

# Three Rivers Health

*Three Rivers, Michigan*



**QUORUM** | HEALTH RESOURCES®

## Community Health Needs Assessment and Implementation Strategy

Adopted by Board Resolution September 29, 2016<sup>1</sup>

<sup>1</sup>Response to Schedule h (Form 990) Part V B 4 & Schedule h (Form 990) Part V B 9



Dear Community Member:

At Three Rivers Health (TRH), we have spent more than 60 years providing high-quality compassionate healthcare to the greater Three Rivers community. The “2016 Community Health Needs Assessment” identifies local health and medical needs and provides a plan of how TRH will respond to such needs. This document suggests areas where other local organizations and agencies might work with us to achieve desired improvements and illustrates one way we, TRH, are meeting our obligations to efficiently deliver medical services.

In compliance with the Affordable Care Act, all not-for-profit hospitals are now required to develop a report on the medical and health needs of the communities they serve. We welcome you to review this document not just as part of our compliance with federal law, but of our continuing efforts to meet your health and medical needs.

TRH will conduct this effort at least once every three years. The report produced three years ago is also available for your review and comment. As you review this plan, please see if, in your opinion, we have identified the primary needs of the community and if you think our intended response will lead to needed improvements.

We do not have adequate resources to solve all the problems identified. Some issues are beyond the mission of the hospital and action is best suited for a response by others. Some improvements will require personal actions by individuals rather than the response of an organization. We view this as a plan for how we, along with other area organizations and agencies, can collaborate to bring the best each has to offer to support change and to address the most pressing identified needs.

The report is a response to a federal requirement of not-for-profit hospitals to identify the community benefit they provide in responding to documented community need. Footnotes are provided to answer specific tax form questions; for most purposes, they may be ignored. Most importantly, this report is intended to guide our actions and the efforts of others to make needed health and medical improvements in our area.

I invite your response to this report. As you read, please think about how to help us improve health and medical services in our area. We all live in, work in, and enjoy this wonderful community together. Together, we can make our community healthier for every one of us.

Thank You,

William Russell  
Chief Executive Officer  
Three Rivers Health



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## EXECUTIVE SUMMARY



## EXECUTIVE SUMMARY

Three Rivers Health ("TRH" or the "Hospital") has performed a Community Health Needs Assessment to determine the health needs of the local community, develop an implementation plan to outline and organize how to meet those needs, and fulfill federal requirements.

Data was gathered from multiple well-respected secondary sources to build an accurate picture of the current community and its health needs. A survey of a select group of Local Experts was performed to review the prior CHNA and provide feedback, and to ascertain whether the previously identified needs are still a priority. A second survey was distributed to the same group that reviewed the data gathered from the secondary sources and determined the Significant Health Needs for the community.

The Significant Health Needs for St. Joseph County are:

1. Obesity/Physical Inactivity
2. Mental Health/Suicide
3. Physician Services
4. Education/Prevention
5. Diabetes

The Hospital has developed implementation strategies for all five of the needs including activities to continue/pursue, community partners to work alongside, and leading and lagging indicators to track.



# APPROACH



## APPROACH

Three Rivers Health is organized as a not-for-profit hospital. A Community Health Needs Assessment (CHNA) is part of the required hospital documentation of “Community Benefit” under the Affordable Care Act (ACA), required of all not-for-profit hospitals as a condition of retaining tax-exempt status. A CHNA assures TRH identifies and responds to the primary health needs of its residents.

This study is designed to comply with standards required of a not-for-profit hospital.<sup>2</sup> Tax reporting citations in this report are superseded by the most recent 990 h filings made by the hospital.

In addition to completing a CHNA and funding necessary improvements, a not-for-profit hospital must document the following:

- Financial assistance policy and policies relating to emergency medical care
- Billing and collections
- Charges for medical care

Further explanation and specific regulations are available from Health and Human Services (HHS), the Internal Revenue Service (IRS), and the U.S. Department of the Treasury.<sup>3</sup>

## Project Objectives

TRH partnered with Quorum Health Resources (Quorum) to:<sup>4</sup>

- Complete a CHNA report, compliant with Treasury – IRS
- Provide the Hospital with information required to complete the IRS – 990h schedule
- Produce the information necessary for the Hospital to issue an assessment of community health needs and document its intended response

## Overview of Community Health Needs Assessment

Typically, non-profit hospitals qualify for tax-exempt status as a Charitable Organization, described in Section 501(c)(3) of the Internal Revenue Code; however, the term 'Charitable Organization' is undefined. Prior to the passage of Medicare, charity was generally recognized as care provided to the less fortunate who did not have means to pay. With the introduction of Medicare, the government met the burden of providing compensation for such care.

In response, IRS Revenue ruling 69-545 eliminated the Charitable Organization standard and established the Community Benefit Standard as the basis for tax-exemption. Community Benefit determines if hospitals promote the health of a broad class of individuals in the community, based on factors including:

- An Emergency Room open to all, regardless of ability to pay

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<sup>2</sup> Federal Register Vol. 79 No. 250, Wednesday December 31, 2014. Part II Department of the Treasury Internal Revenue Service 26 CFR Parts 1, 53, and 602

<sup>3</sup> As of the date of this report all tax questions and suggested answers relate to 2014 Draft Federal 990 schedule h instructions i990sh—dft(2) and tax form

<sup>4</sup> Part 3 Treasury/IRS – 2011 – 52 Section 3.03 (2) third party disclosure notice & Schedule h (Form 990) V B 6 b



- Surplus funds used to improve patient care, expand facilities, train, etc.
- A board controlled by independent civic leaders
- All available and qualified physicians granted hospital privileges

Specifically, the IRS requires:

- Effective on tax years beginning after March 23, 2012, each 501(c)(3) hospital facility is required to conduct a CHNA at least once every three taxable years and to adopt an implementation strategy to meet the community needs identified through such assessment.
- The assessment may be based on current information collected by a public health agency or non-profit organization and may be conducted together with one or more other organizations, including related organizations.
- The assessment process must take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge or expertise of public health issues.
- The hospital must disclose in its annual information report to the IRS (Form 990 and related schedules) how it is addressing the needs identified in the assessment and, if all identified needs are not addressed, the reasons why (e.g., lack of financial or human resources).
- Each hospital facility is required to make the assessment widely available and downloadable from the hospital website.
- Failure to complete a CHNA in any applicable three-year period results in an excise tax to the organization of \$50,000. For example, if a facility does not complete a CHNA in taxable years one, two, or three, it is subject to the penalty in year three. If it then fails to complete a CHNA in year four, it is subject to another penalty in year four (for failing to satisfy the requirement during the three-year period beginning with taxable year two and ending with taxable year four).
- An organization that fails to disclose how it is meeting needs identified in the assessment is subject to existing incomplete return penalties.<sup>5</sup>

## Community Health Needs Assessment Subsequent to Initial Assessment

The Final Regulations establish a required step for a CHNA developed after the initial report. This requirement calls for considering written comments received on the prior CHNA and Implementation Strategy as a component of the development of the next CHNA and Implementation Strategy. The specific requirement is:

*“The 2013 proposed regulations provided that, in assessing the health needs of its community, a hospital facility must take into account input received from, at a minimum, the following three sources:*

- (1) At least one state, local, tribal, or regional governmental public health department (or equivalent department or agency) with knowledge, information, or expertise relevant to*

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<sup>5</sup> Section 6652





*the health needs of the community;*

- (2) members of medically underserved, low-income, and minority populations in the community, or individuals or organizations serving or representing the interests of such populations; and*
- (3) written comments received on the hospital facility's most recently conducted CHNA and most recently adopted implementation strategy.<sup>6</sup>*

*...the final regulations retain the three categories of persons representing the broad interests of the community specified in the 2013 proposed regulations but clarify that a hospital facility must "solicit" input from these categories and take into account the input "received." The Treasury Department and the IRS expect, however, that a hospital facility claiming that it solicited, but could not obtain, input from one of the required categories of persons will be able to document that it made reasonable efforts to obtain such input, and the final regulations require the CHNA report to describe any such efforts."*

Representatives of the various diverse constituencies outlined by regulation to be active participants in this process were actively solicited to obtain their written opinion. Opinions obtained formed the introductory step in this Assessment.

To complete a CHNA:

*"... the final regulations provide that a hospital facility must document its CHNA in a CHNA report that is adopted by an authorized body of the hospital facility and includes:*

- (1) A definition of the community served by the hospital facility and a description of how the community was determined;*
- (2) a description of the process and methods used to conduct the CHNA;*
- (3) a description of how the hospital facility solicited and took into account input received from persons who represent the broad interests of the community it serves;*
- (4) a prioritized description of the significant health needs of the community identified through the CHNA, along with a description of the process and criteria used in identifying certain health needs as significant and prioritizing those significant health needs; and*
- (5) a description of resources potentially available to address the significant health needs identified through the CHNA.*

*... final regulations provide that a CHNA report will be considered to describe the process and methods used to conduct the CHNA if the CHNA report describes the data and other information used in the assessment, as well as the methods of collecting and analyzing this data and information, and identifies any parties with whom the hospital facility collaborated, or with whom it contracted for assistance, in*

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<sup>6</sup> Federal Register Vol. 79 No. 250, Wednesday December 31, 2014. Part II Department of the Treasury Internal Revenue Service 26 CFR Parts 1, 53, and 602 P. 78963 and 78964



*conducting the CHNA.”<sup>7</sup>*

Additionally, a CHNA developed subsequent to the initial Assessment must consider written commentary received regarding the prior Assessment and Implementation Strategy efforts. We followed the Federal requirements in the solicitation of written comments by securing characteristics of individuals providing written comment but did not maintain identification data.

*“...the final regulations provide that a CHNA report does not need to name or otherwise identify any specific individual providing input on the CHNA, which would include input provided by individuals in the form of written comments.”<sup>8</sup>*

Quorum takes a comprehensive approach to the solicitation of written comments. As previously cited, we obtained input from the required three minimum sources and expanded input to include other representative groups. We asked all participating in the written comment solicitation process to self-identify themselves into any of the following representative classifications, which is detailed in an Appendix to this report. Written comment participants self-identified into the following classifications:

- (1) Public Health** – Persons with special knowledge of or expertise in public health
  - (2) Departments and Agencies** – Federal, tribal, regional, State, or local health or other departments or agencies, with current data or other information relevant to the health needs of the community served by the hospital facility
  - (3) Priority Populations** – Leaders, representatives, or members of medically underserved, low income, and minority populations, and populations with chronic disease needs in the community served by the hospital facility. Also, in other federal regulations the term Priority Populations, which include rural residents and LGBT interests, is employed and for consistency is included in this definition
  - (4) Chronic Disease Groups** – Representative of or member of Chronic Disease Group or Organization, including mental and oral health
  - (5) Represents the Broad Interest of the Community** – Individuals, volunteers, civic leaders, medical personnel and others to fulfill the spirit of broad input required by the federal regulations
- Other** (please specify)

Quorum also takes a comprehensive approach to assess community health needs. We perform several independent data analyses based on secondary source data, augment this with Local Expert Advisor<sup>9</sup> opinions, and resolve any data inconsistency or discrepancies by reviewing the combined opinions formed from local experts. We rely on secondary source data, and most secondary sources use the county as the smallest unit of analysis. We asked our local expert area residents to note if they perceived the problems or needs identified by secondary sources existed in their portion of the

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<sup>7</sup> Federal Register Op. cit. P 78966 As previously noted the Hospital collaborated and obtained assistance in conducting this CHNA from Quorum Health Resources. & Response to Schedule h (Form 990) B 6 b

<sup>8</sup> Federal Register Op. cit. P 78967 & Response to Schedule h (Form 990) B 3 h

<sup>9</sup> “Local Expert” is an advisory group of at least 15 local residents, inclusive of at least one member self-identifying with each of the five Quorum written comment solicitation classifications, with whom the Hospital solicited to participate in the Quorum/Hospital CHNA process. Response to Schedule h (Form 990) V B 3 h



county.<sup>10</sup>

Most data used in the analysis is available from public Internet sources and Quorum proprietary data from Truven. Any critical data needed to address specific regulations or developed by the Local Expert Advisor individuals cooperating with us in this study are displayed in the CHNA report appendix.

Data sources include:<sup>11</sup>

| Website or Data Source  | Data Element   | Date Accessed      | Data Date    |
|---|--|--------------------|--------------|
| <a href="http://www.countyhealthrankings.org">www.countyhealthrankings.org</a>  | Assessment of health needs of St. Joseph County compared to all State counties   | September 22, 2015 | 2010 to 2012 |
| <a href="http://www.communityhealth.hhs.gov">www.communityhealth.hhs.gov</a>  | Assessment of health needs of St. Joseph County compared to its national set of “peer counties”  | September 22, 2015 | 2005 to 2011 |
| Truven (formerly known as Thomson) Market Planner   | Assess characteristics of the hospital’s primary service area, at a zip code level, based on classifying the population into various socio-economic groups, determining the health and medical tendencies of each group and creating an aggregate composition of the service area according to the proportion of each group in the entire area; and, to access population size, trends and socio-economic characteristics. | May 2, 2016        | 2012 to 2015 |
| <a href="http://www.capc.org">www.capc.org</a> and <a href="http://www.getpalliativecare.org">www.getpalliativecare.org</a> | To identify the availability of Palliative Care programs and services in the area  | September 22, 2015 | 2015         |
| <a href="http://www.caringinfo.org">www.caringinfo.org</a> and <a href="http://iweb.nhpco.org">iweb.nhpco.org</a>           | To identify the availability of hospice programs in the country  | September 22, 2015 | 2015         |
| <a href="http://www.healthmetricsandevaluation.org">www.healthmetricsandevaluation.org</a>                                  | To examine the prevalence of diabetic conditions and change in life expectancy   | September 22, 2015 | 2000 to 2010 |
| <a href="http://www.cdc.gov">www.cdc.gov</a>  | To examine area trends for heart disease and stroke  | September 22, 2015 | 2008 to 2010 |

<sup>10</sup> Response to Schedule h (Form 990) Part V B 3 i

<sup>11</sup> The final regulations clarify that a hospital facility may rely on (and the CHNA report may describe) data collected or created by others in conducting its CHNA and, in such cases, may simply cite the data sources rather than describe the “methods of collecting” the data. Federal Register Op. cit. P 78967 & Response to Schedule h (Form 990) Part V B 3 d



|  |   |                    |              |
|--|---|--------------------|--------------|
| <a href="http://svi.cdc.gov">http://svi.cdc.gov</a>  | To identify the Social Vulnerability Index value                                | September 22, 2015 | 2010         |
| <a href="http://www.CHNA.org">www.CHNA.org</a>   | To identify potential needs from a variety of resources and health need metrics | September 22, 2015 | 2003 to 2015 |
| <a href="http://www.datawarehouse.hrsa.org">www.datawarehouse.hrsa.org</a>   | To identify applicable manpower shortage designations                           | September 22, 2015 | 2015         |
| <a href="http://www.worldlifeexpectancy.com/usa-health-rankings">www.worldlifeexpectancy.com/usa-health-rankings</a> | To determine relative importance among 15 top causes of death                   | September 22, 2015 | 2015         |

Federal regulations surrounding CHNA require local input from representatives of particular demographic sectors. For this reason, Quorum developed a standard process of gathering community input. In addition to gathering data from the above sources:

- We deployed a CHNA “Round 1” survey to our Local Expert Advisors to gain input on local health needs and the needs of priority populations. Local Expert Advisors were local individuals selected according to criteria required by the Federal guidelines and regulations and the Hospital’s desire to represent the region’s geographically and ethnically diverse population. We received community input from 43 Local Expert Advisors. Survey responses started October 12, 2015 and ended with the last response on December 14, 2015.
- Information analysis augmented by local opinions showed how St. Joseph County relates to its peers in terms of primary and chronic needs and other issues of uninsured persons, low-income persons, and minority groups. Respondents commented on whether they believe certain population groups (“Priority Populations”) need help to improve their condition, and if so, who needs to do what to improve the conditions of these groups.<sup>12</sup>
- Local opinions of the needs of Priority Populations, while presented in its entirety in the Appendix, was abstracted in the following “take-away” bulleted comments
  - Transportation is a barrier for low-income groups and residents in rural areas
  - Access to mental health services in the county is a major concern
  - There is a need for bilingual health providers, translators, and health information in Spanish

When the analysis was complete, we put the information and summary conclusions before our Local Expert Advisors<sup>13</sup> who were asked to agree or disagree with the summary conclusions. They were free to augment potential conclusions with additional comments of need, and new needs did emerge from this exchange.<sup>14</sup> Consultation with 18 Local Experts occurred again via an internet-based survey (explained below) beginning January 4, 2016 and ending February 22, 2016.

Having taken steps to identify potential community needs, the Local Experts then participated in a structured

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<sup>12</sup> Response to Schedule h (Form 990) Part V B 3 f

<sup>13</sup> Response to Schedule h (Form 990) Part V B 3 h

<sup>14</sup> Response to Schedule h (Form 990) Part V B 3 h



communication technique called a "Wisdom of Crowds" method. The premise of this approach relies on a panel of experts with the assumption that the collective wisdom of participants is superior to the opinion of any one individual, regardless of their professional credentials.<sup>15</sup>

In the TRH process, each Local Expert had the opportunity to introduce needs previously unidentified and to challenge conclusions developed from the data analysis. While there were a few opinions of the data conclusions not being completely accurate, the vast majority of comments agreed with our findings. We developed a summary of all needs identified by any of the analyzed data sets. The Local Experts then allocated 100 points among the potential significant need candidates, including the opportunity to again present additional needs that were not identified from the data. A rank order of priorities emerged, with some needs receiving none or virtually no support, and other needs receiving identical point allocations.

We dichotomized the rank order of prioritized needs into two groups: "Significant" and "Other Identified Needs." Our criteria for identifying and prioritizing Significant Needs was based on a descending frequency rank order of the needs based on total points cast by the Local Experts, further ranked by a descending frequency count of the number of local experts casting any points for the need. By our definition, a Significant Need had to include all rank ordered needs until at least fifty percent (50%) of all points were included and to the extent possible, represented points allocated by a majority of voting local experts. The determination of the break point — "Significant" as opposed to "Other" — was a qualitative interpretation by QHR and the TRH executive team where a reasonable break point in rank order occurred.<sup>16</sup>

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<sup>15</sup> Response to Schedule h (Form 990) Part V B 5

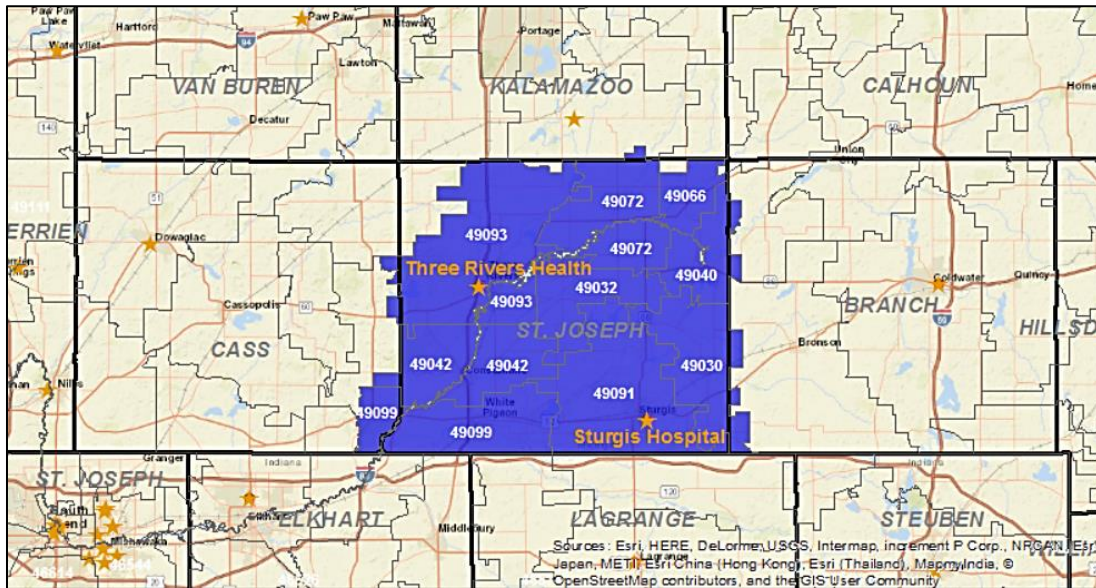
<sup>16</sup> Response to Schedule h (Form 990) Part V B 3 g



## COMMUNITY CHARACTERISTICS



## Definition of Area Served by the Hospital<sup>17</sup>



TRH, in conjunction with Quorum, defines its service area as St. Joseph County in Michigan, which includes the following ZIP codes:<sup>18</sup>

|                      |                     |                 |                      |
|----------------------|---------------------|-----------------|----------------------|
| 49030 – Burr Oak     | 49032 – Centreville | 49040 – Colon   | 49042 – Constantine  |
| 49066 – Leonidas     | 49072 – Mendon      | 49091 – Sturgis | 49093 – Three Rivers |
| 49099 – White Pigeon |                     |                 |                      |

In 2014, the Hospital received 79.8% of its patients from this area.<sup>19</sup>

<sup>17</sup> Responds to IRS Schedule h (Form 990) Part V B 3 a

<sup>18</sup> The map above amalgamates zip code areas and does not necessarily display all county zip codes represented below

<sup>19</sup> Truven MEDPAR patient origin data for the hospital; Responds to IRS Schedule h (Form 990) Part V B 3 a





## Demographics of the Community<sup>20 21</sup>

|                               | County   | State     | U.S.        |
|-------------------------------|----------|-----------|-------------|
| 2016 Population <sup>22</sup> | 61,526   | 9,926,135 | 322,431,073 |
| % Increase/Decline            | 0.0%     | 0.6%      | 3.7%        |
| Estimated Population in 2021  | 61,549   | 9,982,229 | 334,341,965 |
| % White, non-Hispanic         | 86.9%    | 75.4%     | 61.3%       |
| % Hispanic                    | 7.4%     | 5.0%      | 17.8%       |
| Median Age                    | 39.4     | 39.8      | 38.0        |
| Median Household Income       | \$43,960 | \$50,415  | \$55,072    |
| Unemployment Rate             | 3.7%     | 4.7%      | 5.1%        |
| % Population >65              | 17.1%    | 16.1%     | 15.1%       |
| % Women of Childbearing Age   | 17.6%    | 19.0%     | 19.6%       |

| Demographics Expert 2.7<br>2016 Demographic Snapshot<br>Area: St. Joseph County<br>Level of Geography: ZIP Code |               |             |                |            |                                    |                                  |          |            |                |
|---|---------------|-------------|----------------|------------|------------------------------------|----------------------------------|----------|------------|----------------|
| DEMOGRAPHIC CHARACTERISTICS   |               |             |                |            |                                    |                                  |          |            |                |
|   | Selected Area |             | USA            |            |                                    |                                  |          | 2016       | 2021 % Change  |
| 2010 Total Population   | 61,916        | 308,745,538 |                |            | Total Male Population              |                                  |          | 30,588     | 30,592 0.0%    |
| 2016 Total Population   | 61,526        | 322,431,073 |                |            | Total Female Population            |                                  |          | 30,938     | 30,957 0.1%    |
| 2021 Total Population   | 61,549        | 334,341,965 |                |            | Females, Child Bearing Age (15-44) |                                  |          | 10,803     | 10,959 1.4%    |
| % Change 2016 - 2021  | 0.0%          | 3.7%        |                |            |                                    |                                  |          |            |                |
| Average Household Income  | \$54,309      | \$77,135    |                |            |                                    |                                  |          |            |                |
| POPULATION DISTRIBUTION   |               |             |                |            |                                    |                                  |          |            |                |
| Age Distribution  |               |             |                |            |                                    | HOUSEHOLD INCOME DISTRIBUTION    |          |            |                |
| Age Distribution  |               |             |                |            |                                    | Income Distribution              |          |            |                |
| Age Group   | 2016          | % of Total  | 2021           | % of Total | USA 2016 % of Total                | 2016 Household Income            | HH Count | % of Total | USA % of Total |
| 0-14  | 12,739        | 20.7%       | 12,480         | 20.3%      | 19.0%                              | <\$15K                           | 3,290    | 14.0%      | 12.3%          |
| 15-17   | 2,579         | 4.2%        | 2,654          | 4.3%       | 4.0%                               | \$15-25K                         | 2,889    | 12.3%      | 10.4%          |
| 18-24   | 5,383         | 8.7%        | 5,703          | 9.3%       | 9.8%                               | \$25-50K                         | 7,108    | 30.3%      | 23.4%          |
| 25-34   | 7,042         | 11.4%       | 7,156          | 11.6%      | 13.3%                              | \$50-75K                         | 5,043    | 21.5%      | 17.6%          |
| 35-54   | 14,819        | 24.1%       | 13,662         | 22.2%      | 26.0%                              | \$75-100K                        | 2,518    | 10.7%      | 12.0%          |
| 55-64   | 8,419         | 13.7%       | 8,106          | 13.2%      | 12.8%                              | Over \$100K                      | 2,618    | 11.2%      | 24.3%          |
| 65+   | 10,545        | 17.1%       | 11,788         | 19.2%      | 15.1%                              |                                  |          |            |                |
| Total   | 61,526        | 100.0%      | 61,549         | 100.0%     | 100.0%                             | Total                            | 23,466   | 100.0%     | 100.0%         |
| EDUCATION LEVEL   |               |             |                |            |                                    |                                  |          |            |                |
| Education Level Distribution  |               |             |                |            |                                    | RACE/ETHNICITY                   |          |            |                |
| Education Level Distribution  |               |             |                |            |                                    | Race/Ethnicity Distribution      |          |            |                |
| 2016 Adult Education Level  | Pop Age 25+   | % of Total  | USA % of Total |            |                                    | Race/Ethnicity                   | 2016 Pop | % of Total | USA % of Total |
| Less than High School   | 2,324         | 5.7%        | 5.8%           |            |                                    | White Non-Hispanic               | 53,487   | 86.9%      | 61.3%          |
| Some High School  | 3,992         | 9.8%        | 7.8%           |            |                                    | Black Non-Hispanic               | 1,546    | 2.5%       | 12.3%          |
| High School Degree  | 15,827        | 38.8%       | 27.9%          |            |                                    | Hispanic                         | 4,569    | 7.4%       | 17.8%          |
| Some College/Assoc. Degree  | 12,809        | 31.4%       | 29.2%          |            |                                    | Asian & Pacific Is. Non-Hispanic | 445      | 0.7%       | 5.4%           |
| Bachelor's Degree or Greater  | 5,873         | 14.4%       | 29.4%          |            |                                    | All Others                       | 1,479    | 2.4%       | 3.1%           |
| Total   | 40,825        | 100.0%      | 100.0%         |            |                                    | Total                            | 61,526   | 100.0%     | 100.0%         |

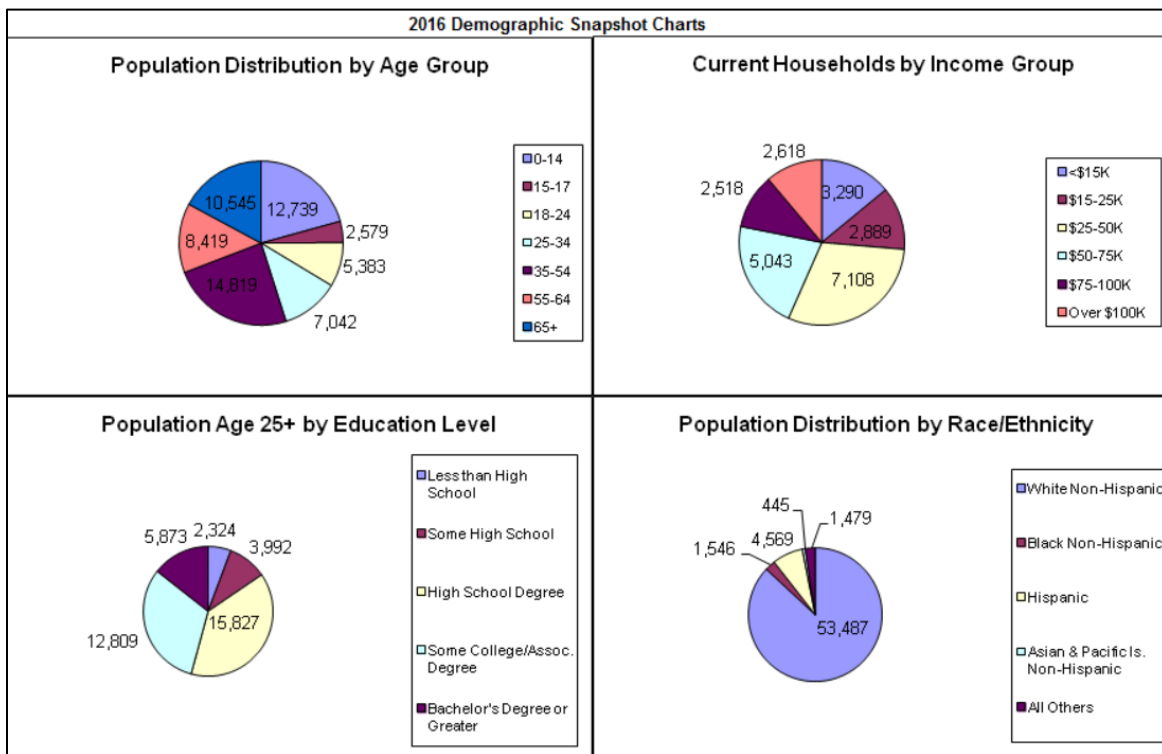
© 2016 The Nielsen Company, © 2016 Truven Health Analytics Inc.

<sup>20</sup> Responds to IRS Schedule h (Form 990) Part V B 3 b

<sup>21</sup> The tables below were created by Truven Market Planner, a national marketing company

<sup>22</sup> All population information, unless otherwise cited, sourced from Truven (formerly Thomson) Market Planner





| 2016 Benchmarks   |                                     |               |  |  |                               |                               |                         |          |           |
|---|-------------------------------------|---------------|--|--|-------------------------------|-------------------------------|-------------------------|----------|-----------|
| Area: St. Joseph County   |                                     |               |  |  |                               |                               |                         |          |           |
| Level of Geography: ZIP Code                                    |                                     |               |  |  |                               |                               |                         |          |           |
| Area  | 2016-2021<br>% Population<br>Change | Median<br>Age | Population<br>65+<br>% of Total<br>% Change<br>2016-2021 | Females 15-44<br>% of Total<br>% Change<br>2016-2021 | Median<br>Household<br>Income | Median<br>Household<br>Wealth | Median<br>Home<br>Value |          |           |
| USA   | 3.7%                                | 38.0          | 15.1%  | 17.6%  | 19.6%                         | 1.5%                          | \$55,072                | \$54,224 | \$192,364 |
| Michigan  | 0.6%                                | 39.8          | 16.1%  | 15.0%  | 19.0%                         | -0.4%                         | \$50,415                | \$65,772 | \$129,984 |
| Selected Area   | 0.0%                                | 39.4          | 17.1%  | 11.8%  | 17.6%                         | 1.4%                          | \$43,960                | \$60,121 | \$112,236 |
| Demographics Expert 2.7   |                                     |               |  |  |                               |                               |                         |          |           |
| DEMO0003.SQP  |                                     |               |  |  |                               |                               |                         |          |           |
| © 2016 The Nielsen Company, © 2016 Truven Health Analytics Inc. |                                     |               |  |  |                               |                               |                         |          |           |

The population was also examined according to characteristics presented in the Claritas Prizm customer segmentation data. This system segments the population into 66 demographically and behaviorally distinct groups. Each group, based on annual survey data, is documented as exhibiting specific health behaviors.

The makeup of the service area, according to the mix of Prizm segments and its characteristics, is contrasted to the national population averages to determine probable lifestyle and medical conditions present in the population. The national average, or norm, is represented as 100%. Where St. Joseph County varies more than 5% above or below that norm (that is, less than 95% or greater than 105%), it is considered significant.

Items in the table with red text are viewed as statistically important adverse potential findings—in other words, these are health areas that need improvement in the St. Joseph County area. Items with blue text are viewed as statistically important potential beneficial findings—in other words, these are areas in which St. Joseph County is doing better than other parts of the country. Items with black text are viewed as either not statistically different from the national norm or neither a favorable nor unfavorable finding—in other words more or less on par with national trends.



| Health Service Topic                 | Demand as % of National | % of Population Affected | Health Service Topic              | Demand as % of National | % of Population Affected |
|--------------------------------------|-------------------------|--------------------------|-----------------------------------|-------------------------|--------------------------|
| Weight / Lifestyle                   |                         |                          | Cancer                            |                         |                          |
| BMI: Morbid/Obese                    | 108.5%                  | 33.2%                    | Mammography in Past Yr            | 97.2%                   | 44.3%                    |
| Vigorous Exercise                    | 97.4%                   | 55.7%                    | Cancer Screen: Colorectal 2 yr    | 96.1%                   | 24.5%                    |
| Chronic Diabetes                     | 119.0%                  | 14.8%                    | Cancer Screen: Pap/Cerv Test 2 yr | 90.8%                   | 54.4%                    |
| Healthy Eating Habits                | 90.9%                   | 26.9%                    | Routine Screen: Prostate 2 yr     | 99.9%                   | 32.0%                    |
| Ate Breakfast Yesterday              | 98.5%                   | 73.9%                    | Orthopedic                        |                         |                          |
| Slept Less Than 6 Hours              | 112.6%                  | 16.2%                    | Chronic Lower Back Pain           | 120.1%                  | 28.3%                    |
| Consumed Alcohol in the Past 30 Days | 82.8%                   | 44.8%                    | Chronic Osteoporosis              | 116.0%                  | 11.4%                    |
| Consumed 3+ Drinks Per Session       | 107.1%                  | 30.0%                    | Routine Services                  |                         |                          |
| Behavior                             |                         |                          | FP/GP: 1+ Visit                   | 103.4%                  | 91.2%                    |
| I Will Travel to Obtain Medical Care | 95.4%                   | 22.0%                    | Used Midlevel in last 6 Months    | 103.9%                  | 43.0%                    |
| I am Responsible for My Health       | 93.6%                   | 61.2%                    | OB/Gyn 1+ Visit                   | 85.5%                   | 39.5%                    |
| I Follow Treatment Recommendations   | 93.5%                   | 48.5%                    | Medication: Received Prescription | 101.4%                  | 59.8%                    |
| Pulmonary                            |                         |                          | Internet Usage                    |                         |                          |
| Chronic COPD                         | 122.0%                  | 4.8%                     | Use Internet to Talk to MD        | 68.3%                   | 8.4%                     |
| Tobacco Use: Cigarettes              | 114.9%                  | 29.2%                    | Facebook Opinions                 | 81.9%                   | 8.4%                     |
| Heart                                |                         |                          | Looked for Provider Rating        | 85.6%                   | 12.1%                    |
| Chronic High Cholesterol             | 113.6%                  | 24.9%                    | Emergency Service                 |                         |                          |
| Routine Cholesterol Screening        | 92.6%                   | 47.0%                    | Emergency Room Use                | 103.8%                  | 35.1%                    |
| Chronic Heart Failure                | 136.4%                  | 5.6%                     | Urgent Care Use                   | 95.5%                   | 22.2%                    |



## Leading Causes of Death

| Cause of Death |            |                 | Rank among all counties in MI<br><br>(#1 rank = worst in state) | Rate of Death per 100,000 age adjusted |            | Observation          |
|----------------|------------|-----------------|---|--|------------|----------------------|
| MI Rank        | St. Joseph | Condition       |   | MI                                     | St. Joseph |                      |
| 1              | 1          | Heart Disease   | 12 of 83  | 199.8                                  | 257.2      | Higher than expected |
| 2              | 2          | Cancer          | 21 of 83  | 170.5                                  | 196.0      | As expected          |
| 3              | 3          | Lung            | 37 of 83  | 46.5                                   | 50.4       | As expected          |
| 4              | 4          | Stroke          | 50 of 83  | 36.3                                   | 48.2       | As expected          |
| 5              | 5          | Accidents       | 25 of 83  | 40.1                                   | 46.8       | As expected          |
| 6              | 6          | Alzheimer's     | 66 of 83  | 26.4                                   | 37.1       | Lower than expected  |
| 7              | 7          | Diabetes        | 5 of 83   | 23.8                                   | 17.2       | Higher than expected |
| 8              | 8          | Flu - Pneumonia | 43 of 83  | 15.8                                   | 16.8       | As expected          |
| 9              | 9          | Kidney          | 31 of 83  | 13.9                                   | 13.7       | As expected          |
| 10             | 10         | Suicide         | 46 of 83  | 12.9                                   | 13.3       | As expected          |
| 11             | 11         | Blood Poisoning | 31 of 83  | 10.3                                   | 8.2        | As expected          |
| 12             | 12         | Liver           | 59 of 83  | 10.0                                   | 8.0        | As expected          |
| 13             | 13         | Hypertension    | 54 of 83  | 8.4                                    | 6.7        | As expected          |
| 14             | 14         | Parkinson's     | 46 of 83  | 8.0                                    | 5.2        | As expected          |
| 15             | 15         | Homicide        | 53 of 83  | 6.8                                    | 1.6        | Lower than expected  |



## Priority Populations<sup>23</sup>

Information about Priority Populations in the service area of the Hospital is difficult to encounter if it exists. Our approach is to understand the general trends of issues impacting Priority Populations and to interact with our Local Experts to discern if local conditions exhibit any similar or contrary trends. The following discussion examines findings about Priority Populations from a national perspective.

