December 2019

Ascension Allegan Hospital Community Health Needs Assessment

Allegan County, Michigan

Allegan General Hospital

Ascension

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EXECUTIVE SUMMARY

The Patient Protection and Affordable Care Act (PPACA) of 2010 mandated new IRS requirements for hospitals: (1) to conduct a Community Health Needs Assessment (CHNA) and (2) adopt an Implementation Strategy Plan, both to be reported in the Schedule H 990. These provisions take place in a hospital's taxable year beginning after March 23, 2012. Failure to comply could lead to a $50,000 excise tax and possible loss of tax-exempt status.

In compliance with these requirements, Ascension Allegan Hospital* (AAH) conducted a community health data collection and assessment process. Upon completion of the data collection AAH will develop an Implementation Plan. The population assessed was Allegan County.   The first CHNA developed by AAH was published in July of 2013. This original CHNA provided information for problem solving and asset identification, as well as for policy and program development, implementation and evaluation in compliance with the Affordable Care Act (ACA) of 2010. The second iteration of the CHNA was published in July of 2016 and encompassed data collection and community input. The quantitative data was also supplemented with qualitative data gathered from a select group of Local Experts. The information in the CHNA helped identify health problems in the community based on the collection of this data. This health information drove decisions and set priorities and strategies addressing community health issues.

*Allegan General Hospital joined Ascension Healthcare on September 1, 2019 and become Allegan Ascension Hospital. Therefore, this third iteration of the AAH CHNA (2019) process was initiated later than expected and will be published in December of 2019.

Identification and Prioritization of Needs

The CHNA process for this third iteration of the CHNA, with planning beginning in the third quarter of 2019, identified many needs within the community. During the assessment process, the following health needs were identified as the most pressing and are cited in order of priority:
1. **Access to Mental Health Services**
2. **Alcohol and Drug Use**
3. **Weight/Obesity**

Three social determinants were also identified as barriers to good health in the stakeholder and community surveys as well as in the Community Conversations process described in more detail later in the report:
1. **People Do Not Have Enough Money to Live**
2. **Lack of Transportation**
3. **Lack of Affordable Housing**

Community Health Improvement Plan Development

Allegan County completed a Community Health Improvement Plan (CHIP) process in mid-2019. The CHIP is led by the Allegan County Health Department and was developed with input from community partners, including AAH, and followed a series of Community Conversations held in 2018, facilitated by the Allegan County Multi-Agency Collaborative Council (MACC) and Allegan County United Way (ACUW). AAH is an active member of the MACC and the Healthy Allegan County Coalition (HACC). The Allegan CHIP, which has considered both the 2017 Allegan community needs assessment results produced by ACUW and the 2018 Community Conversations priority needs, has identified its two 2019 health priorities: Access to Care and Diet and Exercise. AAH will continue to support the goals as adopted as part of the 2019 Allegan County CHIP and will remain engaged in the implementation of strategies.

INTRODUCTION AND MISSION REVIEW

The federal ACA requires all Not-for-Profit hospitals in the United States to assess the health of the community which it serves with the intent providing an overall view of the health. This assessment, called a CHNA, provides necessary data and information to hospitals that is invaluable when gaining in depth knowledge of the community, their residents and patients. This assessment not only takes into consideration local, state and federal data but also assesses the social determinants of health which play a direct role in the health of the community, families and individuals. With the knowledge gained from the CHNA, hospitals become better equipped to fully understand major health needs that extend outside its walls.

The CHNA:
• must consider input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of, or expertise in, public health;
• must be made widely available to the public; and
• will be based on current information collected by a public health agency or non-profit organizations and may be conducted with one or more organizations, including related organizations.

The Internal Revenue Code Section 6033(b) (15) (A) requires hospital organizations to include in their annual information return (i.e. Form 990) a description of how the organization is addressing the needs identified in each CHNA conducted under section 501(c) (3) and a description of any needs that are not being addressed along with the reasons why those needs are not being addressed.

The purpose of the CHNA is to: 1) evaluate the current health needs of the community and prioritize them, 2) identify resources available to meet both the priorities as well as opportunities identified through the CHNA process, 3) create an Implementation Plan to systematically address health priorities, 4) build capacity to address opportunities within the health system's existing programs, resources, partnerships, and 5) develop a reporting tool for means of providing information to Ascension Allegan Board and senior leadership as well as the IRS 990 report.

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MISSION:	Rooted in the loving ministry of Jesus as healer, we commit ourselves to serving all persons with special attention to those who are poor and vulnerable. Our Catholic health ministry is dedicated to spiritually centered, holistic care which sustains and improves the health of individuals and communities. We are advocates for a compassionate and just society through our actions and our words.
VISION:	We envision a strong, vibrant Catholic health ministry in the United States which will lead to the transformation of healthcare. We will ensure service that is committed to health and well-being for our communities and that responds to the needs of individuals throughout the life cycle. We will expand the role of laity, in both leadership and sponsorship, to ensure a Catholic health ministry in the future.
VALUES:	We share a common vision and are called to act upon the following ideas and beliefs: ● Service of the Poor — Generosity of spirit, especially for persons most in need ● Reverence — Respect and compassion for the dignity and diversity of life ● Integrity — Inspiring trust through personal leadership ● Wisdom — Integrating excellence and stewardship ● Creativity — Courageous innovation ● Dedication — Affirming the hope and joy of our ministry

COMMUNITY SERVED BY THE HOSPITAL

AAH is located in southwest Michigan, in Allegan County. The primary service area is depicted in blue on the map and the secondary service area is depicted in orange. The hospital's service areas include not only Allegan, but Van Buren and Barry Counties as well. Allegan County is located at the north west end of the region and according to the 2018 U.S. Census estimate has a population of 117,327 and is predominantly rural. Allegan County covers 825 square miles and includes the cities of Allegan, Dorr, Douglas, Martin, Hopkins, Fennville, Otsego, Shelbyville, Hamilton, Plainwell, Wayland, Pullman and Saugatuck.
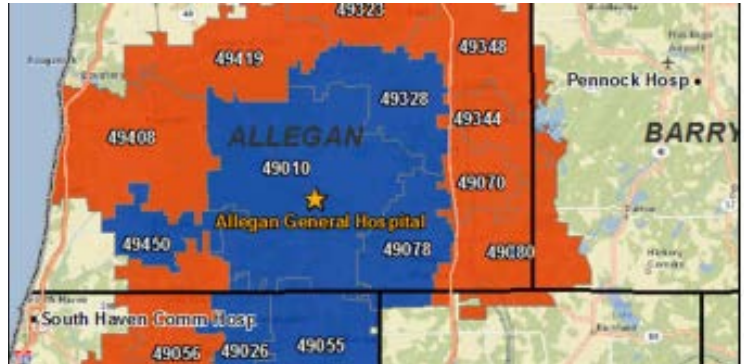
The Ascension Allegan Hospital's primary (blue) and secondary (orange) service areas according to claims data.

For the 2019 CHNA, Allegan County has been defined as our area of focus and includes Allegan which is the location of AAH. The majority of AAH patients reside in Allegan County.

Ascension Allegan Health Continuum of Care Facilities

Ascension Borgess Hospital – a 422-bed tertiary care hospital with a continuum of health services from a Level II Trauma Center to primary and specialty care practices throughout southwest Michigan.

Ascension Borgess-Pipp Hospital – a 43-bed long-term acute care hospital with an emergency department, diagnostics, rehabilitation services, and an affiliated primary care practice.

Ascension Borgess-Lee Hospital – a 25-bed Critical Access Hospital with an emergency department, rehabilitation services, diagnostics, surgery, and affiliated primary care practices.

Ascension Borgess at Woodbridge Hills – a large ambulatory care facility with an immediate medical care center, an endoscopy and outpatient surgery center, diagnostics, rehabilitation services, pharmacy, and two large primary care practices.

Ascension Borgess-Lee Medical Group - an ambulatory care facility which includes family practice, behavioral health, cardiology, a convenient care clinic, bone and joint and pulmonary sleep services.

COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS

Data Collection and Analysis

AAH identified four distinct environments to assess during the 2019 CHNA process. These indicator groupings focus on upstream social determinants of health and are offered as best practice in research by the Bay Area Regional Health Inequities Initiative (BARHII) model depicting how factors impacting health can be presented through an upstream/downstream model – with upstream inequities that can create unequal living conditions. These unequal conditions then shape how we can approach our health behaviors, which lead to disparities downstream in disease, injury and mortality. Data, both primary and secondary, quantitative and qualitative were collected, analyzed, shared and discussed with community stakeholders representing the populations served in the community using this model with complete transparency and explanation.

Table 1 indicates the elements within each of the four environments.

Social Environment	Physical Environment	Service Environment	Economic Environment
Neighborhoods Safety Culture/Diversity Faith	Transit Walkability Housing Food	Education Healthcare Social Services Local Government	Employment Income Support Community Development Financial Institutions (CDFI)

Table 1: Four Environments

Table 2 provides a visual display of the four environments in which the county is performing well and the areas where attention is needed.

WHAT WE DO WELL *(better than state average)*	Allegan County Average	Michigan Average	AREAS WHERE ATTENTION IS NEEDED *(worse than state average)*	Allegan County Average	Michigan Average
Violent Crime Rate *(per 100,000 pop)*	229.5	446.3	**Broadband Access** (% population with access to broadband speeds > 25 MBPS)	79.04%	92.24%
Chlamydia Incidence *(per 100,000 pop)*	287.9	462.9	**Suicide Mortality** (age-adjusted death rate per 100,000 pop)	13.4	13.4
Limited Access to Healthy Food (% pop. low income and do not live close to a grocery store)	1%	6%	**Housing Vacancy Rate** (units, %)	15.62%	14.88%

Percent of adults with heart disease	3.3%	5%	**Motor Vehicle Crash Mortality** (age-adjusted death rate per 100,000 pop.)	12	9.21
Cancer Incidence Rate (breast, colon/rectum, prostate, cervical) *(per 100,000 pop)*	208.7	285.5	**Alcohol-Impaired Driving Deaths**	29%	29%
Infant Mortality Rate *(per 1,000 births)*	5.7	7.5	**SNAP-Authorized Retailers** *(per 10,000 pop)*	7.99	9.69
Mortgage loan lending originations *(per 10,000 pop)*	240.2	193.24	**Percentage of Population Age 25+ with bachelor's degree or Higher**	22.3%	28.08%
Percentage of Population below 100% Poverty	10.78%	15.58%	**Obesity** (% adults with BMI > 30.0)	33.7%	31.8%
Children eligible for Free/Reduced Lunch	41.2%	45.79%	**Lung Disease Mortality Rate** (age-adjusted death rate per 100,000 pop)	52.8	45.42

Table 2: Areas of Strength and Challenge
Sources: Community Commons; 2019 County Health Rankings

The areas identified in Table 2 as needing attention for each of the four environments is consistent with the data collected by the MACC, HACC and AAH and serves as further evidence that the priority areas identified are data driven as illustrated in Table 3 below.

Information Source	Mental Health Access	Alcohol and Substance Abuse	Weight/Obesity	Transportation
Four Environments				
Allegan Co. CHIP				
Community Conversations				
Community Survey				
Stakeholder Survey				

Table 3: Priority Area Cross Walk

QUANTITATIVE DATA

A wide variety of sources were reviewed as part of the data collection process. The quantitative data sources are described in Table 4. Data related to demographics, social and economic factors, health behaviors, factors and risks, as well as health conditions are provided.

Source	Description
Centers for Disease Control and Prevention	2016 Sexually Transmitted Disease Surveillance
Community Commons	Allegan County CHNA Data Set is a comprehensive report and includes nearly 100 health statistics in the areas of county demographics, social and economic factors, physical environment, clinical care, health behaviors and health outcomes. The full indicator report is available as a supplement report to the CHNA.
County Health Rankings & Roadmaps	2019 County Health Rankings from the University of Wisconsin's Population Health Institute uses the most recent data to rank the health of each county in each state in the U.S.
Michigan Department of Health and Human Services (MDHHS)	2017 Population Trends; 2017 Health Statistics Updates for Sexually Transmitted Diseases; Division of Vital Statistics for Morality and Leading Causes of Death
US Census Bureau	The 2017 and 2018 estimates for the Allegan County Census
US Department of Labor	2017 Unemployment Statistics

Table 4: Quantitative Community Health Data Sources

Medically Underserved, Low-Income, and Minority Populations

Medically underserved populations include populations experiencing health disparities or that are at risk of not receiving adequate medical care because of being uninsured or underinsured, or due to geographic, language, financial or other barriers. Medically underserved populations also include those living within a hospital facility's service area but not receiving adequate medical care from the facility because of cost, transportation difficulties, stigma or other barriers.

According to the US Census Bureau and the Centers for Medicare and Medicaid Services (CMS), approximately 6% of the total population in Allegan County is uninsured compared to a 6% state average. 55.1% are enrolled in employee plans, 14.3% on Medicaid, 12.6% on Medicare, 11.2% on non-group plans, and 0.676% on VA plans.

The ratios of population to various healthcare providers is listed in the table below. According to the Health Resources Services Administration (HRSA), Allegan County Michigan is designated as a Health Professional Shortage Area (HPSA). Due largely to its rurality, Allegan County has significantly higher numbers of people per provider when compared to the rest of the state. The long distances an individual must travel to see a healthcare provider, often in inclement weather, and the lack of any county-wide or regional public transportation service both contribute as severe barriers, impacting an individual's ability to seek vital healthcare services that would certainly improve overall health outcomes.

The growing population of individuals over the age of 65 presents significant barriers, as this segment of the population tends to require services from healthcare specialists (i.e. audiologists, cardiologists, rheumatologists, etc.) that are in short supply in rural communities and often require traveling long distances and making overnight housing arrangements to access these specialty services.

	Allegan County	Michigan
Uninsured (percentage)	6%	6%
Primary Care Physicians (ratio)	3,850:1	1,050:1
Dentists (ratio)	3,420:1	1,360:1
Mental Health Care Providers (ratio)	1270:1	400:1
Preventable Hospital Stays	3,570	5,188

Source: 2019 County Health Rankings, Clinical Care; Centers for Medicare and Medicaid Services

Demographics and Population Distribution

Gender
- **Overview:** Population distribution by gender is used to assess differences in the situation of men and women in a given population.
- **Summary:** The gender distribution in Allegan County is comparable to the State and National averages: 49.93% male and 50.07% female in Allegan County versus 49.17% male and 50.83% female at the State.

Age
- **Overview:** Age distribution is the proportionate numbers of persons in successive age categories in a given population. Age distributions differ among populations for various reasons including mortality rates and differences in the levels and trends of fertility.
- **Summary:** The age distribution in Allegan County is comparable to the State and National averages.

Race
- **Overview:** Race and ethnicity are often used to identify at-risk population groups and to identify health disparities.
- **Summary:** The race and ethnicity distribution in Allegan County is somewhat comparable to the State and National averages.

Demographics and Population	Allegan County	Michigan
Total Population	116,447	9,962,311
Square miles	825.24	56,559.36
People per square mile	138.32	175.49
Female Population	50.07%	50.83%
Male Population	49.93%	49.17%
Population below 18 years of age	24.8%	22.25%
Population 65 and older	15.17%	15.87%

Race and Origin	Allegan County (Percent)	Michigan (Percent)
White alone	94.37	78.72
Black or African American alone	1.4	13.85
American Indian and Alaska Native alone	0.49	0.52
Asian alone	0.56	2.91
Native Hawaiian and Other Pacific Islander alone	0.02	0.03
Two or More Races	2.26	2.81
Hispanic or Latino	7.2	4.8
White alone, not Hispanic or Latino	92.79	95.12

Source: 2019 County Health Rankings; Health Statistics Update 2017, Allegan County Government, Michigan Department of Health and Human Services, 2017, United States Census Bureau, 2017 estimates

Social and Economic Factors

Income
- **Overview**: Income is an important determinant of health. People with higher incomes tend to have better health behaviors than those with lower incomes which results in more favorable health outcomes.
- **Summary**: Allegan County's median household dollars is $58,487 which is higher than the state ($52,668) and slightly higher than the national ($57,652). The Census Bureau uses a set of money income thresholds that vary by family size and composition to determine who is in poverty. If a family's total income is less than the family's threshold, then that family and every individual in it is considered impoverished. The official poverty thresholds do not vary geographically, but they are updated for inflation using the Consumer Price Index Poverty thresholds updated every year by the Census Bureau. In 2019, in the United States, the poverty threshold for a single person under 65 is an annual income of $12,490; the threshold for a family group of four, including two children, is $25,750. Families making under these thresholds are considered to be living in poverty. Allegan County currently has 10.78% of its population earning an income at or below 100% of the Federal Poverty Level. This is lower than both the State average of 15.58% and the national average of 11.8%.

Socioeconomic Factors
- **Overview**: Socioeconomic factors that affect impoverished populations such as education, income inequality and occupation, represent the strongest and most consistent predictors of health and mortality. Research has shown that people living in poverty tend to have worse health outcomes than those not living in poverty.
- **Summary**: The poverty distribution in Allegan County is not comparable to state and national averages, as the population is predominantly non-Hispanic/white with a median income higher than the state average.

Educational Attainment
- **Overview:** There is a strong relationship between health and education. Research has shown that better educated citizens have better health outcomes.

- **Summary:** Allegan County had comparable percentage of the population age 25+ with no high school diploma (9.31%) compared to the state (9.77%); however, Allegan County is lower than the state average of 37.34% for individuals age 25+ that have obtained an associate degree or higher with only 31.06% having attained a higher education degree. This is, though, slightly higher than the national average of 30.9%.

Unemployment Rate
- **Overview**: Job loss and unemployment are associated with a variety of negative health effects.
- **Summary**: The unemployment rate has steadily decreased from year to year in all markets. Allegan County had a lower unemployment rate (3.1%) compared to the national and state rates.

	Allegan County	Michigan	United States
Median Household Income (dollars)	$58,487	$52,668	$57,652
Per Capita Income in the Past 12 Months (dollars)	$27,172	$28,937	$48,150

	Allegan County	Michigan	United States
Percent living in poverty	10.78%	15.58%	11.8%

	Allegan County	Michigan	United States
High School grad or higher	90.69%	90.23%	87.3%
Associate degree or higher	31.06%	37.34%	30.9%

Source: Community Commons, 2013-2017 American Community Survey (ACS)
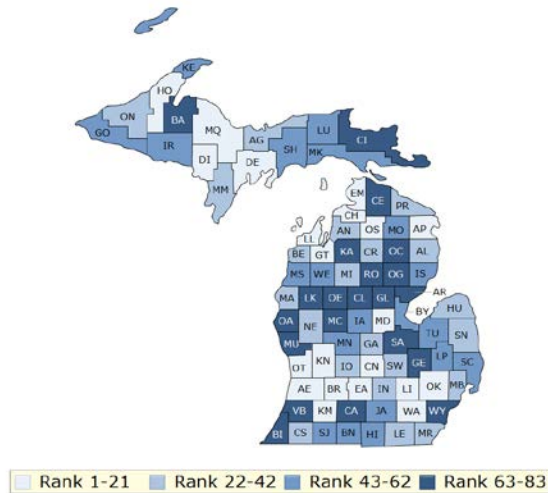
Health Factors and Outcomes

Every year since 2010, the University of Wisconsin's Population Health Institute has provided the County Health Rankings for each county in the United States. The Rankings represent how healthy counties are within each state. The healthiest county in the state is ranked #1. The Rankings are based on two types of measures: how long people live (Health Outcomes) and how healthy people feel while alive (Health Factors).

