

**SCHEDULE H  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Hospitals**

Complete if the organization answered "Yes" on Form 990, Part IV, question 20a.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2024**

Open to Public  
Inspection

<b>Name of the organization</b> TRINITY HEALTH - MICHIGAN	<b>Employer identification number</b> 38-2113393
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**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy (FAP) during the tax year? If "No," skip to question 6a	X	
<b>b</b> If "Yes," was it a written policy?	X	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the FAP to its various hospital facilities during the tax year: <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
<b>3</b> Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
<b>a</b> Did the organization use federal poverty guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	X	
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	X	
<b>c</b> If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
<b>4</b> Did the organization's FAP that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its FAP during the tax year?	X	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
<b>c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		X
<b>6a</b> Did the organization prepare a community benefit report during the tax year?	X	
<b>b</b> If "Yes," did the organization make it available to the public?	X	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

**7 Financial Assistance and Certain Other Community Benefits at Cost**

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial assistance at cost (from Worksheet 1)			27112495.		27112495.	.84%
<b>b</b> Medicaid (from Worksheet 3, column a)			438856739	470378704	0.	.00%
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)			11818731.	9452897.	2365834.	.07%
<b>d Total.</b> Financial assistance and means-tested government programs			477787965	479831601	29478329.	.91%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)	83	23,717	22834093.	2208887.	20625206.	.64%
<b>f</b> Health professions education (from Worksheet 5)	14	2,156	106061083	65201047.	40860036.	1.26%
<b>g</b> Subsidized health services (from Worksheet 6)	34	2,929	62885262.	41688080.	21197182.	.65%
<b>h</b> Research (from Worksheet 7)	3		7920857.	3975650.	3945207.	.12%
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)	47	3,307	4757564.	542,198.	4215366.	.13%
<b>j Total.</b> Other benefits	181	32,109	204458859	113615862	90842997.	2.80%
<b>k Total.</b> Add lines 7d and 7j	181	32,109	682246824	593447463	120321326	3.71%

**Part II Community Building Activities.** Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development	1		20,000.		20,000.	.00%
3 Community support	1		404.		404.	.00%
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development	3	9,099	75,138.		75,138.	.00%
9 Other						
10 Total	5	9,099	95,542.		95,542.	.00%

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? .....	1	X
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount .....	2	50,983,167.
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's FAP. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit .....	3	0.
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

**Section B. Medicare**

5 Enter total revenue received from Medicare (including DSH and IME) .....	5	453,296,437.
6 Enter Medicare allowable costs of care relating to payments on line 5 .....	6	449,928,198.
7 Subtract line 6 from line 5. This is the surplus (or shortfall) .....	7	3,368,239.
8 Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

**Section C. Collection Practices**

9a Did the organization have a written debt collection policy during the tax year? .....	9a	X
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI .....	9b	X

**Part IV Management Companies and Joint Ventures** (owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 CENTER FOR DIGESTIVE CARE, LLC	SURGICAL CENTER	51.00%		49.00%
2 HEALTH PARK CENTRAL LLC	MEDICAL OFFICE BUILDING	10.55%		80.80%
3 SIXTY FOURTH STREET LLC	SURGICAL CENTER	56.54%		43.46%
4 HURON GASTRO ENDOSCOPY CENTER LLC	SURGICAL CENTER	51.00%		49.00%



**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

(complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group: FACILITY REPORTING GROUP - A

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1, 2, 3, 4, 5

	Yes	No
<b>Community Health Needs Assessment (CHNA)</b>		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? .....		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C .....		X
3 During the tax year or either of the 2 immediately preceding tax years, did the hospital facility conduct a CHNA? If "No," skip to line 12 .....	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>23</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted .....	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C .....	X	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C .....	X	
7 Did the hospital facility make its CHNA report widely available to the public? .....	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE PART V, SECTION C</u>		
b <input checked="" type="checkbox"/> Other website (list url): <u>SEE PART V, SECTION C</u>		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input checked="" type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 .....	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>23</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? .....	X	
a If "Yes," list url: <u>SEE PART V, SECTION C</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? .....		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? .....		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? .....		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

Name of hospital facility or letter of facility reporting group: FACILITY REPORTING GROUP - A

	Yes	No
Did the hospital facility have in place during the tax year a written FAP that:		
<b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? .....	<b>X</b>	
If "Yes," indicate the eligibility criteria explained in the FAP:		
<b>a</b> <input checked="" type="checkbox"/> FPG, with FPG family income limit for eligibility for free care of and FPG family income limit <u>200</u> % for eligibility for discounted care of <u>400</u> %		
<b>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b> <input type="checkbox"/> Asset level		
<b>d</b> <input checked="" type="checkbox"/> Medical indigency		
<b>e</b> <input checked="" type="checkbox"/> Insurance status		
<b>f</b> <input checked="" type="checkbox"/> Underinsurance status		
<b>g</b> <input checked="" type="checkbox"/> Residency		
<b>h</b> <input checked="" type="checkbox"/> Other (describe in Section C)		
<b>14</b> Explained the basis for calculating amounts charged to patients? .....	<b>X</b>	
<b>15</b> Explained the method for applying for financial assistance? .....	<b>X</b>	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of their application		
<b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of their application		
<b>c</b> <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b> <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b> <input type="checkbox"/> Other (describe in Section C)		
<b>16</b> Was widely publicized within the community served by the hospital facility? .....	<b>X</b>	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
<b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
<b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
<b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b> <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b> <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
<b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b> <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by limited-English proficiency (LEP) populations		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** (continued)

**Billing and Collections**

Name of hospital facility or letter of facility reporting group: FACILITY REPORTING GROUP - A

	Yes	No
<b>17</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written FAP that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? .....	<b>X</b>	
<b>18</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b> Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? .....		<b>X</b>
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) on line 19 (check all that apply):		
a <input checked="" type="checkbox"/> Provided a written notice about upcoming extraordinary collection actions (ECAs) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)		
b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)		
c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
e <input checked="" type="checkbox"/> Other (describe in Section C)		
f <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's FAP? .....	<b>X</b>	
If "No," indicate why:		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b <input type="checkbox"/> The hospital facility's policy was not in writing		
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d <input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** *(continued)*

**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

Name of hospital facility or letter of facility reporting group: FACILITY REPORTING GROUP - A

		Yes	No
<b>22</b>	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care:		
a	<input checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d	<input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
<b>23</b>	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? ..... If "Yes," explain in Section C.	23	X
<b>24</b>	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? ..... If "Yes," explain in Section C.	24	X

Schedule H (Form 990) 2024

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

**SCHEDULE H, PART V, SECTION B. FACILITY REPORTING GROUP A FACILITY REPORTING GROUP A CONSISTS OF:**

- FACILITY 1: TRINITY HEALTH ANN ARBOR HOSPITAL
- FACILITY 2: TRINITY HEALTH GRAND RAPIDS HOSPITAL
- FACILITY 3: TRINITY HEALTH OAKLAND HOSPITAL
- FACILITY 4: TRINITY HEALTH LIVONIA HOSPITAL
- FACILITY 5: TRINITY HEALTH LIVINGSTON HOSPITAL

GROUP A-FACILITY 1 -- TRINITY HEALTH ANN ARBOR HOSPITAL  
PART V, SECTION B, LINE 3J: N/A

LINE 3E: TRINITY HEALTH ANN ARBOR HOSPITAL (THAA) INCLUDED IN ITS COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WRITTEN REPORT A PRIORITIZED LIST AND DESCRIPTION OF THE COMMUNITY'S SIGNIFICANT HEALTH NEEDS WHICH WERE IDENTIFIED THROUGH THE MOST RECENTLY CONDUCTED CHNA. THE FOLLOWING COMMUNITY HEALTH NEEDS FOR THAA WERE DEEMED SIGNIFICANT AND WERE PRIORITIZED THROUGH A COMMUNITY-INVOLVED SELECTION PROCESS:

1. MENTAL HEALTH
2. ACCESS TO SERVICES (EMPHASIS ON FOOD ACCESS AND MATERNAL/INFANT ACCESS)
3. HOUSING

GROUP A-FACILITY 1 -- TRINITY HEALTH ANN ARBOR HOSPITAL  
PART V, SECTION B, LINE 5: TRINITY HEALTH ANN ARBOR, CHELSEA HOSPITAL, AND U-M HEALTH HAVE ONCE AGAIN JOINED FORCES TO CONDUCT A COMPREHENSIVE CHNA, MARKING THEIR FOURTH COLLABORATIVE EFFORT SINCE 2016. THIS COLLABORATIVE EFFORT IS KNOWN AS UNITE, WHICH STANDS FOR UNIFIED NEEDS ASSESSMENT IMPLEMENTATION PLAN TEAM ENGAGEMENT. THE WASHTENAW COUNTY HEALTH DEPARTMENT ALSO SITS AT THE UNITE TABLE AS A CRITICAL PARTNER IN THIS WORK. IN ADDITION, UNITE COLLABORATED WITH SOUTHEASTERN MICHIGAN HEALTH ASSOCIATION TO COMPILE A COMPREHENSIVE LIST OF POPULATION HEALTH DATA FROM MULTIPLE SOURCES INCLUDING LOCAL, STATE, AND FEDERAL LEVEL DATA.

IN APRIL 2023, UNITE LAUNCHED THE 15-MONTH 2024 CHNA PROCESS. THROUGHOUT THIS PERIOD, UNITE THOUGHTFULLY IDENTIFIED AND ENGAGED COMMUNITY MEMBERS AND COMMUNITY LEADERS WITHIN GREATER WASHTENAW COUNTY (WASHTENAW COUNTY, GRASS LAKE, AND STOCKBRIDGE) THROUGH KEY STAKEHOLDER INTERVIEWS AND COMMUNITY SURVEYS. IN ADDITION, DATA COLLECTION WAS FACILITATED THROUGH VIRTUAL AND IN-PERSON FOCUS GROUPS WITH WELLNESS COALITIONS, SAFETY NET ORGANIZATIONS, FOOD PANTRIES, AND MINISTERIAL ASSOCIATIONS. ENGAGED ORGANIZATIONS INCLUDED, BUT WERE NOT LIMITED TO: THE WASHTENAW HEALTH INITIATIVE, DELONIS CENTER, PARKRIDGE COMMUNITY CENTER, AND DISABILITY NETWORK WASHTENAW MONROE LIVINGSTON. THESE ORGANIZATIONS PLAY A CRUCIAL ROLE IN REPRESENTING LOW-INCOME, MINORITY, AND MEDICALLY UNDERSERVED POPULATIONS WITHIN THE SERVICE AREA OF TRINITY HEALTH ANN ARBOR.

GROUP A-FACILITY 1 -- TRINITY HEALTH ANN ARBOR HOSPITAL  
PART V, SECTION B, LINE 6A: THAA CONDUCTED THE COMMUNITY HEALTH NEEDS ASSESSMENT WITH CHELSEA HOSPITAL AND U-M HEALTH.

GROUP A-FACILITY 1 -- TRINITY HEALTH ANN ARBOR HOSPITAL  
PART V, SECTION B, LINE 6B: THAA CONDUCTED THE CHNA WITH THE WASHTENAW COUNTY HEALTH DEPARTMENT AND SOUTHEASTERN MICHIGAN HEALTH ASSOCIATION.

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

GROUP A-FACILITY 1 -- TRINITY HEALTH ANN ARBOR HOSPITAL  
PART V, SECTION B, LINE 7D: THAA PROVIDED REGULAR UPDATES ON THE ADVANCEMENT OF THE CHNA PROGRAMS AND SERVICES THROUGH COMMUNITY PRESENTATIONS AND DISSEMINATING IMPACT REPORTS. THESE VALUABLE DOCUMENTS ARE MADE ACCESSIBLE FOR PARTNERS TO SHARE WITH THEIR CONSTITUENTS, ENSURING TRANSPARENCY AND COLLABORATION.

GROUP A-FACILITY 1 -- TRINITY HEALTH ANN ARBOR HOSPITAL  
PART V, SECTION B, LINE 11: TRINITY HEALTH ANN ARBOR (THAA) ADDRESSED THE FOLLOWING SIGNIFICANT HEALTH NEEDS IN FY25:

**MENTAL HEALTH:**

TRINITY HEALTH - MICHIGAN LAUNCHED A REGIONAL BEHAVIORAL HEALTH SERVICE LINE TO EXPAND ACCESS, STRENGTHEN PROVIDER RESOURCES, AND COORDINATE CARE ACROSS THE STATE. LOCALLY, THAA DEVELOPED A WORKFORCE PROGRAM TO RECRUIT AND SUPERVISE UNDERGRADUATE AND GRADUATE THERAPY CANDIDATES, EXPANDING JOB POSTINGS TO INCLUDE MASTER-LEVEL DISCIPLINES BEYOND SOCIAL WORK.

THAA STRENGTHENED COMMUNITY PARTNERSHIPS IN MENTAL HEALTH AND SUBSTANCE USE THROUGH ITS INVESTMENT IN OUR COMMUNITIES GRANT PROGRAM, WHICH PROVIDED DIRECT FUNDING TO LOCAL ORGANIZATIONS TO EXPAND BEHAVIORAL HEALTH SERVICES AND BUILD A MORE CONNECTED, RESPONSIVE CARE NETWORK. IN ADDITION, THAA CONNECTED PATIENTS AND COMMUNITY MEMBERS TO PEER RECOVERY COACHES, SEXUAL ASSAULT NURSE EXAMINERS, SMOKING CESSATION COUNSELORS, MEDICAL SOCIAL WORKERS, AND COMMUNITY HEALTH WORKERS (CHW'S) TO ADDRESS MENTAL HEALTH AND SUBSTANCE USE.

LASTLY, THAA IMPLEMENTED PROJECT SUCCESS, A SCHOOL-BASED PROGRAM IN MIDDLE AND HIGH SCHOOLS. COUNSELORS WORKED TO REDUCE RISK FACTORS AND STRENGTHEN PROTECTIVE FACTORS RELATED TO SUBSTANCE USE THROUGH INDIVIDUAL COUNSELING, GROUP SESSIONS, AND CLASSROOM PREVENTION EDUCATION.

**ACCESS TO SERVICES - FOOD ACCESS:**

IN FY25, THAA CONTINUED ITS COMMITMENT TO ADDRESSING RISING FOOD INSECURITY RATES BY PROVIDING AFFORDABLE, LOCALLY SOURCED, HEALTHY FOOD OPTIONS AND DELIVERING NUTRITION EDUCATION FOSTERING LONG-TERM BEHAVIOR CHANGES AMONG COMMUNITY MEMBERS. THE SUBSIDIZED FARM SHARE PROGRAM AT THE FARM AT THAA EXPANDED IN PARTNERSHIP WITH LOCAL FARMERS AND FOOD BANKS, ENSURING THAT VULNERABLE POPULATIONS HAD ACCESS TO FRESH, NUTRITIOUS FOOD. THE FARM ALSO OFFERED FIELD TRIPS, SUMMER CAMPS, COOKING DEMONSTRATIONS, WORKSHOPS, RECIPE DISTRIBUTION, AND A FOOD PANTRY. A CHW DEDICATED TO THE FARM SUPPORTED CLIENTS' SOCIAL NEEDS TO FURTHER BREAK DOWN BARRIERS TO HEALTHY EATING.

THE TRINITY HEALTH LIFESTYLE MEDICINE DEPARTMENT CONTINUED TO FACILITATE COMMUNITY-BASED PROGRAMS TO IMPROVE NUTRITION KNOWLEDGE. THE "NUTRITION BUDDIES" PROGRAM EXPANDED TO PAIR MORE FOOD INSECURE YOUTH WITH MEDICAL RESIDENTS FOR FOOD EDUCATION AND TO FOSTER DEVELOPMENT OF COOKING SKILLS. THE VIRTUAL "COOKING WITH PLANTS" SERIES EXTENDED ITS REACH TO MAKE NUTRITION AND COOKING SKILL DEVELOPMENT ACCESSIBLE, AND APPROACHABLE, FOR A WIDER AUDIENCE. THE HEALTHY FAMILIES PROGRAM PAIRS CHILDREN AND TEENS WITH A REGISTERED DIETITIAN, EXERCISE, AND BEHAVIORAL SPECIALISTS TO LEARN HOW HEALTHY EATING, AN ACTIVE LIFESTYLE, AND EFFECTIVE COMMUNICATION PROMOTE HEALTH AND FAMILY WELL-BEING.

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

THAA ACTIVELY PARTICIPATED IN LOCAL AND STATE POLICY DISCUSSIONS  
ADVOCATING FOR ENHANCEMENTS IN FOOD SYSTEMS THAT BENEFIT COMMUNITY  
MEMBERS. SUPPORTED BY GRANT FUNDING THROUGH THE TRINITY HEALTH 'INVESTING  
IN OUR COMMUNITIES' INITIATIVE, ENGAGEMENT WITH SOCIAL SERVICE  
ORGANIZATIONS ADDRESSING FOOD INSECURITY WAS ANOTHER CRITICAL COMPONENT TO  
INCREASING FOOD ACCESS.

ACCESS TO SERVICES - MATERNAL AND INFANT HEALTH ACCESS:  
THAA HOSTS A FREE VIRTUAL MONTHLY BABY AND ME SUPPORT GROUP. FOR THOSE  
STRUGGLING WITH POSTPARTUM DEPRESSION AND ANXIETY, THE PERINATAL WELLNESS  
CLINIC AT THAA PROVIDED COUNSELING SERVICES, UTILIZING VALIDATED  
MEASUREMENT TOOLS TO ENSURE EFFECTIVE SUPPORT. TO EXTEND ITS OUTREACH,  
THAA AGREED TO LEASE SPACE FOR \$1 PER YEAR TO THE WASHTENAW AREA COUNCIL  
FOR CHILDREN.

THAA'S PREGNANCY CENTERING PROGRAM OPERATES UNDER THE GUIDANCE OF THE  
TRINITY HEALTH ACADEMIC OBSTETRICS AND GYNECOLOGY CLINIC, A RESIDENT-RUN  
INITIATIVE. WOMEN WERE INVITED TO PARTICIPATE IN BOTH GROUP EDUCATION AND  
INDIVIDUAL APPOINTMENTS IN A SUPPORTIVE SETTING. LASTLY, THAA DEVELOPED  
THE RESPECTFUL CARE SERIES, WHICH AIMS TO GUARANTEE THAT EVERY PATIENT,  
STAFF, AND PARTNER INTERACTING WITH THE WOMEN AND CHILDREN'S SERVICES  
DIVISION HAS A RESPECTFUL AND TRANSFORMATIVE EXPERIENCE - ONE THAT  
PRESERVES DIGNITY, PRIORITIZES SAFETY, AND HONORS INDIVIDUAL IDENTITIES.

