Implementation Strategy



Prepared by:
Muskegon Community
Health Project,
Mercy Health Partners'
Community Benefit Office



INTRODUCTION TO THE 2012-2015 IMPLEMENTATION STRATEGY FOR THE LAKESHORE CAMPUS OF MERCY HEALTH PARTNERS

Mercy Health Partners' Community Health Needs Assessment (CHNA) for the Lakeshore Campus was completed in June 2012 and published in September 2012. Data analysis and the community input components yielded 17 health issues of concern in Oceana and Newaygo Counties. Ranking sessions were held that included representatives from a wide range of local health and human service providers, and other stakeholder groups. The groups were given a list of not prioritized health issues and asked to categorize each issue according to the domain they felt should take the lead role in addressing the particular issue. The choices were: the "Health System," which includes the hospital, physician practices and public clinics; "Public Health," which includes the local health departments; and "Community," which includes schools, Community Mental Health or other governmental agencies, and community-based and faith-based organizations. Once sorted by domain, the groups then ranked the issues under each on a scale of 1 to 5, with 5 meaning "most significant." The scoring was based on four criteria: severity (magnitude or urgency of the health issue); feasibility (in terms of resources available and surmountable barriers); potential impact on the greatest number of people; and achievability within three years.

In accordance with the Affordable Care Act of 2010 and Section 501(r)(3)(A(ii) of the IRS Code, each non-profit hospital entity is required to develop and adopt a written "Implementation Strategy" that addresses the health needs identified in the CHNA. The purpose of this Implementation Strategy is to provide a guide for the hospital system to develop policy in allocating resources to meet the identified community health needs. More specifically, the Implementation Strategy relates the CHNA to the hospital system's community benefit expenditures and its strategic business planning. It indicates strategies that address community health priorities and opportunities during the three-year CHNA period.

In doing so, the Implementation Strategy provides a conceptual framework for the hospital system's community benefit programs and services; and, as such, a tool for developing specific work plans to meet specific needs. In general, this framework may embrace a range of community benefit expenditures, including: outreach, information, referral and enrollment, direct service community programs, community care coordination, health education and supporting community collaborations. The first part of the Implementation Strategy that follows profiles the principal health issues that were identified as within the health system's domain, specifies the objectives and intervention strategies, and lists key partners. The Recommended Effort section indicates the kinds of support recommended for addressing the issues, which may be program interventions, inkind support and/or cash support to partner agencies. Whatever the type of support provided, the hospital's community benefit service will track and maintain outcome data for programs or other assistance that is implemented.

The second part of the Implementation Strategy profiles needs identified in the CHNA's ranking session as falling outside the health system's domain; that is, for Public Health and Community to assume leadership roles in addressing these issues. These profiles describe the hospital's partnership role(s) with the organizations taking leadership. The profiles also provide explanations for areas in which the hospital system does not intend to participate.



2013 – 2015 CHNA IMPLEMENTATION STRATEGY					
HEALTH SYSTEM ISSUE PLANNING PROFILE					
MHP CAMPUS:	LAKESHORE CAMPUS				
CHNA HEALTH ISSUE:	DIABETES				
COMMUNITY BENEFIT CATEGORY: ☐ Access ☐ Coverage ☐ Prevention ☐ Education/Health Literacy ☐ Other					
CHNA REFERENCE PAGE: 23, 32, 34 RANKING: 1 (tied) Brief Description of Issue: Lack of preventive care, high rates of unhealthy behaviors; such as smoking and drinking, being overweight, having poor self-management, and barriers to healthy foods—all contributing to high rates of diabetes—one of the leading health concerns presented in the 2012 CHNA. GOAL:					
Reduce the incidence and impa	ct of diabetes.				
PRINCIPAL OBJECTIVE:		FY13	FY14	FY15	
Reduce the incidence of diabetes and provide community care coordination and self-management education as an integral component of care for those experiencing diabetes. In place On-going On-going					
 Conduct community screenings Ensure that patients have primary care homes Work with patients in accessing pharmacy supplies and assistance programs Work with PCP practices to assign Community Health Workers to low-adhering patients Support community wellness groups and self-management workshops 			New effort	In development	
RECOMMENDED EFFORT:					
 Programmatic: continue primary care home, coverage, PAP enrollment and community care coordination/CHWs In-kind support: participate in community screenings and community wellness groups 					
KEY PARTNERS: Primary Care Physician Network Community wellness groups	, PCP Practices, Muskegon Comn	nunity Health Proj	ect, District Health	Department #10,	



