COMMUNITY HEALTH
Assessment and Improvement Plan
AT A GLANCE

2016

VISION:

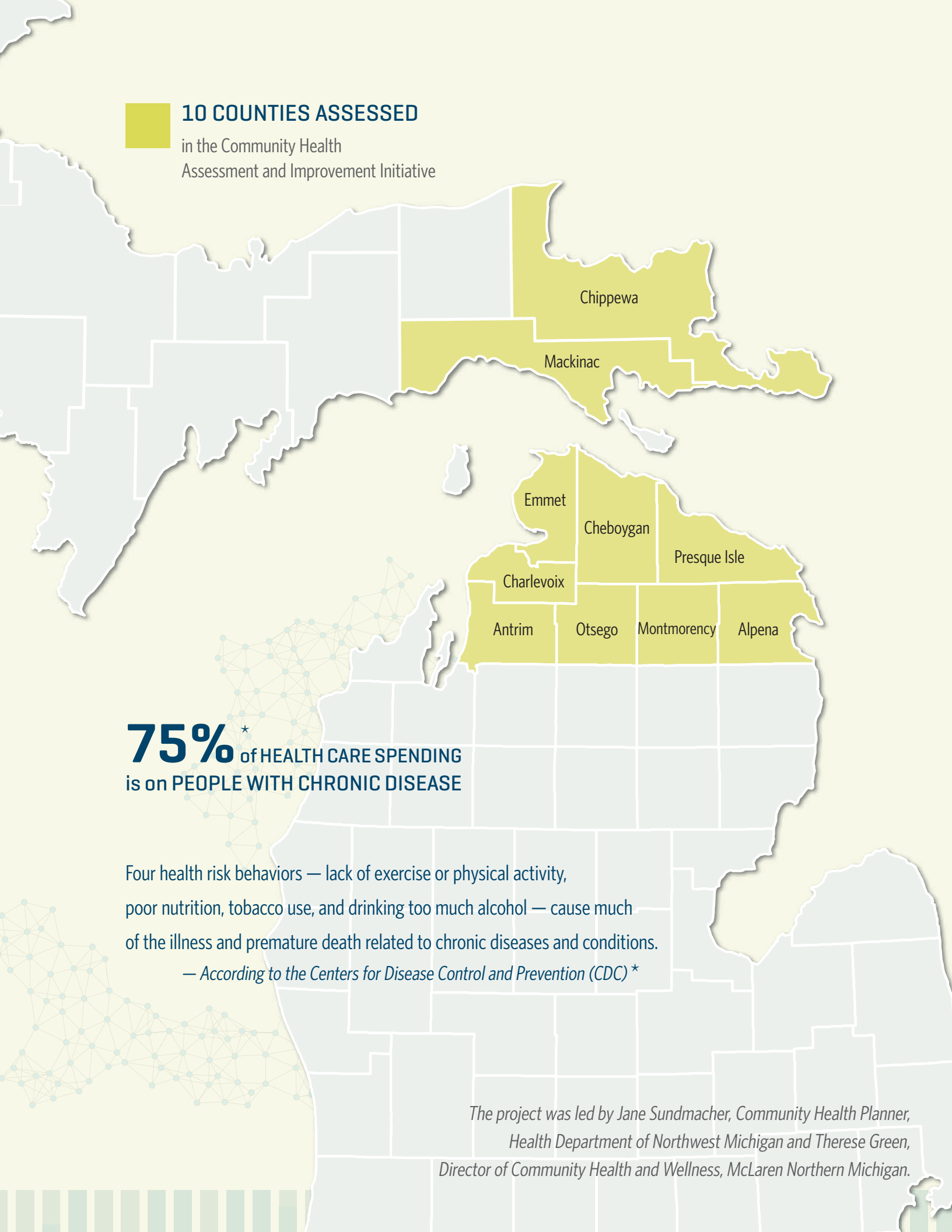
Healthy People in
Healthy Communities

McLaren
NORTHERN MICHIGAN

(800) 248-6777 | northernhealth.org

10 COUNTIES ASSESSED

in the Community Health
Assessment and Improvement Initiative



75%* of HEALTH CARE SPENDING is on PEOPLE WITH CHRONIC DISEASE

Four health risk behaviors — lack of exercise or physical activity, poor nutrition, tobacco use, and drinking too much alcohol — cause much of the illness and premature death related to chronic diseases and conditions.

