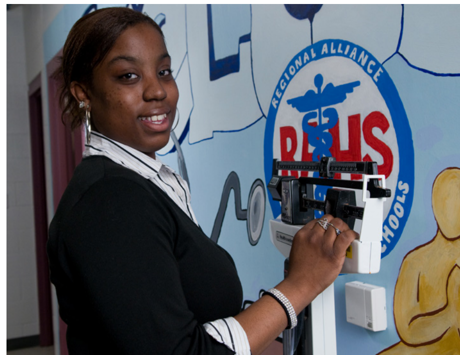
ST. JOSEPH MERCY
ANN ARBOR
SAINT JOSEPH MERCY HEALTH SYSTEM

HEALTH SYSTEM
UNIVERSITY OF MICHIGAN

ST. JOSEPH MERCY
CHELSEA
SAINT JOSEPH MERCY HEALTH SYSTEM



Community Health Needs Assessment Report

June 2016

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EXECUTIVE SUMMARY

Background

In 2015-2016, for the first time, all nonprofit hospitals in Washtenaw County, Michigan collaborated to conduct a single Community Health Needs Assessment 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 focus groups and 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

Members of the UNITE team analyzed data from multiple data sources, community focus groups and key stakeholder/informant interviews to determine potential priority areas. Potential priority 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 Steering Committee 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.

The following were presented as potential priority health needs:

- Infant Mortality
- Unintended Pregnancy
- Oral Health
  - Decay-related tooth loss
  - Dental care
- Vaccine Preventable Diseases
- Obesity
- Cardiovascular Diseases
  - High blood pressure
  - Stroke

- Diabetes
- Mental Health
  - Mood disorders
  - Psychoses
  - Anxiety disorders
- Substance Use Disorder
  - Tobacco use
  - Binge drinking
  - Opioid use
  - Marijuana use

From these, three top health priorities were adopted by the approval bodies at each institution:

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

I. INTRODUCTION

The Patient Protection and Affordable Care Act (PPACA) of 2010 mandated new IRS requirements for hospitals: (i) conduct a Community Health Needs Assessment (CHNA) and (ii) adopt an Implementation Plan, both of which must be reported in the Schedule H 990. The provisions took effect in a hospital's taxable year beginning after March 23, 2012. Failure to comply could lead to a $50,000 excise tax and possible loss of tax-exempt status.

In the past, each hospital in Washtenaw County published an individual Community Health Needs Assessment. While each CHNA's structure and format was unique to the specific hospital, the proximity of the three hospitals resulted in comparable community needs and populations served. Each hospital also utilized the same community level data and surveys to identify these needs. To improve service to the community and to increase the impact of the implementation plan, each hospital made a commitment to come together and publish a collaborative CHNA on behalf of all three hospitals in the area: Saint Joseph Mercy Ann Arbor, Saint Joseph Mercy Chelsea, and the University of Michigan Health System. Representatives from each hospital formed a group titled UNITE (Unified Needs Assessment Implementation Plan Team Engagement) to engage the community and collaborate to assess and address community needs together.

A. Retrospective Review

Below is a summary of the impact of individual hospitals' prior CHNA and implementation plan strategies.

i. Saint Joseph Mercy Ann Arbor

Saint Joseph Mercy Ann Arbor published their last CHNA-IP in March of 2015. The health system identified fifteen areas of potential need within four health domains in the community, based on analysis of national, state and local data, key stakeholder interviews, community agency surveys and reviews of local level surveys and studies. SJMAA classified an area as a need based on a wide variance between local and regional metrics, and unfavorable trend, issues identified by a majority of survey respondents, issues identified by multiple key stakeholders or issues identified by local, third-party members. The following chart documents the potential needs identified in the 2015 SJMAA CHNA-IP:

2015 Potential Needs	
Health Conditions	Breast Cancer
	Chronic Disease: Diabetes and Liver Disease
	Obesity
	Asthma
Health Behaviors	Alcohol Abuse
	Immunization
	Nutrition and Healthy Eating
Access Issues	Hospital-Based Care
	Behavioral Health / Mental Health
	Dental Health
	Specialist Physicians
	End of Life Care
Health Determinants	Health Education and Awareness
	Transportation
	Health Insurance Enrollment

Upon identifying these areas of need, SJMAA developed criteria to prioritize select needs to focus on in the implementation portion of their CHNA-IP. Criteria used to prioritize needs were:

- The degree to which the need was essential to the overall health of the community;
- The urgency of the need;
- SJMAA's ability as a hospital to address the need; and
- The likelihood SJMAA's efforts would impact the need.

Based upon these criteria, SJMAA designated two health needs in its service area:

- Overweight and Obesity (which underlies most chronic conditions)
- Behavioral Health, which includes Mental Health and Substance Abuse

The priority needs addressed by the 2015 plan include obesity and mental health. To address these needs, the hospital implemented programs aimed at individuals as well as the environment. The evaluation of the impact of the actions taken to address the significant health needs identified, since SJMAA finished conducting the 2015 CHNA, is summarized here:

1. Obesity:
    - Strategy: Decrease the proportion of community members of all ages who are overweight or obese.
    - Outcome: Extended the Prescription for Health program in the Academic Internal Medicine clinic, increasing access to fruits and vegetables for those chronically ill individuals identifying as food insecure.
    - Outcome: Continued ShapeDown program in existing locations and expanded the ShapeDown program to an additional location, providing weight management programming for children and adolescents.
2. Mental Health:
    - Strategy: Increase access to resources, including SSI/SSDI benefits, for homeless individuals with mental illness.
    - Outcome: Continued the Tailored Mental Health Management Support program in conjunction with Washtenaw Health Initiative and University of Michigan.
    - Strategy: Decrease the unnecessary consumption of community resources by improving access to right place, right time care.
    - Outcome: Developed meaningful strategies to address the budgetary deficits resulting from the restructuring of Community Mental Health through working with other collaborative partners in the community to assist in developing an action plan to assist in reducing the burden on Community Mental Health. Additionally, through a collaborative funding partnership SJMAA was able to contribute funds to support organizations in the social services network in enhancing programming for those who are no longer able to receive care through Community Mental Health.

ii. Saint Joseph Mercy Chelsea

Saint Joseph Mercy Chelsea also published their previous CHNA – IP in 2015. The full report, including Implementation Strategy, is available at www.stjoeschelsea.org under the Community Benefit tab. The 2015 CHNA included data and input from the Health Improvement Plan survey of Washtenaw County, the Michigan Profile for Healthy Youth survey of the five school districts in the service area, key stakeholder interviews, the five local wellness coalitions, and other quantitative and qualitative sources.

The following chart documents the potential needs identified in the 2015 SJMC CHNA-IP:

2015 Potential Needs	
Health Conditions	Obesity
	Diabetes
	Heart Disease
Health Behaviors	Substance Abuse (Alcohol, Tobacco, and other drugs)
	Family and Community Involvement
	Nutrition and Healthy Eating
	Physical Activity
Access Issues	Transportation
	Dental Health
	Access to Care
	Mental Health
Health Determinants	Physical Environment
	Social Support

Based on these needs, SJMC reviewed the data and identified the needs based on size, severity, and long-term impact. The organization also considered the availability of data about the need, ranked each need based on these categories, and identified priority needs based on the total needs. They identified these prioritized needs as:

- Obesity and obesity-related illnesses;
- Mental health, including depression and anxiety;
- Substance abuse among youth and adults, including alcohol, tobacco, marijuana, and prescription drug abuse; and
- Access to care, including primary and dental care.

The priority needs addressed by the 2015 plan include obesity, mental health, and substance abuse, and access to care. To address these needs, the hospital implemented programs aimed at individuals as well as the environment. The evaluation of the impact of the actions taken to address the significant health needs identified, since SJMC finished conducting the 2015 CHNA, is summarized here:

1. Obesity:
    - Strategy: Increase access to fruits and vegetables for the community.
    - Outcome: Farmers Market held in Chelsea twice every week, May through October, and once per week in November and December. Food assistance programs in place at the Chelsea market will be replicated at other markets in the hospital's service area in 2017.

    - Strategy: Increase access to opportunities for physical activity.
    - Outcome: The Heart and Sole run/walk/bike event maintained low-cost entry fees for youth to promote participation in the race, and as a result more than 20% of runners and walkers were under the age of 18. The Healthy Communities Walking Program hosts weekly group walks in the five communities in the hospital service area.

2. Mental Health:
    - Strategy: Increase access to mental health services for youth and adults.
    - Outcome: SJMC opened a new outpatient behavioral health services clinic in Dexter, and has hired additional clinical staff to accommodate new patients. The department continues to work with local school districts and senior centers to identify and address the mental health needs of youth and senior citizens living in the SJMC service area. In FY17, a Behavioral Health Specialist will begin working with safety net providers in the service area. Hospital leaders met with school administrators to explore the potential for a program for teens and parents struggling with substance abuse.
3. Substance Abuse
    - Strategy: Support local community coalitions in addressing the risk and protective factors that lead to youth substance abuse.
    - Outcome: SJMC is the fiscal agent for the SRSLY coalition in Chelsea, which works to prevent youth substance abuse. The hospital helped two communities in the service area – Stockbridge and Dexter – establish their own SRSLY coalitions in 2013. In 2015, a third coalition (Manchester Voices) decided to re-brand as SRSLY Manchester. These four community coalitions meet weekly to collaborate and share best practices.
4. Access to Care
    - Strategy: Increase rates of low-income residents with health insurance.
    - Outcome: Two SJMC staff members are trained to help people enroll in health insurance through the marketplace exchanges, or Medicaid expansion. The hospital has held two enrollment events to raise awareness of the health insurance exchanges, and provide assistance to uninsured adults and families.
    - Strategy: Increase access to transportation for low-income residents
    - Outcome: SJMC provides vouchers to patients who cannot afford transportation to and from healthcare appointments. The hospital also provides in-kind and financial assistance to the Washtenaw Area Value Express bus, which services Chelsea and the surrounding communities.

iii. University of Michigan Health System

The University of Michigan Health System published their previous CHNA-IP in 2013. They conducted a partner-based data collection and review process, after which UMHS leaders from the Department of Community Health Services and the UMHS Senior Management Team convened to identify and prioritize UMHS health needs. The UMHS team then evaluated the size and severity of the health needs and the direction in which they were trending. As a result, a consolidated list of health needs emerged as follows:

2013 Potential Needs	
Health Conditions	Mental Health
	Obesity
Health Behaviors	Substance Abuse
	Immunizations
	Child Abuse and Neglect
Access Issues	Access to Care
	Mental Health
Health Determinants	Pre-conceptual and Perinatal Health

Upon identifying these areas of need, UMHS developed criteria to prioritize select needs to focus on in the implementation portion of their CHNA-IP. Criteria used to prioritize these needs were:

- The U-M Health System's ability to have an impact;
- Alignment with other health systems focusing on the same service area and population, the Governor's statewide health priorities and local public health department priorities;
- Current UMHS community priorities and programs;
- Effectiveness of existing UMHS programs; and
- How UMHS responded to these needs in the past.

Based on this process, UMHS then identified the prioritized needs into two tiers (with tier one priorities entailing more new activities than the second tier) as:

Tier One:	**Tier Two:**
Access to Care	Pre-conceptual and Perinatal Health
Mental Health	Immunizations
Substance Abuse	Child Abuse and Neglect
Obesity	

To address these needs, the University of Michigan Health System supported several programs. The evaluation of the impact of the actions taken to address the significant health needs identi¬fied, since UMHS finished conducting the 2013 CHNA, is summarized here:

1. Access to Care
    - Strategy: Remove barriers to access by offering school-based health programs and services for adolescents in underserved areas.
    - Outcome: UMHS Regional Alliance for Healthy Schools (RAHS) operates six school-based health centers in Washtenaw County. In addition to services provided to youth, RAHS also conducts family mental health psychotherapy care for acute and chronic illnesses, group nutrition counseling, family physical activity counseling, and assists families with insurance enrollment, referrals and follow-up regarding tangible needs. Since the 2013 report was published, RAHS has provided services to more adolescents with every passing year. In FY2015 RAHS cared for 2,174 at-risk adolescents and had a total of 9,338 visits.
    - Strategy: Improve access for marginalized and underserved groups.
    - Outcome: UMHS Interpreter Services piloted the Deaf Health Talks series to provide health information in American Sign Language in partnership with UMHS Family Medicine and added six Direct Interpreter Access Lines (D-I-A-L) so patients can reach their providers with a Medical Interpreter on the line with them when they first connect with their health care provider.
    - Outcome: UMHS Comprehensive Gender Services Program increased services for transgender patients and families by adding support groups for parents, spouses, youth, and other community members.
    - Strategy: Increase access by helping address non-medical issues like transportation and lodging.
    - Outcome: UMHS provides free transportation to individuals being discharged from the Emergency Department. The Department of Social Work's Guest Assistance Program helps alleviate non-medical issues patients and families face. UMHS Social Workers problem-solve and assist with providing resources to meet various needs, such as transportation, gas, and lodging.

