



# *Addressing Health Midstream*

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# ***Addressing Health Midstream***

## Message from the Chairman

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Tim Killeen,  
Chairman, Authority Health Board

I have been privileged to represent the Wayne County Commission on the Authority Health Board of Directors since 2007. Authority Health plays an important role as a link between resources and a catalyst for change.

This organization has distinguished itself with an outstanding health insurance enrollment and navigation service and the nation's second largest community-based teaching health center program. Both programs directly benefit communities in Wayne County through the additional medical care provided by our primary care residents and the increased access to health care that comes with health insurance enrollment and navigation assistance.

I am pleased that we are providing an effective mix of community health service and medical training in our work at the Popoff Family Health Center and the Dr. Anne-Mare' Ice Pediatric Health Center. These are examples where Authority Health fills gaps in the safety net while training future physicians to work in the community.

We are fortunate to have a wealth of talent among our young physicians, as well as the community physicians mentoring them. Our residents receive training that is uniquely tailored to solving the primary care shortage in underserved communities.

Authority Health has accomplished much since it was established in 2004 and we are excited with the possibilities under our new president and CEO, Loretta Bush, and her administrative team.

My role has been to ensure that appropriate oversight is provided for this public resource. We accomplish this not only through the Board of Directors, which represents the State of Michigan, Wayne County, and City of Detroit, but also through the convening process, which brings community leaders, providers, and health and human service professionals together to advise Authority Health on policy and service needs.

As chair of Authority Health, I will work with Mrs. Bush and our Board to assure that we make the most of this public body for the greater good of Wayne County.

A handwritten signature in black ink that reads "Timothy P. Killeen". The signature is written in a cursive style.

I was privileged to join Authority Health mid-year at a time when we launched two primary care initiatives that will reinforce one of our core areas of programmatic emphasis—graduate medical education—and address the gaps in primary care access in Detroit. This also offers us an opportunity to implement early detection, prevention, and education programs that serve as “midstream” strategies in population health.

In July, we opened the Popoff Family Health Center, formerly managed by Michigan State University, as the primary training site for our Family Medicine residency. Located along the Mack Avenue corridor on Detroit’s Eastside, the Popoff health center offers us an opportunity to engage that underserved area of the city. As noted in this report, we began an environmental scan of the neighborhoods surrounding the health center to design health education programming. We also recognize the importance of addressing the mental health and social needs of this highly stressed population. A behavioral health specialist will work alongside our primary care physicians to ensure maximum integration of physical and mental health care.

Another new feature of our primary care training and service programming is a management agreement with Pediatric Staff, L.L.C., the primary pediatrics practice of Anne-Mare’ Ice, M.D. We are pleased to work with Dr. Ice, an icon among Detroit pediatricians and an asset to our training program. Her practice has served as a major training site for our Pediatrics Residency. Through our clinical operations team, headed by newly-appointed Patricia White, vice president of Clinical Operations, we are strengthening the practice, so it is in a better position to continue serving young people in Detroit.

We have also intensified our community engagement to support the populations served by our clinical sites, as well as the broader population health needs of the communities we serve. Kelly Herron, our one-time population health fellow, has moved into a full-time role as manager of Community Engagement. She will be organizing health education, early detection, and prevention programs.

In addition, our health data portal has been enhanced through a partnership through social program data provided through a partnership with The Information Center. A robust, community-based health data portal will enable clinicians in practice, members of the community, public health planners and academics better design and provide programs.

I am excited to bring my extensive career in public health to this important organization. In December, we began a series of focused conversations on health topics that I believe are important to share with our community. I had the pleasure to interview two leaders in community education around HIV/AIDS to commemorate World AIDS Day. Paula and Felix Sirls, whose advocacy and community engagement are commendable, offered an insightful perspective on the current state of HIV/AIDS outreach. In the coming months, I will speak with thought leaders offering valuable contributions to community health in Detroit and Wayne County. Look for these interviews on our e-News email newsletter.

I am grateful for our Board of Directors, our advisory council members, work group volunteers and funders who help advance our mission.



Loretta V. Bush, MHA  
President & CEO

A handwritten signature in black ink that reads "Loretta V. Bush".



***Jumping in  
Midstream to Curb  
Chronic Disease and  
Promote Well-being***

*“I am standing by the shore of a swiftly flowing river and hear the cry of a drowning man. I jump into the cold waters. I fight against the strong current and force my way to the struggling man. I hold on hard and gradually pull him to shore. I lay him out on the bank and revive him with artificial respiration. Just when he begins to breathe, I hear another cry for help. I jump into the cold waters. I fight against the strong current, and swim forcefully to the struggling woman. I grab hold and gradually pull her to shore. I lift her out onto the bank beside the man and work to revive her with artificial respiration. Just when she begins to breathe, I hear another cry for help. I jump into the cold waters. Fighting again against the strong current, I force my way to the struggling man. I am getting tired, so with great effort I eventually pull him to shore. I lay him out on the bank and try to revive him with artificial respiration. Just when he begins to breathe, I hear another cry for help. Near exhaustion, it occurs to me that I’m so busy jumping in, pulling them to shore, applying artificial respiration that I have no time to see who is upstream pushing them all in...”*

*– Public health parable*

In recent years, the discussion around population health has focused on “upstream” systemic and structural problems in society that are creating devastating health problems “downstream.” More attention is given to the social determinants of health—poor education, food insecurity, inadequate housing, transportation—as primary caregivers embrace strategies for addressing social influences on their patients and immediate service communities.

Systems and structural change involve policy formation and years of diligent advocacy. However, there are “midstream” strategies that can alter chronic disease and trauma for people struggling to survive in the safety net. Midstream interventions are defined as behavioral change, applied social interventions, health education for individuals and groups, social marketing campaigns, and news media awareness.

Health disparities, though created and exacerbated by systemic issues, can be addressed midstream using health data analytics and community health services.

While much of primary prevention is created and administered upstream, secondary prevention can be effective in minimizing health problems and preventing long-term problems. Examples include immunizations, creating parks and greenways to provide avenues for people who have led sedentary lives to begin moderate exercise, promoting early diagnosis of disease, health education and behavior change training, establishment of fresh food access, and administering medication to prevent development of physiological and psychological problems as strategies that midstream providers can deploy.

Authority Health has been a proponent of population health, but despite the increase in primary care resources in Wayne County, health

indicators remain poor. Emergency hospitalizations continue to rise. Chronic disease remains a major factor for death and disability.

To create midstream strategies, Authority Health administers the Popoff Family Health Center, which is the main training site for its family medicine residency, and Pediatric Staff, L.L.C., the private practice of Anne-Mare’ Ice, M.D., and major training site for the Pediatrics residency program.

Learning the principles of trauma-informed care and population health management are essential components of the Authority Health residency programs—and of midstream interventions. There are several ways that we can jump into troubled water:

- Changing the education system may be an upstream issue, but health literacy is a midstream strategy.
- Housing policy is upstream, but promoting small, localized affordable housing developments can improve conditions midstream.
- Universal health insurance is upstream but using community health workers to connect with disenfranchised groups around health insurance enrollment and help navigating the health system are downstream.
- Integrated health and psychotherapy can address the debilitating effects of chronic stress and promote well-being.

This is not to say that upstream should be ignored. In fact, advocating for policy change has been and will continue to be a priority for Authority Health. In the meantime, there are a lot of lives to be saved and health to be restored midstream.



## ***Popoff Family Health Center: Helping Keep “Mack Alive and Healthy”***

For many years, Dr. Michael Popoff had a successful a family medicine practice in an economically- challenged area of Mack Avenue on Detroit’s Eastside. Authority Health is fulfilling his legacy through the Popoff Family Health Center.

In July, Authority Health formally dedicated the Popoff Family Health Center with a health fair, followed with a “back to school” community event in September. In between, Popoff staff sponsored a float and walked in the Mack Alive Parade in August, celebrating the health center’s commitment to keeping “Mack Alive and Healthy.”

The Popoff Family Health Center provides comprehensive health care that integrates primary medical care with behavioral health services. As the base for the Authority Health Family Medicine residency, Popoff physicians provide medical care that considers the social determinants that affect their patients’ health, also aware of the traumatic background that many people in the community have. With behavioral health therapy available at Popoff, patients will have a “one stop shop” for medical and psychological needs. Ultimately, the site will offer integrated medical and mental health care.

### **Alternative treatment methods**

Many patients at Popoff have chronic conditions like heart disease and diabetes which require lifestyle changes in the areas of nutrition and physical activity. During the summer months, the health center collaborated with the nearby Islandview community farm market through the Fresh Rx program. Based in community settings in various locations of Detroit, this program involves a food prescription from

physicians that can be redeemed by their patients to purchase an array of fruits and vegetables from the farm market. A nutrition counselor meets with the patient to recommend produce and suggest recipes.

“The Fresh Rx program is a really novel way to introduce our chronically ill patients to the wide range of options they have for eating healthier meals,” explains Carolyn Custer, D.O., director of Quality and Community Medicine. “Often, all it takes is an incentive like Fresh Rx to remove the unfamiliarity or threat of a new fruit or vegetable, some nutritional counseling, and acquiring a taste for the new foods to begin a healthier dietary habit. Several patients at the Popoff health center benefited from this program in 2019. We expect that to grow in the coming year.”

Osteopathic physicians at Popoff are trained in osteopathic manipulative treatment (OMT), hands-on techniques used by osteopathic physicians to diagnose, treat, and prevent illnesses and injuries. Conducted in the Popoff health center, the physician moves a patient’s muscles and joints using techniques that include stretching, gentle pressure, and resistance. This has been found to ease pain for patients with muscle injuries and other related ailments.

In cases where medication is needed for pain or substance abuse, Popoff will become a provider of medicated-assisted treatment. This is the use of FDA-approved medications, in combination with counseling and behavioral therapies, to provide a “whole-patient” approach to the treatment of substance use disorders.

## Patient volume expands through patient- and community-oriented approach

Patient volume at Popoff grew remarkably in its first six months under Authority Health administration, due in large part to active community engagement by staff. Plans are under way to train community health workers to strengthen awareness of the health center among residents in the Mack Avenue corridor. Once trained, these workers will expand our navigational services, helping people not only with their connection to Popoff but their other social service needs. The community health workers will have a depth of cultural competence to serve as advocates in help people make connections.

In 2020, Popoff administrative and medical leadership will pursue certification as a patient-centered medical home. This certification will demonstrate that the patient care philosophy at Popoff is indeed built around the patient, with the patient in control of all relationships. It will require that patients are taught how to care for themselves and make health decisions on their behalf. The physician is the lead, but the patient will decide which member of the team they want to access. An online portal will be established for patients to access different members of the clinical team at any time of day.



"Through community relations work with opinion leaders, the Fresh Rx program, health education programming, special events, and other forms of community engagement, Popoff intends to provide a high level of patient care and prevention for the Mack Avenue corridor of the Eastside," says Loretta V. Bush, president and CEO of Authority Health. "We will achieve full integration of our medical and behavioral health resources.

"In addition to our strong, integrated primary care services, the alternative OMT and medication assisted therapy for substance abuse, and our upcoming community health workers, we will define a model of community-engaged primary care that hasn't existed in this area," Mrs. Bush says.