*— According to the Centers for Disease Control and Prevention (CDC) **

The project was led by Jane Sundmacher, Community Health Planner, Health Department of Northwest Michigan and Therese Green, Director of Community Health and Wellness, McLaren Northern Michigan.

Promoting Individual and Community Wellness,

ONE RESIDENT AT A TIME

McLaren Northern Michigan participated in a region wide Community Health Needs Assessment across ten counties in northern Michigan. The project was funded by the Northern Health Plan and included the following partners:

- District Health Department No. 4
- Health Department of Northwest Michigan
- McLaren Northern Michigan
- Munson Healthcare Charlevoix Hospital
- Northern Health Plan
- Otsego Memorial Hospital

The focus of this Community Health Needs Assessment is to identify the community needs as they exist during the assessment period. The assessment was completed in December 2015. For the purpose of this assessment, community is defined as primary and secondary service areas including Alpena, Antrim, Charlevoix, Cheboygan, Chippewa, Emmet, Mackinac, Montmorency, Otsego and Presque Isle counties. The target population of the assessment reflects an overall representation of the communities served by McLaren Northern Michigan.

- More than 1,220 community residents completed the What Matters to You survey.
- Over 80 physicians and health care providers participated in the health care survey.
- 7 community conversation meetings.
- Regional meeting held; 126 persons participated.
- 120 health indicators such as leading causes of death, disease rates, health risk behaviors, access to health care, were collected and analyzed.

Community Partners: Preparing for a Healthier Region

In addition to the partners, more than 40 sectors of the community including businesses, schools, human service agencies, health providers, tribal health, and faith based organizations participated.

- Health departments
- Area hospitals
- Mental health and substance abuse agencies
- Health care providers
- Businesses
- Health centers
- State, local, and tribal health
- Community and faith-based organizations
- Schools and colleges
- Senior centers
- Service clubs and organizations
- Health plans
- Public safety
- Community residents

Method

Methods used to collect data included community conversation meetings, regional meetings, community survey, and health care provider survey.

Community Health Profile:
A LOOK AT THE RESULTS

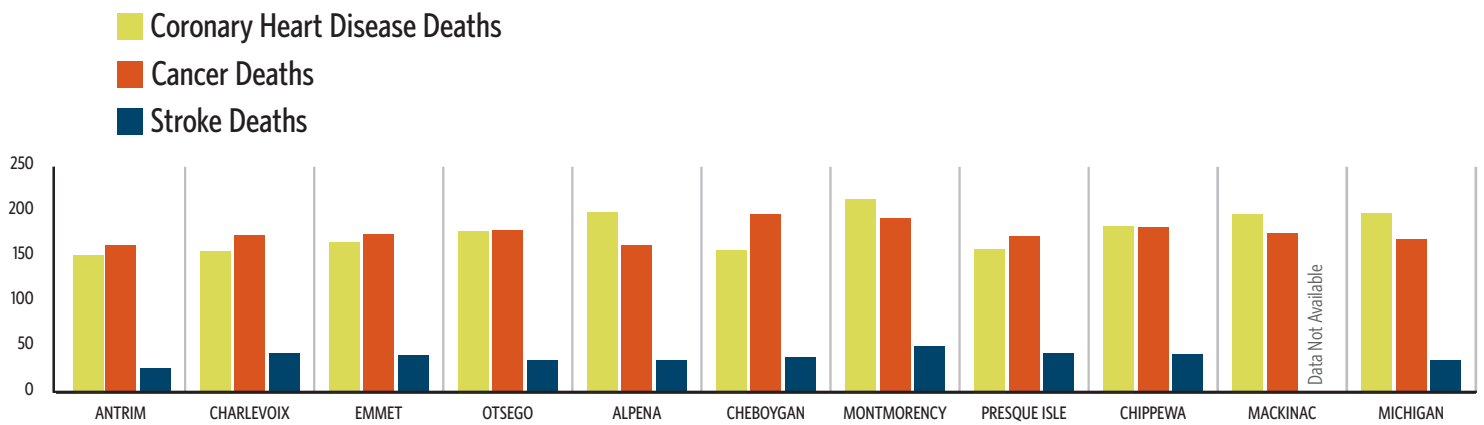
Education and income are the common threads that indicate health and wellness in any population. Throughout northern Michigan, those in an unstable socio-economic position have the highest rates of health risks like obesity, smoking, and chronic disease.

