

2016

# Community Health Needs Assessment Implementation Strategy

Crawford, Oscoda, and Roscommon Counties





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## Introduction

### Our Mission

Munson Healthcare and its partners will work together to provide superior quality care and promote community health.

### Our Vision

I would like to share the vision statement we developed: We will be the first choice for local health care because of our commitment to caring for the whole person and our expertise in providing the right care, at the right time, in the right place.

Munson Healthcare Grayling Hospital is a primary care facility serving a three county area in the heart of northern Lower Michigan. To the people of northern Michigan, Munson Healthcare Grayling Hospital is synonymous with quality medical care and personalized attention. The active medical staff represents such specialties as obstetrics and gynecology, internal medicine, family practice, pediatrics, general and orthopedic surgery, ophthalmology and urology.

Adjacent to the hospital is the Crawford Continuing Care Center, a 39 bed skilled and basic long-term care unit.

Munson Healthcare Grayling Hospital has a network of multi-specialty physician groups, called Munson Healthcare Grayling Physician Network, offering primary care services at multiple sites in Crawford and Roscommon counties. Munson Healthcare Grayling Hospital, partnering with other Munson Healthcare entities, works to improve regional access to specialty services.

From October 2015 through March 2016, a comprehensive Community Health Needs Assessment (CHNA) was conducted by Munson Healthcare Grayling Hospital (MHGH) in collaboration with District Health Department #10, the AuSable Free Clinic, the Roscommon County Human Services Collaborative Body, Oscoda County Human Services Coordinating Council, the Crawford County Collaborative, and other community agencies, to identify significant health issues in Crawford, Roscommon and Oscoda counties. This 2016 Community Health

Needs Assessment (CHNA), which was adopted by the Board of Trustees on June 7, 2016, incorporates requirements of the Patient Protection and Affordable Care Act of 2010. Special attention was given to the poor and underserved in our service area, in keeping with the heritage of the Grayling Hospital.

The CHNA includes collection and review of the most recent secondary data from local, state and federal sources, as well as stakeholder, provider and community input. The Community Health Needs Assessment is a valuable tool for planning, and will be used to help Grayling Hospital, as well as its community partners, to identify and prioritize health issues, work to develop and implement action plans, and pursue funding opportunities. With limited resources and significant community needs, we are challenged to steward our resources as we work together to improve the health of our communities, improve access to care and reduce health disparities, and provide the greatest benefit to all residents in the most cost effective manner possible.

This portion of the CHNA, the Implementation Strategy, will explain how MHGH will address the needs identified in the CHNA through its existing programs and partnerships, as well as the implementation of new strategies. The Implementation Strategy also explains why MHGH cannot address all of the identified needs, but will support other community organizations as they use their expertise to do so.

The final approved version of the Munson Healthcare Grayling Hospital 2016 CHNA and Implementation Strategy is available to the public at [munsonhealthcare.org/graylinghospital](http://munsonhealthcare.org/graylinghospital) in the Community Benefit section. Printed copies will also be available at the hospital (1100 E. Michigan Avenue, Grayling MI 49738) in the Community Outreach Department, or by calling (989) 348-0924.

## Health Needs of the Community

The 2016 Community Health Needs Assessment has identified the following health problems and issues as the highest priority needs through a comprehensive process of data collection and analysis, and gathering input from community members with a focus on at risk populations, as well as healthcare providers from Crawford, Roscommon and Oscoda counties. Economic factors (poverty), transportation issues, and a growing population of persons aged 65 and older also present significant challenges to our rural communities. The chart below identifies areas of concern that led to the identification of each of the health issues.

