Community Health Needs Assessment

Implementation Strategy 2026-2028

HENRY FORD HEALTH℠

All Henry Ford Health Hospital Community Health Needs Assessment (CHNA) Implementation Plans can be found in this document.

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Henry Ford Genesys Hospital

Executive Summary

Henry Ford Genesys Hospital completed a comprehensive Community Health Needs Assessment (CHNA) that was adopted by the Henry Ford Health (HFH) Quality & Culture Committee in December 2025. Henry Ford Genesys Hospital performed the CHNA in adherence with certain federal requirements for not-for-profit hospitals set forth in the Affordable Care Act and by the Internal Revenue Service. The assessment considered input from community members and various community organizations.

Health Needs of the Community

The Henry Ford Health community has been identified as the City of Detroit and Genesee, Jackson, Livingston, Macomb, Oakland, St. Clair, and Wayne counties. The CHNA process identified significant health needs for this community. Health needs were prioritized based on several criteria including the importance given to particular health issues by survey participants, community interviewees, statistical data from the State of Michigan and other sources, as well as input from HFH leaders. Henry Ford Genesys Hospital's resources and overall alignment with the Henry Ford Health mission, vision, goals, and strategic priorities were taken into consideration when identifying the top two most significant health issues to be addressed. The following health priorities were chosen for the entire Henry Ford Health enterprise:

1. Chronic Disease Prevention and Management
2. Maternal-Infant Health Improvement
3. Mental Health & Substance Misuse Treatment

Henry Ford Health works to leverage its resources, partnerships, and market share across the counties it serves to make large-scale community impact. An important factor in the success of Henry Ford's ability to make this large-scale impact is the individual contributions of each hospital within the enterprise. It is our goal through these Implementation Plans to push each hospital to set ambitious goals that will improve our communities' outcomes and access to resources, while coalescing each hospital around aligned enterprise-wide strategies and metrics.

Hospital Implementation Strategy

Henry Ford Genesys Hospital will focus on developing and supporting initiatives and measuring their effectiveness to improve the aforementioned health priorities. The following implementation strategy specifies community health needs that the Hospital/Health System has determined it will address, in partnership with other agencies and organizations, consistent with our mission and vision, to become the trusted partner in health for our communities.

CHNA Implementation Strategy 2026-2028

Hospital Facility:	Henry Ford Genesys Hospital
CHNA Significant Health Need:	Chronic Disease Prevention and Management
CHNA Reference Pages:	Page 46, 67-68, 72-73, 78, 80

Brief Description of Need:

Health behaviors and lifestyle factors such as alcohol and drug use, smoking, lack of physical activity, poor nutrition, and obesity are known to greatly impact onset of chronic disease. Preventative health practices, such as regular screenings, are known to positively impact these health outcomes. These lifestyle factors and the ability to access and partake in preventative health practices depend on non-medical determinants of health. Non-medical determinants of health describe the conditions in which people live, learn, work, and play. They typically include housing, education level, income, transportation, neighborhood quality and safety, social support, environmental factors, and more. Poorer non-medical determinants of health make accessing and navigating healthcare systems more difficult and constrains one's ability to practice healthy behaviors.

In Genesee County, 29.3% of adults report no leisure-time physical activity. While this is higher than the state average (24.1%), this county-level figure has improved since the 2022 Community Health Needs Assessment (CHNA). 17.8% of Genesee County residents report poor physical health. Genesee County's prevalence of obesity increased since the last assessment, with a prevalence of 40.8%. This figure is higher than Michigan's prevalence, at 34.8%. Relatedly, 13.6% of Genesee County residents report being told they have diabetes across their lifetime, slightly higher than the state average of 11.6%. The diabetes death rate in Genesee County is higher than the state average, at 34.5 per 100,000 people. Deaths from lung, prostate, and breast cancer have trended down since the last assessment, but the lung cancer death rate remains above the state average. Genesee County's breast and cervical cancer screening rates are lower than the state average and have decreased since the last CHNA. Prostate cancer screenings have increased in Genesee County. It is important for Henry Ford Health to build on this improvement in screening to positively impact cancer outcomes across the County.

At Henry Ford Genesys Hospital, work is being done to prevent chronic disease at the clinical and community levels and to address poor non-medical determinants of health that prevent community members from achieving optimal health.

Goal:

Prevent the incidence of highly prevalent chronic diseases and increase community members' capacity to manage chronic disease.

Project Objectives:

1. Improve access to timely chronic disease prevention and treatment services
2. Prevent onset of and deaths due to highly prevalent chronic diseases through prevention efforts, screening, and education
3. Strengthen connections to community-based chronic disease and healthy lifestyles work and expand reach of chronic disease prevention efforts to community members
4. Improve enterprise-wide delivery of non-medical needs interventions through standardization, policy implementation, and data monitoring, ensuring that patients receive the support they need

Strategy	Metric/Goal	Accountable Leader	Date
Establish adherence with the standardized enterprise-wide Social Determinants of Health (SDOH) Policy to ensure that patients who have a social determinant of health need receive a successful intervention.	Increase percent of patients identified with non-medical need who receive intervention cumulatively across local hospital service areas to 45% by 2026; Metric will align with to-be-determined annual SDOH Council target for improving successful SDOH intervention in 2027 and 2028.	Director of Clinical and Social Health Integration	Annually through 12/31/28
Provide community-based screening, education, resources and/or programmatic interventions to promote healthy lifestyles and disease prevention in all Henry Ford markets.	Complete at minimum the following community-connected activities annually: 1 for hospital service areas <500k population, 2 for 500k-999k, 3 for 1M +. (1 for Genesys Hospital) Example activities include health screenings, lectures, health fairs, Cooking Matters sessions, etc.	Hospital CHNA Liaisons	Annually through 12/31/28
Improve access to no-cost, evidence-based diabetes prevention programming.	Increase patients enrolled in a diabetes prevention intervention such as Diabetes Prevention Program (DPP) cumulatively across hospital service areas by 10% annually.	Director of Diabetes Prevention Program	Annually through 12/31/28
Improve access to effective Diabetes Self-Management Education (DSME) Programming to all Henry Ford markets.	Increase patients enrolled in DSME cumulatively across hospital service areas by 10% by 2028.	DSME Directors	12/31/28
Provide no-cost Tobacco Treatment Cessation Counseling Services to patients.	Increase patients enrolled in Tobacco Treatment Services (TTS) cumulatively across local hospital service areas by 10% by 2028.	Director of Center for Health Promotion and Disease Prevention	12/31/28

CHNA Implementation Strategy 2026-2028

Hospital Facility:	Henry Ford Genesys Hospital
CHNA Significant Health Need:	Maternal-Infant Health Improvement
CHNA Reference Pages:	Pages 63-66

Brief Description of Need:

A pregnancy-related death is any death of a person during pregnancy or within 365 days of end of pregnancy that is directly related to or aggravated by pregnancy. The pregnancy-related maternal mortality ratio represents pregnancy-related deaths per 100,00 live births. In Genesee County, the maternal mortality ratio for 2017-2021 is 31.1. This is more than Michigan's ratio, which is 23.9. Certain conditions during the prenatal and perinatal period increases risk for maternal mortality, such as weight gain, gestational diabetes, and hypertension. In the Genesee County, 51.8% of pregnant women gained weight above the recommended range determined by the National Academy of Medicine. This is higher than the state average, which is 48.0%. The prevalence of gestational diabetes in Genesee County is 6.9%, lower than the state average (7.1%). Prevalence of hypertension, during or before pregnancy, is 14.2% in Genesee County. This is slightly lower than Michigan's average of 11.7%. Notably, 39.1% of pregnant women in Genesee County did not receive the recommended amount of prenatal care, determined using the Kessner Index.

Infant mortality is defined as the death of an infant before their first birthday. Across Michigan, the infant mortality rate for all infants is 6.3 per 1,000 live births. Genesee County's infant mortality rate is 8.6. Low birth weight and preterm birth can increase risk for infants. Low weight births are less than 2,500 grams. Very low birth weight is considered less than 1,500 grams. Genesee County has a higher percentage of low weight births compared to Michigan, with 10.6% of live births falling in this category. 12.1% of births in Genesee County are considered preterm.

These data serve as a justification for increased focus on mothers and infants' health during and after pregnancy. At Henry Ford Genesys Hospital, efforts to improve maternal healthcare are underway.

Goal:

Prevent maternal and infant morbidity and mortality, ensuring more mothers and babies thrive.

Project Objectives:

1. Improve access to timely treatment of maternal health issues threatening safe birth and postpartum outcomes
2. Strengthen and enhance maternal health services to be more holistically supportive of patient needs, including women's mental health
3. Strengthen connections to community-based maternal-infant health work and expand reach of maternal-infant health resources, programs, and education to community members

Strategy	Metric/Goal	Accountable Leader	Date
Provide community-based screening, education, resources, and/or programmatic interventions to promote maternal-infant health improvement in all Henry Ford markets.	Complete at minimum the following community-connected activities annually: 1 for hospital service areas <500k population, 2 for 500k-999k, 3 for 1M+ (1 for Genesys Hospital) Example activities include community baby showers, safe sleep classes, maternal health resource fairs, WIN Network Group Prenatal Care, etc.	Hospital CHNA Liaisons	Annually through 12/31/28
Ensure timelier treatment for women's mental health by identifying those needing depression care.	Increase Women's Health Services patients receiving depression screening by 5% annually cumulatively across local hospital service areas	Medical Director of Maternal and Perinatal Health Outcomes Vice President of Women's Health Service Line	Annually through 12/31/28
Prevent morbidity and mortality due to hypertension in postpartum mothers with timely follow up care for severely hypertensive patients.	Increase compliance in scheduling follow-up blood pressure check within 3 days to 80% cumulatively across local hospital service areas	Medical Director of Maternal and Perinatal Health Outcomes Vice President of Women's Health Service Line	12/31/28

CHNA Implementation Strategy 2026-2028

Hospital Facility:	Henry Ford Genesys Hospital
CHNA Significant Health Need:	Mental Health & Substance Misuse Treatment
CHNA Reference Pages:	Pages 61-62, 67, 72-73

Brief Description of Need:

The prevalence of self-reported poor mental health status has worsened in Genesee County since the last assessment – 20.5% compared to Michigan's 16.4%. In Genesee County, the opioid crude death rate per 100,000 is 46.7, nearly double Michigan's rate of 24.3. The all-drug death rate for Genesee County is 59.5 per 100,000, also nearly double Michigan's rate of 30.1. 78.4% of all drug overdose deaths in Genesee County are caused by opioids. Opioid drug overdose death trend data shows an 34.0% increase from 2021 to 2022 in Genesee County. Detroit's all drug overdose deaths have increased by 28.2%, higher than the state increase (9.5%). Amongst the ten leading causes of death in Michigan and Genesee County, drug overdose deaths are categorized as "unintentional injuries," a category which is the third leading cause of death in Michigan on average, with a death rate of 56.7 per 100,000. In Genesee County, this death rate is 87.6, which has increased since the last Community Health Needs Assessment (CHNA).

At Henry Ford Genesys Hospital, work is being done to improve access to mental health and substance misuse care at the clinical and community levels and to address poor non-medical determinants of health that prevent community members from achieving optimal mental health.

Goal:

Improve behavioral health/substance misuse access, follow-up and education to improve mental health and reduce substance use disorder.

Project Objectives:

1. Improve access to timely behavioral health services
2. Prevent severe mental and behavioral health diagnoses through prevention efforts, screening, and education
3. Strengthen connections to community-based mental health work and expand reach of poor mental health and substance misuse prevention efforts to community members

Strategy	Metric/Goal	Accountable Leader	Date
Improve timely access to behavioral health care for community members	Adult Behavioral Health Integration (Collaborative Care): Achieve 50% percent of patients seen within 14 days cumulatively across local hospital service areas	Vice President of Behavioral Health Service Line	12/31/28
Provide community-based screening, education, resources and/or programmatic interventions to promote mental health and substance misuse prevention in all Henry Ford markets.	Complete at minimum the following community-connected activities annually: 1 for hospital service areas <500k population, 2 for 500k-999k, 3 for 1M+ (1 for Genesys Hospital) Example activities include screenings, lectures, health fairs, mental health first aid trainings, human trafficking and domestic violence trainings, naloxone distribution, ROSES program, etc.	Hospital CHNA Liaisons	Annually through 12/31/28
Increase access to Medicaid Assisted Treatment (MAT) certified providers	Increase percent of HFH Mosaic Clinically Integrated Network patients attributed to MAT-certified Primary Care Providers (PCPs) to 30% cumulatively across local hospital service areas	Manager Value Based Programs Clinically Integrated Network	12/31/28
Increase the identification and appropriate response to individuals at risk for or experiencing human trafficking across Henry Ford Health by implementing staff training, standardized screening, and/or closed-loop referral pathways in priority clinical and community-facing settings.	Conduct at least 1 human trafficking training for each hospital service area per year	Director of Open Arms Program	Annually through 12/31/28

Adoption of Implementation Strategies

Approved by the Henry Ford Quality & Culture Committee, a Committee of the Board of Directors, in May 2026. The final, approved versions of the 2025 Community Health Needs Assessment and the 2026-2028 Implementation Strategies are available electronically at www.henryford.com/about/community-health.

To submit written comments on the CHNA or to obtain a printed copy of the report, contact Henry Ford Health at communitybenefit@hfhs.org.

Henry Ford Detroit Hospital

Executive Summary

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Health Needs of the Community

The Henry Ford Health community has been identified as the City of Detroit and Genesee, Jackson, Livingston, Macomb, Oakland, St. Clair, and Wayne counties. The CHNA process identified significant health needs for this community. Health needs were prioritized based on several criteria including the importance given to particular health issues by survey participants, community interviewees, statistical data from the State of Michigan and other sources, as well as input from HFH leaders. Henry Ford Detroit Hospital's resources and overall alignment with the Henry Ford Health mission, vision, goals, and strategic priorities were taken into consideration when identifying the top two most significant health issues to be addressed. The following health priorities were chosen for the entire Henry Ford Health enterprise:

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Hospital Implementation Strategy

Henry Ford Detroit Hospital will focus on developing and supporting initiatives and measuring their effectiveness to improve the aforementioned health priorities. The following implementation strategy specifies community health needs that the Hospital/Health System has determined it will address, in partnership with other agencies and organizations, consistent with our mission and vision, to become the trusted partner in health for our communities.

CHNA Implementation Strategy 2026-2028

Hospital Facility:	Henry Ford Detroit Hospital
CHNA Significant Health Need:	Chronic Disease Prevention and Management
CHNA Reference Pages:	Page 46, 67-68, 72-73, 78, 80

Brief Description of Need:

Health behaviors and lifestyle factors such as alcohol and drug use, smoking, lack of physical activity, poor nutrition, and obesity are known to greatly impact onset of chronic disease. Preventative health practices, such as regular screenings, are known to positively impact these health outcomes. These lifestyle factors and the ability to access and partake in preventative health practices depend on non-medical determinants of health. Non-medical determinants of health describe the conditions in which people live, learn, work, and play. They typically include housing, education level, income, transportation, neighborhood quality and safety, social support, environmental factors, and more. Poorer non-medical determinants of health make accessing and navigating healthcare systems more difficult and constrains one's ability to practice healthy behaviors.

In Detroit, 32.6% of adults report no leisure-time physical activity. While this is higher than the state average (24.1%), this Detroit figure has improved since the 2022 Community Health Needs Assessment (CHNA). 17.1% of Detroit residents report poor physical health. Detroit's prevalence of obesity decreased since the last assessment, with a prevalence of 35.6%. This figure is slightly higher than Michigan's prevalence, at 34.8%. Relatedly, 19.4% of Detroit residents report being told they have diabetes across their lifetime, much higher than the state average of 11.6%. The diabetes death rate in Detroit is higher than the state average, at 29.4 per 100,000 people. Preventable hospitalizations due to diabetes have increased by 2.1% in Detroit since the 2022 CHNA. Cancer also poses a significant risk across the City of Detroit, with death rates due to breast cancer at 20.4 per 100,000 and prostate cancer at 26.8 per 100,000. Detroit's breast, cervical, prostate, and colorectal cancer screening rates are lower than the state average. Despite this, prostate cancer screenings have increased by 30.7% in Detroit since the 2022 CHNA. It is important for Henry Ford Health to build on this improvement in screening in order to positively impact cancer outcomes across the City.

At Henry Ford Detroit Hospital, work is being done to prevent chronic disease at the clinical and community levels and to address poor non-medical determinants of health that prevent community members from achieving optimal health.

Goal:

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Project Objectives:

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Strategy	Metric/Goal	Accountable Leader	Date
Establish adherence with the standardized enterprise-wide Social Determinants of Health (SDOH) Policy to ensure that patients who have a social determinant of health need receive a successful intervention.	Increase percent of patients identified with non-medical need who receive intervention cumulatively across local hospital service areas to 45% by 2026; Metric will align with to-be-determined annual SDOH Council target for improving successful SDOH intervention in 2027 and 2028.	Director of Clinical and Social Health Integration	Annually through 12/31/28
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CHNA Implementation Strategy 2026-2028

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CHNA Reference Pages:	Pages 63-66

Brief Description of Need:

A pregnancy-related death is any death of a person during pregnancy or within 365 days of end of pregnancy that is directly related to or aggravated by pregnancy. The pregnancy-related maternal mortality ratio represents pregnancy-related deaths per 100,00 live births. In Detroit, the maternal mortality ratio for 2017-2021 is 50.4. This is more than double Michigan's ratio, which is 23.9. Certain conditions during the prenatal and perinatal period increases risk for maternal mortality, such as weight gain, gestational diabetes, and hypertension. In the City of Detroit, 24.9% of pregnant women gained weight below the recommended range determined by the National Academy of Medicine. This is higher than the state average, which is 20.9%. The prevalence of gestational diabetes in Detroit is 4.8%, lower than the state average (7.1%). Prevalence of hypertension, during or before pregnancy, is 11.6% in Detroit. This is slightly lower than Michigan's average of 11.7%. Notably, 42.8% of pregnant women in Detroit did not receive the recommended amount of prenatal care, determined using the Kessner Index.

