

2012 CHNA Implementation Strategy

Community Health Needs Assessment
for Muskegon, Oceana and Newaygo Counties 2012



Prepared by:
**Muskegon Community
Health Project,
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 **MERCY HEALTH PARTNERS**

A MEMBER OF THE **NEW** MERCY HEALTH

INTRODUCTION TO THE 2012-2015 IMPLEMENTATION STRATEGY FOR THE HACKLEY CAMPUS OF MERCY HEALTH PARTNERS

Mercy Health Partners' Community Health Needs Assessment (CHNA) for the Hackley Campus was completed in June 2012 and published in September 2012. Data analysis and the community input components yielded 22 health issues of concern in Muskegon County. Ranking sessions were held that included representatives from a wide range of local health and human service providers and other stakeholder groups. The groups were given a list of un-prioritized health issues and asked to categorize each issue according to the domain they felt should take the lead role in addressing the particular issue. The choices were: the "Health System," which included the hospital, physician practices and public clinics; "Public Health," which included the local health departments; and "Community," which included schools, Community Mental Health or other governmental agencies, community-based and faith-based organizations. Once sorted by domain, the groups then ranked the issues under each on a scale of 1 to 5, with 5 meaning "most significant." The scoring was based on four criteria: severity—magnitude or urgency of the health issue; feasibility, in terms of resources available and surmountable barriers; potential impact on the greatest number of people; and achievability within three years.

In accordance with the affordable Care Act of 2010 and Section 501(r)(3)(A(ii) of the IRS Code, each non-profit hospital entity is required to develop and adopt a written "Implementation Strategy" that addresses the health needs identified in the CHNA. The purpose of this Implementation Strategy is to provide a guide for the hospital system to develop policy in allocating resources to meet the identified community health needs. More specifically, the Implementation Strategy relates the CHNA to the hospital system's community benefit expenditures and its strategic business planning. It indicates strategies that address community health priorities and opportunities during the three-year CHNA period.

In doing so, the Implementation Strategy provides a conceptual framework for the hospital system's community benefit programs and services, and as such, a tool for developing specific work plans to meet specific needs. In general, this framework may embrace a range of community benefit expenditures, including: outreach, information, referral and enrollment, direct service community programs, community care coordination, health education and supporting community collaborations. The first part of the Implementation Strategy that follows profiles the principal health issues that were identified as within the health system's domain, specifies the objectives and intervention strategies and lists key partners. The Recommended Effort section indicates the kinds of support recommended for addressing the issues, which may be program interventions, in-kind support and/or cash support to partner agencies. Whatever the type of support provided, the hospital's community benefit service will track and maintain outcome data for programs or other assistance are implemented.

The second part of the Implementation Strategy profiles needs identified in the CHNA's ranking session as falling outside the health system's domain, that is for Public Health and Community to assume leadership roles in addressing these issues. These profiles describe the hospital's partnership role(s), with the organizations taking leadership. The profiles will also provide explanations for areas in which the hospital system does not intend to participate.

2013 – 2015 CHNA IMPLEMENTATION STRATEGY HEALTH ISSUE PLANNING PROFILE

MHP CAMPUS:	HACKLEY CAMPUS		
CHNA HEALTH ISSUE:	HIGH BLOOD PRESSURE		
COMMUNITY BENEFIT CATEGORY:			
<input type="checkbox"/> Access <input type="checkbox"/> Coverage <input checked="" type="checkbox"/> Prevention <input checked="" type="checkbox"/> Education/Health Literacy <input type="checkbox"/> Other			
CHNA REFERENCE PAGE: 29, 33		RANKING: 1	
Brief Description of Issue:			
High rates of obesity due to sedentary lifestyle, poor dietary habits, and lack of access to healthy and nutritious foods are all contributors to high blood pressure—a leading health problem in Muskegon County			
GOAL:			
Reduce the incidence and impact of hypertension.			
OBJECTIVE:	FY13	FY14	FY15
Reduce the incidence of hypertension and provide community care coordination and self-management education as an integral component of care for those experiencing hypertension.			
SUGGESTED STRATEGIES:			
<ol style="list-style-type: none"> 1. Conduct community outreach and screenings 2. Ensure that patients have primary care homes 3. Work with patients in accessing pharmacy supplies and assistance programs 4. Work with PCP practices to refer patients for Community Health Worker assignments to low-adhering patients. 5. Support community wellness groups and self-management workshops. 	In place In place In place In place	On-going On-going New effort	On-going On-going In development
RECOMMENDED EFFORT:			
<ul style="list-style-type: none"> ➤ Programmatic: continue primary care home, coverage, MCHP outreach, PAP & PCP Home enrollment and community care coordination/ CHWs; Wheels of Mercy mobile unit. ➤ In-kind support: participate in community screenings and community wellness groups 			
KEY PARTNERS:			
Muskegon Community Health Project, Lakeshore Health Network, Public Health – Muskegon County, Muskegon School Districts, Senior Resources, Hackley Community Care Center, Muskegon Family Care, MDCH, pharmacies, One in '21, Physicians and Community Engagement committees.			