In the 2019 Rankings, Allegan County was ranked 15th out of 83 in health outcomes, which is in the first quartile (top 25%). Each county also receives an overall ranking in health factors that represent what influences the health of a county as an estimate of the future health of counties as compared to other counties within a state. The health factors ranking is based on four types of measures: health behaviors, clinical care, social and economic and physical environment factors. Allegan County ranked 17th out of 83 in *health factors*, which is also in the first quartile of the rankings.

Based on the 2019 Rankings, Allegan County improved its rank in health outcomes from 26 in 2018 to 15 in 2019; however, it dropped in health factors, but only slightly going from 14 to 15. It should be noted that the University of Wisconsin's Population Health Institute **always** cautions and discourages entities from comparing one year to the next as the methodology in how the Rankings are calculated changes from year to year.
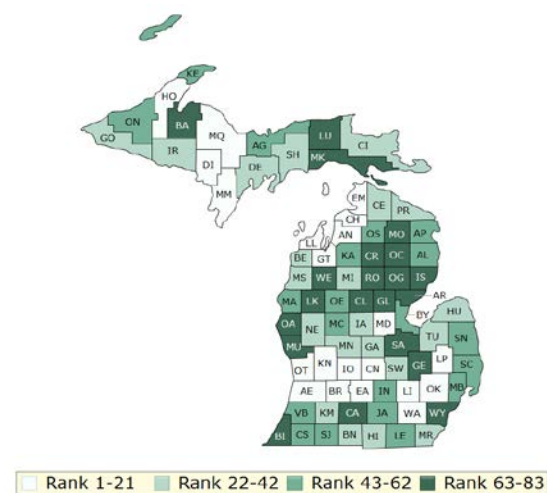
Health Factors Overall Ranking

Allegan County Ranks 17th out of 83

Rank 1-21   Rank 22-42   Rank 43-62   Rank 63-83

Health Outcomes Overall Ranking:

Allegan County Ranks 15th out of 83

Rank 1-21   Rank 22-42   Rank 43-62   Rank 63-83

Source: County Health Rankings

Health Factors

Environmental - Particulate Matter
- **Overview**: Air pollution-particulate matter is the average daily density of fine particulate matter in micrograms per cubic meter. The lower the value the better.
- **Summary**: Allegan County's average daily density between the years of 2002-2014 was 11, which is higher than both the state and national averages.
- **Source**: 2019 County Health Rankings Report
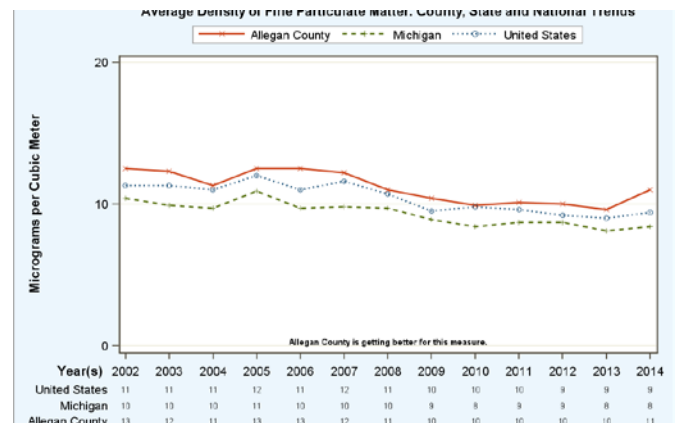
Health Behaviors
- **Overview**: Health indicators are useful tools for monitoring the health of a population and communicating opportunities to improve health. Approximately 40% of all deaths are associated with negative health behaviors such as smoking, excessive alcohol use, physical inactivity, drug use and poor nutrition.
- **Summary**: Allegan County had a higher rate of teen births compared to the state average. Additionally, there was a much lower rate of access to exercise opportunities than the state rates. On a positive note, the adult smoking rate is lower than the state average. The excessive drinking and alcohol-impaired driving death rates were similar to the state rates.

	Allegan County	Michigan
Adult smoking	**18%**	20%
Adult obesity	**31%**	32%
Physical inactivity	**20%**	22%
Access to exercise opportunities	**73%**	85%
Excessive drinking	**20%**	21%
Alcohol-impaired driving deaths	29%	29%
Sexually transmitted infections	**287.9**	462.9
Teen births	**23**	22

Source: 2019 County Health Rankings Report

Green indicates Allegan County ranks higher than the state average
Red indicates Allegan County ranks lower than the state average

Sexually Transmitted Infection Rates
- **Overview**: Sexual and reproductive health issues are important and critical components to the general health and well-being of patients seen in all healthcare settings.
- **Summary**: The number of reported Chlamydia Cases in Allegan County in 2018 was 40. Allegan County reported a total of 77 cases of Gonorrhea in 2018.
- **Source**: Health Statistics Update 2018, Allegan County Government, Michigan Department of Health and Human Services, 2018

Mortality
- **Overview**: The causes of death are listed in order of the 10 leading causes. A dash indicates a zero value.
- **Summary**: Allegan County's top three leading causes of death are heart disease, cancer and unintended injuries.

Death Rates by Age and Sex

Allegan County, 2017	Total	Male	Female
All Ages (Crude Rate per 100,000 population)	857.9	894.4	821.5
Under 1	*	*	*
1-14	*	*	*
15-24	56.1	*	*
25-34	72.9	130.9	*
35-44	130.6	187.7	*

45-54	408.7	524.0	291.6
55-64	799.4	968.4	631.1
65-74	1,719.8	2,146.9	1,306.1
75-84	4,908.7	6,059.3	3,971.0
85 & Over	15,353.1	14,598.5	15,760.4
Age-Adjusted Rate	744.2	863.9	629.1

http://www.mdch.state.mi.us/pha/osr/chi/Deaths/RtsByAge/RatesByAgeSexRace.asp?AreaCode=01&AreaType=L&JS=No

Note: Age-adjusted death rates are based on age-specific death rates per 100,000 population in specified group. Age-adjusted death rates are computed by the direct method, using as the standard population the age distribution of the total population of the United States for the year 2000. Death records with gender not stated were randomly allocated prior to computation of age-specific death rates. Records with age not stated were included in the "85+" row. Death records with "all other races" stated are included only in the "Total" column.

Source: 2017 Geocoded Michigan Death Certificate Registry. Division for Vital Records & Health Statistics, Michigan Department of Health & Human Services; Population Estimate (latest update 6/2018), National Center for Health Statistics, U.S. Census Populations With Bridged Race Categories .

Leading Causes of Death

Allegan County, 2017	All Ages	Under 25 Years	25-54 Years	55-64 Years	65-74 Years	75-84 Years	85+ Years
All Causes of Death	999	17	93	134	197	258	300
1. Cancer	250	1	22	51	70	66	40
2. Heart Disease	194	-	14	13	35	63	69
3. Chronic Lower Respiratory Disease	74	-	4	14	19	23	14
4. Alzheimer's Disease	50	-	-	1	7	13	29
5. Stroke	49	1	2	4	3	14	25
6. Unintentional Injuries	44	6	15	10	3	2	8
7. Diabetes Mellitus	36	-	1	7	9	10	9
8. Pneumonia/Influenza	24	-	1	5	1	7	10
9. Kidney Disease	16	-	2	2	3	4	5
10. Intentional Self-harm (Suicide)	13	1	8	1	2	1	-
All Other Causes	249	8	24	26	45	55	91

Sources: Division for Vital Records & Health Statistics, Michigan Department of Health & Human Services, 2017
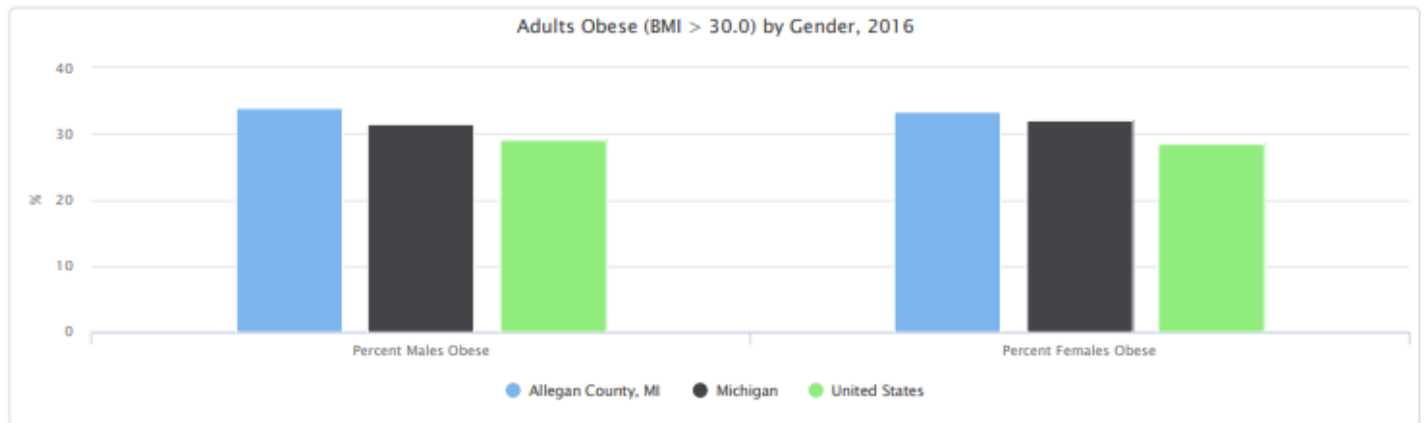**https://www.mdch.state.mi.us/osr/CHI/deaths/frame.asp**

Drug Overdose Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Year, 2004-2017

Report Area	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2017	2017
Allegan County, MI	8.45	8.88	9.11	12.14	11.02	12.10	11.08	9.75	9.96	11.16	16.88	12.15	15.73	15.51
Michigan	8.66	9.77	11.71	12.21	12.38	14.47	13.95	14.26	13.52	15.87	18.04	20.35	24.38	27.78
United States	9.38	10.07	11.49	11.88	11.89	11.94	12.30	13.19	13.14	13.80	14.68	16.29	19.79	21.70

Drug Overdose Mortality, Age–Adjusted Rate (Per 100,000 Pop.) by Year, 2004 through 2017
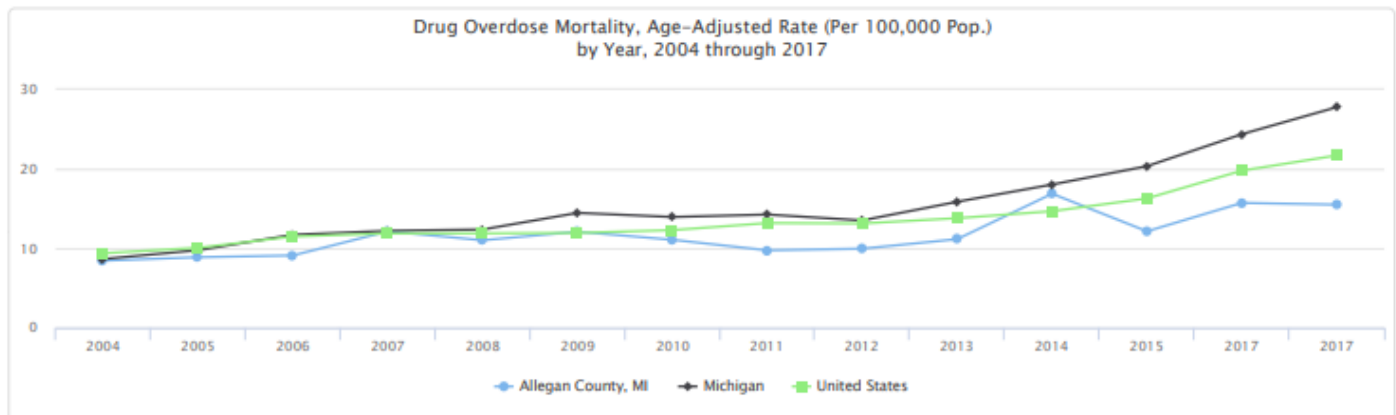
Source: Community Commons

Obesity

Adults Obese (BMI > 30.0) by Gender, 2016

Percent Adults Obese (BMI > 30.0) by Year, 2004 through 2016

Report Area	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Allegan County, MI	24.5%	26.08%	26.2%	27.7%	28.4%	31.4%	33.7%	33.7%	31.8%	29.7%	29.9%	30.7%	33.7%
Michigan	26.2%	26.8%	27.7%	29.3%	30%	30.9%	30.7%	30.7%	30.6%	30.5%	30.5%	30.6%	31%
United States	23.1%	23.8%	24.8%	25.6%	26.2%	27.2%	27.1%	27%	26.8%	27.1%	27.4%	27.7%	28.3%

Percent Adults Obese (BMI > 30.0) by Year, 2004 through 2016
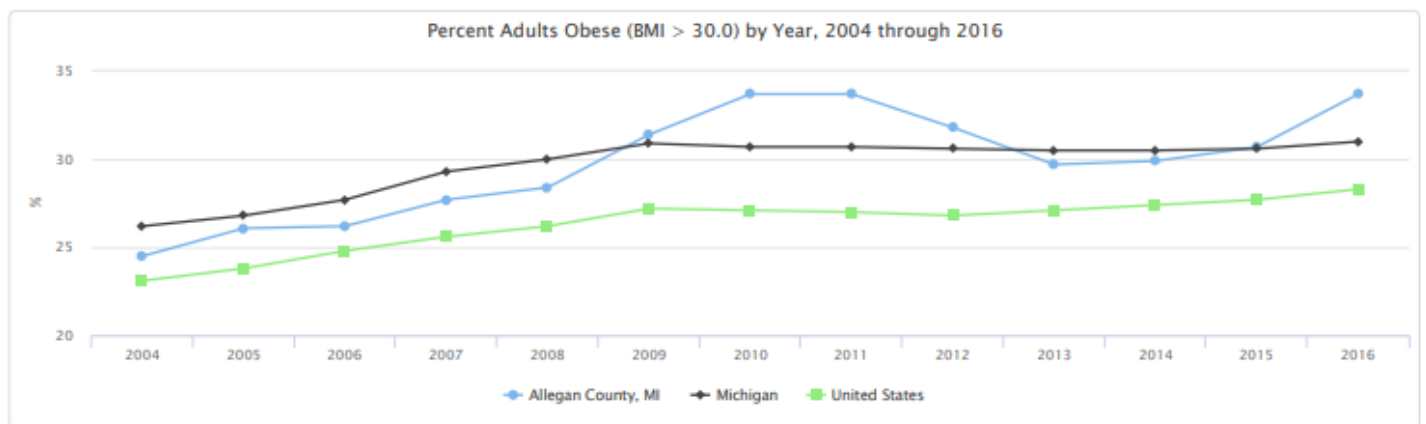
Source: Community Commons

COMMUNITY INPUT: QUALITATIVE DATA

While quantitative data tells an indisputable story of the health of the community, oftentimes the untold, yet equally important, part of the picture is how the members of the community feel about their health and the health of the community.

With regard to the IRS Treasury Notice 2011 – 52, primary data was derived from the Allegan County stakeholders groups composed of individuals working in community service organizations, as well as interested community members who participated in surveys and community surveys to represent the broad interest of the community as they serve the most vulnerable population: the low-income, medically underserved, homeless, minorities, and those with chronic health conditions.

AAH is a partner of the Allegan County MACC, a collaborative group of health and human service agencies engaging in new ideas to improve service delivery, bridge gaps in services, and reduce duplication of services. AAH is also a member of HACC, a cross sector coalition comprised of schools, courts, business, and traditional health partners tasked with forming the Allegan County CHIP.

Community Conversations

The MACC and ACUW held a series of four Community Conversations in 2018 as a follow up to the 2017 ACUW Community Needs Assessment. These conversations elicited important community input on health and social service issues residents believed were priority needs for the Allegan County area. Details for each issue identified as well as the process used for capturing the data are included in the full report as a supplement to this report and an executive summary is provided in Appendix A. The HACC used the 2018 Community Conversations collected by MACC to formulate its 2019 Allegan County CHIP. When all four community conversations were analyzed for themes the list was long, yet six issues arose and were ranked as "critical," "urgent" and "important."

Critical Issues:
- Access to health services (2017 United Way Community Assessment reports that transportation is a barrier in accessing health care - see Appendix A)
- Access to local and regional transportation (also identified a top issue in the 2017 United Way Key Stakeholder Survey in Allegan County)

Urgent Issues:
- Education access for all, with a focus on post-secondary experiences
- Affordable housing
- Universal coordinated access to social services for all and increased awareness of what is available

Important Issues:
- Access to recreational services that support all individuals being happy, active and stress free.

Stakeholder Surveys

AAH developed a Stakeholder Survey conducted through SurveyMonkey from October 9, 2019 through November 15, 2019. A total of 27 responses were collected. Members of the Allegan County stakeholder groups, as well as their colleagues and additional community stakeholders identified by the group, were invited to participate in the survey. The SurveyMonkey link was made available to the group to forward to appropriate individuals in their network.

The survey questions and results are included in Appendix B of this report and the key findings are provided below.

The stakeholders were asked to identify from a provided list the top three health-related issues in the community. The top three responses were as follows:
- Mental health assistance (63%)
- Ability to go to a doctor when you need to (48%)
- Alcohol and drug use (22%)

The stakeholders were asked what makes it hard for people to get health care. The top five responses were as follows:
- Transportation (81%)
- Insurance doesn't pay all of the bills (52%)
- No health insurance (48%)
- Can't afford the medications (48%)
- Can't get off work to see a doctor (37%)

When asked what the three biggest non-health related issues in the community are, the top responses were as follows:
- No transportation (59%)
- Not enough money to live on (52%)
- Not enough affordable housing (48%)
- Not enough affordable access to healthy foods (37%)

Community Surveys

Capturing input from local community members is vital in the CHNA process. The ACUW has developed a survey for distribution in early 2020, and results will be available shortly after. As this work will occur outside of the required CHNA report timeline, AAH also developed a community survey. Community members were given the opportunity to partake in this electronic survey through SurveyMonkey from October 9, 2019 to November 15, 2019. A total of 336 surveys were collected and analyzed during the CHNA process. The complete report is included in Appendix C of this report and the key findings are provided below.

