



**Ascension
Borgess-Lee Hospital**

**ASCENSION BORGESS-LEE HOSPITAL
COMMUNITY HEALTH NEEDS
ASSESSMENT JUNE 2019**

Cass County, Michigan

Ascension Borgess-Lee Hospital
420 W. High Street
Dowagiac, MI 49047

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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 Borgess-Lee Hospital (ABLH) conducted a community health data collection and assessment process. Upon completion of the data collection ABLH will develop an Implementation Plan. The population assessed was Cass County. The first CHNA developed by ABLH was published in June 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 May of 2016 and encompassed data collection and community input. The quantitative data was also supplemented with a community asset review and qualitative data was gathered from key informant interviews and focus groups. 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.

The now third iteration of the ABLH CHNA (2019) is the foundation and purpose of this report and will be published in 2019.

Identification and Prioritization of Needs

The CHNA process for this third iteration of the CHNA, with planning beginning in mid-2018, identified many needs within the community. During the collaborative process with stakeholders, the following needs were identified as the most pressing and are cited in order of priority:

- 1. Develop Employment Opportunities**
- 2. Increase Health Service Options**
- 3. More Transportation Options**
- 4. Education Through Faith-Based Environments**
- 5. Healthy Affordable and Available Food**

Community Health Improvement Plan Development

Over the next several months, the ABLH representatives and community stakeholders will collaborate to develop a formal Community Health Improvement Plan (CHIP). The CHIP will be finalized in the fall of 2019 for board review and approval.

INTRODUCTION AND MISSION REVIEW

The federal Affordable Care Act (ACA) requires all not-for-profit hospitals in the country to assess the health of the community. The intent of this assessment is to provide an overall view of the health of the community it serves. This assessment, called the Community Health Needs Assessment (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, the hospital is better equipped to fully understand major health needs that extend outside the walls of the Hospital.

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
- Will be based on current information collected by a public health agency or non-for-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© (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 Borgess Board and senior leadership as well as the IRS 990 report.

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

Ascension Borgess-Lee Hospital is located in Southwest Michigan, which is comprised of a nine-county region that borders Indiana. Cass County is located at the south end of the region and according to the 2017 U.S. Census estimate has a population of 51,381 and is predominantly rural. Cass County covers 508 square miles and is the smallest county in Michigan by total area. Cass County includes the two cities of Dowagiac and Niles, and the four villages of Cassopolis (county seat), Edwardsburg, Marcellus and Vandalia. For the 2019 CHNA, Cass County has been defined as our area of focus and includes Dowagiac which is the location of ABLH. The majority of ABLH patients reside in Cass County.

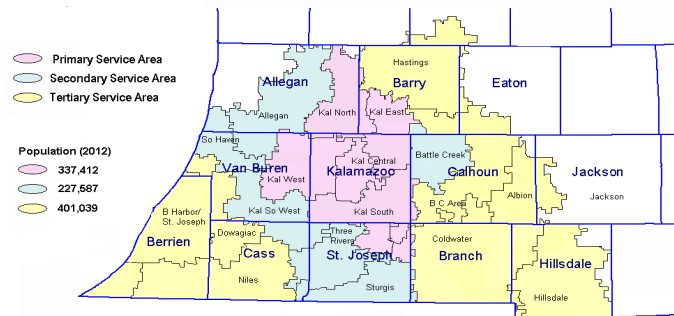


Figure 1: Ascension Borgess Health Primary, Secondary and Tertiary Service Area

Ascension Borgess Health Continuum of Care Facilities

Ascension Borgess Hospital (ABH) – a 422-bed tertiary care hospital and flagship of Ascension Borgess Health, with a continuum of health services from a Level II Trauma Center to primary and specialty care practices throughout southwest Michigan. The majority of inpatient and outpatient services are provided at ABH.

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 Critical Access Hospital with 25 beds, 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

ABLH 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 CDFI

Table 1: Four Environments

Table 2 provides a visual display of those areas in which the county is performing well and the areas where attention is needed. The areas are color-coded to correspond with the four environments Social, Physical, Service and Economic as illustrated in Table 1.

WHAT WE DO WELL (better than state average)	Cass County Average	Michigan Average	AREAS WHERE ATTENTION IS NEEDED (worse than state average)	Cass County Average	Michigan Average
Violent Crime Rate (per 100,000 pop)	169.4	446.9	Recreation and Fitness Facility Access Rate (per 100,000 pop)	3.82	7.97
Chlamydia Incidence (per 100,000 pop)	249.7	462.9	Percent vacant housing units	20.88%	14.88%
Limited Access to Healthy Foods (per 100,000 pop)	3%	6%	SNAP-Authorized Retailers (per 10,000 pop)	7.84	10.07
Alcohol-impaired driving deaths	18%*	29%*	Percentage of Population Age 25+ with Bachelor's Degree or Higher	18.08%	28.08%
Cancer Incidence Rate (all sites) (per 100,000 pop)	70.3	123.4	Percent of adults with heart disease	14.5%	5%
Infant Mortality Rate (per 1,000 births)	5.8	7.5	Mortgage loan lending originations (per 10,000 pop)	189.7	193.24
Percentage of Population below 100% Poverty	13.56%	15.58%	Children eligible for Free/Reduced Lunch	55.74%	46.17%

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

Contributing Partners in Collaboration

In the initial stages of the CHNA process, Ascension Borgess-Lee Hospital formed the Cass County Community Health Needs Assessment Key Stakeholder Workgroup. The Workgroup members participated in CHNA meetings and contributed their time through participation in stakeholder surveys, distribution and collection of community surveys, in focus group discussions and during the data review process. They were also actively engaged in the prioritization of health issues.

Ascension Borgess-Lee Hospital also contracted with the Michigan Health Improvement Alliance. The Michigan Health Improvement Alliance is a 501(c)(3) not-for-profit organization with expertise in data collection, analysis and the community health needs assessment process. MiHIA was brought into the process to conduct data collection and analysis, report the findings to the Stakeholder Workgroup, facilitate the discussion and health issue prioritization process and to produce the CHNA report.

Members of the Stakeholder Workgroup are listed below:

- Jodi Bolyard, Ascension Medical Group Dowagiac
- Sandra Claborn, Ascension Borgess-Lee Community Benefit and Health Needs Assessment Committee
- Bob Cochrane, Council on Aging
- Kara Cox, Dowagiac Schools
- Beth Cripe, Ascension Borgess-Lee Foundation
- Suzanne Dorman, Dowagiac Schools
- Steve Grinnwald, Dowagiac Public Safety
- Terry Harris, Ascension Borgess-Lee Community Benefit and Health Needs Assessment Committee
- Brent Holcomb, Lewis-Cass Intermediate School District
- Samantha Kreitner, Ascension Medical Group rural health
- Elizabeth Leffler, Pokagon Band of Potawatomi Health Services
- Mary Middleton, Cassopolis Family Care Network
- Teresa Palmer, Council on Aging
- Melody Pillow, Pokagon Band of Potawatomi Health Services
- Danielle Persky, Van Buren/Cass District Health Department
- JoDee Rolfe, Ascension Borgess Health
- Natalie Ryder, Ascension Borgess-Lee Hospital
- Kathy Sheffield, Woodlands Behavioral Healthcare Network
- Cindy Thomas, Tri-County HeadStart
- Maribel Valle, Michigan Department of Health & Human Services

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 Centers for Medicare and Medicaid Services (CMS) in Cass County: approximately 8% of the total population is uninsured compared to a 6% state average. 45.7% are enrolled in employee plans, 15.1% on Medicaid, 15.4% on Medicare, 13.1% on non-group plans, and 1.9% on VA plans.

The ratios of population to various healthcare providers is listed in the table below. Due to its rurality, Cass County has significantly higher numbers of people per provider when compared to the rest of the state. The long distances individuals must travel to see a healthcare provider, and the lack of any public transportation service both contribute to a severe barrier, impacting an individual's ability to seek vital healthcare services that would certainly improve overall health outcomes. According to the Health Resources Services Administration (HRSA), Cass County Michigan is designated as a healthcare provider shortage area (HPSA).

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.

	Cass County	Michigan
Uninsured (percentage)	8%	6%
Medicaid Eligible (percentage)	14.7%	40%
Primary Care Physicians (ratio)	5,160:1	1,260:1
Dentists (ratio)	3,430:1	1,360:1
Mental Health Care Providers (ratio)	970:1	400:1
Preventable Hospital Stays	3,653	5,188

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

Quantitative Data

A wide variety of sources were reviewed as part of the data collection process. The quantitative data sources are described in Table 3. 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	Cass County Community Health Needs Assessment 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 supplemental report to the CHNA.
County Health Rankings & Roadmaps	2019 Annual public report available through a grant from the Robert Wood Johnson Foundation using most recent data to rank the health of each county in each state
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 estimates for the Cass County Census
US Department of Labor	2017 Unemployment Statistics
US Department of Health and Human Services	Health Resources and Services Administration, Area Health Resource File, 2012

Table 3: Quantitative Community Health Data Sources

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 Cass County is comparable to the State and National averages.

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 Cass 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 Cass County is comparable to the State and National averages.

Demographics and Population	Cass County	Michigan
Total Population	51,381	9,962,311
Square miles	490.06	56,538.9
People per square mile	106.7	174.8
Female Population	49.9%	50.8%
Male Population	51.1%	49.2%
Population below 18 years of age	20.9%	21.8%
Population 65 and older	20.4%	16.7%
Race and Origin	Cass County (Percent)	Michigan (Percent)
White alone	89.5	79.4
Black or African American alone	5.3	14.1
American Indian and Alaska Native alone	1.3	0.7
Asian alone	0.8	3.2
Native Hawaiian and Other Pacific Islander alone	0.1	-
Two or More Races	3.1	2.4
Hispanic or Latino	3.9	5.1
White alone, not Hispanic or Latino	86.2	75.2

Source: County Health Rankings, 2019; Health Statistics Update 2017, Cass 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:** Cass County's median household dollars is \$50,699 which is only slightly lower than the state and considerably lower than the national averages.

Poverty

- **Overview:** 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 in poverty. The official poverty thresholds do not vary geographically, but they are updated for inflation using Consumer Price Index Poverty thresholds are updated every year by the Census Bureau. In 2018, in the United States, the poverty threshold for a single person under 65 was an annual income of \$13,064; the threshold for a family group of four, including two children, was \$25,465. Families making under these thresholds are considered to be living in poverty.
- **Summary:** Cass County has a lower poverty rate than the state and is equal to the rate of the nation as of 2018.

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 Cass County is comparable to the State and National averages. In all populations, blacks had significantly higher rates of poverty than other groups.

Educational Attainment

- **Overview:** There is a strong relationship between health and education. Research has shown that better educated citizens have better health outcomes.
- **Summary:** Cass County had a lower percentage of the population with no degree and those who had a high school diploma. However, they are significantly behind the national average for individuals that have obtained a bachelor's degree or higher.

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. Cass County had similar unemployment rate (4.7%) compared to the national and state rates.

	Cass County	Michigan	United States
Median Household Income (dollars)	\$50,699	\$52,668	\$57,652
Per Capita Income in Past 12 Months (dollars)	\$28,019	\$28,938	\$31,177
	Cass County	Michigan	United States
Percent living in poverty	12.0%	14.2%	12.0%
	Cass County	Michigan	United States
High School grad or higher	88.0%	90.2%	87.3%
Bachelor's degree or higher	18.1%	28.1%	30.9%

Source: United States Census Bureau, 2017 estimates

HEALTH FACTORS AND OUTCOMES

The overall rankings in health factors represent what influences the health of a county. They are an estimate of the future health of counties as compared to other counties within a state. The rankings are based on four types of measures: health behaviors, clinical care, social and economic, and physical environment factors. Cass County scored 40 out of 83 in health factors, which is in the second quartile of the rankings.

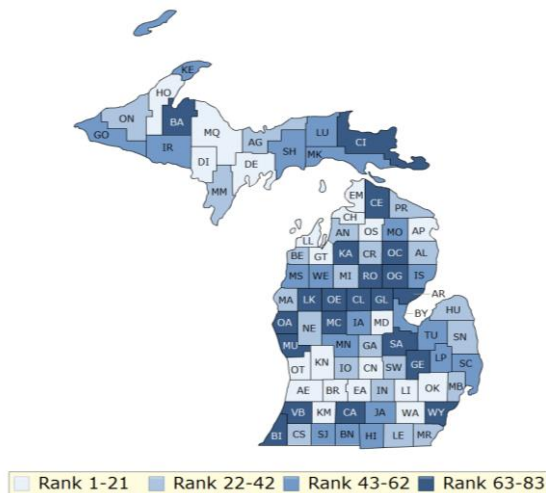
The overall rankings in health outcomes represent how healthy counties are within the state. The healthiest county in the state is ranked #1. The rankings are based on two types of measures: how long people live and how healthy people feel while alive.

Cass County scored a 42 out of 83 in health outcomes, which is also in the second quartile ranking.

These rankings are both significantly worse than last year's rankings (14 for health factors and 26 for health outcomes), but the University of Wisconsin's Population Health Institute who produces the County Health Rankings always cautions and discourages entities from comparing one year to the next as the methodology changes from year to year.

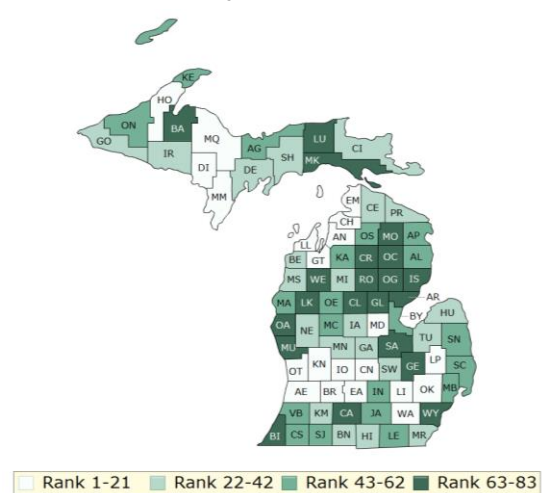
Health Factors Overall Ranking

Cass County Ranks 40th out of 83



Health Outcomes Overall Ranking:

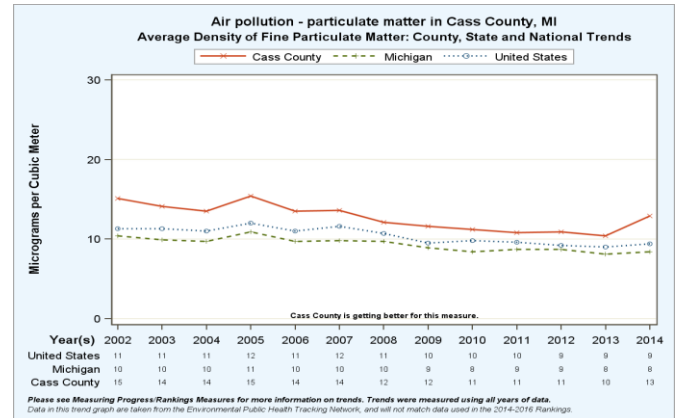
Cass County Ranks 42nd out of 83



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:** Cass County's average daily density between the years of 2002-2014 was 12.7, 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:** Cass County had higher rates of adult obesity, physical inactivity, sexually transmitted infections, and teen births than the state of Michigan. Additionally, there was a much lower rate of access to exercise opportunities than the State rates. On a positive note, the adult smoking, excessive drinking, and alcohol-impaired driving death rates were below the State rates.