Infant mortality is defined as the death of an infant before their first birthday. Across Michigan, the infant mortality rate for all infants is 6.3 per 1,000 live births. Detroit's infant mortality rate is 14.1, more than double the state average. Low birth weight and preterm birth can increase risk for infants. Low weight births are less than 2,500 grams. Very low birth weight is considered less than 1,500 grams. Detroit has a higher percentage of low weight births compared to Michigan, with 15.4% of live births falling in this category. 14.8% of births in Detroit are considered preterm.

These data serve as a justification for increased focus on mothers and infants' health during and after pregnancy. At Henry Ford Detroit Hospital, efforts to improve maternal healthcare are underway.

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Brief Description of Need:

The prevalence of self-reported poor mental health status has worsened in Detroit since the last assessment – 20.9% compared to Michigan's 16.4%. In Detroit, the opioid crude death rate per 100,000 is 64.0, more than double Michigan's rate of 24.3. The all-drug death rate for Detroit is 72.7 per 100,000, also more than double Michigan's rate of 30.1. 88.6% of all drug overdose deaths in Detroit are caused by opioids. Opioid drug overdose death trend data shows an 15.3% increase from 2021 to 2022 in Detroit. Detroit's all drug overdose deaths have increased by 20.5%, higher than the state increase (9.5%). Amongst the ten leading causes of death in Michigan and Detroit, drug overdose deaths are categorized as "unintentional injuries," a category which is the third leading cause of death in Michigan on average, with a death rate of 56.7 per 100,000. In Detroit, this death rate is 110.9, which has increased since the last Community Health Needs Assessment (CHNA).

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In Jackson County, 26.6% of adults report no leisure-time physical activity. This figure has worsened since the 2022 Community Health Needs Assessment (CHNA). 13.4% of Jackson County residents report poor physical health. Jackson County's prevalence of obesity increased since the last assessment, with a prevalence of 38.1%. This figure is higher than the state average, at 34.8%. Relatedly, 14.7% of Jackson County residents report being told they have diabetes across their lifetime, compared to the state average of 11.6%. The diabetes death rate in Jackson County is 24.5 per 100,000 people. Cancer also poses a significant risk across Jackson County, with death rates due to prostate cancer at 34.2 per 100,000 and lung cancer at 48.5 per 100,000. Jackson County's breast cancer screening rates are higher than the state average, but cervical, prostate, and colorectal screening rates show room for improvement. It is important for Henry Ford Health to build on existing screening efforts in order to positively impact cancer outcomes across Jackson County.

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Improve access to no-cost, evidence-based diabetes prevention programming.	Increase patients enrolled in a diabetes prevention intervention such as Diabetes Prevention Program (DPP) cumulatively across hospital service areas by 10% annually.	Director of Diabetes Prevention Program	Annually through 12/31/28
Improve access to effective Diabetes Self-Management Education (DSME) Programming to all Henry Ford markets.	Increase patients enrolled in DSME cumulatively across hospital service areas by 10% by 2028.	DSME Directors	12/31/28
Provide no-cost Tobacco Treatment Cessation Counseling Services to patients.	Increase patients enrolled in Tobacco Treatment Services (TTS) cumulatively across local hospital service areas by 10% by 2028.	Director of Center for Health Promotion and Disease Prevention	12/31/28

CHNA Implementation Strategy 2026-2028

Hospital Facility:	Henry Ford Jackson Hospital
CHNA Significant Health Need:	Maternal-Infant Health Improvement
CHNA Reference Pages:	Pages 63-66

Brief Description of Need:

A pregnancy-related death is any death of a person during pregnancy or within 365 days of end of pregnancy that is directly related to or aggravated by pregnancy. The pregnancy-related maternal mortality ratio represents pregnancy-related deaths per 100,00 live births. In Michigan, the maternal mortality ratio for 2017-2021 is 23.9. Jackson County's rate is unavailable due to sample size limitations. Certain conditions during the prenatal and perinatal period increases risk for maternal mortality, such as weight gain, gestational diabetes, hypertension and smoking while pregnant. In Jackson County, 23.2% of pregnant women gained weight below the recommended range determined by the National Academy of Medicine. This is higher than the state average, which is 20.9%. Prevalence of hypertension, during or before pregnancy, is 13.5% in Jackson County. This is slightly higher than Michigan's average of 11.7%. The prevalence of smoking while pregnant in Jackson County is 19.6%, significantly higher than the state average (10.8%). The prevalence of gestational diabetes in Jackson County is 8.3%.

Infant mortality is defined as the death of an infant before their first birthday. Across Michigan, the infant mortality rate for all infants is 6.3 per 1,000 live births. Jackson County's infant mortality rate is 7.5, slightly more than the state average. Low birth weight and preterm birth can increase risk for infants. Low weight births are less than 2,500 grams. Very low birth weight is considered less than 1,500 grams. Jackson County has a higher percentage of low weight births compared to Michigan, with 9.6% of live births falling in this category. 10.8% of births in Jackson County are considered preterm.

These data serve as a justification for increased focus on mothers and infants' health during and after pregnancy. At Henry Ford Jackson Hospital, efforts to improve maternal healthcare are underway.

Goal:

Prevent maternal and infant morbidity and mortality, ensuring more mothers and babies thrive.

Project Objectives:

1. Improve access to timely treatment of maternal health issues threatening safe birth and postpartum outcomes
2. Strengthen and enhance maternal health services to be more holistically supportive of patient needs, including women's mental health
3. Strengthen connections to community-based maternal-infant health work and expand reach of maternal-infant health resources, programs, and education to community members

Strategy	Metric/Goal	Accountable Leader	Date
Provide community-based screening, education, resources, and/or programmatic interventions to promote maternal-infant health improvement in all Henry Ford markets.	Complete at minimum the following community-connected activities annually: 1 for hospital service areas <500k population, 2 for 500k-999k, 3 for 1M+ (1 for Jackson Hospital) Example activities include community baby showers, safe sleep classes, maternal health resource fairs, WIN Network Group Prenatal Care, etc.	Hospital CHNA Liaisons	Annually through 12/31/28
Ensure timelier treatment for women's mental health by identifying those needing depression care.	Increase Women's Health Services patients receiving depression screening by 5% annually cumulatively across local hospital service areas	Medical Director of Maternal and Perinatal Health Outcomes Vice President of Women's Health Service Line	Annually through 12/31/28
Prevent morbidity and mortality due to hypertension in postpartum mothers with timely follow up care for severely hypertensive patients.	Increase compliance in scheduling follow-up blood pressure check within 3 days to 80% cumulatively across local hospital service areas	Medical Director of Maternal and Perinatal Health Outcomes Vice President of Women's Health Service Line	12/31/28

CHNA Implementation Strategy 2026-2028

Hospital Facility:	Henry Ford Jackson Hospital
CHNA Significant Health Need:	Mental Health & Substance Misuse Treatment
CHNA Reference Pages:	Pages 61-62, 67, 72-73

Brief Description of Need:

The prevalence of self-reported poor mental health status has worsened in Jackson County since the last assessment – 19.6% compared to Michigan's 16.4%. In Jackson County, the opioid crude death rate per 100,000 is 23.6, slightly lower than Michigan's rate of 24.3. The all-drug death rate for Jackson County is 28.0 per 100,000, also less than Michigan's rate of 30.1. 84.2% of all drug overdose deaths in Jackson County are caused by opioids. Despite this, efforts to curb substance use-related deaths are making a positive impact. Opioid drug overdose death trend data shows an 22.9% decrease from 2021 to 2022 in Jackson County. Jackson County's all drug overdose deaths have decreased by 21.4%. Amongst the ten leading causes of death in Michigan and Jackson County, drug overdose deaths are categorized as "unintentional injuries," a category which is the third leading cause of death in Michigan on average, with a death rate of 56.7 per 100,000. In Jackson County, this death rate is 26.6, which has improved since the last Community Health Needs Assessment (CHNA).

At Henry Ford Jackson Hospital, work is being done to improve access to mental health and substance misuse care at the clinical and community levels and to address poor non-medical determinants of health that prevent community members from achieving optimal mental health.

Goal:

Improve behavioral health/substance misuse access, follow-up and education to improve mental health and reduce substance use disorder.

Project Objectives:

1. Improve access to timely behavioral health services
2. Prevent severe mental and behavioral health diagnoses through prevention efforts, screening, and education
3. Strengthen connections to community-based mental health work and expand reach of poor mental health and substance misuse prevention efforts to community members

Strategy	Metric/Goal	Accountable Leader	Date
Improve timely access to behavioral health care for community members	Adult Behavioral Health Integration (Collaborative Care): Achieve 50% percent of patients seen within 14 days cumulatively across local hospital service areas	Vice President of Behavioral Health Service Line	12/31/28
Provide community-based screening, education, resources and/or programmatic interventions to promote mental health and substance misuse prevention in all Henry Ford markets.	Complete at minimum the following community-connected activities annually: 1 for hospital service areas <500k population, 2 for 500k-999k, 3 for 1M+ (1 for Jackson Hospital) Example activities include screenings, lectures, health fairs, mental health first aid trainings, human trafficking and domestic violence trainings, naloxone distribution, ROSES program, etc.	Hospital CHNA Liaison	Annually through 12/31/28
Increase access to Medicaid Assisted Treatment (MAT) certified providers	Increase percent of HFH Mosaic Clinically Integrated Network patients attributed to MAT-certified Primary Care Providers (PCPs) to 30% cumulatively across local hospital service areas	Manager Value Based Programs Clinically Integrated Network	12/31/28
Increase the identification and appropriate response to individuals at risk for or experiencing human trafficking across Henry Ford Health by implementing staff training, standardized screening, and/or closed-loop referral pathways in priority clinical and community-facing settings.	Conduct at least 1 human trafficking training for each hospital service area per year	Director of Open Arms Program	Annually through 12/31/28

Adoption of Implementation Strategies

Approved by the Henry Ford Quality & Culture Committee, a Committee of the Board of Directors, in May 2026. The final, approved versions of the 2025 Community Health Needs Assessment and the 2026-2028 Implementation Strategies are available electronically at www.henryford.com/about/community-health.

To submit written comments on the CHNA or to obtain a printed copy of the report, contact Henry Ford Health at communitybenefit@hfhs.org.

Henry Ford Macomb Hospital

Executive Summary

Henry Ford Macomb Hospital completed a comprehensive Community Health Needs Assessment (CHNA) that was adopted by the Henry Ford Health (HFH) Quality & Culture Committee in December 2025. Henry Ford Macomb Hospital performed the CHNA in adherence with certain federal requirements for not-for-profit hospitals set forth in the Affordable Care Act and by the Internal Revenue Service. The assessment considered input from community members and various community organizations.

Health Needs of the Community

The Henry Ford Health community has been identified as the City of Detroit and Genesee, Jackson, Livingston, Macomb, Oakland, St. Clair, and Wayne counties. The CHNA process identified significant health needs for this community. Health needs were prioritized based on several criteria including the importance given to particular health issues by survey participants, community interviewees, statistical data from the State of Michigan and other sources, as well as input from HFH leaders. Henry Ford Macomb Hospital's resources and overall alignment with the Henry Ford Health mission, vision, goals, and strategic priorities were taken into consideration when identifying the top two most significant health issues to be addressed. The following health priorities were chosen for the entire Henry Ford Health enterprise:

1. Chronic Disease Prevention and Management
2. Maternal-Infant Health Improvement
3. Mental Health & Substance Misuse Treatment

Henry Ford Health works to leverage its resources, partnerships, and market share across the counties it serves to make large-scale community impact. An important factor in the success of Henry Ford's ability to make this large-scale impact is the individual contributions of each hospital within the enterprise. It is our goal through these Implementation Plans to push each hospital to set ambitious goals that will improve our communities' outcomes and access to resources, while coalescing each hospital around aligned enterprise-wide strategies and metrics.

Hospital Implementation Strategy

Henry Ford Macomb Hospital will focus on developing and supporting initiatives and measuring their effectiveness to improve the aforementioned health priorities. The following implementation strategy specifies community health needs that the Hospital/Health System has determined it will address, in partnership with other agencies and organizations, consistent with our mission and vision, to become the trusted partner in health for our communities.

CHNA Implementation Strategy 2026-2028

Hospital Facility:	Henry Ford Macomb Hospital
CHNA Significant Health Need:	Chronic Disease Prevention and Management
CHNA Reference Pages:	Page 46, 67-68, 72-73, 78, 80

Brief Description of Need:

Health behaviors and lifestyle factors such as alcohol and drug use, smoking, lack of physical activity, poor nutrition, and obesity are known to greatly impact onset of chronic disease. Preventative health practices, such as regular screenings, are known to positively impact these health outcomes. These lifestyle factors and the ability to access and partake in preventative health practices depend on non-medical determinants of health. Non-medical determinants of health describe the conditions in which people live, learn, work, and play. They typically include housing, education level, income, transportation, neighborhood quality and safety, social support, environmental factors, and more. Poorer non-medical determinants of health make accessing and navigating healthcare systems more difficult and constrains one's ability to practice healthy behaviors.

In Macomb County, nearly a quarter of adults report no leisure-time physical activity. 12.4% of Macomb residents report poor physical health. Macomb County's prevalence of obesity increased by 3% since the 2022 Community Health Needs Assessment (CHNA), with a prevalence of 36.6%. This figure is slightly higher than Michigan's prevalence, at 34.8%. Relatedly, 10.2% of Macomb County residents report being told they have diabetes across their lifetime. The diabetes death rate in Macomb County is higher than the state average, at 26.9 per 100,000 people. Preventable hospitalizations due to diabetes have increased by 4.9% in Macomb County since the 2022 CHNA. Cancer also poses a significant risk across Macomb County, with death rates due to breast cancer and lung cancer higher than the state average. Macomb County's cancer screening rates, while higher than the state average, have worsened since the 2022 assessment. Despite this, the overall cancer death rate for Macomb County has decreased since the 2022 CHNA, showing improvements.

At Henry Ford Macomb Hospital, work is being done to prevent chronic disease at the clinical and community levels and to address poor non-medical determinants of health that prevent community members from achieving optimal health.

Goal:

Prevent the incidence of highly prevalent chronic diseases and increase community members' capacity to manage chronic disease.

Project Objectives:

1. Improve access to timely chronic disease prevention and treatment services
2. Prevent onset of and deaths due to highly prevalent chronic diseases through prevention efforts, screening, and education
3. Strengthen connections to community-based chronic disease and healthy lifestyles work and expand reach of chronic disease prevention efforts to community members
4. Improve enterprise-wide delivery of non-medical needs interventions through standardization, policy implementation, and data monitoring, ensuring that patients receive the support they need

Strategy	Metric/Goal	Accountable Leader	Date
Establish adherence with the standardized enterprise-wide Social Determinants of Health (SDOH) Policy to ensure that patients who have a social determinant of health need receive a successful intervention.	Increase percent of patients identified with non-medical need who receive intervention cumulatively across local hospital service areas to 45% by 2026; Metric will align with to-be-determined annual SDOH Council target for improving successful SDOH intervention in 2027 and 2028.	Director of Clinical and Social Health Integration	Annually through 12/31/28
Provide community-based screening, education, resources and/or programmatic interventions to promote healthy lifestyles and disease prevention in all Henry Ford markets.	Complete at minimum the following community-connected activities annually: 1 for hospital service areas <500k population, 2 for 500k-999k, 3 for 1M+. (2 for Macomb Hospital) Example activities include health screenings, lectures, health fairs, Cooking Matters sessions, etc.	Hospital CHNA Liaisons	Annually through 12/31/28
Improve access to no-cost, evidence-based diabetes prevention programming.	Increase patients enrolled in a diabetes prevention intervention such as Diabetes Prevention Program (DPP) cumulatively across hospital service areas by 10% annually.	Director of Diabetes Prevention Program	Annually through 12/31/28
Improve access to effective Diabetes Self-Management Education (DSME) Programming to all Henry Ford markets.	Increase patients enrolled in DSME cumulatively across hospital service areas by 10% by 2028.	DSME Directors	12/31/28
Provide no-cost Tobacco Treatment Cessation Counseling Services to patients.	Increase patients enrolled in Tobacco Treatment Services (TTS) cumulatively across local hospital service areas by 10% by 2028.	Director of Center for Health Promotion and Disease Prevention	12/31/28

CHNA Implementation Strategy 2026-2028

Hospital Facility:	Henry Ford Macomb Hospital
CHNA Significant Health Need:	Maternal-Infant Health Improvement
CHNA Reference Pages:	Pages 63-66

Brief Description of Need:

A pregnancy-related death is any death of a person during pregnancy or within 365 days of end of pregnancy that is directly related to or aggravated by pregnancy. The pregnancy-related maternal mortality ratio represents pregnancy-related deaths per 100,00 live births. In Macomb County, the maternal mortality ratio for 2017-2021 is 28.8. This is higher than Michigan's ratio, which is 23.9. Certain conditions during the prenatal and perinatal period increases risk for maternal mortality, such as weight gain, gestational diabetes, and hypertension. In Macomb County, 48.8% of pregnant women gained weight above the recommended range determined by the National Academy of Medicine. This is slightly higher than the state average, which is 48.0%. The prevalence of gestational diabetes in Macomb County is 8.1%, also higher than the state average (7.1%). Prevalence of hypertension, during or before pregnancy, is 13.5% in Macomb County. This is higher than Michigan's average of 11.7%.

Infant mortality is defined as the death of an infant before their first birthday. Across Michigan, the infant mortality rate for all infants is 6.3 per 1,000 live births. Macomb County's infant mortality rate is 5.3, which is worse than the last CHNA. Low birth weight and preterm birth can increase risk for infants. Low weight births are less than 2,500 grams. Very low birth weight is considered less than 1,500 grams. Macomb County has a higher state average percentage of low weight births, with 9.3% of live births falling in this category. 10.9% of births in Macomb County are considered preterm.

These data serve as a justification for increased focus on mothers and infants' health during and after pregnancy. At Henry Ford Macomb Hospital, efforts to improve maternal healthcare are underway.

Goal:

Prevent maternal and infant morbidity and mortality, ensuring more mothers and babies thrive.

