

# Greater Flint Health Coalition 2020 Strategic Business Plan

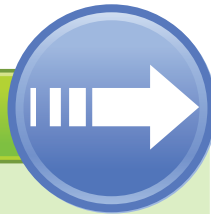
## “COLLECTIVE IMPACT ROAD MAP TO IMPROVED HEALTH STATUS IN GENESEE COUNTY/FLINT”

FOCUS AREAS

GOALS & STRATEGIES

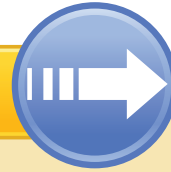
MEASURABLE COLLECTIVE IMPACT

### HEALTH IMPROVEMENT



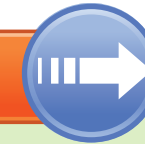
- Promote and advocate for policies and practices at multiple levels of society that engage our community’s residents in healthy behaviors
- Encourage and support the adoption of healthy lifestyles by all residents
- Emphasize the utilization of shared prevention strategies that promote healthy lifestyles

### ACCESS & ENVIRONMENT



- Promote and advocate for policies and practices that positively affect universal access to health care for residents
- Support a culture of practices and use of community services that reduces barriers to care for county residents
- Encourage the creation of social and physical environments that promote good health for all

### QUALITY & INNOVATION



- Promote shared policies and practices that continuously improve the quality of health care delivery and the patient’s experience
- Encourage and support the adoption of safe, evidence-based, best-practice guidelines for treatments in all areas, with an emphasis on the ten major chronic disease areas in the community
- Promote collaboration and innovation in health care

### COST & RESOURCE PLANNING



- Promote policies and practices that result in our community’s total healthcare resources being used effectively and efficiently
- Encourage the alignment of preventive health services
- Improve system and service level costs so that they compare favorably with benchmark costs in comparison communities
- Ensure collaborative financial and personnel resources are directed in a manner that maximizes efficiency and reduces duplication

### We will collectively measure and report our progress using the following metrics:

- % of residents reporting the practice of a sedentary lifestyle
- % of residents practicing recommended levels of physical activity per week
- % of adults who are either obese or overweight
- % of children who are either obese or overweight
- % of residents who report tobacco use
- # of residents, businesses, schools, and churches annually participating in *Commit to Fit!* programming

- % of residents with health care coverage of a basic and essential nature
- % of insured individuals who report having unmet medical needs in the last 12 months
- % of children covered by insurance receiving covered preventive services
- # emergency department visits annually for ambulatory sensitive indicators
- % of adults with unmet mental health needs

- Rate of mortality from diabetes
- Rate of mortality from cardiovascular disease
- Rate of infant mortality in the community with a focus on the persistent racial disparity
- % of residents reporting depression
- # of residents with documented advance care directives available in their patient medical record
- % of child immunization rate

- % avoidable emergency department visits and readmissions annually
- # of providers achieving meaningful use of electronic health records annually
- Annual survey measures of shared use of preventive health service strategies such as *Commit to Fit!*
- Annual survey measures of levels of collaborative alignment in the areas of health improvement, access to care, and quality of care