

Fiscal Years 2020 – 2022

Ascension Borgess-Lee Hospital Community Health Implementation Strategy

CHNA conducted FY 2019 (July 1, 2018 – June 30, 2019)



**Ascension
Borgess-Lee Hospital**

Ascension Borgess-Lee Hospital Implementation Strategy

Implementation Strategy Narrative

Overview

Ascension Borgess-Lee Hospital, ABLH, a member of Ascension, is a non-profit Catholic health system. It is our mission to serve all persons with special attention to those who are poor and vulnerable. ABLH is a Critical Access Hospital with an emergency department, rehabilitation services, diagnostics, surgery, and affiliated primary care practices. Located in Dowagiac Michigan, the majority of ABLH patients reside in Cass County, with additional patients living in Niles, and the villages of Cassopolis, Edwardsburg, Marcellus, and Vandalia.

Demographically, ABLH's primary service area's population is 51,381 and is predominantly rural. The population is 49% female and 51% male. In 2017, the racial demographics were 89.5% White; 5.3% Black or African American; .8% Asian, 3.1% two or more races; and 3.9% Hispanic or Latino. Cass County's average median household income is \$50,699, and 12% of Cass County is living in poverty.

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, residents, and patients. This assessment not only takes into consideration local, state and federal data but also assesses the social determinants of health (SDoH) 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.

ABLH identified four distinct environments to assess during the 2019 CHNA process. These indicator groupings focus on upstream SDoH 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 was collected, analyzed, shared and discussed with community stakeholders representing the populations served in the community. Community surveys were completed, key stakeholder focus groups and key informant interviews were also conducted throughout the 2019 CHNA process.

In the initial stages of the 2019 CHNA process, ABLH formed the Cass County Community Health Needs Assessment Key Stakeholder Workgroup. The Workgroup members participated in CHNA planning meetings and contributed their time through participation in stakeholder surveys, distribution and collection of community surveys, in focus group discussions and during the data review process. They were also actively engaged in the prioritization of health issues.

ABLH also contracted with the Michigan Health Improvement Alliance (MiHIA.) MiHIA 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 findings to the Key Stakeholder Workgroup, facilitate the discussion and health issue prioritization process and to produce the final 2019 CHNA report.

Needs That Will Be Addressed:

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

Needs That Will Not Be Addressed:

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

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

An action plan follows for each prioritized need, including the resources, proposed actions, planned collaboration, and anticipated impact of each strategy.

Prioritized Need #1: Develop Employment Opportunities

GOAL: Increase employment opportunities and attract new industry and businesses to the area.

Action Plan

STRATEGY 1: Actively collaborate and partner with the Cass County Economic Development Committee

BACKGROUND INFORMATION:

- **Target Population:** The community of Cass County, specifically employers, community business members, city and village governments, and those who are seeking employment in the community.
- **How the strategy addresses social determinants of health, health disparities and challenges of the underserved:** Access to educational, economic, and job opportunities is an example of social determinants of health (SDoH,) and this strategy focuses on Economic Stability, one of the five key areas of the Healthy People 2020 approach to SDoH using a “place-based” organizing framework. Multiple aspects of employment – including job security, the work environment, financial compensation, and job demands – may affect health. Research suggests that displacement is associated with subsequent unemployment, long-term earnings losses, and lower job quality; declines in psychological and physical well-being; loss of psychosocial assets; social withdrawal; family disruption; and lower levels of children’s attainment and well-being. The most direct impact of unemployment is loss of health insurance coverage, which can also affect spouses of workers and their children.
- **Strategy source:** *The Far-Reaching Impact of Job Loss and Unemployment*, Jennie E. Brand, Annual Review of Sociology 2015. 41:1, 359-375; Healthy People 2020 – <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>

RESOURCES:

- ABLH leadership
- ABLH Foundation
- ABLH facilities/potential host for events/meetings, etc.

COLLABORATION:

- Greater Niles Chamber of Commerce (recently merged from the Southwestern Michigan Economic Growth Alliance and Four Flags Area Chamber of Commerce) – serving Niles, Buchanan, Bertrand Township, Niles Charter Township, Galien, Three Oaks, and Cass County.
- Imagine Cass – Embrace the Vision project
- Michigan State University
- Sustainable Built Environment
- Disability Network – Social Security Benefits Planning
- Kinexus – the LINK Employer Resource Network
- United Way of Southwest Michigan
- Pokagon Band of Potawatomi

STRATEGY 1: Actively collaborate and partner with the Cass County Economic Development Committee

ACTIONS:

1. ABLH administrator or designated representative will attend and participate in Cass County Economic Development Committee meetings.
2. Promote Ascension's Socially Just Wage as the standard for employers in Cass County.
3. Support the Imagine Cass – Embrace the Vision design and planning process.
4. Collaborate with United Way of Southwest Michigan with current and future Cass County and Dowagiac-specific income programs.

