

Corewell Health Farmington Hills Hospital



Community Health Needs
Assessment

2026-2028 Implementation Strategy

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Executive summary

In November 2025, Corewell Health Farmington Hills Hospital adopted the Community Health Needs Assessment (CHNA), which identified the top community health needs in Macomb, Oakland and Wayne counties. The present report provides details on strategies Corewell Health Farmington Hills Hospital will employ to address these community health needs between Jan. 1, 2026, to Dec. 31, 2028. The significant health needs identified in the most recent 2025 CHNA included chronic disease, health care access, mental health, physical wellness and food security. Following input from key interest groups, Corewell Health Farmington Hills Hospital decided to address chronic disease and mental health in the present implementation strategy. The process of identifying or developing strategies to address these needs was a collaborative effort between Corewell Health Farmington Hills Hospital leaders, community subject matter experts and the Corewell Health Farmington Hills Hospital Community Advisory Board.

Corewell Health Farmington Hills Hospital will dedicate significant resources toward improving the health of our community, with a focus on chronic disease and mental health. 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 2028.



Introduction

Mission

Corewell 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.

Description of hospital

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.

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 CHNA 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 Farmington Hills Hospital produced a 2025 CHNA and this document, the 2026-2028 Implementation Strategy.

General information

Contact: chna@corewellhealth.org

2026-2028 Implementation Strategy adoption date: May 12, 2026

Authorized governing body: Corewell Health East Board of Directors

The 2025 CHNA report is available electronically at [Community Health Needs Assessments | Healthier Communities | Corewell Health](#). A printed copy is available upon request.

About this plan

Selection of significant health needs

The 2025 CHNA identified the following health needs:

- Chronic disease
- Community safety
- Economic security
- Education
- Environmental quality
- Food security
- Health care access
- Mental health
- Neighborhood and built environment
- Physical wellness
- Social cohesion

These 11 health needs were further prioritized during a data preview event where five significant health needs were identified by Corewell Health in Southeast Michigan and community partners. They are:

- Chronic disease
- Health care access
- Mental health
- Physical wellness
- Food security

Process for developing the implementation strategy

An Implementation Strategy Workgroup was established for Corewell Health Farmington Hills Hospital. This workgroup was made up of community advisory board members, hospital leadership and representatives of community partner organizations. In November 2025, the workgroup met to identify which of the five significant health needs identified in the assessment would be addressed by the hospital. To achieve this, a voting matrix that plotted criteria such as feasibility, impact and community benefit considerations was utilized. The workgroup discussed each of the areas and recommended chronic disease and mental health as significant health needs to be addressed in the 2026-2028 Implementation Strategy. Next, the workgroup focused on selecting strategies and developing the report. Throughout this process, there was robust dialogue around existing efforts, gaps in service and potential collaborations between community partners and the hospital.

Significant health needs addressed in the implementation strategy

The significant health needs addressed in this document are:

- Chronic disease
- Mental health

Choosing two significant health needs to address means resources can be focused on taking a comprehensive approach: utilizing the data from the CHNA to determine which populations have been experiencing disproportionate health outcomes, and what Corewell Health can do from a programming perspective to tailor existing interventions and build new interventions that respond to documented gaps, needs and opportunities.

Significant health needs not addressed in the implementation strategy

The three significant health needs not addressed are:

- Food security
- Health care access
- Physical wellness

Corewell Health Farmington Hills Hospital will not address food security, health care access and physical

wellness in the 2026-2028 Implementation Strategy. These health needs were not ranked as high in terms of feasibility, impact and community benefit considerations in relation to the hospital's capacity to meaningfully influence these areas within the implementation strategy timeline. Although not selected for the 2026-2028 Implementation Strategy, some of the nonprioritized needs will be indirectly addressed through enhancing chronic disease prevention and management and mental health, and by partnering with lead organizations outside of this implementation strategy that are addressing these areas.

Health transformation compass

Health care systems have traditionally focused on meeting the medical needs of individual patients. A deepened understanding of the significance of community and societal factors on health has strengthened our focus to prevent poor health outcomes and to ensure everyone has a fair and full opportunity to be as healthy as possible. Each project described in this implementation strategy impacts one or more levels of this framework. To save lives and improve population health, we must work across the spectrum to implement impactful initiatives, advance equity-focused practices, address social determinants of health and advocate for systemic justice.



Individual change: Efforts address health-related social needs and medical factors of people, such as access to care, housing, transportation and food.

Organizational change: Efforts address organizational policies, practices, culture and systems that influence how services are delivered.

Community change: Efforts address community-wide conditions, such as local resources, partnerships and community systems, that shape social determinants of health for populations.

Structural change: Efforts address advocacy for public policy reforms that improve health and reduce harm at the municipal, state and federal levels.

Significant health needs addressed

Chronic disease

About the significant health need

Chronic diseases are defined as conditions lasting one year or more that require ongoing medical attention or limit daily activities of daily living, or both. Chronic diseases are the leading causes of death and disability in the United States. They are also the leading drivers of the nation's health care costs. Chronic diseases such as cancer, diabetes, heart disease and stroke remain major health concerns. In Southeast Michigan, the prevalence of these conditions is particularly significant in Macomb, Oakland and Wayne counties. According to the 2025 CHNA community survey, diabetes, cancer, heart disease and stroke were identified as top health issues. Additionally, chronic diseases including diabetes, heart disease and cancer surfaced as a major concern in community focus groups.

