



Howard Young Medical Center
MINISTRY HEALTH CARE



MINISTRY
Saint Mary's Hospital



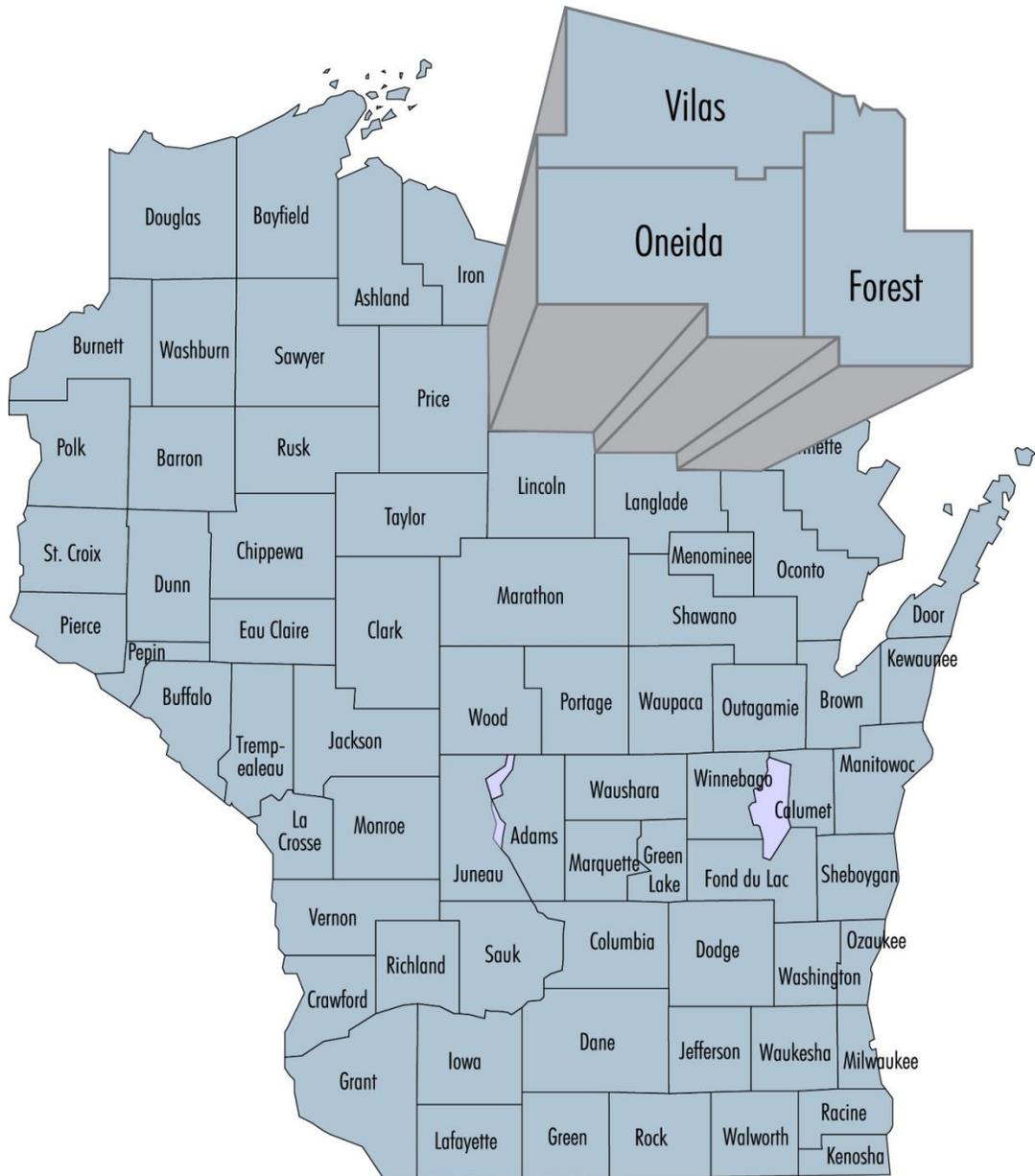
MINISTRY
Eagle River Memorial Hospital



COMMUNITY HEALTH IMPLEMENTATION STRATEGY

2016-2019

Communities We Serve



 **MINISTRY**
 Saint Mary's Hospital
 2251 North Shore Drive
 Rhinelander, WI 54501

 **Howard Young Medical Center**
MINISTRY HEALTH CARE
 240 Maple Street
 Woodruff, WI 54568

 **MINISTRY**
 Eagle River Memorial Hospital
 201 Hospital Road
 Eagle River, WI 54521

Ministry Eagle River Memorial Hospital, Ministry Saint Mary's Hospital & Howard Young Medical Center Community Health Improvement Implementation Strategy

Introduction

Ministry Eagle River Memorial Hospital (MERMH) is a critical access hospital located in Eagle River, Vilas County, Wisconsin. Ministry Saint Mary's Hospital (MSMaH), located in Rhinelander, and Howard Young Medical Center (HYMC), located in Woodruff, are both in Oneida County. All three hospitals are part of Ministry Health Care, which is an integrated healthcare delivery network serving more than 1.1 million people across Wisconsin and eastern Minnesota. Ministry generates nearly \$2.2 billion in operating revenue with 15 hospitals, 45 clinics and more than 12,000 associates, including 650 physicians and advance practice clinicians. In 2013, Ministry Health Care joined Ascension, the largest Catholic and not-for-profit healthcare system in the nation. All Ministry clinics in the northern region of Wisconsin are accredited as level 3 National Committee for Quality Assurance (NCQA) Patient-Centered Medical Homes.

The community health needs assessment (CHNA) was conducted collaboratively with Forest, Oneida and Vilas County Health Departments along with the three Ministry hospitals in October 2015. Data was gathered from multiple sources to assess the health needs of Forest, Oneida and Vilas Counties. There are three Sovereign Tribal Nations within these counties. Representatives of the tribal communities were stakeholders who participated in the prioritization process. University of Wisconsin-Stout Applied Research Center was contracted to conduct a survey for persons living in Forest, Oneida and Vilas Counties. In addition, the survey was taken to locations serving residents with lower incomes or who have been identified as our vulnerable populations within the communities in which we serve. This data was presented to community stakeholders who together recommended the health priorities to be addressed in the 2016-2019 Implementation Strategy.

