

# 2019 Community Health Needs Assessment Implementation Plan



# TABLE OF CONTENTS

INTRODUCTION.....	PAGE 1
FOCUS ON HEALTH EQUITY, THE SOCIAL DETERMINANTS OF HEALTH (SDOH), AND COMMUNITY ACCOUNTABILITY.....	PAGE 3
COMMUNITY HEALTH PRIORITY I - MENTAL HEALTH AND SUBSTANCE USE DISORDERS.....	PAGE 5
COMMUNITY HEALTH PRIORITY II -OBESITY AND RELATED ILLNESSES.....	PAGE 12
COMMUNITY HEALTH PRIORITY III - PRECONCEPTUAL AND PERINATAL HEALTH.....	PAGE 18
CHNA SIGNIFICANT HEALTH NEED – SOCIAL ISOLATION.....	PAGE 21
CONCLUSION, NEXT STEPS, ACKNOWLEDGEMENTS.....	PAGE 24
APPENDICES.....	PAGE 25

# INTRODUCTION

## Background

In 2018-2019, for the second time, all not-for-profit hospitals in Washtenaw County, Michigan collaborated to conduct a joint Community Health Needs Assessment (CHNA) and Implementation Plan (IP) for the shared geographic region of Washtenaw County. The hospitals, Saint Joseph Mercy Ann Arbor (SJMAA), Saint Joseph Mercy Chelsea (SJMC), and Michigan Medicine (UMHS), conducted a collaborative community health data collection and assessment process in partnership with Washtenaw County Public Health Department and area health coalitions. The process was facilitated by the Washtenaw Health Initiative.

The collaborative, named Unified Needs Assessment Implementation Plan Team Engagement (UNITE), aims to promote health and improve the healthy equity of our community. To do so, it uses a shared leadership structure and continuously engages community to develop a unified health assessment and implementation plan. The UNITE group collected data 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 three hospitals continued to utilize support from the Washtenaw Health Initiative (WHI), which acted as a facilitator for the collaborative CHNA and Implementation Plan process. The WHI is a voluntary, county-wide collaboration focused on improving access to coordinated care for the low-income, uninsured, and Medicaid populations in Washtenaw County, Michigan.

The UNITE group completed the CHNA and IP 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 took into account input from community members and various community organizations.

## Board Approval

The CHNA-IP was approved by boards as follows:

- St. Joseph Mercy Chelsea (SJMC) CHNA-IP was adopted by the local Board of Directors on September 24, 2019, and the Joint Venture Board on September 26, 2019.
- St. Joseph Mercy Ann Arbor CHNA-IP was adopted by the board on October 23, 2019.
- Michigan Medicine CHNA-IP was adopted by the board on November 7, 2019.

## CHNA-IP Availability

Electronic copies are available at:

- <https://www.uofmhealth.org/community-health-needs-assessment> or
- <http://www.stjoesannarbor.org> under the Community Benefit tab or
- [www.stjoeschelsea.org](http://www.stjoeschelsea.org) under the Community Benefit tab

Printed copies are available at:

- 2025 Traverwood Drive, Suite A2, Ann Arbor, MI 48105
- 5301 McAuley Drive, Ypsilanti, MI 48197
- 775 S. Main St, Chelsea, MI 48118

## **Hospital Information and Mission Statement**

The mission of the St. Joseph Mercy Ann Arbor and St. Joseph Mercy Chelsea hospitals states that “We, Trinity Health, serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities.”

The mission of Michigan Medicine is “We advance health to serve Michigan and the world.”

## **Identification and Prioritization of Community Health Needs**

Members of the UNITE group analyzed data from multiple data sources, community focus groups, and key stakeholder/informant interviews to determine potential priority areas. The data show that the three priority areas identified in the group’s 2016 CHNA, listed below, continue to be significant areas of need across the community:

- Mental Health and Substance Use Disorders
- Obesity and related illnesses
- Preconceptual and Perinatal health

Therefore, the UNITE group renewed its commitment to addressing these three priorities and doing so through the lens of social determinants of health (SDOH) and health equity.

## **Strategies**

In developing the implementation plan, the UNITE group continued to dig deeper into the root causes underlying three SDOH domains that they agreed had an outsized impact on the top CHNA priorities. These domains were (i) housing, (ii) poverty and (iii) social isolation. They used the Community Anti-Drug Coalition of America (CADCA) model to conduct a root cause analysis (RCA) around local community conditions and contributing factors to the prioritized health needs. This model asks the questions – what is the problem, why is it a problem, and why is it a problem here? The CADCA structure incorporates the following strategies for creating positive change: Provide Information and Education, Build Skills/Training, Provide Support, Enhance Access/Reduce Barriers, Change Consequences (Positive and Negative), Change Physical Design, and Modify Policies. This is a model that has been used in helping with reduction of substance abuse across the United States. In addition, the UNITE group identified the following as areas of rapidly escalating seriousness that needed to be addressed as part of an implementation strategy: (i) climate change, (ii) incarceration and (iii) medical debt.

## **Significant health needs that will not be addressed**

St. Joseph Mercy Ann Arbor, St. Joseph Mercy Chelsea, and Michigan Medicine acknowledge the wide range of priority health issues that emerged from the CHNA process, and determined that they could effectively focus on only those health needs which it deemed most pressing, under-addressed, and within its ability to influence. St. Joseph Mercy Ann Arbor, St. Joseph Mercy Chelsea, and Michigan Medicine will not take action on the following health needs:

- **Dental Health** – St. Joseph Mercy Ann Arbor, St. Joseph Mercy Chelsea, and Michigan Medicine do not plan to directly address this particular need because there are other agencies taking the lead in this area, as well as several resources within the community whose focus is addressing dental health.

- **Education and Educational Attainment** – St. Joseph Mercy Ann Arbor, St. Joseph Mercy Chelsea, and Michigan Medicine do not plan to directly address this particular need because education cannot be easily influenced by the county’s health systems, and there are various school districts within the County that are working diligently to decrease the educational achievement gap.

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. The hospitals reserve 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 limited resources to best serve the community.

### **Focus on Health Equity, the Social Determinants of Health and Community Accountability.**

For a second time, the UNITE collaborative prioritized a focus on social determinants of health (SDOH) as a key strategy in addressing the root of health inequities that impact all three of the priority needs. While in 2016 all SDOH were considered, for the 2019 cycle we focused in on six specific SDOH 1) Climate Change, 2) Housing/Homelessness, 3) Incarceration, 4) Medical Debt, 5) Poverty, and 6) Social Isolation because of their significant impact on each of the CHNA priorities.

All three institutions will work on the three main community health priorities. Additionally, the three institutions have committed to developing a joint project to address Social Isolation (see pages 21-23 for more details).

In order to develop strategies that would target the six SDOH, Community Health Services staff from Michigan Medicine spent several months conducting literature reviews, stakeholder and community interviews, and collating information from community focus groups, while also holding sessions to do root cause analyses of the SDOH. The interviews and root cause analysis exercise generated over 100 possible strategies for addressing the SDOH that impact the three health priorities in Washtenaw County. The root cause analysis can be found [here](#).

Community Health Services staff then narrowed this list by combining related strategies, ultimately resulting in 71 strategies within four<sup>1</sup> SDOH categories (18 for climate change, 14 for housing/homelessness, 23 for incarceration, and 16 for poverty. More details about the process for narrowing through voting, and the longlist of 71 strategies can be found in Appendix B). The following final strategies resulted from this process, and were approved by Michigan Medicine’s Health System Executive Committee:

### **Climate Change**

- Partner with and build on ongoing campus and county initiatives focused on Reducing Greenhouse Gas Emissions and reaching Carbon Neutrality.
- Partner with and build on ongoing research on where Michigan Medicine employees are coming from, in order to develop more sustainable transportation options (train, bus, and telecommuting).
- Support community and neighborhood gardens; increase access to local and nutritious foods.