Coupled with health risk factors, a significant proportion of northern Michigan residents experience geographic barriers to health care. Within the expansive region, health care providers are concentrated in population centers, such as Petoskey, where hospitals operate. Many residents must travel long distances for appointments with primary care physicians and specialists. Several areas within the 10-county region are designated as Health Professions Shortage Areas for primary care, mental health, and dental care. Five counties show provider-to-population ratios considerably below State rate 80: 100,000, while counties with hospitals show higher rates, including Emmet County at 134: 100,000.

Meeting the needs of the entire population through education, access, and inclusion will strengthen the community as a whole. Read how McLaren Northern Michigan plans to use accumulated data to address needs in the article "Implementation Plan: Putting Statistics to Work."

Leading Causes of Death/100,000 Residents

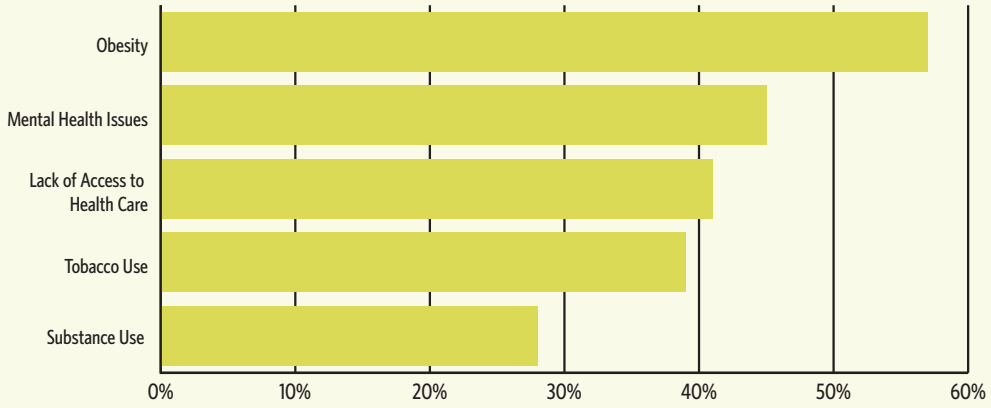
SOURCE: MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES | NATIONAL CANCER INSTITUTE