2013 – 2015 CHNA IMPLEMENTATION STRATEGY HEALTH ISSUE PLANNING PROFILE

MHP CAMPUS:	HACKLEY CAMPUS		
CHNA HEALTH ISSUE:	EMERGENCY ROOM OVERUSE		
COMMUNITY BENEFIT CATEGORY:			
<input checked="" type="checkbox"/> Access <input type="checkbox"/> Coverage <input type="checkbox"/> Prevention <input checked="" type="checkbox"/> Education/Health Literacy <input type="checkbox"/> Other			
CHNA REFERENCE PAGE: 29, 33		RANKING: 3	
Brief Description of Issue:			
Non-profit Emergency Departments must provide services to their patients regardless of ability to pay. Patients who lack PCPs, insurance and financial resources, use the Emergency Department for non-emergent purposes, placing financial burden on the hospital system in uncompensated care, while also tying up services needed for true emergency patients. Many low-income, insured patients are also using the Emergency Department for primary care because there is no out-of-pocket expense and/or they do not have primary care homes.			
GOAL:			
Reduce the use of the ED for non-emergency purposes.			
OBJECTIVE:	FY13	FY14	FY15
Implement an ED intervention program to re-route primary care and urgent care users to appropriate provider facilities.			
SUGGESTED STRATEGIES:			
1. Conduct utilization study of ED use patterns and users 2. Identify frequent users of ED for primary care 3. Investigate best practice models and develop ED intervention pilot program	In place In place In development	On-going In place	On-going On-going
RECOMMENDED EFFORT:			
➤ Programmatic: Implement pilot program to connect/re-route frequent users for primary care to PCMH (FY13 CBMO Goal) ➤ Programmatic: Screening, referral and treatment program for alcoholic patients using the ED.	New effort In development	In development	In place
KEY PARTNERS:			
Muskegon Community Health Project, MHP Emergency Department, Lakeshore Health Network, Care Coordination, Business Department.			

2013 – 2015 CHNA IMPLEMENTATION STRATEGY HEALTH ISSUE PLANNING PROFILE

MHP CAMPUS:	HACKLEY CAMPUS		
CHNA HEALTH ISSUE:	LACK OF PRENATAL CARE		
COMMUNITY BENEFIT CATEGORY:			
<input checked="" type="checkbox"/> Access <input type="checkbox"/> Coverage <input type="checkbox"/> Prevention <input checked="" type="checkbox"/> Education/Health Literacy <input type="checkbox"/> Other			
CHNA REFERENCE PAGE: 11, 31		RANKING: 6	
Brief Description of Issue:			
Teen pregnancy and birth rates for Muskegon are higher than the state average, which often contributes to the incidence of low birth weight babies. Lack of prenatal care has been cited in the 2012 CHNA as a contributing factor to low birth weight babies.			
GOAL:			
Improve the level of prenatal care for at-risk pregnant women, especially teenagers.			
OBJECTIVES: Identify at-risk pregnant women during their first trimester and enroll them in a community care coordination program.	FY13	FY14	FY15
STRATEGIES: 1. Continue to develop the Pathways to a Healthy Pregnancy Project 2. Expand the Project to Northern Muskegon and Oceana Counties 3. Develop the educational component of the Project.	In place	In place	In place
	In development	In place	In place
	In place	In place	In place
RECOMMENDED EFFORT:			
Continue to develop the pilot project begun in 2011 by the Muskegon Community Health Project.			
KEY PARTNERS:			
Muskegon Community Health Project, Mercy Women's Health Center and Birthing Center, Hackley Community Care Center/Teen Health Center, Muskegon Family Care, Mercy Center for Simulation Excellence, Every Woman's Place, Women's Rescue Mission, Muskegon Public Health, Westshore Family Medicine, Great Lakes Ob/Gyn, Lakeshore Campus, District Health Department #10.			

