Allegan General Hospital

Allegan, Michigan

Community Health Needs Assessment and Implementation Strategy

Adopted by Board Resolution July 25, 2016

1Response to Schedule h (Form 990) Part V B 4 & Schedule h (Form 990) Part V B 9
Dear Community Member:

At Allegan General Hospital (AGH), we have spent more than 75 years providing high-quality compassionate healthcare to the greater Allegan community. The “2016 Community Health Needs Assessment” identifies local health and medical needs and provides a plan of how AGH will respond to such needs. This document suggests areas where other local organizations and agencies might work with us to achieve desired improvements and illustrates one way we, AGH, are meeting our obligations to efficiently deliver medical services.

In compliance with the Affordable Care Act, all not-for-profit hospitals are now required to develop a report on the medical and health needs of the communities they serve. We welcome you to review this document not just as part of our compliance with federal law, but of our continuing efforts to meet your health and medical needs.

AGH will conduct this effort at least once every three years. The report produced three years ago is also available for your review and comment. As you review this plan, please see if, in your opinion, we have identified the primary needs of the community and if you think our intended response will lead to needed improvements.

We do not have adequate resources to solve all the problems identified. Some issues are beyond the mission of the hospital and action is best suited for a response by others. Some improvements will require personal actions by individuals rather than the response of an organization. We view this as a plan for how we, along with other area organizations and agencies, can collaborate to bring the best each has to offer to support change and to address the most pressing identified needs.

The report is a response to a federal requirement of not-for-profit hospitals to identify the community benefit they provide in responding to documented community need. Footnotes are provided to answer specific tax form questions; for most purposes, they may be ignored. Most importantly, this report is intended to guide our actions and the efforts of others to make needed health and medical improvements in our area.

I invite your response to this report. As you read, please think about how to help us improve health and medical services in our area. We all live in, work in, and enjoy this wonderful community together. Together, we can make our community healthier for every one of us.

Thank You,

Gerald Barbini
Chief Executive Officer
Allegan General Hospital
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EXECUTIVE SUMMARY
EXECUTIVE SUMMARY

Allegan General Hospital ("AGH" or the "Hospital") has performed a Community Health Needs Assessment to determine the health needs of the local community, develop an implementation plan to outline and organize how to meet those needs, and fulfill federal requirements.

Data was gathered from multiple well-respected secondary sources to build an accurate picture of the current community and its health needs. A survey of a select group of Local Experts was performed to review the prior CHNA and provide feedback, and to ascertain whether the previously identified needs are still a priority. A second survey was distributed to the same group that reviewed the data gathered from the secondary sources and determined the Significant Health Needs for the community.

The Significant Health Needs for Allegan County are:

1. Mental Health/Suicide
2. Primary Care
3. Palliative Care
4. Affordability/Accessibility
5. Urgent Care
6. Healthy Lifestyle

The Hospital has developed implementation strategies for five of the six needs (Mental Health/Suicide, Primary Care, Affordability/Accessibility, Urgent Care, and Healthy Lifestyle) including activities to continue/pursue, community partners to work alongside, and leading and lagging indicators to track.
APPROACH
**APPRAOCH**

Allegan General Hospital is organized as a not-for-profit hospital. A Community Health Needs Assessment (CHNA) is part of the required hospital documentation of “Community Benefit” under the Affordable Care Act (ACA), required of all not-for-profit hospitals as a condition of retaining tax-exempt status. A CHNA assures AGH identifies and responds to the primary health needs of its residents.

This study is designed to comply with standards required of a not-for-profit hospital. Tax reporting citations in this report are superseded by the most recent 990 filings made by the hospital.

In addition to completing a CHNA and funding necessary improvements, a not-for-profit hospital must document the following:

- Financial assistance policy and policies relating to emergency medical care
- Billing and collections
- Charges for medical care

Further explanation and specific regulations are available from Health and Human Services (HHS), the Internal Revenue Service (IRS), and the U.S. Department of the Treasury.

**Project Objectives**

AGH partnered with Quorum Health Resources (Quorum) to:

- Complete a CHNA report, compliant with Treasury – IRS
- Provide the Hospital with information required to complete the IRS – 990h schedule
- Produce the information necessary for the Hospital to issue an assessment of community health needs and document its intended response

**Overview of Community Health Needs Assessment**

Typically, non-profit hospitals qualify for tax-exempt status as a Charitable Organization, described in Section 501(c)(3) of the Internal Revenue Code; however, the term 'Charitable Organization' is undefined. Prior to the passage of Medicare, charity was generally recognized as care provided to the less fortunate who did not have means to pay. With the introduction of Medicare, the government met the burden of providing compensation for such care.

In response, IRS Revenue ruling 69-545 eliminated the Charitable Organization standard and established the Community Benefit Standard as the basis for tax-exemption. Community Benefit determines if hospitals promote the health of a broad class of individuals in the community, based on factors including:

- An Emergency Room open to all, regardless of ability to pay

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2 Federal Register Vol. 79 No. 250, Wednesday December 31, 2014. Part II Department of the Treasury Internal Revenue Service 26 CFR Parts 1, 53, and 602
3 As of the date of this report all tax questions and suggested answers relate to 2014 Draft Federal 990 schedule h instructions i990sh—dft(2) and tax form
4 Part 3 Treasury/IRS – 2011 – 52 Section 3.03 (2) third party disclosure notice & Schedule h (Form 990) V B 6 b
• Surplus funds used to improve patient care, expand facilities, train, etc.
• A board controlled by independent civic leaders
• All available and qualified physicians granted hospital privileges

Specifically, the IRS requires:

• Effective on tax years beginning after March 23, 2012, each 501(c)(3) hospital facility is required to conduct a CHNA at least once every three taxable years and to adopt an implementation strategy to meet the community needs identified through such assessment.

• The assessment may be based on current information collected by a public health agency or non-profit organization and may be conducted together with one or more other organizations, including related organizations.

• The assessment process must take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge or expertise of public health issues.

• The hospital must disclose in its annual information report to the IRS (Form 990 and related schedules) how it is addressing the needs identified in the assessment and, if all identified needs are not addressed, the reasons why (e.g., lack of financial or human resources).

• Each hospital facility is required to make the assessment widely available and downloadable from the hospital website.

• Failure to complete a CHNA in any applicable three-year period results in an excise tax to the organization of $50,000. For example, if a facility does not complete a CHNA in taxable years one, two, or three, it is subject to the penalty in year three. If it then fails to complete a CHNA in year four, it is subject to another penalty in year four (for failing to satisfy the requirement during the three-year period beginning with taxable year two and ending with taxable year four).

• An organization that fails to disclose how it is meeting needs identified in the assessment is subject to existing incomplete return penalties.5

Community Health Needs Assessment Subsequent to Initial Assessment

The Final Regulations establish a required step for a CHNA developed after the initial report. This requirement calls for considering written comments received on the prior CHNA and Implementation Strategy as a component of the development of the next CHNA and Implementation Strategy. The specific requirement is:

“The 2013 proposed regulations provided that, in assessing the health needs of its community, a hospital facility must take into account input received from, at a minimum, the following three sources:

(1) At least one state, local, tribal, or regional governmental public health department (or equivalent department or agency) with knowledge, information, or expertise relevant to

5 Section 6652
the health needs of the community;

(2) members of medically underserved, low-income, and minority populations in the community, or individuals or organizations serving or representing the interests of such populations; and

(3) written comments received on the hospital facility’s most recently conducted CHNA and most recently adopted implementation strategy.⁶

...the final regulations retain the three categories of persons representing the broad interests of the community specified in the 2013 proposed regulations but clarify that a hospital facility must “solicit” input from these categories and take into account the input “received.” The Treasury Department and the IRS expect, however, that a hospital facility claiming that it solicited, but could not obtain, input from one of the required categories of persons will be able to document that it made reasonable efforts to obtain such input, and the final regulations require the CHNA report to describe any such efforts.”

Representatives of the various diverse constituencies outlined by regulation to be active participants in this process were actively solicited to obtain their written opinion. Opinions obtained formed the introductory step in this Assessment.

To complete a CHNA:

“... the final regulations provide that a hospital facility must document its CHNA in a CHNA report that is adopted by an authorized body of the hospital facility and includes:

(1) A definition of the community served by the hospital facility and a description of how the community was determined;

(2) a description of the process and methods used to conduct the CHNA;

(3) a description of how the hospital facility solicited and took into account input received from persons who represent the broad interests of the community it serves;

(4) a prioritized description of the significant health needs of the community identified through the CHNA, along with a description of the process and criteria used in identifying certain health needs as significant and prioritizing those significant health needs; and

(5) a description of resources potentially available to address the significant health needs identified through the CHNA.

...final regulations provide that a CHNA report will be considered to describe the process and methods used to conduct the CHNA if the CHNA report describes the data and other information used in the assessment, as well as the methods of collecting and analyzing this data and information, and identifies any parties with whom the hospital facility collaborated, or with whom it contracted for assistance, in

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⁶ Federal Register Vol. 79 No. 250, Wednesday December 31, 2014. Part II Department of the Treasury Internal Revenue Service 26 CFR Parts 1, 53, and 602 P. 78963 and 78964
conducting the CHNA.”

Additionally, a CHNA developed subsequent to the initial Assessment must consider written commentary received regarding the prior Assessment and Implementation Strategy efforts. We followed the Federal requirements in the solicitation of written comments by securing characteristics of individuals providing written comment but did not maintain identification data.

“...the final regulations provide that a CHNA report does not need to name or otherwise identify any specific individual providing input on the CHNA, which would include input provided by individuals in the form of written comments.”

Quorum takes a comprehensive approach to the solicitation of written comments. As previously cited, we obtained input from the required three minimum sources and expanded input to include other representative groups. We asked all participating in the written comment solicitation process to self-identify themselves into any of the following representative classifications, which is detailed in an Appendix to this report. Written comment participants self-identified into the following classifications:

(1) **Public Health** – Persons with special knowledge of or expertise in public health

(2) **Departments and Agencies** – Federal, tribal, regional, State, or local health or other departments or agencies, with current data or other information relevant to the health needs of the community served by the hospital facility

(3) **Priority Populations** – Leaders, representatives, or members of medically underserved, low income, and minority populations, and populations with chronic disease needs in the community served by the hospital facility. Also, in other federal regulations the term Priority Populations, which include rural residents and LGBT interests, is employed and for consistency is included in this definition

(4) **Chronic Disease Groups** – Representative of or member of Chronic Disease Group or Organization, including mental and oral health

(5) **Broad Interest of the Community** – Individuals, volunteers, civic leaders, medical personnel and others to fulfill the spirit of broad input required by the federal regulations

**Other (please specify)**

Quorum also takes a comprehensive approach to assess community health needs. We perform several independent data analyses based on secondary source data, augment this with Local Expert Advisor opinions, and resolve any data inconsistency or discrepancies by reviewing the combined opinions formed from local experts. We rely on secondary source data, and most secondary sources use the county as the smallest unit of analysis. We asked our local expert area residents to note if they perceived the problems or needs identified by secondary sources existed in their portion of the

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7 Federal Register Op. cit. P 78966 As previously noted the Hospital collaborated and obtained assistance in conducting this CHNA from Quorum Health Resources (QHR). & Response to Schedule h (Form 990) B 6 b

8 Federal Register Op. cit. P 78967 & Response to Schedule h (Form 990) B 3 h

9 “Local Expert” is an advisory group of at least 15 local residents, inclusive of at least one member self-identifying with each of the five QHR written comment solicitation classifications, with whom the Hospital solicited to participate in the QHR/Hospital CHNA process. Response to Schedule h (Form 990) V B 3 h
Most data used in the analysis is available from public Internet sources and Quorum proprietary data from Truven. Any critical data needed to address specific regulations or developed by the Local Expert Advisor individuals cooperating with us in this study are displayed in the CHNA report appendix.

Data sources include:

<table>
<thead>
<tr>
<th>Website or Data Source</th>
<th>Data Element</th>
<th>Date Accessed</th>
<th>Data Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><a href="http://www.countyhealthrankings.org">www.countyhealthrankings.org</a></td>
<td>Assessment of health needs of Allegan County compared to all State counties</td>
<td>January 28, 2016</td>
<td>2010 to 2012</td>
</tr>
<tr>
<td><a href="http://www.communityhealth.hhs.gov">www.communityhealth.hhs.gov</a></td>
<td>Assessment of health needs of Allegan County compared to its national set of “peer counties”</td>
<td>January 28, 2016</td>
<td>2005 to 2011</td>
</tr>
<tr>
<td>Truven (formerly known as Thompson) Market Planner</td>
<td>Assess characteristics of the hospital’s primary service area, at a zip code level, based on classifying the population into various socio-economic groups, determining the health and medical tendencies of each group and creating an aggregate composition of the service area according to the proportion of each group in the entire area; and, to access population size, trends and socio-economic characteristics</td>
<td>May 4, 2016</td>
<td>2012 to 2015</td>
</tr>
<tr>
<td><a href="http://www.capc.org">www.capc.org</a> and <a href="http://www.getpalliativecare.org">www.getpalliativecare.org</a></td>
<td>To identify the availability of Palliative Care programs and services in the area</td>
<td>January 28, 2016</td>
<td>2015</td>
</tr>
<tr>
<td><a href="http://www.caringinfo.org">www.caringinfo.org</a> and iweb.nhpco.org</td>
<td>To identify the availability of hospice programs in the county</td>
<td>January 28, 2016</td>
<td>2015</td>
</tr>
<tr>
<td><a href="http://www.healthmetricsandevaluation.org">www.healthmetricsandevaluation.org</a></td>
<td>To examine the prevalence of diabetic conditions and change in life expectancy</td>
<td>January 28, 2016</td>
<td>2000 to 2010</td>
</tr>
<tr>
<td><a href="http://www.cdc.gov">www.cdc.gov</a></td>
<td>To examine area trends for heart disease and stroke</td>
<td>January 28, 2016</td>
<td>2008 to 2010</td>
</tr>
</tbody>
</table>

10 Response to Schedule h (Form 990) Part V B 3 i
11 The final regulations clarify that a hospital facility may rely on (and the CHNA report may describe) data collected or created by others in conducting its CHNA and, in such cases, may simply cite the data sources rather than describe the “methods of collecting” the data. Federal Register Op. cit. P 78967 & Response to Schedule h (Form 990) Part V B 3 d
Federal regulations surrounding CHNA require local input from representatives of particular demographic sectors. For this reason, Quorum developed a standard process of gathering community input. In addition to gathering data from the above sources:

- We deployed a CHNA “Round 1” survey to our Local Expert Advisors to gain input on local health needs and the needs of priority populations. Local Expert Advisors were local individuals selected according to criteria required by the Federal guidelines and regulations and the Hospital’s desire to represent the region’s geographically and ethnically diverse population. We received community input from 22 Local Expert Advisors. Survey responses started February 12, 2016 and ended with the last response on February 28, 2016.

