



MERCY HEALTH

Mercy Health Mercy Campus, Hackley Campus and
Lakeshore Campus

CHNA Implementation Strategy Fiscal Years 2020 - 2022

Mercy Health Muskegon completed a comprehensive Community Health Needs Assessment (CHNA) jointly among its two Mercy Health Muskegon hospitals and Lakeshore Critical Care facility, and it was adopted by the Board of Directors on 6/27/2019. Mercy Health (MH) performed the CHNA in adherence with applicable federal requirements for not-for-profit hospitals as set forth in the Affordable Care Act (ACA) and by the Internal Revenue Service (IRS). The assessment took into account a comprehensive review of secondary data analysis of patient outcomes, community health status, and social determinants of health, as well as primary data collection including input from representatives of the community, community members, and various community organizations.

The complete CHNA report is available electronically at <https://www.mercyhealth.com/assets/documents/community-benefit/chna-report-2019-muskegon-and-the-lakeshore.pdf> , or printed copies are available at the Health Project, 565 W. Western Ave., Muskegon; the Mercy Campus at 1500 E. Sherman Blvd., Muskegon; the Hackley Campus at 1700 Clinton Ave., Muskegon; and Lakeshore Campus at 72 S. State St., Shelby.

Hospital Information

Mercy Health Muskegon consists of three campuses: Mercy Campus is a full-service hospital in southern Muskegon, Hackley Campus is a full-service hospital in central 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.

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, approved and adopted on 6/27/2019, identified the significant health needs within the Mercy Health Muskegon service area, including Lakeshore Campus. Those needs were then prioritized based on results of the community survey and other social

indicator data, focus groups, and community meetings, using a framework that incorporated root-cause analysis to identify and address the social influencers of health along the lakeshore, with a focus on the causes of disease in our community. Based on the review of data and community input, the Health Project Advisory Board developed recommendations to the Mercy Health Muskegon Board of Trustees. The significant health needs identified in order of priority include:

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| <p>1) Substance Use - Opioid Education</p> | <p>Between 2010 and 2015, the Muskegon Medical Examiner reported that 179 people died from substance-related overdoses, of which 95% involved opioids.</p> <ul style="list-style-type: none"> - When CHNA survey respondents were asked whether they understood the risks associated with prescription opioids, 20% of Oceana and 12% of Muskegon County residents reported they did not. |
| <p>2) Employment - Need for Skill Building</p> | <ul style="list-style-type: none"> - Poverty rates are 15.2% in Muskegon County, 14.6% in Oceana County and 14.2% in Newaygo County. According to the United Way ALICE (Asset Limited, Income Constrained, and Employed) study, many area households who earn more than the Federal Poverty Level also struggle to cover the cost of basic needs and estimate that 25% of households in Muskegon and 31% in Oceana County fall within this demographic. - Need for skill building: Of 65 businesses surveyed in Muskegon County in 2018, 21% reported that a primary difficulty in hiring and retaining qualified employees was educational barriers, and 71% referenced specialized skill requirements. - Trades and technical training: 45% of CHNA survey respondents indicated they would take advantage of additional education or training to advance their employment goals if assistance were available. |
| <p>3) Childcare - Availability</p> | <ul style="list-style-type: none"> - In 2018, 22 of 43 census tracts in Muskegon County and 3 of 7 census tracts in Oceana County qualified as childcare deserts as designated by the Center for American Progress. - 11% of Muskegon and 9.9% of Oceana CHNA survey respondents report they have had to give up employment opportunities because of a lack of dependable childcare. |