<sup>1</sup> Michigan Medicine focused on these four SDOH since the fifth, social isolation will be addressed in the joint UNITE intervention/strategy, and they are still engaged in research on current practices that contribute to medical debt and potential strategies to help mitigate it.



## **Housing and Homelessness**

- Support/fund community organizing/advocacy trainings for parents, families and residents.
- Explore Anchor Strategies like Kaiser Permanente.
- Support ongoing efforts to advocate for more affordable and equitable housing within Ann Arbor, as well as throughout Washtenaw County.

## **Incarceration**

Partner with, support and/or advocate for:

- Restorative Justice programs and practices.
- Social supports, prevention and alternatives to police (e.g. legal, case management, mental health services).
- Organizations working on advocacy efforts for this population.
- Programs that help re-entering citizens integrate and reduce recidivism.

## **Poverty**

Partner with, support and/or advocate for:

- Anti-poverty Advocacy efforts.
- Evaluating policies within UMHS that may magnify the impacts of poverty and make recommendations.
- Organizations addressing SDOH.

**CHNA IMPLEMENTATION STRATEGY**  
**FISCAL YEARS 2020-2022**

<b>CHNA SIGNIFICANT HEALTH NEED:</b>	<b>Mental Health &amp; Substance Use Disorders</b>
<b>CHNA REFERENCE PAGE</b>	<b>20</b>
<b>BRIEF DESCRIPTION OF NEED:</b>	
<p>Washtenaw County started collecting local data on teen suicide rates in 2004 since there was an alarming increase in suicide and suicide attempts. It is known that by preventing and treating anxiety and depression, suicide and suicide attempts can be prevented. Local data supports that 32% of high school students experience depression and other mental health problems within the last year and 7% reported having attempted suicide in the past year.</p> <p>The average Washtenaw adult reported 3.8 mentally unhealthy days in the past month.</p> <p>Additionally, both prescription and recreational drug use are creating health issues within Washtenaw County. There has been an increase in opioid-related overdose deaths from 2011 (29 deaths) to 2018 (80 deaths) in Washtenaw County. Marijuana use by teens has increased over the past 8 years in the county, as has the use of e-cigarettes, or “vaping”.</p>	
<b>GOAL:</b>	
<p>Improve mental health and reduce the negative impacts of substance use among youth and adults in Washtenaw County.</p>	
<b>OBJECTIVES:</b>	
<ol style="list-style-type: none"> <li>1. Increase the proportion of high school students who could ask their mom or dad for help with personal problems from 81% to 85%. (Source: MiPHY survey)</li> <li>2. Reduce the proportion of middle school students who seriously considered attempting suicide during the past 12 months from 17.8% to 13.1%. (Source: MiPHY survey)</li> <li>3. Increase the proportion of adults who have sufficient social support from 79.5% to 88.4%. (Source: HIP survey)</li> <li>4. Decrease the proportion of adults with 10 or more poor mental health days per month from 14.5% to 6.9%. (Source: HIP survey)</li> <li>5. Reduce the proportion of high school students who vaped or used e-cigarettes in the past month from 18.3% to 6.8%. (Source: MiPHY survey)</li> <li>6. Reduce the proportion of high school students who had at least one drink of alcohol during the past month from 11.9% to 5.2%. (Source: MiPHY survey)</li> <li>7. Reduce the proportion of high school students have used marijuana in the past month from 13.1% to 4.9%. (Source: MiPHY survey)</li> <li>8. Reduce the proportion of high school students who have ever taken prescription painkiller without a doctor’s prescription from 2.4% to 1.2%. (Source: MiPHY survey)</li> </ol>	

**ACTIONS THE HOSPITAL FACILITY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED  
FISCAL YEARS 2020-2022, UNLESS OTHERWISE NOTED:**

**MICHIGAN MEDICINE**

1. Provide screenings and interventions in the community to youth experiencing mental illnesses or suicidal ideation.
2. Provide mental health support sessions for families in the community that have a child with mental illness.
3. Provide translated materials to social service agencies and provide mental health screenings in ASL through UMHS Interpreter Services and Family Medicine.
4. Provide two (2) 4- or 6-week workshops “Addiction in Older Adults” to social service agencies and providers.
5. CHS older adult services (Housing Bureau for Seniors and Ann Arbor Meals on Wheels) will screen all new clients for depression using the PHQ-9 tool during the intake assessment.
6. CHS older adult services (Housing Bureau for Seniors and Ann Arbor Meals on Wheels) will screen all new clients for substance use during the intake assessment.
7. Fulfill previous commitment of support for:
  - a. Ozone House in their expansion of Community Engagement, Outreach activities, and community partnerships in order to ensure successful service linkages for youth in crisis.
  - b. Packard Health’s Medication-Assisted Treatment program to reduce overdose deaths, lower risk of relapse, and decrease incarceration among individuals with opioid addiction.
  - c. Eastern Michigan University to expand the resident support services offered by its Family Empowerment Program.
  - d. Women’s Center of Southeastern Michigan so that it may build administrative capacity and pilot Dialectical Behavioral Therapy.
  - e. Our House to provide supportive housing services, mentoring, and financial support to youth aging out of foster care.
  - f. Student Advocacy Center’s Check and Connect program to provide social support and mentorship to students who are court-involved, have a disability, and homeless, or lack supportive adults at home.
  - g. Corner Health Center’s youth behavioral health services program.
  - h. MSU 4H Extension in order to engage youth in activities to support mental health.
  - i. Michigan Organization for Adolescent Sexual Health in their efforts to improve mental health outcomes among LGBTQ+ youth.
  - j. A mental health pilot program at Hope Clinic, aimed to remove barriers to care for low-income and uninsured families and individuals.
  - k. A pilot program offering supportive services for caregivers (Jewish Family Services).



**ACTIONS THE HOSPITAL FACILITY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED FISCAL YEARS 2020-2022, UNLESS OTHERWISE NOTED:**

**MICHIGAN MEDICINE continued**

- l. The University of Michigan School of Public Health in improving access to mental health and substance use services for sexual and gender minority adolescents and emerging adults.
  - m. UMHS Regional Alliance for Healthy Schools' expansion of school-based and community-integrated mental health services for at-risk adolescents and young adults.
  - n. The expansion of UMHS Housing Bureau for Seniors' efforts to expand their reach throughout Washtenaw County in order to support seniors in achieving housing stability.
  - o. The UMHS Program for Multicultural Health's pilot project titled EmpowerU2, which increases the ability of adolescents in managing adversity.
8. Support community organizations, through investments, partnerships, programming and advocacy. that contributes to delivery and access to mental health and substance abuse programs and services regardless of insurance status.

**ST. JOSEPH MERCY ANN ARBOR:**

- 1. Expand the presence and align existing resources around behavioral health services in primary care and community settings.
- 2. Through Washtenaw County Coordinated Funders Programs Operations grants, finance behavioral health efforts through local safety net providers.
- 3. Maintain SOAR coordination support to improve access to SSI/SSDI benefits for eligible community members.
- 4. Provide educational opportunities around substance use disorder to schools through Health Exploration Station activities (Vaping curriculum, Drugs, 101).
- 5. Continue expansion of health system tobacco cessation programming to other Trinity Health Michigan sites.

