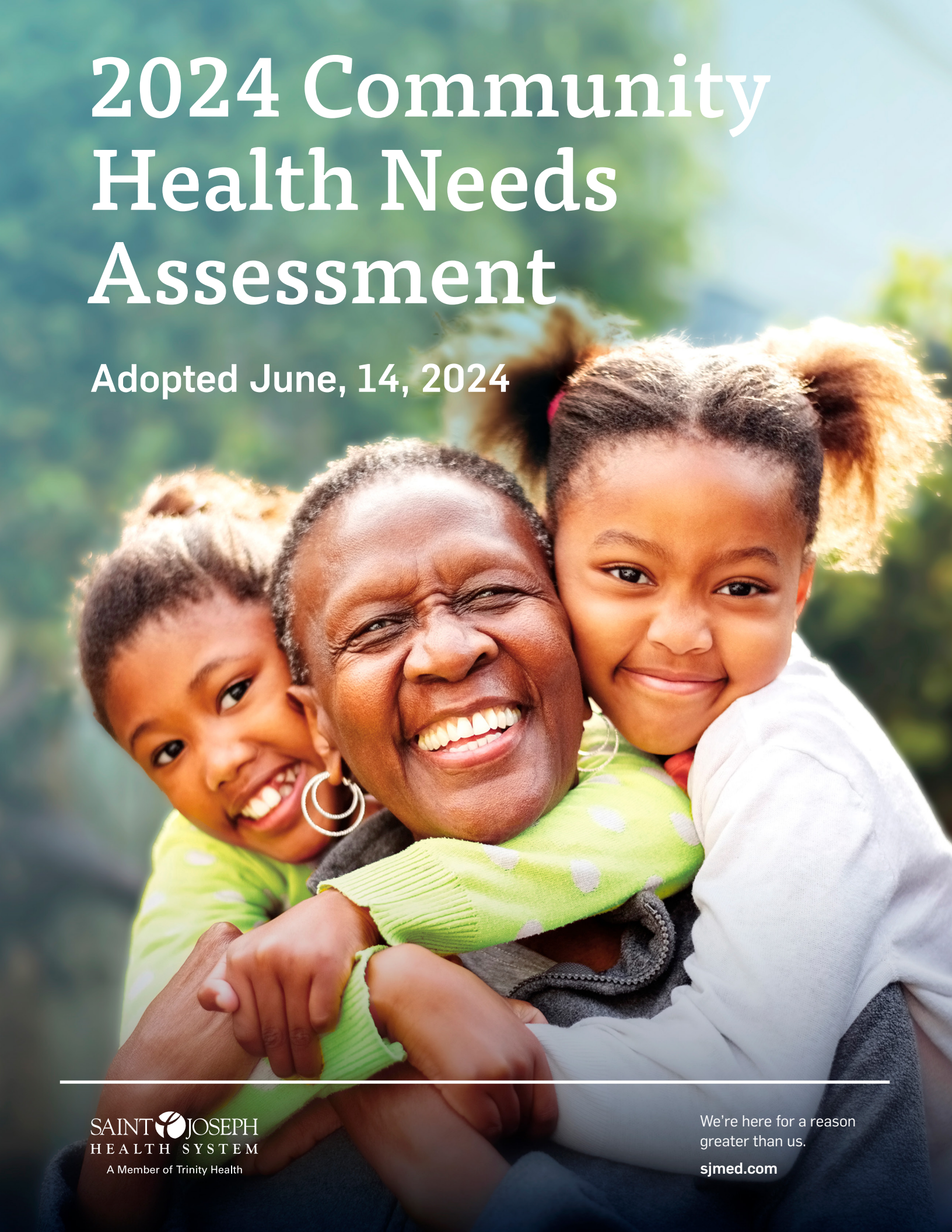
2024 Community Health Needs Assessment

Adopted June, 14, 2024



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Collaborative Partners

FY 2022-2024 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 is the most effective avenue for impacting the health of our community. For these reasons, SJHS's Community Health Needs Advisory Committee contains not only SJHS colleagues, but also community members with various representations to help us with this process.

Community Health Needs Advisory Committee members:

- Phil Blasko, *Superintendent of Recreation, Mishawaka Parks Department*
- Jessica Brookshire, *Senior Program Director, Community Health & Clinical Partnerships, University of Notre Dame*
- Steve Camilleri, *Executive Director, Center for the Homeless*
- Zachary Cook, *Assistant Director, Bowen Center Marshall County*
- Connie J. Deery, *Manager, Saint Joseph Health Center, Plymouth Medical Center, SJHS*
- Gwen Demont-Calvert, *Community Development Director, Boys & Girls Clubs of Marshall County*
- Sandy Dunfee, *Administrator and Public Health Nurse, Marshall County Health Department*
- Karla Fales, *President and CEO, REAL Services*
- Latorya Greene, *Director, Community Health & Well-Being and Tobacco Initiatives. SJHS*
- Annette Haining, *Marshall County Tobacco Education Coordinator, SJHS*
- Kelly Harper, *Community Health Worker, Community Health & Well-Being, SJHS*
- Greg Hildebrand, *President and CEO, Marshall County Economic Development Corporation*
- Janis Jeffirs Holiday, *Executive Director, Marshall County Council on Aging*
- Eric Holsopple, *Hospital Administrator, Plymouth Medical Center, SJHS*
- Crystal Jodarski, *Community Wellness Director, YMCA of Greater Michiana*
- Erica Kelsey, *Ph.D., Director of Emotional Well-being, Boys and Girls Clubs of St Joseph County*
- Jacqueline Kronk, *CEO, Boys and Girls Clubs of St Joseph County*
- Lindie Leary, *Director, Bowen Center Marshall County*
- Beckie Lies, *Community Wellness Coordinator, Purdue Extension*
- Marijo C. Martinec, *Executive Director and CEO, Food Bank of Northern Indiana*
- Janice Nichols, D*irector, Bowen Center St. Joseph County*
- Michelle Peters, *Regional Vice President, Community Health & Well-Being, SJHS and Loyola Medicine*
- Arleen Peterson, *Executive Director, Poor Handmaids of Jesus Christ*
- John Pinter, *Executive Director, United Religious Community of St Joseph County*
- Karen Richey, *Extension Educator, Health and Human Sciences, Purdue Extension Marshall County*
- Erica Sun Rocha, *Senior Coordinator, Community Health & Well-Being, SJHS and Loyola Medicine*
- Allie Shook, *Board Member, MC Board of Health, Plymouth School Board and Leadership Marshall County*
- Sara Stewart, *Executive Director, Unity Gardens*
- Elizabeth Trevino, *Regional Manager Social Care, Community Health & Well-Being, SJHS and Loyola Medicine*
- Robin Vida, *Director of Health Outreach, Promotion, Education, St Joseph County Department of Health*
- Linda Yoder, *Executive Director, Marshall County Community Foundation/United Way of Marshall County*
- Rebecca Zakowski, *Executive Director, Oaklawn Foundation*

A combination of these members and other community members participated in the review of the 2024 CHNA results and prioritization of the identified health needs in our communities. The Community Health Needs Advisory Committee will hold SJHS accountable during this process, serve as guidance for any necessary adaptations, and be actively involved in the development of the strategic action plans for FY2025-2027.

CONTACT INFORMATION

If you would like more information or have comments/questions on this Community Health Needs Assessment, general contact information is:

Department Contact:

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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'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.

