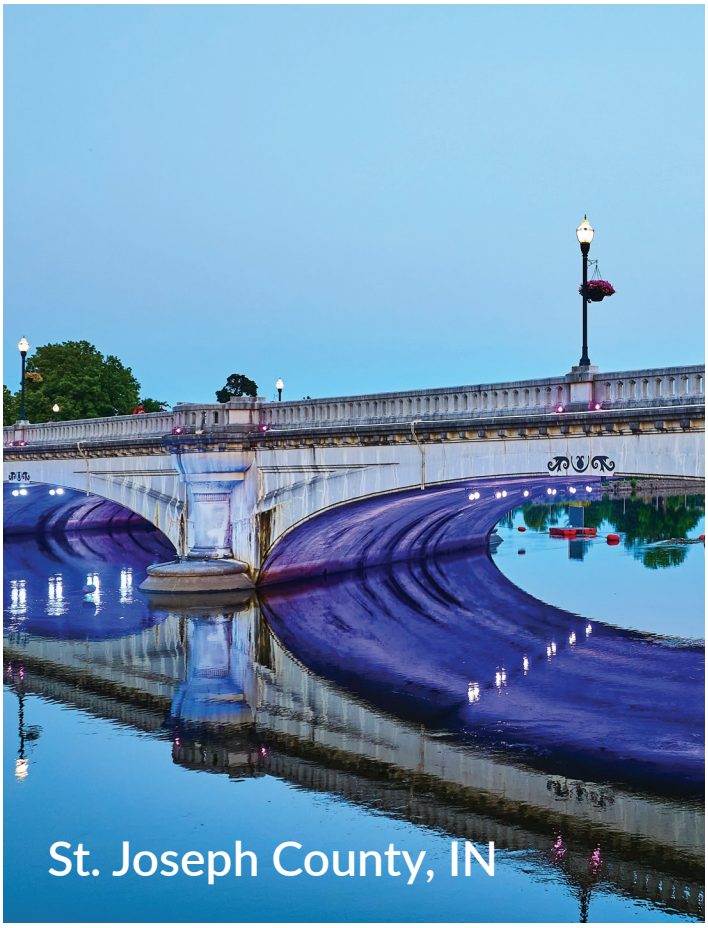
2024
Community Health Needs Assessment Report

BEACON™
HEALTH SYSTEM


Elkhart County, IN


Marshall County, IN


St. Joseph County, IN


St. Joseph County, MI

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Beacon Health System is well positioned to address the access to providers' challenges within the communities it serves along with other community needs identified from the Community Health Needs Assessment process.

Message from the Director

Dear Community Members,

At Beacon Health System, our mission to deliver outstanding care, inspire health, and connect with heart drives everything we do. As a locally owned, not-for-profit health system, we are deeply committed to the health and wellbeing of the communities we serve across Indiana and Michigan. This commitment extends beyond the walls of our hospitals and clinics to address the broader needs of the communities we proudly call home.

The Community Health Needs Assessment (CHNA) represents a vital step in understanding and addressing those needs. Through this systematic process, we have gathered comprehensive data and listened to the voices of our community to identify the most pressing health concerns. This collaborative effort provides us with the insights necessary to prioritize these needs and take action to improve the overall health of our neighbors.

This year's CHNA has identified a key priority area that requires our collective focus and resources. As a health system, we are dedicated to aligning our Community Health Improvement Plan (CHIP) with our strategic priorities, ensuring that our efforts are not only intentional but also impactful. By leveraging the full strength of our resources and partnerships, we aim to make a meaningful difference in these areas, driving measurable improvements in health outcomes for the people we serve.

At Beacon Health System, we recognize that addressing the health needs of a community is a shared responsibility. We are honored to collaborate with community organizations, stakeholders, and individuals who share our vision for a healthier tomorrow. Together, we can build stronger, healthier communities where every person has the opportunity to thrive.

Thank you for your partnership, support, and shared commitment to this important work. We are excited about the opportunities ahead and look forward to making a lasting impact—together.

We extend our deepest gratitude to the Community Health Advisory Council for their invaluable guidance and partnership in advancing our understanding of the health needs of our communities. A special thank you to Cassy (Cassandra) White, Manager of Community Health Outcomes, for her exceptional leadership and commitment to this important work.

With heartfelt gratitude,

Kimberly G. Reeves

Kimberly Green Reeves, MPA
Executive Director
Community Impact
Beacon Health System

> By leveraging the full strength of our resources and partnerships, we aim to make a meaningful difference in these areas, driving measurable improvements in health outcomes for the people we serve.

Executive Summary

The health of our communities has changed over the past decade. In the past, the health care industry has focused on health outcomes. However, recent research has shown that approximately 80% of health outcomes are driven by socioeconomic factors, the built environment, and lifestyle choices. In the field of medicine today, you can't ignore a person's housing status, mode of transportation, and ZIP code.

The global COVID-19 pandemic exacerbated many long-term community challenges, such as affordable housing, childcare, and the mental health crisis. While our communities are living in a post-pandemic time, the impacts of the pandemic are still seen and heard in our communities today.

Health care in north central Indiana has changed in recent years. Beacon Health System has expanded its small hospital system to include Three Rivers Health Hospital. The system serves diverse residents in both urban and rural communities across the four counties. Regardless of where community members live, common themes were identified as part of the Community Health Needs Assessment. Many residents identified the need for more providers in the community to meet the growing health care needs in the area.

The Association of American Medical Colleges (AAMC) projects that the United States will have a physician shortage of up to 86,000 physicians by 2036[1]. The 2024 report identified that a significant number of physicians will reach retirement age over the next decade, which can lead to a decrease in the number of physicians. Additionally, with the shifting demographics of the local and national populations, by 2036, it is estimated that 34.1% of the United States population will be over the age of 65. Older adults tend to need more health care services as they age, which may increase the demand of all providers from nursing to specialty care.

From January through September 2024, Beacon Health System worked diligently alongside the Health Advisory Council and Equity Champions to research and gather community insights for the Community Health Needs Assessment (CHNA). A total of 49 needs were identified from the mixed method research. Through a multi-stage needs prioritization process, Access to Providers rose as the top community priority area for the four-county Beacon service area. (add the access to provider box from page 14). Through the research and needs prioritization process, provider is defined broadly and beyond a medical provider. The community, Health Advisory Council, and Equity Champions define provider as someone who provides for the community or Beacon patient; a provider is someone who assists a community member to address their need, whether it be medical care, peer mental health support, or finding access to food.

Beacon Health System is well positioned to address the access to providers' challenges within the communities it serves along with other community needs identified from the Community Health Needs Assessment process.

[1] **AAMC. New AAMC Report Shows Continuing Projected Physician Shortage.**
https://www.aamc.org/news/press-releases/new-aamc-report-shows-continuing-projected-physician-shortage

Beacon Health System

Headquartered in South Bend, Indiana, with 20 specialized partners and nearly 8,000 associates throughout the region, Beacon connects you with the care you and your family need to be your very best. That takes expertise. We are the regional leader in comprehensive, integrated services — from childbirth and pediatrics to cancer, trauma, heart and vascular, stroke, orthopedics and sports medicine, surgery, mental health and so much more. Our passion is not only saving lives, but also making them better. That's why we created a health care system that is here for people no matter where they are … in their physical location or in their wellness journey. We have locations across the region that provide a wide variety of expert, nationally recognized services available only at Beacon. This ensures everyone is connected with the care they need so they can live their best lives, right here.

MISSION

We deliver outstanding care, inspire health, and connect with heart.

Memorial Hospital of South Bend

Memorial Hospital includes 434 staffed beds with more than 600 physicians on staff representing more than 35 medical specialties. Memorial Hospital has been recognized numerous times for its quality patient care, including an INSpire award from the Indiana Hospital Association as a Hospital of Distinction and certification as a Perinatal Center by the Indiana Department of Health.

Beacon Children's Hospital

Beacon Children's Hospital is the region's only comprehensive children's hospital. We welcome and treat children from 31 referring hospitals across 15 counties throughout Michigan and Indiana. We have all the expertise of a large health system and deliver the warm and friendly pediatric care you'd expect from a community hospital.

Elkhart General Hospital

For over 100 years, the highly skilled professionals of Elkhart General Hospital have been providing comprehensive medical care to Elkhart and surrounding communities. We are a patient-first health care organization whose ongoing mission is to help create healthier communities throughout Michiana. We carry out that mission one patient at a time. One family at a time. We carry out that mission by always putting our patients' needs first.

Our main hospital campus is situated in the City of Elkhart beside the beautiful St. Joseph River. Our full-service, 357-licensed-bed main hospital is comprised of over 300 physicians representing more than 30 medical specialties, and nearly 2,000 employees serve in nursing, technical, administrative, and support capacities.

Memorial Epworth Center

Memorial Epworth Center operates a 50-bed psychiatric hospital for adults and adolescents ages 13 and above. Services provided include short-term stabilization and support to people who are experiencing a psychiatric emergency that cannot be managed in an outpatient setting.

Prior to discharge, patients and staff work together to create a safety plan and comprehensive discharge plan, which includes linking patients to other, less intensive services to help prevent future emergencies.

Community Hospital of Bremen

Our 24-bed critical access hospital employs 170 associates and serves Bremen, Indiana, and the surrounding communities. As part of Beacon Health System, patients have access to providers, resources and services from across the entire health system.

The hospital provides the community with: Emergency Department; diagnostic imaging and lab; radiology, including MRI, CT and ultrasound; surgery; obstetrics; sleep lab; mammography; physical and occupational therapy; occupational health; swing bed services; and infusion therapy.

Three Rivers Health Hospital

For more than a century, Three Rivers Health Hospital has served St. Joseph, Kalamazoo and surrounding southern Michigan communities. Three Rivers Health Hospital employs about 550 associates in the hospital and 16 clinics. We offer a variety of inpatient and outpatient services, including emergency care, inpatient rehabilitation, orthopedics and women's health. Beacon Health & Fitness Three Rivers is a fitness center at the hospital's campus.

I-Med, Three Rivers Health's urgent care, provides a wide range of convenient and timely health care services. These services are available to individuals and local businesses with no appointment necessary. Our testing and diagnostic capabilities keep our community healthy. From allergies to X-rays, our expert team specializes in the prompt treatment of common illnesses and injuries.

Memorial Hospital of South Bend

Beacon Children's Hospital

Elkhart General Hospital

Memorial Epworth Center

Community Hospital of Bremen

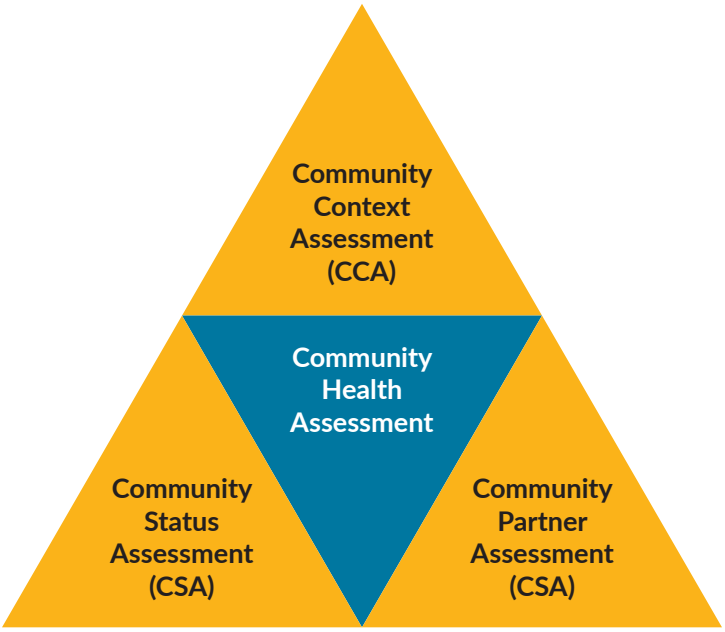
Three Rivers Health Hospital

Background

Community Health Needs Assessments (CHNA) are requirement of all not-for-profit hospitals by the U.S. Patient Protection and Affordable Care Act (ACA) of 2010. Governed by the Internal Revenue Services (IRS), hospitals are required to complete these assessments every three years. While CHNAs may be a regulatory requirement for hospitals, Beacon Health System views Community Health Needs Assessments as an opportunity to engage the communities they serve throughout their four-county service area, and a way to better understand the health and social needs of its community members. The results of the process are used to plan, manage, and evaluate community health initiatives.

MAPP 2.0

The Beacon Health Community Health Needs Assessment (CHNA) deployed a regional, highly interactive strategy to learn the insights, experiences, ideas, and perceptions of the needs of the four counties that Beacon has hospitals located in, which include St. Joseph County (IN), Elkhart County, Marshall County, and St. Joseph County (MI). To establish a foundation for continued efforts to address high-priority needs, Beacon integrated an approach supporting the MAPP 2.0 framework. Developed by the National Association of County & City Health Officials (NACCHO), MAPP 2.0 is a community-driven community assessment and planning process designed to support health equity while focusing efforts on strategic, prioritized needs.



MAPP 2.0 also helps to recognize and align resources across integrated sectors of the community by emphasizing diverse and inclusive assessment and planning activities to affect change and support policy, systems, and environmental initiatives. The process is instrumental in achieving an impactful CHNA. In this assessment, the MAPP 2.0 structure was used to connect with diverse communities across Beacon's service area, learn their insights, engage stakeholders and service organizations, prioritize high priority needs and establish pathways to address the needs via the Beacon Community Impact work.

The MAPP 2.0 structure has three primary components: Community Status Assessment, Community Partner Assessment, and Community Context Assessment. Each are described below, along with CHA activities supporting each component.

As suggested in the graphic above, the CHNA components work together to effectively engage community members, provide a foundation of data-supported conclusions, and be inclusive of hard-to-reach community groups.

Community Status Assessment (CSA)

The CSA includes a foundation of secondary research data and other existing materials that inform the understanding of the county in terms of demographics, health status, health inequities, social drivers of health (SDOH) issues, and trends. The CSA helps to do things such as the following:

- Show data-supported demographic trends
- Identify communities that are statistically at greater risk of poor health outcomes
- Better understand which community groups may need greater outreach or more services; groups may be identified by age (e.g., seniors), race, ethnicity, income, geographic location (e.g., city or town), or other characteristics

The CSA includes data from sources such as the U.S. Census Bureau American Community Survey, the CDC's Behavioral Risk Factor Surveillance System (BRFSS), various federal government agencies and State of Indiana and Michigan divisions, among others.

In addition to the data sources above, the CSA included review of prior needs assessments from the service area. In total, the CHNA research activities within the CSA help address questions such as the following:

- "What does the status of your community look like, including health, socioeconomic, environmental, and quality-of-life outcomes?
- "Which populations experience inequities across health, socioeconomic, environmental, and quality-of-life outcomes?
- "How do systems influence outcomes?"[2]

Community Partner Assessment (CPA)

The CPA process in this assessment allows community partners to comprehensively review (1) individual systems, processes, and capacities; and (2) collective capacity as a network of community partners to address health inequities.

The CPA begins with the review of existing resources, including internal Beacon programs and resources. To continue to be helpful to the community, a second step is to ensure that processes exist to update and share community partner information. The CHNA-related activity is to review existing resource guides and understand processes in place to continually update them, as well as to make them accessible to community organizations and county residents.

Community partnerships form the required network of support for all or most public health improvement. Rarely can a single agency address the breadth of interrelated needs present among community members. Community-focused organizations must share information and collaboratively serve the community.

Per NACCHO, the CPA has five goals:

1. Describe why community partnerships are critical to community health improvement (CHI) and how to build or strengthen relationships with community partners and organizations.
2. Name the specific roles of each community partner to support the local public health system and engage communities experiencing inequities produced by systems.
3. Assess each MAPP partner's capacities, skills, and strengths to improve community health, health equity, and advance MAPP goals.
4. Document the landscape of MAPP community partners, including grassroots and community power-building organizations, to summarize collective strengths and opportunities for improvement.
5. Identify whom else to involve in MAPP and ways to improve community partnerships, engagement, and power-building.[3]

Community Context Assessment (CCA)

The CCA includes tools and approaches designed to collect and analyze qualitative data. By engaging community members, key stakeholders, and others in qualitative research (e.g., stakeholder interviews, focus group discussions, etc.), the CHNA absorbs insight that reflects lived experiences of community members. CCA data supplements and provides greater focus to secondary data (CSA).

During CCA activities, community members share insights about helpful resources, organizational strengths and assets, culture and cultural nuances, and priorities – in addition to needs and service gaps. The CCA-related activities also helped further develop community relationships that will be invaluable as the process moves into the CHIP phase (and ultimately deploys initiatives to address priority needs).

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[2] **NACCHO. Mobilizing for Action through Planning and Partnerships. Available at https://www.naccho.org.**

[3] **NACCHO. Mobilizing for Action through Planning and Partnerships. Available at https://www.naccho.org.**

As noted in NACCHO documentation, the CCA seeks to understand the following:

- "What strengths and resources does the community have that support health and well-being?
- "What current and historical forces of change locally, regionally, and globally shape political, economic, and social conditions for community members?
- "What physical and cultural assets are in the built environment? How do those vary by neighborhood?
- "What is the community doing to improve health outcomes? What solutions have the community identified to improve community health?"[4]

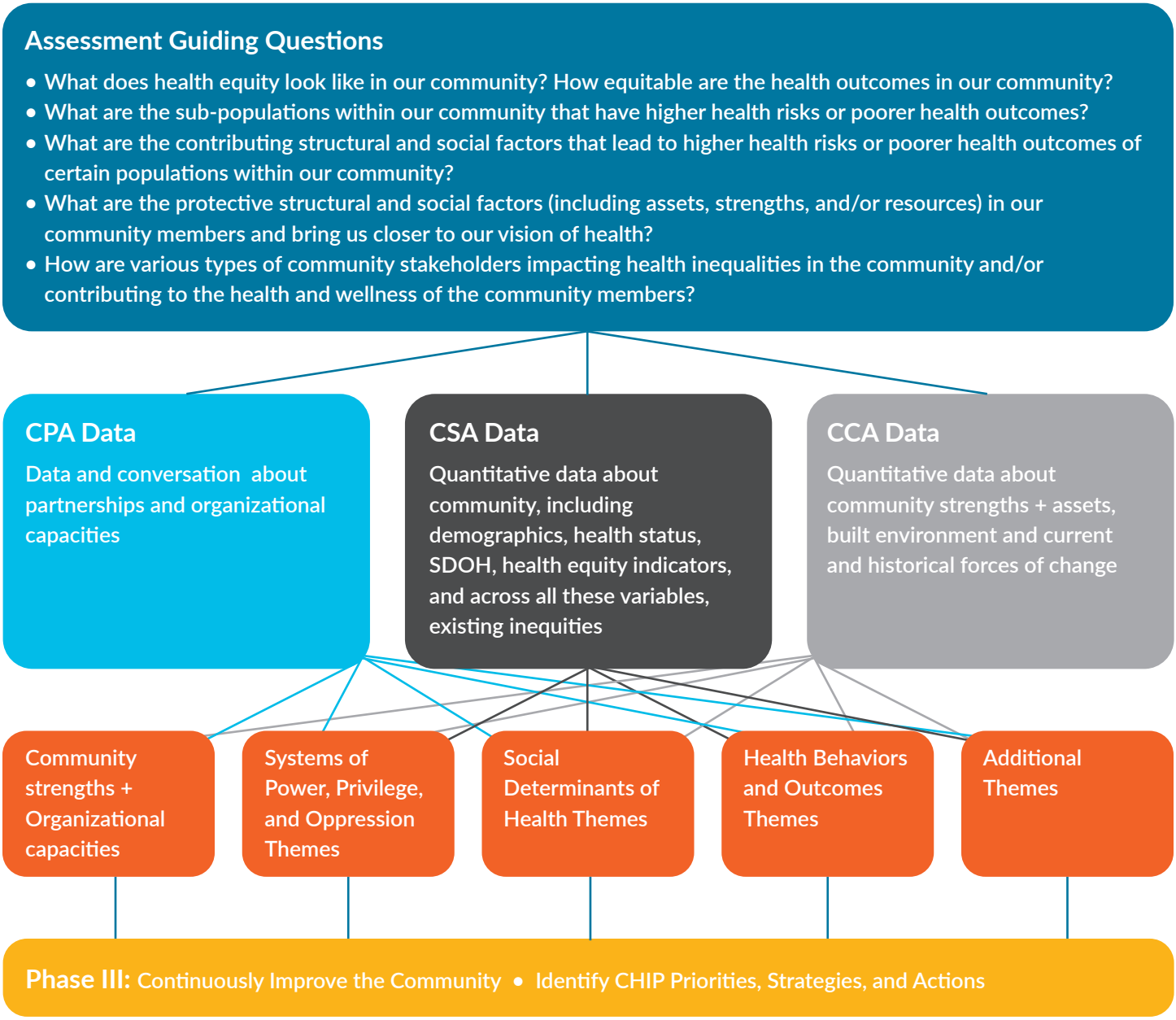
Graphic presentation of the MAPP 2.0 framework.

Source: Mobilizing for Action through Planning and Partnerships 2.0 Handbook

[4] NACCHO. Mobilizing for Action through Planning and Partnerships. Available at https://www.naccho.org.

Exhibit 1: MAPP 2.0 Framework[5]

MAPP Goals, Guiding Questions, Assessment, and Analysis Overview



Approach seeks to:

- Center lived experience/expertise of communities experiencing inequalities produced by systems
- Focus on assets and strengths rather than deficits
- Name power and historical/structural context and how shapes experiences of privilege and oppression
- Improve functioning, impact and outcomes of systems and services provided

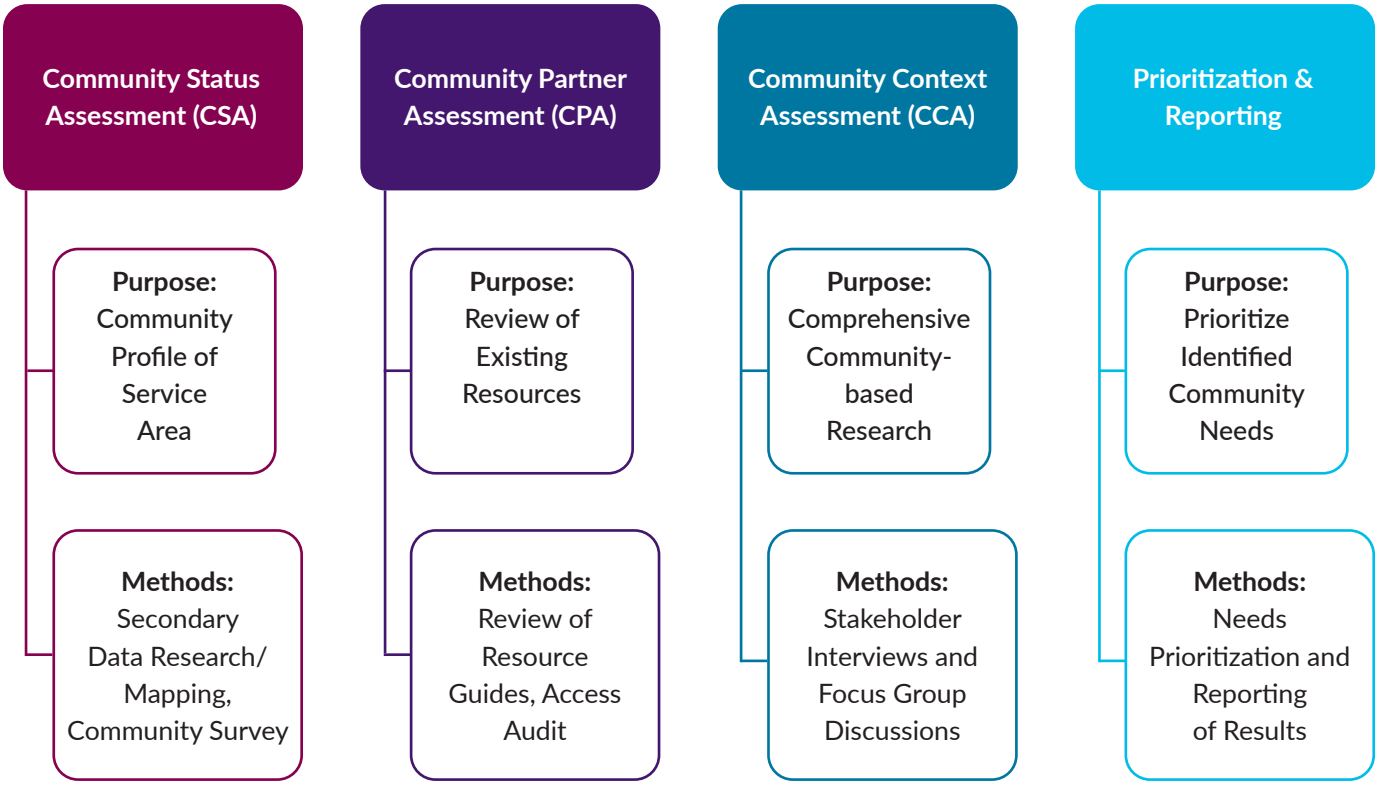
[5] NACCHO. Mobilizing for Action through Planning and Partnerships. Available at https://www.naccho.org.

Assessment Methodology

A mixed-methods approach consisting of a combination of primary and secondary quantitative and qualitative research methods designed to evaluate the perspectives and opinions of community stakeholders, especially those from underserved and underrepresented populations, was implemented between January and September of 2024. The approach included active participation from Equity Champions – select community members and organizational representatives who provided guidance to Crescendo and Beacon Health System to ensure that project materials and approaches were responsive to the broad diversity of county residents.

This CHNA provides a critical process that examines prevailing health issues and conditions while identifying resources and opportunities to meet specific community health needs.

Exhibit 2: Community Health Assessment Methodology



The major research activities employed in this CHNA include secondary research, community surveying, reviewing resource guides, conducting access audits, conducting primary qualitative interviews and focus groups, and conducting a needs prioritization process, all which are explained in more detail below.

Health Advisory Council

Beacon Health System established a multi-county Advisory Council to help guide the oversight of the 2025 Community Health Needs Assessment. Members of the Advisory Council represent community residents and organizations throughout Beacon's four-county service area. Members received MAPP 2.0 training in March 2024, and met monthly throughout the project. Please find a list of names in Appendix I.

Additionally, Advisory Council members participated in stakeholder interviews and/or focus groups, helped host and/or invite community residents to participate in a focus group and participated in the needs prioritization process. The Advisory Council will continue to provide guidance throughout the CHNA cycle on strategies and implementation plans. Please find additional details on the interview and focus groups in the Appendix.

Equity Champions

Beacon Health System is dedicated to understanding health equity and disparities within the communities it serves. To aid in learning more about the needs of underrepresented or historically marginalized communities, Beacon utilized Equity Champions, who are individuals who represent a community and understand the needs of the community well enough to speak on its behalf.

Beacon identified 8 Equity Champions from the community that represent diversity such as geography, demographic groups, and identify. Equity Champions participated in a stakeholder interview, participated in a focus group or helped host and recruit community members for a focus group, and participated in the needs prioritization process. The Equity Champions met regularly throughout the CHNA process.

Community Needs

During the Community Health Needs Assessment process, a total of 49 community needs were identified from the primary and secondary quantitative and qualitative data. A multi-stage needs prioritization process resulted in Access to Providers as the top community priority area for the four-county Beacon service area. As previously stated, provider is defined broadly in the priority area of Access to Providers. The subcategories, cultural competency of providers and community mistrust of providers in their communities includes anyone within the health system that interacts with a patient or community member (i.e. Nurse, front desk staff, cafeteria staff, environmental services).

Access to Providers

- **Primary care provider shortage**
- **Endocrinology**
- **OBGYN, including childbirth at hospitals**
- **Pediatricians**
- **Rheumatology**
- **Neurology**
- **Podiatry**
- **Community health workers or peer support specialist**
- **Cultural competency of providers**
- **Community mistrust of providers in their communities**

Health Advisory Council met monthly starting in December 2023 through the end of 2024.
The Equity Champions met periodically from April 2024 through August 2024.
The needs prioritization process started August 7, 2024 and ended August 26, 2024.

Community Status Assessment

The CSA includes a foundation of secondary research data and other existing materials that inform the understanding of the county in terms of demographics, health status, health inequities, social drivers of health (SDOH) issues, and trends.

Service Area Overview

Beacon Health System's primary service area encompasses four counties in Indiana and Michigan: Elkhart County, Marshall County, St. Joseph County (IN), and St. Joseph County (MI). Each county is diverse in both geography and population.

Secondary Data Research Overview

Secondary data provides an essential framework from which to better understand the fabric of the community. This analysis highlights sociodemographic factors, social drivers of health (SDOH), behavioral health risk factors, and other key indicators to further guide the development of effective strategies to meet evolving needs. The following data was primarily gathered from the United States Census Bureau 2018-2022 American Community Survey (ACS) Five-year Estimates, United States Centers for Disease Control and Prevention (CDC), and the Indiana and Michigan Department of Health, among others.

There is an intentional purpose in using ACS five-year population estimates compared to one-year estimates. Five-year estimates are derived from data samples gathered over several subsequent years and provide a more accurate estimate of measures, especially among numerically smaller high-risk populations or subgroups, compared to one-year estimates, which are based on more limited samples with greater variance.[6]

In addition to collecting key demographic secondary data, research also focused on the SDOH. The SDOH includes a wide range of factors, including, but not limited to, income, education, job security, food security, housing, basic amenities, the environment, social inclusion and non-discrimination, and access to quality affordable health care. These conditions contribute to wide health disparities and inequities.[7]

County Data Profiles

The following pages contain high-level data profiles for each of the four counties that Beacon Health System serves in Indiana and Michigan. Each profile highlights the key findings of the secondary data tables found in Appendix B. Additionally, these data profiles can be utilized as separate documents as needed. Each county contains the following profiles:

- Demographic Overview
- Health Profile
- Housing Profile

[6] **U.S. Census Bureau. American Community Survey - 2010 and 2019 Five-year Estimates.**

[7] **Healthy People 2030. Social Determinants of Health.**

The secondary data review occurred from February 2024 through the end of March 2024.

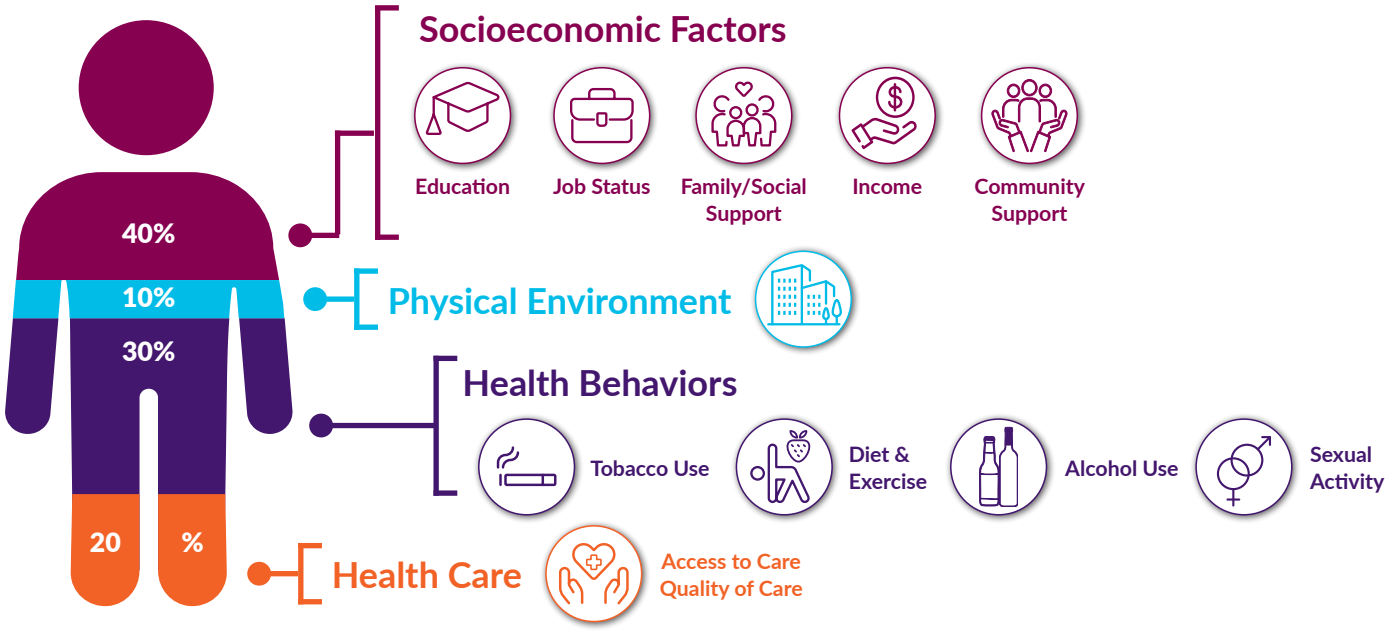
Social Drivers of Health

Social Drivers of Health (SDOH), also known as social determinants of health, are conditions in which people are born, grow, live, play, work, worship, and age. These conditions are shaped by the distribution of money, power, and resources. While HealthyPeople 2030 uses the term "social determinants of health," newer research[8] is suggesting the term "social drivers of health." Throughout the report, the terms might be used interchangeably.

However, when it comes to advancing health equity within communities, the term "social drivers of health" is a more accurate term as "determinants" can have a sense of finality, stripping individuals of their autonomy to mange their own health and well-being. It can also minimize the impact of policies, systems, and structures that fuel racial inequities and minimize the accountability of policymakers and elected officials.

Exhibit 3: Social Drivers of Health Diagram

Source: Crescendo Consulting Group (derived from SDOH literature)



Impact of Social Drivers of Health

SDOH, such as socioeconomic factors, physical environment, and health behaviors drive 80 percent of health outcomes while 20% of a person's health and well-being is related to access to care and quality of services. For example, a person experiencing homelessness may live in unsafe or unhealthy conditions, does not have access to healthy foods or the ability to cook, or does not have access to transportation to attend medical appointments, which may greatly impact their overall health and well-being. This is especially important for people living with chronic diseases or behavioral health conditions.

[8] National Association of Community Health Centers. Social Drivers of Health Initiative. https://www.nachc.org/about-nachc/our-work/social-drivers-of-health/

The Social Vulnerability Index

The Social Vulnerability Index (SVI) was developed by the U.S. Centers for Disease Control and Prevention as a metric for analyzing population data to identify vulnerable populations. The SVI may be used to rank overall population well-being and mobility relative to county and state data. The SVI can also be used to determine the most vulnerable populations during disaster preparedness and public health emergencies, including pandemics.[9]

The SVI measures are grouped into four major categories (see Exhibit 1):

Socioeconomic Status

- Population Living in Poverty
- Unemployed Population
- Population with No High School Diploma

Household Composition & People Living with a Disability

- Age 65 & Over
- Age Below 18
- Population Living with a Disability
- Single-Parent Households

Minority Population & Language

- Minority Population
- Population Who Speaks English
- Less than Very Well

Housing & Transportation

- Multi-Unit Housing Structures
- Mobile Homes
- Crowding
- Population With No Vehicle

Source: CDC/ATSDR Social Vulnerability Inde

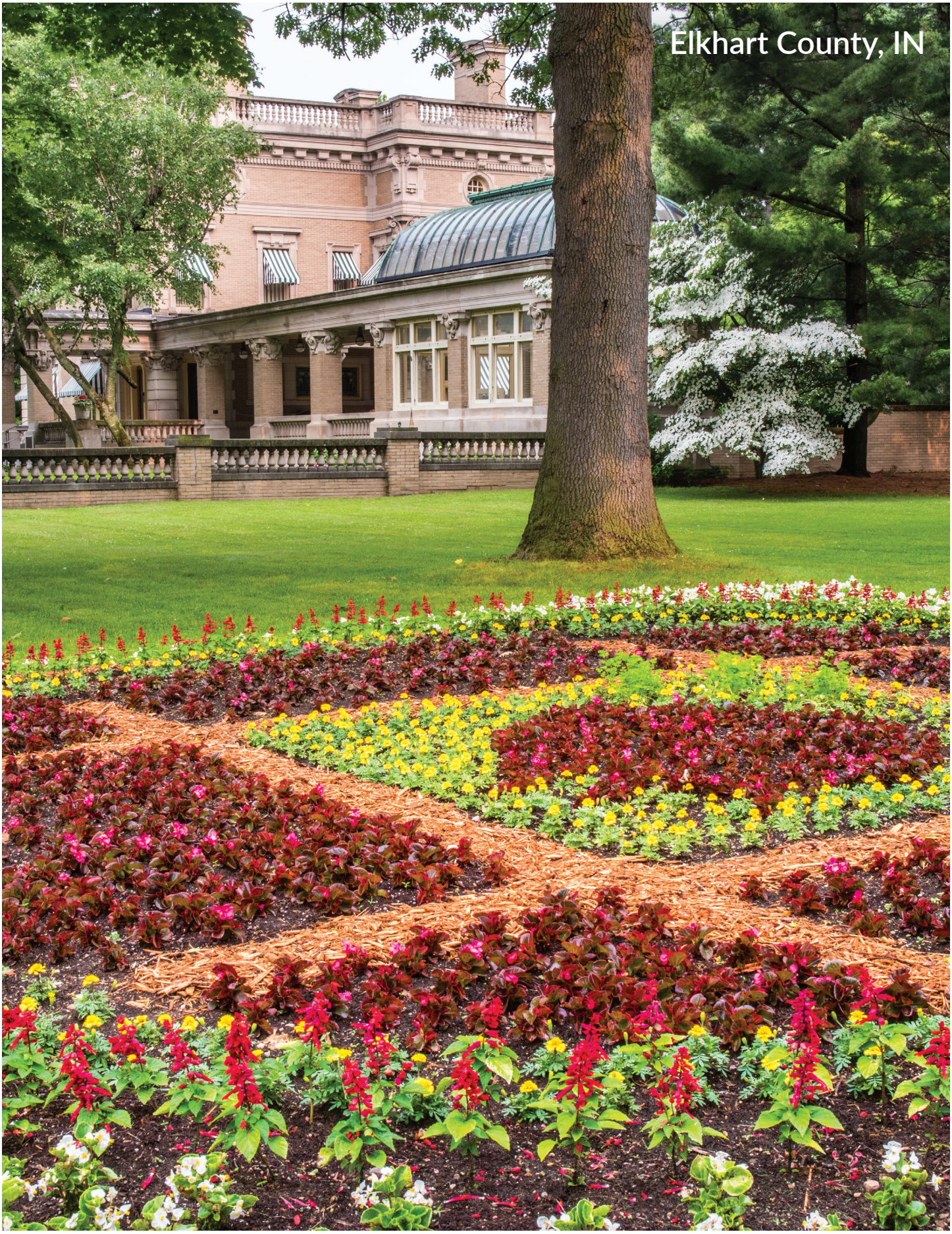
[9] Agency for Toxic Substances & Disease Registry, CDC/ATSDR Social Vulnerability Index.
Link: atsdr.cdc.gov/placeandhealth/svi/index.html

Exhibit 4: Social Vulnerability Index[10]

Category	Measure	Elkhart County	Marshall County	St. Joseph County, IN	St. Joseph County, MI	Indiana	Michigan	United States
Socioeconomic Status	Population Below Poverty Level	12.0%	10.8%	14.4%	12.9%	12.3%	13.1%	12.5%
	Unemployment Rate	3.8%	3.0%	4.8%	5.3%	4.5%	6.0%	5.3%
	Median Household Income	$63,978	$66,016	$61,877	$62,281	$67,173	$67,173	$75,149
	No High School Diploma	17.8%	14.2%	9.1%	12.8%	10.0%	8.2%	10.9%
	Uninsured Population	14.7%	13.1%	7.3%	9.1%	7.7%	5.1%	8.6%
Household Composition & Disability	Under Age 18	27.4%	24.7%	23.2%	24.3%	23.3%	21.4%	22.1%
	Age 65 and Over	15.2%	18.1%	16.3%	18.2%	16.2%	17.8%	16.5%
	Children Living in Single-Parent Households	25.6%	14.9%	27.9%	19.5%	24.1%	25.2%	24.9%
	Living with a Disability	12.5%	12.3%	13.3%	16.6%	13.5%	14.0%	12.7%
Minority Status & Language	Minority Population	26.8%	13.6%	29.4%	14.8%	22.8%	26.5%	41.1%
	Limited or No English Proficiency	7.2%	3.7%	3.5%	3.0%	3.3%	22.8%	8.2%
Household Type & Transportation	Multi-Unit Housing Structures	18.7%	10.2%	21.2%	13.1%	18.7%	18.2%	26.5%
	Mobile Homes	8.3%	7.4%	1.6%	7.5%	4.5%	5.1%	5.8%
	No Vehicle for Housing Unit	8.4%	6.1%	6.8%	8.2%	6.2%	7.2%	8.3%
	Overcrowded Housing Units	2.5%	1.7%	1.7%	1.5%	1.7%	1.6%	3.4%
	Group Quarters	1.6%	1.7%	4.4%	1.1%	2.6%	2.2%	2.4%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimate

[10] **Minority Population: The data values were calculated by taking the total population minus the white (not Latino, not Hispanic) population.**
Link: https://catalog.mysidewalk.com/columns/1248/


Elkhart County, IN

Elkhart County, Indiana

Demographic Overview

Total Households
71,751

Population by Age

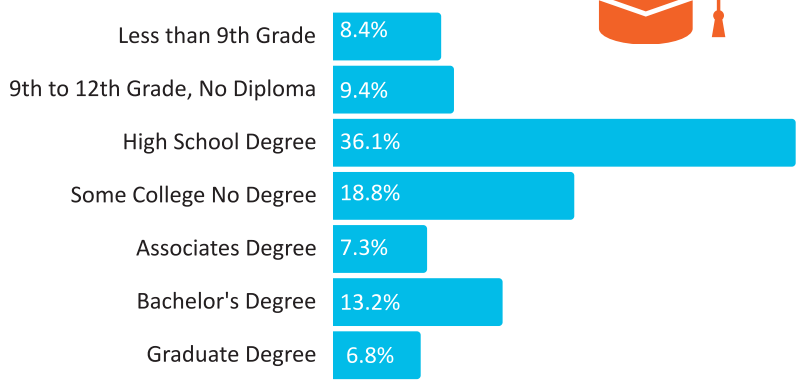
Age Under 18	Age 18-64	Age 65+	Median Age
27.4%	**57.5%**	**15.2%**	**35.6**

79.6% White

17.3% Hispanic / Latino

21.7% Speak a Language Other than English at Home

Education



Median Household Income
$63,978

Households Below Poverty Level
12.0%

Population Living with a Disability
12.5%

Veterans
5.2%

Population Change

2010		2022		2031
197,559	**+4.7%**	**206,841**	**+9.7%**	**226,878**

Employment

Top Industries

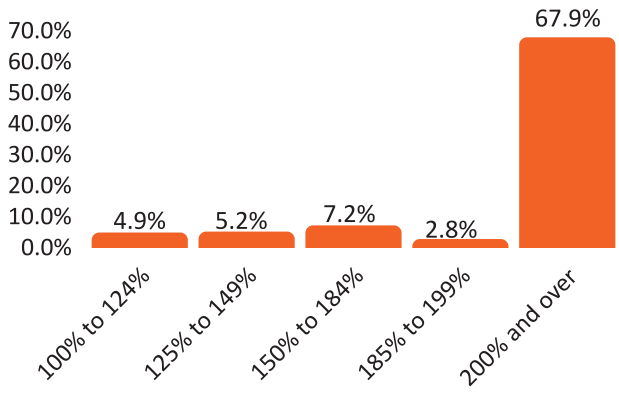
Production	**18.7%**
Office and Administrative Support	**10.3%**
Sales	**8.4%**
Management	**8.2%**

Unemployment Rate
3.8%

Average Commute Time
19.2 minutes

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

Income to Poverty Ratio



Elkhart County, Indiana

Health Profile

Life Expectancy
77.0

Chronic Disease Among Adults

Obesity
38.2%

High Blood Pressure
31.4%

High Cholesterol
30.3%

Depression
26.0%

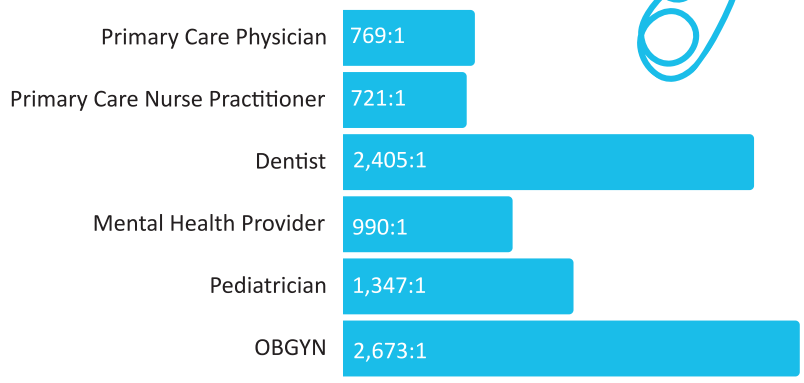
14.7%
Uninsured Population

39.1%
People with Public Health Insurance

72.2%
People with Private Health Insurance

Health Care Provider Ratios

(population per 1 provider)



Health Risk Behaviors

Current Smoking
19.5%

Binge Drinking
12.0%

No Leisure-Time Physical Activity
29.8%

Sleeping Less than 7 Hours
5.2%

Quality of Life

Mental Health Not Good (for 14+ Days)
17.3%

Physical Health Not Good (for 14+ Days)
12.2%

Fair or Poor Self-Related Health Status
18.8%

Causes of Death

Top Causes (per 100,000 people)

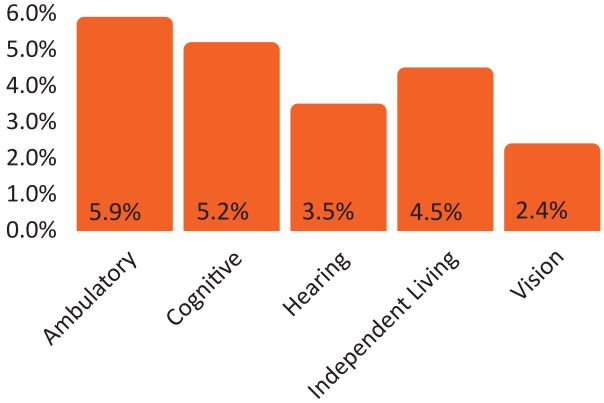
Heart Disease	**215.1**
Cancer	**178.3**
COVID-19	**105.8**

Routine Checkup Visit to Doctor within Past Year
74.9%

Visit to Dentist or Dental Clinic within Past Year
60.9%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

People Living With Disability by Type



Elkhart County, Indiana

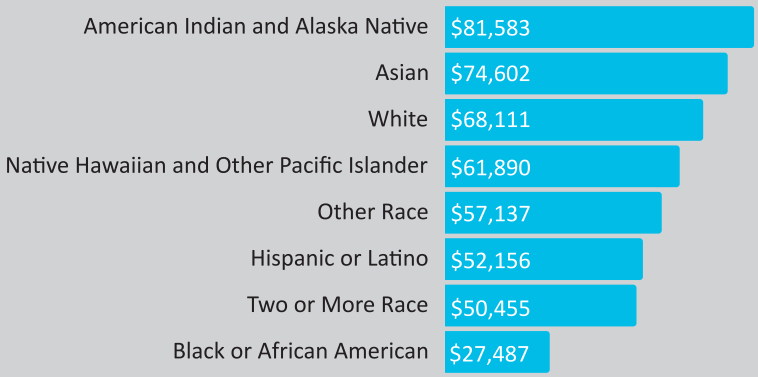
Housing Profile

Median Household Income

2022

Any Race/Ethnicity

$63,978



Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

Housing Composition

2022

Households with children

32.8%

Children living in single-parent households

25.6%

Households with grandparents responsible for grandchildren

5.7%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

National Low Income Housing Coalition

2024

Renters Experiencing Excessive Housing Costs

43.6%

2 Bedroom Fair Market Rent (FMR)

$1,102

Annual Income Needed to Afford 2 Bedroom FMR

$44,080

In Elkhart County, Indiana, the Fair Market Rent (FMR) for a two-bedroom apartment is $1,102. In order to afford this level of rent and utilities - without paying more than 30% of income on housing - a household must earn $3,673 monthly or $44,080 annually. Assuming a 40-hour work week, 52 weeks per year, this level of income translates into:

$21.19

Hourly Housing Wage

117

Work hours per week necessary to afford a 2-bedroom rental (at FMR)

2.9

Number of full-time jobs at minimum wage to afford a 2-bedroom rental (at FMR)


Marshall County, IN

Marshall County, Indiana

Demographic Overview

Total Households
16,915

Population by Age

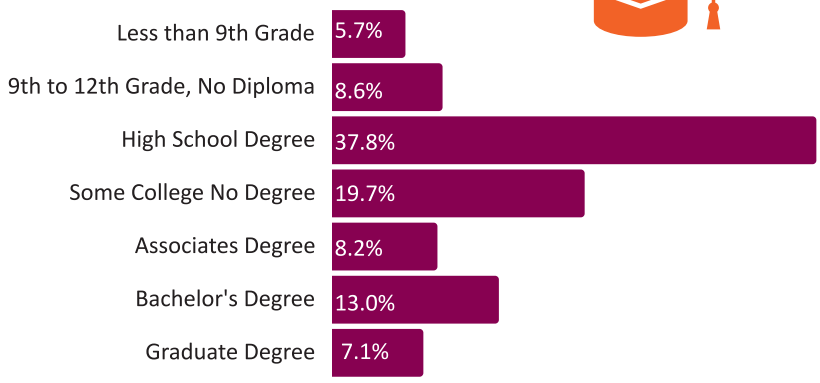
Age Under 18	Age 18-64	Age 65+	Median Age
24.7%	**57.3%**	**18.1%**	**39.9**

92.0% White

10.7% Hispanic / Latino

13.8% Speak a Language Other than English at Home

Education



Median Household Income
$66,016

Households Below Poverty Level
10.5%

Population Living with a Disability
12.3%

Veterans
6.1%

Population Change

2010		2022		2031
47,051	**-1.8%**	**46,208**	**+3.7%**	**47,920**

Employment

Top Industries

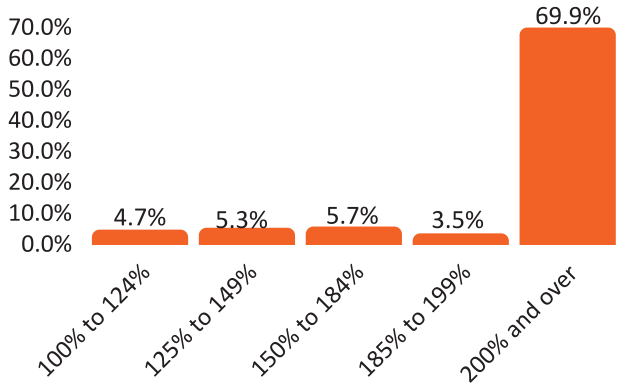
Production	**18.5%**
Office and Administrative Support	**9.8%**
Sales	**9.2%**
Management	**8.3%**

Unemployment Rate
3.0%

Average Commute Time
22.9 minutes

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

Income to Poverty Ratio



Marshall County, Indiana

Health Profile

Life Expectancy
76.8

Chronic Disease Among Adults

- Obesity **36.6%**
- High Blood Pressure **30.3%**
- High Cholesterol **30.8%**
- Depression **26.5%**

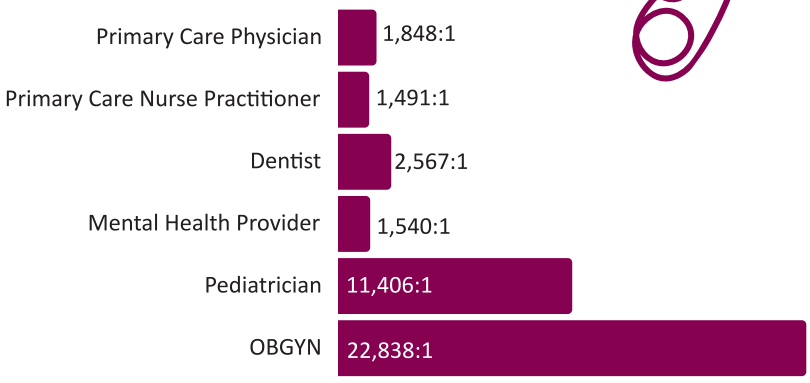
13.1% Uninsured Population

37.8% People with Public Health Insurance

76.1% People with Private Health Insurance

Health Care Provider Ratios

(population per 1 provider)



Health Risk Behaviors

- Current Smoking **20.0%**
- Binge Drinking **16.5%**
- No Leisure-Time Physical Activity **28.4%**
- Sleeping Less than 7 Hours **34.4%**

Quality of Life

- Mental Health Not Good (for 14+ Days) **17.4%**
- Physical Health Not Good (for 14+ Days) **11.9%**
- Fair or Poor Self-Related Health Status **17.7%**

Causes of Death

Top Causes (per 100,000 people)

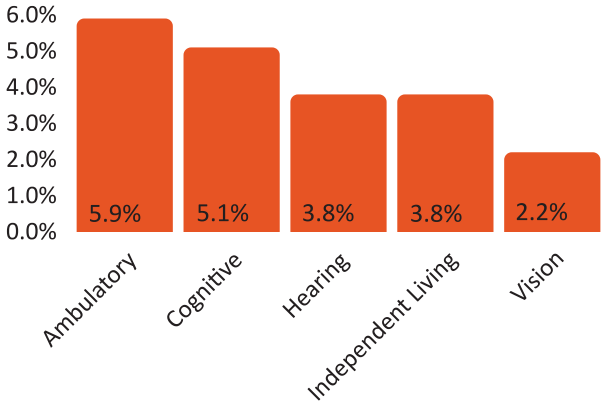
Heart Disease	**260.2**
Cancer	**188.6**
COVID-19	**156.1**

Routine Checkup Visit to Doctor within Past Year **72.6%**

Visit to Dentist or Dental Clinic within Past Year **57.3%**

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

People Living With Disability by Type

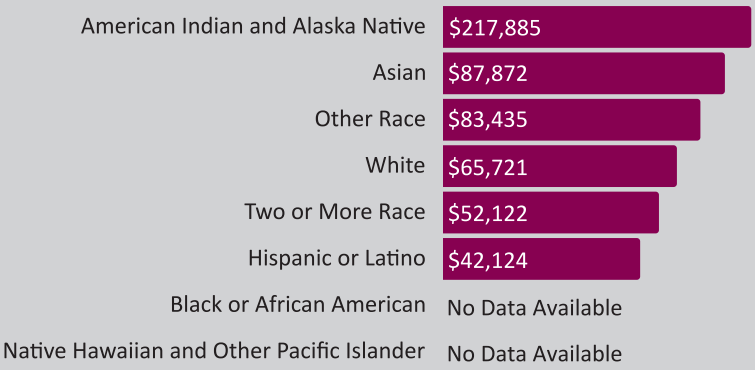


Marshall County, Indiana

Housing Profile

Median Household Income
2022

Any Race/Ethnicity
$66,016



Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

Housing Composition
2022

Households with children
32.3%

Children living in single-parent households
14.9%

Households with grandparents responsible for grandchildren
5.1%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