- **Health Issues People are Experiencing:**
  - Overweight (38%)
  - High blood pressure (30%)
  - Stress (30%)
  - Back or joint pain (28%)
  - Allergies (25%)

- **Top Health Issues in the Community:**
  - Mental health assistance (43%)
  - Weight Problems (overweight/eating disorder) (34%)
  - Alcohol and drug use (32%)
  - Ability to go to the doctor when needed (28%)
  - Help with insurance (24%)

- **Top Non-Health Related Issues in Community:**
  - People do not have enough money to live on (58%)
  - Not enough homes people can afford (40%)
  - No transportation (30%)
  - Not enough affordable healthy foods (30%)

- **What makes a healthy community?**
  - Low crime/safe neighborhoods (47%)
  - Good schools (44%)
  - Good jobs and healthy economy (43%)

CONTRIBUTING PARTNERS IN COLLABORATION

In the initial stages of the CHNA process, AAH engaged MACC and the partner organizations of the Allegan County CHIP, which formed HACC. These community partners contributed their time through participation in stakeholder surveys, distribution and collection of community surveys and during the data review process they were also actively engaged in the prioritization of health issues. AAH has representation on both the MACC and the HACC. The list of partner organizations includes the following:

- Allegan Area Educational Service Agency (AAESA)
- Allegan Chamber of Commerce·
- Allegan County 48th Circuit Court·
- Allegan County Community Mental Health
- Allegan County Emergency Management
- Allegan County Food Pantry Collaborative
- Allegan County Health Department
- Allegan County Legal Assistance Center
- Allegan County Parks and Recreation
- Allegan County Transportation
- Allegan County United Way
- Allegan Library
- Allegan Public Schools
- Alliance Home Health
- Arbor Circle of Allegan
- Arc of Allegan County
- Bridges of Hope Allegan County
- Christian Neighbors
- Community Action of Allegan County
- Department of Health and Human Services
- Evergreen Commons
- Great Start Collaborative - Allegan County

- Gun Lake Tribe
- Gun Plainwell Township
- InterCare Community Health Network
- Lake Michigan Community College
- LIFE EMS
- Love Inc. Pullman
- Meals on Wheels West Michigan
- Meditation Services
- Michigan State University Extension
- Michigan Works
- Ottawa County United Way
- Ottawa Department of Public Health
- Ottawa Intermediate School District
- Pathways
- Perrigo
- Plainwell Community Schools
- Renewed Hope
- Resilience: Advocates for Ending Violence (formerly Center for Women in Transition)
- Safe Harbor Children's Advocacy Center
- Salvation Army
- Sylvia's Place
- United Way - Allegan County

AAH also contracted with Kushion Consulting, LLC. Mary Kushion, owner of Kushion Consulting, brings expertise in data collection, analysis and the CHNA process. Kushion Consulting was brought into the process to conduct data collection and analysis, report the findings to the stakeholders, facilitate the discussion and health issue prioritization process and to produce the CHNA report.

IDENTIFICATION AND PROCESS FOR PRIORITIZATION OF NEEDS

Beginning in the fall of 2019, the Ascension Allegan staff and consultant conducted a formal review of the quantitative and qualitative data collected as well as the priorities identified in the Allegan County CHIP that was published in 2019. AAH also reviewed the Community Conversations report and the Allegan County ALICE report. An in-depth conversation was also held with the Allegan County Health Department Health Officer who offered insight into the community health issues that have remained constant over time as well as new and emerging issues. After the review and discussion, the team identified a proposed set of needs.

In December 2019, the proposed set of needs and the health issues data was provided to both the MACC and HACC for review and feedback. AAH acknowledges the importance of the CHIP work in process by these groups and is committed to supporting the efforts and work of this initiative. It is our intention that the AAH CHNA will serve as useful and value-added information when together as a county we will work to maintain and monitor the comprehensive CHIP released in 2019.

Based on the process and discussion cited above, AAH identified the following four priority health needs:

1. **Access to Mental Health Services**
2. **Alcohol and Drug Use**
3. **Weight/Obesity**
4. **Transportation**

Needs Identified, But Not Addressed

In addition to the four priority areas selected, two other areas were identified but did not garner support for inclusion and development into the implementation plan phase for AAH. These two areas are as follows:

- Access to Affordable Housing
- Having Enough Money on Which to Live

It is important to state that although AAH has opted to not address these issues directly, it is certainly supportive and open to continued community and stakeholder discussions and actions that will address both the housing and financial stability for the community it serves.

NEXT STEPS

The Ascension Allegan CHNA leadership team and community stakeholders will collaborate on appropriate areas of identified need and guide the development of implementation strategies and individual action plans for each area of opportunity in early 2020. Measurable outcome indicators will also be established. The team will appropriately communicate the CHNA results and the Implementation Plan Strategy to the Ascension Allegan Board of Directors in December of 2019 and to the community using a variety of methods.

It should be noted that any new data collected through our collaboration and partnership efforts with the MACC and HACC will be incorporated into the CHNA as they become available in 2020.

POTENTIAL AVAILABLE RESOURCES

Existing Health Care Facilities and Resources

In addition to AAH Continuum of Care, there are multiple healthcare agencies and service-related resources in Allegan County. Those organizations include, but are not limited to these organizations:

- 2-1-1
- Allegan Area Educational Service Agency (AAESA)
- Allegan County Circuit Court
- Allegan County Community Foundation
- Allegan County Community Mental Health
- Allegan County Emergency Management
- Allegan County Food Pantry collaborative
- Allegan County Health Department
- Allegan County Parks and Recreation
- Allegan County Road System
- Allegan County Senior & Veteran's Services
- Allegan County Transportation System
- Allegan County United Way
- Allegan Homelessness Solutions
- Allegan/Fennville/Glenn/Hamilton/Hopkins/Martin/Otsego/Plainwell/Wayland Public Schools
- Arbor Circle of Allegan
- ARC of Allegan County
- Area Agency on Aging
- Briarwood Assisted Living
- Bridges of Hope, Allegan County
- Christian Neighbors
- Community Action Agency of Allegan County
- Community Action of Allegan County
- Ely Manor Nursing & Rehabilitation Center
- Evergreen Commons
- Gun Lake Tribe
- Healthy Allegan County Collaborative (HACC)
- Housing Assessment and Resource Agency (HARA) of Allegan County
- Hungry for Christ
- InterCare Community Health Network
- Lake Michigan College (satellite campus)
- Lakeshore Advantage
- Love INC (Love in the Name of Christ)
- Mediation Services
- MSU Extension
- Multi-Agency Collaborative Council (MACC)
- People Helping People/The Linking Center
- Renewed Hope
- Resilience: Advocates for Ending Violence (formerly Center for Women in Transition)
- Safe Harbor Children's Advocacy Center
- Sylvia's Place
- Wings of Hope Hospice & Wings Home

EVALUATION OF IMPACT OF PRECEDING CHNA

Written Comments on most recently conducted CHNA & Implementation Strategy (2016)

The 2016 AAH CHNA was posted on the Hospital's website in July of 2016 and is still available in this format. Although anecdotal feedback has been collected over the last three years related to the executed CHNA report itself and the adopted implementation strategy, there have been no written comments left on either the Hospital website or through any other communication means.

The following are the AAH goals, strategies and outcomes from the previous 2016 CHNA and implementation strategy:

Prioritized Need #1 – Mental Health/Suicide

Strategy 1: Investigate bringing on additional staff to outpatient clinic to increase capacity
- Partnered with Ascension St. John Providence to provide Tele-Behavioral Health services.
- Collaborated services with Allegan County Community Mental Health.
- Worked with Ascension to streamline the transfer of behavioral health patients from the ER to an appropriate setting.

Strategy 2: Research drug prevention/education sessions within the schools
- Due to limited resources, this strategy was not implemented.

Prioritized Need #2 – Primary Care

Strategy 1: Partner with Quorum and other organizations to recruit physicians
- Over the three years, a total of 13 new primary care providers were recruited to our rural health clinics and, of those, seven remain
- Acquired Fennville Medical Center in Fennville, Michigan. The practice opened its doors in August 2017.

Prioritized Need #3 – Affordability/Accessibility

Strategy 1: Continue current programs related to affordability and accessibility
- Financial assistance policy and sliding fee scale are accepted at all hospital facilities.
- Allegan Neighbors/Cancer Fund through the Ascension Allegan Foundation provides assistance to individuals and families with a medical need.
- Financial Counselor available to assist uninsured individuals obtain Medicaid.
- Working with other area healthcare organizations to bring visiting specialists including cardiology, pulmonology, vascular, dermatology, ENT, oncology, sleep, OB/GYN and urology to Allegan, so patients don't have to travel far.

Strategy 2: Participation in ACO including chronic care coordinator for at-risk patients
- Opted out of the ACO in 2018 but added a care coordinator for at-risk patients and a social worker in our rural health clinics.

Strategy 3: Work with Quorum on Lean process improvement involving patient access
- Due to limited resources, this strategy was not implemented.

Strategy 4: Work with Altarum institute on Lean process involving patient throughput
- Due to limited resources, this strategy was not implemented.

Prioritized Need #4 – Urgent Care

Strategy 1: Continue activities in place, such as current walk-in clinic; reduced cost athletic assessment for local students; multiple community flu shot clinics September - November; and additional same-day appointments available for each of the 10 primary care physicians (outpatient) and 10 mid-level providers

- Assessed the efficiency of providing reduced cost athletic assessments in the Urgent Care setting and opted, instead, to provide a Saturday Sports Injury Clinic at our orthopedic practice instead in the fall of 2019.
- Implemented online appointments for our walk-in center in June 2018.
- Implemented multiple community flu shot clinics in the PCP setting rather than in Urgent Care.

Prioritized Need #5 – Healthy Lifestyle

Strategy 1: Adding injury prevention outreach
- Provided free bike helmets and education
- Offered the community free Stop the Bleed training
- Brought a distracted driving simulator to Allegan

Strategy 2: Continue programming related to healthy lifestyle
- Free community heart screenings
- Free quarterly peripheral artery disease (PAD) screenings
- Free community vein screenings
- Quarterly newsletter that includes healthy lifestyle tips
- Free community education sessions provided on subjects such as pelvic health, nutrition, diabetes, orthopedic care and stress
- Offer a monthly Better Breathers Club
- Implemented the Pink Allegan program that provides free mammograms for the under- and uninsured
- Hosted the annual Spirit of Women event that encourages individuals to move and try different exercise classes
- Coordinated with Allegan elementary schools to have providers speak on the Tigers in Motion program

APPENDICES

APPENDIX A

Allegan County 2018 Community Conversations Summary

According to the 2018 Allegan County Community Conversation Report, the ACUW facilitated a community conversation model that MACC could use to gain insight from its stakeholders. A total of 72 community experts from different entities attended one of four different conversations.

Participants received an overview of the data contained in the ACUW Community Assessment and then, with sessions moderated by United Way staff, participants were asked questions such as "What kind of community do you want?, Why is that important? and How is that different from the way things are now?" They were also asked to provide feedback on the most important issues and concerns that needed to be addressed in the community and the barriers that were preventing the community from being able to address them. After the four groups, and one additional group focused solely on Transportation, the United Way compiled the responses and developed three tiers of priorities: Critical, Urgent and Important, described in detail in the table provided below.

Priority Area	Priority Level	What Do We Want?	What is in the Way?	What is Working?
Access to Health Services	Critical	• Recruit/retain providers • Increase accessibility • Community Health Worker	• Hard to attract to rural areas • Turnover • Loan forgiveness hard to access	• Increase in pediatric providers • Affiliations • Visiting specialists
Access to Transportation	Critical	• Less barriers and affordable to all • More routes and out of county hub • Transport to education, jobs, medical and social • Increase awareness of current options	• System needs to expand to all townships • Cost • Geography • Day/time availability • Need to plan ahead • Lack of public funding and policymaker awareness	• Allegan Co. Transportation • Partnership with CMH • Max Bus Line • Inter Urban • Great drivers • Quality of county roads
Access to Education; Post-Secondary Focus	Urgent	• Access to affordable community college • 13/14-year option for all HS students • Increase educational opportunities in skilled trades • Opportunities for all ages	• Cost of transportation • Programs aren't marketed • Funding • Acceptance of trade skills • Too much for schools • Lack of role model/life issues take priority	• Early college opportunities in HS • Adult Ed Network • Employer/College tours • Home repair elective • High quality school systems

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Access to Affordable Housing	Urgent	• Quality affordable homes • Paths to home ownership • Transitional housing	• Funding • Rules and compliance • Lack of builders and costs to build • Lack of infrastructure (sewer) • No shelters/transitional housing	• Community action of Allegan County's programs • More discussions are taking place about the need • Subsidized housing and sr. housing
Access to Services Universal, Coordinated and Communicated	Urgent	• Awareness of services to avoid duplication • Access to services through 211 and transportation • Translation, literacy and technical assistance with applications	• 211 – lack of awareness and not up to date • Lack of communication between agencies • Awareness of needs • Location and transportation • Lack of phone/internet service • Disconnect with marketing messages • Duplication of services • Lack of bilingual translators • Need for community health care workers	• Available media outlets • 211 • MACC and Collaborations • Family Connect • Allegan Co. Services Bldg. • Single entry data point and access • Libraries that offer assistance with forms
Access to Recreation	Important	• Happy, active and stress-free residents • Opportunities for low cost and accessibility for all	• Hard to measure • Healthy lifestyles are more expensive	• Allegan Co. Parks and Rec • Allegan Co. walking trails/maps • The will of the people to work • Riverfront promotions

APPENDIX B

Stakeholder Survey Results

A total of 27 community stakeholders completed the survey.

Q1: In general, does the population you work with go to a doctor or clinic?:
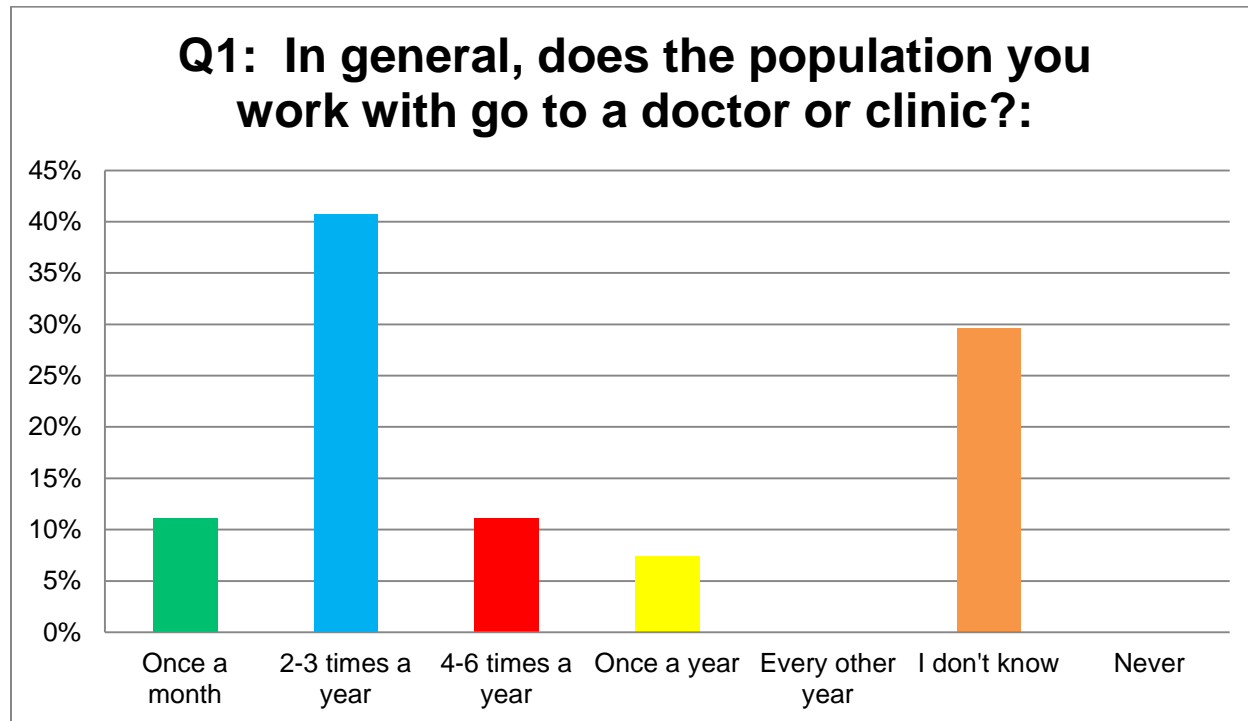
Answered: 27, Skipped: 0

Answer Choices	Responses	
Once a month	11.11%	3
2-3 times a year	40.74%	11
4-6 times a year	11.11%	3
Once a year	7.41%	2
Every other year	0.00%	0
I don't know	29.63%	8
Never	0.00%	0

Q2: In your opinion, where does the population you serve go for healthcare?
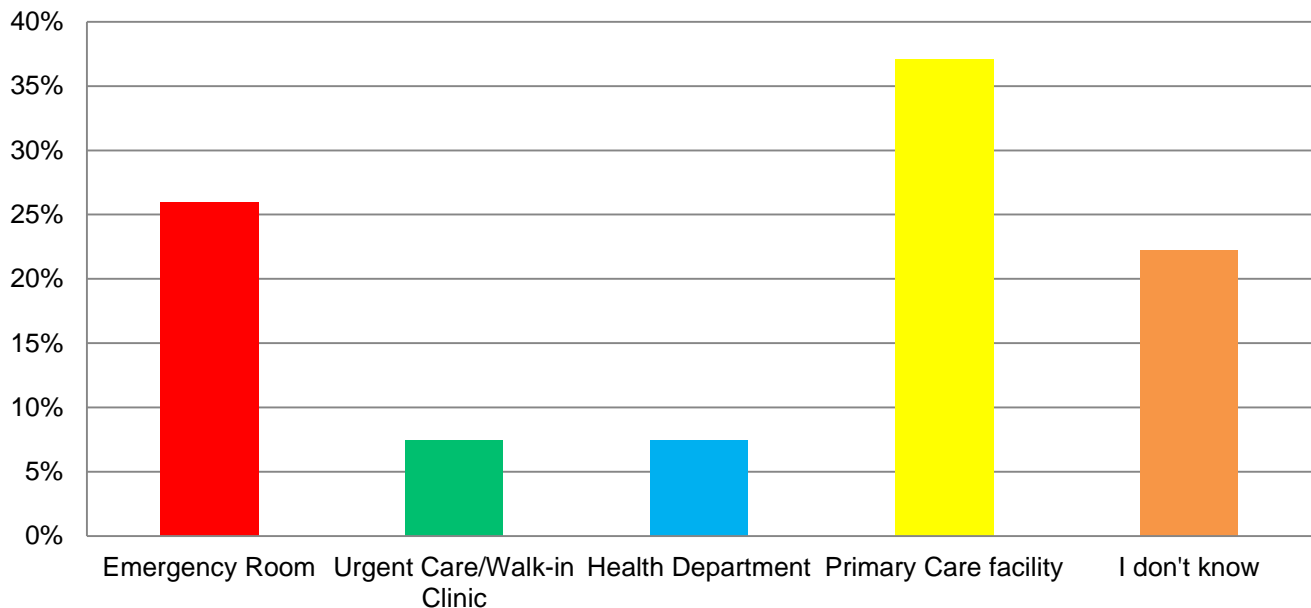
Answered: 27, Skipped: 0

Answer Choices	Responses	
Emergency Room	25.93%	7
Urgent Care/Walk-in Clinic	7.41%	2
Health Department	7.41%	2
Primary Care facility	37.04%	10
I don't know	22.22%	6

