



Community Health Needs Assessment 2016 Implementation Plan

TABLE OF CONTENTS

- i. EXECUTIVE SUMMARY
- I. FOCUS ON HEALTH EQUITY, THE SOCIAL DETERMINANTS OF HEALTH (SDOH), AND COMMUNITY ACCOUNTABILITY
- II. RESOURCE COMMITMENT
- III. USE OF THE COMMUNITY ANTI-DRUG COALITIONS OF AMERICA (CADCA) MODEL
- IV. COMMUNITY HEALTH PRIORITY I - MENTAL HEALTH AND SUBSTANCE USE DISORDERS
- V. COMMUNITY HEALTH PRIORITY II -OBESITY AND RELATED ILLNESSES
- VI. COMMUNITY HEALTH PRIORITY III - PRECONCEPTUAL AND PERINATAL HEALTH
- VII. CONCLUSION
- VIII. GLOSSARY
- IX. ACKNOWLEDGEMENTS

EXECUTIVE SUMMARY

Background

In 2015-2016, for the first time, all not-for-profit hospitals in Washtenaw County, Michigan collaborated to conduct a single Community Health Needs Assessment and Implementation Plan for the shared geographic region of Washtenaw County. The hospitals, Saint Joseph Mercy Ann Arbor, Saint Joseph Mercy Chelsea, and the University of Michigan Health System, conducted a collaborative community health data collection and assessment process in partnership with Washtenaw County Public Health and area health coalitions; the process was facilitated by the Washtenaw Health Initiative. The collaborative, named Unified Needs Assessment Implementation Plan Team Engagement (UNITE), exists to promote health and improve the health equity of our community by developing a unified health assessment and improvement plan, using a shared leadership structure and a process that continuously engages community. The UNITE group collected data through surveys, observational community assessments, focus groups, key informant interviews, and assessed data from a variety of quantitative and qualitative sources, including both primary and secondary data.

Identification and Prioritization of Needs, Selection of Top Health Needs and Related Health Improvement Activities

Members of the UNITE team analyzed data from multiple data sources, community focus groups and key stakeholder/informant interviews to determine top priority health needs. Potential priority health areas were evaluated based on the following agreed-upon criteria, taken from each hospital's previous criteria, and based on common public health frameworks:

1. The number of people impacted;
2. Severity of the problem;
3. UNITE members' ability to positively impact the potential priority;
4. UNITE members' ability to enhance existing resources and/or complement strategies;
5. Alignment with institutional missions; and
6. Impact on health equity.

Potential priorities were ranked using a point system based on how well the potential priorities met criteria 1-5; points were then summed for these criteria. To emphasize criterion 6, the UNITE group agreed to separately rank each potential priority and then multiply by a factor reflecting impact on equity for each potential priority, thus allowing for health equity to have a bigger impact in the final selection of top health priorities. If there was a tie, it would have been resolved by democratic vote, with one vote per UNITE voting entity (Saint Joseph Mercy Ann Arbor, Saint Joseph Mercy Chelsea, and the University of Michigan Health System). Ranked potential priorities were presented to the Washtenaw Health Initiative stakeholders group, which includes representatives from more than 80 organizations that serve the community, for review before being presented for approval and adoption to the hospital executive boards of Saint Joseph Mercy Ann Arbor, Saint Joseph Mercy Chelsea, and the University of Michigan Hospitals and Health Centers.

Three top health priorities were adopted by the approval bodies at each institution:

1. Mental Health and Substance Use Disorders
2. Obesity and Related Illnesses
3. Preconceptual and Perinatal Health

Within these three top health priorities, the hospitals then jointly determined key strategies and associated activities to address the health needs. Existing programming and policies related to the top three needs were identified, both within each hospital and in the community. The hospitals then selected activities to continue or newly implement based on community need and hospital programming and staffing capacities, both internally within each hospital and jointly as cross-hospital partners. For each activity, a lead hospital was identified, and in some cases, all three hospitals will implement the selected activities. Threaded through the UNITE Implementation Plan is a focus on community engagement, health equity, the social determinants of health, and program evaluation to ensure maximum alignment of our programs to effectively respond to community needs.

