

# Ascension Borgess-Lee Hospital

## **2021 Community Health Needs Assessment Cass County, MI**

*Conducted July 1, 2021 - June 30, 2022*

Hospital Tax Year: 2021



**Ascension**

The goal of this report is to offer a meaningful understanding of the most significant health needs across Cass County, as well as to inform planning efforts to address those needs. Special attention has been given to the needs of individuals and communities who are more vulnerable, unmet health needs or gaps in services, and input gathered from the community. Findings from this report can be used to identify, develop, and focus hospital, health system, and community initiatives and programming to better serve the health and wellness needs of the community.

Ascension Borgess-Lee Hospital

420 W High Street, Dowagiac MI 49047

<https://healthcare.ascension.org/locations/michigan/mikal/dowagiac-ascension-Borgess-Lee Hospital>

269-782-8681

The 2021 (tax year) Community Health Needs Assessment report was approved by the Ascension Borgess Board of Trustees on June 23, 2022, and applies to the following three-year cycle: July 1, 2022 - June 30, 2025 (FY 2023 - FY 2025). This report, as well as the previous report, can be found at our public website.

**We value the community's voice and welcome feedback on this report. Please visit our public website: [website](#) to submit your comments.**

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## Acknowledgements / Executive Statement

At Ascension Borgess-Lee Hospital, we are called to provide compassionate, personalized care to everyone, and the information gathered in the community health needs assessment (CHNA) helps us better understand the evolving needs of those we are so fortunate to serve.

The 2021 CHNA represents a true collaborative effort in order to gain a meaningful understanding of the most pressing health needs across Cass County. Ascension Borgess-Lee Hospital is exceedingly thankful to the many community organizations and individuals who shared their views, knowledge, expertise, and skills with us. A complete description of community partner contributions is included in this report.

We look forward to our continued collaborative work to make this a better, healthier place for all people.

We would like to thank you for reading this report and your interest and commitment to improving the health of Cass County.

Natalie Couturiaux Ryder, MBA-HM, MSN, RN, NE-BC  
Hospital Administrator  
Ascension Borgess-Lee Hospital



## Executive Summary

The goal of the 2021 CHNA report is to offer a meaningful understanding of the most significant health needs across Cass County. Findings from this report can be used to identify, develop, and focus hospital, health system, and community initiatives and programming to better serve the health and wellness needs of the community.

### Purpose of the CHNA

As part of the Patient Protection and Affordable Care Act of 2010, all not-for-profit hospitals are required to conduct a CHNA and adopt an implementation strategy every three years. The purpose of the CHNA is to understand the health needs and priorities of those who live and/or work in the communities served by the hospital, with the goal of addressing those needs through the development of an implementation strategy plan.

### Community Served

Although Ascension Borgess-Lee Hospital serves Cass County and surrounding areas, Ascension Borgess-Lee Hospital has defined its community served as Cass County for the 2021 CHNA. Cass County was selected as Ascension Borgess-Lee Hospital's community served because it is our primary service area as well as our partners' primary service area. Additionally, community health data is readily available at the county level.

### Data Analysis Methodology

The 2021 CHNA was conducted from July 2021 to April 2022, and utilized a hybrid assessment process which incorporated data from both primary and secondary sources. Primary data sources included information provided by groups/individuals, e.g., community residents, health care consumers, health care professionals, community stakeholders, and multi-sector representatives. Special attention was given to the needs of individuals and communities who are more vulnerable, and to unmet health needs or gaps in services. A core planning team was formed to discuss data collection methodology. The team met and reviewed the progress made on the 2019 CHNA, the community needs assessment conducted in 2021 by the Woodlands Behavioral Healthcare Network and developed a set of questions for community focus groups. Three focus groups were held with a total of 14 participants. Secondary data was compiled and reviewed to understand the health status of the community. Measures reviewed included chronic disease, social and economic factors, and healthcare access and utilization trends in the community and were gathered from reputable and reliable sources.

### Community Needs

Ascension Borgess-Lee Hospital, with contracted assistance from Mary Kushion Consulting, LLC, analyzed secondary data of over 50 indicators and gathered community input through meetings with community groups such as the Cass County Social Justice Alliance and local public health to identify

the needs in Cass County. In collaboration with community partners, Ascension Borgess-Lee Hospital used a phased prioritization approach to determine the most crucial needs for community stakeholders to address. The significant needs are as follows:

- Access to care: Healthcare providers and services
- Mental and behavioral health
- Health behaviors/preventative Health
- Income
- Food security
- Lack of transportation services

Prioritized needs selected for implementation strategy development:

- Food security
- Access to care
- Mental and behavioral health

## About Ascension

As one of the leading non-profit and Catholic health systems in the United States, Ascension is committed to delivering compassionate, personalized care to all, with special attention to persons living in poverty and those most vulnerable.

### Ascension

Ascension is a faith-based healthcare organization dedicated to transformation through innovation across the continuum of care. The national health system operates more than 2,600 sites of care – including 145 hospitals and more than 40 senior living facilities – in 19 states and the District of Columbia, while providing a variety of services including clinical and network services, venture capital investing, investment management, biomedical engineering, facilities management, risk management and contracting through Ascension’s own group purchasing organization.

Ascension’s Mission provides a strong framework and guidance for the work done to meet the needs of communities across the U.S. It is foundational to transform healthcare and express priorities when providing care and services, particularly to those most in need.

**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.

For more information about Ascension, visit <https://www.ascension.org/>.

### Ascension Borgess-Lee Hospital

As a Ministry of the Catholic Church, Ascension Borgess-Lee Hospital is a non-profit hospital governed by a local board of trustees represented by residents, medical staff, and sister sponsorship's, and provides medical care to Cass County. Ascension Borgess-Lee Hospital is a full-service critical access hospital with 24/7 emergency care. Ascension Borgess-Lee Hospital offers a wide range of services including imaging, lab, respiratory therapy, and rehabilitation therapy services, as well as a Convenient Care clinic and a primary care practice.

Serving Cass County, Michigan, since 1918, Ascension Borgess-Lee Hospital is continuing the long and valued tradition of addressing the health of the people in our community, following in the footsteps of the legacy of the Sisters of Mercy and Fred and Kate Lee. Fred Lee, a local Dowagiac resident, was the owner of the famous Round Oak Stoves and opened the hospital in honor of the Lee family’s daughter who passed away. The Sisters of St. Joseph, who operated (Ascension) Borgess Hospital, acquired the facility in 1946 from the Sisters of Mercy.





For more information about Ascension Borgess-Lee Hospital, visit [Ascension Borgess-Lee Hospital](#)

## About the Community Health Needs Assessment

A CHNA is essential for community building and health improvement efforts, and directing resources where they are most needed. CHNAs can be powerful tools that have the potential to be catalysts for immense community change.

### Purpose of the CHNA

A CHNA is “a systematic process involving the community to identify and analyze community health needs and assets in order to prioritize, plan, and act upon unmet community health needs.”<sup>1</sup> The process serves as a foundation for promoting the health and well-being of the community by identifying the most pressing needs, leveraging existing assets and resources, developing strategic plans, and mobilizing hospital programs and community partners to work together. This community-driven approach aligns with Ascension Borgess-Lee Hospital’s commitment to offer programs designed to address the health needs of a community, with special attention to persons who are underserved and vulnerable.

### IRS 501(r)(3) and Form 990, Schedule H Compliance

The CHNA also serves to satisfy certain requirements of tax reporting, pursuant to provisions of the Patient Protection and Affordable Care Act of 2010, more commonly known as the Affordable Care Act (ACA). As part of the ACA, all not-for-profit hospitals are required to conduct a CHNA and adopt an implementation strategy every three years. Requirements for 501(c)(3) Hospitals Under the Affordable Care Act are described in Code Section 501(r)(3), and include making the CHNA report (current and previous) widely available to the public. In accordance with this requirement, electronic reports of both the CHNA and the implementation strategy can be found on our [website](#) and paper versions can be requested at Ascension Borgess-Lee Hospital’s Administration office on the first floor of the hospital.

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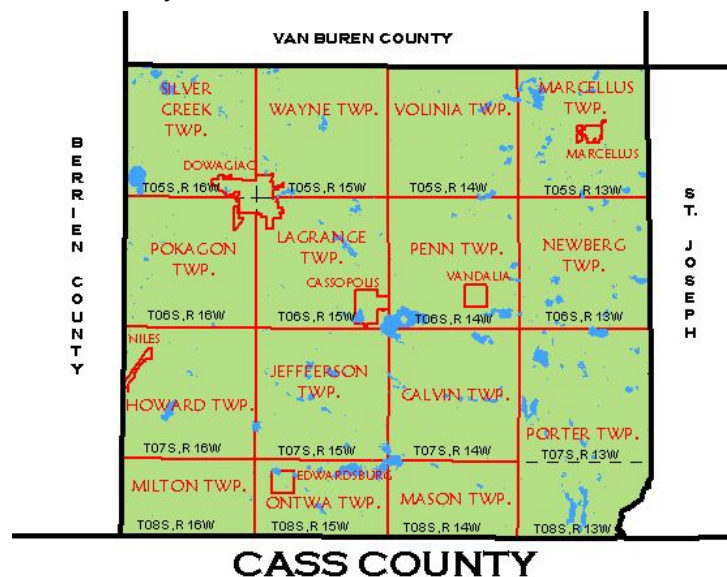
<sup>1</sup> Catholic Health Association of the United States (<https://www.chausa.org>)

## Community Served and Demographics

A first step in the assessment process is clarifying the geography within which the assessment occurs and understanding the community demographics.