HOUSING:  
THAA SERVED AS THE LEAD AGENCY AND PROVIDED IN-KIND AND FINANCIAL SUPPORT  
TO THE WASHTENAW HOUSING ALLIANCE (WHA), A COALITION OF SOCIAL SERVICE  
AGENCIES DEALING WITH HOUSING OF VARIOUS TYPES, WHOSE MISSION IS TO END  
HOMELESSNESS IN WASHTENAW COUNTY.

IN ADDITION, THAA AND ITS BOARD MEMBERS WERE INSTRUMENTAL IN THE  
ESTABLISHMENT OF THE DELONIS CENTER IN DOWNTOWN ANN ARBOR. THIS CENTER  
PROVIDES ACCOMMODATION AND SUPPORT SERVICES FOR THOSE WHO ARE HOMELESS. IN  
ADDITION, THAA PARTNERED WITH THE DELONIS CENTER TO SUPPORT PATIENTS  
EXPERIENCING HOMELESSNESS WITH CASE AND HEALTH MANAGEMENT THROUGH THE  
RECUPERATIVE CARE PROGRAM. LASTLY, THAA OFFERS FREE OR SUBSIDIZED RENT TO  
COMMUNITY-BASED ORGANIZATIONS INCLUDING ALPHA HOUSE AND HOUSE N2 HOME.

THAA ACKNOWLEDGES THE WIDE RANGE OF PRIORITY HEALTH ISSUES THAT EMERGED  
FROM THE CHNA PROCESS AND DETERMINED THAT IT COULD EFFECTIVELY FOCUS ON  
ONLY THOSE HEALTH NEEDS WHICH IT DEEMED MOST PRESSING, AFFECTED VULNERABLE  
POPULATIONS, AND WITHIN OUR ABILITY TO INFLUENCE. THAA DID NOT ACT ON THE  
FOLLOWING HEALTH NEEDS IN FY25: ACCESS TO INTERNET AND DOMESTIC VIOLENCE.

GROUP A-FACILITY 1 -- TRINITY HEALTH ANN ARBOR HOSPITAL  
PART V, SECTION B, LINE 13H: THE HOSPITAL RECOGNIZES THAT NOT ALL PATIENTS  
ARE ABLE TO PROVIDE COMPLETE FINANCIAL INFORMATION. THEREFORE, APPROVAL  
FOR FINANCIAL SUPPORT MAY BE DETERMINED BASED ON LIMITED AVAILABLE  
INFORMATION. WHEN SUCH APPROVAL IS GRANTED, IT IS CLASSIFIED AS  
"PRESUMPTIVE SUPPORT." EXAMPLES OF PRESUMPTIVE CASES INCLUDE: DECEASED  
PATIENTS WITH NO KNOWN ESTATE, HOMELESS PATIENTS, UNEMPLOYED PATIENTS,  
NON-COVERED MEDICALLY NECESSARY SERVICES PROVIDED TO PATIENTS QUALIFYING  
FOR PUBLIC ASSISTANCE PROGRAMS, PATIENT BANKRUPTCIES, AND MEMBERS OF

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

RELIGIOUS ORGANIZATIONS WHO HAVE TAKEN A VOW OF POVERTY AND HAVE NO RESOURCES INDIVIDUALLY OR THROUGH THE RELIGIOUS ORDER.

FOR THE PURPOSE OF HELPING FINANCIALLY DISADVANTAGED PATIENTS, A THIRD-PARTY MAY BE UTILIZED TO CONDUCT A REVIEW OF PATIENT INFORMATION TO ASSESS FINANCIAL NEED. THIS REVIEW UTILIZES A HEALTH CARE INDUSTRY-RECOGNIZED, PREDICTIVE MODEL THAT IS BASED ON PUBLIC RECORD DATABASES. THESE PUBLIC RECORDS ENABLE THE HOSPITAL TO ASSESS WHETHER THE PATIENT IS CHARACTERISTIC OF OTHER PATIENTS WHO HAVE HISTORICALLY QUALIFIED FOR FINANCIAL ASSISTANCE UNDER THE TRADITIONAL APPLICATION PROCESS. IN CASES WHERE THERE IS AN ABSENCE OF INFORMATION PROVIDED DIRECTLY BY THE PATIENT, AND AFTER EFFORTS TO CONFIRM COVERAGE AVAILABILITY ARE EXHAUSTED, THE PREDICTIVE MODEL PROVIDES A SYSTEMATIC METHOD TO GRANT PRESUMPTIVE ELIGIBILITY TO FINANCIALLY DISADVANTAGED PATIENTS.

GROUP A-FACILITY 1 -- TRINITY HEALTH ANN ARBOR HOSPITAL  
PART V, SECTION B, LINE 20E: THE HOSPITAL OFFERED INFORMATION FOR OTHER VARIETIES OF PAYMENT PLAN OPTIONS, AND USED AUTOMATED PRESUMPTIVE CHARITY FOR SELF-PAY ACCOUNTS.

GROUP A-FACILITY 2 -- TRINITY HEALTH GRAND RAPIDS HOSPITAL  
PART V, SECTION B, LINE 3J: N/A

LINE 3E: TRINITY HEALTH GRAND RAPIDS HOSPITAL (THGR) INCLUDED IN ITS COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WRITTEN REPORT A PRIORITIZED LIST AND DESCRIPTION OF THE COMMUNITY'S SIGNIFICANT HEALTH NEEDS WHICH WERE IDENTIFIED THROUGH THE MOST RECENTLY CONDUCTED CHNA. THE FOLLOWING COMMUNITY HEALTH NEEDS FOR THGR WERE DEEMED SIGNIFICANT AND WERE PRIORITIZED THROUGH A COMMUNITY-INVOLVED SELECTION PROCESS:

1. HOUSING
2. HEALTH INSURANCE
3. ACCESS TO MEDICAL CARE
4. ACCESS TO HEALTHY FOOD

GROUP A-FACILITY 2 -- TRINITY HEALTH GRAND RAPIDS HOSPITAL  
PART V, SECTION B, LINE 5: BY ENGAGING WITH THE KENT COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT AS A COLLABORATIVE PARTNER AND FUNDER, THGR WAS ABLE TO OBTAIN CRITICAL INFORMATION ABOUT THE HEALTH NEEDS FACING PATIENTS AND THE MEMBERS OF THE COMMUNITIES WE SERVE.

THE 2023 KENT COUNTY CHNA INCORPORATED INPUT FROM PEOPLE WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY SERVED BY THE HOSPITAL. THEIR DATA WAS COLLECTED BETWEEN THE MONTHS OF MARCH AND OCTOBER 2023. DATA WAS COLLECTED THROUGH A VARIETY OF PRIMARY (NEW DATA COLLECTED FOR THIS ASSESSMENT) AND SECONDARY (EXISTING DATA) SOURCES. PRIMARY DATA COLLECTION METHODS INCLUDED COMMUNITY SURVEYS, FOCUS GROUPS, COLLECTIVE IMPACT SURVEYS, AND BEHAVIORAL RISK FACTOR SURVEY PHONE INTERVIEWS. COMMUNITY SURVEYS WERE OFFERED IN A WEB-BASED FORMAT IN ENGLISH AND SPANISH, AND IN PAPER (HARD COPY) FORMAT IN ENGLISH, SPANISH, VIETNAMESE, ARABIC, KINYARWANDA, AND SWAHILI, TO MAKE THE SURVEY ACCESSIBLE TO MORE INDIVIDUALS IN THE COMMUNITY.

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

OVER 70 COMMUNITY ORGANIZATIONS PARTICIPATED IN CHNA DATA COLLECTION EFFORTS THROUGH THE COLLECTIVE IMPACT SURVEY. THE ORGANIZATIONS WERE FROM A VARIETY OF SECTORS INCLUDING HEALTH CARE, MENTAL HEALTH, ARTS/CULTURE, EDUCATION, PHILANTHROPY, AND HUMAN SERVICES. THE CHNA INCLUDES THE NAMES OF ALL 76 PARTICIPATING ORGANIZATIONS, SOME OF WHICH INCLUDE AREA AGENCY ON AGING OF WESTERN MICHIGAN, BLACK IMPACT COLLABORATIVE, CHERRY HEALTH, COMMUNITY FOOD CLUB, FIRST STEPS KENT, FREY FOUNDATION, GRAND RAPIDS PRIDE CENTER, GRAND VALLEY STATE UNIVERSITY, KENT COUNTY ORAL HEALTH COALITION, MEL TROTTER MINISTRIES, PLANNED PARENTHOOD, RENEW MOBILITY, STRONG BEGINNINGS-HEALTHY START, WEST MICHIGAN ASIAN AMERICAN ASSOCIATION, AND YWCA WEST CENTRAL MICHIGAN.

FOR THE 2023 CHNA, COMMUNITY-LED DATA COLLECTION WAS EXPANDED TO INCLUDE SURVEYING. IN ADDITION TO CONDUCTING 10 COMMUNITY-LED FOCUS GROUPS, 12 COMMUNITY PARTNERS WERE COMPENSATED TO LEAD SURVEYING EFFORTS IN THEIR COMMUNITIES. THIS INCLUDED ENGAGING WITH RESIDENTS, EDUCATING PEOPLE ON THE CHNA AND HOW THEIR COMMUNITY INPUT DATA WOULD BE USED, ENCOURAGING THEM TO COMPLETE THE SURVEY, AND ASSISTING THEM IN SURVEY COMPLETION IF THEY ENCOUNTERED ANY BARRIERS TO PARTICIPATION. EIGHT OF THE 12 COMMUNITY PARTNERS WHO LED SURVEYING EFFORTS WERE MEMBERS OF THE KENT COUNTY HEALTH EQUITY COUNCIL COMMUNITY VOICE GROUP. WITH FUNDING AND FLEXIBILITY TO LEAD THEIR OWN ENGAGEMENT EFFORTS, SURVEY RESPONSES AMONG PRIORITY POPULATIONS INCREASED CONSIDERABLY WHICH RESULTED IN A DIVERSE SAMPLE AND THE ABILITY TO DISAGGREGATE DATA FOR PEOPLE WITH DISABILITIES, LGBTQ, REFUGEES AND IMMIGRANTS, ASIAN, AND AMERICAN INDIAN ALASKA NATIVE GROUPS.

GROUP A-FACILITY 2 -- TRINITY HEALTH GRAND RAPIDS HOSPITAL  
PART V, SECTION B, LINE 6A: THGR CONDUCTED THE CHNA IN PARTNERSHIP WITH COREWELL HEALTH, UNIVERSITY OF MICHIGAN HEALTH-WEST, MARY FREE BED REHABILITATION HOSPITAL, AND PINE REST CHRISTIAN MENTAL HEALTH SERVICES.

GROUP A-FACILITY 2 -- TRINITY HEALTH GRAND RAPIDS HOSPITAL  
PART V, SECTION B, LINE 6B: THGR CONDUCTED THE CHNA WITH THE KENT COUNTY HEALTH DEPARTMENT AND THE KENT COUNTY HEALTH EQUITY COUNCIL.

GROUP A-FACILITY 2 -- TRINITY HEALTH GRAND RAPIDS HOSPITAL  
PART V, SECTION B, LINE 11: HOUSING  
TRINITY HEALTH GRAND RAPIDS (THGR) COLLABORATED WITH MULTIPLE COMMUNITY ORGANIZATIONS ON THE HEARTSIDE LANDINGS TRANSITIONAL SUPPORTIVE HOUSING PROJECT, A MULTI-AGENCY COLLABORATION TO PROVIDE TRANSITIONAL SUPPORTIVE HOUSING TO 25 WOMEN EXPERIENCING CHRONIC HOMELESSNESS, MENTAL HEALTH CONCERNS, AND SUBSTANCE USE DISORDERS. THE WOMEN RECEIVED WRAPAROUND SERVICES, INCLUDING PLACE-BASED PRIMARY CARE, BEHAVIORAL HEALTH TREATMENT, AND PEER RECOVERY COACH ACCESS. THE HOSPITAL CONTRIBUTED TO THE PROGRAM BY PROVIDING THE BUILDING AT LESS THAN OPERATING COST. IN THE FIRST YEAR OF THE PROGRAM, THERE WAS A 72% DECREASE IN EMERGENCY DEPARTMENT UTILIZATION AND AN 87% DECREASE IN EMS UTILIZATION BY THE 25 RESIDENTS OF THE PROGRAM.

THE HOSPITAL PROVIDED COMMUNITY IMPACT GRANTS TO THREE ORGANIZATIONS ADDRESSING HOUSING STABILIZATION, PREVENTION, AND TRANSITIONAL HOUSING IN THE COMMUNITY:  
- 70X7: A PROGRAM OFFERING SUPPORTIVE, STRUCTURED TRANSITIONAL HOUSING FOR INDIVIDUALS RECOVERING FROM INCARCERATION AND ADDICTION.  
- SENIOR NEIGHBORS: A PROGRAM SEEKING TO ADDRESS HOUSING INSTABILITY AMONG

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

**LOW-INCOME OLDER ADULTS IN KENT COUNTY BY PROVIDING EVICTION PREVENTION SERVICES, HOUSING PLACEMENT SUPPORT, AND CONNECTION TO ESSENTIAL SERVICES AND RESOURCES.**

- URBAN LEAGUE OF WEST MICHIGAN: A PROGRAM PROVIDING EVICTION/FORECLOSURE PREVENTION, FINANCIAL ASSISTANCE, AND COMPREHENSIVE HOUSING COUNSELING CASE MANAGEMENT SERVICES TO PROMOTE HOME OWNERSHIP.

**HEALTH INSURANCE**

THGR'S COMMUNITY HEALTH WORKERS (CHW'S) ASSISTED PATIENTS AND MEMBERS OF THE COMMUNITY IN APPLYING FOR MEDICAID, NAVIGATING MEDICARE OPEN ENROLLMENT, CHOOSING A PLAN ON THE ACA MARKETPLACE, AND APPLYING FOR HOSPITAL FINANCIAL ASSISTANCE.

THGR EMPLOYED FINANCIAL COUNSELORS AND CONTRACTED WITH THE MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES TO PROVIDE SPECIALISTS WHO ASSISTED PATIENTS WITH APPLYING FOR MEDICAID.

THGR ALSO HAD REPRESENTATION ON THE KENT COUNTY HEALTH EQUITY COUNCIL ADVISORY BOARD, THE GOVERNING BODY FOR THE NEWLY FORMED KENT COUNTY MEDICAID ENROLLMENT TASK FORCE.

**ACCESS TO MEDICAL CARE**

THGR OPERATED SAFETY NET HEALTH CENTERS, ACCESSIBLE TO INDIVIDUALS AND COMMUNITIES THAT DISPROPORTIONATELY EXPERIENCE HEALTH INEQUITIES.

THE HOSPITAL OFFERED MOBILE MAMMOGRAPHY SERVICES THROUGHOUT THE COMMUNITY, PARTNERING WITH ORGANIZATIONS IN NEIGHBORHOODS WHERE WOMEN FACE TRANSPORTATION AND OTHER ACCESS BARRIERS.

CHW'S MADE MORE THAN 32,000 SUCCESSFUL CONNECTIONS WITH PATIENTS, ADDRESSING 92% OF IDENTIFIED NEEDS AND LINKING NEARLY ONE THOUSAND PATIENTS TO THE HOSPITAL'S PHARMACEUTICAL ASSISTANCE PROGRAM.

THGR'S MATERNAL INFANT HEALTH PROGRAM (MIHP), A PARTNERSHIP WITH THE MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES, SERVED 119 BIRTHING PERSONS AND 91 BABIES. THE PROGRAM HAS BEEN FOUND TO REDUCE THE INCIDENCE OF PRETERM BIRTH.

STRONG BEGINNINGS, A CHW PROGRAM FOR PREGNANT AND PARENTING WOMEN WHO IDENTIFY AS BLACK, AFRICAN AMERICAN, LATINX, OR NEW AMERICANS FROM AFRICA, SERVED 90 BIRTHING PERSONS AND 51 BABIES. THE PROGRAM DISTRIBUTED MORE THAN 5,000 DIAPERS AND MORE THAN 100 EDUCATIONAL TOYS. PROGRAM PARTICIPANTS HAVE DEMONSTRATED OUTCOMES THAT SURPASS SEVERAL HRSA BENCHMARKS FOR MATERNAL AND INFANT HEALTH.

THE HOSPITAL WAS A PARTNER ORGANIZATION IN THE OPERATION OF A LOCAL FREE CLINIC FOR UNHOUSED INDIVIDUALS. THE HOSPITAL PROVIDED PHYSICIAN RESIDENTS AND AN ATTENDING PHYSICIAN FACULTY MEMBER ONE DAY PER WEEK AT THE CLINIC, FREE OF CHARGE TO THE COMMUNITY.

**ACCESS TO HEALTHY FOOD**

A PRODUCE PRESCRIPTION PROGRAM SERVED 86 UNIQUE INDIVIDUALS SCREENING POSITIVE FOR FOOD INSECURITY MORE THAN \$15,000 IN FREE PRODUCE. HALF OF THE PARTICIPANTS SAID THEY WERE HEALTHIER THAN SIX MONTHS BEFORE.

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

THGR PROVIDED WOMEN INFANTS & CHILDREN (WIC) PROGRAMMING AT A SAFETY NET HEALTH CENTER, IN PARTNERSHIP WITH THE KENT COUNTY HEALTH DEPARTMENT. THE WIC TEAM SUPPORTED FOOD ACCESS FOR NEARLY SEVEN HUNDRED WOMEN AND CHILDREN PER MONTH, WITH 96% OF WOMEN WHO PARTICIPATED IN THE PROGRAM ENGAGING IN NUTRITION EDUCATION WITHIN THREE MONTHS OF ENROLLING.

