



Community Health Needs Assessment

FY2013-2015

September 24, 2013

EXECUTIVE SUMMARY

The Community Health Needs Assessment is a requirement of the IRS for hospitals to maintain their non-profit status. It is also a requirement that hospitals, implement a plan to address the health needs identified. Although the steering committee identified needs in 2011 and began forming sub-committees to work on these initiatives in 2012, Pennock has not been legally required to report to the IRS until the fiscal year beginning after March 23, 2012.

In spring of 2011, a Healthy Communities report was created utilizing preliminary data available for Barry County. This report provided a snapshot of the health of Barry County. Since the creation of this document, a Community Health Assessment Steering Committee was formed and participated in two, two-hour sessions to review and prioritize actions. The committee was comprised of 23 members of the community representing 24 social services, health and human service, and education sectors of Barry County. The committees evaluated the data and chose the areas that the hospital and community could focus on. Several points were made, as many of the members are routinely involved in collection of community data and implementation of programming. There was much discussion regarding the focus on chronic disease outcomes as a goal and the corresponding behaviors that affect chronic disease. The committee chose to keep the focus simple and set short-term and long-term goals to be successful. Short-term goals may focus on awareness and participation in activities that target the chosen area(s) of focus and are measureable in one to three years. Long-term goals would be measured in chronic disease impact and could take up to ten years to see results. The Affordable Care Act is based on prevention versus treatment, which coincides with the Governor's focus. After review of existing secondary data, lengthy discussion and input from the steering committee members, three areas of focus were identified. Those areas were chosen based on their long-term affect on prevention of chronic disease and conditions and the areas included obesity, smoking, and access to clinical care.

Initiatives identified in 2011 were reaffirmed through a pulse survey conducted by Healthstream, pulse surveys through Pennock's Healthy Generations magazine readership, the B.Healthy Coalition (obesity), Barry County Tobacco Coalition members, and the Access to Care Taskforce, as well as at the at the 2012 Health Summit. The three sub-committees of Obesity, Tobacco, and Access encompass representation from the groups that were part of the 2011 CHNA Steering Committee.

I. Introduction

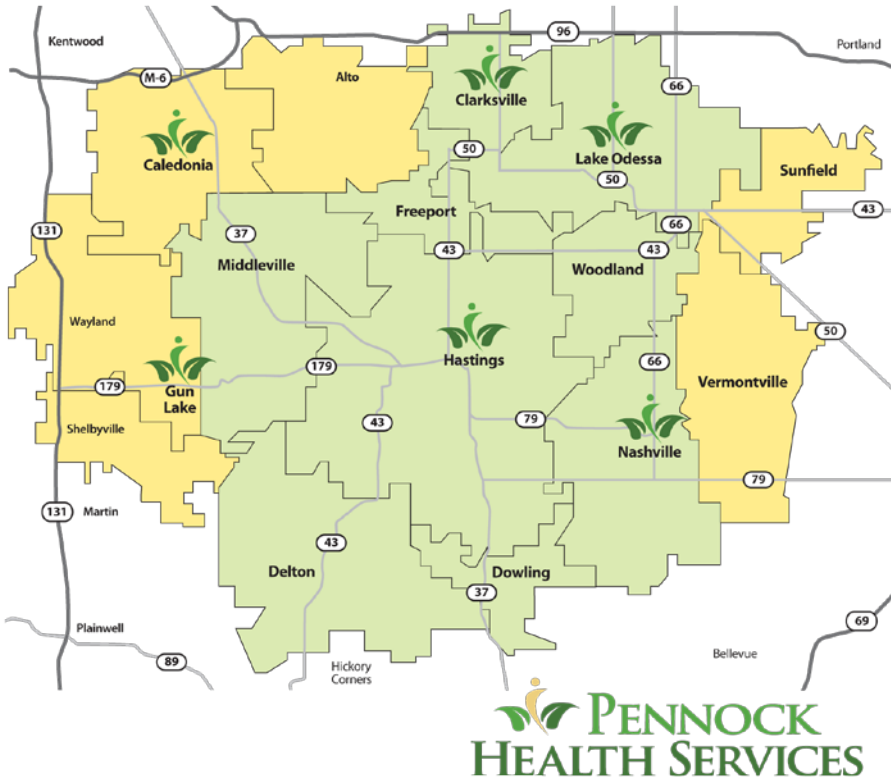
Pennock Hospital is a 49-bed, rural community hospital located in the county seat of Barry County, Hastings. Pennock has been serving the residents of Barry County for 90 years providing general acute care. Hastings is located equidistant from Kalamazoo, Grand Rapids, and Battle Creek. Pennock Health Services operates the only urgent care centers in Barry County and all physicians practicing in Barry County are affiliated with Pennock Health Services. In 2012, Pennock Hospital had 2,493 admissions, 17,751 emergency department visits, 13,581 patients treated in urgent care, patients treated, 322 Babies delivered in 2013, 15,077 home care and hospice visits, 338,259 lab tests, 28,092 physical rehabilitation visits, 1,426 health and wellness center memberships, 47,947 imaging exams, 3,289 surgeries performed, and 19,837 Pennock Physician Network office visits. It is the second largest employer in Barry County and the largest employer in Hastings with just nearly 600 employees. Pennock has relationships with tertiary facilities to bring services to Hastings that cannot be supported alone. Pennock's medical staff includes 74 physicians, both employed and independent, and 16 mid-level providers (Nurse Practitioners and Physician Assistants). Employed physicians are part of the Pennock Physician Network (PPN). The network was established in 2011 and consists of five primary care physicians, three general surgeons, one gynecologist, and two mid-level providers.