Project Objectives:

1. Improve access to timely treatment of maternal health issues threatening safe birth and postpartum outcomes
2. Strengthen and enhance maternal health services to be more holistically supportive of patient needs, including women's mental health
3. Strengthen connections to community-based maternal-infant health work and expand reach of maternal-infant health resources, programs, and education to community members

Strategy	Metric/Goal	Accountable Leader	Date
Provide community-based screening, education, resources, and/or programmatic interventions to promote maternal-infant health improvement in all Henry Ford markets.	Complete at minimum the following community-connected activities annually: 1 for hospital service areas <500k population, 2 for 500k-999k, 3 for 1M+ (2 for Macomb Hospital) Example activities include community baby showers, safe sleep classes, maternal health resource fairs, WIN Network Group Prenatal Care, etc.	Hospital CHNA Liaisons	Annually through 12/31/28
Ensure timelier treatment for women's mental health by identifying those needing depression care.	Increase Women's Health Services patients receiving depression screening by 5% annually cumulatively across local hospital service areas	Medical Director of Maternal and Perinatal Health Outcomes Vice President of Women's Health Service Line	Annually through 12/31/28
Prevent morbidity and mortality due to hypertension in postpartum mothers with timely follow up care for severely hypertensive patients.	Increase compliance in scheduling follow-up blood pressure check within 3 days to 80% cumulatively across local hospital service areas	Medical Director of Maternal and Perinatal Health Outcomes Vice President of Women's Health Service Line	12/31/28

CHNA Implementation Strategy 2026-2028

Hospital Facility:	Henry Ford Macomb Hospital
CHNA Significant Health Need:	Mental Health & Substance Misuse Treatment
CHNA Reference Pages:	Pages 61-62, 67, 72-73

Brief Description of Need:

The prevalence of self-reported poor mental health status has improved in Macomb County since the last assessment – 14.8% compared to Michigan's 16.4%. In Macomb County, the opioid crude death rate per 100,000 is 30.2, higher than Michigan's rate of 24.3. The all-drug death rate for Macomb County is 35.7 per 100,000, also higher than Michigan's rate of 30.1. 84.6% of all drug overdose deaths in Macomb County are caused by opioids. From 2021 to 2022, Macomb County opioid drug overdose deaths decreased by 2.2%. Macomb County all drug overdose deaths have decreased by 5.8%. Amongst the ten leading causes of death in Michigan and Macomb County, drug overdose deaths are categorized as "unintentional injuries," a category which is the third leading cause of death in Michigan on average, with a death rate of 56.7 per 100,000. In Macomb, this death rate is 45.9, showing a 20% decrease from 2022's rate of 57.

At Henry Ford Macomb Hospital, work is being done to improve access to mental health and substance misuse care at the clinical and community levels and to address poor non-medical determinants of health that prevent community members from achieving optimal mental health.

Goal:

Improve behavioral health/substance misuse access, follow-up and education to improve mental health and reduce substance use disorder.

Project Objectives:

1. Improve access to timely behavioral health services
2. Prevent severe mental and behavioral health diagnoses through prevention efforts, screening, and education
3. Strengthen connections to community-based mental health work and expand reach of poor mental health and substance misuse prevention efforts to community members

Strategy	Metric/Goal	Accountable Leader	Date
Improve timely access to behavioral health care for community members	Adult Behavioral Health Integration (Collaborative Care): Achieve 50% percent of patients seen within 14 days cumulatively across local hospital service areas	Vice President of Behavioral Health Service Line	12/31/28
Provide community-based screening, education, resources and/or programmatic interventions to promote mental health and substance misuse prevention in all Henry Ford markets.	Complete at minimum the following community-connected activities annually: 1 for hospital service areas <500k population, 2 for 500k-999k, 3 for 1M+ (2 for Macomb Hospital) Example activities include screenings, lectures, health fairs, mental health first aid trainings, human trafficking and domestic violence trainings, naloxone distribution, ROSES program, etc.	Hospital CHNA Liaison	Annually through 12/31/28
Increase access to Medicaid Assisted Treatment (MAT) certified providers	Increase percent of HFH Mosaic Clinically Integrated Network patients attributed to MAT-certified Primary Care Providers (PCPs) to 30% cumulatively across local hospital service areas	Manager Value Based Programs Clinically Integrated Network	12/31/28
Increase the identification and appropriate response to individuals at risk for or experiencing human trafficking across Henry Ford Health by implementing staff training, standardized screening, and/or closed-loop referral pathways in priority clinical and community-facing settings.	Conduct at least 1 human trafficking training for each hospital service area per year	Director of Open Arms Program	Annually through 12/31/28

Adoption of Implementation Strategies

Approved by the Henry Ford Quality & Culture Committee, a Committee of the Board of Directors, in May 2026. The final, approved versions of the 2025 Community Health Needs Assessment and the 2026-2028 Implementation Strategies are available electronically at www.henryford.com/about/community-health.

To submit written comments on the CHNA or to obtain a printed copy of the report, contact Henry Ford Health at communitybenefit@hfhs.org.

Henry Ford Providence Novi Hospital

Executive Summary

Henry Ford Providence Novi Hospital completed a comprehensive Community Health Needs Assessment (CHNA) that was adopted by the Henry Ford Health (HFH) Quality & Culture Committee in December 2025. Henry Ford Providence Novi Hospital performed the CHNA in adherence with certain federal requirements for not-for-profit hospitals set forth in the Affordable Care Act and by the Internal Revenue Service. The assessment considered input from community members and various community organizations.

Health Needs of the Community

The Henry Ford Health community has been identified as the City of Detroit and Genesee, Jackson, Livingston, Macomb, Oakland, St. Clair, and Wayne counties. The CHNA process identified significant health needs for this community. Health needs were prioritized based on several criteria including the importance given to particular health issues by survey participants, community interviewees, statistical data from the State of Michigan and other sources, as well as input from HFH leaders. Henry Ford Providence Novi Hospital's resources and overall alignment with the Henry Ford Health mission, vision, goals, and strategic priorities were taken into consideration when identifying the top two most significant health issues to be addressed. The following health priorities were chosen for the entire Henry Ford Health enterprise:

1. Chronic Disease Prevention and Management
2. Maternal-Infant Health Improvement
3. Mental Health & Substance Misuse Treatment

Henry Ford Health works to leverage its resources, partnerships, and market share across the counties it serves to make large-scale community impact. An important factor in the success of Henry Ford's ability to make this large-scale impact is the individual contributions of each hospital within the enterprise. It is our goal through these Implementation Plans to push each hospital to set ambitious goals that will improve our communities' outcomes and access to resources, while coalescing each hospital around aligned enterprise-wide strategies and metrics.

Hospital Implementation Strategy

Henry Ford Providence Novi Hospital will focus on developing and supporting initiatives and measuring their effectiveness to improve the aforementioned health priorities. The following implementation strategy specifies community health needs that the Hospital/Health System has determined it will address, in partnership with other agencies and organizations, consistent with our mission and vision, to become the trusted partner in health for our communities.

CHNA Implementation Strategy 2026-2028

Hospital Facility:	Henry Ford Providence Novi Hospital
CHNA Significant Health Need:	Chronic Disease Prevention and Management
CHNA Reference Pages:	Page 46, 67-68, 72-73, 78, 80

Brief Description of Need:

Health behaviors and lifestyle factors such as alcohol and drug use, smoking, lack of physical activity, poor nutrition, and obesity are known to greatly impact onset of chronic disease. Preventative health practices, such as regular screenings, are known to positively impact these health outcomes. These lifestyle factors and the ability to access and partake in preventative health practices depend on non-medical determinants of health. Non-medical determinants of health describe the conditions in which people live, learn, work, and play. They typically include housing, education level, income, transportation, neighborhood quality and safety, social support, environmental factors, and more. Poorer non-medical determinants of health make accessing and navigating healthcare systems more difficult and constrains one's ability to practice healthy behaviors.

In Oakland County, 18.9% adults report no leisure-time physical activity. 9.9% of Oakland County residents report poor physical health. Oakland County's prevalence of obesity increased since the 2022 Community Health Needs Assessment (CHNA), with a prevalence of 29.6%. This figure is slightly lower than Michigan's prevalence, at 34.8%. Relatedly, 9.2% of Oakland County residents report being told they have diabetes across their lifetime. The diabetes death rate in Oakland County is lower than the state average, at 21.7 per 100,000 people. Preventable hospitalizations due to diabetes have increased by 12.5% in Oakland County since the 2022 CHNA. Cancer also poses a significant risk across Oakland County, with deaths rates due to breast cancer at 18.4 per 100,000 and lung cancer at 28.1 per 100,000. Oakland County's cancer screening rates are higher than the state average and have improved since the 2022 assessment. It is important for Henry Ford Health to build on these improvements in screenings in order to positively impact cancer outcomes across the county.

At Henry Ford Providence Novi Hospital, work is being done to prevent chronic disease at the clinical and community levels and to address poor non-medical determinants of health that prevent community members from achieving optimal health.

Goal:

Prevent the incidence of highly prevalent chronic diseases and increase community members' capacity to manage chronic disease.

Project Objectives:

1. Improve access to timely chronic disease prevention and treatment services
2. Prevent onset of and deaths due to highly prevalent chronic diseases through prevention efforts, screening, and education
3. Strengthen connections to community-based chronic disease and healthy lifestyles work and expand reach of chronic disease prevention efforts to community members
4. Improve enterprise-wide delivery of non-medical needs interventions through standardization, policy implementation, and data monitoring, ensuring that patients receive the support they need

Strategy	Metric/Goal	Accountable Leader	Date
Establish adherence with the standardized enterprise-wide Social Determinants of Health (SDOH) Policy to ensure that patients who have a social determinant of health need receive a successful intervention.	Increase percent of patients identified with non-medical need who receive intervention cumulatively across local hospital service areas to 45% by 2026; Metric will align with to-be-determined annual SDOH Council target for improving successful SDOH intervention in 2027 and 2028.	Director of Clinical and Social Health Integration	Annually through 12/31/28
Provide community-based screening, education, resources and/or programmatic interventions to promote healthy lifestyles and disease prevention in all Henry Ford markets.	Complete at minimum the following community-connected activities annually: 1 for hospital service areas <500k population, 2 for 500k-999k, 3 for 1M+. (2 for Novi Hospital) Example activities include health screenings, lectures, health fairs, Cooking Matters sessions, etc.	Hospital CHNA Liaisons	Annually through 12/31/28
Improve access to no-cost, evidence-based diabetes prevention programming.	Increase patients enrolled in a diabetes prevention intervention such as Diabetes Prevention Program (DPP) cumulatively across hospital service areas by 10% annually.	Director of Diabetes Prevention Program	Annually through 12/31/28
Improve access to effective Diabetes Self-Management Education (DSME) Programming to all Henry Ford markets.	Increase patients enrolled in DSME cumulatively across hospital service areas by 10% by 2028.	DSME Directors	12/31/28
Provide no-cost Tobacco Treatment Cessation Counseling Services to patients.	Increase patients enrolled in Tobacco Treatment Services (TTS) cumulatively across local hospital service areas by 10% by 2028.	Director of Center for Health Promotion and Disease Prevention	12/31/28

CHNA Implementation Strategy 2026-2028

Hospital Facility:	Henry Ford Providence Novi Hospital
CHNA Significant Health Need:	Maternal-Infant Health Improvement
CHNA Reference Pages:	Pages 63-66

Brief Description of Need:

A pregnancy-related death is any death of a person during pregnancy or within 365 days of end of pregnancy that is directly related to or aggravated by pregnancy. The pregnancy-related maternal mortality ratio represents pregnancy-related deaths per 100,00 live births. In Oakland County, the maternal mortality ratio for 2017-2021 is 21.7. This is slightly lower than Michigan's ratio, which is 23.9. Certain conditions during the prenatal and perinatal period increases risk for maternal mortality, such as weight gain, gestational diabetes, and hypertension. In Oakland County, 48.6% of pregnant women gained weight above the recommended range determined by the National Academy of Medicine. This is slightly higher than the state average, which is 48.0%. The prevalence of gestational diabetes in Oakland County is 7.0%, only slightly lower than the state average (7.1%). Prevalence of hypertension, during or before pregnancy, is 11.8% in Oakland County. This is higher than Michigan's average of 11.7%.

Infant mortality is defined as the death of an infant before their first birthday. Across Michigan, the infant mortality rate for all infants is 6.3 per 1,000 live births. Oakland County's infant mortality rate is 3.8, which is improved since the last Community Health Needs Assessment (CHNA). Low birth weight and preterm birth can increase risk for infants. Low weight births are less than 2,500 grams. Very low birth weight is considered less than 1,500 grams. Oakland County has a lower percentage of low weight births compared to Michigan, with 8.2% of live births falling in this category. 9.7% of births in Oakland County are considered preterm.

These data serve as a justification for increased focus on mothers and infants' health during and after pregnancy. At Henry Ford Providence Novi Hospital, efforts to improve maternal healthcare are underway.

Goal:

Prevent maternal and infant morbidity and mortality, ensuring more mothers and babies thrive.

Project Objectives:

1. Improve access to timely treatment of maternal health issues threatening safe birth and postpartum outcomes
2. Strengthen and enhance maternal health services to be more holistically supportive of patient needs, including women's mental health
3. Strengthen connections to community-based maternal-infant health work and expand reach of maternal-infant health resources, programs, and education to community members

Strategy	Metric/Goal	Accountable Leader	Date
Provide community-based screening, education, resources, and/or programmatic interventions to promote maternal-infant health improvement in all Henry Ford markets.	Complete at minimum the following community-connected activities annually: 1 for hospital service areas <500k population, 2 for 500k-999k, 3 for 1M+ (2 for Novi Hospital) Example activities include community baby showers, safe sleep classes, maternal health resource fairs, WIN Network Group Prenatal Care, etc.	Hospital CHNA Liaisons	Annually through 12/31/28
Ensure timelier treatment for women's mental health by identifying those needing depression care.	Increase Women's Health Services patients receiving depression screening by 5% annually cumulatively across local hospital service areas	Medical Director of Maternal and Perinatal Health Outcomes Vice President of Women's Health Service Line	Annually through 12/31/28
Prevent morbidity and mortality due to hypertension in postpartum mothers with timely follow up care for severely hypertensive patients.	Increase compliance in scheduling follow-up blood pressure check within 3 days to 80% cumulatively across local hospital service areas	Medical Director of Maternal and Perinatal Health Outcomes Vice President of Women's Health Service Line	12/31/28

CHNA Implementation Strategy 2026-2028

Hospital Facility:	Henry Ford Providence Novi Hospital
CHNA Significant Health Need:	Mental Health & Substance Misuse Treatment
CHNA Reference Pages:	Pages 61-62, 67, 72-73

Brief Description of Need:

The prevalence of self-reported poor mental health status has improved in Oakland County since the last assessment – 12.6% compared to Michigan's 16.4%. In Oakland County, the opioid crude death rate per 100,000 is 14.9, lower than Michigan's rate of 24.3. The all-drug deaths rate for Oakland County is 18.5 per 100,000, also lower than Michigan's rate of 30.1. 80.6% of all drug overdose deaths in Oakland County are caused by opioids. Opioid drug overdose death trend data is unavailable for Oakland County. Oakland County all drug overdose deaths have increased by 12.6%, higher than the state increase (9.5%). Amongst the ten leading causes of death in Michigan and Oakland County, drug overdose deaths are categorized as "unintentional injuries," a category which is the third leading cause of death in Michigan on average, with a death rate of 56.7 per 100,000. In Oakland County, this death rate is 29.1, which has increased since the last Community Health Needs Assessment (CHNA).

At Henry Ford Providence Novi Hospital, work is being done to improve access to mental health and substance misuse care at the clinical and community levels and to address poor non-medical determinants of health that prevent community members from achieving optimal mental health.

Goal:

Improve behavioral health/substance misuse access, follow-up and education to improve mental health and reduce substance use disorder.

Project Objectives:

1. Improve access to timely behavioral health services
2. Prevent severe mental and behavioral health diagnoses through prevention efforts, screening, and education
3. Strengthen connections to community-based mental health work and expand reach of poor mental health and substance misuse prevention efforts to community members

Strategy	Metric/Goal	Accountable Leader	Date
Improve timely access to behavioral health care for community members	Adult Behavioral Health Integration (Collaborative Care): Achieve 50% percent of patients seen within 14 days cumulatively across local hospital service areas	Vice President of Behavioral Health Service Line	12/31/28
Provide community-based screening, education, resources and/or programmatic interventions to promote mental health and substance misuse prevention in all Henry Ford markets.	Complete at minimum the following community-connected activities annually: 1 for hospital service areas <500k population, 2 for 500k-999k, 3 for 1M+ (2 for Novi Hospital) Example activities include screenings, lectures, health fairs, mental health first aid trainings, human trafficking and domestic violence trainings, naloxone distribution, ROSES program, etc.	Hospital CHNA Liaison	Annually through 12/31/28
Increase access to Medicaid Assisted Treatment (MAT) certified providers	Increase percent of HFH Mosaic Clinically Integrated Network patients attributed to MAT-certified Primary Care Providers (PCPs) to 30% cumulatively across local hospital service areas	Manager Value Based Programs Clinically Integrated Network	12/31/28
Increase the identification and appropriate response to individuals at risk for or experiencing human trafficking across Henry Ford Health by implementing staff training, standardized screening, and/or closed-loop referral pathways in priority clinical and community-facing settings.	Conduct at least 1 human trafficking training for each hospital service area per year	Director of Open Arms Program	Annually through 12/31/28

Adoption of Implementation Strategies

Approved by the Henry Ford Quality & Culture Committee, a Committee of the Board of Directors, in May 2026. The final, approved versions of the 2025 Community Health Needs Assessment and the 2026-2028 Implementation Strategies are available electronically at www.henryford.com/about/community-health.

To submit written comments on the CHNA or to obtain a printed copy of the report, contact Henry Ford Health at communitybenefit@hfhs.org.

Henry Ford Providence Southfield Hospital

Executive Summary

Henry Ford Genesys Hospital completed a comprehensive Community Health Needs Assessment (CHNA) that was adopted by the Henry Ford Health (HFH) Quality & Culture Committee in December 2025. Henry Ford Providence Southfield Hospital performed the CHNA in adherence with certain federal requirements for not-for-profit hospitals set forth in the Affordable Care Act and by the Internal Revenue Service. The assessment considered input from community members and various community organizations.