- Strategy: Increase access through community-based health fairs, health screening, and safety net health clinics for the community.
- Outcome: UMHS provided numerous health safety net services to the uninsured and underinsured through health clinics, health fairs and screenings in the community. Examples include migrant health clinics, community flu shot programs and a student-run free clinic. UMHS also continued the Tailored Mental Health Management Support program in conjunction with the Washtenaw Health Initiative and SJMHS.

2. Mental Health
    - Strategy: Partner with schools to increase access to mental health related education, screenings, assessments and intervention programs, and maximize impact.
    - Outcome: Through the U-M Depression Center, UMHS continued to offer the Peer-to-Peer Depression and Suicide Awareness Campaign in partnership with school districts, for high school students. The U-M Depression Center provided free depression screenings and education for the community, as well as free mental health support sessions for families in the community that have a child with a mental illness.
    - Outcome: The UMHS Regional Alliance for Healthy Schools continued to offer school-based risk assessments and interventions for students at risk for mental illness and those with suicidal ideation in underserved middle and high schools.
    - Strategy: Build and enhance social supports for aging, and isolated individuals.
    - Outcome: UMHS Ann Arbor Meals on Wheels (MOW) program supports the dignity and independence of the homebound in the Ann Arbor area. Volunteers deliver meals at no charge six days a week to the homebound. Over 400 MOW volunteers conduct wellness and safety checks and provide a human connection and social support that isolated community members may not otherwise have. For many of our clients, a volunteer is the only person they see all day.
    - Outcome: The UMHS Housing Bureau for Seniors (HBS) assists older adults (55+) to find and maintain affordable and appropriate living arrangements. HBS does this by working with seniors, their families, and their caregivers to provide resources and support in finding safe and sustainable housing.
3. Substance Abuse
    - Strategy: Increase access to medical homes and substance abuse prevention and treatment interventions.
    - Outcome: UMHS continued its commitment to Psychiatric Emergency Services including substance abuse treatment and referrals through that partnership.
    - Outcome: The Regional Alliance for Healthy Schools continued to offer Project S.U.C.C.E.S.S., a school-based program for underserved students at risk for substance use which includes early intervention, community and environmental approaches, information dissemination, and normative and prevention education to build both resistance and social competency skills.
4. Obesity
    - Strategy: Partner with schools to maximize the impact of obesity-related education and programs.
    - Outcome: Offered by the UMHS Cardiovascular Center and MHealthy, Project Healthy Schools (PHS) strives to improve the health of middle school students through school-based education and environmental change initiatives that encourage healthy eating and increased physical activity. At the time of the 2013 report, PHS operated in 33 middle schools across Michigan. It has now extended services to 61 schools across Michigan; 11 of those operate in communities in Washtenaw County.
    - Outcome: The Regional Alliance for Healthy Schools continues to offer its Nutrition and Physical Activity Program, a school-based obesity intervention to educate, support, and facilitate behavior change in middle and high school students in underserved areas.

- Strategy: Provide healthy, nutritious meals to the homebound six days a week, regardless of age or financial status, through the UMHS Ann Arbor Meals on Wheels program.
- Outcome: UMHS Nutrition and Food Services works to ensure clients meals are balanced, nutritious, and medically appropriate. Ann Arbor Meals on Wheels clients are primarily older adults or individuals with disabilities who are homebound and cannot prepare complete, nutritious meals for themselves. In FY 2015, UMHS Meals on Wheels volunteers served a total of 132,700 meals to 400 clients.

5. Pre-conceptual and Perinatal Health
    - Strategy: Conduct risk behavior assessments and reduce risk factors related to perinatal health for low-income community members.
    - Outcome: UMHS continued to offer the statewide Medicaid-funded Maternal Infant Health Program (MIHP) for pregnant women and infants up to one year of age. Its goal is to reduce risk factors for maternal and infant morbidity and mortality.
    - Outcome: UMHS conducted Adolescent Risk Behavior Assessments, health counseling and referrals to community resources to middle and high school students through the Regional Alliance for Healthy Schools school-based clinics.
    - Strategy: Increase access to and offer interventions that improve the health status of women of childbearing age before, during, and after pregnancy.
    - Outcome: The UMHS Women's Health Program offered free Papilloma tests, pelvic exams, physical breast exams, and access to mammograms (where indicated) to uninsured and underinsured women.
6. Immunizations
    - Strategy: Provide free immunizations to members of the community in easily accessible locations.
    - Outcome: UMHS Community Programs and Services continued to offer influenza immunizations free to community members at locations such as faith organizations and senior centers and living facilities. The UMHS Community Flu Shot Program annually serves around 500 people with flu shot priority given to at-risk populations as defined by the CDC.
    - Outcome: The UMHS Program for Multicultural Health provided free Hepatitis B education, screenings, and vaccinations to community members, especially those who have migrated to the United States from Asian countries and are especially susceptible to Hepatitis B.
    - Outcome: UMHS continued offering immunizations through the Regional Alliance for Healthy Schools.
7. Child Abuse and Neglect
    - Strategy: Deliver interventions that identify child maltreatment and focus on the prevention, assessment and treatment of abused children in Washtenaw County, Southeastern Michigan, and throughout the state.
    - Outcome: The UMHS Child Protection Team (CPT) identified and recommended community resources for suspected victims of child maltreatment and their caregivers; educated and trained health care professionals, DHS Children's Protective Services workers and law enforcement in the identification, management, treatment and prevention of child maltreatment; and partnered with the Washtenaw Child Advocacy Center (WCAC) to provide medical evaluations and supportive resources in conjunction with services provided by the WCAC, forensic interviews, and counseling/therapies.

- Strategy: Increase access to interventions that strengthen parenting and caregiver skills, by providing resources to underserved parents and families where they live. Equip them with tools for positive parenting and empowerment.
- Outcome: UMHS Regional Alliance for Healthy Schools provides anger management and stress management counseling to students at school-based health centers.
- Outcome: UMHS Program for Multicultural Health provides positive parenting workshops to young mothers and their families residing in public housing; conducts stress management workshops for women; and conducts personal empowerment series to community residents in public housing.

II. JOINT COMMUNITY HEALTH NEEDS ASSESSMENT METHODOLOGY AND PROCESS

A. Defining the Purpose and Scope

The purpose of the CHNA was to 1) evaluate current health needs of the community and prioritize them; 2) identify resources available to meet both the priorities as well as opportunities identified through the CHNA; 3) inform an Implementation Plan to address the health priorities; and 4) build capacity to address the opportunities within the context of the health systems existing programs, resources, priorities, and partnerships.

B. Unified Needs Assessment Implementation Plan Team Engagement (UNITE)

The Unified Needs Assessment Implementation Plan Team Engagement (UNITE) group is a collaboration between Saint Joseph Mercy Ann Arbor, Saint Joseph Mercy Chelsea, and the University of Michigan Health System. The group also contained representatives from the Washtenaw County Public Health Department and the Washtenaw Health Initiative. The goal of this collaboration is to promote health and improve the health equity of the community by developing a unified health assessment and improvement plan. The 2016 CHNA will be the first collaborative CHNA and implementation plan published between the three hospitals.

UNITE approached a local community collaborative, the Washtenaw Health Initiative (WHI), to seek support as a facilitator for the three hospitals. 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.

See Appendix A for UNITE purpose/mission, vision, guiding principles, and criteria for prioritizing health needs.

C. Community Health Needs Assessment Partners

- Saint Joseph Mercy Ann Arbor
- Saint Joseph Mercy Chelsea
  - Chelsea Community Wellness Coalitions
- University of Michigan Health System
  - Community Programs and Services
  - Program for Multicultural Health
- UM School of Public Health
  - Office of Public Health Practice
  - Future Public Health Leaders Program
- Washtenaw County Public Health
- Health Improvement Plan of Washtenaw County
- Washtenaw Health Initiative

D. Establishing the CHNA Infrastructure

The infrastructure designed to successfully complete this CHNA required the full collaboration and participation of all three health systems. Therefore, representatives from each health system met on a regular basis to discuss and develop this assessment. Each organization also utilized an internal structure for CHNA work that occurred within each system specifically. This infrastructure was based upon existing partnerships within each health system, in addition to the establishment of new partnerships. No third parties were contracted to conduct this CHNA.

Internal to the Three Health Systems

Saint Joseph Mercy Health System – Ann Arbor
The CHNA and Implementation Strategy work at SJMAA is guided by the Community Benefit Ministry Council, a leadership council comprised of SJMAA Clinicians, Department Directors, and Administrators with background, knowledge, and interest in health promotion and disease prevention. This group meets monthly to review and analyze data, identify community partners, set priorities and make decisions about the hospital's community health improvement initiatives. CBMC is responsible for conducting the Community Health Needs Assessment and developing the Implementation Strategy.

Saint Joseph Mercy Health System – Chelsea
The CHNA and Implementation Strategy work at SJMC is guided by the Community Health Improvement Council. CHIC is a leadership council comprised of SJMC Clinicians, Department Directors, and Administrators with background, knowledge, and interest in health promotion and disease prevention. This group meets monthly to review and analyze data, identify community partners, set priorities and make decisions about the hospital's community health improvement initiatives. CHIC is responsible for conducting the Community Health Needs Assessment and developing the Implementation Strategy.

University of Michigan Health System
The CHNA and Implementation Strategy work at UMHS is guided by the UMHS CHNA-IP Strategy Committee. Committee membership includes leaders from the UM Medical School, the Office of Health Equity and Inclusion, Family Medicine, Population Health, Adult ED, Psychiatry, the Cardiovascular Center, the Children's and Women's Hospital, Strategic Planning, and Finance, at UMHS; as well as the Michigan Institute for Clinical and Health Research and the UM School of Public Health's Office of Public Health Practice.

External to Each of the Three Health Systems

Washtenaw County Public Health
Washtenaw County Public Health (WCPH) actively participated in the UNITE process as a collaborator, a subject matter expert, and a connector to community resources and representatives. WCPH worked to align the Washtenaw County Community Health Improvement Plan (CHIP) priority health issues with those of UNITE.

Washtenaw Health Initiative
The Washtenaw Health Initiative developed an infrastructure designed to support and assist the UNITE group. This support was given through the dedication of 0.25 full-time equivalent in-kind staffing for managing the project, securing logistics, gathering and analyzing data, and facilitating the group.

III. COMMUNITY DESCRIPTION

For the purposes of this needs assessment, the three health systems represented serve all of Washtenaw County. Additionally, SJMC serves all or part of the following villages, and townships: Grass Lake Township, Henrietta Township, Stockbridge Township, Unadilla Township, Waterloo Township, Village of Grass Lake, and the Village of Stockbridge.

Washtenaw County is located in southeast Michigan and covers 720 square miles. Its cities, villages and townships are home to approximately 359,454 (SEMCOG) citizens in urban, suburban, and rural settings. The county consists of several cities, townships and villages as described in the following lists.