We begin by analyzing the National Healthcare Quality and Disparities Reports (QDR), which are annual reports to Congress mandated in the Healthcare Research and Quality Act of 1999 (P.L. 106-129). These reports provide a comprehensive overview of the quality of healthcare received by the general U.S. population and disparities in care experienced by different racial, ethnic, and socioeconomic groups. The purpose of the reports is to assess the performance of our health system and to identify areas of strengths and weaknesses in the healthcare system along three main axes: **access to healthcare**, **quality of healthcare**, and **priorities of the National Quality Strategy (NQS)**. The complete report is provided in Appendix C.

We asked a specific question to our Local Expert Advisors about unique needs of Priority Populations. We reviewed their responses to identify if any of the above trends were obvious in the service area. Accordingly, we place great reliance on the commentary received from our Local Expert Advisors to identify unique population needs to which we should respond. Specific opinions from the Local Expert Advisors are summarized below:<sup>24</sup>

- Transportation is a barrier for low-income groups and residents in rural areas
- Access to mental health services in the county is a major concern
- There is a need for bilingual health providers, translators, and health information in Spanish

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<sup>23</sup> <http://www.ahrq.gov/research/findings/nhqdr/nhqdr14/index.html> Responds to IRS Schedule h (Form 990) Part V B 3 i

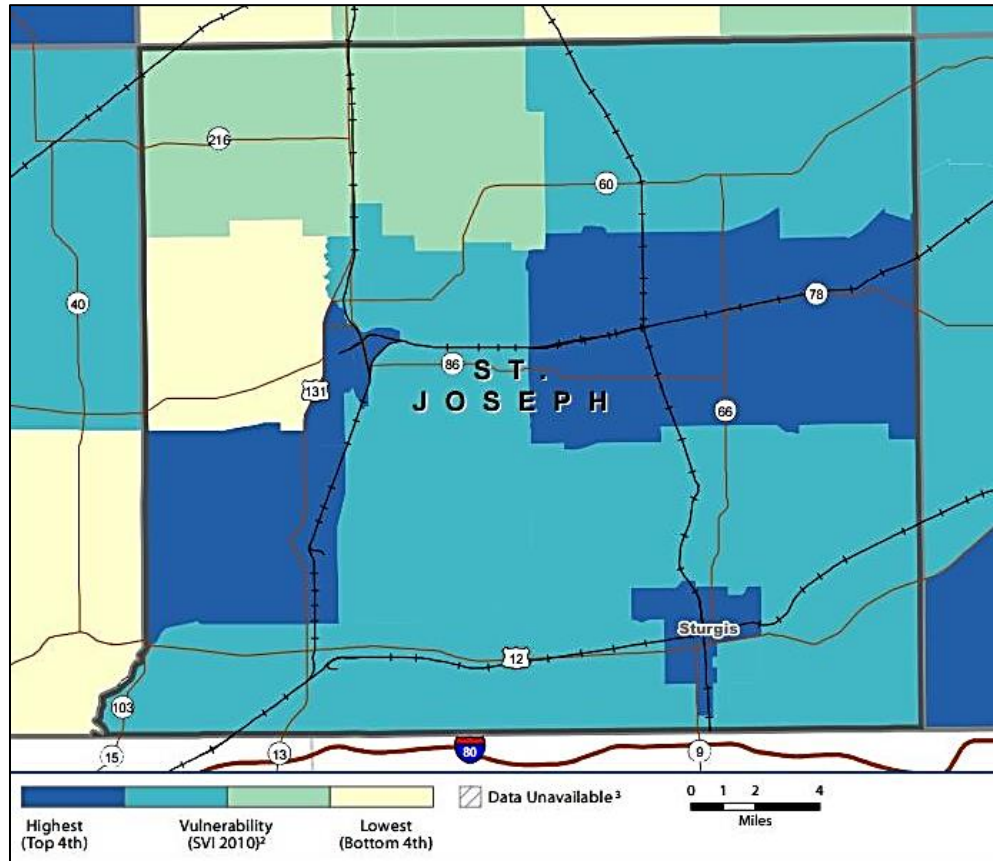
<sup>24</sup> All comments and the analytical framework behind developing this summary appear in Appendix A



## Social Vulnerability

Social vulnerability refers to the resilience of communities when confronted by external stresses on human health, stresses such as natural or human-caused disaster, or disease outbreaks.

St. Joseph County zip codes primarily fall into the second highest quartile of social vulnerability.





## Consideration of Written Comments from Prior CHNA

A group of 43 individuals provided written comment in regard to the 2012 CHNA. Our summary of this commentary produced the following points, which were introduced in subsequent considerations of this CHNA. (*Verbatim comments are in italics.*)

Commenter characteristics:

| Local Experts Offering Solicited Written Comments on 2012 Priorities and Implementation Strategy                          | Yes (Applies to Me) | No (Does Not Apply to Me) | Response Count |
|---|---------------------|---------------------------|----------------|
| 1) Public Health Expertise  | 12                  | 21                        | 33             |
| 2) Departments and Agencies with relevant data/information regarding health needs of the community served by the hospital | 22                  | 16                        | 38             |
| 3) Priority Populations   | 17                  | 17                        | 34             |
| 4) Representative/Member of Chronic Disease Group or Organization   | 10                  | 24                        | 34             |
| 5) Represents the Broad Interest of the Community   | 23                  | 10                        | 33             |
| Other   |                     |                           |                |
| Answered Question   |                     |                           | 42             |
| Skipped Question  |                     |                           | 1              |

Priorities from the last assessment where the Hospital intended to seek improvement were:

- Mental Health
- Infant Deaths
- Health Insurance/Uninsured
- Obesity/Physical Inactivity
- Births
- Physician Services
- Cancer
- Smoking
- Diabetes
- Coronary Heart Disease

TRH received the following responses to the question: **“Should the Hospital continue to consider each need identified as most important in the 2012 CHNA report as the most important set of health needs currently confronting residents in the county?”**

|                             | Yes | No | No Opinion |
|-----------------------------|-----|----|------------|
| Mental Health               | 31  | 2  | 0          |
| Infant Deaths               | 25  | 7  | 1          |
| Health Insurance/Uninsured  | 25  | 8  | 0          |
| Obesity/Physical Inactivity | 33  | 0  | 0          |
| Births                      | 27  | 5  | 1          |



|                        | Yes | No | No Opinion |
|------------------------|-----|----|------------|
| Physician Services     | 29  | 3  | 1          |
| Cancer                 | 30  | 3  | 0          |
| Smoking                | 29  | 4  | 0          |
| Diabetes               | 30  | 3  | 0          |
| Coronary Heart Disease | 31  | 2  | 0          |

- **Specific comments or observations about Mental Health as being among the most significant needs for the Hospital to work on to seek improvements?**
  - *Prevention education.*
  - *The hospital could benefit from more education regarding mental health in general and the specific needs of mental health clients as they enter into the emergency departments and inpatient settings. i.e. how to address their concerns in an appropriate and unbiased nature, how to adequately ensure medical clearance prior to requesting CMH assess for psychiatric placement, etc.*
  - *They need to treat people with mental illness better and not as if it's a character flaw.*
  - *we seem to recently have had several deaths in the county to suicide, which leads me to think that we have mental health issues that are not being met or patients not properly treated*
  - *Sometimes mental health needs appear in ER when an individual is "sick" and goes for treatment when going to CMH is a better option.*
  - *this need encompasses so many other needs in the list that it has to be where we spend our resources. All of the needs in the list have the potential to contribute to a persons mental health*
  - *Mental Health is the number one priority -- particularly as it relates to children and teens.*
  - *Mental health and screening for other neurological disorders should be presented in team treatment. such as demetia screening for all over a certain age and under that age as needed.*
  - *There is a lack of community physicians willing to provide medication services to those who are either stable or mild to moderately impacted by mental health needs.*
  - *Mental health which included substance abuse, has been a very serious problem in St. Joseph county. Specifically, the county is known for a high rate of methamphetamine usage. Also, the county reports that over 75% of its prescription drug issuance are opioids.*
  - *Security- that knows what they are capable of doing without interfering with Law Enforcement, Social Workers- 24/7 Social workers on site to assist with placement and options for mental patients that aren't under the Community Mental Health requirements. Secure a short term holding facility for our county like Kalamazoo and Branch County has if needed rent out bed space if not being filled by county residence.*
  - *Mental Health patients with limited care will live in poor housing conditions and do not take care of themselves. They are often taken advantage of others with a predatory nature.*



- *Shouldn't some of that fall on CMH?*
- *If this was identified as a concern in 2012 why has there been little to no progress. This is a HUGE problem! The mental health needs of this area are increasing. This population needs help!*
- *Strengthen partnerships with CMH to provide services.*
- *This is the MOST SIGNIFICANT need.*
- *Mental Health services need to be available those other locations in addition to CMH*
- *Needs to be included on insurance programs and recognized as a legitimate health concern.*
- *mental health is a major concern. unfortunately, mental health issues also include drug abuse. community mental health services provided through the county has had to reduce its services because of cuts in the general fund. services provided by other sources in the community will be welcome.*
- **Specific comments or observations about Infant Deaths as being among the most significant needs for the Hospital to work on to seek improvements?**
  - *Unknown to me.*
  - *I am not aware or familiar with this need*
  - *Prenatal care is missing for some families and trying to identify earlier in pregnancy.*
  - *need to link with safe sleep, prenatal education and access to prenatal health services.*
  - *From the child death review team, it does not seem that this past year there were as many infant deaths as in previous years.*
  - *St. Joseph County is rated in the lowest quartile of counties for its infant mortality rates. Several of the deaths are believed to be connected to prenatal smoking by mothers and others in the households.*
  - *I think this area is good and progressive (great job)*
  - *Education for new mothers and prevention education.*
  - *Low income, mental health, and noninsured/underinsured certainly do not help.*
  - *Each hospital should partner in the Child Death Team for our county. and CMH needs to focus on mental health issues in partnering with the hospitals*
  - *None*
  - *am not aware of the statistics in this area, but infant death should always get significant attention.*
- **Specific comments or observations about Health Insurance/Uninsured as being among the most significant needs for the Hospital to work on to seek improvements?**





- *There is a larger uninsured population in our community due to specific programs that are located in the area. There is also a huge lack of education regarding marketplace insurance options that could be available to individuals.*
- *Still seem to be having charity care and collection issues therefore we still seem to have a large portion of the population not insured or properly insured*
- *Is this still a need in light of the ACA?*
- *Continue to promote HMP during open enrollment or change of circumstances for families to have coverage.*
- *having insurance navigators on hand to assist.*
- *Continue efforts to enroll individuals in Healthy Michigan at all service points.*
- *Access to care which is a combination of lack of health insurance access and lack of access to providers continues to be an ongoing problem. Rates of uninsurance have dropped dramatically during the past three years due to the passage of the affordable care act and the expansion of Medicaid through the Healthy Michigan Plan. Rates of uninsurance are still high among undocumented Hispanic immigrants and Amish who do not believe in signing up for government programs.*
- *nothing to add*
- *CMH had a grant to provide these services but since CMH doesn't know how to play well with others that has all been dissolved. ST Joe county is good at getting resources but doesn't know how to manage them. We need to work together as a community.*
- *None*
- *understanding insurance and coverage for healthcare is a major concern in this community. the hospital should aide the community in obtaining proper and affordable healthcare coverage.*
- **Specific comments or observations about Obesity/Physical Inactivity as being among the most significant needs for the Hospital to work on to seek improvements?**
  - *Better access and education for those that cannot afford gym memberships.*
  - *Obesity is an epidemic in this country, not just this small community.*
  - *overall it seems that this issue is becoming a problem in our county due to inactivity of its citizens, more and more people are overweight which in turn causes more health issues that the hospital than has to address*
  - *This definitely needs to be addressed--in a gentle manor. Often stigma and/or shame associated with obesity.*
  - *Obesity/Physical Inactivity improvement could directly impact the overall health of many individuals reducing disability issues; health care; etc.*



- *Set up peer groups, need mental health involved. Make it easier for patients to feel less judged more empowered.*
- *Continue to promote Step up St. Joseph County*
- *Nearly 75% of the county is obese or overweight. 2 out of 5 high school students are either obese or overweight. Being overweight will soon overtake tobacco use as the most pressing public health issue related to preventable disease and death.*
- *continue promoting healthy living doing a good job*
- *I do think this is a need in the community.*
- *Affordable activities to promote moving but it is also an individual responsibility. People need to see the importance before it is too late.*
- *The hospital needs to continue to help people sign up for health insurance.*
- *This is very important due to comorbidities, diabetes and heart issues.*
- *Work on nutrition education with schools and colleges.*
- *Obesity/physical inactivity is a major concern. Dietary education, and physical activity should be made available to the entire community.*
- **Specific comments or observations about Births as being among the most significant needs for the Hospital to work on to seek improvements?**
  - *Unknown.*
  - *Hospital seems to have a very efficient and well perceived birthing center.*
  - *Continue work toward licensing midwives.*
  - *NA*
  - *emphasize birth control post partum, talk about life goals, talk openly about unintended pregnancies and how to prevent.*
  - *Continue to offer women's health services to low income uninsured females*
  - *Additional prenatal resources are needed, as well as resources related to parenting. The county continues to have higher rates of inadequate prenatal care, as well as high rates of child abuse and neglect.*
  - *nothing to add*
  - *I do think that the teen birth rate is a concern.*
  - *Personal choice and again people taking responsibility for their actions. If we could fix that we wouldn't have issues. It all comes down to common sense and choosing to make the right decisions*



- *Increase the message to the public about the responsibility of each person to improve their health outcomes.*
- *None*
- **Specific comments or observations about Physician Services as being among the most significant needs for the Hospital to work on to seek improvements?**
  - *Referrals to education classes.*
  - *There is a large population of individuals who do not have a primary care physician. Individuals need to be educated on the benefits of having a primary care physician even if it's just preventative in nature.*
  - *recruitment of more physicians and specialties to the area seem to be the most crucial area where we are lacking*
  - *More physicians to see patients.*
  - *Need more primary care physicians.*
  - *Some individuals present challenges to serve, via frequent no shows, belligerent behaviors at the physician office etc., leading them to be not served at local physician offices.*
  - *Being a rural community, St. Joseph County continues to struggle to recruit and retain physicians. With a population to physician ratio of 2,643 to 1, the county lags behind the state and the US in the number of physicians to population.*
  - *nothing to add*
  - *Again, a significant need for the county and hospital.*
  - *Recruit medical personnel*
  - *Need more local services and variety of specialist in town.*
  - *our community needs to have physician services promoted throughout the community by means that are familiar, such as churches, community centers, schools. the hospital and doctors should promote each other.*
- **Specific comments or observations about Cancer as being among the most significant needs for the Hospital to work on to seek improvements?**
  - *Unknown.*
  - *need to provide services and assist patients who are having treatment for cancer*
  - *Improving overall health to minimize the impact of Cancer. Reduce smoking, and other activities directly related to cancer.*



- *The specialty clinics offer a local options for individuals with cancer and are a great asset to the community. It is challenging when treatment can only be sought in more urban areas.*
- *Cancer continues to be the second leading cause of death in the county.*
- *nothing to add*
- *Offer cancer treatment locally so that people do not have to travel*
- *None*
- *It would be a huge service to the community if the hospital could implement a cancer support/awareness center. most cancer patients go to Kalamazoo for cancer treatment.*
- **Specific comments or observations about Smoking as being among the most significant needs for the Hospital to work on to seek improvements?**
  - *Referrals to smoking cessation classes.*
  - *Unknown*
  - *based on the tobacco shops and use of cigarettes and tobacco observed perhaps we are not reaching the county residents with information on dangers of tobacco use and options available to be successful in quitting smoking.*
  - *Smoking cessation to improve over all health, environment, second hand smoke, etc.*
  - *Between 2012-14, 27.2% of St. Joseph County adults were current smokers. In addition, smoking among mothers of new borns, was estimated at over 25%. Smoking continues to be the leading cause of preventable premature death, disease and disability. Smoking was identified as being a leading cause of infant mortality in the county.*
  - *nothing to add*
  - *The amount of people (staff, patients, and visitors) that I see smoking on the TRH campus is crazy.*
  - *None*
  - *education of the effects of smoking on the human body would be beneficial to this community. The hospital needs to work with the local schools to provide a deterrent.*
- **Specific comments or observations about Diabetes as being among the most significant needs for the Hospital to work on to seek improvements?**
  - *Unknown*
  - *this being one of the consequences of obesity and physical inactivity it should perhaps be targeted together*



- *Obesity/Inactivity and other health issues that contribute to Type 2 could be avoided. How to keep educating general public on the concerns of Diabetes and how they can be turned around.*
- *1 out of 10 adults in St. Joseph County have diabetes and 1 out of 4 are prediabetic.*
- *nothing to add*
- *Diabetes is certainly a need, but considering that TRH has closed outpatient diabetic services, should this still be on the significant needs list? You can't combat the problem with no resources in place for correction.*
- *Public Education*
- *Goes hand in hand with obesity and poor eating.*
- *Education on diabetes, diet, exercise, is needed in our community. Education should be started in elementary school and that may be a way to decrease the number of diabetic patients in this area.*
- **Specific comments or observations about Coronary Heart Disease as being among the most significant needs for the Hospital to work on to seek improvements?**
  - *More education.*
  - *Unknown*
  - *no local specialist for this type of problems*
  - *NA*
  - *same as above, team approach*
  - *1 out of three deaths in St. Joseph County are related to heart disease. It is also the leading cause of hospitalization. Ambulatory care sensitive hospitalization for congestive heart was 12% greater in St. Joseph County than in the state.*
  - *nothing to add*
  - *Diet changes as a country.*
  - *Coronary Heart Disease should be addressed continuously through diet, exercise, etc. Education in this area should be started as early as elementary school.*



## Conclusions from Public Input

Our group of 43 Local Expert Advisors participated in an online survey to offer opinions about their perceptions of community health needs and the potential needs of unique populations. Complete **verbatim** written comments appear in the Appendix to this report.

TRH received the following responses to the question: **“Should the Hospital continue to consider each need identified as most important in the 2012 CHNA report as the most important set of health needs currently confronting residents in the county? Please add any additional information you would like us to understand.”**

- *Continued health and wellness education.*
- *Infants being born addicted is more of a concern than infant death.*
- *Substance abuse Reduced cost screenings health management/maintenance*
- *chronic illnesses play a large part in our community. also, young mothers with only television to guide them through raising a child. obesity and physical inactivity is hugely obvious in this community. programs that can assist in meal preparation and proper diet would be very helpful with diabetes and other chronic illnesses that are prevalent throughout our community.*



## Summary of Observations: Comparison to Other Counties

### Health Outcomes

In a health status classification termed “Health Outcomes”, St. Joseph ranks 49 among the 82 ranked Michigan counties (best being #1). Premature Death (deaths prior to age 75) presents worse values (shorter survivability) than on average for the US and Michigan.

### Health Factors

In another health status classification “Health Factors”, St. Joseph ranks number 49 among the 82 ranked Michigan counties. The following indicators compared to MI average and to national top 10% performance present such poor values it warrants investigating how to improve:

- Adult Smoking – St. Joseph 22% of residents compared to MI 20% and US best of 14%
- Adult Obesity – St. Joseph 34% compared to MI 32% and US best of 25%
- Physical Inactivity – St. Joseph 27% which is higher than the MI avg. of 23% and US best of 20%
- Access to Exercise Opportunities – St. Joseph 62% which is lower than the MI avg. of 83% and US best of 92%
- Alcohol-Impaired Driving Deaths – St. Joseph 48% compared to MI 31% and US best of 14%
- Teen Births – St. Joseph 45 births/1,000 females age 15 to 19 compared to MI 31 and US best of 31 births

### Clinical Care

In the “Clinical Care” classification, St. Joseph County ranks number 64 among the 82 ranked Michigan counties. The following indicators compared to MI average and to national top 10% performance present such poor values it warrants investigating how to improve:

- Uninsured – St. Joseph 15% of residents compared to MI 13% and US best of 11%
- Population to Primary Care Physician – St. Joseph 2,643:1 which is more than twice the MI 1,246:1 and US best of 1,045:1
- Population to Dentist – St. Joseph 2,903:1 compared to MI 1,485:1 and US best of 1,377:1
- Population to Mental Health Provider – St. Joseph 616:1 compared to MI 487:1 and US best of 386:1
- Diabetic Monitoring – St. Joseph 84% which is lower than the MI avg. of 86% and US best of 90%
- Mammography Screening – St. Joseph 63.2% of Medicare women age 67 to 69 compared to MI 65.6% and US best of 70.7%



## Social and Economic Factors

In the “Social and Economic Factors” classification, St. Joseph County ranks number 28 among the 82 ranked Michigan counties. The following indicators compared to MI average and to national top 10% performance present such poor values it warrants investigating how to improve:

- Some College – St. Joseph 48.8% which is considerably below MI avg. of 65.6% and US best of 71.0%
- Children in Poverty – St. Joseph 26% which is above the MI avg. of 24% and double the US best of 13%
- Injury Deaths – St. Joseph 61 per 100,000 residents compared to MI 60 and US best of 50





## Summary of Observations: Peer Comparisons

The Federal Government administers a process to allocate all counties into "Peer" groups. County "Peer" groups have similar social, economic, and demographic characteristics. Health and wellness observations when St. Joseph County is compared to its national set of Peer Counties and compared to national rates result in the following:

### Mortality

- *Better*
  - Alzheimer's Disease Deaths; Chronic Lower Respiratory Disease (CLRD) Deaths
- *Worse*
  - Coronary Heart Disease Deaths – 182.8 deaths per 100,000; 5<sup>th</sup> worst among 65 peer counties; US avg. 126.7
  - Diabetes Deaths – 34.9 deaths per 100,000; 12<sup>th</sup> worst among peers; US avg. 24.7
  - Motor Vehicle Deaths – 23.0 deaths per 100,000; 12<sup>th</sup> worst among peers; US avg. 19.2

### Morbidity

- *Better*
  - Adult Diabetes; Alzheimer's Diseases/Dementia; Cancer; HIV; Older Adult Asthma; Syphilis
- *Worse*
  - Nothing

### Healthcare Access and Quality

- *Better*
  - Nothing
- *Worse*
  - Nothing

### Health Behaviors

- *Better*
  - Nothing
- *Worse*
  - Adult Female Routine Pap Tests – 63.6% of adult women; 2<sup>nd</sup> worst among peers; US avg. 77.3



## Social Factors

- *Better*
  - Children in Single-Parent Households; Inadequate Social Support; Unemployment
- *Worse*
  - Nothing

## Physical Environment

- *Better*
  - Access to Parks
- *Worse*
  - Nothing



## Conclusions from Demographic Analysis Compared to National Averages

The 2016 population for St. Joseph County is estimated to be 61,526 and is expected to increase at a rate of 0.0% through 2021. This is lower than the 3.7% national rate of growth and Michigan rate of 0.6%. In 2021, St. Joseph County anticipates a population of 61,549.

Population estimates indicate the 2016 median age for the county is 39.4 years, slightly younger than the Michigan median age (39.8 years) but older than the national median age of 38.0 years. The 2016 Median Household Income for the area is \$43,960, lower than the Michigan median income of \$50,415 and the national median income of \$55,072. Median Household Wealth value is lower than the Michigan value, but higher than the national median. Median Home Value for St. Joseph (\$112,236) is lower than both the Michigan median of \$129,984 and the national median of \$192,364. St. Joseph's unemployment rate as of September 2015 was 3.7%, which is lower than the 4.7% statewide and the 5.1% national civilian unemployment rate.

The portion of the population in the county over 65 is 17.1%, compared to Michigan (16.1%) and the national average (15.1%). The portion of the population of women of childbearing age is 17.6%, lower than the Michigan average of 19.0% and the national rate of 19.6%. 86.9% of the population is White non-Hispanic. The largest minority is the Hispanic population which comprises 7.4% of the total.

The following areas were identified from a comparison of the county to national averages. Metrics impacting more than 30% of the population and statistically significantly different from the national average include the following. All are considered adverse:

- BMI: Morbid/Obese is 8.5% above average impacting 33.2% of the population
- I Am Responsible for My Health is 6.4% below average impacting 61.2% of the population
- I Follow Treatment Recommendations is 6.5% below average impacting 48.5% of the population
- Routine Cholesterol Screening is 7.4% below average impacting 47.0% of the population
- Cervical Cancer Screening in last two years is 9.2% below average impacting 54.4% of the population
- OB/GYN Visit is 14.5% below average impacting 39.5% of the population

Metrics impacting more than 30% of the population and statistically significantly different from the national average include the following. All are considered beneficial:

- Consumed Alcohol in the Past 30 Days is 17.2% below average impacting 44.8% of the population



## Conclusions from Other Statistical Data

Among the Top 15 Causes of Death in the U.S., 11 of the 15 occurred at expected rates in St. Joseph County. However, Alzheimer's and Homicide occurred at lower rates than expected, and Heart Disease and Diabetes occurred at higher rates. The Top 10 Causes of Death in St. Joseph County are:

1. **Heart Disease** – St. Joseph County ranks 12 of 83 MI counties (being ranked as #1 means you are the worst county in the state) with a death rate of 257.23/100,000
2. **Cancer** – St. Joseph County ranks 21 of 83 MI counties with a death rate of 195.98/100,000
3. **Lung Disease** – St. Joseph County ranks 37 of 83 MI counties with a death rate of 50.36/100,000
4. **Stroke** – St. Joseph County ranks 50 of 83 MI counties with a death rate of 48.15/100,000
5. **Accidents** – St. Joseph County ranks 25 of 83 MI counties with a death rate of 46.75/100,000
6. **Alzheimer's** – St. Joseph County ranks 66 of 83 MI counties with a death rate of 37.1/100,000
7. **Diabetes** – St. Joseph County ranks 5 of 83 MI counties with a death rate of 17.15/100,000
8. **Flu/Pneumonia** – St. Joseph County ranks 43 of 83 MI counties with a death rate of 16.78/100,000
9. **Kidney** – St. Joseph County ranks 31 of 83 MI counties with a death rate of 13.73/100,000
10. **Suicide** – St. Joseph County ranks 46 of 83 MI counties with a death rate of 13.31/100,000

The Institute for Health Metrics and Evaluation at the University of Washington analyzed all 3,143 US counties or equivalents applying small area estimation techniques to the most recent county information.

Unfavorable St. Joseph County measures which are worse than the US avg. and had an unfavorable change:

- **Male Obesity** - As of 2009, 34.6% of males are obese; value increased 4.7 pct points since 2001
- **Female Obesity** – As of 2009, 41.8% of females are obese; value increased 11.4 pct points since 2001

Unfavorable St. Joseph County measures which are worse than the US avg. but had a favorable change:

- **Male Life Expectancy** -As of 2010, male life expectancy is at 74 years; value increased 1.9 years since 1985
- **Female Life Expectancy** – As of 2010, female life expectancy is at 79 years; value increased 1.1 years since 1985
- **Male Smoking** – As of 2012, male smoking is at 26.8%; value decreased 4.0 pct points since 1996
- **Female Smoking** – As of 2012, female smoking is at 24.9%; value decreased 1.0 pct points since 1996
- **Male Physical Activity** – As of 2009, the prevalence of recommended physical activity for males is at 55.3%; value increased 0.3 pct points since 2001
- **Female Physical Activity** – As of 2009, the prevalence of recommended physical activity for females is at 48.4%; value increased 4.1 pct points since 2001



Desirable St. Joseph County measures better than the US avg. but had an unfavorable change:

- **None**

Desirable St. Joseph County measures better than the US avg. and had a favorable change:

- **None**



## Summary of Findings from Community Survey

- The top three health issues ranked as “Major Issues” in the area are Mental Health Issues (62%), People Making Unhealthy Food Choices/Obesity (48%), and Access to Mental Health/Substance Abuse Services (47%).
- The top three drug and substance abuse issues ranked as “Major Issues” in the area are Adult Substance Abuse (53%), Youth Drug Use (52%), and Youth Alcohol Abuse (46%).
- The top three community issues ranked as “Major Issues” in the area are Poverty (47%), Bullying (47%), and Meth Lab Site Clean Up (44%).
- The top three issues that respondents believe are problems in the community are Individual and Family Concerns (58%), Healthy Living (56%), and Healthcare Availability (55%).
- The community health need ranked highest on a scale of 1 to 8 is Individual and Family Concern, which received an average score of 5.8; the next highest is Healthcare Availability at 5.3, and the third highest is Safety at 4.8.
- The top health issues in each household ranked as “Major Issues” are Having a lot of Anxiety or Stress (26%), Experiencing Depression (20%), and Adults Being Overweight or Obese in Your Household (20%).
- The majority of respondents (around 73%) ranked the housing issues provided as “Not an Issue.”
- More than half of respondents (around 60%) ranked accessing the listed support services as “Not an Issue.”
- One-third (36%) of respondents live in a household where someone uses tobacco products.
- 87% of respondents have a primary care doctor, 78% have a primary care dentist, 76% have an eye care provider, and 17% have a mental health counselor.
- 42% of respondents have left the county in the last two years in search of healthcare; 12% have left the county in search of mental healthcare services.
- 72% of respondents ranked their health on a scale of 1 to 10 as 7 or greater.
- In the past year, 26% of respondents had three or more problems accessing healthcare due to cost.
- At least 60% of the various healthcare services listed were either not needed or service was received. The primary reason for not receiving a service was Could Not Afford to Pay (around 10%).
- Around 50% have seen no change compared to a year ago in Physical Health, Physical Fitness or Health Behaviors, Financial Situation, Employment/Income, Local Economy, or Local Health Problems; however, around 30% believe all the issues except Local Health Problems have gotten better.
- 80% of respondents have had 5 or fewer days in poor physical health in the last 30 days
- 84% of respondents have had 5 or fewer days when mental health or emotional problems kept them from usual activities in the last 30 days
- In the last year, 33% of respondents had issues with medical bills or medical debt.



- 76% of respondents live in a household with two or fewer adults; 19% have at least one adult age 65 or older in the household; and 39% have a child/children ages 0 to 4 and 85% have a child/children ages 5 to 17 in the household.
- 83% of respondents are age 25 to 64.
- Respondents are 84% female and 16% male.
- 93% identified their primary racial group as White.
- 86% of respondents identified as Non-Hispanic/Non-Arabic.
- The distribution of educational levels is fairly evenly divided among each option.
- 60% of respondents are married, while 21% are single.
- 65% of respondents are Employed Full Time.
- 59% of respondents have Employer-based Health Insurance, 17% have Medicaid, and 13% have Private Insurance.



## Conclusions from Prior CHNA Implementation Activities

Worksheet 4 of Form 990 h can be used to report the net cost of community health improvement services and community benefit operations.

*“Community health improvement services” means activities or programs, subsidized by the health care organization, carried out or supported for the express purpose of improving community health. Such services do not generate inpatient or outpatient revenue, although there may be a nominal patient fee or sliding scale fee for these services.*

*“Community benefit operations” means:*

- *activities associated with community health needs assessments, administration, and*
- *the organization's activities associated with fundraising or grant-writing for community benefit programs.*

Activities or programs cannot be reported if they are provided primarily for marketing purposes or if they are more beneficial to the organization than to the community. For example, the activity or program may not be reported if it is designed primarily to increase referrals of patients with third-party coverage, required for licensure or accreditation, or restricted to individuals affiliated with the organization (employees and physicians of the organization).

To be reported, community need for the activity or program must be established. Community need can be demonstrated through the following:

- A CHNA conducted or accessed by the organization.
- Documentation that demonstrated community need or a request from a public health agency or community group was the basis for initiating or continuing the activity or program.
- The involvement of unrelated, collaborative tax-exempt or government organizations as partners in the activity or program carried out for the express purpose of improving community health.

Community benefit activities or programs also seek to achieve a community benefit objective, including improving access to health services, enhancing public health, advancing increased general knowledge, and relief of a government burden to improve health. This includes activities or programs that do the following:

- Are available broadly to the public and serve low-income consumers.
- Reduce geographic, financial, or cultural barriers to accessing health services, and if they ceased would result in access problems (for example, longer wait times or increased travel distances).
- Address federal, state, or local public health priorities such as eliminating disparities in access to healthcare services or disparities in health status among different populations.
- Leverage or enhance public health department activities such as childhood immunization efforts.
- Otherwise would become the responsibility of government or another tax-exempt organization.
- Advance increased general knowledge through education or research that benefits the public.





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Activities reported by the Hospital in its implementation efforts and/or its prior year tax reporting included:

- \$120,790



## **EXISTING HEALTHCARE FACILITIES, RESOURCES, & IMPLEMENTATION STRATEGY**



## SIGNIFICANT HEALTH NEEDS

We used the priority ranking of area health needs by the Local Expert Advisors to organize the search for locally available resources as well as the response to the needs by TRH.<sup>25</sup> The following list:

- Identifies the rank order of each identified Significant Need
- Presents the factors considered in developing the ranking
- Establishes a Problem Statement to specify the problem indicated by use of the Significant Need term
- Identifies TRH current efforts responding to the need including any written comments received regarding prior TRH implementation actions
- Establishes the Implementation Strategy programs and resources TRH will devote to attempt to achieve improvements
- Documents the Leading Indicators TRH will use to measure progress
- Presents the Lagging Indicators TRH believes the Leading Indicators will influence in a positive fashion, and
- Presents the locally available resources noted during the development of this report as believed to be currently available to respond to this need.

In general, TRH is the major hospital in the service area. Three Rivers Health is a 45-bed, general medical and surgical facility located in Three Rivers, Michigan. The next closest facilities are outside the service area and include:

- Sturgis Hospital in Sturgis, MI, 22 miles (33 minutes)
- Bronson Methodist Hospital in Kalamazoo, MI, 27 miles (37 minutes)
- Borgess-Lee Memorial Hospital in Dowagiac, MI, 29 miles (37 minutes)

All data items analyzed to determine significant needs are “Lagging Indicators,” measures presenting results after a period of time, characterizing historical performance. Lagging Indicators tell you nothing about how the outcomes were achieved. In contrast, the TRH Implementation Strategy uses “Leading Indicators.” Leading Indicators anticipate change in the Lagging Indicator. Leading Indicators focus on short-term performance, and if accurately selected, anticipate the broader achievement of desired change in the Lagging Indicator. In the QHR application, Leading Indicators also must be within the ability of the hospital to influence and measure.