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 a Community Health Needs Assessment (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 Trinity Health, SJHS conducted its 2024 CHNA for use in the Primary 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 those who are experiencing poverty. 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 2024 CHNA report provides:

1. A summarized analysis of the successes from the 2021 CHNA report and resources already committed to support SJHS's upcoming community benefit activities.
2. Detailed community profiles of St. Joseph and Marshall County and the results of primary data collection from community members.
3. The significant community health needs identified and prioritized in the 2024 CHNA.

SUMMARY OF 2021 CHNA

Previously, the 2021 CHNA revealed several needs. The top significant health needs were:

1. Access to mental healthcare
2. Improve nutrition and eating habits
3. Access to wellness resources (fresh foods, nutrition classes, gyms, etc.)
4. Access/affordability of medication
5. Increase participation in physical activities and exercise programs

The previous CHNA provided contact information soliciting comments or concerns regarding both the CHNA and implementation strategies; SJHS did not receive any written comments.

OUR RESPONSE

Over the past three years, SJHS has implemented strategic action plans designed to fulfill these significant community needs. *To improve access to mental health,* SJHS engaged in three youth focused initiatives and four projects designed for adults and the broader community. To better support our colleagues working with youth in the community Youth Mental Health First Aid training was provided, equipping them to meet the increased needs of those they interact with daily. Cumulatively, 34 schools (served by our school health team), 150+ patients (served by our Community Health Worker team), and countless community members (served by our outreach team) benefited from this training. As a result, SJHS school health staff trained in trauma informed care and approaches increased from 60% to 93%. Additionally, SJHS provided two youth serving community-based organizations and five area school districts resources and hands on-training on incorporating brain breaks into daily curriculum to improve social-emotional well-being. Lastly, SJHS financially supported Oaklawn's expansion of the Sources of Strength program in our community. This expansion provided 840 junior high students access to an evidence-based suicide prevention program that teaches young people to tap into their natural strengths during tough times. Spanish-speaking community members engaged in our La Salud En Acción program were invited to partake in monthly mental health workshops; over the last three years 428 individuals have attended these events. To increase access and treatment for mental health, SJHS continued their partnership with Oaklawn in supporting a same-day access program for referred patients, giving the community access to mental health services including speaking with a therapist and receiving treatment recommendations within the first 24 hours following a request The program has been integrated into standard operations and on average serves 132 people per week. SJHS colleagues from the Pharmacy Residency Program and Smoke Free St. Joe attended the 525 Foundation's Say Boo to Drugs event, where educational materials were provided to increase mental health and medication safety for over 2,000 participants. Lastly, SJHS worked to increase inclusivity of care by offering its workforce of nearly 3,000 persons to identify as bi-lingual with a name badge extension, allowing a warmer welcome to non-English speaking patients and visitors and inviting them to assist with non-medical interpretations, questions, and greetings. Strategy success was measured through our 2024 CHNA results which showed a 1.28% reduction in respondents reporting their mental health NOT being good for 16 or more days per month relative to the 2021 survey.

To improve nutrition and eating habits, SJHS sponsored The Center for Homeless' Healthy Corner Store, which provides access to healthy on-the-go snacks for residents On average 22 women and children living in the family dorm accessed the refrigerator in the re-designed kitchenette, stocked with single-use food like "carrots and dip" packages, fresh fruit, and other healthy snack-oriented produce. The program provided mothers an additional boost of self-sufficiency and independence and helped support lifestyle modifications that can be continued once they leave the Center. To address the rising rate of food insecurity, SJHS held eight mobile food pantries in St. Joseph, Marshall, and Elkhart Counties, along with offering salt-free seasonings and can openers to those who needed one. The mobile food pantries reached nearly 2,400 families in our community. Food boxes contained fresh produce, whole grains, reduced sodium dry goods, eggs, and meat; these boxes were provided without the need to present a form of identification. SJHS partnered with two community-based organizations to provide education to 65+ individuals in communities experiencing significant health disparities on cooking healthy food in a slow cooker. Participants can implement these skills in their home with the slow cookers they received for attending the education sessions. Lastly, to bring food security to school-aged children and their families, SJHS partnered with Cultivate Food Rescue to support their Backpack Program that provides healthy, nutritious meals to students over the 68-hour hunger gap that occurs between Friday evening and Monday morning, thereby improving their physical, academic, and social outcomes. Strategy success was measured through our 2024 CHNA results which recorded 27.4% fewer respondents reported worrying they would run out of food before they had money to buy more and there was a 7.7% reduction in this same measure among CHNA minority respondents compared to 2021 results.

To address the priority area of improving access to wellness resources, SJHS continued their Diabetes Prevention Program (DPP), in both Spanish and English languages in online and in-person formats, to inspire lifestyle changes like nutrition and physical activity. Nearly 200 individuals

participated in the program over the last two years, losing over 930 pounds with an average of 138 physical activity minutes completed during the program length. Additionally, SJHS worked to distribute and increase awareness of the free resource directory through findhelp.org that connects individuals to local resources for food, transportation, financial assistance, and more. These efforts were seen through registering of local organizations with findhelp.org to increase the visibility of their services, allowing individuals to seek assistance through the website independently. SJHS distributed print materials and windows clings to local community-based organizations and spaces where the underserved would frequent, such as barber shops and food pantries. SJHS saw over a 24% increase in usage of the directory from FY21 to FY23 in response to their efforts. Lastly, to increase access to flu and COVID-19 vaccines, SJHS provided community and corporate vaccine clinics to aid in eliminating barriers in obtaining these recommended preventative measures.

To address the priority area of increasing participation in physical activities and exercise programs, SJHS reintroduced its popular free exercise program, Senior Fit, by hosting classes twice per week within St. Joseph County in a limited capacity given the COVID-19 pandemic. SJHS also continued its annual wellness challenge for partner elementary schools, resulting in students and parents increasing their activity on average by 15 minutes per day in both St. Joseph and Marshall Counties. SJHS also hosted a yearly summer Youth Enrichment Day for 40 at-risk youth per event, who learned about the dangers of tobacco, benefits of eating well, and the importance of positivity; as a bonus, the physical activity portion of the day was led by the Notre Dame men's basketball team. This new annual event pays homage to pre-pandemic youth enrichment work the hospital historically engaged in. Lastly, SJHS invested over $5,000 in the expansion of the South Bend Bike Garage's pay it forward "fix-a-bike, earn-a-bike, buy-a-bike" program, where community members can earn a bike with six hours of volunteer time fixing bikes. The financial investment made it possible for the organizations to purchase a cargo trailer and take their efforts on the road. In the first year of operation, they attended 11 community events, providing bike valet services at baseball games and downtown events, free repairs, riding tips and tricks, and opportunities for additional volunteer hours to earn a bike. The increased visibility was coupled with a relocation to a larger facility, which allowed for more than double the number of volunteers to engage in their work. In 2022, 54 bikes were earned through volunteer service hours. Cumulatively, SJHS created opportunities for over 2,000 community members to get more active. Strategy success was measured through 2024 CHNA results which reported a 3% decrease in sedentary behaviors among adults compared to 2021 results.

SJHS did not directly address access/affordability of medication due to competing priorities. The need for affordable medication is already being addressed at multiple low-cost health clinics operated by the hospital. These centers provide primary health care services and medication to individuals who are uninsured or underinsured and who fall below 200% of the federally designated poverty level. These subsidized health centers address prevention of disease and illness and focuses on the overall health and well-being of each patient. In addition to primary, preventative health care services, the clinics offer specialty care provided to our patients by volunteer physicians and medical residents. 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 Medicaid expenses.

In the 2023 fiscal year (FY 2023), SJHS committed:

- $4,018,255 for community services, such as clinics that benefit those who are underserved, as well as other community health improvement and subsidized health services targeted for those experiencing poverty.
- $4,350,457 for medical residencies and other educational opportunities for both clinicians and non-clinicians.
- $2,117,798 for other community services benefiting the broader community, such as community health education, cash and in-kind contributions, and community building activities.

