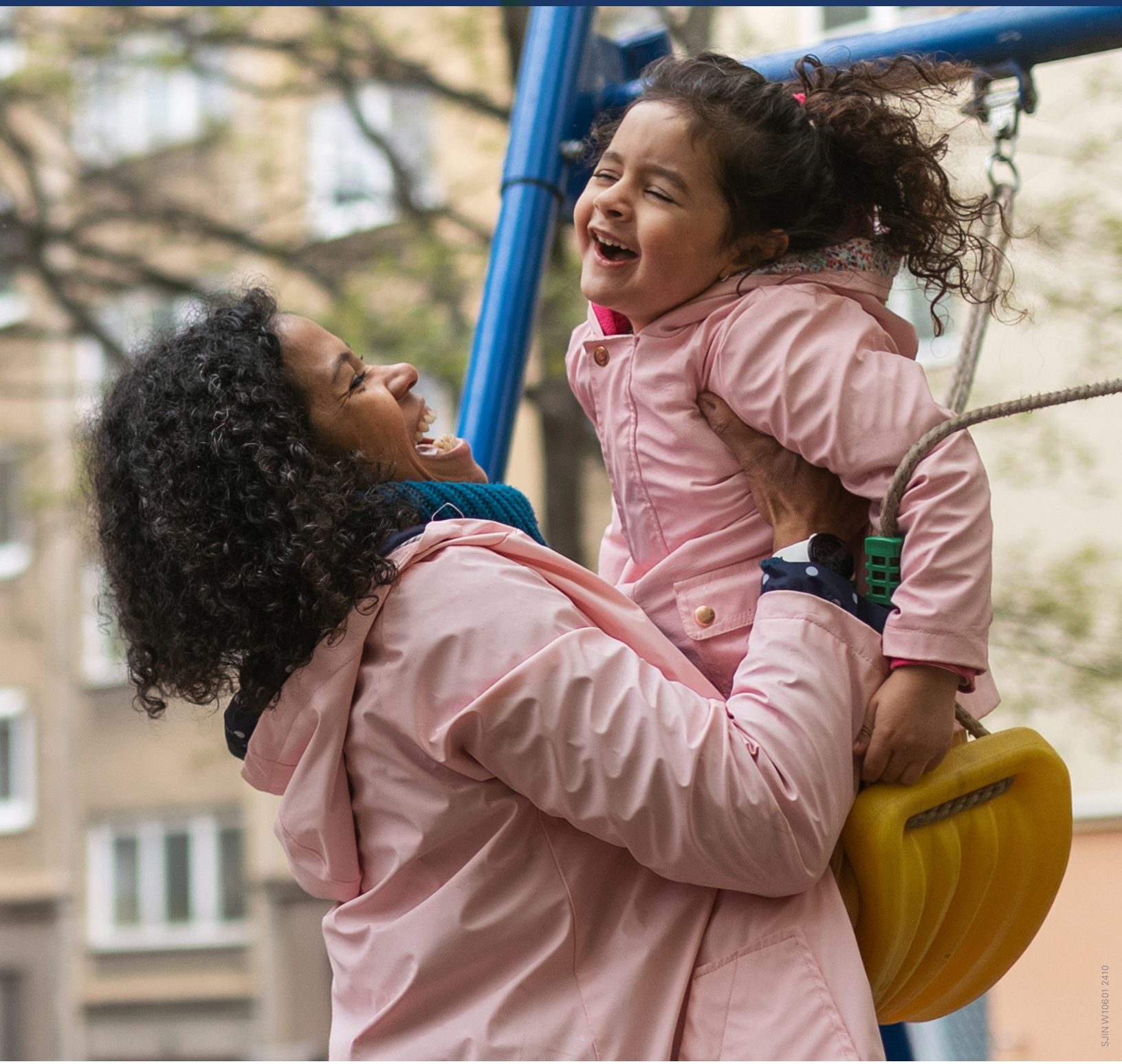
Fiscal Years FY25-27

SAINT JOSEPH HEALTH SYSTEM
A Member of Trinity Health

Community Health Needs Assessment (CHNA) Implementation Strategy



SJN W10601 2410

Saint Joseph Health System (SJHS) completed a comprehensive Community Health Needs Assessment (CHNA) that was adopted by the Board of Directors on June, 14, 2024. SJHS performed the CHNA in adherence with applicable federal requirements for not-for-profit hospitals set forth in the Affordable Care Act (ACA) and by the Internal Revenue Service (IRS). The assessment considered a comprehensive review of secondary data analysis of patient outcomes, community health status, and social determinants of health, as well as primary data collection, including input from representatives of the community, community members and various community organizations.

The complete CHNA report is available electronically at Community Benefit | SJHS (sjmed.com) or printed copies are available at Community Health & Well-Being, Saint Joseph Health System, 5215 Holy Cross Pkwy., Mishawaka, Indiana, 46545.

Our Mission

We, Trinity Health, serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities.

