



Mercy Health Saint Mary's CHNA Implementation Strategy Fiscal Years 2022 – 2024

Mercy Health St. Mary's completed a comprehensive joint Community Health Needs Assessment (CHNA) for Kent County with its hospital partners Metro Health, Spectrum Health, Pine Rest Mental Health Services, Mary Free Bed, and the Kent County Health Department. Mercy Health staff produced an amendment to the Kent County CHNA, and it was adopted by the Board of Directors on 6/24/2021. 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 considered 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 [Community Health Needs Assessment | Mercy Health](#) or printed copies are available at the Health Project offices at 150 Jefferson in Grand Rapids and the main hospital at 200 Jefferson, Grand Rapids, MI 49503.

Hospital Information

Mercy Health Saint Mary's is a non-profit health care system and a ministry of Trinity Health, Michigan's largest and one of the nation's largest Catholic Health Systems. As a member of Trinity Health, Mercy Health Saint Mary's mission statement asserts, we serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities. Serving the people of greater Grand Rapids in Kent County, Michigan, Mercy Health Saint Mary's is directed by the core values of reverence, a commitment to those who are poor, justice, stewardship, and integrity. Mercy Health Saint Mary's operates under a health care model of patient-centered care that offers a seamless system of comprehensive and continuous service including the integration of complementary therapies into traditional allopathic medicine. Over the past century health care has changed dramatically and Mercy Health Saint Mary's has innovatively responded to those changes. However, one thing has remained constant and that is, Mercy Health Saint Mary's dedication to its mission to administer care, compassion, and healing, with reverence, dignity, and respect, to all who need it.

From its origins in 1893 as a small 15-bed hospital located in central Grand Rapids, today Mercy Health Saint Mary's maintains a vibrant campus in the inner city. Mercy Health Saint Mary's is comprised of a 283-bed hospital, two emergency departments, two urgent care facilities, a 28-bed inpatient medical psychiatric unit, Sanctuary at Saint Mary's (an affiliated 139-bed long-term care and rehabilitation facility), Hauenstein Neuroscience Center, Lacks Cancer Center, and the Wege Institute for Mind, Body and Spirit. In addition, Mercy Health Saint Mary's has two physician practices that were formerly Federally Qualified Health Centers (FQHCs) that continue to provide primary care, preventative and social support services in our Roosevelt Park neighborhood that predominately serve communities of color that face amplified economic and racial disparities.

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 6/30/2021, identified the significant health needs within the Mercy Health Saint Mary's service area, including the 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 Saint Mary's CHWB Advisory Board developed recommendations to the Mercy Health Saint Mary's Board of Trustees. The significant health needs identified in order of priority include:

<p>1) Access to Health Care</p>	<p>Access to affordable medical, dental, and mental health care is an important factor that contributes to length and quality of life. Timely access to regular health services and treatment can help prevent disease, detect, and treat illness sooner, and manage chronic conditions, enabling individuals to live longer, healthier lives. There have been some key findings for Kent County in the CHNA.</p> <ul style="list-style-type: none"> - The percentage of adults age 18-64 who are uninsured has increased to 11% in Kent County and is higher among black residents at 19% and 32% or 4 times the rate for Hispanic residents. - 1 in 5 Kent County residents have not had a routine checkup in the past year and 9% of the population needed to see a doctor but did not because of the costs.
<p>2) Discrimination & Racial Inequity</p>	<p>Discrimination has been linked to health problems such as anxiety, depression, obesity, high blood pressure, and substance abuse. It may also cause people to not participate in health-promoting behaviors such as cancer screening, diabetes management, and smoking cessation. At the systems-level, discriminatory policies and institutional practices create unhealthy living environments and restrict access to social and economic opportunities. This structural discrimination—particularly racism—is a driving force of the social determinants of health and an additional barrier to health equity.</p> <ul style="list-style-type: none"> • In the Kent County needs assessment survey, 47% of Black respondents and 39% of Hispanic respondents reported that discrimination was a constant stressor. Inequities refers to an unfair or unjust difference in health outcomes and factors influencing health such as housing employment, environment along racial or ethnic lines. • In Kent County, compared to their White counterparts, Black residents in Kent County are more likely to earn less, have higher unemployment rates, lower homeownership rates, and increase risk of chronic diseases and mortality. Perhaps one of the most alarming racial inequities is found in education where 3rd and 8th grade proficiency inequities exist among White and Black and Hispanic children.

