Corewell Health Gerber Hospital

Community Health Needs Assessment

2026-2028 Implementation Strategy

Corewell Health™

Contents

Executive summary

In November 2025, Corewell Health Gerber Hospital adopted the Community Health Needs Assessment that identified the top community health needs in Newaygo County. The present report provides details on strategies Corewell Health Gerber Hospital will employ to address these community health needs between Jan. 1, 2026, and Dec. 31, 2028. The significant health needs identified in the 2024-2026 MiThrive Community Health Needs Assessment included health care access, mental health, and obesity. Following stakeholder input, we decided to address health care access and mental health in the present implementation strategy. The process of identifying or developing strategies to address these needs was a collaborative effort between Corewell Health Gerber Hospital leaders, community subject matter experts and the Corewell Health Gerber Hospital Community Advisory Board.

Corewell Health Gerber Hospital will dedicate significant resources toward improving the health of our community, with a focus on health care access and mental health. By committing to the included strategies, strengthening community collaborations and focusing on measurable outcomes, we plan to show improvement in these areas by the end of 2028.

Introduction

Mission

Corewell Health's mission is to improve health, instill humanity and inspire hope. People are at the heart of everything we do and the inspiration for our legacy of outstanding outcomes, innovation, strong community partnerships, philanthropy and transparency. Through experience and collaboration, we are reimagining a better, more equitable model of health and wellness.

Description of hospital

Corewell Health is a not-for-profit health system that provides health care and coverage with an exceptional team of 65,000+ dedicated people — including more than 12,000 physicians and advanced practice providers and more than 15,500 nurses providing care and services in 21 hospitals, 300+ outpatient locations and several post-acute facilities — and Priority Health, a provider-sponsored health plan serving more than 1.3 million members. Through experience and collaboration, we are reimagining a better, more equitable model of health and wellness. For more information, visit **corewellhealth.org**.

Internal Revenue Service requirements

The Patient Protection and Affordable Care Act of 2010 set forth additional requirements that hospitals must meet in order to maintain their status as a 501(c) (3) Charitable Hospital Organization. One of the main requirements states that a hospital must conduct a Community Health Needs Assessment and must adopt an implementation strategy to meet the community health needs identified through the assessment. The law further states that the assessment must consider input from persons who represent the broad interests of the community, including those with special knowledge of, or expertise in, public health. In response to the Affordable Care Act's requirements, Corewell Health Gerber Hospital produced a 2024-2026 Community Health Needs Assessment and this document, the 2026-2028 Implementation Strategy.

About this plan

Selection of significant needs

The MiThrive Community Health Needs assessment identified the following health needs:

- Broadband
- Education
- Economic security
- Environment/infrastructure
- Health care access
- Housing
- Mental health
- Obesity
- Safety and wellbeing

These nine health needs were further prioritized during an event where three significant health needs were identified to be addressed by MiThrive and community partners. They are:

- Health care access
- Mental health
- Obesity

The list of nine health needs was reported to the Corewell Health Gerber Hospital Implementation Strategy Workgroup in March 2025. In workgroup meetings, members discussed the data from the MiThrive Community Health Needs Assessment and deliberated on which significant needs would be appropriate for Corewell Health Gerber Hospital to address. The workgroup made the recommendation for the hospital to focus on two health needs to create intentional tactics and objectives that create long-lasting change.

Needs addressed in the implementation strategy

The significant health needs addressed in this document include:

- Health care access
- Mental health

Choosing two significant health needs to address, resources will be focused on taking a comprehensive approach: utilizing the data from the needs assessment to determine which populations have been experiencing disparate health outcomes and what Corewell Health can do from a programming perspective to tailor existing interventions or build new interventions.

Needs not addressed in the implementation strategy

The seven health needs not addressed include:

- Broadband
- Education
- Economic security
- Environment/infrastructure
- Housing
- Obesity
- Safety and wellbeing

Compared to health care access and mental health, these seven health needs were not ranked as high in terms of six prioritization criteria: (1) severity, (2) magnitude, (3) impact, (4) sustainability, (5) achievability and (6) health equity. Though not selected as priority areas, some of the nonprioritized needs will be indirectly addressed through enhancing health care access and mental health and by partnering with lead organizations outside of this implementation strategy that are addressing these areas.

