



Mary Free Bed Rehabilitation Hospital:

COMMUNITY HEALTH NEEDS ASSESSMENT

2016-2018

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Executive Summary

Mary Free Bed Rehabilitation Hospital is a non-for-profit, nationally-accredited, independent acute rehabilitation hospital. For nearly 125 years, Mary Free Bed has restored hope and freedom through rehabilitation for children and adults who have experienced brain injuries, strokes, spinal cord injuries, multiple traumas, amputations, cancer and other diagnoses.

Mary Free Bed is the only freestanding rehabilitation hospital in West Michigan. The combination of comprehensive services and an exclusive focus on rehabilitation enables specialty board-certified physicians and specially-trained staff to help patients achieve outstanding clinical results.

Mary Free Bed's patients are primarily referred by physicians following an acute care hospitalization. Multidisciplinary services are available for inpatient, outpatient, and homebound care. Mary Free Bed Rehabilitation Hospital treats all patients fairly and equally independent of their ability to pay. The Hospital is committed to providing universal access to services rendered and provide financial assistance to patients whom are eligible for charity funding or sponsorship while maintaining a financially viable operation. At the same time, Mary Free Bed has a fiduciary responsibility to seek payment for services from those who can pay in order to ensure the continued availability of health care services in the community.

The 167-room hospital campus is located in downtown Grand Rapids, Michigan, however, offers rehabilitation care throughout Michigan via the Mary Free Bed Rehabilitation Network, with services in Flint, Kalamazoo, Lansing, Muskegon, Pontiac, Traverse City, and Wyoming.

In fiscal year 2015 (April 1, 2014-March 31, 2015), 1,228 adults and 122 children and adolescents sought inpatient care at Mary Free Bed's Grand Rapids campus. More than 2,650 adult inpatients were treated at Mary Free Bed Rehabilitation Network sites. Approximately 32,000 people received Mary Free Bed outpatient therapy and services.

In an effort to align hospital services with the needs of our community, leaders from Mary Free Bed have analyzed secondary health assessment research conducted by local, state and federal agencies. The goal of this analysis was to ensure essential health needs of our community are being addressed by services available across the Mary Free Bed Rehabilitation Network. Mary Free Bed Rehabilitation Hospital intends to use this Community Health Needs Assessment to address the needs of our community at large in order to implement necessary and productive community-based programs. The results of this assessment are being used to advance community health in order to:

1. Increase access to needed health and rehabilitation services
2. Support community needs through MFB Community Partnerships
3. Continue to assess and evaluate hospital services
4. Assure a competent more productive workforce

Furthermore, this assessment will be used to support efforts of Mary Free Bed leadership to identify areas where specific strategies and objectives of the organization can be optimized to meet the needs of our community served.

