University of Michigan
Health System

Community Health Needs Assessment Report

& Implementation Plan

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University of Michigan Health System

Community Health Needs Assessment Report & Implementation Plan

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The authors wish to acknowledge Andrew Mychkovsky, May 2014 Candidate for the Master of Health Services Administration degree from the University of Michigan, for his assistance with the statistic-laden section of this report describing community health needs.

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EXECUTIVE SUMMARY

Background

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 take 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 compliance with these requirements, in 2011-12 the University of Michigan Health System (UMHS) conducted a community health data collection and assessment process in partnership with Washtenaw County Public Health, Saint Joseph Mercy Hospital Ann Arbor, Chelsea Community Hospital and area health coalitions. Upon assessment completion, UMHS developed an Implementation Plan. The population assessed was Washtenaw County. The quantitative data collected through the process was supplemented with a community asset review and qualitative data gathered through key informant interviews and focus groups.

Identification and Prioritization of Needs

The following health needs were identified based on the size and severity of the issues and the direction data were trending: Access to Care, Mental Health, Substance Abuse, Obesity, Pre-conceptual and Perinatal Health, Immunizations and Child Abuse and Neglect.

Data on these issues were presented to the UMHS Senior Management Team by Washtenaw County Public Health. A subgroup of the team was then tasked with helping prioritize the needs based on:

- 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 priorities and local public health department priorities
- Current UMHS priorities and programs
- Effectiveness of existing programs and
- How UMHS responded to these community health needs in the past.

The resulting top tier of prioritized needs comprises Access to Care, Mental Health, Substance Abuse and Obesity. The second tier includes Pre-conceptual and Perinatal Health, Immunizations and Child Abuse and Neglect. Top tier priorities will entail more new activities than the second tier.

Implementation Plan Development

Leaders from across the health system were invited to serve as "Health Priority Leads" for each priority area. They vetted the high-level Implementation Plan which will be refined with their guidance over the course of several months as UMHS continues to build upon existing community partnerships and programs.

I. Introduction

Background

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.[1]

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 take 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.[2]

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Community Health Needs Assessment Population

For the purpose of this CHNA, UMHS defined its service area and population as Washtenaw County, which was determined by the physical proximity of its cities, villages and townships to its hospitals and the majority of its clinics.

Washtenaw County Demographics

Washtenaw County is located in southeast Michigan and covers 720 square miles. Its cities, villages and townships are home to approximately 345,000 citizens in urban, suburban, and rural settings. The county consists of several cities, townships and villages as described in the following lists.

Cities

- Ann Arbor
- Chelsea
- Milan
- Saline
- Ypsilanti

Villages

- Barton Hills
- Dexter
- Manchester

Townships

- Ann Arbor
- Augusta
- Bridgewater
- Dexter
- Freedom
- Lima
- Lodi

Townships

- Pittsfield
- Salem
- Saline
- Scio
- Sharon
- Superior
- Sylvan

- Lyndon
- Manchester
- Northfield
- Webster
- York
- Ypsilanti[3]

According to census data (as cited by Washtenaw County, 2013), the population rose in 2010 to 344,791 from 322,770 in 2000.[4] Table 1 contains demographic data from the Southeast Michigan Council of Governments County Profiles for Washtenaw County.[5]

Table 1. 2010 Demographics for Washtenaw County

POPULATION AGE	**Rate**
75+	4.5%
65-74	5.6%
60-64	5.1%
35-59	32.6%
25-34	14.3%
18-24	16.9%
5-17	15.3%
Under 5	5.6%
HOUSEHOLD TYPES	
With seniors 65+	18.6%
Without seniors	81.4%
HOUSEHOLD TYPES	
Two or more persons without children	40.9%
Live alone, 65+	7.3%
Live alone, under 65	23.3%
With children	28.4%
RACE AND HISPANIC ORIGIN	
Non-Hispanic	96.0%
White	72.1%
Black	12.5%
Asian	7.8%
Multi-Racial	2.9%
Other	0.6%
Hispanic	4.0%
HIGHEST LEVEL OF EDUCATION	
Graduate / Professional Degree	26.2%
Bachelor's Degree	24.6%
Associate Degree	6.8%
Some College, No Degree	19.3%
High School Graduate	16.7%

Did Not Graduate High School	6.4%
INCOME	
Less than $35,000 per year	30.5%
$35,000 - $74,999 per year	29.8%
More than $75,000 per year	39.6%
DAYTIME JOB POPULATION	
Jobs	57.3%
Non-Working Residents	42.7%
Age 15 and under	15.8%
Not in labor force	23.3%
Unemployed	3.5%

According to the Washtenaw Intermediate School District, county public school districts comprise students from Ann Arbor, Chelsea, Dexter, Lincoln, Manchester, Milan, Saline, Whitmore Lake, Willow Run and Ypsilanti. Many school academies also exist.[6]

Self-reported health status is a good predictor of future disability, hospitalization and mortality.[7] Data from the Washtenaw County Health Improvement Plan (HIP) Survey below shows an increase in Washtenaw County adults rating themselves as being in fair or poor health from 2005 through 2010.[8]

Data from the Michigan Department of Community Health (as cited by WCPH, 2012) showed that the distribution of average age of death in 2010 for adults by minor civil division in Washtenaw County varied by as much as 16 years.[9]

II. Establishing the CHNA Infrastructure and Partnerships

The infrastructure UMHS applied to assess community health needs was based on existing partnerships but also called for the establishment of new ones. No third parties were contracted to conduct the CHNA.

Internal

UMHS undertook several infrastructure-building activities to complete the CHNA and identify UMHS health priorities including:

- **Dedicating 1 Full Time Equivalent employee to the CHNA and Implementation Plan process.** Two 0.5 FTE positions, a Director and Coordinator, were created within the Department of Community Health Services to oversee both the CHNA, Implementation Plan and Community Benefit reporting processes.
- **Engaging senior leadership.** The Hospitals and Health Centers Senior Management Team (SMT) reviewed, advised and endorsed the CHNA process and resulting UMHS health priorities and Implementation Plan.
- **Creating an ad-hoc senior leadership subgroup**. Volunteers from the SMT met several times with CHNA staff to provide expertise.
- **Garnering endorsement from the Hospital and Health Centers Executive Board (HHCEB)**. Functioning under powers delegated to it by the Board of Regents of the University of Michigan, HHCEB members reviewed and endorsed the health priorities, the CHNA process and the Implementation Plan.
- **Establishing Health Priority Leads.** For each health priority, selected UMHS faculty and staff leaders vetted the CHNA Report and Implementation Plan.
- **Enlisting advice and oversight from the Schedule H Team**. Consisting of Finance, Tax, Community Benefit and Compliance leaders, this team assured compliance with IRS requirements and monitored the quality of the CHNA Report.
- **Developing a CHNA Core Team.** This team included leaders from the departments of Community Programs and Services, and Community Benefit and Community Health Assessment. They were a sounding board for Implementation Plan framework design and community program and partner identification.

External

A critical partnership for the data collection and assessment process was with a long-standing community-based health improvement initiative led by Washtenaw County Public Health (WCPH) in Ypsilanti called the Health Improvement Plan of Washtenaw County (HIP). Numerous UMHS faculty, staff and departments were integral to leading, growing, participating in, and funding HIP since it began in the early 1990s. Other lead partners are the Saint Joseph Mercy Health System, Ann Arbor; Chelsea Community Hospital of Chelsea; Thompson Reuters (now Truven Health Analytics) in Ann Arbor; and The United Way of Washtenaw County. Additionally, numerous non-profits and health coalitions are HIP partners.[10]

Since the mid-1990s, partners have conducted a county-wide health behavior risk factor survey every five years, called the HIP Survey. For the purpose of completing this CHNA, UMHS faculty and staff from various departments and programs including Internal Medicine, Injury Prevention, Community Programs & Services and the Cardiovascular Center participated in the 2010 HIP Survey instrument design, which kicked off in 2009. Once the 2010 survey results were available, UMHS participated in partner and community meetings to review the findings, along with local data from several other sources, many of which are part of WPCHs annual surveillance system.

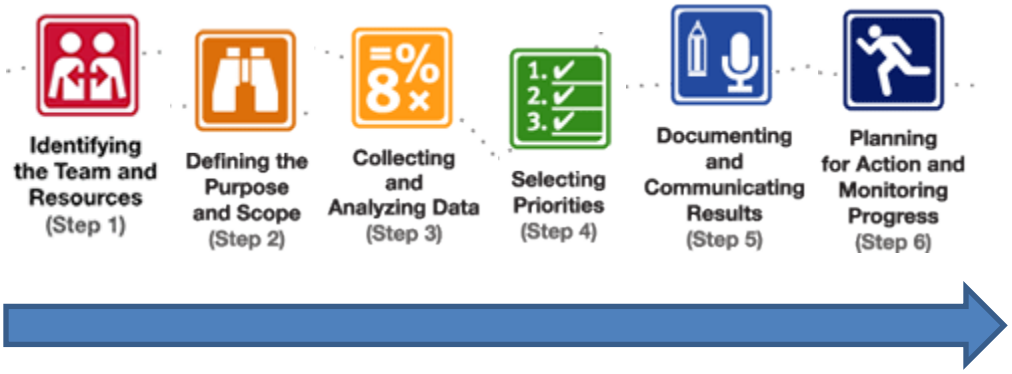
III. Defining the Purpose and Scope

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) craft an Implementation Plan to address health priorities and 4) build capacity to address the opportunities within the context of the health system's existing programs, resources, priorities and partnerships.

IV. Data Collection and Analysis

A. Description of process and methods used

The overarching framework used to guide UMHS through the CHNA process was based on the Association for Community Health Improvement's Assessment Process Map below.[11]



B. Description of data sources

Quantitative

Since 1995, every five years WCPH leads 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 their organization's health improvement efforts. Data sources described in Table 2 were reviewed as part of the community assessment process.

Table 2. Quantitative Community Health Data Sources

Source/Dataset	Description
Washtenaw County HIP Survey	Every five years since 1995 a landline telephone survey consisting of both Michigan Behavioral Risk Factor Survey and locally customized questions is conducted across Washtenaw County.
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	MDCH conducts surveillance on births, deaths and other vital statistics at the state, county and community level.
Child Abuse and Neglect Surveillance	The Department of 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.
Michigan State Police Surveillance System	Crime statistics are made available through this surveillance system which is populated with participating law enforcement agency data from across Michigan.
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.

Qualitative

The qualitative data UMHS reviewed helped validate the selection of their health priorities and also informed Implementation Plan design. In alignment with IRS Treasury Notice 2011-52,[2] data UMHS reviewed 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. Permission to utilize the data was granted by the lead contacts. The public health expert from WCPH who led the data collection, methodological design and reporting for both "Opening the Window to Health for All" and "Community Focus: Substance Abuse Indicators in Washtenaw and Livingston Counties" was Adreanne Waller, MPH. She has expertise in health disparities, public health surveillance system management, data analyses, and coalition leadership. Table 3 lists report titles and dates, lead entities, contact persons and their areas of expertise. Appendix 2 provides raw data from each qualitative source relevant to the health priorities UMHS identified.

Table 3. Summary of Qualitative Data Sources

Report Title and Date	Lead Entity	Lead Contact	Area of Expertise
South of Michigan Avenue Community Needs Assessment (SOMA), 2011	City of Ypsilanti	Brett Lenart, Housing and Community Infrastructure Manager, Washtenaw County Office of Community and Economic Development	Planning and Community Development
Washtenaw County: Opening the Window to Health For All (OWHA), 2012	Washtenaw County Public Health Department	Adreanne Waller, MPH; Sr. Management Analyst and Epidemiologist, Washtenaw County Public Health Department	Public Health
Community Focus: Substance Abuse Indicators in Washtenaw and Livingston Counties, 2010	Washtenaw and Livingston County Substance Abuse Prevention Coordinating Agencies	Adreanne Waller, MPH; Sr. Management Analyst and Epidemiologist, Washtenaw County Public Health Department	Public Health
Chelsea Community Hospital Community Health Needs Assessment and Implementation Plan, 2012	Chelsea Community Hospital	Reiley Curran, MPH; Director, Community Health Improvement, Chelsea Community Hospital	Health Promotion and Disease Prevention
Prescription for Health Program Compiled Staff Post-Program Interviews, 2011	Washtenaw County Public Health Department	Susan Ringler-Cerniglia, MPH; Service Coordinator, Washtenaw County Public Health Department	Public Health, Public Relations
Regional Alliance for Healthy Schools Participant Interviews, 2009-2010	University of Michigan Health System	Jennifer Salerno, DNP, CPNP; Director, Regional Alliance for Healthy Schools; UMHS Community Programs and Services	Adolescent Health, Pediatric Nursing

C. Description of data limitations and gaps

Limitations and gaps existed that impacted the ability to conduct a more thorough and rigorous assessment. For example, HIP Survey data suffers from self-report bias and other forms since it is offered in English only, is limited to a sample drawn from adults with landlines, is able to be refused, has sample size limitations for certain results and utilizes adults as proxies for its child data. The Michigan Profile for Healthy Youth Survey data biases includes self-selection at the school and individual level. In addition, given that the qualitative data UMHS used was secondarily collected, the quality of the methods used to collect, analyze and report the data is not completely assured. Finally, due to limited resources and time constraints, data was not collected on every vulnerable population such as the homeless or the LGBT community.

