



# GREATER FLINT HEALTH COALITION

ACTIONS & ACCOMPLISHMENTS

A REPORT TO OUR COMMUNITY 2008



## A FORCE FOR GOOD

*The power of partnership* lies at the heart of the Greater Flint Health Coalition—partnership between providers and purchasers of health care, consumers and committed citizens, government representatives, health insurers, and all who care about the well-being of our community and its residents.

*When the Coalition began in 1992, it brought together those with different perspectives, expertise, and experiences to address common health issues and find solutions to the Flint area's most pressing health concerns.*

Among them: the lack of access to quality care, racial disparity in health benchmarks, a persistent incidence of preventable chronic illnesses such as diabetes and coronary disease, and the community's continuing propensity to smoke, over eat, and under exercise.

*Armed with a firm belief in our collective ability to effect change—and generous financial support from the Charles Stewart Mott Foundation, General Motors, the United Auto Workers, Blue Cross Blue Shield of Michigan, Genesee County Medical Society, HealthPlus of Michigan, Mott Children's Health Center, Genesys Health System, Hurley Medical Center, and McLaren Regional Medical Center—the Coalition went to work.*

Over the years, we've undertaken studies, engaged in lively debate, influenced legislation, implemented protocols, and launched numerous initiatives—all with the goal of creating a healthier community.

*Thanks to a cooperative spirit, and a determined effort, we are making progress. In the next few pages, you'll read about our accomplishments.*

## MICHILD / HEALTHY KIDS 1998-2003

Created by the State of Michigan as part of the federal government's State Children's Health Insurance Program (SCHIP), MICHild and Healthy Kids are designed to provide health benefits to children from birth through 19 years of age. MICHild is funded by the State and administered by private health plans, while Healthy Kids is an expansion of Medicaid. Under the programs, expectant women who qualify receive mental health and substance abuse services, prenatal care, and delivery services. Children get preventive health services such as regular checkups, emergency care, dental care, shots, pharmaceuticals, hospital care, and vision and hearing screening.

*As the official Genesee County outreach agent for MICHild and Healthy Kids, the Coalition enrolled over 18,000 children in the two programs, allowing more of our area's youngsters access to regular health care.*

## JUST A BIT GETS YOU FIT / JUST A BIT GETS YOUTH FIT EAT GOOD. FEEL GOOD. LOOK GOOD. 2000-2003

In 2000, more than half of Genesee County residents were inactive—contributing to a higher incidences of obesity, high blood pressure, cardiovascular disease, and high cholesterol. That year, the Coalition's Health Improvement Committee launched the *Just A Bit Gets You Fit* campaign in an effort to encourage physically inactive members of the community to exercise.

With support from local media, community-based organizations, government, employers, health insurers, and healthcare providers, the campaign increased awareness and physical activity. It also captured statewide attention and went on to receive the Governor's Council on Physical Fitness, Health and Sports "Educational Materials of the Year" Award before being adopted by other communities throughout the United States.

Health organizations in Anderson, Indiana; Kokomo, Indiana; Nashville, Tennessee; Kenosha, Wisconsin; and Kansas City, Missouri used the *Just a Bit Gets You Fit* slogan for similar campaigns in their cities—and Detroit, Michigan, used the model for its *Motown in Motion* fitness campaign.

The success of *Just a Bit Gets You Fit* spurred the Coalition and Mott Children's Health Center to broaden the audience and launch *Just a Bit Gets YOUTH Fit*, targeted to area young people. Through further funding from Mott Children's Health Center, the campaign was extended to include information on good eating habits with the slogan of "Eat Good. Feel Good. Look Good."

*All three campaigns were well received within the community, helping to educate Genesee County residents on the benefits of exercise and good eating habits. Data collected by local health organizations and the Prevention Research Center of Michigan for 1998 - 2007 show the number of people reporting they exercise four or more times per week in the Flint Community increased from 28.8% to 35.5%.*

*Despite those encouraging statistics, the most recent 2007 data reveal some backsliding in the level of physical activity since 2003. That regression—along with the persistent incidence of chronic disease in the community—led the Coalition to make health status its overarching concern.*

## DIABETES EXPO 2001

To raise awareness of diabetes and its serious health effects, the Coalition organized the Diabetes Expo in partnership with Hurley Medical Center, Genesys Health System, McLaren Regional Medical Center, and the American Diabetes Association. The one-day event included Q&A sessions, workshops focusing on African Americans and diabetes, sessions describing the impact of exercise on diabetes, and a host of health screenings including blood sugar, HbA1c, blood pressure, and vision tests.

*Drawing support from many local organizations, the Expo welcomed more than 500 attendees, 350 of whom received at least one of the health screenings.*

## DIABETES DETECTION INITIATIVE 2003-2005

With an estimated 10,000 undiagnosed diabetics living in Genesee County, it was appropriate that Flint was chosen as one of 10 communities to pilot a federal Health and Human Services program to screen and identify undiagnosed diabetics. Called “Diabetes Detection Initiative: Finding the Undiagnosed,” the project used a risk assessment tool to help determine a person’s likelihood of developing diabetes. Those who were identified as being at risk were referred for follow-up. The initiative kicked off in November 2003 with a high-profile news conference featuring both the United States and Michigan Surgeons General.

*Early detection and treatment of diabetes can make a critical difference in avoiding serious complications such as eye, kidney, and cardiovascular disease—yet people often live with diabetes for seven to ten years before being diagnosed. The Coalition is proud to have taken a lead role in organizing and implementing this important community health effort.*

## FLINT HEART HEALTHY WEEKEND 2004

Organized by AstraZeneca and the Coalition in association with Meijer Pharmacies, Flint Heart Healthy Weekend focused on raising awareness about cardiovascular health and reducing the number of Genesee County residents living with undiagnosed hypertension.

Free blood pressure screenings were offered at busy locations in and around the Flint community. Medical professionals were available at these locations to counsel patients with hypertension. During the two-day event, almost 700 participants had their blood pressure checked. About 20% were hypertensive.

*To ensure appropriate follow-up treatment, Coalition representatives were on hand to provide helpful information on accessing the area’s healthcare resources.*

## FLINT RIVER TRAIL 2004-present

In 2004, Coalition representatives and University of Michigan-Flint leaders met with the Ruth Mott Foundation to discuss ways in which health promotion initiatives and beautification efforts might join forces for maximum impact—and the Flint River Trail Committee was born.

With encouragement from the Foundation, the committee submitted a funding proposal to revitalize the contiguous linear park—a non-motorized, recreational trail system—following along portions of the Flint River bank. The proposal met multiple goals of beautifying the river areas and promoting healthy activity, and the Ruth Mott Foundation awarded the project a grant to carry out the initial phase of the multi-phase project. This initial phase began in 2005 with general clean-up of selected areas, wayside signage, health-promotion activities, and neighborhood walking events.

Later in 2005, the Coalition received a second grant from the Ruth Mott Foundation to continue Phase II of the project, allowing further trail development, and additional health promotion activities. To engage more community members in the process, the grant funded a Trail Survey and several community-based focus groups. Opinions and ideas gathered from those studies will be incorporated into subsequent trailway plans.

