

# Corewell Health Grand Rapids Hospitals



Community Health Needs  
Assessment

2025 - 2027 Implementation Strategy

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## Executive summary

In February 2025, Corewell Health Grand Rapids adopted the Community Health Needs Assessment that identified the top community health needs in Kent County. The present report provides details on strategies Corewell Health Grand Rapids will employ to address these community health needs between Jan. 1, 2025 and Dec. 31, 2027. The significant health needs identified in the most recent Kent County Community Health Needs Assessment included housing, health insurance, access to medical care and access to healthy food. Through stakeholder input, it was decided to address mental health and access to medical care (including access to health insurance and chronic disease as sub-topics) in the present implementation strategy. The process of identifying or developing strategies to address these needs was a collaborative effort between Corewell Health Grand Rapids leaders, community subject matter experts, and Corewell Health Grand Rapids and Corewell Health Helen DeVos Children's Hospital Community Board members.

Corewell Health Grand Rapids will dedicate significant resources toward improving the health of our community with focus on mental health and access to medical care. By committing to the included strategies, strengthening community collaborations and focusing on measurable outcomes, we plan to show improvement in these areas by the end of 2027.



# Introduction

## Mission

Corwell Health's mission is to improve health, instill humanity and inspire hope. People are at the heart of everything we do, and the inspiration for our legacy of outstanding outcomes, innovation, strong community partnerships, philanthropy and transparency. Through experience and collaboration, we are reimagining a better, more equitable model of health and wellness.

## Description of hospital

People are at the heart of everything we do, and the inspiration for our legacy of outstanding outcomes, innovation, strong community partnerships, philanthropy and transparency. Corewell Health is a not-for-profit health system that provides health care and coverage with an exceptional team of 65,000+ dedicated people—including more than 12,000 physicians and advanced practice providers, and more than 15,500 nurses providing care and services in 21 hospitals, 300+ outpatient locations and several post-acute facilities—and Priority Health, a provider-sponsored health plan serving more than 1.3 million members. Through experience and collaboration, we are reimagining a better, more equitable model of health and wellness. For more information, visit [corewellhealth.org](https://corewellhealth.org).

## Inclusion and belonging

Corewell Health has focused its inclusion and belonging efforts in five areas: increasing the organization's cultural competency, supplier diversity, community engagement, equity of care and workforce diversity.

- The anti-racism pledge commits to doing more, including:
- Conducting rigorous analyses of internal procedures, policies, practices and cultural norms of the organization.
- Increasing team member knowledge and skill.
- Ensuring strategic priorities and associated tactics are regularly and systematically evaluated for their impact on health equity among patients, members and their communities.
- Developing, implementing and rigorously evaluating data-informed strategies to ensure health equity among patients, members and the communities Corewell Health serves.

In addition, Corewell Health has signed on with the American Hospital Association's #123 for Equity Pledge, which can be found here: [ifdhe.aha.org/123forequity](https://ifdhe.aha.org/123forequity), and is embracing its role as an Anchor Institution, which is explained at this link: [healthcareanchor.network/](https://healthcareanchor.network/)

## Internal Revenue Service requirements

The Patient Protection and Affordable Care Act of 2010 set forth additional requirements that hospitals must meet in order to maintain their status as a 501(c) (3) Charitable Hospital Organization. One of the main requirements states that a hospital must conduct a Community Health Needs Assessment and must adopt an implementation strategy to meet the community health needs identified through the assessment. The law further states that the assessment must consider input from persons who represent the broad interests of the community, including those with special knowledge of, or expertise in, public health. In response to the Affordable Care Act's requirements Corewell Health Grand Rapids Hospitals produced a 2023 Community Health Needs Assessment and this document, the 2025-2027 Implementation Strategy.



# About this plan

## Selection of significant needs

The health needs that arose from the Kent County Community Health Needs Assessment process were:

- Access to healthy foods
- Access to medical care
- Chronic health conditions
- Community safety
- Dental care
- Health insurance
- Housing
- Mental health
- Sexual and reproductive health
- Substance abuse

These health needs were then further prioritized during three community partner prioritization meetings into a list of four significant health needs to be addressed by the Kent County Health Department and their partners):

- Housing
- Health insurance
- Access to medical care
- Access to healthy food

The list of 10 health needs was reported to both the Corewell Health Grand Rapids Community Board and the Helen DeVos Children's Hospital Community Boards in January 2024. In those meetings, members discussed the data from the Kent County Community Health Needs Assessment and deliberated on which significant needs they felt would be appropriate for Corewell Health Grand Rapids to address. Both Community Boards made the recommendation for Corewell Health Grand Rapids to focus on two main health needs with access to health insurance and chronic disease being sub-topics in order to intentionally create tactics and objectives that go beyond surface-level interventions.

## Needs addressed in implementation strategy

The significant health needs addressed in this document are the two of the original list of 10 significant health needs identified by the Kent County Community Health Needs Assessment:

- Mental health
- Access to medical care (including health insurance)

By choosing two strategies to address, resources could be focused on taking an equitable approach to addressing the needs: utilizing the data from the needs assessment to determine which populations have been experiencing disparate health outcomes, and what Corewell Health can do from a programming perspective to either tweak existing interventions or build new interventions from the ground up with health equity as the primary focus.

## Significant health needs not addressed

The six health needs not addressed were:

- Access to healthy foods
- Community safety
- Dental care
- Housing
- Sexual and reproductive health
- Substance use

Compared to mental health and access to medical care (including health insurance), these seven health needs were not ranked as high in terms of six prioritization criteria: (1) system influence, (2) availability of resources, (3) impact on inequities, (4) strength and depth of partnerships, (5) community benefit considerations, and (6) social, political, historical and cultural context. In addition, there are currently leading community partners/stakeholders who are addressing access to healthy foods, community safety, housing and substance use. Though not selected as a priority area, some of the non-prioritized needs will be indirectly addressed through enhancing access to health care and by partnering with lead organizations outside of this implementation strategy who are addressing these areas.

## Process for developing the implementation strategy

A layered, collaborative approach was used to develop this implementation strategy. The Grand Rapids Implementation Strategy Workgroup was established to provide guidance and support to the two sub-workgroups in developing the implementation strategy. After deciding which significant health needs to address, the workgroup identified Corewell Health System decision makers to be included in the two significant health need sub-workgroups. An open and ongoing invitation to Corewell Health Grand Rapids and Helen DeVos Children's Hospital Community Board members was extended for involvement in any of the three workgroups. During the course of development, the significant health need workgroups discussed: 1) the root causes, 2) vulnerable populations, and 3) strategies occurring within Corewell Health as well as the community. This included brainstorming new strategies. With this information, strategies were prioritized for inclusion in the implementation strategy, and further developed and discussed with the workgroup.