Q3: Does the population you serve have health insurance?
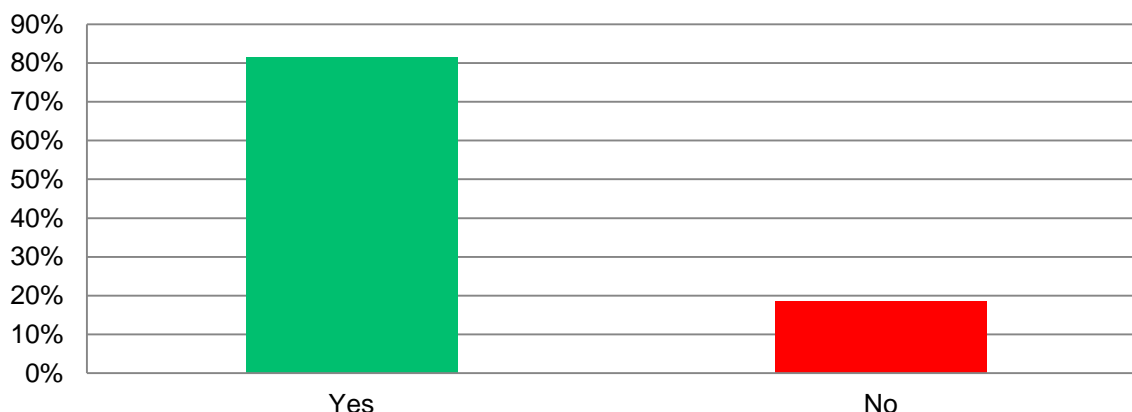
Answered: 27, Skipped: 0

Answer Choices	Responses	
Yes	81.48%	22
No	18.52%	5

Q4: Does the population you serve have vision insurance?
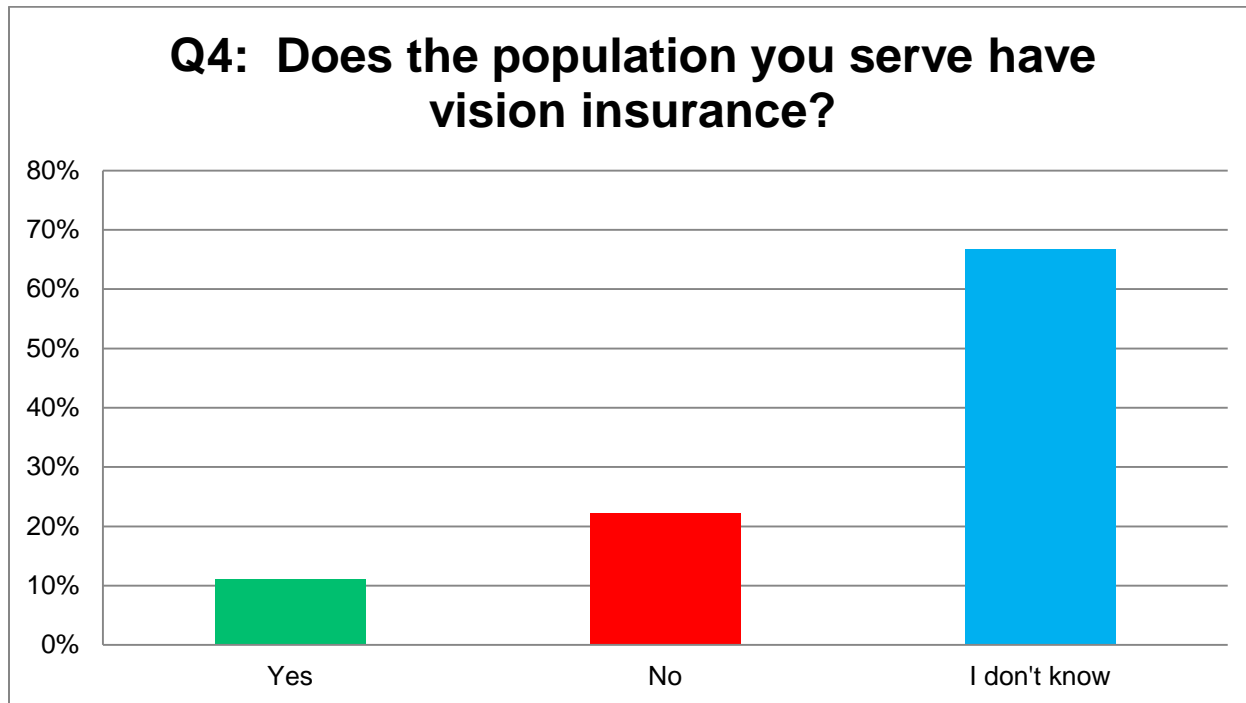
Answered: 27, Skipped: 0

Answer Choices	Responses	
Yes	11.11%	3
No	22.22%	6
I don't know	66.67%	18

Q5: Does the population you serve have dental insurance?
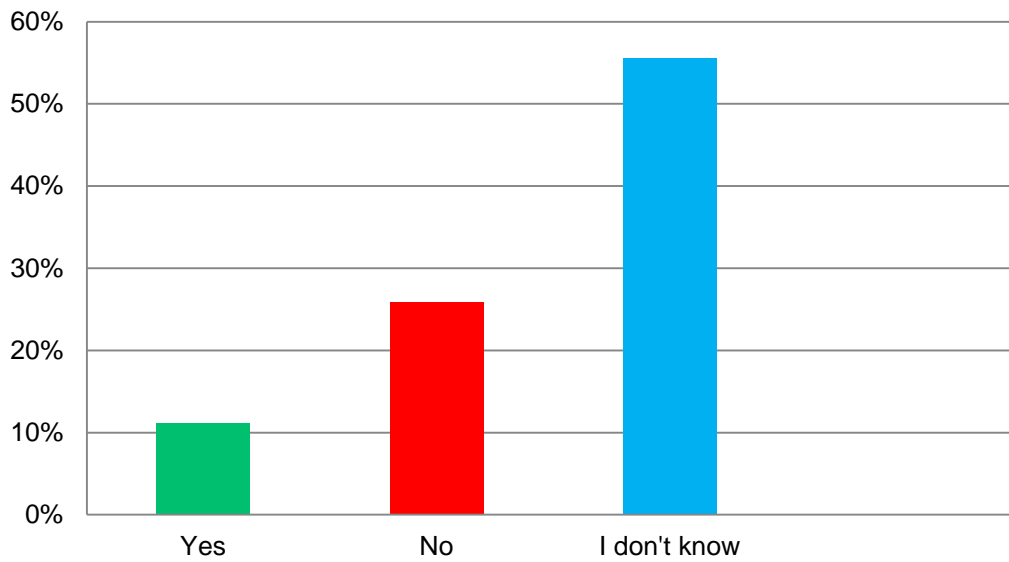
Answered: 27, Skipped: 0

Answer Choices	Responses	
Yes	11.11%	3
No	25.93%	7
I don't know	55.56%	15

Q6: What are the three biggest health problems in our community? (Choose three)
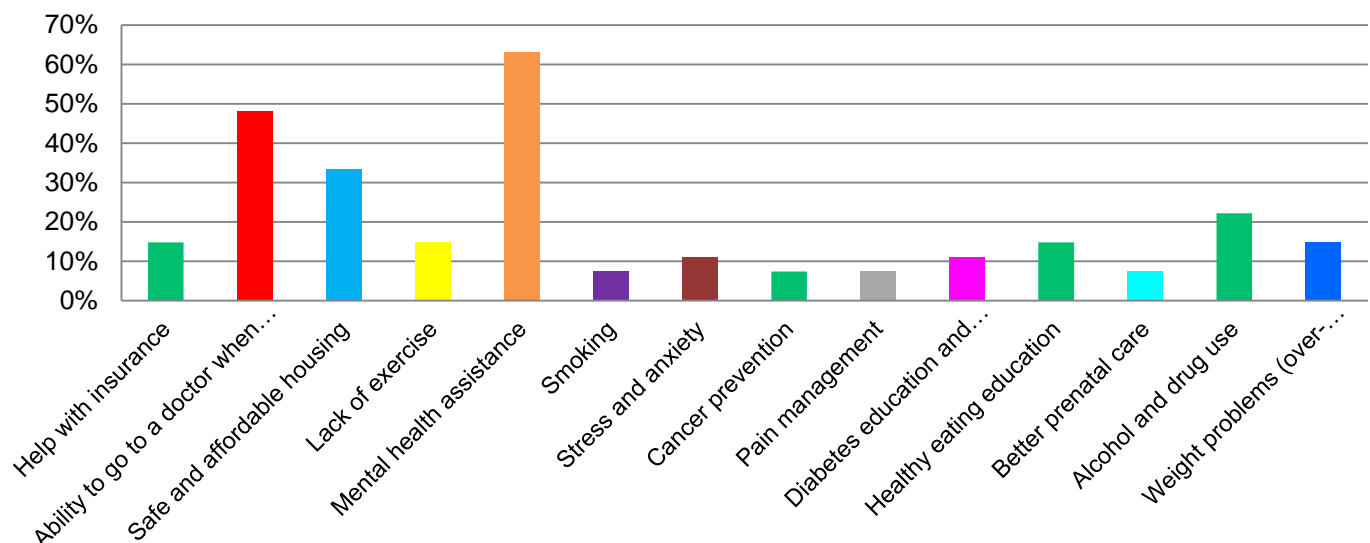
Answered: 27, Skipped: 0

Answer Choices	Responses	
Help with insurance	14.81%	4
Ability to go to a doctor when you need to	48.15%	13
Safe and affordable housing	33.33%	9
Lack of exercise	14.81%	4
Mental health assistance	62.96%	17
Smoking	7.41%	2
Stress and anxiety	11.11%	3
Help with breathing problems (asthma, COPD, etc.)	0.00%	0
Cancer prevention	7.41%	2
Pain management	7.41%	2
Air pollution (dirty air)	0.00%	0
Diabetes education and support	11.11%	3
Help with high blood pressure	0.00%	0
Healthy eating education	14.81%	4
Better prenatal care	7.41%	2
Suicide prevention	0.00%	0
Alcohol and drug use	22.22%	6
Weight problems (over-weight or eating disorders)	14.81%	4
Sexually transmitted diseases and HIV/AIDS	0.00%	0
Providers in the community are not culturally competent	0.00%	0
None of the above	0.00%	0
Other (please list)	22.22%	6

- Overall substance abuse
- Lack of family doctors available for new patients
- Transportation – medical and otherwise
- The clinic registration people seem to struggle with insurances.
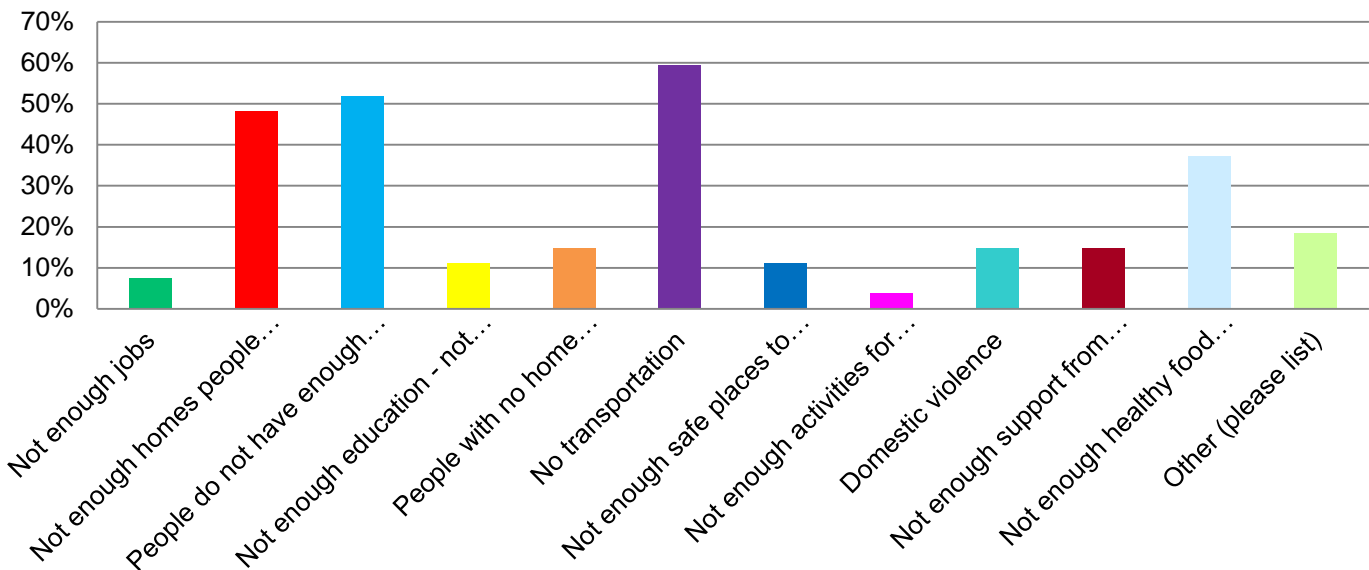- Access to reliable and competent primary care
- Chronic illness

Q7: What makes it hard for people to get health care? (Choose as many as you need to)
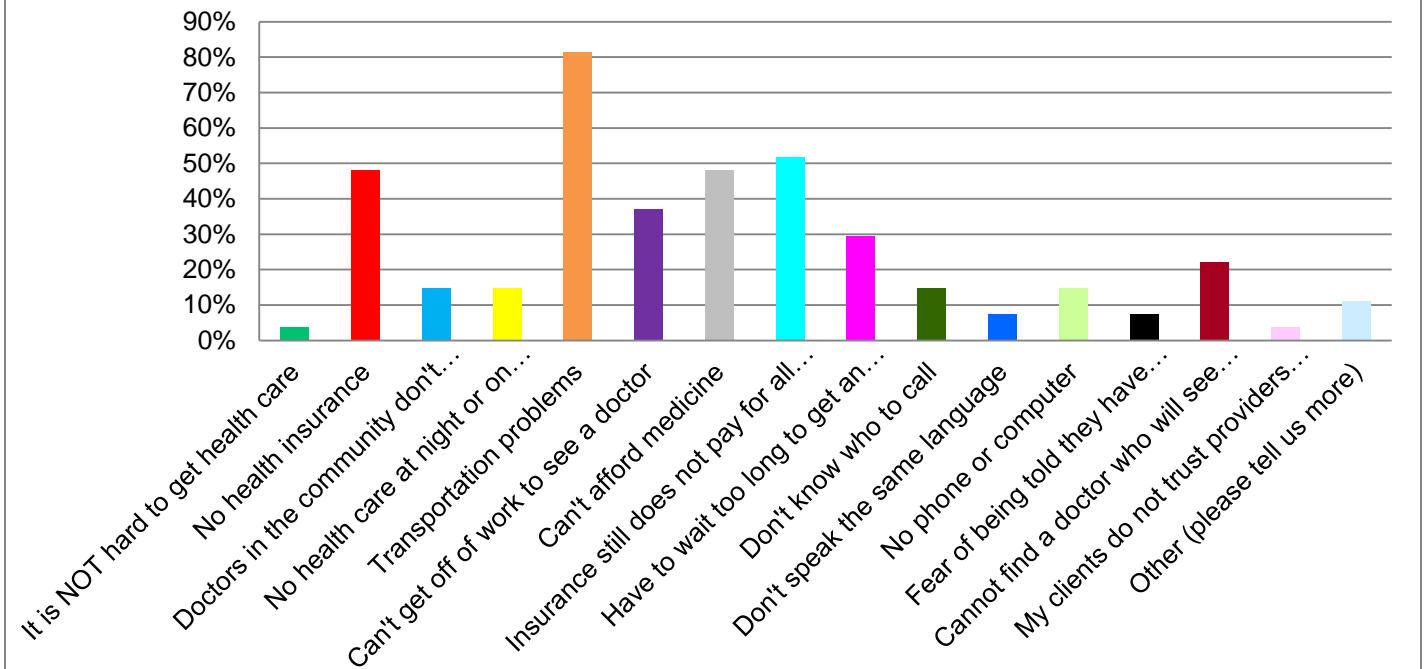
Answered: 27, Skipped: 0

Answer Choices	Responses	
It is NOT hard to get health care	3.70%	1
No health insurance	48.15%	13
Doctors in the community don't take the insurance my clients have	14.81%	4
No health care at night or on weekends	14.81%	4
Transportation problems	81.48%	22
Can't get off of work to see a doctor	37.04%	10
Can't afford medicine	48.15%	13
Insurance still does not pay for all bills	51.85%	14
Have to wait too long to get an appointment	29.63%	8
Don't know who to call	14.81%	4
Don't speak the same language	7.41%	2
No phone or computer	14.81%	4
Fear of being told they have something serious	7.41%	2
Cannot find a doctor who will see them	22.22%	6
My clients do not trust providers in the community	3.70%	1
Other (please tell us more)	11.11%	3
- CMH that responds slowly due to red tape		
- High deductibles		
- Not able to see their doctor in a timely manner when they need to		

## Q8: What are the 3 biggest non-health related issues in our community? (choose three)

Answered: 27, Skipped: 0

Answer Choices	Responses	
Not enough jobs	7.41%	2
Not enough homes people can afford	48.15%	13
People do not have enough money to live	51.85%	14
Not enough education - not finishing high school	11.11%	3
People with no home (homeless)	14.81%	4
No transportation	59.26%	16
Not enough safe places to walk and to exercise	11.11%	3
Not enough activities for younger people	3.70%	1
Domestic violence	14.81%	4
Not enough support from friends and family	14.81%	4
Gangs	0.00%	0
Racism and discrimination	0.00%	0
Not enough healthy food people can afford	37.04%	10
Crime	0.00%	0
Other (please list)	18.52%	5
- Working population that lives on the edge of poverty.		
- Lack of strong relationships between agencies, support people and community. Significant distrust here. Family can't afford to provide support, i.e., due to their jobs, financial need or other commitments.		
- Poor public transit options and limited CMH access.		
- Many people choosing to not work for various reasons, including the pay from work done is not enough to create incentive to be off public assistance. The level of education could be much better.		

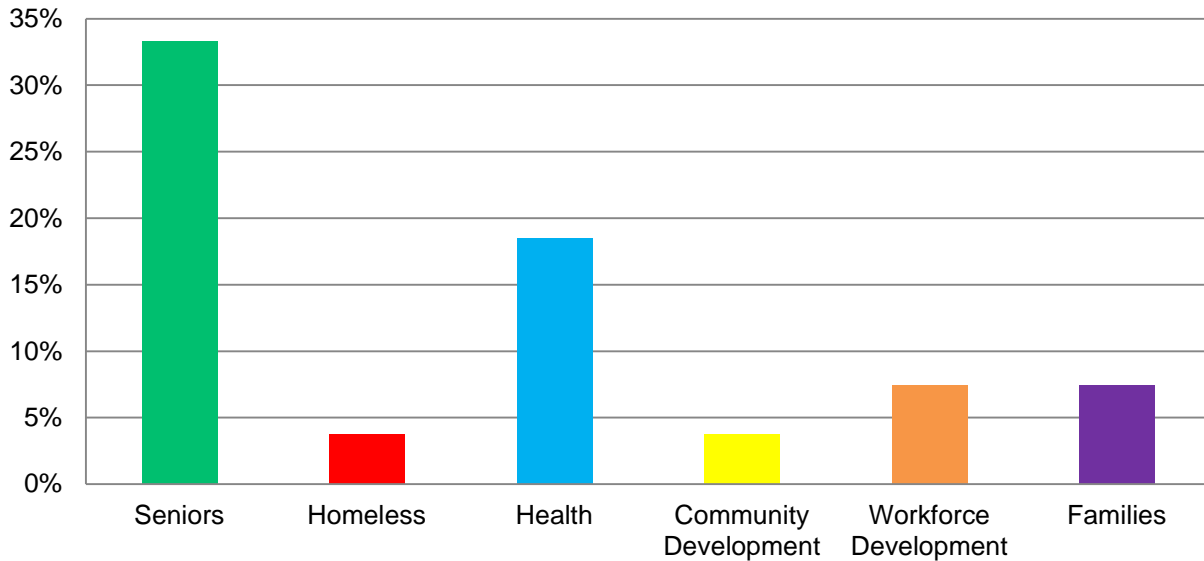- Not enough preventative care and health education campaigns in the community.

