



CITY OF DETROIT  
OFFICE OF THE CHIEF FINANCIAL OFFICER  
OFFICE OF DEVELOPMENT AND GRANTS

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November 8, 2022

The Honorable Detroit City Council  
**ATTN: City Clerk Office**  
200 Coleman A. Young Municipal Center  
Detroit MI 48226

**RE: Request to Accept and Appropriate the Community Health Needs Assessment (CHNA) grant and the Community Information Exchange (CIE) Planning Grant**

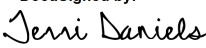
The Michigan Department of Health and Human Services (MDHHS) has awarded the City of Detroit Health Department with the Community Health Needs Assessment (CHNA) Grant for \$25,000.00 and the Community Information Exchange (CIE) Planning Grant for \$25,000.00. There is no match requirement for these grants. The total project cost is \$50,000.00.

The objective of the grants is to update the existing Community Health Assessment to account for the impact of COVID-19 and other threats or opportunities, train and engage key community members as Community Health Workers (CHW), and to draft the Detroit Community Health Improvement Plan. The funding allotted to the department will be utilized to conduct community meetings, pay for trainings, and to provide CHW stipends.

If approval is granted to accept and appropriate this funding, the appropriation number is 21226.

I respectfully ask your approval to accept and appropriate funding in accordance with the attached resolution.

Sincerely,

DocuSigned by:  
  
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Terri Daniels  
Director of Grants, Office of Development and Grants

DocuSigned by:  
  
565ACA3D30EA465...  
Office of Budget

CC:  
Sajjiah Parker, Assistant Director, Grants



CITY OF DETROIT

## Office of Development and Grants

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### RESOLUTION

**Council Member** \_\_\_\_\_

**WHEREAS**, the Health Department is requesting authorization to accept two grants from the Michigan Department of Health and Human Services (MDHHS), in the total amount of \$50,000.00, to update the existing Community Health Assessment to account for the impact of COVID-19 and other threats or opportunities, train and engage key community members as Community Health Workers (CHW), and to draft the Detroit Community Health Improvement Plan; and

**WHEREAS**, this request has been approved by the Office of Budget; now

**THEREFORE, BE IT RESOLVED** that the Director or Head of the Department is authorized to execute the grant agreement on behalf of the City of Detroit, and

**BE IT FURTHER RESOLVED**, that the Budget Director is authorized to establish Appropriation number 21226, in the amount of \$50,000.00, for the Community Health Needs Assessment (CHNA) Grant and the Community Information Exchange (CIE) Planning Grant.

## Gregory Andrews

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**Subject:** FW: CHNA and CIE Planning Grant Awards

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**From:** MDHHS-SDOH-PolicyandPlanning <[MDHHS-SDOH-PolicyandPlanning@michigan.gov](mailto:MDHHS-SDOH-PolicyandPlanning@michigan.gov)>

**Sent:** Friday, September 16, 2022 10:43 AM

**To:** Pipkin, Darien (DHHS-Contractor) <[PipkinD1@michigan.gov](mailto:PipkinD1@michigan.gov)>; [bowserd@detroitmi.gov](mailto:bowserd@detroitmi.gov)

**Subject:** RE: CHNA and CIE Planning Grant Awards

Good morning,

We have good news to share! Based on the number of proposals received and the number of awards allocated, additional funding is available to support proposals for the Community Health Needs Assessment (CHNA) and Community Information Exchange (CIE) planning grants.

On behalf of the Michigan Department of Health and Human Services (MDHHS) Policy and Planning Office, I am pleased to inform you that your proposal will be fully funded. Your funding award amount has increased as follows:

**CHNA Amount Awarded:** \$25,000

**CIE Amount Awarded:** \$25,000

Please respond with an **ACCEPT** or **DECLINE** for the amount awarded by close of business today, September 16<sup>th</sup>.

We look forward to working with you.

Sincerely,  
Darien

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**From:** Pipkin, Darien (DHHS-Contractor) <[PipkinD1@michigan.gov](mailto:PipkinD1@michigan.gov)>

**Sent:** Friday, September 9, 2022 2:14 PM

**To:** [bowserd@detroitmi.gov](mailto:bowserd@detroitmi.gov)

**Cc:** MDHHS-SDOH-PolicyandPlanning <[MDHHS-SDOH-PolicyandPlanning@michigan.gov](mailto:MDHHS-SDOH-PolicyandPlanning@michigan.gov)>

**Subject:** CHNA and CIE Planning Grant Awards

Dear Detroit Department of Health and Wellness Promotion:

Thank you for applying for the Community Health Needs Assessment (CHNA) and Community Information Exchange (CIE) planning grant.

