



**Ascension
Borgess Hospital**

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

Kalamazoo County, Michigan

Ascension Borgess Hospital
1521 Gull Rd
Kalamazoo, MI 49048

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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 of them 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 Hospital (ABH) conducted a community health data collection and assessment process. Upon completion of the data collection ABH will develop an Implementation Plan. The population assessed was Kalamazoo County. The first CHNA developed by ABH 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 CHNA (2019) is the foundation and purpose of this report and will be published in 2019.

IDENTIFICATION AND PRIORITIZATION OF NEEDS

The CHNA process identified many needs within the community. During the collaborative process with stakeholders, they determined the priority area of Racism and Discrimination as an overarching issue that directly impacts all the other priority areas. The following needs were identified as the most pressing and are cited in order of priority.

1. Racism and Discrimination
2. Living Wage to Afford (Housing, Childcare, Transportation and Healthy Food)
3. Mental Health Assistance and Access
4. Access to Primary Care Providers

COMMUNITY HEALTH IMPROVEMENT PLAN DEVELOPMENT

Over the next several months, ABH 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

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 and 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(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 was 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 ABHS 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

Situated in southwest Michigan, halfway between Chicago and Detroit, Kalamazoo County is home to both Stryker Medical, one of the world's leading medical technology companies, and a large manufacturing division of Pfizer Pharmaceuticals. Kalamazoo also enjoys the presence of Western Michigan University, the state's fourth-largest public university that includes a school of nursing and a privately funded medical school named Western Michigan University Homer Stryker School of Medicine; Kalamazoo College, one of the oldest private schools in the country; as well as Kalamazoo Valley Community College with nursing and medical technician programs.

ABH will submit the 2019 CHNA with a focus on the community served by the hospital as depicted in the map to the right. The majority of ABH patients reside in the service areas shown in Figure 1.

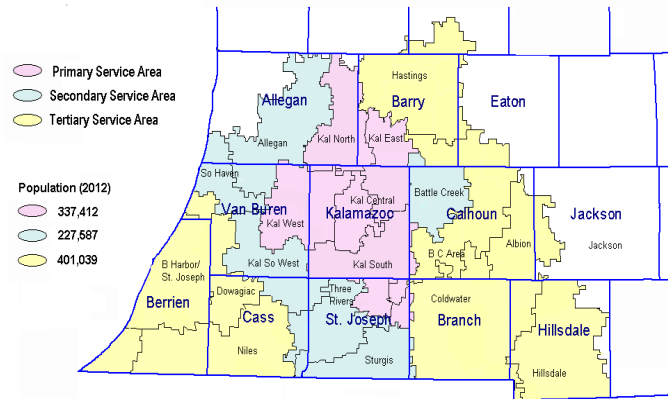


Figure 1. Ascension Borgess Health Primary, Secondary and Tertiary Service Areas

ASCENSION BORGESS HEALTH CONTINUUM OF CARE FACILITIES

Ascension Borgess Hospital – a 422-bed tertiary care hospital and flagship of 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 Ascension Borgess Health inpatient and outpatient services are provided at Borgess Medical Center.

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 Living – a 101-bed skilled nursing and short-stay rehabilitation facility.

Ascension Borgess Medical Group – a multidisciplinary group of 189 physicians and 177 midlevel providers with practice locations throughout southwest Michigan (excludes hospital based).

COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS

DATA COLLECTION AND ANALYSIS

ABH 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.

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 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 <i>(better than state average)</i>	Kalamazoo County Average	Michigan Average	AREAS WHERE ATTENTION IS NEEDED <i>(worse than state average)</i>	Kalamazoo County Average	Michigan Average
Number of Recreation and Fitness Facilities <i>(per 100,000 Pop)</i>	8.79	7.97	People 65+ Living Alone	30.2%	28.1
Estimated Adults Drinking Excessively <i>(Age-Adjusted Percentage)</i>	17.1%	18.9%	Single Parent Households	36.5%	34.3%
Percent Population Smoking Cigarettes <i>(Age-Adjusted percentage)</i>	18.4%	20.1%	Substantiated Child Abuse Rate <i>(per 1,000 Children)</i>	29.7	16.3
Percent with Severe Housing Problems	15.9%	16.4%	Death Rate Due to Opioid Related Drug Poisoning <i>(Per 100,000 Pop.)</i>	8.1	6.5
Percent of Adults with Adequate Fruit and Vegetable Consumption	16.2%	-	Violent Crime Rate <i>(Per 100,000 Pop)</i>	458.1	443.9
Percent of Adults Who are Sedentary	20.8%	-	Air Pollution due to Particulate Matter <i>(micrograms per cubic meter)</i>	10.5	8.7
Percent of Children with Food Insecurity	14.3%	16.3%	Incidence of Chlamydia Infections <i>(per 100,000 Pop)</i>	800	462.9
Percent Vacant Housing Units	8.01	14.88%	Percent of adults with BMI> 30.0	35%	31.4%
Percent People Age 25+ with High School Degree or Higher	93.6%	89.9%	Percent Population with Low Food Access	32.32%	22.79%
Percent People Age 25+ with Bachelor's Degree or Higher	37.21%	28.08%	Total SNAP Retailers <i>(Average per county)</i>	8.83	10.07

Primary Care Provider Rate <i>(Per 100,000 Pop)</i>	98	79.7	Access to Dentists <i>(Per 100,000 Pop)</i>	64.93	70.2
Percent Uninsured Population	6.95%	7.16%	Percent Adults with Routine Checkup in the Past 1 Year	66%	72.8%
Cancer Incidence Rate <i>(Per 100,000 Pop)</i>	113.5	123.4	Percent Children Likely Ineligible for Food Assistance	33%	31%
Percent Population Receiving SNAP Benefits	13%	15.1%	Percent Population in Poverty	16.72	15.58%
Mortgage Lending Loan Originations Rate <i>(Per 100,000 Pop)</i>	224.54	193.24			

Table 2: Areas of Strength and Challenge
Sources: Community Commons; County Health Rankings; Community Commons, ConduitHCI through Bronson

CONTRIBUTING PARTNERS IN COLLABORATION

In the initial stages of the CHNA process, Ascension Borgess Hospital, Bronson Healthcare, and Kalamazoo County Health and Community Services (KCHCS) formed a community planning workgroup. Bronson Hospital, the neighboring Kalamazoo hospital provider, is currently conducting a separate CHNA for its organization, as they are required to submit their CHNA report in December 2019, with an implementation plan to follow in early 2020. Even with differing and separate timelines, both hospitals and the KCHCS made every effort to collaborate in the Kalamazoo CHNA process to create a report for ABH and KCHCS to use to meet their respective CHNA requirements.

The community planning workgroup attempted to be transparent in the CHNA process by sharing data, resources, and together, they convened a mutual group of stakeholders to form the Kalamazoo CHNA Key Stakeholder Workgroup. The CHNA planning workgroup drafted a Guiding Principle as a shared vision and foundation for the process and it was shared with the Stakeholder Group where it was discussed, approved and adopted.

Guiding Principle:

We know, and will not ignore, the inequities in the institutional, social, and living conditions that ultimately impact the overall health disparities of our community.

As collaborating community health partners, we will:

- Ensure our shared decision making is through a health equity lens
- Incorporate evidence-based methods and processes
- Focus our strategies on upstream social determinants of health

The planning workgroup met frequently to prepare for the Workgroup meetings which met six times between November 2018 and May 2019 during the assessment process. ABH would like to recognize Bronson Healthcare and the Kalamazoo County Health and Community Services, the local governmental public health entity, for their valuable input and expertise throughout the process.

Ascension Borgess 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 CHNA process. MiHIA was brought into the process to conduct data collection and analysis, report the findings to the Key Stakeholder Workgroup, facilitate the discussion and health issue prioritization process and to produce the 2019 CHNA report.

Members of the stakeholder workgroup are listed below:

- Adrian Vasquez-Alatorre, Hispanic American Council*
- Aliisa Lahti, ERACCE*
- Alyssa Stewart, United Way*
- Andrew Chaponda, Truth and Racial Healing*
- Artrella Cohn, Communities in Schools*
- Becky Cross, Ascension Borgess Medical Group
- Ben Leverette, Local Initiatives Support Corporation*
- Beth Washington, Bronson Healthcare
- Bryan Ergang, Kalamazoo Township Public Safety
- Cheryl Dickson, Western Michigan University Medical School
- Cykeia Lee, Kalamazoo Promise*
- Danielle Sielatycki, Prevention Works
- David Feaster, Kalamazoo Community Foundation*
- Denise Crawford, Family Health Center of Kalamazoo*

- Diana Hernandez, Western Michigan University (Division of Multicultural Affairs)*
- Donna Cassidy, Ascension Borgess-Pipp Hospital
- Elena Mireles-Hill, Kalamazoo Community Foundation*
- Greta Faworski, Kalamazoo Loaves and Fishes*
- Irene Muthui, United Way*
- Jason Luke, KRESA
- Jeff Patton, Kalamazoo County Community Mental Health & Substance Abuse*
- Jennifer Johnson, Kalamazoo Loaves and Fishes*
- Jim Rutherford, Kalamazoo County Health & Community Services*
- JoDee Rolfe, Ascension Borgess Health*
- Katie Reilly, City of Kalamazoo
- Kenny Nichols, Urban Alliance*
- Kevin Ford, City of Kalamazoo
- Lenzy Bell, First United Baptist Church
- Mary Franks, Kalamazoo County Health and Community Services*
- Mary Ellen Gondeck, Sisters of St. Joseph*
- Nathan Nguyen, Western Michigan University (LGBT Student Services)*
- Nkenge Berganna, Kalamazoo Public Schools
- Paige Kyle, Bronson Healthcare
- Rachel Bair, Kalamazoo Valley Community College
- Valerie Koldyke, Bronson Healthcare
- Will Nettleton, Kalamazoo County Health & Community Services*

**The Kalamazoo County CHNA Key Stakeholder Workgroup is made up of many individuals who represent organizations serving the medically underserved, low-income and minority populations of Kalamazoo County.*

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'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 Kalamazoo County: approximately 6% of the total population is uninsured, the same as the 6% average observed at the state level. 54.7% are enrolled in employee plans, 15.9% on Medicaid, 11.9% on Medicare, 11.6% on non-group plans, and 1.1% on VA plans.

The ratios of population to various healthcare providers is listed in the table below. Because of its dense population compared to geographical size, Kalamazoo County has significantly higher numbers of people per provider (primary care, dentists, and mental health care) when compared to the rest of the state. According to the Health Resources Services Administration (HRSA), Kalamazoo County Michigan is designated as a healthcare provider shortage area (HPSA). Although most every health care specialist (i.e. audiologists, cardiologists, rheumatologists, etc.) is represented in Kalamazoo County, the growing population of individuals aged 65 and older has placed a tremendous strain on these professionals and their availability is extremely limited.

According to the 2019 County Health Rankings, Kalamazoo County ranks #1 in clinical care within the state. That does not mean there are not medically underserved persons in the county; it does indicate however that Kalamazoo County residents have more access to healthcare providers than in other areas of the state. Kalamazoo County has a higher percentage of its residents who are uninsured than the state average but does have better physician/patient ratios for both primary care and mental health care providers.

The ratios of population to insurance status and to various healthcare providers is listed in Table 3 below.

	Kalamazoo County	Michigan
Uninsured <i>(percentage)</i>	7%	6%
Medicaid Eligible <i>(percentage)</i>	22%	40%
Primary Care Physicians <i>(ratio)</i>	1,020:1	1,260:1
Dentists <i>(ratio)</i>	1,480:1	1,360:1
Mental Health Care Providers <i>(ratio)</i>	280:1	400:1

Table 3: Kalamazoo County Medically Underserved
Source: 2019 County Health Rankings, Clinical Care and Cloud Database by Caspio

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	Kalamazoo 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 Mortality and Leading Causes of Death
US Census Bureau	2016 Kalamazoo Census estimates and 2017 when available
US Department of Labor	2017 Unemployment Statistics
United Way ALICE Project	2019 Asset Limited Income Constrained Employed Report. Michigan United Way

Table 4: Quantitative Community Health Data Sources

Population and Demographics

Gender

- **Overview:** Population distribution by gender is used to assess differences in the situation of men and women in a given population.
- **Summary:** Kalamazoo County is comprised of 51% females and 49% males. The gender distribution in Kalamazoo County is comparable to the State and National averages.
- **Source:** Health Statistics Update 2017, Kalamazoo County Government, Michigan Department of Health and Human Services, 2017, United States Census Bureau, 2016 estimates

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 Kalamazoo County is comparable to the State and National averages. Kalamazoo County has a slightly higher percentage of 18-44-year old's (40% of the county population,) likely due to the presence of the local academic institution, Western Michigan University. The median age is 35 years.
- **Source:** Health Statistics Update 2017, Kalamazoo County Government, Michigan Department of Health and Human Services, 2017, United States Census Bureau, 2016 estimates

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 Kalamazoo County is comparable to the State and National averages.

Demographics and Population	Kalamazoo County	Michigan
Total Population	262,985	9,962,311
Square miles	561.66	56,538.9
People per square mile	445.7	174.8
Female Population	51.0%	50.8%
Male Population	49%	49.2%
Population below 18 years of age	21.7%	21.8%
Population 65 and older	14.6%	16.7%
Race and Origin	Kalamazoo County	Michigan
White alone	81.5%	79.4%
Black or African American alone	11.7%	14.1%
American Indian and Alaska Native alone	0.5%	0.7%
Asian alone	2.8%	3.2%
Native Hawaiian and Other Pacific Islander alone	0.1%	-
Two or More Races	3.5%	2.4%
Hispanic or Latino	4.9%	5.1%
White alone, not Hispanic or Latino	77.6%	75.2%

Source: Health Statistics Update 2017, Kalamazoo County Government, Michigan Department of Health and Human Services, 2017, United States Census Bureau, 2016 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:** Kalamazoo County's median household dollars is \$51,945 which is lower than the state and 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 US\$25,465. Families making under these thresholds are considered to be living in poverty.
- **Summary:** Kalamazoo County has a higher poverty rate than the national level but is about the same as the State of Michigan.

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 Kalamazoo 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:** Kalamazoo County had a lower percentage of the population with no degree and those who had a high school diploma but had higher rates of those who obtained a bachelor's degree and a post-grad degree.

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. Kalamazoo County had the lowest unemployment rates (4.1%) compared to the national and state rates.

Income	Kalamazoo County	Michigan	United States
Median Household Income (<i>dollars</i>)	\$51,945	\$52,668	\$57,652
Per Capita Income in Past 12 Months (<i>dollars</i>)	\$29,258	\$28,938	\$31,177
Poverty	Kalamazoo County	Michigan	United States
Percent living in poverty	14%	14.2%	12.3%
Educational Attainment	Kalamazoo County	Michigan	United States
High School grad or higher	93.8%	90.2%	87.3%
Bachelor's degree or higher	37.2%	28.1%	30.9%

Source: United States Census Bureau, 2017 estimates; US Department of Labor, Bureau of Labor Statistics, 2017

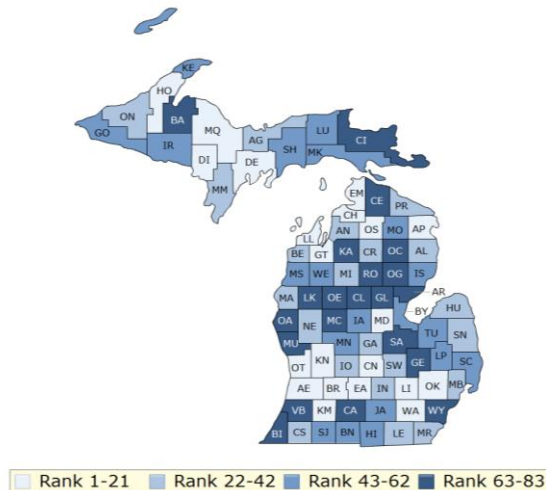
Health Factors and Outcomes Ranking

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. Kalamazoo County scored an 18 out of 83 in health factors, which is in the first quartile of the ranking.

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. Kalamazoo County scored a 30 out of 83 in health outcomes, which is in the second quartile ranking statewide.

