



## ***Beacon Health System Community Benefit Report – Year 2015***

### **About the Community Health Needs Assessment & Community Benefits Report**

Hospitals and health systems are moving from the “sick model” to a health model; moving out of the hospital and into the community with the goal of prevention, early intervention and keeping people healthier. The federal government, via the mandate set forth in the Patient Protection and Affordable Care Act, calls for a high level of scrutiny for community benefit investments provided by tax-exempt hospitals. The key actions for meeting the mandate rest upon a sound foundation for completing the Community Health Needs Assessment (including developing a strategic plan with multiple partners to engage in activities that will clearly impact the health of the community). The outcomes of these activities will be evaluated through credible measurement in demonstrating the quality of life of the community, based upon the crucial issues they collectively have identified.

### **What is Community Benefit?**

Promoting community health has always been at the core of Beacon Health System’s mission. There is only so much impact a hospital can have by just helping the sick. Creating a healthy community goes beyond merely treating an illness. It’s about prevention, health education, community outreach, innovative partnerships and dynamic services and programs that change behaviors, empower good decision-making and ultimately improve the quality of life.

Beacon Health System’s investment in the community over the past three years was vital in addressing needs identified as a result of the Community Health Needs Assessment. As a community not-for-profit organization, we take seriously our responsibility to invest our resources and energies into understanding and meeting the divergent health care needs of all, especially the underserved members of our communities.

We seek to achieve the following community benefit objective(s) as defined by the federal government:

1. Improve access to health care and services
2. Enhance the health of the community
3. Advance knowledge through education and research
4. Relieve or reduce a burden of government to improve health

The following highlights and statements are testaments of how we touch and improve the health and the quality of lives throughout Michiana. They are a testimony to the commitment and leadership of our medical staff, volunteer board of trustees, employees, auxiliary volunteers, and community partners, whose dedication to meaningfully serve, touching many lives, help make our community a better place to live, work and play.

## **Community Served by County (Elkhart and St. Joseph)**

### *Geographic Area Served*

Elkhart County, Indiana, was established in 1830, with the original county seat in Dunlap and was later moved to Goshen. Today Elkhart County has three growing cities, four towns and 16 townships. Elkhart County is located in northern Indiana and borders the state of Michigan. The county is approximately 463.91 square miles in size.

Elkhart County's service providers have a history of actively forming partnerships in an effort to meet the health needs of its residents. Elkhart County takes pride in offering its residents a great place to live and continually strives to establish new businesses and provide an entrepreneurial atmosphere.

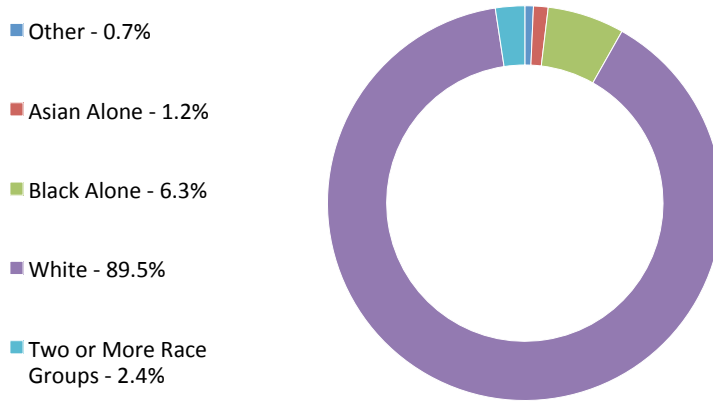
Established in 1830, St. Joseph County, Indiana, has become the fourth largest county in the state. The county spans 467 square miles, which includes a comfortable mix of rural cultural heritage and urban amenities. The county is also the regional center for higher education, with more than eight colleges and universities.

The heart of Memorial Hospital is located within a mile of the University of Notre Dame, 10 miles south of the Michigan state line, and 40 miles east of Lake Michigan. Over time, the environment of South Bend, the largest city in St. Joseph County, has changed from a focus on manufacturing (Studebaker, Bosch, and Uniroyal) to health, education and support-based services. Memorial Hospital makes a special effort to focus on those populations with the highest unmet needs, specifically those persons who are known as vulnerable due to chronic diseases, lower-income and poverty, members of a minority population and/or the uninsured.

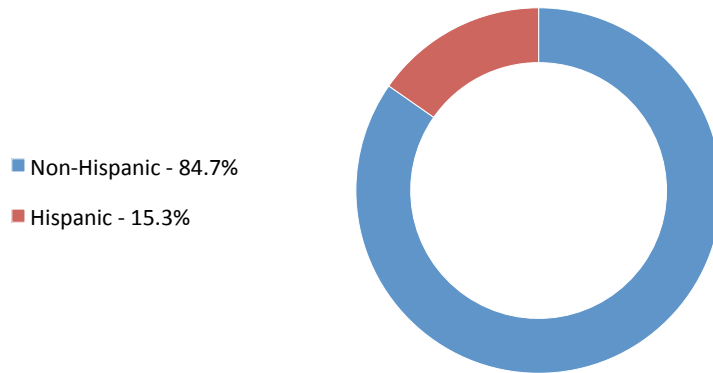
### *Population Demographics*

Elkhart County is Elkhart General Hospital's (EGH) primary service area. According to the 2014 U.S. Census estimates, Elkhart County's population rose to 201,971. In 2014, the percentage of persons 65 years and older was estimated at 13.0%, and 7.5% were under 5 years of age. The median household income (2013) of Elkhart County residents was \$46,123. The percentage of children 0–17 years of age living in poverty was 20.3% in 2013.

