



MERCY HEALTH MUSKEGON/MERCY-HACKLEY CAMPUSES
Community Health Needs Assessment Implementation Strategy Plan
Fiscal years 2016 - 2019

Mercy Health Muskegon completed a comprehensive Community Health Needs Assessment (CHNA) jointly among its Mercy, Hackley and Lakeshore Critical Care facilities, adopted by the Lakeshore Campus Board of Trustees on August 27, 2015 and by the Mercy-Hackley Board of Trustees on September 24, 2015. Mercy Health Muskegon (MHM) performed the joint CHNA in adherence with certain federal requirements for not-for-profit hospitals set forth in the Affordable Care Act and by the Internal Revenue Service. The assessment took into account input from representatives of the community, community members, and various community organizations.

The complete CHNA report is available electronically at www.mercyhealthmuskegon.com/CHNA, or printed copies are available at Mercy Health Muskegon, Mercy Campus, 1500 Sherman Blvd, Muskegon, MI, or at the Health Project, 565 West Western Ave, Muskegon, MI.

Health System Information and Mission Statement

Facilities, Communities Served and Demographics

Mercy Health Muskegon consists of four campuses: Mercy Campus is a full-service hospital in southern Muskegon, Hackley Campus is a full-service hospital in central Muskegon, General Campus is an ambulatory site in east Muskegon, and Lakeshore Campus is a critical care hospital in rural Oceana County to the north of Muskegon County. Mercy Health Muskegon facilities also serve population segments in Newaygo County, principally in the southeastern area of the county.

The composition of Muskegon County's population includes 78.9% White, 14.2% African American, 5.2% Hispanic, 1% American Indian or Alaska Native, and 0.7% Asian. The median family income is \$40,979 and the median household income is \$65,000. About 14% of families and 19.9% of the population are reported as below the poverty line. Families with female householders, related children under 18 years, and no husband present, experience poverty rates approaching 49%.

The composition of Oceana County's population is 83.4% White, 0.7% African American, 14.1 Hispanic, 1.5 American Indian or Alaska Native and 0.3% Asian. The median household income is \$40,023 and the median family income is \$47,906. About 12% of families and 19.9% of the population are reported as below the poverty line. Families with female householders, related children under 18 years, and no husband present, experience poverty rates approaching 50%.

The composition of Newaygo County's population includes 91.7% White, 1.2% African American, 5.8% Hispanic, 0.9% American Indian or Alaska Native and 0.4% Asian. The

median household income in \$42,571 and the median family income I \$54,252. About 13% of families and 18.6% of the population are reported as below the poverty line. Families with female householders, related children under 18 years, and no husband present, experience poverty rates approaching 51%.

Mission

We serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities.

Health Needs of the Community

The CHNA conducted between January and June 2015 identified ten significant health needs within the MHM/Mercy-Hackley Campus Muskegon County service area. Those needs were then prioritized based on four criteria: 1) severity, magnitude or urgency; 2) feasibility with respect to barriers and available resources; 3) potential impact on the greatest number; and 4) achievability within the three years covered by the CHNA. The top five significant health needs identified in Muskegon County, in order of priority, include:

<p>1. Access to Primary Care</p>	<ul style="list-style-type: none"> • Implementation of ACA and corresponding robust enrollment campaigns have resulted in overloaded PCPs and a shortage of new providers.
<p>2. Care Coordination/ Patient Advocacy</p>	<ul style="list-style-type: none"> • Many vulnerable patient populations don't get adequate care due to various social determinants of health and need to better connect to community resources that help support plans of care, disease self-management and prevention.
<p>3. Lack of Mental Health Care Providers</p>	<ul style="list-style-type: none"> • Depression and anxiety emerged from the CHNA as a significant problem among all demographics. Muskegon County does not have sufficient treatment providers to address the need.
<p>4. Lack of Substance Abuse Treatment Providers</p>	<ul style="list-style-type: none"> • Health data from the CHNA indicates that substance abuse, including alcohol, illegal drugs and prescription drugs, is a persistent problem in Muskegon County. Access to ambulatory treatment is extremely limited and in-patient care is unavailable in Muskegon County.
<p>5. Diabetes</p>	<ul style="list-style-type: none"> • Data from the CHNA indicates that 23% of the Muskegon County residents report having been diagnosed with diabetes, particularly among African American and Hispanic population segments. Access to primary care, inadequate health coverage, and low medication adherence are contributing factors. Other contributing factors are high rates of smoking, obesity, poor nutrition, and lack of physical activity across all socio-economic sectors.