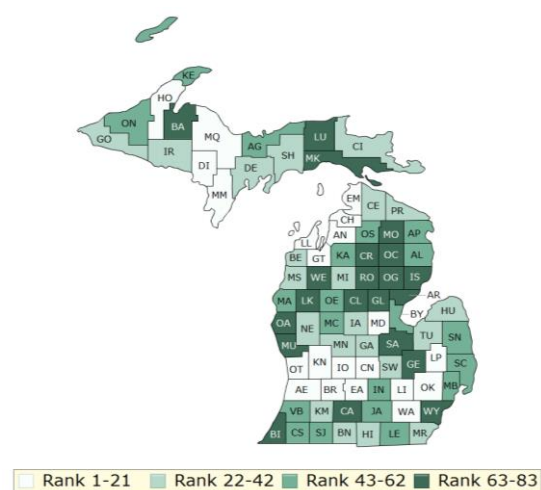
Health Factors Overall Ranking

Kalamazoo ranks 18th out of 83 (first quartile)



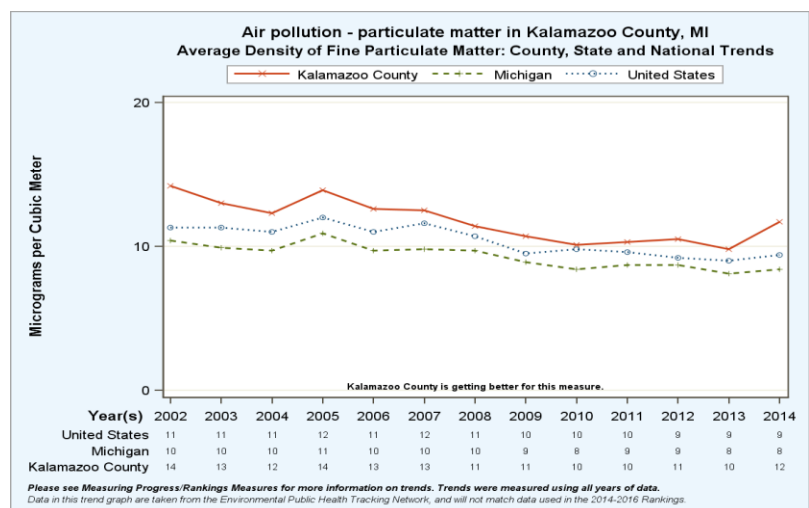
Health Outcomes Overall Ranking:

Kalamazoo ranks 30th out of 83 (2nd quartile)



Environmental Health - 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:** Kalamazoo County's average daily density between the years of 2002-2012 was 12, which is higher than both the state and national averages.



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:** Kalamazoo County had higher rates of adult obesity, excessive drinking, and sexually transmitted infections and a lower rate of access to exercise opportunities than the State rates. On a positive note, the county had lower rates of adult smoking, physical inactivity (despite the reported lack in opportunities), alcohol-impaired driving deaths, and teen births than the State rates.

	Kalamazoo County	Michigan
Adult smoking	15%	20%
Adult obesity	35%	31%
Physical inactivity	18%	22%
Access to exercise opportunities	82%	85%
Excessive drinking	22%	21%
Alcohol-impaired driving deaths	24%	29%
Sexually transmitted infections	800	462.9
Teen births	22	28

Source: 2019 County Health Rankings Report

Green - Below state average; Red – Above 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:** Kalamazoo County has the 7th highest ranking for BOTH Gonorrhea and Chlamydia in the State of Michigan. STDs in Kalamazoo County are continuing to increase in incidence and prevalence.
- **Source:** Health Statistics Update 2017, Kalamazoo County Government, Michigan Department of Health and Human Services, 2017, 2016 Sexually Transmitted Diseases Surveillance, CDC, 2016

Mortality Rates

Death Rates by Age, Race and Sex

- Overview:** The causes of death are listed in order of the 10 leading causes of death. A dash indicates a zero value.
- Summary:** Kalamazoo County's top 3 leading causes of death are heart disease, cancer, and unintended injuries.

Age In Years	All Races			White			Black		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
All Ages (Crude Rate)	979.0	1,006.8	952.0	1,022.2	1,041.7	1,003.0	902.9	968.4	843.3
Under 1	679.6	747.2	608.7	467.1	519.4	412.3	1,409.3	1,524.4	1,288.9
1-14	16.7	17.1	16.3	14.0	14.1	13.9	27.1	27.2	27.1
15-24	73.8	104.8	41.3	66.5	93.2	38.4	108.9	159.5	57.4
25-34	161.6	219.9	101.6	152.0	203.8	97.9	225.5	318.8	135.7
35-44	216.6	273.9	160.1	196.3	246.8	145.2	353.3	471.4	250.1
45-54	460.7	533.7	330.1	391.1	483.7	298.8	700.5	895.4	532.1
55-64	932.1	1,154.4	722.2	844.1	1,053.0	642.7	1,593.7	2,006.2	1,255.0
65-74	1,884.1	2,252.8	1,553.6	1,794.8	2,136.4	1,479.9	2,670.1	3,366.9	2,158.7
75-84	4,704.6	5,476.2	4,105.8	4,659.3	5,435.3	4,044.1	5,317.0	6,213.1	4,754.6
85 & Over	14,699.8	16,197.1	13,908.2	15,035.0	16,541.5	14,228.8	11,968.2	13,148.2	11,423.5
Age-Adjusted Rate	782.9	920.9	667.2	761.8	894.0	649.6	954.4	1,173.7	807.2

Source: Division for Vital Records & Health Statistics, Michigan Department of Health & Human Services, 2017

Leading Causes of Death

- Overview:** The causes of death are listed in order of the 10 leading causes of death. A dash indicates a zero value.
- Summary:** Kalamazoo County's top 3 leading causes of death are heart disease, cancer, and unintentional injuries.

Cause of Death	All Ages	Under 25 Years	25-54 Years	55-64 Years	65-74 Years	75-85 Years	85+ Years
All Causes of Death	2,113	75	208	272	355	443	760
1. Heart Disease	458	-	24	50	65	104	215
2. Cancer	398	2	35	75	113	99	74
3. Unintentional Injuries	173	24	56	19	10	20	44
4. Chronic Lower Respiratory Disease	135	-	5	19	34	40	37
5. Stroke	103	1	8	9	19	22	44
6. Alzheimer's Disease	98	-	1	1	4	18	74
7. Diabetes Mellitus	80	-	9	17	20	14	20
8. Kidney Disease	42	-	1	4	10	9	18
9. Pneumonia/Influenza	50	1	2	5	8	8	26
10. Intentional Self-harm (Suicide)	33	1	17	7	5	3	-
All Other Causes	543	46	50	66	67	106	208

Source: Division for Vital Records & Health Statistics, Michigan Department of Health & Human Services, 2016

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 an asset mapping activity to identify community resources; key informant interviews and focus groups to represent the broad interest of the community as well as members of the community considered to be the most vulnerable population; the low-income, medically underserved, homeless, minorities and those with chronic health conditions. Permission to use the data gleaned from the groups was granted by each individual or the group lead contact.

Focus Group

In the spirit of collaboration, Bronson Hospital, who is also in the process of conducting their three-year CHNA process, coordinated focus groups in January 2019 with ABH, Kalamazoo County Health and Community Services, and the Michigan Public Health Institute (MPHI), Bronson's CHNA consultant. The focus groups were conducted with the Kalamazoo CHNA Key Stakeholder Workgroup, and facilitated by MPHI. The results were analyzed by MPHI and shared with the Workgroup later that same month.

The themes that emerged from the focus groups are consistent with the quantitative data as well as the information obtained in interviews and surveys, and include a lack of access to affordable housing, healthy foods, jobs, and mental health services. Systemic racism was also a predominant theme in the focus group responses.

A summary of the focus group questions and responses is located in APPENDIX A of this 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 participants who represented the underserved, minority populations and businesses.

Key informants were asked specific questions regarding, in their opinions, what the health issues are in the community, what is working and what is not working. The questions asked during the key informant interviews are included as APPENDIX B in this report. 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:

1. Lack of preventative care in population, but specifically for working poor and minorities due to multiple issues.
2. Systemic racism in Kalamazoo - government, schools, law enforcement, etc.
3. Health education - there exists a great need for health education to encourage prevention
4. Eliminating inequities should be the highest priority
5. Kalamazoo has abundant resources, yet is lacking in coordination of those resources
6. Poverty is an issue
7. Mental health is an issue
8. Access to care – dental, primary and mental health especially – FQHC can only do so much alone
9. Affordable housing and joblessness are issues
10. People on Medicaid, Medicare and VA benefits do not receive the same care
11. Payors need to be at the table & make a commitment to the community

Key Stakeholder Surveys

In addition to the Key Informant interviews, a Stakeholder Survey was conducted through SurveyMonkey from November 12, 2018 through April 2019. A total of 66 responses were collected. The stakeholders invited to participate in the survey were those members of the Kalamazoo 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 a primary care clinic for healthcare. According to the survey results over 86% of the populations served by stakeholders have health insurance and much lower percentages have vision or dental insurance if known at all to the survey participants.

The stakeholders believe the five biggest health problems in the community are in order of severity:

1. Mental health assistance
2. Ability to go to a doctor when you need to
3. Alcohol and drug use
4. Weight problems (overweight or eating disorders)
5. Diabetes education and support

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

- Can't afford medicine
- No health insurance
- Insurance still does not pay for all bills
- Have to wait too long to get an appointment
- Transportation problems

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 "Not enough healthy food people can afford". Issues related to the homeless, affordable housing and lack of transportation 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 Kalamazoo County a total of 1,083 surveys were collected and analyzed during the CHNA process. The survey questions were translated to Spanish as well.

Health Issues People are Experiencing:

- Back or joint pain: 33%
- Stress: 32.7%
- Overweight: 27.6%
- Teeth issues: 27.5%
- Mental health problems (depression/anxiety/other): 24.7%

Top Health Issues in the Community:

- Mental health assistance: 37.1%
- Alcohol and drug use: 36.8%
- Safe and affordable housing: 32.6%
- Help with insurance: 28.6%
- Stress and anxiety: 22.7%

Top Non-Health Related Issues in Community:

- People do not have enough money to live: 54.6%
- Not enough homes people can afford: 45%
- People with no home (homeless): 34.2%
- Racism and discrimination: 23.6%
- Not enough jobs: 22.6%

What makes a healthy community?

- Low crime/safe neighborhoods: 48.5%
- Good place to raise children: 41.6%
- Good schools: 41.6%
- Good jobs and healthy economy: 36.3%
- Housing people can afford: 29.6%

The complete report is included in APPENDIX D of this report and the key findings are provided below.

Additional Community Input

In future CHNA/CHIP development, ABH and Bronson Healthcare hope to further collaborate and coordinate efforts to avoid duplication of effort on the part of the healthcare systems and community partners.

IDENTIFICATION AND PROCESS FOR PRIORITIZATION OF NEEDS

The results of the quantitative data collection, key informant interviews, focus group responses were presented to the Kalamazoo CHNA Key Stakeholder Workgroup.

In February 2019, the Planning Workgroup met with the MiHIA consultant to review the additional data collection efforts and community findings that had been collected since the last Stakeholder Workgroup meeting and to prepare for its February meeting which the MiHIA consultant would be facilitating. The Stakeholder Workgroup members provided the facilitator with a proposed list of key health issues based on their review of the data and utilizing the following criteria:

- Magnitude/severity of the problem based on the data presented
- Need to address the issue among vulnerable populations
- Community's capacity and willingness to act on the issue
- Trending concern in the community (stakeholders and community)
- Evidence that an intervention can change the problem
- The number of areas of focus impacted

The Workgroup convened on February 19, 2019 and reviewed the quantitative and qualitative data received to-date. They were then presented with the list of proposed key health issues composed by the Stakeholder Workgroup. Each of the issues was discussed in detail by the members. The following are the issues and comments received from the Kalamazoo CHNA Key Stakeholder Workgroup for the identified following *potential* priorities for the Implementation Plan:

Mental health Assistance and Access

Stakeholder comments:

- Public mental health system serves only the most severe cases; if one has a lesser severity, they may not get served
- Cultural stigma
- Suicide rates are increasing, especially among certain populations (older white males and young (<17) African American males, and veterans)
- Parental mental health issues translate to child mental health issues
- High utilization of self-care resources and this information is needed and in-demand which is indicative of need
- Lack of support for college population

Racism and Discrimination – Equity in Policies and Inclusive Providers

Stakeholder comments:

- Segregated neighborhoods
- Education systems – 9% of African American males eligible for Kalamazoo Promise
- Redlining mortgage rates
- It is a predictor of all outcomes – it is the root cause
- Non-inclusive providers – have good number of providers, but they don't serve inclusively
- Discriminatory treatment which leads to lack of trust and then won't access the services
- Immigration status – judgement of persons who are not natural born citizens
- Racism exists on multiple levels

Safe and Affordable Housing

Stakeholder comments:

- Separate Safe Housing and Affordable Housing into two separate categories and merge Safe Housing with Violent Crime and Safe Neighborhoods

Sexual health- High STI Rates

Stakeholder comments:

- Lack of recognition and refusal to acknowledge problems
- Conservative views and beliefs
- Treating sexual health as a separate entity- health is holistic and should be addressed as such

Transportation – Access and Affordability

No Stakeholder comments were provided other than to express the intent to merge the priority area with Living Wages

Primary Care Physicians- Lack of Access

Stakeholder comments:

- Mental health population struggles with continuity of care
- Continuity is an issue
- Having a medical home improves continuity
- 1 size fits all
- Complexity of case/situation doesn't equate to more time – same amount of time for more problems

Living Wages

Stakeholder comments:

- Prevents utilization of services
- Lack of a middle class – either poverty or upper class
- Professional jobs or service industry – few jobs in-between
- Cost of child care causes parents to stay home – loss of healthcare or other benefits as a result

Affordable Child Care

No Stakeholder comments were provided other than to express the intent to merge the priority area with Living Wages

Violent Crime and Safety in Neighborhoods

Stakeholder comments:

- Lack of safety leads to lack of mental and physical health
- Even with the availability of new and nice homes, neighborhood locations matter
- Inequities in justice system?
- Violent crime and mental health correlation
- Gun control

Availability of Affordable Healthy Foods

No Stakeholder comments were provided other than to express the intent to merge the priority area with Living Wages

PRIORITIZATION OF PRIORITY AREAS

As a result of the discussions, the stakeholders determined that the priority area of Racism and Discrimination is an overarching issue that directly impacts all the other priority areas. They also made the decision to combine the proposed priority areas of Affordable Housing, Affordable Child Care (Affordable as well as Quality and Accessible), Transportation (Access and Affordability) and Healthy Food (Access and Affordability) under the Living Wages priority area. The group determined Safe Housing should be a separate priority area.

Each stakeholder was asked to vote on their top three priority areas. Four priority areas were selected ranked as follows:

1. Racism and Discrimination
2. Living Wage to Afford (Housing, Childcare, Transportation and Healthy Food)
3. Mental Health Assistance and Access
4. Access to Primary Care Providers

Needs Identified, But Not Addressed

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

- Safe Housing
- Sexual Health

POTENTIALLY AVAILABLE RESOURCES

Existing Health Care Facilities and Resources

In addition to the Ascension Borgess Health Continuum of Care, there are other healthcare agencies in Kalamazoo County. Those agencies are *(this list is not exhaustive)*:

- Allegan General Hospital
- Area Agency on Aging
- Bronson Health Care
- Family Health Center – the county’s Federally Qualified Health Center, 7 locations
- Kalamazoo County Health and Community Services
- Kalamazoo County Community Mental Health and Substance Abuse Services
- Pine Rest Christian Mental Services
- Planned Parenthood
- West Michigan Air Care
- Western Michigan University Homer Stryker MD School of Medicine

Asset Mapping

Asset mapping was performed during the November 13, 2018 Kalamazoo CHNA Key Stakeholder Workgroup meeting. Leaders from ABH, Bronson, and Kalamazoo County Department of Health & Human Services guided the stakeholders through an introduction to the CHNA process and provided an explanation of equity, a critical component of the guiding principle for 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 Kalamazoo County is performing better than the State of Michigan and those where Kalamazoo County is performing similarly to the State of Michigan.

The key stakeholder group was divided into four 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 Kalamazoo 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.

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

EVALUATION OF IMPACT OF PRECEDING CHNA

WRITTEN COMMENTS ON MOST RECENTLY CONDUCTED CHNA & IMPLEMENTATION STRATEGY (2015)

The 2015 ABH 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 provided on either the hospital website, or through any other means.

While comments were not submitted in writing, the following were comments recorded from the first Kalamazoo Key Stakeholder Workgroup meeting:

- “The 2015 report did not include sufficient data on mental health indicators, specifically data at the local level. It is an issue we cannot dismiss in the next report.”
- “The two local hospitals would benefit from collaborating on the next report. The Ascension Borgess Hospital 2015 report was slightly different from the Bronson Healthcare report, and they were assessing the needs of the same community.”
- “The previous report (2015) contained little primary data directly from the community. While stakeholders representing the vulnerable population of the community were interviewed, there was no feedback from community members. It would be wise to change this for the next cycle.