### Access to Health Care

- Health Professional Shortage Areas
- Percentage of uninsured adults higher than state rate
- Percentage of uninsured children higher than state rate
- Residents have insurance with high deductibles and copays
- Lack of access to primary care, specialty care, behavioral health services, or dental care (#5) as important county health problem on community survey
- Residents can't afford visits to doctor, clinic, and hospital
- Residents have limited health insurance coverage
- Residents can't afford medications
- Residents don't have vision insurance

### Chronic Disease

- Percentage of population 65 years and older is higher than state rate
- Percentage of population with disabilities is higher than state rate Chronic pain (#4) as important county health problem on provider survey
- Chronic disease(#4) as important county health problem on community survey
- Aging issues (#3) as important county health problem on community survey
- Incidence of diabetes and prediabetes is higher than state rate
- Risk of chronic disease increases as people age
- Chronic lower respiratory disease mortality rate is higher than state rate
- Incidence of lung cancer is higher than state rate
- Cancer mortality rate is higher than state rate
- Hospital discharge rate for acute myocardial infarction is higher than state rate
- Lack of knowledge about advanced directives
- Lack of having an advanced directive in place
- 39.4% of Community survey respondents have been told by a doctor or other healthcare professional that they have high blood pressure
- 32.3 % of Community survey respondents have been told by a doctor or other healthcare professional that they have high cholesterol
- 22.3 % of Community survey respondents have been told by a doctor or other healthcare professional that they have diabetes or prediabetes

## **Dental Health**

- Limited access to dental care for adults without dental insurance
- Limited access to dental care for those adults who have obtained insurance through the Healthy Michigan Plan
- Lack of access to primary care, specialty care, behavioral health services, or dental care (#5) as important county health problem on community survey
- Resident's insurance does not cover dental services
- Cost of dental care
- Travel to dental clinics that take Medicaid can be problematic
- Ratio of population to Dentists is higher than state rate
- 405 emergency room visits with dental related diagnosis in calendar year 2015

## **Health Disparities and Social Determinants of Health**

- Lack of knowledge on health issues
- Lack of knowledge on where to obtain health services
- Median household income less than Michigan average
- High school graduation rate is lower than state rate
- Unemployment rate is higher than state rate
- Percentage of population with disabilities is higher than state rate
- Number of households below poverty is greater than state rate
- Percentage of children eligible for free and reduced priced meals is higher than state rate
- Lack of affordable housing

## **Healthy Lifestyles**

- Prevalence of obesity and inactivity in teens and adults
- Lack of physical activity (#7) and lack of access to affordable healthy foods (#8) identified in top 10 most important community health problems
- Number of children that have electronic device screen time of greater than 2 hours per day per MiPHY survey data
- Poor nutritional habits of middle school and high school aged students
- Obesity and overweight identified as the top community health problem in provider survey and #2 in community survey
- 39.9 % of Community survey respondents have been told by a doctor or other healthcare professional that they are overweight/obese
- Percentage of children eligible for free and reduced priced meals is higher than state rate



## **Maternal, Infant, and Child Health**

- Percentage of Medicaid paid births, the highest being Roscommon County at 74%, is greater than the state rate
- Teen pregnancy rates in Roscommon and Oscoda counties are higher than state rate
- MiPHY Survey: Percentage of students who ever had sexual intercourse
- Rates of women smoking while pregnant is higher than state rate
- Excessive weight gain during pregnancy
- Number of children living in poverty
- Number of children insured by Medicaid
- Number of children eligible for free and for free and reduced price school lunch
- Rates of child abuse and neglect
- MiPHY Survey: Physical inactivity, increased electronic device screen time and poor nutritional habits of middle school and high school age students

## **Mental Health**

- Lack of access to primary care, specialty care, behavioral health services, or dental care (#5) as important county health problem on community survey
- Mental health issues identified as identified as a top community health problem #3 in provider survey and #6 in community survey
- Ratio of population to Mental Health Providers is higher than state rate
- MiPHY Survey: percentage of students who felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities during the past 12 months
- Number of respondents in 2015 Community Survey who claimed they or a family member had ever been told they had any of a list of mental health issues, depression, anxiety and attention deficit/hyperactivity disorder

