



**IMPROVISE**  
**ADAPT**  
**OVERCOME**

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### **Our Vision**

We envision all people living healthy lives within healthy communities.

### **Our Mission**

To coordinate efforts to improve population health of residents of the City of Detroit, Wayne County, and the region by assuring access to care.

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**For more information about the programs and services of Authority Health call 313-871-3751 or visit our website at [authorityhealth.org](http://authorityhealth.org).**

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The year 2020 began with a strategic retreat for our Board of Directors; several of them new to the organization. We reviewed the organization’s strategic plans, its mission and core values, and brainstormed about the future. Within a few short weeks, the coronavirus pandemic struck Michigan, and everything changed.

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If adapting to a pandemic isn’t enough, the Black Lives Matter movement arose as several incidents of brutal police oppression and killings of innocent African Americans were revealed.

And then one of the most contentious elections in modern American history, destabilized a country already reeling.

Our strategic plan didn’t change. But our approach did. To reference the informal slogan of the Marine Corps., “we improvised, adapted, and overcame.”

The pandemic didn’t end in 2020. The police oppression didn’t stop. And while the election ended, its ending reverberated with denial and rejection by those who could not accept the outcome.

However, Authority Health maintained our focus on strengthening access to health care services through health insurance enrollment and navigation, strengthening our primary care services, and training physicians to practice in medically underserved communities like Detroit and throughout Michigan. We confirmed our antiracism and social justice values. Our fiscal condition is strong, as is our commitment to create a healthier community midstream, and influence policy upstream.

## Message from the Chairman

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Tim Killeen,  
Chairman, Authority Health Board

In 2020, Authority Health was confronted with the pressure of the coronavirus pandemic, the adverse effect it has had on our vulnerable populations, and the civil unrest. I believe it has performed extremely well.

Authority Health has always had a strong constitution, responding to challenges throughout its history. The Wayne County community can be satisfied that this organization has maintained its commitment to the health care safety net throughout this tumultuous year.

Despite the stress of assuring infection control for our clinical services and safety for employees, Authority Health actually expanded its mission by adding a child and adolescent health center and other new programs. We also enhanced our other clinical services, including the reauthorization of funding for our teaching health center program. Its financial condition is healthy, its staff is safe, and its leadership is focused on meeting the needs of our community.

On behalf of the Board of Directors, I am confident that Authority Health will maintain its position as a leader in the community health infrastructure of our region.

*Timothy P. Killeen*

During a crisis, it's important to secure your facilities, protect and support your staff, and remain current with the best information available. *And*, move forward.

When we realized that the coronavirus pandemic would alter our ability to provide patient care, require us to move to remote administrative functioning, and otherwise endure a totally disorienting situation, we never stopped. We secured personal protection equipment when it was scarce, we continued providing patient care in our health facilities through telehealth technology, our clinical staff supported COVID testing in the community, and our administrative staff remained highly functioning.

The year 2020 was what many call a "twindemic:" a worldwide viral pandemic resulting in the sickness and death of a disproportionate number of people of color, and the year where racial injustice resulted in the brutal end of Black lives. Our medical residents and our staff came together around this grief and chose to do something to improve our understanding of racism and social justice through a novel curriculum developed in partnership with New Detroit.

Authority Health is an organization that values health equity. We will strive for it in the clinical services we provide and the policies we advocate for. The experience of 2020 has made us more resilient and committed to justice in our work and our lives.

As crises bring opportunity, the year 2020 was an opportunity for Authority Health to demonstrate what it's made of: grit and determination to further its mission. In this report, you will see that we continued to develop our mission in a methodical way, adapting to the conditions we were confronted with, innovative in our approach to challenges, and renewing our will to overcome.



Loretta V. Bush,  
President & CEO

A handwritten signature in black ink that reads "Loretta V. Bush". The signature is fluid and cursive, with a large initial "L" and "B".

# STATE OF AUTHORITY HEALTH 2020 SUMMARY

Authority Health honored the legacy of Dr. Anne Mare' Ice by establishing its Pediatric Health Center in her honor in 2020. The health center offers integrated primary pediatric health care and is a major training site for our pediatric residency program. Attending physicians at the practice are graduates of our residency program which helps to fulfill the teaching health center's goal of retaining primary care physicians in the metro Detroit area.

During the height of the pandemic, Authority Health was awarded a \$135,000 competitive application grant from the Michigan Department of Health and Human Services to establish a child and adolescent health center at Hope Academy. This is an especially notable achievement because we overcame a preference by the state to expand school-based health centers outside the urban area of Detroit. Named the "Hope Family Health Center," the facility provides comprehensive, integrated physical and behavioral health care for students in the school. Because the clinic has an entrance to the outside, we are also able to offer services to the community.

Authority Health staffs a psychologist and pharmacist to assure comprehensive integrated services across our network.

In our efforts to provide specialized therapy for our patients in their neighborhoods, we are now providing ultrasound-guided pain management that is more accessible and affordable for the population we serve. In addition, we offer Medication Assisted Therapy for those struggling with opioid and alcohol addiction. We provide this service through an integrated approach, linking our specially trained physicians with our behavioral health provider. This program is an evidenced-based approach to effectively treating addiction. The MAT capability complements our existing Osteopathic Manipulative Therapy to treat pain and physical disability without the use of opioids whenever possible.



*Dr. Anne Mare' Ice examines young patient at the Anne Mare' Ice Pediatric Health Center.*

We want our services to be accessible to all people in need, we are forming relationships with populations that have special needs: the foster care, disability, and LGBTQ communities. We have recently partnered with Samaritas, a human services agency, to begin providing the state mandated well woman visit as they arrive to the facility. In addition, we offer to become their medical and behavior health home once released. Authority health has partnered with the Heartline program since 2017, as part of our Community Medicine programming. Our primary care resident physicians provide health education sessions twice monthly, with the goal of increasing health literacy and empowering women to take an active role in their own health.

Authority Health residents participated in two drive-thru flu vaccine clinics in December 2020 as part of the Community Medicine rotation. Partnering with Project Healthy Community and



The response of Authority Health to the COVID-19 pandemic reveals its resilience and capacity to adjust its business model to assure staff safety and mission effectiveness. It also demonstrated the value of our community-based primary care residency program:

- We never closed our health centers, and we maximized our telehealth capabilities.
- Our clinical staff transitioned to telehealth capabilities within a few days, setting up the equipment, establishing protocols, and informing patients. Response from patients to the technology not only obtained greater than 80% approval rating, but it demonstrated the power of telehealth to overcome personal transportation barriers to receive care. This experience led to a grant request of the FCC (Federal Communications Commission) to conduct a telehealth pilot using community health workers to assist patients in their homes.
- At the request of the Mayor's office, Popoff Family Health Center became the primary care provider for hundreds of Detroiters who either did not have a primary care physician or whose physician had closed due to the pandemic. This occurred during the time when a physician's order was needed to obtain a COVID test at the State Fair Grounds.
- In partnership with Central City Integrated Health and Helix Lab, we were the first to begin offering community based COVID testing using church parking lots. Hundreds of people were tested per event with one event reaching just under 1,000 people for testing for both active infection and antibodies. We consulted with both state and local public health staff and later church-based testing became the model used by the state for local testing in Detroit.

Brilliant Detroit, drive-thru sites were offered at the Hope Family Health Center and Brilliant Detroit community houses. Fifty-one immunizations were provided to children and families. Residents from the Pediatric, Internal Medicine and Family Medicine programs volunteered for the event. Additional immunization campaigns are planned. Funding for this program came from a \$20,000 grant from the Michigan Department of Health and Human Services.

Authority Health Board of Directors has achieved a full complement of representatives from our governing bodies. We value the diverse constituency and robust contributions of our Board members. We also held the first strategic planning meeting of the Board in 2020, affirming the fundamental principles of Authority Health:

- Clinical service and an excellent patient experience
- Authority Health exists to fill the voids
- Health insurance navigation and outreach
- Build a data-informed community and provide data

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*Authority Health and Central City Integrated Health collaborated on a series of church-based COVID-19 testing clinics.*

## Accomplishments

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Residents, faculty, and administration at Authority Health have begun developing didactic training in antiracism and social justice. In partnership with New Detroit, our intent is to be a model medical training organization based in the principles of anti-racism and promoting social justice. This is consistent with our work in population health and trauma-informed care. Residents, faculty, and administration at Authority Health have begun this three-year curriculum, developed in partnership.

Authority Health won a \$48,000 competitive contract with the Detroit Public Schools Community District to monitor COVID-19 compliance in schools and administrative offices. This contract enabled Authority Health to add three site monitors to review 105 schools and 10 administrative offices to ensure compliance.

We established a relationship with the Everest Foundation resulting in a \$135,000 grant to fund the training of an additional internal medicine resident. This resulted in increased unrestricted funds to cover part of the salary of a behavioral health therapist which allowed us to fulfill the goal of having integrated primary and mental health services.

Our medical residents received advanced training in population health and trauma-informed care (TIC), which distinguishes our program from others. This year, through a \$79,182 training grant provided by the Children's Foundation, we significantly improved the ability of residents to treat the overall health of children affected by trauma. Components of the grant funded curriculum include

TIC training modules, secondary traumatic stress training, case conferences, and a Head Start resilience intervention project.

Advocacy has become a larger piece of our external relations, as the need to shape public policy to create a better environment for pursuing our mission. Following an annual legislative plan, with guidance from our government affairs firm, we maintain routine contact with the Detroit/Wayne County legislative representatives on statewide issues and the Washington delegation for reauthorization of the GME teaching health center program. Consistent reinforcement of the value of teaching health centers resulted in a three-year reauthorization and pursuing an improved level of payment.

Authority Health received continued support from the Metro Health Foundation, which awarded a \$5,000 grant for the Albert Schweitzer Fellowship, adding to nearly \$15,000 in total contributions to the program. The Fellowship has trained 18 fellows in humanitarian principles and provided sustainable health and human service programs in the Detroit community.

See the chart on the following page for all grant activity.