2015 GOALS AND STRATEGIES

Goal 1: Access to Care

Strategy 1: Reduce the racial disparity and improve birth outcomes among high risk women in Kalamazoo by increasing their access to prenatal care.

- **Women & Infant Supportive Help (WISH) Program** * ended June 2018 – 2-year Ascension Partnership in Ministry (APMA) Award. Targeted highest risk (previous poor birth/infant outcomes, women of color, women who are poor) perinatal Kalamazoo area women who received intensive case management. To serve this high-risk population, the program, executed by the YWCA, followed a case management model that included:
 - wrap around services;
 - participation in support groups and parenting classes;
 - participant engagement for services even after their pregnancy

WISH program enrollment was 2.5 times above goal: 217 women were enrolled over the two-year program period ending June 2018. Initial projected program capacity was 40 women per year.

A Year 2 program evaluation was conducted in May 2018 for program quality assurance purposes. Results are positive and highlight the program’s success

Strategy 2: Ascension Borgess Health will design, develop and deliver a Medical Mission at Home in downtown Kalamazoo.

- ABH will not coordinate a Medical Mission at Home for this implementation strategy cycle due to capacity and financial constraints. ABH associates participated in the Medical Mission at Home conducted by Ascension SE Michigan in March 2019.

Goal 2: Diabetes Prevention

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

- Diabetes Prevention – Community Screenings & Awareness:
- Focus is prediabetes screening and education. ABH was selected by the national Ascension community health office to represent Ascension MI for diabetes awareness programming.
- ABH submitted an implementation plan in the fall of 2017 and included biometric screenings (blood pressure, non-fasting glucose, total and HDL cholesterol, and BMI or an A1C test); assisting community members with completion of the CDC Prediabetes Screening Test (paper risk assessment); providing individual counseling; and referrals to individuals with abnormal screening results as necessary.
- The implementation plan also included provision of community presentations to groups on prediabetes and type 2 diabetes at venues such as churches, health and wellness fairs, and additional local at-risk sites.
- FY 2018: ABH coordinated 14 screening events at 8 unique community sites with 229 participants. 38 referrals were made and completed for prediabetes. We also participated in 11 awareness events using the CDC Prediabetes Screening Test with 178 tests completed and 107 abnormal tests. In addition, 4 educational group presentations were provided to approximately 341 community members.

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

- ABH received CDC pending recognition in March 2017 for the Diabetes Prevention Program (DPP). Three DPP cohorts commenced in FY18: two cohorts completed the one-year program in June and July 2018, while one cohort began in April 2018 and will continue until April 2019.
- The ABH Diabetes and Endocrine Center, with support from Community Benefit, has taken the lead on the DPP program, coordinating training for facilitators, scheduling and marketing cohort sessions, as well as reporting to both Ascension and the CDC.
- The ABH Diabetes Management Workgroup meets monthly to strategize and evaluate prediabetes community outreach and the DPP program.

Goal 3: Infant Mortality Reduction

Strategy 1: Reduce the incidence of infant mortality in Kalamazoo

- MDHHS Health Equity Grant Project - ABH is a grantee of a Michigan Department of Health and Human Services (MDHHS) grant to provide cultural competency assessment, training, strategy and operational policy change for women and infant health services.

ABH associates from IT, women's health, care management, community benefit and clinical informatics, as well as administration and HR, have been meeting with a national birth equity consultant and a Western Michigan University Homer Stryker Medical School (WMed) professor for almost a year to conduct grant programming.

Over 40 ABH associates received training in 2017 and 2018 related to health equity, racial disparities and cultural competence. ABH hosted two community provider health equity trainings in FY 18 as well. This work will continue throughout FY 2019.

- Cradle Kalamazoo - ABH is a voting partner of the Cradle Kalamazoo Steering Committee. Cradle Kalamazoo is a multi-agency community initiative led by YWCA Kalamazoo. This initiative is based on the work of many community members and organizations, including Dr. Arthur James who brought attention to and began working on the racial disparities in infant mortality in 1992.

By bringing together community leaders and organizations to implement evidence-based and holistic interventions, the initiative's goal is to reduce infant death and promote respect for families, women and their children.

ABH associates attend bi-monthly steering committee meetings, and additionally attend the cultural competence sub-committee meetings.

- Fetal Infant Mortality Review (FIMR) - ABH has a strong presence on the Kalamazoo FIMR committee. Representatives from the Birthing Center, Community Benefit, Care Management, and Women's Health attend monthly meetings along with numerous additional community agencies and healthcare organizations.

FIMR is a process used to look at fetal and infant deaths. Findings are then given to a community action team to come up with creative ideas to help improve birth outcomes for women, and to reduce infant mortality in our community.

Every month the CRT comes together to review cases about infants that died in the previous year. Each case is a summary of everything that can be found about the pregnancy and the infant. All names of babies, mothers, medical staff and facilities are removed to keep the information confidential.

ABH also convened two **internal infant mortality teams**: the ***IM Reduction Task Force*** is a collaboration of the inpatient and outpatient maternal and infant health departments. This group is working on improved coordination and integration, including the areas of social work, risk assessments and awareness of resources.

As a result of this group's research of best practices and recommendations, an OB Navigator (social worker) and a Community Health Worker have joined the Women's Health team to better serve our high- risk patients.

ABH will also serve as a Case Study for a cloud-based collaboration platform – TAVHealth to improve care coordination between Women's Health, the Birthing Center, and external resources and referrals. Planning for implementation of TAV Health began in November 2017 and the contract was signed in June 2018.

ABH hosted a Cradle community baby shower in August 2017, provided Safe Sleep displays in several areas of the hospital for National Safe Sleep month in September 2017, and several ABH associates attended an MDHHS sponsored Safe Sleep conference in Ypsilanti in September as well.

The ***IM Strategy Team*** at ABH is a high-level group which focuses on how ABH will play a role in the larger community infant mortality reduction initiatives. ABH secured funding for Halo Sleep Sacks, car seats and a new Community Health Outreach Worker position.

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.

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APPENDIX A

Kalamazoo County Stakeholder Focus Group Summary

February 19, 2019

KALAMAZOO STAKEHOLDER FOCUS GROUP SUMMARY

BRONSON COMMUNITY HEALTH NEEDS ASSESSMENT

WHAT ELEMENTS MAKE A COMMUNITY A HEALTHY PLACE TO LIVE, WORK, LEARN, AND PLAY?

- Having reliable and safe physical infrastructure
- Access to safe and affordable housing, transportation, healthcare and low-cost, healthy foods
- A safe and clean environment with places for people to thrive
- Strong social networks and a sense of inclusion in the community
- A strong workforce with employment opportunities at all levels and room to advance professionally
- Evidence-based programming for youth and families
- A fair and equitable education system
- Collaboration among agencies and service providers

WHAT IS YOUR VISION FOR A HEALTHY COMMUNITY?

- Inclusive care providers, services and resources
- Addressing the needs of vulnerable populations in the community
- Acceptance and connectivity within the community
- Minimizing toxic stress & traumatic factors caused by unjust historical and systemic structures

WHAT ARE THE GREATEST HEALTH-RELATED CONCERNS IN THE COMMUNITY?

- Lack of affordability and accessibility of mental health & primary care providers
- Lack of mental health and substance abuse resources and support
- Barriers with the referral and documentation processes within the healthcare system
- Generational trends of unhealthy behaviors & habits

WHAT ARE THE GREATEST NON-HEALTH-RELATED CONCERNS OR PROBLEMS AFFECTING A PERSON'S ABILITY TO LIVE, WORK, LEARN, AND PLAY.

- Lack of transportation, childcare, safe and affordable housing, and minimal permanent supportive housing services
- Accessibility of emergency services
- Generational poverty and trends of unhealthy behaviors & habits
- Lack of employment opportunities at self-sustaining, “liveable” wage
- Cultural barriers and understanding in how some populations view healthcare

WHAT LINKS DO YOU SEE BETWEEN ANY OF ITEMS LISTED ON THE ECOLOGICAL MODEL AND AN INDIVIDUAL'S ABILITY TO LIVE A HEALTHY LIFE?

- The internal dimensions (i.e. age, race, etc.) affect the external dimensions (i.e. marital status, income, etc.)
- Some of the identities have more privilege than others
- Internal dimensions, specifically “race,” impact many dimensions, but is rarely discussed
- Strategically linking dimensions will help benefit communities
 - Example: Libraries offering clothing to individuals in need

THINK ABOUT THE GROUPS THAT EXPERIENCE RELATIVELY GOOD HEALTH AND THOSE THAT EXPERIENCE POOR HEALTH. WHY DO YOU THINK THERE ARE DIFFERENCES?

- Systemic racism, sexism, homophobia, poverty, etc. perpetuate differences in health between groups
- Income and wealth gaps

WHAT CONDITIONS IN A COMMUNITY SUPPORT SOME GROUP'S ABILITIES TO EXPERIENCE BETTER HEALTH THAN OTHERS?

- Racism and accessibility of services
- Transportation, infrastructure and safety
- Generational income
- How services are delivered and how funding is disseminated in the community

WHAT PATTERNS OF DECISIONS, POLICIES, RULES, AND LAWS AFFECT THE HEALTH OF OUR COMMUNITY?

- Racism – Bias – Privilege
- Lack of authentic community voice
- Historically, impactful policies are primarily created by White males

WHAT WOULD BE DIFFERENT IN OUR COMMUNITY IF ALL PEOPLE HAD CIRCUMSTANCES IN WHICH THEY COULD LIVE HEALTHY AND FLOURISHING LIVES?

- Health outcomes would improve
- Greater pride in community and feelings of safety
- Increase in supportive services for community members

APPENDIX B

Key Informant Interview Guide & Summary

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

My name is JoDee Rolfe and I work for Ascension Borgess. I am working with Kalamazoo County as they collect data for their 2019 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 Kalamazoo 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 2019 Ascension Borgess Hospital Kalamazoo County.

*The report must be completed and disseminated **by May 21st for Ascension Borgess 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

Common themes from the key informant interviews conducted include:

- Vulnerable populations are not participating in preventative care
- Racism is the underlying factor – it is the foundation for everything, should be the start of all discussion. Institutional racism exists
- Health education is critical, as well as awareness of resources available
- Kalamazoo resources are abundant, not just \$, but we need to do better at coordinating our resources and come together collectively.
- Still have many barriers around language, resources and information -
- Address inequities, join with others to engage in work, deal with inequities collectively
- Opioid Crisis – that has increased, the opioid crisis is not what people really think it is, it is the same users, so there isn't a noticeable increase in users, the same people that were using years ago, are still using. The problem is, that they're dying.
- Poor access to care - equity, shortage of minorities in the workforce, certainly within health-related fields. Maternal and child health, Poverty, homelessness, joblessness all have a significant impact on the health of this community.
- Poverty is a big issue, and that ties into transportation, housing, and numerous additional SDoH which prevent people from prioritizing accessing healthcare. But we have a real issue with affordable housing. Joblessness. A lot of the people who are homeless have untreated mental health issues.
- Good health education, which is not prevalent in most low-income communities
- Depending on what your insurance covers, plays a lot into where you will receive care. It is about who pays for the healthcare, not the facilities that are lacking. And the payors are not at the table.
- STD rates are up,
- The insured vs. the uninsured. The employed vs the unemployed. And then too – the ALICE population. It is one thing to be employed, but another to have decent benefits or resources.
- Physicians who are willing to take on Medicare and Medicaid patients. And get beyond private insurance providers.
- The complexity of the healthcare system is a barrier
- Infusion of mental health considerations as we develop programs.
- Strategic planning, so that we know who the players are and who is doing what. So, we're not replicating and duplicating

APPENDIX C

Key Stakeholder Survey Summary

Kalamazoo Community Health Key Stakeholder Survey 2018

Wednesday, April 17, 2019

66

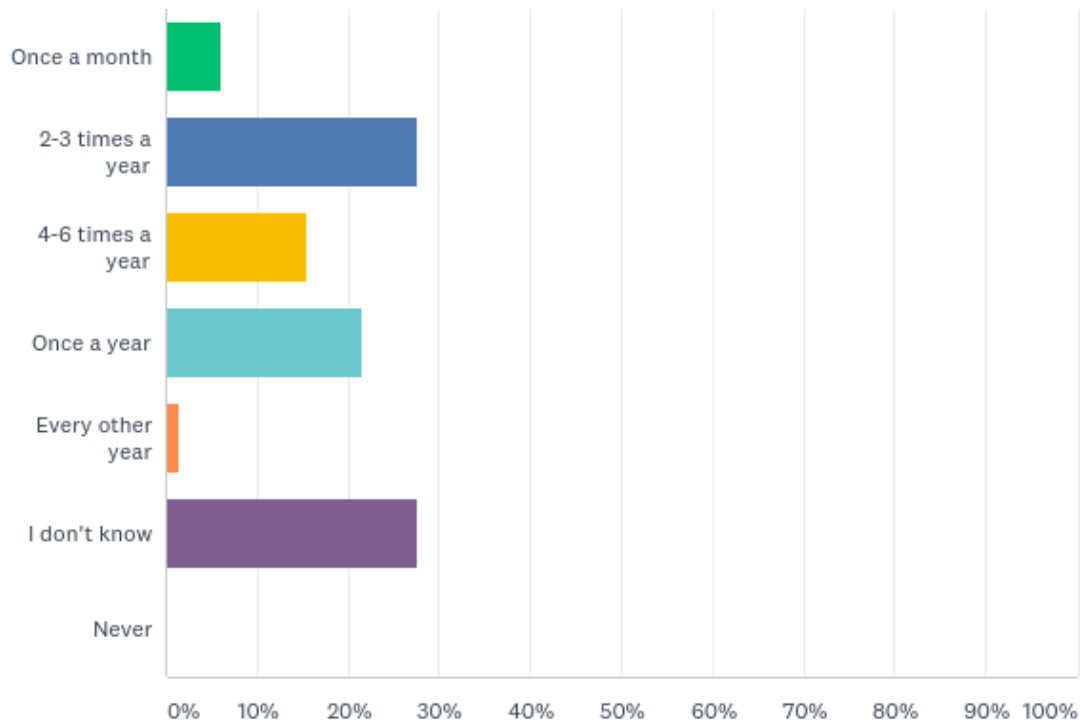
Total Responses

Date Created: Thursday, June 07, 2018

Complete Responses: 66

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

Answered: 65 Skipped: 1



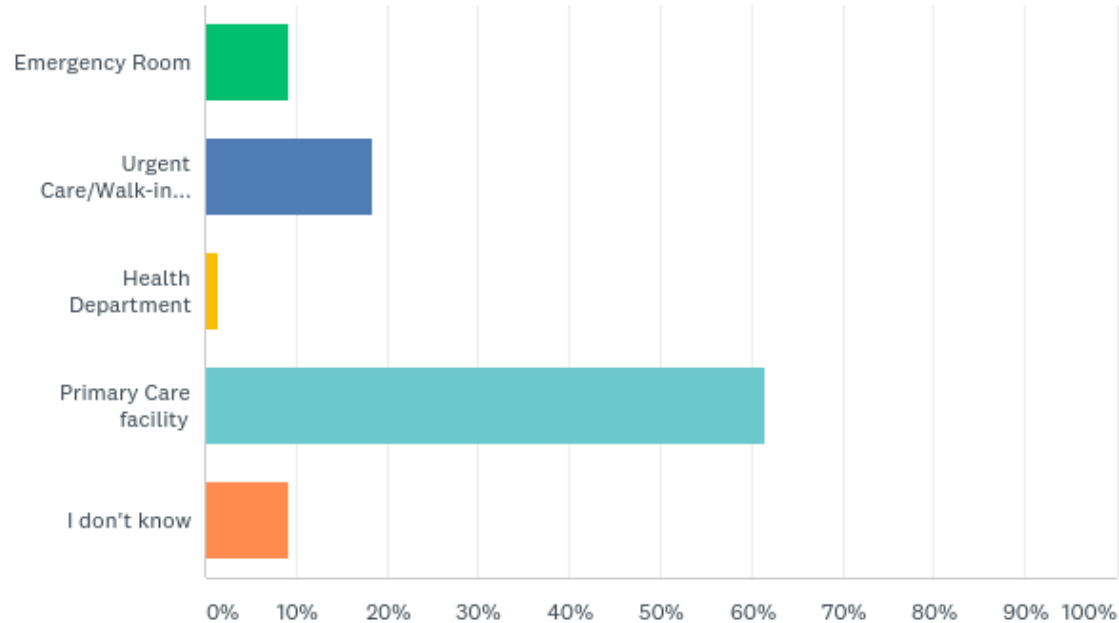
Q1: In general, does the population you work with go to a doctor or clinic:

Answered: 65 Skipped: 1

ANSWER CHOICES	RESPONSES	
Once a month	6.15%	4
2-3 times a year	27.69%	18
4-6 times a year	15.38%	10
Once a year	21.54%	14
Every other year	1.54%	1
I don't know	27.69%	18
Never	0.00%	0
TOTAL		65

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

Answered: 65 Skipped: 1



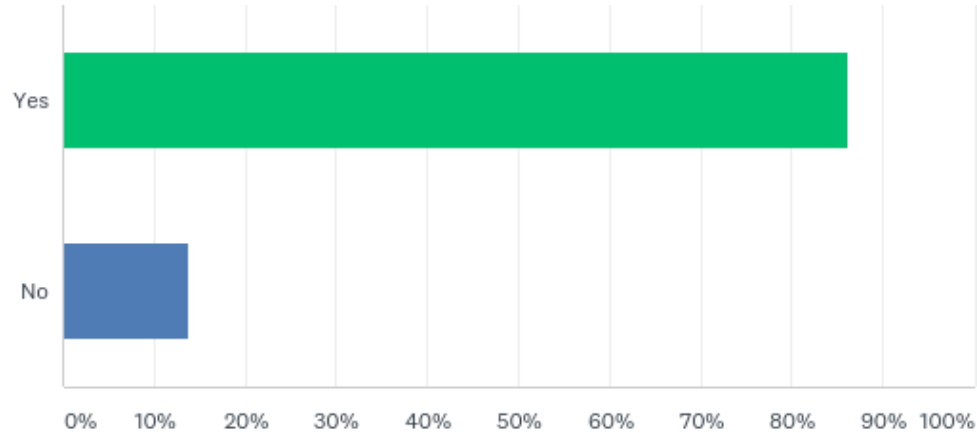
Q2: In your opinion, where does the population you serve go for healthcare?