2013 – 2015 CHNA IMPLEMENTATION STRATEGY HEALTH SYSTEM ISSUE PLANNING PROFILE

MHP CAMPUS:	HACKLEY CAMPUS		
CHNA HEALTH ISSUE:	PATIENT-PROVIDER COMMUNICATIONS		
COMMUNITY BENEFIT CATEGORY:			
<input type="checkbox"/> Access <input type="checkbox"/> Coverage <input type="checkbox"/> Prevention <input checked="" type="checkbox"/> Education/Health Literacy <input type="checkbox"/> Other			
CHNA REFERENCE PAGE: 34		RANKING: 7	
Brief Description of Issue:			
Low level of health literacy is cited as a significant issue for improving community health. Consumers commonly lack an understanding of basic healthcare terminology, personal health management responsibilities and reasons for adherence to prescribed treatment regimens. Identified as a need in focus groups.			
GOAL:			
Improve patient-provider communications.			
PRINCIPAL OBJECTIVE: Improve the public's knowledge and understanding of basic healthcare terminology and wellness practices.	FY13	FY14	FY15
STRATEGIES: 1. Development basic education/healthcare literature for distribution at the offices of PCPs (English and Spanish). 2. Develop and market consumer health information via local media sources (English and Spanish). 3. Examine needs and opportunities for increasing languages services. 4. Support CALL 2-1-1 5. Expand "Teach Back" pilot to MHP primary care practices	In place	On-going	On-going
	In place	New effort	In development
	In place	On-going	On-going
	In place	On-going	On-going
	In place	On-going	On-going
RECOMMENDED EFFORT:			
	<ul style="list-style-type: none"> ➤ Programmatic: continue education materials in English and Spanish; expand language services; continue to expand "Teach Back pilot in PCMHs; develop consumer health media materials ➤ In-kind and Cash support: continue support of CALL 2-1-1 		
KEY PARTNERS:			
Lakeshore Health Network/Primary Care Homes and Care Management, Hackley Community Care Center, Muskegon Family Care, Public Health-Muskegon County, Mercy Health Partners' Marketing Department, CALL 2-1-1			

2013 – 2015 CHNA IMPLEMENTATION STRATEGY HEALTH ISSUE PLANNING PROFILE

MHP CAMPUS:	HACKLEY CAMPUS		
CHNA HEALTH ISSUE:	LANGUAGE BARRIERS		
COMMUNITY BENEFIT CATEGORY:			
<input checked="" type="checkbox"/> Access <input type="checkbox"/> Coverage <input type="checkbox"/> Prevention <input checked="" type="checkbox"/> Education/Health Literacy <input type="checkbox"/> Other			
CHNA REFERENCE PAGE: 11, 32, 33, 35		RANKING: 18	
Brief Description of Issue:			
Hispanics and Latinos consistently reported experiencing language barriers in the health care system, noting difficulty in filling out forms, trouble finding interpretation services, and low health literacy regarding health services.			
GOAL:			
Advance the awareness of health resources and health literacy of non-English speaking patients.			
OBJECTIVE:	FY13	FY14	FY15
To provide language services to non-English speaking patients, especially Spanish-speaking populations.			
SUGGESTED STRATEGIES:			
<ol style="list-style-type: none"> 1. Increase the availability of qualified interpreters 2. Translate all basic hospital healthcare forms and educational materials into Spanish 3. Provide language sensitive and literacy appropriate educational information/materials on basic healthcare matters 	In place In place New effort	On-going On-going In development	On-going On-going In place
RECOMMENDED EFFORT:			
<ul style="list-style-type: none"> ➤ Programmatic: Continue work of Language Services Department ➤ Programmatic: Continue collaborating with Health Disparities Reduction Coalition ➤ In-kind: Continue participation in community groups working with Hispanic/Latino populations. 			
KEY PARTNERS:			
Muskegon Community Health Project, Health Disparities Reduction Coalition, One in '21, Lakeshore Campus, Migrant Council, Oceana Hispanic Center, Northwest Michigan Health Services.			

**ISSUES IDENTIFIED AS
PUBLIC HEALTH DOMAIN
AND
COMMUNITY DOMAIN**

2013 – 2015 CHNA IMPLEMENTATION STRATEGY
HEALTH ISSUE PLANNING PROFILE
PUBLIC HEALTH/COMMUNITY LEAD ROLE

MHP CAMPUS	HACKLEY CAMPUS			
CHNA HEALTH ISSUE:	SEXUALLY TRANSMITTED INFECTIONS			
LEAD AGENCY AND /OR ORGANIZATIONS:	PUBLIC HEALTH			
COMMUNITY BENEFIT CATEGORY:				
<input type="checkbox"/> Access <input type="checkbox"/> Coverage <input checked="" type="checkbox"/> Prevention <input checked="" type="checkbox"/> Education/Health Literacy <input type="checkbox"/> Other				
CHNA REFERENCE PAGE(S): 11, 22, 30, 33		RANKING: 4		
Brief Description of Issue:				
Sexually transmitted infections, most notably Chlamydia, rose nearly 50% in Muskegon since 2009 and disproportionately affects African Americans being deemed as “epidemic” by Public Health of Muskegon County.				
GOAL PER CHNA:				
Reduce the incidence of sexually transmitted infections.				
HEALTH SYSTEM ROLE: Support Public Health and community efforts to reduce the incidence of sexually transmitted infections, especially among African Americans and youth.	FY13	FY14	FY15	
SUGGESTED HEALTH SYSTEM STRATEGIES:				
	1. Strengthen MCHP/HIV/AIDS Coalition	In place	On-going	On-going
	2. Continue PCMH Enrollment	In place	On-going	On-going
	3. Continue free access to McClees Clinic	In place	On-going	On-going