Q9: Which three items makes a "healthy community?" (please choose three)
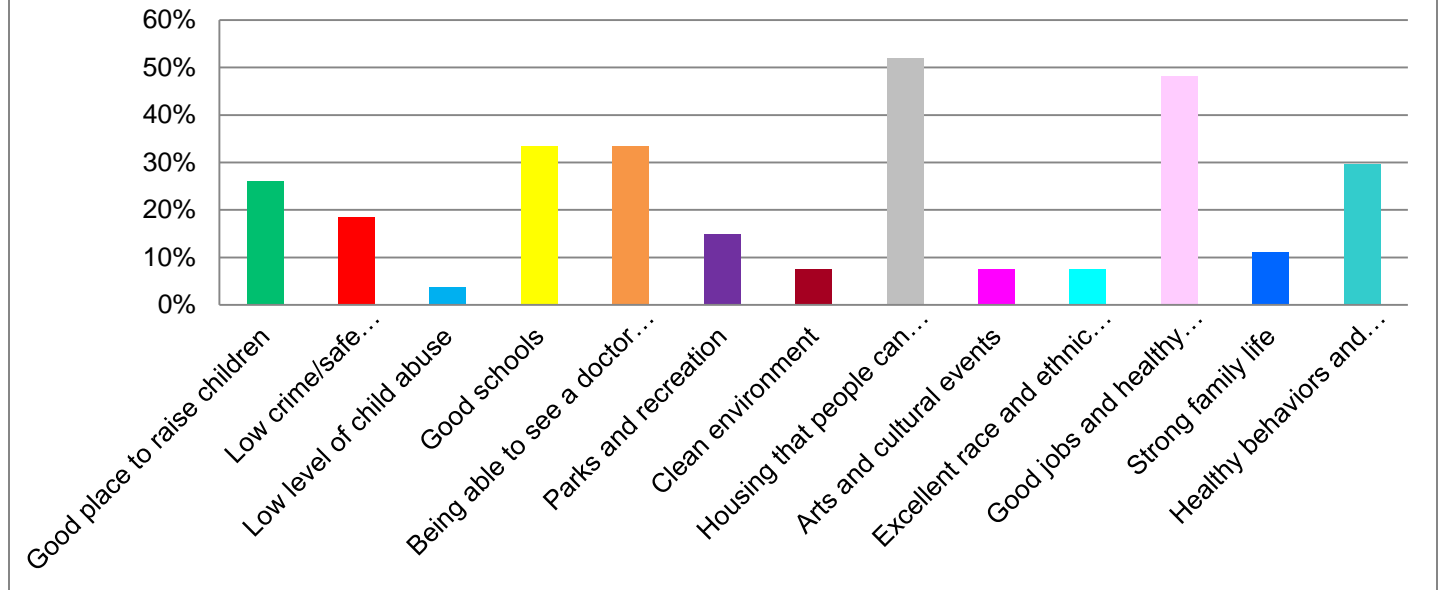
Answered: 27, Skipped: 0

Answer Choices	Responses	
Good place to raise children	25.93%	7
Low crime/safe neighborhoods	18.52%	5
Low level of child abuse	3.70%	1
Good schools	33.33%	9
Being able to see a doctor easily	33.33%	9
Parks and recreation	14.81%	4
Clean environment	7.41%	2
Housing that people can afford	51.85%	14
Arts and cultural events	7.41%	2
Excellent race and ethnic relations	7.41%	2
Good jobs and healthy economy	48.15%	13
Strong family life	11.11%	3
Healthy behaviors and lifestyles	29.63%	8
Low number of adult deaths and diseases	0.00%	0
Low number of infant deaths	0.00%	0
Religious and spiritual values	0.00%	0
Other (please specify)	7.41%	2
- Access to healthcare		
- Transportation – ability to get where you need to go when you need to get there.		

Q10: What is the primary population you serve?

Answered: 27, Skipped: 0

Answer Choices	Responses	
Youth	0.00%	0
Seniors	33.33%	9
Homeless	3.70%	1
Health	18.52%	5
Education	0.00%	0
Housing	0.00%	0
Community Development	3.70%	1
Workforce Development	7.41%	2
Families	7.41%	2
Other (please specify)	25.93%	7
- Court		
- Government		
- Individuals with intellectual and developmental disabilities		
- Low income		
- Adult education		
- Very mixed with my position and my volunteers. I see all walks and ages		
- Seniors – although most seniors utilize Holland Hospital to remain close to home. Allegan Hospital has lost many patients to Holland Hospital because not everyone wants to go to ACCFC or Ely Manor. Fennville residents prefer Grace of Douglas.		

Q11: What is your service area zip code?
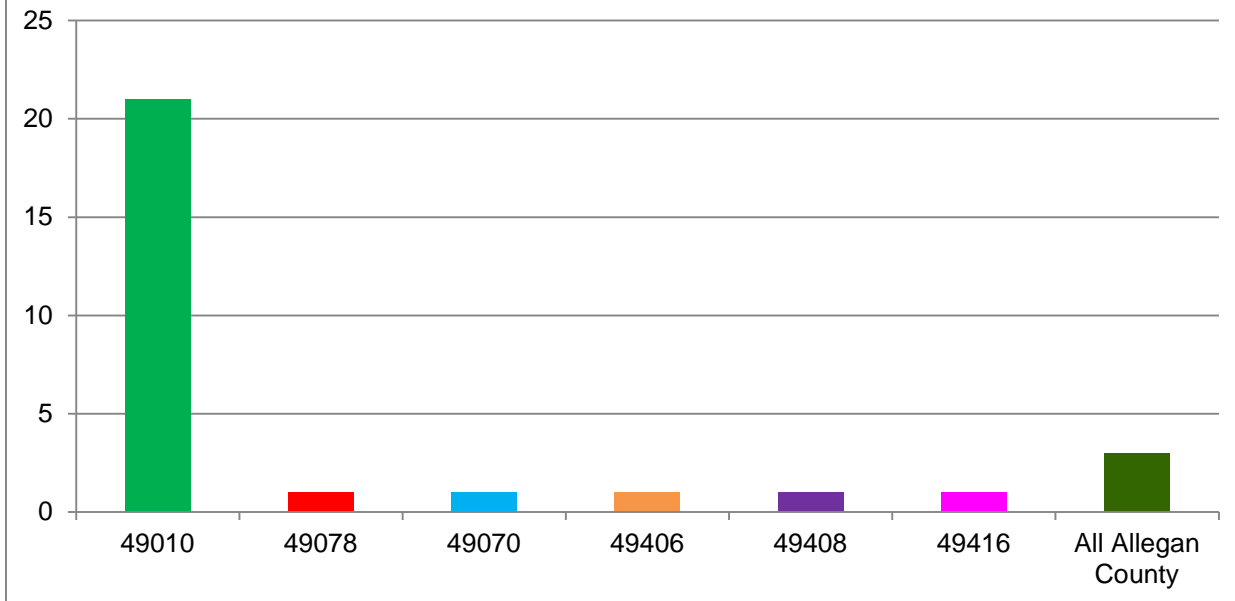
Answered: 27, Skipped: 0

Answers Written in	Responses
49010	21
49078	1
49070	1
49406	1
49408	1
49416	1
All Allegan County	3

Q12: What is your organization name? (Optional)

|	
Ascension Health	Renewed Hope Free Clinic
Ascension Allegan Hospital	LifeCircles PACE
ACCMHS	West MI Works!

APPENDIX C

Community Survey Results

A total of 336 community members completed the survey.

Q1: I see a doctor or go to a clinic:
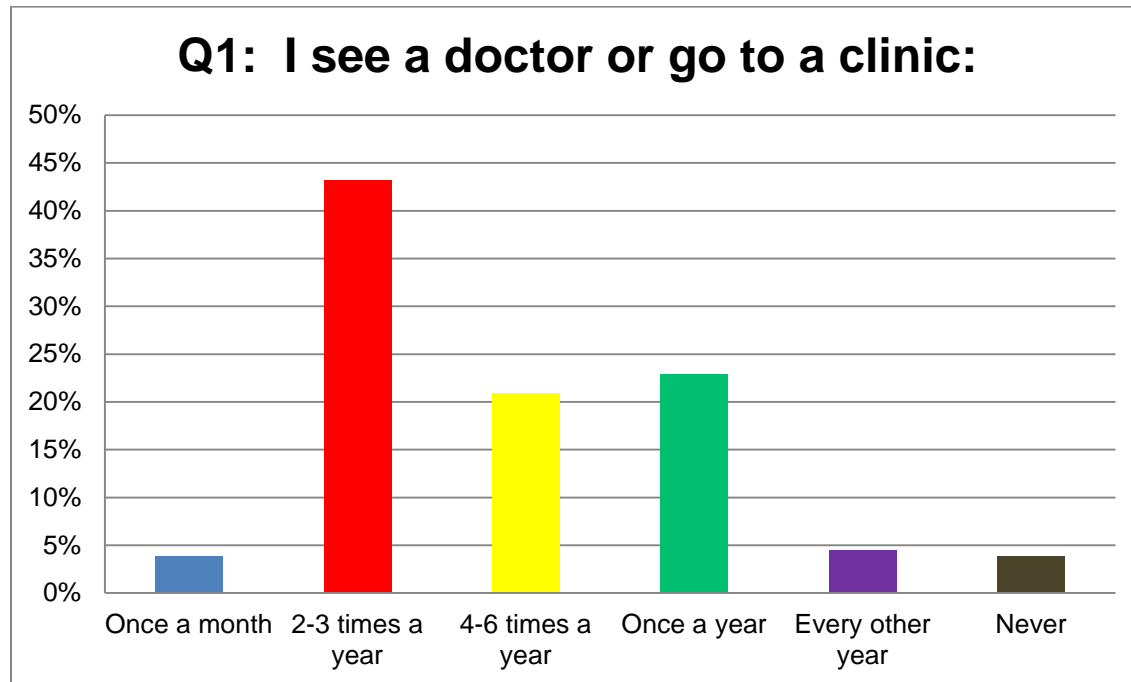
Answered: 336, Skipped: 0

Answer Choices	Responses	
Once a month	3.87%	13
2-3 times a year	43.15%	145
4-6 times a year	20.83%	70
Once a year	22.92%	77
Every other year	4.46%	15
Never	3.87%	13

Q2: If you do not have a doctor, where do you go for medical care?
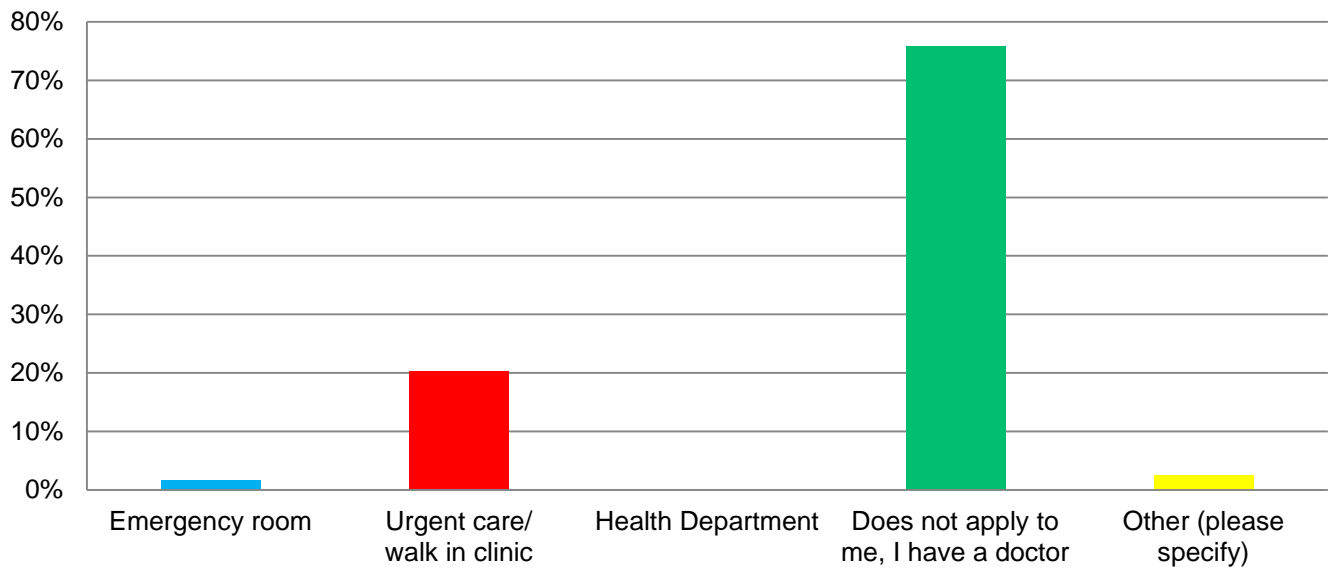
Answered: 317, Skipped: 19

Answer Choices	Responses	
Emergency room	1.58%	5
Urgent care/ walk in clinic	20.19%	64
Health Department	0.00%	0
Does not apply to me, I have a doctor	75.71%	240

Q3: If you do not have a doctor, would you like to have one?
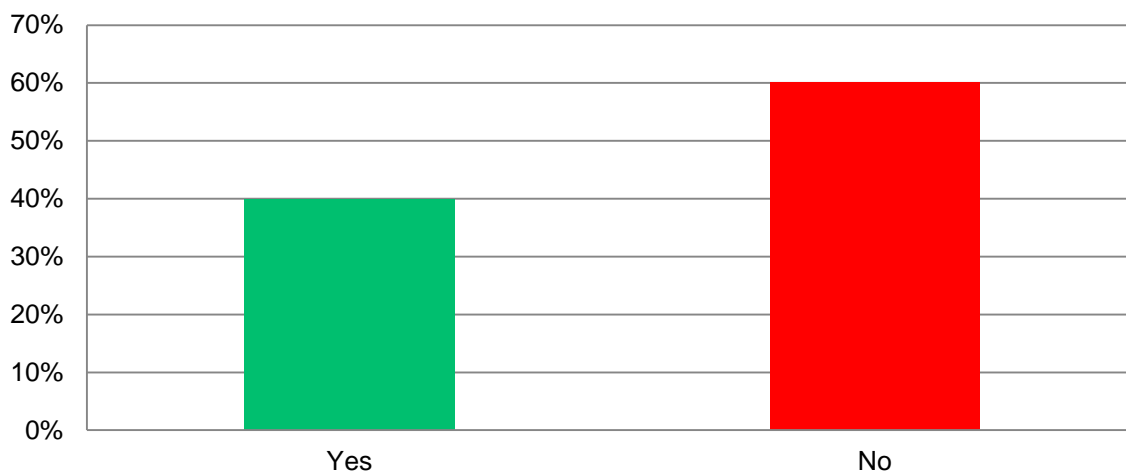
Answered: 193, Skipped: 143

Answer Choices	Responses	
Yes	39.90%	77
No	60.10%	116

Q4: Are you able to see a doctor when you need to?
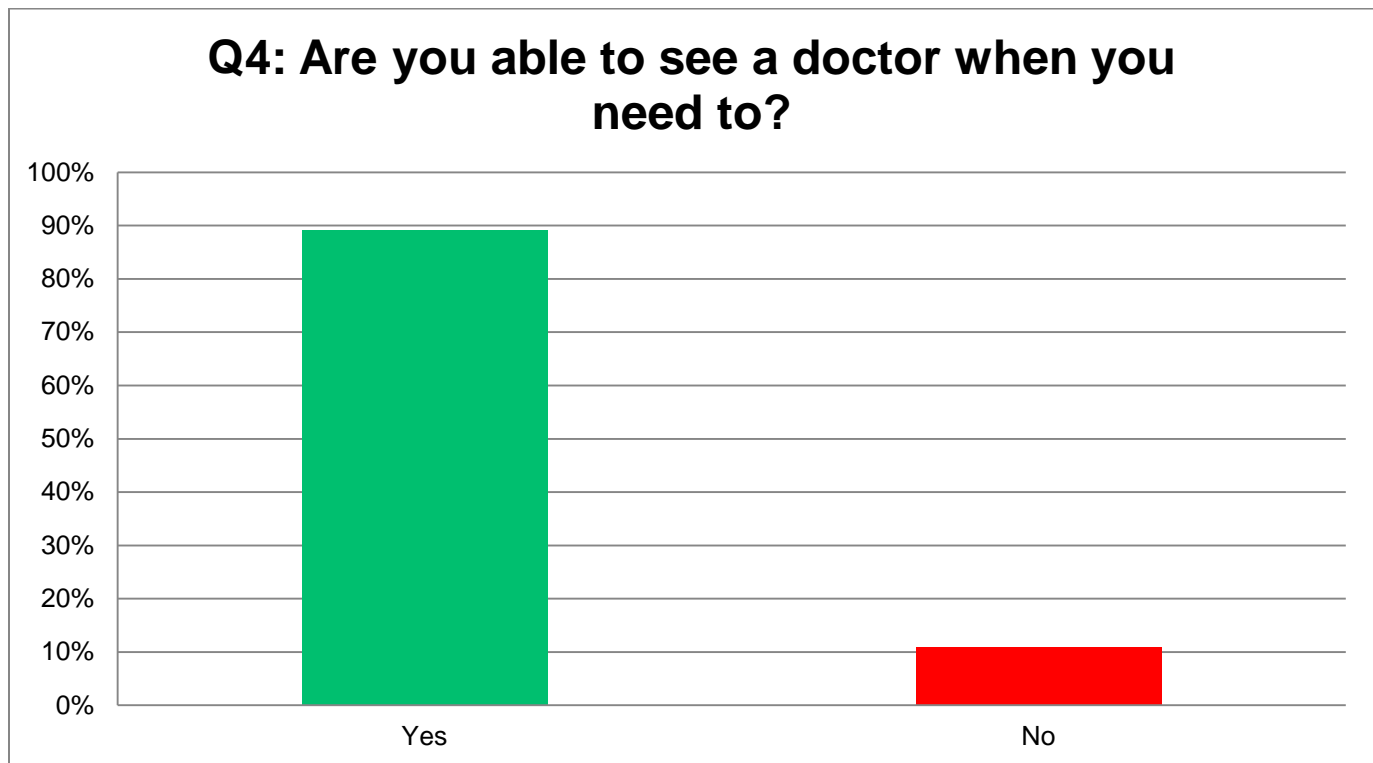
Answered: 330, Skipped: 6