National Low Income Housing Coalition
2024

Renters Experiencing Excessive Housing Costs
33.9%

2 Bedroom Fair Market Rent (FMR)
$886

Annual Income Needed to Afford 2 Bedroom FMR
$35,440

In Marshall County, Indiana, the Fair Market Rent (FMR) for a two-bedroom apartment is $886. In order to afford this level of rent and utilities - without paying more than 30% of income on housing - a household must earn $2,953 monthly or $35,440 annually. Assuming a 40-hour work week, 52 weeks per year, this level of income translates into:

$17.04

Hourly Housing Wage

94
Work hours per week necessary to afford a 2-bedroom rental (at FMR)

2.4
Number of full-time jobs at minimum wage to afford a 2-bedroom rental (at FMR)


St. Joseph County, IN

St. Joseph County, Indiana

Demographic Overview

Total Households
107,466

Population by Age

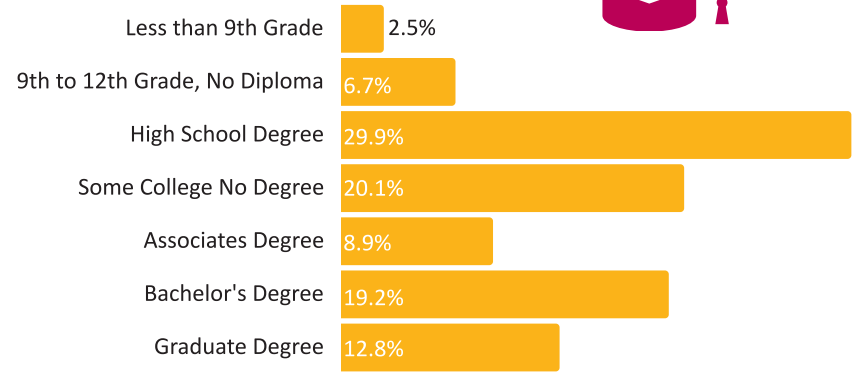
Age Under 18	Age 18-64	Age 65+	Median Age
23.2%	**60.5%**	**16.3%**	**36.7**

73.9% White

9.5% Hispanic / Latino

10.3% Speak a Language Other than English at Home

Education



Median Household Income
$61,877

Households Below Poverty Level
13.8%

Population Living with a Disability
13.3%

Veterans
6.1%

Population Change

2010		2022		2031
266,930	**+2.0%**	**272,388**	**+3.4%**	**281,773**

Employment

Top Industries

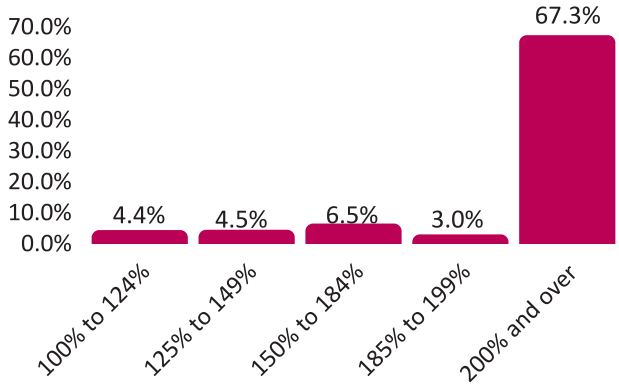
Office and Administrative Support	**10.7%**
Management	**9.6%**
Production	**9.1%**
Sales	**9.1%**

Unemployment Rate
4.8%

Average Commute Time
21.3 minutes

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

Income to Poverty Ratio



St. Joseph County, Indiana

Health Profile

Life Expectancy
75.5

Chronic Disease Among Adults

- Obesity **36.1%**
- High Blood Pressure **32.0%**
- High Cholesterol **29.1%**
- Depression **24.1%**

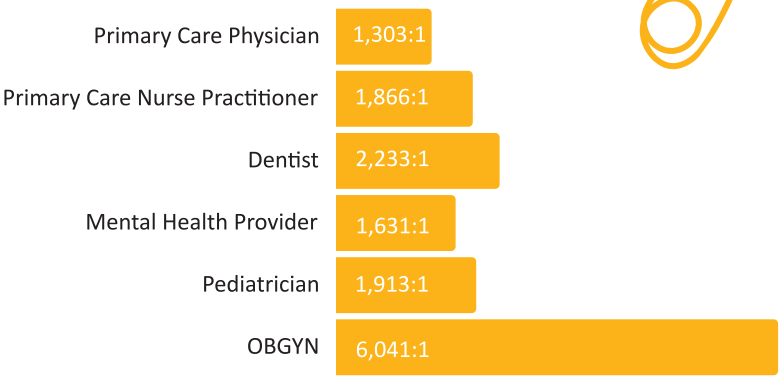
7.3% Uninsured Population

38.8% People with Public Health Insurance

73.4% People with Private Health Insurance

Health Care Provider Ratios

(population per 1 provider)



Health Risk Behaviors

- Current Smoking **17.6%**
- Binge Drinking **16.7%**
- No Leisure-Time Physical Activity **27.0%**
- Sleeping Less than 7 Hours **33.1%**

Quality of Life

- Mental Health Not Good (for 14+ Days) **17.0%**
- Physical Health Not Good (for 14+ Days) **11.3%**
- Fair or Poor Self-Related Health Status **16.5%**

Causes of Death

Top Causes (per 100,000 people)

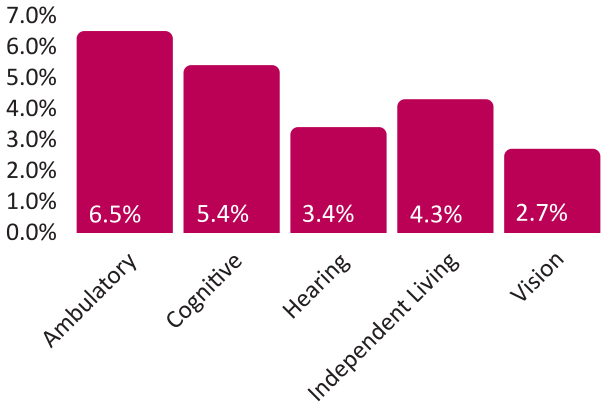
Heart Disease	**237.3**
Cancer	**209.0**
COVID-19	**92.2**

Routine Checkup Visit to Doctor within Past Year **74.6%**

Visit to Dentist or Dental Clinic within Past Year **64.5%**

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

People Living With Disability by Type

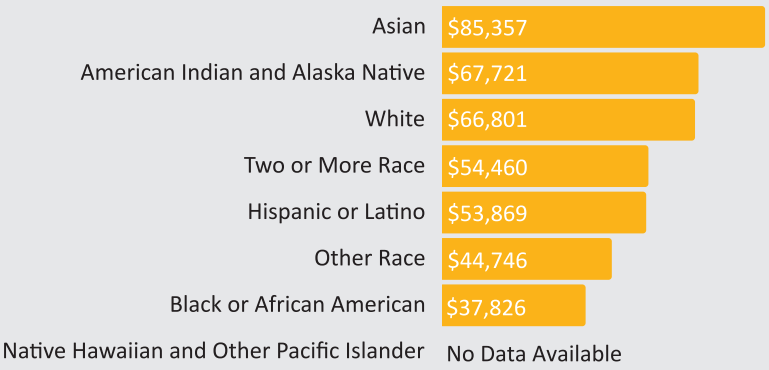


St. Joseph County, Indiana

Housing Profile

Median Household Income
2022

Any Race/Ethnicity
$61,877



Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

Housing Composition
2022

Households with children
28.4%

Children living in single-parent households
27.9%

Households with grandparents responsible for grandchildren
4.2%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

National Low Income Housing Coalition
2024

Renters Experiencing Excessive Housing Costs
46.0%

2 Bedroom Fair Market Rent (FMR)
$1,017

Annual Income Needed to Afford 2 Bedroom FMR
$40,680

In St. Joseph County, Indiana, the Fair Market Rent (FMR) for a two-bedroom apartment is $1,017. In order to afford this level of rent and utilities - without paying more than 30% of income on housing - a household must earn $3,390 monthly or $40,680 annually. Assuming a 40-hour work week, 52 weeks per year, this level of income translates into:

$19.56

Hourly Housing Wage

108
Work hours per week necessary to afford a 2-bedroom rental (at FMR)

2.7
Number of full-time jobs at minimum wage to afford a 2-bedroom rental (at FMR)


St. Joseph County, MI

St. Joseph County, Michigan

Demographic Overview

Total Households
23,478

Population by Age

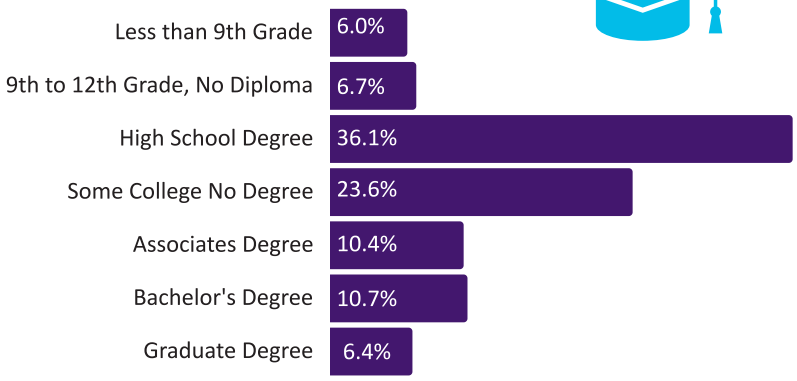
Age Under 18	Age 18-64	Age 65+	Median Age
24.3%	**57.5%**	**18.2%**	**39.8**

88.7% White

8.6% Hispanic / Latino

11.7% Speak a Language Other than English at Home

Education



Population Change

2010		2022		2031
61,295	**-0.7%**	**60,887**	**+0.9%**	**61,418**

Median Household Income
$62,281

Households Below Poverty Level
13.0%

Population Living with a Disability
16.6%

Veterans
7.4%

Employment

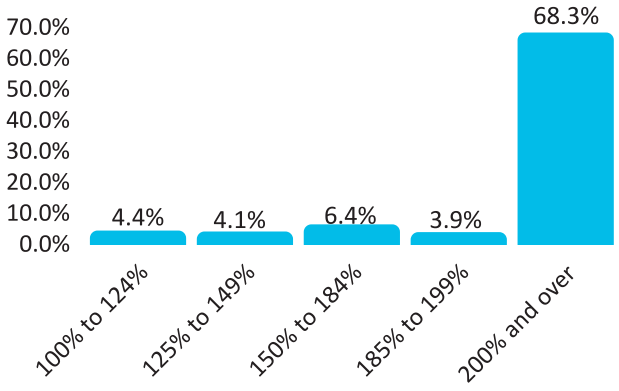
Top Industries

Production	**21.0%**
Office and Administrative Support	**9.5%**
Management	**8.2%**
Material Moving	**7.0%**

Unemployment Rate	Average Commute Time
5.3%	**20.9 minutes**

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

Income to Poverty Ratio



St. Joseph County, Michigan

Health Profile

Life Expectancy
75.2

Chronic Disease Among Adults

- Obesity **38.5%**
- High Blood Pressure **32.5%**
- High Cholesterol **31.6%**
- Depression **25.2%**

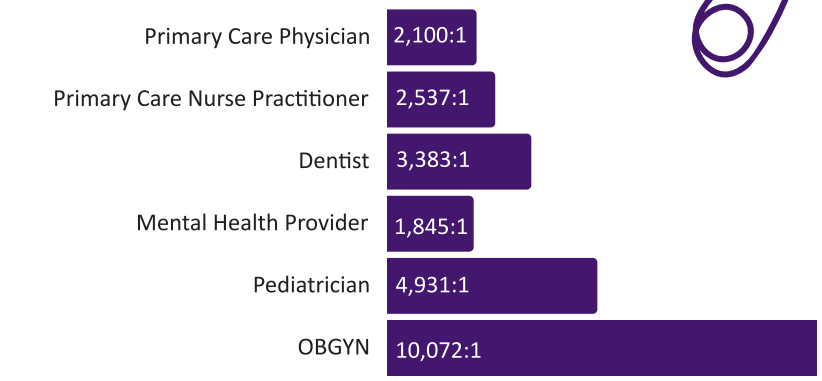
9.1% Uninsured Population

46.0% People with Public Health Insurance

72.1% People with Private Health Insurance

Health Care Provider Ratios

(population per 1 provider)



Health Risk Behaviors

- Current Smoking **20.6%**
- Binge Drinking **16.2%**
- No Leisure-Time Physical Activity **26.1%**
- Sleeping Less than 7 Hours **34.4%**

Quality of Life

- Mental Health Not Good (for 14+ Days) **18.2%**
- Physical Health Not Good (for 14+ Days) **12.1%**
- Fair or Poor Self-Related Health Status **17.4%**

Causes of Death

Top Causes (per 100,000 people)

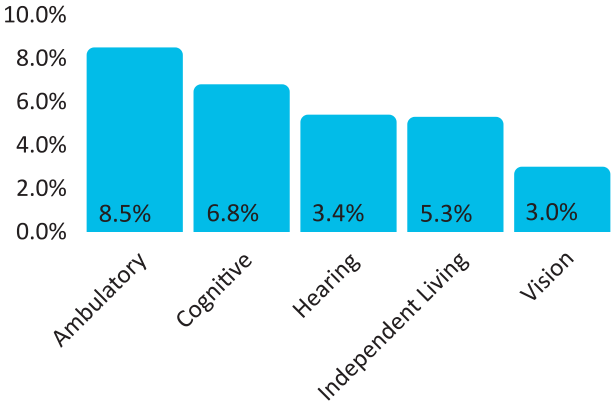
Heart Disease	**260.0**
Cancer	**214.0**
COVID-19	**146.5**

Routine Checkup Visit to Doctor within Past Year **72.7%**

Visit to Dentist or Dental Clinic within Past Year **58.4%**

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

People Living With Disability by Type

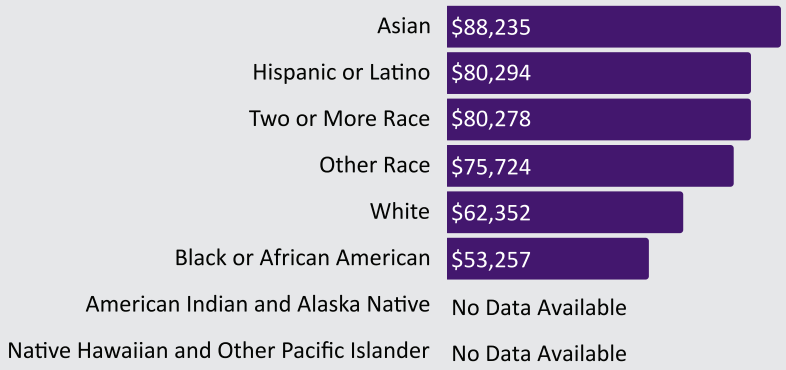


St. Joseph County, Michigan

Housing Profile

Median Household Income
2022

Any Race/Ethnicity
$62,281



Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

Housing Composition
2022

Households with children
29.2%

Children living in single-parent households
19.5%

Households with grandparents responsible for grandchildren
6.3%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

National Low Income Housing Coalition
2024

Renters Experiencing Excessive Housing Costs
33.8%

2 Bedroom Fair Market Rent (FMR)
$924

Annual Income Needed to Afford 2 Bedroom FMR
$36,960

In St. Joseph County, Michigan, the Fair Market Rent (FMR) for a two-bedroom apartment is $924. In order to afford this level of rent and utilities - without paying more than 30% of income on housing - a household must earn $3,080 monthly or $36,960 annually. Assuming a 40-hour work week, 52 weeks per year, this level of income translates into:

$17.77

Hourly Housing Wage

69
Work hours per week necessary to afford a 2-bedroom rental (at FMR)

1.7
Number of full-time jobs at minimum wage to afford a 2-bedroom rental (at FMR)

State of Indiana

Behavioral Health Profile

Suicide and Unintentional Overdose Deaths
2022

Suicide Deaths	Elkhart County	Marshall County	St. Joseph County
Count	**29**	**10**	**42**
Rate per 100,000 persons	**14.0**	**21.6**	**15.4**

Unintentional Overdose Deaths	Elkhart County	Marshall County	St. Joseph County
Count	**29**	**16**	**90**
Rate per 100,000 persons	**14.0**	**34.5**	**33.1**

Source: Indiana Department of Health, Division of Trauma and Injury Prevention, Overdose and Suicide Fatality Reporting, 2022

Youth Suicide
2021

Seriously Considered Attempting Suicide
27.7%

Made a Plan About How They Would Attempt Suicide
22.2%

Attempted Suicide
11.8%

Source: Centers for Disease Control and Prevention, High School Youth Risk Behavior Survey, 2021

Substance Use in Past Month
2021-2022

	Age 12+	Age 18+	Age 26+	Age 12-17-	Age 18-25
Alcohol Use in the Past Month	46.5%	50.9%	51.0%	6.3%	50.0%
Tobacco Use in the Past Month	23.6%	25.9%	26.8%	2.6%	20.4%
Illicit Drug Use in the Past Month	13.3%	14.0%	12.1%	6.6%	25.5%

Source: Substance Abuse and Mental Health Services Administration, National Survey on Drug Use & Health State-Specific Tables, 2021 and 2022

State of Michigan

Behavioral Health Profile

Suicide Rates by Race (per 100,000 persons)
2022

Suicide Deaths	2019	2020	2021	2022
All Races, Male	**23.1**	**21.9**	**23.3**	**23.0**
All Races, Female	**5.8**	**5.9**	**5.4**	**6.5**
White	**15.5**	**14.8**	**15.0**	**15.3**
Black or African American	**8.9**	**9.3**	**10.8**	**8.1**

Diagnosed with Any Mental Illness, Age 18-25
39.3%

Diagnosed with Serious Mental Illness, Age 18-25
12.8%

Source: Michigan Department of Health and Human Services | Health Statistics, Intentional Self-harm (Suicide) Age-Adjusted and Age-Specific Mortality Rates, 1989-2022 (michigan.gov)

Youth Suicide
2021

Seriously Considered Attempting Suicide
19.0%

Made a Plan About How They Would Attempt Suicide
16.9%

Attempted Suicide
9.0%

Source: Centers for Disease Control and Prevention, High School Youth Risk Behavior Survey, 2021

Alcohol Use
2021-2022

	Age 12+	Age 18+	Age 26+	Age 12-17-	Age 18-25
Alcohol Use in the Past Month	50.4%	54.6%	54.7%	7.0%	53.6%
Binge Alcohol Use in the Past Month	21.8%	23.6%	22.5%	3.4%	30.5%
Perception of Great Risk from Having Five or More Drinks of an Alcoholic Beverage Once or Twice a Week	41.2%	41.4%	42.1%	39.7%	36.5%

Source: Substance Abuse and Mental Health Services Administration, National Survey on Drug Use & Health State-Specific Tables, 2021 and 2022

Secondary Data Highlights

The following section contains key highlights from the demographic data for each of the counties. For additional secondary data, please see Appendix B.

Elkhart County, Indiana

Elkhart County is one of the most racially and ethnically diverse counties in Beacon's service area. The highest percentage of diversity is within the City of Elkhart, which is the largest city in the mostly rural county.

With a median age of 35.6, Elkhart County has the youngest population compared to the other counties in the service area. Despite a younger population, 15.2% of the county population is over the age of 65. There are higher percentages of older adults outside of Elkhart (city) and Goshen. Older adults may have additional health and social service needs as they continue to age.

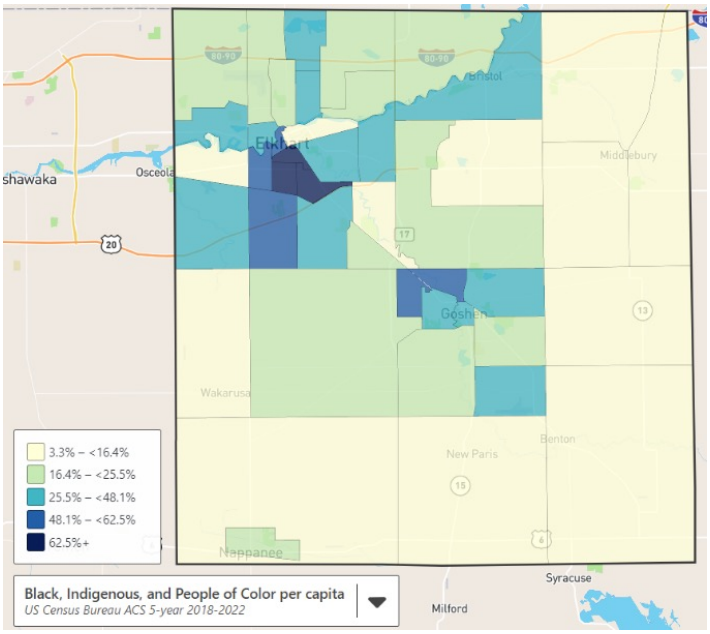


Exhibit 5: Percent of BIPOC Populations, Elkhart County

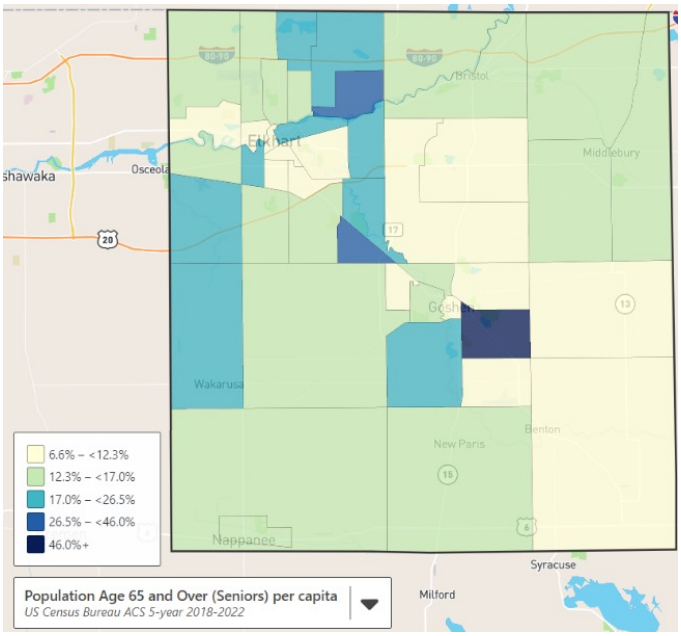


Exhibit 6: Percent of 65 and Over, Elkhart County

Elkhart County has the second highest median household income in the service area at $63,978. However, household income disparities exist throughout the county. The more rural census tracts are the wealthier pockets of the county while the lower household income populations are generally located in and around the city of Elkhart.

The highest percentage of the population living below 100% of the federal poverty level lives in the lowest median household income census tracts. The highest concentration of poverty is located just south of Elkhart (city), which also has the highest percentage of BIPOC population (Exhibit 5). These maps indicate that there may a correlation between race, ethnicity, and lower socioeconomic status.

Similar to poverty and household income, the population of people experiencing excessive cost burden (spending more than 30% of their household income on housing) are in the same census tracts as the highest poverty and lowest household income.

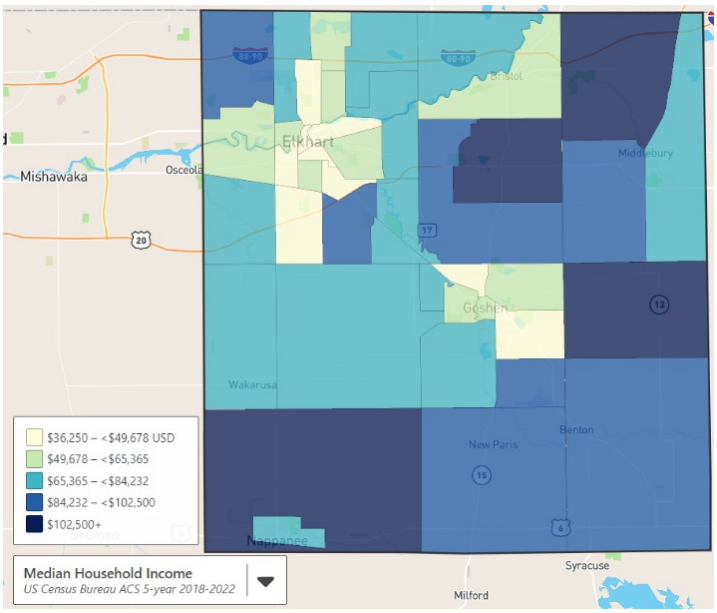


Exhibit 7: Median Household Income, Elkhart County

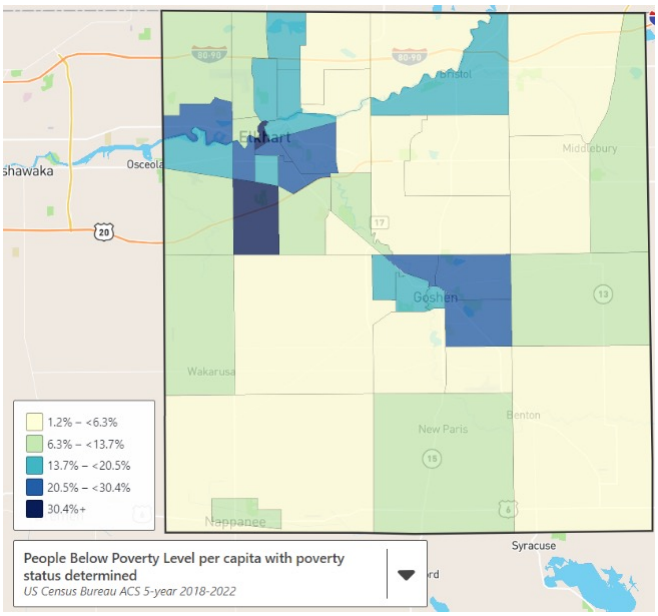


Exhibit 8: Percent of Population Below 100% FPL, Elkhart County

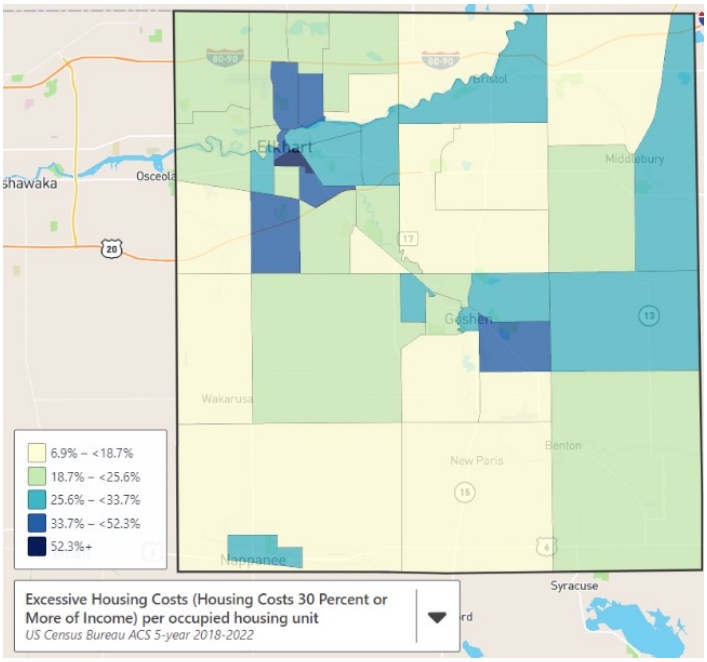


Exhibit 9: Excessive Housing Costs, Elkhart County

Marshall County, Indiana

Marshall County is one of the most rural counties in the Beacon Health System service area. It is the least populated county with 47,051 residents. It's two major urban areas are Plymouth and Bremen, where Beacon has a small community hospital. Marshall County has the highest median age (39.9) in the four-county service area with approximately one in five (18.1%) of residents over the age of 65. Marshall County is the least diverse community with only 13.6% of its residents identifying as non-white, non-Hispanic. The greatest concentration of diversity in the county is in Plymouth followed by Bremen.

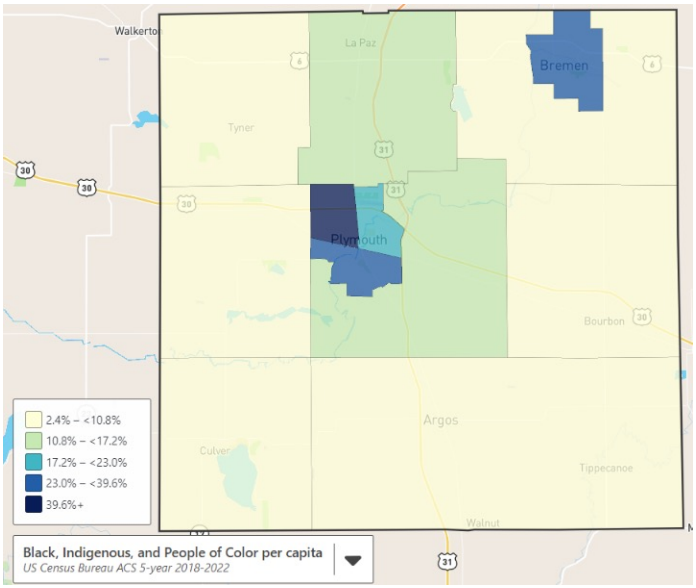


Exhibit 10: Percent of BIPOC Populations, Marshall County

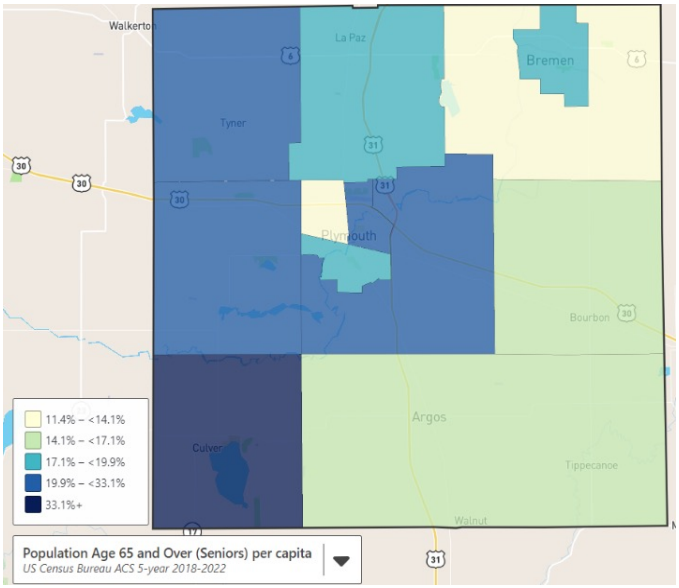


Exhibit 11: Percent of Population 65 and Over, Marshall County

Marshall County has the highest median household income of the four counties at $66,016. The households with the highest median household incomes are located in the suburbs of Bremen and Plymouth. The lowest median household income residents reside in Plymouth.

Census tracts with the lowest median household income also have the highest percentage of households who live below the federal poverty level. Overall, Marshall County has the lowest percentage of population living in poverty at 10.8%, which is below both Indiana (12.3%) and the United States (12.5%).

Similar to other counties, certain census tracts, largely those with the highest percentage of people living in poverty, experience higher rates of housing cost burden in the county.

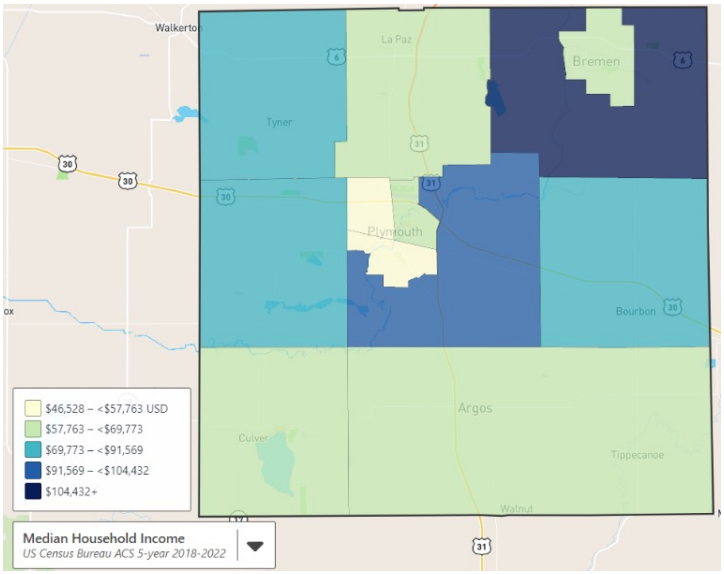


Exhibit 12: Median Household Income, Marshall County

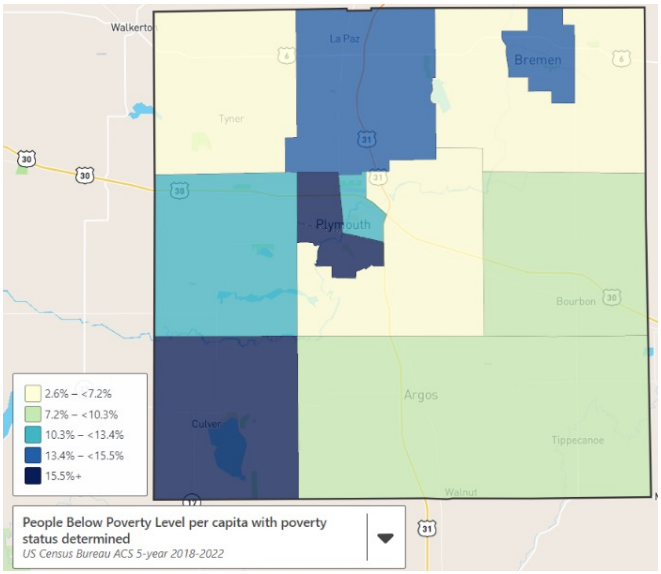


Exhibit 13: Percent of Population Below 100% FPL, Marshall County

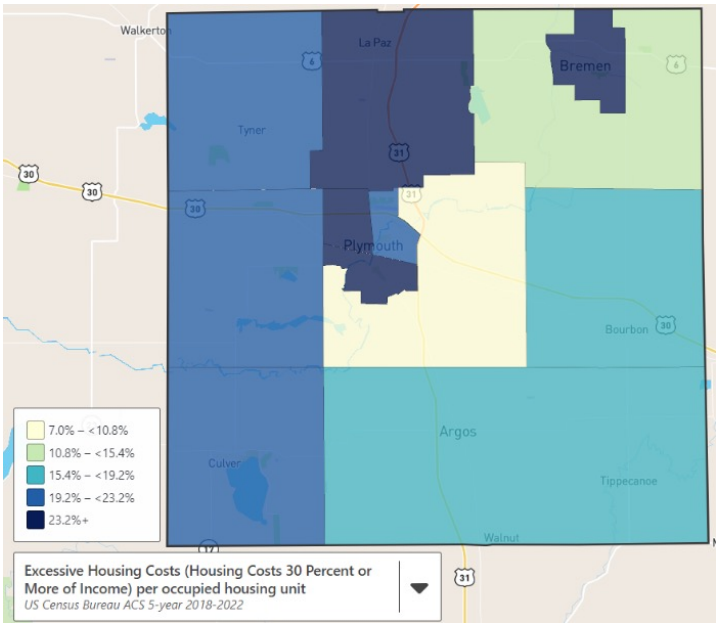


Exhibit 14: Excessive Housing Costs, Marshall County

St. Joseph County, Indiana

St. Joseph County, Indiana, is home to the region's largest city, South Bend. The county's total population is 272,388, whereas the population of South Bend is approximately 103,000. Nearly one in three residents (29.4%) identifies as non-white, non-Hispanic in the county making it the most diverse of the four counties that Beacon Health serves. The highest percentage of diversity within the county is located in the south and west census tracts of South Bend.

With a median age of 36.7, St. Joseph County (IN) has one of the youngest populations, especially in the South Bend and Mishawaka areas. Approximately one in six (16.3%) residents are over the age of 65 years. Most of these older adults live in the more rural parts of the county, which means there could be transportation challenges if the person loses their ability to drive as they age.

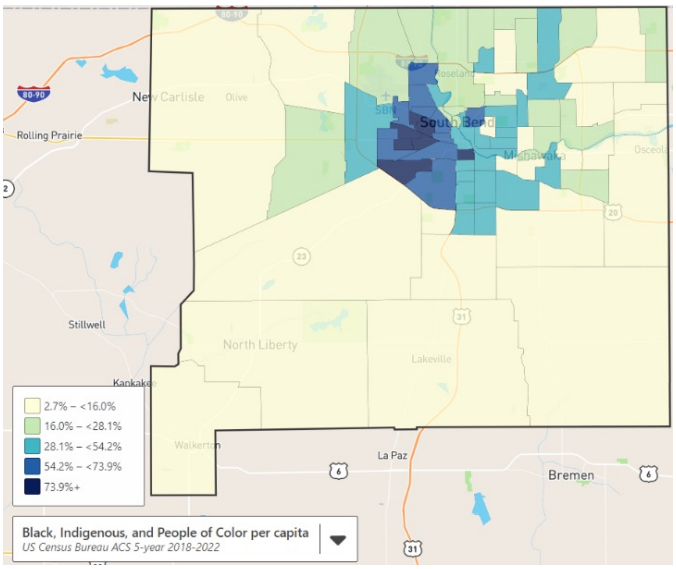


Exhibit 15: Percent of BIPOC Populations, St. Joseph County (IN)

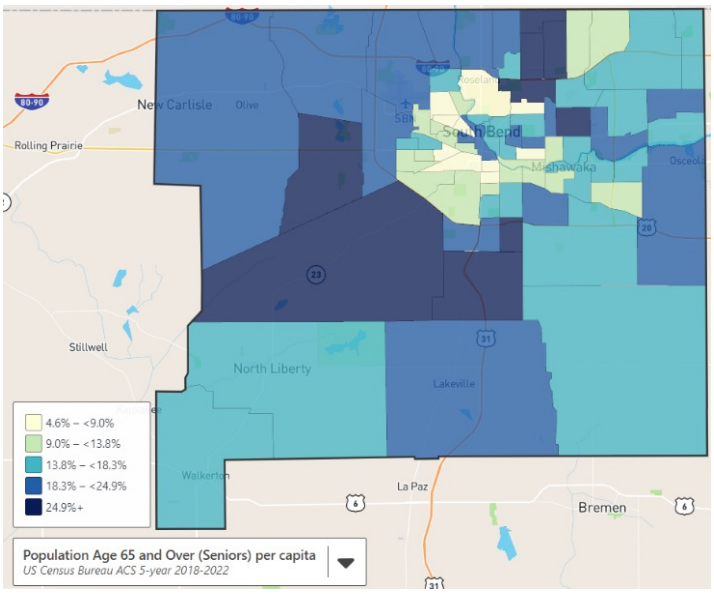


Exhibit 16: Percent of Population 65 and Over, St. Joseph County (IN)

The median household income for St. Joseph County (IN) is $61,877, which is the lowest of the four counties that Beacon serves. However, within the county, there are huge disparities. The highest median household income households are located in the northeast corner of the county whereas the lowest income households are concentrated in South Bend. The highest percentage of households living below 100% federal poverty level are also concentrated in South Bend. These census tracts largely align with the census tracts with the highest percent of BIPOC populations indicating racial and ethnic income disparities.

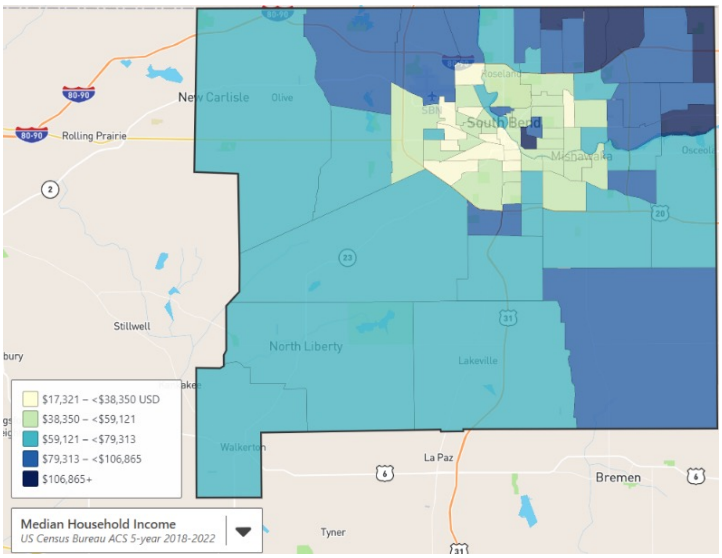


Exhibit 17: Median Household Income, St. Joseph County (IN)

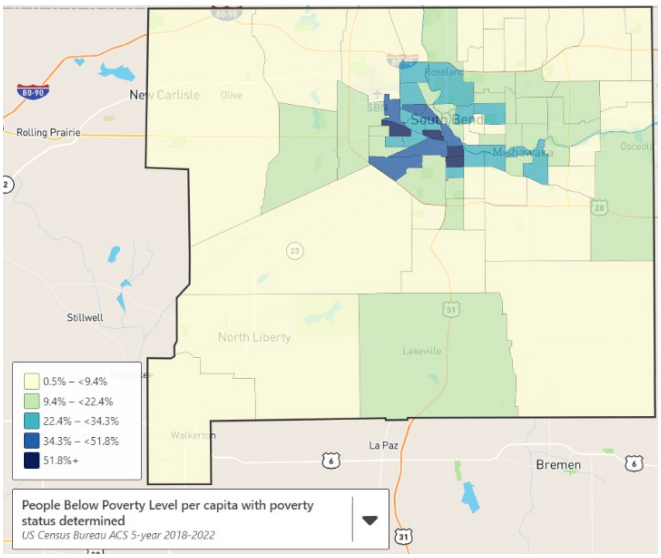


Exhibit 18: Percent of Population Below 100%, St. Joseph County (IN)

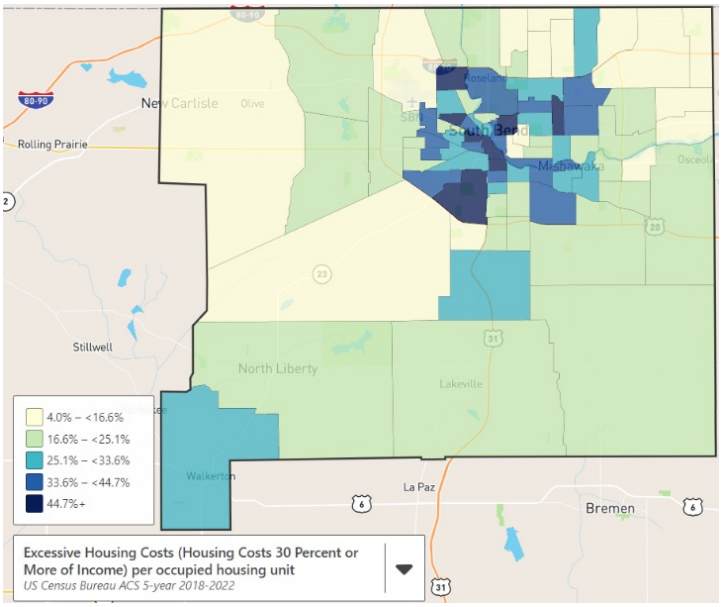


Exhibit 19: Excessive Housing Costs, St. Joseph County (IN)

St. Joseph County, Michigan

Just over the Michigan border from St. Joseph County (IN), St. Joseph County (MI) is the newest county to be served by Beacon Health System. With only 60,887, it is the second smallest population county the hospital system serves. The country is largely rural and has the second oldest median age at 39.8 and the highest percentage of adults of age 65 (18.2%).

St. Joseph County (MI) is one of the least diverse communities with 14.8% of residents identifying as non-white, non-Hispanic. The highest percentage of BIPOC communities reside in the two more urban areas of the county: Three Rivers and Sturgis.

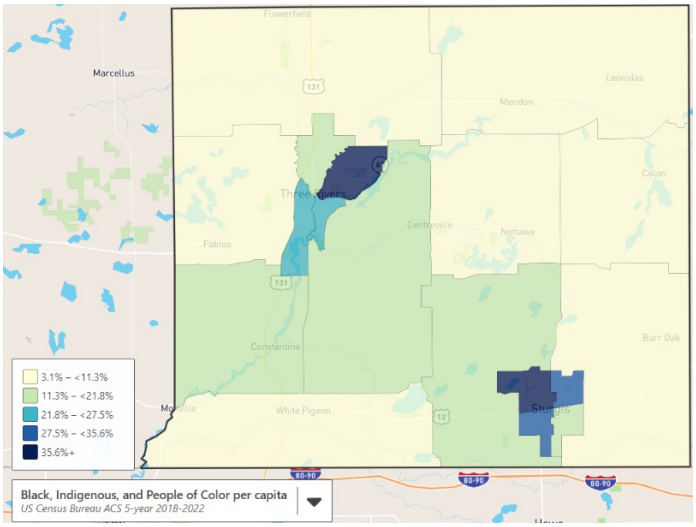


Exhibit 20: Percent of BIPOC Population, St. Joseph County (MI)

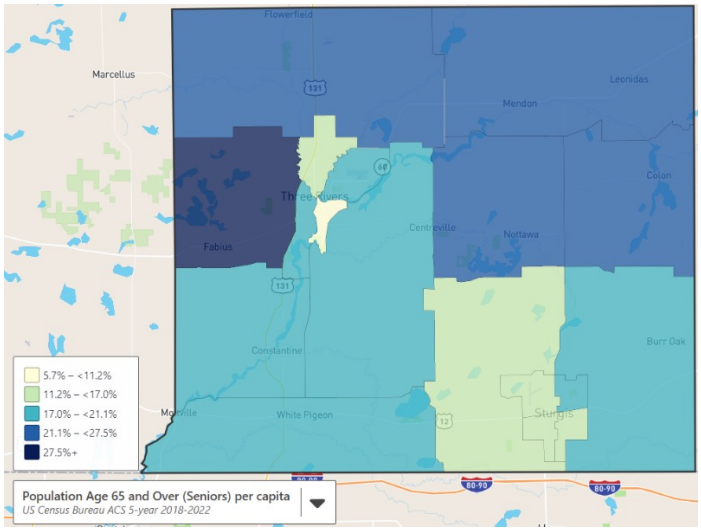


Exhibit 21: Percent of Population 65 and Over, St. Joseph County (MI)

The Median household income in St. Joseph County (MI) is $62,281. There is a higher percentage of lower median income households in Three Rivers and Sturgis, which are the two major towns in the county. The highest percentage of households living below the federal poverty level reside in the census tracts with the lowest median household incomes. Approximately one in three households live in poverty in the southwest part of Sturgis as shown in Exhibit 21.

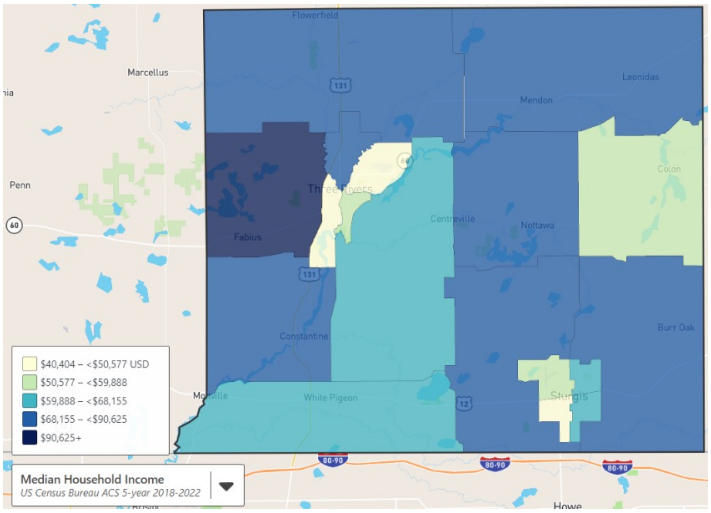


Exhibit 22: Median Household Income, St. Joseph County (MI)

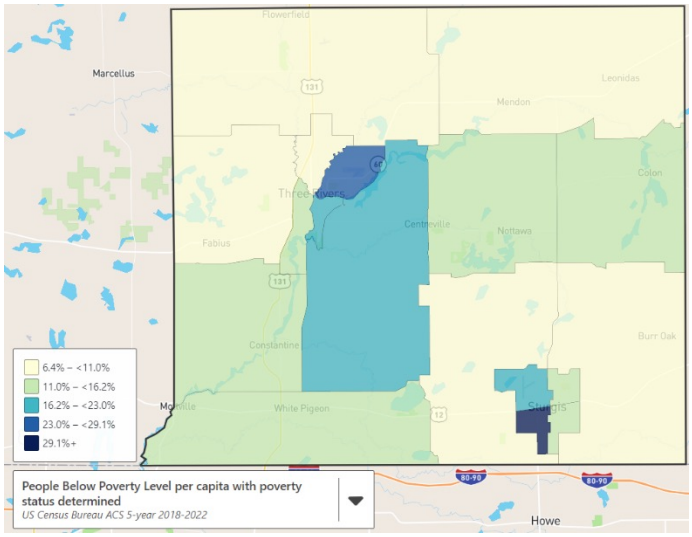


Exhibit 23: Percent of Population Below 100% FPL, St. Joseph County (MI)

Similar to other counties, some households are considered housing costs burden. Many of these households reside in census tracts with lower median household incomes and higher percentages of poverty.

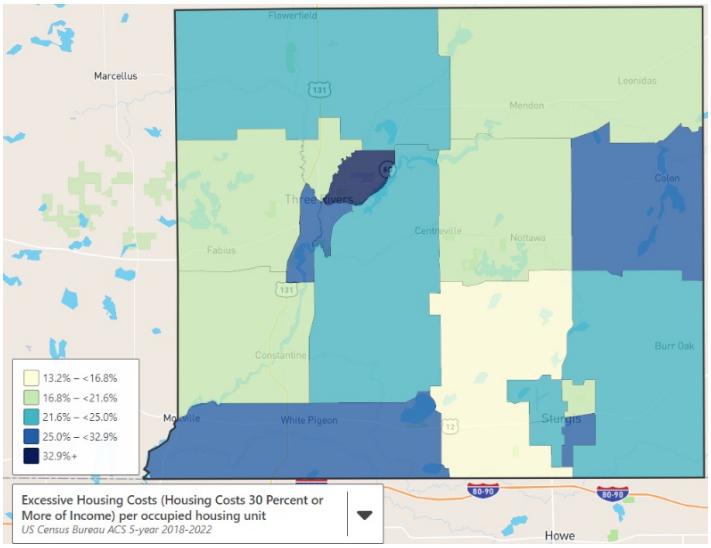


Exhibit 24: Excessive Housing Costs, St. Joseph County (MI)

Community Context Assessment

The CCA focuses on primary data collection through community engagement. Intentional community engagement in each of the four counties was made through stakeholder interviews, focus group discussions, and a community survey. The qualitative research provides insight that reflects lived experiences of community members. CCA data supplements and provides greater focus to secondary data found in the CSA.

During CCA activities, community members shared insights about helpful resources, organizational strengths and assets, culture and cultural nuances, and priorities – in addition to needs and service gaps.

Qualitative Overview

The qualitative research included individual interviews and focus group discussions with stakeholders and community members in each of the counties that Beacon Health System serves. The interviews and focus groups allowed community members and stakeholders to share their first-hand experience with the community and their unique perspective on the health needs of its members.

Focus Group and Interview Participation

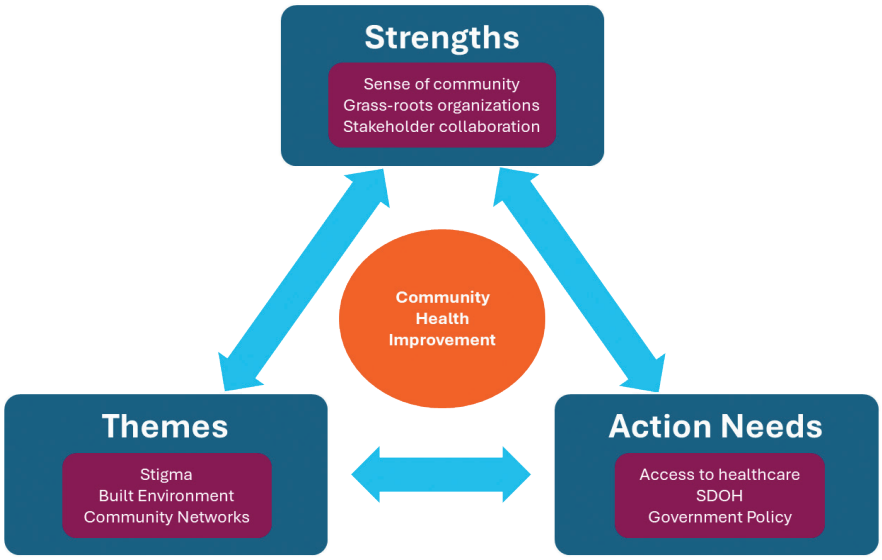
The qualitative research activities reached nearly 150 individuals across the four counties served by Beacon. Community members participated in focus groups that discussed the needs of the community and how these needs intersected with individuals' health. Professionals and community leaders within the health field participated in focus groups and stakeholder interviews to share their knowledge of the health landscape of the community. Each shared their personal and professional experience when applicable. Those providing input based on their professional experience were from a variety of fields including:

- Health care
- Government
- Faith-based organizations
- Community-based organizations
- Education
- Social services

Qualitative Findings

The data collected from focus group discussions and individual stakeholder interviews provided insight into the community strengths and needs of the counties served by Beacon across Indiana and Michigan. It also identified the needs of the communities and ideas for changes that can meet these needs. The information shared by community members and stakeholders can be encapsulated in three major themes: the presence of **stigma**, the **built environment**, and the importance of a **community network**. Participants shared their perspective on what community members need and provided ideas for improving the health of their communities. These action items have been identified as **access to health care**; addressing inequities in **social drivers of health**; and **support for government policy**.

The stakeholder interviews occurred from the end of April 2024 through July 2024.
We held focus groups across all four counties in June 2024.



Recent collaboration between community organizations, government entities, and healthcare providers has had a positive impact on the community.

Strengths

Community members identified a number of strengths within their community and shared how these strengths benefited their community. Many community members reported enjoying the "small town feel" that the area offers. They also enjoy the proximity to outdoor attractions such as the Great Lakes and larger cities including Chicago and Detroit. Lastly, they find their fellow community members to be compassionate, caring, and collaborative.

