2025

Improving Health Together

STRATEGIC BUSINESS PLAN

GREATER FLINT HEALTH COALITION

Greater Flint Health Coalition 2025 Strategic Business Plan

COLLECTIVE IMPACT ROAD MAP TO IMPROVED HEALTH STATUS IN FLINT & GENESEE COUNTY

FOCUS AREA: ACCESS & ENVIRONMENT

GOALS & STRATEGIES:

- Promote and advocate for policies and practices that positively affect universal access to health care for all residents
- Support a culture of practice that emphasizes equity and use of community services that reduces barriers to care for residents
- Encourage the creation of social and physical environments that promote good health for all

PRIMARY METRICS OF FOCUS:

- % of residents (children, adults) with health care insurance
- % of residents (children, adults) with dental insurance
- % of residents who report not being able to obtain or having delay in obtaining medical care
- % of children and adolescents who receive care in a medical home
- # of residents supported annually with health insurance enrollment or retention

FOCUS AREA: HEALTH IMPROVEMENT

GOALS & STRATEGIES:

- Promote and advocate for policies and practices at multiple levels of society that engage our community's residents in healthy behaviors
- Encourage and support the adoption of healthy lifestyles by all residents
- Emphasize the utilization of shared prevention strategies that promote healthy lifestyles

PRIMARY METRICS OF FOCUS:

- % of adults reporting no physical activity in their free time
- % of households classified as food insecure over a 12-month period
- % of residents with obesity
- % of residents who are current smokers
- # of residents, businesses, schools, and churches participating in Commit to Fit programming annually

FOCUS AREA: HEALTH POLICY, COST & RESOURCE PLANNING

GOALS & STRATEGIES:

- Promote policies and practices that result in our community's total healthcare resources being used effectively and efficiently to reduce the cost of care
- Inform and advocate for health policy improvements and resources at the local, state, and federal levels to maximize the community's collective capacity to improve health outcomes
- Encourage the alignment of preventive health services
- Ensure collaborative financial and personnel resources are directed in a manner that maximizes efficiency and reduces duplication

PRIMARY METRICS OF FOCUS:

- Rate of emergency department visits annually by insurance type
- Rate of hospital stays for ambulatory-care sensitive conditions
- % avoidable hospital readmissions annually
- Ratio of population to primary care physicians and specialty care providers, by type
- Annual survey measures evaluating level of collaborative alignment/participation of multi-sector partners in access, quality, health improvement, and social determinant of health/equity strategies

FOCUS AREA: QUALITY & INNOVATION

GOALS & STRATEGIES:

- Promote shared policies and practices that continuously improve the quality of health care delivery and the patient experience
- Encourage and support the adoption of safe, evidence-based, best-practice guidelines for treatments in all areas, with an emphasis on chronic disease areas most prevalent in the community
- Promote collaboration and innovation between health care and community organizations

PRIMARY METRICS OF FOCUS:

- Rate of mortality by chronic disease with a focus on elimination of racial disparities
- Life expectancy — Average number of years a person can expect to live
- % of pregnant women who receive early and adequate prenatal care
- % of residents reporting depression
- % of residents who had opioid use disorder or experienced an opioid overdose in the past year
- # of residents with documented advance care directives available in their patient medical record

FOCUS AREA: SOCIAL DETERMINANTS OF HEALTH AND HEALTH EQUITY

GOALS & STRATEGIES:

- Promote policies, practices, and systems that integrate health care, social service, and community-based organizations to provide whole person care that supports residents to address unmet social determinant of health needs and assure the conditions for optimal health
- Support a cross-sector screening and referral strategy to address social vulnerability and resource needs of residents, integrate healthcare and social/community service delivery, and ensure effective linkages to needed health services
- Encourage a multi-sector commitment to improving health equity through addressing social determinants of health and upstream improvements to societal-level structures

PRIMARY METRICS OF FOCUS:

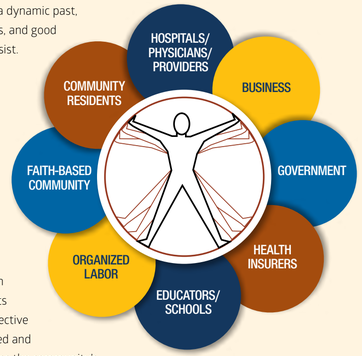
- # of residents screened for social determinants of health (SDOH) needs by type and location
- # of unduplicated residents supported by a community health worker annually
- # of residents supported annually with community linkage and navigation services to address unmet SDOH needs
- # of clinical and community service organizations participating in a shared electronic referral network annually
- # of residents and employers supported with healthcare sector job training and employment services annually

