

Health Check 2025

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Preview of Findings

- We observe higher healthcare demand in West Michigan stemming from two factors:
 - An increase in disease prevalence that differs by race and gender.
 - An increase in population size and age.
- To meet high demand, West Michigan healthcare providers and universities continue to make strides in two labor related areas:
 - Employment, job openings, and inflation-adjusted earnings.
 - Increased enrollment in high return degrees related to healthcare.

Preview of Findings

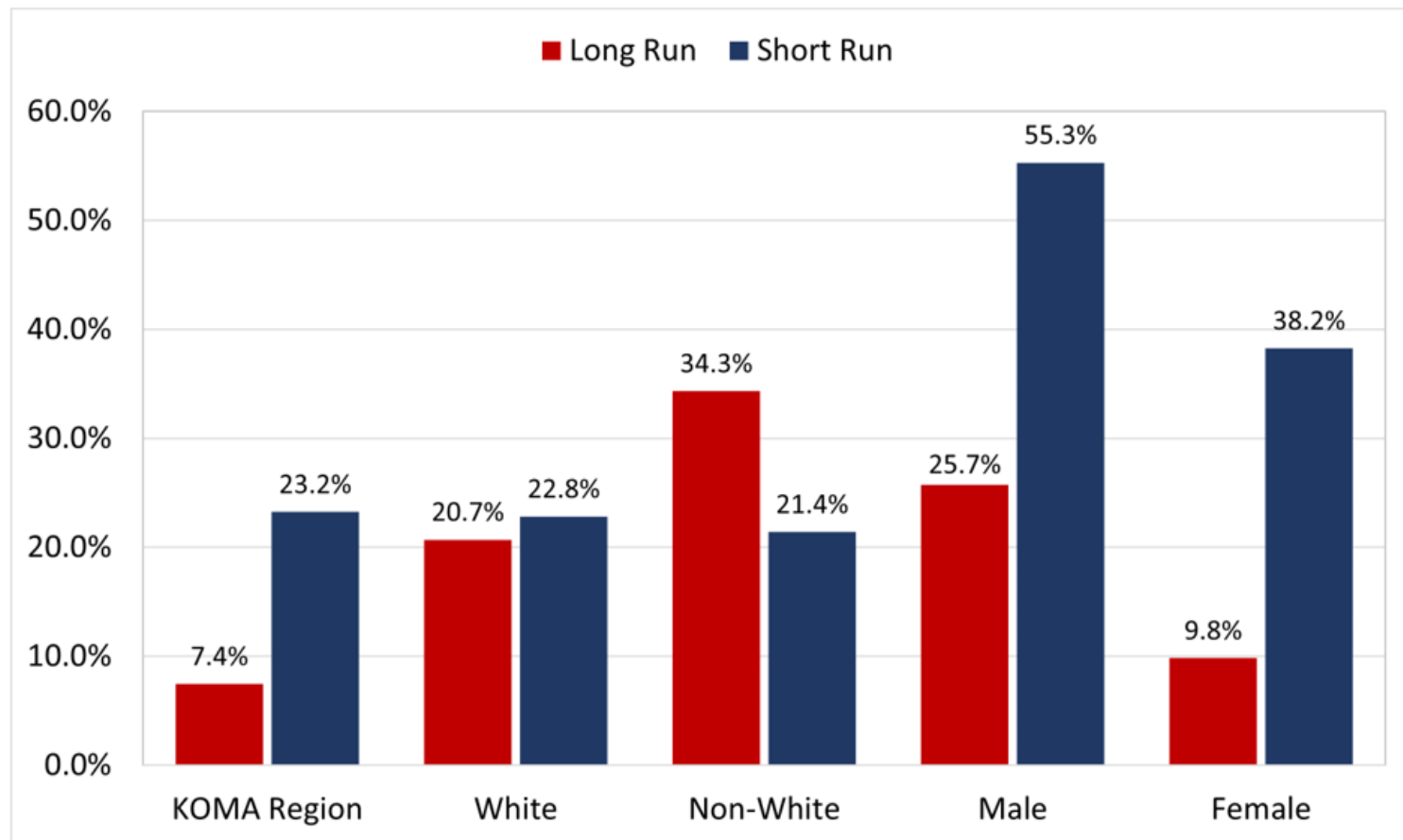
- Hospital data from 2022 shows good news for Grand Rapids:
 - Declining inpatient, outpatient, and ED utilization. Capacity unchanged
 - Hospital personnel growing, even with declining average compensation.
- Insurer data shows from 2023 shows good news for Detroit:
 - Declining expenditure for most chronic diseases.
 - Narrowing utilization gap with KOMA region.
 - Reduced prevalence of obesity-related conditions (CAD, diabetes, hyperlipidemia, low back pain), not always evenly distributed by race.

