

# Community Health Needs Assessment Implementation Strategy

FY 2025-2027





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# UNITE Community Health Needs Assessment Implementation Strategy

## FY 2025-2027

### **Introduction**

In 2024, for the fourth time, the not-for-profit hospitals in Washtenaw County, Michigan collaborated to conduct a joint Community Health Needs Assessment (CHNA) and Implementation Strategy (IS) for the shared geographic region of greater Washtenaw County (including Grass Lake and Stockbridge). The hospitals, University of Michigan Health (U-M Health), Trinity Health Ann Arbor (THAA) and Chelsea Hospital, conducted a collaborative community health data collection and assessment process in partnership with Washtenaw County Health Department and area health coalitions.

The collaborative, named Unified Needs Assessment Implementation Plan Team Engagement (UNITE), aims to promote health, and improve the health equity of our community. To do so, it uses a shared leadership structure and continuously engages the community to develop a unified health assessment and implementation strategy. The UNITE group contracted with Southeastern Michigan Health Association to aid in the data collection through focus groups and key informant interviews. Additionally, the group assessed data from a variety of quantitative and qualitative sources, including both primary and secondary data. The UNITE group completed the CHNA and IS in adherence with federal requirements for not-for-profit hospitals set forth in the Affordable Care Act and by the Internal Revenue Service. The assessment considered input from community members and various community organizations.

### **Board Approval**

The Community Health Needs Assessment Implementation Strategy (CHNA-IS) was approved by their boards:

U-M Health CHNA-IS was adopted on November 14, 2024.

Trinity Health Ann Arbor CHNA-IS was adopted on October 23, 2024.

Chelsea Hospital CHNA-IS was adopted on October 8, 2024.

## Identification and Prioritization of Community Health Needs

Members of the UNITE group and the Southeastern Michigan Health Association (SEMHA) analyzed data from multiple data sources, community focus groups, and key stakeholder/informant interviews to determine potential priority areas. A total of 65 data points were then narrowed down to 32. Utilizing the evidence-based expanded Hanlon method, each UNITE member, and the health department, scored the needs based on the number of people affected, seriousness of the issue, changeability of the issue, measurability of the issue, organizational capacity to address the problem, the impact on eliminating the existing health disparities and the effectiveness of available interventions.

Based on the data collected and utilization of the expanded Hanlon method for prioritization of needs, UNITE selected the following priorities for the 2024 CHNA:



1. Mental Health



2. Access to Services



3. Housing

## Approach to Health Equity

While Community Health Needs Assessments (CHNA) and Implementation Strategy (IS) are required by the Internal Revenue Service (IRS), UNITE members have, and continue to, conduct CHNAs and develop IS as a way to engage our communities and increase health equity. UNITE members adopted the Robert Wood Johnson Foundation's definition of Health Equity:

“Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.”

This implementation strategy was developed in partnership with the community and will focus on populations and geographies most impacted by the needs being addressed. In addition, the institutions will strengthen existing relationships and establish new relationships to address the needs. Health equity principles were used throughout the development of this plan and will continue to be used during the implementation process. The IS plan will continue to include a focus on policy, systems and environmental change as these systemic transformations are needed to dismantle the inequities and promote health and wellbeing for all members of the communities we serve.

## Social Determinants of Health

Social Determinants of Health (SDOH) are the factors that affect our health where we are born, live, work, play, and worship. UNITE members have adopted a few SDOH as health priorities but they also serve as the lens through which we view the priorities. We utilize our understanding of SDOH to help us understand root causes and develop our plans on how we can effectively impact systems for the betterment of all, especially those most affected by these issues.

## **Significant Health Needs Not Addressed**

U-M Health, Trinity Health Ann Arbor, and Chelsea Hospital acknowledged the wide range of priority health issues that emerged from the CHNA process and determined that it could effectively focus on only those health needs which it deemed most pressing, affected vulnerable populations, and within our ability to influence. U-M Health, Trinity Health Ann Arbor, and Chelsea Hospital will not take action on the following health needs within this plan:

- Access to Internet
- Domestic Violence

This implementation strategy specifies community health needs that the hospitals have determined to address in whole or in part and that are consistent with its mission. Each hospital reserves the right to amend this implementation strategy as circumstances warrant. For example, certain needs may become more pronounced and require enhancements to the described strategic initiatives. During these three years, other organizations in the community may decide to address certain needs, indicating that the hospital then should refocus its resources to best serve the community.

## **Target Populations**

The strategies and activities outlined in this document will be implemented in greater Washtenaw County, with an emphasis on zip codes with higher needs and higher rates of poverty. Most strategies will be implemented across the entire service area. However, in order to positively impact health equity, some strategies will be implemented exclusively in areas experiencing the highest needs. In these cases, a list of zip codes will be denoted next to the action item.