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<sup>25</sup> Response to IRS Schedule h (Form 990) Part V B 3 e



## Significant Needs

- 1. OBESITY/PHYSICAL INACTIVITY** – 2012 Significant Need; adult obesity and physical inactivity above MI and US average; access to exercise opportunities below MI and US average; BMI: Morbid/Obese 8.5% average; male and female obesity worse than US average; male and female physical activity worse than US average

### Public comments received on previously adopted implementation strategy:

- *It would be great to see programming through the hospitals regarding nutritional eating, the use of physical fitness (weight training and cardio), and the benefits of losing weight.*
- *Step up program*
- *hospital does a good job in trying to educate people about the hazards of being overweight...dietary counseling, free clinics and wellness works program all target prevention and lowering excessive weight in patients*
- *Partnerships with others in the county addressing this need. Free access to healthy eating education, not necessarily "weight loss" education. Encouragement of physical activity thru free activities and/or reward systems.*
- *Continued education on health and wellness.*
- *more programs geared to families*
- *peer leader engagement.*
- *Through the Step Up St. Joseph County initiative, the hospitals and their partners are working to create an awareness. Built upon the Governor's 4 x 4 plan, the program promotes local opportunities for wellness, as well as provides educational updates through its facebook page. Additional grant opportunities are being pursued to help expand the initiative to include more guided walking paths, walking clubs and family fitness activities.*
- *same as above*
- *Education and holding community wide fitness activities, invest in public parks that offer areas for physical activities.*
- *The TRHealth Fit for employees is a good program and I am glad to see the Step Up program for St. Joe county.*
- *affordable options*
- *Not familiar with what options are available. Improved communication so the community better understands what the hospital is implementing or has implemented.*
- *Continue offering programs at worksites that enforce the importance of people improving their own health.*
- *efforts on Step Up St. Joe County are positive*
- *No suggestions.*
- *Get people active.*
- *a variety of weight loss programs should be offered.*



**TRH services, programs, and resources available to respond to this need include:<sup>26</sup>**

- Nutrition education program with registered dietician
- School-linked program
- Collaboration with Step Up St. Joseph and United Way
- Hospital wellness committee
- Community health screenings to include healthy eating habits/activity, risk assessments, BMI screenings, glucose/cholesterol (free or reduced costs)
- Sponsor of community-wide, annual “biggest loser” contest through local fitness center (HealthTrac)
- Fitness center open to community (Hospital-owned)
- Sponsor of annual Color Run
- Sponsor of Three Rivers Health Fair
- St. Joseph County Grange Fair – provide nutritional education, sponsor booth, promote wellness
- Sponsor of Relay For Life
- Occupational Health and Wellness Program
- HealthTrac senior fitness programming in collaboration with the Commission on Aging; alternative fee schedule
- School-related programming for low income youth
- Community programs to address dietary considerations to promote health
- Hospitalized morbidly obese and underweight patients are seen by a dietician prior to discharge
- Regular social media postings with a focus on nutrition

**Additionally, TRH plans to take the following steps to address this need:**

- Continue above activities
- Start senior annual wellness visits at primary care clinic (Accountable Care Organization)
- Walking trail connecting parks for exercise opportunities (non-motorized trail)
- Partnering with Step Up St. Joseph to promote and organize walking activities (Walking program)
- Sponsor Corey Lake triathlon
- Weekly Monday lunch walks
- Implement a Community Integrated Network with other Michigan hospitals to provide a proactive approach to population Health Risk Management
- Expand community-wide dietary education for children, adults, and seniors with a focus on health and wellness

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<sup>26</sup> This section in each need for which the hospital plans an implementation strategy responds to Schedule h (Form 990) Part V Section B 3 c



## Anticipated results from TRH Implementation Strategy

| Community Benefit Attribute Element   | Yes, Implementation Strategy Addresses | Implementation Strategy Does Not Address |
|---|--|--|
| 1. Available to public and serves low income consumers                                    | X                                      |  |
| 2. Reduces barriers to access services (or, if ceased, would result in access problems)   | X                                      |  |
| 3. Addresses disparities in health status among different populations                     | X                                      |  |
| 4. Enhances public health activities  | X                                      |  |
| 5. Improves ability to withstand public health emergency                                  | X                                      |  |
| 6. Otherwise would become responsibility of government or another tax-exempt organization | X                                      |  |
| 7. Increases knowledge; then benefits the public  | X                                      |  |

**The strategy to evaluate TRH intended actions is to monitor change in the following Leading Indicator:**

- Number of Senior Wellness Visits completed = start tracking in 2016
- Number of participants in the community health & wellness program = 750

**The change in the Leading Indicator anticipates appropriate change in the following Lagging Indicator:**

- Percentage of students who are overweight or obese (at or above 85th percentile for BMI): 34.5%  
*Michigan Profile for Healthy Youth 2015-16, Michigan Department of Education*
- Adult obesity rate = 34% (2016)

**TRH anticipates collaborating with the following other facilities and organizations to address this Significant Need:**

| Organization                | Contact Name  | Contact Information    |
|-----------------------------|---------------|------------------------|
| HealthTrac                  | Russ Baxter   | 269-278-8722           |
| BHSJCHA (health department) | Rebecca Burns | 517-279-9561           |
| Three Rivers Public Schools |               | 269-279-1100           |
| Step Up St. Joseph          | Phyllis Youga | 269-659-4385           |
| Relay for Life              | Laurie Eagy   | 269-659-2504           |
| City of Three Rivers        |               | 269-273-1075, ext. 106 |



| Organization              | Contact Name | Contact Information |
|---------------------------|--------------|---------------------|
| Chamber of Commerce       |              | 269-278-8193        |
| Human Services Commission | Laura Brott  | 269-625-1820        |

**Other local resources identified during the CHNA process that are believed available to respond to this need:<sup>27</sup>**

| Organization                        | Contact Name | Contact Information |
|-------------------------------------|--------------|---------------------|
| Michigan State University Extension | Diana Fair   | 269-467-5522        |
| Glen Oaks Community College         | Lea Green    | 269-294-4247        |

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<sup>27</sup> This section in each need for which the hospital plans an implementation strategy responds to Schedule h (form 990) Part V Section B 3 c and Schedule h (Form 990) Part V Section B 11



**2. MENTAL HEALTH/SUICIDE/SUBSTANCE ABUSE** – 2012 Significant Need; Local Expert concern; suicide #10 leading cause of death; population to mental health provider ratio worse than MI and US average

**Public comments received on previously adopted implementation strategy:**

- *Suicide prevention, referrals to wellness and recovery groups.*
- *Implementation Efforts are unknown to me.*
- *There has not been any. have not seen any effort outside of adding providers.*
- *more education perhaps and or clinics for people to be able to recognize mental health issues and know what treatments are available to them*
- *Mental Health staff in medical offices to help assess clients that may benefit more from other services.*
- *having more mental health services available to all ages. Perhaps some group therapy*
- *active social worker to visit with each patient-ideally to check in.*
- *Work towards a partnership with CMHSAS for a smooth transition of individuals who are stable and ready for care with local physicians.*
- *Sturgis and Three Rivers Health have been actively involved with the establishment of the FQHC, providing oversight through board participation. They have also sought to integrate primary care and mental health services through their school-linked adolescent health centers. Sturgis has expanded this to the Peds clinic and other clinics as well. The hospitals have also worked hard with their partners to make the community aware of the mental health condition of the community and the students through publication of reports and presentations.*
- *The addition to security in the hospital was very nice to see for the nurses, anytime security is involved they need to be evaluated as you get what you pay for. I would look at contracting a true police office for security that has training and arrest powers. Look at TRPD or County to contract use the security people for perimeter checks and inspections documentation.*
- *Holding areas for those going through a crisis.*
- *Cuts to CMH and whatever Liz O'Dell is or is not doing do not seem to helping the situation. I hear a lot of lip service on the issue, but no action.*
- *none*
- *Not familiar with what options are available. Improved communication so the community better understands what the hospital is implementing or has implemented.*
- *Mental Health service are starting to be available in the primary care setting.*
- *None*
- *again, a note of the cuts that have made to the county CMH servicing the community more of a challenge welcomes additional providers for mental health services.*





**TRH services, programs, and resources available to respond to this need include:**

- Three Rivers PAWS Clinic – provide mental health services and counseling to youth (18 or under); also provides substance abuse counseling
- Social workers available – assists with aligning services for all patients (Medicaid, etc.)
- Refer to CMH for Medicaid patients
- Collaborate with CMH to assess patients presenting at ER with mental health issues
- Work with CMH to link women with substance abuse issues to primary care providers
- Collaborating with CMH and other partners to provide trauma-informed services
- Added PHQ9 (depression screening) to electronic health records systems
- Promotes local “Drug Take-Back Day”
- Through school-linked program, mental health counseling provided to children at no charge
  - Drug screenings provided to pregnant women; if positive results; referred to CMH or primary provider for counseling
- HelpNet is provided free to employees of TRH to address mental health needs
- Suicide precautions have been revised to improve personalization to better identify patient needs
- Depression counseling is completed prenatally, prior to hospital discharge post-partum, and at post-delivery appointment

**Additionally, TRH plans to take the following steps to address this need:**

- Collaborate with FQHC, which includes behavioral health services
- Expand behavioral health services throughout primary care practices
- Partner with CMH to place Recovery Coaches in the facility to provide outreach
- Participate in training provided by CMH to help primary care providers identify substance abuse
- Collaborate with Sturgis Hospital to increase availability of mental health providers county-wide, and consider an adult psychiatric facility
- Implement a suicide screening tool for inpatient and emergency room patients
- Implement a Community Integrated Network with other Michigan hospitals to provide a proactive approach to population Health Risk Management
- Provide de-escalation training for TRH staff and community



## Anticipated results from TRH Implementation Strategy

| Community Benefit Attribute Element   | Yes, Implementation Strategy Addresses | Implementation Strategy Does Not Address |
|---|--|--|
| 1. Available to public and serves low income consumers                                    | X                                      |  |
| 2. Reduces barriers to access services (or, if ceased, would result in access problems)   | X                                      |  |
| 3. Addresses disparities in health status among different populations                     | X                                      |  |
| 4. Enhances public health activities  | X                                      |  |
| 5. Improves ability to withstand public health emergency                                  |  | X  |
| 6. Otherwise would become responsibility of government or another tax-exempt organization | X                                      |  |
| 7. Increases knowledge; then benefits the public  | X                                      |  |

The strategy to evaluate TRH intended actions is to monitor change in the following Leading Indicator:

- Number of patients presenting in Emergency Room with mental health crisis in 2015 = 509

The change in the Leading Indicator anticipates appropriate change in the following Lagging Indicator:

- Average number of poor mental health days = 3.8 (2016)
- Suicide deaths = 13.3 per 100,000 (St. Joseph County ranks #46 of 83 MI counties)

TRH anticipates collaborating with the following other facilities and organizations to address this Significant Need:

| Organization                | Contact Name    | Contact Information |
|-----------------------------|-----------------|---------------------|
| CMH                         | Liz O'Dell      | 269-467-1000        |
| Three Rivers Public Schools |                 | 269-279-1100        |
| Human Services Commission   | Laura Brott     | 269-625-1820        |
| Substance Abuse Task Force  | Annalyse Ellis  | 269-244-0008        |
| Covered Bridge Healthcare   | Lynn Dobberteen | 269-467-3228        |



**Other local resources identified during the CHNA process that are believed available to respond to this need:**

| Organization                            | Contact Name                 | Contact Information   |
|---|------------------------------|---|
| Local AA Chapters                       | Southwest Central Intergroup | 616-467-1107  |
| Riverside Church (Celebrate Recovery)   |                              | <a href="http://www.riverside-church.com/cr/">http://www.riverside-church.com/cr/</a><br>207 E Michigan Ave, Three Rivers, MI 49093<br>269.273.8723 |
| Firm Foundations Ministries             |                              | <a href="http://www.ffmpegcentreville.org/">http://www.ffmpegcentreville.org/</a>   |
| St. Joseph County Sherriff's Department | TJ Baker                     | 269-467-9045  |



### 3. PHYSICIAN SERVICES – 2012 Significant Need; Local Expert concern; population to primary care physician ratio worse than MI and US average

#### Public comments received on previously adopted implementation strategy:

- *Unknown.*
- *I see there announcements of new providers.*
- *continue to try and attract more qualified physicians to the area and bring in more specialty services so that patients don't have to travel for those services elsewhere*
- *Recruitment*
- *Consider offering physicians training on how to serve challenging individuals. Consider walk in clinics for those individuals who are chronic no shows and cancels.*
- *To offset this, the hospitals have expanded their use of nurse practitioners, as well as physician assistants. They have actively engaged in physician recruitment efforts and seek out loan repayment opportunities. They as work to document the need with HRSA by applying to receive special designation statuses (MUA, HPSA) so as to assure that the community remains eligible for grant opportunities, such as the FQHC planning grant and the FQHC grant. Once awarded, the hospitals provided oversight to the FQHC by serving on their board. They are also working to establish regional networks of care.*
- *nothing to add*
- *Would like to see the hospital reopen an urgent care for the treatment of non emergent issues. This would give patients a venue to use other than the ED. TRH clinics is another venue, but I if the clinic is to capacity with patient, not sure how helpful this avenue is.*
- *Not familiar with what options are available. Improved communication so the community better understands what the hospital is implementing or has implemented.*
- *Extended hours of medical clinics*
- *None*

#### TRH services, programs, and resources available to respond to this need include:

- Open scheduling in Family Center
- Partnering with Covered Bridge Healthcare to bring in providers
- Telestroke program
- Increased specialty providers at specialty clinic
- Medicaid specialist at hospital
- Added care coordinator through ACO
- Promote new providers through quarterly newsletter



**Additionally, TRH plans to take the following steps to address this need:**

- Increase open scheduling
- Continue recruiting primary care physicians and additional specialists
- Increase expansion of specialty providers
- Increase collaboration of services with Sturgis Hospital
- Align with medical schools to have providers work within the Three Rivers Health System
- Address housing accommodations for increasing number of providers

**TRH evaluation of impact of actions taken since the immediately preceding CHNA:**

- New providers at Three Rivers Health; added nurse midwives to improve appointments; ortho brought back; added ENT
- Expanded specialties to Kalamazoo County
- Revised community wellness programs

**Anticipated results from TRH Implementation Strategy**

| Community Benefit Attribute Element   | Yes, Implementation Strategy Addresses | Implementation Strategy Does Not Address |
|---|--|--|
| 1. Available to public and serves low income consumers                                    | X                                      |  |
| 2. Reduces barriers to access services (or, if ceased, would result in access problems)   | X                                      |  |
| 3. Addresses disparities in health status among different populations                     |  | X  |
| 4. Enhances public health activities  |  | X  |
| 5. Improves ability to withstand public health emergency                                  |  | X  |
| 6. Otherwise would become responsibility of government or another tax-exempt organization | X                                      |  |
| 7. Increases knowledge; then benefits the public  |  | X  |

**The strategy to evaluate TRH intended actions is to monitor change in the following Leading Indicator:**

- Number of primary care visits in 2015 = 45,184

**The change in the Leading Indicator anticipates appropriate change in the following Lagging Indicator:**

- Population to Primary Care Physician –2,643:1 (MI 1,246:1, US best 1,045:1) (2016)



TRH anticipates collaborating with the following other facilities and organizations to address this Significant Need:

| Organization                              | Contact Name    | Contact Information  |
|---|-----------------|--|
| Covered Bridge Healthcare                 | Lynn Dobberteen | 269-467-3228   |
| Borgess Hospital – Kalamazoo (telestroke) |                 | 1521 Gull Rd, Kalamazoo, MI 49048<br>269-226-7000<br>www.borgess.com |

Other local resources identified during the CHNA process that are believed available to respond to this need:

| Organization                 | Contact Name | Contact Information                               |
|------------------------------|--------------|---|
| Local Independent physicians |              |   |
| Sturgis Hospital             |              | 916 Myrtle Ave, Sturgis, MI 49091<br>269-651-7824 |



#### 4. EDUCATION/PREVENTION – Local Expert concern

##### Public comments received on previously adopted implementation strategy:

- This was not a Significant Need identified in 2012 so no written public comments about this need were solicited, however, the following comments were received about Education/Prevention
  - *Over al general health and wellness campaigns and education opportunities.*
  - *More education efforts.*
  - *Low cost educational referrals*
  - *Education is the key to preventing many of these issues, but you have to have someone willing to be educated and many people in this community will not be interested in education unless mandated.*

##### TRH services, programs, and resources available to respond to this need include:

- Nutrition education program with registered dietician
- School-linked program
- Community health screenings to include healthy eating habits/activity, risk assessments, BMI screenings, glucose/cholesterol (free or reduced costs)
- St. Joseph County Grange Fair – provide nutritional education, sponsor booth, promote wellness
- School-related programming for low income youth
- Community programs to address dietary considerations to promote health
- Regular social media postings with a focus on nutrition
- Skin, mammography, and prostate cancer screenings
- Quarterly newsletter with health and wellness information
- Host health fair which promotes wellness/safety/community screenings/school physicals
- Provide health education materials in front lobby of Hospital
- Specialty fairs focusing on Cardiac, Stroke, Diabetes
- Provide health tips and education through social media platforms
- Implemented a Stroke Education program

##### Additionally, TRH plans to take the following steps to address this need:

- Continue above actions
- Grow and develop social media presence
- Increase community education (health/wellness) through presentations with various organizations
- Increase collaboration with schools through the PAWS clinic
- Educate hospital staff on malnutrition



### TRH evaluation of impact of actions taken since the immediately preceding CHNA:

- Free birthing classes offered at the Hospital
- Published and presented results of 2012 Community Health Needs Assessment to educate community on local health issues

### Anticipated results from TRH Implementation Strategy

| Community Benefit Attribute Element   | Yes, Implementation Strategy Addresses | Implementation Strategy Does Not Address |
|---|--|--|
| 1. Available to public and serves low income consumers                                    | X                                      |  |
| 2. Reduces barriers to access services (or, if ceased, would result in access problems)   | X                                      |  |
| 3. Addresses disparities in health status among different populations                     | X                                      |  |
| 4. Enhances public health activities  | X                                      |  |
| 5. Improves ability to withstand public health emergency                                  |  | X  |
| 6. Otherwise would become responsibility of government or another tax-exempt organization | X                                      |  |
| 7. Increases knowledge; then benefits the public  | X                                      |  |

### The strategy to evaluate TRH intended actions is to monitor change in the following Leading Indicator:

- Number of annual wellness visits provided in 2015 = 350
- Number of attendees at Three Rivers Health Fair = 225

### The change in the Leading Indicator anticipates appropriate change in the following Lagging Indicator:

- Adult overall health status = 17.7% of adults reporting fair or poor health

### TRH anticipates collaborating with the following other facilities and organizations to address this Significant Need:

| Organization                    | Contact Name  | Contact Information |
|---------------------------------|---------------|---------------------|
| Project Connect (collaboration) | Laura Brott   | 269-625-1820        |
| Human Services Commission       | Laura Brott   | 269-625-1820        |
| BHSJCHA (health department)     | Rebecca Burns | 517-279-9561        |
| HealthTrac                      | Russ Baxter   | 269-278-8722        |
| Three Rivers Public Schools     |               | 269-279-1100        |





| Organization         | Contact Name  | Contact Information    |
|----------------------|---------------|------------------------|
| Step Up St. Joseph   | Phyllis Youga | 269-659-4385           |
| Relay for Life       | Laurie Eagy   | 269-659-2504           |
| City of Three Rivers |               | 269-273-1075, ext. 106 |
| Chamber of Commerce  |               | 269-278-8193           |

**Other local resources identified during the CHNA process that are believed available to respond to this need:**

| Organization                        | Contact Name    | Contact Information |
|-------------------------------------|-----------------|---------------------|
| Michigan State University Extension |                 |                     |
| Covered Bridge Healthcare           | Lynn Dobberteen | 269-467-3228        |



**5. DIABETES** – 2012 Significant Need; #7 leading cause of death; diabetic monitoring below MI and US average; 12<sup>th</sup> worst among peer counties

**Public comments received on previously adopted implementation strategy:**

- *More education.*
- *Unknow*
- *more free clinics and prevention materials available to the community*
- *Partnership with MSU Extension to provide the National Diabetes Prevention Program to county residents.*
- *NA*
- *long term ramifications need to be discussed as soon as possible with patients who have elevated levels. team approach, resources and case management not just referral.*
- *The hospitals have worked hard to assist people in understand their diabetic issues through the worksite wellness programs. In addition, they have worked to create more awareness through the publication of the St. Joseph County Community Needs Assessment Report and the Step Up St. Joseph County initiative. These initiatives are built upon partnerships with other health and fitness organizations, as well as with community organizations, so as to best create a culture of wellness with in St. Joseph County. The goal of Step Up St. Joseph County is to make St. Joseph the healthiest county in the state.*
- *nothing to add*
- *Discontinuation of outpatient diabetic services certainly does not help the situation. The fact that that there are a multitude of fast food restaurants in a half-mile radius of TRH makes TRH impact on diabetes a challenge. Can't combat the problem with no resources in place.*
- *Not familiar with what options are available. Improved communication so the community better understands what the hospital is implementing or has implemented.*
- *Education*
- *None*

**TRH services, programs, and resources available to respond to this need include:**

- See: Obesity/Education
- Dieticians that provide diabetes education and counseling
- Hospitalized patients receive a Hemoglobin A1C if no results within last 60 days
- Hospitalized patients with an elevated A1C or new-onset diabetics are seen by a dietician prior to discharge
- Diabetic support group offered through PAWS clinic
- Diabetic lunch offering for community members with focus on healthy choices

**Additionally, TRH plans to take the following steps to address this need:**

- Continue above activities



- Implement outpatient diabetes education program
- Work closer with ACO care coordinator and providers to diabetes and Medicare population
- Under guidance of CDC Pre-diabetes program, expand diabetic education with a focus on pre-diabetes
- Implement a Community Integrated Network with other Michigan Hospitals to provide a proactive approach to population Health Risk Management
- Wellness Lunch 'n' Learn conducted monthly for Three Rivers Health employees and open to community members

#### Anticipated results from TRH Implementation Strategy

| Community Benefit Attribute Element   | Yes, Implementation Strategy Addresses | Implementation Strategy Does Not Address |
|---|--|--|
| 1. Available to public and serves low income consumers                                    | X                                      |  |
| 2. Reduces barriers to access services (or, if ceased, would result in access problems)   | X                                      |  |
| 3. Addresses disparities in health status among different populations                     | X                                      |  |
| 4. Enhances public health activities  | X                                      |  |
| 5. Improves ability to withstand public health emergency                                  |  | X  |
| 6. Otherwise would become responsibility of government or another tax-exempt organization | X                                      |  |
| 7. Increases knowledge; then benefits the public  | X                                      |  |

The strategy to evaluate TRH intended actions is to monitor change in the following Leading Indicator:

- Number of glucose tests performed at community assessments screening = 20

The change in the Leading Indicator anticipates appropriate change in the following Lagging Indicator:

- Adult diabetes rate = 7.3% (2016)

TRH anticipates collaborating with the following other facilities and organizations to address this Significant Need:

| Organization                    | Contact Name  | Contact Information |
|---------------------------------|---------------|---------------------|
| Project Connect (collaboration) | Laura Brott   | 269-625-1820        |
| Human Services Commission       | Laura Brott   | 269-625-1820        |
| BHSJCHA (health department)     | Rebecca Burns | 517-279-9561        |



| Organization                    | Contact Name  | Contact Information   |
|---------------------------------|---------------|---|
| HealthTrac                      | Russ Baxter   | 269-278-8722  |
| Three Rivers Public Schools     |               | 269-279-1100  |
| Step Up St. Joseph              | Phyllis Youga | 269-659-4385  |
| Relay for Life                  | Laurie Eagy   | 269-659-2504  |
| City of Three Rivers            |               | 269-273-1075, ext. 106  |
| Chamber of Commerce             |               | 269-278-8193  |
| Bronson Hospital (perinatology) |               | 601 John St, Kalamazoo, MI 49007<br>269-341-7654<br>www.bronsonhealth.com |

**Other local resources identified during the CHNA process that are believed available to respond to this need:**

| Organization                 | Contact Name | Contact Information |
|------------------------------|--------------|---------------------|
| Local Independent physicians |              |                     |



## Other Needs Identified During CHNA Process

6. **SMOKING** - 2012 Significant Need
7. **CORONARY HEART DISEASE** – 2012 Significant Need
8. **HIGH BLOOD PRESSURE**
9. **CANCER** – 2012 Significant Need
10. **INFANT DEATHS** – 2012 Significant Need
11. **DENTAL CARE**
12. **BIRTHS** – 2012 Significant Need
13. **ALCOHOL ABUSE**
14. **CANCER SCREENING**
15. **STROKE**
16. **HEALTH INSURANCE/UNINSURED** - 2012 Significant Need
17. **ALZHEIMER'S**
18. **KIDNEY DISEASE**
19. **SOCIAL VULNERABILITY**
20. **PREMATURE DEATHS**
21. **HOMELESSNESS**
22. **ACCIDENTS**
23. **PALLIATIVE CARE**
24. **FLU/PNEUMONIA**
25. **LUNG DISEASE**



## Overall Community Need Statement and Priority Ranking Score

### Significant needs where hospital has implementation responsibility<sup>28</sup>

1. Obesity/Physical Inactivity
2. Mental Health/Suicide/Substance Abuse
3. Physician Services
4. Education/Prevention
5. Diabetes

### Significant needs where hospital did not develop implementation strategy<sup>29</sup>

None

### Other needs where hospital developed implementation strategy

None

### Other needs where hospital did not develop implementation strategy

6. Smoking
7. Coronary Heart Disease
8. High Blood Pressure
9. Cancer
10. Infant Deaths
11. Dental Care
12. Births
13. Alcohol Abuse
14. Cancer Screening
15. Stroke
16. Health Insurance/Uninsured
17. Alzheimer's

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<sup>28</sup> Responds to Schedule h (Form 990) Part V B 8

<sup>29</sup> Responds to Schedule h (Form 990) Part V Section B 8



- 
18. Kidney Disease
  19. Social Vulnerability
  20. Premature Deaths
  21. Homelessness
  22. Accidents
  23. Palliative Care
  24. Flu/Pneumonia
  25. Lung Disease



## APPENDIX





## Appendix A – Written Commentary on Prior CHNA

Hospital solicited written comments about its 2012 CHNA.<sup>30</sup> 43 individuals responded to the request for comments. The following presents the information received in response to the solicitation efforts by the hospital. No unsolicited comments have been received.

1. Please indicate which (if any) of the following characteristics apply to you. If none of the following choices apply to you, skip the indication and please continue to the next question.

| Local Experts Offering Solicited Written Comments on 2012 Priorities and Implementation Strategy                          | Yes (Applies to Me) | No (Does Not Apply to Me) | Response Count |
|---|---------------------|---------------------------|----------------|
| 1) Public Health Expertise  | 12                  | 21                        | 33             |
| 2) Departments and Agencies with relevant data/information regarding health needs of the community served by the hospital | 22                  | 16                        | 38             |
| 3) Priority Populations   | 17                  | 17                        | 34             |
| 4) Representative/Member of Chronic Disease Group or Organization   | 10                  | 24                        | 34             |
| 5) Represents the Broad Interest of the Community   | 23                  | 10                        | 33             |
| Other   |                     |                           |                |
| Answered Question   |                     |                           | 42             |
| Skipped Question  |                     |                           | 1              |

- Within the county do you perceive the local Priority Populations to have any unique needs, as well as potential unique health issues needing attention? If you believe any situation as described exists, please also indicate who you think needs to do what.
  - Lack of access to physical fitness and general health and wellness education.
  - There is significant substance abuse issues within the community. Local law enforcement, primary care physicians, ED's, CMH, and DHHS would benefit from working together to address this issue.
  - There is a lack of primary care providers that can help these populations.
  - Rural areas with public transportation that does not regularly go into smaller villages but will go upon special requests. Mental health people do not have a private psychiatrist available except if they are willing to travel to another county to obtain one. Local CMH has the only two psychiatrist available for Medicaid/Medicare consumers but they are not available to people not involved with CMH.
  - Educate, employ, seek employment for low income individuals, educate addicted population about disease transmission.
  - Yes, we need to remove the anti movement which starts with the elected officials supporting health for all uninsured.
  - Hispanic population often faces a language barrier. Needs more bi-lingual health providers, translators, health information in Spanish. Increase free physical activity opportunities to encourage people to participate.

<sup>30</sup> Responds to IRS Schedule h (Form 990) Part V B 5



- *There is a large undeserved population in this county. There are also poor multi generational health practices throughout the county. There is an improving primary care provider network within the county but mental health services remains a sever shortage area.*
- *I believe the growing Hispanic population needs to have more access to aid in their language and we also due to high teen pregnancies we have a high single-mother population that needs to know where to obtain aid when needed*
- *Transportation always is a barrier for low-income groups and residents in rural areas. Also the Amish population and concern of health care.*
- *I am not qualified to answer this*
- *Yes. LGBT populations are underserved. Actually, most of our minority populations are under-served. We do not have enough resources to help them. Perhaps TRH could create a list of community agencies (a comprehensive list) that could identify points of contact.*
- *I feel like there is a huge gap in this population's understanding of their medical needs and our education to them. I'm not sure how to facilitate this, but this does seem to be a prominent issue in my experience.*
- *On demand transportation for medical appointments - clear and understandable information about medications, securing medications. Adequate help in coordinating effective wellness strategies at home after discharge or appointment - such as case coordination with peer leaders of specific groups, nutrition management groups or mental health groups or practitioners.*
- *Behavioral Health populations: need..stability-housing-medications-employment.*
- *Undocumented individuals of Hispanic origin - often have health needs, including substance use and mental health needs and do not seek assistance. It would help if the community had peer advocates of Hispanic origins to help these individuals feel more comfortable seeking assistance. Individuals with mental health and/or substance abuse issues in need of treatment but lacking health care coverage that provides for intensive services, i.e. individuals on Medicare of individuals with a Medicaid spenddown.*
- *The community needs to be more culturally sensitive to the unique populations that reside in St. Joseph County, which contains a fairly large Hispanic group, a large Amish group, as well as pockets of African americans and other minorities. Being rural, the community continues to struggle with poverty and low income status and a lack of access to care.*
- *Mental Health- I believe too much gray area on liability of who is to do what. I think State and Federal procedures need to be mandated across the board for every community. This will allow all professionals dealing with these patients a clear cut expectation. This will help eliminate the hot potato approach which is happening currently.*
- *Mental health services in this county is clearly of concern. Low income in this area does not help the situation. I'm not sure who needs to fix, this, but something needs to be done.*
- *Community Mental Health needs to spend their resources on mental health issues and stay out of physical health. They also need to spend resources on our children who have been abused and neglected and provide financial support to CTAG.*



- *Every group listed above needs health and wellness support -- physical, emotional, and social. The youth in this county have substantial needs but not enough resources for help.*
- *Don't know*
- *Amish and those that don't drive*
- *low income, local hospitals can assist, but need to be compensated*
- *Obesity is major problem, leading to diabetes, cardio-vascular problems and inflammatory diseases. Not sure who should do what, but addressing this one issue could yield big health benefits.*
- *Drug usage high in county.*
- *we have a large population of people that over-utilize emergency services. Healthcare education may be a way to eliminate some of the ER visits. I think it would be good to schedule a healthcare advocate to visit churches, community centers, etc. at least once a year, as well as inviting the community into the hospital setting.*

**2. In the last process, several data sets were examined and a group of local people were involved in advising the Hospital. While multiple needs emerged, the Hospital had to determine what issues were of high priority and where it would be a valuable resource to assist in obtaining improvements.**

**Priorities from the last assessment where the Hospital intended to seek improvement were:**

- Mental Health
- Infant Deaths
- Health Insurance/Uninsured
- Obesity/Physical Inactivity
- Births
- Physician Services
- Cancer
- Smoking
- Diabetes
- Coronary Heart Disease

**Comments or observations about this set of needs being the most appropriate for the Hospital to take on in seeking improvements?**

- **Should the Hospital continue to consider each need identified as most important in the 2012 CHNA report as the most important set of health needs currently confronting residents in the county?**



|                             | Yes | No | No Opinion |
|-----------------------------|-----|----|------------|
| Mental Health               | 31  | 2  | 0          |
| Infant Deaths               | 25  | 7  | 1          |
| Health Insurance/Uninsured  | 25  | 8  | 0          |
| Obesity/Physical Inactivity | 33  | 0  | 0          |
| Births                      | 27  | 5  | 1          |
| Physician Services          | 29  | 3  | 1          |
| Cancer                      | 30  | 3  | 0          |
| Smoking                     | 29  | 4  | 0          |
| Diabetes                    | 30  | 3  | 0          |
| Coronary Heart Disease      | 31  | 2  | 0          |

- **Specific comments or observations about Mental Health as being among the most significant needs for the Hospital to work on to seek improvements?**
  - *Prevention education.*
  - *The hospital could benefit from more education regarding mental health in general and the specific needs of mental health clients as they enter into the emergency departments and inpatient settings. i.e. how to address their concerns in an appropriate and unbiased nature, how to adequately ensure medical clearance prior to requesting CMH assess for psychiatric placement, etc.*
  - *They need to treat people with mental illness better and not as if it's a character flaw.*
  - *we seem to recently have had several deaths in the county to suicide, which leads me to think that we have mental health issues that are not being met or patients not properly treated*
  - *Sometimes mental health needs appear in ER when an individual is "sick" and goes for treatment when going to CMH is a better option.*
  - *this need encompasses so many other needs in the list that it has to be where we spend our resources. All of the needs in the list have the potential to contribute to a persons mental health*
  - *Mental Health is the number one priority -- particularly as it relates to children and teens.*
  - *Mental health and screening for other neurological disorders should be presented in team treatment. such as demetia screening for all over a certain age and under that age as needed.*
  - *There is a lack of community physicians willing to provide medication services to those who are either stable or mild to moderately impacted by mental health needs.*
  - *Mental health which included substance abuse, has been a very serious problem in St. Joseph county. Specifically, the county is known for a high rate of methamphetamine usage. Also, the county reports that over 75% of its prescription drug issuance are opioids.*
  - *Security- that knows what they are capable of doing without interfering with Law Enforcement, Social Workers- 24/7 Social workers on site to assist with placement and options for mental patients that aren't under the Community Mental Health requirements. Secure a short term holding facility for our county like Kalamazoo and Branch County has if needed rent out bed space if not being filled by county residence.*



- *Mental Health patients with limited care will live in poor housing conditions and do not take care of themselves. They are often taken advantage of others with a predatory nature.*
- *Shouldn't some of that fall on CMH?*
- *If this was identified as a concern in 2012 why has there been little to no progress. This is a HUGE problem! The mental health needs of this area are increasing. This population needs help!*
- *Strengthen partnerships with CMH to provide services.*
- *This is the MOST SIGNIFICANT need.*
- *Mental Health services need to be available those other locations in addition to CMH*
- *Needs to be included on insurance programs and recognized as a legitimate health concern.*
- *mental health is a major concern. unfortunately, mental health issues also include drug abuse. community mental health services provided through the county has had to reduce its services because of cuts in the general fund. services provided by other sources in the community will be welcome.*
- **Specific comments or observations about Infant Deaths as being among the most significant needs for the Hospital to work on to seek improvements?**
  - *Unknown to me.*
  - *I am not aware or familiar with this need*
  - *Prenatal care is missing for some families and trying to identify earlier in pregnancy.*
  - *need to link with safe sleep, prenatal education and access to prenatal health services.*
  - *From the child death review team, it does not seem that this past year there were as many infant deaths as in previous years.*
  - *St. Joseph County is rated in the lowest quartile of counties for its infant mortality rates. Several of the deaths are believed to be connected to prenatal smoking by mothers and others in the households.*
  - *I think this area is good and progressive (great job)*
  - *Education for new mothers and prevention education.*
  - *Low income, mental health, and noninsured/underinsured certainly do not help.*
  - *Each hospital should partner in the Child Death Team for our county. and CMH needs to focus on mental health issues in partnering with the hospitals*
  - *None*
  - *am not aware of the statistics in this area, but infant death should always get significant attention.*
- **Specific comments or observations about Health Insurance/Uninsured as being among the most significant needs for the Hospital to work on to seek improvements?**
  - *There is a larger uninsured population in our community due to specific programs that are located in the area. There is also a huge lack of education regarding marketplace insurance options that could be available to individuals.*



- *Still seem to be having charity care and collection issues therefore we still seem to have a large portion of the population not insured or properly insured*
- *Is this still a need in light of the ACA?*
- *Continue to promote HMP during open enrollment or change of circumstances for families to have coverage.*
- *having insurance navigators on hand to assist.*
- *Continue efforts to enroll individuals in Healthy Michigan at all service points.*
- *Access to care which is a combination of lack of health insurance access and lack of access to providers continues to be an ongoing problem. Rates of uninsurance have dropped dramatically during the past three years due to the passage of the affordable care act and the expansion of Medicaid through the Healthy Michigan Plan. Rates of uninsurance are still high among undocumented Hispanic immigrants and Amish who do not believe in signing up for government programs.*
- *nothing to add*
- *CMH had a grant to provide these services but since CMH doesn't know how to play well with others that has all been dissolved. ST Joe county is good at getting resources but doesn't know how to manage them. We need to work together as a community.*
- *None*
- *understanding insurance and coverage for healthcare is a major concern in this community. the hospital should aide the community in obtaining proper and affordable healthcare coverage.*
- **Specific comments or observations about Obesity/Physical Inactivity as being among the most significant needs for the Hospital to work on to seek improvements?**
  - *Better access and education for those that cannot afford gym memberships.*
  - *Obesity is an epidemic in this country, not just this small community.*
  - *overall it seems that this issue is becoming a problem in our county due to inactivity of its citizens, more and more people are overweight which in turn causes more health issues that the hospital than has to address*
  - *This definitely needs to be addressed--in a gentle manor. Often stigma and/or shame associated with obesity.*
  - *Obesity/Physical Inactivity improvement could directly impact the overall health of many individuals reducing disability issues; health care; etc.*
  - *Set up peer groups, need mental health involved. Make it easier for patients to feel less judged more empowered.*
  - *Continue to promote Step up St. Joseph County*
  - *Nearly 75% of the county is obese or overweight. 2 out of 5 high school students are either obese or overweight. Being overweight will soon overtake tobacco use as the most pressing public health issue*