2013 – 2015 CHNA IMPLEMENTATION STRATEGY HEALTH SYSTEM ISSUE PLANNING PROFILE				
MHP CAMPUS:	LAKESHORE CAMPUS			
CHNA HEALTH ISSUE:	HYPERTENSION AND CARI	DIOVASCULAF	R DISEASE	
COMMUNITY BENEFIT CA	ATEGORY: erage 🔀 Prevention 🛭	Education/⊢	lealth Literacy	Other
CHNA REFERENCE PAGE: 24, 34, 36 RANKING: 5 Brief Description of Issue: Local data reveals a significantly high rate of reported heart attack and coronary heart disease, rates that are much higher than that of the State of Michigan and of the United States. GOAL:				
Reduce the incidence of hyperte	ension and cardiovascular disease i	n Oceana and Ne	ewaygo Counties	
PRINCIPAL OBJECTIVES:		FY13	FY14	FY15
Foster lifestyle modifications and promote adherence to medication treatment regimens involving choices that include improved diets, weight loss, regular aerobic exercise, moderation of alcohol intake and cessation of smoking.		PAP in place	New effort	In development
STRATEGIES:				
		In place	On-going	On-going
Conduct community screer		In place	On-going	On-going
 Work with patients in accessing pharmacy assistance programs Conduct wellness outreach workshops (schools, senior centers, faith-based organizations, etc.) Support community wellness groups 		In place	On-going	On-going
		In place	On-going	On-going
wellness groups	3		Community screenings; wellness workshops; participate in community wellness groups	Community screenings; wellness workshops; participate in community wellness groups
KEY PARTNERS: Muskegon Community Health Project, District Health Department #10, Oceana School Districts, Council on Aging,				
Mackeyon Community Hour	Sjoot, Blothot Hould Bopartine	, , , , , , , , , , , , , , , , ,		

Northwest Michigan Health Services (FQHC), Hart and Shelby Primary Care Practices



2013 – 2015 CHNA IMPLEMENTATION STRATEGY					
HEALTH SYSTEM ISSUE PLANNING PROFILE					
MHP CAMPUS:					
CHNA HEALTH ISSUE:	PATIENT-PROVIDER COM	MUNICATIONS	5		
COMMUNITY BENEFIT CATEGORY: Access Coverage Prevention Education/Health Literacy Other					
CHNA REFERENCE PAGE: 34 RANKING: 6 Brief Description of Issue: Low level of health literacy is cited as a significant issue for improving community health. Consumers commonly lack an understanding of basic healthcare terminology, personal health management responsibilities and reasons for adherence to prescribed treatment regimens. Identified as a need in focus groups.					
GOAL: Improve patient-provider commu	unications.				
PRINCIPAL OBJECTIVE:		FY13	FY14	FY15	
Improve the public's knowledge healthcare terminology and well					
STRATEGIES:1. Development of basic education/healthcare literature for distribution at the offices of PCPs (English and Spanish).2. Develop and market consumer health information via local		In place	On-going New effort	On-going In development	
media sources (English and Spanish). 3. Examine needs and opportunities for increasing languages services.			On-going	On-going	
4. Support CALL 2-1-1	In place	On-going	On-going		
RECOMMENDED EFFORT:					
and Spanish, language health media materials	ue education materials in English services; develop consumer port: continue support of				
KEY PARTNERS: Lakeshore Health Network, 2) Primary Care Homes-Care Managers, Northwest Michigan Health Services (FQHC), District Health Department #10, Mercy Health Partners' Marketing Department, CALL 2-1-1					



2013 – 2015 CHNA IMPLEMENTATION STRATEGY					
HE	EALTH SYSTEM ISSUE P	LANNING PR	ROFILE		
MHP CAMPUS:	P CAMPUS: LAKESHORE CAMPUS				
CHNA HEALTH ISSUE:	SPECIALTY CARE AND TE	STING			
COMMUNITY BENEFIT CA		Education/	Health Literacy	Other	
Brief Description of Issue: Lack of local specialty care and Oceana and Newaygo Counties services.	RANKING: 11 diagnostic testing services continue as evidenced by patients often nee				
GOAL: Improve local access to specialt	y healthcare and testing.				
PRINICIPAL OBJECTIVE:		FY13	FY14	FY15	
Create local opportunities for specialty healthcare services and testing.					
	STRATEGIES: 1. Consider specialty care clinics in concert with existing Mercy New effort In development				
practices and Lakeshore Campus. 2. Recruit new specialty physicians to practice in Oceana County		On-going	On-going	On-going	
RECOMMENDED EFFORT:					
Continue recruitment		On-going	On-going	On-going	
> Explore feasibility of spe	ecialty clinics		Feasibility study	Assess feasibility	
KEY PARTNERS: Primary Care Physician Network & Mercy practices, District Health Department #10, Northwest Michigan Health Services (FQHC)					