New federal requirements through the enactment of the Patient Protection and Affordable Care Act (PPACA) mandate IRS requirements for hospital. These requirements include conducting a Community Health Needs Assessment (CHNA) and the adoption of an implementation plan. These two components are reported on the hospitals' Schedule H 990. These requirements went into effect for the taxable year beginning after March 23, 2013. Failure to comply with these new requirements could lead to a \$50,000 excise tax and place the hospital in jeopardy of losing its tax-exempt status.

To meet this new requirement, Pennock Hospital in coordination with the Barry Eaton District Health Department and 19 individuals who represented 22 health, human service, education, and governmental agencies created the Community Health Needs Assessment Steering Committee. This group represented a diverse cross-section of Barry County, the area served by Pennock Health Services. This was a collaboration incorporated the collaborative community voice.

II. Population Service Area Defined

With 80 % of Pennock’s patient population coming from Barry County, the geographic area for the assessment is defined as those zip codes within Barry County. The areas included are Freeport, Woodland, Middleville, Hastings, Nashville, Delton, and Dowling.



| Zip Code | City |
|----------|-------------|
| 49302 | Alto |
| 49316 | Caledonia |
| 48815 | Clarksville |
| 48849 | Lake Odessa |
| 49997 | Woodland |
| 49073 | Nashville |
| 49050 | Dowling |
| 49058 | Hastings |
| 49046 | Delton |
| 49344 | Shelbyville |
| 49348 | Wayland |
| 49325 | Freeport |
| 49333 | Middleville |

II. Demographic Profile

Barry County is quite homogeneous with the population being mainly Caucasian and almost equally split between male and female adults. The average household income is \$60,674. Ninety-percent of the population has a high school or college degree being split almost equally between high school, some college or associate degree, and bachelor's degree or greater. Population growth is projected at 2.2 percent with the majority of the population growth being in the category of 55 years and older. As you review the population change by zip code, you will see that Middleville has the greatest growth opportunity followed by Hastings and then Nashville. Hastings is still the largest overall population.

The largest volumes of discharged inpatients (55% age 55+) are Adult General Medicine, Orthopedics, Pulmonary; all related to Pennock's higher volume of senior patients followed by Obstetrics Delivered, and Cardiovascular Disease.

