the second leading cause of death in Genesee County. The number of people diagnosed with cancer in the state of Michigan in 2021 was 21,221. According to the MI Dept. of Community Health, in Genesee County in 2020, the top five cancer types include lung and bronchus (366), breast (301), prostate (269) and colon and rectum (161). Other cancer is 1,082 and the combined total is 2,183.
- c. **Diabetes:** Diabetes is the eighth leading cause of death for Genesee County. Forty-seven percent of Flint residents report that their diet is generally healthy. People eat an average of four meals (breakfast, lunch or dinner) per week that were prepared away from home in places such as restaurants, fast food places, food stands, grocery stores or from vending machines. They get two of these meals from a fast-food or pizza place and eat two "ready to eat" foods such as salads, soups, chicken, sandwiches, and cooked vegetables per month. They also eat three frozen meals or frozen pizzas on average monthly.

## 3. **Access to High Quality Health Care, Preventive Services and Screenings**

Access to high quality health care and prevention services is vital for the health of our community and is a critical aspect of health prevention to understand any potential barriers that can affect access to care.

- a. **Medical Care:** Access to care includes three major components: insurance coverage, health services and timeliness of care. The high cost of care, lack of insurance or inadequate coverage that would include high deductibles and copays alone, or coupled with the lack of services, are common barriers to accessing health care services. These barriers lead to unmet health needs, lack of preventative care and health screenings, preventable hospital admissions, and financial burdens.
- b. **Preventive Services and Screenings:** Provide annual health screenings, education and community resources, such as Lunch and Learn speaking engagements with physicians, stroke and balance screenings and other educational opportunities.

## VI. Evaluation of Impact to Previous CHNA:

The previous three-year CHNA and Implementation Strategy prioritized the major issues impacting the community we serve. Criteria included the number of people affected by the various factors analyzed, the seriousness of the issues, whether the health needs particularly affected persons living in poverty or reflected other health disparities and the availability of the existing community benefit activities also guided this plan.

### **PRIORITY HEALTH NEED: Social Determinants of Health (SDOH)**

[INITIATIVE #1: Increase public safety and community engagement and reduce blight in neighborhoods in the University Corridor and College Cultural Neighborhood in Flint.](#)

- Recognizing the need to maintain safe, clean, blight-free, and engaged neighborhoods for residents of Flint, McLaren Flint provided resources to maintain the Flint Urban Safety Corps initiative in the University Corridor and College and Cultural Neighborhood in Flint.
- McLaren Flint donated \$48,000 over the three-year period to support the University Corridor program.
- With McLaren Flint's support, 14 full and part-time AmeriCorps members worked in the University Corridor neighborhood to build capacity of community watch groups, radio patrol groups, bike watch groups, and to organize and implement board-ups of blighted buildings.
- Outcomes realized to reduce blight, decrease crime and increase community engagement include:
  - 2 community watch groups formed
  - 54 community patrol shifts performed
  - 5 block clubs supported
  - 14 homes boarded up
  - 7 lots cleaned
  - 18 canvassing events held
  - 21 safety education events held
  - 108 volunteers recruited
  - 6,000 informational brochures distributed to residents

[INITIATIVE #2: Provide vulnerable individuals with food insecurity in Genesee County access to healthy food resources and linkages to additional programs that can address related needs.](#)



- On a weekly basis, McLaren Flint donated over-produced food that was prepared in the hospital nutritional services department to the Genesee County Food Rescue Program for distribution to people in need through their soup kitchen and food pantry at the New Life Center.
- 33,442 pounds of food was donated to the Genesee County Food Rescue Program to increase its capacity to provide healthy food and meals for people with food insecurity who are served through the New Life Center.
- The value of this donation (estimated \$1 per pound) is \$33,442.
- McLaren Flint donated 700 pounds of unperishable food to the Food Bank of Eastern Michigan through the annual Harvest Gathering Food Drive in 2019 and 2020. Employees provided food donations which the hospital collected and then coordinated with the Food Bank of Eastern Michigan for pick-up and distribution to those in need. The 2021 food drive was an online donation program due to COVID-19 restrictions.

INITIATIVE #3: To identify and address SDOH barriers that impact medical care and recovery for patients discharged to Skilled Nursing Facilities (SNF) with goal of resource provision and reduction in hospital readmissions.

