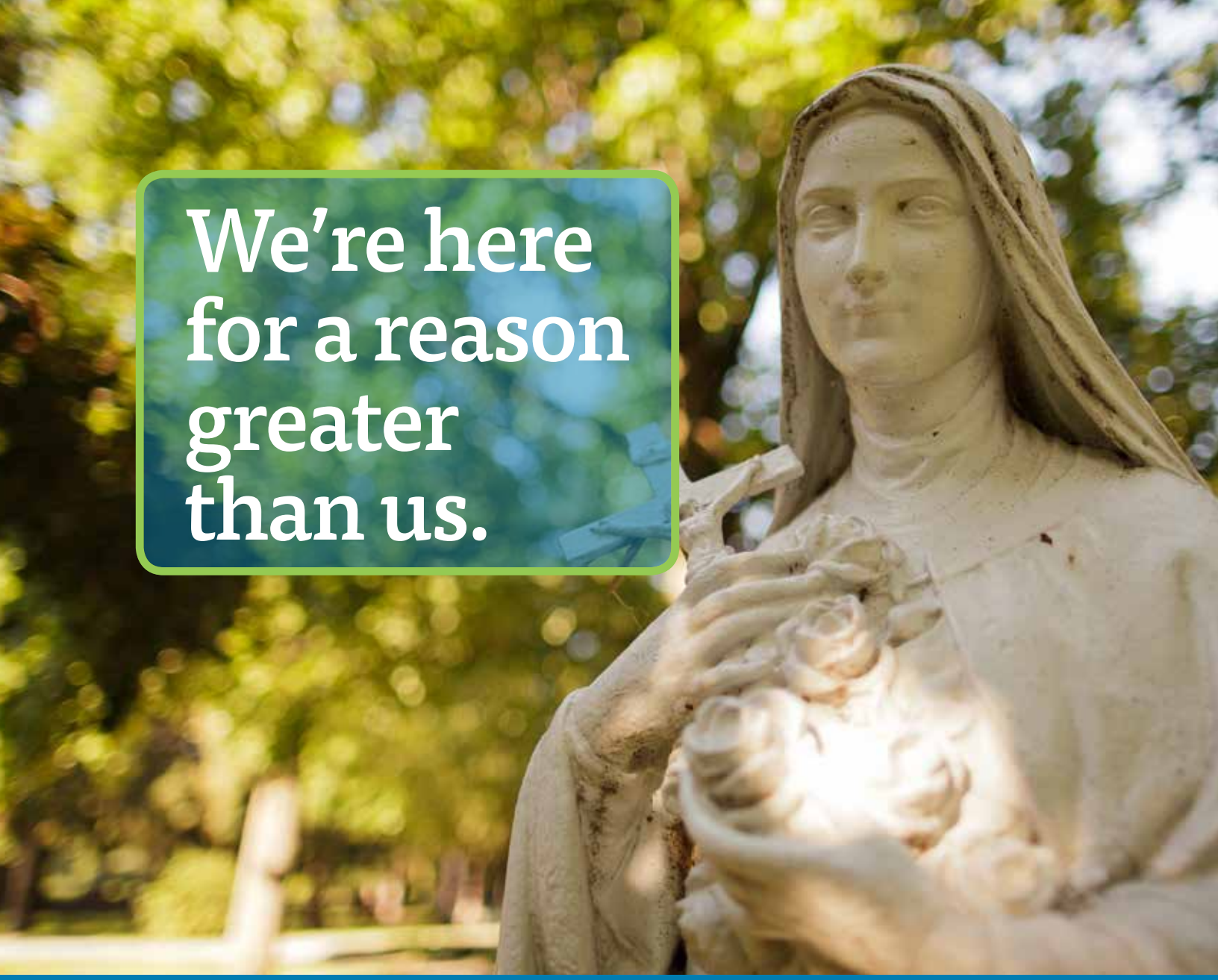

2018 Community Health Needs Assessment

Adopted June 25, 2018

SAINT JOSEPH
HEALTH SYSTEM

MISHAWAKA
MEDICAL CENTER

COLLABORATIVE PARTNERS

FY 2019 - 2021 Committee membership

SJHS's community benefit activities and Community Health and Well-Being come in contact with many local organizations and participate in ongoing committee discussions attempting to provide justice in the way of caring for those who need it most in our community. Our CHNA is no exception to collaboration. We understand collaboration and partnerships are the most effective avenues for impacting the health of our community. For these reasons, SJHS's Community Health Needs Advisory Committee contains not only SJHS associates, but also community members with various representations to help us with this process.

St. Joseph County Community Health Needs Advisory Committee members:

- **Bill Agnew** -Manager of Community & Corporate Wellness, Community Health & Well-Being, SJHS
- **Phil Blasko** – Superintendent, Mishawaka Parks Department
- **Jessica Brookshire** – Associate Director of Public Affairs, University of Notre Dame
- **Sam Centallas** – Executive Director, La Casa de Amistad
- **Clara Davis** — Community Outreach Representative, HealthLinc
- **Dani Elgas** - Executive Director of Operations, YMCA of Michiana
- **Reem Hassaen** – Program Coordinator, Boys & Girls Club of St. Joseph County
- **Pamela Henderson** – Chief of Strategy & Development, SJHS
- **Intern or Eck Fellow,** Community Health & Well-Being, SJHS
- **Johnathan Jones** - Director of Recreation, City of South Bend Venues Parks & Arts
- **Marsha Jordon** – Superintendent, Fort Wayne-South Bend Catholic Schools
- **Matthew Lentsch** – Director, Foundation and Marketing, Oaklawn
- **Rebecca Lies** – NEP Community Wellness Coordinator, St. Joseph County, Purdue Extension
- **Marijo Martinec** – Associate Director, The Food Bank of Northern Indiana
- **Beth Mengel** — Tobacco Program Assistant, Community Health & Well-Being, SJHS
- **Barbra Michalos** – Director, Exceptional Learners
- **Waldo Mikels-Carrasco** – Director of Community & Population Health Development, Michiana Health Information Network
- **LaTonia Newhouse** — Director of Community Services, REAL Services Inc.
- **Sheri Niekamp** – Director of Community Impact, United Way of St. Joseph County
- **Karen Paluzzi** – Manager, Strategic Planning and Analytics, SJHS
- **Michelle Peters** – Director, Community Health & Well-Being, SJHS
- **John Pinter** – Consultant and former Red Cross executive
- **Kim Riggs** – Director of Clinical Integration, SJHS
- **Jessica Shirley** – Manager, Public Relations, SJHS
- **Sara Stewart** – Executive Director, Unity Gardens
- **Paul Szrom** - Director of Development, The Salvation Army Ray and Joan Kroc Corps Community Center
- **Elizabeth Trevino** – ADAPT Site Coordinator, Community Health & Well-Being, SJHS
- **Robin Vida** – Director of Health Education, St. Joseph County Health Department

A combination of these members and other community members participated in the creation of the strategic action plans for FY 2019 - 2021.The Community Health Needs Advisory Committee will hold SJHS accountable during this process and serve as guidance for any necessary adaptations. Ultimately, Community Health Needs Advisory Committee of SJHS will determine any future changes to the implementation plan based on the needs of our community.