*Medical residents were able to meet as a group for training programs through a safety protocol established at Authority Health.*



# Accomplishments

	Grantor	Total Funds Committed	Total Grant Funds Received Including Carryovers As of 9/30/2020	Terms of Contract/ Total Year(s) Funded to Date	Beginning Date	End Date	Year Funding Started	Primary Source of funds comes from Federal, State and Local and private foundations
1	THCGME - Health Resources and Services Administration (GME)	10,650,000	0	1/8	07/01/20	06/30/20	2013	Payment Grant - \$150K per resident per year for 71 THCGME resident in four specialties: Psychiatry, Pediatric, Family Medicine and Internal Medicine
2	Michigan Department of Health Human Resources (MDHHS)	400,000	0	1/14	10/01/20	09/30/21	2005	Reimbursable Grant - Medicaid Administrative Outreach, annual renewal - not to exceed
3	MDHHS Children & Adolescent Health Center Program (CAHC)	135,000	128,445	1/2	10/01/20	09/30/21	2020	Reimbursable grant - annual renewal for the Hope Academy- Matching Funds required
4	MDCH	0	0	1/1	10/01/20	09/30/21		\$50,000 each year for three years.
5	Everest Institute	135,000	0	1/1	07/01/20	06/30/21		Allotted in 4 payments. For (1) one THC Resident
6	Detroit Public School Community District	248,000	0	1/1	09/06/20	06/30/21		Not to Exceed Contract with a (1) one year renewal
7	Children's Foundation	0	52,029	1/4				Full payment is sent at beginning of contract
8	MDDHS CAHC Influenza	20,000	0	1/1				\$10,000 at beginning of contract and \$10,000 at the end of the contract
9	Family Medical contract/Health Endowment Fund	28,500	0	0				Teaching sessions and supervision of students/residents in patient care.
10	WSU	10,000	0	1/1				Support implementation of a patient assessment of risk of financial exploitation.
11	Black Family Development	3,000	0	1/4				Schweitzer Fellowship
12	Black Family Development	0	18,126	0				Contract Dr. Tripi community medicine
<b>Miscellaneous</b>		<b>Miscellaneous Income</b>						
<b>Totals</b>		<b>\$11,629,500</b>	<b>\$198,600</b>					

(Tracking for Grant/Project Funding Only)

LAYOFFS . ISOLATION . DISTANCING  
REMOTE WORK . PLAGUE . ZOOM  
VIRTUAL . MASKING . HEALTH EQUITY  
SOCIAL JUSTICE . DIVISION . QUARANTINE  
FOOD SECURITY . PLAGUE . PIVOT  
HAND WASHING . RACIAL DISPARITIES  
LOCKDOWN . VACCINE . HOPE  
BLM . DISRUPTION . ANXIETY  
DEPRESSION . HOUSING INSECURITY  
STRUCTURAL DIVERSITY  
RACISM . ETHNICITY  
RACIAL CULTURAL  
EQUITY . REPRESENTATIONS  
SYSTEMATIC DISPARITIES  
RACISM . NATIONAL  
PRIVILEGE . VALUES  
CULTURAL MISAPPROPRIATION GENTRIFICATION  
IMPLICIT BIAS . INCLUSION . INDIGENEITY  
MACROAGGRESSION . MICROAGGRESSION  
MODEL MINORITY . MULTI-CULTURAL COMPETENCY  
OPPRESSION . PREJUDICE . IDENTITY



# RESIDENTS' CONCERNS ABOUT RACIAL JUSTICE PROMPTS CURRICULUM DEVELOPMENT

The brutal deaths of George Floyd, and a litany of African Americans who have been killed at the hands of police officers prompted Authority Health Teaching Health Center residents to voice their concerns to Dr. Ernie Yoder, director of Medical Education and Medical Director of Authority Health clinical services. They were looking to the organization to act on the situation in a meaningful way.

Dr. Yoder, together with Loretta V. Bush, president and CEO of Authority Health immediately called a meeting of all residents and administrative staff to discuss this matter. It was an emotionally charged moment for the residents who for weeks had been masked, gloved, and gowned in their efforts to maintain their primary care services amid the coronavirus pandemic, and while conducting community-based testing. With the political divisions in the country profound, the convergence of stressors resulted in a critical moment. While Authority Health joined many organizations in formally expressing its outrage at the racial injustice and solidarity with the Black Lives Matter movement, that evening's discussion not only was a healthy catharsis, it resulted in a commitment by the teaching health center to establish a formal curriculum in antiracism and social justice, as well as a training track in administrative medicine and leadership skills.

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Authority Health employees adopted the Black Lives Matter logo for their internal ZOOM calls.



(Above and below) Staff adopt individual styles for pandemic masking.

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This was not only the right thing to do, but the Accreditation Council for Graduate Medical Education, which accredits the Authority Health Teaching Health Center, is beginning to look for progressive movement around diversity and health equity. "There is evidence that this sort of training produces physicians more successful for developing relationships with their patients and facilities," said Dr. Yoder. "We need primary care physicians to serve vulnerable and underserved communities and who know how to relate to them with cultural competence."

Authority Health engaged New Detroit, a racial justice organization that was established following the 1967 civil disturbance to help restore the integrity of the social fabric in the city. Among the programs launched by New Detroit was a multi-cultural immersion for civic leaders to develop a deeper appreciation of culture, history, and social perspectives of minority communities.

The partners develop a concept and content for a three-year cycle of workshops for residents that would include the cultural perspective as well as the sociopolitical dynamics that manifest themselves in the recent murders of African Americans. The training will also focus on understanding and rectifying implicit bias which negatively affects patient care.

Following the initial resident meeting, Mrs. Bush sent an email message to staff who attended the session. Among her comments, she wrote, "The feelings and experiences that were shared were

deeply personal and we want to respect that. We were all trusted with difficult truths and experiences, we observed tears (including my own) and it is vitally important that we honor those confidences and not attempt to change or "fix" anyone. It is difficult to observe the pain of colleagues who trusted us enough to share the core of their heart and their feelings. I also know that there were many other feelings and tears that went unexpressed and I honor those as well."

The resident training will provide a "deep dive" into the cultures of the largest minority groups in the city, then examine the history of race in Detroit as evidenced in terms of access to health care, quality of health care, and experience with health care, as well as health disparities that manifested themselves during the COVID-19 pandemic.

"Our goal is to establish Authority Health as a model teaching health center promoting anti-racism and social justice through the training of our residents," Dr. Yoder said.

The antiracism and social justice curriculum complements a population health certification program, provided in partnership with the University of Michigan School of Public Health, and training in trauma-informed care. •

# REVIEW OF DPSCD COVID SAFETY PROCEDURES

Authority Health compliance officers began audits of the schools and administrative offices of the Detroit Public Schools Community District on Sept. 28. Our audit process was designed to survey each facility at least once per month. Initially audits were logged on paper, with findings discussed with DPSCD operations department. Whom in turn discussed finding with school principals and office supervisors. By mid-October, our audits shifted to the Qualtrics online program that allowed for a much more efficient transmission of information.

The audit reviewed two general areas of concern: the cleanliness and sanitization of classrooms, lunchrooms, restrooms, physical activity sites, and offices; and the appropriateness and effectiveness of the safety behavioral component, communicated through signage and modeling.

Over the course of six months, performance improved in terms of nightly disinfecting and overall cleanliness. At this juncture, the schools have a fine-tuned perspective as to the expectations for cleanliness and sanitation.

A highlight in this area was the creation of a cleaning checklist developed by the two custodial companies. It provided all custodians a clear understanding of what should be cleaned, the details of the cleaning.

The signage and modeling for behavioral orientation has also been found to be effective. Proper distancing and wearing of masks has been enforced. Stickers, signs, arrows all provide sufficient guidance. Modeling was monitored in hallway passages, from lunchroom to classrooms, restrooms, and other communal spaces.

We believe that Detroit schools are ready to accept children face-to-face in a safe environment, primarily due to the auditing process, as well as follow up to findings. •



*Teachers observed at DPSCD.*

## 2020 Best of the HealthNet/Employee of the Year Award Winners

### Best of the HealthNet Awards

Authority Health established the Best of the HealthNet Awards to recognize the outstanding contributions of our volunteers, partners, and stakeholders in the mission we all share. Nominations for the Best of the HealthNet Awards come from members of the community as well as our staff.



**Kimberly Farrow, MD**  
Central City Integrated Health



**Michael Randall**  
American Heart Association



**Veronica Claybrone**  
Metro Detroit Diaper Bank



**Anne Mare' Ice, MD**  
Anne Mare' Ice Pediatric Health Center

### Employee of the Year

Kelly Herron is a consummate professional and has been instrumental in operation of the Popoff Family Health Center. It is for this reason, Kelly Herron, Practice Manager, has been named Authority Health's 2020 Employee of the Year!



**Kelly Herron, MPH**  
Clinical Practice Manager

# EMPLOYEES PRESENT AUTHORITY HEALTH CEO WITH LEADERSHIP AWARD



*Loretta V. Bush, President & CEO*

Authority Health Chairman, Tim Killeen, presented a special award to Loretta Bush, Authority Health CEO, at the Best of the HealthNet Award Ceremony. These were his remarks.

Crises tend to define leaders.

Leaders rise to the occasion.

Last spring, Loretta Bush called a meeting of her administrative and clinical leadership to discuss the need to respond to the rapidly developing coronavirus pandemic in Michigan. This was before Gov. Whitmer issued her shelter-in-place executive order.

With personal protection equipment in low supply, and Authority Health's implementation of telemedicine still in the planning stages, she instructed clinical staff to address safety issues at our health centers and administrative

staff to begin working remotely from home. By mid-week, the shelter-in-place order had been issued.

Her immediate concerns were two-fold: maintain the safety of staff and serve our community.

The first challenge was to assure safety. With the absence of support from the federal government, state and local health organizations had to purchase masks, gowns, and gloves on their own. Loretta spent the weekend in partnership with Detroit Central City Integrated Health to negotiate a purchase with an Asian firm. She was literally on the phone all night working desperately to secure the purchase. She succeeded, only to have the shipment stalled at customs. Her resourcefulness and ability to collaborate secured small quantities of PPE from various sources.

The second challenge was to meet the needs of the community. Mrs. Bush directed staff to limit personal access to our health centers to urgent medical concern and moved rapidly to acquire telehealth technology. Authority Health joined the City of Detroit in its efforts to initiate assessments of people who qualify for COVID-19 tests. We began assessing people for COVID testing by telehealth equipment. Eventually, Mrs. Bush and staff negotiated for supplies and partnered with a laboratory to conduct our own testing.

Loretta, a seasoned public health professional, took Authority Health to the community and set up arrangements with area churches to conduct COVID testing. More than 4,000 tests were performed by our residents and other community volunteers.

It's important to note that Mrs. Bush was intent on not closing our primary care services during this time.

Unfortunately, several members of our medical and clinical staff developed COVID infections during this initial period. But since the initial period, our staff has remained healthy.

Administratively, she was patient, but fair in her expectation that business will continue effectively in the remote setting.

While several employees were working out of make-shift offices in their homes, we managed to be productive. And while this was working well, Mrs. Bush was aware that one important aspect of our mission – Medicaid enrollment – was diminished through the remote location. That function needed an office and a safe protocol for client encounters.