*Today, Flint River Trail users can travel from the University of Michigan-Flint campus north to the Bluebell Beach recreational area. A trail spur leading to Stepping Stone Falls was also recently added. Future plans call for connectors west from the downtown area to Kettering University and Mott Park, with eventual links to the Genesee County Park trail system around Mott Lake. This beautiful, integrated trail system will offer individuals of all ages an opportunity to walk, bike, run, skate, and explore one of our area's key natural resources—and enjoy multiple health benefits in the process through active living.*

### OPENING DOORS TO BETTER CARE

## FRIENDLY ACCESS<sup>sm</sup> 2002-2007

To what extent does our existing healthcare culture encourage or dissuade pregnant women from seeking early and continuing prenatal care? By changing the ethos of healthcare delivery systems in ways that increase consumer access, satisfaction, utilization, and outcomes, is it possible to erase disparities in the health of mothers and infants? Those were questions the National Friendly Access<sup>sm</sup> Project set out to answer.

In 2002, Genesee County was selected as one of twelve communities nationwide to submit proposals to the Lawton and Rhea Chiles Center for Healthy Mothers and Babies at the University of South Florida to become a “Friendly Access<sup>sm</sup> Community.” As the lead agent of the Project in Genesee County, the Coalition applied for a grant but initially did not receive funding from the Chiles Center. We did, however, obtain \$300,000 from area foundations and organizations to launch the program locally. Acknowledging our independent efforts, the Chiles Center made our program a full demonstration project of the Friendly Access<sup>sm</sup> Project, with additional funding in subsequent years. Friendly Access<sup>sm</sup> became a collaboration project between the health services sector and community-based organizations in Genesee County, and was a core project of the Prevention Research Center of Michigan at the University of Michigan School of Public Health.



Initial data collection and analysis of birth records revealed that while low-income women in our area (those covered by Medicaid or uninsured) had fewer complications or risks noted in their birth records, they experienced poor outcomes. An analysis with respect to race showed an even greater difference in the African-American population.

A further study of the mother's ratings of the prenatal and perinatal healthcare system was conducted by interviewing 358 new mothers who gave birth at one of the three Flint area hospitals, and whose birth was covered by Medicaid or self-pay. Findings suggested many of the women did not receive early prenatal care, counseling in family planning, or assistance finding a pediatrician for their new baby.

In addition to study outcomes, throughout the project's five years, participating healthcare providers, community leaders, and consumers attended training programs designed to gain a better understanding of what patients need, improve policies and procedures, and create a more efficient process for delivering quality care.

*The lessons learned through our work with the Friendly Access<sup>sm</sup> Project laid the groundwork for future Coalition activities and the data gathered continues to inform leaders as they strive to reduce the infant mortality rate and eliminate the racial disparity that exists between European American babies and African American babies in Genesee County. The activities that follow have contributed to the wealth of work being done to improve health outcomes for mothers and babies in our community.*

## DISNEY INSTITUTE TRAINING 2003

The Disney Institute is renowned for its training in the areas of customer satisfaction, service delivery, and performance excellence. As part of the Friendly Access<sup>sm</sup> Project, 40 representatives—including community members from the population of concern, maternal health advocates, and steering committee members—attended the Institute.

*Lessons learned from this training assisted the participants in creating a Friendly Access<sup>sm</sup> strategic plan to apply Disney's successful customer service to Genesee County's prenatal and pediatric health systems.*

## FRIENDLY ACCESS<sup>sm</sup> COMMUNITY CONFERENCE 2004

In 2004, the Flint/Genesee County Friendly Access<sup>sm</sup> Project hosted a conference entitled "Making Friendly Access<sup>sm</sup> Work—Community Project Sustainability." The first-ever function hosted by a Friendly Access<sup>sm</sup> participating community, the conference served as an opportunity for all Friendly Access<sup>sm</sup> representatives to discuss their accomplishments, similarities, and differences in how they have implemented the program. Attendees included representatives from Michigan, Florida, Indiana, Tennessee, Illinois, Arizona, New York, and Iowa.

The conference included panel discussions on patient satisfaction and its implication on maternal and child health, as well as strategies for obtaining local funding for projects. Numerous representatives from major foundations were on hand to address grant seekers, and participants in Genesee County's Friendly Access<sup>sm</sup> Project shared their experiences in implementing the Disney approach to customer satisfaction.

*This was an important event for our community and a chance for the Flint area to showcase its accomplishments, help promulgate successful strategies, and assist other areas in implementing similar projects.*

## FRIENDLY ACCESS<sup>sm</sup> INFANT MORTALITY INITIATIVE 2004-2007

The Friendly Access<sup>sm</sup> Infant Mortality Initiative (FAIMI) and its African American Family Resource Information Center and Network (AFRICAN) were two initiatives that grew out of the county's Friendly Access<sup>sm</sup> Project.

With the overall goals of lowering infant mortality rates and improving pregnancy outcomes, the two programs sought to improve access to care, help women and children navigate the health system, connect patients with resources, raise awareness, and narrow the racial disparity in infant mortality exhibited by the area's African American population.

FAIMI analyzed prenatal and perinatal care systems in the county to uncover unmet needs of mothers and infants while initiating a dialogue among various community stakeholders.

*To address the gap between what is acknowledged to be good healthcare standards, and what is actually practiced in clinical settings, FAIMI utilized a multi-pronged approach. Efforts prioritized needed system changes, integrated and coordinated existing services to make them more responsive, and enhanced cross-referral protocols and care planning.*

*The overall scope of FAIMI encompassed safe-sleep campaigns, pregnancy risk reduction programs, education efforts, evidence-based medicine protocols, and capacity-building initiatives throughout the county.*

## AFRICAN AMERICAN FAMILY RESOURCE INFORMATION CENTER AND NETWORK (AFRICAN) 2004-2007

AFRICAN was an intervention focused on reducing the significant racial disparity in infant mortality within Genesee County: At more than 22 deaths per 1,000 live births when AFRICAN was launched, African American infant mortality was the highest in the State of Michigan, and almost three times the mortality rate for non-African Americans. AFRICAN was created upon the Coalition's receipt of a three-year funding award by the Health Resources and Services Administration's (HRSA) "Closing the Gap" Initiative.

Local data show that African American women receive less pre-conceptual and prenatal care, and that they lack information and support for breastfeeding, Safe Sleep, and infant development once their babies are born. While adequate maternal and infant resources exist in the county, they have historically been underutilized and difficult to access in a coordinated manner given many life issues affecting high risk, expectant, and new mothers.

The AFRICAN project was not created to provide direct services—rather, it served the community by coordinating existing maternal and child health programs, helping families navigate the system, and identifying and addressing systemic gaps. Callers to the AFRICAN telephone hotline received information and referrals as well as follow-up to ensure their needs were met. The center also served as a source for healthcare providers seeking information on the community's programs and resources.

*AFRICAN operated successfully for two years, serving more than 1,600 individuals and families, and providing information and referrals to appropriate health care, educational, and support programs. The Coalition partnered with three community-based organizations—Faith Access to Community Economic Development (F.A.C.E.D.), Flint Family Road, and Flint Odyssey House Health Awareness Center—to support the AFRICAN Project.*

*During that time, the county's African American infant mortality rate dropped from 22 deaths per 1,000 births to 15.2 per 1,000. In April 2007, the program received an Outstanding Achievement in Advocacy Award from the Michigan Council for Maternal and Child Health.*

*In September 2007, the project closed its doors due to the end of its funding.*

## **CHILDREN'S ORAL HEALTH ACCESS / BABY THOSE BABY TEETH! 2005-present**

**A**nother positive result of Friendly Access<sup>sm</sup>: Implementation of the Children's Oral Health Access Initiative, a partnership between Mott Children's Health Center and the Coalition.