## **Substance Abuse**

- Substance abuse ranked #1 as most important community health problem on Community Survey and #2 on Provider Survey
- Alcohol impaired driving deaths
- MiPHY Survey : percentage of students who drank alcohol during the past 30 days
- MiPHY Survey : percentage of students who used marijuana during the past 30 days

## **Tobacco Abuse**

- Adult smoking rates are higher than state rate
- Percentage of women who smoked while pregnant is higher than state rate
- Chronic lower respiratory disease mortality rate is higher than state rate
- Incidence of lung cancer is higher than state rate
- MiPHY Survey: percentage of students who smoked cigarettes, used chewing tobacco, snuff or dip during the past 30 days
- MiPHY Survey: percentage of students who reported sort of easy, or very easy to get cigarettes
- Tobacco and E-cigarette use as identified as a top community health problem #5 in provider survey and #9 in community survey

## Hospital Implementation Strategy

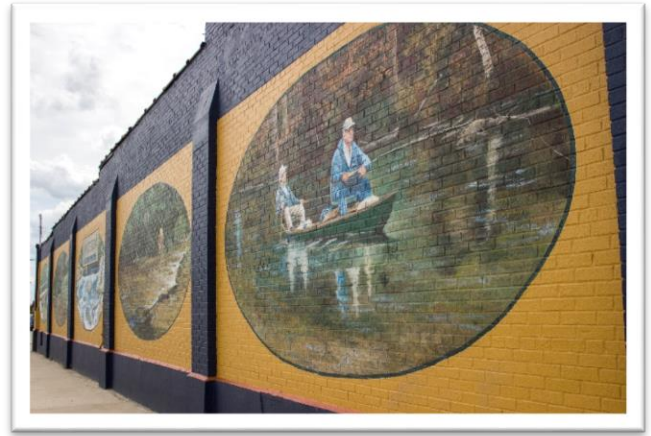
A list of health needs was developed by analyzing survey data, secondary data, and feedback from the community conversations. A ranking session was held. The group of key stakeholders, including hospital board members, medical staff, AuSable Free Clinic leadership, district health department representatives, human service and non-profit representatives, and representatives from the health system, were given a list of health issues and asked to rank the issues on a scale of 1 to 5, with 5 being high. There were five criteria for scoring:

- **Severity** – Risk of morbidity and mortality associated with problem
- **Magnitude** – Number of people impacted by the problem
- **Impact** – Improving this issue would have the greatest effect on health, quality of life and health disparities
- **Sustainability** – Resources are available and barriers are surmountable
- **Achievability** – Achievable and measurable outcomes are possible within three years

Based on review of the data related to each health issue and professional judgment, the participants ranked the health issues in the following order using the above criteria:

1. Healthy Lifestyles
2. Chronic Disease
3. Access to Healthcare
4. Maternal Infant and Child Health
5. Substance Abuse
6. Tobacco Use
7. Dental Health
8. Mental Health

Living in a rural area is a determinant of health. Serving this rural population where there is geographic isolation, fewer transportation options and limited community resources compounds barriers and presents many challenges.



## Action Plan: Healthy Lifestyles

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**Goal:** Promote health and increase the awareness of the importance of personal responsibility towards health, focusing on maintaining a healthy diet, and engaging in regular physical activity where people live, work and play.

### Brief description of needs:

- Prevalence of obesity and inactivity in teens and adults
- Lack of physical activity (#7) and lack of access to affordable healthy foods (#8) identified in top 10 most important community health problems
- Increased electronic device screen time reported on MiPHY
- Poor nutritional habits of middle school and high school aged students reported on MiPHY
- Obesity and overweight identified as a top community health problem in provider survey and #2 in community survey
- 39.9 % of Community survey respondents have been told by a doctor or other healthcare professional that they are overweight/obese
- Percentage of children eligible for free and reduced priced meals
- Percentage population with Food Stamp/SNAP benefits in the past 12 months

### Objectives:

#### 1. Increase awareness of local food and nutrition assistance available in the three county region.

- a. Actions the hospital facility intends to take to address the health need
  - i. Promote and support Project Connect and Neighborhood Connections.
  - ii. Support and promote MHA Harvest Gathering.
  - iii. Resource Coordination Team connecting eligible residents with food assistance programs.