## Health equity framework

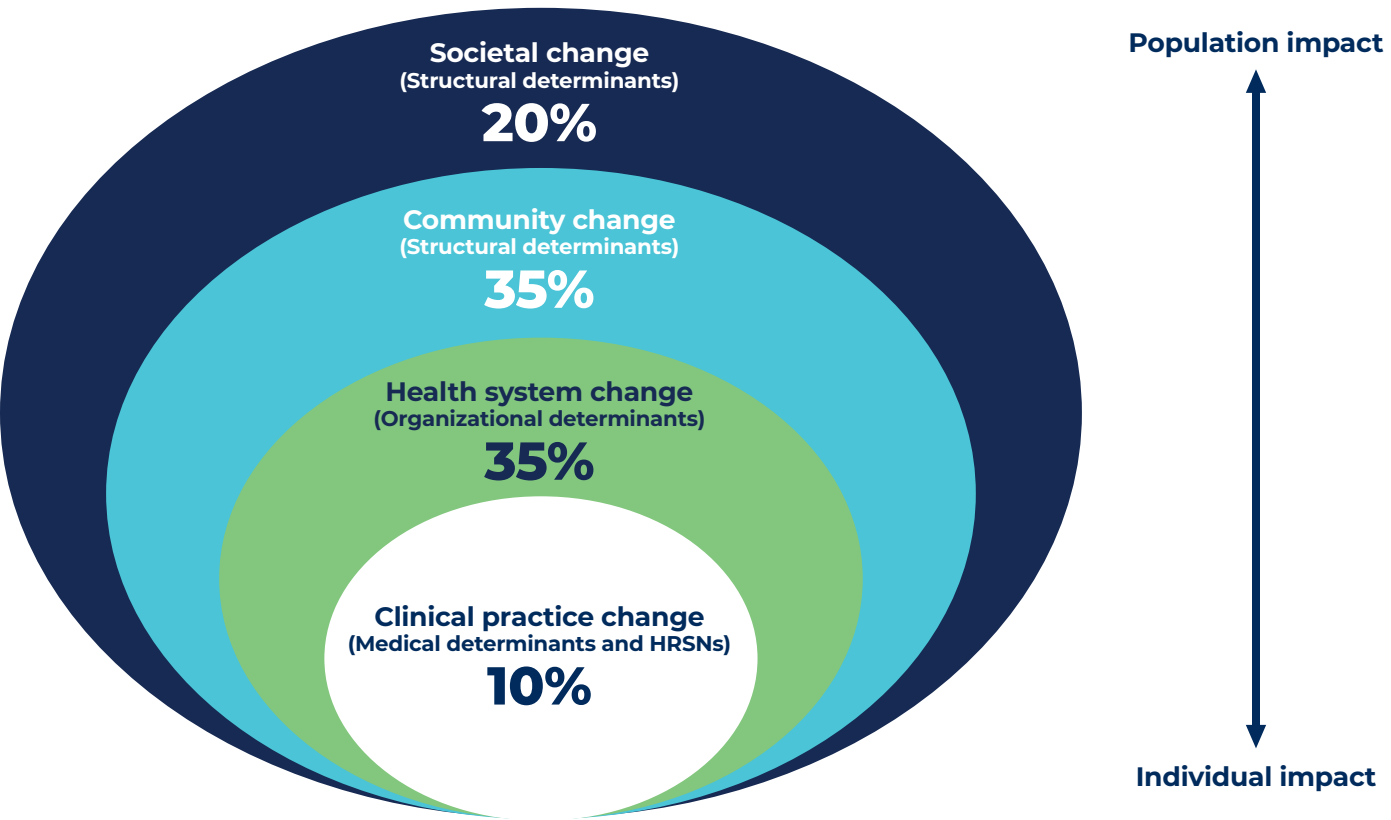
Corewell Health, in collaboration with HealthBegins, developed a strategic health equity framework to guide its population health work and identify how to achieve health equity through coordinated efforts. Health care systems have traditionally focused on meeting the medical and health care needs of individual patients. Deepened understanding of the significance of community and societal factors on health has led to viewing how to prevent poor health outcomes and achieve a state of health equity beyond an individual.

**Clinical practice change (medical determinants and HRSNs):** This level describes efforts to meet the immediate medical and social needs of individual people, such as addressing unstable housing situations, household food insecurity, access to health care, medication management and job opportunities. This level of work provides immediate relief to those in urgent need and utilizes existing resources in the community.

**Health system change (organizational determinants):** This level describes work to improve the conditions of places where people are born, grow, live, work and age through hospital policies, practices and initiatives. For example, when it comes to housing, community-level work involves working with local housing stakeholders to ensure adequate quality housing exists in the community and is accessible to those who need it. A hospital breastfeeding policy that supports skin-to-skin contact and offers lactation consulting services is another example of a hospital-led intervention.

**Community change (social determinants):** This level describes the reformation of institutional policies and practices to ensure that community conditions meet the social needs of residents. Work at this level creates long-lasting improvements to systems that impact community conditions and social determinants. One example of an initiative that falls into this category would be family and community support programs that engage families and communities in supporting pregnant women and new mothers, with interventions such as peer support groups for breastfeeding or community baby showers to provide essential items or information to expectant mothers.

**Societal change (structural determinants):** This level describes interventions that impact processes and policies, such as state or federal social and economic guidelines. An example of this work could include policies that provide subsidies for childcare to low-income families, ensuring that children have access to safe and stimulating environments while their parents work or pursue education.



To achieve health equity and save lives, we must work to simultaneously address concerns at the individual level by addressing social needs, the community level by addressing social determinants and society level by addressing structural determinates of health. Each project described in this Implementation Strategy impacts one or more components of this framework.