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ABOUT THE COMMUNITY HEALTH NEEDS ASSESSMENT

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 is 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 us.

Introduction

The March 2010 passage of the Patient Protection and Affordable Care Act (PPACA) introduced new reporting requirements for private, not-for-profit hospitals to maintain 501(c)(3) tax-exempt status.

Effective for tax years beginning after March 2012, each hospital must:

- Conduct a CHNA at least once every three years on a facility-by-facility basis.
- Identify action plans to address unmet community health needs.
- Report the results of each CHNA publicly.

Every three years, Saint Joseph Health System (SJHS), including Mishawaka Medical Center and Plymouth Medical Center, performs community health needs assessments (CHNA) to evaluate the overall health status of the communities it serves. The information from these assessments is routinely used to guide the strategic planning processes of the organization-at-large.

Using a community survey with questions approved by SJHS community benefit council and Trinity Health, SJHS conducted its 2018 CHNA for use in the Primary Care Service Area including the counties of St. Joseph and Marshall in Indiana. SJHS set out to determine the community's needs and determine where to commit community outreach resources, especially for the poor and underserved. The assessment provides an opportunity to design an implementation plan and share our efforts toward improved health and quality of life, while building upon the foundation of our existing efforts to improve the health of our community and the populations we serve.

The 2018 CHNA report provides:

- A summarized analysis of the successes from the 2015 CHNA report and resources already committed to support SJHS's upcoming community benefit activities.
- A detailed community profile of our St. Joseph County community members, including the results of primary data collection.
- A strategy for addressing the needs identified as the highest priority of concern for St. Joseph County as a result of the number of people affected, available resources and our ability to make an impact.
- Access to 2018 CHNA results to inform the community and serve as a continual guide for evaluating the health of our community and best efforts to improve activities for our community members with the greatest needs.

Summary of 2015 CHNA

Previously, the 2015 CHNA revealed several needs.

The top significant health needs were:

- Provider access
- Mental health
- Transportation
- Community hub

Our response

During the past three years, SJHS has implemented action plans designed to respond to these significant community needs. To address the issue of provider access, SJHS expanded This Counts promotion and awareness. With increased marketing and responsiveness, This Counts activation has been ongoing and now has more than 31,000 Facebook followers for both St. Joseph County and Marshall County. SJHS has also participated and supported the Diabetes Prevention and Education programs by creating Health in Action classes. Classes have educated approximately 95 participants on nutrition, exercise and healthy meal preparation. Ninety-seven percent of participants have said they increased their fresh fruit and vegetable intake since beginning the class. SJHS has also sponsored the development of Unity Garden's outdoor kitchen to help provide educational opportunities for the community.

To address mental health, SJHS trained all school health staff in mental health first aid to better identify children who need additional mental health services. Fifty participants were trained in St. Joseph County and Marshall County. Those individuals provide more than 290,000 student visits annually, with a potential student impact population total of 21,365.

In addition, SJHS began offering one-on-one support to women suffering postpartum depression. Support sessions have been ongoing since initiation, resulting in approximately 250 women communicated with annually.

To address transportation, SJHS partnered with Transpo, who added additional bus stops and locations to include our physician offices. SJHS in return promoted and placed the bus routes/maps on our website. SJHS continues to provide resources to our patients who are unable to obtain transportation to their doctor's appointments and testing.

Due to resource constraints, community hubs were not feasible at the time. Community members attended many sessions related to the community hub and while interest existed, the resources were limited and therefore we were unable to build a facility. SJHS did create a comprehensive referral process to address community needs.

SJHS continues to dedicate many resources to community benefit in several different areas. SJHS provides millions of dollars in Charity Care every year. This includes costs for unpaid Medicare and Medicaid expenses. SJHS has two locations that provide care to those who are without insurance and are eligible for Medicaid or Medicare. The Family Medicine Center caters to Medicare and Medicaid patients by employing medical residents, faculty practitioners, and office staff that can assist in determining individual insurance requirements.

In the 2017 fiscal year (FY 2017), SJHS committed:

- **$3,601,380** for clinics that benefit the underserved, such as the Family Medicine Center and Sister Maura Brannick, CSC, Health Center and other subsidized health services.

- **$1,682,840** for medical residencies and other educational opportunities for both clinicians and non-clinicians.
- **$1,394,340** for community-support donations, in-kind contributions and community-building activities.

SJHS's efforts to address community needs have been successful, and there is no doubt that future efforts will also be. While not able to fulfill every need identified through the CHNA, SJHS will make every effort to align the defined and redefined priorities within our mission.

2018 executive summary

The SJHS Community Health Needs Advisory Committee has responded to the needs of the communities we serve, in a way aligned with our Mission, by creating a document that would serve as one of the key components of the system's FY 2018 - 2021 strategic implementation plan.

The findings of the CHNA will also assist leadership in stewarding resources entrusted to SJHS by providing services where assistance is most needed. A benefit to this CHNA process is studying the separate and distinct groupings of respondents by county. As a result, responses are pertinent to the health status of St. Joseph County for Mishawaka Medical Center and Marshall County for Plymouth Medical Center.

Community survey

The methodology for conducting the community health needs assessment involved deployment of the survey both online and on paper from August to November 2017. Participation was voluntary and provided data including, but not limited to, zip codes, individual demographics, health status and community need as perceived by the individual. The CHNA took participants roughly 10 - 15 minutes to complete, with online participation accounting for a shorter timeframe as compared to paper submissions.

A major advantage of completing the CHNA through online and paper surveys is the large amount of quantitative information we received from multiple demographics. Survey participants consisted of people from various ages, socioeconomic status and ethnic/racial background. For survey topics, some were taken directly from the 2011/12 CHNA to show healthcare progress. Other topics were identified important community-related issues. Survey takers were asked "What three areas are most important to help you and your neighbors live healthier?"

They were given a list of 16 options from which to select multiple answers, with one being open response. The top significant health needs identified by the community through the CHNA survey were:

1. Improved nutrition and eating habits.
2. Access to wellness resources (fresh foods, nutrition classes, gyms, etc.).
3. Increased participation in physical activities and exercise programs.
4. Access to mental healthcare.
5. Access to dental care.