*related to preventable disease and death.*

- *continue promoting healthy living doing a good job*
- *I do think this is a need in the community.*
- *Affordable activities to promote moving but it is also an individual responsibility. People need to see the importance before it is too late.*
- *The hospital needs to continue to help people sign up for health insurance.*
- *This is very important due to comorbidities, diabetes and heart issues.*
- *Work on nutrition education with schools and colleges.*
- *Obesity/physical inactivity is a major concern. Dietary education, and physical activity should be made available to the entire community.*
- **Specific comments or observations about Births as being among the most significant needs for the Hospital to work on to seek improvements?**
  - *Unknown.*
  - *Hospital seems to have a very efficient and well perceived birthing center.*
  - *Continue work toward licensing midwives.*
  - *NA*
  - *emphasize birth control post partum, talk about life goals, talk openly about unintended pregnancies and how to prevent.*
  - *Continue to offer women's health services to low income uninsured females*
  - *Additional prenatal resources are needed, as well as resources related to parenting. The county continues to have higher rates of inadequate prenatal care, as well as high rates of child abuse and neglect.*
  - *nothing to add*
  - *I do think that the teen birth rate is a concern.*
  - *Personal choice and again people taking responsibility for their actions. If we could fix that we wouldn't have issues. It all comes down to common sense and choosing to make the right decisions*
  - *Increase the message to the public about the responsibility of each person to improve their health out come.*
  - *None*
- **Specific comments or observations about Physician Services as being among the most significant needs for the Hospital to work on to seek improvements?**
  - *Referrals to education classes.*
  - *There is a large population of individuals who do not have a primary care physician. Individuals need to*



*be educated on the benefits of having a primary care physician even if it's just preventative in nature.*

- *recruitment of more physicians and specialties to the area seem to be the most crucial area where we are lacking*
- *More physicians to see patients.*
- *Need more primary care physicians.*
- *Some individuals present challenges to serve, via frequent no shows, belligerent behaviors at the physician office etc., leading them to be not served at local physician offices.*
- *Being a rural community, St. Joseph County continues to struggle to recruit and retain physicians. With a population to physician ratio of 2,643 to 1, the county lags behind the state and the US in the number of physicians to population.*
- *nothing to add*
- *Again, a significant need for the county and hospital.*
- *Recruit medical personnel*
- *Need more local services and variety of specialist in town.*
- *our community needs to have physician services promoted throughout the community by means that are familiar, such as churches, community centers, schools. the hospital and doctors should promote each other.*
- **Specific comments or observations about Cancer as being among the most significant needs for the Hospital to work on to seek improvements?**
  - *Unknown.*
  - *need to provide services and assist patients who are having treatment for cancer*
  - *Improving overall health to minimize the impact of Cancer. Reduce smoking, and other activities directly related to cancer.*
  - *The specialty clinics offer a local options for individuals with cancer and are a great asset to the community. It is challenging when treatment can only be sought in more urban areas.*
  - *Cancer continues to be the second leading cause of death in the county.*
  - *nothing to add*
  - *Offer cancer treatment locally so that people do not have to travel*
  - *None*
  - *It would be a huge service to the community if the hospital could implement a cancer support/awareness center. most cancer patients go to Kalamazoo for cancer treatment.*
- **Specific comments or observations about Smoking as being among the most significant needs for the Hospital to work on to seek improvements?**
  - *Referrals to smoking cessation classes.*





- *Unknown*
- *based on the tobacco shops and use of cigarettes and tobacco observed perhaps we are not reaching the county residents with information on dangers of tobacco use and options available to be successful in quitting smoking.*
- *Smoking cessation to improve over all health, environment, second hand smoke, etc.*
- *Between 2012-14, 27.2% of St. Joseph County adults were current smokers. In addition, smoking among mothers of new borns, was estimated at over 25%. Smoking continues to be the leading cause of preventable premature death, disease and disability. Smoking was identified as being a leading cause of infant mortality in the county.*
- *nothing to add*
- *The amount of people (staff, patients, and visitors) that I see smoking on the TRH campus is crazy.*
- *None*
- *education of the effects of smoking on the human body would be beneficial to this community. The hospital needs to work with the local schools to provide a deterrent.*
- **Specific comments or observations about Diabetes as being among the most significant needs for the Hospital to work on to seek improvements?**
  - *Unknown*
  - *this being one of the consequences of obesity and physical inactivity it should perhaps be targeted together*
  - *Obesity/Inactivity and other health issues that contribute to Type 2 could be avoided. How to keep educating general public on the concerns of Diabetes and how they can be turned around.*
  - *1 out of 10 adults in St. Joseph County have diabetes and 1 out of 4 are prediabetic.*
  - *nothing to add*
  - *Diabetes is certainly a need, but considering that TRH has closed outpatient diabetic services, should this still be on the significant needs list? You can't combat the problem with no resources in place for correction.*
  - *Public Education*
  - *Goes hand in hand with obesity and poor eating.*
  - *Education on diabetes, diet, exercise, is needed in our community. Education should be started in elementary school and that may be a way to decrease the number of diabetic patients in this area.*
- **Specific comments or observations about Coronary Heart Disease as being among the most significant needs for the Hospital to work on to seek improvements?**
  - *More education.*
  - *Unknown*



- *no local specialist for this type of problems*
- *NA*
- *same as above, team approach*
- *1 out of three deaths in St. Joseph County are related to heart disease. It is also the leading cause of hospitalization. Ambulatory care sensitive hospitalization for congestive heart was 12% greater in St. Joseph County than in the state.*
- *nothing to add*
- *Diet changes as a country.*
- *Coronary Heart Disease should be addressed continuously through diet, exercise, etc. Education in this area should be started as early as elementary school.*

### 3. Comments and observations about the implementation actions of the Hospital to seek health status improvement?

- **Should the Hospital continue to allocate resources to assist in improving the needs?**

|                             | Yes | No | No Opinion |
|-----------------------------|-----|----|------------|
| Mental Health               | 28  | 4  | 0          |
| Infant Deaths               | 26  | 5  | 1          |
| Health Insurance/Uninsured  | 25  | 7  | 0          |
| Obesity/Physical Inactivity | 30  | 2  | 0          |
| Births                      | 27  | 3  | 2          |
| Physician Services          | 29  | 1  | 2          |
| Cancer                      | 29  | 2  | 1          |
| Smoking                     | 28  | 3  | 1          |
| Diabetes                    | 28  | 2  | 2          |
| Coronary Heart Disease      | 30  | 1  | 1          |

- **Specific comments and observations about the implementation actions of the Hospital seeking improvement in Mental Health?**
  - *Suicide prevention, referrals to wellness and recovery groups.*
  - *Implementation Efforts are unknown to me.*
  - *There has not been any.have not seen any effort outside of adding providers.*
  - *more education perhaps and or clinics for people to be able to recognize mental health issues and know what treatments are available to them*
  - *Mental Health staff in medical offices to help assess clients that may benefit more from other services.*
  - *having more mental health services available to all ages. Perhaps some group therapy*
  - *active social worker to visit with each patient-ideally to check in.*
  - *Work towards a partnership with CMHSAS for a smooth transition of individuals who are stable and*



*ready for care with local physicians.*

- *Sturgis and Three Rivers Health have been actively involved with the establishment of the FQHC, providing oversight through board participation. They have also sought to integrate primary care and mental health services through their school-linked adolescent health centers. Sturgis has expanded this to the Peds clinic and other clinics as well. The hospitals have also worked hard with their partners to make the community aware of the mental health condition of the community and the students through publication of reports and presentations.*
- *The addition to security in the hospital was very nice to see for the nurses, anytime security is involved they need to be evaluated as you get what you pay for. I would look at contracting a true police office for security that has training and arrest powers. Look at TRPD or County to contract use the security people for perimeter checks and inspections documentation.*
- *Holding areas for those going through a crisis.*
- *Cuts to CMH and whatever Liz O'Dell is or is not doing do not seem to helping the situation. I hear a lot of lip service on the issue, but no action.*
- *none*
- *Not familiar with what options are available. Improved communication so the community better understands what the hospital is implementing or has implemented.*
- *Mental Health service are starting to be available in the primary care setting.*
- *None*
- *again, a note of the cuts that have made to the county CMH servicing the community more of a challenge welcomes additional providers for mental health services.*
- **Specific comments and observations about the implementation actions of the Hospital seeking improvement in Infant Deaths?**
  - *Unknown to me.*
  - *Continue to educate on safe sleep and use information/videos showing a family who lost an infant to unsafe sleeping practices.*
  - *referral to safe sleep specialists for all new moms/ prenatal and postpartum. Immediate access to safe sleep options prior to discharge (storeroom with pack and play or cribs)*
  - *Continue to outreach for early prenatal care and follow along. A media campaign on the dangers of alcohol, tobacco and drug exposure to the infant while pregnant.*
  - *The hospitals are seeking to improve through education, allocation of resources and leadership. Sturgis hospital has done this by assuring that the community has access to both OB/GYNs and Pediatrics. They have recently established the Michiana Women's clinic. In addition, through its school-linked clinic, it will be able to reach young people and provide education about risk factors and reproductive health.*
  - *I would say continue on as it's been good very progressive*
  - *Are there actions in place?*



- *Not familiar with what options are available. Improved communication so the community better understands what the hospital is implementing or has implemented.*
- *Infant Death review should be conducted on a regional area not just the county.*
- *None*
- **Specific comments and observations about the implementation actions of the Hospital seeking improvement in Health Insurance/Uninsured?**
  - *Uninsured individuals are encouraged to apply for Medicaid in the hospital setting. Other options for medical coverage could be explored with individuals. i.e. the marketplace.*
  - *I don't think there is anything specific the hospital needs to do or is lacking, it is more with the general public being informed and or obtaining proper health coverage*
  - *Make sure patients/families are aware of the market place and where to go/who to call when need help.*
  - *having insurance navigators in the clinics on a scheduled basis*
  - *meeting with patients and resolving insurance issues through navigation as soon as possible from a helping perspective not a billing perspective.*
  - *The hospitals continue to provide assistance for insurance sign up using CACs. In addition, they can make referrals to the health department who has certified insurance navigators. They have DHS staff on site to assist with signing people up for Medicaid/bundle benefits. Through the school linked clinics, no one is turned away due to an inability to pay. Peds clinics/rural health clinics are providers of Vaccine for children programs. Sturgis hospital has a special foundation program for people who do not qualify for federal/state insurance programs.*
  - *nothing to add*
  - *I know that with a Medicaid specialist on-site, the amount of underinsured/noninsured has improved. I hope this continues.*
  - *Not familiar with what options are available. Improved communication so the community better understands what the hospital is implementing or has implemented.*
  - *None*
- **Specific comments and observations about the implementation actions of the Hospital seeking improvement in Obesity/Physical Inactivity?**
  - *It would be great to see programming through the hospitals regarding nutritional eating, the use of physical fitness (weight training and cardio), and the benefits of losing weight.*
  - *Step up program*
  - *hospital does a good job in trying to educate people about the hazards of being overweight...dietary counseling, free clinics and wellness works program all target prevention and lowering excessive weight in patients*
  - *Partnerships with others in the county addressing this need. Free access to healthy eating education, not*



*necessarily "weight loss" education. Encouragement of physical activity thru free activities and/or reward systems.*

- *Continued education on health and wellness.*
- *more programs geared to families*
- *peer leader engagement.*
- *Through the Step Up St. Joseph County initiative, the hospitals and their partners are working to create an awareness. Built upon the Governor's 4 x 4 plan, the program promotes local opportunities for wellness, as well as provides educational updates through its facebook page. Additional grant opportunities are being pursued to help expand the initiative to include more guided walking paths, walking clubs and family fitness activities.*
- *same as above*
- *Education and holding community wide fitness activities, invest in public parks that offer areas for physical activities.*
- *The TRHealth Fit for employees is a good program and I am glad to see the Step Up program for St. Joe county.*
- *affordable options*
- *Not familiar with what options are available. Improved communication so the community better understands what the hospital is implementing or has implemented.*
- *Continue offering programs at worksites that enforce the importance of people improving their own health.*
- *efforts on Step Up St. Joe County are positive*
- *No suggestions.*
- *Get people active.*
- *a variety of weight loss programs should be offered.*
- **Specific comments and observations about the implementation actions of the Hospital seeking improvement in Births?**
  - *Unknown.*
  - *lowering unnecessary C-section births or deliveries scheduled prior to 39 weeks seems to be the are where we need to improve*
  - *NA*
  - *Tired of abstinence theology. Need to get to the brass tacks and frankly discuss poverty, and the long term ramifications of teen pregnancy in a manner that teens understand. B/C pills only work if you take them, longer term options like IUD's or Depo shots should be presented to take the worry out of having to take a pill daily.*



- *In the area of prenatal resources, Sturgis hospital has developed a family health care center which includes: pediatrics, women's health and school-linked services. This approach assures that resources are available in a centralized location which will assist with referral patterns. They have also worked to assure that a FQHC was established which provided a safety net for those who are without insurance. They sought to support and coordinate services with the FQHC.*
- *nothing to add*
- *Not sure how to combat this. Perhaps in-school education, partnering with the PAWS clinic and schools for education. Not knowing what education is provided at this time makes it hard to speak on implementation actions.*
- *Not familiar with what options are available. Improved communication so the community better understands what the hospital is implementing or has implemented.*
- *Increase the access to prenatal*
- *None*
- **Specific comments and observations about the implementation actions of the Hospital seeking improvement in Physician Services?**
  - *Unknown.*
  - *I see there announcements of new providers.*
  - *continue to try and attract more qualified physicians to the area and bring in more specialty services so that patients don't have to travel for those services elsewhere*
  - *Recruitment*
  - *Consider offering physicians training on how to serve challenging individuals. Consider walk in clinics for those individuals who are chronic no shows and cancels.*
  - *To offset this, the hospitals have expanded their use of nurse practitioners, as well as physician assistants. They have actively engaged in physician recruitment efforts and seek out loan repayment opportunities. They as work to document the need with HRSA by applying to receive special designation statuses (MUA, HPSA) so as to assure that the community remains eligible for grant opportunities, such as the FQHC planning grant and the FQHC grant. Once awarded, the hospitals provided oversight to the FQHC by serving on their board. They are also working to establish regional networks of care.*
  - *nothing to add*
  - *Would like to see the hospital reopen an urgent care for the treatment of non emergent issues. This would give patients a venue to use other than the ED. TRH clinics is another venue, but I if the clinic is to capacity with patient, not sure how helpful this avenue is.*
  - *Not familiar with what options are available. Improved communication so the community better understands what the hospital is implementing or has implemented.*
  - *Extended hours of medical clinics*
  - *None*



- **Specific comments and observations about the implementation actions of the Hospital seeking improvement in Cancer?**
  - *Unknown.*
  - *local options for treatment/care so that patients don't have to travel for their treatments*
  - *NA*
  - *Consider the ability to offer more treatments locally. Consider campaigns for early screening, i.e. mammograms, colonoscopy, etc.*
  - *The hospitals work to provide free and low cost screenings at special events and health fairs. Sturgis hospital recently provided a free screening day in conjunction with a local BCCCP program. An addition, they provide assessments and educational materials.*
  - *nothing to add*
  - *TRH has added additional days for oncology services at the Specialty Clinic. I believe that there are screening opportunities for patients, but again, I think education is a large part of what might help. Just from some observations, I am not sure all physicians are comfortable discussing cancer findings, options, etc., with patients. Let's educate our physicians along with our patients and staff so that all are on the same page regarding resources, contacts, etc.*
  - *Not familiar with what options are available. Improved communication so the community better understands what the hospital is implementing or has implemented.*
  - *Increase the availability of cancer screening*
  - *Continue the efforts.*
- **Specific comments and observations about the implementation actions of the Hospital seeking improvement in Smoking?**
  - *Unknown*
  - *perhaps more clinics and options for quitting smoking*
  - *NA*
  - *Offer more smoking cessation opportunities for community members*
  - *The hospitals have worked to establish work site wellness programs that provide employee risk assessments. In addition, they send representatives to the local child death review. They will be working to expand referrals to the health department once the health department completes its tobacco cessation specialist certification.*
  - *nothing to add*
  - *It feels like we, TRH, know this is of issue, but are not as proactive when it comes to education. I think there could be a lot of community benefit with education, etc. Not sure that this is the case at present.*
  - *Not familiar with what options are available. Improved communication so the community better understands what the hospital is implementing or has implemented.*



- *Public Education*
- *None*
- **Specific comments and observations about the implementation actions of the Hospital seeking improvement in Diabetes?**
  - *More education.*
  - *Unknow*
  - *more free clinics and prevention materials available to the community*
  - *Partnership with MSU Extension to provide the National Diabetes Prevention Program to county residents.*
  - *NA*
  - *long term ramifications need to be discussed as soon as possible with patients who have elevated levels. team approach, resources and case management not just referral.*
  - *The hospitals have worked hard to assist people in understand their diabetic issues through the worksite wellness programs. In addition, they have worked to create more awareness through the publication of the St. Joseph County Community Needs Assessment Report and the Step Up St. Joseph County initiative. These initiatives are built upon partnerships with other health and fitness organizations, as well as with community organizations, so as to best create a culture of wellness with in St. Joseph County. The goal of Step Up St. Joseph County is to make St. Joseph the healthiest county in the state.*
  - *nothing to add*
  - *Discontinuation of outpatient diabetic services certainly does not help the situation. The fact that that there are a multitude of fast food restaurants in a half-mile radius of TRH makes TRH impact on diabetes a challenge. Can't combat the problem with no resources in place.*
  - *Not familiar with what options are available. Improved communication so the community better understands what the hospital is implementing or has implemented.*
  - *Education*
  - *None*
- **Specific comments and observations about the implementation actions of the Hospital seeking improvement in Coronary Heart Disease?**
  - *More education.*
  - *Unknow*
  - *having a specialist perhaps work locally periodically so that patients don't need to travel far for this type of service*
  - *NA*
  - *screening athletes, someone who can read pediatric echos and EKGs*





- *Offer more wellness and heart health education opportunities.*
- *In addition to working to assure that specialist are available locally and working to create referral networks, the hospitals have worked to provide education to worksites and the community through Step Up St. Joseph which is based on the Governor's 4 x 4 plan: The plan seeks to encourage individuals to adopt health as a core value and promotes that individuals know their key numbers: Body Mass Index (BMI) Glucose Blood Pressure Cholesterol As well as practice four healthy behaviors: Get an Annual Physical. Don't Smoke and if you do – QUIT! Eat Healthy. Get Plenty of Exercise. To assist people with knowing their numbers, the hospitals provide low cost and free screenings. They also provide educational materials.*
- *nothing to add*
- *The increased capture of cardiac risk patients is improved, but how much community education does TRH provide? I don't know that I can speak to the implementation actions on this matter without more education.*
- *Not familiar with what options are available. Improved communication so the community better understands what the hospital is implementing or has implemented.*
- *testing*
- *None*
- **Do you have opinions about new or additional implementation efforts or community needs the Hospital should pursue?**
  - *Over al general health and wellness campaigns and education opportunities.*
  - *There needs to be an increase in primary care providers.*
  - *More education efforts.*
  - *No*
  - *Substance abuse/ alcohol abuse among children*
  - *emphasis on medical home and consolidated team approach with whole health treatment such as understanding the mental health issues and barriers to obesity and inactivity as well as the nutritional and health impact.*
  - *Community Health Workers*
  - *No. The hospitals are doing a good job in working through the issues that were identified in the previous survey.*
  - *Mental Health, 24/7 Social Workers on site.*
  - *No*
  - *a focus on the insured who have choices on where to seek health care providers*
  - *Drug programs*



- *I think the Hospital (especially Three Rivers Health) should be more community friendly. It has been a huge effort to get the community to trust our Hospital to the point that they want to use it. Specialty services should be promoted to the community throughout the resources that are mainly used by its residents.*
- **Finally, after thinking about our questions and the information we seek, is there anything else you think important as we review and revise our thinking about significant health needs within the county?**
  - *Low cost educational referrals*
  - *nope*
  - *Education is the key to preventing many of these issues, but you have to have someone willing to be educated and many people in this community will not be interested in education unless mandated.*
  - *not at this time...*
  - *No*
  - *No*
  - *If you can provide the services we need for just these areas, it will be amazing. There are just too many significant needs in our county.*
  - *Lack of insurance has been addressed. The county used to have a 20% uninsurance rate - that is down to 8% or lower. While the county did have a FQHC, it lost it due to organizational issues. This has hampered the access to care improvements which we had hoped it would address.*
  - *no*
  - *Make quality healthcare desirable for those who now choose to travel north or south for their health care providers, and promote that it is here*
  - *I don't know what the answers are. again it comes down to choosing to be responsible and not choosing bad behaviors. So many of our health care concerns come down to personal choice and controlling the things you can. I choose to be healthy and I am educated enough to have a great job with health insurance to continue to keep me healthy. If you can fix that, we will gain on our health indicators*
  - *Seek feedback on community's perception of hospital services.*
  - *Keep up the good work.*
  - *This is a rural county. We have a large population that only seeks health care/ mental health care when a fatal attack occurs. If the Hospital can educate the community and combine with other agencies throughout the county to combat chronic illnesses that are presented, we can have a healthier community.*



## Appendix B – Identification & Prioritization of Community Needs

| Need Topic  | Total Votes | Number of Local Experts Voting for Needs | Percent of Votes | Cumulative Votes | Need Determination     |
|---|-------------|--|------------------|------------------|------------------------|
| Obesity/Physical Inactivity - 2012 Significant Need | 159         | 9  | 15.90%           | 15.90%           | Significant Needs      |
| Mental Health/Suicide - 2012 Significant Need       | 125         | 9  | 12.50%           | 28.40%           |                        |
| Physician Services - 2012 Significant Need          | 90          | 6  | 9.00%            | 37.40%           |                        |
| Education/Prevention                                | 82          | 5  | 8.20%            | 45.60%           |                        |
| Diabetes - 2012 Significant Need                    | 80          | 7  | 8.00%            | 53.60%           |                        |
| Smoking - 2012 Significant Need                     | 70          | 7  | 7.00%            | 60.60%           | Other Identified Needs |
| Coronary Heart Disease - 2012 Significant Need      | 69          | 6  | 6.90%            | 67.50%           |                        |
| High Blood Pressure                                 | 48          | 6  | 4.80%            | 72.30%           |                        |
| Cancer - 2012 Significant Need                      | 40          | 3  | 4.00%            | 76.30%           |                        |
| Infant Deaths - 2012 Significant Need               | 35          | 4  | 3.50%            | 79.80%           |                        |
| Dental Care   | 31          | 5  | 3.10%            | 82.90%           |                        |
| Births - 2012 Significant Need                      | 29          | 2  | 2.90%            | 85.80%           |                        |
| Alcohol Abuse                                       | 22          | 4  | 2.20%            | 88.00%           |                        |
| Cancer Screening                                    | 22          | 4  | 2.20%            | 90.20%           |                        |
| Stroke  | 18          | 3  | 1.80%            | 92.00%           |                        |
| Health Insurance/Uninsured - 2012 Significant Need  | 16          | 3  | 1.60%            | 93.60%           |                        |
| Alzheimer's   | 13          | 2  | 1.30%            | 94.90%           |                        |
| Kidney Disease                                      | 13          | 3  | 1.30%            | 96.20%           |                        |
| Social Vulnerability                                | 13          | 3  | 1.30%            | 97.50%           |                        |
| Premature Deaths                                    | 8           | 2  | 0.80%            | 98.30%           |                        |
| Homelessness  | 7           | 1  | 0.70%            | 99.00%           |                        |
| Accidents   | 3           | 1  | 0.30%            | 99.30%           |                        |
| Palliative Care                                     | 3           | 1  | 0.30%            | 99.60%           |                        |
| Flu/Pneumonia                                       | 2           | 1  | 0.20%            | 99.80%           |                        |
| Lung Disease  | 2           | 1  | 0.20%            | 100.00%          |                        |
| Total   | 1000        |  | 100.00%          |                  |                        |

### Individuals Participating as Local Expert Advisors<sup>31</sup>

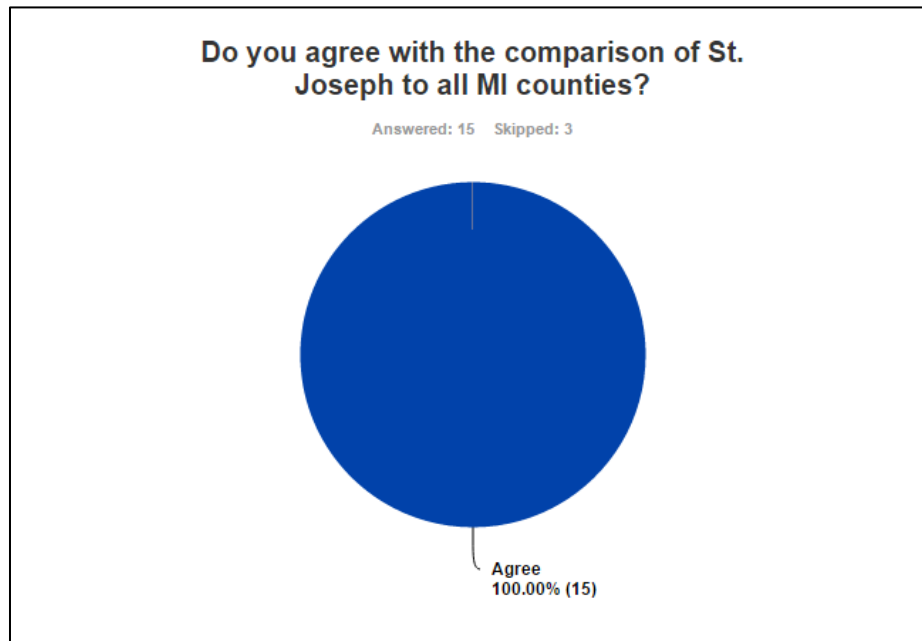
| Local Experts Offering Solicited Written Comments on 2012 Priorities and Implementation Strategy                          | Yes (Applies to Me) | No (Does Not Apply to Me) | Response Count |
|---|---------------------|---------------------------|----------------|
| 1) Public Health Expertise  | 5                   | 8                         | 13             |
| 2) Departments and Agencies with relevant data/information regarding health needs of the community served by the hospital | 8                   | 6                         | 14             |
| 3) Priority Populations   | 8                   | 7                         | 15             |
| 4) Representative/Member of Chronic Disease Group or Organization   | 4                   | 9                         | 13             |
| 5) Represents the Broad Interest of the Community   | 9                   | 5                         | 14             |
| Other   |                     |                           |                |
| Answered Question   |                     |                           | 18             |
| Skipped Question  |                     |                           | 0              |

<sup>31</sup> Responds to IRS Schedule h (Form 990) Part V B 3 g



## Advice Received from Local Expert Advisors

**Question:** Do you agree with the observations formed about the comparison of St. Joseph County to all other Michigan counties?

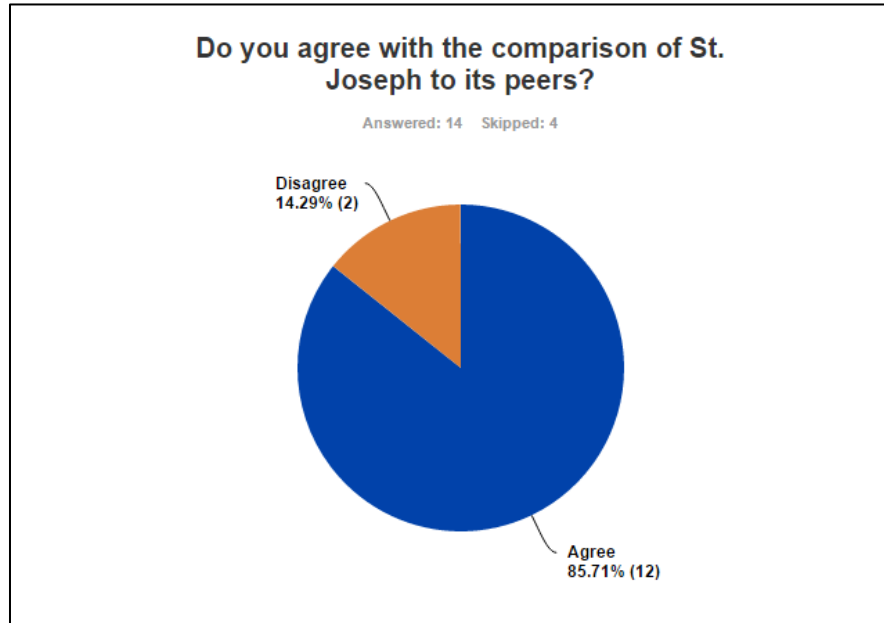


Comments:

- *One of eight or nine people are diabetic and one out of 4 are pre-diabetic. More than 2/3rds are overweight or obese and infant mortality is high -- and more than one out of four mothers smoked during their pregnancies.*



Question: Do you agree with the observations formed about the comparison of St. Joseph County to its peer counties?

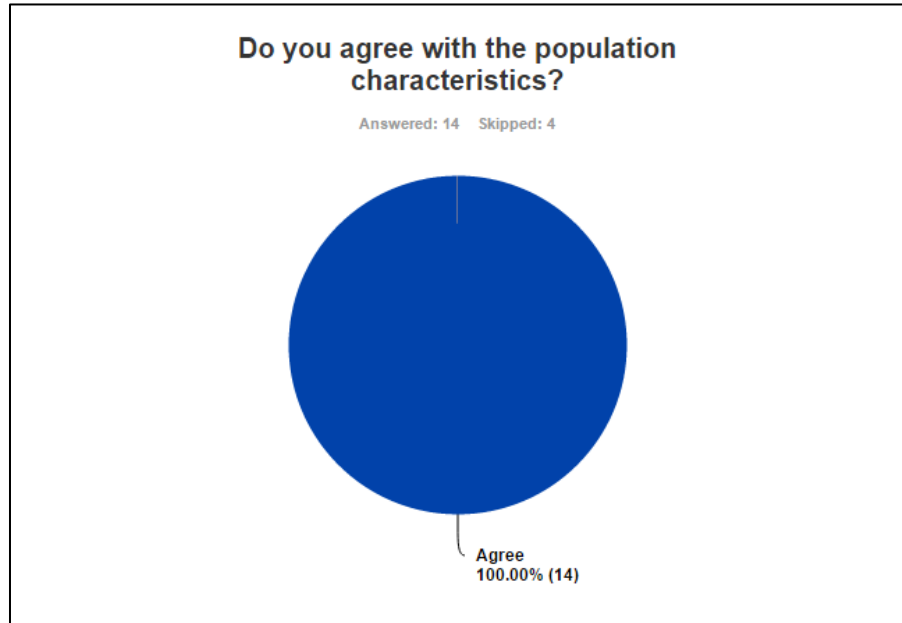


Comments:

- *I don't understand the access to care - because you have already documented that we were worse than Michigan and US.*



Question: Do you agree with the observations formed about the population characteristics of St. Joseph County?

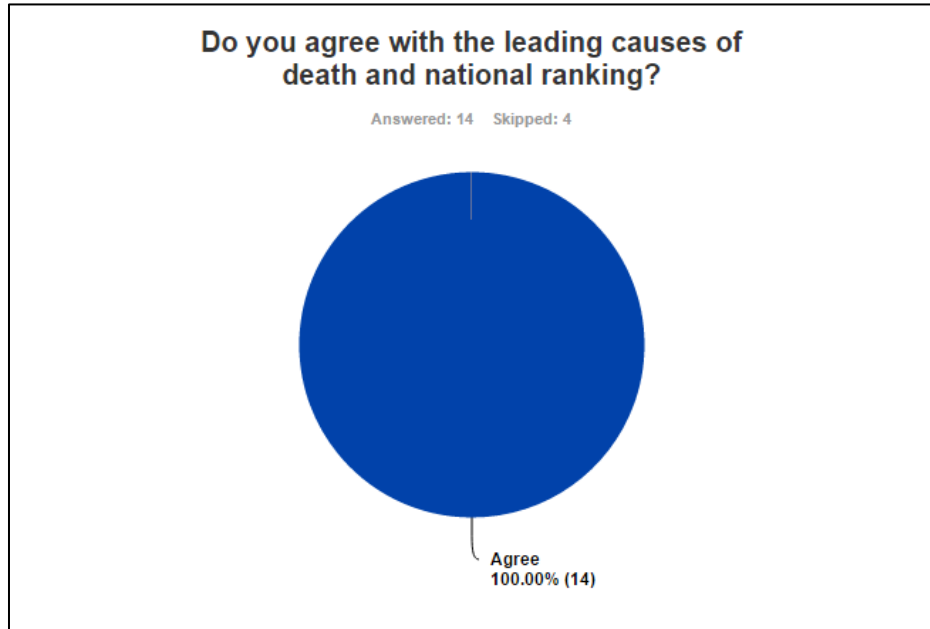


Comments:

- *The segment of the population living in poverty or are considered low income (200% of poverty) has grown by nearly 10% during the past 6 years.*
- *In the first survey, I listed obesity as the number one thing to take action against. The above numbers show a lack of personal responsibility regarding ones health. These two items seem linked.*



Question: Do you agree with the observations formed from the leading causes of death and national ranking?

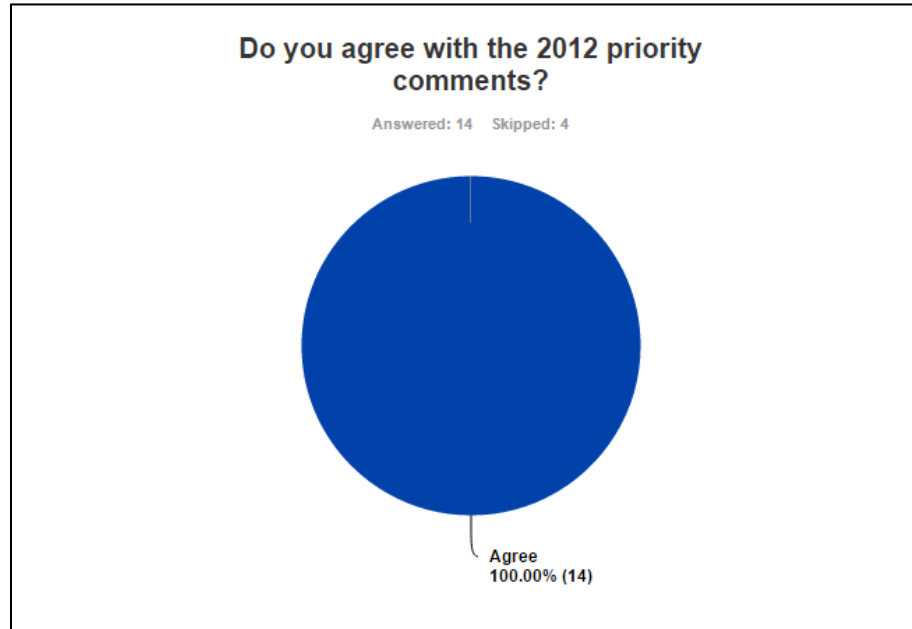


Comments:

- *Four of the top ten are directly related to obesity. All except two (numbers 6 and 8) are largely the result of lifestyle/choices.*
- *Physical activity in St. Joseph County should be promoted among both male and females. To me the increased percentages do not show a favorable increase for the time period.*



Question: Do you agree with the written comments received on the 2012 CHNA?