SJHS's past efforts to address the needs of the community were met with success and there is no doubt future endeavors will do the same. While not able to fulfill every need identified through the CHNA, SJHS will make every effort to align the defined and redefined priorities with its mission.

2024 EXECUTIVE SUMMARY

The SJHS Community Health Needs Advisory Committee has responded to the needs of the communities we serve, in ways that are aligned with our Mission. This document was created to serve as one of the key components of the system's FY 2025-2027 strategic implementation plan.

The 2024 CHNA is a joint endeavor between SJHS Mishawaka and Plymouth Medical Centers, combining the service areas of both St. Joseph and Marshall Counties. CHNA findings will not be reported separately for each county; however, implementation strategies will consider the unique makeup of each county to tailor our response in St. Joseph County through Mishawaka Medical Center and in Marshall County through Plymouth Medical Center. The findings of the CHNA will assist leadership in stewarding resources entrusted to SJHS by providing services where assistance is needed most.

COMMUNITY SURVEY

The methodology for conducting the CHNA involved deployment of online and printed surveys between July and November 2023. Participation was voluntary and provided data including ZIP codes, individual demographics, health status and community needs 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. Data analysis was conducted by Jessica Young and Brian Fogarty, Center for Social Science Research in the Lucy Family Institute for Data & Society, University of Notre Dame.

A major advantage of completing the CHNA through online and printed 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 backgrounds. For continuity, some survey topics were taken directly from the 2018/21 CHNA to show healthcare progress. To investigate new health trends, new topics were created. For example, new questions regarding health screenings and COVID-19 were included to gauge the pandemic's impact on community members and access preventative services. Data gathered on this topic will also inform SJHS as it continues vaccinating the community and engaging in vaccination campaigns and education. Other topics identified important community-related issues.

As in previous CHNA cycles, 2024 CHNA survey takers were asked to pick the top three areas they felt were the most important to help them and their neighbors live healthier. The survey listed 21 multiple choice answers and one open response from which to select multiple answers. The top significant health needs identified by the community through the CHNA survey were:

1. Access to mental healthcare
2. Access/affordability of medication
3. Safe and affordable housing
4. Access to wellness resources (fresh foods, nutrition classes, gyms, etc.)
5. Improve access to healthcare

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 ranked based on the number of community responses. Prioritized needs were analyzed and cross-referenced with external health data such as the Robert Wood Johnson Community Health Rankings and community input from SJHS 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 (access to healthcare, including mental healthcare and medication access, and access to wellness and community resources, including safe and affordable housing). After discussion, the ideas of the subcommittees were formalized and re-evaluated to determine feasibility. 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 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*

POPULATION DEMOGRAPHICS

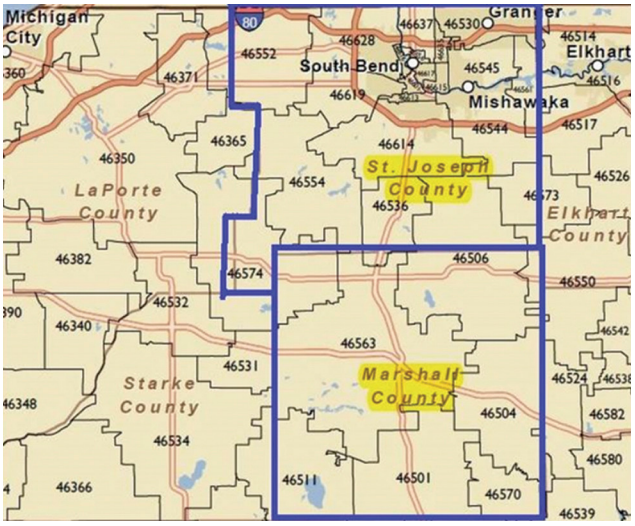

Figure 1. The geographic area targeted for CHNA participation was St. Joseph and Marshall County (IN). Table 1 (below) outlines the demographic information for St. Joseph and Marshall Counties as well as the demographics of the entire state of Indiana.

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 non-Hispanic 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.

DEMOGRAPHICS*	ST. JOSEPH COUNTY	MARSHALL COUNTY	INDIANA
Population	282,398	45,895	6,838,112
Age			
Median age	36.6	39.7	38.2
0-14	18.9%	19.6%	18.9%
15-17	3.9%	4.5%	4.0%
18-24	11.3%	9.1%	9.9%
25-34	13.1%	11.2%	13.0%
35-54	23.3%	22.8%	24.2%
55-64	11.8%	12.9%	12.5%
65+	17.7%	19.9%	17.5%
Sex/Gender			
Females	51.2%	50.1%	50.7%
Males	48.8%	49.9%	49.3%
Race/Ethnicity			
White Non-Hispanic	66.9%	82.1%	73.7%
African American Non-Hispanic	12.0%	0.5%	9.6%
Hispanic	10.4%	12.5%	8.9%
Asian & Pacific Is. Non-Hispanic	2.6%	0.7%	2.9%
All others	8.2%	4.3%	4.9%
Median income	$58,599	$58,296	$61,944
% in poverty	14%	9%	9%
Veterans	12,996	2,259	364,706
% education level (HS or higher)	89.8%	85.1%	89.3%

Table 1. County Demographics. *U.S. Census Bureau, Small Area Income and Poverty Estimates (SAIPE) Program, December 2021*

SAINT JOSEPH HEALTH SYSTEM FACILITIES

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)

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 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.

Process And Methods Used For Community Input

PRIMARY DATA COLLECTION

The methodology for soliciting community input involved deployment of the resident survey both online and printed and in both English and Spanish from July – November 2023. 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 reaching out to local organizations to distribute surveys to the community members they reach. To engage the larger community, SJHS attended various health and resource events within St. Joseph, Marshall, and Elkhart Counties to encourage individuals in completing the survey.

To ensure the survey sample reflected a wide variety of socioeconomic levels, age and race/ ethnicity, the survey was offered to community groups via organizations such as the Marshall County Council on Aging (MCCOA), Real Services, The Center for the Homeless, United Way of St. Joseph and Marshall counties and at local food pantries. The printed 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 53 questions designed to gather information about the individual's health, geographical region, insurance coverage, how to help the community and general demographic information.

SURVEY RESPONSE

The total number of usable surveys collected numbered 2,643 responses, with 234 being completed in Spanish. Some surveys were not usable due to incomplete responses and were removed from the data pool. Nearly all the surveys analyzed (92 percent) included answers to every question on the survey. Of the total surveys collected, 71.5 percent were community members within the two targeted counties. A total of 2,114 surveys were deemed representative of our identified community served, which includes St. Joseph, Marshall, and Elkhart counties. Survey volume surpassed the necessary sample size needed for statistical confidence, indicating strong data validity. This was confirmed using a confidence level of 95 percent with a confidence interval of +/-5.

COUNTY/REGION	SURVEYS COLLECTED
St. Joseph County	1,544
Marshall County	347
Other areas	752
TOTAL	2,643

Table 2. *Total survey collection stratified by county using ZIP code data (N=2643).*

KEY DEMOGRAPHICS:

- The mode age group was 40–64 years old at 47.4 percent. Survey data indicated that each of the five age groups (18–24, 25–39, 40–64, 65–84, 85+) had representation.
- 77.6 percent of the sample identified their gender as female, while 21.1 percent indicated their gender as male, 0.24 percent identified as transgender, and 0.48 percent identified as non-binary. 0.19 percent of respondents chose not to disclose their gender.
- 74.3 percent of the sample identified their race as white, 11.8 percent identified race as Black or African American, Asian or Asian American was cited as 1.2 percent, Native American 1.2 percent, and bi-racial or other 7.6 percent. Of the total sample, 16 percent identified their ethnicity as Hispanic/Latino.
- 87.1 percent of respondents indicated they had health insurance coverage.

