

COMMUNITY HEALTH NEEDS ASSESSMENT IMPLEMENTATION STRATEGY PLAN

BACKGROUND

McLaren Central Michigan participated in a region wide Community Health Assessment called MiThrive. MiThrive is a collaboration of local health departments, hospitals, and community organizations working with local residents to improve health and wellbeing in the 31 counties of northern-lower Michigan. Over 150 community partners participated and input was received from over 3,000 residents.

Health sector partners included:

- McLaren Health Care (McLaren Central and McLaren Northern)
- MyMichigan Health
- Munson Healthcare
- Northern Michigan Public Health Alliance
- Spectrum Health

Other community entities also participated, including businesses, schools, human service agencies, health providers, tribal health, and faith based organizations.

The project was led by Jane Sundmacher, MERd, Northern Michigan Community Health Innovation Region and MIThrive Lead and Erin Barrett, MPH, MCHES, Community Themes and Strengths Assessment Team Lead and North Central Region Lead, District Health Department #10.

VISION

The vision of MiThrive is a vibrant, diverse, and caring community in which regional collaboration allows all people the ability to achieve optimum physical, mental, cultural, social, spiritual, and economic health and wellbeing.

COMMUNITY HEALTH PROFILE

The focus of this Community Health Needs Assessment (CHNA) is to identify the community needs as they exist during the assessment period. Completed in June 2022, the project revolved around one central question: How do we improve health and quality of life in our communities? For the purpose of this

assessment, the community is defined as the McLaren Central Michigan's service area counties including Isabella and Clare. The target population of the assessment reflects an overall representation of the communities served by the hospital.

METHOD

There were seven phases to MiThrive. The first four included, Community Themes & Strengths Assessment, Community Health Status Assessment, Local Public Health System Assessment, and Forces of Change Assessment. The community was evaluated by collecting data via mini client interviews, community input boards, gathering secondary data from reliable and reputable sources, community discussions, regional meetings, community survey and a healthcare provider survey. Phase 5 prioritized the issues identified in the first four phases. Phase six formed goals and strategies for the prioritized issues, and Phase seven was building the action plan for carrying out the vision.

- 3,465 individuals participated in a community survey
- 354 physicians and healthcare providers participated in the Healthcare Provider Survey as part of the Community Themes and Strengths Assessment
- Regional meetings were conducted along with strategic community-focused conversations
- 100 local, state, and national indicators were collected by county for the Community Health Status Assessment

REGIONAL STRATEGIC PRIORITIES

The McLaren Central Michigan priority identification and implementation plan was developed based on key findings in the Community Health Needs Assessment, aligned with the hospital's strategic plan, and a review of the hospital's existing community benefit activities.

- Access to Healthcare/Chronic Disease Prevention
- Affordable Housing
- Economic Security
- Equity

- Mental Health
- · Safety and Well-being
- Substance Use
- Transportation

Strategic issues identified specifically to the North Central Region include broadband access, healthy weight and access to healthy food.

STRATEGIC ISSUES THAT WILL NOT BE TARGETED AND WHY

McLaren Central Michigan acknowledges the wide range of issues that emerged from the CHNA process, and determined that with the broad nature of the strategic issues we could effectively focus on only those issues that were health related. Those including - Affordable Housing, Economic Security, and Broadband Access - the hospital felt would have less of a viable impact with changing.

IMPLEMENTATION PLAN

McLaren Central Michigan has a long-standing history of collaboration with its community partners. The hospital will continue to collaborate on opportunities that arise to improve the health of the communities we serve. Below are the community health improvement goals and strategies to address the strategic issues identified in the assessment. The hospital is pursing these internally as well as in partnership with MiThrive to achieve the greatest community impact on our actions.

Access to Healthcare/Chronic Disease

Strategic Issue: Limited access to healthcare.

Goal: Improve access to healthcare and reduce health risks for chronic diseases.