2013 – 2015 CHNA IMPLEMENTATION STRATEGY
HEALTH ISSUE PLANNING PROFILE
PUBLIC HEALTH/COMMUNITY LEAD ROLE

MHP CAMPUS:	HACKLEY CAMPUS		
CHNA HEALTH ISSUE:	OBESITY and NUTRITION EDUCATION/ACCESS TO HEALTHY FOODS		
LEAD DOMAIN AND/OR ORGANIZATIONS:	PUBLIC HEALTH—School Districts, MSU Extension, One in '21		
COMMUNITY BENEFIT CATEGORY:			
<input type="checkbox"/> Access <input type="checkbox"/> Coverage <input checked="" type="checkbox"/> Prevention <input checked="" type="checkbox"/> Education/Health Literacy <input type="checkbox"/> Other			
CHNA REFERENCE PAGE(S):		Obesity: 23, 29, 32, 34	RANKING: 5
		Nutrition Ed: 29, 34	RANKING: 13
Brief Description of Issue:			
Sedentary lifestyle, poor nutrition habits and self-management, difficulty in accessing healthy foods due to income, and "food deserts" are contributing factors to the high obesity rates in Oceana/Newaygo Counties.			
GOAL PER CHNA:			
Reduce the rate of obesity and increase access to healthy foods.			
HEALTH SYSTEM ROLE:	FY13	FY14	FY15
Provide expert consultation and support for community-wide prevention and education efforts			
SUGGESTED HEALTH SYSTEM STRATEGIES:			
1. Hospital and Primary Care Network work in concert with the Public Health--Muskegon County and School Districts to develop community weight management and wellness public awareness materials (Mercy Healthy Life team, Medical Weight Management Program)		New effort	
2. Align with Muskegon County's "One in '21" five- tier wellness strategy (Infrastructure, Community Engagement, Healthcare, Schools, Business/Labor)	In development		
3. Mercy Health Life team and Medical Weight Management Program assist businesses and schools in developing wellness programs and provide expertise where appropriate		New effort	
4. Provide free screening and classes for uninsured and low-income population segments	In development		
5. Monitor and report patient BMI data in aggregate		New effort	
EVALUATION APPROACH:			
Assess hospital system activities regarding suggested activities.			

2013 – 2015 CHNA IMPLEMENTATION STRATEGY PUBLIC HEALTH/COMMUNITY ISSUE PLANNING PROFILE

MHP CAMPUS:	HACKLEY CAMPUS		
CHNA HEALTH ISSUE:	PREVENTIVE CARE		
LEAD DOMAIN AND/OR ORGANIZATIONS:	PUBLIC HEALTH—School Districts, Community groups, Primary Care Providers		
COMMUNITY BENEFIT CATEGORY:			
<input type="checkbox"/> Access <input type="checkbox"/> Coverage <input checked="" type="checkbox"/> Prevention <input checked="" type="checkbox"/> Education/Health Literacy <input type="checkbox"/> Other			
CHNA REFERENCE PAGE: 34		RANKING: 8	
Brief Description of Issue:			
High prevalence of chronic disease, such as diabetes and cardiovascular disease--indicators that a more intensive focus on preventive care is needed.			
GOAL:			
Encourage people to employ preventive care recommendations and healthy behaviors.			
SUGGESTED HEALTH SYSTEM ROLE: Work with public health to create public outreach and awareness opportunities that foster preventive healthcare practices and behaviors.	FY13	FY14	FY15
		New effort	
SUGGESTED HEALTH SYSTEM STRATEGIES: 1. In concert with the Public Health and PCP Practices, assist with wellness outreach events. 2. Provide “free-screening and consultation” events using Wheels of Mercy mobile unit and MCHP outreach activities 3. Develop and distribute basic “Preventive Care Tips” flyers/brochures for broad public distribution. Prepare in Spanish and English.	In Place	New effort	
		On-going	On-going
		New effort	
EVALUATION APPROACH:			
Assess hospital system activities regarding suggested activities			
KEY PARTNERS:			
Muskegon Community Health Project, Public Health—Muskegon County, Primary Care Physician Practices, Hackley Community Care Center, Muskegon Family Care, Mercy Health Partners’ Marketing Department, School Districts and community groups.			