### Elkhart County Demographics by Race

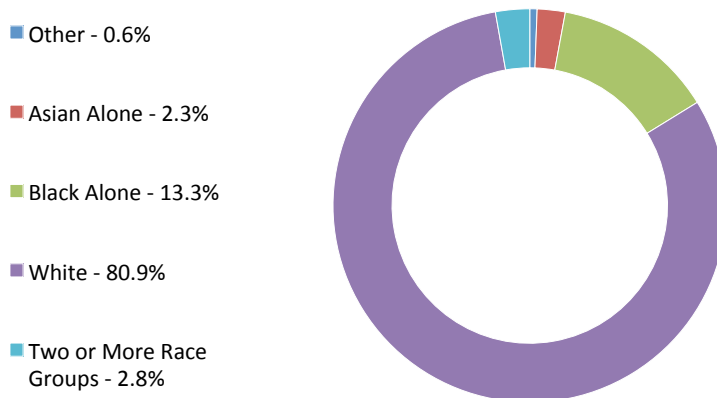


### Elkhart County Demographics by Ethnicity

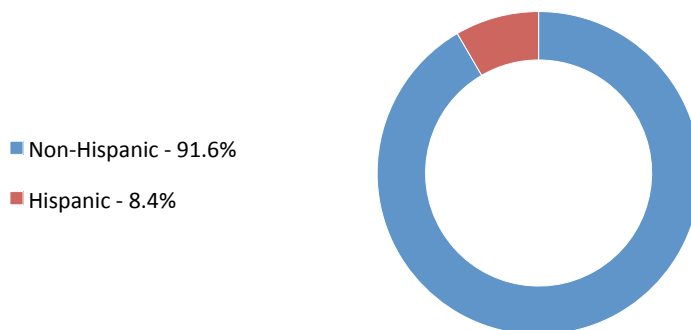


According to the U.S. Census, the population for St. Joseph County in 2014 was estimated at 267,618 individuals. The median household income was \$45,012; persons below the poverty level accounted for 17.2% of the population. In 2013, 26.9% of children younger than the age of 18 lived in poverty.

### St. Joseph County Demographics by Race



### St. Joseph County Demographics by Ethnicity



*Beacon Health System Facilities (via BeaconHealthSystem.org)*

Beacon Health System is the region’s most trusted partner and guide to creating and maintaining health and well-being. Our award-winning partners – Elkhart General Hospital, Memorial Hospital of South Bend, Memorial Children’s Hospital, Beacon Home Care and Beacon Medical Group – are powered by our more than 7,000 associates providing the best care possible to people of all ages. As the regional leader in childbirth, mental health, cancer, pediatrics, trauma, heart and vascular care, stroke, surgery, weight loss services and community health programs, Beacon Health System is helping our region achieve the highest quality of life.

**Process & Methodology by County (Elkhart and St. Joseph)**

*Primary Data Collection*

During 2015, Beacon Health System conducted a joint Community Health Needs Assessment (CHNA) representing approximately 267,000 residents of St. Joseph County and approximately 200,000 residents of Elkhart County, which reflect the primary market service areas for Memorial Hospital of South Bend, and Elkhart General Hospital, respectively. In late 2014 through February 2015, dialogue on the CHNA planning and coordination occurred among Beacon Health System executives and the

Community Benefit staff from both Memorial Hospital and Elkhart General. It was agreed that a third-party consultant – Holleran Consulting of Lancaster, Pennsylvania – would serve as the data-gathering entity for both hospitals.

An online CHNA survey conducted through August 2015 provided insight to barriers to accessing care, the impact of social determinants of health, resource utilization and underserved populations. Community engagement and feedback are essential to the integrity and validity of the CHNA process. Therefore, input was actively solicited and secured from three sources:

- Key informants (n=44 in St. Joseph County; n=60 in Elkhart County) who hold a broad knowledge of the interests of the respective county, including public health, and minority, cultural and underserved populations
- Community members at large (n=543 in St. Joseph County; n=510 in Elkhart County)
- Community Health Advisory Council representing medical and health services fields in St. Joseph County and dialogue with key community health stakeholders, philanthropic funders and members of the health care field in Elkhart County

### **Significant Community Health Needs**

Elkhart General and Memorial Hospital Community Outreach monitors community health status and emerging health trends through health and socioeconomic indicators, and consistent and candid dialogue with its regional community health partners. These data and the relationships with community health partners identify health needs and subsequently drive decision-making and strategic direction of community health improvement activities.

Data sources include local public health surveillance data, health care coverage data, vital statistics, socioeconomic data, economic development data, youth and adult behavioral risk factor data, and social demographic aggregates.

### **Elkhart General Hospital's Community Health Priorities**

The comprehensive CHNA process in year 2012 identified Elkhart General Hospital's/Elkhart County's priority health issues as follows:

- Obesity/diabetes
- Smoking
- Access to health care
- Access to mental health care

### **Memorial Hospital of South Bend's Community Health Priorities**

The comprehensive CHNA process in year 2012 identified Memorial Hospital's/St. Joseph County's priority health issues as follows:

- Health disparities
- Physical health
- Reproductive health
- Aging population
- Early childhood development

- Access to health and medical care
- Violence/safety
- Mental health
- Economic stability

## **Elkhart General Hospital's Community Outreach Programs and Interventions**

### *Obesity/Diabetes*

***The Elkhart General Dame Tu Mano diabetes support group and ¡Sí, Yo Puedo Controlar Mi Diabetes! education program*** evaluated outcome measures of diabetes knowledge, self-efficacy and diabetes self-care behaviors. Demographic information, including level of acculturation, was also assessed.

- In 2013, 17 individuals completed the Si, Yo Puedo classes in Elkhart County.
- Demographic characteristics: 70.6% (N=12) of the participants were females, and 29.4% (n=4) males. The average age was 47 years, and 88.2% (N=15) of the participants were Hispanic/Latino. Among the program participants, 58.8% (N=10) had less than a high school diploma. Most participants (58.8%, N=10) reported their yearly income as \$20,000 or less.
- More than half (58.8%, N=10) of the participants reported never having received any diabetes classes.
- The participants were minimally acculturated. An overwhelming majority of the participants (82.4%, N=14) had an acculturation score of 8 or below out of 25, where a total score of 25 indicates highly acculturated.
- Among those completing the seven-week program, improvements were observed in diabetes knowledge between pre- and post-test: pre-test 7.3 (out of 10) and post-test 8.2 (out of 10). Furthermore, improvements in self-efficacy scores were also observed: pre-test 2.8 M (out of 4) and post-test 3.1 M (out of 4). (Scale: 1 = I don't feel sure; 4 = I feel very sure.)
- Diabetes self-care scores reveal that participants improved in performing routine self-care behaviors to better manage their diabetes: pre-test mean score: 24.9 out of total score of 44; post-test: 28.4 out of 44.

