

Community Health Needs Assessment Implementation Strategy Fiscal Years 2016-2018

Mercy Health Saint Mary's (MHSM) completed a comprehensive Community Health Needs Assessment (CHNA) that was adopted by the Board of Directors May 27, 2015. MHSM performed the CHNA in adherence with certain federal requirements for not-for-profit hospitals set forth in the Affordable Care Act and by the Internal Revenue Service. The assessment took into account input from representatives of the community, community members, and various community organizations.

The complete CHNA report is available electronically at <http://www.mercyhealthsaintmarys.com/community-health-needs-assessment>, or printed copies are available at MHSM.

Hospital Information and Mission Statement

Established in 1893, Mercy Health Saint Mary's today is comprised of a 324 bed hospital, an organized multi-office primary care physician partnership (Mercy Health Physician Partners), home nursing care, seven community benefit ministry health centers located in typically underserved areas of the county, a 74 bed inpatient psychiatric unit (Pine Rest), an affiliated 230-bed long-term care and rehabilitation facility (Saint Mary's Living Center), and the Peter M. Wege Center for Health and Learning.

Mercy Health Saint Mary's is also a teaching hospital with residency programs in Family Medicine, Internal Medicine, General Surgery, OB/GYN and Radiology, among others. The hospital is also a collaborative partner with Michigan State University (MSU) College of Human Medicine, serving as a teaching site for medical students. We also have multiple teaching relationships with five different schools of nursing, and multiple allied health fields through academic partners including MSU, Grand Valley State University, Ferris State University, Grand Rapids Community College, University of Detroit Mercy School of Nursing, Calvin College, and Aquinas College, among others.

The total Kent County population is 609,000, of whom 82.4% are White, 9.8% are Hispanic/Latino, and 9.6% are Black or African American. The smallest demographic consists of persons over age 65 (11.4%). Just 15.7% of Kent County residents live in rural communities. In 2013, a total of 570 refugees from 14 different countries were resettled in Kent County. The majority of these persons came from Burma, Bhutan, and Somalia. Within Kent County 90 percent of MHSM patients are drawn from nine zip codes in Grand Rapids and seven in Sparta and surrounding communities that include 348,559 persons of whom 149,068 (42.8%) are low-income. Of these, 61 percent or 90,382 remain unserved through community health centers. There are major differences in demographics for Kent County and MHSM target population. Respective comparisons are 89.4% vs. 80.6%

completion of high school; 31.7% vs. 3% completed a bachelor's degree or higher; 15.5% vs. 42.8% overall poverty rate; and 11.5% vs. 20.9% speak a language other than English;

Mission

"We serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities." Mercy Health Saint Mary's is directed by the **values** of reverence, commitment to those who are poor, justice, stewardship and integrity.

Health Needs of the Community

The CHNA conducted in 2015 identified four (4) significant health needs within the Mercy Health Saint Mary's community. Those needs were then prioritized based on those deemed most important by those who live, work, learn, and play in Kent County. With each topic amplified in later sections of this Implementation Strategy, the four significant health needs identified, in order of priority are:

#1. Mental Health

#2. Nutrition and Obesity

#3. Substance Use

#4. Safety and Violence

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 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 health needs:

- **Mental Health** – Detailed need specific Implementation Strategy on page 3
- **Nutrition and Obesity**– Detailed need specific Implementation Strategy on page 6
- **Substance Use** – Detailed need specific Implementation Strategy on page 8
- **Safety and Violence** – Detailed need specific Implementation Strategy on page 10

Significant health needs that will not be addressed

Mercy Health Saint Mary's acknowledges the wide range of health concerns that emerged from the CHNA process, and determined that it could most effectively focus on only those CHNA Implementation Strategy

health needs which were deemed most pressing, under-addressed, and within its ability to influence. MHSM will not prioritize the following concerns that were identified among the top community weaknesses: public transportation, education on available community resources, poor housing quality, and lack of health education. MHSM has limited resources. The organization recognizes that it must set priorities. Therefore, MHSM community investment will be directed toward the four high priority issues where greatest impact is most likely both within county and target population : mental health, nutrition and obesity, substance use, safety and violence.