# CHNA IMPLEMENTATION STRATEGY ACTION PLAN

## FISCAL YEARS 2025-2027

# 1

**CHNA SIGNIFICANT  
HEALTH NEED:  
MENTAL HEALTH**  
CHNA REFERENCE PG 17



### BRIEF DESCRIPTION OF NEED:

Mental Health is a global, domestic, and local issue and has increased throughout and after the COVID-19 pandemic. Locally, this is evidenced by:

- Depression in adults remained stable at over 20% (22.5) of adults in Washtenaw County. All drug overdose deaths increased in Washtenaw County from 2020 to 2022 by 33%. In the populations that screened positive for a social need, social isolation showed up as a prominent need amongst all the hospitals.
- Depression and anxiety continues to be a problem among adolescents in the greater Washtenaw County area. 19.1% of high school students in Washtenaw County seriously considered suicide in the past 12 months. 7.8% attempted suicide in the past year.

**GOAL: Reduce the prevalence and negative impacts of mental illness and substance use in greater Washtenaw County.**

### OBJECTIVES:

1. Reduce the percent of adults who experienced 14 or more days in which their mental health was not good in the past month from 15.5% to 9.7% by 2027.
2. Reduce the proportion of adolescents who seriously considered attempting suicide during the past 12 months from 19.1% to 14.9% among high school students, and from 21.6% to 10.2% among middle school students by 2027.
3. Decrease the proportion of high school students who used e-cigarettes, alcohol or marijuana in the past month by 2027.
  - 3.1. E-cigarettes: reduce recent use from 9.4% to 6.8%.
  - 3.2. Alcohol: reduce recent use from 10.8% to 9.3%.
  - 3.3. Marijuana: reduce recent use from 7.8% to 5.7%.
4. Reduce the number of annual adult fatal overdoses (opioid and non-opioid) in Washtenaw County from 87 to 73 by 2027.
5. Reduce completed suicides among adults >25 from 31 to 27 by 2027.
  - 5.1. Focus on men (high completion rates) or transitional age youth/young adults (18-26).

**ACTIONS THE HOSPITAL FACILITY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED FISCAL YEARS 2025-2027, UNLESS OTHERWISE NOTED:**

**U-M Health:**

1. Provide health information to the Deaf, Deaf/Blind, and Hard of Hearing through Speakers series using American Sign language in the community to reduce social isolation and provide community cohesion.
2. Provide screenings and interventions in the community to youth experiencing mental illnesses or suicidal ideation. (RAHS)
3. Provide mental health support services or referrals as necessary for families in the community that have a child experiencing a mental illness. (RAHS)
4. Provide translated materials to social service agencies and provide mental health screenings in ASL through Interpreter Services and Family Medicine.
5. Housing Bureau for Seniors provide 1-3 professional development opportunities to train professionals on the prevention of Elder Abuse for community partners.
6. In Straight Talk, a youth firesetting prevention program, utilize cognitive behavioral therapy and motivational interviewing to promote behavior change among youth who have set a fire(s).
7. Provide the EmpowerU program through the Program for Multicultural Health to local area schools to provide support for empowerment, opportunities for learning, health education, nutrition and physical activity opportunities
8. Through Community Health Services grants program, support community organizations, programs, and advocacy that contributes to delivery and access to mental health and substance abuse programs and services to adults and youth regardless of insurance status.
  - a. Support Fresh Start Clubhouse. Fresh Start Clubhouse provides a non-clinical approach to recovery for people with serious mental illness, assisting them to develop meaningful relationships, engage in meaningful activity, build community, and challenge social isolation.
  - b. Support Hope Clinics Integrated Behavioral Health Model. Hope Clinic will implement Integrated Behavioral Health (BH) model across all programs (Medical, Dental, and Food) to deliver systems of mental health, substance misuse, and food insecurity screening, behavioral health interventions, referrals, and shared communication and systems to promote the care of the whole person.
  - c. Provide support to the The Women's Center of Southeastern Michigan. They are working to improve access to mental health counseling and services for Spanish-speaking individuals who identify as Latinx by providing culturally safe support groups and personal counseling sessions.
  - d. Provide support to the Student Advocacy Center Check and Connect program. Check and Connect is an education model which improves access to education and school engagement through a trusting relationship between mentor and mentee built weekly over at least two years.
  - e. Support the Department of Psychiatry to engage postpartum individuals who qualify in Strong Roots Perinatal Dialectical Behavior Therapy (Peri DBT) for 18 weeks to improve mental health.



## Trinity Health Ann Arbor:

1. Increase mental health providers/services by expansion of Mental Health Intensive Outpatient (MIOP) Adolescent program, centralized intake, and TeleHealth Hub.
2. Increase mental health providers/services by supporting current and future community-based organizations with Investing In Our Communities Grants.
  - a. Growing Forward Together – Support the Survivor Moms' Companion psychoeducation program and platform which matches douglas with birthing people to address unmet mental health needs.
3. Invest in physical activity opportunities to improve mental health and social isolation (i.e. Natural Areas initiative, Senior Fit, etc.).
4. Connect patients and community members to peer recovery coaches, Sexual Assault Nurse Examiner (SANE), smoking cessation counselor, medical social workers and community health workers to address mental health and substance use disorder.
5. Support workforce development and training efforts to encourage the pursuit of the medical profession including mental health occupations.
6. Maintain and expand Healthy Heart and Lungs 101 program aimed to educate students about the negative effects of smoking, poor nutrition, and the mechanics of the heart and lungs.
7. Explore reopening the Health Exploration Station which offers interactive health education sessions for youth and parents regarding the human body and the negative effects of substance use.
8. Implement Narcan vending machines within high traffic areas of the hospital.
9. Implement Zero Suicide framework and Trauma Informed Care system within Behavioral Health service line programming.
10. Support and expand Lifestyle Medicine interventions focusing on all six pillars (avoiding risky substances, positive relationships, stress reduction, restorative sleep, physical activity, whole food/plant forward nutrition) of health.