# Significant health needs addressed

## Mental health

### About the significant need

Mental health, as defined by the World Health Organization, is “a state of well-being in which every individual realizes their own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to their community.” A person who is chronically lacking in mental health has a mental illness or disorder. Mental illness can result in severe distress for the person, and it impairs their ability to function and participate in society. A variety of mental illnesses can occur. These include mood disorders (such as depression or bipolar disorder); anxiety disorders; personality disorders; psychotic disorders (such as schizophrenia); eating disorders; trauma-related disorders (such as post-traumatic stress disorder); and substance abuse disorders. Mental disorders can occur individually, or a person can suffer from several mental disorders at the same time. Mental illness often occurs without the person showing any physical symptoms, which causes communities to perceive mental illness as a personal moral failing and not an illness needing treatment. As mental health becomes more acceptable to discuss, the magnitude and consequences of poor mental health become more apparent. Untreated mental illnesses increase the risk of a person choosing unhealthy and/or unsafe behaviors (including substance abuse, violent/destructive behavior, and intentional self-harm). Mental illness can also increase the risk of chronic physical health conditions, including diabetes, hypertension, stroke, and heart disease. Mental health is influenced by genetics, experiences of trauma, stress, coping abilities and behaviors/habits. In addition to these factors, systemic factors also contribute to mental illness. The complexity of the mental health system locks some patients out of the system entirely. Those who can navigate the system often contend with an insufficient supply of providers to meet community demand. Certain groups identified in the Kent County 2023 Community Health Needs Assessment had an elevated risk of mental illness. The groups were young adults 18–24 years old; females; LGBTQIA+ persons; persons with at least one disability; and Black adults. Overall, however, it was noted that one in four adults in Kent County report having been diagnosed with depression, further highlighting the pervasiveness of this health need among the population of Kent County.

### Goal

To improve accessibility, availability, affordability and quality of mental health services.



## Addressing the need

### Strategy No. 1: Build and expand school and community health mental health services provided by Corewell Health in West Michigan to improve access

#### Background

The 2023 Kent County Community Health Needs Assessment highlights the critical need for enhanced mental health services within schools and communities. The expansion of pediatric inpatient services in Michigan marks a significant milestone with the inauguration of the state's first pediatric medical psychiatric unit. This pioneering facility will offer a dedicated inpatient option for pediatric patients grappling with medical complexities, ensuring they receive comprehensive, specialized care. Concurrently, the exploration of interventional psychiatric procedures aims to deliver promising alternatives for individuals enduring major depressive disorder, particularly those who have not achieved satisfactory relief through conventional medication management. The establishment of these services underscores our commitment to holistic healing, providing a centralized, supportive environment where health care professionals can deliver targeted treatment. Corewell Health's initiatives, such as the School Telemedicine Clinic and the Blue Envelope programs, are also pivotal in addressing the identified mental health needs. The School Telemedicine Clinic bridges the gap for students requiring therapy or counseling by providing access to licensed social workers through secure videoconferencing, ensuring continuity and privacy. Additionally, the Blue Envelope programs equip school personnel with essential tools for suicide prevention and crisis response, tailored to both school and college environments. Expanding these services is crucial for improving access to mental health care, reducing health disparities and fostering a supportive environment for all students in Kent County.

#### Main objective

Promote mental health interventions by increasing inpatient and outpatient services.

#### Tactics

- By Dec. 31, 2026, Corewell Health will open the first pediatric medical psychiatric unit in the state.
- By Dec. 31, 2025, funding will be secured to implement a transcranial magnetic stimulation (TMS) program.
- By Dec. 31, 2025, the TMS program will be designed, and eligibility criteria will be established.
- By Dec. 31, 2026, the TMS program will be operational, and patients will be tracked to determine efficacy.

#### Anticipated impact

The anticipated impact of opening the pediatrics psychiatric unit and implementing the TMS program will result in the improvement of access and quality of mental health services in Kent County, leading to decreased rates of mental health diagnoses and improved outcomes.

#### Main objective

Optimize school telemedicine clinic.

### **Tactics**

- By Dec. 31, 2026, funding options will be explored and secured in order to expand the program by increasing the number of clinics in Kent County.
- By Dec. 31, 2027, the program will be expanded from five clinics to six clinics in Kent County.
- By December 31, 2027, there will be an average of 35 students receiving services monthly across all sites.
- By Dec. 31, 2027, 50% of students participating in the clinic will successfully complete therapy programs as measured by a reduction of depression and/or anxiety symptoms, demonstrated by reducing patient health questionnaire/general anxiety disorder score by five points in a three-month duration of therapy.
- By Dec. 31, 2027, there will be a reduction in total days of school missed by students experiencing mental health issues who access the telemedicine clinic.

### **Anticipated impact**

The anticipated impact of optimizing the school telemedicine clinic will improve mental health outcomes for populations experiencing health disparities or health inequities.

### **Main objective**

Expand School Blue Envelope Clinic.

### **Tactics**

- By Dec. 31, 2027, Corewell Health will expand to three Kent County school districts, providing the School Blue Envelope program to all middle and high schools within those districts.
- By Dec. 31, 2027, 85% of school staff and administration completing initial trainings will have knowledge about suicide prevention as indicated in participant responses to post-test.
- By Dec. 31, 2027, 85% of school staff and administration, completing initial trainings, will strongly agree or agree that they have confidence on how to respond to students who express suicidal thoughts as indicated in participant responses to post-test.
- By Dec. 31, 2027, 85% of school staff and administration completing initial trainings will have knowledge of the specific S.A.F.E. steps for keeping students safe, as indicated in participant responses to post-test.

### **Anticipated impact**

The anticipated impact of expansion of the School Blue Envelope Clinic will result in increased knowledge and understanding of suicide prevention techniques, helping to reduce incidence of suicidal ideation or suicide attempts in K-12 students in Kent County.

### **Main objective**

Develop, promote and implement Collegiate Blue Envelope Program.

### **Tactics**

- By Dec. 31, 2027, Corewell Health will expand from two to four colleges, providing the School Blue Envelope program to all college schools within Kent County.
- By Dec. 31, 2027, 85% of college staff and administration completing initial trainings will have knowledge about suicide prevention as indicated in participant responses to post-test.
- By Dec. 31, 2027, 85% of college staff and administration, completing initial trainings, will strongly agree or agree that they have confidence on how to respond to students who express suicidal thoughts as indicated in participant responses to post-test.

### **Anticipated impact**

The anticipated impact of development of the School Blue Envelope collegiate program will result in increased knowledge and understanding of suicide prevention techniques, helping to reduce incidence of suicidal ideation or suicide attempts in college students in Kent County.