Healthcare Demand

Disease Prevalence Data

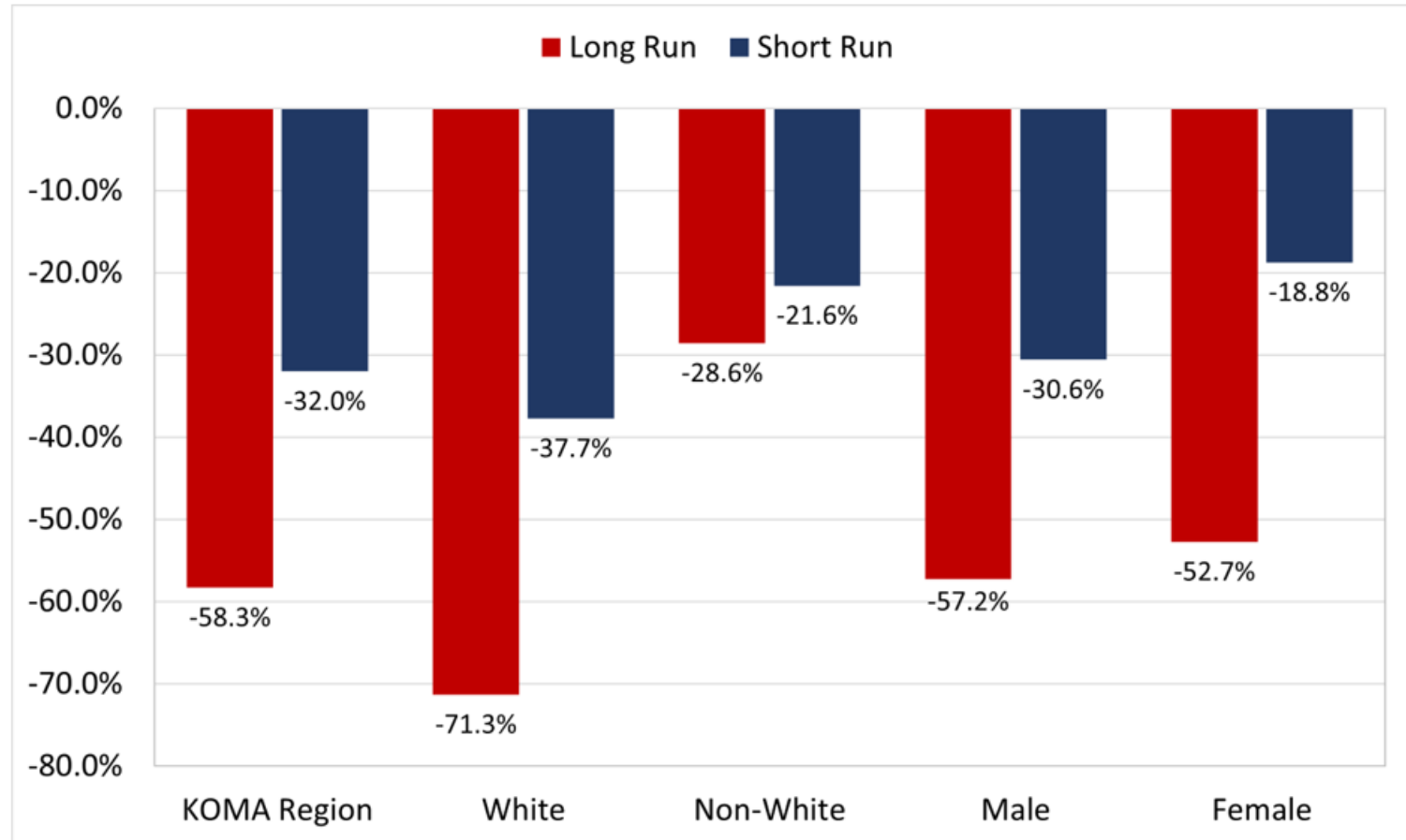
- MI Behavioral Risk Factor Surveillance System (MiBRFSS)
- Data Coverage: 2011-2023
- West Michigan (KOMA: Kent, Ottawa, Muskegon, and Allegan)
- Time Horizons
 - Long Run: since the end of the Great Recession
 - Short Run: since the start of the COVID-19 pandemic

Growth Rates in KOMA Depression, 2011-2023



Note: West Michigan KOMA includes Kent, Ottawa, Muskegon, and Allegan counties. Long run growth rates represent the percentage change in prevalence from the end of the Great Recession in 2011. Short run growth rates represent the percentage change in prevalence from the start of the COVID-19 pandemic in 2020. Non-White and Male rates of depression are estimated using the number of respondents reporting 14 or more poor mental health days within the last month. Source: Michigan Department of Health and Human Services, Behavioral Risk Factor Surveillance System, 2011-2023

Growth Rates in KOMA No Health Insurance, 2011-2023



Note: West Michigan KOMA includes Kent, Ottawa, Muskegon, and Allegan counties. Long run growth rates represent the percentage change in prevalence from the end of the Great Recession in 2011. Short run growth rates represent the percentage change in prevalence from the start of the COVID-19 pandemic in 2020.

Source: Michigan Department of Health and Human Services, Behavioral Risk Factor Surveillance System, 2011-2023