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| <p>4) Nutrition – Affordability/Availability of Healthy Food</p> | <ul style="list-style-type: none"> – Affordability of healthy food: 40.9% of CHNA survey respondents reported cost of healthy food was a barrier. – Availability of healthy food: 3.3% of CHNA survey respondents reported cost of healthy food was a barrier, with a high of 5.9% for Oceana County. |
| <p>5) Housing – Where to get Help</p> | <ul style="list-style-type: none"> – According to the 2017 Muskegon County Consolidated Plan for Housing and Community Development, lower-income residents face challenges in finding affordable housing. They note that rent costs and home prices are increasing faster than local wage rates |
| <p>6) Advance Directives</p> | <ul style="list-style-type: none"> – When CHNA Survey respondents were asked if they have an advance directive, 73.3% reported they do not. |
| <p>7) STI/STD - What protects from infection</p> | <ul style="list-style-type: none"> – In 2017, Muskegon County reported 1,429 cases of chlamydia—the 10th highest number of cases in the state. Muskegon’s rate is well above the overall Michigan rate. (Michigan Annual STD Summary Report) – When CHNA Survey respondents were asked if they knew where to get tested for an STD, 10.4% indicated that they did not know. |
| <p>8) Education - Special Education</p> | <ul style="list-style-type: none"> – Town Hall participants representing all school districts in the service area felt that the special education programs in their schools were understaffed and not providing enough support to students needing these programs. |

Hospital Implementation Strategy

Mercy Health Muskegon resources and 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:

- **Substance Use—Opioid Education - page 5**
- **Employment – Need for Skill Building – page 7**
- **Childcare Availability – page 10**

Significant health needs that 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 that they deemed most pressing, under-addressed, and within its ability to influence. Mercy Health Muskegon will not take action on the following health needs:

- **Nutrition** – Mercy Health Muskegon does not plan to directly address this particular need because there are existing initiatives targeting this priority. MH will continue to advocate for and work with community partners on supporting access and affordability of healthy foods.
- **Housing insecurity** – Mercy Health Muskegon does not plan to directly address this particular need because there are existing initiatives targeting this priority, and efforts to address economic stability through workforce development and childcare availability would be expected to have a positive impact on housing security. MH will continue to advocate for and work with community partners addressing housing security.
- **Advance Care Directives** – Mercy Health Muskegon does not plan to directly address this particular need because there are existing initiatives targeting this priority. MH will continue to participate and support collaborative efforts to address Advance Care Directives.
- **Sexually Transmitted Infections/Diseases** – Mercy Health Muskegon does not plan to directly address this particular need because there are existing initiatives targeting this priority. MH will continue to participate and support collaborative efforts to prevent and reduce STI/D infections.
- **Special Education** – Mercy Health Muskegon does not plan to directly address this particular need because there are existing initiatives targeting this priority.

This implementation strategy specifies community health needs that the hospital has determined to address in whole or in part and that are consistent with its mission. The hospital reserves the right to amend this implementation strategy as circumstances warrant. For example, certain needs may become more pronounced and require enhancements to the described strategic initiatives. During these three years, 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
FISCAL YEARS FY 2020 – FY2022**

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|--------------------------------------|----------------------------------|--------------------------|---|
| Hospital facility: | Mercy Health Muskegon | | |
| CHNA significant health need: | Substance Use – Opioid Education | | |
| CHNA reference page: | 39 | Prioritization #: | 1 |

Brief description of need:

Between 2010 and 2015, the medical examiner reports that 127 Muskegon County residents died from opioid related deaths. Opioid-related fatalities surpassed both gun and traffic accident fatalities in 2014 and have remained the number one reason for fatalities in the county. In 2017, there were 43 opioid related overdose deaths in Muskegon, Oceana and Newaygo Counties.

Goal: Reduce opioid involved overdose deaths.

SMART Objective(s):

- Increase admissions to publicly funded substance use disorder treatment, with opioids as the primary drug in Muskegon and Oceana Counties, by 10% by 2022.
- Decrease by 10% the high school students reporting recent misuse of a prescription painkiller in Muskegon and Oceana Counties by 2022.
- Decrease in Muskegon and Oceana Counties' residents reporting they are unaware of the risks of prescription opioids by 2022.

