Detroit Community Health Improvement Plan (CHIP) Strategic Issues, Priority Goals, SMART Objectives, and Strategies

VISION & VALUES

Healthy and thriving communities, where all Detroiters engage and participate in a compassionate, coordinated public health system that supports complete well-being

Accountability – Respect – Innovation – Solution-Focused – Equity

STRATEGIC ISSUE #1: SAFE AND AFFORDABLE HOUSING

Ensure the basic housing needs and health of residents are supported and sustained by increasing access to safe and affordable homes in all neighborhoods.

- **Objective 1**: Develop one cohesive ecosystem of current services that support safe and affordable housing by December 2021.
- **Strategy 1.1**: Develop a mechanism to increase linkages and referrals between services.
- **Strategy 1.2**: Work to incorporate an adequate housing aspect to service providers' intake forms.
- **Strategy 1.3**: Increase communication about rental assistance and home loan programs.
- **Objective 2**: Increase percentage of individuals living in housing that is safe, accessible, and connected to community and services.
- **Strategy 2.1**: Conduct educational efforts to promote safe housing, including: Eviction prevention programs; Tenants' rights and legal resources to address poor housing conditions; Lead poisoning prevention and remediation of housing; Landlord education about inspection policies and code enforcement.
- **Strategy 2.2**: Advocate for plans and policies that expand the supply of affordable housing for low-income families and individuals by engaging potential developers and funders.
- **Strategy 2.3**: Protect existing affordable housing that is at risk of conversation to unaffordable market-rate housing through tenant organizing and collaboration with city officials.
- **Objective 3**: Reduce the associated costs of living in the home.
- **Strategy 3.1**: Engage the utility services department to learn what assistance is available, identify gaps in programs, and develop strategies to prevent shut-offs.
- **Strategy 3.2**: Utilize HRD's Single Family Housing data to identify current barriers in housing access and develop strategies to address them.
- **Strategy 3.3**: Build financial capacity for minor and major home repair.

STRATEGIC ISSUE #2: PLATFORM TO ACCESS RESOURCES

Identify and implement a common platform that enables all community resources to join forces to give residents access to pertinent services

- **Objective 1**: Healthcare, food, and social service providers will partner to coordinate food and other resource needs and opportunities.
- Strategy 1.1: Engage with community organizations and residents.
- **Strategy 1.2:** Develop a plan to address resource coordination challenges and opportunities.
- Strategy 1.3: Finalize partnership and data sharing agreements (e.g. MOUs or contracts).
- **Strategy 1.4:** Develop a plan to secure and protect data that belongs to participants.
- **Strategy 1.5:** Determine reasons why organizations may not be able to participate in coordination (e.g. low technology and staffing capacity).
- Strategy 1.6: Design a financial plan to fund the group's work.
- **Objective 2**: Increase linkages and referrals between healthcare, food, and social service providers among participants enrolled in a resource coordination program.
- **Strategy 2.1:** Develop logic model and implementation plan.
- **Strategy 2.2:** Build resource coordination program (shared screening tool, closed-loop referrals, resource directory, resource navigators, and innovative food resources).
- **Strategy 2.3:** Launch technical advancements to support the program (e.g. technology to support data sharing across organizations).
- **Strategy 2.4:** Incorporate community feedback to share experiences and improve the program.
- Strategy 2.5: Discuss resource coordination challenges and opportunities and identify solutions.
- Objective 3: Expand resource coordination partnership and program to address two (2) other community needs.
- **Strategy 3.1:** Identify existing efforts to increase linkages and referrals and address social needs (i.e. housing and utilities).
- **Strategy 3.2:** Engage with community organizations and residents.
- Strategy 3.3: Finalize partnership and data sharing agreements with new partners (e.g. MOUs or contracts).
- **Strategy 3.4:** Incorporate new partners and workflows into logic model, program, community engagement, and quality improvement efforts.
- **Strategy 3.5:** Develop a plan to address other community needs in the future.

STRATEGIC ISSUE #3: COORDINATING HEALTH AND SOCIAL SERVICES

Improve health access and outcomes by coordinating community and health resources.

- **Objective 1:** By May 31, 2022 establish one cross-sector collaborative that will align resources and best practices to improve the health and well-being of Detroiters.
- **Strategy 1.1**: Identify current coalitions that are dedicated to improving the health and well-being of Detroiters, and catalogue these coalitions and their organizations within the Community Information Exchange (CIE).
- **Strategy 1.2**: Recruit a diverse group of key stakeholders including organizations and individuals to design the cross-sector collaborative.
- **Strategy 1.3**: Define "collaboration" with members and ensure that this definition is included within a collaborative charter and Memorandum of Understanding (MOU) in addition to the scope, expected deliverables, accountability measures, and responsibilities for all members.
- **Strategy 1.4**: Leverage the work of the identified current coalitions by engaging organizations involved in these coalitions and gathering information on current best practices for collaboration.
- **Strategy 1.5**: Ensure ongoing communication and continuous education between organizations through means & methods useful & convenient to all collaborative members (e.g. quarterly meetings and Zoom).
- **Strategy 1.6**: Create and strengthen partnerships with defined outcomes & accountability measures between collaborative members to increase access to shared resources (i.e. funding, capacity, and best practices).
- **Objective 2**: By May 31, 2023 educate a pilot group of residents on how to navigate currently established health and social service systems to increase resident awareness of these systems by 25% from baseline.
- **Strategy 2.1**: Create a tool and conduct a baseline assessment that includes the collection of quantitative and qualitative data to determine resident health literacy and awareness of health and social service systems.
- **Strategy 2.2**: Review information that residents report having access to about health and social service systems and identify the platforms (formal and informal) in which this information is housed.
- **Strategy 2.3**: Work with residents to develop health education strategies and conduct health education sessions to educate the public on existing systems, focusing on technology and digital access to information and resources.
- **Strategy 2.4**: Work with Detroit City Government to implement policies and programming that increase connectivity and internet access for Detroit residents
- **Objective 3**: By May 31, 2024 improve the integration and coordination of health and social services across the continuum of care to increase access to equitable and quality care for a pilot group of residents by 35% from baseline.
- **Strategy 3.1(a)**: Create a tool and conduct a baseline assessment of access to equitable and quality health care among residents.
- **Strategy 3.1(b)**: Create a tool and conduct a baseline assessment of health system leaders' perceptions of institutional policies and practices related to equitable access for Detroiters
- **Strategy 3.2**: Identify current health policy that local, state, and national level policy makers are working on and determine which policies the cross sector collaborative can advocate for.
- **Strategy 3.3**: Facilitate partnerships between providers and social service organizations by advancing organizational policies that will help them to better integrate services.
- **Strategy 3.4**: Facilitate the creation of a shared language and measure around the social determinants of health with providers and social service organizations
- **Strategy 3.5**: Identify best practices for assessing and addressing social service needs of patients within the clinical setting, and implement these best practices with partner providers.