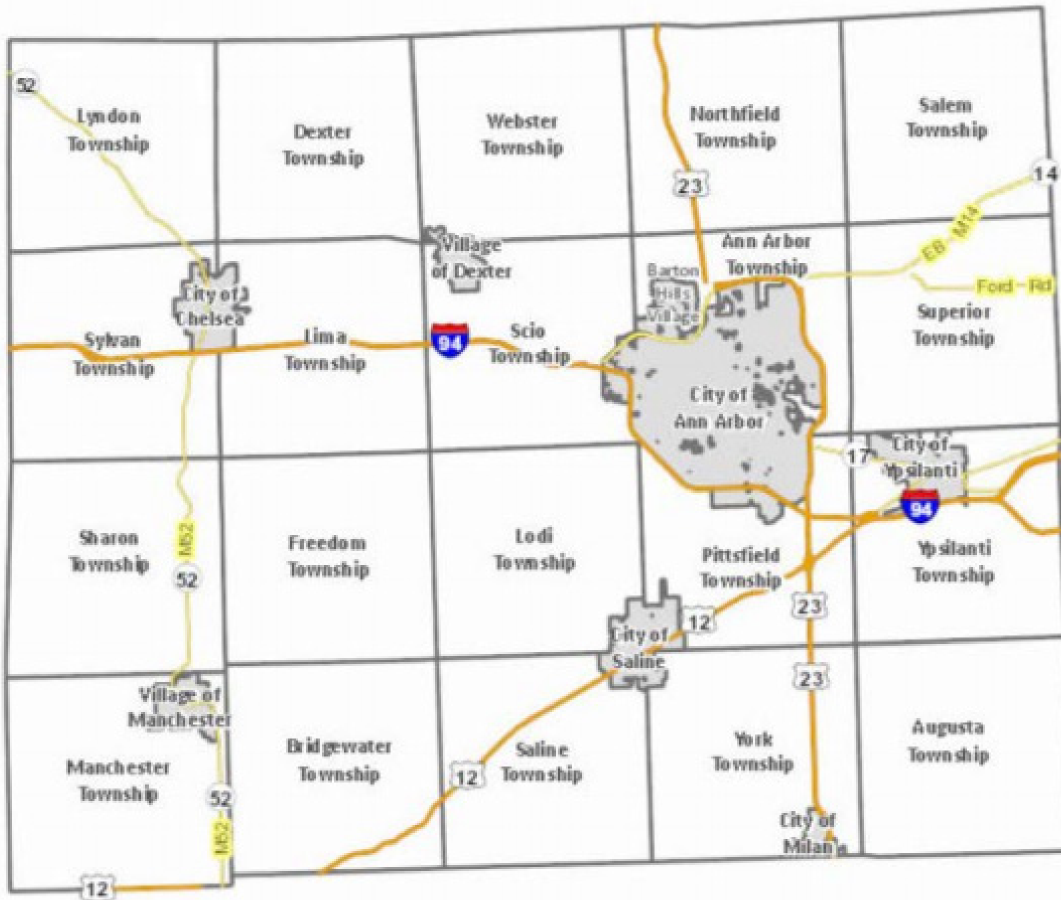
Cities	Villages	Townships	Townships (cont.)	Townships (cont.)
Ann Arbor	Barton Hills	Ann Arbor	Lyndon	Sharon
Chelsea	Manchester	Augusta	Manchester	Superior
Dexter		Bridgewater	Northfield	Sylvan
Milan		Dexter	Pittsfield	Webster
Saline		Freedom	Salem	York
Ypsilanti		Lima	Saline	Ypsilanti
		Lodi	Scio	

Additional cities, townships, and villages served by SJMC are described in the following lists:

Villages	Townships
Grass Lake	Grass Lake
Stockbridge	Henrietta
	Stockbridge
	Unadilla

Washtenaw County is estimated to have a population of 358,081 as of December 2014 (SEMCOG). The population of Washtenaw County is growing; most recent estimates show population growth of nearly 2.6% between 2010 and 2013. This is up 10.4% from 324,372 in CY 2000.

The total combined population of the Grass Lake and Stockbridge communities (49240 and 49285 zip codes, respectively) is 14,423, according to the 2010 Census. This is a 10.4% increase from 2000. Both communities are 95% white, with 1.5% Hispanic in Grass Lake and 2.8% in Stockbridge, 1.0% Black in Grass Lake and 0.5% in Stockbridge, and less than 0.5% Asian in both communities.



The population under age 18 has consistently declined over the past four years while the over-65 population has grown. In 2014, 12% of the population was 65 and older. Washtenaw County's population is racially diverse with 76.2% White, 13.9% Black, 9.4% Asian, and .6% Native American in July 2014. The charts below show how age and race have changed over time. In addition, according to the American Community Survey 5-year estimates, 2010-2014, Hispanic or Latino residents represent approximately 4.3% of the total population.

DEMOGRAPHICS - RACE	2010	2011	2012	2013	2014
% White	77.0	76.7	76.5	76.3	76.2
% Black	13.8	13.9	13.9	13.9	13.9
% Asian / Pacific Islander	8.6	8.9	9.0	9.2	9.4
% Native American	.6	.6	.6	.6	.6

Table prepared using Population Estimates (latest update 6/2015) released by the National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention, U.S. Department of Health and Human Services.

DEMOGRAPHICS - AGE	2010	2011	2012	2013	2014
% Under 18	20.8	20.5	20.2	19.9	19.7
% 18 - 44	44.0	44.1	44.0	44.0	43.9
% 45-64	25.0	25.0	24.7	24.5	24.3
% 65 & Older	10.2	10.5	11	11.5	12.0

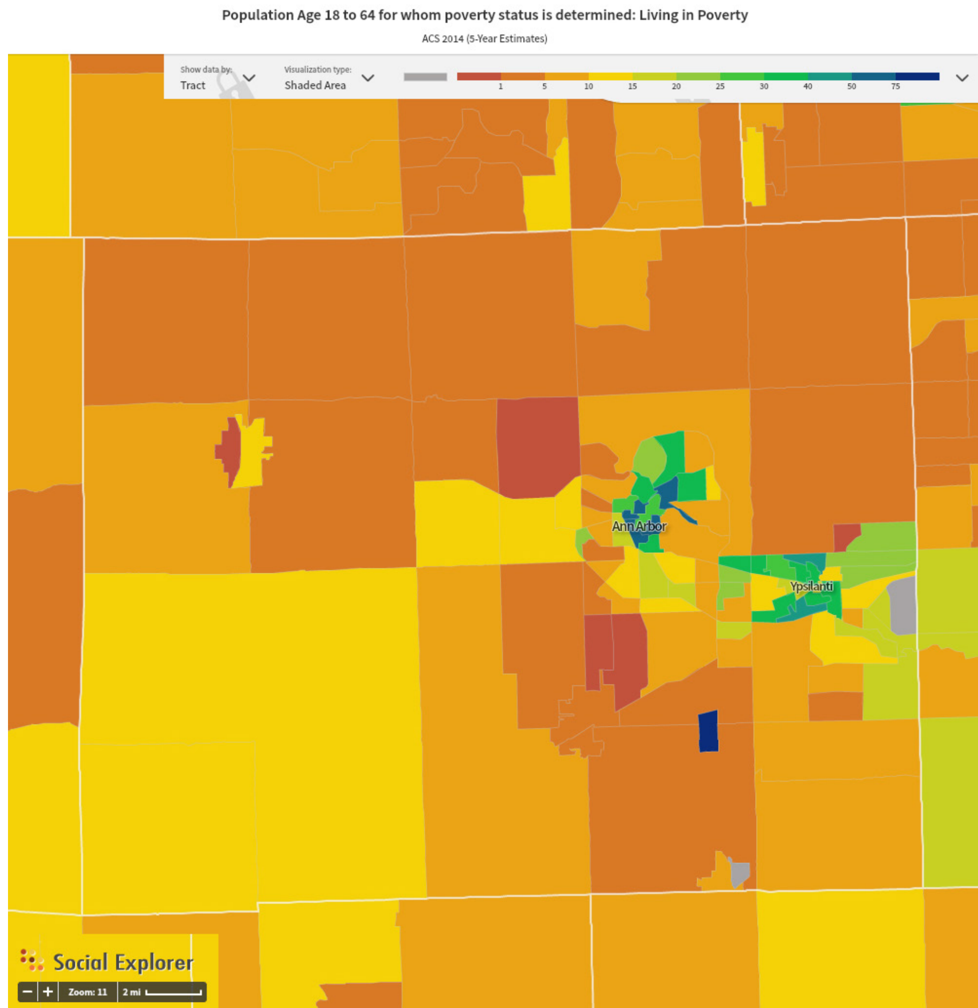
Table prepared using Population Estimates (latest update 6/2015) released by the National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention, U.S. Department of Health and Human Services.

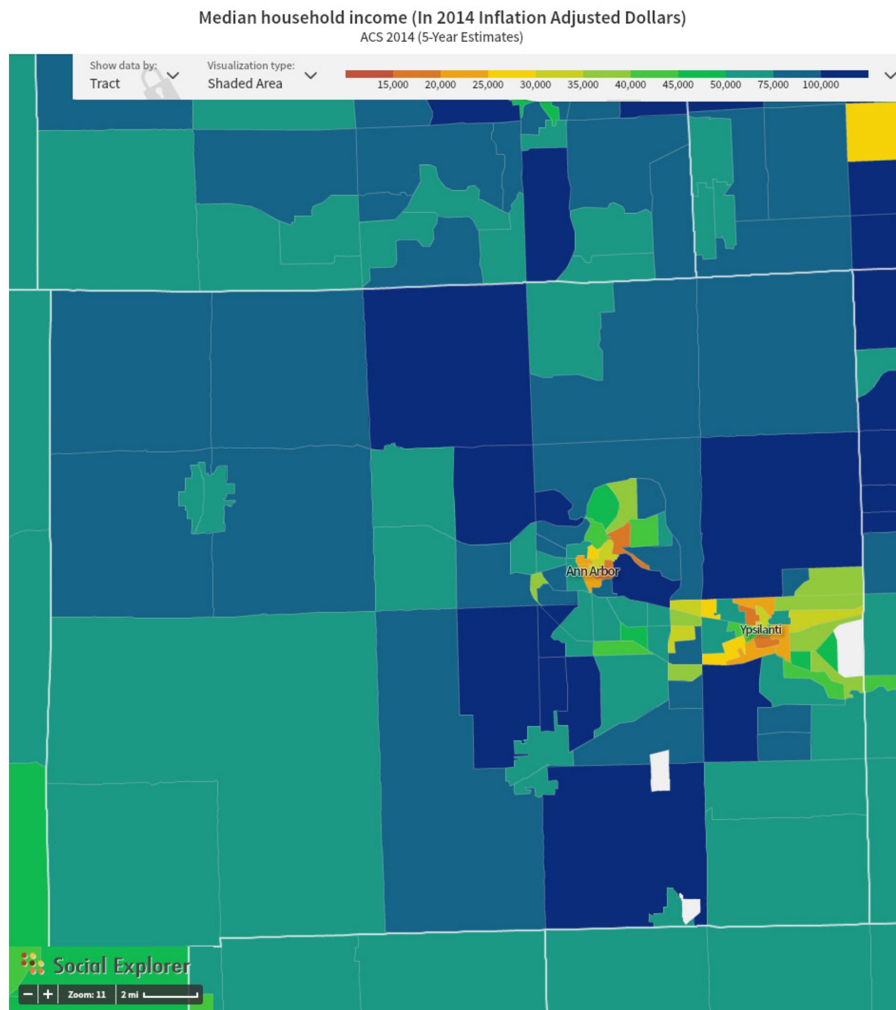
Income and poverty are significant indicators of health and life expectancy. Education level is also significantly connected with income level and poverty. In Washtenaw County, the median household income is $60,805. This is significantly higher than the median income of Michigan in general, which is $49,087. It is also higher than the US median income of $52,482. However, observing the percentage of those living in poverty based on geographical location demonstrates that there are specific areas of Washtenaw County that are experiencing higher rates of poverty compared to the rest of the county and the state. The maps below and on the next page demonstrate the concentration of individuals living in poverty in specific areas within Washtenaw County.