- Information analysis augmented by local opinions showed how Allegan County relates to its peers in terms of primary and chronic needs and other issues of uninsured persons, low-income persons, and minority groups. Respondents commented on whether they believe certain population groups (“Priority Populations”) need help to improve their condition, and if so, who needs to do what to improve the conditions of these groups.  

- Local opinions of the needs of Priority Populations, while presented in its entirety in the Appendix, was abstracted in the following “take-away” bulleted comments
  - Priority Populations have a barrier to adequate transportation
  - Obesity is a major problem in the community
  - Mental health services need to be expanded

When the analysis was complete, we put the information and summary conclusions before our Local Expert Advisors who were asked to agree or disagree with the summary conclusions. They were free to augment potential conclusions with additional comments of need, and new needs did emerge from this exchange. Consultation with 21 Local Experts occurred again via an internet-based survey (explained below) beginning March 21, 2016 and ending April 25, 2016.

Having taken steps to identify potential community needs, the Local Experts then participated in a structured
communication technique called a "Wisdom of Crowds" method. The premise of this approach relies on a panel of experts with the assumption that the collective wisdom of participants is superior to the opinion of any one individual, regardless of their professional credentials.\textsuperscript{15}

In the AGH process, each Local Expert had the opportunity to introduce needs previously unidentified and to challenge conclusions developed from the data analysis. While there were a few opinions of the data conclusions not being completely accurate, the vast majority of comments agreed with our findings. We developed a summary of all needs identified by any of the analyzed data sets. The Local Experts then allocated 100 points among the potential significant need candidates, including the opportunity to again present additional needs that were not identified from the data. A rank order of priorities emerged, with some needs receiving none or virtually no support, and other needs receiving identical point allocations.

We dichotomized the rank order of prioritized needs into two groups: “Significant” and “Other Identified Needs.” Our criteria for identifying and prioritizing Significant Needs was based on a descending frequency rank order of the needs based on total points cast by the Local Experts, further ranked by a descending frequency count of the number of local experts casting any points for the need. By our definition, a Significant Need had to include all rank ordered needs until at least fifty percent (50%) of all points were included and to the extent possible, represented points allocated by a majority of voting local experts. The determination of the break point — “Significant” as opposed to “Other” — was a qualitative interpretation by Quorum and the AGH executive team where a reasonable break point in rank order occurred.\textsuperscript{16}
COMMUNITY CHARACTERISTICS
Definition of Area Served by the Hospital

For the purposes of this report, AGH defines its service area as Allegan County in Michigan, which includes the following ZIP codes:

- 49010 – Allegan
- 49070 – Martin
- 49078 – Otsego
- 49080 – Plainwell
- 49323 – Dorr
- 49328 – Hopkins
- 49344 – Shelbyville
- 49348 – Wayland
- 49406 – Douglas
- 49408 – Fennville
- 49419 – Hamilton
- 49450 – Pullman
- 49453 – Saugatuck

In 2014, the Hospital received 78.7% of its patients from this area.

The map below shows Hospital’s Primary (blue) and Secondary (orange) Service Areas according to claims data.
Demographic of the Community

<table>
<thead>
<tr>
<th></th>
<th>County</th>
<th>State</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016 Population</td>
<td>99,777</td>
<td>9,926,135</td>
<td>322,431,073</td>
</tr>
<tr>
<td>% Increase/Decline</td>
<td>2.5%</td>
<td>0.6%</td>
<td>3.7%</td>
</tr>
<tr>
<td>Estimated Population in</td>
<td>102,261</td>
<td>9,982,229</td>
<td>334,341,965</td>
</tr>
<tr>
<td>Median Age</td>
<td>40.4</td>
<td>39.8</td>
<td>38.0</td>
</tr>
<tr>
<td>Median Household Income</td>
<td>$57,818</td>
<td>$50,415</td>
<td>$55,072</td>
</tr>
<tr>
<td>Unemployment Rate</td>
<td>4.0%</td>
<td>4.8%</td>
<td>5.0%</td>
</tr>
<tr>
<td>% Population &gt;65</td>
<td>15.6%</td>
<td>16.1%</td>
<td>15.1%</td>
</tr>
<tr>
<td>% Women of Childbearing</td>
<td>17.7%</td>
<td>19.0%</td>
<td>19.6%</td>
</tr>
</tbody>
</table>

20 Responds to IRS Schedule h (Form 990) Part V B 3 b
21 The tables below were created by Truven Market Planner, a national marketing company
22 All population information, unless otherwise cited, sourced from Truven (formally Thomson) Market Planner
The population was also examined according to characteristics presented in the Claritas Prizm customer segmentation data. This system segments the population into 66 demographically and behaviorally distinct groups. Each group, based on annual survey data, is documented as exhibiting specific health behaviors.

The makeup of the service area, according to the mix of Prizm segments and its characteristics, is contrasted to the national population averages to determine probable lifestyle and medical conditions present in the population. The national average, or norm, is represented as 100%. Where Allegan County varies more than 5% above or below that norm (that is, less than 95% or greater than 105%), it is considered significant.

Items in the table with red text are viewed as statistically important adverse potential findings—in other words, these are health areas that need improvement in the Allegan County area. Items with blue text are viewed as statistically important potential beneficial findings—in other words, these are areas in which Allegan County is doing better than other parts of the country. Items with black text are viewed as either not statistically different from the national norm or neither a favorable nor unfavorable finding—in other words more or less on par with national trends.
<table>
<thead>
<tr>
<th>Health Service Topic</th>
<th>Demand as % of National</th>
<th>% of Population Affected</th>
<th>Health Service Topic</th>
<th>Demand as % of National</th>
<th>% of Population Affected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weight / Lifestyle</td>
<td></td>
<td></td>
<td>Cancer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BMI: Morbid/Obese</td>
<td>103.3%</td>
<td>31.5%</td>
<td>Mammography in Past Yr</td>
<td>99.0%</td>
<td>45.1%</td>
</tr>
<tr>
<td>Vigorous Exercise</td>
<td>102.6%</td>
<td>58.6%</td>
<td>Cancer Screen: Colorectal 2 yr</td>
<td>98.7%</td>
<td>25.2%</td>
</tr>
<tr>
<td>Chronic Diabetes</td>
<td>109.9%</td>
<td>13.6%</td>
<td>Cancer Screen: Pap/Cerv Test 2 yr</td>
<td>94.6%</td>
<td>56.7%</td>
</tr>
<tr>
<td>Healthy Eating Habits</td>
<td>94.7%</td>
<td>28.1%</td>
<td>Routine Screen: Prostate 2 yr</td>
<td>98.0%</td>
<td>31.4%</td>
</tr>
<tr>
<td>Ate Breakfast Yesterday</td>
<td>100.6%</td>
<td>75.5%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Slept Less Than 6 Hours</td>
<td>105.3%</td>
<td>15.2%</td>
<td>Chronic Lower Back Pain</td>
<td>108.8%</td>
<td>25.6%</td>
</tr>
<tr>
<td>Consumed Alcohol in the Past 30 Days</td>
<td>89.6%</td>
<td>48.5%</td>
<td>Chronic Osteoporosis</td>
<td>104.7%</td>
<td>10.3%</td>
</tr>
<tr>
<td>Consumed 3+ Drinks Per Session</td>
<td>101.7%</td>
<td>28.4%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Behavior</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I Will Travel to Obtain Medical Care</td>
<td>95.5%</td>
<td>22.0%</td>
<td>FP/GP: 1+ Visit</td>
<td>102.5%</td>
<td>90.4%</td>
</tr>
<tr>
<td>I am Responsible for My Health</td>
<td>98.2%</td>
<td>64.2%</td>
<td>Used Midlevel in last 6 Months</td>
<td>106.8%</td>
<td>44.2%</td>
</tr>
<tr>
<td>I Follow Treatment Recommendations</td>
<td>98.6%</td>
<td>51.2%</td>
<td>OB/Gyn 1+ Visit</td>
<td>93.6%</td>
<td>43.2%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Medication: Received Prescription</td>
<td>101.3%</td>
<td>59.7%</td>
</tr>
<tr>
<td>Pulmonary</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chronic COPD</td>
<td>102.7%</td>
<td>4.1%</td>
<td>Use Internet to Talk to MD</td>
<td>75.6%</td>
<td>9.2%</td>
</tr>
<tr>
<td>Tobacco Use: Cigarettes</td>
<td>96.6%</td>
<td>24.6%</td>
<td>Facebook Opinions</td>
<td>85.8%</td>
<td>8.8%</td>
</tr>
<tr>
<td>Heart</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chronic High Cholesterol</td>
<td>105.0%</td>
<td>23.0%</td>
<td>Looked for Provider Rating</td>
<td>92.1%</td>
<td>13.1%</td>
</tr>
<tr>
<td>Routine Cholesterol Screening</td>
<td>97.2%</td>
<td>49.4%</td>
<td>Emergency Room Use</td>
<td>98.3%</td>
<td>33.3%</td>
</tr>
<tr>
<td>Chronic Heart Failure</td>
<td>123.0%</td>
<td>5.1%</td>
<td>Urgent Care Use</td>
<td>103.4%</td>
<td>24.1%</td>
</tr>
</tbody>
</table>
### Leading Causes of Death

<table>
<thead>
<tr>
<th>Allegan Rank</th>
<th>MI Rank</th>
<th>Condition</th>
<th>Rank among all counties in MI (#1 rank = worst in state)</th>
<th>Rate of Death per 100,000 age adjusted</th>
<th>MI</th>
<th>Allegan</th>
<th>Observation</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>Heart Disease</td>
<td>67 of 83</td>
<td>199.8</td>
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<td>Lower than expected</td>
<td></td>
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<tr>
<td>2</td>
<td>2</td>
<td>Cancer</td>
<td>55 of 83</td>
<td>170.5</td>
<td>182.4</td>
<td>As expected</td>
<td></td>
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<tr>
<td>3</td>
<td>3</td>
<td>Lung</td>
<td>42 of 83</td>
<td>46.7</td>
<td>48.5</td>
<td>As expected</td>
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<tr>
<td>4</td>
<td>4</td>
<td>Stroke</td>
<td>54 of 83</td>
<td>36.3</td>
<td>47.2</td>
<td>As expected</td>
<td></td>
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<tr>
<td>5</td>
<td>5</td>
<td>Accidents</td>
<td>42 of 83</td>
<td>40.1</td>
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<td>As expected</td>
<td></td>
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<tr>
<td>6</td>
<td>6</td>
<td>Alzheimer’s</td>
<td>23 of 83</td>
<td>26.4</td>
<td>31.2</td>
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<td></td>
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<tr>
<td>7</td>
<td>8</td>
<td>Flu - Pneumonia</td>
<td>6 of 83</td>
<td>15.8</td>
<td>24.2</td>
<td>Higher than expected</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>7</td>
<td>Diabetes</td>
<td>59 of 83</td>
<td>23.8</td>
<td>21.8</td>
<td>As expected</td>
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<tr>
<td>9</td>
<td>9</td>
<td>Kidney</td>
<td>32 of 83</td>
<td>13.9</td>
<td>13.7</td>
<td>As expected</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>10</td>
<td>Suicide</td>
<td>70 of 83</td>
<td>12.9</td>
<td>10.7</td>
<td>As expected</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>14</td>
<td>Parkinson’s</td>
<td>13 of 83</td>
<td>8.0</td>
<td>8.7</td>
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<td></td>
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<tr>
<td>12</td>
<td>13</td>
<td>Hypertension</td>
<td>21 of 83</td>
<td>8.4</td>
<td>7.3</td>
<td>As expected</td>
<td></td>
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<tr>
<td>13</td>
<td>12</td>
<td>Liver</td>
<td>71 of 83</td>
<td>10.0</td>
<td>7.3</td>
<td>Lower than expected</td>
<td></td>
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<tr>
<td>14</td>
<td>11</td>
<td>Blood Poisoning</td>
<td>48 of 83</td>
<td>10.3</td>
<td>6.5</td>
<td>Lower than expected</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>15</td>
<td>Homicide</td>
<td>43 of 83</td>
<td>6.8</td>
<td>1.9</td>
<td>Lower than expected</td>
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</tr>
</tbody>
</table>
National Healthcare Disparities Report – Priority Populations

Information about Priority Populations in the service area of the Hospital is difficult to encounter if it exists. Our approach is to understand the general trends of issues impacting Priority Populations and to interact with our Local Experts to discern if local conditions exhibit any similar or contrary trends. The following discussion examines findings about Priority Populations from a national perspective.

We begin by analyzing the National Healthcare Quality and Disparities Reports (QDR), which are annual reports to Congress mandated in the Healthcare Research and Quality Act of 1999 (P.L. 106-129). These reports provide a comprehensive overview of the quality of healthcare received by the general U.S. population and disparities in care experienced by different racial, ethnic, and socioeconomic groups. The purpose of the reports is to assess the performance of our health system and to identify areas of strengths and weaknesses in the healthcare system along three main axes: access to healthcare, quality of healthcare, and priorities of the National Quality Strategy (NQS). The complete report is provided in Appendix C.