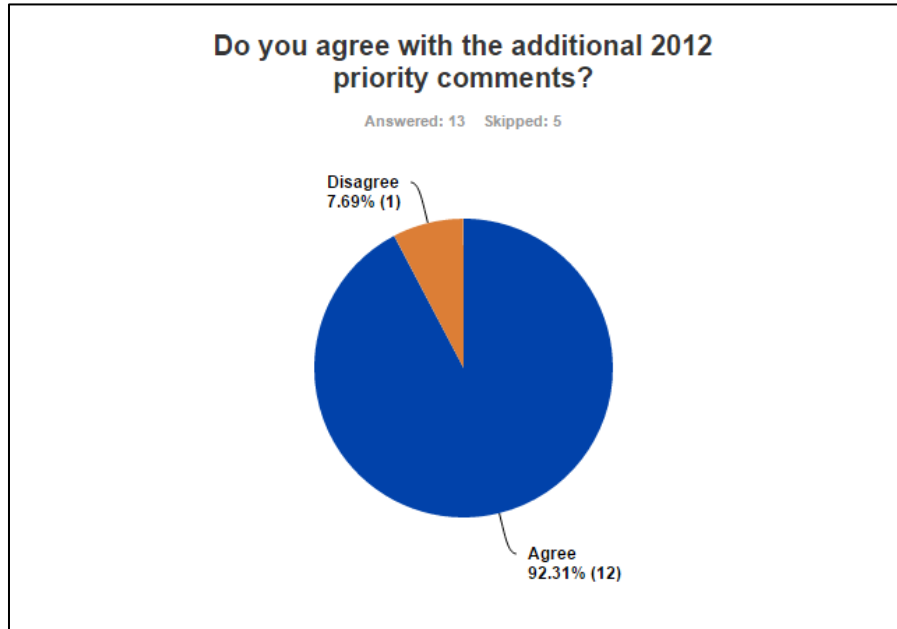
Comments:

- *St. Joseph County Michigan has proven to have quite a few challenges getting professional help in this area.*





Question: Do you agree with the additional written comments received on the 2012 CHNA?



Comments:

- *Regarding cancer, when diagnosed, refer out to larger facilities that specialize in it.*



## Appendix C – National Healthcare Quality and Disparities Reports

The National Healthcare Quality and Disparities Reports (QDR) are annual reports to Congress mandated in the Healthcare Research and Quality Act of 1999 (P.L. 106-129). These reports provide a comprehensive overview of the quality of healthcare received by the general U.S. population and disparities in care experienced by different racial, ethnic, and socioeconomic groups. The purpose of the reports is to assess the performance of our health system and to identify areas of strengths and weaknesses in the healthcare system along three main axes: access to healthcare, quality of healthcare, and priorities of the National Quality Strategy (NQS).

The reports are based on more than 250 measures of quality and disparities covering a broad array of healthcare services and settings. Data are generally available through 2012, although rates of un-insurance have been tracked through the first half of 2014. The reports are produced with the help of an Interagency Work Group led by the Agency for Healthcare Research and Quality (AHRQ) and submitted on behalf of the Secretary of Health and Human Services (HHS).

Beginning with this 2014 report, findings on healthcare quality and healthcare disparities are integrated into a single document. This new National Healthcare Quality and Disparities Report (QDR) highlights the importance of examining quality and disparities together to gain a complete picture of healthcare. This document is also shorter and focuses on summarizing information over the many measures that are tracked; information on individual measures will still be available through chartbooks posted on the Web ([www.ahrq.gov/research/findings/nhqdr/2014chartbooks/](http://www.ahrq.gov/research/findings/nhqdr/2014chartbooks/)).

The key findings of the 2014 QDR are organized around three axes: access to healthcare, quality of healthcare, and NQS priorities.

To obtain high-quality care, Americans must first gain entry into the healthcare system. Measures of access to care tracked in the QDR include having health insurance, having a usual source of care, encountering difficulties when seeking care, and receiving care as soon as wanted. Historically, Americans have experienced variable access to care based on race, ethnicity, socioeconomic status, age, sex, disability status, sexual orientation, and residence location.

**ACCESS: After years without improvement, the rate of un-insurance among adults ages 18-64 decreased substantially during the first half of 2014.**

The Affordable Care Act is the most far-reaching effort to improve access to care since the enactment of Medicare and Medicaid in 1965. Provisions to increase health insurance options for young adults, early retirees, and Americans with pre-existing conditions were implemented in 2010. Open enrollment in health insurance marketplaces began in October 2013 and coverage began in January 2014. Expanded access to Medicaid in many states began in January 2014, although a few had opted to expand Medicaid earlier.

### Trends

- From 2000 to 2010, the percentage of adults ages 18-64 who reported they were without health insurance coverage at the time of interview increased from 18.7% to 22.3%.
- From 2010 to 2013, the percentage without health insurance decreased from 22.3% to 20.4%.
- During the first half of 2014, the percentage without health insurance decreased to 15.6%.



- Data from the Gallup-Healthways Well-Being Index indicate that the percentage of adults without health insurance continued to decrease through the end of 2014,<sup>32</sup> consistent with these trends.

**ACCESS: Between 2002 and 2012, access to health care improved for children but was unchanged or significantly worse for adults.**

#### **Trends**

- From 2002 to 2012, the percentage of people who were able to get care and appointments as soon as wanted improved for children but did not improve for adults ages 18-64.

#### **Disparities**

- Children with only Medicaid or CHIP coverage were less likely to get care as soon as wanted compared with children with any private insurance in almost all years.
- Adults ages 18-64 who were uninsured or had only Medicaid coverage were less likely to get care as soon as wanted compared with adults with any private insurance in all years.

#### **Trends**

- Through 2012, most access measures improved for children. The median change was 5% per year.
- Few access measures improved substantially among adults. The median change was zero.

**ACCESS DISPARITIES: During the first half of 2014, declines in rates of un-insurance were larger among Black and Hispanic adults ages 18-64 than among Whites, but racial differences in rates remained.**

#### **Trends**

- Historically, Blacks and Hispanics have had higher rates of un-insurance than Whites.<sup>33</sup>

#### **Disparities**

- During the first half of 2014, the percentage of adults ages 18-64 without health insurance decreased more quickly among Blacks and Hispanics than Whites, but differences in un-insurance rates between groups remained.
- Data from the Urban Institute's Health Reform Monitoring System indicate that between September 2013 and September 2014, the percentage of Hispanic and non-White non-Hispanic adults ages 18-64 without health insurance decreased to a larger degree in states that expanded Medicaid under the Affordable Care Act than in states that did not expand Medicaid.<sup>34</sup>

**ACCESS DISPARITIES: In 2012, disparities were observed across a broad spectrum of access measures. People in poor households experienced the largest number of disparities, followed by Hispanics and Blacks.**

#### **Disparities**

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<sup>32</sup> Levy J. In U.S., Uninsured Rate Sinks to 12.9%. <http://www.gallup.com/poll/180425/uninsured-rate-sinks.aspx>.

<sup>33</sup> In this report, racial groups such as Blacks and Whites are non-Hispanic, and Hispanics include all races.

<sup>34</sup> Long SK, Karpman M, Shartz A, et al. Taking Stock: Health Insurance Coverage under the ACA as of September 2014. <http://hrms.urban.org/briefs/Health-Insurance-Coverage-under-the-ACA-as-of-September-2014.html>



- In 2012, people in poor households had worse access to care than people in high-income households on all access measures (green).
- Blacks had worse access to care than Whites for about half of access measures.
- Hispanics had worse access to care than Whites for two-thirds of access measures.
- Asians and American Indians and Alaska Natives had worse access to care than Whites for about one-third of access measures.

**ACCESS DISPARITIES: Through 2012, across a broad spectrum of access measures, some disparities were reduced but most did not improve.**

#### **Disparity Trends**

- Through 2012, most disparities in access to care related to race, ethnicity, or income showed no significant change (blue), neither getting smaller nor larger.
- In four of the five comparisons shown above, the number of disparities that were improving (black) exceeded the number of disparities that were getting worse (green).

**QUALITY: Quality of health care improved generally through 2012, but the pace of improvement varied by measure.**

#### **Trends**

- Through 2012, across a broad spectrum of measures of health care quality, 60% showed improvement (black).
- Almost all measures of Person-Centered Care improved.
- About half of measures of Effective Treatment, Healthy Living, and Patient Safety improved.
- There are insufficient numbers of reliable measures of Care Coordination and Care Affordability to summarize in this way.

**QUALITY: Through 2012, the pace of improvement varied across NQS priorities.**

#### **Trends**

- Through 2012, quality of health care improved steadily but the median pace of change varied across NQS priorities:
  - Median change in quality was 3.6% per year among measures of Patient Safety.
  - Median improvement in quality was 2.9% per year among measures of Person-Centered Care.
  - Median improvement in quality was 1.7% per year among measures of Effective Treatment.
  - Median improvement in quality was 1.1% per year among measures of Healthy Living.
  - There were insufficient data to assess Care Coordination and Care Affordability.

**QUALITY: Publicly reported CMS measures were much more likely than measures reported by other sources to achieve high levels of performance.**



## Achieved Success

Eleven quality measures achieved an overall performance level of 95% or better this year. At this level, additional improvement is limited, so these measures are no longer reported in the QDR. Of measures that achieved an overall performance level of 95% or better this year, seven were publicly reported by CMS on the Hospital Compare website (*italic*).

- *Hospital patients with heart attack given percutaneous coronary intervention within 90 minutes*
- Adults with HIV and CD4 cell count of 350 or less who received highly active antiretroviral therapy during the year
- *Hospital patients with pneumonia who had blood cultures before antibiotics were administered*
- *Hospital patients age 65+ with pneumonia who received pneumococcal screening or vaccination*
- *Hospital patients age 50+ with pneumonia who received influenza screening or vaccination*
- *Hospital patients with heart failure and left ventricular systolic dysfunction who were prescribed angiotensin-converting enzyme or angiotensin receptor blocker at discharge*
- *Hospital patients with pneumonia who received the initial antibiotic dose consistent with current recommendations*
- *Hospital patients with pneumonia who received the initial antibiotic dose within 6 hours of arrival*
- Adults with HIV and CD4 cell counts of 200 or less who received Pneumocystis pneumonia prophylaxis during the year
- People with a usual source of care for whom health care providers explained and provided all treatment options
- Hospice patients who received the right amount of medicine for pain management

Last year, 14 of 16 quality measures that achieved an overall performance level of 95% or better were publicly reported by CMS. Measures that reach 95% and are no longer reported in the QDR continue to be monitored when data are available to ensure that they do not fall below 95%.

## Improving Quickly

Through 2012, a number of measures showed rapid improvement, defined as an average annual rate of change greater than 10% per year. Of these measures that improved quickly, four are adolescent vaccination measures (*italic*).

- *Adolescents ages 16-17 years who received 1 or more doses of tetanus-diphtheria-acellular pertussis vaccine*
- *Adolescents ages 13-15 years who received 1 or more doses of tetanus-diphtheria-acellular pertussis vaccine*
- Hospital patients with heart failure who were given complete written discharge instructions
- *Adolescents ages 16-17 years who received 1 or more doses of meningococcal conjugate vaccine*
- *Adolescents ages 13-15 years who received 1 or more doses of meningococcal conjugate vaccine*
- Patients with colon cancer who received surgical resection that included 12+ lymph nodes pathologically examined
- Central line-associated bloodstream infection per 1,000 medical and surgical discharges, age 18+ or obstetric admissions



- Women with Stage I-IIb breast cancer who received axillary node dissection or sentinel lymph node biopsy at time of surgery

### **Worsening**

Through 2012, a number of measures showed worsening quality. Of these measures that showed declines in quality, three track chronic diseases (*italic*). Note that these declines occurred prior to implementation of most of the health insurance expansions included in the Affordable Care Act.

- Maternal deaths per 100,000 live births
- Children ages 19-35 months who received 3 or more doses of Haemophilus influenzae type b vaccine
- People who indicate a financial or insurance reason for not having a usual source of care
- Suicide deaths per 100,000 population
- Women ages 21-65 who received a Pap smear in the last 3 years
- *Admissions with diabetes with short-term complications per 100,000 population, age 18+*
- *Adults age 40+ with diagnosed diabetes who had their feet checked for sores or irritation in the calendar year*
- Women ages 50-74 who received a mammogram in the last 2 years
- Postoperative physiologic and metabolic derangements per 1,000 elective-surgery admissions, age 18+
- *People with current asthma who are now taking preventive medicine daily or almost daily*
- People unable to get or delayed in getting needed medical care, dental care, or prescription medicines due to financial or insurance reasons

**QUALITY DISPARITIES: Disparities remained prevalent across a broad spectrum of quality measures. People in poor households experienced the largest number of disparities, followed by Blacks and Hispanics.**

### **Disparities**

- People in poor households received worse care than people in high-income households on more than half of quality measures (green).
- Blacks received worse care than Whites for about one-third of quality measures.
- Hispanics, American Indians and Alaska Natives, and Asians received worse care than Whites for some quality measures and better care for some measures.
- For each group, disparities in quality of care are similar to disparities in access to care, although access problems are more common than quality problems.

**QUALITY DISPARITIES: Through 2012, some disparities were getting smaller but most were not improving across a broad spectrum of quality measures.**

### **Disparity Trends**

- Through 2012, most disparities in quality of care related to race, ethnicity, or income showed no significant change (blue), neither getting smaller nor larger.



- When changes in disparities occurred, measures of disparities were more likely to show improvement (black) than decline (green). However, for people in poor households, more measures showed worsening disparities than improvement.

**QUALITY DISPARITIES: Through 2012, few disparities in quality of care were eliminated while a small number became larger.**

### **Disparities Trends**

- Through 2012, several disparities were eliminated.
  - One disparity in vaccination rates was eliminated for Blacks (measles-mumps-rubella), Asians (influenza), American Indians and Alaska Natives (hepatitis B), and people in poor households (human papillomavirus).
  - Four disparities related to hospital adverse events were eliminated for Blacks.
  - Three disparities related to chronic diseases and two disparities related to communication with providers were eliminated for Asians.
  - On the other hand, a few disparities grew larger because improvements in quality for Whites did not extend uniformly to other groups.
  - At least one disparity related to hospice care grew larger for Blacks, American Indians and Alaska Natives, and Hispanics.
  - People in poor households experienced worsening disparities related to chronic diseases.

**QUALITY DISPARITIES: Overall quality and racial/ethnic disparities varied widely across states and often not in the same direction.**

### **Geographic Disparities**

- There was significant variation in quality among states. There was also significant variation in disparities.
- States in the New England, Middle Atlantic, West North Central, and Mountain census divisions tended to have higher overall quality while states in the South census region tended to have lower quality.
- States in the South Atlantic, West South Central, and Mountain census divisions tended to have fewer racial/ethnic disparities while states in the Middle Atlantic, West North Central, and Pacific census divisions tended to have more disparities.
- The variation in state performance on quality and disparities may point to differential strategies for improvement.

**National Quality Strategy: Measures of Patient Safety improved, led by a 17% reduction in hospital-acquired conditions.**

Hospital-acquired conditions have been targeted for improvement by the CMS Partnership for Patients initiative, a major public-private partnership working to improve the quality, safety, and affordability of health care for all Americans. As a result of this and other federal efforts, such as Medicare's Quality Improvement Organizations and the HHS National Action Plan to Prevent Health Care-Associated Infections, as well as the dedication of practitioners, the general trend in patient safety is one of improvement.



## Trends

- From 2010 to 2013, the overall rate of hospital-acquired conditions declined from 145 to 121 per 1,000 hospital discharges.
- This decline is estimated to correspond to 1.3 million fewer hospital-acquired conditions, 50,000 fewer inpatient deaths, and \$12 billion savings in health care costs.<sup>35</sup>
- Large declines were observed in rates of adverse drug events, healthcare-associated infections, and pressure ulcers.
- About half of all Patient Safety measures tracked in the QDR improved.
- One measure, admissions with central line-associated bloodstream infections, improved quickly, at an average annual rate of change above 10% per year.
- One measure, postoperative physiologic and metabolic derangements during elective-surgery admissions, got worse over time.

## Disparities Trends

- Black-White differences in four Patient Safety measures were eliminated.
- Asian-White differences in admissions with iatrogenic pneumothorax grew larger.

**National Quality Strategy: Measures of Person-Centered Care improved steadily, especially for children.**

## Trends

- From 2002 to 2012, the percentage of children whose parents reported poor communication significantly decreased overall and among all racial/ethnic and income groups.
- Almost all Person-Centered Care measures tracked in the QDR improved; no measure got worse.

## Disparities

In almost all years, the percentage of children whose parents reported poor communication with their health providers was:

- Higher for Hispanics and Blacks compared with Whites.
- Higher for poor, low-income, and middle-income families compared with high-income families.

## Disparities Trends

- Asian-White differences in two measures related to communication were eliminated.
- Four Person-Centered Care disparities related to hospice care grew larger.

**National Quality Strategy: Measures of Care Coordination improved as providers enhanced discharge processes and adopted health information technologies.**

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<sup>35</sup> Agency for Healthcare Research and Quality. Interim Update on 2013 Annual Hospital-Acquired Condition Rate and Estimates of Cost Savings and Deaths Averted From 2010 to 2013. <http://www.ahrq.gov/professionals/quality-patient-safety/pfp/interimhacrate2013.html>





## Trends

- From 2005 to 2012, the percentage of hospital patients with heart failure who were given complete written discharge instructions increased overall, for both sexes, and for all racial/ethnic groups.
- There are few measures to assess trends in Care Coordination.

## Disparities

- In all years, the percentage of hospital patients with heart failure who were given complete written discharge instructions was lower among American Indians and Alaska Natives compared with Whites.

**National Quality Strategy: Many measures of Effective Treatment achieved high levels of performance, led by measures publicly reported by CMS on Hospital Compare.**

## Trends

- From 2005 to 2012, the percentage of hospital patients with heart attack given percutaneous coronary intervention within 90 minutes of arrival increased overall, for both sexes, and for all racial/ethnic groups.
- In 2012, the overall rate exceeded 95%; the measure will no longer be reported in the QDR.
- Eight other Effective Treatment measures achieved overall performance levels of 95% or better this year, including five measures of pneumonia care and two measures of HIV care.
- About half of all Effective Treatment measures tracked in the QDR improved.
- Two measures, both related to cancer treatment, improved quickly, at an average annual rate of change above 10% per year.
- Three measures related to management of chronic diseases got worse over time.

## Disparities

- As rates topped out, absolute differences between groups became smaller. Hence, disparities often disappeared as measures achieved high levels of performance.

## Disparities Trends

- Asian-White differences in three chronic disease management measures were eliminated but income-related disparities in two measures related to diabetes and joint symptoms grew larger.

**National Quality Strategy: Healthy Living improved in about half of the measures followed, led by selected adolescent vaccines from 2008 to 2012.**

## Trends

- From 2008 to 2012, the percentage of adolescents ages 16-17 years who received 1 or more doses of meningococcal conjugate vaccine increased overall, for residents of both metropolitan and nonmetropolitan areas, and for all income groups.
- About half of all Healthy Living measures tracked in the QDR improved.



- Four measures, all related to adolescent immunizations, improved quickly, at an average annual rate of change above 10% per year (meningococcal vaccine ages 13-15 and ages 16-17; tetanusdiphtheria-acellular pertussis vaccine ages 13-15 and ages 16-17).
- Two measures related to cancer screening got worse over time.

### Disparities

- Adolescents ages 16-17 in nonmetropolitan areas were less likely to receive meningococcal conjugate vaccine than adolescents in metropolitan areas in all years.
- Adolescents in poor, low-income, and middle-income households were less likely to receive meningococcal conjugate vaccine than adolescents in high-income households in almost all years.

### Disparities Trends

- Four disparities related to child and adult immunizations were eliminated.
- Black-White differences in two Healthy Living measures grew larger.

### National Quality Strategy: Measures of Care Affordability worsened from 2002 to 2010 and then leveled off.

From 2002 to 2010, prior to the Affordable Care Act, care affordability was worsening. Since 2010, the Affordable Care Act has made health insurance accessible to many Americans with limited financial resources.

### Trends

- From 2002 to 2010, the overall percentage of people unable to get or delayed in getting needed medical care, dental care, or prescription medicines and who indicated a financial or insurance reason rose from 61.2% to 71.4%.
- From 2002 to 2010, the rate worsened among people with any private insurance and among people from high- and middle-income families; changes were not statistically significant among other groups.
- After 2010, the rate leveled off, overall and for most insurance and income groups.
- Data from the Commonwealth Fund Biennial Health Insurance Survey indicate that cost-related problems getting needed care fell from 2012 to 2014 among adults.<sup>36</sup>
- Another Care Affordability measure, people without a usual source of care who indicate a financial or insurance reason for not having a source of care, also worsened from 2002 to 2010 and then leveled off.
- There are few measures to assess trends in Care Affordability.

### Disparities

- In all years, the percentage of people unable to get or delayed in getting needed medical care, dental care, or prescription medicines who indicated a financial or insurance reason for the problem was:

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<sup>36</sup> Collins SR, Rasmussen PW, Doty MM, et al. The Rise in Health Care Coverage and Affordability Since Health Reform Took Effect: Findings from the Commonwealth Fund Biennial Health Insurance Survey, 2014. [http://www.commonwealthfund.org/~media/files/publications/issue-brief/2015/jan/1800\\_collins\\_biennial\\_survey\\_brief.pdf?la=en](http://www.commonwealthfund.org/~media/files/publications/issue-brief/2015/jan/1800_collins_biennial_survey_brief.pdf?la=en)



- Higher among uninsured people and people with public insurance compared with people with any private insurance.
- Higher among poor, low-income, and middle-income families compared with high-income families.

## CONCLUSION

The 2014 Quality and Disparities Reports demonstrate that access to care improved. After years of stagnation, rates of un-insurance among adults decreased in the first half of 2014 as a result of Affordable Care Act insurance expansion. However, disparities in access to care, while diminishing, remained.

Quality of healthcare continued to improve, although wide variation across populations and parts of the country remained. Among the NQS priorities, measures of Person-Centered Care improved broadly. Most measures of Patient Safety, Effective Treatment, and Healthy Living also improved, but some measures of chronic disease management and cancer screening lagged behind and may benefit from additional attention. Data to assess Care Coordination and Affordable Care were limited and measurement of these priorities should be expanded.



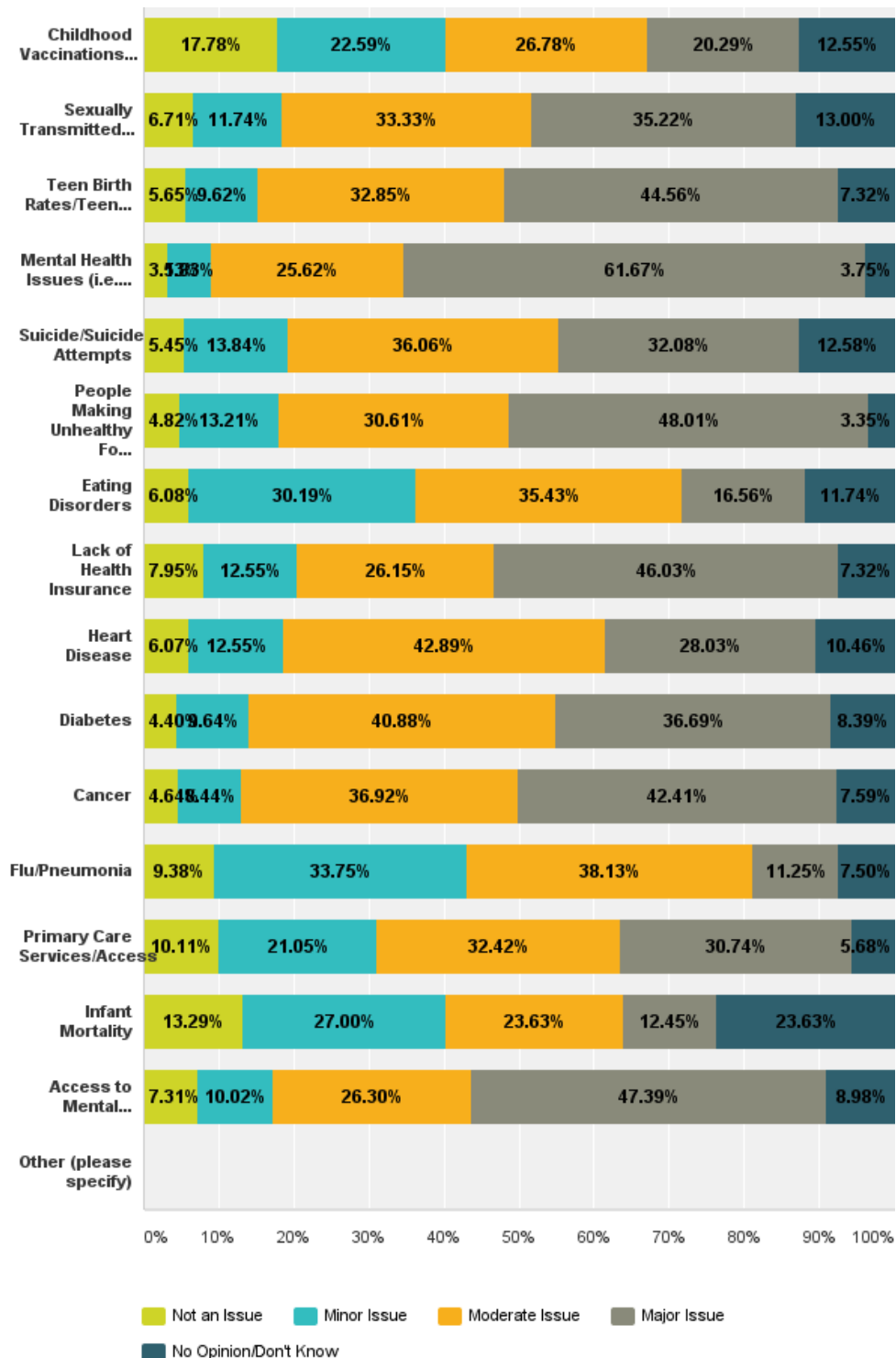
## Appendix D – Community Survey Results

**Q1: What is your opinion about the following medical and mental health issues in your community? While your opinion may not need to use all of the following terms, please use the following definitions to express your opinions:**

**Minor Issue** - a concern but of considerable less importance than other issues

**Moderate Issue** - certainly a concern but of considerable less importance than other issues

**Major Issue** - among the top three to five concerns needing prompt attention





|   | Not an Issue | Minor Issue   | Moderate Issue | Major Issue   | No Opinion/Don't Know | Total |
|---|--------------|---------------|----------------|---------------|-----------------------|-------|
| Childhood Vaccinations (i.e., flu, whooping cough)  | 17.78%<br>85 | 22.59%<br>108 | 26.78%<br>128  | 20.29%<br>97  | 12.55%<br>60          | 478   |
| Sexually Transmitted Diseases (education and testing services)  | 6.71%<br>32  | 11.74%<br>56  | 33.33%<br>159  | 35.22%<br>168 | 13.00%<br>62          | 477   |
| Teen Birth Rates/Teen Pregnancy   | 5.65%<br>27  | 9.62%<br>46   | 32.85%<br>157  | 44.56%<br>213 | 7.32%<br>35           | 478   |
| Mental Health Issues (i.e., depression, anxiety, grief, stress with divorce and custody issues, bipolar disorder) | 3.13%<br>15  | 5.83%<br>28   | 25.62%<br>123  | 61.67%<br>296 | 3.75%<br>18           | 480   |
| Suicide/Suicide Attempts  | 5.45%<br>26  | 13.84%<br>66  | 36.06%<br>172  | 32.08%<br>153 | 12.58%<br>60          | 477   |
| People Making Unhealthy Food Choices/Obesity  | 4.82%<br>23  | 13.21%<br>63  | 30.61%<br>146  | 48.01%<br>229 | 3.35%<br>16           | 477   |
| Eating Disorders  | 6.08%<br>29  | 30.19%<br>144 | 35.43%<br>169  | 16.56%<br>79  | 11.74%<br>56          | 477   |
| Lack of Health Insurance  | 7.95%<br>38  | 12.55%<br>60  | 26.15%<br>125  | 46.03%<br>220 | 7.32%<br>35           | 478   |
| Heart Disease   | 6.07%<br>29  | 12.55%<br>60  | 42.89%<br>205  | 28.03%<br>134 | 10.46%<br>50          | 478   |
| Diabetes  | 4.40%<br>21  | 9.64%<br>46   | 40.88%<br>195  | 36.69%<br>175 | 8.39%<br>40           | 477   |
| Cancer  | 4.64%<br>22  | 8.44%<br>40   | 36.92%<br>175  | 42.41%<br>201 | 7.59%<br>36           | 474   |
| Flu/Pneumonia   | 9.38%<br>45  | 33.75%<br>162 | 38.13%<br>183  | 11.25%<br>54  | 7.50%<br>36           | 480   |
| Primary Care Services/Access  | 10.11%<br>48 | 21.05%<br>100 | 32.42%<br>154  | 30.74%<br>146 | 5.68%<br>27           | 475   |
| Infant Mortality  | 13.29%<br>63 | 27.00%<br>128 | 23.63%<br>112  | 12.45%<br>59  | 23.63%<br>112         | 474   |
| Access to Mental Health/Substance Abuse Services  | 7.31%<br>35  | 10.02%<br>48  | 26.30%<br>126  | 47.39%<br>227 | 8.98%<br>43           | 479   |
| Other (please specify)  | 0.00%<br>0   | 0.00%<br>0    | 0.00%<br>0     | 0.00%<br>0    | 0.00%<br>0            | 0     |

#### Comments:

- *Resources and support for new mothers.*
- *food education, growing food, food addiction top priority for this city*
- *Drug Use*
- *dental*
- *Too many people not having insurance*



- *Poverty, Education Services*
- *You can't really rate something people do by choice. Some issues can only be controlled by the user.*
- *Access to safe, well lite areas for walking, playing sports, etc.*
- *VERY underserved for mental health*
- *Bilingual staffing/services*
- *suicide rate in young people (under 21) seems MUCH higher in our area*
- *Transportation so people could get to appointments between counties and don't say use the busses, it doesn't work*
- *need for palliative care when not hospice ready*
- *Caregiver burnout is a great concern that is not recognized*
- *There are a lot of people who need help, but do not qualify financially.*
- *Money for clothing, home repaid, Need to see foot specialist, and non of them take Medicaid.*
- *services for undocumented adults*
- *Breastfeeding support*

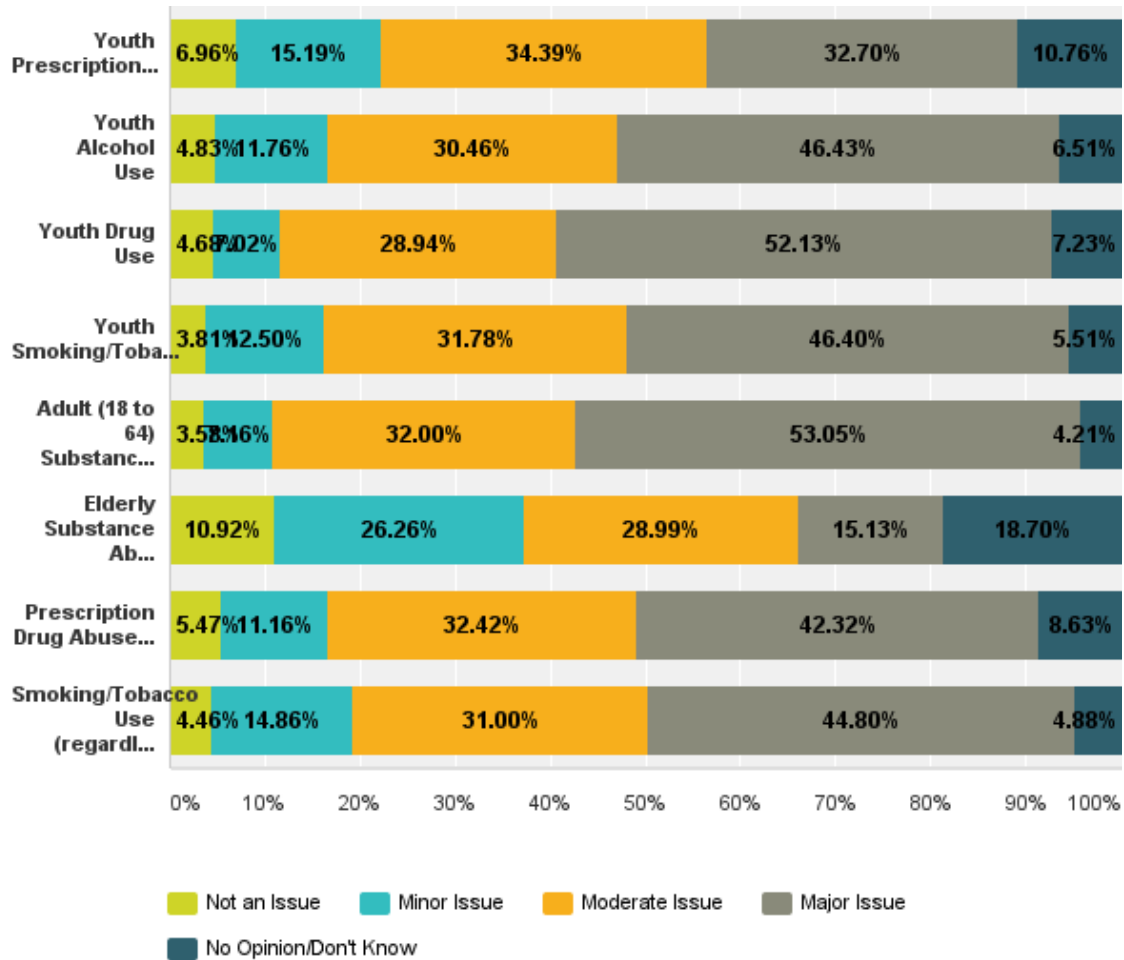


**Q2: What is your opinion about the following drug and other substance abuse issues in your community? While your opinion may not need to use all of the following terms, please use the following definitions to express your opinions:**

**Minor Issue** - a concern but of considerable less importance than other issues

**Moderate Issue** - certainly a concern needing attention soon but is not urgent needing an immediate response

**Major Issue** - among the top three to five concerns needing prompt attention





|  | Not an Issue | Minor Issue   | Moderate Issue | Major Issue   | No Opinion/Don't Know | Total |
|--|--------------|---------------|----------------|---------------|-----------------------|-------|
| Youth Prescription Drug Use  | 6.96%<br>33  | 15.19%<br>72  | 34.39%<br>163  | 32.70%<br>155 | 10.76%<br>51          | 474   |
| Youth Alcohol Use  | 4.83%<br>23  | 11.76%<br>56  | 30.46%<br>145  | 46.43%<br>221 | 6.51%<br>31           | 476   |
| Youth Drug Use   | 4.68%<br>22  | 7.02%<br>33   | 28.94%<br>136  | 52.13%<br>245 | 7.23%<br>34           | 470   |
| Youth Smoking/Tobacco Use  | 3.81%<br>18  | 12.50%<br>59  | 31.78%<br>150  | 46.40%<br>219 | 5.51%<br>26           | 472   |
| Adult (18 to 64) Substance Abuse (alcohol, prescription or non-prescription drugs) | 3.58%<br>17  | 7.16%<br>34   | 32.00%<br>152  | 53.05%<br>252 | 4.21%<br>20           | 475   |
| Elderly Substance Abuse (prescription or non-prescription drugs)                   | 10.92%<br>52 | 26.26%<br>125 | 28.99%<br>138  | 15.13%<br>72  | 18.70%<br>89          | 476   |
| Prescription Drug Abuse (regardless of age)  | 5.47%<br>26  | 11.16%<br>53  | 32.42%<br>154  | 42.32%<br>201 | 8.63%<br>41           | 475   |
| Smoking/Tobacco Use (regardless of age)  | 4.46%<br>21  | 14.86%<br>70  | 31.00%<br>146  | 44.80%<br>211 | 4.88%<br>23           | 471   |

#### Comments:

- *Smoking*
- *have a physician in county that will prescribe any form of medications for the elderly, mentally ill without knowledge of other medications currently on, ie. leads to prescription drug abuse*
- *Meth*
- *having access to clinics and mental health clinics*
- *Again, things that the individual controls.*
- *PAIN MEDS EXTREMELY OVER PRESCRIBED*
- *Lots of drug seeking behavior in hospital ED's*



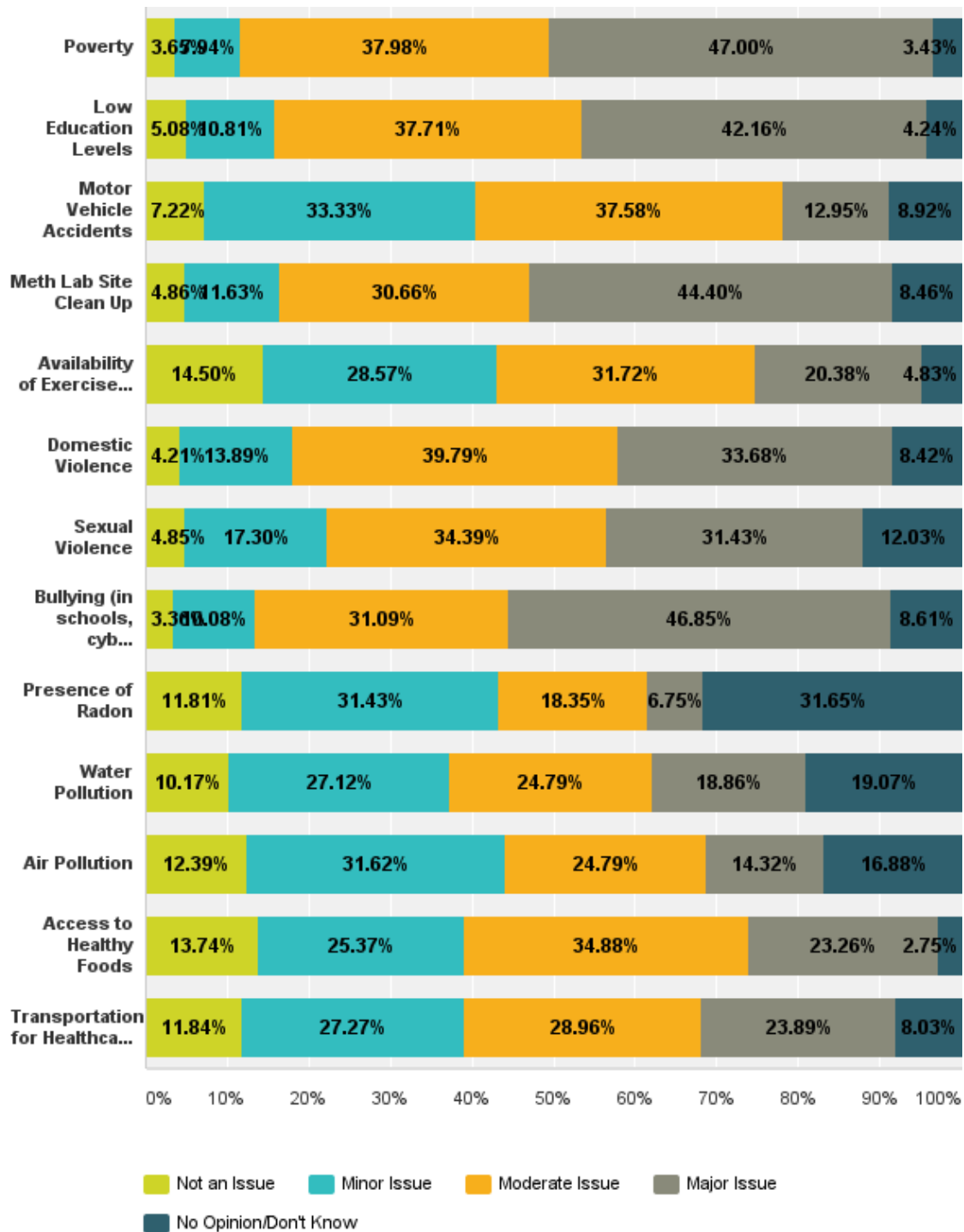


Q3: What is your opinion about these other possible community issues? While your opinion may not need to use all of the following terms, please use the following definitions to express your opinions:

Minor Issue - a concern but of considerable less importance than other issues

Moderate Issue - certainly a concern needing attention soon but is not urgent needing an immediate response

Major Issue - among the top three to five concerns needing prompt attention





## Comments:

- *Resources and support for new mothers. Breastfeeding education, lactation consultants, safe sleep practices, safe cosleeping practices (because it happens whether you want to admit it or not), access to reusable cloth diapers for low income families, etc.*
- *Help save the planet*
- *if not on assistance difficulty getting to doctor appointments*
- *Gym (have options but too costly)*
- *Healthy Fast Food IS an issue, Healthy Foods is not*
- *Healthy foods cost twice as much so access is limited based on income levels*
- *More flyers/services distributed to schools*
- *afterschool programs for young children (under age 14). I believe too many young students go home where there is no supervision by an ADULT.....we need programs for these youth to keep them busy and not experimenting so much with alcohol and drugs*
- *There is definite decreased access to healthy foods for low income families in this area*

## Q4: In your own words, what do you believe to be the most important health or medical issue confronting the residents of St. Joseph County?

