

Morris Hood III Chronic Kidney Disease and COVID-19 Complications Prevention Initiative

Year Three Legislative Report

October 2023–September 2024



NATIONAL KIDNEY
FOUNDATION®

of Michigan

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Mo Hood III Initiative

The National Kidney Foundation of Michigan (NKFM) has teamed up with the Michigan Department of Health and Human Services (MDHHS) to implement the **Morris Hood III Chronic Kidney Disease (CKD) and COVID-19 Complications Prevention Initiative** (Mo Hood III Initiative).

What Is CKD?

CKD is permanent kidney damage or a decreased level of kidney function that continues for three months or more. If untreated, CKD can lead to kidney failure, leaving the only options for survival as dialysis or a kidney transplant (NKFM 2023b).

Who Does CKD Affect?



One-third of adults in the U.S. are at risk for kidney disease.



One in seven (more than one million) Michigan adults have CKD, and most don't know it.

DIABETES

The leading cause of kidney disease in the U.S. is diabetes, followed closely by high blood pressure (i.e., hypertension [HTN]).



People who are African American, Asian American, Hispanic American, or Native American are at an increased risk for developing CKD.



Kidney failure due to diabetes or HTN can often be prevented or delayed through healthy eating, increasing physical activity, and/or taking the right medications (NKFM 2023b).

The Mo Hood III Initiative focuses on serving Michiganders with CKD, at elevated risk for CKD, and at risk for COVID-19 through increasing knowledge, awareness, and understanding of preventable CKD. The initiative also raises awareness of the risk for severe complications and/or death from COVID-19 among people with CKD and the impact of COVID-19 on kidney health.

Goals

- Prevent CKD and improve the lives of those living with it
- Increase knowledge, awareness, and understanding of preventable CKD and its health risks among community members and healthcare providers
- Increase understanding of the relationship and risk between CKD and COVID-19 among those with and at risk for CKD and among healthcare providers

Key Activities

- Analyze data to understand which populations are most at risk for CKD, identify costs associated with treating CKD, and find the social drivers that may increase risk for CKD
- Engage communities to increase knowledge, awareness, and understanding of preventable CKD through evidence-based programs
- Develop healthcare systems initiatives to increase early detection and management of CKD
- Maintain a statewide advisory committee that guides the work of the initiative
- Share the work for broader education and awareness related to CKD

Year Three Accomplishments

A Kidney Disease Interactive Medicaid Dashboard (Data Dashboard) was launched that shows inequities and costs associated with CKD and its risk factors. Michigan is the only state with such a dashboard.

Data displayed on the Data Dashboard will help identify areas of the state and population groups where CKD prevention and screening efforts are needed to address health inequities. Key takeaways include:



Among adult Medicaid beneficiaries in 2022

8.2% had diagnosed CKD **10.4%** had diagnosed diabetes **19.6%** had diagnosed HTN

In 2022, **24.8%** of adult Medicaid beneficiaries with diabetes received a CKD screening

\$3.9 billion

The cost of treating adult Medicaid beneficiaries with CKD in 2022

6x Among beneficiaries with CKD, the average estimated Medicaid cost per person per year was \$22,860. This is more than **six times** the average cost per person per year among beneficiaries without CKD (\$3,511).



Among Medicaid beneficiaries with diabetes, non-Hispanic Black individuals had the highest prevalence rates of diagnosed CKD and HTN, and the lowest CKD screening rates of any racial or ethnic group.

Are You The 33%? Campaign Reached New Audiences

Native Americans are at a higher risk of developing kidney disease.



- NKFM developed campaign messaging to encourage healthcare providers to talk with their patients about their risk for CKD.
- NKFM launched the campaign for Middle Eastern and North African (MENA) populations and formed a new campaign partnership with the Nottawaseppi Huron Band of the Potawatomi.

>14,500

Michiganders took the Minute for Your Kidneys risk assessment quiz

53%

of MENA individuals learned they are at high risk for CKD

Evidence-Based Program (EBP) Participation

Health prevention and/or self-management EBPs are used to support individuals with making lifestyle changes that can help them prevent or manage CKD

548

people participated in EBPs (total)

82%

of EBP participants had one or more health risk factors for CKD

NKFM partnered with healthcare organizations to implement quality improvement projects to understand the impact of CKD on costs and health.

Partners included:

- Corewell Health
- Michigan Medicine
- Blue Cross Blue Shield of Michigan
- Ascension
- Michigan Primary Care Association

This project is being supported, in whole or in part, by federal award number LFRP0127 awarded to the State of Michigan by the U.S. Department of the Treasury.