Health Needs of the Community

The Henry Ford Health community has been identified as the City of Detroit and Genesee, Jackson, Livingston, Macomb, Oakland, St. Clair, and Wayne counties. The CHNA process identified significant health needs for this community. Health needs were prioritized based on several criteria including the importance given to particular health issues by survey participants, community interviewees, statistical data from the State of Michigan and other sources, as well as input from HFH leaders. Henry Ford Providence Southfield Hospital's resources and overall alignment with the Henry Ford Health mission, vision, goals, and strategic priorities were taken into consideration when identifying the top two most significant health issues to be addressed. The following health priorities were chosen for the entire Henry Ford Health enterprise:

1. Chronic Disease Prevention and Management
2. Maternal-Infant Health Improvement
3. Mental Health & Substance Misuse Treatment

Henry Ford Health works to leverage its resources, partnerships, and market share across the counties it serves to make large-scale community impact. An important factor in the success of Henry Ford's ability to make this large-scale impact is the individual contributions of each hospital within the enterprise. It is our goal through these Implementation Plans to push each hospital to set ambitious goals that will improve our communities' outcomes and access to resources, while coalescing each hospital around aligned enterprise-wide strategies and metrics.

Hospital Implementation Strategy

Henry Ford Providence Southfield Hospital will focus on developing and supporting initiatives and measuring their effectiveness to improve the aforementioned health priorities. The following implementation strategy specifies community health needs that the Hospital/Health System has determined it will address, in partnership with other agencies and organizations, consistent with our mission and vision, to become the trusted partner in health for our communities.

CHNA Implementation Strategy 2026-2028

Hospital Facility:	Henry Ford Providence Southfield Hospital
CHNA Significant Health Need:	Chronic Disease Prevention and Management
CHNA Reference Pages:	Page 46, 67-68, 72-73, 78, 80

Brief Description of Need:

Health behaviors and lifestyle factors such as alcohol and drug use, smoking, lack of physical activity, poor nutrition, and obesity are known to greatly impact onset of chronic disease. Preventative health practices, such as regular screenings, are known to positively impact these health outcomes. These lifestyle factors and the ability to access and partake in preventative health practices depend on non-medical determinants of health. Non-medical determinants of health describe the conditions in which people live, learn, work, and play. They typically include housing, education level, income, transportation, neighborhood quality and safety, social support, environmental factors, and more. Poorer non-medical determinants of health make accessing and navigating healthcare systems more difficult and constrains one's ability to practice healthy behaviors.

In Oakland County, 18.9% adults report no leisure-time physical activity. 9.9% of Oakland County residents report poor physical health. Oakland County's prevalence of obesity increased since the 2022 Community Health Needs Assessment (CHNA), with a prevalence of 29.6%. This figure is slightly lower than Michigan's prevalence, at 34.8%. Relatedly, 9.2% of Oakland County residents report being told they have diabetes across their lifetime. The diabetes death rate in Oakland County is lower than the state average, at 21.7 per 100,000 people. Preventable hospitalizations due to diabetes have increased by 12.5% in Oakland County since the 2022 CHNA. Cancer also poses a significant risk across Oakland County, with death rates due to breast cancer at 18.4 per 100,000 and lung cancer at 28.1 per 100,000. Oakland County's cancer screening rates are higher than the state average and have improved since the 2022 assessment. It is important for Henry Ford Health to build on these improvements in screenings in order to positively impact cancer outcomes across the county.

At Henry Ford Providence Southfield Hospital, work is being done to prevent chronic disease at the clinical and community levels and to address poor non-medical determinants of health that prevent community members from achieving optimal health.

Goal:

Prevent the incidence of highly prevalent chronic diseases and increase community members' capacity to manage chronic disease.

Project Objectives:

1. Improve access to timely chronic disease prevention and treatment services
2. Prevent onset of and deaths due to highly prevalent chronic diseases through prevention efforts, screening, and education
3. Strengthen connections to community-based chronic disease and healthy lifestyles work and expand reach of chronic disease prevention efforts to community members
4. Improve enterprise-wide delivery of non-medical needs interventions through standardization, policy implementation, and data monitoring, ensuring that patients receive the support they need

Strategy	Metric/Goal	Accountable Leader	Date
Establish adherence with the standardized enterprise-wide Social Determinants of Health (SDOH) Policy to ensure that patients who have a social determinant of health need receive a successful intervention.	Increase percent of patients identified with non-medical need who receive intervention cumulatively across local hospital service areas to 45% by 2026; Metric will align with to-be-determined annual SDOH Council target for improving successful SDOH intervention in 2027 and 2028.	Director of Clinical and Social Health Integration	Annually through 12/31/28
Provide community-based screening, education, resources and/or programmatic interventions to promote healthy lifestyles and disease prevention in all Henry Ford markets.	Complete at minimum the following community-connected activities annually: 1 for hospital service areas <500k population, 2 for 500k-999k, 3 for 1M+. (2 for Southfield Hospital) Example activities include health screenings, lectures, health fairs, Cooking Matters sessions, etc.	Hospital CHNA Liaisons	Annually through 12/31/28
Improve access to no-cost, evidence-based diabetes prevention programming.	Increase patients enrolled in a diabetes prevention intervention such as Diabetes Prevention Program (DPP) cumulatively across hospital service areas by 10% annually.	Director of Diabetes Prevention Program	Annually through 12/31/28
Improve access to effective Diabetes Self-Management Education (DSME) Programming to all Henry Ford markets.	Increase patients enrolled in DSME cumulatively across hospital service areas by 10% by 2028.	DSME Directors	12/31/28
Provide no-cost Tobacco Treatment Cessation Counseling Services to patients.	Increase patients enrolled in Tobacco Treatment Services (TTS) cumulatively across local hospital service areas by 10% by 2028.	Director of Center for Health Promotion and Disease Prevention	12/31/28

CHNA Implementation Strategy 2026-2028

Hospital Facility:	Henry Ford Providence Southfield Hospital
CHNA Significant Health Need:	Maternal-Infant Health Improvement
CHNA Reference Pages:	Pages 63-66

Brief Description of Need:

A pregnancy-related death is any death of a person during pregnancy or within 365 days of end of pregnancy that is directly related to or aggravated by pregnancy. The pregnancy-related maternal mortality ratio represents pregnancy-related deaths per 100,00 live births. In Oakland County, the maternal mortality ratio for 2017-2021 is 21.7. This is slightly lower than Michigan's ratio, which is 23.9. Certain conditions during the prenatal and perinatal period increases risk for maternal mortality, such as weight gain, gestational diabetes, and hypertension. In Oakland County, 48.6% of pregnant women gained weight above the recommended range determined by the National Academy of Medicine. This is slightly higher than the state average, which is 48.0%. The prevalence of gestational diabetes in Oakland County is 7.0%, only slightly lower than the state average (7.1%). Prevalence of hypertension, during or before pregnancy, is 11.8% in Oakland County. This is higher than Michigan's average of 11.7%.

Infant mortality is defined as the death of an infant before their first birthday. Across Michigan, the infant mortality rate for all infants is 6.3 per 1,000 live births. Oakland County's infant mortality rate is 3.8, which has improved since the last Community Health Needs Assessment (CHNA). Low birth weight and preterm birth can increase risk for infants. Low weight births are less than 2,500 grams. Very low birth weight is considered less than 1,500 grams. Oakland County has a lower percentage of low weight births compared to Michigan, with 8.2% of live births falling in this category. 9.7% of births in Oakland County are considered preterm.

These data serve as a justification for increased focus on mothers and infants' health during and after pregnancy. At Henry Ford Providence Southfield Hospital, efforts to improve maternal healthcare are underway.

Goal:

Prevent maternal and infant morbidity and mortality, ensuring more mothers and babies thrive.

Project Objectives:

1. Improve access to timely treatment of maternal health issues threatening safe birth and postpartum outcomes
2. Strengthen and enhance maternal health services to be more holistically supportive of patient needs, including women's mental health
3. Strengthen connections to community-based maternal-infant health work and expand reach of maternal-infant health resources, programs, and education to community members

Strategy	Metric/Goal	Accountable Leader	Date
Provide community-based screening, education, resources, and/or programmatic interventions to promote maternal-infant health improvement in all Henry Ford markets.	Complete at minimum the following community-connected activities annually: 1 for hospital service areas <500k population, 2 for 500k-999k, 3 for 1M+ (2 for Southfield Hospital) Example activities include community baby showers, safe sleep classes, maternal health resource fairs, WIN Network Group Prenatal Care, etc.	Hospital CHNA Liaisons	Annually through 12/31/28
Ensure timelier treatment for women's mental health by identifying those needing depression care.	Increase Women's Health Services patients receiving depression screening by 5% annually cumulatively across local hospital service areas	Medical Director of Maternal and Perinatal Health Outcomes Vice President of Women's Health Service Line	Annually through 12/31/28
Prevent morbidity and mortality due to hypertension in postpartum mothers with timely follow up care for severely hypertensive patients.	Increase compliance in scheduling follow-up blood pressure check within 3 days to 80% cumulatively across local hospital service areas	Medical Director of Maternal and Perinatal Health Outcomes Vice President of Women's Health Service Line	12/31/28

CHNA Implementation Strategy 2026-2028

Hospital Facility:	Henry Ford Providence Southfield Hospital
CHNA Significant Health Need:	Mental Health & Substance Misuse Treatment
CHNA Reference Pages:	Pages 61-62, 67, 72-73

Brief Description of Need:

The prevalence of self-reported poor mental health status has improved in Oakland County since the last assessment – 12.6% compared to Michigan's 16.4%. In Oakland County, the opioid crude death rate per 100,000 is 14.9, lower than Michigan's rate of 24.3. The all-drug death rate for Oakland County is 18.5 per 100,000, also lower than Michigan's rate of 30.1. 80.6% of all drug overdose deaths in Oakland County are caused by opioids. Opioid drug overdose death trend data is unavailable for Oakland County. Oakland County all drug overdose deaths have increased by 12.6%, higher than the state increase (9.5%). Amongst the ten leading causes of death in Michigan and Oakland County, drug overdose deaths are categorized as "unintentional injuries," a category which is the third leading cause of death in Michigan on average, with a death rate of 56.7 per 100,000. In Oakland County, this death rate is 29.1, which has increased since the last Community Health Needs Assessment (CHNA).

At Henry Ford Providence Southfield Hospital, work is being done to improve access to mental health and substance misuse care at the clinical and community levels and to address poor non-medical determinants of health that prevent community members from achieving optimal mental health.

Goal:

Improve behavioral health/substance misuse access, follow-up and education to improve mental health and reduce substance use disorder.

Project Objectives:

1. Improve access to timely behavioral health services
2. Prevent severe mental and behavioral health diagnoses through prevention efforts, screening, and education
3. Strengthen connections to community-based mental health work and expand reach of poor mental health and substance misuse prevention efforts to community members

Strategy	Metric/Goal	Accountable Leader	Date
Improve timely access to behavioral health care for community members	Adult Behavioral Health Integration (Collaborative Care): Achieve 50% percent of patients seen within 14 days cumulatively across local hospital service areas	Vice President of Behavioral Health Service Line	12/31/28
Provide community-based screening, education, resources and/or programmatic interventions to promote mental health and substance misuse prevention in all Henry Ford markets.	Complete at minimum the following community-connected activities annually: 1 for hospital service areas <500k population, 2 for 500k-999k, 3 for 1M+ (2 for Southfield Hospital) Example activities include screenings, lectures, health fairs, mental health first aid trainings, human trafficking and domestic violence trainings, naloxone distribution, ROSES program, etc.	Hospital CHNA Liaison	Annually through 12/31/28
Increase access to Medicaid Assisted Treatment (MAT) certified providers	Increase percent of HFH Mosaic Clinically Integrated Network patients attributed to MAT-certified Primary Care Providers (PCPs) to 30% cumulatively across local hospital service areas	Manager Value Based Programs Clinically Integrated Network	12/31/28
Increase the identification and appropriate response to individuals at risk for or experiencing human trafficking across Henry Ford Health by implementing staff training, standardized screening, and/or closed-loop referral pathways in priority clinical and community-facing settings.	Conduct at least 1 human trafficking training for each hospital service area per year	Director of Open Arms Program	Annually through 12/31/28

Adoption of Implementation Strategies

Approved by the Henry Ford Quality & Culture Committee, a Committee of the Board of Directors, in May 2026. The final, approved versions of the 2025 Community Health Needs Assessment and the 2026-2028 Implementation Strategies are available electronically at www.henryford.com/about/community-health.

To submit written comments on the CHNA or to obtain a printed copy of the report, contact Henry Ford Health at communitybenefit@hfhs.org.

Henry Ford River District Hospital

Executive Summary

Henry Ford River District Hospital completed a comprehensive Community Health Needs Assessment (CHNA) that was adopted by the Henry Ford Health (HFH) Quality & Culture Committee in December 2025. Henry Ford River District Hospital performed the CHNA in adherence with certain federal requirements for not-for-profit hospitals set forth in the Affordable Care Act and by the Internal Revenue Service. The assessment considered input from community members and various community organizations.

Health Needs of the Community

The Henry Ford Health community has been identified as the City of Detroit and Genesee, Jackson, Livingston, Macomb, Oakland, St. Clair, and Wayne counties. The CHNA process identified significant health needs for this community. Health needs were prioritized based on several criteria including the importance given to particular health issues by survey participants, community interviewees, statistical data from the State of Michigan and other sources, as well as input from HFH leaders. Henry Ford River District Hospital's resources and overall alignment with the Henry Ford Health mission, vision, goals, and strategic priorities were taken into consideration when identifying the top two most significant health issues to be addressed. The following health priorities were chosen for the entire Henry Ford Health enterprise:

1. Chronic Disease Prevention and Management
2. Maternal-Infant Health Improvement
3. Mental Health & Substance Misuse Treatment

Henry Ford Health works to leverage its resources, partnerships, and market share across the counties it serves to make large-scale community impact. An important factor in the success of Henry Ford's ability to make this large-scale impact is the individual contributions of each hospital within the enterprise. It is our goal through these Implementation Plans to push each hospital to set ambitious goals that will improve our communities' outcomes and access to resources, while coalescing each hospital around aligned enterprise-wide strategies and metrics.

Hospital Implementation Strategy

Henry Ford River District Hospital will focus on developing and supporting initiatives and measuring their effectiveness to improve the aforementioned health priorities. The following implementation strategy specifies community health needs that the Hospital/Health System has determined it will address, in partnership with other agencies and organizations, consistent with our mission and vision, to become the trusted partner in health for our communities.

CHNA Implementation Strategy 2026-2028

Hospital Facility:	Henry Ford River District Hospital
CHNA Significant Health Need:	Chronic Disease Prevention and Management
CHNA Reference Pages:	Page 46, 67-68, 72-73, 78, 80

Brief Description of Need:

Health behaviors and lifestyle factors such as alcohol and drug use, smoking, lack of physical activity, poor nutrition, and obesity are known to greatly impact onset of chronic disease. Preventative health practices, such as regular screenings, are known to positively impact these health outcomes. These lifestyle factors and the ability to access and partake in preventative health practices depend on non-medical determinants of health. Non-medical determinants of health describe the conditions in which people live, learn, work, and play. They typically include housing, education level, income, transportation, neighborhood quality and safety, social support, environmental factors, and more. Poorer non-medical determinants of health make accessing and navigating healthcare systems more difficult and constrains one's ability to practice healthy behaviors.

In St. Clair County, 27.0% of adults report no leisure-time physical activity. This figure has worsened since the 2022 Community Health Needs Assessment (CHNA). 18.0% of St. Clair County residents report poor physical health. St. Clair County's prevalence of obesity increased since the last assessment, with a prevalence of 38.7%. This figure is higher than the state average, at 34.8%. Relatedly, 11.7% of St. Clair County residents report being told they have diabetes across their lifetime. The diabetes death rate in St. Clair County is 44.6 per 100,000 people, compared to Michigan's rate of 23.4 per 100,000. Cancer also poses a significant risk across St. Clair County, with death rates due to breast cancer at 21.4 per 100,000 and lung cancer at 42.8 per 100,000. St. Clair County's colorectal cancer screening rates are higher than the state average, but breast cancer screening rates show room for improvement. It is important for Henry Ford Health to build on existing screening efforts in order to positively impact cancer outcomes across St. Clair County.

At Henry Ford River District Hospital, work is being done to prevent chronic disease at the clinical and community levels and to address poor non-medical determinants of health that prevent community members from achieving optimal health.

Goal:

Prevent the incidence of highly prevalent chronic diseases and increase community members' capacity to manage chronic disease.

Project Objectives:

1. Improve access to timely chronic disease prevention and treatment services
2. Prevent onset of and deaths due to highly prevalent chronic diseases through prevention efforts, screening, and education
3. Strengthen connections to community-based chronic disease and healthy lifestyles work and expand reach of chronic disease prevention efforts to community members
4. Improve enterprise-wide delivery of non-medical needs interventions through standardization, policy implementation, and data monitoring, ensuring that patients receive the support they need

Strategy	Metric/Goal	Accountable Leader	Date
Establish adherence with the standardized enterprise-wide Social Determinants of Health (SDOH) Policy to ensure that patients who have a social determinant of health need receive a successful intervention.	Increase percent of patients identified with non-medical need who receive intervention cumulatively across local hospital service areas to 45% by 2026; Metric will align with to-be-determined annual SDOH Council target for improving successful SDOH intervention in 2027 and 2028.	Director of Clinical and Social Health Integration	Annually through 12/31/28
Provide community-based screening, education, resources and/or programmatic interventions to promote healthy lifestyles and disease prevention in all Henry Ford markets.	Complete at minimum the following community-connected activities annually: 1 for hospital service areas <500k population, 2 for 500k-999k, 3 for 1M+. (1 for River District Hospital) Example activities include health screenings, lectures, health fairs, Cooking Matters sessions, etc.	Hospital CHNA Liaisons	Annually through 12/31/28
Improve access to no-cost, evidence-based diabetes prevention programming.	Increase patients enrolled in a diabetes prevention intervention such as Diabetes Prevention Program (DPP) cumulatively across hospital service areas by 10% annually.	Director of Diabetes Prevention Program	Annually through 12/31/28
Improve access to effective Diabetes Self-Management Education (DSME) Programming to all Henry Ford markets.	Increase patients enrolled in DSME cumulatively across hospital service areas by 10% by 2028.	DSME Directors	12/31/28
Provide no-cost Tobacco Treatment Cessation Counseling Services to patients.	Increase patients enrolled in Tobacco Treatment Services (TTS) cumulatively across local hospital service areas by 10% by 2028.	Director of Center for Health Promotion and Disease Prevention	12/31/28

CHNA Implementation Strategy 2026-2028

Hospital Facility:	Henry Ford River District Hospital
CHNA Significant Health Need:	Maternal-Infant Health Improvement
CHNA Reference Pages:	Pages 63-66

Brief Description of Need:

A pregnancy-related death is any death of a person during pregnancy or within 365 days of end of pregnancy that is directly related to or aggravated by pregnancy. The pregnancy-related maternal mortality ratio represents pregnancy-related deaths per 100,00 live births. In Michigan, the maternal mortality ratio for 2017-2021 is 23.9. St. Clair County's rate is unavailable due to sample size limitations. Certain conditions during the prenatal and perinatal period increases risk for maternal mortality, such as weight gain, gestational diabetes, hypertension and smoking while pregnant. In St. Clair County, 22.4% of pregnant women gained weight below the recommended range determined by the National Academy of Medicine. This is higher than the state average, which is 20.9%. Prevalence of hypertension, during or before pregnancy, is 10.5% in St. Clair County. This is slightly lower than Michigan's average of 11.7%. The prevalence of smoking while pregnant in St. Clair County is 20.2%, significantly higher than the state average (10.8%). The prevalence of gestational diabetes in St. Clair County is 7.5%.