In June, as Gov. Whitmer began loosening the state executive orders allowing administrative staff to return to their offices. Mrs. Bush led the development of an extensive 35-page "play book" that detailed virtually every step of the re-entry from the temperature reading at the receptionist desk to break room protocol and the all-important edict: Wash your hands. Masks need to be worn outside of work areas. No meetings in offices and small conference rooms. Safety first – but productivity just the same. She adopted a hybrid staffing model in which only 50 percent of the staff was present in the office at any given time. Most meetings have been conducted by remote technology.

Staff has been safe. And the community has been served.

As the infection rates began to increase this fall, Mrs. Bush became concerned, like she was last spring. She concluded that she would probably need to return staff to remote status. We have smoothly reverted to remote work, while maintaining normal clinical operations.

So, here we are, riding another wave of the coronavirus pandemic. We are confident that our mission will continue, and staff will remain safe.

In recognition of outstanding leadership during the coronavirus pandemic, staff members of Authority Health wish to present Mrs. Bush with an award of appreciation. It is an image of a figure moving a boulder. Below is the inscription: "The best way to predict the future... is to create it."

Congratulations to Loretta Bush for her leadership in 2020.

FAMILY MEDICINE



**NATHALINE CHIU, MD**  
[MEDICAL SCHOOL](#)  
 American University of the Caribbean School of Medicine



**HANJA GHAZI, DO**  
[MEDICAL SCHOOL](#)  
 Michigan State University College of Osteopathic Medicine



**MARY HAO, DO**  
[MEDICAL SCHOOL](#)  
 Touro College of Osteopathic Medicine-Harlem



**LAITH KHALIL, DO**  
[MEDICAL SCHOOL](#)  
 Michigan State University College of Osteopathic Medicine



**KABIR VOHRA, DO**  
[MEDICAL SCHOOL](#)  
 University of Pikeville Kentucky College of Osteopathic Medicine



**ALEXANDER VAN DEN ENDE, DO**  
[MEDICAL SCHOOL](#)  
 Pacific NW Univ. of Hlth. Sciences College of Osteopathic Medicine

INTERNAL MEDICINE



**ALBANA CAMAJ, DO**  
[MEDICAL SCHOOL](#)  
 Arizona College of Osteopathic Medicine MidWestern University



**DANIEL MARDIT, DO**  
[MEDICAL SCHOOL](#)  
 Des Moines University College of Osteopathic Medicine



**AMANDA SANDLES, DO**  
[MEDICAL SCHOOL](#)  
 Michigan State University College of Osteopathic Medicine



**EMAN TALIA, MD**  
[MEDICAL SCHOOL](#)  
 University of Medicine & Health Sciences-St. Kitts



**NICHOLAS TISDALE, MD**  
[MEDICAL SCHOOL](#)  
 University of Medicine & Health Sciences-St. Kitts

PEDIATRICS



**MELANIE ANDERSON, DO**  
[MEDICAL SCHOOL](#)  
 West Virginia School of Osteopathic Medicine



**MELISSA HANNISH, MD**  
[MEDICAL SCHOOL](#)  
 Wayne State University School of Medicine



**SARAH HARRIS-KOBER, DO**  
[MEDICAL SCHOOL](#)  
 Michigan State University College of Osteopathic Medicine



**JESSICA LUCAS, DO**  
[MEDICAL SCHOOL](#)  
 Midwestern University



**IYA OWAINATI, MD**  
[MEDICAL SCHOOL](#)  
 American University of the Caribbean School of Medicine



**REBECCA THOMAS, DO**  
[MEDICAL SCHOOL](#)  
 Liberty University College of Osteopathic Medicine

PSYCHIATRY



**JASMEET GILL, MD**  
[MEDICAL SCHOOL](#)  
 Avalon University School of Medicine



**PATRICK O'CONNELL, DO**  
[MEDICAL SCHOOL](#)  
 Michigan State University College of Osteopathic Medicine



**TONY SINGH, DO**  
[MEDICAL SCHOOL](#)  
 Michigan State University College of Osteopathic Medicine



**HOPE WILLIAMS, MD**  
[MEDICAL SCHOOL](#)  
 Michigan State University College of Human Medicine

2020-2021 PGY 1 Residents

# AUTHORITY HEALTH GRADUATE MEDICAL EDUCATION CONSORTIUM OVERVIEW

The Authority Health GME Consortium is the second-largest teaching health center in the nation. Yet in the scheme of traditional graduate medical education, it is relative small compared by programs sponsored by teaching hospitals. However, this is an example of "small giants," a term for highly effective, small businesses that manage their growth in ways that allow it to expand qualitatively, rather than size.

Authority Health has consistently refined its training experience for residents, offering opportunities in community health centers and private physician offices, as well as mental health centers and integrated sites. Together with the University of Michigan School of Public Health, it presents an innovative population health

certification program for residents, given them a scope and depth of understanding that few residencies offer. Additionally, its community medicine rotation, which recently added a clinical component, further engage residents in the communities they train in.

Bo Burlingham, author of *Small Giants*, notes, "In business, after all, it's easy to confuse size with greatness, and getting bigger with getting better. When you stop and think about it, the connections between the two are tenuous at best, but - with all the attention paid to getting big and growing fast - it's easy to understand why most of us tend to equate them. But deciding to go for greatness rather than bigness, the small giants remind us that the two are not the same, thereby posing a compelling question: What exactly is it

that makes a company great?... I figured that we could all benefit by considering the possibilities, by asking ourselves what we really want out of work, and out of life?"

Arguably, the Authority Health GME Consortium is demonstrating its role as a small giant by focusing on training the next generation of primary care physicians in a way that will prepare them to provide high quality, community centered practice in medically underserved areas.

We are pleased that funding for the national teaching health center program has been renewed by Congress. The Michigan Congressional Delegation provided bi-partisan support of this effort.

### **Authority Health 2020 Graduate Practice Site Selection**

The Authority Health GME Teaching Health Center announced that 19 medical residents completed their training in 2020. Fifty-three percent selected primary care practice. Nearly half of the residents selected practice settings in the State of Michigan, with 79 percent of them working in medically underserved areas and 21 percent in federally qualified health centers.

The distribution of sites in Michigan is below:

#### **Family Medicine**

- Oakland County, private practice
- Grand Haven, private hospital system
- Detroit, private health system

#### **Internal Medicine**

- Mt. Pleasant, university hospital
- Southfield, private hospital system

#### **Pediatrics**

- Southfield, primary pediatric care
- Grand Rapids, pediatrics critical care fellowship
- Inkster, primary care pediatrician
- Detroit, private hospital

#### **Psychiatry**

- Lansing, Child and Adolescent Fellowship (2)

## **COVID-19 Reflection: Pe'guy Schmidt, MS, MPH, DO, Psychiatry**

**Note: Authority Health teaching health center residents are on the front lines providing primary care during the COVID-19 pandemic. We asked them to share their reflections of this aspect of their training.**

Population health has never been more tangible to me than during this pandemic. Despite my being a physician whose training is essentially about dealing with morbidity and mortality, my own humanity thus my own mortality has never been so palpable. The indiscriminate infection pattern of COVID-19 is sobering, to say the least. More importantly, it forces me to acknowledge and appreciate my privileges. I am blessed with the ability to follow lockdown directives without worrying about starvation or significant loss of income.

As a resident psychiatrist, I interact with patients from all walks of life. A major part of my purpose as their doctor is to listen to their words, hear their unspoken stories and empathize. With that said, I cannot help but hear a single mother who suffers from Major Depressive Disorder and Generalized Anxiety Disorder losing hope because she is struggling to keep up with her children not being in school. As a custodian at a local hospital, she must go to work because her job is essential although most people don't think about that. She is a hero just like the doctors, nurses, and paramedics that the news focuses on. However, deep down inside she is dying because in addition to having anxiety about transmitting the virus to her children, most importantly she worries about who she can trust to take care of them while she is at work because she cannot afford decent childcare.

I see my previously stable schizophrenic patient decompensating because taking a long walk was part of his daily routine, and now his paranoia is exacerbated by the lockdown.

As someone who was born and raised in Haiti, who still has family and friends living there, I cannot help but think about this mother of six who made the news in Port-au-Prince. She told the reporter that as a street food vendor it is difficult for her to stay quarantined because she must earn a living every day in order to afford to feed her parents in addition to her six children and her younger brother. Her choices are starvation for her and family members or risk being infected. Haiti like many countries around the world is burdened with infrastructural shortcomings such as lack of reliable electricity to support long-term food storage, lack of potable running water services to support proper handwashing, and weak hospital systems that are even less accessible to the masses and the poor.

If COVID-19 is devastating to rich countries like the US, Italy and China, it behooves me, as a physician, as a public health professional and most importantly as a human being to think about the impending impact it will have on countries with weaker economies and its ramification on my co-citizens of the world. I do hope that the lessons learned from this pandemic raise our global consciousness by making us more altruistic. The mentality of "us versus them" is detrimental to all of us; we are all indeed in this together. •

## AUTHORITY HEALTH RESIDENT JOINS PEDIATRIC PRACTICE

Jasmine Gray, D.O., knew she wanted to be a physician from a very young age. Her introduction to medicine began through the role model of her pediatrician.

Her interest to train in a teaching health center was through the advice of a mentor who had trained and worked in an academic health center in Detroit. Through her research and interest in the City of Detroit, she found Authority Health and knew this was where she wanted to be – training in an urban-based teaching health center.

In July 2020, Dr. Gray fulfilled the promise of working in a teaching health center by joining the Authority Health pediatrics staff providing medical care for low income children in the City of Detroit.

“What prompted me to go into medicine was my relationship with my pediatrician,” says Dr. Gray. As a child, Dr. Gray, as many young people today, had childhood obesity. Although active in dance, her family recognized they ate a lot of fast food. Under the guidance of her pediatrician, the family reached a point where their overall eating habits needed to change. “It was a family decision to make everybody healthy. It wasn’t just “Jasmine”, you need to be healthy. Everybody needs to be healthy.” She went on to emphasize that “one huge reason why I went into pediatrics was the concept that, if you can grow up as a healthy child, you have a better chance at being a healthy adult. It all starts in childhood, it’s crucial in forming good habits as adults.”

As a child, Dr. Gray was a classically trained pianist, a passion she continues to follow today. However, her ultimate love was medicine and caring for others. She volunteered at the Children’s hospital in her home state, and every chance she got, she asked if she could observe clinical practice. “When can I come shadow you?” she’d ask pediatricians. She took it a step further in taking a course in medical terminology in high school.

Dr. Gray’s pediatrician was a role model and a trusting caregiver. “I went to her not only for well visits but for any and everything... one time, just because I was feeling sad. I felt she was always someone I could go to. That really prompted me to go into medicine and then of course my love for science, math and health care. This was my destiny. There never really was a question of what I was going to do when I grew up.”