**ST. JOSEPH MERCY CHELSEA:**

- 1. Support SRSLY coalitions to prevent youth substance abuse.
- 2. Implement the Project SUCCESS program in local middle and high schools.
- 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.
- 5. Expand the presence of Behavioral Health Services staff in primary care and community settings, and facilitate access to care through the Behavioral Health Navigator.
- 6. Participate in local coalitions and activities related to increasing social support.

**ACTIONS THE HOSPITAL FACILITY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED FISCAL YEARS 2020-2022, UNLESS OTHERWISE NOTED:**

**JOINT HOSPITAL SYSTEMS ACTIONS:**

1. Increase health system collaboration around mental health and substance use disorder activities, as guided by the community.
2. Maintain health system and community supported programs and policies that reduce substance use disorder, and improve mental health.
3. SJMC and SJMAA: Increase rates of screening and referral to cessations services for patients using tobacco.
4. SJMC and SJMAA: Partner with local law enforcement to promote safe disposal of unused medications.
5. SJMC and SJMAA: Advance advocacy at local and state level around Tobacco 21 and other policies relating to substance use among youth and adults in Washtenaw County.
6. Participate in local coalitions and activities related to increasing behavioral health access and navigation in the community (i.e. Washtenaw SUD System Transformation, Washtenaw County Community Mental Health Board, etc.).
7. SJMC and SJMAA: Expand the presence of Faith Community Nursing staff throughout the community to provide health education support through faith communities.

**ANTICIPATED IMPACT OF THESE ACTIONS:**

1. Reduced tobacco use among adult patients.
2. Reduced misuse of prescription medications.
3. Reduced youth substance abuse.
4. Improved outcomes for participating students in Project SUCCESS.
5. Increased participation in support groups.
6. New policies or programs to support mental health among youth.
7. New policies to support reduction in substance use among youth and adults.
8. Improved access to mental health services.
9. Improved social support among service area residents.
10. Reduced readmission of individuals engaging in SOAR.
11. Increased number of faith communities active in health ministry network through Faith Community Nursing.
12. Increased number of individuals engaged in Trinity Michigan tobacco cessation programming.

## PLAN TO EVALUATE THE IMPACT:

### **Michigan Medicine:**

The Community Health Coordinating Committee will monitor progress of community grant programs' impact. Community Health Services (CHS) staff will collect various metrics from staff on ongoing community benefit programming.

For data inquiries please contact CHS: 734-998-2156 or [communitybenefit@med.umich.edu](mailto:communitybenefit@med.umich.edu).

### **St. Joseph Mercy Ann Arbor:**

The SJMAA Community Benefit Ministry 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 SJMC/SJMAA staff through [www.stjoeshealth.org/cbm](http://www.stjoeshealth.org/cbm) - 'Contact' icon at the bottom of the webpage.

### **St. Joseph Mercy Chelsea:**

The SJMC 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@stjoeshealth.org](mailto:reiley.curran@stjoeshealth.org).

## PROGRAMS AND RESOURCES THE HOSPITALS PLAN TO COMMIT:

- Staff time to support the implementation of the actions listed above.
- Supplies and marketing for programs.
- Michigan Medicine Community Health Services funding for programs aimed at improving youth and adult mental health, and increasing social support among area residents.

<b>COLLABORATIVE PARTNERS:</b>			
	<b>MICHIGAN MEDICINE</b>	<b>ST. JOSEPH MERCY - ANN ARBOR</b>	<b>ST. JOSEPH MERCY - CHELSEA</b>
5 Healthy Towns Foundation			X
Ann Arbor Area Community Foundation	X	X	
Ann Arbor Public Schools	X		
Chelsea Ministerial Association			X
Chelsea Police Department			X
Chelsea School District			X
Chelsea Senior Center			X
Chelsea Wellness Coalition			X
Chelsea-area Chamber of Commerce			X
City of Chelsea			X
City of Dexter			X
Community Family Life Center	X		
Community Health Access Initiative	X		
Corner Health Center	X		
Dexter Chamber of Commerce			X
Dexter Community Schools			X
Dexter Internal Medicine			X
Dexter Ministerial Association			X
Dexter Senior Center			X
Dexter Wellness Coalition			X
EMU Family Empowerment Program	X		
Faith in Action		X	X
Grass Lake Community Wellness Initiative			X
Grass Lake School District			X
Grass Lake Senior Center			X
Hope Clinic	X		
Jewish Family Services	X		
Legal Services of South Central Michigan (Michigan Advocacy Program)	X		
Lincoln Consolidated Schools	X		
Manchester Community Schools			X
Manchester Wellness Coalition			X
Michigan Organization for Adolescent Sexual Health	X		
MSU Cooperative Extension 4-H Office	X		X
National Alliance on Mental Illness		X	X

<b>COLLABORATIVE PARTNERS:</b>			
	<b>MICHIGAN MEDICINE</b>	<b>ST. JOSEPH MERCY - ANN ARBOR</b>	<b>ST. JOSEPH MERCY - CHELSEA</b>
Our House	X		
Ozone House	X		
Packard Health	X		
Scouts			X
Stockbridge Chamber of Commerce			X
Stockbridge Community Schools			X
Stockbridge Family Medicine			X
Stockbridge Police Department			X
Stockbridge Wellness Coalition			X
Student Advocacy Center	X		
UM School of Public Health	X		
United Way of Washtenaw County	X	X	
Washtenaw Area Council on Children	X	X	X
Washtenaw County Community Mental Health	X	X	X
Washtenaw County Sherriff	X	X	X
Washtenaw Intermediate School District	X	X	X
Washtenaw County Health Department	X	X	X
Washtenaw County Office of Community and Economic Development		X	
Washtenaw County Coordinated Funder grantees (see <a href="http://www.coordinatedfunders.org">www.coordinatedfunders.org</a> for full list)		X	
Washtenaw Success by Six	X		
Great Start Collaborative	X		
Women's Center of Southeastern Michigan	X		
Ypsilanti Community Schools	X		

**CHNA IMPLEMENTATION STRATEGY  
FISCAL YEARS 2020-2022**

<b>CHNA SIGNIFICANT HEALTH NEED:</b>	<b>Obesity and Related Illness</b>
<b>CHNA REFERENCE PAGE</b>	<b>22</b>
<b>BRIEF DESCRIPTION OF NEED:</b>	
<p>The majority of adults that live in the SJMAA, SJMC, and MM service areas are overweight or obese. Childhood obesity is also widespread, although not nearly as prevalent as it is among adults, with 25% of children are overweight or obese. Obesity is an indicator of potential chronic disease risk and can be indicative of lack of movement. Within Washtenaw County, 22% of adults been told they have high cholesterol, 22% of adults have been told that they have high blood pressure, and 8% have been told that they are a diabetic.</p> <p>Further, food security and access to whole and unprocessed foods has been linked to better health. Within Washtenaw county, food insecurity, lack of access to healthy foods and safe opportunities for physical activity continue to be reported as barriers. Finally, recommended levels of physical activity of at least 30 minutes per day have been shown to help reduce risk of chronic disease such as cardiovascular disease (e.g. CHD &amp; stroke). Therefore, when over half of county residents responded that they are not getting the recommended amount of 30 minutes of physical activity per day this gives the health systems and their collaborators an opportunity to help improve health behaviors related to chronic disease risk.</p>	
<b>GOAL:</b>	
Promote healthy weight and reduce chronic disease risk among youth and adults.	
<b>OBJECTIVES:</b>	
<ol style="list-style-type: none"> <li>1. Decrease the proportion of adults who are overweight or obese from 56.1% to 34.6% (Source: HIP Survey).</li> <li>2. Maintain health system and community supported programs and policies that reduce chronic disease and increase healthy eating and physical activity.</li> </ol>	
<b>ACTIONS THE HOSPITAL FACILITY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED FISCAL YEARS 2020-2022, UNLESS OTHERWISE NOTED:</b>	
<b>MICHIGAN MEDICINE</b>	
<ol style="list-style-type: none"> <li>1. Support programs and policies that help to eliminate food insecurity:             <ol style="list-style-type: none"> <li>a. UMHS Ann Arbor Meals on Wheels</li> </ol> </li> <li>2. Support, maintain and explore programs that target nutrition education             <ol style="list-style-type: none"> <li>a. Regional Alliance for Healthy Schools (RAHS)</li> <li>b. MHealthy</li> <li>c. Project Healthy Schools</li> </ol> </li> </ol>	