Background and Purpose

Mo Hood

Morris (Mo) Hood III was a Michigan legislator who dedicated over ten years of public service to making healthcare more accessible while serving as both a state representative and senator. As a kidney recipient, he was especially passionate about educating others on the importance of CKD prevention and detection. Mo believed in the importance of engaging in healthy behaviors throughout one's lifetime, as evidenced by his focus on children's nutrition and education through programs like Regie's Rainbow Adventure. Mo Hood III passed away in 2020 due to complications of COVID-19, yet his legacy lives on through the countless people he has impacted.

The National Kidney Foundation of Michigan seeks to prevent kidney disease and improve the quality of life for those living with it. CKD is permanent kidney damage or a decreased level of kidney function that continues for three months or more. More than one million Michigan adults have CKD, and most do not know it. People who are Black or African American, Asian American, Hispanic American, or Native American are at an increased risk for developing CKD. If untreated, CKD can lead to heart disease or kidney failure, leaving the only survival options as dialysis or a kidney transplant (NKFM 2023b).

People living with CKD, diabetes, and high blood pressure are at greater risk for severe illness, complications, and/or death from COVID-19 (CDC 2023). The pandemic highlighted the challenges faced by populations ranked high on the Centers for Disease Control and Prevention (CDC) Social Vulnerability Index (SVI), including evidence that kidney disease and its precursors—obesity, diabetes, and hypertension, which significantly affect older adults—are known risk factors for serious COVID-19 (NKFM 2023a).



With support from MDHHS and Public Sector Consultants (PSC), NKFM published *The Chronic Kidney Disease Prevention Strategy in Michigan: 2021–2026*. This strategy document emphasizes the need for collaboration across healthcare, government, and communities to address—and ultimately end—CKD.

When MDHHS began soliciting American Rescue Plan Act (ARPA) proposals from community-based organizations statewide, NKFM applied to continue their work of fighting kidney disease in the state of Michigan. In 2021, the Michigan Legislature appropriated \$14 million in ARPA funding to implement the Mo Hood III Initiative as part of House Bill 5523 of 2021 (Public Act 9 of 2022) to honor Mo’s legacy.

This initiative is dedicated to transforming kidney care and prevention across the state, particularly for those affected by or at risk for COVID-19.

A Note from the Mo Hood III Advisory Committee Co-Chairs



Dr. Charles Bloom



Dennis Smith

In its third year, the Mo Hood III Initiative has reached incredible milestones in advancing CKD care for Michigan residents. This year, the initiative has continued to reach new audiences.

The National Kidney Foundation of Michigan not only continued its successful Are You The 33%? campaign, but also worked with partners to launch the campaign in Arabic to better serve members of MENA populations. Additionally, partners such as Michigan Medicine worked on a quality improvement pilot project to increase early detection of CKD in family medicine, and the Michigan Primary Care Association welcomed new health centers into its learning collaborative. These are just a few highlights of this year's work.

Through this initiative, we released the much-anticipated Data Dashboard in collaboration with the HHS Technology Group, Mathematica, and the University of Michigan. This impressive tool can help harness data to better develop CKD interventions in our most vulnerable populations and reduce costs.

We thank all our partners and look forward to the continued progress that will be made to reduce CKD.

—Committee Co-Chairs Dr. Charles Bloom, Chief Medical Officer at Health Alliance Plan of Michigan (HAP) and Dennis Smith, Dennis H. Smith Consulting



Progress

Over the last year, NKFM and partners continue to make progress in achieving the Mo Hood III Initiative's goals. NKFM is building partnerships across the state, working with partners to collect and analyze relevant data, engaging communities to educate and raise awareness, and working with healthcare systems to create and enhance intervention strategies.

NKFM's Goals

- Preventing CKD and improving the lives of those living with it
- Increasing knowledge, awareness, and understanding of preventable CKD
- Increasing understanding of the relationship and risk between CKD and COVID-19

Partnerships

NKFM's partnerships are key to successfully reaching the initiative's goals. Partners support the Mo Hood III Initiative in several ways, including spreading awareness about CKD and its risk factors, promoting the Are You The 33%? campaign, implementing activities within their organizations to prevent and treat CKD earlier, and sharing promising practices and outcome data.

NKFM engages partners across sectors through all facets of the initiative. Its partners include:

- HHS Technology Group (HTG)
- Inter-Tribal Council of Michigan
- Joint Venture Hospital Laboratories (JVHL)
- Mathematica
- Michigan Association of Health Plans (MAHP)
- Michigan Association of Health Plans Foundation
- MDHHS
 - Bureau of Medicaid Care Management and Customer Service
 - Diabetes and Other Chronic Diseases Section
 - Public Health Administration
 - Division of Chronic Disease and Injury Control
- Michigan Primary Care Association (MPCA)
- Michigan Public Health Institute (MPHI)
- Michigan Medicine
 - Division of Nephrology
 - Department of Internal Medicine
 - Department of Family Medicine
- National Kidney Foundation
- Public Sector Consultants
- University of Michigan Kidney Epidemiology and Cost Center

Progress Indicators

NKFM partnered with private analytics companies, health systems, and the State of Michigan to analyze various types of data to tell the story of CKD across Michigan (MDHHS 2023). A description of each data partner is in Appendix A.