Currently, Barry County has 6,271 uninsured persons.

(89%) of the uninsured in Barry County are adults aged 18-64.

there are 8,445 Medicaid participants in Barry County

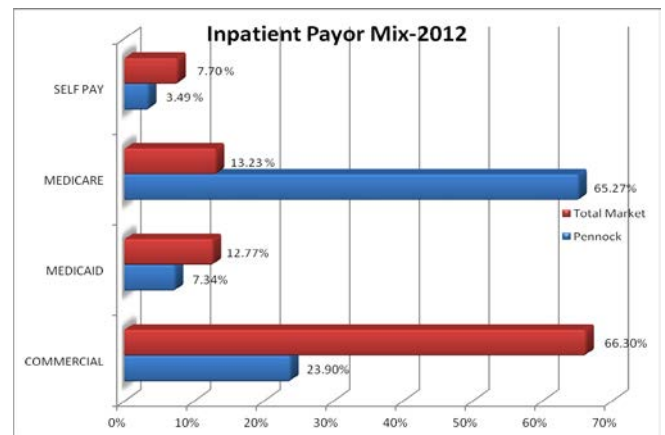
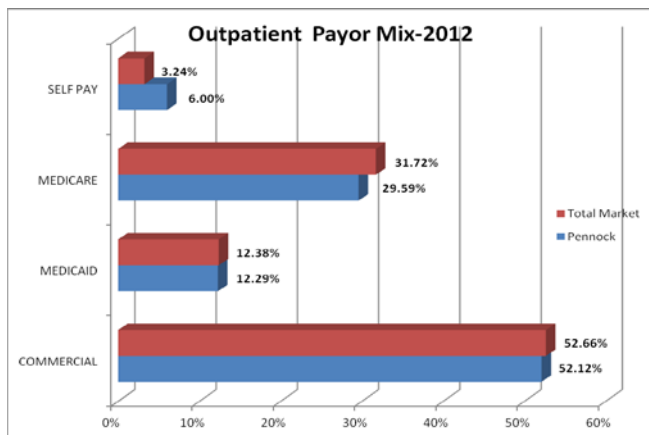
Approximately 600 uninsured persons in Barry County access care through the Barry-Eaton Health Plan

About 550 unique patients per year seek care through the Barry County Free Clinic. They performed 850 medical clinic visits and 150 dental visits in 2013.

Pennock Inpatient Payor Mix

(Source: Truven Health, Market Expert state database, Pennock Meditech)

Below highlights the inpatient payor mix for both Pennock and the market as a whole. The largest share of insurance payments come to Pennock from Medicare, Blue Cross/Commercial, and Medicaid, with Pennock's mix being dramatically higher than the market as a whole for Medicare.



Pennock Outpatient Payor Mix

(Source: Truven Health, Market Expert state database, Pennock Meditech)

Below highlights the outpatient payor mix for both Pennock and the market as a whole. The largest share of insurance comes from Commercial and Medicare followed by Medicare.

III. Establishing CHNA Infrastructure and partnerships

Pennock Hospital is located in a rural county and although the closest hospital is 35-miles away, there are other healthcare resources that help fill gaps in care. These entities include both independent and Pennock employed physician offices, the Barry Community Free Clinic, Health Connections Clinic (now and FQHC), and Pennock Urgent Care Center.