**ACTIONS THE HOSPITAL FACILITY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED FISCAL YEARS 2020-2022, UNLESS OTHERWISE NOTED:**

**MICHIGAN MEDICINE continued**

3. Continue to support program and policies that encourage more physical activity.
  - a. MHealthy
  - b. Project Healthy Schools
  - c. RAHS
4. Participate and support local wellness activities, such as coalition, walks, runs, and other wellness activities.
  - a. Run with RAHS
5. Provide health information to the Deaf, Deaf/Blind, and Hard of Hearing through Speakers series using American Sign language in the community.
6. Continue collaboration with Michigan Islamic Academy to address their ongoing needs.
7. Fulfill previous commitment of support for:
  - a. a project of Food Gatherers which aims to reduce food insecurity through partnerships with primary care providers, social service providers, and community organizations.
  - b. Ann Arbor Meals on Wheels to pilot a hand dexterity program with their clients in order to help them improve or maintain the ability to complete activities of daily living.
  - c. Michigan Medicine's Patient Food and Nutrition Services so that it may provide meals to Ypsilanti Meals on Wheels and improve food security among aging and ill Ypsilanti residents.
8. Support organizations and programs working to reduce food insecurity, obesity, and other related illnesses and weight-related stigma.
  - a. Support community and neighborhood gardens; increase access to local and nutritious foods.
  - b. Advocate for reduced greenhouse gas emissions in order to prevent acute cardiac events.

**ST. JOSEPH MERCY ANN ARBOR:**

1. Continue to provide food security support and nutrition education through The Farm at St. Joe's initiatives (i.e. Subsidized CSA, Youth Farm Field Trips, Youth Summer Camp, Residency Garden, Nutrition Buddies, Hospital Farmers Markets, Produce to Patients, etc.).
2. Offer health education on nutrition and healthy eating habits through St. Joseph Mercy Ann Arbor health education programming (i.e. Shapedown, Health Exploration Station, Faith Community Nursing, etc.).
3. Through Washtenaw County Coordinated Funders Program Operations grants, finance efforts to reduce food insecurity through local safety net food provision organizations.
4. Continue to advocate for policy change on food systems infrastructure through participation in Washtenaw Food Policy Council and other emerging policy efforts.

**ACTIONS THE HOSPITAL FACILITY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED FISCAL YEARS 2020-2022, UNLESS OTHERWISE NOTED:**

**ST. JOSEPH MERCY ANN ARBOR continued:**

5. Offer Diabetes Prevention Programming to community residents diagnosed with pre-diabetes.
6. Continue to enhance the local economy through return of dollars back into small local farms participating in The Farm at St. Joe's CSA programming.

**ST. JOSEPH MERCY CHELSEA:**

1. Continue to promote walking and running for all ages through activities and events.
2. Increase availability and connectivity of walking paths on the hospital campus.
3. Support the Chelsea Farmers Market and Farmers Market Food Assistance programs throughout the service area.
4. Provide nutrition education and technical assistance to individuals and organizations in the service area.
5. Support the development and expansion of area trail networks.

**JOINT HOSPITAL SYSTEMS ACTIONS:**

1. Increase health system collaboration around healthy eating, physical activity, and chronic disease reduction as guided by the community.
2. Maintain health system and community supported programs and policies that reduce chronic disease, increase healthy eating, and physical activity.
3. SJMC and SJMAA: Increase rates of screening and referral to healthy weight services for patients with BMI greater than 25.
4. SJMC and SJMAA: Provide Diabetes prevention, education, and share group programming.

**ANTICIPATED IMPACT OF THESE ACTIONS:**

1. Reduced prevalence of obesity among youth and adults.
2. Increased physical activity among participants.
3. Reduced prevalence of and complications associated with diabetes.
4. Increased walking among hospital patients, visitors, employees, and neighborhood residents.
5. Increased consumption of fruits and vegetables, and support local farming economy.
6. Reduced onset of diabetes through Diabetes Prevention Program.
7. Increased understanding of healthy food choices reducing food insecurity among families and seniors living in Ann Arbor and Ypsilanti.
8. Increased access to support and resources to support reducing weight among middle and high school students within Washtenaw County.
9. Reduced cardiovascular disease.

**ACTIONS THE HOSPITAL FACILITY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED FISCAL YEARS 2020-2022, UNLESS OTHERWISE NOTED:**

**ANTICIPATED IMPACT OF THESE ACTIONS continued:**

10. Increase self-efficacy by providing classes that increase ability to cook healthy foods.
11. Community members will report a reduction in barriers to being healthy (e.g. increased physical activity or increased access to healthy foods).
12. New policies to support reduction overweight and obesity and food insecurity.

**PLAN TO EVALUATE THE IMPACT:**

**Michigan Medicine:**

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 [communitybenefit@med.umich.edu](mailto:communitybenefit@med.umich.edu).

**St. Joseph Mercy Ann Arbor:**

The SJMAA Community Benefit Ministry 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 SJMC/SJMAA staff through [www.stjoeshealth.org/cbm](http://www.stjoeshealth.org/cbm) - 'Contact' icon at the bottom of the webpage.

**St. Joseph Mercy Chelsea:**

The SJMC 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@stjoeshealth.org](mailto:reiley.curran@stjoeshealth.org).

**PROGRAMS AND RESOURCES THE HOSPITALS PLAN TO COMMIT:**

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

<b>COLLABORATIVE PARTNERS:</b>			
	<b>MICHIGAN MEDICINE</b>	<b>ST. JOSEPH MERCY - ANN ARBOR</b>	<b>ST. JOSEPH MERCY - CHELSEA</b>
5 Healthy Towns Foundation			X
Ann Arbor Meals on Wheels	X		
Ann Arbor Public Schools	X	X	
Carpenter Place	X	X	
Chelsea Ministerial Association			X
Chelsea School District			X
Chelsea Senior Center			X
Chelsea Wellness Coalition			X
Chelsea-area Chamber of Commerce			X
City of Chelsea			X
City of Dexter			X
Community Family Life Center	X		
Dexter Chamber of Commerce			X
Dexter Community Schools			X
Dexter Internal Medicine			X
Dexter Ministerial Association			X
Dexter Senior Center			X
Dexter Wellness Coalition		X	X
EMU Family Empowerment Program	X		
Faith in Action		X	X
Food Gatherers	X	X	
Foster Grandparents	X		
Grass Lake Community Wellness Initiative			X
Grass Lake School District			X
Grass Lake Senior Center			X
Manchester Community Schools			X
Manchester Wellness Coalition			X
Michigan Islamic Academy	X		
Parkway Meadows	X		
Patient Food and Nutrition Services	X		
Stockbridge Chamber of Commerce			X
Stockbridge Community Schools			X
Stockbridge Wellness Coalition			X