We asked a specific question to our Local Expert Advisors about unique needs of Priority Populations. We reviewed their responses to identify if any of the above trends were obvious in the service area. Accordingly, we place great reliance on the commentary received from our Local Expert Advisors to identify unique population needs to which we should respond. Specific opinions from the Local Expert Advisors are summarized below:

- Priority Populations have a barrier to adequate transportation
- Obesity is a major problem in the community
- Mental health services need to be expanded

23 [http://www.ahrq.gov/research/findings/nhqrdr/nhqdr14/index.html](http://www.ahrq.gov/research/findings/nhqrdr/nhqdr14/index.html) Responds to IRS Schedule h (Form 990) Part V B 3 i
24 All comments and the analytical framework behind developing this summary appear in Appendix A
Social Vulnerability

Social vulnerability refers to the resilience of communities when confronted by external stresses on human health, stresses such as natural or human-caused disasters, or disease outbreaks.

All four quartiles of social vulnerability are distributed fairly evenly throughout Allegan County zip codes.
Consideration of Written Comments from Prior CHNA

A group of 22 individuals provided written comment in regard to the 2013 CHNA. Our summary of this commentary produced the following points, which were introduced in subsequent considerations of this CHNA.

Commenter characteristics:

<table>
<thead>
<tr>
<th>Local Experts Offering Solicited Written Comments on 2013 Priorities and Implementation Strategy</th>
<th>Yes (Applies to Me)</th>
<th>No (Does Not Apply to Me)</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Public Health Expertise</td>
<td>2</td>
<td>16</td>
<td>18</td>
</tr>
<tr>
<td>2) Departments and Agencies with relevant data/information regarding health needs of the community served by the hospital</td>
<td>5</td>
<td>12</td>
<td>17</td>
</tr>
<tr>
<td>3) Priority Populations</td>
<td>3</td>
<td>15</td>
<td>18</td>
</tr>
<tr>
<td>4) Representative/Member of Chronic Disease Group or Organization</td>
<td>2</td>
<td>15</td>
<td>17</td>
</tr>
<tr>
<td>5) Represents the Broad Interest of the Community</td>
<td>13</td>
<td>6</td>
<td>19</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Answered Question</td>
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<td></td>
<td>21</td>
</tr>
<tr>
<td>Skipped Question</td>
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</table>

Priorities from the last assessment where the Hospital intended to seek improvement were:

- Mental Health/Substance Abuse
- Primary Care
- Women’s Health Services
- Healthy Lifestyle
- Chronic Diseases
- Urgent Care
- Affordability/Accessibility

AGH received the following verbatim responses to the question: “Comments or observations about this set of needs as being the most appropriate for the Hospital to take on in seeking improvements?”

- Should the Hospital continue to consider each need identified as most important in the 2013 CHNA report as the most important set of health needs currently confronting residents in the county?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>No Opinion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health/Substance Abuse</td>
<td>17</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Primary Care</td>
<td>19</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Women’s Health Services</td>
<td>14</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Healthy Lifestyle</td>
<td>14</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Chronic Diseases</td>
<td>15</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>13</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>Affordability/Accessibility</td>
<td>15</td>
<td>3</td>
<td>1</td>
</tr>
</tbody>
</table>
• Specific comments or observations about Mental Health/Substance Abuse as being among the most significant needs for the Hospital to work on to seek improvements?
  ▪ Not enough resources for treatment of those in crisis or suffering chronic effects of mental illness.
  ▪ See previous comments
  ▪ Definitely needed in Allegan County
  ▪ Feedback is shared that the existing support for psychiatric services is maxed out and limited, which lends to this being an area that is still an important need.
  ▪ Unless the situation has changed, one of the more frustrating issues for the AHG providers was having a resource available to assist them in finding access to mental health care for their patients. It’s important that we remove obstacles for providers as we did when we implemented the Pain Management Clinic.
  ▪ Depression and stress
  ▪ Need in-patient psych services. Our community members shouldn’t have to be shipped to the other side of the state, to the UP or out of state for services.
  ▪ Without an inpatient service the hospitals role may be some what limited. The County needs to expand and improve services, but I realize that funding is a problem.
  ▪ Are there screening methods available to determine how many patients receiving psychological services are also chemically dependent and ensure participation in chemical dependence treatment programs?
    ▪ Limited options in the Allegan Area - It is critical to continue to provide this service to the community.

• Specific comments or observations about Primary Care as being among the most significant needs for the Hospital to work on to seek improvements?
  ▪ You do a great job in this area, keep it up.
  ▪ This seems to continue to be a need with providers retiring but I know Allegan actively recruits providers.
  ▪ Important, but need more physicians. How do we attract more physicians?
  ▪ I’m not certain the current status of the number of primary care providers per patient/community population; however, I do know that two main providers have recently retired with the potential of one more in the near future.
  ▪ We have lost quite a few physician and midlevel providers since the last CHNA in 2013. We have strengthened pediatric coverage, but family medicine could use some additional resources
  ▪ We have lost four male family physicians in the past year and two are getting closer to retirement. We have also lost one female family physician in the past year.
    ▪ keep up the good work.

• Specific comments or observations about Women’s Health Services as being among the most significant needs for the Hospital to work on to seek improvements?
▪ Spirit of Women is HUGE for the community and is FREE which allows all individuals to attend.
▪ Certainly a priority.
▪ With the successful implementation of the Pelvic Health Clinic and some female providers, I'm not certain that this is a current need any longer.
▪ With the present female Physician Assistants This may have improved.

Specific comments or observations about Healthy Lifestyle as being among the most significant needs for the Hospital to work on to seek improvements?

▪ Need to develop a culture of healthy community lifestyles with municipalities in the County. Bike trails, walking trails, events tailored to meet all physical conditions to get people started. This includes lifelong learning which certainly contributes to overall health.
▪ Pediatric obesity and a sedentary population. How to cook/ eat healthy when money only stretches so far and/or people are busy and need to eat quickly.
▪ This is probably a need that should never be removed from the list of priorities. The hospital must continue to maintain, and build upon, it's current initiatives which promote healthy lifestyles within the community.
▪ Continue educational programs.
▪ Continue classes and outreach to the community directly.

Specific comments or observations about Chronic Diseases as being among the most significant needs for the Hospital to work on to seek improvements?

▪ see previous comments.
▪ no comment
▪ Cancer, among the chronic diseases one could have, is prevalent in the community
▪ Chronic Disease management should always remain on the priority list as a means to improve the health of those who suffer from chronic disease and to better manage hospital admissions due to chronic disease.
▪ Providing more resources and support to community members suffering from chronic diseases. how do we keep them as healthy as possible.
▪ As above.

Specific comments or observations about Urgent Care as being among the most significant needs for the Hospital to work on to seek improvements?

▪ Maintain and enhance this area. You are the closest treatment for some low and moderate income individuals.
▪ I am wondering if this has decrease visits to the ER for non emergent issues.
▪ no comment
• Do not believe this is a need now that the Urgent Care Center has opened.
• Walk-In Center was opened in 2014. Not sure if sunday hours would be beneficial.
• I think it is working well now.
• The walk-in center is meeting some community urgent care needs.

• Specific comments or observations about Affordability/Accessibility as being among the most significant needs for the Hospital to work on to seek improvements?
  • Insurance coverage has increased in Allegan County with the expansion of the Healthy Michigan. That being said there are many individuals who have high deductibles etc. Allegan General partnering to get individuals enrolled has been helpful. Also working with individuals with payment plans etc is very helpful for uninsured individuals. There is so much Allegan General does for the community in regards to affordability/accessibility.
  • Tough issue to tackle.
  • As noted initially, rural and low-income populous is part of the community
  • Although the Affordable Care Act was implemented many months ago, there remain many who still do not have health insurance. It seems imperative that the hospital and other agencies continue to educate and assist the public in finding a plan which works for them.
  • The entire country has to work on this. How about Universal Health Care?
Conclusions from Public Input

Our group of 22 Local Expert Advisors participated in an online survey to offer opinions about their perceptions of community health needs and the potential needs of unique populations. Complete verbatim written comments appear in the Appendix to this report.

AGH received the following responses to the question: “Should the Hospital continue to consider each need identified as most important in the 2013 CHNA report as the most important set of health needs currently confronting residents in the county? Please add any additional information you would like us to understand.”

- I believe that to be successful this might need to be limited to 5 or less. If I had to choose one I would choose Mental Health/Substance Abuse.
Summary of Observations: Comparison to Other Counties

Health Outcomes
In a health status classification termed “Health Outcomes”, Allegan ranks 13 among the 82 ranked Michigan counties (best being #1). Premature Death (deaths prior to age 75) presents worse values (shorter survivability) than the US best rate, but better than the Michigan average.

Health Factors
In another health status classification “Health Factors”, Allegan ranks number 21 among the 82 ranked Michigan counties. The following indicators compared to MI average and to national top 10% performance present such poor values it warrants investigating how to improve:

- Adult Obesity – Allegan 34% compared to MI 32% and US best of 25%
- Physical Inactivity – Allegan 24% which is higher than the MI avg. of 23% and US best of 20%
- Access to Exercise Opportunities – Allegan 62% which is lower than the MI avg. of 83% and US best of 92%
- Alcohol-Impaired Driving Deaths – Allegan 44% compared to MI 31% and US best of 14%

Clinical Care
In the “Clinical Care” classification, Allegan County ranks number 45 among the 82 ranked Michigan counties. The following indicators compared to MI average and to national top 10% performance present such poor values it warrants investigating how to improve:

- Population to Primary Care Physician – Allegan 3,614:1 which is more than twice the MI 1,246:1 and US best of 1,045:1
- Population to Dentist – Allegan 3,880:1 compared to MI 1,485:1 and US best of 1,377:1
- Population to Mental Health Provider – Allegan 1,407:1 compared to MI 487:1 and US best of 386:1
- Diabetic Monitoring – Allegan 85% which is lower than the MI avg. of 86% and US best of 90%

Social and Economic Factors
In the “Social and Economic Factors” classification, Allegan County ranks number 11 among the 82 ranked Michigan counties. The following indicators compared to MI average and to national top 10% performance present such poor values it warrants investigating how to improve:

- Some College – Allegan 55.6% which is below the MI avg. of 65.6% and US best of 71.0%
Summary of Observations: Peer Comparisons

The Federal Government administers a process to allocate all counties into "Peer" groups. County "Peer" groups have similar social, economic, and demographic characteristics. Health and wellness observations when Allegan County is compared to its national set of Peer Counties and compared to national rates result in the following:

Mortality

- Better
  - Coronary Heart Disease Deaths; Male Life Expectancy
- Worse
  - Nothing

Morbidity

- Better
  - Syphilis
- Worse
  - Alzheimer’s Diseases/Dementia – 11.0% of adults living with condition; 13th worst among 59 peer counties; US avg. 10.3%
  - Older Adult Depression – 15.3% of adults with condition; 7th worst among 59 peer counties; US avg. 12.4%

Healthcare Access and Quality

- Better
  - Nothing
- Worse
  - Primary Care Provider Access – 23.4 rate per 100,000; worst among 59 peer counties; US avg. 48.0

Health Behaviors

- Better
  - Adult Female Routine Pap Tests; Adult Smoking
- Worse
  - Nothing

Social Factors

- Better
  - Children in Single-Parent Households; Inadequate Social Support
- Worse
• High Housing Costs – 27.2% of the population; 6th worst among 59 peer counties; US avg. 27.3%
• On Time High School Graduation – 81.3% high school graduation rate; 8th worst among 58 peer counties; US avg. 83.8%
• Violent Crime – 217.1 rate per 100,000; 10th worst among 57 peer counties; US avg. 199.2

Physical Environment

• Better
  • Air Quality; Limited Access to Healthy Food

• Worse
  • Access to Parks – 11.0% of the population; 11th worst among 59 peer counties; US avg. 14.0%
  • Housing Stress – 30.8% of housing defined as stress; 5th worst among 59 peer counties; US avg. 28.1%
Conclusions from Demographic Analysis Compared to National Averages

The 2016 population for Allegan County is estimated to be 61,526 and is expected to increase at a rate of 2.5% through 2021. This is lower than the 3.7% national rate of growth and Michigan rate of 0.6%. In 2021, Allegan County anticipates a population of 102,261.

Population estimates indicate the 2016 median age for the county is 40.4 years, older than the Michigan median age (39.8 years) and the national median age of 38.0 years. The 2016 Median Household Income for the area is $57,818, higher than the Michigan median income of $50,415 and the national median income of $55,072. Median Household Wealth value is higher than the Michigan value and the national median. Median Home Value for Allegan ($149,264) is higher than the Michigan median of $129,984, but lower than the national median of $192,364. Allegan’s unemployment rate as of March 2016 was 4.0%, which is lower than the 4.8% statewide and the 5.0% national civilian unemployment rate.

The portion of the population in the county over 65 is 15.6%, compared to Michigan (16.1%) and the national average (15.1%). The portion of the population of women of childbearing age is 17.7%, lower than the Michigan average of 19.0% and the national rate of 19.6%. 90.1% of the population is White non-Hispanic. The largest minority is the Hispanic population which comprises 6.0% of the total.

The following areas were identified from a comparison of the county to national averages. Metrics impacting more than 30% of the population and statistically significantly different from the national average include the following. All are considered adverse:

- **Cervical Cancer Screening** in last two years is 5.4% below average, impacting 56.7% of the population
- **OB/GYN Visit** is 6.4% below average, impacting 43.2% of the population

Metrics impacting more than 30% of the population and statistically significantly different from the national average include the following. All are considered beneficial:

- **Consumed Alcohol in the Past 30 Days** is 10.4% below average, impacting 48.5% of the population
- **Used Midlevel in Last 6 Months** is 6.8% above average, impacting 44.2% of the population
Conclusions from Other Statistical Data

Among the Top 15 Causes of Death in the U.S., 8 of the 15 occurred at expected rates in Allegan County. However, Heart Disease, Homicide, Blood Poisoning, and Liver Disease occurred at lower rates than expected, and Alzheimer's, Parkinson’s, and Flu/Pneumonia occurred at higher rates. The Top 10 Causes of Death in Allegan County are:

1. Heart Disease with Allegan ranking #67 among 83 MI counties (where #1 is worst in state)
2. Cancer ranking #55 in MI
3. Lung Disease ranking #42 in MI
4. Stroke ranking #54 in MI
5. Accidents ranking #42 in MI
6. Alzheimer’s ranking #23 in MI
7. Flu/Pneumonia ranking #6 in MI
8. Diabetes ranking #59 in MI
9. Kidney Disease ranking #32 in MI
10. Suicide ranking #70 in MI

The Institute for Health Metrics and Evaluation at the University of Washington analyzed all 3,143 US counties or equivalents applying small area estimation techniques to the most recent county information.

