

Corewell Health Pennock Hospital



Community Health Needs
Assessment

2026-2028 Implementation Strategy

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Executive summary

In November 2025, Corewell Health Pennock Hospital adopted the Community Health Needs Assessment, which identified the top community health needs in Barry County. The present report provides details on strategies Corewell Health Pennock Hospital will employ to address these community health needs between Jan. 1, 2026, and Dec. 31, 2028. The significant health needs identified in the 2024-2025 Barry County Community Health Needs Assessment included health care access, housing and mental health. 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 Pennock Hospital leaders, community subject matter experts and the Corewell Health Pennock Hospital Community Advisory Board.

Corewell Health Pennock 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](https://www.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 Pennock Hospital produced a 2024-2025 Community Health Needs Assessment and this document, the 2026-2028 Implementation Strategy.

About this plan

Selection of significant needs

The Barry County Community Health Needs Assessment identified the following health needs:

- Clean environment
- Food insecurity
- Health care access
- Housing
- Mental health
- Strong economy and living wages
- Substance use

These seven health needs were further prioritized during a data preview event where three significant health needs were identified to be addressed by the Barry County Health Department, Corewell Health and community partners. They are:

- Health care access
- Housing
- Mental health

The list of seven health needs was reported to Corewell Health Pennock Hospital's Implementation Strategy Workgroup in March of 2025. In workgroup meetings, members discussed the data from the Barry County Community Health Needs Assessment and deliberated on which significant needs would be appropriate for Corewell Health Pennock Hospital to address. The workgroup made the recommendation that the hospital 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 means resources can 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 five health needs not addressed include:

- Clean environment
- Food insecurity
- Housing
- Strong economy and living wages
- Substance use

Compared to health care access and mental health, these five health needs were not ranked as high in terms of three prioritization criteria: (1) severity/magnitude, (2) impact on communities and (3) ability to impact (on the part of the organizations themselves). The second step asked participants to use a prioritization matrix to compare each theme to the others and decide which was more important on a three-point scale. Finally, the score given to each theme was calculated by averaging step one and step two results. 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 Pennock 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 seven significant health needs identified in the assessment the hospital would address. 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 that 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

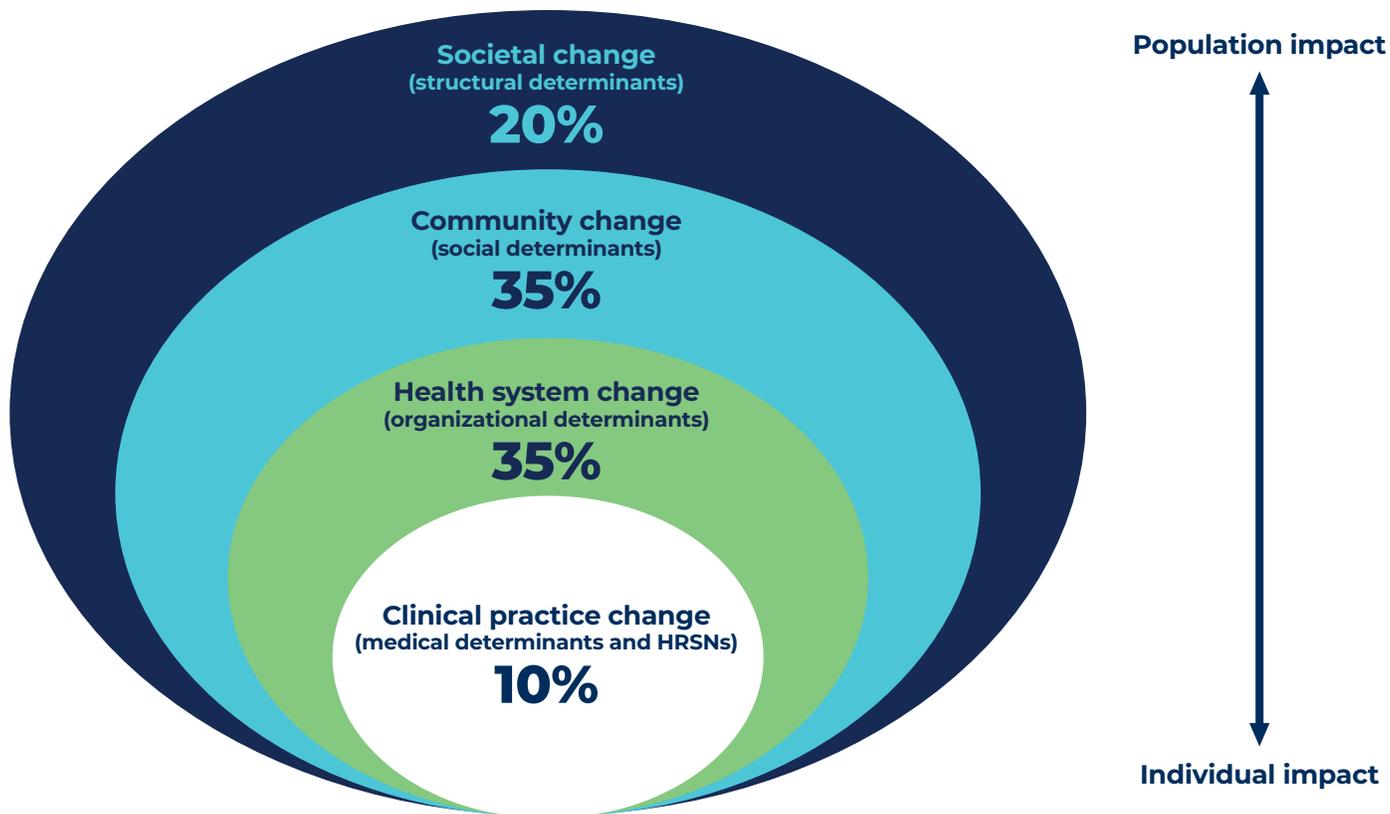
Corewell Health, in collaboration with HealthBegins, developed a strategic framework to guide our population health work. Health care systems have traditionally focused on meeting the medical and health care needs of individual patients. A deepened understanding of the significance of community and societal factors on health has led us to focus on how 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 health insurance. A constellation of factors determines whether Barry County residents 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. In Barry County, males, those with less than a high school degree and those who make \$49,999 or less annually were more likely to report having no personal doctor or health care provider. 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. Close to 39% of Barry County residents who completed the survey reported that in the past two years, they struggled to meet their health care needs.