- McLaren Flint’s Case Management staff met with all patients being discharged to SNF and screened them for Social Determinants of Health using a SDOH screening tool. Screening results were shared with the appropriate SNF to promote continuum of care in addressing patient needs, connecting patients to resources, and reducing hospital readmission. Over the last three years, case management screened 3,240 patients.

**PRIORITY HEALTH NEED: Child Health & Development**

INITIATIVE #1: Provide medical and psychosocial examinations to children who are suspected victims of child sexual abuse with the goal of gaining forensic evidence to bring perpetrators to justice as well as providing children and their families with supportive services.

- McLaren Flint operates the Child Evaluation Clinic in coordination with the Voices for Children Child Advocacy Center in Flint, providing medical examinations of children who are suspected victims of sexual abuse. McLaren funds a specially trained, dedicated physician and trained nursing staff to support the Clinic along with specialized equipment for a value of approximately \$42,000 per year.
- 58 children who were suspected victims of sexual abuse received specialized medical services from physicians and nurses trained to provide these forensic medical examinations.
- Physical evidence gained through these exams resulted in successful prosecution of 25 perpetrators, with others awaiting trial.

**PRIORITY HEALTH NEED: Mental Health**

INITIATIVE #1: To provide improved access and expanded services to serve a growing demand for mental health services for adolescent and adult residents of Genesee County.

- McLaren Flint contracted with Reliable Transportation and with the Flint Mass Transportation Authority to provide free transportation to the Partial Hospitalization Program for 1,325 patients to remove transportation as a barrier to receiving service. The cost of these contracts was \$150,000.

- McLaren Flint operates the area’s only Partial Hospitalization Program (PHP) for adolescents age 12-18, recording 7,320 adolescent visits. To provide an academic resource for patients, McLaren arranged for a teacher from Genesee Intermediate School District to work daily with adolescent patients.

INITIATIVE #2: To provide integrated behavioral health services to primary care and cancer patients to address behavioral health issues with early intervention and treatment and improve the care continuum.

- During patient visits to the McLaren Family Practice or Internal Medicine Residency Group practice programs, if the medical provider determined the patient would benefit from a behavioral health assessment, the psychologist/psychology fellow was contacted and provided an immediate same-day assessment with the patient to determine a behavioral health intervention and treatment plan (coping skills, stress management, sleep strategy, etc.) This service was offered at no charge to patients.
- A similar program was offered to patients at the McLaren’s cancer Center, and 109 patients received services.

INITIATIVE #3: To provide programs and initiatives to prevent suicide.

- McLaren Flint participates in the Emergency Department Suicide Risk Screening Program utilizing the Columbia Suicide Severity Rating Scale, screening all patients 10 and older. From 2019-2021, 165,092 patients were screened in McLaren Emergency Departments at the Flint hospital and in the Fenton Emergency Center to promote early intervention to address suicidal behaviors or thoughts with appropriate treatment and follow-up. If identified as potentially suicidal, patients were referred to a McLaren clinical psychologist or for a psychiatric consult as appropriate.

**PRIORITY HEALTH NEED: Obesity & Health Behaviors**

INITIATIVE #1: To provide programs to address obesity and healthy behaviors for Genesee County residents.

- 360 patients participated in bariatric support groups facilitated by the program’s clinical psychologist.
- A dedicated Facebook page was established for bariatric patients which was facilitated by the bariatric nurse and dietitian with the goal of providing information and support in helping patients manage and address any health concerns as well as provide information regarding additional resources.
- Twenty-one patients from the McLaren bariatric program annually were funded by McLaren to participate in the Crim Fitness Foundation Training Program through a dedicated group led by a member of the McLaren bariatric program staff. McLaren invested \$2,730 per year (\$8,190) to support this program and provide opportunities for patients to remain active and sustain a healthy lifestyle.
- McLaren also maintains a clinically monitored fitness center for bariatric patients to provide a safe environment for post-surgical exercise in the maintenance of weight and lifestyle changes.

**PRIORITY HEALTH NEED: Healthy Behaviors**

INITIATIVE #1: To provide Flint residents access to health information and resources that address healthy behaviors.

