2021
Community Health Needs Assessment

Adopted May 28, 2021

SAINT JOSEPH
HEALTH SYSTEM

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. The goal is to provide justice in the way of caring for those who need it most in our community. Our Community Health Needs Assessment (CHNA) is no exception to collaboration. We understand collaboration and partnerships are 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 diverse backgrounds to help us with this process.

COMMUNITY HEALTH NEEDS ADVISORY COMMITTEE MEMBERS:

- Phil Blasko - Superintendent, Mishawaka Parks Department
- Jessica Brookshire - Director of Community Relations, University of Notre Dame
- Sam Centallas - Executive Director, La Casa de Amistad
- Juan Constantino - Development Coordinator, La Casa de Amistad
- Jacqueline Kronk - CEO, Boys & Girls Clubs of St. Joseph County (SJC)
- Matt Lentsch - Vice President for Institutional Advancement, Bethel University
- Beckie Lies - Community Wellness Coordinator, Purdue Extension
- Marijo C. Martinec - Executive Director, Food Bank of Northern Indiana
- Waldo Mikels-Carrasco - Director of Community & Governmental Solutions, Indiana Health Information Exchange
- John Pinter - Director, United Religious Community of SJC
- Sara Stewart - Executive Director, Unity Gardens
- Latorya Greene - Director, Community Health & Well-Being, SJHS
- Erica Sun - Community Outreach Coordinator, School Health Services, SJHS
- Kari Tarman - Executive Director of the Oaklawn Foundation, Oaklawn Psychiatric Center
- Intern, Community Health & Well-Being, SJHS
- Michelle Peters - Vice President, Community Health & Well-Being, SJHS
- Robin Vida - Director of Health Education, SJC Health Department
- Laura Jensen - Executive Director, United Way of SJC
- Nicolette Collins - Community Health & Well Being Coordinator, Community Health & Well-Being, SJHS
- Connie J. Deery - Manager, Saint Joseph Health Center and Volunteers, Plymouth Medical Center, SJHS
- Andrew Fitzpatrick - CEO, Boys and Girls Clubs of Marshall County (MC)
- Kathleen Freet - Assistant Director, Bowen Center
- Chris Garner - Director, Marshall County Neighborhood Center
- Sr. Nora Hahn - President, Board of Directors, Plymouth Medical Center, SJHS
- Janis Holiday - Director, Marshall County Council on Aging
- Arleen Peterson - Director of Relational Services, Poor Handmaids
- Karen Richey - Director/Extension Educator, Purdue Extension
- Allie Shook - Board Member, MC Board of Health & Plymouth School Board
- Linda Yoder - Executive Director, United Way of MC
- Eric Holsopple - Hospital Administrator, Plymouth Medical Center, SJHS
- Jackie Wright - Board of Directors, Plymouth Medical Center, SJHS
- Annette Haining - Tobacco Education Coordinator, SJHS

A combination of these members and other community members participated in the creation of the strategic action plans for FY 2022-2024. The Community Health Needs Advisory Committee will hold SJHS accountable during this process and serve as guidance for any necessary adaptations. Ultimately, the Community Health Needs Advisory Committee of SJHS will determine any future changes to the implementation plan based on the needs of our community.

If you would like more information or have comments/questions on this CHNA, general contact information is:

Mailing address:
Community Health & Well-Being, Saint Joseph Health System
707 E. Cedar Street, Ste. 100, South Bend, Indiana 46617
Department Contact:
Michelle Peters, Vice President of Community Health & Well-Being
petermic@sjrmc.com, 574.335.4685

Saint Joseph Health System web links:
http://www.sjmed.com/about-us-community-health-needs-assessment-2018
https://www.sjmed.com/about-us/community-benefit/community-health-needs-assessment-2021

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Community Health & Well-Being, SJHS
707 E. Cedar Street, Ste. 100
South Bend, Indiana 46617

Department contact:
Michelle Peters, Vice President, Community Health & Well-Being
petermic@sjrmc.com • 574.335.4685

Website: sjmed.com/chna2021

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.

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 2021 CHNA for use in the Primary Service Area including the counties of St. Joseph and Marshall in Indiana. SJHS set out to assess the community's needs and determine where to commit community outreach resources, especially for those who are 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 2021 CHNA report provides:

- A summarized analysis of the successes from the 2018 CHNA report and resources already committed to support SJHS's upcoming community benefit activities.
- Detailed community profiles of St. Joseph and Marshall Counties and the results of primary data collection from community members.
- The significant community health needs identified and prioritized in the 2021 CHNA.

SUMMARY OF 2018 CHNA

Previously, the 2018 CHNA revealed several needs. The top significant health needs were:

- Improve nutrition and eating habits
- Access to wellness resources
- Increase participation in physical activities and exercise programs
- Access to mental health care
- Access to dental care

Our response

Over the past three years, SJHS has implemented action plans designed to fulfill these significant community needs. To address the priority area of improving nutrition and eating habits, SJHS provided support to Unity Gardens, allowing for the addition of the first community garden in Marshall County for individuals to grow and pick healthy food. SJHS also provided resources to Marshall County Neighborhood Center and Cultivate Food Rescue to address food insecurity and assure healthier food supplies. Through the fruitful partnership with Cultivate, SJHS provided 2,500 weekend frozen meals for area food-insecure elementary school students during the 2019 and 2020 school year. In addition, SJHS developed a wellness dollar program for local schools to promote healthy eating and targeted food desert locations for mobile food pantries to provide fresh produce.