THE HOSPITAL PARTNERED WITH TWO LOCAL ORGANIZATIONS TO PROVIDE THE COMIDA BUENA PROGRAM, A FRESH FOOD FAIR FOR INDIVIDUALS LIVING IN A FOOD DESERT COMMUNITY. THE AVERAGE PRODUCE DISTRIBUTION THROUGH THE PROGRAM WAS 4,000 POUNDS PER MONTH, WITH 100 FAMILIES RECEIVING TWENTY POUNDS OF FRESH PRODUCE EVERY OTHER WEEK.

THE HOSPITAL PROVIDED COMMUNITY IMPACT GRANTS TO THREE PROGRAMS SUPPORTING FOOD ACCESS IN KENT COUNTY:

- COMMUNITY FOOD CLUB: A PROGRAM SUPPORTING FOOD ACCESS AND CONSUMER DIGNITY IN AN INNOVATIVE MEMBERSHIP-BASED GROCERY STORE MODEL.
- KENT COUNTY FOOD POLICY COUNCIL (DIVISION OF HEART OF WEST MICHIGAN UNITED WAY): FUNDING SUPPORTED THE PRESENTATION AND PROMOTION OF THE KENT COUNTY FOOD SYSTEM PLAN.
- NEW CITY NEIGHBORS: A PROGRAM SUPPORTING ACCESS TO FRESH PRODUCE FOR UNDERSERVED RESIDENTS OF THE COMMUNITY.

GROUP A-FACILITY 2 -- TRINITY HEALTH GRAND RAPIDS HOSPITAL  
PART V, SECTION B, LINE 13H: SEE FACILITY 1 EXPLANATION.

GROUP A-FACILITY 3 -- TRINITY HEALTH OAKLAND HOSPITAL  
PART V, SECTION B, LINE 3J: N/A

LINE 3E: TRINITY HEALTH OAKLAND HOSPITAL (THOA) INCLUDED IN ITS COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WRITTEN REPORT A PRIORITIZED LIST AND DESCRIPTION OF THE COMMUNITY'S SIGNIFICANT HEALTH NEEDS WHICH WERE IDENTIFIED THROUGH THE MOST RECENTLY CONDUCTED CHNA. THE FOLLOWING COMMUNITY HEALTH NEEDS FOR THOA WERE DEEMED SIGNIFICANT AND WERE PRIORITIZED THROUGH A COMMUNITY-INVOLVED SELECTION PROCESS:

1. BEHAVIORAL HEALTH (MENTAL HEALTH/SUBSTANCE ABUSE)
2. ACCESS TO CARE (RESOURCE NAVIGATION, SPECIALTY PROVIDERS)
3. FOOD SECURITY (DIABETES, OBESITY)

GROUP A-FACILITY 3 -- TRINITY HEALTH OAKLAND HOSPITAL  
PART V, SECTION B, LINE 5: OVER A NINE-MONTH PERIOD FROM MAY 2023 THROUGH FEBRUARY 2024, THE CHNA STEERING COMMITTEE AND THOA'S COMMUNITY HEALTH AND WELL-BEING (CHWB) TEAM ACTIVELY ENGAGED THE COMMUNITY THROUGH SURVEYS AND FORUMS. NEIGHBORHOOD AND REGIONAL DATA SOURCES WERE ANALYZED TO ESTABLISH A SERVICE AREA FOR THE HOSPITAL WHILE STATE, COUNTY, AND PONTIC COMMUNITY DATA WAS EXAMINED TO IDENTIFY SPECIFIC HEALTH PRIORITIES.

THOA CONDUCTED A COLLABORATIVE CHNA WITH COMMUNITY INPUT FROM THE OAKLAND COUNTY HEALTH DEPARTMENT (OCHD). HOSPITAL PARTNERS AND COMMUNITY ORGANIZATIONS REPRESENTED THE BROAD INTERESTS OF THE COMMUNITY AND MINORITY POPULATIONS AS A PART OF THE NEEDS ASSESSMENT.

THE CHNA STEERING COMMITTEE SERVED AS THE ADVISORY GROUP FOR THE

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

ASSESSMENT. THE ADVISORY GROUP INCLUDED BOARD OF DIRECTOR MEMBERSHIP AND VULNERABLE PATIENT POPULATION REPRESENTATION. THESE MEMBERS WERE INVOLVED IN SURVEY DISTRIBUTION, HEALTH NEEDS IDENTIFICATION AND PRIORITIZATION. INPUT FROM COMMUNITY LEADERS INCLUDED THE PONTIAC SCHOOL BOARD, OAKLAND COUNTY SHERIFF'S DEPARTMENT AND OAKLAND UNIVERSITY.

UNDERSTANDING THE HEALTH NEEDS OF OUR PATIENTS AND THOSE WE SERVE IS ESSENTIAL TO MAKING A DIFFERENCE IN THE COMMUNITY. THOA COLLABORATES WITH COMMUNITY PARTNERS TO CONDUCT ITS CHNA IN ORDER TO LEARN ABOUT PRESSING HEALTH ISSUES. THE FOLLOWING PARTNERS PARTICIPATED IN COMMUNITY FOCUS GROUPS TO FURTHER SUPPORT THE RETENTION OF VULNERABLE POPULATIONS' VOICES IN THE CHNA PROCESS: CATHOLIC CHARITIES OF SOUTHEASTERN MICHIGAN, COMMUNITY NETWORK SERVICES HEALTHCARE, HOPE WARMING SHELTER, LIGHTHOUSE OF OAKLAND COUNTY, MEALS ON WHEELS, OAKLAND COMMUNITY HEALTH NETWORK, OAKLAND COUNTY HARM REDUCTION SERVICES, OAKLAND LIVINGSTON HUMAN SERVICE AGENCY AND OAKLAND COUNTY VETERANS SERVICES.

THE 2024 CHNA SURVEY INCLUDED 24 QUESTIONS RELATED TO HEALTH CARE ACCESS AND HEALTH BEHAVIORS. THE SURVEY WAS DISTRIBUTED IN DIGITAL AND PRINT FORMATS FROM OCTOBER 1 THROUGH DECEMBER 22, 2023. ELECTRONIC SURVEYS WERE ACCESSED THROUGH A SURVEYMONKEY QR CODE AND DIRECT EMAIL CORRESPONDENCE THROUGH PARTNER AGENCIES. PAPER SURVEYS WERE DISTRIBUTED TO RESIDENTS AT STRATEGIC COMMUNITY ACCESS POINTS WITHIN PONTIAC AND WATERFORD SENIOR CENTERS, OAKLAND COUNTY PUBLIC LIBRARIES, AND OCHD TO REDUCE BARRIERS FOR COMPLETION. A TOTAL OF 1,037 SURVEY RESPONSES WERE COLLECTED ACROSS OAKLAND COUNTY, WITH A TARGETED FOCUS ON COMMUNITIES LOCATED IN PRIORITY ZIP CODES IN PONTIAC, WATERFORD, AND AUBURN HILLS. THE CHNA STEERING COMMITTEE DISTRIBUTED THE SURVEY THROUGH THOA'S FARM, OAKLAND COUNTY FARMERS MARKET, AND COMMUNITY RESOURCE FAIRS. THE SURVEY HAD REPRESENTATION FROM VULNERABLE POPULATIONS INCLUDING VETERANS, SENIORS, AND DISABLED RESIDENTS.

AS A MINISTRY, WE ARE COMMITTED TO ADDRESSING THE ROOT CAUSE OF HEALTH DISPARITIES AND WELCOME THE SUPPORT OF COMMUNITY PARTNERS AND STAKEHOLDERS AS WE STRIVE TO IMPROVE ACCESS TO CARE FOR ALL.

GROUP A-FACILITY 3 -- TRINITY HEALTH OAKLAND HOSPITAL  
PART V, SECTION B, LINE 6B: THOA CONDUCTED THE CHNA WITH THE OAKLAND COUNTY HEALTH DEPARTMENT.

GROUP A-FACILITY 3 -- TRINITY HEALTH OAKLAND HOSPITAL  
PART V, SECTION B, LINE 7D: THOA SHARED ITS CHNA BROADLY ON THE HOSPITAL'S COMMUNITY HEALTH & WELL-BEING WEBPAGE. THOA REVIEWED QUARTERLY METRICS WITH COMMUNITY BENEFIT RECIPIENTS TO TRACK IMPLEMENTATION PLAN DEVELOPMENT RELATIVE TO PRIORITY HEALTH PROGRAMS AND SERVICES. THOA ALSO SHARED ITS CHNA WITH THE OCHD AND NEIGHBORING COMMUNITIES THROUGH A VIRTUAL POWERPOINT PRESENTATION. COPIES OF THE CHNA ARE AVAILABLE BY REQUEST FROM THE THOA CHWB AND MARKETING DEPARTMENTS TO ACCOMMODATE COMMUNITY ACCESS TO THE REPORT WITHIN THE HOSPITAL'S SERVICE AREA.

GROUP A-FACILITY 3 -- TRINITY HEALTH OAKLAND HOSPITAL  
PART V, SECTION B, LINE 11: THE SIGNIFICANT COMMUNITY HEALTH NEEDS PRIORITIZED BY TRINITY HEALTH OAKLAND (THOA) IN THE 2024 CHNA ARE BEHAVIORAL HEALTH/SUBSTANCE ABUSE, ACCESS TO CARE, FOOD SECURITY, AND

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

**HOUSING. IN FISCAL YEAR 2025 (FY25), THOA ADDRESSED THE FOLLOWING NEEDS:**

**BEHAVIORAL HEALTH/SUBSTANCE ABUSE:**

THOA SUPPORTED BEHAVIORAL HEALTH NEEDS THROUGH REFERRALS TO SOCIAL WORK, CASE MANAGEMENT, RECOVERY MEDICINE, AND COMMUNITY HEALTH WORKERS (CHW'S), WHO ASSISTED BY REFERRING TO PEER COUNSELORS, TREATMENT PROGRAMS, AND NAVIGATION OF HEALTH AND SOCIAL SERVICES.

THOA SUSTAINED ITS PARTNERSHIP AND FUNDING FOR LIGHTHOUSE OF OAKLAND COUNTY AND HOPE WARMING SHELTER TO SUPPORT BEHAVIORAL HEALTH REFERRALS AND ASSESSMENTS. IT PROVIDED IN-KIND CASE MANAGEMENT, SOCIAL WORK, AND CHW STAFFING FOR PEER SUPPORT REFERRALS. TO ENHANCE RECOVERY RESOURCES FOR HOMELESS PATIENTS, THOA INTRODUCED CLINICAL ROTATIONS AT HOPE RESPITE CARE THROUGH A COLLABORATION WITH THE UNIVERSITY OF DETROIT MERCY'S MASTER'S ENTRY ADVANCED GENERALIST NURSING PROGRAM.

THOA PARTNERED WITH THE ALLIANCE OF COALITIONS TO INSTALL A SAVE-A-LIFE STATION AT ITS WOODWARD BUILDING, PROVIDING 24/7 COMMUNITY ACCESS TO FREE NARCAN, AS WELL AS HOSTING A FREE COMMUNITY TRAINING SESSION TO EDUCATE RESIDENTS ON NARCAN AND ITS LIFE-SAVING POTENTIAL.

**ACCESS TO CARE:**

IN PARTNERSHIP WITH THE NATIONAL CANCER SOCIETY, THOA PROVIDED FREE LUNG, BREAST, AND COLORECTAL CANCER SCREENINGS FOR OAKLAND COUNTY RESIDENTS. IT ALSO DELIVERED HEALTH EDUCATION ON STRESS, SOCIAL ISOLATION, BALANCE, AND INJURY PREVENTION AT HEALTH FAIRS AND CLINICS. THROUGHOUT FY25, THOA NURSING STAFF, ROSS MEDICAL RESIDENTS, AND UNIVERSITY OF DETROIT MERCY RN STUDENTS PARTICIPATED IN STREET MEDICINE OUTREACH. THOA CONTINUED SUPPORTING THE BERNSTEIN COMMUNITY CLINIC WITH LAB, RADIOLOGY, AND CARDIOLOGY SERVICES FOR UNINSURED PATIENTS.

THOA UTILIZED CHW'S AND THE SOCIAL INFLUENCERS OF HEALTH (SIOH) SCREENING TOOLS TO HELP IDENTIFY AND REFER PATIENTS IN NEED OF SOCIAL SUPPORT RESOURCES, THEREBY REDUCING READMISSIONS AND IMPROVING OVERALL PATIENT HEALTH.

THOA CONTINUED OPERATING PRIMARY CARE COMMUNITY CLINICS INCLUDING THE HENDERSON ACADEMIC CLINIC. EMERGENCY SERVICES ARE AVAILABLE TO ALL REGARDLESS OF ABILITY TO PAY. THOA CONTINUED PARTNERING WITH HEALTH CARE PROVIDERS TO OFFER HEMATOLOGY AND MEDICAL ONCOLOGY SERVICES THROUGH OUR CANCER CENTER.

THE MERCY SUPPORT PROGRAM ASSISTED 1,015 INDIVIDUALS IN FY25 FACING POVERTY AND OTHER VULNERABILITIES AND THE MERCY SUPPORT PRESCRIPTION PROGRAM SERVED 9,462 INDIVIDUALS.

**FOOD SECURITY:**

IN FY25, THOA MAINTAINED ITS PARTNERSHIPS WITH FOOD ACCESS COALITIONS INCLUDING HEALTHY PONTIAC, WE CAN! AND THE OAKLAND COUNTY HEALTH DIVISION (OCHD) FOOD POLICY COUNCIL, ADVOCATING FOR IMPROVED FRESH PRODUCE ACCESSIBILITY AND MITIGATION OF FOOD POLICY BARRIERS WITHIN PONTIAC AND OAKLAND COUNTY.

THOA MAINTAINED SUPPORT FOR HEALTHY OAKLAND THROUGH SPONSORSHIP OF SENIOR

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

AND FAMILY MARKET DAYS IN COLLABORATION WITH THE LOCAL OAKLAND COUNTY FARMERS MARKET. THE PROGRAM PROVIDES ACCESS TO EXPERTS ON THE TOPICS OF NUTRITION, CANCER PREVENTION, BLOOD PRESSURE CONTROL, DIABETES HEALTH, AND SAFE USE OF MEDICATIONS.

THOA SERVES AS A COMMUNITY REFERRAL SITE FOR THE PRESCRIPTION FOR A HEALTHY OAKLAND INITIATIVE, GIVING RESIDENTS ACCESS TO FREE PHYSICAL ACTIVITY AND NUTRITION EDUCATION. THE "SOCIAL PRESCRIPTION" MODEL WAS USED TO CONNECT FAMILIES AND SENIORS WITH NONCLINICAL SERVICES AND COMMUNITY RESOURCES THAT ADDRESS SOCIAL, EMOTIONAL, OR PRACTICAL NEEDS, SUCH AS FOOD AND PHYSICAL ACTIVITY.

THE FARM AT OAKLAND (THE FARM) IMPLEMENTED THE FOLLOWING TO ADDRESS FOOD SECURITY IN FY25:

- IN COLLABORATION WITH CENTRO MULTICULTURAL LA FAMILIA, THOA PROVIDED JOB TRAINING OPPORTUNITIES FOR MULTICULTURAL YOUTH IN WATERFORD AND PONTIAC COMMUNITIES AND INTERNSHIPS FOR RESIDENTS ACROSS GREATER OAKLAND COUNTY. CENTRO MULTICULTURAL LA FAMILIA ALSO SERVES AS ONE OF THE 'PRODUCE TO PATIENTS' CLINICS. THOA PARTNERED WITH CENTRO'S SUMMER YOUTH EMPLOYMENT PROGRAM, OFFERING LOCAL YOUNG ADULTS FACING SOCIAL RISK FACTORS A MEANINGFUL WORK EXPERIENCE. PARTICIPANTS WERE EMPLOYED AT VARIOUS NONPROFIT ORGANIZATIONS DURING THE SUMMER, INCLUDING THE FARM, WHICH OFFERED 12 STUDENTS A HANDS-ON LEARNING OPPORTUNITY.

- THROUGH COMMUNITY SHARED AGRICULTURE AND PRODUCE-TO-PATIENT PROGRAMS, THOA HAS INCREASED FRESH PRODUCE ACCESS AND CONSUMPTION. IN PARTNERSHIP WITH OAKLAND COUNTY FARMERS, THE FOOD BOX PROGRAM OFFERS PRODUCE AT AMBULATORY SITES AND COMMUNITY CENTERS WITHIN THE OAKLAND SERVICE AREA. IN FY25, OVER 1,300 POUNDS OF FOOD WERE HARVESTED, 1,647 FARM SHARE ASSISTANCE BOXES WERE DISTRIBUTED TO MEMBERS EXPERIENCING FOOD INSECURITY, AND ANOTHER 330 FARM SHARES WERE DISTRIBUTED TO PAYING MEMBERS. THE PRODUCE-TO-PATIENT PROGRAM PROVIDED APPROXIMATELY 8,049 SERVINGS VALUED AT OVER \$20,000 TO OAKLAND COUNTY RESIDENTS.

- IN PARTNERSHIP WITH LIGHTHOUSE OF OAKLAND COUNTY, THE FARM OPERATES AN EMERGENCY FOOD PANTRY SERVING PATIENTS, VISITORS, AND EMPLOYEES IN NEED. IN FY25, THE TRINITY HEALTH LIGHTHOUSE FOOD PANTRY WELCOMED 303 NEW HOUSEHOLDS AND HAD 1,420 TOTAL VISITS. NOTABLY, 70.7% OF SHOPPERS WERE WOMEN, REFLECTING THE PANTRY'S VITAL ROLE IN SUPPORTING FAMILIES AND CAREGIVERS.

THOA ACKNOWLEDGES THE WIDE RANGE OF PRIORITY HEALTH ISSUES THAT EMERGED FROM THE CHNA PROCESS AND DETERMINED THAT IT COULD EFFECTIVELY FOCUS ON ONLY THOSE HEALTH NEEDS WHICH IT DEEMED MOST PRESSING, AFFECTING VULNERABLE POPULATIONS, AND WITHIN OUR ABILITY TO INFLUENCE. FOR THOSE REASONS, THOA DID NOT DIRECTLY ADDRESS HOUSING AND PHYSICAL ENVIRONMENT (SAFETY) AND HEALTHY BEHAVIORS IN FY25.

GROUP A-FACILITY 3 -- TRINITY HEALTH OAKLAND HOSPITAL  
PART V, SECTION B, LINE 13H: SEE FACILITY 1 EXPLANATION.