Five Most Important Health Problems

Percentages Identified by Health Care Providers

SOURCE: HEALTHY COMMUNITY SURVEY



82% OF ADULTS

AND

95% OF CHILDREN

HAVE HEALTH INSURANCE REGIONALLY

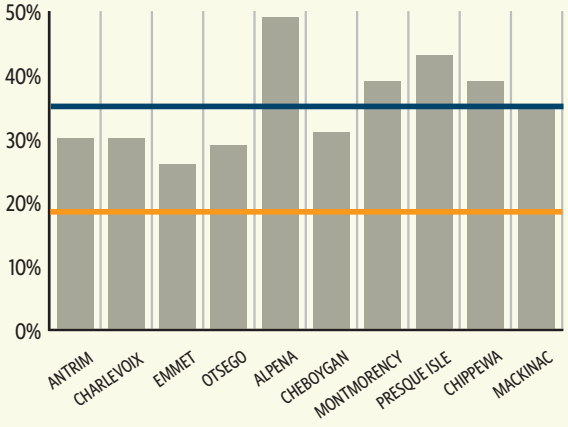
SOURCE: COUNTY HEALTH RANKINGS

Pregnant Women who Smoke

Statewide Rate: 19%

Regional Rate: 35%

SOURCE: COUNTY HEALTH RANKINGS
MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES



Adults Not Engaging in Leisure-Time Physical Activity

Statewide Rate: 23% | Regional Rate: 23%

SOURCE: U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION

Obese Adults

Statewide Rate: 32% | Regional Rate: 32%

SOURCE: COUNTY HEALTH RANKINGS

Adults who Smoke

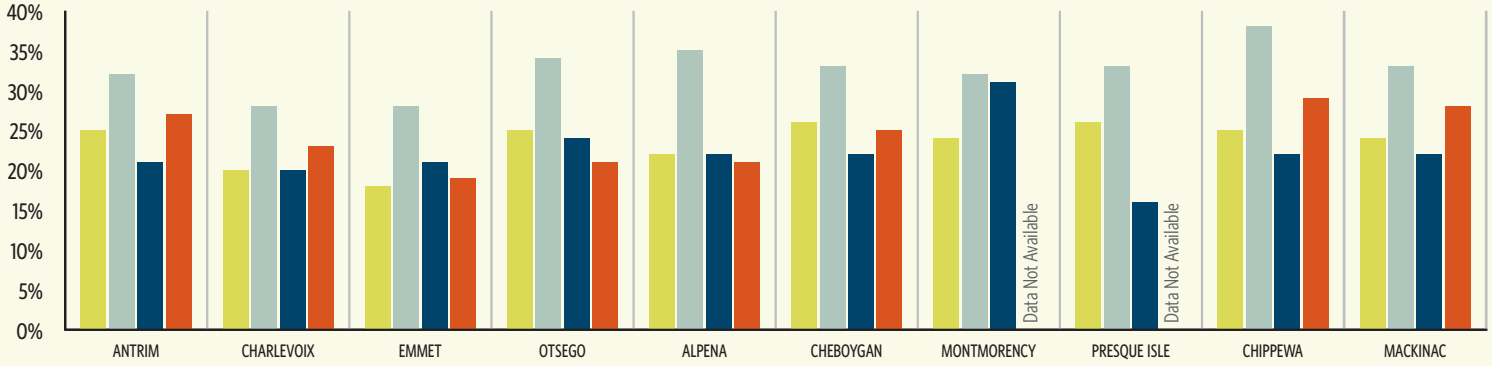
Statewide Rate: 20% | Regional Rate: 22%

SOURCE: COUNTY HEALTH RANKINGS
MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

Adults who Drink Excessively

Statewide Rate: 18% | Regional Rate: 23%

SOURCE: COUNTY HEALTH RANKINGS



Implementation Plan:
PUTTING STATISTICS TO WORK

Numbers tell the story and inform the avenues for intervention. Comprehensive, evidence-based plans focus directly on areas of need, putting resources where they are needed most.

REGIONAL STRATEGIC PRIORITIES

McLaren Northern Michigan utilized key findings in the Community Health Needs Assessment to identify and prioritize an implementation plan. Strategic goals, Community Advisory Council input, and a review of the existing community benefit activities also guided this plan. Three major focus areas were identified:

- Health care access, including maternal, child, and behavioral health
- Chronic disease prevention
- Substance use prevention and treatment, including tobacco

IMPLEMENTATION PLAN

Though there has been momentum in improving access to primary care, behavioral health, maternal health, and coordinated education programs and services focused on reducing chronic disease, there is still room for improvement. Through a long-standing history of collaboration with community partners, McLaren Northern Michigan will continue to build upon implementation strategies for improved health in the communities served.

