

# MARY FREE BED COMMUNITY HEALTH IMPROVEMENT PLAN

2017

Specific Needs Identified in CHNA	CHNA Key Findings*	Implementation Strategy	Measurable Outcome
<p><b>Mental Health</b></p>	<p>Kent County residents identified the following as the most common barriers to accessing mental healthcare services: cost (44.7%); feeling embarrassment or shame (34.4%); did not know who to call (27.3%); fear or distrust of the healthcare system (27.2%); and cultural beliefs about health (19.6%).</p> <p>More than eight in ten residents (83.6%) reported they would be able to recognize the signs and symptoms of mental health in themselves or in others that would require professional assistance.</p> <p>Two-thirds of Kent County residents reported their mental and emotional health as excellent (22.9%) or good (43.0%). Nearly one in ten residents reported their mental and emotional health as poor (7.5%) or failing (2.1%).</p> <p>More than one in ten Kent County residents (13.4%) reported 14 or more poor mental health days in the past 30 days, including approximately one-third of individuals with an annual household income of less than \$25,000.</p> <p>Nearly one-quarter of Kent County middle school students (23.6%) and one-third of high school students (32.2%) reported feeling 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.</p> <p>During the past 12 months, 15.8% of high school students seriously considered attempting suicide, 13.3% made a plan, and 6.9% attempted suicide one or more times. Approximately one in five (20.6%) middle school students had ever considered suicide, 13.0% had ever made a plan, and 7.8% had ever attempted suicide.</p>	<p>Increase education on Mental Health through lunch &amp; learn and grand rounds events to employees and community members</p> <p>Provide services to patients and employees to address mental health issues through EAP services, C2Health outreach, psychology services</p> <p>Identify depression screening tools (PHQ services) used in clinical services and increase the usability of the tools</p>	<p>Offer at least 10 lunch &amp; learn or grand rounds to educate employees and community members on mental health</p> <p>Offer mental health services to employees and participating community members through C2Health referrals with a goal of 250 referrals to mental health services which includes counseling, anxiety, EAP, psychiatry, etc</p> <p>Investigate and implement a general psych screener for younger children and increase the usage of the tool across the patient population</p> <p>Continue implementation of the PROMIS - Depression and PROMIS - Anxiety tool at all the MFB pain rehabilitation locations</p>
<p><b>Substance Abuse</b></p>	<p>In 2017, 15.4% of Kent County residents reported current cigarette use and 5.5% reported current electronic cigarette use. In 2015, 10.2% of mothers in Kent County smoked while pregnant.</p> <p>Among Kent County youth, 1.9% of middle school students and 5.8% of high school students reported current cigarette use; half (50.7%) of high school students who are current smokers attempted to quit smoking within the past 12 months.</p> <p>Approximately 5% of Kent County adults reported heavy drinking (15 or more drinks per week for men or 8 or more drinks per week for women) and 15.3% reported binge drinking (5 or more drinks on an occasion for men or 4 or more drinks on an occasion for women). Slightly less than 4% of Kent County adults reported driving after drinking too much in the past month.</p> <p>One-third of Kent County high school students reported ever drinking alcohol (35.4%), 17.0% reported drinking alcohol in the past 30 days, and 9.0% report binge drinking in the past 30 days. Approximately 4% of Kent County middle school students reported drinking alcohol in the past 30 days.</p> <p>Per the most recent data available at the time of this report, the number of opioid-related deaths in Kent County in 2017 (93) exceeded those in 2016 (70). Between 1999 and 2015 in Kent County, the drug-induced mortality rate (including deaths from any drug) increased nearly fourfold, from 4.2 per 100,000 to 16.2.</p>	<p>Increase access to patients for treatment for the substance use disorders through expansion to new pain &amp; psychology locations in Michigan</p> <p>Tracking OPIOD usage in inpatient setting and atleast maintain the current average opioid reduction rate</p> <p>Tobacco Cessation program at Mary Free Bed focuses on motivating and helping patients to quit smoking and continue to refrain tobacco usage post - discharge as well</p>	<p>Increase access to patients for treatment for the substance use disorders through expanding to atleast two new pain &amp; psychology locations in Michigan</p> <p>Maintain or improve the current opioid reduction rate at 40%</p> <p>Measure the number of the patients who are 'Ready to Change'</p>