2013 – 2015 CHNA IMPLEMENTATION STRATEGY					
HEALTH SYSTEM ISSUE PLANNING PROFILE					
MHP CAMPUS:	MHP CAMPUS: LAKESHORE CAMPUS				
CHNA HEALTH ISSUE:	PRIMARY CARE PHYSICIA	N SHORTAGE			
COMMUNITY BENEFIT CATEGORY: Access Coverage Prevention Education/Health Literacy Other					
CHNA REFERENCE PAGE: 13, 15, 34 RANKING: 12 Brief Description of Issue: Oceana and Newaygo Counties have been deemed a Health Professional Shortage Area (HPSA) and a Medically Underserved Population (MUP) area by the Federal Government. This problem will be more acute with the implementation of the Affordable Care Act in 2014. It was also raised in focus groups and is supported by data.					
GOAL: Increase the number of PCPs se	erving the Lakeshore Hospital servi	ce area.			
PRINICIPAL OBJECTIVE:		FY13	FY14	FY15	
Increase the number of PCPs, including PCPs of Hispanic/Latino ethnicity.					
STRATEGIES:					
Maintain ongoing recruitment	ent practices.				
Target Hispanic/Latino physicians.					
RECOMMENDED EFFORT:					
Maintain on-going recru	itment	On-going	On-going	On-going	
KEY PARTNERS: Primary Care Physician Network & Mercy PCP practices, Northwest Michigan Health Services (FQHC)					



2013 – 2015 CHNA IMPLEMENTATION STRATEGY HEALTH SYSTEM ISSUE PLANNING PROFILE					
MHP CAMPUS:					
CHNA HEALTH ISSUE:	URGENT CARE				
COMMUNITY BENEFIT CA	ATEGORY: erage Prevention	Education/F	lealth Literacy	/ Other	
CHNA REFERENCE PAGE: 34 RANKING: 13 Brief Description of Issue: Emergency Department visits for primary care treatment create a burden on the health system. The strategic placement of urgent care facilities and expansion of primary care practices' hours of operation could reduce the burden on the ED, as well as provide more appropriate clinical care to the patient. GOAL:					
Expand urgent care services.					
PRINCIPAL OBJECTIVE:		FY13	FY14	FY15	
Implement an urgent care system consistent with the needs and demands of the Lakeshore area populace.					
STRATEGIES:					
 Expand/modify Mercy PCP office hours and accept unscheduled patients. 		In development	In place	On-going	
Build a sustainable urgent care model within the existing system and infrastructure.					
RECOMMENDED EFFORT:					
Programmatic: continue expansion of Mercy PCP office hours; consider unscheduled patient visits.		In development	In place	On-going	
Explore new urgent ca	e model		New effort	In development	
KEY PARTNERS: Primary Care practices, Mercy Business Department					



2013 – 2015 CHNA IMPLEMENTATION STRATEGY				
HEALTH SYSTEM ISSUE PLANNING PROFILE				
MHP CAMPUS:	LAKESHORE CAMPUS			
CHNA HEALTH ISSUE:	HEALTH AGENCY COMMU	NICATIONS		
COMMUNITY BENEFIT CA	ATEGORY:			
Access Cove	erage Prevention	Education	n/Health Litera	cy U Other
	RANKING: 15			
Brief Description of Issue: Agency staff, including PCPs, or	onsistently voiced frustration over a	lack of awarene	ess and communica	ation regarding
	services available for referring thei			orrogarag
GOAL:				
Improve communications betwe	en healthcare and human service p	roviders.		
PRINCIPAL OBJECTIVES:		FY13	FY14	FY15
Ŭ i	prove the transfer and receipt of			
information and inter-agency ref healthcare and human service a				
Newaygo Counties.	valiable within obtains and			
STRATEGIES:				
Facilitate the exchange of i			New effort	In development
data collection and reporting	tations, group meetings, standard are efforts, and product			
development activities.				
2. Promote a referral service other private caregivers.	directory for use by PCPs and		New effort	In place
	of integrated models of care;	In place	On-going	On-going
expand use of Community	Health Workers	•		3 3
RECOMMENDED EFFORT:				
Programmatic: continue	ue integrated coordinated care	In place	In place	In place
model and use of CHW	s;	iii piaco	in plass	in piace
	ote exchange of health resource			
providers	thcare and human service			
Cash support: develop	p referral services directory for			
PCPs				
KEY PARTNERS:				
Lakeshore Health Network, Muskegon Community Health Project, District Health Department #10, CALL 2-1-1				