	Cass County	Michigan
Adult smoking	18%	20%
Adult obesity	36%	32%
Physical inactivity	26%	22%
Access to exercise opportunities	61%	85%
Excessive drinking	20%	21%
Alcohol-impaired driving deaths	22%	29%
Sexually transmitted infections	249.7	462.9
Teen births	30	22

Source: 2019 County Health Rankings Report

Green indicates Cass County is below the state average

Red indicates Cass County is above 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 Cass County in 2017 was 148, the highest number ever recorded so far. Cass County reported a total of 47 cases of Gonorrhea in 2017, also the highest number on record.
- **Source:** Health Statistics Update 2017, Cass County Government, Michigan Department of Health and Human Services, 2017, 2016 Sexually Transmitted Diseases Surveillance, CDC, 2016

Mortality

- **Overview:** The causes of death are listed in order of the 10 leading causes of death. A dash indicates a zero value.
- **Summary:** Cass County's top 3 leading causes of death are heart disease, cancer, and unintended injuries.
- **Sources:** Division for Vital Records & Health Statistics, Michigan Department of Health & Human Services, 2017

Death Rates by Age, Race and Sex

Cass County, 2017	All Races			White			Black		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
All Ages (Crude Rate)	1,033.5	1,112.0	954.7	1034.3	1,094.1	974.7	1,120.6	1,488.4	697.5
Under 1	-	-	-	-	-	-	-	-	-
1-14	-	-	-	-	-	-	-	-	-
15-24	116.3	162.1	-	115.0	188.0	-	-	-	-
25-34	134.2	225.1	-	128.0	210.2	-	-	-	-
35-44	213.7	287.6	-	194.1	277.6	-	-	-	-
45-54	424.8	487.4	360.6	400.2	466.9	331.4	-	-	-
55-64	820.5	1,043.7	597.0	799.1	1,012.5	585.9	-	-	-
65-74	1,888.0	2,241.9	1,553.2	1,869.2	2,144.8	1,605.1	2,539.7	4,895.1	-
75-84	4,671.6	4,890.1	4,471.8	4,514.0	4,587.2	4,447.5	6,936.4	10,344.8	-
85 & Over	14,01.0	17,297.3	112,082.7	14,161.2	17,220.5	12,436.1	15,151.5	22,580.6	-
Age-Adjusted Rate	768.2	906.8	651.8	755.5	888.6	643.5	950.7	1,374.0	-

Leading Causes of Death

Cass 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	531	14	50	66	123	138	140
1. Heart Disease	139	-	10	15	35	35	44
2. Cancer	136	-	9	26	41	36	24
3. Unintentional Injuries	26	6	12	1	1	3	3
4. Chronic Lower Respiratory Disease	37	-	1	4	15	9	8
5. Stroke	27	-	1	1	4	9	12
6. Alzheimer's Disease	19	-	-	-	5	5	9
7. Diabetes Mellitus	17	1	-	3	5	5	3
8. Kidney Disease	12	-	-	-	1	8	3
9. Pneumonia/Influenza	14	-	2	2	2	3	5
10. Intentional Self-harm (Suicide)	14	1	8	3	1	1	-
All Other Causes	90	6	7	11	13	24	29

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, data was derived from the Cass County CHNA Key Stakeholder Workgroup, individuals working in community service organizations, as well as interested community members who participated in asset mapping, key informant interviews, surveys, and focus groups 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.

The Cass County CHNA Key Stakeholder Workgroup met five times between November 2018 and May 2019 to guide the CHNA process for ABLH. Permission to use the data gleaned from the groups was granted by each individual. Ascension Borgess Lee staff wish to recognize Danielle Persky of the Van Buren/Cass District Health Department for facilitating the focus group session of Cass County CHNA Key Stakeholder Workgroup.

Focus Group

A focus group was conducted on December 10, 2018 with the Cass County CHNA Key Stakeholder Workgroup as a way to collect qualitative data for the CHNA. The general themes that emerged from the focus group were discussed with the stakeholders as they deliberated and discussed potential health priority need areas. A summary of the focus group responses is located in APPENDIX A of the report.

Key Informant Interviews

Key informant interviews are typically conducted with local community members who have historical knowledge of the community, are engaged with the community and understand local areas of concern. The leaders of these organizations have a great deal of hands-on experience and are well versed with the health needs in the community. They represented health care providers, public health officials, those from rural populations and those from urban populations. There were also participants who represented the underserved, minority populations and businesses.

Key informant interviews conducted in March of 2019 asked specific questions regarding, in their opinions, what the health issues are in the community, what is working and what is not working. There were common themes in every interview, and it was fairly easy to glean from the conversations the pressing issues in the community. The issues identified include:

- Multiple behavioral health issues are becoming more prevalent such as drug addiction, general stress and anxiety, child abuse and trauma
- Lack of transportation options
- Social determinants of health with a particular emphasis on lack of education, and unemployment

The questions asked during the key informant interviews are included as APPENDIX B in this report.

Stakeholder Surveys

In addition to the key informant interviews, a Stakeholder Survey was conducted through SurveyMonkey from November 12, 2018 through December 11, 2018. A total of 25 responses were collected. The stakeholders invited to participate in the survey were those members of the Cass County CHNA Key Stakeholder Workgroup, as well as their colleagues and additional community stakeholders identified by the group. 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 C of this report and the key findings are provided below.

It is the opinion of the stakeholders that the population they serve go primarily to an urgent care or walk-in clinic for healthcare. According to the survey results over 50% of the populations served by stakeholders have health insurance and much lower percentages have vision or dental insurance. The stakeholders believe the five biggest health problems in the community are in order of severity:

- Mental health assistance
- Alcohol and drug use
- Ability to go to a doctor when you need to
- Weight problems (overweight or eating disorders)
- Stress and anxiety

The stakeholders were asked what makes it hard for people to get health care. The top five responses are:

- Transportation problems
- No health insurance
- Can't afford medicine
- Insurance still does not pay for all bills
- No health care at night or on weekends

When asked what the three biggest non-health related issues in the community are, the top response was "People do not have enough money to live" followed by "No transportation" and "Not enough jobs". Issues related to lack of education, activities for young people and access to healthy food were also identified as concerns, but to a lesser extent.

Community Surveys

Capturing input from local community members is vital in the community health needs assessment process. As such, community members were given the opportunity to partake in an electronic survey through SurveyMonkey, or as an alternative, complete a paper survey from November 2018 - April 2019, that was then inputted by staff into the SurveyMonkey site for inclusion. In Cass County a total of 136 surveys were collected and analyzed during the CHNA process. The survey questions were translated to Spanish as well. The complete report is included in APPENDIX D of this report and the key findings are provided below.

- **Health Issues People are Experiencing:**
 - High Blood Pressure and Stress 37%
 - Allergies: 34%
 - Diabetes: 31%
 - Overweight and Eye Problems: 29%
 - Teeth Issues and Stomach problems: 26%
- **Top Health Issues in the Community:**
 - Weight Problems (overweight/eating disorder): 43%
 - Alcohol and drug use: 34%
 - Mental health assistance: 31%
 - Safe and affordable housing: 29%
 - Lack of exercise: 26%
 - Ability to go to doctor when you need to: 23%
- **Top Non-Health Related Issues in Community:**
 - People do not have enough money to live on: 57%
 - No Transportation: 34%
 - Not enough activities for younger people: 31%
 - Not enough healthy food people can afford: 29%
- **What makes a healthy community?**
 - Good schools: 51%

- Good place to raise children: 49%
- Good jobs and healthy economy: 37%
- Low crime/safe neighborhoods and Housing people can afford: 29%

IDENTIFICATION AND PROCESS FOR PRIORITIZATION OF NEEDS

A copy of the health issues data was provided to each member of the group in stakeholder meetings held in 2018 and the first quarter of 2019. The members were then asked to provide feedback on the results as well as engage in conversation with the rest of their members and bring back their impressions to the stakeholder group.

In February 2019, the ABLH CHNA staff provided a draft of the additional data collection efforts and community findings to the Cass County CHNA Key Stakeholder Workgroup. The group convened and discussed all of the quantitative and qualitative data received to develop the list of priority health needs. Following the discussion, a brainstorming and nominal group processing session was held to identify the community issues of greatest concern to each member. The Nominal Group process used the following criteria:

- Identify “upstream” issues each member believes are most in need of improvement
- Incorporates at least one the Four Environments
- Areas of concern reflect the data presented

Using this process, the group members generated a list of ideas or concerns. The list was then once again discussed with the group and using a dot-voting system, the group voted to rank order the priority health needs.

Based on the process and criteria listed above, ABLH identified the following five priority health needs.

1. Develop Employment Opportunities

- Employment dual training in schools
- Trade and Labor Employment Option Availability: Need Industry

2. Increase Health Service Options

- Increase more affordable health care options in this area
- Need to increase health service options available in Cass County
- Inform the community of the services that are available through newsletters and advertisements

3. More Transportation Options

- Improve transportation access
- More transportation options (Lyft, Uber)
- Transit-Transportation

4. Health Education Through Faith-Based Environments

- Educate children, religion and faith-based organizations to bring this into more households
- Have faith-based community involvement opportunities

5. Healthy Affordable and Available Food

- Healthy food options
- Fresh food access and security

Needs Identified, But Not Addressed

In addition to the five priority areas selected, six other areas were identified, but did not garner stakeholder support for inclusion and development into the implementation plan phase. These six areas are:

- Community Connect
 - Community member connectedness
 - Open minds to new people and new ideas
- Educational Opportunities
 - Education services for people's' needs
 - Early education in schools
- Government Recreation and Systems Change
 - Safe walking and exercise areas
 - Community Centers
 - Encourage local governments to develop recreation areas
 - Health, Education, and Government need to collaborate on systems-level change
- Housing
 - More affordable housing opportunities
 - Programs to assist with home ownership
- Maternal and Child Support
 - Every system supports mothers and children more- financially
 - Access and opportunities for income and engagement with other mothers and families
- Poverty
 - Stop the poverty cycle

The final results of the quantitative data collection, key informant interviews, focus group responses, stakeholder and community survey responses and the five priority health needs were presented to the community stakeholder group in May 2019 for their final review, recommendations and input.

POTENTIALLY AVAILABLE RESOURCES

Existing Health Care Facilities and Resources

In addition to the Ascension Borgess Health Continuum of Care, there are multiple additional healthcare agencies and additional service-related resources in Cass County. Those agencies are (although this list is not exhaustive):

1. Cassopolis Family Clinic Network (CFCN)
2. Van Buren/Cass District Health Department
3. Woodlands Behavioral Healthcare Network
4. Pokagon Band of Potawatomi Indians
5. Southwestern Michigan College
6. Spectrum Health, Lakeland Hospital, Niles MI
7. Greater Dowagiac Chamber of Commerce
8. Michigan Works!
9. Council on Aging
10. Tri-County HeadStart
11. Dowagiac Schools
12. Michigan Department of Health & Human Services
13. InterCare Community Health Network
14. Action Ministries Center
15. KeyStone Place
16. Cass County Continuum of Care
17. Salvation Army
18. Adult education
19. Dial-a-Ride

Asset Mapping

Asset mapping was performed during the November 20, 2018 Stakeholder Meeting. Leaders from ABH led the Cass County CHNA Key Stakeholder Workgroup through an introduction to the CHNA process and provided an explanation of equity and social determinants of health as critical components of the CHNA process. Data themes were introduced that included Social Environment, Physical Environment, Economic and Work Environment and Service Environment. Indicators were provided for each theme with a focus on examples of those indicators where Cass County is performing better than the State of Michigan and those where Cass County is performing similarly to the State of Michigan.

The Workgroup was divided into three groups of self-selected multi-disciplinary teams. Each team began asset mapping on one of the four themes. Teams were asked to identify the assets in Cass County based on each theme. The teams were specifically asked to consider the cultural aspects of their community that contribute to that asset. Each team spent approximately ten minutes mapping the community assets in each theme. The final category, Physical Environment, was completed by the group collectively using a facilitated brainstorming period of approximately ten minutes with facilitator-initiated prompts.

A summary of the asset mapping activity is located in APPENDIX E in this report.

EVALUATION OF IMPACT OF PRECEDING CHNA

Written Comments on most recently conducted CHNA & Implementation Strategy (2015)

The 2015 ABLH CHNA was posted on the Ascension Borgess Health website from May 2016 until June of 2019. 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 means.

The following are the ABLH goals, strategies and outcomes from the previous 2015 CHNA and implementation strategy.

Prioritized Need #1 – Access to Care

Goal: Expand Access to Mental Health Services

Strategy 1: Create an FTE Position to add additional providers of Tele-Psychiatric Services

- Delano Tele-Psychiatric Services at Ascension Borgess-Lee Medical Group
- Ascension Borgess Health's DeLano Clinic initiated telemedicine behavioral services at Ascension Borgess-Lee Medical Group in June 2015 as a way of expanding access to mental health services in Dowagiac and surrounding Cass County communities. That service has provided care to over 220 individual patients since opening.
- The service began with one full day of telemedicine access per week. This was in addition to two days per week of on-site psychiatrist and 3 days per week of medical social worker availability.
- As of early March 2017, the tele-medicine service has expanded to include 2.5 days of psychiatric nurse practitioner availability in addition to 0.5 days of a fully licensed clinical psychologist.
- A pediatric psychiatric nurse practitioner, Rob Heffron, offers pediatric behavioral medicine appointments 1 day every other week.
- The program continues to be very successful. Demand continues to outweigh the availability of providers. Challenges include recruitment of providers for this service as well as expanding mental health services through the Borgess ministry.

Strategy 2: Offer one Mental Health First Aid class to the community

- ABLH and Woodlands Behavioral Health of Cass County have agreed to jointly provide at least one Mental Health First Aid class to the community.

Strategy 3: Explore implementing a pilot program of an integrated primary care behavioral health clinic.

- This strategy is reviewed at the quarterly Cass County Rural Health Planning Network meetings hosted by ABLH.
- The Ascension Borgess DeLano Clinic is working with Ascension Borgess Medical Group primary clinics on an active project to implement integration of behavioral health into primary care clinics at 13 locations across Southwest Michigan. This initiative has funding through the Center for Medicare and Medical Services (CMS) Comprehensive Primary Care Plus (CPC+) program. At this time, because of limitations of CPC+, this initiative does not apply to federally designated Rural Health Clinics (RHCs, such as Ascension Borgess-Lee Medical Group).
- The experience gained in additional Ascension Borgess primary care clinics will support achieving the objective of the CHNA implementation strategy to have a plan developed by January 1, 2018.

Prioritized Need #2 – Diabetes

Goal: Improve the health of those at-risk or living with diabetes.

Strategy 1: Provide diabetes screenings and education through community groups and local churches

- Holly McDonald, RN, Diabetes Nurse Educator, will be present at the Cass Family Expo to be held on April 13, 2017 at the Ross Beatty Junior and Senior High School in Cassopolis to staff a booth and provide information on diabetes and diabetes management including services provided by ABLH.
- July 24, 2017 – Community pre-diabetes screenings were conducted at St. Paul's church which hosts a food pantry once per month in Dowagiac. 16 people were screened (weight, BMI, blood

pressure, total and HDL cholesterol, and random blood glucose) as well as addition prediabetes risk test distributed. Education, counseling and referrals (*6 referrals) were provided to over 24 individuals. The screenings were a partnership with Ascension Borgess CorpFit (occupational medicine) and ABLH.

- September 8, 2017 – Ascension Borgess-Lee staff attended the Council on Aging Health Fair and conducted glucose testing as well as PSA checks and provided education to over 100 senior citizens in Cass County.
- November 3, 2017 – A presentation: Diabetes and Your Nutritional Need, the Big Picture, was provided to 15 community members through the Cass County Council on Aging.

Strategy 2: Design, develop, and distribute an online pre-diabetes program based on the CDC recognized Diabetes Prevention Lifestyle change program.

- The Ascension Michigan Diabetes Group created a series of pre-diabetes education videos approximately one year ago. The professionally produced, yet lay person-friendly comprehensive videos are designed as 6 modules for pre-diabetes prevention and education. The Borgess Diabetes team has requested that marketing assist with uploading the series to a YouTube channel as one of many tools we can offer in the Borgess community education toolkit for pre-diabetes screenings, education and referrals.
- ABLH is following the overall Borgess lead on this initiative.

Prioritized Need #3 – Community Health Education

Goal: Increase the quality, availability and effectiveness of educational and community-based programs designed to prevent disease and injury, improve health and enhance the quality of life.

- Working with the schools related to providing health education and injury prevention has been tabled until fall 2018. ABLH is fostering a relationship with the schools in the community through events such as “Dowagiac Middle School Career Day” (March 2018) and Dowagiac High School Work Study Program. These events will assist ABLH with implementing programs which meet the goal of providing health education to youth in Cass County.

NEXT STEPS

The Ascension Borgess Health team and community team members will collaborate on appropriate areas of identified need and guide the development of implementation strategies and individual action plans. Measurable outcome indicators will also be established. The team will appropriately communicate the CHNA results and the Implementation Plan Strategy to the community using a variety of methods.

APPENDICES

A. Focus Group Summary	26
B. Key Informant Questions	29
C. Stakeholder Survey Questions/Summary	31
D. Community Survey Questions/Summary	78
E. Asset Mapping	95

APPENDIX A

Cass County Stakeholder Focus Group Summary

February 19, 2019

A total of six participants took part in the Cass County Stakeholder Focus Group conducted on February 19, 2019 facilitated by the Michigan Health Improvement Alliance. The participants shared their responses to the following questions:

What is your vision for a healthy community?

The participants provided the following opinions on their vision for a healthy community:

- A healthy community is where health providers work well with hospitals and with schools to educate and care for people of the community
- Access to healthcare
- Availability of resources – healthcare, schools/education, employment
- School system
- Sense of community; gatherings
- Healthcare
- Jobs
- Continuation of cooperative meetings with all county-wide groups to address issues
- Every individual feels connected to their community and knows and understands the services and opportunities available to them and their family
- Safe, clean, green, active community where one sees their neighbors out exercising and enjoying the natural resources

What are the greatest health-related concerns in your community?

The participants cited the following as the greatest health-related concerns:

- Obesity (2)
- Diabetes (2)
- Cardiovascular
- Mental Health (4)
- Poverty
- Smoking
- Lack of connectedness (interpersonal and geographically)
- Substance use/abuse
- Lack of pediatric specialists in area

What are the greatest non-health-related concerns or problems affecting a person's ability to live, work, learn, and play? (think non-traditional factors – sidewalks, incarceration rate, literacy rates, etc.)