Health System Implementation Strategy Plan

Mercy Health Muskegon's resources, overall alignment with the hospital's mission, goals and strategic priorities were taken into consideration of the significant health needs identified through the most recent CHNA process.

Significant health needs to be addressed

Mercy Health Muskegon will focus on developing and/or supporting initiatives and measure their effectiveness, to improve the following health needs:

- **Access to Primary Care** – Detailed on page 5.
- **Care Coordination** – Detailed on page 6.
- **Lack of Mental Health Providers** – Detailed on page 7.
- **Lack of Substance Abuse Providers** – Detailed on page 8.
- **Diabetes** – Detailed on page 9.

Significant health needs that will not receive primary focus or will not be addressed

Mercy Health Muskegon 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, under-addressed, and within its ability to influence. MHM will not take focused action on the following health needs during the 2016-2019 CHNA period:

- Cardiovascular disease. MHM's Heart Center is an on-going comprehensive wellness and rehabilitation center, devoted to improving the community's overall fitness and well-being through healthy living. The Center offers a variety of services, including screening, education, nutrition counseling and weight management. MHM operates annual screening for high school athletes.
- Cultural sensitivity training for providers. MHM has been requiring rigorous sensitivity training to all new provider staff as part of their orientation. The Human Resource Department employs a recruitment and diversity manager who has been developing and implementing diversity training programs for all line staff, nurses and mid-level providers progressively since 2015. Program development is assisted by the Muskegon-Oceana County Health Disparities Reduction Coalition.
- Emergency Department overuse. MHM has been addressing this since 2013 and continues program efforts to identify and mitigate the inappropriate use of the Emergency Departments.
- Hypertension. This was the #3 issue in the 2013 CHNA. MHM has been and continues to address this health issue in conjunction with its CVD and Diabetes programs, as well as participation in the community *One in '21* wellness collaborative. The Health Project also participated in the ASTHO Million Hearts State Learning Collaborative until it ended in early part of FY 16.
- High cholesterol. MHM has been and continues to address this health issue in conjunction with its CVD and Diabetes programs, as well as participation in the community *One in '21* wellness collaborative. MHM also provides financial

- support to several school-, community- and faith-based programs aimed at improved nutrition education, school lunches and access to healthy foods.
- Asthma—juvenile and adult. A grant-funded "Pathways to Healthy Homes" program that addressed asthma triggers in older homes ended in November 2015. MHM does not currently operated an asthma program, but may be implementing one in FY 18.

This implementation strategy plan specifies community health needs that the Hospital has determined to meet in whole or in part and that are consistent with its mission. The needs above may be addressed in a variety of other ways by the Hospital, but will not be the significant foci for this CHNA period. The Hospital reserves the right to amend this implementation strategy plan as circumstances warrant. For example, certain needs may become more pronounced and require enhancements to the described strategic initiatives. During the three years ending June 30, 2019, other organizations in the community may decide to address certain needs, indicating that the Hospital then should refocus its limited resources to best serve the community.