ISSUES IDENTIFIED AS PUBLIC HEALTH DOMAIN AND COMMUNITY DOMAIN



	3 – 2015 CHNA IMPLEME				
PUBLIC HEALTH/COMMUNITY ISSUE PLANNING PROFILE					
MHP CAMPUS:	LAKESHORE CAMPUS				
CHNA HEALTH ISSUE:	PREVENTIVE CARE				
LEAD DOMAIN AND/OR ORGANIZATIONS:	PUBLIC HEALTH, School Di Providers, Mercy Health Part		, ,	ary Care	
COMMUNITY BENEFIT CA	3	ilcis Marketii	ig Department		
	erage Prevention	Education	on/Health Literac	y 🗌 Other	
CHNA REFERENCE PAGE: 3	RANKING: 1 (tied)			
Brief Description of Issue:					
intensive focus on preventive ca	ase states, such as diabetes and ca are is needed	ardiovascular dis	sease, are indicators	tnat a more	
GOAL:	ire is needed.				
Encourage people to employ pro	eventive care recommendations an	d healthy behavi	ors.		
SUGGESTED HEALTH SYSTE		FY13	FY14	FY15	
Work with public health to create opportunities that foster prevent behaviors.		New effort			
SUGGESTED HEALTH SYSTE	M STRATEGIES:				
In concert with the District #10 Health Department and PCP Practices, assist with wellness outreach events (schools, senior centers, faith-based organizations, etc.)		Determine hospital system role and strategy	Facilitate a work plan with community partners	Continue work plan	
2. Provide "free-screening and consultation" events					
3. Develop and distribute basic "Preventive Care Tips" flyers/brochures for broad public distribution. Prepare in Spanish and English.					
EVALUATION APPROACH:					
Assess hospital system activities regarding suggested activities					
KEY PARTNERS: District Health Department #10, Primary Care Physician Practices, Northwest Michigan Health Services (FQHC), Mercy Health Partners' Marketing Department, Local Business Association, Local Service Clubs, Healthy Oceana Group, School Districts, Local Churches					



2013 – 2015 CHNA IMPLEMENTATION STRATEGY HEALTH ISSUE PLANNING PROFILE PUBLIC HEALTH/COMMUNITY LEAD ROLE MHP CAMPUS: LAKESHORE CAMPUS CHNA HEALTH ISSUE: OBESITY and NUTRITION EDUCATION/ACCESS TO HEALTHY FOODS PUBLIC HEALTH—District Health Department #10, Northwest Michigan LEAD DOMAIN AND/OR Medical Services, School Districts, MSU Extension **ORGANIZATIONS: COMMUNITY BENEFIT CATEGORY:** Education/Health Literacy > Prevention Other Access Coverage CHNA REFERENCE PAGE(S): Obesity: 23, 29, 32, 34 **RANKING:** 3 Nutrition Education: 29, 34 RANKING: 17 **Brief Description of Issue:** Sedentary lifestyle, poor nutrition habits and self-management, difficulty in accessing healthy foods due to income, and "food deserts" are contributing factors in the high obesity rates in Oceana and Newaygo Counties. **GOAL PER CHNA:** Reduce the rate of self-reported obesity and being overweight by: 1. Promoting healthy lifestyle modifications (involving choices that include improved diets, weight loss and aerobic exercise) 2. Promote nutrition education and access to healthy foods **FY14 FY15 HEALTH SYSTEM ROLE: FY13** Provide expert consultation and support for community-wide New effort prevention and education efforts SUGGESTED HEALTH SYSTEM STRATEGIES: Hospital and Primary Care Network work in concert with the Facilitate work Continue work Determine District Health Department #10 and School Districts to hospital system plan with plan develop community weight management and wellness public role and community awareness materials. partners strategy 2. Align with Muskegon County's "One in '21" five-tier wellness strategy (Infrastructure, Community Engagement, Healthcare, Schools, Business/Labor) 3. Assist businesses and schools in developing wellness programs and provide expertise where appropriate 4. Provide "free-screening and consultation" workshops 5. Strengthen existing Oceana Healthy Lifestyles Coalition. Monitor and report patient BMI data in aggregate **EVALUATION APPROACH:** Assess hospital system regarding suggested activities.