The infrastructure used for the CHNA Steering Committee was created through a collaboration between Pennock Hospital, the Barry Eaton District Health Department and other existing community partners. The composition was such that it was a broad-based representation from the community, including the most vulnerable and lower socio-economic status. Third party facilitation was not utilized. Organizations working in partnership and representing the broad interests of Barry County included:

- Pennock Hospital
- Pennock Hospice
- Pennock Homecare
- Barry Eaton District Health Dept.
- Barry Community Foundation
- Barry Community Free Clinic
- Barry Intermediate School District
- Barry County United Way
- Great Start Collaborative
- Pennock Health and Wellness
- Pennock Medical Staff
- Barry Substance Abuse & Prevention
- Thornapple Kellogg School District
- Hastings School District
- City of Hastings
- Tobacco Reduction Coalition
- Commission on Aging
- Region 3B Area Agency on Aging
- Thornapple Manor ECF
- Barry County Business Health Coalition
- YMCA of Barry County
- MSU Extension
- Mental Health
- Barry County Home Town Partners

Who was involved?

| Member | Area of Representation |
|---------------------|--|
| Jacqui McLean | Great Start/Community Garden/Tobacco Coalition/City of Hastings |
| Tamah Goul | Barry Eaton District Health Department |
| Colette Scrimger | Barry Eaton District Health Department /Health Connections Clinic |
| Jeff Jennette | Barry ISD |
| Barbara Toshalis | Stillpoint Services (mental health and rehabilitation) |
| Kimberly Norris, MD | Physician, Barry Eaton Health Plan |
| Tom Wilt | YMCA of Barry County |
| Lani Forbes | BC United Way |
| Brent Webb | Pennock Health Services (Health & Wellness/Rehab Services) |
| Tammy Pennington | Commission on Aging |
| Robert Schirmer, MD | Barry Eaton District Health Department/Barry Community Free Clinic |
| Janine Dalman | Pennock Health Services (Marketing & Foundation) |
| Julie Guenther | Great Start Collaborative/ Barry ISD |
| John Hart | City of Hastings |
| Fred Jacobs | JAd Graphics/Business Healthcare Coalition |
| Bonnie Hildreth | Barry Community Foundation/Pennock Trustee |
| Donna Garrison | Barry Community Free Clinic |
| Gary Rider | Thornapple Kellogg School System |
| Debbie Glumm | Hospice and Homecare |
| Liz Lenz | Barry Substance Abuse |
| Lyn Briel | Thornapple Manor (Rehabilitation and Extended Care Facility) |
| Karla Fales | Region 3B Area Agency on Aging |
| David Parker, MD | Hastings Internal Medicine and Barry Community Free Clinic |

IV. Leadership and Oversight

- **CHNA Leadership.** The Steering Committee was lead by the Executive Director of Marketing and the Deputy Health Officer for the Barry Eaton District Health Department.
- **Board, Senior Leadership, and Medical Staff Input and Engagement.** Senior Leadership received updates through regularly scheduled meetings. Medical Staff was engaged by taking an active role in the steering committee. As part of our strategic goals, there was also medical staff representation on each of the priority areas identified. Board of Trustee are updated quarterly by the CEO and annually by the director of marketing.
- **Approval of the Board of Trustees.** Board of Trustees reviewed and endorsed the priority areas chosen by the Steering Committee and implementation plan.
- **Priority Leadership.** For each of the areas identified as a priority, a lead person was identified if it was not already existing.
- **Oversight and Advice Regarding Schedule H criteria.** The Director of Finance provided oversight and advice was sought through Michigan Health and Hospital Association.

V. Defining the Purpose and Scope

The purpose of the assessment was to provide a baseline of health information where progress can be measured against. This is accomplished through prioritization based on the health needs of the population served. Once priorities were established an implementation plan is created to address the priorities and the hospital is charged with building capacity through by incorporating a focus on priorities into existing programs. The scope of the assessment included all Barry County residents served by Pennock Health Services, with an emphasis on children and the underserved.

VI. Conducting the Assessment

The Steering Committee reviewed existing secondary data and collected primary data via telephone surveys and individual interviews. Data review occurred in a series of meeting where members were encouraged in addition to reviewing the data to identify gaps and responses on behalf of the population they represented.

After review of existing secondary data, lengthy discussion and input from the steering committee members, three areas of focus were identified. Those areas included obesity, smoking, and access to clinical care.