Prioritized Significant Health Needs

We defined our geographic service area as Forest, Oneida and Vilas counties. Based on the data presented followed by a Strength, Weakness, Opportunity, and Challenges (SWOC) analysis, key informant interviews and community survey, the prioritization process completed by the community stakeholders identified the following three priorities:

- Mental Health
- Chronic Disease
- Alcohol and Other Drug Abuse (AODA)

Needs That Will Not Be Addressed

In addition to the three health issues selected as the top priorities, stakeholders identified transportation as a concern that could impact access to services in Forest, Oneida, and Vilas counties. While this issue will not be addressed by our hospitals as a priority health need, we will provide support to those community efforts whenever possible.

Transportation issues have been raised as a barrier for residents living in the three counties. Transportation can impact a person's ability to get to services to meet their needs. There is a new transportation program that has started in our area that serves Oneida and Vilas Counties. Forest County had been a partner at the table, but is no longer part of the program. The new transportation program will be addressing transportation issues and conducting a gap analysis, therefore, the hospitals will not be addressing this issue at this time. However, the hospitals' administrations are interested in knowing more about how the gaps are being filled and will be open to hearing more about these needs when the gap analysis is completed.

Implementation Strategy

The MSMaH, MERMH and HYMC implementation strategy is part of a broad community effort to address these three priority needs in the community. Under the umbrella of Forest, Oneida, and Vilas County Health Coalitions, MSMaH, MERMH, and HYMC associates actively participate in two Chronic Disease Coalitions (Linking Education Activity and Nutrition (LEAN for Oneida & Vilas Counties) and Coalition for Activity and Nutrition (CAN for Forest County)), the Mental Health Inter-Agency Coalition (MHIAC), and the Alcohol and Other Drug Abuse (AODA) Coalition.