To address the priority area of improving access to wellness resources, SJHS expanded its partnerships with This Counts to assist with promotion and awareness of community programs. SJHS expanded its diabetes prevention program to include vulnerable populations and began a pilot program, Prescription for Produce, which utilizes information gathered from food hunger surveys. The diabetes prevention program has served almost 300 patients between 2018 and 2020, enabling participants to lose, on average, 4 percent of their starting weight while also averaging 170 minutes of physical activity per patient per week. In addition, SJHS utilized its Mobile Medical Unit to offer cardiac risk assessments throughout both St. Joseph and Marshall Counties. Partnering with La Casa de Amistad, SJHS provided free flu shots along with health screenings at schools located on the west side of South Bend.

To address the priority area of increasing participation in physical activities and exercise programs, SJHS expanded its popular free exercise program, Senior Fit, by adding new classes in both counties for individuals who are 55 and older. Senior Fit has now enrolled more than 300 senior community members. In addition, SJHS provided more than 500 basketballs and 500 soccer balls to schools for educational and recreational use. SJHS also created an annual wellness challenge for partner elementary schools, resulting in students and parents increasing their activity on average by 15 minutes per day.

To address mental health, SJHS continued training all school health staff in mental health first aid to better identify children needing additional mental health services. This training amounted to an additional 50 participants in St. Joseph and Marshall Counties. These individuals provide more than 250,000 student visits annually, with a potential student impact population total of 21,365. In addition, SJHS continued offering one-on-one support to women suffering postpartum depression. Support sessions have been ongoing since initiation, resulting in communication with approximately 250 women annually.

SJHS did not take action on the community health need related to accessing dental care. This need is already being addressed within the community by SJHS safety net clinics and other community organizations.

SJHS continues to dedicate many resources to benefit the community 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 without insurance or 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 who can assist in determining individual insurance requirements.

In the 2020 fiscal year (FY 2020), SJHS committed:

- $4,821,219 for clinics such as the Family Medicine Center and Sister Maura Brannick Health Center that benefit those who are underserved, as well as other subsidized health services.
- $2,536,303 for medical residencies and other educational opportunities for both clinicians and non-clinicians.
- $1,325,543 for community support donations, 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.

The previous CHNA provided contact information regarding any feedback concerning the CHNA or implementation strategies; SJHS did not receive any written comments from that study.

2021 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 2022-2024 strategic implementation plan.

The 2021 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 the Mishawaka Medical Center and in Marshall County through the Plymouth Medical Center. The findings of the CHNA will assist leadership in stewarding resources entrusted to SJHS by providing services where assistance is needed the most.

COMMUNITY SURVEY

The methodology for conducting the CHNA involved deployment of online and printed surveys between August and November 2020. 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.

A major advantage of completing the CHNA through online and printed surveys is the large amount of quantitative information received from multiple demographics. Survey participants consisted of people of various ages, socioeconomic status and ethnic/racial backgrounds. For continuity, some survey topics were taken directly from the 2015 and 2018 CHNA surveys to show healthcare progress. To investigate new health trends, new topics were created. For example, new questions regarding COVID-19 were included in order to gauge the pandemic's impact on community members. Data gathered on this topic will also guide SJHS as it continues vaccinating the community and engaging in vaccination campaigns and education. Other topics identified important community-related issues.

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 22 multiple choice answers and the respondent was asked to chose three, including one write in option. The top significant health needs identified by the community through the CHNA survey were:

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

Response

Review of data sources and community input were used to determine potential priority areas. These 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 the 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 (wellness, nutrition, and mental health). After discussion, the ideas of the subcommittees were formalized into action plans and re-evaluated to determine feasibility. Once the action plans were approved by the committee, 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 902,902 people in a diverse nine-county area in Indiana and Michigan through its continuum of care. SJHS's Primary Service Area includes St. Joseph, Elkhart and Marshall Counties in Indiana. The Secondary Service Area encompasses Fulton, La Porte, Pulaski and Starke Counties in Indiana as well as Berrien and Cass Counties in Michigan. For purposes of the CHNA, SJHS used the Primary Service Area as the community served, focusing on St. Joseph and Marshall Counties. Our surveyed counties are generally suburban or rural in nature, with the exception of 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 close proximity to 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 University, 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. Other hospitals include Memorial Hospital of South Bend (Beacon), as well as Elkhart General Hospital (Beacon) and Goshen Health to the east in Elkhart County. Hospitals located in the Secondary Service Area include Northwest Health – La Porte and Saint Anthony's Hospital to the west in La Porte County, and to the south, Woodlawn Hospital in Rochester, Northwest Health in Starke County and Pulaski Memorial in Winamac. There are three Critical Access Hospitals (CAH) — Community Hospital of Bremen, Pulaski Memorial Hospital and Woodlawn Hospital — at which primary care professionals with prescriptive privileges furnish outpatient primary-care services.

Approximately 20 percent of the population within the System Service Area earns an annual salary of $25,000 or below. Household income is fairly stable across the Primary Service Area, with areas of highest affluence in the Granger ZIP code and portions of Elkhart County. The median household income is $60,705 for St. Joseph County and $59,672 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 10.3 percent in St. Joseph County and 12.7 percent in Marshall County, totaling around 27,268 individuals combined. This is compared to an Indiana rate of 9.7 percent. The System Service Area includes several Medically Underserved Areas (MUA) and Medically Underserved Populations (MUP).

In St. Joseph County, as of December 2020, the unemployment rate was 5 percent, which was slightly higher than the Indiana rate of 4 percent, but lower than the national average of 6.5 percent. Education, healthcare, and government are the major employers in this local economy. In Marshall County, the unemployment rate was 3.4 percent, which was slightly 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 2018, 12 percent of families lived in poverty. This is down from 14 percent in 2016, and 15 percent in 2013. 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.

Total population within the System Service Area is expected to grow 1 percent through 2025. 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 65 and older is expected to grow to from 18 percent to 19.6 percent over the next five years.