ANTICIPATED IMPACT:

- I. Imagine Cass project commenced in January 2019, beginning in Niles, MI and continues into the next several years with expansion planned throughout Cass County. The project goal is revitalization of villages in Cass County to attract new businesses and industry to the area. Working with a dedicated economic development committee to assess and address unemployment in the community will ultimately improve the health of the community.
- II. By December 2019, meet with United Way of Southwest Michigan to discuss opportunities for collaboration with current and future programs related to income/economic development, transportation, mobile food pantries, and pop-up farmers markets (*see additional priority needs.*)
- III. By January 2020, explore potential membership for ABLH in the Greater Niles Chamber of Commerce to support economic development efforts in Cass County.
- IV. By March 2020, reach out to partner organizations to offer ABLH as a host site for community activities and events related to economic development (i.e., job fairs, etc.)

Alignment with Local, State & National Priorities (Long-Term Outcomes for Prioritized Need #1)

OBJECTIVE:	LOCAL / COMMUNITY PLAN:	STATE PLAN:	"HEALTHY PEOPLE 2020" (or OTHER NATIONAL PLAN):
1	Imagine Cass - visioning, design and planning process; project of the Greater Niles Area Chamber of Commerce Increase employment opportunities in the Cass County community; <i>ABLH CHNA 2019</i>	Michigan Economic Development Corporation MI Community Revitalization Program	Healthy People 2020: Economic Stability is #1 of 5 Social Determinants of Health topic areas. Employment is a key issue in the Economic Stability domain. SDOH-1

Prioritized Need #2: Increase Health Service Options

GOAL: Increase community access to both primary and specialty care in Cass County.

Action Plan

STRATEGY 1: Increase access to primary and specialty care providers in Cass County

BACKGROUND INFORMATION:

- **Target Population:** community members and patients seeking primary or specialty care in the greater Cass County area.
- **How the strategy addresses social determinants of health, health disparities and challenges of the underserved:** Access to primary and specialty care is essential to the health of the community. More importantly, access to providers who participate with Medicaid and provide charity care is critical to meeting the health needs of residents. Due to its rurality, Cass County has significantly higher numbers of people per provider when compared to the rest of the state. The long distances individuals must travel to see a healthcare provider and limited public transportation options both contribute to a severe barrier, impacting an individual's ability to seek vital healthcare services that would improve overall health outcomes. According to the Health Resources Services Administration (HRSA), Cass County Michigan is designated as a healthcare provider shortage area (HPSA.) Recruiting efforts are currently in process to hire additional providers to the area for the Ascension Medical Group (AMG) in Dowagiac.
- **Strategy source:** <https://www.aha.org/factsheet/2018-08-02-emerging-strategies-ensure-access-health-care-services>

RESOURCES:

- Strategies/actions built into annual AMG and ABLH budgeting process
- AMG leadership and associates
- ABLH associates and leadership
- Lyft and additional ride-share services

COLLABORATION:

- Ascension Human Resources and Recruiting
- Ascension Marketing
- Area public schools and businesses
- Emergency Medical Services - EMS
- Cassopolis Family Clinic Network
- Van Buren/Cass District Health Department
- United Way of Southwest Michigan
- Pokagon Band of Potawatomi

ACTIONS:

1. Recruit three new primary care providers and one mid-level provider for AMG Dowagiac.
2. Open AMG Specialty Building in Cass County.

STRATEGY 1: Increase access to primary and specialty care providers in Cass County

3. Add additional specialty providers – neurosurgery, orthopedics, and potentially pulmonology and vascular services.
4. Market new providers in community.
5. Promote awareness of ABLH programs: 3D mammograms; women’s pelvic health; lymphedema therapy; “Big” (Parkinson’s) program; speech pathology services, inpatient and outpatient; and swing bed program.
6. Explore Community Integrated Paramedicine (CIP) grants and opportunities.
7. Assess need for expansion of convenient care hours – Dowagiac.