Answer Choices	Responses	
Yes	89.09%	294
No	10.91%	36

Q5: Do you have health insurance?
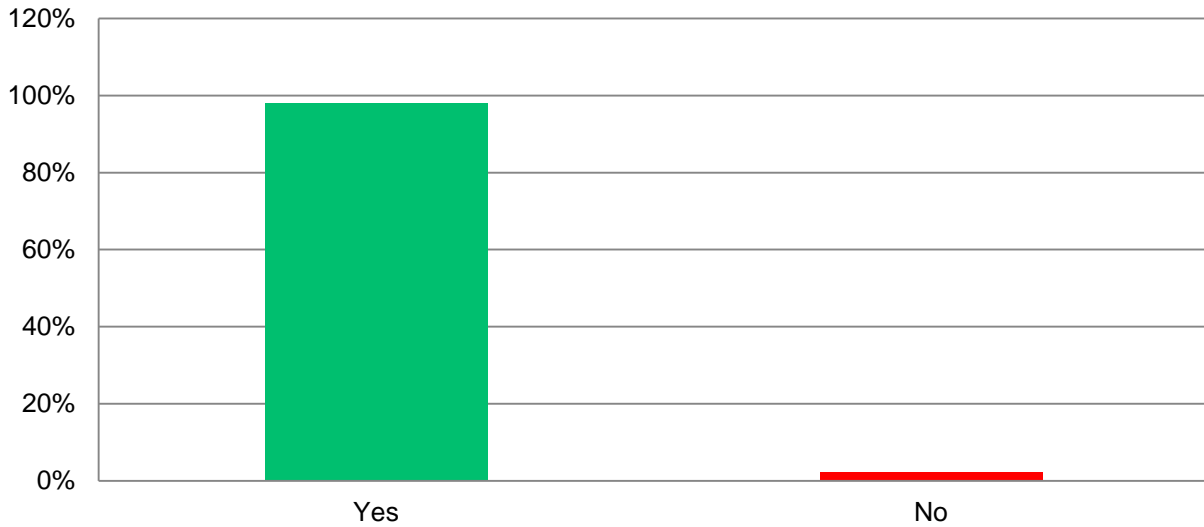
Answered: 336, Skipped: 0

Answer Choices	Responses	
Yes	97.92%	329
No	2.08%	7

Q6: If you have health insurance, does it pay for most of your medical bills?
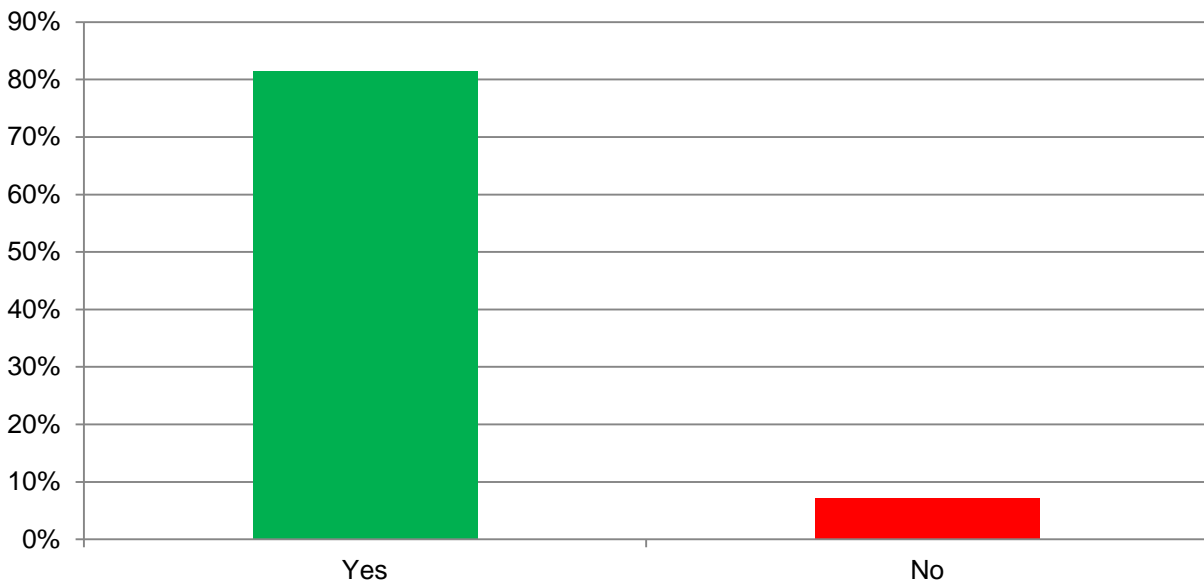
Answered: 334, Skipped: 2

Answer Choices	Responses	
Yes	81.44%	272
No	7.19%	24

Q8: If you do not have health insurance now, did you have it in the last year? (Answer only if you do NOT have health insurance now.)
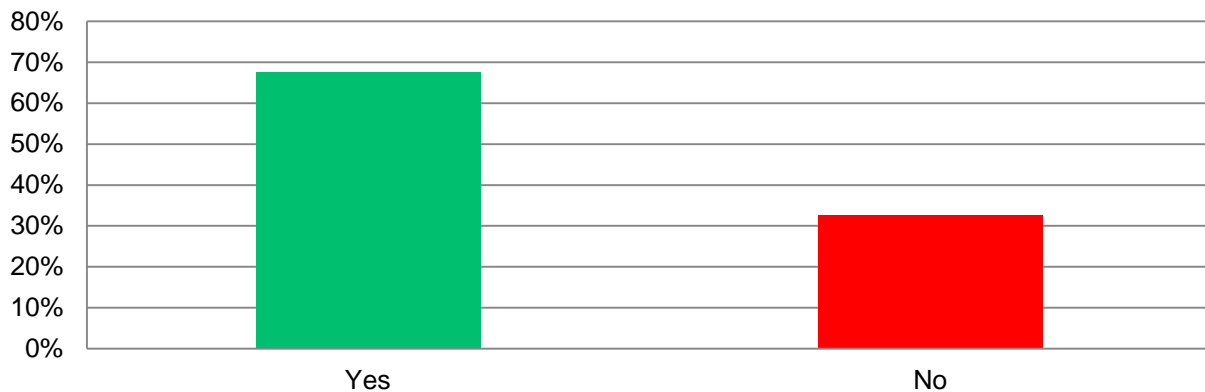
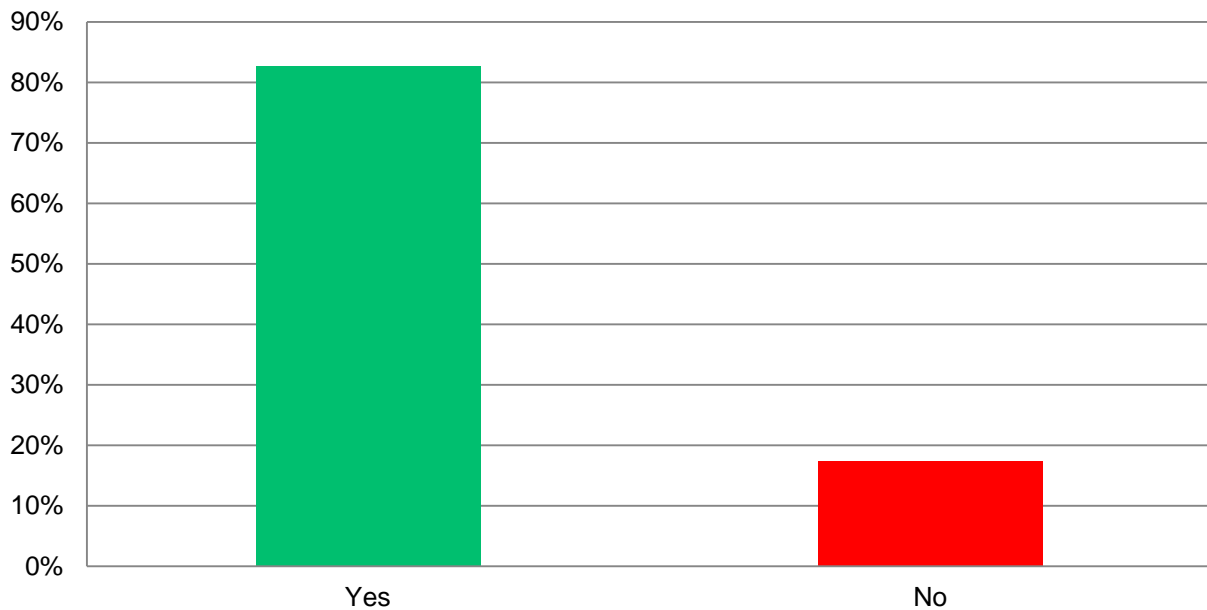*Answered: 40, Skipped: 296*

Answer Choices	Responses	
Yes	67.50%	27
No	32.50%	13

Q9: Do you have vision (eye exam, prescription glasses) insurance?
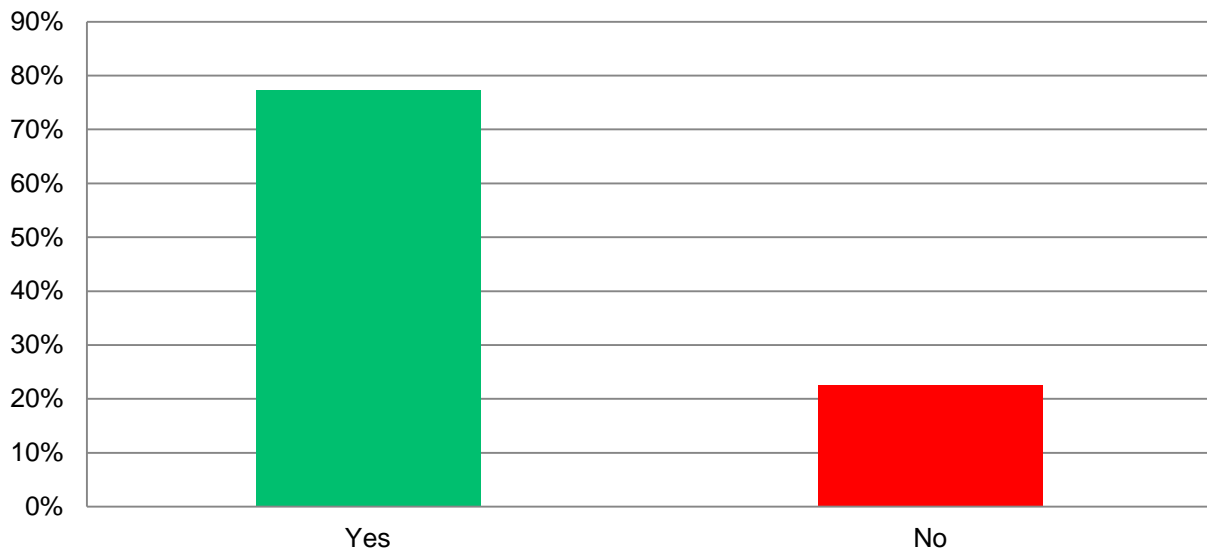
Answered: 260, Skipped: 76

Answer Choices	Responses	
Yes	77.38%	260
No	22.62%	76

Q10: Do you have dental insurance?

Answered: 335, Skipped: 1

Answer Choices	Responses	
Yes	82.69%	277
No	17.31%	58

Q11: How would you rank your personal health?
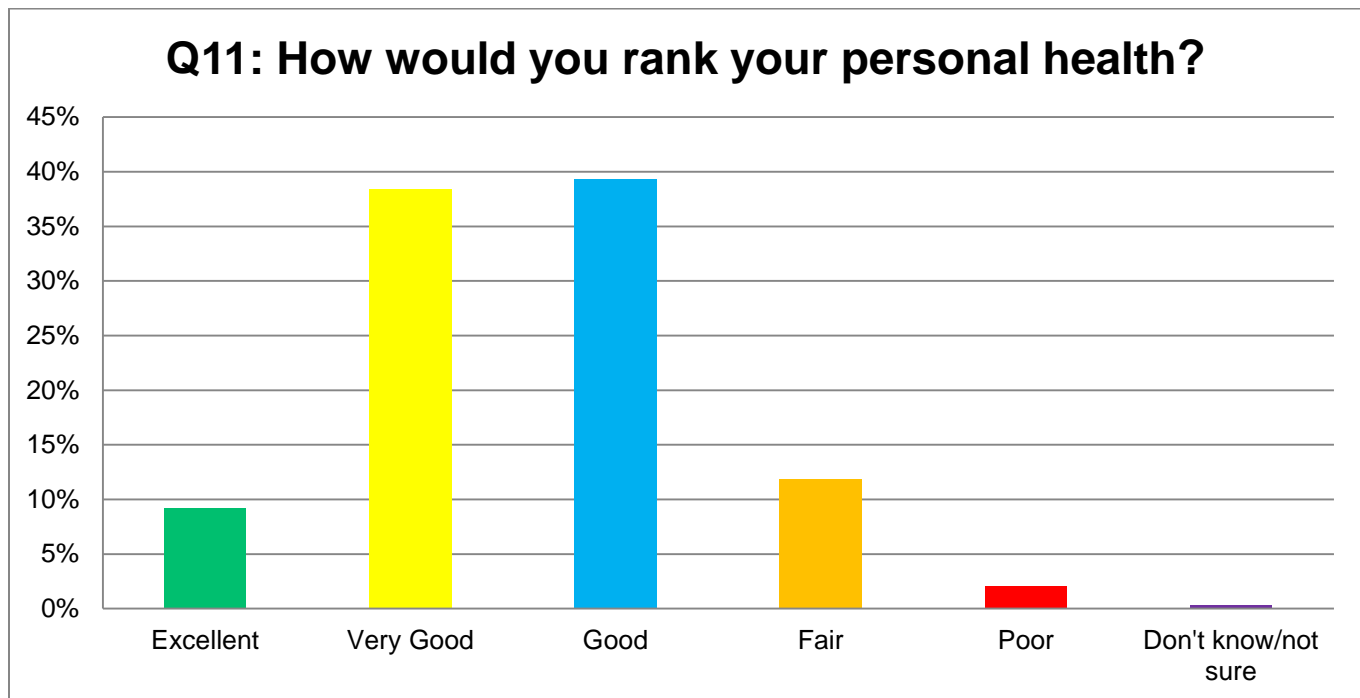
Answered: 336, Skipped: 0

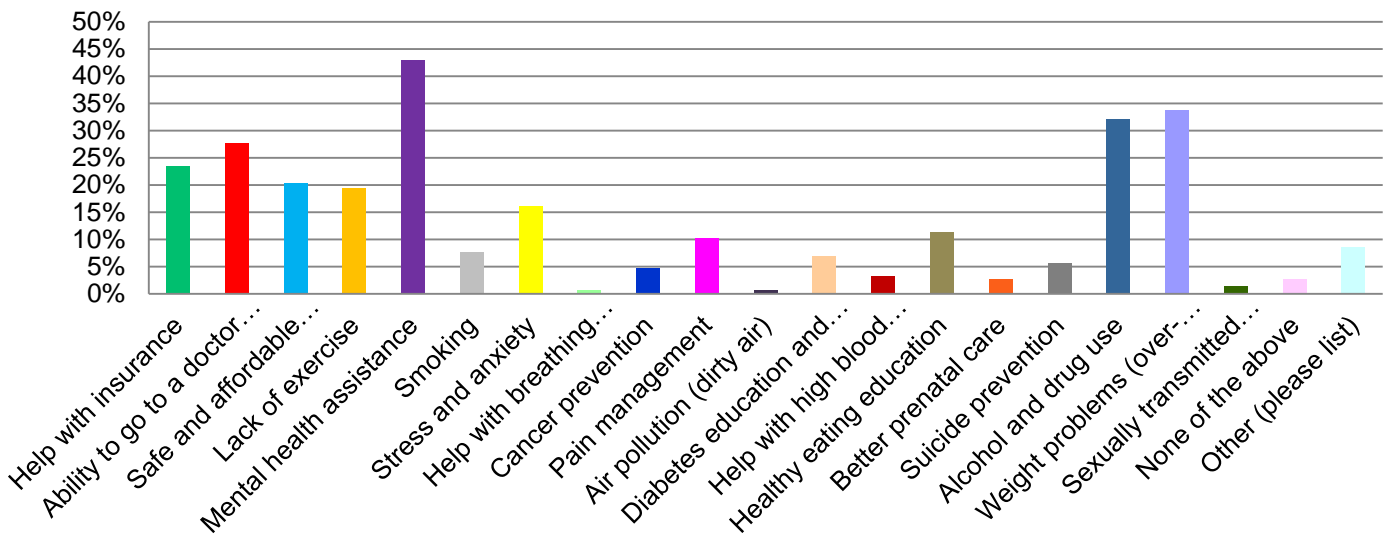| Answer Choices	Responses	
Excellent	9.23%	31
Very Good	38.39%	129
Good	39.29%	132
Fair	11.90%	40
Poor	2.08%	7
Don't know/not sure	0.30%	1

Q12: What health issues are you dealing with? (Choose as many as you need to)
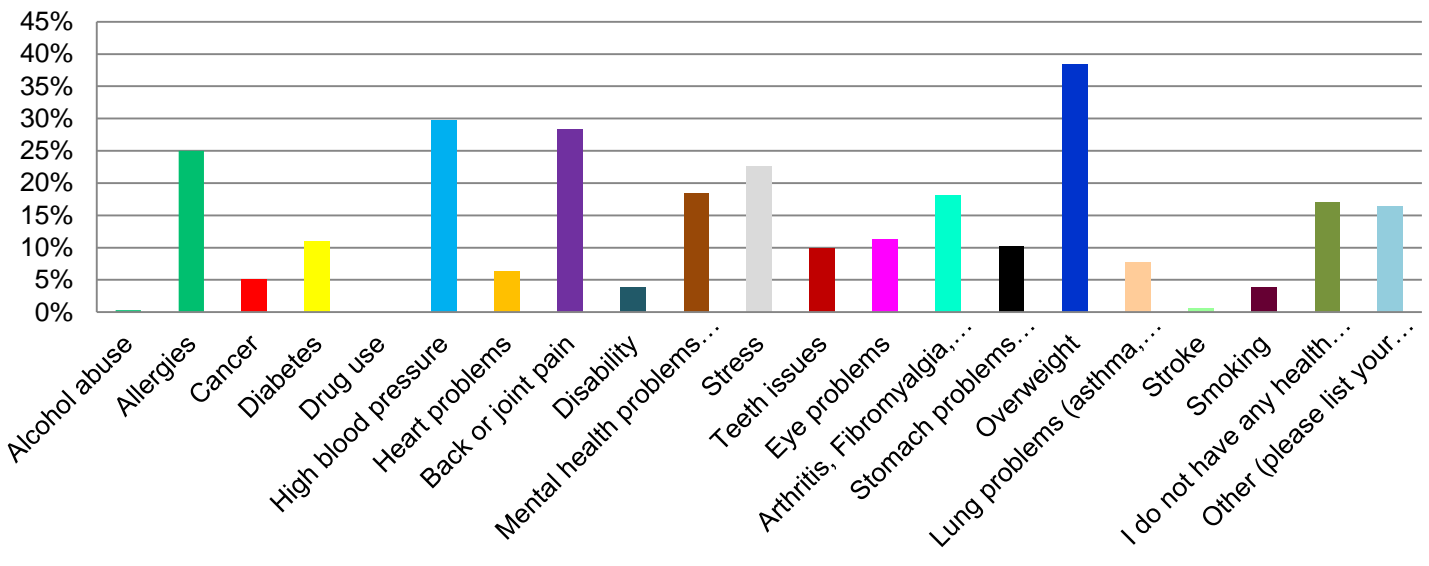
Answered: 336, Skipped: 0