Infant mortality is defined as the death of an infant before their first birthday. Across Michigan, the infant mortality rate for all infants is 6.3 per 1,000 live births. St. Clair County's infant mortality rate is 6.5, slightly more than the state average. Low birth weight and preterm birth can increase risk for infants. Low weight births are less than 2,500 grams. Very low birth weight is considered less than 1,500 grams. St. Clair County has a lower percentage of low weight births compared to Michigan, with 7.4% of live births falling in this category. 10.0% of births in St. Clair County are considered preterm.

These data serve as a justification for increased focus on mothers and infants' health during and after pregnancy. While Henry Ford River District Hospital is not a birthing hospital, it seeks to contribute to maternal and infant health improvement in other ways, such as community outreach, education, and support.

Goal:

Prevent maternal and infant morbidity and mortality, ensuring more mothers and babies thrive.

Project Objectives:

1. Strengthen connections to community-based maternal-infant health work and expand reach of maternal-infant health resources, programs, and education to community members

Strategy	Metric/Goal	Accountable Leader	Date
Provide community-based screening, education, resources, and/or programmatic interventions to promote maternal-infant health improvement in all Henry Ford markets.	Complete at minimum the following community-connected activities annually: 1 for hospital service areas <500k population, 2 for 500k-999k, 3 for 1M+ (1 for River District Hospital) Example activities include community baby showers, safe sleep classes, maternal health resource fairs, WIN Network Group Prenatal Care, etc.	Hospital CHNA Liaisons	Annually through 12/31/28

CHNA Implementation Strategy 2026-2028

Hospital Facility:	Henry Ford River District Hospital
CHNA Significant Health Need:	Mental Health & Substance Misuse Treatment
CHNA Reference Pages:	Pages 61-62, 67, 72-73

Brief Description of Need:

The prevalence of self-reported poor mental health status has worsened in St. Clair County since the last assessment – 19.1% compared to Michigan's 16.4%. In St. Clair County, the opioid crude death rate per 100,000 is 19.5, lower than Michigan's rate of 24.3. The all-drug death rate for St. Clair County is 25.1 per 100,000, also less than Michigan's rate of 30.1. 77.5% of all drug overdose deaths in St. Clair County are caused by opioids. Efforts to curb substance use-related deaths are making a positive impact. Opioid drug overdose death trend data shows an 16.2% decrease from 2021 to 2022 in St. Clair County. St. Clair County's all drug overdose deaths have decreased by 29.8%. Amongst the ten leading causes of death in Michigan and St. Clair County, drug overdose deaths are categorized as "unintentional injuries," a category which is the third leading cause of death in Michigan on average, with a death rate of 56.7 per 100,000. In St. Clair County, this death rate is 57.7.

At Henry Ford River District Hospital, work is being done to improve access to mental health and substance misuse care at the clinical and community levels and to address poor non-medical determinants of health that prevent community members from achieving optimal mental health.

Goal:

Improve behavioral health/substance misuse access, follow-up and education to improve mental health and reduce substance use disorder.

Project Objectives:

1. Improve access to timely behavioral health services
2. Prevent severe mental and behavioral health diagnoses through prevention efforts, screening, and education
3. Strengthen connections to community-based mental health work and expand reach of poor mental health and substance misuse prevention efforts to community members

Strategy	Metric/Goal	Accountable Leader	Date
Improve timely access to behavioral health care for community members	Adult Behavioral Health Integration (Collaborative Care): Achieve 50% percent of patients seen within 14 days cumulatively across local hospital service areas	Vice President of Behavioral Health Service Line	12/31/28
Provide community-based screening, education, resources and/or programmatic interventions to promote mental health and substance misuse prevention in all Henry Ford markets.	Complete at minimum the following community-connected activities annually: 1 for hospital service areas <500k population, 2 for 500k-999k, 3 for 1M+ (1 for River District Hospital) Example activities include screenings, lectures, health fairs, mental health first aid trainings, human trafficking and domestic violence trainings, naloxone distribution, ROSES program, etc.	Hospital CHNA Liaison	Annually through 12/31/28
Increase access to Medicaid Assisted Treatment (MAT) certified providers	Increase percent of HFH Mosaic Clinically Integrated Network patients attributed to MAT-certified Primary Care Providers (PCPs) to 30% cumulatively across local hospital service areas	Manager Value Based Programs Clinically Integrated Network	12/31/28
Increase the identification and appropriate response to individuals at risk for or experiencing human trafficking across Henry Ford Health by implementing staff training, standardized screening, and/or closed-loop referral pathways in priority clinical and community-facing settings.	Conduct at least 1 human trafficking training for each hospital service area per year	Director of Open Arms Program	Annually through 12/31/28

Adoption of Implementation Strategies

Approved by the Henry Ford Quality & Culture Committee, a Committee of the Board of Directors, in May 2026. The final, approved versions of the 2025 Community Health Needs Assessment and the 2026-2028 Implementation Strategies are available electronically at www.henryford.com/about/community-health.

To submit written comments on the CHNA or to obtain a printed copy of the report, contact Henry Ford Health at communitybenefit@hfhs.org.

Henry Ford Rochester Hospital

Executive Summary

Henry Ford Rochester Hospital completed a comprehensive Community Health Needs Assessment (CHNA) that was adopted by the Henry Ford Health (HFH) Quality & Culture Committee in December 2025. Henry Ford Rochester Hospital performed the CHNA in adherence with certain federal requirements for not-for-profit hospitals set forth in the Affordable Care Act and by the Internal Revenue Service. The assessment considered input from community members and various community organizations.

Health Needs of the Community

The Henry Ford Health community has been identified as the City of Detroit and Genesee, Jackson, Livingston, Macomb, Oakland, St. Clair, and Wayne counties. The CHNA process identified significant health needs for this community. Health needs were prioritized based on several criteria including the importance given to particular health issues by survey participants, community interviewees, statistical data from the State of Michigan and other sources, as well as input from HFH leaders. Henry Ford Rochester Hospital's resources and overall alignment with the Henry Ford Health mission, vision, goals, and strategic priorities were taken into consideration when identifying the top two most significant health issues to be addressed. The following health priorities were chosen for the entire Henry Ford Health enterprise:

1. Chronic Disease Prevention and Management
2. Maternal-Infant Health Improvement
3. Mental Health & Substance Misuse Treatment

Henry Ford Health works to leverage its resources, partnerships, and market share across the counties it serves to make large-scale community impact. An important factor in the success of Henry Ford's ability to make this large-scale impact is the individual contributions of each hospital within the enterprise. It is our goal through these Implementation Plans to push each hospital to set ambitious goals that will improve our communities' outcomes and access to resources, while coalescing each hospital around aligned enterprise-wide strategies and metrics.

Hospital Implementation Strategy

Henry Ford Rochester Hospital will focus on developing and supporting initiatives and measuring their effectiveness to improve the aforementioned health priorities. The following implementation strategy specifies community health needs that the Hospital/Health System has determined it will address, in partnership with other agencies and organizations, consistent with our mission and vision, to become the trusted partner in health for our communities.

CHNA Implementation Strategy 2026-2028

Hospital Facility:	Henry Ford Rochester Hospital
CHNA Significant Health Need:	Chronic Disease Prevention and Management
CHNA Reference Pages:	Page 46, 67-68, 72-73, 78, 80

Brief Description of Need:

Health behaviors and lifestyle factors such as alcohol and drug use, smoking, lack of physical activity, poor nutrition, and obesity are known to greatly impact onset of chronic disease. Preventative health practices, such as regular screenings, are known to positively impact these health outcomes. These lifestyle factors and the ability to access and partake in preventative health practices depend on non-medical determinants of health. Non-medical determinants of health describe the conditions in which people live, learn, work, and play. They typically include housing, education level, income, transportation, neighborhood quality and safety, social support, environmental factors, and more. Poorer non-medical determinants of health make accessing and navigating healthcare systems more difficult and constrains one's ability to practice healthy behaviors.

In Oakland County, 18.9% adults report no leisure-time physical activity. 9.9% of Oakland County residents report poor physical health. Oakland County's prevalence of obesity increased since the 2022 Community Health Needs Assessment (CHNA), with a prevalence of 29.6%. This figure is slightly lower than Michigan's prevalence, at 34.8%. Relatedly, 9.2% of Oakland County residents report being told they have diabetes across their lifetime. The diabetes death rate in Oakland County is lower than the state average, at 21.7 per 100,000 people. Preventable hospitalizations due to diabetes have increased by 12.5% in Oakland County since the 2022 CHNA. Cancer also poses a significant risk across Oakland County, with death rates due to breast cancer at 18.4 per 100,000 and lung cancer at 28.1 per 100,000. Oakland County's cancer screening rates are higher than the state average and have improved since the 2022 assessment. It is important for Henry Ford Health to build on these improvements in screenings in order to positively impact cancer outcomes across the county.

At Henry Ford Rochester Hospital, work is being done to prevent chronic disease at the clinical and community levels and to address poor non-medical determinants of health that prevent community members from achieving optimal health.

Goal:

Prevent the incidence of highly prevalent chronic diseases and increase community members' capacity to manage chronic disease.

Project Objectives:

1. Improve access to timely chronic disease prevention and treatment services
2. Prevent onset of and deaths due to highly prevalent chronic diseases through prevention efforts, screening, and education
3. Strengthen connections to community-based chronic disease and healthy lifestyles work and expand reach of chronic disease prevention efforts to community members
4. Improve enterprise-wide delivery of non-medical needs interventions through standardization, policy implementation, and data monitoring, ensuring that patients receive the support they need

Strategy	Metric/Goal	Accountable Leader	Date
Establish adherence with the standardized enterprise-wide Social Determinants of Health (SDOH) Policy to ensure that patients who have a social determinant of health need receive a successful intervention.	Increase percent of patients identified with non-medical need who receive intervention cumulatively across local hospital service areas to 45% by 2026; Metric will align with to-be-determined annual SDOH Council target for improving successful SDOH intervention in 2027 and 2028.	Director of Clinical and Social Health Integration	Annually through 12/31/28
Provide community-based screening, education, resources and/or programmatic interventions to promote healthy lifestyles and disease prevention in all Henry Ford markets.	Complete at minimum the following community-connected activities annually: 1 for hospital service areas <500k population, 2 for 500k-999k, 3 for 1M+. (2 for Rochester Hospital) Example activities include health screenings, lectures, health fairs, Cooking Matters sessions, etc.	Hospital CHNA Liaisons	Annually through 12/31/28
Improve access to no-cost, evidence-based diabetes prevention programming.	Increase patients enrolled in a diabetes prevention intervention such as Diabetes Prevention Program (DPP) cumulatively across hospital service areas by 10% annually.	Director of Diabetes Prevention Program	Annually through 12/31/28
Improve access to effective Diabetes Self-Management Education (DSME) Programming to all Henry Ford markets.	Increase patients enrolled in DSME cumulatively across hospital service areas by 10% by 2028.	DSME Directors	12/31/28
Provide no-cost Tobacco Treatment Cessation Counseling Services to patients.	Increase patients enrolled in Tobacco Treatment Services (TTS) cumulatively across local hospital service areas by 10% by 2028.	Director of Center for Health Promotion and Disease Prevention	12/31/28

CHNA Implementation Strategy 2026-2028

Hospital Facility:	Henry Ford Rochester Hospital
CHNA Significant Health Need:	Maternal-Infant Health Improvement
CHNA Reference Pages:	Pages 63-66

Brief Description of Need:

A pregnancy-related death is any death of a person during pregnancy or within 365 days of end of pregnancy that is directly related to or aggravated by pregnancy. The pregnancy-related maternal mortality ratio represents pregnancy-related deaths per 100,00 live births. In Oakland County, the maternal mortality ratio for 2017-2021 is 21.7. This is slightly lower than Michigan's ratio, which is 23.9. Certain conditions during the prenatal and perinatal period increases risk for maternal mortality, such as weight gain, gestational diabetes, and hypertension. In Oakland County, 48.6% of pregnant women gained weight above the recommended range determined by the National Academy of Medicine. This is slightly higher than the state average, which is 48.0%. The prevalence of gestational diabetes in Oakland County is 7.0%, only slightly lower than the state average (7.1%). Prevalence of hypertension, during or before pregnancy, is 11.8% in Oakland County. This is higher than Michigan's average of 11.7%.

Infant mortality is defined as the death of an infant before their first birthday. Across Michigan, the infant mortality rate for all infants is 6.3 per 1,000 live births. Oakland County's infant mortality rate is 3.8, which has improved since the last Community Health Needs Assessment (CHNA). Low birth weight and preterm birth can increase risk for infants. Low weight births are less than 2,500 grams. Very low birth weight is considered less than 1,500 grams. Oakland County has a lower percentage of low weight births compared to Michigan, with 8.2% of live births falling in this category. 9.7% of births in Oakland County are considered preterm.

These data serve as a justification for increased focus on mothers and infants' health during and after pregnancy. At Henry Ford Rochester Hospital, efforts to improve maternal healthcare are underway.

Goal:

Prevent maternal and infant morbidity and mortality, ensuring more mothers and babies thrive.

Project Objectives:

1. Improve access to timely treatment of maternal health issues threatening safe birth and postpartum outcomes
2. Strengthen and enhance maternal health services to be more holistically supportive of patient needs, including women's mental health
3. Strengthen connections to community-based maternal-infant health work and expand reach of maternal-infant health resources, programs, and education to community members

Strategy	Metric/Goal	Accountable Leader	Date
Provide community-based screening, education, resources, and/or programmatic interventions to promote maternal-infant health improvement in all Henry Ford markets.	Complete at minimum the following community-connected activities annually: 1 for hospital service areas <500k population, 2 for 500k-999k, 3 for 1M+ (2 for Rochester Hospital) Example activities include community baby showers, safe sleep classes, maternal health resource fairs, WIN Network Group Prenatal Care, etc.	Hospital CHNA Liaisons	Annually through 12/31/28
Ensure timelier treatment for women's mental health by identifying those needing depression care.	Increase Women's Health Services patients receiving depression screening by 5% annually cumulatively across local hospital service areas	Medical Director of Maternal and Perinatal Health Outcomes Vice President of Women's Health Service Line	Annually through 12/31/28
Prevent morbidity and mortality due to hypertension in postpartum mothers with timely follow up care for severely hypertensive patients.	Increase compliance in scheduling follow-up blood pressure check within 3 days to 80% cumulatively across local hospital service areas	Medical Director of Maternal and Perinatal Health Outcomes Vice President of Women's Health Service Line	12/31/28

CHNA Implementation Strategy 2026-2028

Hospital Facility:	Henry Ford Rochester Hospital
CHNA Significant Health Need:	Mental Health & Substance Misuse Treatment
CHNA Reference Pages:	Pages 61-62, 67, 72-73

Brief Description of Need:

The prevalence of self-reported poor mental health status has improved in Oakland County since the last assessment – 12.6% compared to Michigan's 16.4%. In Oakland County, the opioid crude death rate per 100,000 is 14.9, lower than Michigan's rate of 24.3. The all-drug death rate for Oakland County is 18.5 per 100,000, also lower than Michigan's rate of 30.1. 80.6% of all drug overdose deaths in Oakland County are caused by opioids. Opioid drug overdose death trend data is unavailable for Oakland County. Oakland County all drug overdose deaths have increased by 12.6%, higher than the state increase (9.5%). Amongst the ten leading causes of death in Michigan and Oakland County, drug overdose deaths are categorized as "unintentional injuries," a category which is the third leading cause of death in Michigan on average, with a death rate of 56.7 per 100,000. In Oakland County, this death rate is 29.1, which has increased since the last Community Health Needs Assessment (CHNA).

At Henry Ford Rochester Hospital, work is being done to improve access to mental health and substance misuse care at the clinical and community levels and to address poor non-medical determinants of health that prevent community members from achieving optimal mental health.

Goal:

Improve behavioral health/substance misuse access, follow-up and education to improve mental health and reduce substance use disorder.