### Community Served

For the purpose of the 2021 CHNA, Ascension Borgess-Lee Hospital has defined its community served as Cass County. Although Ascension Borgess-Lee Hospital serves Cass County and surrounding areas, the “community served” was defined as such because (a) most of our service area is in each county; (b) most of our assessment partners define their service area at the county level; and (c) most community health data is available at the county level.



**Image 1: Community Service Area, Cass County, Michigan**

Located in the southernmost part of Michigan’s lower peninsula and bordering the state of Indiana, Cass County has the 74th largest land mass of all 83 Michigan counties. Cass County has the 384 acre Dowagiac Woods Nature Sanctuary with walking trails, Diamond Lake for fishing and water sports and the Swiss Valley Ski Area for those who enjoy winter sports.

Cass County is home to Southwestern Michigan College. The college is a public two-year institution of higher education, and is part of the Michigan community college system. The college is the largest employer in Cass County.

Cass County contains a large reservation of the Pokagon Band of Potawatomi Indians, which also contains territories in Allegan, Berrien, and Van Buren counties, as well as extending south into the state of Indiana. The reservation headquarters are located in the county in the city of Dowagiac and also extends into the townships of Pokagon, LaGrange, Silver Creek, Volinia, and Wayne.

## Demographic Data

Located in the most southern area of Michigan's lower peninsula, Cass County has a population of 51,589 people living in the 490.11 square mile report area defined for this assessment according to the U.S. Census Bureau American Community Survey 2015-19 5-year estimates. The population density for this area, estimated at 105.13 persons per square mile, is greater than the national average population density of 91.93 persons per square mile. The total population decrease from 2010 to 2020 was two percent. Community members speculated that the cause of the decrease may be a lack of job opportunities within the county or perhaps there have been more deaths than births in the county in the past 10 years. Below are demographic data highlights for Cass County:

**Table 1: Description of the Community**

<b>Demographic Highlights</b>		
<b>Indicator</b>	<b>Cass</b>	<b>Michigan</b>
<b>Population</b>		
% Living in rural communities	71.1%	25%
% below 18 years of age	20.6%	21.5%
% 65 and older	21.5%	17.1%
% Hispanic	4.1%	5.3%
% Asian	0.8%	3.4%
% Non-Hispanic Black	5.2%	14.1%
% Non-Hispanic White	86.3%	74.7%
<b>Social and Community Context</b>	<b>Cass County</b>	<b>Michigan</b>
English Proficiency: percentage of community members that speak English "less than well"	0.4%	1.5%
Median Household Income	\$55,107	\$57,144.00
Percent of Persons in Poverty	11.1%	12.6%
Percentage of population under age 65 without health insurance.	8%	6.9%
Percentage of adults ages 25 and over with a high school diploma or equivalent	88%	91%
Percent of Unemployment	4.4% January 2022	4.9% January 2022

To view Community Demographic Data in its entirety, see Appendix B (page 37).

## Process and Methods Used

Ascension Borgess-Lee Hospital is committed to using national best practices in conducting the CHNA. Health needs and assets for Cass County were determined using a combination of data collection and analysis for both secondary and primary data, as well as community input on the identified and significant needs.

Ascension Borgess-Lee Hospital's approach relies on the model developed by the County Health Rankings and Roadmaps (CHRR) and the Robert Wood Johnson Foundation, utilizing the determinants of health model as the model for community health improvement.

## Collaborators and/or Consultants

With the contracted assistance of Mary Kushion Consulting, LLC, Ascension Borgess-Lee Hospital completed its 2021 CHNA in collaboration with the following organizations and individuals.

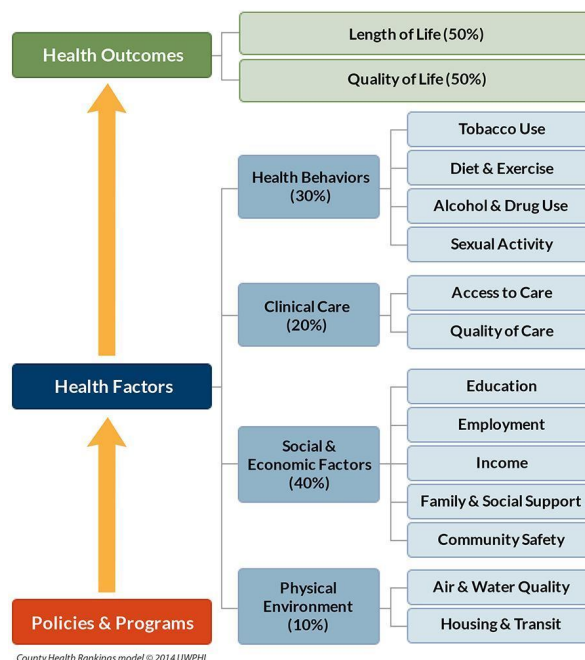
- Cass Family Clinic
- Pokagon Band of Potawatomi Tribe
- Social Justice Alliance of Cass County (SJACC)
- VanBuren/Cass District Health Department
- Woodlands Behavioral Health

All of the above referenced organizations were active participants in the development of the CHNA and members of the planning team. The Pokagon Band of Potawatomi Tribe, the SJACC and the VanBuren/Cass District Health Department also served as focus group participants to gather the community's voice. Woodlands Behavioral Health not only served on the planning team but also shared the results of their community needs assessment findings which were valuable during the planning sessions and in the collection of data.

## Data Collection Methodology

In collaboration with various community partners, Ascension Borgess-Lee Hospital collected and analyzed primary and secondary data for Cass County. The following sections describe in detail the data collection efforts.

## Summary of Community Input



Recognizing its vital importance in understanding the health needs and assets of the community, Mary Kushion consulted with a range of public health and social service providers that represent the broad interests of Cass County. A concerted effort was made to ensure that the individuals and organizations represented the needs and perspectives of: 1) public health practice and research; 2) individuals who are medically underserved, are low-income, or considered among the minority populations served by the hospital; and 3) the broader community at large and those who represent the broad interests and needs of the community served.

Multiple methods were used to gather community input, including meetings with planning members who represented community service sectors, focus groups, and a large stakeholder forum. These methods provided additional perspectives on how to select and address top health issues facing Cass County. A summary of the process and results is outlined below.

### Community focus groups

A series of three focus groups were conducted by Mary Kushion Consulting and Ascension Community Benefit staff to gather feedback from the community on the health needs and assets of Cass County. Fourteen individuals participated in the focus groups, held between January 2022 and February 2022. Populations represented by participants included Native Americans, low-income, and those experiencing social justice disparities.

Community Focus Groups	
Key Summary Points	
<ul style="list-style-type: none"> <li>There was an emphasis on the lack of healthcare providers in all specialties within Cass County including behavioral health, primary care, dentists, and prenatal care.</li> <li>Various types of financial strain was another issue faced in Cass County which included lack of employment opportunities and issues with insurance (no coverage, providers do not accept Medicaid, can't afford the insurance).</li> <li>Disparities include poverty, employment, lack of healthy food, rural communities are often overseen, internet access is lacking because of location.</li> <li>This community was described as independent and often just relies on itself to get the help needed which creates a lack of community connection and distrust between community and department/entities.</li> </ul>	
Populations/Sectors Represented	Common Themes
<ul style="list-style-type: none"> <li>Native Americans</li> <li>Persons with socioeconomic disparities</li> <li>Persons concerned with racial equity</li> <li>Public Health</li> </ul>	<ul style="list-style-type: none"> <li>Lack of access to mental, primary and speciality care</li> <li>Transportation - having to travel outside of county/state for care and resources</li> <li>Distrust of government and providers</li> </ul>
Meaningful Quotes	

- Being in a rural area, the community is typically independent and does not rely on gov't help or information. There is a distrust of media and information by residents as well as distrust between services and entities. This mistrust also shows in COVID vaccine distrust and a fear from the department that this will lead to mistrust of other vaccines.
- "The key word is access."
- The Tribal focus group mentioned they are only able to provide transportation for patients' medical appointments, and are not able to provide it for other services or anything else due to liability reasons.
- The county suffers from employment issues such as lack of jobs, most residents work outside the county which hinders finances of county, and rural areas have a lack of employment opportunities
- "How do we restore trust?"

### Community Stakeholder Forum

One large community stakeholder forum was conducted by Ascension Borgess-Lee Hospital to gather feedback from community members on the health needs and assets of Cass County. A total of 14 community members participated in the forum, held on March 21, 2022. Populations represented by participants included those who are low-income, have mental health conditions, and children in K-12 schools. Also, a member of the Pokagon Tribe was present at the forum. A complete list of the organizations represented is provided in the table below.