Our Mission is more than ideology. It's an important standard that we hold ourselves to, in everything we do. Our faith principles are at the core of our business. And our faith demands that we do whatever it takes to have a positive impact on those around.

Our Hospitals

SJHS is a Ministry Organization of Trinity Health. We provide personalized, faith-based care paired with the latest in advanced medical technology and procedures. SJHS is a not-for-profit, multi-hospital health system located in North Central Indiana, offering a full range of services.

Our system includes:

- 254-bed acute care hospital - Mishawaka Medical Center
- 58-bed acute care hospital - Plymouth Medical Center
- More than 129 providers in the Saint Joseph Medical Group
- More than 41 practices in the Saint Joseph Medical Group
- Community health centers and additional points of access
- Health Insurance Services
- Saint Paul's, Holy Cross and Trinity Tower Senior Living Communities
- SJHS VNA Home Care
- Saint Joseph PACE (Programs of All-inclusive Care for the Elderly)

Our Community Based Services

As part of our mission, SJHS provides several health and wellness programs at no or low cost. Community Health & Well-Being works to continually evaluate and respond to the most important needs of the community through our CHNA and partnerships with other local not-for-profit organizations through committees. Various committees and representatives work with us to ensure the success of SJHS's community benefit activities. Examples of such services include the operation of our community health centers, medical education, subsidized care, early detection and prevention programs, screenings, health fairs and more. The programs below are specific programs and services that support the needs of our community, many of which are a result of needs assessed through past CHNAs.

COMMUNITY HEALTH CENTERS

SJHS-sponsored health centers provide wellness education, prevention and a comprehensive array of primary care services to St. Joseph and Marshall Counties. The centers were established to serve the uninsured, underinsured and Medicaid populations. The centers also include medication assistance programs for those patients who qualify for these services. In addition to the health centers, SJHS's Mobile Medical Unit (MMU) provides mammograms and other healthcare to women in our community to promote early detection.

PRE AND POSTNATAL CARE COORDINATION

These services were developed to improve outcomes of pregnancy and reduce infant mortality rates through assessment, education, referrals, and support. This outreach and home visiting program targets pregnant women who may be at risk due to medical or psychosocial factors.

SCHOOL HEALTH INITIATIVES

In agreement with Penn-Harris-Madison, School City of Mishawaka, Bethel University, Holy Cross College, Argos School Corporation, Culver Community School Corporation, Plymouth Community School Corporation and Marian University's Ancilla College, SJHS provides a nurse or paraprofessional in each school totaling over 258,849 school health visits annually. Additionally, SJHS works with several area high schools and inter-collegiate recreation sports to provide on-site injury prevention and care along with athletic event coverage, totaling more than 20,552 visits annually.

SENIOR SERVICES

Designated Community Health Workers (CHW) at SJHS work with patients 55 years of age or older who have been diagnosed with a chronic illness. Our current focus is on those diagnosed with Congestive Heart Failure. Working alongside our Cardiac Rehab Department and Care Managers, we address the social determinants of health and refer to partner agencies as needed.

TOBACCO INITIATIVES

As the lead organization for Smoke-Free St. Joseph County, and Breathe–Easy Marshall County, SJHS works against the tobacco industry's influence through advocacy, social alteration and policy change. Smoking cessation classes are provided free of charge and prevention specialists work with youth in area school corporations.

Our Community

GEOGRAPHIC AREA SERVED

SJHS serves 984,383 people in a market area spanning Indiana and Michigan through its continuum of care. SJHS's Primary Service Area, the counties in which a SJHS hospital resides, includes St. Joseph, and Marshall Counties in Indiana. The Secondary and Tertiary Service Area encompasses Elkhart, Fulton, La Porte, Pulaski, and Starke Counties in Indiana as well as Berrien and Cass Counties in Michigan. This area has a combined population of 328,293. For purposes of the CHNA, SJHS defined the community served as the Primary Service Area, St. Joseph and Marshall Counties (which accounted for 77% of hospital admissions in FY23) and Elkhart County (which accounted for 9% of hospital admissions in the health system in FY23 and three times or more of any other county in the Secondary Service Area). Surveyed counties are suburban or rural in nature, except for light industry centered in the towns of Plymouth and Bremen, and an urban city-center in South Bend, the fourth largest city in Indiana. The region offers diversity, a stable economy, and a family-friendly environment, all within proximity of Chicago.

The Primary Service Area includes a variety of quality educational opportunities, including both public and private schools from preschool through high school. Nearby Culver is the home of Culver Academies, which attracts students to Indiana from all over the world. Those pursuing a higher level of education have several options, including the University of Notre Dame, Indiana University South Bend, Saint Mary's College, Holy Cross College, Ancilla College, Bethel College, Indiana Tech, and Ivy Tech State College.