Process for developing the implementation strategy

An Implementation Strategy Workgroup was established for Corewell Health Gerber Hospital. This workgroup was made up of community board members, hospital leadership and representatives of community partner organizations. In March 2025, the workgroup met to identify which of the nine significant health needs identified in the assessment would be addressed by the hospital. To achieve this, a voting matrix that plotted criteria such as feasibility, impact and community benefit considerations was utilized. The workgroup discussed each of the areas and recommended health care access and mental health as the significant health needs to be addressed in the 2026-2028 Implementation Strategy. The workgroup focused on the selection of strategies and report development from March 2025 to Oct. 2025. Throughout this process, there was robust dialogue around current strategies for the county, gaps in service, and potential collaborations between agencies and hospitals.

Health transformation framework

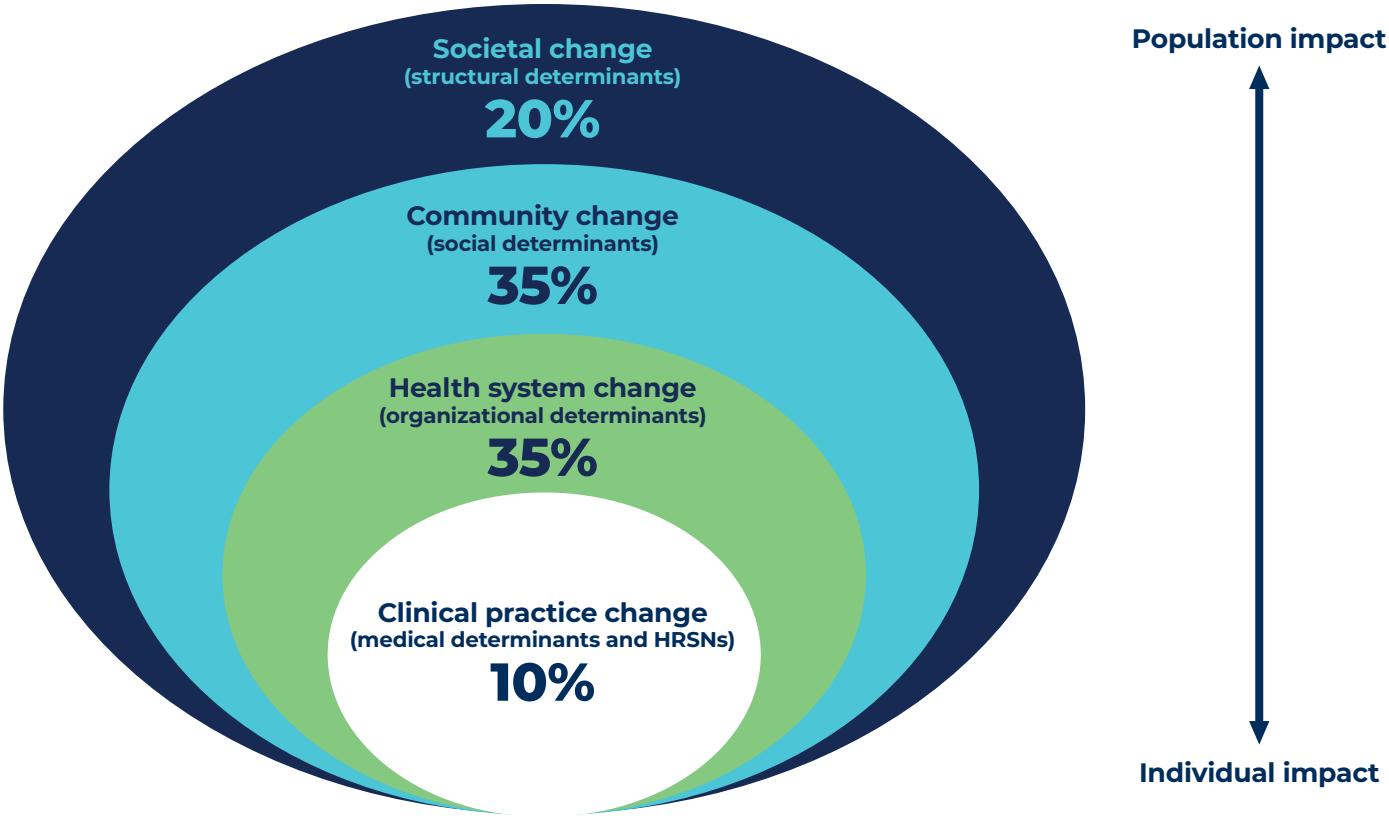
Corewell Health, in collaboration with HealthBegins, developed a strategic framework to guide our population health work. Health care systems have traditionally focused on meeting the medical and health care needs of individual patients. A deepened understanding of the significance of community and societal factors on health has strengthened our focus to prevent poor health outcomes and ensure everyone has a fair and full opportunity to be as healthy as possible.