Mary Free Bed Rehabilitation Network Locations

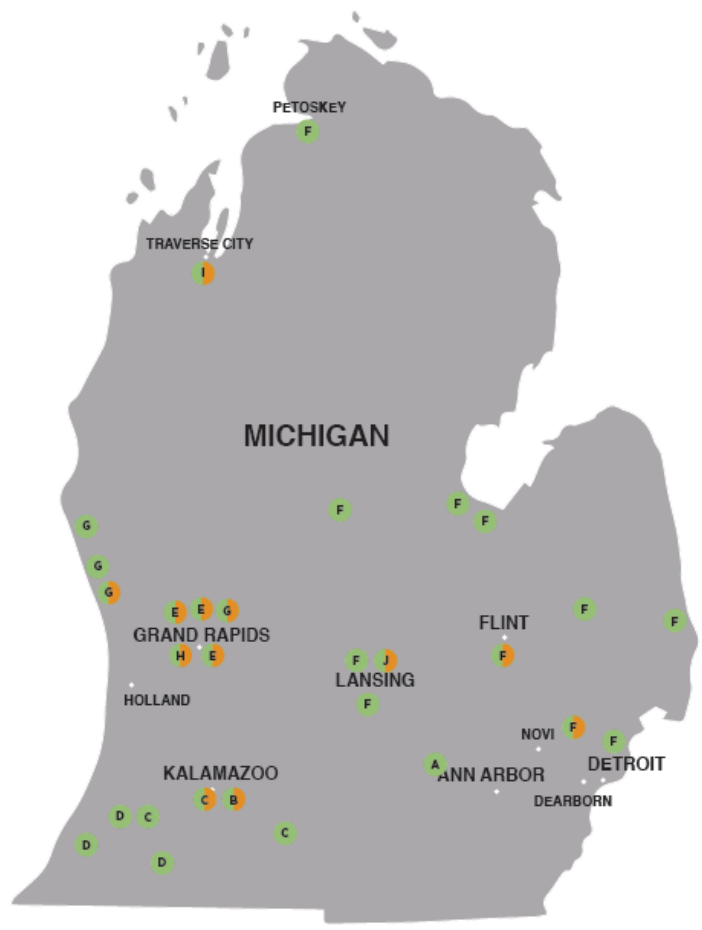


- A. Allegiance Health**
- B. Borgess**
- C. Bronson Healthcare**
 - Battle Creek
 - Lakeland - Paw Paw
 - Methodist - Kalamazoo
- D. Lakeland Health**
 - Medical Center - Saint Joseph
 - Niles
 - Watervliet
- E. Mary Free Bed Rehabilitation Hospital**
- F. McLaren Health System**
 - Bay region
 - Bay Special Care (LTACH)
 - Central Michigan
 - Flint
 - Greater Lansing
 - Lapeer Region
 - Macomb
 - Northern Michigan
 - Oakland
 - Orthopedic Hospital
 - Port Huron
- G. Mercy Health**
 - Hackley
 - Lakeshore
 - Mercy
 - Saint Mary's
- H. Metro Health**
- I. Munson Medical Center**
- J. Sparrow Hospital**

- B. Borgess**
 - Inpatient Unit
- C. Bronson - Methodist**
 - Physiatrist
- E. Mary Free Bed Rehabilitation Hospital**
 - Acute Rehabilitation
 - Outpatient Locations (Main)
 - O&P Locations (Main)
 - Sub-Acute Rehabilitation
- F. McLaren**
 - Oakland - Inpatient Unit, Outpatient Services
 - Flint - Physiatrist
- G. Mercy Health**
 - Mary Free Bed at Hackley - Inpatient Unit
 - Saint Mary's - Acute Care Therapy
 - Hauenstein Neuroscience Center
- H. Metro Health**
 - Acute Care and Outpatient Therapy
- I. Munson Medical Center**
 - Inpatient Unit, Outpatient Services
- J. Sparrow**
 - Mary Free Bed at Sparrow - Inpatient Unit

In Network

In Network System Sites



Introduction

Under the new mandated provisions set by the Affordable Care Act Section 501(r), hospital organizations must complete a Community Health Needs Assessment [CHNA] that addresses the hospital's community needs as determined by and aligned with Local, State and Federal identified needs. Along with identifying community needs, the hospital organization will also accompany their CHNA with an Implementation Plan [IP] [a tool used to illustrate critical steps in developing a program to fill unmet needs] outlining the action to be taken to meet the identified needs of the given community. As an added addition, each hospital must report on the progress and implementation of the previously written CHNA and IP cycle (IRS, 2015).

Section 501(r)(2)(A) defines a "hospital organization" as (i) an organization that operates a facility required by a State to be licensed, registered, or similarly recognized as a hospital ("State-licensed hospital facility"), and (ii) any other organization that the Secretary determines has the provision of hospital care as its principal function or purpose constituting the basis for its exemption under section 501(c)(3). Similarly, section 501(r)(3)(A) provides that a hospital organization meets the CHNA requirements [as outlined by section 501(r) above] with respect to any taxable year (IRS, 2015).

Mary Free Bed Rehabilitation Hospital must complete the Community Health Needs Assessment requirements as outlined above as (i) Mary Free Bed Rehabilitation Hospital is a hospital organization that operates a facility required by a State to be licensed, registered, or similarly recognized as a hospital ("State-licensed hospital facility"), and (ii) has the provision of hospital care as its principal function or purpose constituting the basis for its exemption under section 501(c)(3).

Per the federal requirements above, Mary Free Bed published their first Community Health Needs Assessment in March 2013. At this time, Kent County [county in which main hospital is located] had previously published their first Community Health Needs Assessment in 2012. Unfortunately, Kent County did not include disabilities as an identified 2012 need in the surrounding area. However, with the second publication of the Kent County CHNA, disabilities has been added at the request of Mary Free Bed.