A Healthy Communities report was created in the spring of 2011 utilizing preliminary data available for Barry County to give a snapshot of the health of Barry County. Since the creation of this document, a Community Health Assessment Steering Committee was formed and participated in two sessions to review and prioritize actions. The committee was comprised of 23 members of the community representing 24 social services, health and human service, and education sectors of Barry County. The committees evaluated the data and chose the areas that the hospital and community could focus on. Several points were made, as many of the members are routinely involved in collection of community data and implementation of programming. There was much discussion regarding the focus on chronic disease outcomes as a goal and the corresponding behaviors that affect chronic disease. The committee chose to keep the focus simple and set short-term and long-term goals to be successful. Short-term goals may focus on awareness and participation in activities that target the chosen area(s) of focus and are measureable in one to three years. Long-term goals would be measured in chronic disease impact and could take up to ten years to see results. The Affordable Care Act is based on prevention versus treatment, which coincides with the Governor's focus.

VII. Data Sources Utilized

A diverse group of individuals made up the composition of the Steering Committee and was used as the voice representing the broad interests of the community including those individuals who are most vulnerable. These individuals were used as the primary data source based on the needs of their clients. Secondary data was collected from MiPhy, Barry County Behavioral Risk Survey, County Rankings, national data (JAMA), Barry County Vital Statistics (MDCH), and Barry County Great Starts Collaborative survey. Once the data was collected, the Steering Committee members identified three areas of focus. Initiatives were reaffirmed through a mini community health needs survey conducted by Healthstream, pulse surveys through Healthy Generations magazine readership, Obesity Coalition, Tobacco Coalition, and Access to Care Taskforce, as well as at the 2012 Health Summit. The three sub-committees of Obesity, Tobacco, and Access encompass representation from the groups that were part of the 2011 CHNA Steering Committee.

DATA SOURCES

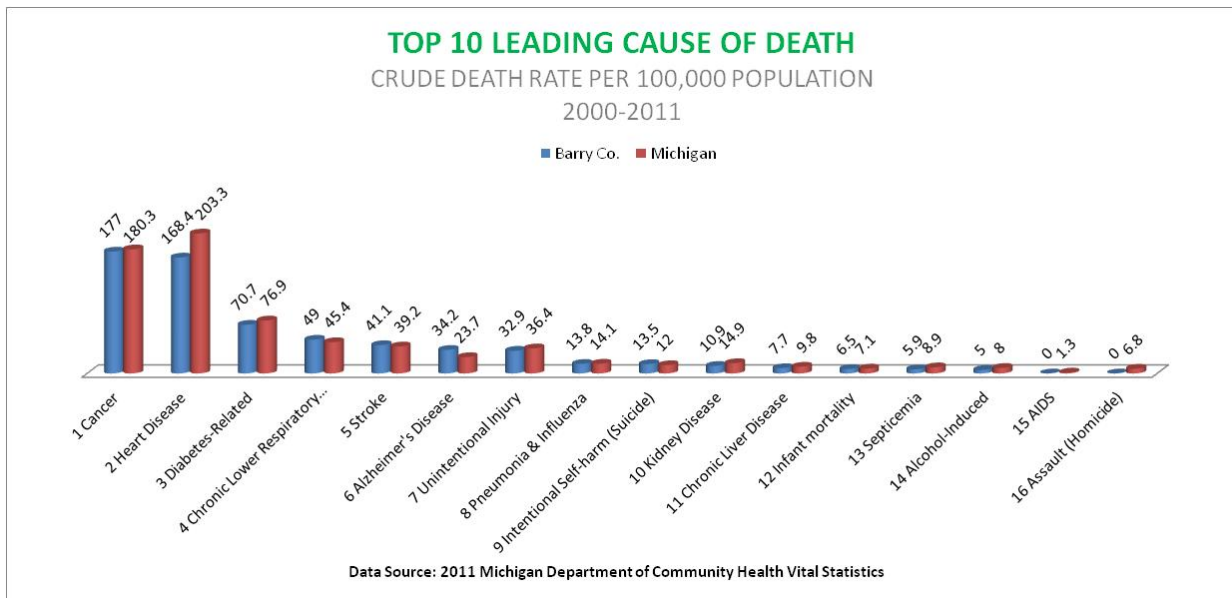
| Secondary: | Primary: |
|---|---|
| County Health Rankings | Face-to-face interviews with at risk populations receiving agency support |
| Behavioral Risk Survey 2008-2010 | Random Telephone surveys of county residents through Healthstream Analytics |
| Michigan Profile for Healthy Youth | Great Starts Collaborative Survey data |
| Thomson Reuters population forecast | Direct mail pulse surveys through Pennock Healthy Generation Magazine |
| Insurance coverage statistics (Pennock, Truven Health Analytics, BEDHD) | 2012 Barry County Health Summit |
| Physician Needs Assessment (3 rd party survey) | |