## **Strategy No. 2: Leverage and build strong partnerships to expand or enhance existing services**

### **Background**

Building strong partnerships with the community is crucial for achieving health equity goals. The Corewell Health Grand Rapids initiative emphasizes the importance of collaboration between health leaders, community experts, and board members to address significant health needs such as mental health and access to medical care. By fostering these partnerships, Corewell Health can leverage local knowledge and resources, ensuring that interventions are tailored to the unique needs of the community. This collaborative approach not only enhances the effectiveness of health strategies but also promotes trust and engagement among community members, which is essential for sustainable health improvements. Strengthening community collaborations and focusing on measurable outcomes are key components of Corewell Health's strategy to improve health equity by the end of 2027.

### **Main objective**

Partner with local organizations.

### **Tactics**

- By June 30, 2025, a revised community benefit funding strategy will be released with a defined pillar of meeting community identified needs including mental health.
- By Dec. 31, 2025, community funding dollars will be used to fund potential collaborations with Kent County neighborhood organizations to meet identified health needs including mental health.
- By Dec. 31, 2027, assess data from the upcoming CHNA at the neighborhood level to drive funding priorities and future implementation strategies.
- By Dec. 31, 2025, Our Neighborhood Our Health will align with the Kent County Health Department and the Corewell Health CHNA team to determine if mental health services are needed at the neighborhood level.
- By June 30, 2026, Corewell Health Healthier Communities in West Michigan will apply for InvestHealth funding to take a learning cohort to a city that is showcasing mental health best practice.

### **Anticipated impact**

The anticipated impact of this objective will be to partner with local organizations to support capacity building, infrastructure development, training, coaching and other community power-building interventions that generate positive community-wide impact. This capacity building work has the potential to ensure that community members receive higher quality and more equitable mental health care from Corewell Health's community partners.

### **Strategy No. 3: Provide training and education to improve quality of care.**

#### **Background**

Providing trauma-informed training and education is essential for improving the quality of care. Trauma-informed practices recognize the widespread impact of trauma and understand potential paths for recovery. By educating health care team members on these practices, Corewell Health aims to enhance their ability to respond to patients' needs with sensitivity and understanding. This approach not only improves patient outcomes but also fosters a supportive and empathetic environment for both patients and staff. Implementing trauma-informed training ensures that health care providers are equipped with the knowledge and skills to address trauma-related issues effectively, ultimately leading to better health outcomes and a more compassionate health care system.

#### **Main objective**

Create, enhance and distribute trauma informed training to Corewell Health team members.

#### **Tactics**

- By Dec. 31, 2025, Corewell Health Human Resources Wellbeing will roll out the trauma informed practices training program to leadership at the director, manager and supervisor levels.
- By Dec. 31, 2026, Corewell Health Human Resources Wellbeing will determine strategy to educate all team members on trauma-informed practices.
- By Dec. 31, 2026, Corewell Health Human Resources Wellbeing will determine a strategy to understand if knowledge retention and sustainable behavior change has taken place.
- By Dec. 31, 2027, Corewell Health Human Resources Wellbeing will measure knowledge retention and behavior change metrics to determine program efficacy.

#### **Anticipated impact**

The anticipated impact of creation and distribution of trauma-informed training materials will result in knowledge and behavior change in Corewell Health team members, with the impact of improving health outcomes in affected populations.

#### **Main objective**

Create, enhance and distribute suicide prevention materials to team members.

#### **Tactics**

- By Dec. 31, 2027, Corewell Health Healthier Communities will host at least one community partner networking event annually with funded partners who work in the mental health space. They will invite department leaders to meet with and gain resources from organizations.
- By Dec. 31, 2027, Corewell Health Healthier Communities leadership will share a list of grant-funded partners with healthier communities team members including resources that they have available, such as mental health resources, annually.

#### **Anticipated impact**

The anticipated impact of partnering with local suicide prevention CBOs who provide education, training and awareness for community-facing audiences will allow Corewell Health to make connections to existing suicide prevention resources and, in turn, decrease the incidence of suicide in Kent County.

# Access to medical care

## About the significant need

Access to care is more than just health insurance. A constellation of factors determines whether Kent County residents can get appropriate care when they need it. These factors include affordability of co-payments and deductibles, provider office hours, transportation and health literacy, to name a few. In Kent County, persons of color, particularly Black and Hispanic persons, and those employed in low-wage jobs are more likely to be uninsured. The consequence of these barriers is delaying, rationing and choosing other essential needs (i.e., housing, utilities, and food) over their health care needs. The long-term consequences of a lack of access to care include complex medical conditions, comorbidities, premature disability or poor quality of life. In addition to these, factors within the health care system itself contribute to the lack of access to care. The complexity of the health care system, the complexity of the health insurance system, provider shortages, the accessibility of health care facilities and fragmentation within the health care system all contribute to a lack of access. The COVID-19 pandemic exacerbated technological barriers to health care. Persons without the technological means (either because of lack of high-speed internet access or equipment) or knowledge and skills to utilize their technological resources found themselves excluded from virtual health care opportunities.

## Goal

Reduce disparities to ensure equitable access to medical care.

## Addressing the need

**Strategy No. 1: Accommodate needs of community to improve access to care (i.e., co-location of services within the community).**

### Background

Launching the Corewell Health Center for Wellness is a pivotal step in addressing the significant health needs identified in the Kent County Community Health Needs Assessment. This initiative aims to improve access to medical care and mental health services, which were highlighted as top priorities. By establishing the Center for Wellness, Corewell Health is committed to providing comprehensive, equitable care that addresses the diverse needs of the community. This center will serve as a hub for innovative health solutions, fostering collaboration among health care providers, community organizations and residents. The focus on wellness and preventive care will not only enhance the quality of life for individuals but also contribute to the overall health and well-being of the community.

### Main objective

Launch Corewell Health Center for Wellness.

### Tactics

- By Dec. 31, 2025, 1,000 patients will be empaneled by providers at the Corewell Health Center for Wellness.
- By Dec. 31, 2026, the number of patients empaneled by providers at the Corewell Health Center for Wellness will increase to 2,000.
- By Dec. 31, 2027, the number of patients empaneled by providers at the Corewell Health Center for Wellness will increase to 3,000.
- By July 31, 2025, a patient access metric will be created and implemented.
- By July 31, 2025, a Corewell Health patient satisfaction metric will be created and implemented.
- By Dec. 31, 2027, the Center for Wellness will be in the 90th percentile in patient access and patient satisfaction metrics.