GROUP A-FACILITY 4 -- TRINITY HEALTH LIVONIA HOSPITAL  
PART V, SECTION B, LINE 3J: N/A

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

LINE 3E: TRINITY HEALTH LIVONIA HOSPITAL (THLA) INCLUDED IN ITS COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WRITTEN REPORT A PRIORITIZED LIST AND DESCRIPTION OF THE COMMUNITY'S SIGNIFICANT HEALTH NEEDS WHICH WERE IDENTIFIED THROUGH THE MOST RECENTLY CONDUCTED CHNA. THE FOLLOWING COMMUNITY HEALTH NEEDS FOR THLA WERE DEEMED SIGNIFICANT AND WERE PRIORITIZED THROUGH A COMMUNITY-INVOLVED SELECTION PROCESS:

1. MENTAL HEALTH, INCLUDING SUBSTANCE USE
2. DIABETES/OBESITY/HIGH BLOOD PRESSURE
3. FOOD SECURITY/ACCESS

GROUP A-FACILITY 4 -- TRINITY HEALTH LIVONIA HOSPITAL  
PART V, SECTION B, LINE 5: A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) ADVISORY GROUP WAS CONVENED IN MAY 2023 TO LEAD THE CHNA PROCESS. THESE PARTNERS INCLUDE REPRESENTATIVES FROM THE WAYNE COUNTY HEALTH, HUMAN AND VETERAN'S SERVICES, WAYNE HOPE CLINIC, REDFORD TOWNSHIP DISTRICT LIBRARY, BURNING BUSH MINISTRIES IN WESTLAND, NORTHVILLE TOWNSHIP PARKS AND RECREATION, CHARTER TOWNSHIP OF REDFORD, THE NATIONAL KIDNEY FOUNDATION OF MICHIGAN, FARMINGTON HILLS SPECIAL SERVICES, REDFORD INTERFAITH RELIEF, AND GROWTH WORKS. TRINITY HEALTH LIVONIA EMPLOYEES FROM COMMUNITY HEALTH & WELL-BEING (CHWB), SPIRITUAL CARE, ADMINISTRATION, AND CANCER SUPPORT SERVICES PARTICIPATED IN THE ADVISORY GROUP. AN INTERN FROM MADONNA UNIVERSITY COLLECTED SECONDARY DATA AND SUPPORTED QUALITATIVE DATA COLLECTION.

FROM JULY 2023 THROUGH NOVEMBER 2023, QUALITATIVE INPUT WAS OBTAINED THROUGH THE CHNA SURVEY, FOCUS GROUPS AND PHOTOVOICE, AND QUANTITATIVE DATA WAS GATHERED AND REVIEWED.

REDFORD INTERFAITH RELIEF AND WAYNE HOPE CLINIC SOLICITED DIGITAL SURVEY COMPLETION AND COLLECTED PAPER SURVEYS, WHICH WERE MANUALLY ADDED TO THE ONLINE SURVEY DATABASE. TRINITY HEALTH LIVONIA CHWB STAFF ATTENDED THE MEN'S HEALTH EVENT ON SEPTEMBER 30, 2023 AT FORD FIELD WHERE APPROXIMATELY 1,000 MEN ATTENDED THE EVENT TO OBTAIN HEALTH INFORMATION AND RECEIVE SCREENINGS. PARTICIPANTS FROM THE THLA SERVICE AREA WERE INVITED TO COMPLETE THE SURVEY. THLA STAFF ALSO ATTENDED OUTREACH EVENTS IN THE HIGH PRIORITY AREAS OF WESTLAND AND REDFORD TO PROMOTE THE SURVEY. A REDFORD COMMUNITY MEMBER WENT TO SENIOR CENTERS, SENIOR RESIDENCES, AND OTHER COMMUNITY LOCATIONS TO PROMOTE THE SURVEY AND COLLECT PAPER SURVEYS. THE WESTERN WAYNE FOOD POLICY COUNCIL CONDUCTED FOCUS GROUPS IN UNDERSERVED POCKETS OF THE REDFORD, WESTLAND, INKSTER, ROMULUS, AND DEARBORN COMMUNITIES TO UNDERSTAND STRENGTHS AND BARRIERS TO NUTRITION SECURITY.

GROUP A-FACILITY 4 -- TRINITY HEALTH LIVONIA HOSPITAL  
PART V, SECTION B, LINE 11: IN FISCAL YEAR 2025 (FY25), TRINITY HEALTH LIVONIA (THLA) DIRECTLY ADDRESSED THE FOLLOWING SIGNIFICANT HEALTH NEEDS: MENTAL HEALTH (MENTAL HEALTH, SUBSTANCE USE, SOCIAL ISOLATION), CHRONIC HEALTH CONDITIONS (DIABETES/OBESITY/HYPERTENSION), AND ACCESS TO RESOURCES (HOUSING AND NUTRITIOUS FOOD).

MENTAL HEALTH (MENTAL HEALTH/SUBSTANCE USE/SOCIAL ISOLATION):  
IN FY25, THLA SUBSTANCE USE PREVENTION WORK CONTINUED IN COLLABORATION WITH LIVONIA SAVE OUR YOUTH (LSOY). LSOY OFFERED MONTHLY ADDICTION FORUM

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

SESSIONS FROM SEPTEMBER TO MAY AND PROVIDED VAPING AWARENESS AT SCHOOL AND COMMUNITY-BASED EVENTS.

THE WESTERN WAYNE SUICIDE PREVENTION COALITION WAS REBRANDED AS THE HOPE EMPOWERMENT COALITIONS TO EXTEND THE FOCUS TO MENTAL HEALTH STIGMA REDUCTION. THE COALITION HELD A CONFERENCE TITLED EMPOWERING PROVIDERS: CRISIS, RESILIENCE AND MENTAL HEALTH WITH 377 ATTENDEES. MORE THAN 177 SCHOOL STAFF AND COMMUNITY-BASED MENTAL HEALTH PROVIDERS ATTENDED MINI CONFERENCES AT THLA. THREE COALITION SCHOOL DISTRICTS ADOPTED EVIDENCE-BASED PEER-TO-PEER SUPPORT PROGRAMS. A STUDENT LEADERSHIP COUNCIL WAS FORMED TO CENTER STUDENT LEADERSHIP AND AMPLIFY STUDENT VOICE.

CHRONIC CONDITIONS (DIABETES/OBESITY/HIGH BLOOD PRESSURE): IN FY25, THLA SUCCESSFULLY ADMINISTERED THE DIABETES PREVENTION PROGRAM (DPP) TO 134 WAYNE COUNTY RESIDENTS. BOTH IN-PERSON AND DISTANCE LEARNING FORMATS EXCEEDED THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) BENCHMARKS FOR PARTICIPANT RETENTION AND RISK REDUCTION. AMONG THOSE WHO ENROLLED, 79% COMPLETED THE PROGRAM. OF THOSE PARTICIPANTS, 31% ACHIEVED A REDUCTION OF AT LEAST 0.2% IN THEIR BASELINE HBA1C LEVELS AS COMPARED TO THE NATIONAL AVERAGE OF 2%. ADDITIONALLY, REFERRALS TO DIABETES EDUCATION PROGRAMS AVERAGED APPROXIMATELY 100 PER MONTH.

ACCESS TO RESOURCES (HOUSING AND NUTRITIOUS FOOD): IN FY25, THLA PARTICIPATED IN THE WESTERN WAYNE COUNTY FOOD POLICY COUNCIL (WWFPC) WHICH COLLABORATIVELY SHAPES THE LOCAL FOOD SYSTEM AND WORKS TO ENSURE THAT NUTRITIOUS FOOD IS ACCESSIBLE FOR ALL. THE WWFPC HOSTED THE FOOD IN OUR COMMUNITY SUMMIT TO REVIEW FINDINGS FROM THE 'FOOD IN OUR COMMUNITY REPORT' AND OBTAIN RESIDENT INPUT ON STRATEGIES TO IMPROVE ACCESS, CONNECTEDNESS AND COST AND QUALITY OF HEALTHY FOOD. THLA SUPPORTED TRANSPORTATION AND STIPENDS TO REDUCE BARRIERS FOR COMMUNITY MEMBERS TO ATTEND. MORE THAN 100 PEOPLE ATTENDED THE SUMMIT.

THLA PARTICIPATED IN A REGIONAL HOUSING PARTNERSHIP WHICH RESULTED IN THE ADDITION OF WESTERN WAYNE COUNTY MUNICIPAL ZONING REQUIREMENTS TO A SEARCHABLE REGIONAL DATABASE. THIS SYSTEM CHANGE PROVIDES DEVELOPERS WITH A STREAMLINED PROCESS FOR SELECTING AFFORDABLE HOUSING LOCATIONS.

THLA ACKNOWLEDGES THE WIDE RANGE OF PRIORITY HEALTH AND SOCIAL ISSUES THAT EMERGED FROM THE CHNA PROCESS AND DETERMINED THAT IT COULD EFFECTIVELY FOCUS ON ONLY THOSE NEEDS WHICH ARE THE MOST PRESSING, UNDER-ADDRESSED AND WITHIN ITS ABILITY TO INFLUENCE. FOR THOSE REASONS, TRINITY HEALTH LIVONIA HOSPITAL DID NOT ADDRESS THE FOLLOWING NEEDS IN FY25: NEIGHBORHOOD AND PHYSICAL ENVIRONMENT, AGING/OLDER ADULTS, HEALTHY BEHAVIORS, AND SUPPORT SYSTEMS.

GROUP A-FACILITY 4 -- TRINITY HEALTH LIVONIA HOSPITAL  
PART V, SECTION B, LINE 13H: SEE FACILITY 1 EXPLANATION.

GROUP A-FACILITY 5 -- TRINITY HEALTH LIVINGSTON HOSPITAL  
PART V, SECTION B, LINE 3J: N/A

LINE 3E: TRINITY HEALTH LIVINGSTON HOSPITAL (THLN) INCLUDED IN ITS COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WRITTEN REPORT A PRIORITIZED LIST AND DESCRIPTION OF THE COMMUNITY'S SIGNIFICANT HEALTH NEEDS WHICH WERE

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

IDENTIFIED THROUGH THE MOST RECENTLY CONDUCTED CHNA. THE FOLLOWING COMMUNITY HEALTH NEEDS FOR THLN WERE DEEMED SIGNIFICANT AND WERE PRIORITIZED THROUGH A COMMUNITY-INVOLVED SELECTION PROCESS:

1. MENTAL HEALTH
2. FOOD AND NUTRITION SECURITY
3. ACCESS TO SERVICES (EMPHASIS ON TRANSPORTATION)

GROUP A-FACILITY 5 -- TRINITY HEALTH LIVINGSTON HOSPITAL  
 PART V, SECTION B, LINE 5: MANY COLLABORATIVE PARTNERS WERE ENGAGED TO ADVISE THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS. THE CORE TEAM INVOLVED IN THE PROCESS INCLUDED REPRESENTATIVES FROM THE HOSPITAL, THE LIVINGSTON COUNTY HEALTH DEPARTMENT, AND THE SOUTHEASTERN MICHIGAN HEALTH ASSOCIATION. THE LIVINGSTON COUNTY COMMUNITY NEEDS ASSESSMENT WORK GROUP OF THE HUMAN SERVICES COLLABORATIVE BODY WAS DESIGNATED AS THE THLN CHNA ADVISORY GROUP. THE MEMBERS WERE INVOLVED IN SURVEY DISTRIBUTION, NEEDS IDENTIFICATION, AND THE PRIORITIZATION PROCESS. COMMUNITY STAKEHOLDERS AND ORGANIZATIONS WERE INTERVIEWED FOR THE PURPOSE OF PROVIDING INPUT AND INFORMING THE CHNA PROCESS. INPUT FROM LEADERS INCLUDING LIVINGSTON COUNTY CATHOLIC CHARITIES, LIVINGSTON COUNTY COMMISSIONER, LIVINGSTON COUNTY COMMUNITY MENTAL HEALTH, GLEANERS, LACASA, AND LIVINGSTON EDUCATIONAL SERVICE AGENCY PROVIDED INPUT ON THE NEEDS OF THOSE MOST VULNERABLE IN OUR COMMUNITY.

THE CHNA SURVEY WAS CO-DEVELOPED IN COLLABORATION WITH THE LIVINGSTON COUNTY HEALTH DEPARTMENT. THE SURVEYS WERE DISTRIBUTED FROM MARCH TO AUGUST 2023. THIS COMPREHENSIVE SURVEY FEATURED 17 HEALTH-RELATED QUESTIONS THAT EXAMINED COMMUNITY STRENGTHS AND WEAKNESSES, POTENTIAL RISKS, DISCRIMINATION, AND CHALLENGES IN ACCESSING SERVICES, ALONGSIDE 10 DEMOGRAPHIC QUESTIONS. IT WAS WIDELY DISTRIBUTED AND PROMOTED THROUGH EMAIL LISTSERVS, SOCIAL MEDIA PLATFORMS, AND PAPER FORMATS, ENSURING OUTREACH TO DIVERSE COMMUNITIES. COMPLETED PAPER SURVEYS WERE MANUALLY INTEGRATED INTO THE ONLINE SURVEY DATABASE. IN TOTAL, LIVINGSTON COUNTY RECEIVED 1,120 SURVEY RESPONSES FROM BOTH ONLINE AND PAPER SUBMISSIONS.

ADDITIONALLY, SIX FOCUS GROUPS WERE CONDUCTED IN LIVINGSTON COUNTY BETWEEN OCTOBER AND NOVEMBER 2023, IN PARTNERSHIP WITH THE LIVINGSTON COUNTY HEALTH DEPARTMENT AND THE SOUTHEASTERN MICHIGAN HEALTH ASSOCIATION. INFORMATION ABOUT THE FOCUS GROUPS WAS WIDELY DISTRIBUTED AND PROMOTED THROUGH EMAIL LISTSERVS, SOCIAL MEDIA PLATFORMS, AND PAPER FLYERS, ENSURING OUTREACH TO DIVERSE COMMUNITIES. THE CONSENT TO PARTICIPATE IN THE FOCUS GROUPS INDICATED THEIR PARTICIPATION WOULD BE CONFIDENTIAL. THESE SESSIONS AIMED TO GATHER INSIGHTS AND FEEDBACK ON COMMUNITY-RELATED MATTERS, COMPLEMENTING THE QUANTITATIVE DATA OBTAINED FROM THE SURVEY AND ENRICHING THE OVERALL ASSESSMENT PROCESS.

GROUP A-FACILITY 5 -- TRINITY HEALTH LIVINGSTON HOSPITAL  
 PART V, SECTION B, LINE 6B: THLN CONDUCTED THE CHNA WITH KEY PARTNERS INCLUDING THE LIVINGSTON COUNTY HEALTH DEPARTMENT AND SOUTHEASTERN MICHIGAN HEALTH ASSOCIATION.

GROUP A-FACILITY 5 -- TRINITY HEALTH LIVINGSTON HOSPITAL  
 PART V, SECTION B, LINE 7D: THLN PROVIDES REGULAR UPDATES ON THE ADVANCEMENT OF THE CHNA PROGRAMS AND SERVICES THROUGH COMMUNITY

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

**PRESENTATIONS AND DISSEMINATING IMPACT REPORTS. THESE VALUABLE DOCUMENTS ARE MADE ACCESSIBLE FOR PARTNERS TO SHARE WITH THEIR CONSTITUENTS, ENSURING TRANSPARENCY AND COLLABORATION.**

**GROUP A-FACILITY 5 -- TRINITY HEALTH LIVINGSTON HOSPITAL  
PART V, SECTION B, LINE 11: THE SIGNIFICANT COMMUNITY HEALTH NEEDS  
PRIORITIZED BY TRINITY HEALTH LIVINGSTON (THLN) IN FISCAL YEAR 2025 (FY25)  
ARE MENTAL HEALTH, FOOD AND NUTRITION SECURITY, AND ACCESS TO SERVICES  
WITH AN EMPHASIS ON TRANSPORTATION. IN FY25, THLN ADDRESSED THESE  
SIGNIFICANT COMMUNITY HEALTH NEEDS AS FOLLOWS:**

**MENTAL HEALTH:**

**IN FY25, THLN CONTINUED TO SUPPORT THE IMPLEMENTATION OF PROJECT ASSERT, A  
SUBSTANCE USE PEER SUPPORT PROGRAM EMBEDDED WITHIN THE EMERGENCY  
DEPARTMENT, IN PARTNERSHIP WITH LIVINGSTON COUNTY COMMUNITY MENTAL HEALTH  
(LCCMH). ADDITIONALLY, LCCMH RECEIVED FUNDING TO PILOT A PEER SUPPORT  
PROGRAM FOCUSING ON MENTAL HEALTH SUPPORT WITHIN THE EMERGENCY DEPARTMENT.  
LACASA RECEIVED ITS SECOND YEAR OF GRANT FUNDING THROUGH THLN'S INVESTING  
IN OUR COMMUNITIES GRANT. THE FUNDING SUPPORTS ITS BRINGING HOPE TO  
LIVINGSTON COUNTY PROGRAM, WHICH TRAINS INDIVIDUALS IN THE TUFTS MEDICAL  
CENTER'S HEALTHY OUTCOMES FROM POSITIVE EXPERIENCES CURRICULUM. THLN  
PROVIDED A CONTRIBUTION TO THE FEDERAL DRUG-FREE COMMUNITIES GRANT THAT  
LIVINGSTON COUNTY CATHOLIC CHARITIES RECEIVES ON BEHALF OF THE LIVINGSTON  
COUNTY COMMUNITY ALLIANCE. THLN CONTINUES TO SUPPORT AND PROMOTE DRUG  
TAKEBACK EVENTS AND OFFERS A TAKEBACK RECEPTACLE IN THE HOSPITAL LOBBY.  
ADDITIONALLY, THLN, IN PARTNERSHIP WITH LCCMH, INSTALLED A NARCAN VENDING  
MACHINE IN ITS HOSPITAL LOBBY FOR 24/7 ACCESS FOR THE COMMUNITY. LASTLY,  
THLN LAUNCHED ITS HOSPITAL-BASED MENTAL HEALTH INTENSIVE OUTPATIENT  
PROGRAM FOR ADOLESCENTS IN FY25 TO ADDRESS ACCESS AND LEVELS OF CARE  
BARRIERS THE COMMUNITY PREVIOUSLY EXPERIENCED.**