V. Identification and Prioritization of Needs

Following the partner-based data collection and review process, leaders from the UMHS Department of Community Health Services and the UMHS Senior Management Team (SMT) convened to identify and prioritize UMHS health needs. First, they clustered the data based on affinity. For example, healthy eating, physical activity, and high blood pressure were grouped under the broad rubric of obesity-related issues. The UMHS team then reviewed the clusters within the context of the size and severity of the issues and the direction in which they were trending. As a result, a consolidated list of health needs emerged.

Next, UMHS CHNA staff and a WCPH epidemiologist presented both the list of health needs to SMT and the process and criteria applied to identify them. SMT members requested that an ad-hoc subgroup of SMT leadership convene to further vet and prioritize the needs using additional criteria:

- 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
- How UMHS responded to these needs in the past

Based on the process and criteria described, the UMHS priority health needs are:

1. **Access to Care**
2. **Mental Health**
3. **Substance Abuse**
4. **Obesity**
5. Pre-conceptual and Perinatal Health
6. Immunizations
7. Child Abuse and Neglect

"Tier one" priorities are in bold; "Tier two" priorities are not bolded. The tier one priorities will entail more new activities than the second tier.

Table 4 reveals the extent in which health systems in Washtenaw County identified the same health priorities. This alignment allows for the continued strengthening of their long-standing partnerships and joint engagement to improve community health.

Table 4. Health Priority Alignment Across Health Systems

Health Issue	UMHS	SJMHS	CCH
Obesity	X	X	X
Mental Health	X	X	X
Substance Abuse	X	X	X
Access to Care	X	X	
Immunizations	X	X	X
Pre-conceptual and Perinatal Health	X		
Child Neglect and Abuse Prevention	X		
Heart Disease and Stroke			X
Mammograms		X	
Breastfeeding		X	

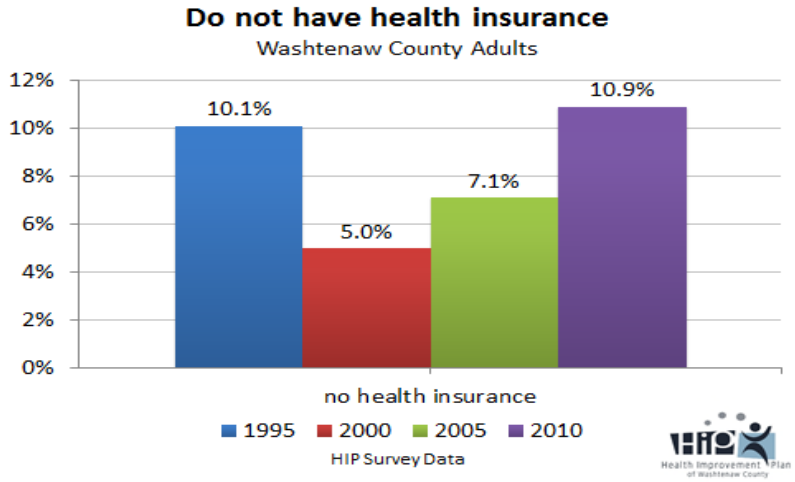
VI. Description of the Community Health Needs Identified

It should be noted that HIP Survey administrators created four regions within Washtenaw County in which to report data geographically. The names of each county region and associated zip codes are:

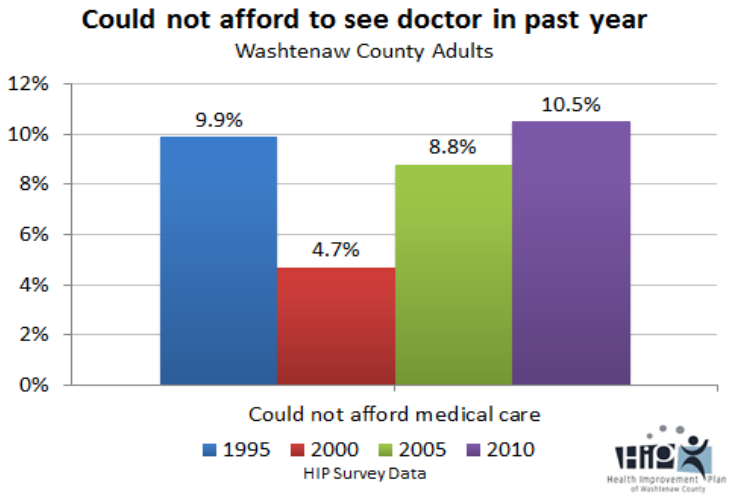
- Ann Arbor: 48103, 48104, 48105, 48107, 48108
- Ypsilanti: 48197, 48198
- Western Washtenaw: 48118, 48130, 48137, 48158, 48169, 49236, 49240 and
- Remainder of County (ROC): This region combines both north and south county areas and includes 48160, 48176, 48189, 48191 and 48178.[12]

1. Access to Care

Washtenaw County adults who reported not having health insurance (private or government-sponsored) increased since 2000 as described in the following HIP Survey graph.



Of all age subgroups, those 25-34 years reported the largest decrease in coverage from 92% to 78.8% from 2005 through 2010. The coverage rate for the same period dropped 8.3% for males to 85.9%, while for females it increased slightly to 92.1%. Blacks reported the only increase in the race subgroup (to 91.5% in 2010), while Whites and Asians reported drops. Within the education subgroup, high school graduates without any college reported the largest change in insurance status with a coverage drop from 95.2% to 78.5%. Regionally, Ann Arbor reported the highest rate of being insured at 91.4% in 2010, down from 96.9% in 2005. Ypsilanti residents reported improved healthcare coverage from 84.9% in 2005 to 88.6% in 2010. Western Washtenaw and ROC observed decreases, down to 87.1% and 86.8% respectively. Between 2000 and 2010, an upward trend occurred in adults reporting they could not afford medical care in the past year, shown next .[8]



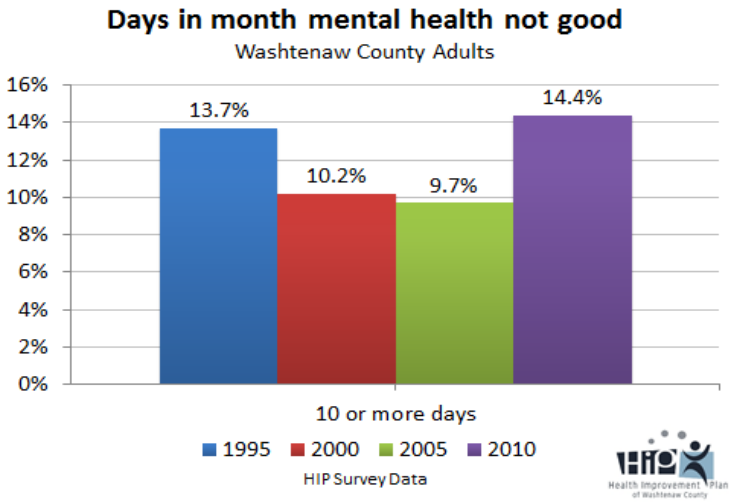
Of all age subgroups, three reported increases in forgoing care due to cost from 2005 through 2010: those 18-24 years (10.4% to 19%), 35-49 years (7.8% to 14%), and 75 years and older (3.1% to 8.3%). Males reported a decrease in not being able to afford medical care from 8.4% in 2005 to 7% in 2010, while females reported an increase from 9.3% to 13.9%. Blacks reported the largest increased rate of not being able to afford medical care in the past year by race subgroup, up from 15.2% in 2005 to 23.3% in 2010. White rates increased slightly to 8.9%, while Asians declined to 3.9% in 2010. All regions reported net increases in financial difficulties.[8] One key informant who participated in the Opening the Window to Health for All (OWHA) interviews noted that often individuals will try home remedies because they can't afford care. Conditions worsen and they end up in the emergency room.

In 2010, 86.5% of adults in Ann Arbor and 84.2% of adults in Ypsilanti reported having a routine checkup within the past year. Both Western Washtenaw and ROC reported checkup rates at 78.9% and 76.7% respectively. Adults with a high school graduate education but no college reported the largest decline in having a personal doctor or healthcare provider from 86.2% in 2005 to 68.1% in 2010. From a regional standpoint, Western Washtenaw saw the lowest 2010 rate at 72.2%, down from 86.2% in 2005.[8] An OWHA informant said that "Even clients with Washtenaw Health Plan insurance do not establish care with a primary care provider. Establishing a medical home is foreign to them and not part of their

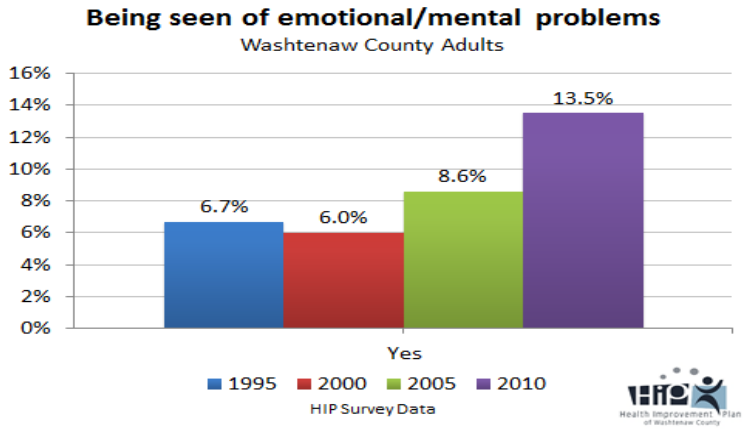
language, so even though insurance and care may be available to the poor, we cannot change the 'culture of poverty' – which means living from one crisis to the next."

2. Mental Health

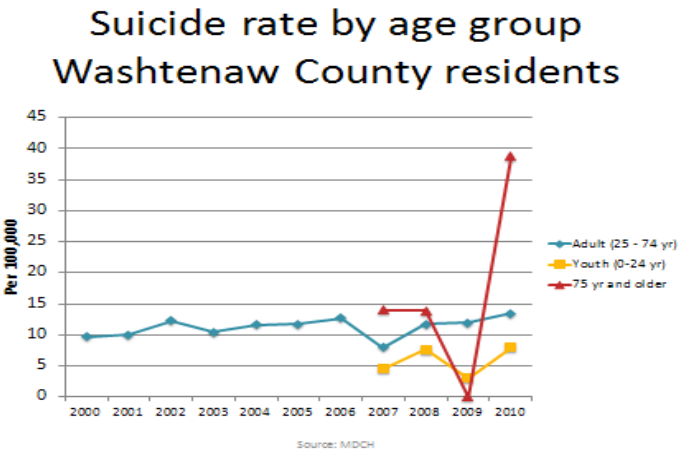
The next HIP Survey graph displays the rates of Washtenaw County adults who reported ten or more days a month of being in poor mental health from 1995 through 2010.



In 2010, 15.9% of the county adult population reported they were ever told by a physician or healthcare provider that they had an anxiety disorder, while 22.3% of adults stated they were ever told they had a depressive disorder (including depression, major depression, dysthymia, or minor depression).[8] Another OWHA informant said that social support at the neighborhood level in Ypsilanti is very transient in part due to two major universities in the county and shifts in economic climate, and that these factors and others, such as cultural barriers, generational gaps, and safety fears play a role in perceptions of social connectedness. One informant participating in Chelsea Community Hospital's focus group described that among the low-income, medically underserved, and chronic disease populations, getting needed social support is a concern. The rate of adults in Washtenaw County that reported they were currently being seen for treatment for emotional or mental health issues rose over the past decade, according to the following HIP graph.