Unfavorable Allegan County measures which are worse than the US avg. and had an unfavorable change:

- Female Heavy Drinking – As of 2012, 7.4% of females are heavy drinkers; value increased 2.1 pct points since 2005
- Male Binge Drinking – As of 2012, 27.7% of males are binge drinkers; value increased 1.3 pct points since 2002
- Female Binge Drinking – As of 2012, 13.3% of females are binge drinkers; value increased 2.3 pct points since 2002
- Male Obesity – As of 2011, 36.2% of males are obese; value increased 7.3 pct points since 2001
- Female Obesity – As of 2011, 39.2% of females are obese; value increased 10.9 pct points since 2001

Unfavorable Allegan County measures which are worse than the US avg. but had a favorable change:

- Male Smoking - As of 2012, male smoking is at 23.2%; value decreased 6.2 pct points since 1996
- Female Smoking – As of 2012, female smoking is at 20.5%; value decreased 4.0 pct points since 1996

Desirable Allegan County measures better than the US avg. but had an unfavorable change:

- None
Desirable Allegan County measures better than the US avg. and had a favorable change:

- **Male Heavy Drinking** – As of 2012, 9.8% of males are heavy drinkers; value decreased 0.1 pct points since 2005
- **Male Life Expectancy** – As of 2013, male life expectancy is at 77.1 years; value increased 4.0 years since 1985
- **Female Life Expectancy** – As of 2013, female life expectancy is at 81.5 years; value increased 1.9 years since 1985
- **Male Physical Activity** – As of 2011, physical activity for males is at 57.2%; value increased 2.5 pct points since 2001
- **Female Physical Activity** – As of 2011, physical activity for females is at 56.4%; value increased 6.2 pct points since 2001
Conclusions from Prior CHNA Implementation Activities

Worksheet 4 of Form 990 h can be used to report the net cost of community health improvement services and community benefit operations.

“Community health improvement services” means activities or programs, subsidized by the health care organization, carried out or supported for the express purpose of improving community health. Such services do not generate inpatient or outpatient revenue, although there may be a nominal patient fee or sliding scale fee for these services.

“Community benefit operations” means:

- activities associated with community health needs assessments, administration, and
- the organization’s activities associated with fundraising or grant-writing for community benefit programs.

Activities or programs cannot be reported if they are provided primarily for marketing purposes or if they are more beneficial to the organization than to the community. For example, the activity or program may not be reported if it is designed primarily to increase referrals of patients with third-party coverage, required for licensure or accreditation, or restricted to individuals affiliated with the organization (employees and physicians of the organization).

To be reported, community need for the activity or program must be established. Community need can be demonstrated through the following:

- A CHNA conducted or accessed by the organization.
- Documentation that demonstrated community need or a request from a public health agency or community group was the basis for initiating or continuing the activity or program.
- The involvement of unrelated, collaborative tax-exempt or government organizations as partners in the activity or program carried out for the express purpose of improving community health.

Community benefit activities or programs also seek to achieve a community benefit objective, including improving access to health services, enhancing public health, advancing increased general knowledge, and relief of a government burden to improve health. This includes activities or programs that do the following:

- Are available broadly to the public and serve low-income consumers.
- Reduce geographic, financial, or cultural barriers to accessing health services, and if they ceased would result in access problems (for example, longer wait times or increased travel distances).
- Address federal, state, or local public health priorities such as eliminating disparities in access to healthcare services or disparities in health status among different populations.
- Leverage or enhance public health department activities such as childhood immunization efforts.
- Otherwise would become the responsibility of government or another tax-exempt organization.
- Advance increased general knowledge through education or research that benefits the public.
Activities reported by the Hospital in its implementation efforts and/or its prior year tax reporting included:

- $282,026
EXISTING HEALTHCARE FACILITIES, RESOURCES, & IMPLEMENTATION STRATEGY
**Significant Health Needs**

We used the priority ranking of area health needs by the Local Expert Advisors to organize the search for locally available resources as well as the response to the needs by AGH. The following list:

- Identifies the rank order of each identified Significant Need
- Presents the factors considered in developing the ranking
- Establishes a Problem Statement to specify the problem indicated by use of the Significant Need term
- Identifies AGH current efforts responding to the need including any written comments received regarding prior AGH implementation actions
- Establishes the Implementation Strategy programs and resources AGH will devote to attempt to achieve improvements
- Documents the Leading Indicators AGH will use to measure progress
- Presents the Lagging Indicators AGH believes the Leading Indicators will influence in a positive fashion, and
- Presents the locally available resources noted during the development of this report as believed to be currently available to respond to this need.

In general, AGH is the major hospital in the service area. Allegan General Hospital is a 25-bed, critical access hospital located in Allegan, Michigan. The next closest facilities are outside the service area and include:

- Borgess-Pipp in Plainwell, MI, 13 miles (21 minutes)
- Bronson Lakeview Hospital in Paw Paw, MI, 22 miles (28 minutes)
- Holland Community Hospital in Holland, MI, 24 miles (34 minutes)
- Borgess Health in Kalamazoo, MI, 26 miles (33 minutes)
- Spectrum Health Zeeland Community Hospital in Zeeland, MI, 26 miles (37 minutes)
- Bronson Methodist Hospital in Kalamazoo, MI, 28 miles (40 minutes)
- South Haven Community Hospital in South Haven, MI, 29 miles (36 minutes)
- Metro Health Hospital in Grand Rapids, MI, 43 miles (49 minutes)

All data items analyzed to determine significant needs are “Lagging Indicators,” measures presenting results after a period of time, characterizing historical performance. Lagging Indicators tell you nothing about how the outcomes were achieved. In contrast, the AGH Implementation Strategy uses “Leading Indicators.” Leading Indicators anticipate change in the Lagging Indicator. Leading Indicators focus on short-term performance, and if accurately selected, anticipate the broader achievement of desired change in the Lagging Indicator. In the Quorum application, Leading Indicators also must be within the ability of the hospital to influence and measure.

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25 Response to IRS Schedule h (Form 990) Part V B 3 e
Michigan Community Benefit Requirements

Significant Needs

1. MENTAL HEALTH/SUBSTANCE ABUSE – 2013 Significant Need; Local Expert concern; worse than US average for female heavy drinking, male binge drinking, and female binge drinking; worse ratio than US and MI for population to mental health provider

Public comments received on previously adopted implementation strategy:

- Still sad that the Hospital closed the psychiatric treatment unit.
- I am not familiar with the implementation actions that the hospital put in place in improving mental health/substance abuse.
- Hopefully the County Health Dept. will reignite the larger role they used to play.
- Social Worker in the clinic setting for the purpose of finding resources for AHG patients in need.
- Is there a way to partner up with other agencies in the county to help address this need.
- Is adding mental health providers a viable option?
- Consider increasing services and access for the under-served in other counties to potentially decrease the burden of care on the Allegan facility
- Education, residential services would be helpful.

AGH services, programs, and resources available to respond to this need include:

- Outpatient facility including a psychologist, psychiatrist, and social worker that provides services to Medicaid patients and accepts financial assistance policy
  - Maintaining certification (CARF)
- Participation in local suicide prevention coalition and on board of local inpatient mental health facility (PR Connect)
- Employee Assistance Program provided through local industries to educate and improve access to counseling services
- Added pain management program to address chronic pain and mitigate addiction to opioids and other pain medications

Additionally, AGH plans to take the following steps to address this need:

- Investigate bringing on additional staff to outpatient clinic to increase capacity
- Research drug prevention/education sessions within schools

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26 This section in each need for which the hospital plans an implementation strategy responds to Schedule h (Form 990) Part V Section B 3 c
## Anticipated results from AGH Implementation Strategy

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The strategy to evaluate AGH intended actions is to monitor change in the following Leading Indicator:

- Number of outpatient clinic visits in 2015 = 5,137

The change in the Leading Indicator anticipates appropriate change in the following Lagging Indicator:

- Suicide death rate in 2015 = 12.9%

AGH anticipates collaborating with the following other facilities and organizations to address this Significant Need:

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<tr>
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<tbody>
<tr>
<td>Allegan County Community Mental Health</td>
<td></td>
<td><a href="http://www.accmhs.org">http://www.accmhs.org</a> 269-686-5124</td>
</tr>
<tr>
<td>PR Connect (Pine Rest Board)</td>
<td></td>
<td><a href="http://www.pinerest.org">www.pinerest.org</a> 616-455-5000</td>
</tr>
</tbody>
</table>

Other local resources identified during the CHNA process that are believed available to respond to this need:

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<thead>
<tr>
<th>Organization</th>
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</thead>
<tbody>
<tr>
<td>Other local hospitals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pathways Program</td>
<td><a href="http://www.pathwaysmi.org/616-396-2301">http://www.pathwaysmi.org/616-396-2301</a></td>
<td></td>
</tr>
<tr>
<td>----------------------------------------------------------------------------------</td>
<td>----------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Local AA chapter (Kalamazoo Area Intergroup)</td>
<td>269-382-5244</td>
<td></td>
</tr>
</tbody>
</table>
2. PRIMARY CARE – 2013 Significant Need; Local Expert concern; primary care provider access worst among peer counties; worse ratio than US and MI for population to primary care physician

Public comments received on previously adopted implementation strategy:

- Working on long term treatment plans for individuals needing such service.
- Walk in clinic/Urgent care has been helpful. Allegan General/Medical Clinic has brought in more pediatric expertise which has been beneficial.
- More consistent primary care would certainly lead to a healthier population and lower costs. There is a need to educate people, if they would even listen, to see a doctor more often than going to the ER when the progression of the illness is advanced.
- New providers must be maintained in the pipeline to meet the needs of the community.
- Bring community paramedicisim to Allegan!!
- Vigorous recruiting and salary adjustments. Make electronic medical records user friendly for physicians. The present system encourages earlier retirement.

AGH services, programs, and resources available to respond to this need include:

- 10 primary care physicians (outpatient) and 10 nurse practitioners/physician assistants available
- Walk-in clinic available 8:00am-8:00pm, Monday – Friday; 8:00am – 12:00pm on Saturdays (includes financial assistance policy and Medicaid)
- Offices in Otsego and Gobles to increase access
- Multiple community flu shot clinics provided September through November
- Reduced-cost athletic assessments provided for local students
- Free community health screenings (blood pressure, BMI, blood glucose)
- Free foot screenings in wound healing center
- Free vein and PAD screenings
- Free mammograms for under- and uninsured
- Free education sessions provided by the Hospital on subjects such as joint care, heartburn, etc.
- Physicians speaking at local Spirit of Women events (including education targeting men)

Additionally, AGH plans to take the following steps to address this need:

- Partnering with Quorum and other organizations to recruit physicians

AGH evaluation of impact of actions taken since the immediately preceding CHNA:

- Reviewed the current supply of primary care providers based on demographic information, succession planning, etc., and evaluated the potential for increased need/demand in future years based on Medicaid/insurance expansion and projected population changes
- Evaluated other strategies to enhance accessibility of existing providers
HeartCaring screenings were conducted in multiple sites to identify potential cardiovascular health problems and make connections to primary care physicians (presented as part of the Spirit of Women program)

Based on a model developed by the Robert Wood Johnson Foundation, classes called “How to Get the Most Out of Your Doctor Visit” were presented to provide community members with tools to optimize relationships with physicians and other providers, and improve satisfaction as they seek healthcare services

Recruited 6 providers

Opened Walk-in Clinic

Women’s Pelvic Health Program

Received designation as a Patient-centered Medical Home through Blue Cross/Blue Shield

### Anticipated results from AGH Implementation Strategy

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</table>

The strategy to evaluate AGH intended actions is to monitor change in the following Leading Indicator:

- Free Heart Screenings offered in 2015 = 159 (11 sessions)
- Vein Screenings offered in 2015 = 102
- Blood Pressure Screenings offered in 2015 = 207

The change in the Leading Indicator anticipates appropriate change in the following Lagging Indicator:

- Population to Primary Care Physician Ratio = 3,614:1
AGH anticipates collaborating with the following other facilities and organizations to address this Significant Need:

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<tr>
<th>Organization</th>
<th>Contact Name</th>
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</thead>
<tbody>
<tr>
<td>Allegan County Health Department</td>
<td></td>
<td>cms.allegancounty.org/sites/Office/Health/SitePages/Home.aspx 269-673-5411</td>
</tr>
<tr>
<td>Spirit of Women</td>
<td></td>
<td><a href="https://www.facebook.com/AGHspiritofwomen">https://www.facebook.com/AGHspiritofwomen</a></td>
</tr>
</tbody>
</table>

Other local resources identified during the CHNA process that are believed available to respond to this need:

<table>
<thead>
<tr>
<th>Organization</th>
<th>Contact Name</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thomas Street Clinic</td>
<td></td>
<td>305 Thomas St, Allegan, MI 49010 269-673-2179</td>
</tr>
<tr>
<td>Renewed Hope</td>
<td></td>
<td><a href="https://renewedhopehealth.org/">https://renewedhopehealth.org/</a> 269-355-3053</td>
</tr>
</tbody>
</table>
3. **PALLIATIVE CARE** – Local Expert concern

Public comments received on previously adopted implementation strategy:

- This was not a Significant Need identified in 2013 so no written public comments about this need were solicited

**AGH does not intend to develop an implementation strategy for this Significant Need**

- We are choosing not to respond to this need at this time. We feel we can have a greater impact by putting attention and resources toward other significant needs for which we are better qualified to serve.