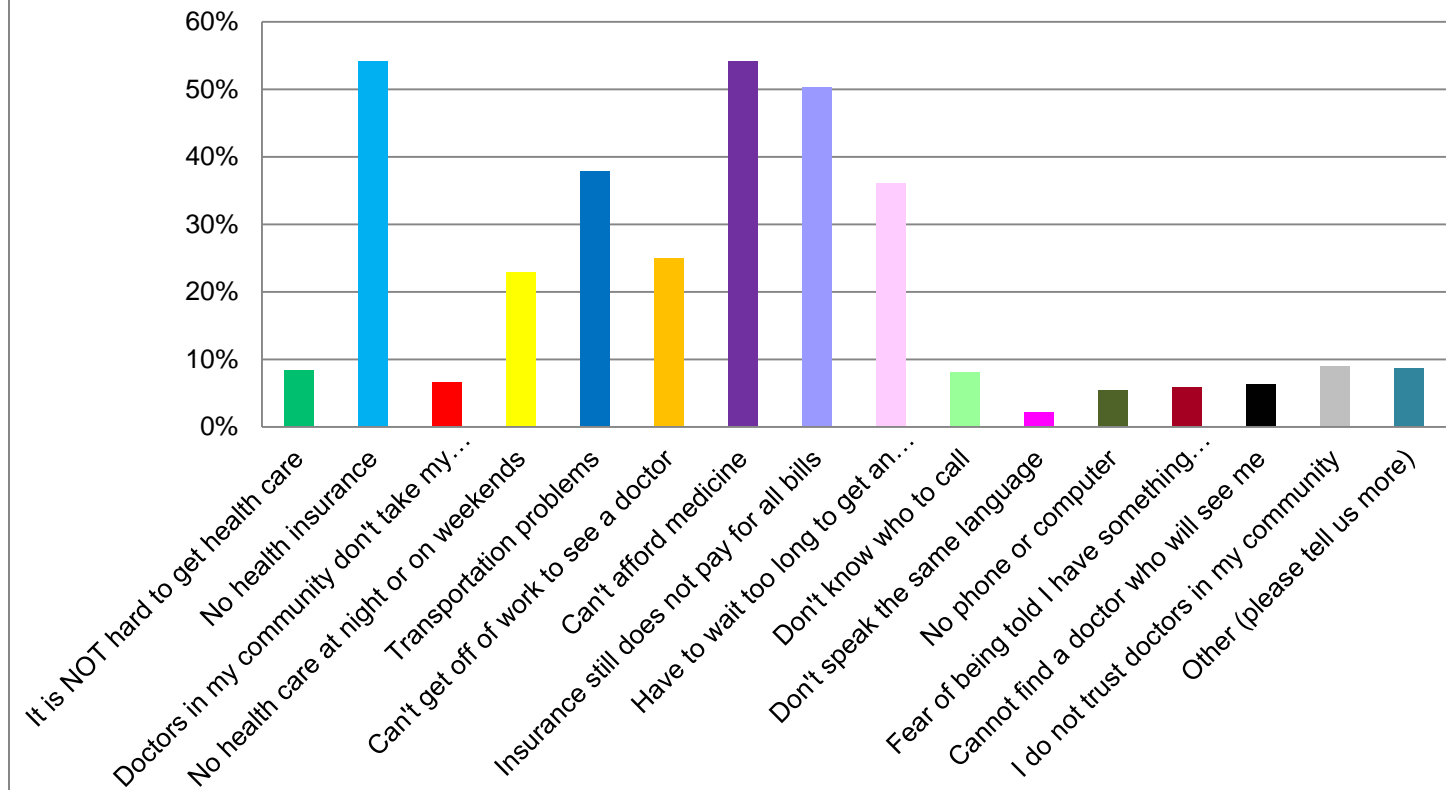| Answer Choices	Responses	
Alcohol abuse	0.30%	1
Allergies	25.00%	84
Cancer	5.06%	17
Diabetes	11.01%	37
Drug use	0.00%	0
High blood pressure	29.76%	100
Heart problems	6.25%	21
Back or joint pain	28.27%	95
Disability	3.87%	13
Mental health problems (depression/anxiety/other)	18.45%	62
Stress	22.62%	76
Teeth issues	9.82%	33
Eye problems	11.31%	38
Arthritis, Fibromyalgia, Gout or Lupus	18.15%	61
Stomach problems (Crohn's disease, irritable bowel syndrome, etc.)	10.12%	34
Overweight	38.39%	129
Lung problems (asthma, COPD or other breathing issues)	7.74%	26
Stroke	0.60%	2
Smoking	3.87%	13
I do not have any health problems	16.96%	57
Other (please list your health concern)	16.37%	55

Q13: What are the three biggest health problems in our community? (Choose three)

Answered: 336, Skipped: 0

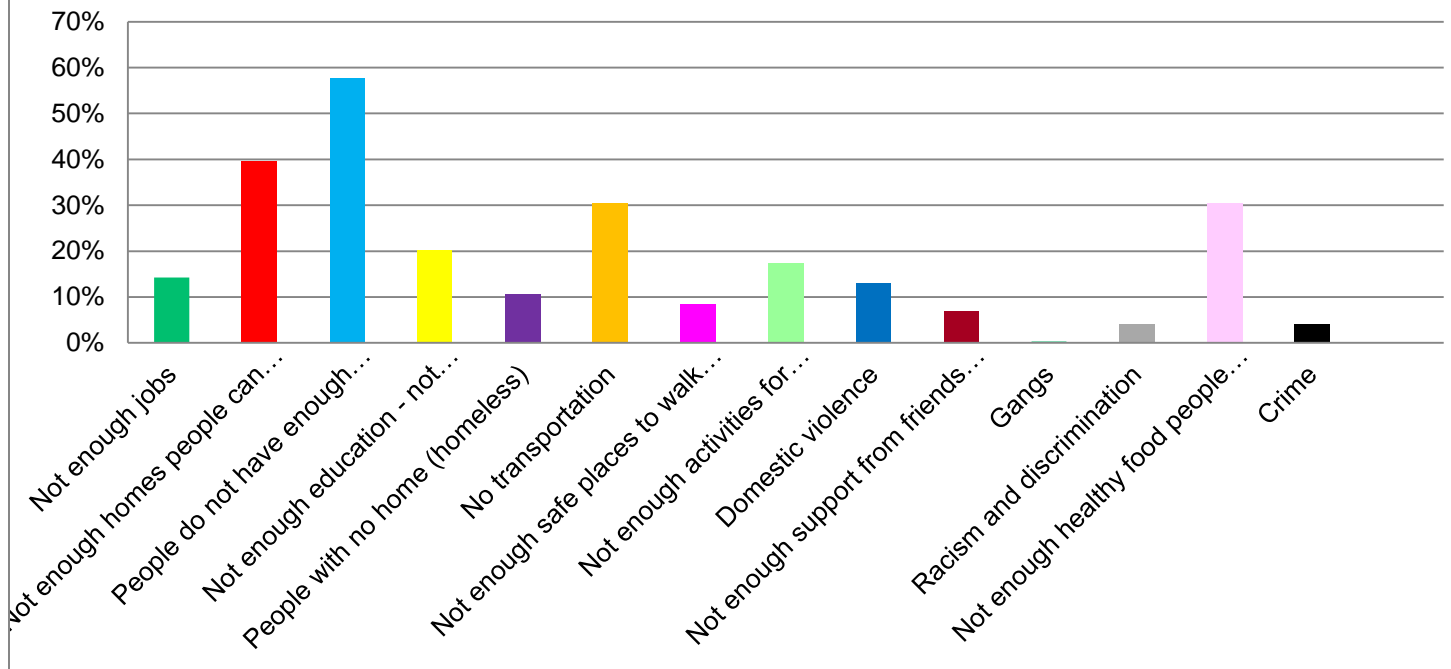| Answer Choices	Responses	
Help with insurance	23.51%	79
Ability to go to a doctor when you need to	27.68%	93
Safe and affordable housing	20.24%	68
Lack of exercise	19.35%	65
Mental health assistance	42.86%	144
Smoking	7.74%	26
Stress and anxiety	16.07%	54
Help with breathing problems (asthma, COPD, etc.)	0.60%	2
Cancer prevention	4.76%	16
Pain management	10.12%	34
Air pollution (dirty air)	0.60%	2
Diabetes education and support	6.85%	23
Help with high blood pressure	3.27%	11
Healthy eating education	11.31%	38
Better prenatal care	2.68%	9
Suicide prevention	5.65%	19
Alcohol and drug use	32.14%	108
Weight problems (over-weight or eating disorders)	33.63%	113
Sexually transmitted diseases and HIV/AIDS	1.49%	5
None of the above	2.68%	9
Other (please list)	8.63%	29

Q14: What makes it hard for people to get health care? (Choose as many as you need to)

Answered: 336, Skipped: 0

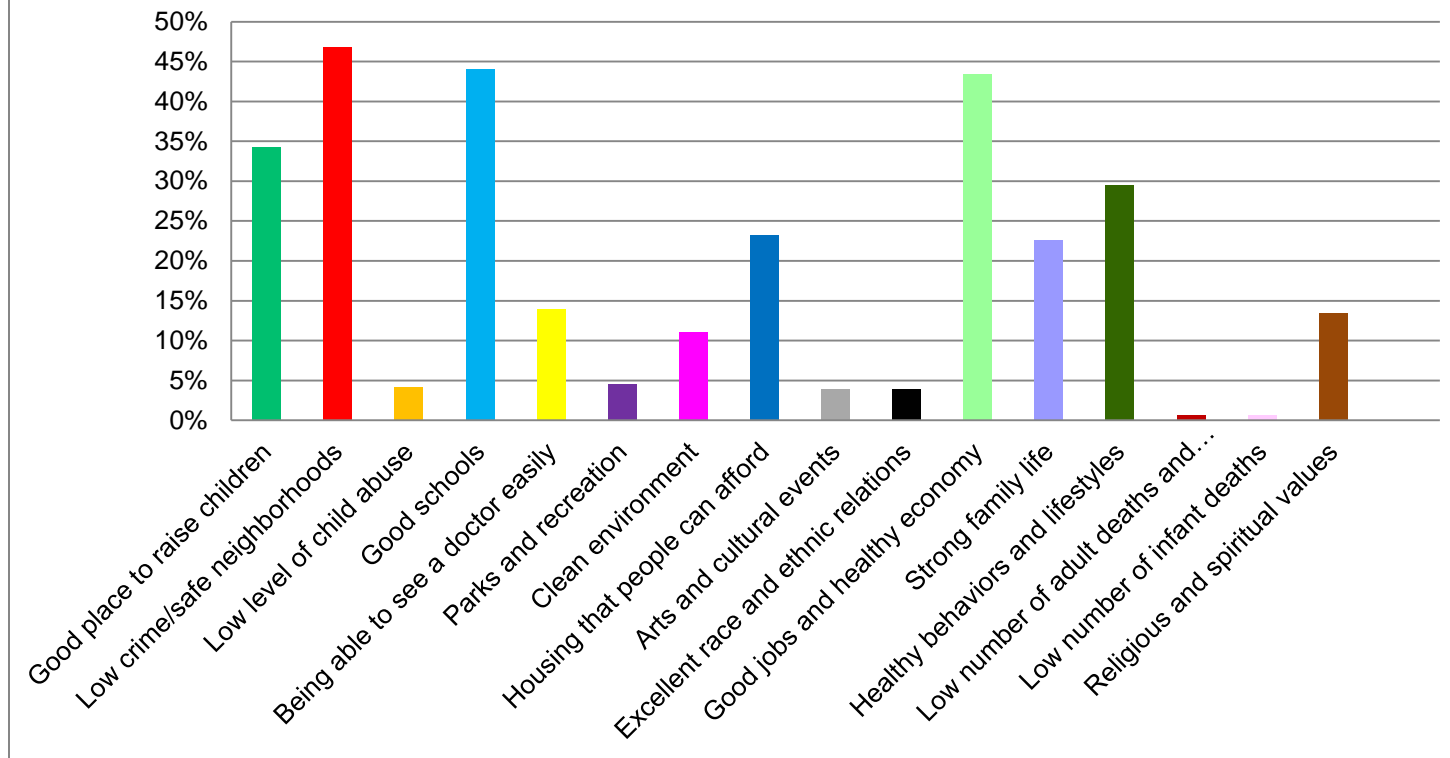| Answer Choices	Responses	
It is NOT hard to get health care	8.33%	28
No health insurance	54.17%	182
Doctors in my community don't take my insurance	6.55%	22
No health care at night or on weekends	22.92%	77
Transportation problems	37.80%	127
Can't get off of work to see a doctor	25.00%	84
Can't afford medicine	54.17%	182
Insurance still does not pay for all bills	50.30%	169
Have to wait too long to get an appointment	36.01%	121
Don't know who to call	8.04%	27
Don't speak the same language	2.08%	7
No phone or computer	5.36%	18
Fear of being told I have something serious	5.95%	20
Cannot find a doctor who will see me	6.25%	21
I do not trust doctors in my community	8.93%	30
Other (please tell us more)	8.63%	29

Q15: What are the three biggest non-health related issues in our community? (Choose three)

Answered: 336, Skipped: 0

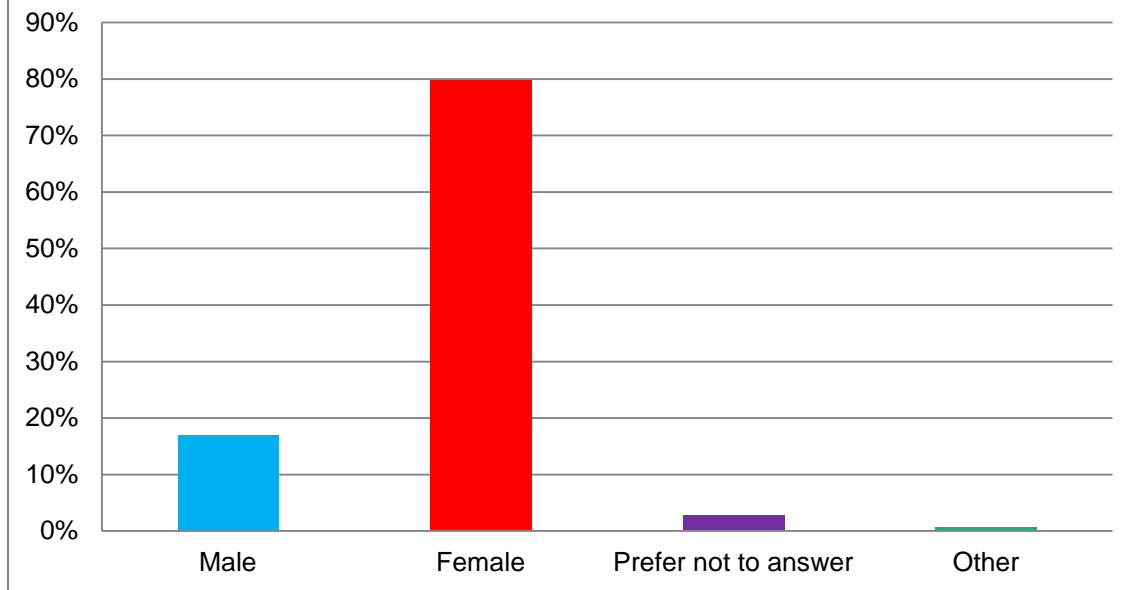| Answer Choices	Responses	
Not enough jobs	14.29%	48
Not enough homes people can afford	39.58%	133
People do not have enough money to live	57.74%	194
Not enough education - not finishing high school	20.24%	68
People with no home (homeless)	10.71%	36
No transportation	30.36%	102
Not enough safe places to walk and to exercise	8.33%	28
Not enough activities for younger people	17.26%	58
Domestic violence	13.10%	44
Not enough support from friends and family	6.85%	23
Gangs	0.30%	1
Racism and discrimination	4.17%	14
Not enough healthy food people can afford	30.36%	102
Crime	4.17%	14

Q16: Which three items makes a "healthy community?" (Please choose three)
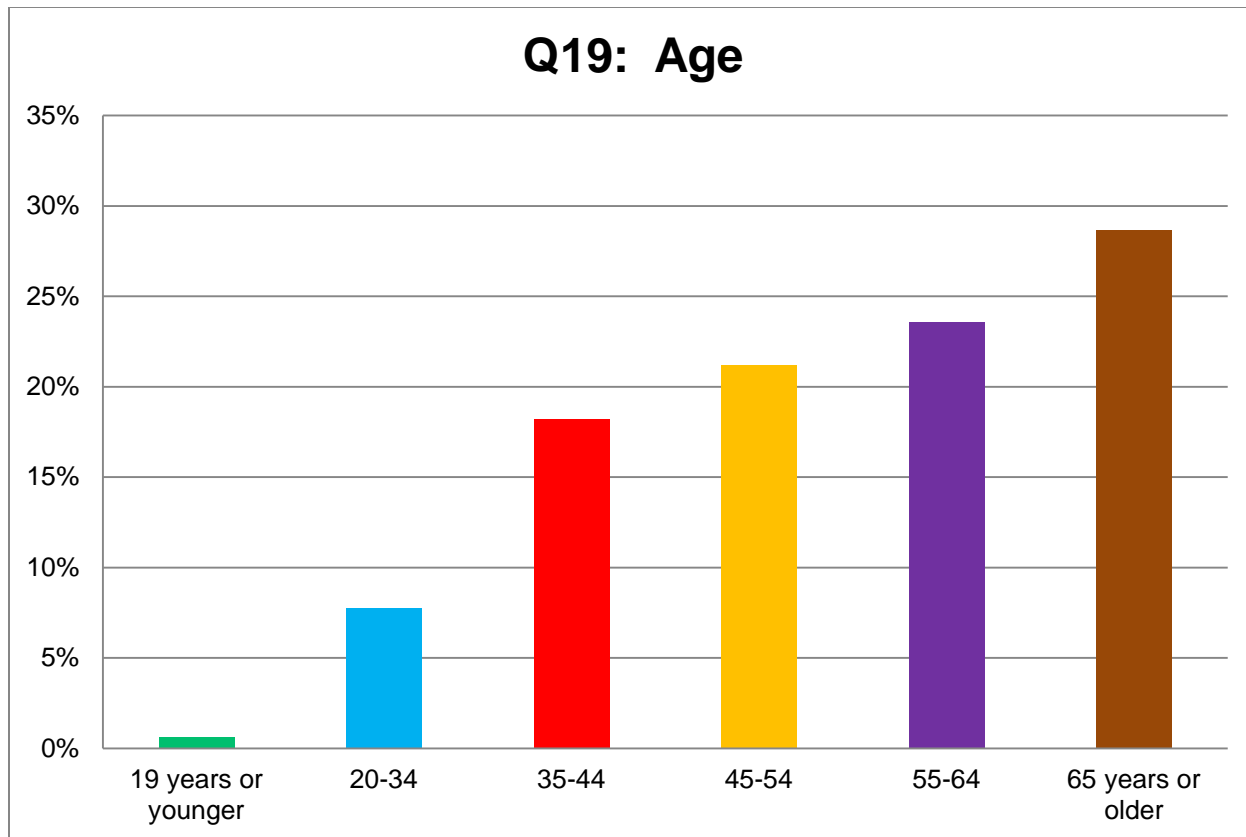

