



## **Implementation Plan for Needs Identified in Community Health Needs Assessment for *Memorial Medical Center of West Michigan***

**FY 2013-2015**

**Covered Facilities: Memorial Medical Center of West Michigan**

**Community Health Needs Assessment:** A Community Health Needs Assessment (CHNA) was completed in Fall, 2012 to determine the most pressing health needs of the community served by Memorial Medical Center (Hospital).

**Implementation Plan Goals:** the Board of Directors of the Hospital has determined that the following health needs identified in the CHNA should be addressed through the implementation strategy noted for each such need:



## 1. Access to Health Care –

### *Specific Needs Identified in CHNA*

- Recruitment and retention of qualified professionals - *Community Health Needs Assessment, Primary Care Physicians per 100,000 Population, pg. 45; Access to Healthcare, pp. 190 – 202; Barriers and Obstacles to Healthcare, p. 204.*
  1. The number of primary care physicians per capita (100,000) is far lower in Lake (9.1), Mason (62.9), and Oceana (50.4) counties compared to the state of Michigan (114.4).
  2. 16.7% of area adults have no health care coverage.
  3. 13.6% of area adults have no personal health care provider (medical home).
  4. 6.7% of area adults have had problems getting needed health care, primarily due to lack of health care coverage and the cost of care.
  5. 29.6% of area adults have not visited a dentist in the past year even for a cleaning.
  6. Many local health care professionals believe, and secondary data supports, there is a lack of primary care, dental care, and mental health care for the underserved population – uninsured, underinsured, low income, ESL, and children.
  7. Health care providers are increasingly accepting fewer Medicaid and Medicare each year.
- Key Objectives:
  1. Increase the number of service hours and the number of practicing primary care providers, especially accepting Medicare and Medicaid patients.
- Implementation Strategies:
  1. Conduct primary care provider needs analysis (FY14)
  2. Assess need for and, where appropriate, develop recruitment strategy for sub-section of primary service area, such as Scottville, Pentwater and Hart (FY 13-14)
  3. Implement recruitment strategy for specific disciplines and locations in partnership with Spectrum Health to increase providers or access by 10% from current supply achieved by the following actions in the southern area of the primary service area. (FY13-15)



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- a. Assess a need for and, if appropriate, develop a Spectrum Health family medicine practice and grow by 2-3 advanced practice professionals or physicians over 3 years
- b. Contract for full-time hospitalists, thus allowing the current part-time hospitalists (staff physicians) to add more practice hours (2013 – complete)
4. Evaluate current hours, location, accessibility and productivity (FY13-14)
5. Based on evaluation and experience from the SHMG, implement expansion needs in terms of hours and location (FY 14-15)
6. With additional capacity, address access issues related to acceptance of Medicare, Medicaid and other insurers with new providers (FY 14-15)
7. Reevaluate primary care provider need and access issues (FY15)

## 2. Health Literacy, Awareness and Education –

### *Specific Needs Identified in CHNA*

- Promote importance of education as it relates to health status/outcomes, focused on management of chronic disease states such as obesity, diabetes, asthma, arthritis, hypertension and depression. *Community Health Needs Assessment, pp.77-78; p. 131; Overall Health Climate, p. 214; Summary of Findings, p.219.*
  1. Almost two-thirds (64.1%) of adults in the area are either overweight (28.1%) or obese (36.0%), rates higher than the U.S. Further, one in five area youth are obese, a rate higher than Michigan or the U.S.
  2. 12.4% of area adults have diabetes, higher than MI and the U.S.
  3. 28.7% of diabetics have not taken a course on self-managing diabetes and 36% are less than very confident they can do things to manage their condition.
  4. Rates of asthma and arthritis are higher among area adults compared to MI or U.S.
  5. Rates of heart disease and cancer as causes of death are higher in Lake, Mason, and Oceana counties compared to the state or nation.
  6. 39.1% and 37.0% area adults have not had a colonoscopy/sigmoidoscopy in the past five years or flu vaccine in the past year, respectively, rates both higher than the state.
  7. The proportion of children aged 19-35 months not fully immunized in Lake, Mason, and Ocean counties – between 20%-25% -- is greater than the state.



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- Key Objectives:
  1. Decrease incidence of obesity and overweight by five percent over three years.
  2. Increase the proportion of the county's elementary, middle and senior high schools that provide school health and wellness in the following area: education on the importance of health screenings and checkups.
  3. Develop, implement and support wellness committees within the county's following districts: Ludington Public Schools, Mason County Central Public Schools, Mason County Eastern Public Schools, Pentwater Public Schools, Hart Public Schools and Baldwin Public Schools.
  4. Work with the existing wellness committees, staff/administration from targeted school districts, parent teacher organizations, school nurses, health care providers, Michigan Department of Community Health, District 10 and the Department of Community Mental Health and interested community members to implement the objectives and strategies.
  