*U.S. Census Bureau/Small Area Health Insurance (SAHIE) Program/March 2018

**U.S. Census Bureau, Small Area Income and Poverty Estimates (SAIPE) Program, December 2018

POPULATION DEMOGRAPHICS

Figure 1: St. Joseph & Marshall Counties

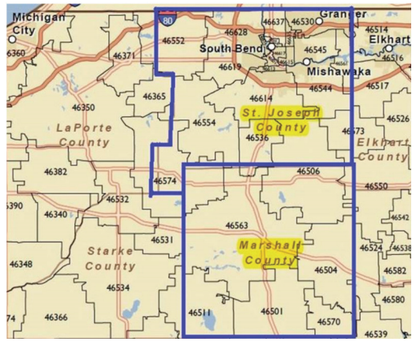


Figure 1. The geographic area targeted for CHNA participation was St. Joseph and Marshall Counties (IN). Table 1 (right) outlines the demographic information for St. Joseph and Marshall Counties as well as the demographics of the entire state of Indiana.

St. Joseph County

St. Joseph County is located in Northwest Indiana and has 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 American and Hispanic residents.

A majority of the CHNA survey sample demographics for St. Joseph County mirrors the overall county demographic statistics, with a few exceptions. The median age of CHNA participants was approximate to the county average, with the exception of persons 65 years and older who account for 18 percent of the population in St. Joseph County, making this age group slightly oversampled in the survey. Persons under 18 years of age account for 23.3 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. Since 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 under-sampled compared to the county demographics, while Hispanic/LatinX survey population closely matched that of the county. Further analysis demonstrated that large numbers 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; thus 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. The exception was persons 65 years and older who account for 18 percent of the population in Marshall County. As a result, this age group is 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/LatinX 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 also has some of the highest responses in the survey for individuals experiencing homelessness, showing the survey has successfully reached underserved populations.

Table 1. County demographics

Demographics*	St. Joseph County	Marshall County	Indiana
Population	281,532	46,228	6,730,400
Age			
0-14	19.2%	20.0%	19.2%
15-17	4.1%	4.5%	4.1%
18-24	11.1%	9.2%	10.1%
25-34	12.9%	11.2%	12.8%
35-54	23.5%	23.4%	24.5%
55-64	12.5%	13.5%	12.9%
65+	16.7%	18.3%	16.4%
Sex/gender			
Females	51.3%	50.2%	50.7%
Males	48.7%	49.8%	49.3%
Race/ethnicity			
% Non-Hispanic white	72%	86	78
% Non-Hispanic African-American	13	1	9
% Hispanic	9	11	8
% Asian & Pacific Is. Non-Hispanic	3	1	3
% All others	3	1	2
Median Income	60,705	59,672	61,767
% Poverty	15	11	7
Veterans	12,975	2,489	380,690
% Education level (HS or higher)	88	85	89

Table 1. County Demographics
*2019 SAIPE State and County Estimates

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 300 providers in the Saint Joseph Medical Group
- More than 40 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 and 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 in order 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 over 250,766 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, Ancilla, and Bethel's intercollegiate athletics to provide certified athletic trainers for sporting events and other services, totaling more than 36,197 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 social services supervisor 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 community survey involved deployment of the resident survey from August – November 2020 both online and printed, in English and Spanish. 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 serve. The COVID-19 pandemic did not allow for community events to be utilized to gain more survey participants or to go directly to individuals as was done in the past. This resulted in a lower survey volume than was seen in previous years.

To ensure the survey sample reflected a wide variety of socioeconomic levels, age and race/ethnicity, it was offered to community groups via organizations such as La Casa de Amistad, The Center for the Homeless, United Way of St. Joseph County, and at local food pantries. The printed copy of the survey was also shared 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, how to help the community, and general demographic information.

SURVEY RESPONSE

The total number of usable surveys collected was 2,683, with 97 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, 91 percent, included answers to every question on the survey. Of the total surveys collected, 74 percent were community members within the two targeted 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	1,402
Marshall County	586
Other areas	695
Total	2,683

KEY DEMOGRAPHICS:

- The mode age group was 40–64 years old at 52 percent. Survey data indicated that each of the five age groups (18–24, 25–39, 40–64, 65–84, 85+) had representation.
- 84.35 percent of the sample identified their gender as female, while 15.31 percent indicated their gender as male, 0.04 percent identified as transgender, and 0.30 percent identified as non-binary.
- 86.81 percent of the sample identified their race as white, 6.33 percent identified race as African American, Asian or Asian American was cited as 1.3 percent, Native American 0.53 percent, and biracial 2.33 percent. Of the total sample size, 9.49 percent identified their ethnicity as Hispanic/LatinX.
- 94 percent of respondents indicated they had health insurance coverage.

COMMUNITY INPUT RECEIVED

For 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 number of community members to have their voices heard privately and express their health concerns and perceptions of available services.

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 (August – November 2020). 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. Where significant community health needs were identified, 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, 36.61 percent, or Very good, 36.54 percent. Another 13.91 percent rated their current health as Okay, while 10.26 percent said Excellent and 2.68 percent Not good. Those who indicated that they were having problems 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 most frequent diagnosis selected was High blood pressure, 39.58 percent of respondents selected this diagnosis.