Healthcare Supply

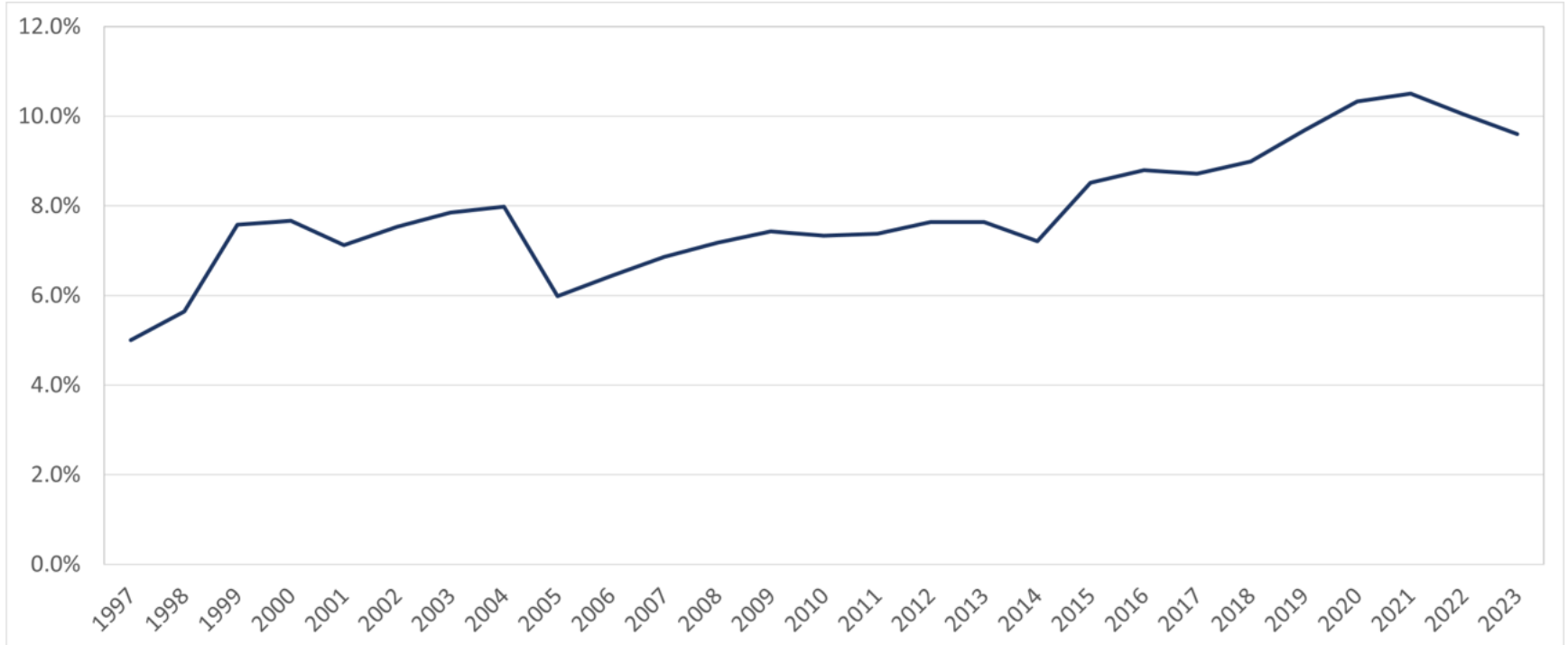
Labor Data

- U.S. Bureau of Labor Statistics
- Data Coverage: 1997-2023

Education Data

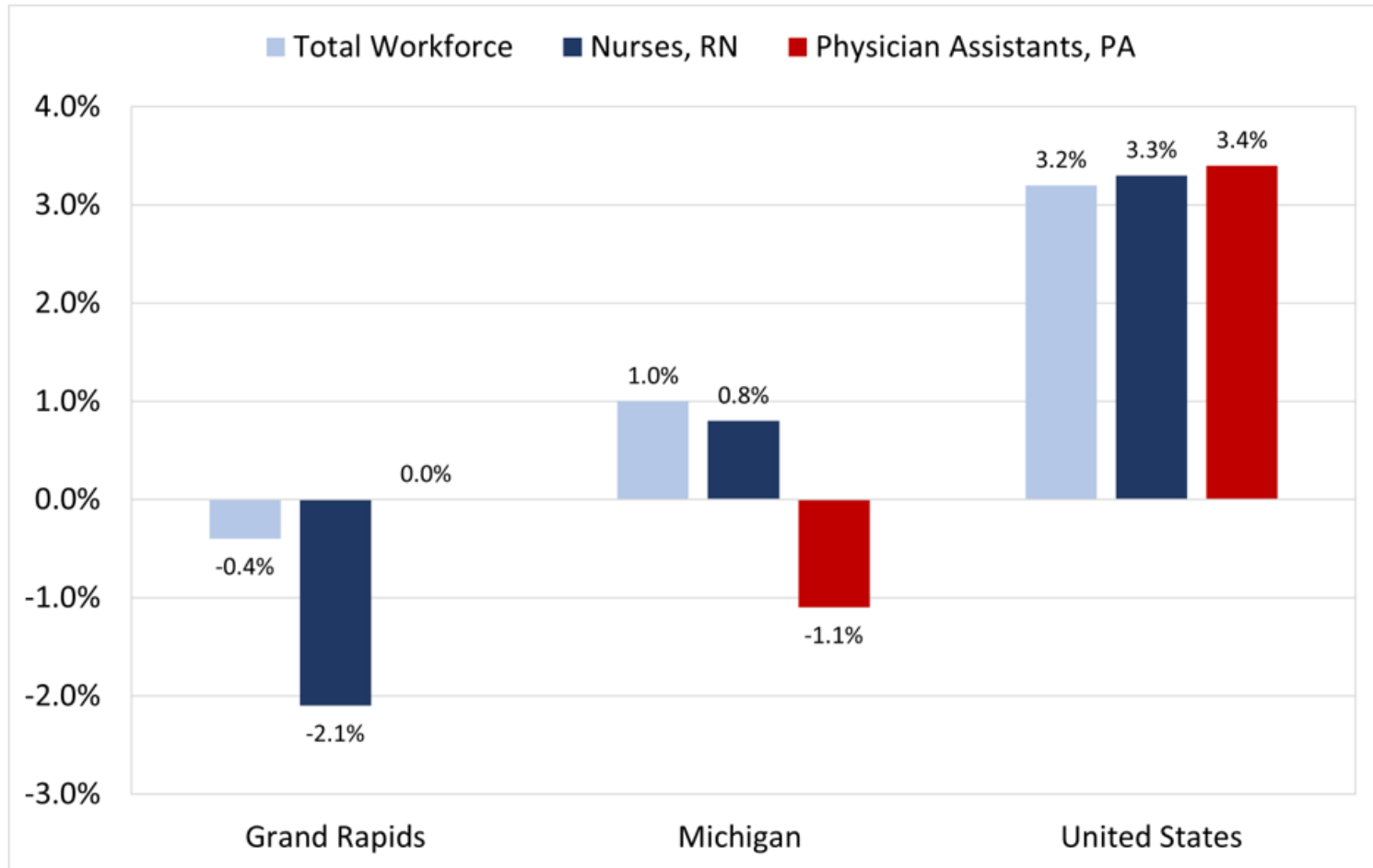
- Multiple Sources
- Data Coverage: 2022-2023