Response

Review of data sources and community input were used to determine potential priority areas. Potential priority areas were evaluated based on the recommended priorities brought forth by the survey and were ranked using a point system based on the number of community responses, number of people impacted, and severity of the problem. Prioritized needs were analyzed and cross referenced with external health data like the Robert Wood Johnson Community Health Rankings and community input from SJHS board and Mishawaka Medical Center board.

Community Health Needs Advisory Committees, consisting of content experts were formed to address the significant health needs prioritized by the community from input brought forth by the CHNA. The subcommittees met to discuss ideas for improving the areas they were assigned (wellness, nutrition, physical health). After discussion, the ideas of the subcommittees were formalized into action plans and reevaluated to determine feasibility. Once the action plans were approved, the budgeting process began.

Combining the assets and expertise of the local communities with the mission, energy and insight of SJHS, the advisory members believe in the potential to address some of the needs identified by community members.

COMMUNITY SERVED

Geographic area served

SJHS serves 899,381 people in a diverse nine-county system market in Indiana and Michigan through our continuum of care. For purposes of the CHNA, SJHS used the system's Primary Service Area as the community served, which includes St. Joseph, Marshall and Elkhart Counties in Indiana. Surveys were collected from residents of each county; however, CHNA reports focus on counties containing Mishawaka Medical Center (St. Joseph County) and Plymouth Medical Center (Marshall County). Counties are generally suburban or rural in nature, with the exception of urban city-centers in Elkhart and South Bend, the fourth-largest city in Indiana. The region offers diversity, a stable economy and a family-friendly environment, all within close proximity of Chicago.

This region includes a variety of quality education opportunities, including both public and private schools from preschool through high school. Those pursuing a higher level of education have several options, including the University of Notre Dame, Indiana University South Bend, St. Mary's College, Holy Cross College, Ancilla College, Bethel College, Indiana Tech and Ivy Tech Community College.

Other hospitals in the Primary Service Area include Beacon Hospital of South Bend and Elkhart General Hospital and Goshen General Hospital to the east in Elkhart County. Hospitals located in the Secondary Service Area include LaPorte Hospital and Saint Anthony Memorial Hospital to the west in LaPorte County and, to the south, Woodlawn Hospital in Rochester, Starke Memorial in Starke County and Pulaski Memorial in Winamac. There are also two Critical Access Hospitals (CAH) — Community Hospital of Bremen and Pulaski Memorial Hospital — at which primary care professionals with prescriptive privileges furnish outpatient primary-care services.

Total population for the System Service Area is only expected to grow 0.7 percent through 2023. Compared to the State of Indiana, the System Service Area has a lower projected population growth, and a lower percentage of people with a bachelor's degree or higher. The population aged 65 and older represents 17 percent of the total population, and is expected to increase 17 percent over the next five years.

Estimates of the uninsured* in the System Service Area is 130,157 and ranges from 19.3 percent in Marshall County to 14.7 percent in Cass County, Michigan. This is compared to an Indiana rate of 16.6 percent. The targeted service area includes several Medically Underserved Areas (MUA) and Medically Underserved Populations (MUP). In Indiana, these include portions of Elkhart County, LaPorte County and St. Joseph County. In Michigan, they include portions of Berrien County, Cass County and St. Joseph County.

Average household income ($52,883) is below the rate for the states of Indiana, Michigan and Ohio as well as the nation, with 13.8 percent of the population within SJHS's Primary Service Area living below the poverty level. Both the Primary and Secondary Service Areas have experienced stagnant population growth over the past decade. Median household income is fairly stable across the region, with areas of highest affluence in the Granger zip code and portions of Elkhart County.

In St. Joseph County the current unemployment rate of 3.4 percent is comparable to the Indiana rate of 3.3 percent and lower than the national average of 3.7 percent for March 2018, the most recent data available. Education, healthcare and government are the major employers in the local economy.

In the State of Indiana, according to the U.S. Census Bureau (SAIPE**), in 2017 14.1 percent of individuals lived in poverty. The State of Michigan's percentage was higher, at 15.0 percent. SJHS serves a large Medicaid population across many delivery sites, most of which are located in St. Joseph County. Inpatient Medicaid population served by Mishawaka Medical Center equals 14 percent of the hospital's total overall volume. When specific services such as Obstetrics and Neonatology are considered, the percentage increases to 45 - 60 percent of the total discharges for the respective service line.

**U.S. Census Bureau/Small Area Health Insurance Estimates (SAHIE) Program/ March 2014*

***U.S. Census Bureau, Small Area Income and Poverty Estimates (SAIPE) Program, December 2013*

Population demographics

Figure 1. St. Joseph County is located in Northwest Indiana

The geographic area targeted for CHNA participation was limited to the residents of St. Joseph County. This allows SJHS to best compare the results and needs of the CHNA for Mishawaka Medical Center with publicly available county information related to health and demographics. A deeper dive into specific locations within St. Joseph County with the greatest need will allow SJHS to best commit our resources to those who are poor and underserved.

St. Joseph County is located in Northwest Indiana and contains just under one-third of the entire population in our nine-county Primary Service Area. Table 1 (right) outlines additional relevant statistics of the demographic information relevant to St. Joseph County in relation to demographics of the entire state of Indiana. The content analysis report will provide a more detailed comparison of this data and the demographics of 2018 CHNA survey participants. A deeper dive into specific locations within St. Joseph County with the greatest need will allow SJHS to best commit our resources to those who are poor and underserved.

Many of St. Joseph County's population's 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 sample statistics 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 36.4. Persons under 18 years old account for 23.9 percent of the total population. Due to their exclusion from the CHNA this may be the likely reason the CHNA median age was higher. Persons 65 years and older account for 16 percent of the population. A majority of the survey sample statistics for St. Joseph County mirror the overall county statistics. The large variance in proportion of females to males participating in the CHNA survey is probably the most notable difference when compared to county statistics. The "Hispanic or Latino" population was slightly over-sampled, and "Caucasian" population was slightly under-sampled as compared to county statistics for race and ethnicity.

Table 1. County demographics.

Demographics*	St. Joseph County	Marshall County	Indiana
Population	270,434	46,519	6,665,667
Age			
Median age	36.4	39.8	37.4
Under 18	65,690	11,461	1,561,323
18-24	31,308	4,257	685,877
25-44	68,632	10,485	1,662,455
45-64	69,768	12,122	1,714,724
65+	44,207	8,194	1,041,288
Sex/gender			
Females, percent 2016	51.4%	50.4%	50.7%
Males, 2016	48.6%	49.6%	49.3%
Race/ethnicity			
% Non-Hispanic white	73.2	88.4	79.0
% Non-Hispanic African-American	12.5	0.6	9.3
% Hispanic	8.9	9.3	7.1
% Asian	2.4	0.4	2.3
% American Indian	0.3	0.1	0.2
% Other	2.8	1.1	2.1
Median Income	**46,174**	**49,725**	**50,433**
% Poverty	**17.2**	**11.6**	**15.0**
Veterans	**15,233**	**2,825**	**410,750**
Education level (HS or higher)	**87.5%**	**84.5%**	**88.1%**

Many of St. Joseph County's population demographics mirror the demographics of Indiana. Overall, St. Joseph County is slightly older, from the perspective of median age and overall proportion. 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.