Community Stakeholder Forum	
Key Summary Points	
<p>Secondary Data Highlights:</p> <ul style="list-style-type: none"> <li>• Lower incidence of several cancers including "all sites," breast, prostate and lung/bronchus</li> <li>• Lower incidence of heart disease deaths</li> </ul> <p>Challenges Identified from Secondary Data Review:</p> <ul style="list-style-type: none"> <li>• Patient to physician ratio and patient to mental health providers far above state ratios</li> <li>• Diabetes prevalence higher than state rate</li> <li>• Adult obesity rate is higher than state average</li> <li>• Median household income is lower than state and national averages</li> </ul> <p>Primary Data Focus Groups -Top Emerging Themes:</p> <ul style="list-style-type: none"> <li>• Access</li> <li>• Transportation</li> <li>• Mental Health</li> <li>• Primary/Specialty Care</li> <li>• Distrust</li> </ul>	
Populations/Sectors Represented	Common Themes

<ul style="list-style-type: none"> <li>• Ascension Medical Group</li> <li>• Dowagiac Union Schools</li> <li>• Pokagon Tribe</li> <li>• Social Justice Alliance of Cass County</li> <li>• VanBuren/Cass District Health Department</li> <li>• Woodlands Behavioral Health</li> </ul>	<ul style="list-style-type: none"> <li>• The income levels are low in the county which leads to lack of ability to afford food and resources.</li> <li>• Mistrust in community from multiple perspectives with healthcare settings.</li> <li>• Need more access to mental health services.</li> </ul>
<b>Meaningful Quotes</b>	
<ul style="list-style-type: none"> <li>• Lack of job opportunities may be causing residents to leave the county.</li> <li>• Mental health and substance use may be combined under one identified need, yet it may be useful to report out on the two items separately.</li> </ul>	

## Surveys

A survey was conducted by Ascension Borgess-Lee Hospital to gather the perceptions, thoughts, opinions, and concerns of the community regarding the preliminary report. A total of two individuals participated in the survey, held in May 2022. The data gathered and analyzed provides valuable insight into the issues of importance to the community. The survey contained five questions and was distributed via email to those who were invited to the March 21, 2022 Community Forum and other interested persons identified by the stakeholders through an electronic survey format.

<b>Surveys</b>
<b>Key Summary Points</b>
<p><b>Based on your review of the 2022 CHNA Report and the Significant Issues within Cass County, what are your perceptions of the challenges facing the community?</b></p> <ul style="list-style-type: none"> <li>• The needs reported are aligned with my perceived priority needs in the community.</li> <li>• There will always remain significant work to overcome the ongoing challenges. With SJACC's formation and inclusion, I believe that another representative voice of those in need is now being welcomed, valued, and included.</li> </ul> <p><b>What needs to be in place for individuals and organizations to work (better) together to effectively achieve a healthy, thriving community?</b></p> <ul style="list-style-type: none"> <li>• Intentional spending by partner organizations to create funded collective impact to work together where bandwidth is limited. "The whole is greater than one part."</li> <li>• Continued conversations (outside of CHNA reporting/requirements) where new ideas can be shared or current systems can be revised.</li> </ul> <p><b>Is there anything you wish to convey to Ascension Borgess-Lee to improve the 2022 CHNA as we finalize it for board approval and final public distribution?</b></p> <ul style="list-style-type: none"> <li>• Because of the size and limited # of focus groups, I'm a little uncomfortable with the focus groups being labeled as to who provided the feedback.</li> <li>• The Social Justice Alliance of Cass County Transportation Group has undergone a change in organizations available to participate since our focus group. The collaboration may continue however there is no determined course of action which would be viewed as providing solutions</li> </ul>



to the need for additional transport of county residents.	
Sectors Represented	Common Themes
<ul style="list-style-type: none"> <li>VanBuren/Cass District Health Department</li> <li>Social Justice Alliance of Cass County</li> </ul>	<ul style="list-style-type: none"> <li>Continued engagement with community and stakeholders is necessary to implement solutions to prioritized issues.</li> <li>Participants believe the CHNA is accurate and complete.</li> <li>The report aligns with perceived needs to be addressed.</li> </ul>

To view community input data in its entirety, see Appendix C (page 40).

### Summary of Secondary Data

Secondary data is data that has already been collected and published by another party. Both governmental and non-governmental agencies routinely collect secondary data reflective of the health status of the population at the state and county level through surveys and surveillance systems. Secondary data was compiled from various sources that are reputable and reliable.

Health indicators in the following categories were reviewed:

- Health Outcomes
- Social and Economic Factors that impact health
- Health Behaviors
- Access to Healthcare
- Disparities

A summary of the secondary data collected and analyzed through this assessment is outlined below. It is notable that multiple data sources were utilized; it is also recognized that the CHHR utilized most, if not all of the same data sources. As such, because the CHHR are presented as a county-specific data set, Ascension Borgess-Lee Hospital is using the CHHR data as its primary secondary data source. When an indicator is not present in the CHHR but important to the assessment, the specific data source is referenced.

Overall, Cass County is ranked among the lesser healthy counties in Michigan ( 25%-50%) for Health Outcomes and Health Factors.

To view secondary data and sources in its entirety, see Appendix D (page 43).

### Summary of COVID-19 Impact on Cass County

The COVID-19 pandemic has had an impact on communities world-wide. In the United States, urban communities took the hardest hit for both COVID cases and death. Profound disparities emerged as the pandemic grew. Older Americans have the highest risk of death from COVID than any other age group with 81% of deaths from COVID in people over 65 years of age. There are significant disparities by race

and ethnicity as well. Americans of color have higher risk of exposure, infection and death compared to non-Hispanic White Americans.

Significant COVID-19 disparities include:

- Hispanic Persons at 2.3 times the risk of death
- non-Hispanic Black persons at 1.9 times the risk of death
- American Indian or Alaska Native at 2.4 times the risk of death

Some reasons for these differences include:

- Multigenerational families
- Living in crowded housing with close physical contact
- Working in environments in which social distancing is not possible
- Inadequate access to health care
- Higher rates of underlying conditions

<b>COVID-19 Impact on Cass County (as of April 27, 2022)</b>			
<b>Indicator</b>	<b>Cass</b>	<b>Michigan</b>	<b>Description</b>
Confirmed Cases	9,269	2,111,375	
Total Deaths	133	33,126	
Case Fatality Percentage	1%	2%	Percent of total confirmed cases of individuals who died of COVID-19

Source: MDHHS <https://www.michigan.gov/Coronavirus>

## Community Input on Previous CHNA and Implementation Strategy

Ascension Borgess-Lee Hospital's previous CHNA and implementation strategy were made available to the public and open for public comment via the [Ascension website](#).

No comments pertaining to the 2019 CHNA have been received as of the publication of this report.

## Data Limitations and Information Gaps

Although it is quite comprehensive, this assessment cannot measure all possible aspects of health and cannot represent every possible population within Cass County. This constraint limits the ability to fully assess all the community's needs.

For this assessment, three types of limitations were identified:

- Some groups of individuals may not have been adequately represented through the community input process. Those groups, for example, may include individuals who are transient, who speak a language other than English, or who are members of the lesbian/gay/bisexual/transgender/queer+ community.

- Secondary data is limited in a number of ways, including timeliness, reach and descriptive ability with groups as identified above.
- An acute community concern may significantly impact a hospital's ability to conduct portions of the CHNA assessment. An acute community concern is defined by Ascension as an event or situation which may be severe and sudden in onset or newly affects a community. These events may impact the ability to collect community input, may not be captured in secondary data, and/or can present in the middle of the three-year CHNA cycle. For the 2019 CHNA, the following acute community concerns were identified:
  - COVID-19
  - Inability to convene groups in person; virtual meetings only due to pandemic
  - Technology challenges prevented Ascension Borgess-Lee from potentially reaching all of the desired stakeholders virtually, as wifi infrastructure in the county is substandard in most areas.

Despite the data limitations, Ascension Borgess-Lee Hospital is confident of the overarching themes and health needs represented through the assessment data. This is based on the fact that the data collection included multiple methods, both qualitative and quantitative, and engaged the hospital as well as participants from the community.

## Community Needs

Ascension Borgess-Lee Hospital, with contracted assistance from Mary Kusion Consulting, LLC, analyzed secondary data of over 50 indicators and gathered community input through focus groups and a large community forum to identify the needs in Cass County. In collaboration with community partners, Ascension Borgess-Lee Hospital used a phased prioritization approach to identify the needs. The first step was to determine the broader set of **identified needs**. Identified needs were then narrowed to a set of **significant needs** which were determined to be most crucial for community stakeholders to address.

Following the completion of the CHNA assessment, Ascension Borgess-Lee Hospital will select all, or a subset, of the significant needs as the hospital's **prioritized needs** to develop a three-year implementation strategy. Although the hospital may address many needs, the prioritized needs will be at the center of a formal CHNA implementation strategy and corresponding tracking and reporting. Image 3 also describes the relationship between the needs categories.

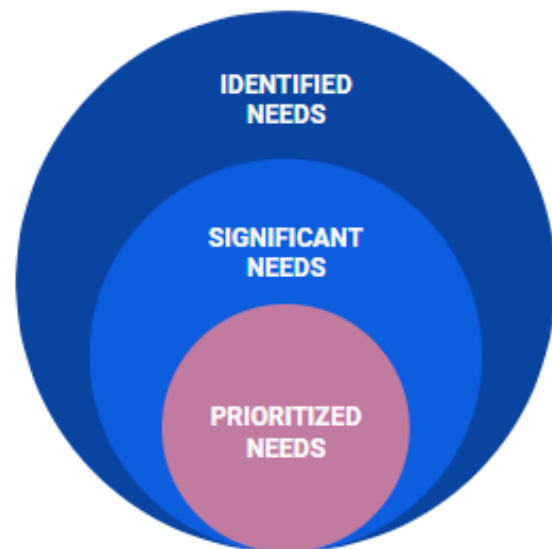


Image 3: Ascension Category of Community Needs

### Identified Needs

Ascension has defined “identified needs” as the health outcomes or related conditions (e.g., social determinants of health) impacting the health status of Cass County. The identified needs were categorized into groups such as health behaviors, social determinants of health, length of life, quality of life, clinical care, and systemic issues in order to better develop measures and evidence-based interventions that respond to the determined condition.