ANTICIPATED IMPACT:

- I. By the end of 2019, recruit one mid-level provider and continue recruiting efforts to hire three new primary care providers for AMG Dowagiac.
- II. By February 2020, meet with EMS to explore potential CIP opportunities for Dowagiac.
- III. By March 2020, design marketing and awareness campaigns to promote ABLH programs.
- IV. By Spring 2020, open the AMG Specialty Building in Cass County.
- V. By Spring 2020, additional specialty providers offer services; neurosurgery, orthopedics and potentially pulmonology, and vascular services.
- VI. Market AMG Dowagiac expanded services/providers when the Specialty Building opens (exact date TBD.)
- VII. By Fall 2020, assess need for expansion of convenient care hours – Dowagiac.

Alignment with Local, State & National Priorities (Long-Term Outcomes for Prioritized Need #2)

OBJECTIVE:	LOCAL / COMMUNITY PLAN:	STATE PLAN:	“HEALTHY PEOPLE 2020” (or OTHER NATIONAL PLAN):
1	Increase health service options in Cass County service area; <i>ABLH CHNA 2019</i>	MDHHS Michigan Strategic Opportunities for Rural Health Improvement – A State Rural Health Plan 2008-2012	Healthy People 2020 target: 100% of adults will have health insurance. Health and Health Care (which includes Access to Health Care and Access to Primary Care) is one of the five key determinant areas in the “place-based” organizing framework,

reflecting 5 key areas
of SDoH. AHS-1.1;
AHS-3; AHS-5.1; AHS-
6.1
American Hospital
Association (AHA)
Rural Hospital-Health
Clinic Integration
Strategy, July 2018

Prioritized Need #3: Increase Transportation Options for Cass County residents

GOAL: Increase transportation options for Cass County and surrounding area community residents.

Action Plan

STRATEGY 1: Increase awareness and utilization of transportation options for Cass County community members.

BACKGROUND INFORMATION:

- **Target Population:** community members and patients in need of primary and specialty care in the greater Cass County area, specifically those who may currently travel long distances to receive care.
- **How the strategy addresses social determinants of health, health disparities and challenges of the underserved:** Transportation is an important SDoH in rural communities. The availability of reliable transportation options impacts a person's ability to access appropriate and well-coordinated healthcare, purchase nutritious food, and otherwise care for him or herself. Rural populations most likely to need transportation services to maintain their health and well-being include: the elderly; people with disabilities; low-income individuals and families; veterans and people with special healthcare needs, who often must travel long distances to access care. The growing population of individuals over the age of 65 presents significant barriers, as this segment of the population tends to require services from healthcare specialists (i.e. audiologists, cardiologists, rheumatologists, etc.) that are in short supply in rural communities and often require traveling long distances and making overnight housing arrangements to access. There are limited transportation resources in Cass County.
- **Strategy source:** <https://www.ruralhealthinfo.org/topics/transportation>

RESOURCES:

- Strategies/actions built into annual AMG and ABLH budgeting process
- Ascension Medical Group (AMG) and ABLH leadership and associates
- ABLH Foundation
- Vehicle owned by ABLH, currently utilized by Senior Care Services Program
- National Rural Transit Assistance Program (RTAP)

COLLABORATION:

- Lyft and other ride-share services
- Cass County Public Transit - Dowagiac Dial-A-Ride Transit (DART); Cassopolis Dial-A-Ride; Cass County, Rural.
- Southwest Michigan Community Action Agency
- Emergency Medical Services - EMS
- 2-1-1
- United Way of Southwest Michigan

ACTIONS:

1. Collaborate with United Way of Southwest Michigan's current and future programs and partnerships focused on transportation, mobile food pantries, and pop-up farmers markets.

STRATEGY 1: Increase awareness and utilization of transportation options for Cass County community members.

2. Explore Community Integrated Paramedicine (CIP) grants and opportunities.
3. Coordinate use of ABLH owned vehicle for patient transport as appropriate.
4. Explore distribution of transit passes for AMG and ABLH patients.

ANTICIPATED IMPACT:

- I. By December 2019, meet with the United Way of Southwest Michigan to discuss opportunities for collaboration with current and future programs and partnerships focused on transportation, mobile food pantries, and pop-up farmers markets.
- II. By February 2020, meet with EMS to explore potential CIP opportunities for Cass County.
- III. By March 2020, draft a policy and procedure for use of the ABLH vehicle for patient transport.
- IV. By April 2020, determine feasibility of transit pass distribution for AMG and ABLH patients.

