



- Consumer driven
- Patient Centered Medical Homes
- Local economic engines
- Trusted community partners
- Backbone of health care safety net
- Improve health outcomes, lower costs, ensure access to high-quality, integrated care

- 4 key components define them:
 - Located in high need areas: MUAs
 - Comprehensive set of services: medical, dental, behavioral health
 - Open to everyone: regardless of insurance status; sliding fee scale
 - Patient-majority governing boards: 51% of Board must be patients

Who do health centers serve?

U.S.

1,400 health centers

12,000 delivery sites

28 million patients

• 8.4 million children

1.4 million homeless

• 350,000 veterans

49% on Medicaid

12% on Medicare

• 18% on private insurance

23% are uninsured

MI

45 health centers

300 delivery sites

700,000 patients

220,000 children

36,000 homeless

14,000 veterans

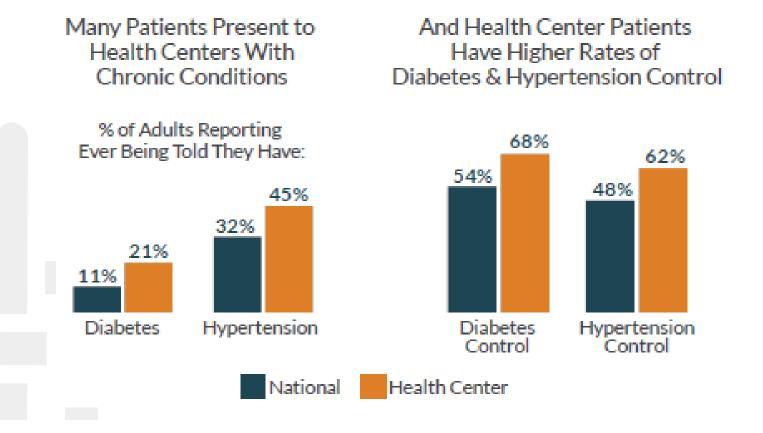
54% on Medicaid

9% on Medicare

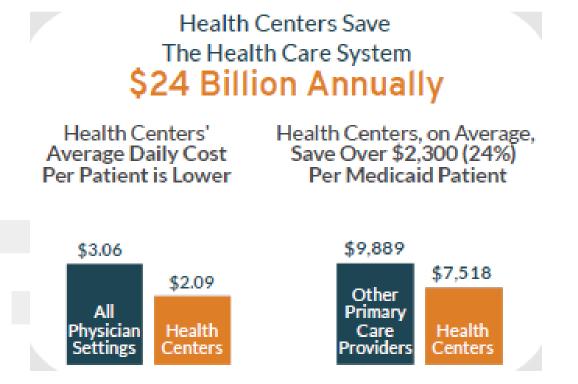
19% on private insurance

15% are uninsured

- Health Center impact on patients
 - Health centers perform better on ambulatory care quality measures compared to private physicians and are narrowing health disparities



- Health Centers create savings and promote economic growth
 - 220,000 employees nationally; 6,000 employees in MI
 - 110 million visits nationally; 2.7 million visits in MI
 - Health centers create \$45.6 billion in total economic activity yearly



CHASS - SOUTHWEST DETROIT







CHASS DEMOGRAPHICS

Before ACA-86% uninsured, 15% underinsured After ACA- 49% uninsured, 35% underinsured 22% Pediatric, 7% Geriatric 79% Latino, 11% African American, 4% White 68% Spanish, 30% English, <2% Arabic 84% under poverty line (12,140 single person; 25,100 family of four)

COMMUNITY HEALTH AND SOCIAL SERVICES (CHASS)

MORE THAN A MEDICAL CLINIC

- Primary care
- Dentistry
- Pharmacy
- Social work
- Nutrition
- REACH- diabetes support
- La Vida- domestic violence services
- Community Center
- Farmer's Market



PATIENT CHALLENGES

LACK OF INSURANCE DIFFICULT TO WALK IN DANGEROUS NEIGHBORHOOD NO GYMS IMMIGRATION ENFORCEMENT STRESS CAN'T AFFORD MEDICINES, TRANSPORTATION, ETC.

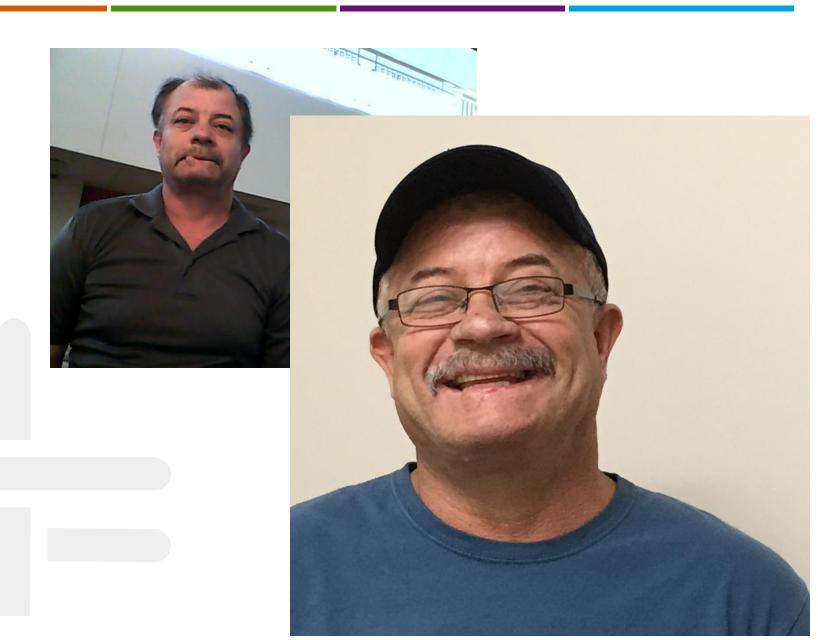
LIMITED ACCESS TO HEALTHY FOODS

Due to lack of insurance, you become the only place the patient can go

•TRUE FAMILY DOCTORS

- •PRENATAL CARE
- PEDIATRIC CARE
- •INJECTIONS
- •COLPOSCOPY
- •IUD INSERTIONS
- •NEXPLANON INSERTIONS
- OSTEOPATHIC MANIPULATION
- COMMUNITY-BASED PARTICIPATORY RESEARCH