### Significant Needs

In collaboration with various community partners, Ascension Borgess-Lee Hospital utilized a three step approach to prioritize which of the identified needs were most significant. The Ascension community forum provided the participants the opportunity to brainstorm and present three issues that needed to be addressed in Cass County. The Ascension staff member utilized an affinity diagramming process to group the brain-stormed issues into themes. The themes were presented to the forum participants who then, through a virtual nominal group process, ranked each of the themes to identify the significant needs. Ascension has defined “significant needs” as the identified needs which have been deemed

most significant to address based on established criteria and/or prioritization methods. The criteria used to identify the significant needs were:

- Community Identified as Issue/Need to be Addressed
- Community Impact if Issue/Need is Addressed
- Urgency to Address the Issue/ Need

Through the prioritization process for the 2021 (tax year) CHNA, the significant needs are as follows:

- **Access to care: Healthcare providers and services**, including trust, broadband internet, availability of appointments, etc.
- **Mental and behavioral health**, including substance use disorder, addiction
- **Health behaviors/preventive health**, including physical activity, health education
- **Income**, including poverty, inequality/ household income
- **Food security**, including access and Availability of fresh foods
- **Transportation**

To view health care facilities and community resources available to address the significant needs, please see Appendix E (*page 49*).

Descriptions (including data highlights, community challenges and perceptions, and local assets and resources) of the significant needs are on the following pages.

<b>Access to Care: Healthcare Providers and Services</b>	
<b>Why is it Important?</b>	<b>Data Highlights</b>
<p>“Access to health services affects a person’s health and well-being. Regular and reliable access to health services can:</p> <ul style="list-style-type: none"> <li>• Prevent disease and disability</li> <li>• Detect and treat illnesses or other health conditions</li> <li>• Increase quality of life</li> <li>• Reduce the likelihood of premature (early) death</li> <li>• Increase life expectancy”</li> </ul> <p>Source: <a href="#">CDC Healthy People</a></p>	<ul style="list-style-type: none"> <li>• Patient to Primary Care Physician Ratio is 5,180:1 in Cass County Source: <a href="#">Cass County, Michigan   County Health Rankings &amp; Roadmaps</a> 2022</li> <li>• Uninsured: 8% of Cass County residents do not have health insurance: Source: Source: <a href="#">Cass County, Michigan   County Health Rankings &amp; Roadmaps</a> 2022</li> <li>• Patient to Dentist Ratio is 2,870:1 Source: Source: <a href="#">Cass County, Michigan   County Health Rankings &amp; Roadmaps</a> 2022</li> <li>• Patient to Mental Health Provider Ratio is 1,010:1 Source: Source: <a href="#">Cass County, Michigan   County Health Rankings &amp; Roadmaps</a> 2022</li> </ul>
<b>Local Assets &amp; Resources</b>	
<p>Cass Family Clinic Ascension Borgess-Lee Hospital</p> <p>VanBuren/Cass District Health Department</p> <p>Midwest Energy and Communications (Local Internet/Broadband Provider)</p>	
<b>Individuals Who Are More Vulnerable</b>	<b>Community Challenges &amp; Perceptions</b>
<ul style="list-style-type: none"> <li>• Persons with no insurance</li> <li>• Low/no income persons</li> <li>• Persons with chronic conditions</li> </ul>	<ul style="list-style-type: none"> <li>• Distrust of healthcare providers within the county</li> <li>• Access to care is often in neighboring Indiana rather than in MI</li> </ul>

<b>Mental and Behavioral Health (including substance use disorder; addiction)</b>	
<b>Why is it Important?</b>	<b>Data Highlights</b>
<p>According to the World Health Organization, "Mental health is a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community.... Mental health is fundamental to our collective and individual ability as humans to think, emote, interact with each other, earn a living and enjoy life". Source: <i>World Health Organization</i></p> <p>The CDC's Healthy People 2030 states "Substance use disorders can involve illicit drugs, prescription drugs, or alcohol. Opioid use disorders have become especially problematic in recent years. Substance use disorders are linked to many health problems, and overdoses can lead to emergency department visits and deaths." Source: <i>Healthy People 2030</i></p>	<ul style="list-style-type: none"> <li>17% of adults report having frequent mental distress as described by 4-or-more days of poor mental health per month (Source: <a href="#">Cass County, Michigan   County Health Rankings &amp; Roadmaps</a> 2022)</li> <li>6 people died of a drug overdose (Source: <a href="#">Michigan Substance Use Disorder Data Repository</a>, 2020)</li> <li>5 people died of opioid overdose (Source: <a href="#">Michigan Substance Use Disorder Data Repository</a>, 2020)</li> <li>Adults report having 5.3 mentally unhealthy days reported in past 30-days (Source: <a href="#">Cass County, Michigan   County Health Rankings &amp; Roadmaps</a> 2022)</li> </ul>
<b>Local Assets &amp; Resources</b>	
<p>Pokagon Band Mental Health Services</p> <p>Woodlands Behavioral Health Services</p> <p>Narcan Kits Available</p> <p>Midwest Energy and Communications</p> <p>Cass County Council on Aging</p>	
<b>Individuals Who Are More Vulnerable</b>	<b>Community Challenges &amp; Perceptions</b>
All county residents are vulnerable	The COVID-19 pandemic has heightened awareness of the need for increased access to mental health and substance abuse services.

Health Behavior and Preventive Health	
Why is it Important?	Data Highlights
<p>“Obesity can lead to type 2 diabetes, heart disease, and some cancers. A healthy diet and regular physical activity help people achieve and maintain a healthy weight starting at an early age and continuing throughout life.” Source: <a href="#">CDC’s Healthy Communities Program - Preventing Chronic Diseases and Reducing Health Risk Factors</a></p> <p>“Alcohol intoxication is linked to injury, violence, and traffic crashes and chronic alcohol use increases the risk of liver damage and various cancers among other health harms.” Source: <a href="#">National Institute on Alcohol Abuse and Alcoholism</a></p> <p>People who suffer from chronic diseases such as heart disease, stroke, diabetes, cancer, obesity, and arthritis experience limitations in function, health, activity, and work, affecting the quality of their lives as well as the lives of their families. Underlying these diseases and conditions are significant health risk factors such as tobacco use and exposure, physical inactivity, and poor nutrition. Source: <i>Centers for Disease Control and Prevention - <a href="#">How We Prevent Chronic Diseases and Promote Health</a></i></p>	<ul style="list-style-type: none"> <li>• 36% of adults are considered obese Source: <a href="#">Cass County, Michigan   County Health Rankings &amp; Roadmaps</a> 2022</li> <li>• 26% are considered physically inactive due to lack of leisure time physical activities Source: <a href="#">Cass County, Michigan   County Health Rankings &amp; Roadmaps</a> 2022</li> <li>• 3% of those living in Cass County have limited access to healthy foods Source: <a href="#">Cass County, Michigan   County Health Rankings &amp; Roadmaps</a> 2022</li> <li>• 45% have access to exercise opportunities Source: <a href="#">Cass County, Michigan   County Health Rankings &amp; Roadmaps</a> 2022</li> <li>• 22% of adults engage in excessive drinking Source: <a href="#">Cass County, Michigan   County Health Rankings &amp; Roadmaps</a> 2022</li> <li>• 22% of adults are current smokers Source: <a href="#">Cass County, Michigan   County Health Rankings &amp; Roadmaps</a> 2022</li> </ul>
Local Assets & Resources	
<p>Cass County Council on Aging</p> <p>VanBuren/Cass District Health Department</p>	
Individuals Who Are More	Community Challenges & Perceptions



Vulnerable	
<ul style="list-style-type: none"> <li>• Persons with limited mobility</li> <li>• Persons on limited/no income and ability to access healthy foods</li> <li>• Persons with addictive behaviors</li> </ul>	<ul style="list-style-type: none"> <li>• Limited access to exercise facilities and healthy foods - in part due to transportation limitations</li> <li>• Michigan winters make it difficult to engage in physical activities in the ice and snow</li> </ul>