#### 2. Reduce the total percentage of adult residents reported as being obese.

- a. Actions the hospital facility intends to take to address the health need
  - i. Support, promote, and facilitate Prevent T2 program, part of the National Diabetes Prevention Program.
  - ii. Promote the Michigan Health and Wellness 4X4 Plan.
  - iii. Promote health messaging regarding healthy low calorie beverage choices, and encouraging lei-sure time physical activity at outreach events.
  - iv. Continue employee wellness program.

#### 3. Increase the consumption of fresh fruits and vegetables.

- a. Actions the hospital facility intends to take to address the health need
  - i. Partner in the Prescription for Health Program with DHD #10 and MSU Extension.
  - ii. Promote health messaging encouraging consumption of fruits and vegetables.

#### 4. Increase the percentage of adults who report engaging in any leisure time physical activity.

- a. Actions the hospital facility intends to take to address the health need
  - i. Work with Crawford County Health Improvement Committee on opportunities to promote physical activity in Crawford County for all ages, and physical abilities throughout the year.



- ii. Support Senior Exercise Programs at the Crawford County Senior Center and plan expansion to Roscommon County Senior Center Sites.

**Anticipated impact of outlined actions:**

- Increase in number of residents who are aware of their current weight, BMI, cholesterol level, blood pressure, and blood sugar, and the relationship of these measures to maintaining health, and preventing chronic disease.
- Increased awareness of the role physical activity and healthy eating have in the prevention of obesity.
- Increased awareness of local food and nutrition assistance available to residents of Crawford, Roscommon and Oscoda counties.

**Evaluation Metrics:**

- Numbers of participants enrolled in Prevent T2 Diabetes Prevention Program in Roscommon, Crawford and Oscoda County
- MiPHY data
- MDHHS BRFSS and percentage of Community Survey respondents that have been told by a doctor or other healthcare professional that they are overweight/obese
- Number of adults reporting participating in leisure time physical activity
- County Obesity statistics
- Adult fruit and vegetable consumption

**Programs and Resources the hospital plans to commit:** Prevent T2 Diabetes Prevention Program, Resource Coordination Team, participation in Prescription for Health Program, Staff to lead senior exercise programs

**Collaborative Partners:** District Health Departments #2 and #10, and Central Michigan District Health Department; Michigan State University Extension; Local Farmer’s Markets and Grocery Stores; Local Schools; Grayling Recreational Authority; County Commissions on Aging and Senior Centers; County and Township Recreation Boards

## Action Plan: Chronic Disease

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**Goals:** Reduce burden of chronic disease with focus on diabetes, cardiovascular disease, chronic lower respiratory disease, cancer, dementia and chronic kidney disease, by supporting activities related to promotion of healthy lifestyles and reduction of chronic disease risk, and improving health management of complex patients through education, self-management support, connecting to resources, and coordinating care. As well as, improve access to appropriate care for patients with chronic disease, delivering the right care, at the right time, in the right place.

### Brief description of needs:

- Approximately 24 -30% of the population in the three county area is 65 years and over
- Population with any disability in all three counties exceeds Michigan average of 13.9%
- Percent of adults with diabetes (12-16%), exceeds Michigan rate (11%)
- Age adjusted mortality rates for CLRD, exceeds Michigan rate of 45.8/100,000
- 39.4% of Community survey respondents have been told by a doctor or other healthcare professional that they have high blood pressure
- 32.3 % of Community survey respondents have been told by a doctor or other healthcare professional that they have high cholesterol
- 22.3 % of Community survey respondents have been told by a doctor or other healthcare professional that they have diabetes or prediabetes
- 28% of FY 15 survey participants answered yes when asked "Do you have an Advance Directive", 35% said no, and an almost 37% reported that they didn't know what an advance directive was.