Mary Free Bed conducted a Community Health Needs Assessment [CHNA] in Grand Rapids, Michigan spanning September 2015 through March 2016. The purpose of this CHNA is to better our understanding of the health needs of the community served by Mary Free Bed Rehabilitation Hospital and the Mary Free Bed Rehabilitation Network, especially for persons with disability and/or

impairments. The information obtained for the CHNA will be used to create a strategic implementation plan that aligns with the overall hospital strategic initiatives, Federal, State and County objectives to aid in improving access to health and rehabilitation services, support community needs through a community benefits plan, create a competent more productive workforce, and continue to assess and evaluate hospital services.

Community as Defined by the Internal Revenue Service:

Notice 2011-52 of the IRS codes outlines the key factors to consider when defining a Community Health Needs Assessment community served. Community hospitals may focus on primary service area, targeted populations most frequently served, and specialty care. The following statement is the published notice outlining the expectations of this community definition:

“...Treasury and the IRS intend to provide that a hospital organization may take into account all of the relevant facts and circumstances in defining the community a hospital facility serves. Generally, Treasury and the IRS expect that a hospital facility’s community will be defined by geographic location (e.g., a particular city, county, or metropolitan region). However, in some cases, the definition of a hospital facility’s community may also take into account target populations served (e.g., children, women, or the aged) and/or the hospital facility’s principal functions (e.g., focus on a particular specialty area or targeted disease). Notwithstanding the foregoing, a community may not be defined in a manner that circumvents the requirements to assess the health needs of (or consult with persons who represent the broad interests of) the community served by a hospital facility by excluding, for example, medically underserved populations, low-income persons, minority groups, or those with chronic disease needs.” (IRS Notice 2011-52)

Community as Defined by Mary Free Bed Rehabilitation Hospital:

Utilizing Notice 2011-52 of the IRS, Mary Free Bed Rehabilitation Hospital has defined their community served as follows:

In keeping consistent with the mission of Mary Free Bed Rehabilitation Hospital’s Universal Access and Kent County identified population demographics and communities served, with special attention focusing on serving those at-risk populations with disabilities and impairments. This community includes, but is not limited to:

- Patients (including vulnerable populations i.e, indigent, under-insured, non-insured, children, and older adults)
- Community partners (including referring physicians, partner organizations)

- Residents of the communities served (Kent County, Other Statewide locations)
- Employees and their dependents
- Mary Free Bed Rehabilitation Hospital Board of Directors and the Mary Free Bed Guild

Defining the Purpose and Scope

This report will serve as the first and initial component of the second Mary Free Bed Rehabilitation Hospital Community Health Needs Assessment conducted on a three year cycle. The Mary Free Bed CHNA aligns with a number of priorities and issues identified in the Kent County Health Needs Assessment, Michigan 4x4 Plan, Essential Public Health Services document and Healthy People 2020 and spans the period April 1, 2016 through March 31, 2019.

This report states the defined community and identified community needs, in alignment with the above mentioned governmental entities, and strategies that Mary Free Bed will undertake in order to comply with IRS code 501(r) and detail the 2016-2018 Community Health Needs Implementation Plan. The Mary Free Bed CHNA follows all guidelines set by⁵:

- Schedule 990-H
- Patient Protection and Affordable Care Act Provision [section 9007]

Mary Free Bed Rehabilitation Hospital Profile

Mary Free Bed has been serving the needs of Michigan children and adults for nearly 125 years. This non-for-profit, nationally accredited, acute care rehabilitation hospital provides comprehensive rehabilitation and related services though inpatient, outpatient and home-bound programs. The mission of Mary Free Bed is to restore lives after significant illness or injury by providing hope and freedom through rehabilitation. Utilizing the practice of Universal Access, Mary Free Bed treats all patients fairly and equally independent of their ability to pay. The Hospital is committed to providing universal access to services rendered and provide financial assistance to patients whom are eligible for charity funding or sponsorship while maintaining a financially viable operation. At the same time, Mary Free Bed has a fiduciary responsibility to seek payment for services from those who can pay in order to ensure the continued availability of health care services in the community.