I. FOCUS ON HEALTH EQUITY, THE SOCIAL DETERMINANTS OF HEALTH AND COMMUNITY ACCOUNTABILITY

Washtenaw County is one of the wealthiest in Michigan, ranking as one of the most educated, vibrant and healthiest places to live in the state. However, there are still areas of stark disparity. Recognizing these persistent disparities, a focus on improving health equity was incorporated in the group mission and identified as a criterion for establishing health needs priorities. As stated above, an “equity multiplier” was used to acknowledge those disparities that had significant impact on several subpopulations. This aligned the UNITE collaborative with the work of Washtenaw County Public Health, which identified three areas in the county (Ypsilanti – South of Michigan Avenue, Ypsilanti – West Willow, and Whitmore Lake) with significant opportunities to reduce disparities and increase equity. Using equity as the framework and partnering with the county and others will ensure the UNITE vision: “to create a culture of health for the community that maximizes our collective resources,” is sustainable for future generations.

The UNITE collaborative has also prioritized a focus on the social determinants of health (SDOH) as a key strategy in addressing the root of health inequities that impact all three priority needs. Focusing on the conditions and environments where people live, work, play, and pray will allow for upstream interventions that will have a greater impact on population health and equity. Towards this end, UNITE will engage in the following domains:

- Improve **screening** for behavioral health and SDOH that contribute to behavioral health issues and impede access and treatment of these conditions through partnerships (primary care sites, CBOs, schools, places of worship)
- Improve **access** to non-medical resources that address SDOH (housing, transportation, food, interpretation services)
- Strengthen **resources** that address SDOH
- Improve SDOH-related **training and education**
- Increase **alignment** of programs, resources, and evaluation techniques with a focus on equity in order to more effectively address community needs

The hospitals are committed to evaluating existing and new programs for their impact on the health of the community, and continuously engaging community members around information, activities, and progress. This will assure qualitative input from the community informs and strengthens the execution of the implementation plan and the focus on equity is maintained.

II. RESOURCE COMMITMENT

University of Michigan Health System, Saint Joseph Mercy Chelsea, and Saint Joseph Mercy Ann Arbor are unique in the resources they bring to the community. Through this collaborative process the team identified how they can work together to best address the needs of the community. The resources below were committed in order to facilitate the execution of implementation plan. These resources include:

- Staff time needed for programming, participation in collaborative workgroups, boards and to support policy and environmental changes.
- Funding for programs, community collaborations, and organizations who have demonstrated a need for assistance in addressing the priority health needs
- Programs already in existence that address priority health needs
- Tools utilized by UNITE group to evaluate Implementation Plan

III. USE OF THE COMMUNITY ANTI-DRUG COALITIONS OF AMERICA (CADCA) MODEL

Strategies

In the development of the Implementation Plan (IP) activities the hospitals collaboratively utilized the CADCA (Community Anti-Drug Coalitions of America) model in the IP. The CADCA structure incorporates the following strategies: Provide Information and Education, Build Skills/Training, Provide Support, Enhance Access/Reduce Barriers, Change Consequences (Positive and Negative), Change Physical Design, Modify Policies. This is a model that has been used in helping to address reduction of substance abuse across the United States.

IV. COMMUNITY HEALTH PRIORITY I - MENTAL HEALTH AND SUBSTANCE USE DISORDERS

GOAL: Improve mental health through prevention and by ensuring access to appropriate, quality mental health services and supports

OBJECTIVE: Increase the proportion of individuals with access to mental health services and supports