Through the Mo Hood III Initiative, NKFM hopes to use data to understand:

- The prevalence and incidence of CKD in Michigan
- The areas in Michigan that are most affected by CKD and its risk factors (e.g., diabetes, HTN, and social determinants of health [SDOH])
- The SDOH that increase risk of CKD
- The impact of COVID-19 on CKD trends and risk factors
- The best opportunities for intervention
- How well Michigan is identifying and treating CKD across the state
- How much it costs for Medicaid to treat individuals with CKD

Data Dashboard

NKFM and its data partners, HTG, Mathematica, and Michigan Medicine, launched the Kidney Disease Interactive Medicaid Dashboard, which displays vital data on CKD screening, prevalence, and trends in Michigan. The Data Dashboard helps policymakers, healthcare providers, and

community organizations understand the costs and risks of CKD. The data partners created the Data Dashboard with information from Medicaid claims data and enrollment files from the State of Michigan Medicaid program. The University of Michigan analyzed data from the Behavioral Risk Factor Surveillance System, Michigan Medicine, and Medicare claims.

The Data Dashboard displays disparities in CKD prevalence, diabetes, and HTN, as well as CKD screening by county, age, race, and sex across the state. Additionally, a dashboard on SDOH provides a COVID-19 vulnerability index for each county based on the factors of socioeconomic status, minority language use, epidemiological factors, transportation, healthcare systems, environment, and population density—all of which are associated with one’s risk level for CKD. Some key findings from the data analysis are shared in the following sections.

It's important to identify a problem you want to address and understand the data you may need before you start building interventions. The Data Dashboard is exciting and a great place to start.

—Dr. Heather Stamat, Blue Cross Blue Shield of Michigan

The Data Dashboard is publicly available and password protected. To access the Data Dashboard, use the following link and password.

Link: <https://nkfm.org/CKDDashboard/>

Password: CKDDashboard24*

CKD: Prevalence and Disparities

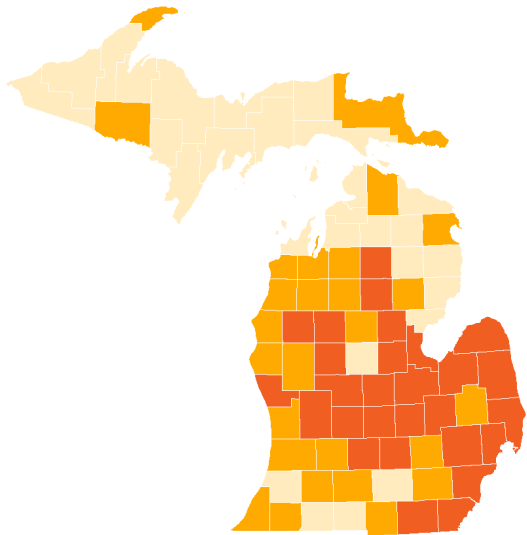
The Data Dashboard provides a statewide perspective on CKD in Michigan, where one in seven adults have the disease and most don’t know it. Due to current and historical inequities, people of color are disproportionately impacted by CKD and its risk factors. NKFM’s Data Dashboard highlights these inequities, as well as those that exist geographically.

CKD by the Numbers

- 8.2% of adults with Medicaid had diagnosed CKD in 2022.
- 9.4% of non-Hispanic Black individuals and 9.3% of Native Hawaiian and Pacific Islander individuals with Medicaid had diagnosed CKD in 2022, the highest of any racial or ethnic group.
- Among Medicaid beneficiaries, non-Hispanic Black individuals had the highest prevalence rates of diagnosed CKD and HTN, and the lowest CKD screening rates among those with diabetes of any racial or ethnic group.

High CKD prevalence and low CKD screening rates can be seen in the dark orange–shaded counties in Exhibits 1 and 2 below.