This Implementation Strategy outlines the actions MSMaH, MERMH and HYMC will take to address the health needs. (Note: Addendum 1 outlines each hospital's role within each strategy and Addendum 2 outlines the resources each hospital facility plans to commit to each strategy.) Many of these strategies will be implemented in collaboration with our community partners. We recognize that no one organization is able to effect substantial community change alone. Therefore, part of our overall implementation strategy is to collaborate with intention, partnering with other community agencies and interested partners to implement these strategies. Evidence shows that multiple sectors working together will have greater success in achieving and sustaining lasting changes due to collective impact. This also leads to improved utilization of resources and coordination of efforts.

CHRONIC DISEASE

Goal: Increase the proportion of residents of Forest, Oneida and Vilas Counties who have a healthy diet and regular physical activity.

Long-term Performance Indicators:

- By June 30, 2021, maintain 27 percent body mass index (BMI) for adults in Oneida County.
- By June 30, 2021, maintain 26 percent BMI for adults in Vilas County.
- By June 30, 2021, maintain 31 percent BMI for adults in Forest County.

Strategy 1: Participate Actively in Community Health Coalitions (LEAN and CAN)

The hospitals will approach the issue of obesity by working in partnership with the community chronic disease coalitions. The coalitions utilize multi-faceted approaches to implement organizational, policy and environmental-level changes to promote physical activity and improve nutrition. The coalitions consist of multiple sectors working together to make sustainable community change. LEAN strategies specifically include a community campaign, point of decision prompts, Safe Routes to School activities, garden-based nutrition interventions and worksite wellness programs. The hospitals will be working with the coalitions in the second half of 2016 to identify specific evidence-based initiatives with corresponding measurable outcomes.

Medium-term Performance Indicators:

- By June 30, 2019, implement one environmental change in collaboration with LEAN and CAN coalitions.
- By June 30, 2019, implement one policy change in collaboration with LEAN and CAN coalitions.

Collaborative Partners:

- Forest, Oneida and Vilas County health departments
- Linking Education Activity and Nutrition (LEAN) and Coalition for Activity and Nutrition (CAN) Coalitions
- Departments on Aging
- YMCA of the Northwoods
- Northland Pines School District
- Public and private businesses
- For-profit and non-profit organizations
- Other interested stakeholders
- Schools
- City and County government
- UW-Extension

Resources the hospitals will commit to achieve this strategy:

- Associate time
- Travel
- Equipment
- Marketing department associate time
- Printing (packet of materials and photo display)
- Meeting space

Supporting Information:

- Target Population: Residents of Forest, Vilas and Oneida counties.
- Health Equity Focus: None
- Policy/System/Environmental Strategy: The identified initiatives will include at least two policy, system or environmental strategies.
- Evidence Base: There is research to indicate that using a collective impact model will increase effectiveness of interventions. In addition, any initiatives selected will be evidence-based.

Strategy 2: Promote the Use of Evidence-based Programs to Help Manage Chronic Diseases

The three hospitals will work with Ministry Health Care clinics in the Northern Region to implement a standard practice of referral to evidence-based programs to help patients manage their chronic diseases. Three programs currently offered are Living Well with Chronic Conditions, Stepping On, and Strong Women, Strong Bones. These evidence-based programs are offered by different lead agencies within Forest, Vilas and Oneida Counties: the Departments on Aging, Health Departments and UW-Extension. As other evidence-based programs are identified, consideration will be made to include those as appropriate.

Medium-term Performance Indicator:

- By June 30, 2019, increase participation in Strong Woman Strong Bones Program in Oneida County by 25 percent through referral from medical providers.

Collaborative Partners:

- Forest, Oneida and Vilas County health departments
- LEAN and CAN Coalitions
- Departments on Aging
- YMCA of the Northwoods
- UW-Extension

Resources the hospitals will commit to address this strategy:

- Associate time
- Travel
- Equipment
- Marketing department associate time
- Printing (packet of materials and photo display)
- Meeting space

Supporting Information:

- Target Population: Residents in Forest, Oneida and Vilas counties with chronic health conditions.
- Health Equity Focus: None
- Policy/System/Environmental Strategy: System
- Evidence Base: *What Works for Health* confirms there is scientific evidence for this strategy. There is strong evidence that chronic disease self-management (CDSM) programs improve health outcomes for patients with various chronic conditions. There is strong evidence that medical prescriptions for physical activity increase physical activity and physical fitness. Prescriptions for physical activity, especially aerobic exercise and resistance training, have been shown to maintain mobility among older adults.