The Primary Service Area houses Mishawaka Medical Center in St. Joseph County and Plymouth Medical Center in Marshall County as well as competitor Memorial Hospital of South Bend (Beacon). Hospitals located in the Secondary and Tertiary Service Areas include Elkhart General Hospital (Beacon) and Goshen Hospital to the east in Elkhart County, Woodlawn Hospital in Rochester, Starke Memorial in Starke County and Pulaski Memorial in Winamac. There are three Critical Access Hospitals (CAH) — Community Hospital of Bremen (Beacon), Pulaski Memorial Hospital and Woodlawn Hospital — at which primary care professionals with prescriptive privileges furnish outpatient primary-care services.

Approximately 18 percent of the population within the Saint Joseph Health System Service Area earns an annual salary of $25,000 or below. Household income is stable across the Primary Service Area, with areas of highest affluence in the Granger and Granger/Clay zip codes. The median household income is $58,599 for St. Joseph County and $58,296 for Marshall County. This is below the median for Indiana, Illinois, Michigan, and Ohio, as well as the U.S.

Estimates of uninsured* individuals are 8.8 percent in St. Joseph County and 12.9 percent in Marshall County, totaling around 255,721 individuals combined. This is compared to an Indiana rate of 8.9 percent. The System Service Area includes several Medically Underserved Areas (MUA) and Medically Underserved Populations (MUP).

In St. Joseph County, as of September 2023, the current unemployment rate of 3.9 percent is slightly higher than the Indiana rate of 3.3 percent, and the national average of 3.6 percent. Education, healthcare, and government are the major employers in

this local economy. In Marshall County, the current unemployment rate of 3.2 percent is lower than the Indiana rate and lower than the national average. Healthcare, manufacturing, service, and farming are the major employers in the local economy.

In the State of Indiana, according to the U.S. Census Bureau's Small Area Income and Poverty Estimates (SAIPE**), in 2021 8.6 percent of families lived in poverty. This is down from 12 percent in 2018, and 15 percent in 2013. SJHS serves a large Medicaid population across many delivery sites, most of which are in St. Joseph County.

Total population within the Saint Joseph Health System Service Area is expected to remain flat through 2028. Compared to the state of Indiana, there is a lower projected population growth, a higher median age, and a lower percentage of people with a bachelor's degree or higher. The population aged sixty-five and older is expected to grow to from 19 percent to 21 percent over the next five years.

**U.S. Census Bureau/Small Area Health Insurance (SAHIE) Program/ March 2021*
***U.S. Census Bureau, Small Area Income and Poverty Estimates (SAIPE) Program, December 2021*

St. Joseph County

St. Joseph County is located in Northwest Indiana and contains just less than one-third of the entire population in the System Service Area. Table 1 outlines demographic statistics relevant to St. Joseph County in relation to the demographics of the entire state of Indiana. Many of St. Joseph County's population demographics mirror the demographics of Indiana. Overall, St. Joseph County is slightly younger, from the perspective of median age and overall proportion. St. Joseph County is also home to a slightly more diverse population than the state as a whole, as it has higher percentages of African Americans and Hispanics.

A majority of the CHNA survey sample demographics for St. Joseph County mirrors the overall county demographic statistics. There are a few exceptions. The median age group for CHNA participants was slightly above average with the highest volume of participants being between 40– 64 years old and the county median age being 36.6 years old. Persons under 18 years of age account for 22.8 percent of the total population and their exclusion from the CHNA may be the reason the CHNA median age was higher. The most notable difference in the CHNA survey population compared to county demographics is the large variance in the proportion of females to males participating in the survey. As many questions ask about family members and households, a large number of women participating in the survey could be answering on behalf of their male counterparts. The African American population was slightly over sampled at 14 percent as was the Hispanic/ Latino population at 16.9 percent. Further analysis demonstrated that large volumes of survey participants were residents in some of the most populated ZIP codes of St. Joseph County. These ZIP codes also represent some of the highest geographic percentages of poverty in the county, showing the survey successfully documented underserved populations.

Marshall County

Marshall County is located just south of St. Joseph County and has a significantly smaller population. Many of Marshall County's population demographics mirror the demographics of Indiana. Overall, Marshall County is slightly older, from the perspective of median age and overall proportion. As in most rural Midwestern communities, the population is almost exclusively made up of white nonHispanic individuals, although there has been an increase in the Hispanic population during the past 10 years. An above-average percentage of Marshall County's population identifies as Hispanic and there is a much smaller African American population in comparison to the Indiana average.

A majority of the survey sample demographics within Marshall County mirror the overall county statistics, with a few exceptions. The median age of CHNA participants was approximate to the county average but persons 65 years and older account for 19.9 percent of the population in Marshall County, making this age group slightly oversampled in the survey. The 18–24 age bracket is slightly under sampled in comparison to the county statistics. Racial and ethnic group response is slightly under sampled in Marshall County in regard to the Hispanic/Latino population. A majority of survey respondents in Marshall County live in the area of the highest population density, the Plymouth ZIP code. This ZIP code has the highest poverty estimates and has some of the highest responses in the survey for individuals experiencing homelessness, showing the survey has successfully reached underserved populations.