Proportion of Grand Rapids Workforce Employed in Healthcare, 1997-2023



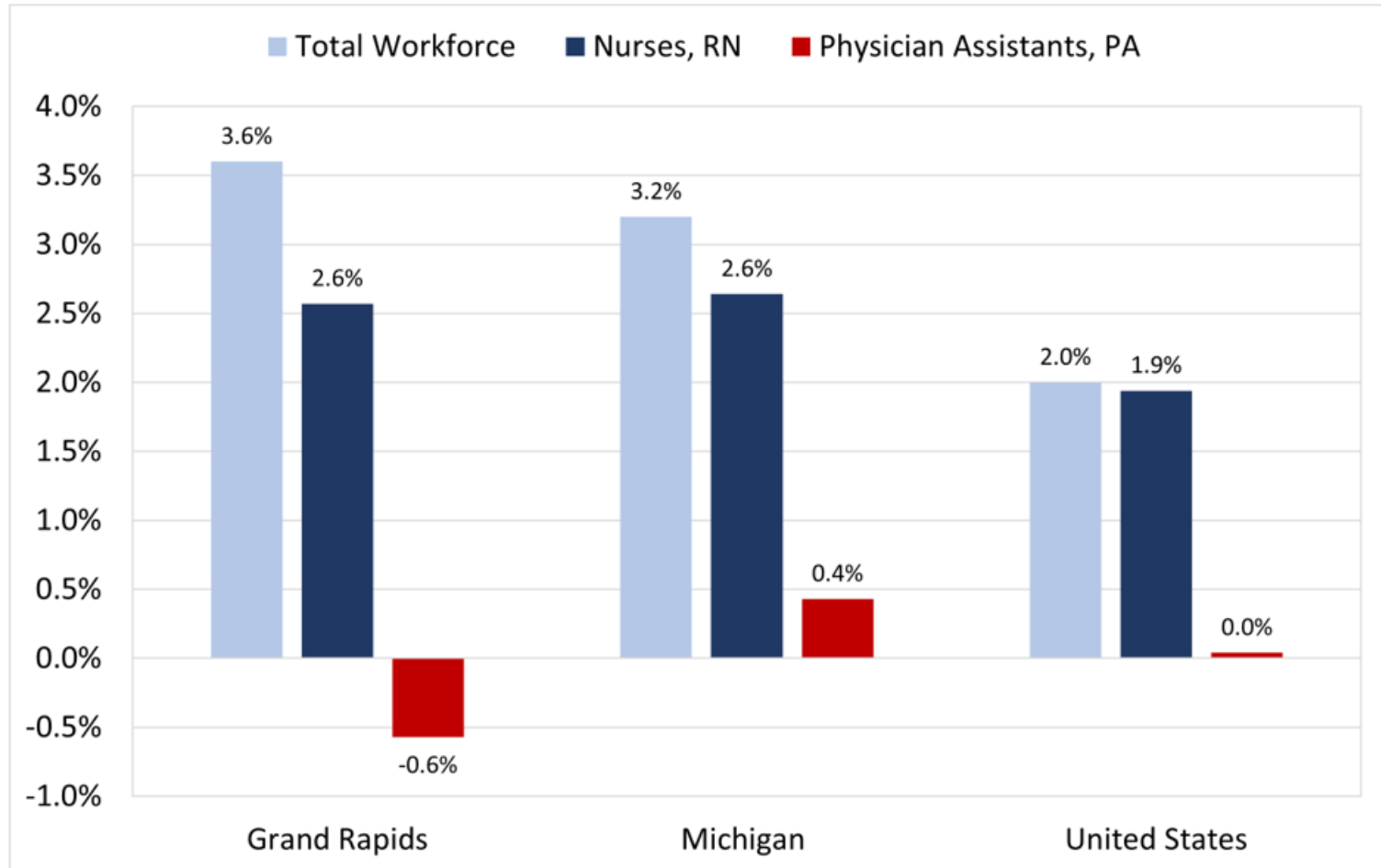
Source: U.S. Bureau of Labor Statistics

Percent Change in Health Care Employment, 2022-2023



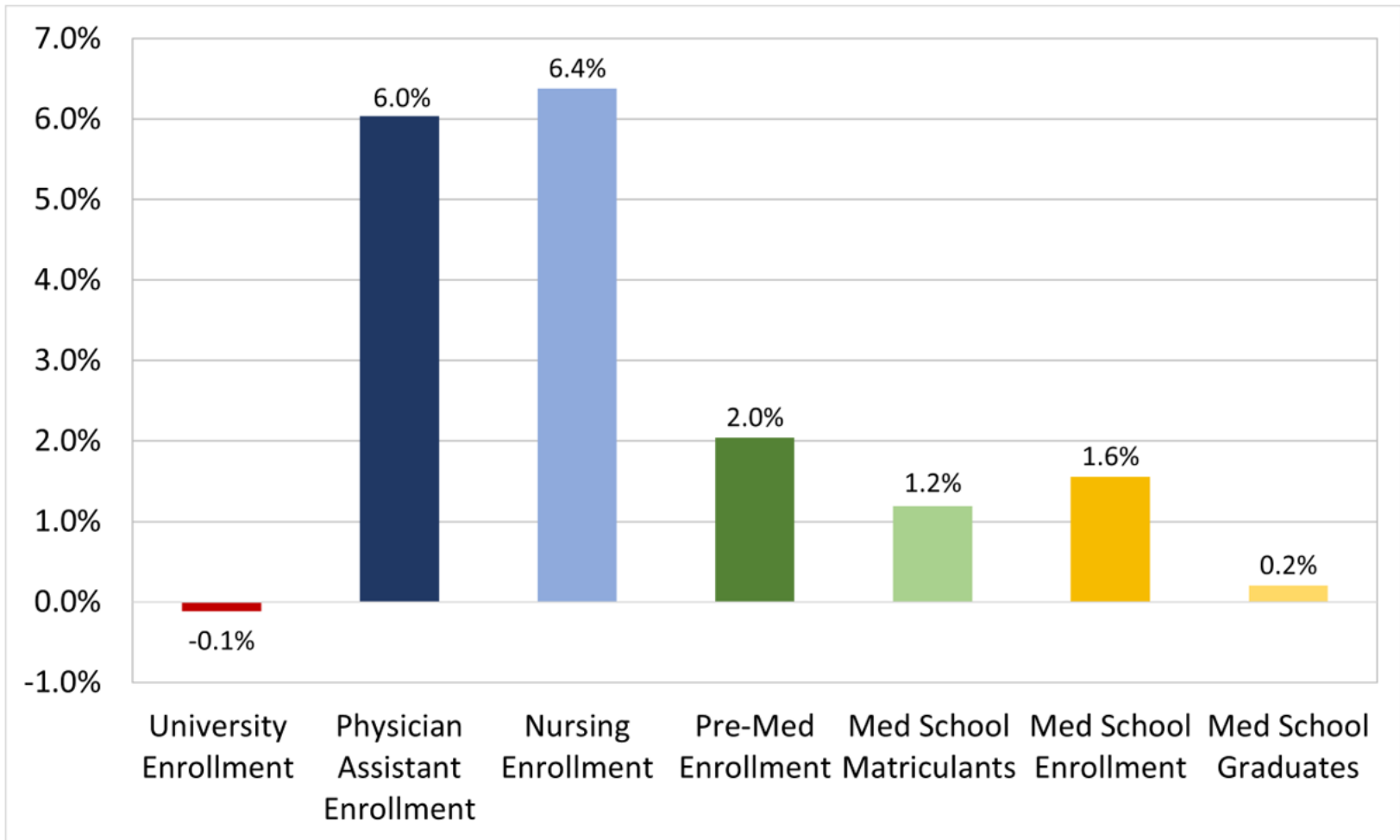
Source: U.S. Bureau of Labor Statistics

Percent Change in Inflation-Adjusted Earnings for Healthcare Workforce, 2022-2023