WE RECOGNIZE THAT NO SINGLE ORGANIZATION CAN TRANSFORM THE HEALTH STATUS OF A COMMUNITY.
TOGETHER, OUR MULTI-SECTOR, COLLECTIVE IMPACT EFFORTS WILL AIM TO CREATE MEASURABLE IMPROVEMENT IN THE FOLLOWING PRIMARY METRICS:

The power of partnership drives the Greater Flint Health Coalition — a broad, cross-sector collaboration between Flint & Genesee County's leadership including public health, physicians, hospitals, health insurers, safety-net providers, business, education, community-based organizations, government, policymakers, organized labor, nonprofits, and local residents.

For more than 25 years, the Greater Flint Health Coalition has served as a neutral convener and backbone organization, as well as the lead agency for a variety of collaborative, community-based programs which seek to improve the health status of the community. GFHC partners work together to achieve true collective impact by establishing a common health agenda, shared measurement systems, mutually reinforcing health activities, and continuous communication amongst all who are concerned about the well-being of our community and its residents.

Although Flint & Genesee County boasts a dynamic past, a dedicated workforce, plentiful resources, and good people, community health challenges persist. Residents throughout Genesee County are often impacted by conditions and resource barriers that impede equitable opportunities for optimal health. Social, economic, and environmental resources and conditions — also known as the social determinants of health — create increased risk of chronic disease, barriers to health care, and other health inequities among residents. A strategic, collaborative approach across sectors is the only path to improved health status in our community, and together the GFHC, its member organizations, and a diverse collective of community-based partners have aligned and committed to a shared roadmap to address the community's health challenges.



The Strategic Business Plan details a comprehensive community health improvement strategy that will drive innovation and our partnership efforts for the next five years. With vision, leadership, a cooperative spirit, and a firm belief in the future of Flint & Genesee County, the Greater Flint Health Coalition is working to build a healthier, more equitable community.

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2025 STRATEGIC BUSINESS PLAN

COLLECTIVE IMPACT ROAD MAP TO IMPROVED HEALTH STATUS IN FLINT & GENESEE COUNTY

MISSION Improve the health status of our residents. Improve the quality and cost effectiveness of the health care system in our community.

VISION A healthy Genesee County community practicing healthy lifestyles, with access to the best and most cost effective health and medical care, and the assurance of the conditions of optimal health for all people.

RACIAL DISPARITIES & ANTI-RACISM ACTIVITIES

We are committed to assisting a broad base of community leaders, stakeholders, and institutions in all areas of health and health care to understand and address the multifaceted social, racial, environmental, and economic factors that impact the health of individual community members. We are committed to keeping the issues of ethnic and racial disparities, health inequities, and anti-racism activities front and center in all work of the Greater Flint Health Coalition.

CORE VALUES Consensus, Collaboration, Equity, Fairness, Integrity, Continuous Learning & Improvement, Innovation, Public Participation

PRIMARY SCOPE Residents of Genesee County

ACCESS & ENVIRONMENT

Access Committee
- Advocate for universal access to health care as an overriding goal of the Coalition, emphasizing the following principles for health care coverage: (a) universal; (b) continuous; (c) affordable to individuals and families; (d) affordable and sustainable for society; and (e) high quality — effective, efficient, safe, timely, patient centered, and equitable.
- Support the strategic coordination of physician organizations, federally qualified health centers, safety-net providers, hospitals, and health plans to reduce barriers to care for low-income persons, the uninsured, and underinsured.

Genesee Community Health Access Program (CHAP)
- Operate Genesee CHAP at the individual/family, provider, and system levels to improve health outcomes of children and adults on Medicaid while improving continuous access to, and use of, a patient-centered medical home.
- Facilitate clinical-community linkages to address patient social determinant of health needs that will reduce barriers to health care access.
- Provide elevated blood lead level nurse case management services (in partnership with providers, health plans, and health departments) to any child in Flint & Genesee County who has tested for high lead exposure.
- Develop multi-sector strategies to support positive maternal/infant health and supportive services that promote positive child health and development.

