

**2026 McLAREN
BAY REGION**



**COMMUNITY HEALTH
NEEDS ASSESSMENT
IMPLEMENTATION
STRATEGY**

BACKGROUND

This plan outlines how the organization will respond to the priority health needs identified through the Community Health Needs Assessment (CHNA) for the next three years in Bay County Michigan and represents the partnership between McLaren Bay Region, the Bay County Health Department and its community partners.

STRATEGIC PRIORITIES FOR McLAREN BAY REGION

Priority identification and implementation plan was developed based on key findings in the Community Health Needs Assessment. They include the following:

1. Identify Social Determinants of Health and Provide Linkages to Community Resources
2. Mental Health and Substance Abuse
3. Access to Care
4. Chronic Disease Prevention, Detection, and Treatment

McLaren Bay Region has developed an implementation plan including community health improvement goals and strategies to address the identified priority areas. The hospital is pursuing these internally as well as working with community organizations to achieve the greatest community impact on our actions.

IMPLEMENTATION PLAN

1. Identify Social Determinants of Health and Provide Linkages to Community Resources

Goal: Identify Social Determinants of Health that affect our patients and provide linkages to programs and resources internally and externally.

Strategies:

- Work with the broader community via the Bay Area Human Services Collaborative Council (HSCC) to enjoin efforts to link patients with local resources. This includes but is not limited to the Community Information Exchange (CIE), the 'State of the Young Child' planning efforts, and workgroups within the HSCC.
- Support sustainable efforts to increase referrals to community resources for accessing basic needs, including housing, transportation, food security, and other basic needs.
- Work with community partners and legislative representatives to advocate and support sustainable initiative that works to address the social determinants of health.

2. Mental Health and Substance Use

Goal: Improve mental health and substance use through prevention and by ensuring access to appropriate, quality services and support.

Strategies:

- Continuously educate and train primary care and emergency department providers on mental health and substance use screening, intervention, and treatment.
- Expedite access to inpatient psychiatric care through the McLaren Behavioral Health Intake Service.
- Collaborate with community partners to promote community awareness and education to reduce alcohol and tobacco use.
- Support organizations providing mental health and substance abuse services.
- Participate in substance use prevention and awareness efforts through community organizations.
- Identify and collaborate on advocacy opportunities to increase access to behavioral health and substance use disorder services.
- Continue using Telehealth as an option for behavioral health services within the hospital.
- Continue to decrease narcotic use and dependence of post-operative patients.
- Continue the practice for only prescribing limited amounts of narcotics, when prescribed, throughout the whole organization (inpatient, outpatient, emergency department), and validating narcotic and mood-altering prescriptions.

3. Improve Access to Health Care and Quality

Goal: Increase efforts that address access to health care services for all.

Strategies:

- Increase efforts to recruit and retain top quality providers in primary care and specialty services.
- Continue to partner with community organizations and providers to ensure that the community has access to services in areas that McLaren Bay Region may need assistance especially behavioral health (see above), substance abuse treatment services, and other specialties.
- Continue to align efforts as an integrated statewide health care system on increasing quality-based aspects of care including, but not limited to, decreasing wait-times for appointments for all services, improving health care safety dashboard metrics and other key performance indicators.
- Support recruitment and retention efforts by enhancing opportunities for employee well-being.
- Promote resident retention specifically targeted at primary care providers interested in establishing a practice in the service area.

4. Chronic Disease Prevention, Detection, and Treatment

Goal: Improve efforts within the community to prevent, identify, treat and reduce health risks for chronic diseases.

Strategies:

- Connect patients with no medical home to a primary care provider.
- Deliver education programs to the community to promote wellness.
- Collaborate with regional partners on community campaigns and events to reduce risk factors such as obesity, hypertension, and improve physical activity.
- Continue to offer free and/or low-cost health screenings and participate in health fairs and expos providing free information and education on reducing health risks.
- Educate patients and community on how to access health care information and creditable resources including patient portal access and internet access.
- Offer provider-led education on prevention of chronic disease throughout the community.
- Continue offering support groups and education for those with chronic disease.
- Advocate for policies, rules and regulations that reduce health risks for the general public.
- Further partnerships with public health on diabetes education, breast feeding education and support, and other initiatives that improve health and quality of life for our patients.

This implementation plan will be routinely monitored to track outcomes of success and areas for improvement and will be modified over time. The plan and program metrics will be monitored and updated annually. The hospital reserves the right to amend this implementation strategy as circumstances warrant. For example, certain needs may become more pronounced and require enhancements. During the three-year period other organizations in the community may decide to address certain needs, indicating that MBR may refocus on its limited resources to best serve the community.

STRATEGIC ISSUES THAT WILL NOT BE TARGETED AND WHY

Due to resource constraints and the lack of competencies to effectively address the need, we will not be addressing the following needs identified in the CHNA:

1. Programs or services that cannot demonstrate efficacy or are not evidence-based interventions.
2. Programs or services that are not sustainable and deplete necessary resources for other priority areas.