2013 – 2015 CHNA IMPLEMENTATION STRATEGY
HEALTH ISSUE PLANNING PROFILE
PUBLIC HEALTH/COMMUNITY LEAD ROLE

MHP CAMPUS:	HACKLEY CAMPUS		
CHNA HEALTH ISSUE:	DENTAL CARE		
LEAD DOMAIN AND/OR ORGANIZATIONS:	PUBLIC HEALTH—Hackley Community Care Center Dental, Muskegon Family Care Dental, MHP Hackley Campus		
COMMUNITY BENEFIT CATEGORY:			
<input checked="" type="checkbox"/> Access <input checked="" type="checkbox"/> Coverage <input type="checkbox"/> Prevention <input type="checkbox"/> Education/Health Literacy <input type="checkbox"/> Other			
CHNA REFERENCE PAGE(S): 29, 34		RANKING: 9	
Brief Description of Issue:			
Lack of dental insurance and the high cost of service stand as primary barriers to dental care services in Muskegon County.			
GOAL PER CHNA:			
Improve access to dental care by expanding dental insurance and dental clinic capacity for at-risk patients.			
HEALTH SYSTEM ROLE:	FY13	FY14	FY15
Support community and public health efforts to increase access to dental care			
SUGGESTED HEALTH SYSTEM STRATEGIES:			
1. Work with Muskegon County's Volunteers for Dental Care Program to expand coverage for all low-income, uninsured patients.	New effort	In development	In place
2. Explore use of under-utilized dental operatories in the hospital to serve low-income, uninsured adults.		New effort	In development
3. Work with FQHC dental clinics to explore ways to increase capacity for uninsured adult care.		New effort	
EVALUATION APPROACH:	Consider Sister Simone Courtade funding for Volunteers for Dental Care Program	Assess Volunteers for Dental Care Program impact; Investigate feasibility of repurposing Hackley dental operatories for low-income adult dental care; Work with FQHCs on improving access to adult dental care.	Consider continued investment in Volunteers for Dental Care Program and/or use of Hackley dental operatories for low-income dental care.

2013 – 2015 CHNA IMPLEMENTATION STRATEGY
HEALTH ISSUE PLANNING PROFILE
PUBLIC HEALTH/COMMUNITY LEAD ROLE

MHP CAMPUS:	HACKLEY CAMPUS		
CHNA HEALTH ISSUE:	ALCOHOL ABUSE		
LEAD DOMAIN AND/OR ORGANIZATIONS:	PUBLIC HEALTH—Muskegon Community Health Project, School Districts, Law Enforcement, behavioral health providers, Coalition for a Drug free Muskegon, Community groups		
COMMUNITY BENEFIT CATEGORY:			
<input type="checkbox"/> Access <input type="checkbox"/> Coverage <input checked="" type="checkbox"/> Prevention <input checked="" type="checkbox"/> Education/Health Literacy <input type="checkbox"/> Other			
CHNA REFERENCE PAGE(S): 24, 34		RANKING: 10	
Brief Description of Issue:			
Alcohol continues to be a concern in Muskegon County, with data to support high binge drinking rates and an increasing number of alcohol-related hospitalizations. Alcohol use rates in the MiPHY report among 7 th , 9 th and 11 th -grade youth are also of concern.			
GOAL PER CHNA:			
Reduce alcohol abuse by increasing awareness and reducing alcohol use and abuse among youth.			
HEALTH SYSTEM ROLE:	FY13	FY14	FY15
Support public health and community efforts to reduce alcohol abuse, especially among youth.			
SUGGESSTED HEALTH SYSTEM STRATEGIES:			
1. Support the ongoing efforts of the MCHP Coalition for a Drug Free Muskegon	In place	On-going	On-going
2. Support the efforts of partner agencies operating from the "Partnership for Success Grant."	In development	In place	On-going
3. Develop screening, referral and treatment program for alcoholic patients using ED, and primary care patients.	In development		
4. Consult with Oceana groups to establish a Drug Free Coalition	New effort		
5. Initiate depression quick response intervention training program with PCP practices designed to reduce alcohol abuse	New effort		
6. Help develop behavioral health referral directory for PCPs	New effort		
EVALUATION APPROACH:			
Assess hospital system activities regarding suggested strategies: annual reports of Drug Free Muskegon Coalition; annual reports of the Alcohol Liability Initiative, bi-annual DFC evaluation report and bi-annual MiPHY reports.			
Monitor Michigan Behavior Risk Factor Survey reports.			