## Chelsea Hospital:

1. Support and facilitate SRSly coalitions in Chelsea (48118), Dexter (48130), Manchester (48158) and Stockbridge (49285) to prevent youth substance abuse and promote mental health. Explore opportunities to replicate this best practice to additional communities.
2. Partner in the "One Big Thing" community initiative to improve mental health by addressing social isolation, sense of purpose, barriers to services, and substance use disorder.
3. Continue and expand support groups in the service area.
4. Collaborate with schools and other community partners to address mental health needs of youth through education, skill-building and stigma reduction through Project SUCCESS and other evidence-based programs.
5. Facilitate access to mental health care through the Behavioral Health Navigators.
6. Build community capacity to recognize and respond to people experiencing mental health challenges by providing training, reducing stigma, and expanding the use of best practices.
7. Support mental health and well-being among older adults through social connectedness and opportunities for physical activity at area senior centers.
8. Engage faith communities in efforts to increase awareness and understanding of mental health through the Faith Community Nurse program.

## Joint Hospital Systems Actions:

1. Advocate for policies that support mental health and reduce substance use disorder at the local, county and statewide levels.
2. Participate in local coalitions (i.e. Washtenaw Health Initiative Mental Health and Substance Use Disorder workgroup, Washtenaw SUD System Transformation, Washtenaw County Community Mental Health Board, One Big Thing, etc.) and activities related to increasing behavioral health access and addressing root causes (i.e. trauma).
3. Utilize FindHelp.org as a resource for mental health and substance use disorder services and help community-based organizations and community members to learn to navigate the platform.
4. Support and promote drug take-back events within Washtenaw county medication disposal network.
5. CH and THAA: Implement and expand the Project SUCCESS program in local middle and high schools.

## COLLABORATIVE PARTNERS: Mental Health

UNITE defines collaborative partners as organizations where we agree to share resources. This may include a combination of financial, people, knowledge or facility space. This is not an exhaustive list of partners as new partners are often added to the list throughout the course of the CHNA cycle. If you are interested in partnering with a UNITE member, please see the “All Priority Areas Plan to Evaluate Impact” section for contact information.

	U-M Health	Trinity Health Ann Arbor	Chelsea Hospital
5 Healthy Towns Foundation	√	√	√
Ann Arbor Area Community Foundation	√		
Catholic Social Services		√	
Chelsea Ministerial Association			√
Chelsea Police Department			√
Chelsea School District			√
Chelsea Senior Center	√		√
Chelsea Wellness Coalition			√
Chelsea-area Chamber of Commerce			√
City of Chelsea			√
City of Dexter			√
Community Family Life Center	√		
Corner Health Center	√	√	
Dawn Farms		√	
Dexter Community Schools			√
Dexter Senior Center			√
Dexter Wellness Coalition			√

	U-M Health	Trinity Health Ann Arbor	Chelsea Hospital
EMU Family Empowerment Program	√	√	
Faith in Action	√		√
Fresh Start Clubhouse	√		
Grass Lake Community Wellness Initiative			√
Grass Lake School District			√
Grass Lake Senior Center			√
Growth Works		√	
Home of New Vision		√	
Hope Clinic	√	√	
Huron Valley Ambulance Community Paramedics		√	
Jewish Family Services		√	
Legal Services of South Central Michigan (Michigan Advocacy Program)	√		
Manchester Community Schools			√
Manchester Wellness Coalition			√
Michigan Medicine Dept. of Family Medicine	√		√
MSU Cooperative Extension 4-H office			√
National Alliance on Mental Illness		√	√
Packard Health	√	√	
Scouts			√
Stockbridge Area Senior Center	√		√
Stockbridge Community Schools			√
Stockbridge Community Outreach			√
Stockbridge Police Department			√
Stockbridge Wellness Coalition			√
Student Advocacy Center	√	√	
The Women's Center of Southeastern Michigan	√	√	
UM School of Public Health	√	√	
United Way of Southeast Michigan		√	√
Washtenaw Area Council on Children		√	√
Washtenaw County Community Mental Health	√	√	√
Washtenaw County Health Department	√	√	√

**COLLABORATIVE PARTNERS: Mental Health (cont.)**

	<b>U-M Health</b>	<b>Trinity Health Ann Arbor</b>	<b>Chelsea Hospital</b>
Washtenaw County Office of Community and Economic Development		√	
Washtenaw County Health Department	√	√	√
Washtenaw County Office of Community and Economic Development		√	
Washtenaw County Sheriff's Office	√	√	√
Washtenaw Health Initiative	√	√	√
Washtenaw Intermediate School District	√	√	√
Washtenaw Success by Six	√		