ACTIVITIES	LEAD HOSPITAL(S)
Provide Information and Education	
Continue the depression and suicide awareness campaigns for youth in partnership with school districts	UMHS, <i>SJMC exploring</i>
Provide health information to the Deaf, Deaf/Blind, and Hard of Hearing through Speakers series using American Sign language in the community	UMHS
Build Skills/Training	
Develop/identify setting-appropriate screening tools to use to train and educate providers to evaluate for depression, trauma / Adverse Childhood Experiences, and social service needs	UMHS, SJMAA, SJMC
Work with Washtenaw County Sheriff's Department Street Outreach Team to develop cohort of health-focused outreach workers	SJMAA
Train providers to increase capability towards addressing needs of: LGBTQ+ population, youth in schools, and Limited English Proficient (LEP) population through UMHS Interpreter Services	UMHS, SJMAA, <i>SJMC exploring</i>
Provide Support	
Provide social forums in the community to facilitate discussion of mental health and reduce stigma	UMHS, SJMAA, <i>SJMC exploring</i>
Continue collaboration with Michigan Islamic Academy to address their ongoing needs	UMHS
Enhance Access / Reduce Barriers	
Through the Washtenaw County Coordinated Funders Program Operations grant cycle, finance behavioral health efforts through local safety net providers	SJMAA
Provide health safety net services to the uninsured and under-insured through health clinics, health fairs, and screenings in the community	UMHS, SJMAA, SJMC

ACTIVITIES (continued)	LEAD HOSPITAL(S)
Enhance Access / Reduce Barriers (continued)	
Provide screenings and interventions in the community to youth experiencing mental illnesses or suicidal ideation	UMHS, <i>SJMC exploring</i>
Provide mental health support sessions for families in the community that have a child with mental illness	UMHS
Expand presence and align existing resources around behavioral health services in primary care and community settings: <ul style="list-style-type: none"> • Tailored Mental Health Management Support for Primary Care (TaMMS) • Michigan Child Collaborative Care (MC3) Program • School-based Health Centers (SBHC) 	UMHS, SJMC, <i>SJMAA exploring</i>
Support the Washtenaw County Sheriff's Office and Washtenaw Community Mental Health Crisis Intervention program	UMHS, SJMAA, <i>SJMC exploring</i>
Provide translated materials to social service agencies and provide mental health screenings in ASL through UMHS Interpreter Services and Family Medicine	UMHS
Enhance Access/Reduce Barriers Modify Policies	
Continue to participate in efforts to address housing issues of vulnerable populations: <ul style="list-style-type: none"> • FUSE program in partnership with Avalon Housing • Improve access to SSI/SSDI benefits for eligible community members • Housing Bureau for Seniors 	SJMAA, UMHS

PLANS TO EVALUATE IMPACT:

QUALITATIVE METRICS:	QUANTITATIVE METRICS:
Outreach estimation	Reduction in suicides among youth in Washtenaw County
Meeting reports	Utilization of mental health services
Resources tailored	Readmissions of individuals engaging in SOAR
Pre/Post Evaluations	Attendance
	Number of trainings and number of staff/ community partners trained

GOAL: Reduce Substance Use Disorders to protect the health, safety, and quality of life for all, especially children

OBJECTIVE: Reduce the number of opioid overdoses/deaths

ACTIVITIES	LEAD HOSPITAL(S)
Uses multiple CADCA strategies	
Support the WHI Opioid Project's ongoing work, which includes the following seven areas: <ol style="list-style-type: none"> 1. Provider education (provide information and education, training) 2. Hospital ED policies (training, modify policies) 3. Medication diversion (provide information and education, provide support, reduce access to opioids, change physical design) 4. Pain patient support (provide support) 5. Harm reduction / naloxone administration (provide information and education, build skills/training, increase access to naloxone, modify policies) 6. Addiction treatment / recovery (provide information and education, provide support, increase access to treatment, recovery as a positive consequence) 7. Community education (provide information and education, provide support) 	SJMAA, SJMC, UMHS

PLANS TO EVALUATE IMPACT:

QUALITATIVE METRICS:	QUANTITATIVE METRICS:
Assessment of numbers from all bullet points	Number of self-reported opioid use reduced
Community education sessions	Naloxone opioid overdose reversals
Trainings for providers	Red barrel stations & pounds medications take back
Report on policy changes	Number of individuals each year who are accessing care for opioid use treatment

OBJECTIVE: Increase the proportion of adolescents who have never used substances and decrease the number of individuals using substances