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 community members representative of 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 helped SJHS to distribute surveys to their staff, volunteers, residents and guests. Community input from these groups was gathered throughout the entire survey timeframe (July – November 2023). 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 considered.

HEALTH STATUS

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

1 = Excellent

5 = Not good

Most-frequent responses of those who answered the questions were either Good (38.6 percent) or Very good (30.1 percent). Another 19.7 percent rated their current health as Okay, while 7.4 percent said Excellent and 3.5 percent Not good. The older a participant was, the less likely they were to report better overall health. Comparatively, those who were active more frequently and/or resided in a subdivision/suburban area were more likely to report better overall health.

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 most frequent diagnosis selected was high blood pressure, with 43.6 percent of respondents selecting this diagnosis. Other highly selected diagnoses selected included:

- High blood pressure 43.6%
- Obesity 36.7%
- High cholesterol 31.6%
- Vision problems 29.6%
- Arthritis 27.3%

PHYSICAL HEALTH ISSUES	NUMBER OF RESPONSE	PERCENTAGE
High Blood Pressure	903	43.6%
Obesity (Overweight)	758	36.7%
High Cholesterol	653	31.6%
COVID	625	30.2%
Vision Problems	613	29.6%
Arthritis	564	27.3%
Sleep Problems	501	24.2%
Diabetes	471	22.8%
Asthma	436	21.1%
Chronic Pain	297	14.4%
Hearing Problems	285	13.8%
None	276	13.3%
Cancer	250	12.1%
Heart Disease/Heart Attack	200	9.7%
Other	139	6.7%
Long COVID or Post COVID Conditions (PCC)	92	4.5%
Alcoholism	89	4.3%
Stroke	80	3.9%
Lung Disease (COPD)	72	3.5%
Opioid/Heroin or Other Addiction	44	2.1%
TOTAL	2,068	

When the top physical health issues were stratified by age, high blood pressure was the top reported health issue in all age brackets except those aged 25-39, with prevalence highest in the 40-64 age bracket. For those 18-24 years of age, vision problems were the next most frequent reported health issue. Obesity was the top reported health issue for those aged 25-39 and second most frequent for those aged 40-64. The second top reported condition for those aged 65-84 was arthritis and those aged 85+ hearing problems. Stratifying health needs by race/ethnicity showed high blood pressure, high cholesterol and obesity as significant diagnoses in all racial groups. However, diabetes had higher rankings among non-Caucasian racial groups. For those who identified as a member of the LGBTQ+ community, sleep problems were identified as a top health need. The lowest overall health ratings by self-reported diagnosis were addiction to alcohol or opioid/heroin abuse, lung disease (COPD) and stroke.

When asked where survey participants get most of their information about the importance of a healthy diet, 43 percent reported using their healthcare provider, while 35 percent use the internet. The lowest indicated response was radio (0.53 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 2,111 individual responses received, the most frequent mental health diagnosis was anxiety (42.4 percent). Other frequent diagnoses selected included:

- Depression 41.3%
- Attention deficit hyperactivity disorder (ADD/ADHD) 20.5%

Stratifying by age reveals the age bracket with the highest proportion of individuals who have been told by a physician or health professional that they suffer from anxiety or depression was the 25-39 age bracket, with the 18-24 age bracket as a close second. Survey participants were asked how many days in the past month their mental health not been well. The majority (61 percent) of respondents reported 0–3 days per month, with 21 percent of respondents reporting 4–10 days, and 5 percent reporting 16–24 days per month.

MENTAL HEALTH DIAGNOSIS	NUMBER OF RESPONSE	PERCENTAGE
Anxiety	895	42.4%
Depression	872	41.3%
None	785	37.2%
Attention Deficit Hyperactivity Disorder (ADD/ ADHD)	432	20.5%
Suicide Attempt/ Suicidal Thoughts	168	8.0%
Bi-Polar	148	7.0%
Abuse (Emotional, Physical, Neglect, Sexual, Etc.)	144	6.8%
Learning or Developmental Disability	134	6.4%
Autism	121	5.7%
Substance Abuse/Addiction	118	5.6%
Other	55	2.6%
Schizophrenia	28	1.3%
TOTAL	2,111	

Further analysis was done to understand how individuals are managing their mental health issues.

Using a multiple response selection question, respondents were asked if they had a mental health issue but did not see a doctor, and the reason for not seeking care. Disregarding those who answered not applicable, 41 percent reported not seeing a doctor due to the cost, 34 percent due to availability and 16 percent due to “what other people might think.”

PHYSICAL ACTIVITY LEVEL

Survey participants were asked about their individual physical activity levels. When asked how many days respondents are physically active for at least 30 minutes, the most reported answer was 3-4 days (32.8 percent) per week, closely followed by 1-2 days (30.2 percent) per week. When asked what the greatest obstacle is to exercising more often, 19.7 percent of respondents said they experienced physical pain (in their legs, feet, back, etc.).

FREQUENCY OF EXERCISE	NUMBER OF RESPONSE	PERCENTAGE
1–2 Days	639	30.2%
3–4 Days	693	32.8%
5–7 Days	570	27.0%
Never	192	9.1%
TOTAL	2,094	

OBSTACLES TO EXERCISE	NUMBER OF RESPONSE	PERCENTAGE
Physical pain (Legs, feet, back, etc.)	417	19.7%
Unwilling to spend the time	400	18.9%
Too busy	243	11.5%
Unmotivated	237	11.2%
Cannot afford membership to a gym	209	9.9%
Weather	140	6.6%
Other (please specify)	126	6.3%
Do not have encouragement from others	95	4.5%
Do not have access to exercise equipment	87	4.1%
Do not see the need	46	2.2%
TOTAL	2,000	

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.

EMPLOYMENT & FINANCIAL SECURITY

Respondents were asked to give their employment status. 59.4 percent responded as employed full-time, and 11.5 percent responded as employed part-time. Those who responded as unemployed or on layoff amounted to 6.8 percent of respondents.

EMPLOYMENT STATUS	NUMBER OF RESPONSE	PERCENTAGE
Employed Full-Time	1,222	59.4%
Employed Part-Time	237	11.5%
Homemaker	107	5.2%
On Layoff	10	0.49%
Retired	304	14.8%
Student	48	2.3%
Unemployed	130	6.3%
TOTAL	2,058	

When asked if in the last year (2022) respondents had issues paying for utilities, 19.3 percent responded Yes and 55.0 percent responded No. Of those who indicated they had trouble, the top answer (18.3 percent) was regarding paying for electricity. The second top answer was gas at 14.3 percent, followed by rent/mortgage at 13.0 percent.

Regarding household income, respondents were asked if their household income was enough to support their family. 76.8percent responded Yes and 23.2 percent responded No. Those who answered Yes also indicated whether their income was Barely enough (46.8 percent) or More than enough (53.2 percent).


Travel

HOUSING

Respondents were asked if they were housed (either renting or owning). 94.9 percent responded Yes and 4.2 percent responded No. Those who answered No were asked if they were experiencing homelessness, to which 33.0 percent responded Yes, 45.8 percent responded No; 21.7 percent of those indicating they were unhoused did not answer this follow-up question. Those who answered No were questioned further on where they slept the previous night; less than half declined to answer. Of those who chose to disclose this information, 76.9 percent indicated they slept at the residence of a friend or family member, 19.2 percent indicated they slept in a motel, car, or shelter, and 3.8 percent indicated they spent the night on the street.