# CHNA IMPLEMENTATION STRATEGY ACTION PLAN

## FISCAL YEARS 2025-2027

# 2

### CHNA SIGNIFICANT HEALTH NEED: ACCESS TO SERVICES

CHNA REFERENCE PG 19



#### BRIEF DESCRIPTION OF NEED:

Access to services is a key component to achieving health equity. Essential services including health care, public health, social services, access to healthy and affordable foods, and equitable transportation options including public transit, all play a key role in the health and well-being of any community. While these services are available in the greater Washtenaw County area as a whole, many people encounter barriers to accessing and therefore utilizing these services. Barriers can include cost, proximity, transportation, wait times, dependent care, literacy, language, and awareness of available services and resources. A significant number of patients screened positive for one or more of these social needs at all three hospitals and their medical groups.

**GOAL: Increase health equity and overall health by reducing barriers to accessing services and resources.**

#### OBJECTIVES:

##### 1. Maternal/Infant health

- 1.1. Reduce Black/African American Infant Mortality rates from 12.6 to 10.9 deaths per 1,000 live births within Washtenaw County by 2027.
- 1.2. Increase the percentage of Hispanic (66.4%) and Black (71.2%) mothers who receive adequate prenatal care to over 84%.

##### 2. Transportation

- 2.1. Decrease the disproportionate representation of African American patients among those who screen positive for transportation needs in patient social needs screening data from 33% to 12%.
- 2.2. Increase utilization of the WAVE bus in western Washtenaw County, Grass Lake and Stockbridge by 10%.

##### 3. Food Access

- 3.1. Reduce the overall food insecurity rate from 12.5% to 9.6% by 2027.

##### 4. Access to community-based healthcare services

- 4.1. In community-based vaccine clinics, increase persons served from 250 to 300 individuals and increase sites from 11 to 15 sites in greater Washtenaw County.

## **ACTIONS THE HOSPITAL FACILITY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED FISCAL YEARS 2025-2027, UNLESS OTHERWISE NOTED:**

### **U-M Health:**

#### **Maternal and Infant Health**

1. Continue to provide support to pregnant persons and mothers through the Maternal Infant Health Program. The program also continues to provide social determinants of health support when necessary.
2. Support birthing persons through the Dial-a-doula program through volunteer services.
3. Continue supporting the Region 9 Perinatal Quality Collaborative through personnel support on teams.
4. Explore opportunities to provide further certifications to doulas who provide services to low-income and minority mothers in order to enhance the maternal experience.

#### **Food Access**

1. Continue to provide food access support to patients through initiatives such as: Ypsilanti Health Center's Maggie's Marketplace, The Farm at THAA Farm Share Program for U-M Health patients, and the Million Meals Campaign to support Food Gatherers.
2. Support older adult community members through Ann Arbor Meals on Wheels and Ypsilanti Meals on Wheels through the meal support programs.

#### **Access to community-based healthcare services**

1. Regional Alliance for Healthy Schools (RAHS) provides primary care to those attending the schools where clinics are located up until the age of 24.
2. Vaccine clinics are provided to the community in locations where there is decreased access and a high density of vulnerable populations at no cost to the individual.
3. Provide mobile unit services to community members through the mammography, RAHS (Vision and Dental services), Otolaryngology mobile units.
4. Provide support to community members regarding health topics and actions they can take through Health and Parent Cafes.

#### **All Areas**

1. Through U-M Health Community Health Services grants program, support community organizations, programs, and advocacy that contributes to delivery and access to primary care services, transportation, maternal and infant health programs and services to adults and youth regardless of insurance status and income level.
  - a. Our Village provides social support, mental health support, and wrap around services for minority and low-income mothers to decrease stressors in early motherhood and increase wellness.
  - b. Region 9 Perinatal Quality Collaborative, provides training and mentorship for doulas in greater Washtenaw County to serve clients more holistically throughout the prenatal and perinatal period.
  - c. Feonix Mobility facilitates rides and mobility management to support birthing persons and moms of young children to healthcare appointments and other supports, including breastfeeding classes, accessing groceries, and mother support groups.

## **ACTIONS THE HOSPITAL FACILITY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED FISCAL YEARS 2025-2027, UNLESS OTHERWISE NOTED:**

### **Trinity Health Ann Arbor:**

#### **Maternal/Infant Health**

1. Promote and support Trinity Health Ann Arbor Perinatal Wellness Center which offers a safe, inclusive, and nonjudgmental space where women seek social, emotional, and physical support to help with their transition through pregnancy and the postpartum period.
2. Train and educate residents, providers and staff on implicit bias, social influencers of health, and health equity. Expand Trinity Health Respectful Care Program to other in-patient and outpatient departments.
3. Provide counseling, support groups, and educational classes for both mothers and fathers (i.e. Baby and Me support group monthly; breastfeeding support group; Sudden Infant Death Education/Safe Sleep classes).
4. Explore the development of a doula program or partner with a community doula program for Trinity Health Ann Arbor patients.
5. Understand barriers of prenatal care through education, focus groups, and building trust.
6. Advocate for the provision of breastfeeding and prenatal education and support classes for free or greatly reduced rates for families in our community.
7. Invest in community organizations and programs through the Investing in Our Communities Grant program to support maternal health access to service. FY25-FY26 grantees include:
  - a. Jewish Family Services – Support for a medically tailored meal intervention to vulnerable pregnant people in Washtenaw County, increasing access for pregnant people to receive and consume nutritious food, support healthy pregnancies, and reduce short and long-term risks for both mother and child.
  - b. Washtenaw Area Council for Children – Investing to provide sleepwear and cribs to eligible participants in their Safe Sleep, Safe Baby program.