The participants listed the following as the greatest non-health-related concerns:

- Money
- Jobs (2)
- Support
- Transportation (3)
- Level of jobs
- Low level of education/low literacy
- Poverty

- Low economics
- Lack of childcare and child-centered activities for families with little to no money
- Food insecurity and food deserts
- Large A.L.I.C.E. population
- Multiple single-family homes
- Generation after generation do not take education seriously which then plays a role in poor health and learning

What links do you see between equity and health in our community? (Health statistics for the County reveal that there is inequity in the health of members of our community based on gender, socioeconomic status. What are your thoughts about the links between health and inequity in our community?)

Participants indicated the following as the links between equity and health in the community:

- The link is not only socio-economic, but education and family history
- Poverty creates greater disparities in health in this county with little access to local resources, distance and money become even greater barriers for individuals living in poverty than in urban settings (not as many opportunities available to overcome barriers)

What do you believe are barriers to achieving health equity in our community? (What cultural or institutional disparity may be perpetuating inequity?)

Participants cited the following as barriers to achieving health equity:

- Lack of training for available jobs
- Transportation
- Resources for getting people “on their feet”
- Cost of care
- Access to care
- Protective “turf” barriers
- Multi-generational customs of being uneducated and unhealthy
- Conservative-leaning population with more “traditional” values and strong emphasis on how things have worked historically
- Individuals are drained and not as apt to push new ideas – lack of interest in engaging an “uphill battle”
- Equity = not commonly spoken about around tables; may see it as just applicable to race

What resources are available in your community to address these issues?

The participants identified these resources:

- Borgess-Lee
- Other health-related organizations in the county
- Experienced professionals with longevity
- Natural land resources for food, farming and exercise

What are the barriers (if any) to accessing these resources?

The participants indicated the following barriers to accessing resources:

- Transportation
- Lack of pediatric dental providers (must travel out of county)
- People do not care about their health due to healthcare costs and people can’t afford it
- Ability to recruit physicians

What actions, programs, strategies do you think would make the biggest difference in your community?

The participants offered the following actions, programs and strategies:

- Multi-sector collaborative that opens discussion about systems, policy with sincere interest for creating change
- Programs that would make largest impact in the community are mental health services particularly in the schools
- Available healthcare
- Sanitary water supply
- Healthy food supply

APPENDIX B

Key Informant Interview Guide

I. Welcome, Purpose, and Consent (5 minutes)

My name is JoDee Rolfe and I work for Ascension Borgess. I am working with Cass County as they collect data for their 2018 Community Health Needs Assessment. Before we begin the interview, I want to let you know that your participation is voluntary, and you can choose to not answer any question or end the interview at any time. We will be recording this interview; however, only project staff of the core planning group (Ascension Borgess & Mary Kushion, consultant for Ascension) will have access to the information and will report responses in aggregate. We will combine all of the Key Informant Interviews together for the report. We will only report participating organizations not report specific names or roles in the report. The interview should only take about 30 minutes. We appreciate you taking the time to speak with us today, do you have any questions before we begin?

II. Purpose (5 minutes)

*We would like to talk to you today about **the health issues you feel are most important in the community**. The purpose of today's discussion is to gather your ideas about everyone's health where you live – we would like to get a detailed picture of what you think the **overall health in your community is like**.*

How information will be used

*We will use your ideas to help **determine the health priorities as part of the Cass County Community Health Needs Assessment**. The information you provide will help guide this prioritization process as well as the implementation strategy for community health improvement that will follow in the months to come.*

How you will be informed of the outcomes of findings, any reports

This information will be included in 2018 Ascension Borgess Lee Hospital Cass County Ascension Borgess.

*the report must be completed and disseminated **by May 21st for Ascension Borgess Lee Hospital**.*

Do you have any questions about the process?

Let's begin by you telling me a little bit about your organization and your role?

III. Engagement Questions (5 minutes)

How does the health of the community and/or the county now compare to previous 5 years?

IV. Problems/Concerns in the Community (5 minutes)

What are the greatest health-related concerns in your community?

*What are the greatest **non-health** related problems in our community?*

V. Health Equity in the Community (5 minutes)

Define Health Equity

Think about the groups that experience relatively good health and those that experience poor health. Why do you think there are differences?

What elements (resources, policies, businesses, programs, activities) in a community support some group's abilities to experience better health than others? (existing or non-existing) -

Probe: What do you believe are barriers to achieving health equity in your community? (What cultural or institutional disparity may be perpetuating inequity?)

VI. Community Resources & Barriers (5 minutes)

What assets are available in your community to address the barriers (you mentioned) to achieving health equity in the community?

What are the barriers (if any) to accessing these resources? SDoH issues discussed previously. Lack of transportation, public transportation. Dial-A-Ride, Cass County Transit are the only two services with limited capacity.

VII. Solutions (5 minutes)

What actions, policies, or strategies do you think would make the biggest difference in your community?

New Niles clinic will provide much-needed therapy for patients and medication assisted treatment for opioid addiction, as well as counseling, social workers and community health workers.

VIII. Conclusion (5 minutes)

Any additional comments or questions you would like to share?

Thank you again for your time

APPENDIX C

Stakeholder Survey Results

Cass County Community Health Survey 2018

Wednesday, April 17, 2019

136

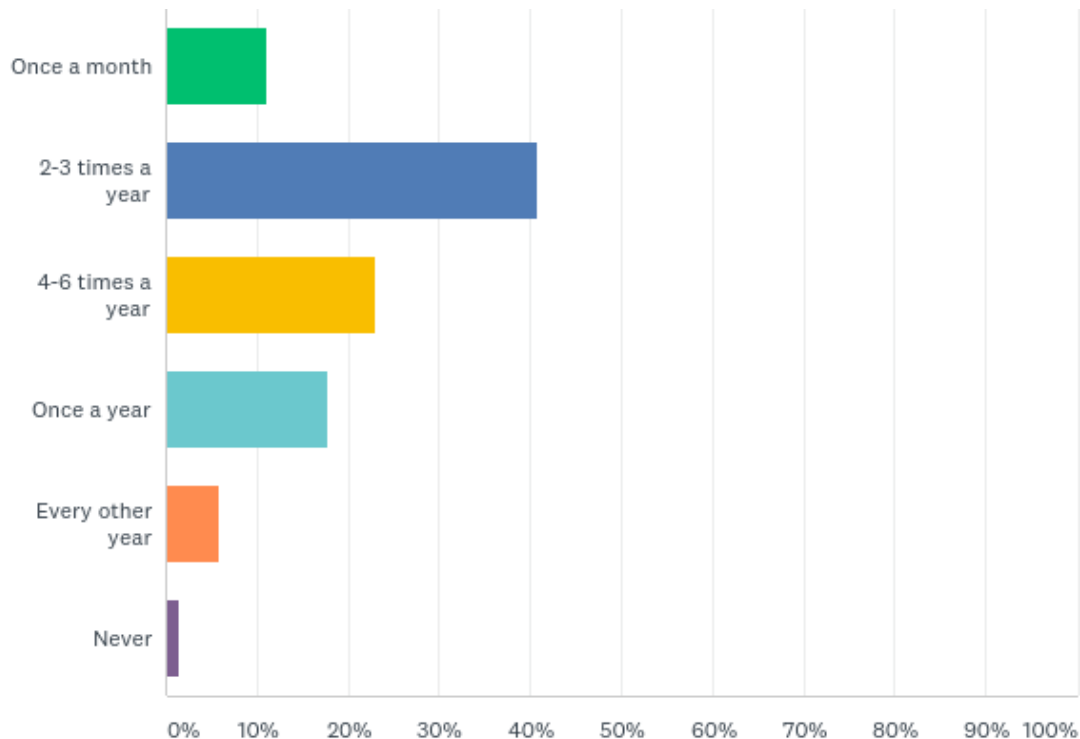
Total Responses

Date Created: Monday, November 19, 2018

Complete Responses: 136

Q1: I see a doctor or go to a clinic:

Answered: 135 Skipped: 1



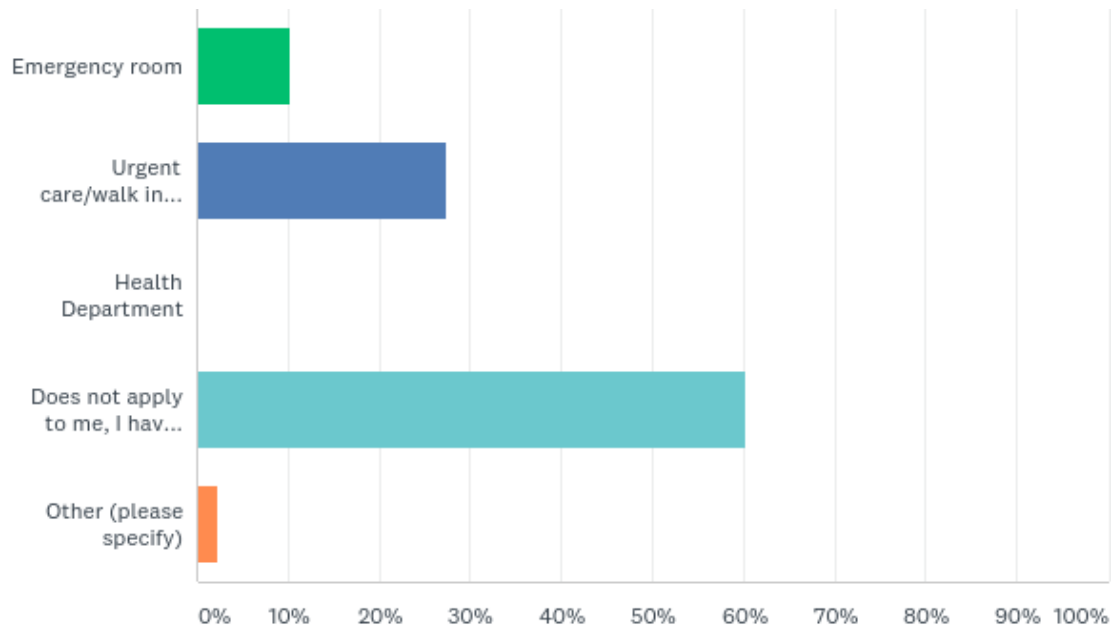
Q1: I see a doctor or go to a clinic:

Answered: 135 Skipped: 1

ANSWER CHOICES	RESPONSES	
Once a month	11.11%	15
2-3 times a year	40.74%	55
4-6 times a year	22.96%	31
Once a year	17.78%	24
Every other year	5.93%	8
Never	1.48%	2
TOTAL		135

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

Answered: 128 Skipped: 8



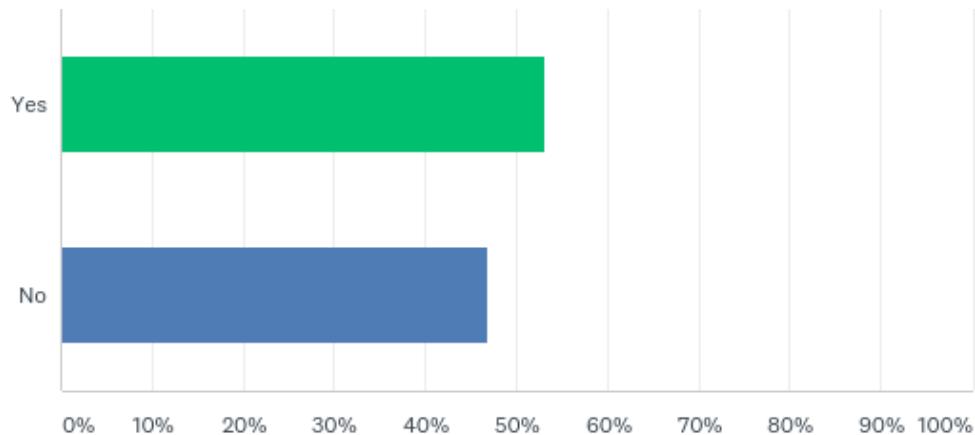
Q2: If you do not have a doctor, where do you go for medical care?

Answered: 128 Skipped: 8

ANSWER CHOICES	RESPONSES	
Emergency room	10.16%	13
Urgent care/walk in clinic	27.34%	35
Health Department	0.00%	0
Does not apply to me, I have a doctor	60.16%	77
Other (please specify)	2.34%	3
TOTAL		128

Q3: If you do not have a doctor, would you like to have one?

Answered: 49 Skipped: 87



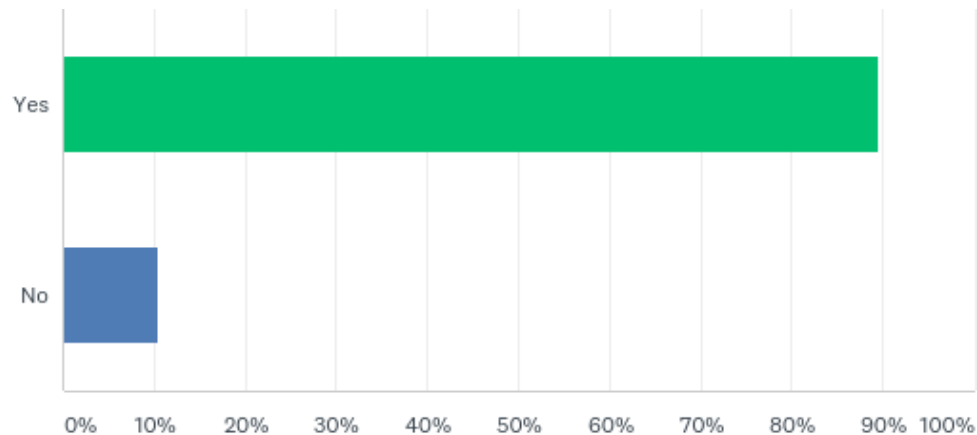
Q3: If you do not have a doctor, would you like to have one?

Answered: 49 Skipped: 87

ANSWER CHOICES	RESPONSES	
Yes	53.06%	26
No	46.94%	23
TOTAL		49

Q4: Are you able to see a doctor when you need to?

Answered: 134 Skipped: 2



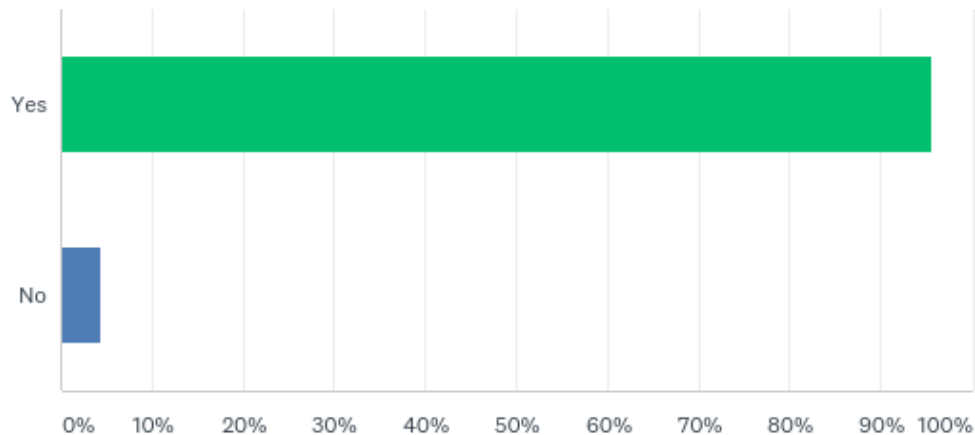
Q4: Are you able to see a doctor when you need to?

Answered: 134 Skipped: 2

ANSWER CHOICES	RESPONSES	
Yes	89.55%	120
No	10.45%	14
TOTAL		134

Q5: Do you have health insurance?

Answered: 135 Skipped: 1



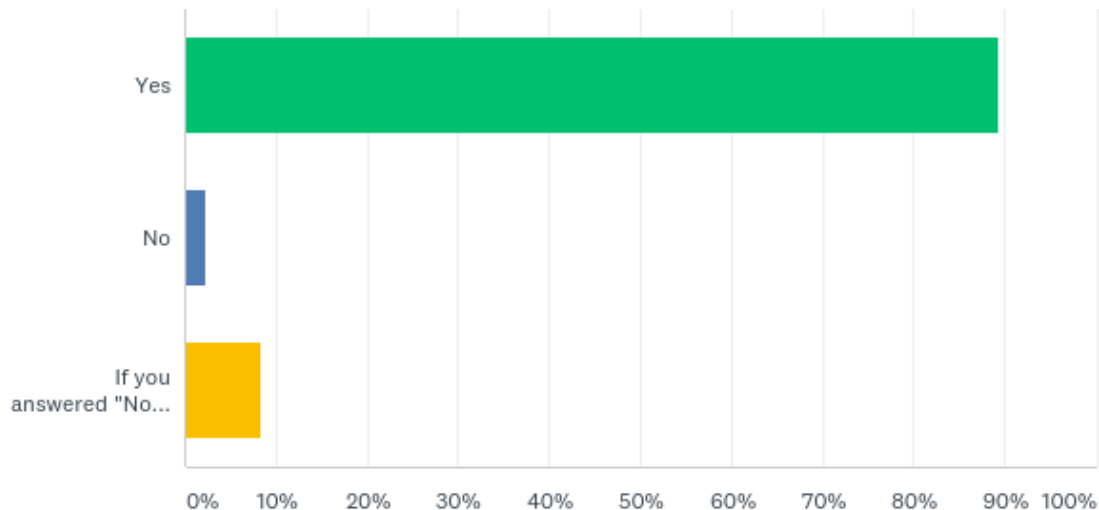
Q5: Do you have health insurance?