Connecting Kids to Coverage Program
- Implement a community-wide outreach and enrollment strategy to: (a) reduce the number of children who are eligible for, but not enrolled, in Medicaid and the Children's Health Insurance Program (CHIP); (b) improve the retention of eligible children who are enrolled in those programs; and (c) to improve parent application, enrollment, and renewals in health care coverage programs.
- Convene an Outreach Strategy Workgroup to support resident access to coverage enrollment and retention support systems through healthcare settings, schools and colleges, community-based organizations, churches, and more.

Children's Oral Health Task Force
- Facilitate outreach, education, and health policies to remove barriers to dental services and improve the dental health of children, with a special emphasis on children ages 0 to 5 years of age who are at a high risk for developing dental caries/tooth decay and those with Medicaid insurance, the uninsured, and/or underinsured.

HEALTH IMPROVEMENT

Health Improvement Steering Committee
- Establish and promote community-based programs that seek to increase the practice of healthy behaviors (such as physical activity and healthy eating habits), reduce sedentary lifestyles, and prevent and treat obesity among individuals and families.
- Create a collaborative, multi-sector partner strategy to increase access to safe, affordable, and year-round opportunities to practice physical activity and good nutrition at the local level.
- Promote and support the adoption of non-smoking environments and partnership initiatives that reduce the rate of smoking among residents.

Workplace Wellness Subcommittee
- Coordinate and assist with the implementation of workplace wellness best practices across all community employment sectors, while facilitating an annual schedule of community and employer-based wellness challenges and a local Certified Healthy Workplace designation.

Commit to Fit Program
- Commit to Fit will operate as a community-wide campaign and multi-tier program focused on increasing the practice of healthy behaviors (especially among those with sedentary lifestyles) while improving physical activity and nutrition habits among residents by mobilizing employers, schools, healthcare providers, community-based organizations, and residents to support and utilize a common message and shared strategy.

Commit to Fit Cooking with Kids Program
- Implement a free, evidence-based nutrition program that provides hands-on learning to teach children and families about healthy eating and preparing affordable foods from diverse cultures, with an emphasis on preparing healthy meals on $4 or less per day, per person.

HEALTH POLICY, COST & RESOURCE PLANNING

Cost & Resource Planning Committee
- Continuously monitor and evaluate the status of the strategic goals, objectives, and measurable health outcomes established in the GFHC's 2025 Strategic Plan, including the measurable health outcomes for each GFHC Committee and Task Force, program, and partnership.
- Monitor aggregate community healthcare utilization (by type and payer) and cutmigration (by type and payer) trends to inform collective efforts to increase provider capacity, improve access and service delivery, and reduce cost.
- Implement and continue to refine an ongoing benchmarking process for Genesee County health care and preventive service delivery with support of the Data Review Subcommittee.

Data Review Subcommittee / Community Data Scorecard Project
- Collaborate to assess the validity and usefulness of community-level data and information collected annually in the GFHC Community Data Scorecard Project in order to provide data-driven recommendations to the GFHC Board of Directors and its Cost & Resource Planning Committee regarding community health-related areas of opportunity and/or risk, as well as to validate current GFHC collective impact activities.

Community Health Needs Assessment (CHNA) Project
- Facilitate and publish a joint community health needs assessment (and associated implementation plan development) for the Genesee County region, utilizing the GFHC Community Data Scorecard and collaboration from the area's three hospital systems, public health, government, and community residents, among others.

Legislative Health Policy Committee
- Collaborate with state, federal, and local officials to inform the development of evidence-based health policies and legislation that will support community-level capacity to prevent disease, promote key factors affecting health, and increase equity in a sustainable manner.

"State of Flint Kids" Report Card Project
- Operate the "State of Flint Kids" Report Card Project via the creation of a comprehensive, web-based platform designed to share data-driven information with community stakeholders that will drive policy and program development by providing a detailed summary of key population level metrics around Flint children's health and well-being.