Clinical practice change (medical determinants and health-related social needs): This level describes efforts to meet the immediate medical and social needs of individual people, such as addressing unstable housing situations, household food insecurity, access to health care, medication management and job opportunities. This level of work provides immediate relief to those in urgent need and utilizes existing resources in the community.

Health system change (organizational determinants): This level describes work to improve the conditions of places where people are born, grow, live, work and age through hospital policies, practices and initiatives. For example, when it comes to housing, community-level work involves collaborating with local housing stakeholders to ensure adequate, quality housing exists in the community and is accessible to those who need it. A hospital breastfeeding policy that supports skin-to-skin contact and offers lactation consulting services is another example of a hospital-led intervention.

Community change (social determinants): This level describes the reformation of institutional policies and practices to ensure that community conditions meet residents' social needs. Work at this level creates long-lasting improvements to systems that impact community conditions and social determinants. One example of an initiative that falls into this category is programs that engage families and communities in supporting pregnant women and new mothers, with interventions such as peer support groups for breastfeeding and community baby showers to provide essential items and information to expectant mothers.

Societal change (structural determinants): This level describes interventions that impact processes and policies, such as state and federal social and economic guidelines. An example of this work is policies that provide subsidies for childcare to low-income families, ensuring that children have access to safe and stimulating environments while their parents work or pursue education.



To save lives and improve population health, we must work to simultaneously address concerns at the individual level by addressing social needs, the community level by addressing social determinants and the societal level by addressing structural determinants of health. Each project described in this Implementation Strategy impacts one or more components of this framework.

Significant health needs addressed

Health care access

About the significant need

Access to care is more than just the availability of medical services. A constellation of factors determines whether residents in Newaygo County can get appropriate care when they need it. These factors include affordability of co-payments and deductibles, provider office hours, transportation and health literacy, to name a few. The consequence of these barriers is residents delaying, rationing and choosing other essential needs (e.g., housing, utilities and food) over their health care needs.

Barriers to health care access can create significant disparities in health outcomes. Individuals facing financial hardships, living in rural areas or struggling with complex health care systems often experience gaps in care, leading to worsened health conditions and increased medical costs over time. In the state of Michigan, there are approximately 78 primary care providers per 100,000 residents (County Health Rankings, 2021), which is a higher ratio than is seen in Newaygo County (36 primary care providers per 100,000 residents). This makes it harder for residents to seek care for acute and chronic diseases.

The long-term consequences of a lack of access to care include complex medical conditions, comorbidities, premature disability and poor quality of life. Of the respondents to the community survey, 39.2% identified difficulty getting an appointment due to the lack of time slots at their provider as one of their top issues with access; 34.9% of respondents cited the high cost of care (including out-of-pocket expenses). Additionally, factors within the health care system contribute to the lack of health care access. Provider shortages, lack of proximity and access to health care facilities, health care costs, fragmentation within the health care system, and navigating the complexities of the health insurance and health care system all are barriers to care.