- McLaren Family Practice residents (18) and the Medical Director of Behavioral Services met twice per month at Eisenhower School in Flint with school staff, parent liaisons, Genesee Health Plan and Crim Youth Program to assess needs and plan programming at the school to address those needs. Approximately 360 students were impacted through the Eisenhower School program.
- McLaren Flint residents staffed an “Ask the Doctor” monthly series at Eisenhower to discuss various health topics and resources for parents and public. 144 families at Eisenhower participated in the “Ask The Doctor” series to gain access to timely health information and resources through medical professionals.
- McLaren Flint expanded this program in late 2021 to include families and mentors of the Boys and Girls Club of Genesee County.
- McLaren Flint provided a grant of \$6,000 for the purchase of laptop, projector and connection chords to support the "Ask the Doctor" virtual program and other virtual learning opportunities at Eisenhower.
- Physician residents from McLaren’s Family Practice Program donated \$450 and 42 items including toiletries, gloves, socks, hand/foot warmers, to support student needs.

**PRIORITY HEALTH NEED: Health Care Access**

INITIATIVE #1: To increase access to medical services for uninsured adults (ages 18 through 65) who are eligible residents of Genesee County and to assist with transition to sustaining programs of health care.

- McLaren Flint internal medicine residents and faculty physicians staff the Genesee Free Medical Clinic three days per week, and provide medical care and services to uninsured clients, at no charge to patients. Approximately 9,700 people were served by physicians at the Clinic, with 1,200 referrals to physician specialists, diagnostic services, and other resources. The value of these services provided by McLaren physicians was approximately \$525,000 over the three-year period.
- McLaren Flint Laboratory Services receives lab specimens from the Free Medical Clinic and performs testing services/results at no-charge. The value of these free tests was almost \$200,000 per year, or \$600,000 over the three-year period.

INITIATIVE #2: To provide transportation to and from healthcare services for patients unable to drive themselves, seek other means of transportation or afford transportation costs.

- Through the Patient Care Fund at McLaren Flint, the hospital funded \$217,420 in cab fares, bus fares, and other means of transportation for patients to be safely transported to their home or appropriate setting after discharge from the hospital.

INITIATIVE #3: To provide access to health screenings, information and resources for Genesee County residents.

- McLaren Family Practice Residency Center provided physician coverage and health screenings for participants at the Our Lady of Guadalupe Church Health Fair in Flint to enhance access to

health information and resources for the Flint Latino American Community. A total of 319 individuals participated in free health screenings in diabetes, hypertension, obesity, and mood disorder, along with an “Ask the Doctor” booth for health information.

INITIATIVE #4: To connect residents of Genesee County with resources available in the community to address health needs and related issues.

- McLaren Case Management coordinated with community agencies to facilitate their participation in the Community Resource Day, held each October in McLaren Flint's auditorium. The goal is to provide community residents with awareness and opportunities to connect with resources to serve a variety of health-related needs. A total of more than 500 community residents attended in person or participated virtually.

INITIATIVE #5: To provide medications for individuals who are being discharged from the hospital and cannot afford to pay for their prescriptions.

- Through the Patient Care Fund at McLaren Flint, \$77,076 in medications was provided to allow patients who could not afford prescription costs to have access to needed medications to support treatment and recovery.
- The process for patients to qualify for the fund involves an initial screening evaluation through which case management staff identified patients in financial need. Case managers sent patient prescriptions to Walgreen's for a cost estimate of the patient portion of their prescription. The case manager then met with the patient to assess if the patient could meet the financial obligation. If not, the case manager worked with the physician to determine if there was a less expensive but effective prescription. If no other alternative was identified, patient medications were funded through Patient Care Fund, and the patient was connected with community resources for further support.

#### **PRIORITY HEALTH NEED: Chronic Disease Burden**

INITIATIVE #1: To provide resources that assist people with chronic health conditions in managing their condition, preventing complications and improving health outcomes.