<table>
<thead>
<tr>
<th>Federal classification of reasons why a hospital may cite for not developing an Implementation Strategy for a defined Significant Need</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Resource Constraints</td>
</tr>
<tr>
<td>2. Relative lack of expertise or competency to effectively address the need</td>
</tr>
<tr>
<td>3. A relatively low priority assigned to the need</td>
</tr>
<tr>
<td>4. A lack of identified effective interventions to address the need</td>
</tr>
<tr>
<td>5. Need is addressed by other facilities or organizations in the community</td>
</tr>
<tr>
<td>6. Other</td>
</tr>
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**Other local resources identified during the CHNA process that are believed available to respond to this need:**

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<td>Wings of Hope (Journeys)</td>
<td></td>
<td><a href="http://wingsofhopehospice.com/269-686-8659">http://wingsofhopehospice.com/269-686-8659</a></td>
</tr>
<tr>
<td>Spectrum Health Hospice &amp; Palliative Care (Grand Rapids)</td>
<td></td>
<td><a href="http://www.spectrumhealth.org/hospice866-989-7999">http://www.spectrumhealth.org/hospice866-989-7999</a></td>
</tr>
</tbody>
</table>
4. **AFFORDABILITY/ACCESSIBILITY** – 2013 Significant Need

Public comments received on previously adopted implementation strategy:

- Bringing in Women's Health Services and other services so residents have local access. I know Allegan actively recruits to give the community that local access to all services.
- No idea of what to do to make this better.
- Education seminars and discussions. Most effective to go to the people (churches, clubs, town halls, etc.) as opposed to expect them to come to hospital for information.

**AGH services, programs, and resources available to respond to this need include:**

- 10 primary care physicians (outpatient) and 10 nurse practitioners/physician assistants
  - Added same-day appointments to each provider’s schedule to improve access
- Walk-in clinic available 8:00am-8:00pm, Monday – Friday; 8:00am – 12:00pm on Saturdays (includes financial assistance policy and Medicaid)
- Offices in Otsego and Gobles to increase access
- Multiple community free flu shot clinics provided September – November
- Reduced-cost athletic assessments provided to local students
- Free community health screenings (blood pressure, BMI, blood glucose)
- Free foot screenings in wound healing center
- Free vein and PAD screenings
- Free mammograms for under- and uninsured
- Free education sessions provided by the Hospital on subjects such as joint care, heartburn, etc.
- Physicians speaking at local Spirit of Women events (including education targeting men)
- Local access to fluoroscopy, X-Ray, portable X-Ray, C-ARM, mobile MRI, and ultrasound, so patients don’t have to travel
- Cancer Care & Infusion Center renovated and the physician increased hours to increase the number of patient visits
- Added pain management program
- Financial assistance policy and sliding fee scale that is accepted at all hospital facilities
- Allegan Neighbors/Cancer/Nutrition Fund through Allegan General Hospital Foundation to help provide scholarships for people who can’t pay for services
- Visiting specialties available including cardiology, urology, ENT, podiatry, neurology, physiatry, dermatology, vascular, and oncology so patients don’t have to travel
- Certified Sleep Services Center offering at-home or inpatient services
- Financial Assistance Counselor available to help uninsured get on Medicaid
- Trained outreach coordinators to help people enroll on Healthcare Exchange
- Two hospital-employed surgeons practice in Wayland (underserved area)

Additionally, AGH plans to take the following steps to address this need:
- Continue above activities
- Participation in ACO including chronic care coordinator for at-risk patients
- Working with Quorum on Lean process improvement involving patient access
- Working with Altarum Institute on Lean processes involving patient throughput

**AGH evaluation of impact of actions taken since the immediately preceding CHNA:**
- Developed multidisciplinary teams to address the identified needs that included representatives from Allegan General Hospital, Allegan Professional Health Services, The Allegan General Hospital Foundation, and appropriate community agencies
- Participated in a collaborative effort to develop a comprehensive community education program regarding the insurance benefits available in 2014 and beyond under the Affordable Care Act
- Participated in the development of a plan within the community to fill the Navigator function, which will assist community members to access available resources
- Cancer Care Center renovations
- Added pain management clinic
- Added centralized scheduling to decrease wait times/improve patient satisfaction

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The strategy to evaluate AGH intended actions is to monitor change in the following Leading Indicator:

- Medicaid revenue in 2015 = $13,802,748 (MCO); $1,914,184 (Traditional)

The change in the Leading Indicator anticipates appropriate change in the following Lagging Indicator:

- Uninsured rate in 2015 = 13%

AGH anticipates collaborating with the following other facilities and organizations to address this Significant Need:

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</tr>
<tr>
<td></td>
<td></td>
<td>269-355-3053</td>
</tr>
<tr>
<td>Helen DeVos Children’s Hospital</td>
<td></td>
<td><a href="http://www.devoschildrens.org/">http://www.devoschildrens.org/</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td>616-391-9000</td>
</tr>
<tr>
<td>InterCare Community Health Network</td>
<td></td>
<td><a href="http://www.intercare.org/home">http://www.intercare.org/home</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td>269-427-7937</td>
</tr>
<tr>
<td>Wings of Hope</td>
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<td><a href="http://wingsofhopehospice.com/">http://wingsofhopehospice.com/</a></td>
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<tr>
<td></td>
<td></td>
<td>269-686-8659</td>
</tr>
<tr>
<td>Area extended-care facilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>West Michigan Cancer Center</td>
<td></td>
<td><a href="http://www.wmcc.org/">http://www.wmcc.org/</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td>269-382-2500</td>
</tr>
<tr>
<td>West Michigan Rehabilitation</td>
<td></td>
<td><a href="http://www.westmichiganrehab.com/">http://www.westmichiganrehab.com/</a></td>
</tr>
</tbody>
</table>
5. **URGENT CARE** – 2013 Significant Need

Public comments received on previously adopted implementation strategy:

- This was a need identified in the community and personally have used it.
- on comment
- Would later walk-in center hours help the community with access issues?

**AGH services, programs, and resources available to respond to this need include:**

- Walk-in clinic available 8:00am-8:00pm, Monday – Friday; 8:00am – 12:00pm on Saturdays (includes financial assistance policy and Medicaid)
- Reduced-cost athletic assessment for local students
- Multiple community free flu shot clinics provided September – November
- 10 primary care physicians (outpatient) and 10 nurse practitioners/physician assistants
  - Added same-day appointments to each provider’s schedule to increase access

Additionally, **AGH plans to take the following steps to address this need:**

- Continue above activities

**AGH evaluation of impact of actions taken since the immediately preceding CHNA:**

- Added Walk-in Clinic since 2013

**Anticipated results from AGH Implementation Strategy**

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</table>
The strategy to evaluate AGH intended actions is to monitor change in the following Leading Indicator:

- Number of outpatient clinic visits in 2015 = 5,137

The change in the Leading Indicator anticipates appropriate change in the following Lagging Indicator:

- Cost Barrier to Care = 15% of residents did not see a doctor due to cost

AGH does not anticipate collaborating with any other facilities/organizations to address this Significant Need, and there are no other facilities/organizations in the community to address this need.
6. **HEALTHY LIFESTYLE** – 2013 Significant Need; physical inactivity above the MI average and US best rate; access to exercise opportunities below the MI and US average

**Public comments received on previously adopted implementation strategy:**

- Smoking Cessation Classes are needed. Allegan County has a slightly higher percentage of smokers than the State average. State funding was cut from the LHD over 5 years ago to support efforts in smoking cessation and there currently are not any local classes. I heard that Allegan General is currently getting individuals trained to provide these classes. That is beneficial since there is not anyone providing that service locally.
- All municipalities and service organizations coming together along with the hospital to promote a healthy lifestyle in Allegan County. A new organization that we are all responsible to tender and hold allegiance to. Reduction of harmful habits, promoting healthy diets, and creating opportunities for staying active are important.
- Continued collaboration with outside entities within the community to promote healthy lifestyles.

**AGH services, programs, and resources available to respond to this need include:**

- Multiple community free flu shot clinics provided September – November
- Reduced-cost athletic assessments for local students
- Free community health screenings (blood pressure, BMI, blood glucose)
- Free foot screenings in wound healing center
- Free vein and PAD screenings
- Free mammograms for under- and uninsured
- Free education sessions provided by the Hospital on subjects such as joint care, heartburn, etc.
- Physicians speaking at local Spirit of Women events (including Day of Dance); articles and blogs included in Spirit of Women newsletter and social media
- Three Hospital employees trained to provide smoking cessation services
- Free fruit provided in Hospital cafeteria
- Strides For Health Community 5K hosted and sponsored by the Hospital, including 12-week training program
- Participating in Healthy Allegan County coalition to address community health including parks, nutrition, etc.
- Participating in Bringing Healthy Back coalition to address childhood obesity
- Employee Wellness Program to encourage health and wellness activities
- Community Health Fairs (Senior Fair/Early Childhood Carnival/Allegan County Chamber of Commerce Expo)
- Allegan County Fairgrounds – provide booth for two weeks, pass out health information, provide free screenings
- Provide smoking cessation classes to alternative school
- Annual free skin cancer screenings
- Quarterly newsletter including healthy lifestyle tips
- Coats For Kids program providing vouchers for free coats to kids in need
- Free hands-only CPR training for community

**Additionally, AGH plans to take the following steps to address this need:**
- Adding injury prevention outreach by providing free bike helmets and education
- Continue above activities

**AGH evaluation of impact of actions taken since the immediately preceding CHNA:**
- Free skin cancer and vein screenings
- Free fruit provided in cafeteria
- Increased number of employees providing smoking cessation classes

**Anticipated results from AGH Implementation Strategy**

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The strategy to evaluate AGH intended actions is to monitor change in the following Leading Indicator:
- Number of Strides For Health participants in August 2015 = 207

The change in the Leading Indicator anticipates appropriate change in the following Lagging Indicator:
- Adult Obesity rate in 2015 = 34%

AGH anticipates collaborating with the following other facilities and organizations to address this Significant Need:

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<tbody>
<tr>
<td>Spirit of Women</td>
<td></td>
<td><a href="https://www.facebook.com/AGHspiritofwomen">https://www.facebook.com/AGHspiritofwomen</a></td>
</tr>
</tbody>
</table>
Organizations | Contact Name | Contact Information
---|---|---
Allegan Public Schools |  | http://www.alleganpublicschools.org/269-673-5431
BCCCP (Breast and Cervical Cancer Control Program) |  | http://www.michigan.gov/mdhhs/0,5885,7-339-71550_2955-13487--,00.html269-373-5213
Shopko |  | 540 Jenner Dr, Allegan, MI 49010269-686-9465
Holtyn & Associates (employee wellness program) |  | http://www.holtynhpc.com/
Allegan County United Way |  | http://www.acuw.org/269-673-6545
American Heart Association |  | http://www.heart.org/HEARTORG/Affiliate/MWA-Western-Michigan-Home-Page_UCM_MWA003_AffiliatePage.jsp
Other local resources identified during the CHNA process that are believed available to respond to this need:

Organizations | Contact Name | Contact Information
---|---|---
Allegan County Health Department |  | cms.allegancounty.org/sites/Office/Health/SitePages/Home.aspx269-673-5411
Allegan County Great Start |  | http://www.alleganaesa.org/gsc
Other Needs Identified During CHNA Process

7. CANCER SCREENING
8. ALZHEIMER’S
9. OBESITY
10. CHRONIC DISEASES – 2013 Significant Need
11. DIABETES
12. HEART DISEASE
13. DENTAL
14. WOMEN’S HEALTH SERVICES – 2013 Significant Need
15. STROKE
16. DEPRESSION
17. FLU/PNEUMONIA
18. SMOKING
19. MATERNAL MEASURES
20. SUICIDE
21. ACCIDENTS
22. HOMELESSNESS/FOOD INSECURITY
23. KIDNEY DISEASE
24. LUNG DISEASE
Overall Community Need Statement and Priority Ranking Score

Significant needs where hospital has implementation responsibility

1. Mental Health/Suicide
2. Primary Care
4. Affordability/Accessibility
5. Urgent Care
6. Healthy Lifestyle

Significant needs where hospital did not develop implementation strategy

3. Palliative Care

Other needs where hospital developed implementation strategy

None

Other needs where hospital did not develop implementation strategy

7. CANCER SCREENING
8. ALZHEIMER’S
9. OBESITY
10. CHRONIC DISEASES – 2013 Significant Need
11. DIABETES
12. HEART DISEASE
13. DENTAL
14. WOMEN’S HEALTH SERVICES – 2013 Significant Need
15. STROKE
16. DEPRESSION
17. FLU/PNEUMONIA
18. SMOKING
19. MATERNAL MEASURES

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28 Responds to Schedule h (Form 990) Part V B 8
29 Responds to Schedule h (Form 990) Part V Section B 8
20. SUICIDE
21. ACCIDENTS
22. HOMELESSNESS/FOOD INSECURITY
23. KIDNEY DISEASE
24. LUNG DISEASE
APPENDIX
Appendix A – Written Commentary on Prior CHNA

Hospital solicited written comments about its 2013 CHNA.\(^{30}\) 22 individuals responded to the request for comments. The following presents the information received in response to the solicitation efforts by the hospital. No unsolicited comments have been received.

1. Please indicate which (if any) of the following characteristics apply to you. If none of the following choices apply to you, skip the indication and please continue to the next question.