Answered: 135 Skipped: 1

ANSWER CHOICES	RESPONSES	
Yes	95.56%	129
No	4.44%	6
TOTAL		135

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

Answered: 130 Skipped: 6



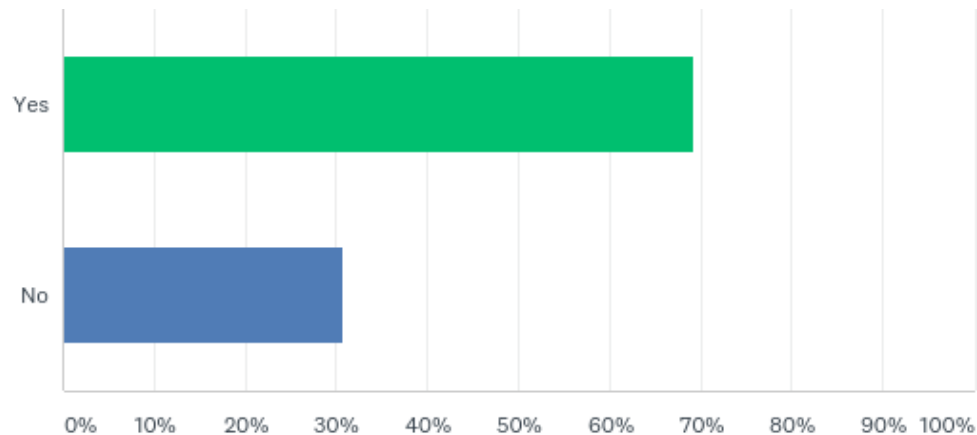
Q6: If you have health insurance, does it pay for most of your medical bills?

Answered: 130 Skipped: 6

ANSWER CHOICES	RESPONSES	
Yes	89.23%	116
No	2.31%	3
If you answered "No", will you please explain?	8.46%	11
TOTAL		130

When 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: 13 Skipped: 123



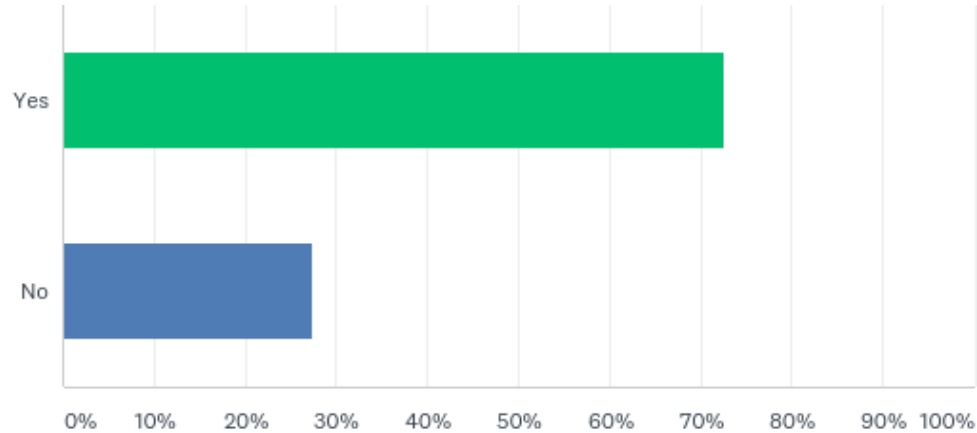
Q: If you do not have health insurance now, did you have it in the last year? (answer only if you do NOT have health insurance now.)

Answered: 13 Skipped: 123

ANSWER CHOICES	RESPONSES	
Yes	69.23%	9
No	30.77%	4
TOTAL		13

Q9: Do you have vision (eye exam, prescription glasses) insurance?

Answered: 135 Skipped: 1



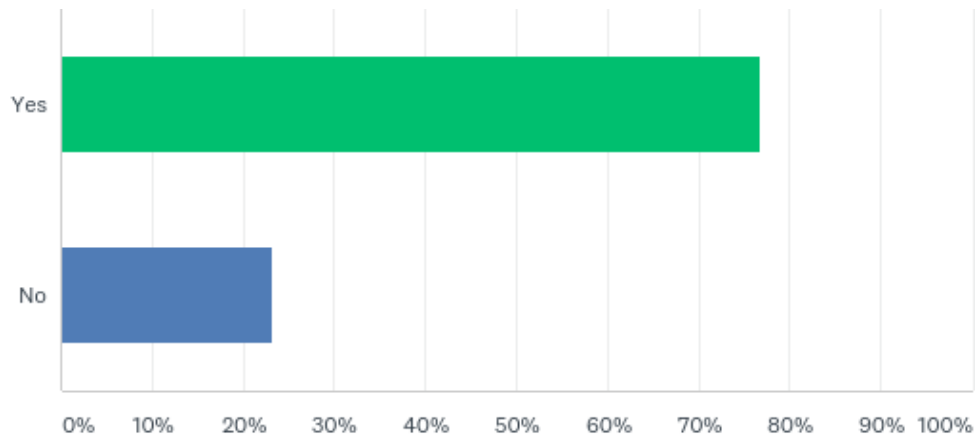
Q9: Do you have vision (eye exam, prescription glasses) insurance?

Answered: 135 Skipped: 1

ANSWER CHOICES	RESPONSES	
Yes	72.59%	98
No	27.41%	37
TOTAL		135

Q10: Do you have dental insurance?

Answered: 134 Skipped: 2



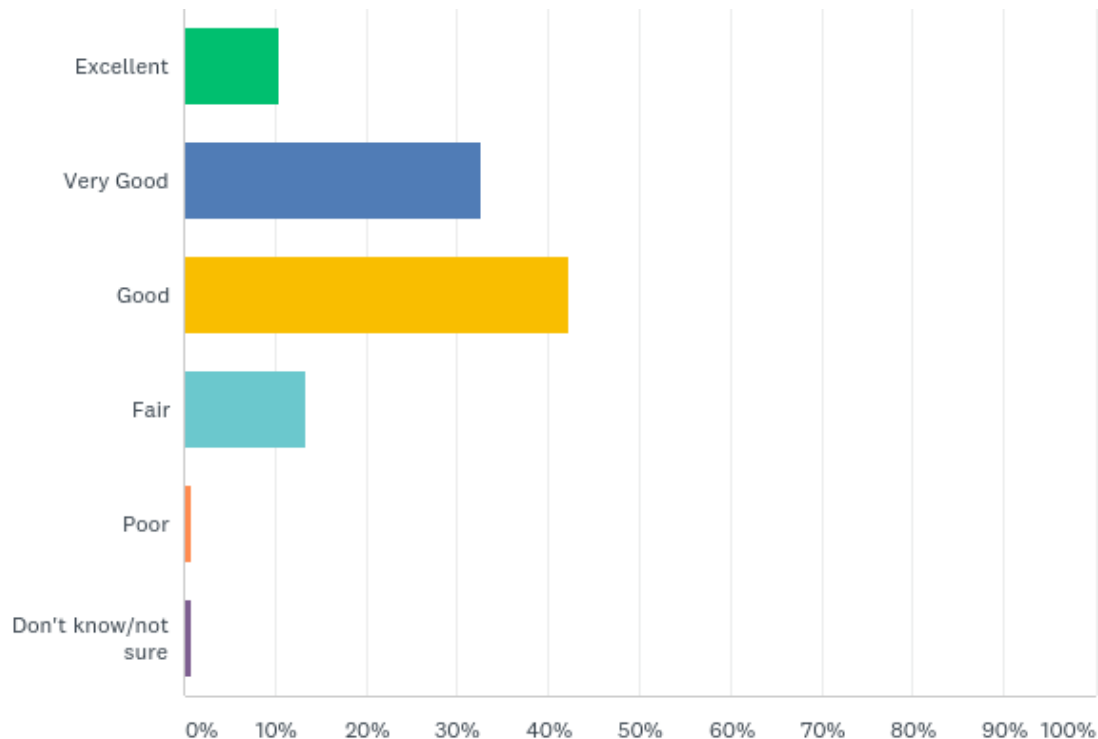
Q10: Do you have dental insurance?

Answered: 134 Skipped: 2

ANSWER CHOICES	RESPONSES	
Yes	76.87%	103
No	23.13%	31
TOTAL		134

Q11: How would you rank your personal health?

Answered: 135 Skipped: 1



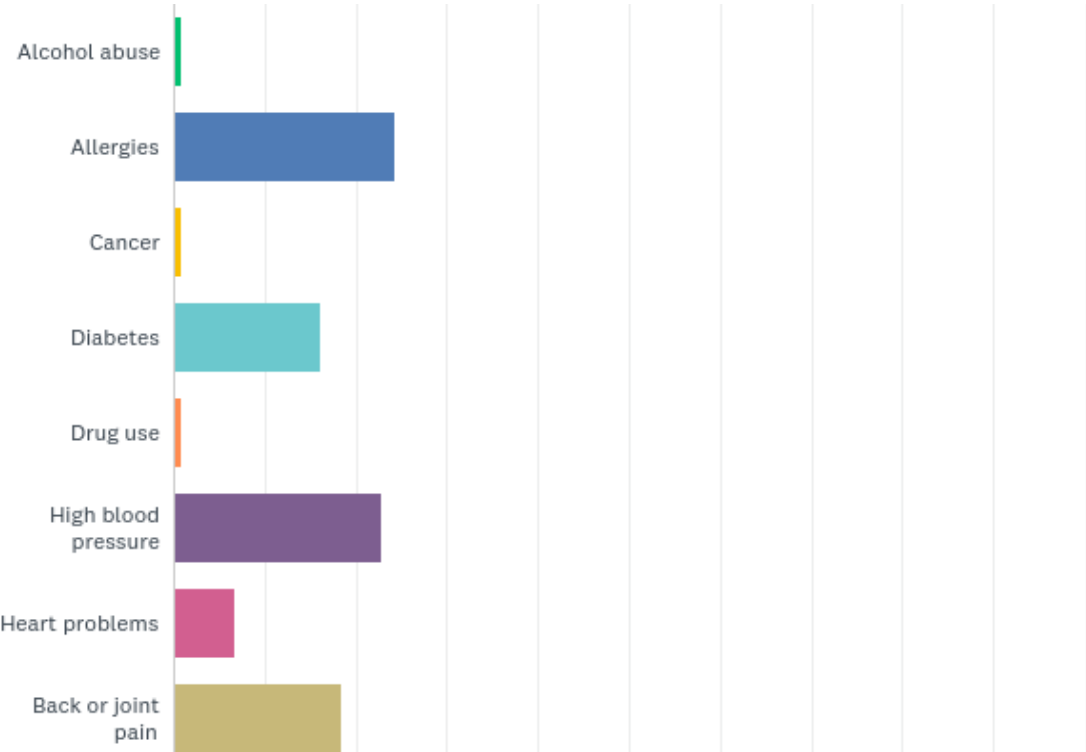
Q11: How would you rank your personal health?

Answered: 135 Skipped: 1

ANSWER CHOICES	RESPONSES	
Excellent	10.37%	14
Very Good	32.59%	44
Good	42.22%	57
Fair	13.33%	18
Poor	0.74%	1
Don't know/not sure	0.74%	1
Total Respondents: 135		

Q12: What health issues are you dealing with? (choose as many as you need to)

Answered: 136 Skipped: 0



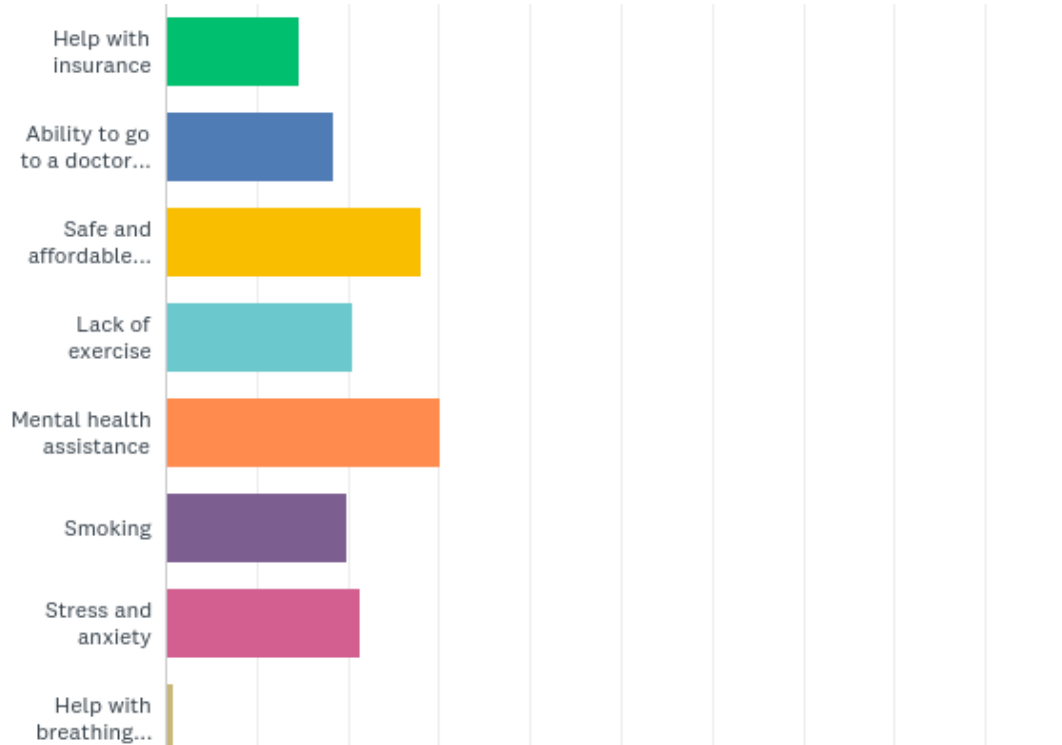
Q12: What health issues are you dealing with? (choose as many as you need to)

Answered: 136 Skipped: 0

ANSWER CHOICES	RESPONSES	
Alcohol abuse	0.74%	1
Allergies	24.26%	33
Cancer	0.74%	1
Diabetes	16.18%	22
Drug use	0.74%	1
High blood pressure	22.79%	31
Heart problems	6.62%	9
Back or joint pain	18.38%	25
Disability	5.15%	7
Mental health problems (depression/anxiety/other)	19.12%	26
Stress	32.35%	44
Teeth issues	16.18%	22

Q13: What are the 3 biggest health problems in our community? (choose 3)

Answered: 136 Skipped: 0



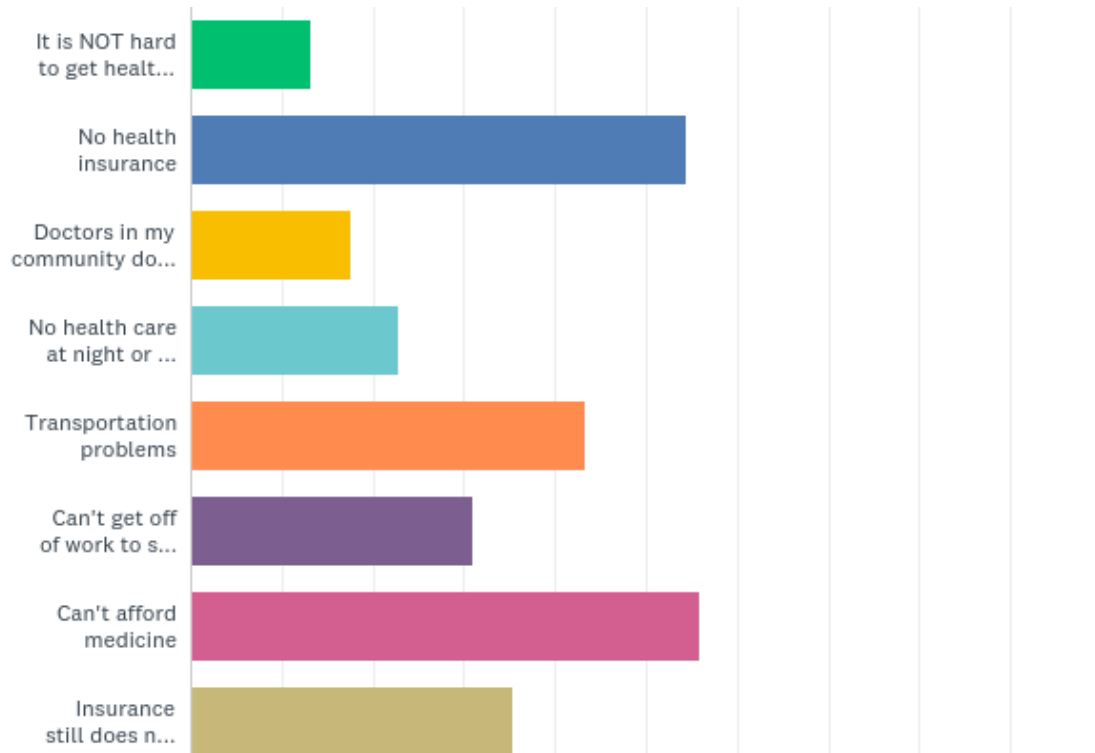
Q13: What are the 3 biggest health problems in our community? (choose 3)