¡Sí, Yo Puedo Controlar Mi Diabetes! enhanced participants' engagement in diabetes self-care behaviors, improved diabetes self-efficacy and increased diabetes knowledge for participants.

### *Smoking*

In 2012, ***Elkhart General Hospital physicians and medical providers*** counseled a total of 553 patients for tobacco cessation. Between 2013 and 2015, 1,337 Elkhart General Hospital patients received tobacco cessation counseling visits from physicians and medical providers, for an average of 446 persons counseled per year.

### *Access to Health Care*

From 2013 through 2015, Elkhart General Hospital added a total of five (5) full-time equivalent and two (2) part-time equivalent primary care physicians to provide primary health care to Elkhart County residents.

Between 2013 and 2015, 1,787 Elkhart County residents were provided one-on-one assistance for enrolling in health coverage programs.

### *Access to Mental Health*

Subsequent to the 2012 Elkhart County CHNA, Elkhart General Hospital closed its Behavioral Health unit. At approximately the same time, Elkhart General Hospital and Memorial Hospital of South Bend

affiliated under the Beacon Health System parent corporation, and both health systems utilized Memorial Epworth Center and Epworth Hospital for behavioral health needs of patients. Accordingly, the Elkhart County-based psychiatry referrals to Elkhart General Hospital declined from 249 in 2012, to 127 in 2014, to 82 in 2014, and the Elkhart County-based referrals to Epworth increased from 169 in 2012, to 308 in 2013, to 463 in 2014.

### **Memorial Hospital's Community Health Enhancement Programs and Interventions**

*Health Disparities: Income, Education, Race, Age, Gender*

**North Central Indiana Sickle Cell Initiative program** served 31 counties, with services provided in Elkhart, LaPorte and East Chicago. It is an evidence-based program that raises awareness of sickle cell disease and trait through education and screening to help reduce the incidence of this painful and sometimes deadly disease.

Evaluation of Impact:

- Expanded network of awareness from 106 to 124 agencies and doctors' offices — 657 total presentations with 2,162 individuals in attendance, including athletic directors and coaches of community schools and current community partners
- Provided ongoing support for all school nurses in South Bend Community School Corporation, Gary, Indiana, and East Chicago schools
- Follow-up school visits show engaged communication about the effects of sickle cell and prevention among two-thirds of students
- 175 students screened for sickle cell trait
- Genetic counseling and education to 480 families
- Case management to 11 patients with frequent emergency department admissions

**The Bebes Dulces sin Azucar program**, which is a subset of the **Health Diabetics program**, provided guidance to 59 pregnant women with gestational diabetes to manage their condition and safely deliver with the help of the Diabetes Outreach team.

Evaluation of Impact:

- 90% of the babies were full-term, and the remaining 10% were between 32-37 weeks.
- Only 3% were <5 pounds; 90% were >6 pounds. A few had labor and birth complications, but all mothers are healthy and infants are thriving now.
- Glucose levels of all mothers without type 2 diabetes returned to normal by six weeks after delivery.

*Physical Health*

**Healthy Diabetics (HD) program:** Community Health workers received their re-certification as Mental Health Community Health Workers; they also joined Indiana Community Health Workers Association holding several positions on the Board of Directors for the Northern Indiana District. Healthy Diabetics served an average of 346 under-resourced multicultural individuals, including 77 program graduates who receive minimal maintenance support. With help from the Healthy Diabetics program, all clients are connected with a primary care physician. The program recruited clients for education and case management services from Memorial Hospital's Emergency/Trauma Center, patient care units and Beacon Medical Group clinics.

#### Evaluation of Impact:

- Comparisons between clients' ED visits/charges for one year prior to joining HD and post-program visits/charges during the first year in HD showed sizeable declines in both categories.
- For Medicaid, uninsured and self-pay clients, there were likewise consistent decreases in bad debt.
- Over time, clients also achieved statistically significant lower blood sugar levels. At entry, almost 40% of clients had A1C levels over 9.0; six to nine months later, high-risk clients represented 12% of the group.

Additionally, HD provided two individual educational sessions to 585 diabetic adults from five counties who were covered by Medicaid. To reduce food insecurities, HD partnered with South Bend's Ivy Tech Culinary School and the Food Bank of Northern Indiana to offer two cooking demonstration sessions (one English/one Spanish) per month to clients. After each session, participants took home the ingredients for the corresponding recipe, along with additional bags of fresh produce appropriate for healthy diabetic eating.

**Unity Gardens** increased knowledge of healthy foods, access to fresh vegetables, and physical activity. Unity Gardens also increased Beacon Heights Neighborhood Relationships through contact with garden guides, participation in welcome picnics and a free Garden Camp.

#### Evaluation of Impact:

- Increased engagement from garden guides built relationships with neighbors.
- Beacon Heights residents continued to use new shaded shelter and picnic area.

**YMCA's Diabetes Prevention Program** utilized a Centers for Disease Control and Prevention (CDC)-approved curriculum and is part of the CDC-led National Diabetes Prevention Program. It's a yearlong program with 16 weekly core sessions and eight monthly maintenance sessions. This program helped high-risk individuals adopt and maintain healthy lifestyles by achieving 7% weight loss and increasing physical activity to 150 minutes per week. A referral system was created via mail/email to 923 physicians and 56 regional medical offices. Accordingly, 300 individuals had risk assessments; 72 qualified. Among those who joined the program, 56 A1C tests were administered at no cost and there was a 92% attendance rate.

#### Evaluation of Impact:

- Average weight loss was 6.02% of body weight compared to the national average of 4.57%.
- 82% expressed exercising 150 minutes per week.
- Increased energy, stamina, and awareness of fat intake
- Participants reported regularly reading food labels.
- Individuals were able to eliminate medications for cholesterol and blood pressure.
- Better quality sleep was reported.

**HealthWorks! Kids' Museum** provided high-quality health education experiences to children and families throughout Michiana and beyond. In addition to delivering cutting-edge content, the HealthWorks! team specializes in techniques that foster a high level of connectivity with the audience. In 2015, HealthWorks! served a total of 60,693 individuals through a combination of school field trips, general public visitors and outreach events.