Our Approach to Health Equity

While community health needs assessments (CHNA) and Implementation Strategies are required by the IRS, Trinity Health ministries have historically conducted CHNAs and developed Implementation Strategies as a way to meaningfully engage our communities and plan our Community Health & Well-Being work. Community Health & Well-Being promotes optimal health for those who are experiencing poverty or other vulnerablities in the communities we serve by addressing patient social needs and investing in our communities through dismantling oppressive systems, including racism, and building community capacity. Trinity Health has adopted the Robert Wood Johnson Foundation's defition of Health Equity - "Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care."

This implementation strategy was developed in partnership with community and will focus on specific populations and geographies most impacted by the needs being addressed. Racial equity principles were used throughout the development of this plan and will continue to be used during the implementation. The strategies implemented will mostly focus on policy, systems and environmental change as these systems changes are needed to dismantle racism and promote health and wellbeing for all members of the communities we serve.

Health and Social Needs of the Community

The CHNA conducted in August through November 2023 identified the significant needs for health and social drivers of health within the St. Joseph and Marshall County community. Community stakeholders then prioritized those needs during a facilitated review and analysis of the CHNA findings. The significant health needs identified, in order of priority include:

1. Access to Mental Healthcare
    - Mental disorders are among the most common causes of disability and were identified as a leading health concern in both St. Joseph County and Marshall County. 63% of survey takers reported that they or someone in their household have visited a health care provider for a mental health concern. The most frequent mental health diagnoses reported were anxiety (42%) and depression (41%), followed by attention deficit hyperactivity disorder (ADD/ADHD) (21%).
    - Mental health plays a major role in people's ability to maintain good physical health. Mental illnesses, such as depression and anxiety, affect people's ability to participate in health-promoting behaviors. In turn, problems with physical health, such as chronic diseases, can have a serious impact on mental health and decrease a person's ability to participate in treatment and recovery.
    - This category encompasses a number of different topics, including mental health conditions, access to mental health services and insurance coverage. 40% of survey respondents reported not seeking help due to the following cost (41%), availability (34%) and "what other people might think" (16%).
    - Additionally, respondents who identified as a member of the LGBTQ+ community reported higher rates of mental health diagnoses than the overall survey response. Rates of depression were reported at 73% vs 41% and rates of anxiety at 70% vs 42%. These individuals also reported more frequent poor mental health days than the overall survey response. When asked how many days in the past month their mental health not been well, only 30% of LGBTQ+ identifying individuals reported 0-3 days vs. 61% in the overall survey and 24% reported 16 or more days vs. 10% in the overall response.
2. Access/Affordability of Medication
    - The high cost of healthcare in the U.S. is a burden for some individuals, families, and communities as a whole. Individuals with chronic health conditions are even more vulnerable as they often require a constant supply of medications.
    - The increasing cost of prescription drugs and difficulties accessing health insurance often exacerbates the issue of poor access to needed medications. Many physical and mental health outcomes depend on unconstrained and continuous access to medication.
    - 91% of respondents indicated they had health insurance and 84% of those who said they had medical coverage stated their insurance covered prescription drugs (9% indicated it did not and 4% indicated they were unsure).
3. Safe and Affordable Housing
    - Health status can be exponentially affected by a lack of stable and affordable housing options as well as poor housing conditions.
    - Only 3% of all participants reported struggling to pay their rent or mortgage; however, nearly 25% of those surveyed reported this an area a top need.
    - Individuals who face housing instability are more likely to experience high levels of stress which can influence emotional well-being and the prevalence of physical health conditions, such as high blood pressure and sleeping problems.
    - Housing cost burdened individuals also have fewer resources for health insurance, preventative care, and healthy nutritious foods.
    - When asked if the respondent's household income is enough to support their family, 64% answered Yes and 36% answered No. This is compared with 27% who answered No among white respondents. Among those who answered No, 57% answered Barely enough and 43% answered More than enough.
    - Differences were seen in the non-white response for questions relating to socioeconomic status. When asked if in the last year (2022) the respondent had issues paying for utilities, 29% answered Yes and 71% answered No. This is in comparison to 19% who answered No in the overall survey response. Top responses include trouble paying for electricity (29%) and gas (20%).
4. Improving Access to Wellness Resources (Fresh Foods, Nutrition Classes, Gyms, Etc.)
    - Health status and related health behaviors are determined by influences at multiple levels: healthy nutrition options and preparation, and physical fitness.

- 16% of respondents reported worrying about running out of food before they had money to buy more about half the time or more over the past year.
- When asked if respondents were able to find resources for food, non-Hispanic minority respondents reported they were able to 76% of the time, non-Hispanic white respondents 72% of the time, Hispanic respondents were able to 68% of the time, and members of the LGBTQ+ community were able to merely 64% of the time.
- 39% of respondents indicated they exercise 2 days per week or less.
- Because significant and dynamic interrelationships exist among these different levels of health determinants, educational and community-based programs are most likely to succeed in improving health and wellness when they address influences at all levels and in a variety of environments/ settings.