Answered: 136 Skipped: 0

ANSWER CHOICES	RESPONSES	
Help with insurance	14.71%	20
Ability to go to a doctor when you need to	18.38%	25
Safe and affordable housing	27.94%	38
Lack of exercise	20.59%	28
Mental health assistance	30.15%	41
Smoking	19.85%	27
Stress and anxiety	21.32%	29
Help with breathing problems (asthma, COPD, etc.)	0.74%	1
Cancer prevention	4.41%	6
Pain management	8.09%	11
Air pollution (dirty air)	3.68%	5
Diabetes education and support	11.76%	16

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

Answered: 136 Skipped: 0



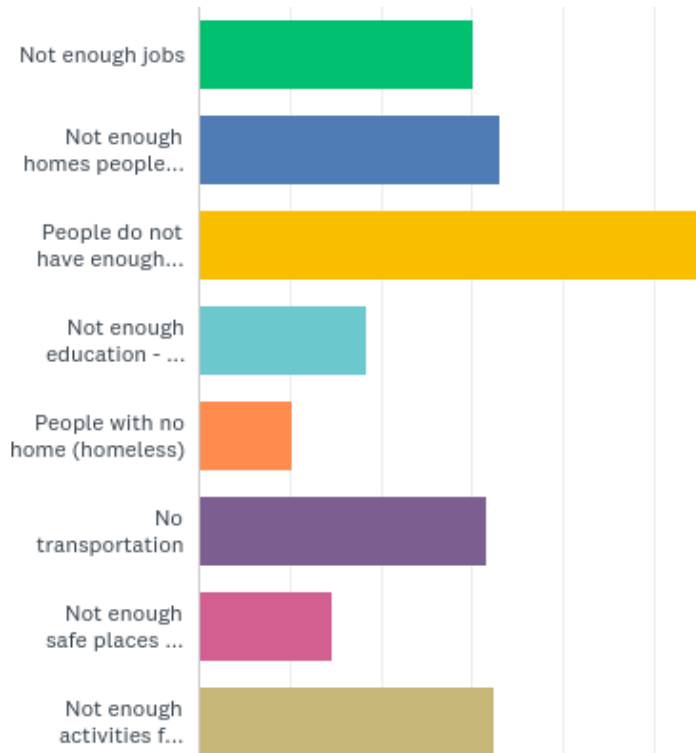
Q14: What makes it hard for people to get health care? (choose as many as you need to)

Answered: 136 Skipped: 0

ANSWER CHOICES	RESPONSES	
It is NOT hard to get health care	13.24%	18
No health insurance	54.41%	74
Doctors in my community don't take my insurance	17.65%	24
No health care at night or on weekends	22.79%	31
Transportation problems	43.38%	59
Can't get off of work to see a doctor	30.88%	42
Can't afford medicine	55.88%	76
Insurance still does not pay for all bills	35.29%	48
Have to wait too long to get an appointment	21.32%	29
Don't know who to call	11.03%	15
Don't speak the same language	7.35%	10
No phone or computer	8.09%	11

Q15: What are the 3 biggest non-health related issues in our community (choose 3)

Answered: 136 Skipped: 0



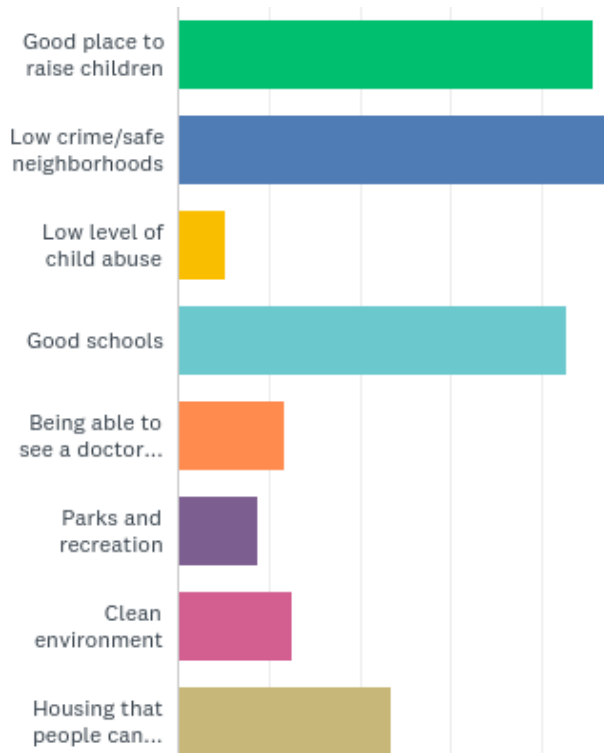
Q15: What are the 3 biggest non-health related issues in our community (choose 3)

Answered: 136 Skipped: 0

ANSWER CHOICES	RESPONSES	
Not enough jobs	30.15%	41
Not enough homes people can afford	33.09%	45
People do not have enough money to live	55.15%	75
Not enough education - not finishing high school	18.38%	25
People with no home (homeless)	10.29%	14
No transportation	31.62%	43
Not enough safe places to walk and to exercise	14.71%	20
Not enough activities for younger people	32.35%	44
Domestic violence	14.71%	20
Not enough support from friends and family	5.15%	7
Gangs	1.47%	2
Racism and discrimination	5.15%	7

Q16: Which three items makes a "healthy community?" (please choose 3)

Answered: 136 Skipped: 0



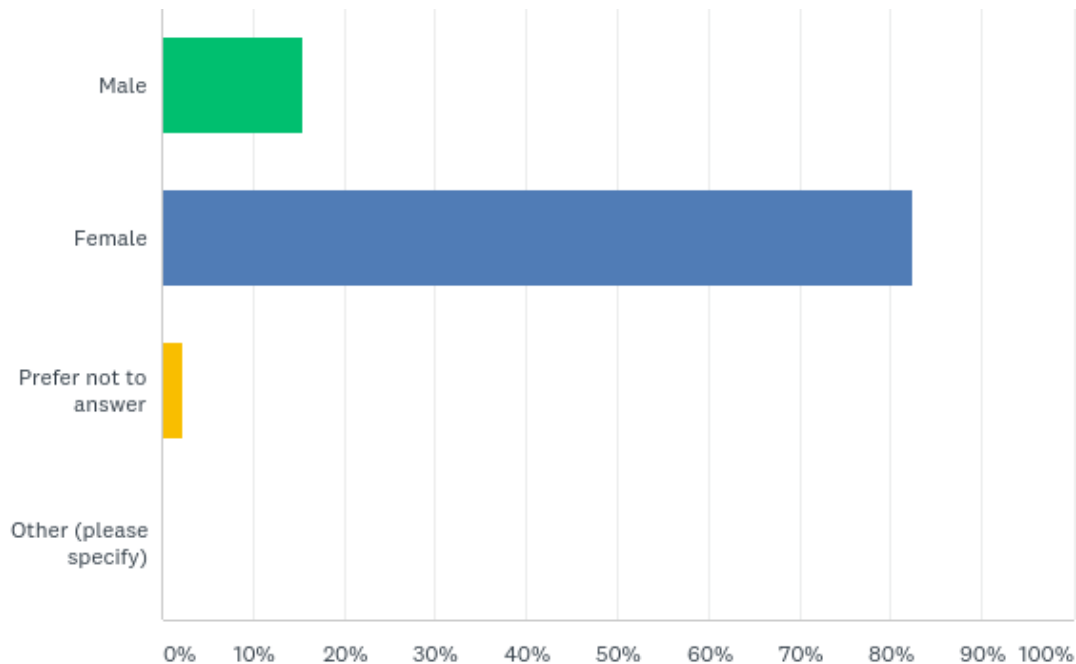
Q16: Which three items makes a "healthy community?" (please choose 3)

Answered: 136 Skipped: 0

ANSWER CHOICES	RESPONSES	
Good place to raise children	45.59%	62
Low crime/safe neighborhoods	47.06%	64
Low level of child abuse	5.15%	7
Good schools	42.65%	58
Being able to see a doctor easily	11.76%	16
Parks and recreation	8.82%	12
Clean environment	12.50%	17
Housing that people can afford	23.53%	32
Arts and cultural events	2.94%	4
Excellent race and ethnic relations	4.41%	6
Good jobs and healthy economy	35.29%	48
Strong family life	22.06%	30

Q18: Do you identify as:

Answered: 136 Skipped: 0



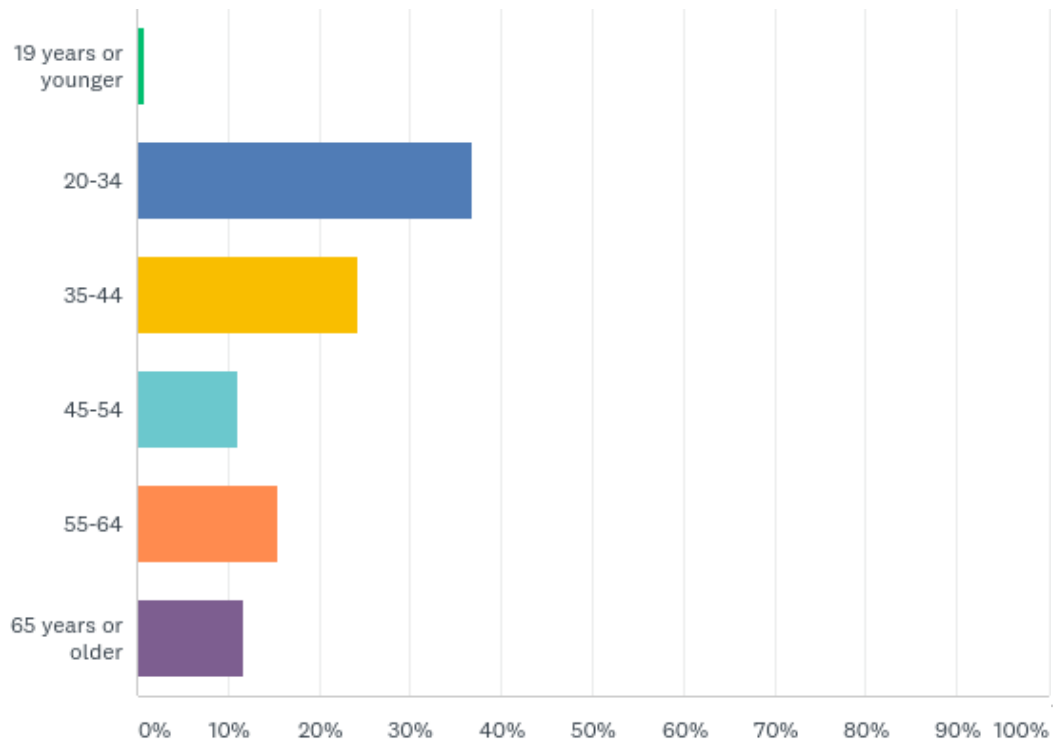
Q18: Do you identify as:

Answered: 136 Skipped: 0

ANSWER CHOICES	RESPONSES	
Male	15.44%	21
Female	82.35%	112
Prefer not to answer	2.21%	3
Other (please specify)	0.00%	0
TOTAL		136

Q19: Age?

Answered: 136 Skipped: 0



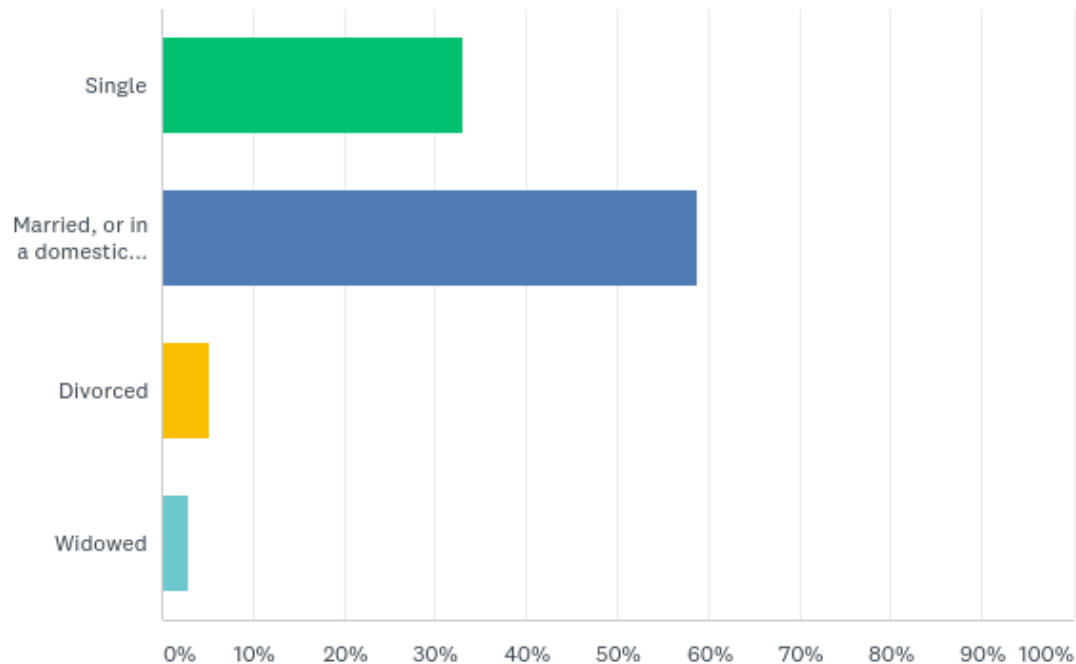
Q19: Age?

Answered: 136 Skipped: 0

ANSWER CHOICES	RESPONSES	
19 years or younger	0.74%	1
20-34	36.76%	50
35-44	24.26%	33
45-54	11.03%	15
55-64	15.44%	21
65 years or older	11.76%	16
TOTAL		136

Q20: Are you

Answered: 136 Skipped: 0



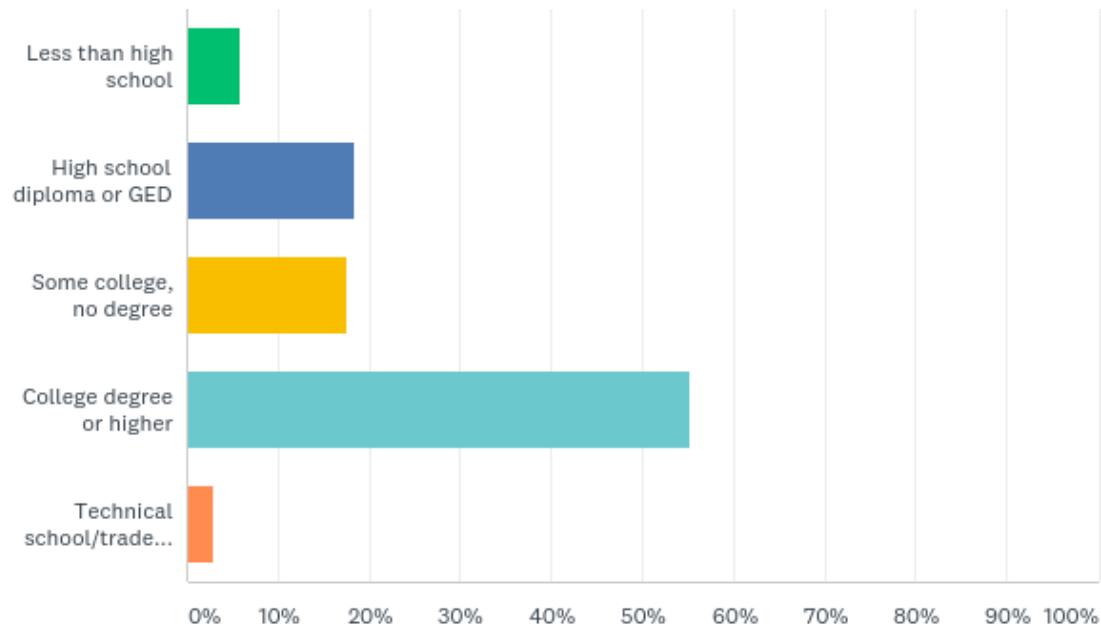
Q20: Are you

Answered: 136 Skipped: 0

ANSWER CHOICES	RESPONSES	
Single	33.09%	45
Married, or in a domestic partnership	58.82%	80
Divorced	5.15%	7
Widowed	2.94%	4
TOTAL		136