### Objectives:

- 1. Increase from baseline the number of patients with Type 2 diabetes that receive initial and follow-up diabetes self-management education through the MGHG outpatient diabetes education program in the three county service area.**
  - a. Actions the hospital facility intends to take to address the health need
    - i. Participate in Northern Michigan Diabetes Initiative:
    - ii. Increase awareness of pre-diabetes and diabetes
    - iii. Promote self-management for people with all types of diabetes
    - iv. Promote diabetes self-management education program for those patients with newly diagnosed or poorly controlled diabetes.
    - v. Redesign visit for Munson Healthcare Grayling Physician Network patients with diabetes.
- 2. Increase from baseline the number of patients with pre-diabetes who participate in the Diabetes Prevention Program each calendar year.**
  - a. Actions the hospital facility intends to take to address the health need
    - i. Support, promote, and facilitate Prevent T2 program, part of the National Diabetes Prevention Program.
- 3. Prevent hospital readmissions for CHF, COPD, and acute MI according to hospital goals.**
  - a. Actions the hospital facility intends to take to address the health need
    - i. Support the role of Transition Care Manager in mitigating risk for readmission by ensuring patient has adequate knowledge about disease process and self-

management skills or support and has resources in place to meet the demands of care at home.

ii. Facilitate transitional care coordination meetings.

**4. Increase from baseline the number of patients who participate in cardiac and pulmonary rehab.**

a. Actions the hospital facility intends to take to address the health need

i. Promote and support cardiac and pulmonary rehab programs.

**5. Increase from baseline the number of patients who are assisted by chronic disease care managers.**

a. Actions the hospital facility intends to take to address the health need

i. Promote Chronic Disease Care Management Team to coordinate care of patients with complex chronic disease.

ii. Promote Advance Care Planning.

**6. Increase number of patients successfully assisted by resource coordination team to address barriers to care.**

a. Actions the hospital facility intends to take to address the health need

i. Promote role of Resource Coordination Team to assist with connecting patients to community resources, to address barriers to disease self-management.

**Anticipated impact of outlined actions:**

- Increased access to chronic disease prevention and self-management education with an emphasis on diabetes, cardiac disease, chronic lower respiratory disease, and chronic kidney disease.
- Improved access to appropriate diabetes care and education.
- Improved access to care management leading to improved self-management of chronic disease.
- Improved access to home care and hospice care.
- Increased awareness of the role physical activity, healthy eating, and tobacco free lifestyle have in the prevention of chronic disease.
- Increased awareness of local food and nutrition assistance and medication assistance available to residents of Crawford, Roscommon and Oscoda counties.

**Evaluation Metrics:**

- Number of patients that receive initial and follow-up diabetes self-management through outpatient diabetes education program education in three county service area
- Number of patients who receive diabetes visits in MHGPN clinics
- Number of patients served by care coordination program
- Number of patients served by resource coordination team
- Number of patients served by medication access and medication assistance programs
- Number of patients attending cardiac rehab and pulmonary rehab

**Programs and Resources the hospital plans to commit:** Staff-time to support implementation of actions listed above, visit redesign for Munson Healthcare Physician Network patients with diabetes, expansion of Diabetes Education services to Roscommon and Prudenville Community Health Centers, supplies and materials for educational programs to promote increased access to

and consumption of healthy affordable foods, supplies and materials for educational programs and activities to promote physical activity, Cardiac and Pulmonary Rehab, and space for DHD #10 and MSUE led PreventT2 classes

**Collaborative Partners:** District Health Department #10, Central Michigan District Health Department, District Health Department #2, AuSable Free Clinic, Northern Michigan Diabetes Initiative Partners, Michigan State University Extension, Human Service Collaborative Councils in all three counties, NEMSCA, TrueNorth, Councils on Aging, Pharmaceutical Companies that support medication assistance, Munson Healthcare Foundation, as well as Munson Home Care and Hospice



## Action Plan: Access to Health Care

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**Goals:** Improve the health of our communities by improving access to health care, as well as increase number of residents in our service areas who are enrolled in health insurance plans.