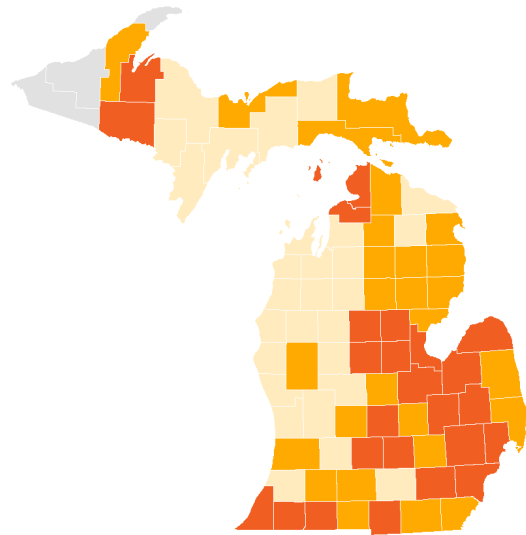
EXHIBIT 1. CKD Prevalence Among Adult Michigan Medicaid Beneficiaries, 2022



Percentage Range	Percent Value
0% to 7%	Low
7% to 8%	Medium
>8%	High

Source: NKFM n.d.-a

EXHIBIT 2. Kidney Disease Screening Rates of Adult Michigan Medicaid Beneficiaries with Diabetes, 2022



Percentage Range	Percent Value
0% to 21%	Low
21% to 33%	Medium
>33%	High
Suppressed	Suppressed

Source: NKFM n.d.-a

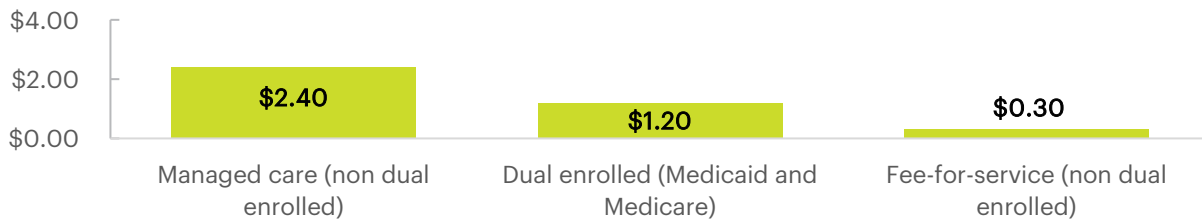
The Costs of CKD

The costs associated with CKD are striking given that the disease can be preventable. Among beneficiaries with CKD, the average estimated Medicaid cost per person per year was **\$22,860**. This is more than **six times higher** than adult beneficiaries without CKD or end stage renal disease (ESRD) in 2022 (\$3,511) (NKFM 2024). These costs could be dramatically reduced through prevention and early detection.

CKD among adult Medicaid beneficiaries cost \$3.9 billion in 2022. People with managed care accounted for \$2.4 billion of these costs, followed by those who are dual enrolled in Medicaid and Medicare (\$1.2 billion), and those with fee-for-service (\$0.3 billion) (Exhibit 3).

\$3.9 billion	=	\$2.4 billion	+	\$1.2 billion	+	\$0.3 billion
Total costs for adult Medicaid beneficiaries with CKD		People with managed care		Dual enrolled in Medicaid and Medicare		People with fee-for-service

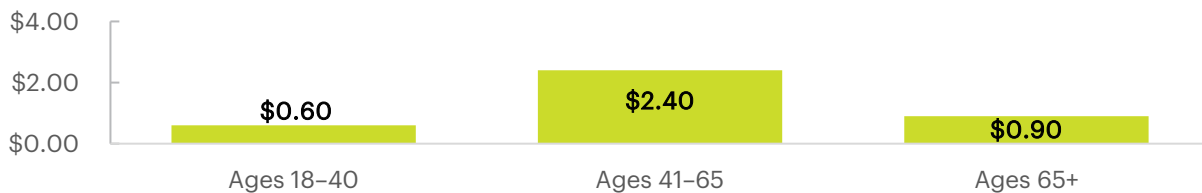
EXHIBIT 3. Total Cost of Adult Medicaid Beneficiaries with Diagnosed CKD by Medicaid Type, 2022 (in Billions)



Source: NKFM 2024

People ages 41–65 with CKD account for \$2.4 billion of Medicaid costs, followed by ages 18–40 (\$0.9 billion), and people ages 65 and older (\$0.6 billion) (Exhibit 4).

EXHIBIT 4. Total Cost of Adult Medicaid Beneficiaries with Diagnosis CKD by Age, 2022 (in Billions)