#### Evaluation of Impact:

Over 4,000 pre-adolescents and adolescents took part in programs focusing on navigating the physical and emotional changes of adolescence and healthy decision-making. More than 8,000 preschool and school-aged children experienced prevention-oriented programs emphasizing physical activity and nutrition. Over 4,000 took part in free family programs that emphasized healthy, movement-oriented family play held in venues throughout St. Joseph County. An average of 50 families a month utilized Little Noggins Nook, a special place in the museum designed to foster infant and early childhood learning and brain development through play. Ninety-six percent of school-aged children surveyed after HealthWorks! outreach programming pledged to practice a new behavior in the following ways:

- 28% pledged to exercise more frequently.
- 39% pledged to increase their daily consumption of fruit and vegetables.
- 29% pledged to drink more water.

#### ***St. Joseph County Health Department and United Way of St. Joseph County's Prescription to PLAY!***

Program reduces childhood obesity through physical activity programming and nutrition education. This free program consists of organized physical games and nutrition education based on the evidence-based Coordinated Approach to Children's Health program (CATCH) for families with a prescription referral from a local health provider. CATCH is based on the CDC Whole School, Whole Community, Whole Child model. The program consisted of children ages 7 to 12 who were in the 85th percentile or above on the growth chart. Their guardian was required to attend and their siblings were strongly encouraged to participate as well.

#### Evaluation of Impact:

- Engaged participants showed a reduction in weight, acknowledged through parental self-reporting and observations.
- Children gained nutritional education identified through family reporting and children's game/trivia answering.
- Reduction in screen time (i.e., television, computer, game systems) shown through parental surveys.
- Improved social skills, school work and literacy which exceeded projected outcomes, confirmed through parental testimonials and observations.
- Family resiliency due to an increase in social support.

#### *Mental Health*

***Eye Movement Desensitization and Reprocessing (EMDR)*** is an effective intervention used to relieve mental health symptoms associated with traumatic events.

#### Evaluation of Impact:

The training was provided to therapists and licensed community and hospital-based social workers in St. Joseph and Elkhart counties. Non-profit agencies received a discount through a grant obtained from a national foundation. Twenty-six additional people were trained in EMDR during 2015.

EMDR in School (St. Adalbert and Our Lady of Hungary) Counseling provided training for utilizing EMDR with pre-kindergarten through eighth grades students with the intent to lead to measurable improvement in the behavior and mental wellness of the students who receive counseling. The

expectation was that effective interventions with these students would have a positive effect on their classroom and school environments.

Evaluation of Impact:

Comparing each student's first quarter and fourth quarter performance on the following indicators showed:

- GPA increased for 5 students; decreased for 3 students with no visible trends.
- Absence decreased for 5 students; increased for 2 students.
- Tardy decreased for 4 students; increased for 2 students.

Although data was collected on the students who received the intervention, with no data on the overall trends in the rest of the student population, one should be cautious about drawing any conclusions about the overall impact of EMDR therapy on grades or attendance.

**Riverbend Cancer Services** – Mental Health Counseling's purpose is to evaluate the effectiveness of mental health counseling on the quality of life and well-being of cancer survivors, caregivers and loved ones who seek support services. The project provided counseling over a three-month period to 51 new clients.

Evaluation of Impact:

- For 82% of the clients, distress levels were significantly reduced pre-/post from a mean of 7.56 to 5.48 (range 0-10). This change was independent of changes in the problems they faced, suggesting the result is directly related to the intervention.
- All clients reported decreases in the total number of problems they faced from 14.22 to 10.96. There were 29 potential problem options, representing five categories: practical, family, emotional, spiritual and physical. However, other new problems could emerge. For example, one client cited *still struggling with anxiety due to lack of preparation* for this "life trauma."
- Clients linked the counseling to equipping them with coping skills, providing hope and enabling people to "live fully, not live like I'm dying."
- Results highlighted additional services cancer survivors still need, as more than 50% reported facing the following problems at their post-session: a) mental health (e.g., worry, fear, sadness, nervousness, depression); b) physical (e.g., fatigue); c) cognitive (memory, concentration); d) insurance/financial.

*Violence/Safety*

**Trauma liaison** – This new part-time position was funded by Community Health Enhancement (CHE) in 2015 to build and strengthen working relationships between law enforcement officers, Trauma and Emergency Department personnel, and victims of crime and their families. In addition, crime victims also receive comfort, advocacy and social services follow-up information after discharge. Ultimately, the position is expected to help achieve a decrease in violent acts — especially retaliatory — and injury recidivism.

Evaluation of Impact (after 10 months):

- Contacting 204 victims of assault, battery, gunshots and stabbing, ranging in age from 13-74; 18% were face-to-face contacts, either prior to patient discharge or after.
- After discharge, 3% were contacted face-to-face and 27% were contacted by phone.

***The South Bend Group Violence Intervention (SBGVI)*** unites community leaders around a common goal: to stop gun violence and keep South Bend's highest risk citizens alive and out of prison. SBGVI is a partnership among South Bend law enforcement, government, education, civil service, health care and faith-based agencies. SBGVI advocates direct, sustained engagement with street groups which cause the majority of South Bend's gun violence. The strategy empowers community members to set clear moral standards against violence in their communities and reclaim a voice in the way they want to live. It coordinates the efforts of local, state and federal law enforcement to focus crime prevention efforts on the groups most associated with gun violence. SBGVI also draws on the expertise of social service providers to offer group members a path away from violence.

Evaluation of Impact (May 15, 2014 – July 31, 2015)

- Group Member Involved (GMI) shooting incidents decreased (-12).
- Community engagement and intolerance increased social services interactions and availability.
- Social services interactions and availability increased.

#### ***Reproductive Health***

***Prenatal Care Coordination in St. Joseph County*** (defunded in September of 2015) decreased infant health disparities through an extended intervention, education and referral program and improved nutritional status. High-risk pregnant women ages 11–45 years, as well as infants and young children, participated in the program which consisted of healthy food vouchers, grocery store tours, and Farmer's Market checks. This resulted in 80.1% of local WIC mothers breastfeeding, 192 attending prenatal care support groups, 280 plus attending safe sleep classes and 70 attending safety classes.