Strategy 3: Implement Multi-component Falls Prevention Interventions for Older Adults

Falls are a leading contributor in the decline of health for older adults. The northern region medical community will work toward falls prevention by use of Falls Prevention Stoplight tool in clinical settings for patient education and to the community through the Continuum of Care Coalition Subcommittee.

Key action steps include:

- Providing education to professional & family caregivers at an annual conference held at Nicolet College
- Providing in-kind space for the Strong Bones Program
- Making referrals from providers to the Stepping On Program
- Early identification of hospitalized patients at risk of falling

Medium Term Performance Indicator:

- By June 30, 2019, there will be an increase of two sectors in the community who have adopted the use of the stoplight tool for falls prevention as standard practice.

Collaborative Partners:

- Forest, Oneida and Vilas County health departments
- LEAN and CAN Coalitions
- Departments on Aging
- Aging and Disability Resource Centers (ADRC)
- Nicolet College
- Long term care facilities
- UW-Extension

Resources the hospitals will commit to address this strategy:

- Associate time
- Travel
- Equipment
- Marketing department associate time
- Printing (packet of materials and teaching aids)
- Meeting space

Supporting Information:

- Target Population: Residents of Forest, Vilas and Oneida communities.
- Health Equity Focus: None
- Policy/System/Environmental Strategy: System
- Evidence Base: *What Works for Health* cites strong evidence that multi-component falls prevention is effective.

Strategy 4: Provide Physical Activity Offerings for Community Members

Ministry hospitals and clinic associates will collaborate with community partners to implement and promote physical activity offerings at low or no cost to community members. Specifically, Ministry facilities will implement the Ministry Kick-Start training programs in collaboration with community partners. Partners identified are the YMCA of the Northwoods, the CAN Coalition, the Northland Pines School District and area health departments. This program prepares participants to increase activity over the 8 -10 week training program with a culminating 5K walk/run event.

Medium-term Performance Indicator:

- By June 30, 2019, there will be an increase from three to four free, community-based, evidence-based physical activity programs offered in the Northern Region.

Collaborative Partners:

- Forest, Oneida and Vilas County health departments
- LEAN and CAN Coalitions
- UW-Extension
- YMCA of the Northwoods
- Northland Pines School District
- Aging and Disability Resource Centers (ADRC)
- Nicolet College
- Long-term care facilities

Resources the hospitals will commit to achieve this strategy:

- Associate time
- Travel
- Equipment
- Marketing department associate time
- Printing (packet of materials and teaching aids)
- Meeting space

Supporting Information:

- Target Population: Residents of Forest, Vilas and Oneida communities.
- Health Equity Focus: None
- Policy/System/Environmental Strategy: N/A
- Evidence Base: *What Works for Health* show some evidence that exercise in community settings is effective. There is strong evidence that improving access to places for physical activity increases physical activity and improves physical fitness in urban, rural, and suburban areas. Access itself is also strongly associated with high levels of physical activity and lower obesity rates among adolescents.

Strategy 5: Promote Water Consumption and Provide Water Bottle Filling Stations

Ministry hospitals and clinics will promote drinking water, including providing water bottle filling stations in Ministry hospitals and Ministry clinics in the northern region of the state. Specifically, Ministry will install water bottle filling stations within their facilities to increase access to and promote use of water. As an additional benefit, this environmental change will also encourage the use of reusable water bottles versus disposable paper or plastics that are discarded in the landfills. This helps us promote improved stewardship of our resources and be environmentally responsible. Point-of-decision prompts will be used to increase awareness and usage of water bottle filling stations.

Medium-term Indicators

- By June 30, 2019, there will be a five percent decrease in paper cup usage in Saint Mary's Hospital cafeteria.
- By June 30, 2019, 12 water bottle filling stations will be installed in hospitals and clinics in the northern region of the state. (Baseline = zero.)