Mary Free Bed serves a wide variety of populations as defined by our community definition listed above. The primary service area is Grand Rapids, Michigan and its metropolitan areas [see Kent County Profile for further information]. The chart

below highlights health indicators and demographic information for our defined community:

Mary Free Bed Rehabilitation Hospital Primary Service Area Demographics	
MFBRH Employee Population: 1126	
Mean Employee Age: 39	
Employee Gender Distribution: 19% Male 81% Female	
Kent County Population Demographic Indicators⁴	
Total Population: ~609,000	
Age Profile: majority [41.2%] between 25-54	
Ethnicity: White/Caucasian- 82.4% followed by Hispanic or Latino (of any race)- 9.8% and Black/African American- 9.6%	
Urban Population: 84.3% Rural Population: 15.7%	
Household Income Profile: <\$20,000- 43.8%; \$20,000-\$40,000- 21.3%; >\$40,000-34.8%	
Education level: 90.3% have at least a high school diploma	
Adult Obesity: 64.7% of residents are classified as overweight or obese	

Kent County Profile⁴

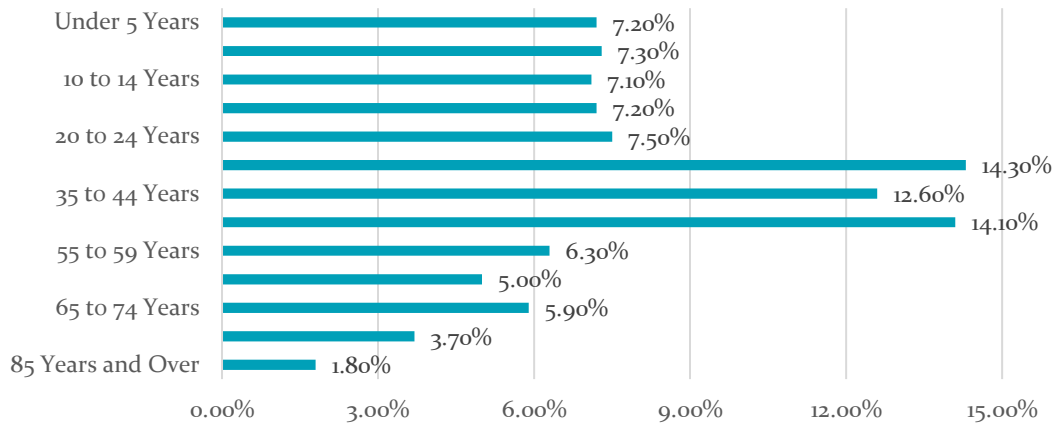
Located in the West Michigan Region, Kent County is comprised of twenty-one townships, five villages and nine cities. Grand Rapids is the County seat and the second largest city in the state of Michigan. Below is a table detailing the recognized and/or incorporated townships, villages and cities located within Kent County:

Kent County: Townships, Villages & Cities						
Townships						
Tyrone	Plainfield	Solon	Cannon	Nelson	Grattan	Spencer
Sparta	Algoma	Ada	Oakfield	Lowell	Alpine	Grand Rapids
Boyne	Caledonia	Byron	Gaines	Cascade	Vergennes	
Villages						
Sparta	Casnovia	Caledonia	Kent City	Sand Lake		
Cities						
Rockford	Walker	Grandville	Cedar Springs	East Grand Rapids		
Wyoming	Lowell	Kentwood	Grand Rapids			

Kent, is one of the most populous single counties in Michigan being home to more than 609,000 residents. The U.S. Census Bureau reports the gender distribution is

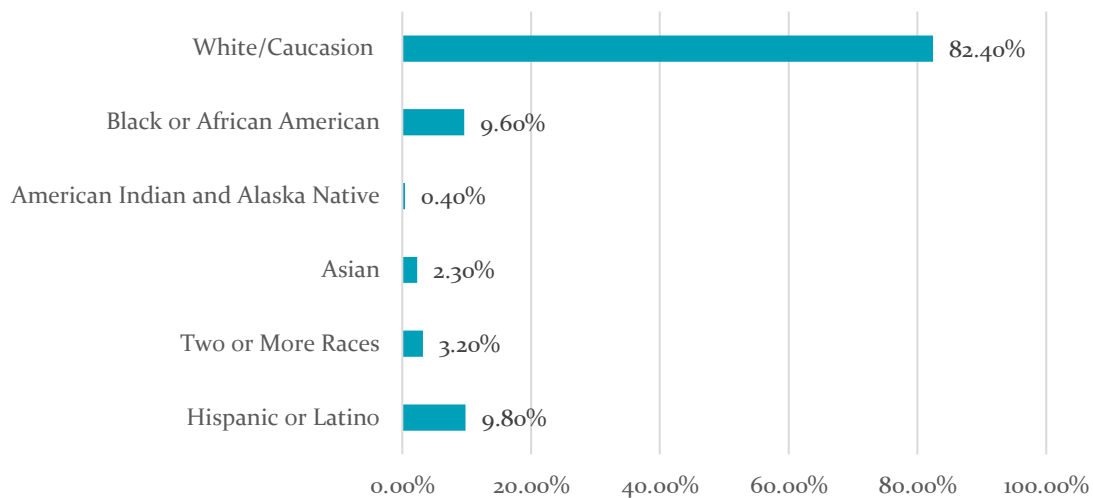
relatively even with females comprising slightly more than half the population [51%]. Majority of the population residing in Kent County are between the ages of 25-54 [41.2%] and the smallest proportion identified in the older population aged 65+ [11.4%].