Alignment with Local, State & National Priorities (Long-Term Outcomes for Prioritized Need #3)

OBJECTIVE:	LOCAL / COMMUNITY PLAN:	STATE PLAN:	“HEALTHY PEOPLE 2020” (or OTHER NATIONAL PLAN):
1	Increase transportation options for Cass County: <i>ABLH CHNA 2019</i>	MDHHS Michigan Strategic Opportunities for Rural Health Improvement – A State Rural Health Plan 2008-2012	Healthy People 2020 target: 100% of adults will have health insurance. Health and Health Care (which includes Access to Health Care and Access to Primary Care) is one of the five key determinant areas in the “place-based” organizing framework, reflecting 5 key areas of SDoH. AHS-1.1; AHS-3; AHS-5.1; AHS- 6.1 American Hospital Association (AHA) Rural Hospital-Health Clinic Integration Strategy, July 2018

Prioritized Need #4: Health Education Through Faith-Based Environments

GOAL: *Provide health education in the Cass County community through faith-based environments.*

Action Plan

STRATEGY 1: Train faith-based community partners to provide health education, with a focus on health literacy, within faith-based organizations, churches, events and additional venues.

BACKGROUND INFORMATION:

- **Target Population:** Community members living in Cass County and surrounding areas where they worship or participate in faith-based activities.
- **How the strategy addresses social determinants of health, health disparities and challenges of the underserved:** When public and preventative health education must reach those most at risk and vulnerable, faith-based organizations (FBOs) are an important link to the populations in need of health information. Access to health education and an increase in health literacy decreases emergency room visits and improves the general health of the community by empowering residents of all ages to make better decisions related to their behaviors and health habits. Over the past several decades, national and community leadership has recognized the potential to integrate physical and spiritual domains. FBOs increasingly have been called on to serve as key players in health promotion and disease efforts. Such FBOs, most specifically religious congregations, have been recognized for their potential to provide mental and physical health programming. Health promoters have also begun to acknowledge the role of social and physical environments by addressing multiple levels of change, including organizational policies and practices. The US Department of Health and Human Services (HHS) defines health literacy as “the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.” Individuals with limited health literacy may have trouble reading and understanding food labels, completing health assessment forms, communicating symptoms to a clinician, measuring medications, navigating the health-care system, or following self-care instructions. It is the opinion of community stakeholders that the population they serve in Cass County primarily utilize urgent care or walk-in clinics for healthcare. With education provided to the community related to preventative care, the burden on urgent care centers may be relieved.
- **Strategy source:** *Faith-Based Initiatives in Health Promotion: History, Challenges, and Current Partnerships*, Levin, Jeff, PhD, MPH; *Critical Issues and Trends: Population Health; Spiritual Health; American Journal of Health Promotion*, January/February 2014, Vol. 28, No 3; Department of Health and Human Services (US). 2nd ed. Volumes 1 and 2. Washington: U.S. Government Printing Office; 2000; *Healthy people 2010: With Understanding and Improving Health and Objectives for Improving Health*; Levin J. Faith-based partnerships for population health: challenges, initiatives, and prospects. *Public Health Reports*. 2014;129(2):127–131. doi: 10.1177/003335491412900205;

STRATEGY 1: Train faith-based community partners to provide health education, with a focus on health literacy, within faith-based organizations, churches, events and additional venues.

RESOURCES:

- Strategies/actions built into annual AMG and ABLH budgeting process
- Ascension Medical Group (AMG) and ABLH leadership and associates
- ABLH Foundation
- AMG/ABLH facilities as potential host sites
- MDHHS Office of Community and Faith Engagement

COLLABORATION:

- Action Ministries Center (Dowagiac)
- Local churches
- Southwest Michigan College
- Van Buren/Cass District Health Department
- Additional partners as identified

ACTIONS:

1. Outreach to community partners, specifically Action Ministries Center, to determine interest and availability of potential trainers.
2. Meet with Van Buren/Cass District Health Department to explore partnership with existing health education programming.
3. Meet with Southwest Michigan College to explore partnership opportunities.
4. Select health literacy curriculum.
5. Design training schedule.
6. Provide Train-the-Trainer sessions on health literacy and basic preventative health education.
7. Provide technical assistance and evaluation of programs as necessary.

ANTICIPATED IMPACT:

- I. By April 2020, meet with internal workgroup of ABLH & AMG leadership, associates, providers and educators to determine appropriate staffing for project and elicit ideas.
- II. By May 2020, meet with Van Buren/Cass District Health Department and Southwest Michigan College regarding potential partnership with existing health education programming.
- III. By June 2020, contact Action Ministries Center and local churches to determine interest and potential trainees.
- IV. By July 2020, select training curriculum and materials.
- V. By September 2020, conduct Train-the-Trainer sessions with designated trainees.
- VI. By January 2021, health literacy and education sessions delivered to the community.
- VII. By June 2021, evaluation of programs conducted.