When asked what they liked about their community, one participant shared, "old school people that have lived and experienced life to help the younger generations. People like [community member] give us an opportunity to be part of a beautiful community" and another stated that the community "steps up to meet the needs."

Regarding aspects of the community that impact health, community members praised the organizations that are present in the community for their dedication to helping populations that need it most. They noted that these organizations have taken the first steps toward better access to and quality of health care.

In St. Joseph County, IN, community members noted the efforts being made to help the unhoused community, sharing that through "street outreach" a healthcare team goes out into the community to meet members where they are. Pivotal Health was noted as being particularly helpful for those with mental health and substance use needs in St. Joseph County, MI. Oaklawn, a mental health and substance use organization in Elkhart County, IN and St. Joseph County, IN was noted as an impactful organization for these populations as well.

In Marshall County, organizations such as Cultivate Food Rescue and Unity Gardens are valued for their efforts to increase food access. While these organizations across the four counties were noted as strengths in the community, many community members also noted that these organizations and others like them need more support and resources to continue expanding their services.

Recent collaboration between community organizations, government entities, and healthcare providers has had a positive impact on the community. In St. Joseph County, MI a social worker from a local organization works alongside the police department to field appropriate calls. One stakeholder within this community commented on the collaboration between a community organization and hospitals stating, "Pivotal has people going into ERs and there's a great working relationship." Oaklawn has also worked closely with the police department in St. Joseph County, IN to educate police officers about their organization's crisis center as an alternative to incarceration. One stakeholder noted the benefit of the Health Alliance of St. Joseph County (IN) and its ability to bring different community organizations together, stating "you build trust in person, not emailing or online."

While these organizations and collaborations were noted as strengths of the community, many individuals also felt they were only the first steps, and more action was needed. By identifying the strengths present within each community, organizations and leaders can utilize them to take action to address the identified community needs.

Qualitative Themes

Information collected during stakeholder interviews and focus groups was analyzed to understand the current health landscape and needs. Through this analysis, three themes were noted: the presence of **stigma**, effects of the **built environment**, and the importance of a strong **community network**. These themes were associated with each of the identified needs and action items.

Stigma

Stigma can be a strong inhibitor to seeking care which can affect the health of community members and the ability for community organizations to reach those who would benefit from their services. It can also impede individuals from communicating with others due to fear of judgment, creating a cycle of social isolation and avoidance, in turn worsening physical and mental health needs.

One participant noted this sentiment stating, ***"Healthcare and behavioral health are always concerns, but [...] people may not be open to accepting that help or know it's available."*** When sharing their concerns about the presence of stigma when it comes to asking for help in their community, participants specifically noted it's impact on Black individuals, Indigenous individuals, and People of Color (BIPOC); those in the LGBTQ+ community; immigrant and refugee populations; and mental and behavioral health-affected populations. Community members shared that although stigma remains a concern, it has improved in recent years.

Mental and Behavioral Health

Stigma around mental and behavioral health continues to be a concern to community members. Decreasing the stigma around mental and behavioral health is an essential step for connecting individuals with the care that they need. One community member shared that they felt there was a specific need for ***"mental health that is accepted by the community,"*** and shared that people felt stigmatized when seeking mental health care at some community organizations. Another individual echoed this barrier to seeking care, sharing that people have concerns about which organizations are safe and trauma-informed.

> **"Mental health is a taboo subject. People talk about it in general, but not when it gets specific to individuals [...] People need the language to learn how to deal with the mental health issues, and help them acknowledge their mental health issues, then how to move forward to get help."**

Community members also shared that when it comes to mental and behavioral health, some populations such as older adults felt more internalized stigma than their younger counterparts, ***"For older adults unless someone has prior experience and no stigma it is hard to influence older adults to seek behavioral health services."*** Community members were hopeful about the progress that has been made on mental health stigma. One participant noted, ***"There's still a stigma, but we're starting to break the surface."***

There also continues to be a stigma against substance use disorder (SUD) and treatment within the community. Societal stigma can impact the resources that are available within the community. One community member noted that certain resources, such as housing, are not available to those with SUD. Internalized stigma can also influence individuals to avoid seeking care. One participant provided a solution that could reduce stigma, sharing that ***"[the community] need[s] more peer-driven resources for substance use disorder and mental health."*** Utilizing peer-driven resources such as peer recovery specialists fosters a safe and supportive partnership between those in need of care and those that have lived-experience with SUD.

Vulnerable Populations

The stigma experienced by individuals that are Black, Indigenous, or People of Color (BIPOC) affects the health care that they receive. Multiple community members shared that BIPOC individuals don't feel heard when seeking health services or feel that they don't receive the same level of care as their white counterparts. This can result in a lack of trust between these community members and healthcare organizations and providers. One community member shared what Black people have experienced while seeking health care, ***"I have heard stories of people going into the hospital and having very radically different experiences than non-Black [people] - it can cause harm and mistrust."*** Similar sentiments were shared regarding immigrant and refugee populations. Non-English speakers felt a lack of safety and camaraderie when interacting with providers who did not share their language. One participant shared that when her grandmother had a similar cultural background as her doctor ***"there was a warmth and good bedside manner [...] [she] felt safe with common language."*** ***Another shared "We have disparities, there is work that needs to be done in trust-building. Having providers that relate well to patients and understand. If they speak Spanish having a bilingual provider goes SO far."***

"Stigma is still alive! You want someone like yourself to talk to about the problem. Counseling helps but it's not just book knowledge; understanding that diversity is a need as people go through the educational process in schools."

The cultural competence of providers and cultural congruence between those seeking and providing health care was discussed by multiple community members. One individual shared that efforts to invest in clinicians that represent the community served could be beneficial, ***"[a] workforce development initiative at community colleges, [...] scholarships for people to access education, a pipeline for bilingual and people of color. [There are] so few bilingual therapists. Spanish speaking immigrants have a need."***

Community members noted that stigma against those who identify as LGBTQ+ remains present and negatively impacts the community. One community member shared that this stigma results in the ***"trans population feeling overt hostility"*** and noted that many are ***"fearful that services will be stripped."*** This stigma can have a tangible impact on health as one participant shared ***"[the] LGBTQ community - especially young people and trans - they don't seek out healthcare generally."*** Another community member voiced that a LGBTQ+ center would be a positive addition to the community and a safe space for individuals to be themselves.

Built Environment

The built environment includes any man-made structure or system that impacts the way communities live, work, and recreate. When discussing the built environment in each of the four counties served by Beacon Health System, community members shared how they see it impacting health outcomes in both positive and negative ways. Some communities saw the parks, trails, and greenery within their community as a benefit. Many felt that improvements could be made to housing, infrastructure, and transportation systems to better support community members.

"Promote careers around mental/ behavioral health as it's a rising concern and becoming more visible due to technology advances. More younger people, especially in Black and Brown communities, are looking at career paths and want to be in service, although they don't know how – maybe as social workers or therapists to help their communities? Invest in people wanting to pursue these careers and invest people staying in those careers."

Within Marshall County, IN, residents appreciated the availability of green space, parks, and trails. However, community members from Marshall County and neighboring St. Joseph County, IN felt that quality and accessibility of transportation was limited. One stakeholder shared, ***"one or no-car householders are a barrier. If you have to rely on rideshares it's hard. Public transportation takes a long time. Physical structures at public transportation stops are not inviting to wait in bad weather."*** This individual continued on to propose infrastructure changes such as ***"creating complete streets that are accessible by cars, pedestrians, bikes, wheelchairs"*** to improve community members' ability to utilize all forms of transportation.

In St. Joseph County, MI, community members expressed concern about the availability and quality of housing. Some shared their concern for lead exposure through homes and the direct impact this can have on residents' health. Others expressed the lack of temporary and permanent housing in the area, sharing, *"Housing is just short on housing. People can't get housing – people are on waiting lists; we have homeless shelters that are full."* Another individual shared that the housing that is being developed in the community is not affordable to many residents. Community members from Elkhart County, IN expressed similar concerns regarding both the quality and availability of housing in the area.

Investing in a community's built environment has had varying effects on community members. Within St. Joseph County, IN one stakeholder noted the stark difference between neighborhoods that have experienced economic investment and those that have not. They shared that they have noticed that lower-income neighborhoods have less tree coverage and greenery, lack grocery stores, and have more blighted properties, all of which can have direct and indirect impacts on public health. Individuals in Elkhart County had mixed opinions on the impact of investments, both acknowledging the benefits of creating an enjoyable environment to live in and sharing concern over the unintended impacts of such change. One Elkhart County resident stated, *"as investments are made to beautify and diversify, that brings a sense of safety and being in a place where you want to live."* Others expressed concerns about the potential negative impacts of community investment sharing, *"upgrading the community is going to increase cost of living and housing."*

Community Network

Throughout the stakeholder interviews and focus groups, community members continuously expressed the importance of a strong community network for fostering an environment that promotes social, physical, and mental well-being. When discussing the community network, many focused on the importance of both inter-personal relationships and inter-organizational relationships. These sentiments focused on the idea that communities are better when their members work together.

"A lot of non-profits need more support, strategic planning, use of data and evidence-based programs, capacity building, grant writing. Health coalition exists that are strong but the business sector, city and county need to be involved. Advocacy needs to be improved - newspapers, public meetings."

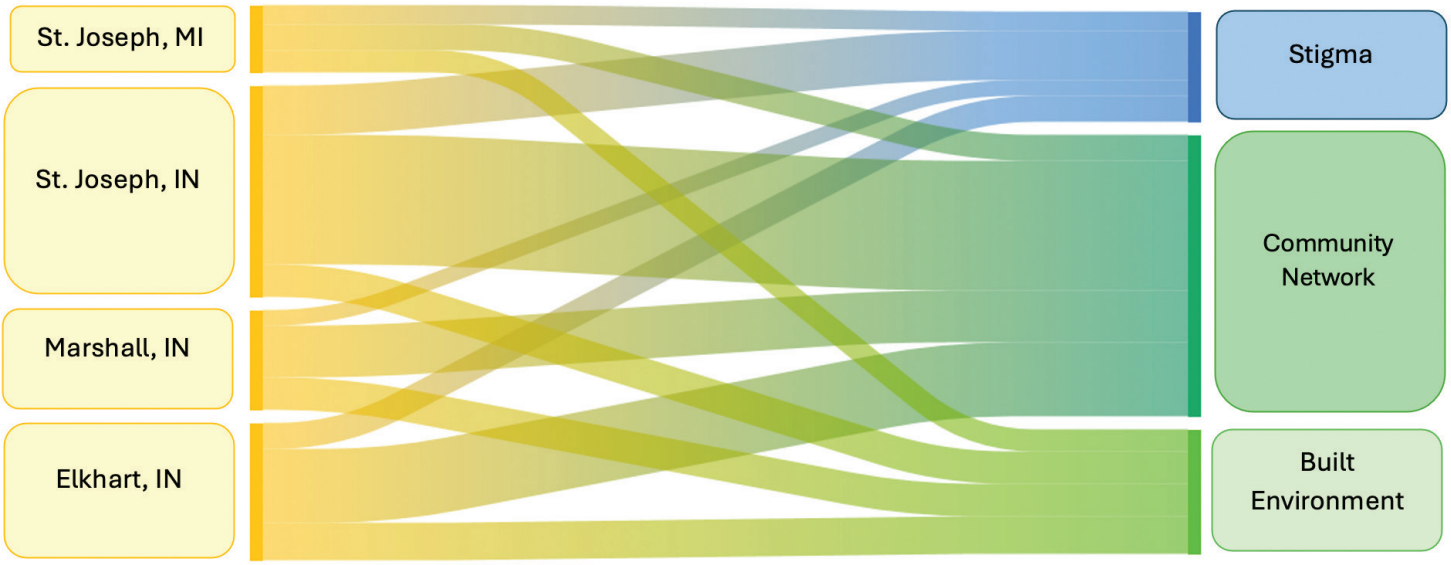
Many community members felt that having a diverse set of individuals from throughout the community involved in the planning and decision-making process is necessary for creating outcomes that align with what is best for the community. When discussing how the city allocates grant funding, one individual shared *"[we] need people of color at the table to make decisions,"* and another shared, *"a lot of the same players in the community get the resources – [we] need more opportunities for smaller organizations."* Others wanted those that were being affected by the decisions to be heard, sharing, *"I wish people who were in positions to make actual decisions in terms of resource allocation and structure would actually list and respond to [the] truth of people's experience."*

Community members also saw a benefit to organizations collaborating with influential players in their local communities, such as large employers, universities, and health systems. While reflecting on the benefit of social workers for community members, one community member shared, *"[we] would love to partner with some universities and their social work students to create a program for students to help their clients."* An individual that works for the local library system shared that a strong partnership with mental health organizations such as Beacon Health System and Oaklawn has been beneficial for her staff stating, *"Some people come into library with deep mental health needs and they call authorities, but there aren't enough beds available. People who work in the library don't only work in just a library, they need mental health and other training. […] Library workers are not providers or caseworkers, and they had to adjust for it. Libraries are now public health spaces. You never know how long someone will be in a staff person's care."*

Community members also noted that a community network is essential for sharing information to gain support, reduce overlap of services, and reach the population that needs assistance. One individual suggested, *"[I] would like if there was a way for organizations to share what they are currently working on/what they are interested in working on so other organizations with similar interests can reach out."* An individual from St. Joseph County, MI, an area with a large Amish population, noted that sharing information using this community's unique network can be a powerful tool for communication: *"Open communication and public awareness go a long way. […] In the county, there's a large Amish population who doesn't use internet, but they do seek out medical care. Amish have great church networks […] It's all relationship-building."*

Themes by County

Each theme was discussed across all four counties; however, themes were discussed with varying frequency depending on region as shown by the following diagram:



Reading this diagram: The width of each line represents the volume of qualitative data related to each county and theme (Stigma, Community Network, or Built Environment). Vertical dark lines on each side of the diagram represent the volume of data. For example, by looking at the left side of the diagram we can see that we collected more data from St. Joseph County, IN than the other counties because it has the widest line. Similarly, if we look at the right side, we can see that Community Network was a theme that came up more than other themes in discussions across all data collected. To determine how often themes were discussed in relation to each county consider the width of each connecting line. The diagram can be read in either direction, depending on your point of interest.

Elkhart County, IN

Community Network was the most prevalent theme throughout the focus groups followed by **Built Environment**. **Stigma** was the discussed least:

"People need to reduce silos and work together and talk... Connect, avoid duplication, and work together more."

Marshall County, IN

Community Network was the most prevalent theme, followed by **Built Environment** and then **Stigma**.

One community stakeholder noted how health navigators could promote a community network and, in turn, make healthcare more accessible:

"Prevention and health promotion. Resources to help people navigate getting the care they need and can afford. Got some funding for health navigators, which is wonderful to share resources with people."

St. Joseph County, IN

Community Network was the most prevalent theme throughout the focus groups and interviews that took place in this county; **Stigma** was the second most prevalent; **Built Environment** was the least prevalent:

"There is a need for more connectors - individuals or groups/organizations that help connect individuals to the resources they need, know about the different resources available. Collaboration across community organizations and the hospitals needs to happen more, knowing when you need care and not being afraid to ask for it."

St. Joseph County, MI

Stigma, **Community Network**, and the **Built Environment** themes were equally present throughout the focus groups and interviews that took place in this county.

One community member noted the intersection of these themes when talking about the difficulties an older individual may face when trying to get transportation to healthcare:

"A lot of older adults don't have the couple of bucks for the fare [...] they can call in advance to get and take you to the appointment but there may be stigma and afraid to say they don't have the money and some may not be aware of what their insurance covers."

Community Action Needs

Access to Health Care

Increased access to quality healthcare services has been identified as a need across the United States[11] and the counties served by Beacon Health System mirror this need. Access to health care includes physical and financial access to quality health care in a timely manner. An inability to access health care can have negative impacts on the individual needing care, often escalating the severity of a condition. This escalation also increased the level of care needed, which can lead to the utilization of other resources such as urgent cares, EMTs, and hospital emergency departments. Utilizing these emergency-focused resources can have a significant financial impact on individuals and can place stress on an already strained system.

Availability of Healthcare Providers

Many community members identified a lack of healthcare providers as a barrier to accessing healthcare services. Over the next 15 years, it is predicted that healthcare workforces will face significant shortages in many fields and positions including allied health, behavioral health, long-term care, nursing, oral practitioners, and physicians. These shortages will impact communities differently; it is expected that rural areas will experience a 56% shortage of physicians while metro areas will experience a 6% shortage across the healthcare workforce.[12]

Primary Care Providers

Primary care providers are essential for preventative care and the early detection of illness. Often, primary care physicians are also needed for referral to specialty care. When primary care providers are limited in a community, it can impact community members' ability to remain healthy and reach the appropriate care when needed. Many community members reported a shortage of primary care providers in their area, and of those that reported primary care providers present, many noted significant barriers to reaching them. One such barrier is long wait times for appointments sharing ***"sometimes [I] can find a primary care provider, but actually getting in can be several weeks to months wait."*** Another noted the impacts of this lack of accessibility, stating ***"patients can't find access to the care they need and often end up in the ER."***

Specialty Healthcare Providers

Many specialists such as obstetrics-gynecology (OB-GYN) practitioners, mental health providers, pediatricians, dermatologists, endocrinologists, neurologists, and dental care providers are limited across each of the counties, but this gap is more apparent in the rural areas of Marshall County, Elkhart County, and St. Joseph County (MI).
In Marshall County the lack of an OB-GYN provider has caused some individuals to travel 20-25 miles while in labor to reach a hospital with maternal and child health services. Similarly, in St. Joseph County (MI), community members shared that access to specialists has decreased over time, and families now often travel 2.5-3 hours to metropolitan areas for specialized care. Care provided in residents' local areas or these larger metropolitan areas often comes with a long wait. Community members shared that wait lists can be anywhere from three months up to a year to receive specialized care. One resident shared the impact they see this having stating, ***"[the] time it takes to see specialists and subspecialist on secondary side of things exacerbates the illness we currently have."***

[11] **Healthy People 2030. Health Care Access and Quality.**
https://health.gov/healthypeople/objectives-and-data/browse-objectives/health-care-access-and-quality
[12] **HRSA Health Workforce. Health Workforce Projections.** **https://bhw.hrsa.gov/data-research/projecting-health-workforce-supply-demand**

Additionally, a lack of specialists can put pressure on providers in other specialties to meet their patients' needs. One community member in Elkhart County shared, ***"Psychiatry is a desert, so many family MDs, OBGYNs, primary care providers do most medication management, but they're not required to have psychiatric training. So, these docs generally prescribe lower doses and are more conservative."*** This adds to the already strained workload of these practitioners and can also result in inadequate care for community members.

Substance Use Disorder Treatment Providers

Those with substance use disorders have unique health care needs and can significantly benefit from access to mental and behavioral health care. Community members from the more rural counties reported limited access to substance use treatment providers and resources. When treatment resources are lacking in a community, it can lead to gaps that patients fall through as one community member noted, ***"there are lots of gaps across the continuum from outreach to recovery, our closest detox is 30 miles away."*** In this community, the absence of a detox facility can dissuade individuals from seeking care.

A stakeholder from Marshall County, IN, shared that individuals seeking Medication Assisted Treatment (MAT) experience a three month wait before a provider is able to meet with them. In communities that do have better access to treatment centers, such as St. Joseph County, IN, community members also report long wait lists to access care. Another community member shared how a lack of transitional housing, an important step in the treatment and recovery process, ***"create[s] a cycle of people seeking care, getting clean, and no safe place and [they] start again."***

When previously discussing stigma within health care, many community members expressed a need for providers to represent and relate to the community that they serve. Recommendations were made to support community members from vulnerable populations to enter careers in health care. These efforts could also aid in supporting the local healthcare workforce and reduce provider shortages.

Affordability of Care

Even when providers are available in a community, financial limitations can affect community members' ability to access their services. Both the cost of care and the coverage provided by insurance have significant impacts on individuals' ability to receive care. Community members voiced multiple concerns related to the affordability of care including:

- Difficulty obtaining health insurance due to logistical barriers
- High out-of-pocket costs even with insurance coverage
- Lack of provider acceptance of health insurance, including any insurance type and specifically Medicaid
- Uncertainty regarding health insurance coverage depending on location of care

One community member shared that an individual's change in insurance coverage or changes in providers acceptance of certain insurance plans has caused some residents to lose coverage at an office they were previously established as a patient at. One community member shared ***"Some psychiatrists are opting out of insurance, so it's really hard for people who don't have money. Therapists are also opting out of some insurance."*** Many specifically noted that individuals on Medicaid face significant barriers to finding providers that will accept them as patients.

Community members also share that even with insurance, the cost of care is still prohibitive. One individual shared that even though an individual may receive a diagnosis, they may not be able to afford the treatment, and this creates a cycle of illness: ***"People go to the doctor, the doc prescribes meds they can't afford, then people don't want to go to the doctor."*** While the affordability of health care impacts all individuals, it most significantly impacts those who are low-socioeconomic status or are fixed-income, including the elderly and those with a disability. Aside from the cost, community members within these populations face other barriers to maintaining their health and well-being include lack of accessible transportation and complex medical needs.

Beacon's service of both Indiana and Michigan presents a unique challenge as well. Confusion exists in the community and among providers regarding insurance coverage of certain services through Beacon due to patients having Michigan-specific insurance (Medicaid) in St. Joseph County, MI. This ambiguity regarding what will be covered deters individuals from seeking the care that they need.

Social Drivers of Health

Social drivers of health (SDOH) or social determinants of health are factors within a community that impact its members' ability to maintain their health and quality of life. SDOH can include things like the built environment, but also social and economic factors such as family support, education, employment, and income opportunities.[13] Stakeholders repeatedly identified four significant social drivers of health that affect their communities' health:

- Housing availability and quality
- Transportation services
- Access to healthy food
- Employment

"Affordable housing - there needs to be a big push for affordable housing [...] The affordable housing stock has lagged for a long time in the community."

These factors often compound on one another to create an intricate cycle of inequity within a community. For example, without adequate transportation an individual may not be able to reach a job site. If an individual doesn't have a job, this impacts their ability to afford food and housing. If housing is not affordable, maintaining employment becomes even more difficult. Focusing efforts on improving each of these factors can help break this cycle.

Housing

Having access to stable, high-quality housing can have positive impacts on physical and mental wellbeing. Low quality homes can contain lead-based paint and plumbing, poor ventilation, poor sanitation, and have unreliable heating and cooling all of which can have direct effects on inhabitants' health. Access to stable housing and safety in one's home are incredibly important for mental health. The affordability of housing, or lack thereof, can also impact health directly, as one community member succinctly stated people face a ***"decision-making process to get healthcare or rent."*** Community members felt strongly that to promote health and wellbeing, residents need a safe place to live. Concerns regarding the lack of affordable, high-quality housing were echoed across each of the four counties served by Beacon Health System.

As homeownership becomes less common, issues with rental properties have risen. Community members shared that the condition of rental properties is poor and landlords are unavailable or unwilling to fix them. One member stated, ***"[we] need to hold landlords accountable for the conditions of their property. Absentee landlords or investment groups own properties so [there is] no local accountability."*** Another shared how absentee landlords are impacting the cost of housing as well, sharing, ***"Local people are evicting their tenants and selling houses to large landlords from out of state [and] increasing prices. Housing is in crisis mode."***

Community members expressed concern about how a lack of housing impacts certain vulnerable populations, including those with mental and behavioral health needs and aging populations. One community member shared their personal worries regarding homelessness, stating, ***"Homelessness and mental health - seem to go hand-in-hand. A lot of people out there are not out there by choice. [...] As we age, more people are having mental health issues. I am a step away from being homeless myself."***

In addition to efforts to prevent homelessness, more resources are needed for individuals that are experiencing homelessness. Community members in all four counties expressed a need for more homeless shelters within their area and more resources for those experiencing homelessness. The shelters that are available are often full and some have certain stipulations that limit who can utilize their services. This can exclude families, certain genders, and those with substance use disorder.

[13] **Healthy People 2030. Social Determinants of Health.** https://health.gov/healthypeople/priority-areas/social-determinants-health

Transportation

Transportation can come in many forms including, biking/walking, public buses and rails, ride-share, and personal vehicles. Access to some form of transportation is essential for residents to access health care, places of work, grocery stores, school, and many other organizations. Community members reported that they see poor transportation most prominently impacting access to employment, health care, and healthy food.

Metropolitan areas city design and concentration of businesses and organizations are often more conducive to biking/walking and shared transportation efforts such as buses and railways than rural areas. However, these forms of transportation are dependent on maintained sidewalks, designated bike lanes, and thoughtful bus and rail route planning. One community member discussed the public transportation in St. Joseph County, IN, sharing, ***"public transportation is very limited, very car centric, and there are not sidewalks everywhere." They also worried about pedestrian safety, stating "crosswalks should be more defined."*** Another individual also shared ideas for improvement including "***creating complete streets that are accessible by cars, pedestrians, bikes, wheelchairs, etc. Then destinations need bike racks or somewhere to safely store equipment."***

The more rural counties of Marshall, Elkhart, and St. Joseph (MI) face different transportation challenges. In Marshall County, one stakeholder who works within an organization providing transportation shared the challenges that they face, ***"There are no bus stops. This organization is the only transportation provider in the county. Demand is really increasing with number of older adults increasing across the board."*** Similarly, a lack of accessible public transportation services in St. Joseph County, MI, inhibits people from reaching essential services. One community member shared, ***"People can't get where they need to be. It's not the wealthiest community, so if they don't have transportation, it's hard. If you don't have a car and call 911 and are taken to the ER, and you're discharged at 8 pm, there's no way for people to get home. Some people stay in waiting room and sleep until the next day."***

Residents of Marshall County face similar challenges. One resident discussed the lack of public transportation in the county's only city impacting access to health care, ***"Plymouth has no form of public transportation. This makes it hard on people, such as older adults, low-income."*** Another community member from Elkhart County reported barriers to alternative forms of transportation, like Medicaid-funded ride shares, stating ***"Medicaid cab service sounds good in theory but in reality, it doesn't really work - cab drivers don't really show up or cancel."***

Community members across all counties reported that transportation barriers are highest among older adults and families. When reflecting on the impact of poor transportation on older adults one stakeholder noted, ***"Our rural community seniors really struggle with accessing transportation for health appointments that is affordable and convenient."*** Another community member reflected on the transportation barriers that families face, sharing ***"[...] systems are not conducive for taking kids to the grocery store - can't bring a bunch of kids in an Uber or on the bus."***

Food Security

Access to nutrient-dense food options is essential for maintaining health and can aid in the management of some chronic diseases. Unfortunately, communities often face barriers to consuming healthy foods. These barriers can include limited access to grocery stores within neighborhoods, inability to store or prepare meals, affordability of healthy food, and stigma surrounding the use of food assistance programs.

Stakeholders see food access as a systemic problem, sharing ***"people know they need to eat healthy but live in a food desert and the only place to food or snacks is a local quick mart."*** Stakeholders also reflected on the intersection of food access with other concerns such as housing and transportation. One stakeholder asked, ***"If people live in motels what kind of kitchen do they have and how can they cook healthy food?"*** And another shared, ***"If people go to a food pantry with a heavy box of food, it's not easy to take the bus and transfer buses."*** This concern was also voiced for specifically for community members that rely on social services, ***"People that rely on WIC or SNAP require additional transportation to get to stores where they could buy the "good food," but those systems are not conducive for taking kids to the grocery store."***

One community member reflected on a previous program that was beneficial, *"Older people are capable of living in their homes but need support of the community like Meals on Wheels. Some need to access food pantries but need help with transportation and carrying the food. This part was better during COVID; Uber drivers or GrubHub delivered food from food pantries; it was really helpful."*

Employment

Improving community members' access to well-paying jobs can be a powerful factor in decreasing poverty and increasing access to adequate housing, food, and health care. Community members across each county shared the need for more jobs that pay a livable wage and strategized on reducing barriers to employment.

Community members in Elkhart County were particularly affected by recent job loss. One community member noted the lasting impacts of the COVID-19 pandemic on the community sharing, *"after COVID a lot of job resources have been slow in Elkhart County. People have been laid off or struggling with unemployment [...] people are still struggling."* Another stakeholder shared, *"Now people aren't buying so factories are laying a lot of people off. Factories are sneaky - letting people work a few hours then laying them off so the people don't get unemployment."* Others noted that when jobs are available, they don't always pay livable wages, *"wages haven't increased in line with the cost of goods."*

Community members also shared how a lack of resources and infrastructure can serve as a barrier that impacts certain populations' access to jobs. In Marshall County a stakeholder shared that individuals without personal transportation cannot reach certain workplaces, *"jobs are available, but the hard part is transportation."* Another stakeholder in St. Joseph County, IN shared a similar concern stating, *"there is no city bus that runs 7 days/week or past 9 pm - hard for people working evenings or nights."*

Others shared that a lack of affordable childcare prevented parents from working, *"a lot of people can't afford [childcare] so they stay home and don't work."* Another stakeholder reflected on the intersection of family structures, including how a lack of family support can affect their ability to meet their family's needs stating, *"Many families are one parent homes or there's divorce, or parents raising their grandchildren and their parents. Many people have many needs but not the resources to go to work and keep their house afloat and care for so many other people."*

Government Support and Policy

Local, state, and federal governments can significantly impact communities' well-being through their policies and programs. Policies that expand healthcare coverage can increase members' access to healthcare prevention and treatment services; government regulations can maintain safe neighborhoods and workplaces; and funding public education and economic programs can increase opportunities and improve quality of life.

Stakeholders and community members identified ways through which government action could improve the well-being of their community. One of the most prominent ideas shared was reforming government-funded healthcare coverage. Many participants shared support for affordable health care for all members of the community. Stakeholders and community members alike saw the need for improving Medicaid coverage for healthcare services.

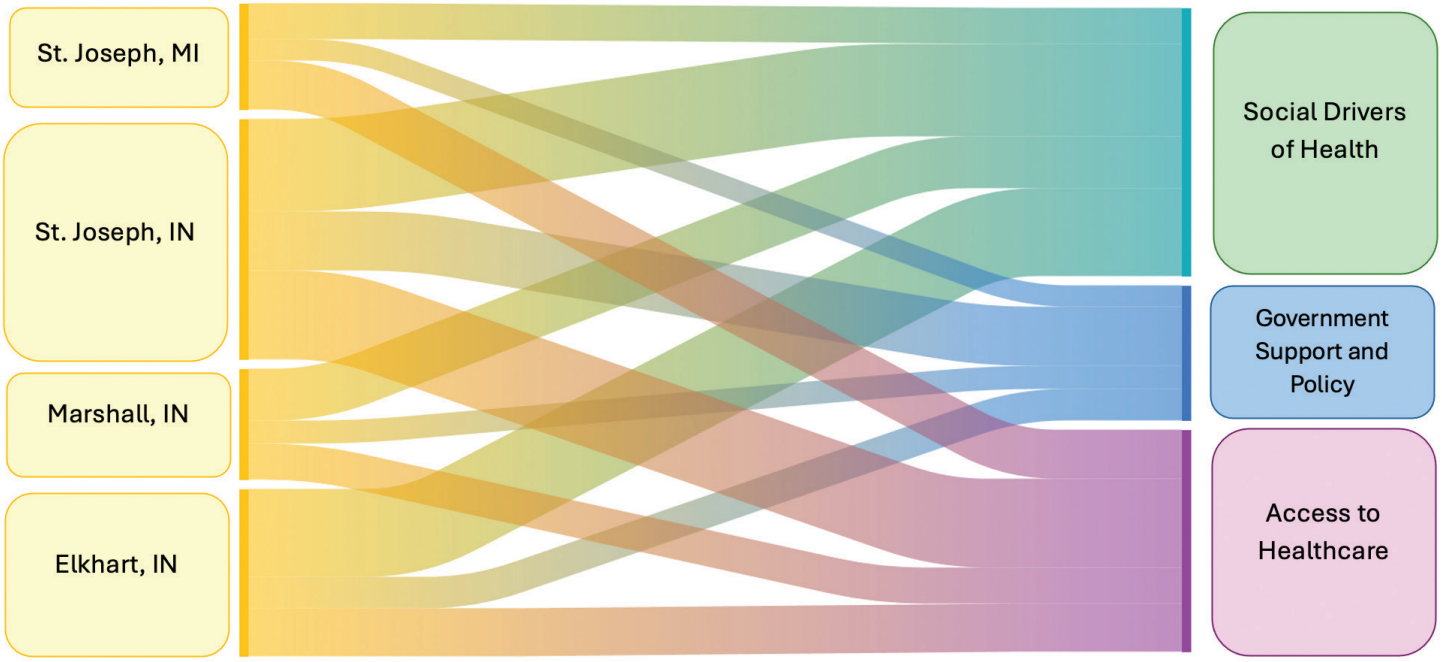
Stakeholders within the healthcare field shared that fewer providers were accepting Medicaid insurance because *"Medicaid reimbursement rates are too low"* and other resources such as Medicaid transportation are often unable to meet the demand for services. Community members also lamented the "unwinding" of Indiana Medicaid that has occurred over the past year. This has resulted in nearly 500,000 individuals losing Indiana Medicaid coverage.[14]

[14] **KFF. Medicaid Enrollment and Unwinding Tracker.**
https://www.kff.org/report-section/medicaid-enrollment-and-unwinding-tracker-state-enrollment-and-unwinding-data/

Community members also shared that more support for public education could have a positive impact on their community. One stakeholder noted the importance of early childhood education, stating that ***"[we] need to close the gap for kids leaving the home and going into school."*** Another community member expressed concern that local government's policy for charter schools was pulling resources away from the public school system. As previously discussed, community members saw value in investing in secondary education for vulnerable populations that are seeking careers in health care.

Needs by County

Community members from each county expressed different community needs which were categorized into the needs identified above: Access to Healthcare, Social Drivers of Health, and Government Support and Policy. The following diagram which counties focused more heavily on which needs:



Reading this diagram: The width of each line represents the volume of qualitative data related to both county and need (SDOH, Government Support and Policy, or Access to Healthcare). The width of vertical dark-shaded lines on each side of the diagram represents the volume of data for that location or need. For example, by looking at the left side of the diagram we can see that we collected more data from St. Joseph County, IN than the other counties because it has the widest line. Similarly, if we look at the right side, we can see that needs related to the Social Drivers of Health was discussed more than other action needs across all focus groups and interviews. To determine how often action needs were discussed in relation to each county consider the width of each connecting line. The diagram can be read in either direction, depending on your point of interest.

Elkhart County, IN

Social Drivers of Health and **Healthcare Access** were the most prevalent needs discussed. When asked about barriers that exist in Elkhart County, one Health System Stakeholder noted:

"Transportation and waiting time. We are really working collectively to have conversations around a number of providers as building trust and culturally responsive care."

Another stakeholder shared the impact a lack of social and financial safety can have:

"When someone is in survival mode, health isn't the priority when they need to keep the lights on, etc."

St. Joseph County, IN

All three action needs were discussed a equally during focus groups and interviews with St. Joseph County, IN community members. When asked about the most prominent needs of the community, one stakeholder shared:

"Rent and housing costs have increased astronomically. Utilities and food costs increasing. Medicaid unwind [...] and now state is changing Medicare/Medicaid [...] Poor and underserved have a harder time accessing care and it's getting worse."

Marshall County, IN

Making changes to improve the **Social Drivers of Health** was the most prominent need discussed in Marshall County.

One community members noted a reliance on private transportation impacts an individuals ability to seek care:

"If you don't have a vehicle then you just miss [your appointment], if you miss so many them the doctor won't schedule you."

Community members also reflected on the need for more housing and food access:

"No available housing [...] many people need income-based housing."

"Lack of healthy food. Super low income barely survive and go to food pantries but it's processed food and it's easy [...] If people live in motels what kind of kitchen do they have and how can they cook healthy food?"

St. Joseph County, MI

Access to healthcare and poor **Social Drivers of Health** were discussed most frequently. One health system executive in St. Joseph County, MI discussed how these needs intersect to negatively impact maternal and child populations:

"Hospitals are dropping out of [maternal and child health] services because it's not financially feasible. [Local hospitals] stopped doing OB, so [our] volumes have increased. Then couple that with transportation issues..."

Community Survey Overview

The purpose of the community survey was to maximize accessibility and comprehensively evaluate clients' insights as well as to enable a share of people living in Beacon's service area to share their perspectives on the unique barriers, challenges, and potential solutions to address identified community health needs.

Methodology

The community survey was made available online and in paper form in English and in Spanish from June 17, 2024, through July 24, 2024. The questionnaire included closed-ended, need-specific questions, open-ended questions, and demographic questions. Invitations to participate were distributed by Beacon and its partners through channels including email and social media. Strategic outreach was conducted to ensure maximum participation from clients, especially in vulnerable communities.

In total, there were 1,473 valid survey responses, the vast majority of which (95.8%) were to the English language survey. Special care was exercised to minimize the amount of non-sampling error through the assessment of design effects (e.g., question order, question-wording, response alternatives). Sub-questions included requests to rate community needs on a five-point scale. See the appendix for the survey instrument.

The survey served as a practical tool for capturing insights of individuals across Beacon's service area. This was not a random sample, and findings should not be interpreted as representative of the full population the organization seeks to serve. Additionally, sample sizes of demographic subpopulations are not large enough in many cases to consider samples to be representative of the broader populations from which responses were received. Differences in responses have not been tested for statistical significance as part of this assessment.

Survey Findings

Respondent Demographics

Among valid responses to the community survey (n=1,473), nearly half (46.4%) reported living in St. Joseph County (Indiana), with another one in five (19.6%) reporting living in Elkhart County. Overall, nearly half of all respondents were ages 25 to 44 (48.8%), with the sample from St. Joseph County (MI) slightly older than those from other counties, and the sample of those from Elkhart County slightly younger. Most respondents (85.6%) identified as White or Caucasian, and one in 10 (10.4%) identified as Black or African American. More of those from St. Joseph County (Indiana) identified as Black or African American compared to the other counties. Elkhart County had the largest portion of respondents identifying as Hispanic, Latino, or Spanish origin (29.5%).

NOTE: Throughout the Community Survey section, 'Total' columns also include responses of 90 respondents from counties other than those listed.

EXHIBIT 25: RESPONDENT DEMOGRAPHICS

DEMOGRAPHIC VARIABLE	PERCENT OF RESPONDENTS				
	Elkhart	Marshall	St. Joseph (IN)	St. Joseph (MI)	Total*
COUNTY					
Number of Respondents	289	170	683	241	**1,473**
Percent of Total	19.6%	11.5%	46.4%	16.4%	-
AGE					
18 to 24	6.8%	5.8%	4.6%	4.5%	**5.1%**
25 to 34	25.2%	22.5%	21.8%	22.1%	**22.4%**
35 to 44	19.2%	29.0%	28.5%	28.6%	**26.4%**
45 to 54	18.4%	11.6%	16.9%	13.6%	**16.2%**
55 to 64	19.2%	16.7%	15.5%	9.5%	**15.9%**
65 to 74	7.7%	10.1%	7.4%	12.6%	**8.6%**
More than 75 years old	3.4%	4.3%	5.3%	9.0%	**5.4%**
RACE^					
White or Caucasian	90.8%	84.0%	83.0%	92.0%	**85.6%**
Black or African American	6.3%	9.9%	14.6%	4.5%	**10.4%**
Native American or Alaska Native	3.4%	3.8%	1.1%	6.5%	**2.9%**
Middle Eastern or North African	3.9%	5.3%	1.7%	0.5%	**2.2%**
Asian	1.0%	4.6%	1.7%	1.5%	**1.8%**
Native Hawaiian or Pacific Islander	1.9%	0.0%	0.6%	2.0%	**1.1%**
ETHNICITY					
Hispanic, Latino, or Spanish origin	29.5%	26.0%	20.0%	21.5%	**22.1%**

* 'Total' also includes 90 respondents from counties other than those listed above.

^ Percentages total more than 100% because respondents were instructed to select as many options as apply to them.

*The number of respondents by county were: Elkhart, 289; Marshall, 170; St. Joseph (IN), 683; St. Joseph (MI), 241. This makes a total of 1473 respondents.

Nearly three in four respondents (73.5%) identified as female, and more than half (55.0%) reported having a bachelor's degree or higher. The samples from Elkhart County and St. Joseph County (MI) had more respondents with a lower level of education attained compared to the other counties. One in ten respondents reported living with a mental health disorder, and a slightly smaller proportion reported an intellectual or developmental impairment.

EXHIBIT 26: RESPONDENT GENDER IDENTITY, EDUCATION LEVEL, & DISABILITY STATUS

DEMOGRAPHIC VARIABLE	PERCENT OF RESPONDENTS				
	Elkhart	Marshall	St. Joseph (IN)	St. Joseph (MI)	Total
GENDER IDENTITY					
Female	75.9%	71.9%	72.4%	72.1%	**73.5%**
Male	23.3%	25.9%	26.1%	27.4%	**25.2%**
Gender Non-Binary	0.0%	0.0%	1.1%	0.0%	**0.5%**
Transgender Female	0.4%	2.2%	0.4%	0.0%	**0.5%**
Transgender Male	0.0%	0.0%	0.2%	0.5%	**0.2%**
My gender is not listed	0.4%	0.0%	0.0%	0.0%	**0.1%**
EDUCATION (HIGHEST LEVEL ATTAINED)					
Less than a high school diploma	5.6%	4.4%	1.6%	4.0%	**3.1%**
High school degree or equivalent (GED/HiSET)	19.9%	15.4%	10.9%	19.2%	**14.3%**
Some college, no degree	20.3%	19.9%	10.0%	21.2%	**15.4%**
Associate's degree	7.8%	16.9%	10.9%	18.2%	**12.2%**
Bachelor's degree	25.1%	27.9%	34.8%	19.2%	**29.3%**
Master's degree	18.6%	14.7%	24.6%	13.6%	**20.7%**
Professional or doctorate (such as MD, DDS, DVM, PhD)	2.6%	0.7%	7.2%	4.5%	**5.0%**
DISABILITY STATUS					
A mental health disorder	10.4%	11.2%	10.7%	12.4%	**10.9%**
An intellectual or developmental impairment (such as ADHD)	6.9%	8.8%	10.7%	8.3%	**9.2%**
A sensory impairment (vision or hearing)	6.9%	8.8%	7.3%	12.4%	**8.3%**
A long-term medical illness (such as epilepsy, cystic fibrosis)	5.5%	8.8%	4.8%	9.1%	**6.0%**
A temporary impairment due to illness or injury (such as broken ankle, surgery)	4.2%	7.6%	4.8%	5.0%	**4.8%**
A learning disability (such as dyslexia)	3.8%	8.8%	3.8%	5.0%	**4.4%**
A disability or impairment not listed	3.8%	6.5%	4.0%	5.8%	**4.3%**
A mobility impairment	3.5%	6.5%	3.1%	7.5%	**4.2%**
I do not identify with a disability or impairment	22.5%	31.8%	32.7%	30.3%	**29.6%**

*The number of respondents by county were: Elkhart, 289; Marshall, 170; St. Joseph (IN), 683; St. Joseph (MI), 241. This makes a total of 1473 respondents.

The median annual household income reported by respondents fell in the $55,000 to $64,999 range, with one in five respondents (20.2%) reporting income below $35,000. Lower levels of annual household income were most common among those from St. Joseph County (MI), where the sample was comprised of older respondents than in other counties.

Fewer than one in three respondents (29.4%) reported currently living in a single-parent household, and fewer than one in four (23.1%) live in a home with three or more generations living together, although this included more than one in three (34.5%) of those from Marshall County. One in five (19.0%) are currently caring for or raising a younger relative, including one in three (32.8%) of those from Marshall County.

EXHIBIT 27: RESPONDENT ANNUAL HOUSEHOLD INCOME & HOUSEHOLD CHARACTERISTICS

DEMOGRAPHIC VARIABLE	PERCENT OF RESPONDENTS				
	Elkhart	Marshall	St. Joseph (IN)	St. Joseph (MI)	Total
ANNUAL HOUSEHOLD INCOME					
None	2.8%	1.6%	1.3%	0.0%	**1.4%**
Less than $15,000	2.8%	4.0%	1.5%	7.6%	**3.1%**
$15,000 to $24,999	9.9%	7.1%	3.0%	14.1%	**6.7%**
$25,000 to $34,999	8.0%	13.5%	6.6%	14.1%	**9.0%**
$35,000 to $44,999	10.3%	9.5%	14.3%	12.5%	**12.3%**
$45,000 to $54,999	4.7%	9.5%	12.1%	10.3%	**10.3%**
$55,000 to $64,999	8.0%	14.3%	9.1%	6.0%	**9.0%**
$65,000 to $74,999	11.7%	7.9%	10.8%	9.2%	**10.5%**
$75,000 to $99,999	14.6%	10.3%	16.2%	15.8%	**14.8%**
$100,000 and above	27.2%	22.2%	25.1%	10.3%	**22.9%**
HOUSEHOLD CHARACTERISTICS					
Currently live in a single-parent household	25.4%	32.9%	29.9%	32.7%	**29.4%**
Live in a home with three or more generations living together	23.8%	34.5%	20.8%	24.4%	**23.1%**
Currently caring for or raising a younger relative (such as grandchild, niece, etc.)	17.6%	32.8%	16.4%	19.1%	**19.0%**

*The number of respondents by county were: Elkhart, 289; Marshall, 170; St. Joseph (IN), 683; St. Joseph (MI), 241. This makes a total of 1473 respondents.

Key Findings

Respondents most commonly identified as community residents (68.8%), and one in four (23.8%) identified as having roles with community-based organizations. Slightly fewer than one in five (18.9%) identified as Beacon patients/clients, and more than one in ten (12.2%) are Beacon staff. More of those in Elkhart County identified with faith-based organizations (14.2%) compared to those in other counties, and there were more first responders (11.6%) among the sample from St. Joseph County (MI).

EXHIBIT 28: RESPONDENT ROLE IN THE COMMUNITY

Please select which role in the community you identify with the most. (Check all that apply)	PERCENT OF RESPONDENTS				
	Elkhart	Marshall	St. Joseph (IN)	St. Joseph (MI)	Total
Community resident	66.1%	74.7%	70.6%	74.7%	**68.8%**
Community-based organization	24.6%	17.6%	23.1%	26.6%	**23.8%**
Beacon Health patient/client	17.0%	18.8%	21.4%	15.4%	**18.9%**
Beacon Health Staff	8.3%	13.5%	14.5%	10.4%	**12.2%**
Educator	8.7%	8.2%	10.5%	7.1%	**9.2%**
Faith-based organization	14.2%	5.9%	7.5%	9.1%	**8.8%**
Business owner	4.2%	4.7%	8.1%	8.3%	**6.8%**
First responder (includes EMS, police/ fire, and emergency healthcare providers)	6.9%	7.6%	5.3%	11.6%	**6.7%**
Elected official	1.7%	3.5%	1.0%	3.3%	**1.9%**

*The number of respondents by county were: Elkhart, 289; Marshall, 170; St. Joseph (IN), 683; St. Joseph (MI), 241. This makes a total of 1473 respondents.

Access to Health Care

Overall, four in five people (81.4%) reported having a family doctor, family health center, or clinic for routine care. More than one in ten of those in Marshall County (11.2%) reported using walk-in urgent care clinic for routine care, a larger proportion than the other counties.

EXHIBIT 29: RESPONDENT SOURCE OF ROUTINE CARE

Do you have a family doctor or a place where you go for routine care?	PERCENT OF RESPONDENTS				
	Elkhart	Marshall	St. Joseph (IN)	St. Joseph (MI)	Total
Yes, family doctor, family health center, or clinic	86.5%	75.3%	82.4%	80.4%	**81.4%**
Yes, walk-in urgent care	3.5%	11.2%	7.7%	7.1%	**7.3%**
Yes, emergency room	2.8%	2.9%	2.9%	2.9%	**3.1%**
No	6.9%	5.9%	5.8%	8.8%	**6.7%**
Other	0.3%	4.7%	1.2%	0.8%	**1.5%**

*The number of respondents by county were: Elkhart, 288; Marshall, 168; St. Joseph (IN), 680; St. Joseph (MI), 240. This makes a total of 1,466 respondents.

Nearly three in ten respondents (28.3%) reported needing medical or health care in the past year but choosing not to get it, including nearly four in ten of those from Marshall County (38.7%).

EXHIBIT 30: RESPONDENTS WHO NEEDED MEDICAL CARE BUT CHOSE NOT TO GET IT, PAST YEAR

In the past year, have there been one or more occasions when you needed medical care but chose NOT to get it?	PERCENT OF RESPONDENTS				
	Elkhart	Marshall	St. Joseph (IN)	St. Joseph (MI)	Total
Yes	25.0%	38.7%	27.8%	25.8%	**28.3%**
No	75.0%	61.3%	72.2%	74.2%	**71.7%**

*The number of respondents by county were: Elkhart, 289; Marshall, 170; St. Joseph (IN), 683; St. Joseph (MI), 241. This makes a total of 1473 respondents.

Among those who needed health care but chose not to get it, nearly half reported encountering **long wait times to see a provider** (45.1%), and one in three reported having **no money or ability to pay** (33.5%).

Money was an elevated challenge for those from St. Joseph County (MI), where more than half of respondents (51.6%) reported experiencing this barrier to care. **Decreasing numbers of providers in the community** was a greater challenge for those from Marshall County than overall (33.8% vs. 25.8%).

Insurance challenges were also high on the list across the counties, with those from Elkhart County reporting the highest levels of lacking health insurance compared to overall figures (27.8% vs. 18.1%).

EXHIBIT 31: REASONS RESPONDENTS DID NOT ACCESS NEEDED HEALTH CARE

If yes, what prevented you from accessing care when you needed it? (Check all that apply)	PERCENT OF RESPONDENTS				
	Elkhart	**Marshall**	**St. Joseph (IN)**	**St. Joseph (MI)**	**Total**
Long wait times to see a provider	43.1%	46.2%	49.7%	32.3%	**45.1%**
No money / ability to pay	36.1%	26.2%	31.2%	51.6%	**33.5%**
Decrease of providers in my community	26.4%	33.8%	23.8%	21.0%	**25.8%**
Doctor's office does not accept my insurance	22.2%	23.1%	26.5%	19.4%	**22.7%**
No health insurance	27.8%	18.5%	15.9%	12.9%	**18.1%**
Provider did not listen to my needs	9.7%	15.4%	19.0%	32.3%	**17.8%**
Do not trust providers or staff	6.9%	9.2%	14.3%	27.4%	**13.5%**
No way to get to that service (Lack of transportation - car, bus, etc.)	11.1%	12.3%	11.1%	16.1%	**12.3%**
Providers or staff do not understand my culture	5.6%	10.8%	11.1%	4.8%	**8.4%**
Providers or staff are not knowledgeable about people with my sexual orientation or gender identification	6.9%	7.7%	9.5%	9.7%	**8.2%**
Concern about the impact on my immigration status	5.6%	4.6%	7.9%	4.8%	**6.0%**
My neurological or developmental conditions (such as ADHD, ADD, OCD, Autism, etc)	6.9%	4.6%	5.3%	8.1%	**6.0%**
Providers or staff did not speak my language	4.2%	4.6%	4.2%	6.5%	**4.3%**
COVID-19-related restrictions	4.2%	7.7%	3.2%	3.2%	**4.1%**

*The number of respondents by county were: Elkhart, 72; Marshall, 65; St. Joseph (IN), 189; St. Joseph (MI), 62. This makes a total of 388 respondents.

Access to Behavioral Health Care

With regards to mental health or substance use services, one in four respondents reported needing services but choosing not to get them in the past year (24.2%).

EXHIBIT 32: RESPONDENTS WHO NEEDED MENTAL HEALTH OR SUBSTANCE USE SERVICES BUT CHOSE NOT TO GET IT, PAST YEAR

In the past year, have there been one or more occasions when you needed mental health or substance use services but chose NOT to get it?	PERCENT OF RESPONDENTS				
	Elkhart	Marshall	St. Joseph (IN)	St. Joseph (MI)	Total
Yes	20.6%	25.7%	25.9%	26.8%	**24.2%**
No	79.4%	74.3%	74.1%	73.2%	**75.8%**

*The number of respondents by county were: Elkhart, 289; Marshall, 170; St. Joseph (IN), 683; St. Joseph (MI), 241. This makes a total of 1473 respondents.

As with health care, **long wait times** were the most common reason respondents reported not accessing care when they needed it (45.7%). **The decrease of providers in the community** (32.6%) was also high on the list, most frequently among those from St. Joseph County (IN) (37.4%). Money and insurance issues were also more commonly reported as obstacles. **Lack of transportation** was highest among those from St. Joseph (MI), where the respondent sample was older than other counties, compared to the overall percentage (17.5% vs. 12.3%).

EXHIBIT 33: REASONS RESPONDENTS DID NOT ACCESS NEEDED MENTAL HEALTH OR SUBSTANCE USE SERVICES

If yes, what prevented you from accessing mental health or substance use services when you needed it? (Check all that apply)	PERCENT OF RESPONDENTS				
	Elkhart	Marshall	St. Joseph (IN)	St. Joseph (MI)	Total
Long wait times to see a provider	50.8%	46.5%	47.7%	36.5%	**45.7%**
Decrease of providers in my community	25.4%	32.6%	37.4%	25.4%	**32.6%**
No money / ability to pay	28.8%	39.5%	30.5%	33.3%	**30.9%**
Doctor's office does not accept my insurance	32.2%	34.9%	27.6%	20.6%	**27.4%**
Provider did not listen to my needs	11.9%	11.6%	16.7%	28.6%	**17.7%**
Do not trust providers or staff	10.2%	20.9%	13.2%	25.4%	**16.3%**
No health insurance	22.0%	20.9%	10.3%	6.3%	**12.6%**
No way to get to that service (Lack of transportation - car, bus, etc.)	13.6%	11.6%	10.9%	17.5%	**12.3%**
Providers or staff do not understand my culture	11.9%	14.0%	10.9%	9.5%	**11.1%**

*The number of respondents by county were: Elkhart, 59; Marshall, 43; St. Joseph (IN), 174; St. Joseph (MI), 63. This makes a total of 339 respondents.

Providers or staff are not knowledgeable about people with my sexual orientation or gender identification	8.5%	16.3%	8.6%	3.2%	**8.6%**
My neurological or developmental conditions (such as ADHD, ADD, OCD, Autism, etc)	11.9%	4.7%	8.6%	7.9%	**8.6%**
Providers or staff did not speak my language	8.5%	4.7%	9.2%	7.9%	**8.0%**
Concern about the impact on my immigration status	10.2%	7.0%	8.0%	7.9%	**8.0%**
COVID-19-related restrictions	3.4%	0.0%	1.7%	4.8%	**2.6%**

*The number of respondents by county were: Elkhart, 289; Marshall, 170; St. Joseph (IN), 683; St. Joseph (MI), 241. This makes a total of 1473 respondents.