* 2010 Census & American Community Survey, 2012 - 2016, U.S. Census Bureau

Saint Joseph Health System facilities

SJHS is a Ministry Organization of Trinity Health, the fourth largest Catholic healthcare system in the country. 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
- 40-bed Saint Joseph Rehabilitation Institute
- 30 practices in the Saint Joseph Physician Network
- 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)

Services provided

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 representations 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 CHNA's.

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 to women in our community to promote early detection.

Pre- and post-natal 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, Holy Cross College, Argos School Corporation and Plymouth Community School Corporation, SJHS provides a nurse or paraprofessional in each school, totaling more than 290,000 school health visits annually. Additionally, SJHS works with several area high schools to provide on-site injury prevention and care along with athletic event coverage. SJHS also works with the University of Notre Dame Recreational Sports Department and Ancilla's and Bethel's intercollegiate athletics to provide certified athletic trainers for sporting events and other services, totaling more than 40,000 visits annually.

Senior services

These programs provide support to seniors in our community through initiatives such as Senior Needs Assessment Program (SNAP), providing referrals and resources to seniors recently discharged from physician care. We work to promote Senior Fit exercise classes offered at several locations throughout the community free of charge. Our Senior Services Navigator is able to provide a constant contact for our aging population through continual updates, newsletters, lunch and learns and much more.

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.

PROCESS AND METHODS USED FOR COMMUNITY INPUT

Primary data collection

The methodology for conducting the resident survey involved deployment of the survey both online and on paper and in both English and Spanish from August to November 2017. The online methodology was used to ensure a wide distribution of the survey. This survey was delivered via invitation based on a stratified random sampling of the community-at-large using a third-party database. This data included names and email addresses of patients, donors and colleagues of SJHS as well as the population at large that had no prior contact with SJHS. Other means of community engagement to participate in the survey included attending community events and other local organizations to gain more survey participants via going directly to the people.

To ensure the survey sample reflected a wide variety of socioeconomic levels, age and race/ethnicity, the survey was offered to groups who were approached by Community Health & Well-Being staff and volunteers directly for their help with distributing the survey. These groups represented the medically underserved, minorities, low-income individuals, entrepreneur groups, healthcare workers, etc. The paper copy of the survey was also used with community groups to facilitate broad based representation of the elderly 65+ and underserved populations.

The survey consisted of a series of 52 questions designed to gather information about the individual's health, geographical region, insurance coverage, ideas on how to help the community and general demographic information.

Survey response

Some surveys were not usable due to incomplete responses and were removed from the data pool. Usable surveys collected totaled 4,561 responses, with 248 being completed in Spanish. Nearly all the surveys analyzed (94.3 percent) included answers to every question on the survey. Of the total surveys collected, 86 percent were community members within SJHS Primary Service Areas. Within the primary service areas of St. Joseph County and Marshall County both survey volumes surpassed the necessary sample sizes needed for statistical confidence, indicating strong data validity. This was confirmed using confidence levels of 95 percent, and 99 percent with a confidence interval of +/-5.

Table 2. Total survey collection stratified by county using zip code data (N=4561).

County/region	Surveys collected
St. Joseph County	3098
Marshall County	845
Elkhart County	229
Other areas	311
TOTAL	4561

Surveys were collected indicating each of the five age groups (18 - 24, 25 - 39, 40 - 64, 65 - 84, 85+) had analyzed samples. The mode age group was 40 - 64-year-olds at 46.7 percent. When illustrating demographic descriptions, 78.5 percent were female, 21.4 percent male and 0.12 percent identified as transgender individuals. Ethnicity data revealed 69 percent characterized themselves as Caucasian, 10.2 percent Hispanic and 9.6 percent African-American. Asian and Native American ethnicities were also cited at 1 percent. When looking by county, ethnicity responses correlate with current U.S. Census estimate population data. This shows the survey reached a wide range of unique community members.

Key demographics

- 78.5 percent of the sample identified their gender as female, while 21.4 percent indicated their gender as male and 0.12 percent identified their gender as transgender.
- 62.8 percent of St. Joseph County participants live in South Bend, 17.9 percent in Mishawaka, 9.3 percent in Granger and 10 percent in other cities.
- 69 percent of the sample identified their race as Caucasian, 10.2 percent Hispanic, and 9.6 percent African-American. Native Americans made up 1 percent and Asians made up 1 percent. These percentages mirror the population within the communities surveyed with only slight exceptions.
- 80 percent of the respondents indicated they had health insurance coverage.

The typical survey participant in St. Joseph County was between the ages of 40 - 64, a non-Hispanic caucasian female living in South Bend or Mishawaka. These demographics closely mirror the demographics of St. Joseph County. Further analysis demonstrated the largest volumes of survey participants were residents in the six 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.

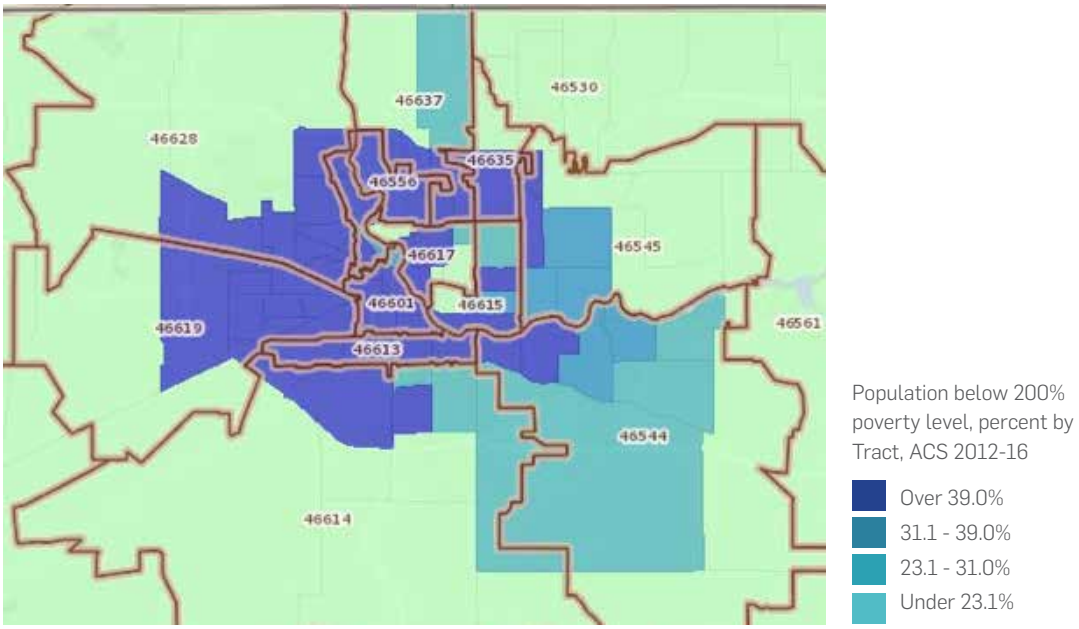

Figure 3. St. Joseph County, Indiana population below 200% poverty level, percent by Census Tract, American Community Survey 2012-16.