### Anticipated impact

The anticipated impact of launching the Corewell Health Center for Wellness will be the removal of barriers to accessing healthcare services, and subsequently to is to dismantle the cycle of generational poverty and to allow growth in neighborhoods without displacing their most powerful asset: the people.

### Main objective

Leverage OnDemand Virtual Urgent Care to increase primary care provider attribution.

### Tactics

- By Dec. 31, 2025, Corewell Health will create and implement a marketing intervention to reach populations who are underutilizing virtual primary care services.
- By Dec. 31, 2027, Corewell Health OnDemand patient satisfaction scores will increase from 85% to 90%.
- By Dec. 31, 2027, Corewell Health Tech Squad will expand access with additional locations and telephone support to provide concierge support for patients with limited digital literacy within Kent County's most vulnerable neighborhoods such as Boston Square.

### Anticipated impact

The anticipated impact of OnDemand Virtual Urgent Health will be to equip community members with the ability to avoid high-cost urgent care and emergency department visits when appropriate, saving time and out-of-pocket cost.

### Main objective

Optimize School Nursing Program to create a standardized health equity approach.

### Tactics

- By Dec. 31, 2027, the number of student encounters will increase from a baseline of 99,000 students to 104,940 student encounters.
- By Dec. 31, 2027, the number of school/district trainings will increase from a baseline of 3,223 trainings to 3,415 trainings.
- By Dec. 31, 2027, the number of school districts participating in the School Nursing Program will have increased by two districts from a baseline of 13 districts.
- By Dec. 31, 2027, a pilot program will be created with an identified district.
- By Dec. 31, 2027, an equitable subsidy triage model will be created to better approach districts who may be able to afford the program but are struggling due to funding constraints.
- By Dec. 31, 2026, a health equity training webinar will be created and offered to district leaders and School Nursing Program team members (including RNs, LPNs, and health aides) and to educate stakeholders on the importance of addressing health disparities in students.

### Anticipated impact

The anticipated impact of optimizing the School Nursing Program will be that the program will be better suited to provide health services to local school districts that include acute illness and injury support/prevention, chronic disease management, district staff training, with the goal to improve educational outcomes by reducing student absenteeism and focusing efforts on populations that are at the highest level of need.

## **Strategy No. 2: Promote culturally competent care for our LGBTQIA+ population.**

### **Background**

Promoting culturally competent care for the LGBTQIA+ population in Kent County is essential for addressing the unique health needs and disparities faced by this community. The 2023 Kent County Community Health Needs Assessment identified LGBTQIA+ adults as one of the groups with an elevated incidence of mental illness as well as the group who reported being the least satisfied with the health care they receive. By fostering an inclusive and supportive health care environment, Corewell Health aims to improve accessibility, availability, affordability and quality of mental health services for LGBTQIA+ individuals. This approach not only enhances patient outcomes but also ensures that health care providers are equipped with the knowledge and skills to address the specific challenges faced by LGBTQIA+ patients. Implementing culturally competent care practices helps build trust and engagement among LGBTQIA+ community members, which is crucial for sustainable health improvements and achieving health equity goals.

### **Main objective**

Increase safe and affirming primary care providers listed on Corewell Health and nationally affiliated websites.

### **Tactics**

- By Dec. 31, 2027, the number of Corewell Health LGBTQIA+ safe and affirming providers will increase by 5% from a baseline of 352 to 370.

### **Anticipated impact**

The anticipated impact of increasing the number of Corewell Health providers who engage in the training program will increase competency in a variety of clinical and cultural topics, such as utilizing proper terms, how to use pronouns and much more with the goal of reducing gaps in care, increasing trust and building intentional connections with the LGBTQIA+ community.

### **Strategy No. 3: Create linkages within Corewell Health in West Michigan to address barriers related to social drivers of health.**

#### **Background**

Creating linkages within Corewell Health in West Michigan is essential for addressing barriers related to social drivers of health. By fostering these internal connections, Corewell Health can leverage its extensive network and resources to develop comprehensive strategies that address the root causes of health disparities. This collaborative approach ensures that interventions are tailored to the unique needs of the community, promoting equitable access to care and improving overall health outcomes. Strengthening these linkages is crucial for creating a more integrated and effective health care system that can respond to the diverse needs of the population. Corewell Health in West Michigan's commitment to addressing social drivers of health is reflected in its strategic priorities and community engagement efforts.

#### **Main objective**

Establish pathways within Corewell Health in West Michigan's internal structure that supports addressing social drivers of health (i.e., transportation).

#### **Tactics**

- By Dec. 31, 2027, an explicit partnership between HealthNet of West Michigan and Corewell Health in West Michigan will be established to provide care navigation services to patients who screen positive for certain social drivers of health.
- By Dec. 31, 2027, Corewell Health Healthier Communities will establish linkages with care management and nursing service lines to support implementing SDOH action plans.

#### **Anticipated impact**

The anticipated impact of encouraging cross-functional departments and service lines to create infrastructure and pathways across the continuum of care to collect, act on and monitor health-related social needs data will remove barriers to care and lead to improved health outcomes for those who seek medical services. Additionally, this work will serve to connect identified SDOH data with community partners, resources and investments.

#### **Main objective**

Increase awareness and expand access to financial counseling services within Corewell Health community programs, ambulatory sites and hospitals.

#### **Tactics**

- By Dec. 31, 2027, there will be an increase in referrals from Corewell Health Healthier Communities to financial counseling by 10% over a baseline of 121 referrals per month.
- By Dec. 31, 2027, there will be an increase in patients screened for Medicaid and financial assistance in Kent County by 10% over a baseline of 102,272 per month.

#### **Anticipated impact**

The anticipated impact of this strategy for patients of Corewell Health offices in Kent County will be the ability to access medical care, which will increase as the number of approved applications for financial assistance also increases. This will lead to improved health outcomes for those who seek medical services.

## **Strategy No. 4: Establish deliberate community clinical partnerships between select service lines and community programs.**

### **Background**

Establishing deliberate community and clinical partnerships between select service lines and community programs is essential for addressing the significant health needs identified in the Kent County Community Health Needs Assessment. By fostering these partnerships, Corewell Health can leverage local knowledge and resources, ensuring that interventions are tailored to the unique needs of the community. This collaborative approach not only enhances the effectiveness of health strategies but also promotes trust and engagement among community members, which is essential for sustainable health improvements. Strengthening community collaborations and focusing on measurable outcomes are key components of Corewell Health's strategy to improve health equity and the commitment to establishing deliberate community and clinical partnerships is reflected in Corewell Health's strategic priorities and community engagement efforts.