Secondary data identifies specific chronic conditions that demonstrate priority health concerns at the county level. Prostate cancer incidence is the leading health concern in Macomb, Oakland and Wayne counties. The Medicare population faces numerous chronic disease challenges, particularly in Macomb County where rates are elevated for diabetes, heart failure, cancer, stroke, ischemic heart disease, atrial fibrillation, hyperlipidemia and hypertension. In Wayne County, age-adjusted death rates from several chronic conditions are also indicators of concern, including heart disease, prostate cancer, diabetes, cerebrovascular disease and colorectal cancer.

Goal

Improve chronic disease prevention and management for Corewell Health in the Southeast Michigan service area.

Addressing the significant health need

Strategy No. 1: Increase access to chronic disease prevention and management services and programs.

Background

This strategy will increase opportunities for and access to chronic disease prevention and management services and programs for populations disproportionately affected by chronic disease. Key efforts include expanding Corewell Health's Healthier Communities chronic disease program offerings, strengthening the system's ability to respond to social determinants of health needs, exploring telemedicine opportunities and building community partnerships to offer chronic disease screenings and education. Together, these efforts align clinical and community care to better support chronic disease prevention and management.

Anticipated impact

The anticipated impact of this strategy is the prevention or delay of chronic disease onset, reduction of barriers to care and improved chronic disease management.

Planned collaborators

Corewell Health Healthier Communities, Detroit Abloom, Detroit Area Agency on Aging, The Helm, The Family Center, the Neighborhood Club

Resources

Time spent by team members, funding and in-kind support

Level of transformation

Organizational

Mental health

About the significant health need

Mental health was consistently identified as a top health concern within the 2025 CHNA survey, focus groups and listening sessions. In the survey, 50.84% of respondents listed mental health and mental disorders such as anxiety, depression and suicide as one of the most important health problems in the community. Additionally, 13.23% of respondents reported that there was a time they needed or considered seeking mental health or substance use treatment but did not receive services. The most frequently cited reasons for not accessing care included the high cost of services, uncertainty about where to go for help and clinic or care team hours that did not align with their availability or work schedules.

Concerns about access to mental health care extended to children as well. Approximately 40% of survey respondents indicated that their children were unable to receive mental health services in the past 12 months. The primary barriers were the cost of services, lack of insurance coverage and long wait times. Participants in focus groups and listening sessions emphasized the need for increased education and awareness around mental health, including a better understanding of what mental health is and how to manage it. Populations identified as most affected included youth, seniors and men.

Secondary data reinforced these findings, illustrating several zip codes within the primary service area, including 48213, 48204, 48238, 48203 and 48227, that face high risk for poor mental health. Together, these findings highlight the importance of ensuring that all residents have access to timely, affordable and high-quality mental health care to foster improved individual and community health.

Goal

Improve mental health for Corewell Health in the Southeast Michigan service area.

Addressing the significant health need

Strategy No. 1: Increase awareness and accessibility of behavioral health services.

Background

This strategy focuses on improving awareness of and access to behavioral health services for populations disproportionately experiencing mental health conditions and substance use disorders. Key efforts include mapping available behavioral health resources and strengthening connections between outpatient behavioral health clinics and Corewell Health Healthier Communities resources to better support individuals in navigating care. This strategy and related activities will improve how services are identified, shared and connected across settings.

Anticipated impact

The anticipated impact of this strategy is increased behavioral health awareness, stronger care coordination and more timely access to services.

Planned collaborators

City of Farmington Hills, Oakland Community Health Network, Oakland County (Oakland Connects), Alliance of Coalitions for Healthy Communities, Corewell Health Healthier Communities, CARES

Resources

Time spent by team members, funding and in-kind support

Level of transformation

Organizational

Strategy No. 2: Empower youth and seniors through education, early intervention and supportive environments.

Background

This strategy focuses on youth and seniors experiencing mental health concerns as well as the caregivers, community members and educators supporting them. Tactics will increase mental health awareness, provide Mental Health First Aid Trainings and strengthen relationships with community partners leading and supporting mental health efforts. Expanding education and early intervention efforts are crucial for improving access to mental health care and reducing mental health disparities.

Anticipated impact

The anticipated impact of this strategy will lead to reduced stigma, an environment with more intentional services, increased health literacy and increased support and response to mental health needs.

Planned collaborators

City of Farmington Hills, Oakland Community Health Network, Oakland County (Oakland Connects), Alliance of Coalitions for Healthy Communities, Corewell Health Healthier Communities, CARES

Resources

Time spent by team members, funding and in-kind support

Level of transformation

Community

Appendix:
Abbreviated table 1

Chronic disease

Goal: Improve chronic disease prevention and management for Corewell Health in the Southeast Michigan service area.

Strategy

Anticipated impact

Increase access to chronic disease prevention and management services and programs.



This strategy will prevent or delay the onset of chronic disease, reduce barriers to care and improve chronic disease management.



Organizational transformation

Appendix:
Abbreviated table 2

Mental health

Goal: Improve mental health for Corewell Health in the Southeast Michigan service area.

Strategy

Anticipated impact

Increase awareness and accessibility of behavioral health services.



This strategy will increase awareness of behavioral health services and more timely connections to care.



Organizational transformation

Empower youth and seniors through education, early intervention and supportive environments.



This strategy will reduce stigma, build an environment with more intentional services, increase health literacy and increase support and response to mental health needs.



Community transformation