Alignment with Local, State & National Priorities (Long-Term Outcomes for Prioritized Need #4)

OBJECTIVE:	LOCAL / COMMUNITY PLAN:	STATE PLAN:	“HEALTHY PEOPLE 2020” (or OTHER NATIONAL PLAN):
1	Cass County community health education through faith-based environments: <i>ABLH CHNA 2019</i>		Healthy People 2020: Health and Health Care is one of the five key determinants in the “place-based” organizing framework, reflecting 5 key areas of social determinants of health. HC/HIT-1.1; HC/HIT-1.2

Prioritized Need #5: Healthy Affordable and Available Food

GOAL: Increase access to healthy and affordable food for Cass County community residents.

Action Plan

STRATEGY 1: Collaborate with local partners addressing the issue of healthy and affordable food access in Cass County and surrounding areas.

BACKGROUND INFORMATION:

- **Target Population:** Cass County and surrounding area community members seeking improved access to healthy and affordable food
- **How the strategy addresses social determinants of health, health disparities and challenges of the underserved:** Gaining access to healthy and affordable food can be a challenge for rural residents. Many rural areas lack food retailers and are considered “food deserts,” areas with limited fresh and affordable foods. Ironically, some of these food deserts are in areas where farming is important to the local economy. In rural areas, access to food may be limited by financial constraints or other factors, such as transportation challenges. Rural shoppers may rely on more expensive and less nutritious food, such as the types available at gas station convenience stores or face a long drive to a town with a supermarket or grocery store that stocks fresh produce, milk, eggs, and other staples.
- **Strategy source:** <https://www.ruralhealthinfo.org/topics/food-and-hunger>; According to the 2017 US Department of Agriculture Economic Research Service (USDA-ERS) publication: *Food Insecurity, Chronic Disease, and Health Among Working-Age Adults*, food insecurity is strongly associated with chronic disease and poor health, both of which disproportionately affect rural populations.

RESOURCES:

- Strategies/actions built into annual AMG and ABLH budgeting process
- Ascension Medical Group (AMG) and ABLH leadership and associates
- ABLH Foundation
- AMG/ABLH facilities as potential host sites
- Ascension Marketing

COLLABORATION:

- United Way of Southwest Michigan
- Feeding America West Michigan – mobile pantry program
- Stepping Stones
- St. Paul’s Episcopal Church food pantry
- 2-1-1

ACTIONS:

1. Continue ABLH program distributing leftover hospital cafeteria meals to the public for \$3; as well as donations of leftover meals to Stepping Stones for additional distribution to those in need.

STRATEGY 1: Collaborate with local partners addressing the issue of healthy and affordable food access in Cass County and surrounding areas.

2. Collaborate with United Way of Southwest Michigan and Feeding America to explore opportunities to host mobile food pantries or pop-up farmers market events at ABLH or AMG sites.
3. Market local pop-up farmers markets, food pantry sites and other related events in the community through Ascension marketing platforms at ABLH/AMG.
4. Assure ABLH and AMG Care Coordinators and other appropriate associates are referring to 2-1-1 and additional resources for food assistance.

ANTICIPATED IMPACT:

- I. Ongoing; ABLH cafeteria meals distributed to community members by request (leftover meals, \$3, pre-packaged) and to Stepping Stones for additional distribution.
- II. By December 2019, meet with United Way of Southwest Michigan to discuss opportunities for collaboration with current and future programs related to income/economic development, transportation, mobile food pantries, and pop-up farmers markets.
- III. By March 2020, develop marketing plan for current food distribution options, events, and additional related activities.
- IV. By April 2020, develop standardized list of referral resources to include healthy and affordable food assistance options for AMG and ABLH care coordinators and any other appropriate associates making referrals.

Alignment with Local, State & National Priorities (Long-Term Outcomes for Prioritized Need #5)

OBJECTIVE:	LOCAL / COMMUNITY PLAN:	STATE PLAN:	"HEALTHY PEOPLE 2020" (or OTHER NATIONAL PLAN):
1	Increase access to healthy and affordable food for Cass County community residents; <i>ABLH CHNA 2019</i>	MDHHS "Winnable Battles;" includes nutrition, physical activity and obesity with the goal of improving healthy food access in communities. www.michigan.gov/mdhhs	Healthy People 2020: Neighborhood and Built Environment is one of the 5 key determinants in the "place-based" organizing framework, reflecting 5 key areas of social determinants of health. NWS-3; NWS-12; NWS-13