Answers	Number of responses	Percentage
High blood pressure	1,009	39.58%
Obesity (overweight)	910	35.70%
High cholesterol	729	28.60%
Vision problems	624	24.48%
Arthritis	537	21.07%
Sleep problems	528	20.71%
None	530	20.79%
Asthma	443	17.38%
Diabetes	414	16.24%
Chronic pain	312	12.24%
Hearing problems	242	9.49%
Cancer	205	8.04%
Other	200	7.85%
Heart disease/heart attack	171	6.71%
Lung disease (COPD)	75	2.94%
Alcoholism	59	2.31%
Stroke	56	2.20%
Opioid/Heroin or other addiction	18	0.71%
Total	2,549	

When the top physical health issues were stratified by age, High blood pressure and High cholesterol were most prevalent among the 40–64 and 65–84 age brackets. Obesity was frequently reported among all age brackets except for 85+, with prevalence highest in the 40–64 age bracket. Among the 18–24 age bracket, Vision problems and Asthma were the most frequently selected diagnoses. Stratifying health needs by race/ethnicity showed High blood pressure, High cholesterol, and Obesity as significant diagnoses in all racial groups. However, Diabetes and Sleep problems were two health issues with higher rankings among non-white racial groups. The lowest overall health ratings by self-reported diagnosis were Alcoholism or Opioid/heroin abuse, Lung disease (COPD), and Stroke.

When asked where survey participants get information about the importance of a healthy diet, 37 percent reported using their healthcare provider, while 35 percent used the internet. The lowest indicated response was radio at 0.27 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 including selecting all that applied to their situation. Of the 2,528 individual responses received, the most frequent mental health diagnosis was Anxiety at 42.56 percent.

Mental health diagnosis	Number of responses	Percentage
Anxiety	1,076	42.56%
None	1,058	41.85%
Depression	974	38.53%
Attention deficit hyperactivity disorder (ADD/ADHD)	482	19.07%
Suicide attempt/suicidal thoughts	166	6.57%
Abuse (emotional, physical, neglect, sexual, etc.)	120	4.75%
Bipolar	115	4.55%
Autism	87	3.44%
Substance abuse/addiction	82	3.24%
Intellectual or developmental disability	80	3.16%
Other	77	3.05%
Schizophrenia	9	0.36%
Total	2,528	

Stratifying by age reveals that 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 18–24 age bracket, with the 25–39 age bracket as a close second. Survey participants were asked how many days in the past month their mental health had not been well. The majority, 57 percent, of respondents reported 0–3 days per month, with 23 percent of respondents reporting 4–10 days, and 6 percent reporting 16–24 days per month.

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, 43 percent reported not seeing a doctor due to the Cost, 26 percent due to Availability, and 21 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 1–2 days per week at 33.53 percent, closely followed by 3–4 days per week at 32.59 percent. When asked what the greatest obstacle is to exercising more often, 37.27 percent of respondents said they were Unmotivated.

Frequency of exercise	Number of responses	Percentage
1-2 days	858	33.53%
3-4 days	834	32.59%
5-7 days	653	25.52%
Never	214	8.36%
Total	2,559	

Obstacles to exercise	Number of responses	Percentage
Cannot afford membership to a gym	121	4.88%
Do not have access to exercise equipment	119	4.79%
Do not have encouragement from others	54	2.18%
Do not see the need	44	1.77%
Other (please specify)	564	22.72%
Physical pain (legs, feet, back, etc.)	378	15.23%
Unmotivated	925	37.27%
Unwilling to spend the time	277	11.16%
Total	2,482	

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. 69.27 percent responded as Employed full-time and 12.58 percent responded as Employed part-time. Those who responded as Unemployed amounted to 3.2 percent of respondents.

Employment status	Number of responses	Percentage
Employed full-time	1,691	69.27%
Employed part-time	307	12.58%
Homemaker	72	2.95%
On layoff	7	0.29%
Retired	226	9.26%
Student	60	2.46%
Unemployed	78	3.20%
Total	2,441	

When asked if in the last year (2019) respondents had issues paying for utilities, 12.16 percent responded Yes and 87.84 percent responded No. Of those who indicated they had trouble paying utilities, the top answer at 26.77 percent, was regarding paying for Electricity. The second most common answer was Rent/mortgage at 21.64 percent, followed by Gas at 19.02 percent.

Regarding household income, respondents were asked if their household income was enough to support their family. 84.94 percent responded Yes and 15.06 percent responded No. Those who answered Yes also indicated whether their income was Barely enough, 39.14 percent, or More than enough, 60.86 percent.

Housing

Respondents were asked if they have a permanent home. 95.17 percent responded Yes and 4.83 percent responded No. Those who answered No were asked if they are experiencing homelessness, to which 9.93 percent responded Yes and 90.07 percent responded No. Those who answered No were questioned further on their living arrangements. 13.79 percent indicated they were Living short-term with a friend or family member. Of those who answered No to this living arrangement, 15.96 percent instead indicated they are Living in a car, motel or shelter.

Living with friend or family short-term	Number of responses	Percentage
No	100	86.21%
Yes	16	13.79%
Total	116	

Living in car, motel or shelter	Number of responses	Percentage
No	79	84.04%
Yes	15	15.96%
Total	94	

Food security

To gauge food security, respondents were asked if in the last year (2019) they worried they would run out of food before they had money to buy more. 40.47 percent of respondents responded Never, while 48.32 percent indicated that they worry Less than half the time. Another 7.46 percent indicated they worry About half the time. When asked if food did in fact last until they had money to buy more, 65.61 percent responded Always, 17.94 percent responded Mostly, and 10.95 percent Sometimes.

Food security	Number of responses	Percentage
Always	1,013	65.61%
Mostly	277	17.94%
Never	85	5.51%
Sometimes	169	10.95%
Total	1,544	

ACCESS TO HEALTHCARE

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

- 53% Yes
- 47% 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, 39.04 percent reported Cost of healthcare in general was a problem. The next-highest response was Being too busy to visit a doctor at 31.57 percent of respondents. Inconvenient hours received 27.47 percent of responses, while High deductibles represented 26.02 percent.