Community Health Needs

Among social drivers, respondents most commonly identified the need for much more focus on **access to safe, affordable housing** (61.6%), followed by **affordable quality childcare** (58.9%), and **liveable wage job opportunities** (52.6%). Percentages indicating the need for much more focus were generally higher in Elkhart and St. Joseph counties (IN) than in Marshall or St. Joseph counties (MI).

EXHIBIT 34: COMMUNITY HEALTH NEEDS – SOCIAL DRIVERS

On a scale of 1 (no more focus needed) to 5 (much more focus needed), which of the following community and health-related issues do you feel need more attention for improvement in your community?	PERCENT OF RESPONDENTS				
Percent responding 'much more focus needed'	**Elkhart**	**Marshall**	**St. Joseph (IN)**	**St. Joseph (MI)**	**Total**
Access to safe, affordable housing	64.3%	54.4%	63.8%	55.0%	**61.6%**
Affordable quality childcare	65.2%	43.3%	63.5%	49.5%	**58.9%**
Livable wage job opportunities	58.0%	43.2%	55.0%	46.1%	**52.6%**
Access to affordable, nutritious food	52.4%	39.7%	54.8%	43.0%	**50.2%**
Social services (shelter, outreach, etc.) for people experiencing homelessness	44.0%	37.5%	51.8%	48.3%	**48.3%**
Finding housing first for individuals who have several service needs (such as behavioral health treatment, job training, etc.)	51.0%	35.7%	51.3%	43.4%	**47.9%**
Transportation services for people needing to go to doctor's appointments or the hospital	46.0%	37.7%	44.6%	43.5%	**44.1%**
Access to quality education for youth	38.3%	36.7%	49.9%	32.6%	**43.1%**
Activities for youth (such as a public pool, roller skating rink, bowling alley)	38.0%	26.5%	43.0%	35.9%	**38.2%**
Public transportation	36.9%	40.3%	37.6%	37.5%	**38.1%**
Access to quality education and job training for adults	38.9%	31.7%	39.2%	31.0%	**37.0%**
Access to clean, public places to play and exercise where all people feel safe and welcome	29.7%	23.0%	37.4%	35.4%	**33.9%**
Opportunities for physical fitness	28.9%	22.2%	29.1%	29.5%	**28.5%**
Activities for adults (such as a concerts, festivals, book clubs)	29.1%	19.0%	30.1%	29.5%	**27.9%**

*The number of respondents by county were: Elkhart, 289; Marshall, 170; St. Joseph (IN), 683; St. Joseph (MI), 241. This makes a total of 1473 respondents.

Among health program services, more than half of respondents (56.6%) indicated the need for much more focus on **crisis or emergency programs for mental health issues**. **Programs that bring people together to combat feelings of isolation and loneliness** (45.0%) and **programs that bring communities together, including those that focus on inclusion and combatting discrimination** (43.6%) were also high on the list.

EXHIBIT 35: COMMUNITY HEALTH NEEDS – HEALTH PROGRAM SERVICES

On a scale of 1 (no more focus needed) to 5 (much more focus needed), which of the following community and health-related issues do you feel need more attention for improvement in your community?	PERCENT OF RESPONDENTS				
Percent responding 'much more focus needed'	**Elkhart**	**Marshall**	**St. Joseph (IN)**	**St. Joseph (MI)**	**Total**
Crisis or emergency care programs for mental health issues	59.1%	50.3%	59.4%	47.2%	**56.6%**
Programs that bring people together to combat feelings of isolation and loneliness	48.1%	35.9%	47.2%	36.1%	**45.0%**
Programs that bring communities together, including those that focus on inclusion and combatting discrimination	41.9%	32.2%	49.8%	34.9%	**43.6%**
Programs for obesity prevention, awareness, and care	45.1%	38.6%	47.2%	34.6%	**43.4%**
Case management (support and programs) for persons living with chronic diseases	45.5%	27.0%	44.6%	36.4%	**41.1%**
Programs to help supply and protect environmental resources (such as access to clean air and water)	40.0%	28.3%	42.1%	35.6%	**39.3%**
Programs for diabetes prevention, awareness, and care	38.2%	28.4%	39.5%	30.4%	**35.8%**
Programs for heart or cardiovascular health	33.9%	28.3%	37.1%	30.2%	**33.5%**
Programs for smoking cessation (including vaping)	33.5%	26.6%	34.2%	26.5%	**31.5%**

*The number of respondents by county were: Elkhart, 289; Marshall, 170; St. Joseph (IN), 683; St. Joseph (MI), 241. This makes a total of 1473 respondents.

Among healthcare service needs, respondents most commonly identified the need for much more focus on **affordable prescription medications** (55.4%), followed by **healthcare services for people experiencing homelessness or do not have permanent shelter** (48.8%), **dental care** (46.4%), and **specialist services** (46.1%). The need for much more focus on specialist services was particularly elevated in Marshall County compared to other needs in that community, ranking first among needs listed.

EXHIBIT 36: COMMUNITY HEALTH NEEDS – HEALTHCARE SERVICES

On a scale of 1 (no more focus needed) to 5 (much more focus needed), which of the following community and health-related issues do you feel need more attention for improvement in your community?	PERCENT OF RESPONDENTS				
Percent responding 'much more focus needed'	**Elkhart**	**Marshall**	**St. Joseph (IN)**	**St. Joseph (MI)**	**Total**
Affordable prescription medications	58.2%	43.4%	57.8%	50.8%	**55.4%**
Healthcare services for people experiencing homelessness or do not have permanent shelter	51.1%	38.0%	51.6%	42.3%	**48.8%**
Dental care	45.6%	24.5%	50.9%	48.8%	**46.4%**
Specialist services (such as endocrinologists, pediatricians, rheumatologists, etc.)	47.8%	47.6%	45.3%	44.6%	**46.1%**
Coordination of patient care between health service providers	49.2%	39.0%	47.9%	35.5%	**45.2%**
Sexual health	37.9%	25.8%	47.4%	35.2%	**40.7%**
Primary care services (such as a family doctor or other provider of routine care)	31.7%	36.9%	41.8%	34.5%	**38.4%**
HIV / HCV (hepatitis C) / STI (sexually transmitted infection) treatment services	32.9%	32.8%	38.6%	26.9%	**34.4%**
HIV / HCV (hepatitis C) / STI (sexually transmitted infection) education and screening	31.9%	30.8%	37.9%	29.9%	**34.3%**
Emergency care and trauma services	28.5%	35.0%	26.9%	36.1%	**29.5%**

*The number of respondents by county were: Elkhart, 289; Marshall, 170; St. Joseph (IN), 683; St. Joseph (MI), 241. This makes a total of 1473 respondents.

Among older adult needs, **services for persons living with dementia or memory needs** were most commonly described as in need of much more focus (52.2%), although those in St. Joseph County (IN) more commonly indicated a need for **day programs for older adults** (54.1%).

EXHIBIT 37: COMMUNITY HEALTH NEEDS – OLDER ADULTS (55+)

On a scale of 1 (no more focus needed) to 5 (much more focus needed), which of the following community and health-related issues do you feel need more attention for improvement in your community?	PERCENT OF RESPONDENTS				
Percent responding 'much more focus needed'	**Elkhart**	**Marshall**	**St. Joseph (IN)**	**St. Joseph (MI)**	**Total**
Services for persons living with dementia or memory needs	54.8%	44.0%	53.5%	50.3%	**52.2%**
Day programs for older adults	51.4%	39.1%	54.1%	44.7%	**50.4%**
Different options to long-term care or nursing facilities for older adult	52.9%	42.0%	51.8%	47.4%	**50.4%**
Healthcare services for older adults (55+)	42.5%	41.0%	47.7%	41.5%	**44.7%**

*The number of respondents by county were: Elkhart, 289; Marshall, 170; St. Joseph (IN), 683; St. Joseph (MI), 241. This makes a total of 1473 respondents.

Among behavioral and mental health needs, respondents most frequently identified the need for much more focus on **counseling services for youth/children for mental health conditions such as depression, anxiety, and others** (59.2%), followed by **counseling services for adults for mental health conditions such as depression, anxiety, and others** (54.2%). Percentages indicating need for much more focus across needs were again highest among those from Elkhart, followed by those from St. Joseph County (IN).

EXHIBIT 38: COMMUNITY HEALTH NEEDS – BEHAVIORAL AND MENTAL HEALTH

On a scale of 1 (no more focus needed) to 5 (much more focus needed), which of the following community and health-related issues do you feel need more attention for improvement in your community?	PERCENT OF RESPONDENTS				
Percent responding 'much more focus needed'	**Elkhart**	**Marshall**	**St. Joseph (IN)**	**St. Joseph (MI)**	**Total**
Counseling services for youth/children for mental health conditions such as depression, anxiety, and others	68.9%	43.8%	60.8%	53.8%	**59.2%**
Counseling services for adults for mental health conditions such as depression, anxiety, and others	63.0%	42.0%	54.3%	51.3%	**54.2%**
Programs to help drug and other substance use disorder patients in recovery stay healthy	57.3%	35.1%	51.8%	44.8%	**49.8%**
Drug and other substance use treatment services	57.1%	33.1%	49.2%	43.2%	**47.8%**
Support services for people with developmental disabilities	54.9%	40.2%	46.2%	44.7%	**47.1%**
Drug and other substance use education and prevention	51.1%	35.3%	48.7%	42.6%	**46.7%**

*The number of respondents by county were: Elkhart, 289; Marshall, 170; St. Joseph (IN), 683; St. Joseph (MI), 241. This makes a total of 1473 respondents.

Among needs related to maternal, child, and family services, the need for much more focus on **women's health services** (44.8%) and **reproductive health services, including screenings and birth control** (44.5%) were most common. Across needs, levels of need for much more focus were lowest among those from St. Joseph County (MI).

EXHIBIT 39: COMMUNITY HEALTH NEEDS – MATERNAL, CHILD AND FAMILY SERVICES

On a scale of 1 (no more focus needed) to 5 (much more focus needed), which of the following community and health-related issues do you feel need more attention for improvement in your community?	PERCENT OF RESPONDENTS				
Percent responding 'much more focus needed'	**Elkhart**	**Marshall**	**St. Joseph (IN)**	**St. Joseph (MI)**	**Total**
Women's health services	45.0%	47.1%	47.4%	39.2%	**44.8%**
Reproductive health services, including screenings and birth control	46.8%	38.6%	49.0%	32.6%	**44.5%**
Parenting classes for new parents	45.8%	40.3%	44.5%	39.6%	**43.3%**
During and after pregnancy care	45.7%	48.5%	42.1%	37.9%	**42.6%**
Breastfeeding education and support	43.1%	33.6%	40.0%	32.2%	**38.1%**

*The number of respondents by county were: Elkhart, 289; Marshall, 170; St. Joseph (IN), 683; St. Joseph (MI), 241. This makes a total of 1473 respondents.

Respondents most commonly disagreed (or strongly disagreed) that everyone in the community has equal access to care and services (53.9%), including 58.1% of those from Elkhart and St. Joseph counties (IN). Respondents were least likely to disagree about striving to contribute to the health of their community (3.4%).

EXHIBIT 40: RESPONDENT DISAGREEMENT WITH STATEMENTS ABOUT COMMUNITY HEALTH

Thinking about Community Health, please rate each statement below on a scale of 1 (strongly disagree) to 5 (strongly agree).	PERCENT OF RESPONDENTS				
Percent responding 'strongly disagree' or 'disagree'	**Elkhart**	**Marshall**	**St. Joseph (IN)**	**St. Joseph (MI)**	**Total**
Everyone in my community has equal access to care and services.	58.1%	41.3%	58.1%	40.8%	**53.9%**
I know my neighbors will help me stay healthy.	34.2%	28.9%	30.9%	28.3%	**31.0%**
My community has the resources to improve our health outcomes.	14.4%	24.1%	17.1%	22.3%	**18.4%**
My community works together to improve our health outcomes.	11.4%	20.1%	18.0%	20.3%	**17.2%**
I strive to contribute to the health of my community.	3.9%	8.8%	2.1%	3.6%	**3.4%**

*The number of respondents by county were: Elkhart, 289; Marshall, 170; St. Joseph (IN), 683; St. Joseph (MI), 241. This makes a total of 1473 respondents.

Social Connectedness

Respondent involvement in social or community groups varied, led by participation in church, temple, or religious groups (38.7%), including 52.9% of those from Elkhart County. One in three mentioned participating in a social organization (32.8%), and one in four participate in a volunteer group (25.8%).

Use of social media groups was lowest among those from St. Joseph County (MI) – the oldest cohort. This sample also reported most frequently being users of senior centers (25.3%) compared to those from other counties.

EXHIBIT 41: RESPONDENT INVOLVEMENT IN COMMUNITY GROUPS

Are you involved with any of the following in the community? [check all that apply]	PERCENT OF RESPONDENTS				
	Elkhart	**Marshall**	**St. Joseph (IN)**	**St. Joseph (MI)**	**Total**
Church, temple, or religious group	52.9%	33.5%	37.0%	36.1%	**38.7%**
Social organization	30.4%	37.6%	33.7%	33.6%	**32.8%**
Volunteer group	26.3%	31.2%	24.9%	27.4%	**25.8%**
Social media group	21.8%	22.4%	21.2%	18.7%	**21.2%**
School, university, technical training, or adult education	17.3%	17.6%	22.0%	17.8%	**19.2%**
Neighborhood association or club	14.2%	19.4%	19.3%	16.6%	**17.2%**
Professional or trade organizations	13.5%	14.1%	13.3%	14.9%	**13.7%**
Youth-focused organizations or groups	17.0%	14.7%	12.0%	9.5%	**12.6%**
Recreational or sports club or team	13.5%	14.7%	12.4%	12.4%	**12.4%**
Senior Center	4.5%	12.4%	9.2%	25.3%	**11.1%**

*The number of respondents by county were: Elkhart, 289; Marshall, 170; St. Joseph (IN), 683; St. Joseph (MI), 241. This makes a total of 1473 respondents.

People most commonly spend three to five hours in the organizations they selected (32.1%). More time was more commonly reported by those from Marshall County.

EXHIBIT 42: RESPONDENT TIME SPENT PARTICIPATING IN COMMUNITY GROUPS

How many hours do you participate in any of the organizations or groups you selected?	PERCENT OF RESPONDENTS				
	Elkhart	**Marshall**	**St. Joseph (IN)**	**St. Joseph (MI)**	**Total**
Zero	7.0%	7.9%	6.1%	8.9%	**7.4%**
1-2	20.4%	26.6%	23.9%	17.8%	**22.3%**
3-5	37.4%	25.9%	32.1%	32.2%	**32.1%**
6-10	15.7%	17.3%	20.5%	29.2%	**20.9%**
11-20	9.1%	10.8%	6.6%	5.4%	**7.2%**
21-40	7.0%	5.0%	5.3%	3.5%	**5.3%**
40+	3.5%	6.5%	5.5%	3.0%	**4.8%**

*The number of respondents by county were: Elkhart, 289; Marshall, 170; St. Joseph (IN), 683; St. Joseph (MI), 241. This makes a total of 1473 respondents.

Respondents did not frequently report lacking support or companionship, with one in five (21.7%) reporting not having someone to help with daily chores if they were sick ('none of the time' or 'a little of the time'). Levels of need for support or companionship were generally higher among the cohort from St. Joseph County (MI), in which respondents were older than those from the other counties.

EXHIBIT 43: RESPONDENT LACKING SUPPORT OR COMPANIONSHIP

People sometimes look to others for companionship, friendship, assistance, or other types of support. How often is each of the following types of support available to you if you need it?	PERCENT OF RESPONDENTS				
Percent responding 'none of the time' or 'a little of the time'	**Elkhart**	**Marshall**	**St. Joseph (IN)**	**St. Joseph (MI)**	**Total**
Someone to help with daily chores if you were sick	19.6%	18.8%	21.5%	22.9%	**21.7%**
Someone to help take care of you if you were sick	16.8%	19.9%	17.0%	17.5%	**17.8%**
Someone that will help me when I have a complicated piece of mail, or a question about housing, or just something going on in my personal life that I need to talk through	18.1%	18.4%	16.1%	19.6%	**17.8%**
Someone to take you to the doctor if you need it	13.1%	15.6%	14.3%	15.7%	**14.8%**
Someone to get together with for relaxation	12.2%	12.1%	13.6%	16.0%	**14.1%**
Someone to do something fun with	11.4%	15.0%	13.9%	13.0%	**13.9%**
Someone you can count on to listen to you when you need to talk about yourself, your problems, or hear suggestions about how to handle personal problems	11.8%	16.3%	10.1%	14.5%	**12.4%**
Someone who shares an emotional connection with you	9.3%	19.9%	10.5%	16.0%	**12.3%**

*The number of respondents by county were: Elkhart, 289; Marshall, 170; St. Joseph (IN), 683; St. Joseph (MI), 241. This makes a total of 1473 respondents.

Health Status

Fewer than one in five respondents reported having 'poor' or 'fair' mental, physical, or emotional/ spiritual health – most commonly reporting 'poor' or 'fair' mental health (18.2%).

EXHIBIT 44: RESPONDENT RATINGS OF MENTAL, PHYSICAL, AND EMOTIONAL/SPIRITUAL HEALTH

How would you rate…	PERCENT OF RESPONDENTS				
Percent responding 'poor' or 'fair'	**Elkhart**	**Marshall**	**St. Joseph (IN)**	**St. Joseph (MI)**	**Total**
…your mental health?	18.6%	12.1%	19.6%	18.1%	**18.2%**
…your physical health?	18.1%	12.1%	15.6%	18.0%	**16.1%**
…your emotional and spiritual health?	12.6%	9.2%	15.1%	19.4%	**14.8%**

*The number of respondents by county were: Elkhart, 289; Marshall, 170; St. Joseph (IN), 683; St. Joseph (MI), 241. This makes a total of 1473 respondents.

More than half of respondents reported having received information about Advance Care Planning (52.3%), including 61.0% of those from Marshall County and 60.8% of those from St. Joseph County (MI).

EXHIBIT 45: RESPONDENT RECEIPT OF INFORMATION ABOUT ADVANCE CARE PLANNING

Have you ever been offered information about Advance Care Planning (for example, information about how to choose a Healthcare Representative)	PERCENT OF RESPONDENTS				
	Elkhart	**Marshall**	**St. Joseph (IN)**	**St. Joseph (MI)**	**Total**
Yes	42.9%	61.0%	52.0%	60.8%	**52.3%**
No	44.5%	27.7%	37.8%	28.9%	**36.8%**
I'm not sure	12.6%	11.3%	10.2%	10.3%	**11.0%**

*The number of respondents by county were: Elkhart, 289; Marshall, 170; St. Joseph (IN), 683; St. Joseph (MI), 241. This makes a total of 1473 respondents.

Respondents most comonly reported having chosen a person they would have speak for them in a medical situation (43.4%), and least commonly reported having documented their wishes or preferences (24.2%).

EXHIBIT 46: RESPONDENT EXPERIENCE WITH CARE PLANNING

Have you…	PERCENT OF RESPONDENTS				
	Elkhart	**Marshall**	**St. Joseph (IN)**	**St. Joseph (MI)**	**Total**
Chosen a person you would have speak for you in a medical situation?	44.6%	51.8%	41.4%	44.4%	**43.4%**
Talked to that person about what you might want?	33.9%	46.5%	35.7%	38.2%	**36.2%**
Completed a form to give that person the ability to speak for you?	27.3%	39.4%	29.6%	34.9%	**30.1%**
Documented what your wishes or preferences would be?	20.1%	25.3%	26.2%	25.7%	**24.2%**

*The number of respondents by county were: Elkhart, 289; Marshall, 170; St. Joseph (IN), 683; St. Joseph (MI), 241. This makes a total of 1473 respondents.

Housing Status

About a quarter of respondents reported having received any services to address lead poisoning in their home (24.3%), including on 17.2% of those in Elkhart County.

EXHIBIT 47: RESPONDENT RECEIPT OF SERVICES TO ADDRESS LEAD POISONING IN THE HOME

Have you received any services to address lead poisoning in your home?	PERCENT OF RESPONDENTS				
	Elkhart	Marshall	St. Joseph (IN)	St. Joseph (MI)	Total
Yes	17.2%	28.4%	27.9%	24.9%	**24.3%**
No	82.8%	71.6%	72.1%	75.1%	**75.7%**

*The number of respondents by county were: Elkhart, 289; Marshall, 170; St. Joseph (IN), 683; St. Joseph (MI), 241. This makes a total of 1473 respondents.

Among those who reported receiving services to address lead poisoning in their home, respondent home ages varied across counties, with most older (pre-1960) homes reported in St. Joseph County (MI).

EXHIBIT 48: RESPONDENT HOME AGE (IF RECEIVING SERVICES TO ADDRESS LEAD POISONING)

If yes, what is the age of your home?	PERCENT OF RESPONDENTS				
	Elkhart	Marshall	St. Joseph (IN)	St. Joseph (MI)	Total
Older than 1960	19.5%	12.5%	20.5%	36.0%	**22.3%**
Between 1960 and 1980	29.3%	40.0%	28.0%	24.0%	**28.7%**
Newer than 1980	41.5%	42.5%	37.9%	32.0%	**37.8%**

*The number of respondents by county were: Elkhart, 37; Marshall, 38; St. Joseph (IN), 139; St. Joseph (MI), 46. This makes a total of 263 respondents.

Access Audit

Phone-based access audits serve as an effective tool to evaluate how easily community members can access healthcare services across Beacon Health System's four county service area, with a focus on assessing access rather than profiling specific sites. The aim of these audits is to gain a thorough understanding of practical access to health care and other vital services, as well as to identify barriers faced by individuals seeking care. The findings from these audits offer valuable insights into existing gaps in access, strategies for improvement, and variations in service delivery.

Crescendo conducted calls to 25 facilities within Beacon's four county service area, which cover a diverse array of services including health care, behavioral health care, family medicine, private clinics, and specialists (see Appendix C for a list of organizations called during the access audit).

The access audit occurred the last week of July 2024 and the first week of August 2024.

Phone calls were conducted at various times during the standard business hours from Monday to Friday in late July 2024. Out of the 25 calls placed, the caller spoke with a staff member at 17 facilities, though in two instances the call unexpectedly dropped after being transferred, which left the caller without any helpful information. Staff members immediately answered calls at four of the 17 facilities, and there were phone trees at the other 13 facilities.

Of the 25 facilities, there were 10 facilities that resulted in dead ends or voicemail answering services that did not provide helpful information for the caller. One facility with an automated answer required the caller to schedule an appointment online. Another facility did not provide an option to speak with a person.

Two facilities were closed for lunch, and one call ended without warning after providing information; neither location allowed the caller to leave a message. Another facility had a disconnected number. Another facility answered the caller with a staff member, then transferred the caller to another location where the caller encountered an automated message that the site was closed for lunch without an option to leave a message. Another facility was closed for lunch with the option to leave a message.

The caller spoke with a staff member at another facility who provided some helpful information but was then transferred to another person, and the call dropped unexpectedly. At another facility, the caller encountered an automated message and left a voicemail without an option to speak with a person. At another facility, the caller encountered an automated message without any details or information about the site. The caller had an option to leave a voicemail. The caller was able to collect helpful information from the other 15 sites.

Ability of facilities to accept new patients

Among the 25 facilities contacted, the caller was able to collect information about whether the site was accepting new patients at 16 facilities. Of these 16, there are 14 that are accepting new patients, with most facilities offering appointments in August or September 2024. One of the 16 facilities is not accepting any patients with Medicaid, and another facility is only accepting child patients. Another facility is only accepting adult Medicare patients. One of the 14 facilities is only accepting new patients at certain locations, and another facility is only accepting new patients in group (therapy) settings.

Ability of facilities to answer questions and refer the caller elsewhere when the desired services are unavailable

Most facilities did not offer the names of different facilities/organizations, additional community resources, or contact information for other services in the area, though there were three calls in which two facilities transferred the caller to a location closer to the caller's residential address, and a third which transferred the caller to a different person. Overall, the facilities had helpful and kind personnel answering the phone lines and offered a pleasant and informative client experience. However, one facility is not accepting Medicaid patients and without offering the caller any alternative facilities, the staff member tried to end the call.

One behavioral healthcare site in particular spent about 15 minutes thoroughly explaining the program's cost, schedule, possible logistic issues for child or adolescent patients, and offered to call the insurance company on behalf of the caller.

The service use data was analyzed in the first week of August 2024.

How staff inquiries help to determine prospective patient's needs

Most of the staff across the 25 facilities did not ask the caller any questions, though most of the staff were helpful and informative when the caller asked questions. There was one healthcare site that asked several questions about Medicare, and staff at another site asked the caller if they preferred a male or female provider. Staff at three behavioral healthcare sites asked the caller what services they were looking for; and staff at one behavioral healthcare site spent a long time with the caller discussing different issues they may encounter and what to expect in a particular program.

Ease of speaking with a person

Even though there were only four facilities that immediately connected the caller with a staff member, connecting with a person was easy at most of the facilities. Two of the facilities had a longer hold time of 6-10 minutes, and four other facilities had a hold time of 3-4 minutes.

Of the 25 facilities, four facilities answered with a staff member, and one had a disconnected number. Of the 20 facilities that had automated answers, one did not provide an option to speak with a staff member and told the caller to make an appointment online. Another did not provide an option to speak with a staff member. Another facility that was closed for lunch from 12:00 p.m.-1:00 p.m. did not provide an option to speak with a staff member, along with another that was closed for lunch from 12:00 p.m.-1:00 p.m. and automatically ended the call after providing the caller with information. There was another facility that was closed for lunch from 12:00 p.m.-1:00 p.m., which gave the caller an option to leave a message. The caller spoke with a person at one facility, was transferred, and then encountered a message that the office was closed for lunch without an option to leave a message. Another site provided the caller an option to leave a message, but it did not provide any information about the site at all.

The remaining sites (14) had phone trees, all of which were efficient and easy to navigate. Of the 25 sites, eight (32%) allowed the caller to easily and efficiently navigate a phone tree and speak with a staff member in less than three minutes. In total, the caller was able to easily connect with a staff member at 12 (48%) of the facilities, which means that there are access barriers to a staff member at half of the facilities in the Beacon service area.

However, several facilities that are part of the Beacon system have direct access to making appointments on their websites, which reduces any navigation issues with calling the facility. Making an appointment online may also increase access to health care since new and current patients can enter their information immediately when they are requesting an appointment, and the facility can return a call with relevant information. Furthermore, new and current patients may be able to make appointments at increased hours during the day since they do not need to take time off from work or during their break to make a phone call that could be unexpectedly long or unsuccessful.

Language offerings

Of the facilities contacted, six provided phone system options in Spanish, without any other language options. This language accommodation ensures that non-English speaking individuals can access necessary information and services effectively within these facilities.

Beacon Health Service Use

Beacon Health System provided deidentified service use data for its inpatient and outpatient services for 2021, 2022, and 2023 for Memorial Hospital of South Bend and Elkhart General Hospital. Three Rivers Health and Community Hospital of Bremen were in the middle of transitioning to the same electronic medical record system during the time of this analysis. The data, sourced from the electronic health records included encounter type, service use data, patient home zip code, service site address, and the primary diagnosis code. Data was only provided if encounters were over 25,000 per zip code for privacy reasons. Crescendo analyzed the data to identify the top five primary diagnoses for both outpatient and inpatient.

Heat Maps

The heat map displays the top five diagnoses for both outpatient and inpatient for the years 2021, 2022, and 2023. These maps were generated using ArcGIS, with each attribute representing the corresponding zip code for each diagnosis.
The following tables summaries the outpatient and inpatient top five diagnoses for each year. There is little variation between the top diagnosis codes for both inpatient and outpatient over the course of three years. However, Pneumonia due to COVID-19 (J12.82) is only seen in 2021 where COVID-19 prevalence was still high in communities across the United States.

**Heat maps are available in the Appendix*

2021		
Rank	**Inpatient**	**Outpatient**
1.	Z23: Encounter for Immunization	Z12.31: Encounter for screening mammogram for malignant neoplasm of breast
2.	J12.82: Pneumonia due to COVID 19	I10: Essential (primary) hypertension
3.	A41.9: Sepsis, unspecified organism	Z01.812: Encounter for preprocedural laboratory examination
4.	F33.2: Recurrent depressive disorder, current episode severe without psychotic symptoms	I25.10: Atherosclerotic heart disease without hemodynamically significant stenosis Heat Map
5.	I13.0: Hypertensive heart and renal disease with (congestive) heart failure	F17.210: Nicotine dependence, cigarettes, uncomplicated
	2022	
Rank	**Inpatient**	**Outpatient**
1.	Z23: Encounter for immunization	Z12.31: Encounter for screening mammogram for malignant neoplasm of breast
2.	A41.9: Sepsis, unspecified organism	I10: Essential (primary) hypertension
3.	E87.1: Hypo-osmolality and hyponatremia	I25_10: Atherosclerotic heart disease without hemodynamically significant stenosis
4.	E43: Unspecified severe protein-calorie malnutrition	F17_210: Nicotine dependence, cigarettes, uncomplicated
5.	F33.2: Recurrent depressive disorder, current episode severe without psychotic symptoms	Z53.21: Procedure and treatment not carried out due to patient leaving prior to being seen by health care provider
	2023	
Rank	**Inpatient**	**Outpatient**
1.	Z23: Encounter for immunization	Z12.31: Encounter for screening mammogram for malignant neoplasm of breast
2.	A41.9: Sepsis, unspecified organism	I10: Essential (primary) hypertension
3.	D62: Acute posthemorrhagic anemia	I25.10: Atherosclerotic heart disease without hemodynamically significant stenosis
4.	E43: Unspecified severe protein-calorie malnutrition (Inpatient, 2023)	F17.210: Nicotine dependence, cigarettes, uncomplicated
5.	I13.0: Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease (Inpat	R10.9: Unspecified abdominal pain

The service use data was analyzed in the first week of August 2024.

Community Partner Assessment

Community partnerships form the required network of support for all or most public health improvement. Rarely can a single agency address the breadth of interrelated needs present among community members. Community-focused organizations must share information and collaboratively serve the community.

The CPA process in this assessment allows community partners to comprehensively review (1) individual systems, processes, and capacities; and (2) collective capacity as a network of community partners to address health inequities

Community Partner Survey

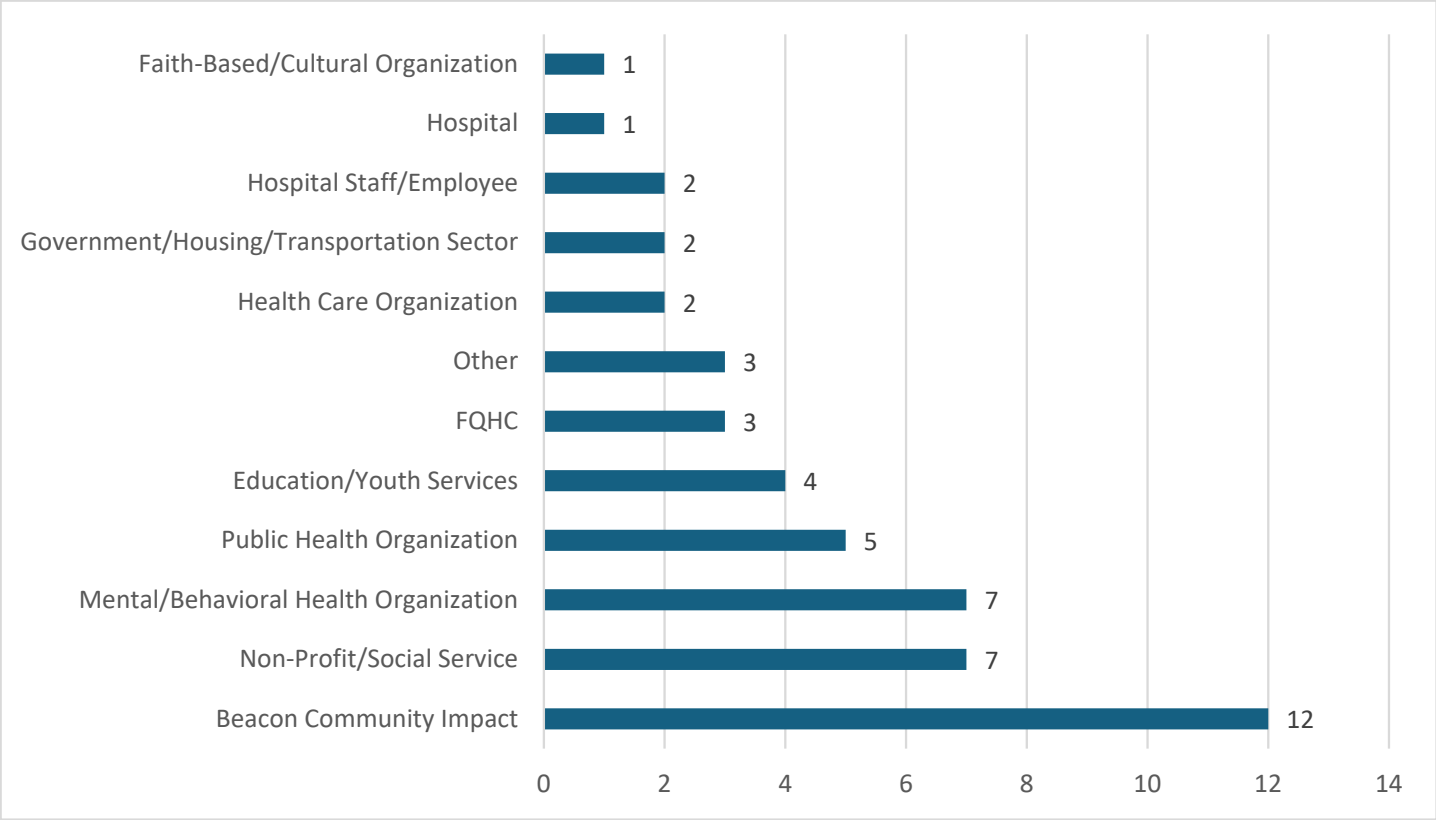
Overview of the Partner Survey

A community partner survey was distributed to the Advisory Council and organizations funded by Beacon Health Community Impact in July and August 2024. Thirty-three (33) organizations completed the partner survey. However, multiple individuals representing an organization or different departments withing a single organization completed the survey as well. A total of 49 responses were captured.

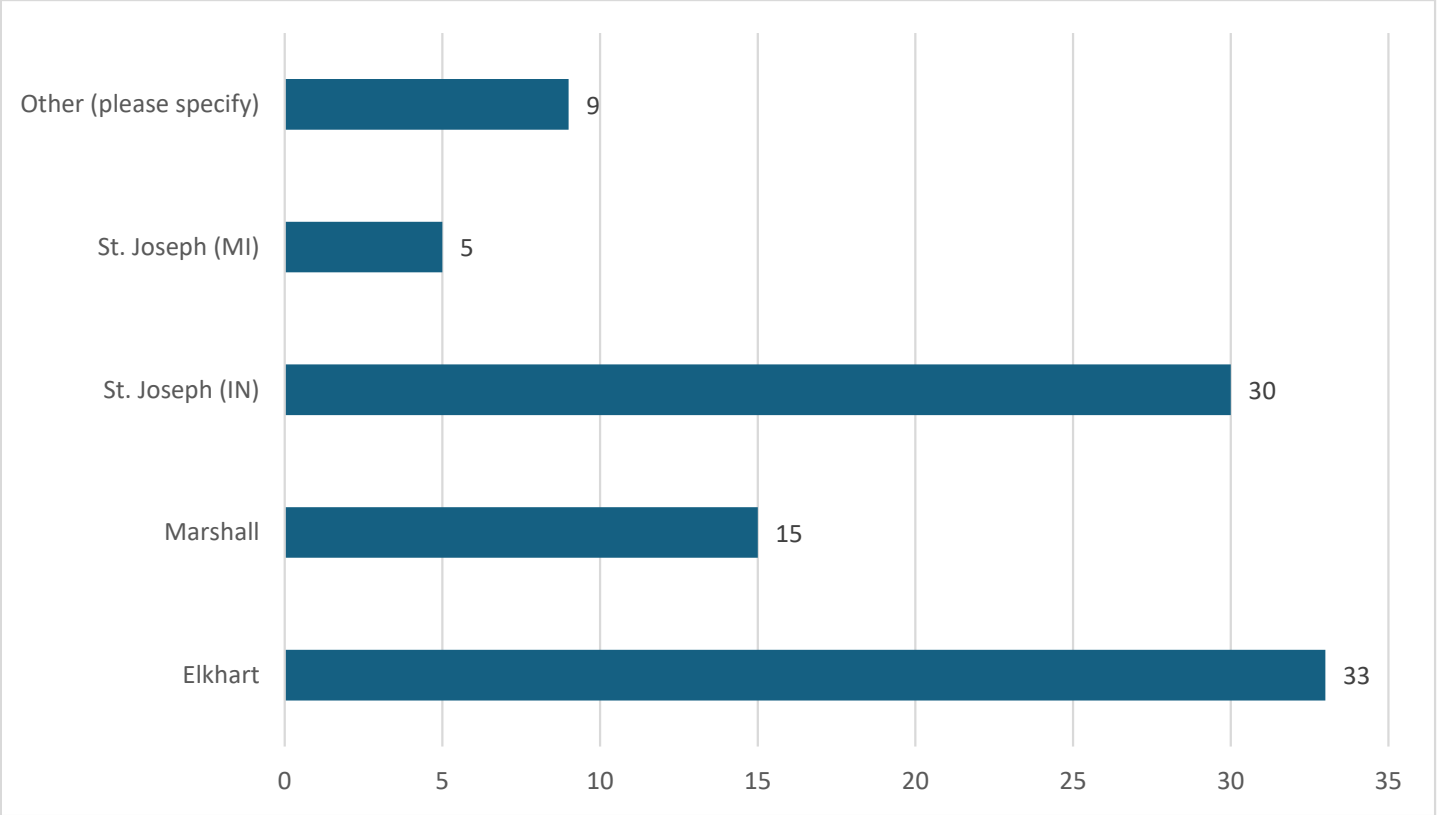
Results of the Partner Survey

The 49 survey respondents represented the following community affiliation. Most respondents were from Beacon Community Impact followed by the non-profit/social service organizations and mental/behavioral health organizations.

Exhibit 49: Community Partner Survey Respondent Community Affiliation

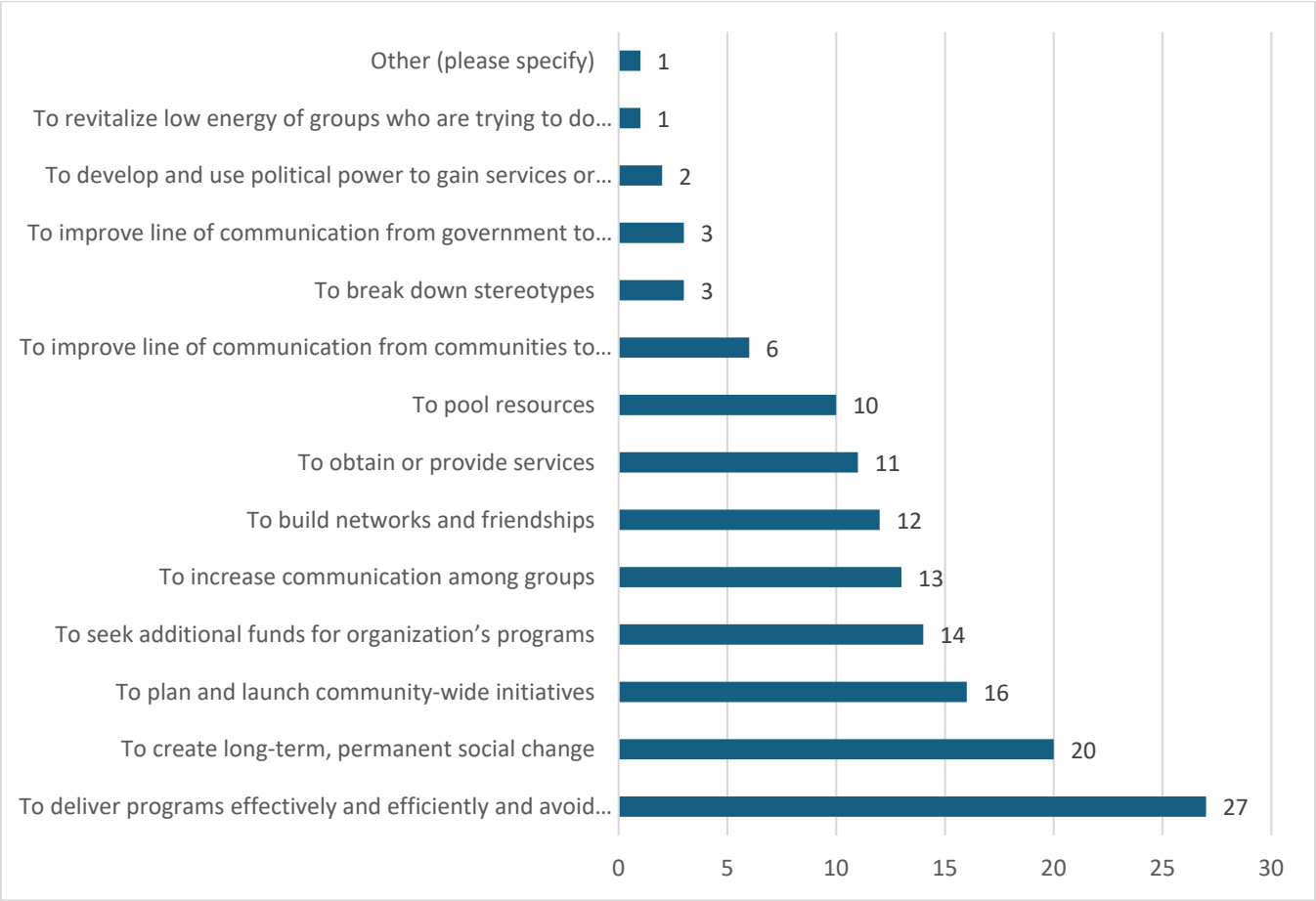


Additionally, survey respondents provided which counties their organizations served and for many this was multiple counties. A majority of the organizations serve Elkhart County and St. Joseph County (IN).



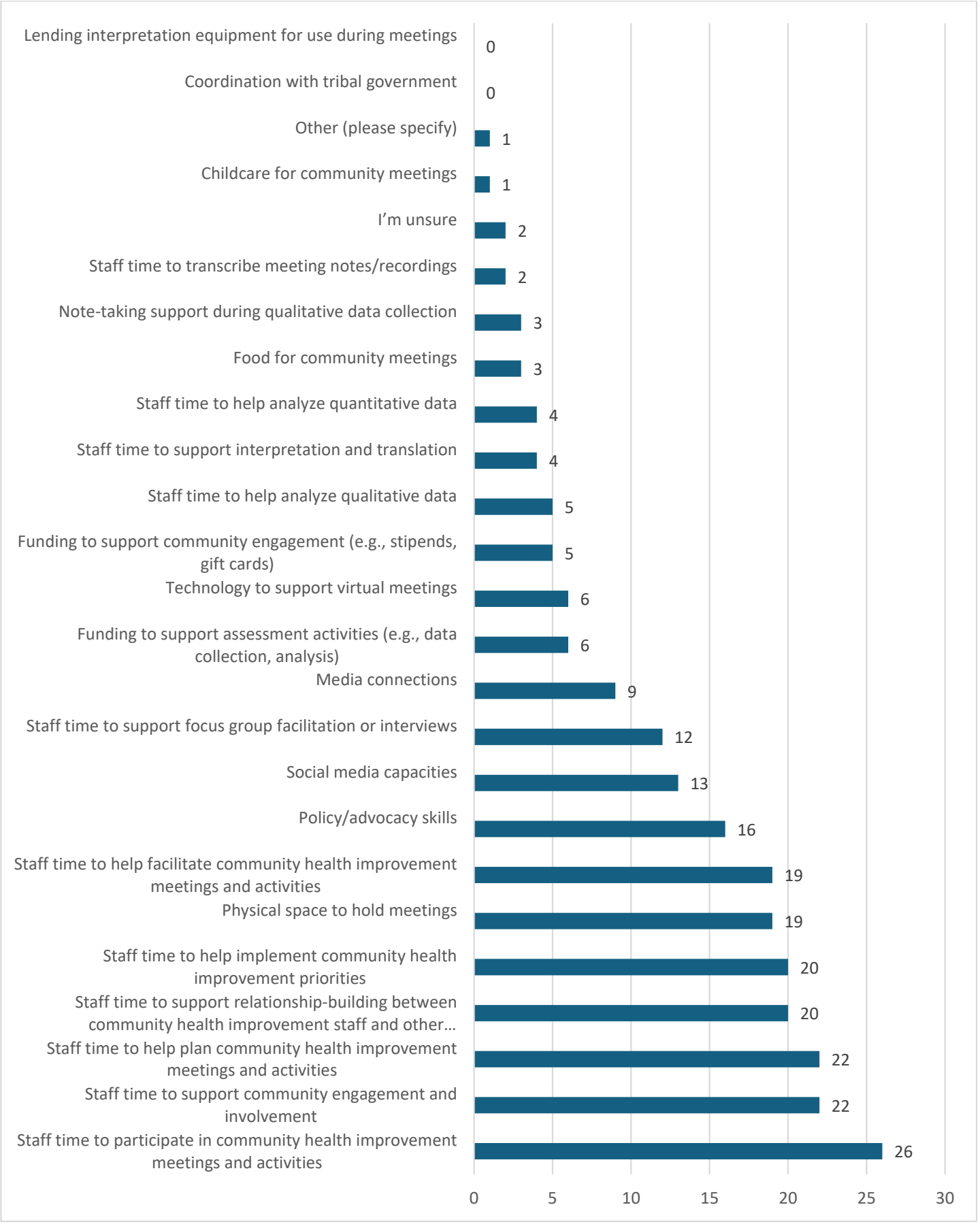
Community partners respondents were asked to identify their top three interests in joining a community health improvement partnership. This is a new concept that is being developed in the community. Most community partners identified **to deliver programs effectively and efficiently and avoid duplicated efforts** (75.0%), **to create long-term, permanent social change** (55.6%), **and to plan and launch community-wide initiatives programs** (44.4%) as their top reasons.

Exhibit 50: Top Reasons for Organizations Interested in Joining a Community Health Improvement Partnership



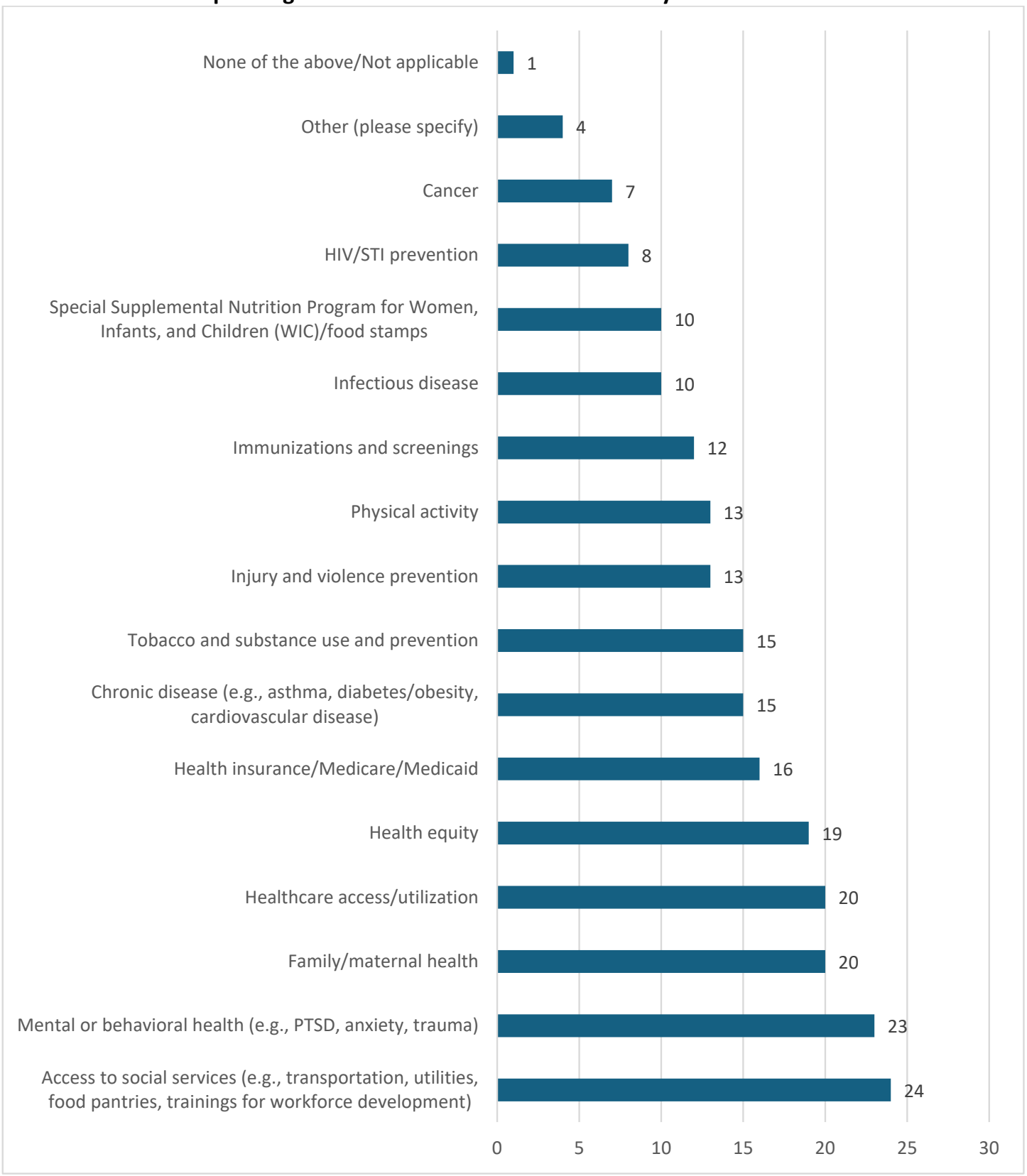
Respondents were asked to provide their initial thoughts on their contributions to support community health improvement activities. While this question does not commit any organization to support, it helps understand what assets, resources, and capacity are available amongst the various community partners in the service area.

Most organizations are able to provide staff time to participate in meetings, support community engagement, and help plan the community health improvement meetings and activities. Some partners are able to provide a bit more such as physical space to hold meeting, technology or media support, and potential funding for activities.


Lending interpretation equipment for use during meetings
0
Coordination with tribal government
0
Other (please specify)
1
Childcare for community meetings
1
I'm unsure
2
Staff time to transcribe meeting notes/recordings
2
Note-taking support during qualitative data collection
3
Food for community meetings
3
Staff time to help analyze quantitative data
4
Staff time to support interpretation and translation
4
Staff time to help analyze qualitative data
5
Funding to support community engagement (e.g., stipends, gift cards)
5
Technology to support virtual meetings
6
Funding to support assessment activities (e.g., data collection, analysis)
6
Media connections
9
Staff time to support focus group facilitation or interviews
12
Social media capacities
13
Policy/advocacy skills
16
Staff time to help facilitate community health improvement meetings and activities
19
Physical space to hold meetings
19
Staff time to help implement community health improvement priorities
20
Staff time to support relationship-building between community health improvement staff and other…
20
Staff time to help plan community health improvement meetings and activities
22
Staff time to support community engagement and involvement
22
Staff time to participate in community health improvement meetings and activities
26
0
5
10
15
20
25
30

Many of the community organizations who participated in the community partner survey work to address various health issues in the communities they serve. A majority of organizations provide social services, behavioral health, and family/maternal health services.

Exhibit 51: Health Topics Organizations Address in the Community:



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Appendix

Appendix A: MAPP 2.0 Framework

Mobilizing for Action through Planning and Partnerships (MAPP) was developed by the National Association of County and City Health Officials (NACCHO) in 2001 and is one of the most widely used and reputable community health improvement frameworks in the field. It is a community-driven strategic planning process that helps communities assess their public health needs and resources, prioritize health issues, and develop strategies to improve the health and well-being of their populations through a shared community health improvement plan.

Read the Introduction to MAPP 2.0:

https://www.naccho.org/uploads/card-images/public-health-infrastructure-and-systems/MAPP-2.0-Launch-V3.pdf

Exhibit 52: MAPP 2.0 Framework Graphic

Source: Mobilizing for Action through Planning and Partnerships 2.0 Handbook

Appendix B: Additional Secondary Data

The following section contains additional data tables for the Beacon Health System service area.

Secondary data provides an essential framework from which to better understand the fabric of the community. This analysis highlights sociodemographic factors, social determinants of health, behavioral health risk factors, and other key indicators to further guide the development of effective strategies to meet evolving needs. The following data was primarily gathered from the United States Census Bureau 2018-2022 American Community Survey (ACS) Five-year Estimates, United States Centers for Disease Control and Prevention (CDC), and the Indiana and Michigan Department of Health, among others.