Collaborative Partners:

- LEAN and CAN Coalitions
- Ministry Health Care's corporate office

Resources the hospitals will commit to achieve this strategy:

- Associate time
- Travel
- Equipment
- Marketing department associate time
- Printing (Point of Decision Prompts)

Supporting Information:

- Target Population: Hospital and clinic employees, visitors and patients.
- Health Equity Focus: None
- Policy/System/Environmental Strategy: Environmental
- Evidence Base: *What Works for Health* indicates there is some evidence that making water readily available and promoting its consumption increases water intake. Frequent water consumption can also have positive effects on eating and drinking decisions, improve physical health and body functions.

Strategy 6: Conduct a Healthy Hospital Physical Activity Environmental Scan

A Healthy Hospital Physical Activity Environmental Scan will be conducted at MERMH, HYMC and MSMaH. This will be done to determine baseline and assess areas for improvement.

Medium-term Indicators

- By June 30, 2017, the environment scan will be completed and actions plans for addressing gaps will be completed.
- By June 30, 2019, at least one strategy from the action plan will be implemented using evidence-based approaches.

Collaborative Partners:

- LEAN Coalition

Resources the hospitals will commit to achieve this strategy:

- Associate time
- Travel

Supporting Information:

- Target Population: Hospital employees, visitors and patients.
- Health Equity Focus: None
- Policy/System/Environmental Strategy: TBD
- Evidence Base: The environmental scan will be conducted using a validated assessment tool and any strategies identified and implemented will be evidence based.

MENTAL HEALTH

Goal: Increase community members' awareness of and ability to access behavioral health services.

Long-term Performance Indicator:

- By December 31, 2021, decrease the average number of mentally unhealthy days in the past 30 days reported by adults in Forest County from 2.4 to 2.2 days.
- By December 31, 2021, decrease the average number of mentally unhealthy days in the past 30 days reported by adults in Oneida County from 2.8 to 2.6 days.
- By December 31, 2021, decrease the average number of mentally unhealthy days in the past 30 days reported by adults in Vilas County from 2.6 to 2.4 days.

Strategy 1: Active Participation in Mental Health Inter-Agency Coalition (MHIAC)

The hospitals will work in partnership with the MHIAC to implement organizational, policy and environmental-level changes to decrease stigma and increase access to mental health services. The coalition will focus on evidenced based approaches to make sustainable community change.

Medium-term Performance Indicator:

- By June 30, 2019, implement one initiative addressing mental health that is either environmental, system or policy change in collaboration with MHIAC.

Collaborative Partners:

- Forest, Oneida and Vilas County health departments
- MHIAC

Resources the hospitals will commit to achieve this strategy:

- Associate time
- Travel
- Equipment

Supporting Information:

- Target Population: Residents in Forest, Oneida and Vilas counties.
- Health Equity Focus: None
- Policy/System/Environmental Strategy: The identified initiative will include at least one policy, system or environmental strategy.
- Evidence Base: There is research to indicate that using a collective impact model and multi-sector collaboration will increase effectiveness of interventions. In addition, any initiatives selected will be evidence-based.

Strategy 2: Expand QPR Training in the Northern Region

Ministry staff will provide QPR training in the Northern Region to increase awareness and understanding by increasing the training to an additional two sectors within the community. QPR stands for Question, Persuade and Refer. QPR training is an evidence-based program that provides education about recognizing and appropriately responding to someone who could benefit from referral to community agencies for mental health assistance. This is a suicide prevention program that helps to identify someone at risk or in need of intervention.

Medium-term Performance Indicator:

- By June 30, 2019, increase the number of sectors of the community (i.e. business, faith communities, schools, law enforcement) trained in QPR from two to four sectors.
- By June 30, 2019, QPR training participants will report an increase of at least 25 percent in their knowledge of and ability to refer to services.