#### **Food Access:**

1. Expand food access and nutrition education through The Farm at Trinity Health's Food is Medicine Programs (The Farm Share Assistance Program, Food Pantries, and Produce to Patients).
2. Expand nutrition education through Lifestyle Medicine's Food is Medicine Programs (Cooking with Plants, Nutrition Buddies, Healthy Families).
3. Connect food insecure patients with the THAA hospital inpatient food pantry which includes pantry staples and fresh farm produce.
4. Explore and apply programs and concepts of Lifestyle Medicine within Washtenaw County to improve overall health and reduce chronic disease.
5. Participate in local coalitions and activities related to increasing access to services and addressing root causes.
6. Advocate for policy change on food systems infrastructure through participation in Washtenaw Food Policy Council and other emerging policy efforts with a focus on food disparity.

7. Invest in community organizations and programs through the Investing in Our Communities Grant program to support food access. FY25-FY26 grantees include:
  - a. Food Gatherers – Investing in their Healthy School Pantry Program which improves access to healthy food for families who struggle with hunger in the 48197 and 48198 zip codes.
  - b. Growing Hope – Support for their Food Access Programs at the Ypsilanti Farmers Market, including the Community Growers Booth and the Power of Produce Club, teaching children about fruits and vegetables.
  - c. Jewish Family Services – Support for a medically tailored meal intervention to vulnerable pregnant people in Washtenaw County, increasing access for pregnant people to receive and consume nutritious food, support healthy pregnancies, and reduce short and long-term risks for both mother and child.

### All Areas

1. Develop Trinity Health Ann Arbor Academy to improve awareness and access to services and resources.
2. Fund Cardiac Emergency Response Program to increase availability of automated external defibrillators (AED) and training within the community. Grantees include:
  - a. Catholic Social Services of Washtenaw County: Offers behavioral health services, senior services, and family and children services in Washtenaw County.
  - b. Jewish Family Services: Offers multiple forms of service to Jewish immigrants, including resettlement, English as a Second Language, nutrition, transportation, community assistance, WISE Aging Services, Thrive Counseling, and employment assistance.
  - c. Programs to Educate All Cyclists (PEAC): Advocates for transportation equity for Michiganders with disabilities. They provide cycling education and travel training for individuals with disabilities.
3. Support access to services efforts through social care funds and grants to community based organizations.

### Chelsea Hospital:

#### Maternal/Infant Health

1. Continue to provide free breastfeeding education classes to build skills of expectant parents and prepare mothers to successfully breastfeed.

#### Food Access

1. Continue to support the Chelsea Farmers Market by serving as the fiscal agent and employing the Market Manager and Assistant.
2. Continue to operate multiple food assistance programs at the Chelsea Farmers Market, and support or facilitate operation of food assistance programs at the four other markets in the hospital's primary service area.
3. Provide community benefit financial contributions to area food pantries and senior centers operating Meals on Wheels and providing group meals.
4. Offer services of the Community Nutritionist, a registered dietitian who teaches classes and provides education and technical assistance to partners in the region.



## Transportation

1. Provide community benefit financial contributions to the Western Washtenaw Area Value Express (WAVE bus), which is the only public transportation provider serving Chelsea, Dexter, Manchester and Stockbridge. Support WAVE's exploration of opportunities to expand service to Grass Lake.

## All Areas

1. Provide community benefit financial contributions to partner organizations that are working to reduce barriers to services and resources, including those that support social connectedness.
2. Faith Community Nursing Liaison works with religious groups in the area to identify and address the health needs of their members, including barriers to services, and social isolation.
3. Facilitate the evidence-based Diabetes Prevention Program for Medicare and non-Medicare populations at-risk of developing diabetes. This program is offered online and in-person throughout the hospital's primary service area.

## Joint Hospital Systems Actions:

1. Utilize FindHelp.org as a resource for access to services such as transportation, maternal and infant health, food access, primary care, and other resources as needed and necessary.
2. U-M Health and THAA: Provide Farm Share produce boxes to patients who have food needs and are in need of healthy food access support.
3. U-M Health and CH: Provide vaccine clinics in western Washtenaw County, Grass Lake and Stockbridge.
4. CH and THAA: Connect patients experiencing a social care need with a certified Community Health Worker (CHW). Hospital-employed CHWs work with patients to address barriers to services and resources, and support patients in setting and achieving their health goals.

## COLLABORATIVE PARTNERS: Access to Services

UNITE defines collaborative partners as organizations where we agree to share resources. This may include a combination of financial, people, knowledge or facility space. This is not an exhaustive list of partners as new partners are often added to the list throughout the course of the CHNA cycle. If you are interested in partnering with a UNITE member, please see the “All Priority Areas Plan to Evaluate Impact” section for contact information.