Evaluation of Impact:

- Increased breastfeeding initiation and duration – 79% in 2014, 77% in 2013.
- Increased number of women who received adequate prenatal care.
- Decreased risk of giving birth to premature or low birth weight infants.
- Increased maternal/infant bonding and understanding of child development.
- Program ranks 6th of 41 counties in breastfeeding start and continuation; 2nd in nutrition contacts and retention.

***The Health and Wellness School Educators*** completed the pilot of Positive Potential and the St. Joseph County VOICE grant, which inspired high-school students to advocate against the tobacco industry's attempts to recruit teens as new smokers. They also became certified as Sexual Risk Avoidance Specialists (SRAS) and received training in Mental Health First Aid for Youth to respond to signs of mental illness and substance abuse. The team continues to offer the following programming to South Bend's middle and high school students:

Draw the Line/Respect the Line (DTL/RTL): an evidence-based program that develops skills necessary to prevent pregnancy, HIV, and sexually transmitted infections.

- Students (n=5,798) in grades 6–8 at 10 South Bend Community School Corporation intermediate schools participated.
- (n=576 students surveyed, 78.6% (445) received some DTL/RTL instruction and 69% received three years of class training).

- Your Brain: An Owner’s Manual is curriculum based on the basic science and operations of the brain, using pop culture categories, chants and stories to help youth learn the important changes happening in their mind and how it contributes to their thinking and decision making.
- High school students (n=1,150) received brain-based curriculum, some of it related to exercise.

Evaluation of Impact:

- DTL/RTL intermediate students improved their knowledge of the content as post-test scores were higher than pre-test scores on 73% of the items in 6th grade, 87% of the items in 7th grade and 92% of the items in 8th grade.
- A follow-up project assessing the influence of DTL/RTL on high school student behaviors, knowledge and attitudes showed those with three years of program participation had higher rates of knowledge, improved attitudes, lack of sexual engagement and intentions to use birth control.
- Your Brain students (n=1,150) improved on 100% of the knowledge items.

*Economic Stability*

**Michiana Bridges: Employment Strategies to Break the Cycle of Poverty** provides rapid problem resolution to assist employees to develop strategies to overcome their non-work related issues. Michiana Bridges helps the employer retain quality employees and avoid the cost of recruiting and hiring a new worker, which has been estimated to cost approximately \$3,500 per employee. As a result during the 12-month period the program:

Evaluation of Impact:

- Successfully assisted 326 employees and addressed 678 issues – housing at 152; transportation at 66; and family relationships at 54 topped the list of barriers to employment stability.
- 57 employees signed up for and completed the Bridges Financial Management classes.
- The City of South Bend has provided funding as incentive for South Bend employers to join the second tier Employer Resource Network.
- Resourced workers addressed issues that if left unresolved led to job loss.
- Participants increased financial skills, confidence, resources and access to financial stability.
- Expansion of the Employer Resource Network to serve more under resourced employees.

**Volunteer Provider Network (VPN)** addressed unmet medical needs of uninsured residents in St. Joseph County and provided fair and equitable referral mechanisms. Community partners consisting of Memorial Hospital of South Bend, St. Joseph Regional Medical Center, and South Bend Medical Foundation have provided 368 physician volunteers with donated services over \$48 million.

Evaluation of Impact:

- Active VPN patients in 2015 were 286 (90% are undocumented patients).

*Access to Health and Medical Care*

**Language Services** reduced hospitalizations and enhanced understanding in 2015. The interpreters practice “teach-back” techniques with the patients at the time of discharge and provide a follow-up phone call to check for understanding and ask pertinent questions for follow-up care.

Evaluation of Impact:

- Our patients speak 21 different languages. Over 16,000 hours, we served 1,769 children and 1,770 adults through interpretation at Memorial and Epworth Hospitals.
- The average time spent in a patient's room was 23.07 minutes; average number of readmissions was six patients.

**Memorial Language Resource Services** contracted with the Department of Child Services (DCS) to provide interpretation to language-minority families in need of services.

Evaluation of Impact:

- 1,410 interpretations for outside medical providers totaling 1,953 hours.
- Medical interpreter training to 33 new bilingual individuals, who are deployed in the community to serve Limited English Proficient patients.

*Aging Population*

**Aging in Place** was created in 2009 to positively influence the quality of life of low-income elderly in the South Bend area by helping them support and sustain independent living. In 2015, the program operated in four facilities. Services are provided by a nurse and a resident-life assistant and include health oversight and education, community resource navigation, and social activities to help residents live healthy, productive and independent lives within a caring community of peers.

Evaluation of Impact:

Pre-/post-intervention ratings of quality of life (OPQOL-35), and adherence to medications (Morisky Medication Adherence Scale) showed the following results:

- There were increases in high adherence to taking medications, from 21.5% to 23.9%.
- Mean scores in the following quality of life factors increased: independence, home and neighborhood, psychological and emotional, financial, leisure and religion. None of the increases were statistically significant.
- Health and social quality of life factors remained steady.

eSeniorCare is a collaborative research study with Aging in Place and the University of Notre Dame Interdisciplinary Center for Network Science and Applications. This research explores how technology and human interaction improve the quality of life for seniors by "aging well." Aging well includes the management of physical and cognitive health, as well as continued, active social engagement and tools designed to help seniors age well should address all of these areas.

Evaluation of Impact: The second pilot started in November 2015 and is expected to end in July 2016. To evaluate the usability and effectiveness of eSeniorCare, we are conducting a pilot study at three independent living facilities with 36 participants. Through this pilot, we are evaluating the impact of "eSeniorCare" on physical health (a combination of activity tracking and medication management) and risk for depression of the participants – with Aging in Place staff intervention.

**Memorial BrainWorks** is a provider of innovative programs, workshops and educational services focused on translating insights from neuroscience research into actionable strategies for healthy brain development, performance and resilience across the lifespan. BrainWorks delivers programs in diverse ways based on the audience, including in-person educational programs, CEU professional development

programs, conference speaking engagements and webinars. Topics included Alzheimer's from Research to Resilience, Your Baby's Brain, Lifestyle Habits of Effective Minds, Healthy Aging and ACEs.