Income	
Why is it Important?	Data Highlights
<p>"Most adults spend nearly half their waking hours at work. Working in a safe environment with fair compensation often provides not only income, but also benefits such as health insurance, paid sick leave, and workplace wellness programs that, together, support opportunities for healthy choices. Those who are unemployed face even greater challenges to health and well-being, including lost income and, often, health insurance. Unemployed individuals are 54% more likely to be in poor or fair health than individuals who are employed, and are more likely to suffer from increased stress, high blood pressure, heart disease, and depression."</p> <p>Source: <a href="#">County Health Rankings</a></p>	<ul style="list-style-type: none"> <li>The median household income is below the state median income (\$55,107 for Cass County and \$57,144 for Michigan) (Source: <a href="#">U.S. Census</a>, April 2020 Estimates )</li> <li>26% of households are Asset-Limited Income Constrained Employed (ALICE) households. (Source: <a href="#">United for Alice</a>, 2019)</li> <li>28.49% have a mortgage payment that is more than 30% of their income; 35.1% of those who rent have a monthly rental cost that is 30% more than their income (Source: <a href="#">U.S. Census Data</a>, April 2020 Estimates )</li> <li>The percent of all ages of people in poverty was lower to the state (11.1% for Cass County and 12.6% for Michigan) (Source: <a href="#">U.S. Census</a>, April 2020 Estimates)</li> <li>The uninsured rate for Cass County is higher than the state (8% for Cass County and 7% for Michigan Source: <a href="#">Cass County, Michigan   County Health Rankings &amp; Roadmaps</a> 2022</li> <li>16% of people under age 18 (children) are living in poverty. Source: <a href="#">Cass County, Michigan   County Health Rankings &amp; Roadmaps</a> 2022</li> <li>5% of households do not have a vehicle (Source: <a href="#">U.S. Census Data</a>, April 2020 Estimates)</li> </ul>
Local Assets & Resources	
<p>Michigan Works!</p> <p>Cass County Council on Aging</p>	
Individuals Who Are More Vulnerable	Community Challenges and Perceptions
<ul style="list-style-type: none"> <li>Persons without HS Diploma</li> <li>Teen parents</li> <li>Persons without a vehicle</li> </ul>	<ul style="list-style-type: none"> <li>Lack of job opportunities within the county</li> <li>Residents often drive out of county/state for employment</li> </ul>

<b>Food Security</b>	
<b>Why is it Important?</b>	<b>Data Highlights</b>
<p>"There is strong evidence that food deserts are correlated with high prevalence of overweight, obesity, and premature death as supermarkets traditionally provide healthier options than convenience stores or smaller grocery stores.] Additionally, those with low income may face barriers to accessing a consistent source of healthy food.</p> <p>Lacking consistent access to food is related to negative health outcomes such as weight gain, premature mortality, asthma, and activity limitations, as well as increased health care costs."<a href="#">County Health Rankings and Roadmaps 2021</a></p>	<ul style="list-style-type: none"> <li>• Low-Income Cass County Residents With Limited Access to a Grocery Store: 3% Source: <a href="#">Cass County, Michigan   County Health Rankings &amp; Roadmaps</a> 2022</li> <li>• All Cass County Residents: 13% lack adequate access to food Source: <a href="#">Cass County, Michigan   County Health Rankings &amp; Roadmaps</a> 2022</li> <li>• Children Eligible for Free/Reduced Lunch: 57% Source: <a href="#">Cass County, Michigan   County Health Rankings &amp; Roadmaps</a> 2022</li> </ul>
<b>Local Assets &amp; Resources</b>	
<ul style="list-style-type: none"> <li>• Local food pantries</li> <li>• Farmers Markets</li> <li>• K-12 free breakfast/lunch for all students in all districts</li> <li>• Cass County Council on Aging Meals on Wheels</li> </ul>	
<b>Individuals Who Are More Vulnerable</b>	<b>Community Challenges and Perceptions</b>
<ul style="list-style-type: none"> <li>• Low income/no income households</li> <li>• Persons without a household vehicle</li> </ul>	<ul style="list-style-type: none"> <li>• Transportation is an issue for the county. Often residents are forced to shop for food at gas stations, or convenience stores where fresh healthy foods are not offered.</li> <li>• The ALICE population of Cass County is high - many residents cannot afford fresh produce and other health food items.</li> <li>• Many residents are not knowledgeable of services they may qualify for, i.e., food assistance, etc.</li> <li>• Community distrust in government agencies reported by many stakeholders.</li> </ul>

Transportation Services	
Why is it Important?	Data Highlights
<p>“Because transportation touches many aspects of a person’s life, adequate and reliable transportation services are fundamental to healthy communities. Transportation issues can affect a person’s access to health care services. These issues may result in missed or delayed health care appointments, increased health expenditures and overall poorer health outcomes. Transportation also can be a vehicle for wellness. Developing affordable and appropriate transportation options, walkable communities, bike lanes, bike-share programs and other healthy transit options can help boost health.”</p> <p>Source: <a href="#">American Hospital Association</a></p>	<ul style="list-style-type: none"> <li>5% of households do not have a vehicle (Source: <a href="#">U.S. Census Data</a>, April 2020 Estimates)</li> </ul> <p>Percent of employed who drive alone to work: 83% Source: <a href="#">Cass County, Michigan   County Health Rankings &amp; Roadmaps</a> 2022</p> <ul style="list-style-type: none"> <li>Percent of employed who have a 30 minute or more commute to work: 38% Source: <a href="#">Cass County, Michigan   County Health Rankings &amp; Roadmaps</a> 2022</li> <li>39% of all driving deaths involved alcohol. Source: <a href="#">Cass County, Michigan   County Health Rankings &amp; Roadmaps</a> 2022</li> </ul>
Local Assets & Resources	
<ul style="list-style-type: none"> <li>Dial-a-Ride</li> <li>Cass County Council on Aging</li> <li>Cass County Transportation Authority</li> </ul>	
Individuals Who Are More Vulnerable	Community Challenges & Perceptions
<ul style="list-style-type: none"> <li>Persons in households with no vehicle</li> <li>Persons who have long commute, but limited income for gas</li> </ul>	<ul style="list-style-type: none"> <li>Many county residents travel outside of the county for their employment and healthcare needs and cross into Indiana.</li> <li>Those who reside outside of city limits have little to no access to public transportation.</li> </ul>

## Prioritized Needs

Following the completion of the CHNA as outlined in this report, Ascension Borgess-Lee Hospital will develop an implementation strategy. The implementation strategy will focus on all or a subset of the significant needs, and will describe how the hospital intends to address those prioritized needs throughout the same three-year CHNA cycle: July 1, 2022 to June 30 2025. The implementation strategy will also describe why certain significant needs were not selected as a prioritized need to be addressed by the hospital. Ascension has defined “prioritized needs” as the significant needs which have been selected by the hospital to address through the CHNA implementation strategy.

- **Food security** - This need was selected because it was ranked high on the list of significant needs identified by stakeholders in the prioritization process. Research also shows the correlation between addressing social determinants of health and better health outcomes. Given the very rural nature of Cass County and low density of grocery stores in the data, addressing food security will improve the percentage of residents who have access to food.
- **Access to care** - This need was selected because it was ranked high on the list of significant needs identified by stakeholders in the prioritization process. Ascension Borgess-Lee Hospital has the expertise and capacity to address this urgent need.
- **Mental/Behavioral health** - This need was selected because it was ranked high on the list of significant needs identified by stakeholders in the prioritization process. Ascension Borgess-Lee Hospital also has the expertise and capacity to address this urgent need, with the help of community-based organizations also working to address this need.

Ascension Borgess-Lee Hospital understands the importance of all the health needs of the community and is committed to playing an active role in improving the health of the people in the communities it serves. For the purposes of this CHNA, Ascension Borgess-Lee Hospital has chosen to focus its efforts on the priorities listed above.

The following significant needs not selected for prioritization & implementation strategy development were not selected in this CHNA cycle.

- **Transportation** - Cass County Public Transportation is currently working with a consulting group to develop a Transit Service Plan for which Ascension Borgess-Lee Hospital is a partner. Additional community-based organizations are leveraging resources to address this need as well.
- **Income** - Ascension Borgess-Lee Hospital does not have the capacity, resources or expertise to address this need at this time. It will continue to partner with community organizations currently addressing this need.
- **Health Behaviors & Preventative Health** - Several government and community-based organizations are addressing this need, and while Ascension Borgess-Lee Hospital provides health education sessions in the community, it does not currently have the capacity to address



this need. Ascension Borgess-Lee Hospital will continue to seek education opportunities for the community and support other partnering organizations in this work.

## Summary of Impact from the Previous CHNA Implementation Strategy

An important piece of the three-year CHNA cycle is revisiting the progress made on priority needs set forth in the preceding CHNA. By reviewing the actions taken to address the significant needs and evaluating the impact those actions have made in the community, it is possible to better target resources and efforts during the next CHNA cycle.

Highlights from the Ascension Borgess-Lee Hospital's previous implementation strategy include:

- Increase Employment Opportunities:
  - A virtual job fair was held in March 2021
  - New positions were created as a result of the Covid-19 pandemic
  - New partnership with MichiganWorks to facilitate hiring for hospital vacancies
- Increase Health Service Options:
  - Virtual care services are robust and offer additional opportunities for patients to access services
  - A new primary care physician, 2 general surgeons were hired
  - Cardiac service lines were expanded
  - Orthopedic service line was expanded with the addition of one new surgeon with dedicated weekly clinic and OR time.
- Increase Transportation Options:
  - Ascension Borgess-Lee Hospital provides transportation to patients through Dial-A-Ride, and Cass County Transit.
  - Work commenced with Cass County Public Transportation for a new Transit Service Plan
- Health Education Through Faith-Based Environments:
  - Numerous health education sessions/presentations delivered in the community
- Healthy Affordable and Available Food:
  - Ascension Borgess-Lee Hospital donates leftover cafeteria meals to the community

No written comments pertaining to the 2019 CHNA have been received as of the publication of this report.

A full evaluation of the 2019 CHNA implementation strategies can be found in Appendix F, page 52.