ARE YOU HOMELESS?	NUMBER OF RESPONSE	PERCENTAGE
No	48	45.8%
Yes	35	33.0%
TOTAL	83	

WHERE DID YOU SLEEP LAST NIGHT?	NUMBER OF RESPONSE	PERCENTAGE
With a friend or family member	20	76.9%
In a motel, car, or shelter	5	19.2%
Spent the night on the street	1	3.8%
TOTAL	26	

FOOD SECURITY

To gauge food security, respondents were asked if in the last year (2022) they worried they would run out of food before they had money to buy more. 67.9 percent of respondents responded Never, with 15.4 percent indicating that they worry Less than half the time. Another 6.6 percent indicated they worry About half the time. When asked if they were able to find resources, 73.2 percent indicated Yes and 26.8 percent indicated No, they were unable to find resources when needed. Those who identified as members of the LGBTQ+ community or as Hispanic/Latino had more trouble finding resources than their counterparts.

LAST YEAR (IN 2022), DID YOU WORRY YOU WOULD RUN OUT OF FOOD BEFORE YOU HAD MONEY TO BUY MORE?	NUMBER OF RESPONSE	PERCENTAGE
All of the time	80	3.8%
Most of the time	111	5.3%
About half the time	138	6.6%
Less than half the time	322	15.4%
Never	1,421	67.9%
TOTAL	2,093	

ACCESS TO HEALTHCARE

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

- 58% Yes
- 42% No

Respondents could select any answers that applied to their situation as to what problems they had getting health care services. Of those who reported having trouble accessing healthcare, 22.1 percent reported cost of healthcare in general was a problem. The next-highest response was hospital costs/medical debt at 15.9 percent of respondents. Cost of insurance received 14.3 percent of responses, while high deductibles represented 12.8 percent.

When respondents were asked how they get to their doctors' appointments, the majority (87 percent) indicated they use their own vehicles. 5 percent indicated they get a ride from family or friends. The lowest indicated response was cab/Uber/Lyft, etc. (0.81 percent).

TRANSPORTATION TO APPOINTMENTS	NUMBER OF RESPONSE	PERCENTAGE
Use my own vehicle	1,836	87.0%
Get a ride from family/friend	106	5.0%
Other (please specify)	50	2.4%
City bus	44	2.1%
Cab/Uber/Lyft, etc.	17	0.81%
TOTAL	2,111	

INSURANCE COVERAGE

When asked if respondents have any healthcare coverage, including health insurance or plans such as Medicaid or Medicare, 90.6 percent answered to having some kind of health coverage while 9.4 percent said they did not have healthcare coverage. The most-reported type of healthcare coverage was from an employer or a spouse's employer (57.9 percent).

TYPE OF HEALTHCARE COVERAGE	NUMBER OF RESPONSE	PERCENTAGE
From my/spouse's employer	1,066	57.9%
Health insurance exchange	68	3.7%
Bought privately	84	4.6%
Medical savings account	53	2.9%
Medicaid	351	19.1%
Medicare	370	20.1%
Other (please specify)	156	8.5%
TOTAL	1,842	

When asked if the respondents' insurance covers prescription drugs, 84.4 percent said Yes, 8.5 percent said No and 3.9 percent said they were Not Sure. Respondents were also asked if their insurance covers office visits, 85.3 percent said Yes, 6.6 percent said No and 3.6 percent said they were Not Sure.

DEFERRING MEDICAL CARE

Respondents were asked whether they had deferred or skipped medical health care appointments or prescriptions within the past year. When asked if there was a time when they needed to see a doctor but could not, 23.5 percent of respondents answered yes. The three highest reasons offered by respondents were wait time for appointment (34.1 percent), inconvenient hours (27.6 percent) and cost of service (25.8 percent).

When asked the same question regarding deferment of dental care, 26.3 percent responded as having skipped needed dental care. Of the available reasoning options, the three top responses were cost of service (49.6 percent), lack of provider (20.5 percent) and wait time for appointment (20.1 percent).

Finally, deferment of vision care was analyzed. Of the 14.8 percent of respondents who reported needing vision care and not receiving it, the top-three reasons provided by respondents were cost of service (35.3 percent), no insurance (18.9 percent) and wait time for appointment (15.3 percent).

When questioned about receiving a flu vaccination within the past year, 70.9 percent of respondents reported having received one. The 29.1 percent who answered No were given options to choose as to why they did not. The majority (75.4 percent) reported not wanting one. Among those who answered Other and provided their own reason, the most frequent response was not wanting a flu vaccination due to a previous reaction, allergy, or sickness.

REASON FOR NO FLU VACCINATION	NUMBER OF RESPONSE	PERCENTAGE
Didn't want one	365	75.4%
Other (please specify)	51	10.5%
No insurance	28	5.8%
Cost of service	15	3.1%
Inconvenient hours	13	2.7%
Wait time for an appointment	5	1.0%
Transportation	4	0.83%
Lack of provider	3	0.62%
TOTAL	484	

Digging deeper, responses for flu vaccination were stratified for those with health insurance and for those without health insurance. Individuals with insurance who did not receive a flu vaccination totaled 26.8 percent. This number was much higher for individuals who do not have health insurance (50.5 percent).

PHYSICIAN RECOMMENDATIONS & WELLNESS

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

ADHERENCE TO MEDICAL ADVICE	NUMBER OF RESPONSE	PERCENTAGE
About half the time	122	5.9%
All the time	671	32.5%
Less than half the time	33	1.6%
Most of the time	1245	60.2%
TOTAL	2,068	

Respondents were also asked if they take all prescribed medications as directed by their healthcare provider. Majority of respondents (95.3 percent) answered Yes, with 4.7 percent of respondents answering No. The top reasons indicated for not following prescription advice is taking less medication than prescribed to make it last longer (53.1 percent) and delaying filling prescriptions due to cost (34.7 percent).

When asked how long it has been since their last routine checkup or physical exam, a majority of respondents (76.4 percent) answered Within the last 12 months. 10.9 percent responded Between 1–2 years, and 5.9 percent Between 2–5 years. Digging deeper, results were stratified for individuals without insurance. For these individuals, the length of time between routine checkups increases, as 57.8 percent answered Within the last 12 months, 15.0 percent Between 1–2 years, and 11.2 percent Between 2–5 years.

COVID-19 PANDEMIC

Over half of all participants, 55 percent, stated they personally contracted COVID. When asked to respond to how COVID had affected their lives, participants reported "I personally contracted COVID" and "A member of my household contracted COVID" most frequently. When asked about post COVID behaviors, the majority of respondents (40.5 percent) reported their behavior is the same as prior to COVID; the second highest reply (27.0 percent of respondents) indicated that participants are exhibiting behavior similar to pre-pandemic conditions but continuing to take precautions like masking and social distancing. Two statistically significant predictors were identified for cautiousness after COVID: "fear of personal or physical safety at work" and "a friend/family member of mine experienced complications from COVID."

When questioned about receiving a COVID vaccination/ COVID booster within the past year, 60.7 percent of respondents reported having received one. The 39.3 percent who answered No were given options to choose as to why they did not. The majority (75.4 percent) reported not wanting one. Among those who answered Other and provided their own reason, the most frequent response was not wanting a COVID vaccination due to a previous reaction, allergy, or sickness.