SJ Co. zip codes	City name	Population	Poverty Index* (1 - 4)	Pop. below 200% poverty level by county	Households (occupied)	Persons per household	Income per household	Median person's age
46530	Granger	31,360	1	< 5.1%	10,665	2.87	$91,157	39.9
46544	Mishawaka	30,983	4	> 13%	12.544	2.32	$47,835	41.8
46614	South Bend	30,114	3	9.1-13%	7,444	2.85	$36,901	33.8
46628	South Bend	25,821	4	> 13%	10,028	2.53	$41,043	36.8
46545	Mishawaka	25,435	3	9.1-13%	12,664	2.41	$45,165	37.2
46619	South Bend	21,362	2	< 5.1%	11,261	2.16	$38,388	35.6

Table 3. Marshall County population demographics.
*US Census Bureau, 2012-16 American Community Survey
**US Census Bureau, 2012-16 American Community Survey Estimates

COMMUNITY INPUT RECEIVED

For the purposes of this needs assessment, SJHS determined that quantitative analysis using survey data would most accurately assess the impact of existing services and programming in addition to providing recommendations for future improvements. The survey was assembled to provide opportunities for a large amount of community members to have their voices heard and express their health concerns and perceptions of available services privately.

To solicit input from members representative of the medically underserved, low-income and minority populations, SJHS disseminated the CHNA survey in locations and organizations serving those demographics. Minority coalitions, homeless shelters, food pantries, community centers and churches throughout St. Joseph and Marshall Counties allowed SJHS to survey their staff, volunteers, residents and guests. Community input from these groups was gathered throughout the entire survey time frame (August to November 2017). Survey data collected from those populations was used to help assemble this report. To take representatives' voices into more direct account, self-reported diagnoses were stratified by age and race. For significant community health needs, race/ethnicity was also taken into account.

Health status

Respondents were asked how they would rank their current health status on a scale of 1 - 5:

1 = Excellent
2 = Very Good
3 = Good
4 = Okay
5 = Not good

Most-frequent responses were either Good (39 percent) or Very Good (32 percent). Another 16 percent rated their current health as Okay, while 11 percent said Excellent and 2 percent Not Good. Those who indicated that they were having problems with accessing healthcare rated their health status more negatively. Those who reported themselves as smokers also rated their health status more negatively.

Self-reported diagnosis

Physical health

Survey participants were asked if they or anyone in their household had ever been told by a physician or health professional that they had a specific physical health problem. They could choose from a list of conditions and select all that applied to their situation. The level of responses on average was 3.1 responses, or diagnoses per household. The most frequent diagnosis selected was high blood pressure, with 42.2 percent of the total sample responding to the question. Other highly selected diagnoses selected included:

- Obesity – 31.22%
- High cholesterol – 31.02%
- Arthritis – 26.41%
- Vision problems – 25.78%

Answers	Responses	
Alcoholism	4.07%	175
Arthritis	26.41%	1136
Asthma	17.90%	770
Cancer	14.69%	632
Chronic pain	11.48%	494
Diabetes	19.81%	852
Hearing problems	15.86%	682
Heart disease or heart attack	10.67%	459
High blood pressure	42.20%	1815
High cholesterol	31.02%	1334
Lung disease (COPD)	4.02%	173
Obesity (overweight)	31.22%	1343
Opioids/heroin or other addiction	2.12%	91
Sleep problems	19.70%	847
Stroke	6.05%	260
Vision problems	25.78%	1109
None	17.62%	758
Other		318
	Answered	4301
	Skipped	253

When the most-frequent diagnoses were stratified by age, high blood pressure and vision problems were significant (top 5) health issues in all age groups. High cholesterol was a significant health issue in all age groups except 18 - 24 years. High blood pressure and high cholesterol were seen as significant diagnoses in all racial groups. The lowest health ratings by self-reported diagnosis were addiction to alcohol or other illicit substances, lung disease (COPD) and stroke.

When asked where they get most of their information about the importance of a healthy diet, 35.65 percent reported using the Internet, while 34.5 percent use their healthcare provider. The lowest indicated response was radio (0.45 percent).

Mental health

Survey participants were asked if they or anyone in their household had ever been told by a physician or health professional that they had a specific mental health problem. They could choose from a list of conditions and select all that applied to their situation. Of the 4,065 individual responses, the most frequent mental health diagnosis was depression (25 percent). Other selected diagnoses included:

- Attention deficit hyperactivity disorder (ADD/ADHD) – 14%
- Bipolar disorder – 4.9%

Mental health diagnosis	Responses
Autism	2.70%
Intellectual or developmental disability	2.49%
Schizophrenia	0.98%
Mental illness with substance abuse	1.93%
None (MH)	48.14%
Attention deficit hyperactivity disorder (ADD/ADHD)	13.91%
Bipolar	4.84%
Depression	24.74%

Diving deeper, the most frequent ages that have been told by a physician or health professional that they suffer from depression was 18 - 24, with 26 percent of the total responses to the question. Self-reported stress levels were analyzed. Survey participants were asked how many days in the past month has their mental health not been well. The majority (75.9 percent) of respondents reported 0 - 3 days per month, with 5 percent reporting 16+ days per month.

Due to the stigma surrounding mental health issues, further analysis was done to see if stigma was an issue our community members face. Respondents were asked if they ever had a mental health issue, but did not see a doctor, what the reason was. Of those who responded to the question as having a mental health issue and not seeing a doctor 29 percent reported it being due to "what other people may think."

Physical activity level

Survey participants were asked about their individual physical activity at vigorous and moderate levels. When asked about vigorous activity, the most-reported answer was 1 - 2 days (32.79 percent) per week. However, when asked about moderate activity, the most-reported answer was 5 - 7 days (36.1 percent). When asked what the greatest obstacle is to exercising regularly, 23.62 percent of respondents said they were "unmotivated."

How many days per week are you vigorously active for at least 10 minutes each day (such as running, aerobics or other, causing you to breathe heavily)?	
1 - 2 days	32.79%
3 - 4 days	26.30%
5 - 7 days	19.84%
Never	21.08%

How many days per week are you moderately active for at least 10 minutes each day (such as walking, bicycling or other, causing a small increase in breathing)?	
1 - 2 days	27.07%
3 - 4 days	28.04%
5 - 7 days	36.10%
Never	8.80%

Socioeconomic level

Income level was not directly asked in the survey, but questions regarding employment status, homelessness, access to food and adequate financial support were examined.