This implementation strategy specifies community health needs that the Hospital/Health System 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 2018, 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 2016-2018			
HOSPITAL FACILITY:	Mercy Health Saint Mary's		
CHNA SIGNIFICANT HEALTH NEED:	Mental Health		
CHNA REFERENCE PAGE:	24	PRIORITIZATION #:	1
BRIEF DESCRIPTION OF NEED:			
<p>Mental health has a significant impact on daily living, is a frequent cause of disability, and is highly correlated with poverty, unemployment, homelessness, social isolation, stress, and substance use. Mental health is often considered a good indication of overall wellness, health-related quality of life, mental distress, and the burden that more serious mental conditions place on the population. Poor mental health is also a predictor of future health as it is associated with measures related to healthcare utilization and hospitalizations.</p> <ul style="list-style-type: none"> • Among the general population disability is less than 4%; it is 11.1% among those over age 65 and 19.1% among the Spanish population (http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3169959/) • In Kent County, 7.9% of residents report 14 or more days of poor mental health in the past 30 days. Groups most affected by poor mental health days are in the age range of 45-64 years, African Americans and Hispanics/Latinos, and people with an annual income of less than \$20,000. (http://www.kentcountychna.org/pdfs/CHNA2014.pdf page 177). • Only 15.3% of Kent County residents reported that they are currently receiving some variation of treatment for their mental health condition (http://www.kentcountychna.org/pdfs/CHNA2014.pdf p. 179). • Poverty has a direct and indirect effect on the development and maintenance of emotional, behavioral and 			

psychiatric problems (<http://apt.rcpsych.org/content/10/3/216>).

- Depression has been linked to a 67% increased risk for death from heart disease and 50% increased risk from death due to cancer (<http://www.mentalhealth.org.uk/help-information/mental-health-a-z/P/physical-health-mental-health/>).
- People with depression are twice as likely to smoke – a behavior known to have a detrimental effect on heart disease, cancer, hypertension, and other chronic conditions (<http://www.mentalhealth.org.uk/help-information/mental-health-a-z/P/physical-health-mental-health/>).
- Mental health is a key factor among frequent users of MHSM Emergency Department.
- Bullying at school is rampant. Over one-third (35%) of middle school and 26.4% of high school students report being bullied on school property last year. Middle school (20%) and high school (17.9%) students also experienced electronic bullying.
- Last year 20% of middle school and 18.3% of high school students considered suicide. Of concern is that 17.7% and 14.2% respectively made a suicide plan and about half of these actually attempted suicide. In 2013, suicides were most common among Hispanics/Latinos, Asian/Pacific Islanders, and Whites.

GOALS:

1. Provide access to screening, early intervention, and referral for appropriate mental health treatment as needed, especially for racial and ethnic minorities and those affected by poverty.
2. Develop and implement a primary care model that integrates medical and mental health care in a full continuum of services, including assessment, diagnosis, and outpatient/inpatient treatment
3. Support mental health workforce development through collaboration with the Pine Rest Residency program in Psychiatry
4. Address bullying and suicide ideation among middle and high school students.

OBJECTIVES:

1. At community health centers implement SBIRT (screening, brief intervention, and referral to treatment) for each patient at every visit.
2. At primary care offices (including pediatrics) conduct a depression screen at each visit. Refer patients as appropriate.
3. Screen for and treat post-partum depression.
4. Decrease by 10% the number of frequent ED users (more than ten times/year) being treated for mental health issues.

ACTIONS THE HOSPITAL FACILITY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED:

1. Initiate program for psychiatric residents at community health centers.
2. Introduce psychiatric nurse practitioner (PNP) for community health centers;
3. Enroll eligible patients with mental health issues in prescription assistance program so that poverty does not prevent them from receiving needed medications.
4. Ensure that the Electronic Health Record has full capability with regard to behavioral health documentation.
5. Establish HIPAA-compliant information sharing protocols with collaborating mental health agencies to improve coordination of care.
5. Expand the successful Complex Care model for high risk patients
6. Support planning for a Psychiatric Emergency Department to serve Kent County.