## **Approval by Ascension Borgess Board of Trustees**

To ensure the Ascension Borgess-Lee Hospital's efforts meet the needs of the community and have a lasting and meaningful impact, the 2021 CHNA was presented to the Ascension Borgess Board of Trustees for approval and adoption on June 23, 2022. Although an authorized body of the hospital must adopt the CHNA and implementation strategy reports to be compliant with the provisions in the Affordable Care Act, adoption of the CHNA also demonstrates that the board is aware of the findings from the community health needs assessment, endorses the priorities identified, and supports the strategy that has been developed to address prioritized needs.



## Conclusion

The purpose of the CHNA process is to develop and document key information on the health and wellbeing of the communities Ascension Borgess-Lee Hospital serves. This report will be used by internal stakeholders, non-profit organizations, government agencies, and other community partners of Ascension Borgess-Lee Hospital to guide the implementation strategies and community health improvement efforts as required by the Affordable Care Act. The 2021 CHNA will also be made available to the broader community as a useful resource for further health improvement efforts.

Ascension Borgess-Lee Hospital hopes this report offers a meaningful and comprehensive understanding of the most significant needs for residents of Cass County. As a Catholic health ministry, Borgess-Lee Hospital is dedicated to spiritually centered, holistic care that sustains and improves the health of not only individuals, but the communities it serves. With special attention to those who are poor and vulnerable, we are advocates for a compassionate and just society through our actions and words. Borgess-Lee Hospital is dedicated to serving patients with compassionate care and medical excellence, making a difference in every life we touch. The hospital values the community's voice and welcomes feedback on this report. Please visit this public website ([website](#)) to submit your comments.

## Appendices

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Appendix F: Evaluation of Impact From Previous CHNA Implementation Strategy

## **Appendix A: Definitions and Terms**

### **Acute Community Concern**

An event or situation which may be severe and sudden in onset, or newly affects a community. This could describe anything from a health crisis (e.g., COVID-19, water poisoning) or environmental events (e.g. hurricane, flood) or other event that suddenly impacts a community. The framework is a defined set of procedures to provide guidance on the impact (current or potential) of an acute community concern. Source: Ascension Acute Community Concern Assessment Framework

### **Collaborators**

Third-party, external community partners who are working with the hospital to complete the assessment. Collaborators might help shape the process, identify key informants, set the timeline, contribute funds, etc.

### **Community/Stakeholder Focus Groups**

Group discussions with selected individuals. A skilled moderator is needed to lead focus group discussions. Members of a focus group can include internal staff, volunteers and the staff of human service and other community organizations, users of health services and members of minority or disadvantaged populations. Source: CHA Assessing and Addressing Community Need, 2015 Edition II

### **Community/Stakeholder Forums**

Meetings that provide opportunities for community members or stakeholders to provide their thoughts on community problems and service needs. Community/Stakeholder forums can be targeted towards priority populations. These forums require a skilled facilitator.

### **Community Served**

A hospital facility may take into account all the relevant facts and circumstances in defining the community it serves. This includes: The geographic area served by the hospital facility; Target populations served, such as children, women, or the aged; and Principal functions, such as a focus on a particular specialty area or targeted disease.

### **Consultants**

Third-party, external entities paid to complete specific deliverables on behalf of the hospital (or coalition/collaborators); alternatively referred to as vendors.

### **Demographics**

Population characteristics of your community. Sources of information may include population size, age structure, racial and ethnic composition, population growth, and density. Source: CHA Assessing and Addressing Community Need, 2015 Edition II

### **Identified Need**

Health outcomes or related conditions (e.g., social determinants of health) impacting the health status of the community served

### **Medically Underserved 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. Populations with language barriers include those with limited English proficiency. Medically underserved populations also include those living within a hospital facility's service area but not receiving adequate medical care from the facility because of cost, transportation difficulties, stigma, or other barriers.

Source:

<https://www.irs.gov/charities-non-profits/community-health-needs-assessment-for-charitable-hospitalorganizations-section-501r3>

**Prioritized Need**

Significant needs which have been selected by the hospital to address through the CHNA implementation strategy

**Significant Need**

Identified needs which have been deemed most significant to address based on established criteria and/or prioritization methods

**Surveys**

Used to collect information from community members, stakeholders, providers, and public health experts for the purpose of understanding community perception of needs. Surveys can be administered in person, over the telephone, or using a web-based program. Surveys can consist of both forced-choice and open-ended questions.

Source: CHA Assessing and Addressing Community Need, 2015 Edition II

## Appendix B: Community Demographic Data and Sources

The tables below provide a description of the community's demographics. The description of the importance of the data is largely drawn from the U.S. Census and CHHR websites.

### Population

Why it is important: The composition of a population, including related trends, is important for understanding the community context and informing community planning.

Population	Cass	Michigan	U.S.
Total	51,589	10,077,331	331,893,745
Male	49.3%	49.3%	49.2%
Female	50.7%	50.7%	50.8%
<i>Data source: U.S. Census; April 2020 Estimates</i>			

### Population by Race or Ethnicity

Why it is important: The race and ethnicity composition of a population is important in understanding the cultural context of a community. The information can also be used to better identify and understand health disparities.

Race or Ethnicity	Cass	Michigan	U.S.
Asian	0.8%	3.4%	5.9%
Black / African American	5.2%	14.1%	13.4%
Hispanic / Latino	4.1%	5.3%	18.5%
Native American	1.2%	0.7%	1.3%
White	89.7%	79.2%	76.3%
<i>Data source: U.S. Census; April 2020 Estimates</i>			

### Population by Age

Why it is important: The age structure of a population is important in planning for the future of a community, particularly for schools, community centers, healthcare and child care. A population with more youths will have greater education needs and child care needs, while an older population may have greater healthcare needs.

Age	Cass	Michigan	U.S.
Median Age	45.2	39.7	38.1
Age 0-17	25.5%	27.2%	28.3%
Age 18-64	56.8%	55.1%	55.2%
Age 65+	17.7%	17.7%	16.5%
Data source: U.S. Census; April 2020 Estimates			

### Income

Why it is important: Median household income and the percentage of children living in poverty, which can compromise physical and mental health, are well-recognized indicators. People with higher incomes tend to live longer than people with lower incomes. In addition to affecting access to health insurance, income affects access to healthy choices, safe housing, safe neighborhoods and quality schools. Chronic stress related to not having enough money can have an impact on mental and physical health. ALICE, an acronym for Asset Limited, Income Constrained, Employed, are households that earn more than the U.S. poverty level, but less than the basic cost of living for the county. Combined, the number of poverty and ALICE households equals the total population struggling to afford basic needs.

Income	Cass	Michigan	U.S.
Median Household Income	\$55,107.00	\$57,144.00	\$62,843.00
Per Capita Income	\$31,295	\$31,713.00	\$34,103.00
People with incomes below the federal poverty guideline	11.1%	12.6%	11.4%
ALICE Households	26%	25%	29%
Data source: U.S. Census; April 2020 Estimates; Unitedforalice.org			

### Education

Why is it important: There is a strong relationship between health, lifespan and education. In general, as income increases, so does lifespan. The relationship between more schooling, higher income, job opportunities (e.g., pay, safe work environment) and social support, help create opportunities for healthier choices.

Income	Cass	Michigan	U.S.
High School grad or higher	87.7%	90.8%	88%

Bachelor's degree or higher	19.2%	29.1%	32.1%
Data source: U.S. Census; April 2020 Estimates			

### Insured/Uninsured

Why it is important: Lack of health insurance can have serious health consequences due to lack of preventive care and delays in care that can lead to serious illness or other health problems.

Income	Cass	Michigan	U.S.
Uninsured	13.5%	6.9%	10.2%
Medicaid Eligible	20%	19%	*See note below

Data source: U.S. Census; April 2020 Estimates

[2021 Annual Report Total Eligible Recipients by Program \(michigan.gov\)](#)

**\*Due to the varying eligibility requirements and levels(Expanded versus Non-Expanded) at the state level, the U.S. does not calculate the percentage of Medicaid Eligible persons.**

## Appendix C: Community Input Data and Sources

Three focus groups were held to collect community input. The following questions were asked during the focus group sessions followed by the summary of themes generated.

- What are the greatest health-related concerns in your community?
- What are the greatest non-health related problems in your community?
- What do you believe are barriers to achieving health equity in your community/county?
- What actions, policies, or strategies do you think would make the biggest difference in your community?
- Considering the list of 2019 prioritized needs (develop employment opportunities, increase health service options, increase transportation options, (health) education through faith-based environments, and healthy affordable and available food), please reflect on the needs of the community you serve over the past two years:
  - Which, if any, of these needs are still relevant today with the community you serve?
  - Which needs, if any, are not relevant to the community you serve?
  - What new needs have emerged in the past two years?
- How has COVID-19 impacted the needs of the community you serve?
- Are there any additional comments you would like to share about the community you serve?

The Ascension Borgess-Lee Hospital also hosted a community forum for the purpose of sharing the focus group and secondary data. The information gathered is included in the table and chart provided below.