5. Improving Access to Healthcare
   - Many factors contribute to healthcare access. From transportation and insurance coverage to childcare and time away from work to wait time for appointment, cost, and finding a provider accepting new patients, there is a complexity of dynamics that exist.
   - 58% of respondents reported having trouble getting healthcare for themselves or someone in their family. The top four identified problems identified preventing respondents from getting healthcare were the cost of healthcare in general, medical costs/debt, the cost of insurance, and high deductibles.
   - 24% of respondents indicated they needed to see a doctor in the past year but could not. The top reasons identified were wait time for appointment (34%) and inconvenient hours (28%); cost of service (26%) and lack of provider (25%) closely followed as other identified barriers.
   - Among the 56% of respondents who indicated they believed their race or ethnicity affects their health needs, 20% indicated language or cultural barriers affected their health needs (80% of these respondents identified as Hispanic or Latino) and 15% indicated not being able to find a doctor/provider that is their race. Additionally, 13% indicated they believed they received inadequate care by a doctor or hospital because of their race or ethnicity and 8% indicated delayed or inadequate prenatal/ pregnancy care affected their health.
   - Only 4% of total survey respondents indicated transportation prevented them from getting healthcare. When stratified by insurance type, this number rose to 10% among those who identified they had insurance from Medicaid, Medicare, or both. Additionally, 13% of overall survey respondents reported using a means other than their own vehicle to arrive at their doctor appointments; again, this number rose to 25% of respondents who indicated they have insurance coverage through Medicaid, Medicare, or both.
   - When asked if respondents have any healthcare coverage, including health insurance or plans such as Medicaid or Medicare, 91% answered to having some kind of health coverage while 9% said they did not have healthcare coverage. The most-reported type of healthcare coverage was from an employer or a spouse's employer (58%).

Hospital Implementation Strategy

SIGNIFICANT HEALTH AND SOCIAL NEEDS TO BE ADDRESSED

Saint Joseph Health System (SJHS), in collaboration with community partners, will focus on developing and/or supporting initiatives and measure their effectiveness to improve the following needs:

1. Improving Access to Wellness Resources (Fresh Foods, Nutrition Classes, Gyms, Etc.) – CHNA pages 7-10
2. Improving Access to Healthcare – CHNA pages 11-13

SIGNIFICANT HEALTH AND SOCIAL NEEDS THAT WILL NOT BE ADDRESSED

Saint Joseph Health System acknowledges the wide range of priority health and social issues that emerged from the CHNA process and determined that it could effectively focus on only those health needs which are the most pressing, under-addressed and within its ability to influence. Saint Joseph Health System does not intend to address the following needs:

- Access to Mental Healthcare – Mental disorders are among the most common causes of disability and were identified as a leading health concern in both St. Joseph County and Marshall County. Saint Joseph Health System and its partners acknowledge mental health plays a major role in people's ability to maintain good physical health and vice versa. They also recognize that access to mental health is a component of access to healthcare, which emerged as a newly identified top health need in 2024. Because similar causes (lack of insurance or inadequate insurance, low income, decreased resources and providers, etc.) exist in both of these needs, SJHS will not exclusively focus its efforts on increasing access to mental healthcare; however, it will continue to serve on the boards of lead mental health agencies in our service area, collaborate in harm reduction and comprehensive intervention initiatives, and explore how strategy focus on the needs of improved access to wellness resources and healthcare can contribute to improved access for mental healthcare, as well.
- Access/Affordability of Medication – Saint Joseph Health System does not plan to directly address this need due to two low-cost health clinics it currently operates, Sister Maura Brannick Health Center and St. Joseph Health Center. These centers provide primary healthcare services and medication to individuals without health insurance who fall below 200% of the federally designated poverty level. Both health centers address prevention of disease and illness and focus on the overall health and well-being of each patient. The focus of the clinics is not only primary, preventative healthcare as specialty care is also provided to our patients from volunteer physicians.
- Safe and Affordable Housing – Saint Joseph Health System and its partners believe there are dynamics worth exploring in this space that may be causal in affecting overall well-being in our communities. Acknowledgement has been made that this need cannot be addressed by SJHS alone due to various policy and systems factors that exist, and that efforts should be primarily focused elsewhere with this need as an element of their strategy success. SJHS will devote committed resources outlined below to working collaboratively with others in our service area to elevate the voices of the unhoused and inadequately housed and to reduce barriers to health and well-being for all. Additionally, SJHS will continue to advocate for tobacco-free housing and continue to engage in work surrounding lead prevention, testing, and remediation.

This implementation strategy specifies community health needs that the hospital, in collaboration with community partners, has determined to address. The hospital reserves the right to amend this implementation strategy if circumstances warrant. For example, certain needs may become more pronounced and require enhancements to the described strategic initiatives. During these three years, other organizations in the community may decide to address certain needs, indicating that the hospital then should refocus its limited resources to best serve the community.