Evaluation of Impact:

- Over 86% of participants stated they learned new information on their brain.
- Over 87% of participants indicated they intend to make a change based on what they learned.
- Trained facilitators of Heart of Aging with Wisdom and Vitality curriculum in U.S., Canada and Israel.

#### *Early Childhood Development*

***El Campito***, a program for Spanish-speaking parents, equipped parents of preschoolers with skills and content knowledge (literacy, math, how the brain learns, child development) to prepare their children for entering kindergarten. A total of 28 families participated in our four spring and fall workshops.

Evaluation of Impact:

- Parents felt significantly more capable helping their children read and the number of days they read to their child increased ( $p < .05$ ).
- Increases were also found from children's initial to final scores in knowledge of the alphabet, numbers, colors and shapes.
- These combined results from parents and children confirmed a consistent positive trend in literacy development.

***The Early-Childhood Services*** umbrella of Community Health Enhancement includes: Sickle Cell Anemia screening and education, Perinatal Infant Health Project, the B.A.B.E. coupon store, Early Start, Baby & Me Tobacco Free, and WIC the Supplemental Food and Nutrition education program and WIC-sponsored Breastfeeding programs. WIC improves nutrition by providing vouchers for specific types of foods (e.g., fruits, vegetables, whole grains and low-fat dairy products) that tend to be lacking in the diets of low-income women and young children. Nationally, prenatal WIC participation is associated with healthier births and lower infant mortality rates. WIC is also linked with stronger connections to preventive health care and helps ensure that children are properly immunized.

Evaluation of Impact:

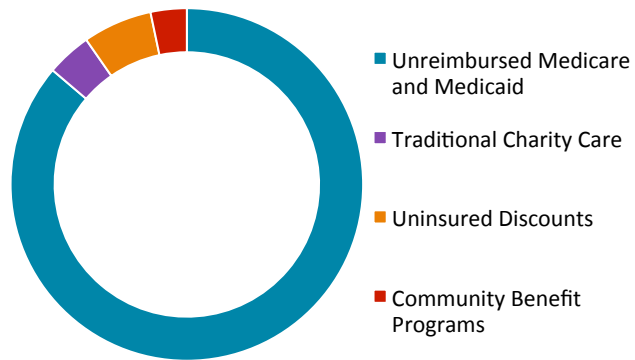
For 25 years, Memorial has operated this federally funded program that served than 12,775 women, infants and children annually. WIC enrollment in December 2015 was 8,260 clients with 6,725 clients actively receiving benefits. The St. Joseph County WIC Program ranks 6th (out of 41 state agencies) based on breastfeeding start and continuation rates, second nutrition contacts and retention of clients, and percent of completed nutrition education.

***PEDS (Play, Exploration & Developmental Support) program*** worked closely with children and their families to optimize infant/toddler growth and development, encourage participatory learning, and support parents in their journey to become the best possible parents with providers such as First Steps, Brain Train, Brain Works, Talk With Your Baby, Healthy Families, WIC and Women's Care Center. Further, they are an active participant in the Early Childhood Coalition of St. Joseph County.

Evaluation of Impact:

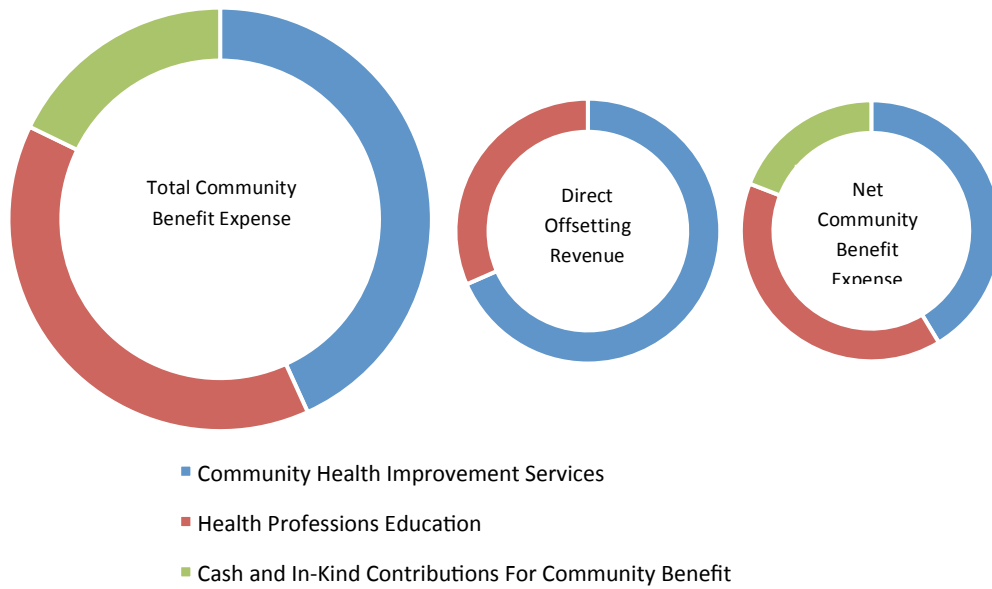
- PEDS provided critical physical, social/emotional, linguistic and nutritional developmental interventions to 12 children, who demonstrated improvement in their Individual Development Plans (IDPs).
- All their mothers demonstrated a greater sense of competency as a parent and an overall better relationship with their children.

