

2013 Community Needs Assessment and Implementation Strategy



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### Background

McLaren Greater Lansing participated in a community-wide health needs assessment process that began in late 2010. The four area hospitals in mid-Michigan joined with the area's three local public health departments to form the Healthy! Capital Counties (HCC) coalition.

Hospital partners include:

- > Eaton Rapids Medical Center
- > Hayes Green Beach Memorial Hospital
- McLaren Greater Lansing
- Sparrow Health System

Health Department partners include:

- Barry-Eaton District Health Department
- Ingham County Health Department
- Mid-Michigan District Health Department

Through several months of planning, the health departments and the hospitals reached the conclusion that working together was the best way of mobilizing resources to improve health.

In addition to the hospitals and health departments, Michigan State University and area health insurance providers participated in HCC's Steering Committee, the committee charged with driving the coalition's efforts.

HCC also assembled a large, diverse group of community leaders who, serving as the Community Advisory Committee, ensures that our assessment and improvement planning process accurately reflects the needs and priorities of the community at large.

# Healthy! Capital Counties Vision

The vision of the Healthy! Capital Counties Community Health Assessment and Improvement Planning Process is that all people in Clinton, Eaton, and Ingham counties:

- > live in a physical, social, and cultural environment that supports health;
- > live in a safe, vibrant, and prosperous community that provides many opportunities to contribute and thrive;
- > live in a community with minimal barriers and adequate resources to reach their full potential.

## Community Health Profile & Priorities

Over the course of a year, HCC staff, the steering committee and the advisory committee engaged in a process to measure the health status of the tri-county community, key health behaviors, determinants of health outcomes and behaviors, and examine root causes of ill health and health inequalities.

The profile includes an innovative look at the health of different geographic areas — such as small towns, urban areas, and countryside. Also featured are the voices of community members speaking about health in their community through eight focus groups. These results are included in the Speaking of Health section and spread throughout the report.

Key findings of the research, an outline of the study's comprehensive quantitative and qualitative processes, and a complete copy of the assessment can be found at: <u>http://www.healthycapitalcounties.org</u>.

Ultimately, the community's strategic priorities on health were identified as:

#### > OBESITY

How can we create a community context where everyone can attain and maintain a healthy weight? How can we increase access to healthy foods and physical activity opportunities?

#### > CONNECTION to RESOURCES

How can we promote awareness of and connections to community resources, programs, and supportive services? How can we identify and fill gaps in services and resources? How can we, as a community, assure that everyone has basic resources to live in good health?

#### > ACCESS to QUALITY HEALTHCARE

How can we build a community system of care so that everyone has affordable, timely, and reliable access to high quality primary and specialty healthcare services in ambulatory and hospital settings?

SAFETY and SOCIAL CONNECTION (Social Determinant of Health) How can we create safe neighborhoods or communities? How can we promote and support social connections?

#### > CHILD HEALTH

How can we, as a community, assure every child grows up without preventable hospitalizations, with health education to establish good health behaviors, and in environments that support health?

### **Implementation** Plan

McLaren Greater Lansing will continue to collaborate on opportunities that arise to improve the health and well-being of area residents. Below are some of the strategies the hospital is pursuing to address the strategic issues defined through the Healthy! Capital Counties collaborative process.

When developing strategies and tactics, the hospital gave consideration to some key questions including: *What is the hospital currently doing to address each issue? What can the hospital do as an employer? What can the hospital do as a community health care provider?* 