Actions the hospital facility intends to take to address the health need:

| Strategies | Timeline | | | Committed Resources | | Potential Partners |
|---|----------|----|----|---|--|--|
| | Y1 | Y2 | Y3 | Hospitals | Other Sources | |
| Convene a joint meeting of opioid taskforces from Muskegon, Oceana and Newaygo Counties to identify opportunities, challenges and priorities. | x | | | Mercy Health Mercy Campus, Hackley Campus & Lakeshore Campus | Other funding and existing programs including collaborative groups working to reduce | Muskegon Opioid Task Force Oceana Leads Opioid Task Force Newaygo Headway Coalition Opioid Action Team |

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| Support ongoing work of the opioid task forces from counties within the service area which include: <ul style="list-style-type: none"> preventing youth misuse community education increasing access and availability of treatment services medication disposal opportunities and promotion | x | x | x | <ul style="list-style-type: none"> Personnel Cash and in-kind financial resources | opioid problems and publicly funded SUD treatment | CHNA Advisory Committee of Mercy Health West MI Community Mental Health HealthWest SUD Treatment Providers |
| Continue efforts to strengthen Mercy Health policies and practices to ensure safe opioid prescribing; including patient education regarding risks of prescription opioids. | x | x | x | | | Opioid workgroup established internally at Mercy Health Muskegon |
| Funding from the HP Advisory Board of Directors Community Benefit Board Initiatives grant program and Sister Simone Courtade will be used to invest in programs that align with the 2019 CHNA priorities. | x | x | x | | | |

Anticipated impact of these actions:

| CHNA Impact Measures | CHNA Baseline | Target |
|---|---|----------------------|
| Decrease in opioid related overdose deaths. Source: https://mi-suddr.com/blog/2018/09/26/opioid-heroin-poisonings/ | 43 deaths in 2017 (Muskegon 34, Newaygo 8, Oceana 1) | 15% decrease (37) |
| Increase in publicly funded treatment admissions for opioid use (Rx opioids and/or heroin) Source: https://mi-suddr.com/blog/2018/09/26/teds/ | 1,271 Admissions in 2017 (Muskegon 1,077, Newaygo 130, Oceana 64) | 10% increase (1,398) |
| Decrease in high school students reporting recent misuse of prescription painkillers. Source: MIPHY | Muskegon 4.5% in 2018 Oceana 2.6% in 2018 | 3% or less |
| Decrease in community residents reporting they are unaware of the risks of prescription opioids. | Muskegon 87.1% in 2019 Oceana 78.2% in 2019 | 90% or more |

Plan to evaluate the impact:

Objectives will be monitored to ensure completion. Impact measures will be monitored on an annual/bi-annual basis as available and reviewed by the CHNA Advisory Committee. For measures not achieving the intended target, a review of activities will be done to determine necessary enhancements or modification.

**CHNA IMPLEMENTATION STRATEGY
FISCAL YEARS FY2020-FY2022**

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|--------------------------------------|--------------------------------------|--------------------------|---|
| Hospital facility: | Mercy Health Muskegon | | |
| CHNA significant health need: | Employment – Need for Skill Building | | |
| CHNA reference page: | 28 | Prioritization #: | 2 |

Brief description of need:

According to the World Health Organization, poverty is the single largest determinant of health. Within the service area, poverty is most prevalent in Muskegon County at 15.2%, followed by Oceana at 14.6%, and Newaygo County at 14.2%. Although unemployment rates are low, there are many employed individuals struggling to achieve economic stability. According to the United Way ALICE (Asset Limited, Income Constrained, and Employed) Point in Time survey, many area households who earn more than the Federal Poverty Level also struggle to cover the cost of basic needs and estimate that 25% of households in Muskegon and 31% in Oceana County fall within this ALICE demographic. The most reported barrier to finding or accessing a higher-paying job were current education/skills, and almost half (45%) of survey respondents report that they would try to take advantage of additional education or training to advance their employment goals if assistance were available.