American Community Survey Five-year Estimates

There is an intentional purpose in using five-year data estimates compared to one-year data estimates. Five-year estimates are derived from data samples gathered over several subsequent years and provide a more accurate estimate of measures, especially among numerically smaller high-risk populations or subgroups, compared to one-year estimates, which are based on more limited samples with greater variance.[15]

[15] American Community Survey, 2010 and 2019 Five-year Estimates. Link: census.gov/programs-surveys/acs

The Social Vulnerability Index

The Social Vulnerability Index (SVI) was developed by the U.S. Centers for Disease Control and Prevention as a metric for analyzing population data to identify vulnerable populations. The SVI may be used to rank overall population well-being and mobility relative to county and state data. The SVI can also be used to determine the most vulnerable populations during disaster preparedness and public health emergencies, including pandemics.[16]

The SVI measures are grouped into four major categories:

Source: CDC/ATSDR Social Vulnerability Ind

Socioeconomic Status

- Population Living in Poverty
- Unemployed Population
- Population with No High School Diploma

Household Composition & People Living with a Disability

- Age 65 & Over
- Age Below 18
- Population Living with a Disability
- Single-Parent Households

Minority Population & Language

- Minority Population
- Population Who Speaks English
- Less than Very Well

Housing & Transportation

- Multi-Unit Housing Structures
- Mobile Homes
- Crowding
- Population With No Vehicle

[16] Agency for Toxic Substances & Disease Registry, CDC/ATSDR Social Vulnerability Index. Link: atsdr.cdc.gov/placeandhealth/svi/index.html

EXHIBIT 53: SOCIAL VULNERABILITY INDEX[17]

Category	Measure	Elkhart County	Marshall County	St. Joseph County, IN	St. Joseph County, MI	Indiana	Michigan	United States
Socioeconomic Status	Population Below Poverty Level	12.0%	10.8%	14.4%	12.9%	12.3%	13.1%	12.5%
	Unemployment Rate	3.8%	3.0%	4.8%	5.3%	4.5%	6.0%	5.3%
	Median Household Income	$63,978	$66,016	$61,877	$62,281	$67,173	$67,173	$75,149
	No High School Diploma	17.8%	14.2%	9.1%	12.8%	10.0%	8.2%	10.9%
	Uninsured Population	14.7%	13.1%	7.3%	9.1%	7.7%	5.1%	8.6%
Household Composition & Disability	Under Age 18	27.4%	24.7%	23.2%	24.3%	23.3%	21.4%	22.1%
	Age 65 and Over	15.2%	18.1%	16.3%	18.2%	16.2%	17.8%	16.5%
	Children Living in Single-Parent Households	25.6%	14.9%	27.9%	19.5%	24.1%	25.2%	24.9%
	Living with a Disability	12.5%	12.3%	13.3%	16.6%	13.5%	14.0%	12.7%
Minority Status & Language	Minority Population	26.8%	13.6%	29.4%	14.8%	22.8%	26.5%	41.1%
	Limited or No English Proficiency	7.2%	3.7%	3.5%	3.0%	3.3%	22.8%	8.2%
Household Type & Transportation	Multi-Unit Housing Structures	18.7%	10.2%	21.2%	13.1%	18.7%	18.2%	26.5%
	Mobile Homes	8.3%	7.4%	1.6%	7.5%	4.5%	5.1%	5.8%
	No Vehicle for Housing Unit	8.4%	6.1%	6.8%	8.2%	6.2%	7.2%	8.3%
	Overcrowded Housing Units	2.5%	1.7%	1.7%	1.5%	1.7%	1.6%	3.4%
	Group Quarters	1.6%	1.7%	4.4%	1.1%	2.6%	2.2%	2.4%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

[17] Minority Population: The data values were calculated by taking the total population minus the white (not Latino, not Hispanic) population. Link: https://catalog.mysidewalk.com/columns/1248/

EXHIBIT 54: PROJECTED PERCENT CHANGE IN POPULATION, 2010 TO 2031

	Elkhart County	Marshall County	St. Joseph County, IN	St. Joseph County, MI	Indiana	United States
Total Population (2010)	197,559	47,051	266,930	61,295	6,483,802	308,745,538
Total Population (2022)	206,841	46,208	272,388	60,887	6,784,403	331,097,593
Percent Change (2010-2022)	+4.7%	-1.8%	+2.0%	-0.7%	+4.6%	7.2%
Total Population (2031)	226,878	47,920	281,773	61,418	7,253,379	363,255,837
Percent Change (2022-2031)	+9.7%	+3.7%	+3.4%	+0.9%	+6.9%	+9.7%

Sources: U.S. Census Bureau American Community Survey 2010 One-year Estimates | U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

EXHIBIT 55: MEDIAN AGE PERCENT CHANGE, 2010 TO 2022

	Elkhart County	Marshall County	St. Joseph County, IN	St. Joseph County, MI	Indiana	United States
Median Age (2022)	35.6	39.9	36.7	39.8	38.0	38.5
Percent Change (2010-2022)	+3.5%	+5.8%	+2.2%	+4.7%	+3.0%	+5.2%

Sources: U.S. Census Bureau American Community Survey 2010 One-year Estimates | U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

EXHIBIT 56: POPULATION BY AGE GROUP

	Elkhart County	Marshall County	St. Joseph County, IN	St. Joseph County, MI	Indiana	United States
Under Age 18	27.4%	24.7%	23.2%	24.3%	23.3%	22.1%
Age 18 to 64	57.5%	57.3%	60.5%	57.5%	60.6%	61.4%
Age 65 and Over	15.2%	18.1%	16.3%	18.2%	16.2%	16.5%
Age Under 5	7.3%	6.2%	6.2%	6.3%	6.0%	5.7%
Age 5 to 9	6.9%	6.8%	6.4%	7.1%	6.4%	6.0%
Age 10 to 14	8.5%	7.1%	6.6%	6.6%	6.7%	6.5%
Age 15 to 19	7.3%	7.4%	7.7%	6.8%	7.0%	6.6%
Age 20 to 24	6.6%	5.7%	7.9%	5.7%	7.1%	6.7%
Age 25 to 34	12.6%	11.2%	13.2%	11.8%	13.0%	13.7%
Age 35 to 44	11.9%	11.6%	12.0%	11.8%	12.5%	12.9%
Age 45 to 54	11.9%	12.4%	11.4%	11.5%	12.2%	12.4%
Age 55 to 59	6.3%	6.3%	5.9%	7.6%	6.5%	6.5%
Age 60 to 64	5.4%	7.4%	6.3%	6.6%	6.4%	6.4%
Age 65 to 74	8.7%	10.2%	9.6%	11.1%	9.6%	9.7%
Age 75 to 84	4.2%	5.1%	4.6%	5.4%	4.6%	4.8%
Age Over 85	2.2%	2.8%	2.1%	1.7%	1.9%	2.0%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

EXHIBIT 57: POPULATION BY RACE (ALONE)

	Elkhart County	Marshall County	St. Joseph County, IN	St. Joseph County, MI	Indiana	United States
White	79.6%	92.0%	73.9%	88.7%	80.0%	65.9%
Two or More Races	7.2%	3.6%	7.4%	7.3%	5.1%	8.8%
Some Other	6.8%	2.6%	2.9%	1.2%	2.8%	6.0%
Black or African American	5.0%	0.8%	12.9%	2.2%	9.4%	12.5%
Asian	1.1%	0.7%	2.6%	0.5%	2.5%	5.8%
American Indian and Alaska Native	0.3%	0.3%	0.3%	0.0%	0.2%	0.8%
Native Hawaiian and Other Pacific Islander	0.1%	0.0%	0.1%	0.0%	0.0%	0.2%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

EXHIBIT 58: POPULATION BY ETHNICITY

	Elkhart County	Marshall County	St. Joseph County, IN	St. Joseph County, MI	Indiana	United States
Hispanic	17.3%	10.7%	9.5%	8.6%	7.5%	18.7%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

EXHIBIT 59: POPULATION BY SEX

	Elkhart County	Marshall County	St. Joseph County, IN	St. Joseph County, MI	Indiana	United States
Females	50.4%	49.4%	51.0%	49.6%	50.4%	50.4%
Males	49.6%	50.6%	49.0%	50.4%	49.6%	49.6%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

EXHIBIT 60: LANGUAGE SPOKEN AT HOME (PEOPLE OVER AGE 5)

	Elkhart County	Marshall County	St. Joseph County, IN	St. Joseph County, MI	Indiana	United States
English Only	78.3%	86.3%	89.7%	88.3%	90.8%	78.3%
Spanish	14.1%	8.3%	6.1%	6.3%	4.8%	13.3%
Other Indo-European	6.7%	5.0%	1.6%	5.0%	2.3%	3.7%
Asian-Pacific Islander	0.6%	0.5%	1.7%	0.2%	1.5%	3.5%
Other	0.3%	0.0%	0.9%	0.2%	0.6%	1.2%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

EXHIBIT 61: FOREIGN-BORN POPULATION

	Elkhart County	Marshall County	St. Joseph County, IN	St. Joseph County, MI	Indiana	United States
Naturalized US Citizen	3.6%	1.7%	2.8%	1.3%	2.4%	7.1%
Not US Citizen	5.0%	3.4%	3.8%	2.3%	3.2%	6.5%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

People Living with Disabilities

EXHIBIT 62: POPULATION LIVING WITH DISABILITY BY AGE

	Elkhart County	Marshall County	St. Joseph County, IN	St. Joseph County, MI	Indiana	United States
Population Living with a Disability	25,835	5,698	36,230	10,118	916,565	41,941,456
Age Under 5	0.0%	1.6%	0.4%	0.8%	0.6%	0.7%
Age 5 to 17	6.4%	7.9%	7.2%	6.3%	6.4%	5.9%
Age 18 to 34	8.4%	5.6%	9.1%	9.0%	8.3%	7.2%
Age 35 to 64	12.5%	11.9%	13.3%	17.3%	14.1%	12.4%
Age 65 to 74	24.4%	19.9%	22.9%	29.7%	25.2%	24.1%
Age 75 and Over	48.5%	44.8%	46.2%	58.1%	47.1%	46.9%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

EXHIBIT 63: POPULATION LIVING WITH DISABILITY BY TYPE

	Elkhart County	Marshall County	St. Joseph County, IN	St. Joseph County, MI	Indiana	United States
Vision Difficulty	2.4%	2.2%	2.7%	3.0%	2.5%	2.4%
Hearing Difficulty	3.5%	3.8%	3.4%	5.4%	3.8%	3.6%
Cognitive Difficulty	5.2%	5.1%	5.4%	6.8%	5.3%	5.0%
Ambulatory Difficulty	5.9%	5.9%	6.5%	8.5%	6.7%	6.3%
Independent Living Difficulty	4.5%	3.8%	4.3%	5.3%	4.5%	4.5%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

EXHIBIT 64: POPULATION LIVING WITH DISABILITY BY RACE

	Elkhart County	Marshall County	St. Joseph County, IN	St. Joseph County, MI	Indiana	United States
Black or African American	18.3%	12.2%	13.3%	16.4%	14.5%	14.2%
American Indian and Alaska Native	14.3%	51.8%	10.8%	10.7%	16.6%	16.0%
White	13.3%	12.4%	14.3%	17.3%	14.1%	13.6%
Asian	10.5%	0.0%	3.4%	16.1%	5.6%	7.6%
Two or More Races	8.4%	11.9%	10.5%	11.3%	12.0%	10.7%
Some Other Race	5.7%	16.9%	9.3%	8.7%	9.7%	9.7%
Native Hawaiian and Other Pacific Islander	0.0%	0.0%	8.5%	NA%	14.5%	11.9%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

EXHIBIT 65: POPULATION LIVING WITH DISABILITY BY ETHNICITY

	Elkhart County	Marshall County	St. Joseph County, IN	St. Joseph County, MI	Indiana	United States
Hispanic or Latino	6.0%	9.3%	8.9%	8.1%	8.7%	9.6%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

Social Determinants of Health

In addition to collecting key demographic secondary data, research also focused on the Social Determinants of Health (SDOH). Social Determinants of Health include a wide range of factors, including, but not limited to, income, education, job security, food security, housing, basic amenities, the environment, social inclusion and non-discrimination, and access to quality affordable health care. These conditions contribute to wide health disparities and inequities.[18]

Image Source: Crescendo Consulting Group, Canva

The following secondary research includes pertinent data focused on Social Drivers/Determinants of Health to provide Beacon with the most granular overview of the service area communities.

[18] Healthy People 2030, "Social Determinants of Health. Link: https://health.gov/healthypeople/objectives-and-data/social-determinantshealth

Education

Education is not only about the schools or higher education opportunities within a community, but also includes languages spoken, literacy, vocational training, and early childhood education.[19] Some children live in places with poorly performing schools, and the stress of living in poverty can affect children's brain development, making it harder for them to do well in school.[20]

EXHIBIT 66: POPULATION WITH A BACHELOR'S DEGREE OR HIGHER, PERCENT CHANGE

	Elkhart County	Marshall County	St. Joseph County, IN	St. Joseph County, MI	Indiana	United States
Bachelor's Degree or Higher Attainment (2010)	17.9%	16.8%	26.2%	14.1%	22.7%	28.2%
Bachelor's Degree or Higher Attainment (2022)	20.0%	20.0%	32.0%	17.2%	28.2%	34.3%
Percent Change (2010-2022)	+12.0%	+19.2%	+21.9%	+22.2%	+24.5%	+21.7%

Sources: U.S. Census Bureau American Community Survey 2010 One-year Estimates | U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

[19] Kaiser Family Foundation. Beyond Health Care: The Role of Social Determinants in Promoting Health & Health Equity, 2018. https://www.kff.org/racial-equity-and-health-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/

[20] U.S. Department of Health and Human Services, Healthy People 2030. Social Determinants of Health, Education Access & Quality. https://health.gov/healthypeople/objectives-and-data/browse-objectives/education-access-and-quality

EXHIBIT 67: HIGHEST LEVEL OF EDUCATIONAL ATTAINMENT

	Elkhart County	Marshall County	St. Joseph County, IN	St. Joseph County, MI	Indiana	United States
Less than 9th Grade	8.4%	5.7%	2.5%	6.0%	3.5%	4.7%
9th to 12th Grade, No Diploma	9.4%	8.6%	6.7%	6.7%	6.5%	6.1%
High School Degree	36.1%	37.8%	29.9%	36.1%	33.0%	26.4%
Some College No Degree	18.8%	19.7%	20.1%	23.6%	19.7%	19.7%
Associate Degree	7.3%	8.2%	8.9%	10.4%	9.0%	8.7%
Bachelor's Degree	13.2%	13.0%	19.2%	10.7%	18.0%	20.9%
Graduate Degree	6.8%	7.1%	12.8%	6.4%	10.2%	13.4%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

EXHIBIT 68: EDUCATIONAL ATTAINMENT OF BACHELOR'S DEGREE OR HIGHER BY RACE

	Elkhart County	Marshall County	St. Joseph County, IN	St. Joseph County, MI	Indiana	United States
Asian	26.6%	61.5%	67.2%	18.6%	57.1%	56.3%
White	21.5%	19.9%	33.4%	17.2%	28.8%	36.5%
Two or More Races	14.4%	30.4%	30.4%	22.1%	26.5%	28.3%
American Indian and Alaska Native	13.4%	24.0%	27.4%	28.0%	18.5%	15.8%
Black or African American	12.2%	26.5%	18.9%	11.9%	20.0%	24.0%
Some Other Race	9.2%	3.2%	15.3%	4.1%	13.7%	14.8%
Native Hawaiian and Other Pacific Islander	0.0%	0.0%	46.2%	ND	13.1%	18.7%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

EXHIBIT 69: EDUCATIONAL ATTAINMENT OF BACHELOR'S DEGREE OR HIGHER BY ETHNICITY

	Elkhart County	Marshall County	St. Joseph County, IN	St. Joseph County, MI	Indiana	United States
Hispanic or Latino	8.0%	18.3%	24.3%	17.7%	17.8%	19.1%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

EXHIBIT 70: CHILD CARE CENTERS

	Elkhart County	Marshall County	St. Joseph County, IN	St. Joseph County, MI	Indiana	United States
Child Care Centers	22	12	56	12	1,370	77,383

Source: U.S. Census Bureau County Business Patterns 2021. https://www.census.gov/programs-surveys/cbp.html

Economic Stability

People living in poverty are less likely to have access to health care, healthy food, stable housing, and opportunities for physical activity. Research suggests that low-income status is associated with adverse health consequences, including shorter life expectancy, higher infant mortality rates, and other poor health outcomes.[21]

EXHIBIT 71: POVERTY PERCENT CHANGE

	Elkhart County	Marshall County	St. Joseph County, IN	St. Joseph County, MI	Indiana	United States
Total Households Below Poverty Level per household (2010)	13.1%	11.5%	13.4%	14.1%	12.9%	13.1%
Total Households Below Poverty Level per household (2022)	12.0%	10.5%	13.8%	13.0%	12.3%	12.4%
Percent Change (2010-2022)	-7.7%	-8.8%	+3.2%	-7.6%	-5.0%	-5.5%

Sources: U.S. Census Bureau American Community Survey 2010 One-year Estimates | U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

[21] American Academy Of Family Physicians, Poverty & Health. The Family Medicine Perspective, April 2021. Link e: www.aafp.org/about/policies/all/poverty-health.html

EXHIBIT 72: INCOME TO POVERTY RATIOS

	Elkhart County	Marshall County	St. Joseph County, IN	St. Joseph County, MI	Indiana	United States
100% to 124%	4.9%	4.7%	4.4%	4.4%	4.0%	3.9%
125% to 149%	5.2%	5.3%	4.5%	4.1%	4.3%	4.1%
150% to 184%	7.2%	5.7%	6.5%	6.4%	6.2%	5.8%
185% to 199%	2.8%	3.5%	3.0%	3.9%	2.7%	2.6%
200% and over	67.9%	69.9%	67.3%	68.3%	70.4%	71.2%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

EXHIBIT 73: PERCENT OF POPULATION LIVING IN POVERTY

	Elkhart County	Marshall County	St. Joseph County, IN	St. Joseph County, MI	Indiana	United States
People Below Poverty Level	12.0%	10.8%	14.4%	12.9%	12.3%	12.5%
Black or African American	31.9%	33.0%	30.6%	19.3%	25.1%	21.5%
Two or More Races	20.4%	42.1%	23.8%	16.7%	17.3%	14.8%
Hispanic or Latino	20.1%	26.2%	19.1%	15.7%	18.3%	17.2%
Some Other Race	17.1%	9.5%	24.6%	10.7%	19.9%	18.6%
Native Hawaiian and Other Pacific Islander	12.2%	100.0%	0.0%	ND	14.2%	17.0%
White	9.8%	9.6%	10.3%	12.5%	10.1%	10.1%
Asian	3.8%	5.0%	11.2%	8.7%	14.8%	10.1%
American Indian and Alaska Native	0.0%	2.9%	18.1%	14.3%	17.2%	22.6%
Age Under 5	18.2%	12.9%	24.1%	17.1%	18.4%	18.1%
Age Under 18	17.6%	14.4%	19.8%	17.3%	16.1%	16.7%
Age 18 to 64	10.2%	9.4%	13.5%	12.3%	11.9%	11.7%
Age 65 and Over	8.8%	10.7%	10.0%	8.8%	8.1%	10.0%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

EXHIBIT 74: MEDIAN HOUSEHOLD INCOME PERCENT CHANGE

	Elkhart County	Marshall County	St. Joseph County, IN	St. Joseph County, MI	Indiana	United States
Median Household Income (2010)	$48,673	$47,927	$48,198	$45,017	$48,393	$52,762
Median Household Income (2022)	$63,978	$66,016	$61,877	$62,281	$67,173	$75,149
Percent Change (2010-2022)	+31.4%	+37.7%	+28.4%	+38.3%	+38.8%	+42.4%

Sources: U.S. Census Bureau American Community Survey 2010 One-year Estimates | U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

EXHIBIT 75: MEDIAN HOUSEHOLD INCOME BY RACE

	Elkhart County	Marshall County	St. Joseph County, IN	St. Joseph County, MI	Indiana	United States
American Indian and Alaska Native	$81,583	$217,885	$67,721	ND	$56,868	$55,925
Asian	$74,602	$87,872	$85,357	$88,235	$78,490	$107,637
White	$68,111	$65,721	$66,801	$62,352	$70,740	$80,042
Native Hawaiian and Other Pacific Islander	$61,890	ND	ND	ND	$61,707	$76,568
Other Race	$57,137	$83,435	$44,764	$75,724	$57,548	$61,851
Two or More Race	$50,455	$52,122	$54,460	$80,278	$59,959	$70,596
Black or African American	$27,487	ND	$37,826	$53,257	$42,067	$50,901

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

EXHIBIT 76: MEDIAN HOUSEHOLD INCOME BY ETHNICITY

	Elkhart County	Marshall County	St. Joseph County, IN	St. Joseph County, MI	Indiana	United States
Hispanic or Latino	$52,156	$42,124	$53,869	$80,294	$59,341	$64,936

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

EXHIBIT 77: EMPLOYMENT BY INDUSTRY

	Elkhart County	Marshall County	St. Joseph County, IN	St. Joseph County, MI	Indiana	United States
Production	18.7%	18.5%	9.1%	21.0%	9.7%	5.2%
Office and Administrative Support	10.3%	9.8%	10.7%	9.5%	10.5%	10.3%
Sales	8.4%	9.2%	9.1%	6.8%	8.4%	9.1%
Management	8.2%	8.3%	9.6%	8.2%	9.5%	10.4%
Material Moving	5.7%	6.1%	3.8%	7.0%	5.2%	3.6%
Food Preparation and Serving	4.8%	4.5%	5.0%	5.0%	5.1%	5.0%
Education, Training and Library	4.7%	4.4%	8.0%	3.2%	5.5%	5.9%
Construction and Extraction	4.3%	6.7%	3.7%	4.9%	4.5%	4.7%
Business and Finance	3.4%	3.3%	4.5%	1.8%	4.6%	5.5%
Transportation	3.4%	5.2%	3.3%	3.3%	3.8%	3.6%
Installation, Maintenance, and Repair	3.2%	3.9%	3.1%	3.7%	3.4%	2.9%
Building, Grounds Cleaning, and Maintenance	3.2%	2.5%	2.9%	3.5%	3.1%	3.3%
Health Diagnosis and Treating Practitioners	2.8%	2.6%	3.9%	2.5%	4.3%	4.1%
Healthcare Support	2.7%	2.0%	2.7%	2.1%	2.9%	3.1%
Personal Care and Service	2.1%	1.5%	2.4%	1.4%	2.2%	2.4%

Health Technologist and Technicians	2.0%	1.3%	2.2%	1.9%	2.0%	1.9%
Architecture and Engineering	1.8%	1.4%	1.9%	2.2%	2.1%	2.0%
Computer and Mathematical	1.5%	1.1%	2.1%	0.9%	2.3%	3.3%
Community and Social Service	1.4%	1.5%	2.1%	1.7%	1.7%	1.7%
Arts, Design, Entertainment, Sports and Media	1.1%	0.7%	1.8%	0.9%	1.3%	2.0%
Fire Fighting and Prevention	0.8%	0.3%	1.0%	0.3%	0.9%	1.1%
Law Enforcement	0.6%	0.6%	0.8%	0.6%	0.8%	0.9%
Farming, Fishing and Forestry	0.5%	0.7%	0.2%	1.4%	0.4%	0.6%
Legal	0.3%	0.4%	0.5%	0.3%	0.7%	1.1%
Life, Physical, and Social Science	0.2%	0.5%	0.8%	0.7%	0.8%	1.0%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

EXHIBIT 78: HOUSEHOLDS RECEIVING SNAP

	Elkhart County	Marshall County	St. Joseph County, IN	St. Joseph County, MI	Indiana	United States
Households Receiving Food Stamps/SNAP	7.5%	5.4%	9.7%	13.0%	9.0%	11.5%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

Neighborhood & Built Environment

The neighborhoods people live in have a major impact on their health and well-being. The physical environment includes housing and transportation, parks and playgrounds, and the chances for recreational opportunities. [22] Neighborhood quality is shaped in part by how well individual homes are maintained, and widespread residential deterioration in a neighborhood can negatively affect the mental health of residents.[23]

Transportation & Internet Access

EXHIBIT 79: TRANSPORTATION

	Elkhart County	Marshall County	St. Joseph County, IN	St. Joseph County, MI	Indiana	United States
Mean Travel Time to Work (in minutes)	19.2	22.9	21.3	20.9	24.0	26.7
Workers Commuting by Public Transit	0.2%	0.1%	1.1%	0.1%	0.7%	3.8%
Workers who Drive Alone to Work	74.8%	78.5%	76.4%	74.6%	78.7%	71.7%
Walkability[24]	4	0	1	57	ND	ND

Sources: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates, Walk Score | walkscore.com

[22] Kaiser Family Foundation. Beyond Health Care: The Role of Social Determinants in Promoting Health & Health Equity, 2018. Link: https://www.kff.org/racial-equity-and-health-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/

[23] U.S. Department of Health and Human Services. Healthy People 2030. Social Determinants of Health Literature Summaries: Quality of Housing. Link: https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/quality-housing

[24] Walk Score measures the walkability of any address using a patented system. For each address, Walk Score analyzes hundreds of walking routes to nearby amenities. Points are awarded based on the distance to amenities in each category. Amenities within a 5 minute walk (.25 miles) are given maximum points. A decay function is used to give points to more distant amenities, with no points given after a 30 minute walk. Scores range from 0-100, with a higher score indicating greater walkability that does not require a car.
Walk Score also measures pedestrian friendliness by analyzing population density and road metrics such as block length and intersection density. Data sources include Google, Factual, Great Schools, Open Street Map, the U.S. Census, Localeze, and places added by the Walk Score user community.

EXHIBIT 80: BROADBAND

	Elkhart County	Marshall County	St. Joseph County, IN	St. Joseph County, MI	Indiana	United States
Household Without Internet Access	10.7%	18.0%	10.9%	12.8%	10.6%	9.0%
Number of Internet Providers (2021)	20	17	19	15	125	3,003

Sources: Federal Communications Commission Fixed Broadband Deployment Data 2021 | U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

Food Insecurity

EXHIBIT 81: FOOD INSECURITY RATES, OVERALL AND AMONG CHILDREN

	2021		2020		2019		2018	
	Overall (all ages)	Children (less than age 18)	Overall (all ages)	Children (less than age 18)	Overall (all ages)	Children (less than age 18)	Overall (all ages)	Children (less than age 18)
Elkhart County	9.2%	10.6%	11.3%	15.8%	11.3%	14.0%	11.6%	15.1%
Marshall County	9.8%	9.3%	11.6%	13.5%	12.2%	14.1%	11.6%	14.9%
St. Joseph County, IN	11.0%	14.4%	13.2%	19.3%	12.9%	17.3%	13.4%	18.0%
St. Joseph County, MI	11.9%	10.9%	14.1%	16.8%	13.8%	15.2%	12.9%	15.1%

Source: Feeding America Map the Meal Gap, 2021

EXHIBIT 82: HOUSING COSTS & HOME VALUE

	Elkhart County	Marshall County	St. Joseph County, IN	St. Joseph County, MI	Indiana	United States
Median Household Income	$48,673	$47,927	$48,198	$45,017	$48,393	$52,762
Excessive Renter Housing Costs	43.6%	33.9%	46.0%	33.8%	43.2%	46.4%
Excessive Owner Housing Costs	16.9%	15.4%	15.6%	17.8%	15.9%	21.9%
Owner Occupied Housing Units - Mobile Homes	5.4%	4.9%	1.3%	7.1%	4.0%	5.8%
Renter Occupied Housing Units - Mobile Homes	13.2%	10.3%	1.6%	6.7%	4.1%	4.0%
Homeowner Vacancy Rate	0.8%	1.0%	0.9%	1.1%	1.0%	1.1%

Source: U.S. HUD CHAS 2015-2019 | U.S. Census Bureau American Community Survey 2010 One-year Estimates | U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

EXHIBIT 83: FAIR MARKET RENT (FMR)

	Elkhart County	Marshall County	St. Joseph County, IN	St. Joseph County, MI	Indiana	United States
0 Bedrooms	$734	$578	$755	$571	ND	ND
1 Bedrooms	$770	$673	$923	$643	ND	ND
2 Bedrooms	$986	$829	$1,099	$826	ND	ND
3 Bedrooms	$1,261	$1,127	$1,397	$1,115	ND	ND
4 Bedrooms	$1,325	$1,343	$1,476	$1,180	ND	ND

Source: U.S. Department of Housing and Urban Development HOME Rent Limits 2023

EXHIBIT 84: NATIONAL LOW INCOME HOUSING COALITION HOUSING WAGE, 2023

	Elkhart County	Marshall County	St. Joseph County, IN	St. Joseph County, MI	Indiana
Two-bedroom fair market rent (FMR) [25]	$986	$829	$1,099	$826	$988
Hourly wage necessary to afford two-bedroom FMR	$18.96	$15.94	$21.13	$15.88	$19
Annual income needed to afford two-bedroom FMR	$39,440	$33,160	$43,960	$33,040	$39,526

Source: National Low Income Housing Coalition, Out of Reach 2023

25 Fiscal Year 2023 Fair Market Rent

Housing Insecurity

Difficulty paying rent, being cost burdened, which is defined as spending 30% or more of income on housing costs, moving frequently, or overcrowding are all challenges related to housing insecurity. [26] When a household is cost burdened, there is less money to spend on other necessities such as food, child care, transportation, medical care, etc.

EXHIBIT 85: HOUSEHOLD COMPOSITION

	Elkhart County	Marshall County	St. Joseph County, IN	St. Joseph County, MI	Indiana	United States
Household with Children	32.8%	32.3%	28.4%	29.2%	30.2%	30.2%
Grandchildren	5.7%	5.1%	4.2%	6.3%	4.2%	4.6%

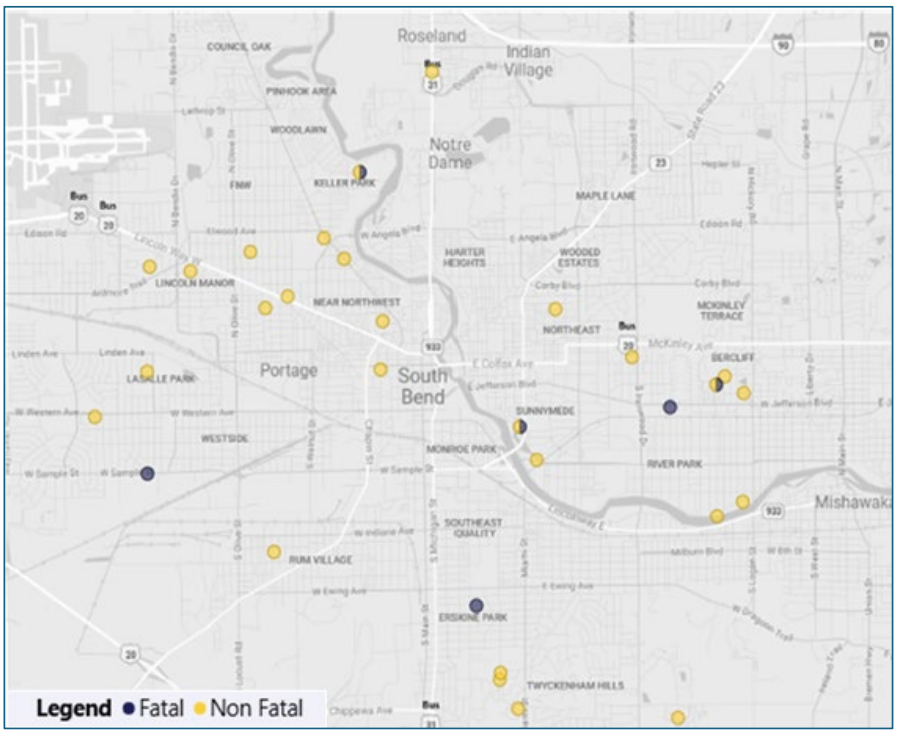
Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

26 Housing Instability - Healthy People 2030 | health.gov

Community Violence

Criminally assaulted shootings are "fatal and non-fatal shooting incidents with a victim, excluding accidental shootings, justifiable homicides, self-defense shootings, and suicides."[27]

EXHIBIT 86: CRIMINALLY ASSAULTED SHOOTINGS MAP, SOUTH BEND



Source: South Bend, IN. (2024, July 18). Criminally assaulted shootings - South Bend, Indiana. South Bend, Indiana. https://southbendin.gov/transparency-and-performance/police-transparency-hub/shootings/

46
Total Number of Criminally Assaulted Shooting Victims

6
Fatal

28
Group / Gang Member Involved Shooting

Jan 1, 2024 - July 31, 2024
Source: South Bend, Indiana

[27] Criminally Assaulted Shootings - South Bend, Indiana (southbendin.gov)

EXHIBIT 87: NUMBER OF FIREARM FATALITIES, 2017-2021

	Elkhart County	Marshall County	St. Joseph County, IN	St. Joseph County, MI	Indiana	United States
Firearm Fatalities Per 100,000 Population	11.0	11.0	15.0	13.0	16.0	13.0

Source: County Health Rankings, Compare Counties | County Health Rankings & Roadmaps

Health Care

Health outcomes represent how healthy a population is according to the most current data and reflect the physical and mental well-being of residents within a community through measures representing not only the length of life but the quality of life.[28]

Health Status

EXHIBIT 88: BIRTH RATE (RATE PER 1,000 PEOPLE), 2021

	Elkhart County	Marshall County	St. Joseph County, IN	St. Joseph County, MI	Indiana	United States
Birth Rate	14.1	ND	12	ND	11.7	11.0

Source: CDC WONDER Natality Birth Rate, 2021 https://wonder.cdc.gov/

EXHIBIT 89: CHRONIC DISEASE RATES AMONG ADULTS AGED 18 AND OLDER, 2021

	Elkhart County	Marshall County	St. Joseph County, IN	St. Joseph County, MI	United States
Current Asthma	10.5%	10.6%	10.5%	11.2%	9.7%
High Blood Pressure	31.4%	30.3%	32.0%	32.5%	29.6%
Cancer (excluding skin cancer)	6.3%	6.3%	6.3%	6.4%	6.0%
High Cholesterol	30.3%	30.8%	29.1%	31.6%	31.0%
Chronic Kidney Disease	3.0%	2.9%	2.9%	2.9%	2.7%
Chronic Obstructive Pulmonary Disease	8.1%	8.0%	7.0%	7.7%	5.7%
Coronary Heart Disease	5.9%	5.9%	5.6%	6.0%	5.2%
Diagnosed Diabetes	10.9%	10.4%	11.1%	9.3%	9.9%
Obesity	38.2%	36.6%	36.1%	38.5%	33.0%

[28] County Health Roadmaps & Rankings, Health Outcomes. Link: https://www.countyhealthrankings.org/

Stroke	3.1%	3.0%	2.9%	3.0%	2.8%
Depression	26.0%	26.5%	24.1%	25.25	19.8%

Source: Centers for Disease Control and Prevention | Division of Population Health, PLACES: Local Data for Better Health, https://www.cdc.gov/PLACES

EXHIBIT 90: HEALTH RISK BEHAVIORS

	Elkhart County	Marshall County	St. Joseph County, IN	St. Joseph County, MI	United States
Current Smoking	19.5%	20.0%	17.6%	20.6%	13.8%
Binge Drinking	14.7%	16.5%	16.7%	16.2%	16.7%
No Leisure-Time Physical Activity	29.8%	28.4%	27.0%	26.1%	23.0%
Sleeping Less than 7 Hours	34.9%	34.4%	33.1%	34.4%	33.3%

Source: Centers for Disease Control and Prevention | Division of Population Health, PLACES: Local Data for Better Health, https://www.cdc.gov/PLACES

EXHIBIT 91: QUALITY OF LIFE, 2021

	Elkhart County	Marshall County	St. Joseph County, IN	St. Joseph County, MI	Indiana	United States
Mental Health not good for 14 or more days	17.3%	17.4%	17.0%	18.2%	17.0%	15.2%
Physical Health not Good for 14 or More Days	12.2%	11.9%	11.3%	12.1%	11.0%	10.3%
Fair or Poor Self-Rated Health Status	18.8%	17.7%	16.5%	17.4%	ND	15.2%

Source: Centers for Disease Control and Prevention | Division of Population Health, PLACES: Local Data for Better Health, https://www.cdc.gov/PLACES, (Indiana State Data) County Health Rankings & Roadmaps, 2024

EXHIBIT 92: PREVENTION INDICATORS

	Elkhart County	Marshall County	St. Joseph County, IN	St. Joseph County, MI	United States
Visit to doctor for routine checkup within the past year	74.9%	72.6%	74.6%	72.7%	71.8%
Visit to dentist or dental clinic within the past year	60.9%	57.3%	64.5%	58.4%	64.5%

Source: Centers for Disease Control and Prevention | Division of Population Health, PLACES: Local Data for Better Health, https://www.cdc.gov/PLACES,

EXHIBIT 93: LIFE EXPECTANCY, 2019-2021

	Elkhart County	Marshall County	St. Joseph County, IN	St. Joseph County, MI	Indiana	United States
Age in Years	77.0	76.8	75.5	75.2	75.6	77.6

Source: County Health Rankings & Roadmaps, 2024

EXHIBIT 94: DEATH RATE, 2021

	Elkhart County	Marshall County	St. Joseph County, IN	St. Joseph County, MI	Indiana	United States
Rate per 100,000 people	10.1	11.8	11.5	13.1	11.5	10.4

Source: CDC WONDER Causes of Death, 2021. https://wonder.cdc.gov/

EXHIBIT 95: LEADING CAUSES OF DEATH (RATE PER 100,000 PEOPLE), 2021

	Elkhart County	Marshall County	St. Joseph County, IN	St. Joseph County, MI	Indiana	United States
Heart Disease	215.1	260.2	237.3	260.0	191.2	173.8
Cancer	178.3	188.6	209.0	214.0	169.7	146.6
COVID-19	105.8	156.1	92.2	146.5	106.8	104.1
Accidents / Unintentional Injuries	55.6	67.2	73.8	69.1	76.7	64.7
Chronic Lower Respiratory Disease	45.9	84.6	52.5	90.5	51.6	34.7
Stroke / Cerebrovascular Disease	47.8	62.9	50.7	64.2	43.9	41.1
Diabetes	41.1	43.4	34.2	51.0	31.3	25.4
Alzheimer's Disease	28.0	ND	49.2	62.5	29.7	31.0
Kidney Disease	16.4	ND	20.6	ND	18.0	13.6
Suicide	10.1	ND	12.1	ND	16.4	14.1

Source: CDC WONDER Causes of Death, 2021. https://wonder.cdc.gov/

EXHIBIT 96: BIRTH RATES BY STATE AND COUNTY OF RESIDENCE, 2022

Geography	Number of Births	Birth Rate per 1,000
State of Residence		
Indiana	79,649	11.7
Michigan	102,321	10.2
County of Residence		
Elkhart County	2,974	14.4
Marshall County	ND	ND
St. Joseph County, IN	3,209	11.8
St. Joseph County, MI	ND	ND

Source: Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Natality on CDC WONDER Online Database. Data are from the Natality Records 2016-2022, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at http://wonder.cdc.gov/natality-expanded-current.html

EXHIBIT 97: MATERNAL AND INFANT HEALTH OVERVIEW BY STATE AND COUNTY OF RESIDENCE, 2022[29]

Geography[30]	Number of Births	Fertility Rate per 1,000[31]	Average Age of Mother (Years)[32]	Average Birth Weight (Pounds)[33]	Average Number of Prenatal Visits
State of Residence					
Indiana	79,649	59.7	28.4	7.2	11.2
Michigan	102,321	54.0	29.3	7.2	11.6
County of Residence					
Elkhart County	2,974	74.8	27.7	7.3	11.1
Marshall County	ND	ND	ND	ND	ND
St. Joseph County, IN	3,209	57.0	28.6	7.1	11.2
St. Joseph County, MI	ND	ND	ND	ND	ND

Source: Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Natality on CDC WONDER Online Database. Data are from the Natality Records 2016-2022, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at http://wonder.cdc.gov/natality-expanded-current.html

[29] Birth rates and fertility rates are calculated using the following populations: The populations for year 2021 are from the postcensal single race series of July 1st estimates of the resident population, released by Census Bureau on June 30, 2022. The 2021 population estimates are based on the Blended Base produced by the US Census Bureau in lieu of the April 1, 2020 decennial population count. Natality, 2016-2022 expanded Results Form (cdc.gov)

[30] County-level data are shown only for counties with populations of 100,000 persons or more. Within each state, data for all counties with fewer than 100,000 persons are combined together under the label "Unidentified Counties." Natality, 2016-2022 expanded Results Form (cdc.gov)

[31] Fertility rates are calculated as the number of births divided by the number of females age 15 - 44 years old in the given year(s). When the numerator is sub-set by mother's age, mother's race, mother's hispanicity, location, or year of birth, then the same sub-set for age, race, hispanicity, location and year applies to the denominator population. However, if you sub-set mother's age selecting some years not in the 15 - 44 range, those years of mother's age ouside this range will not be included in the denominator population. If you sub-set mother's age selecting only years outside the 15 - 44 range, then "Not Available" is reported for the denominator population. Natality, 2016-2022 expanded Results Form (cdc.gov)

[32] Standard deviation

[33] Standard deviation

EXHIBIT 98: INDIANA BIRTH RATES FOR TEENS AGES 15 TO 19, 2022

Rate per 1,000 Live Births	Elkhart County	Laporte County	Marshall County	St. Joseph County, IN
2022	22.5	21.9	18.9	15.1
2018-2022	26.6	23.8	18.2	19.3
2018-2022 Rate Change	-10.9	-4.5	-0.7	-8.9

Source: Indiana Department of Health, Indiana Infant Mortality and Birth Outcomes, 2022, https://www.in.gov/health/mch/files/2022-Infant-Mortality.pdf

EXHIBIT 99:MICHIGAN BIRTH RATES FOR TEENS AGES 15 TO 19, 2021

Rate per 1,000 Female Population	St. Joseph County, MI	Michigan
2022	18.8	53.3
2021	17.3	55.6
2020	19.0	55.0

Source: 2020- 2022 Geocoded Michigan Birth Certificate Registry, Division for Vital Records & Health Statistics, Michigan Department of Health & Human Services

EXHIBIT 100: PRETERM[34] BIRTHS BY RACE AND ETHNICITY, 2021

Geography	All Races and Origins	Non-Hispanic White	Non-Hispanic Black	Hispanic
Indiana	10.9%	10.%	14.1%	10.7%
Michigan	10.6%	9.6%	14.9%	10.3%

Source: National Center for Health Statistics. 2023. "Births: Final Data for 2021 Supplemental Tables." Report. *National Vital Statistics Reports*. https://www.cdc.gov/nchs/data/nvsr/nvsr72/nvsr72-01-tables.pdf.

[34] Less than 37 weeks gestation

EXHIBIT 101: LATE PRETERM[35] BIRTHS BY RACE AND ETHNICITY, 2021

Geography	All Races and Origins	Non-Hispanic White	Non-Hispanic Black	Hispanic
Indiana	8.1%	7.8%	9.6%	8.0%
Michigan	7.7%	7.2%	9.8%	7.8%

Source: National Center for Health Statistics. 2023. "Births: Final Data for 2021 Supplemental Tables." Report. *National Vital Statistics Reports*. https://www.cdc.gov/nchs/data/nvsr/nvsr72/nvsr72-01-tables.pdf.

EXHIBIT 102: CESAREAN DELIVERIES, 2021

	Cesarean	Low-Risk Cesarean[36]
Indiana	30.0%	24.0%
Michigan	33.0%	28.0%

Source: "State Profiles for Women's Health | KFF." 2024. KFF. April 2, 2024. https://www.kff.org/interactive/womens-health-profiles/indiana/healthcare-access-usage/, Michigan Women's Healthcare Access & Utilization Data (kff.org)

EXHIBIT 103:INDIANA INFANT AND MATERNAL HEALTH INDICATORS

	Low Birthweight	Percent Preterm, Less than 37 Weeks Gestation	Percent on Medicaid
Elkhart County	7.3%	9.9%	44.9%
Marshall County	6.0%	6.9%	33.0%
St. Joseph County, IN	7.8%[37]	12.1%	32.5%
St. Joseph County, MI	ND	ND	ND
Indiana	8.7%	10.9%	41.1%

Source: Indiana Department of Health | Division of Maternal & Child Health, Infant Mortality Northern Hospital Region 2024 Report

EXHIBIT 104: MICHIGAN LOW BIRTHWEIGHT, 2022

	Percentage
St. Joseph County, MI	6.2%
Michigan	9.2%

Source: 2022 Geocoded Michigan Birth Certificate Registry. Division for Vital Records & Health Statistics, Michigan Department of Health & Human Services

[35] 34-36 weeks of gestation

[36] Low-risk cesarean is defined as a singleton, term (37 or more weeks of gestation based on obstetric estimate), cephalic cesarean deliveries to women having a first birth per 100 women delivering singleton, term, cephalic first births. Indiana Maternal & Infant Health Data (kff.org)

[37] Fewer than 20 birth outcomes, percentage unstable

EXHIBIT 105: INFANTS BORN IN 2018 WHO WERE BREASTFED

	Ever Breastfed	Breastfeeding at 6 Months	Breastfeeding at 12 Months	Exclusive Breastfeeding through 3 Months	Exclusive Breastfeeding through 3 Months	Breastfed Infants Receiving Formula before 2 Days of Age
Indiana	85.9%	52.9%	30.3%	46.2%	21.5%	14.3%
Michigan	83.1%	53.7%	32.2%	42.6%	25.1%	18.7%

Source: Centers for Disease Control and Prevention Breastfeeding Report Card United States, 2022

EXHIBIT 106: INFANT MORTALITY RATES, 2022

	Rates per 1,000 live births
Elkhart County	5.1[38]
Marshall County	N<5
St. Joseph County, IN	9.1
St. Joseph County, MI	ND[39]

Source: 2018 - 2022 Michigan Resident Birth and Death Files, Division for Vital Records & Health Statistics, Michigan Department of Health & Human Services, Indiana Department of Health Infant Mortality Northern Hospital Region 2022 Fact Sheet

EXHIBIT 107: MICHIGAN INFANT MORTALITY RATES,2018- 2022 AVERAGE

	Rates per 1,000 live births
St. Joseph County, MI	6.9
Michigan	6.5

Source: 2018 - 2022 Michigan Resident Birth and Death Files, Division for Vital Records & Health Statistics, Michigan Department of Health & Human Services

[38] Numerator fewer than 20, rate unstable

[39] A rate is not calculated when there are fewer than 6 events, because the width of the confidence interval would negate any usefulness for comparative purposes.

EXHIBIT 108: ST. JOSEPH COUNTY, MICHIGAN, INFANT MORTALITY RATES MOVING AVERAGES

Rate per 1,000 Live Births	Infant Deaths	Live Births	Infant Death Rate
Three-Year Moving Averages			
2020-2022	4.7	667.3	**7.0**
2019-2021	5.0	694.0	**7.2**
2018-2020	5.3	737.0	**7.2**
2017-2019	4.7	748.7	**6.2**
Five-Year Moving Averages			
2018-2022	4.8	700.2	**6.9**
2017-2021	4.8	721.2	**6.7**
2016-2020	5.2	743.8	**7.0**

Source: 1989-1999 Michigan Death Records;1999-2018 Geocoded Michigan Death Records; 2019-2022 Michigan Death Records.,1989-1999 Michigan Birth Records;2000-2022 Geocoded Michigan Birth Records., Division for Vital Records and Health Statistics, Michigan Department of Health & Human Servicesmdch.state.mi.us/osr/chi/fullscreen.asp?MyTarget=https%3A//www.mdch.state.mi.us/osr/chi/Indx/Trends/counties/trd75.html

EXHIBIT 109: INDIANA INFANT MORTALITY RATE TRENDS, 2013 – 2022, RATES PER 1,000 LIVE BIRTHS

Race and Ethnicity	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Non-Hispanic Black IMR	15.3	14.4	13.0	14.1	15.4	13.0	11.0	13.2	13.2	14.1
Hispanic IMR	7.3	6.9	8.5	9.0	7.6	6.1	6.4	6.0	8.1	7.9
Overall IMR	**7.1**	**7.1**	**7.3**	**7.5**	**7.3**	**6.8**	**6.5**	**6.6**	**6.7**	**7.2**
Non-Hispanic White IMR	5.8	5.9	6.3	6.3	5.8	6.0	6.0	5.5	5.4	5.6

Source: Indiana Department of Health, Indiana Infant Mortality and Birth Outcomes, 2022, https://www.in.gov/health/mch/files/2022-Infant-Mortality.pdf

EXHIBIT 110: MICHIGAN INFANT MORTALITY RATE TRENDS, NUMBER OF LIVE BIRTHS, BY RACE, 2017-2022,

Rates per 1,000 live births	White			Black			Multi-Racial		
	Infant Deaths	Live Births	**Infant Death Rate**	Infant Deaths	Live Births	**Infant Death Rate**	Infant Deaths	Live Births	**Infant Death Rate**
2022	322	73,380	**4.4**	245	18,798	**13.0**	45	7,747	**5.8**
2021	317	76,190	**4.2**	285	18,384	**15.5**	34	9,400	**3.6**
2020	372	74,608	**5.0**	285	20,650	**13.8**	23	8,287	**2.8**
2019	364	77,739	**4.7**	281	21,400	**13.1**	33	8,369	**3.9**
2018	363	80,003	**4.5**	326	21,643	**15.1**	23	8,099	**2.8**
2017	393	80,967	**4.9**	320	21,897	**14.6**	35	8,222	**4.3**

Source: 1970 - 2022 Michigan Resident Birth and Death Files, Division for Vital Records & Health Statistics, Michigan Department of Health & Human Services, Number of Infant Deaths, Live Births and Infant Death Rates By Race (michigan.gov)

Exhibit 111: Indiana Northern Hospital Region Infant mortality Trends, 2014 – 2022, Rates per 1,000 live births

	2014	2015	2016	2017	2018	2019	2020	2021	2022
Elkhart County	ND	ND	ND	ND	8.3	6.9	7.9	9.2	5.1*
LaPorte County	ND	ND	ND	ND	7.9*	9.4*	11.4*	5.1*	11.1*
Marshall County	ND	ND	ND	ND	11.2*	9.7*	ND^	9.0*	ND^
St. Joseph County, IN	ND	ND	ND	ND	6.9	8.7	5.9*	9.9	9.1
Northern Hospital Region	7.4	8.7	8.4	8.4	7.8	8.2	7.4	8.9	7.5
Indiana	7.1	7.3	7.5	7.3	6.8	6.5	6.6	6.7	7.2

Source: Indiana Department of Health, Infant Mortality Northern Hospital Region, reports 2018 through 2022, https://www.in.gov/health/mch/data/infant-mortality/#2021
*Rate is based on a count of fewer than 20. Please interpret with caution. ^Data suppressed due to count being less than 5.

EXHIBIT 112: ST. JOSEPH COUNTY, MICHIGAN INFANT MORTALITY RATES

Rate per 1,000 Live Births	Infant Deaths	Live Births	Infant Death Rate
2022	4	642	ND
2021	4	648	ND
2020	6	712	8.4
2019	5	722	ND
2018	5	777	ND

Source: 1989-1999 Michigan Death Records;1999-2018 Geocoded Michigan Death Records; 2019-2022 Michigan Death Records.,1989-1999 Michigan Birth Records;2000-2022 Geocoded Michigan Birth Records., Division for Vital Records and Health Statistics, Michigan Department of Health & Human Servicesmdch.state.mi.us/osr/chi/fullscreen.asp?MyTarget=https%3A//www.mdch.state.mi.us/osr/chi/Indx/Trends/counties/trd75.html

EXHIBIT 113: ZIP-CODE INFANT MORTALITY RATE (IMR) BY RACE AND ETHNICITY, 2022, RATES PER 1,000 LIVE BIRTHS

Race and Ethnicity	Zip Code 46516	Zip Code 46514	Zip Code 46628	Zip Code 46360
Non-Hispanic Black IMR	38.0	22.0	19.1	20.7
Hispanic IMR	8.3	12.3	--	--
Overall IMR	**13.7**	**10.8**	**11.9**	**10.1**
Non-Hispanic White IMR	8.0	9.0	6.5	5.4

Source: Indiana Department of Health, Indiana Infant Mortality and Birth Outcomes, 2022, https://www.in.gov/health/mch/files/2022-Infant-Mortality.pdf

EXHIBIT 114: ST. JOSEPH COUNTY, MICHIGAN THREE-YEAR MOVING AVERAGE INFANT DEATH RATES BY RACE

Rates per 1,000 live births	White	Black	Multi-Racial
2020-22	7.3	ND	ND
2019-21	7.6	ND	ND
2018-20	7.5	ND	ND
2017-19	6.4	ND	ND

Source: 2011-2018 Geocoded Michigan Death Records; 2019-2022 Michigan Death Records. 2011-2022 Geocoded Michigan Birth Records. Division for Vital Records & Health Statistics, Michigan Department of Health & Human Services, Infant Death Rates by County (michigan.gov)

EXHIBIT 115: INDIANA CAUSES OF INFANT MORTALITY TRENDS, RATES PER 1,000 LIVE BIRTHS

Causes	2018	2019	2020	2021	2022
Perinatal Risks	3.3	2.6	2.8	2.9	3.6
Congenital Anomalies	1.6	1.6	1.6	1.6	1.3
Sudden Unexpected Infant Deaths	0.9	1.2	1.3	1.1	1.2
Assaults/Injuries	0.2	0.3	0.3	0.3	0.3
Other	0.7	0.8	0.6	0.8	0.9

Source: Indiana Department of Health, Indiana Infant Mortality and Birth Outcomes, 2022, https://www.in.gov/health/mch/files/2022-Infant-Mortality.pdf

EXHIBIT 116: MICHIGAN CAUSES OF INFANT MORTALITY RATES BY CAUSE OF DEATH PER 10,000 LIVE BIRTHS

Causes	2016 to 2018	2017 to 2019	2018 to 2020	2019 to 2021	2020 to 2022
Total Infant Deaths	66.7	66.2	65.9	64.8	64.9
Certain gastrointestinal diseases	0.4	0.4	0.3	0.2	0.3
Septicemia	0.4	0.4	0.4	0.4	0.4
Remainder of infectious and parasitic diseases	0.3	0.2	0.3	0.2	0.2
Meningitis	ND	ND	ND	ND	ND
Pneumonia and Influenza	0.6	0.7	0.6	0.4	0.5

Source: 1980-2022 Michigan Resident Infant Death File, Division for Vital Records & Health Statistics, Michigan Department of Health & Human Services.