Kent County Population by Age, 2009-2013



Race and ethnicity data can be used in a variety of ways. Often, it is used to identify at-risk groups within a population in relation to health issues and risk factors for disease. This approach is the most effective way to use available resources to improve population health and to identify and address health disparities. The population race/ethnicity breakdown is as follows:

Kent County Population by Race/Ethnicity, 2009-2013



Needs Assessment

In an effort to align hospital services with the needs of our community, leaders from Mary Free Bed have analyzed secondary health assessment research conducted by local, state and federal agencies. The goal of this analysis was to ensure essential health needs of our community are being addressed by services available across the Mary Free Bed Rehabilitation Network. Mary Free Bed Rehabilitation Hospital intends to use this Community Health Needs Assessment to address the needs of our community at large in order to implement necessary and productive community-based programs.

Essential Public Health Services¹

Ten essential public health services have been identified and defined by health and human services agencies. The following seven essential services are acknowledged as strategically aligning with the operational competencies and mission of Mary Free Bed (EPHS):

- Monitor health status to identify and solve community health problems
- Inform, educate, and empower people about health issues
- Mobilize community partnerships to identify and solve health problems
- Develop policies and plans to support individual and community health efforts
- Link people to needed personal health service and assure the provision of health care when otherwise unavailable
- Assure a competent healthcare workforce
- Evaluate for effectiveness, accessibility, and quality of personal and population-based health services

Healthy People 2020³

The Department of Health and Human Services has developed the following leading health indicators contained in the national version of the health needs assessment [non-inclusive list]:

- Access to health services
- Cancer
- Disability & health
- Educational & community-based programs
- Older adults
- Social Determinants of health
- Hearing & other sensory disorders
- Heart disease & stroke
- Nutrition & weight status
- Health Communication & Technology
- Physical activity
- Respiratory disease

- Health related quality of life & well-being
- Healthcare-associated infections

State of Michigan^{2,6}

The state of Michigan utilizes the Michigan 4x4 Plan and the Healthy Michigan Report to review and determine the health of Michigan residents. Through the Healthy Michigan 2010 Report, the following topics were included in the health status profile:

- Chronic disease (including- cancer, heart disease, stroke, diabetes, kidney disease, asthma, arthritis, osteoporosis)
- Healthy lifestyles (including- physical activity, nutrition, obesity)
- Tobacco use
- Substance abuse
- Mental health
- Maternal and Child health (including- prenatal care, low/very low birthweights, infant death rates, SIDS, breastfeeding, lead poisoning, access to care, teenage pregnancy, maternal mortality and morbidity)
- Immunizations
- Injury and violence
- Healthy environments
- Infectious and emerging diseases

The Michigan 4x4 Action Plan then chose to focus on one public health initiative in order to increase the health of Michigan residents: Obesity. The main strategies and goals for achieving this initiative are to incorporate information for individuals and organizations on adaption of the 4x4 plan as part of their activities. Below is a list of information and strategies contained within the 4x4 plan:

- Maintain a Healthy Diet
- Engage in Regular Exercise
- Annual Physical Examination
- Avoid All Tobacco Use and Exposure
- Body Mass Index (BMI)
- Blood Pressure
- Cholesterol Level
- Blood Sugar/Glucose Level

Kent County⁴

The following four community health needs acquired by Kent County through surveying, town hall meetings and health department workgroups were identified as top priority:

- Mental Health Issues

- Poor Nutrition and Obesity
- Substance Abuse
- Violence and Safety

Methodology for MFB Community Health Needs Assessment

Mary Free Bed incorporates the stated Federal, State and local objectives [listed above in Needs Assessment] and demographics in conjunction with the hospital's developing strategic plan in order to perform a crosswalk to target identified needs for our defined community.