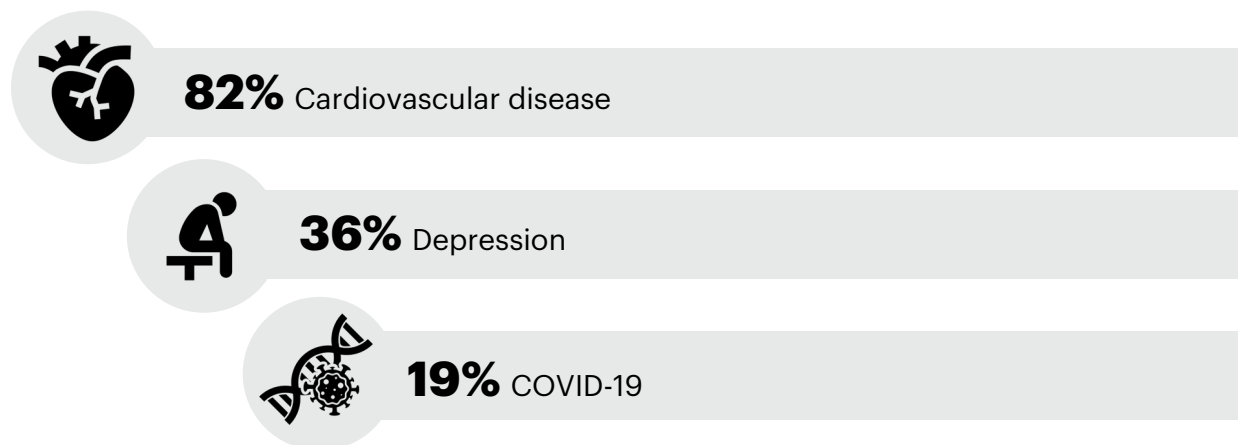


Source: NKFM 2024

Comorbidities



People with CKD or ESRD experience the simultaneous presence of one or more other conditions, known as a comorbidity, at higher rates than their counterparts without CKD or ESRD.

Percentage of Adult Michigan Medicaid Beneficiaries with CKD that Have Other Conditions



So, what does this mean for the wider healthcare system? Costs for adult Medicaid beneficiaries with CKD and a comorbid condition can be up to 11 times higher than those without a chronic condition. Some conditions, such as cardiovascular disease, COVID-19, and depression, are associated with higher costs than average when occurring with CKD or ESRD (Exhibit 5). Beneficiaries with CKD were often also diagnosed with diabetes or HTN. Six in ten beneficiaries with CKD were diagnosed with diabetes, and more than seven in ten had diagnosed HTN. CKD management and care coordination efforts should pay particular attention to beneficiaries with CKD who are also diagnosed with other comorbidities.

EXHIBIT 5. Estimated Michigan Medicaid Costs per Adult Beneficiary per Year in 2022

	CKD or ESRD, No Comorbidity*	CKD or ESRD, with Comorbidity
 Cardiovascular disease	\$8,787	\$25,967
 Depression	\$15,678	\$35,890
 COVID-19	\$17,749	\$45,209

Notes: CKD was based on claims and lab data. Other analyzed comorbidities include diabetes, COVID-19, cardiovascular disease, depression, and hypertension. *One comorbidity is being isolated but does not preclude beneficiaries from having other health conditions.
Source: NKFM 2024

Social Determinants of Health Strategy

SDOH include nonmedical factors—like neighborhoods, environment, and nutrition security—that can significantly impact a person’s current health, quality of life, and future risk of poor health outcomes (CDC 2022).

NKFM recognizes key social determinants linked to poor kidney health may include lack of food security, housing stability, transportation, education and income, employment opportunities, racial segregation, exposure to environmental pollution, and access to healthcare (NKFM n.d.-c).

The Mo Hood III Initiative has continued to work throughout its third year to prevent CKD and reduce related COVID-19 complications by recognizing the effects of SDOH and focusing on risk factors that can perpetuate the disease, such as obesity, diabetes, and HTN. This work aligns with the MDHHS Social Determinants of Health Strategy, which focuses on preventive measures to address chronic conditions, especially in vulnerable populations. NKFM partners with several community initiatives to support this work, including those listed under the Evidence-Based Programs section. Additionally, the Data Dashboard has allowed for further insights into SDOH factors, as described in the following section.

SDOH Data Analysis

Four measures—diagnosed CKD, diagnosed diabetes, diagnosed HTN, and kidney disease screening rates among adults with diabetes—were compared with each county’s COVID-19 vulnerability index. This index builds on the CDC’s Social Vulnerability Index (SVI) and highlights counties that may be the most vulnerable to negative health impacts, including COVID-19. The index considers the following SDOH:

- Socioeconomic status
- Minority/language
- Household transportation
- Epidemiological factors, such as age and presence of underlying conditions
- Healthcare system factors, such as hospital capacity
- High-risk environments, such as living or working in a long-term care facility, prison, or other high-risk industry setting
- Population density

This year, NKFM focused on SDOH factors that contribute to health inequities for people in racial and ethnic minority groups as well as those in rural communities by partnering with community organizations that serve these groups. As part of the Morris Hood Initiative, the NKFM built a resource navigation infrastructure that assists people living with and at risk for CKD and NKFM program and services participants in addressing their basic needs. During this year, the NKFM has reached out to 562 individuals to offer basic need assistance and resource navigation.