The Indiana Maternal Mortality Review Committee 2023 Annual Report defines pregnancy-associated deaths as, "A death during or within one year of pregnancy irrespective of the cause." A pregnancy-related death is defined as, "A death during pregnancy or within one year of the end of a pregnancy from a pregnancy complication, a chain of events initiated by the pregnancy, or the aggravation of an unrelated condition by the physiologic effects of pregnancy."[40]

EXHIBIT 117: INDIANA PREGNANCY-ASSOCIATED DEATH RATES

	2018	2019	2020	2021	Percent Change 2018-2021
Rate per 100,000 Live Births	77.2	74.2	117.2	100.1	+29.7%

Source: Indiana Department of Health, Infant Maternal Mortality Review Committee 2023 Annual Report, MMRC-Annual-Report-2023.pdf (in.gov)

The Michigan Maternal Mortality Surveillance Program defines pregnancy-associated mortality as "the death of a person while pregnant or within one year of the end of a pregnancy. This includes pregnancy-related, pregnancy-associated, not related, and deaths where pregnancy-relatedness was unable to be determined." Pregnancy-related mortality defined as "the death of a person while pregnant or within one year of the end of a pregnancy from any cause related to or aggravated by the pregnancy or its management. This does not include accidental or incidental causes."[41]

EXHIBIT 118: MICHIGAN RATE OF PREGNANCY-ASSOCIATED DEATHS , 2016-2020

	2016	2017	2018	2019	2020	Percent Change 2016-2020
Ratio per 100,000 Live Births	82.0	69.1	74.5	76.9	102.7	+25.2%

Source: Michigan Department of Health & Human Services | Michigan Maternal Mortality Surveillance (MMMS) Program, Maternal Deaths in Michigan, 2016-2020 Data Update

[40] MMRC-Annual-Report-2023.pdf (in.gov)

[41] Maternal Deaths in Michigan, 2016-2020

EXHIBIT 119: INDIANA PREGNANCY-RELATED DEATH RATES

	2018	2019	2020	2021	Percent Change 2018-2021
Rate per 100,000 Live Births	12.2	18.6	22.9	17.5	+43.4%

Source: Indiana Department of Health, Infant Maternal Mortality Review Committee 2023 Annual Report, MMRC-Annual-Report-2023.pdf (in.gov)

EXHIBIT 120: MICHIGAN RATE OF PREGNANCY-RELATED DEATHS , 2016-2020

	2016	2017	2018	2019	2020	Percent Change 2016-2020
Ratio per 100,000 Live Births	11.5	9.9	10.9	23.2	43.2	+275.7%

Source: Michigan Department of Health & Human Services | Michigan Maternal Mortality Surveillance (MMMS) Program, Maternal Deaths in Michigan, 2016-2020 Data Update

EXHIBIT 121: INDIANA RATE OF PREGNANCY-ASSOCIATED AND PREGNANCY-RELATED DEATHS BY RACE AND ETHNICITY, 2018-2021

Rate per 100,000 Live Births	White, Non-Hispanic	Black, Non-Hispanic	Hispanic, Any Race	Other
Pregnancy-Associated	91.3	135.6	55.8	69.5
Pregnancy-Related	15.9	28.0	14.7	8.4

Source: Indiana Department of Health, Infant Maternal Mortality Review Committee 2023 Annual Report, MMRC-Annual-Report-2023.pdf (in.gov)

EXHIBIT 122: INDIANA MATERNAL DEATHS BY RACE AND ETHNICITY, 2021

	White, Non-Hispanic	Black, Non-Hispanic	Hispanic, Any Race	Other
Rate per 100,000 Live Births	90.7	156.3	79.4	136.1

Source: Indiana Department of Health, Infant Maternal Mortality Review Committee 2023 Annual Report, MMRC-Annual-Report-2023.pdf (in.gov)

EXHIBIT 123: MICHIGAN RATE OF PREGNANCY-ASSOCIATED DEATHS BY RACE , 2016-2020

	American Indian / Alaska Native	Black	White	All Other Races
Ratio per 100,000 Live Births	142.0	127.3	72.2	31.8

Source: Michigan Department of Health & Human Services | Michigan Maternal Mortality Surveillance (MMMS) Program, Maternal Deaths in Michigan, 2016-2020 Data Update

EXHIBIT 124: MICHIGAN RATE OF PREGNANCY-RELATED DEATHS BY RACE , 2016-2020

	Black	White
Ratio per 100,000 Live Births	36.5	16.3

Source: Michigan Department of Health & Human Services | Michigan Maternal Mortality Surveillance (MMMS) Program, Maternal Deaths in Michigan, 2016-2020 Data Update

EXHIBIT 125: INDIANA MATERNAL DEATHS BY AGE AT DEATH

	Number	Percentage	Percent of Population in Indiana	Rate per 100,000 Live Births
2021				
15-19 Years	1	1%	5%	25.1
20-24 Years	17	21%	22%	93.2
25-29 Years	22	28%	32%	83.5
30-34 Years	20	25%	27%	89.3
35-39 Years	16	20%	12%	164.7
40+ Years	4	5%	2%	311.0
2018-2021				
15-19 Years	9	3%	5%	50.9
20-24 Years	67	23%	23%	89.8
25-29 Years	93	31%	32%	89.4
30-34 Years	63	21%	26%	73.7
35-39 Years	49	17%	11%	133.9
40+ Years	14	5%	2%	211.3

Source: Indiana Department of Health, Infant Maternal Mortality Review Committee 2023 Annual Report, MMRC-Annual-Report-2023.pdf (in.gov)

EXHIBIT 126: INDIANA LEADING CAUSES OF PREGNANCY-ASSOCIATED AND PREGNANCY-RELATED DEATHS, 2021

	Number
Pregnancy-Associated Deaths	
Overdose, Accidental and Undetermined Intent	22
Motor Vehicle Accident	8
Gunshot Wound	8
Cancer	7
Unknown/Undetermined	6
Other Causes	29
Total	80
Pregnancy-Related Deaths	
Amniotic Fluid Embolism	3
Ruptured Ectopic Pregnancy	2
COVID-19	2
Thrombotic Embolism	2
Sepsis / Septic Shock	1
Other Causes	4
Total	14

Source: Indiana Department of Health, Infant Maternal Mortality Review Committee 2023 Annual Report, MMRC-Annual-Report-2023.pdf (in.gov)

EXHIBIT 127: MICHIGAN LEADING CAUSES OF PREGNANCY-ASSOCIATED MORTALITY, 2016-2020

	Percentage
Substance Use Disorder	29.0%
Pregnancy-Associated, not Related Medical Conditions	20.1%
Pregnancy-Related Medical Conditions	17.2%
Homicide	12.7%
Motor Vehicle Accidents	9.5%
Suicide	5.0%
Unknown and Other	4.8%
Unable to Determine Relatedness Medical Conditions	1.8%

Source: Michigan Department of Health & Human Services | Michigan Maternal Mortality Surveillance (MMMS) Program, Maternal Deaths in Michigan, 2016-2020 Data Update

EXHIBIT 128: INDIANA OVERALL TOP CAUSES OF PREGNANCY-ASSOCIATED DEATHS, 2018-2021

	Number
Overdose, Accidental and Undetermined Intent	91
Homicide	29
Motor Vehicle Accident	27
Cancer	18
Suicide	18
Unknown	15
Sepsis / Infection	11
Cardiomyopathy	9
Amniotic Fluid Embolism	6
Total	295

Source: Indiana Department of Health, Infant Maternal Mortality Review Committee 2023 Annual Report, MMRC-Annual-Report-2023.pdf (in.gov)

EXHIBIT 129: MICHIGAN LEADING CAUSES OF PREGNANCY-RELATED MORTALITY, 2016-2020

	Percentage
Infection	14.2%
Thrombotic Embolism	12.3%
Substance Use Disorder	11.3%
Cardiovascular Conditions	8.5%
Hypertensive Disorders of Pregnancy	8.5%
Hemorrhage	7.5%
Mental Health Conditions	6.6%
Homicide	6.6%

Source: Michigan Department of Health & Human Services | Michigan Maternal Mortality Surveillance (MMMS) Program, Maternal Deaths in Michigan, 2016-2020 Data Update

EXHIBIT 130: INDIANA OVERALL TOP CAUSES OF ALL PREGNANCY-RELATED DEATHS, 2018-2021

Pregnancy-Related Deaths	
Cardiovascular Conditions	12
Hemorrhage (Various Etiologies)	11
Amniotic Fluid Embolism	6
Mental Health Conditions	6
Sepsis/Septic Shock	5
Preeclampsia/Eclampsia	3
Thrombotic Embolism	2
Cerebrovascular Accident	2
Pulmonary Conditions	2
COVID-19	2
Gastrointestinal Disease	1
Diabetes Mellitus	1
Epilepsy/Seizure Disorder	1
Cancer	1
Homicide	1
Unintentional Injury	1
Total	57

Source: Indiana Department of Health, Infant Maternal Mortality Review Committee 2023 Annual Report, MMRC-Annual-Report-2023.pdf (in.gov)

EXHIBIT 131: RESTRICTIONS ON PRIVATE INSURANCE AND MEDICAID COVERAGE OF ABORTION, AS OF JANUARY 2024

	Medicaid Restricts Abortion Coverage?	Private Insurance Plans Restrict Abortion Coverage?	Health Insurance Marketplaces Restrict Abortion Coverage?	Public Employee Insurance Plans Restrict Abortion Coverage?
Indiana	Abortion Banned	Abortion Banned	Abortion Banned	Abortion Banned
Michigan	Yes	No	No	No

Source: "State Profiles for Women's Health | KFF." 2024. KFF. April 2, 2024. https://www.kff.org/interactive/womens-health-profiles/indiana/healthcare-access-usage/, Michigan Women's Healthcare Access & Utilization Data (kff.org)

EXHIBIT 132: STATE POLICIES EXPANDING CONTRACEPTIVE COVERAGE AND AVAILABILITY, 2023

	Insurers and/or Medicaid must cover extended supply of contraceptives	Expansion of pharmacists' prescribing authority (oral contraceptives)	Insurers and/or Medicaid plans must cover some OTC contraception without a prescription
Indiana	No	Yes	No
Michigan	Yes, Medicaid	Yes	Yes, Medicaid only

Source: "State Profiles for Women's Health | KFF." 2024. KFF. April 2, 2024. https://www.kff.org/interactive/womens-health-profiles/indiana/healthcare-access-usage/, Michigan Women's Healthcare Access & Utilization Data (kff.org)

EXHIBIT 133: EXPANDED MEDICAID COVERAGE OF FAMILY PLANNING SERVICES, 2024

	State Has Secured a Waiver or State Plan Amendment (SPA) from CMS to Cover Services?	Basis for Eligibility	Eligible Populations Includes Men	Limited to Individuals 19 years +	Organized as a Waiver or State Plan Amendment (SPA)?	Waiver Expiration Date
Indiana	Yes	Based solely on income criteria of 146% FPL	Yes	No	SPA	N/A
Michigan	No	N/A	N/A	N/A	N/A	N/A

Source: "State Profiles for Women's Health | KFF." 2024. KFF. April 2, 2024. https://www.kff.org/interactive/womens-health-profiles/indiana/healthcare-access-usage/, Michigan Women's Healthcare Access & Utilization Data (kff.org)

EXHIBIT 134: WOMEN AGES 18 AND OLDER WHO DID NOT SEE A DOCTOR IN PRIOR 12 MONTHS DUE TO COST, BY RACE AND ETHNICITY, 2022

	All Women	White	Black	Hispanic	Asian and Native Hawaiian and Other Pacific Islander	American Indian and Alaska Native	Other
Indiana	9.0%	7.0%	11.0%	22.0%	ND	ND	17.0%
Michigan	7.0%	7.0%	9.0%	14.0%	ND	ND	14.0%

Source: "State Profiles for Women's Health | KFF." 2024. KFF. April 2, 2024. https://www.kff.org/interactive/womens-health-profiles/indiana/healthcare-access-usage/, Michigan Women's Healthcare Access & Utilization Data (kff.org)

EXHIBIT 135: WOMEN AGES 18 AND OLDER WHO DO NOT HAVE A PERSONAL DOCTOR OR HEALTH CARE PROVIDER, BY RACE AND ETHNICITY, 2022

	All Women	White	Black	Hispanic	Asian and Native Hawaiian and Other Pacific Islander	American Indian and Alaska Native	Other
Indiana	8.0%	6.0%	10.0%	26.0%	20.0%	ND	ND
Michigan	5.0%	5.0%	7.0%	ND	15.0%	ND	ND

Source: "State Profiles for Women's Health | KFF." 2024. KFF. April 2, 2024. https://www.kff.org/interactive/womens-health-profiles/indiana/healthcare-access-usage/, Michigan Women's Healthcare Access & Utilization Data (kff.org)

EXHIBIT 136: UNINSURED POPULATION[42]

	Elkhart County	Marshall County	St. Joseph County, IN	St. Joseph County, MI	Indiana	United States
Uninsured Population	30,431	6,054	19,957	5,513	520,904	28,315,092
Uninsured Under Age 6 -	14.6%	18.0%	2.8%	8.3%	5.9%	4.4%
Uninsured Age 6 to 18	14.7%	14.2%	6.1%	5.6%	6.3%	5.7%
Uninsured Age 19 to 64 -	18.4%	16.2%	10.3%	13.0%	10.4%	12.2%
Uninsured Over Age 65 -	1.7%	0.9%	0.4%	0.8%	0.5%	0.8%
People with Private Health Insurance	72.2%	76.1%	73.4%	72.1%	75.5%	74.0%
People with Public Health Insurance	39.1%	37.8%	38.8%	46.0%	37.7%	39.3%
Children Age 18 and Under with a Disability - without Health Insurance	6.0%	1.2%	2.6%	3.9%	4.1%	3.9%
Adults Age 19 to 64 with a Disability - without	13.1%	9.3%	11.0%	9.8%	8.4%	10.1%

[42] Private and public insurances can add up to more than 100% since many people have more than one health plan. About 43 Million People in the U.S. Had Multiple Health Plans in 2021 (census.gov)

Health Insurance						
People in Labor Force without Health Insurance	16.6%	13.2%	9.8%	12.9%	9.9%	11.5%

Sources: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

Workforce

EXHIBIT 137: HEALTHCARE PROVIDER RATIO (PEOPLE PER PROVIDER), 2023

	Elkhart County	Marshall County	St. Joseph County, IN	St. Joseph County, MI	Indiana	Michigan	United States
Primary Care Physician	769:1	1,848:1	1,303:1	2,100:1	881:1	760:1	952:1
Primary Care Nurse Practitioner	721:1	1,491:1	1,866:1	2,537:1	924:1	1,603:1	1,242:1
Dentist	2,405:1	2,567:1	2,233:1	3,383:1	1,815:1	1,425:1	1,642:1
Mental Health Provider	990:1	1,540:1	1,631:1	1,845:1	844:1	907:1	607:1
Pediatrician	1,347:1	11,406:1	1,913:1	4,931:1	955:1	780:1	853:1
OBGYN	2,673:1	22,838:1	6,041:1	10,072:1	3,104:1	2,953:1	3,729:1
Midwife and Doula	13,030:1	ND	34,738:1	15,108:1	17,893:1	10,068:1	11,955:1

Source: National Plan & Provider Enumeration System NPI, 2022. https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/NationalProvIdentStand/DataDissemination

Behavioral Health

Behavioral health typically encompasses mental health issues, substance use disorders, life challenges, and stress-induced physical symptoms. Behavioral health care involves measures aimed at preventing, diagnosing, and treating these conditions.[43] Similar to physical health, trained professionals in behavioral health can assist clients, akin to how medical care providers offer support. [44]

EXHIBIT 138: YOUTH SUICIDE

	Indiana			Michigan		
	Total	Female	Male	Total	Female	Male
Seriously considered attempting suicide	27.7%	37.9%	17.8%	19.0%	26.1%	11.8%
Made a plan about how they would attempt suicide	22.2%	31.6%	13.3%	16.9%	22.4%	11.3%
Attempted suicide	11.8%	16.3%	7.4%	9.0%	11.7%	6.0%

Source: Centers for Disease Control and Prevention | High School Youth Risk Behavior Survey, 2021, Youth Online: High School YRBS - Indiana 2021 Results | DASH | CDC

EXHIBIT 139: AGE-ADJUSTED SUICIDE RATE

Rate per 100,000 population	Elkhart County	Marshall County	St. Joseph County, IN	Indiana
2006-2010	9.0	15.6	12.9	13.1
2011-2015	10.7	13.5	13.0	14.4
2016-2020	12.5	17.6	14.6	15.0

Source: Indiana Family & Social Services Administration, Regional Mental Health and Suicide Trends in Indiana, April 2022

EXHIBIT 140: MICHIGAN AGE-ADJUSTED SUICIDE RATE BY RACE

Rate per 100,000 population	Total	All Races, Male	All Races, Female	White	Black or African American
2022	14.6	23.0	6.5	15.3	8.1
2021	14.2	23.3	5.4	15.0	10.8
2020	13.7	21.9	5.9	14.8	9.3
2019	14.3	23.1	5.8	15.5	8.9
2018	15.0	24.5	6.1	16.3	9.7

Source: Michigan Department of Health and Human Services | Health Statistics, Intentional Self-harm (Suicide) Age-Adjusted and Age-Specific Mortality Rates, 1989-2022 (michigan.gov)

[43] What is behavioral health? | American Medical Association (ama-assn.org)

[44] Behavioral Health | CMS

EXHIBIT 141: NUMBER AND RATE OF SUICIDE AND OVERDOSE DEATHS BY COUNTY, 2022

	Number of Suicide Deaths	Rate of Suicide Deaths per 100,000 persons	Number of Unintentional Overdose Deaths	Rate of Unintentional Overdose Deaths per 100,000 persons
Elkhart County	29	14.0	29	14.0
Marshall County	10	21.6	16	34.5
St. Joseph County, IN	42	15.4	90	33.1
St. Joseph County, MI	ND	ND	ND	ND

Source: Indiana Department of Health | Division of Trauma and Injury Prevention, Overdose and Suicide Fatality Reporting, 2022

EXHIBIT 142: SUBSTANCE USE AND PERCEPTIONS OF GREAT RISK IN INDIANA, BY AGE GROUP, 2021 AND 2022

Measure	Age 12+	Age 18+	Age 26+	Age 12-17	Age 18-25
Illicit Drugs					
Illicit Drug Use in the Past Month[45]	13.3%	14.0%	12.1%	6.6%	25.5%
Marijuana Use in the Past Year	18.6%	19.5%	16.5%	10.5%	37.5%
Marijuana Use in the Past Month	12.3%	13.1%	11.0%	5.3%	25.5%
Perceptions of Great Risk from Smoking Marijuana Once a Month	20.7%	20.4%	22.1%	23.4%	10.3%
First Use of Marijuana in the Past Year among Those at Risk for Initiation of Marijuana Use	2.3%	2.0%	0.8%	4.0%	8.9%
Illicit Drug Use Other Than Marijuana in the Past Month	3.2%	3.3%	3.2%	1.7%	4.0%
Cocaine Use in the Past Year	1.4%	1.5%	1.3%	0.2%	2.8%
Perceptions of Great Risk from Using Cocaine Once a Month	68.8%	70.9%	72.6%	50.0%	60.6%
Heroin Use in the Past Year[46]	ND	0.5%	0.5%	ND	0.2%
Perceptions of Great Risk from Trying Heroin Once or Twice	82.4%	85.1%	86.0%	56.9%	79.8%
Hallucinogen Use in the Past Year	2.7%	2.8%	2.0%	1.4%	7.9%
Methamphetamine Use in the Past Year	1.2%	1.4%	1.5%	0.1%	0.7%
Prescription Pain Reliever Misuse in the Past Year[47]	3.2%	3.4%	3.3%	1.8%	3.8%

[45] Illicit Drug Use includes the misuse of prescription psychotherapeutics or the use of marijuana (including vaping), cocaine (including crack), heroin, hallucinogens, inhalants, or methamphetamine. Illicit Drug Use Other Than Marijuana includes the misuse of prescription psychotherapeutics or the use of cocaine (including crack), heroin, hallucinogens, inhalants, or methamphetamine. Illicit Drugs Other Than Marijuana excludes respondents who used only marijuana but includes those who used marijuana in addition to other illicit drugs.

[46] Estimates for youths aged 12 to 17 are not available for past year heroin use because past year heroin use was extremely rare among youths aged 12 to 17 in the 2021 and 2022 NSDUHs. As a result, estimates for people aged 12 or older are also not produced.

[47] Prescription pain relievers are a type of prescription psychotherapeutic. Misuse of prescription psychotherapeutics is defined as use in any way not directed by a doctor, including use without a prescription of one's own; use in greater amounts, more

Opioid Misuse in the Past Year	3.4%	3.6%	3.5%	1.7%	4.0%
Alcohol					
Alcohol Use in the Past Month	46.5%	50.9%	51.0%	6.3%	50.0%
Binge Alcohol Use in the Past Month[48]	20.7%	22.6%	21.4%	3.2%	29.2%
Perceptions of Great Risk from Having Five or More Drinks of an Alcoholic Beverage Once or Twice a Week	40.0%	40.0%	40.9%	39.8%	34.5%
Alcohol Use in the Past Month (People Aged 12 to 20)	12.9%	ND	ND	ND	ND
Binge Alcohol Use in the Past Month (People Aged 12 to 20)	7.3%	ND	ND	ND	ND
Perceptions of Great Risk from Having Five or More Drinks of an Alcoholic Beverage Once or Twice a Week (People Aged 12 to 20)	39.1%	ND	ND	ND	ND
Tobacco Products					
Tobacco Product Use in the Past Month[49]	23.6%	25.9%	26.8%	2.6%	20.4%
Cigarette Use in the Past Month	19.7%	21.6%	22.8%	1.7%	14.8%
Perceptions of Great Risk from Smoking One or More Packs of Cigarettes per Day	64.8%	64.9%	65.6%	63.2%	61.3%

Source: Substance Abuse and Mental Health Services Administration | National Survey on Drug Use & Health State-Specific Tables, 2021 and 2022

often, or longer than told; or use in any other way not directed by a doctor. Prescription psychotherapeutics do not include over-the-counter drugs.

[48] Binge Alcohol Use is defined as drinking five or more drinks (for males) or four or more drinks (for females) on the same occasion (i.e., at the same time or within a couple of hours of each other) on at least 1 day in the past 30 days.

[49] Tobacco Products include cigarettes, smokeless tobacco (i.e., snuff, dip, chewing tobacco, or snus), cigars, or pipe tobacco.

EXHIBIT 143: ALCOHOL USE AND PERCEPTIONS OF GREAT RISK IN MICHIGAN, BY AGE GROUP, 2021 AND 2022

Michigan	Age 12+	Age 18+	Age 26+	Age 12-17-	Age 18-25
Alcohol Use in the Past Month	50.4%	54.6%	54.7%	7.0%	53.6%
Binge Alcohol Use in the Past Month[50]	21.8%	23.6%	22.5%	3.4%	30.5%
Perceptions of Great Risk from Having Five or More Drinks of an Alcoholic Beverage Once or Twice a Week	41.2%	41.4%	42.1%	39.7%	36.5%

Source: Substance Abuse and Mental Health Services Administration | National Survey on Drug Use & Health State-Specific Tables, 2021 and 2022

EXHIBIT 144: SUBSTANCE USE DISORDER IN THE PAST YEAR, 2021 AND 2022

	Age 12+	Age 18+	Age 26+	Age 12-17	Age 18-25
Substance Use Disorder	18.1%	19.1%	17.5%	8.8%	28.4%
Alcohol Use Disorder	10.1%	10.8%	10.4%	2.7%	13.7%
Alcohol Use Disorder (People Aged 12 to 20)	4.9%	ND	ND	ND	ND
Drug Use Disorder	10.2%	10.5%	8.8%	6.6%	20.9%
Pain Reliever Use Disorder	1.9%	2.0%	2.2%	0.9%	1.2%
Opioid Use Disorder	2.1%	2.2%	2.4%	1.0%	1.3%

Source: Substance Abuse and Mental Health Services Administration | National Survey on Drug Use & Health State-Specific Tables, 2021 and 2022

[50] Binge Alcohol Use is defined as drinking five or more drinks (for males) or four or more drinks (for females) on the same occasion (i.e., at the same time or within a couple of hours of each other) on at least 1 day in the past 30 days.

EXHIBIT 145: MENTAL HEALTH MEASURES IN THE PAST YEAR, 2021 AND 2022

Mental Health Measures in the Past Year	Age 12+	Age 18+	Age 26+	Age 12-17	Age 18-25
Any Mental Illness[51]	ND	24.4%	21.9%	ND	39.3%
Serious Mental Illness[52]	ND	6.4%	5.3%	ND	12.8%
Major Depressive Episode[53]	ND	9.2%	7.3%	20.4%	20.4%
Had Serious Thoughts of Suicide[54]	ND	5.6%	4.0%	13.3%	15.1%
Made Any Suicide Plans	ND	1.9%	1.0%	6.7%	7.2%
Attempted Suicide	ND	0.8%	0.4%	3.6%	2.9%

Source: Substance Abuse and Mental Health Services Administration | National Survey on Drug Use & Health State-Specific Tables, 2021and 2022

[51] Mental Illness aligns with Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (DSM-IV) criteria and is defined as having a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance use disorder. Estimates of serious mental illness (SMI) are a subset of estimates of any mental illness (AMI) because SMI is limited to people with AMI that resulted in serious functional impairment. These estimates are based on indicators of AMI and SMI rather than direct measures of diagnostic status.

[52] Mental Illness aligns with Diagnostic and Statistical Manual of Mental Disorders, 4th edition criteria and is defined as having a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance use disorder. Estimates of serious mental illness (SMI) are a subset of estimates of any mental illness (AMI) because SMI is limited to people with AMI that resulted in serious functional impairment. These estimates are based on indicators of AMI and SMI rather than direct measures of diagnostic status.

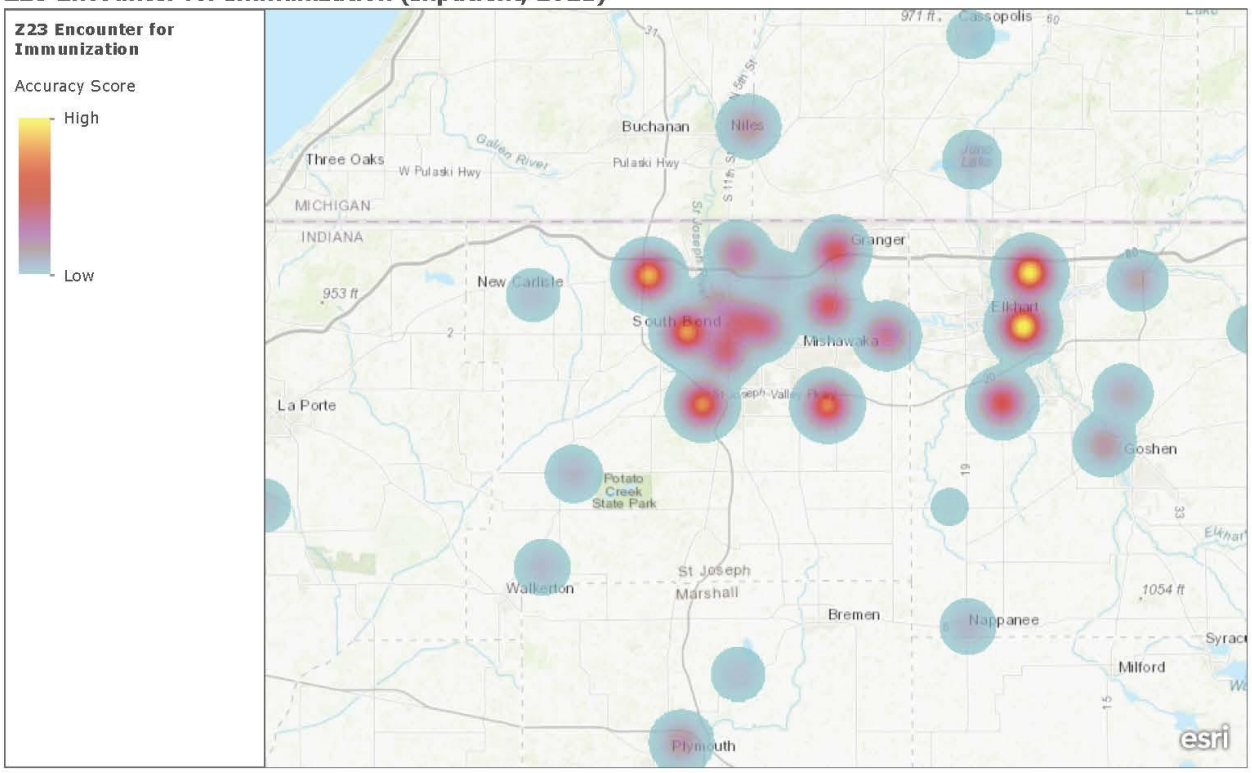
[53] Major depressive episode (MDE) is based on the DSM-5 definition, which specifies a period of at least 2 weeks when an individual experienced a depressed mood or loss of interest or pleasure in daily activities and had a majority of specified depression symptoms. There are minor wording differences in the questions in the adult and adolescent MDE modules. Therefore, data from youths aged 12 to 17 were not combined with data from adults aged 18 or older to produce an estimate for those aged 12 or older.

[54] The adult and youth suicide questions are in different sections of the questionnaire and have different response options. Because of this, data from youths aged 12 to 17 were not combined with data from adults aged 18 or older to produce an estimate for those aged 12 or older.

2021 Heat Maps - Inpatient

9/24/24, 3:03 PM ArcGIS - Z23 Encounter for Immunization (Inpatient, 2021)

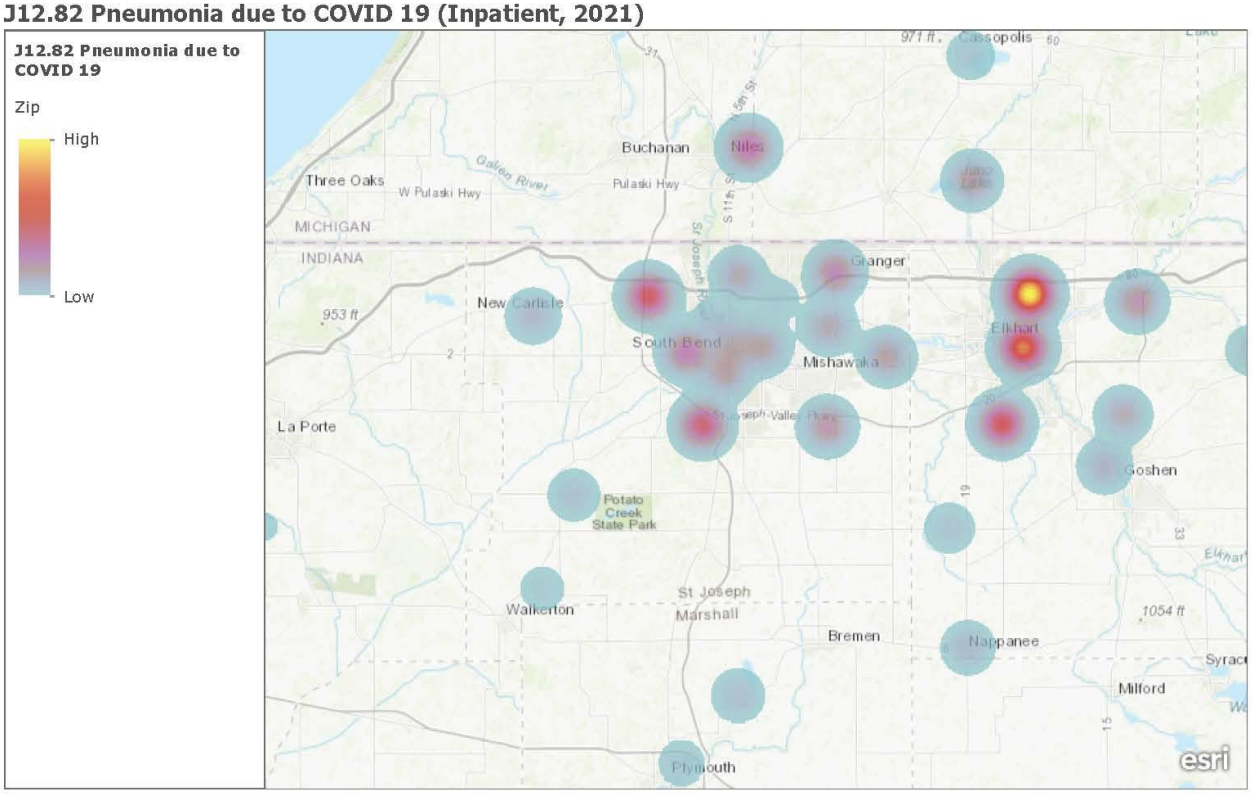
Z23 Encounter for Immunization (Inpatient, 2021)



Esri, HERE, Garmin, USGS, NGA, EPA, USDA, NPS

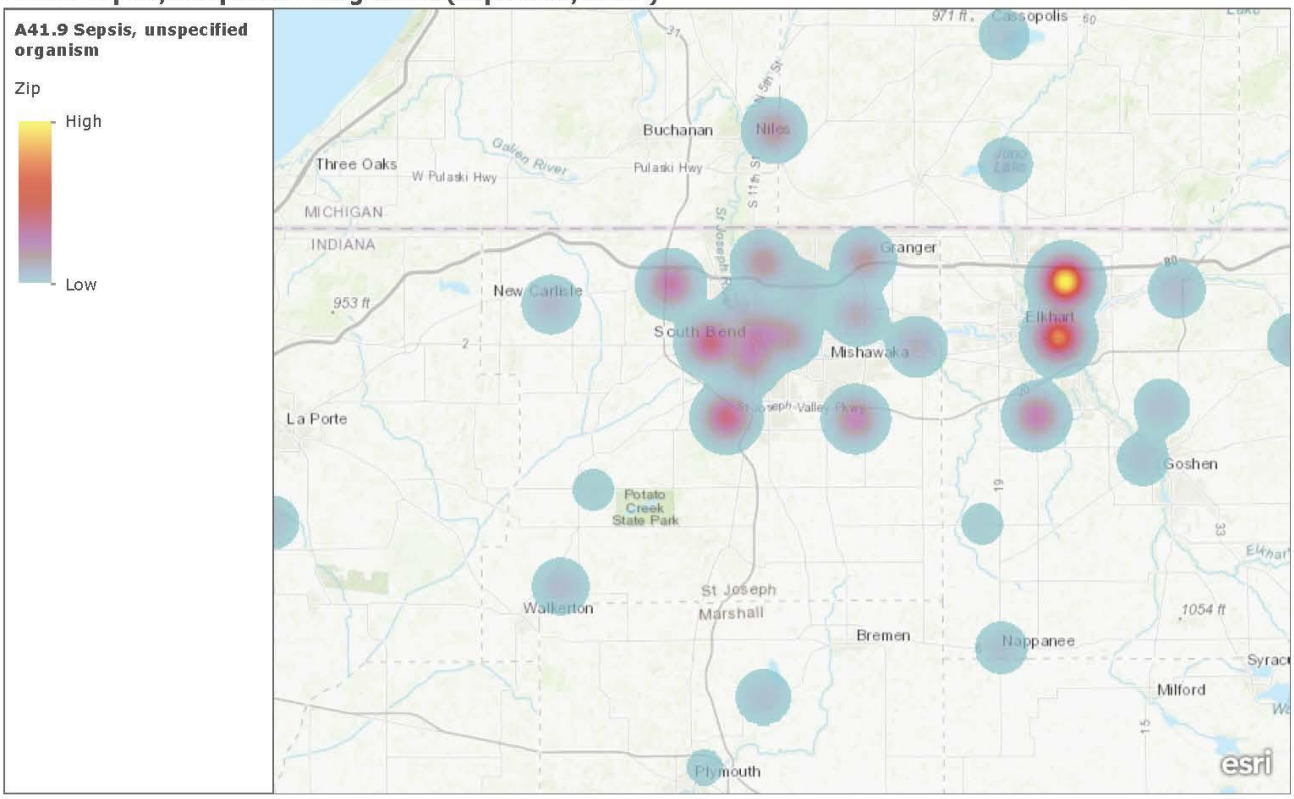
9/24/24, 3:05 PM ArcGIS - J12.82 Pneumonia due to COVID 19 (Inpatient, 2021)

J12.82 Pneumonia due to COVID 19 (Inpatient, 2021)



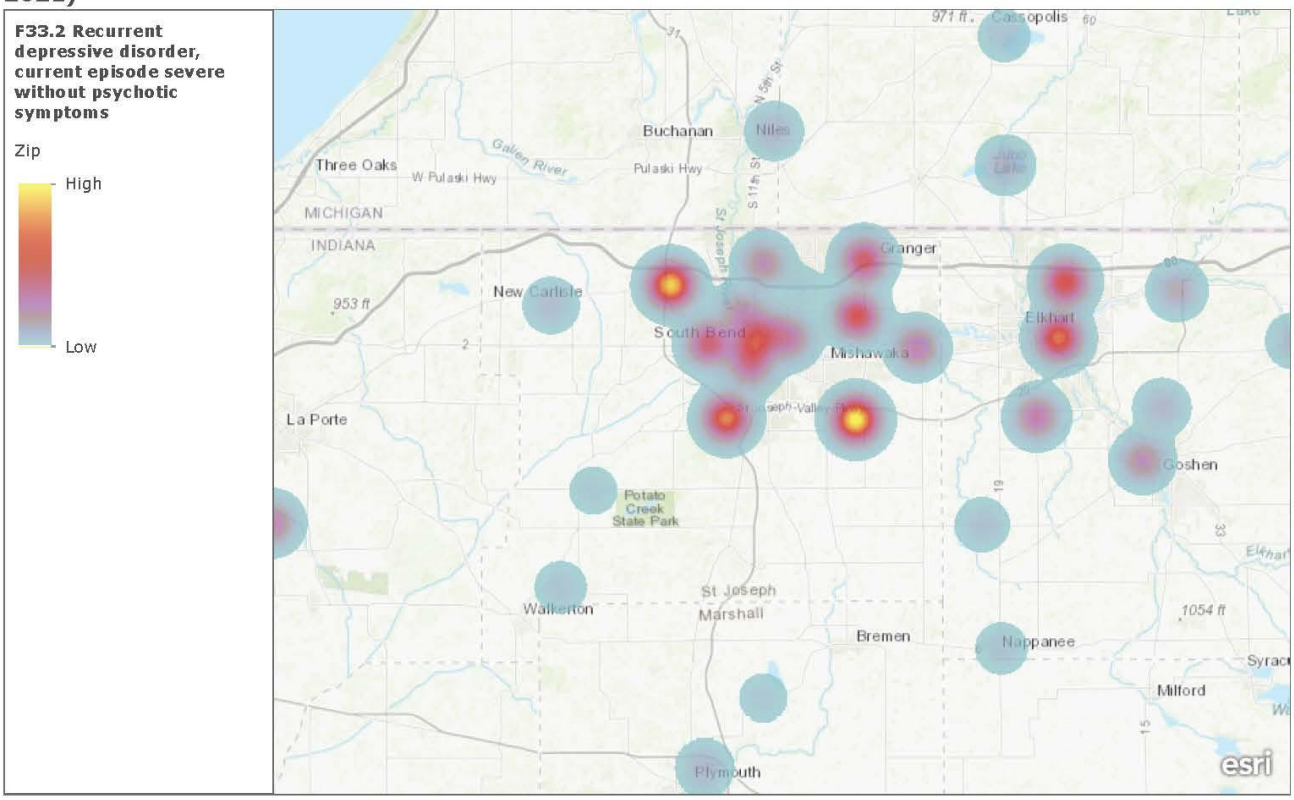
Esri, HERE, Garmin, USGS, NGA, EPA, USDA, NPS

A41.9 Sepsis, unspecified organism (Inpatient, 2021)



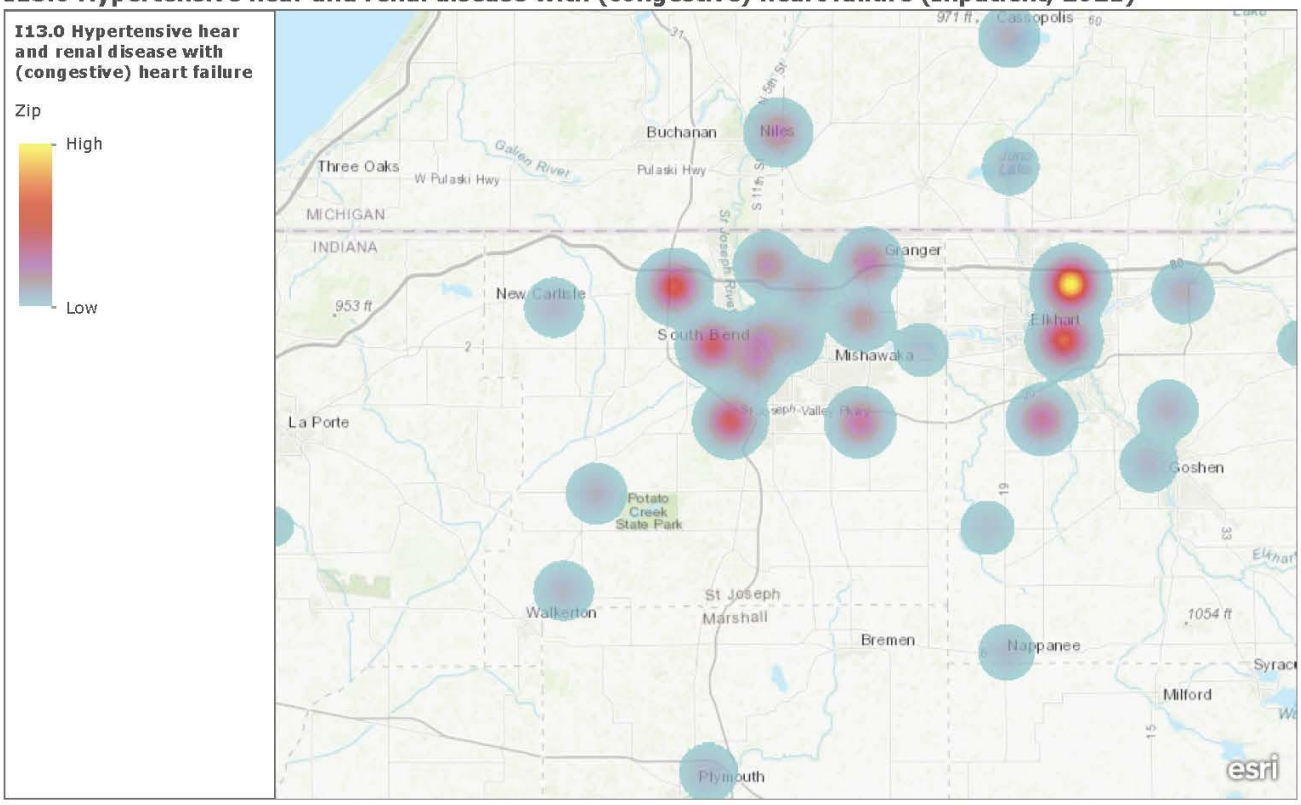
Esri, HERE, Garmin, USGS, NGA, EPA, USDA, NPS

F33.2 Recurrent depressive disorder, current episode severe without psychotic symptoms (Inpatient, 2021)



Esri, HERE, Garmin, USGS, NGA, EPA, USDA, NPS

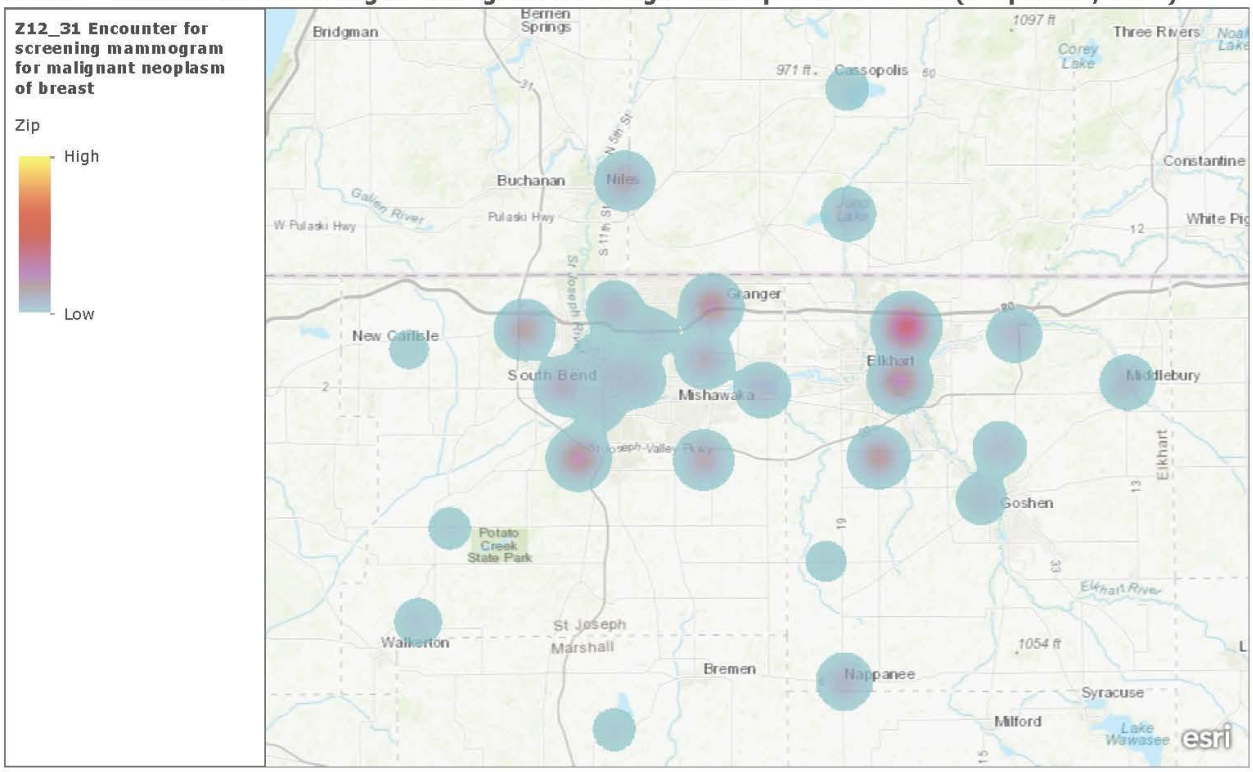
I13.0 Hypertensive hear and renal disease with (congestive) heart failure (Inpatient, 2021)



Esri, HERE, Garmin, USGS, NGA, EPA, USDA, NPS

9/25/24, 8:27 AM ArcGIS - Z12.31 Encounter for screening mammogram for malignant neoplasm of breast (Outpatient, 2021)

Z12.31 Encounter for screening mammogram for malignant neoplasm of breast (Outpatient, 2021)



Esri, HERE, Garmin, USGS, NGA, EPA, USDA, NPS

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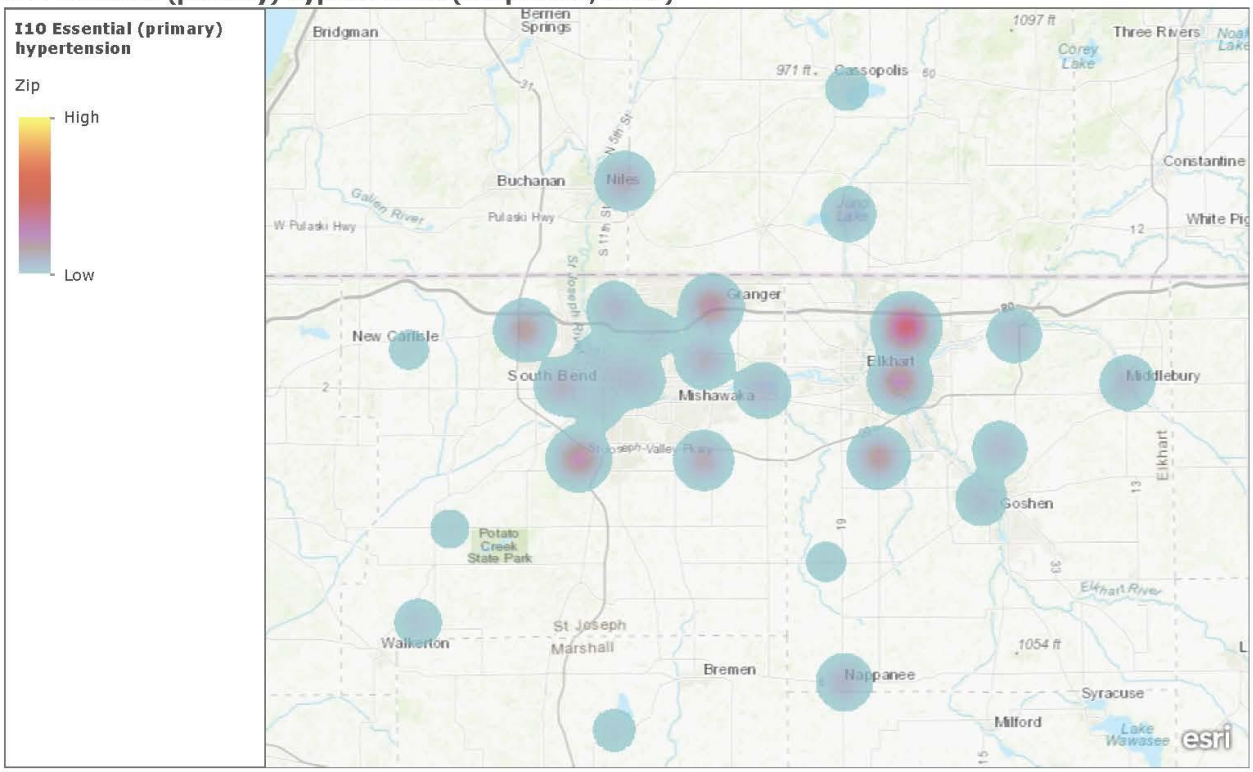
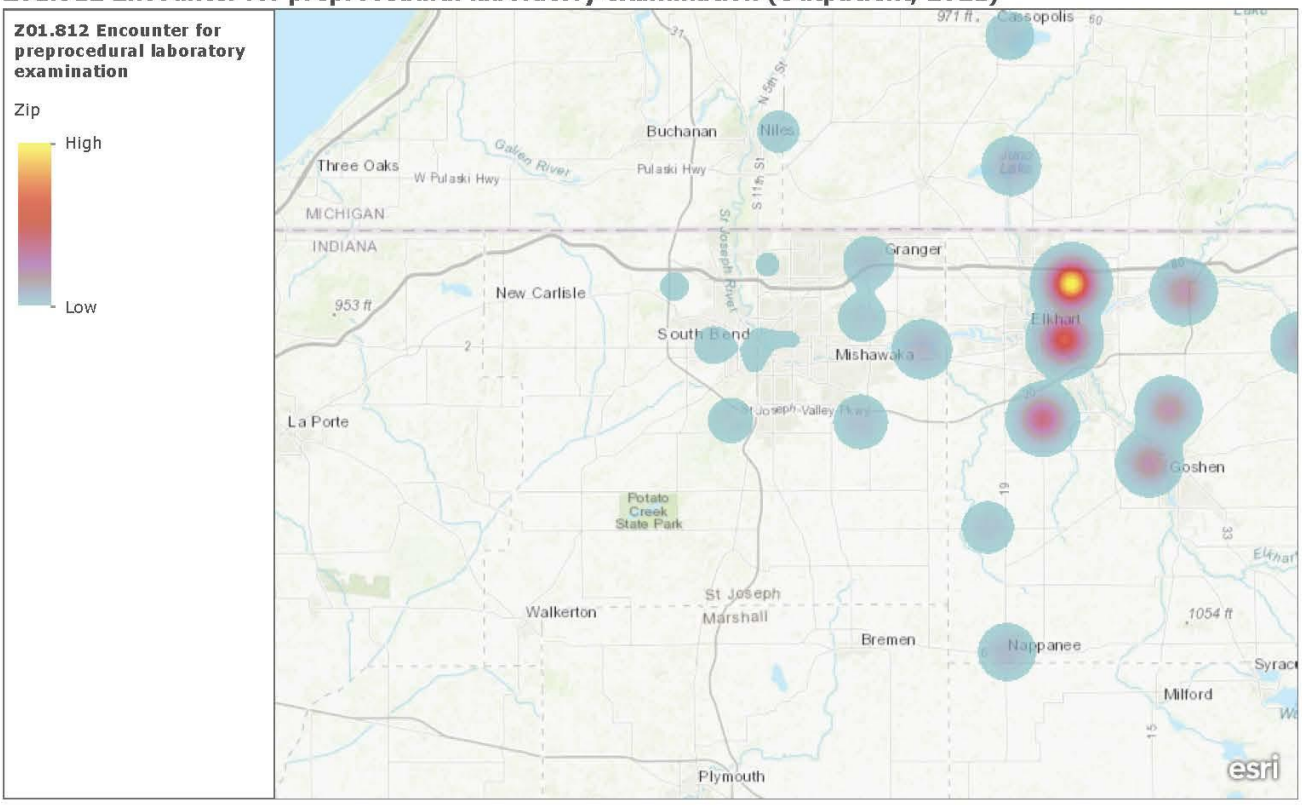
I10 Essential (primary) hypertension (Outpatient, 2021)



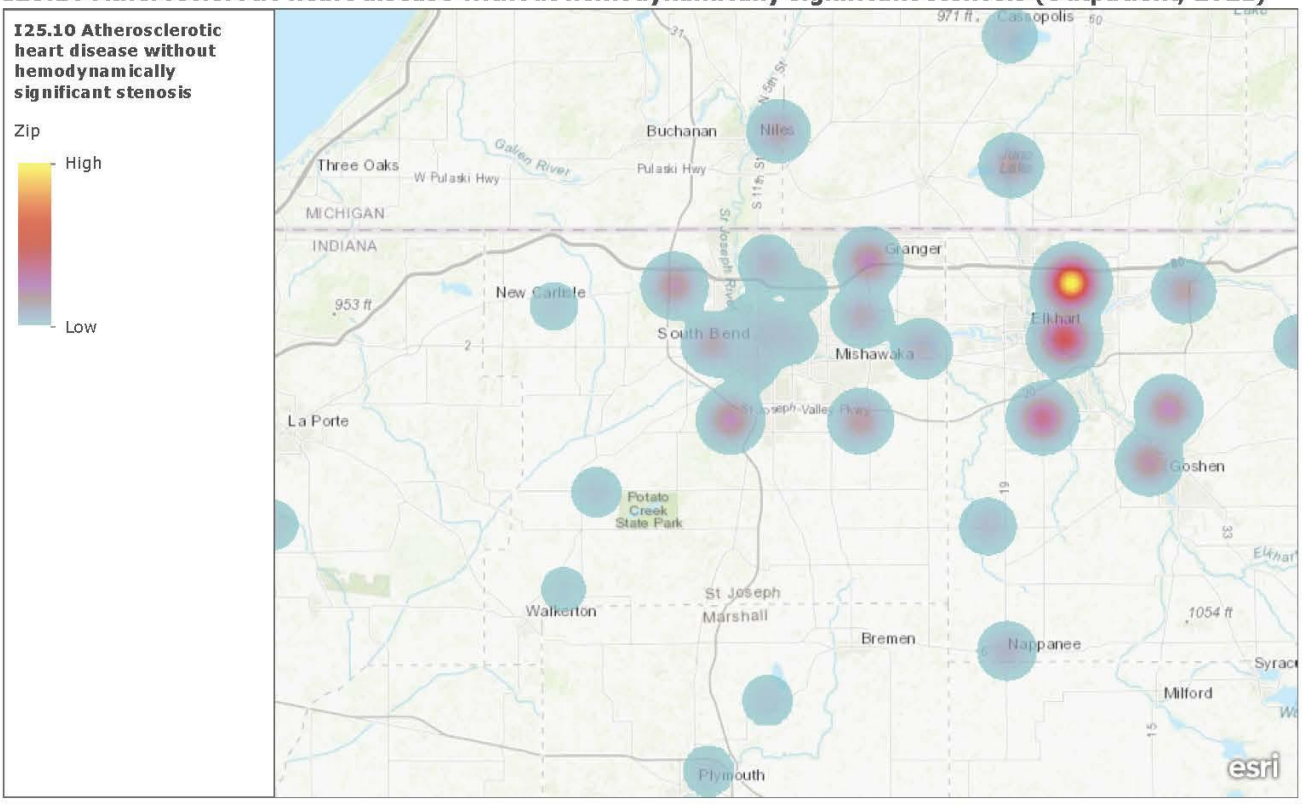
Esri, HERE, Garmin, USGS, NGA, EPA, USDA, NPS