ANTICIPATED IMPACT OF THESE ACTIONS:

1. Increase the proportion of primary care facilities that provide mental health treatment on site or by referral.
2. Increase depression screening and treatment planning by primary care providers.
3. Increase the proportion of homeless adults and teens with depression and mental health problems who receive mental health services.
4. Reduce suicides among adults as well as among middle and high school students
5. Reduce the proportion of persons who experience major depressive episodes.

PLAN TO EVALUATE THE IMPACT:

- Track the percent health center patients who receive SBIRT
- Track the percent patients with SBIRT who receive brief intervention
- Track percent patients with SBIRT who are referred for behavioral health counseling
- Track percent patients with SBIRT who are referred for mental health treatment by a psychiatrist
- Track number of patients who receive on-site psychiatric care (psychiatrist, psychiatric resident, PNP)
- Track number of teens referred to health center or primary care physician from HQ Drop-In Center
- Track the number of ED frequent users (more than 10 visits/year) who present with mental health issues
- Track number of patients referred from primary care offices for mental health counseling
- Track the number of patients referred to Tobacco Free Partners for quit smoking assistance

PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT:

1. Assign CHW for homeless school children including HQ Drop-In Center
2. Negotiate affiliation agreement with Pine Rest Psychiatric Residency Program to place residents at community health centers.
3. Employ a Psychiatric Nurse Practitioners to provide on-site mental health services at health center patients
4. Maintain mental health counselors at community health centers (including at least one Spanish speaking counselor) to provide on-site behavioral health counseling

COLLABORATIVE PARTNERS:

Pine Rest Christian Mental Health Services
HQ Drop-In Center for homeless youth
Network 180
Hope Network
Heartside Health Center
Clinica Santa Maria
Browning Claytor Health Center
Wege Family Medicine Residency Program
Grand Rapids Public Schools
Grand Rapids Catholic Schools

**CHNA IMPLEMENTATION STRATEGY FISCAL YEARS
2016-2018**

HOSPITAL FACILITY:	Mercy Health Saint Mary's		
CHNA SIGNIFICANT HEALTH NEED:	Nutrition and Obesity		
CHNA REFERENCE PAGE:	25	PRIORITIZATION#:	2

BRIEF DESCRIPTION OF NEED:
 Poor nutrition and obesity are two of the most significant health concerns in MHSM service area. Adult and childhood obesity is associated with physical, psychosocial, and economic consequences and can lead to chronic condition such as diabetes, sleep apnea, asthma, and hypertension. Health behaviors such as poor diet and a lack of exercise contribute to poor health status.

- 29% of adults report a BMI of 30 or more. (<http://www.countyhealthrankings.org/app/michigan/2015/measure/factors/11/map>)
- 18.2 percent of Michigan youth ages 10-17 years old are overweight and 12.4 percent are considered obese, compared to the U.S. percentage of 15.3 overweight and 16.4 obese. (National Survey of Children’s Health, 2007) <http://www.healthykidshealthymich.com/childhood-obesity-facts-and-statistics.html>
- 70 to 80 percent of overweight children become obese adults. (New England Journal of Medicine, 1997) <http://www.healthykidshealthymich.com/childhood-obesity-facts-and-statistics.html>
- 76.3% of adults over the age of 18 are consuming less than 5 servings of fruits and vegetables each day.(Community Commons)
- 19.9% of adults aged 20 and older self-report no leisure time for activity. (Community Commons <http://assessment.communitycommons.org/CHNA/report.aspx?page=5&id=306>)

GOALS: Reduce incidence of obesity; improve dietary quality; improve management of nutrition-related chronic diseases such as diabetes and hypertension, prevent conversion of pre-diabetes to a diabetes diagnosis, increase incidence of healthy weight among both children and adults, reduce household food insecurity, reduce incidence of iron deficiency among young children and women who are pregnant or may become pregnant.