Answered: 65 Skipped: 1

ANSWER CHOICES	RESPONSES	
Emergency Room	9.23%	6
Urgent Care/Walk-in Clinic	18.46%	12
Health Department	1.54%	1
Primary Care facility	61.54%	40
I don't know	9.23%	6
TOTAL		65

Q3: Does the population you serve have health insurance?

Answered: 65 Skipped: 1



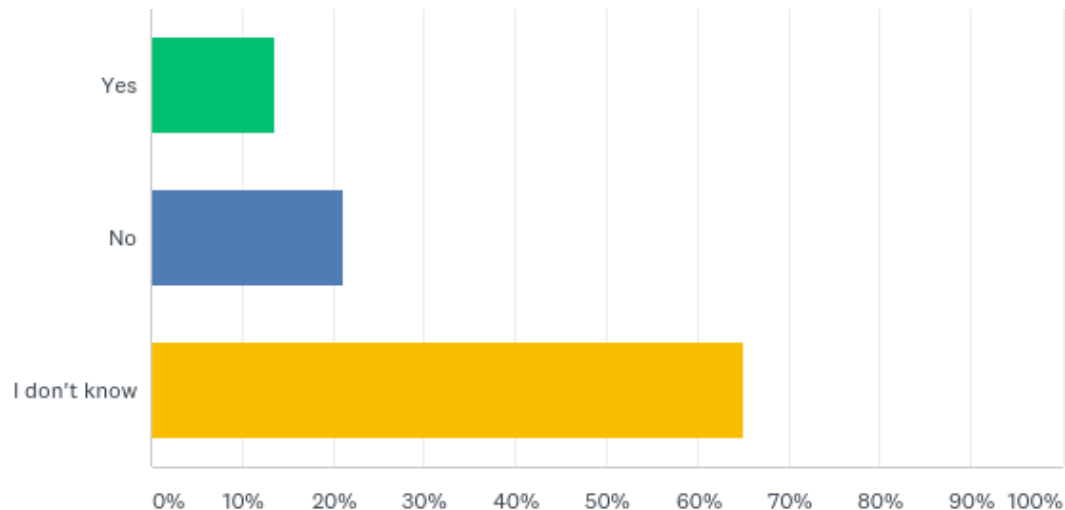
Q3: Does the population you serve have health insurance?

Answered: 65 Skipped: 1

ANSWER CHOICES	RESPONSES	
Yes	86.15%	56
No	13.85%	9
TOTAL		65

Q4: Does the population you serve have vision insurance?

Answered: 66 Skipped: 0



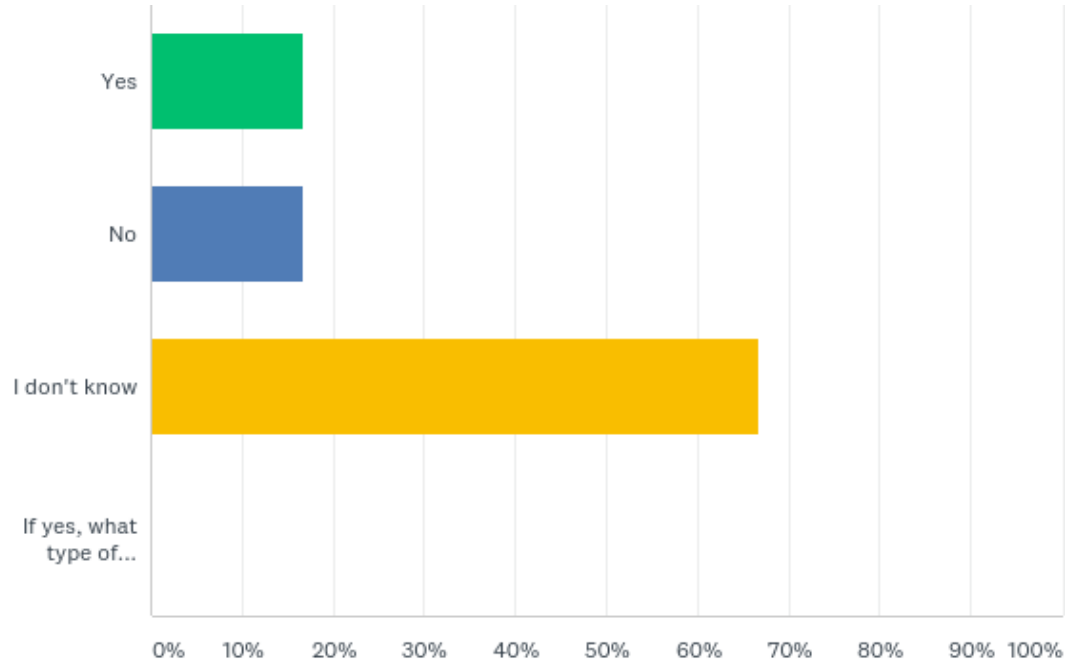
Q4: Does the population you serve have vision insurance?

Answered: 66 Skipped: 0

ANSWER CHOICES	RESPONSES	
Yes	13.64%	9
No	21.21%	14
I don't know	65.15%	43
TOTAL		66

Q5: Does the population you serve have dental insurance?

Answered: 66 Skipped: 0



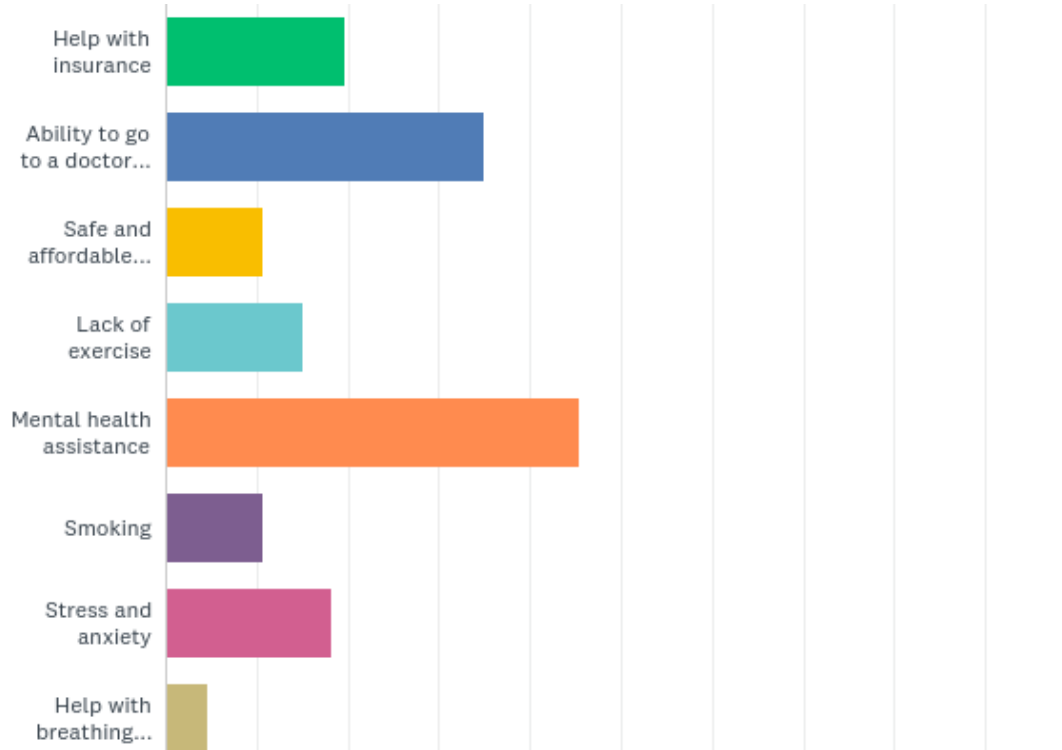
Q5: Does the population you serve have dental insurance?

Answered: 66 Skipped: 0

ANSWER CHOICES	RESPONSES	
Yes	16.67%	11
No	16.67%	11
I don't know	66.67%	44
If yes, what type of insurance is most prevalent?	0.00%	0
TOTAL		66

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

Answered: 66 Skipped: 0



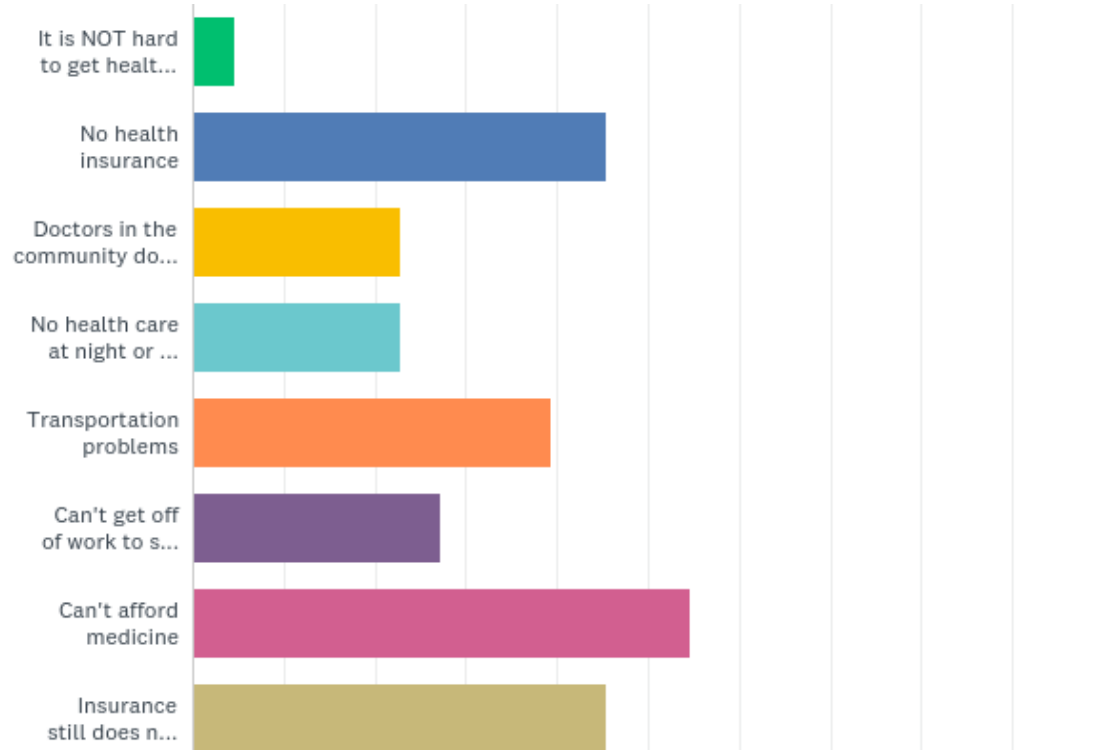
Q6: What are the 3 biggest health problems in our community? (choose 3)

Answered: 66 Skipped: 0

ANSWER CHOICES	RESPONSES	
Help with insurance	19.70%	13
Ability to go to a doctor when you need to	34.85%	23
Safe and affordable housing	10.61%	7
Lack of exercise	15.15%	10
Mental health assistance	45.45%	30
Smoking	10.61%	7
Stress and anxiety	18.18%	12
Help with breathing problems (asthma, COPD, etc.)	4.55%	3
Cancer prevention	3.03%	2
Pain management	18.18%	12
Air pollution (dirty air)	0.00%	0
Diabetes education and support	24.24%	16

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

Answered: 66 Skipped: 0



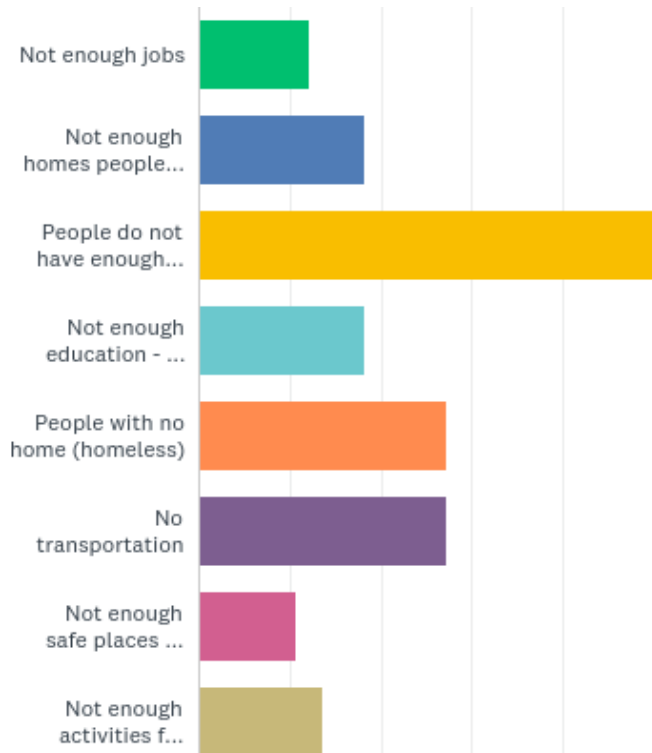
Q7: What makes it hard for people to get health care? (choose as many as you need to)

Answered: 66 Skipped: 0

ANSWER CHOICES	RESPONSES	
It is NOT hard to get health care	4.55%	3
No health insurance	45.45%	30
Doctors in the community don't take the insurance my clients have	22.73%	15
No health care at night or on weekends	22.73%	15
Transportation problems	39.39%	26
Can't get off of work to see a doctor	27.27%	18
Can't afford medicine	54.55%	36
Insurance still does not pay for all bills	45.45%	30
Have to wait too long to get an appointment	45.45%	30
Don't know who to call	16.67%	11
Don't speak the same language	6.06%	4
No phone or computer	4.55%	3

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

Answered: 66 Skipped: 0



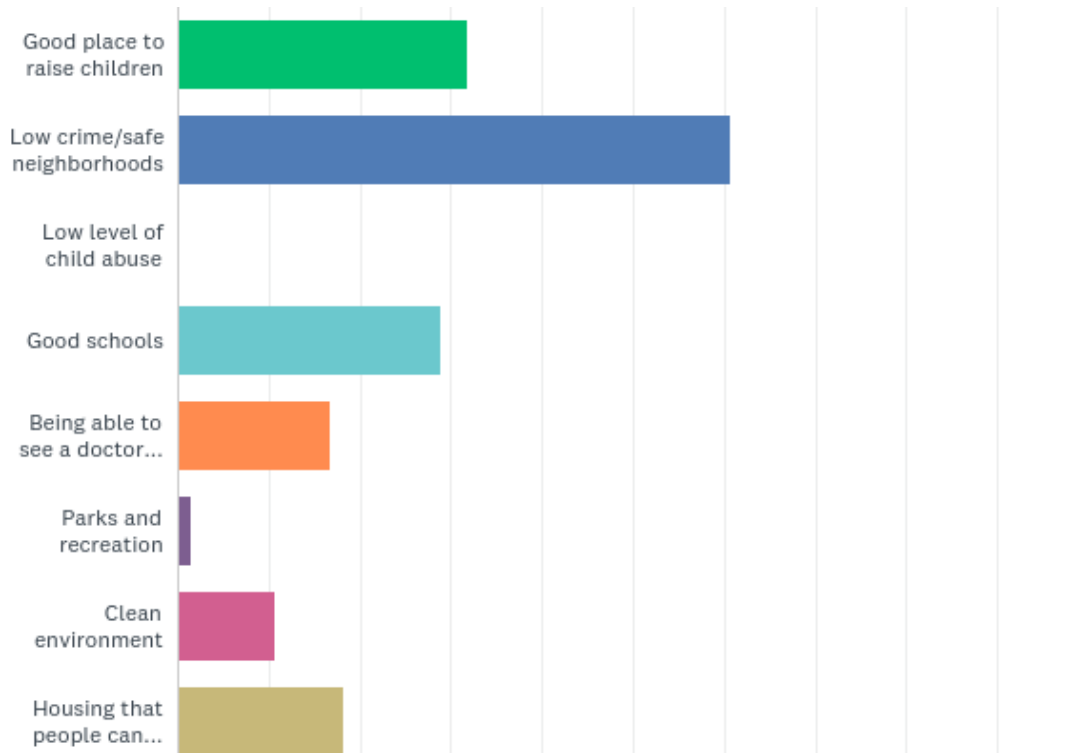
Q8: What are the 3 biggest non-health related issues in our community (choose 3)