According to the American Community Survey 5 – year estimates, 16.9% of individuals in Michigan are living below the poverty line as of 2014. This percentage places Michigan above the US level of 15.6% of individuals living below the poverty level. The chart below demonstrates that several racial groups have a much higher percentage of individuals living in poverty in Washtenaw County, where 15.2% of individuals are living in poverty, compared to the Michigan and US averages.

DEMOGRAPHICS - POVERTY	2012 (326,040)	2013 (329,546)	2014 (333,221)
% White	11.8	12.1	12.0
% Black	25.1	27.6	27.3
% Asian / Pacific Islander	19.2	19.9	21.4
% Native American	38.1	42.8	33.2
% Hispanic	37.3	25.6	11.7
% Other Race	33.9	33.9	35.7

Table prepared using 2010-2014 American Community Survey 5-year estimates, table number S1701. Percentage is calculated based on responses received.





IV. DESCRIPTION OF COMMUNITY HEALTH DATA SOURCES

A. Quantitative

Since 1995, every five years WCPH leads Health Improvement Plan (HIP) partners in conducting a county-wide community health needs assessment which includes administering the HIP Survey, a local source of primary community health data. WCPH also collects and reports local community health data from numerous sources through its public health surveillance system. HIP partners convene to review the results and use it to inform the Washtenaw County Health Improvement Plan. Many other secondary and primary data sources were used to determine top community health needs.

B. Qualitative

The qualitative data gathered and reviewed helped validate the selection of the preliminary health priorities and will also inform Implementation Plan design. A partnership with the UM School of Public Health Future Public Health leaders program enabled UNITE to collect primary data through 14 key informant interviews, and 4 focus groups to gauge the concerns of seniors and youth in rural and urban communities (Parents of Stockbridge Middle School students, Grass Lake Senior Center seniors, Foster Grandparents Program participants, and Parents of UMHS Regional Alliance for Healthy Schools school-based health center youth). Secondary data included more than 20 community assessments of health, and its social determinants. In alignment with IRS Treasury Notice 2011-52,2 data collected and reviewed by the UNITE team represented 1) the broad interests of the community and 2) the voice of community members who were medically underserved, minorities, low-income, and/or those with chronic conditions.

See Appendix B for a summary of quantitative and qualitative data sources.

C. Social Determinants of Health

In addition to collecting and analyzing primary and secondary quantitative and qualitative data, the UNITE team also reviewed 20 existing community assessments or community-level plans to identify key social determinants that impact the preliminary health outcomes selected by the UNITE group. The key social determinants considered by the UNITE group were:

- Access to care, including:
  - Literacy
  - Health literacy
  - Coverage for uninsured, underinsured
  - Language issues
  - Transportation
- Housing affordability & stability
- Poverty status
- Community safety
- Rural residency
- Structural & institutional inequalities
- Education level

V. IDENTIFICATION AND PRIORITIZATION OF COMMUNITY HEALTH NEEDS

After gathering and analyzing quantitative and qualitative data in the summer of 2015, the UNITE team agreed on nine preliminary top health issues in Washtenaw County. These preliminary health issues were presented to the Washtenaw Health Initiative Steering Committee for review before being presented to the executive boards of Saint Joseph Mercy Ann Arbor, Saint Joseph Mercy Chelsea, and the University of Michigan Health System.

A. Preliminary Top Health Issues

The following were presented as potential priority health needs:

- Infant Mortality
- Unintended Pregnancy
- Oral Health
  - Decay-related tooth loss
  - Dental care
- Vaccine Preventable Diseases
- Obesity
- Cardiovascular Diseases
  - High blood pressure
  - Stroke
- Diabetes
- Mental Health
  - Mood disorders
  - Psychoses
  - Anxiety disorders
- Substance Use Disorder
  - Tobacco use
  - Binge drinking
  - Opioid use
  - Marijuana use

B. Criteria for Prioritization

Members of the UNITE team met to review data from multiple data sources, community focus groups and key stakeholder/informant interviews to determine potential priority areas. Potential priority 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
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.

Scoring Guide:

Criteria	Points				
	1	2	3	4	5
# of people impacted	0-10%	10-20%	20-30%	30-40%	More than 40%
Severity of the problem	No impact on length or quality of life	Some impact on length or quality of life	Severely impacts quality of life, but not length	Severly impacts length of life, but not quality	Severely impacts length and quality of life
UNITE members' ability to impact	No way for hospitals to impact	Unknown whether hospitals could influence	Hospitals could influence (questionable impact)	Hospitals can impact with new programs	Hospitals can impact with existing programs
UNITE members' ability to support partners' efforts to impact	No existing programs to support	Few existing programs to support	Programs exist, hospital does not currently partner with the organizations	Hospitals have existing relationships with partners working on this problem	Hospitals already supporting partners' efforts
Alignment with organizational missions	No alignment	Loosely related to missions	Somewhat related to missions	Moderately related to missions	Integral to mission

Multiply by

Guide to Scoring	Impact on Equity
1	No disparities exist
1.2	Disparity exists in one demographic area
1.4	Disparity exists in two demographic areas OR big disparity in one area
1.6	Disparity exists in three demographic areas OR big disparity in two areas
1.8	Disparity exists in four demographic areas OR big disparity in three areas
2	Disparity exists in five demographic areas OR big disparity in four areas
2.2	Disparity exists in six demographic areas OR big disparity in five areas
2.4	Disparity exists in all seven demographic areas OR big disparity in six areas

See Appendix C for tabulated voting results and scores.

At the end of the independent voting and ranking process, using the criteria mentioned, the following groups of prioritized needs were identified:

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

These three top health priorities were then presented to, and adopted by the executive boards of each UNITE partner institution.

VI. DESCRIPTION OF RESOURCES AVAILABLE TO MEET PRIORITY HEALTH NEEDS

See Appendix E for Asset Scans.

VII. DOCUMENTING AND COMMUNICATING RESULTS

The CHNA report will be available on the websites of all partners (Saint Joseph Mercy Ann Arbor, Saint Joseph Mercy Chelsea, and University of Michigan Health System), as well as the Washtenaw Health Initiative. Results have been communicated to numerous community groups and agencies, and plans to share results through a series of community conversations in the summer of 2016 are in development. For additional questions, contact the Washtenaw Health Initiative Project Manager, Carrie Rheingans, at crheinga@umich.edu or 734-998-7567.

VIII. CONCLUSION

Using a broad-based approach with multiple partners UNITE created a CHNA that engaged the voice of the community in identifying the top three community health priorities. These guiding principles will be used to develop the collaborative implementation plan.

IX. APPENDIX A

Unified Needs Assessment Implementation Plan Team Engagement (UNITE)

Purpose / Mission

The WHI UNITE Collaborative, consisting of the three nonprofit hospitals in Washtenaw County (Saint Joseph Mercy Ann Arbor, Saint Joseph Mercy Chelsea, and the University of Michigan Health System) exists to promote health and improve the health equity of our community by developing a unified health assessment and improvement plan. We do this by using a shared leadership structure and a process that continuously engages community.

Vision

UNITE work will create a culture of health for the community that maximizes our collective resources.

Guidelines

- Commitment to the work and the community
- Be honest and honor others' honesty
- Create next steps
- Remember – this is a new opportunity for all

Prioritization Process Flow

Members of the UNITE team meet to review data from identified data sources, community focus groups and key stakeholder/informant interviews to determine potential priority areas. Potential priority areas will be evaluated based on the following criteria:

- The number of people impacted
- Severity of the problem
- UNITE members' ability to positively impact the potential priority
- UNITE members' ability to enhance existing resources and/or complement strategies
- Alignment with institutional missions
- Impact on health equity

Potential priorities will be ranked using a point system based on how well they meet criteria. Ties will be 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 will be presented to the Washtenaw Health Initiative (WHI) Steering Committee for review before being presented to the Saint Joseph Mercy Ann Arbor Community Benefit Ministry Council, Saint Joseph Mercy Chelsea Community Health Improvement Committee, and the University of Michigan Health System Senior Management Team pursuant to institutional and IRS requirements.

Facilitated by:

Saint Joseph Mercy Health System

Saint Joseph Mercy Health System leverages the combined talent and resources of 5 Hospitals, 6 Outpatient Health Centers, 7 Urgent Care Facilities and over 25 Specialty Centers to create a Regional Health Care System that spans five counties in southeastern Michigan, and includes a team of nearly 14,000 nurses and staff, and 2,700 physicians.

Saint Joseph Mercy Ann Arbor

Ann Arbor, Michigan (founded 1911)

Saint Joseph Mercy Ann Arbor is an academic teaching hospital and tertiary care center. The hospital, with 537 licensed beds, is situated on a 341-acre campus in the Ann Arbor area. Its staff of physicians, nurses and health care professionals have extensive training in a variety of specialty or tertiary care programs, including cardiology, oncology, obstetrics, orthopedics, surgery, Level II trauma, physical medicine and rehabilitation, women and children's, and senior health services. Saint Joseph Mercy Ann Arbor provides medical residency training programs in internal medicine, transitional, surgery, ob/gyn and emergency medicine for 130 residents.

Saint Joseph Mercy Chelsea

Chelsea, Michigan (founded 1970)

Saint Joseph Mercy Chelsea is a not-for-profit hospital established in 1970. Located in Chelsea, Michigan, Saint Joseph Mercy Chelsea is a member of Saint Joseph Mercy Health System. Saint Joseph Mercy Chelsea is nationally recognized for both quality of care and patient satisfaction by national ranking organization Press Ganey, and is accredited by the Joint Commission. Saint Joseph Mercy Chelsea attracts more than 300 physicians in almost all disciplines, with leading edge technology, including the largest and strongest MRI in Michigan. As a not-for-profit hospital, SJMC reinvests its profits back into the community through programs to serve the poor and uninsured, manage chronic conditions like diabetes, health education and promotion initiatives, and outreach for the elderly.

University of Michigan Health System

Ann Arbor, Michigan (Medical School founded 1848; hospital founded 1869)

The University of Michigan Health System (UMHS) is one of the world's leading academic health systems. Each year, UMHS has nearly two million outpatient visits and surgeries, provides at least 45,000 inpatient hospital stays, conducts hundreds of scientific research projects and educates the next generation of medical professionals. Its main medical campus is situated in Washtenaw County in the city of Ann Arbor and it employs over 26,000 faculty, staff and senior trainees. It operates over 40 clinical locations around Michigan and in northern Ohio. Additionally, its care extends beyond its own facilities through partnerships with other health systems not only around the state but also nationally and internationally, and through its home care services which span eight Michigan counties.

Washtenaw Health Initiative (WHI)

The mission of the WHI is to improve health and healthcare in Washtenaw County with an emphasis on the low income, uninsured, and underinsured populations. The WHI includes representatives from the University of Michigan Health System, Saint Joseph Mercy Health System, VA Ann Arbor Healthcare System, health plans, county government, community services, physicians, and safety net providers. More than 80 organizations and 200 individuals participate. The WHI brings these groups together to coordinate and leverage resources to maximize the community impact of the joint CHNA-IP for Washtenaw County, Michigan. The WHI brings together organizations to generate innovative ideas that will improve health and healthcare in the county, identify and share information on gaps and opportunities, and coordinate and leverage resources. Through this work, the WHI's goals are to improve coordination and integration for health care services, align entities engaged in delivery of health-related services to more efficiently and effectively utilize resources, and strengthen community wide efforts to improve care and services for mental health and other select health issues and/or select populations.