VIII. Selecting Priorities

There were 46 indicators of health identified. Selecting priorities was framed with the intent that another group was not already addressing priorities. When evaluating the cause of death in Barry County and determinants of health, the steering committee felt strongly that in order to make sustainable health improvement that focus needed to be placed on behavior. And although community surveys noted heart and cancer as being large health concerns, obesity, smoking, lack of enough healthcare providers and lack of providers accepting Medicaid were also identified. To address those chronic diseases, three areas were prioritized for improvement. Those areas were obesity, smoking, and access to clinical care. Selection and prioritization was based on severity, ability to have greatest impact, and a service not already addressed by another agency. A simple process of elimination and majority vote were used to prioritize needs.

a) Areas not addressed:

The top ten leading causes of death in Barry County are shown in the chart below. Disease state or cause of death were not chosen because of the focus on prevention of chronic disease through changing behaviors and preventing illness. Additionally, Pennock Health Services expanded nephrology, offers diabetic education and health coaches to address health behaviors and management, and all Pennock Physician Network clinics and most of the physician offices are Patient Centered Medical Home (PCMH) designated where they have a strong focus on prevention and disease management. In 2012, Pennock brought dialysis services to Barry County. Pennock is expanding heart and vascular services, and has a strategic initiative already in place to expand cancer services. Tobacco use reduction has a coalition working on this initiative; the steering committee felt it needed a stronger partnership with Pennock. Barry Substance Abuse Taskforce addresses alcohol and drug use. Pennock aids in awareness and the Pennock Foundation provides some funding. In addition, a group has formed to reduce suicide. Pennock and the Pennock Foundation assist with resource awareness and funding.



b) Access to Health Care

Barry County has a safety net of care through the Barry Free Clinic and Health Connections Clinic, but that net is not large enough as individuals are still in need of care. Based on their socio-economic situation, they do not have the means receive care they need. Barry is a rural county that is not deemed sick enough or poor enough to received federal funding. In 2014 with Affordable Care Act, the Healthy Connections Clinic will lose a major source of funding and will become inoperable on its own. Currently, the Barry Free Clinic serves those individuals who do not have insurance and do not meet the income requirements to receive Medicaid or Barry Eaton Health Plan insurance yet are considered low income. The remaining patients seek care at Pennock Hospital's emergency department or urgent care. Additionally, a survey conducted by the Halley Consulting Group noted physician shortages in primary care for Barry County. The 2013 County Health Rankings reported that in Barry County the ratio of patients to primary care physician was 2,812:1. Top U.S. performers are 1,067:1.

c) Obesity

The overarching goal of the B. Healthy Coalition is to reduce the obesity rate among Barry County residents to be at or lower than State of Michigan average according to the County Health Rankings. At the time of the assessment, County Health Rankings listed 36 % Barry County adults obese. This is higher than the national average of 25% and 32% for Michigan. MiPhy data was used to determine obesity and overweight in kids. 16% seventh graders were considered obese and 14.9% were considered overweight. 15.8% of ninth graders were obese and 18.8% overweight. 13.5% eleventh graders were obese and 15.9% were overweight.