Collaborative Partners:

- Forest, Oneida and Vilas County health departments
- Mental health providers

Resources the hospitals will commit to achieve this strategy:

- Associate time
- Travel
- Equipment
- Marketing department associate time
- Printing (packet of materials and teaching aids)
- Meeting space

Supporting Information:

- Target Population: Residents and agency staff in Forest, Vilas and Oneida communities.
- Health Equity Focus: None
- Policy/System/Environmental Strategy: N/A
- Evidence Base: QPR training is included in the Substance Abuse and Mental Health Services Administration's (SAMHSA) National Registry of Evidence-based Programs and Practices.

Strategy 3: Promote Awareness and Understanding about Mental Health Issues through Educational Offerings

Ministry will provide a Mental Health Summit in 2018; provide mindfulness and meditation training at no cost for community members; assist in establishing a NAMI drop-in center; collaborate to provide Crisis Intervention Team (CIT) training for Law Enforcement; and participate in the Zero Suicide Initiative, Mental Health First Aid, and Hope Line.

Medium-term Performance Indicators:

- By June 30, 2019, 50 percent of CIT training participants will report an increase in knowledge and ability to successfully use tools from CIT training.

Collaborative Partners:

- Forest, Oneida and Vilas County health departments
- LEAN and CAN Coalitions
- Departments on Aging

Resources the hospitals will commit to achieve this strategy:

- Associate time
- Travel
- Equipment
- Marketing department associate time
- Printing (packet of materials and teaching aids)
- Meeting space

Supporting Information:

- Target Population: Residents of Forest, Vilas and Oneida communities.
- Health Equity Focus: None
- Policy/System/Environmental Strategy: N/A
- Evidence Base:
 - Outcome research has shown the CIT Model to be effective in: developing positive perceptions and increased confidence among police officers; providing very efficient crisis response times; increasing jail diversion among those with mental illness; improving the likelihood of treatment continuity with community based providers; and impacting psychiatric symptomatology for those suffering from a serious mental illness as well as substance abuse disorders, as cited by Crisis Intervention Team International “Memphis Model.”
 - The Zero Suicide model is recommended and funded by SAMHSA and includes best practice tools.
 - The more contact and openness on the topic of mental health in our society, the more people who receive mental health services will be able to avoid stigma and discrimination, as cited by Rogers Memorial Hospital. (Rogers Memorial Hospital is an accredited hospital, and licensed as a psychiatric hospital in the State of Wisconsin.)

Strategy 4: Memory Cafés

Ministry hospitals and clinics will implement and grow Memory Cafés in collaboration with community partners within the northern region to provide support for persons experiencing memory loss issues and their care partners. Memory Cafés are a national trend that offers an opportunity for people experiencing early signs of memory loss and their care partners to come together for conversation and support in a social setting. There is research that supports social engagement as a successful way to maintain connection and promote mental health and well-being.

Medium-term Performance Indicators:

- By June 30, 2019, 75 percent of Memory Café participants will report an increase in each of the following: their ability to cope, improved of social support, and well-being.
- By June 30, 2019, expand Memory Café availability from one community to two communities.

Collaborative Partners:

- Churches
- Alzheimer's Association
- Community agencies
- ADRC
- Medical providers
- Volunteers
- Community contributors/businesses

Resources the hospitals will commit to achieve this strategy:

- Associate time to conduct trainings
- Travel
- Guidebooks
- Activity materials
- Meeting space
- Printing costs
- Food

Supporting Information:

- Target Population: Residents in Forest, Oneida and Vilas counties experiencing memory loss and their care partners.
- Health Equity Focus: None
- Policy/System/Environmental Strategy: N/A
- Evidence Base: Scientific evidence is cited by *What Works for Health* that social engagement and group activity programs (e.g., participatory art activities) can benefit cognition for elderly adults and can decrease their risk of death.

AODA

Goal: There will be coordinated and strengthened efforts to connect people with resources and healthy alternatives for prevention and early intervention of alcohol and other drug abuse in Northern Region Ministry hospitals and clinics.