<b>COLLABORATIVE PARTNERS:</b>			
	<b>MICHIGAN MEDICINE</b>	<b>ST. JOSEPH MERCY - ANN ARBOR</b>	<b>ST. JOSEPH MERCY - CHELSEA</b>
UM School of Public Health, Nutrition Sciences, Dietetic Interns	X	X	
UM School of Public Health, Office of Public Health Practice	X		
Washtenaw County Health Department	X	X	X
Washtenaw Food Policy Council		X	
Washtenaw Intermediate School District	X	X	X
Ypsilanti Heritage Festival	X		
Ypsilanti Meals on Wheels	X	X	

**CHNA IMPLEMENTATION STRATEGY  
FISCAL YEARS 2020-2022**

<b>CHNA SIGNIFICANT HEALTH NEED:</b>	<b>Pre-conceptual and Perinatal Health</b>
<b>CHNA REFERENCE PAGE</b>	<b>22</b>
<b>BRIEF DESCRIPTION OF NEED:</b>	
Birth outcome disparities continue to persist among racial and ethnic minorities, largely due to institutional and systemic issues that inequitably distribute resources and opportunities.	
<b>GOAL:</b>	
Increase positive outcomes for pre-conceptual and perinatal health. Improve the health and well-being of women, infants, children, and families.	
<b>OBJECTIVES:</b>	
<ol style="list-style-type: none"> <li>1. Reduce rate of fetal and infant deaths from 6.8 per 1,000 live births to 5.5 per 1,000.</li> <li>2. Reduce rate of pregnancy-related mortality from 14.1 per 100,000 live births (2015 baseline) to 7.9 per 100,000 live births (lowest rate in past 8 years).</li> </ol> <p>(Source: MDDHHS)</p>	
<b>ACTIONS THE HOSPITAL FACILITY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED FISCAL YEARS 2020-2022, UNLESS OTHERWISE NOTED:</b>	
<b>MICHIGAN MEDICINE</b>	
<ol style="list-style-type: none"> <li>1. Train and educate providers, staff, and parents on safe sleep practices.</li> <li>2. Provide positive parenting resources and empowerment workshops in public and low income housing communities.</li> <li>3. Continue the Maternal and Infant Health Program (MIHP) for pregnant women and infants up to one year of age.</li> <li>4. Fulfill previous commitment of support for: <ol style="list-style-type: none"> <li>a. the University of Michigan Medical School Department of Psychiatry to provide the evidence-based Mom Power intervention to at-risk families with young children.</li> <li>b. the University of Michigan Medical School Department of Obstetrics and Gynecology to provide expedited partner therapy for sexual transmitted infections to patients of community clinics.</li> <li>c. the Michigan Advocacy Program to implement a Medical-Legal partnership, increasing access to legal services and advocacy for low-income individuals and families in Washtenaw County. (This activity also impacts Priority 1 &amp; 2.)</li> <li>d. the United Way of Washtenaw County's Mobile Financial Resource team in order to provide free personal financial coaching sessions with the goal of clients achieving financial security. (This activity also impacts Priority 1 &amp; 2.)</li> <li>e. the UMHS Interpreter Services' Community Interpreter Initiative in order to increase the quantity of qualified interpreters in Washtenaw County. (This activity also impacts Priority 1 &amp; 2.)</li> </ol> </li> </ol>	



**ACTIONS THE HOSPITAL FACILITY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED  
FISCAL YEARS 2020-2022, UNLESS OTHERWISE NOTED:**

**MICHIGAN MEDICINE continued**

5. Invest in community organizations, programs and advocacy that support mothers, infants, children, adolescents, and families in order to improve health.

**ST. JOSEPH MERCY ANN ARBOR:**

1. Educate expectant mothers on the risks of smoking during pregnancy and provide cessation services.
2. Work with Michigan Prison Doula Initiative to provide financial support for doulas assisting incarcerated mothers through the perinatal period.
3. Continue Centering Pregnancy group prenatal support programming.
4. Maintenance of Baby Friendly Designation status at SJMAA.

**ST. JOSEPH MERCY CHELSEA:**

1. Collect data on local needs related to prenatal care and education among expectant mothers in the service area.

**JOINT HOSPITAL SYSTEMS ACTIONS:**

1. SJMC and MM: Explore opportunities to increase access to prenatal education and programs to support new mothers through the Women's Health Center.

**ANTICIPATED IMPACT OF THESE ACTIONS:**

1. Improved access to care and education for expectant mothers in the SJMC service area.
2. Reduction of infant mortality rates in Washtenaw County.
3. Reduction of maternal mortality rates in Washtenaw County or service area.
4. Increase in breastfeeding uptake and duration.

**ACTIONS THE HOSPITAL FACILITY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED FISCAL YEARS 2020-2022, UNLESS OTHERWISE NOTED:**

**PLAN TO EVALUATE THE IMPACT:**

**Michigan Medicine:**

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 communitybenefit@med.umich.edu.

**St. Joseph Mercy Ann Arbor:**

The SJMAA Community Benefit Ministry 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 SJMC/SJMAA staff through [www.stjoeshealth.org/cbm](http://www.stjoeshealth.org/cbm) - 'Contact' icon at the bottom of the webpage.

**St. Joseph Mercy Chelsea:**

The SJMC 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@stjoeshealth.org.

**PROGRAMS AND RESOURCES THE HOSPITALS PLAN TO COMMIT:**

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

**COLLABORATIVE PARTNERS:**

	<b>MICHIGAN MEDICINE</b>	<b>ST. JOSEPH MERCY - ANN ARBOR</b>	<b>ST. JOSEPH MERCY - CHELSEA</b>
Corner Health Center	X		
Michigan Prison Doula Initiative		X	
Peace Neighborhood Center	X		
Washtenaw Success by Six	X		
Great Start Collaborative	X		
EMU, Family Empowerment Program	X		
SJMC Women's Health Center	X		X

**CHNA IMPLEMENTATION STRATEGY  
FISCAL YEARS 2020-2022**

<b>CHNA SIGNIFICANT HEALTH NEED:</b>	<b>Social Isolation</b>
<b>CHNA REFERENCE PAGE</b>	<b>26</b>
<b>BRIEF DESCRIPTION OF NEED:</b>	
<p>A youth collaborative, based in Ypsilanti, evaluated health and safety concerns of young people (12-25) and found that 2 out of every 3 young people surveyed wish there were more opportunities to get to know their neighbors.</p> <p>Within Washtenaw County the most positive SDOH screens within primary care sites was the domain of Loneliness (as an equivalent to social isolation).</p> <p>Focus groups of pregnant women and mothers of young children in Washtenaw County revealed lack of social support and social isolation affected ability to go back to work and had effects on mental health during the postpartum period.</p>	
<b>GOAL:</b>	
Increase social support and reduce the negative impacts of social isolation among youth and adults in greater Washtenaw County.	
<b>OBJECTIVES:</b>	
<p>Reduce the proportion of patients who screen positive for social isolation from 2.6% to 2.47% of all patients screened.</p> <p>(Source: UNITE member hospital and physician practice EMR)</p>	
<b>ACTIONS THE HOSPITAL FACILITY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED FISCAL YEARS 2020-2022, UNLESS OTHERWISE NOTED:</b>	
<b>JOINT HOSPITAL SYSTEMS ACTIONS:</b>	
<p>The UNITE group partnered with the University of Michigan School of Public Health Office of Public Health Practice to facilitate:</p> <ol style="list-style-type: none"> <li>1. A deeper data dive of the problem of social isolation in 5 specific populations: <ol style="list-style-type: none"> <li>a. Seniors</li> <li>b. Mothers/Caregivers of children 5 and under</li> <li>c. Rural communities</li> <li>d. Individuals with disabilities/caregivers of those with disabilities</li> <li>e. Adolescents</li> </ol> </li> <li>2. The deeper data dive included a literature review looking at/within these populations and how chronic conditions impact social isolation.</li> <li>3. A social landscape scan of current conditions in the community/resources and programs currently offered by agencies that address social isolation.</li> </ol>	