<table>
<thead>
<tr>
<th>Local Experts Offering Solicited Written Comments on 2013 Priorities and Implementation Strategy</th>
<th>Yes (Applies to Me)</th>
<th>No (Does Not Apply to Me)</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Public Health Expertise</td>
<td>2</td>
<td>16</td>
<td>18</td>
</tr>
<tr>
<td>2) Departments and Agencies with relevant data/information regarding health needs of the community served by the hospital</td>
<td>5</td>
<td>12</td>
<td>17</td>
</tr>
<tr>
<td>3) Priority Populations</td>
<td>3</td>
<td>15</td>
<td>18</td>
</tr>
<tr>
<td>4) Representative/Member of Chronic Disease Group or Organization</td>
<td>2</td>
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<tr>
<td>5) Represents the Broad Interest of the Community</td>
<td>13</td>
<td>6</td>
<td>19</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Answered Question</td>
<td></td>
<td></td>
<td>21</td>
</tr>
<tr>
<td>Skipped Question</td>
<td></td>
<td></td>
<td>1</td>
</tr>
</tbody>
</table>

- Within the county, do you perceive the local Priority Populations to have any unique needs, as well as potential unique health issues needing attention? If you believe any situation as described exists, please also indicate who you think needs to do what.
  - Crisis care for those in mental health crisis. Long term treatment therefore.
  - In Allegan County the Priority Populations have a barrier to adequate transportation. The Allegan County Transportation System is very limited on where and when they can provide service. This barrier becomes heightened when most specialty services are located our to the County. All agencies/residents need to advocate to local representatives to include townships on potential millage/local funds to help improve the transportation infrastructure in Allegan County. Another potential solution is utilization of community health workers to do in home assessments for chronic disease management(State Innovation Model). This would bring services to the patient. Another potential solution that AAESA and Ottawa’s ISD are looking at is CHW and/or RN into the school setting. This workgroup is looking at billing etc.
  - No unique needs or issues
  - Low-income, older adults, and residents of rural areas are part of the county in which Allegan General Hospital serves. A growing Hispanic population is also part of the county. Consideration of these factors needs to be given when determining steps that can/ should be taken to meet the needs of potential patients of Allegan General Hospital.
  - Obesity Mental illness
  - I believe obesity is a big problem in our community.
  - No

\(^{30}\) Responds to IRS Schedule h (Form 990) Part V B 5
- None known.
- Federally funded grants for dental care and psychological services that do not require extensive time requirements as well as costly data gathering and reporting in return for the grant.
- Mental health services need to be expanded.
- Health Issues include three components 1) Socioeconomic 2) Education level/Cognitive Functioning 3) Medical/Mental Health Needs for Older Adults: transportation, education regarding health needs and care for individuals with these diseases (i.e. Alzheimer's Disease, Parkinson's Disease, Depression and other mental health issues), and assistance or compliance standards for hoarding, Medication Reconciliation
- Providing the continued Health Care facility in the Allegan Area is crucial. Travel distances can limit health care options for the residents, and presently Allegan General, as well as others provide this service.

2. In the last process, several data sets were examined and a group of local people were involved in advising the Hospital. While multiple needs emerged, the Hospital had to determine what issues were of high priority and where it would be a valuable resource to assist in obtaining improvements.

Priorities from the last assessment where the Hospital intended to seek improvement were:
- Mental Health/Substance Abuse
- Primary Care
- Women's Health Services
- Healthy Lifestyle
- Chronic Diseases
- Urgent Care
- Affordability/Accessibility

Comments or observations about this set of needs being the most appropriate for the Hospital to take on in seeking improvements?
- Should the Hospital continue to consider each need identified as most important in the 2013 CHNA report as the most important set of health needs currently confronting residents in the county?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>No Opinion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health/Substance Abuse</td>
<td>17</td>
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<td>1</td>
</tr>
<tr>
<td>Primary Care</td>
<td>19</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Women's Health Services</td>
<td>14</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Healthy Lifestyle</td>
<td>14</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Chronic Diseases</td>
<td>15</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>13</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>Affordability/Accessibility</td>
<td>15</td>
<td>3</td>
<td>1</td>
</tr>
</tbody>
</table>

- Specific comments or observations about Mental Health/Substance Abuse as being among the most significant needs for the Hospital to work on to seek improvements?
- Not enough resources for treatment of those in crisis or suffering chronic effects of mental illness.
- See previous comments
- Definitely needed in Allegan County
- Feedback is shared that the existing support for psychiatric services is maxed out and limited, which lends to this being an area that is still an important need.
- Unless the situation has changed, one of the more frustrating issues for the AHG providers was having a resource available to assist them in finding access to mental health care for their patients. It's important that we remove obstacles for providers as we did when we implemented the Pain Management Clinic.
- Depression and stress
- Need in-patient psych services. Our community members shouldn't have to be shipped to the other side of the state, to the UP or out of state for services.
- Without an inpatient service the hospitals role may be some what limited. The County needs to expand and improve services, but I realize that funding is a problem.
- Are there screening methods available to determine how many patients receiving psychological services are also chemically dependent and ensure participation in chemical dependence treatment programs?
- Limited options in the Allegan Area - I tis critical to continue to provide this service to the community.

Specific comments or observations about Primary Care as being among the most significant needs for the Hospital to work on to seek improvements?

- You do a great job in this area, keep it up.
- This seems to continue to be a need with providers retiring but I know Allegan actively recruits providers.
- Important, but need more physicians. How do we attract more physicians?
- I'm not certain the current status of the number of primary care providers per patient/community population; however, I do know that two main providers have recently retired with the potential of one more in the near future.
- We have lost quite a few physician and midlevel providers since the last CHNA in 2013. We have strengthened pediatric coverage, but family medicine could use some additional resources
- We have lost four male family physicians in the past year and two are getting closer to retirement. We have also lost one female family physician in the past year.
- keep up the good work.

Specific comments or observations about Women’s Health Services as being among the most significant needs for the Hospital to work on to seek improvements?

- Spirit of Women is HUGE for the community and is FREE which allows all individuals to attend.
- Certainly a priority.
- With the successful implementation of the Pelvic Health Clinic and some female providers, I'm not certain that this is a current need any longer.
- With the present female Physician Assistants This may have improved.

- Specific comments or observations about Healthy Lifestyle as being among the most significant needs for the Hospital to work on to seek improvements?
  - Need to develop a culture of healthy community lifestyles with municipalities in the County. Bike trails, walking trails, events tailored to meet all physical conditions to get people started. This includes lifelong learning which certainly contributes to overall health.
  - Pediatric obesity and a sedentary population. How to cook/ eat healthy when money only stretches so far and/or people are busy and need to eat quickly.
  - This is probably a need that should never be removed from the list of priorities. The hospital must continue to maintain, and build upon, it's current initiatives which promote healthy lifestyles within the community.
  - Continue educational programs.
  - Continue classes and outreach to the community directly.

- Specific comments or observations about Chronic Diseases as being among the most significant needs for the Hospital to work on to seek improvements?
  - see previous comments.
  - no comment
  - Cancer, among the chronic diseases one could have, is prevalent in the community
  - Chronic Disease management should always remain on the priority list as a means to improve the health of those who suffer from chronic disease and to better manage hospital admissions due to chronic disease.
  - Providing more resources and support to community members suffering from chronic diseases. how do we keep them as healthy as possible.
  - As above.

- Specific comments or observations about Urgent Care as being among the most significant needs for the Hospital to work on to seek improvements?
  - Maintain and enhance this area. You are the closest treatment for some low and moderate income individuals.
  - I am wondering if this has decrease visits to the ER for non emergent issues.
  - no comment
  - Do not believe this is a need now that the Urgent Care Center has opened.
  - Walk-In Center was opened in 2014. Not sure if sunday hours would be beneficial.
- I think it is working well now.
- The walk-in center is meeting some community urgent care needs.

- Specific comments or observations about Affordability/Accessibility as being among the most significant needs for the Hospital to work on to seek improvements?
  - Insurance coverage has increased in Allegan County with the expansion of the Healthy Michigan. That being said there are many individuals who have high deductibles etc. Allegan General partnering to get individuals enrolled has been helpful. Also working with individuals with payment plans etc is very helpful for uninsured individuals. There is so much Allegan General does for the community in regards to affordability/accessibility.
  - Tough issue to tackle.
  - As noted initially, rural and low-income populous is part of the community
  - Although the Affordable Care Act was implemented many months ago, there remain many who still do not have health insurance. It seems imperative that the hospital and other agencies continue to educate and assist the public in finding a plan which works for them.
  - The entire country has to work on this. How about Universal Health Care?

3. Comments and observations about the implementation actions of the Hospital to seek health status improvement?

- Should the Hospital continue to allocate resources to assist improving the needs?

<table>
<thead>
<tr>
<th>Service</th>
<th>Yes</th>
<th>No</th>
<th>No Opinion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health/Substance Abuse</td>
<td>16</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Primary Care</td>
<td>18</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Women's Health Services</td>
<td>13</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Healthy Lifestyle</td>
<td>15</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Chronic Diseases</td>
<td>15</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>14</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Affordability/Accessibility</td>
<td>14</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>

- Specific comments and observations about the implementation actions of the Hospital seeking improvement in Mental Health/Substance Abuse?
  - Still sad that the Hospital closed the psychiatric treatment unit.
  - I am not familiar with the implementation actions that the hospital put in place in improving mental health/substance abuse.
  - Hopefully the County Health Dept. will reignite the larger role they used to play.
  - Social Worker in the clinic setting for the purpose of finding resources for AHG patients in need.
  - Is there a way to partner up with other agencies in the county to help address this need.
  - Is adding mental health providers a viable option?
- Consider increasing services and access for the under-served in other counties to potentially decrease the burden of care on the Allegan facility
- Education, residential services would be helpful.

**Specific comments and observations about the implementation actions of the Hospital seeking improvement in Primary Care?**

- Working on long term treatment plans for individuals needing such service.
- Walk in clinic/Urgent care has been helpful. Allegan General/Medical Clinic has brought in more pediatric expertise which has been beneficial.
- More consistent primary care would certainly lead to a healthier population and lower costs. There is a need to educate people, if they would even listen, to see a doctor more often than going to the ER when the progression of the illness is advanced.
- New providers must be maintained in the pipeline to meet the needs of the community.
- Bring community paramedicism to Allegan!!
- Vigorous recruiting and salary adjustments. Make electronic medical records user friendly for physicians. The present system encourages earlier retirement.

**Specific comments and observations about the implementation actions of the Hospital seeking improvement in Women’s Health Services?**

- Any idea if there is the ability to work with Allegan County Transportation to provide transportation to these events?
- No comment

**Specific comments and observations about the implementation actions of the Hospital seeking improvement in Healthy Lifestyle?**

- Smoking Cessation Classes are needed. Allegan County has a slightly higher percentage of smokers than the State average. State funding was cut from the LHD over 5 years ago to support efforts in smoking cessation and there currently are not any local classes. I heard that Allegan General is currently getting individuals trained to provide these classes. That is beneficial since there is not anyone providing that service locally.
- All municipalities and service organizations coming together along with the hospital to promote a healthy lifestyle in Allegan County. A new organization that we are all responsible to tender and hold allegiance to. Reduction of harmful habits, promoting healthy diets, and creating opportunities for staying active are important.
- Continued collaboration with outside entities within the community to promote healthy lifestyles.

**Specific comments and observations about the implementation actions of the Hospital seeking improvement in Chronic Diseases?**

- See previous comments
• no comment

• Collaboration between the hospital and medical clinic which focuses on the management and treatment of chronic disease.

• Specific comments and observations about the implementation actions of the Hospital seeking improvement in **Urgent Care**?
  - This was a need identified in the community and personally have used it.
  - on comment
  - Would later walk-in center hours help the community with access issues?

• Specific comments and observations about the implementation actions of the Hospital seeking improvement in **Affordability/Accessibility**?
  - Bringing in Women’s Health Services and other services so residents have local access. I know Allegan actively recruits to give the community that local access to all services.
  - No idea of what to do to make this better.
  - Education seminars and discussions. Most effective to go to the people (churches, clubs, town halls, etc.) as opposed to expect them to come to hospital for information.

• Do you have opinions about new or additional implementation efforts or community needs the Hospital should pursue?
  - I believe that with the new health care system (State Innovation Model Project) there should be discussion about co-location of dental, mental health, primary care and utilization of community health workers in Allegan County with other stakeholders in the County. In the future (if political climate does not drastically change) reimbursements will be based on this project and might impact the ability to recruit providers or retain providers currently working in Allegan County. Per County Health Ranking data and focus groups we already know recruitment is a huge issue.
  - None
  - It may be covered under the areas noted above, but if there is a separate category related to geriatrics, I believe that is one to add to the list.
  - No
  - In patient psych capabilities

• Finally, after thinking about our questions and the information we seek, is there any anything else you think important as we review and revise our thinking about significant health needs within the county?
  - Consider working with other behavioral health partners to reinstitute a behavioral health treatment center.
  - I truly believe that to truly influence community health outcomes all sectors need to work together and align resources to maximize impact. It would be beneficial to collaborate with all sectors to prioritize health indicators/needs and pool resources. I would love to see County mental health providers, public
health, oral health providers, FQHC, health care systems (Borgess/Pipp and Allegan), education (Great Start, AAEASA), business (Perrigo), other agencies (Allegan Community Action and United Way), local legislators to come around a table and do a more comprehensive CHNA and CHIP. There is an active coalition called Healthy Allegan County Coalition who already has most of those individuals who participate. That group has done a CHNA and CHIP which aligns with many of the needs that Allegan General has identified. I am wondering if there is a way to have a more comprehensive CHNA and CHIP that could meet all agencies’ needs and maximize resources.