Answered: 66 Skipped: 0

ANSWER CHOICES	RESPONSES	
Not enough jobs	12.12%	8
Not enough homes people can afford	18.18%	12
People do not have enough money to live	50.00%	33
Not enough education - not finishing high school	18.18%	12
People with no home (homeless)	27.27%	18
No transportation	27.27%	18
Not enough safe places to walk and to exercise	10.61%	7
Not enough activities for younger people	13.64%	9
Domestic violence	7.58%	5
Not enough support from friends and family	18.18%	12
Gangs	0.00%	0
Racism and discrimination	7.58%	5

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

Answered: 66 Skipped: 0



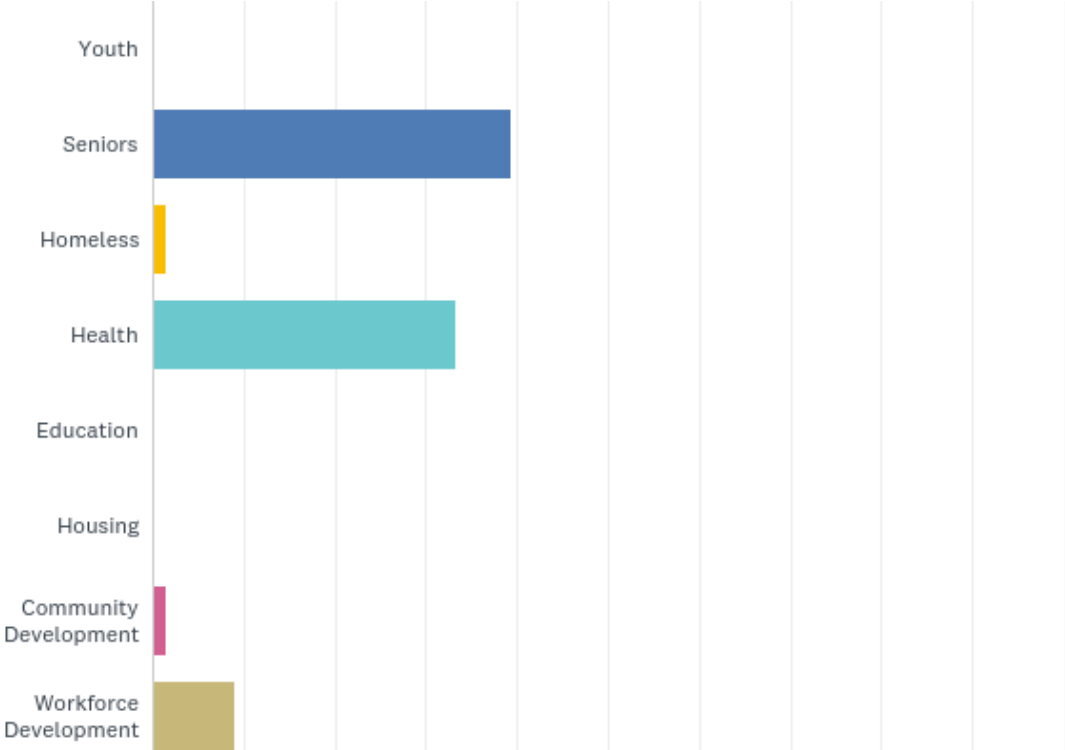
Q9: Which three items makes a "healthy community?" (please choose 3)

Answered: 66 Skipped: 0

ANSWER CHOICES	RESPONSES	
Good place to raise children	31.82%	21
Low crime/safe neighborhoods	60.61%	40
Low level of child abuse	0.00%	0
Good schools	28.79%	19
Being able to see a doctor easily	16.67%	11
Parks and recreation	1.52%	1
Clean environment	10.61%	7
Housing that people can afford	18.18%	12
Arts and cultural events	1.52%	1
Excellent race and ethnic relations	9.09%	6
Good jobs and healthy economy	48.48%	32
Strong family life	21.21%	14

Q10: What is the primary population you serve?

Answered: 66 Skipped: 0



Q10: What is the primary population you serve?

Answered: 66 Skipped: 0

ANSWER CHOICES	RESPONSES	
Youth	0.00%	0
Seniors	39.39%	26
Homeless	1.52%	1
Health	33.33%	22
Education	0.00%	0
Housing	0.00%	0
Community Development	1.52%	1
Workforce Development	9.09%	6
Families	4.55%	3
Other (please specify)	10.61%	7
TOTAL		66

APPENDIX D

Community Survey Summary

Kalamazoo Area Community Health Survey 2018

Wednesday, April 17, 2019

1083

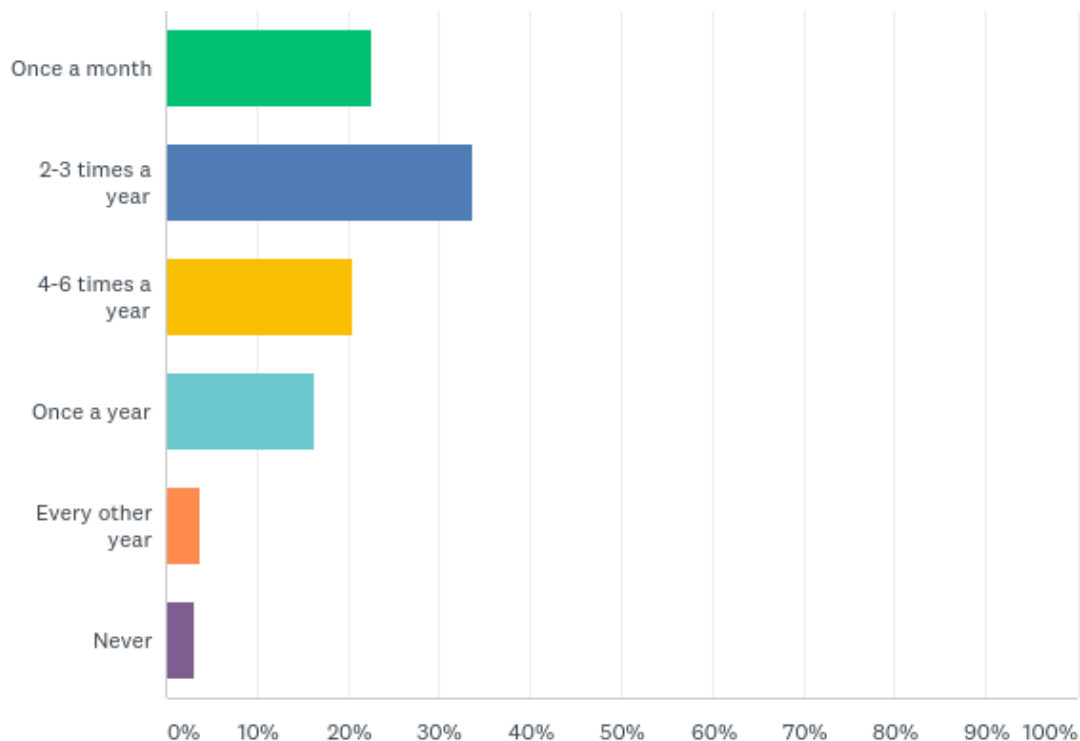
Total Responses

Date Created: Thursday, May 10, 2018

Complete Responses: 1083

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

Answered: 1,074 Skipped: 9



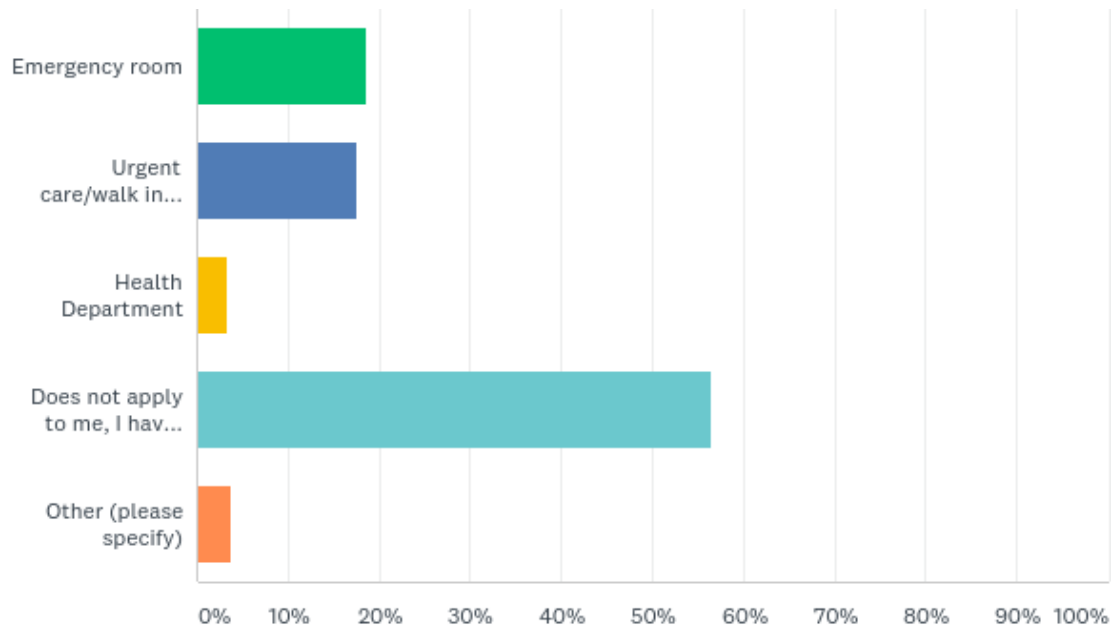
Q1: I see a doctor or go to a clinic:

Answered: 1,074 Skipped: 9

ANSWER CHOICES	RESPONSES	
Once a month	22.53%	242
2-3 times a year	33.71%	362
4-6 times a year	20.48%	220
Once a year	16.29%	175
Every other year	3.82%	41
Never	3.17%	34
TOTAL		1,074

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

Answered: 905 Skipped: 178



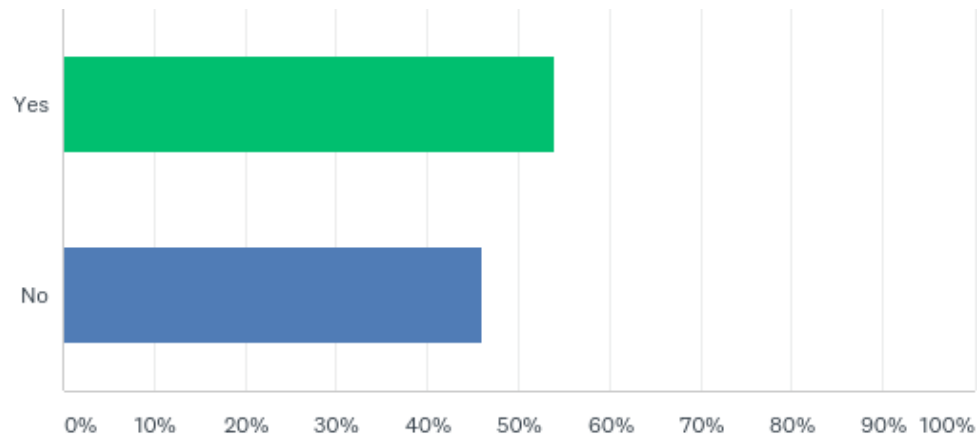
Q2: If you do not have a doctor, where do you go for medical care?

Answered: 905 Skipped: 178

ANSWER CHOICES	RESPONSES	
Emergency room	18.67%	169
Urgent care/walk in clinic	17.57%	159
Health Department	3.43%	31
Does not apply to me, I have a doctor	56.46%	511
Other (please specify)	3.87%	35
TOTAL		905

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

Answered: 441 Skipped: 642



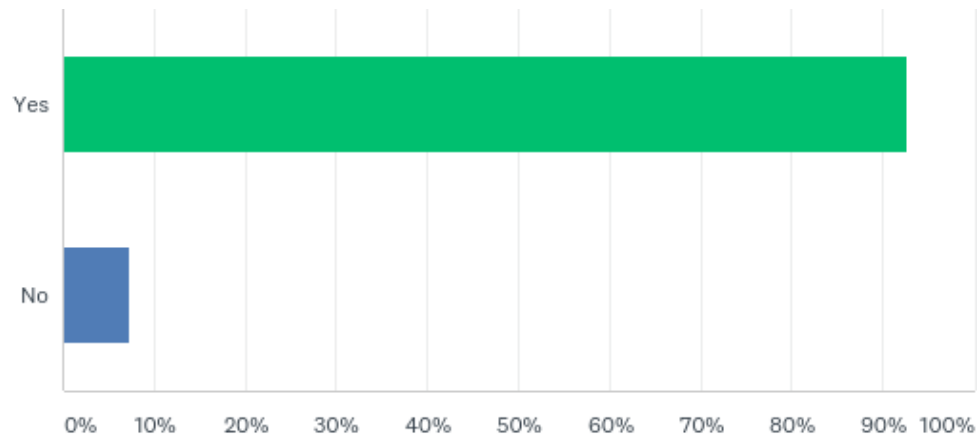
Q3: If you do not have a doctor, would you like to have one?

Answered: 441 Skipped: 642

ANSWER CHOICES	RESPONSES	
Yes	53.97%	238
No	46.03%	203
TOTAL		441

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

Answered: 1,054 Skipped: 29



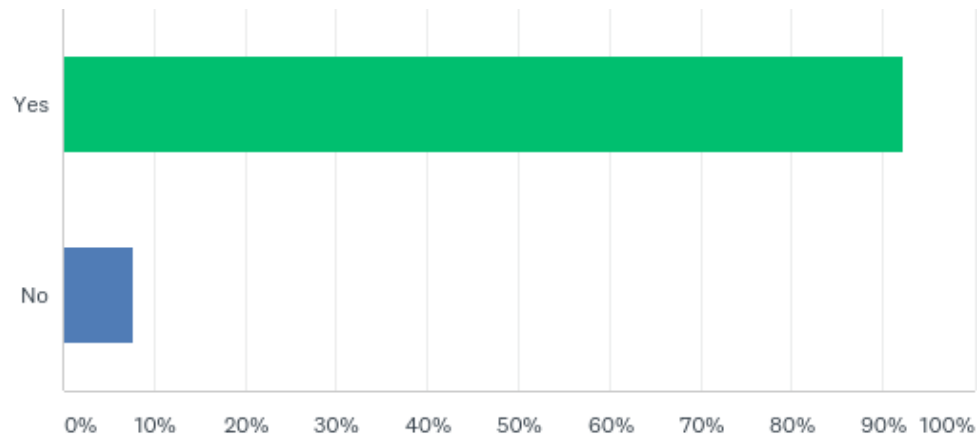
Q4: Are you able to see a doctor when you need to?

Answered: 1,054 Skipped: 29

ANSWER CHOICES	RESPONSES	
Yes	92.69%	977
No	7.31%	77
TOTAL		1,054

Q5: Do you have health insurance?

