Community Priority	Definitions	MFB Historical Background/Reason for Implementation Strategy	Implementation Strategy/ SMART Goal
Access to Health Care	Access to care refers to the timely use of personal health services (such as preventive, diagnostic, treatment, and follow-up care) to achieve the best possible health outcomes. See page 8 of the CHNA.	1. Awareness of the demographics in which we serve is important to best meet the need of our patient population. We can implement initiatives to provide a better patient experience based on these demographics which we seek to capture accurately in both inpatients and outpatients.	1. In 2021, we are at a completion rate of 80% in-patient and 73% out-patient for tracking demographic data capture. The goal is to increase both completion rates (in-patient and out-patient) to 95% with 5% increases each year for the next three years.
		2. In 2018, 2019 and 2020 the education department offered one activity per year on cultural competence and implicit bias. Implicit bias education is now required for all health care professionals in Michigan as part of their relicensure.	2. To increase awareness and to better serve incoming patients, all liaison and physician teams, including new hires, will complete Implicit Bias training as measured by completion report and successful completion of course posttest report.
Discrimination & Racial Inequity	Discrimination refers to policies, practices, and behaviors that unfairly advantage some and disadvantage others based on socially defined characteristics such as race (racism), gender, age, ability, or sexual orientation. Racial inequities refer to unfair or unjust differences in health outcomes and factors influencing health (such as education, housing, employment, environment, etc.) along racial or ethnic lines. See page 9 of the CHNA.	Providing opportunities and a safe platform for reflection and discussions increases awareness and understanding regarding discrimination & racial equity. It also increases the willingness for individuals that want to participate in these type of conversations without fear of retribution. Open communication promotes inclusion.	1. Provide safe space sessions for uncomfortable conversations for employees that may occur around discrimination & racial inequity to gain deeper understanding of issues.
		2. In 2018 and 2019 the education department offered 4 activities on DEI each year. In 2020 the education department offered 1 activity on DEI topics. COVID-19 significantly impacted the number of education activities offered in 2020.	2. To increase education and learning outcomes on Diversity, Equity and Inclusion for staff and community members, at least 3 education activities will be offered per calendar year as measured by the education event tracking sheet, demographic breakdown report and successful completion of course posttest report.
		1. Increase the number of minority and disability scholarships awarded to students by an average of 10% or more over the next three years by streamlining the application process and expanding advertisement and promotion efforts.	2. The number of students awarded scholarships. -Track the number of applications received year by year -Track responses and applications from expanded advertising and promotion efforts (Add a tracking section/question in application)
Economic Security	Economic security refers to the ability of individuals or households to cover their essential needs (such as housing, food, clothing and hygiene, and education) sustainably and with dignity. See page 10 of the CHNA.	1.Previous to this, MFB did not have a good way to assess and document the assessment in our EMR. FY 2021 a form was located in Cerner to assess all patients for Social determinants of health concerns. To improve MSW Care Management and RN Care Management compliance with this assessment a LEM score and goal was created to encourage the team to assess each patient.	1. The MFB Care management (CM) has been taught how to assess and document Social Determinants of Health (SDOH) needs on all patients admitted to in-patients and out-patient. FY 2021 goal for CM was Improve the compliance rate of Social Determinants Assessment by 15% from April 2020 to March 2021 as measured by Social Determinants compliance report. Goal for FY 2022-Care management will improve overall amount of patients assessment by 6% each year up to at least 65% of all patients
		2. When CM began to assess the need of the patients they began to discover the need to investigate and share knowledge among the CM team with resources to meet the patient needs. Designed next year goal to have the CM present to the other CM's on social determinants of health resources for patients to all the CM in CM staff meetings.	2. a. Care Management (CM) team has Leader Evaluation Manager (LEM) goals that each CM is to explore 2 resources to educate patients related to SDOH and then present to the whole team. b. improved our internal SharePoint drive to store and house resources for CM to easily find areas to help patients as well as quick links to go right to websites.

		3. The education department offered 2 activities in 2019 related to economic security. There were no education activities related to economic security offered in 2018 or 2020. COVID-19 significantly impacted the number of education activities offered in 2020.	3. To increase education and learning outcomes on Economic Security for staff and community members, at least 3 education activities will be offered per calendar year as measured by the education event tracking sheet, demographic breakdown report and successful completion of course posttest report.
Mental Health	Mental health is a state of emotional, psychological, and social well-being resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenges. Mental illness refers collectively to all diagnoseable mental disorders. Mental disorders are health conditions that significantly affect mood, emotion, thinking or behavior, and often impact day-to-day living or ability to function. See page 11 of the CHNA.	Over the past several years, we have demonstrated that we can effectively screen for anxiety and depression in our patients with traumatic brain injury with the PHQ-9 and GAD-7 (peer-reviewed publications available upon request). These measures are now used throughout our organization as part of standard care. The next step will be to evaluate how we can tap into protective factors that buffer the impact of stress. Specifically, we plan to obtain data on resilience as part of routine clinical care, using the Connor-Davison Resilience Scale 10.	We plan to obtain data on at least 50 and preferably 100 patients with traumatic brain injury with regard to their resilience and how it impacts their subjective level of mental health. Depending on the strength of that relationship, we will then also use those data to develop and implement therapeutic strategies to improve or boost resilience in our patients. Patient data will be kept in a secure database that is only accessible to MFB Psychology staff. Data trends will be analyzed quarterly.
		2. The education department offered 2 activities related to mental health in 2018. in 2019 5 activities were offered including Mental Health Frist Aid. In 2020 only 1 activity was offered. COVID-19 significantly impacted the number of education activities offered in 2020.	2. To increase education and learning outcomes on Mental Health for staff and community members, at least 6 education activities will be offered per calendar year as measured by the education event tracking sheet, demographic breakdown report and successful completion of course posttest report.