3) 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. Health and wealth are closely linked. Economic disadvantage affects health by limiting choice and access to proper nutrition, safe neighborhoods, transportation, and other elements that define an individual's standard of living, whereas economic prosperity provides people with resources that can be used to avoid or buffer exposure to health risks and protect people from chronic stress. In Kent County adults with lower household incomes are more likely to have poor physical and mental health, frequent stress, low access to health care, tobacco use, physical inactivity, and higher rates of chronic disease (such as asthma, diabetes, and cardiovascular disease) compared to those with higher household incomes.

- Wealth disparities and 'pockets of poverty exist in Kent County, often along racial and ethnic lines the top 1% in Kent County make 28.7 times more than the bottom 99%.
- Average weekly wages in Kent County were below state and national average and ranks 3rd in Michigan among counties with racial inequality.
- Increased cost of living and minimal increases in wages mean many people with steady employment still don't earn enough through work to meet their basic needs, known as ALICE (Asset Limited, Income Constrained, Employed) households. 24 % of all Kent County households are ALICE, however in the city of Grand Rapids 47% are ALICE compared with 11% in Ada or the City of East Grand Rapids.

4) 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 diagnosable mental disorders, or health conditions that significantly affect mood, emotion, thinking or behavior, and often impact day-to-day living or ability to function. Examples of mental illnesses include depression, anxiety disorders, eating disorders, and post-traumatic stress disorder. As with many diseases, mental illness can be mild or severe. There are multiple factors that contribute to poor mental health and mental illness. Genetics, environment, and lifestyle often influence whether someone develops a mental health condition and things like stress and traumatic life events make some people more susceptible.

- 23.7% of Kent County Adults have been told by a doctor that they have a depressive disorder. Of those 25% were White residents, 16% were Black and 16.4% were Hispanic. Almost 53% of the LGBTQ community were told they have a depressive disorder.
- Almost 61% of those who made under \$35,000 per year or 2 times the number of those who made more than \$75,000 per year.
- Stress also plays a part in continued strain on the body and physiological systems designed to mitigate stress which leads to increased risk such as heart disease, hypertension, diabetes, and depression. 10% of Kent County residents report being stressed most

- or all of the time in the past 30 days. While relatively even among races, the LGBTQ community is stressed 35% of the time.
- Work, health problems affecting family and friends, family responsibilities, safety and finances are among the top five issues reported to cause stress.

Hospital Implementation Strategy

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

Significant health needs to be addressed

Mercy Health Saint Mary's will focus on developing and/or supporting initiatives, and measure their effectiveness, to improve the following inequities:

Access to Health Care – Pages 8,26,37

Discrimination and Racial Inequity – Pages 9, 13, 37

Economic Security – Pages 10, 29 - 35

Mental Health – Pages 11, 65-68

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 2022 – FY2024**

Hospital facility:	Mercy Health Saint Mary’s		
CHNA significant health need:	Access to Health Care		
CHNA reference pages:	8,26,37	Prioritization #:	1

Brief description of need:

Access to affordable medical, dental, and mental health care is an important factor that contributes to length and quality of life. Timely access to regular health services and treatment can help prevent disease, detect, and treat illness sooner, and manage chronic conditions, enabling individuals to live longer, healthier lives. There have been some key findings for Kent County in the CHNA. The percentage of adults age 18-64 who are uninsured has increased to 11% in Kent County and is higher among black residents at 19% and 32% or 4 times the rate for Hispanic residents. 1 in 5 Kent County residents have not had a routine checkup in the past year and 9% of the population needed to see a doctor but did not because of the costs.

Goal: Increase access to health care and services in Kent County

SMART Objective(s):

- Increase insured rate by 10% within eligible population(s) by 2025.
- Increase the number of annual primary care visits in Mercy Health Saint Mary’s physician practices for disparate and economically disadvantaged patients by 5% by 2025
- Increase screening for social influencers of health in ambulatory and emergency department setting to 75% by 2025
- Increase successful referrals to social support programs based on screenings by 5% by 2025

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

Strategies	Timeline			Committed Resources		Potential Partners
	Y1	Y2	Y3	Resources	Other	
Continue support of primary care safety net clinics operations in low income and vulnerable communities.	X	X	X	Mercy Health Physician Partners (MHPP)		
Support <i>Strong Beginnings</i> Program for pregnant women and families who have access to care barriers.	x	x	x	CHWB staff time	\$138,733 grant	Spectrum Health, Cherry Health, Kent County HD & many others
Support First Step Kent which serves East African refugee women who are pregnant and their infants.	x	x	x	CHWB staff time	\$71,692 grant	