Answered: 336, Skipped: 0

Answer Choices	Responses	
Good place to raise children	34.23%	115
Low crime/safe neighborhoods	46.73%	157
Low level of child abuse	4.17%	14
Good schools	44.05%	148
Being able to see a doctor easily	13.99%	47
Parks and recreation	4.46%	15
Clean environment	11.01%	37
Housing that people can afford	23.21%	78
Arts and cultural events	3.87%	13
Excellent race and ethnic relations	3.87%	13
Good jobs and healthy economy	43.45%	146
Strong family life	22.62%	76
Healthy behaviors and lifestyles	29.46%	99
Low number of adult deaths and diseases	0.60%	2
Low number of infant deaths	0.60%	2
Religious and spiritual values	13.39%	45
Other	0.30%	1

Q18: Gender Identity

Answered: 336, Skipped: 0

Answer Choices	Responses	
Male	16.96%	57
Female	79.76%	268
Prefer not to answer	2.68%	9
Other	0.60%	2

Q19: Age

Answered: 335, Skipped: 1

Answer Choices	Responses	
19 years or younger	0.60%	2
20-34	7.76%	26
35-44	18.21%	61
45-54	21.19%	71
55-64	23.58%	79
65 years or older	28.66%	96

Q20: Marital Status
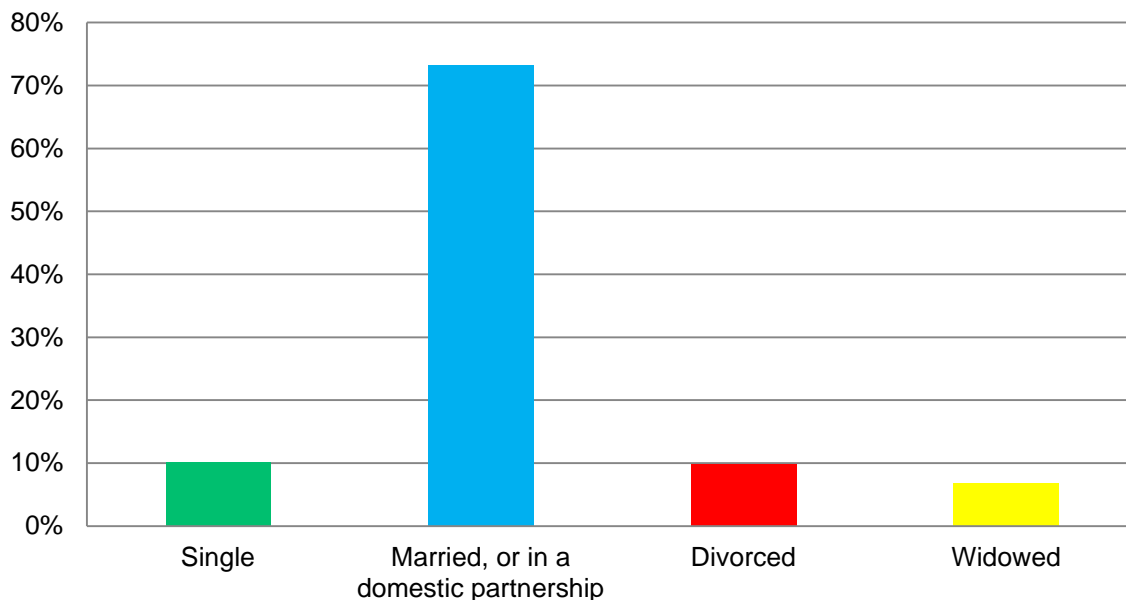
Answered: 335, Skipped: 1

Answer Choices	Responses	
Single	10.15%	34
Married, or in a domestic partnership	73.13%	245
Divorced	9.85%	33
Widowed	6.87%	23

Q21: Education:
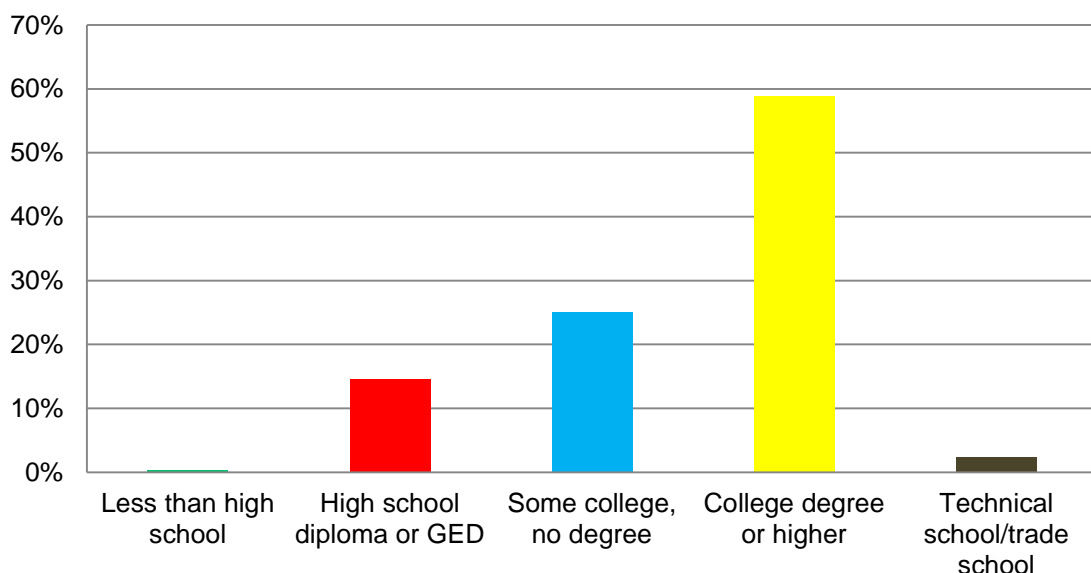
Answered: 336, Skipped: 0

Answer Choices	Responses	
Less than high school	0.30%	1
High school diploma or GED	14.58%	49
Some college, no degree	25.00%	84
College degree or higher	58.93%	198
Technical school/trade school	2.38%	8

Q22: Employment: (Choose only one please)
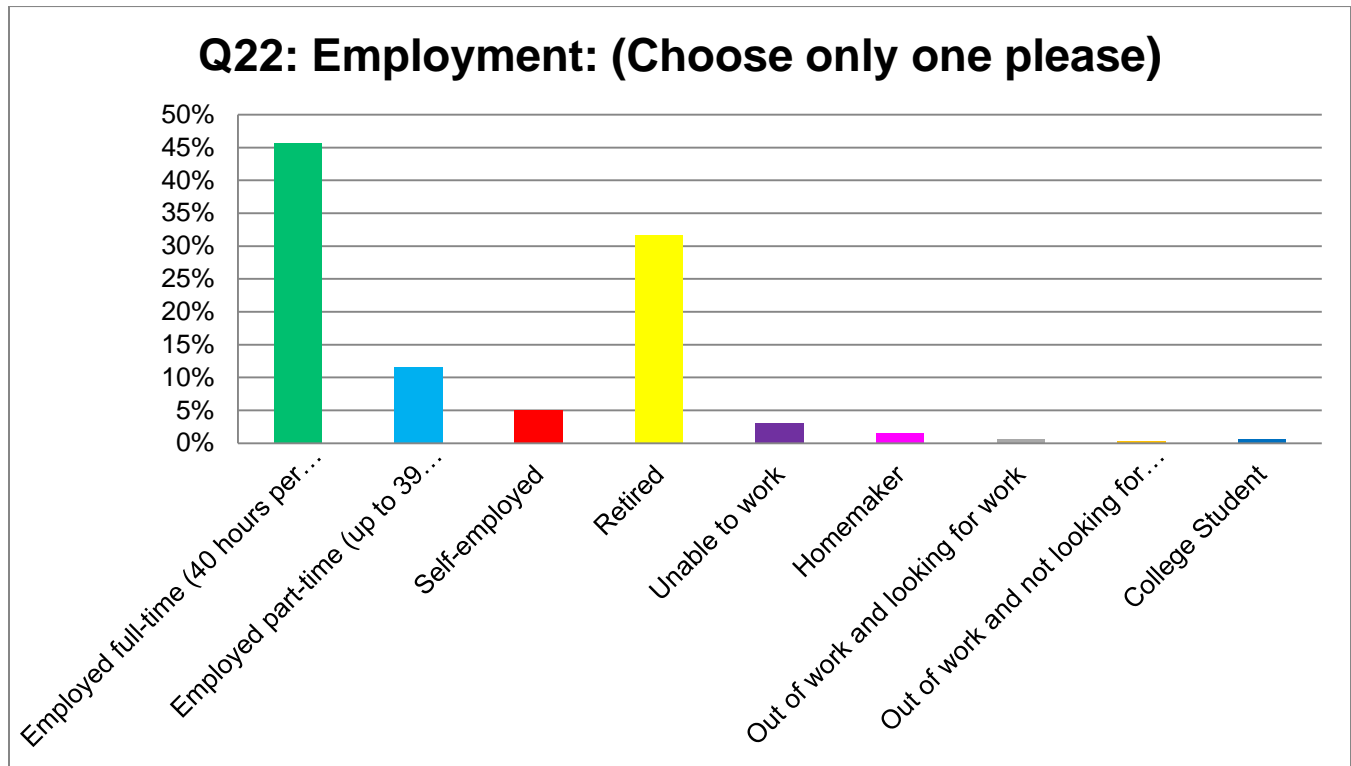
Answered: 335, Skipped: 1

Answer Choices	Responses	
Employed full-time (40 hours per week or more)	45.67%	153
Employed part-time (up to 39 hours per week)	11.64%	39
Self-employed	5.07%	17
Retired	31.64%	106
Unable to work	2.99%	10
Homemaker	1.49%	5
Out of work and looking for work	0.60%	2
Out of work and not looking for work	0.30%	1
College Student	0.60%	2

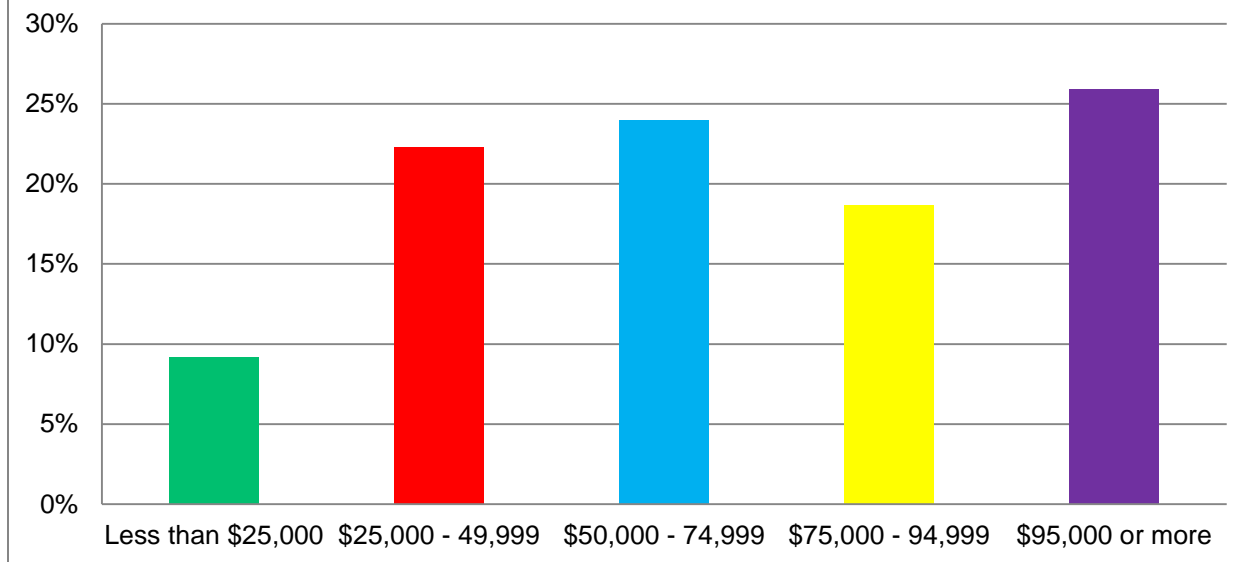## Q23 Please write the number of people who live in your house.
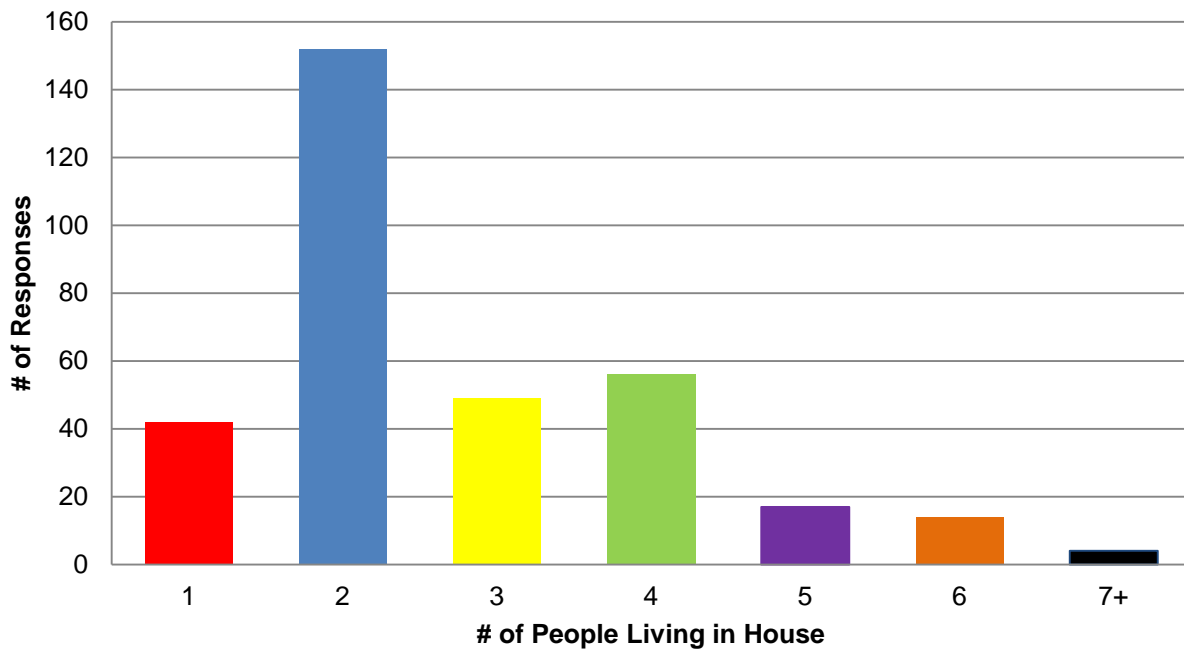
Answered: 335, Skipped: 1

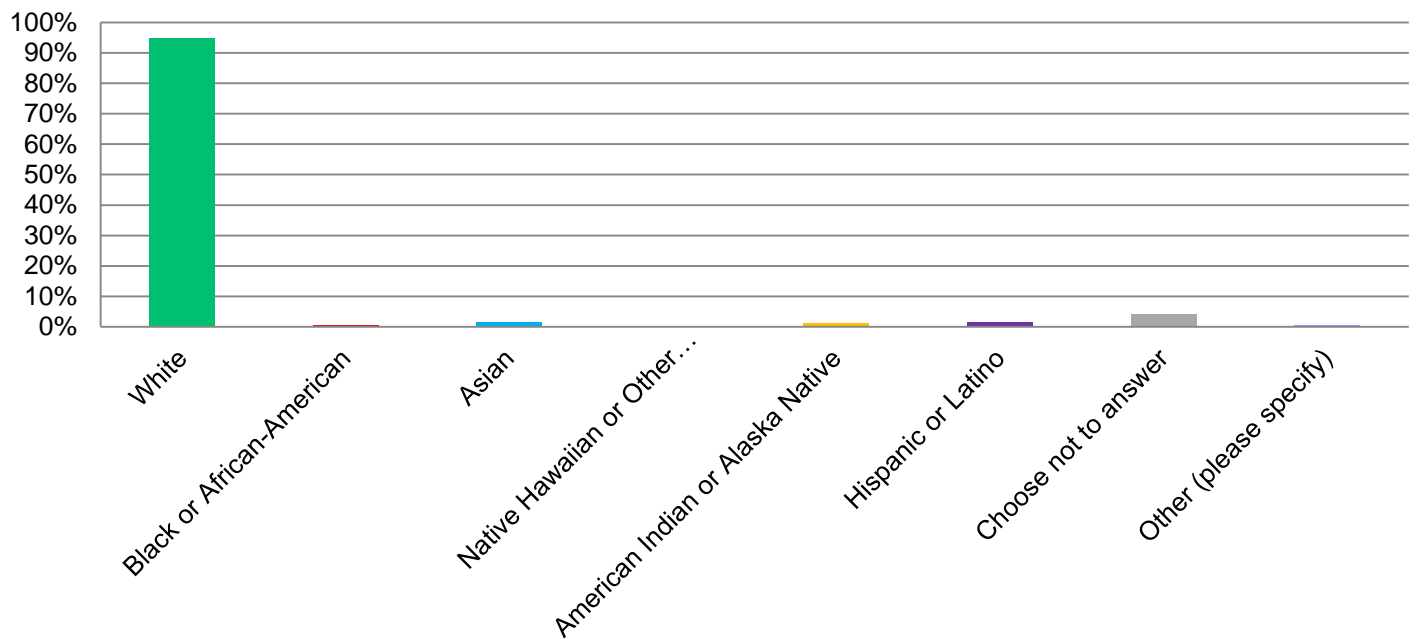| # of People in Household	Responses
1	42
2	152
3	49
4	56
5	17
6	14
7+	4

Q24: Please select the total amount of money your household makes each year.

Answered: 305, Skipped: 31

Answer Choices	Responses	
Less than $25,000	9.18%	28
$25,000 - 49,999	22.30%	68
$50,000 - 74,999	23.93%	73
$75,000 - 94,999	18.69%	57
$95,000 or more	25.90%	79

Q25: Race:

Answered: 333, Skipped: 6

Answer Choices	Responses	
White	94.89%	316
Black or African-American	0.60%	2
Asian	1.50%	5
Native Hawaiian or Other Pacific Islander	0.30%	1
American Indian or Alaska Native	1.20%	4
Hispanic or Latino	1.50%	5
Choose not to answer	4.20%	14
Other (please specify)	0.60%	2

Note: Responses to Question 7 "If you have health insurance, what kind do you have?" and Question 17 "What is your zip code" were voluminous and varied and are available upon request.