Project Objectives:

1. Improve access to timely behavioral health services
2. Prevent severe mental and behavioral health diagnoses through prevention efforts, screening, and education
3. Strengthen connections to community-based mental health work and expand reach of poor mental health and substance misuse prevention efforts to community members

Strategy	Metric/Goal	Accountable Leader	Date
Improve timely access to behavioral health care for community members	Adult Behavioral Health Integration (Collaborative Care): Achieve 50% percent of patients seen within 14 days cumulatively across local hospital service areas	Vice President of Behavioral Health Service Line	12/31/28
Provide community-based screening, education, resources and/or programmatic interventions to promote mental health and substance misuse prevention in all Henry Ford markets.	Complete at minimum the following community-connected activities annually: 1 for hospital service areas <500k population, 2 for 500k-999k, 3 for 1M+ (2 for Rochester Hospital) Example activities include screenings, lectures, health fairs, mental health first aid trainings, human trafficking and domestic violence trainings, naloxone distribution, ROSES program, etc.	Hospital CHNA Liaison	Annually through 12/31/28
Increase access to Medicaid Assisted Treatment (MAT) certified providers	Increase percent of HFH Mosaic Clinically Integrated Network patients attributed to MAT-certified Primary Care Providers (PCPs) to 30% cumulatively across local hospital service areas	Manager Value Based Programs Clinically Integrated Network	12/31/28
Increase the identification and appropriate response to individuals at risk for or experiencing human trafficking across Henry Ford Health by implementing staff training, standardized screening, and/or closed-loop referral pathways in priority clinical and community-facing settings.	Conduct at least 1 human trafficking training for each hospital service area per year	Director of Open Arms Program	Annually through 12/31/28

Adoption of Implementation Strategies

Approved by the Henry Ford Quality & Culture Committee, a Committee of the Board of Directors, in May 2026. The final, approved versions of the 2025 Community Health Needs Assessment and the 2026-2028 Implementation Strategies are available electronically at www.henryford.com/about/community-health.

To submit written comments on the CHNA or to obtain a printed copy of the report, contact Henry Ford Health at communitybenefit@hfhs.org.

Henry Ford St. John Hospital

Executive Summary

Henry Ford St. John Hospital completed a comprehensive Community Health Needs Assessment (CHNA) that was adopted by the Henry Ford Health (HFH) Quality & Culture Committee in December 2025. Henry Ford Genesys Hospital performed the CHNA in adherence with certain federal requirements for not-for-profit hospitals set forth in the Affordable Care Act and by the Internal Revenue Service. The assessment considered input from community members and various community organizations.

Health Needs of the Community

The Henry Ford Health community has been identified as the City of Detroit and Genesee, Jackson, Livingston, Macomb, Oakland, St. Clair, and Wayne counties. The CHNA process identified significant health needs for this community. Health needs were prioritized based on several criteria including the importance given to particular health issues by survey participants, community interviewees, statistical data from the State of Michigan and other sources, as well as input from HFH leaders. Henry Ford St. John Hospital's resources and overall alignment with the Henry Ford Health mission, vision, goals, and strategic priorities were taken into consideration when identifying the top two most significant health issues to be addressed. The following health priorities were chosen for the entire Henry Ford Health enterprise:

1. Chronic Disease Prevention and Management
2. Maternal-Infant Health Improvement
3. Mental Health & Substance Misuse Treatment

Henry Ford Health works to leverage its resources, partnerships, and market share across the counties it serves to make large-scale community impact. An important factor in the success of Henry Ford's ability to make this large-scale impact is the individual contributions of each hospital within the enterprise. It is our goal through these Implementation Plans to push each hospital to set ambitious goals that will improve our communities' outcomes and access to resources, while coalescing each hospital around aligned enterprise-wide strategies and metrics.

Hospital Implementation Strategy

Henry Ford St. John Hospital will focus on developing and supporting initiatives and measuring their effectiveness to improve the aforementioned health priorities. The following implementation strategy specifies community health needs that the Hospital/Health System has determined it will address, in partnership with other agencies and organizations, consistent with our mission and vision, to become the trusted partner in health for our communities.

CHNA Implementation Strategy 2026-2028

Hospital Facility:	Henry Ford St. John Hospital
CHNA Significant Health Need:	Chronic Disease Prevention and Management
CHNA Reference Pages:	Page 46, 67-68, 72-73, 78, 80

Brief Description of Need:

Health behaviors and lifestyle factors such as alcohol and drug use, smoking, lack of physical activity, poor nutrition, and obesity are known to greatly impact onset of chronic disease. Preventative health practices, such as regular screenings, are known to positively impact these health outcomes. These lifestyle factors and the ability to access and partake in preventative health practices depend on non-medical determinants of health. Non-medical determinants of health describe the conditions in which people live, learn, work, and play. They typically include housing, education level, income, transportation, neighborhood quality and safety, social support, environmental factors, and more. Poorer non-medical determinants of health make accessing and navigating healthcare systems more difficult and constrains one's ability to practice healthy behaviors.

In Detroit, 32.6% of adults report no leisure-time physical activity. While this is higher than the state average (24.1%), this Detroit figure has improved since the 2022 Community Health Needs Assessment (CHNA). 17.1% of Detroit residents report poor physical health. Detroit's prevalence of obesity decreased since the last assessment, with a prevalence of 35.6%. This figure is slightly higher than Michigan's prevalence, at 34.8%. Relatedly, 19.4% of Detroit residents report being told they have diabetes across their lifetime, much higher than the state average of 11.6%. The diabetes death rate in Detroit is higher than the state average, at 29.4 per 100,000 people. Preventable hospitalizations due to diabetes have increased by 2.1% in Detroit since the 2022 CHNA. Cancer also poses a significant risk across the City of Detroit, with death rates due to breast cancer at 20.4 per 100,000 and prostate cancer at 26.8 per 100,000. Detroit's breast, cervical, prostate, and colorectal cancer screening rates are lower than the state average. Despite this, prostate cancer screenings have increased by 30.7% in Detroit since the 2022 CHNA. It is important for Henry Ford Health to build on this improvement in screening in order to positively impact cancer outcomes across the City.

At Henry Ford St. John Hospital, work is being done to prevent chronic disease at the clinical and community levels and to address poor non-medical determinants of health that prevent community members from achieving optimal health.

Goal:

Prevent the incidence of highly prevalent chronic diseases and increase community members' capacity to manage chronic disease.

Project Objectives:

1. Improve access to timely chronic disease prevention and treatment services
2. Prevent onset of and deaths due to highly prevalent chronic diseases through prevention efforts, screening, and education
3. Strengthen connections to community-based chronic disease and healthy lifestyles work and expand reach of chronic disease prevention efforts to community members
4. Improve enterprise-wide delivery of non-medical needs interventions through standardization, policy implementation, and data monitoring, ensuring that patients receive the support they need

Strategy	Metric/Goal	Accountable Leader	Date
Establish adherence with the standardized enterprise-wide Social Determinants of Health (SDOH) Policy to ensure that patients who have a social determinant of health need receive a successful intervention.	Increase percent of patients identified with non-medical need who receive intervention cumulatively across local hospital service areas to 45% by 2026; Metric will align with to-be-determined annual SDOH Council target for improving successful SDOH intervention in 2027 and 2028.	Director of Clinical and Social Health Integration	Annually through 12/31/28
Provide community-based screening, education, resources and/or programmatic interventions to promote healthy lifestyles and disease prevention in all Henry Ford markets.	Complete at minimum the following community-connected activities annually: 1 for hospital service areas <500k population, 2 for 500k-999k, 3 for 1M+. (3 for St. John Hospital) Example activities include health screenings, lectures, health fairs, Cooking Matters sessions, etc.	Hospital CHNA Liaisons	Annually through 12/31/28
Improve access to no-cost, evidence-based diabetes prevention programming.	Increase patients enrolled in a diabetes prevention intervention such as Diabetes Prevention Program (DPP) cumulatively across hospital service areas by 10% annually.	Director of Diabetes Prevention Program	Annually through 12/31/28
Improve access to effective Diabetes Self-Management Education (DSME) Programming to all Henry Ford markets.	Increase patients enrolled in DSME cumulatively across hospital service areas by 10% by 2028.	DSME Directors	12/31/28
Provide no-cost Tobacco Treatment Cessation Counseling Services to patients.	Increase patients enrolled in Tobacco Treatment Services (TTS) cumulatively across local hospital service areas by 10% by 2028.	Director of Center for Health Promotion and Disease Prevention	12/31/28

CHNA Implementation Strategy 2026-2028

Hospital Facility:	Henry Ford St. John Hospital
CHNA Significant Health Need:	Maternal-Infant Health Improvement
CHNA Reference Pages:	Pages 63-66

Brief Description of Need:

A pregnancy-related death is any death of a person during pregnancy or within 365 days of end of pregnancy that is directly related to or aggravated by pregnancy. The pregnancy-related maternal mortality ratio represents pregnancy-related deaths per 100,00 live births. In Detroit, the maternal mortality ratio for 2017-2021 is 50.4. This is more than double Michigan's ratio, which is 23.9. Certain conditions during the prenatal and perinatal period increases risk for maternal mortality, such as weight gain, gestational diabetes, and hypertension. In the City of Detroit, 24.9% of pregnant women gained weight below the recommended range determined by the National Academy of Medicine. This is higher than the state average, which is 20.9%. The prevalence of gestational diabetes in Detroit is 4.8%, lower than the state average (7.1%). Prevalence of hypertension, during or before pregnancy, is 11.6% in Detroit. This is slightly lower than Michigan's average of 11.7%. Notably, 42.8% of pregnant women in Detroit did not receive the recommended amount of prenatal care, determined using the Kessner Index.

Infant mortality is defined as the death of an infant before their first birthday. Across Michigan, the infant mortality rate for all infants is 6.3 per 1,000 live births. Detroit's infant mortality rate is 14.1, more than double the state average. Low birth weight and preterm birth can increase risk for infants. Low weight births are less than 2,500 grams. Very low birth weight is considered less than 1,500 grams. Detroit has a higher percentage of low weight births compared to Michigan, with 15.4% of live births falling in this category. 14.8% of births in Detroit are considered preterm.

These data serve as a justification for increased focus on mothers and infants' health during and after pregnancy. At Henry Ford St. John Hospital, efforts to improve maternal healthcare are underway.

Goal:

Prevent maternal and infant morbidity and mortality, ensuring more mothers and babies thrive.

Project Objectives:

1. Improve access to timely treatment of maternal health issues threatening safe birth and postpartum outcomes
2. Strengthen and enhance maternal health services to be more holistically supportive of patient needs, including women's mental health
3. Strengthen connections to community-based maternal-infant health work and expand reach of maternal-infant health resources, programs, and education to community members

Strategy	Metric/Goal	Accountable Leader	Date
Provide community-based screening, education, resources, and/or programmatic interventions to promote maternal-infant health improvement in all Henry Ford markets.	Complete at minimum the following community-connected activities annually: 1 for hospital service areas <500k population, 2 for 500k-999k, 3 for 1M+ (3 for St. John Hospital) Example activities include community baby showers, safe sleep classes, maternal health resource fairs, WIN Network Group Prenatal Care, etc.	Hospital CHNA Liaisons	Annually through 12/31/28
Ensure timelier treatment for women's mental health by identifying those needing depression care.	Increase Women's Health Services patients receiving depression screening by 5% annually cumulatively across local hospital service areas	Medical Director of Maternal and Perinatal Health Outcomes Vice President of Women's Health Service Line	Annually through 12/31/28
Prevent morbidity and mortality due to hypertension in postpartum mothers with timely follow up care for severely hypertensive patients.	Increase compliance in scheduling follow-up blood pressure check within 3 days to 80% cumulatively across local hospital service areas	Medical Director of Maternal and Perinatal Health Outcomes Vice President of Women's Health Service Line	12/31/28

CHNA Implementation Strategy 2026-2028

Hospital Facility:	Henry Ford St. John Hospital
CHNA Significant Health Need:	Mental Health & Substance Misuse Treatment
CHNA Reference Pages:	Pages 61-62, 67, 72-73

Brief Description of Need:

The prevalence of self-reported poor mental health status has worsened in Detroit since the last assessment – 20.9% compared to Michigan's 16.4%. In Detroit, the opioid crude death rate per 100,000 is 64.0, more than double Michigan's rate of 24.3. The all-drug death rate for Detroit is 72.7 per 100,000, also more than double Michigan's rate of 30.1. 88.6% of all drug overdose deaths in Detroit are caused by opioids. Opioid drug overdose death trend data shows an 15.3% increase from 2021 to 2022 in Detroit. Detroit's all drug overdose deaths have increased by 20.5%, higher than the state increase (9.5%). Amongst the ten leading causes of death in Michigan and Detroit, drug overdose deaths are categorized as "unintentional injuries," a category which is the third leading cause of death in Michigan on average, with a death rate of 56.7 per 100,000. In Detroit, this death rate is 110.9, which has increased since the last Community Health Needs Assessment (CHNA).

At Henry Ford St. John Hospital, work is being done to improve access to mental health and substance misuse care at the clinical and community levels and to address poor non-medical determinants of health that prevent community members from achieving optimal mental health.

Goal:

Improve behavioral health/substance misuse access, follow-up and education to improve mental health and reduce substance use disorder.

Project Objectives:

1. Improve access to timely behavioral health services
2. Prevent severe mental and behavioral health diagnoses through prevention efforts, screening, and education
3. Strengthen connections to community-based mental health work and expand reach of poor mental health and substance misuse prevention efforts to community members

Strategy	Metric/Goal	Accountable Leader	Date
Improve timely access to behavioral health care for community members	Adult Behavioral Health Integration (Collaborative Care): Achieve 50% percent of patients seen within 14 days cumulatively across local hospital service areas	Vice President of Behavioral Health Service Line	12/31/28
Provide community-based screening, education, resources and/or programmatic interventions to promote mental health and substance misuse prevention in all Henry Ford markets.	Complete at minimum the following community-connected activities annually: 1 for hospital service areas <500k population, 2 for 500k-999k, 3 for 1M+ (3 for St. John Hospital) Example activities include screenings, lectures, health fairs, mental health first aid trainings, human trafficking and domestic violence trainings, naloxone distribution, ROSES program, etc.	Hospital CHNA Liaison	Annually through 12/31/28
Increase access to Medicaid Assisted Treatment (MAT) certified providers	Increase percent of HFH Mosaic Clinically Integrated Network patients attributed to MAT-certified Primary Care Providers (PCPs) to 30% cumulatively across local hospital service areas	Manager Value Based Programs Clinically Integrated Network	12/31/28
Increase the identification and appropriate response to individuals at risk for or experiencing human trafficking across Henry Ford Health by implementing staff training, standardized screening, and/or closed-loop referral pathways in priority clinical and community-facing settings.	Conduct at least 1 human trafficking training for each hospital service area per year	Director of Open Arms Program	Annually through 12/31/28

Adoption of Implementation Strategies

Approved by the Henry Ford Quality & Culture Committee, a Committee of the Board of Directors, in May 2026. The final, approved versions of the 2025 Community Health Needs Assessment and the 2026-2028 Implementation Strategies are available electronically at www.henryford.com/about/community-health.

To submit written comments on the CHNA or to obtain a printed copy of the report, contact Henry Ford Health at communitybenefit@hfhs.org.

Henry Ford Warren Hospital

Executive Summary

Henry Ford Warren Hospital completed a comprehensive Community Health Needs Assessment (CHNA) that was adopted by the Henry Ford Health (HFH) Quality & Culture Committee in December 2025. Henry Ford Warren Hospital performed the CHNA in adherence with certain federal requirements for not-for-profit hospitals set forth in the Affordable Care Act and by the Internal Revenue Service. The assessment considered input from community members and various community organizations.

Health Needs of the Community

The Henry Ford Health community has been identified as the City of Detroit and Genesee, Jackson, Livingston, Macomb, Oakland, St. Clair, and Wayne counties. The CHNA process identified significant health needs for this community. Health needs were prioritized based on several criteria including the importance given to particular health issues by survey participants, community interviewees, statistical data from the State of Michigan and other sources, as well as input from HFH leaders. Henry Ford Warren Hospital's resources and overall alignment with the Henry Ford Health mission, vision, goals, and strategic priorities were taken into consideration when identifying the top two most significant health issues to be addressed. The following health priorities were chosen for the entire Henry Ford Health enterprise:

1. Chronic Disease Prevention and Management
2. Maternal-Infant Health Improvement
3. Mental Health & Substance Misuse Treatment

Henry Ford Health works to leverage its resources, partnerships, and market share across the counties it serves to make large-scale community impact. An important factor in the success of Henry Ford's ability to make this large-scale impact is the individual contributions of each hospital within the enterprise. It is our goal through these Implementation Plans to push each hospital to set ambitious goals that will improve our communities' outcomes and access to resources, while coalescing each hospital around aligned enterprise-wide strategies and metrics.

Hospital Implementation Strategy

Henry Ford Warren Hospital will focus on developing and supporting initiatives and measuring their effectiveness to improve the aforementioned health priorities. The following implementation strategy specifies community health needs that the Hospital/Health System has determined it will address, in partnership with other agencies and organizations, consistent with our mission and vision, to become the trusted partner in health for our communities.

CHNA Implementation Strategy 2026-2028

Hospital Facility:	Henry Ford Warren Hospital
CHNA Significant Health Need:	Chronic Disease Prevention and Management
CHNA Reference Pages:	Page 46, 67-68, 72-73, 78, 80

Brief Description of Need:

Health behaviors and lifestyle factors such as alcohol and drug use, smoking, lack of physical activity, poor nutrition, and obesity are known to greatly impact onset of chronic disease. Preventative health practices, such as regular screenings, are known to positively impact these health outcomes. These lifestyle factors and the ability to access and partake in preventative health practices depend on non-medical determinants of health. Non-medical determinants of health describe the conditions in which people live, learn, work, and play. They typically include housing, education level, income, transportation, neighborhood quality and safety, social support, environmental factors, and more. Poorer non-medical determinants of health make accessing and navigating healthcare systems more difficult and constrains one's ability to practice healthy behaviors.

In Macomb County, nearly a quarter of adults report no leisure-time physical activity. 12.4% of Macomb residents report poor physical health. Macomb County's prevalence of obesity increased by 3% since the 2022 Community Health Needs Assessment (CHNA), with a prevalence of 36.6%. This figure is slightly higher than Michigan's prevalence, at 34.8%. Relatedly, 10.2% of Macomb County residents report being told they have diabetes across their lifetime. The diabetes death rate in Macomb County is higher than the state average, at 26.9 per 100,000 people. Preventable hospitalizations due to diabetes have increased by 4.9% in Macomb County since the 2022 CHNA. Cancer also poses a significant risk across Macomb County, with death rates due to breast cancer and lung cancer higher than the state average. Macomb County's cancer screening rates, while higher than the state average, have worsened since the 2022 assessment.

At Henry Ford Warren Hospital, work is being done to prevent chronic disease at the clinical and community levels and to address poor non-medical determinants of health that prevent community members from achieving optimal health.

Goal:

Prevent the incidence of highly prevalent chronic diseases and increase community members' capacity to manage chronic disease.