OBJECTIVES:

1. Promote health and wellbeing by providing a comprehensive community health education program that focuses on health promotion, disease prevention and chronic disease self-management.
2. Promote wellness and exercise through programs and events in the service area.
3. Implement outreach and educational programs that increase knowledge about diabetes, chronic disease self-management and provide access for the community and underserved populations.
4. Promote healthy eating for infants by increasing the proportion of infants who are breastfed
5. Develop a systematic "map" of the Kent County and Grand Rapids food system, identify gaps, educate the public regarding resources and availability of healthy foods and those for specific conditions such as diabetes, poor dentition, hypertension, and weight management.
6. Increase the proportion of primary care physicians who regularly measure the body mass index (BMI) of both children and adults.
7. Increase the proportion of physician office visits that include medical nutrition therapy, counseling, and education related to nutrition or weight management.

ACTIONS THE HOSPITAL FACILITY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED:

1. Establish a baseline of events/activities currently being implemented throughout organization
2. Sponsor community events that promote healthy eating and encourage physical activity

3. Fund community based education and classes related to healthy eating, obesity prevention and chronic disease self-management.
4. Implement peer to peer maternal and infant support programing, including breastfeeding education, child nutrition, and weight management.
5. Employ one or more registered dietitian nutritionists to staff community health centers.
6. Assign personnel to develop a systematic "map" of the food system in Kent County and Grand Rapids, make this information widely available in the community
7. Among Mercy Health Physician Partners, promote regular assessment of BMI at office visits and refer for nutrition counseling as needed.
8. Following evidence-based guidelines, promote bariatric surgery as a means of treating intractable obesity.
9. Assess the need for expanded WIC programs at Mercy Health Saint Mary's ambulatory settings; expand as appropriate.

ANTICIPATED IMPACT OF THESE ACTIONS:

Healthier nutrition

Increase in physical activity

Increase in confidence and ability to manage chronic conditions.

Increase in breastfeeding rates

Reduction in incidence of obesity, diabetes, hypertension, and deaths from cardiovascular disease

Improved access to nutrient dense foods and those that meet recommended nutrient intakes and cultural preferences

PLAN TO EVALUATE THE IMPACT

- Track number of educational events attended per year
- Track number of activities provided
- Track number of events sponsored
- Track number of partners
- Track number of locations outreach was provided
- Track total number of individuals served.
- Track number of different classes provided
- Track number of participants who attended
- Track number of participants to completed at least 60% of classes
- Track number of classes offered in Spanish
- Track number of infants Ever Breastfed, Breastfeeding at 3 months, Exclusive breastfeeding at 3 months
- Demonstrate completion and dissemination of food system map
- Use results of Kent County Health Department Behavioral Risk Survey to monitor obesity, physical activity, diabetes, heart disease, and nutrition

PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT:

1. Sponsor at least three community events/ health fairs
2. Diabetes Path and Tomanado Control classes
3. Maternal Infant Health Program
4. Employ one or more registered dietitian nutritionist(s) to provide medical nutrition therapy and nutrition counseling for ambulatory patients

COLLABORATIVE PARTNERS:

Area Agency on Aging of Western Michigan

Seeds of Promise

Dickenson Elementary

Clinica Santa Maria

Michigan Department of Community Health
 Browning Claytor Health Center
 LINC- Rock the Block
 Mexican Heritage Committee
 Mercy Health Center for Diabetes and Endocrinomogy
 Health Net
 Michigan State University Extension Service (Community gardens)
 Access of West Michigan (Food Pantries)
 Feeding America West Michigan Food Bank
 Kid's Food Basket
 United Way
 Kent County Health Department

**CHNA IMPLEMENTATION STRATEGY
 FISCAL YEARS 2016-2018**

HOSPITAL FACILITY:	Mercy Health Saint Mary's		
CHNA SIGNIFICANT HEALTH NEED:	Substance Use		
CHNA REFERENCE PAGE:	27	PRIORITIZATION #:	3