1. Improving Access to Wellness Resources

GOAL:

Improve the physical and mental health of our community through increased resource utilization, sustainability, and economic growth and reduced sedentary behavior among those residing in our primary service area.

CHNA Impact Measures	2024 Baseline	2027 Target
1) Reduce sedentary behavior by providing 6 opportunities per year for physical activity in Marshall County.		
Opportunities provided/ number of people reached	0 / 0	12 / 120
CHNA reports of sedentary behavior = exercise 2 days or less per week	39%	38% (1% reduction)
2) Reduce CHNA reports of food insecurity through better systems aimed at reducing barriers to resources for the most vulnerable.		
% of CHNA respondents who reported worry about running out of food in the last year before they had money to buy more	32%	31% (1% reduction)
% of CHNA respondents who reported they were unable to find resources for food when needed.	27%	25% (2% reduction)
3) Support economic growth and professional development in identified vulnerable populations in the SJHS service area through living wage job fairs.		
# of applicants/ # of job fairs	0 / 0	150 / 6
% of CHNA respondents reporting their income was not enough to support their family.	23%	22% (1% reduction)

Strategy	Timeline			Hospital and Committed Partners (align to indicate committed resource)	Committed Resources (align by hospital/committed partner)
	Y1	Y2	Y3		
Start a local chapter of 'Just Walk' (monthly walking club and education event with a licensed health care provider) to increase access to physical activity and health education resources and utilize expansion of the built environment in Marshall County. • Supportive action includes sourcing athletic shoes for participants who don't have a pair.		X	X	Saint Joseph Health System - Plymouth	Staff time and shoes
		X	X	Community partners	Shoe donations
	Focus Location(s)				**Focus Population(s)**
	Marshall County				Broader Community, Families, and Seniors

Strategy	Timeline			Hospital and Committed Partners (align to indicate committed resource)	Committed Resources (align by hospital/committed partner)
	Y1	Y2	Y3		
Support comprehensive skills training for those seeking services for mental health with the expansion of our 'Healthy Families- Crockpot Cooking classes'. • Administer at least 2 classes per year to skills-based groups in partnership with local mental health agencies. • Distribute a crockpot to each member who attends. • Create a Healthy Family Crockpot Cookbook utilizing readily available food pantry foods.	X	X	X	Saint Joseph Health System - Mishawaka	Staff-time, slow cookers, printing, and supplies
	X	X	X	Saint Joseph Health System - Plymouth	Staff-time, slow cookers, printing, and supplies
	X	X	X	Purdue Extension	Staff-time and supplies
	X	X	X	Bowen Center	Host location
	Focus Location(s)				**Focus Population(s)**
	St. Joseph & Marshall Counties				Those seeking services for mental health and enrolled in life skills curriculum

Strategy	Timeline			Hospital and Committed Partners (align to indicate committed resource)	Committed Resources (align by hospital/committed partner)
	Y1	Y2	Y3		
Continue to support local food pantries and help reduce access barriers through funding mobile food pantries and/or piloting a food locker location for after-hours access.	X	X	X	Saint Joseph Health System - Mishawaka	Food and staff-time
	X	X	X	Saint Joseph Health System - Plymouth	
	X	X	X	Food Bank of Northern Indiana	Food provision
	X	X	X	Other partners	Collaboration in sustainability
	Focus Location(s)				**Focus Population(s)**
	St. Joseph, Marshall, and Elkhart Counties with particular focus on those in identified food deserts in each county and located in priority and high priority zip codes.				Those experiencing food insecurity, including those identified to have the most difficulty finding resources (i.e. members of the Hispanic/Latino community and members of the LGBTQ+ community).

Strategy	Timeline			Hospital and Committed Partners (align to indicate committed resource)	Committed Resources (align by hospital/committed partner)
	Y1	Y2	Y3		
Integrate distribution of Community Resource Directory Cards (CRD) for increased sustainability for food pantry recipients and those in the community at most risk for food insecurity.	X	X	X	Saint Joseph Health System - Mishawaka	Staff time for verifying CRD food resource listing maintenance, distribution, and printing
	X	X	X	Saint Joseph Health System - Plymouth	Staff time for verifying CRD food resource listing maintenance, distribution, and printing
	Focus Location(s)				**Focus Population(s)**
	Saint Joseph and Marshall Counties				Those experiencing food insecurity, including those identified to have the most difficulty finding resources.