When respondents were asked how they get to their doctors' appointments, the majority, 94.87 percent, indicated they Use their own vehicles. 2.61 percent indicated they Get a ride from family or friends. The lowest indicated response was Cab/Uber/Lyft, etc. at 0.04 percent.

Transportation to appointments percentage	Number of responses	Percentage
Cab/Uber/Lyft, etc.	1	0.04%
City bus	26	1.04%
Get a ride from family/friend	65	2.61%
Other (please specify)	36	1.44%
Use my own vehicle	2,367	94.87%
Total	2,683	

INSURANCE COVERAGE

When asked if respondents have any healthcare coverage, including health insurance or plans such as Medicaid or Medicare, 92.58 percent answered to having some kind of health coverage, while 5.89 percent said they did not have healthcare coverage, 1.53 percent selected Other. The most-reported type of healthcare coverage was From an employer or a spouse's employer, 62.48 percent.

Type of healthcare coverage	Number of responses	Percentage
From my/spouse's employer	1,650	62.48%
Health insurance exchange	55	2.08%
Bought privately	82	3.10%
Medical Savings Account	123	4.66%
Medicaid	193	7.31%
Medicare	294	11.13%
Other (please specify)	244	9.24%
Total	2,641	3.44%

When asked if the respondents' insurance covers prescription drugs, 90.21 percent said Yes, 5.83 percent said No, and 3.96 percent said they were Not Sure. Respondents were also asked if their insurance covers office visits, 91.24 percent said Yes, 5.22 percent said No, and 3.55 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, 21.06 percent of respondents answered Yes. The three highest reasons offered by respondents were Inconvenient hours, 23.59 percent, Cost of service, 16.88 percent, and Wait time for appointment, 16.41 percent.

When asked the same question regarding deferment of dental care, 27.51 percent responded as having Skipped needed dental care. The three top reasons were Cost of service, 36.14 percent, Inconvenient hours, 15.02 percent, and Lack of provider at 11.72 percent.

Finally, deferment of vision care was analyzed. Of the 13.65 percent of respondents who reported needing vision care and not receiving it, the top-three reasons provided by respondents were Cost of service, 34.56 percent, Inconvenient hours, 19.22 percent, and Lack of provider at 8.79 percent.

When questioned about receiving a flu vaccination within the past year, 77.89 percent of respondents reported having received one. The 22.11 percent who answered No were given options to choose as to why they did not. The majority, 78.13 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 because "It makes me sick."

Reason for no flu vaccination	Number of responses	Percentage
Cost of service	21	410%
Transportation	0	0.00%
Inconvenient hours	11	2.15%
Wait time for an appointment	5	0.98%
Lack of provider	6	1.17%
Didn't want one	400	78.13%
Other (please specify)	69	13.48%
Total	512	

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 20.09 percent. This number was much higher, 53.74%, for individuals who do not have health insurance.

PHYSICIAN RECOMMENDATIONS & WELLNESS

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

Adherance to medical advice	Number of responses	Percentage
About half the time	150	5.85%
All the time	784	30.55%
Less than half the time	29	1.13%
Most of the time	1,603	62.47%
Total	2,566	

Respondents were also asked if they take all prescribed medications as directed by their healthcare provider. Majority of respondents, 93.23 percent, answered Yes, with 6.77 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 at 20.81 percent, and Delaying filling prescriptions due to cost, 16.78 percent.

When asked how long it has been since their last routine checkup or physical exam, a majority of respondents, 72.62 percent, answered Within the last 12 months. 15.71 percent responded Between 1–2 years, and 7.47 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 52.05 percent answered Within the last 12 months, 22.6 percent Between 1–2 years, and 15.07 percent Between 2–5 years.

COVID-19 PANDEMIC

Survey takers were asked questions related to the COVID-19 pandemic to gauge the impact it has had on needs such as healthcare access, mental health, and financial stability. When asked if they or anyone in their household had been tested for COVID-19, 51.06 percent of respondents answered Yes and 48.94 percent answered No. Respondents who answered Yes were asked to provide the reason, 29.19 percent cited having Had COVID-19 symptoms.

Reason for COVID test	Number of responses	Percentage
Had COVID-19 symptoms	486	29.19%
Pre-surgery or procedure test	296	17.78%
Exposure to someone positive at home	139	8.35%
Exposure to someone positive at work	330	19.82%
Other (please specify)	414	24.86%
Total	1,665	

Respondents were given a multiple selection question that asked if they have had trouble accessing any of the following during the course of the pandemic. The top responses were Time with family/friends, 78.15 percent, Exercise, 34.04 percent, and General healthcare/doctor at 20.37 percent.

Trouble accessing	Number of responses	Percentage
Time with family/friends	1,692	78.15%
Exercise	737	34.04%
General healthcare/doctor	441	20.37%
Groceries	395	18.24%
Spirtual support	294	13.58%
Other (please specify)	242	11.18%
Prescriptions	104	4.80%
Total	2,165	

When asked if during the pandemic they or their family have needed help getting enough food, paying for bills, rent or mortgage, finding childcare or primary care providers, 22.84 percent answered Yes and 77.16 percent answered No. Those who answered Yes were asked how frequently they found themselves in need of help, 37.57 percent stated About half the time, 33.86 percent stated Less than half the time, 20.11 percent Most of the time, and 8.47 percent All the time.

As an inquiry into the pandemic's effect on mental health, respondents were asked how often, within the timeframe of the pandemic, they have felt an increase of depression, anxiety, isolation or other related issues. 23.05 percent of respondents said About half the time, 59.65 percent answered Less than half the time, 12.85 percent answered Most of the time, and 4.45 percent All the time.

