

#### Innovation Platform.

- Health Project launched in 1993
- W. K. Kellogg Foundation partnership to mobilize community around health;
- \* Improve community health status
- \* Extend coverage and access to care Access Health and MIChild
- \* Address disparity
- Acquisition 2008 2010
- Functions as external Community Benefit Office for Mercy Health
- Develops and tests Innovations for Trinity Health



# Our Commitment.

- Work to improve the health of the broader community
- Coordinate or provide services for the poor and underserved







#### Health of the Community.

Education

Prevention

Lakeshore Lung Program
 Chronic Disease Self-Management
 Advocacy

Drug Free Communities
 Medication Disposal Program



Community Engagement
 Communicable Disease Coalition
 1 in 21
 Coalition development, facilitation and support

## Programs for the poor and underserved Community Outreach Wheels of Mercy Special events Enrollment Assistance Health Coverage + Counseling Hospital Financial Support + other Social Support Programs Pharmaceutical Access Program Care Coordination Community Health Workers Community Hub Model

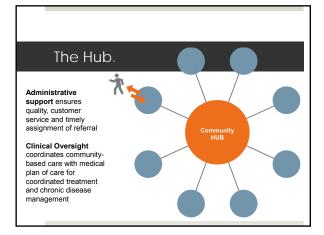
## Healthcare is Changing Healthcare has CHANGED

- Vulnerable populations have to meet in their own environment
- Significant needs require *out-of-the-box* thinking
- People live in environments that don't support them
- How do we coordinate that care across the multiple health silos?

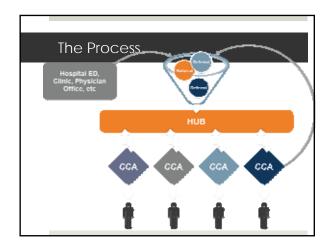
## Community Health Workers

Are indigenous to the community in which they work. Assist patients with navigating a complex healthcare system and accompany patients through treatment, monitoring social service needs, and helping them overcome obstacles to their own health and ability to follow treatment from the medical community. Advocate for vulnerable individuals and communities







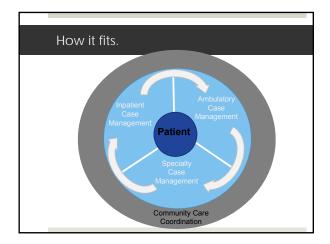








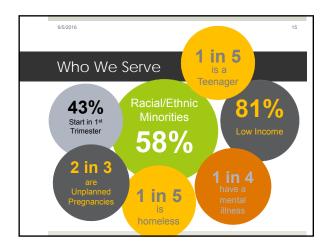
4















erence per avoided LBW newborn	LBW Newborns Prevented <sup>1</sup>	ROI Analysis
Newborns and Moms (through delivery stay)           age LBW Cost for Medicaid (non-participants) *           age Pathways Newborn cost*           rence per avoided LBW newborn           AL Gain Avoided Low Birth Weight Newborns (Low-Middle-Upper)*	~ ~ ~	Table 2 A
age LBW Cost for Medicaid (non-participants) * age Pathways Newborn cost* rence per avoided LBW newborn LL Gain Avoided Low Birth Weight Newborns (Low-Middle-Upper)*		Cost Comparisons, Avoided Low Birth Weight Newborns & Savings for
age Pathways Newborn cost* rence per avoided LBW newborn Lt Gain Avoided Low Birth Weight Newborns (Low-Middle-Upper)*		Newborns and Moms (through delivery stay)
age Pathways Newborn cost* rence per avoided LBW newborn Lt Gain Avoided Low Birth Weight Newborns (Low-Middle-Upper)*	\$(6,790.17)	Average I BW Cost for Medicaid (non-participants) *
LG Gain Avoided LBW newborn	\$(4,358,86)	Average Pathways Newborn cost*
	\$2,431.31	Difference per avoided LBW newborn
d on Table 1, of Final RDI Analysis, Lower equals 14 avoided LBW births, Middle equals 23 avoided LBW Births and Upper equals 29 avoided LBW	L= \$34,038.34	TOTAL Gain Avoided Low Birth Weight Newborns (Low-Middle-Upper)*
d on Table 1, of Final RDI Analysis, Lower equals 14 avoided LBW births, Middle equals 23 avoided LBW Births and Upper equals 29 avoided LBW	M= \$55,920.13	
d on Table 1, of Final ROI Analysis, Lower equals 14 avoided LBW births, Middle equals 23 avoided LBW Births and Upper equals 29 avoided LBW	H= \$70,507.99	
	W births.	*Based on Table 1, of Final ROI Analysis, Lower equals 14 avoided LBW births, Middle equals 23 avoided LBW Births and Upper equals 29
		-
fter all savings and costs were calculated, the actual cost per completed Patl		
articipant was between \$301.93 and \$388.29. This is based on average saving the Mothers and newborns through discharge after delivery as well as newborn		
		through the first 18 months of life. **