### Beacon Health System Community Support 2015



Beacon Health System Community Support 2015	
Unreimbursed Medicare and Medicaid	\$159,548,000
Traditional Charity Care	\$7,602,000
Uninsured Discounts	\$11,761,000
Community Benefit Programs	\$6,132,000
<b>Total Community Support</b>	<b>\$185,043,000</b>

## Elkhart General Hospital Other Community Benefits at Cost

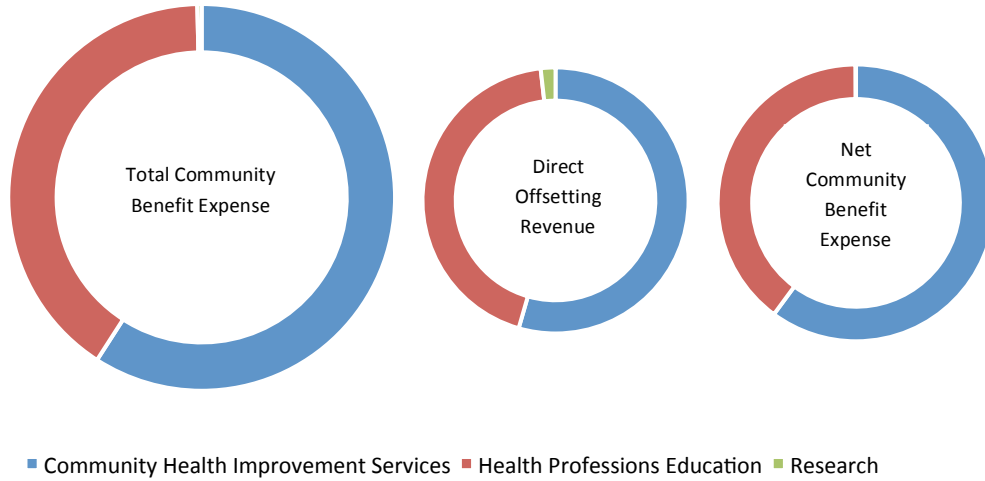


EGH Other Community Benefits at Cost			
	Total Community Benefit Expense	Direct Offsetting Revenue	Net Community Benefit Expense
Community Health Improvement Services	\$1,004,371	\$109,463	\$894,908
Health Professions Education	\$906,099	\$50,529	\$855,570
Cash and In-Kind Contributions For Community Benefit	\$413,705		\$413,705
<b>Total Other Benefits</b>	<b>\$2,324,175</b>	<b>\$159,992</b>	<b>\$2,164,183</b>

Source: 2015 990 Schedule H



## Memorial Hospital of South Bend Other Community Benefits at Cost



MHSB Other Community Benefits at Cost			
	Total Community Benefit Expense	Direct Offsetting Revenue	Net Community Benefit Expense
Community Health Improvement Services	\$11,722,782	\$1,931,138	\$9,791,644
Health Professions Education	\$8,039,898	\$1,550,503	\$6,489,395
Research	\$71,626	\$63,568	\$8,058
<b>Total Other Benefits</b>	<b>\$108,176,160</b>	<b>\$86,802,157</b>	<b>\$21,374,003</b>

Source: 2015 990 Schedule H

*\*Community Health Improvement Services: 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.*

*\* Health Professions Education: any study or investigation the goal of which is to generate increased generalizable knowledge made available to the public.*

*\*Research: educational programs that result in a degree, certificate, or training necessary to be licensed to practice as a health professional, as required by state law, or continuing education necessary to retain state license or certification by a board in the individual's health profession specialty.*

*\* Cash and In-Kind Contributions: cash contributions or grants and the cost of in-kind contributions that support financial assistance, health professions education, and other community benefit activities.*

*\*Other Benefits: 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.*

## Next Steps

### OVERVIEW OF CHNA PRIORITY PROCESS

Community engagement and feedback are essential to the integrity and validity of the CHNA process. These key informants provided input on community health priorities, barriers to accessing care, the impact of social determinants of health, and how to best address wellness in the community and underserved populations. Throughout the process input was actively solicited and secured from three sources:

1. Community members at large (n=543) representing 267,618 St. Joseph County residents and (n=510) representing approximately 267,000 Elkhart County residents.
2. Key informants from St. Joseph (n=44) and Elkhart (n=60) counties who hold a broad knowledge of the interests of the county including public health; minority, cultural and underserved populations; from community members at large and from the medical and health services fields.
3. A Community Health Advisory Council (St. Joseph County) and community health stakeholders (Elkhart County) including members of the Elkhart General Hospital Board of Directors, Beacon Health System leaders, key Elkhart County medical providers, Elkhart County community funders and Elkhart County schools personnel.

The first stage of the assessment was seeking to gather input from key informants. Organizations invited to provide input ranged from local universities, homeless shelters, counseling and mental health services centers, felon reintegration services organizations, police and fire departments and other organizations specifically concerned with serving the underprivileged of our communities.

In St. Joseph County, a Priority Setting Worksheet based on primary and secondary data was created for Memorial Hospital. In Elkhart County, a list of recommended priorities was created based upon primary input from community stakeholders and secondary data. The secondary data profiles for St. Joseph and Elkhart counties depict population and household statistics, education and economic measures, morbidity and mortality rates, disease incidence rates and other health statistics. For Memorial Hospital, input from each source was inserted into a separate column and assigned a unique weighted percentage based on several factors (e.g., sample size): Key Informants (20%); Community Members at Large (40%); Advisory Council (20%); Secondary Data (20%). The Elkhart County CHNA focuses on those populations within Elkhart County which have the highest unmet needs, specifically those persons who are low-income, uninsured or underinsured.

### COMMUNITY HEALTH NEEDS NOT BEING ADDRESSED AND RATIONALE

After tabulating the total scores for each issue (ranging from 0–100%), six issues emerged with a score greater than 80 percent (80%) for Memorial Hospital, and these were selected as the 2016–18 priorities. The remaining issues in St. Joseph County scored below 60%. Memorial Hospital does not intend to include them in its Implementation Strategies due to the prominence of other community health needs, limited resources and other organizations within the community addressing those needs.

Several areas of health were identified in the Elkhart County CHNA that are not being addressed by Elkhart General. Though mental health was identified, the suicide rate in Elkhart County is lower when compared with St. Joseph County, Indiana as a whole, and the national average, and so other

community needs take precedence. Due to limited resources to implement and effectively measure impact, diabetes was discarded. Alzheimer's disease was found to be a potential community health need; however, the data may be misleading due to a recent change in reporting, so Elkhart General will not be pursuing this health need in its Implementation strategies. Finally, immunizations for school-aged children were identified as a health need due to the number of children being removed from school because of noncompliance with state-mandated immunization schedules. Elkhart General does not intend to make immunization a priority because of the numerous community resources already addressing this need.