Project Objectives:

1. Improve access to timely chronic disease prevention and treatment services
2. Prevent onset of and deaths due to highly prevalent chronic diseases through prevention efforts, screening, and education
3. Strengthen connections to community-based chronic disease and healthy lifestyles work and expand reach of chronic disease prevention efforts to community members
4. Improve enterprise-wide delivery of non-medical needs interventions through standardization, policy implementation, and data monitoring, ensuring that patients receive the support they need

Strategy	Metric/Goal	Accountable Leader	Date
Establish adherence with the standardized enterprise-wide Social Determinants of Health (SDOH) Policy to ensure that patients who have a social determinant of health need receive a successful intervention.	Increase percent of patients identified with non-medical need who receive intervention cumulatively across local hospital service areas to 45% by 2026; Metric will align with to-be-determined annual SDOH Council target for improving successful SDOH intervention in 2027 and 2028.	Director of Clinical and Social Health Integration	Annually through 12/31/28
Provide community-based screening, education, resources and/or programmatic interventions to promote healthy lifestyles and disease prevention in all Henry Ford markets.	Complete at minimum the following community-connected activities annually: 1 for hospital service areas <500k population, 2 for 500k-999k, 3 for 1M+. (2 for Warren Hospital) Example activities include health screenings, lectures, health fairs, Cooking Matters sessions, etc.	Hospital CHNA Liaisons	Annually through 12/31/28
Improve access to no-cost, evidence-based diabetes prevention programming.	Increase patients enrolled in a diabetes prevention intervention such as Diabetes Prevention Program (DPP) cumulatively across hospital service areas by 10% annually.	Director of Diabetes Prevention Program	Annually through 12/31/28
Improve access to effective Diabetes Self-Management Education (DSME) Programming to all Henry Ford markets.	Increase patients enrolled in DSME cumulatively across hospital service areas by 10% by 2028.	DSME Directors	12/31/28
Provide no-cost Tobacco Treatment Cessation Counseling Services to patients.	Increase patients enrolled in Tobacco Treatment Services (TTS) cumulatively across local hospital service areas by 10% by 2028.	Director of Center for Health Promotion and Disease Prevention	12/31/28

CHNA Implementation Strategy 2026-2028

Hospital Facility:	Henry Ford Warren Hospital
CHNA Significant Health Need:	Maternal-Infant Health Improvement
CHNA Reference Pages:	Pages 63-66

Brief Description of Need:

A pregnancy-related death is any death of a person during pregnancy or within 365 days of end of pregnancy that is directly related to or aggravated by pregnancy. The pregnancy-related maternal mortality ratio represents pregnancy-related deaths per 100,00 live births. In Macomb County, the maternal mortality ratio for 2017-2021 is 28.8. This is higher than Michigan's ratio, which is 23.9. Certain conditions during the prenatal and perinatal period increases risk for maternal mortality, such as weight gain, gestational diabetes, and hypertension. In Macomb County, 48.8% of pregnant women gained weight above the recommended range determined by the National Academy of Medicine. This is slightly higher than the state average, which is 48.0%. The prevalence of gestational diabetes in Macomb County is 8.1%, also higher than the state average (7.1%). Prevalence of hypertension, during or before pregnancy, is 13.5% in Macomb County. This is higher than Michigan's average of 11.7%.

Infant mortality is defined as the death of an infant before their first birthday. Across Michigan, the infant mortality rate for all infants is 6.3 per 1,000 live births. Macomb County's infant mortality rate is 5.3, which is worse than the last CHNA. Low birth weight and preterm birth can increase risk for infants. Low weight births are less than 2,500 grams. Very low birth weight is considered less than 1,500 grams. Macomb County has a higher state average percentage of low weight births, with 9.3% of live births falling in this category. 10.9% of births in Macomb County are considered preterm.

These data serve as a justification for increased focus on mothers and infants' health during and after pregnancy. At Henry Ford Warren Hospital, efforts to improve maternal healthcare are underway.

Goal:

Prevent maternal and infant morbidity and mortality, ensuring more mothers and babies thrive.

Project Objectives:

1. Improve access to timely treatment of maternal health issues threatening safe birth and postpartum outcomes
2. Strengthen and enhance maternal health services to be more holistically supportive of patient needs, including women's mental health
3. Strengthen connections to community-based maternal-infant health work and expand reach of maternal-infant health resources, programs, and education to community members

Strategy	Metric/Goal	Accountable Leader	Date
Provide community-based screening, education, resources, and/or programmatic interventions to promote maternal-infant health improvement in all Henry Ford markets.	Complete at minimum the following community-connected activities annually: 1 for hospital service areas <500k population, 2 for 500k-999k, 3 for 1M+ (2 for Warren Hospital) Example activities include community baby showers, safe sleep classes, maternal health resource fairs, WIN Network Group Prenatal Care, etc.	Hospital CHNA Liaisons	Annually through 12/31/28
Ensure timelier treatment for women's mental health by identifying those needing depression care.	Increase Women's Health Services patients receiving depression screening by 5% annually cumulatively across local hospital service areas	Medical Director of Maternal and Perinatal Health Outcomes Vice President of Women's Health Service Line	Annually through 12/31/28
Prevent morbidity and mortality due to hypertension in postpartum mothers with timely follow up care for severely hypertensive patients.	Increase compliance in scheduling follow-up blood pressure check within 3 days to 80% cumulatively across local hospital service areas	Medical Director of Maternal and Perinatal Health Outcomes Vice President of Women's Health Service Line	12/31/28

CHNA Implementation Strategy 2026-2028

Hospital Facility:	Henry Ford Warren Hospital
CHNA Significant Health Need:	Mental Health & Substance Misuse Treatment
CHNA Reference Pages:	Pages 61-62, 67, 72-73

Brief Description of Need:

The prevalence of self-reported poor mental health status has improved in Macomb County since the last assessment – 14.8% compared to Michigan's 16.4%. In Macomb County, the opioid crude death rate per 100,000 is 30.2, higher than Michigan's rate of 24.3. The all-drug death rate for Macomb County is 35.7 per 100,000, also higher than Michigan's rate of 30.1. 84.6% of all drug overdose deaths in Macomb County are caused by opioids. From 2021 to 2022, Macomb County opioid drug overdose deaths decreased by 2.2%. Macomb County all drug overdose deaths have decreased by 5.8%. Amongst the ten leading causes of death in Michigan and Macomb County, drug overdose deaths are categorized as "unintentional injuries," a category which is the third leading cause of death in Michigan on average, with a death rate of 56.7 per 100,000. In Macomb, this death rate is 45.9, showing a 20% decrease from 2022's rate of 57.

At Henry Ford Warren Hospital, work is being done to improve access to mental health and substance misuse care at the clinical and community levels and to address poor non-medical determinants of health that prevent community members from achieving optimal mental health.

Goal:

Improve behavioral health/substance misuse access, follow-up and education to improve mental health and reduce substance use disorder.

Project Objectives:

1. Improve access to timely behavioral health services
2. Prevent severe mental and behavioral health diagnoses through prevention efforts, screening, and education
3. Strengthen connections to community-based mental health work and expand reach of poor mental health and substance misuse prevention efforts to community members

Strategy	Metric/Goal	Accountable Leader	Date
Improve timely access to behavioral health care for community members	Adult Behavioral Health Integration (Collaborative Care): Achieve 50% percent of patients seen within 14 days cumulatively across local hospital service areas	Vice President of Behavioral Health Service Line	12/31/28
Provide community-based screening, education, resources and/or programmatic interventions to promote mental health and substance misuse prevention in all Henry Ford markets.	Complete at minimum the following community-connected activities annually: 1 for hospital service areas <500k population, 2 for 500k-999k, 3 for 1M+ (2 for Warren Hospital) Example activities include screenings, lectures, health fairs, mental health first aid trainings, human trafficking and domestic violence trainings, naloxone distribution, ROSES program, etc.	Hospital CHNA Liaison	Annually through 12/31/28
Increase access to Medicaid Assisted Treatment (MAT) certified providers	Increase percent of HFH Mosaic Clinically Integrated Network patients attributed to MAT-certified Primary Care Providers (PCPs) to 30% cumulatively across local hospital service areas	Manager Value Based Programs Clinically Integrated Network	12/31/28
Increase the identification and appropriate response to individuals at risk for or experiencing human trafficking across Henry Ford Health by implementing staff training, standardized screening, and/or closed-loop referral pathways in priority clinical and community-facing settings.	Conduct at least 1 human trafficking training for each hospital service area per year	Director of Open Arms Program	Annually through 12/31/28

Adoption of Implementation Strategies

Approved by the Henry Ford Quality & Culture Committee, a Committee of the Board of Directors, in May 2026. The final, approved versions of the 2025 Community Health Needs Assessment and the 2026-2028 Implementation Strategies are available electronically at www.henryford.com/about/community-health.

To submit written comments on the CHNA or to obtain a printed copy of the report, contact Henry Ford Health at communitybenefit@hfhs.org.

Henry Ford West Bloomfield Hospital

Executive Summary

Henry Ford West Bloomfield Hospital completed a comprehensive Community Health Needs Assessment (CHNA) that was adopted by the Henry Ford Health (HFH) Quality & Culture Committee in December 2025. Henry Ford West Bloomfield Hospital performed the CHNA in adherence with certain federal requirements for not-for-profit hospitals set forth in the Affordable Care Act and by the Internal Revenue Service. The assessment considered input from community members and various community organizations.

Health Needs of the Community

The Henry Ford Health community has been identified as the City of Detroit and Genesee, Jackson, Livingston, Macomb, Oakland, St. Clair, and Wayne counties. The CHNA process identified significant health needs for this community. Health needs were prioritized based on several criteria including the importance given to particular health issues by survey participants, community interviewees, statistical data from the State of Michigan and other sources, as well as input from HFH leaders. Henry Ford West Bloomfield Hospital's resources and overall alignment with the Henry Ford Health mission, vision, goals, and strategic priorities were taken into consideration when identifying the top two most significant health issues to be addressed. The following health priorities were chosen for the entire Henry Ford Health enterprise:

1. Chronic Disease Prevention and Management
2. Maternal-Infant Health Improvement
3. Mental Health & Substance Misuse Treatment

Henry Ford Health works to leverage its resources, partnerships, and market share across the counties it serves to make large-scale community impact. An important factor in the success of Henry Ford's ability to make this large-scale impact is the individual contributions of each hospital within the enterprise. It is our goal through these Implementation Plans to push each hospital to set ambitious goals that will improve our communities' outcomes and access to resources, while coalescing each hospital around aligned enterprise-wide strategies and metrics.

Hospital Implementation Strategy

Henry Ford West Bloomfield Hospital will focus on developing and supporting initiatives and measuring their effectiveness to improve the aforementioned health priorities. The following implementation strategy specifies community health needs that the Hospital/Health System has determined it will address, in partnership with other agencies and organizations, consistent with our mission and vision, to become the trusted partner in health for our communities.

CHNA Implementation Strategy 2026-2028

Hospital Facility:	Henry Ford West Bloomfield Hospital
CHNA Significant Health Need:	Chronic Disease Prevention and Management
CHNA Reference Pages:	Page 46, 67-68, 72-73, 78, 80

Brief Description of Need:

Health behaviors and lifestyle factors such as alcohol and drug use, smoking, lack of physical activity, poor nutrition, and obesity are known to greatly impact onset of chronic disease. Preventative health practices, such as regular screenings, are known to positively impact these health outcomes. These lifestyle factors and the ability to access and partake in preventative health practices depend on non-medical determinants of health. Non-medical determinants of health describe the conditions in which people live, learn, work, and play. They typically include housing, education level, income, transportation, neighborhood quality and safety, social support, environmental factors, and more. Poorer non-medical determinants of health make accessing and navigating healthcare systems more difficult and constrains one's ability to practice healthy behaviors.

In Oakland County, 18.9% adults report no leisure-time physical activity. 9.9% of Oakland County residents report poor physical health. Oakland County's prevalence of obesity increased since the 2022 Community Health Needs Assessment (CHNA), with a prevalence of 29.6%. This figure is slightly lower than Michigan's prevalence, at 34.8%. Relatedly, 9.2% of Oakland County residents report being told they have diabetes across their lifetime. The diabetes death rate in Oakland County is lower than the state average, at 21.7 per 100,000 people. Preventable hospitalizations due to diabetes have increased by 12.5% in Oakland County since the 2022 CHNA. Cancer also poses a significant risk across Oakland County, with death rates due to breast cancer at 18.4 per 100,000 and lung cancer at 28.1 per 100,000. Oakland County's cancer screening rates are higher than the state average and have improved since the 2022 assessment. It is important for Henry Ford Health to build on these improvements in screenings in order to positively impact cancer outcomes across the county.

At Henry Ford West Bloomfield Hospital, work is being done to prevent chronic disease at the clinical and community levels and to address poor non-medical determinants of health that prevent community members from achieving optimal health.

Goal:

Prevent the incidence of highly prevalent chronic diseases and increase community members' capacity to manage chronic disease.

Project Objectives:

1. Improve access to timely chronic disease prevention and treatment services
2. Prevent onset of and deaths due to highly prevalent chronic diseases through prevention efforts, screening, and education
3. Strengthen connections to community-based chronic disease and healthy lifestyles work and expand reach of chronic disease prevention efforts to community members
4. Improve enterprise-wide delivery of non-medical needs interventions through standardization, policy implementation, and data monitoring, ensuring that patients receive the support they need

Strategy	Metric/Goal	Accountable Leader	Date
Establish adherence with the standardized enterprise-wide Social Determinants of Health (SDOH) Policy to ensure that patients who have a social determinant of health need receive a successful intervention.	Increase percent of patients identified with non-medical need who receive intervention cumulatively across local hospital service areas to 45% by 2026; Metric will align with to-be-determined annual SDOH Council target for improving successful SDOH intervention in 2027 and 2028.	Director of Clinical and Social Health Integration	Annually through 12/31/28
Provide community-based screening, education, resources and/or programmatic interventions to promote healthy lifestyles and disease prevention in all Henry Ford markets.	Complete at minimum the following community-connected activities annually: 1 for hospital service areas <500k population, 2 for 500k-999k, 3 for 1M+. (3 for West Bloomfield Hospital) Example activities include health screenings, lectures, health fairs, Cooking Matters sessions, etc.	Hospital CHNA Liaisons	Annually through 12/31/28
Improve access to no-cost, evidence-based diabetes prevention programming.	Increase patients enrolled in a diabetes prevention intervention such as Diabetes Prevention Program (DPP) cumulatively across hospital service areas by 10% annually.	Director of Diabetes Prevention Program	Annually through 12/31/28
Improve access to effective Diabetes Self-Management Education (DSME) Programming to all Henry Ford markets.	Increase patients enrolled in DSME cumulatively across hospital service areas by 10% by 2028.	DSME Directors	12/31/28
Provide no-cost Tobacco Treatment Cessation Counseling Services to patients.	Increase patients enrolled in Tobacco Treatment Services (TTS) cumulatively across local hospital service areas by 10% by 2028.	Director of Center for Health Promotion and Disease Prevention	12/31/28

CHNA Implementation Strategy 2026-2028

Hospital Facility:	Henry Ford West Bloomfield Hospital
CHNA Significant Health Need:	Maternal-Infant Health Improvement
CHNA Reference Pages:	Pages 63-66

Brief Description of Need:

A pregnancy-related death is any death of a person during pregnancy or within 365 days of end of pregnancy that is directly related to or aggravated by pregnancy. The pregnancy-related maternal mortality ratio represents pregnancy-related deaths per 100,00 live births. In Oakland County, the maternal mortality ratio for 2017-2021 is 21.7. This is slightly lower than Michigan's ratio, which is 23.9. Certain conditions during the prenatal and perinatal period increases risk for maternal mortality, such as weight gain, gestational diabetes, and hypertension. In Oakland County, 48.6% of pregnant women gained weight above the recommended range determined by the National Academy of Medicine. This is slightly higher than the state average, which is 48.0%. The prevalence of gestational diabetes in Oakland County is 7.0%, only slightly lower than the state average (7.1%). Prevalence of hypertension, during or before pregnancy, is 11.8% in Oakland County. This is higher than Michigan's average of 11.7%.

Infant mortality is defined as the death of an infant before their first birthday. Across Michigan, the infant mortality rate for all infants is 6.3 per 1,000 live births. Oakland County's infant mortality rate is 3.8, which has improved since the last Community Health Needs Assessment (CHNA). Low birth weight and preterm birth can increase risk for infants. Low weight births are less than 2,500 grams. Very low birth weight is considered less than 1,500 grams. Oakland County has a lower percentage of low weight births compared to Michigan, with 8.2% of live births falling in this category. 9.7% of births in Oakland County are considered preterm.

These data serve as a justification for increased focus on mothers and infants' health during and after pregnancy. At Henry Ford West Bloomfield Hospital, efforts to improve maternal healthcare are underway.

Goal:

Prevent maternal and infant morbidity and mortality, ensuring more mothers and babies thrive.