**FOOD AND NUTRITION SECURITY:**

**IN FY25, THLN CONTINUED TO SUPPORT FOOD ACCESS, HEALTHY WEIGHT, AND  
REDUCING CHRONIC DISEASE RISK, INCIDENCE, AND PREVALENCE THROUGH  
PRESCRIPTION FOR HEALTH FUNDING. THLN ALSO SERVED AS A REFERRAL PARTNER.  
THLN LEADERSHIP CONTINUED ITS PARTICIPATION WITH THE LIVINGSTON COUNTY'S  
HUNGER COUNCIL TO IDENTIFY FOOD SECURITY GAPS AND OPPORTUNITIES TO PARTNER  
WITH LOCAL COMMUNITY-BASED ORGANIZATIONS. GLEANERS COMMUNITY FOOD BANK  
RECEIVED ITS SECOND YEAR OF GRANT FUNDING THROUGH TRINITY HEALTH  
LIVINGSTON'S INVESTING IN OUR COMMUNITIES GRANTS FOR ITS LIVINGSTON SHARED  
HARVEST FOOD PANTRY. IN ADDITION, THLN PURCHASED SOIL AND MATERIALS TO  
SUSTAIN THE ACADEMIC FAMILY MEDICINE CLINIC'S PATIENT PLANTER BOX  
INITIATIVE WHICH PROVIDES PRODUCE TO FOOD INSECURE PATIENTS.**

**ACCESS TO SERVICES, EMPHASIS ON TRANSPORTATION:**

**IN FY25, THLN CONTINUED COLLABORATIVE MATCHING COMMITMENTS WITH U-M HEALTH  
AND HENRY FORD HEALTH SYSTEM, WHICH ACQUIRED ASCENSION MICHIGAN IN FY25,  
TO EXPAND HEALTH CARE TRANSPORTATION THROUGH LIVINGSTON ESSENTIAL  
TRANSPORTATION SERVICE (LETS). THLN PROVIDES ADDITIONAL FUNDING TO LETS  
FOR A DEDICATED THLN-ONLY WHEELCHAIR ACCESSIBLE VAN TO SERVE THE COMMUNITY  
DURING OFF HOURS. THLN LEADERSHIP PARTICIPATED WITH THE LIVINGSTON COUNTY  
TRANSPORTATION COALITION, WORKING WITH COMMUNITY PARTNERS TO INCREASE  
ACCESS TO SERVICES, ADDRESS ROOT CAUSES, AND ADVOCATE FOR ACTIVITIES  
RELATED TO IMPROVING NON-MOTORIZED TRANSPORTATION IN LIVINGSTON COUNTY.**

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

THESE COLLABORATIONS CONTINUE TO SUPPORT INCREASED HEALTH CARE RELATED TRANSPORTATION AND ALLOW FOR SOCIAL INFLUENCERS OF HEALTH NEEDS TO ALSO BE MET THROUGH THE NON-HEALTH CARE TRANSPORTATION INFRASTRUCTURE LOCALLY.

AFFORDABLE HOUSING WAS ALSO IDENTIFIED AS A BARRIER FOR PEOPLE IN THE LIVINGSTON COMMUNITY. AT THE TIME OF PRIORITIZATION, HOUSING DID NOT RISE TO THE TOP OF SELECTION DUE TO COMPETING PRIORITIES AND THUS WAS NOT DIRECTLY ADDRESSED IN FY25.

GROUP A-FACILITY 5 -- TRINITY HEALTH LIVINGSTON HOSPITAL  
PART V, SECTION B, LINE 13H: SEE FACILITY 1 EXPLANATION.

GROUP A-FACILITY 5 -- TRINITY HEALTH LIVINGSTON HOSPITAL  
PART V, SECTION B, LINE 20E: THE HOSPITAL OFFERED INFORMATION FOR OTHER VARIETIES OF PAYMENT PLAN OPTIONS, AND USED AUTOMATED PRESUMPTIVE CHARITY FOR SELF-PAY ACCOUNTS.

PART V, SECTION B, LINE 7A  
WWW.TRINITYHEALTHMICHIGAN.ORG/ABOUT-US/COMMUNITY-HEALTH-AND-WELL-BEING/  
COMMUNITY-HEALTH-NEEDS-ASSESSMENTS

TRINITY HEALTH ANN ARBOR HOSPITAL - PART V, SECTION B, LINE 7B  
WWW.MICHIGANMEDICINE.ORG/COMMUNITY/COMMUNITY-HEALTH-SERVICES

PART V, SECTION B, LINE 9  
AS PERMITTED IN THE FINAL SECTION 501(R) REGULATIONS, THE HOSPITAL'S IMPLEMENTATION STRATEGY WAS ADOPTED WITHIN 4 1/2 MONTHS AFTER THE FISCAL YEAR END THAT THE CHNA WAS COMPLETED AND MADE WIDELY AVAILABLE TO THE PUBLIC.

PART V, SECTION B, LINE 10A  
WWW.TRINITYHEALTHMICHIGAN.ORG/ABOUT-US/COMMUNITY-HEALTH-AND-WELL-BEING/  
COMMUNITY-HEALTH-NEEDS-ASSESSMENTS

PART V, SECTION B, LINES 16A-C  
FINANCIAL ASSISTANCE POLICY, FINANCIAL ASSISTANCE APPLICATION AND FINANCIAL ASSISTANCE PLAIN LANGUAGE SUMMARY  
WWW.TRINITYHEALTHMICHIGAN.ORG/TOOLS-AND-RESOURCES/BILLING-AND-INSURANCE/  
FINANICAL-ASSISTANCE

**Part V Facility Information** *(continued)*

**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 82

Name and address	Type of facility (describe)
1 (ANN ARBOR) TRINITY HEALTH BRIGHTON 7575 GRAND RIVER RD BRIGHTON, MI 48114	LAB, IMAGING, THERAPY, AMBULATORY SURG., EMPLOYED PHYS, ONCOLOGY, 24 HR ER
2 (AA) TH MEDICAL CENTER - CANTON 1600 CANTON CENTER RD CANTON, MI 48188	LAB, IMAGING, THERAPY, ONCOLOGY, AMBULATORY SURGERY, URGENT CARE
3 (AA) TRINITY HEALTH MICHIGAN HEART 5325 ELLIOTT DR YPSILANTI, MI 48197	CARDIOVASCULAR CARE
4 (AA) ELLEN THOMPSON WOMEN'S CENTER 5320 ELLIOTT DR YPSILANTI, MI 48197	WOMEN'S HEALTH
5 (OTHER) WARDE MEDICAL LABORATORY 300 W TEXTILE RD ANN ARBOR, MI 48104	LAB
6 (AA) MARIAN PROFESSIONAL BUILDING 14555 LEVAN RD LIVONIA, MI 48154	RADIATION ONCOLOGY, REHAB, MRI, EMPLOYED PHYSICIANS
7 (AA) MICHIGAN ORTHOPEDIC CENTER 5315 ELLIOTT DR YPSILANTI, MI 48197	ORTHOPEDIC CARE
8 (AA) SLEEP DISORDERS CENTER 5305 ELLIOTT DR YPSILANTI, MI 48197	SLEEP CLINIC
9 (AA) REICHERT HEALTH CENTER 5333 MCAULEY DR YPSILANTI, MI 48197	LAB, IMAGING, AMBULATORY SURG., EMPLOYED PHYSICIANS
10 (AA) HAAB HEALTH BUILDING 111 N HURON ST YPSILANTI, MI 48197	FAMILY PRACTICE

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**Part V Facility Information** *(continued)*

**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 82

Name and address	Type of facility (describe)
11 (AA) SAMARITAN CENTER 5555 CONNER DETROIT, MI 48213	INDIGENT CARE
12 (AA) CENTER FOR DIGESTIVE CARE 5300 ELLIOTT DR YPSILANTI, MI 48197	DIGESTIVE CARE
13 (AA) TRINITY HEALTH LAB - PLYMOUTH 990 W ANN ARBOR TRAIL PLYMOUTH, MI 48170	LAB
14 (AA) PARKWAY MEDICAL CENTER 2345 S HURON PKWY ANN ARBOR, MI 48104	LAB
15 (AA) HURON PROFESSIONAL BUILDING 704 W HURON ST ANN ARBOR, MI 48103	LAB
16 (AA) TRINITY HEALTH BEHAVIORAL SVCS 2200 CANTON CENTER RD CANTON, MI 48188	BEHAVIORAL MEDICINE
17 (AA) HURON OAKS 5401 MCAULEY DR YPSILANTI, MI 48197	BEHAVIORAL MEDICINE
18 (AA) GENOA MEDICAL CENTER 2305 GENOA BUSINESS PARK DR BRIGHTON, MI 48114	LAB
19 (AA) DIAGNOSTIC SERVICES CENTER 202 E VAN RIPER RD FOWLERVILLE, MI 48836	LAB, IMAGING
20 (AA) ARBOR SCIO PROFESSIONAL BLDG 6360 JACKSON RD ANN ARBOR, MI 48103	LAB

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**Part V Facility Information** *(continued)*

**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 82

Name and address	Type of facility (describe)
21 (AA) ARBOR PARK CENTRE 4972 CLARK RD YPSILANTI, MI 48197	LAB
22 (AA) CHERRY HILL LAB 49650 CHERRY HILL RD CANTON, MI 48187	LAB
23 (AA) TOWSLEY HEALTH BUILDING 5361 MCAULEY DR YPSILANTI, MI 48197	NURSING HOME, EMPLOYED PHYS.
24 (GR RAPIDS) TH MEDICAL CTR - CHERRY 245 CHERRY ST SE GRAND RAPIDS, MI 49503	PEDIATRIC CLINIC, FAMILY MEDICINE, OB, NEUROSCIENCES, REHAB, SLEEP
25 (GR) TH MEDICAL CENTER WEGE NORTH 300 LAFAYETTE GRAND RAPIDS, MI 49503	LAB, FAMILY PRACTICE, INTERNAL MEDICINE PRACTICE
26 (GR) TH MEDICAL CENTER - ROCKFORD 6050 NORTHLAND DR NE ROCKFORD, MI 49341	FAMILY PRACTICE CENTER, URGENT CARE, LAB, IMAGING, WOMEN'S HEALTH, REHAB
27 (GR) TH MEDICAL CENTER - BYRON CTR 2373 64TH STREET SW BYRON CENTER, MI 49315	AMBULATORY SURGICAL CTR, REHAB, LAB, IMAGING, FAMILY PRACTICE, CARDIO AND ER
28 (GR) TH MEDICAL GROUP - KENTWOOD 2080 44TH ST SE KENTWOOD, MI 49508	REHAB, LAB, FAMILY PRACTICE
29 (GR) TH MEDICAL GROUP - JENISON 7782 20TH AVENUE JENISON, MI 49428	FAMILY PRACTICE CENTER
30 (GR) TH MEDICAL CENTER - E BELTLINE 1471 EAST BELTLINE GRAND RAPIDS, MI 49525	LAB, IMAGING, REHAB, EMPLOYED PHYS., URGENT CARE, OB

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**Part V Facility Information** *(continued)*

**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 82

Name and address	Type of facility (describe)
31 (GR) CLINICA SANTA MARIA 730 GRANDVILLE AVE SW GRAND RAPIDS, MI 49503	INDIGENT PRIMARY CARE CENTER
32 (GR) TH MEDICAL GROUP - EAST PARIS 2144 EAST PARIS SE GRAND RAPIDS, MI 49546	INTERNAL MEDICINE
33 (GR) TH MEDICAL CENTER - RIVERTOWN 3380 44TH STREET SW GRANDVILLE, MI 49418	LAB, IMAGING, REHAB, FAMILY PRACTICE
34 (GR) TH MEDICAL CENTER WEGE SOUTH 310 LAFAYETTE SE GRAND RAPIDS, MI 49503	IMMUNOLOGY, VASCULAR, INFECTIOUS DISEASE, AND PULMONOLOGY
35 (GR) TH MEDICAL CENTER - WALKER 1175 WILSON AVE NW WALKER, MI 49534	LAB, IMAGING, REHAB, FAMILY PRACTICE
36 (GR) TH MEDICAL GROUP - ALPINE 933 THREE MILE NW GRAND RAPIDS, MI 49504	LAB, REHAB, FAMILY PRACTICE
37 (GR) TH MEDICAL GROUP - EAST PARIS CA 1000 EAST PARIS, STE 222 GRAND RAPIDS, MI 49546	CARDIOVASCULAR
38 (GR) TH MEDICAL GROUP - HUDSONVILLE 3925 32ND AVE STE 300 HUDSONVILLE, MI 49426	FAMILY PRACTICE & URGENT CARE
39 (GR) TH MEDICAL GROUP - SPARTA 475 S STATE ST SPARTA, MI 49345	FAMILY PRACTICE CENTER
40 (GR) TH MEDICAL CENTER - CALEDONIA 10047 CROSSROADS CT SE CALEDONIA, MI 49316	LAB, IMAGING, REHAB, FAMILY PRACTICE

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**Part V Facility Information** *(continued)*

**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 82

Name and address	Type of facility (describe)
41 (GR) TH MED GROUP -BROWNING CLAYTOR 1246 MADISON SE GRAND RAPIDS, MI 49507	FAMILY PRACTICE CENTER
42 (GR) GVSU PRIMARY CARE 10383 42ND AVE A ALLENDALE, MI 49401	FAMILY PRACTICE CENTER
43 (GR) TH MEDICAL GROUP - RHEUMATOLOGY 1155 E PARIS SE STE 100 GRAND RAPIDS, MI 49546	RHEUMATOLOGY
44 (GR) HAUENSTEIN BEHAVIORAL HEALTH 220 CHERRY ST SE GRAND RAPIDS, MI 49503	GEN NEURO, MOV DISORDER, NEUROMUSCULAR, NEURO RESIDENCY
45 (GR) TH MEDICAL GROUP - SHERIDAN 301 N MAIN SHERIDAN, MI 49315	VASCULAR
46 (GR) TH MEDICAL GROUP - WYOMING 2093 HEALTH DRIVE SUITE 300 WYOMING, MI 49519	VASCULAR
47 (GR) TH MEDICAL GROUP - CHERRY 250 CHERRY ST SE GRAND RAPIDS, MI 49503	ONCOLOGY
48 (GR) TH ENDOSCOPY CENTER 310 LAFAYETTE SE STE 200 GRAND RAPIDS, MI 49503	GASTROENTEROLOGY ASC
49 (GR) TH MEDICAL GROUP - GASTROENTEROL 310 LAFAYETTE SE STE 400 GRAND RAPIDS, MI 49503	GASTROENTEROLOGY
50 (GR) ADVENT PHYSICAL THERAPY 1761 W M43 STE 3 HASTINGS, MI 49058	REHAB

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**Part V Facility Information** *(continued)*

**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 82

Name and address	Type of facility (describe)
51 (GR) ADVENT PHYSICAL THERAPY 1915 GEORGETOWN CENTER DR JENISON, MI 49428	REHAB
52 (GR) ADVENT PHYSICAL THERAPY 150 JEFFERSON SE, ST 100 GRAND RAPIDS, MI 49503	REHAB
53 (GR) ADVENT PHYSICAL THERAPY 6101 KALAMAZOO AVE SE STE B GRAND RAPIDS, MI 49505	REHAB
54 (GR) ADVENT PHYSICAL THERAPY 4085 BURTON ST SE STE 100 GRAND RAPIDS, MI 49546	REHAB
55 (GR) ADVENT PHYSICAL THERAPY 3686 32ND AVE STE 400 HUDSONVILLE, MI 49426	REHAB
56 (GR) ADVENT PHYSICAL THERAPY 545 S STATE ST STE H SPARTA, MI 49345	REHAB
57 (GR) ADVENT PHYSICAL THERAPY 9479 RILEY ST STE 210 ZEELAND, MI 49464	REHAB
58 (GR) KIDNEY TRANSPLANT SATELLITE TRAV 3537 W FRONT ST, STE A TRAVERSE CITY, MI 49684	KIDNEY TRANSPLANT CLINIC
59 (GR) KIDNEY TRANSPLANT SATELLITE MUSK 1150 E SHERMAN BLVD MUSKEGON, MI 49444	KIDNEY TRANSPLANT CLINIC
60 (GR) RAYBROOK MANOR 2100 RAYBROOK SE GRAND RAPIDS, MI 49546	GERIATRIC

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**Part V Facility Information** *(continued)*

**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 82

Name and address	Type of facility (describe)
61 (GR) BRETON REHAB AND LIVING CENTRE 2589 44TH ST SE GRAND RAPIDS, MI 49512	GERIATRIC
62 (GR) TRILLIUM WOODS 8214 PFEIFFER FARMS DR SW BYRON CENTER, MI 49315	INPATIENT HOSPICE
63 (GR) RAYBROOK ESTATES 2105 RAYBROOK STREET SE GRAND RAPIDS, MI 49546	ASSISTED LIVING
64 (OAKLAND) TH REHABILITATION 44428 WOODWARD PONTIAC, MI 48341	REHAB
65 (OAK) TH IMAGING - CLARKSTON 7210 N. MAIN STREET CLARKSTON, MI 48346	IMAGING
66 (OAK) TH IMAGING -LAKE ORION 1375 S LAPEER RD, STE.104 ORION TOWNSHIP, MI 48360	IMAGING
67 (OAK) TH IMAGING -WEST BLOOMFIELD 2300 HAGGERTY ROAD, STE 1050 WEST BLOOMFIELD, MI 48323	IMAGING
68 (OAK) TH SLEEP CENTER - OAKLAND 3100 CROSS CREEK, STE 210 AUBURN HILLS, MI 48326	SLEEP LAB
69 (OAK) TH LAB - LEXUS BUILDING 44200 WOODWARD, STE 105 PONTIAC, MI 48341	LAB
70 (OAK) TH LAB - COMMERCE TWNSHP 2630 UNION LAKE RD, STE 200 COMMERCE TOWNSHIP, MI 48382	LAB

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**Part V Facility Information** *(continued)*

**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 82

Name and address	Type of facility (describe)
71 (LIVONIA) LIVONIA MEDICAL CENTER 19000 ST JOE'S PARKWAY LIVONIA, MI 48152	PRIMARY & URGENT CARE, SURGERY, LAB, RADIOLOGY, REHAB, SPORTS MED, OB/GYN, U
72 (LIV) TRINITYELITE - SCHOOLCRAFT 18001 ST JOE'S PARKWAY LIVONIA, MI 48152	SPORTS THERAPY
73 (LIV) TRINITYELITE - NEWBURGH 13245 NEWBURGH RD LIVONIA, MI 48154	SPORTS THERAPY
74 (LIV) TRINITYELITE - SALINE 1200 WOODLAND DR E SALINE, MI 48176	SPORTS THERAPY
75 (LIV) TRINITYELITE - CHELSEA 420 N MAIN ST STE 900 CHELSEA, MI 48188	SPORTS THERAPY
76 (LIV) HURON GASTRO CENTER FOR DIGESTI 36650 FILE MILE RD LIVONIA, MI 48154	ENDOSCOPY
77 (LIV) TH FREEDOM MEDICAL 20206 FARMINGTON RD LIVONIA, MI 48152	INTERNAL MEDICINE PRACTICE
78 (LIV) TRINITY HEALTH SLEEP CENTER 14600 FARMINGTON RD LIVONIA, MI 48154	SLEEP LAB
79 (LIV) TH ACADEMIC PSYCHIATRY 37595 W SEVEN MILE RD LIVONIA, MI 48152	OUTPATIENT BEHAVIORAL SERVICES
80 (LIV) TRINITYELITE - OAKLAND 44405 WOODWARD AVE PONTIAC, MI 48341	SPORTS THERAPY

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**Part VI Supplemental Information**

Provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8, and 9b.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's FAP.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (for example, open medical staff, community board, use of surplus funds, etc.).
- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

**PART I, LINE 3C:**

IN ADDITION TO LOOKING AT A MULTIPLE OF THE FEDERAL POVERTY GUIDELINES, OTHER FACTORS ARE CONSIDERED SUCH AS THE PATIENT'S FINANCIAL STATUS AND/OR ABILITY TO PAY AS DETERMINED THROUGH THE ASSESSMENT PROCESS.