What does the data tell you about the current issues in Cass County? Tell us the Top 3 current issues you believe need to be addressed in Cass County	
<ul style="list-style-type: none"> <li>• OB/GYN Services</li> <li>• Primary Care</li> <li>• Transportation</li> <li>• Behavioral Health</li> <li>• Behavioral Health</li> <li>• Mental Health (especially in schools and for children)</li> <li>• Transportation</li> <li>• Behavioral Health</li> <li>• Access to Care</li> <li>• Poverty (basic needs being met)</li> </ul>	<ul style="list-style-type: none"> <li>• Mental Health (especially depression, substance use)</li> <li>• Clinical/Practitioner Shortages,</li> <li>• Access for Uninsured/Indigent</li> <li>• Health Education</li> <li>• Access to Care</li> <li>• Trust/Mistrust in Healthcare Settings</li> <li>• Nutrition Education</li> <li>• Food Access</li> </ul>



**Which Identified Needs are most important to address in Cass County over the next 3-years? Rank each of the Identified Needs in order of most important (5) to least important (1) to address**

1. Lack of Healthcare Providers and Services (25)
2. Food Security - Access to available and fresh foods (25)
3. Transportation (25)
4. Mental and Behavioral Health, including substance use disorder (20)
5. Income, including poverty, inequality (20)
6. High Cost of Healthcare, including insurance limitations (16)
7. Health Behaviors/Preventative Health, including Physical Activity (15)

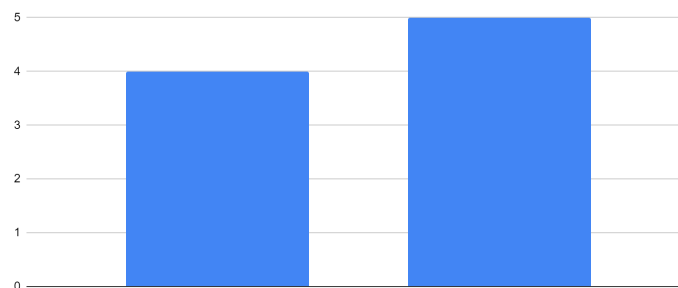
## Draft CHNA Feedback Survey Results

### Organization/Initiative

- VanBuren/Cass District Health Department
- Social Justice Alliance of Cass County

**Based on your review of Ascension Borgess-Lee Hospital's 2021 CHNA Report, please rate it for completeness and accuracy using a 1-5 scale.**

Based on your review of Ascension Borgess-Lee Hospital's 2022 CHNA Report, please rate it for completeness and accuracy using a 1-5 scale.



*Note: A ranking of 1 indicates there are several elements missing and a ranking of 5 indicates it is a comprehensive report that accurately depicts the health status of Cass County*

**Based on your review of the 2022 CHNA Report and the Significant Issues within Cass County, what are your perceptions of the challenges facing the community?**

- The needs reported are aligned with my perceived priority needs in the community.
- There will always remain significant work to overcome the ongoing challenges. With SJACC's formation and inclusion, I believe that another representative voice of those in need is now being welcomed, valued, and included.

**Are there any additional community assets and resources that should be included within the 2022 CHNA Report?**

- Cass County Council on Aging if they have not yet been included? Otherwise, no more that I am aware of who would be willing and interested in participating and haven't already been invited.
- All schools have free breakfast/lunch for all students in Cass County (and the state of MI). I see the report just notes Dowagiac in the local assets for food security

**What needs to be in place for individuals and organizations to work (better) together to effectively achieve a healthy, thriving community?**

- Intentional spending by partner organizations to create funded collective impact to work together where bandwidth is limited. "The whole is greater than one part"
- Continued conversations (outside of CHNA reporting/requirements) where new ideas can be shared or current systems can be revised.

## Appendix D: Secondary Data and Sources

The tables below are based on data vetted, compiled and made available on the CHRR website ([County Health Rankings](#)). The site is maintained by the University of Wisconsin Population Health Institute, School of Medicine and Public Health, with funding from the Robert Wood Johnson Foundation. CHRR obtains and cites data from other public sources that are reliable. CHRR also shares trending data on some indicators.

CHRR compiles new data every year and shares them with the public in April. The data below are from the 2022 publication. It is important to understand that reliable data is generally two to three years behind due to the importance of careful analysis. NOTE: Data in the charts does not reflect the effects that the COVID-19 pandemic has had on communities.

### How To Read These Charts

**Why they are important:** Explains why we monitor and track these measures in a community and how it relates to health. The descriptions of ‘why they are important’ are largely drawn from the CHRR website as well.

**County vs. State:** Describes how the county’s most recent data for the health issue compares to the state.

**Trending:** CHRR provides a calculation for some measures to explain if a measure is worsening or improving.

- Red: The measure is worsening in this county.
- Green: The measure is improving in this county.
- Empty: There is no data trend to share or the measure has remained the same.

**Top US Counties:** The best 10 percent of counties in the country. It is important to compare not just with Michigan but important to know how the best counties are doing and how our county compares.

**Description:** Explains what the indicator measures, how it is measured, and who is included in the measure.

**n/a:** Not available or not applicable. There might not be available data for the community on every measure. Some measures will not be comparable.

## Health Outcomes

Why they are important: Health outcomes reflect how healthy a county is right now. They reflect the physical and mental well-being of residents within a community.

Indicators	Trend	Cass	Michigan	Top US Counties	Description
<b>Length of Life</b>					
Premature Death		8,500	7,900	5,600	Years of potential life lost before age 75 per 100,000 population (age-adjusted)
Life Expectancy		77.4	77.5	80.6	How long the average person should live.
Infant Mortality		8	6	4	Number of all infant deaths (within 1 year) per 1,000 live births.
<b>Physical Health</b>					
Poor or Fair Health		18%	18%	15%	Percent of adults reporting fair or poor health.
Poor Physical Health Days		4.4	4.2	3.4	Average number of physically unhealthy days reported in past 30 days (age-adjusted).
Frequent Physical Distress		13%	13%	10%	Percent of adults 14 or more days of poor physical health per month.
Low Birth Weight		7%	9%	6%	Percent of babies born too small (less than 2,500 grams).
<b>Mental Health</b>					
Poor Mental Health Days		5.3	5.2	4.0	Average number of mentally unhealthy days reported in the past 30 days.
Frequent Mental Distress		17%	17%	13%	Percent of adults reporting 14 or more days of poor mental health per month.
Suicide		23	14	11	Number of deaths due to suicide per 100,000.
<b>Morbidity</b>					
Diabetes prevalence		10%	10%	8%	Percent of adults aged 20 and above with diagnosed diabetes.
<b>Communicable Disease</b>					
HIV Prevalence		38	196	38	Number of people aged 13 years and over with a diagnosis of HIV per 100,000.
Sexually Transmitted Infections		415.2	501.7	161.8	Number of newly diagnosed chlamydia cases per 100,000.
<b>Source:</b> Source: <a href="#">Cass County, Michigan   County Health Rankings &amp; Roadmaps</a> 2022					

Healthcare Access					
Uninsured		8%	7%	6%	Percentage of population under age 65 without health insurance.
Uninsured Adults		9%	8%	7%	Percentage of adults under age 65 without health insurance.
Uninsured children		4%	3%	3%	Percentage of children under age 19 without health insurance.
Primary Care Physicians		5,180:1	1,250:1	1,010:1	Ratio of population to primary care physicians.
Other Primary Care Providers		2,580:1	800:1	580:1	Ratio of the population to primary care providers other than physicians.
Mental Health Providers		1,010:1	330:1	250:1	Ratio of the population to mental health providers.
Hospital Utilization					
Preventable Hospital Stays		3,313:1	4,357:1	2,233:1	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees.
Preventative Healthcare					
Flu Vaccinations		50%	47%	55%	Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination.
Mammography Screenings		41%	45%	52%	Percentage of female Medicare enrollees ages 65-74 that received an annual mammography screening.
Source: Source: <a href="#">Cass County, Michigan   County Health Rankings &amp; Roadmaps</a> 2022					

## Social and Economic Factors

Why they are important: These factors have a significant effect on our health. They affect our ability to make healthy decisions, afford medical care, afford housing and food, manage stress and more.

Indicators	Trend	Cass	Michigan	Top US Counties	Description
Economic Stability					
Median Household Income		\$61,200	\$61,400	\$75,100	Income where half of households in a county earn more and half of households earn less.
Unemployment		8.8%	9.9%	4.0%	Percentage of population ages 16 and older unemployed but seeking work.
Childhood Poverty		16%	17%	9%	Percentage of people under age 18 in poverty.
Educational Attainment					

High School Completion		88%	91%	94%	Percentage of ninth grade cohort that graduates in four years.
Some College		62%	69%	74%	Percentage of adults ages 25-44 with some post-secondary education.
<b>Social/Community</b>					
Children in single-parent homes		23%	26%	14%	Percentage of children that live in a household headed by a single parent.
Social Associations		9.5	9.7	18.1	Number of membership associations per 10,000 population.
Disconnected Youth		na	7%	4%	Percentage of teens and young adults ages 16-19 who are neither working nor in school.
Juvenile Arrests		39	24	n/a	Rate of delinquency cases per 1,000 juveniles.
Violent Crime		223	443	63	Number of reported violent crime offenses per 100,000 population.
<b>Access to Healthy Foods</b>					
Food Environment Index		8.0	7.1	8.8	Index of factors that contribute to a healthy food environment, 0-worst 10-best.
Food Insecurity		13%	13%	9%	Percent of the population who lack adequate access to food.
Limited Access to Healthy Foods		3%	6%	2%	Percent of the population who are low-income and do not live close to a grocery store.
Source:Source: <a href="#">Cass County, Michigan   County Health Rankings &amp; Roadmaps</a> 2022					

## Physical Environment

Why it is important: The physical environment is where people live, learn, work, and play. The physical environment impacts our air, water, housing and transportation to work or school . Poor physical environment can affect our ability and that of our families and neighbors to live long and healthy lives.