Dr. Gray chose primary care pediatrics when she realized that she was interested in taking care of children outside of the hospital. Primary care is an environment that involves children with illnesses, some chronic and some acute, but often it involves healthy children with the emphasis of keeping them healthy.

“A good chunk of our residency is being in the hospital,” she says. “You learn a lot of hospital medicine. However, I realized my calling was in primary care and preventive medicine because I was always that resident calling the families and the PCP’s during and after the hospitalizations. I often find myself inadvertently recruiting patients this way as some want to follow up with me. We do great work on the hospital side, but we do even greater work outside the hospital keeping kids in good health.”

A native of Kentucky, and training during her medical school education in rural Kentucky, Dr. Gray was more interested in a community-based experience in a large urban environment. One of her mentors who trained in a teaching health center helped convince her that a community-based training opportunity was for her. Detroit fit the bill.

“I wanted something that was the perfect fit – a small community medicine-oriented program in a big city, in an urban city. It was dedicated to the patient population I represent and wanted to serve. It took me out of the rural setting of Kentucky where I had been.



Although there's a great need there too, there's a lot of need here (in Detroit) where there are a lot of minority patients of color, Black Americans, who look like me. That's what really steered me toward this program. It focused on community medicine, prevention, and wellness. You train not only in the community but in the hospital and I wanted to see everything so I can recognize every disease and be the best pediatrician when I was out on my own serving."

***"It's a time when we need to remember what it means to be a doctor. It means to teach as well. We have to remember not to tell people what to do. We need to guide and teach people."***

She trained for three years under Dr. Anne Mare' Ice, a renowned pediatrician who has practiced in Detroit for over 50 years. Authority Health residents, like their counterparts throughout the country, work in community health centers and hospitals. Some train with seasoned practitioners in private practice looking for junior physicians to succeed them. The elder physician shares their wisdom and skills, the younger physician offers new knowledge and energy.

Dr. Gray has come to understand that Dr. Ice has not only provided consistently good medical care, she has the trust of a community that doesn't always find trusting the medical/scientific community an easy task. Dr. Gray recalls an instance in which an infant needed intensive care, but the mother was frightened of being detached from her newborn. As Dr. Gray attempted to calm her, the mother learned that Dr. Gray was working in Dr. Ice's practice. "She's still practicing? Well, I want to go there (with her child)." The relationship improved immediately. "I think I trust you now," the mother said. "Thank you so much for explaining."

Trust is essential in medical care. "A lot of people, not just African Americans, are having distrust in modern medicine. It's a time when we need to remember what it means to be a doctor. It means to teach as well. We have to remember not to tell people what to do. We need to guide and teach people."

Dr. Ice taught her resident many skills, but what impressed Dr. Gray the most was the practice of listening. "I really appreciated learning that aspect of medicine from her—how to listen, then how to answer their questions, meeting the people where they are. Outside of that, I love that she also asks us questions too." Of the many things she has learned during her training, the art of sitting back, listening,

"letting them talk," is at the top of the list, says Dr. Gray "Always ask your patients and their families "How are you today?""

As she approaches the end of her residency training, Dr. Gray and other residents are learning about the role of primary care in a medical crisis. One major change has been the institution of virtual health technology. It's hardly new to Dr. Gray's generation, but unusual for localized primary care. It's used most often to connect distant rural communities with the physicians in academic centers. Virtual health requires good diagnostic skills because outside of whatever help a parent can be, it's left to the physician and child to communicate.

Recalling her osteopathic education, she says her professors taught her, "you're going to get your diagnosis from taking a good history. Getting good information is critical. You just confirm it with a physical exam. It's really going back to the basics at this point." It's important, however, for families to have simple tools like a thermometer, and, of course, access to computer technology."

Dr. Gray wishes more elected officials were able to witness her experience in a teaching health center. "They would recognize how important it is and how many lives we touch, because we not only treat the community, we immerse ourselves in the community with population health." Authority Health residents are required to complete a course in population health, which augments their understanding of the role that social determinants, health equity, and other aspects of population health factor into the care of her individual patients.

It takes community engagement, she says. "Once you get community engagement you start to see the changes, socioeconomically, and start to see decreased rates of people going to the ED. If you really focus on the community, as a whole, you start to see a change that is lasting, not temporary." •



*Dr. Gray celebrating Halloween with fellow Anne Mare' Ice Pediatric Health Center staff.*

## **AUTHORITY HEALTH TEACHING HEALTH CENTER ADDS TRAUMA-INFORMED CARE TO CURRICULUM**

The Authority Health Graduate Medical Education Teaching Health Center Program developed a program to enhance the training of medical residents in trauma-informed care. The training, funded by the Children's Foundation, better prepares primary care residents to provide child and family health for those affected by trauma, especially those in Wayne County, according to Carolyn Custer, D.O., director of Quality and Community Medicine at Authority Health.

The training was multifaceted involving didactic and experiential education, as well as child interaction both in and out of the clinical setting. Medical residents were trained to shift the primary care of families with toxic stress "from a place of fear and insufficiency to empathy and non-judgment in order to benefit children and the healthcare workers who serve them," according to Dr. Custer.

The training was led by Dr. Mark Sloane, director of the Children's Trauma Assessment Center, affiliated with Western Michigan University, and Dr. Teresa Holtrop, head of the Pediatric ACEs (adverse childhood experiences) Learning Collaborative of the Michigan Chapter of the American Academy of Pediatrics.

"The community medicine TIC project goals overall echo the idea of benefitting medical residents and children both now and in the future," said Dr. Allison Tripi, Supervising Pediatrician.

"Our residents take care of patients every day in the hospital and clinic setting. Everything they learn about trauma-informed care through didactics and experiences and mitigating secondary traumatic stress can make them more competent, holistic, and joyful physicians that benefit the patients they see today.

"Our rotation endeavors to help residents use TIC in their career indefinitely and that impact is difficult to overstate. Physicians who provide empathic, nonjudgmental care can more effectively discern a difficult diagnosis that may be rooted in trauma which can help the health and wellbeing of children and their families. Managing trauma early can help children become more resilient, successful adults as opposed to suffering with the chronic diseases that are more often found in adults with high ACE (adverse childhood experiences) scores. Many factors impact health outcomes in children, and we hope to optimize the physician's role in those outcomes through our trauma-informed care training."



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

Dr. Custer is leading the development of a child and adolescent health center at Hope Academy in Detroit. Funded through the State of Michigan, the Hope Family Health Center will provide an opportunity allows to have a sustainable community medicine site where residents can practice trauma-informed care, engage and empower students and families to be healthy, and learn how to build community resilience.

This training will become a routine part of the resident experience at Authority Health, another with a certification in population health and health equity. This comment from one of the residents exemplifies the value of the program:

"Using trauma-informed care will be essential in my future career as a pediatrician working in an urban underserved area. As many of us know, patients may often present with physical complaints that may be manifesting due to social/emotional/traumatic stresses. These are important to understand and acknowledge to holistically treat our patients.

"Incorporating trauma-informed care can make a world of difference in how we care for our patients. Without incorporating a patient's full experiences into the care we give, we are truly cheating the patient. It is our job as physicians to acknowledge the effect that trauma has on the overall health of the patients.

Knowing this information will allow for better management of patient's health and also, for building a patient-physician relationship rooted in trust and mutual respect."

## **COVID-19 Reflection: Danielle Keyton, D.O., Psychiatry**

# **AUTHORITY HEALTH RESIDENTS PROVIDE INSIGHT ON VIRTUAL HEALTH TECHNOLOGY FOR ARKANSAS MED STUDENTS**

American medical schools are required to provide medical students with experience working with physicians training in residency programs. Likewise, American residency programs are expected to train resident physicians to teach medical students. During the time of the COVID-19 pandemic, achieving these expectations requires that programs address a new set of challenges. Technologies enable both distance learning and telemedicine (virtual physician-patient encounters).

In an innovative collaboration, Arkansas Colleges of Health Education (AKHE) allow their medical students to work with Authority Health Family Medicine residents during patient encounters facilitated by the medical platform, Doxy.me. Distance-learning technology will be utilized to securely link the Arkansas students with Authority Health (AH) residents during patient care sessions. AH patients will undergo "informed consent" so that medical students may observe their virtual primary care encounters. It is anticipated that students will be able to directly engage in these encounters in the near future.

*Note: Authority Health teaching health center residents are on the front lines providing primary care during the COVID-19 pandemic. We asked them to share their reflections of this aspect of their training.*

During this current Pandemic of COVID-19 I have had many thoughts, ideas, worries, and even positive experiences. One of the most rewarding things I can speak about is time. Time is so limited these days especially with residency training and two young children at home. However, we have all been forced to spend more quality time with each other. It has been so beautiful to see my children but also stressful. Working from home, studying or even trying to do things around the house with children age 2 and 1 is challenging! I have learned a little bit more about multi-tasking as well as taking breaks to enjoy the simple things. The days when I do have to report to work reminds me of why I chose my profession. I get to be a support for some who have little to none otherwise.

We all know one population that is currently facing the most physical risk is the geriatric population. However, the media is not discussing the mental impact this disease is also playing in this population. Being on geriatrics currently allows me to witness first-hand the distress, anxiety and overall impact on mood that the virus is causing. Many of the elderly residents in the nursing homes are facing heavy restrictions that put a hold on all visitors to the facilities. They also are having to stay in their room and activities have been limited. When talking with them, their bingo or card games with other residents are sometimes the only social interaction they have. Some of them don't have family around to visit them or even call.

The other challenge that this brings as a health care worker, is that we are expected to put our anxiety aside and put on the white hat and continue to do our job as best we can despite the risk to our personal health. This experience has been eye-opening and definitely helped me to realize that oftentimes we are faced with challenges where we decide what role we play as a physician and how this can directly impact our family. I worry every day when I go to work that I will bring the virus home to my immunocompromised family members; but I also worry about my patients that I vowed to care for, and their decompensation due to their already vulnerable mental state. Hopefully, we can learn from this experience and be better prepared for incidences like this in the future. •



*Family medicine resident Dr. James Tsung*

## **VIRTUAL HEALTH TECHNOLOGY BRIDGES THE GAP BETWEEN PROVIDERS AND PATIENTS DURING THE COVID-19 PANDEMIC—CREATING A LEARNING OPPORTUNITY FOR RESIDENT PHYSICIANS**

Telemedicine, or virtual health technology, has been in existence for some time. It was created to provide medical care in rural areas where the nearest physician is hundreds of miles away.