Community Awareness

The Mo Hood III Initiative educates and serves people with CKD and those at elevated risk for CKD or COVID-19 through an awareness campaign, evidence-based self-management, and nutrition and physical activity programs. NKFM also emphasizes interventions that address individuals’ SDOH needs.

Are You The 33%? Campaign

Thirty-three percent of adults in the United States are at risk for kidney disease. NKFM partnered with the National Kidney Foundation to adapt and implement the [Are You The 33%?](#) campaign across Michigan to raise awareness of CKD and connect people with the [Minute for Your Kidneys quiz](#), an easy-to-complete, online self-assessment of an individual's CKD risk.

Throughout the Mo Hood III Initiative, NKFM has implemented a promotion and communications strategy to share the campaign. This strategy includes:

- Customizing community-specific digital advertisements for the quiz. These tools were rolled out across the state in year two of the project, including in areas with high populations of individuals who are Black/African American, Hispanic/Latinx, Native American/tribal communities, and in rural areas
 - In year three, NKFM launched the campaign for Middle Eastern and North African populations, which includes Arabic language options for the Minute for Your Kidneys quiz, health messages, access to relevant information, and resources as part of the campaign and on NKFM's website.
- Creating a suite of communications tools for providers and partners, including information on the increased health risks of CKD and the relationship between CKD and COVID-19
- Building relationships with the Inter-Tribal Council of Michigan to help grow authentic partnerships with individual tribes across the state
- Working with MDHHS to include links to the Are You The 33%? campaign and Minute for Your Kidneys quiz on the MDHHS Diabetes Prevention and Control Program website and with Medicaid providers



Are You The 33%? campaign ads launched in September 2022 and have been reaching a wider audience ever since. Since the start of year three in October 2023, the campaign has received **over 5.5 million ad** impressions, with over **14,500** individuals completing the Minute for Your Kidneys assessment, and more than 400 providing email addresses to receive follow-up information on CKD prevention and COVID-19.

75 percent of respondents were deemed high risk last year



82 percent of respondents were deemed high risk this year



**7 percentage point
Year-over-year increase**



Evidence-Based Programs

One of the initiative's strategies is to provide evidence-based programs (EBPs) and/or culturally appropriate nutrition and physical activity programs to communities in Michigan. These programs serve persons with or at risk for CKD and those with a history of COVID-19, as well as youth. During registration for each adult program, individuals answer a series of questions indicating if they have had acute kidney injury and/or a history of COVID-19. These quick assessments help NKFM understand the number of people at risk for CKD and the number of people with CKD who have participated in EBP. Participants are also screened for SDOH needs and connect with an NKFM resource navigator for SDOH supports and linkages to community resources.

EBPs available in collaboration with NKFM include the Diabetes Prevention Program, A Matter of Balance, Enhance Fitness, Personal Action Toward Health (PATH) suite of programs, High Blood Pressure Control, Walk with Ease, WISEWOMAN, Cooking Matters, Regie's Rainbow Adventure, and Go NAPSACC.

Highlights of those served by EBPs in year three:



200+ referrals were made to NKFM's EBPs as a result of the pilot referral tool

50 community health workers and eight NKFM staff trained as special project associates to deliver community-based programming, health coaching and EBPs

6,500+ children were served through nutrition and physical education programs

548 EBP participants across all programs

450 (82%) people enrolled in EBPs reported having one or more health risk factors such as HTN, diabetes, heart disease, obesity, and having had COVID-19

562¹ people enrolled in EBPs indicated SDOH needs and were provided resources or service navigation to help address these needs



¹ The number of people enrolled in EBPs who indicated SDOH needs is not unduplicated and includes participants who identified needs at multiple points in time.

After the High Blood Pressure Control class, we noticed a difference in participants' confidence and attitudes toward managing their blood pressure by using techniques that were provided.

—Tonya LaFace, Hannahville Indian Community Health Center

Healthcare Systems Engagement

Through the Mo Hood III Initiative, NKFM provides technical assistance to health plans and healthcare providers to build strategies for early identification of CKD using innovative models and tools. This approach aims to transform population health practices for CKD by leveraging health data trends to improve patient outcomes and cost-effectiveness of care.