*(clockwise, left to right) Kelly Herron, Community Engagement manager (in yellow shirt) helps with food distribution; Patricia White, vice president of Clinical Services, Detroit Council Member Andre Spivey, and Loretta V. Bush, Authority Health CEO; and Chef Alaina Randall discusses her heart-healthy creations with community residents.*



# Icon of Detroit Pediatrics Mentors Authority Health Medical Residents

*Anne-Mare' Ice, M.D., always wanted to care for Detroit children, particularly those from*

*poor families. Her longstanding commitment to the underserved community, and her skills as a practitioner, have been good models for Authority Health pediatrics residents who have trained under her.*



"I wanted to be in Detroit because I was born in Detroit," says Dr. Ice. "When I returned to Detroit after completing my pediatric residency, I wanted to take care of indigent patients who couldn't go to the suburbs and felt that they couldn't find a physician in the city. I had a personal commitment to see patients in the City of Detroit.

"Physicians would accept private insurance patients, but not if they had Medicaid. I was accepting a lot of Medicaid patients. Because I lived in Detroit and I loved Detroit, I wanted to make sure that our patients got the care that they needed."

The daughter of a surgeon and an elementary school teacher, Dr. Ice earned her medical degree from Howard University, in Washington, D.C. She will celebrate the 50th anniversary of her graduation in 2020.

Dr. Ice began her medical practice in a couple of group models before striking out on her own. She jokes that she has always been on the Westside of Detroit, having been raised there and then setting up her first practice on 6 Mile. She moved to 7 Mile, on to 8 Mile, and now on 9 Mile, a mile from the Detroit border. Most of her patients are still from Detroit.

She has maintained a busy private practice, also serving as chief of Pediatrics at DMC Sinai-Grace Hospital in Detroit for many years.

Early in her practice, a colleague thought that she would make a good clinical instructor. Dr. Ice tried it and liked it and has been teaching medical students, residents, physician assistant and nurse practitioner students ever since. "When I started my practice in 1973 with Dr. Tanner, she had adolescent patients—I really wasn't oriented to adolescents at the time. I learned how to care for teenagers from her. And I learned about teaching. I really enjoyed the children, the teens, and the teaching. After I became a clinical instructor, my teaching career progressed from there and I was promoted to Clinical Professor

at Wayne State University College of Medicine and subsequently appointed Clinical Assistant Professor in the Department of Pediatrics at Michigan State University College of Osteopathic Medicine. I found that residents keep attending physicians on our toes. We try to stay ahead of them, but they're really ahead of us."

Jasmine Gray, D.O., is currently an Authority Health resident training under Dr. Ice. "Other residents can expect to enjoy their experience here. As a resident, you know that this is one of the best clinics in Detroit to work at because you still have a diverse group of patients. You also have a diverse group of residents that you work with that you can bounce your ideas off of. You also will expect to learn a sense of community and enjoy an involvement in the community as well."

The nature of Dr. Ice's community practice is the essential quality of the teaching health center experience. Traditional residents training in a hospital have the perspective and services of a hospital, not a community health center. Working on the ground level in the community causes you to consider, "Where does this person live? Do they have transportation? I need to do several things. I need to call the school to see what resources are there, so that maybe they can get them at school..."

"All pediatrics residents should have someone like Dr. Ice to look up to, someone who is so trusted and beloved in the community that provides guidance on how to act," explains Allison Tripi, D.O., who completed her residency training through Authority Health. Much of her community work was done at the Dr. Ice practice. "Getting to work with Dr. Ice up close reaffirms that you really can't get to anything in medicine through short-cuts." For example, Dr. Tripi notes, Dr. Ice maintains after hours and holiday phone access for her patients. "She goes above and beyond, consistently."

Dr. Tripi and another graduate of the Authority Health pediatric residency, Emily Casterline, D.O., are associates of Dr. Ice in the practice, under a management services contract with Authority Health that includes administrative services.

"In a good doctor, people want somebody who is very bright, someone who can diagnose them correctly," says Dr. Tripi. They also want someone "who really loves their child, really respects the family, which she does. I try to do that as well."

There are many aspects of Dr. Tripi's professional learning that she attributes to Dr. Ice, including "the way she approaches people in a very concise, open, clear-cut way, without being judgmental, also without being fluffy. She tells people sometimes things that can be challenging or harsh for a parent." But her approach is genuine and considerate. Parents respect her because they know they're being respected as well. "They take her advice a lot more seriously because they know they're not being talked down to. With the population health and community aspects of my training at Authority Health, it all kind of ties in."

Some physicians tend to stop learning new techniques when they've been in practice many years. They become less open to new, challenging ideas, and may find young resident physicians threatening. Not so for Dr. Ice. Dr. Tripi and her Authority Health resident colleagues would often suggest new ideas, new ways of doing things. She was always open to it. For example, Dr. Tripi suggested that she initiate a screening for depression as a routine aspect of the patient visit. Dr. Ice adopted it.

"Every idea that we had, she'd discuss it with us, but she was very open. It made us feel very empowered. Dr. Casterline and I have tried to encourage this as well. We have great residents. Whenever they have ideas, we're trying to do the same thing. With every group of residents everyone offers something different. Over all, it makes the clinic experience better."

A lot has changed since Dr. Ice entered medical practice. One disturbing trend is the increase in childhood diabetes. At one time, she could name every child with diabetes by name—there weren't many of them. And obesity is another recent trend.

"We have a lot of children who are overweight. That's probably a product of the breakdown of the family. The mother has to work and the grandparent or somebody taking care of the child aren't doing it like my parents did, where my mother made sure she cooked every day. She was a stickler that you had to have a meat, a vegetable, and a starch." Dr. Ice has taught her residents the polite and credible way to confront families with unpleasant realities. Dr. Ice explains, "For one thing, the patient has to admit that they are overweight. And the

parent has to admit that the child is overweight. Sometimes the parent is overweight, too. Most of the time they don't think their child is overweight. They say, 'Oh, he's healthy.'" Dr. Ice continues, "They may look cute when they're little and fat, but once they get older it's not so cute any more. It's not healthy. A lot of parents don't feel that they're healthy unless they have a little fat on them. They don't understand that their child is overweight."

Another disturbing trend is the reluctance of parents to get their child vaccinated, Dr. Ice explains. "Many of them read a lot of online information that may not be accurate; for example there are people who say that immunizations will cause autism, even though research doesn't support it." One of her attributes is the ability to explain things clearly to her patients and their parents. That ability is part of what accounts for her excellent reputation.

“  
***In a good doctor, people want somebody who is very bright, someone who can diagnose them correctly...who really loves their child, really respects the family, which she does. I try to do that as well.***

— Allison Tripi, D.O.

For a physician, the best advertising is her/his reputation. Dr. Ice is known throughout the community for the quality of her medical expertise and her personal approach to caring for young people, notes Cassandra Hogan, longtime practice manager. "Dr. Ice is an icon in the community. You can go anywhere, and people would say, 'I know her', or 'she's treated my children', or 'I went to her as a child.' It makes me feel good to know that when her name is mentioned, people light up and have good things to say about what she has contributed to the upbringing of their children."

As Dr. Ice recovers from serious health issues, she reflects on her medical career. She may not be able to get around like she used to, but she is still able to diagnose, an essential skill of physicians. "And the longer you do it, the better you are at it," she says. "I can come up with a diagnosis faster than I used to. The more people you see and the more experience that you have, it's easier to come up with an appropriate diagnosis. When you're first starting out, you may not have seen this, that, or the other. But the longer you're in practice, you eventually see a variety of illnesses, conditions and birth defects. Sometimes, I may think of something that the residents may not have thought of.

"We've lost the ability to examine our patients and make a diagnosis. I think that a lot of younger doctors may have a lot of book knowledge, but they often want to do a lot of tests that may not be necessary. The more experienced you get, the fewer tests you need."

The legacy of one of Detroit's medical icons lives in the spirit and presence of Dr. Ice, an asset to the community-based philosophy of Authority Health's residency program.

"I really enjoy the teaching and enjoy seeing patients," Dr. Ice says, "but I'm getting to the point where I just want to teach the younger doctors how to see the patients."



## ***Engaging People at the Neighborhood Level to Promote Community Health***

Connectivity is a major aspect of the work done by and through Authority Health. The connections made through its advisory committee process, community coalitions and work groups, community health benefit enrollment and navigation, institutional relationships, and community health engagement help foster a tighter, more effective safety net in Detroit and Wayne County.

The community engagement function is the newest component of this mix. Kelly Herron, MPH, manager of Community Engagement, informs the community about health education programs offered by Authority Health and its partner agencies.

“Community engagement is multi-tiered,” Herron explains. “It’s about informing the community about health services that may be beneficial, as well as networking opportunities for professionals. You engage the community on different levels. Maybe it’s a health event. Maybe it’s networking with people—being able to promote health in the community at different levels, with different populations.”

At the heart of her work is understanding social determinants. A public health professional, Herron completed a population health fellowship at Authority Health, which was focused on community resiliency and understanding the impact of adverse childhood events on health.

“As I look at health issues, or the social determinants of health, I try to prioritize those that represents the biggest gaps and fill a niche that may not be addressed by others. Health literacy would be one.”

Health literacy, which is a factor of the broader literacy challenge in Detroit where an estimated 50 percent of its population is functionally illiterate, is critical for people to understand their health status and how their body works in order to change behaviors and create a culture of health.

Herron, along with Authority Health’s data analytics staff, is conducting an environmental scan of the service area for Popoff Family Health Center.

“We’re looking at 60 different aspects in our environmental scan,” notes Herron. “For example, how many motels are there? Are families utilizing those motels? Are we looking at the needs of families who are using hotels for housing? We’re also looking at the re-entry population. What types of support programs are they going to have when they get out? Are they connected to health insurance? How many day care facilities are in this zip code and what is the quality of them?”

“When I look at it, it’s not singular. Things intertwine with each other. As we’re doing our environmental scan we stumble on the indirect relationships.” For example, she says, “There is a correlation between housing quality and cardiovascular disease. Dysfunctional and unsafe homes create stress which together with the cumulative stress of living with low incomes, can have a negative effect on people with hypertension and other forms of heart disease.”

Another aspect, she said, is understanding the correlation between abandoned homes and sexually transmitted infection rates. “We know we have abandoned homes in the area. What does that mean in terms of health?”

Herron says her function works to build trust, connect partners and resources, builds community assets, educates and empowers individuals, fosters dialogue, and ultimately results in community resilience, a valuable reinforcement for health improvement.

Measuring community resilience is a long-term proposition, much like measuring the effect of prevention. “It’s not something you see immediately,” she says. “We see it over time.”

Her long-term goal is to lead Authority Health’s efforts to promote resilience in Detroit. “In this area, it will be a challenge,” she says. “It will be a challenge because you have so many different philosophies or ideas on how that should be achieved. Not only that, you have challenges with getting people to work together. I see it as a challenge, but it’s not undoable. I am optimistic that it is doable, but it has to



be a goal that everyone buys into. Sometimes, I'm not so sure that everyone buys into a healthy Wayne County. It may be that everyone doesn't know how. I think the first step is someone showing us how it can be achieved—which is why I brought in the Oregon Health Authority to speak to the Community Advisory Committee recently—to show that it is doable. There are states that have done it."