2013 – 2015 CHNA IMPLEMENTATION STRATEGY
HEALTH ISSUE PLANNING PROFILE
PUBLIC HEALTH/COMMUNITY LEAD ROLE

MHP CAMPUS	HACKLEY CAMPUS		
CHNA HEALTH ISSUE:	SMOKING		
LEAD AGENCY AND/OR ORGANIZATIONS:	PUBLIC HEALTH—Muskegon Community Health Project, One in '21, Community Mental Health of Muskegon County (Julia Rupp is leading the charge for a smoke-free county)		
COMMUNITY BENEFIT CATEGORY:			
<input type="checkbox"/> Access <input type="checkbox"/> Coverage <input checked="" type="checkbox"/> Prevention <input checked="" type="checkbox"/> Education/Health Literacy <input type="checkbox"/> Other			
CHNA REFERENCE PAGE(S): 22, 31, 33		RANKING: 11	
Brief Description of Issue: It is well-documented that smoking is one of the most harmful behaviors contributing to medical issues like diabetes, asthma, hypertension, cancer and an overall reduction in quality of life. Smoking rates in Muskegon, while declining, are still among the highest in the State of Michigan.			
GOAL PER CHNA: Reduce the percentage of self-reported smokers, especially among youth.			
HEALTH SYSTEM ROLE: Provide education to youth and work places on tobacco use and abuse, the health hazards of smoking and proven smoking cessation programs.	FY13	FY14	FY15
SUGGESTED HEALTH SYSTEM STRATEGIES:			
	1. Continue the MCHP Lakeshore Lung program, including "Lungs at Work (youth)," "Amazing X (youth)," "Freedom from Smoking" (adults, work places), and pulmonary function screening programs.	In place	On-going
2. Continue support of MCHP's KnowSmoke Coalition	In place	On-going	On-going

2013 – 2015 CHNA IMPLEMENTATION STRATEGY
HEALTH ISSUE PLANNING PROFILE
PUBLIC HEALTH/COMMUNITY LEAD ROLE

MHP CAMPUS	HACKLEY CAMPUS		
CHNA HEALTH ISSUE:	TEEN PREGNANCY/LOW BIRTH WEIGHT		
LEAD DOMAIN AND/OR ORGANIZATIONS:	PUBLIC HEALTH—School Districts, Community- and Faith-based Organizations		
COMMUNITY BENEFIT CATEGORY:			
<input checked="" type="checkbox"/> Access <input type="checkbox"/> Coverage <input checked="" type="checkbox"/> Prevention <input checked="" type="checkbox"/> Education/Health Literacy <input type="checkbox"/> Other			
CHNA REFERENCE PAGE(S): 11, 23		RANKING: 12	
Brief Description of Issue:			
Teen pregnancy and birth rates for Muskegon are higher than the state average, which often contributes to the incidence of low-birth weight babies. Lack of prenatal care has been cited in the 2012 CHNA as another contributing factor to low birth weight babies.			
GOAL PER CHNA:			
Reduce teen pregnancy and rate of low birth weight babies			
HEALTH SYSTEM ROLE: Provide prenatal education and care to at-risk pregnant women, particularly to women under 18 years of age	FY13	FY14	FY15
SUGGESTED HEALTH SYSTEM STRATEGIES: Expand the “Pathways to Healthy Pregnancy” program in Muskegon and Oceana Counties to outreach and enroll at-risk pregnant women in conjunction with primary care practices and women’s health organizations, school systems, and other community-based organizations as referral sources.	In place	On-going	On-going
EVALUATION APPROACH:	Track health outcomes of Pathways patients	Continue tracking Pathways patient health outcomes; Cost-benefit analysis of program; track low birth weight incidence	Continue tracking Pathways patient health outcomes; cost-benefit analysis and low birth weight incidence

2013 – 2015 CHNA IMPLEMENTATION STRATEGY
HEALTH ISSUE PLANNING PROFILE
PUBLIC HEALTH/COMMUNITY LEAD ROLE

MHP CAMPUS:	HACKLEY CAMPUS		
CHNA HEALTH ISSUE:	COMMUNITY CARE COORDINATION		
LEAD DOMAIN AND/OR ORGANIZATIONS:	COMMUNITY—Community Case Managers Committee, Muskegon Community Health Project, Lakeshore Health Network		
COMMUNITY BENEFIT CATEGORY:			
<input checked="" type="checkbox"/> Access <input type="checkbox"/> Coverage <input type="checkbox"/> Prevention <input checked="" type="checkbox"/> Education/Health Literacy <input type="checkbox"/> Other			
CHNA REFERENCE PAGE(S): 33		RANKING: 14	
Brief Description of Issue:			
Clinical services are not well connected to the range of supporting health and human services available to the community. Often, low-income patients do not experience the positive health outcomes because they are not connected to the supporting health and social services they need.			
GOAL PER CHNA:			
To provide community care coordination involving specially trained health workers to connect patients to the available social and other services they need to support their plans of care.			
HEALTH SYSTEM ROLE:	FY13	FY14	FY15
Implement an integrated care coordination model that includes community care coordination.			
SUGGESTED HEALTH SYSTEM STRATEGIES:			
1. Continue implementation of the Pathways model for at-risk and low-adhering patients to link with available health and social services.	In place	On-going	On-going
2. Continue piloting the Michigan Primary Care Transformation (MiPCT) project chronic disease management program for insured patients.	In place		
3. Continue expansion of the PCMH and Relationship- Based Care (RBC) approaches	In place		
4. Continue the hospital discharge program to connect uninsured patients to pharmaceutical assistance and PC homes.	In place		
5. Continue collaborating with the Community Case Managers Committee.	In place		