During the COVID-19 pandemic, physical distance is considerably shorter, but no less risky terrain. With providers concerned about maintaining a safe infection control environment for patients and staff, remote care has become a necessity. Suddenly, virtual health has found a practical role for primary care patient encounters. Authority Health has instituted the technology at both of its clinical sites, Popoff Family Health Center and Pediatric Staff, LLC.

Popoff Family Health Center, one of the City of Detroit's designated sites for people to receive a physician's order for a COVID-19 medical

test, is a relatively small facility, with an intimate waiting room and exam rooms. It's not conducive to maintaining a constant infection control environment that is required during a pandemic. Also, people are reluctant to leave their homes, afraid of encountering people who have the disease.

Dr. Ernie Yoder, director of Medical Education, explains that small waiting areas make social distancing – six feet of separation – difficult. "If a contagious person enters the waiting area, how can transmission of infection be prevented? How can the waiting area be kept clean and sterile? One technological solution is telemedicine. Patients and health professionals maintain connection and communication through secure, two-way video conferencing."

The virtual physical exam is limited, challenging the physician to make the most of visual cues and create an environment in which the patient is comfortable – an excellent opportunity for physicians in training to refine their diagnostic skills. On the other hand, this technology is not only safe in a pandemic, but convenient for homebound people without transportation, Dr. Yoder says. "Prior to the pandemic, telemedicine and telehealth technologies were being gradually implemented, mostly in remote areas where distance is a barrier to delivery of clinical care. Now, with the pandemic, telemedicine is being rapidly implemented to permit continuity of care while maintaining safe provider-patient communication."

Young physicians entering the field are at ease with communication technology. In some respects, implementing virtual health locally is a natural development. Primary care studies show greater than 80 percent acceptance of the technology by patients.

"Implementation of telemedicine technology has presented the opportunity to engage resident physicians and medical students in delivering patient care at a distance," Dr. Yoder says. "As faculty and administrators promote implementation, and develop telemedicine skills, residents and students are integrated into the patient care process and learn telemedicine skills. It is likely that telemedicine will continue to grow in usage and become a permanent communication method in many if not most medical practices."

The Popoff Family Health Center is available to see patients during the COVID-19 pandemic. Insured and uninsured are welcome. •

Family medicine resident Dr. Ashley Kaatz





*Residents gather around Dr. Ernie Yoder (center right) to prepare for providing infection control services at a Salvation Army service center.*

## **LETTER FROM THE CEO FOR THE REAUTHORIZATION OF THE AUTHORITY HEALTH TEACHING HEALTH CENTER**

March 20, 2020

Dear Congressman Kildee,

Yesterday, Dr. Ernie Yoder, director of Medical Education and Designated Institutional Officer for our teaching health center program, led a team of residents to respond at the Salvation Army when someone tested positive for COVID 19. This was the first of what will be a dedicated outreach to the homeless population of Detroit, in partnership with Central City Integrated Health, a federally qualified health center, and other partners. In a two-hour period, we evaluated about 60 clients at the Salvation Army homeless shelter. 15 were placed in quarantine and one ill person was sent to a hospital emergency department.

I couldn't be prouder of our Authority Health residents. This is an extraordinary example of the role that teaching health centers play in medically underserved communities like Detroit. Our residents will continue supporting the community health centers, community mental health centers, and hospitals as we address the growing COVID-19 response challenge.

We urge Congress to approve reauthorization of this important workforce development program. Not only are we repopulating our underserved communities with primary care physicians, we're increasing the capacity of our primary care system to treat more people in need.

Also, please find a copy of a letter to House and Senate leadership regarding the urgency of THC reauthorization."

Thank you for your support.

A handwritten signature in black ink, appearing to read "Loretta V. Bush".

Loretta V. Bush, MSHA  
President and CEO

## TEACHING HEALTH CENTERS PROVIDE A UNIQUE, INVALUABLE COMPONENT OF MEDICAL TRAINING

The challenge of meeting the COVID-19 pandemic has been largely focused on meeting the overwhelming need of hospitalized patients. But another frontline effort that hasn't gotten as much exposure has been in primary care provided through community health centers. The care provided by physicians and clinical staff in health centers has grown in importance, from preserving access to primary care to conducting COVID-19 testing.

In the case of Authority Health, this work has been possible largely through the work of physicians training in our Teaching Health Center (THC) program. From March through July, our resident physicians have provided family medicine and pediatrics care in the community setting through telehealth and in-person treatment. They have also joined our partners to provide more than 2,000 COVID-19 tests in the community.

Authority Health sponsors the second-largest Teaching Health Center in the United States. The heroic efforts of our residents in Detroit exemplifies the reason Congress created the program over 10 years ago – to expand the primary care physician workforce in medically underserved areas. The outsized return in access to care and the increase in physicians demonstrate why policymakers must swiftly extend the program, which is due to expire on November 30, 2020.

America has a shortage of primary care physicians and dentists and needs medical residents like those at our THC, who train in community health centers before joining the health care workforce. THCs provide an alternative to traditional hospital-based graduate medical residency programs and are sponsored by



*Family Medicine resident, Dr. Juba Watts-Cain with a patient at the Popoff Family Health Center*

community-based clinical organizations such as federally qualified health centers, rural health clinics, or consortia of non-profit health care organizations. So far, more than 1,100 THC graduates have completed this residency program, and a substantial percentage have continued practicing in primary care and become doctors in underserved communities.

Teaching Health Center residents have been indispensable in the COVID-19 fight. THC residents at the Family Medicine Residency of Idaho helped create a homeless hotel for people with COVID-19 symptoms, screening any homeless shelter guests with respiratory symptoms, conducting visits & monitoring visitors' immune systems, and advising patrons on safe discharge. THC residents manned a drive-through COVID-19 testing site at Cahaba Medical Care in Centreville, Alabama, participated in county Emergency Preparedness Task Force operations at the Wright Center in Scranton, Pennsylvania, and helped organize church-based testing in Detroit.

The THC graduate medical education program deserves a five-year extension and increased funding so that more medical students can benefit. Since 2015, despite broad bipartisan support for the program, Congress has only passed several short-term funding extensions for THC residencies. THCs and medical residents need long-term certainty and stability because sponsoring organizations (all nonprofits with low margins and significant local needs) are balancing uncertain federal funding and significant COVID-19 financial losses that threaten their stability.

The stellar performance of the nation's THC medical residents during their COVID-19 baptism by fire should convince Congress to enact immediately the multi-year extension for this program. Our nation's health care safety net is stronger today due to investments in the Teaching Health Center program. THC residents remain committed to working medically-underserved communities struggling with the fallout of the COVID-19 epidemic.

As legislators consider another COVID-19 emergency response legislation this month, they should fully fund this excellent source of primary care physicians and dentists.

Loretta V. Bush, MSHA  
President & CEO, Authority Health

*Former Family Medicine resident, Dr. Curtis Davis at a Detroit community event.*



The following letters are examples of briefs that Authority Health have sent to governmental leaders on behalf of reauthorization of the Graduate Medical Education Teaching Health Centers.

April 7, 2020

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Dear Congress Member,

I am requesting that Congress immediately fund the nation's Teaching Health Centers (THCs) at levels reflected in the free-standing bills introduced by Reps. Ruiz and McMorris Rodgers and Sens. Collins and Tester and extend other key public health programs through September 30, 2024. Additionally, Congress should provide supplemental dollars to help THCs weather the effects of the coronavirus, open new residency programs, and bring on more residents in the next coronavirus stimulus package.

The nation's THCs provide essential training to medical residents across the country who will go on to provide preventive and primary medical care to thousands of patients at Community Health Centers and other provider sites in medically underserved areas. The country's Teaching Health Center Graduate Medical Education (THCGME) programs continue to have proven success training and retaining residents who go on to practice in communities that are desperately in need of medical providers – providing care to patients in underserved and rural communities. To date, THCGME residents are more likely to practice primary care compared to Medicare GME residents (82% vs. 23%) and remain in underserved communities (55% vs. 26%), or rural communities (20% vs. 8%) after completing their residencies.

More importantly, THCGME residents have been called to serve in response to the coronavirus epidemic in a fashion that far exceeds the commitments and outlines originally expected during their medical residencies. We are deeply concerned that given the commitments required of residents in response to the coronavirus epidemic, many current THCGME residents will be plagued by burnout in the coming days and months in a similar fashion to other areas of the health care safety net. Therefore, in addition to a long-term extension of funding for teaching health centers through September 30, 2024 at levels reflected in the free-standing bills introduced by Reps. Ruiz and McMorris Rodgers and Sens. Collins and Tester, we are asking Congress to provide additional dollars to THCs that will help add residents and open new programs.

These programs have proven indispensable to rural and medically underserved communities that desperately needed access to care before the coronavirus epidemic. That need has only grown stronger given the current strain across the nation's health care system. It is for these reasons we're reiterating our urgent request that Congress immediately extend funding for THCs at levels reflected in the free-standing bills introduced by Reps. Ruiz and McMorris Rodgers and Sens. Collins and Tester, renew other public health programs through September 30, 2024, and provide additional dollars to weather the effects of the coronavirus, open new residency programs, and bring on more residents in the next coronavirus stimulus package.

Sincerely,

Loretta V. Bush, MSHA  
President & CEO

April 16, 2020

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Dear Congress Member,

Teaching Health Center residents are on the primary care front lines of battling the COVID-19 virus. Both of Authority Health's community health centers in Detroit are equipped with virtual health technology – not only increasing access to community members during this pandemic, but also serving as an instructional tool for our medical residents. Please take a moment and read the attachment.

Thank you.

Dennis Archambault  
Vice President, Public Affairs

July 1, 2020

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Dear Congress Member,

Reauthorization of the Teaching Health Center program is not only vital to addressing the primary care shortage in America, it will also ensure an important front line component of the health care response to COVID-19. Attached is a commentary from Loretta V. Bush, president and CEO of Authority Health, regarding the role our Teaching Health Center has played during the initial stages of the COVID-19 pandemic. While Congress is faced with many urgent priorities in this situation, we hope you will value the urgency of reauthorizing our program as well.

Thank you.

Dennis Archambault  
Vice President, Public Affairs

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September 11, 2020

Dear Congress Member,

I am writing to share a letter that the American Association of Teaching Health Centers and 17 other leading national public health associations sent Congressional leaders on Friday urging them to take immediate action to finalize the multi-year reauthorization for the Teaching Health Centers Graduate Medical Education program, Community Health Centers, the National Health Service Corps, and Special Diabetes Programs.

In the absence of Congressional action, THCGME funding will expire on November 30. The instability caused by multiple short-term extensions during this Congress has created significant budgetary challenges, even before the COVID-19 pandemic. This affects our ability to treat patients in medically underserved areas, and even more acutely, creates a challenging environment for recruiting the best medical students to train in urban and rural community settings.