**PART I, LINE 6A:**

TRINITY HEALTH - MICHIGAN (TH-MI) REPORTS ITS COMMUNITY BENEFIT INFORMATION AS PART OF THE CONSOLIDATED COMMUNITY BENEFIT INFORMATION REPORTED BY TRINITY HEALTH (EIN 35-1443425) IN ITS AUDITED FINANCIAL STATEMENTS, AVAILABLE AT WWW.TRINITY-HEALTH.ORG.

TH-MI ALSO INCLUDES A COPY OF ITS MOST RECENTLY FILED SCHEDULE H ON TRINITY HEALTH'S WEBSITE AT WWW.TRINITY-HEALTH.ORG/OUR-IMPACT/COMMUNITY-HEALTH-AND-WELL-BEING.

**PART I, LINE 7:**

THE BEST AVAILABLE DATA WAS USED TO CALCULATE THE COST AMOUNTS REPORTED IN ITEM 7. FOR CERTAIN CATEGORIES, PRIMARILY TOTAL CHARITY CARE AND MEANS-TESTED GOVERNMENT PROGRAMS, SPECIFIC COST-TO-CHARGE RATIOS WERE CALCULATED AND APPLIED TO THOSE CATEGORIES. THE COST-TO-CHARGE RATIO WAS DERIVED FROM WORKSHEET 2, RATIO OF PATIENT CARE COST-TO-CHARGES. IN OTHER CATEGORIES, THE BEST AVAILABLE DATA WAS DERIVED FROM THE HOSPITALS' COST ACCOUNTING SYSTEM.

**PART I, LINE 7G:**

INCLUDED IN THGR SUBSIDIZED HEALTH SERVICES IS THE NET COMMUNITY BENEFIT COST ATTRIBUTED TO PHYSICIAN CLINICS OF \$9,935,642.

**REPORTED IN SUBSIDIZED HEALTH SERVICES FROM PHYSICIAN CLINICS:**

MERCY WOMEN'S CLINIC (MERCY WOMEN'S CENTER) PRACTICE NET COMMUNITY BENEFIT EXPENSE: \$953,658.

**PART I, LN 7 COL(F):**

THE FOLLOWING NUMBER, \$50,983,167, REPRESENTS THE AMOUNT OF BAD DEBT EXPENSE INCLUDED IN TOTAL FUNCTIONAL EXPENSES IN FORM 990, PART IX, LINE 25. PER IRS INSTRUCTIONS, THIS AMOUNT WAS EXCLUDED FROM THE DENOMINATOR WHEN CALCULATING THE PERCENT OF TOTAL EXPENSE FOR SCHEDULE H, PART I, LINE 7, COLUMN (F).

**Part VI** Supplemental Information (Continuation)

## PART II, COMMUNITY BUILDING ACTIVITIES:

ECONOMIC DEVELOPMENT: THGR INVESTED MONEY TO EXPLORE THE POSSIBILITY OF BUILDING HOUSING ON THE HOSPITAL CAMPUS. HOUSING IS THE NUMBER ONE PRIORITY OF THE MOST RECENT CHNA, AND CAMPUS REDEVELOPMENT TO ADDRESS THIS NEED IS BEING CONSIDERED.

COMMUNITY SUPPORT: THGR SUPPORTED THE PARTICIPATION OF PROVIDERS AND COLLEAGUES IN THE UNITED WAY DAY OF CARING, DURING WHICH THEY ENGAGED IN SERVICE PROJECTS BENEFITING THE COMMUNITY.

WORKFORCE DEVELOPMENT: THE HOSPITAL ENGAGED IN A NUMBER OF WORKFORCE DEVELOPMENT ACTIVITIES IN THE COMMUNITY, INCLUDING OFFERING HEALTH CAREER "EXPOSURE" EXPERIENCES FOR LOCAL STUDENTS, PROVIDING CAREER COACHING IN THE COMMUNITY, PARTNERING WITH A LOCAL EDUCATIONAL/TECHNICAL CENTER TO INTRODUCE STUDENTS TO HEALTH CARE CAREERS, AND PROVIDING EDUCATION ABOUT HEALTH CARE CAREERS AT A CAREER EXPLORATION EVENT FOR 9,000 LOCAL STUDENTS.

THLA CONTINUED TO SUPPORT THE DETROIT CRISTO REY SCHOOL, A COLLEGE PREPARATORY CATHOLIC HIGH SCHOOL FOR LOW-INCOME YOUTH WHO OTHERWISE WOULD NOT BE ABLE TO AFFORD PRIVATE SCHOOL, TO ADDRESS DISPARITIES IN EDUCATIONAL OUTCOMES IN DETROIT. MOST STUDENTS ARE EITHER HISPANIC OR BLACK, AND MOST OF THEM WILL BE THE FIRST IN THEIR FAMILY TO GO TO COLLEGE. STUDENTS INTERESTED IN HEALTH CARE TRADE THEIR SCHOOL UNIFORMS FOR HOSPITAL SCRUBS AT THLA FOR THEIR WORK EXPERIENCE IN THE MIRACLE OF LIFE BIRTHING CENTER ONE DAY A WEEK, BEGINNING FRESHMAN YEAR. AS A CORPORATE SPONSOR, THLA PAID 60% OF THE STUDENTS' TUITION IN THIS EDUCATIONAL MODEL THAT PREPARES STUDENTS FOR COLLEGE AND WORK.

THLA BEGAN A PARTNERSHIP WITH SOUTH REDFORD SCHOOLS' INNOVATION CENTER. STUDENTS FROM THE HEALTH SCIENCES PROGRAM WERE OFFERED OPPORTUNITIES TO COME ONSITE TO SHADOW LABORATORY STAFF.

## PART III, LINE 2:

METHODOLOGY USED FOR LINE 2 - ANY DISCOUNTS PROVIDED OR PAYMENTS MADE TO A PARTICULAR PATIENT ACCOUNT ARE APPLIED TO THAT PATIENT ACCOUNT PRIOR TO ANY BAD DEBT WRITE-OFF AND ARE THUS NOT INCLUDED IN BAD DEBT EXPENSE. AS A RESULT OF THE PAYMENT AND ADJUSTMENT ACTIVITY BEING POSTED TO BAD DEBT ACCOUNTS, WE ARE ABLE TO REPORT BAD DEBT EXPENSE NET OF THESE TRANSACTIONS.

## PART III, LINE 3:

TH-MI USES A PREDICTIVE MODEL THAT INCORPORATES THREE DISTINCT VARIABLES IN COMBINATION TO PREDICT WHETHER A PATIENT QUALIFIES FOR FINANCIAL ASSISTANCE: (1) SOCIO-ECONOMIC SCORE, (2) ESTIMATED FEDERAL POVERTY LEVEL (FPL), AND (3) HOMEOWNERSHIP. BASED ON THE MODEL, CHARITY CARE CAN STILL BE EXTENDED TO PATIENTS EVEN IF THEY HAVE NOT RESPONDED TO FINANCIAL COUNSELING EFFORTS AND ALL OTHER FUNDING SOURCES HAVE BEEN EXHAUSTED. FOR FINANCIAL STATEMENT PURPOSES, TH-MI IS RECORDING AMOUNTS AS CHARITY CARE (INSTEAD OF BAD DEBT EXPENSE) BASED ON THE RESULTS OF THE PREDICTIVE MODEL. THEREFORE, TH-MI IS REPORTING ZERO ON LINE 3, SINCE THEORETICALLY ANY POTENTIAL CHARITY CARE SHOULD HAVE BEEN IDENTIFIED THROUGH THE PREDICTIVE MODEL.

## PART III, LINE 4:

**Part VI** Supplemental Information (Continuation)

TH-MI IS INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF TRINITY HEALTH. THE FOLLOWING IS THE TEXT OF THE PATIENT ACCOUNTS RECEIVABLE, ESTIMATED RECEIVABLES FROM AND PAYABLES TO THIRD-PARTY PAYERS FOOTNOTE FROM PAGE 14 OF THOSE STATEMENTS: "AN UNCONDITIONAL RIGHT TO PAYMENT, SUBJECT ONLY TO THE PASSAGE OF TIME IS TREATED AS A RECEIVABLE. PATIENT ACCOUNTS RECEIVABLE, INCLUDING BILLED ACCOUNTS AND UNBILLED ACCOUNTS FOR WHICH THERE IS AN UNCONDITIONAL RIGHT TO PAYMENT, AND ESTIMATED AMOUNTS DUE FROM THIRD-PARTY PAYERS FOR RETROACTIVE ADJUSTMENTS, ARE RECEIVABLES IF THE RIGHT TO CONSIDERATION IS UNCONDITIONAL AND ONLY THE PASSAGE OF TIME IS REQUIRED BEFORE PAYMENT OF THAT CONSIDERATION IS DUE. FOR PATIENT ACCOUNTS RECEIVABLE, THE ESTIMATED UNCOLLECTABLE AMOUNTS ARE GENERALLY CONSIDERED IMPLICIT PRICE CONCESSIONS THAT ARE A DIRECT REDUCTION TO PATIENT SERVICE REVENUE AND ACCOUNTS RECEIVABLE.

THE CORPORATION HAS AGREEMENTS WITH THIRD-PARTY PAYERS THAT PROVIDE FOR PAYMENTS TO THE CORPORATION'S HEALTH MINISTRIES AT AMOUNTS DIFFERENT FROM ESTABLISHED RATES. ESTIMATED RETROACTIVE ADJUSTMENTS UNDER REIMBURSEMENT AGREEMENTS WITH THIRD-PARTY PAYERS AND OTHER CHANGES IN ESTIMATES ARE INCLUDED IN NET PATIENT SERVICE REVENUE AND ESTIMATED RECEIVABLES FROM AND PAYABLES TO THIRD-PARTY PAYERS. RETROACTIVE ADJUSTMENTS ARE ACCRUED ON AN ESTIMATED BASIS IN THE PERIOD THE RELATED SERVICES ARE RENDERED AND ADJUSTED IN FUTURE PERIODS, AS FINAL SETTLEMENTS ARE DETERMINED. ESTIMATED RECEIVABLES FROM THIRD-PARTY PAYERS ALSO INCLUDES AMOUNTS RECEIVABLE UNDER STATE MEDICAID PROVIDER TAX PROGRAMS."

## PART III, LINE 5:

TOTAL MEDICARE REVENUE REPORTED IN PART III, LINE 5 HAS BEEN REDUCED BY THE TWO PERCENT SEQUESTRATION REDUCTION.

## PART III, LINE 8:

THE IRS COMMUNITY BENEFIT OBJECTIVES INCLUDE RELIEVING OR REDUCING THE BURDEN OF GOVERNMENT TO IMPROVE HEALTH. TREATING MEDICARE PATIENTS CREATES SHORTFALLS THAT MUST BE ABSORBED BY HOSPITALS, WHICH PROVIDE CARE REGARDLESS OF THIS SHORTFALL AND THEREBY RELIEVE THE FEDERAL GOVERNMENT OF THE BURDEN OF PAYING THE FULL COST FOR MEDICARE BENEFICIARIES. THEREFORE, THE HOSPITAL BELIEVES ANY MEDICARE SHORTFALL SHOULD BE CONSIDERED COMMUNITY BENEFIT. TRINITY HEALTH AND ITS HOSPITALS REPORT AS COMMUNITY IMPACT THE LOSS ON MEDICARE AND A HOST OF MANY OTHER EXPENSES DESIGNED TO SERVE PEOPLE EXPERIENCING POVERTY IN OUR COMMUNITIES. SEE SCHEDULE H, PART VI, LINE 5 FOR MORE INFORMATION.

PART III, LINE 8: COSTING METHODOLOGY FOR LINE 6 - MEDICARE COSTS WERE OBTAINED FROM THE FILED MEDICARE COST REPORT. THE COSTS ARE BASED ON MEDICARE ALLOWABLE COSTS AS REPORTED ON WORKSHEET B, COLUMN 26, WHICH EXCLUDE DIRECT MEDICAL EDUCATION COSTS. INPATIENT MEDICARE COSTS ARE CALCULATED BASED ON A COMBINATION OF ALLOWABLE COST PER DAY TIMES MEDICARE DAYS FOR ROUTINE SERVICES AND COST TO CHARGE RATIO TIMES MEDICARE CHARGES FOR ANCILLARY SERVICES. OUTPATIENT MEDICARE COSTS ARE CALCULATED BASED ON COST TO CHARGE RATIO TIMES MEDICARE CHARGES BY ANCILLARY DEPARTMENT.

## PART III, LINE 9B:

THE HOSPITAL'S COLLECTION POLICY CONTAINS PROVISIONS ON THE COLLECTION PRACTICES TO BE FOLLOWED FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR FINANCIAL ASSISTANCE. CHARITY DISCOUNTS ARE APPLIED TO THE AMOUNTS THAT QUALIFY FOR FINANCIAL ASSISTANCE. THE HOSPITAL HAS IMPLEMENTED BILLING AND COLLECTION PRACTICES FOR PATIENT PAYMENT OBLIGATIONS THAT ARE FAIR,

**Part VI** Supplemental Information (Continuation)

CONSISTENT AND COMPLIANT WITH STATE AND FEDERAL REGULATIONS.

## PART VI, LINE 2:

NEEDS ASSESSMENT - THE HOSPITALS IN TH-MI ASSESS THE HEALTH STATUS OF THEIR COMMUNITIES, IN PARTNERSHIP WITH COMMUNITY COALITIONS, AS PART OF THE NORMAL COURSE OF OPERATIONS AND IN THE CONTINUOUS EFFORTS TO IMPROVE PATIENT CARE AND THE HEALTH OF THEIR OVERALL COMMUNITIES. IN THE ASSESSMENT OF THEIR COMMUNITIES, THE HOSPITALS MAY USE PATIENT DATA, PUBLIC HEALTH DATA, COMMITTEE MEETINGS WITH MEDICAL STAFF (PHYSICIANS) AND DEPARTMENT STAFF, ANNUAL COUNTY HEALTH RANKINGS, MARKET STUDIES, AND GEOGRAPHICAL MAPS SHOWING AREAS OF HIGH UTILIZATION FOR EMERGENCY SERVICES AND INPATIENT CARE, WHICH MAY INDICATE POPULATIONS OF INDIVIDUALS WHO DO NOT HAVE ACCESS TO PREVENTATIVE SERVICES OR ARE UNINSURED.

IN ADDITION, A TRINITY HEALTH LIVONIA HOSPITAL REPRESENTATIVE SERVED ON THE WAYNE COUNTY HEALTH, HUMAN AND VETERAN'S SERVICES COMMUNITY HEALTH ASSESSMENT STEERING COMMITTEE.

## PART VI, LINE 3:

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE - TH-MI COMMUNICATES EFFECTIVELY WITH PATIENTS REGARDING PATIENT PAYMENT OBLIGATIONS. FINANCIAL COUNSELING IS OFFERED TO PATIENTS ABOUT THEIR PAYMENT OBLIGATIONS AND HEALTH CARE BILLS. INFORMATION ON HOSPITAL-BASED FINANCIAL SUPPORT POLICIES, FEDERAL, STATE, AND LOCAL GOVERNMENT PROGRAMS, AND OTHER COMMUNITY-BASED CHARITABLE PROGRAMS THAT PROVIDE COVERAGE FOR SERVICES ARE MADE AVAILABLE TO PATIENTS DURING THE PRE-REGISTRATION AND REGISTRATION PROCESSES AND/OR THROUGH COMMUNICATIONS WITH PATIENTS SEEKING FINANCIAL ASSISTANCE.

FINANCIAL COUNSELORS MAKE AFFIRMATIVE EFFORTS TO HELP PATIENTS APPLY FOR PUBLIC AND PRIVATE PROGRAMS FOR WHICH THEY MAY QUALIFY AND THAT MAY ASSIST THEM IN OBTAINING AND PAYING FOR HEALTH CARE SERVICES. EVERY EFFORT IS MADE TO DETERMINE A PATIENT'S ELIGIBILITY FOR FINANCIAL SUPPORT PRIOR TO OR AT THE TIME OF ADMISSION OR SERVICE.