- I believe the hospital is doing all they can with the resources they have.
- Substance abuse, more specifically opioid and heroin abuse needs to be addressed, and quickly.
- Community paramedics. Let’s be proactive and keep the folks at home and care for them there instead of sending them to the hospital. Capturing issues before hand will go a long way in keeping community members healthy!!
- No
- Continue providing services to the Allegan Area. Allegan is far enough away from other population centers, that we need a strong presence.
### Appendix B – Identification & Prioritization of Community Needs

<table>
<thead>
<tr>
<th>Need Topic</th>
<th>Total Votes</th>
<th>Number of Local Experts Voting for Needs</th>
<th>Percent of Votes</th>
<th>Cumulative Votes</th>
<th>Need Determination</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health/Substance Abuse - 2013 Significant Need</td>
<td>322</td>
<td>9</td>
<td>17.89%</td>
<td>17.89%</td>
<td>Significant Needs</td>
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<tr>
<td>Primary Care - 2013 Significant Need</td>
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<td>Palliative Care</td>
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<td>Affordability/Accessibility - 2013 Significant Need</td>
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<tr>
<td>Urgent Care - 2013 Significant Need</td>
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<td>Healthy Lifestyle - 2013 Significant Need</td>
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<td>Obesity</td>
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<tr>
<td>Chronic Diseases - 2013 Significant Need</td>
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<td>80.72%</td>
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<tr>
<td>Diabetes</td>
<td>60</td>
<td>4</td>
<td>3.33%</td>
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<tr>
<td>Heart Disease</td>
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<td>Dental</td>
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<td>Women’s Health Services - 2013 Significant Need</td>
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<tr>
<td>Stroke</td>
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<td>Maternal Measures</td>
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<tr>
<td>Accidents</td>
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<tr>
<td>Homelessness/Food Insecurity</td>
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<td>99.11%</td>
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<td>Kidney Disease</td>
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<td>3</td>
<td>0.44%</td>
<td>99.56%</td>
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</tr>
<tr>
<td>Lung Disease</td>
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<td>0.44%</td>
<td>100.00%</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
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</tbody>
</table>

### Individuals Participating as Local Expert Advisors

<table>
<thead>
<tr>
<th>Local Experts Offering Solicited Written Comments on 2013 Priorities and Implementation Strategy</th>
<th>Yes (Applies to Me)</th>
<th>No (Does Not Apply to Me)</th>
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<tr>
<td>1) Public Health Expertise</td>
<td>4</td>
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<td>2) Departments and Agencies with relevant data/information regarding health needs of the community served by the hospital</td>
<td>7</td>
<td>12</td>
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<tr>
<td>3) Priority Populations</td>
<td>2</td>
<td>16</td>
<td>18</td>
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<tr>
<td>4) Representative/Member of Chronic Disease Group or Organization</td>
<td>3</td>
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<td>17</td>
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<tr>
<td>5) Represents the Broad Interest of the Community</td>
<td>15</td>
<td>5</td>
<td>20</td>
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<tr>
<td>Other</td>
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<tr>
<td>Answered Question</td>
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<tr>
<td>Skipped Question</td>
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</tr>
</tbody>
</table>

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<sup>31</sup> Responds to IRS Schedule h (Form 990) Part V B 3 g
Advice Received from Local Expert Advisors

Question: Do you agree with the observations formed about the comparison of Allegan County to all other Michigan counties?

Do you agree with the comparison of Allegan to all MI counties?

<table>
<thead>
<tr>
<th>Agree</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>80.95% (17)</td>
<td>19.05% (4)</td>
</tr>
</tbody>
</table>

Comments:

- Adult Obesity is at 32% and were are 34% for the last two years per County Health Rankings data. Even though we are ranked higher in Michigan we are almost 8% above US best performers. County Health Ranking data is valuable for community planning but if Michigan is an "obese" state then our ranking actually might look great but still have problem with obesity.

- The data does not seem to adequately reflect the poverty in the county.

- I also feel that the issue of homelessness is a precipitating factor to the issues outlined. Our ability to serve those in dire need is woefully inadequate. So, care for the indigent would also be on my list.

- The only thing I would disagree with is the access to exercise opportunities. While there isn't a gym on every corner with Allegan being a rural opportunity, there are many opportunities for people to be active with all of the outdoor activities this county has...as well as all the schools have pools with community hours and most of the cities as least have one gym, yoga studio, Curves, etc.

- I disagree in the context you have already highlighted - there is more than one way to assess data. My initial reaction re: access to exercise opportunities, for example, is a lack of knowledge on the part of those who provided input to get these rankings on all of the options for exercise. Similarly, I do believe people are unaware of primary care physician or dentist accessibility. On the flip side, I agree with the population to mental health assessment. I also agree with the college attendance ranking.
Question: *Do you agree with the observations formed about the comparison of Allegan County to its peer counties?*

![Pie chart showing agreement with comparison]

**Comments:**

- I'm not sure I agree with the access to parks. I believe more than 11% of the population has access to parks (County, Townships and Cities).

- I am surprised Allegan County is better than its peers in adult smoking. Seems to me the smoking rate is fairly high.

- I find it hard to believe that there is less access to parks in Allegan County than other areas.
Question: Do you agree with the observations formed about the population characteristics of Allegan County?

Comments:

- "All four quartiles of social vulnerability are dispersed fairly evenly throughout Allegan County zip codes. However, the eastern and southern portions are noted as being in the highest two quartiles of vulnerability." This doesn't seem to jive with the non-profit sector's data which reflects severe pockets of poverty in the Pullman, Fennville and Hamilton areas. I have to believe the housing along the lake shore has a tremendous impact on the median home value as well.

- I don't know what "Midlevel" is, so can't form an opinion on that.
Question: *Do you agree with the observations formed from the national ranking and leading causes of death?*

![Chart showing agreement with observations](image)

Comments:

- I don't have a frame of reference to agree or disagree.
- I am surprised at the male and female activity rates that are higher than expected.
- Hard for me to believe that over one quarter of males in the county are binge drinkers - seems skewed.
Question: *Do you agree with the written comments received on the 2013 CHNA?*

Comments:

- I am not convinced the hospital should be the entity focusing on healthy lifestyles. While I appreciate that you do, and recognize why you do --- it seems the larger community (especially the further you get away from the hospital) should be playing a primary role.
Question: Do you agree with the additional written comments received on the 2013 CHNA?

Comments:

- Women's Health Services - I believe that AHG has risen to this service line with the addition of the Pelvic Health Clinic and the addition of female providers who focus on women's health. Urgent Care - AHG opened an Urgent Care Center since the last needs assessment. I believe this should be taken off the list for 2016.

- With special emphasis on those areas (flu/pneumonia and Alzheimer's) with a poor ranking.
Appendix C – National Healthcare Quality and Disparities Reports

The National Healthcare Quality and Disparities Reports (QDR) are annual reports to Congress mandated in the Healthcare Research and Quality Act of 1999 (P.L. 106-129). These reports provide a comprehensive overview of the quality of healthcare received by the general U.S. population and disparities in care experienced by different racial, ethnic, and socioeconomic groups. The purpose of the reports is to assess the performance of our health system and to identify areas of strengths and weaknesses in the healthcare system along three main axes: access to healthcare, quality of healthcare, and priorities of the National Quality Strategy (NQS).

The reports are based on more than 250 measures of quality and disparities covering a broad array of healthcare services and settings. Data is generally available through 2012, although rates of un-insurance have been tracked through the first half of 2014. The reports are produced with the help of an Interagency Work Group led by the Agency for Healthcare Research and Quality (AHRQ) and submitted on behalf of the Secretary of Health and Human Services (HHS).

Beginning with this 2014 report, findings on healthcare quality and healthcare disparities are integrated into a single document. This new National Healthcare Quality and Disparities Report (QDR) highlights the importance of examining quality and disparities together to gain a complete picture of healthcare. This document is also shorter and focuses on summarizing information over the many measures that are tracked; information on individual measures will still be available through chartbooks posted on the Web (www.ahrq.gov/research/findings/nhqrdr/2014chartbooks/).

The key findings of the 2014 QDR are organized around three axes: access to healthcare, quality of healthcare, and NQS priorities.

To obtain high-quality care, Americans must first gain entry into the healthcare system. Measures of access to care tracked in the QDR include having health insurance, having a usual source of care, encountering difficulties when seeking care, and receiving care as soon as wanted. Historically, Americans have experienced variable access to care based on race, ethnicity, socioeconomic status, age, sex, disability status, sexual orientation, and residence location.

ACCESS: After years without improvement, the rate of un-insurance among adults ages 18-64 decreased substantially during the first half of 2014.

The Affordable Care Act is the most far-reaching effort to improve access to care since the enactment of Medicare and Medicaid in 1965. Provisions to increase health insurance options for young adults, early retirees, and Americans with pre-existing conditions were implemented in 2010. Open enrollment in health insurance marketplaces began in October 2013 and coverage began in January 2014. Expanded access to Medicaid in many states began in January 2014, although a few had opted to expand Medicaid earlier.

Trends

- From 2000 to 2010, the percentage of adults ages 18-64 who reported they were without health insurance coverage at the time of interview increased from 18.7% to 22.3%.
- From 2010 to 2013, the percentage without health insurance decreased from 22.3% to 20.4%.
- During the first half of 2014, the percentage without health insurance decreased to 15.6%.
Data from the Gallup-Healthways Well-Being Index indicate that the percentage of adults without health insurance continued to decrease through the end of 2014, consistent with these trends.

ACCESS: Between 2002 and 2012, access to health care improved for children but was unchanged or significantly worse for adults.

Trends

- From 2002 to 2012, the percentage of people who were able to get care and appointments as soon as wanted improved for children but did not improve for adults ages 18-64.

Disparities

- Children with only Medicaid or CHIP coverage were less likely to get care as soon as wanted compared with children with any private insurance in almost all years.
- Adults ages 18-64 who were uninsured or had only Medicaid coverage were less likely to get care as soon as wanted compared with adults with any private insurance in all years.

Trends

- Through 2012, most access measures improved for children. The median change was 5% per year.
- Few access measures improved substantially among adults. The median change was zero.

ACCESS DISPARITIES: During the first half of 2014, declines in rates of un-insurance were larger among Black and Hispanic adults ages 18-64 than among Whites, but racial differences in rates remained.

Trends

- Historically, Blacks and Hispanics have had higher rates of un-insurance than Whites.

Disparities

- During the first half of 2014, the percentage of adults ages 18-64 without health insurance decreased more quickly among Blacks and Hispanics than Whites, but differences in un-insurance rates between groups remained.
- Data from the Urban Institute’s Health Reform Monitoring System indicate that between September 2013 and September 2014, the percentage of Hispanic and non-White non-Hispanic adults ages 18-64 without health insurance decreased to a larger degree in states that expanded Medicaid under the Affordable Care Act than in states that did not expand Medicaid.

ACCESS DISPARITIES: In 2012, disparities were observed across a broad spectrum of access measures. People in poor households experienced the largest number of disparities, followed by Hispanics and Blacks.

Disparities

33 In this report, racial groups such as Blacks and Whites are non-Hispanic, and Hispanics include all races.
In 2012, people in poor households had worse access to care than people in high-income households on all access measures (green).

Blacks had worse access to care than Whites for about half of access measures.

Hispanics had worse access to care than Whites for two-thirds of access measures.

Asians and American Indians and Alaska Natives had worse access to care than Whites for about one-third of access measures.

ACCESS DISPARITIES: Through 2012, across a broad spectrum of access measures, some disparities were reduced but most did not improve.

Disparity Trends

Through 2012, most disparities in access to care related to race, ethnicity, or income showed no significant change (blue), neither getting smaller nor larger.

In four of the five comparisons shown above, the number of disparities that were improving (black) exceeded the number of disparities that were getting worse (green).

QUALITY: Quality of health care improved generally through 2012, but the pace of improvement varied by measure.

Trends

Through 2012, across a broad spectrum of measures of health care quality, 60% showed improvement (black).

Almost all measures of Person-Centered Care improved.

About half of measures of Effective Treatment, Healthy Living, and Patient Safety improved.

There are insufficient numbers of reliable measures of Care Coordination and Care Affordability to summarize in this way.

QUALITY: Through 2012, the pace of improvement varied across NQS priorities.

Trends

Through 2012, quality of health care improved steadily but the median pace of change varied across NQS priorities:

- Median change in quality was 3.6% per year among measures of Patient Safety.
- Median improvement in quality was 2.9% per year among measures of Person-Centered Care.
- Median improvement in quality was 1.7% per year among measures of Effective Treatment.
- Median improvement in quality was 1.1% per year among measures of Healthy Living.
- There were insufficient data to assess Care Coordination and Care Affordability.

QUALITY: Publicly reported CMS measures were much more likely than measures reported by other sources to achieve high levels of performance.
Achieved Success

Eleven quality measures achieved an overall performance level of 95% or better this year. At this level, additional improvement is limited, so these measures are no longer reported in the QDR. Of measures that achieved an overall performance level of 95% or better this year, seven were publicly reported by CMS on the Hospital Compare website (italic).

- Hospital patients with heart attack given percutaneous coronary intervention within 90 minutes
- Adults with HIV and CD4 cell count of 350 or less who received highly active antiretroviral therapy during the year
- Hospital patients with pneumonia who had blood cultures before antibiotics were administered
- Hospital patients age 65+ with pneumonia who received pneumococcal screening or vaccination
- Hospital patients age 50+ with pneumonia who received influenza screening or vaccination
- Hospital patients with heart failure and left ventricular systolic dysfunction who were prescribed angiotensin-converting enzyme or angiotensin receptor blocker at discharge
- Hospital patients with pneumonia who received the initial antibiotic dose consistent with current recommendations
- Hospital patients with pneumonia who received the initial antibiotic dose within 6 hours of arrival
- Adults with HIV and CD4 cell counts of 200 or less who received Pneumocystis pneumonia prophylaxis during the year
- People with a usual source of care for whom health care providers explained and provided all treatment options
- Hospice patients who received the right amount of medicine for pain management

Last year, 14 of 16 quality measures that achieved an overall performance level of 95% or better were publicly reported by CMS. Measures that reach 95% and are no longer reported in the QDR continue to be monitored when data is available to ensure that they do not fall below 95%.

Improving Quickly

Through 2012, a number of measures showed rapid improvement, defined as an average annual rate of change greater than 10% per year. Of these measures that improved quickly, four are adolescent vaccination measures (italic).