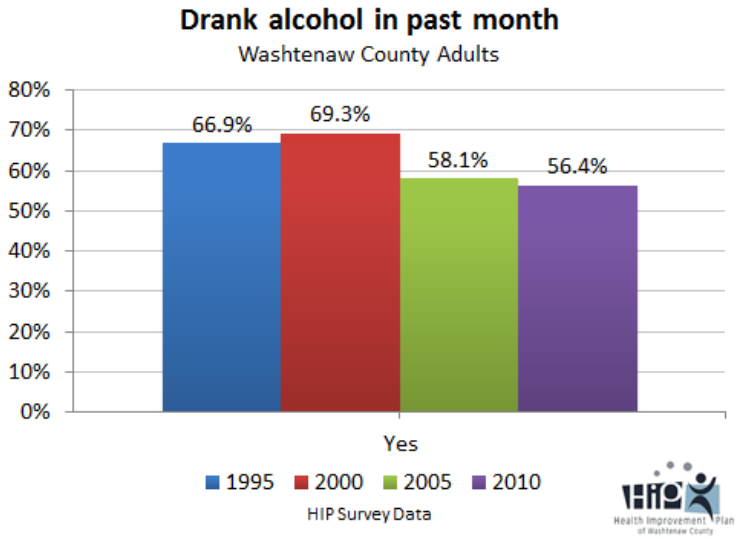


Males and females reported treatment increase rates from 2005 through 2010 of 3.5% and 6.4% respectively. White residents reported increased rates from 8.7% in 2005 to 16.4% in 2010, while Blacks reported a decline from 5% to 4.2%. Residents who graduated high school but do not have any college education were the only education subgroup to report a decline in treatment, from 14.6% in 2005 to 3.1% in 2010. For all regions, Western Washtenaw reported the only decrease at 4.3% in 2010, down from 27.7% in 2005.[8] Community members interviewed in the South of Michigan Avenue Needs Assessment indicated a lack of mental health services and providers in the Ypsilanti area. ROC reported the largest increase in treatment, up from 6.7% in 2005 to 18.2% in 2010. According to the Michigan Department of Community Health (as cited by WCPH, 2012) suicide rates (see below) for all ages have increased.[13]



3. Substance Abuse

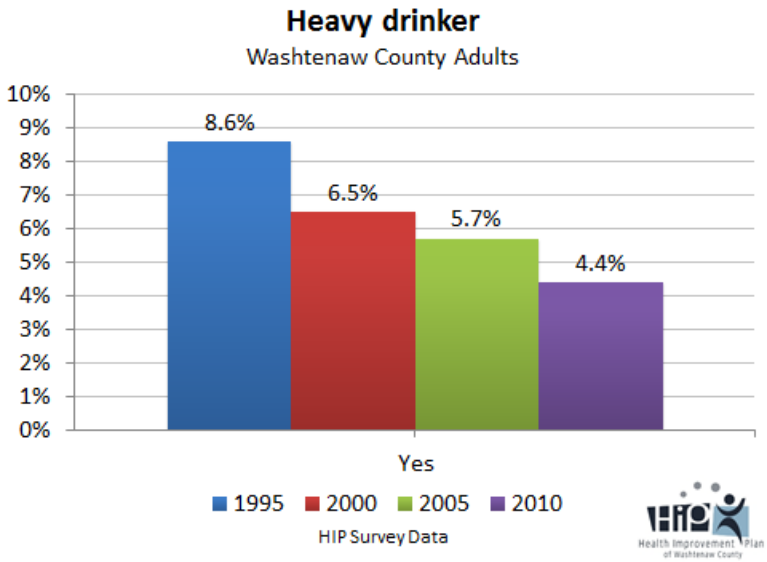
The next HIP graph shows that countywide adult rates of drinking alcohol in the past month for Washtenaw County decreased from 1995 to 2010.



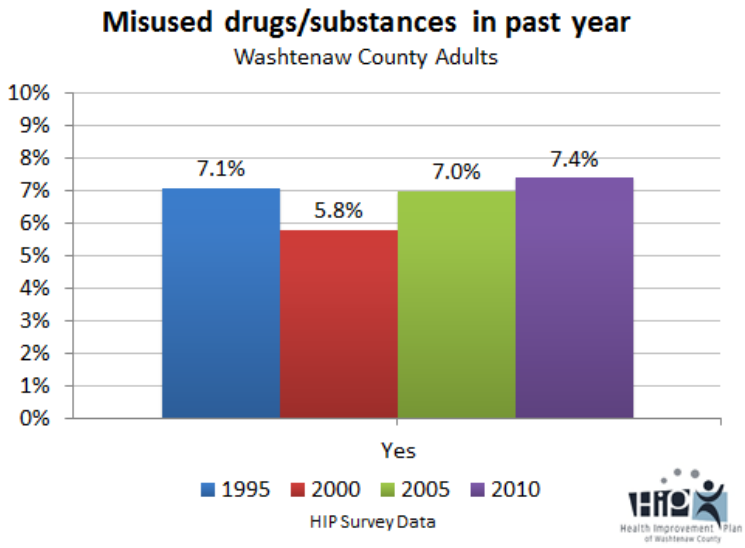
For the age subgroup, those 35-49 years reported the largest decrease in consumption from 67.6% in 2005 to 60.3% in 2010. Two age groups reported increases in drinking from 2005 to 2010: those 50-64

years (45.1% to 57.6%) and 65-74 years (42.6% to 54.7%). Males reported an increase in alcohol consumption from 62.9% in 2005 to 66.3% in 2010, while females reported a decrease from 53.6% in 2005 to 46.9% in 2010. During the same period, both Whites and Asians reported decreases in drinking rates while Blacks reported a 16.4% increase. Of the education subgroup, college graduates reported the highest rate of alcohol consumption in the past month at 69.8% in 2010, up from 67% in 2005. Those with less than a high school education were least likely to have consumed an alcoholic beverage in the past month at 20.7% in 2010, down from 38% in 2005. Trends from 2005 to 2010 varied greatly between individuals with and without health insurance. Those with health insurance reported a decrease in past month consumption from 60.4% in 2005 to 57.3% in 2010. During the equivalent time period, those without insurance reported an increase from 30.1% to 50.6%. Rates also varied by region, with Ann Arbor being the only area to report an increase in monthly consumption from 62.7% in 2005 to 69.9% in 2010. Western Washtenaw reported the largest decrease from 72.3% in 2005 to 53.4% in 2010. Ypsilanti and ROC reported a moderate decrease in consumption rates over the five years of about 6% each.[8]

HIP Survey data revealed that countywide rates of binge drinking (five drinks for men and four drinks for women on one occasion) one or more times in the past month decreased from 14.3% in 2005 to 13.3% in 2010. Among the age subgroups, binge drinking increased the most for those 18-24 years from 19.3% in 2005 to 29.9% in 2010. Adults in the county who self-reported as heavy drinkers (men who have more than two drinks per day and women who have more than one per day) decreased between 2005 and 2010 and rates are depicted in the following HIP Survey graph.



For adults, the rate of drug or substance misuse (defined as using any medicines, drugs, or substances used to get high or to feel good, without a prescription or with greater frequency or quantity than prescribed in the past 12 months) increased slightly, as displayed in the next HIP data graph.

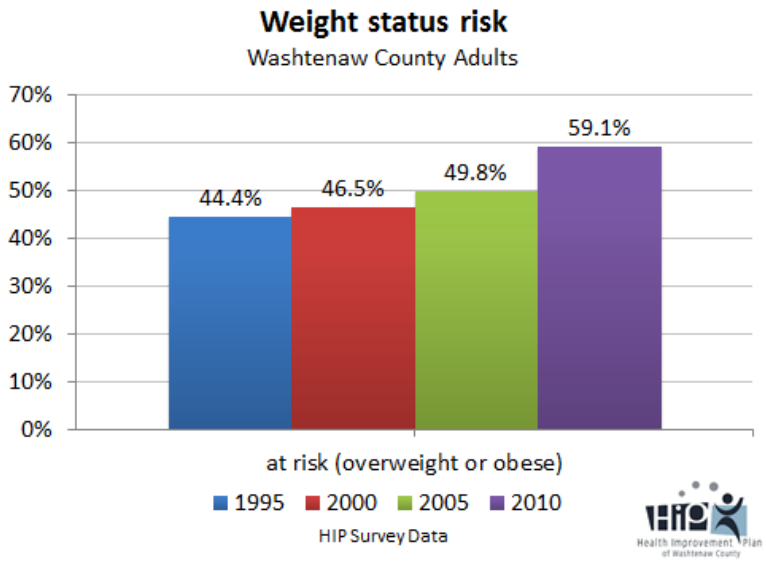


In the age subgroup, those 18-24 years and 65-74 years reported increases in drug use from 2005 through 2010: 5.7% to 18.9%, and 2.8% to 4% respectively. The remaining age groups reported net decreases with those 25-34 years having the largest reduction from 15% in 2005 to 7.1% in 2010. Males reported increased drug misuse from 6.5% in 2005 to 10.5% in 2010, while females reported a decrease from 7.6% in 2005 to 4.3%. Whites reported a minimal decrease in misuse rates in the past 12 months from 2005 to 2010, while Blacks reported an increase from 3.8% in 2005 to 9.2%. In the HIP Survey education subgroup, individuals with some college education reported the highest rate of drug misuse in the past year at 13.9% in 2010, an increase from 3.4% in 2005. College graduates were least likely to misuse drugs in 2010, reporting rates at 3.5%. Those with health insurance reported a slight decrease in drug misuse rates from 7.5% in 2005 to 7.3% in 2010, while those without had an increase from 2.1% in 2005 to 8.2%. Regionally, Ann Arbor reported the highest rates of drug misuse at 13% in 2010, up from 4.1% in 2005. All other regions reported decreases in drug misuse, with Western Washtenaw reporting the largest reduction from 7.4% in 2005 to 1.9% in 2010.[8]

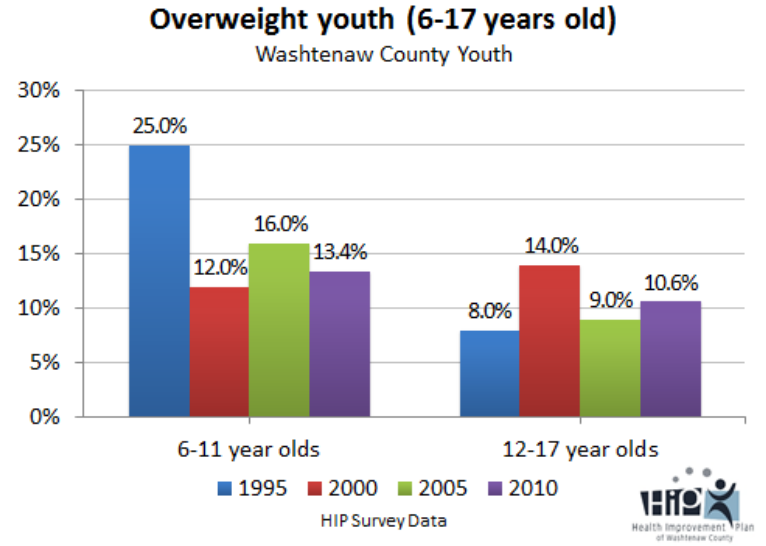
A substance abuse prevention specialist reported in Community Focus that poor academic achievement in youth predicts greater risk of substance abuse, and youth whose parents are substance abusers are at greater risk for abusing drugs themselves. The specialist explained that chronic absenteeism in youth is a sentinel event signaling substance abuse, mental or physical disabilities, family disorganization, lack of sense of school connectedness or other personal, family or school related obstacles. Michigan Profile for Healthy Youth Survey data revealed that for 2009-2010, the average rate of all high school students who reported having taken prescription drugs in the past 30 days such as Oxycontin, Codeine, Percocet, Vicodin or Tylenol III without a doctor's prescription was 6.2%. For African American students, the rate was 10%.[14]

4. Obesity

The following HIP Survey graph reveals that overweight and obesity in Washtenaw County remain a significant community health issue.