- Implementation Strategies:
  1. Establish a Community Health Advisory Council comprised of community stakeholders in the service area to act as a coordinating body for community resources and complementary action. (FY 2013 – Complete)
  2. Evaluate effectiveness of current wellness programs in targeted schools. (FY14)
  3. Evaluate community resources and coordinate with community partners to provide education on screenings/checkups. (FY13-14)
  4. Evaluate current screenings/checkups provided to schools. Recommended screenings include dental, depression, vision, hearing, skin, tobacco use, substance use and physical. (FY 14-15)
  5. Establish wellness committees at targeted schools to include emphasis on education on the importance of health screenings/checkups. Committee representation includes members from the school, Memorial Medical Center, local health care providers and community members. Establish at least two district wellness teams. (FY14)
  6. Establish a plan, including financial analysis, to provide education on the importance of screenings/checkups to at least 50% of targeted schools (FY15)
  7. Implement the above plan with community partners. Implementation of the plan may vary slightly based on the school/school district. (FY14-15)



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8. Evaluate effectiveness of wellness committees and education of health screenings/checkups. (FY15)
9. Utilize Win With Wellness as a vehicle to help community members know their key measures (BMI, blood pressure, cholesterol, blood sugar) and as a vehicle to help community members find a primary care physician. (FY 2013 –Complete)
10. Increase participation by 10% from the 2013 baseline in Win With Wellness as a vehicle to help community members know and achieve improvements in their key measures and know the four key healthy behaviors (nutrition, exercise, annual physical, tobacco avoidance). (FY 15)
11. Expand Win With Wellness into Oceana County and Lake County service areas. (FY 14-15)
12. Initiate FIT kids program in Ludington Public Schools as a pilot for use in remaining targeted schools. (FY15)



**Other Needs Identified in the CHNA But Not Addressed in this Plan** – Each of the health needs listed below is important and is being addressed by numerous programs and initiatives operated by the Hospital, other organizations within Spectrum Health and other community partners of the Hospital. However, the Hospital will not specifically address the following prioritized health needs identified in the CHNA as part of this Implementation Plan due to limited resources and the need to allocate significant resources on the two priority health needs identified above. Some of these health needs will be indirectly impacted by focusing on the two priority health needs identified above.

All priority issues identified by the Community Health Needs Assessment listed below can be found in the *Community Health Needs Assessment, Suggested Priorities and Next Steps*, pp. 239 – 246.

1. Arthritis-related conditions are by far the most prevalent chronic conditions reported in the *Community Health Needs Assessment*. The chronic conditions classified as “arthritis” are managed by internal medicine and family practice physicians. There will be on-going evaluation regarding the creation of local access to the rheumatology sub-specialty.
2. Reduce Substance Abuse – Currently being addressed by Northern Michigan Substance Abuse Services, the Department of Community Mental Health and others. These programs address the alcohol/drug use, smoking, secondhand smoke, prescription drug abuse and substance abuse treatment issues identified in the needs assessment.
3. Address Mental Health – Currently being addressed by the Michigan Department of Community Mental Health. These programs address the mental health and suicide issues identified in the needs assessment. As well, MMC has employed two psychiatrists who were previously in private practice to expand their availability for outpatient services. MMC’s inpatient psychiatric service line is being evaluated based upon future need.

The following issues were identified in the *Community Health Needs Assessment*, but determined to be not as high of a priority as the above mentioned issues.

4. These issues can be best addressed through government councils or departments. The local health care organization does not have the resources to address these issues effectively.
  - High unemployment rate and high poverty rates, especially for single-female households with children
  - Large proportion of children living in poverty
  - Child abuse/neglect cases on par with state and higher than U.S. – Lake County much higher



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- Fewer college educated residents than Mich. or U.S. Lower proportions of Oceana and Lake County men and woman have not graduated from high school in comparison to Michigan or U.S. average.
  - Lack of Spanish-speaking health care professionals
  - People not getting enough sleep (at least eight hours)
  - Higher disability rates than the Mich. average
  - Transportation (public/personal)
  - Housing (affordable/available)
  - Healthy foods (availability)
5. The remaining issues will be addressed by the following:
- Dental care is being addressed by Family Health Care in Lake County and Michigan Community Dental Clinics in Manistee County. Both organizations have service areas that extend through Mason and Oceana counties.
  - Cancer – In 2013, MMC expanded its Cancer Services to accommodate increased demand caused by the closing of the Cancer and Blood Center in Free Soil, MI. MMC will continue to provide medical oncology services at the hospital and seeks to expand the availability of providers in the community. Hospital will continue to promote cancer awareness and the importance of obtaining recommended screening, as it did in its Cancer Symposium in September of 2013.
  - Nursing home care (access) – Tendercare and Oakview Medical Care Facility participate in the MMC’s Health and Wellness Advisory Council and issues related to access will be addressed there.
  - Diabetes – MMC has a robust diabetes education and self-management program. Our focus on obesity and targeting younger populations will positively impact diabetes frequency and severity in the long term.
  - Heart disease – MMC continues to provide community education on heart disease through its Win With Wellness programming. The hospital will continue to promote heart health through its Community Health and Wellness Council in partnership with community and business groups.