Answered: 1,066 Skipped: 17



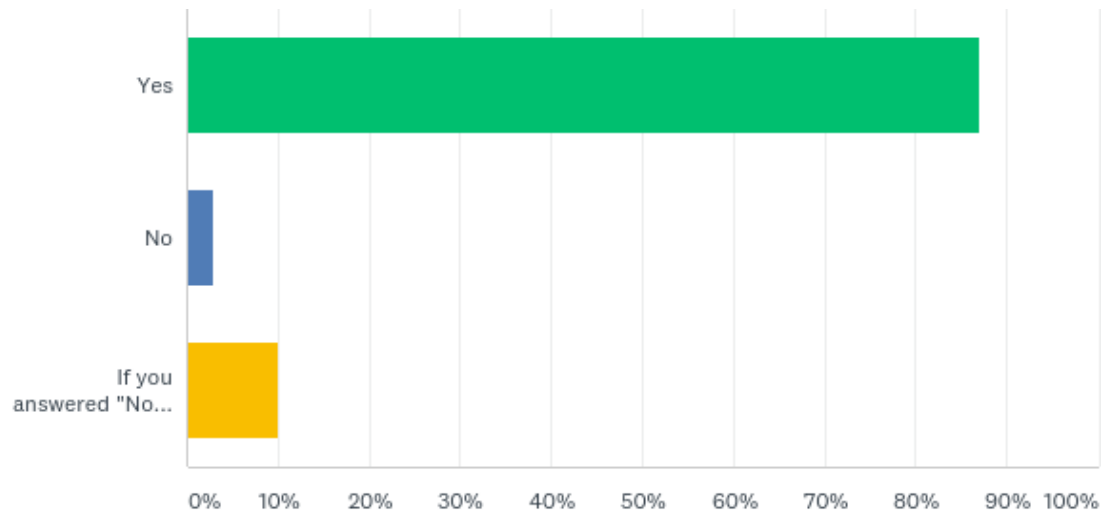
Q5: Do you have health insurance?

Answered: 1,066 Skipped: 17

ANSWER CHOICES	RESPONSES	
Yes	92.21%	983
No	7.79%	83
TOTAL		1,066

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

Answered: 987 Skipped: 96



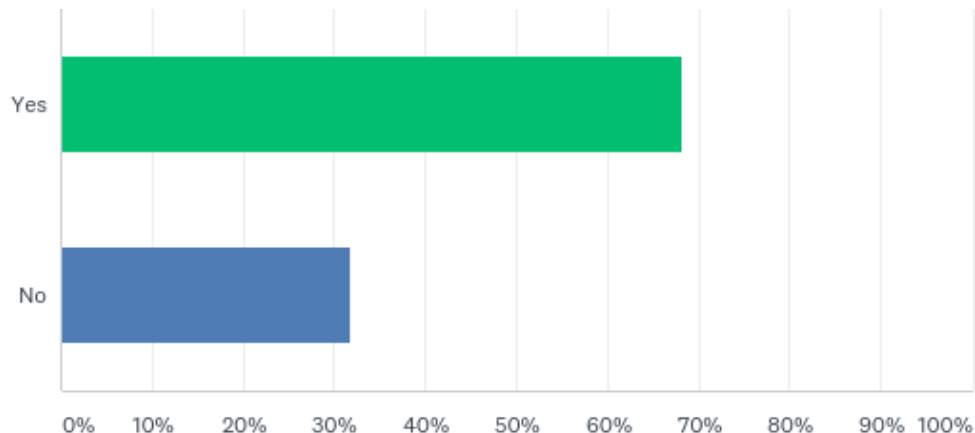
Q6: If you have health insurance, does it pay for most of your medical bills?

Answered: 987 Skipped: 96

ANSWER CHOICES	RESPONSES	
Yes	86.93%	858
No	2.94%	29
If you answered "No", will you please explain?	10.13%	100
TOTAL		987

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: 204 Skipped: 879



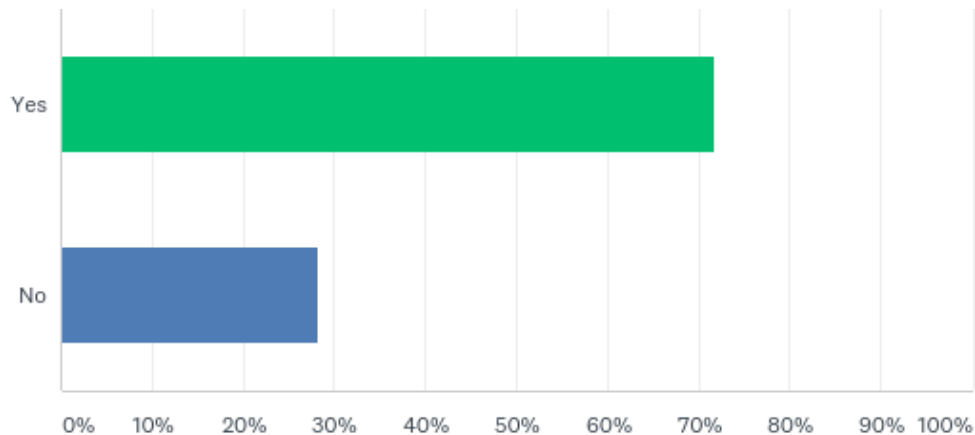
Q: If you do not have health insurance now, did you have it in the last year? (answer only if you do NOT have health insurance now.)

Answered: 204 Skipped: 879

ANSWER CHOICES	RESPONSES	
Yes	68.14%	139
No	31.86%	65
TOTAL		204

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

Answered: 1,048 Skipped: 35



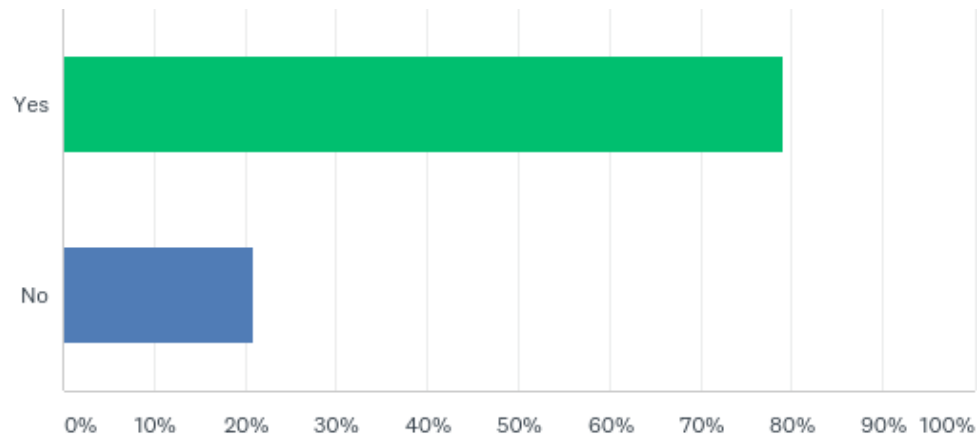
Q9: Do you have vision (eye exam, prescription glasses) insurance?

Answered: 1,048 Skipped: 35

ANSWER CHOICES	RESPONSES	
Yes	71.66%	751
No	28.34%	297
TOTAL		1,048

Q10: Do you have dental insurance?

Answered: 1,057 Skipped: 26



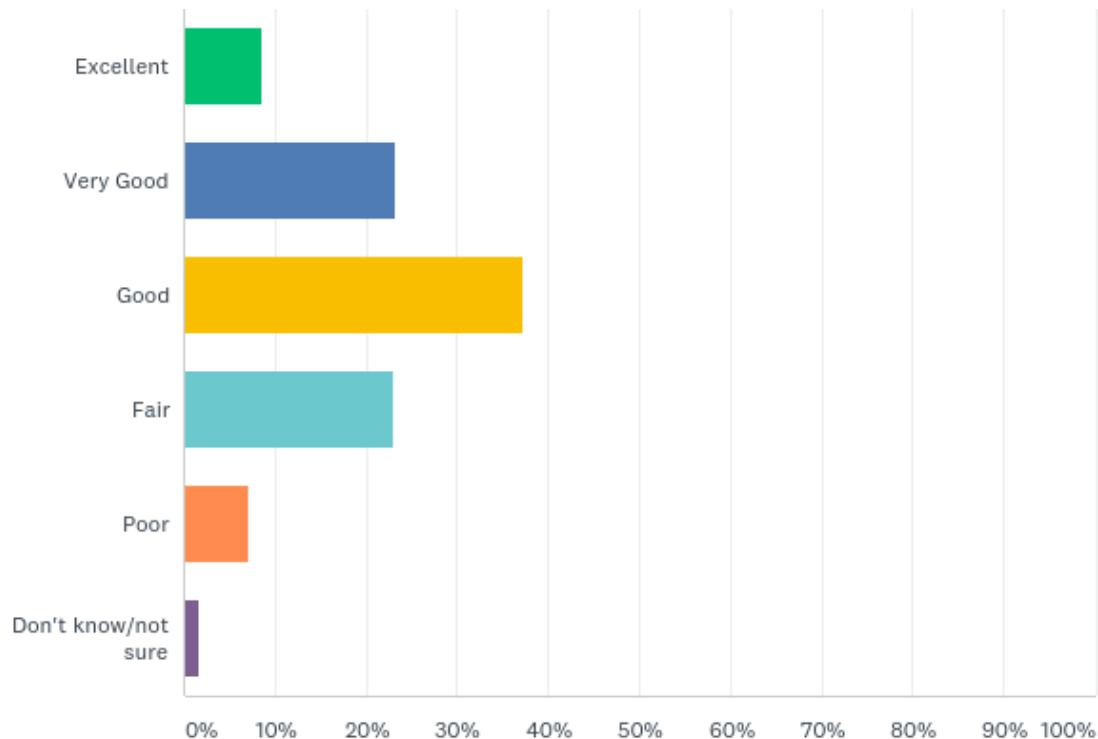
Q10: Do you have dental insurance?

Answered: 1,057 Skipped: 26

ANSWER CHOICES	RESPONSES	
Yes	79.00%	835
No	21.00%	222
TOTAL		1,057

Q11: How would you rank your personal health?

Answered: 1,069 Skipped: 14



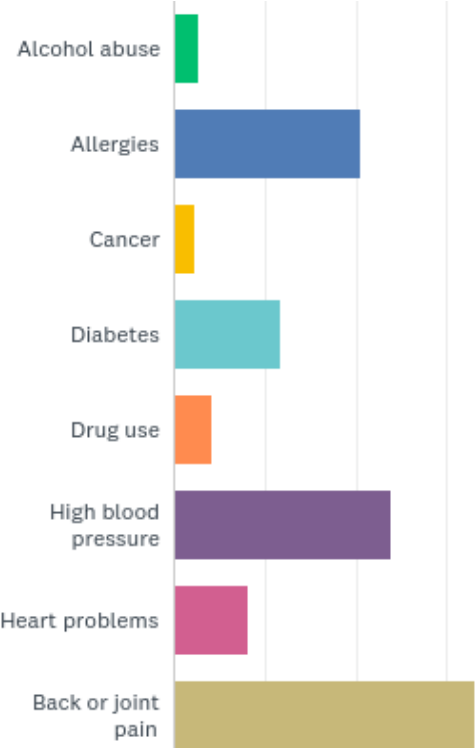
Q11: How would you rank your personal health?

Answered: 1,069 Skipped: 14

ANSWER CHOICES	RESPONSES	
Excellent	8.61%	92
Very Good	23.20%	248
Good	37.14%	397
Fair	22.92%	245
Poor	7.02%	75
Don't know/not sure	1.68%	18
Total Respondents: 1,069		

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

Answered: 1,083 Skipped: 0



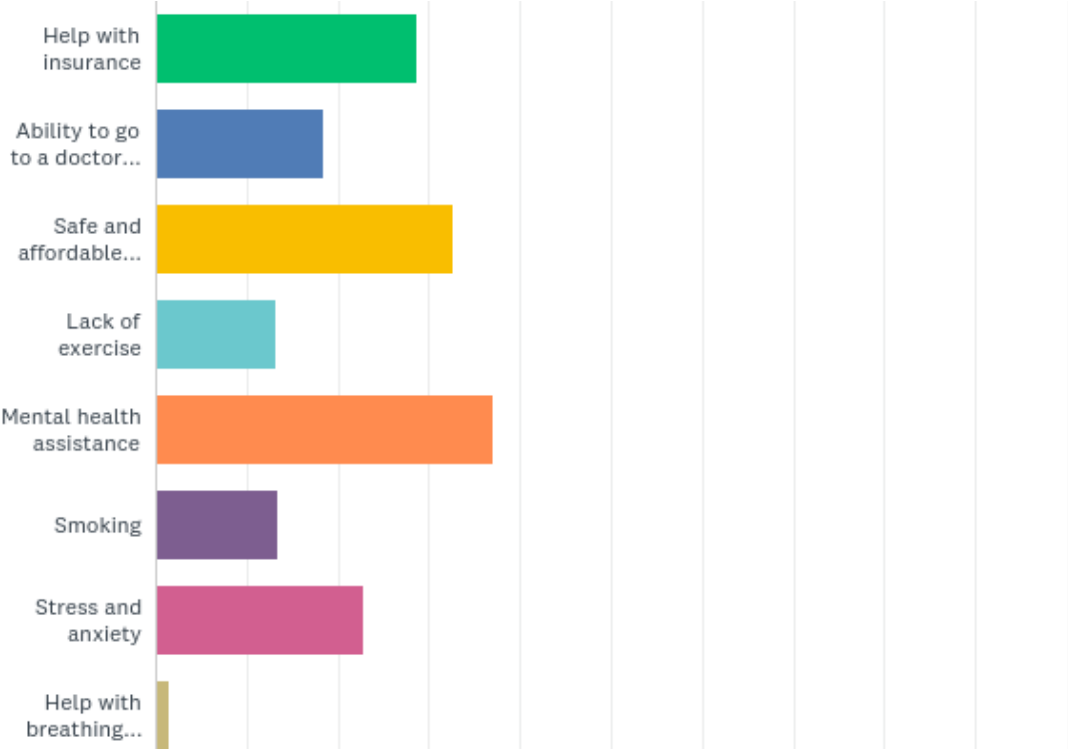
Q12: What health issues are you dealing with? (choose as many as you need to)

Answered: 1,083 Skipped: 0

ANSWER CHOICES	RESPONSES	
Alcohol abuse	2.77%	30
Allergies	20.41%	221
Cancer	2.40%	26
Diabetes	11.63%	126
Drug use	4.25%	46
High blood pressure	23.92%	259
Heart problems	8.13%	88
Back or joint pain	33.06%	358
Disability	11.73%	127
Mental health problems (depression/anxiety/other)	24.65%	267
Stress	32.69%	354
Teeth issues	27.52%	298

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

Answered: 1,083 Skipped: 0



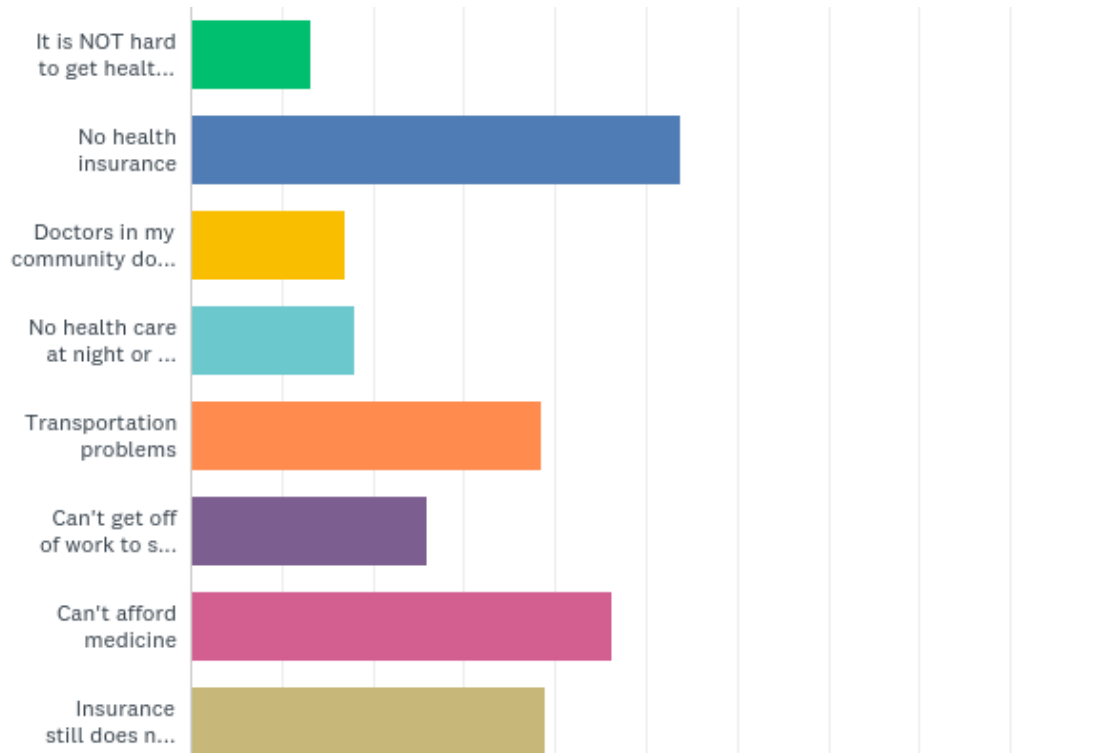
Q13: What are the 3 biggest health problems in our community? (choose 3)