Continue to support Outreach and Enrollment in Federal, State, and Private insurance programs through the Community Health Workers.	x	x	x	Mercy Health CHWB/Health Project staff time		
Continue to support Social Influencers of Health Screening of Mercy Health Patients and referrals to Health Project Hub (CHW Hub) and other organizations. (Priority Population 3 Year Project - 49507)	x	x	x	Mercy Health Registration, MHPP staff time		
Support Community Resource Directory Outreach to stakeholders, physicians, and consumers.	x	x	x	Mercy Health CHWB/Health Project CHI staff time		
Co - Lead Access to Care work group to determine other areas needed to improve access issues in Kent County.	x			Community Health & Well Being Health Project CHI staff time		Kent County Health Department
Support partner organizations with Concierge Medicine Community Grant Program		x	x	Mercy Health Concierge Medicine (annually approx. \$90k-\$150k)		

Anticipated impact of these actions:

CHNA Impact Measures	CHNA Baseline	Target
Decrease rate of uninsured black and Hispanic individuals and families	19%/32%	15%/28%
Increase in annual PCP visits, particularly among vulnerable populations	Baseline to be established 2/1/2022	Target to be established FY22
Decrease uninsured rate in Kent Co.	11%	9%
Decrease in affirmative SIOH Screenings at Mercy Health related to access to care categories	Baseline to be established 7/1/21 to 12/30/21	Target to be established FY22
Increase Social Influencers of Health (SIOH) screenings within Mercy Health	16%	75%

Plan to evaluate the impact:

Access to care objectives will be evaluated using both qualitative and quantitative data. 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. All CHWB measures for enrollment, community care coordination and community health improvement have data sets they utilize to track process as well as examination of intervening variables for strategies impacting the broader community. For community grants initiatives, each funded agency has to submit qualitative and quantitative outcome measures as well as community level data they hope to influence.

CHNA IMPLEMENTATION STRATEGY FISCAL YEARS FY2022-FY2024

Hospital facility:	Mercy Health Saint Mary's	
CHNA significant health need:	Discrimination and Racial Inequity	
CHNA reference page:	9, 31, 37	Prioritization #: 2

Brief description of need:

Discrimination has been linked to health problems such as anxiety, depression, obesity, high blood pressure, and substance abuse. It may also cause people to not participate in health-promoting behaviors such as cancer screening, diabetes management, and smoking cessation. At the systems-level, discriminatory policies and institutional practices create unhealthy living environments and restrict access to social and economic opportunities. This structural discrimination—particularly racism—is a driving force of the social determinants of health and an additional barrier to health equity.

- In the Kent County needs assessment survey, 47% of Black respondents and 39% of Hispanic respondents reported that discrimination was a constant stressor. Inequities refers to an unfair or unjust difference in health outcomes and factors influencing health such as housing employment, environment along racial or ethnic lines.
- In Kent County compared to their White counterparts, Black residents in Kent County are more likely to earn less, have higher unemployment rates, lower homeownership rates, and increase risk of chronic diseases and mortality. Perhaps one of the most alarming racial inequities is found in education where 3rd and 8th grade proficiencies exist in among White and Black and Hispanic children.

Goal: Reduce discrimination and racial inequities within Kent County

SMART Objective(s):

- Increase number of socially and financially vulnerable patients seen within Safety Net Clinics within vulnerable zip codes by 5% by 2025
- Increase number of community stakeholders in CTRU in Kent County by 100 by 2025.
- Improve rates of immunization among minority children within Kent County by 2025
- Increase the rate of preventative mammography screenings among minority patients by 2025

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

Strategies	Timeline			Committed Resources		Potential Partners
	Y1	Y2	Y3	Department	Other Sources	
Work with the Discrimination and Racial Inequities CHNA work team for Kent County.	x	x	x	Mercy Health CHWB/Health Project CHI/HUB staff time		Kent County Public Health
Provide clinical services to vulnerable populations within safety net clinics for minority populations.	x	x	x	Mercy Health Safety Net Clinics staff time		
Provide Community Grants to Partner Organizations working on Discrimination and Racial Inequities		x	x	Mercy Health CHWB/Health Project CHI/HUB staff time		
Mercy Health Diversity and Inclusion Council to review and modify policies with a lens for unconscious bias and inequity in registration, patient care for minority populations.	x			Mercy Health Mission Services staff time		
Develop partnerships with community organizations that can provide insights into the cultural differences in the community served, to better inform strategies to reduce disparities.		x	x	Mercy Health Mission Services staff time		Urban League, Health Department
Offer Coming Together for Racial Understanding (CTRU) master training to community stakeholders and hold trainings within Kent County.	x	x	x	Mercy Health CHWB/Health Project CHI/HUB staff time		Michigan State Extension

Anticipated impact of these actions:

CHNA Impact Measures	CHNA Baseline	Target
Increase of 'likelihood to recommend based on race' hospital measure for HCAP.	Baseline 7/1/21 – 12/30/21 for sub-population	5% above baseline
Increase utilization of Safety Net Clinics by minority populations	Baseline to be established 7/1/21 -12/30/21	5% above baseline
Completion of A3 for Racism and discrimination priority with broader community collaborative	0	1
QI indicators for Preventative Services – Mammogram/Youth Immunization among minority patients	Baseline 7/1/21 - 12/30/21 to be established.	5% above baseline
CTRU Master Trainers	6	24

CTRU Stakeholders Trained by Saint Mary's sponsored program.	0	100
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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 CHWB Steering 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. All CHWB measures for enrollment, community care coordination and community health improvement have data sets they utilize to track process as well as examination of intervening variables for strategies impacting the broader community. For community grants initiatives, each funded agency must submit qualitative and quantitative outcome measures as well as community level data they hope to influence.

**CHNA IMPLEMENTATION STRATEGY
FISCAL YEARS FY22-FY25**

Hospital facility:	Mercy Health Saint Mary's	
CHNA significant health need:	Economic Security	
CHNA reference page:	10, 29 - 35	Prioritization #: 4

Brief Description of Need:

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. Health and wealth are closely linked. Economic disadvantage affects health by limiting choice and access to things like proper nutrition, safe neighborhoods, transportation, and other elements that define an individual's standard of living. Whereas economic prosperity provides people with resources that can be used to avoid or buffer exposure to health risks and protect people from chronic stress. In Kent County adults with lower household incomes are more likely to have poor physical and mental health, frequent stress, low access to health care, tobacco use, physical inactivity, and higher rates of chronic disease (such as asthma, diabetes, and cardiovascular disease) compared to those with higher household incomes.

- Wealth disparities and 'pockets of poverty exist in Kent County, often along racial and ethnic lines the top 1% in Kent County make 28.7 times more than the 99%.
- Average weekly wages in Kent County were below state and national average and ranks 3rd in Michigan among counties with racial inequality.
- Increased cost of living and minimal increases in wages means many people with steady employment still don't earn enough through work to meet their basic needs otherwise known

as ALICE (Asset Limited, Income Constrained, Employed) households. 24 % of all Kent County households are ALICE, however in the city of Grand Rapids 47% are below ALICE compared with 11% in Ada or the City of East Grand Rapids.

- Of particular concern is the community of Grand Rapids in the 49507-zip code where 23.7% of the population falls under the federal poverty line, and just over 33% of children live in poverty. This community's population will be a priority for Mercy Health Saint Mary's going forward in the comprehensive three-year plan to improve patient screening of Social Influencers of Health, referral programs, and deployment or alignment of resources.

Goal: Increase economic security in Kent County

SMART Objective(s):

- Increase access and enrollment in food security programs in Kent County by 5% annually for those facing economic hardships by 2025.
 - Increase food access to 100 people per year through the Good Box Initiative by 2025
 - Increase referrals (as a result of positive SloH screenings) to community-based economic security programs by 10% by 2025
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Actions the hospital facility intends to take to address the health need: Strategies	Timeline			Committed Resources		Potential Partners
	Y1	Y2	Y3	Department	Other Sources	
Increase access to low-cost food with Good Box Program	x			Mercy Health CHWB/Health Project staff time \$48,905	In kind	Heartside Gleaners (operations), Hispanic Center of West Michigan and National Kidney Foundation
Continue to support Outreach and Enrollment of Federal, State, and Private insurance programs through Community Health Workers.	x	x	x	Mercy Health CHWB/Health Project staff time		
Continue to support Social Influencers of Health Screening of Mercy Health Patients and referrals to Health Project Hub and other organizations by way of utilization of the Community Resource Directory. (Priority Project)	x	x	x	Mercy Health Registration, MHPP, Health Project CHW HUB staff time		
Work to develop data framework to understand and discern utility of the Mercy Health Financial Assistance Program across vulnerable communities.	x	x	x	Mercy Health Patient Access Team/Health Project Enrollment staff time		
Work with Kent County CHNA Team on Economic Security to further identify key issues and strategies to address them to align shared goals across year one then works to collaboratively implement.	x	x	X	Community Health and Well Being staff time		
Support partner organizations with Concierge Medicine Community Grant Program		x	X	Mercy Health Concierge Medicine (annually approx. \$90k-150k)		

Anticipated impact of these actions:

CHNA Impact Measures	CHNA Baseline	Target
Decrease in % of affirmative SloH screenings for those indicating economic needs for food	5.1%	3.5%
Increase of food assistance program enrollment in Kent County through Mercy Health and CHWB	Baseline to be established in FY22 with target development to follow	Baseline to be established in FY22 with target development to follow
Increase in # of people served by Good Box food program.	50/year	100/year
Increase % of SIOH Screenings at Mercy Health and MHPP Practices	16%	75%
Increase referrals (as a result of positive SloH screenings) to community-based economic security programs by 10% by 2025	Specific baseline for economic program referrals TBD in FY22	TBD

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 CHWB Steering Committee. 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. All CHWB measures for enrollment, community care coordination and community health improvement have data sets they utilize to track process as well as examination of intervening variables for strategies impacting the broader community. For community grants initiatives, each funded agency has to submit qualitative and quantitative outcome measures as well as community level data they hope to influence.

CHNA IMPLEMENTATION STRATEGY FISCAL YEARS FY22-FY25

Hospital facility:	Mercy Health Saint Mary's	
CHNA significant health need:	Mental Health	
CHNA reference page:	11, 65-68	Prioritization #: 3

Brief Description of Need:

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 diagnosable mental disorders, or health conditions that significantly affect mood, emotion, thinking or behavior, and often impact day-to-day living or ability to function. Examples of mental illnesses include depression, anxiety disorders, eating disorders, and posttraumatic stress disorder. As with many diseases, mental illness can be mild or severe. There are multiple factors that contribute to poor mental health and mental illness. Genetics, environment, and lifestyle often influence whether someone develops a mental health condition and things like stress and traumatic life events make some people more susceptible.

- 23.7% of Kent County Adults have been told by a doctor that they have a depressive disorder. Of those 25% were White residents, 16% were Black and 16.4 were Hispanic. Almost 53% of the LGBTQ community were told they have a depressive disorder.
- Almost 61% of those who made under \$35,000 per year or 2 times the number of those who made more than \$75,000 per year.
- Stress also plays a part in continued strain on the body and physiological systems designed to mitigate stress which leads to increased risk such as heart disease, hypertension, diabetes, and depression. 10% of Kent County residents report being stressed most or all of the time in the past 30 days. While relatively even among races, the LGBTQ community is stressed 35% of the time.
- Work and health problems effecting family and friends, family responsibilities, safety and finances are among the top five issues reported to cause stress.

Goal: Equip our community with the knowledge, tools, and resources to empathetically accept and help individuals in need of behavioral health supports.

SMART Objective(s):

- Increase % of patients screened for SIOH at Mercy Health and MHPP Practices for Mental Health Services to 75% overall by 2025
- Increase investment in programs and services to help with mental health issues by two funded organizations by 2025

Strategies	Timeline			Committed Resources		Project Partners
	Y1	Y2	Y3	Department	Other Sources	
Continue to support Outreach and Enrollment of Federal, State, and Private insurance programs through the HP's Community Health Workers.	x	x	x	Mercy Health Health Project CHW Hub		
Continue to support Social Influencers of Health Screening of Mercy Health Patients and referrals to Health Project Hub and other organizations engaging and helping those with Mental Health.	x	x	x	Mercy Health Health Project Health Project Hub		
Work with Kent County CHNA Team on Mental Health to further identify key issues and strategies to address them.	x	x	x	Mercy Health Community Health & Well Being		Kent County Health Department, Network 180, LRE,
Provide Community Grants to Partner Organizations working on Mental Health Access.		x	x	Mercy Health Concierge Medicine		

Anticipated impact of these actions:

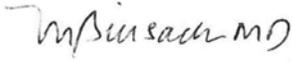
CHNA Impact Measures	CHNA Baseline	Target
# of those enrolling in assistance programs through Mercy Health & CHWB	75/month	115/month
# of those indicating mental health service needs SIOH Screening (PQ9 Assessment)	Baseline 7/1/21 – 12/30/21	Increase 10%
% of patients screened for SIOH at Mercy Health and MHPP Practices	15%	75%
# of Organizations Receiving funding regarding Mental Health Services	0	2

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. All CHWB measures for enrollment, community care coordination and community health improvement have data sets they utilize to track process as well as examination of intervening variables for strategies impacting the broader community. For community grants initiatives, each funded agency has to submit qualitative and quantitative outcome measures as well as community level data they hope to influence.

Adoption of Implementation Strategy

On Friday November 12, 2021, the Board of Directors for Mercy Health Saint Mary's, met to discuss the 2022-2024 Implementation Strategy for addressing the community health needs identified in the 2021 Community Health Needs Assessment. Upon review, the Board approved this Implementation Strategy and the related budget.



Matt Biersack, MD
President and Chief Medical Officer

11/17/2021

Date