From the identified needs crosswalk, Mary Free Bed will formulate strategies for the Implementation Plan in order to fulfill unmet needs and, in detail, outline specific goals, steps and outcomes to be taken and documented, **with the primary focus of the Implementation Plan and strategies centering on disability in order to keep consistent with the Mary Free Bed mission statement.**

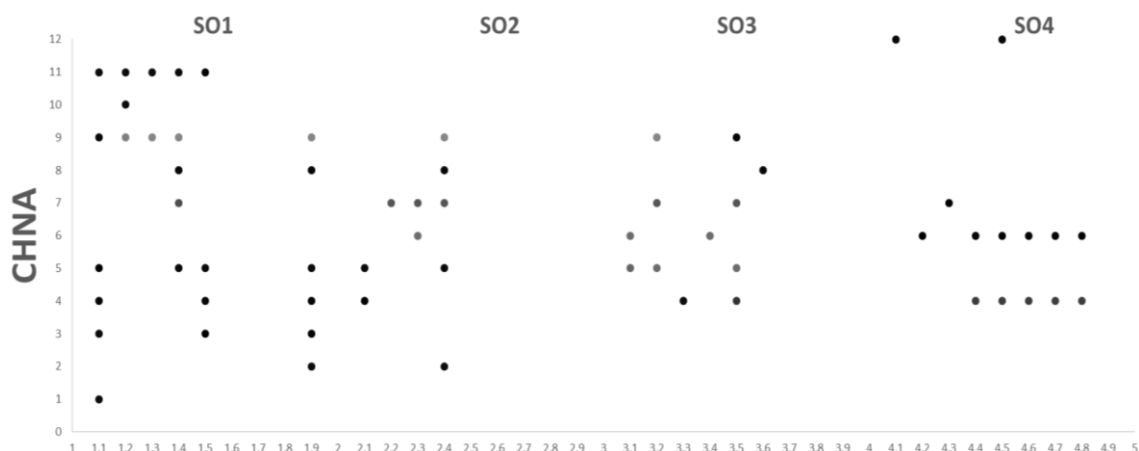
Data Collection and Analysis

Mary Free Bed utilizes- though an approved user agreement- geographic and population demographics provided in the Kent County CHNA to describe our community and populations served. These demographics are acquired by Kent County through surveying, town hall meetings and health department workgroups. A variety of other primary and secondary sources are used in the Kent County CHNA in order to provide a broad overview of community needs in Kent County.

See References for web link to Kent County CHNA for Data Source Information

Along with the above mentioned source of data, Mary Free Bed also utilizes Federal and State health documents [listed above in profiles] to provide a clear understanding and alignment of the needs of our community.

It is the broad objective of the Mary Free Bed Rehabilitation Hospital CHNA and Community Benefits Plan to support community initiatives that are aligned with the federal, state and local health goals as described above. The chart below details the intersection of the Mary Free Bed Strategic Plan and identified needs on the federal, state and local levels:



Furthermore, in concurrence with the nation’s Healthy People 2020 “Disabilities and Health” objectives, the Mary Free Bed Rehabilitation Hospital Community Benefit Plan will continue to develop and collaborate with community initiatives that aim to reduce health disparities and improve overall community well-being.

Disability Defined for MFB CHNA

Disability is defined in a variety of ways including: experiencing difficulty in participating in certain activities (such as lifting and carrying objects, seeing, hearing, talking, walking or climbing stairs), having more severe disabilities that require assistance in personal care needs (i.e. bathing) or routine care needs (i.e. housework). For the purpose of the Kent County Community Health Needs Assessment, disability was defined as such: being limited in any activities because of physical, mental, or emotional problems.

Disability Demographic Characteristics

Disability is defined in a variety of ways including: experiencing difficulty in Below is a graphic representation of demographic disability characteristics for Kent County [values are based upon number of respondents via disability definition above]:

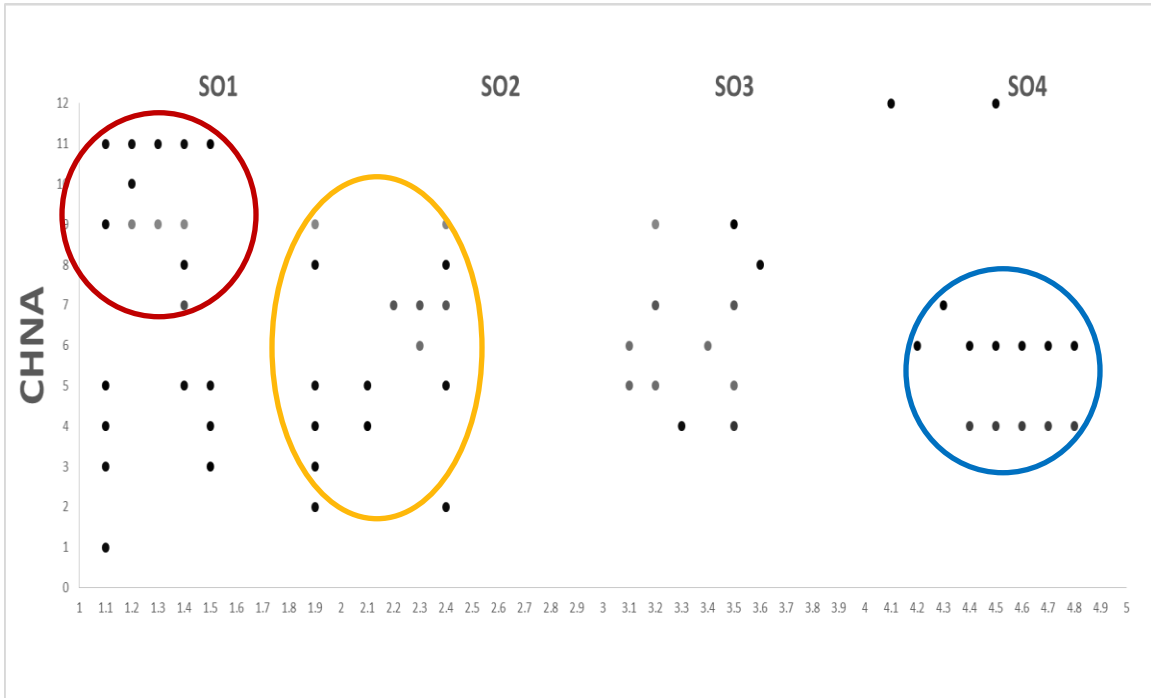
Kent County Demographic Characteristic: Disability				
2014				
Indicator	Kent County*	Michigan*	United States*	National Benchmark*
Total	18.6%	25.5%	19.6%	
Age [years]				
18-24	24.8%	11.2%	9.1%	
25-34	15.8%	15.1%	12.8%	

35-44	19.1%	20.5%	15.5%	DH-9: (Developmental) Reduce the proportion of people with disabilities who encounter barriers to participating in home, school, work, or community activities.
45-54	17.7%	26.5%	22.0%	
55-64	17.7%	35.1%	27.9%	
65+	18.4%	--	29.3%	
Gender				
Male	16.1%	25.8%	18.5%	
Female	21.0%	25.2%	20.8%	
Race				
White/Caucasian	18.7%	25.0%	20.6%	
Black/African American	22.3%	30.0%	20.6%	
Hispanic/Latino	17.1%	18.9%	14.7%	
Non-Hispanic	18.6%	21.9%	--	
Education				
Less than High School	16.2%	41.1%	28.7%	
High School Diploma	16.7%	27.1%	20.3%	
Some College	22.7%	24.3%	20.4%	
College Graduate	17.3%	17.2%	14.5%	
Household Income				
< \$20,000	33.2%	44.7%	--	
\$20,000-\$34,999	18.7%	30.3%	--	
\$35,000-\$49,999	24.3%	24.9%	--	
\$50,000-\$74,999	19.4%	18.4%	--	
>\$75,000	9.9%	12.2%	--	

Community Health Needs Identified

The crosswalk described above demonstrates how leaders from Mary Free Bed provide consideration and integration of community needs as an essential component to the overall organization's strategic plan. Through this crosswalk analysis, the following have been ascertained as identified community health needs:

- Disability ■
 - Access to care ■
- Competent Workforce^{1,3} ■



The identified community needs above are to be addresses in the Implementation Plan and will be used to reduce health disparities and promote overall community well-being through:

1. Increase access to needed health and rehabilitation services
2. Support community needs through MFB Community Partnerships
3. Continue to assess and evaluate hospital services
4. Assure a competent more productive workforce

MFB Community Health Assessment Needs Initiatives

Disability:

Alignment Initiative³-

- Reduce the number of new cancer cases, as well as the illness, disability, and death caused by cancer
- Promote the health and well-being of persons with disability: must have the opportunity to take part in important daily activities that add to a person's growth, development, fulfillment, and community contribution
- Increase the quality, availability, and effectiveness of educational and community-based programs designed to prevent disease and injury, improve health, and enhance quality of life (QoL)