- To assist patients with resources to better manage their diabetes and improve health outcomes, McLaren Flint provided an outpatient diabetes education program involving weekly one-on-one and group sessions for patients with diabetes. A team including a dietitian, nurse, pharmacist and physician provide education to patients. The program was open to the public, with a physician referral. 853 patients participated in the program to better manage their diabetes and improve health outcomes.
- The outpatient diabetes management program was successful in reducing patients' HgbA1C hemoglobin by 1.5%, exceeding the national benchmark of .6%.
- McLaren Flint provided a pulmonary rehabilitation program for patients with Chronic Obstructive Pulmonary Disease (COPD), featuring weekly classes and exercise. Over the past three years, 175 patients participated in the program to manage their COPD. Outcomes included:
  - Improvement in walking capacity from 981 feet in six minutes to 1,242 feet in six minutes
  - 42% decrease in shortness of breath

- 25% decrease in oxygen use
- 33% increase in self-reported quality of life
- High-risk COPD inpatients received a free assessment with a Respiratory Therapist for lifestyle and health behaviors, with recommendations and resource referral.

**PRIORITY HEALTH NEED: Effective Care Delivery for an Aging Population**

INITIATIVE #1: Provide Medicare patients with resources to prevent hospital readmissions, ensure continuum of care, and meet basic needs.

- McLaren Flint Case Management participated in a collaborative program with the Valley Area Agency on Aging Care Transition Program, identifying Medicare patients who were at potential high risk for re-admission. Case managers worked with these patients’ physicians to coordinate a referral to the VAAA program. The patient was seen at home the day after discharge by a nurse practitioner through VAAA who could identify/treat medical issues and connect the patient to resources. McLaren Flint referred an average of 21 patients per week to the VAAA program.

INITIATIVE #2: To provide information and resources in support of Advance Care Planning for Genesee County residents.

- McLaren Flint’s advance care planning educator provided 1,174 people with information and assistance in completing advance directives through one-on-one sessions, community presentations, and community outreach events.

**PRIORITY HEALTH NEED: Infant and Maternal Health**

INITIATIVE #1: To improve breastfeeding initiation and duration rates among Women, Infants, and Children (WIC) participants and WIC-eligible mothers.

- McLaren Flint implemented a Memorandum of Understanding (MOU) with the Genesee County Health Dept. and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) to make the services of the WIC Breastfeeding Peer Counselor available to WIC eligible mothers who deliver infants at McLaren Flint for breastfeeding education, resources, and support.

INITIATIVE #2: Identify and address variation in obstetric care in Michigan and utilize best practices in support of quality outcomes.

- McLaren Flint participated in the Obstetrics Initiative (OBI) funded by Blue Cross Blue Shield of Michigan/Blue Care Network, which included 74 hospitals statewide.
- OB nursing staff participated in a Skills Fair class (30 staff members; 1 hour class) each year.
- McLaren Flint realized the following reductions in C-section rates:
  - Primary C-section rate decreased from 23.1% in 2019 to 11.8% in 2021.
  - C-section after induction rate decreased from 33.3% in 2019 to 15.7% in 2021.

INITIATIVE #3: Increase access to childbirth education and resources for women in the Genesee County community.

- McLaren Flint Family Birthplace offered free childbirth classes to expectant mothers and their support persons as well as free breastfeeding counseling. Classes included: natural comfort techniques, childbirth preparation, baby care, and breastfeeding. 1,319 new mothers received access to breastfeeding counseling.



## Implementation Strategy for 2023-2025

### TABLE OF CONTENTS

<b>I. Organization Mission.....</b>	<b>16</b>
<b>II. Implementation Strategy Process.....</b>	<b>16</b>
<b>III. Prioritized Health Needs.....</b>	<b>16-19</b>
• Promoting Healthy Behaviors	
• Chronic Disease Prevention, Maintenance and Treatment	
• Access to Health Care, Preventive Services and Screenings	
• Health Equity Plan for McLaren Flint	
<b>IV. Unaddressed Health Needs and Rationale .....</b>	<b>19</b>
<b>V. Significant Health Needs to be Addressed.....</b>	<b>20</b>
<b>VI. Next Steps for Action Items.....</b>	<b>20</b>
<b>VII. Adoption.....</b>	<b>20</b>

## **I. Organizational Mission**

McLaren Health Care, through its subsidiaries will be the best value in health care as defined by quality outcomes and cost. McLaren Flint is committed to caring for its patients and community members by providing free health screenings, community education classes, programs and outreach events to thousands of underserved individuals annually in Genesee County.