Priority	OBESITY
Goal	<i>Create a community context where everyone can attain and maintain a healthy weight.</i>
Objective 1	Increase access to healthy and affordable foods.
Strategies	<ul> <li>Support community gardens and farmers markets.</li> <li>Participate in the Michigan Health &amp; Hospital Association's <i>Healthy Food Hospitals</i> program to increase healthy food options at the hospital.</li> </ul>
Objective 2	Help people recognize and make healthy food and beverage choices.
Strategies	<ul> <li>Help the community understand proper nutrition habits by increasing the hospital's nutrition education offerings.</li> <li>Assist area employers in educating their workforces about proper nutrition.</li> <li>Initiate hospital-wide point of decision prompts.</li> </ul>
Objective 3	Promote breastfeeding through policies and programs to increase the number of infants who breastfeed at birth.
Strategies	<ul> <li>Promote healthy new mothers; encourage successful breastfeeding through education and support by increasing knowledge and skills of patients and families. Hospital caregivers will encourage:         <ul> <li>Initial nursing attempt within the first 30-60 minutes after delivery.</li> <li>Skin-to-skin contact as soon as possible following all deliveries.</li> </ul> </li> </ul>

Priority	CONNECTION TO RESOURCES
Goal	<i>Promote awareness of and connect individuals to community resources.</i>
Objective 1	Increase the number of individuals connected to traditional community resources.
Strategy	Assist with the promotion of the Central Michigan 2-1-1 Information and Referral system.
Objective 2	Reduce the gaps in services and resources and increase the utilization of services and resources.
Strategies	Expand the use of financial counselors within the hospital to help patients find assistance.
	Work to establish Community Navigator training.
Objective 3	Improve the quality of existing resources and services.
Strategies	Utilize Patient Navigators for oncology programs and services including breast and thoracic cancer.
	Increase offerings and public awareness of disease management resources:
	> Diabetes self management classes
	Cardiovascular wellness
	Asthma education
	> Heart failure education, etc.
	Establish new health education programs to increase community's health literacy.

Priority	ACCESS TO QUALITY HEALTHCARE
Goal	Increase access to affordable healthcare services and improve the quality of healthcare services.
Objective 1	Increase the percentage of people with a specific source of primary care.
Strategies	<ul> <li>Increase the number of practicing primary care providers (Medical Doctors, Doctors of Osteopathic Medicine, Physician's Assistants, Nurse Practitioners).</li> <li>Maintain teaching hospital status and key residency programs to train future providers in areas of need.</li> </ul>
	<ul> <li>Increase the number of primary care practices offering non-traditional hours for routine care.</li> <li>Participate in statewide and national evidence-based initiatives to increase quality processes and outcomes and reduce cost.</li> </ul>
Objective 2	Increase utilization of clinical and community preventive services.
Strategies	<ul> <li>Increase promotion of hospital's preventative services.</li> <li>Increase the number of preventative screenings the hospital offers to the public.</li> </ul>
Objective 3	Implement effective care coordination models.
Strategies	Increase the number of facilities certified as Patient Centered Medical Homes.
	Utilize Patient Navigators for oncology programs and services including breast and thoracic cancer.

Objective 4	Offer an insurance product for low-income individuals to increase access to basic levels of care.
Strategy	Maintain support for Ingham Health Plan
Objective 5	Create an alternative model for specialty care for the uninsured and underinsured.
Strategy	Maintain a Mulit-Specialty Clinic for key specialties and sub- specialties.

Priority	SAFETY AND SOCIAL CONNECTION
Goal	Create safe neighborhoods and communities.
Objective 1	Strengthen policies and programs to prevent violence.
Strategies	<ul> <li>Maintain workplace anti-bullying policies and procedures.</li> <li>Work with nearby neighborhood groups to enhance neighborhood watch efforts.</li> </ul>
Objective 2	Facilitate social connectedness and community engagement.
Strategies	<ul> <li>Implement employee engagement activities.</li> <li>Increase participation in community relations activities.</li> </ul>

Priority	CHILD HEALTH
Goal	Promote an environment that encourages and assures good health among children and adolescents.
Objective 1	Reduce the number of preventable hospitalizations among children and adolescents.
Strategies	Increase the number of children and adolescents who have had a wellness checkup at a hospital-affiliated office.
	Institute asthma control programs and education for children.
Objective 2	Increase health-related self-efficacy among children and their caregivers.
Strategy	Assist in educating caregivers about the importance of healthy eating and physical activity.