On behalf of the Michigan Department of Health and Human Services (MDHHS) Policy and Planning Office, I am pleased to inform you that you have been awarded funding contingent on the following revisions:

*There were no revisions.*

### CHNA Award

**Amount Awarded:** \$20,000

**CIE Award**

**Amount Awarded: \$15,000**

Note: Awards listed above are based on the number of proposals received and the funding available as well as the project scope provided within your proposal.

Please respond with an **ACCEPT** or **DECLINE** for the amount awarded by September 16<sup>th</sup>. If revisions are requested, then please provide those to me as well by September 16<sup>th</sup>.

Sincerely,  
Darien



## MICHIGAN'S ROADMAP TO HEALTHY COMMUNITIES LHD SDOH GRANT

Detroit Health Department  
100 Mack Avenue, Third Floor  
Detroit, Michigan 48201

Phone 313•876•4000  
Fax 313•877•9244  
[www.detroitmi.gov/health](http://www.detroitmi.gov/health)

### MDHHS LHD SDOH GRANT: PROJECT SUMMARY

**Project Name:** Detroit's Roadmap to Healthy Communities

**Grant Period:** November 1, 2022 through May 31, 2023

**Target Population:** Residents of Detroit, Michigan facing the greatest racial health inequities, by age, gender, and proportion of population

**Target Population Rationale:**

|                                | SDOH Equity Strategy  | Population Rationale (inequity in Detroit)   |
|--------------------------------|---|--|
| MDHHS SDOH STRATEGY PRIORITY 1 | Implementing efforts to support housing stability and food security   | Detroit families with children under AGE 18 face the greatest risk of losing their housing   |
|                                |   | African Americans are systematically denied mortgages compared to their white peers when trying to buy homes in the city of Detroit  |
|                                |   | 71% of the chronically homeless population in Detroit are male   |
|                                |   | 36% of chronically homeless are seniors 55+ and 73% experience a disabling condition   |
|                                |   | 83% of the unaccompanied youth experiencing homelessness are female  |
|                                |   | 53% of unhoused youth ages 18-24 are male, 46% female and 1% trans/non-conforming  |
|                                |   | Environmental racism contributes to higher rates of chronic diseases related to diet including diabetes and obesity among African American and Hispanic/Latinx individuals |
|                                |   | 48% of Detroit households are food insecure and another 40% relies on food stamps  |
|                                |   | Food insecure patients in Detroit are limited by social and political determinants   |
|                                |   | Transport poverty (affordability, mobility, accessibility poverty) reduce food retail access   |
| MDHHS SDOH STRATEGY PRIORITY 2 | Supporting integrated systems of care to treat and prevent chronic disease, including improving engagement and awareness of existing systems              | 90% of healthy system patients in the northwest and eastside of Detroit are Black; and their morbidity and mortality rates often exceed national norms                     |
|                                |   | Structural and institutionalized racism contribute to Black Americans over utilizing emergency departments to access the health care system in Detroit                     |
|                                |   | Under resourced teens are more likely to use ED for asthma as primary source of care   |
|                                |   | Death rates for asthma are highest among African American adolescents ages 15-19   |
|                                |   | African Americans have the highest death rate and shortest survival of any racial and ethnic group in the US for most cancers  |
|                                |   | All zip codes in Detroit are materno-toxic and Black women die 243% more than White women; less than 1% of the perinatal work force is BIPOC                               |
|                                |   | Lower prenatal and early life vitamin D levels contribute to higher rates of allergic disease outcomes among African American children compared with White children        |
|                                |   |  |
| MDHHS SDOH STRATEGY PRIORITY 3 | Supporting integrated systems of care to treat and prevent behavioral health conditions, including improving engagement and awareness of existing systems | Detroit has the highest burden of adverse childhood experiences (ACEs) of any MI city  |
|                                |   | Covid-19 vulnerability and complications exacerbated behavioral health inequities  |
|                                |   | Suspected drug related deaths in Detroit are 4x the rate in the state of Michigan  |
|                                |   | Black men ages 55+ represent more than half of suspected opioid overdoses in Detroit   |
|                                |   | Opioids represent 86% of drug overdose deaths in Detroit, driven by fentanyl   |
|                                |   | Firearm injury is the leading cause of death for Black males in Detroit under age 34   |
|                                |   | Two-thirds of firearm-related deaths are suicides; the rate for men is 3x that of women  |
|                                |   | LGBTQ+ individuals are more than twice as likely as heterosexuals to have MH disorder  |
|                                |   | 1 in 10 of HIV diagnoses occur among people who inject drugs   |
|                                |   | 1 in 7 moms & 1 in 10 dads struggle with mental health before or after birth   |
|                                |   | There is an increase in the number of syphilis cases, centered among young African American men who have sex with men with a high prevalence of HIV co-infection           |