REASON FOR NO COVID VACCINATION	NUMBER OF RESPONSE	PERCENTAGE
Didn't want one	546	79.5%
Other (please specify)	89	13.0%
Inconvenient hours	17	2.5%
Lack of provider	10	1.5%
Cost of service	10	1.5%
Wait time for an appointment	7	1.0%
No insurance	5	0.73%
Transportation	3	0.44%
TOTAL	687	

UNDERSERVED POPULATIONS

Special attention was given to the input received from members of the community whose responses indicated they fall into minoritized groups such as racial/ethnic minorities and the LGBTQ+ community. The survey responses included in this section were determined to vary greatly from the overall survey response after stratifying.

LGBTQ+

When asked if they or anyone in their household has ever been told by a health professional that they had a specific mental health problem, LGBTQ+ survey responses indicated higher rates of mental health diagnoses than the overall survey response. The top responses include depression (72.6 percent) and anxiety (69.6 percent).

MENTAL HEALTH DIAGNOSIS	PERCENTAGE *(OVERALL SURVEY)*	PERCENTAGE *(LGBTQ+)*
Anxiety	42.7%	69.6%
Depression	41.5%	72.6%
None	37.5%	17.0%
Attention deficit hyperactivity disorder (ADD/ADHD)	20.7%	34.8%
Suicide attempt/ suicidal thoughts	7.9%	26.7%
Bi-polar	6.9	22.2%
Abuse (emotional, physical, neglect, sexual, etc.)	6.8%	17.0%
TOTAL	2,068	134

When asked how many days in the past month their mental health has not been well, LGBTQ+ responses indicated more frequent poor mental health days than the overall survey response.

POOR MENTAL HEALTH DAYS/ MONTH	PERCENTAGE *(OVERALLSURVEY)*	PERCENTAGE *(LGBTQ+)*
0–3 Days	60.7%	29.6%
4–10 Days	21.0%	30.4%
11–15 Days	8.7%	15.6%
16–24 Days	5.0%	16.3%
More than 24 days	4.7%	7.4%
TOTAL	2,028	134

RACIAL/ETHNIC MINORITY GROUPS

Survey respondents were asked if they believe their race or ethnicity affects their health needs and were given a list to choose all that applied. After results were stratified to remove white respondents, results show 44.5percent of respondents answered None. Among those who selected from the list, lack education resources relative to my race was the top response (20.0 percent), followed by language or cultural barriers (19.8 percent) and stress/threats of racial discrimination (16.1 percent). 80.2 percent of those who selected language or cultural barriers as the top effect of their race/ethnicity on health indicated they identified as Hispanic or Latino.

RACE/ETHNICITY EFFECT ON HEALTH	NUMBER OF RESPONSE	PERCENTAGE
Stress/threats of Racial discrimination	70	16.1%
Cannot find doctor/provider who is my race	67	15.4%
Lack education resources relative to my race	87	20.0%
Inadequate care By doctor/hospital	57	13.1%
Genetic disease/disorder (i.e., Sickle cell anemia)	32	7.4%
Language or cultural barriers	86	19.8%
Unsafe housing or Unstable neighborhoods	33	7.6%
Other (please specify)	16	3.7%
Delayed or inadequate prenatal/pregnancy care	35	8.0%
Total	435	

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, 29.4 percent answered Yes and 70.6 percent answered No. This is in comparison to 19.3 percent who answered No in the overall survey response. Top responses include trouble paying for electricity (28.9 percent) and gas (20.4 percent).

DIFFICULTY PAYING FOR UTILITIES	PERCENTAGE *(OVERALL SURVEY)*	PERCENTAGE *(NON-WHITE)*
No	80.7%	70.6%
Yes	19.3%	29.4%
TOTAL	2,114	784

When asked if the respondent's household income is enough to support their family, 63.7 percent answered Yes and 36.4 percent answered No. This is compared with 26.5 percent who answered No among white respondents. Among those who answered No, 56.9 percent answered Barely enough and 43.1 percent answered More than enough.

HOUSEHOLD INCOME	PERCENTAGE *(OVERALL SURVEY)*	PERCENTAGE *(NON-WHITE)*
Barely enough	47.1%	56.9%
More than enough	52.9%	43.1%
TOTAL	2,114	288

CHNA CONTINUITY

For continuity in CHNA data reporting, selected questions that were asked in both the 2021 and 2024 CHNA survey are compared to show progress.

Health status tracking from 2021 through 2024 shows a declining rate of health status per self-report with less respondents listing their health status as Excellent or Very Good. More respondents listed their health status as Okay or Not Good in 2024 as compared with 2024.

HEALTH STATUS	2021	2024
Excellent	10.3%	7.4%
Very Good	36.5%	30.1%
Good	36.6%	38.6%
Okay	13.9%	19.7%
Not Good	2.7%	3.5%

CHNA survey data shows a decline in healthcare coverage among survey respondents over the past three years. However, these changes may be explained by the provisional healthcare coverage during the COVID-19 pandemic, as six-year CHNA survey data shows the rates going from 16 percent of uncovered individuals in 2018 down to 6 percent in 2021 and then back up to almost 13 percent in 2024.

HEALTHCARE COVERAGE	2021	2024
Some kind of healthcare coverage	94.0%	87.1%
Do not have healthcare coverage	6.0%	12.9%

When comparing data for how much time respondents go between routine health visits, 2024 responses show that individuals are waiting less in between their routine checkups.

TIME BETWEEN HEALTH VISITS	2021	2024
Within the last 12 months	72.6%	76.4%
Between 1–2 years	15.7%	10.9%
Between 2–5 years	7.5%	5.9%
Don't know/not sure	3.3%	3.4%
Never	0.9%	1.4%

Reports of physical inactivity, exercising 2 days or less, decreased by 3% between 2021 and 2024 and 26% fewer respondents reported being "unmotivated" as their greatest obstacle to exercising.

HOW MANY DAYS PER WEEK ARE YOU ACTIVE FOR AT LEAST A TOTAL OF 30 MINUTES EACH DAY?	2021	2024
Never	8.4%	9.1%
1-2 days	33.5%	30.2%
3-4 days	32.6%	32.8%
5-7 days	25.5%	27.0%

One major improvement from the 2021 CHNA is the drop in the number of respondents who reported not seeking mental health care when they needed it due to fear of what others may think. Additionally, reports of poor mental health days steadily declined.

MENTAL HEALTH STIGMA	2021	2024
Not seeking mental healthcare due to fear of stigma	20.6%	16.0%

REGARDING YOUR MENTAL HEALTH, HOW MANY DAYS DURING THE PAST MONTH HAS YOUR MENTAL HEALTH NOT BEEN GOOD?	2021	2024
0-3 Days	57.3%	59.5%
4-10 Days	23.0%	20.6%
11-15 Days	8.9%	8.5%
16-24 Days	5.9%	4.9%
More than 24 days	4.9%	4.6%

Reported food insecurity decreased by 27.4% in the 2024 CHNA as compared to the 2021 CHNA; however, those who reported worrying about running out of food reported worrying more frequently.

LAST YEAR , DID YOU WORRY YOU WOULD RUN OUT OF FOOD BEFORE YOU HAD MONEY TO BUY MORE?	2021	2024
All of the time	1.3%	3.8%
Most of the time	2.4%	5.3%
About half the time	7.5%	6.6%
Less than half the time	48.3%	15.4%
Never	40.5%	67.9%

Significant Community Health Needs

One of the most anticipated results from the survey respondents was the "Top Three Suggestions" for improving the health of the community. This question was a multiple selection question for which respondents chose their top three from a list of 21 options to improve the health of our community. The table below depicts what the community has identified as the significant community health needs. These selections are: access to mental health care, access/affordability of medication, safe and affordable housing, access to wellness resources (fresh foods, nutrition classes, gyms, etc.), and improve access to healthcare.