**2013 – 2015 CHNA IMPLEMENTATION STRATEGY
 HEALTH ISSUE PLANNING PROFILE
 PUBLIC HEALTH/COMMUNITY LEAD ROLE**

MHP CAMPUS:	HACKLEY CAMPUS		
CHNA HEALTH ISSUE:	LACK OF HEALTH INSURANCE		
LEAD AGENCY AND/OR ORGANIZATIONS:	COMMUNITY—Muskegon Community Health Project		
COMMUNITY BENEFIT CATEGORY:			
<input checked="" type="checkbox"/> Access <input checked="" type="checkbox"/> Coverage <input type="checkbox"/> Prevention <input type="checkbox"/> Education/Health Literacy <input type="checkbox"/> Other			
CHNA REFERENCE PAGE(S): 31		RANKING: 17	
Brief Description of Issue:			
Many issues arise from a lack of adequate health insurance, including deferring of primary health care needs, avoiding treatments, not filling prescriptions and not being able to seek needed specialty services. Those without insurance are also more likely to use the Emergency Department for non-emergent issues.			
GOAL PER CHNA:			
Identify opportunities for non-insured people to access a full range of healthcare services.			
HEALTH SYSTEM ROLE:	FY13	FY14	FY15
Enroll low-income patients in the MHP Financial Assistance Program; screen eligibility for existing public and other coverage programs.			
SUGGESTED HEALTH SYSTEM STRATEGIES:			
1. Continue Financial Counseling program at all campuses	In place	On-going	On-going
2. Continue existing MCHP outreach and enrollment programs	In place	On-going	On-going
3. Expand Pathways/CHWs in Muskegon and Oceana Counties	In place	On-going	On-going

2013 – 2015 CHNA IMPLEMENTATION STRATEGY
HEALTH ISSUE PLANNING PROFILE
PUBLIC HEALTH/COMMUNITY LEAD ROLE

MHP CAMPUS	HACKLEY CAMPUS		
CHNA HEALTH ISSUE:	TRANSPORTATION		
LEAD DOMAIN AND /OR ORGANIZATIONS:	COMMUNITY—Senior Resources, Red Cross, County Emergency Services, Muskegon Area Transit Service		
COMMUNITY BENEFIT CATEGORY:			
<input checked="" type="checkbox"/> Access <input type="checkbox"/> Coverage <input type="checkbox"/> Prevention <input type="checkbox"/> Education/Health Literacy <input type="checkbox"/> Other			
CHNA REFERENCE PAGE(S): 21, 32, 33		RANKING: 19	
Brief Description of Issue:			
The need for transportation to health care services was identified as a barrier issue, especially for low-income, Native American and Hispanics populations, including persons with disabilities and the elderly. Transportation for health appointments is among the top 10 services requested and one of the top unmet services identified by CALL 2-1-1 in 2012.			
GOAL PER CHNA:			
Improve access to healthcare services for those lacking transportation by instituting an arranged transportation service system to assist healthcare clients dependent on regular healthcare services, such as dialysis and cancer patients, persons with disabilities and seniors.			
HEALTH SYSTEM ROLE:	FY13	FY14	FY15
Support local efforts; continue emergency transportation by hospital, as necessary and appropriate.			
SUGGESTED HEALTH SYSTEM STRATEGIES:			
1. Continue Lakeshore Campus shuttle for dialysis patients. 2. Continue to provide emergency transportation <i>via</i> Pro-Med ambulance services and cab fare program 3. Work with local government, agencies, community service organizations and faith-based entities to identify and organize a shuttle service for people requiring hospital positioned healthcare facilities services on a regular or routine basis.	In place In place	On-going On-going New effort	On-going On-going In development
EVALUATION APPROACH:	Assess current patient demand and examine opportunities for improvements in patient scheduling and delivery of services.	Identify the range of transportation needs. Explore expanding transportation availability for other services based on identified need. Monitor user rates for all transportation service	Assess transportation resources Evaluate the effectiveness of transportation services as delivered in FY14.