Long-term Performance Indicators:

- By June 30, 2021, decrease the rate of alcohol-related hospitalizations at Ministry Eagle River Hospital by two percent, from 26 per 1000 population to 25.5 per 1000 population.
- By June 30, 2021, decrease the rate of alcohol-related hospitalizations at Howard Young Medical Center by two percent, from 69 per 1000 population to 67.6 per 1000 population.
- By June 30, 2021, decrease the rate of alcohol-related hospitalizations at Ministry St. Mary's Hospital by two percent, from 192 per 1000 population to 188.2 per 1000 population.

Strategy 1: Active Participation in Community AODA Coalition

The hospitals will approach the issue of AODA by working in partnership with the community AODA coalition. The coalition utilizes multi-faceted approaches to implement organizational, policy and environmental-level changes to decrease stigma and improve access to AODA services. The coalitions consist of agencies working together to make sustainable community change. They utilize evidence-based programs such as Parents Who Host the Most, Teen Court, and monitoring sales of alcohol to minors through compliance checks. The coalitions will work to better educate the community about the effects and trends of substance use and abuse. We will look for better ways to share resources within our community to create a healthier Forest, Oneida and Vilas counties. We will continue to explore and bring evidence-based, best practice approaches to our communities.

Medium-term Performance Indicator:

- By June 30, 2019, implement at least one evidence based initiative addressing AODA in collaboration with the AODA Coalition.

Collaborative Partners:

- Forest, Oneida and Vilas County health departments
- AODA Coalition

Resources the hospitals will commit to achieve this strategy:

- Associate time
- Travel
- Marketing department associate time
- Printing
- Meeting space

Supporting Information:

- Target Population: Residents, especially youth, of Forest, Vilas and Oneida communities.
- Health Equity Focus: None
- Policy/System/Environmental Strategy: TBD
- Evidence Base: There is research to indicate that using a collective impact model using multi-sector collaboration will increase effectiveness of interventions. In addition, any initiatives selected will be evidence-based.

Strategy 2: Improve Access to Substance Abuse Counseling and Treatment

Ministry hospitals in the northern region of Wisconsin will explore and identify best practice models and standard processes to serve patients who are hospitalized with AODA issues. A pilot will be completed at MSMaH to identify gaps in assessment and follow up. MSMaH will implement a standard referral process for AODA patients that are hospitalized. The referral process will include a standard packet of information, including local resources. The goal will be to evaluate the effectiveness of this pilot and share with and implement in the other two hospitals in the northern region as well as to extend this to the emergency departments and urgent care and medical clinics.

Medium-term Performance Indicator:

- By June 30, 2019, best practices from the pilot site will be identified and standardized across all Ministry hospitals in the northern region.

Collaborative Partners:

- AODA Coalition
- Tri County Collaboration
- Behavioral Health and AODA providers

Resources the hospitals will commit to achieve this strategy:

- Associate time
- Printing (packet of materials and teaching aids)

Supporting Information:

- Target Population: Residents of Forest, Vilas and Oneida communities.
- Health Equity Focus: None
- Policy/System/Environmental Strategy: System
- Evidence Base: *What Works for Health* indicates there is strong evidence that alcohol screening and brief interventions reduce excessive drinking among adults when administered in primary care and general hospital settings.

Next Steps

This Implementation Strategy outlines a three-year community health improvement process. Each year within this timeframe, MSMaH, MERMH and HYMC will:

- Participate actively in the LEAN and CAN Coalitions and MHIAC
- Create an annual implementation plan with specific action steps for that year
- Set and track annual performance indicators for each strategy
- Track progress toward medium-term performance indicators
- Report progress toward the performance indicators to the hospital board
- Share actions taken to address the needs with the community at large

Approval

This implementation strategy report was adopted by the board of directors at MERMH, HYMC and MSMaH on June 7, 2016.