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<p><b>Obesity &amp; Poor Nutrition</b></p>	<p>Obesity among Kent County adults increased from 27.6% in 2014 to 34.1% in 2017.</p> <p>Obesity increased among Kent County youth as well; in 2014, 9.7% of middle school and 11.4% of high school students were obese, compared to 11.4% of middle school and 12.5% of high school students in 2016.</p> <p>Nearly one in five (19.7%) of Kent County adults reported no leisure-time physical activity in the past month. One-third of residents (35.0%) reported thirty minutes or more of physical activity at least five times per week.</p> <p>Middle school students (58.6%) were more likely than high school students (52.0%) to be physically active for 60 minutes per day for at least five of the past seven days. Males were more likely than females in both school groups to be physically active.</p> <p>Middle school and high school students reported similar rates of screen time: 20.2% of middle school and 17.8% of high school students reported three or more hours per day of TV on an average school day, and 28.9% of middle school and 27.8% of high school students reported three or more hours per day of video or computer games or computer use for something other than school work on an average school day.</p> <p>More than two-thirds of Kent County adults (68.4%) reported consuming fruit one or more times per day, and 63.4% reported consuming vegetables one or more times per day.</p> <p>Among Kent County youth, 27.0% of middle school and 26.0% of high school students report eating five or more servings of fruits and vegetables per day during the past seven days. Slightly more middle school students (43.5%) than high school students (38.8%) report eating breakfast every day in the past seven days.</p> <p>Approximately 6% of Kent County families reported that their children skipped meals either daily, weekly, or monthly in the past six months because there was not enough money for food.</p> <p>More than one in five Kent County residents (21.3%) reported feeling worried about whether food would run out in the past six months, 18.2% reported that their food did not last and they were unable to buy more, 14.0% skipped meals because there was not enough money for food, and 12.8% felt hungry but did not eat because there was not enough money to buy food.</p> <p>Kent County residents tended to agree (40.5%) or strongly agree (34.5%) that it is easy to obtain fresh fruits and vegetables in their neighborhood or community, although disparities were noted among races and ethnicities, educational attainment, and annual household income.</p> <p>More than one in five Kent County residents (20.7%) reported they were not always able to buy or receive all the healthy food needed to feed their families.</p>	<p><b>Weight Management Program:</b> Employee health coaching focused on obesity and weight management through C2Health</p> <p>Identifying patients reporting food and housing insecurity using Social Determinance Screening tool to analyze Mary Free Bed patient population and educate the patients on the relevant services</p> <p><b>Community Education:</b> Collaborate with community organizations and media outlets to promote healthy lifestyle and eating habits 1. Cooking demos to staff and patients 2. Promote healthy food choices at grocery stores</p> <p><b>New Kitchen:</b> Proposed investment in a new kitchen to provide healthy food options to both patients and employees</p>	<p><b>New Service:</b> Nutrition Benefit Program will begin to serve all MFB outpatient starting Aug 2019. Patients can utilize upto 3 nutrition visits per year with a registered dietician with or without insurance coverage</p> <p><b>New Service:</b> All MFB employees can utilize weight management program at a discounted rate and up to 6 visits are provided to employees receiving insurance benefits through MFB for selected preventative diagnosis</p> <p>Goal to identify patients with food and housing insecurity and increase the use of the Social Determinance Screening Tool or Psycho Social Assessment by 10%</p> <p>Goal to train atleast 50% of the Care Management team with the focus on motivational interviewing</p> <p>Goal to plan atleast 5 community education events to promote healthy lifestyle and eating habits</p> <p>New Initiative to invest in the new kitchen to provide healthy food options to both patients and employees in 2020</p>
	<p>*Source: 2017 Kent County CHNA; <a href="https://accesskent.com/Health/pdf/2017KC_CHNA.pdf">https://accesskent.com/Health/pdf/2017KC_CHNA.pdf</a></p>		