Weight status based on the race subgroup using Body Mass Index (BMI) showed Blacks the most likely to be overweight or obese at 67.5%. The rate for Whites was 61.2%, while Asians were least likely to be overweight or obese. The next HIP graph compares the differences over a decade in rates of obese and overweight youth for two age groups.



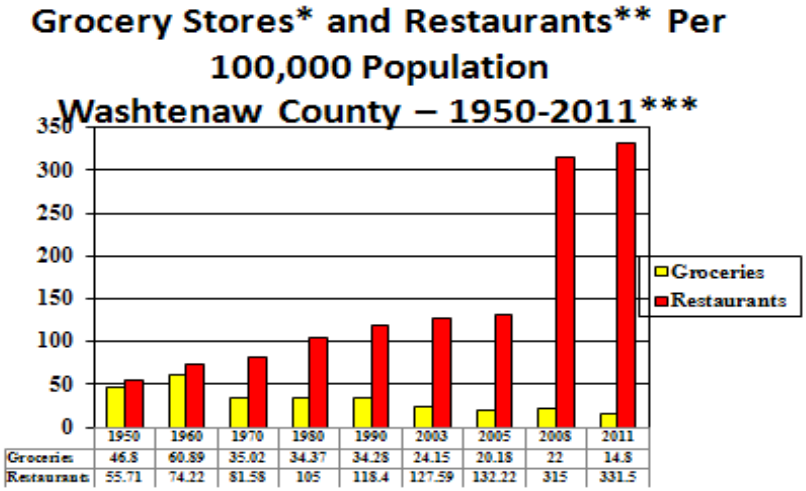
Data from the Special Supplemental Nutrition Program for Women, Infants, and Children (as cited by WCPH, 2013) showed that in 2010, 28% of low income preschool children were overweight or obese.[15] Several demographic characteristics were found to be associated with higher rates of overweight and obesity such as veterans, those who are disabled, self-employed, unable to work, a high school graduate but with no college and those earning between $35,000 and $74,999.[8] One OWHA informant stated that high risk groups for overweight and obesity are often those 1) living in neighborhoods of lower socio economic status because they feel unsafe being active outside 2) with English as a second language and 3) adults in single-parent households who find it hard to get time for physical activity. HIP

Survey data found that one quarter of adults countywide reported being advised by a health care professional in 2010 to lose weight.

In adults countywide, 44% of the population in 2010 reported participating in moderate physical activity (at least 30 minutes per day for five days or more per week). This represents an increase since 2005 from 34.8%. Regionally, variations in getting adequate physical activity existed across the county. Adequate physical activity is defined as 20 or more minutes of vigorous physical activity three or more days a week OR 30 minutes or more of moderate physical activity five days or more a week. ROC residents reported the lowest rate of adequate physical activity regionally at 49.7% in 2010. Countywide, the proportion of children 10-17 years who attained at least 60 minutes of physical activity in the past week decreased between 2005 and 2010 from 71.8% to 60%.[8]

In the county, adult consumption of at least five servings of fruits and vegetables per day dropped from 24.9% in 2005 to 17.6% in 2010. 10.5% of children 6-11 years reported consuming five or more per day in 2010, while 25.2% of children 12-17 years reported the same.[8] A safety net clinic staff person participating in the Prescription for Health (PFH) Post-Program Interviews described how low income individuals must make their time and dollars stretch further to access healthy food, especially if they do not have a car, adding while they may want healthy choices and quality food, if the number of options they have in reach are limited to convenience stores or fast food, they often default to that.

According to WCPH (2011), since 1950 the ratio of restaurants to grocery stores in Washtenaw County has exploded.[16]



	1950	1960	1970	1980	1990	2003	2005	2008	2011
Groceries	46.8	60.89	35.02	34.37	34.28	24.15	20.18	22	14.8
Restaurants	55.71	74.22	81.58	105	118.4	127.59	132.22	315	331.5

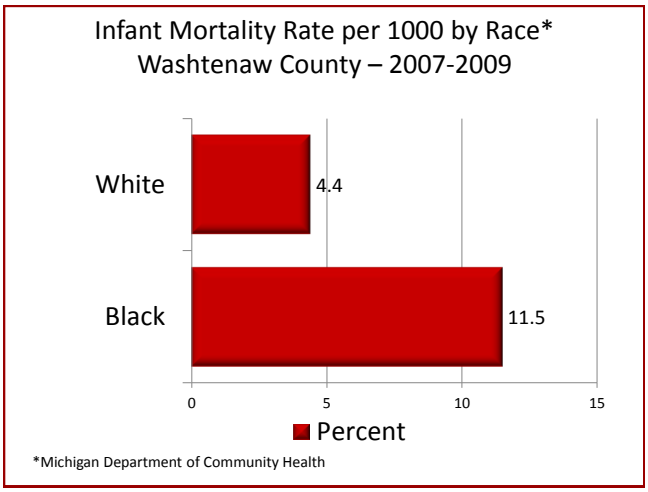
*"Grocery" implies at least fresh vegetables and meat available.
**For 2008 – current, "Restaurants" includes any retail food establishment, including schools.
***1950-2005 data based on phone books and internet. 2008 – current, data based on licenses granted by Michigan Department of Agriculture

Washtenaw County Public Health- Waller, A., Waller, N. 2011

A physician working at a safety net clinic interviewed through OWHA said of Latino men that often they do not follow the prescribed diabetic diet as the Hispanic culture includes a lot of parties and family-oriented meals with high glycemic index foods and few vegetables. Patients feel embarrassed that they did not follow the doctor's dietary recommendations and consequently do not want to come back to the clinic.

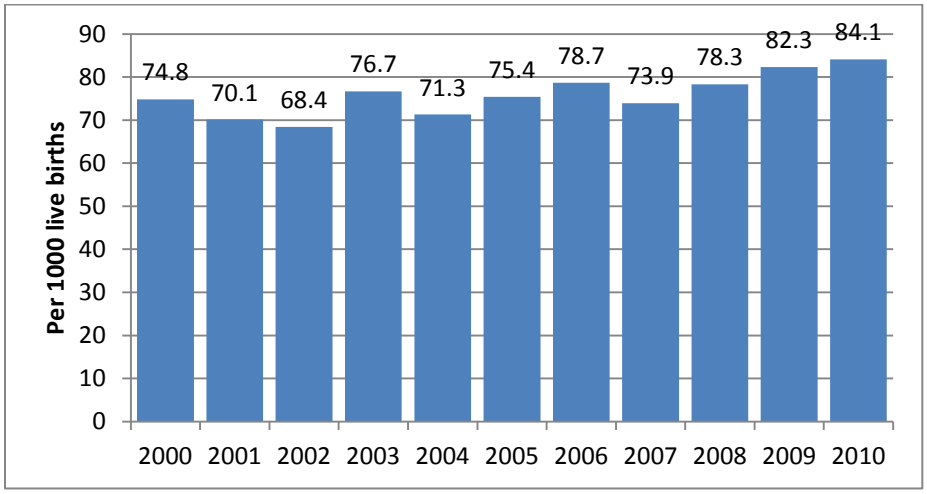
5. Pre-conceptual/Perinatal Health

Using a rolling average for 2007-2009, MDCH (as cited by WCPH and the Washtenaw Council Area for Children, 2012) found that African American infant death rates in Washtenaw County were much higher for African Americans than Whites, which is displayed below.[17]



The rate of African American infants in the county born at a low birth weight was 11% in 2005 but increased to 12.3% in 2010, while the White rate was nearly 3 times lower.[13] Prematurity, often indicated by a low birth weight, was determined to be the leading cause of death in African American infants in Washtenaw County.[17] MDCH (as cited by WCPH, 2012) reported that from 2000 through 2010, low birth weight rates per 1,000 live births countywide increased, shown in the next graph.[13]

Low Birth Weight Rate in Washtenaw County 2000-2010
Source: MDCH



Studies as early as 1995 have found that the health of the mother, both prior and during pregnancy, plays a role in the health of newborns, including birth weight. For example, tobacco and other substance use, activity levels, dietary habits and the presence of chronic diseases contribute to low birth weight.[18] The proportion of Ypsilanti females ages 18-49 who reported smoking in 2010 was 14.4%. 67.5% of

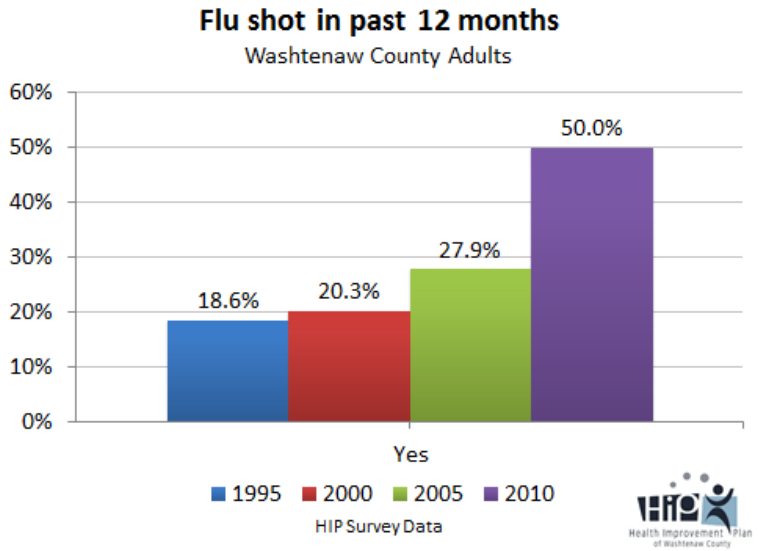
African American females in the county were overweight or obese in 2010. The rate of females countywide reporting an increase in having ten or more poor mental health days per month rose from 11.3% in 2005 to 17.5% in 2010.[8] "Many mothers have chronic conditions that increase their risk for having a premature, low birth weight baby," said an OWHA informant. "More low birth weight babies are living longer but face many challenges as they grow, such as ADHD – and very high costs to educate them." One safety net clinic health provider participating in the PFH Post-Program Interviews described the challenges young pregnant women face:

> "We have a big challenge on our hands. We have big challenges and big structural barriers to healthy behaviors….with this economy, with this economy it's hard for me to say that people have their own space to focus on their health. I don't think they do. They're trying to survive. They're trying to survive for their kids. And I think it's pretty hard. I think healthy behavior and self-help...take a back seat when you're a teenager and you're poor and you have boyfriend issues and you're pregnant. Healthy eating gets pushed down pretty low on the to-do list. But I do think that pregnant women really care and are motivated to be healthy. So during their pregnancy we have this window of opportunity and they come to the table with a tremendous amount of motivation to have a healthy baby and to do a good job feeding themselves and feeding the baby."

6. Immunizations

Influenza

Reported adult rates of receiving an annual influenza vaccination in the past 12 months administered by a traditional flu shot throughout the county increased over ten years and is depicted in the following HIP Survey graph.