BRIEF DESCRIPTION OF NEED:

- In 2012, male smoking was in the middle-performing 50% of all counties at 22.9%, while female smoking was in the best-performing 25% of all counties at 17.7%. For comparison, the national average in 2012 was 22.2% for males, 17.9% for females, and 20% for both sexes.
- Drug overdose (illegal and prescription substances) has become a leading cause of death for adults ages 18-64 in Kent County.
- The incidence of inebriation resulting in ED visits has more than doubled over the past two years. Likewise, volume of unduplicated users and admissions to the Public Inebriates program at Mel Trotter Ministries
- Internal analysis of the MHSM Community Benefit Ministry patient base in 2014 identifies substance use as the highest risk factor for poor health status, high system utilization and high cost

GOALS:

Reduce substance abuse among target populations through early detection and intervention
 Develop non-narcotic pain management alternatives
 Public and individual patient education about substance use, including tobacco
 Electronic Health Record that documents SU
 Address highest risk patients
 Address social determinants of health that contribute to substance use disorders

OBJECTIVES:

1. Screen patients for substance use
2. Document treatment plans for patients with positive screens
3. Refer patients with positive screens to appropriate care
4. Improve the effectiveness of the Public Inebriates program
5. Develop treatment pathways that emphasize the lowest possible acuity settings and modalities for treatment

ACTIONS THE HOSPITAL FACILITY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED:

1. Increase SBIRT services
2. Develop a system of care to address substance use
3. Explore the introduction of addiction medicine
4. Adopt an evidence based protocol to support smoking cessation
5. Support collaborating agencies that address substance use issues through primary care and other medical services for jointly served patients

ANTICIPATED IMPACT OF THESE ACTIONS:

1. Reduce tobacco use among patients
2. Reduce illegal drug use and overdose rates for illegal drug use
3. Reduce prescription drug abuse
4. Reduce ED visits and reduce/shorten inpatient admissions related to substance use
5. Decrease health system service utilization for high frequency

PLAN TO EVALUATE THE IMPACT:

- Track the percent health center patients who receive SBIRT
- Track the percent patients with SBIRT who receive brief intervention
- Track percent patients with SBIRT who are referred for behavioral health counseling
- Track percent patients with SBIRT who are referred for mental health treatment by a psychiatrist
- Track number of patients who receive on-site psychiatric care (psychiatrist, psychiatric resident, PNP)
- Track number of teens referred to health center or primary care physician from HQ Drop-In Center
- Track the number of ED frequent users (more than 10 visits/year) who present with mental health issues
- Track number of patients referred from primary care offices for mental health counseling
- Track the number of patients referred to Tobacco Free Partners for quit smoking assistance

PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT:

1. Integrated care model, applied according to risk stratification
2. Patient and community-based education
3. Behavior-based, non-narcotic pain management program
4. Pain management resource team to support all primary care practices
5. Support for a Public Inebriates program

COLLABORATIVE PARTNERS:

Pine Rest Christian Mental Health Services
HQ Drop-In Center for homeless youth
Network 180
Mel Trotter Ministries
Salvation Army
Grand Rapids Police Department
Hope Network
Heartside Health Center
Clinica Santa Maria
Browning Claytor Health Center
Wege Family Medicine Residency Program
Grand Rapids Public Schools
Grand Rapids Catholic Schools

CHNA IMPLEMENTATION STRATEGY FISCAL YEARS 2016-2018

HOSPITAL FACILITY:	Mercy Health Saint Mary's		
CHNA SIGNIFICANT HEALTH NEED:	Safety and Violence		
CHNA REFERENCE PAGE:	30	PRIORITIZATION #:	4

BRIEF DESCRIPTION OF NEED:

- Car safety is an issue. In Kent County, more than 50% of male and 48.8% of female youth reported texting or emailing while driving; 19.2% of those age 18-24 do not always use a seatbelt when driving; 20.5% of youth rode in a vehicle with someone who had been drinking.
- Incidence of alcohol-induced mortality (9.1/100,000) is higher in Kent County than in the state or nation. Mortality due to drug overdose accounted for 77 deaths in 2013; drugs most commonly cited were heroin, methadone, and narcotic analgesics.
- Bullying at school is rampant. Over one-third (35%) of middle school and 26.4% of high school students report being bullied on school property last year. Middle school (20%) and high school (17.9%) students also experienced electronic bullying.
- In 2013 20% of middle school and 18.3% of high school students considered suicide. Of concern is that 17.7% and 14.2% respectively made a suicide plan and about half of these actually attempted suicide. In 2013, suicides were most common among Hispanics/Latinos, Asian/Pacific Islanders, and Whites.
- In 2014, the Prosecuting Attorney's office reported 1240 cases of domestic violence (https://www.accesskent.com/Courts/Prosecutor/pdfs/Prosecutor_Annual_Report.pdf). Non-aggravated assaults occurred most frequently; other factors were intimidation, stalking, and negligent/non-violent family abuse. Most common victims of abuse are teen dating partners, children, and vulnerable adults. Incidence of abuse in Kent County exceeds that for Michigan (<http://www.kentcountychna.org/pdfs/CHNA2014.pdf> p. 195)
- Youth date violence is prevalent. Nearly ten percent (9.7%) of students were physically hurt on purpose by someone they were dating and 11% were forced to do sexual things they did not want to do by someone they were dating.
- Child abuse and neglect rates for children aged 0-17 are higher in Kent County than in Michigan. Those at greatest risk are those aged four years or younger, living in poverty, living in communities with high violence rates, and within families with a history of abuse and neglect. Nearly 40 percent (38.4%) of children reported being in a physical fight in the past 12 months and 37.5% of middle school children carried a weapon such as a gun or knife in the past 30 days (<http://www.kentcountychna.org/pdfs/CHNA2014.pdf> p.201).
- West Michigan has 2,400 minors for sale for sex at any given time. Michigan is considered a top five state in human trafficking crimes (<http://woodtv.com/2015/02/23/spotlight-on-human-trafficking/>)

GOALS:

- Reduce incidence of child abuse and neglect, date violence, bullying, domestic violence among attributed population
- Reduce youth suicide and alcohol or drug-induced mortality, in the target geographic area.
- Improve car safety through promotion of safe-driving (no texting) and use of seat belts, especially among youth
- Improve access to medical care for refugees and immigrants, including "border children" seeking safety from drugs and violence in Mexico and Central America
- Identify and assist victims of human trafficking in Kent County; assist victims of domestic violence, abuse, and neglect

OBJECTIVES:

1. Reduce percent of Kent County youth who text or email while driving, or ride in the car with someone who has been drinking.
2. Increase percent of those age 18-24 who always use a seatbelt when driving.
3. Reduce alcohol-related mortality rates and deaths due to drug overdose.
4. Reduce incidence of youth suicide.
5. Reduce bullying among middle and high school students.
6. Reduce incidence of youth date violence and force to engage in unwanted sexual activity.
7. Provide compassionate care for victims of human trafficking, child abuse, neglect, and violence; decrease the percent of those who report being abused or neglected.

ACTIONS THE HOSPITAL FACILITY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED:

1. Integrate questions regarding safe driving (no texting, wear seatbelt, don't drive with someone who has been drinking) an item on physician visits for all patients aged 15-24.
2. Incorporate depression, mental health, drug use, and suicide ideation screening for youth aged 12-24 in all physician office visits and refer for behavioral counseling as needed.
3. Encourage providers to use non-narcotic pain medications; refer patients with chronic pain to Health Net Pain Management classes or to the non-narcotic pain management clinic.
4. Improve access to medical care and mental health counseling for immigrants and refugees, especially those fleeing drugs and violence as well as "border" children fleeing from Mexico and Central America.
5. Schedule Community Health Workers, social workers, nurse practitioners, and case managers to offer classes at middle schools, high schools, and community centers on safe dating practices, bullying, dealing with conflict and domestic violence, safe medication practices (keeping prescription drugs away from teens), parenting to avoid child abuse and neglect.
6. Primary care physicians and Emergency Department providers and nurses remain alert to signs of human trafficking and physical abuse; report suspected cases to Michigan Department of Health and Human Services.

