

Throughout the country, there are increasing efforts to involve health entities in healthy homes work through community benefits, Pay for Success projects, and other opportunities related changes in the national healthcare system as a result of the Affordable Care Act. We are very interested in moving in this direction as well, but we feel that we still have some work to do to build stronger relationships with our local health entities so that we can engage them in a real healthy homes project when the opportunity arises. For example, potential health issues that we could focus on might include asthma, lead poisoning, unintentional injuries (such as fire, burns and falls), and smoking. We could also engage health entities in various aspects of the intervention including prevention, education, testing, treatment (including in-home products, fixes and services), and data collection/mapping.

Below is a summary of input received from our last GHHI Detroit-Wayne County meeting and through a follow up survey about who we should specifically engage and how we should approach them.

1. Which specific health systems/institutions do you think we should approach?

- i. *Henry Ford Health System*: Enhance existing partnership with the Global Health Initiative and Children's Health Project of Detroit and to reach out to Dr. KimberlyDawn Wisdom (Senior Vice President of Community Health & Equity).
 - Work with Doreen Dankerlui, John Zervos, and Angela Williams.
- ii. *Women-Inspired Neighborhood (WIN) Network*: Collaboration between Detroit Medical Center, Henry Ford Health System, St. John Providence Health System, and Oakwood Healthcare System.
 - Work with Doreen Dankerlui to reach out.
- iii. *Children's Hospital of Michigan*: Enhance existing partnership, reach out to Children's Hospital of Michigan Foundation.
 - Work with Roberta Davis and Dr. Teresa Holtrop.
- iv. *Detroit HMOs (e.g. Blue Cross, Meridian, Molina, Harbor Health, UnitedHealthcare, HAP, CoventryCares, Total Health)*: Reach out.
 - Work with Adriana Zuniga, Kathleen Slonager and Mary Sue Schottenfels.
- v. *Blue Cross Blue Shield of Michigan (BCBSM)*: Reach out to Shannon Carney-Oleksyk (Senior Health Care Analyst, Social Missions).
 - Working with Tina Reynolds to reach out.
- vi. *St. John Providence Health System*: Reach out to Dr. Cynthia Taueg (Vice President of Ambulatory & Community Health Services).
 - Work with Mary Sue Schottenfels.
- vii. *Beaumont Health System*: Reach out.
 - Work with Roberta Davis and Dr. Teresa Holtrop.
- viii. *Detroit Receiving Hospital*: Reach out.
 - Work with Roberta Davis and Dr. Teresa Holtrop.
- ix. *Michigan Health & Hospital Association*: Umbrella group for every hospital in the state including Children's Hospital of Michigan, Detroit Medical Center, Henry Ford Health System and St. John Providence Health System.

- Working with Tina Reynolds to reach out to Kristen Cavanagh-Strong (Administrative Fellow).
- x. *Authority Health (Formerly Detroit Wayne County Health Authority)*: Community health network that serves as an extension of the state, county, and municipal health departments; currently developing a health improvement plan.
 - Angie Sarb follow up with Dennis Archambault (Director, Public Relations).
 - Work with Kathleen Slonager to reach out to Interfaith Health & Hope Coalition (Ron Bedford, Executive Director)
- xi. *MI Air MI Health*: Coalition of healthcare professionals in Michigan looking at how environment impacts health.
 - Work with Kathleen Slonager to reach out to Rory Neuner (Director).

2. Are you familiar with any green and healthy homes related efforts at any local health systems/institutions?

- i. Kohl's Injury Prevention Program (KIPP) at Children's Hospital of Michigan (CHM) provides smoke alarms and carbon monoxide detectors for GHHI efforts.
- ii. Institute for Population Health (IPH) and Wayne County Public Health Department provide lead poisoning prevention education and advocacy.
- iii. CLEARCorps Detroit is developing an Asthma Demonstration Project with Molina.
- iv. Overall push to increase funding and capacity for visiting nurses and community health workers – see if we could tweak their checklist to include some of the most obvious healthy homes assessment parameters.

3. How do you think we should approach health systems/institutions? What would be the benefit to them? Why do they need to be involved?

- i. Focus on the entities that are true healthcare payers, health plans, MCOs, HMOs, etc. Hospitals may not have an incentive to reduce hospitalizations, emergency room visits, etc. If there are integrated delivery systems, these have been very interested nationally.
- ii. Making the business case is important, as well as focusing on needed services that they would like patients to have access to that they have not been able to provide or provide at a reasonable scale. Also focus on guidelines based care for asthma.
 - Focus on reduced emergency department visits and hospitalizations.
 - Discuss how serving the underinsured and uninsured will drive down the costs that health systems may incur.
 - They need to be involved because the health systems/institutions get fined by the government for 30 day readmissions and some of these health issues cause this 30 day readmission cycle.
- iii. Develop a short fact-sheet of talking points for approach discussing how we can work with them to support what they do.

- Develop additional materials demonstrating cost savings, models and best practices from other states; make these more targeted after we know where the industry is coming from and how they respond to our initial GHH introductions.
- iv. Meet with health entities one-on-one in order to find out their focus going into 2015-16 and see where and how GHHI principles could fit into what they are already doing.
 - Look at Community Needs Assessments (e.g. Henry Ford Health System completed one in 2013: https://www.henryford.com/documents/CommunityHealth/2013_HFHS_CHNA_Final.pdf).
 - Explain the cause, and overall objectives. Ask how this fits with their bigger picture and their objectives. Ask whether they would be willing to be part of a collective impact model where we work across the sector on certain very specific health related goals and objectives.
- v. For for-profit hospital systems, approach Foundations who run their grants (e.g. WCHAP just received a grant from Children's Hospital of Michigan Foundation)
 - Work with Roberta to reach out.
- vi. Think about promoting lead programs (asthma may be less urgent concern for hospitals, programs may already be well established).