Strategy	Timeline			Hospital and Committed Partners (align to indicate committed resource)	Committed Resources (align by hospital/committed partner)
	Y1	Y2	Y3		
Increase resources for food pantry recipients through: • Distributing bi-lingual recipe cards utilizing food pantry staple items. • Encouraging the donation of pop-top cans and distributing can openers to those who need them. • Distributing salt-free seasonings and/or can strainers to reduce sodium consumption among recipients. • Sourcing and distributing food storage bags to increase the shelf-life of dry goods distributed (rice, pasta, etc.)	X	X	X	Saint Joseph Health System - Mishawaka	Can openers, salt-free seasonings, can strainers, Ziploc bags, and printing
	X	X	X	Saint Joseph Health System - Plymouth	
	X	X	X	Food Bank of Northern Indiana	Host location
	X	X	X	Other partners	Host location
	Focus Location(s)				**Focus Population(s)**
	St. Joseph, Marshall, and Elkhart Counties				Those experiencing food insecurity.

Strategy	Timeline			Hospital and Committed Partners (align to indicate committed resource)	Committed Resources (align by hospital/committed partner)
	Y1	Y2	Y3		
Coordinate and participate in 2-3 community-based job fairs per year to promote living wage jobs included but not limited to those professions offered at SJHS.	X	X	X	Saint Joseph Health System - Mishawaka	Staff-time, resources
	X	X	X	Saint Joseph Health System - Plymouth	Staff-time, resources
	X	X	X	Community partners	Staff-time, job openings
	Focus Location(s)				**Focus Population(s)**
	St. Joseph & Marshall Counties				Under-employed job seekers with a minimum of a high-school diploma/ GED (18.1% of CHNA respondents).

<table>
<tr><th rowspan="2">Strategy</th><th colspan="3">Timeline</th><th rowspan="2">Hospital and Committed Partners
(align to indicate committed resource)</th><th rowspan="2">Committed Resources
(align by hospital/committed partner)</th></tr>
<tr><th>Y1</th><th>Y2</th><th>Y3</th></tr>
<tr><td rowspan="4">Continue to support county-wide initiatives and coalitions focused on improving access to health education, safe and affordable housing opportunities, fresh foods, and physical activity.</td><td>X</td><td>X</td><td>X</td><td>Saint Joseph Health System - Mishawaka</td><td rowspan="2">Staff time attending meetings and participating in coalition work; additional grant opportunities and resources</td></tr>
<tr><td>X</td><td>X</td><td>X</td><td>Saint Joseph Health System - Plymouth</td></tr>
<tr><td colspan="4">Focus Location(s)</td><td>Focus Population(s)</td></tr>
<tr><td colspan="4">St. Joseph & Marshall Counties</td><td>Broader community; Unhoused and inadequately housed; those struggling with food insecurity and nutrition; and sedentary population.</td></tr>
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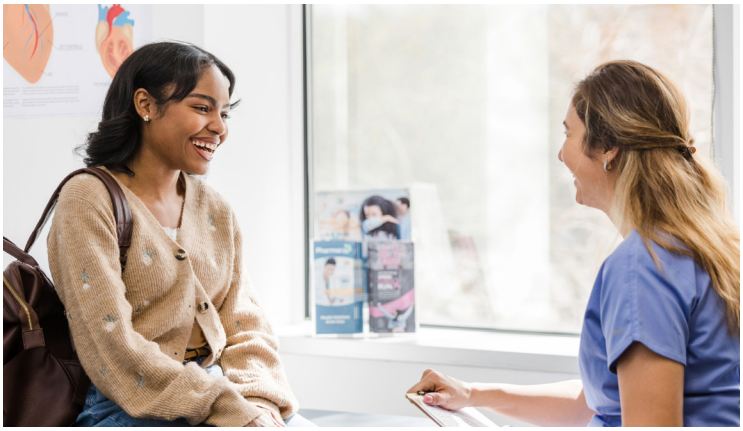
2. Improving Access to Healthcare

GOAL:

Improve access to healthcare with increased outreach initiatives to those most at-risk for chronic disease and health inequities, including those who are unable to get to services, who have inadequate or no health insurance, and who do not have the financial means to seek services. Diversify voices contributing to health improvement processes, shift to a regional focus for increased collaboration on root cause issues, and increase awareness of current programs built to improve access to healthcare.



CHNA Impact Measures	2024 Baseline	2027 Target
1) Increase free preventative health services received (i.e. flu shots, BP readings, etc.) among residents in our primary service area and connect them to providers for follow-up care, if needed, to reduced disease prevalence.		
Free health services provided per year	136	250
% of CHNA respondents reporting an overall health status of good or better	76%	83% (2021 rate)
2) Reduce health disparities and inequities experienced by mothers and babies in our service area through support care and wrap around clinical and community services.		
Annual encounters to pregnant/post-partum moms and babies	2,418	3,200
% of CHNA respondents indicating the belief that their race or ethnicity contributed to delayed or inadequate prenatal/pregnancy care among those who indicated the belief that their race or ethnicity affects their health	8% (of 56% of survey respondents)	6% (2% reduction)