Q21: Education

Answered: 136 Skipped: 0



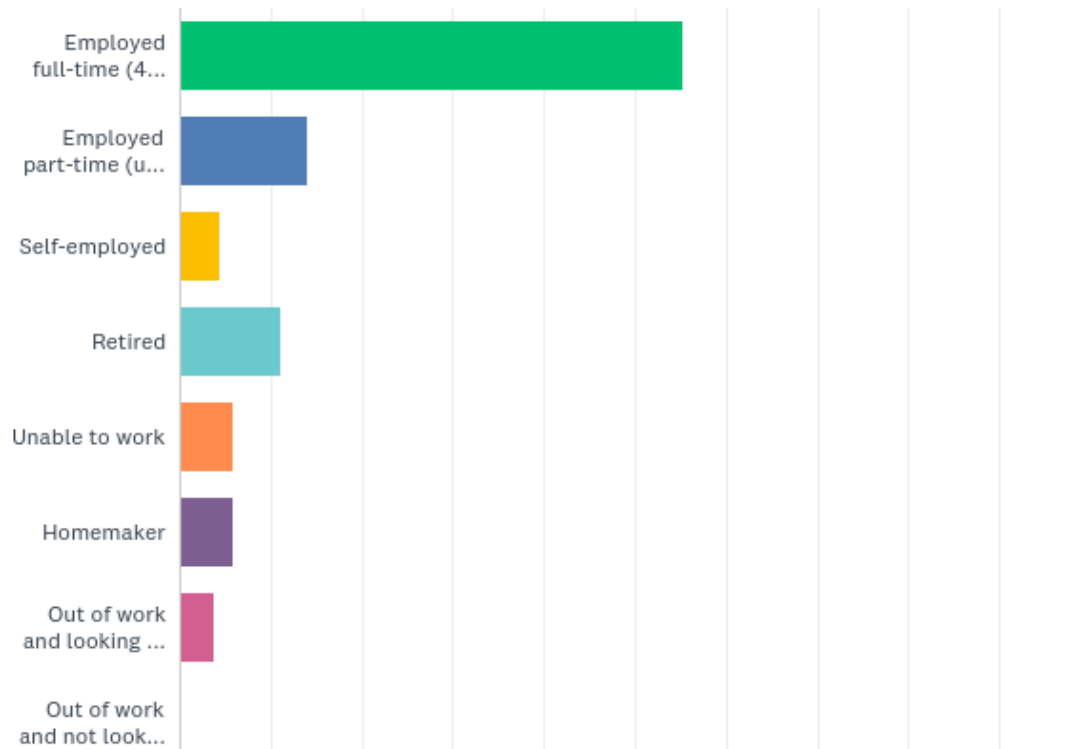
Q21: Education

Answered: 136 Skipped: 0

ANSWER CHOICES	RESPONSES	
Less than high school	5.88%	8
High school diploma or GED	18.38%	25
Some college, no degree	17.65%	24
College degree or higher	55.15%	75
Technical school/trade school	2.94%	4
Total Respondents: 136		

Q22: Employment (choose only one please)

Answered: 136 Skipped: 0



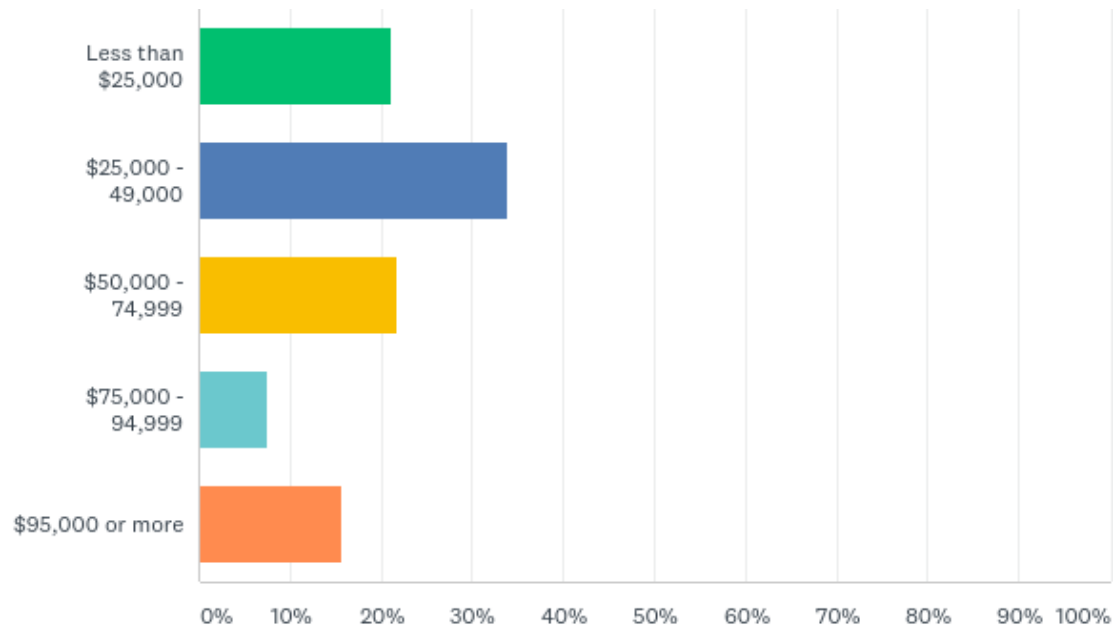
Q22: Employment (choose only one please)

Answered: 136 Skipped: 0

ANSWER CHOICES	RESPONSES	
Employed full-time (40 hours per week or more)	55.15%	75
Employed part-time (up to 39 hours per week)	13.97%	19
Self-employed	4.41%	6
Retired	11.03%	15
Unable to work	5.88%	8
Homemaker	5.88%	8
Out of work and looking for work	3.68%	5
Out of work and not looking for work	0.00%	0
College Student	0.00%	0
TOTAL		136

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

Answered: 133 Skipped: 3



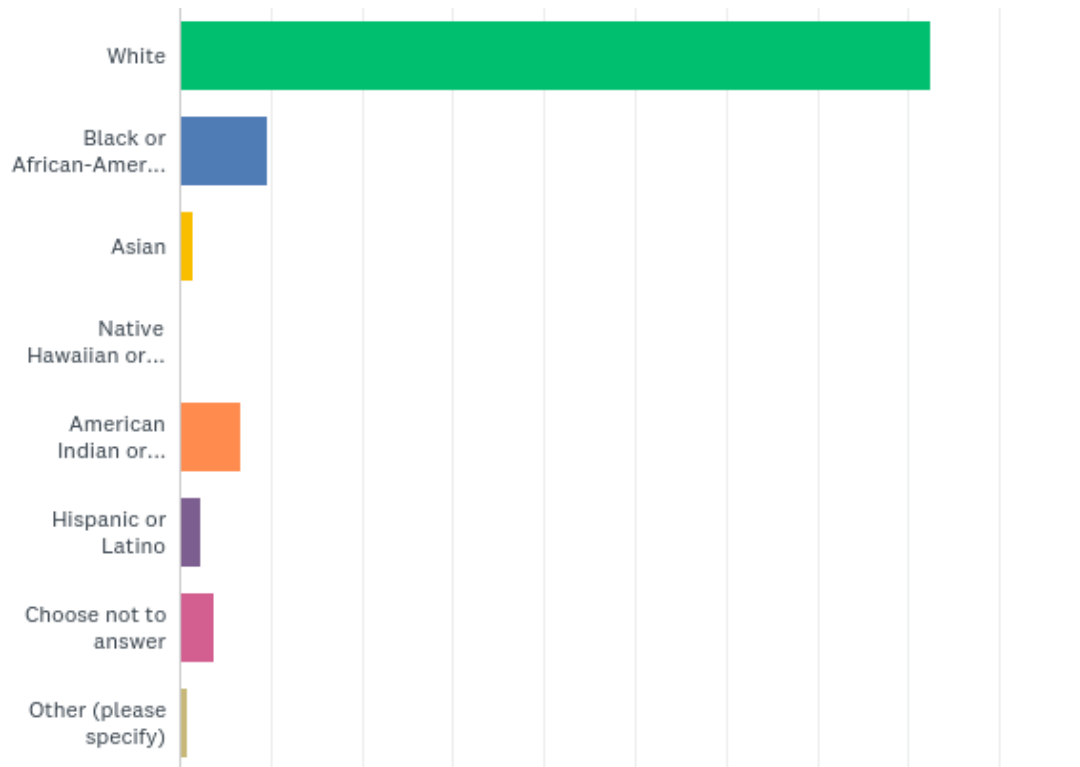
Q24: Please select the total amount of money your household makes each year

Answered: 133 Skipped: 3

ANSWER CHOICES	RESPONSES	
Less than \$25,000	21.05%	28
\$25,000 - 49,000	33.83%	45
\$50,000 - 74,999	21.80%	29
\$75,000 - 94,999	7.52%	10
\$95,000 or more	15.79%	21
Total Respondents: 133		

Q25: Are you (check all that apply):

Answered: 136 Skipped: 0



Q25: Are you (check all that apply):

Answered: 136 Skipped: 0

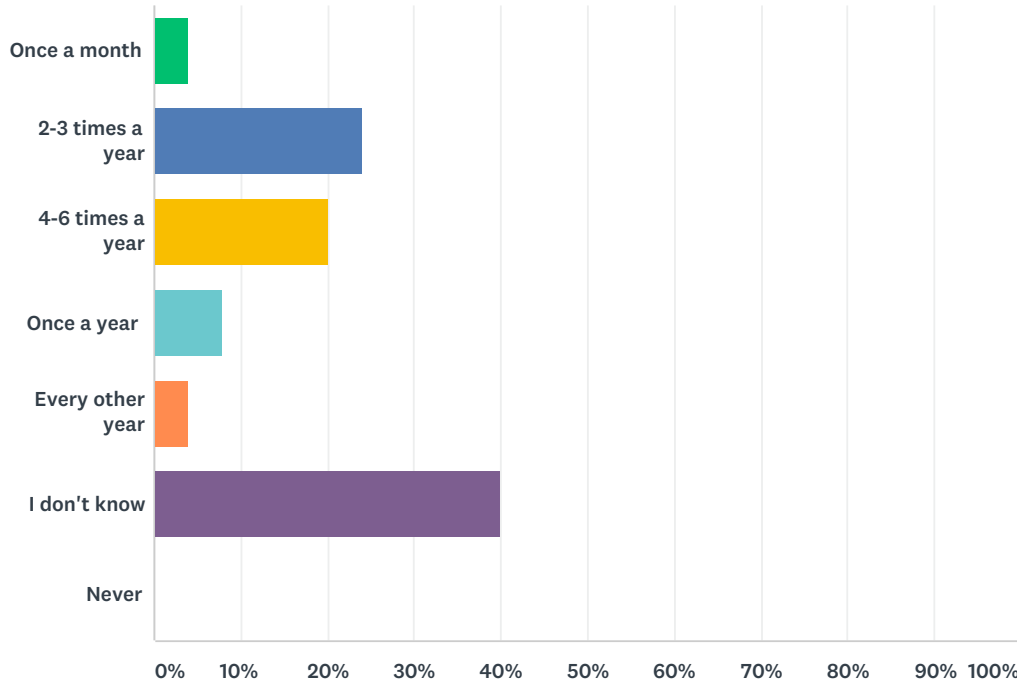
ANSWER CHOICES	RESPONSES	
White	82.35%	112
Black or African-American	9.56%	13
Asian	1.47%	2
Native Hawaiian or Other Pacific Islander	0.00%	0
American Indian or Alaska Native	6.62%	9
Hispanic or Latino	2.21%	3
Choose not to answer	3.68%	5
Other (please specify)	0.74%	1
Total Respondents: 136		

APPENDIX D

Community Survey Results

Q1 In general, does the population you work with go to a doctor or clinic:

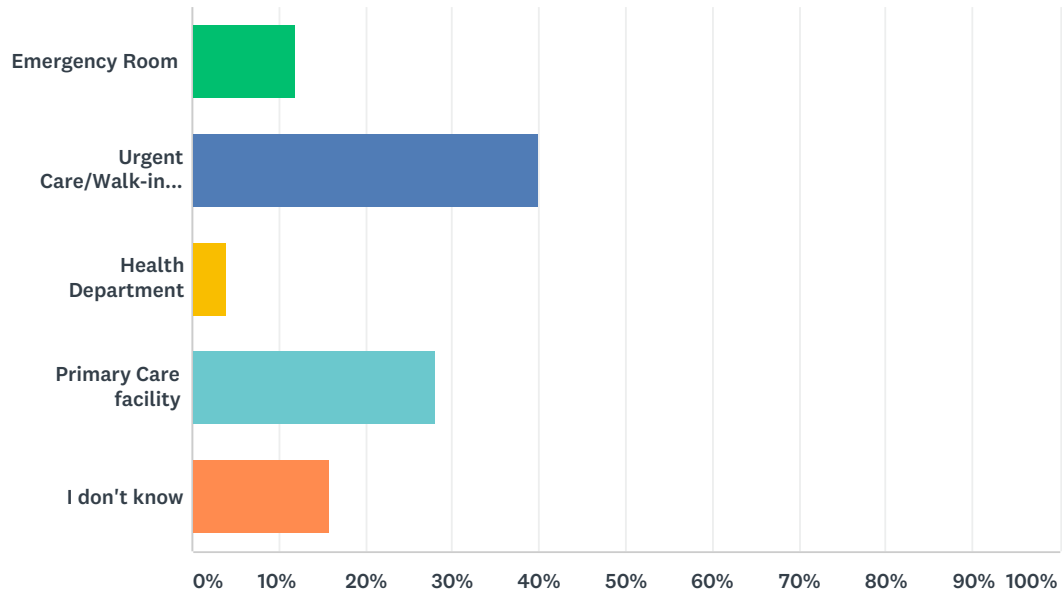
Answered: 25 Skipped: 0



ANSWER CHOICES	RESPONSES	
Once a month	4.00%	1
2-3 times a year	24.00%	6
4-6 times a year	20.00%	5
Once a year	8.00%	2
Every other year	4.00%	1
I don't know	40.00%	10
Never	0.00%	0
TOTAL		25

Q2 In your opinion, where does the population you serve go for healthcare?

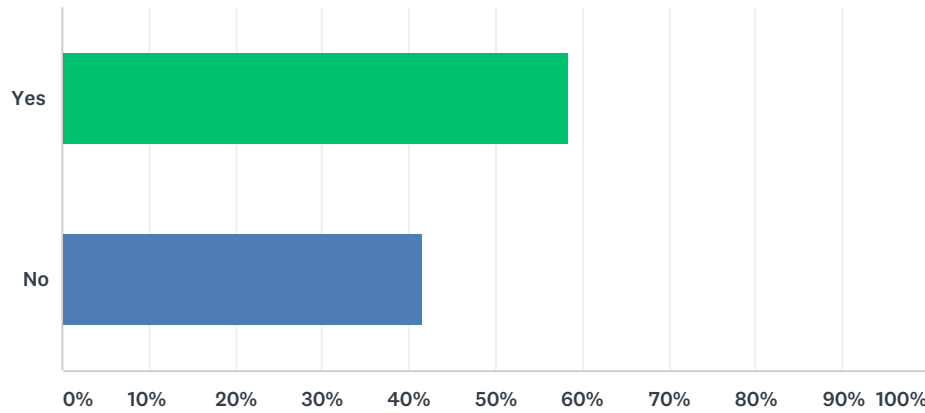
Answered: 25 Skipped: 0



ANSWER CHOICES	RESPONSES	
Emergency Room	12.00%	3
Urgent Care/Walk-in Clinic	40.00%	10
Health Department	4.00%	1
Primary Care facility	28.00%	7
I don't know	16.00%	4
TOTAL		25

Q3 Does the population you serve have health insurance?

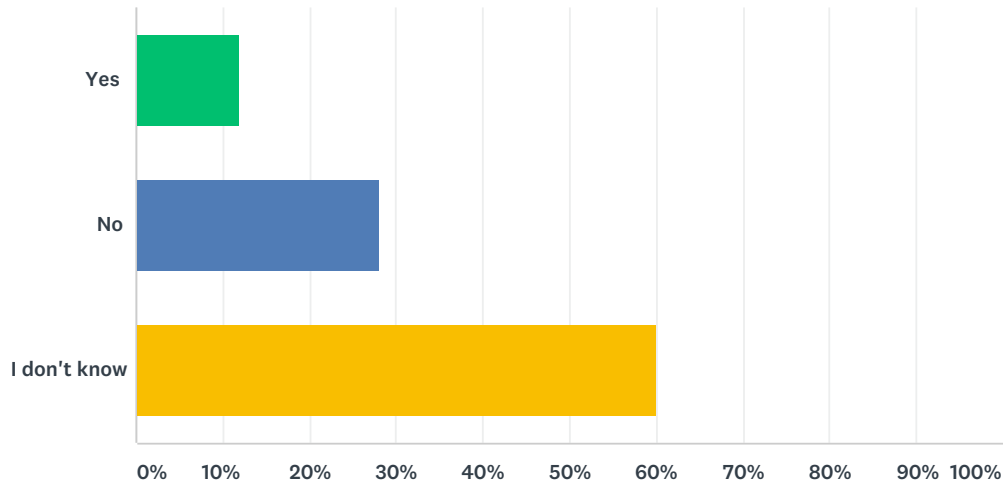
Answered: 24 Skipped: 1



ANSWER CHOICES	RESPONSES	
Yes	58.33%	14
No	41.67%	10
TOTAL		24

Q4 Does the population you serve have vision insurance?