### Engagement Opportunities:

- Engage diverse sectors, coalitions, and key community members whom have living experiences (i.e. impacted by structural violence, systemic racism, and social inequities) as Community Health Workers (CHWs) who will share leadership in stakeholder recruitment, data collection methods and analysis, and disseminating findings
- Identify strategic issues by reviewing the findings from the Visioning process and the four Mobilizing for Action through Planning and Partnerships (MAPP) Assessments from the Detroit Community Health Assessment
- Define the criteria, tools, and methods that should be considered in the strategy prioritization process, to ensure inclusion of community priorities, address social drivers of health and align with State equity strategies
- Expand community-level partnership, gather insight, and integrate new, emerging and growing priorities since the onset of Covid-19, Monkeypox virus and other forces of change (i.e. health policy) locally and nationally
- Utilize findings from community listening sessions, data and surveillance, and partnerships to inform and draft the Detroit Community Health Improvement Plan

**Summary of Funding Use:** DHD will use funding to update the existing Community Health Assessment (CHA) to account for the impact of Covid-19 and other threats or opportunities; train and engage key community members as CHWs that will share leadership SDOH prioritization; and to draft the Detroit Community Health Improvement Plan (CHIP)

### Alignment with MDHHS SDOH Strategy Priorities:

|                                | Description  | DHD Project Alignment  |                                | Description  | DHD Project Alignment  |
|--------------------------------|--|--|--------------------------------|--|--|
| MDHHS PRIORITY: HOUSING & FOOD | Implementing efforts to support housing stability and food security  | Equitable & Sustainable Communities: stakeholders and staff will identify, engage, and promote organizations and strategies that advance environmental justice and equitable development approaches to increase housing and food security      | MDHHS PRIORITY: DATA EXCHANGE  | Establishing localized Community Information Exchange, and coordinating with regional and state CIEs | Review and revise CHA/CHNA<br>Facilitate an abbreviated MAPP process to include or adjust priorities<br>Conduct an environmental scan and create asset maps to inform the CHIP<br>Convene data stakeholders to engage in CIE planning                                  |
|                                | Description  | DHD Project Alignment  |                                | Description  | DHD Project Alignment  |
| MDHHS PRIORITY: CD & BH        | Supporting integrated systems of care to treat and prevent CD and BH, including improving engagement and awareness of existing systems | Protective Factors to Mitigate Adverse Childhood Experiences: mobilize families, health-care providers, and community behavioral health stakeholders to grow awareness of data, surveillance systems, services, programs, and public resources | MDHHS PRIORITY: ADVANCE EQUITY | Addressing upstream SDOH needs and advancing health equity through community health workers (CHW)    | Prepare CHA/CHIP and CIE facilitators by implementing the CDC training of trainers (ToT) model to lead community and stakeholder discussions and listening sessions. Recruit and certify 7 local champions as CHWs to design upstream SDOH strategies to engage public |