- *tie: lack of trustworthy medical facilities. and mental health for low income (make too much for medicaid, but cannot afford to pay)*
- *Poverty*
- *Healthy children, emotionally and physically.*
- *people consuming too much food, drugs, alcohol and not getting enough exercise.*
- *Getting medical care and education with no insurance.*
- *health care*
- *Lack of exercise, drugs.*
- *Mental Health issues.*
- *Diet and exercise.*
- *Meth manufacturing and sales.*
- *Obesity*
- *Mental Illness*
- *Meth Abuse.*
- *Cost*
- *Poverty, lack of education, support for good choices.*
- *Access to mental health services.*
- *Heart Disease*
- *Meth use*
- *CMH doesn't address the mental health issues of the community in a timely fashion, too many road blocks to access any form of services.*
- *Prescription (specifically pain killer) abuse by ages 20 and over*



- *Substance abuse and diabetes*
- *not enough health places to go.*
- *lack of knowledge about health and good self care.*
- *Low education, domestic violence*
- *Safety routes for non motorized travelers*
- *not enough biking trails for fitness.*
- *Drug use*
- *Domestic Violence.*
- *Diabetes*
- *Elderly people that need help cleaning their homes, dishes, laundry, vac, sweeping.*
- *Low education, meth labs*
- *aging help*
- *Primary Care Provider*
- *People's choices are what makes all of these things issues. If they would choose to be healthy, there wouldn't be so much.*
- *Obesity, No Insurance*
- *drug use*
- *Health insurance prices. STDs are alarming in high/middle schools.*
- *Drug issues and smoking*
- *Lack of money, transportation*
- *People going to emergency room when they are sick instead of seeing their doctor because they can't see them for 3-4 days or the wait at the ER is shorter than spending all day at the doctor waiting to be fit in.*
- *Access to affordable and quality health care*
- *Drugs*
- *Drugs*
- *Addiction*
- *Not enough doctors take everyone's health insurance in the county.*
- *Drug Use*
- *Domestic violence, gun control*
- *Drug and alcohol abuse - including prescription drug abuse.*
- *Drug abusers not getting the help they need.*
- *Availability of family practices, illegal drug use, poverty.*
- *Mental health*
- *Meth*
- *Poverty.*
- *Although there's county transportation, a lot of low income families cannot afford the bus.*
- *Diabetes*
- *Drug Use/Poverty*
- *Drug and Alcohol abuse*
- *A lack of mental health services*
- *Mental Health*
- *Self Esteem.*



- *Affordable insurance*
- *Lack of mental health and substance abuse services*
- *Substance Abuse*
- *Low Income and limited access to healthcare (including mental health and drug abuse services) and limited access to post-secondary education*
- *Substance abuse*
- *Cancer*
- *to be able to get help when needed, trying to get into a doctors office is not so easy, they want you to get all records if coming from other offices and sometimes it is not that easy*
- *Drugs*
- *Mental health access and youth drug use*
- *Substance abuse and smoking. Also community not being aware of what is being offered to assist them with their problem. Definitely insurance and access to medical care.*
- *Need low cost insurance for middle income familys that don't get insurance from their job*
- *Encourage more blood draws*
- *Mental Health*
- *Access to healthy foods*
- *Drug abuse.*
- *Cancer*
- *not giving the people who need medicine the benefits of having it.*
- *Dental*
- *Substance Abuse.*
- *Bed bugs, scabies, lice.*
- *obesity*
- *Healthy living choices - exercise, good eating, no smoking. De-emphasize criminalization of bad life choices - instead of of emphasizing education and enabling good choices.*
- *Access to affordable care. Insurance restrictions.*
- *Lack of proper health and personal care education.*
- *Diabetes and depression*
- *Drug abuse in all ages*
- *Obesity.*
- *awareness of mental health*
- *drug abuse- meth*
- *affordable insurance coverage*
- *stress*
- *substance abuse*
- *drug and alcohol use*
- *lack of care*
- *obesity and its related diseases/conditions*
- *stress*
- *drug use*
- *meth labs*



- *drug and prescription abuse*
- *Don't know*
- *drug related issues*
- *children with special needs (deaf) do not get the proper assistance from st. joe county school, so they push them along then they cannot function in the outside world.*
- *Mental health*
- *mental health*
- *money and insurance*
- *Drug Abuse*
- *Mental health*
- *High utilization of meth, other drugs, and alcohol.*
- *Cost of health insurance*
- *not enough family physicians in this area*
- *I think at this point in time it would be diet and exercise. There are so many children overweight and even if they are not overweight their diets are very unhealthy. And the majority of adults are overweight which is causing a large part of their health issues or adding to an already existing health issue. It is hard to eat healthy and exercise but we are raising a generation of non exercising children and this needs to stop.*
- *OBESITY*
- *Lack of affordable health care*
- *Obesity*
- *Common sense*
- *No insurance or poverty. Cannot afford health coverage*
- *I believe we need more support with mental illness and support for trauma with children ie the affect of alcohol/drug abuse on children, traumatic family events, and support of parents in parenting skills.*
- *Recently, a member of my own family was trying to get inpatient admission for addiction to prescription medications. There are no treatment options available in St. Joseph County for this type of patient. None that we could find, at least. We were able to find someplace in Grand Rapids that would accept him. The only option for admission was to pay up front what the insurance would not cover. This, of course, would have been waived (a payment plan set up) if he had been "suicidal". Since he was not, there were no options for a payment plan available. Due to the use of the medications, he was unable to work. As a single income family, there was no extra money for the up front payment. He went through the early withdrawal at home. His PCP was aware, but either not willing or afraid (not sure which) to prescribe much of anything to help with the withdrawal symptoms. I am certain that he is not the only person in this area with this type of problem. It would be HUGE if we had this kind of resource available.*
- *Primary care from trusted providers available within practical driving distance, especially for our elderly.*
- *Methamphetamine and alcohol abuse*
- *Mental health care in this county is pathetic. There are way to many untreated patients with mental health issues, that it is becoming a strain on local health care. Patients don't have access to treatment because of local mental health funding which is just compounding the issue.*
- *lack of help for the Psych patient and the ER being a "dumping ground" for these patients.*
- *Overweight, Diabetic, uneducated people*
- *Keeping good physicians and using our area hospitals before going north or south.*
- *Teen Drug Abuse and the Meth Lab issue*



- *lack of health insurance, access to mental health services*
- *Drug abuse of prescribed medications. Making unhealthy food choices, becoming overweight or obese, and then complaining of needed to lose weight and needing pills to help that issue instead of exercising or eating right.*
- *drug abuse*
- *Obesity, diabetes, sedentary, smoking*
- *Substance abuse! Teen pregnancy*
- *Drugs and alcohol abuse, diabetes, heart disease and cancer*
- *Obesity*
- *obesity, drug abuse, suicide and poverty which probably stems from of lack of insurance and proper treatment*
- *Mental Health and Pain Medication abuse*
- *Lack of providers to serve needs of St. Joseph County--and some providers prescribing pain meds too freely.*
- *Making Meth and maintaining meth labs/houses, using meth and all the related pollution that comes with it.*
- *Mental Health & substance abuse for all ages*
- *MENTAL HEALTH*
- *One of the most important issue is the uses of prescription narcotics and also recreational drugs in St Joseph County*
- *We have a lot pre-teen - young adult Drug/Alcohol abuse in this county.*
- *Drug abuse both street and prescription drugs. It leads to increases in other categories such as low education, crime, sex crimes, etc.*
- *Affordable access to care in a timely manner.*
- *noncompliance with medication regime, illegal substance abuse, people spending their state aid monies for drugs, alcohol and cigarettes. Abuse of the Medicaid system, fraud.*
- *Grandparents taking care of grandchildren and cannot get health insurance coverage for kids...this is when grandparents are taking care of kids but do not have legal custody*
- *Youth Behavioral/Suicide, Drug/Alcohol Abuse, Lack of Education regards long term affects of sexually transmitted diseases, drugs nonprescription and prescription, and drugs related to pregnancy and how they effect unborn baby*
- *lack of affordable insurance for young adults*
- *Poverty*
- *overuse of emergency room and lack of knowledge for other health care - preventative care*
- *I think sexually transmitted diseases and teen pregnancy are one of our biggest issues because the proper education is not provided.*
- *lack of accountability and availability of psych services*
- *Addiction to meth and other drugs which leads to so many other problems.*
- *"Three Rivers Hospital does not help the mentally ill.*
- *CMH fails to meet the needs of the mentally ill. They both should be audits on mental health cases. "*
- *Kids not getting enough help when seeking.*
- *Obesity and lack of health awareness*
- *I believe that exposure to chemicals from planes that fly over corn & soy bean fields can have a major impact on the health of resident of St. Joseph County. These "Crop dusters" fly over this area several times a day during the growing season.*
- *Médical asistan for all comunity*



- *Lack of mental health resources for adolescents*
- *Alcohol smoking depression among teens lack of knowledge of healthy food*
- *Parents are afraid to discipline their children so ultimately kids are making very poor decisions when it comes to their health*
- *Access to appropriate and affordable preventative health , dental and vision care.*
- *Drug use*
- *Easy access and use of health care services*
- *Health Education and mental well being of youth*
- *teen pregnancy and drug abuse*
- *Poverty and trauma and the effects on a child's brain.*
- *Access and support to mental/behavioral health services for kids. Possibly stemming from other issues in the home such a substance abuse, violence, lack of education, poverty, etc.*
- *Unable to obtain affordable insurance*
- *Poverty and low-socioeconomic status. Residents who are employable should seek employment as there are many signs in front of our local businesses seeking employees.*
- *Mental health support for children (under the age of 13) and interventions for children in trauma.*
- *Education about their health. For example, give presentations at the schools targeted towards kids being healthy, have literature available during parent-teacher conferences with staff able to answer questions.*
- *Lack of full medical and dental insurance coverage for everyone regardless of age.*
- *More training and or awareness in some or most areas would be helpful*
- *Poverty*
- *A lack of "going green" education. Farmers are allowed to rip out trees and spread poison everywhere. They are portrayed as these saints feeding the world when really they are poisoning the land, water, and people. There should be more proactive medicine rather than reactive. If somebody is obese and it's killing them then tell them they need a lifestyle change.*
- *Limited access to needed mental health and addiction treatment services.*
- *lifestyle issues-*
- *Inadequate health care. Substandard hospitals, no doctors. Need to go out of county for health care.*
- *Mental Health and access for children and adults of poverty/mid-poverty level. Many people don't qualify for CMH but can't afford private and insurance doesn't cover. Our children are in crisis and more every day diagnosed with a mental illness or disorder.*
- *Drug use*
- *young kids using drugs*
- *We have FAR TOO MANY suicides of young people. SOMEHOW we need to begin educating our young ones (age 5 and up) that grief and depression WILL happen but there are options to deal with those feelings and emotions. I don't believe our youth really believe that suicide is FINAL....I think they believe they will somehow "be present" at the funeral to hear comments and statements. I truly believe that is our county's biggest issue.....and I would be willing to serve on a task force to brainstorm about ideas and solutions. As a retired high school instructor, I believe that matter needs to be of MAJOR importance beginning in kindergarten. We MUST have elementary counseling programs....that should be a priority in EVERY school district. (No....I was NOT a high school counselor....I am a retired business education instructor.)*
- *Cancer and Heart Disease - High insurance premiums and high deductibles so do not seek health care*
- *Access to mental health care, youth and foster kids especially. Been there!!*





- *Having the access to all health services and the ability to pay for them. Mental health and general health education would be priorities for me.*
- *Availability of health care*
- *being educated on things that relate to what they have.*
- *Poverty that leads to poor health and nutrition, which leads to lack of appropriate development and academic and social growth in schools.*
- *Annual exam once a year to find out any major problems, to lead to more tests etc.*
- *Access to consistent and affordable health care.*
- *The availability of health insurance and prescriptions that are affordable.*
- *preventative health care*
- *Access issues created by poverty, lack of insurance and difficulty in recruiting physicians and midlevel providers*
- *Clean drinking water, and no more free testing 18.00 for metals/plus 23.00/bacteria*
- *Dental Coverage.*
- *Bullying and drug abuse. They need to stop and/or be prevented.*
- *Bullying and drug abuse. They need to stop and/or be prevented.*
- *Help with depression and anxiety.*
- *Obesity and Drug abuse.*
- *Cost.*
- *Vaccinations*
- *STD's/teen pregnancy*
- *Drug abuse and availability of help to people who need it even though they are working.*
- *Availability of mental health care providers and illegal substance abuse*
- *Meth use*
- *Drugs*
- *Not having access to good care.*
- *Access to food resources.*
- *Mental health services for children suffering with severe mental illness needs major improvement for all residents. Not just those who qualify for Medicaid.*
- *Being able to afford healthy foods and affordable group exercise/fitness classes. It may be helpful to start up some community sports teams to encourage community involvement and to get people active.*
- *Health insurance*
- *access to care*
- *Drug Abuse, access to primary care physicians*
- *The health and well-being of a community is complex. Many of the issues are tied together. One major concern is the mental health of the community and access to services.*
- *Substance abuse and mental health is a major problem in*
- *People not eating healthy and living a sedentary lifestyle, not exercising and using tobacco or using alcohol*
- *meth and alcohol abuse among young people 18-25*
- *Lack of Health Care, including dental.*
- *Sexually transmitter diseases between teens, ridiculous amounts of meth labs and drugs being everywhere*
- *Rising healthcare/insurance costs*





- *The Mental Health problem in this county is ridiculous. Patients go to the ER multiple times for similar complaints because they can't get their outpatient needs met. Once in the ER (usually brought in by Police), they take up ER beds for HOURS, and many of the times we are unable to place them or they are not needed to be placed in a psych hospital because they are all full or ?? CMH also has lost their funding to help PLACE the patient in the psych hospital if needed, leaving it up to the nurses in the ER as St Joseph County does not have large ER's where they can employ a social worker. This in turn bogs down the ER's, making wait times longer, and sometimes not getting people placed in psych facilities when really they need to be. I am not sure why this is such a huge problem in St Joseph County compared to other counties, and why we can't figure out and help our Mental Health and Substance Abuse patients better.*
- *Lack of Mental Health Services and resources*
- *Access to reliable mental health services is a big problem in SJC. Suicidal people are being sent home from hospitals, instead of being remanded for treatment, based on their ability to pay for services (instead of need)*
- *Low enough income, but not enough to receive benefits!*
- *Child health insurance and availability of medical care.*
- *Infant Mortality*
- *lack of health care for mental health patients*
- *Drug Use*
- *Sexual predators and Alcohol and Drug Abuse*
- *PRESCRIPTION DRUG USE, MENTAL HEALTH RISES ISSUES ARISE IN WINTER, ELDERLY HAVE TO BE TAKEN CARE OF BY THEIR CHILDREN DUE TO CUTS TO THEIR HEALTH INSURANCES TO TAKE CARE OF THOSE CAPABLE OF WORKING OR POLITICIANS WHO FURTHER CAREERS BY CUTTING THE BUDGET IN THE AREAS THEY ARE THE LEAST IMPACTED BY!!!! ASIDE FROM ALL THAT .... NOTHING*
- *No access to low income or uninsured resident health care. The closing of the St Joseph County Health center was a huge hit on this county.*
- *Obesity, lack of knowledge of healthy behaviors*
- *Affordable Care Act*
- *Inpatient Mental Health/ Drug Abuse Facility*
- *Substance and alcohol abuse, causing domestic violence, assaults, motor vehicle crashes, sexual assaults and rapes, child abuse, etc*
- *Mental Health and Substance abuse, access to family doctors if you do not have insurance (We currently have NO where for patients to go if they do not have insurance and can't afford the upfront cost of a visit which can be 100.00 or more), A high rate of smoking among all ages, and access to affordable healthy food choices for those who are low income, but not low enough to get food stamps.*
- *Mental health - we need more resources for those dealing with mental health issues, more education surrounding mental health, and more awareness of the needs of mental health. So many of our community issues I believe stem from a lack of proper mental health care.*
- *Mental health disorders and lack of access to mental health care and mental health resources*
- *The drugs that are being made and sold on our streets by these thugs. Then the thugs that are running around shooting each other. They all need to go. Lets make it safe for our kids so they can go out at night and play in our yards.*
- *We need an URGENT CARE - too many non-emergent people using the ER*
- *transportation and educating the youth about drug abuse, physical abuse, and sexual health*



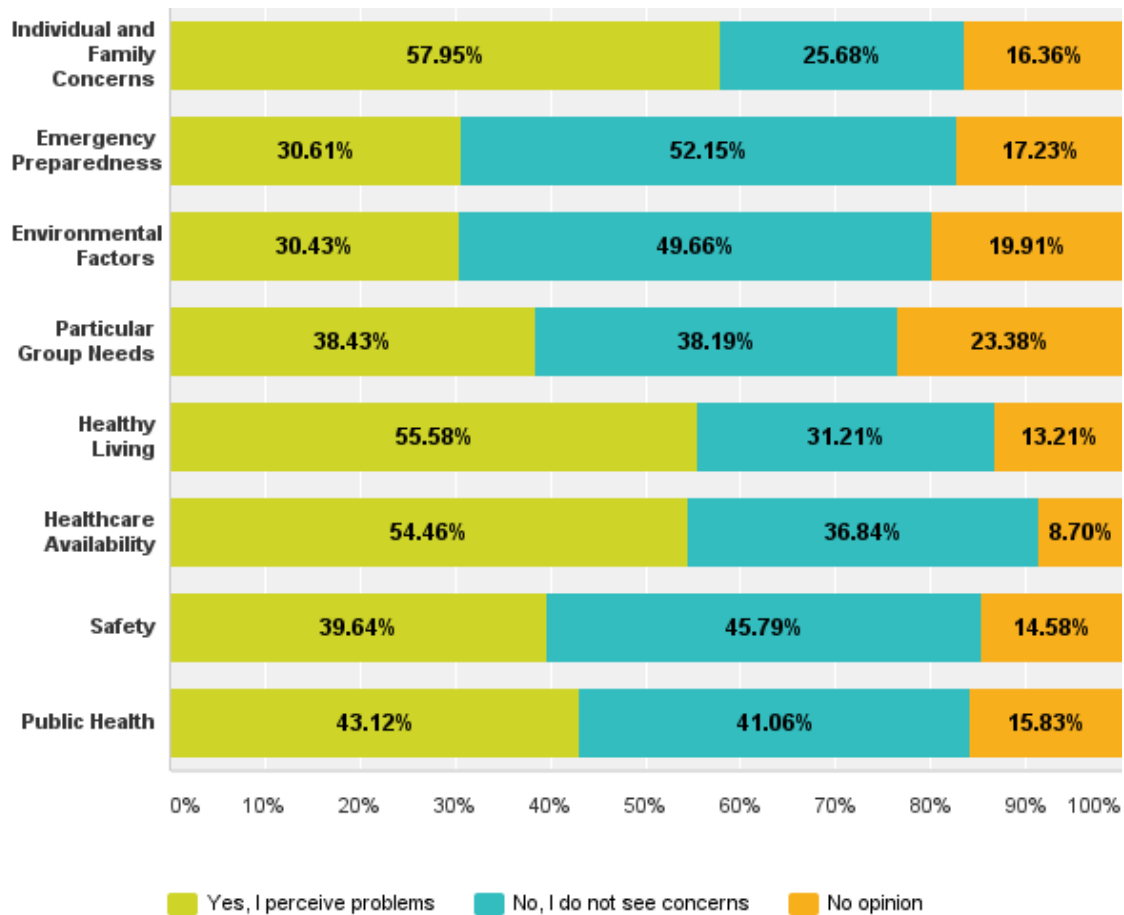
- *St. Joseph County residents face an inequity when it comes to the availability of services. These services range from physical health to mental health. There is a lack of resources to obtain health due to provider shortages and availability of community resources. Even if an individual wants to make healthy lifestyle changes there are few options for physical fitness, healthy diet through fresh foods, and enjoyable activities. Our county's residents are in poverty with little option of making their situation better.*
- *Lack of medical insurance coverage which then leads to undiagnosed or lack of getting care when needed. Also the education of the population is low which leads them to seek care when needed at inappropriate places which then leads to them thinking they are not getting the care they need.*
- *Prescription Drug Use*
- *Prescription drug abuse*
- *Substance abuse, overuse of Medicaid*
- *An increase in mental health patients who are not currently receiving treatment/medications.*
- *Diabetes and Heart Disease*
- *Access to mental health and having a medical home.*
- *Education*
- *Lack of personal responsibility for poor health choices. Poverty mindset. Mental Health services has too narrow of eligibility criteria for total population needs.*
- *Depression, suicide attempts, suicides. It has hit our county very hard in the last 1-3 years, including some very close friends of mine.*
- *People not getting the medical help they need.*
- *Access to affordable health insurance*
- *drug and alcohol abuse*
- *Illegal drug manufacture and use.*
- *I believe that the biggest problem confronting the health of the residents of St. Joseph County is the lack of accountability. We tend to make children believe that nothing is their fault and we blame others for things. People need to learn to be accountable for the decisions that they make that have an impact on their health.*
- *Access to healthcare and services*
- *Mental Health Awareness*
- *It is hard to get into doctors to make appointments.*
- *Prescribing too many prescriptions.*
- *Mental health.*
- *Meth clean up. I don't think the county does a good job, nor do they check and see if it is properly cleaned up.*
- *Mental illness, drug addictions*
- *The cost of being healthy, healthy foods, and access to exercise facilities without having to pay ridiculous prices.*
- *Affordable health services and care. Mobile health care screenings available for all residents regardless of age or income.*
- *Drug abuse is problem in St. Joseph County. Although programs are available to help individuals, the access to these programs, affordability and willingness to go is not always present.*
- *smoking and mental health*
- *Not enough private physicians in this area. We do not like SMG...you are just a number there.*
- *access to primary health care providers*
- *need more preventative care.*



- *To many doctors willing to write scripts for anything*
- *Depression*
- *lack of availability in smaller towns. lack of local exercise facilities in smaller towns.*
- *Meth*
- *Money for prescriptions and transportation.*
- *The disabilities of children.*
- *Having insurance*
- *Not going to see the doctor because people with insurance still can't afford it. Insurance isn't hardly covering anything.*
- *Transportation/primary care services and access*
- *"Alcohol/drug abuse in teens*
- *STD's"*
- *Cost of health care*
- *Alzheimer's and Dementia are worse than cancer*
- *Drug abuse*
- *Probably the use of meth in our community and its effect on families and children. We are all at risk due to the presence of these concoctions. Children are endangered and they have no voice.*
- *lack of information/education. under utilizing technology to educate people. unhealthy food choices and lack of decent fitness club/physical activities.*
- *Obesity which leads to heart disease, diabetes and other health conditions.*
- *Lack of mental health aid for residents*



Q5: Thinking of the past two years, and based on your experience living in St. Joseph County, do you perceive there to be a problem that needs to be addressed in these categories? Please select the response for each category that most closely reflects your view. Please provide additional comments for any 'Yes' answer.



#### Comments:

- *Agricultural pesticides*
- *Too many single women with kids whom they cannot support.*
- *High percentage of welfare families*
- *School lunches are still very unhealthy*
- *Financing mental health needs an inaware issue needing facilitation.*
- *Everything is just getting worse.*
- *Obesity still seems prevalent*
- *families have difficulty accessing services, don't know what is available to them, elderly are pretty much ignored group in teh county, hospital in community inadequate care of individuals, lack of physicians in area, no knowledge of where services are located for public health, repetative agencies doing the same services.*
- *as a parent of a special person. They seem they don't have enough support or programs.*
- *overall, everyone shoul dhave access to health care. prevention is better than dealing with an issue later on.*
- *Not enough biking and hiking trails.*
- *The knowledge of services that are available in our community.*



- *All areas need to be addressed*
- *Doesn't seem like we are prepared for too many situations (emergency preparedness). Our water doesn't seem too safe to drink (environmental). Prices and you have to go through too much to make it available (healthcare availability). Drug abuse - meth - is too ridiculous (safety).*
- *I do not live in St. Joseph County.*
- *I see challenge of non-English not learning or wanting to learn English - making huge gaps and problems in the area of communication (isolation) and then blaming for not communicating in their language.*
- *High poverty/rural area*
- *A lot of emergency with rivers - see a lot of flooding. Overall public health - lot of mental illness walking around town, could be a potential danger.*
- *Not enough resources for our families to get help.*
- *Broken families, more and more concern (Emergency Preparedness and Safety) with ISIS, More programs that are affordable along with healthy foods being more affordable (we seem backwards) foods that are not good for a person are less expensive than healthy eating?*
- *Not everyone lives in a safe home.*
- *Domestic Issues.*
- *Lacking behavioral health/support of hispanic community. More spotlight on violence and abuse*
- *All areas of importance, not sure if in our area*
- *In my opinion, these are all tied together, especially for people impoverished and with limited education*
- *Mental health, safety, Promote public health*
- *Not much mental health access and or providers*
- *Lack of primary care physicians. Increased obesity in adolescent adults*
- *Need more health care availability*
- *We need help*
- *More concern for the environment, healthy living - how can we increase intelligence, safety - emphasize personal responsibility, not dependence on the government.*
- *Our population could benefit from additional health care education and should cater more to individuals with access issues to health care*
- *The small town doesn't feel very safe anymore*
- *availability of health care providers to accept Medicaid payments*
- *healthcare availability we need more clinics*
- *low income families have issues that fall into all those categories*
- *emergency prep- where do we go? listen to, go? disaster? Healthcare need uniform healthcare*
- *lack of affordable fitness options: general practitioners willing to take on new clients.*
- *school system does not do enough for deaf students. no interpreters. and wellness services are too expensive (ie: doyle center)*
- *OBESITY IS ON THE RISE AND NOT ENOUGH IS BEING DONE TO COMBAT THIS GROWING EPIDEMIC*
- *I perceive that the majority of our population does not eat healthy, does not exercise and does not care about their health. I see many obese people of all ages that seek medical help for conditions that may not exist if they took better care of themselves. We also have a large population that smokes.*
- *All part of daily living and fears of situations that we have no control over however are directly affected.*



- *I work with a predominately Amish population and transportation is a concern for anything related to health and access. Also language and culture can be a barrier.*
- *I have a MAJOR CONCERN with the number of irrigation systems being put in. In the long term, this WILL affect our ground water as well as our wells. The number of citizens who had to drill new wells for their homes in St. Joseph County should be investigated and mapped to determine the effect of crop irrigation practices on citizen's wells. I also have a MAJOR CONCERN with the number of wood lots being destroyed for farm practices. It is my personal belief that if a person removes trees, they should be required to replant as well.*
- *Flint, MI water toxicity, low education levels, overweight population, more risky behaviors*
- *There is a need for jobs, education and more healthcare providers*
- *job layoff, no insurance*
- *I don't believe our emergency preparedness is what it should be. Healthy living is a choice and I don't think that people want to get healthy or they just don't care, or not educated. Healthcare avail is a huge concern in my eyes. I hear pts all the time stating they were sent over by their doctor because they didn't have any openings.*
- *Devastating diagnosis, Latvian and Hispanic communities,*
- *When Riverside Clinic closed and then the Federal Clinic closed, it must be a nightmare for those that are uninsured or underinsured to get help! Safe, well lit sidewalks and locations where people can be active. Drug use seems to be a problem in our area. Meth use, etc.*
- *Individual and Family - Mental Health issues, Environmental Issues - lead in the water. Three Rivers is similar to Flint, it just has not been recognized yet, Healthy Living - too much obesity*
- *Not enough healthcare providers to serve the poor of our population, those that seem to frequent healthcare facilities most often due to poor health choices.*
- *Access to mental health / drug abuse counselling is very limited and in dire need.*
- *i feel the farmers are causing a big problem in the county Spreading*
- *Mental Health for all people*
- *not enough providers-wait it too long for care*
- *I see families struggle with medical or lack of medical and mental issues every year in my classroom*
- *I feel that there aren't many options for people with lower incomes to get the health care they need. There are also not many options for people to work out at an affordable cost.*
- *see above comment*
- *Crop duster fly over St. Joseph County frequently during the summer & expose our population to chemical irritants that can cause cancer.*
- *Mental health resources are difficult to get for adolescents and often the ones that are offered are not enough.*
- *Kids being given appropriate healthcare*
- *Again, those who live in poverty need better access to mental as well as physical needs.*
- *These are the concerns I see most relative to my career in education.*
- *I see concerns with children and their family's physical, mental, and emotional well being. Particularly, parents who don't have resources to treat their children. Lack of parenting classes and parenting support.*
- *There is a need for Spanish speaking staff. Children are often translating for their parents.*
- *Where do citizens of Three Rivers find out about Emergency Preparedness. Healthy Living, how do elderly get the help they need when they are no longer able to care for themselves but they can't afford a nursing home and all services that come to their home are only for a very short amount of time and only a few times a week.*
- *Cost of eating healthy is more than cost of eating un-healthy*



- *Public health - quit trying to force the medical model down everybody's throat and promote healthy living. Poverty can only be addressed through education. Get a CTE building to serve the high schools and adult education. Make farmers accountable for the poison they spread and water they contaminate - cancer causing farm models need to be banished.*
- *again.....my concern is about people dealing with depression and anxiety*
- *Due to insurance issues can not seek medical attention as easily.*
- *All need more attention.*
- *Access to affordable and quality healthcare!*
- *Affordability of fitness venues and healthy eating for all*
- *Wreckless drivers and health awareness stores are hidden, they aren't talked about at all. STD's.*
- *Sometimes money is a concern.*
- *One needs to go!!!*
- *Emergency housing help*
- *It is very difficult to get our child the help she needs and our family needs in managing our child's severe mental illness. I know we are not the only ones and that there are many more families in the same heart breaking position we are in.*
- *Group needs - youth/teenagers need more services that are affordable to keep them off the streets and out of trouble after school. Healthy living - healthy foods are not very affordable at times, we need more community sports and exercise/fitness programs that are free or affordable.*
- *many needs, difficult access. very difficult to access info on pbb residue from 70s in land - many people with health issues due to lifestyle - hard to access healthcare*
- *I believe there are many mental health concerns in all ages, and lack of primary care physician access.*
- *I think there may be disaster plans in place at several county agencies, but they aren't conveyed to the residents. Many can't afford health care, or a visit to a doctor.*
- *There needs to be more mental health groups.*
- *I work with victims of domestic and sexual violence. These are all obstacles for these people to overcome as they start a life free from violence (or seek to do so)*
- *Over all health care availability and education for our children.*
- *WHO IS GOING TO MAKE THE CHANGES??? NO ONE*
- *Get the FQHC up and running again!*
- *This is an area with much poverty; education is needed re: healthy choices and options. Wellness services should be emphasized and encouraged at every medical encounter; health services should NOT be cut from the hospital (i.e., diabetic and nutrition teaching) but should be supported.*
- *Lack of fathers in homes, mothers working out of home. Obamacare is a disaster in almost every way.*
- *Lack of knowledge*
- *I perceive problems with our low income community members obtaining what they need to live healthy lifestyles such as produce, etc and get appointments with doctors (worse with specialties that do not accept medicaid, etc)*
- *Again, I believe there is a need for more availability and awareness surrounding mental health care and related issues. I see there is still abuse happening including sexual abuse. I also believe that our public health need more resources to do the jobs they are tasked to do.*
- *We live in a community with relatively low socioeconomic status individuals and poor education levels. There is a huge concern for lack of access to care (overburdened primary care and mental health care offices/not enough*





*providers or resources,) as well as a higher than average rate of major health risks that lead to chronic disease (due to generationally perpetuating poverty and lack of education/knowledge) such as obesity, tobacco use, illegal substance use, and abuse of prescription medications.*