2013 – 2015 CHNA IMPLEMENTATION STRATEGY
HEALTH ISSUE PLANNING PROFILE
PUBLIC HEALTH/COMMUNITY LEAD ROLE

MHP CAMPUS	HACKLEY CAMPUS		
CHNA HEALTH ISSUE:	SENIOR ISOLATION		
LEAD AGENCY AND/OR ORGANIZATIONS:	COMMUNITY--Senior Resources		
COMMUNITY BENEFIT CATEGORY:			
<input checked="" type="checkbox"/> Access <input type="checkbox"/> Coverage <input type="checkbox"/> Prevention <input type="checkbox"/> Education/Health Literacy <input checked="" type="checkbox"/> Other			
CHNA REFERENCE PAGE(S): 33		RANKING: 20	
Brief Description of Issue:			
Transportation issues, lack of understanding of available resources and services and how to access them, and a lack of health navigation skills contribute to the issue of senior isolation. Problems that may arise are failure to seek medical services, poor medication management, and mental health problems.			
GOAL PER CHNA:			
Institute local healthcare advocacy programs oriented to the needs of the senior population.			
HEALTH SYSTEM ROLE:		FY13	FY14
Provide education support to the community on geriatric health issues and assist chronic patients connecting to social services			
SUGGESTED HEALTH SYSTEM STRATEGIES:			
1. Programmatic: Continue CHW work with Senior Resources to assist Medicare chronic disease patients		In place	On-going
2. In-Kind: Enlist geriatric specialists to consult with community agencies		New effort	

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HEALTH ISSUE PLANNING PROFILE
PUBLIC HEALTH/COMMUNITY LEAD ROLE

MHP CAMPUS:	HACKLEY CAMPUS		
CHNA HEALTH ISSUE:	DEPRESSION		
LEAD DOMAIN AND/OR ORGANIZATIONS:	COMMUNITY—Public Health-Muskegon County, Community Mental Health Services of Muskegon County, Mercy Life Counseling, Coalition for a Drug Free Muskegon		
COMMUNITY BENEFIT CATEGORY:			
<input checked="" type="checkbox"/> Access <input checked="" type="checkbox"/> Coverage <input checked="" type="checkbox"/> Prevention <input type="checkbox"/> Education/Health Literacy <input type="checkbox"/> Other			
CHNA REFERENCE PAGE(S): 23, 29, 32, 34		RANKING: 21	
Brief Description of Issue:			
Depression emerged as a growing issue in the 2012 CHNA, not only the reported incidence, but also that mental health services are not widely accessible and PCPs do not feel adequately trained to treat and prescribe for mental health disorders. Depression is commonly correlated with high substance abuse and unemployment rates.			
GOAL PER CHNA:			
Advance the treatment of depression by expanding the range of available services for the treatment of depression and improving access to mental health care.			
HEALTH SYSTEM ROLE:	FY13	FY14	FY15
Participate in Physician Network’s Depression Collaborative to enhance training for PCPs and increase access to mental health providers	In place	On-going	On-going
SUGGESTED HEALTH SYSTEM STRATEGIES:			
1. Collaborate with mental health providers to create a directory of referral sources for use by primary physicians.		New effort	
2. Institute on-site depression “quick response” training for primary care physicians.		New effort	
3. Use Community Health Workers to help connect patients to mental health providers (CMH, Mercy Life Counseling) and continue PAP program.	In development	In place	In place
4. Mercy Life Counseling to support the efforts of the Coalition for a Drug Free Muskegon and Partnership for Success	In development	In Place	On-going
EVALUATION APPROACH:	Assess CHW efforts to connect patients to mental health services.	Assess hospital system activities regarding suggested strategies	Assess hospital system activities regarding suggested strategies

2013 – 2015 CHNA IMPLEMENTATION STRATEGY
HEALTH ISSUE PLANNING PROFILE
PUBLIC HEALTH/COMMUNITY LEAD ROLE

MHP CAMPUS:	HACKLEY CAMPUS		
CHNA HEALTH ISSUE:	NATIVE AMERICAN SERVICES		
LEAD AGENCY AND/OR ORGANIZATIONS:	COMMUNITY—Little River Band of Ottawa Indians, Muskegon Community Health Project, Lakeshore Health Network		
COMMUNITY BENEFIT CATEGORY:			
<input checked="" type="checkbox"/> Access <input checked="" type="checkbox"/> Coverage <input type="checkbox"/> Prevention <input checked="" type="checkbox"/> Education/Health Literacy <input checked="" type="checkbox"/> Other			
CHNA REFERENCE PAGE(S): 33, 36		RANKING: 22	
Brief Description of Issue:			
Native Americans face many barriers to basic healthcare, identifying lack of culturally sensitive medical services, mistrust of the medical community, and a lack of understanding of the health system and how to navigate it as primary issues. Native Americans residing in Muskegon County are not covered for health services in Muskegon County through their Tribal Health Centers.			
GOAL PER CHNA:			
Mitigate the barriers preventing Native Americans from accessing and receiving basic healthcare services in Muskegon County.			
HEALTH SYSTEM ROLE: Extend the range of healthcare services to Native Americans by educating them on the availability of services and methods of procurement.	FY13	FY14	FY15
SUGGESTED HEALTH SYSTEM STRATEGIES: 1. Programmatic: Work with the LRBOI Tribal Health Director, deploy the Wheels of Mercy mobile unit to outreach Native American populations in Muskegon County. 2. In-Kind: Work with the LRBOI Tribal Health Director, Explore Tribal Health Service Satellite service		In development	In place
		New effort	