In 2005, MCHC identified a critical access issue, determining that 25,000 children in the county lacked annual dental care. To heighten awareness of the importance of early dental care and improve access to dental services, the initiative undertook a successful education, screening, and promotional campaign aimed at parents and caregivers.

Called "Baby Those Baby Teeth," the campaign disseminates information about proper oral health habits, good brushing techniques, proper nutrition, and "best practices" in oral health.

*A bright, easy-to-use oral health developmental wheel, providing helpful information to parents about caring for a child's teeth from birth to age five, was created and made available through community groups and organizations. To date, more than 40,000 of the educational wheels have been distributed throughout the area. Currently, both English and Spanish language versions continue to be distributed. In early 2008, more than 20 Baby Those Baby Teeth billboards were erected throughout Genesee County by the Genesee District Dental Society.*

## **GENESEE HEALTH PLAN 2001-present**

**I**n October of 2001, the Coalition implemented the Genesee Health Plan (GHP) to provide quality medical care to the uninsured. With the support of state and federal funds, the plan enrolled 3,200 State Medical Program clients—primarily low-income adults who do not qualify for Medicaid.

The health plan replaced a state voucher system in Genesee County and broadened the basic benefit package to include physician, diagnostic, and pharmacy services administered by HealthPlus of Michigan. In February 2002, the program was expanded to cover an additional 5,500 uninsured individuals in Genesee County with income up to 150% of the federal poverty limit.

In April 2004, the GHP received an additional infusion of \$3 million as part of the "Governor Granholm Challenge" initiative. With these funds, an additional 6,000 uninsured residents were covered by October 1, 2004.



Since its inception, the GHP has continued to expand. In November 2004, funding from the C.S. Mott Foundation, Ruth Mott Foundation, and Community Foundation of Greater Flint enabled coverage to extend to even more county residents by lifting income limits to 175% of the poverty level.

Recognizing a need for coverage of the working poor and low income residents, Genesee County voters generously approved a seven-year property-tax millage to further expand GHP coverage to 8,000 additional enrollees in November 2006.

*In 2007, GHP introduced the Tri-Share Program to assist the county's small businesses in providing basic healthcare coverage to employees and their families. The costs of coverage are shared by the enrollee, business, and program, with each paying one third. This continued push forward helps GHP as it progresses towards covering all uninsured adults up to 200% of the federal poverty level or 32,500 adults in 2008.*

## JOIN TOGETHER / DEMAND TREATMENT! 2002-2007

In 2002, the Coalition's Mental Health and Substance Use Task Force was selected to partner with *Join Together*, a national resource for communities taking action against substance use, for their DEMAND TREATMENT! Initiative.

The Initiative's mission was to increase the number of people who received treatment for substance abuse and dependency problems. The Coalition received a \$60,000 grant and technical support from *Join Together* to expand continuing education programs that teach screening, intervention, and referral techniques to area physicians, human service providers, and patient advocates.

A significant component of the DEMAND TREATMENT! Initiative in Genesee County was the support of Greater Flint Project Vox, a program designed to give a greater voice to people who are alcohol or drug dependent through special projects such as Soberfest and Recovery Walk. Thanks to help from DEMAND TREATMENT!, the group was able to take its program to the next level by developing its organizational structure and preparing a strategic plan.

*Although the DEMAND TREATMENT! Program formally concluded in 2007, Project VOX continues. Changes in our area's screening and referral protocols, as well as heightened awareness of the long-lasting health impact of alcohol and substance abuse, will yield benefits for our community well into the future.*

## CARDIAC CATHETERIZATION INITIATIVE 1998-1999

Cardiac catheterization is commonly used to assess the extent of artery blockage. The procedure involves injecting dye into a patient's heart chambers through a tube inserted in a vein or artery in the leg, then using imaging equipment to track the dye's flow. An invasive, expensive procedure, it is not without risk and should be undertaken with caution. In 1995, a study of area catheterization data showed that 52% of outpatient cardiac catheterizations did not meet the guidelines set forth by the American College of Cardiology.

From this study, the Coalition's Cardiac Task Force developed an initiative to reduce the incidence of the procedure by developing a one-page outpatient pre-catheterization checklist. This initiative was implemented in May 1998 with the support and utilization of many area cardiologists. Following the intervention, a 1999 follow-up study indicated 82% of all outpatient catheterizations met the guidelines.

*This effort was significant because it is believed to be the first time a community's cardiologists collaborated across multiple hospitals to address an important issue. The Pre-Catheterization Initiative won praise from many members of the healthcare community—including providers, consumers, and insurers.*

## ANTIBIOTIC RESISTANCE & REDUCTION PROJECT AND COLD PACK CAMPAIGN 1998-present

To prevent patients from developing antibiotic-resistant infections, the Coalition's Pharmacy Task Force developed a campaign aimed at reducing the number of antibiotics prescribed for viral illnesses such as colds and flu.

Shortly before 1998's winter months, a letter containing guidelines from the Centers for Disease Control and Prevention (CDC) and signed by local infectious disease physicians was sent to all doctors throughout Genesee County as part of the Antibiotic Resistance and Reduction Project. This initiative was a critical first step in educating physicians and patients alike.

In 2002, the Pharmacy Task Force followed up with the Cold Pack campaign—a product-distribution project that built on growing awareness of antibiotic misuse. Thousands of packages of over-the-counter cold medication and other items were distributed to healthcare providers, along with educational materials on antibiotics. By providing the cold treatment packs to their patients, physicians were able to satisfy the psychological need for medication while reducing the possibility of patients developing an antibiotic-resistant infection. That year, although more than 17,000 Blue Cross Blue Shield of Michigan and Blue Cross Network members in Genesee County were diagnosed with acute respiratory infections (usually viral), 54% received antibiotics—down from 60% in 2001. The Cold Pack campaign has been repeated annually since 1998.

According to the Coalition's sustainability report (prepared by Jack Wheeler, Ph.D., of the University of Michigan School of Public Health for the Cost and Resource Planning Committee), an increasing percentage of children covered by Genesee County health plans are receiving appropriate treatment for upper respiratory infection. Measures tracking appropriate antibiotic treatment patterns will be utilized as the Coalition's sustainability project continues.

*In 2003, the Michigan Association of Health Plans honored the Pharmacy Task Force with the Pinnacle Award for the Cold Pack campaign. The Pinnacle Award recognizes best-practice initiatives related to quality, access, internal administration, clinical disease management, delivery of service programs, and community outreach. As an ongoing initiative, the project has helped to raise patient awareness of antibiotic misuse and lessened the demand for prescription medication to treat colds and flu.*

## ACUTE MYOCARDIAL INFARCTION / GUIDELINES APPLIED IN PRACTICE (AMI-GAP) 2001-2003

With appropriate intervention and treatment, survival rates can be significantly improved for patients who suffer an acute myocardial infarction. Targeting five Mid-Michigan hospitals, the Coalition—in partnership with the American College of Cardiology (ACC), the Michigan Peer Review Organization (MPRO), and the five Flint/Saginaw hospitals—developed a program to promote use of the latest cardiovascular science in the treatment of heart attack patients.