Our multi-year reauthorization was approved in both committees well over one year ago, but no tangible progress has ensued. Please attend to this urgent matter before Congress adjourns in October so we don't go down to the wire in November. Whether a continuing resolution or another legislative vehicle is needed, please let leadership know that you consider enactment of the multi-year reauthorization a priority for you and your constituents.

Sincerely,

Dennis Archambault  
Vice President, Public Affairs

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October 19, 2020

Dear Congress Member,

The AATHC will be hosting a virtual briefing this Thursday at 1:30. We would like to invite your Senate and House member's health staff to join. We have learned that Congresswoman Cathy McMorris Rodgers will provide opening remarks.

Dennis Archambault  
VP - Public Affairs

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December 2, 2020

Dear Congress Member,

I am writing to support the efforts of the American Association of Teaching Health Centers, which is advocating for bipartisan reauthorization legislation (H.R. 2815 and S. 1191), included in the omnibus appropriations bill, subject to the continuing resolution expiring on Dec. 11.

Authority Health houses the nation's second-largest Teaching Health Center (THC) program, training 71 resident physicians for practice in urban Detroit as well as rural areas throughout the State of Michigan. Our physicians are steeped in caring for underserved populations, with special training in population health, trauma-informed care, and racial justice/implicit bias. These physicians are the solution to America's primary care shortage.

We are well into our recruitment process. While we realize that Congress's top priority, understandably, is the coronavirus relief legislation, the omnibus appropriations bill is essential to many public health programs, such as the THC program.

We need your help to make this legislation a priority for your Congressional leadership. Please forward the attached letter, signed by the bill's sponsors.

Thank you for your consideration.

Loretta V. Bush, MSHA  
President & CEO

# MEDICATION-ASSISTED THERAPY

## If you are struggling with substance abuse—opioids or alcohol—we can help.

The clinical team at Popoff Family Health Center offers Medication Assisted Therapy (MAT) along with individual support and counseling dedicated to your recovery. Together, a treatment plan is created that works to help you through your addiction and on the road to recovery.

Medication assisted therapy is a medically proven way of managing addiction. Studies have shown that outcomes are much better when you are on MAT. For one, it decreases risk of relapse—significantly.

### You're Not Alone

Millions of Americans battle substance use disorder every year. Many people lose their lives. For every drug overdose that results in death, there are even more non-fatal overdoses, each with its own emotional and financial toll.

Addiction is complex; it's a disease. Drugs and alcohol change the brain in ways that make quitting hard, even for those who want to. Getting free from addiction is a tough challenge. Our clinical team is trained to help.

### Outpatient Treatment

Outpatient treatment is performed in a non-residential, office-based location with providers trained in providing alcohol and opioid drug treatment. Our treatment plan includes a Sublocade injection or Vivitrol injection once per month along with individual and family counseling. Treatment occurs in regularly scheduled sessions.

**We provide Medication Assisted Therapy at Popoff Family Health Center. Call Kelly Herron, Intake Coordinator, at 313-824-1000 to make an appointment.**

## Who We Are



*Hassan Saghir, MD, Board certified in Family Medicine and Addiction Medicine; experienced in non-narcotic pain management and MAT.*



*Hussein Saghir, DO, Board certified in Family Medicine and experienced in non-narcotic pain management and MAT.*



*Jasper Gill, DO, Board certified in Family Medicine and experienced in non-narcotic pain management and MAT.*



*Robert Warmack, MA, LPC, CRC, ACS, Licensed Professional Counselor and Certified Rehabilitation Counselor who leads a team of therapists specializing in substance abuse disorders.*



*Kelly Herron, MPH, is a certified community health worker who has several years of experience in community engagement.*



*Michelle A. Calloway, BA, is a certified community health worker with over 30 years of experience working with community groups.*

## Authority Health Welcomes Vincent Jones II As Vice President of Clinical Operations

After spending over a decade in healthcare operations overseeing behavioral health residential facilities, hospital service-lines, multi-site physician practice groups, in both the inpatient and outpatient ambulatory setting, Vincent Jones II was appointed vice president of Clinical Operations at Authority Health. He is a leader known for strategic planning and implemental growth strategies.

In announcing Mr. Jones' appointment, Loretta V. Bush, president and CEO of Authority Health, said, "his experience managing health care operations in hospitals and community health centers will help improve quality outcomes and patient growth at our primary care facilities."



**Vincent Jones II, MHA**

## OSTEOPATHIC MANIPULATIVE TREATMENT (OMT)

Osteopathic Manipulative Treatment, or OMT, is a set of hands-on techniques used by osteopathic physicians (DOs) to diagnose, treat, and prevent illness or injury, including treatment of pain, promotion of healing, and improving mobility. Using OMT, a DO moves a patient's muscles and joints using appropriate techniques. OMT can complement, and even replace, drugs or surgery. In this way, DOs bring an important dimension to standard medical care. Hands-on techniques like OMT have been clinically proven to provide pain relief for low back pain.

### Who May Benefit from OMT?

From infants to the elderly, people of every age and just about any condition can get OMT. Your doctor may adjust treatment to fit your needs. For instance, someone with a bone or joint condition, such as osteoporosis or arthritis, may need a gentler form of OMT. One study published in the American Journal of Obstetrics & Gynecology concluded that OMT was a safe and effective way to help ease pain in women during the third trimester of pregnancy.



### Musculoskeletal Conditions

OMT helps people of all ages and is used to treat various muscle conditions:

- Treat structural and tissue abnormalities, such as pain in joints, the back, and neck
- Relieve joint restriction and misalignment
- Restore muscle and tissue balance

### Other Conditions Treated by OMT

OMT can also help patients with other health problems such as:

- Asthma
- Sinus disorders
- Carpal tunnel syndrome
- Headaches, including migraine
- Menstrual pain
- Promote overall movement of blood flow throughout the body



Dr. Jasmine Gray with pediatric patient

## COMMUNITY REPORT – HOPE FAMILY HEALTH CENTER

Thanks to a grant from the State of Michigan, Authority Health has established a child and adolescent health center at Hope Academy in Detroit. Known as the Hope Family Health Center, this was an opportunity to add a unique component to Authority Health's network of primary care services: Popoff Family Health Center, Anne Mare' Ice Pediatric Health Center, and now Hope Family Health Center. The Hope Family Health Center is a resource for all youth in the neighborhood surrounding Hope Academy.

The goal is to promote a healthy youth environment in the surrounding community, providing health care and prevention services for all youth.

### Clinical Services

The Hope Family Health Center will be an extension of our Pediatric Residency Program, offering residents an opportunity to work with students in the school and neighborhood environments. Additionally, Drs. Allison Tripi and Jasmine Gray, two of our faculty physicians, will staff the health center, along with the nurse clinician.

*To learn more about our clinical services, visit our website at [www.authorityhealth.org/programs-resources/clinical-operations/](http://www.authorityhealth.org/programs-resources/clinical-operations/).*

### Focus on Prevention

Prevention is key to primary care. One of the best ways to prevent disease is through vaccines. In December we sponsored the first of multiple immunization pop-up events at Hope, organized by Dr. Carolyn Custer, director of Quality and Community Medicine, and Maria Young, our community pharmacist.

# SCHWEITZER FELLOWS FACED SEVERAL LARGE 'BOULDERS' ON THEIR HUMANITARIAN JOURNEYS

Albert Schweitzer offers young humanitarians a role model in his thought and work. One of his famous sayings that equated barriers with boulders – large rocks that individuals generally can't move without help. Schweitzer said that "One who gains strength by overcoming obstacles possesses the only strength which can overcome adversity."

The six Schweitzer Fellows sponsored by Authority Health this year have encountered considerable challenges like most people trying to provide human service during the coronavirus pandemic. This Fellowship, being a "high touch" experience for the Fellows and vulnerable people in our community, was stymied by the state lockdown and various starts and stops in all sectors of society throughout the year.

The Fellows needed to be resilient, pivoting in their concept to find a mix of their original goals with what was attainable under the circumstances. Most had found their way by the end of the calendar year. All the Fellows will draw on this experience having, implemented a program of their creation and achieved their goals in the face of many "boulders."

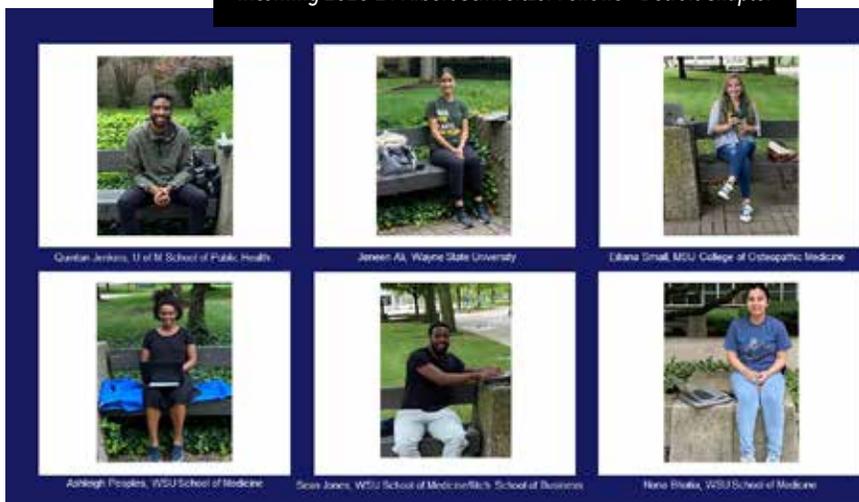
Thanks to our 2020-21 cohort for making the commitment to the Albert Schweitzer Fellowship:

- Sean Jones, Wayne State University School of Medicine, "Clinic and Home Visiting Services for Adults with Disabilities"
- Jeneen Ali, Wayne State University Nutrition and Food Science, "Nutrition Counseling Program for Low Income Families"
- Quinton Jenkins, University of Michigan School of Public Health Occupational and Environmental Epidemiology, "Environmental Health Education/ Advocacy for Urban Detroit Youth"
- Ellie Small, Michigan State University College of Osteopathic Medicine, "Foot Care Service within Detroit Street Medicine Program"
- Ashleigh Peoples, Wayne State University School of Medicine, "Survey and Referral/Consultation Service for Home Modifications to Reduce Falls for Seniors Living Independently"
- Nona Kaur Bhatia, Wayne State University School of Medicine, "Violence Prevention/Conflict Resolution Toolkit for Youth"



The Albert Schweitzer Fellowship is dedicated to improving health by developing a corps of multidisciplinary professionals committed to creating systemic change in health and human services and policies that impact underserved and vulnerable populations. The Schweitzer Fellowship is a leadership development program in which the Fellow leads a year-long intervention to make a measurable impact on a vulnerable population. Engaging community members longitudinally through a project helps nurture your idealism and compassion.