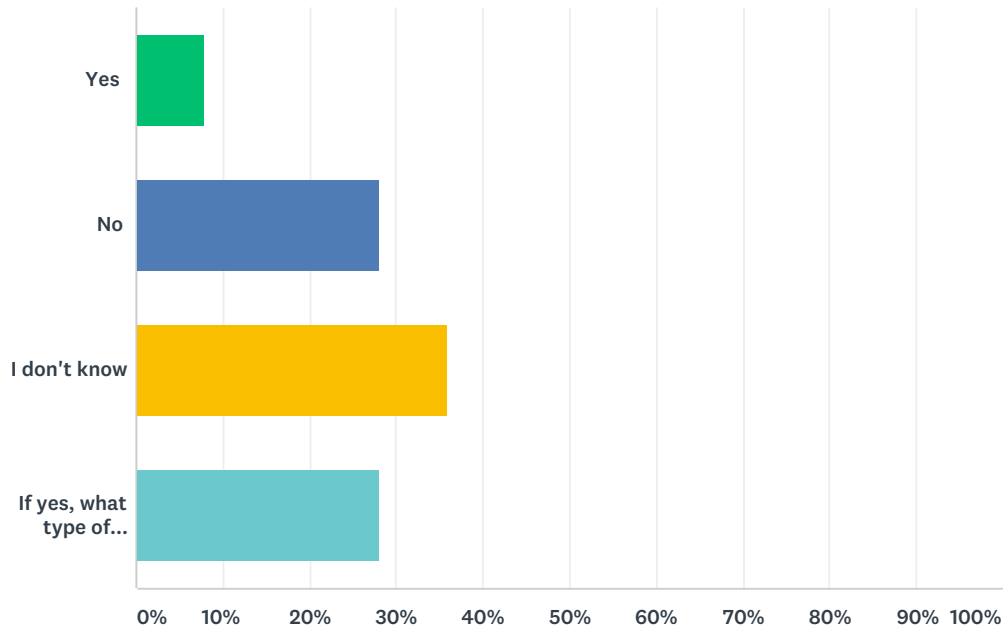
Answered: 25 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	12.00%	3
No	28.00%	7
I don't know	60.00%	15
TOTAL		25

Q5 Does the population you serve have dental insurance?

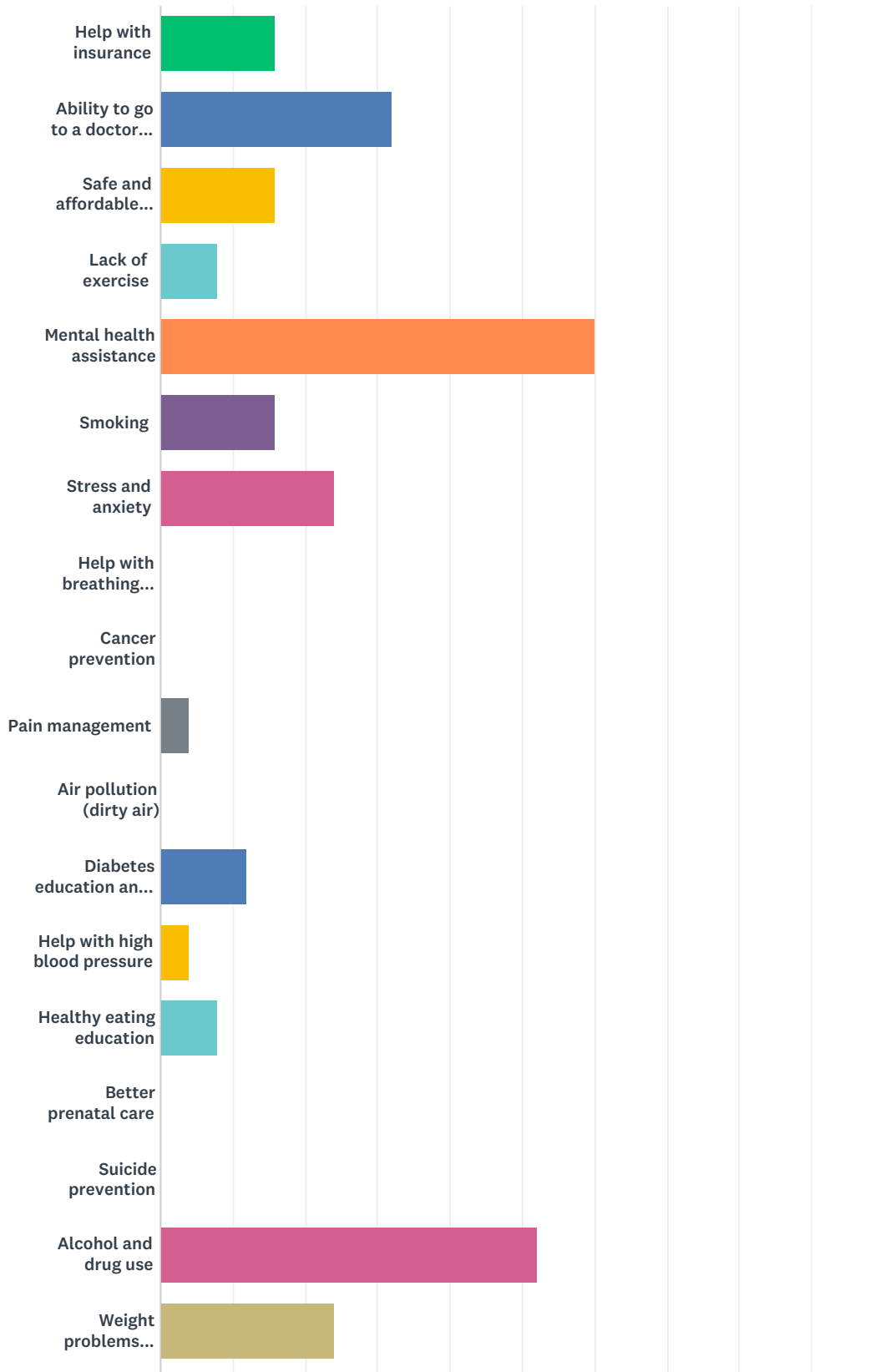
Answered: 25 Skipped: 0



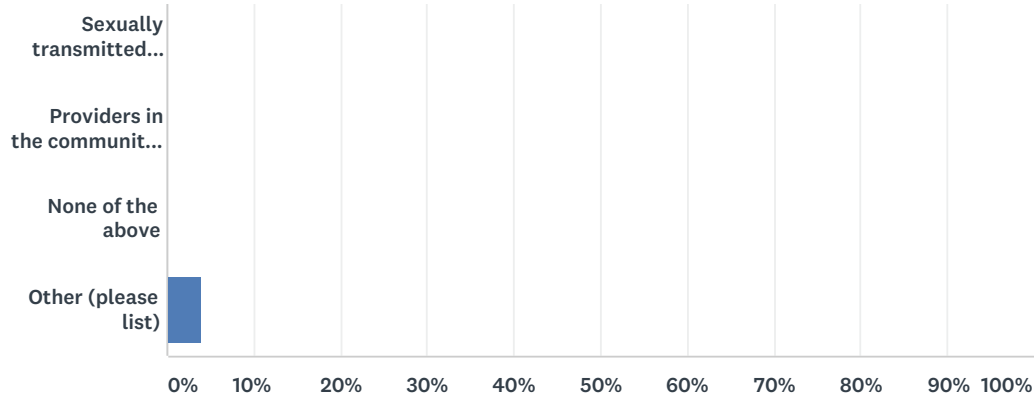
ANSWER CHOICES	RESPONSES	
Yes	8.00%	2
No	28.00%	7
I don't know	36.00%	9
If yes, what type of insurance is most prevalent?	28.00%	7
TOTAL		25

Q6 What are the 3 biggest health problems in our community? (choose 3)

Answered: 25 Skipped: 0



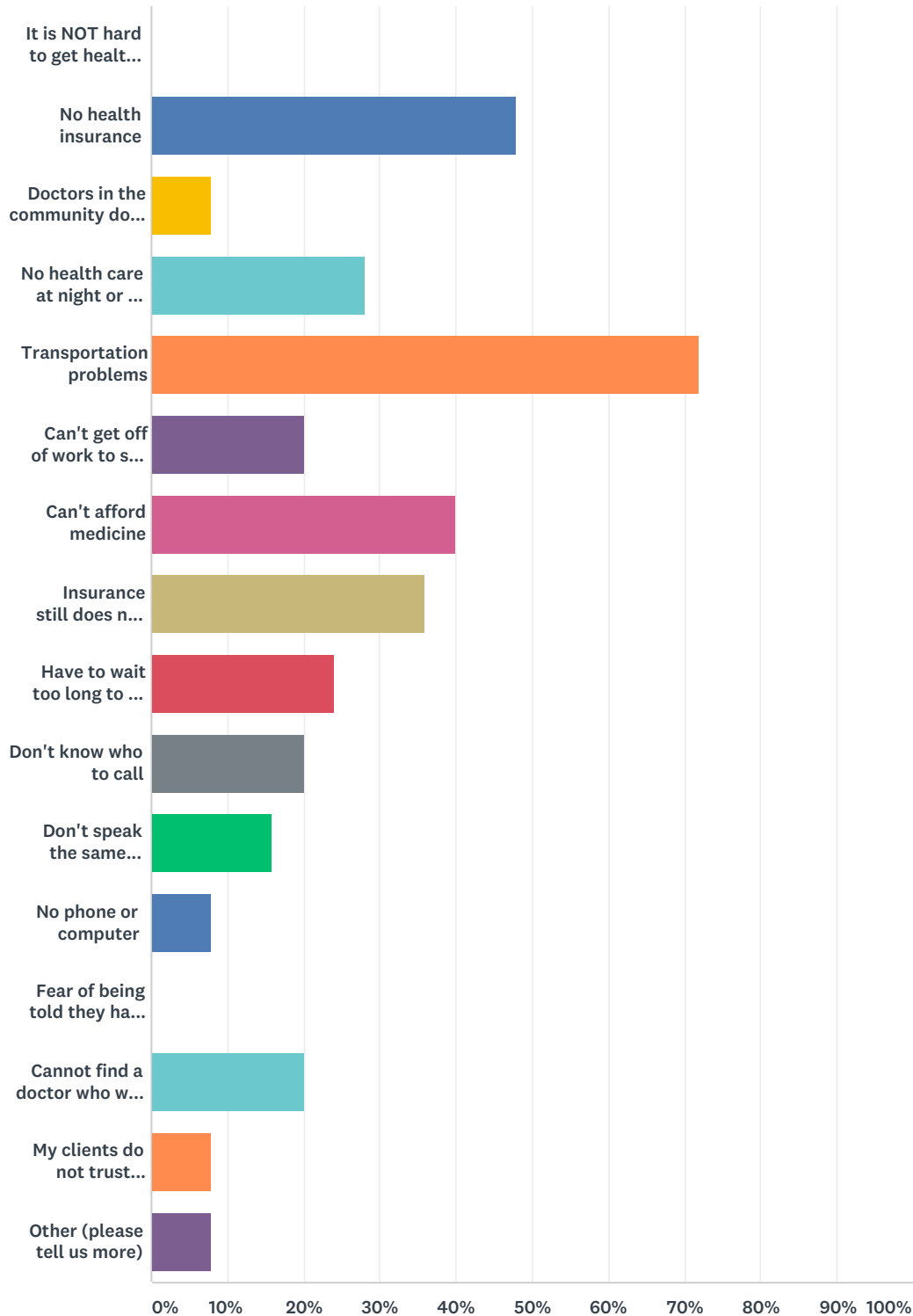
Cass County Community Health Key Stakeholder Survey 2018



ANSWER CHOICES	RESPONSES	
Help with insurance	16.00%	4
Ability to go to a doctor when you need to	32.00%	8
Safe and affordable housing	16.00%	4
Lack of exercise	8.00%	2
Mental health assistance	60.00%	15
Smoking	16.00%	4
Stress and anxiety	24.00%	6
Help with breathing problems (asthma, COPD, etc.)	0.00%	0
Cancer prevention	0.00%	0
Pain management	4.00%	1
Air pollution (dirty air)	0.00%	0
Diabetes education and support	12.00%	3
Help with high blood pressure	4.00%	1
Healthy eating education	8.00%	2
Better prenatal care	0.00%	0
Suicide prevention	0.00%	0
Alcohol and drug use	52.00%	13
Weight problems (over-weight or eating disorders)	24.00%	6
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)	4.00%	1
Total Respondents: 25		

Q7 What makes it hard for people to get health care? (choose as many as you need to)

Answered: 25 Skipped: 0



ANSWER CHOICES

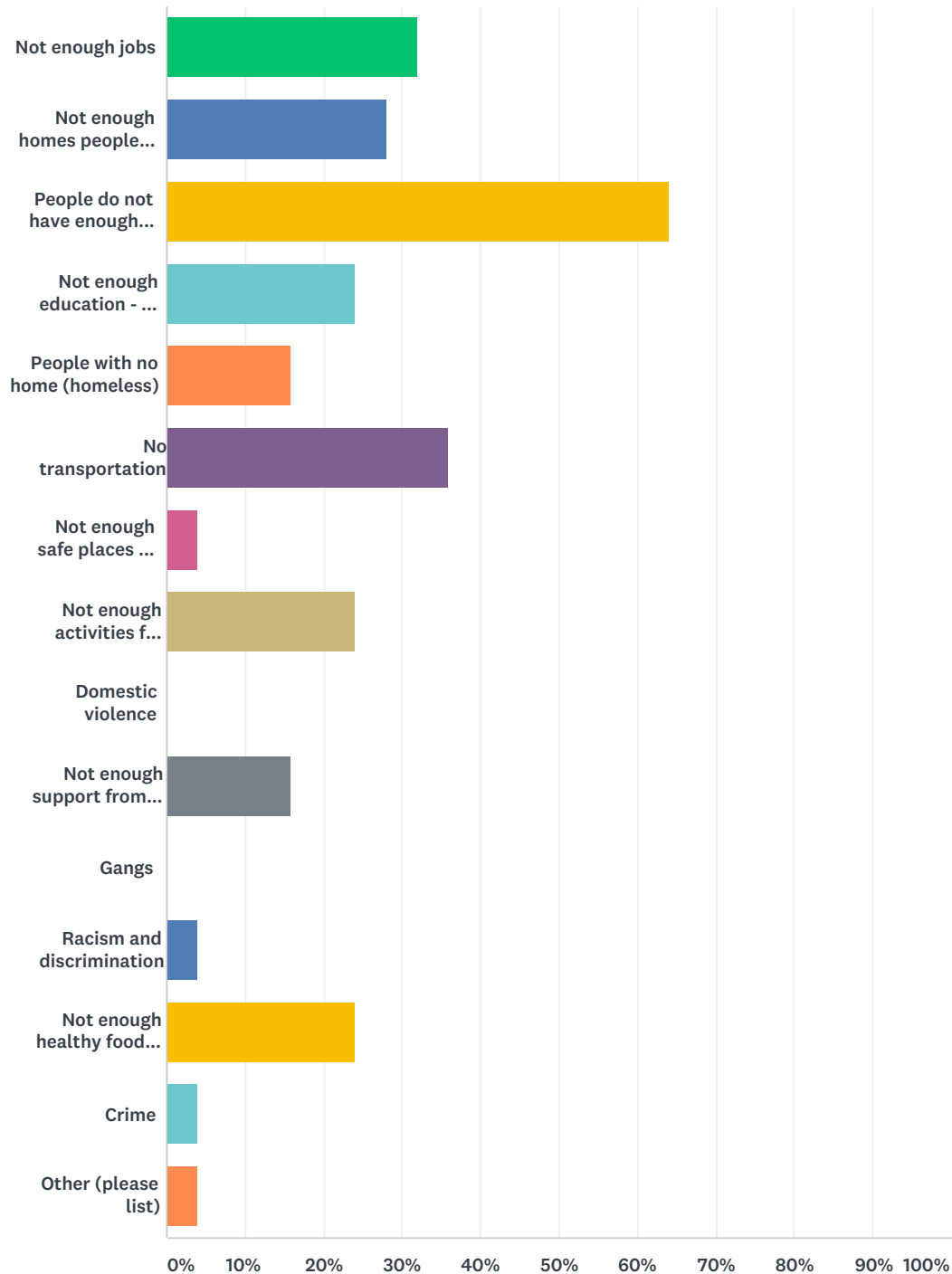
RESPONSES

Cass County Community Health Key Stakeholder Survey 2018

It is NOT hard to get health care	0.00%	0
No health insurance	48.00%	12
Doctors in the community don't take the insurance my clients have	8.00%	2
No health care at night or on weekends	28.00%	7
Transportation problems	72.00%	18
Can't get off of work to see a doctor	20.00%	5
Can't afford medicine	40.00%	10
Insurance still does not pay for all bills	36.00%	9
Have to wait too long to get an appointment	24.00%	6
Don't know who to call	20.00%	5
Don't speak the same language	16.00%	4
No phone or computer	8.00%	2
Fear of being told they have something serious	0.00%	0
Cannot find a doctor who will see them	20.00%	5
My clients do not trust providers in the community	8.00%	2
Other (please tell us more)	8.00%	2
Total Respondents: 25		