When asked what respondents current employment status is:

- 56.2% – Full-time employment
- 11.5% – Part-time employment
- 5.5% – Unemployed
- 16.2% – Retired
- 5.4% – Homemaker
- 3% – Student

When asked if respondent had permanent housing:

- 92.3% – Yes
- 7.7% – No

Of those who responded as not having permanent housing:

- 36.7% – Yes to being homeless
- 63.3% – No to being homeless

When asked if respondents have adequate income to support their family:

- 11.2% – No
- 24.1% – Yes, but barely enough
- 69.1% – Yes
- 7.01% – Yes, more than enough

When asked if, during the past 12 months, food bought lasted until respondents had money to get more:

- 60.8% – Always
- 21.3% – Mostly
- 12.8% – Sometimes
- 5.0% – Never

Access to healthcare

When asked if respondents were having trouble getting healthcare for themselves or their family:

- 88.9% – No
- 11.1% – Yes

Since the respondent could select all answers that applied to their situation, 54.5 percent reported cost of healthcare in general was a problem. The next-highest response was cost of insurance at 42.9 percent. Dental care received 28.3 percent of responses, while high deductibles represented 23.8 percent. These responses represented people who reported that they were having trouble with access to care as well as some of those who said they weren't having trouble.

Insurance coverage

When asked if respondents have any healthcare coverage, including health insurance or plans such as Medicaid or Medicare, 79.7 percent said they have some kind of health coverage while 18.1 percent said they did not have healthcare coverage.

- Insurance through employer – 55.4%
- Private – 6.5%
- Medicaid – 12.3%
- Medicare – 18.7%
- Health Insurance Exchange – 2.8%
- Medical Savings Account – 3.1%

When asked if their insurance covers prescription drugs, 92.3 percent said Yes, 3.65 percent said No and 4.06 percent said they were Not Sure. Respondents were also asked if their insurance covers office visits, and 94.9 percent said Yes, 2.45 percent said No and 2.7 percent said they were Not Sure. Finally, when respondents were asked if their health insurance has an annual deductible, 77.3 percent said Yes, 11.8 percent said No and 10.8 percent said they were Not Sure.

Deferring medical care

Respondents were asked whether they had deferred or skipped medical, dental, mental or other healthcare appointments or prescriptions within the past year. Of the respondents who answered the questions regarding deferment of treatment, 35 percent said they had deferred or skipped needed medical care. The three highest reasons offered by respondents were cost of service (12.6 percent), inconvenient hours (11.2 percent) and wait time for appointment (11.1 percent).

When asked the same question regarding deferment of dental care, 34.3 percent said they had skipped needed dental care. Of the available reasoning options, the three top responses were cost of service (22.4 percent), inconvenient hours (7.4 percent) and lack of provider (5.7 percent).

Finally, deferment of mental healthcare was analyzed. Of the 15.2 percent of respondents who reported needing mental healthcare and not receiving it, the three reasons provided by respondents were cost (8.7 percent), availability (5.6 percent) and what other people may think (5.6 percent).

Physician recommendations & wellness

When asked how often respondents follow the advice of their physicians:

- 37.1% – All of the time
- 54.9% – Most of the time
- 5.7% – About half the time
- 2.3% – Less than half the time

When asked how often respondents follow physician prescription recommendations:

- 73.3% – All of the time
- 22.1% – Most of the time
- 2.5% – About half the time
- 2.2% – Less than half the time

When asked how often respondents receive a routine checkup:

- 76.4% – Within the last 12 months
- 12.6% – Between 1 - 2 years
- 6.2% – Between 2 - 5 years
- 3.8% – Don't know/ not sure
- 0.9% – Never

When asked where respondents obtain information on nutrition:

- 35.3% – Health provider
- 34.4% – Internet
- 11.7% – Television
- 9.2% – Relative, friend, coworker
- 9.4% – Other

SIGNIFICANT COMMUNITY HEALTH NEEDS

One of the most anticipated results was the **"Top Three Suggestions"** from the survey respondents on how to improve the health of the community.

This question was a multiple-response question for which respondents chose on average three to four responses per person, or their top three. The table below depicts what the community has identified as the significant community health needs. By tally, those selections are improving nutrition and eating habits, access to wellness resources (fresh foods, nutrition classes, gyms, etc.), increasing participation in physical activities and exercise programs, access to mental healthcare and access to dental care.

St. Joseph County	No. of responses	Weighted response
1. Improved nutrition and eating habits	1152	52.6%
2. Access to wellness resources (fresh foods, nutrition classes, gyms, etc.)	1092	53.8%
3. Increased participation in physical activities and exercise programs	907	27.6%
4. Access to mental healthcare	744	24.5%
5. Access to dental care	674	32.5%

To address the issue that a single racial demographic skewed the overall county data due to larger volumes, significant community health needs for each ethnicity group were calculated into weighted response percentages to give even weight to each group. Those significant needs percentages were added together to compare against overall significant health needs (table above). Data results show the significant health needs demonstrated by the overall county are the same when stratified by minority group. African-Americans, Asians, Hispanics, Native Americans and Caucasians reported their top-five significant community health needs are access to wellness resources, improving nutrition and eating habits, increasing participation in physical activities and exercise programs, access to mental healthcare, and access to dental care. This result indicates the overall county significant health needs reflect those of each race/ethnicity subset showing community relationship.

The priority areas for the FY2019 - 2021 implementation strategy from the 2018 CHNA were developed through conversations regarding the results from the primary data collection, in conjunction with other activities and resources existing in the community. The conversations began in December of 2017 and continued on until May 2018. Since the primary data collection consisted entirely of quantitative information from the survey in St. Joseph County, the Community Health Needs Advisory Committee was able to listen to and reaffirm the community members' needs to improve the five areas of priority. Additionally, the members were able to speak on behalf of their representation in other committees and organizations, in conjunction with available secondary health statistics, to develop an approach to improving services most critical to our community members.

Initial meetings to discuss the primary data collection results allowed for open discussion on a number of priority areas. Many of initial priority areas contained several of the same underlying health

concerns. Review of data sources and community input were used to determine potential priority areas. Potential priority areas were evaluated based on the recommended priority areas brought forth by the survey and were ranked using a point system based on how many community responses, number of people impacted and severity of the problem. The Community Health Needs Advisory Committee recommended the following five focus areas:

1. Improving Nutrition and Eating Habits – Improving nutrition was the most commonly cited topic in all quantitative research conducted from analysis of the CHNA questionnaire for both St. Joseph County and Marshall County participants. Promotion of health and reduction of chronic disease risk through the consumption of healthful diets and achievement and maintenance of healthy body weights is the primary action SJHS will address. SJHS believes in increasing the quality, availability and effectiveness of educational and community-based programs designed to improve health and fresh food availability, and will promote healthy eating habits to enhance quality of life.