## **II. Implementation Strategy Process**

A hospital workgroup was employed to develop this CHNA to analyze county data and community input. Health indicators, such as leading causes of death, disease rates, health risk behaviors, access to health care, and review of county health rankings were included in the data review. Combined with this analysis, input from the health and human service public agencies, community-based organizations, policy makers, and local community residents provided a basis to prioritize the current health of the community and how McLaren Flint could best impact these needs.

This allowed for data collection across a broad range of indicators relating to overall population health, social determinants of health including geographic/location difference in health outcomes, and the needs of disadvantaged populations including uninsured persons, low-income persons, and minority groups within Genesee County. The team also reviewed its existing community benefit activities to assess whether these services were providing value consistent with the needs of the community and its residents. Specifically, these activities considered key health factors and outcomes resultant from associated demographic, social, and economic impacts, the physical environment, health care access and resource coordination, and health behavior trends. The McLaren Flint Board of Trustees included the Implementation Strategy on its consent agenda during a recent meeting in 2023.

## **III. Prioritized Health Needs**

McLaren Flint utilized key findings in the CHNA to identify and prioritize an implementation strategy. The CHNA team at McLaren Flint evaluated data and input sources collected to prioritize the major issues impacting the community we serve. Criteria included the number of persons affected by the various factors analyzed, the seriousness of the issues, whether the health needs particularly impacted persons living in poverty or reflected other disparities, and availability of community resources to address the needs. This process identified the following priority issues for the community. Strategic goals, community input and a review of the existing community benefit activities also guided this plan.

Three prioritized health needs were identified: Promoting healthy behaviors; chronic disease prevention and maintenance; and access to high quality health care and preventive services and screenings. An additional health need related to a health equity plan is also included for addressing in 2023-2025.

### **1. Promoting Healthy Behaviors**



**a. Smoking and Vaping**

Long term goal: Reduce tobacco and vaping usage among at-risk populations.

**Strategies:**

- Present about the dangers of smoking and vaping at community events.
- Support state and community-level cessation and prevention interventions such as Tobacco 21 initiatives.
- Collaborate with community partners and schools to promote community awareness and education to reduce tobacco and vaping use.
- Offer a Pulmonary Rehab program for patients with COPD, featuring weekly classes and exercise to improve walking capacity, decrease shortness of breath, decrease dependence on oxygen use, increase overall quality of life for COPD patients.
- Promote tobacco cessation strategies through American Cancer Society and the MDHHS Health Department.
- High-risk COPD inpatients receive a free assessment for lifestyle and health behaviors, with recommendations and resource referrals.

**b. Opioid Misuse and Abuse**

Long term goal: Reduce opioid misuse and abuse among at-risk populations.

**Strategies:**

- Participate in community coalitions and partnerships to address behavioral health including training, intervention and treatment as part of a broad multicomponent approach.
- Collaborate with community partners to promote community awareness and education to reduce non-medical prescription drug use/abuse.
- Community Resources- Carriage House and the Genesee County Health Department.

**c. Obesity and Overweight**

Long term goal: Reduce obesity rates among at-risk populations.

**Strategies:**

- Provide community educational resources on the importance of obesity prevention; including offering programs and resources that address healthy eating and physical activity.
- Participate in community coalitions and partnerships that promote community-wide campaigns on the benefits of healthy eating and physical activity as part of a broad multicomponent approach.
- Offer bariatric patients the opportunity to participate in the Crim 10K race and pay

for their registration an of the Crim 10K in Flint annually, encouraging area residents to participate and train-improving overall fitness and encouraging active lifestyles.

- Provide a clinically monitored fitness center to bariatric patients and for employee and physician use at no charge after hours.
- Offer free bariatric support groups and resources through the private social media page for bariatric patients.
- Community Resources: YMCA, Health Department, Medical Society, Council on Aging, Flint Parks and Recreation, Flint Farmers Market, food pantries and soup kitchens, American Heart Association.

## **2. Chronic Disease Prevention, Maintenance and Treatment**

Long term goal: Increase opportunities for residents to improve and manage health issues and prevent disease. This includes, but is not limited to, heart disease and stroke, cancer, chronic respiratory lung disease, and diabetes.