Z01.812 Encounter for preprocedural laboratory examination (Outpatient, 2021)



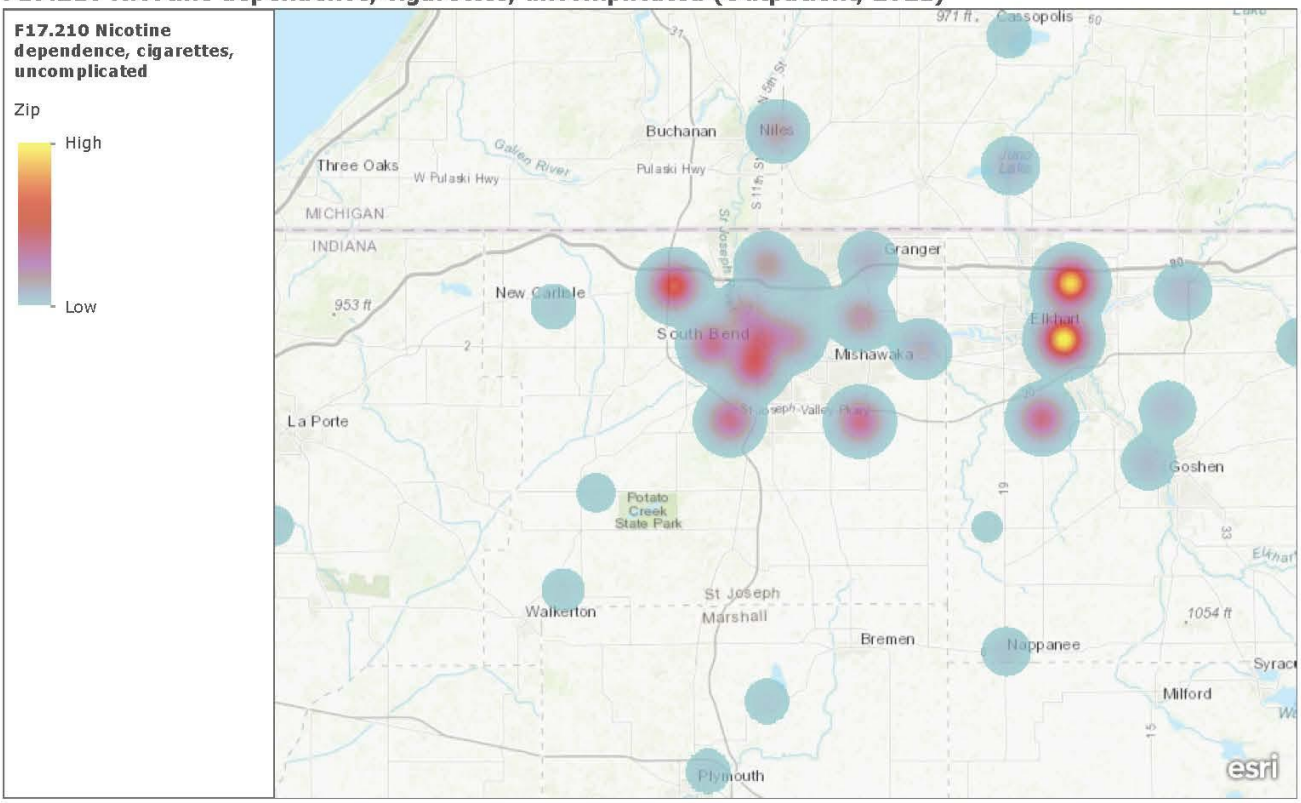
Esri, HERE, Garmin, USGS, NGA, EPA, USDA, NPS

I25.10 Atherosclerotic heart disease without hemodynamically significant stenosis (Outpatient, 2021)



Esri, HERE, Garmin, USGS, NGA, EPA, USDA, NPS

F17.210 Nicotine dependence, cigarettes, uncomplicated (Outpatient, 2021)



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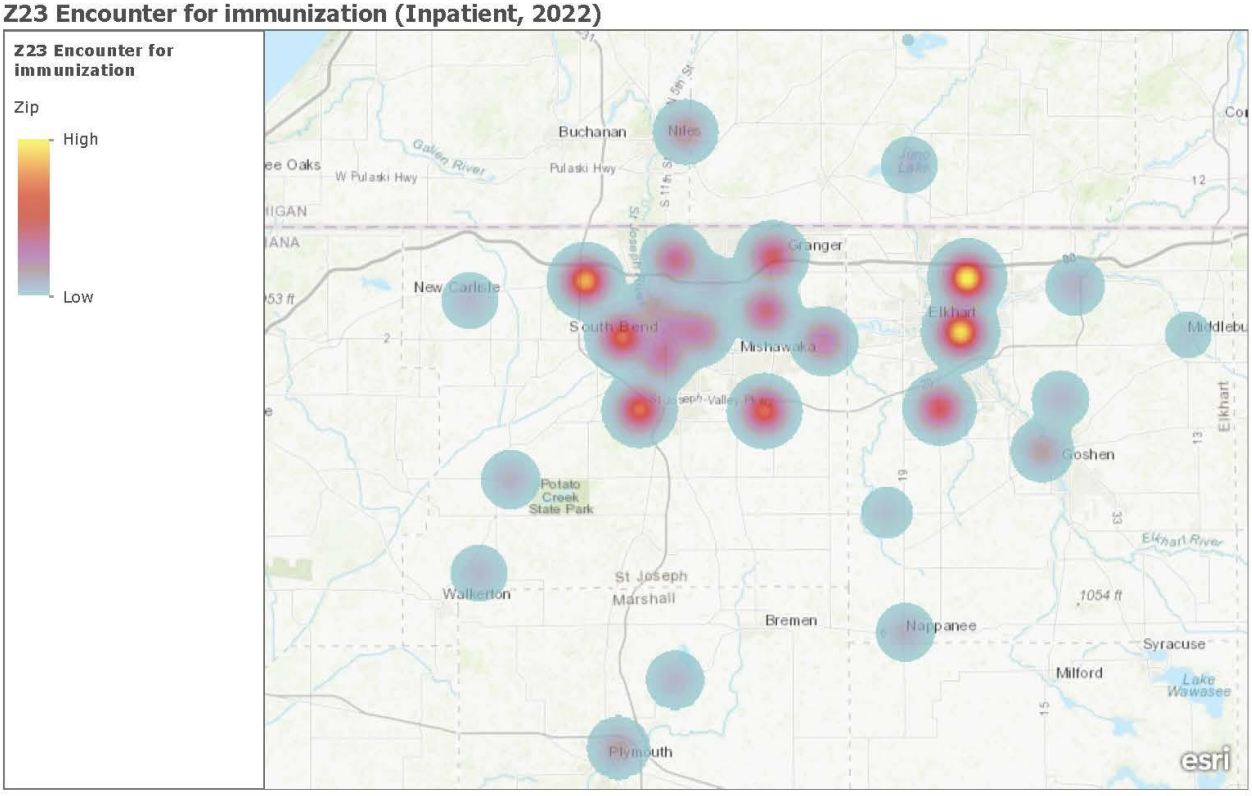
2022 Heat Maps – Inpatient

9/25/24, 9:09 AM ArcGIS - Z23 Encounter for immunization (Inpatient, 2022)

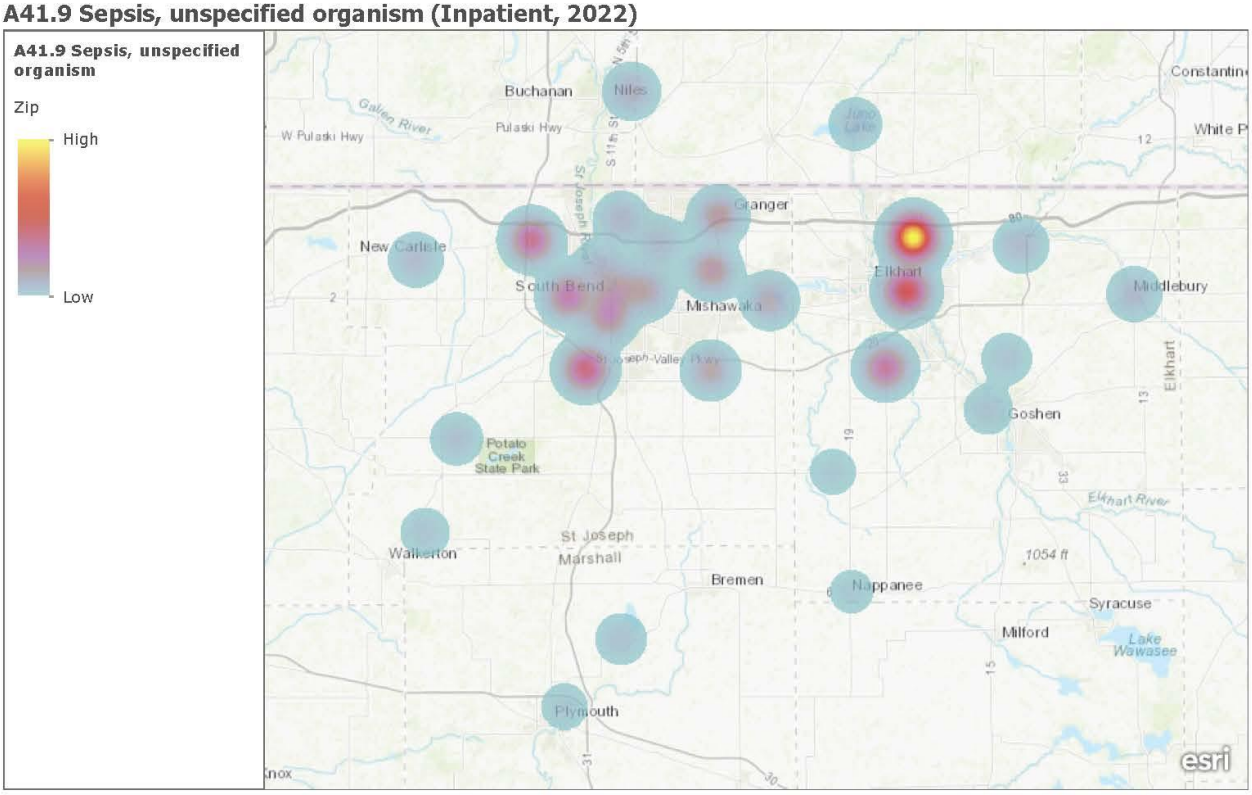
Z23 Encounter for immunization (Inpatient, 2022)



Esri, HERE, Garmin, USGS, NGA, EPA, USDA, NPS

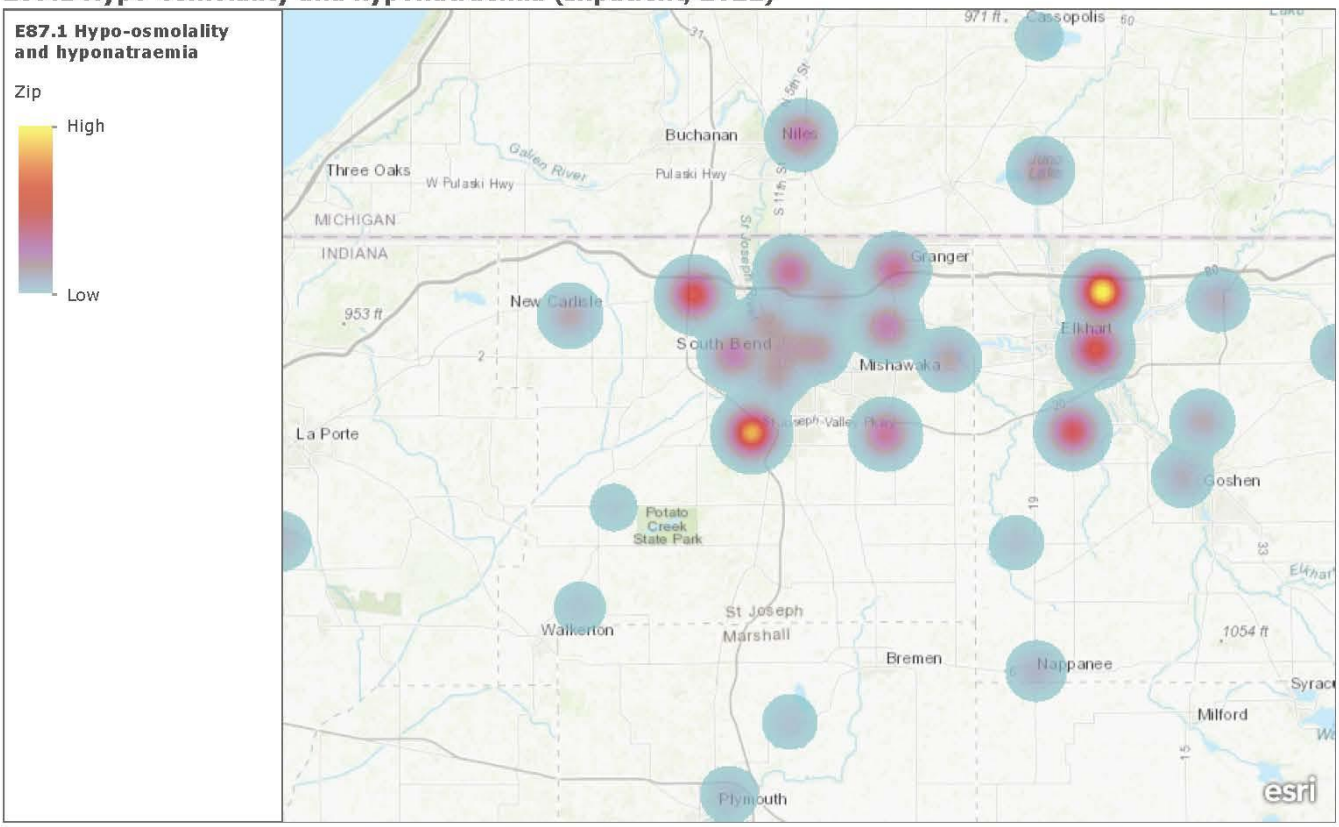
9/25/24, 9:22 AM ArcGIS - A41.9 Sepsis, unspecified organism (Inpatient, 2022)

A41.9 Sepsis, unspecified organism (Inpatient, 2022)



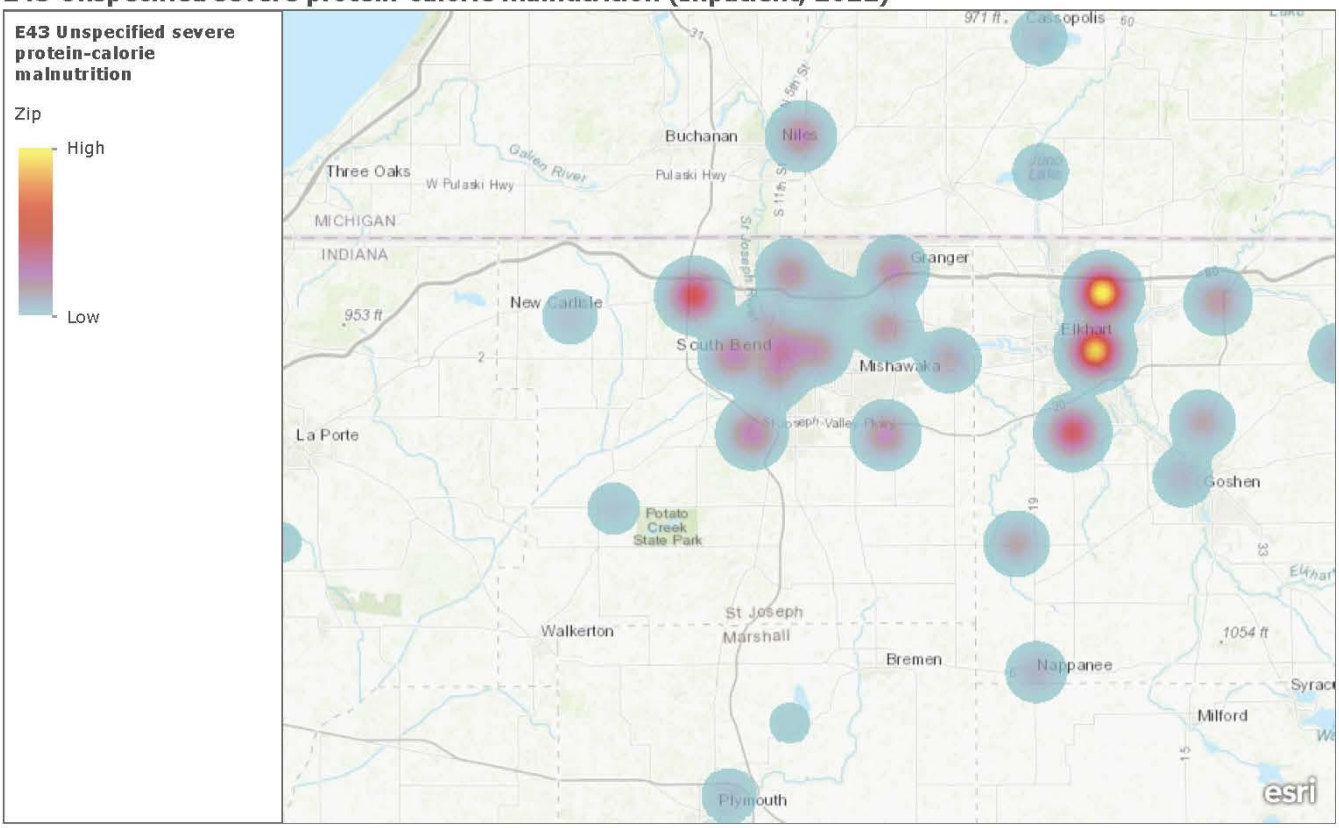
Esri, HERE, Garmin, USGS, NGA, EPA, USDA, NPS

E87.1 Hypo-osmolality and hyponatraemia (Inpatient, 2022)



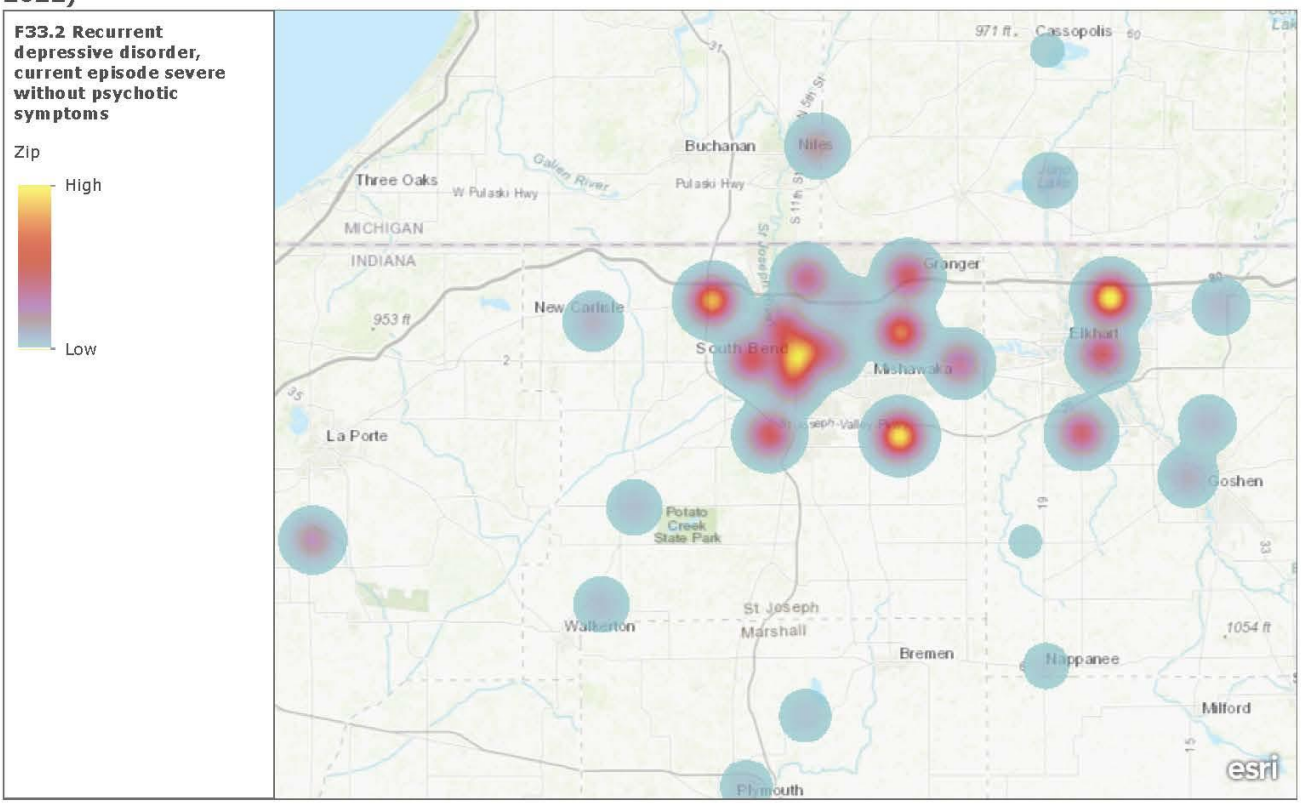
Esri, HERE, Garmin, USGS, NGA, EPA, USDA, NPS

E43 Unspecified severe protein-calorie malnutrition (Inpatient, 2022)



Esri, HERE, Garmin, USGS, NGA, EPA, USDA, NPS

F33.2 Recurrent depressive disorder, current episode severe without psychotic symptoms (Inpatient, 2022)



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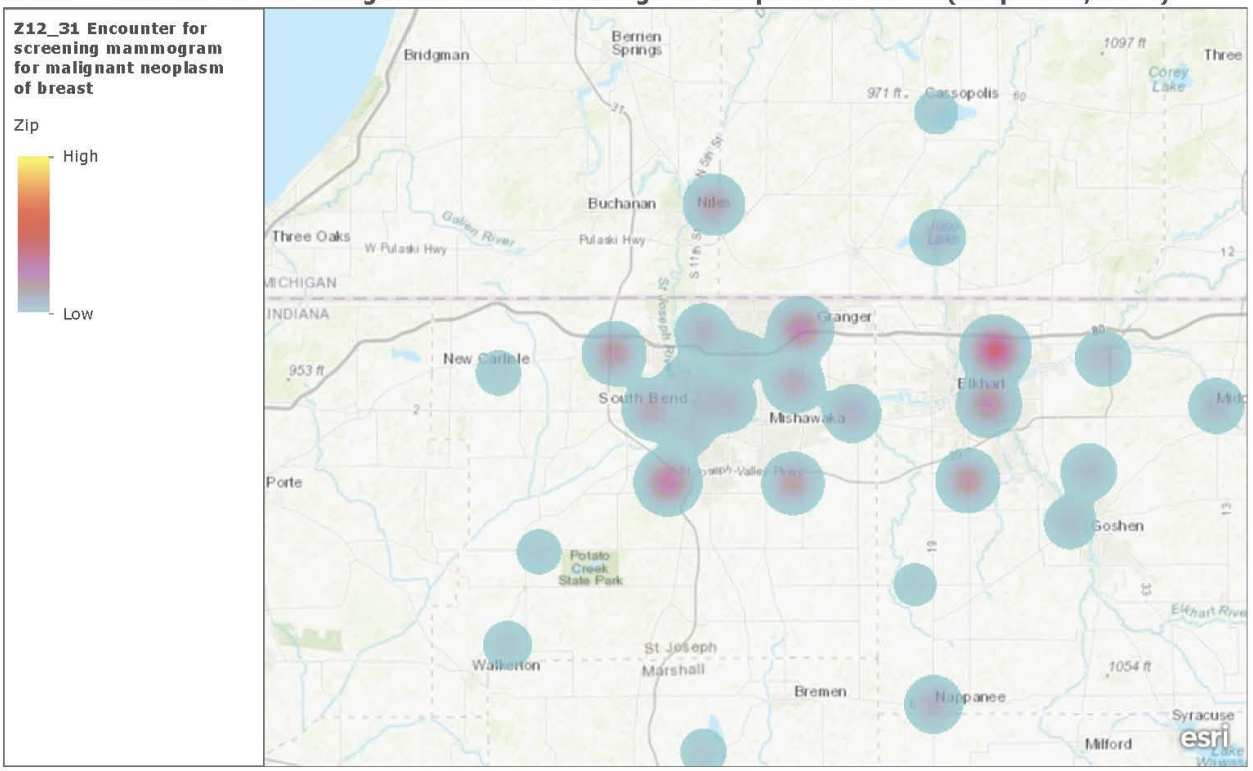
9/25/24, 2:44 PM ArcGIS - Z12.31 Encounter for screening mammofram for malignant neoplasm of breast (Outpatient, 2022)

Z12.31 Encounter for screening mammofram for malignant neoplasm of breast (Outpatient, 2022)



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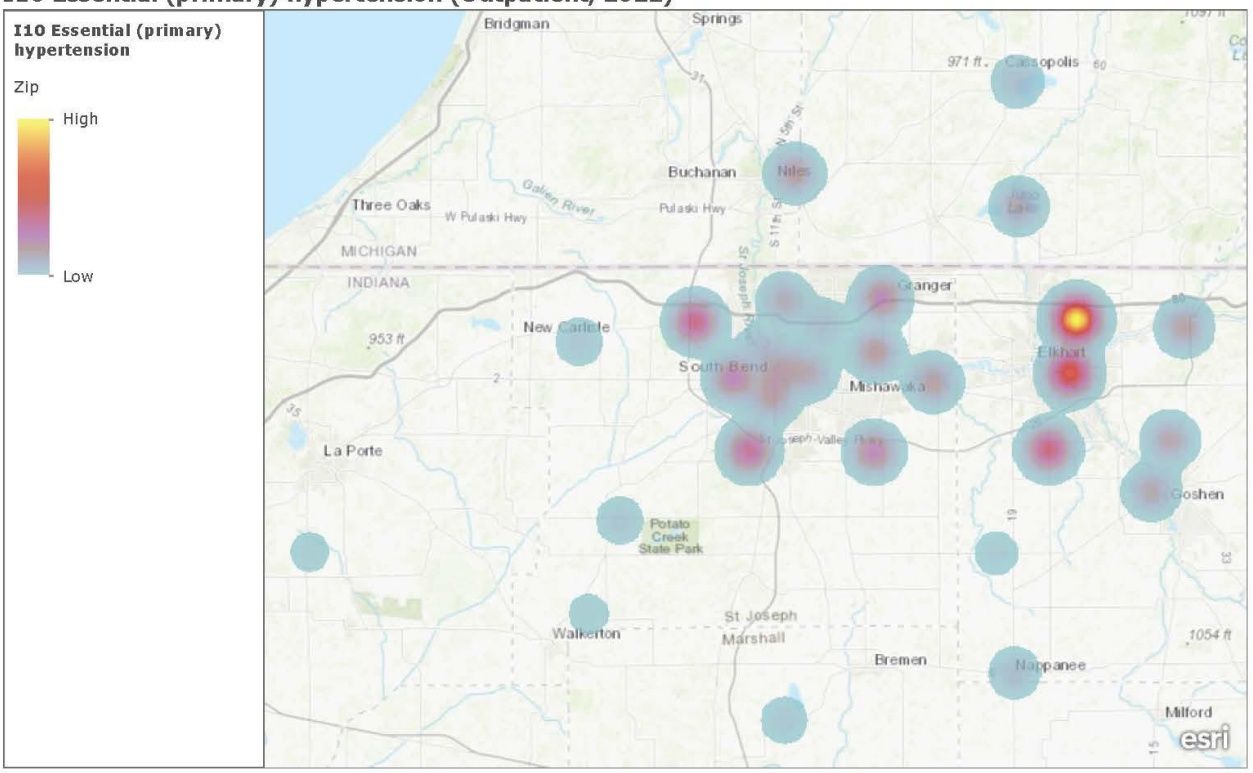
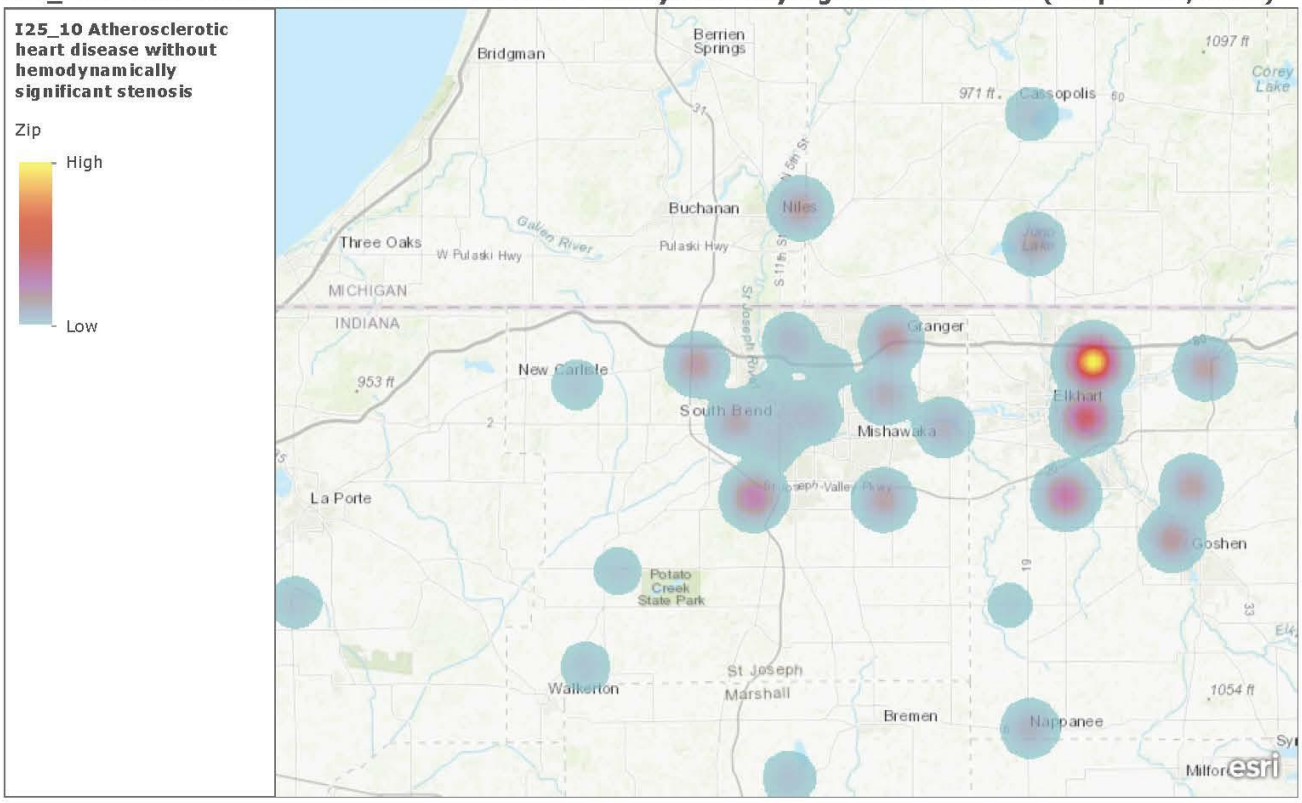
I10 Essential (primary) hypertension (Outpatient, 2022)



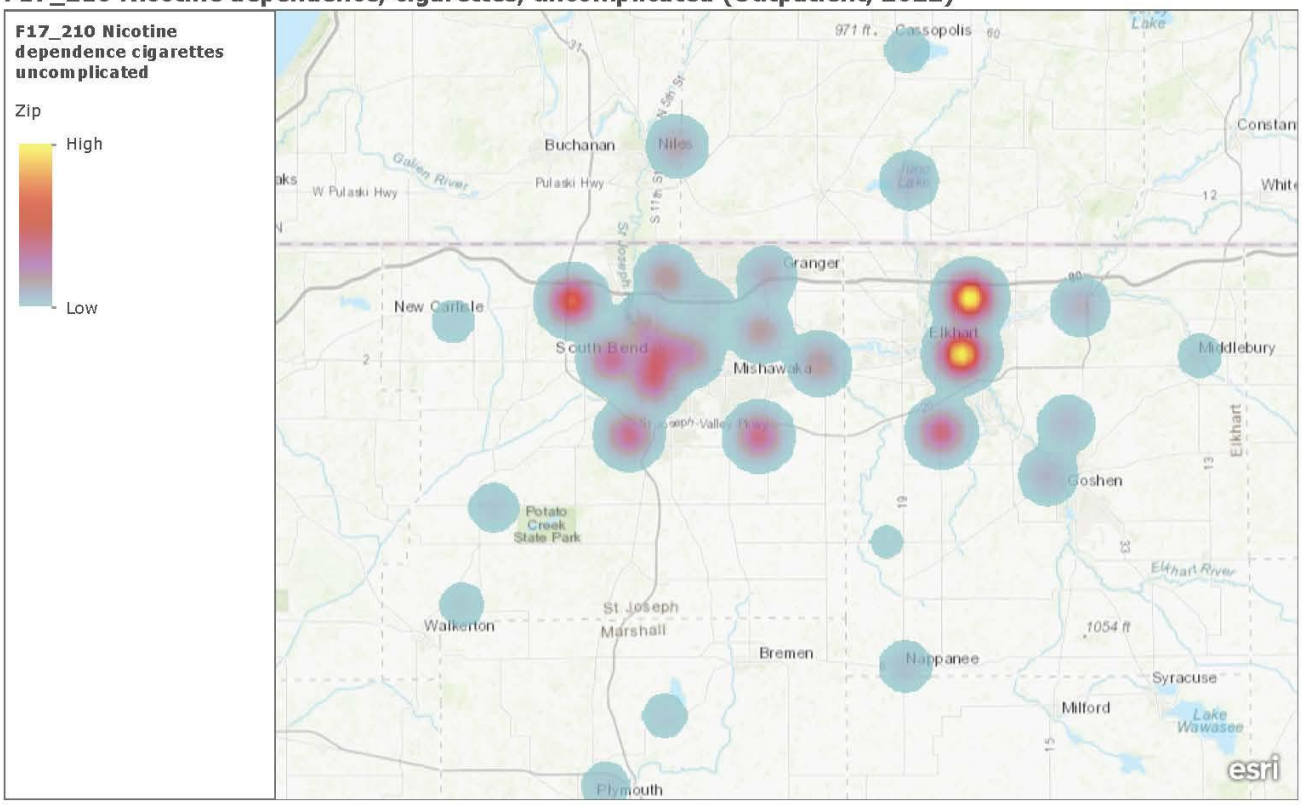
Esri, HERE, Garmin, USGS, NGA, EPA, USDA, NPS

I25_10 Atherosclerotic heart disease without hemodynamically significant stenosis (Outpatient, 2022)



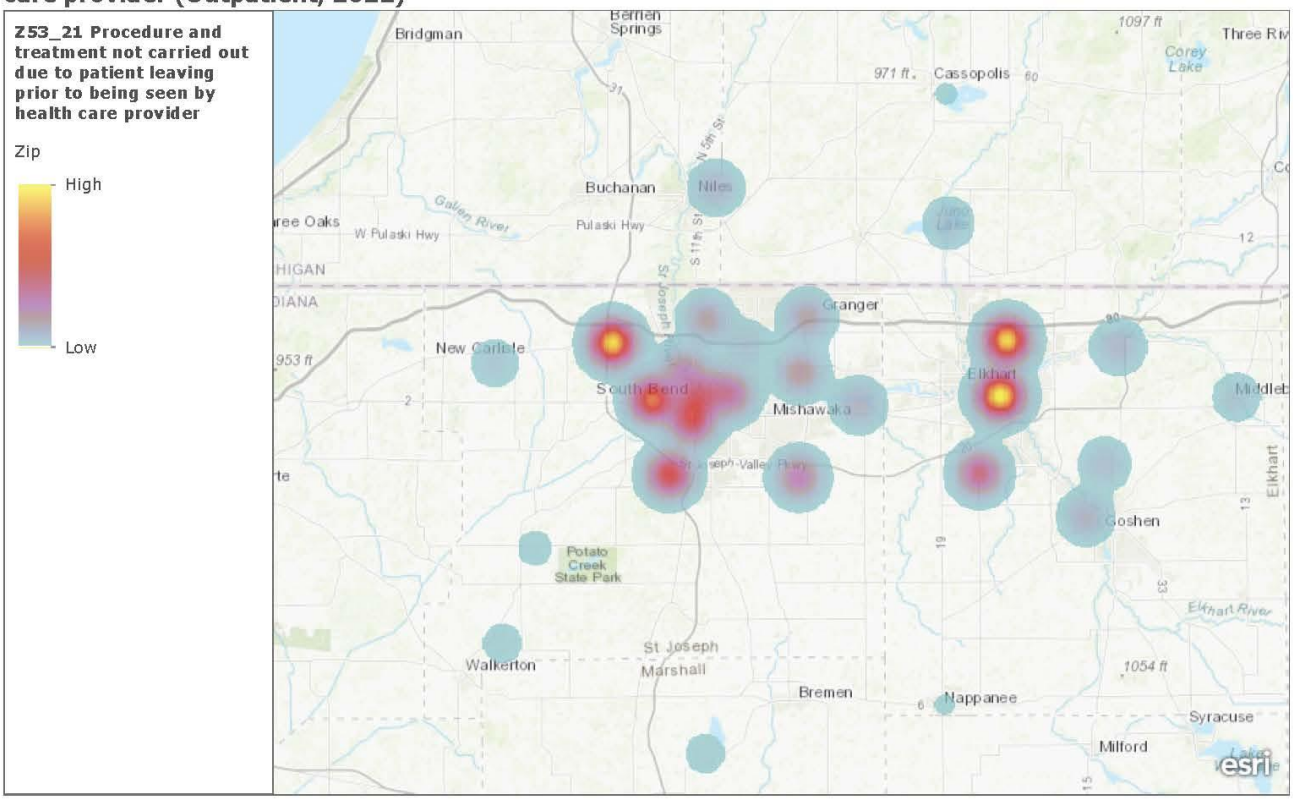
Esri Canada, Esri, HERE, Garmin, USGS, NGA, EPA, USDA, NPS

F17_210 Nicotine dependence, cigarettes, uncomplicated (Outpatient, 2022)



Esri, HERE, Garmin, USGS, NGA, EPA, USDA, NPS

Z53.21 Procedure and treatment not carried out due to patient leaving prior to being seen by health care provider (Outpatient, 2022)

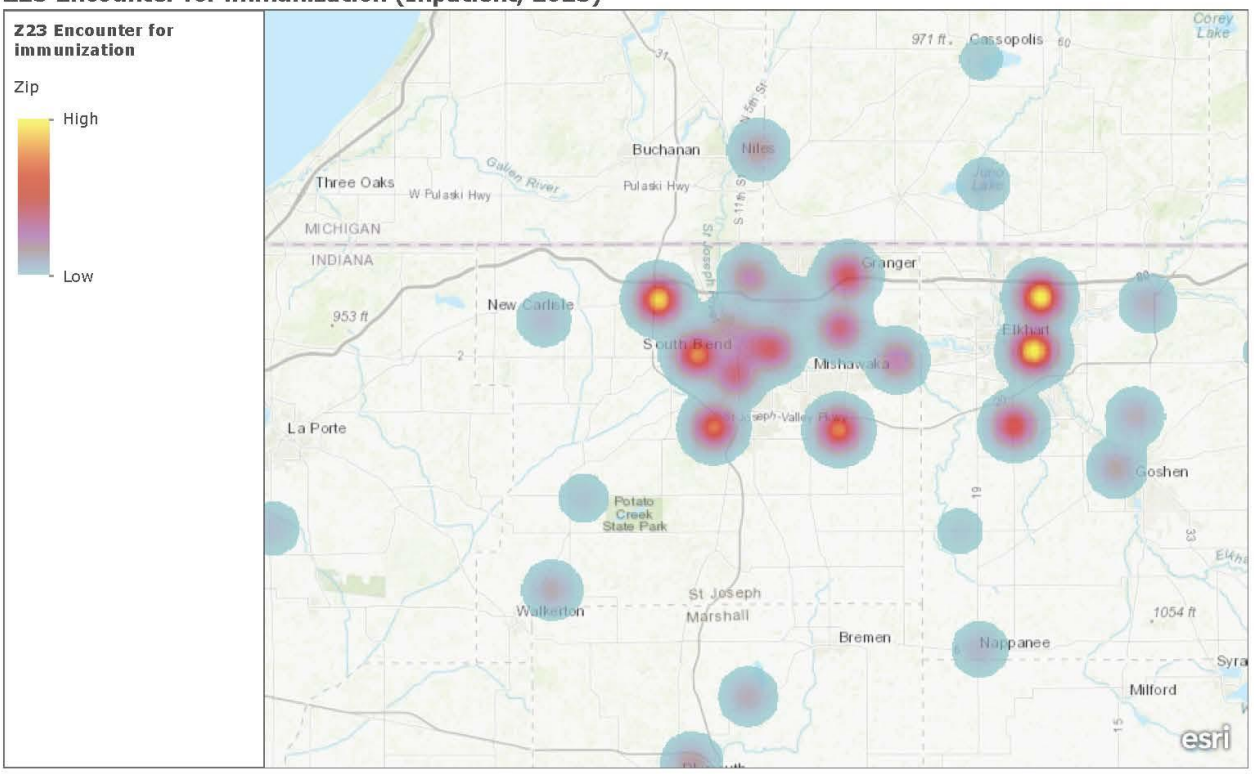


Esri, HERE, Garmin, USGS, NGA, EPA, USDA, NPS

2023 Heat Maps – Inpatient

9/26/24, 10:18 AM ArcGIS - Z23 Encounter for immunization (Inpatient, 2023)

Z23 Encounter for immunization (Inpatient, 2023)



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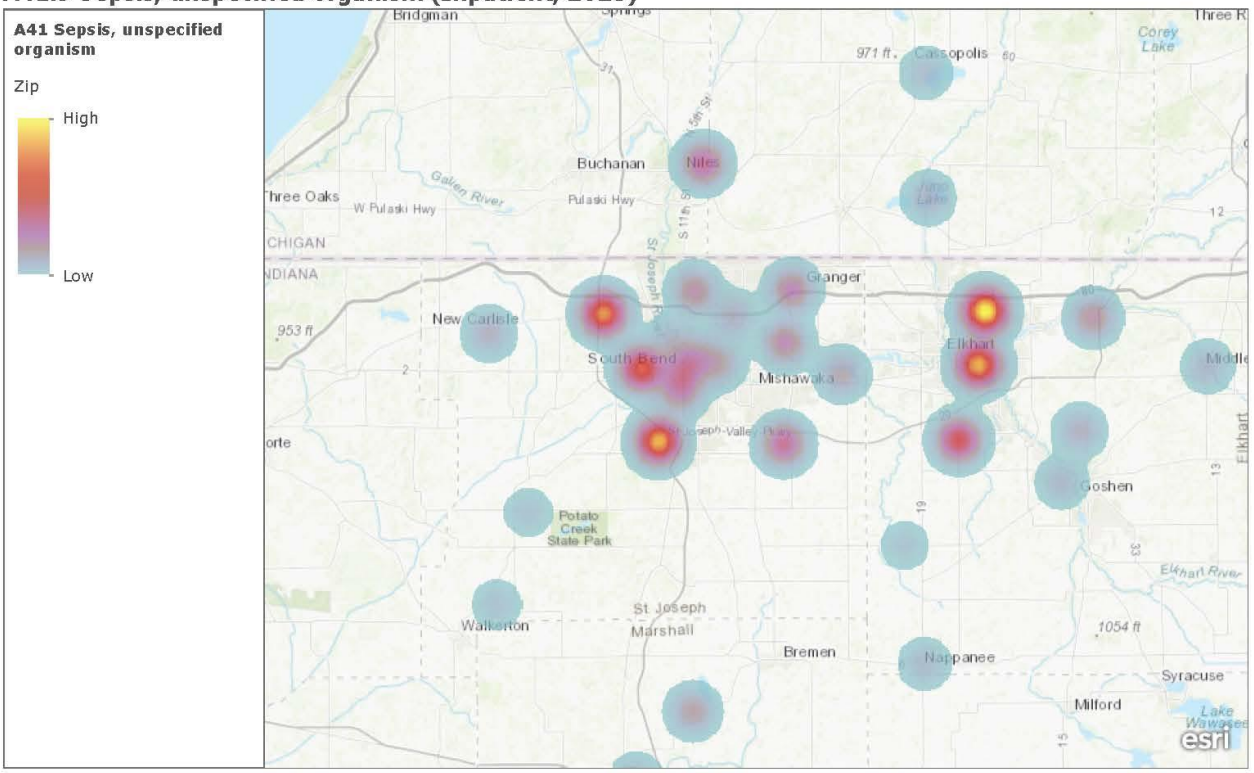
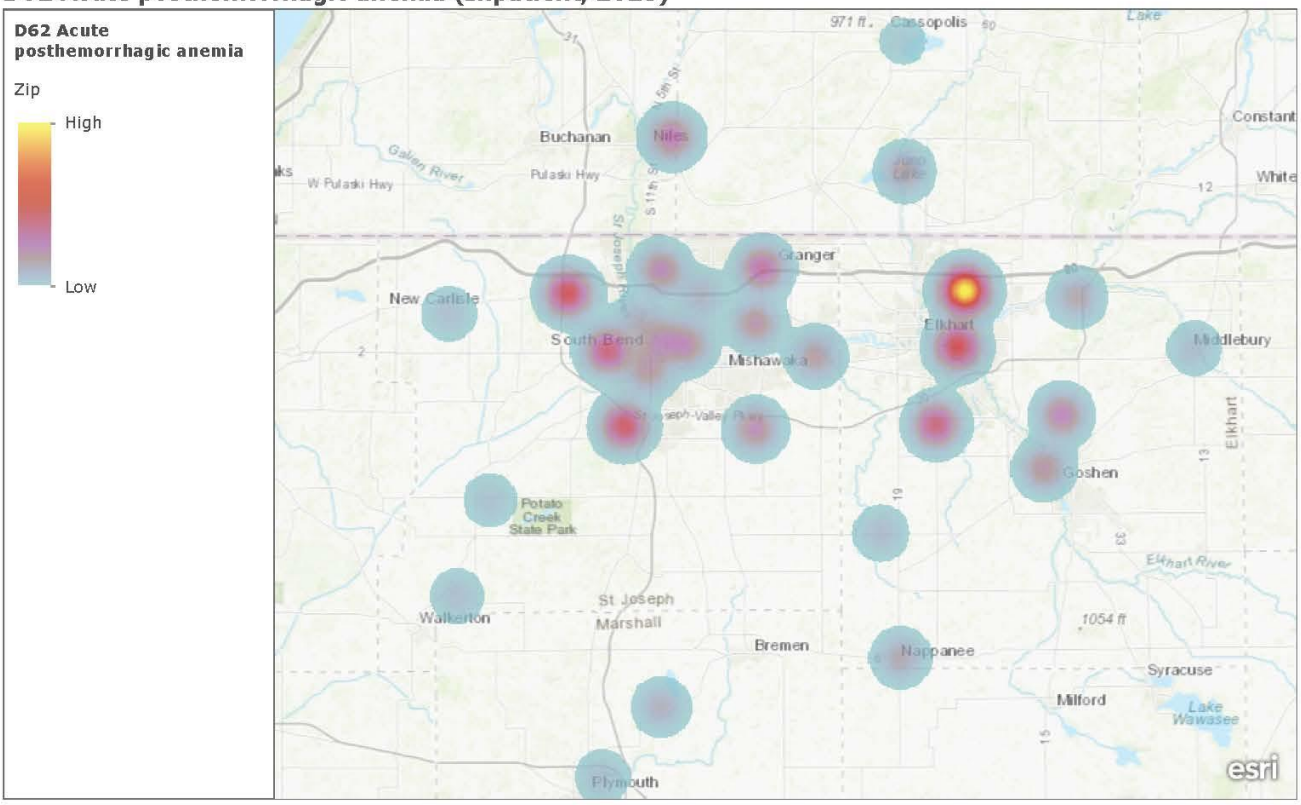
A41.9 Sepsis, unspecified organism (Inpatient, 2023)



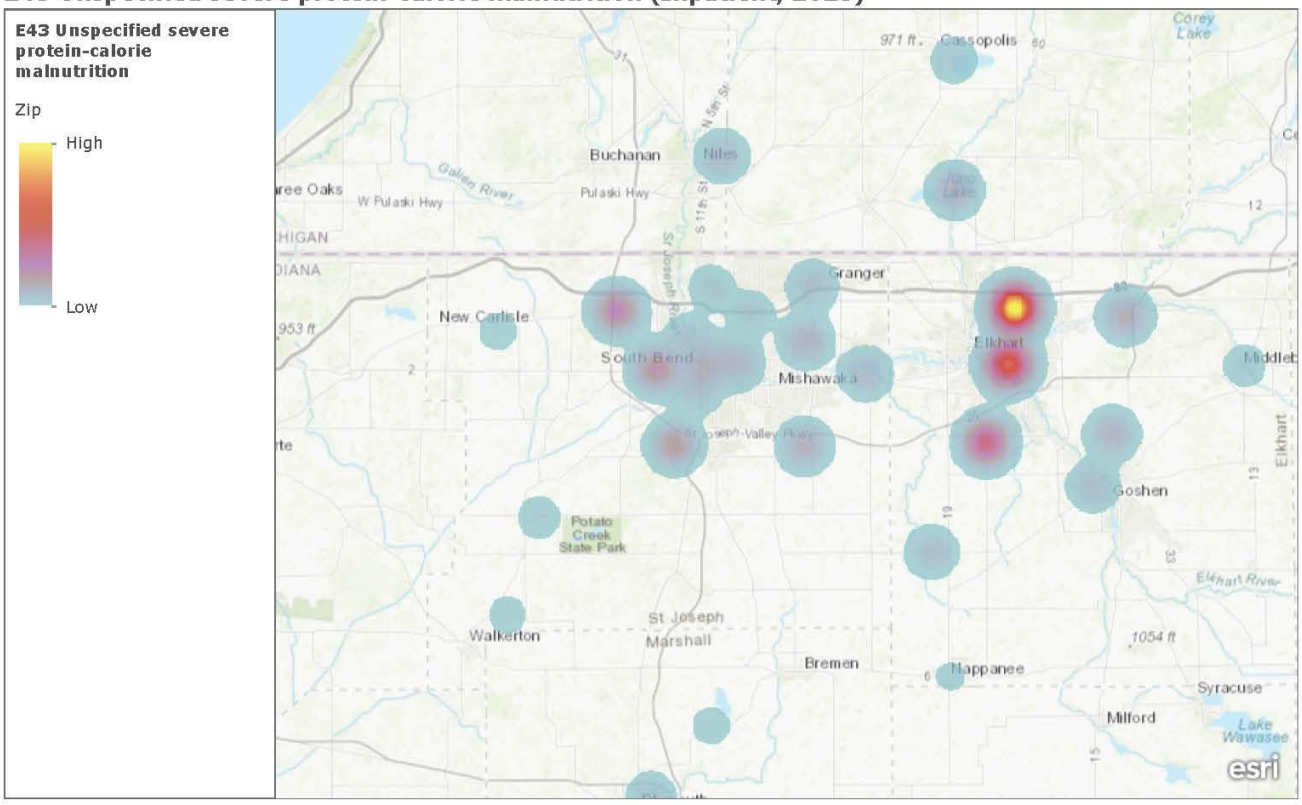
Esri, HERE, Garmin, USGS, NGA, EPA, USDA, NPS

D62 Acute posthemorrhagic anemia (Inpatient, 2023)



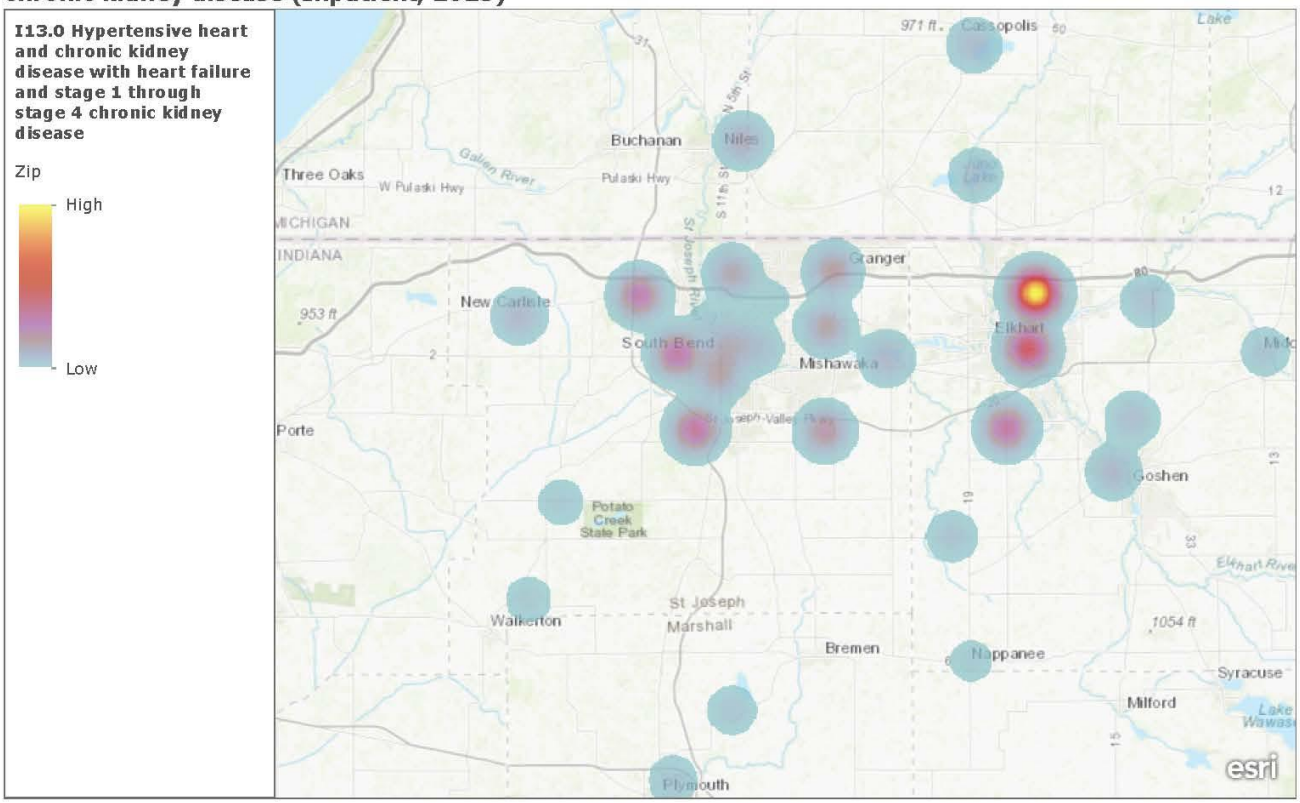
Esri, HERE, Garmin, USGS, NGA, EPA, USDA, NPS