Source: U.S. Bureau of Labor Statistics

Percent Change in Health-Related Education Metrics, 2022-2023

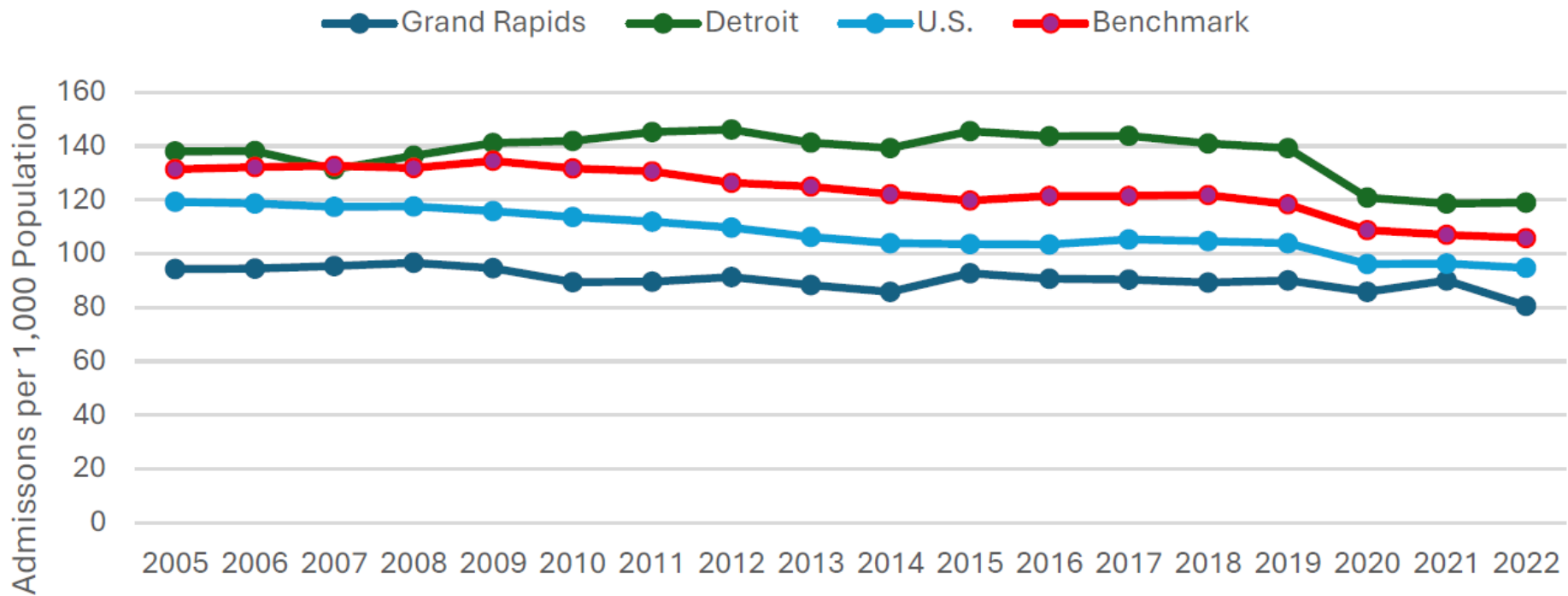


Note: Enrollment is all persons attending a university. Matriculants are new enrollees. PA enrollment is estimated looking at first time certification recipients. Sources: American Association of Colleges of Osteopathic Medicine, Association of American Medical Colleges, National Association for Education Data Statistics, National Commission on Certification of Physician Assistants, and National Student Clearinghouse Research Center.