While her work is largely personal, often literally working door-to-door in the community, it is also scientific, based in existing data and evidence-based approaches. She employs epidemiology, biostatistics, research and published reports, as well as anecdotal information from community focus groups. Working with Authority Health's communications staff, she develops strategies for informed

various groups through social media and more traditional forms of communication like flyers and post cards and real time meetings.

Herron is responsible for managing Authority Health's Community Advisory Committee. Authority Health's interlocal agreement established this committee as a vehicle for structured engagement with opinion leaders from health and human service stakeholders. The committee, chaired by Voncile Brown Miller and Dr. David Law, meets quarterly. Herron also helps produce the annual Population Health Forum, which is a major convening of the stakeholders.



## 'OLD SCHOOL' MEETS 'NEW SCHOOL' AT SENIOR APPRECIATION DAY

Members of the Senior Housing Preservation–Detroit Coalition (SHP-D), of which Authority Health is a member, organized an event on Sept. 13 to demonstrate the vitality of nearly 2,000 low income seniors in the downtown area of Detroit that is rapidly gentrifying into a community of young professionals. State Sen. Stephanie Chang and Detroit City Council Member Raquel Castañeda-López co-sponsored the event in Capital Park.

Over 200 seniors from apartments in the area attended the event, which included "old school" music, boxed lunches, and information from partners.

SHP-D, Senator Chang's office, and Council Member Castañeda-López share the belief that Detroit should be inclusive to all people, regardless of race, gender, class, religion, country of origin or documented status. To realize the fruition of a "One Detroit For All," this vision must also encompass senior citizens.

In a rapidly changing real-estate and economic climate in Midtown and Downtown Detroit, many seniors have been displaced from their permanent homes—while thousands more face the same risks. While the city's priorities have largely been focused on upscale real-estate development and encouraging influx of new industries and young professionals, long-time senior residents and native Detroiters are



vulnerable to being overlooked or displaced. Many low-income seniors living downtown may not be aware of the opportunities they have for enjoying urban life in the newly revitalized downtown.

As noted in a statement from the elected officials and the SHP-D coalition:

"The stakes are high for our elders in Downtown and Midtown Detroit. Hundreds have been displaced, and hundreds—possibly thousands more—are still at risk. Furthermore, many renovated spaces in the Downtown and Midtown areas do not cater to nor address the various needs of seniors. It's time to uplift the residents whom are often overlooked and forgotten and celebrate them as visible and valuable members of our community. Communities that embrace their diversity are more vibrant and sustainable. With your sponsorship and funding of this event, we can celebrate their presence and continue the mission of working on behalf of one Detroit for us all."



## ENVIRONMENTAL HEALTH 'RESEARCH-TO-ACTION' PROGRAM HELPS CREATE CITIZEN SCIENTIST TO PROMOTE LOCAL ACTIVISM

The Dearborn Environmental Health Research to Action (EHRA) for Air Quality, a unique community-based youth education and research project focused on cumulative environmental health exposures and related health inequities in South Dearborn held its second training program in July. Authority Health is a member of the EHRA steering committee.

Twenty-five recent high school graduates were selected as fellows from 200 applicants for the EHRA Research Academy. Participants receive presentations from experts in environmental health, law, and science, and gain skills in communicating complex environmental issues to community members. Through eight sessions, youth (16–18 years old) participated in a bus tour and covered topics such as environmental health and justice, air pollution epidemiology and monitoring, participatory mapping with community leaders of environmental risks and assets, development of an air monitoring plan, ecological health literacy, and policy advocacy.

Presenters included Michigan State Representative Abdullah Hammoud and U.S. Representative Rashida Tlaib. Presentations were given at the American Moslem Society in Detroit and the University of Michigan – Dearborn.

EHRA is developing an alumni group of students who have completed this training that, over time, will create an advocacy corps that will give a strong voice for the needs and wants of the South Dearborn area, which historically has been a highly polluted area.

Program participants provided community presentations after the completion of the academy, explained Natalie Sampson, Ph.D., MPH, assistant professor of Public Health at the University of Michigan – Dearborn and co-creator of the program. “We want them to take their new skills in air pollution epidemiology, policy advocacy, and community science and channel them into a range of professional paths. We have a steering committee dedicated to building multigenerational capacity to address threats to environmental health locally in Dearborn and beyond.”



## 'FRESH RX' PROGRAM CONNECTS POPOFF PATIENTS WITH CHRONIC DISEASE TO FRESH PRODUCE

Poor dietary habits create complications for heart disease, diabetes, and other chronic diseases. In some cases, people are simply not familiar with many vegetables and fruits, or how to cook them. The Popoff Family Health Center began introducing some of its patients to farm-grown produce through the Fresh Rx Program. The program is a partnership with the Islandview Farmers Market, held weekly on the grounds of Genesis Lutheran Church.

Patients receive a “prescription” for fresh produce from their Authority Health provider at the Popoff health center. Participants are referred to the program based on provider-identified need related to a specific biometric.



On the day of the market, participants brought their Fresh Rx card and any previous goal tracking from the previous week and met with Tamaya Wilkins, the nutrition educator based at Islandview. She explained the process, discussed nutritional matters, and directed participants to the mini-market where they used their \$15 voucher to purchase produce.

Twenty patients participated in the initial program, which began late in the season. It's expected that in the coming year, contacts will be made earlier, and more patients will participate.



## WORLD AIDS DAY

Felix and Paula Sirls have survived the HIV/AIDS epidemic and lived to tell about it. Their story, often told lyrically and in song, is one of hope that is universal: “not only surviving and striving but thriving.”

The Sirls were diagnosed with the disease over 30 years ago, at a time when it was associated primarily with homosexual lifestyle and 35 medications. Now the disease is treated with one pill per day and the likelihood of living a normal life is good.

In commemorating World AIDS Day, the Sirls shared their story in a focused conversation with Authority Health CEO Loretta Bush, who, as a public health professional, spent much of her early career as an HIV counselor. In a video conversation commemorating World AIDS Day, Mrs. Bush noted that, “Authority Health wants to support those living with HIV/AIDS, honor those who lost their battle with the disease, and use this time to bring awareness of prevention, how the disease is transmitted and encourage people to know their status, get tested, and get early treatment.” And of Felix and Paula Sirls, she noted, “They are not only surviving and striving, they are thriving with HIV. They are strong in what they believe, and they are strong in this fight about HIV and AIDS.”

Mrs. Bush noted that understanding how HIV is transmitted, and how it can be prevented, is an essential component in the effort to combat the disease.

“No matter what a person’s lifestyle is, it’s not inevitable that they will acquire HIV,” notes Felix. “HIV is spread through blood, semen, vaginal fluid, breast milk, and spinal fluid. We’re looking at the main issues, which are sexually transmitted virus and perinatal transmission from mother to child. That’s why in the second trimester a woman is tested for HIV, and if she is positive, that child is treated.”

“It’s important to understand that no one has to acquire the virus who doesn’t have it. And if they get it, they can get medication and live a long healthy life taking care of themselves, not transmitting it to others. You get the virus through unprotected sex. You get the virus through sharing blood-borne equipment such as needles, such as unsterilized equipment for tattoos. It’s blood-to-blood contact. It’s a ‘get in you,’ not ‘get on you,’ and it’s important to understand that.”

“Condoms remain a major tool in prevention HIV/AIDs,” Paula adds. “If you use it correctly, it works. We talk to a lot of people—youth and seniors.” Seniors are not aware of the risk of unprotected sex.

“Many women seniors feel they can’t get pregnant, so they don’t want to, or feel the need to, use condoms. We still promote them anyway. We have to educate them on how to use them, when to use them, and that it’s okay to use them. But they have to be 100 percent latex, and there’s a proper way to put it on.”

Mrs. Bush notes that at the Popoff Family Health Center, HIV counseling and testing is provided as a community service. “People need to understand that this issue of being HIV infected is confidential. We want to move away from shame and stigma, but you need to know that being HIV infected is a confidential thing. The people whom you interact with must keep that confidential.”

World AIDs Day is a celebration of progress in all aspects of the disease, from community-based awareness and prevention, to treatment and long-term survival. “We’ve gone from 35 pills, twice a day to one pill, once a day,” notes Paula. “Everything in the realm of HIV/AIDS in the late ‘80s and ‘90s, and now in the 2000s has shifted a great deal. But the stigma of living with HIV has not, and that’s one thing in this whole entire field that has not changed.”

“We work to end that stigma, especially within the church communities,” notes Felix. “When I learned that I had GRID (gay-related immune disorder), I lived with an EMS worker with an LPN license. I had seen early cases of people dying very quickly from an unknown virus. I had had a knee replacement and blood transfusions. When I was diagnosed (with HIV/AIDS) I was given a year to live. That was 37 years ago.”

Felix had several health challenges, resulting in a near-death experience. Upon survival, however, he made a commitment to devote his life to educating people about HIV. “Back then, it couldn’t be talked about. It was a secret. It was private. It was shameful. The stigmata was all over your being. People fought to get medical care. They’d go to Mexico to acquire medications that weren’t allowed in the States yet.”

Felix, a poet, and Paula, a vocalist, often perform in their outreach work. They created a non-profit organization called Positive Support Organization. They have contracts with the Centers for Disease Control and the Michigan Department of Health and Human Services.

They are pursuing another venture, "Gospel Against AIDS," which focuses education and counseling within faith communities.

"Some churches are very involved in HIV care and services," Felix says. "They are not the norm. Some ministers have been put out of churches because they teach HIV and because they have conducted burial services (for those who die from the disease). There's still a stigma, still a fear of same gender loving people. There's still the fear of talking about sex. So, we engage where people are, whatever the denomination, as far as they will let us go."

Despite all the publicity and education, there still is a need to educate health care workers, Felix said.

## ALBERT SCHWEITZER FELLOWS TARGET YOUTH, HOMELESS POPULATIONS

The 2019-20 Albert Schweitzer Fellows worked with vulnerable youth and the housing insecure population.

- **Houda Abdallah and Kristiana Hila, University of Michigan School of Nursing:** This partnership worked with young people at Covenant House Michigan in Detroit, equipping them with knowledge about sexual health and safety so they can make educated decisions regarding their body and who to address uncomfortable situations to prevent unfavorable outcomes. This project addressed the high rate of unplanned pregnancy, disease transmittal, and sexual consent.
- **Fatima Eid, Wayne State University Master of Public Health Program:** This project focused on the traumas that at-risk youth ages 12-18 endured that eventually lead them to the juvenile justice system. The project used creative writing/ expression as a therapeutic device for addressing at-risk youth in Detroit and deter them from entering or progressing through the justice system by addressing the contributing factors.
- **Jasdeep Kler, University of Michigan School of Public Health:** This project worked with at-risk youth in trauma-informed mindfulness (TIM) in overpoliced and under-resourced communities in area code 48198 and 48197, using a mindfulness-based stress reduction and other meditation-based curricula to address Adverse Childhood Experiences (ACEs) and to promote well-being.