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

Answered: 25 Skipped: 0



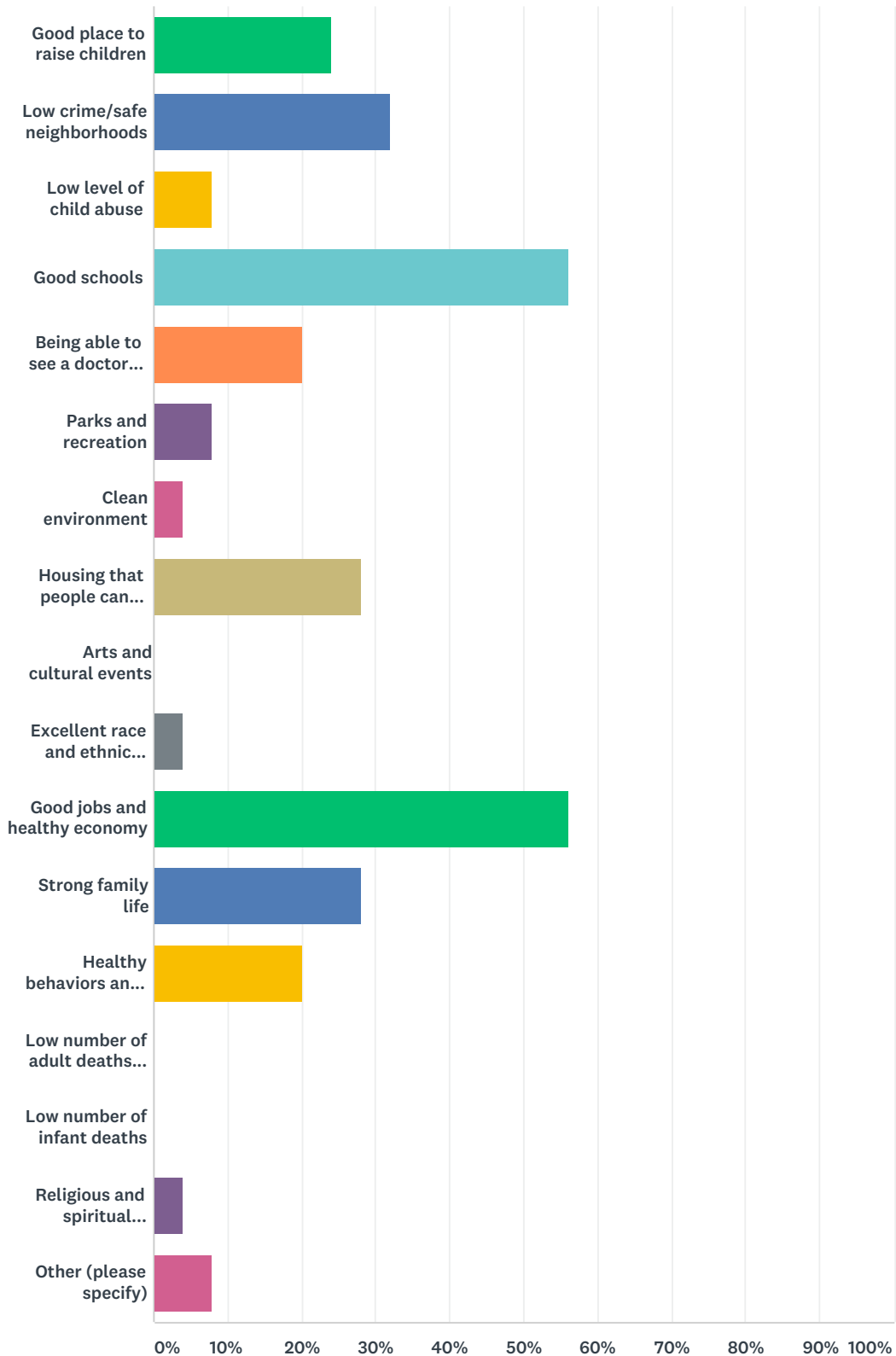
ANSWER CHOICES	RESPONSES	
Not enough jobs	32.00%	8
Not enough homes people can afford	28.00%	7

Cass County Community Health Key Stakeholder Survey 2018

People do not have enough money to live	64.00%	16
Not enough education - not finishing high school	24.00%	6
People with no home (homeless)	16.00%	4
No transportation	36.00%	9
Not enough safe places to walk and to exercise	4.00%	1
Not enough activities for younger people	24.00%	6
Domestic violence	0.00%	0
Not enough support from friends and family	16.00%	4
Gangs	0.00%	0
Racism and discrimination	4.00%	1
Not enough healthy food people can afford	24.00%	6
Crime	4.00%	1
Other (please list)	4.00%	1
Total Respondents: 25		

Q9 Which three items makes a "healthy community?" (please choose 3)

Answered: 25 Skipped: 0

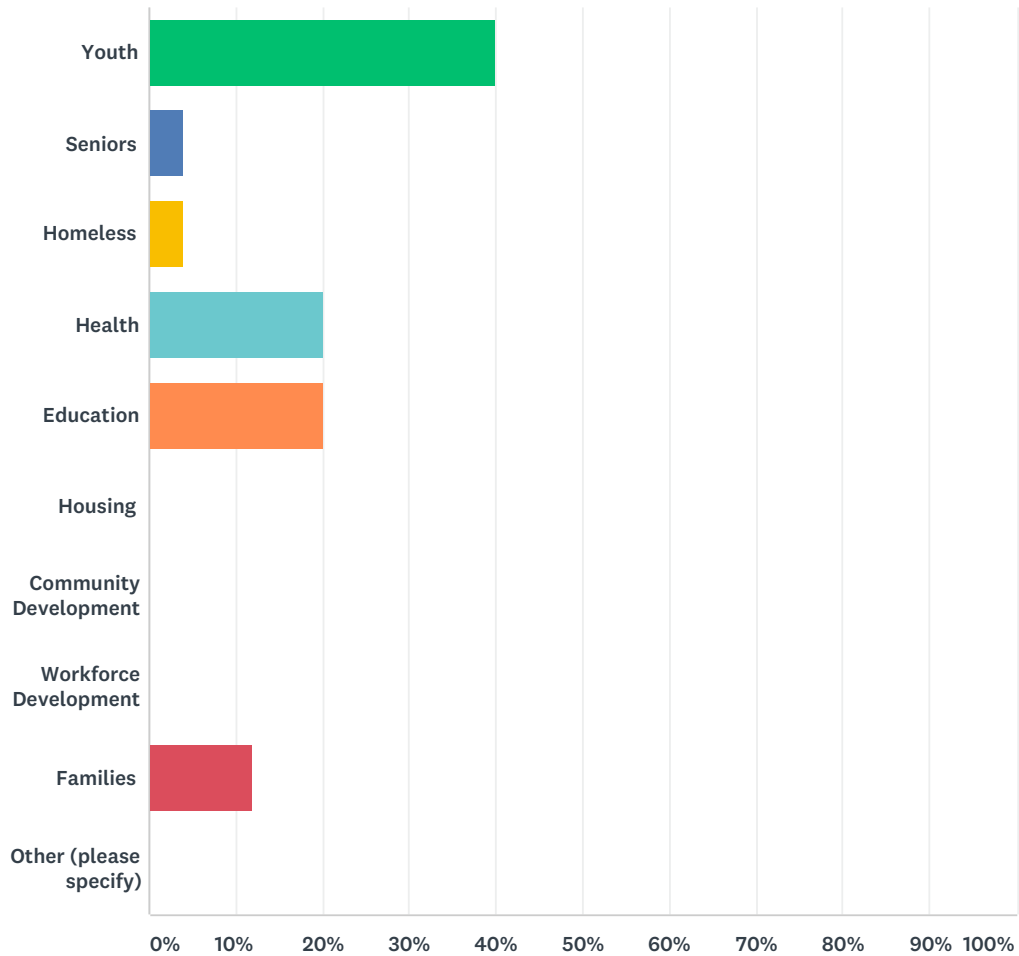


Cass County Community Health Key Stakeholder Survey 2018

Good place to raise children	24.00%	6
Low crime/safe neighborhoods	32.00%	8
Low level of child abuse	8.00%	2
Good schools	56.00%	14
Being able to see a doctor easily	20.00%	5
Parks and recreation	8.00%	2
Clean environment	4.00%	1
Housing that people can afford	28.00%	7
Arts and cultural events	0.00%	0
Excellent race and ethnic relations	4.00%	1
Good jobs and healthy economy	56.00%	14
Strong family life	28.00%	7
Healthy behaviors and lifestyles	20.00%	5
Low number of adult deaths and diseases	0.00%	0
Low number of infant deaths	0.00%	0
Religious and spiritual values	4.00%	1
Other (please specify)	8.00%	2
Total Respondents: 25		

Q10 What is the primary population you serve?

Answered: 25 Skipped: 0



ANSWER CHOICES	RESPONSES	
Youth	40.00%	10
Seniors	4.00%	1
Homeless	4.00%	1
Health	20.00%	5
Education	20.00%	5
Housing	0.00%	0
Community Development	0.00%	0
Workforce Development	0.00%	0
Families	12.00%	3
Other (please specify)	0.00%	0
TOTAL		25

Q11 Service Area Zip Code

Answered: 24 Skipped: 1

Q12 Organization Name (optional)

Answered: 10 Skipped: 15

APPENDIX E

Cass County Asset Mapping Activity Summary

Asset Mapping Results

The following were the assets identified by this key stakeholder team:

Economic & Work Environment

- Housing prices
- Cost of living
- Rent start-up
- Credit
- Credit counseling
- Industry
 - Postbe Extrusion
 - Lyon's
 - K&M Manufacturing
 - Ameriwood
 - Hospital
 - College
 - Schools
- Nursing Home
- 3.5% Unemployment
- Pokagon's
- Local opportunities for completing education
- Farming
- Retail-robust and diverse
- Small and family owned businesses
- Fitch Camp
- Close to South Bend/Metropolitan areas in Indiana
- Large farming community
- Lake/summer tourism
- Job availability (PT)
- Active Chamber of Commerce
- Lively/Full Downtown storefronts (Dowagiac)
- Pokagon influence (grants, casinos, tourism, community/tribe support)
 - Investment in community
 - Job training and internships
- Southwestern Michigan College (partnering in education, raises community talent and employment readiness, large employer)

- Michigan Works!/Kinexms
 - WIOA Program
 - Apprenticeship Program
 - Vocational Rehab Program
 - Mitalent.org
- State of Michigan Agriculture Program
 - Migrant Population
- Chamber of Commerce
- Hospital
- Local Businesses
- Casino
- Tourism
- College
- Location to other employers/employment (close to urban areas)
- Lack of livable wage employment opportunities (noted to add to gaps and needs list)

Service Environment

- Health Department Dental Program (large, mobile & large clinic)
- Hearing & vision, immunizations, sexually transmitted infections, health promotion
- Hospital (Emergency)
- Cass family Clinic (FQHC) – home visiting
- Council on Aging
 - Adult day program
 - Homecare
 - Support groups
 - Home delivered meals,
 - Community resource officer
- Woodlands Behavioral Health
- Pokagon Health Services
 - Dental
 - Vision
 - Wellness
 - Pharmacy
 - Behavioral Health
 - Transportation
 - Community outreach
- Pharmacies
- Quality Pre-Schools
 - GSRP-PAT Program
 - HeadStart
 - Home-based Center
 - Pokagon Early Learning Center
 - GSC-very active
 - EarlyOn
- Pokagon Education Department and Social Services Dept.

- Strong local school district & pathway from 0-12th grade
- Dual-Enrollment programs
- Good career technical education (CTF)
- Early college credit
- Educational leadership establishes a culture of holistic approaches to education/collaboration for students
- Integrated care/collaborative efforts between health care providers
- Great HSCC
- Hospital
- County Clinic
- County dental
- Indian Health Services (all services)
 - Indian Mental Health Services
- Woodlands Mental Health
- Dowagiac Schools
 - Bilingual program
 - Migrant program
 - Adult/ESL Program
- Monthly Human Service Council (Key Stakeholder Meeting)
- Library (county-wide)
- Infant mortality taskforce
- Lewis-Cass
- Great Start
- HeadStart
- Pokagon/Early Childhood
- Healthcare
 - Easy access to health care – Dowagiac, Cass, Niles
 - School care – nurses – Dowagiac, Edwardsburg, ISD
 - Dental Program – Strong/Many Services
 - Hospital in Cass County
 - Chiropractic Care – Available
- Education
 - Adult education programs – Dowagiac, Cass, Jail
 - Counselors in all CC schools
 - Facilities in good condition
 - Community college in CC-Dual enrollment
 - Educator's trained in social/emotional issues
 - Pokagon Band-Educational services and HeadStart
 - Tri-County HeadStart
 - Faith-Based Childcare
 - MSU Hep-B
- Social Services
 - Woodlands
 - Shepard's House
 - Pokagon Band Services

- Commission on Aging
- Telemon
- Action and other Food Pantries
- DHS
- Transportation impacts all above
- CASA
- Goodwill Businesses
- United Way
- Michigan Works!
- Michigan Department of Civil Rights
- Home visiting program
 - Elderly/children
- Disability Network
- Children's Special Healthcare Services
- WIC (county-wide)
- L.A.D.D.
- Department of Health and Human Service
- Salvation Army
 - Church Organizations
 - Food Banks
 - ER Assistance
 - Clothes
 - Transportation

Social Environment

- Tribal police/Tribal courts
- Southwest Michigan Migrant Resource Council (26 agencies)
- Community Resource Officer (Dowagiac) (other city?)
- Outreach Borgess-Lee other agencies & hospitals
- Bilingual program (ESL/GED) School/adult education
- Social Services Pokagon (ER) assistance
- Cass County Council Area
- Billboards Tribal Members Early Childhood Education
- Michigan Department of Civil Rights
- Cass County – Judge Dobrich – Women's Substance Abuse Pokagon
- Community Mental Health – Higher risk – funding from Medicaid
- Domestic (DASAS) Violence Shelter and Groups
- Pokagon Domestic Violence Advocate – Legal, Financial
- Michigan Works! – Disability Network services
- Sorority -Service Group
- Churches (247)
- 2 McDonald's Coffee klatches
- Commission on Aging Programming
- CASA
- County-wide festivals

- Public safety services – excellent – serve as referral services
- DASAS
- St. Deny's Gateway, School, College, Hospital, Pokagon Foundations
- Local Business – Social Service Support
- AA and NA groups
- Drug Court
- Young sports and activities
- 5-star program
- Meet up and Eat up – Food Programs for Kids
- Pack a Back Community
- Summer Migrant Program
- MSC Hep
- Commission on Aging
 - 5 different support groups
 - Dementia support group
 - Diabetes
 - Stroke
 - Parkinson's
 - Grief
 - Adult Day Program
 - For adults with cognitive disorder
 - Adults value investing and putting their wisdom/experience to use
- Strong intergenerational support within families
- Strong tribal presence that advocates for the native people and want to collaborate
- Tribal leadership certificates @SWMI College
- Tribal language courses offered at schools
- Strong community supports for schools (ex: by millage)
- Culturally diverse, and accepting
- Strong investment in older adults and young children

Physical Environment

- Farming (local food)
 - Veggies
 - Hogs/Cattle
 - Greenhouses
- New Electrical Company with focus on solar power
- Air quality is good
- Good water quality
- Michigan National Guard
- Internet
- DNR-Pokagon
- Lake Tourism
- Resorts
- Trail System
- Waterways-Lakes/Rivers

- Parks
- Non-Municipal Water
- Dial-a-Ride
- Regional Amtrak Hub/Stop
- Airport
- Variety of churches/buildings
- Proximity to Indiana
- Community Resource Center – Pokagon
- Space for festivals
- COA Walking track
- COA Community space
- General sharing of space
- College shares gym memberships