Benchmarking Communities

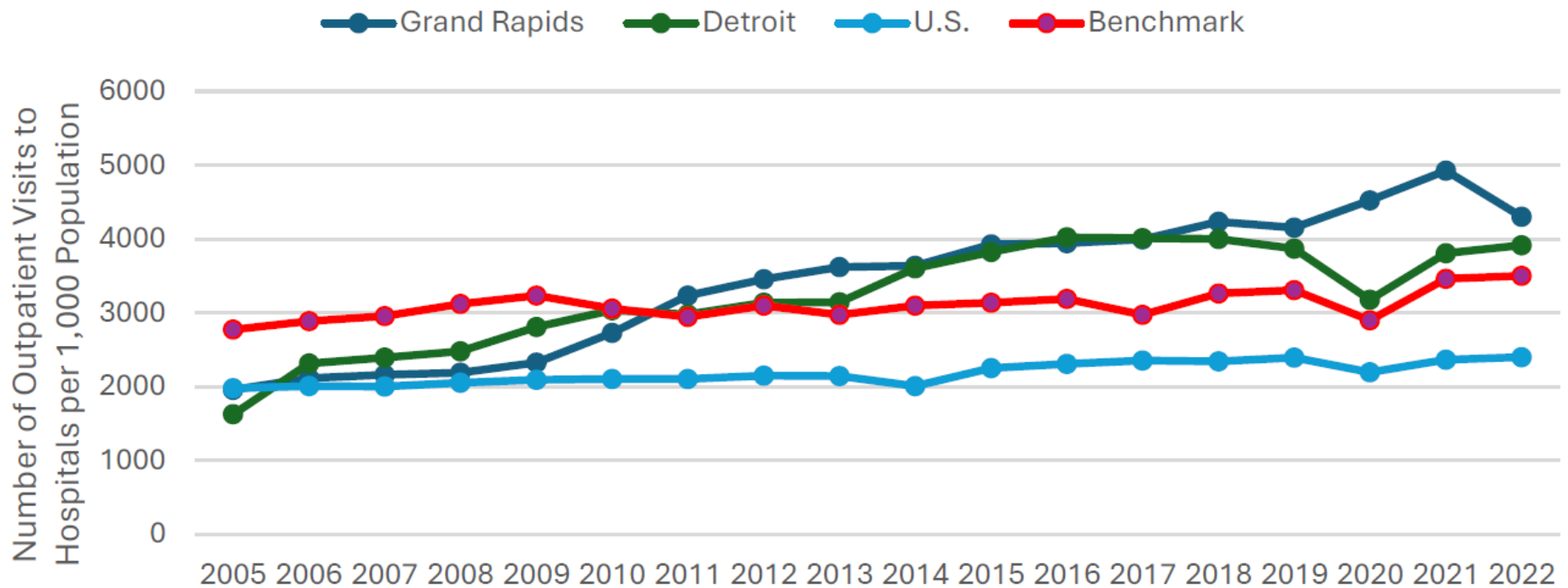
Benchmarking Communities

Figure 2: Hospital Admissions per 1,000 Population



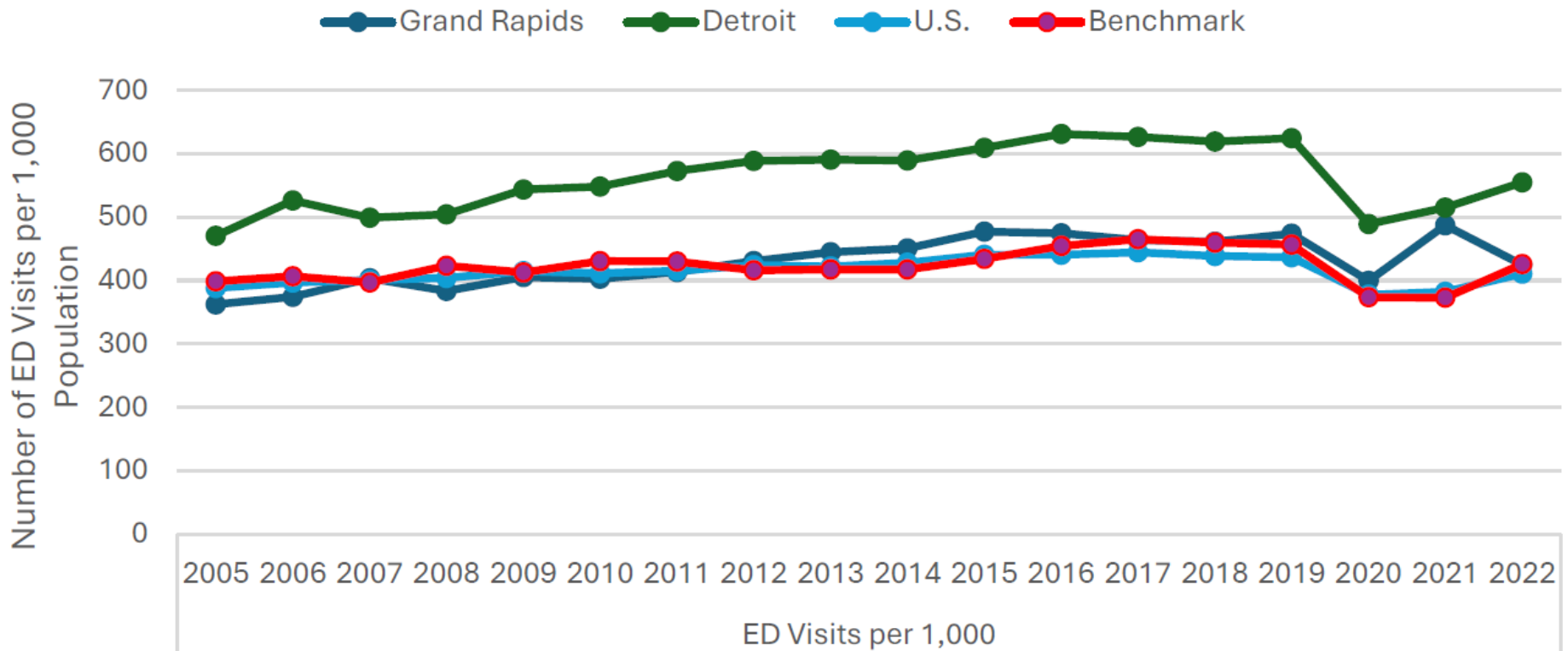
Benchmarking Communities

Figure 3: Outpatient Visits to Hospitals per 1,000 Population