- Adolescents ages 16-17 years who received 1 or more doses of tetanus-diphtheria-acellular pertussis vaccine
- Adolescents ages 13-15 years who received 1 or more doses of tetanus-diphtheria-acellular pertussis vaccine
- Hospital patients with heart failure who were given complete written discharge instructions
- Adolescents ages 16-17 years who received 1 or more doses of meningococcal conjugate vaccine
- Adolescents ages 13-15 years who received 1 or more doses of meningococcal conjugate vaccine
- Patients with colon cancer who received surgical resection that included 12+ lymph nodes pathologically examined
- Central line-associated bloodstream infection per 1,000 medical and surgical discharges, age 18+ or obstetric admissions
• Women with Stage I-IIb breast cancer who received axillary node dissection or sentinel lymph node biopsy at time of surgery

**Worsening**

Through 2012, a number of measures showed worsening quality. Of these measures that showed declines in quality, three track chronic diseases (italic). Note that these declines occurred prior to implementation of most of the health insurance expansions included in the Affordable Care Act.

• Maternal deaths per 100,000 live births
• Children ages 19-35 months who received 3 or more doses of Haemophilus influenzae type b vaccine
• People who indicate a financial or insurance reason for not having a usual source of care
• Suicide deaths per 100,000 population
• Women ages 21-65 who received a Pap smear in the last 3 years

**Admissions with diabetes with short-term complications per 100,000 population, age 18+**

• Adults age 40+ with diagnosed diabetes who had their feet checked for sores or irritation in the calendar year
• Women ages 50-74 who received a mammogram in the last 2 years
• Postoperative physiologic and metabolic derangements per 1,000 elective-surgery admissions, age 18+
• People with current asthma who are now taking preventive medicine daily or almost daily
• People unable to get or delayed in getting needed medical care, dental care, or prescription medicines due to financial or insurance reasons

**QUALITY DISPARITIES:** Disparities remained prevalent across a broad spectrum of quality measures. People in poor households experienced the largest number of disparities, followed by Blacks and Hispanics.

**Disparities**

• People in poor households received worse care than people in high-income households on more than half of quality measures (green).
• Blacks received worse care than Whites for about one-third of quality measures.
• Hispanics, American Indians and Alaska Natives, and Asians received worse care than Whites for some quality measures and better care for some measures.
• For each group, disparities in quality of care are similar to disparities in access to care, although access problems are more common than quality problems.

**QUALITY DISPARITIES:** Through 2012, some disparities were getting smaller but most were not improving across a broad spectrum of quality measures.

**Disparity Trends**

• Through 2012, most disparities in quality of care related to race, ethnicity, or income showed no significant change (blue), neither getting smaller nor larger.
When changes in disparities occurred, measures of disparities were more likely to show improvement (black) than decline (green). However, for people in poor households, more measures showed worsening disparities than improvement.

QUALITY DISPARITIES: Through 2012, few disparities in quality of care were eliminated while a small number became larger.

Disparities Trends

- Through 2012, several disparities were eliminated.
  - One disparity in vaccination rates was eliminated for Blacks (measles-mumps-rubella), Asians (influenza), American Indians and Alaska Natives (hepatitis B), and people in poor households (human papillomavirus).
  - Four disparities related to hospital adverse events were eliminated for Blacks.
  - Three disparities related to chronic diseases and two disparities related to communication with providers were eliminated for Asians.
  - On the other hand, a few disparities grew larger because improvements in quality for Whites did not extend uniformly to other groups.
  - At least one disparity related to hospice care grew larger for Blacks, American Indians and Alaska Natives, and Hispanics.
  - People in poor households experienced worsening disparities related to chronic diseases.

QUALITY DISPARITIES: Overall quality and racial/ethnic disparities varied widely across states and often not in the same direction.

Geographic Disparities

- There was significant variation in quality among states. There was also significant variation in disparities.
- States in the New England, Middle Atlantic, West North Central, and Mountain census divisions tended to have higher overall quality while states in the South census region tended to have lower quality.
- States in the South Atlantic, West South Central, and Mountain census divisions tended to have fewer racial/ethnic disparities while states in the Middle Atlantic, West North Central, and Pacific census divisions tended to have more disparities.
- The variation in state performance on quality and disparities may point to differential strategies for improvement.


Hospital-acquired conditions have been targeted for improvement by the CMS Partnership for Patients initiative, a major public-private partnership working to improve the quality, safety, and affordability of health care for all Americans. As a result of this and other federal efforts, such as Medicare’s Quality Improvement Organizations and the HHS National Action Plan to Prevent Health Care-Associated Infections, as well as the dedication of practitioners, the general trend in patient safety is one of improvement.
Trends

- From 2010 to 2013, the overall rate of hospital-acquired conditions declined from 145 to 121 per 1,000 hospital discharges.
- This decline is estimated to correspond to 1.3 million fewer hospital-acquired conditions, 50,000 fewer inpatient deaths, and $12 billion savings in health care costs.\(^\text{35}\)
- Large declines were observed in rates of adverse drug events, healthcare-associated infections, and pressure ulcers.
- About half of all Patient Safety measures tracked in the QDR improved.
- One measure, admissions with central line-associated bloodstream infections, improved quickly, at an average annual rate of change above 10% per year.
- One measure, postoperative physiologic and metabolic derangements during elective-surgery admissions, got worse over time.

Disparities Trends

- Black-White differences in four Patient Safety measures were eliminated.
- Asian-White differences in admissions with iatrogenic pneumothorax grew larger.

National Quality Strategy: Measures of Person-Centered Care improved steadily, especially for children.

Trends

- From 2002 to 2012, the percentage of children whose parents reported poor communication significantly decreased overall and among all racial/ethnic and income groups.
- Almost all Person-Centered Care measures tracked in the QDR improved; no measure got worse.

Disparities

In almost all years, the percentage of children whose parents reported poor communication with their health providers was:

- Higher for Hispanics and Blacks compared with Whites.
- Higher for poor, low-income, and middle-income families compared with high-income families.

Disparities Trends

- Asian-White differences in two measures related to communication were eliminated.
- Four Person-Centered Care disparities related to hospice care grew larger.

National Quality Strategy: Measures of Care Coordination improved as providers enhanced discharge processes and adopted health information technologies.

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Trends

- From 2005 to 2012, the percentage of hospital patients with heart failure who were given complete written discharge instructions increased overall, for both sexes, and for all racial/ethnic groups.
- There are few measures to assess trends in Care Coordination.

Disparities

- In all years, the percentage of hospital patients with heart failure who were given complete written discharge instructions was lower among American Indians and Alaska Natives compared with Whites.

National Quality Strategy: Many measures of Effective Treatment achieved high levels of performance, led by measures publicly reported by CMS on Hospital Compare.

Trends

- From 2005 to 2012, the percentage of hospital patients with heart attack given percutaneous coronary intervention within 90 minutes of arrival increased overall, for both sexes, and for all racial/ethnic groups.
- In 2012, the overall rate exceeded 95%; the measure will no longer be reported in the QDR.
- Eight other Effective Treatment measures achieved overall performance levels of 95% or better this year, including five measures of pneumonia care and two measures of HIV care.
- About half of all Effective Treatment measures tracked in the QDR improved.
- Two measures, both related to cancer treatment, improved quickly, at an average annual rate of change above 10% per year.
- Three measures related to management of chronic diseases got worse over time.

Disparities

- As rates topped out, absolute differences between groups became smaller. Hence, disparities often disappeared as measures achieved high levels of performance.

Disparities Trends

- Asian-White differences in three chronic disease management measures were eliminated but income-related disparities in two measures related to diabetes and joint symptoms grew larger.

National Quality Strategy: Healthy Living improved in about half of the measures followed, led by selected adolescent vaccines from 2008 to 2012.

Trends

- From 2008 to 2012, the percentage of adolescents ages 16-17 years who received 1 or more doses of meningococcal conjugate vaccine increased overall, for residents of both metropolitan and nonmetropolitan areas, and for all income groups.
- About half of all Healthy Living measures tracked in the QDR improved.
Four measures, all related to adolescent immunizations, improved quickly, at an average annual rate of change above 10% per year (meningococcal vaccine ages 13-15 and ages 16-17; tetanus-diphtheria-acellular pertussis vaccine ages 13-15 and ages 16-17).

Two measures related to cancer screening got worse over time.

Disparities

- Adolescents ages 16-17 in nonmetropolitan areas were less likely to receive meningococcal conjugate vaccine than adolescents in metropolitan areas in all years.
- Adolescents in poor, low-income, and middle-income households were less likely to receive meningococcal conjugate vaccine than adolescents in high-income households in almost all years.

Disparities Trends

- Four disparities related to child and adult immunizations were eliminated.
- Black-White differences in two Healthy Living measures grew larger.

National Quality Strategy: Measures of Care Affordability worsened from 2002 to 2010 and then leveled off.

From 2002 to 2010, prior to the Affordable Care Act, care affordability was worsening. Since 2010, the Affordable Care Act has made health insurance accessible to many Americans with limited financial resources.

Trends

- From 2002 to 2010, the overall percentage of people unable to get or delayed in getting needed medical care, dental care, or prescription medicines and who indicated a financial or insurance reason rose from 61.2% to 71.4%.
- From 2002 to 2010, the rate worsened among people with any private insurance and among people from high- and middle-income families; changes were not statistically significant among other groups.
- After 2010, the rate leveled off, overall and for most insurance and income groups.
- Data from the Commonwealth Fund Biennial Health Insurance Survey indicate that cost-related problems getting needed care fell from 2012 to 2014 among adults.\(^{36}\)
- Another Care Affordability measure, people without a usual source of care who indicate a financial or insurance reason for not having a source of care, also worsened from 2002 to 2010 and then leveled off.
- There are few measures to assess trends in Care Affordability.

Disparities

- In all years, the percentage of people unable to get or delayed in getting needed medical care, dental care, or prescription medicines who indicated a financial or insurance reason for the problem was:

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Higher among uninsured people and people with public insurance compared with people with any private insurance.

Higher among poor, low-income, and middle-income families compared with high-income families.

CONCLUSION

The 2014 Quality and Disparities Reports demonstrate that access to care improved. After years of stagnation, rates of un-insurance among adults decreased in the first half of 2014 as a result of Affordable Care Act insurance expansion. However, disparities in access to care, while diminishing, remained.

Quality of healthcare continued to improve, although wide variation across populations and parts of the country remained. Among the NQS priorities, measures of Person-Centered Care improved broadly. Most measures of Patient Safety, Effective Treatment, and Healthy Living also improved, but some measures of chronic disease management and cancer screening lagged behind and may benefit from additional attention. Data to assess Care Coordination and Affordable Care were limited and measurement of these priorities should be expanded.
Appendix D – Illustrative Schedule h (Form 990) Part V B Potential Response

Illustrative IRS Schedule h Part V Section B (Form 990)\(^\text{37}\)

**Community Health Need Assessment Illustrative Answers**

1. Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?

   *Suggested Answer – No*

2. Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If “Yes,” provide details of the acquisition in Section C

   *Suggested Answer – No*

3. During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If “No,” skip to line 12. If “Yes,” indicate what the CHNA report describes (check all that apply)

   a. A definition of the community served by the hospital facility

      *Suggested Answer – See footnotes 17 and 19 on page 12*

   b. Demographics of the community

      *Suggested Answer – See footnote 20 on page 13*

   c. Existing health care facilities and resources within the community that are available to respond to the health needs of the community

      *Suggested Answer – See footnote 26 on page 34 and footnote 27 on page 35*

   d. How data was obtained

      *Suggested Answer – See footnote 11 on page 8*

   e. The significant health needs of the community

      *Suggested Answer – See footnote 25 on page 33*

   f. Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups

      *Suggested Answer – See footnote 12 on page 9*

   g. The process for identifying and prioritizing community health needs and services to meet the community health needs

      *Suggested Answer – See footnote 31 on page 61*

   h. The process for consulting with persons representing the community’s interests

      *Suggested Answer – See footnotes 8 and 9 on page 7*

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\(^{37}\) Questions are drawn from 2014 Federal 990 schedule h.pdf and may change when the hospital is to make its 990 h filing
i. Information gaps that limit the hospital facility's ability to assess the community's health needs

*Suggested Answer – See footnote 10 on page 8, footnotes 13 and 14 on page 9, and footnote 23 on page 17*

j. Other (describe in Section C)

*Suggested Answer – N/A*

4. Indicate the tax year the hospital facility last conducted a CHNA: 20__

*Suggested Answer – 2013*

5. In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If “Yes,” describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted

*Suggested Answer – Yes; see footnote 15 on page 10 and footnote 30 on page 53*

6. a. Was the hospital facility’s CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C

*Suggested Answer – No*

b. Was the hospital facility’s CHNA conducted with one or more organizations other than hospital facilities? If “Yes,” list the other organizations in Section C

*Suggested Answer – Yes; see footnote 4 on page 4 and footnote 7 on page 7*

7. Did the hospital facility make its CHNA report widely available to the public?

*Suggested Answer – Yes*

If “Yes,” indicate how the CHNA report was made widely available (check all that apply):

a. Hospital facility's website (list URL)

*Suggested Answer – www.aghos.org

b. Other website (list URL)

*Suggested Answer – No other website*

c. Made a paper copy available for public inspection without charge at the hospital facility

*Suggested Answer – Yes*

d. Other (describe in Section C)

*Suggested Answer – No other efforts*
8. Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If “No,” skip to line 11

*Suggested Answer* – See footnotes 28 and 29 on page 50

9. Indicate the tax year the hospital facility last adopted an implementation strategy: 20__

*Suggested Answer* – 2013

10. Is the hospital facility's most recently adopted implementation strategy posted on a website?

a. If “Yes,” (list url):

*Suggested Answer* – Yes; www.aghosp.org

b. If “No,” is the hospital facility's most recently adopted implementation strategy attached to this return?

11. Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed

*Suggested Answer* – See footnote 27 on page 35

12. a. Did the organization incur an excise tax under section 4959 for the hospital facility’s failure to conduct a CHNA as required by section 501(r) (3)?

*Suggested Answer* – None incurred

b. If “Yes” to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?

*Suggested Answer* – Nothing to report

c. If “Yes” to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form4720 for all of its hospital facilities?

*Suggested Answer* – Nothing to report