ANTICIPATED IMPACT OF THESE ACTIONS:

1. Lower the percent of youth who text or email while driving or ride in the car with someone who has been drinking.
2. Increase the percent of those age 18-24 who report always using a seatbelt when driving.
3. Decreased number of deaths due to alcohol or drug overdose.
4. Decrease in the number of youth aged 12 to 21 who commit suicide.
5. Decrease the number of middle and high school students who report verbal or virtual bullying.
6. Decrease the percent of middle and high school students to report date violence or being forced to engage in unwanted sexual activity.
7. Increase the number of reports of human trafficking and physical abuse; assist victims to find safe environments.
8. Increase in the number of homeless school children, and refugees who receive medical care.

PLAN TO EVALUATE THE IMPACT:

- Use results of Behavioral Risk Factor Survey to track percent of youth who report texting or emailing while driving.
- Use results of Behavioral Risk Factor Survey to track percent of youth who report riding in a car with someone who has been drinking.
- Use results of Behavioral Risk Factor Survey to track percent of persons aged 18-24 who always use a seatbelt when driving
- Track Kent County mortality data to monitor deaths due to alcohol or drug overdose
- Use results of Behavioral Risk Factor Survey to track percent of youth who report suicide ideation or attempts; use Kent County Medical Examiner data to track youth suicides.
- Track Kent County child abuse and neglect cases using Annie Casey Foundation Kinds Count data center.
- Use results of Behavioral Risk Factor Survey to track percent of middle and high school students who report

bullying in person or online.

- Use results of Youth Behavioral Risk Factor Survey to track percent of teens who report being hurt or being pressured into sexual activity they did not want.
- Track the number of human trafficking victims identified, reported, and helped to disassociate from offenders.
- Track the number of homeless school children who receive medical care at a physician's office or community health center

PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT:

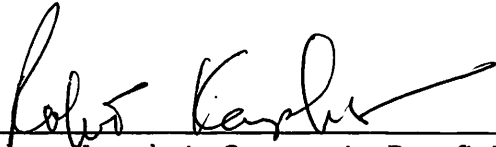
1. Primary care physicians and Emergency Room providers and nurses who remain alert for victims of human trafficking, child abuse and neglect, and domestic violence.
2. Mental health counselors to assist victims of abuse to cope with psychological impact of violence and abuse.
3. Community health workers, nurses, and others who will offer classes in the community to thwart issues related to safety and violence.
4. As possible, modify electronic medical records to provide easy and consistent way to screen persons for safe practices, identify alcohol misuse, child maltreatment, etc.
5. Complex care team to work with patients who have multiple substance abuse issues or who have a history of abuse and violence; link with appropriate resources.

COLLABORATIVE PARTNERS:

Michigan Department of Health and Human Services
Hispanic Center
Lutheran Social Services of Michigan
Refugee Re-settlement services
Family Promise of Grand Rapids (finds homes for families)
LINC – Lighthouse Community Revitalization Services
Pine Rest Christian Mental Health Services
HQ Drop-In Center for homeless youth
Network 180
Hope Network
Heartside Health Center
Clinica Santa Maria
Browning Claytor Health Center
Wege Family Medicine Residency Program
Grand Rapids Public Schools
Grand Rapids Catholic Schools

Adoption of Implementation Strategy

On May 27, 2015, the Board of Trustees for Mercy Health Saint Mary's met to discuss the Fiscal Years 2016-2017 Implementation Strategy for addressing the community health needs identified in the 2015 Community Health Needs Assessment. Upon review, the Board approved this Implementation Strategy and the related budget.



Robert Kamphuis, Community Benefit Ministry Officer

06/26/2015