d) Tobacco Reduction

Tobacco reduction was chosen due to the high rates of smokers and its high correlation to chronic lower respiratory disease, cancer, heart disease, stroke, and infant death. Although there is a fully formed tobacco reduction coalition in Barry County, the steering committee felt that the coalition needed the strength of the hospital to help the coalition to help push their policy driven approach to change throughout Barry County communities. According to a survey conducted by Barry County Great Starts Collaborative, 17.8% of women who smoked while pregnant, 25% of all adults in Barry County are smokers, and 50% of high school students are exposed to second hand smoke on a regular basis. According to County Health Rankings, the national average for adult smoking is 13% and Michigan is 20%.

IX. Communicating Results

Preliminary results were communicated at a high level via newspaper, community presentations (Barry County Health Summit and service clubs) and as published in our report to the community “Healthy Communities,” which highlights those areas of concern and some of the initiatives going on to help address the issues. This is made available in print and on line at www.pennockhealth.com and through partner agencies.

X. Implementation Plan



2014 – 2016 Pennock Hospital Implementation Plan Logic Model: Access to Care

| Problem Statement | | | |
|--|---|---|--|
| Problem | Reasons for this problem | How will it be addressed? | What Pennock and Community strategies will be implemented? |
| <p>Barry County ranks 35 in clinical care.</p> <p>The patient to primary care physician ratio of 2,812:1, which is over twice the ration in Michigan and nearly 3 times higher than the national benchmark.</p> <p>Dental care is also an issue with the patient to provider ratio at 3,978:1</p> <p>The Patients are using the emergency department and urgent care center for dental care</p> <p>Pennock ranks 74 out of 82 counties for Preventable Hospital Stays. The national benchmark is 47.</p> <p>Medicaid expansion in 2014 will only increase the volume of newly insured patients trying to get care. Demand will continue to exceed supply and utilization rates for the emergency department will be the default for those patients seeking care.</p> | <p>National shortage in primary care providers</p> <p>Of those physicians we do have, most are at capacity for their ability to accept Medicaid</p> <p>Difficulties in recruiting physicians to Barry County most are looking for a large tertiary system out of school.</p> <p>Rural setting and lack of transportation</p> <p>Lack of dental insurance Only one clinic provides dental care to indigent and there are not enough dentists or hours to provide enough care for this population of uninsured. Those dentists are only providing basic care. There is a clinic in Eaton County that can be accessed, but transportation becomes an issue</p> <p>Preventable hospital stays are due to a lack of primary care clinics to help manage patient health prior to becoming chronic</p> | <p>Decrease patient to physician ratios by continuing to strengthen physician recruitment efforts</p> <p>Educate the community as to why there will still be a shortage even after Medicaid expansion</p> <p>Provide community education for businesses, navigators, and public as necessary to aid in Medicaid enrollment</p> <p>Develop a patient navigator tool for social workers aiding those individuals seeking care and payment sources</p> | <p>Work to secure Health Connections Clinic to become an Federally Qualified Healthcare Clinic or develop a creative solution to fund clinic operations outside of federal funding</p> <p>Recruit additional physicians and expand advance practice practitioners</p> <p>Continuation of Patient Centered Medical Home designation processes in all clinics and assist other non-employed physicians to implement the protocols</p> <p>Expand use of health coaches to prevent admissions</p> <p>Expand EMR to support patient portal for improved access to Pennock Physician Network patients and their care team.</p> <p>Support efforts to build case statement used in funding efforts of Health Connections Clinic for Medicaid patients</p> <p>Addition of clinics to serve areas of the county where there is market demand Ensure Pennock has educated social workers and Certified Access Coordinator(s) to assist</p> |

| | | | |
|--|--|--|--|
| | | | <p>patients in finding the insurance resources they need</p> <p>Continue outreach through health fairs (blood pressure, blood sugar, and flu shot clinics)</p> |
|--|--|--|--|