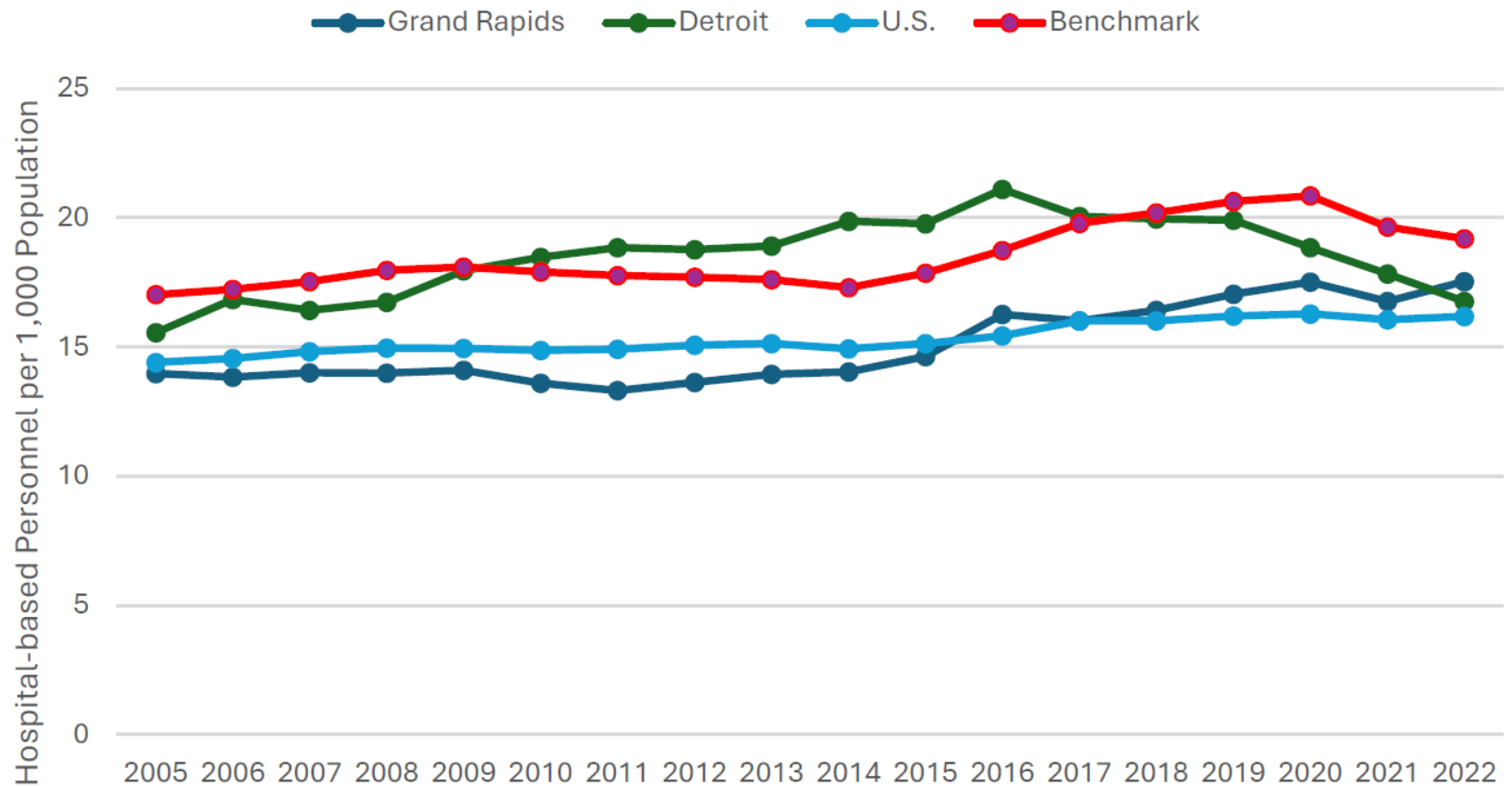
Benchmarking Communities

Figure 4: Emergency Department Visits per 1,000 Population



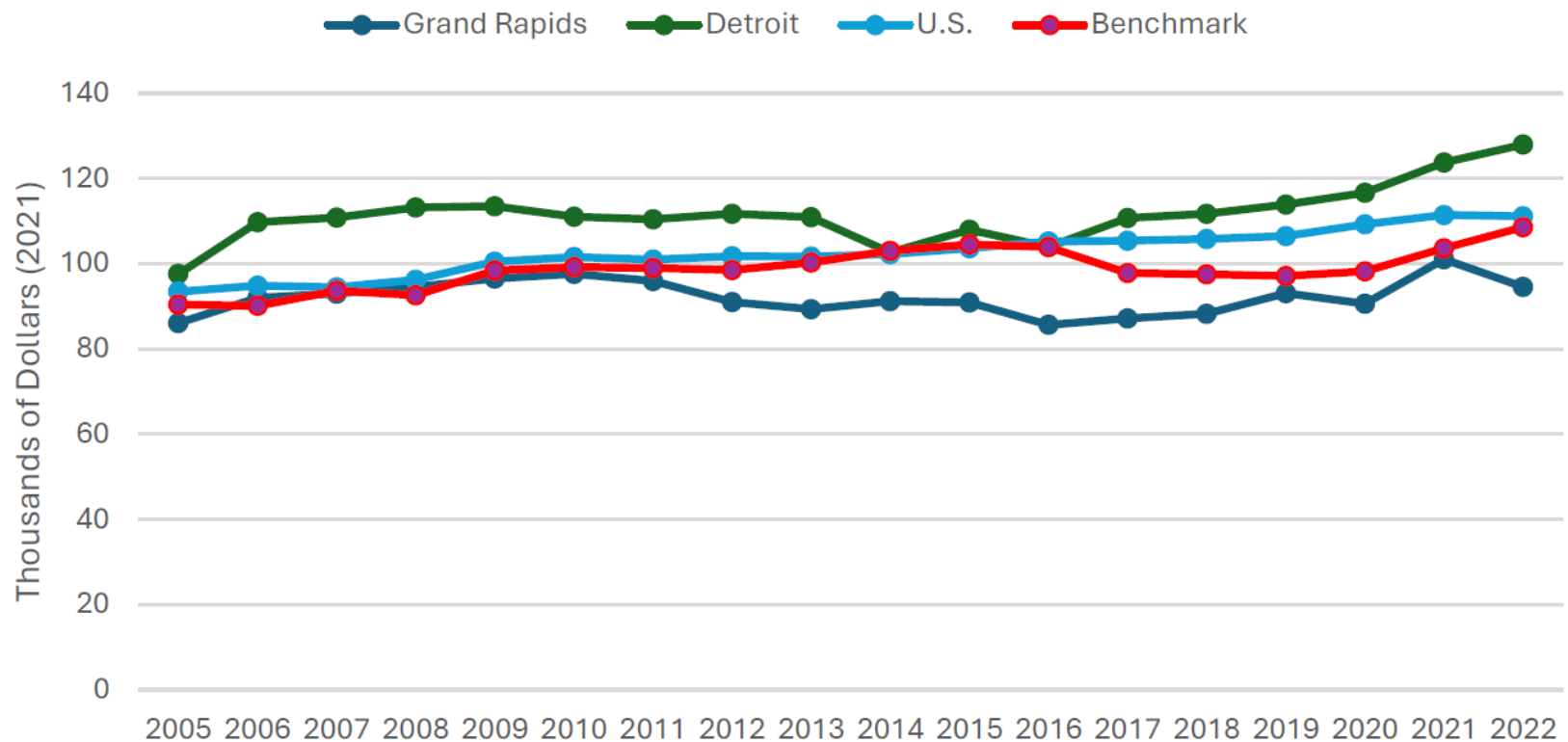
Benchmarking Communities

Figure 6 - Hospital-based Personnel per 1,000 Population



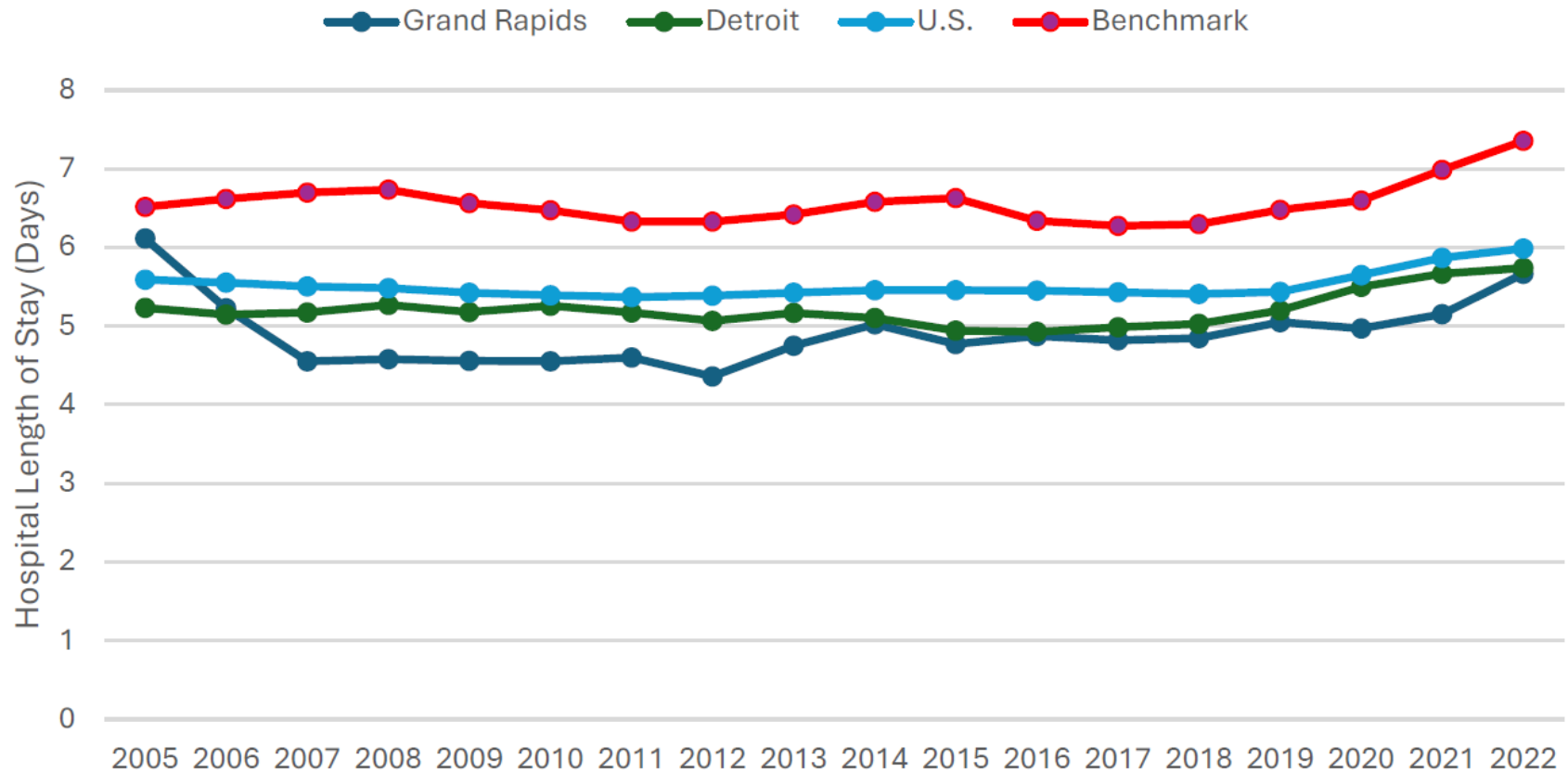