**ACTIONS THE HOSPITAL FACILITY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED FISCAL YEARS 2020-2022, UNLESS OTHERWISE NOTED:**

**JOINT HOSPITAL SYSTEMS ACTIONS continued:**

4. In Fall 2019, the PHSAT (Public Health Student Action Team), a volunteer group of graduate students continue the work through key stakeholder interviews based upon the literature review and asset scan.
5. Michigan Medicine, SJMC and SJMAA: Implement and evaluate signature project to address social support over the next three years.

**ANTICIPATED IMPACT OF THESE ACTIONS:**

1. A shared understanding of the current state of social support and social isolation in greater Washtenaw County, particularly among vulnerable populations.
2. A resource map of agencies, programs, services, and policies that impact social support.
3. Increased investment in programs to address social isolation and social support.
4. Increased collaboration to create policy, systems, and environmental changes to improve social support and decrease social isolation.

**PLAN TO EVALUATE THE IMPACT:**

The UNITE team will define outcome and impact measures to be tracked at regular intervals over the next three years. The results of this evaluation will be shared with the communities via internal and external methods.

**PROGRAMS AND RESOURCES THE HOSPITALS PLAN TO COMMIT:**

- Staff time.
- Supplies.
- Marketing support.

<b>COLLABORATIVE PARTNERS:</b>			
	<b>MICHIGAN MEDICINE</b>	<b>ST. JOSEPH MERCY - ANN ARBOR</b>	<b>ST. JOSEPH MERCY - CHELSEA</b>
UM School of Public Health	X	X	X
5 Healthy Towns Foundation	X	X	X
Chelsea Ministerial Association			X
Chelsea Police Department			X
Chelsea School District			X
Chelsea Senior Center			X
Chelsea Wellness Coalition			X
Chelsea-area Chamber of Commerce			X
City of Chelsea			X
City of Dexter			X
Dexter Chamber of Commerce			X
Dexter Community Schools			X
Dexter Internal Medicine			X
Dexter Ministerial Association			X
Dexter Senior Center			X
Dexter Wellness Coalition			X
Faith in Action			X
Grass Lake Community Wellness Initiative			X
Grass Lake School District			X
Grass Lake Senior Center			X
Manchester Community Schools			X
Manchester Wellness Coalition			X
MSU Cooperative Extension 4-H office			X
National Alliance on Mental Illness	X	X	X
Scouts			X
Stockbridge Chamber of Commerce			X
Stockbridge Community Schools			X
Stockbridge Police Department			X
Stockbridge Wellness Coalition			X
Washtenaw Area Council on Children	X	X	X
Washtenaw County Community Mental Health	X	X	X
Washtenaw County Sheriff	X	X	X
Washtenaw Intermediate School District	X	X	X
Washtenaw County Health Department	X	X	X

## CONCLUSION

On September 24, 2019, the local Board of Trustees for St. Joseph Mercy Chelsea, met to discuss the 2020-2022 Implementation Strategy for addressing the community health needs identified in the 2019 Community Health Needs Assessment. Upon review, the Board approved this Implementation Strategy and the related budget. Subsequently, the Joint Venture Board of Trustees for St. Joseph Mercy Chelsea reviewed and approved this Implementation Strategy on November 15, 2019.

On October 23, 2019, the local board for St. Joseph Mercy Ann Arbor met to discuss the 2020-2022 Implementation Strategy for addressing the community health needs identified in the 2019 Community Health Needs Assessment. Upon review, the Board approved this Implementation Strategy.

On November 7, 2019, the Michigan Medicine health system executive committee met to discuss the 2020-2022 Implementation Strategy for addressing community health needs identify in the Community Health Needs Assessment. Upon review, the Board approved this Implementation Strategy.

## NEXT STEPS

The UNITE team will meet in early 2020 to review data in order to inform the social isolation project. Project planning, execution, and evaluation will be completed during the Implementation Strategy cycle. Each hospital will be responsible to their internal committees.

## ACKNOWLEDGEMENTS

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

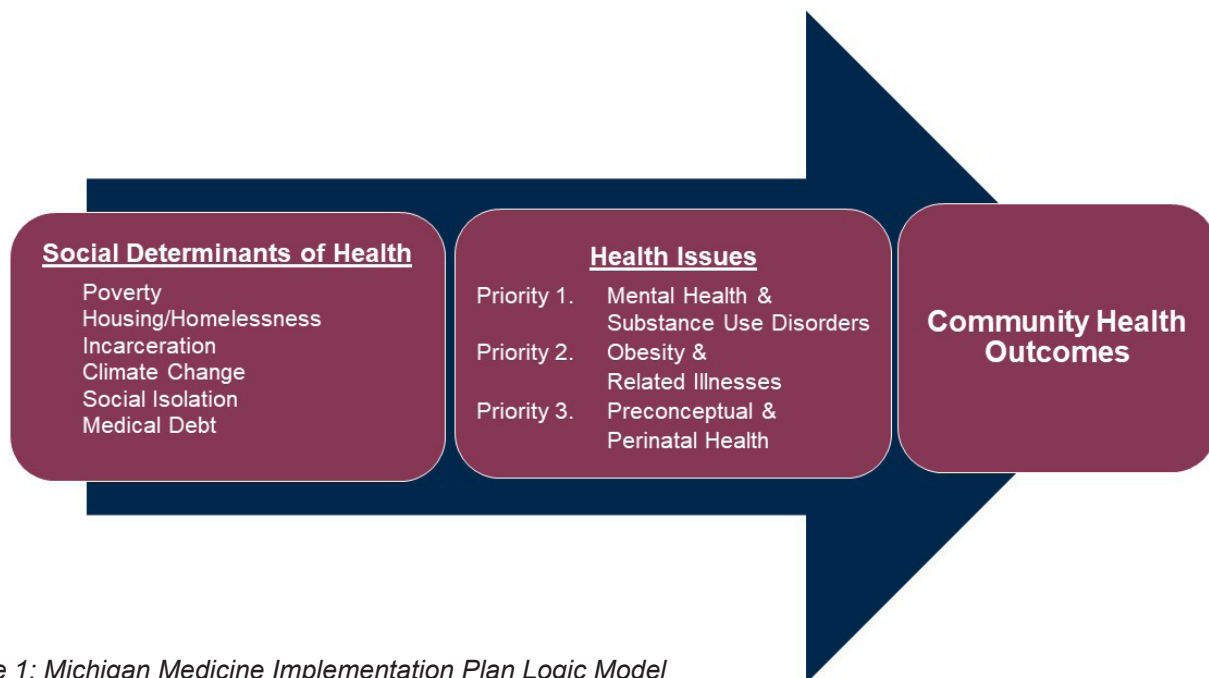


## APPENDIX A: Michigan Medicine Process for Developing Implementation Plan

Michigan Medicine relied on the expertise of the [Community Health Coordinating Committee \(CHCC\)](#) to develop strategies for its implementation plan. The [CHCC's charge](#) is to establish priorities, set metrics, and evaluate existing and new programs that are targeted at meeting the requirements of the CHNA and IRS for non-profit hospitals.