ACTIVITIES	LEAD HOSPITAL(S)
Uses multiple CADCA strategies	
Implement activities outlined in the SRSly yearly action plans for Chelsea, Dexter, Manchester, and Stockbridge	SJMC
Continue to provide substance use prevention education through the Health Exploration Station	SJMAA, SJMC
Continue Project S.U.C.C.E.S.S., a school-based program for underserved students at risk for substance use	UMHS
Provide support for neighboring coalitions (e.g., Most Teens Don't in Grass Lake)	SJMC
Continue MHealthy Alcohol Management Program	UMHS

PLANS TO EVALUATE IMPACT:

QUALITATIVE METRICS:	QUANTITATIVE METRICS:
Summary of Pre/post evaluations	Reduction in self-reported substance use in youth
Successful application to the Drug Free Coalitions program	Program reach (number of youth touched by program(s))

Other measures:

SRSly's evaluation plan (developed by the coalition in 2014) outlines specific process and outcome measures for all SRSly activities.

OBJECTIVE: Reduce tobacco use among adults and adolescents

ACTIVITIES	LEAD HOSPITAL(S)
Modify Policy	
Enhance standard physician practice and clinic flow process improvement policies around tobacco cessation counseling and referral	SJMAA
Advocate for adoption of tobacco control policies	SJMAA, SJMC, UMHS
Provide Information and Education Provide Support	
Continue MHealthy Tobacco Consultation Services	UMHS

PLANS TO EVALUATE IMPACT:

QUALITATIVE METRICS:	QUANTITATIVE METRICS:
Policy change	Number of people in treatment
	Number of people who have stopped using tobacco

V. COMMUNITY HEALTH PRIORITY II - OBESITY AND RELATED ILLNESSES

GOAL: Promote healthy weight and reduce chronic disease risk among youth and adults.

OBJECTIVES:

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.

Obesity and Related Illness Collaborative Community Survey

During Summer 2016, the UNITE group gathered information through surveys about perceptions of health, obesity, and related illnesses. U-M School of Public Health trained interns conducted “person on the street interviews” at various places around Washtenaw County.

Interns from the CDC-funded Future Public Health Leaders Program (FPHLP) through the University of Michigan School of Public Health conducted 319 interviews on health, obesity, and related illness perceptions, as well as 3 environmental audits/neighborhood assessments of geographies identified by Washtenaw County Public Health as having health disparities.

This information will enable us to understand the community’s health needs and serve them better, together. As part of the Implementation Plan we plan to utilize the survey results in order to direct our efforts related to obesity and related illnesses.

ACTIVITIES	LEAD HOSPITAL(S)
Provide Support	
Continue to gather information regarding prevention of obesity and related illnesses with community input and a focus on equity.	UMHS
Develop, re-evaluate, and improve programs based on community survey results and community feedback.	UMHS, SJMAA, SJMC
Uses multiple CADCA strategies	
Support programs and policies that help to eliminate food insecurity: <ul style="list-style-type: none">• UMHS Ann Arbor Meals on Wheels• Michigan Harvest Gathering Food and Fundraising Drive• Through Washtenaw County Coordinated Funders Program Operations grant cycle, finance efforts to reduce food insecurity through local safety net food provision organizations	SJMAA, UMHS

ACTIVITIES (continued)	LEAD HOSPITAL(S)
Support, maintain, and explore programs that target nutrition education <ul style="list-style-type: none"> • Health Exploration Station • Healthy to the Bones classes • MHealthy • ShapeDown program • The Farm at Saint Joseph Mercy Ann Arbor • Project Healthy Schools • Regional Alliance for Healthy Schools (RAHS) 	SJMAA, SJMC, UMHS
Provide Support	
Continue to support programs and policies that encourage more physical activity <ul style="list-style-type: none"> • Healthy Communities Walking Program • MHealthy • Project Healthy Schools • Regional Alliance for Healthy Schools 	SJMAA, SJMC, UMHS
Participate and support local wellness activities, such as coalitions, walks, runs, and other wellness events <ul style="list-style-type: none"> • Heart and Sole run/walk/bike event • American Heart Association Heart Walk • Juvenile Diabetes Research Foundation Walk • Run with RAHS 	SJMAA, SJMC, UMHS