Called *Guidelines Applied in Practice: Quality Improvement in Acute Myocardial Infarction Care (AMI-GAP)*, the initiative focused on improving adherence to clinical practice guidelines for the care of myocardial infarction patients. A toolkit containing AMI standard orders, a clinical pathway, pocket guide card, patient information and discharge forms, chart stickers, and hospital performance charts, was distributed to the five participating hospitals. Outcomes were measured by quality indicators that tracked the application of set guidelines.

Results of this initiative were impressive. With AMI standard admission orders in place, a statistically significant improvement for heart attack patients receiving aspirin within 24 hours of admission increased from 81% to 93%, and measurement of LDL cholesterol levels rose from 64% to 82%. When AMI discharge documents were used, the percentage of patients given aspirin and beta blockers at discharge improved from 84% to 98%, and 89% to 100%, respectively. In addition, rates for smoking cessation counseling, dietary counseling, and cholesterol treatment all improved dramatically after the initiative.

*AMI-GAP was a successful, evidence-based program that closed the gap between what is known to be good medicine and what is actually practiced in the field, decreased the cost of care, and improved the quality of people's lives. The results of the project made national headlines, and the outcomes achieved are emerging as standards by which Centers of Excellence are compared nationwide. It also was a significant accomplishment for the Coalition because it was the first time hospital activities had expanded beyond the three local hospitals in Genesee County.*

## MID-MICHIGAN GUIDELINES APPLIED IN PRACTICE (GAP) - HEART FAILURE 2003-2007

Following the success of the AMI-GAP model, the Coalition launched a new GAP initiative to improve the care of patients with heart failure, reduce their risk of death, and lower re-admission to the hospital in nine Mid-Michigan hospitals. Undertaken in conjunction with the American College of Cardiology (ACC) and funded by pharmaceutical companies and the Blue Cross Blue Shield Foundation of Michigan, the new initiative was designed to facilitate inpatient compliance with ACC/American Heart Association (AHA) Guidelines for Heart Failure and patient transfer to a primary care physician.

Like the AMI-GAP project, the initiative made use of a toolkit that included ACC-endorsed standing orders, critical pathways, and a discharge checklist. Physician-nurse teams trained in guideline implementation worked with doctors and hospital staff to disseminate proven methods for implementing ACC/AHA guidelines.

The project generated significant findings and resulted in valuable quality-improvement protocols that remain active in participant hospitals. The initiative brought a 22% reduction in 30-day readmission rates and a 27% reduction in 30-day mortality rates for heart failure patients in participating hospitals, as compared to controls.

*The observed quality improvements—demonstrated in a non-academic, community hospital setting—represent important steps in quality care. What’s more, both AMI-GAP and GAP-Heart Failure have been successfully replicated in several states, as well as other countries, and generated interest from major funders of health-related programs.*

*In 2007, the Coalition reconvened the Cardiac Task Force to address methods of sustaining the project’s positive interventions.*

## **TAKE ONE CAMPAIGN 2002-2004**

**C**reated by the Coalition’s Pharmacy Task Force, the Take One Campaign encouraged doctors to prescribe medications in once-daily doses whenever appropriate. The once daily dose can accomplish three goals: it uses healthcare resources more efficiently; it promotes adherence to prescribed drug regimens, and it increases patient satisfaction. To maximize those goals, a list of thirteen commonly utilized medications that can be optimized to one-pill-a-day, along with letters of support from Hurley Medical Center, Genesys Health System, and McLaren Regional Medical Center were distributed to over 650 physicians and 120 pharmacies in Genesee County.

*It is estimated the Take One initiative saved over \$500,000 in health related costs from 2003 to 2004. As a result, Take One materials were distributed around the country to be used as a model on how community-based initiatives can improve people’s health and decrease the costs of the health care system.*

## **BACK PAIN MANAGEMENT REPORT 2003**

**I**n 2002, the Coalition convened a Back Pain Management Task Force to address variations in spine care—and the unusually high numbers of spinal surgeries within Genesee County. With a charge to assess the current system of treating back pain, identify causes, develop interventions, educate patients and employers, and implement best-practice guidelines, members of the task force went to work.

In 2003, the group released its *Back Pain Management Report*, which outlined a comprehensive strategy to address the problem. Highlights of the report included recommendations that physicians become familiar with Clinical Practice Guidelines and limit spinal surgery to those patients carefully screened and experiencing chronic spine pain.

*The Back Pain Management Report received much attention locally as well as throughout Michigan. Requests were made to the Coalition to report these results to health care professionals across the state.*

## INSTITUTE OF MEDICINE SUMMIT 2004

In 2004, the Coalition was selected as one of fifteen communities nationwide to attend the Institute of Medicine Quality Chasm Summit entitled “Crossing the Quality Chasm: Redesigning Care and Improving Health in Priority Areas.” Our organization was recognized for implementing systems interventions in heart failure—one of the summit’s priority issues. Participating groups shared the lessons they learned with national leaders, covering a variety of healthcare areas—from depression and asthma, to diabetes and pain control.

Of the 90 communities that were invited to attend the summit, 45 were self-nominated; and of those, just 15 were selected. Of those 15 communities, only Flint and Rochester, New York, had multi-functional coalitions addressing a broad range of interventions. Notably, the current Coalition President and CEO, Stephen Skorcz, was formerly the President of the Rochester Area Health Corporation.

*The Coalition was truly honored to be one of the few organizations nationwide recognized for its excellence in health systems interventions. As a result of the conference, the Coalition was contacted by United States Senator Joe Lieberman’s (ID-CT) office to learn how communities such as Flint monitor quality, involve providers of health care, and focus on racial disparities.*

## INTEGRATING DEPRESSION TREATMENT INTO PRIMARY CARE 2006-present

What is the most effective way for primary care physicians to manage and monitor their patients who are being treated for depression? Can the chronic care model be successfully applied to improve outcomes for depressed patients? Might a community-wide system of care for depression in a primary care setting work in Genesee County?

In 2006, representatives of the Coalition’s Mental Health & Substance Use Task Force and the University of Michigan Depression Center formed a partnership to address these and other depression-care issues.

Initially, the partnership will work on creating an infrastructure to support a long-term approach. Objectives are:

- Create a community-wide “mental healthcare map” to identify current settings where mental health care is provided, who the providers are at each entity, what types of services are offered, how those services are paid for, and what role employers play in the process
- Create a community-wide “information management map” that reveals how clinical data is exchanged between providers and systems, and identifies any problems with the flow of relevant information
- Develop a method of measuring the quality and effectiveness of mental health services system wide for all stakeholders

*In late 2007, the Greater Flint Depression in Primary Care Partnership was funded for a two-year planning period by the National Institute of Mental Health.*



## EMERGENCY HEALTH CARDS 2006-present

Looking for a safe, convenient way to help patients manage their health information—especially in an emergency situation—the Coalition’s Pharmacy Task Force came up with a creative solution: the Emergency Health Card.

The small, wallet-size card fits neatly into a protective, plastic sleeve and can easily be carried anywhere. Included is space to record name, birth date, emergency contact numbers, allergies, current medications, special conditions, medical insurance information, and physician—everything needed in an emergency, for hospital admission, or during routine doctor visits.