**CHNA IMPLEMENTATION STRATEGY PLAN
FISCAL YEARS 2016-2019**

HEALTH SYSTEM FACILITY:	Mercy, Hackley and Lakeshore Campuses		
CHNA SIGNIFICANT HEALTH NEED:	Access to Primary Care		
CHNA REFERENCE PAGE:	Pp. 9, 10, 11, 17, 18, 24, 34, 35	PRIORITIZATION #:	2 – all 3 campuses
BRIEF DESCRIPTION OF NEED: Implementation of ACA and corresponding robust enrollment campaigns have resulted in overloaded PCPs and a shortage of new providers. Transportation to medical services has been a barrier issue among rural and very low income residents			
GOAL: Improve access to primary care providers throughout the service area, especially in Oceana and Newaygo Counties, which are Health Professional Shortage Areas (HPSA) and Medically Underserved Populations (MUP) designated areas.			
OBJECTIVE: 1. Increase the ratio of patients to primary care providers, population-wide. 2. Create larger panels for primary care practices using interdisciplinary teams.			
ACTIONS THE HOSPITAL FACILITY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED:			
<ol style="list-style-type: none"> 1. Step up recruitment activity to attract new primary care physicians and mid-level primary care providers to the service area, especially in HPSAs and MUPs of Oceana and Newaygo Counties 2. Expand existing MHM practices and establish new practices in underserved areas where feasible 3. Expand hours of operation at MHM practices and urgent care facilities 4. Expand use of Graphic Information Systems to identify areas of high Emergency Department utilizers for primary care 5. Explore use of e-visits and patient portals 			
ANTICIPATED IMPACT OF THESE ACTIONS:			
<ol style="list-style-type: none"> 1. Reduced ratio of primary care providers to patients within the service area. 2. Reduced overuse of Emergency Departments for primary and urgent care. 			
PLAN TO EVALUATE THE IMPACT:			
<ol style="list-style-type: none"> 1. Tracking of patient/primary care provider ratio 2. Tracking of Emergency Department use for non-emergency needs 			
PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT:			
Pathways to Better Health of the Lakeshore Pathways to Healthy Pregnancies			
COLLABORATIVE PARTNERS:			
Health Project, Health Disparities Reduction Coalition MHM Emergency Department, Mercy Pro-Med Services Affinia Health Network of the Lakeshore and Grand Rapids Hackley Community Care Center, FQHC and Muskegon Family Care, FQHC Mercy Health Saint Mary's, North Ottawa Community Hospital Northwest Medical Services, Sable Point Family Care District Health Department #10 West Michigan Migrant Resource Council Enroll West Michigan-Muskegon Public Health Muskegon County			

**CHNA IMPLEMENTATION STRATEGY PLAN
FISCAL YEARS 2016-2019**

HEALTH SYSTEM FACILITY:	Mercy/Hackley Campuses		
CHNA SIGNIFICANT HEALTH NEED:	Care Coordination		
CHNA REFERENCE PAGE:	Pp. 8, 28, 32, 34	PRIORITIZATION #:	1
BRIEF DESCRIPTION OF NEED: Many vulnerable patient populations don't get adequate care due to various social determinants of health and need to better connect to community resources that help support plans of care, disease self-management and prevention. Lack of connection between primary care and mental health providers is also a significant need to be addressed.			
GOAL: Expand existing MHM care coordination programs			
OBJECTIVE: Increase the geographic reach and scope of existing care coordination programs			
ACTIONS THE HOSPITAL FACILITY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED:			
<ol style="list-style-type: none"> 1. Expand enrollment in existing community care coordination programs 2. Increase the number of Community Health Workers (CHW) in Oceana County 3. Increase the number of CHWs embedded in MHM primary care practices 4. Increase/expand the use of CHWs serving high-risk pregnant women and seniors transitioning from acute hospital care and Skilled Nursing Facilities. 5. Expand the use of CHWs in school-based clinics 6. Expand the use of CHWs in mental/behavioral health provider agencies 			
ANTICIPATED IMPACT OF THESE ACTIONS:			
<ol style="list-style-type: none"> 1. Improved health indicators among at-risk patients enrolled in care coordination programs 2. Reduced hospital admissions among at-risk residents 3. Reduced hospital re-admissions among at-risk patients 4. Reduced Emergency Department visits among at-risk patients 			
PLAN TO EVALUATE THE IMPACT:			
<ul style="list-style-type: none"> • Monitor and track patients participating in care coordination program in terms of impact measures above (Clarke Information System) • Assess clinical provider time spent on facilitating/arranging for community care resources to assist patients 			
PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT:			
Pathways to Better Health of the Lakeshore		Pharmaceutical Assistance Program	
Pathways to Healthy Pregnancies		Hospital Discharge Planning	
Pathways to Healthy Futures		Community Paramed	
Senior Transitions Program			
Recovery Oriented Systems of Care			
COLLABORATIVE PARTNERS: Health Project, MHM Care Management, Mercy Health Life Counseling, Mercy Health Emergency Departments, Mercy Pro Med, Affinia Health Network, Community enCompass/Bethany Housing Ministry, District Health Dept. #10, Every Woman's Place, Inc., Hackley Community Care Center, Muskegon Family Care, HealthWest, Muskegon County Continuum of Care Committee, Muskegon Public Schools, Oakridge Public Schools, Senior Resources of West Michigan, Trinity Health/Call to Care Fund, and Westshore Pharmacies.			