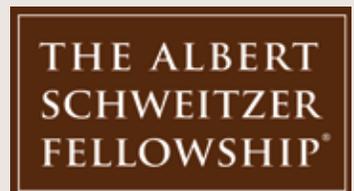
The work of Paula and Felix Sirls is a humanitarian mission that keeps both elders going. "You have to have a will to live and will to give back," notes Felix. "Giving back helps one maintain life. It's really important that you build self-esteem and build caring for yourself and others."

To contact the Sirls about "Positive Support Organization" or "Gospel Against AIDS," call 313-330-8466, or email either: paulasirls@aol.com or felixsirlsfelix@aol.com.



- **Elizabeth Henley, Michigan State University College of Osteopathic Medicine:** This project focused on those who are experiencing housing insecurity in Detroit, utilizing yoga as a therapeutic method to relieve anxiety and depression in this population. The project also sought to improve outcomes associated with physical health related to homelessness like promoting wound healing. Yoga can increase lymph and venous flow to heal non-healing injuries and assist in recovery.

The Albert Schweitzer Fellowship is a national initiative designed to promote humanitarian values among health and human service graduate students. Detroit is one of 14 chapters in the United States. Fellows are required to identify a problem or opportunity impacting population health, design a sustainable project to provide a positive intervention, and provide a measurement method. There are about 4,000 health and human service professionals nationwide who have successfully completed the fellowship.



The Schweitzer Fellowship is supported by a grant from the Metro Health Foundation. Also, Black Family Development underwrites the annual Celebration of Service.

# 2019 Wayne County Health Rankings

(AS COMPILED AND REPORTED BY THE ROBERT WOOD JOHNSON FOUNDATION)

	Wayne County	Error Margin	Top U.S. Performers	Michigan	Rank (of 83)
<b>Health Outcomes</b>					<b>82</b>
<b>Length of Life</b>					<b>80</b>
Premature death	10,500	10,300-10,700	5,400	7,600	
<b>Quality of Life</b>					<b>82</b>
Poor or fair health	19%	19-19%	12%	17%	
Poor physical health days	4.3	4.2-4.4	3.0	4.3	
Poor mental health days	4.6	4.5-4.8	3.1	4.4	
Low birth weight	11%	10-11%	6%	8%	
<b>Health Factors</b>					<b>83</b>
<b>Health Behaviors</b>					<b>79</b>
Adult smoking	20%	20-21%	14%	20%	
Adult obesity	34%	33-36%	26%	32%	
Food environment index	6.6		8.7	7.1	
Physical inactivity	25%	24-27%	19%	22%	
Access to exercise opportunities	94%		91%	85%	
Excessive drinking	20%	20-20%	13%	21%	
Alcohol-impaired driving deaths	27%	25-29%	13%	29%	
Sexually transmitted infections	800.4		152.8	462.9	
Teen births	32	31-33	14	22	
<b>Clinical Care</b>					<b>82</b>
Uninsured	7%	7-8%	6%	6%	
Primary care physicians	1,420:1		1,050:1	1,260:1	
Dentists	1,460:1		1,260:1	1,360:1	
Mental health providers	370:1		310:1	400:1	
Preventable hospital stays	7,770		2,765	5,188	
Mammography screening	38%		49%	43%	
Flu vaccinations	43%		52%	45%	
<b>Social &amp; Economic Factors</b>					<b>81</b>
High school graduation	83%		96%	80%	
Some college	61%	60-61%	73%	68%	
Unemployment	5.4%		2.9%	4.6%	
Children in poverty	33%	31-35%	11%	20%	
Income inequality	5.8	5.7-5.9	3.7	4.7	
Children in single-parent households	48%	47-49%	20%	34%	
Social associations	7.1		21.9	9.9	
Violent crime	1,016		63	443	
Injury deaths	91	89-93	57	72	
<b>Physical Environment</b>					<b>77</b>
Air pollution - particulate matter	11.4		6.1	8.4	
Drinking water violations	No				
Severe housing problems	21%	21-22%	9%	16%	
Driving alone to work	81%	80-81%	72%	83%	
Long commute - driving alone	35%	35-36%	15%	33%	

For more info, visit: <http://www.countyhealthrankings.org/app/michigan/2019/rankings/wayne/county/outcomes/overall/snapshot>

Note: Blank values reflect unreliable or missing data

## Urban Community Training Encourages Pediatrician to Establish Practice in Detroit

Emily Casterline, D.O., was looking for a community-based training opportunity and found her preferred site in Detroit at Authority Health. A native of Texas, Dr. Casterline, and her husband, agreed that a short-term stay in Michigan would be fine.

While it wasn't in the plan, Dr. Casterline grew fond of the people in Detroit and decided she wanted to establish her practice here. Recently, she agreed to join Authority Health's staff and will be working as a pediatrician in a northwest Detroit site.

"I've always had an interest in helping people," she says. While adults often develop health habits and behavioral patterns that are difficult to change, "you can get to kids when they are younger and set them up for success."

She began her career as a teacher, teaching mathematics to middle school children in a small private school. "I was able to spend time with the kids, talking to them about life decisions." But she always



had an interest in medicine, having graduated with an undergraduate degree in biology. After a couple years of teaching, she enrolled in the Texas College of Osteopathic Medicine.

The methodology of osteopathy appealed to her, "looking at the person as a whole, understanding the social determinants as they affect overall health." She was intrigued with how children living in the same community may have different health outcomes. "What is it about the environment that affects their health and overall success?"

"Social determinants of health are real," she says. "They can change the course of a patient's life. As a primary care physician, I'm in a vital position where I can implement change. This is a real problem and it needs to be addressed."

Dr. Casterline was determined to influence her patients' ability to overcome this. The Authority Health teaching health center program's emphasis on population health was one of the main reasons she chose to complete her residency here. "I was looking for a residency program that provided strong education and a smaller program. Authority Health offered a perfect combination." She also noted that her program director, Chaya Pitman-Hunt, D.O., "cares about us personally and checks on us regularly. We get a big program feel, within a small program community."

While working at the pediatrics practice of Anne-Mare' Ice, M.D., she met Allison Tripi, D.O., also a graduate of the Authority Health program. She and Dr. Tripi will work together the Dr. Ice practice. "One of the reasons I'm excited working with Dr. Tripi is that she's been in the community a long time," she says.

Dr. Casterline interviewed at primary care sites in Texas and elsewhere in the Detroit area, but they didn't feel right. "There's a longing for me to be here and serve this community," she says. "I have connected with the community... They have touched my heart. The kids here are great. They have so many adversities, so many challenges. I can't give that up."

"I had a conversation with Dr. Pitman-Hunt at the beginning of this year: 'What are we going to do so I could stay here and work with this community?' They proposed an idea of working with Dr. Ice. It struck a chord with me—working with Authority Health and its mission. It lines up with exactly why I went into medicine. I can't think of a better place to work."



## Learning About Health While You Wait for Your Wash

Smart community health professionals follow the axiom, "go where the people are." Literacy tutoring is no different. One of the sure ways of finding people with time and attention is a laundromat. The challenge, of course, is that they don't go there for literacy lessons.

The Community Medicine rotation of Authority Health's Graduate Medical Education teaching health center program has collaborated with the national Libraries without Borders program to create a health literacy initiative that trains medical residents to teach health education outside of the clinical environment—in laundromats. There, they find people waiting for a load of wash to run its course, often receptive to conversation about health.

Low literacy is one of the social determinants that impacts health, especially through poor health literacy. If you don't understand language and basic concepts, it's difficult to understand health.

Health literacy is defined as “the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions,” according to Carolyn Custer, D.O., director of Quality and Community Medicine at Authority Health. Collaborating with Libraries without Borders in its Wash and Learn initiative offers medical residents an opportunity to work with members of the community outside of the clinical setting.

By providing weekly educational sessions in three laundromats in Detroit, the residents are gathering data to understanding how health education in a familiar community setting, such as a laundromat, impacts health literacy levels, and the impact made on a person’s relationship with health care providers. In many cases, the people the residents meet do not have primary care providers.

“The project hypothesis is that community members will take a more active role in communicating with their health care providers after having positive interactions with them in familiar settings,” according to Dr. Custer. The program began in June 2019 with a



training provided by Adam Echelman, executive director of Libraries without Borders. Residents began providing health information at laundromats in the fall.

Dr. Custer knew she was on to something when one of the residents explained, “I never engaged the community outside my clinic before.” The Authority Health community-based medical training program provides as much of the training experience in community health facilities. The community medicine program takes them further into the communities where their patients come from. With several of the residents also having master’s degrees in public health, community engagement comes as a natural aspect of health delivery.

“The residents prepare a topic. They introduce themselves to customers, often younger parents with children,” then move to a quiet room off the main washing area for the conversation on the health topic. “I think the community appreciates privacy when we talk about health, but I see the potential about developing group activities as well.”

The Authority Health program is not the first health provider that Libraries without Borders has worked with, “but it is the most successful program that we’ve worked with,” says Echelman. “A lot has happened here since we’ve been together.” In other Wash and Learn sites, the engagement fluctuates depending on the availability of volunteers. The Authority Health model institutionalizes it as part of the community medicine rotation.

“On a national level, health literacy and health content have always been an interest of Libraries without Borders. we’re excited about ensuring that people we serve have holistic education.” Health literacy, he says, is a critical part of that effort.

Libraries without Borders, part of an international organization designed to develop untraditional settings for promoting knowledge equity among disenfranchised and low literacy populations. They look for “risky, unusual, and impactful” programs that reach adults not prone to go to libraries or other places to learn, Echelman says.

“When you walk into a public library, by arriving you’ve overcome barriers” such as transportation, and literacy itself. “When you go into a laundromat, you’re reaching a population that may have never thought about health literacy.” Echelman hopes to double the number of laundromats in the area, looking to reach different ethnic populations as well. Dr. Custer has suggested that Authority Health could recruit medical students, as well as other health students to expand the volunteer force.



## ***Learning How to Treat Children Who Experience Cumulative Trauma***

Primary care physicians working in urban Detroit or in desolate rural areas are likely to encounter people whose medical problems are compounded by the cumulative traumatic effects of poverty.

Physicians serving vulnerable populations need to be sensitive to this and practice “trauma-informed care” or their diagnosis and treatment may be ineffective, especially when their referral options are limited.

Despite the abundance of physicians, there is still a problem of access, says Mark Sloane, D.O., a behavioral pediatrician and co-founder of the Children’s Trauma Assessment Center at Western Michigan University. “Even though those resources may be next door, they can’t see your patients because their insurance doesn’t work.” Dr. Sloane is developing a trauma-informed care training program for Authority Health residents through a grant from the Children’s Foundation.

Trauma-informed care, in simple terms, requires that providers of services to safety net communities understand the impact of cumulative trauma on the conditions and personal responses to care and service. In many cases, this population will have incurred multiple “adverse childhood experiences” (ACEs) which have been correlated with serious medical conditions in adulthood. Clinicians are being encouraged to conduct ACE screening of patients who live in chaotic environments where they experience multiple traumatic events to provide the most empathetic approach in their patient interactions.