IX. APPENDIX B

Data Sources Consulted

Summary of Quantitative Data Sources

Source / Dataset	Description
Washtenaw County HIP Survey	Every five years since 1995 a telephone survey consisting of both Michigan Behavioral Risk Factor Survey and locally customized questions is conducted across Washtenaw County. The 2015 survey was conducted with both landline and cell phones.
Encuesta Buenos Vecinos	The first Latino-focused county-wide survey was conducted in 2013-2014 to supplement Washtenaw County HIP survey data and provide statistically significant data on resident Latinos.
Washtenaw County Older Adult Data Book	The first survey of adult residents aged 60 and above was conducted in 2013.
Michigan Behavioral Risk Factor Surveillance System	Conducted annually by the Michigan Department of Community Health (MDCH), this phone-based survey assesses adult health risk factors and behaviors across the state and at the county level.
Michigan Care Improvement Registry	This is a computerized immunization record for adults and children in Michigan.
Vital Statistics	MDHHS conducts surveillance on births, deaths and other vital statistics at the state, county and community level.
Child Abuse and Neglect Surveillance	The Department of Health & Human Services is Michigan's public assistance, child and family welfare agency. They collect and monitor indicators of health and social well-being across the state.
Michigan Disease Surveillance System	This is Michigan's communicable disease reporting and monitoring system administered through MDCH.
Michigan Profile for Healthy Youth	This voluntary online student health risk behavior survey is for 7th, 9th, and 11th graders and is made available through the Michigan Departments of Education and MDCH.
National Census	National census data is collected by the United States Census Bureau every 10 years.
County Health Rankings	Each year the overall health of each county in all 50 states is assessed and ranked using the latest publically available data through a collaboration of the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.
Women, Infants, and Children Program	The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) is administered at the federal level through the United States Department of Agriculture, Food and Nutrition Service.
Survey of Community and Washtenaw Health Initiative Members	The UNITE team surveyed a broad base of community stakeholders to prioritize the preliminary health needs. These survey results confirmed the UNITE team's selection of the top three health needs.

Summary of Qualitative Data Sources

Report Title and Date	Lead Entity and Contact
Key Stakeholder Interviews (14 interviews conducted)*	Dana Thomas, Future Public Health Leaders Program at the University of Michigan School of Public Health
Focus Groups (Four groups conducted: rural older adults, rural youth, urban older adults, urban youth)	Dana Thomas, Future Public Health Leaders Program at the University of Michigan School of Public Health
Housing Affordability and Economic Equity Analysis, 2015	Brett Lenart, Washtenaw County Office of Community and Economic Development
Michigan ALICE Report, 2014 (ALICE = individuals who are asset-limited, income constrained, and employed)	Pam Smith, Executive Director, Washtenaw United Way, Michigan Association of United Ways
An Assessment of the Potential to Expand Agricultural Production, Processing, and Distribution in Washtenaw and Surrounding Counties, 2014	Anthony VanDerworp, Washtenaw County Office of Community and Economic Development
Washtenaw Urban County Action Plan	Stephen Wade, Washtenaw County Office of Commuity and Economic Development
Washtenaw Alliance for Children and Youth Report Card, 2014	Ashley Kryscynski, Program Coordinator, Washtenaw Alliance for Children and Youth
White Paper 2014: The Impact of Adult Illiteracy in Washtenaw County	Amy Goodman, Washtenaw Literacy
The 25% Shift: The Economic Benefits of Food Localization for Washtenaw County and Ypsilanti, and The Capital Required to Realize Them, 2013	Anthony VanDerworp, Washtenaw County Office of Community and Economic Development
Coordinated Health and Safety Net Funding: Needs Assessment, Vision, Strategies, and Outcomes, 2012	Ruth Kraut, Washtenaw Health Plan
An Integrated Assessment of Transportation to Healthy Food in Eastern Washtenaw County, 2012	Washtenaw County Public Health Department Bonnie Wessler, City Planner, City of Ypsilanti, MI
Blueprint to End Homelessness in Washtenaw County: Progress Report 2004-2011	Amanda Carlisle, Washenaw Housing Alliance
Washtenaw Urban County Analysis of Impediments to Fair Housing, 2011	Brett Lenart, Washtenaw County Office of Community and Economic Development
South of Michigan Avenue Community Needs Assessment (SOMA), 2011	Brett Lenart, Housing and Community Infrastructure Manager, Washtenaw County Office of Community and Economic Development, City of Ypsilanti
Food Gatherers Food Security Plan, 2009	Eileen Spring, Executive Director, Food Gatherers

*details on page 21

Primary Data: UNITE Key Informant Interviews, Summer 2015

Key Informant Name	Organization
Steve Sheldon	Catholic Social Services
Nicole Speck	Clinical Director, Regional Alliance for Healthy Schools school-based health centers
Karan Hervey	Saline Area Schools
Naomi Norman	Washtenaw Intermediate School District
Dale Berry	Huron Valley Ambulance
Sr. Fayzeh Madani	Michigan Islamic Academy
Trish Cortes	Executive Director, Washtenaw County Community Mental Health
Adreanne Waller	Epidemiologist, Washtenaw County Public Health
Cathy Wilczynski	Washtenaw County Public Health Refugee Health Center
Marquan Jackson	Hamilton Crossing
Charles Monroe	Chelsea youth pastor/Calhoun County Juvenile Home
Paul Crandall	Stockbridge Library
Bill Harmer	Chelsea District Library
Paul McCann	Dexter District Library

IX. APPENDIX C

Voting Results to Determine the Community Health Priorities

Health Issue	Number of People Impacted	Severity of the Problem	Ability to Impact the Issue	Enhance Existing Resources, Complement Strategies	Align wtih Missions	Total
	Criterion					
Cardiovascular Disease	3	3	4.33	4	4.67	19.33
Diabetes	3.33	3.33	4.67	4.67	4.33	20.66
Infant Mortality	1.33	5	3.67	3	4.67	17
Mental Health	4	3.33	4	4.33	5	20.66
Obesity	5	3.67	3.66	4.33	4.67	21.33
Oral Health	3.33	3	3.33	3	3	15.66
Substance Use Disorder	3	5	4.33	3	4.33	20.66
Unintended Pregnancy	2.33	2.67	3	3	3.67	14.66
Vaccine Preventable Diseases	3.67	2.67	4	3	4	17.33

Note - CHRT staff averaged each box individually and did no adding across rows or multiplying between boxes. The number in each box represents the average for that individual box only.

Impact on Health Equity

Health Issue	Equity Multiplier	Grand Total
Cardiovascular Disease	2.00	38.53
Diabetes	2.07	42.6
Infant Mortality	1.87	31.73
Mental Health	2.20	45.46
Obesity	2.20	47.13
Oral Health	1.67	25.93
Substance Use Disorder	2.27	46.93
Unintended Pregnancy	2.00	29.73
Vaccine Preventable Diseases	1.60	28.46

Clumps Final Ranking

1. Mental health/substance use disorder: (45.46+46.93) / 2 = **46.16**
2. Obesity & related illnesses (CVD, diabetes): (47.13+38.53+42.6) / 3 = **42.75**
3. Pre-conceptual/perinatal: (31.73 + 29.73) / 2 = **30.73**
4. Vaccine preventable: **28.46**
5. Oral health: **25.93**

Final top three selected priorities

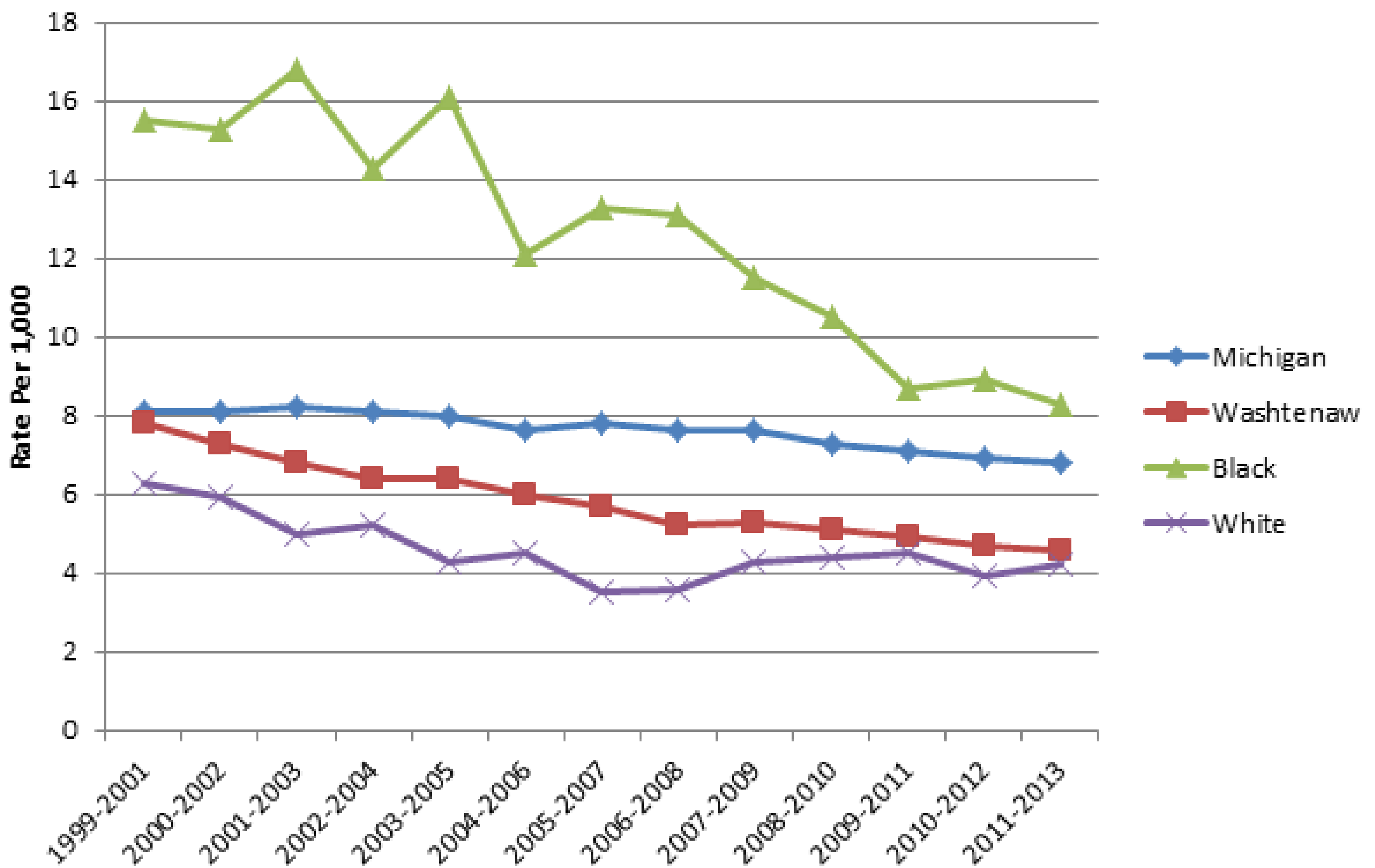
Facilitated by:

IX. APPENDIX D

Data Snapshots Concerning Community Health Needs

Infant Mortality

Infant mortality is defined as deaths to infants less than one year of age and is usually stated as a number per 1,000 births. Over the last decade, the overall Washtenaw County infant mortality three-year average rate has decreased from 8 to 5 per 1,000 live births. While infant mortality rates have improved among both black or African-Americans and whites, black or African-American babies still die at almost three times the rate of white babies. The infant mortality rate among whites is 4 deaths per 1,000 live births, compared to 11 per 1,000 for blacks or African-Americans.



Source: Washtenaw County Public Health – Community Health Improvement Plan http://www.ewashtenaw.org/government/departments/public_health/health-promotion/hip/cha-chip-landing-page/cha-perinatal-health

Unintended Pregnancy

Planned pregnancies often have better outcomes than unplanned pregnancies. Free family planning is available for low-income women age 15-44 through the state's Plan First program. While only 12% of 2010 surveyed Washtenaw County women aged 18-44 reported considering becoming pregnant within the year, 27% said they were not doing anything to prevent pregnancy.

The Pregnancy Risk Assessment Monitoring System (PRAMS) is a US Centers for Disease Control and Prevention survey of mothers who delivered a live infant in that year; mothers are selected at random to participate in the survey. The survey topics are related to maternal and infant health and wellness. The PRAMS survey is done statewide each year; however, county level estimates are not available. In 2007, Washtenaw County did a one-time, local PRAMS survey.