UNDERSERVED POPULATIONS

Special attention was given to the input received from members of the community whose responses indicated they fall into minority 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 Anxiety, 64.62 percent, and Depression, 63.08 percent.

Mental health diagnosis	Percentage (Overall survey)	Percentage (LGBTQ+)
Anxiety	42.56%	64.62%
Depression	38.53%	63.08%
Attention deficit hyperactivity disorder (ADD/ADHD)	19.07%	27.69%
None	41.85%	20.77%
Suicide attempt/suicide thoughts	6.57%	18.46%
Abuse (emotional, physical, neglect, sexual, etc.)	4.75%	16.15%
Total	2,528	130

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 (Overall survey)	Percentage (LGBTQ+)
0-3 days	57.32%	38.93%
4-10 days	23.02%	30.53%
11-15 days	8.85%	9.92%
16-24 days	5.87%	9.92%
More than 24 days	4.93%	10.69%
Total	2,554	131

Racial minority groups

Survey respondents were asked if they believe their race affects their health needs and were given a list from which to choose. After results were stratified to remove white respondents, results show 41.93 percent of respondents answered None. Among those who selected from the list, Stress/threats of racial discrimination was the top response at 20.46 percent, followed by Not being able to find a doctor/provider who is my race at 17.37 percent.

Race effect on health	Number of responses	Percentage
Stress/threats of racial discrimination	53	20.46%
Cannot find doctor/provider who is my race	45	17.37%
Lack education resources relative to my race	40	15.44%
Inadequate care by doctor/hospital	31	11.97%
Genetic disease/disorder (i.e., sickle cell anemia)	23	8.88%
Language or cultural barriers	26	10.04%
Unsafe housing or unstable neighborhoods	16	6.18%
Other (please specify)	14	5.41%
Delayed or inadequate prenatal/ pregnancy care	11	4.25%
Total	259	

Differences were seen in the non-white response for questions relating to socioeconomic status. When asked if in the last year (2019) the respondent had issues paying for utilities, 21.85 percent answered Yes and 78.15 percent answered No. This is in comparison to 12.16 percent who answered No in the overall survey response. The top two responses include trouble paying for Electricity, 25.38 percent, and Rent/ mortgage, 23.35 percent.

Difficulty paying for utilities	Percentage (Overall survey)	Percentage (non-white)
No	87.84%	78.15%
Yes	12.16%	21.85%
Total	2,550	325

When asked if the respondent's household income is enough to support their family, 74.61 percent answered Yes and 25.39 percent answered No. This is compared with 13.54 percent who answered No among white respondents. Among those who answered No, 48.85 percent answered Barely enough and 51.15 percent answered More than enough.

Household income	Percentage (Overall survey)	Percentage (non-white)
Barely enough	39.14%	48.85%
More than enough	60.86%	51.15%
Total	2,026	217

CHNA CONTINUITY

For continuity in CHNA data reporting, selected questions that were asked in both the 2018 and 2021 CHNA survey are compared to show progress.

Health status tracking from 2018 through 2021 shows a more equal distribution of respondents listing their health status as Good or Very Good. Fewer respondents listed their health status as Okay in 2021 as compared with 2018.

Health status	2018	2021
Excellent	11.00%	10.26%
Very Good	32.00%	36.54%
Good	39.00%	36.61%
Okay	16.00%	13.91%
Not Good	2.00%	2.68%

CHNA survey data shows an improvement in healthcare coverage among survey respondents over the past six years, going from 18 percent uncovered individuals in 2018 down to almost 6 percent in 2021.

Healthcare coverage	2018	2021
Some kind of healthcare coverage	79.70%	93.98%
Do not have healthcare coverage	18.10%	5.98%

When comparing data for how much time respondents go between routine health visits, 2021 responses show that individuals are waiting slightly longer in between their routine checkups. It is believed that COVID-19 may have impacted the ability to see a doctor for annual visits, resulting in longer wait times than in previous years.

Time between health visits	2018	2021
Within the last 12 months	76.40%	72.62%
Between 1-2 years	12.60%	15.71%
Between 2-5 years	6.20%	7.47%
Don't know/not sure	3.80%	3.27%
Never	0.90%	.93%

One major improvement from the 2018 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.

Mental health stigma	2018	2021
Not seeking mental healthcare due to fear of stigma	29%	20.64%

SIGNIFICANT COMMUNITY HEALTH NEEDS

One of the most anticipated results from the survey was the "Top Three Suggestions" for improving the health of the community. The survey listed 22 options, from which the respondents selected their top three choices. The table below depicts what the community has identified as the significant community health needs. By most tallies, those selections were: Access to mental health care, Improve nutrition and eating habits, Access to wellness resources (fresh foods, nutrition classes, gyms, etc.), Access/affordability of medication, and Increase participation in physical activities and exercise programs.

Top five community health needs: overall	
1. Access to mental healthcare	701
2. Improve nutrition and eating habits	675
3. Access to wellness resources (fresh foods, nutrition classes, gyms, etc.)	590
4. Access/affordability of medication	575
5. Increase participation in physical activities and exercise programs	571

Due to the racial demographic makeup of the community, and therefore the survey, the top five community health needs identified by the overall survey response did not reflect the needs set forth by the non-white population. To address this issue, ethnic/racial group responses were weighted to align with the demographics of the community population. The top five health needs were re-examined after weighting. The top health needs remained the same. However, when significant health needs were stratified by minority group, a different set of top five health needs were uncovered. The top health need identified among racial/ethnic minority groups was to reduce racism and racial inequality. 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. During the implementation and strategy planning, proper consideration to the differing needs of racial/ethnic minority groups, will be considered.