The COVID-19 pandemic exacerbated technological barriers to health care. People without technological means (because of a lack of either high-speed internet access or equipment) or knowledge and skills to utilize their technological resources found themselves excluded from virtual health care opportunities. When people can access preventive care, manage chronic illnesses and receive necessary treatments without financial or logistical obstacles, they are more likely to experience better health outcomes, improved well-being and a higher quality of life.

Goal

Work collaboratively to expand access to care in rural communities, fostering healthier lives and building stronger, more resilient communities through equitable and sustainable health care solutions.

Addressing the need

Strategy No. 1: Explore establishing a rural mobile health care unit.

Background

For Newaygo County residents, the rural nature of the county and limited number of primary care providers makes accessing health care challenging. Mobile health units, vehicles such as buses or vans equipped with medical personnel offering a variety of services, are one way to meet community members where they are and remove barriers to care. Through the exploration and implementation of a rural mobile health unit, Corewell Health can provide trusted medical care and improve health outcomes for community members who are experiencing barriers to accessing health care.

Main objective

Tactics will explore establishing a rural mobile health care unit to reach patients and families in Newaygo County.

Anticipated impact

The anticipated impact of this strategy is to better reach patients who may be disengaged and not seeking regular, routine care. By reaching patients where they are located throughout Newaygo County, we can break down the transportation barrier and offer trusted medical care close to home.

Strategy No. 2: Connect patients with financial counseling services.

Background

The National Health Service Corps (NHSC) or Michigan State Loan Repayment Program (MSLRP) are federal and state programs, respectively, that allow health care providers to apply for student loan forgiveness in exchange for working at a practice in an area with a provider shortage area. Recruitment of providers to these areas can be difficult. These programs offer an incentive for them to commit to employment for a specified period and help Corewell Health with provider recruitment and retention. The NHSC/MSLRP programs also require the practice to have a financial assistance program that complies with program requirements, and to notify all patients of this policy and assists any patients that would like to apply. Corewell Health must report the volume of utilization of the program yearly to show compliance with this requirement. These programs are a benefit to our patients, as they are much less restrictive than the Corewell Health system policy and allow a greater number of patients to qualify for financial assistance.

Main objective

Tactics will increase awareness of and expand access to financial counseling services within Corewell Health community programs, ambulatory sites and hospitals.

Anticipated impact

The anticipated impact of this strategy for patients at Corewell Health offices in Newaygo County will be the ability to access medical care, which will increase as the number of approved applications for financial assistance also increases. This will lead to improved health outcomes for those who seek medical services.

Strategy No. 3: Create links within Corewell Health in West Michigan to address barriers related to social drivers of health.

Background

Establishing deliberate community and clinical partnerships between select service lines and community programs is essential for addressing the significant health needs identified in the MiThrive County Community Health Needs Assessment. By fostering these partnerships, Corewell Health can leverage local knowledge and resources, ensuring that interventions are tailored to the unique needs of the community. This collaborative approach not only enhances the effectiveness of health strategies but also promotes trust and engagement among community members, which is essential for sustainable health improvements. Strengthening community collaborations and focusing on measurable outcomes are key components of Corewell Health's strategy to improve health equity, and the commitment to establishing deliberate community and clinical partnerships is reflected in Corewell Health's strategic priorities and community engagement efforts.

Main objective

Tactics will establish direct partnership between select internal service lines and community health programs.

Anticipated impact

The anticipated impact of encouraging internal service lines to create infrastructure and linkages across the continuum of care to collect, act on and monitor health related social needs data is that it will remove barriers to care and lead to improved health outcomes for those who seek medical services. Additionally, this work will serve to connect identified social determinants of health data with community partner resources, and investments.

Strategy No. 4: Distribute community investment grants to foster collective impact within the community.