JOSE



WHAT DO WE AT CHASS TO HELP OUR PATIENTS

UNDERSTAND COST / BENEFIT RATIO FOR MEDICATIONS
MAT TREATMENT - OPIOID ADDICTION SERVICES

BEHAVIORAL HEALTH

COMMUNITY HEALTH WORKER PROGRAMS

COOKING CLASSES

ZUMBA

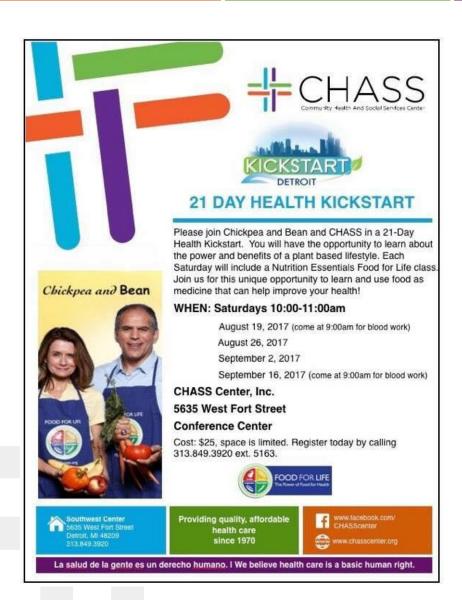
CHASS MERCADO

FRESH RX PROGRAM

CHASS 5K

CHASS BOOT CAMP

NUTRITION EDUCATION / COOKING CLASSES





¡Comestibles Gratis! Cupo máximo para 17 adultos





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> Para más información Llame al Área de Bienvenida 313.849.3920 ext. 5163



CHASS MERCADO

THURSDAYS AT CHASS THROUGH THE SUMMER





FRESH RX PROGRAM

Fresh Prescription (Fresh Rx) Program

- Prescription (or referrals) given by CHASS provider for patients with diabetes mellitus, hyperlipidemia, obesity, and hypertension.
 Also, patients who are pregnant or who have children with limited access to fruits and vegetables may be referred.
- CHASS (farmers' market) Mercado lasts 13weeks every Thursday (9am-1pm) from June-October
- allotted up to \$80 (\$10 for up to eight weeks) for purchase of fresh fruits and vegetables.



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Participation in a farmers' market fruit and vegetable prescription program at a federally qualified health center improves hemoglobin A1C in low income uncontrolled diabetics

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Food access
Fruit and vegetables

ABSTRACT

Fruit and vegetable prescription programs have been shown to increase consumption of fresh produce, but whether they have an impact on medical outcomes is unknown. The purpose of this study was to examine the role of participation in a farmers' market and fruit and vegetable prescription program on changes in hemoglobin A1C (HbA1C), blood pressure (BP) and weight in patients with uncontrolled type 2 diabetes at a federally qualified health center (FQHC) in Detroit, MI.

The 13-week Fresh Prescription program (June 2015–October 2015) was designed to improve access and consumption of produce among low-income patients with uncontrolled type 2 diabetes. The program allotted up to \$40 (\$10 per week for up to four weeks) for purchase of produce from a FQHC located farmers' market. Adult, non-pregnant patients with a history of type 2 diabetes that had an elevated HbA1C > 6.5 within three months before Fresh Prescription program were eligible to participate. HgA1c, BP and weight were collected within three months of program start and within three months of completion.

There were 65 eligible participants with complete biometric data. A statistically significant (p = 0.001) decrease in HbA1C was found (9.54% to 8.83%). However, weight (208.3 lbs. to 209.0 lbs.) and BP (135.1/79.3 mm Hg to 135.8/77.6 mm Hg) did not change from pre- to post-study (p > 0.05).

Access to a fruit and vegetable prescription program over a 13-week period led to decreased HbA1C concentrations in uncontrolled type 2 diabetic patients living in an urban area of predominately-lower socioeconomic status. "I can't go for a walk; it is dangerous in my neighborhood"

"I can't go for a walk; it is cold outside"

CHASS 5K RUN / WALK, KIDS RACE AND HEALTH FAIR



"I don't have time to read to my children, that is what their school is for"



LESS READING AT HOME

The landmark Hart-Risley study on language development documented that children from low-income families hear as many as 30 million fewer words than their more affluent peers before the age of 4. Hart, B. Risley, T. Meaningful Differences in the Everyday Experiences of Young American Children (1995), Paul H. Brookes Publishing Co.



REACH OUT AND READ



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How does the election of an anti-immigrant president affect health and social service utilization? Findings from Southeast Michigan

Presented by:

Paul J. Fleming, PhD, MPH Richard Bryce, DO American Public Health Conference 2018 November 12, 2018



"I have a [diabetes] patient that barely ever leaves her house. She's just scared, she's really, really scared... [The fear] makes their A1C numbers go through the roof. Because they're stressed out all the time. They're always looking over their shoulder. Sometimes they'll go a week or two without medication because 'I can't find anyone to take me' or 'I can't find anyone to pick it up for me.'... or because they just don't feel safe enough to come out."

Jessica, Community Health Worker, CHASS



FUTURE OF CHASS

Food Insecurity

Mesa Saludable - Partnership with CHASS and Gleaners