*Incoming 2020-21 Albert Schweitzer Fellows – Detroit Chapter*



# MOTION COALITION ADDRESSES IMPACT OF THE PANDEMIC ON CHILDHOOD OBESITY



**The MOTION Coalition is comprised of organizations and individuals committed to reducing childhood obesity and promoting healthy living in the region. The coalition is convened by Authority Health as an advisory process. It is led by co-chairs Diane Valade, Henry Ford Health System, and Dr. William Dietz, The George Washington University.**

The coronavirus pandemic caused a regression in efforts to combat childhood obesity through increased physical fitness and improved nutrition, primarily due to the remote learning environment required for much of 2020. Compounding the problem, the stress of the pandemic, inactivity, and reduced socialization has taken a toll on the mental and physical health of young.

Beyond nutrition, the MOTION Coalition, working in a virtual environment, explored essential concern around the emergency food response system and food security. In June, the coalition convened a dynamic discussion around these issues. It focused its mid-year meeting on the emergency food system, with emphasis on vulnerabilities and opportunities to innovate and advocate. Speakers included Kirk Mayes, CEO of Forgotten Harvest; Lindsay Pielack, co-director of Keep Growing Detroit; Amy Kuras, research and policy program manager for the Detroit Food Policy Council; and Lindsey Scalera, Community Food Systems Collaboration Specialist with the Michigan State University Center for Regional Food Systems.

In the fall, the coalition focused its annual summit on the impact of the pandemic on children, from both nutrition and exercise perspectives. The summit explored the multifaceted coronavirus "syndemic". The pandemic upset practically every system, from economics to education. In the case of childhood obesity, existing food insecurity was exacerbated, the agricultural system providing

fresh produce was compromised, and shortages were experienced in stores, limiting access to nutrition. This, together with the inactivity of isolation and the impulse of choosing less nutritious alternatives, has added to the problem of childhood obesity.

The summit identified short-term interventions, such as increasing WIC program enrollment, while addressing long-term systemic flaws such as structural racism, worker wages and benefits, strengthening the resilience of the local food system, reducing reliance on ultra-processed foods, and advocating for subsidies to make fruits and vegetables more affordable.

Other topics included:

- "Food Security and its Impact on Childhood Obesity," presented by Amy Kuras, research manager for Detroit Food Policy Council
- "The Role of Physical Activity in Preventing Childhood Obesity During A Pandemic," presented by Dr. James Sallis, PhD, Distinguished Professor Emeritus in the new School of Public Health at University of California San Diego. He reviewed six primary benefits of physical activity, including improved immune function, improved chronic conditions that increase risk of infection, stress management, reduced severity of acute respiratory illness, and stronger vaccine responses.

The summit also proposed coalition advocacy priorities for 2021:

- Financing for food delivery services for students in need
- Improved public health and communications infrastructure
- Better planning for emergencies needs
- Institute a "universal school meal" program
- Establish a more coordinated emergency response plan

# MOTION COALITION ENCOURAGES FUNDING FOR 10 CENTS A MEAL PLATE PROGRAM ACROSS MICHIGAN

Sometimes, a simple idea can be an effective advocacy tool. Members of the MOTION Coalition joined supporters throughout the state in encouraging Gov. Whitmer to include funding for the expanded 10 Cent a Meal Program in the state's supplemental budget. The advocacy tool: hand-decorated paper plates.



This program provides grants to school districts, including Detroit, that purchase Michigan-grown produce for use in their cafeterias—thereby promoting both nutrition and local agriculture. •

# **AUTHORITY HEALTH**

# **FINANCIAL STATEMENTS**

# **SEPTEMBER 30, 2020**

## ***Management's Discussion and Analysis For The Fiscal Year Ended September 30, 2020***

### **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 Health Authority (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, 2020	September 30, 2019
Current assets	\$ 3,329,073	\$ 2,736,835
Capital assets	481,662	345,435
Total assets	<u>3,810,735</u>	<u>3,082,270</u>
Current liabilities	1,488,713	1,743,807
Noncurrent liabilities	1,595,803	80,392
Total liabilities	<u>3,084,516</u>	<u>1,824,199</u>
Net Position		
Invested in capital assets	476,398	340,171
Unrestricted	249,821	917,900
Total net position	<u>\$ 726,219</u>	<u>\$ 1,258,071</u>

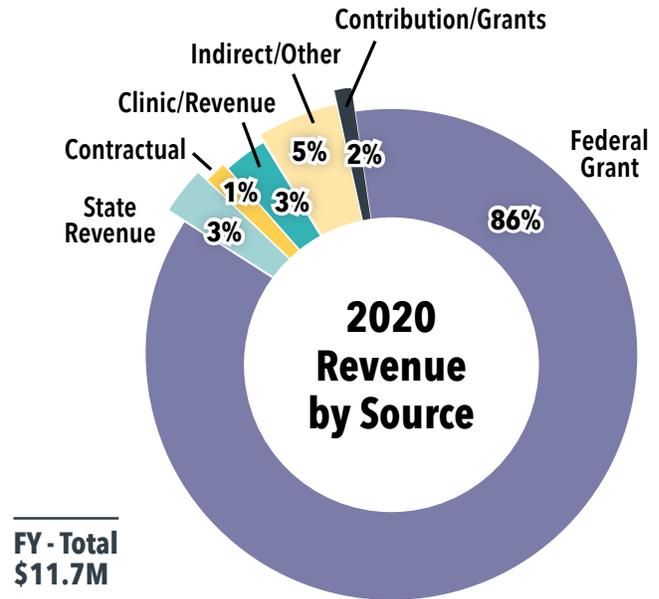
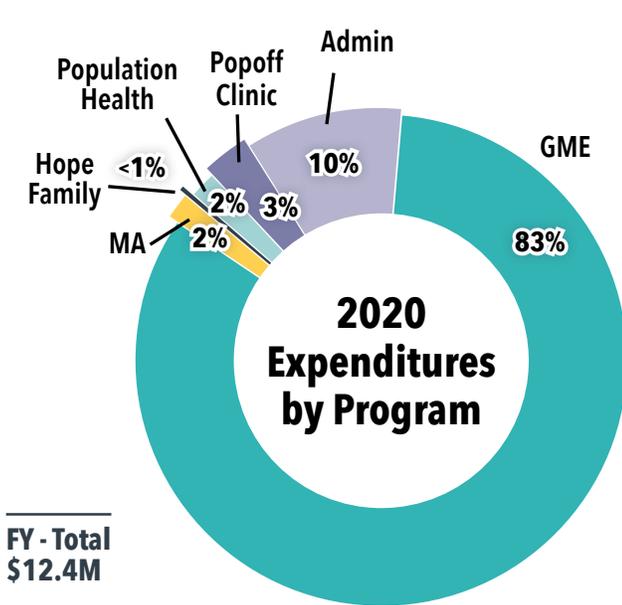
### GOVERNMENTAL ACTIVITIES

	September 30, 2020	September 30, 2019
Revenue		
Contractual and operating grants	\$ 11,283,629	\$ 12,699,967
Contributions and foundation grants	156,374	151,395
Other revenues	54,349	-
Total revenue	<u>11,494,352</u>	<u>12,851,362</u>
Expenses - operations/other	<u>12,022,116</u>	<u>12,738,755</u>
Change in net position	(527,764)	112,607
Net position, beginning of year	953,471	840,864
Net position, end of year	<u>\$ 425,707</u>	<u>\$ 953,471</u>

### BUSINESS-TYPE ACTIVITIES

	September 30, 2020	September 30, 2019
Revenue		
Charges for services	\$ 236,325	\$ 85,146
Contributions and foundation grants	6,555	301,170
Other revenues	109,931	-
Total revenue	<u>352,811</u>	<u>386,316</u>
Expenses - operations/other	<u>356,899</u>	<u>81,716</u>
Change in net position	(4,088)	304,600
Net position, beginning of year	304,600	-
Net position, end of year	<u>\$ 300,512</u>	<u>\$ 304,600</u>

# Governmental Funds Statement of Revenue and Expenditures for the Year Ended September 30, 2020



*\*Includes Governmental Fund and Enterprise Fund*

## Authority Health As a Whole

Authority Health had a decrease in net position of \$531,852. A significant portion of this decrease is largely due to the significant decrease in revenue from a grant closure and fewer contracts. The 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 60 percent and 13 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 can 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.

The general funds revenue was \$11,416,718, which was \$634,380 less than total expenditures of \$12,051,098. The excess of expenditures over revenue was caused by a change in the funding sources and costs greater than certain program revenues such as hazard pay for essential workers. Additionally, Authority Health had other financing sources/uses totaling \$1,405,480 resulting in a net change in the general fund balance of \$771,100. The other financing sources/uses included proceeds from the issuance of debt of \$1,515,411 as part of the Small Business Administration's Payroll Protection Program. These amounts differ from the Statement of Activities as a 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 can 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 provide greater resource efficiency and effectiveness.

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

- **Community-Based Teaching Health Center**

The Detroit Wayne County Health Authority (Authority Health) GME Consortium is a community-based graduate medical education consortium in partnership with Michigan State University, College of Osteopathic Medicine, and six local Federally Qualified Community Health Centers (FQHCs). The consortium developed a Teaching Health Center (THC) funded by the Health Resources and Services Administration (HRSA) for training primary care residents in medically underserved / high physician shortage areas 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 Authority Health GME Consortium is overseen by an advisory board consisting of national and local co-chairs, representatives from our academic partners, provider partners, and the community at large. The THC 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, three hospitals/health systems, the Detroit VA medical center, and over 40 community health centers and private physician offices.

A total of 19 residents completed training in June 2020 in family medicine, internal medicine, pediatrics, and psychiatry. Two PGY3 psychiatry residents left the program to enter a child psychiatry fellowship. Of the 19 residents who completed the programs, 2 (11%) entered a fellowship, 10 (52%) entered practice in an ambulatory setting, and 7 (37%) entered an inpatient setting. Fifteen (79%) of the 19 graduate practice locations were in a medically underserved or high physician shortage area, and 4 (21%) entered an FQHC. We are happy to report that 9 (47%) of our graduates chose to start practicing in the State of Michigan.

Now in our eighth academic year of operation, Authority Health welcomed to its orientation program 21 new residents in July 2020, reaching the full approved complement of 71 resident trainees. All available positions were filled with an excess of 3,000 applicants for approximately 21 positions for the 2020-21 academic year.