	U-M Health	Trinity Health Ann Arbor	Chelsea Hospital
5 Healthy Towns Foundation	√		√
Ann Arbor Heart Association	√	√	
Ann Arbor Meals on Wheels	√	√	
Ann Arbor Public Schools	√	√	
Ann Arbor YMCA		√	
Barrier Busters	√	√	
Carpenter Place	√	√	
Catholic Social Services		√	
Chelsea Ministerial Association			√
Chelsea School District			√
Chelsea Senior Center			√
Chelsea Wellness Coalition			√
City of Chelsea		√	√
City of Dexter		√	√
Community Family Life Center	√		
Corner Health Center	√	√	
Dexter Community Schools			√
Dexter Senior Center			√
Dexter Wellness Coalition			√
EMU Engage, Bright Futures		√	
EMU School of Nutritional Sciences, Dietetic Interns		√	
Faith in Action	√	√	√
Family Empowerment Program (Engage EMU)	√	√	
Food Gatherers	√	√	
Foster Grandparents	√		
Fresh Start Clubhouse	√		
Fed-Up Ministries	√	√	

**COLLABORATIVE PARTNERS: Access to Services (cont.)**

	U-M Health	Trinity Health Ann Arbor	Chelsea Hospital
Feonix Mobility Rising	√		
Grass Lake Community Wellness Initiative		√	√
Grass Lake School District			√
Grass Lake Senior Center			√
Great Start Collaborative	√		
Growing Hope		√	
Hope Clinic	√	√	
Huron Valley Correctional Facility		√	
Jewish Family Services		√	
Leslie Science & Nature Center		√	
Lincoln Consolidated School	√	√	
Manchester Community Resource Center			√
Manchester Community Schools			√
Manchester Wellness Coalition			√
Michigan Fitness Foundation		√	
Michigan Islamic Academy	√		
Michigan Prison Doula Initiative		√	
MSU Extension		√	
Neutral Zone		√	
Ozone House		√	
Packard Health	√	√	
Parkridge Community Center	√	√	
Parkway Meadows	√		
Patient Food and Nutrition Services	√		
Peace Neighborhood Center	√		
Region 9 Perinatal Quality Collaborative	√	√	
SOS Community Services		√	
Stockbridge Area Senior Center	√		√
Stockbridge Community Schools			√
Stockbridge Community Outreach			√
Stockbridge Wellness Coalition			√
The Women's Center of Southeast Michigan	√	√	
UM School of Nursing	√		

**COLLABORATIVE PARTNERS: Access to Services (cont.)**

	<b>U-M Health</b>	<b>Trinity Health Ann Arbor</b>	<b>Chelsea Hospital</b>
UM School of Public Health, Nutrition Sciences, Dietetic Interns	√	√	
UM School of Public Health, Office of Public Health Practice	√	√	
U-M Student Life	√		
United Way of Southeast Michigan	√	√	
USDA: Women, Infants and Children (WIC)		√	
Washtenaw Community College		√	
Washtenaw County Commissioners	√	√	
Washtenaw County Health Department	√	√	√
Washtenaw Food Policy Council		√	
Washtenaw Health Project	√	√	
Washtenaw Intermediate School District	√	√	√
Washtenaw Success by Six	√		
We the People Opportunity Farm		√	
Ypsilanti Community Schools	√	√	
Ypsilanti Meals on Wheels	√	√	
Ypsilanti Public Library	√	√	

# CHNA IMPLEMENTATION STRATEGY ACTION PLAN

## FISCAL YEARS 2025-2027

# 3

### CHNA SIGNIFICANT HEALTH NEED: HOUSING

CHNA REFERENCE PG 21



#### BRIEF DESCRIPTION OF NEED:

Housing is a critical issue affecting the health outcomes of our community members. Safe, affordable, and stable housing plays a pivotal role in promoting physical, mental, and social health.

**Safe:** Poor-quality housing, such as buildings with mold, pests, poor indoor air quality, water, or structural issues, can directly impact health. These conditions can worsen respiratory problems, allergies, and contribute to injuries. Homelessness and unstable housing contribute to public health challenges such as the spread of communicable diseases and poor sanitation in informal housing situations. These issues can affect entire communities and strain both healthcare and public health resources.

**Affordable:** When housing costs are a lower percentage of household income, families have dollars to allocate towards other educational, social, physical, and health care needs. In addition, housing that is affordable for your income level, can reduce financial stress which can improve mental health and decrease chronic disease burden such as obesity, diabetes, cardiovascular disease, and others.

**Stable:** Housing instability can disrupt social networks and support systems, leading to social isolation and mental health problems. It can also lead to less educational attainment for those who are experiencing the disruptions. Those experiencing housing instability often face barriers to accessing healthcare services. They may lack a stable address for correspondence, transportation to and from appointments, or continuity of care due to frequent relocations. This can lead to delays in treatment, exacerbation of health conditions, and increased healthcare costs.

By focusing on housing we aim to create a healthier community where individuals and families can thrive.