In 2010, households in the county earning less than $35,000 remained the least likely within the income subgroup to have received a flu shot in the past 12 months, at 37.6%. Table 5 displays differences among age groups for 2010 adult immunization completion rates in Washtenaw County adults.[8]

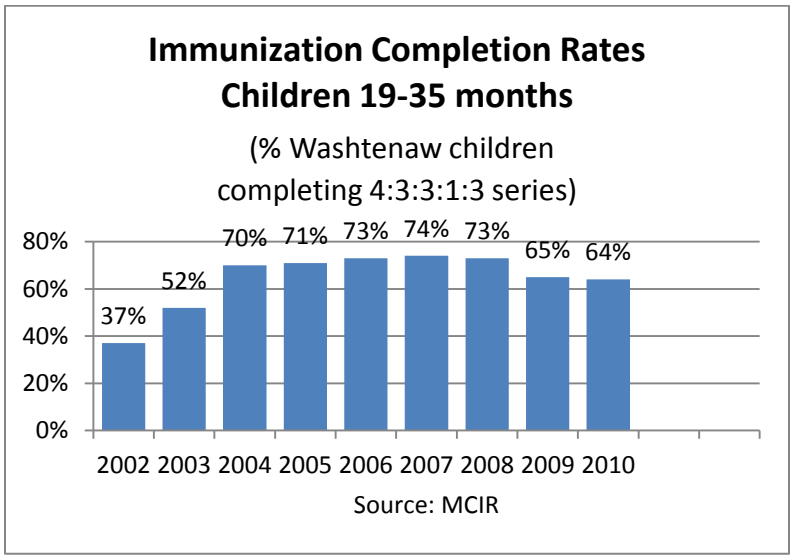
Table 5. 2010 Adult Flu Immunization Completion Rates in Past Month

Age (years)	Had Flu Shot in Past Month
18-24	**35.5%**
25-34	**50.4%**
35-49	**33.6%**
50-64	66.1%
65-74	76.4%
75+	76.6%

According to the Michigan Care Improvement Registry (as cited by WCPH, 2012), the annual influenza vaccination rate in children ages 6-59 months dropped from 65% in 2006 to 52% in 2009.[13]

Child Series

Similarly, the percent of children ages 19-35 months completing the 4:3:3:1:3 series went down from 2007 through 2010, as shown next.[13]

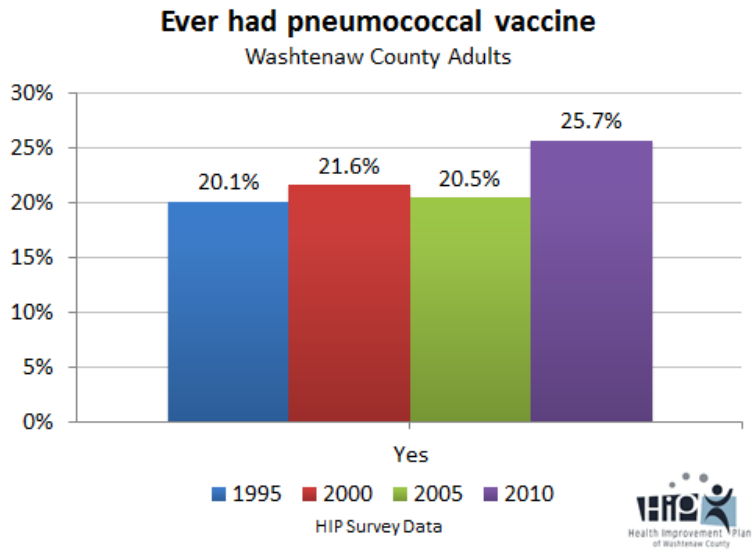


Human Papillomavirus (HPV)

The percent of females receiving all three doses of the HPV vaccine by age 16 was 22% in 2010.[13]

Pneumococcal

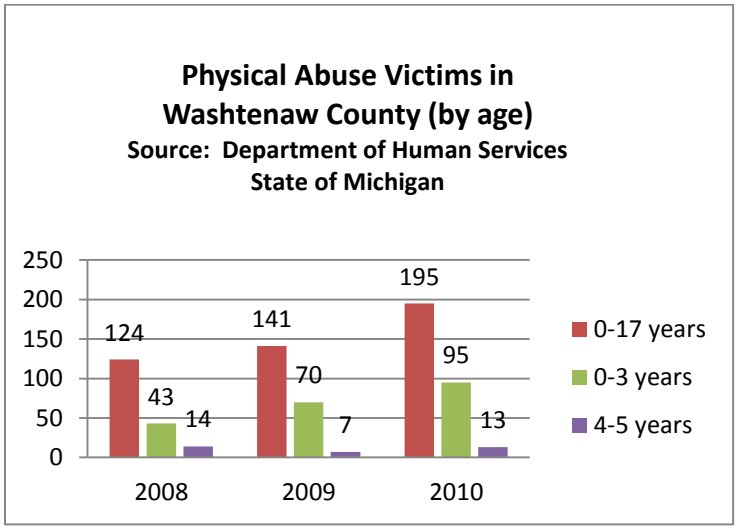
In Washtenaw County, adults who reported ever receiving the pneumococcal vaccine increased from 1995 through 2010, as the next HIP data graph reveals.

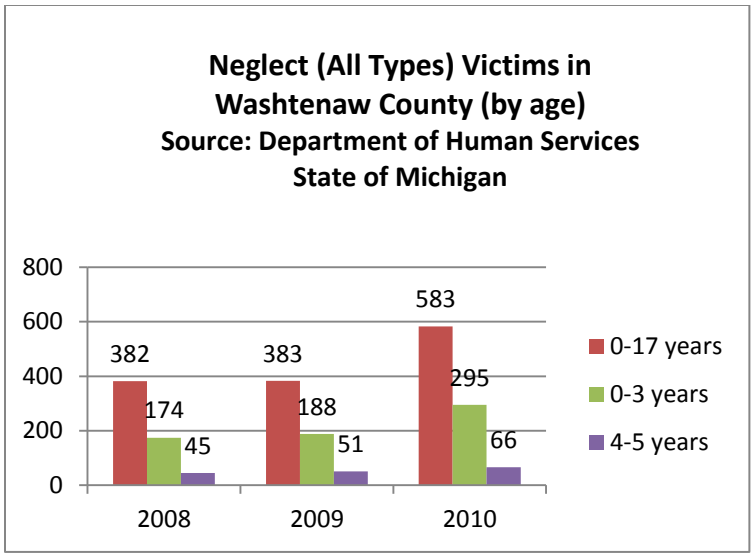


The age subgroup reporting the biggest increase from 2005 through 2010 was for those 75 years and older, up from 61.4% to 73.6%. In the gender subgroup, males reported a 12.1% increase to 30.7%, while females reported a 0.9% decrease to 21.3%. Whites, Blacks and Asians reported pneumococcal vaccine increases during the same period. Within the household income subgroup, only those earning less than $35,000 a year reported a decrease during the five-year period. In 2010, Ypsilanti and Ann Arbor reported the highest rates of receiving the vaccine regionally (29% and 32%), while Western Washtenaw and ROC reported rates at 17.5% and 16.8% respectively.[8]

7. Child Abuse and Neglect

Department of Human Services data for Washtenaw County (B. Mohr, personal communication, June 2013) reveals concerning increases for children from birth to 17 years of age from 2008 through 2010 for both physical abuse and neglect of all types, as presented in the next two graphs.





VII. Description of Resources Available to Meet Priority Health Needs

Hospitals and health systems

Washtenaw County has excellent, high-quality medical care and over 983 primary care providers who provide the majority of care in the county. There are three hospitals and health systems serving the county with numerous primary care and specialty clinics. More than a dozen safety net clinics exist that provide essential services to those who are uninsured. Hospitals and health systems offer primary, secondary and tertiary services to patients across the lifespan and the community at large that address many of the UMHS health priorities. Additionally, in Fiscal Year 2011, UMHS Community Benefit expenditures were valued at approximately $360 million in uncompensated care, activities to prevent illness and promote health, treat the sick, address the root causes of poor health and build community capacity with an emphasis on vulnerable populations.

Other resources that address priority health needs

An asset review, though not exhaustive, revealed various community health and social service resources in Washtenaw County. Following are examples of foundations, agencies and organizations committed to serving those 1) without insurance 2) who are low-income 3) who are minorities and 4) other vulnerable populations. Additionally, see Appendix 3 for a description of community health coalitions, some of which have missions that align with UMHS community health priorities.

Examples of Foundations and non-profits

Ann Arbor Area Community Foundation
National Kidney Foundation of Michigan
Washtenaw Area Council for Children
United Way of Washtenaw County
Growing Hope
Food System Economic Partnership
Ann Arbor Center for Independent Living
Jewish Community Center of Washtenaw County
Ozone House, Inc.

1. Access to Care

The Washtenaw Health Initiative is a voluntary, county-wide collaboration focused on how to improve access to coordinated care for the low-income, uninsured, and Medicaid populations. The work of this group is on both how to improve care today for these priority populations and on 2014, when federal health care reform is expected to be more fully implemented. The collaborative includes financial support and/or representation 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.

The Washtenaw Health Plan is a health coverage program for low-income Washtenaw County residents who don't have access to affordable health insurance**.** It covers medically necessary health care services including:

- Doctor/Clinic Visits
- Outpatient lab and X-ray tests
- Prescriptions from pharmacies if on the list of covered drugs
- Limited mental health services
- Hospitalization at University of Michigan Hospitals or Saint Joseph Mercy Hospital in Washtenaw County
- ER visits for true emergencies

The Washtenaw County Prescription Plan (WCPP) is a discount prescription drug program for those of all ages with limited, exhausted , or no prescription drug coverage. There are no income or age restrictions. WCPP helps community members buy prescription drugs at a discount off of the full retail price. Discounts may range from 15-50%. Many pharmacies in Washtenaw County participate.

2. Mental Health

The Washtenaw Community Health Organization (WCHO) offers community mental health programs for adults with severe and persistent mental illness, children with severe emotional disturbance and individuals with developmental disability regardless of age, sex, race, ethnicity, sexual preference, marital status, religion, physical or mental handicaps and/or ability to pay.

3. Substance Abuse

The WCHO includes the Substance Abuse Coordinating Agency for Livingston and Washtenaw Counties, which helps identify and allocate funds for substance abuse prevention and recovery programs and services**.**

4. Obesity

Washtenaw County Public Health provides direct nutrition education for low-income residents at food pantries, public housing facilities, farmers' markets and other venues. Additionally, health educators provide nutrition education in neighborhoods and at Farmer’s Markets for those who receive assistance from the Supplemental Nutrition Assistance Program (SNAP).

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) in Washtenaw County is committed to educating and supporting mothers to initiate and continue breastfeeding. In

addition, the Washtenaw County Breastfeeding Coalition advances policies that encourage and promote breast-feeding friendly community environments.

More than seven farmer's markets are held across the county including in low-income areas. Many accept SNAP and Bridge Cards and have EBT machines.

The Healthy Communities Walking Program in Western Washtenaw County, Grass Lake and Stockbridge has a goal to reduce the occurrence of preventable chronic diseases - particularly those associated with being overweight - by assisting residents in the pursuit of physical activity and healthy eating. There are more than 1,000 current and former participants of the free program.

The YMCA of Ann Arbor Social Services Program provides training and support to help community members in underserved and low-income regions of Washtenaw County make healthy changes, bridge gaps and overcome obstacles at little or no-cost, such as: SPLASH Begin to Swim, the Get Fit! Program, and the East Washtenaw Recreation Program.

5. Pre-conceptual and Perinatal Health

Catholic Social Services of Washtenaw County (CSSW) has been dedicated to improving the lives of the community's most vulnerable citizens since 1959. Serving thousands of individuals and families of all faiths and walks of life, CSSW offers more than two dozen programs including adoption and pregnancy counseling, food assistance, homelessness prevention, domestic and child abuse intervention and prevention, family therapy, and services designed to assist older adults, individuals with developmental disabilities and at-risk families with young children.

The Washtenaw Area Council for Children is the Michigan Children's Trust Fund designated agency for the prevention of child abuse and neglect in Washtenaw County. Additionally, their Safe Sleep Program has featured prominently in community efforts to reduce preventable infant deaths caused by unsafe sleep practices.

Washtenaw County Public Health is a provider the Maternal and Infant and Health Program which features post-partum home visits for women with Medicaid Insurance.

Planned Parenthood in Ann Arbor offers family planning; HIV and STD testing, treatment, and vaccines; and women's health care.

6. Immunizations

The Washtenaw County Public Health Department offers vaccination clinics for infants, children, adults, and older adults.

7. Child Abuse and Neglect

Since 1985, The Washtenaw Child Advocacy Center of Washtenaw County has worked collaboratively through a written protocol to investigate child abuse cases. Examples of partners include UMHS, the Ann Arbor and Chelsea Police Departments, Eastern Michigan University Department of Public Safety, and the Saint Joseph Mercy Hospital Ann Arbor Sexual Assault Unit.

SafeHouse Center provides support for those impacted by domestic violence or sexual assault. It provides free and confidential services for any person victimized that lives or works in Washtenaw County. Services include emergency shelter for those in danger of being hurt or killed, counseling, legal advocacy, support groups, and especially, hope.

The Jean Ledwith King Women's Center for Southeastern Michigan is a non-profit grassroots resource center dedicated to emotional and economic self-determination for women, girls and families. It is a major human service provider in the Washtenaw County area. Each year they provide direct services to over 600 women and girls (and some men) which represent about 7,500 appointments. Additionally, they assist an estimated 3,000 people who call for help in accessing community resources. Outreach services relevant to preventing or intervening on child abuse include personal counseling and resources and referrals.

The Ozone House is a community-based, nonprofit agency that helps young people lead safe, healthy, and productive lives through intensive intervention and prevention services. Since 1969, Ozone House has actively developed unique, high-quality housing and support programs and services that provide support, intervention, training and assistance to run-away, homeless, and high-risk youth and their families.