To date, Authority Health GME consortium has received full ACGME Sponsoring Institution accreditation through 2027; Internal Medicine full continued accreditation through 2027; Pediatrics full continued accreditation through 2028; Psychiatry full continued accreditation through 2029, and Family Medicine continued accreditation with its 10-year review to be conducted in April 2021 (delayed from June 2020, due to COVID-19 pandemic).

A unique program highlight is Authority Health's GME Consortium one-year required Certificate in Population Health and Health Equity (CPHHE). This certification program continues to produce positive accolades for its approach of preparing our residents for the work and understanding of population health. Now in our fourth cohort, its formal structured course presented by the University of Michigan School of Public Health and jointly sponsored by Authority Health and the University of Michigan is the only certification training program of its kind in Michigan. It has been very well accepted by the residents and is the core of the scholarly activity and quality improvement work done by our residents and teaching faculty.

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

The MOTION Coalition emerged from the 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 is designed to educate and advocate for changes in state and local health policy as it pertains to schools and other environments affecting youth. In general, it promotes active living and healthy eating.

- **Clinical Operations**

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 serves as a continuity site for our Family practice residents and provides an integrated training experience. 2020 turned out to be a year full of challenges and opportunities during the COVID pandemic. Of importance, Authority Health was able to fully implement the goals and objectives of our Popoff Family Health Center.

Popoff Family Health Center offers comprehensive family medicine services as well as screening for the social determinants of health and adverse childhood experiences. Authority Health maintains strong ties with the local community through dedicated community engagement, health promotion, and disease prevention activities.

Our family & children's services include but are not limited to: Preventative Care, Pediatric Care, Women's Health & Family Planning, Same- day Sick Visits, Sports Physicals, Immunizations, Diabetes Care, High Blood Pressure Management,

Our adult & sexual health services include but is not limited to HIV/AIDS Testing, Counseling & Treatment, STD Testing & Treatment, Hepatitis C Testing & Treatment.

- **New this year:**

1. Medication-Assisted Therapy (MAT) – A holistic approach to the treatment of opioid and alcohol addiction. Muscle & Joint Treatment – Osteopathic Manipulative Treatment, or OMT, is a set of hands-on techniques used by osteopathic physicians (DOs) to diagnose, treat, and prevent illness or injury. Using OMT, a DO moves a patient's muscles and joints using techniques that include stretching, gentle pressure, and resistance.
2. Ultrasound-Guided Pain Management – At Popoff Family Health Center, we use point of care ultrasound to perform trigger point, trigger finger, carpal tunnel, shoulder, knee, hand, hip, and ankle joint injections when appropriate and in conjunction with non-narcotic pain medications, physical therapy, and OMT. Ultrasound, also known as sonography, is an imaging method that uses high-frequency sound waves to produce real-time and dynamic images of the body.

3. Telehealth services – Finally, we forged many partners to offer COVID-19 testing with Triumph Church, Perfecting Church, Greater Mitchell Church, Kaigler & Associates Dental Office, and Detroit Wayne Integrated Health Network (DWIHN)

- **Child and Adolescent Health Center (CAHC)**

Authority Health submitted a proposal to the Child and Adolescent Health Center (CAHC) Program Expansion Grant (MDHHS CHCE-2020) on April 7, 2020, to construct and operate a CAHC alternate-clinic site at Hope Academy in Detroit, MI. This project period was June 1, 2020 – September 30, 2020, and included creating a staffing plan, a convening body, a comprehensive service plan, and a finalized plan for construction, with limited services implemented by September 1, 2020. The project period started on time, however, the State put the project on hold in late June as it evaluated budget changes due to the pandemic. The decision to reinstate project funding was made on July 30, 2020. During August and September 2020, a staffing plan was created, a convening body was established, and planning for services and building began. The deadlines for the remaining objectives of the CHCE-2020 grant were extended into the FY21 grant year. The proposal for the program continuation grant for FY21 was submitted on September 18, 2020, and approved by the State.

- **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 an emphasis on the 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. In the fiscal year 2020, events were held remotely and with virtual interviews to comply with social distancing during the coronavirus pandemic.

- Enrollment Contracts – Authority Health has affiliations with organizations to provide onsite Medicaid enrollment services.
- **Albert Schweitzer Fellowship – Detroit Chapter**  
Authority Health is a leadership development program that trains graduate students in humanitarian skills. It is funded to provide fellowship opportunities for four to eight fellows. Fellows come from various medical, health, and human service disciplines and are charged with creating sustainable public health interventions to impact health disparities. Detroit hosts one of 13 national fellowship chapters.

### **Funding Sources**

For the fiscal year 2020, the Authority Health's sources of funding came from the community at large and various stakeholders, including the Michigan Department of Community Health/Federal Government, and the U.S. Department of Health & Human Services – Health Resources and Services Administration (HRSA), The Children's Hospital of Michigan Foundation, Metro Health Foundation, Black Family Development, Everest Foundation, Detroit Public Schools Community District, patient revenue and private and public insurers, individual donors and others.

At the end of the fiscal year, Authority Health had \$181,150 invested in furniture and equipment. Authority Health also received a donation of \$155,025 in furniture.

### **Interdepartmental Agreement - Medicaid Outreach Services**

The Authority Health entered into a new agreement with the State of Michigan Department of Community Health for the fiscal year 2020.

### **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.



*The staff at Popoff Family Health Center show their support during Breast Cancer Awareness Month.*

## **FINAL THOUGHTS: RESILIENCE**

Improvise. Adapt. Overcome. That's borrowed from the U.S. Marines slogan, but pertinent to a year that some have likened to a war. Certainly, we experienced the total disruption of economic and social norms, resulting in the highest mortality rate outside of actual war. As Dr. Howard Markel, director of the Center for the History of Medicine at the University of Michigan, said, "It's economically problematic. It's socially problematic, disruptive, and it's lasted a year, and might last a year and a half. That is a record in modern history. We have never shut down the world for a year and a half."

Actually, our world wasn't shut down. Not exactly. We acquired scarce protective equipment, adopted telemedicine technology, and adapted to remote patient care. We almost immediately supported community based COVID testing. Our administrative team went remote, but never really went away.

Our telemedicine visits connected us with people who might not have been able to get to our health centers in the best of times, and in doing so we helped chronically ill people manage their conditions during the lockdown – leading us to design a proposal for use of community health workers as extensions of primary care providers. We added clinical pharmacy and integrated behavioral health to enhance our services.

Our administrative staff learned how to ZOOM and how to enhance our productivity despite the lack of mobility. We all learned how and why to wear face coverings, the necessity of physical distancing and handwashing, and ultimately how to endure the lockdown working from our kitchens, living rooms, and bedrooms.

We are also learning to better understand racism and social injustice and how we can be agents of change through good community health and interpersonal relations.

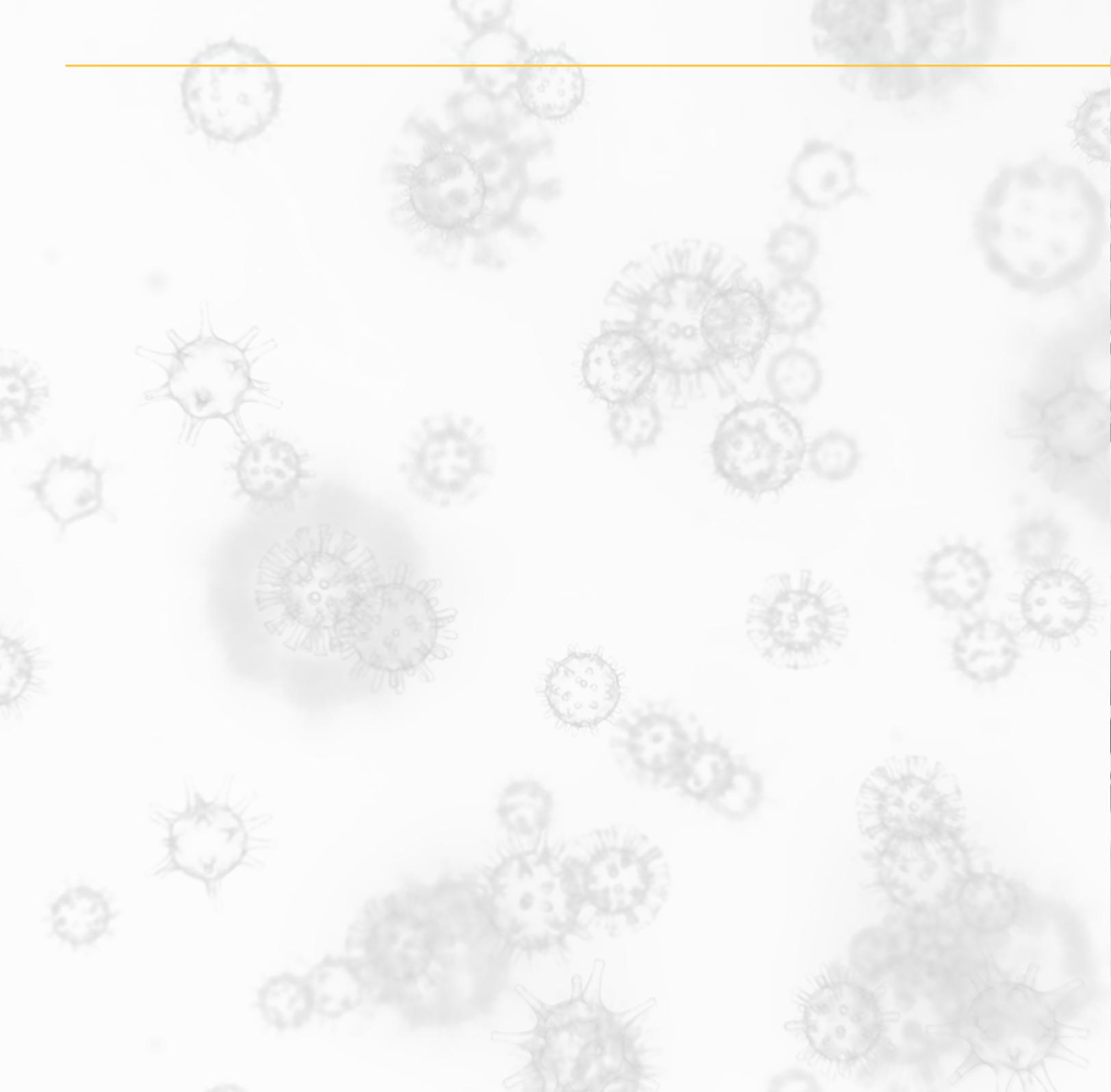
We will return to a new normal at some point, more resilient and committed to our mission.

We will overcome.

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**IMPROVISE**  
**ADAPT**  
**OVERCOME**



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