### **Main objective**

Embed community programs into clinical pathways.

### **Tactics**

- By December 31, 2025, explicit referral pathways will be created from relevant clinical service lines to Start Now, More Life Mas Vida, and the Maternal Infant Health Program.
- By December 31, 2027, education of clinical team members on the referral process to Corewell Health Healthier Communities in West Michigan programming will be provided to 80% of clinical service lines.
- By December 31, 2027, referrals from relevant clinical service lines to Start Now and More Life Mas Vida will increase, in total, by 50% over the baseline of 833 referrals.

### **Anticipated impact**

The anticipated impact of creating referral pathways between clinical service lines and Corewell Health Healthier Communities programming will be that patients who follow through with referrals to Corewell Health Healthier Communities programming will see improvements in health outcomes related to their conditions.

## Appendix: Abbreviated tables

Significant need: Mental health						
Goal: Improve accessibility, availability, affordability and quality of mental health services						
Level of transformation	Target population	Strategy	Main objective	Tactics	Anticipated impact	Partnerships
Clinical practice change	Inpatient – pediatrics Outpatient– adults; pediatrics	Build and expand school and community health mental health services provided by Corewell Health in West Michigan to improve access.	Promote mental health interventions by increasing inpatient and outpatient services.	By Dec. 31, 2026, Corewell Health will open the first pediatric medical psychiatric unit in the state. By Dec. 31, 2025, funding will be secured to implement a transcranial magnetic stimulation (TMS) program. By Dec. 31, 2025, the TMS program will be designed, and eligibility criteria will be established. By Dec. 31, 2026, the TMS program will be operational, and patients will be tracked to determine efficacy.	The anticipated impact of opening the pediatrics psychiatric unit and implementing the TMS program will result in the improvement of access and quality of mental health services in Kent County, leading to decreased rates of mental health diagnoses and improved outcomes.	<b>Internal:</b> Behavioral health specialists, psych unit, primary care <b>External:</b> Pine Rest
Clinical practice change	K-12 students in Kent County	Build and expand school and community health mental health services provided by Corewell Health in West Michigan to improve access.	Optimize school telemedicine clinic	By Dec. 31, 2026, funding options will be explored and secured to expand the program by increasing the number of clinics in Kent County. By Dec. 31, 2027, the program will be expanded from five clinics to six clinics in Kent County. By December 31, 2027, there will be an average of 35 students receiving services monthly across all sites. By Dec. 31, 2027, 50% of students participating in the clinic will successfully complete therapy programs as measured by a reduction of depression and/or anxiety symptoms, demonstrated by reducing patient health questionnaire/general anxiety disorder score by five points in a three-month duration of therapy. By Dec. 31, 2027, there will be a reduction in total days of school missed by students experiencing mental health issues who access the telemedicine clinic.	The anticipated impact of optimizing the school telemedicine clinic will improve mental health outcomes for populations experiencing health disparities or health inequities..	<b>Internal:</b> Virtual health team <b>External:</b> High schools, KSSN



## Appendix: Abbreviated tables

Significant need: Mental health						
Goal: Improve accessibility, availability, affordability and quality of mental health services						
Level of transformation	Target population	Strategy	Main objective	Tactics	Anticipated impact	Partnerships
Health system change	K-12 students in Kent County	Build and expand school and community health mental health services provided by Corewell Health in West Michigan to improve access.	Expand School Blue Envelope Clinic	<p>By Dec. 31, 2027, Corewell Health will expand to three Kent County school districts, providing the School Blue Envelope program to all middle and high schools within those districts.</p> <p>By Dec. 31, 2027, 85% of school staff and administration completing initial trainings will have knowledge about suicide prevention as indicated in participant responses to post-test.</p> <p>By Dec. 31, 2027, 85% of school staff and administration, completing initial trainings, will strongly agree or agree that they have confidence on how to respond to students who express suicidal thoughts as indicated in participant responses to post-test.</p> <p>By Dec. 31, 2027, 85% of school staff and administration completing initial trainings will have knowledge of the specific S.A.F.E. steps for keeping students safe, as indicated in participant responses to post-test.</p>	The anticipated impact of expansion of the School Blue Envelope Clinic will result in increased knowledge and understanding of suicide prevention techniques, helping to reduce incidence of suicidal ideation or suicide attempts in K-12 students in Kent Countys.	<p><b>Internal:</b> Telehealth therapists, transitional-aged youth clinic, emergency department</p> <p><b>External:</b> KSSN, Community Mental Health (CHN) Mobile Crisis Response Team</p>
Health system change	College students in Kent County	Build and expand school and community health mental health services provided by Corewell Health in West Michigan to improve access.	Develop, promote and implement collegiate Blue Envelope Program	<p>By Dec. 31, 2027, Corewell Health will expand from two to four colleges, providing the School Blue Envelope program to all college schools within Kent County.</p> <p>By Dec. 31, 2027, 85% of college staff and administration completing initial trainings will have knowledge about suicide prevention as indicated in participant responses to post-test.</p> <p>By Dec. 31, 2027, 85% of college staff and administration, completing initial trainings, will strongly agree or agree that they have confidence on how to respond to students who express suicidal thoughts as indicated in participant responses to post-test.</p>	The anticipated impact of development of the School Blue Envelope collegiate program will result in increased knowledge and understanding of suicide prevention techniques, helping to reduce incidence of suicidal ideation or suicide attempts in college students in Kent County.	<p><b>Internal:</b> Virtual health team, transitional youth clinic, emergency department</p> <p><b>External:</b> Community Mental Mobile Crisis Response Team, KSSN (Kent School Service Network), school counselling services</p>