QUALITY & INNOVATION

Quality & Innovation Task Force
- Collaboratively develop and implement evidence-based quality improvement initiatives across health systems, providers, payers, public health, and the community at-large to: (a) improve the health of the population; (b) enhance the patient experience of care; (c) address chronic disease burden; and (d) reduce, or at least control, the per capita cost of care.
- Create, address, and respond to opportunities for innovative, collaborative quality improvement efforts, especially those focused on Genesee County's major mortality, morbidity, and care experience challenges with an emphasis on the most prevalent chronic disease areas in the region.
- Explore opportunities for coordinated, sustainable health information exchange and referral systems shared between regional health systems, providers, insurers, government, public health, and community-based organizations to support whole person care that is timely, secure, and equitable.

Mental Health & Substance Use Task Force
- Improve the health of Genesee County by integrating mental health and addiction medicine into the vision and activities of the GFHC, with a focus in the areas of education, stigma reduction, prevention, increased access, improved screening, and improved treatment for mental health and addiction medicine issues.

Genesee County Community-wide Opioid Strategy
- Engage residents at-risk or impacted by the opioid crisis through a multi-sector strategy to build and strengthen workforce capacity to address opioid use disorder, use upstream prevention strategies, and coordinate care, services, and community resources to improve the treatment for and prevention of opioid misuse.

Advance Care Planning Task Force
- Develop and sustain a shared, community-wide process of advance care planning that emphasizes the creation of comprehensive, effective methods that result in honoring informed healthcare decisions of patients that respect each patient's rights, while: (a) providing comfort and dignity during end-of-life care; (b) increasing the patient's participation in decisions regarding care, treatment, or services before and at the end of life; and (c) ensuring a complete patient record reflecting the patient's care, treatment, or service is available when needed across Genesee County health systems and provider sites.

COVID-19 Contact Tracing Workgroup
- Collaborate with public health and community partners to develop and operationalize local contact tracing workforce capacity in Genesee County, and increase community education to ensure residents are informed of how participating in contact tracing will slow the avoidable spread of COVID-19 infection.
- Provide an agile organization/partnership structure to respond to COVID-19 threats to the community, with an emphasis on those that prevent health inequities.

SOCIAL DETERMINANTS OF HEALTH AND HEALTH EQUITY

Genesee Community Health Innovation Region (CHIR) Steering Committee
- A Community Health Innovation Region is a multi-sector model for improving the well-being of Genesee County residents and reducing medical costs through collaboration and systems change. The Genesee CHIR will engage a broad group of stakeholders to identify and address factors that affect residents' health, such as transportation, food insecurity, housing, as well as access to high-quality medical care.
- Collaborate to address resident social determinants of health (SDOH) needs utilizing a centralized community health worker hub that will facilitate clinical-community linkages between healthcare providers, community and social service agencies, and residents who are uninsured, underinsured, or covered by Medicaid insurance, while creating upstream system-level changes that sustainably promote health equity.

Community Referral Network
- Identify, strategize, and implement opportunities to address the social determinants of health (SDOH) needs for Flint and Genesee County residents, linking community members to available resources, and improving health outcomes through the use of a community-wide referral platform shared by a collective of healthcare providers and community/social service agencies.

Flint Healthcare Employment Opportunities (FHEO) Program
- Convene and facilitate collaboration among local healthcare employers, educational institutions, the local workforce development system, and residents to improve the strength and competitiveness of the local healthcare workforce while creating sustainable healthcare careers, job placement, and career advancement opportunities for local residents.
- Operate a comprehensive healthcare sector workforce development program that provides entry-level and mid-skill credential training and employment opportunities for Flint & Genesee County adults, dislocated workers, incumbent workers, and out-of-school youth, resulting in increased income, employment, and social support systems for participating residents.

Flint Registry
- The Flint Registry is a project that connects people to services and programs to promote health and wellness and helps to understand how the Flint water crisis has affected the Flint community. GFHC will coordinate the Flint Registry outreach and engagement partnership efforts, serve as convener of the Registry's Community Advisory Board, and manage the Registry's Community Referral Network to connect residents to services that support health, lead exposure, nutrition, and child development.

Flint ReCAST
- The Flint ReCAST (Resiliency in Communities After Stress and Trauma) Project aims to promote resilience, community empowerment, and long-term well-being for youth and families in Flint impacted by the trauma associated with the Flint water crisis. GFHC will convene the ReCAST Community Advisory Board and support the collaborative community implementation of evidence-based prevention and community youth engagement programs, as well as linkages to trauma-informed behavioral health services, delivered via a network of multi-sector partners.