2. 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. 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.

3. Increasing Participation in Physical Activities and Exercise Programs – Regular physical activity can improve the health and quality of life for individuals of all ages, regardless of the presence of a chronic disease or disability. Physical activity can lower the risk of early death, heart disease, stroke, high blood pressure, type 2 diabetes and depression in adults. For children and adolescents, physical activity can improve bone health, improve cardiorespiratory and muscular fitness, decrease levels of body fat and improve cognitive skills and the ability to concentrate. Even small increases in physical activity are associated with health benefits, and this is what SJHS and our partners want to address.

4. Mental Health – Mental disorders are among the most common causes of disability, and was listed as a leading health concern in both St. Joseph and Marshall Counties. 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. Because mental health has been mentioned in several CHNA reports in the past, it is prioritized as its own category for SJHS and our partners to continue addressing. The category encompasses a number of different topics, including mental health conditions, access to mental health services and insurance coverage.

5. Dental Health – Oral health is essential to overall health. Good oral health improves a person's ability to speak, smile, smell, taste, touch, chew, swallow and make facial expressions to show feelings and emotions. This category includes improving access to dental services. Certain areas in this category may not be addressed by SJHS's advisory team, as they are already being implemented within the community by SJHS and other community organizations.

Lessons learned

SJHS took a quantitative approach to the 2018 CHNA. Completed surveys collected for St. Joseph and Marshall Counties were analyzed to accurately represent the individuals and their needs in our two primary markets. Thus, we were able to identify the differences and similarities of the individuals in Mishawaka Medical Center and Plymouth Medical Center markets. The results from the content analysis were separated for the two medical centers and this methodology will continue for future CHNA processes.

In addition to separate CHNA reports, the survey results were used to gain input from our community members on improving SJHS services for the highest priority health concerns. This time, SJHS completed the data analysis entirely through the use of completed surveys, which allowed for community members to privately express their concerns and give us a better understanding of what concerns are most important to address.

Because SJHS values the input of our community members so much, we collected surveys at multiple community sites including community fairs, homeless shelters, health clinics, community centers and high-population areas with low income. This allowed SJHS to collect a wide demographic variety to include representatives of medically underserved, low-income and minority populations. This led survey participants to freely share their opinions of SJHS services and the services of our community partners. From data analysis, SJHS determined which services are the most critical to address in the next three-year strategic plan for our CHNA.

SJHS will continue to evaluate our CHNA process and improve the design of questions to be clearer and easier to understand for the next CHNA. Conducting the next CHNA using similar methodology will allow SJHS to better compare and evaluate the impact of community programming. This will also allow us the opportunity to continually evaluate the impact of our ongoing efforts towards awareness, education and accessibility of services.

Community insight

To gain valued community insight for St. Joseph and Marshall Counties, SJHS sought out County Health Department board members to further explore the understood needs of the community and what health strategies are currently in place. In-person interviews were completed in April 2018. The St. Joseph County Health Department (SJHD) had prioritized infant mortality, preconception care and lead poisoning as top health initiatives; however, it agreed with the significant health needs determined by the survey. While the SJHS CHNA focused on overall community needs, the survey did address lead poisoning as an option for Top 5 areas of community health needs, however; by participant response it ranked low. The testimonial from the SJHD board confirmed survey results were sound and actions will be justifiable to best serve the community-at-large.

As seen in CHNA responses in years past, the focus of the community was disease information. Respondents wanted community action in regard to non-communicable diseases like diabetes. Now we see a change in community behavior from disease data to preventive action and healthy living plans. This shift shows change in our community and a desire to take preventive steps in regard to a potential health problem. The preventive measures needed to address most reported health problems correlate.

County health rankings

Several resources are available to provide a more detailed insight into the health status on a county-by-county basis, one of which being the Robert Wood Johnson County Health Ranking. The annual rankings provide an informative glimpse of how health is influenced by where individuals live. County health rankings were used to support the collected health and community results brought forth from the CHNA. St. Joseph is one of 92 counties in the state of Indiana. The resources offer various insights and reaffirm the need for improvement in several target areas. The health indicators can be combined with the primary source data collected from SJHS's 2018 CHNA report in order to capture a more accurate picture of our findings and how they are related to the statistics reported from various other state and federal organizations. The Robert Wood Johnson Foundation's County Health Rankings seen in Figure 3 (next page) provide an analysis for comparing secondary data with the information gathered from the survey in our 2018 CHNA. Additional relevant resources included these publicly available databases:

- Centers for Disease Control and Prevention (CDC)
- County Health Rankings and Roadmaps 2017
- County Health Rankings and Roadmaps 2018
- City-Data
- Dignity Health — Community Needs Index
- United States Census Bureau/Small Area Health Insurance Estimates (SAHIE) Program/ March 2016
- United States Census Bureau, Small Area Income and Poverty Estimates (SAIPE) Program, December 2013
- United States Department of Health and Human Services