TH-MI OFFERS FINANCIAL SUPPORT TO PATIENTS WITH LIMITED MEANS. NOTIFICATION ABOUT FINANCIAL ASSISTANCE AND GOVERNMENT PROGRAMS, INCLUDING CONTACT INFORMATION, IS AVAILABLE THROUGH PATIENT BROCHURES, MESSAGES ON PATIENT BILLS, POSTED NOTICES IN PUBLIC REGISTRATION AREAS INCLUDING EMERGENCY ROOMS, ADMITTING AND REGISTRATION DEPARTMENTS, AND OTHER PATIENT FINANCIAL SERVICES OFFICES. SUMMARIES OF HOSPITAL PROGRAMS ARE MADE AVAILABLE TO APPROPRIATE COMMUNITY HEALTH AND HUMAN SERVICES AGENCIES AND OTHER ORGANIZATIONS THAT ASSIST PEOPLE IN NEED. INFORMATION REGARDING FINANCIAL ASSISTANCE AND GOVERNMENT PROGRAMS IS ALSO AVAILABLE ON HOSPITAL WEBSITES. IN ADDITION TO ENGLISH, THIS INFORMATION IS ALSO AVAILABLE IN OTHER LANGUAGES AS REQUIRED BY INTERNAL REVENUE CODE SECTION 501(R), REFLECTING OTHER PRIMARY LANGUAGES SPOKEN BY THE POPULATION SERVICED BY OUR HOSPITALS.

## PART VI, LINE 4:

TRINITY HEALTH ANN ARBOR HOSPITAL:  
TRINITY HEALTH ANN ARBOR, CHELSEA HOSPITAL, AND U-M HEALTH ARE ALL HOSPITALS LOCATED WITHIN WASHTENAW COUNTY. THESE THREE NON-PROFIT HOSPITALS PARTNERED TOGETHER AND ESTABLISHED THE UNITE COALITION, WHICH DEFINED "COMMUNITY" AS GREATER WASHTENAW COUNTY: WASHTENAW COUNTY, GRASS LAKE, AND STOCKBRIDGE. LOCATED IN THE SOUTHEAST MICHIGAN REGION, GREATER

**Part VI** Supplemental Information (Continuation)

WASHTENAW COUNTY INCLUDES URBAN, SUBURBAN, AND RURAL COMMUNITIES THAT ARE HOME TO APPROXIMATELY 385,700 RESIDENTS IN SIX CITIES, 24 TOWNSHIPS AND FOUR VILLAGES.

RESIDENTS OF GREATER WASHTENAW COUNTY IDENTIFY AS WHITE (69.6%), BLACK/AFRICAN AMERICAN (11.0%), ASIAN (8.8%), HISPANIC OR LATINX (5.0%), AMERICAN INDIAN AND ALASKA NATIVE (0.2%), AND NATIVE HAWAIIAN AND OTHER PACIFIC ISLANDER (0.03%). THE PERCENTAGE OF PEOPLE WHO IDENTIFY AS A RACE OTHER THAN THE DESCRIBED OPTIONS IS 0.04%.

INCOME AND POVERTY ARE SIGNIFICANT INDICATORS OF HEALTH AND LIFE EXPECTANCY. THE MEDIAN HOUSEHOLD INCOME FOR WASHTENAW COUNTY (\$84,245) IS HIGHER THAN THE STATE OF MICHIGAN (\$68,505) AND THE UNITED STATES (\$75,149). WHILE THIS DATA IMPLIES HIGH RATES OF PROSPERITY FOR RESIDENTS ACROSS GREATER WASHTENAW COUNTY, THERE REMAINS POPULATIONS THAT EXPERIENCE POVERTY. APPROXIMATELY 13.8% OF WASHTENAW COUNTY RESIDENTS EARN LESS THAN THE FEDERAL POVERTY LEVEL (FPL) THRESHOLDS: 3.7% AND 6.6% OF RESIDENTS FOR GRASS LAKE AND STOCKBRIDGE RESPECTIVELY. IN 2023, THE FPL WAS \$14,580 FOR AN INDIVIDUAL AND \$30,000 FOR A FAMILY OF FOUR.

## TRINITY HEALTH GRAND RAPIDS HOSPITAL:

THGR SERVES AN EIGHT COUNTY AREA IN WEST MICHIGAN. THE PRIMARY SERVICE AREA IS KENT COUNTY. THE SECONDARY SERVICE AREA INCLUDES OTTAWA, MUSKEGON, NEWAYGO, MONTCALM, IONIA, BARRY, AND ALLEGAN COUNTIES.

## DEMOGRAPHIC INFORMATION FOR THE PRIMARY AND SECONDARY SERVICE AREAS:

- ESTIMATED 2024 POPULATION IS 1,284,616
- AVERAGE AGE IS 39.2 YEARS
- AVERAGE HOUSEHOLD INCOME IS \$99,498
- 74% WHITE (NON-HISPANIC), 11% HISPANIC, 8% BLACK, 3% ASIAN AND PACIFIC ISLAND (NON-HISPANIC), 5% OTHER
- 91% SPEAK ONLY ENGLISH AT HOME, 6% SPEAK SPANISH AT HOME
- 3% HAVE LESS THAN A HIGH SCHOOL EDUCATION, 5% HAVE SOME HIGH SCHOOL, 28% HAVE GRADUATED HIGH SCHOOL, 32% HAVE SOME COLLEGE OR AN ASSOCIATE'S DEGREE, 32% HAVE A BACHELOR'S DEGREE OR MORE

## ADDITIONAL HEALTH CARE RESOURCES INCLUDE UNIVERSITY OF MICHIGAN

HEALTH-WEST, COREWELL HEALTH (TWO HOSPITAL CAMPUSES), MARY FREE BED REHABILITATION HOSPITAL, AND TWO FREESTANDING PSYCHIATRIC HOSPITALS: PINE REST CHRISTIAN MENTAL HEALTH SERVICES AND FOREST VIEW HOSPITAL.

## TRINITY HEALTH OAKLAND HOSPITAL:

THOA IS LOCATED IN PONTIAC, THE HEART OF OAKLAND COUNTY. ITS PRIMARY SERVICE AREA ENCOMPASSES ZIP CODES WHERE AT LEAST 75% OF CURRENT OUTPATIENT AND EMERGENCY DEPARTMENT PATIENTS RESIDE. THESE AREAS INCLUDE PONTIAC, WATERFORD, CLARKSTON, AUBURN HILLS, OXFORD, WHITE LAKE, BLOOMFIELD HILLS, ORTONVILLE, AND LAKE ORION. THOA'S SERVICE AREA HAS A POPULATION OF APPROXIMATELY 296,800 RESIDENTS AND INCLUDES 21 ZIP CODES.

PONTIAC IS UNIQUE BECAUSE IT IS AN AREA WITH HIGH POVERTY SURROUNDED BY AFFLUENT COMMUNITIES, CREATING A SILO OF UNDERSERVED RESIDENTS. PONTIAC HAS A 27% CHILDHOOD POVERTY RATE AND AN 18% OVERALL POVERTY RATE, WHICH IS HIGHER THAN THE STATE POVERTY RATE OF 14%. THERE IS AN 18-YEAR LIFE EXPECTANCY GAP BETWEEN PONTIAC AND THE SURROUNDING COMMUNITIES. THE MEDIAN FAMILY INCOME FOR PONTIAC IS \$40,456, COMPARED TO \$102,947 FOR OAKLAND COUNTY AND \$72,600 FOR MICHIGAN. PONTIAC IS THE ONLY FEDERALLY DESIGNATED

**Part VI** Supplemental Information (Continuation)**MEDICALLY UNDERSERVED COMMUNITY IN OAKLAND COUNTY.**

THOA'S SERVICE AREA HAS AN EVEN DISTRIBUTION BETWEEN MALES (53%) AND FEMALES (45%). THE MEDIAN AGE IS 41 WITH THE LARGEST GROUP BEING BETWEEN THE AGES OF 18 AND 64 (63%) FOLLOWED BY CHILDREN BETWEEN AGE 5 TO 17 (16.65%). ADULTS AGE 65 AND OVER WERE 11.6% OF THE POPULATION WHILE YOUTH AGES 0-4 MAKE UP THE SMALLEST GROUP (8.6%).

THOA'S NON-HISPANIC POPULATION IS 85%, AND THE HISPANIC LATINX POPULATION IS 12.3%. THOA'S SERVICE AREA DEMOGRAPHICS INDICATE INCREASES IN POPULATIONS OF COLOR. PONTIAC RESIDENTS WHO IDENTIFY AS AFRICAN AMERICAN REFLECT 56% OF THE POPULATION, WHILE 17.6% REPRESENT AS WHITE, FOLLOWED BY 20% OF MULTIPLE RACES. PONTIAC RESIDENTS WHO IDENTIFY AS HISPANIC OR LATINX REPRESENTED 19.2% OF THE POPULATION, ONE OF THE HIGHEST PERCENTAGES IN OAKLAND COUNTY.

**TRINITY HEALTH LIVONIA HOSPITAL:**

LOCATED IN WESTERN WAYNE COUNTY, THE SERVICE AREA OF THLA FOR THIS COMMUNITY HEALTH NEEDS ASSESSMENT WAS DEFINED AS THE ZIP CODES IN WHICH PATIENTS MAKING UP 75% OF OUTPATIENT EMERGENCY ROOM VISITS RESIDE. THIS INCLUDES ZIP CODES OF WESTLAND, CANTON, LIVONIA, NORTHVILLE, PLYMOUTH, REDFORD, AND GARDEN CITY. IN ADDITION, ZIP CODES WERE ADDED FOR DEARBORN HEIGHTS, INKSTER AND TWO COMMUNITIES IN DETROIT WHICH MAKE UP THE NEXT 6% OF EMERGENCY ROOM VISITS AND HAD THE HIGHEST INCREASE IN VISITS FROM THE PREVIOUS YEAR. THE POPULATION OF ALL 17 ZIP CODES IS APPROXIMATELY 613,900.

WHITE INDIVIDUALS MAKE UP 60.28% OF THE POPULATION OF THE SERVICE AREA, BLACK OR AFRICAN AMERICAN INDIVIDUALS MAKE UP 27.42%, ASIAN INDIVIDUALS MAKE UP 5.82%, AMERICAN INDIAN OR ALASKA NATIVE MAKE UP 0.24%, NATIVE HAWAIIAN OR PACIFIC ISLANDER INDIVIDUALS MAKE UP 0.01%, AND THOSE WHO IDENTIFY WITH MORE THAN ONE RACE MAKE UP 5.07%. THE NON-HISPANIC POPULATION IN THIS AREA IS 96.03%, AND THE HISPANIC OR LATINX POPULATION IS 3.97%. THESE DEMOGRAPHICS INDICATE AN INCREASE IN BLACK, INDIGENOUS, PEOPLE OF COLOR (BIPOC) RESIDENTS OF THE TRINITY HEALTH LIVONIA SERVICE AREA.

**TRINITY HEALTH LIVINGSTON HOSPITAL:**

THE SERVICE AREA FOR THLN IS DEFINED AS LIVINGSTON COUNTY, WHERE THE MAJORITY OF THE HOSPITAL'S PATIENTS RESIDE. SITUATED ON THE SOUTHEASTERN SIDE OF MICHIGAN, LIVINGSTON COUNTY IS BORDERED BY WASHTENAW, GENESEE, SHIAWASSEE, OAKLAND, INGHAM, AND JACKSON COUNTIES. ACCORDING TO THE LATEST CENSUS BUREAU ESTIMATES, THE COUNTY'S POPULATION STANDS AT APPROXIMATELY 194,300, REFLECTING A MODEST INCREASE SINCE THE PREVIOUS COMMUNITY HEALTH NEEDS ASSESSMENT CYCLE.

LIVINGSTON COUNTY IS COMPOSED OF MOSTLY SUBURBAN AND RURAL COMMUNITIES WITH THREE CITIES, 16 TOWNSHIPS AND TWO VILLAGES. MOST RESIDENTS IN LIVINGSTON COUNTY IDENTIFY AS WHITE (93.9%). OTHER RACES INCLUDE BLACK OR AFRICAN AMERICAN, AMERICAN INDIAN ALASKA NATIVE, AND ASIAN, WITH EACH OF THESE GROUPS REPRESENTING LESS THAN 1% OF LIVINGSTON'S RESIDENTS. THOSE WHO IDENTIFIED AS HAVING TWO OR MORE RACES REPRESENTED 2.2% OF THE POPULATION. APPROXIMATELY 2.7% OF LIVINGSTON'S RESIDENTS IDENTIFY AS HISPANIC OR LATINX ETHNICITY (SOURCE: US CENSUS).

WHILE THE MEDIAN HOUSEHOLD INCOME FOR LIVINGSTON COUNTY IS \$96,135,

Schedule H (Form 990)

**Part VI** Supplemental Information (Continuation)

POVERTY IS STILL PRESENT FOR SOME INDIVIDUALS AND FAMILIES IN LIVINGSTON COUNTY WITH AN ESTIMATED 9,362 (4.9%) PEOPLE LIVING BELOW THE FEDERAL POVERTY LEVEL (FPL). IN 2023, THE FPL WAS \$14,580 FOR AN INDIVIDUAL AND \$30,000 FOR A FAMILY OF FOUR. ADDITIONALLY, 14.9% (28,651) OF THE POPULATION IN LIVINGSTON COUNTY HAS A LOW INCOME, DEFINED AS EARNING 200% OR LESS OF THE POVERTY LEVEL.

## PART VI, LINE 5:

## PROMOTION OF COMMUNITY HEALTH:

TH-MI HOSPITALS COLLABORATE WITH OTHERS IN THE COMMUNITY TO ACHIEVE IMPROVEMENTS IN HEALTH AND ACCESS TO HEALTH CARE.

## TRINITY HEALTH ANN ARBOR HOSPITAL:

THAA IS A PROUD FINANCIAL AND IN-KIND SUPPORTER OF THE WASHTENAW HEALTH PROJECT (WHP). WHP REPRESENTS A PARTNERSHIP BETWEEN WASHTENAW COUNTY, U-M HEALTH, AND THAA TO PROVIDE PRIMARY MEDICAL CARE SERVICES FOR THE MOST VULNERABLE AND DISENFRANCHISED IN THE COMMUNITY. THE HOSPITALS OFFER FREE OR REDUCED-FEE CLINICAL SERVICES TO FURTHER ALLEVIATE BARRIERS TO CARE.

IN A COMMITMENT TO STRENGTHENING SOCIAL CARE INFRASTRUCTURE, THAA CO-FOUNDED THE WASHTENAW/LIVINGSTON COMMUNITY HEALTH WORKER (CHW) COALITION. THIS INITIATIVE AIMS TO ENHANCE THE COMMUNITY'S CAPACITY TO ADDRESS HEALTH DISPARITIES AND SUSTAIN IMPACTFUL CHW PROGRAMS. COMPLEMENTING THIS EFFORT, THE FINDHELP COMMUNITY RESOURCE DIRECTORY ENABLES RESIDENTS TO SWIFTLY LOCATE VITAL FREE OR REDUCED-FEE COMMUNITY-BASED SOCIAL CARE RESOURCES.

FURTHERMORE, THAA EXTENDED CLINICAL STAFF SUPPORT TO LOCAL ORGANIZATIONS LIKE CORNER HEALTH TO PROVIDE SUBSIDIZED CARE OPPORTUNITIES. THAA AND TRINITY HEALTH IHA MEDICAL GROUP COLLABORATED CLOSELY WITH EASTERN MICHIGAN UNIVERSITY TO OPERATE A CLINIC LOCATED NEAR THE UNIVERSITY CAMPUS, AS WELL AS IN NEARBY ZIP CODES IDENTIFIED AS EXPERIENCING SIGNIFICANT GAPS IN HEALTH CARE ACCESS. THIS PARTNERSHIP IS DESIGNED TO PROVIDE ESSENTIAL MEDICAL SERVICES TO UNDERSERVED POPULATIONS, ENSURING THAT INDIVIDUALS IN THESE AREAS RECEIVE THE COMPREHENSIVE CARE THEY NEED.

## TRINITY HEALTH GRAND RAPIDS HOSPITAL:

THGR IS WELL-INTEGRATED IN THE COMMUNITY, WITH A REPUTATION FOR PARTNERSHIP AND COLLABORATION. THE HOSPITAL HAD REPRESENTATION ON MULTIPLE COMMUNITY COALITIONS, BOARDS, AND COMMITTEES, INCLUDING THE KENT COUNTY ESSENTIAL NEEDS TASK FORCE, THE KENT COUNTY HEALTH EQUITY COUNCIL ADVISORY BOARD, THE KENT COUNTY HEALTH EQUITY COUNCIL MENTAL HEALTH ACTION TEAM, THE GRAND RAPIDS AFRICAN AMERICAN HEALTH INSTITUTE WORK GROUP FOR MATERNAL/INFANT HEALTH, AND HEALTH NET OF WEST MICHIGAN.

THGR OFFERED HEALTH EDUCATION TO THE COMMUNITY SUCH AS BASIC FIRST AID TRAINING OFFERED TO THE PUBLIC FREE OF CHARGE MULTIPLE TIMES PER YEAR AND HAND-ONLY CPR TRAINING TO MANY INDIVIDUALS AND ORGANIZATIONS IN THE COMMUNITY.

THGR USED ITS FINANCIAL RESOURCES TO SUPPORT COMMUNITY ORGANIZATIONS PROMOTING HEALTH AND WELLNESS IN THE COMMUNITY. SOME RECIPIENTS INCLUDED: GRAND RAPIDS AFRICAN AMERICAN HEALTH INSTITUTE, GRAND RAPIDS LGBTQ HEALTH CARE CONSORTIUM, EXALTA HEALTH, CATHERINE'S HEALTH CENTER, CHERRY HEALTH, DISABILITY ADVOCATES, AND HABITAT FOR HUMANITY.

**Part VI** Supplemental Information (Continuation)

THGR FOCUSED ON HEALTH EQUITY AND ON ADDRESSING THE SOCIAL INFLUENCERS OF HEALTH IMPACTING THE COMMUNITY. MORE THAN 130,000 INDIVIDUALS WERE SCREENED FOR SOCIAL NEEDS AND WERE LINKED TO RESOURCES THROUGH AN ONLINE DIRECTORY.