A MEMBER OF THE **NEW** MERCY HEALTH 2013 – 2015 CHNA IMPLEMENTATION STRATEGY HEALTH ISSUE PLANNING PROFILE PUBLIC HEALTH/COMMUNITY LEAD ROLE MHP CAMPUS: LAKESHORE CAMPUS CHNA HEALTH ISSUE: TRANSPORTATION COMMUNITY—Council on Aging, Red Cross, County Emergency Services, **LEAD DOMAIN AND/OR** District Health Department #10, and Northwest Michigan Health Services **ORGANIZATIONS: COMMUNITY BENEFIT CATEGORY: Access** Coverage Prevention **Education/Health Literacy** Other CHNA REFERENCE PAGE(S): 21, 32, 33 RANKING: 7 **Brief Description of Issue:** The need for transportation to health care services was identified as a barrier issue, especially for low-income, Native American and Hispanic populations; including persons with disabilities and the elderly. Transportation for health appointments among the top 10 services requested and one of the top unmet services identified by CALL 2-1-1 in 2012. **GOAL PER CHNA:** Improve access to healthcare services for those lacking transportation by instituting an arranged transportation service system to assist healthcare clients dependent upon regular healthcare services, such as dialysis and cancer patients. **HEALTH SYSTEM ROLE: FY13** FY14 **FY15** Support local efforts; continue emergency transportation by hospital as necessary and appropriate SUGGESTED HEALTH SYSTEM STRATEGIES: 1. Continue shuttle for dialysis patients. In place On-going On-going 2. Provide emergency transportation via ambulance services In place On-going On-going and cab fare program Work with local agencies, community service organizations New and faith-based entities to identify and organize a shuttle development service for people requiring hospital positioned healthcare facility services on a regular or routine basis. Identify the range of **EVALUATION APPROACH:** Assess current **Assess** transportation patient demand transportation and examine needs. resources opportunities Explore expanding Evaluate the for transportation improvement in effectiveness availability for other patient services based on scheduling and transportation identified need. delivery of

services.

services as

delivered in

FY14.

Monitor user rates

service

for all transportation



2013 – 2015 CHNA IMPLEMENTATION STRATEGY HEALTH ISSUE PLANNING PROFILE PUBLIC HEALTH/COMMUNITY LEAD ROLE MHP CAMPUS: LAKESHORE CAMPUS CHNA HEALTH ISSUE: DENTAL CARE COMMUNITY--Oceana Dental Clinic, Area Dentists, District Health Department LEAD DOMAIN AND /OR ORGANIZATIONS: #10 **COMMUNITY BENEFIT CATEGORY: Coverage Education/Health Literacy** × Access Prevention Other CHNA REFERENCE PAGE(S): 29, 34 RANKING: **Brief Description of Issue:** Lack of dental insurance, the high cost of service and limited local clinic capacities stand as primary barriers to dental care services in Oceana and Newaygo Counties. **GOAL PER CHNA:** Improve access to dental care by expanding dental insurance and dental clinic capacity. **HEALTH SYSTEM ROLE: FY13** FY14 **FY15** Support community and public health efforts to increase access New effort In development to dental care SUGGESTED HEALTH SYSTEM STRATEGIES: 1. Help facilitate establishment of Muskegon programs to Determine Facilitate a work Continue work reduce number of Muskegon residents utilizing the Oceana hospital system plan with plan clinic. role and community strategy partners 2. Work with Muskegon County's Volunteers for Dental Care program to evaluate for possible replication in Oceana County. **EVALUATION APPROACH:** Assess hospital system activities regarding suggested activities