**Brief description of needs:**

- Approximately 14-18% of patients in the three county region are without health insurance
- Community members who struggle financially - unable to afford visits, poverty all ages is reported at 17-21% and median household income is at \$33,942 - \$39,982 in the three county area, lower than the Michigan level at \$48,471
- Crawford Roscommon and Oscoda Counties are designated as medically underserved areas.
- Lack of primary care healthcare providers, dentists and mental health providers – all three counties are designated as medically underserved areas
- Transportation problems make it difficult to get to provider appointments

**Objectives:**

**1. To increase access to primary care providers so that care is delivered in most appropriate setting.**

- a. Actions the hospital facility intends to take to address the health need
  - i. Expand Munson Healthcare Grayling Physician Network Walk-In Clinic hours at the Grayling, Prudenville and Roscommon Community Health Centers.
  - ii. Support the AuSable Free Clinic's continued commitment to provide free clinic services in Oscoda County.
  - iii. Provide Transition Care Coordinator to assist patients who need to establish with a PCP within the Physician Network.
  - iv. Provide financial assistance to qualifying patients.
  - v. Support for "Grow Our Own" program for students who live in the area that are studying to be-come medical providers.
  - vi. Cash and in-kind support of Crawford AuSable School Viking Wellness Center.
  - vii. Continue to recruit primary care providers to match access demands.
  - viii. Work collaboratively with community partners to address access issues in Oscoda County.

**2. To provide case management assistance /education on benefits to those who have transportation assistance as a part of their health insurance program coverage have not successfully accessed the benefit.**

- a. Actions the hospital facility intends to take to address the health need
  - i. Integrate Resource Coordination Team at the Munson Grayling Community Health Center and explore options for expansion of services to Roscommon and Prudenville Clinics.
  - ii. Provide transportation vouchers, county transportation coupons and/or gas cards to patients who cannot afford transportation to or from healthcare appointments or hospital related care.
  - iii. Provide care coordination and education regarding benefits so that patients have access to transportation assistance that is available through health insurance plans.

### **3. To provide advocacy, outreach and assistance with application for enrollment in Medicaid and other health insurances via the Health Insurance Marketplace.**

- a. Actions the hospital facility intends to take to address the health need
  - i. Provide advocacy, outreach, education and assistance for the uninsured in our service area. Col-laborate with other community agencies to offer in-person assistance and education regard-ing enrolling for health insurance via the Health Insurance Marketplace and Healthy Michigan Plan. Help residents to get enrolled and stay enrolled.
  - ii. Provide continue support of insurance enrollment at Hospital and Community Health Centers. SOAR Coordinator, Medicaid Coordinator and Payment Options Coordinator are in place to assist patients who are uninsured or underinsured with access to care and payment issues.

#### **Anticipated impact of outlined actions:**

- Increase access to primary care for people with new health plans
- Increase number of residents with a primary care provider
- Decrease trips to ER for care that can be delivered in a more appropriate setting
- Decrease no-shows for medical appointments
- Increase percentage of residents enrolled in health insurance plans

#### **Evaluation Metrics:**

- Number of new patients seen by Munson Healthcare Grayling Physician Network providers
- Number of walk-in clinic visits
- Number of non-emergent ER visits
- Number of people assisted with transportation related needs
- No show rates for appointments
- State Marketplace and Medicaid enrollment data
- Number of people enrolled in health insurance plans by Resource Coordination Team and AuSable Free Clinic