Addendum 1: Summary of Strategies by Hospital Facility

Priority/Strategy	MERMH	HYMC	MSMaH
Chronic Disease			
Coalition participation			5-6
Promote evidence-based programs	6-7	6-7	6-7
Implement multi-component falls prevention	7-8	7-8	7-8
Low or no cost physical activities			8-9
Promote drinking water	9-10	9-10	9-10
Environmental Scan	10	10	10
Mental Health			
Coalition participation			11
QPR Training	12	12	12
Awareness/understanding through education			12-13
Memory Café	14	14	14
AODA			
Coalition participation			15-16
Improve access to substance abuse counseling and treatment	16	16	16

Addendum 2: Summary of Resources by Hospital Facility

Priority/ Strategy	MERMH	HYMC	MSMaH
Chronic Disease*			
Coalition participation*	See asterisk below	See asterisk below	<ul style="list-style-type: none"> • Associate time • Travel • Equipment • Marketing department associate time • Printing (packet of materials and photo display) • Meeting space
Promote evidence-based programs	<ul style="list-style-type: none"> • Associate time • Travel • Equipment • Marketing department associate time • Printing (packet of materials and photo display) • Meeting space 	<ul style="list-style-type: none"> • Associate time • Travel • Equipment • Marketing department associate time • Printing (packet of materials and photo display) • Meeting space 	<ul style="list-style-type: none"> • Associate time • Travel • Equipment • Marketing department associate time • Printing (packet of materials and photo display) • Meeting space
Implement multi-component falls prevention	Associate time	<ul style="list-style-type: none"> • Associate time • Travel • Equipment • Marketing department associate time • Printing (packet of materials and teaching aids) • Meeting space 	<ul style="list-style-type: none"> • Associate time • Travel • Equipment • Marketing department associate time • Printing (packet of materials and teaching aids) • Meeting space
Low or no cost physical activities	NA	NA	<ul style="list-style-type: none"> • Associate time • Travel • Equipment • Marketing department associate time • Printing (packet of materials and teaching aids) • Meeting space
Promote drinking water	<ul style="list-style-type: none"> • Associate time • Travel • Equipment • Marketing department associate time • Printing (Point of Decision Prompts) 	<ul style="list-style-type: none"> • Associate time • Travel • Equipment • Marketing department associate time • Printing (Point of Decision Prompts) 	<ul style="list-style-type: none"> • Associate time • Travel • Equipment • Marketing department associate time • Printing (Point of Decision Prompts)

Priority/ Strategy	MERMH	HYMC	MSMaH
Environmental Scan	<ul style="list-style-type: none"> Associate time Travel 	<ul style="list-style-type: none"> Associate time Travel 	<ul style="list-style-type: none"> Associate time Travel
Mental Health**			
Coalition participation*	See asterisk below	See asterisk below	<ul style="list-style-type: none"> Associate time Travel Equipment
QPR Training	<ul style="list-style-type: none"> Associate time Travel Equipment Marketing department associate time Printing (packet of materials and teaching aids) Meeting space 	<ul style="list-style-type: none"> Associate time Travel Equipment Marketing department associate time Printing (packet of materials and teaching aids) Meeting space 	<ul style="list-style-type: none"> Associate time Travel Equipment Marketing department associate time Printing (packet of materials and teaching aids) Meeting space
Awareness/ understanding through education	See double asterisk below	See double asterisk below	<ul style="list-style-type: none"> Associate time Travel Equipment Marketing department associate time Printing (packet of materials and teaching aids) Meeting space
Memory Cafes	<ul style="list-style-type: none"> Associate time for presentation Travel Meeting space Financial support Food 	<ul style="list-style-type: none"> Associate time to conduct trainings Travel Financial support Meeting space Printing costs Food 	<ul style="list-style-type: none"> Associate time to conduct trainings Travel Guidebooks Activity materials Meeting space Printing costs Food
AODA			
Coalition participation*	See asterisk below	See asterisk below	<ul style="list-style-type: none"> Associate time Travel Marketing department associate time Printing Meeting space
Improve access to substance abuse counseling and treatment	<ul style="list-style-type: none"> Associate time Printing (packet of materials and teaching aids) 	<ul style="list-style-type: none"> Associate time Printing (packet of materials and teaching aids) 	<ul style="list-style-type: none"> Associate time Printing (packet of materials and teaching aids)

*MSMaH associates represent all three hospitals in the coalitions; ** Regional Director for Mental Health provides oversight and guidance to all Mental Health strategies for all three hospitals and is budgeted out of MSMaH.