## Appendix: Abbreviated tables

Significant need: Mental health						
Goal: Improve accessibility, availability, affordability and quality of mental health services						
Level of transformation	Target population	Strategy	Main objective	Tactics	Anticipated impact	Partnerships
Clinical practice change Health system change Community change Societal change	Populations experiencing disparities e.g. LGBTQA+, Black, Hispanic, immigrant, refugees in Kent County	Build and expand school and community health mental health services provided by Corewell Health in West Michigan to improve access.	Partner with local organizations	<p>By June 30, 2025, a revised community benefit funding strategy will be released with a defined pillar of meeting community identified needs including mental health.</p> <p>By Dec. 31, 2025, community funding dollars will be used to fund potential collaborations with Kent County neighborhood organizations to meet identified health needs including mental health.</p> <p>By Dec. 31, 2027, assess data from the upcoming CHNA at the neighborhood level to drive funding priorities and future implementation strategies.</p> <p>By Dec. 31, 2025, Our Neighborhood Our Health will align with the Kent County Health Department and the Corewell Health CHNA team to determine if mental health services are needed at the neighborhood level.</p> <p>By June 30, 2026, Corewell Health Healthier Communities in West Michigan will apply for InvestHealth funding to take a learning cohort to a city who is showcasing mental health best practice.</p>	The anticipated impact of this objective will be to partner with local organizations to support capacity building, infrastructure development, training, coaching and other community power-building interventions that generate positive community-wide impact. This capacity building work has the potential to ensure that community members receive higher quality and more equitable mental health care from Corewell Health's community partners.	<p><b>Internal:</b> Healthier communities</p> <p><b>External:</b> A Glimpse of Africa, Roosevelt Park Wellness Collective, The Hispanic Center of Western Michigan, Family Outreach Center, Realism Is Loyalty, Puertas Abiertas</p>

## Appendix: Abbreviated tables

Significant need: Mental health						
Goal: Improve accessibility, availability, affordability and quality of mental health services						
Level of transformation	Target population	Strategy	Main objective	Tactics	Anticipated impact	Partnerships
Clinical practice change Health system change Community change Societal change	Corewell Health team members	Provide training and education to improve quality of care	Create, enhance and distribute trauma-informed training to Corewell Health team members	<p>By Dec. 31, 2025, Corewell Health Human Resources Wellbeing will roll out the trauma-informed practices training program to leadership at the director, manager and supervisor level.</p> <p>By Dec. 31, 2026, Corewell Health Human Resources Wellbeing will determine strategy to educate all team members on trauma-informed practices.</p> <p>By Dec. 31, 2026, Corewell Health Human Resources Wellbeing will determine a strategy to understand if knowledge retention and sustainable behavior change has taken place.</p> <p>By Dec. 31, 2027, Corewell Health Human Resources Wellbeing will measure knowledge retention and behavior change metrics to determine program efficacy.</p>	The anticipated impact of creation and distribution of trauma informed training materials will result in knowledge and behavior change in Corewell Health team members, with the impact of improving health outcomes in affected populations.	<b>Internal:</b> Human resource wellbeing team  <b>External:</b> None
Clinical practice change Health system change Community change Societal change	Youth and adults in Kent County	Provide training and education to improve quality of care	Create, enhance and distribute suicide prevention materials to team members	<p>By Dec. 31, 2027, Corewell Health Healthier Communities will host at least one community partner networking event annually with funded partners who work in the mental health space. They will invite department leaders to meet with and gain resources from organizations.</p> <p>By Dec. 31, 2027, Corewell Health Healthier Communities leadership will share a list of grant-funded partners with Corewell Health Healthier Communities team members, including resources that they have available, such as mental health resources, annually.</p>	The anticipated impact of partnering with local suicide prevention CBOs who provide education, training and awareness for community-facing audiences will allow Corewell Health to make connections to existing suicide prevention resources and, in turn, decrease the incidence of suicide in Kent County.	<b>Internal:</b> Behavior health, healthier communities  <b>External:</b> Schools, community based organizations in Kent County

## Appendix: Abbreviated tables

Significant need: Access to medical care						
Goal: Reduce disparities to ensure equitable access to medical care						
Level of transformation	Target population	Strategy	Main objective	Tactics	Anticipated impact	Partnerships
Clinical practice change Health system change	Residents of the 49507 ZIP code	Accommodate needs of community to improve access to care (i.e. co-location of services within the community)	Launch Corewell Health Center for Wellness	<p>By Dec. 31, 2025, 1,000 patients will be empaneled by providers at the Corewell Health Center for Wellness.</p> <p>By Dec. 31, 2026, the number of patients empaneled by providers at the Corewell Health Center for Wellness will increase to 2,000.</p> <p>By Dec. 31, 2027, the number of patients empaneled by providers at the Center for Wellness will increase to 3,000.</p> <p>By July 31, 2025, a patient access metric will be created and implemented.</p> <p>By July 31, 2025, a patient satisfaction metric will be created and implemented.</p> <p>By Dec. 31, 2027, the Corewell Health Center for Wellness will be in the 90th percentile in patient access and patient satisfaction metrics.</p>	The anticipated impact of launching the Corewell Health Center for Wellness will be the removal of barriers to accessing health care services, and subsequently, to dismantle the cycle of generational poverty and to allow growth in neighborhoods without displacing their most powerful asset: the people.	<p><b>Internal:</b> Primary care, women's health, workforce development, healthier communities, lifestyle medicine, Priority Health, language services, behavioral health care management</p> <p><b>External:</b> Amplify GR, Boston Square Neighborhood Association, Boston Square Neighborhood Organizations, City of Grand Rapids, Early Learning Neighborhood Collaborative, Inner City Christian Federation, Linc Up, Oakdale Neighbors, Home Repair Services, United Way, Health Net of West Michigan</p>