**CHNA IMPLEMENTATION STRATEGY PLAN
FISCAL YEARS 2016-2019**

HEALTH SYSTEM FACILITY:	Mercy/Hackley Campuses		
CHNA SIGNIFICANT HEALTH NEED:	Lack of mental health providers		
CHNA REFERENCE PAGE:	Pp. 7, 10, 11, 13, 18, 21, 28, 30, 32, 34,	PRIORITIZATION #:	3
BRIEF DESCRIPTION OF NEED: Depression and anxiety emerged from the CHNA as a significant problem among all demographics, especially among African American and Hispanic/Latino men and seniors. Muskegon County does not have sufficient treatment providers to address the need.			
GOAL: Increase access to mental health providers.			
OBJECTIVE:			
<ol style="list-style-type: none"> 1. Increase the number of mental health providers associated with or available to MHM patients 2. Improve access to mental health providers by African American and Hispanic/Latino men, isolated seniors and youth 			
ACTIONS THE HOSPITAL FACILITY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED:			
<ol style="list-style-type: none"> 1. Add new providers to Mercy Life Counseling staff 2. Increase the number of CHWs with specialized experience in mental/behavior health disorders 3. Strengthen relationship with HealthWest and private mental health providers to provide treatment options to low-income persons with mental health disorders 4. Ensure medical providers, including school-based clinics, are aware of community mental health resources available for patient referrals 			
ANTICIPATED IMPACT OF THESE ACTIONS:			
<ol style="list-style-type: none"> 1. Increased availability of mental health providers to accept new patients, and to make appointments for existing patients 2. Increased referrals to mental health providers 			
PLAN TO EVALUATE THE IMPACT:			
<ol style="list-style-type: none"> 1. Track amount of providers 2. Track amount of patients and/or appointments per provider 3. Track referrals to providers 			
PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT:			
Mercy Life Counseling/Recovery Oriented Systems of Care Pathways to Better Health of the Lakeshore Senior Transitions Pathways to Healthy Futures			
COLLABORATIVE PARTNERS:			
HealthWest Mercy Life Counseling Pathways to Better Health of the Lakeshore Hackley Community Care Center Pine Rest Christian Mental Health Services			

**CHNA IMPLEMENTATION STRATEGY PLAN
FISCAL YEARS 2016-2019**

HEALTH SYSTEM FACILITY:	Mercy/Hackley Campuses		
CHNA SIGNIFICANT HEALTH NEED:	Lack of Substance Abuse Treatment Providers		
CHNA REFERENCE PAGE:	Pp. 9, 10, 11, 13, 18, 28, 29, 30, 32, 34, 35	PRIORITIZATION #:	5
BRIEF DESCRIPTION OF NEED: Health data from the CHNA indicates that substance abuse, including alcohol, illegal drugs and prescription drugs, is a persistent problem in Muskegon County. Access to ambulatory treatment is extremely limited and in-patient care is unavailable in Muskegon County. Alcohol abuse among seniors, marijuana and prescription drug abuse among youth were especially noted.			
GOAL: Improve access to substance abuse treatment, especially among youth and seniors			
OBJECTIVE:			
<ol style="list-style-type: none"> 1. Increase number of substance abuse treatment resources in Muskegon County 2. Reduce rates of alcohol use, especially among seniors and youth 3. Reduce rates of prescription drugs, especially among youth 			
ACTIONS THE HOSPITAL FACILITY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED:			
<ol style="list-style-type: none"> 1. Add new providers to Mercy Life Counseling staff 2. Increase the number of CHWs with specialized experience in mental/behavior health disorders 3. Strengthen relationship with HealthWest and private mental health providers to provide treatment options to low-income persons with substance abuse disorder 4. Ensure medical providers, including school-based clinics, are aware of community mental health resources available for patient referrals 			
ANTICIPATED IMPACT OF THESE ACTIONS:			
<ol style="list-style-type: none"> 1. Increased availability of substance abuse treatment providers to accept new patients, and to make appointments for existing patients. 2. Increased referrals to substance abuse treatment providers. 			
PLAN TO EVALUATE THE IMPACT:			
<ol style="list-style-type: none"> 1. Track amount of providers 2. Track amount of patients and/or appointments per provider 3. Track referrals to providers 			
PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT:			
Mercy Life Counseling/Recovery Oriented Systems of Care Pathways to Better Health of the Lakeshore Pathways to Healthy Futures Drug Free Muskegon Coalition KPEP treatment programs for ex-offenders			