*The card was widely promoted and very well received throughout the community. To date, more than 45,000 of the cards have been distributed to area hospitals, physician offices, and community members.*

## HELICOBACTER PYLORI 1995-1997

In 1995, *Helicobacter pylori* (*H. pylori*), a bacterium in the stomach responsible for peptic ulcer disease, cost local health plans over \$7.5 million in ambulatory drug expenditures. The majority of these expenses were for maintenance drugs treating gastrointestinal (GI) disorders. Although direct treatment of *H. pylori* is more than 90% effective in reducing and eradicating further drug maintenance, only 10% of area patients with peptic ulcer disease were receiving appropriate treatment at the time.

To spread awareness, the Coalition’s Pharmacy Task Force developed and distributed educational materials about diagnosing and treating *H. pylori*, and conducted educational presentations for the medical community. In addition, the task force designed a study to assess quality-of-life changes in patients who followed an *H. pylori* eradication regimen. Backed by a grant from Merck & Co., Inc., the study was never completed because the Coalition was unable to gain physician support to recruit patients for this initiative.

*Since then, the Coalition has encouraged greater support from all stakeholders in the community and its recent accomplishments are a testament to this close working relationship. It is noteworthy that this early “failure” quite possibly led to later successes.*

## REGIONAL HEALTH INFORMATION EXCHANGE PLANNING PROJECT 2007-present

Technology is continually changing the way in which health information is gathered, stored, and shared. Yet issues relating to accessing clinical data, and moving it securely and efficiently among providers, have persisted. Now, a project is underway that hopes to facilitate quality patient care by addressing the efficient exchange of clinical information to improve patient care by enhanced diagnosis and treatment.

In July 2007, the Coalition was selected to receive one of the State’s eight Health Information Technology Exchange Grants provided through the Michigan Department of Community Health.

During the planning period, the grant is being used to develop a comprehensive plan for implementing health information exchange (HIE) across the Genesee Medical Trading Area (MTA) of Genesee, Lapeer, and Shiawassee Counties. It was the consensus decision of Coalition stakeholders that the initial scope will utilize a phase-by-phase implementation approach that will initially pilot HIE in Genesee County's three hospital systems: Genesys Health System, Hurley Medical Center, and McLaren Regional Medical Center.

*The planning project is scheduled to complete its final plan for implementation of HIE across the three county region by September 2008. Implementation would begin thereafter.*

## SUSTAINABILITY PROJECT 2005-present

**A**re Coalition initiatives having a long-term, positive impact on this community's health status? Do we spend our time and resources addressing the most important health issues? How can we improve?

To answer these and other questions, the Coalition's Board of Directors proposed that we develop a system to continuously collect, monitor, and measure how our efforts are affecting the community over time. Called the Sustainability Project, the process will assist us in learning which programs are "hitting the mark," and which ones may require intervention or re-tooling to succeed.

Assisted by data consultant Jack Wheeler, Ph.D., from the University of Michigan School of Public Health, the Coalition and its Cost & Resource Planning Committee began by identifying a set of performance measures for seven programs. Each year to follow, the committee will produce a report that will allow both the Coalition and its constituents to monitor the ongoing effectiveness of those targeted programs.

*In November 2007, the first report was issued for the following initiatives: MIChild/Healthy Kids Outreach; Genesee Health Plan; Acute Myocardial Infarction/Guidelines Applied in Practice Project; Mid-Michigan Guidelines Applied in Practice (GAP) Heart Failure Project; Antibiotic Resistance and Reduction Project and Cold Pack Campaign; Diabetes Detection Initiative; and Back Pain Management Initiative. The Coalition will analyze data and outcomes to learn how successful the programs have been in meeting and sustaining their goals, and whether any modifications or additional resources are required to maintain initial impact.*

### MANAGING CHRONIC ILLNESS

## HbA1c 2000-2003

**T**o manage diabetes, glucose must be kept at a near normal level. For a comprehensive picture on blood sugar levels, a glyated hemoglobin lab test called HbA1c is required. This blood test determines the average glucose level over a three-month period, giving a more accurate picture than an at-home finger-stick test. It's recommended that diabetics have the HbA1c test performed twice every year.

In 2000, the Coalition's Diabetes Task Force became concerned over this issue because 40% of commercially insured diabetes patients in Genesee County had not received an HbA1c test.

The Task Force embarked on a campaign to increase awareness of the test and set a goal that all diabetic patients should have had at least one test in the past year. Targeting the African American community, the outreach campaign included articles in newspapers, meetings with the media, and events at local area churches. Physicians received diabetes information, HbA1c patient education order forms, and Continuing Medical Education (CME) training sessions.

*The campaign's results were very promising. According to statistics from HealthPlus of Michigan and Blue Cross and Blue Shield of Michigan, HbA1c testing had increased plan-wide from 67.9% in 2001 to 76.8% in 2003, while monitoring for kidney disease had increased from 23.8% in 2001 to 32.4% in 2003.*

## CORRECTING RACIAL DISPARITIES

Since it began, the Coalition has made reducing racial disparities and unequal outcomes in health care a priority of the organization.

The Coalition's REACH Task Force was created to assist a broad base of community healthcare leaders in understanding the complexities of race relations and their impact on health—and to keep front and center the issue of ethnic and racial health disparities. This focus is symbolically represented in the Coalition's business plan as the "Racial Disparities and Anti-Racism Activities" umbrella which forms the overarching theme of all our activities.

Our dedication to this issue was exhibited through our involvement in the Racial and Ethnic Approaches to Community Health 2010 (REACH 2010) and the startup of the Friendly Access<sup>sm</sup> Infant Mortality Initiative—both of which were aimed at reducing the disparities in infant mortality in our community. In REACH 2010, the Coalition sponsored Undoing Racism Workshops to examine how race and racism affected racial disparities in health outcomes. The REACH Task Force recommended all Coalition board members attend this workshop and seek ways to make anti-racism activities part of their organizations' diversity training. Coalition Committees and Task Forces have adopted the REACH Task Force mission and integrated attention to the affects of racial issues in all of their activities.

## UNDOING RACISM WORKSHOPS 2000-2007

If racism in our country has been consciously and systematically constructed, it can—and should—be deconstructed and eliminated. That is the goal of Undoing Racism Workshops.

Facilitated by the New Orleans-based People's Institute for Survival and Beyond, this 2½ day workshop explores history, culture, and power relationships in an effort to provide a common definition of race and racism, and to facilitate discussion and address racial disparities in health care within our community.

Funding from the Charles Stewart Mott Foundation helped support the workshops from 1997 to 2000, when the now-defunct Community Coalition led the effort. From 2000 to 2007, the Greater Flint Health Coalition organized and sponsored 23 workshops, with \$400,000 in funding assistance from the Centers for Disease Control and Prevention as part of the REACH 2010 grant led by the Genesee County Health Department.