### **Strategies:**

- Provide free, evidence-based screenings and educational programs for early detection.
- Continue free monthly stroke screenings. Screenings include Hemoglobin A1C, full lipid panel including total cholesterol, HDL, LDL, and triglycerides, blood pressure and pulse, sleep disorder risk assessment, risk-reduction plan and results counseling and education.
- Continue to offer free 3-D mammogram screening program to promote early detection and breast cancer awareness for uninsured, at-risk, low-income women throughout Genesee County.
- Healing Through Art is a free program available through the Karmanos Cancer Institute at McLaren Flint. It is dedicated to addressing health and wellness for families within the Greater Flint cancer community through the creative outlet of art therapy, which also includes suicide/crisis prevention and crisis stabilization.
- Community Resources: American Cancer Society American Diabetes Association, American Heart Association, American Lung Association, and the Karmanos Cancer Institute of Public Health.

## **3. Access to High Quality Health Care and Preventive Services and Screenings**

Long term goal: Increase opportunities for all residents to attain the highest level of health, including injury prevention and equal access to health care and mental health services.

### **a. Mental Health Strategies**

- Provide evidence-based behavioral health screenings.
- Collaborate with mental health, primary care, and other community stakeholders to address and educate the community on signs and stigmas of behavioral health, along with intervention and treatment.

**b. Medical Care Strategies**

- Various providers and residents participate in the Genesee Free Medical Clinic to provide care and services to the uninsured. Lab specimens testing and results are performed at no charge.
- The Family Medicine Residency Program partners with Carriage Town Ministries and Our Lady of Guadalupe Church to offer free health screening clinics to low-income and homeless individuals.
- Provide free or low-cost medications to allow patients who could not afford prescription costs to have access to needed medications to support treatment and recovery.
- Offer free community resources to connect individuals with various health resources.
- Provide transportation to and from health care services for patients unable to drive themselves seek other means of transportation or afford transportation costs.

**4. Health Equity Plan for McLaren Flint**

- McLaren Flint is committed to providing an inclusive and equitable environment reflective to meet the needs of the community it serves. The goal is to provide high quality culturally competent care, regardless of gender or sexual orientation, religious beliefs, or other individual differences that define the whole person, not just the patient.
- McLaren Flint will focus on three many patient populations.
  - The first focus will be improving maternal and child health by offering childbirth classes to any expectant mother, father, support person in the community, collaborating with expectant parents in the community, providing breastfeeding counseling, and utilization of WIC special nutritional program for new mothers.
  - The second focus will be improving access to mental health services for adolescents and adult patients by increasing awareness of outpatient programs available to patients and families, providing treatment options for patients with behavioral health needs, and ensure follow up with patients seeking treatment.
  - The third focus will be to improve access to transportation for patients needing assistance with transportation for follow up care for physical therapy, rehab services, doctor’s appointments, or other treatments.
- McLaren Flint will collect and analyze data from each area of focus to assess outcomes, reduce harm, and increase patient satisfaction.

**IV. Unaddressed Health Needs & Rationale**

Proper dental care is vital to health. McLaren Flint will continue to monitor the need for dentists and support initiatives to improve access to dental care in our community. Improvement is beyond the scope of the hospital services.

## V. Significant Health Needs to be Addressed

McLaren Flint is meeting existing community needs through provision of charity care; financial and in-kind contributions; community building activities; and a multitude of community education programs. These activities were determined to be additional priorities for our hospital's community benefit plan. The Greater Flint Health Coalition plays a vital role.

McLaren Flint will continue to work in partnership with public and community resources to address these needs. The overall goal of the following action plan is to improve the overall health factors and behaviors of Genesee County, leading to improvements in health behaviors and outcomes.

## VI. Next Steps for Action Item

For each of the action area listed above, McLaren Flint will work with its area partners to:

- Identify any additional related activities being conducted by others in the community that could be built upon to increase strategic alignment.
- Develop and monitor measurable goals and objectives so that the effectiveness of these collaborative efforts can be measured.
- Build support and participate in community engagement effort for the noted initiatives within the community.

This 2023-2025 implementation plan will be monitored to track successful outcomes and areas for additional improvement. McLaren Flint staff will work with regional partners, when appropriate, to secure funding for initiatives that improve health status. The plan and program methodology will be monitored and updated annually with a progress report.

## VII. Adoption

The Implementation Strategy was adopted on February 15, 2023.



---

Chris Candela  
President & CEO

**February 15, 2023**

---

Date