- Use health communication strategies and health information technology to improve population health outcomes and health care quality, and to achieve health equity
- Reduce the prevalence and severity of disorders pertaining to hearing and balance; smell and taste; and voice, speech, and language
- Improve cardiovascular health and quality of life through prevention, detection, and treatment of risk factors for heart attack and stroke; early identification and prevention of repeated cardiovascular events
- Promote health and reduce chronic disease risk through the consumption of healthy diets and achievement and maintenance of healthy body weight

Access to Care:

Alignment Initiative-

- Link people to needed personal health services and assure the provision of health care when otherwise unavailable¹
 - Access to health services means the timely use of personal health services to achieve the best health outcomes. It requires 3 distinct steps³:
 - Gaining entry into the health care system
 - Accessing a health care location where needed services are provided
 - Finding a health care provider with whom the patient can communicate and trust

Competent Workforce:

Alignment Initiative-

- Assure an Competent Public and Personal Healthcare Workforce (Continuing education and life-long learning ie., leadership development and cultural competence)¹
- Promote health and reduce chronic disease risk through the consumption of healthful diets and achievement and maintenance of healthy body weight³
- Improve cardiovascular health and quality of life through prevention, detection, and treatment of risk factors for heart attack and stroke; early identification and prevention of repeated cardiovascular events³

See Appendix 1 for Implementation and Strategies of Identified Community Needs

Other needs identified in Kent County CHNA not addressed in this strategy

• Tobacco Use

• Teen Pregnancy

- Marijuana Use
- Underage Drinking
- Dental Problems
- Asthma

Mary Free Bed Rehabilitation Hospital's Community Health Needs Assessment and Implementation Plan will address the three aforementioned community identified health needs. Given that the hospital's main priority is Disability, access will be used as it relates to the availability and community access to disability services offered at Mary Free Bed. While the CHNA and IP chose to focus on hospital resources that strengthen these three community needs areas, it is important to recognize that these are not the only needs being addressed by the hospital. The Mary Free Bed IP will not address certain community needs identified by the Kent County CHNA- such as substance abuse or violence and safety. While these needs were identified in our community, and Mary Free Bed has an obligation to assess patients for these conditions, other area organization are better able to allocate resources to these needs as they relate to persons in the community.

References

1. Essential Public Health Services [Internet]. Centers for Disease Control and Prevention: 2014 [cited [November 2015]]. Available from: <http://www.cdc.gov/nphpsp/documents/essential-phs.pdf>
2. Healthy Michigan 2010 [Internet]. Michigan: Surgeon General Report [cited [October 2015]]. Available from: [\[https://www.michigan.gov/documents/Healthy_Michigan_2010_1_88117_7.pdf\]](https://www.michigan.gov/documents/Healthy_Michigan_2010_1_88117_7.pdf)
3. Healthy People 2020 [Internet]. Washington, DC: U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion [cited [October 2015]]. Available from: [\[http://www.healthypeople.gov/\]](http://www.healthypeople.gov/).
4. Kent County Community Health Needs Assessment, 2014. Kent County, Michigan: Healthy Kent [cited [November 2015]]. Available from: [\[http://www.kentcountychna.org/pdfs/CHNA2014.pdf\]](http://www.kentcountychna.org/pdfs/CHNA2014.pdf)
5. New Requirements for 501(c)(3) Hospitals Under the Affordable Care Act (2015). Retrieved December 1, 2015, from: [http://www.irs.gov/Charities-&-NonProfits/Charitable-Organizations/New-Requirements-for-501\(c\)\(3\)Hospitals-Under_the_Affordable-Care-Act](http://www.irs.gov/Charities-&-NonProfits/Charitable-Organizations/New-Requirements-for-501(c)(3)Hospitals-Under_the_Affordable-Care-Act)
6. The Michigan Health and Wellness 4x4 Plan [Internet]. Lansing, Michigan: Michigan Department of Community Health [cited [October 2015]]. Available from: [https://www.michigan.gov/documents/healthymichigan/Michigan_Health_Wellness_4x4_Plan_387870_7.pdf\]](https://www.michigan.gov/documents/healthymichigan/Michigan_Health_Wellness_4x4_Plan_387870_7.pdf)

Appendix 1: MFB Implementation Plan

See Mary Free Bed Rehabilitation Hospital Community Health Implementation Plan: <http://www.maryfreebed.com/about-us/chna/>