TOP 5 COMMUNITY HEALTH NEEDS: OVERALL	
1. Access to mental healthcare	714
2. Access/affordability of medication	665
3. Safe and affordable housing	525
4. Access to wellness resources (fresh foods,nutrition classes, gyms, etc.)	512
5. Improve access to healthcare	493

When significant health needs are stratified by minority group, a different set of top five health needs are uncovered. Two additional top health needs emerged among racial/ethnic minority responses: access to dental care and violence reduction. To that end, each prioritized health need (from the overall list above) will be analyzed with a racial equality lens, and the resulting action plans will be developed to integrate equality-based solutions. SJHS recognizes the significance of the additional needs that surfaced in racial/ethnic minority responses; likewise, it recognizes its areas of expertise and greatest influence. SJHS will not be addressing access to dental care, but it will continue to distribute resources for free and low-cost dental services in the community and connect patients to care via Community Health Workers. SJHS will also not be specifically addressing violence reduction; however, it will continue to screen patients for social needs, including safe and affordable housing, connect patients and community members to domestic violence agencies, screen for assault in the walls of its emergency rooms, and support policy and environmental changes that contribute to harm reduction and a safe built environment for all residents of its service areas.

TOP 5 COMMUNITY HEALTH NEEDS: RACIAL/ETHNIC GROUPS	
1. Access to mental healthcare	186
2. Access/affordability of medication	172
3. Access to dental care	165
4. Access to wellness resources (fresh foods, nutrition classes, gyms, etc.)	164
5. Reduce Violence	158

The priority areas for the FY2025-2027 implementation strategy from the 2024 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 2023 and continued through May 2024. Due to primary data collection consisting entirely of quantitative information from the survey, the Community Health Needs Advisory Committee was able to heed 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 the 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. The Community Health Needs Advisory Committee recommended the following five focus areas:

Access to Mental Healthcare

Mental disorders are among the most common causes of disability and was listed as a leading health concern in both St. Joseph County and Marshall County. 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. As 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.

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. Certain areas in this category may not be addressed by SJHS's advisory team, as they are already being addressed within the community by SJHS and other community organizations.

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. 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. SJHS and its partners believe there are dynamics worth exploring in this space that may be causal in affecting overall well-being in our communities.

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.

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. Coupling our quantitative analysis with qualitative collection will help SJHS meet our community where they are at and address health disparities that exist.

LESSONS LEARNED

SJHS took a quantitative approach to the 2024 CHNA. Survey results were used to gain input from our community members on how to improve SJHS services for the highest priority health concerns. Basing the data analysis entirely on the use of completed surveys allowed for community members to privately express their concerns and give us a better understanding of what concerns are most important to address.

Reporting of results combined both St. Joseph and Marshall Counties; however, attention to the unique demographics in both counties. Carrying out the response to identified health needs still relies on entities located in separate counties — Mishawaka Medical Center in St. Joseph County and Plymouth Medical Center in Marshall County.

As SJHS highly values the input of our community members, we collected surveys at multiple community sites including 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. To amplify these important voices even more this year, the top five health needs of minority populations were considered in addition to the overall top five health needs. From this 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 survey 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 collaborated with local county health departments to further explore the needs of the community and what health strategies are currently in place. Health department officials from both counties were involved in the CHNA process and have representation on the Community Health Needs Advisory Committee. Through participation with this committee, both the St. Joseph and Marshall County Health Departments were informed of the top five health needs uncovered in the CHNA.

Strategic priorities for both health departments have been guided under the Health First Indiana initiative during fiscal years 24 and 25. Health First Indiana establishes a public health infrastructure through a state and local partnership where services are delivered at the county level, and counties can determine the health needs of their community and implement evidence-based programs focused on prevention. The St. Joseph County Health Department (SJCHD) has prioritized Maternal and Child Health, Tobacco Prevention and Cessation, Chronic Disease Prevention, Infectious Disease Surveillance, and School Wellness. The Marshall County Health Department has also prioritized Maternal and Child Health, Tobacco and Vaping Prevention and Cessation, Chronic Disease Prevention, and Infectious Disease Surveillance; additionally, it has included Trauma and Injury Prevention, Health-Related Areas during Emergencies/Disasters, Vital Records, and Environmental Public Health.

Though the prioritized needs from the SJHS CHNA do not match those prioritized by local health departments, no objections or alternative recommendations were given during the prioritization process. SJHS is an active partner in many of the areas identified by the local health departments. SJHS will be engaging in a new St. Joseph County Health Department initiative in the Maternal and Child Health space over the coming year, and SJHS is actively engaged in School Wellness through its school health services program. Additionally, in both counties, SJHS is the lead partner agency working on Tobacco and Vaping Prevention and Cessation through its community coalition work, Smoke Free St. Joe in St. Joseph County and Breathe Easy Marshall County.

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 Foundation's County Health Rankings & Roadmaps. 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 and Marshall Counties are two 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 2024 CHNA report in order to capture a more accurate picture of our findings and how they relate to the statistics reported from various other state and federal organizations.

The Robert Wood Johnson Foundation's County Health Rankings seen in Table 4 provide an analysis for comparing secondary data with the information gathered from the survey in our 2024 CHNA. Additional relevant resources included these publicly available databases:

- Centers for Disease Control and Prevention (CDC)
- USDA Food Access Research Atlas
- City-Data
- Dignity Health—Community Needs Index
- 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
- Trinity Health Data Hub- Trinity Health (trinityhealthdatahub.org)