Following are the goals, objectives, and strategies that McLaren Northern Michigan is pursing to address the issues identified in the assessment. This implementation plan will be monitored to track successful outcomes and areas for additional improvement. McLaren Northern Michigan colleagues will work with regional partners, when appropriate, to secure funding for initiatives that improve health status. The plan and program metrics will be monitored and updated annually with a progress report.

Access to Health Care

GOAL: Improve access to comprehensive quality health care services.

OBJECTIVES:

- Develop capacity to respond to increased demand for primary and specialty care services.
- Increase the proportion of people with health insurance.

STRATEGIES:

- Increase the number of primary and specialty care providers in targeted communities.
- Partner with Federally Qualified Health Centers (FQHC) and rural health clinics to enhance primary care services.
- Continue collaboration with hospitals, health departments, and other regional stakeholders to improve maternal and infant health outcomes including breast feeding, smoking cessation, access to care, safe sleep, and infant mental health.
- Collaborate with mental health, primary care, schools and other stakeholders to address behavioral health including training, intervention and treatment.

Chronic Disease

GOAL: Promote health and reduce chronic disease through the consumption of healthy diets and achievement and maintenance of healthy body weights. Improve health, fitness and quality of life through daily activity.

OBJECTIVES:

- Increase the variety and contribution of vegetables to the diets of the population age 2 and older.
- Reduce consumption of solid fats and added sugars to the diets of the population age 2 and older.
- Increase the proportion of adults and adolescents who meet federal guidelines for aerobic activity and muscle strengthening activity.

STRATEGIES:

- Deliver education programs to the community on proper nutrition, cooking, fitness, and related wellness programs.
- Offer chronic disease management programs including diabetes education and modifiable risk factors.
- Implement Healthy Lifestyle Program for children and their families.
- Expand Healthy Food Initiative.
- Implement worksite screenings and education programs on nutrition and physical activity.
- Collaborate with regional partners on community campaigns and events to reduce obesity and improve physical activity.

Substance Use Prevention and Treatment

GOAL: Reduce substance use to protect the health, safety, and quality of life for the community.

OBJECTIVES:

- Reduce incidence of tobacco use in adolescence and adults.
- Increase the proportion of adolescents who perceive great or moderate risk associated with drinking alcohol regularly.
- Increase the proportion of persons who are referred for follow-up care for alcohol and/or drug problems after diagnosis or treatment.
- Reduce non-medical use of prescription drugs.

STRATEGIES:

- Educate and train primary care providers and emergency departments on screening, intervention, and treatment.
- Implement youth based tobacco education and prevention program.
- Participate in prescription disposal program.
- Collaborate with regional partners on campaign to reduce misuse of prescription drugs.
- Collaborate with community partners to promote community awareness and education to reduce alcohol and tobacco use.

Other Opportunities

In addition, there are opportunities to reduce disparities in health status and access to health care. The hospital will address these issues by the following strategies.

- Promote awareness of health care services for all community members. Provide information on hospital's charity care policy.
- Provide community outreach through health and wellness messages and events targeting special populations.
- Inform patients and community how to access health care information and resources including patient portal access and internet access.
- Continuing education for nurses and other health care providers to support the culture of respect and diversity of patients and community.
- Enhance health care transportation including Road to Recovery. Advocate for improved mass transportation.
- Explore opportunities to improve health literacy with area libraries, schools and others.
- Promote colleague volunteerism in the community.

Key findings of the assessment,
including the quantitative and qualitative data,
and a copy of the assessment,
can be found at northernhealth.org/community
Northern Michigan 2015 Community Health Needs Assessment and Improvement Initiative.

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