THGR ENGAGED IN THE FOLLOWING ACTIVITIES TO ADDRESS MENTAL HEALTH: HIRED ADDITIONAL PSYCHIATRIC PROVIDERS TO DOUBLE CAPACITY FOR OUTPATIENT PSYCHIATRY SERVICES; INCREASED CAPACITY TO PROVIDE ELECTROCONVULSIVE THERAPY (ECT) TO INDIVIDUALS EXPERIENCING COMORBIDITIES WHO WOULD OTHERWISE HAVE NEEDED TO RECEIVE CARE OUTSIDE OF THEIR COMMUNITY; HIRED AN ADDITIONAL PROVIDER FOR RECOVERY MEDICINE PROGRAM; BOLSTERED RECOVERY MEDICINE FELLOWSHIP PROGRAM, PROVIDING CARE AND SUPPORT TO INDIVIDUALS EXPERIENCING SUBSTANCE USE DISORDERS, AND ENSURING A FUTURE WORKFORCE OF PROVIDERS; PARTNERED WITH LOCAL OPIOID TASKFORCE TO RECEIVE AND IMPLEMENT ADDITIONAL NALOXONE BOXES AVAILABLE TO THE COMMUNITY; PROVIDED A COMMUNITY IMPACT GRANT TO PUERTAS ABIERTAS; AND IMPLEMENTED QUESTION, PERSUADE AND REFER (QPR) EDUCATION FOR COLLEAGUES, EQUIPPING THEM TO SUPPORT INDIVIDUALS EXPERIENCING MENTAL HEALTH CRISIS. THGR OPERATED A 28-BED PSYCHIATRIC MEDICAL UNIT ON ITS MAIN CAMPUS, A PROGRAM WITH THE UNIQUE ABILITY TO CARE FOR PATIENTS WHO REQUIRE BOTH PSYCHIATRIC AND MEDICAL ADMISSION TO THE HOSPITAL. THE HOSPITAL ALSO PARTNERED WITH COMMUNITY MENTAL HEALTH TO OPERATE A BEHAVIORAL HEALTH CRISIS CENTER AND CRISIS STABILIZATION UNIT ON THE HOSPITAL CAMPUS, A "PAYER-BLIND" PROGRAM, SUPPORTING INDIVIDUALS EXPERIENCING MENTAL HEALTH CRISIS.

## TRINITY HEALTH OAKLAND HOSPITAL:

THOA EMPLOYS CHW'S WHO ARE TRUSTED MEMBERS OF THE COMMUNITY WITH A STRONG UNDERSTANDING OF COMMUNITY NEEDS AND RESOURCES AND CAN ASSIST PATIENTS AND COMMUNITY MEMBERS WITH SOCIAL SERVICES. ADDITIONALLY, THE COMMUNITY RESOURCE DIRECTORY IS AVAILABLE TO THE COMMUNITY TO QUICKLY LOCATE COMMUNITY-BASED SOCIAL CARE RESOURCES THROUGH THE FINDHELP PLATFORM.

THOA'S INJURY PREVENTION PROGRAM COLLABORATES WITH COMMUNITY PARTNERS TO REDUCE PREVENTABLE INJURIES SUCH AS TRAFFIC ACCIDENTS, DROWNINGS, FALLS, BURNS, POISONINGS, AND MORE. EVIDENCE-BASED EDUCATION INITIATIVES INCLUDE STOP THE BLEED FOR HEMORRHAGE CONTROL, A MATTER OF BALANCE TO REDUCE FALL RISK AMONG OLDER ADULTS, AND CAR SEAT SAFETY EDUCATION TO PROMOTE CHILD PASSENGER SAFETY.

THOA RECEIVED FUNDING THROUGH THE TRANSFORMING COMMUNITIES INITIATIVE (TCI) GRANT FROM TRINITY HEALTH TO ADDRESS EQUITY AND THE ADVANCEMENT OF COMMUNITY PARTNERSHIPS THAT ACCELERATE COMMUNITY HEALTH IMPROVEMENT ACTIVITIES IN THE HOSPITAL'S SERVICE AREA. THOA PARTNERED WITH THE OAKLAND LIVINGSTON HUMAN SERVICE AGENCY (OLHSA) TO ADVANCE HOUSING AND COMMUNITY SAFETY IN THE CITY OF PONTIAC. OLHSA, WITH SUPPORT FROM TAMEKA RAMSEY AND ASSOCIATES, DEVELOPED A ROOT CAUSE ANALYSIS AND COMMUNITY ACTION PLAN TO GUIDE FUNDING AND TECHNICAL SUPPORT. IN FY25, 15 RESIDENTS PARTICIPATED IN TRAINING AND POLICY DEVELOPMENT COHORTS TO RAISE AWARENESS AND EDUCATION AROUND HOUSING SOLUTIONS.

DURING FY25, THOA HOSTED TWO COHORTS OF THE CDC-RECOGNIZED DIABETES PREVENTION PROGRAM, ENGAGING 18 PARTICIPANTS WHO COLLECTIVELY ACHIEVED A TOTAL WEIGHT LOSS OF 196 POUNDS. THIS EVIDENCE-BASED LIFESTYLE CHANGE INITIATIVE OFFERS FREE EDUCATION AND RESOURCES FOCUSED ON INCREASING PHYSICAL ACTIVITY, MANAGING STRESS, AND PROMOTING SUSTAINABLE WEIGHT LOSS. PARTICIPANTS ALSO LEARN PRACTICAL STRATEGIES TO STAY MOTIVATED AND

**Part VI** Supplemental Information (Continuation)**MAINTAIN LONG-TERM HEALTH IMPROVEMENTS.**

THOUGH NOT A NEED IDENTIFIED IN THE FY25 CHNA, THOA CONTINUED ADDRESSING MATERNAL HEALTH, A NEED IN THE PRIOR CHNA. THE MOTHER BABY UNIT HAS A SOCIAL WORKER TO ASSIST NEW MOTHERS WITH MATERNAL RESOURCE ACCESS AND RELEVANT SOCIAL SUPPORT NEEDS AND A PEER SUPPORT COUNSELOR TO ASSIST NEW MOTHERS WITH A SUBSTANCE USE CONDITION AND THEIR BABIES NAVIGATE SOCIAL AND MEDICAL NEEDS. AS A CERTIFIED "BABY-FRIENDLY" HOSPITAL, THOA ACTIVELY PROMOTES BREASTFEEDING AND MOTHER/BABY BONDING. LACTATION COUNSELING IS PROVIDED DURING WEEKLY BREASTFEEDING SUPPORT GROUP SESSIONS, WHICH SERVED 374 MOTHERS IN FY25.

**TRINITY HEALTH LIVINGSTON HOSPITAL:**

THLN ACTIVELY SUPPORTS COMMUNITY ENTITIES, INCLUDING LIVINGSTON COUNTY HEALTH DEPARTMENT, LIVINGSTON COUNTY CATHOLIC CHARITIES (WHICH HOUSES THE LIVINGSTON COUNTY COMMUNITY ALLIANCE), LIVINGSTON COUNTY COMMUNITY MENTAL HEALTH, AND THE LOCAL HUMAN SERVICES COLLABORATIVE BODY. SUPPORT FOR THESE ORGANIZATIONS INCLUDES FUNDING, MEMBERSHIP, AND CONNECTION TO HEALTH CARE SYSTEM OPERATIONS WHEN APPROPRIATE.

THLN EMPLOYS COMMUNITY HEALTH WORKERS (CHW) TO ADDRESS THE CHNA IMPLEMENTATION PRIORITY NEEDS AMONG PATIENTS AND COMMUNITY MEMBERS. CHW'S ARE TRUSTED MEMBERS OF THE COMMUNITY WHO HAVE A STRONG UNDERSTANDING OF COMMUNITY RESOURCES AND CAN ASSIST WITH SOCIAL SERVICES. THLN CO-FOUNDED THE WASHTENAW/LIVINGSTON COMMUNITY HEALTH WORKER COALITION TO CREATE A STRONGER SOCIAL CARE INFRASTRUCTURE TO BETTER ADDRESS THE NEEDS OF THE COMMUNITY AND SUSTAIN CHW PROGRAMS. ADDITIONALLY, THE COMMUNITY RESOURCE DIRECTORY IS AVAILABLE TO THE COMMUNITY TO QUICKLY LOCATE COMMUNITY-BASED SOCIAL CARE RESOURCES THROUGH THE FINDHELP PLATFORM.

IN FY25, TRINITY HEALTH ASSESSED THE TOTAL IMPACT ITS HOSPITALS HAVE ON COMMUNITY HEALTH. THIS ASSESSMENT INCLUDES TRADITIONAL COMMUNITY BENEFIT AS REPORTED IN PART I, COMMUNITY BUILDING AS REPORTED IN PART II, THE SHORTFALL ON MEDICARE SERVICES AS REPORTED IN PART III, AS WELL AS EXPENSES THAT ARE EXCLUDED FROM THE PART I COMMUNITY BENEFIT CALCULATION BECAUSE THEY ARE OFFSET BY EXTERNAL FUNDING. ALSO INCLUDED ARE ALL COMMUNITY HEALTH WORKERS, INCLUDING THOSE OPERATING IN OUR CLINICALLY INTEGRATED NETWORKS. OUR GOAL IN SHARING THE COMMUNITY IMPACT IS TO DEMONSTRATE HOW OUR CATHOLIC NOT-FOR-PROFIT HEALTH SYSTEM MAKES A DIFFERENCE IN THE COMMUNITIES WE SERVE - FOCUSING ON IMPACTING PEOPLE EXPERIENCING POVERTY - THROUGH FINANCIAL INVESTMENTS.

TRINITY HEALTH'S COMMUNITY IMPACT IN FY25 FOR THE ENTIRE MICHIGAN REGION TOTALED \$357.2 MILLION.

**PART VI, LINE 6:**

TH-MI IS A MEMBER OF TRINITY HEALTH, ONE OF THE LARGEST CATHOLIC HEALTH CARE DELIVERY SYSTEMS IN THE COUNTRY. TRINITY HEALTH'S COMMUNITY HEALTH & WELL-BEING (CHWB) STRATEGY PROMOTES OPTIMAL HEALTH FOR PEOPLE EXPERIENCING POVERTY AND OTHER VULNERABILITIES IN THE COMMUNITIES WE SERVE - EMPHASIZING THE NECESSITY TO INTEGRATE CLINICAL AND SOCIAL CARE.

TRINITY HEALTH CHWB TEAMS LEAD THE DEVELOPMENT AND IMPLEMENTATION OF TRIENNIAL COMMUNITY HEALTH NEEDS ASSESSMENTS (CHNA) AND IMPLEMENTATION STRATEGIES WITH INTENTIONAL FOCUS ON ENGAGING COMMUNITIES AND RESIDENTS EXPERIENCING POVERTY AND OTHER VULNERABILITIES. TO FURTHER OUR COMMITMENT

**Part VI** Supplemental Information (Continuation)

TO ACHIEVING HEALTH EQUITY AND THE COMMON GOOD, THE CHNA AND IMPLEMENTATION STRATEGIES FOSTER COLLECTIVE ACTION TO EQUITABLY ALLOCATE RESOURCES FROM THE HOSPITAL AND OTHER SOURCES TO ADDRESS THESE NEEDS IN COMMUNITIES MOST IMPACTED.

TRINITY HEALTH AND ITS MEMBER HOSPITALS ARE COMMITTED TO THE DELIVERY OF PEOPLE-CENTERED CARE AND SERVING AS A COMPASSIONATE AND TRANSFORMING HEALING PRESENCE WITHIN THE COMMUNITIES WE SERVE. AS A NOT-FOR-PROFIT HEALTH SYSTEM, TRINITY HEALTH REINVESTS ITS PROFITS BACK INTO THE COMMUNITIES AND IS COMMITTED TO ADDRESSING THE UNIQUE NEEDS OF EACH COMMUNITY. IN FISCAL YEAR 2025 (FY25), TRINITY HEALTH CONTRIBUTED NEARLY \$1.4 BILLION IN IRS-DEFINED COMMUNITY BENEFIT SPENDING TO AID THOSE WHO ARE EXPERIENCING POVERTY AND OTHER VULNERABILITIES, AND TO IMPROVE THE HEALTH STATUS OF THE COMMUNITIES IN WHICH WE SERVE. TRINITY HEALTH FURTHERED ITS COMMITMENT THROUGH AN ADDITIONAL \$1.5 BILLION IN PROGRAMS AND INITIATIVES THAT IMPACT OUR COMMUNITIES - YIELDING A TOTAL COMMUNITY IMPACT OF \$2.9 BILLION IN FY25.

TRINITY HEALTH'S COMMUNITY INVESTING PROGRAM FINISHED FY25 WITH MORE THAN \$68 MILLION COMMITTED TO BUILDING VITAL COMMUNITY RESOURCES. THESE FUNDS, IN COLLABORATION WITH 30 PARTNERS, WERE PAIRED WITH OTHER RESOURCES TO GENERATE MORE THAN \$1.1 BILLION IN INVESTMENTS THAT SERVED COMMUNITIES WITHIN TRINITY HEALTH'S SERVICE AREAS. BETWEEN 2018 AND APRIL 2025, THESE INVESTMENTS HAVE BEEN INSTRUMENTAL IN CREATING MUCH-NEEDED COMMUNITY RESOURCES FOR THE PEOPLE THAT WE SERVE, NOTABLY:

- SUPPORTED THE CREATION OF 15,700 UNITS OF AFFORDABLE HOUSING OVER THE LAST EIGHT YEARS (INCLUDING APPROXIMATELY 380 SUPPORTIVE HOUSING BEDS).
- CREATED OR RETAINED AT LEAST 1,300 CHILDCARE SLOTS; 7,600 K-HIGH SCHOOL EDUCATION SLOTS; AND 2,400 EARLY CHILDHOOD EDUCATION SLOTS.
- DEVELOPED AT LEAST 9.3 MILLION SQUARE FEET OF GENERAL REAL ESTATE OVER THE LAST EIGHT YEARS.
- SINCE 2014, 920 STUDENTS HAVE RECEIVED \$2.65 MILLION IN SCHOLARSHIPS THROUGH THE FRESNO STATE AND BOISE STATE SCHOLARSHIPS FUNDS.
- APPROXIMATELY 12,900 FULL- AND PART-TIME POSITIONS HAVE BEEN EITHER CREATED OR MAINTAINED THROUGH PARTNER LENDING.

IN FY25, OVER ONE MILLION PATIENTS SYSTEM-WIDE WERE SCREENED FOR HEALTH-RELATED SOCIAL NEEDS AT THEIR DOCTOR'S OFFICE. OF THOSE SCREENED, 27.4% IDENTIFIED AT LEAST ONE NEED AND MOST OFTEN IDENTIFIED FOOD ACCESS, FINANCIAL INSECURITY AND SOCIAL ISOLATION. AN ADDITIONAL 137,000 PATIENTS WERE SCREENED FOR SOCIAL NEEDS DURING AN IN-PATIENT HOSPITAL STAY WHERE TOP NEEDS INCLUDED FOOD ACCESS, TRANSPORTATION AND HOUSING.

TRINITY HEALTH'S ELECTRONIC HEALTH RECORD (EPIC) INCLUDES A STANDARD SCREENING TOOL FOR PATIENT SOCIAL NEEDS, AND AN INTEGRATED COMMUNITY RESOURCE DIRECTORY THROUGH FINDHELP TO CONNECT PATIENTS TO FREE AND REDUCED COST SUPPORT PROGRAMS. THE COMMUNITY RESOURCE DIRECTORY YIELDED OVER 118,000 SEARCHES, AN INCREASE OF 34% OVER THE PRIOR YEAR. TOP SEARCHES INCLUDED HOUSING, FOOD ACCESS AND HEALTH CARE.

BY COMBINING THEIR LIVED EXPERIENCE AND CONNECTIONS TO THE COMMUNITY WITH EFFECTIVE TRAINING AND INCLUSION IN THE CARE TEAM, COMMUNITY HEALTH WORKERS (CHW) PROVIDE PATIENT-CENTERED AND CULTURALLY RESPONSIVE INTERVENTIONS. CHW'S HAVE MANY COMPETENCIES, INCLUDING PATIENT OUTREACH AND ENGAGEMENT, CONDUCTING ASSESSMENTS, RESOURCE CONNECTION, HEALTH AND SOCIAL SERVICES SYSTEM NAVIGATION, GOAL-SETTING AND PROBLEM-SOLVING

**Part VI** Supplemental Information (Continuation)

THROUGH ONGOING EDUCATION, ADVOCACY AND SUPPORT. IN FY25, TRINITY HEALTH'S 162 CHW'S SUCCESSFULLY ADDRESSED OVER 16,300 SOCIAL NEEDS. ONE SOCIAL NEED (SUCH AS ADDRESSING HOUSING OR FOOD NEEDS) CAN OFTEN TAKE MONTHS, OR EVEN A YEAR TO RESOLVE.

WITH FUNDING THROUGH THE CENTERS FOR DISEASE CONTROL AND PREVENTION, TRINITY HEALTH WORKED WITH 23 PARTNERS AND 47 CERTIFIED LIFESTYLE COACHES NATIONWIDE TO DELIVER THE NATIONAL DIABETES PREVENTION PROGRAM, AN EVIDENCE-BASED, 12-MONTH LIFESTYLE CHANGE PROGRAM. THE GOAL OF THE PROGRAM IS TO LOSE A PERCENTAGE OF BASELINE WEIGHT, ATTEND SESSIONS REGULARLY, AND ENGAGE IN 150 MINUTES OF PHYSICAL ACTIVITY A WEEK. GROUP SESSIONS ARE FACILITATED BY A CDC CERTIFIED LIFESTYLE COACH AND OFFERED IN-PERSON, REMOTELY, OR VIRTUALLY AT A SELF-PACED RATE. ALL PARTICIPANTS ARE REGULARLY SCREENED FOR HEALTH-RELATED SOCIAL NEEDS AND ARE REFERRED TO A CHW TO ADDRESS IDENTIFIED NEEDS. IN FY25, TRINITY HEALTH CONDUCTED FOCUSED OUTREACH WITH NEARLY 165,000 ELIGIBLE PARTICIPANTS AND ENROLLED 1,074 PARTICIPANTS INTO THE LIFESTYLE CHANGE PROGRAM.

FOR MORE INFORMATION ABOUT TRINITY HEALTH, VISIT [WWW.TRINITY-HEALTH.ORG](http://WWW.TRINITY-HEALTH.ORG)