2014-2016 Pennock Hospital Implementation Plan Logic Model: Obesity

| Problem Statement | | | |
|---|---|---|--|
| Problem | Reasons for this problem | How will it be addressed? | What Pennock and Community strategies will be implemented? |
| <p>Barry County ranks 64 out of 82 counties for poor health behaviors</p> <p>36% of adults 18 and over are considered overweight or obese</p> <p>An average of 15.1% of the combined 7th, 9th, and 11th graders self report being obese</p> <p>An average of 16.53% of the combined 7th, 9th, and 11th graders self report being over weight</p> <p>Nearly 30 % of 7th and 9th graders and 25% 11th graders drink at least 1 soda or pop per day</p> | <p>Inadequate physical activity</p> <p>Lack of access to recreational facilities</p> <p>Lack of education healthy foods</p> | <p>Increase awareness of healthy and positive food/activity choices to those who live, work, and play in Barry County, MI.</p> <p>Institute a plan to develop and implement a comprehensive policy driven approach to affect positive change.</p> <p>Provide tools and resources to improve understanding and capacity around policy and environmental change.</p> <p>Increase physical activity levels in Barry County, MI</p> <p>Continue to maintain and further develop a local coalition to address obesity prevention and secure funding for B. Healthy strategies in Barry County</p> <p>Promote walking routes and other community opportunities for physical activity in Barry County.</p> <p>Work with local government</p> | <p>Pennock is the largest employer in Hastings and the second largest in Barry County. Pennock will demonstrate effective use of policy and environmental change to model health improvement and make an impact on a large segment of the population.</p> <p>Bring locally grown produce into the cafeteria, increase the number of healthier dietary choices, and decrease the number of processed foods available for employees, patients, and visitors in coordination with the MHA Healthy Food Hospitals Program.</p> <p>Continue onsite farmer's market</p> <p>Implement at your request food service for employees and visitors</p> <p>Support and promote community activities that promote physical activity and healthy eating</p> |

| | | | |
|--|--|--|--|
| | | <p>and businesses to adopt resolutions and policy to eliminate sugar sweetened beverages</p> <p>Implementation of 5-2-1-0 activity and nutrition program</p> | <p>Nutritional counseling in schools</p> <p>Community diabetic education</p> <p>Support policy change to improve health and an active lifestyle</p> <p>Provide education to other businesses to aid in health improvement efforts or to develop a health improvement plan with staff</p> <p>Provide resources for community education in relationship to healthy eating, physical activity and diabetes</p> <p>Evaluate ways to bring programming that aids in reduction of obesity</p> <p>Support the activities of the B.Healthy Coalition against obesity and 5-2-1-0 program</p> |
|--|--|--|--|

Tobacco Reduction

| 2014-2016 Pennock Hospital Implementation Plan Logic Model: Tobacco Reduction | | | |
|--|---|---|--|
| Problem Statement | | | |
| Problem | Reasons for this problem | How will it be addressed? | What Pennock and Community strategies will be implemented? |
| <p>23% adults smoke</p> <p>19% of pregnant women smoke</p> <p>50% of High School students are exposed to second hand smoke</p> <p>18% students smoke</p> | <p>Lack of policy to prevent exposure to second hand smoke</p> <p>Lack of resources to quit</p> | <p>Education</p> <p>Work with government and local business to adopt tobacco free policies</p> <p>Support increased excise tax on cigarette sales</p> | <p>Support the activities of the local coalition that include reduction of maternal smoking and to create smoke-free parks and beaches</p> <p>Provide patient education on quitting tobacco use</p> <p>Support local policy to make environmental change</p> <p>Bedside patient education</p> <p>Implement EMR Quit line</p> |

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|--|--|--|---|
| | | | connect Continue with maternal smoking education |
|--|--|--|---|