- *NEED AN URGENT CARE*
- *education and access available for all of the above*
- *There seems to be an increase in water bans. Mental health is a huge problem in st. joseph county. Residents resist healthy habits and many are morbidly obese. major crimes seem to be increasing.*
- *Mental health, medical home, obesity/diabetes/heart disease, substance abuse*
- *We have a lack of accessible mental health providers, we need more free and public recreational activities like bike and walking paths, we have a need for more speciality clinics and growing local health services although we have made great strides, we need to change the mindset of many about how their choices are destroyin their health and that there might not continue to be the public supports for the services needed for their poor health.*
- *mental health, domestic violence, resources for Spanish speaking, use of pesticides*
- *We are a poor county. We have good people, but there are needs that are associated with poverty.*
- *This question is unclear. Do I see problems that are not being addressed in these areas? No. Do I see issues that require ongoing work, yes. Some of these areas we must always remain dilligent and work on to even maintain the gains we have already made.*
- *people need to know our language. We shouldn't have to pay or use our tax money to teach them, especially the illegal immigrants!*
- *Water in Three Rives sometimes looks, smells, and tastes bad. families that need help do not qualify due to their financial situation.*
- *Just all the trash laying around town, going into ER and finding no one in sight, some housing are not cleaned properly or up to code.*
- *meth and violence are on the rise again.*
- *With family concerns, many individuals who need special attention to mental health may not be getting the services they need due to lack of insurance or affordability. I see a large problem with willingness to properly accept and continue to utilize mental and or behavioral help. Healthcare is available to those living in St. Joseph County, however many people do not have insurance and won't seek proper healthcare because of this. Due to the perceived high levels of drug use/abuse in our county, safety will always be a concern of mine.*
- *We need to keep small hospitals and clinics open to serve the people in the community. We need to constantly be alert to terrorism and environment issues that could affect us at any point and time.*
- *Too long of a wait to get into family doctor. Not enough doctors. Not taking new patients.*
- *The needs are great due to rampant poverty and unstable families. Local resources are unlikely to ever be sufficient to address the needs and resolve the issues.*





**Q6: Now please rank order the eight potential community health needs in terms of the order of importance with (1) indicating the MOST IMPORTANT area for action and (8) indicating the LEAST IMPORTANT area.**

|                               | <b>1</b>             | <b>2</b>            | <b>3</b>            | <b>4</b>            | <b>5</b>            | <b>6</b>            | <b>7</b>            | <b>8</b>             | <b>Total</b> | <b>Score</b> |
|-------------------------------|----------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|----------------------|--------------|--------------|
| Individual and Family Concern | <b>33.92%</b><br>136 | <b>15.71%</b><br>63 | <b>12.22%</b><br>49 | <b>8.23%</b><br>33  | <b>10.22%</b><br>41 | <b>8.23%</b><br>33  | <b>6.23%</b><br>25  | <b>5.24%</b><br>21   | 401          | 5.79         |
| Emergency Preparedness        | <b>7.71%</b><br>31   | <b>10.45%</b><br>42 | <b>12.69%</b><br>51 | <b>12.19%</b><br>49 | <b>10.45%</b><br>42 | <b>15.92%</b><br>64 | <b>14.93%</b><br>60 | <b>15.67%</b><br>63  | 402          | 4.07         |
| Environmental Factors         | <b>2.27%</b><br>9    | <b>4.03%</b><br>16  | <b>11.08%</b><br>44 | <b>12.34%</b><br>49 | <b>13.10%</b><br>52 | <b>14.36%</b><br>57 | <b>23.17%</b><br>92 | <b>19.65%</b><br>78  | 397          | 3.36         |
| Particular Group Needs        | <b>5.76%</b><br>23   | <b>7.27%</b><br>29  | <b>8.77%</b><br>35  | <b>9.27%</b><br>37  | <b>11.28%</b><br>45 | <b>12.28%</b><br>49 | <b>14.79%</b><br>59 | <b>30.58%</b><br>122 | 399          | 3.38         |
| Healthy Living                | <b>13.90%</b><br>56  | <b>14.39%</b><br>58 | <b>12.66%</b><br>51 | <b>12.66%</b><br>51 | <b>12.16%</b><br>49 | <b>11.66%</b><br>47 | <b>10.67%</b><br>43 | <b>11.91%</b><br>48  | 403          | 4.68         |
| Healthcare Availability       | <b>18.95%</b><br>76  | <b>18.70%</b><br>75 | <b>12.97%</b><br>52 | <b>13.22%</b><br>53 | <b>10.97%</b><br>44 | <b>12.47%</b><br>50 | <b>9.73%</b><br>39  | <b>2.99%</b><br>12   | 401          | 5.30         |
| Safety                        | <b>11.78%</b><br>47  | <b>13.28%</b><br>53 | <b>14.79%</b><br>59 | <b>16.54%</b><br>66 | <b>14.29%</b><br>57 | <b>10.78%</b><br>43 | <b>12.78%</b><br>51 | <b>5.76%</b><br>23   | 399          | 4.79         |
| Public Health                 | <b>7.44%</b><br>30   | <b>16.13%</b><br>65 | <b>14.89%</b><br>60 | <b>15.38%</b><br>62 | <b>17.12%</b><br>69 | <b>13.90%</b><br>56 | <b>7.20%</b><br>29  | <b>7.94%</b><br>32   | 403          | 4.71         |

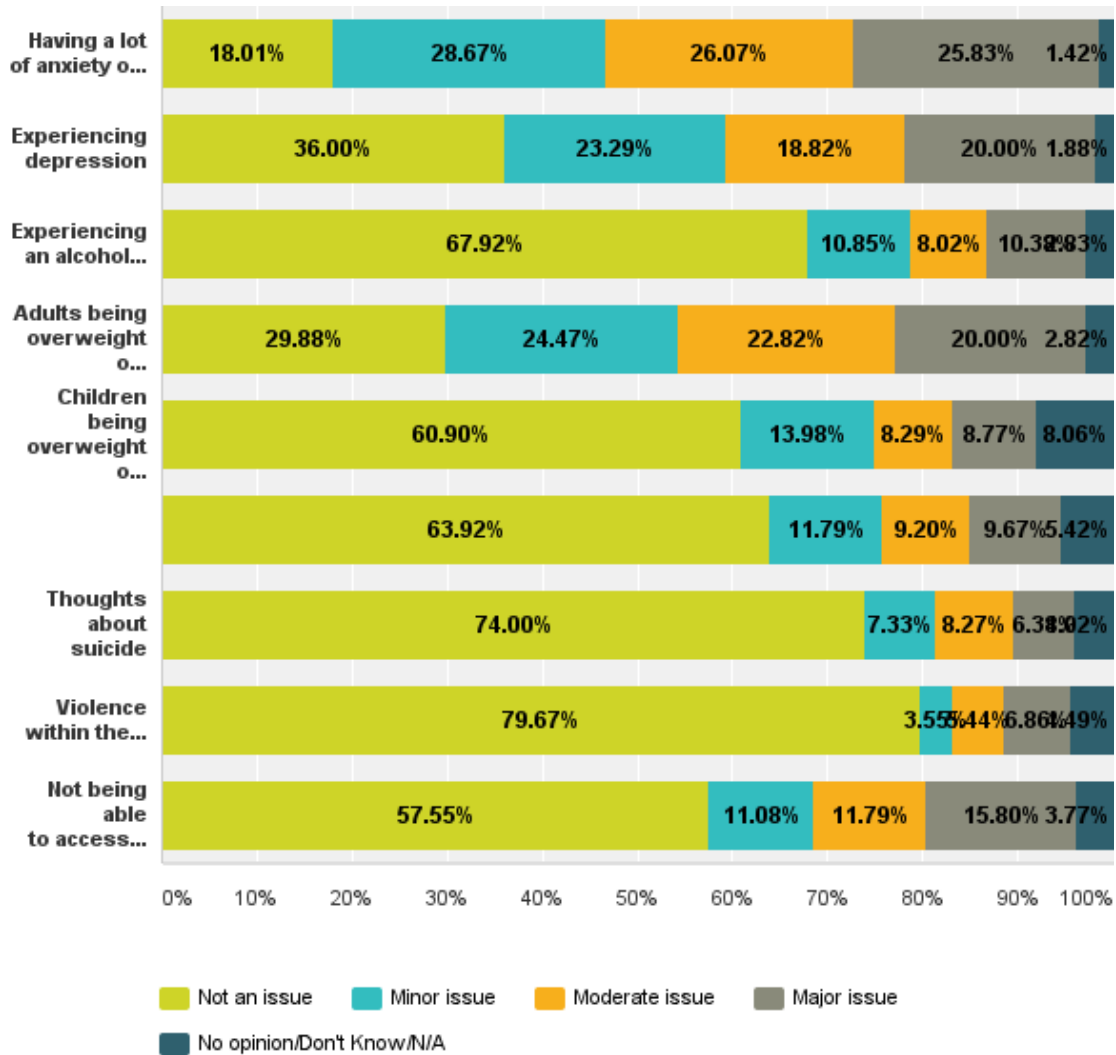


Q7: In your household, how would you describe the following health issues? While your opinion may not need to use all of the following terms, please use the following definitions to express your opinions.

Minor Issue - a concern but of considerable less importance than other issues

Moderate Issue - certainly a concern needing attention soon but is not urgent needing an immediate response

Major Issue - among the top three to five concerns needing prompt attention



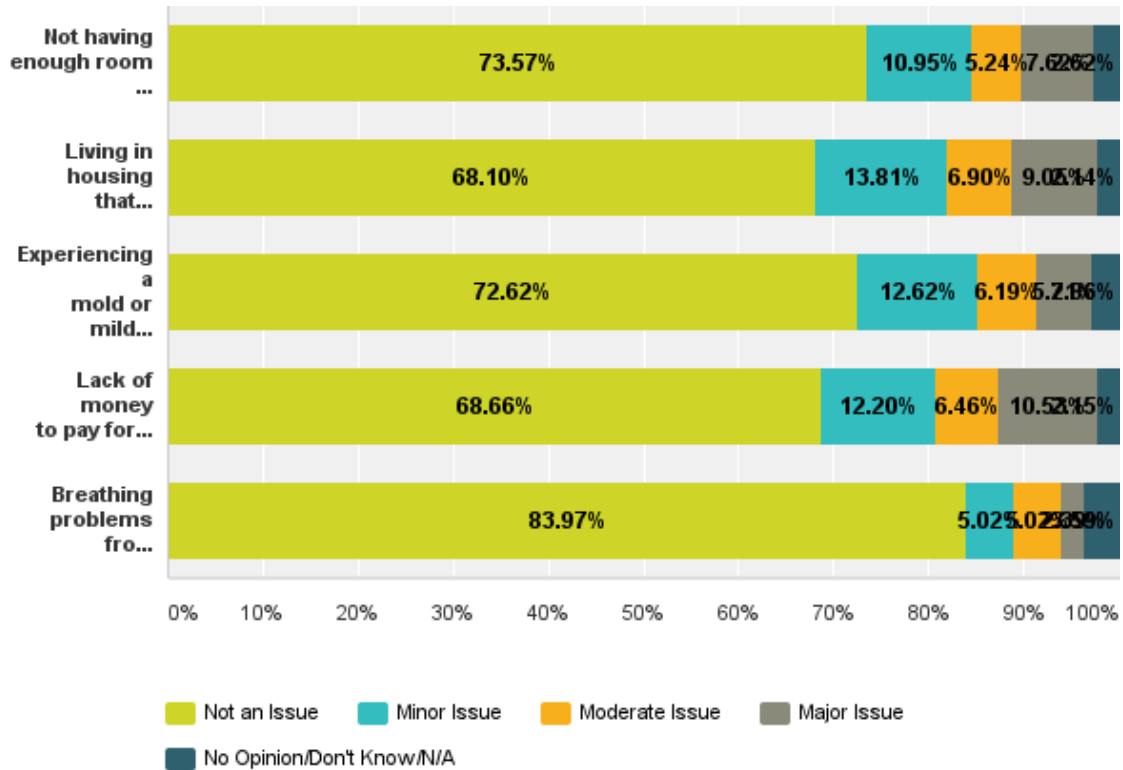


**Q8: How would you describe the following housing issues as they relate to you and your family? While your opinion may not need to use all of the following terms, please use the following definitions to express your opinions:**

**Minor Issue** - a concern but of considerable less importance than other issues

**Moderate Issue** - certainly a concern needing attention soon but is not urgent needing an immediate response

**Major Issue** - among the top three to five concerns need prompt attention



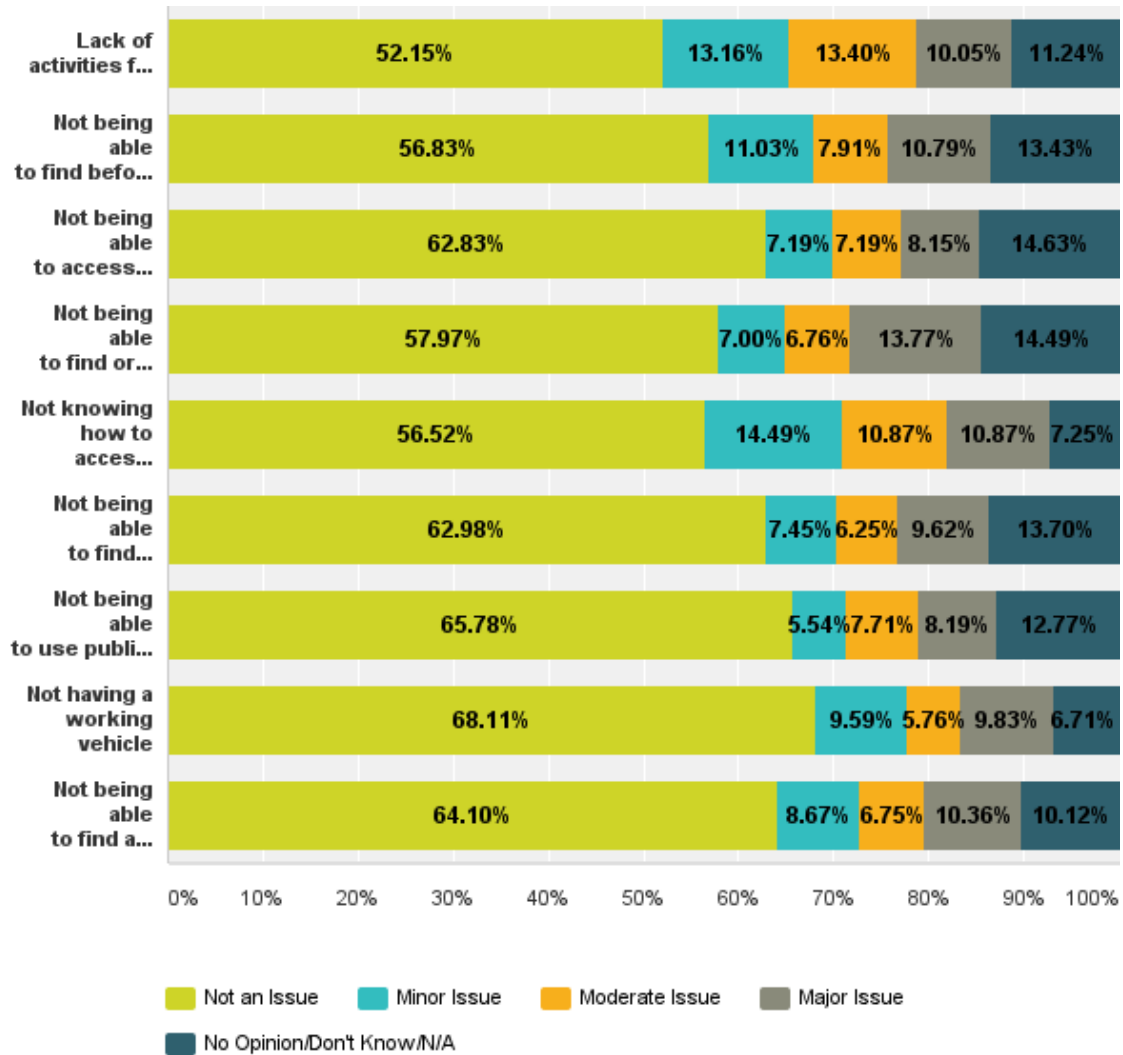


**Q9: In your household, how would you describe obtaining the following support services? While your opinion may not need to use all of the following terms, please use the following definitions to express your opinion.**

**Minor Issue** - a concern but of considerable less importance than other issues

**Moderate Issue** - certainly a concern needing attention soon but is not urgent needing an immediate response

**Major Issue** - among the top three to five concerns needing prompt attention

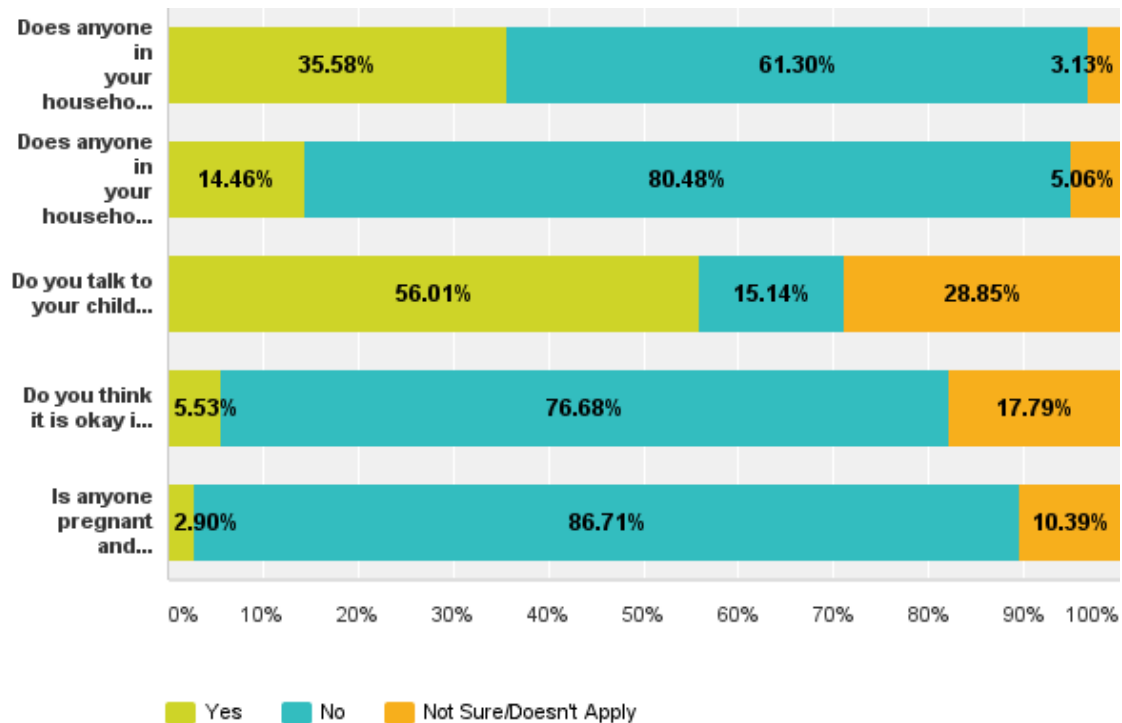




|   | <b>Not an Issue</b>  | <b>Minor Issue</b>  | <b>Moderate Issue</b> | <b>Major Issue</b>  | <b>No Opinion/Don't Know/N/A</b> | <b>Total</b> |
|---|----------------------|---------------------|-----------------------|---------------------|----------------------------------|--------------|
| Lack of activities for school-aged children and teens   | <b>52.15%</b><br>218 | <b>13.16%</b><br>55 | <b>13.40%</b><br>56   | <b>10.05%</b><br>42 | <b>11.24%</b><br>47              | 418          |
| Not being able to find before or after-school childcare, or summer childcare for school-aged children   | <b>56.83%</b><br>237 | <b>11.03%</b><br>46 | <b>7.91%</b><br>33    | <b>10.79%</b><br>45 | <b>13.43%</b><br>56              | 417          |
| Not being able to access in-home care for an adult who is 65 years or older   | <b>62.83%</b><br>262 | <b>7.19%</b><br>30  | <b>7.19%</b><br>30    | <b>8.15%</b><br>34  | <b>14.63%</b><br>61              | 417          |
| Not being able to find or afford childcare for children ages 0 to 5 years   | <b>57.97%</b><br>240 | <b>7.00%</b><br>29  | <b>6.76%</b><br>28    | <b>13.77%</b><br>57 | <b>14.49%</b><br>60              | 414          |
| Not knowing how to access services or information in St. Joseph County  | <b>56.52%</b><br>234 | <b>14.49%</b><br>60 | <b>10.87%</b><br>45   | <b>10.87%</b><br>45 | <b>7.25%</b><br>30               | 414          |
| Not being able to find transportation for a person with a physical disability or someone aged 65 years or older   | <b>62.98%</b><br>262 | <b>7.45%</b><br>31  | <b>6.25%</b><br>26    | <b>9.62%</b><br>40  | <b>13.70%</b><br>57              | 416          |
| Not being able to use public transportation to get to a job or appointment on time  | <b>65.78%</b><br>273 | <b>5.54%</b><br>23  | <b>7.71%</b><br>32    | <b>8.19%</b><br>34  | <b>12.77%</b><br>53              | 415          |
| Not having a working vehicle  | <b>68.11%</b><br>284 | <b>9.59%</b><br>40  | <b>5.76%</b><br>24    | <b>9.83%</b><br>41  | <b>6.71%</b><br>28               | 417          |
| Not being able to find a crisis intervention resource (suicide, family support, violence, child or older adult neglect, alcohol and drug emergencies, etc). | <b>64.10%</b><br>266 | <b>8.67%</b><br>36  | <b>6.75%</b><br>28    | <b>10.36%</b><br>43 | <b>10.12%</b><br>42              | 415          |



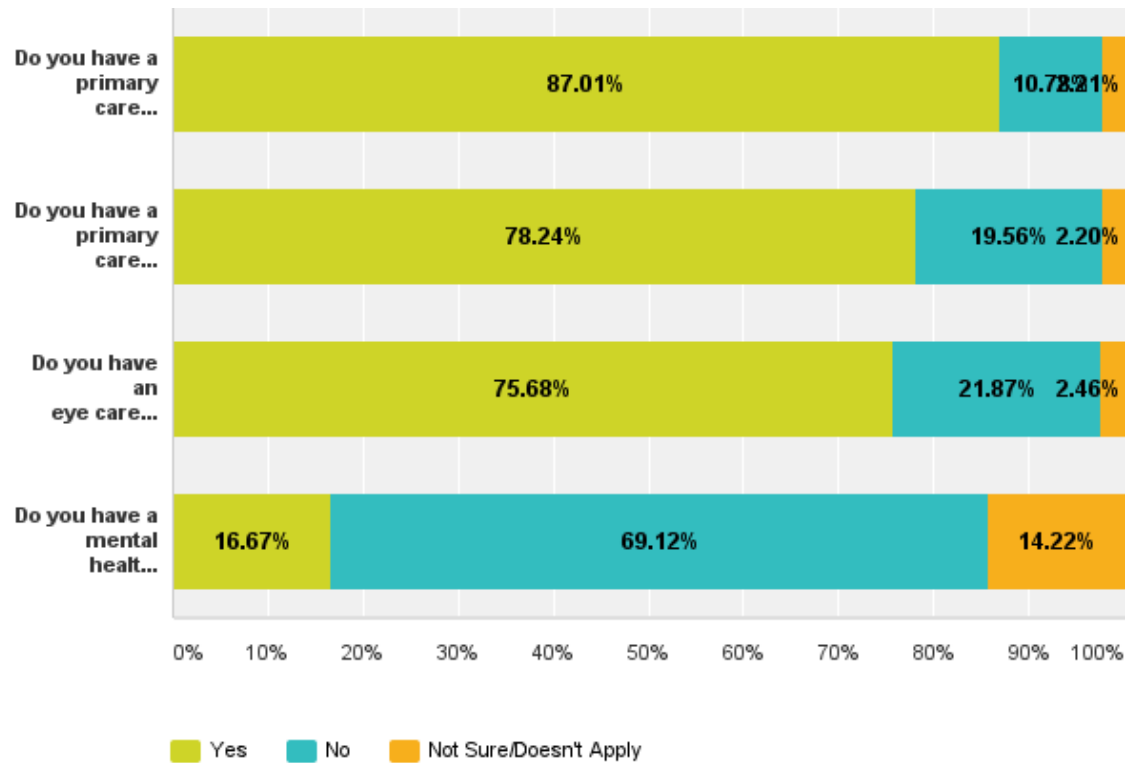
**Q10: Please answer the following questions regarding tobacco products used in your household**



|  | Yes           | No            | Not Sure/Doesn't Apply | Total |
|--|---------------|---------------|------------------------|-------|
| Does anyone in your household use tobacco products?  | 35.58%<br>148 | 61.30%<br>255 | 3.13%<br>13            | 416   |
| Does anyone in your household smoke in the home or in the car when non-smokers are there?      | 14.46%<br>60  | 80.48%<br>334 | 5.06%<br>21            | 415   |
| Do you talk to your child about the harmful effects of tobacco, alcohol and drugs?             | 56.01%<br>233 | 15.14%<br>63  | 28.85%<br>120          | 416   |
| Do you think it is okay if your child uses alcohol as long as he/she does not use other drugs? | 5.53%<br>23   | 76.68%<br>319 | 17.79%<br>74           | 416   |
| Is anyone pregnant and smoking in your household?  | 2.90%<br>12   | 86.71%<br>359 | 10.39%<br>43           | 414   |



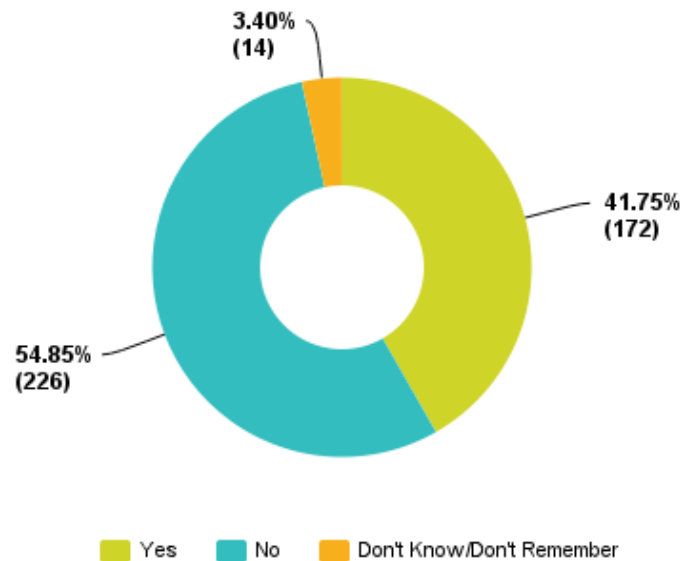
**Q11: Please answer the following questions about medical services.**



|  | Yes           | No            | Not Sure/Doesn't Apply | Total |
|--|---------------|---------------|------------------------|-------|
| Do you have a primary care doctor?     | 87.01%<br>355 | 10.78%<br>44  | 2.21%<br>9             | 408   |
| Do you have a primary care dentist?    | 78.24%<br>320 | 19.56%<br>80  | 2.20%<br>9             | 409   |
| Do you have an eye care provider?      | 75.68%<br>308 | 21.87%<br>89  | 2.46%<br>10            | 407   |
| Do you have a mental health counselor? | 16.67%<br>68  | 69.12%<br>282 | 14.22%<br>58           | 408   |



**Q12: In the past two years, have you or any household member left the county in search of healthcare services?**



**Comments:**

- *OB, midwifery, lactation consultants, pediatrician, perinatologist, ER services, neonatologist. Lagrange, Goshen, and Fort Wayne, because services are either not provided in my city, not easily accessible, or I have had a poor experience with what is available. Midwifery and OB, especially, as Sturgis Hospital does not employ midwives, and is not Baby Friendly.*
- *Not a lot of options for someone like me who has private insurance and is only limited to certain services so I have to travel to Kalamazoo*
- *Specialist*
- *Medical - 1 hour away*
- *U of M - Cancer Care*
- *Just moved to the area.*
- *MRI in Kalamazoo*
- *specialist ent*
- *Ann Arbor for edocrine surgeon and Kalamazoo for ENT*
- *Specialist in Borgess*
- *Footcare to Jackson, new family physician there soon.*
- *Wasn't getting answers for my health problems, so I went to Borgess hospital for a second opinion.*
- *Specialists in Kalamazoo county and Indiana*
- *Dental*
- *Specialist*
- *Grand Rapids, MI*
- *Battle Creek-sanifion services*
- *Phone book*





- *Hand Surgeon-150 miles*
- *Cancer Center*
- *I see a psychiatrist and therapist in Kalamazoo and also my dentist and primary care physician and specialists are in Kalamazoo*
- *Ent, Dentist*
- *Better physicians elsewhere*
- *Surgery at Borgess hospital*
- *Pediatrics towards Coldwater. We don't like choices here*
- *VA Hospital - 45 Miles.*
- *Dermatology, plastic surgery. Battle Creek, Marshall*
- *A specialist is not available*
- *PCP Kalamazoo*
- *Indiana..for a cheaper mri*
- *clinic for dr*
- *primary care provider-25 miles*
- *went to lagrange level of care and promptness much better Sturgis staff is usually rude and slow*
- *general healthcare because no local practitioners would accept new clients in my demographic. Went to kalamazoo.*
- *not happy with local doctors*
- *dermatologist-none in network. kalamazoo-50 miles*
- *eye surgeon*
- *Went to South Bend for Detached retina repair*
- *I'm just a very private person so I take my healthcare out of town.*
- *Kalamazoo, for hysterectomy*
- *I live in Kalamazoo but work in St Joe County, so Dr's are in Kazoo*
- *Orthopedic services for son's sports injury -- to Kalamazoo (20 miles)*
- *30 min. level of expertise*
- *we travel approx 30 miles to get better healthcare in IN*
- *Not in network for dental services*
- *Borgess Hospital in Kazoo and Woodbridge Immediate Care in Portage*
- *Due to treatment for AML*
- *Primary Care - Portage*
- *Ortho--Kalamazoo*
- *Our doctors are in portage which is 20 minutes away. They have more flexibility and they use Bronson hospital.*
- *oral surgeon, none here, 20 miles*
- *kalamazoo*
- *Kalamazoo borgess heart center*
- *Mayo Clinic, Three Rivers Hospital is terrible!!*
- *I go to U of M Hospital to see a gastroenterologist since Sturgis does NOT have one ever since Dr. Malik left the area.*
- *not comfortable for care given at the local hospital*
- *Ann Arbor for migraine issues.*



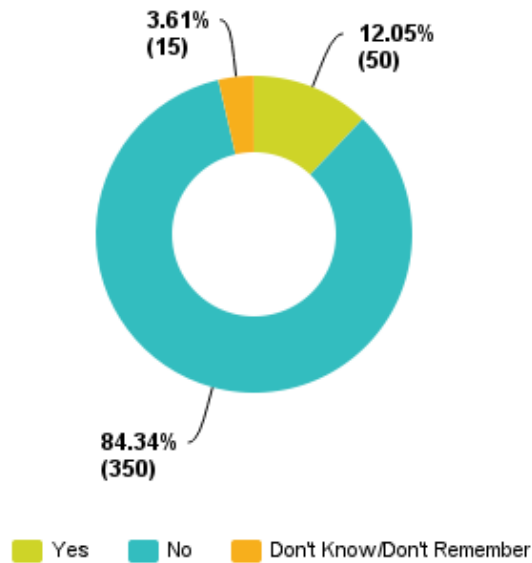
- *Portage for a pediatrician because I was not happy with the one in Three Rivers. Kalamazoo for chiropractic care because I wanted someone who specialized in working on infants. OBGYN in Portage because I was not happy with the one in Three Rivers.*
- *oral surgery, recommended by local dentist, traveled 45 miles*
- *Traveled up to 35 miles. Er in Kalamazoo (better doctors), pediatrician in portage, eye doctor in Vicksburg, dentist in Schoolcraft, more affordable and better specialists*
- *All medical/dental care is outside of St. Joseph County...primary care in Kalamazoo, and specialist in Detroit.*
- *referred, Kalamazoo*
- *Dental services in Kalamazoo, Healthcare services in Portage.*
- *Dental, health care, general practioner. Kalamazoo, Kent county, Washington DC, and Biddeford, Maine.*
- *VA medical Facility in both Ann Arbor and Battle Creek. No Veteran services available that are close*
- *Emergcy medicine - Angola IN, surgery Ft. Wayne IN - because St. Joe cnty hospitals have bad reputations*
- *skin cancer physician/kalamazoo*
- *Doctor, dentist, eye care*
- *surgery, orthodontics, dermatology*
- *follow up appts with surgeon at Borgess Hospital in Kalamazoo. Colonoscopy and endoscopy in Battle Creek...referred there by primary care doctor in Three Rivers*
- *To see a Dermatologist*
- *Portage/Kalamazoo*
- *eye care arthiritis kidney kalamazoo*
- *Dental - 30 minutes - no in county was covered by my insurance*
- *Kalamazoo for specialists. Cardiology, neurology and internal medicine.*
- *Kalamazoo for orthopedic surgery*
- *Neuro and cardiac*
- *Traveled to battle creek for provider that accepted insurance*
- *Service not available locally*
- *Dental services - Portage, MI*
- *Kalamazoo - 45 minutes.*
- *Kalamazoo - affordable care.*
- *Did not have the services here to meet the needs*
- *emergency eye care - went to next county*
- *We go to Portage for Pediatric services. If we need ER services for our children, we go to Bronson. If we need urgent care services for our children, we go to Borgess Woodbridge Hills.*
- *Helen Devos for endocrinologist, and kalamazoo for after hours urgent care.*
- *Pediatric Dentist*
- *Bronson Hospital*
- *Kalamazoo and Ann Arbor*
- *Moved from Kalamazoo County, kept all previous medical providers*
- *Specialist needed. Kalamazoo.*
- *kalamazoo, ENT, pediatrician*
- *Specialist 50 mi*
- *GI and family doctor due to my preference*



- Neurologist-Kzoo
- OBGYN, primary care physician, mental health counselor - all in Kalamazoo
- We sought a licensed speech pathologist and also a pediatric occupational therapist in Portage to obtain the best possible services we could afford for our son's Apraxia and Generalized Anxiety Disorder.
- ENT - not available here @ the time - KZOO
- ear nose and throat specialist
- Kalamazoo
- We travel over 45 miles to obtain primary health care and hospital services. We have been unhappy many times with the quality of care provided in St. Joseph County.
- I choose to go outside of this county for a pediatrician, have had a bad experience with local ones. Also the local hospital is not quite up to date on equipment and even if I do have a test done in the county I have been referred for a second opinion outside of the county because of inaccurate test results. This is very concerning to me!
- cardiology, 20 miles
- orthopedic, OB GYN
- Family Physician: Portage
- Cardiology, pulmonologist
- neurology, primary care - kalamazoo
- pediatrics, ob/gyn, pain clinic, allergist, dentist 30 miles
- Kalamazoo, Ann Arbor, and Cleveland, Ohio
- surgeon in Kalamazoo, quality and reputation
- Previous practitioner.
- Specialists such as surgeons and endocrine specialist.
- Dentist, no one took Medicare, went to Indiana
- Treatment for cancer and at-risk surgery - I went to, and still go to, Ann Arbor, MI.
- skin cancer 35 miles 1 way. colonoscopy 35 mi. 1 way
- Mental Health
- Infectious disease doctor - Kalamazoo
- Dermatologist/Eye care - 30 minutes
- Primary care - 20 miles, obgyn - 40 miles, pediatrician - 60 miles, ER - 20 miles. because our local hospital almost killed me and my unborn child, and I know what good & evidence based care is, and it is not provided in St. Joseph County.
- Went for MRI's and Orthopedic surgeons in Kalamazoo and for sleep apnea testing & follow-up appointments in Marshall and Coldwater.
- Lasik eye surgery Elkhart Indiana, kidney pain kalamazoo MI, shoulder surgery Coldwater MI



**Q13: In the past two years, have you or any household member left the county in search of mental healthcare services?**