Partnerships

This year, NKFM worked closely with Michigan Medicaid plans to increase the number of plans that commit to addressing CKD by:

- Presenting to over 200 participants representing all eight of Michigan's Medicaid health plans throughout the year to discuss the risk of CKD and COVID-19 and quality measures and strategies to increase CKD screening. NKFM provided educational materials that the health plans could offer to their members and medical providers.
- Supporting Medicaid to issue a policy letter to emphasize the Medicaid benefits regarding CKD screening and current guidelines to encourage testing and diagnosis
- Holding one-on-one meetings with health plans to discuss process improvement and implementing new programs related to CKD, diabetes, and HTN prevention
- Working with the MAHP to share the Are You The 33%? campaign and March is Kidney Month toolkits with all Medicaid health plans

NKFM also worked tirelessly to engage with healthcare professionals across the state. This included:

- Presenting to residents at Corewell Health about CKD screening and management
- Working with Corewell Health, Michigan Medicine, Blue Cross Blue Shield of Michigan, Ascension Oakland–Macomb, and Populance to implement quality improvement projects

CKD Learning Collaborative

In year two of the Mo Hood Initiative, NKFM and the MPCA partnered to form the CKD Learning Collaborative to implement a CKD screening initiative. This initiative aimed to increase understanding of the complications of, and connection between, COVID-19 and kidney disease, and increase understanding of CKD among federally qualified health centers (FQHCs). The CKD Learning Collaborative's goals include:

- Implementing processes to increase screening rates

- Implementing processes to diagnose and stage kidney disease
- Understanding when to refer patients to kidney specialists
- Increasing knowledge of kidney disease treatment and management in primary care through medication, nutrition, and referrals to evidence-based lifestyle change programs

In year three, MPCA recruited four new FQHCs to the collaborative, and two FQHCs that participated in the previous year continued their participation. New cohort organizations received one-on-one onboarding with MPCA where they learned about project expectations, reviewed baseline data, and completed a practice assessment. Each FQHC selected at least two interventions to implement throughout their participation in the collaborative. Some of these interventions included:

- Activating best practice alerts
- Using a CKD registry
- Developing a CKD cohort to track measures
- Developing standing orders
- Sharing messages about CKD risk with patients
- Developing a referral process to self-management programs

NKFM and MPCA offered technical assistance and individualized support to each health center. Group learning sessions and one-on-one technical assistance check-ins supported each FQHC in action planning, development, and progress to reach the collaborative’s goals. As part of the data-driven approach, collaborative participants gathered baseline and six-month follow-up CKD screening rates for patients with diabetes or HTN. This has resulted in an increase in screening rates both for patients with diabetes and with HTN, leading to more patients being diagnosed with CKD.

Year Three Learning Collaborative Participants

- Cherry Health
- Covenant Community Cares
- Honor Community Health
- Isabella Citizens for Health
- Packard Health
- Western Wayne Family Health Centers

Embedding resources in community health centers supports people in breaking through barriers to accessing care. [Giving providers resources to address CKD] is a great opportunity for care teams to serve people experiencing healthcare struggles.

—Phillip Bergquist, Michigan Primary Care Association



Advisory Committee

An advisory committee of 25 experts in the healthcare, business, and philanthropic fields alongside consumers, providers, policymakers, and/or advocates impacted by CKD and COVID-19 guided the implementation of the Mo Hood III Initiative action plan.

The committee met in January, May, and September 2024. During these meetings, members discussed the initiatives and activities that their organizations were implementing related to CKD, received updates on the data work being completed by HTG, Michigan Medicine, and Mathematica, and brainstormed ways to continue spreading the word about CKD prevention.

In addition to meetings, regular communications occurred throughout the year. As a result of these touchpoints, committee members generated ideas on how to share the [Mo Hood III Initiative Year Two Legislative Report](#), continued to promote the Are You The 33%? campaign, learned about community engagement and educational opportunities, and received updates about ongoing progress toward health equity initiatives. A list of advisory committee members and organizations is in Appendix B.



Sharing Our Work

NKFM is dedicated to outreach and education on the Mo Hood III Initiative to help prevent and manage CKD. This year, NKFM shared Are You The 33%? campaign updates and successes at the National Kidney Foundation’s Spring Clinical Meeting. The initiative has also been shared statewide. For example, NKFM presented at MPCA’s Fall Clinical Conference and the 2024 Michigan Adverse Childhood Experiences (MIACE) Initiative Conference about CKD burden, the learning collaborative approach, and self-management of chronic diseases.

I wish more people knew about the NKFM.

—Hiam, a kidney transplant recipient

Several other outreach efforts are listed in Appendix C.

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Appendix A: NKFM Data Partners

NKFM and partners are monitoring the prevalence of CKD and its two major risk factors—diabetes and HTN—among Michigan’s adult population. Increasing screening rates will help improve detection and the appropriate use of medications to treat CKD. NKFM and its partners have identified a baseline CKD screening rate among the Michigan adult population.

HHS Technology Group

NKFM collaborates with HTG to utilize the Data Dashboard to monitor data and gain an understanding of CKD screening rates, prevalence of CKD, and prevalence of key risk factors for CKD, such as diabetes and HTN, prevalence of acute kidney injury, and the impact of COVID-19 on CKD. The platform uses Medicaid claims and laboratory data for an increased understanding of CKD’s impact on specified populations.