For the 2019 Implementation Plan, as with the 2016 Implementation Plan, the UNITE group and the CHCC focused on the Social Determinants of Health (SDOH) due to their extensive influence on the three identified health priorities: mental health & substance use disorders, obesity & related illnesses, and pre-conceptual & perinatal health. While in 2016 all SDOH were considered, for the 2019 cycle we focused in on six specific SDOH 1) Climate Change, 2) Housing/Homelessness, 3) Incarceration, 4) Medical Debt, 5) Poverty, and 6) Social Isolation.

See figure 1 to see the logic model followed by the CHCC.



*Figure 1: Michigan Medicine Implementation Plan Logic Model*

In order to develop strategies that would target the six SDOH, Community Health Services (CHS) staff from Michigan Medicine spent several months conducting literature reviews, stakeholder and community interviews, and collating information from community focus groups.

CHCC members were also interviewed as part of this process. In the interviews they were asked to identify the biggest problems facing Washtenaw County, where they believed Michigan Medicine could have the most impact, and to list relevant approaches to addressing each SDOH, with an eye toward impacting the three health priorities included in the 2019 CHNA. Building off the results of all of this community input gathering, the CHCC met to complete a root cause analysis for four of the six SDOH (medical debt and social isolation were excluded due to the need to complete more fact finding and UNITE joint project on social isolation).

The root cause analysis exercise utilized the CADCA model, which asks participants to consider the following questions:

- What is the problem?
- Why is it a problem?
- Why is it a problem here?
- Identify strategies to address the problem.

During this exercise, additional strategies were suggested. The interviews and root cause analysis exercise generated over 100 possible strategies for addressing the SDOH that impact health issues in Washtenaw County. The root cause analysis can be found [here](#).

CHS staff then narrowed this list by combining related strategies, ultimately resulting in 71 strategies within the 4 SDOH categories (18 for climate change, 14 for housing/homelessness, 23 for incarceration, and 16 for poverty).

On September 2019, CHCC members met to prioritize the remaining strategies using a sticker exercise which asked them to rate enthusiasm, importance/urgency, and feasibility to address. Afterwards, absent CHCC members voted through an online survey on the strategies that had risen to the top during the meeting. The following strategies resulted:

### **Climate Change**

- Advocacy for Reduced Greenhouse Gas Emissions (affects all 3 CHNA priorities).
- Research where Michigan Medicine employees are coming from with an eye toward developing more sustainable transportation options (train, bus, and telecommuting).
- Support community and neighborhood gardens; increase access to local and nutritious foods.

### **Housing and Homelessness**

- Advocate for more affordable and equitable housing within Ann Arbor, as well as throughout Washtenaw County.
- Partner with others to create more low-income housing through purchasing and maintaining the units as other health systems have done.
- Support/fund community organizing/advocacy trainings for parents, families and residents.

### **Incarceration**

- Advocate for and support Restorative Justice programs and practices in schools, institutions, and the community; invest in alternative responses to violence and harm.
- Invest in alternatives to police, and social supports (e.g. legal, case management, mental health).
- Support advocacy and organizations that are working on decriminalization efforts, eliminating cash bail, better child visitation policies, etc.
- Support programs that help re-entering citizens integrate and reduce recidivism.

## **Poverty**

- Anti-poverty Advocacy (through direct advocacy or through 501(c)(4)s).
- Evaluate policies within UMHS that may magnify the impacts of poverty and make recommendations.
- Invest in and/or support organizations addressing SDOH.

CHS staff brainstormed possible mechanisms to implement these strategies, and concluded that the main approaches would be a Request for Proposals (501(c)(3)s and 501(c)(4)s), leveraging partnerships within the community and university, and Anchor Institutions Strategies.

## **Other Recommendations**

Additionally, the CHCC rated several other strategies very high in terms of importance/urgency but felt the below items were outside of their scope. The CHCC highly encourages UMHS and other institutions to:

- Support/publicize existing research on biggest public health polluters in our areas (direct impact on asthma rates, etc.); release statements and recommendations and/or advocate for accountability and harm reduction.
- Advocate for University-wide divestment from fossil fuels.
- Support cooling and warming centers, neighborhood centers, libraries and non-commercial spaces that could serve this function.
- Fund grassroots organizations led by people directly targeted by criminalization, and particularly criminalized people of color.
- Advocate to reduce over-policing of communities of color.
- Support programs that center racial equity and address structural racism; invest in anti-racism efforts.

**Appendix B: Michigan Medicine’s Potential Strategies to Address Climate Change, Housing/Homelessness, Incarceration, and Poverty and Voting Summary**

	In-Person Voting			Survey Voting			Total (Enthusiasm & Importance)
	Enthusiasm	Importance	Low-hanging fruit (LHF)	Enthusiasm	Importance	LHF	
<b>Climate Change-External Strategies</b>							
Support community and neighborhood gardens; increase access to local and nutritious foods.	11	4	5	4	2	1	21
Support cooling and warming centers, neighborhood centers, libraries and non-commercial spaces that could serve this function.	9	6	5	2	1.67	1	18.7
Support/publicize existing research on biggest public health polluters in our areas (direct impact on asthma rates, etc.); release statements and recommendations and/or advocate for accountability and harm reduction.	6	3	3				
Help facilitate public testimony from Deans from SPH, MM, SNRE and other faculty, community members on climate change and health.	5	0	2				
Support efforts to create transportation options that cross multiple counties (i.e. light rail from Lansing to Ann Arbor to Detroit, etc.).	3	5	0				
Support tree planting efforts and heat island reduction efforts.	3	0	0				
Partner with Washtenaw County Health Department, institutional experts and other partners on education around extreme weather (polar vortices, heat waves, etc.).	2	1	2				
Invest in transportation, including paratransit.	1	0	0				
Partner to support rainwater harvesting and sustainable landscaping.	0	0	0				

	In-Person Voting			Survey Voting			Total (Enthusiasm & Importance)
	Enthusiasm	Importance	Low-hanging fruit (LHF)	Enthusiasm	Importance	LHF	
<b>Climate Change-Internal Strategies</b>							
Advocate for Reduced Greenhouse Gas Emissions	11	7	0	4	2.67	1	24.
Look at where MM employees are coming from with an eye toward developing more sustainable transportation options (train, bus, and telecommuting).	8	5	0	5	2.33	3	20.3
Advocate for University-wide divestment from fossil fuels	10	4	0	4	1.33		19.3
Institute group/partnerships with MM, UM School of Env't and Sustainability, Planet Blue, and community partners	5	1	1				
Advocate for UMHS-wide Waste Reduction Strategies	4	2	0				
Develop or support educational efforts (grand rounds) on climate change and health.	4	1	3				
Examine current internal UMHS policies and procedures for providing support to the community in case of disaster or emergency, with an eye toward developing plans that will benefit the community.	1	0	0				
Decentralize power supply in case of extreme events.	1	0	0				
Examine UMHS policies for efficiency, infrastructure, and construction with an eye toward developing policies that ensure higher levels of efficiency than current UM policies.	0	0	0				