E43 Unspecified severe protein-calorie malnutrition (Inpatient, 2023)



Esri, HERE, Garmin, USGS, NGA, EPA, USDA, NPS

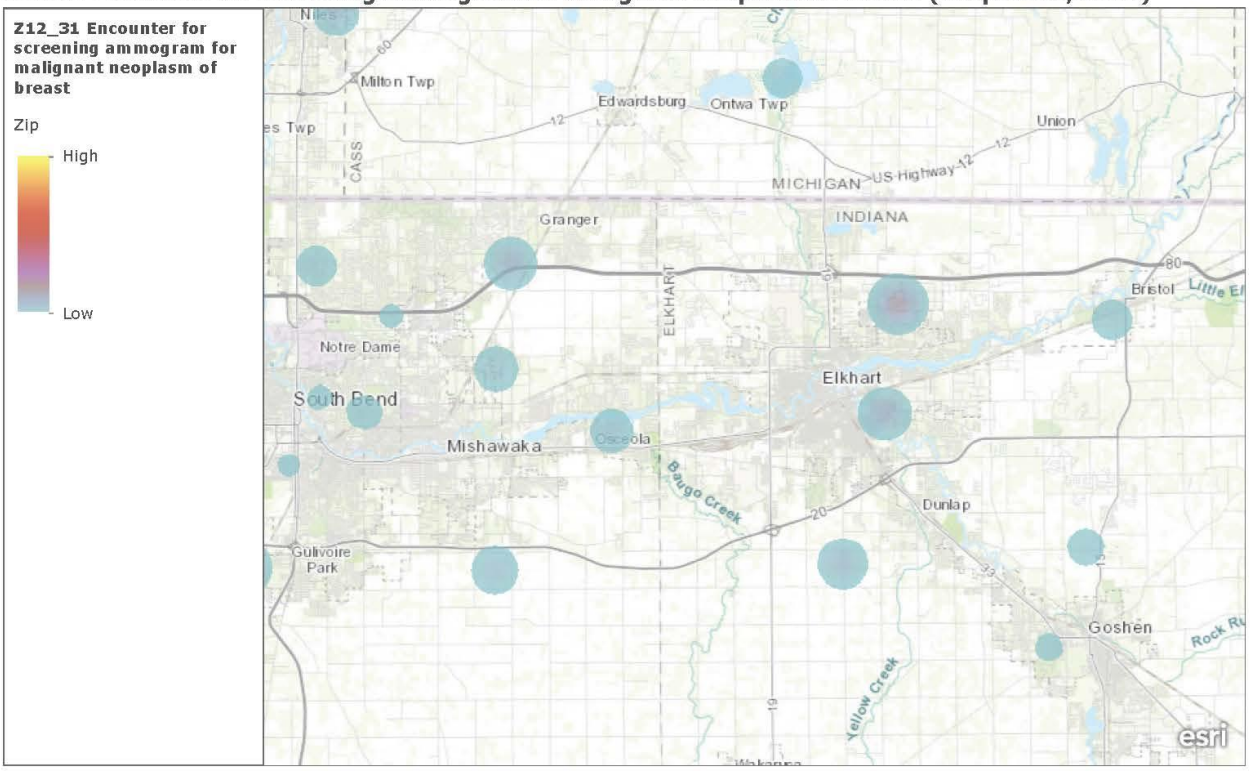
I13.0 Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease (Inpatient, 2023)



Esri, HERE, Garmin, USGS, NGA, EPA, USDA, NPS

9/26/24, 9:12 AM ArcGIS - Z12.31 Encounter for screening ammogram for malignant neoplasm of breast (Outpatient, 2023)

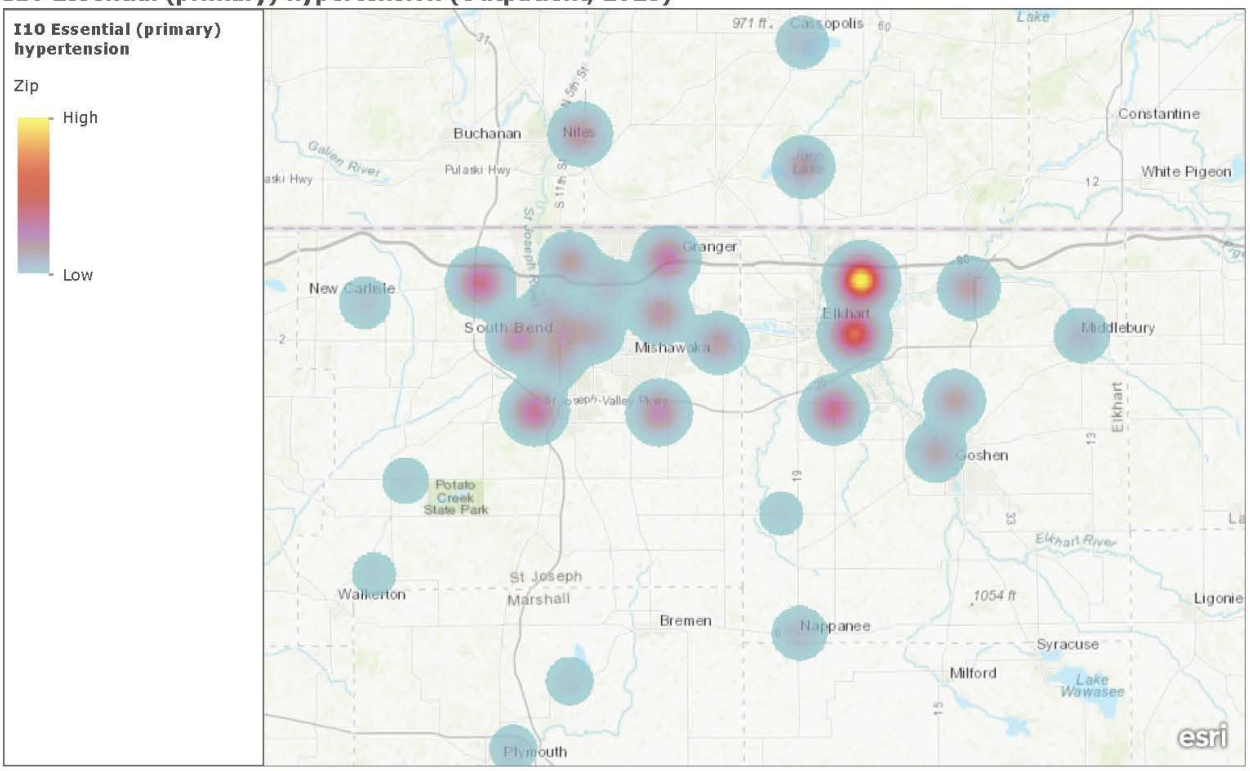
Z12.31 Encounter for screening ammogram for malignant neoplasm of breast (Outpatient, 2023)



Esri Canada, Esri, HERE, Garmin, USGS, NGA, EPA, USDA, NPS

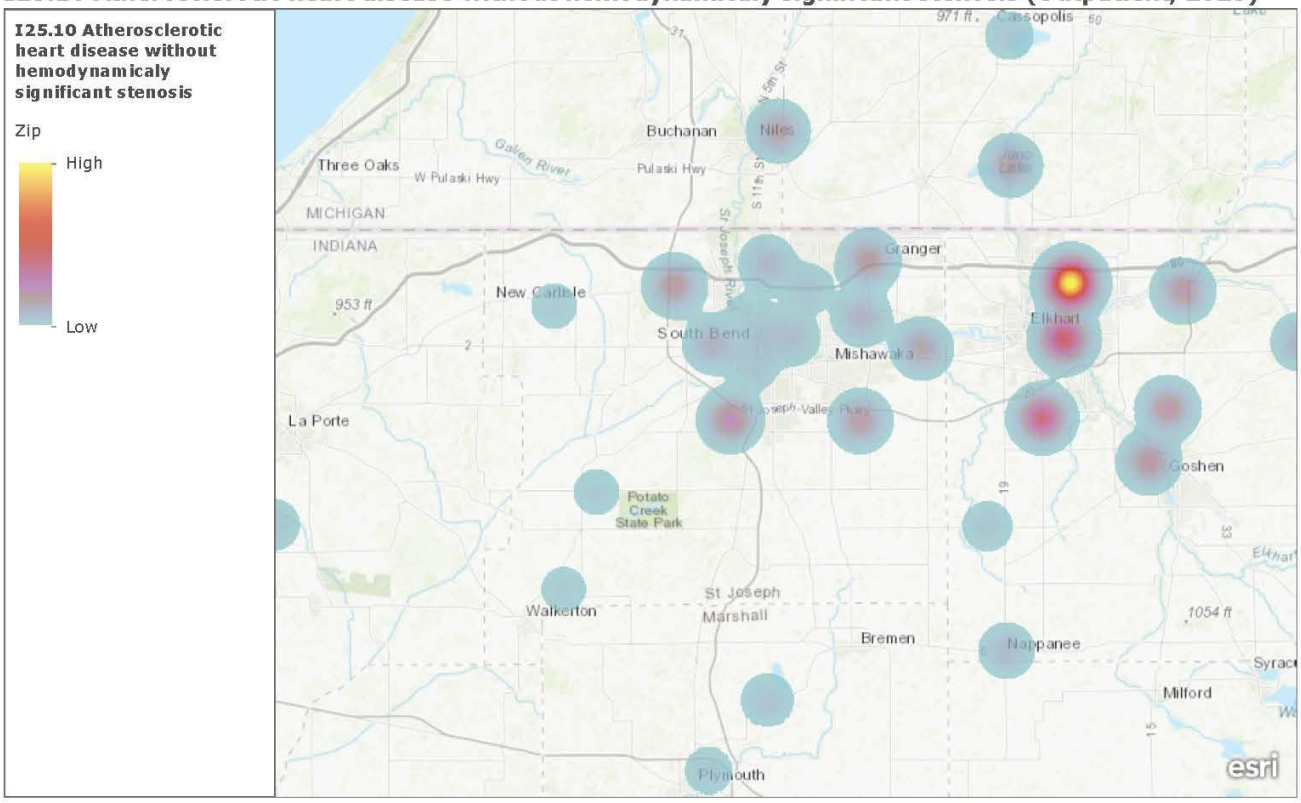
9/26/24, 9:17 AM ArcGIS - I10 Essential (primary) hypertension (Outpatient, 2023)

I10 Essential (primary) hypertension (Outpatient, 2023)



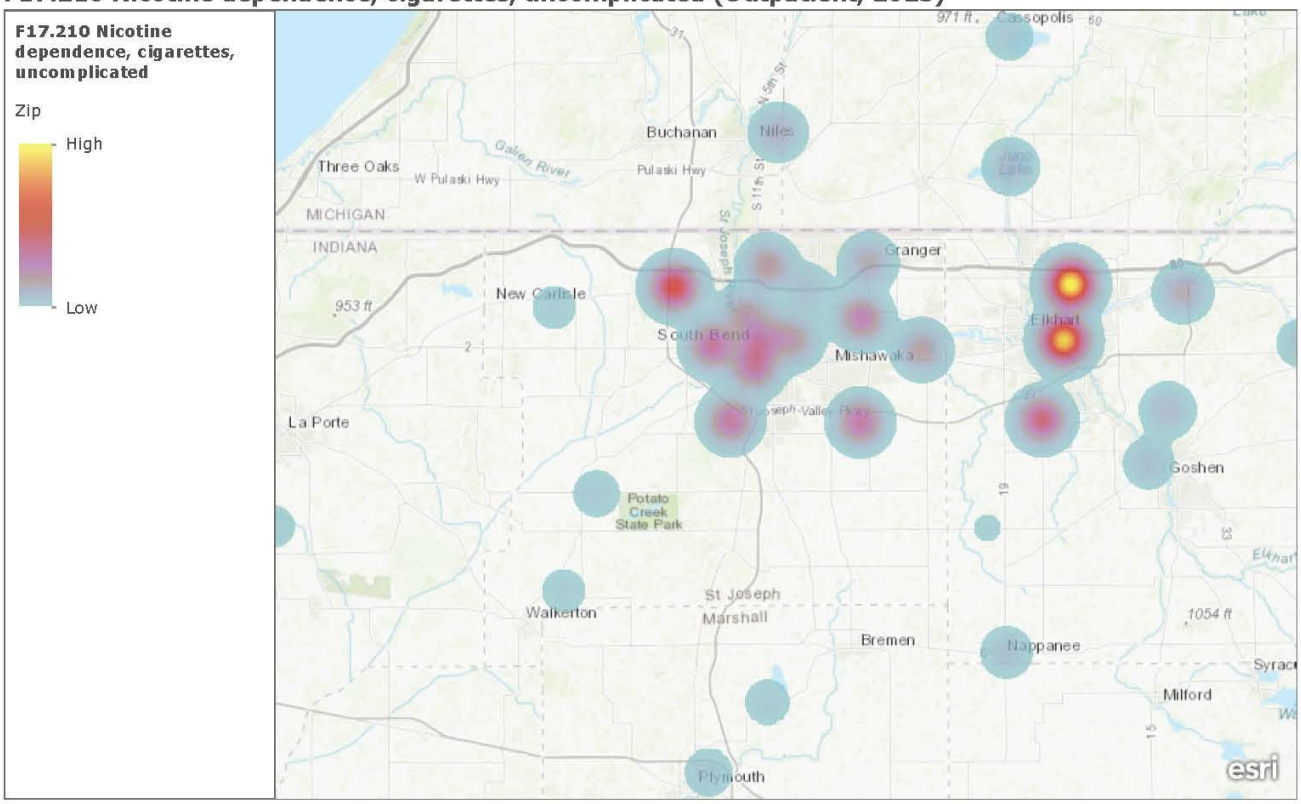
Esri, HERE, Garmin, USGS, NGA, EPA, USDA, NPS

I25.10 Atherosclerotic heart disease without hemodynamicaly significant stenosis (Outpatient, 2023)



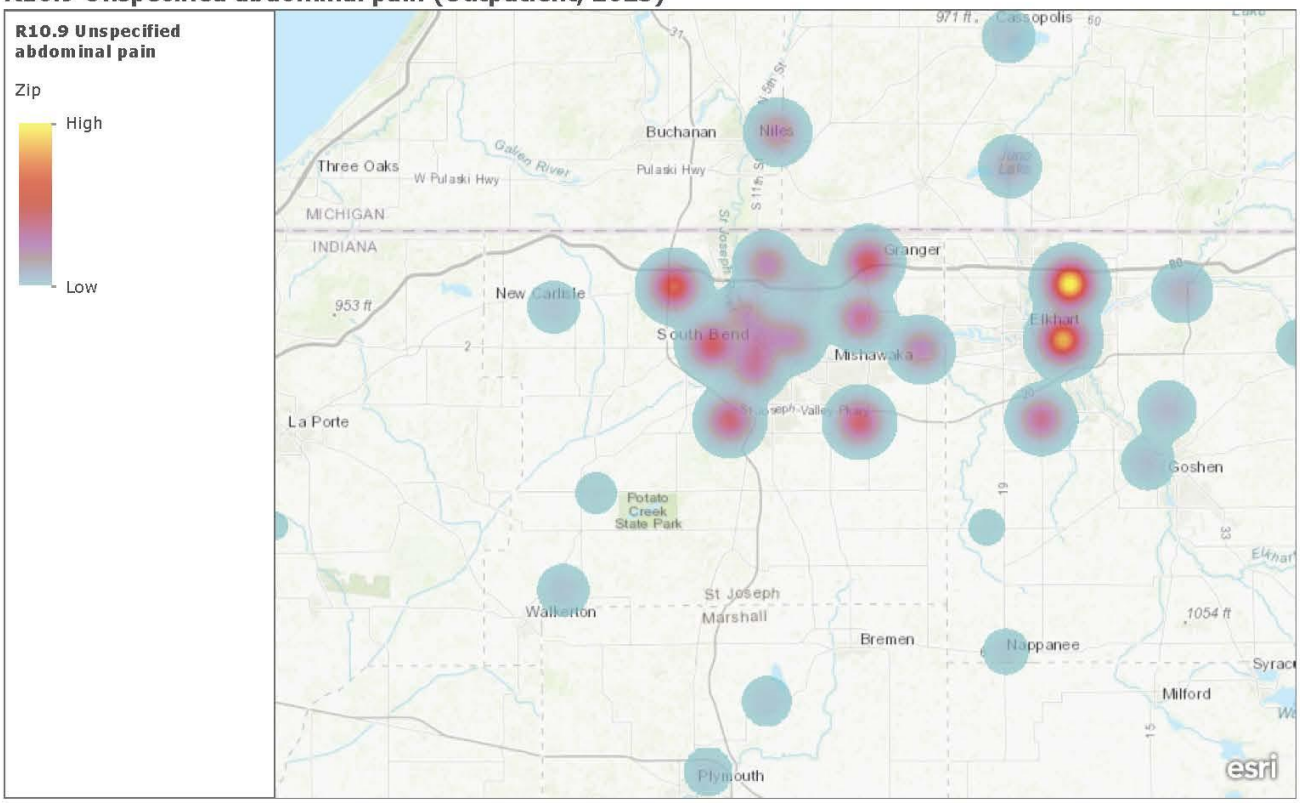
Esri, HERE, Garmin, USGS, NGA, EPA, USDA, NPS

F17.210 Nicotine dependence, cigarettes, uncomplicated (Outpatient, 2023)



Esri, HERE, Garmin, USGS, NGA, EPA, USDA, NPS

R10.9 Unspecified abdominal pain (Outpatient, 2023)



Esri, HERE, Garmin, USGS, NGA, EPA, USDA, NPS

Appendix C: Access Audit Organizations

The facilities included in the audit are:

St. Joesph County (IN):

1. Primary Care Partners of South Bend
2. Beacon Medical Group Mishawaka Primary Plus
3. Oak Street Health LaSalle Park Primary Care Clinic
4. Saint Joseph Health System – Family Medicine
5. Beacon Bone & Joint Specialists South Bend
6. Beacon Medical Group Advanced Cardiovascular Specialist South Bend
7. Beacon Medical Group Behavioral Health South Bend
8. South Bend Mental Health Associates
9. Oaklawn, Mishawaka Campus

Elkhart County:

1. Elkhart Cardiology
2. Quintess Primary Care
3. Heart City Health
4. Oaklawn Psychiatric Center
5. Samaritan Center
6. Beacon Medical Group Goshen Family Medicine Center

Marshall County:

1. Rachel Pippenger, FNP
2. Community Family Physicians
3. St. Joseph Health System – Plymouth Family & internal Medicine
4. Michiana Behavioral Health
5. Bowen Center

St. Joesph County (MI)

1. Three Rivers Health Family Care
2. Ascension Borgess Hospital ProMed Family Practice
3. Ascension Medical Group Borgess Cardiology Group
4. Pivotal
5. Lifetree Behavioral Health

Appendix D: Needs Prioritization Process

A total of 49 community needs were identified from the primary and secondary quantitative and qualitative research. A modified Delphi Technique was used to complete the Needs Prioritization. Originally developed by RAND in the 1950s, the Delphi Technique uses a multi-stage iterate qualitative and quantitative process for decision making consensus.

The needs prioritization was conducted in four stages over the course of three weeks. The first stage was an online survey rating each of the 49 needs based on a scale of magnitude of need. Participants were asked to provide a deidentified comment justifying their rating. Members of the Advisory Council, Equity Champions, and each of the four Hospital Boards were asked to complete the survey.

The results of the first survey were reviewed by the Equity Champions for discussion and recommendations. Additionally, the results of the first survey were tabulated to create an average score for each of the 49 needs. The second survey was almost identical to the first survey. However, the average score of each need and any deidentified comments were also added to the survey. The Advisory Council was asked to complete the second survey.

The third stage was a two-part qualitative meeting with the Advisory Council to discuss the results and further identify the top community needs. During the meeting, members were asked to identify locus of control, resources/capacity, and geography for each of the needs. A score was used. The score card was then calculated to identify the top needs.

A final survey was sent to the Advisory Council members to finalize the top specific needs and also broader need categories.

Appendix E: Stakeholder Interview Guide

Good morning [or afternoon]. My name is [Interviewer Name] from Crescendo Consulting Group. We are working with Beacon Health to conduct a community health needs assessment of the community.

The purpose of this conversation is to learn more about the strengths and resources in the community, as well as collecting your insights regarding community health and related service needs. Specifically, we are interested in learning about the ways people seek services, and your insights about equal access to health care across the community. While we will describe our discussion in a written report, specific quotes will not be attributed to individuals. **Please consider what you say in our conversation to be confidential, and you have the right to not answer any question or end the interview at any time.**

Will you be open to this interview in order to help Beacon Health develop better services for your community?

- ☐ Yes – Continue with interview
- ☐ No – End interview

Do you have any questions for me before we start?

Introductory Questions

1. Please tell me a little about yourself and how you interact with the local community (i.e., what does your organization do?)

2. When you think of good things about living and/or working in the community, what are the first things that come to mind?

   [PROBE: things to do, parks or other outdoor recreational activities, a strong sense of family, cultural diversity]

3. If you had to pick the top two or three challenges or things people struggle with most in your community, what comes to mind? *[PROBE: behavioral health, access to care, housing, etc.]*

Access to Care and Delivery of Services

4. What, if any, healthcare services are difficult to find and/or access? And why?

   PROBE (As needed):

   Quality primary care and/or specialty care availability (Services for adults, children & adolescents).

   Specialty care services

   Maternal and prenatal care for expectant mothers Other OB/GYN services

   Senior Services (PROBE: hospice, end-of-life care, specialists, etc.).

Post-COVID-19/impacts of COVID-19 care

Dental

5. What health-related resources are available in the community?

Behavioral Health

6. What, if any, behavioral health care services (including mental health and substance use) are difficult to find and/or access? Why?

   PROBE LIST: Crisis Services, Inpatient Beds; Autism specialists, Outpatient services, transitional housing, integrated care/primary care, crisis services. Etc.

7. What behavioral-health resources are available in the community?
   PROBE LIST: Treatment (IP & OP), Crisis, Recovery

8. What types of stigma, if any, are around seeking treatment for mental health and/or substance use disorders?

Health Equity, Vulnerable Populations, Barriers

9. Do you think people in the community are generally **HEALTHY**? Please explain why you think people are healthy or not healthy in your community?

10. How can we improve the overall health of our community?

11. Would you say healthcare services are equally available to everyone in the community regardless of gender, race, age, or socioeconomics? What populations are especially vulnerable and/or underserved in your community?

    [PROBE: veterans, youth, immigrants, LGBTQ+ populations, people of color, older adults, people living with disabilities]

12. What barriers to services exist, if any?

    PROBE: based on economic, race/ethnicity, gender, or other factors?

    Do community healthcare providers care for patients in a culturally sensitive manner?

13. What would you say are the two or three most urgent needs for the most vulnerable?

Social Determinants, Neighborhood & Physical Environment

14. From your perspective what are the top three non-health-related needs in the community and why?

    PROBE LIST AS NEEDED:

    Affordable housing

Services for people experiencing homelessness

Food insecurity and access to healthy food

Childcare

Transportation

Internet and technology access

Employment and job training opportunities

Others

Enhancing Outreach & Disseminating Information

15. How do individuals generally learn about access to and availability of services in the area?

    PROBE: Social media, Text WhatsApp, word of mouth, etc.

    To what degree is health literacy in the community advantage or challenge?

16. What do you think are some challenges to spreading awareness and understanding of the availability of services and ways to access them? What might help overcome the challenges?

Magic Wand

17. If there was one issue that you personally could change about community health in the area with the wave of a magic wand, what would it be?

Thank you for your time and participation!

Appendix F: Focus Group Discussion Guide

Good morning [or afternoon]. My name is [Name] from Crescendo Consulting Group. We are working with Beacon Health to conduct a community health needs assessment in your community.

The purpose of this focus group discussion is to learn more about the strengths and resources in the community. We will also gather your insights about health and related social needs. We are interested in learning about how you and people you know interact with healthcare systems. We would also like to hear about access to health care and social services in your community.

Your input is important because the information you and others share will be used to identify and describe important health needs in your community. Beacon will use this information to work to address these challenges.

We will describe our discussion and will include a list of populations and communities represented by focus group participants in a written report. Specific quotes may be reported by the geographic area or population of the focus group. Quotes will not be associated with individuals by name or by other characteristics that, in combination, could be used to identify you. **Please consider what you say in our conversation to be confidential and voluntary.**

We have some group agreements to consider before we start our conversation today. It is essential that this is a safe place, free from abusive words and actions, threats, and disrespectful behaviors. That includes words and behaviors directed towards us, your facilitators, or anyone else. It is really important that we have a rich conversation that is respectful and that we use language that does not put down other people or cause them to feel unsafe. It's also important to allow all people to speak.

As a facilitator, I will sometimes interject so I want you to know that up front. Due to time constraints, I may also need to move the conversation along.

I will sometimes come into the conversation to make sure we are allowing for all voices and to ensure that the conversation stays respectful. I recognize that I am interrupting at times, but it's an important part of my job as the facilitator, so I want you to know to expect that from me.

Do you have any questions for me before we start?

Introductory Questions

18. To start, please briefly introduce yourself and share something you like about your community.

19. What does a "healthy" community look like to you?

20. What are the two or three most important health needs in your community?
    [PROBE: mental health, substance and alcohol use, cancer, heart disease, COVID-19, unintentional injury, chronic lower respiratory disease]

Access to Care and Delivery of Services

21. What services and resources for becoming and staying healthy are difficult to find? What services and resources are difficult to access? Why?

    PROBE: Arthritis
    Cancer
    Cardiovascular disease
    Children with Special Health Care Needs
    Cognitive health
    Community-based supports
    Diabetes
    Early intervention programs
    Immunizations
    Infectious disease
    Mental health
    Oral health
    Physical activity, nutrition, and wellness
    Pregnancy and birth outcomes
    Prevention programs
    Respiratory health
    Substance use
    Tobacco treatment

22. What health resources or services are easier to find? Why?

Social Determinants, Neighborhood & Physical Environment

23. What are the top three social or environmental health needs or challenges in the community? Why?

    PROBE: Affordable housing
    Air/water pollution
    Childcare
    Employment and job training opportunities
    Extreme weather events
    Food insecurity and access to healthy food
    Internet and technology access
    Power and internet outages
    Services for people experiencing homelessness
    Social isolation; loneliness
    Transportation
    Others

24. What resources and services are available in your community to help people with *[needs or challenges identified in Question 6]*?

25. What resources and services are missing from your community to help people with *[needs or challenges identified in Question 6]*?

Health Equity and Vulnerable Populations

26. What populations in your community experience more challenges than others? *PROBE: veterans, youth, immigrants, LGBTQ+ populations, people of color, older adults, people living with disabilities, people with lower income*

27. What are the two or three biggest needs or challenges faced by these groups/your group?

Appendix G: Community Survey Instrument

Beacon Health has started a Community Health Needs Assessment to learn about things going well and things that can be done better to support community health. Your thoughts will help them learn about health needs, ways to seek services, services that may not be easy for you to get, and any issues you face in seeking health so that they can better meet the needs of you and the community.

If you would like the chance to be entered into a drawing for one of five (5) $100 VISA gift cards, please provide your contact information at the end of the survey. Your survey responses and contact information are kept separately.

If you have any questions about the survey, please contact our research partner, Crescendo Consulting Group at katelynm@crescendocg.com

If you have any questions about the entire Community Health Needs Assessment process, please contact the Manager of Community Health Outcomes at ckwhite@beaconhealthsystem.org.

Please note that you must be over the age of 18 to take this survey.

Your responses are confidential. This survey should take approximately 10 minutes.

What language would you like to take the survey in?

- ☐ English
- ☐ Spanish

1. What county do you live in?
   - ☐ Elkhart
   - ☐ Marshall
   - ☐ St. Joseph County (IN)
   - ☐ St. Joseph County (MI)
   - ☐ Other (please specific)

2. What is zip code do you live in?

   _____

3. Please select which role in the community you identify with the most. (Check all that apply)
   - ☐ Community resident
   - ☐ Beacon Health Hospital Board of Directors
   - ☐ Beacon Health Staff
   - ☐ Beacon Health patient/client
   - ☐ First responder (includes EMS, police/ fire, and emergency healthcare providers)
   - ☐ Community-based organization
   - ☐ Business owner
   - ☐ Educator
   - ☐ Elected official
   - ☐ Faith-based organization
   - ☐ Other (specify):

Access to Health Care

4. Do you have a family doctor or a place where you go for routine care?
   - ☐ Yes, family doctor, family health center, or clinic
   - ☐ Yes, walk-in urgent care
   - ☐ Yes, emergency room
   - ☐ No
   - ☐ Other (please specify):

     _____

5. In the **past year,** has there been one or more occasions when you needed medical care but could **NOT** get it?
   - ☐ Yes
   - ☐ No (skip to Q7)

6. If yes, what kept you from accessing healthcare services when you needed it? (Check all that apply)
   - ☐ No health insurance
   - ☐ No money / ability to pay
   - ☐ Doctor's office does not accept my insurance
   - ☐ Long wait times to see a provider
   - ☐ Decrease of providers in my community
   - ☐ No way to get to that service (Lack of transportation - car, bus, etc.)
   - ☐ Do not trust providers or staff
   - ☐ Provider did not listen to my needs
   - ☐ Providers or staff do not understand my culture
   - ☐ Providers or staff did not speak my language
   - ☐ Concern about the impact on my immigration status
   - ☐ Providers or staff are not knowledgeable about people with my sexual orientation or gender identification
   - ☐ My neurological or developmental conditions (such as ADHD, ADD, OCD, Autism, etc)
   - ☐ COVID-19-related restrictions
   - ☐ Other (please specify):

     _____

7. In the **past year,** has there been one or more occasions when you needed mental health or substance use services but could **NOT** access it?
   - ☐ Yes
   - ☐ No (skip to Q9)

8. If yes, what prevented you from accessing mental health or substance use services when you needed it? (Check all that apply)
   - ☐ No health insurance
   - ☐ No money / ability to pay
   - ☐ Doctor's office does not accept my insurance

- ☐ Long wait times to see a provider
- ☐ Decrease of providers in my community
- ☐ No way to get to that service (Lack of transportation - car, bus, etc.)
- ☐ Do not trust providers or staff
- ☐ Provider did not listen to my needs
- ☐ Providers or staff do not understand my culture
- ☐ Providers or staff did not speak my language
- ☐ Concern about the impact on my immigration status
- ☐ Providers or staff are not knowledgeable about people with my sexual orientation or gender identification
- ☐ My neurological or developmental conditions (such as ADHD, ADD, OCD, Autism, etc)
- ☐ COVID-19-related restrictions
- ☐ Other (please specify):

  _____

Community Health Needs

A healthy community can include a variety of things such as the availability of healthcare services (including behavioral health), social services, economic and career growth opportunities, environmental factors, lifestyle topics (such as obesity, smoking, substance abuse, and healthy living issues), and others. The next question asks you about your opinions on programs and resources in your community.

9. On a scale of 1 (no more focus needed) to 5 (much more focus needed), which of the following community and health-related issues do you feel **need more attention for improvement in your community?**

Social Drivers	No more needed (1)	(2)	Neutral (3)	(4)	Much more needed (5)	I don't know
Transportation services for people needing to go to doctor's appointments or the hospital						
Access to affordable, nutritious food						
Affordable quality childcare						
Access to quality education for youth						
Public transportation						
Access to safe, affordable housing						
Finding housing first for individuals who have several service needs (such as behavioral health treatment, job training, etc.)						
Access to clean, public places to play and exercise where all people feel safe and welcome						
Social services (shelter, outreach, etc.) for people experiencing homelessness						
Access to quality education and job training for adults						
Livable wage job opportunities						
Activities for youth (such as a public pool, roller skating rink, bowling alley)						
Opportunities for physical fitness						
Activities for adults (such as a concerts, festivals, book clubs)						

Health Program Services	No more needed (1)	(2)	Neutral (3)	(4)	Much more needed (5)	I don't know
Case management (support and programs) for persons living with chronic diseases						
Programs for diabetes prevention, awareness, and care						
Programs for heart or cardiovascular health						
Programs for obesity prevention, awareness, and care						
Programs that bring communities together, including those that focus on inclusion and combatting discrimination						
Programs for smoking cessation (including vaping)						
Programs to help supply and protect environmental resources (such as access to clean air and water)						
Programs that bring people together to combat feelings of isolation and loneliness						
Crisis or emergency care programs for mental health issues						

Healthcare Services	No more needed (1)	(2)	Neutral (3)	(4)	Much more needed (5)	I don't know
Primary care services (such as a family doctor or other provider of routine care)						
Emergency care and trauma services						
Coordination of patient care between health service providers						
Affordable prescription medications						
Specialist services (such as endocrinologists, pediatricians, rheumatologists, etc.)						
Healthcare services for people experiencing homelessness or do not have permanent shelter						
HIV / HCV (hepatitis C) / STI (sexually transmitted infection) education and screening						
HIV / HCV (hepatitis C) / STI (sexually transmitted infection) treatment services						
Dental care						
Sexual health						

Older Adults (55+)	No more needed (1)	(2)	Neutral (3)	(4)	Much more needed (5)	I don't know
Healthcare services for older adults (55+)						
Different options to long-term care or nursing facilities for older adult						
Services for persons living with dementia or memory needs						
Day programs for older adults						

Behavioral and Mental Health	No more needed (1)	(2)	Neutral (3)	(4)	Much more needed (5)	I don't know
Drug and other substance use education and prevention						
Drug and other substance use treatment services						
Programs to help drug and other substance use disorder patients in recovery stay healthy						
Counseling services for adults for mental health conditions such as depression, anxiety, and others						
Counseling services for youth/children for mental health conditions such as depression, anxiety, and others						
Support services for people with developmental disabilities						

Maternal, Child and Family Services	No more needed (1)	(2)	Neutral (3)	(4)	Much more needed (5)	I don't know
Women's health services						
During and after pregnancy care						
Breastfeeding education and support						
Reproductive health services, including screenings and birth control						
Parenting classes for new parents						

10. If you had a magic wand, what is the one thing you would change about your community?

11. Thinking about Community Health, please rate each statement below on a scale of 1 (strongly disagree) to 5 (strongly agree).

	Strongly Disagree (1)	Disagree (2)	Neither Agree nor Disagree (3)	Agree (4)	Strongly Agree (5)	I don't know
My community works together to improve our health outcomes.						
My community has the resources to improve our health outcomes.						
I know my neighbors will help me stay healthy.						
I strive to contribute to the health of my community.						
Everyone in my community has equal access to care and services.						

Social Connectedness

This section will help us understand social connectedness or the feeling that you belong to a group and generally feel close to other people.

12. Are you involved with any of the following in the community? [check all that apply]
    - ☐ Church, temple, or religious group
    - ☐ Social organization
    - ☐ Neighborhood association or club
    - ☐ Senior Center
    - ☐ Volunteer group
    - ☐ Recreational or sports club or team
    - ☐ School, university, technical training, or adult education
    - ☐ Professional or trade organizations
    - ☐ Youth-focused organizations or groups
    - ☐ Social media group
    - ☐ Other (Please specify)

13. How many hours do you participate in any of the organizations or groups you selected above?
    - ☐ Zero
    - ☐ 1-2
    - ☐ 3-5
    - ☐ 6-10
    - ☐ 11-20
    - ☐ 21-40
    - ☐ 40+

14. People sometimes look to others for companionship, friendship, assistance, or other types of support. How often is each of the following types of support available to you if you need it?

	None of the time	A little of the time	Some of the time	Most of the time	All of the time
Someone you can count on to listen to you when you need to talk about yourself, your problems, or hear suggestions about how to handle personal problems					
Someone that will help me when I have a complicated piece of mail, or a question about housing, or just something going on in my personal life that I need to talk through.					
Someone to help take care of you if you were sick					
Someone to take you to the doctor if you need it					
Someone to help with daily chores if you were sick					
Someone who shares an emotional connection with you					
Someone to get together with for relaxation					
Someone to do something fun with					

Health Status

15. How would you rate your physical health?
    - ☐ Excellent
    - ☐ Very good
    - ☐ Good
    - ☐ Fair
    - ☐ Poor

16. How would you rate your mental health?
    - ☐ Excellent
    - ☐ Very good
    - ☐ Good
    - ☐ Fair
    - ☐ Poor

17. How would you rate your emotional and spiritual health?
    - ☐ Excellent
    - ☐ Very good
    - ☐ Good
    - ☐ Fair
    - ☐ Poor

Advance Care Planning (ACP) helps you ensure that your medical wishes are honored in the event that you're not able to speak for yourself. The Advance Care Planning process includes deciding what you want if you were suddenly ill or injured, choosing someone who you'd like to have speak for you if you couldn't, talking to them about what your medical choices would be, and documenting your goals and preferences.

18. Have you ever been offered information about Advance Care Planning (for example, information about how to choose a Healthcare Representative)
    - ☐ Yes
    - ☐ No
    - ☐ I'm not sure

19. Have you: (check all that apply)
    - ☐ Chosen a person you would have speak for you in a medical situation?
    - ☐ Completed a form to give that person the ability to speak for you?
    - ☐ Talked to that person about what you might want?
    - ☐ Documented what your wishes or preferences would be?

Housing Status

20. Have you received any services to address lead poisoning in your home?
    - ☐ Yes
    - ☐ No (Skip to Q22)

21. If yes, what is the age of your home?
    - ☐ Older than 1960
    - ☐ Between 1960 and 1980
    - ☐ Newer than 1980
    - ☐ I don't know

22. Do you currently live in a single-parent household?
    - ☐ Yes
    - ☐ No

23. Do you live in a home with three or more generations living together (such as grandparents, kids, and grandkids)?
    - ☐ Yes
    - ☐ No

24. Are you currently caring for or raising a younger relative (such as grandchild, niece, etc.)?
    - ☐ Yes
    - ☐ No

A little bit about you

25. To which gender identity do you most identify?
    - ☐ Female
    - ☐ Male
    - ☐ Transgender Female
    - ☐ Transgender Male
    - ☐ Gender Non-Binary
    - ☐ My gender identity is not listed (please specify): _____
    - ☐ I prefer not to answer

26. Are you of Hispanic, Latino, or other Spanish origin?
    - ☐ Yes
    - ☐ No
    - ☐ I prefer not to answer

27. What is your race? [Check all that apply]
    - ☐ White or Caucasian
    - ☐ Black or African American
    - ☐ Middle Eastern or North Africa
    - ☐ Asian
    - ☐ Native American or Alaska Native
    - ☐ Native Hawaiian or other Pacific Islander
    - ☐ Another race (please specify): _____
    - ☐ I prefer not to answer

28. Which of the following ranges best describes your total annual household income in the past year?
    - ☐ None
    - ☐ Under $15,000
    - ☐ $15,000 – $24,999
    - ☐ $25,000 - $34,999
    - ☐ $35,000 – $44,999
    - ☐ $45,000 - $54,999
    - ☐ $55,000 - $64,999
    - ☐ $65,000 - $74,999
    - ☐ $75,000 - $99,999
    - ☐ $100,000 and above
    - ☐ Unknown
    - ☐ I prefer not to answer

29. What is your age?
    - ☐ 18 – 24
    - ☐ 25 – 34
    - ☐ 35 – 44
    - ☐ 45 – 54
    - ☐ 55 – 64
    - ☐ 65 – 74
    - ☐ More than 75 years old
    - ☐ I prefer not to answer

30. Do you have any of the following disabilities / abilities?
    - ☐ A sensory impairment (vision or hearing)
    - ☐ A learning disability (such as dyslexia)
    - ☐ An intellectual or developmental impairment (such as ADHD)
    - ☐ A mobility impairment
    - ☐ A mental health disorder
    - ☐ A long-term medical illness (such as epilepsy, cystic fibrosis)
    - ☐ A temporary impairment due to illness or injury (such as broken ankle, surgery)
    - ☐ A disability or impairment not listed
    - ☐ I do not identify with a disability or impairment
    - ☐ I prefer not to answer

31. What is the highest degree or level of school you have completed? (If you're currently enrolled in school, please indicate the highest degree you have received.)
    - ☐ Less than a high school diploma
    - ☐ High school degree or equivalent (such as GED/HiSET)
    - ☐ Some college, no degree
    - ☐ Associate's degree
    - ☐ Bachelor's degree
    - ☐ Master's degree
    - ☐ Professional or doctorate (such as MD, DDS, DVM, PhD)
    - ☐ I prefer not to answer

Appendix H: Community Partner Survey Instrument

Thank you for taking the Beacon Health Community Partner Survey as part of our Community Health Needs Assessment process. This process helps to identify how we will improve our community's health together.

Your organization – and you – are vital to providing the health of our community. Health outcomes are shaped by people's behaviors, ability to access healthcare services, living and working conditions, and the institutions, policies, systems, cultural norms, social inequities, and environment that shape our community.

This survey is part of our Community Partner Assessment, which helps us identify the organizations involved in our CHNA research process, whom they serve, what they do, and their capacities and skills to support out local community health improvement process. The responses to this survey will be summarized in the Community Health Needs Assessment.

The survey will take approximately 10 to 15 minutes to complete.

1. What is the full name of your organization?

   _____

2. Please provide your community affiliation:

   - ☐ BCI
   - ☐ Hospital
   - ☐ FQHC
   - ☐ Healthcare Organization
   - ☐ Public Health Organization
   - ☐ Non-Profit/Social Service
   - ☐ Aging Services
   - ☐ Education/Youth Services
   - ☐ Business Sector
   - ☐ Government/Housing/Transportation Sector
   - ☐ Mental/Behavioral Health Organization
   - ☐ Faith-Based/Cultural Organization
   - ☐ Hospital Staff/Employee
   - ☐ Other (please specify)

3. What county(s) does your organization serve? (Check all that apply)
   - ☐ Elkhart
   - ☐ Marshall
   - ☐ St. Joseph (IN)
   - ☐ St. Joseph (MI)
   - ☐ Other (please specify):

4. What best describes your position or role in your organization?
   - ☐ Administrative staff
   - ☐ Front line staff
   - ☐ Supervisor (not senior management)
   - ☐ Leadership team
   - ☐ Community leaders
   - ☐ Other (please specify)

5. Has your organization ever participated in a community health improvement process?
   - ☐ Yes
   - ☐ No
   - ☐ I don't know

6. What are your organization's top three interests in joining a community health improvement partnership? (select minimum of three)

   - ☐ To deliver programs effectively and efficiently and avoid duplicated efforts
   - ☐ To pool resources
   - ☐ To seek additional funds for organization's programs
   - ☐ To increase communication among groups
   - ☐ To break down stereotypes
   - ☐ To build networks and friendships
   - ☐ To revitalize low energy of groups who are trying to do too much alone
   - ☐ To plan and launch community-wide initiatives
   - ☐ To develop and use political power to gain services or other benefits for the community
   - ☐ To improve line of communication from communities to government decision-making
   - ☐ To improve line of communication from government to communities
   - ☐ To create long-term, permanent social change
   - ☐ To obtain or provide services
   - ☐ Other: __

7. What are your organization's three most valuable resources and strongest assets you would like other organizations to know? (i.e., what makes your organization great?)

8. What resources *might* your organization contribute to support community health improvement activities? (check all that apply) *Note: This question does not commit your organization to support; it only identifies ways your organization *might* be able to support.*
   - ☐ Funding to support assessment activities (e.g., data collection, analysis)
   - ☐ Funding to support community engagement (e.g., stipends, gift cards)
   - ☐ Food for community meetings
   - ☐ Childcare for community meetings
   - ☐ Policy/advocacy skills

- ☐ Media connections
- ☐ Social media capacities
- ☐ Physical space to hold meetings
- ☐ Technology to support virtual meetings
- ☐ Coordination with tribal government
- ☐ Staff time to support community engagement and involvement
- ☐ Staff time to support interpretation and translation
- ☐ Lending interpretation equipment for use during meetings
- ☐ Staff time to support relationship-building between community health improvement staff and other organizations (e.g., introductions to government agencies or organizers)
- ☐ Staff time to support focus group facilitation or interviews
- ☐ Staff time to help analyze quantitative data
- ☐ Staff time to help analyze qualitative data
- ☐ Staff time to participate in community health improvement meetings and activities
- ☐ Staff time to help plan community health improvement meetings and activities
- ☐ Staff time to help facilitate community health improvement meetings and activities
- ☐ Staff time to help implement community health improvement priorities
- ☐ Note-taking support during qualitative data collection
- ☐ Staff time to transcribe meeting notes/recordings
- ☐ I'm unsure
- ☐ Other: ___

Populations Served

9. What racial/ethnic populations does your organization work with? (check all that apply)
   - ☐ Black/African American
   - ☐ African
   - ☐ Native American/Indigenous/Alaska Native
   - ☐ Latinx/Hispanic
   - ☐ Asian
   - ☐ Asian American
   - ☐ Pacific Islander/Native Hawaiian
   - ☐ Middle Eastern/North African
   - ☐ White/European
   - ☐ Other: ___
10. Does your organization work with immigrants, refugees, asylum seekers, and other populations who speak English as a second language?
    - ☐ Yes
    - ☐ No
    - ☐ Unsure
11. Does your organization offer services for transgender, nonbinary, and other members of the Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, and Asexual (LGBTQIA+) community?
    - ☐ Yes—we provide services specifically for the LGBTQIA+ community
    - ☐ Somewhat—we provide general services and LGBTQIA+ individuals could use those services
    - ☐ No—LGBTQIA+ populations are not welcome
    - ☐ Unsure

12. Does your organization offer services specifically for people with disabilities?
    - ☐ Yes—we provide services specifically for people with disabilities
    - ☐ Somewhat—we are wheelchair accessible and compliant with the American Disabilities Act but are not specifically designed to serve people with disabilities
    - ☐ No—our organization is not specifically designed to serve people with disabilities
    - ☐ Unsure

13. What other populations or demographics groups not identified above does your organization serve within your community?

Mission and Services Provided

14. How much does your organization focus on each of these topics?

	A lot	A little	Not at all	Unsure
Economic Stability: The connection between people's financial resources—income, cost of living, and socioeconomic status—and their health. This includes issues such as poverty, employment, food security, and housing stability.				
Education Access and Services: The connection of education to health and well-being. This includes issues such as graduating from high school, educational attainment in general, language and literacy, and early childhood education and development.				
Health Care Access and Quality: The connection between people's access to and understanding of health services and their own health. This includes issues such as access to health care, access to primary care, health insurance coverage, and health literacy.				
Neighborhood and Built Environment: The connection between where a person lives—housing, neighborhood, and environment— and their health and well-being. This includes topics like quality of housing, access to transportation, availability of healthy foods, air and water quality, and public safety.				
Social and Community Context: The connection between characteristics of the contexts within which people live, learn, work, and play, and their health and well-being. This includes topics like cohesion within a community, civic participation, discrimination, conditions in the workplace, violence, and incarceration.				

15. Which of the following health topics does your organization work on? (check all that apply)

- ☐ Access to social services (e.g., transportation, utilities, food pantries, trainings for workforce development)
- ☐ Cancer
- ☐ Chronic disease (e.g., asthma, diabetes/obesity, cardiovascular disease)
- ☐ Family/maternal health
- ☐ Immunizations and screenings
- ☐ Infectious disease
- ☐ Injury and violence prevention
- ☐ HIV/STI prevention
- ☐ Health care access/utilization
- ☐ Health equity
- ☐ Health insurance/Medicare/Medicaid
- ☐ Mental or behavioral health (e.g., PTSD, anxiety, trauma)
- ☐ Physical activity
- ☐ Tobacco and substance use and prevention
- ☐ Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)/food stamps
- ☐ None of the above/Not applicable
- ☐ Other: ___

16. If your organization has a shared definition of equity or health equity,[55] please copy and paste it below.

Capacities and Strategies

17. Please select whether your organization regularly does the following activities. (check all that apply)

- ☐ **Assessment**: My organization conducts assessments of living and working conditions and community needs and assets.
- ☐ **Investigation of Hazards**: My organization investigates, diagnoses, and addresses health problems and hazards affecting the population.
- ☐ **Communication and Education**: My organization works to communicate effectively to inform and educate people about health or well-being, factors that influence well-being, and how to improve it.
- ☐ **Community Engagement and Partnerships:** My organization works to strengthen, support, and mobilize communities and partnerships to improve health and well-being.

[55] Health equity is defined as "When everyone has a fair and just opportunity to be as healthy as possible. To achieve this, we must remove obstacles to health—such as poverty, discrimination, and deep power imbalances—and their consequences, including lack of access to good jobs with fair pay, quality education and housing, safe environments, and healthcare." (Source: NACCHO's MAPP 2.0 Glossary)

- ☐ **Policies, Plans, Laws**: My organization works to create, champion, and apply policies, plans, and laws that impact health and well-being.
- ☐ **Legal and Regulatory Authority**: My organization has legal or regulatory authority to protect health and well-being and uses legal and regulatory actions to improve and protect the public's health and well-being.
- ☐ **Access to Care**: My organization provides healthcare and social services to individuals or works to ensure equitable access and an effective system of care and services.
- ☐ **Workforce**: My organization supports workforce development and can help build and support a diverse, skilled workforce.
- ☐ **Evaluation And Research**: My organization conducts evaluation, research, and continuous quality improvement and can help improve or innovate functions.
- ☐ **Organizational Infrastructure**: My organization is helping build and maintain a strong organizational infrastructure for health and well-being.
- ☐ **Unsure**

18. Which of the following strategies does your organization use to do your work?[56] (check all that apply)

- ☐ **Research and Policy Analysis**: Gathering and analyzing data to create credibility and inform policies, projects, programs, or coalitions.
- ☐ **Social and Health Services**: Providing services that reach clients and meet their needs (including clinical and healthcare services).
- ☐ **Organizing**: Involving people in efforts to change their circumstances by changing the underlying structures, decision-making processes, policies, and priorities that produce inequities.
- ☐ **Communications**: Messaging that resonates with communities, connects them to an issue, or inspires them to act.
- ☐ **Leadership Development**: Equipping leaders with the skills, knowledge, and experiences to play a greater role within their organization or movement.
- ☐ **Litigation**: Using legal resources to reach outcomes that further long-term goals.
- ☐ **Advocacy**: Targeting community leaders either by speaking to them or mobilizing community residents to influence legislative or executive policy decisions.
- ☐ **Alliance and Coalition-Building**: Building collaboration among groups with shared values and interest.
- ☐ **Arts and Culture**: Nurturing the multiple skills of an individual through the arts and encouraging connection through shared experiences.
- ☐ **Campaigns**: Using organized actions that address a specific purpose, policy, or change.

[56] This list of strategies is slightly modified from USC Equity Research Institute's list of strategies used by organizations in the power-building ecosystem to build and wield power. Collectively, these strategies help build community power while improving community health. For more information, visit https://dornsife.usc.edu/assets/sites/1411/docs/2020_Power_Building_Ecosystem_Framework_v3.pdf.

- ☐ **Healing**: Addressing personal and community trauma and how they connect to larger social and economic inequalities.
- ☐ **Inside-Outside Strategies**: Coordinating support from organizations on the "outside" with a team of like-minded policymakers on the "inside" to achieve common goals.
- ☐ **Integrated Voter Engagement**: Connecting organizing and voter-engagement strategies to build a strong base over multiple election cycles.
- ☐ **Movement-Building**: Scaling up from single organizations and issues to long-term initiatives, perspectives, and narratives that seek to change systems.
- ☐ **Narrative Change**: Harnessing arts and expression to replace dominant assumptions about a community or issue with dignified narratives and values.
- ☐ **Other**: ___

19. Does your organization conduct assessments (e.g., of basic needs, community health, neighborhood)?
    - ☐ Yes
    - ☐ No
    - ☐ Unsure

20. If yes, please describe what your organization assesses.

21. What data does your organization collect? (check all that apply)
    - ☐ Demographic information about clients or members
    - ☐ Access and utilization data about services provided and to whom
    - ☐ Evaluation, performance management, or quality improvement information about services and programs offered
    - ☐ Data about health status
    - ☐ Data about health behaviors
    - ☐ Data about conditions and social determinants of health (e.g., housing, education, or other conditions)
    - ☐ Data about systems of power, privilege, and oppression
    - ☐ We don't collect data
    - ☐ Other: ___

22. Which of the following methods of community engagement does your organization use most often? (check all that apply):
    - ☐ Customer/patient satisfaction surveys
    - ☐ Fact sheets
    - ☐ Open houses
    - ☐ Presentations
    - ☐ Billboards
    - ☐ Videos
    - ☐ Public comment
    - ☐ Focus groups

- ☐ Community forums/events
- ☐ Surveys
- ☐ Community organizing
- ☐ Advocacy
- ☐ House meetings
- ☐ Interactive workshops
- ☐ Polling
- ☐ Memorandums of understanding (MOUs) with community-based organizations
- ☐ Citizen advisory committees
- ☐ Open planning forums with citizen polling
- ☐ Community-driven planning
- ☐ Consensus building
- ☐ Participatory action research
- ☐ Participatory budgeting
- ☐ Social media
- ☐ Other: ___

Thank you for taking the survey! Your insights are valuable.

Appendix I: Health Advisory Council Members and Equity Champions

Health Advisory Council Members	Organizations
Kristen Marsh	Beacon Health System
Leslie Miller	Beacon Health System
Michael Nixon	Beacon Health System
Adrian Riley	Elkhart Police Department
Esleen Fultz	Heart City Health
Lindsay London	Wa-Nee Community Schools
Melanie Sizemore	Elkhart County Health Department
Natalie Bickle	Elkhart Community Schools
Rocio Diaz	Maple City Health Care Center, Inc.
Sandy Duffee	Marshall County Health Department
Donald Zimmer	Beacon Health System
Jason Marker	Memorial Family Medicine Residency
Joyce Adams	University of Notre Dame, ECK Institute
Juan Constantino	La Casa de Amistad
Matthew Sisk	University of Notre Dame, Lucy Family Institute
Melissa Mitchell/Josh Kellems	HealthLinc
Renee Fleming	1st Source Bank
Stephanie Steward-Bridges	South Bend Community Schools
Cameron Bullock	Pivotal
Rebecca Burns	Branch/Hillsdale/St Joseph Community Health Agency
Stacy Linihan	Covered Bridge Healthcare
Kelly Liechty	Oaklawn Psychiatric
Karla Fales	REAL Services, Inc.

Health Equity Champions	Organizations
Tara Morris	Minority Health Coalition of Elkhart County
Barb Holcomb	Community Advocate
Dara Marquez	La Casa de Amistad
Debra Stanley	Imani Unidad
H.R. Jung	LGBTQ Center
Rebekah Go	Community Advocate
Pam Riley	Commission on Aging
Pastor Terry Cropper	Bethel Baptist Church

Appendix J: Resource Guide