Answered: 1,083 Skipped: 0

ANSWER CHOICES	RESPONSES	
Help with insurance	28.62%	310
Ability to go to a doctor when you need to	18.47%	200
Safe and affordable housing	32.59%	353
Lack of exercise	13.11%	142
Mental health assistance	37.12%	402
Smoking	13.30%	144
Stress and anxiety	22.71%	246
Help with breathing problems (asthma, COPD, etc.)	1.48%	16
Cancer prevention	5.08%	55
Pain management	6.00%	65
Air pollution (dirty air)	2.49%	27
Diabetes education and support	5.54%	60

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

Answered: 1,083 Skipped: 0



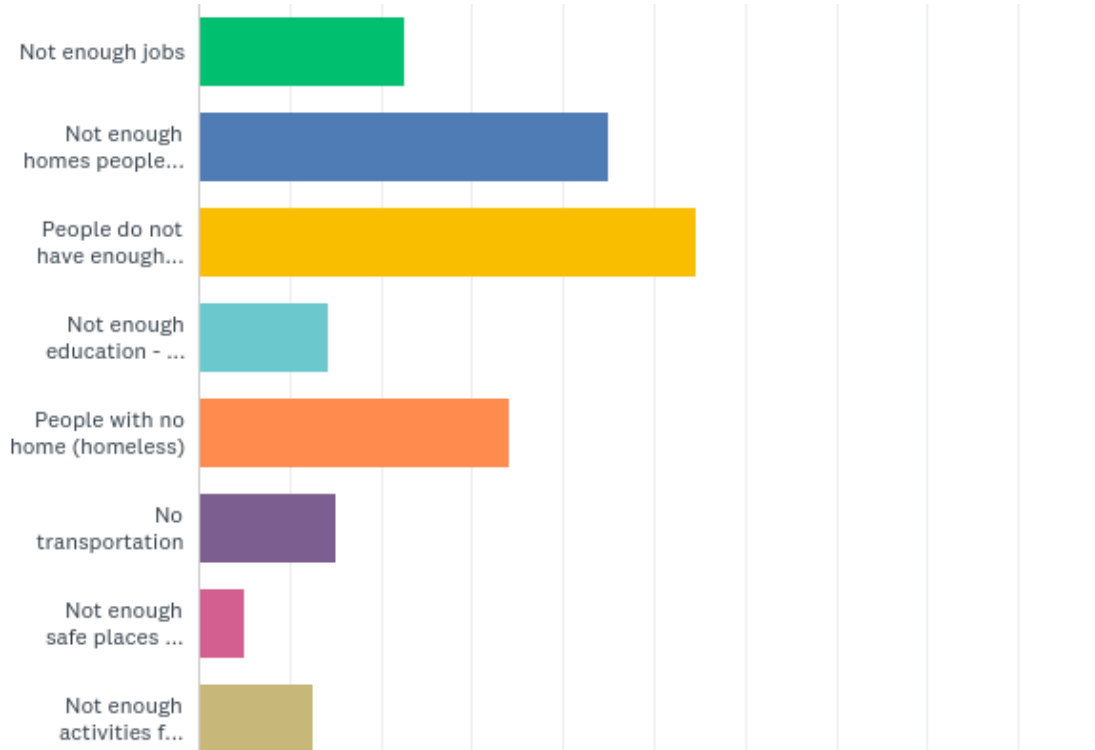
Q14: What makes it hard for people to get health care? (choose as many as you need to)

Answered: 1,083 Skipped: 0

ANSWER CHOICES	RESPONSES	
It is NOT hard to get health care	13.20%	143
No health insurance	53.74%	582
Doctors in my community don't take my insurance	16.99%	184
No health care at night or on weekends	17.91%	194
Transportation problems	38.50%	417
Can't get off of work to see a doctor	25.95%	281
Can't afford medicine	46.26%	501
Insurance still does not pay for all bills	38.97%	422
Have to wait too long to get an appointment	23.36%	253
Don't know who to call	15.05%	163
Don't speak the same language	6.93%	75
No phone or computer	9.14%	99

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

Answered: 1,083 Skipped: 0



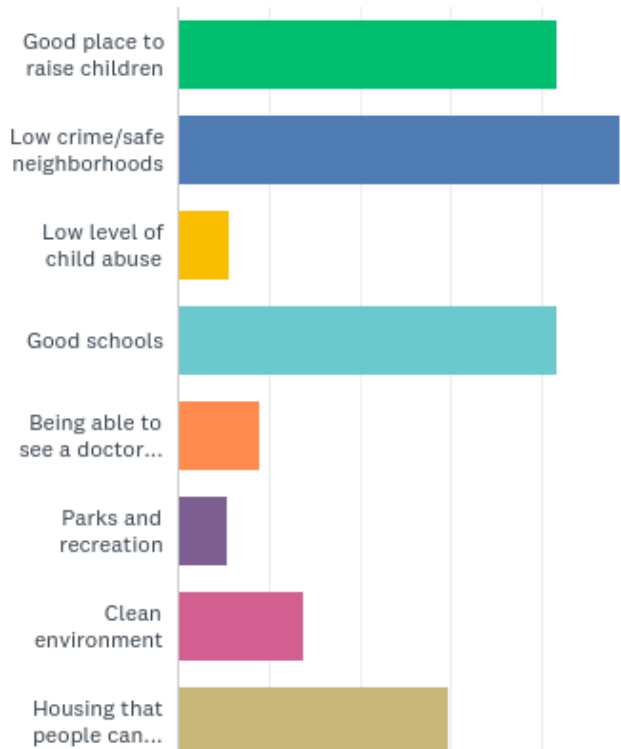
Q15: What are the 3 biggest non-health related issues in our community (choose 3)

Answered: 1,083 Skipped: 0

ANSWER CHOICES	RESPONSES	
Not enough jobs	22.62%	245
Not enough homes people can afford	44.97%	487
People do not have enough money to live	54.57%	591
Not enough education - not finishing high school	14.22%	154
People with no home (homeless)	34.16%	370
No transportation	14.96%	162
Not enough safe places to walk and to exercise	4.99%	54
Not enough activities for younger people	12.56%	136
Domestic violence	10.90%	118
Not enough support from friends and family	8.86%	96
Gangs	4.62%	50
Racism and discrimination	23.55%	255

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

Answered: 1,083 Skipped: 0



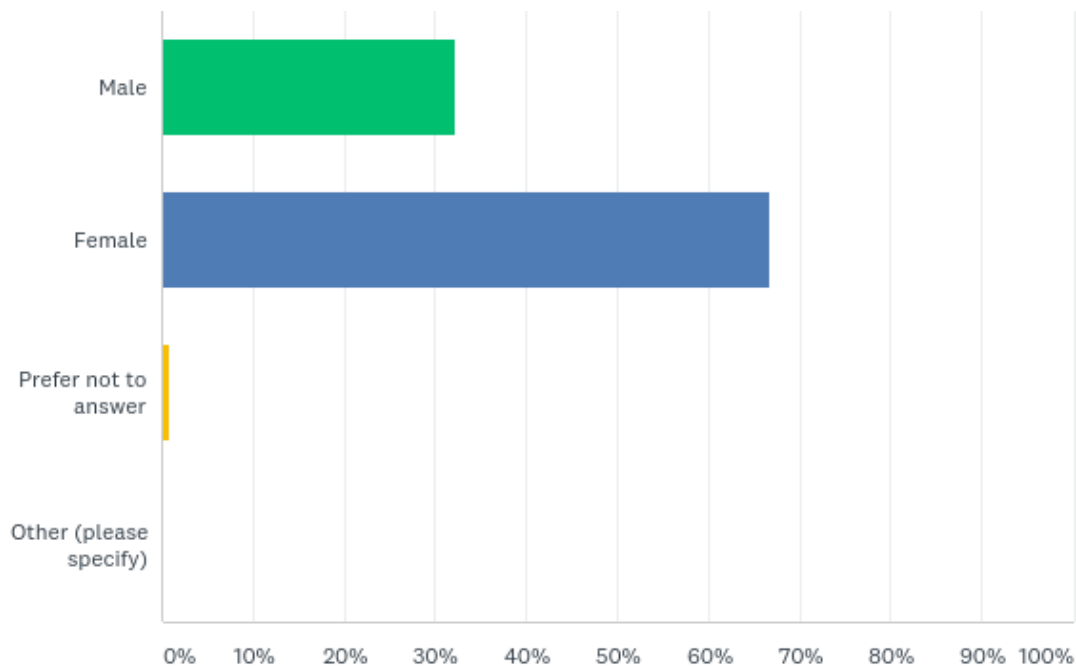
Q16: Which three items makes a "healthy community?" (please choose 3)

Answered: 1,083 Skipped: 0

ANSWER CHOICES	RESPONSES	
Good place to raise children	41.64%	451
Low crime/safe neighborhoods	48.48%	525
Low level of child abuse	5.63%	61
Good schools	41.64%	451
Being able to see a doctor easily	9.05%	98
Parks and recreation	5.36%	58
Clean environment	13.76%	149
Housing that people can afford	29.64%	321
Arts and cultural events	3.88%	42
Excellent race and ethnic relations	12.83%	139
Good jobs and healthy economy	36.29%	393
Strong family life	18.93%	205

Q18: Do you identify as:

Answered: 1,076 Skipped: 7



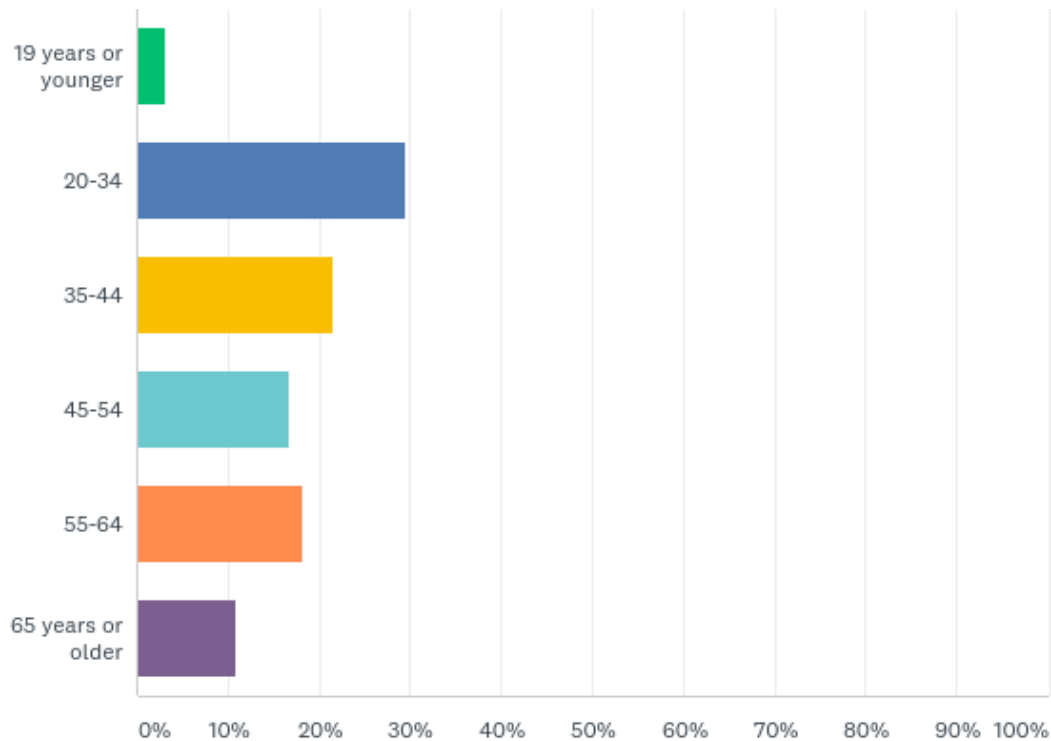
Q18: Do you identify as:

Answered: 1,076 Skipped: 7

ANSWER CHOICES	RESPONSES	
Male	32.25%	347
Female	66.73%	718
Prefer not to answer	0.84%	9
Other (please specify)	0.19%	2
TOTAL		1,076

Q19: Age?

Answered: 1,073 Skipped: 10



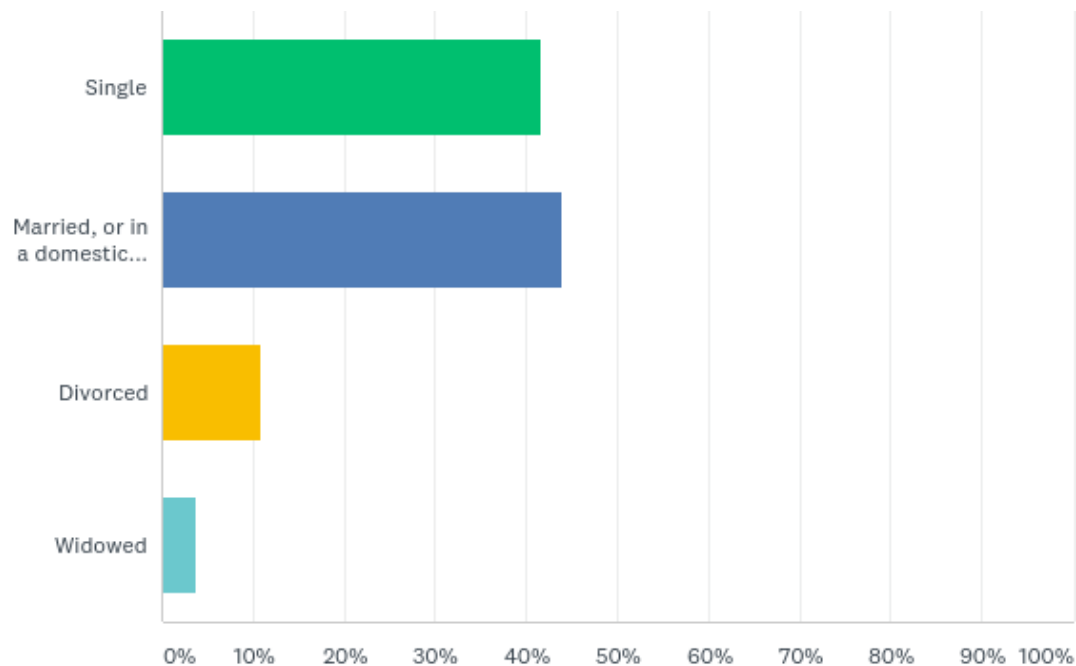
Q19: Age?