Top five community health needs: racial/ethnic groups	
1. Address racism/racial inequality	96
2. Access to wellness resources (fresh foods, nutrition classes, gyms, etc.)	89
3. Access to mental healthcare	76
4. Reduce violence	75
5. Availability of good jobs	74

The priority areas for the FY2022-2024 implementation strategy were developed through conversations regarding the results from the primary data collection, along with other activities and resources existing in the community. The conversations began in December 2020 and continued through May 2021. Due to primary data collection consisting entirely of quantitative information from the survey, the Community Health Needs Advisory Committee was able to evaluate 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, as well as utilizing secondary health statistics, in order to develop an approach for 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 those brought forth by the survey. The Community Health Needs Advisory Committee recommended the following five focus areas:

Mental health — 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 potential solutions. The category encompasses a number of different topics, including mental health conditions, access to mental health services, and insurance coverage.

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 a nutritious diet and maintenance of a healthy body weight vital to reducing the risk of chronic disease, is the primary action SJHS will address. SJHS believes increasing the quality, availability and effectiveness of educational and community-based programs designed to improve health and fresh food availability will promote healthy eating habits to enhance quality of life.

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, meal 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.

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 essential 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, as they are already being addressed by other community organizations.

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. Even small increases in physical activity are associated with health benefits.

LESSONS LEARNED

SJHS took a quantitative approach to the 2021 CHNA. Survey results were used to gain input from our community members on how to improve SJHS services for the most vulnerable populations. Basing the analysis entirely on the use of completed surveys, and allowing community members to privately express their concerns, provided us a better understanding of what concerns are most important and need to be addressed.

This CHNA reporting of results combines both St. Joseph and Marshall Counties as opposed to separate reporting as in past years. Attention to the unique demographics in both counties has been given and implementation strategies have been tailored accordingly in collaboration with our partners in both counties. Carrying out the response to the identified health needs will still require the active participation of the Mishawaka Medical Center in St. Joseph County and the Plymouth Medical Center in Marshall County. Joint reporting of results will continue for future CHNA processes for better comparability.

SJHS highly values the input of our community members and this is why 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 from a wide demographic 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 more clear 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 continuously 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. The St. Joseph County Health Department (SJCHD) has prioritized COVID-19 prevention and control as the top pressing health need since 2020. Also on the agenda is infant mortality, preconception care, and lead poisoning. While 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.

As seen in CHNA responses in years past, the focus of the community was disease information. Respondents also wanted community action related to non-communicable diseases. We now see a change in community behavior from disease information to preventive action and healthy living. This shift shows a change in our community and a desire to take preventive steps regarding a potential health problem. There is a correlation between reported health problems and preventive measures.

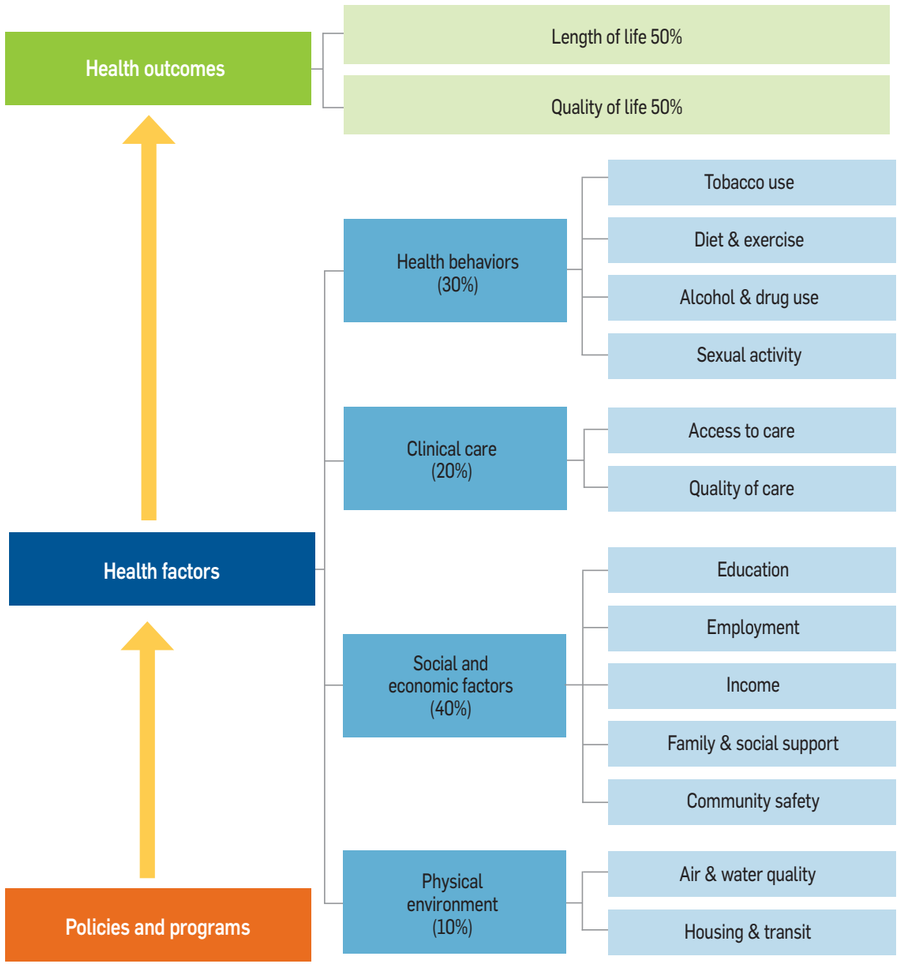
COUNTY HEALTH RANKINGS

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 2021 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 Figure 2, provide an analysis for comparing secondary data with the information gathered from the survey in our 2021 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
- United States Census Bureau/Small Area Health Insurance (SAHIE) Program/March 2018
- United States Census Bureau/Small Area Income and Poverty Estimates (SAIPE) Program, December 2018

Figure 2. Robert Wood Johnson County Health Ranking methods chart.