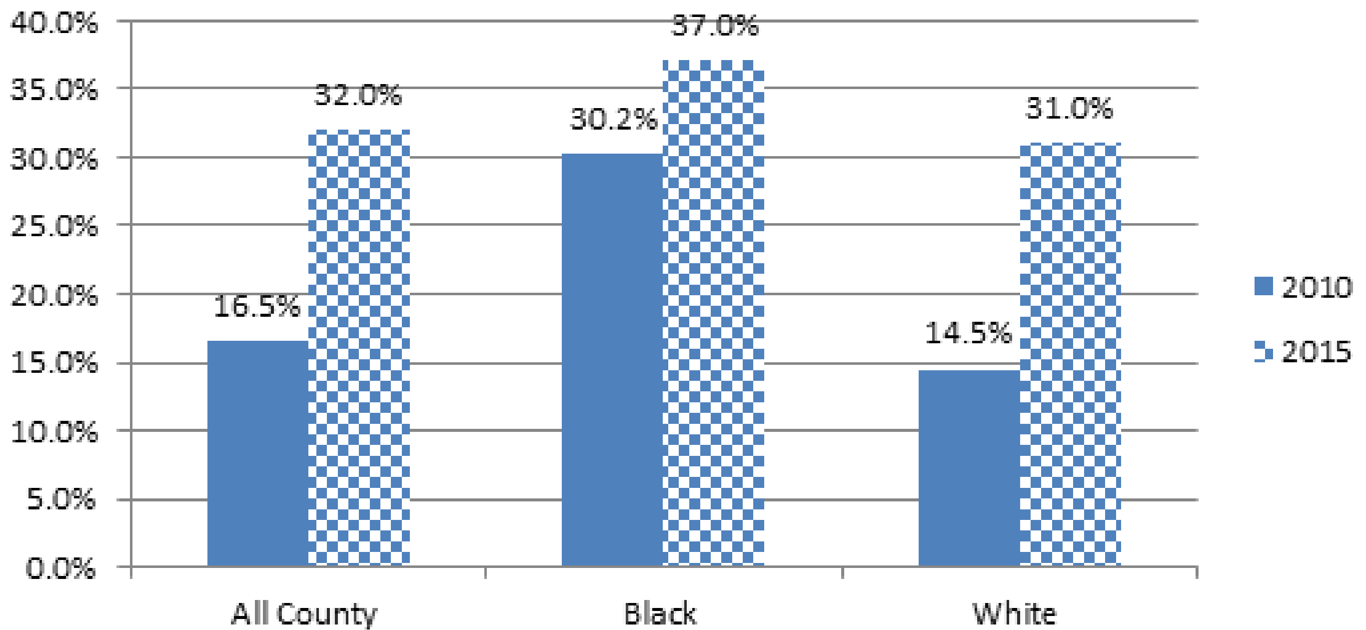
1. The 2007 survey found the following: when they conceived their new babies, 42% of women said they were not trying to become pregnant.
2. Among those women who had an unintended pregnancy, 58% indicated that they were using some method of contraception at the time.
3. After giving birth, 85% of all respondents were using some form of contraception to keep from getting pregnant.
4. Women who had an income of $50,000 or more were significantly less likely to have an unplanned pregnancy compared to those who earned under $20,000 annually.

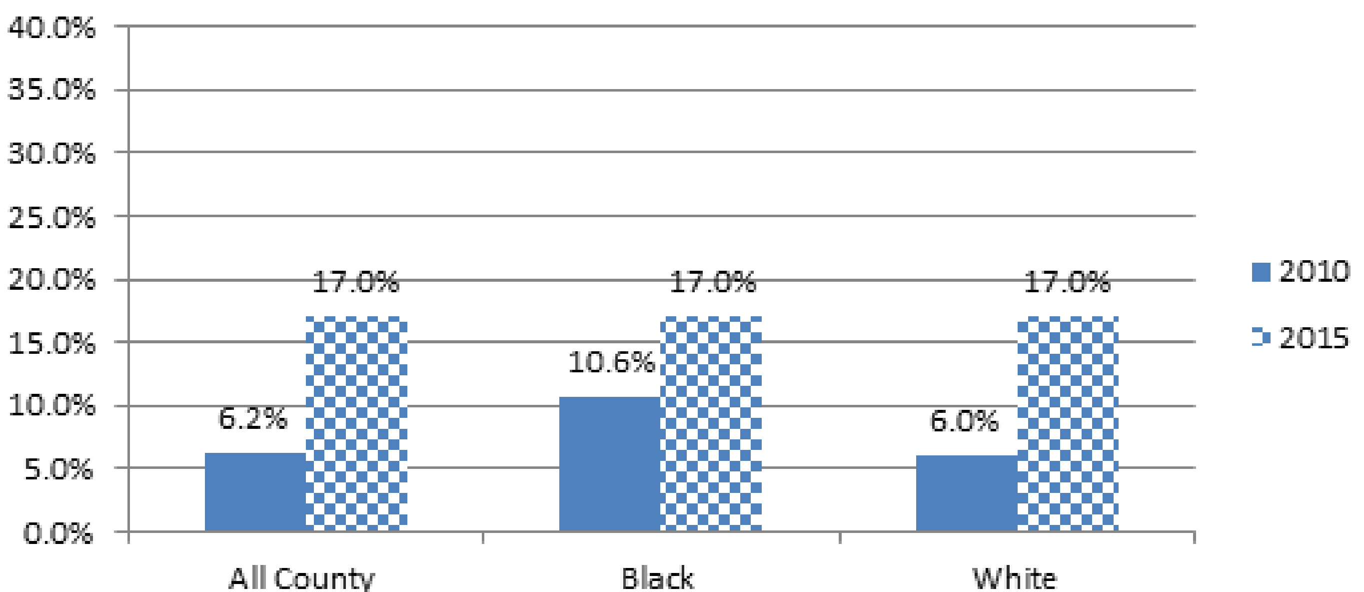
Source: Washtenaw County Public Health – Community Health Improvement Plan http://www.ewashtenaw.org/government/departments/public_health/health-promotion/hip/cha-chip-landing-page/cha-perinatal-health

Oral Health
Includes:

- Decay-related tooth loss
- Dental care

2014 Latino Health Survey – 19% Latinos reported losing one or more teeth to tooth decay or gum disease.

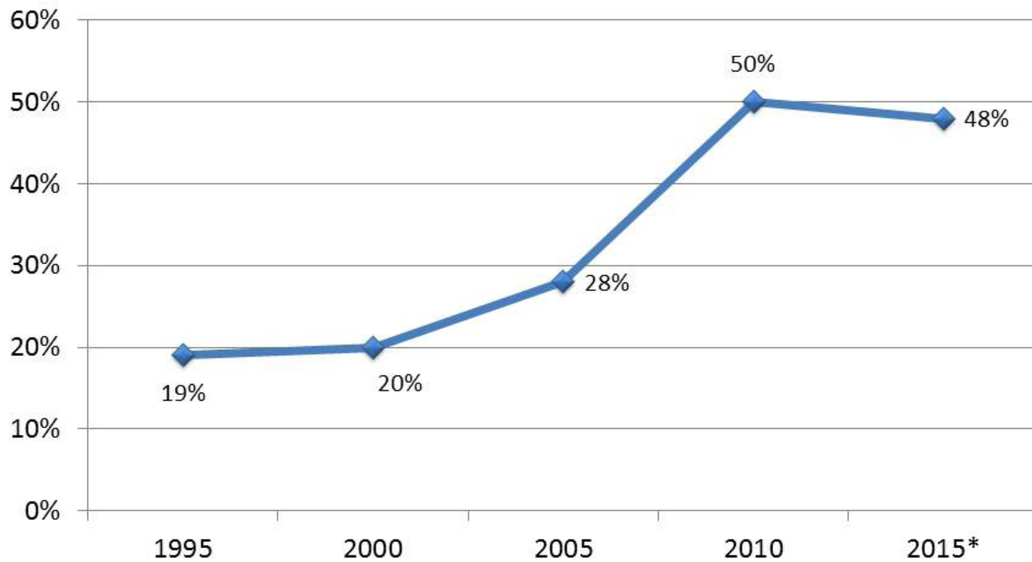




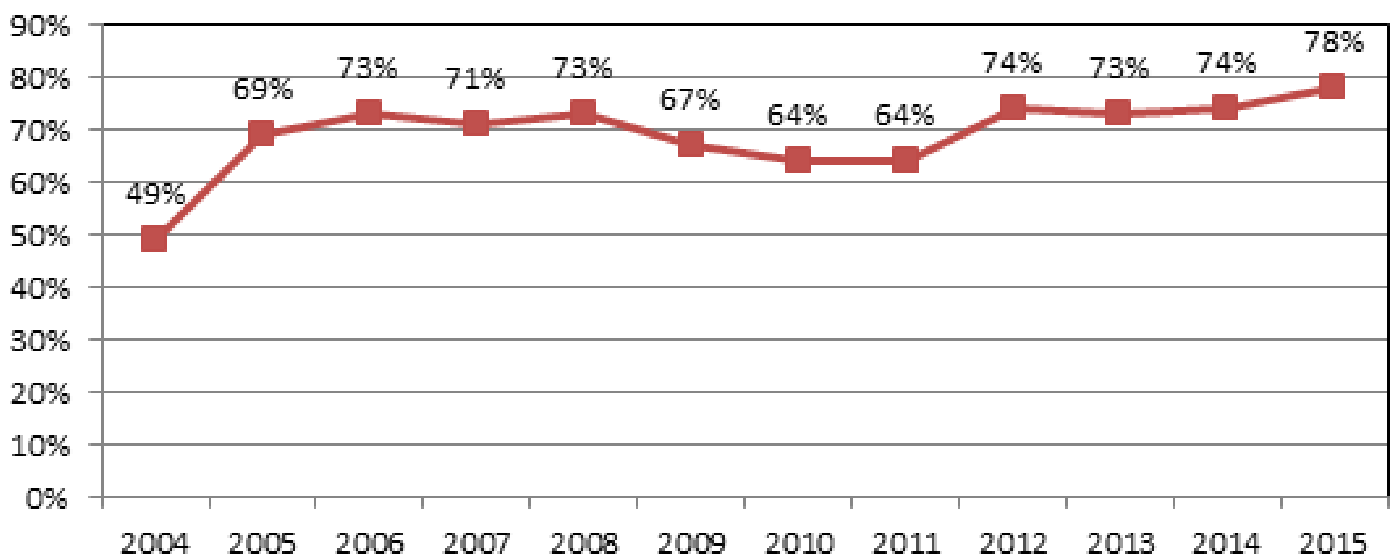
Source: HIP 2010 Survey Data, Preliminary HIP 2015 Survey Data

Vaccine Preventable Diseases

Healthy People 2020 target for annual influenza vaccination for adults is 80%.



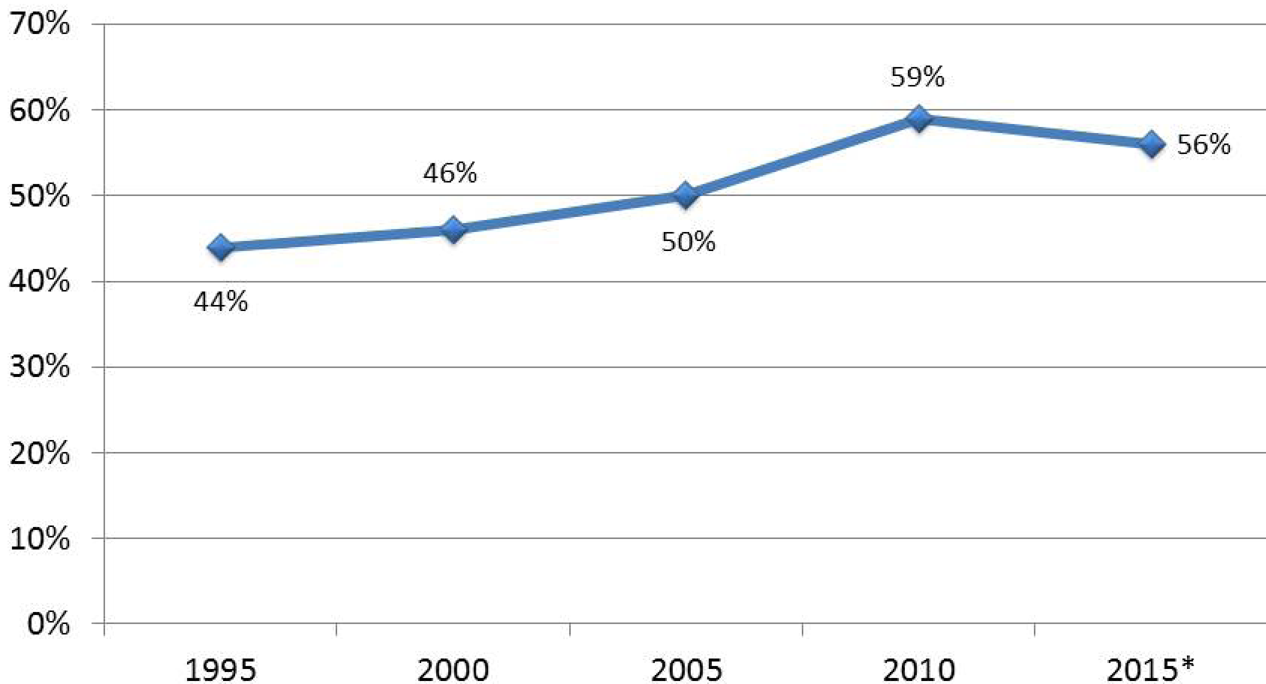
Healthy People 2020 goal for the completed childhood vaccination series is 90%.