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Significant need: Access to medical care						
Goal: Reduce disparities to ensure equitable access to medical care						
Level of transformation	Target population	Strategy	Main objective	Tactics	Anticipated impact	Partnerships
Health system change	Kent County residents within the Alpine and South Urgent Care service areas	Accommodate needs of community to improve access to care (i.e. co-location of services within the community)	Leverage OnDemand Virtual Urgent Care to increase primary care provider attribution	<p>By Dec. 31, 2025, Corewell Health will create and implement a marketing intervention to reach populations who are underutilizing virtual primary care services.</p> <p>By Dec. 31, 2027, Corewell Health OnDemand patient satisfaction scores will increase from a baseline of 85% to 90%.</p> <p>By Dec. 31, 2027, Corewell Health will expand Tech Squad access with additional locations and telephone support to provide concierge support for patients with limited digital literacy within Kent County's most vulnerable neighborhoods such as Boston Square.</p>	The anticipated impact of OnDemand Virtual Urgent Health will be to equip community members with the ability to avoid high-cost urgent care and emergency room visits when appropriate, saving time and out-of-pocket cost.	<p><b>Internal:</b> Healthier communities, primary care, care management (SDOH) marketing &amp; communications, onsite tech support</p> <p><b>External:</b> None</p>
Health system change	Youth in Kent County	Accommodate needs of community to improve access to care (i.e. co-location of services within the community)	Optimize School Nursing Program to create a standardized health equity approach	<p>By Dec. 31, 2027, the number of student encounters will increase from a baseline of 99,000 students to 104,940 student encounters.</p> <p>By Dec. 31, 2027, the number of school/district trainings will increase from a baseline of 3,223 trainings to 3,415 trainings.</p> <p>By Dec. 31, 2027, the number of school districts participating in the School Nursing Program will have increased by 2 districts from a baseline of 13 districts.</p> <p>By Dec. 31, 2027, a pilot program will be created with an identified district.</p> <p>By Dec. 31, 2027, an equitable subsidy triage model will be created to better approach districts who may be able to afford the program but are struggling due to funding constraints.</p> <p>By Dec. 31, 2026, a health equity training webinar will be created and offered to district leaders and SNP staff (including RNs, LPNs, and health aides) and to educate stakeholders on the importance of addressing health disparities in students.</p>	The anticipated impact of optimizing the School Nursing Program will be that the program will be better suited to provide health services to local school districts that include acute illness & injury support/prevention, chronic disease management, district staff training, with the goal to improve educational outcomes by reducing student absenteeism and focusing efforts on populations who are at the highest level of need.	<p><b>Internal:</b> Peds endo peds pulmonary peds neuro Helen DeVos Children's Hospital ambulatory offices Blue Envelope Catch my Breath Athletic Training Adult ED (Stop the Bleed Training) Helen DeVos Children's Hospital ED (Human Trafficking) Education/ Professional Department (CPR coordinator)</p> <p><b>External:</b> School districts in Kent County</p>



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Significant need: Access to medical care						
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Level of transformation	Target population	Strategy	Main objective	Tactics	Anticipated impact	Partnerships
Clinical practice change Health system change Community change Societal change	LGBTQIA+ youth and adults in Kent County	Promote culturally competent care for our LGBTQIA+ population	Increase safe and affirming primary care providers listed on Corewell Health and nationally affiliated websites	By Dec. 31, 2027, the number of Corewell Health LGBTQIA+ safe and affirming providers will increase by 5% from a baseline of 352 to 370.	The anticipated impact of increasing the number of Corewell Health providers who engage in the training program will increase competency in a variety of clinical and cultural topics such as utilizing proper terms, how to use pronouns, and much more with the goal of reducing gaps in care, increasing trust and building intentional connections with the LGBTQIA+ community.	<b>Internal:</b> DEI, LGBTQIA+ care improvement EIT, Healthy Pride Business Resource Groups  <b>External:</b> Human Rights Campaign, Fenway Health, Goldson Institute

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Significant need: Access to medical care						
Goal: Reduce disparities to ensure equitable access to medical care						
Level of transformation	Target population	Strategy	Main objective	Tactics	Anticipated impact	Partnerships
<p>Clinical practice change</p> <p>Health system change</p> <p>Community change</p> <p>Societal change</p>	<p>Population(s) experiencing social needs: Unmet requirements for optimal health such as secure housing, nutritious food, quality education and transportation</p>	<p>Create linkages within Corewell Health in West Michigan to address barriers related to social drivers of health</p>	<p>Establish pathways within Corewell Health in West Michigan internal structure that supports addressing social drivers of health (i.e. transportation)</p>	<p>By Dec. 31, 2027, an explicit partnership between HealthNet of West Michigan and Corewell Health in West Michigan will be established to provide care navigation services to patients who screen positive for certain social drivers of health.</p> <p>By Dec. 31, 2027, Corewell Health Healthier Communities will establish linkages with care management and nursing service lines to support implementing SDOH action plans.</p>	<p>The anticipated impact of encouraging cross-functional departments and service lines to create infrastructure and pathways across the continuum of care to collect, act on and monitor health-related social needs data will remove barriers to care and lead to improved health outcomes for those who seek medical services. Additionally, this work will serve to connect identified SDOH data with community partners, resources and investments.</p>	<p><b>Internal:</b> Care management, quality, safety and experience, healthier communities, population health, women's health, emergency department</p> <p><b>External:</b> HealthNet West Michigan</p>

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Significant need: Access to medical care						
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Level of transformation	Target population	Strategy	Main objective	Tactics	Anticipated impact	Partnerships
Clinical practice change Health system change Community change Societal change	Self-paid patients Medicaid patients	Create linkages within Corewell Health in West Michigan to address barriers related to social drivers of health	Increase awareness and expand access to financial counseling services within Corewell Health community programs, ambulatory sites and hospitals	<p>By Dec. 31, 2027, there will be an increase in referrals from healthier communities to financial counseling by 10% over a baseline of 121 referrals per month.</p> <p>By Dec. 31, 2027, there will be an increase in patients screened for Medicaid and financial assistance in Kent County by 10% over a baseline of 102,272 per month.</p>	The anticipated impact of this strategy for patients of Corewell Health offices in Kent County will be the ability to access medical care, which will increase as the number of approved applications for financial assistance also increases. This will lead to improved health outcomes for those who seek medical services.	<b>Internal:</b> Healthier communities <b>External:</b> Amplify GR, First Source
Clinical practice change Health system change Community change Societal change	Patients and residents that use healthier communities programming, adults and seniors in Kent County	Establish deliberate community clinical partnerships between select service lines and community programs	Embed community programs into clinical pathways	<p>By December 31, 2025, explicit referral pathways will be created from relevant clinical service lines to Start Now, More Life Mas Vida, and the Maternal Infant Health Program.</p> <p>By December 31, 2027, education of clinical staff on the referral process to Corewell Health Healthier Communities in West Michigan programming will be provided to 80% of clinical service lines.</p> <p>By December 31, 2027, referrals from relevant clinical service lines to Start Now and More Life Mas Vida will increase, in total, by 50% over the baseline of 833 referrals.</p>	The anticipated impact of creating referral pathways between clinical service lines and healthier communities programming will be that patients who follow through with referrals to healthier communities programming will see improvements in health outcomes related to their conditions.	<b>Internal:</b> Healthier communities, Corewell Health clinical service lines <b>External:</b> None