Background

No one organization or entity alone can solve the deep-rooted and often complex issues that produce disparate health outcomes. Significant health needs that emerge in the Community Health Needs Assessment, such as access to care, mental health, housing and chronic disease, are interconnected and require a cross-sector, collective-impact approach to make meaningful change. Establishing a community health investment strategy aligned with Corewell Health's mission, vision and values is one way to build capacity within the community to remove barriers to care and generate positive communitywide impact.

Main objective

Tactics will establish a funding process that strategically invests in local organizations aligned with Corewell Health's mission and values to better serve adults and families in Newaygo County.

Anticipated impact

The anticipated impact of this objective is to partner with local organizations to support capacity building, infrastructure development, training, coaching and other community power-building interventions that generate positive communitywide impact. This capacity-building work has the potential to ensure that community members receive higher-quality and more equitable care from Corewell Health's community partners.

Mental health

About the significant need

Mental health, as defined by the World Health Organization, is "a state of well-being in which every individual realizes their own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to their community." Mental illness can result in severe distress for the person who has it, and it impairs their ability to function and participate in society. A variety of mental illnesses can occur, including mood disorders (such as depression or bipolar disorder), anxiety disorders, personality disorders, psychotic disorders (such as schizophrenia), eating disorders, trauma-related disorders (such as post-traumatic stress disorder) and substance use disorders.

Mental disorders can occur individually, or a person can have several at the same time. Mental illness often occurs without the person showing any physical symptoms, which can cause communities to perceive it as a personal moral failing and not an illness needing treatment. As the data shows, mental health conditions such as depression are being diagnosed more often within the region. CDC PLACES data from 2022 shows that 25.7% of adults in Newaygo County were currently or had previously been diagnosed with depression. As mental health becomes more acceptable to discuss, the magnitude and consequences of poor mental health become more apparent. Despite its critical role in overall health, many individuals face significant barriers to accessing mental health services, including cost, stigma and provider shortages. Untreated mental illnesses increase the risk of a person choosing unhealthy and/or unsafe behaviors (including substance use, violent/destructive behavior and intentional self-harm).

Mental illness can also increase the risk of chronic physical health conditions, including diabetes, hypertension, stroke and heart disease. Mental health is influenced by genetics, experiences of trauma, stress, coping abilities and behaviors/habits. Systemic factors also contribute to mental illness. The complexity of the mental health system locks some patients out of it entirely. Those who can navigate the system often contend with an insufficient supply of providers to meet community demand. Across the state of Michigan, there are approximately 336 mental health providers for every 100,000 residents (County Health Rankings, 2023). In comparison, Newaygo County has fewer providers (216 per 100,000 residents) available to treat mental health disorders. Ensuring that everyone has access to timely, quality mental health care is key to fostering healthier individuals and communities.

Goal

Improve the accessibility, availability, affordability and quality of mental health services.

Addressing the need

Strategy No. 1: Expand suicide prevention education and protocol into one additional Newaygo County School.

Background

The schools in Newaygo County have had varying levels of suicide prevention education. A few have established protocols in place to identify and address mental health needs. Equipping school personnel with the tools they need through expanded education and protocols is crucial for fostering a supportive environment and improving access to mental health care for students in Newaygo County.

Main objective

Tactics will strengthen suicide prevention capacity within Newaygo County schools.

Anticipated impact

The anticipated impact of this strategy is to equip more educators and support staff in Newaygo County schools to support students and families during a mental health crisis.

Strategy No. 2: Create a Hidden in Plain Sight Room to educate parents and caregivers on the warning signs of potential substance use and risky behaviors.

Background

The Hidden in Plain Sight Room is an initiative to educate parents and caregivers on the warning signs of potential substance use and risky behaviors. Program materials can be used in a demonstration that features concealed alcohol, and vaping and drug use items in a mock bedroom. The implementation of this program will educate parents on these issues and help youth in need get connected to necessary resources.

Main objective

Tactics will increase awareness and prevention of youth substance use in Newaygo County.

Anticipated impact

The anticipated impact of this strategy is to educate parents, caregivers, teachers and those working with adolescents on the warning signs of risky behaviors potentially related to substance use. Through this education, more youth will be connected with the necessary resources they need to access help.