Source: Michigan Care Improvement Registry (MCIR)

Obesity
The proportion of overweight or obese adults in Washtenaw County has increased from 44% in 1995 to nearly 60% in 2010 and 2015 (HIP 1995 and 2010 Surveys, and preliminary 2015 survey). In 2015, groups reporting rates higher than the county average (56%) are:

- Men (64%)
- Blacks or African Americans (64%), Latinos (66%, Latino Health Survey 2014)
- Those with household incomes between $50,000-$75,000 annually (75%)
- Those residing in the Whitmore Lake region (77%)



Source: HIP Survey Data

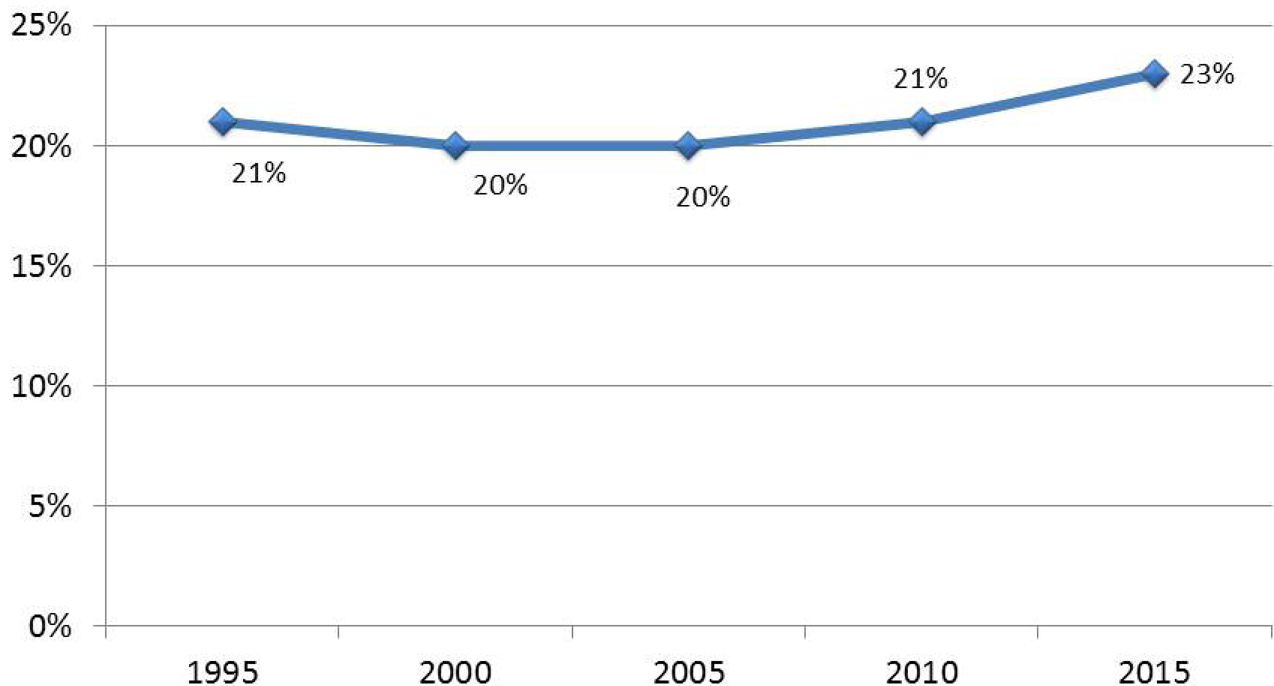
Cardiovascular Diseases
Includes:

- High blood pressure
- Stroke

Heart disease is the leading cause of death in Washtenaw County. Both high blood pressure and high cholesterol contribute to heart disease.

In Washtenaw County, 22% of residents reported ever being diagnosed with high blood pressure (preliminary HIP 2015 Survey results). Some groups have higher rates of high blood pressure:

- Those over age 60 (53%)
- Those with Medicaid (35%) or Medicare (54%)
- Black or African-American (41%)
- Residents of the Chelsea/Dexter (30%) or Manchester (34%) regions



Source: HIP Survey Data

Diabetes

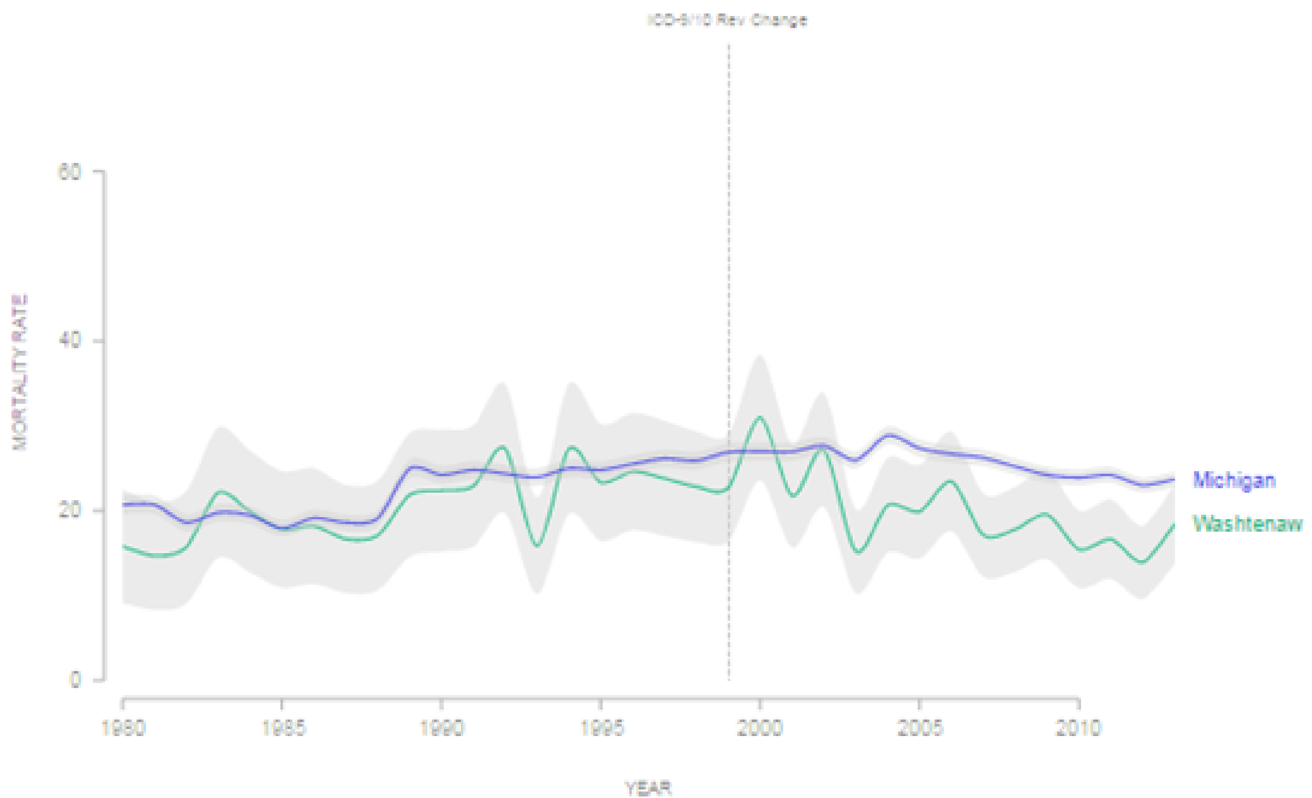
Diabetes is a serious illness that increases the risk for stroke and heart attack, blindness, kidney disease, and other chronic conditions. Overall, the risk for death among people with diabetes is about twice that of people of similar age without diabetes.

Type 2 diabetes is largely preventable. Risks include:

- Obesity
- Sedentary lifestyle
- Family history
- Age greater than 45

In Washtenaw County, 8% of residents reported ever being diagnosed with diabetes (preliminary HIP 2015 Survey results). Some groups have higher rates of diabetes diagnoses:

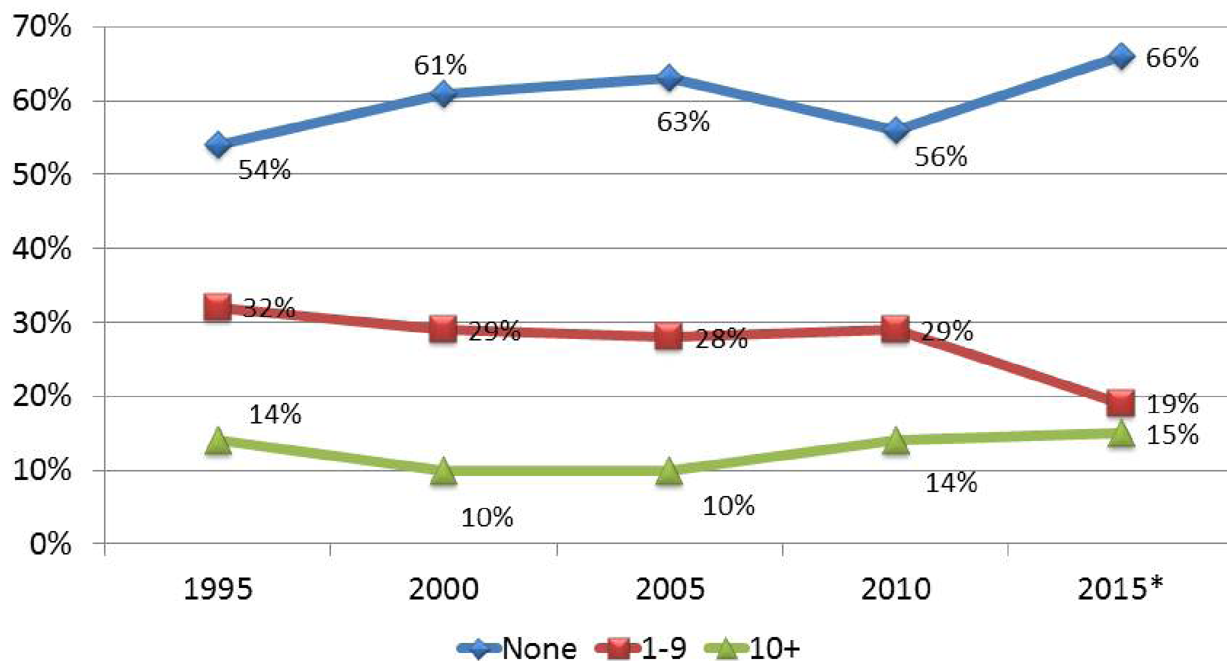
- Those over age 60 (19%)
- Those with Medicaid (16%) or Medicare (22%)
- Low-income residents, under $20,000 annually (15%)
- Residents of the Whitmore Lake region (14%)



Source: MDHHS Vital Records

Mental Health
Includes:

- Mood disorders
- Psychoses
- Anxiety disorders



According to preliminary HIP 2015 survey data, about 15% of residents report having more than 10 days in the last month of not good mental health status. Disparities exist among those on Medicaid (30% report more than 10 poor mental health days in the past month) and annual household income of $20,000-$35,000 (28%).