*Since the workshops began in 1997, almost 1,400 community members have participated. Many of the area's major organizations encouraged their employees to participate in the project.*

*Those who have participated in the workshop believe it has been inspiring, educational, eye-opening, and effective. An evaluation of the preliminary 12 workshops hosted by the Coalition indicated a number of this area's leaders intended to move forward with anti-racism efforts within their own organizations. Nonetheless, at an evaluation presentation of the workshops held in 2006, nearly 30% of attendees indicated they believe people in Genesee County are becoming more racist. Clearly, more work needs to be done if we are to reduce racism in our community.*

## ADVANCING HEALTH CAREERS & MEETING COMMUNITY NEEDS

### FLINT HEALTHCARE EMPLOYMENT OPPORTUNITIES 2002-present

The Flint Healthcare Employment Opportunities (FHEO) Project is a unique workforce development project with a twofold goal: provide sustainable employment and career tracks in the healthcare industry for all residents of Genesee County with a specific emphasis on individuals who live within Flint's Renewal Community—an area with unemployment rates much higher than the national average; and, at the same time, address the skill and labor shortage in the Flint region's hospitals and nursing homes.

To facilitate those goals, the FHEO Project works closely with health industry employers to restructure their screening, hiring, retention, and promotional practices for entry-level employees. It is comprehensive and employer-driven, encompassing attitudinal and life-skills training, job-skills development, and case management provided by community-based organizations and academic institutions.

In 2002, the Coalition was named lead agency for the project and awarded a \$1.2-million grant by the Charles Stewart Mott Foundation to launch the initiative, in conjunction with the National Economic Development & Law Center. FHEO's first class was completed in 2003, and since then, a total of ten classes have successfully graduated 185 community members. A majority of the students are female African Americans. Graduates range in age from 18 to 60 and pursue training as nursing assistants, medical billers, and health unit coordinators. More than half are successfully employed in the local healthcare industry.

In 2004, the program expanded to provide scholarships for graduates who wish to gain further education and progress from entry-level to mid-level occupations such as Licensed Practical Nurses, Pharmacy Technicians, and X-ray Technicians. A total of 24 FHEO graduates have been awarded scholarships to continue college-level studies. That same year, a Career Exploration Program was introduced to spur continuing career development and help entry-level healthcare workers already in the workforce identify and pursue advancement opportunities within their workplace.

Other changes have taken place as this successful program has evolved including the addition of multicultural competency components, a case-management model, a mid-skill level training element (in partnership with Career Alliance, Inc.), and partnership support to accelerated nursing instruction initiative to build capacity for nursing education in Genesee County.

In 2006, the FHEO Project, as part of a 13 county region in Michigan, was awarded a three-year grant from the United States Department of Labor through its Workforce Innovation in Regional Economic Development (WIRED) Initiative. This Michigan region, referred to as the Mid-Michigan Innovation Team (MMIT), seeks to transform the regional economy by utilizing the skills, experience, and insight of the numerous and varied players in local sectors to research and produce long-term strategic plans that prepare workers for high-skill employment opportunities.

In 2007, the Genesee Early College, an alternative high school focused on training for healthcare careers, opened—a partnership effort involving the Genesee Intermediate School District, Genesys Health System, Mott Community College, University of Michigan-Flint, and the Coalition.

In 2008, the Coalition (in partnership with Mott Community College) was chosen as one of six partnerships nationwide to participate in the Courses to Employment Demonstration Project managed by The Aspen Institute's Workforce Strategies Initiative. The demonstration, which is designed to support, strengthen, and evaluate the roles the partners play in assisting adult learners, is funded by the Charles Stewart Mott Foundation.

Funding for FHEO is provided by the Charles Stewart Mott Foundation, the Community Foundation of Greater Flint, The Aspen Institute, state, and federal grants.

The FHEO project has been recognized both regionally and nationally for innovative approaches. Considered a model program, its representatives have been invited to speak at numerous conferences in communities hoping to replicate its success.

*The FHEO Project has steered the unemployed to training and jobs in health care, while helping local hospitals hire first-rate medical care workers. It has been a win-win for the Flint area. Michigan, through the Michigan Regional Skills Alliance (MiRSA) Project, has now created over thirty such regional skills alliances across the state modeled on our FHEO project. Our work continues into the future with funding from Courses to Employment, WIRED, Foundation support, and the State of Michigan as we work to assist the community and make it stronger.*



SOLVING OUR AREA'S HEALTHCARE PROBLEMS IS A BIG CHALLENGE. THE ISSUES ARE COMPLICATED AND THE ANSWERS ARE COMPLEX. BY WORKING TOGETHER, WE CAN DO SO MUCH MORE THAN ANY OF US COULD EVER ACCOMPLISH WORKING ALONE.

## PARTNERSHIPS

### PREVENTION RESEARCH CENTER OF MICHIGAN

The Coalition is a partner with the Prevention Research Center (PRC) of Michigan and its efforts to improve the health status of the residents in Genesee County, especially those experiencing a disproportionate share of poor health outcomes. The PRC is committed to community-driven participatory research funded by the Centers for Disease Control and Prevention. The PRC's Genesee County Community Board gives community-based organizations a voice in how research is conducted and facilitates collaboration between the Coalition, the Genesee County Health Department, UM-Flint, and the UM-Ann Arbor School of Public Health on a wide range of health issues that affect our community.

### REACH 2010

Funded through a federal grant, the REACH 2010 Initiative addressed racial disparities in six priority areas: infant mortality, improving breast and cervical cancer screening and management, cardiovascular disease, diabetes, improving child and adult immunization levels, and HIV/AIDS. In 1999, the Flint/Genesee County REACH 2010 planning group, headed by the Genesee County Health Department in collaboration with other institutional and community-based organizations, submitted a grant request to the Centers for Disease Control. Their proposal was approved and the Genesee County REACH project was awarded \$988,968 to address racial disparities in infant mortality. Genesee County has one of the highest infant mortality rates in Michigan, and African American babies die at three times the rate of European American babies.

As a partner in the planning process, the Coalition introduced anti-racism activities as a potential intervention of the REACH 2010 initiative. Beginning in 2000, the Undoing Racism Workshops became one of the main components of the REACH 2010 initiative. Addressing racism as the cause of racial disparities was a unique aspect of the Genesee County REACH 2010 project, as other REACH 2010 projects around the nation were just beginning to focus on the issue as a result of Genesee County's effort. REACH 2010 ended in 2007.

### HEALTH ACCESS

Formally known as the Genesee County Community Access Program, Health Access is a program supported by grants and donations. Current funding sources include Ascension Health, The United Way of Genesee County, First Presbyterian Church, Genesee Health Plan, The United Way of Shiawassee County, The United States Department of Agriculture, and The Blue Cross Blue Shield of Michigan Foundation. The mission of the program is to improve access to quality health care for uninsured and underinsured residents of Genesee County by coordinating safety-net providers, removing barriers to care, and enrolling residents in appropriate healthcare programs. Through the use of case managers, Health Access also helps residents with chronic diseases manage their care.

#### GENESEE COUNTY HISPANIC/LATINO COLLABORATIVE

The mission of the Genesee County Hispanic/Latino Collaborative is to celebrate, promote and enhance an understanding and appreciation for the diverse cultures and rich heritage of the Hispanic/Latino community, recognizing the integral part they play in America's greatness. As a growing collaboration, its annual activities include a Health Fair and Walk, celebrations of the life and work of Cesar Chavez (who co-founded the United Farm Workers), and activities highlighting Hispanic Heritage Month which begins each year on September 15th. In 2003 and 2004, the Coalition helped the Collaborative coordinate its Health Fair and assisted in the identification of a Spanish-speaking Diabetes Educator to train community members as Michigan's first bilingual diabetes educators.