COLLABORATIVE PARTNERS:

HealthWest
 Mercy Life Counseling
 Pathways to Better Health Of the Lakeshore
 Hackley Community Care Center
 Muskegon Family Care
 Lakeshore Regional Entity
 KPEP

**CHNA IMPLEMENTATION STRATEGY PLAN
 FISCAL YEARS 2016-2019**

HEALTH SYSTEM FACILITY:	Mercy, Hackley and Lakeshore Campuses		
CHNA SIGNIFICANT HEALTH NEED:	Diabetes		
CHNA REFERENCE PAGE:	7, 11, 12, 20, 21, 24, 27, 30, 31, 34, 35	PRIORITIZATION #:	4 – Mercy/Hackley 5 - Lakeshore

BRIEF DESCRIPTION OF NEED: Data from the CHNA indicates that 23% of the Muskegon County residents report having been diagnosed with diabetes, particularly among African Americans and Hispanic population segments. Access to primary care, inadequate health coverage and low medication adherence are contributing factors. Other contributing factors are high rates of smoking, alcohol abuse, poor nutrition, lack of physical activity, and obesity across all socio-economic sectors .

GOAL: Reduce the incidence and prevalence of diabetes in Muskegon County.

OBJECTIVE:

1. Implement treatment and self-management programs to address the incidence and prevalence of diabetes, especially juvenile diabetes and among minority population segments
2. Implement community programs to impact the social determinants of diabetes, especially smoking, alcohol abuse, poor nutrition and lack of exercise.

ACTIONS THE HOSPITAL FACILITY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED:

1. Continue mobile community outreach, with diabetes education and screening
2. Expand outreach to the central bus station hub to easier connect with individuals across the service area
3. Hold three large community-based education events per year
4. Provide Living with Diabetes classes for both new diabetics and those struggling to manage their condition.
5. Educational radio program "Journey to Better Health"

ANTICIPATED IMPACT OF THESE ACTIONS:

1. Decrease in individuals with diabetes long term
2. Better control over A1C number for those living with diabetes

PLAN TO EVALUATE THE IMPACT:

Using both Clarke Information System for outreach and the patient registry for clinical indicators:

1. Increase in event and class attendance
2. Decrease in new diabetes diagnoses
3. Increase in those living with diabetes that is well controlled

PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT:

Pathways to Better Health of the Lakeshore
 Health Project
 Mercy Health Heart Center
 MHM Diabetes and Medical Nutrition Therapy Program
 YMCA Diabetes Prevention Program

COLLABORATIVE PARTNERS:

Health Project
 Affinia Health Network
 Hackley Community Care Center
 Muskegon Family Care
 Mission for Area People
 Christians for Health Care
 Muskegon Family YMCA

Adoption of Implementation Strategy

On March 31, 2016, the Board of Trustees for Mercy Health Muskegon Mercy and Hackley Campuses met to discuss the 2016-2019 Implementation Strategy for addressing the community health needs identified in the 2016 Community Health Needs Assessment. Upon review, the Board approved the Implementation Strategy and the related budget. The Mercy Health Muskegon Senior Leadership Team approved this Implementation Strategy Plan on November 14, 2016.

**Stevi Riel, Health Project Executive Director and
 Community Benefit Ministry Officer, Mercy Health Muskegon**
 Name/Title

11/15/16
 Date