Goal: Increase the percent of employed residents who earn enough to afford basic household needs.

SMART Objective(s):

- By the end of January 2020, the Livability Lab Workforce Development group will have collected input of at least 50 people in Muskegon and Oceana Counties.
- By the end of March 2020, the Livability Lab Workforce Development group will have identified up to four opportunities to expand or replicate successful workforce development initiatives.
- By June 2020, the Health Project Board will have approved funding for up to \$50,000 for workforce development enhancements through its Community Benefit Board Initiatives (CBBI) program.

Funding from the HP Advisory Board of Directors Community Benefit Board Initiatives grant program and Sister Simone Courtade will be used to invest in programs that align with the 2019 CHNA priorities.

Actions the hospital facility intends to take to address the health need:

| Strategies | Timeline | | | Committed Resources | | Potential Partners |
|---|----------|----|----|--|--|--|
| | Y1 | Y2 | Y3 | Hospitals | Other Sources | |
| Gather community resident input through local focus groups and/or input meetings in local communities throughout the region to better understand barriers to economic stability and achieving employment that provides a living wage. | x | | | Mercy Health Mercy Campus, Hackley Campus & Lakeshore Campus • Personnel • Cash and in-kind financial resources | Other funding and existing programs addressing workforce development (e.g. ISDs, Chambers of Commerce, MI Works, etc.) | CHNA Advisory Committee Chambers of Commerce |
| Convene stakeholders and provide a forum to enhance coordination and establish partnerships as necessary to expand efforts to improve workforce development. | x | x | x | Mercy Health Mercy Campus, Hackley Campus & Lakeshore Campus • Personnel • Cash and in-kind financial resources | | CHNA Advisory Committee Chambers of Commerce MI Rehab, Disability Network, Senior Services, Second Act, Mercy Health Talent Acquisition Team, Muskegon MADE, MAISD MI Works |
| Economic Action Team will identify people within the South Heights Resilience Zone who would like assistance with workforce development and then design intervention based upon the needs of those individuals. | | x | x | Mercy Health Mercy Campus and Hackley Campus • Personnel • Cash and in-kind financial resources | | CHIR Committees |

| | | | | | | |
|---|--|---|---|--|--|---|
| Support continuation and expansion of initiatives prioritized during the Livability Lab 100 Day Challenge by the established work teams targeting workforce development issues. | | x | x | Mercy Health Mercy Campus and Hackley Campus <ul style="list-style-type: none"> • Personnel • Cash and in-kind financial resources | | 100 Day Challenge work teams and leaders CHNA Advisory Committee |
| Funding from the HP Advisory Board of Directors Community Benefit Board Initiatives grant program and Sister Simone Courtade will be used to invest in programs that align with the 2019 CHNA priorities. | | x | x | Mercy Health Mercy Campus, Hackley Campus & Lakeshore Campus <ul style="list-style-type: none"> • Cash and financial resources. | | CHNA Advisory Committee Mercy Health Board |

Plan to evaluate the impact:

Objectives will be monitored to ensure completion. Impact measures will be monitored on a bi-annual basis and reviewed by the CHNA Advisory Committee. For measures not achieving the intended target, a review of activities will be done to determine necessary enhancements or modifications. Additional impact measures will be determined once priority action items have been determined.

CHNA IMPLEMENTATION STRATEGY FISCAL YEARS FY20-FY22

| | | | |
|--------------------------------------|------------------------|--------------------------|---|
| Hospital facility: | Mercy Health Muskegon | | |
| CHNA significant health need: | Childcare Availability | | |
| CHNA reference page: | 22 | Prioritization #: | 4 |

Brief description of need:

Childcare availability and dependability are significant factors in providing support to individuals as they move from poverty to economic stability. According to Head Start of Muskegon/Oceana County 2017 Community Assessment, access to childcare remained problematic. Based on 2018 data, approximately half of the census tracts in these counties (22 of 43 in Muskegon and 3 of 7 in Oceana) are designated as childcare deserts. Tracts designated as a childcare desert are those with more than 50 children under age 5 who have no childcare providers, or so few options that there are more than 3 times as many children as there are licensed childcare slots.