Answered: 1,073 Skipped: 10

ANSWER CHOICES	RESPONSES	
19 years or younger	3.17%	34
20-34	29.45%	316
35-44	21.53%	231
45-54	16.68%	179
55-64	18.27%	196
65 years or older	10.90%	117
TOTAL		1,073

Q20: Are you

Answered: 1,075 Skipped: 8



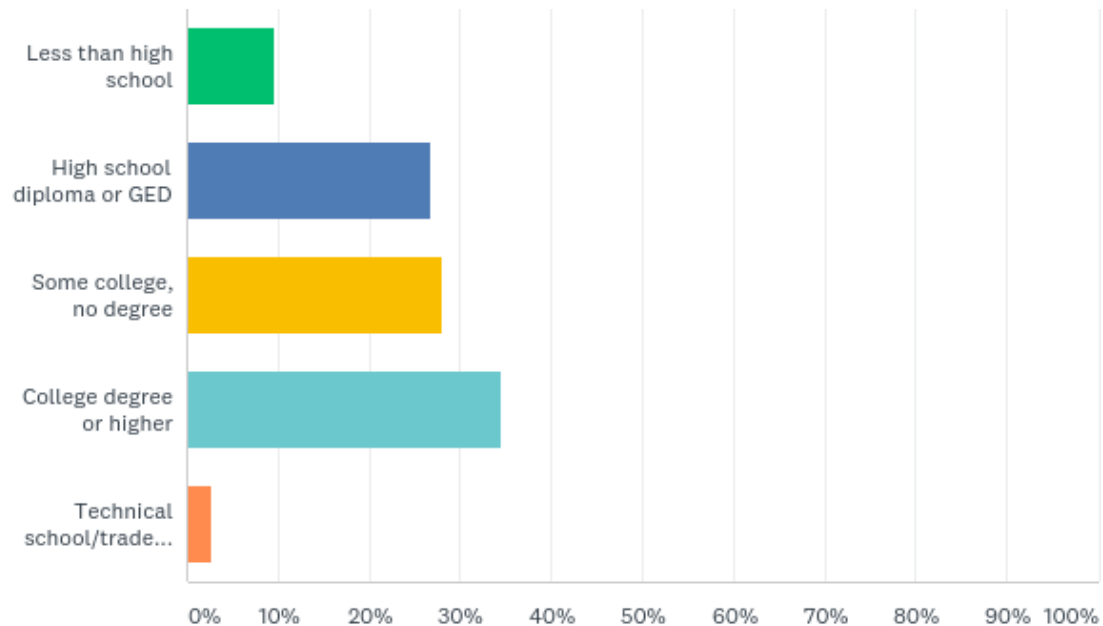
Q20: Are you

Answered: 1,075 Skipped: 8

ANSWER CHOICES	RESPONSES	
Single	41.58%	447
Married, or in a domestic partnership	43.91%	472
Divorced	10.79%	116
Widowed	3.72%	40
TOTAL		1,075

Q21: Education

Answered: 1,070 Skipped: 13



Q21: Education

Answered: 1,070 Skipped: 13

ANSWER CHOICES	RESPONSES	
Less than high school	9.72%	104
High school diploma or GED	26.73%	286
Some college, no degree	28.04%	300
College degree or higher	34.49%	369
Technical school/trade school	2.62%	28
Total Respondents: 1,070		

Q22: Employment (choose only one please)

Answered: 1,072 Skipped: 11



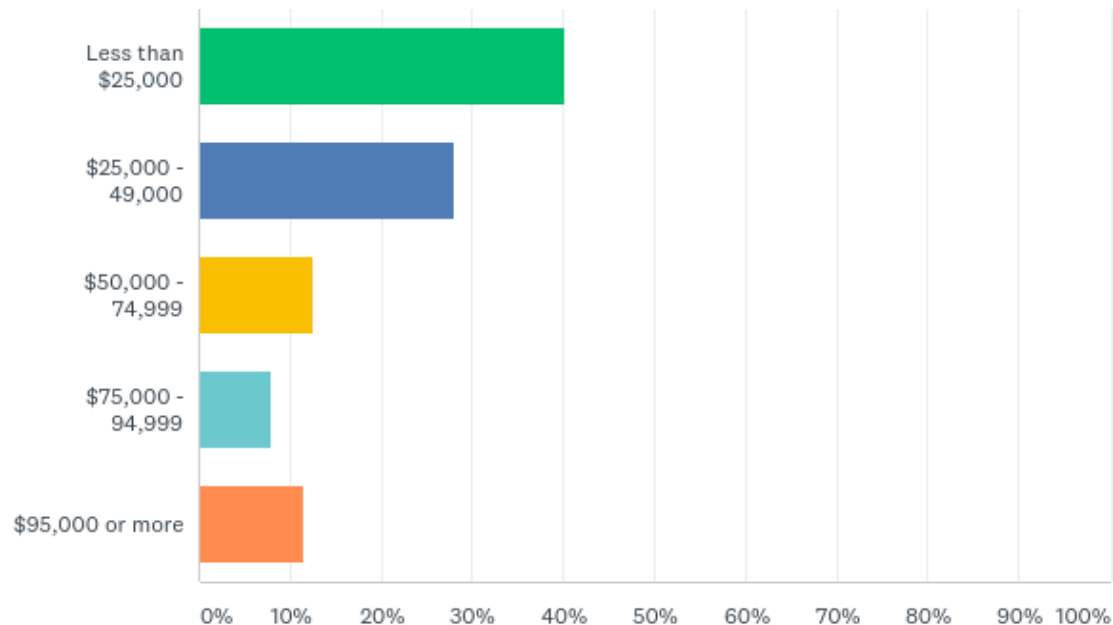
Q22: Employment (choose only one please)

Answered: 1,072 Skipped: 11

ANSWER CHOICES	RESPONSES	
Employed full-time (40 hours per week or more)	37.13%	398
Employed part-time (up to 39 hours per week)	14.27%	153
Self-employed	5.50%	59
Retired	12.59%	135
Unable to work	12.13%	130
Homemaker	3.73%	40
Out of work and looking for work	9.89%	106
Out of work and not looking for work	2.24%	24
College Student	2.52%	27
TOTAL		1,072

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

Answered: 1,030 Skipped: 53



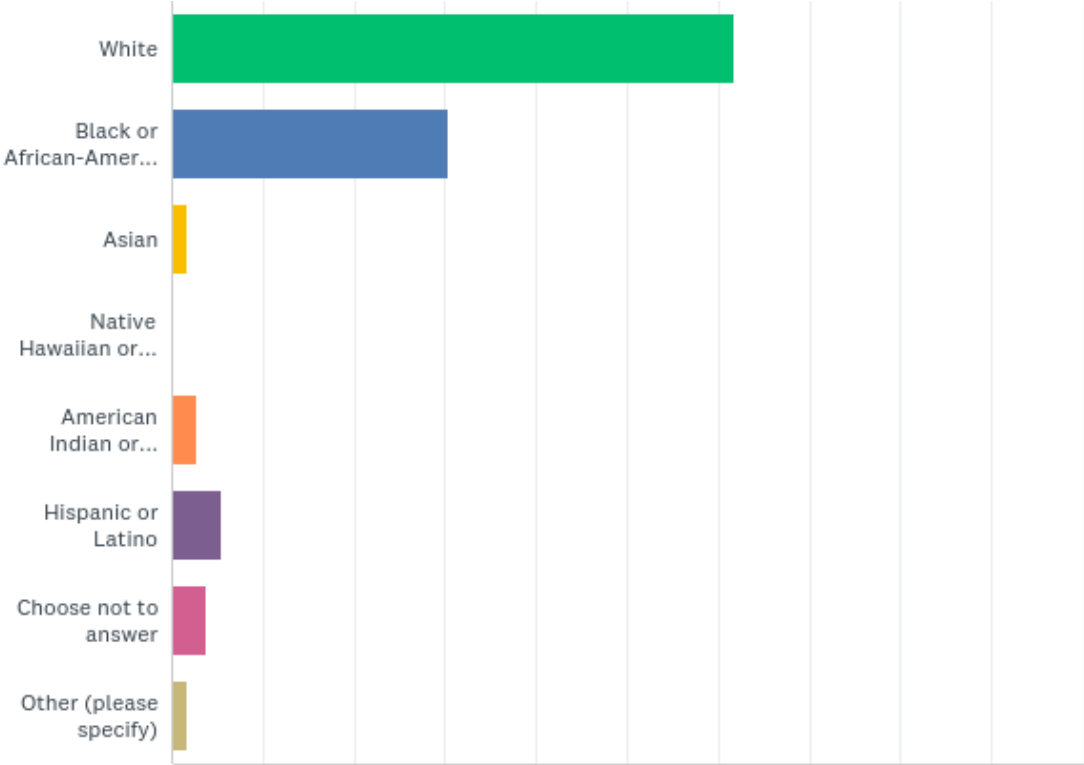
Q24: Please select the total amount of money your household makes each year

Answered: 1,030 Skipped: 53

ANSWER CHOICES	RESPONSES	
Less than \$25,000	40.10%	413
\$25,000 - 49,000	28.06%	289
\$50,000 - 74,999	12.62%	130
\$75,000 - 94,999	7.86%	81
\$95,000 or more	11.46%	118
Total Respondents: 1,030		

Q25: Are you (check all that apply):

Answered: 1,066 Skipped: 17



Q25: Are you (check all that apply):

Answered: 1,066 Skipped: 17

ANSWER CHOICES	RESPONSES	
White	61.73%	658
Black or African-American	30.39%	324
Asian	1.69%	18
Native Hawaiian or Other Pacific Islander	0.28%	3
American Indian or Alaska Native	2.72%	29
Hispanic or Latino	5.53%	59
Choose not to answer	3.85%	41
Other (please specify)	1.69%	18
Total Respondents: 1,066		

APPENDIX E

Kalamazoo County Asset Mapping Activity Summary

Asset Mapping Results

The following were the assets identified by this stakeholder team:

Social Environment

- Children's Advocacy Center
- Heart Walk – Bronson
- Marathon – Borgess
- PRIDE – other festivals
- Parades
- 2nd Wave Media – neighborhood-based reporting
- Nueva opinion newspaper
- Air Zoo
- R wings
- Growlers
- TRHT (Truth, Racial Healing and Transformation)– through Community Foundation
- ERACCE – Eliminating Racism & Claiming/Celebrating Equality
- ISAAC – Interfaith Strategy for Advocacy & Action in the Community
- NAACP
- Outfront programs
- Louis Walker Institute – WMU
- Brother to Brother – KVCC
- Consecha – immigration
- 15 60 the touch
- Al malatina – WMU
- WIDR-WMU (campus radio)
- Prevention Works
- Cease Fire
- YWCA
 - Domestic Assault
 - Human Trafficking
- CARES-Outfront
- Catholic Charities
 - Youth/The Ark
- Arts Programs
 - KIA (Kalamazoo Institute of Arts)/Art Hop
 - BACC (Black Arts & Cultural Center)/Park Trade Center
- Public Media Network
- Fire
- Speak it Forward
- Rootead
- DIA/KIA/KVCC Museum/Gilmore Keyboard
- Miller Auditorium

- Restaurant Scene Downtown - DKI
- Senior Services/Area Agency on Aging/PCC/Ecumenical SC
- KYD Net (Kalamazoo Youth Development)
- SHARE (Society for History and Racial Equity)
- Kalamazoo College Arcus (Center for Social Justice)
- El Concilio – (Hispanic American Council)
- WMU-Diversity and Inclusion
- KPL (Kalamazoo Public Library) /One Place
- Open Doors
- KDPS (Kalamazoo Department of Public Safety)
- Countywide Trauma Workgroup
- TV/Radio/Newspaper Media
- MIRC (Michigan Immigrant Rights Center)/Welcoming Michigan
- Faith-based efforts
- Hospital systems and Health services to work together
- 211
- Strong emergency/crisis resources
- Wellness focus; running trails
- Strong city and county public safety trained in crisis intervention
- Structured events, organizations and trainings based on diversity
- Not afraid to discuss and face difficult issues
- Inclusive policies at city/county level
- Human trafficking programs and programs to address difficult topics, i.e.: prison re-entry
- Strong philanthropic community that collaborates in diversity, collaborative, and out-of-box programs
- Understanding and collaboration to address mental health
- Strong art scene that is inclusive to all (i.e. Art Hop)
- WMU, KVCC, KCollege as major players in town
- Veteran collaborations and programs
- Workforce development programs

Physical Environment

- Parks and greenspace X2
- Trails & Access to nature X2
- 3 Universities
- Public transportation (metro-area) x2
 - Available, agency is adaptable
- Culture
- Entertainment Venues
- Food Banks
- Regional transit hub
- Centrally located hospitals
- Access to major highways x2
- County housing authority brings in HUD and MSHDA funding
- Urban agriculture

- “Food as Medicine”
- SNAP (Supplemental Nutrition Assistance Program) & Double-Up at 2nd largest farmer’s market in MI!
- Outdoor fitness park
- Strong brownfield redevelopment – KC (Kalamazoo County) Land Bank
 - Alcott facility, Bronson Health, Living Campus
- Rapid response to PFAS and lead in water
- Very productive and diverse agricultural region
- Valley HUB – food hub
- Pantries have lots of fresh food to distribute
- 3 Universities/Colleges; lots of public parks and open spaces
- Awareness/effort toward walkability/bike-ability
- KPS (Kalamazoo Public Schools) CEP (3 meals) and weekend food distributions
- Inter-county trail system
- Eastside Gateway Project – 5-year housing plan
- Plan to address homelessness
- KNHS – Kalamazoo Neighborhood Housing
- County Housing Millage
- Catholic Charities
- KCMH – (Kalamazoo County Mental Health)
- YWCA
- Tiny houses pending (City of Kalamazoo)
- City of Kalamazoo addressing zoning
 - Brownfield Redevelopment
- Loaves & Fishes
- Local Airport
- Amtrak
- Metro buses
 - Disability Network
 - Kalamazoo County Connect
- Nature Center x2
- Fair Housing of Southwest Michigan
- Universal Breakfast
- Blight removal
- Douglas Community Association (Loaves & Fishes)
- Gospel Mission
- Kalamazoo Collective Housing
- WMU- food bank for students
- Public Health Department
- Hospitality Houses
- KVCC Healthy Living Project
 - Culinary School
- Open Doors Housing
- The Ark

Service Environment

- Mental Health and Substance Abuse Interact
 - ARC or AVC?
- Diversion Courts
 - Recovery-ROSC
- Community Healing Center
- Veteran Suicide Prevention
- MRC (disability employment center)
- Bridgeways
- Recovery Institute
- ASK – Advocacy Services for Kids
- Faith Empowerment Center
- Catholic Family Services
 - Bilingual counseling
- Kalamazoo County Opioid Coalition
- Gryphon Place
- Senior Services
- Kalamazoo County Substance Abuse Task Force
- Agency on Aging
- PACE (Program of All-Inclusive Care for the Elderly) Program – dementia patient day program
- Housing Resources, Inc.
- Kalamazoo AIDS Agency – CARES
- Jeters Leaders
- F.U.S.E. (Frequent Users Systems Engagement)
- Salvation Army
- Red Cross
- MIRC – Michigan Immigrants Rights Center
- Posse-Kalamazoo College
- College Assistant Migrant Programs – WMU
- MLK Program – WMU
- Kalamazoo Promise Campus Coaches – WMU & KVCC
 - Trio Program – WMU
 - Seita Scholars – WMU
 - Fostering success
- KVCC Groves
- Disproportionate number of non-profits in Kalamazoo
- Scouts
- Girl Scouts
- 4-H Programs
- KRESA
- Kalamazoo Promise
- Outfront
- Communities in Schools
- BACC (Black Arts Cultural Center)/Art Scene/KIA (Kalamazoo Institute of Arts)
- 2 hospitals, ambulatory services, family health center, KCMHSAS
- MI Works Super Center

- University, College, Community College, WMed
- Loaves & Fishes – Countywide Referral
- 211 System
- YWCA
 - Child care
 - Domestic
- YMCA
 - Programming
- Early Childhood Programs
 - KC (Kalamazoo County) Ready 4s
 - Headstart
- UA (Urban Alliance): Momentum
- Grassroots Organizations
 - League of Women Voters
- Parks and Recreation Programming
- CHW (community health worker), NFP (Nurse Family Partnership), HBHS (Health Babies Healthy Start). Rootead
- Prevention Works
- Goodwill GED
- Covenant HS
- Alternative High Schools
- Juvenile Home Educational Service
- School Justice Partnership
- Cradle Kalamazoo
- El Concilio
- Health Department
- Mobile Health (Family Health Center)
- MDHHS (Michigan department of health and human services)
- Kid Net
- NMA (Northside Ministerial Alliance Kalamazoo)
- Gospel Mission
- Ministries w/Communities
- Douglass Community Center

Economic and Work Environment

- WMed \$100 million to start
 - High school pipeline
 - Philanthropic
- SW MI First
 - Internship
 - Leadership Development
- Kalamazoo Promise
 - Pathway Highschool Coaches
- College – Community Colleges

- KPS Education for Employment
- Y.O.U (Youth Opportunities Unlimited)
- Youth Employment Opportunities-summer
- Urban alliance
 - Momentum
- MI Works
- Middle school pre-college program
- Kalamazoo Community Foundation - SPK-IK 2025
- Re-entry program
- KRESA (Kalamazoo Regional Educational Service Agency) -EFE (Education for Employment)
- City local proc. Policy
- NACD (National Association of Corporate Directors)
 - Cultural business district
- Increase in resident owned business
- KNHS (Kalamazoo Neighborhood Housing Services) -Kalamazoo Community Foundation
 - LISC (Local Initiatives Support Corp)
- PFC (People's Food Co-Op)
 - Access to Food and Employment
- Financial Opportunity Center-Douglas
 - Training program
- Sisters of business
- Black Walstreet Kalamazoo
- MRC-Supported Employment for persons with mental health conditions and developmental disabilities
- Small Business Development Center
- KVCC-FIC (Food Innovation Center)
- Job pipeline coaching
- Resettled Refugees-Bethany Christian Services
- Upjohn Institute – Employment Research
- BTR (Business Technology & Research) Park
 - Life Science Incubator
 - Others
- One fair wage MI – TBD
- Cundo Kitchen
- Major Employers
 - Bronson
 - Borgess
 - Pfizer
 - Upjohn
 - Stryker
 - WMed
 - KVCC
 - WMU
 - K-College
- Economic Engines (Borgess, Bronson)

- Invest in Local economy and Downtown District
- Ban the Box city
- Douglas Community Center
- Walmart Temp Agency
- Aviation
- WMU-Financial Literacy Education
- Land Bank
- KPEP (Kalamazoo Probation Enhancement Program)- Walmart & Park
- Community Promise – Credit Union?
- Bronson – Consumers Credit Union
- Regional Airport - Connection