According to the Robert Wood Johnson Foundation, St. Joseph County ranks 54th out of 92 counties in overall Health outcomes in the state of Indiana. This ranking places St. Joseph County five counties better than in 2020 compared to 2019. St. Joseph County also improved in the Health factors ranking during the same time by rising from 70th to 62nd. The areas with the greatest opportunities for improvement are social and economic factors, and physical environment. Unemployment rates stayed the same from 2019, although this may not reflect the full impact of the COVID-19 pandemic. The percentage of children in poverty dropped by 3 percent and is now on par with the Indiana average. In "Social Associations," St. Joseph County performs significantly worse than the top 10 percentile, and even worse than the Indiana average. Violent crime in St. Joseph County is still significantly higher than the Indiana average and the US average.

Marshall County ranks 24th out of 92 counties in overall Health outcomes in the state of Indiana. This ranking is three counties worse than 2020 when compared to 2019. Marshall County also scored poorer in the Health factors ranking during the same time by dropping from 53rd to 61st. This is due to poor ratings associated with health behaviors, thus creating a need for improvement in certain areas. Adult obesity has increased 3 percent in Marshall County since 2019, and is much higher than both the Indiana and U.S. average. This is most likely associated with the rise in physical inactivity levels since 2019, which is also much higher than the Indiana and U.S. average. One alarming statistic is the 11 percent jump in alcohol-impaired driving deaths in Marshall County since 2019. It is now much higher than the Indiana and U.S. average.

It will take strong improvement efforts towards education and prevention 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 additional 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. The struggle to improve high school graduation rates and the low rates of advanced education likely result in higher rates of poverty seen in St. Joseph County. In terms of community member perceptions in 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.

Many factors play a part in the high rates of excessive drinking and alcohol-impaired driving deaths seen in our area. One of those factors is the number of poor mental health days per month which ranked high in the state of Indiana. This high level likely impacted the increased rates of alcohol and other substance abuse issues experienced. The unhealthy, unhappy population is attempting to self-medicate rather than seek available community resources, if available. Not only was mental health one of the most frequently mentioned topics in the CHNA, it is the top need identified in the 2021 CHNA strategic priorities.

Table 2 (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.

Robert Wood Johnson County Health Rankings — St. Joseph & Marshall Counties, Indiana 2019/2020

Health measure	St. Joseph County '19	St. Joseph County '20	Marshall County '19	Marshall County '20	Indiana	Top U.S. performers
Health outcome	59	54	21	24		
Length of life	45	44	18	19		
Premature death/100,000	8,200	8,200	6,800	6,900	8,300	5,500
Quality of life	74	64	30	35		
Poor or fair health	17%	19%	16%	18%	20%	12%
Poor physical health days per month	4.1	4	3.9	4.1	4.2	3.1
Poor mental health days per month	4.2	4.6	4.2	4.6	4.7	3.4
Low birthweight	8%	8%	6%	7%	8%	6%
Health factors	70	62	53	61		
Health behaviors	64	60	51	76		
Adult smoking	20%	19%	19%	21%	22%	14%
Adult obesity	32%	33%	38%	41%	33%	26%
Food environment index	7.2	7.2	8.4	8.4	7.1	8.6
Physical activity	25%	25%	27%	32%	27%	20%
Access to exercise opportunities	82%	85%	77%	54%	75%	91
Excessive drinking	17%	19%	19%	17%	18%	13
Alcohol-impaired driving deaths	34%	29%	22%	25%	20%	11
Sexually transmitted infections/100,000	312	389.7	437.9	240.9	514.2	161.4
Teen births	34	29	30	25	27	13
Clinical care	14	10	75	62		
Unisured	10%	10%	14%	13%	10%	6%
Primary care physicians	1060:1	1,100:1	2,330:1	2,320:1	1,510:1	1,030:1
Dentists	1740:1	1720:1	2,450:1	2,310:1	1,780:1	1,240:1
Mental health providers	470:1	440:1	990:1	980:1	620:1	290:1
Preventable hospital stays	4,312	3,950	4,261	3,920	5,006	2,761
Diabetic screening	38%	41%	32%	36%	42%	50%
Mammography screening	50%	51%	49%	50%	49%	53%
Social & economic factors	67	64	30	33		
High school graduation	85%	85%	90%	90%	84%	96%
Some college education	65%	65%	52%	51%	63%	73%
Unemployed	3.60%	3.60%	3.00%	3.20%	3.40%	2.60%
Children in poverty	21%	18%	15%	14%	18%	11%
Income inequality	4.6	4.6	3.9	4.1	4.4	3.7
Single-parent households	36%	36%	26%	23%	34%	20%
Social associations	11.4	11.3	15.7	15.1	12.3	18.4
Violent crime	426	426			385	63
Injury mortality	71	73	61	60	77	58
Physical environment	91	91	89	90		
Air pollution/particulate matter	12.8	12.8	12.7	12.7	11.8	6.1
Drinking-water violations	Yes	Yes	Yes	Yes		
Severe housing problems	13%	13%	12%	13%	13%	9%
Driving alone to work	82%	82%	80%	79%	83%	72%
Long commute – driving alone	2%	22%	30%	29%	31%	16%

Improve in rank

Drop in rank

Same rank


BROWNBERRY
ORGANIC
100% WHOLE GRAIN
BROWNBERRY
Whole Grains
12 GRAIN
BREAD
No Artificial Colors Or Flavors
No High Fructose Corn Syrup

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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