**Programs and Resources the hospital plans to commit:** Staff-time to support implementation of actions listed above; SOAR Coordinator, Medicaid Coordinator and Payment Options Coordinator assist patients/community members with insurance enrollment assistance; Cash/in-kind donation to Crawford AuSable School Viking Wellness Center; Munson Healthcare Grayling Physician Network Walk-In Clinics; Transportation vouchers, and dial-a-ride coupons for those patients who cannot afford transportation; Care coordination and education for patients regarding transportation benefits that accompany health plan; Resource Coordination Team; Transition Care Coordinator; Outreach at community events promoting the Healthy Michigan Plan

**Collaborative Partners:** AuSable Free Clinic, District Health Departments #2 and #10, Central Michigan District Health Department, HMP Health Plans, Roscommon County Transportation Authority, Crawford County Transportation Authority, Kirtland Community College, Crawford AuSable School-Viking Wellness Center, Regional Transportation Authorities, Munson Healthcare Foundation

## Action Plan: Maternal, Infant, and Child Health

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**Goals:** Pregnant women receive adequate prenatal care. All pregnant women and their families get connected early with community resources as appropriate. Families receive education (on nutrition, parenting and safety) and support to make a positive impact on their choices for their health and the health of their families. Decrease rates of maternal tobacco and substance use.

### Brief description of needs:

- Percentage of Medicaid paid births, the highest being Roscommon County at 74%
- Teen pregnancy rates
- Rates of women smoking while pregnant
- Excessive weight gain during pregnancy
- Percentage of students who ever had sexual intercourse
- Children living in poverty
- Uninsured children
- Children insured by Medicaid
- Children eligible for and reduced price school lunch
- Rates of child abuse and neglect
- Physical inactivity, increased electronic device screen time and poor nutritional habits of middle school and high school age students

### Objectives:

- 1. Improve percentage of births with adequate prenatal care.**
  - a. Actions the hospital facility intends to take to address the health need
    - i. Provide OB/GYN Outreach clinic in Prudenville to increase access to care closer to home.
    - ii. Provide Childbirth and Breast Feeding education, including outreach programs in Roscommon County.
    - iii. Integrate Perinatal Care Coordinators as part of the OB Care Team.
- 2. Decrease percentage of women who smoke while pregnant.**
  - a. Actions the hospital facility intends to take to address the health need
    - i. Promote Michigan quit line and other initiatives to reduce rates of maternal smoking and smoking in households with children.
- 3. Increase breast feeding initiation rate.**
  - a. Actions the hospital facility intends to take to address the health need
    - i. Provide Childbirth and Breast Feeding education.
- 4. Decrease substance use and abuse in pregnant women.**
  - a. Actions the hospital facility intends to take to address the health need
    - i. Integrate Perinatal Care Coordinators as part of the OB Care Team.
    - ii. Participate in the 21 County Regional Perinatal Initiative.
- 5. Increase number of families that are connected with MHGPN clinic and community resources for age appropriate child care and healthy parenting.**
  - a. Actions the hospital facility intends to take to address the health need
    - i. Research feasibility and support implementation of Healthy Futures home visits for all families from Crawford, Oscoda and Roscommon counties who deliver at Munson Healthcare Grayling Hospital.

- ii. Support complex care coordination for pediatric patients in need.
- iii. Support safe sleep initiative.
- iv. Partner with school based health clinic in Crawford County.
- v. Support work of Three Lakes Communities That Care.
- vi. Participate in early childhood collaborative.
- vii. Pediatric clinic.