The Centers for Disease Control – Kaiser Permanente Adverse Childhood Experiences Study in 1995–97 found that ACEs have a major impact on health “We now know that experiencing four or more ACEs is linked to not only poor health behaviors, but poor health outcomes, such as obesity, cancer, stroke, diabetes, depression and even reduced life expectancy,” according to Carolyn Custer, D.O., director of Quality and Community Medicine at Authority Health. “Living in medically underserved, impoverished areas, the children and families our residents serve have an increased risk of experiencing toxic stress and childhood trauma. It is essential that our residents become proficient in recognizing ACEs and caring for patients using a trauma-informed approach.”

For many physicians coming from stable upbringings, the extent and impact of trauma in the patients they treat is striking. Following Dr. Sloane’s initial lecture, one resident said, “I come from a loving family and my ACE score is 0. The fact that kids have to grow up in these awful situations is heartbreaking. Thank you for providing this information.”

A pre-curriculum focus group of nine family medicine and pediatrics residents was conducted to assess their knowledge of trauma-informed care and if they were using it in the clinics where they trained. The family medicine residents said that their preceptors were unfamiliar with TIC approaches, while the pediatrics residents had slightly more exposure. The findings from this research helps to shape the content and approach of the training, according to Dr. Custer, who directs the program.

Working with Authority Health GME staff and leadership, Dr. Sloane developed a trauma-informed care curriculum, which contains four components: didactic modules recorded on video, live case

conferencing, secondary traumatic stress assessment, and a resiliency-building project in a Head Start program. Residents view the five video modules over the month of their community medicine rotation. They attend classes two to three times per week and interact with children through creative game-based resilience interventions designed to improve sensory regulation and emotional processing. It has already proven to be an effective way to help residents make connections between trauma and behaviors, which is necessary to best care for children they treat at their continuity clinical sites, Dr. Custer says.

“Dr. Sloane brings so much value to this project as an expert in childhood trauma and trauma-informed care,” Dr. Custer says.

“He has expertise in all aspects of childhood behavior, including prenatal exposure to alcohol, illicit drugs and trauma, and genetic predisposition.”



*Mark Sloane, D.O., co-founder of the Children’s Trauma Assessment Center at Western Michigan University.*

A major component of the training involves building 3D resiliency into primary care practice. “Building 3D resiliency means taking steps to improve resiliency in children, their caregivers, and the workforce at a medical practice,” explains Dr. Custer.

The physicians learn to develop quality relationships with their patients and families and create an environment in which people feel safe and supported. “We know that intense, emotional positive interactions change the brain in a child. Potential roles of primary care physician are to

provide antidotes to toxic stress by creating those positive interactions, to discover and support the inner talents of children, to understand how powerful their words can be to a child, and to advocate for children.” That may mean supporting athletic, music, or arts programs.

An additional component of the trauma-informed care training curriculum is recognizing and addressing secondary traumatic stress. Residents consult with their supervising physician weekly, reflect in a daily journal, and are encouraged to connect with them if they encounter secondary traumatic stress. “Building a comprehensive curriculum in trauma-informed care will best prepare the Authority health residents to practice community medicine in a comprehensive, empathetic way,” Dr. Custer says.



# Highlights of Authority Health Advocacy 2019

## ***Support for the “Emma’s Clause” Amendment to the Detroit Animal Care, Control and Regulation Ordinance***

The MOTION Coalition on childhood obesity, sponsored by Authority Health, is committed to creating an environment that fosters healthy eating and active living. Active living for many people involves public exercise in neighborhoods or in outdoor urban spaces. The increase in stray and/or dangerous animals, as well as the incidence of people being bit by dogs in Detroit has increased substantially in recent years.

Detroit City Council President Brenda Jones has introduced an ordinance to amend Chapter 6 of the Detroit City Code, Animal Care, Control and Regulation; Article III, Dangerous Animals, adding a provision known as “Emma’s Clause,” in honor and memory of Emma Valentina Hernandez, a nine-year old girl who was mauled to death in August 2019. The assault occurred when multiple dogs escaped a neighbor’s yard.

The actual statistical increase spreads concern among many people who might otherwise be exercising outdoors. Safe streets are essential to healthy living. The real and perceptual fears of venturing out into the city’s

streets to walk, run or exercise in other ways limits outdoor physical activity, which is vital for people without access to fitness clubs.

Stray dogs are often the result of negligent animal owners and those who feel that their dogs have a right to roam. Emma’s Clause will require mandatory actions as part of the Detroit Animal Care and Control Division investigation and impose more stringent enforcement requirements for animal owners. The ordinance also includes a requirement for owners to attend an Animal Awareness program provided through the city’s Animal Care and Control Division or the Michigan Humane Society. While this program includes several important topics, it also needs to stress “urban safety etiquette,” in its enforcement and community outreach activities.

Council President Jones should be applauded for helping transform the tragedy of Emma Valentina Hernandez into an opportunity for promoting a safer, healthier Detroit.

## ***Support for Expanding Funding for the “10 Cents a Meal” Program***

Authority Health strongly supports Michigan’s 10 Cents a Meal for School Kids & Farms pilot program and recommends the funding in Section 31 of the School Aid Act be increased from the current \$575,000 to \$2 million. This increase in funding will allow the program to expand statewide, including into Wayne County, where the greatest number of underserved children in the state reside.

As you may know, 40% of Michigan’s children live in Priority Region 10, which includes Oakland, Macomb and Wayne Counties. In Wayne County alone, the poverty rate is 22%. Chronic diseases such as obesity, diabetes and cardiovascular disease plague this county. Research shows a direct correlation between these diseases and a lack of healthy, affordable food.

The “10 Cents a Meal” initiative is in its third year. It connects Michigan schools to the farming community who provide fresh produce for lunch

programs and has proven to be highly successful. School children have an opportunity to try new, healthy and delicious food grown right here in Michigan. It also supports our agricultural economy as all produce comes directly from Michigan farms. Governor Whitmer has included this initiative in her proposed Fiscal Year 2019–2020 state budget. We applaud her for doing so and have encouraged her to support an increase to allow all school children throughout the state to benefit.

Detroit already has a very progressive urban agriculture program. Together with entrepreneurial administrators within Detroit Public Schools and Eastern Market Corporation, we believe that farm-to-school initiatives are a viable strategy to enhancing nutritional support for our younger population.

## ***New I-94 Reconstruction Plan Promotes Holistic Well-Being Through Improved Streetscape***

The most recent draft of the I-94 reconstruction has incorporated notable improvements that contribute to enhanced community health:

- Neighborhood connectivity is enhanced by plan to replace pedestrian bridges with multimodal streets, as well as reinstating bridges planned for removal;
- Incorporates “Complete Streets” concepts to accommodate all active transportation users -- pedestrians, cyclists, and people with disabilities within the roadway space;
- Promoting physical activity by realigning the Iron Belle Trail through the Conner Avenue interchange, upgraded from an on-street route to an off-street shared-use path on a new pedestrian/bicycle bridge over the freeway. This enhances safety by moving nonmotorized traffic away from vehicular traffic at the Conner Avenue interchange, encouraging use of the route.

In addition, we would like this plan to include traffic calming on the service drives upon initiation of the plan and not wait until the 2030s. This is especially important in light of the incident in which a mother and children who were involved in a bicycle collision at the Canfield pedestrian crossing.

In summary, the Michigan Department of Transportation has demonstrated sensitivity to alternate forms of transit, safety, and community integrity. It promotes holistic well-being through active living, contributing to the goals of the MOTION Coalition.

# NEIGHBORHOOD RESILIENCE

*Fostering resilient communities is a foundation block for promoting population health.*

*by Zaid Mohsen, Population Health Fellow*



After two years in Detroit as a medical student, I learned that much of the work that goes into building healthy communities happens outside of hospitals and medical clinics. With my career goals set on becoming an emergency medicine physician, I began to move towards population health and community resiliency, both of which are relatively new fields being researched.

A proposed definition of population health is “the health outcomes of a group of individuals, including the distribution of such outcomes within the group.” The field of population health is fixated on health outcomes and patterns of health determinants, as well as the interventions and policies that link the two. The issues we see in the emergency room will only be solved through investment and advancement in the field of population health.

Putting medical school on hold, I joined Authority Health where I found a commitment to population health and community resilience. Authority Health was created in 2004 through an interlocal agreement between the City of Detroit, Wayne County, and the State of Michigan to create a health care safety net for the uninsured and underserved population of Wayne County. For me, the organization tagline said it all: Preserving Public Health, Promoting Population Health.

I started my population health fellowship around the same time our new CEO Loretta Bush began leading Authority Health. This was the first CEO transition for Authority Health, but luckily Mrs. Bush brought a strong background in health leadership positions across the city, county, and state. When Mrs. Bush shared with us the bold idea of Wayne County becoming a resilient county, I dedicated my fellowship to exploring this idea and possible solutions.

If Wayne county was to become a resilient county, Detroit would have to lead the way. With much of the redevelopment/revitalization in Detroit happening around Downtown and Midtown, the question became how do we promote resiliency in Detroit neighborhoods that feel abandoned by local institutions, burdened by economic austerity, decimated by population instability, and exposed to environmental onslaughts (e.g. air pollution, water shutoffs, lead poisoning from mass demolitions, etc.)? A city-wide resiliency campaign would be a daunting task for any major city, but especially so in post-bankruptcy Detroit with a young and underfunded public health department. Interventions at the city-level to tackle social determinants of health are almost doomed to fail given the declining population (leaving Detroit), the transient population (moving between neighborhoods), the large land area for the city, the poor roads and public transportation, and the lack of trust towards institutions.

The surest way to a resilient Detroit is through a patchwork of resilient neighborhoods where basic needs are met, population stability is prioritized, and social cohesion is nurtured. Resiliency is rooted in emergency preparedness. Emergencies are inevitable, and adversity exists in every neighborhood. Neighborhood champions are the “Neighborhood ER docs” and they guide their neighbors through adversity stemming from employment, shelter, healthcare, violence, poverty, and more. From food pantries and free health clinics to domestic abuse shelters and afterschool programs, neighborhood safety nets are on the front line when disaster hits. These block clubs, community development organizations, neighborhood associations, and churches are more than neighborhood assets. They are the overlooked building blocks for resilient neighborhoods.

Neighborhood resilience is the ability of a community to use its assets to strengthen public health and healthcare systems and to improve the community's physical, behavioral, and social health to withstand, adapt to, and recover from adversity. The focus is on enhancing the day-to-day health and well-being of communities to reduce the negative impacts of disasters.

To better understand the importance of neighborhood resilience, it is helpful to focus on the vulnerable populations within our community. This includes, but is not limited to, our children, elderly, disabled, and homeless populations. Our children are particularly vulnerable, especially children of color and those from low-socioeconomic statuses<sup>1</sup>. The exposure of young children to toxic stress in homes, schools, and neighborhoods manifests itself into emotional and behavioral issues in childhood and chronic health issues in adulthood. Toxic stress is the persistent exposure to adversity without social support. A growing body of research has examined the link between "Adverse Childhood Experiences" (ACEs) and health in adulthood. The more stress faced in childhood, the higher the risks of future mental and physical chronic health disorders such as depression, anxiety, obesity, diabetes, and heart disease. Household stressors such as unemployment, housing instability, and food insecurity are particularly toxic as the home becomes a source of stress instead of a source of social support to overcome neighborhood stressors. When these same household stressors (poverty, housing instability, and food insecurity) are common across households in a neighborhood, the results are devastating and neighborhood resilience plummets.