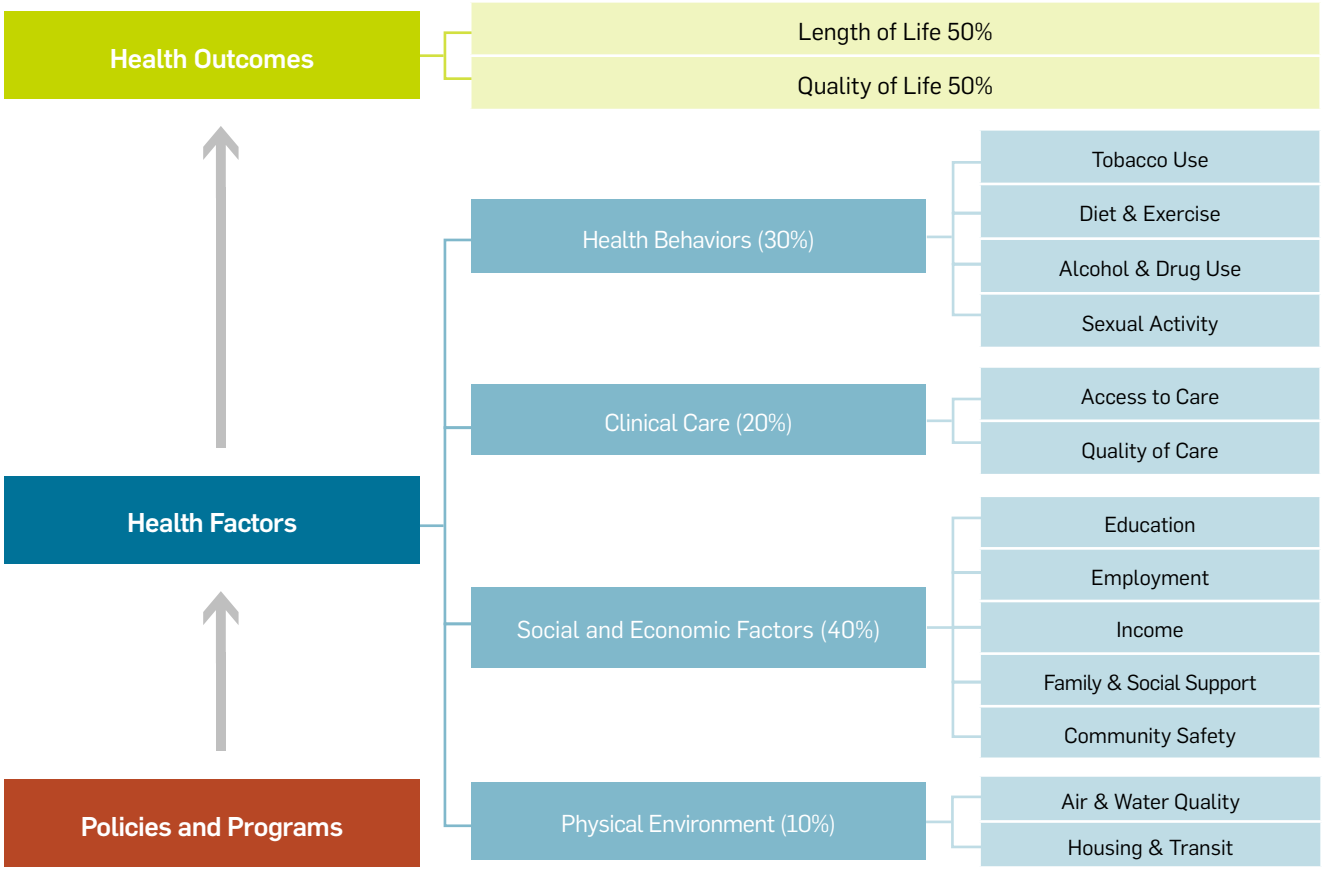

Figure 4. Robert Wood Johnson County Health Ranking methods chart.

According to the Robert Wood Johnson Foundation, St. Joseph County ranks **48th out of 92** counties in overall Health Outcomes in the State of Indiana. This ranking places St. Joseph County three counties better in 2023 as compared to 2022 (51st). St. Joseph County also improved in the Health Factors ranking during the same time by rising from **60th to 36th.** The areas with the greatest opportunities for improvement are adult smoking, adult obesity, and sexually transmitted infections. I. Unemployment rates have lowered to 4.2%, which is still elevated compared to 2019's rate of 3.6%; however, it is a significant improvement after experiencing a sharp incline (8.4%) in 2022. The percentage of children in poverty (19%) is higher than the Indiana (16%) and national (17%) averages. In "Social Associations," St. Joseph County performs worse than the Indiana average (10.9 vs. 11.9, respectively), but performs better than the national average (10.9 vs. 9.1, respectively). St. Joseph County was ranked significantly more positively in physical environment factors due to decreasing rates of particulate matter and reporting no drinking water violations in 2023 as compared to 2022.

Marshall County ranks **25th out of 92** counties in overall Health Outcomes in the state of Indiana. This ranking is unchanged from 2022; however, it is four counties worse than the 2021 rank (21st). Marshall County ranks worse than state and national averages on two of the four quality of life measures included in this rating, percentage of population in poor or fair health and reported poor physical health days. Poor mental health days are the same as the state average at 4.9, but higher than the national average of 4.4. Unlike the Health Outcomes ranking, Marshall County's Health Factor ranking was twelve counties better between 2022 and 2023 jumping from **43rd to 31st**.

It will take strong improvement efforts towards education and other areas by many agencies before improvement is seen in social and economic conditions. In turn, these improvements will ideally lead to the adoption of other healthy lifestyle decisions and lead to improvements in other categories. Social indicators play a large role in the vicious cycle created by lack of education, joblessness, and poverty as a whole. While Marshall County rankings only exhibited an increase in severe housing problems, the 2024 CHNA shows need in reported in high priority by members of both counties. 2018-2022 US Census Bureau, American Community Survey reported over 25% of St. Joseph County households and nearly 20% of Marshall County households have housing costs that exceed 30% of the households' total income. Exploring how the dynamic between the rising housing cost burden, increasing rates of uninsurance, and other social and economic conditions will be key to sustainable improvements.

Improved healthcare must be achieved through multiple modalities including health education, community screenings, collaborative efforts, and increased provider ratios, giving special attention to those who are most vulnerable when planning efforts. Poor physical health and mental health days are the same or higher in our service area as compared to state and national averages. Marshall County is still significantly behind state and national provider ratios, and both counties still lag the national mental health provider ratio.

Table 4 *(on the next page)* 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.

HEALTH MEASURES	ST. JOSEPH COUNTY '22	ST. JOSEPH COUNTY '23	MARSHALL COUNTY '22	MARSHALL COUNTY '23	INDIANA	TOP U.S. PERFORMERS
Health Outcome	51	48	25	25		
Length Of Life	44	44	22	22		
Premature death /100,000	8,600	8,600	7,400	7,400	8,600	7,300
Quality Of Life	57	49	40	37		
Poor or fair health	20%	15%	22%	17%	15%	12%
Poor physical health days per month	4.3	3.3	4.5	3.7	3.3	3.0
Poor mental health days per month	4.9	4.8	5.1	4.9	4.9	4.4
Low birthweight	9%	9%	7%	7%	8%	8%
Health Factors	60	36	43	31		
Health Behaviors	44	22	42	39		
Adult smoking	20%	19%	22%	22%	20%	16%
Adult obesity	39%	38%	37%	40%	37%	32%
Food environment index	7.5	7.3	8.0	8.0	6.5	7.0
Physical inactivity	30%	25%	34%	27%	26%	22%
Access to exercise opportunities	74%	83%	56%	58%	77%	84%
Excessive drinking	18%	17%	18%	17%	18%	19%
Alcohol-impaired driving deaths	21%	21%	20%	20%	19%	27%
Sexually transmitted Infections /100,000	659.2	651.2	205.4	205.4	495.7	481.3
Teen births	24	24	22	22	23	19
Clinical Care	12	17	64	64		
Uninsured	10%	8%	15%	13%	9%	10%
Primary care physicians	1,060:1	1,090:1	2,010:1	1,920:1	1,500:1	1,310:1
Dentists	1,580:1	1,570:1	2,200:1	2,100:1	1,700:1	1,380:1
Mental health providers	410:1	390:1	870:1	810:1	530:1	340:1
Preventable hospital stays	3,642	2,962	3,402	2,518	3,174	2,809

Mammography screening	43%	37%	38%	32%	39%	37%
Flu vaccinations	54%	58%	53%	53%	54%	51%
Social & Economic Factors	74	69	39	21		
High school completion	90%	91%	85%	86%	90%	89%
Some college education	66%	67%	51%	52%	63%	67%
Unemployed	8.4%	4.2 %	6.4%	2.7%	3.6%	5.4%
Children in poverty	16%	19%	12%	12%	16%	17%
Income inequality	4.6	4.5	3.9	3.7	4.3	4.9
Single-parent households	27%	27%	14%	14%	25%	25%
Social associations	11.0	10.9	14.7	14.7	11.9	9.1
Injury mortality	78	78	73	73	85	76
Physical Environment	88	20	27	40		
Air pollution - particulate matter	9.8	8.5	9.0	8.6	8.8	7.4
Drinking water violations	Yes	No	No	No		
Severe housing problems	13%	13%	13%	14%	12%	17%
Driving alone to work	80%	79%	79%	78%	80%	73%
Long commute- driving alone	23%	23%	33%	35%	32%	37%

Table 4. Robert Wood Johnson County Health Rankings — St. Joseph & Marshall Counties, Indiana 2022/2023

KEY
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.

SAINT JOSEPH
HEALTH SYSTEM
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