Strategy	Timeline			Hospital and Committed Partners (align to indicate committed resource)	Committed Resources (align by hospital/committed partner)
	Y1	Y2	Y3		
Expand reach to vulnerable populations by providing free health services and education opportunities through the hiring of a clinical staff member and utilization of existing community health workers and mobile health unit.		X	X	Saint Joseph Health System - Mishawaka	Staff time and supplies
		X	X	Saint Joseph Health System - Plymouth	
	Focus Location(s)				**Focus Population(s)**
	St. Joseph, Marshall, and Elkhart Counties				Uninsured, low-income, seniors, those in recovery, priority populations, and broader community

Strategy	Timeline			Hospital and Committed Partners (align to indicate committed resource)	Committed Resources (align by hospital/committed partner)
	Y1	Y2	Y3		
Administer health screenings and services at area food pantries and mobile food distribution sites, aligning screenings/services received with relevant health education and resources (i.e. BP screenings coupled with education on reducing sodium, and distribution of salt-free seasoning or can opener).	X	X	X	Saint Joseph Health System - Mishawaka	Staff time, can openers and seasonings, flu shots, and print materials
	X	X	X	Saint Joseph Health System - Plymouth	
	X	X	X	Food Bank of Northern Indiana	Host location
	X	X	X	Other community partners	Host location and/or financial support
	Focus Location(s)				**Focus Population(s)**
	St. Joseph, Marshall, and Elkhart Counties				Those experiencing food insecurity, reduced income, and barriers to healthcare

Strategy	Timeline			Hospital and Committed Partners (align to indicate committed resource)	Committed Resources (align by hospital/committed partner)
	Y1	Y2	Y3		
Begin to offer health services to those living in homeless encampments in South Bend or in transient housing in Marshall County to reduce the health disparities among the underserved.		X	X	Saint Joseph Health System - Mishawaka	Staff time and supplies
		X	X	Saint Joseph Health System - Plymouth	Staff time and supplies
		X	X	Center for Homeless	Host partner
		X	X	Poor Handmaids	Host partner
	Focus Location(s)				**Focus Population(s)**
	South Bend and Plymouth				Those experiencing housing insecurity

Strategy	Timeline			Hospital and Committed Partners (align to indicate committed resource)	Committed Resources (align by hospital/committed partner)
	Y1	Y2	Y3		
Continue to engage in county-wide initiatives in St. Joseph County surrounding infant mortality, including but not limited to being a key partner in the implementation of Pop-Up Pregnancy Villages in 2025.	X	X	X	Saint Joseph Health System - Mishawaka	Community Health Worker and Tobacco staff time and resources
	X	X	X	University of Notre Dame	Pregnancy Pop-Up Village Lead
	Focus Location(s)				**Focus Population(s)**
	South Bend & Mishawaka				Pregnant and post-partum moms, children, and families

Strategy	Timeline			Hospital and Committed Partners (align to indicate committed resource)	Committed Resources (align by hospital/committed partner)
	Y1	Y2	Y3		
Continue to support county-wide initiatives in Marshall County aimed at increasing engagement with the Latino community and amplifying their voices and health needs.	X	X	X	Saint Joseph Health System - Plymouth	Staff time from Latino Outreach Coordinator and CHW
	X	X	X	One Marshall County Health & Wellness	Co-collaboration
	Focus Location(s)				**Focus Population(s)**
	Marshall County				Hispanic/Latino

Strategy	Timeline			Hospital and Committed Partners (align to indicate committed resource)	Committed Resources (align by hospital/committed partner)
	Y1	Y2	Y3		
Support Health Improvement Alliance's (HIA) regional expansion in order to grow community collaboration for big-lift root cause issues surrounding improved access to healthcare, including the need for safe and affordable housing opportunities, decrease duplication of services and increase the utilization of existing services and resources.	X	X	X	Saint Joseph Health System - Mishawaka	Financial support
	X	X	X	Saint Joseph Health System - Plymouth	Financial support
	X	X	X	Health Improvement Alliance	Staff time and program expansion
	Focus Location(s)				**Focus Population(s)**
	St. Joseph, Marshall, and Elkhart Counties				Broader Community with a particular focus on those experiencing the most need.

Strategy	Timeline			Hospital and Committed Partners (align to indicate committed resource)	Committed Resources (align by hospital/committed partner)
	Y1	Y2	Y3		
Increase awareness of evening and weekend physician offices and urgent care centers, diverse and bi-lingual staff, and health insurance services in our area.	X	X	X	Saint Joseph Health System - Mishawaka	Marketing time and resources.
	X	X	X	Saint Joseph Health System - Plymouth	
	Focus Location(s)				**Focus Population(s)**
	St. Joseph, Marshall, and Elkhart Counties				Broader Community with a particular focus on those experiencing the most need.

Adoption of Implementation Strategy

On 10/28/24, the Board of Directors for Saint Joseph Health System voted after review of the 2025-2027 Implementation Strategy for addressing the community health needs identified in the 2024 Community Health Needs Assessment. Upon review, the Board approved this Implementation Strategy and the related budget.

Chris Karam, President

10/28/2024
Date