VIII. Documenting and Communicating Results

The CHNA Report and Implementation Plan are available to the community on the UMHS public website (www.uofmhealth.org) and are downloadable. To obtain a copy, contact the UMHS Department of Community Health Services at 734.998.2156. A plan to present a summary of the results to community groups has been developed.

IX. Planning for Action and Monitoring Progress

UMHS community health priorities will be addressed through strategies and programs described in the Implementation Plan. UMHS established health system leaders who vetted the CHNA Report and Implementation Plan, and these leads will also participate in developing work plans and establishing metrics to measure progress. Logic models for each health priority will describe the link between the epidemiology of the problem, reasons for the problem and the strategies UMHS and its partners will apply to improve health. Furthermore, UMHS will build on existing UMHS community programs and partnerships to address the health needs identified through the Community Health Needs Assessment process.

IX. Appendices

Appendix 1. University of Michigan Health System 2013 Community Health Implementation Plan

UMHS Health Priorities and Community Assets

The UMHS Community Health Implementation Plan consists of both existing and new strategies that address the UMHS community health priorities identified through the Community Health Needs Assessment conducted for Washtenaw County in 2011-12. UMHS community health priorities are:

1. Access to Care
2. Mental Health
3. Substance Abuse
4. Obesity
5. Pre-conceptual and Perinatal Health
6. Immunizations
7. Child Abuse and Neglect

"Tier one" priorities are in bold; "Tier two" priorities are not bolded. The top tier priorities will entail more new activities than the second tier.

The assessment process revealed a number of community assets including health systems, university resources, several safety net clinics, community centers, engaged school districts, philanthropic foundations and numerous non-profit organizations dedicated to improving both health and social conditions.

Implementation Plan

UMHS will develop, implement, monitor and evaluate both ongoing and new interventions that address the community health priorities including, but not limited to, the following initiatives.

1. Access to Care

- UMHS is a key partner in the *Washtenaw Health Initiative (WHI),* a voluntary, county-wide collaboration focused on how to improve access to coverage and coordinated care for low-income, uninsured, and Medicaid populations. The work of this group is on both how to improve care today for these populations and on 2014, when federal health care reform will be fully implemented. Since its inception, in addition to helping fund the partnership, UMHS senior leaders have participated on both the Steering and Planning committees, and have helped develop and facilitate the implementation of several pilot programs which span some of the UMHS community health priorities including access to care, mental health, and substance abuse. Examples of WHI pilot programs either in the planning stages or underway are:
    - increasing access to acute dental care treatment for those with preventable abscesses that have come or might otherwise resort to emergency departments for an acute dental need
    - expanding the number of primary care providers in safety net clinics

- enrolling already eligible and newly-eligible individuals into Medicaid and facilitating well-visits within 90 days of enrollment
- instituting a Washtenaw County Care Navigation Network, which brings Care managers from clinics across the county together to coordinate access to health services for community members receiving care at safety net clinics and to receive training. Care managers coordinate services with pharmacists, dieticians, social workers, and moderate risk managers (RNs); monitor patients who have been discharged from the hospital to provide them with the support needed to avoid unplanned readmission; and manage high-risk patients.

- UMHS will continue to partner with local school districts in underserved areas to offer six school-based health centers at middle and high schools known as the *Regional Alliance for Healthy Schools*.

- UMHS will continue to provide 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 of patients have when dealing with a health care situation. Social Workers will continue to problem-solve and assist with providing resources to meet various needs that arise for patients and families during medical treatment such as with transportation, gas and lodging.

- The *Child Advocacy Clinic,* a partnership between the U-M Law School and UMHS Department of Social Work will keep assisting the community at large resolve legal and medical issues on a pro bono basis.

- UMHS will continue providing health safety net services to the uninsured and underinsured through the *Ypsilanti Health Clinic* and *migrant health clinics.* Many UMHS departments will continue offering health fairs and screenings in the community.

- UMHS has a comprehensive *Financial Assistance Policy* which describes how the Health System provides financial support for medically necessary health care for people who are uninsured or have limited or exhausted benefits.

2. Mental Health

- UMHS has made a $1 million commitment to *Psychiatric Emergency Services (PES)* to put money back in the community to support access to needed mental health services. The *Department of Psychiatry* will continue to provide 24-hour Emergency/urgent walk-in evaluations for all ages. Specific strategies include psychiatric evaluations and treatment recommendations, crisis intervention, screening for inpatient psychiatric hospitalization, and mental health and substance abuse treatment referral information. Additionally, UMHS will continue extending its ongoing participatory leadership, guidance and support to the Washtenaw Community Health Organization in order to coordinate mental health care for uninsured and underserved community members.

- Through the *U-M Depression Center,* UMHS will continue to offer and expand the Peer-to-Peer Depression and Suicide Awareness Campaign in partnership with school districts, for high school students. Plans have been made to partner with all Ann Arbor public high schools as well as Willow Run, Lincoln, and Saline high schools, some of which are located in vulnerable regions of the county. The U-M Depression Center will keep providing two-hour single-session family psycho-educational workshops for mentally ill adolescents and family members, for a minimal fee to the community, as well as free depression screening and education for the community at large. The Depression Center will also continue its free mental health support sessions for families in the community that have a child with a mental illness.

- Through the *Washtenaw Health Initiative,* UMHS will work to connect Medicaid enrollees and the uninsured with support for mental health services, seeking to optimize available mental health collaborative care systems. The first step of optimization will be piloted at four safety net clinics in Washtenaw County starting around July 2013.

- The *Regional Alliance for Healthy Schools* will continue offering school-based risk assessments and interventions for students at-risk for mental illness and those with suicidal ideation in underserved middle and high schools.

3. Substance Abuse

- UMHS will continue its commitment to *Psychiatric Emergency Services* including substance abuse treatment and referrals through that partnership.

- Through the *Washtenaw Health Initiative,* UMHS will:
    - work to connect Medicaid enrollees with support for substance abuse treatment
    - implement a county-wide protocol for community members who need substance abuse detoxification services (primarily alcohol) which will be introduced at the Ypsilanti Health Center (a UMHS safety net clinic), as well as at the UMHS Taubman General Medicine clinics.

- The *Regional Alliance for Healthy Schools* will continue offering 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

- Offered by the *UMHS Cardiovascular Center* and *MHealthy,* Project Healthy Schools 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. It operates in 33 middle schools and over the next three years will extend its services to 20 more across Michigan. At least nine schools, several of which operate in underserved communities in Washtenaw County, participate.

- UMHS will continue to work with the Michigan Health and Hospital Association (MHA) Healthy Food Hospitals Collaboration to help improve the nutrition of food served to patients, staff and visitors at UMHS hospitals.

- The *Regional Alliance for Healthy Schools* will keep offering 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.

- UMHS will continue offering nutritious and healthy cooking group education classes and the Nutrition and Weight Management Program to the community at reduced fees through *MHealthy.*

- Health System-wide Obesity Strategic Planning. The UMHS Obesity Core Team, which was formed to lead the development of a long-term health system-wide strategy for the Obesity community health priority, will develop recommendations for a system-wide and strategic approach to researching, preventing, reducing, and treating obesity across the lifespan. These efforts will inform both patient and community strategies. Faculty and staff representing the *University of Michigan Hospitals and Health Centers,* the *University of Michigan* and the *University of Michigan Medical School* will be invited to participate.

- County-wide Obesity Prevention and Treatment Coordination. Members of the UMHS Obesity Core Team will partner with other health systems serving Washtenaw County, Washtenaw County Public Health, and non-profit agencies to identify opportunities for alignment, increased efficiency, improved individual and population outcomes, and joint obesity implementation strategies. These efforts will additionally inform the development of health system-wide obesity strategic planning described above.

5. Pre-conceptual and Perinatal Health

- Continue offering to the underserved the Breastfeeding Moms' Peer Support Group, and continue connecting breastfeeding moms to supportive community resources. UMHS staff will keep serving on the advocacy-focused Washtenaw County Breastfeeding Coalition as well as the statewide Healthy Kids Health Michigan breastfeeding committee, whose goals are to increase breastfeeding-friendly environments.

- UMHS will continue offering the state-wide Medicaid-funded *Maternal Infant Health Program (MIHP)* for pregnant women and infants up to one year of age. UMHS has one of five clinic-based programs in Michigan. Its goal is to reduce risk factors for maternal and infant morbidity and mortality. Team members include a nurse, nutritionist, and social worker. Plans include further integration of MIHP into the UMHS Obstetrics & Gynecology outpatient clinic, educating UMHS social workers on the referral process to increase access to MIHP, and training staff in cultural competency and health disparities.

- The UMHS *Health Education Resource Center (HERC)* will continue low-cost group education and assisting community members in connecting with local community resources. HERCs classes promote and teach healthy and safe parenting and caregiver skills.

- UMHS will continue to conduct the 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.

6. Immunizations

- *Community Programs and Services* will continue offering influenza immunizations free to community members at easily accessible locations such as faith organizations, senior centers and living facilities. They plan to incorporate medical residents, nursing and pharmacy students into the program, who will administer the immunizations.

- The *Program for Multicultural Health* will continue providing free Hepatitis B education, screening and vaccinations to community members, especially those who have migrated to the United States from Asian countries and are especially susceptible to Hepatitis B.

- Continue offering immunizations through the *Regional Alliance for Healthy Schools* school-based health centers for middle and high school youth.

- The *Maternal Infant Health Program* and the *Health Education Resource Center* will continue educating about the importance of childhood immunizations and help connect their participants to community resources.

7. Child Abuse and Neglect

- The UMHS *Child Protection Team (CPT)* will continue delivering 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 by:
    - Providing consultation to medical and other professionals such as the Department of Human Service (DHS) personnel and law enforcement, interpreting medical findings, assessing risk factors, identifying the need for intervention and providing specialized medical evaluations of suspected victims of child maltreatment across the state.
    - Identifying and recommending community resources for suspected victims of child maltreatment and their caregivers, and ensuring victims and their families are able to access these resources.
    - Educating and training health care professionals, DHS Children's Protective Services workers and law enforcement in the identification, management, treatment and prevention of child maltreatment.
    - Sponsoring an annual conference for health care professionals, DHS workers, law enforcement, court personnel and other child welfare professionals on the prevention, assessment and treatment of child abuse and neglect.

- Partnering 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. The WCAC and CPT work within a multidisciplinary team which includes law enforcement, DHS, prosecutors, and mental health professionals focused on the investigation, treatment and prosecution of child abuse cases.

Next Steps

UMHS established health system leaders who vetted the CHNA Report and Implementation Plan. These leads will also participate in developing work plans and establishing metrics to measure progress. Furthermore, UMHS will build on existing UMHS community programs and partnerships to address the health needs identified through the Community Health Needs Assessment process.

The Community Health Needs Assessment Report and Implementation Plan are on the UMHS public website (www.umhealth.org) and are downloadable. To obtain a copy, contact the UMHS Department of Community Health Services at (734) 998-2156.

Appendix 2. Qualitative Data Sources

The populations whose health needs are described/represented in the following reports reside in Washtenaw County and represent low-income, minorities, underserved, and/or those with chronic conditions, which fulfills Schedule H requirements for qualitative data inclusion.