## The vision we share for Detroit is a network of resilient neighborhoods.

Neighborhoods where residents have a sense of belonging and orientation to a common purpose, and where block clubs and other social organizations are active, flourish. Neighborhoods with easy access to knowledge and resources, and shared common values of education, work, and parenting, thrive. Cultural inclusivity and social cohesion are key to building the foundation of resilient communities.

<sup>1</sup> The Annie E. Casey Foundation. The 2014 KIDS COUNT Data Book: an annual report on how children are faring in the United States, Baltimore, MD.

To fully realize this vision, there are important steps that must be taken. It is essential that neighborhoods have resources and plans that facilitate coping and adaptation to adversity. Successful plans incorporate vibrant participation, shared-decision making, and collective action at the neighborhood residential level. We need to prioritize population stability within neighborhoods so that social cohesion can take root.

Recently unveiled is the Department of Neighborhoods (DON) run out of the mayor's office and it is led by Ray Solomon. DON provides a direct link between the City of Detroit and block clubs, community groups, business owners, faith and school leaders, and everyday residents. Using city-defined neighborhood boundaries provides us a framework for partnership with the city and neighborhood expansion goals. Within neighborhoods, low-income housing projects and senior living communities will serve as important building blocks for overall neighborhood resilience.

The rationale for a network of resilient neighborhoods comes from the understanding that loose, decentralized networks made up of many small pieces can recover faster after a big shock than large, monolithic institutions. This can be scaled in both directions. A network of resilient homes makes for a resilient neighborhood. Likewise, a union of resilient states makes for a resilient nation. The federal government has allocated increased resources and effort into promoting resilient communities. A 2014 Federal Taskforce provided recommendations for the Department of Health and Human Services to build and sustain community health resilience and help communities better prepare, withstand, and recover from disasters and public health emergencies. In many ways, health is a key foundation of resilience because almost everything we do to prepare for disaster and protect infrastructure is ultimately in the interest of preserving human health and welfare.

**Guiding themes** for promoting neighborhood resilience that can be applied to Detroit:

- Community health resilience is inseparable from community resilience.
- Health underpins all other resilience sectors.
- Community health resilience involves stepping **beyond the traditional health system** and promoting whole community networks.
- Building **social connectedness** (or social capital) is a legitimate and important emergency preparedness action.
- Community health resilience happens at the **community level**.
- Community health resilience helps people face **everyday challenges** as well as extreme events such as disasters or public health emergencies.
- Meeting the health, wellness, and emergency preparedness needs of **at-risk populations**, including children and elders, improves overall community resilience.

- Community health resilience links a set of **adaptive capacities** to a positive trajectory of functioning and adaptation to promote and protect individual and collective health after a disturbance.

The following are **recommended strategies** from the federal government that we can draw upon to build more resilient neighborhoods in Detroit:

1. Strengthen—and promote access to—public health, healthcare, and social services: Strong day-to-day systems can be better leveraged to support health resilience during disasters and emergencies. In capable systems people know how to access care and are not limited by real or perceived barriers to services.
2. Promote health and wellness alongside disaster preparedness: Information and education that involve public health, behavioral health, emergency preparedness, and community health resilience interventions can help people face everyday challenges as well as major disruptions or disasters. Optimal levels of physical and psychological health and well-being within the population facilitate the community's rapid recovery.
3. Expand communication and collaboration: Build networks that include social services, behavioral health, community organizations, businesses, academia, at-risk individuals, and faith-based stakeholders in addition to traditional public health, healthcare, and emergency management partners.
4. Engage at-risk individuals and the programs that serve them: Engaging individuals with potential vulnerabilities to take an active part in protecting their health and aiding their community's resilience strengthens the community as a whole. Assist programs that serve at-risk individuals to develop robust disaster and continuity of operations plans.
5. Build social connectedness: People are more empowered to help one another after a major disturbance in communities in which members are regularly involved in each other's lives. Building social connectedness can be an important emergency preparedness action.

The Building Community Resilience (BCR) model offers an innovative, transformative approach to fostering collaboration across child health systems, community-based agencies, and cross-sector partners to address the root causes of toxic stress and childhood adversity. Focusing on community resilience underpins the belief that a child can become resilient when their neighborhood is home to resilient adults. This model can be implemented in Detroit and expanded to address other vulnerable populations such as the homeless, immigrants, disabled, etc. The researchers behind BCR identified four sets of adaptive capacities to that can help build neighborhood resilience:

1. The ability to sustain economic development within the community.
2. The degree to which residents possess social capital (social networks and supports that include family and other community members).
3. The effective bidirectional transfer of information and communication between residents and the social service agencies that serve them.
4. The community competence to support civic engagement (e.g. voting and advocacy), self-management (health and social needs), and collective empowerment for community advocacy and engagement.



As a medical student at Wayne State University, my experience here in Detroit has been shaped greatly by Auntie Na's Neighborhood. Formally known as Nardin Park, this neighborhood is bounded by major streets such as Livernois, Dexter, Grand River, and Joy Rd. However, no boundary defines Auntie Na's neighborhood more than Cortland St. On either side of this thin residential street is the tale of two neighborhoods: Russell-Woods to the North and Nardin Park to the South.

In Russell-Woods, there is a strong neighborhood identity and neighborhood association, an annual jazz festival in the park that brings in visitors from all over the city, and a strong housing market that continues to attract outside investors.



In Nardin Park, residents are left with a neighborhood of mass blight, a transient population, and a resource desert (both public and private). Faced with unjust local economic austerity, residents feel abandoned and turn to neighborhood champions such as Auntie Na (Mrs. Sonia Brown). Auntie Na's Village is a 501(c)3 nonprofit community development organization that operates as a safety net for the neighborhood.

While there are regular services, Auntie Na's Village is a place-based organization and not service-based. The ambitious goals are not to cross geographic boundaries to deliver a service across the city of Detroit or Wayne county, but to grow and deliver additional services to this neglected neighborhood.

As a co-founder of Auntie Na's Student Organization, I wanted to work alongside Auntie Na to bring opportunities to the neighborhood, improve health and wellbeing, and advocate for justice.

Early Saturday mornings, we prepared free food boxes for neighborhood residents and transported others to food pantries to help them meet their family needs.

Neighborhood clean-ups, home rehabilitations, gardens and playground equipment, we are quick to lend a helping hand.



We developed a weekly Healthy Cornerstore Program in the neighborhood to improve the availability, quality, and variety of fresh produce and to reduce price points. This included a free health screening, free nutrition education, and \$6 of fresh produce for each participant to take home. Funders include Campbell's Soup, Gleaners Food Bank, and Wayne State School of Medicine. As the winners of the 2019 Ford College Community Challenge, we won \$25k to expand this project.

In 2019, Auntie Na's Village won its second Kresge Innovative Project: Detroit (KIP:D) grant. The first grant in 2017 established the neighborhood clinic. The second grant will bring a neighborhood food pantry to the community by rehabbing a vacant home.

Auntie Na's Neighborhood Clinic, run by medical students at Wayne State University, is taking steps to address upstream social determinants of health in the neighborhood. As future leaders in



medicine, we recognize the value of active engagement with our surrounding neighborhoods. Meeting patients in the neighborhoods they call home allows health care providers the opportunity to better understand the adverse community environments that lead to adverse childhood experiences.

We provide weekly chronic health screenings in Auntie Na's Clinic. We sit with the patients and listen to their medical history, and we help them understand their health issues with diagrams and anatomic models. We've distributed maternity and newborn supplies, and we've

collected, assembled, and distributed clothes and health kits (general hygiene, dental hygiene, female hygiene, sexual health, and more) to neighborhood residents and our homeless population.

We activated vacant lots for youth enrichment space. We refereed neighborhood basketball tournaments. We celebrated birthdays and holidays together. And we mourned the loss of friends and family, both young and old.

**Our 2020 goals include:**

- Full basketball court.
- Performance stage along the side of Auntie Na's Tutoring House.
- Outdoor Pavilions to host Farmers' Markets.
- Clearing out and activating two neighborhood alleys to create a walking track around Auntie Na's Village.

It is an absolute privilege for our organization to carry the name of a neighborhood champion. Being "Auntie Na's students" allows us access to a population that has little trust in institutions. Our canvassing potential has drawn interest from the city health department and the mayor's office.

As students, we look for ways to leverage university assets to help Auntie Na's Neighborhood. We received generous student organization funding from Wayne State. As 2019 STEAM Finalists, we pitched "Healthy Oasis" which became our cornerstone expansion project. We won partial funding as 2019 Optimize-Wayne winners to help bring renewable energy to Auntie Na's Clinic and Village.

ANSO was awarded the 2019 WSU Spirit of Community.

ANSO was featured in the WSU Warrior Strong commercial campaign.

ANSO has done speaking engagements for Wayne State Alumni Affairs to share our thoughts and experiences.

Front page of The Detroit News, Fox News, NPR Stateside, Social Media, and school websites. The media attention we attracted helped keep Auntie Na's Village financially stable by introducing our mission and vision to online donors.

We are building neighborhood partnerships with Hope Academy, an elementary school, Black Family Development, the 10th precinct police station, Broadstreet Presbyterian Church, E&N Market, Eleos Coffee House, and more.

ANSO was also highlighted by Wayne state as an example of social accountability.

WSU President M. Roy Wilson proposed a new approach to using academic health centers to heal society's most vulnerable patients. The new ACH model would expand on the traditional mission of education, research, and clinical care to include a fourth mission of social accountability. Through this fourth mission, comprehensive community engagement can be undertaken, addressing the

social determinants of health and measuring the health impact of interventions by using a deliberate structure and process, yielding defined outcomes for the betterment of society.

Auntie Na's Village builds neighborhood resilience by helping families meet their basic needs, provide population stability in the form of emergency shelter, and by creating neighborhood gathering spaces to build social cohesion. By identifying neighborhood champions and strengthening social safety nets, ANSO is a replicable model to improving neighborhood resilience.

**NESTS (Neighborhood Environment Scans, Tools, and Services)** is a proposed model for building neighborhood resilience that uses ANSO as a prototype. These are student action teams that are partnered with neighborhood champions and guided by health professionals and researchers.

**Neighborhood Environment Scans** serve a multifunction purpose. The goal is to visualize social determinants of health (SDoH) as a heat map or "Neighborhood X-Ray." A sophisticated scan will integrate demographic data (U.S. Census and American Community Survey), public health data (city and state), and health outcomes data (healthcare systems). To complement this quantitative data, each neighborhood campaign should develop a vast collection of narratives from neighborhood residents, champions, and business owners. Neighborhood resilience is sort of a paradox, given that we find some of the most resilient people in the least resilient neighborhoods. Without collecting narratives and understanding how people are surviving and thriving in "service desert" neighborhoods, we lose the opportunity to better understand resiliency and how "self-help" keeps neighborhoods stay afloat.