**Anticipated impact of outlined actions:**

- Improve percentage of births with adequate prenatal care.
- Decrease percentage of women who smoked while pregnant.
- Increase breast feeding initiation rate.
- Increase number of perinatal home visits by a registered nurse to ensure that every new mother and her child have everything needed for a healthy beginning.
- Increase number of families that go home with sleep sacks

**Evaluation Metrics:**

- Percentage of births with adequate prenatal care
- Percentage of women who smoked while pregnant
- Breast feeding initiation rate
- Number of women served by Perinatal Care Coordinators
- Number of women attending prenatal nutrition, childbirth and breastfeeding education classes
- Number of women connected with community resources

**Programs and Resources the hospital plans to commit:** Participation in the 21 county Regional Perinatal Initiative; Maternal Smoking Cessation Workgroup; Continued support of Prenatal Nutrition, Child Birth Preparation and Infant Nutrition classes and support; OB/Gyn clinics offered at Prudenville site; OB Care Coordinators; Research feasibility and support implementation of Healthy Futures home visits for families of children born at Grayling Hospital; Support of the Viking Wellness Clinic at Grayling High School, and Pediatric clinics in Munson Healthcare Grayling Physician Network

**Collaborative Partners:** District Health Departments #2 and #10, and Central Michigan District Health Department; Michigan State University Extension; His Love Family Resources; Crawford County Baby and Toddler Closet; Crawford Roscommon Child Protection Council; Great Start Collaborative; County Local Interagency Coordinating Councils for Early On and Early Childhood; and Viking Wellness Center



## Support for Other Identified Community Health Needs

Munson Healthcare Grayling Hospital will continue to work with District Health Departments #10 and #2, the Central Michigan District Health Department, and other community partners toward addressing all unmet needs.

Some of the other significant community needs that have been identified in the needs assessment will continue to be addressed by Munson Healthcare Grayling Hospital through various existing or collaborative efforts and initiatives.

- **Substance Abuse**

- Promotion of prescription drug drop-off sites in Crawford, Oscoda and Roscommon Counties
- Participation in Crawford County Partnership for Substance Abuse
- Partnership with Three Lakes Communities that Care
- Continued participation in the Regional Perinatal Initiative
- Perinatal Care coordination with NMSAS Recovery Center

- **Tobacco Use**

- Participation in the Northwest Michigan Chronic Disease Prevention Coalition
- Implementation of Lung Cancer Screening with Low Dose CT for high risk patients between the ages of 55 and 77
- Promote use of the MI Quit Line
- Perinatal Care Coordination – focus on tobacco cessation
- Promote Better Breathers program

- **Dental Health**

- Support and promote Roscommon County MCDC dental clinic
- Promote dental self-care and decay prevention strategies for all ages at outreach events and at MHGH Physician Network Clinics

- Work with county transportation authorities to explore opportunities to improve public transportation access to facilities in neighboring counties: Crawford County to Roscommon and Otsego Counties
- Assist patients with referrals to dental clinics through care coordinators
- Explore optimal use of prevention strategies within MHGPN offices with public health and dental professionals

- **Mental Health**

- Promotion of care coordination with Community Mental Health agencies and NMSAS Recovery Center
- Continued support of MC3 program
- Continued development of Behavioral Health Services within Munson Healthcare Grayling Hospital Physician Network

## Next Steps for Munson Healthcare Grayling Hospital

For each of the priority areas Munson Healthcare Grayling Hospital will work with community partners to:

- Continue to identify any related activities being conducted in the community that can be built upon.
- Build support for the implementation strategy with the community and among other healthcare providers.
- Execute action plans as outlined.

This implementation strategy specifies community health needs that the Hospital has determined to meet 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 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.

These strategies and activities will be implemented in coordination with the three local district health departments District Health Department #10, Central Michigan Health Department and District Health Department #2 that serve our primary service area, as well as regional and local health coalitions and initiatives.

## **Approval and Adoption of Implementation Strategy**

On October 4, 2016, the Board of Munson Healthcare Grayling Hospital met to discuss the FY2017 -2019 Strategy for addressing the community health needs identified in the June 2016 Community Health Needs Assessment. Upon review, the Board approved this Implementation Strategy and the related budget.