Report title, date, lead organization and key partners	Data collection methodology	Description of key informants	Report-specific demographics	Results relevant to UMHS Health Priorities
South of Michigan Avenue Community Needs Assessment (SOMA), 2011 -City of Ypsilanti -Washtenaw County Employment Training and Community Services (ETCS) -Washtenaw County, Office of Community Development -Washtenaw County Department of Energy and Economic Development	Multiple focus groups and community meetings	Community residents	Ypsilanti residents living south of Michigan Avenue in the 4106 census tract	Health Transportation barriers: The infrequency of bus service is an impediment to reaching medical office appointments and pharmacies. Unaware of health services currently available: Available health services are not being adequately communicated to SOMA residents. Lack of awareness of existing food resources including community garden locations. Need to expand mental health services in SOMA area. Current locations hard to access. Need more providers in Ypsi. Adult education and workforce development: Need efforts to increase graduation rates, increase early education opportunities, and provide job retraining services as a pathway to established, in-demand career paths. Youth-oriented priorities: summer job opportunities, job coaching, and entrepreneurship training Safety Most felt safe in their homes and felt comfortable walking around throughout the day time, fewer into the darker hours. Favorable opinions of the local police force. Desire for less crime, improved response time and more of a police presence. Several expressed concern about the safety at Ypsilanti Housing Commission Properties. Speeding traffic along the main throughways entering and exiting into the city is a continuing concern. Poor condition of some sidewalks, the lack or inadequacy of barrier free ramps, and short pedestrian

Report title, date, lead organization and key partners	Data collection methodology	Description of key informants	Report-specific demographics	Results relevant to UMHS Health Priorities
				crossing signal timing. Obesity Lack of easily accessible healthy food Recreation: Desire improved after school and summer program options for school age children. Want affordable or free activities and events for youth, from sports teams and leagues, after-school programs or summer camp. Other suggestions Hollow Creek playground equipment for school aged children Kids programming at Housing Commission More arts and music programs Music festivals do not appeal to teens Teen activities such as fashion shows, music and poetry festivals, African American festival, acting groups, track clubs, bike rentals and Skatepark and BMX facility Some sort of mentor program would great Vacation bible schools need to space out their schedules Parkridge Community Center is the most commonly used location but building is underutilized and/or lack information about current programming. This park is complete with a walking and jogging trail, basketball hoops, picnic pavilion, and playground equipment that needs repair. Overall many residents felt that beautification efforts such as tree planting, gardening, and spreading mulch around playground equipment would improve the parks in the area along with other improvements including inexpensive repairs like replacing basketball hoops, trash pick-up, and properly working lighting. More senior activities like sewing and quilting. Communications Learning about programs and services is a challenge. 33% want information in person, and an additional 30%

Report title, date, lead organization and key partners	Data collection methodology	Description of key informants	Report-specific demographics	Results relevant to UMHS Health Priorities
				prefer printed information. In total, this represents more than 60% of survey respondents who prefer to receive information in non-digital formats.
Washtenaw County Opening the Window to Health For All Report (OWHA), 2012 -Washtenaw County Public Health Corner Health -UMHS Program for Multicultural Health -Michigan Institute for Clinical Health Research -St. Joseph Mercy Ann Arbor -Washtenaw Community College -Ypsilanti Health Coalition -Casa Latina	One on one Interviews	Ten representative in leadership positions of community-based organizations and agencies that provide health and social services	Ypsilanti and rural regions English as second language	On diabetes in Latino patients: Latino men do not follow prescribed diabetic diet. They then feel embarrassed that they did not follow it and don't want to come back. Hispanic culture – a lot of parties, family oriented with high glycemic index foods. Few veggies. On Ypsi patients and accessing care for diabetes: Patients come in for care at Ypsi Clinic for acute things but then also present with many chronic diseases – the visit then becomes overwhelming for patient. Then they avoid coming back. I tell them they need to come in regularly so we can get it all under control. Access to health insurance and primary care On access to health insurance: Hard for people seen in ER to follow a D/C plan that includes meds or follow up with providers. On health service use: Often individuals will try "home remedies" because they can't afford care. Conditions worsen and they end up in ER. Even clients with WHP insurance do not establish care with PCP. It's foreign to them and not part of their language. So even though insurance and care may be available to the poor, we cannot change the "culture of poverty" – which means living from one crisis to the next. Example: they will not know Medicaid has lapsed on their child until the child is ill, then they have to go to ER. Their life is spent just dealing with the need at hand (i.e., getting food, paying rent) and this includes how they think about accessing medical care. On Accessing Prenatal Care: Lots of Ypsilanti patients take the bus here, but rural patients can't do so. We need better distribution of resources in those outlying areas. But, our urban safety net is getting stronger. Corner Health, UMHS, and

Report title, date, lead organization and key partners	Data collection methodology	Description of key informants	Report-specific demographics	Results relevant to UMHS Health Priorities
				SJMHS serve many high risk patients. More women are getting prenatal care earlier than in the past and fathers are more involved now, at least for the first year. On health pregnancy outcomes: Many mothers have chronic conditions that increase their risk for having a premature, LBW baby. More LBW babies are living longer but many challenges as they grow such as ADHD – and very high costs to educate them. A lot more of my patients are low income now and I find myself writing letters to utilities to request patient's lights get turned back on more than ever before. On sedentary groups Groups less physically active tend to sit in front of monitors all day (work). While blue collar workers are somewhat more active during the work day, it is often not enough to improve cardiovascular health. Other high risk groups are those in lower SES who feel unsafe being active outside, those with English as a second language, and adults in single-parent households who find it hard to get time for activity. On social connectedness and physical activity (PA) If you live in a community with ample opportunities to be active and environments that enhance the feeling of social connectedness, you may be more active. If there are few opportunities to be physically active in your community, you may feel isolated. These communities are less likely to attract new residents to the area with an economy less likely to thrive. On health policies Healthcare systems needs to focus more on prevention including adopting community-based models…done in group settings. There must be more advocacy that support such approaches. Chronic disease prevention funding is needed in communities disproportionately affected by obesity and diabetes. An example are joint

Report title, date, lead organization and key partners	Data collection methodology	Description of key informants	Report-specific demographics	Results relevant to UMHS Health Priorities
				use agreements between community organizations and schools with recreation facilities, so those facilities can be used as after-hour community centers where PA programs can be offered to local residents. Policy change advocacy is esp. important in Michigan because many of the leaders are focused on individual responsibility, even when individuals have very limited access to healthy choices. On access to healthy food: Low income individuals must make their time and dollars stretch further to access healthy food, esp. if they don't have a car. They want healthy choices and quality food, but if the number of options they have in reach are limited to convenience stores or fast food, they often default to that. These residents are more transient and often are renters. Those with unstable housing may not have kitchen supplies to prepare and cook food – pans, pots, cutting boards, utensils On food and transportation: Low income residents who are far more likely to use public transportation than the general population are reluctant to use it for food shopping for reasons including: schedule inflexibility, adequate connection to preferred destinations, fear of traffic fatalities, and inability to carry multiple grocery bags. Mental health On neighborhood connectedness: Ypsi is very transient in part due to two major universities and shifts in economic climate. These factors and cultural barriers, generational gaps, and safety fears, play a role in perceptions of social connectedness. When neighbors don't build relationships, they are less likely to have conversations about their community or ask for help when needed. We see neighborhood disputes escalate to the Sheriff that could have been resolved through neighbor conversations.

Report title, date, lead organization and key partners	Data collection methodology	Description of key informants	Report-specific demographics	Results relevant to UMHS Health Priorities
				On youth and social connectedness: The feeling of being connected starts in infancy with Mom. An unstable attachment affects cognitive and emotional development. When parents are not involved in their child's school, they cannot help the child. When the child starts middle school, they become anxious. Loneliness, depression, mood disorders are more likely to develop. Kids project their disconnectedness with their parents onto others. Poverty can further limit participation in socially organized activities due to their expense or need for transportation that the parent is not providing. The child may join gangs to compensate for lack of belonging. Substance Abuse On disparities in drug court: We see disproportionate rate of minority kids on our regular juvenile docket but not the drug docket. The more serious the court response, the higher the disproportion is. With the drug court docket, we are more successful with our black female youth than males. One key in successful cases may be "involved parents" who consistently report the child's violations, and help get their kids to appointments for treatment, 12 steps, and community service. If I could do anything, I would aim funding at early childhood interventions to address the issues that CAUSE children to act out in the first place, use drugs, or drop out of school. I would also focus on parents to increase and enhance their parenting skills. We need a Headstart for parents. I would also aim resources at mental health treatment for kids AND parents. Mental health problems and SA go hand in hand
Community Focus: Substance Abuse Indicators in Washtenaw and Livingston Counties,2010 -Washtenaw County Public	Focus groups, key Informant interviews	Advisory Council members of the Washtenaw and Livingston Substance Abuse	12-17 year olds Demographics of population were not driven by	Shifts in perceived risk of use of substance are generally thought to signal future changes in the prevalence of use. Persons who use marijuana or binge drink are much less likely to perceive great risk of use.

Report title, date, lead organization and key partners	Data collection methodology	Description of key informants	Report-specific demographics	Results relevant to UMHS Health Priorities
Health -Advisory Council of the Washtenaw and Livingston Substance Abuse Coordinating Agency		Coordinating Agency (health, law enforcement, education, courts, service providers, mental health, substance abuse prevention and treatment services)	Schedule H populations of interest; however, many of the results in the report are specific to these populations.	Interventions to increase perceptions of risk should be particularly focused on youth whose parents are substance abusers. Poor academic achievement predicts greater risk of substance abuse. And, quitting high school is not a sudden act. Youth drop out of high school because they need a job, have failing grades, see classes as boring, or perceive low expectations from others. Early warning systems can help identify students early so appropriate supports can be provided. Interventions should target parents least likely to express disapproval to their children. Particular attention should be focused on youth whose parents are substance abusers. Interventions to increase perceived risks need to account for the decreased perception s of risk for older youth and males. Substance abusers are much more likely to be successful in recovery if they have access to employment, education and community resources. Recovery systems and supports should not be withdrawn or denied because addicts relapse into substance use. Persons in recovery are more likely to succeed if they have adequate support systems, including spouse or significant others who are invested in their sobriety. Children in divorced families are two to three times more likely to drop out of school, have poorer academic achievement, and initiate drinking earlier, and use alcohol as a coping mechanism than their peers whose parents are not divorced. Interventions designed to delay age of first use must target youth in fourth or fifth grade or younger. Earlier ages of first use are directly related to the risk for becoming dependent. The younger the age that a person has exposure to a substance or chemical, the more susceptible the person is to developing a psychiatric condition.

Report title, date, lead organization and key partners	Data collection methodology	Description of key informants	Report-specific demographics	Results relevant to UMHS Health Priorities
				Since much of substance initiation occurs in early adolescence, prevention interventions must occur very early, before adolescents have begun decision-making about drugs and life choices. Approximately 1% of all incidents of DUI result in an arrest. More consistent enforcement is necessary to identify drunk or drugged drivers. DUI campaigns must incorporate the significant impact of both illicit and prescribed drugs on impaired driving. Youth with higher grades are less likely to use alcohol, marijuana or other illicit drugs than youth with lower grades. Researchers have identified clear links between absenteeism and substance abuse, along with numerous poor health behaviors. This relationship is sustained even after controlling for demographic variables. A feeling of ' school connectedness' even in early secondary school predicts late teenage substance use, mental health and academic outcomes. School environments that reduce student disengagement, increase student participation, improve relationships and promote a positive school ethos may be associated with reduced drug use, as well as other risky health behavior. Chronic absenteeism is a sentinel event signaling substance abuse, mental or physical disabilities, family disorganization, lack of sense of school connectedness or other personal, family or school related obstacles. Tracking absenteeism for individual students creates opportunity for identifying youth at risk of substance abuse and dropout who could benefit from prevention interventions. Programs targeting parents of addicted children should focus on those who are less likely to express disapproval of use to their children, who lack knowledge about substance use, who have significant home and/or job responsibility, and who believe youth substance use is

Report title, date, lead organization and key partners	Data collection methodology	Description of key informants	Report-specific demographics	Results relevant to UMHS Health Priorities
				inevitable.
Chelsea Community Health Needs Assessment and Implementation Plan Report, 2012 -Chelsea Community Hospital -Chelsea Area Wellness Foundation	Focus group "What are the greatest health-related needs you are seeing in the people you serve?"	20 leaders from community and faith-based organizations that provide health and human services for adults and youth who are medically underserved, low-income and minority populations, and populations with chronic diseases	Rural communities-Western Washtenaw residents	Mental health Mental health, including depression and anxiety, was identified as one of the most important health needs among youth by school representatives. Among the low-income, medically underserved, and chronic disease populations, getting needed social support is more of an issue. Social isolation is a major problem for many people in these populations. The local senior centers specifically mentioned the lack of social support for seniors living alone, and the health risks this presents, including depression, malnutrition, and falls resulting in injury.8 Access to Care Twelve of the twenty key stakeholders interviewed indicated that access to low-cost screening, primary care and dental care is a major issue for the low-income populations they serve. Barriers to accessing primary and dental care include transportation, insurance, scheduling, out-of-pocket costs and the number of providers offering free or low-cost care.30% identified lack of transportation as one of the biggest needs they see in the medically underserved and low-income populations. Low-income and medically underserved populations need support in navigating the healthcare system, including enrolling in Medicare or Medicaid, and they need advocates at doctor appointments. Substance Abuse Heroin abuse is occurring among young adults who do not go to college or get good jobs after they graduate high school. One teacher estimated that at least twelve of her former students have overdosed on heroin in the past fifteen years. She characterized all of these as low socio-economic status young adults who do not attend college or work in steady jobs.