#### GENESEE EARLY COLLEGE

The Genesee Early College is an intensive, state-of-the-art five-year school combining the best elements of the high school and early university experience. It is designed to prepare students for careers and advanced study in the medical and health professions. The school is run by the Genesee Intermediate School district and is a fully integrated part of the University of Michigan-Flint campus.

#### ACCELERATED HEALTH CARE TRAINING INITIATIVE

As a part of its affiliation with the Michigan Regional Skills Alliance (MiRSA) Project, the Coalition is a partner in the Accelerated Healthcare Career Training Initiative (ACHTI). Funded with Medicaid Disproportionate Share Hospital (DSH) Funds, this project concentrated on accelerating the entry of registered nurses into the workforce and also expanding the capacity of nursing instruction in the Genesee County area. The project developed a system for current nurses to serve as associate faculty and tutors and to increase the faculty-to-student ratios in both the classroom and clinical sections of their nursing training. At-risk students were able to be identified more quickly in order to reduce attrition. State DSH monies for ACHTI concluded at the end of 2007.

#### UNIVERSITY OF MICHIGAN-FLINT INITIATIVES FOR NURSING DIVERSITY

UMFIND's purpose is to increase the level of diversity and cultural competence in Flint's nursing workforce by providing disadvantaged students at the middle school, high school, associate degree, and baccalaureate levels with the skills and resources to successfully compete for admission, enrollment, progression, and graduation from the Bachelor of Science in Nursing (BSN) program at the University of Michigan-Flint. The project was funded in 2005 with a grant from the Department of Health and Human Services Health Resources and Services Administration (HRSA) to the University of Michigan-Flint School of Health Professions and Studies.

## SEEKING KNOWLEDGE & UNDERSTANDING ISSUES

IN ORDER TO IMPROVE THE HEALTH OF FLINT AREA RESIDENTS, MAKE POSITIVE CHANGES IN THE WAY HEALTH CARE IS DELIVERED, AND IMPLEMENT EFFECTIVE PROGRAMS, WE MUST LEARN ALL WE CAN ABOUT THE FACTORS THAT INFLUENCE HEALTH. TO THAT END, THE COALITION HAS UNDERTAKEN A NUMBER OF ACADEMIC STUDIES AND ANALYSES OF CURRENT HEALTHCARE PRACTICES.

### STUDIES

- Community Assessment Factbook for Genesee County (*Lewin Report*) (May 1996)
- Examination of Health Care Needs of Uninsured Diabetic in Genesee County: Results of a Community Survey (March 1999)
- Improving Sedentary Lifestyles in Genesee County: A Report on Baseline Data for 1998 and a Report on 1999 Resurvey Results as Compared to 1998 Baseline (July 1999)
- Nursing Education Report: Assessing the Need for Baccalaureate or Higher Education for RNs in Genesee County (August 1999)
- Cardiac Task Force: A Community Success Story – A four year study of cardiac catheterizations in Genesee County, Michigan (November 1999)
- Pulling Together to Improve Access To Health Care In Michigan: Data and Tools For Communities Wanting to Make A Difference (November 1999)
- Greater Flint Health Coalition Anti-Racism Activities (1999/2000)
- Quality Committee – Quality Programs Inventory/Assessment – Hospital/Health Systems Focus Area: Diabetes Final Report (March 2000)
- Greater Flint Health Coalition Cost and Use Model: Executive Summary Written by Jack Wheeler, Ph.D., Michigan Health Service Research (February 2002)
- Flint-Saginaw Expansion Project  
GAP Guidelines Applied in Practice  
American College of Cardiology Foundation  
Acute Myocardial Infarction in Michigan (April 2003)
- Cost & Resource Planning Data Review Subcommittee Review of Radiology for Genesee County & Comparative Counties, 2000 and 2001  
From Blue Cross Blue Shield of Michigan, HealthPlus, Blue Care Network  
Compiled & Reviewed by the Data Review Subcommittee (May 2002 – July 2003)
- Greater Flint Health Coalition Back Pain Management Final Report (2003)
- Greater Flint Health Coalition Actions & Accomplishments:  
A Report to Our Community 2005

- Healthy Families Working Together / Healthy Families Community Collaborative – Final Report (*October 31, 2006*)
- Flint Genesee County Friendly Access<sup>sm</sup> Project Summary Report to the Community (*2002 – 2007*) – Volume 1 of 2
- Flint Genesee County Friendly Access<sup>sm</sup> Project Summary Report to the Community (*2002 – 2007*) – Volume 2 of 2:
  - Friendly Access<sup>sm</sup> Secondary Data Report No. 1 Descriptive Analyses on Low-Income Mothers and Children in Genesee County (*September, 2003*)
  - Friendly Access<sup>sm</sup> Primary Data Report #1 New Mothers' Perspectives on Maternal Health Care Access and Quality in Genesee County, Michigan (*April, 2004*)
  - Friendly Access<sup>sm</sup> Primary Data Report #3 Parent and Caregiver Perspectives on Pediatric Health Care in Genesee County, Michigan (*October, 2004*)
  - Friendly Access<sup>sm</sup> Primary Data Report #2 New Mothers' Perspectives on Maternal Health Care and Quality in Genesee County, Michigan: Comparing African American, European American and Other Races (*July 21, 2004*)
  - Friendly Access<sup>sm</sup> Primary Data Report #4 Parent and Caregiver Perspectives on Pediatric Health Care in Genesee County, Michigan: Comparing African American, European American and Other Races (*September, 2005*)
  - Friendly Access<sup>sm</sup> Primary Data Report #5 Providers' Perspectives on Maternal and Child Health Care Access and Quality in Genesee County, Michigan (*March 2006*)
- African American Family Resource Information Center and Network (AFRICAN) A Report to the Community of Genesee County: *2004-2007*
- “Initial results of The Guidelines Applied in Practice (GAP) For Improving Quality of Care for Patients With Acute Myocardial Infarction: The Flint-Saginaw Cooperative Initiative of The American College of Cardiology Foundation, Greater Flint Health Coalition and Michigan Peer Review Organization” (Multiple Authors)
- “Guideline-Based Standardized Care Is Associated With Substantially Lower Mortality in Medicare Patients With Acute Myocardial Infarction: The American College of Cardiology's Guidelines Applied in Practice (GAP) Projects in Michigan” (Multiple Authors)
- “Enhancing Quality of Care for Acute Myocardial Infarction: Shifting the Focus of Improvement From Key Indicators to Process of Care and Tool use: The American College of Cardiology Acute Myocardial Infarction Guidelines Applied in Practice Project in Michigan: Flint and Saginaw Expansion” (Multiple Authors)