Among those who faced these challenges, 65.9% cited the high cost as a barrier, 38.5% were unable to afford deductibles or co-pays, and 33.3% pointed to a lack of physician specialists in the area. The long-term consequences of a lack of access to care include complex medical conditions, comorbidities, premature disability and poor quality of life. 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 health insurance and the 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 the 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 better 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: Expand community health worker in the emergency department program.

Background

Some patients rely on emergency departments as their primary health care source, often because of complex social determinants. Community health workers are front-line public health workers and trusted community resources who address social determinants of health, such as food insecurity, transportation barriers, household utility barriers and health access barriers. The emergency department is an optimal location to place a community health worker to support patients with complex needs. By connecting patients to community resources, community health workers can help reduce emergency department utilization and improve patient health outcomes.

Main objective

Tactics will establish an emergency department community health worker program that will include patient screening, referral to community resources, post-discharge follow-up and integration with care coordination teams.

Anticipated impact

The anticipated impact of this objective is that patient health outcomes will be improved through comprehensive screening, effective referrals to community resources, thorough post-discharge follow-up and seamless integration with care coordination teams.

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

Background

The National Health Service Corps (NHSC) and 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. Recruitment of providers in 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 recruitment and retention. The NHSC/MSLRP also require the practice to have a financial assistance program that complies with their requirements, and to notify all patients of this policy and assist any patients who would like to apply. Corewell Health must report the volume of utilization of the programs yearly to show compliance with these requirements. 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 is for patients of Corewell Health offices in Barry County to have 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: Establish deliberate community clinical partnerships between select service lines and community programs.

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 Barry 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 embed community programs into clinical pathways.

Anticipated impact

The anticipated impact of creating referral pathways between clinical service lines and Corewell Health Healthier Communities programming is that patients who follow through with referrals to such programming in Barry County will see improvements in health outcomes related to their conditions.

Strategy No. 4: Improve strategy for addressing social drivers of health.

Background

Creating linkages within Corewell Health in West Michigan is essential for addressing barriers related to social drivers of health. By fostering these internal connections, Corewell Health can leverage our extensive network and resources to develop comprehensive strategies that address the root causes of health disparities. This collaborative approach ensures that interventions are tailored to the unique needs of the community, promoting equitable access to care and improving overall health outcomes. Strengthening these linkages is crucial for creating a more integrated and effective health care system that can respond to the diverse needs of the population. Corewell Health's commitment to addressing social drivers of health is reflected in our strategic priorities and community engagement efforts.

Main objective

Tactics will establish partnerships between Corewell Health and external partners that supports addressing social drivers of health (e.g., transportation).

Anticipated impact

The anticipated impact of encouraging cross-functional departments and service lines to create infrastructure and pathways 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 partners, resources and investments.