**MDHHS LHD SDOH GRANT: WORK PLAN**

| <b>PHASE I TIMELINE: NOVEMBER 2022 – DECEMBER 2022   Budget Approximation: \$10,000</b> |   |                                  |                                   |
|---|---|----------------------------------|-----------------------------------|
|   | <b>Key Activity</b>                                     | <b>Process Measure</b>           | <b>Outcome Measure</b>            |
| <b>INFRASTRUCTURE</b>   | Formalize new partnerships (MOUs, data sharing etc)     | # of partners recruited, by type | # of agreements formalized        |
|   | Recruit and train Community Health Workers              | # of people recruited/trained    | # of CHWs certified on project    |
|   | Identify key data systems and resources                 | # of data sys/resources reviewed | # of data sys/resources selected  |
|   | Define strategy prioritization criteria, tools, methods | # of models/strategies proposed  | # of models/strategies adopted    |
|   | Create data collection, evaluation, reporting plan      | # of contributors to plan        | # of plans approved               |
|   | Stakeholder meetings and listening sessions             | # of stakeholders invited        | # of stakeholders engaged         |
| <b>PHASE II TIMELINE: JANUARY 2023 – FEBRUARY 2023   Budget Approximation: \$17,500</b> |   |                                  |                                   |
|   | <b>Key Activity</b>                                     | <b>Process Measure</b>           | <b>Outcome Measure</b>            |
| <b>CHNA: UPDATE CHA</b>   | Review previous data and CHNA/CHA                       | # of entities that contributed   | # of top priorities selected      |
|   | Conduct environmental scan or asset mapping             | # of stakeholders involved       | # of assets/resources mapped      |
|   | Facilitate abbreviated visioning session                | # of visioning sessions held     | # of visioning participants       |
|   | Facilitate abbreviated MAPP Assessments 1 & 2           | # of MAPP 1 & 2 events held      | # of event participants           |
|   | Facilitate abbreviated MAPP Assessments 3 & 4           | # of MAPP 3 & 4 events held      | # of event participants           |
|   | Review final priorities/findings from CHNA/CHA          | # of priorities considered       | # of priorities selected          |
| <b>PHASE III TIMELINE : MARCH 2023 – APRIL 2023   Budget Approximation: \$17,500</b>    |   |                                  |                                   |
|   | <b>Key Activity</b>                                     | <b>Process Measure</b>           | <b>Outcome Measure</b>            |
| <b>INFORM CHIP</b>  | Analyze CHA data; arrange issues by priority level      | # of themes identified           | % of themes selected for CHIP     |
|   | Research and vet CHIP strategies                        | # of strategies/models proposed  | # of strategies/models adopted    |
|   | Draft CHIP goals and objectives                         | # of goals/objectives proposed   | # of goals/objectives selected    |
|   | Select CHIP SDOH performance measures                   | # of SDOH measures proposed      | # of SDOH measures selected       |
|   | Assign organization/persons responsibilities            | # of designees nominated         | # of designees assigned roles     |
|   | Devise process for monitoring progress/work plan        | # of monitoring tools considered | # of monitoring tools adopted     |
| <b>PHASE IV TIMELINE: MAY 2023   Budget Approximation: \$5,000</b>                      |   |                                  |                                   |
|   | <b>Key Activity</b>                                     | <b>Process Measure</b>           | <b>Outcome Measure</b>            |
| <b>CIE PLANNING</b>   | Meet with MDHSS on CIE planning/ideation                | # of CIE meetings held           | # of CIE meeting attendees        |
|   | Recommend & mobilize CIE network partners               | # of CIE partners proposed       | # of CIE partners selected        |
|   | Draft CIE community vision and governance               | # of stakeholders recruited      | # of stakeholders involved        |
|   | Identify CIE potential data sources for integration     | # of CIE data source types       | # of CIE data sources prioritized |
|   | Select SDOH providers for resource database             | # of SDOH resources identified   | # of SDOH resources prioritized   |
|   | Prepare legally compliant framework (data security)     | # of data stakeholders engaged   | # of entities w/intent to engage  |

**MDHHS LHD SDOH GRANT: BUDGET REQUEST**

| <b>Category</b>              | <b>Amount</b>   | <b>Description</b>  |
|------------------------------|-----------------|---|
| <b>Salaries and Wages</b>    | \$0             | N/A; salaries and wages are not requested   |
| <b>Fringe Benefits</b>       | \$0             | N/A; fringe benefits are not requested  |
| <b>Consultant Costs</b>      | \$0             | N/A; consultant costs are not requested   |
| <b>Equipment</b>             | \$0             | N/A; equipment is not requested   |
| <b>Supplies</b>              | \$15,000        | Listening sessions, meetings, events, printing & digital services, promotion            |
| <b>Travel</b>                | \$0             | N/A; travel is not requested  |
| <b>Other</b>                 | \$35,000        | CHW training, CHW stipends, event/catering services for committee meetings              |
|                              |                 | \$9,800   CHW Certification: 7 CHWs (one per City Council District @ \$1,400/CHW        |
|                              |                 | \$21,000   CHW stipends: 7 CHWs x 6 months @ \$500/month                                |
|                              |                 | \$4,200   Event/catering services for convenings (on average): \$1,050/phase x 4 phases |
| <b>Contractual</b>           | \$0             | N/A; contracts are not requested  |
| <b>Total Direct Costs</b>    | \$50,000        | Total CHNA/CHA, CHIP and CIE-related project expenses                                   |
| <b>Total Indirect Costs</b>  | \$0             | No indirect costs are requested.  |
| <b>Total Project Request</b> | <b>\$50,000</b> | <b>Total project request for period of November 1, 2022 – May 31, 2023</b>              |