- Mid-Michigan Guidelines Applied in Practice – Heart Failure (GAP-HF) Project Manuscript and Abstracts (2003 – 2007):
  - Manuscript: “Improving Quality of Care and Clinical Outcomes for Heart Failure: The Guidelines Applied in Practice for Heart Failure (GAP-HF) Initiative” (Multiple Authors)
  - Abstract: “Heart Failure Quality Improvement Intervention Reduces 30-day Risk of Death and Readmission in Community Hospitals: The American College of Cardiology Mid-Michigan Guidelines Applied in Practice – Heart Failure Initiative” (Multiple Authors)
  - Abstract: “Incremental Value of Quality Improvement Tools on Performance Measures in Heart Failure: The Mid-Michigan Guidelines Applied in Practice – Heart Failure Initiative” (Multiple Authors)
  - Abstract: “Improving Quality of Care in Heart Failure: The American College of Cardiology Mid-Michigan Guidelines Applied in Practice-Heart Failure Initiative (GAP-HF)” (Multiple Authors)
  - Abstract: “Lack of Gender Disparity in Quality of Care in The Mid-Michigan Guidelines Applied in Practice-HF Initiative”
  - Abstract: “Overcoming barriers to implementation of standardized tools in the ACC Mid-Michigan Heart Failure Guidelines Applied in Practice Initiative” (Multiple Authors)
  - Abstract: “Assessment of Predictive Accuracy of Centers for Medicare and Medicaid Services’ Method to Risk Adjust Patients for Interhospital Comparison of 30-day Mortality Rates” (Multiple Authors)
  - Abstract: “Cardiology Specialty Care is Associated with Higher Quality Performance for Patients Admitted with Heart Failure” (Multiple Authors)
  - Abstract: “Lower Rate of Dietary Advice Given to Heart Failure Patients with Preserved Systolic Function is Associated with Adverse Short-Term Clinical Outcomes After Hospital Discharge” (Multiple Authors)
- Greater Flint Health Coalition Sustainability Project Report – Prepared by: Jack Wheeler, Ph.D., Professor, Department of Health Management and Policy, University of Michigan School of Public Health and the Cost & Resource Planning Data Review Subcommittee (November 19, 2007)



## RECOGNITION FOR WORK WELL DONE

THE WORK OF OUR COALITION HAS NOT GONE UNNOTICED—NOR HAS OUR ORGANIZATION FAILED TO RECOGNIZE THE INDIVIDUALS AND OTHER ORGANIZATIONS THAT HAVE CONTRIBUTED TO OUR KNOWLEDGE OF THIS AREA'S HEALTHCARE ISSUES, OR MADE A SIGNIFICANT IMPACT ON THE HEALTH STATUS OF OUR CITIZENS.

### AWARDS RECEIVED

#### GOVERNOR'S COUNCIL ON PHYSICAL FITNESS, HEALTH AND SPORTS "GETTING MICHIGAN COMMUNITIES MOVING" EDUCATIONAL MATERIALS OF THE YEAR AWARD

In 2000, the Coalition's *Just a Bit Gets You Fit* marketing and educational materials earned the Governor's Council on Physical Fitness, Health and Sports "Getting Michigan Communities Moving" Educational Materials of the Year Award. This award is given to initiatives that promote physical activity within Michigan through educational campaigns.

#### MICHIGAN ASSOCIATION OF HEALTH PLANS' PINNACLE AWARD

The Coalition's Pharmacy Task Force received the MAHP Pinnacle award in 2003 for its efforts in reducing antibiotic resistance in Genesee County through its Cold Pack campaign. This effort was targeted at reducing the prescription of unnecessary antibiotics by providing physicians with over-the-counter cold remedies and other items. The Pinnacle Award recognizes best-practice initiatives within the State of Michigan related to quality, access, internal administration, clinical disease management, delivery of service programs, and community outreach.

#### FAMILY INDEPENDENCE AGENCY "2003 FAMILY & ADVOCATE OF THE YEAR AWARD"

In 2003, Stephen Skorcz, President & CEO of the Coalition, received the "2003 Family & Career Advocate Award" from the directors of the Family Independence Agency at the FIA's Third Annual "Celebration of Success." The Coalition was commended for its initiatives that benefit the Genesee County community including MICHild/Health Kids Outreach, Flint Healthcare Employment Opportunities, Flint/Genesee County Friendly Access<sup>sm</sup>, and activities as part of REACH 2010. The FIA is Michigan's public assistance, child and family welfare agency. FIA directs the operations of public assistance and service programs through a network of over 100 county family independence agencies in every county in Michigan. FIA is now known as the Department of Human Services.

#### CATHOLIC CHARITIES' SPANISH SPEAKING INFORMATION CENTER "HEALTH PROVIDER EXCEPTIONAL ACHIEVEMENT AWARD"

In October 2004, the Coalition was awarded the "Health Provider Exceptional Achievement Award" for its "dedication to promoting health and wellness through education and preventative health screenings as it relates to the Hispanic/Latino community." The award is connected to the Coalition's work in conjunction with the Genesee County Hispanic/Latino Collaborative in September 2004 to put on an event entitled "Caminando Juntos" or "Walking Together." The event was a health fair and 5 kilometer walk in celebration of National Hispanic Heritage Month. The event was held at Our Lady of Guadalupe Church in Flint. The "Health Provider Exceptional Achievement Award" was also presented to Hurley Medical Center.

#### THE MICHIGAN COUNCIL FOR MATERNAL AND CHILD HEALTH'S "OUTSTANDING ACHIEVEMENT IN ADVOCACY" AWARD

The "Outstanding Achievement in Advocacy" Award was awarded in 2007 to the Coalition for its work with the African American Family Resource Information Center and Network (AFRICAN). The AFRICAN was an intervention that provided support for families needing assistance navigating the maternal and child support system. It also sought to coordinate existing maternal and child health programs and to identify and address system gaps affecting health disparities. The Coalition partnered with three community-based organizations—Faith Access to Community Economic Development (F.A.C.E.D.), Flint Family Road, and Flint Odyssey House Health Awareness Center—to support the AFRICAN Project.

In a letter to the Coalition, Michigan Council for Maternal and Child Health Executive Director Paul N. Shaheen wrote, "Your grassroots and community leadership for the prevention of infant mortality through the AFRICAN program and the collaborative work in Flint on health care issues has made a significant impact on the future well being of children and mother in our state." The Council for Maternal and Child Health is a broad-based Coalition that seeks to provide leadership for unified advocacy resulting in every mother and child in Michigan having fully supported access to resources that promote, protect, and preserve healthy families.

## AWARDS GIVEN

### THE SENATOR ROBERT EMERSON AWARD FOR VOLUNTEER LEADERSHIP IN HEALTHCARE

This award was created in 2002 to honor former State Senator Robert Emerson whose leadership of our Coalition over a nine-year period was instrumental in our early and continuing success. The award is given each year at the Coalition's Annual Meeting to community members who meet these criteria:

- Exhibits concern and interest in health care issues
- Demonstrates leadership in promoting good health
- Acts as an advocate for the health care needs of the disadvantaged
- Promotes cooperation in meeting the healthcare of the disadvantaged
- Exhibits courage of personally held beliefs
- Resides in Genesee County
- Serves as a volunteer and receives no remuneration for health-related activity.

*The first two Senator Robert Emerson Awards were given at the Coalition's Sixth Annual Meeting on August 8, 2002, to Reverend A. C. Lee and Robert Emerson himself. Other award recipients include: Wilbur Boike, M.D.; Anthony DeFranco, M.D.; Lawrence Reynolds, M.D.; and Henry Gaines.*



Commerce Center • 519 South Saginaw Street, Suite 306 • Flint, Michigan 48502-1815  
Business: 810-232-2228 • Fax: 810-232-3332 • E-mail: [gfhc@flint.org](mailto:gfhc@flint.org) • [www.gfhc.org](http://www.gfhc.org)