Report title, date, lead organization and key partners	Data collection methodology	Description of key informants	Report-specific demographics	Results relevant to UMHS Health Priorities
				Some primary care physicians have expressed doubts about the low incidence of adult drug abuse in our service area. Based on what they are seeing in their offices, they believe the number to be higher than the 1-2% that showed up in the HIP survey. Obesity Access to affordable, healthy foods is a major barrier to health for the low-income and medically underserved populations. Some also reported a lack of understanding of good nutrition, and a lack of motivation to make healthy eating a priority.
Prescription for Health Program Compiled Staff Post-Program Interviews, 2011 -Washtenaw County Public Health -Kresge Foundation	Focus groups and interviews	10 safety net clinic providers and staff from: -Neighborhood Family Health Center -Packard Central and West -Corner Health Center -New Hope Outreach Clinic Includes: Nurse manager, Nurse practitioner, Social worker, Patient advocate, RD, and Physician		Obesity -It's a population that just doesn't eat fruits/veggies; people want to be healthier, it's just too overwhelming. -Many chronically ill patients with complex issues. Addressing the main concern that brought them in to the clinic is the provider's priority. The reality is providers do not have time to discuss fruits and vegetable consumption and accessing farmer's market. - It is a real "paradigm shift" to have providers initiate patient conversations about eating. If provider knew a patient would go to the Farmer's market, they may bring it up to them. -Patient barriers to accessing market were FM schedule, transportation, and work schedule issues. -Transportation an issue – is gas worth it to go to the FM?? -The difference between the patients that went to FM and those that didn't: "They're different groups. Those that went are more compliant clinically too. The ones that didn't are also the one that are no calls/no shows. It's difficult to get them into the clinic too. It's transportation for some. Some have cognitive impairments." - Why some patients shopped at FM: "ease of access;" it's right there; "not a lot of barriers". The fact that the

Report title, date, lead organization and key partners	Data collection methodology	Description of key informants	Report-specific demographics	Results relevant to UMHS Health Priorities
				fruits and vegetables at the FM were free made a difference. A lot of people knew about it too – good promotion. -Most patients said they don't eat fruits and vegetables because they couldn't afford it -Whether it's Lamaze or some other patient education program or it's Prescription for Health Program, the longer a program exists the more likely patients are to use it. So I believe the longer we have this program, every summer we offer this program, the more likely our clients are going to utilize it. -I would like to see (a more intense intervention aimed at diabetes/hypertension, etc.) focus on "plant-based" and sign up participants – "experience the change" that increasing f/v can have. -Just providing low cost access to FM's "calls for more" because you still "have to go home and face traditions" (others, etc.). "Change "doesn't happen easily. -Having "peer-to-peer" nutrition education at these clinics would be helpful because the "reality is we don't live in their world". -Using a FM and consuming more F/V is a big step for patients with chronic illness and mental illness – to go out to the FM. -Many of our patients are very young, most of our patients don't have diagnosable chronic conditions yet, but what they do have is the risk factors for that. -Encouraging patients to access the FM using reduced fee incentives can help some patients who are ready on the spectrum, who are ready to make changes to their health. Some patients are ready to do that. -Having something like the tokens and the FM is a good excuse to talk to patients about it. Having a physician or nurse practitioner involved gives it more weight in perspective of the patient. A) having it written down and B) have to have that conversation. Studies have shown

Report title, date, lead organization and key partners	Data collection methodology	Description of key informants	Report-specific demographics	Results relevant to UMHS Health Priorities
				that just bringing it up seems to have an impact in the long term. -If you start (talking about nutrition) to patients you get "push back", but "when you're able to say, 'oh, and here's access,' (to nutritious food, etc.) you can start a conversation about eating better. -People feel like fresh fruits and veggies are too expensive, or they are tired of eating baby carrots – so they can go to the FM to get a low-cost option. For example the DASH diet – eating 12 servings per day – people feel like, "How am I going to do that and feed my family?" -A lot of people are already aware of the health benefit of nutrition -I felt like I could be more effective when I could follow up my patient nutrition education with "this is how you can try this, this is how you can try getting more fruits and vegetables." -Healthy food is medicine! -Common misperception that farmers' markets are for the wealthy…[we] can still continue encouraging patients to visit the FM. -Most of my patients are pregnant or parenting. As their access to food stamps gets tighter and harder, I think they're going to be utilizing these programs more. And I'm seeing that dramatically. People are getting cut off, even if they're adolescents. Some of them are 21 and they've been on food stamps for 5 years and they're being cut off. There are no jobs. So I think they're going to use some of these secondary supplementary programs more than they have in the past. I think if we can keep educating, keep exposing, keep having something predictable, they're more likely to use them. -The nutrition education piece is something we do anyway, so I love that there's something tangible, something that they can turn into a beautiful container

Report title, date, lead organization and key partners	Data collection methodology	Description of key informants	Report-specific demographics	Results relevant to UMHS Health Priorities
				of strawberries or some fresh corn. So I love the tangible nature of the program. Cause we have the other piece already in place. Pre-conceptual and Perinatal Health -We have a big challenge on our hands. We have big challenges and big structural barriers to healthy behaviors….with this economy, with this economy it's hard for me to say that people have their own space to focus on their health. I don't think they do. They're trying to survive. They're trying to survive for their kids. And I think it's pretty hard. I think healthy behavior and self-help...take a back seat when you're a teenager and you're poor and you have boyfriend issues and you're pregnant. Healthy eating gets pushed down pretty low on the to-do list. But I do think that pregnant women really care and are motivated to be healthy. So during their pregnancy we have this window of opportunity and they come to the table with a tremendous amount of motivation to have a healthy baby and to do a good job feeding themselves and feeding the baby.
Regional Alliance for Healthy Schools Testimonials	Key informant interviews transformed into stories	RAHS school-based clinic staff and students	Youth	Positive testimonials made by youth who participated in RAHS programs and services. Outcomes include: increased access to care, reduced substance use, improved mental health, weight loss and management and reduced unsafe sexual practices.

Appendix 3. Directory of Health Coalitions in Washtenaw County

Directory of Health Coalitions in Washtenaw County

Compiled by the Health Improvement Plan of Washtenaw County

The following coalitions are working to improve health for Washtenaw County residents.
For more information, please contact each coalition directly.

Coalition Name (Community)	Health Emphasis	Contact	Phone	Email/Website
Blueprint for Aging (Washtenaw)	To improve services, care and quality of life for older adults in Washtenaw County	Elizabeth Hull	734-712-2718	ehull@csswashtenaw.org Website: http://blueprintforaging.org
Chelsea Wellness Coalition	Eat Better, move more, avoid unhealthy substances, connect with others in Healthy Ways	Reiley Curran	734-593-5279	curranr@cch.org
Coalition for Infant Mortality Reduction (Washtenaw)	Infant mortality reduction	Marcia Dykstra	734-434-4215	marcia@washtenawchildren.org
Communities That Care of Ypsilanti	Positive Youth Development	Emily Preston Rahim	810-225-9550	emily@kbamichigan.com
Dexter Wellness Coalition	Eat Better, move more, avoid unhealthy substances, connect with others in Healthy Ways	Mary Marshall	734-424-4101	marshallm@dexterschools.org
Food System Economic Partnership (Southeastern Michigan)	Catalyze change in the food system of Southeastern Michigan	Ginny Trocchio	734-646-3336	gtrocchio@conservationfund.org
Health Improvement Plan's Community Health Committee (Washtenaw)	All health issues with focus on physical activity, healthy eating, depression, tobacco reduction using population level approaches	Lily Guzmán	734-544-2983	guzmanL@ewashtenaw.org Website: http://hip.ewashtenaw.org
Healthy Communities of Chelsea, Dexter, and Manchester	Healthy eating, physical activity, walkability	Reiley Curran	734-593-5279	curranr@cch.org

Healthy Kids, Healthy Michigan Coalition	Childhood obesity reduction and prevention using policy approaches	Austin Neilson	517-374-2703	austinneilson@wienerassociates.com Website: www.healthykidshealthymich.com
Lenawee/Livingston/Washtenaw Substance Abuse Advisory Council	Review salient data and make funding recommendations to WCHO Board	Marci Scalera	734-544-2916	scaleram@ewashtenaw.org
Manchester Wellness Coalition	Eat Better, move more, avoid unhealthy substances, connect with others in Healthy Ways	Matt Pegouski	734-433-4599	matt@5healthytowns.org
Manchester Voices Coalition	Dedicated to helping Manchester youth make healthy choices	Peter Girz	810-225-9550	peter@kbamichigan.com Website: http://kbamichigan.com/warp/manchester
Oral Health Task Force (Washtenaw)	Oral health	Ruth Kraut	734-544-3068	krautr@ewashtenaw.org
PACT- Parents and Community Together, Saline	Support Saline parents and community members in working together to provide a healthy and drug-free environment for youth.	Shannon Rozell	248-721-7020	srozell1@hfhs.org Website: http://pactsaline.com
Pioneering Healthier Communities (Washtenaw)	Physical activity, healthy eating with emphasis on policy and built environment	Sharon Sheldon Fran Talsma	734-544-6781 NA	sheldonsp@ewashtenaw.org sftalsma@umich.edu
Regional Coordinated School Health Program Team (Washtenaw and Livingston)	School health	Mary Beano	517-540-6838	marybeno@Livingstonesa.org
Safe Kids Huron Valley (Washtenaw and Livingston)	Childhood injury prevention	Amber Kroeker	734-232-1502	kroekeam@med.umich.edu
Saline, Alive!	Youth suicide prevention	Smita Nagpal	517-270-5038	smita@still-waters-counseling.com Website: sites.google.com/site/salinealive
Spanish Healthcare Outreach Collaborative (Washtenaw)	Networking and trouble-shooting organization of medical, education and human service professionals who serve the Spanish-speaking population	Kelly Stupple	734-544-3079	stupplek@ewashtenaw.org

SRSLY (text for 'Seriously') (Chelsea)	Youth substance abuse prevention	Reiley Curran	734-593-5279	curranr@cch.org
Success by 6 (Washtenaw)	Promoting advocacy and awareness of the needs of young children; and working with partner agencies to provide key services for families.	Margy Long	734-994-8100, ext 1277	mlong@wash.k12.mi.us
Tobacco Reduction Coalition (Washtenaw)	Tobacco prevention	DeBorah Borden	734-544-6874	bordend@ewashtenaw.org
Washtenaw Alive Coalition	Suicide prevention	Charles Wilson	734-544-2981	wilsonc@ewashtenaw.org
Washtenaw Asthma Coalition	Asthma	Karla Stoermer Grossman	Use email	kstoerme@umich.edu
Washtenaw Bicycling and Walking Coalition	Non-motorized transportation, physical activity	Erica Briggs	734-864-4095	briggswhitacre@gmail.com Website: www.wbwc.org
Washtenaw County Breastfeeding Coalition	Maternal Infant Health	Gayathri Akella	734-544-6794	akellag@ewashtenaw.org Website: www.washtenawbfcoalition.org
Washtenaw County Elder Justice Coalition	Elder Abuse awareness	Beth Adams Elizabeth Hull	Use email	eliadams@med.umich.edu ehull@csswashtenaw.org
Washtenaw Food Policy Council	Local food system policy advocacy	Tim Redmond	Use email	timredmond@comcast.net Website: http://washtenawfoodpolicycouncil.wordpress.com
Washtenaw Health Initiative	A voluntary, county-wide collaboration focused on how to improve access to coordinated care for the low-income, uninsured, and Medicaid populations	Carrie Rheingans	734-998-7555	crheinga@umich.edu Website: http://washtenawhealthinitiative.org
Washtenaw Immunization Action Coalition	Immunizations	Chris Karpinski	734-544-6780	karpinskic@ewashtenaw.org
Ypsilanti Health Coalition	Promote physical activity and healthy eating	Charles Wilson	734-544-2981	wilsonc@ewashtenaw.org

Contact Information: Lily Guzmán, MPH, MSW; Health Improvement Plan Coordinator; Washtenaw County Public Health; 734-544-2983 guzmanL@ewashtenaw.org

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