PLANS TO EVALUATE IMPACT:

QUALITATIVE METRICS:	QUANTITATIVE METRICS:
Focus Groups	Data Analysis Report
Customer and vendor feedback surveys	BMI
Pre/post evaluations	Self-reported health metrics and produce consumption
Evaluation of programs	Vendors and customers numbers
	Physical activity assessment and miles walked
	Annual sales, utilization rates and monies supporting farmers markets
	Number of eligible people in publicly funded programs (Medicaid, SNAP benefits, WIC, congregate meals, summer food programs, etc.)
	Participants, Volunteers, and Sponsorships

VI. COMMUNITY HEALTH PRIORITY III - PRECONCEPTUAL AND PERINATAL HEALTH

GOAL: Increase positive outcomes for preconceptual and perinatal health. Improve the health and well-being of women, infants, children, and families.

OBJECTIVE: Reduce rate of fetal and infant deaths by increasing supports for mothers and families

ACTIVITIES	LEAD HOSPITAL(S)
Provide Information and Education Build Skills/Training	
Develop data collection strategy for use in the community to identify supports and programming needed	UMHS
Train and educate providers, staff, and parents on safe sleep practices	UMHS
Provide positive parenting resources and empowerment workshops in public and low income housing communities	UMHS
Educate expectant mothers on the risks of smoking during pregnancy	SJMAA, UMHS
Provide Support	
Continue group pregnancy support programs • “Centering Pregnancy” • MOM Power	SJMAA, UMHS
Continue the Maternal and Infant Health Program (MIHP) for pregnant women and infants up to one year of age	UMHS
Modify Policy	
Work to obtain Baby Friendly designation	SJMAA
Continuous improvement of hospital safe sleep policies through institutional taskforce	UMHS

PLANS TO EVALUATE IMPACT:

QUALITATIVE METRICS:	QUANTITATIVE METRICS:
Development of survey tool	Reach numbers: Parents, Women, Staff through training and programming
Documentation of continuous improvement measures	
Completion of Baby Friendly designation steps	

VII. CONCLUSION

Approval

Saint Joseph Mercy Ann Arbor and Saint Joseph Mercy Chelsea boards approved the plan in October 2016. University of Michigan Health System Executive Committee approved the plan in November 2016.

The Community Health Needs Assessment Report and Implementation Plan can be found on each of the following websites:

- <http://www.uofmhealth.org/>
- <http://www.stjoeshealth.org/cbm>

Next Steps

The UNITE team will continue to meet to ensure alignment towards the goals of the plan. Each hospital will continue to be responsible to their internal committees. A collaborative tracking form will be created to help us ensure that we can report outcomes and measurements.

VIII. GLOSSARY

Social Determinants of Health are the conditions in which persons live, work, and play. These conditions are shaped by broader forces such as economics, policy, and politics.

Health Equity means that everyone has a fair opportunity to live a long, healthy life. It implies that health should not be compromised or disadvantaged because of an individual or population group's race, ethnicity, gender, income, sexual orientation, neighborhood or other social condition.

Health Disparity is defined as the difference in health outcomes between groups within a population whether unjust or not.

Health Inequity denotes differences in health outcomes that are systematic, avoidable, and unjust.

SOURCES

<http://www.who.int/healthsystems/topics/equity/en/>

<http://www.ihl.org/resources/Pages/IHIWhitePapers/Achieving-Health-Equity.aspx>

<https://www.apha.org/topics-and-issues/health-equity>

IX. 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 members of our internal committees for their contributions to the plan.

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

Contacts

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

Elisabeth Vanderpool, MPH, CPH, CHES
Saint Joseph Mercy Ann Arbor
tel: (734) 712-1294, email: elisabeth.vanderpool@stjoeshealth.org

Reiley Curran, MPH
Saint Joseph Mercy Chelsea
tel: (734) 593-5279, email: Reiley.Curran@stjoeshealth.org

Karen Zynda, MPH, RDN
University of Michigan Health System
tel: (734) 998-2162, email: kzynda@med.umich.edu