Project Objectives:

1. Improve access to timely treatment of maternal health issues threatening safe birth and postpartum outcomes
2. Strengthen and enhance maternal health services to be more holistically supportive of patient needs, including women's mental health
3. Strengthen connections to community-based maternal-infant health work and expand reach of maternal-infant health resources, programs, and education to community members

Strategy	Metric/Goal	Accountable Leader	Date
Provide community-based screening, education, resources, and/or programmatic interventions to promote maternal-infant health improvement in all Henry Ford markets.	Complete at minimum the following community-connected activities annually: 1 for hospital service areas <500k population, 2 for 500k-999k, 3 for 1M+ (3 for West Bloomfield Hospital) Example activities include community baby showers, safe sleep classes, maternal health resource fairs, WIN Network Group Prenatal Care, etc.	Hospital CHNA Liaisons	Annually through 12/31/28
Ensure timelier treatment for women's mental health by identifying those needing depression care.	Increase Women's Health Services patients receiving depression screening by 5% annually cumulatively across local hospital service areas	Medical Director of Maternal and Perinatal Health Outcomes Vice President of Women's Health Service Line	Annually through 12/31/28
Prevent morbidity and mortality due to hypertension in postpartum mothers with timely follow up care for severely hypertensive patients.	Increase compliance in scheduling follow-up blood pressure check within 3 days to 80% cumulatively across local hospital service areas	Medical Director of Maternal and Perinatal Health Outcomes Vice President of Women's Health Service Line	12/31/28

CHNA Implementation Strategy 2026-2028

Hospital Facility:	Henry Ford West Bloomfield Hospital
CHNA Significant Health Need:	Mental Health & Substance Misuse Treatment
CHNA Reference Pages:	Pages 61-62, 67, 72-73

Brief Description of Need:

The prevalence of self-reported poor mental health status has improved in Oakland County since the last assessment – 12.6% compared to Michigan's 16.4%. In Oakland County, the opioid crude death rate per 100,000 is 14.9, lower than Michigan's rate of 24.3. The all-drug death rate for Oakland County is 18.5 per 100,000, also lower than Michigan's rate of 30.1. 80.6% of all drug overdose deaths in Oakland County are caused by opioids. Opioid drug overdose death trend data is unavailable for Oakland County. Oakland County all drug overdose deaths have increased by 12.6%, higher than the state increase (9.5%). Amongst the ten leading causes of death in Michigan and Oakland County, drug overdose deaths are categorized as "unintentional injuries," a category which is the third leading cause of death in Michigan on average, with a death rate of 56.7 per 100,000. In Oakland County, this death rate is 29.1, which has increased since the last Community Health Needs Assessment (CHNA).

At Henry Ford West Bloomfield Hospital, work is being done to improve access to mental health and substance misuse care at the clinical and community levels and to address poor non-medical determinants of health that prevent community members from achieving optimal mental health.

Goal:

Improve behavioral health/substance misuse access, follow-up and education to improve mental health and reduce substance use disorder.

Project Objectives:

1. Improve access to timely behavioral health services
2. Prevent severe mental and behavioral health diagnoses through prevention efforts, screening, and education
3. Strengthen connections to community-based mental health work and expand reach of poor mental health and substance misuse prevention efforts to community members

Strategy	Metric/Goal	Accountable Leader	Date
Improve timely access to behavioral health care for community members	Adult Behavioral Health Integration (Collaborative Care): Achieve 50% percent of patients seen within 14 days cumulatively across local hospital service areas	Vice President of Behavioral Health Service Line	12/31/28
Provide community-based screening, education, resources and/or programmatic interventions to promote mental health and substance misuse prevention in all Henry Ford markets.	Complete at minimum the following community-connected activities annually: 1 for hospital service areas <500k population, 2 for 500k-999k, 3 for 1M+ (3 for West Bloomfield Hospital) Example activities include screenings, lectures, health fairs, mental health first aid trainings, human trafficking and domestic violence trainings, naloxone distribution, ROSES program, etc.	Hospital CHNA Liaison	Annually through 12/31/28
Increase access to Medicaid Assisted Treatment (MAT) certified providers	Increase percent of HFH Mosaic Clinically Integrated Network patients attributed to MAT-certified Primary Care Providers (PCPs) to 30% cumulatively across local hospital service areas	Manager Value Based Programs Clinically Integrated Network	12/31/28
Increase the identification and appropriate response to individuals at risk for or experiencing human trafficking across Henry Ford Health by implementing staff training, standardized screening, and/or closed-loop referral pathways in priority clinical and community-facing settings.	Conduct at least 1 human trafficking training for each hospital service area per year	Director of Open Arms Program	Annually through 12/31/28

Adoption of Implementation Strategies

Approved by the Henry Ford Quality & Culture Committee, a Committee of the Board of Directors, in May 2026. The final, approved versions of the 2025 Community Health Needs Assessment and the 2026-2028 Implementation Strategies are available electronically at www.henryford.com/about/community-health.

To submit written comments on the CHNA or to obtain a printed copy of the report, contact Henry Ford Health at communitybenefit@hfhs.org.

Henry Ford Wyandotte Hospital

Executive Summary

Henry Ford Wyandotte Hospital completed a comprehensive Community Health Needs Assessment (CHNA) that was adopted by the Henry Ford Health (HFH) Quality & Culture Committee in December 2025. Henry Ford Wyandotte Hospital performed the CHNA in adherence with certain federal requirements for not-for-profit hospitals set forth in the Affordable Care Act and by the Internal Revenue Service. The assessment considered input from community members and various community organizations.

Health Needs of the Community

The Henry Ford Health community has been identified as the City of Detroit and Genesee, Jackson, Livingston, Macomb, Oakland, St. Clair, and Wayne counties. The CHNA process identified significant health needs for this community. Health needs were prioritized based on several criteria including the importance given to particular health issues by survey participants, community interviewees, statistical data from the State of Michigan and other sources, as well as input from HFH leaders. Henry Ford Wyandotte Hospital's resources and overall alignment with the Henry Ford Health mission, vision, goals, and strategic priorities were taken into consideration when identifying the top two most significant health issues to be addressed. The following health priorities were chosen for the entire Henry Ford Health enterprise:

1. Chronic Disease Prevention and Management
2. Maternal-Infant Health Improvement
3. Mental Health & Substance Misuse Treatment

Henry Ford Health works to leverage its resources, partnerships, and market share across the counties it serves to make large-scale community impact. An important factor in the success of Henry Ford's ability to make this large-scale impact is the individual contributions of each hospital within the enterprise. It is our goal through these Implementation Plans to push each hospital to set ambitious goals that will improve our communities' outcomes and access to resources, while coalescing each hospital around aligned enterprise-wide strategies and metrics.

Hospital Implementation Strategy

Henry Ford Wyandotte Hospital will focus on developing and supporting initiatives and measuring their effectiveness to improve the aforementioned health priorities. The following implementation strategy specifies community health needs that the Hospital/Health System has determined it will address, in partnership with other agencies and organizations, consistent with our mission and vision, to become the trusted partner in health for our communities.

CHNA Implementation Strategy 2026-2028

Hospital Facility:	Henry Ford Wyandotte Hospital
CHNA Significant Health Need:	Chronic Disease Prevention and Management
CHNA Reference Pages:	Page 46, 67-68, 72-73, 78, 80

Brief Description of Need:

Health behaviors and lifestyle factors such as alcohol and drug use, smoking, lack of physical activity, poor nutrition, and obesity are known to greatly impact onset of chronic disease. Preventative health practices, such as regular screenings, are known to positively impact these health outcomes. These lifestyle factors and the ability to access and partake in preventative health practices depend on non-medical determinants of health. Non-medical determinants of health describe the conditions in which people live, learn, work, and play. They typically include housing, education level, income, transportation, neighborhood quality and safety, social support, environmental factors, and more. Poorer non-medical determinants of health make accessing and navigating healthcare systems more difficult and constrains one's ability to practice healthy behaviors.

In Wayne County[1], 22.6% of adults report no leisure-time physical activity. This figure has improved since the 2022 Community Health Needs Assessment (CHNA). 12.7% of Wayne County residents report poor physical health. Wayne County's prevalence of obesity increased since the last assessment, with a prevalence of 36.8%. This figure is slightly higher than Michigan's prevalence, at 34.8%. Relatedly, 12.1% of Wayne County residents report being told they have diabetes across their lifetime, slightly higher than the state average of 11.6%. The diabetes death rate in Wayne County is slightly lower than the state average, at 20.3 per 100,000 people. Preventable hospitalizations due to diabetes have increased by 4.7% in Wayne County since the 2022 CHNA. Cancer also poses a significant risk across Wayne County, with death rates due to breast cancer at 21.1 per 100,000 and lung cancer at 39.8 per 100,000. Wayne County's breast, cervical, prostate, and colorectal cancer screening rates are higher than the state average. In particular, prostate cancer screenings have increased by 57.7% since the 2022 CHNA. It is important for Henry Ford Health to build on this improvement in screening in order to positively impact cancer outcomes across Wayne County.

At Henry Ford Wyandotte Hospital, work is being done to prevent chronic disease at the clinical and community levels and to address poor non-medical determinants of health that prevent community members from achieving optimal health.

Goal:

Prevent the incidence of highly prevalent chronic diseases and increase community members' capacity to manage chronic disease.

Project Objectives:

1. Improve access to timely chronic disease prevention and treatment services
2. Prevent onset of and deaths due to highly prevalent chronic diseases through prevention efforts, screening, and education
3. Strengthen connections to community-based chronic disease and healthy lifestyles work and expand reach of chronic disease prevention efforts to community members
4. Improve enterprise-wide delivery of non-medical needs interventions through standardization, policy implementation, and data monitoring, ensuring that patients receive the support they need

Strategy	Metric/Goal	Accountable Leader	Date
Establish adherence with the standardized enterprise-wide Social Determinants of Health (SDOH) Policy to ensure that patients who have a social determinant of health need receive a successful intervention.	Increase percent of patients identified with non-medical need who receive intervention cumulatively across local hospital service areas to 45% by 2026; Metric will align with to-be-determined annual SDOH Council target for improving successful SDOH intervention in 2027 and 2028.	Director of Clinical and Social Health Integration	Annually through 12/31/28
Provide community-based screening, education, resources and/or programmatic interventions to promote healthy lifestyles and disease prevention in all Henry Ford markets.	Complete at minimum the following community-connected activities annually: 1 for hospital service areas <500k population, 2 for 500k-999k, 3 for 1M+. (1 for Wyandotte Hospital) Example activities include health screenings, lectures, health fairs, Cooking Matters sessions, etc.	Hospital CHNA Liaisons	Annually through 12/31/28
Improve access to no-cost, evidence-based diabetes prevention programming.	Increase patients enrolled in a diabetes prevention intervention such as Diabetes Prevention Program (DPP) cumulatively across hospital service areas by 10% annually.	Director of Diabetes Prevention Program	Annually through 12/31/28
Improve access to effective Diabetes Self-Management Education (DSME) Programming to all Henry Ford markets.	Increase patients enrolled in DSME cumulatively across hospital service areas by 10% by 2028.	DSME Directors	12/31/28
Provide no-cost Tobacco Treatment Cessation Counseling Services to patients.	Increase patients enrolled in Tobacco Treatment Services (TTS) cumulatively across local hospital service areas by 10% by 2028.	Director of Center for Health Promotion and Disease Prevention	12/31/28

CHNA Implementation Strategy 2026-2028

Hospital Facility:	Henry Ford Wyandotte Hospital
CHNA Significant Health Need:	Maternal-Infant Health Improvement
CHNA Reference Pages:	Pages 63-66

Brief Description of Need:

A pregnancy-related death is any death of a person during pregnancy or within 365 days of end of pregnancy that is directly related to or aggravated by pregnancy. The pregnancy-related maternal mortality ratio represents pregnancy-related deaths per 100,00 live births. In Wayne County,[2] the maternal mortality ratio for 2017-2021 is 22.7. This is slightly lower than Michigan's ratio, which is 23.9. Certain conditions during the prenatal and perinatal period increases risk for maternal mortality, such as weight gain, gestational diabetes, and hypertension. In Wayne County, 22.3% of pregnant women gained weight below the recommended range determined by the National Academy of Medicine. This is higher than the state average, which is 20.9%. The prevalence of gestational diabetes in Wayne County is 8.0%, higher than the state average (7.1%). Prevalence of hypertension, during or before pregnancy, is 10.3% in Wayne County. This is slightly lower than Michigan's average of 11.7%.

Infant mortality is defined as the death of an infant before their first birthday. Across Michigan, the infant mortality rate for all infants is 6.3 per 1,000 live births. Wayne County's infant mortality rate is 6.8, slightly more than the state average. Low birth weight and preterm birth can increase risk for infants. Low weight births are less than 2,500 grams. Very low birth weight is considered less than 1,500 grams. Wayne County has a higher percentage of low weight births compared to Michigan, with 9.1% of live births falling in this category. 9.8% of births in Wayne County are considered preterm.

These data serve as a justification for increased focus on mothers and infants' health during and after pregnancy. At Henry Ford Wyandotte Hospital, efforts to improve maternal healthcare are underway.

Goal:

Prevent maternal and infant morbidity and mortality, ensuring more mothers and babies thrive.

Project Objectives:

1. Improve access to timely treatment of maternal health issues threatening safe birth and postpartum outcomes
2. Strengthen and enhance maternal health services to be more holistically supportive of patient needs, including women's mental health
3. Strengthen connections to community-based maternal-infant health work and expand reach of maternal-infant health resources, programs, and education to community members

Strategy	Metric/Goal	Accountable Leader	Date
Provide community-based screening, education, resources, and/or programmatic interventions to promote maternal-infant health improvement in all Henry Ford markets.	Complete at minimum the following community-connected activities annually: 1 for hospital service areas <500k population, 2 for 500k-999k, 3 for 1M+ (1 for Wyandotte Hospital) Example activities include community baby showers, safe sleep classes, maternal health resource fairs, WIN Network Group Prenatal Care, etc.	Hospital CHNA Liaisons	Annually through 12/31/28
Ensure timelier treatment for women's mental health by identifying those needing depression care.	Increase Women's Health Services patients receiving depression screening by 5% annually cumulatively across local hospital service areas	Medical Director of Maternal and Perinatal Health Outcomes Vice President of Women's Health Service Line	Annually through 12/31/28
Prevent morbidity and mortality due to hypertension in postpartum mothers with timely follow up care for severely hypertensive patients.	Increase compliance in scheduling follow-up blood pressure check within 3 days to 80% cumulatively across local hospital service areas	Medical Director of Maternal and Perinatal Health Outcomes Vice President of Women's Health Service Line	12/31/28

CHNA Implementation Strategy 2026-2028

Hospital Facility:	Henry Ford Wyandotte Hospital
CHNA Significant Health Need:	Mental Health & Substance Misuse Treatment
CHNA Reference Pages:	Pages 61-62, 67, 72-73

Brief Description of Need:

The prevalence of self-reported poor mental health status has improved in Wayne County[3] since the last assessment – 15.8% compared to Michigan's 16.4%. In Wayne County, the opioid crude death rate per 100,000 is 32.2, significantly higher than Michigan's rate of 24.3. The all-drug death rate for Wayne County is 38.1 per 100,000, also more than Michigan's rate of 30.1. 84.5% of all drug overdose deaths in Wayne County are caused by opioids. Opioid drug overdose death trend data shows an 4.4% increase from 2021 to 2022 in Wayne County. Wayne County's all drug overdose deaths have increased by 4.2%, lower than the state increase (9.5%). Amongst the ten leading causes of death in Michigan and Wayne County, drug overdose deaths are categorized as "unintentional injuries," a category which is the third leading cause of death in Michigan on average, with a death rate of 56.7 per 100,000. In Wayne County, this death rate is 54.4, which has improved since the last Community Health Needs Assessment (CHNA).

At Henry Ford Wyandotte Hospital, work is being done to improve access to mental health and substance misuse care at the clinical and community levels and to address poor non-medical determinants of health that prevent community members from achieving optimal mental health.

Goal:

Improve behavioral health/substance misuse access, follow-up and education to improve mental health and reduce substance use disorder.

Project Objectives:

1. Improve access to timely behavioral health services
2. Prevent severe mental and behavioral health diagnoses through prevention efforts, screening, and education
3. Strengthen connections to community-based mental health work and expand reach of poor mental health and substance misuse prevention efforts to community members

Strategy	Metric/Goal	Accountable Leader	Date
Improve timely access to behavioral health care for community members	Adult Behavioral Health Integration (Collaborative Care): Achieve 50% percent of patients seen within 14 days cumulatively across local hospital service areas	Vice President of Behavioral Health Service Line	12/31/28
Provide community-based screening, education, resources and/or programmatic interventions to promote mental health and substance misuse prevention in all Henry Ford markets.	Complete at minimum the following community-connected activities annually: 1 for hospital service areas <500k population, 2 for 500k-999k, 3 for 1M+ (1 for Wyandotte Hospital) Example activities include screenings, lectures, health fairs, mental health first aid trainings, human trafficking and domestic violence trainings, naloxone distribution, ROSES program, etc.	Hospital CHNA Liaison	Annually through 12/31/28
Increase access to Medicaid Assisted Treatment (MAT) certified providers	Increase percent of HFH Mosaic Clinically Integrated Network patients attributed to MAT-certified Primary Care Providers (PCPs) to 30% cumulatively across local hospital service areas	Manager Value Based Programs Clinically Integrated Network	12/31/28
Increase the identification and appropriate response to individuals at risk for or experiencing human trafficking across Henry Ford Health by implementing staff training, standardized screening, and/or closed-loop referral pathways in priority clinical and community-facing settings.	Conduct at least 1 human trafficking training for each hospital service area per year	Director of Open Arms Program	Annually through 12/31/28

Identified Needs Not Chosen as CHNA Implementation Plan Priorities

Henry Ford Health understands the importance of all the health needs of the community and are committed to playing an active role in improving the health of the people in the communities it serves. We recognize that in prioritizing needs there will be needs not specifically addressed by Henry Ford Health's CHNA Implementation Plans – though many communities have institutions doing this important work and many Henry Ford Health units improve health in these areas, outside of the focus of the Implementation Plans. These needs are important to improving community health but will not be the focus of the Implementation Plans. They may however be addressed by other community benefit efforts or fall within the scope of the focus on Chronic Disease Management & Prevention, Mental Health & Substance Misuse Treatment, and Maternal-Infant Health

Improvement. Identified needs that Henry Ford Health will not specifically be prioritizing in the 2025-2028 CHNA Implementation Plan process include:

- Alzheimer's Disease
- Arthritis
- Asthma
- Basic utilities access
- Built environment and safe neighborhoods
- Cancer
- Caretaking
- Chronic Liver Disease and Cirrhosis
- Community and interpersonal violence
- COVID-19
- Dental health
- Education
- Family planning
- Food insecurity
- Healthcare coverage
- Housing
- Infectious Diseases
- Injury prevention
- Kidney Disease
- Literacy and Health literacy
- Sexual health
- Social support
- Technology and Wi-Fi access
- Transportation
- Unemployment and low income
- Vaccination (general population)

Adoption of Implementation Strategies

Approved by the Henry Ford Quality & Culture Committee, a Committee of the Board of Directors, in May 2026. The final, approved versions of the 2025 Community Health Needs Assessment and the 2026-2028 Implementation Strategies are available electronically at www.henryford.com/about/community-health.

To submit written comments on the CHNA or to obtain a printed copy of the report, contact Henry Ford Health at communitybenefit@hfhs.org.