According to preliminary HIP 2015 survey data, 20% of county residents report having ever been diagnosed with depression, and 18% report having ever been diagnosed with anxiety. Disparities exist among certain groups.

Depression disparities:

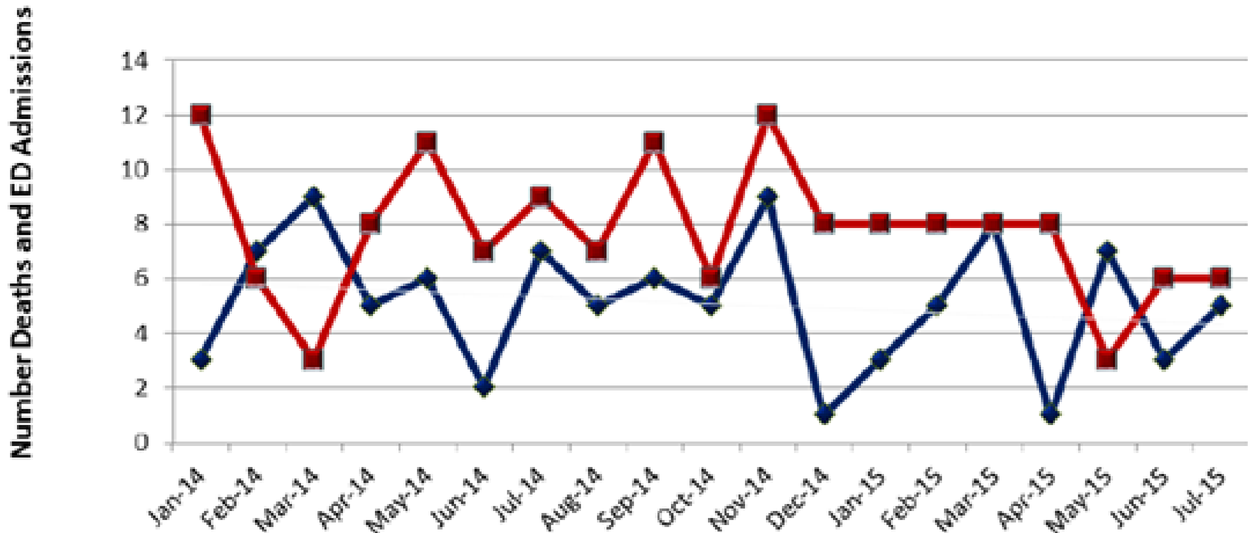
- Those with Medicaid/Healthy Michigan Plan (46%)
- Lowest annual household incomes (under $35,000) (33%)
- Residing in the Whitmore Lake region (39%)

Anxiety disparities:

- Those with Medicaid/Healthy Michigan Plan (46%)
- Annual household income between $20,000 - $35,000 (33%)

Substance Use Disorder
Includes:

- Tobacco use
- Binge Drinking
- Opioid use
- Marijuana use



	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15
Deaths	3	7	9	5	6	2	7	5	6	5	9	1	3	5	8	1	7	3	5
ED Admissions	12	6	3	8	11	7	9	7	11	6	12	8	8	8	8	8	3	6	6

According to preliminary HIP 2015 survey data, 5% of County residents report using medicine, drugs, or substances to get high without a prescription or in a greater frequency or quantity than prescribed. Higher rates were reported among those with less than a high school education (14% got high) and people aged 18-29 (11%). While only 4% of total residents report injecting drugs to get high, 7% of males, 12% of those with no health insurance, and 12% of Whitmore Lake region residents report injecting drugs to get high.

In addition, preliminary HIP 2015 survey data shows that 8% of residents reported using marijuana within the past 30 days. Groups that report higher use in the past 30 days include:Depression disparities:

- Those with less than a high school education (26%)
- Those with Medicaid (22%)
- Those with annual household incomes less than $20,000 (16%)
- People aged 18-29 years (15%)
- Black or African-Americans (15%)
- Ypsilanti residents (13%)

OBESITY	Vulnerable Populations Served	Nutrition Health Education Programming	Physical Activity Health Education Programming	Food Bank/ Food Pantry	Food Assistance Benefit Screening, Referral, and enrollment	Breastfeeding Support & Education	WIC/MCH Programming Referrals/ Education	Child Caregiver Education	Safe Sleep Education
Safety-Net Health Organizations									
American Red Cross	■			■					
Community Dental Center	■								
Corner Health Center	■	■	■	■		■	■	■	■
Faith In Action	■			■	■				
UNIFIED	■			■					
Hope Medical Clinic	■	■		■	■				
Jewish Family Services	■			■	■				
Manchester Community Resource Center	■			■	■		■		
Shelter Association of Washtenaw County	■	■		■					
Washtenaw County Public Health	■	■	■	■			■		
Faith-Based Organizations									
Active Faith Community Services	■			■					
Ann Arbor Second Baptist Church	■			■					
Bethesda Bible Church	■			■					
Brown Chapel AME	■			■					
Calvary Baptist Church	■			■					
Catholic Social Services	■			■				■	
Community Church of God (Collaborative Outreach Board)	■			■				■	
Christian Life Center Church	■			■					
Christian Love Fellowship	■			■					
Emmanuel Lutheran Church	■	■	■	■			■	■	
Grace Fellowship Church	■			■					
Greater Faith Mission	■			■					
Harvest Baptist Church	■			■					
Jewish Community Center			■						
Messias Temple Church	■			■					
Metropolitan Memorial Baptist Church	■			■					
Pittsfield Township Senior Center	■			■					
Salvation Army of Washtenaw County	■			■					
Second Baptist Church - Care and Share Ministry	■			■					
St. Clare's Epsicopal Church - Back Door Food Pantry	■			■					
St. John the Baptist Church and St. Vincent De Paul	■			■					
Victorious Life Church of God	■			■					
Vinyard Church of Milan	■			■					
Word of Deliverance Church	■			■					
Ypsilanti Church of Christ	■			■					
Education System/Learning Organizations									
Ann Arbor School District									
Ann Arbor Public Schools Community Rec & Ed.	■		■						
EMU Swoops Pantry				■					
Foundations Preschool	■			■					
Maize and Blue Cupboard				■				■	
Regional Alliance for Healthy Schools		■	■					■	
Washtenaw Community College Health and Fitness Center		■	■					■	
Neighborhood/Community Based Associations & Organizations									
Aid in Milan	■			■	■				

Ann Arbor Community Center									
Ann Arbor Farmers Market									
Avalon House									
Alpha House									
Bryant Community Center									
Chelsea Farmers Market									
Cobblestone Farmers Market									
Community Action Network									
Dexter Farmers Market									
Dixboro Farmers Market									
Food Gatherers									
Green Baxter Court Community Center									
Hikone Community Center									
Manchester Farmers Market									
Manchester Family Services									
Meals on Wheels - Ann Arbor & Ypsi									
Meals on Wheels - YPSI									
Meri Lou Murray Recreation Center									
Milan Farmers Market									
Northfield Human Services									
Parkridge Community Center									
Peace Neighborhood Center									
Pittsfield Charter Township Farmers Market									
Saline Area Social Service									
Saline Farmers Market									
SOS Community Center									
West Side Farmers Market									
West Willow Neighborhood Association									
Whitmore Lake Community Recereation									
YMCA									
Ypsilanti Farmers Market									
Ypsilanti Township Community Center									
Zilke's Vegetable Farm Stand									
Special Populations									
Chelsea Senior Center									
Child Care Network									
Congress Street Senior Center									
Fair Food Network									
Milan Seniors for Health Living									
Northfield Township Community Center									
Ypsilanti Senior Center									
Other									
Ann Arbor Weight Loss									
Diet Center									
Jenny Craig Weight Loss Center									
Medical Weight Loss Clinic									
Metabolic Weight Loss Clinic									
Weight Watchers - Oak Valley									
Weight Watchers - Carpentar									
Local Gyms									
1 on 1 Athletic Club									
A2 Yoga									
All Out Fitness									
Anytime Fitness									
Applied Fitness Solutions									

b young b fit									
Balance Wellness and Fitness Center									
Barwis Method									
Bikram Yoga									
Blue Lion Fitness									
Body Specs									
Bodies in Balance									
Chelsea Wellness Center									
Coach Me Fit									
Country Spirit Crossfit									
Coval Fitness									
Crossfit Treetown									
Dexter Wellness Center									
Final Round Mixed Martial Arts and Fitness									
Fitness 19									
Fitness Success									
Jazzercise									
Joust Athletic Club									
Hamburg Fitness Center and Camp									
Imagine Fitness and Yoga									
LA Fitness									
Liberty Athletic Club									
Metta Studio									
Mike's Full House Fitness									
Move Wellness									
Orange Theory Fitness									
Peachy Fitness									
Planet Fitness									
Planet Rock									
Powerhouse Gym									
Say Yes Fitness									
Snap Fitness									
Summit on the Park									
The Barre Code									
The Center for Women's Fitness									
Thrive									
Title Boxing Club									
Tru Fitness Performance Training									
Vie Spa and Fitness									
Vixen Fitness									
Workout1									
Pregnancy/Chilldbearing Based Organizations									
Arbor Vitae Women's Center									
Breast Feeding Center of Ann Arbor									

Vulnerable Population: economically disadvantaged, racial and ethnic minorities, the uninsured, low-income children, the elderly, the homeless, geographically disadvantaged (serve recognized disparaged zip code areas as referenced by opportunity map i.e., City and Township of Ypsilanti, rural areas)

Compiled by:

Mental Health / Substance Use Disorder	Vulnerable Populations Served	MH Treatment and Referral	SUD Treatment and Referral	MH Health Education Programming	SUD Health Education Programming	Crisis Intervention	Depression Screening Provider (PHQ-9 or other validated tool)	Breastfeeding Support & Education	WIC/MCH Programming Referrals / Education	Child Caregiver Education	Safe Sleep Education
Safety-Net Health Organizations											
Ann Arbor Comprehensive Treatment Center			■								
Ann Arbor Treatment Services			■								
Corner Health Center	■	■	■	■	■			■	■	■	■
Dawn Farm		■	■		■						
UNIFIED	■	■		■							
Home of New Vision	■		■		■						
Jewish Family Services	■	■									
Packard Health		■									
Washtenaw County Community Mental Health	■	■	■			■					
Faith-Based Organizations											
Catholic Social Services (also Safety-net Health Org.)	■	■	■				■				
Muslim Social Services		■									
POWER INC	■	■	■								
Samaritan Counseling Services		■	■								
Education System/Learning Organizations											
Eastern Michigan University Counseling Clinic		■	■								
Foundations Preschool	■	■									
Regional Alliance for Healthy Schools	■	■		■	■		■				
Washtenaw ISD	■									■	
Washtenaw Success by 6	■										
WCCMHA Community Crisis Response Team	■	■	■			■					
WCCMH Crisis Residential Services	■	■	■			■					
Neighborhood/Community Associations & Organizations											
Ann Arbor Center for the Family		■					■				
Alpha House	■			■							
Avalon Housing	■									■	
Huron Valley Consultation Center		■									
Northfield Human Services	■	■	■								
Peace Neighborhood Center	■					■				■	
Organization 4	■										
Special Populations											
Jim Toy Community Center	■	■		■							
Northfield Township Community Center	■	■		■							
Shelter Association	■	■	■								
Senior Counseling Services	■	■		■							
The Women's Center	■	■		■							
Other											
National Alliance on Mental Illness	■	■	■	■							
Ozone House	■	■		■		■					
Private Practices		■	■				■				
Safe House	■	■				■					
SOS Community Services	■			■							
Starfish Family Services	■	■		■		■	■			■	

Vulnerable Population: economically disadvantaged, racial and ethnic minorities, the uninsured, low-income children, the elderly, the homeless, geographically disadvantaged (serve recognized disparaged zip code areas as referenced by opportunity map i.e., City and Township of Ypsilanti, rural areas)

Compiled by:

X. ACKNOWLEDGEMENTS

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