**GOAL: Improve safe, affordable, and stable housing to impact residents experiencing housing instability.**

#### OBJECTIVES:

##### 1. Safe and Healthy Housing:

- 1.1. In 2020, 2,800 people in Washtenaw County were experiencing homelessness.
  - a. Reduce those who are chronically homeless and experience a disability from 20% to 17%.
  - b. Reduce the percentage of families with young children experiencing homelessness from 38% to 35%.

**OBJECTIVES (cont.):**

**2. Affordability of Housing:**

- 2.1. Reduce the number of people spending more than 30% of income on housing from 32% to 30%.

**3. Stable Housing:**

- 3.1. Reduce the Washtenaw County rate of eviction from 10.7% to the national average of 7.7%.
  - a. 80 of 182 foreclosures after lifting the COVID foreclosure moratorium were older adults households (55+ years old). Of the older adults who encounter foreclosure we will assist 75-85% of older adults in ways to mediate the foreclosure process.

**ACTIONS THE HOSPITAL FACILITIES INTEND TO TAKE TO ADDRESS THE HEALTH NEED, FISCAL YEARS 2025-2027, UNLESS OTHERWISE NOTED:**

**U-M Health:**

1. Provide support for older adults (those 55 years and older) in order for them to age in place until they want to transition to other housing through the services provided by Housing Bureau for Seniors.
2. Explore strategies and partnerships to begin moving low-income individuals from renting or affordable housing into homeownership.
3. Explore opportunities to partner with sustainability programs at U-M Health, utilities and non-profits in order to help make housing safe for more residents of greater Washtenaw County.
4. Through U-M Health Community Health Services grants program, support community organizations, programs, and advocacy that contributes to keep individuals, families and children housed in safe and healthy homes.
5. Support Habitat for Humanity of Huron Valley which aims to help as many Washtenaw County individuals and families fully realize the benefits of homeownership as possible by providing affordable critical home repair, weatherization, and aging in place modification services to low-income homeowners.

**Trinity Health Ann Arbor:**

1. Explore opportunities for utilizing THAA land for mixed use and/or workforce housing.
2. Continue to offer free or heavily subsidized rent to community-based organizations including Alpha House and House N2 Home.
3. Offer patients and colleagues with housing instability temporary housing support through McAuley Inn.
4. Partner with local housing coalitions and Washtenaw County Continuum of Care to advance work.
5. Maintain strong partnership with Washtenaw Housing Alliance through in-kind and financial support.
6. Invest in community organizations and programs through the Investing in Our Communities Grant program to support housing initiatives. FY25-FY26 grantees include:
  - a. Ypsilanti Meals on Wheels – Funding for their aging-in-place support program, Care on Wheels (CoW), that helps older adults age in place more safely and independently while providing caregivers with strategies, tools, and knowledge to make caring for their loved ones easier and sustainable.

## Chelsea Hospital:

1. Provide financial support to partner organizations working with vulnerable populations to prevent homelessness and address housing instability.
2. Collaborate with landowners and local governments that want to work towards developing more affordable housing units in the service area.

## Joint Hospital Systems Actions:

1. Advocate for policies that support the development of more affordable housing units in the greater Washtenaw area.
2. Screen patients for housing instability and refer to Community Health Workers or community partners and resources.
3. Utilize FindHelp.org as a resource for housing referrals and resources.
4. THAA and U-M Health: Partner with the Shelter Association of Washtenaw County to support patients experiencing homelessness with case and health management through the Recuperative Care Program.
5. CH and THAA: Support homelessness prevention efforts through social care funds and grants to community based organizations.

## COLLABORATIVE PARTNERS: Housing

UNITE defines collaborative partners as organizations where we agree to share resources. This may include a combination of financial, people, knowledge or facility space. This is not an exhaustive list of partners as new partners are often added to the list throughout the course of the CHNA cycle. If you are interested in partnering with a UNITE member, please see the “All Priority Areas Plan to Evaluate Impact” section for contact information.

	U-M Health	Trinity Health Ann Arbor	Chelsea Hospital
Alpha House	√	√	
Ann Arbor Community Foundation (Sister Yvonne Gellise Fund)	√		
Avalon Housing	√	√	
Faith in Action		√	
HouseN2Home		√	
Habitat for Humanity of Huron Valley	√	√	
Manchester Community Resource Center	√	√	√
Michigan Advocacy Program	√		
Shelter Association of Washtenaw County	√	√	
Stockbridge Community Outreach			√
VA of Ann Arbor			√



## COLLABORATIVE PARTNERS: Housing (cont.)

	U-M Health	Trinity Health Ann Arbor	Chelsea Hospital
Washtenaw County Continuum of Care	√	√	
Washtenaw County Housing Alliance	√		
Washtenaw County Office for Community and Economic Development	√	√	

## ALL PRIORITY AREAS PLAN TO EVALUATE THE IMPACT:

### U-M Health:

The Community Health Coordinating Committee will monitor progress of community grant programs' impact. Community Health Services staff will collect various metrics from staff on ongoing community benefit programming. For data inquiries please contact Community Health Services: 734-998-2156 or email [communitybenefit@med.umich.edu](mailto:communitybenefit@med.umich.edu).