2013 – 2015 CHNA IMPLEMENTATION STRATEGY HEALTH ISSUE PLANNING PROFILE PUBLIC HEALTH/COMMUNITY LEAD ROLE LAKESHORE CAMPUS MHP CAMPUS: CHNA HEALTH ISSUE: TEEN PREGNANCY/LOW BIRTH WEIGHT **LEAD DOMAIN AND/OR** PUBLIC HEALTH—School Districts, Community- and Faith-based **ORGANIZATIONS:** Organizations **COMMUNITY BENEFIT CATEGORY: ⊠** Education/Health Literacy Other Coverage RANKING: CHNA REFERENCE PAGE(S): 11, 23 **Brief Description of Issue:** Teen pregnancy and birth rates for Oceana and Newaygo Counties are higher than the state average, which often contributes to the incidence of low birth weight babies. Lack of prenatal care has been cited in the 2012 CHNA as another contributing factor to low birth weight babies. GOAL PER CHNA: Reduce teen pregnancy and rate of low birth weight babies **HEALTH SYSTEM ROLE:** FY13 FY14 **FY15** Provide prenatal education and care to at-risk pregnant women, In place On-going On-going particularly to women under 18 years of age SUGGESTED HEALTH SYSTEM STRATEGIES: Expand "Pathways to Healthy Pregnancy" program in Oceana In development In place In place County; outreach and enroll at-risk pregnant women in conjunction with primary care practices and women's health organizations, school systems, and other community-based organizations as referral sources. **EVALUATION APPROACH:** Track health Cost-benefit Continue Pathways patient outcomes of analysis of health outcomes: Pathways patients **Pathways** program; track cost-benefit low birth weight analysis and low incidence birth weight incidence



2013 – 2015 CHNA IMPLEMENTATION STRATEGY HEALTH ISSUE PLANNING PROFILE PUBLIC HEALTH/COMMUNITY LEAD ROLE MHP CAMPUS: LAKESHORE CAMPUS CHNA HEALTH ISSUE: **DEPRESSION** LEAD DOMAIN AND /OR COMMUNITY—District Health Department #10, West Michigan Community Mental Health Services, Mercy Life Counseling ORGANIZATIONS: **COMMUNITY BENEFIT CATEGORY: ◯** Coverage **Education/Health Literacy** Other CHNA REFERENCE PAGE(S): 23, 29, 32, 34 RANKING: 14 **Brief Description of Issue:** Depression has emerged as a growing issue in the 2012 CHNA; not only the reported incidence, but that mental health services are not widely accessible and PCPs do not feel adequately trained to treat and prescribe for mental health disorders. Depression is commonly correlated with high substance abuse and unemployment rates. **GOAL PER CHNA:** Advance the treatment of depression by expanding the range of available services for the treatment of depression. **HEALTH SYSTEM ROLE: FY13** FY14 **FY15** Participate in Physician Network's Depression Collaborative to In place On-going On-going enhance training for PCPs and increase access to mental health providers SUGGESTED HEALTH SYSTEM STRATEGIES: 1. Create a directory of referral sources for use by primary Determine Facilitate a work hospital system plan with physicians. role and strategy community 2. Institute on-site depression "quick response" training for partners primary care physicians. 3. Use Community Health Workers to help connect patients to In development In place In place mental health providers (CMH, Mercy Life Counseling) and continue PAP program. **EVALUATION APPROACH:** Assess MCHP's Assess hospital Assess hospital PAP and CHW system regarding system activities in suggested regarding activities Oceana County suggested activities



2013 – 2015 CHNA IMPLEMENTATION STRATEGY HEALTH ISSUE PLANNING PROFILE PUBLIC HEALTH/COMMUNITY LEAD ROLE MHP CAMPUS: LAKESHORE CAMPUS CHNA HEALTH ISSUE: **ALCOHOL ABUSE LEAD DOMAIN AND/OR** PUBLIC HEALTH—District Health Department #10, West Michigan Community Mental Health Services, School Districts, Community Groups **ORGANIZATIONS: COMMUNITY BENEFIT CATEGORY:** Coverage | Prevention Education/Health Literacy Other Access RANKING: 16 CHNA REFERENCE PAGE(S): 24, 34 **Brief Description of Issue:** Alcohol continues to be a concern in Oceana and Newaygo Counties, with data to support high binge drinking rates and an increasing number of alcohol-related hospitalizations. **GOAL PER CHNA:** Reduce alcohol abuse by increasing awareness and reducing substance abuse among youth. **HEALTH SYSTEM ROLE: FY13 FY14 FY15** Support public health and community efforts to reduce alcohol New effort In development abuse, especially among youth. SUGGESTED HEALTH SYSTEM STRATEGIES: 1. Export Coalition for a Drug Free Muskegon strategic plan for Determine Facilitate a Continue work environmental change; consultation with DHD #10 personnel hospital system work plan with plan role and community 2. Initiate depression quick response intervention training partners strategy program with PCP practices designed to reduce alcohol abuse 3. Help develop mental & behavioral health referral directory for **PCPs EVALUATION APPROACH:** Assess hospital system activities regarding suggested activities