	In-Person Voting			Survey Voting			Total (Enthusiasm & Importance)
	Enthusiasm	Importance	Low-hanging fruit (LHF)	Enthusiasm	Importance	LHF	
<b>Housing-External Strategies</b>							
Advocate for more affordable and equitable housing within Ann Arbor, as well throughout Washtenaw County.	13	7	5	4	1.33		25.3
Support/fund trainings for parents, families and residents that equip them with the skills to organize and advocate around issues related to poverty, housing, and more.	11	6	6	5	0.67	1	22.7
Michigan Medicine could make investments to create more low-income housing as other health systems have done.	9	6	0	5	1.67		21.7
Invest in housing and supportive services for people experiencing housing instability.	7	3	2				
Support a multi-partner convening of organizations working on housing issues to explore solutions to the homelessness and housing affordability crisis.	6	5	4				
Support inclusionary zoning policies	6	2	0				
Support existing advocacy efforts to ensure landlords adhere to health, safety standards, and non-discriminatory practices.	4	4	2				
Partner with and/or fund space in low income housing communities and community centers where you have supports (resiliency, coping) for chronic mental illness (i.e. anxiety, depression, etc.); crisis line support	1	0	0				
Explore ways to alleviate some of the gatekeeping issues (related to Section 8, vouchers) that occur within housing in the Washtenaw County area.	0	1	0				
Support development of resource list, electronic and/or paper with up-to-date info on health care services, overnight shelters, drop-in centers, and legal aid programs in Washtenaw.	0	0	0				

	In-Person Voting			Survey Voting			Total (Enthusiasm & Importance)
	Enthusiasm	Importance	Low-hanging fruit (LHF)	Enthusiasm	Importance	LHF	
<b>Housing-Internal Strategies</b>							
Examine University policies and patterns in regards to land and property acquisition. Especially, with a lens towards how it influences housing costs.	3	1	1				
Advocate to increase university housing units for undergraduates, graduate, medical students and university staff in order to reduce burden on non-UM affiliated housing seekers	1	0	0				
Offer multiple transportation options to and from homeless shelters to medical facilities (pre-payment of Lyft, taxis, etc.).	1	0	0				
Examine pay for all Michigan Medicine employees, especially temporary and contract staff, with a view to recommending a policy that all staff receive a livable wage (Washtenaw County's as the benchmark).	0	0	0				

	In-Person Voting			Survey Voting			Total (Enthusiasm & Importance)
	Enthusiasm	Importance	Low- hanging fruit (LHF)	Enthusiasm	Importance	LHF	
<b>Incarceration-External Strategies</b>							
Advocate for and support Restorative Justice programs and practices in schools, institutions and the community; invest in alternative responses to violence and harm	13	6	5	4	1.33		24.3
Support programs that help re-entering citizens integrate and reduce recidivism.	10	6	1	5	4.33		25.3
Support advocacy and organizations that are working on decriminalization efforts, eliminating cash bail, better child visitation policies, etc.	10	6	0	4	2		22
Invest in alternatives to police, and social supports- e.g. legal, case management, mental health.	7	6	4	5	4		22
Fund grassroots organizations led by people directly targeted by criminalization, and particularly criminalized people of color.	7	4	5	3	1.67		15.7
Advocate to reduce over-policing of communities of color	7	3	1	5	1.67		15.7
Focus on education about, and interventions targeting the intersection of incarceration with mental health and substance use disorder.	6	1	1				
Continue funding organizations focused on mental health.	5	2	1				



	In-Person Voting			Survey Voting			Total (Enthusiasm & Importance)
	Enthusiasm	Importance	Low-hanging fruit (LHF)	Enthusiasm	Importance	LHF	
<b>Incarceration-External Strategies (Continued)</b>							
Support for legislation that would allow undocumented immigrants to get drivers licenses.	4	3	0				
UM should speak up, make public statements and advocate against ICE's continued violation of its own policy and detention of undocumented pregnant women, and other immigrants.	4	3	0				
Support more robust public defense and/or pro-bono defense.	4	3	0				
Increase access to food and housing, even in the absence of employment	3	2	0				
Explore what role Michigan Medicine can play in providing/supporting healthcare for those in jail, prison.	3	0	0				
Support organizations that specifically help children of incarcerated parents	3	0	0				
Support models that have Social Workers/Mental Health Experts as part of Emergency Response	1	0	0				
Support Diversion courts and programs to impact recidivism (for adults and children)	0	0	0				
Help provide training/education to formerly and currently incarcerated individuals.	0	0	0				
Support transportation to and from Huron Valley Women's facility.	0	0	0				

	In-Person Voting			Survey Voting			Total (Enthusiasm & Importance)
	Enthusiasm	Importance	Low-hanging fruit (LHF)	Enthusiasm	Importance	LHF	
<b>Incarceration-Internal Strategies</b>							
Examine Michigan Medicine policies regarding when Security is called on patients and families, in order to ensure psychiatric symptoms and grief is not criminalized, especially for patients of color.	7	2	0				
Ensure providers are trained in trauma-informed care (including trauma from arrests and incarceration), PTSD, and that the Michigan Medicine protocols for survivors of rape are appropriate.	6	3	0				
Support and tailor ongoing resiliency programs for ACES and trauma to needs of re-entering citizens (e.g. Mom Power).	5	0	0				
Advocate for transparency of UM policies regarding criminal history and possible reversal of felony charges/disclosure policy.	3	4	0				
Target certain job families for rehabilitated former offenders.	0	0	0				

	In-Person Voting			Survey Voting			Total (Enthusiasm & Importance)
	Enthusiasm	Importance	Low-hanging fruit (LHF)	Enthusiasm	Importance	LHF	
<b>Poverty-External Strategies</b>							
Anti-poverty Advocacy (through direct advocacy or through 501(c)(4)).	14	7	0	5	0.67		26.7
Invest in and/or support organizations addressing SDOH such as:	9	4	4	6	3.67	2	22.7
Support trainings for community members related to community organizing and advocacy.	8	4	4	3	1	2	16
Support programs that center racial equity and address structural racism; invest in anti-racism efforts.	7	3	0	4	1.33		15.3
Support universal basic income policies and/or pilot programs.	5	1	0				
Equip people to run for office who have lived experience and can enact anti-poverty laws.	3	1	0				
Develop or support programming that ensures students with disabilities get IEPs (Individualized Education Plans), staff understand the needs of students with disabilities.	1	1	0				
Support programs that address connections between disabilities and poverty and provide support for people experiencing both.	1	0	0				
Advocate for progressive/graduated state income tax.	0	0	0				

	In-Person Voting			Survey Voting			Total (Enthusiasm & Importance)
	Enthusiasm	Importance	Low-hanging fruit (LHF)	Enthusiasm	Importance	LHF	
<b>Poverty-Internal Strategies</b>							
Evaluate policies within UMHS that may magnify the impacts of poverty.	12	5	6	6	3.33	3	26.3
Explore Michigan Medicine and UM making Payments in lieu of taxes (PILOTs)	5	2	0				
More prominent placement of information on available resources, programs, financial assistance at the hospitals and clinics through signage and website.	4	0	4				
Assess UMHS policies on how well they support lower income employees.	3	1	0				
Support translation of UM faculty research on poverty reduction strategies into practice.	2	3	2				
Advocate for Improved Transportation/Parking Options	2	0	0				
Facilitate research on amount of time spent by MM faculty/staff to advocate with insurance companies.	1	0	0				

Key	
Top Strategies from both in-person and online survey	
Top strategies from in person	

## **Contacts**

If you would like more information regarding the plan, please contact the relevant health system personnel below:

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