### Trinity Health Ann Arbor:

The Trinity Health Ann Arbor Community Health Council will monitor progress towards these outcomes by regularly collecting and analyzing program data. Each program has defined process and outcome measures to evaluate impact. This data is collected and reported at regular intervals. Data sources include surveys, focus groups, key stakeholder interviews and archival data from hospital, school, and other records.

For data inquiries, please contact Shekinah Singletery (Director of Community Health & Well-Being) at 734-712-3491 or [Shekinah.Singletery@trinity-health.org](mailto:Shekinah.Singletery@trinity-health.org).

### Chelsea Hospital:

The Chelsea Hospital Community Health Improvement Council will monitor progress towards these outcomes by regularly collecting and analyzing program data. Each program has defined process and outcome measures to evaluate impact. This data is collected and reported at regular intervals. Data sources include surveys, focus groups, key stakeholder interviews and archival data from hospital, law enforcement, school, and other records.

For data inquiries, please contact Reiley Curran at (734) 593-5279, or [Reiley.Curran@trinity-health.org](mailto:Reiley.Curran@trinity-health.org).

## PROGRAMS AND RESOURCES THE HOSPITALS PLANS TO COMMIT:

- Staff time to support the implementation of the actions listed above.
- Supplies and marketing for programs.
- Funding for programs, organizations, and advocacy.

## **CHNA Implementation Strategy Report Availability**

The complete Community Health Needs Assessment Implementation Strategy (CHNA-IS) report is available electronically at:

- [www.michiganmedicine.org/CHNA](http://www.michiganmedicine.org/CHNA)
- [www.trinityhealthmichigan.org/about-us/community-health-and-well-being/community-health-needs-assessments](http://www.trinityhealthmichigan.org/about-us/community-health-and-well-being/community-health-needs-assessments)

Or printed copies are available at:

U-M Health:	3621 South State Street, Ann Arbor, MI 48108
Trinity Health Ann Arbor:	5301 McAuley Drive, Ypsilanti, MI 48197
Chelsea Hospital:	775 South Main Street, Chelsea, MI 48118

## **Community Input on this Plan**

During the spring and summer of 2024, colleagues from each of the hospitals convened meetings to obtain feedback from community members and organizations on the proposed priorities. A summary of this information is available, upon request. Contact information is available on page 21 of this document.

## **Description of Hospitals**

For more information about each institution see Appendix B (page 25) in the Community Health Needs Assessment.

## **Conclusion**

On October 8, 2024, the Board for Chelsea Hospital met to discuss the 2025-2027 Implementation Strategy for addressing the community health needs identified in the 2024 Community Health Needs Assessment. Upon review, the Board approved this Implementation Strategy and the related budget.

On October 23, 2024, the board for Trinity Health Ann Arbor met to discuss the 2025-2027 Implementation Strategy for addressing the community health needs identified in the 2024 Community Health Needs Assessment. Upon review, the Board approved this Implementation Strategy.

On November 14, 2024, the U-M Health board met to discuss the 2025-2027 Implementation Strategy for addressing community health needs identified in the 2024 Community Health Needs Assessment. Upon review, the Board approved this Implementation Strategy.

## Acknowledgments

The work of the UNITE collaborative would not have been possible without the commitment of numerous partners. We wish to thank Washtenaw County Public Health, Southeastern Michigan Health Association, the Washtenaw Health Initiative, the University of Michigan School of Public Health Office of Public Health Practice for their support of this work. We are grateful to the members of our internal committees for their contributions to the plan.

We also want to thank our executive leadership for their support of the work. Without their support we would not be able to continue doing this good work in the community.

We are especially thankful to the community organizations, groups and members for helping us shape our understanding of the community's needs and how to best respond to priorities and the existing gaps.

## ENDNOTES

1 <https://www.rwjf.org/en/insights/our-research/2017/05/what-is-health-equity-.html>, 2024.08.28

2 (Source: BRFSS, accessed at [www.healthforallwashtenaw.org](http://www.healthforallwashtenaw.org))

3 (Source: MiPHY Washtenaw County Report)

4 (Source: MiPHY Washtenaw County Report)

5 (Source: WCHD, Opioid Data, accessed at [www.healthforallwashtenaw.org](http://www.healthforallwashtenaw.org))

6 (Source: MDHHS 2020-22| Health for All)

7 (Source: MDHHS 2020-22| Health for All)

8 (Feeding America 2022|Health for All)

9 U.S. Census Bureau, Burdened Households (5-year estimate) in Washtenaw County, MI

[DP04ACS026161], retrieved from FRED, Federal Reserve Bank of St. Louis;

<https://fred.stlouisfed.org/series/DP04ACS026161>, August 5, 2024

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[https://evictionlab.org/map/?m=modeled&c=p&b=efr&s=all&r=states&y=2018&z=3.89&lat=38.14&lon=-97.50&lang=en&l=26161\\_-83.84\\_42.25](https://evictionlab.org/map/?m=modeled&c=p&b=efr&s=all&r=states&y=2018&z=3.89&lat=38.14&lon=-97.50&lang=en&l=26161_-83.84_42.25)