The key is in the granularity of the data. If project implementation is prioritized at the neighborhood level, then data should be collected and analyzed at that same level. The census tract level is gold standard for population health projects, but it is burdensome to collect at that level hence why the census is once a decade. We are usually left with zip-code and city-level health data to better understand the health of Detroit neighborhoods. For many struggling neighborhoods, zip-code data doesn't accurately depict the harsh realities they face. A neighborhood data portal can help block clubs and neighborhood champions better understand their neighborhood, be more competitive for grants and services, and show impactful change. A neighborhood data portal can also be a useful tool for community health workers to connect their patients with resources.

**Neighborhood Tools and Services** involves leveraging public assets, services, and experiences to improve existing neighborhood safety nets. Environmental scan data and narratives will help in determining which SDoH's to target, project implementation, and outcomes analyses. Partners will include students and faculty of public universities, government health agencies, and federally

qualified health centers. Empowering neighborhoods will depend on both providing tools to those with neighborhood expertise, and free-or-affordable services provided to the neighborhood by those with career expertise. A neighborhood health clinic provides a service. Access to fresh produce and safe spaces to exercise are tools. An afterschool literacy program is a neighborhood service. Free reading books and writing utensils are neighborhood tools. A volunteer-run neighborhood clean-up day is a service, but a neighborhood tool-sharing library will empower more people and help build neighborhood resilience.

NESTS will operate under a “health-in-all-policies” framework, which is an approach to public policies across sectors that systematically considers the health implications of decisions, seeks synergies, and avoids harmful health impacts in order to improve population health and health equity. This includes factors such as educational attainment, housing, transportation, and safety. In addition to grassroots neighborhood organizations, a neighborhood network of educators, health professionals, landlords, and small-business owners will become important features in all Detroit NESTS.

By adopting NESTS, resilient neighborhoods can be achieved via a network of resilient households. Household health and resilience are important for neighborhood resilience because healthy, socially connected, prepared people make for stronger communities that are better able to withstand, manage, and recover from disasters.

Detroit NESTS can have a direct impact on neighborhood resilience through neighborhood level initiatives such as:

- Increasing access to grocery stores and fresh produce.
- Limiting the frequency and impact of utility shutoffs in the neighborhood.
- Removing mass blight and promoting art in public spaces.
- Encouraging neighborhood gatherings in safe and healthy spaces.
- Activating vacant lots and alleys and plant more trees and gardens.

Detroit NESTS can also have an indirect impact on the neighborhood level by promoting household resilience. Strategies include helping neighborhood residents:

- Live a healthy lifestyle and learn skills to manage stress.
- Maintain connections to meaningful groups like families, places of worship and volunteer organizations.
- Be informed, educated, and able to help neighbors, family, and friends.
- Engage in community or neighborhood preparedness activities.
- Create evacuation and family reunification plans.
- Have a disaster kit and be able to shelter in place for 72 hours.
- Take trainings like CPR, first aid, CERT, or psychological first aid.



Figure 2. Proposed NESTS pilot sites. Neighborhoods shaded blue (clockwise from left) Mexicantown, Auntie Na's Neighborhood, Highland Park, Hamtramck, and Islandview/Mack. Major avenues of Detroit shaded yellow: Michigan, Grand River, Woodward, Gratiot, and Jefferson. Shaded light green is Grand Boulevard.



## ***Management's Discussion and Analysis For The Fiscal Year Ended September 30, 2019***

### **Using this Annual Report**

This annual report consists of three parts – management's discussion and analysis (this section), the basic financial statements and required supplemental information. The basic financial statements include information that presents two different views of the Detroit Wayne County Authority Health (d/b/a Authority Health).

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

The Proprietary Fund is presented on an accrual basis of accounting and is used to report functions presented as business-type activities in the government-wide financial statements.

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

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

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

## Condensed Financial Information

The tables below compares key financial information in a condensed format.

### COMPARISON OF NET POSITION

	September 30, 2019	September 30, 2018
Current assets	\$ 2,736,835	\$ 3,039,171
Capital assets	345,435	65,130
Total assets	<u>3,082,270</u>	<u>3,104,301</u>
Total liabilities	<u>1,824,199</u>	<u>2,263,437</u>
Net Position		
Invested in capital assets	340,171	55,091
Unrestricted	<u>917,900</u>	<u>785,773</u>
Total net position	<u>\$ 1,258,071</u>	<u>\$ 840,864</u>

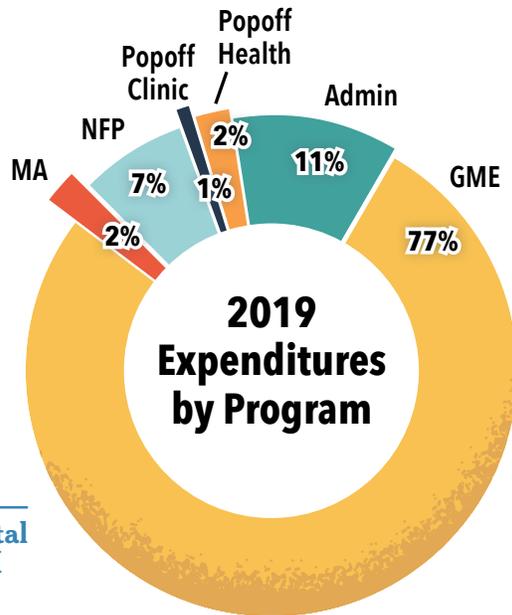
### GOVERNMENTAL ACTIVITIES

	September 30, 2019	September 30, 2018
Revenue		
Contractual and operating grants	\$ 12,699,967	\$ 12,966,980
Contributions and foundation grants	<u>151,395</u>	<u>46,992</u>
Total revenue	12,851,362	13,013,972
Expenses - operations/other	<u>12,738,755</u>	<u>12,344,702</u>
Change in net position	112,607	669,270
Net position, beginning of year	<u>840,864</u>	<u>171,594</u>
Net position, end of year	<u>\$ 953,471</u>	<u>\$ 840,864</u>

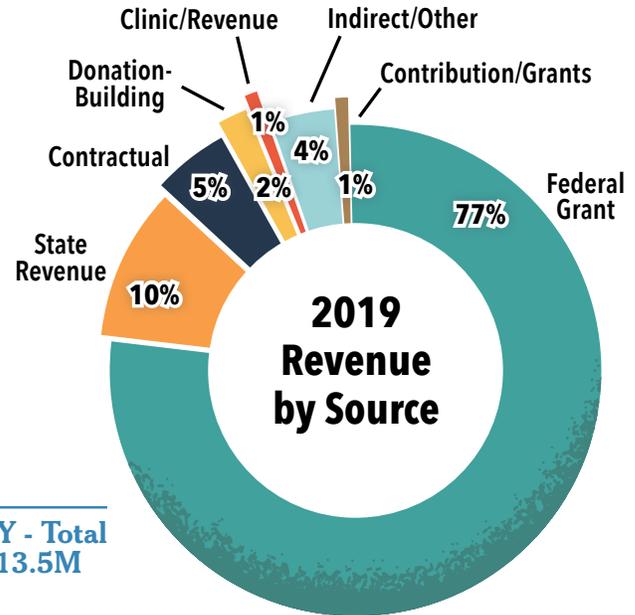
### BUSINESS-TYPE ACTIVITIES

	September 30, 2019	September 30, 2018
Revenue		
Charges for services	\$ 85,146	\$ -
Contributions and foundation grants	<u>301,170</u>	<u>-</u>
Total revenue	386,316	-
Expenses - operations/other	<u>81,716</u>	<u>-</u>
Change in net position	304,600	-
Net position, beginning of year	<u>-</u>	<u>-</u>
Net position, end of year	<u>\$ 304,600</u>	<u>\$ -</u>

# Governmental Funds Statement of Revenue and Expenditures for the Year Ended September 30, 2019



FY - Total  
\$12.9M



FY - Total  
\$13.5M

\*Includes Governmental Fund and Enterprise Fund

## Authority Health As a Whole

Authority Health had an increase in net position of \$417,207. A significant portion of this increase, \$304K, is largely due to the medical practice donation while the balance is from operating revenue. Authority Health's primary source of revenue is from federal grants, specifically the U.S. Department of Health and Human Services (HRSA) and through the MDCH Interdepartmental Agreement-Medicaid Outreach Services, and Contractual and Contributions and Donations. Salaries and fringe benefits are a significant expense representing 57 percent and 12.5 percent, respectively, of Authority Health's total expenses. There was no significant percent change from the prior year which reflects stable growth for the organization and the Authority Health GME Teaching Health Center program operating at its base stable capacity of 71 residents each year.

## The Authority Health General Fund

Authority Health's Board of Directors has the capacity to create separate funds to help manage money for specific purposes, and to maintain accountability for certain activities. The organization's major fund consists solely of the general fund.

Consistent with the increase in net position and the use of funds for their intended purpose, the fund balance increased by \$182,615. This change is \$70,008 more than the change in net position. This difference is the result of how governmental accounting recognizes depreciation and capital outlays, and how compensated absences and other long-term items are reported along with the availability of revenues based on current financial resources.

## Authority Health's Operational and Budgetary Highlights

Authority Health was created to "coordinate efforts to meet the health needs of the uninsured and underinsured residents in the City of Detroit and Wayne County by assuring access and improving the health status of all people." The original goals of Authority Health are as follows:

- Expand the number and location of primary care access points throughout Detroit and Wayne County.
- Assign each enrolled client a primary care medical home.
- Coordinate the delivery of health care between and among health providers to eliminate fragmentation and reduce costs.

- Provide care management and referral services as a core component of the delivery system.
- Facilitate access to a full range of culturally competent, preventive, medical and non-medical services.
- Design a delivery system that is able to enhance federal and other funding and reduce duplication.
- Significantly expand preventive health services for at-risk populations.
- Increase provider-base workforce in the health care safety net.

To help accomplish these goals, Authority Health has developed advisory committees, councils, and collaborations, as well as programs to fill gaps in service delivery. Authority Health underwent a realignment of staff resources and functions that are anticipated to provide greater resource efficiency and effectiveness. All of the convening bodies will be integrated into a population health collaborative.

- **Community Advisory Committee:** Co-chaired by Dr. David Law and Voncile Brown-Miller, this committee is comprised of representatives from community-based health and human service organizations throughout Wayne County. Its charge has been to advise the organization on health issues from their perspective, respond to initiatives proposed by the organization, help communicate Authority Health objectives, and serve as a liaison to community health initiatives
- **Provider Advisory Committee:** Co-chaired by Dick Bohrer, of the National Association of Community Health Centers and Dr. Mouhanad Hammami, VP Safety Net Transformation and Community Health, this committee is comprised of representatives of organizations that serve as providers of health services within the community. With the understanding that social factors greatly impact health, this committee has been expanded in scope to include not only primary care organizations and physicians, but other community health and human service leaders.