Mathematica

NKFM is working with Mathematica to analyze Medicaid claims data from 2017 to 2022 to identify CKD screening rates of persons with diabetes diagnosis, with CKD diagnosis, and with both diabetes and CKD diagnosis. Mathematica has developed interactive maps to identify counties to focus efforts based on risk factors, screening rates, and SDOH. Mathematica also used these data to create cost estimates intended to assess the expenses associated with treating those with diagnosed CKD.

Michigan Medicine

NKFM is working with Michigan Medicine to analyze Medicare claims data, Behavioral Risk Factor Surveillance Survey data, and deidentified health data from their patient base. Michigan Medicine is using these data sources to understand the social and environmental determinants of health on kidney disease. Michigan Medicine is sharing their findings with NKFM to inform the Mo Hood III Initiative.

Joint Venture Hospital Laboratories (JVHL)

NKFM worked with JVHL to share Medicaid laboratory data to gain a better understanding of the cost of CKD by stage.

Appendix B: Mo Hood III Initiative Advisory Committee Members

- Committee Co-chair: Dr. Charles Bloom, Health Alliance Plan of Michigan (HAP); NKFM Board
- Committee Co-chair: Dennis Smith, Dennis H. Smith Consulting; NKFM Board
- Amy Ghannam, Michigan Fitness Foundation
- Bryanna McGarry, Greater Flint Health Coalition (GFHC)
- Danielle Sirianni, The Frederick Group
- Dawn Opel, Food Bank Council of Michigan
- Dominick Pallone, MAHP
- Erich Ditschman, volunteer and patient advocate
- Dr. Heather Stamat, Blue Cross Blue Shield of Michigan
- Jan de la Torre, Michigan Health Endowment Fund
- Jim Ananich, GFHC
- Krystal Hood-Smith, niece of Morris Hood III
- Laura Appel, Michigan Health and Hospital Association
- Linda Little, Neighborhood Services Organization; The Links Incorporated
- Linda Scarpetta/Sophia Hines, MDHHS
- Loretta Bush, Authority Health
- Michael Frederick, The Frederick Group
- Dr. Natasha Bagdasarian, MDHHS
- Nathan Kark, former Chief of Staff for Morris Hood III
- Paul Peterson, nephew of Morris Hood III
- Penny Rutledge, MDHHS
- Phil Bergquist, MPCA
- Dr. Prashanti Boinapally, Authority Health
- Renee Canady Bush, MPH
- Rick Murdock, R.B. Murdock Consulting; NKFM Consultant

Appendix C: NKFM Community Engagement Efforts

- NKFM and/or its partners have presented the Mo Hood III Initiative to the following partners:
 - Healthcare systems and their providers across the state
 - Inter-Tribal Council of Michigan
 - Michigan ACE Initiative teams
 - Michigan Department of Health and Human Services
 - Michigan Medicaid providers
 - Michigan Primary Care Association health centers
- Additionally, NKFM staff attended the following events to share the Are You The 33%? campaign materials:
 - AABNA Annual Men's Health 5K
 - Acts of Judea Health Fair
 - Casa Guadalupana Immigration and Health Fair
 - Casa Guadalupana Resource Fair
 - CHASS Annual Mercado
 - Clark Park Winter Carnival
 - Community Health Fair at Bristol Road Church
 - Congress of Communities Earth Day
 - Dearborn Heights Rotary
 - Detroit Edison Public School Academy 1 Healthy D
 - Farewell Recreation Center–Vernon Chapel Church Community Health Fair
 - Hamilton Health Clinic
 - Haunted Paddle Trip
 - Ideal Group Vaccine Clinic
 - Juneteenth Pride & Diversity Celebration and Outreach Fair
 - Karmanos Cancer Institute Virtual Health Fair
 - La Sed
 - Lincoln High School EF Demo
 - Ludington Senior Expo
 - Men's Health Fair-Ford Field
 - New Hope Church of Wayne
 - NKFM Kidney Walk
 - Norwayne Harvest Fest
 - Oak Park Farmers Market throughout the summer
 - Pleasant Grove Baptist Church
 - Pontiac Senior Summit
 - Senior Health and Information Expo at HYPE Wayne
 - Southfield Senior Summit
 - St. Mary's Church Hispanic Heritage and Well-being Fair
 - St. Mary's Church Fish Fry tabling event
 - The Guidance Center
 - Trinity Health Kidney Transplant Symposium
 - UAW Local 1248 Women's Health Breakfast
 - Western International High School PTA group
 - Wildwood Traffic Garden Event



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