Goal: Increase availability of licensed childcare in census tracts designated as childcare deserts.

SMART Objective(s):

- By the end of January 2020, the Livability Lab Childcare Availability group will have collected input of at least 30% of the daycare provider community in Muskegon and Oceana Counties.
- By the end of January 2020, the Livability Lab Childcare Availability group will have collected input from at least 100 working parents on childcare issues.
- By the end of January 2020, the Lakeshore Chamber of Commerce will have collected input from at least 10% of their member businesses on childcare issues.

Funding from the HP Advisory Board of Directors Community Benefit Board Initiatives grant program and Sister Simone Courtade will be used to invest in programs that align with the 2019 CHNA priorities.

Actions the hospital facility intends to take to address the health need:

| Strategies | Timeline | | | Committed Resources | | Potential Partners |
|--|----------|----|----|---|--|---|
| | Y1 | Y2 | Y3 | Hospital | Other Sources | |
| Assess parent concerns and barriers related to childcare availability, including concerns specific to shift workers, grandparents raising grandchildren, single parents, and parents of children with special needs. | x | | | Mercy Health Mercy Campus, Hackley Campus & Lakeshore Campus | Other funding and existing programs addressing childcare issues (e.g. DHS, Great Start to Quality, etc.) | <ul style="list-style-type: none"> – Great Start Collaborative – DHS – THRIVE – Goodwill – Employee Res, Network – MAISD, NCRESA and OISD |
| Assess licensed childcare provider support needed and barriers to expansion, including needs specific to home-based and center-based providers. | x | | | <ul style="list-style-type: none"> • Personnel • Cash and in-kind financial resources | | <ul style="list-style-type: none"> – Livability Lab Childcare Access Team – Great Start Collaborative |
| Assess what local employers currently do to support their employees' needs related to childcare. | x | | | | | Chamber of Commerce |
| Support continuation, and expansion of initiatives prioritized during the Livability Lab 100 Day Challenge by work teams targeting childcare access. | x | x | x | | | CHNA Advisory Committee |
| Convene stakeholders and provide a forum to enhance coordination and establish partnerships as necessary to expand efforts to improve access to quality childcare. | x | x | x | | | CHNA Advisory Committee |
| Funding from the HP Advisory Board of Directors Community Benefit Board Initiatives grant program and Sister Simone Courtade will be used to invest in programs that align with the 2019 CHNA priorities. | x | x | | Cash and financial resources | | <ul style="list-style-type: none"> CHNA Advisory Committee Mercy Health Board |

Anticipated impact of these actions:

| CHNA Impact Measures | CHNA Baseline | Target |
|--|--|--|
| Increase in licensed childcare 'slots' in census tracts designated as a childcare desert | 933 'slots' Muskegon 18 'slots' Oceana | 20% increase in 'slots' (1,120 Muskegon, 22 Oceana) |
| Decrease in census tracts designated as 'childcare deserts' | 51% (22 of 43) Muskegon 43% (3 of 7) Oceana | 37% (16 of 43) Muskegon 29% (2 of 7) Oceana |

Plan to evaluate the impact:

Objectives will be monitored to ensure completion. Impact measures will be monitored on an annual basis and reviewed by the CHNA Advisory Committee. For measures not achieving the intended target, a review of activities will be done to determine necessary enhancements or modification. Additional impact measures may be determined once priority action-items have been determined.

Adoption of Implementation Strategy

On October 24, 2019, the Board of Directors for Mercy Health Muskegon, met to discuss the FY2020 thru FY2022 Implementation Strategy for addressing the community health needs identified in the 2019 Community Health Needs Assessment. Upon review, the Board approved this Implementation Strategy and the related budget.

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 Name & Title Date