Major programmatic accomplishments during the period of this audit include, but are not limited to, the following:

- **Community-Based Teaching Health Center**  
The DWCHA (Authority Health) GME Consortium is a community-based graduate medical education consortium in partnership with Michigan State University, College of Osteopathic Medicine and four local federally-qualified community health centers. The consortium developed a Teaching Health Center (THC) funded by the Health Resources and Services Administration (HRSA) for the purpose of training primary care residents in medically underserved and community-based settings. This type of training sensitizes the clinicians to the community dynamics affecting

the health of their patients and ideally increases the physician workforce in those areas. Studies show that more than a third of physicians who train in community settings remain and establishes their careers in similar settings. The DWCHA GME Consortium, known as Authority Health GME Consortium, is currently funded and approved for 71 slots in four specialties: internal medicine, family medicine, pediatrics, and psychiatry. Training occurs in a variety of settings including community health centers, private physicians and small group practice offices, area hospitals and community mental health agencies. Authority Health GME consortium is currently rotating residents within ten community mental health agencies, three hospitals/health systems, the Detroit VA, and over 40 community health centers and private physician offices.

A total of 22 residents completed training in June 2019 in Family Medicine, Internal Medicine, Pediatrics and Psychiatry. One psychiatry resident left the program to enter a child psychiatry fellowship. Of the 22 residents who completed the programs, 2 (9%) entered a fellowship, 15 (68%) entered practice in an ambulatory setting, and 5 (23%) entered into an inpatient setting. Fourteen (64%) practice locations were in a medically underserved area, 2 (9%) entered into a FQHC, and 13 (59%) remained in the State of Michigan.

Now in our 7th academic year of operation, Authority Health welcomed to its orientation program 22 new residents in July 2019, bringing the total number of all trainees to 71. We filled all available positions, and as we prepare for our 8th training year, we received in excess of 3,300 applicants for approximately 21 positions for the 2020-21 academic year.

Authority Health GME Consortium's required two-year Certificate in Population Health and Health Equity (CPHHE) continues to produce positive accolades for its approach of preparing our residents for the work and understanding of population health. Now in our third cohort, its formal structured course presented by the University of Michigan School of Public Health and jointly sponsored by Authority Health and U of M, is the only GME program in Michigan which offers this program and certification upon completion of the 2-year, 42 hour didactic and workshop program. It has been very well accepted by the residents and is the core of Scholarly Activity and Quality Improvement.

All programs require residents to actively participate in scholarly activity prior to program completion. Resident projects explore topics in biomedical research, quality and safety, population and public health, and patient education in the ambulatory care setting, inpatient setting, educational environment, and the community. In the last academic year all graduating residents completed at least one scholarly/CQI project. Multiple faculty

members engaged with residents in CQI projects. Of these projects, 11 were peer-reviewed presentations or publications of scholarly work, 58 conference presentations, 4 peer-reviewed publications, 9 book chapters, and participated in or led 17 grants.

The GME Consortium continues positive progression in our transition from an AOA accredited program to ACGME accreditation. To date, the Institution has received full continued accreditation through 2027; Internal Medicine has full continued accreditation through 2027; Pediatrics has full continued accreditation through 2028; Psychiatry has full continued accreditation through 2029, and Family Medicine has continued accreditation with its 10-year review to be conducted this June, 2020. Our AOA accreditation ends at the conclusion of this academic year (June 30, 2020).

- **MOTION Coalition (Michigan Organizations to Impact Obesity & Nutrition)**

MOTION emerged from Authority Health's Childhood Obesity Task Force which was convened to address the urgent issue of childhood obesity. This coalition has benefitted from the leadership of Dr. William Dietz, a national pediatric obesity expert from George Washington University, and Diane Valade, a health policy and legislative analyst with Henry Ford Hospital. Childhood obesity is viewed by the Coalition as not just a medical problem but a population health issue requiring a collaborative solution, requiring attention given to parents and families. Reflecting this dynamic, the coalition is comprised of stakeholders representing a multitude of sectors from youth organizations and community organizations, to health care providers and educators. The coalition meets quarterly and as with other convening functions has assumed a population health orientation. Its work will feed into the newly aligned population health process, influencing school health policy, as well as state and logical legislation and promoting concepts leading to improved nutrition and more active living.

- **Clinical Operations**

Authority Health exited the partnership with Behavioral Health Professionals, Inc. and Development Centers, Inc. to focus on the development of a solely owned continuity site for our family practice residents.

Authority Health assumed ownership of the Popoff Family Health Center, on July 1, 2019. The physical location has been a cornerstone in the community for over 50 years. It will serve as a continuity site for our Family practice residents and provide an integrated training experience.

- **Health Insurance Navigation and Outreach**

Authority Health has been a leader in providing enrollment and navigation services, including training for providers, in the region. Most recently, the division has provided redetermination services for Medicaid health plans. At the core of this function's capabilities is the deep knowledge of services available to improve access to health care services and other programs that positively influence health.

- Access to Health Care – The Authority Health facilitates access to health care services for uninsured and underinsured residents. Through an Interdepartmental Agreement with the Michigan Department of Community Health, Authority Health conducts Medicaid outreach activities in partnership with area health systems, safety net providers, and faith-based community organizations (FBCOs).
- Authority Health is a certified navigation organization with emphasis on Affordable Care Act and Healthy Michigan/Medicaid enrollment, as well as assistance with Medicare and other health and human service programs. The Authority Health's outreach staff also provide routine presentations in the community and regularly exhibit at health fairs.
- Enrollment Contracts – Authority Health has affiliations with organizations to provide onsite Medicaid enrollment services.

- **Nurse-Family Partnership (NFP)**

NFP funded by the Michigan Department of Health and Human Service to implement a program for first time pregnant mothers. NFP is an evidence-based community health nursing program staffed with bachelors prepared nurses. Its three main goals include: improved pregnancy outcomes, improved child health and development, and improved economic self-sufficiency. This program was especially unique because there were multiple randomized controlled trials showing positive outcomes in multiple populations nationwide.

The Nurse-Family Partnership grant ended in June 2019.

The program had posted significant achievements that gave the Detroit program notoriety in Michigan and among other NFP programs nationwide. Some of those achievements include:

- **Pregnancy Retention:** 50.80% *(compared with 49% nationwide)*
- **Infancy Retention:** 34.50% *(compared with 36% nationwide)*
- **Toddler Retention:** 58.30% *(compared with 57% nationwide)*
- **Graduation Completion:** 27.10% *(compared with 27.6% nationwide)*
- **Breastfeeding at six months:** 31.3% *(compared with 22.1% statewide)*
- **Well child visits:** 59.8% *(compared with 52.1% statewide)*
- **Depression screening:** 85.2% *(compared with 77.7% statewide)*
- **Tobacco cessation:** 100% *(compared with 42% statewide)*
- **Rate of injury related visits:** 2.5% *(compared with 2.9% statewide)*
- **Early literacy reading, telling stories, singing:** 57.5% *(compared with 59.7% statewide)*

Authority Health closed two programs in the fiscal year.

### Funding Sources

For fiscal year 2019, Authority Health’s sources of funding came from the community at large and various stakeholders, including: Michigan Department of Community Health/Federal Government, the Department of Health and Human Services – County of Wayne, and the U.S. Department of Health & Human Services – Health Resources and Services Administration (HRSA), The Children’s Hospital of Michigan Foundation, The Michigan State University Foundation, Metro Health Foundation, Black Family Development, patient revenue and private and public insurers, individual donors and other.

At the end of the fiscal year, the Authority Health had \$47,143 invested in furniture and equipment and a donated depreciable building asset was added during the year with a value of \$241,808. Authority Health also received a donation of land value at \$56,484.

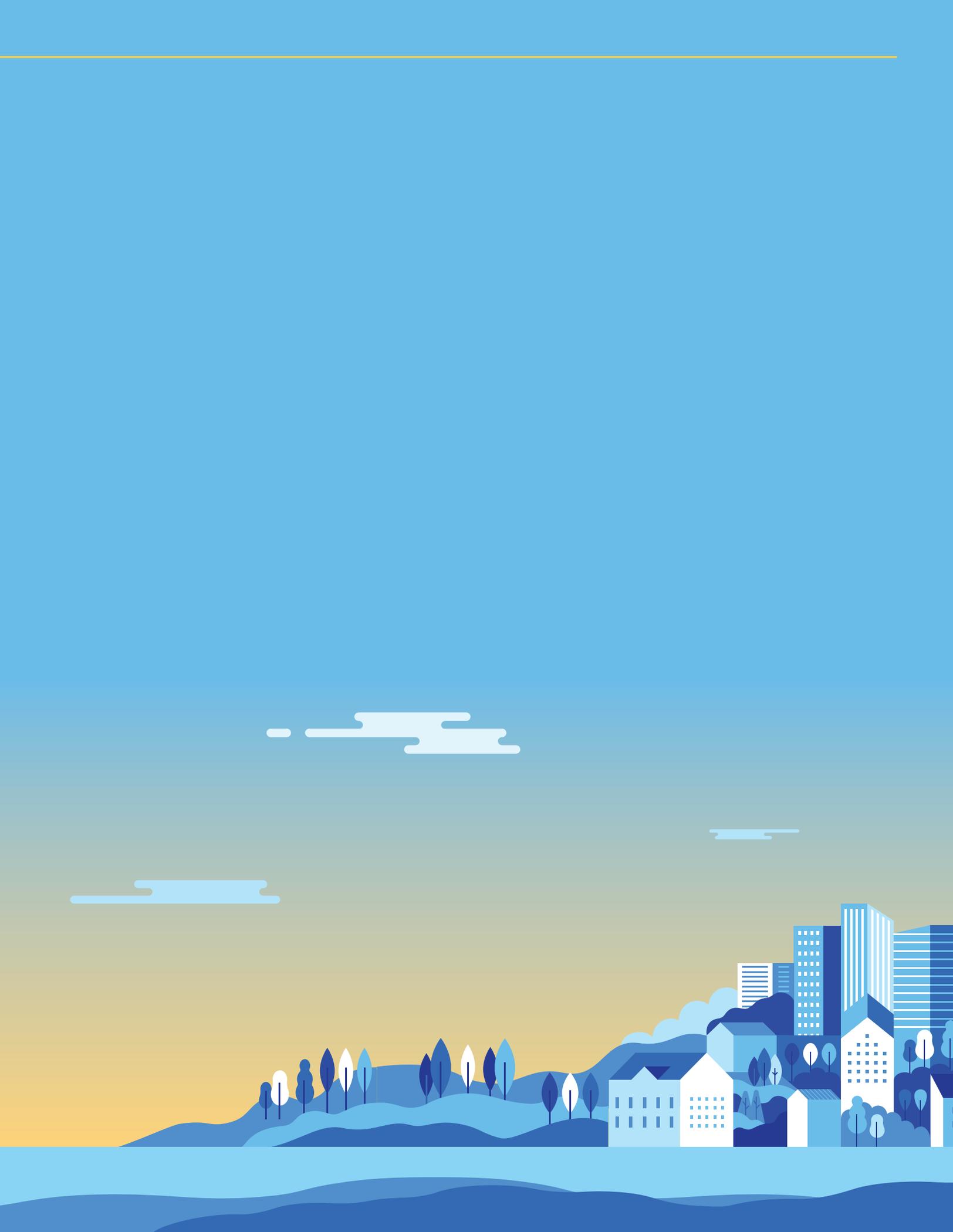
### Interdepartmental Agreement - Medicaid Outreach Services

The Authority Health entered into a new agreement with the State of Michigan Department of Community Health for fiscal year 2019.

### Contacting the Authority Health’s Management

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







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