**Comments:**

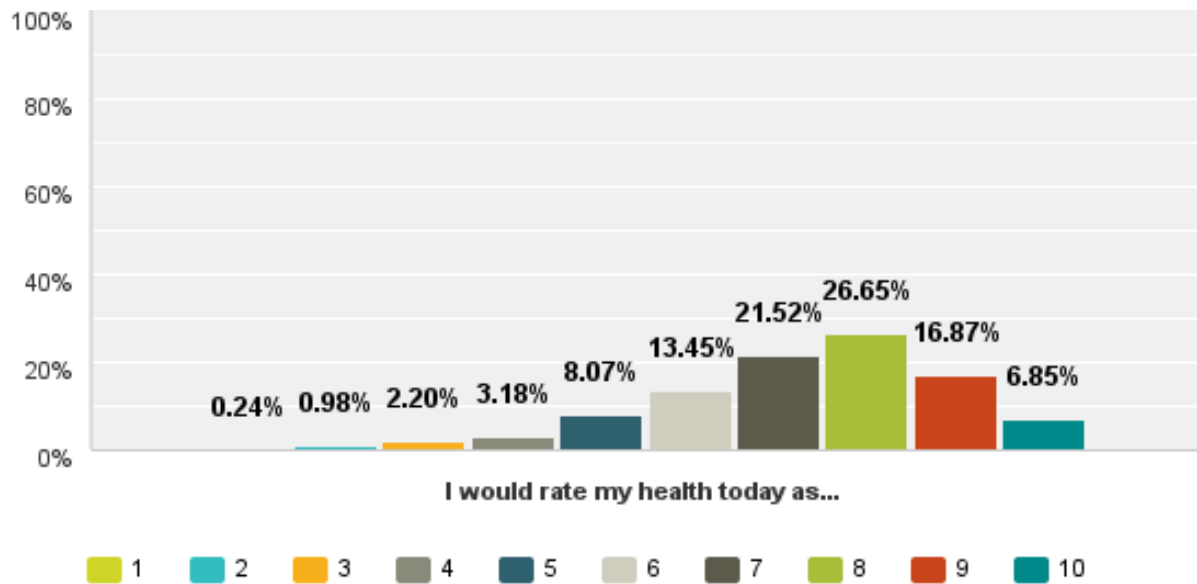
- *Counseling for mental problems*
- *n/A*
- *Battle Creek Va*
- *Substance abuse-150 miles*
- *I see a psychiatrist and counselor*
- *VA Hospital - 45 Miles.*
- *Psychologist, referral*
- *Kalamazoo-easier to get an appt*
- *approx 30 miles to get better healthcare in IN*
- *Mental Health Counselor - Kalamazoo*
- *kalamazoo. we needed a counselor that is not community mental health and is based on our needs.*
- *Family counseling, 25 miles, couldn't find services here*
- *Treatment for my son with Aspergers. I wanted the best therapist for my son and travel 15-20 minutes away.*
- *Counseling for divorce, Kalamazoo, not really anyone recommended in St. Joseph County.*
- *Counselor- portage, MI*
- *Counselor in Portage. Did not find a counselor that fit my needs in the immediate area.*
- *psychologist - 45 minutes - no one in county covered by insurance*
- *Suicide, Kalamazoo County*
- *No but really should have*



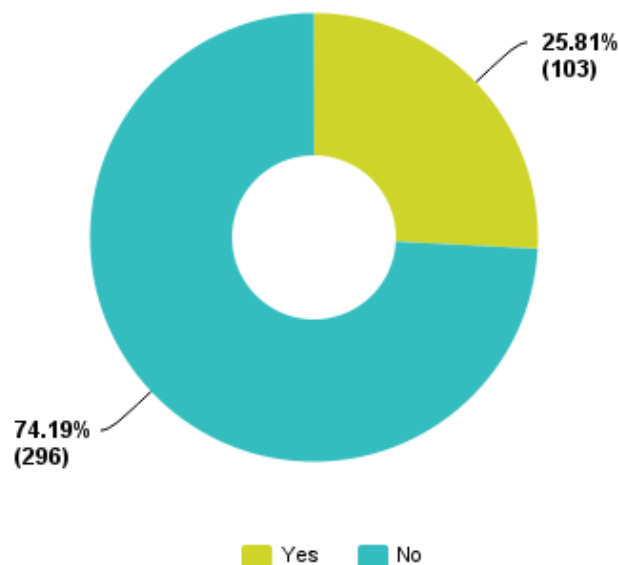
- *We travel to South Bend every 2-3 weeks to see our child's Psychiatrist, we travel once a week to see our child's psychologist, we have traveled to Grand Rapids to Pine Rest Hospital 6 times in the last 2 years, we are also planning a trip to Cincinnati Children's Hospital in Ohio in March for care.*
- *We also see a mental health counselor under private insurance in Kalamazoo county.*
- *Pshycologist, again, Kalamazoo*
- *family / individual counseling*
- *I went to a counselor who was out of county as it was*
- *counseling, liked the anonymity of going away, Portage*
- *Mental health, housing location changed, 25 miles*
- *Certified DBT therapy and psychiatry - kalamazoo*
- *counseling, second opinion, 35 miles*
- *Kalamazoo*
- *But my sister n law did, to Branch County Community Psychiatric Unit.*
- *Grand Rapids*
- *personal driver/county*



**Q14: From a scale of 1 (worst possible) to 10 (best possible) how do you rate your overall health at this time?**



**Q15: In the past year, did you experience three (3) or more problems accessing healthcare due to cost? A cost access problem means you did not get care because of the cost of a doctor's visit; skipped medical test, treatment, or follow-up because of cost; or, did not fill a prescription (Rx) or skipped doses because of cost.**





**Q16: During the past 12 months, what healthcare services did you need and were NOT able to get and what was the primary reason? (Check one item in each row).**

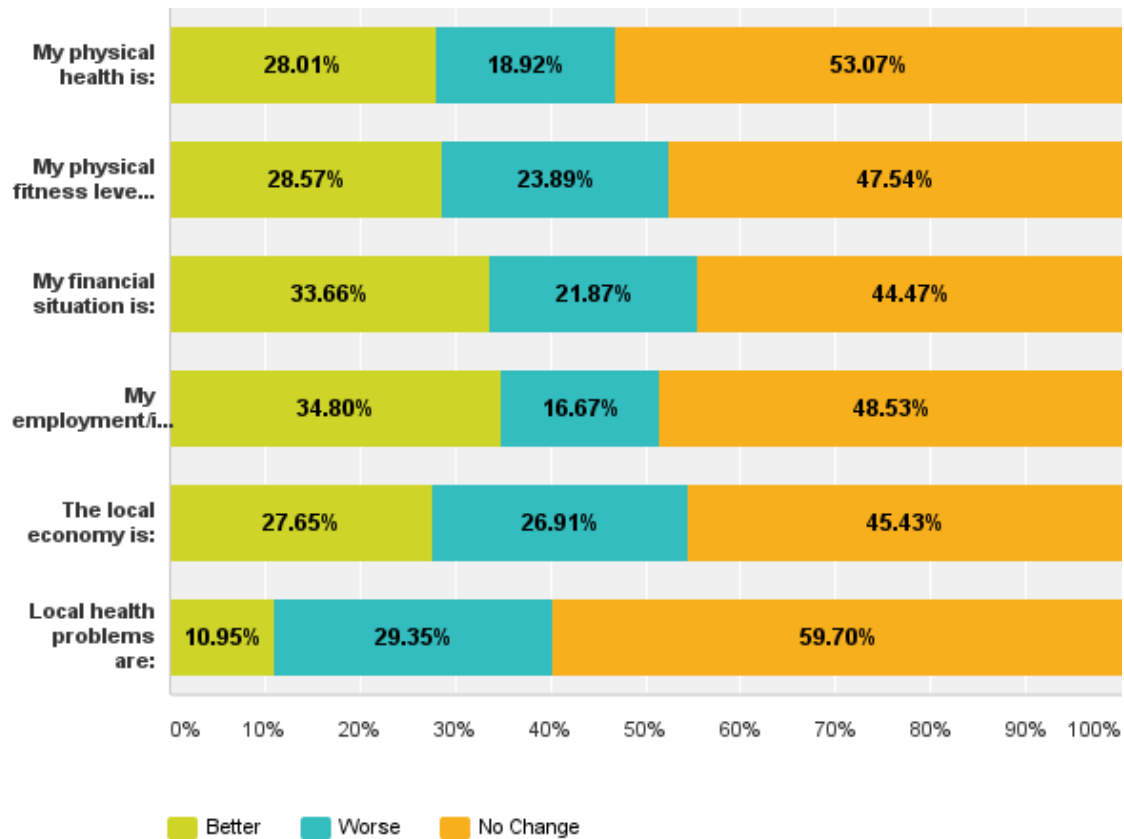
|  | <b>Appointment<br/>NOT available</b> | <b>Doctor/Service<br/>would NOT<br/>accept<br/>insurance</b> | <b>Doctor/Service<br/>would NOT<br/>accept<br/>Medicaid/Healthy<br/>MI Plan</b> | <b>Could<br/>not<br/>afford<br/>co-pay</b> | <b>Service<br/>not<br/>needed<br/>or<br/>service<br/>was<br/>received</b> | <b>Don't<br/>know</b> | <b>Total</b> |
|--|--------------------------------------|--|---|--|---|-----------------------|--------------|
| Doctor<br>Visit/Checkup/Exam   | <b>8.11%</b><br>30                   | <b>2.43%</b><br>9  | <b>2.16%</b><br>8   | <b>7.84%</b><br>29                         | <b>66.76%</b><br>247  | <b>12.70%</b><br>47   | 370          |
| Mental<br>Healthcare/Counseling  | <b>3.27%</b><br>12                   | <b>3.81%</b><br>14   | <b>1.36%</b><br>5   | <b>4.63%</b><br>17                         | <b>68.39%</b><br>251  | <b>18.53%</b><br>68   | 367          |
| Eye Glasses/Vision<br>(ophthalmologist,<br>optometrist)  | <b>2.48%</b><br>9                    | <b>1.93%</b><br>7  | <b>1.93%</b><br>7   | <b>12.95%</b><br>47                        | <b>67.77%</b><br>246  | <b>12.95%</b><br>47   | 363          |
| Medical<br>Supplies/Equipment  | <b>2.19%</b><br>8                    | <b>1.64%</b><br>6  | <b>1.64%</b><br>6   | <b>8.49%</b><br>31                         | <b>69.86%</b><br>255  | <b>16.16%</b><br>59   | 365          |
| Appointment/Referral to a<br>Specialist (dermatologist,<br>endocrinologist,<br>chiropractor,<br>gastroenterologist,<br>gynecologist) | <b>5.15%</b><br>19                   | <b>4.07%</b><br>15   | <b>2.44%</b><br>9   | <b>8.67%</b><br>32                         | <b>64.50%</b><br>238  | <b>15.18%</b><br>56   | 369          |
| Dental   | <b>3.56%</b><br>13                   | <b>3.01%</b><br>11   | <b>2.47%</b><br>9   | <b>13.97%</b><br>51                        | <b>63.84%</b><br>233  | <b>13.15%</b><br>48   | 365          |
| Other Medical Treatment<br>(tests, surgery, other<br>procedures/therapies, x-<br>rays, cancer or heart<br>attack tests)              | <b>2.71%</b><br>10                   | <b>2.71%</b><br>10   | <b>1.63%</b><br>6   | <b>9.76%</b><br>36                         | <b>68.29%</b><br>252  | <b>14.91%</b><br>55   | 369          |
| Medications/Prescriptions<br>(patches, pills, shots)   | <b>1.91%</b><br>7                    | <b>1.36%</b><br>5  | <b>2.18%</b><br>8   | <b>15.80%</b><br>58                        | <b>66.76%</b><br>245  | <b>11.99%</b><br>44   | 367          |

**Comments:**

- *I have exhausted all of my options here in St. Joseph county*
- *No problems*
- *i work where I have good ins for dental, eye and Dr*
- *I have to go to U of M Dental School in Ann Arbor because they accept Medicaid.*
- *For several categories above - vision, medical treatment, specialist, etc. I didn't feel the physicians in the area were qualified or able to provide the quality of care I expected or needed.*
- *I am VERY fortunate to have good health coverage*
- *was able to get all needed healthcare services*
- *I have no health insurance and could not pay.*
- *didn't have insurance*
- *Couldn't afford co-payments and was not able to get rides.*



## Q17: Compared to a year ago...



|   | Better        | Worse         | No Change     | Total |
|---|---------------|---------------|---------------|-------|
| My physical health is:                                  | 28.01%<br>114 | 18.92%<br>77  | 53.07%<br>216 | 407   |
| My physical fitness levels and/or health behaviors are: | 28.57%<br>116 | 23.89%<br>97  | 47.54%<br>193 | 406   |
| My financial situation is:                              | 33.66%<br>137 | 21.87%<br>89  | 44.47%<br>181 | 407   |
| My employment/income is:                                | 34.80%<br>142 | 16.67%<br>68  | 48.53%<br>198 | 408   |
| The local economy is:                                   | 27.65%<br>112 | 26.91%<br>109 | 45.43%<br>184 | 405   |
| Local health problems are:                              | 10.95%<br>44  | 29.35%<br>118 | 59.70%<br>240 | 402   |





**Q18: Now thinking about your physical health, which includes physical illness and injury, how many days during the past 30 days were you in poor physical health?**

Zero days = 176

One day = 17

Two days = 17

Three days = 28

Four days = 3

Five Days = 20

Six Days = 2

Seven Days = 6

Eight Days = 1

Ten Days = 7

Fourteen Days = 5

Fifteen Days = 6

Twenty Days = 4

Twenty-five Days = 2

Thirty Days = 14



**Q19: Now thinking about your mental health, which includes stress, depression and problems with emotions or substance abuse, how many days during the past 30 days did your mental health condition or emotional problem keep you from doing your work or other occasional activities?**

Zero Days = 238

One Day = 4

Two Days = 10

Three Days = 6

Four Days = 1

Five Days = 11

Eight Days = 1

Ten Days = 8

Twelve Days = 1

Fourteen Days = 2

Fifteen Days = 4

Twenty Days = 8

Twenty-three Days = 1

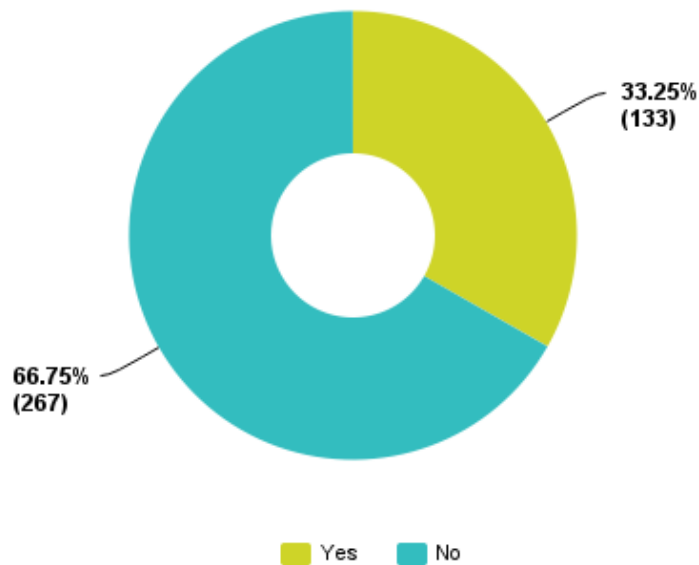
Twenty-five Days = 5

Twenty-eight Days = 1

Thirty Days = 9



**Q20: During the last year have you had any medical bill problem or medical debt? A *problem or debt means problem paying or unable to pay medical bills, contacted by a collection agency for medical bills, had to change way of life to pay bills or to have medical debt being paid off over time.***



**Q21: What is your ZIP code?**

|       |    |       |    |       |     |       |     |
|-------|----|-------|----|-------|-----|-------|-----|
| 43093 | 1  | 49031 | 1  | 49067 | 8   | 49093 | 124 |
| 46514 | 2  | 49032 | 19 | 49072 | 8   | 49094 | 1   |
| 46723 | 1  | 49036 | 1  | 49080 | 1   | 49097 | 1   |
| 46746 | 2  | 49037 | 1  | 49082 | 2   | 49099 | 22  |
| 46761 | 1  | 49040 | 11 | 49087 | 2   | 49130 | 2   |
| 49009 | 1  | 49042 | 29 | 49089 | 2   |       |     |
| 49028 | 8  | 49061 | 3  | 49091 | 118 |       |     |
| 49030 | 17 | 49066 | 1  | 49092 | 1   |       |     |

**Q22: How many adults (aged 18 to 64 years), including yourself, live in your household?**

Zero = 27  
One = 47  
Two = 224  
Three = 61  
Four = 20  
Five = 6  
Six = 3  
Eight = 2  
Nine = 1



**Q23: How many adults 65 year of age or older, including yourself, live in your household?**

Zero = 316

One = 37

Two = 33

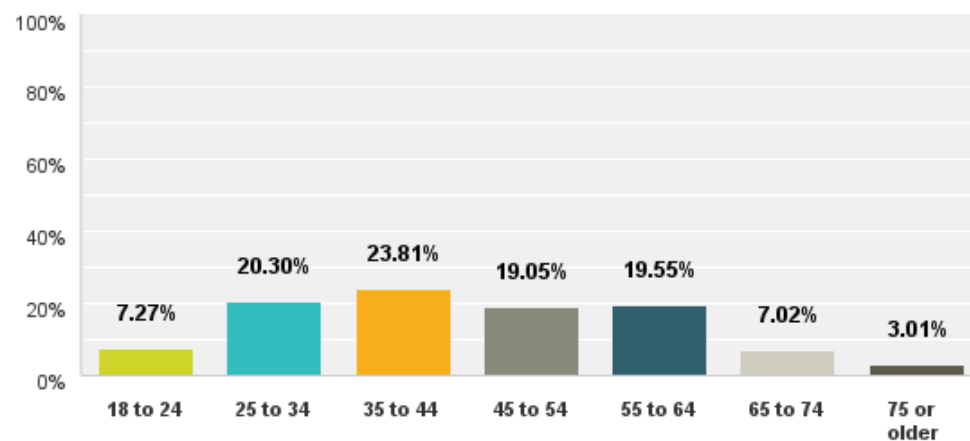
Four = 1

Five = 1

**Q24: How many children in the following age groups live in your household?**

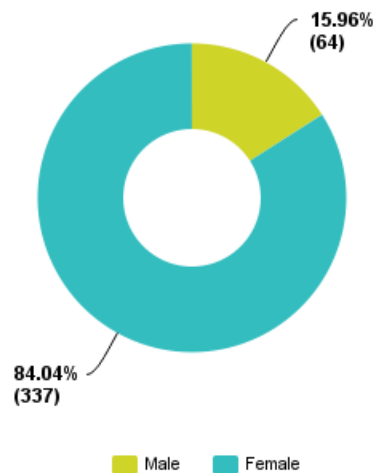
| Answer Choices                | Average Number | Total Number | Responses |
|-------------------------------|----------------|--------------|-----------|
| Child/Children (0-4 years)    | 0              | 139          | 354       |
| Child/Children (5-17 years)   | 1              | 318          | 373       |
| <b>Total Respondents: 384</b> |                |              |           |

**Q25: What age group are you in?**

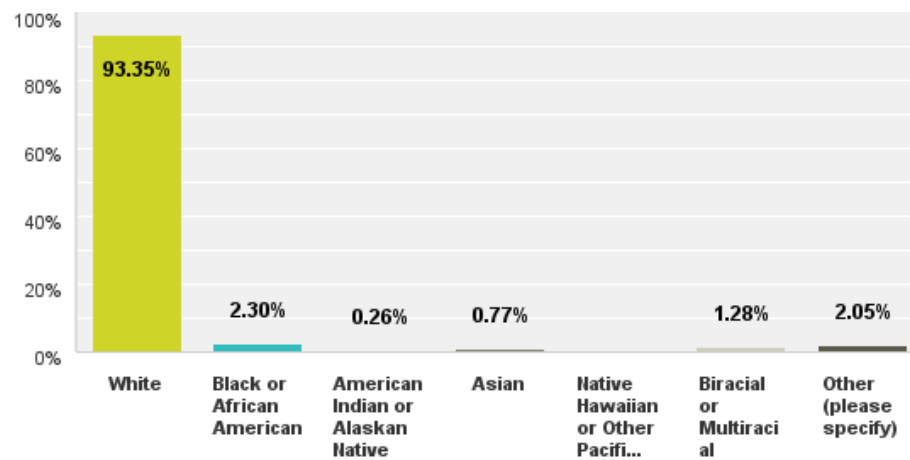




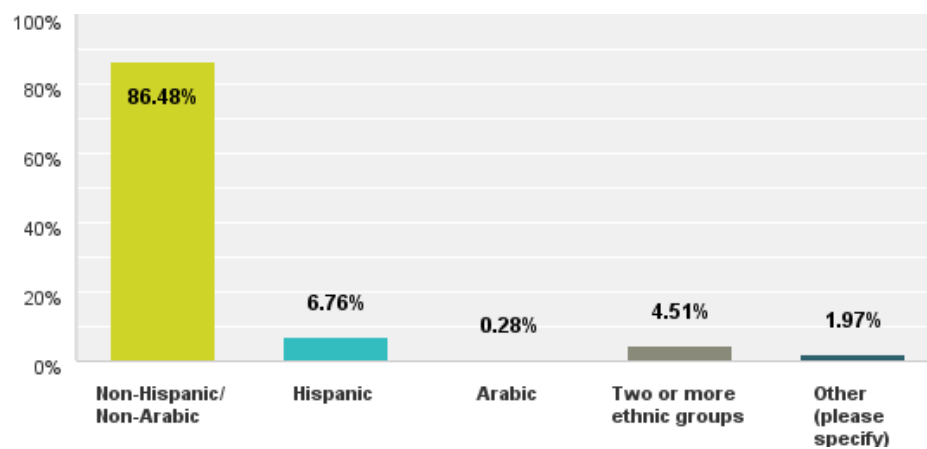
**Q26: Are you male or female?**



**Q27: What do you consider to be your primary racial group?**

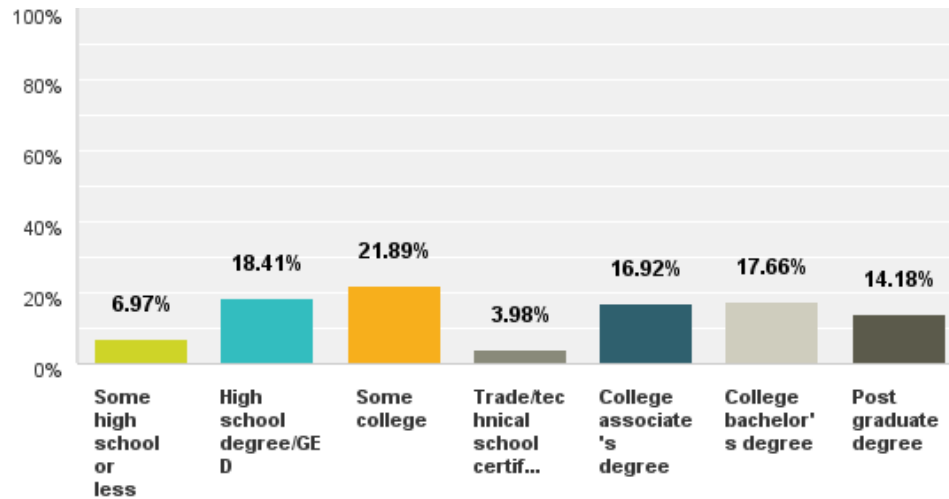


**Q28: What do you consider to be your primary ethnic group?**

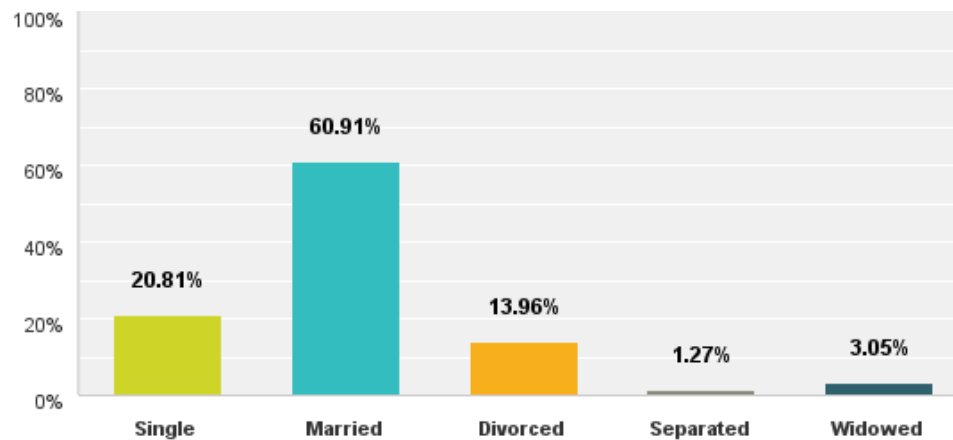




**Q29: What is the highest level of education you have completed? (Check one)**

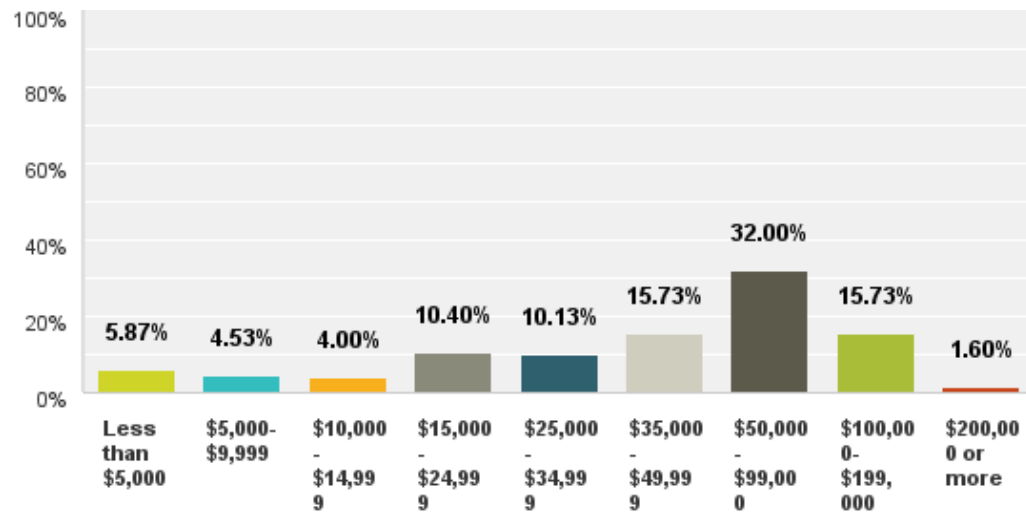


**Q30: What is your current marital status? (Check One)**





**Q31: Counting income from all sources (including all earnings from jobs, unemployment insurance, pensions, public assistance, etc.) and counting income from everyone living in your home, which of the following ranges did your household income fall into last year?**



**Q32: What is your current employment status? (Check all that apply)**

| Answer Choices   | Responses  |
|--|------------|
| Employed full-time                                       | 64.48% 256 |
| Employed part-time but seeking full-time employment      | 3.27% 13   |
| Employed part-time at multiple jobs                      | 2.52% 10   |
| Employed part-time and not seeking additional employment | 6.80% 27   |
| Retired  | 6.80% 27   |
| Disabled   | 4.28% 17   |
| Collecting Unemployment Benefits                         | 0.76% 3    |
| Self-employed  | 2.77% 11   |
| Out of work but seeking employment                       | 2.77% 11   |
| Out of work but not seeking employment                   | 1.26% 5    |
| A homemaker  | 7.05% 28   |
| A student  | 3.53% 14   |
| Unable to work   | 3.78% 15   |
| <b>Total Respondents: 397</b>                            |            |



**Q33: What type of health insurance do you have? (Check all that apply)**

| Answer Choices                  | Responses |     |
|---------------------------------|-----------|-----|
| Private medical insurance       | 12.72%    | 51  |
| Employer-based health insurance | 58.60%    | 235 |
| Medicare                        | 9.23%     | 37  |
| Medicaid                        | 17.21%    | 69  |
| Healthy Kids/MI Child           | 1.75%     | 7   |
| Healthy Michigan Plan           | 1.25%     | 5   |
| Veterans/Tricare/CHAMPVA        | 1.50%     | 6   |
| Uninsured                       | 6.23%     | 25  |
| Don't know                      | 1.50%     | 6   |
| <b>Total Respondents: 401</b>   |           |     |

**Q34: Please use the space below to add comments regarding health needs you feel need to be addressed. Your opinions are appreciated.**

- *There should be more options for people like me. Because I don't get state help I'm not entitled to some services that I myself and others like me could benefit from. Make mental awareness more acknowledgeable. How many people suffer because of the stigma alone. I know I did*
- *Need more affordable services.*
- *Mental Health*
- *Mental Illness*
- *If it were not for Sturgis Hospital and the doctors in the Medical Group, I would not be alive today. They work with me because I am not insured!*
- *No long bike and hiking trail close by*
- *Travel to out of town healthcare*
- *Three Rivers Women's Health is lowly skilled and screwed me OVER!*
- *Way too many "in-home" day cares and not enough professional childcare. It's ridiculous, "in-home" childcare does not offer the stability or routine children need. "Staff" are usually under-educated and use in-home care as "easy" money. Most are run illegally.*
- *Mental Health Access*
- *When you speak to medical people, they need to listen.*
- *More mental health awareness for the public. living with someone who is mentally ill sucks.*
- *There should be more health care supplies available.*
- *Medicare co pays*
- *I strongly recommend improvement in mental health care including substance abuse prevention and counseling availability and opportunities for people to improve their level of income through advanced educational*





*opportunities (especially for the young adults. In other words, this community needs to emphasize caring for the ""whole person"" not just parts of a body. Care of the body, mind and soul.*

- *Insurance not paying much*
- *Better check ups are needed for adults and kids of all ages.*
- *After being released from jail, we should be eligible for immediate health care and insurance.*
- *Need to emphasize personal responsibility and give people the tools to make good decisions. We need much less emphasis on solutions by criminalization/incarceration and much more emphasis on prevention and education.*
- *We need more domestic violence education and assistance in the St. Joe area.*
- *Health & wellness, reducing incidence of chronic health issues, affordable health programs so all can participate*
- *Mental health is a huge issue that needs to be addressed in our community*
- *paying 500/mo for family health care and 3600\$ a year deductible. \$9600 a year for insurance! Really!?*
- *a list of doctors that accept my insurance in the area*
- *more family physicians that are not employed by the hospital*
- *My contribution to my Healthcare Insurance continues to grow faster than my income.*
- *Unable to afford healthcare*
- *I work hard to stay strong and healthy, making good nutrition choices whenever I can!*
- *Lead in water in Three Rivers, Mental health Access*
- *Need to get better control of the number of people in St. Joseph County on prescription pain meds. Way too many, for way too long a period of time. Meds not the only answer??*
- *Need more physician in the area.*
- *The physicians at Three Rivers Hospital are not adequately training in mental health. They turn away patients that ask for help and do not call CMH. Three Rivers Hospital physicians have made medical errors on my case and I will not go there again.*
- *Sturgis desperately needs a gastroenterologist. Ever since Dr. Malik left the area this service has been lacking.*
- *Dental*
- *Mental health needs for kids.*
- *Three Rivers needs more qualified physicians, particularly at the hospital. I don't feel comfortable having myself or my family being treated there.*
- *Currently on FMLA leave with NO pay and I am single. What is out there for people in my situation to help with bills, coming to the elderly home for more than just 20 minutes or 30 minutes 1 to 3 times a week?*
- *Dental insurance should be at least as good as medical considering the cost of dental procedures and the link between physical and dental health (ex. heart disease)*
- *depression issues*
- *teen suicides, drug and alcohol abuse*
- *NONE*
- *More community sponsored and funded organizations that offer fitness classes, sports, and/or exercise would be great.*
- *Health care costs are too high. Deductibles have greatly increased as well as premiums. When one does not get a wage increase in five years yet there are increases for goods and services cuts have to be made and attention to health is an area that has had to be cut.*
- *Need a cardiologist on staff at the hospital so that TRH can do other cardiac procedures and are able to keep patients at TRH for cardiac care instead of sending to Kalamazoo for treatment.*



- *access and affordability to health care on all levels*
- *St. Joseph County is in major need of psychiatric mental health services for all ages. Most primary care providers do not feel comfortable treating even mild to moderate mental health needs leaving many individuals to suffer with no treatment.*
- *I believe healthcare costs are rising for all and fewer are able to pay the premiums, pay their co-pays, and deductibles on the plans they can afford. Also believe that health insurance is limiting access to services more and more as the micromanage care for all in an attempt to manage costs. Maybe they should quit paying the big bonuses to management.*
- *Too many prescriptions for me and my husband.*
- *My heart needs checked. I was informed that I might have what is called Wolff-Parlansin.*
- *I have insurance through my place of employment. My daughter qualifies for Medicaid and thankfully that covers all her health care needs. If it weren't for Medicaid, I would not be able to afford health and dental insurance for her. We are fortunate we can both have access to the healthcare we need.*
- *more local specialists available. A local pharmacy.*
- *Just an idea: Big old Kirsch building west of Sturgis could put "all" doctors and hospital ALL under one roof! I had surgery at hospital and was supposed to go home after but had to stay night, only 1 room left in whole hospital intensive care! Sturgis needs BIGGER HOSPITAL, and one stop shop for ALL medical!*
- *Need some kind of help with going to places like the Doyle center or a gym of some type so they have some guidance on using the equipment and they can start living healthier lives. There needs to be help paying for it and there needs to be help getting there (like bus tickets). For an increasing amount of people it's become a medical need but it's not covered by most healthcare plans.*



## Appendix E – Illustrative Schedule h (Form 990) Part V B Potential Response

### Illustrative IRS Schedule h Part V Section B (Form 990)<sup>37</sup>

#### Community Health Need Assessment Illustrative Answers

1. **Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?**  
*No*
2. **Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If “Yes,” provide details of the acquisition in Section C**  
*No*
3. **During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If “No,” skip to line 12. If “Yes,” indicate what the CHNA report describes (check all that apply)**
  - a. **A definition of the community served by the hospital facility**  
*See footnotes 17 and 19 on page 12*
  - b. **Demographics of the community**  
*See footnote 20 on page 13*
  - c. **Existing health care facilities and resources within the community that are available to respond to the health needs of the community**  
*See footnote 26 on page 42 and footnote 27 on page 44*
  - d. **How data was obtained**  
*See footnote 11 on page 8*
  - e. **The significant health needs of the community**  
*See footnote 25 on page 40*
  - f. **Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups**  
*See footnote 12 on page 9*
  - g. **The process for identifying and prioritizing community health needs and services to meet the community health needs**  
*See footnote 31 on page 80*
  - h. **The process for consulting with persons representing the community's interests**  
*See footnotes 8 and 9 on page 7*

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<sup>37</sup> Questions are drawn from 2014 Federal 990 schedule h.pdf and may change when the hospital is to make its 990 h filing



- i. **Information gaps that limit the hospital facility's ability to assess the community's health needs**

*See footnote 10 on page 8, footnotes 13 and 14 on page 9, and footnote 23 on page 17*

- j. **Other (describe in Section C)**

*N/A*

- 4. **Indicate the tax year the hospital facility last conducted a CHNA: 20\_\_**

*2012*

- 5. **In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted**

*Yes; see footnote 15 on page 10 and footnote 30 on page 62*

- 6. **a. Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C**

*Yes; Sturgis Hospital (Sturgis, MI)*

- b. Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C**

*Yes; see footnote 4 on page 4 and footnote 7 on page 7*

- 7. **Did the hospital facility make its CHNA report widely available to the public?**

*Yes*

**If "Yes," indicate how the CHNA report was made widely available (check all that apply):**

- a. **Hospital facility's website (list URL)**

[http://www.threerivershealth.org/documents/Community%20Needs%20Assessment%20FINAL%20Report%2011\\_2012.pdf](http://www.threerivershealth.org/documents/Community%20Needs%20Assessment%20FINAL%20Report%2011_2012.pdf)

- b. **Other website (list URL)**

*No other website*

- c. **Made a paper copy available for public inspection without charge at the hospital facility**

*Yes*

- d. **Other (describe in Section C)**

*No other efforts*

- 8. **Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11**

*See footnotes 28 and 29 on page 59*



9. Indicate the tax year the hospital facility last adopted an implementation strategy: 20\_\_

2012

10. Is the hospital facility's most recently adopted implementation strategy posted on a website?

a. If "Yes," (list url):

[http://www.threerivershealth.org/documents/Community%20Needs%20Assessment%20FINAL%20Report%2011\\_2012.pdf](http://www.threerivershealth.org/documents/Community%20Needs%20Assessment%20FINAL%20Report%2011_2012.pdf)

b. If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?

11. Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed

*See footnote 27 on page 44*

12. a. Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r) (3)?

*None incurred*

b. If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?

*Nothing to report*

c. If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities?

*Nothing to report*