Benchmarking Communities

Figure 7: Average Payroll and Benefit Expenses per Hospital Employee



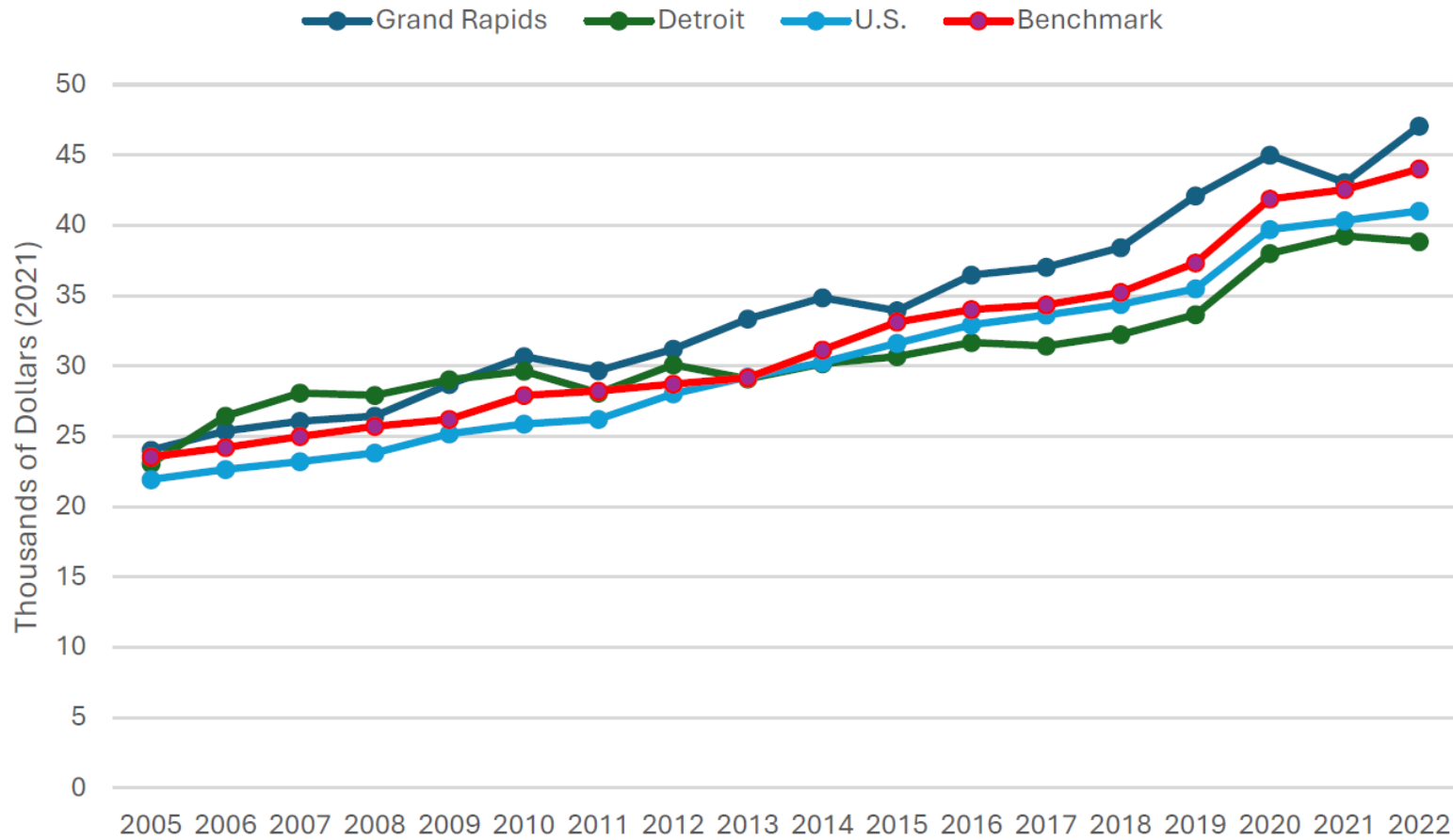
Benchmarking Communities

Figure 5: Average Hospital Length of Stay



Benchmarking Communities

Figure 9: Total Hospital Expenses per Admission





Q & A