Strategies:

- Deliver educational 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.
- Continue to offer free and/or low cost health screenings including diabetes, cancer and heart health.
- Continue to partner with area fitness and recreation resources to offer accessible and low cost fitness options.
- Continue to participate in health fairs and expos distributing free information and education on reducing health risks.
- Partner with local employer groups to offer preventative health education information as well as available healthcare services.
- Contribute information on the services and health and wellness offerings we provide to the 211 information database.
- Offer provider-led presentations on prevention of chronic disease throughout the community.

- Continue to host support groups and education for those with chronic disease.
- Ensure primary care patients are partnered with staff health navigators to guide them properly through chronic disease management.
- Participate in national health observances (Great American Smoke Out, Nutrition Month, Breastfeeding month, etc.)

Health Equity

Strategic Issue: Disadvantages due to social position and other socially defining circumstances such as race, culture.

Goal: Ensure everyone can attain their full health potential.

Strategies:

- Reach out to medically underserved areas and low-income populations to communicate resources available.
- Increase inclusion of people with disabilities thru partnerships with area organizations.
- Offer educational opportunities for staff.
- Participate in national health observances highlighting equity.

IMPLEMENTATION PLAN

Mental Health

Strategic Issue: Ensure a community that provides preventative and accessible mental health services.

Goal: Improve mental health by ensuring access to appropriate, quality services and support.

Strategies:

- Improve the coordination among agencies/ entities working toward improving the mental and physical health of our community.
- In compliance with the Joint Commission, follow all evidence-based best practice recommendations for mental health screening and environment of care while patients are in the hospital.
- To ensure a safe discharge for mental health patients, utilize 211 and other services to provide proper community resources.
- Continuously educate and train primary care and emergency department providers on mental health screening, intervention, and treatment.
- Participate in national health observances (Mental Health Month, Suicide Prevention Month, etc.)

Safety and Well-being

Strategic Issue: Ensure community members can feel safe and supported.

Goal: Ensure community members are aware of and can assess safety and community resources.

Strategies:

- Partner with area resources and organizations, such as local law enforcement, with outreach activities.
- Educate patients of appropriate safety and well-being resources.

Substance Use

Strategic Issue: Ensure a community has preventative and accessible substance abuse services.

Goal: Improve substance use through prevention and by ensuring access to appropriate, quality services and support.

Strategies:

- Utilize Opioid Overdose Recovery Program (OORP) throughout care delivery departments
- Communicate resources for substance use treatment, prevention, and education regarding opioid misuse throughout Isabella and Clare Counties.
- Promote collection drives and community take-back initiatives.
- Continuously educate and train primary care and emergency department providers on substance use screening, intervention, and treatment.
- Continue MCM's youth-based anti-ecigarette campaign at schools within the hospital's primary service area.
- Participate in substance use prevention and awareness efforts such as in collaboration with the Isabella County Substance Abuse Coalition.
- Continue providers validating narcotic and mood-altering prescriptions through the MAP system.
- Collaborate with Central Michigan
 Collegiate Recovery Education and
 Wellness (CM CREW) to provide
 alcohol and drug misuse education and
 early intervention services to students.

IMPLEMENTATION PLAN

Transportation

Strategic Issue: Ensure community members have access to transportation for needed health related services.

Goal: Improve access to health care and ensure transportation resources are used effectively.

Strategies:

- Educate patients and community about area transportation resources (iRide, Isabella County Commission on Aging, 80+ Gold Pass).
- Promote virtual visit options (if applicable).

The implementation plan will be monitored to track outcomes of success and areas for improvement. These strategies and activities will be implemented and tracked in coordination with MiThrive and ourother community partners. The plan and program metrics will be monitored and updated annually. The hospital reserves the right to amend this implementation strategy as circumstances warrant. For example, certain needs may become more pronounced and require enhancements. During the three year period 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.

On January 25, 2023 the McLaren Central Michigan Board of Directors approved this implementation strategy.