Strategy No. 3: Connect community members to Question, Persuade, Refer suicide prevention trainings.

Background

Question, Persuade, Refer (QPR) is a suicide prevention program that teaches community members to recognize and respond to mental health crises. This training presents information on the unique challenges individuals face that can lead to stress, depression and suicide, as well as how to implement QPR interventions with individuals at risk of suicide. This strategy will equip community members with effective suicide prevention skills and strengthen the community's capacity to address mental health needs in the community.

Main objective

Tactics will increase suicide prevention education offered to students and community members in Newaygo County.

Anticipated impact

The anticipated impact of this strategy is to increase the number of gatekeepers trained in the community who are aware of the signs of suicide and how to offer hope and support.

Significant health needs not addressed

Obesity

Justification for decision

The 2024-2026 MiThrive Community Health Needs Assessment identified obesity as a significant health need. Obesity is a complex health issue influenced by a combination of genetic, behavioral, environmental and socioeconomic factors. While obesity is recognized as a significant health need in our community, it was not selected as a priority for this implementation cycle due to several factors. The workgroup applied a data-driven prioritization process that considered urgency, feasibility, resource availability and potential for measurable impact within the current time frame. While obesity was not prioritized in this implementation strategy, it remains a key focus for future efforts. Additionally, existing initiatives targeting obesity are already underway, allowing us to focus on other unmet health needs where immediate progress can be achieved. This phased approach ensures strategic alignment and builds capacity for future obesity-focused efforts.

Community resources

Corewell Health is committed to supporting services, programs and initiatives that address obesity, such as providing medical nutrition therapy and the Lifestyle Medicine program. Additionally, programming is offered to deliver practical nutrition education to empower individuals and families to make healthier choices. For those seeking structured support, Corewell Health also provides weight management programs that combine education, behavioral strategies and ongoing guidance to promote sustainable results.

The following organizations are tasked with obesity prevention and management services and programs: Corewell Health, District Health Department #10, Michigan Department of Health and Human Services, and MSU Extension.

Appendix:
Abbreviated table 1

Health care access

Goal: Work collaboratively to expand access to care in rural communities, fostering healthier lives and building stronger, more resilient communities through equitable and sustainable health care solutions.

Strategy	Anticipated impact	
Explore establishing a mobile health care unit.	To better reach patients who may be disengaged and not seeking regular, routine care.	**Health system transformation**
Connect patients with financial counseling services.	Ability to access medical care and improved health outcomes for those who seek medical services.	**Clinical practice transformation**
Create links within Corewell Health in West Michigan to address barriers to social drivers of health.	Development of infrastructure and linkages across the continuum of care to collect, act on and monitor health-related social needs data. This will remove barriers to care and lead to improved health outcomes for those who seek medical services.	**Health system transformation**

Appendix:
Abbreviated table 2

Health care access

Goal: Work collaboratively to expand access to care in rural communities, fostering healthier lives and building stronger, more resilient communities through equitable and sustainable health care solutions.

Strategy		Anticipated impact		
Distribute community investment grants to foster collective impact within the community.		Improve access to services, enhance community capacity, align values, increase community engagement and reduce health disparities.		**Social structure transformation**

Appendix:
Abbreviated table 3

Mental health

Goal: Improve accessibility, availability, affordability and quality of mental health services.

Strategy	Anticipated impact	
Expand suicide prevention education and protocol into one additional Newaygo County school.	Equip more educators and support staff in Newaygo County schools to support students and families during a mental health crisis.	**Community transformation**
Create a Hidden in Plain Sight room to educate parents and caregivers on the warning signs of potential substance use and risky behaviors.	Increase knowledge on the warning signs of risky behaviors related to substance use. Increase number of youth connected with necessary resources to access help.	**Community transformation**
Connect community members to Question, Persuade, Refer, suicide prevention trainings.	Increase the number of gatekeepers trained in the community who are aware of the signs that someone is at risk of suicide and how to offer hope and support.	**Community transformation**