Strategy No. 5: 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.

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 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. Gaps in access were identified as a barrier in the Barry County Community Health Needs Assessment. While behavioral health services do exist within the county, focus group findings highlight concerns about their availability and accessibility. Many residents reported having to travel outside the county to obtain the care they need, indicating a shortage of local resources. Qualifying for services poses another barrier, as eligibility criteria often leave individuals unable to access essential support. 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: Implement and engage with Interconnected Systems Framework (ISF).

Background

The Interconnected Systems Framework seeks to connect education and mental health systems and staff in order to improve the educational outcomes of K-12 students. By identifying ways community interventions and school districts can work together, the ISF can both improve the quality of the individual systems and help eliminate service gaps or missing elements of services. The ISF model streamlines referrals for mental health supports and services for students across the Barry County Intermediate School District (ISD), allowing quicker support for students in need. ISF is a successful model that has been used throughout the Corewell Health region and is nationally recognized for successfully streamlining mental health interventions for students and strengthening community partnerships, with the hopes of enhancing equitable systems.

Main objective

In partnership with the Barry County ISD, tactics will establish a local ISF to identify and implement mental health support in schools where it is most needed.

Anticipated impact

The anticipated impact of this objective is to create an environment that will have more intentional services, support and response to youths' mental and behavioral health needs.

Strategy No. 2: Build and expand community-informed mental health services.

Background

Mental health is essential to overall well-being, influencing relationships, daily functioning and our ability to lead fulfilling lives. Despite its critical role in overall health, many individuals face significant barriers to accessing mental health services, including cost, stigma and provider shortages. This strategy will leverage the Youth Advisory Committee to build capacity within Corewell Health Pennock Hospital and the community to address mental and behavioral health concerns. Expanding education and early intervention efforts is crucial for improving access to mental health care and reducing disparities in care.

Main objective

Tactics will build and expand community mental health services provided by Corewell Health Pennock Hospital to increase awareness of, and appropriate training for, community mental and behavioral health concerns.

Anticipated impact

The anticipated impact of this objective is that community mental health services offered by Corewell Health Pennock Hospital will lead to improved awareness of and ability to address the mental and behavioral health concerns of parents and caregivers of children in Barry County.

Significant health needs not addressed

Housing

Justification for decision

The Barry County Community Health Needs Assessment identified affordable housing as a significant health need. Housing prices have increased and have become prohibitive, particularly for individuals and families who rent. Additionally, appropriate senior housing, which would allow individuals to age in place safely, is severely limited. However, the need for safe and affordable housing goes well beyond the need of families and seniors made vulnerable for whom stable housing can facilitate compliance with disease management plans. Individuals and families across the whole economic spectrum in Barry County are experiencing barriers to safe and affordable housing. The housing crisis has caused local collaborative efforts to emerge in Barry County. Solving the housing issue requires skills and expertise (such as urban planning and political advocacy) beyond the resources of Corewell Health Pennock Hospital. Consequently, the Implementation Strategy Workgroup decided that the best course of action would be to partner with and support existing local collaborative efforts.

Community resources

The Barry County Chamber and Economic Development Alliance contain the EDA Housing Committee, which includes local government, the Barry Community Foundation, Barry County United Way, and several other businesses and nonprofits, including Barry County Habitat for Humanity.

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

Expand community health worker in the emergency department program.



Patient health outcomes will improve through comprehensive screening, effective referrals to community resources, thorough post-discharge follow-up and seamless integration with care coordination teams.



Health system transformation

Connect patients with financial counseling services.



The ability to access medical care leads to improved health outcomes for individuals who seek medical services.



Clinical practice transformation

Establish deliberate community clinical partnerships between select service lines and community programs.



Patients who follow through with referrals to Corewell Health Healthier Communities programming in Barry County will see improvements in health outcomes related to their conditions.



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

Improve strategy for addressing social drivers of health.



The removal of barriers to care will lead to improved health outcomes for those who seek medical services.



Health system transformation

Distribute community investment grants to foster collective impact within the community.



Community members will receive higher-quality and more equitable care from Corewell Health's community partners.



Social structure transformation

Appendix: Abbreviated table 3

Mental health

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

Strategy

Implement and engage with Interconnected Systems Framework in Barry County.



Anticipated impact

An environment with more intentional services, support and response to youths' mental and behavioral health needs by working collaboratively with the Barry County public school system stakeholders.



Community transformation

Build and expand community-informed mental health services.



Community mental health services offered by Corewell Health Pennock Hospital will lead to improved awareness of and ability to address the mental and behavioral health concerns of parents and caregivers of children in Barry County.



Health system transformation