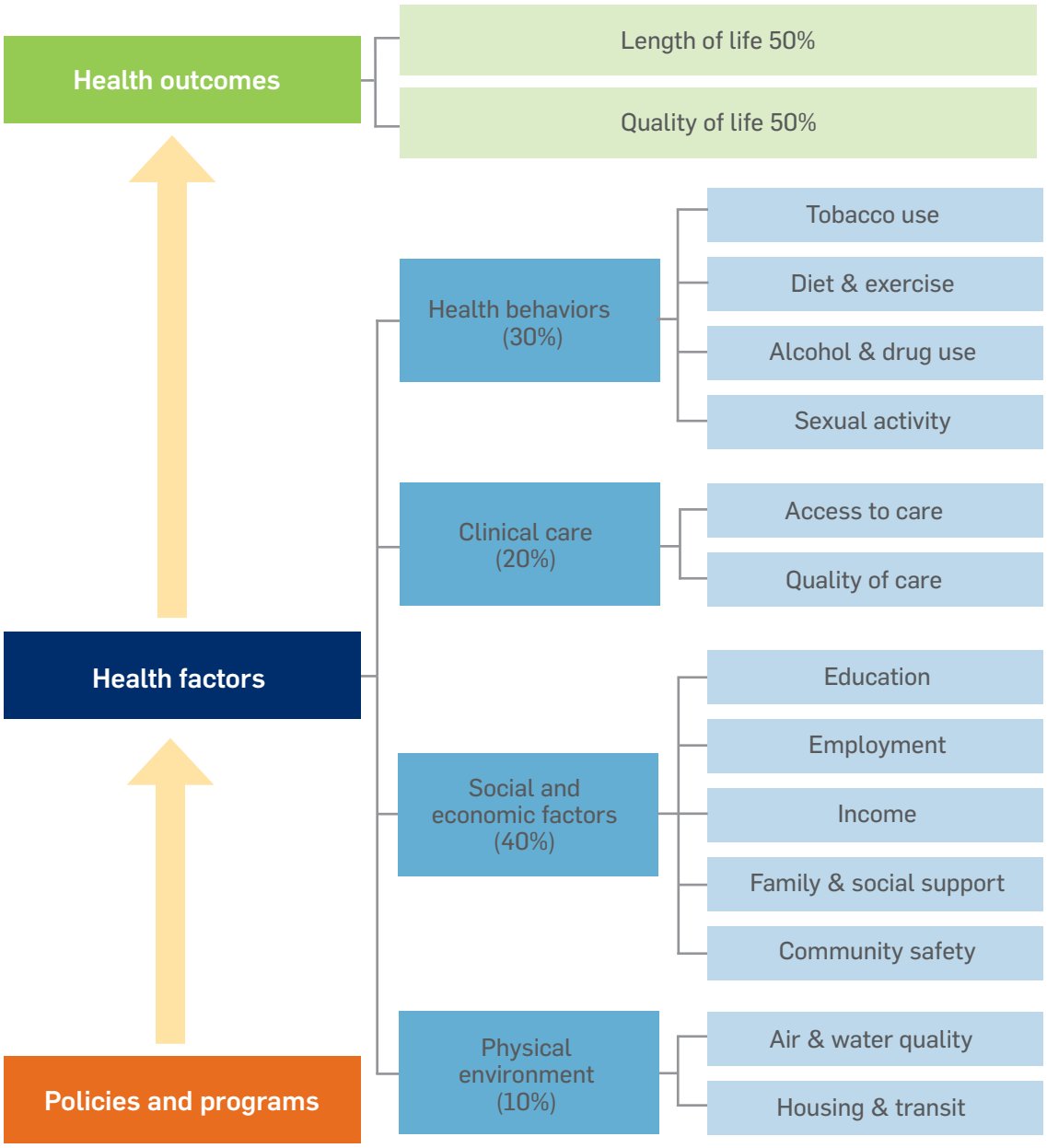

Figure 3. Robert Wood Johnson County Health Ranking methods chart.

According to the Robert Wood Johnson Foundation, St. Joseph County ranks 59th out of 92 counties in overall Health Outcomes in the state of Indiana. This ranking places St. Joseph County five counties worse in 2018 compared to 2017. St. Joseph County also became poorer in Health Factors ranking during the same time by dropping from 51st to 57th. The areas with the greatest opportunities for improvement are social and economic factors and physical environment. There was a slight downturn in unemployment rate from 5.0 percent to 4.5 percent, and the percentage of children in poverty also dropped by 3 percent. In "Income Inequality" and "Social Associations," St. Joseph County performs significantly worse than the top 10 percentile and even worse than the Indiana average.

It will take strong improvement efforts toward education and other areas within this category by many agencies before results are seen in improved social and economic conditions. In turn, these improvements will ideally lead to the adoption of other healthy lifestyle decisions to include improvements in other categories.

Other areas to note are higher rates of premature death, poor physical health days, poor mental health days and adult obesity in St. Joseph County. These rates have remained high in the past several years and can be directly impacted by four of the top five the community health priority areas seen in the 2018 CHNA report. Many factors may play a part in the high rates of excessive drinking and alcohol-impaired driving deaths. One inference is the strong tie to the entire category of mental health as a whole. Not only was mental health one of the most frequently mentioned topics in the CHNA, it is one of the 2018 CHNA strategic priorities.

Poor mental health results in the higher rates seen for alcohol and other substance abuse issues. The unhealthy, unhappy population is attempting to self-medicate rather than seek available community resources, if available.

Certainly the social indicators play a large role in the vicious cycle created by lack of education, joblessness and poverty as a whole. The low high-school graduation rates and rates of advanced education likely result in the higher rates of poverty seen in St. Joseph County. In terms of community member perceptions of St. Joseph County, poor infrastructure to manage the needs of individuals in poverty, high rates of violent crime and so on mitigate the large efforts of community support and services available.

Table 4 (below) looks at many of the same indicators seen in the County Health Rankings, and pinpoints some of the large areas of concern. The table includes demographic and disease-specific factors that may play a role in the overall health outcomes. These indicators help identify where the largest areas for improvement may exist.

Table 4. Robert Wood Johnson County Health Rankings – St. Joseph County, Indiana

Health measure	St. Joseph County '17	St. Joseph County '18	Indiana	Top U.S. performers
Health outcome	54	59		
Lenth of life	45	45		
Premature death/100,000	7700	7900	7800	5300
Quality of life	62	71		
Poor or fair health	17%	17%	18%	12%
Poor physical health days per month	3.8	4.1	3.9	3
Poor mental health days per month	4	4.2	4.3	3.1
Low birthweight	8%	8%	8%	6%
Health factors	51	57		
Health behaviors	50	57		
Adult smoking	18%	20%	21%	14%
Adult obesity	30%	31%	32%	26%
Food environment index	6.7	7.1	7	8.6
Physical activity	25%	25%	27%	20%
Access to exercise opportunities	82%	85%	77%	91%
Excessive drinking	17%	19%	19%	13%
Alcohol-impaired driving deaths	34%	29%	22%	13%
Sexually transmitted infections/ 100,000	312	389.7	437.9	145.1
Teen births	34	29	30	15
Clinical care	10	11		
Unisured	14%	11%	11%	6%
Primary care physicians	1060:1	1040:1	1500:1	1030:1
Dentists	1780:1	1770:1	1850:1	1280:1
Mental Health Providers	510:1	480:1	700:1	330:1
Preventable hospital stays	44	48	57	35
Diabetic screening	85%	85%	85%	91%
Mammography screening	63	63	62	71

Social & economic factors	66	62		
High school graduation	88%	88%	87%	95%
Some college education	65%	65%	62%	72%
Unemployed	5%	4.50%	4.40%	3.20%
Children in poverty	25%	22%	19%	12%
Single-parent households	37%	36%	34%	20%
Social associations	11.5	11.3	12.3	22.1
Violent crime	342	342	356	62
Injury mortality	64	67	70	55
Physical environment	25	75		
Air pollution/particulate matter	11	11	11.1	6.7
Drinking-water violations	No	Yes		
Severe housing problems	14%	14%	14%	9%
Driving alone to work	81%	82%	83%	72%
Long commute – driving alone	23%	23%	31%	15%

Improve in rank

Drop in rank

Same rank

Our Mission

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

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HEALTH SYSTEM

MISHAWAKA
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