## **COMMUNITY HEALTH PRIORITIES 2016–2018**

Beacon Health System provided leadership throughout this 2015 CHNA process. We will continue to lead and engage in active community dialogues to measure and ensure movement toward goals as our Implementation Strategies at both Memorial Hospital and Elkhart General Hospital are executed. We also intend to continue helping to support other community needs that emerge from key community leaders and stakeholders, community members at large, and prevalence of health indicators. Following are the 2016–2018 Community Health Priorities, three of which are shared between the two hospitals.

### *ACCESS TO HEALTH CARE / UNINSURED*

While the arrival of the Affordable Care Act (ACA) provided many residents with needed health coverage, a large segment of both counties continues to fall through the cracks for myriad reasons, including ineligibility due to lack of legal residency status, the unaffordability of Indiana ACA marketplace programs for eligible persons, and the increasing trend of high-deductible employer-sponsored plans that are creating delays or barriers for insured persons to utilize health care at the most appropriate time. Residents of Elkhart County are more likely to be uninsured (20.8%) when compared to St. Joseph County (14.5%), Indiana (14.2%), and the nation (14.8%). The ratio of primary care physicians, dentists and mental health providers to residents is worse in Elkhart County than in St. Joseph County, all of Indiana, and the national benchmark. Access to health care continues to be identified as a community health priority in both St. Joseph and Elkhart counties.

### *MENTAL HEALTH / SUICIDE*

Collective results ranked mental health/suicide as a pressing health need. The suicide rate per 100,000 is higher in St. Joseph County (13.4) than the nation (12.6) and Memorial's Children's Hospital reported a dramatic increase in pediatric patients hospitalized from failed-suicide attempts. The years of potential life lost before age 75 per age-adjusted 100,000 is also higher in St. Joseph County (7,424) than the national benchmark of 5,200. St. Joseph County reported more average days of poor mental health when compared to the national benchmark (3.7 vs. 2.3 out of 30 days). Of the 549 community survey respondents, 27% reported living with someone depressed, mentally ill or suicidal; up from 14% in 2012. Mirroring this, 21.5% of St. Joseph County respondents reported having been diagnosed with an anxiety disorder (15% in 2012) and 29.2% were diagnosed with a depressive disorder (21% in 2012).

### *VIOLENCE / SAFETY / TRAUMA*

The violent crime rate per 100,000 is higher in St. Joseph County (370) than in Indiana (334) and the national benchmark (59). Almost 40% of the Key Informants indicated Violence/Safety/Trauma was a key theme. The Community Survey data showed 23% of St. Joseph County respondents had been hit, beat, kicked or physically hurt by a parent or adult in the home, up from 18.9% in 2012.

## *DIABETES*

Results from the key informant survey show that in St. Joseph County the fourth most pressing health concern is diabetes. Data shows 20% of St. Joseph County respondents reported having been diagnosed with diabetes, compared to fewer than 8% in Elkhart County. In St. Joseph County, the percentage of respondents with diabetes, pre-diabetes, or gestational diabetes has increased from 2012 community member survey responses. Approximately 49% of diabetic respondents in St. Joseph County maintain an A1C level of 7% or below, compared with 37% in Elkhart County.

## *MATERNAL / INFANT HEALTH / PRENATAL CARE*

Multiple health measures from the 2015 CHNA support the issue of maternal/infant health/prenatal care as a community health priority in both St. Joseph and Elkhart counties. The teenage birth rate is higher in St. Joseph County (28.4) than the nation overall (26.5). Both St. Joseph and Elkhart counties have low first trimester prenatal care rates among black/African-American residents (approximately 50%). Infant and neonatal mortality rates are likewise higher in St. Joseph County (8.7 and 6.7, respectively) when compared to Indiana and the nation. Several perinatal health indicators were also noted, including the rate of first trimester entry into prenatal care, with specific focus on first trimester into care for black/African-American mothers; smoking rates during pregnancy; and low birth weight.

## *OVERWEIGHT / OBESITY*

Over 17% of children in St. Joseph County are overweight and/or obese. With the correlation between numerous adverse chronic and emergent health conditions, being overweight or obese was cited as the most significant community health issue in the key informant survey and a high priority during group discussions. Roughly 25% of key informants rated overweight/obesity as being the most significant issue in Elkhart County. Approximately 70% of all CHNA respondents in both counties are overweight or obese according to their BMI. In March 2015, Elkhart's Youth and Community Center, formerly known as the Elkhart YMCA, a magnet health and fitness facility with which Elkhart General Hospital has historically partnered with in obesity prevention and reduction initiatives, abruptly announced its imminent closing due to lack of funding for critical infrastructure needs and other concerns.

The mission of Beacon Health System is to enhance the physical, mental, emotional and spiritual well-being of the communities we serve. Beacon Health System is committed to clinical excellence, compassionate care and the ongoing improvement of quality of life. Our commitment will lead the health system to be the community's provider of outstanding quality, superior value and comprehensive health care services. Beacon Health System, Elkhart General Hospital and Memorial Hospital of South Bend have community Boards of Directors, and consistently invest funds to improve the quality of life for our communities.

Beacon Health System values reflect an unwavering commitment to the communities we serve. Beacon Health System has as its values:

- Patients are at the center – Patient needs, care and safety are our top priority.
- Trust – Our actions will firmly demonstrate reliability on our integrity, abilities and our character.
- Respect – We will treat our patients, community members and each other with the highest level of regard, demonstrating an understanding of different perspectives, cultures, interests and needs of others.

- Integrity – We will continually do the right thing for our patients, associates and communities we serve.
- Compassion – We will demonstrate the emotional capacities of empathy and sympathy, and express the desire to help.

A key mechanism by which this goal is carried out is each hospital's serious, consistent, deliberate search for and partnership with like-minded organizations committed to addressing the needs of the medically underserved and to improve the health status of our broader community. These collaborative alliances included local public health, schools, churches, social service agencies, minority advocacy groups, victim assistance, and community health providers. Each hospital seeks to promote the health and well-being of Elkhart and St. Joseph County residents, with specific focus on the most vulnerable populations, by providing education to aid in early detection and prevention of disease and to improve the health status of the community as a whole.