Indicators	Trend	Cass	Michigan	Top US Counties	Description
<b>Physical Environment</b>					
Severe housing cost burden		8%	12%	7%	Percentage of households that spend 50% or more of their household income on housing.

Severe Housing Problems		11%	14%	9%	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities.
Air Pollution - Particulate Matter		9.1	7.4	5.9	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5).
Homeownership		81%	72%	81%	Percentage of occupied housing units that are owned.
Source: Source: <a href="#">Cass County, Michigan   County Health Rankings &amp; Roadmaps</a> 2022					

## Clinical Care

Why it is important: Access to affordable, quality care can help detect issues sooner and prevent disease. This can help individuals live longer and have healthier lives.

Indicators	Trend	Cass	Michigan	Top US Counties	Description
<b>Healthcare Access</b>					
Uninsured		8%	7%	6%	Percentage of population under age 65 without health insurance.
Uninsured Adults		9%	8%	7%	Percentage of adults under age 65 without health insurance.
Uninsured children		4%	3%	3%	Percentage of children under age 19 without health insurance.
Primary Care Physicians		5,180:1	1,250:1	1,010:1	Ratio of population to primary care physicians.
Other Primary Care Providers		2,580:1	800:1	580:1	Ratio of the population to primary care providers other than physicians.
Mental Health Providers		1,010:1	330:1	250:1	Ratio of the population to mental health providers.
<b>Hospital Utilization</b>					
Preventable Hospital Stays		3,313	4,357	2,233	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees.
<b>Preventative Healthcare</b>					
Flu Vaccinations		50%	47%	55%	Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination.
Mammography Screenings		41%	45%	52%	Percentage of female Medicare enrollees ages 65-74 that received an annual mammography screening.
Source:Source: <a href="#">Cass County, Michigan   County Health Rankings &amp; Roadmaps</a> 2022					

## Health Behaviors

Why they are important: Health behaviors are actions individuals take that can affect their health. These actions can lead to positive health outcomes or they can increase someone's risk of disease and premature death. It is important to understand that not all people have the same opportunities to engage in healthier behaviors.

Indicators	Trend	Cass	Michigan	Top US Counties	Description
<b>Healthy Life</b>					
Adult Obesity		36%	36%	30%	Percentage of the adult population (age 20 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m2.
Physical Inactivity		26%	25%	23%	Percentage of adults age 20 and over reporting no leisure-time physical activity.
Access to Exercise Opportunities		45%	77%	86%	Percentage of population with adequate access to locations for physical activity.
Insufficient Sleep		38%	40%	32%	Percentage of adults who report fewer than 7 hours of sleep on average.
Motor Vehicle Crash Deaths		16	10	9	Number of motor vehicle crash deaths per 100,000 population.
<b>Substance Use and Misuse</b>					
Adult Smoking		22%	20%	15%	Percentage of adults who are current smokers.
Excessive Drinking		22%	20%	15%	Percentage of adults reporting binge or heavy drinking.
Alcohol-Impaired Driving Deaths		39%	29%	10%	Percent of Alcohol-impaired driving deaths.
<b>Sexual Health</b>					
Teen Births		24	17	11	Number of births per 1,000 female population ages 15-19.
Sexually Transmitted Infections		415.2	501.7	161.8	Number of newly diagnosed chlamydia cases per 100,000 population.
<b>Source:</b> Source: <a href="#">Cass County, Michigan   County Health Rankings &amp; Roadmaps</a> 2022					



## Appendix E: Health Care Facilities and Community Resources

As part of the CHNA process, Ascension Borgess-Lee Hospital has cataloged resources available in Cass County that address the significant needs identified in this CHNA. Resources may include acute care facilities (hospitals), primary and specialty care clinics and practices, mental health providers, and other non-profit services. State and national resources can also provide information regarding programs that can better serve the needs of a person experiencing a specific problem.

Unique and beneficial to Cass County residents is the Social Justice Alliance of Cass County. It serves as an umbrella organization and is in and of itself a resource for all of the significant needs identified during the CHNA process.

The resources listed under each significant need heading are not intended to be exhaustive.

### Access to Care: Health Care Providers and Services

Organization Name	Phone	Website
Cass Family Clinic	269-445-3874	<a href="#">Cassopolis Family Clinic</a>
VanBuren Cass District Health Department	269-782-0064	<a href="#">Van Buren Cass District Health Department</a>
Ascension Borgess-Lee	269-782-8681	<a href="#">Ascension Borgess-Lee Hospital</a>
InterCare Health Network	855-869-6900	<a href="#">InterCare Community Health Network</a>

### Mental Health and Behavioral Health including Substance Use and Addictions

Organization Name	Phone	Website
Woodlands Behavioral Health	269-445-2451	<a href="#">Woodlands Behavioral Healthcare Network</a>
Pokagon Band Behavioral Health	269-782-4141	<a href="#">Pokagon Band of Potawatomi</a>

Dowagiac Union School-Based Therapist (through local ISD)	269-782-4400	<a href="#">Dowagiac Union Schools</a>
COPE Network	269-224-0566	<a href="#">COPE Network</a>
InterCare Health Network	855-869-6900	<a href="#">InterCare Community Health Network</a>

### Health Behaviors/Preventive Health

Organization Name	Phone	Website
Cass County Council on Aging	269-228-5511	<a href="#">Cass County Council on Aging</a>
VanBuren Cass District Health Department	269-782-0064	<a href="#">Van Buren Cass District Health Department</a>
Pokagon Band Health Services	269-782-4141	<a href="#">Pokagon Band of Potawatomi</a>

### Income

Organization Name	Phone	Website
Cass County Council on Aging	269-228-5511	<a href="#">Cass County Council on Aging</a>
Michigan Works!	800-285-9675	<a href="#">Michigan Works!</a>
Southwest Michigan Community Action Agency	1-877-422-2726	<a href="#">Southwest Michigan Community Action Agency</a>

### Food Security (Community Forum responses: Dowagiac Union Schools free breakfast and lunch to all students, local church food banks, farms/local agriculture, and food pantries)

Organization Name	Phone	Website
Cass County Council on Aging Meals on Wheels Program	269-228-5511	<a href="#">Cass County Council on Aging</a>

Southwest Michigan Community Action Agency	1-877-422-2726	<a href="#">Southwest Michigan Community Action Agency</a>
Action Ministry Food Pantry	269-782-0000	<a href="https://www.actiondowagiac.org/">https://www.actiondowagiac.org/</a>

### Transportation

Organization Name	Phone	Website
Cass County Transit	269-782-3300	<a href="#">Dowagiac Dial a Ride Services - My Way There - Transportation Options for Southwest Michigan</a>
Pokagon Band Tribal Transportation for Medical Appointments only	800-517-0777	<a href="#">Pokagon Band of Potawatomi</a>
Cass County Council on Aging	269-228-5511	<a href="#">Cass County Council on Aging</a>

## Appendix F: Evaluation of Impact from the Previous CHNA Implementation Strategy

Ascension Borgess-Lee Hospital's previous CHNA implementation strategy was completed in June 2019 and addressed the following priority health needs: Develop Employment Opportunities, Increase Health Service Options, Increase Transportation Options, Health Education Through Faith-Based Environments, and Healthy, Affordable and Available Food.

The table below describes the actions taken during the 2019 CHNA to address each priority need and indicators of improvement.

Note: At the time of the report publication (e.g., Spring), the third year of the cycle will not be complete. Individual ministries will accommodate for that variable.

PRIORITY NEED	Develop Employment Opportunities	
ACTIONS TAKEN	STATUS OF ACTIONS	RESULTS
Actively collaborate with the Cass County Economic Development Committee	In progress	<ul style="list-style-type: none"> <li>Numerous community meetings have been rescheduled or canceled over the past year+ due to the pandemic.</li> <li>Ascension Borgess-Lee Hospital is continually hiring for vacancies in all service lines and professional capacities and a virtual job fair was held in March 2021.</li> <li>Ascension Borgess-Lee Hospital has created new positions as a result of the Covid-19 pandemic (7 door screeners).</li> <li>Ascension Borgess-Lee Hospital has partnered with the local chapter of MichiganWorks to facilitate hiring for vacancies.</li> <li>Additional strategies will be pursued when priorities shift away from COVID-19 activities.</li> </ul>

PRIORITY NEED	Increase Health Service Options	
ACTIONS TAKEN	STATUS OF ACTIONS	RESULTS
Increase access to primary and specialty care providers in Cass County	Complete	<ul style="list-style-type: none"> <li>• Due to COVID-19, AMG, virtual care services have been robust, offering the community increased access to healthcare services in the Cass County area.</li> <li>• AMG hired one new primary care physician, 2 general surgeons, and is actively recruiting more providers and specialists to serve/meet the community's needs.</li> <li>• Ascension Borgess-Lee Hospital expanded cardiac service line options with CT enabled diagnostics such as angiography and calcium scoring.</li> <li>• Ascension Borgess-Lee Hospital expanded its ortho service line with the addition of one new Ortho Surgeon with dedicated weekly clinic and OR time.</li> <li>• Ascension Borgess-Lee Hospital is partnering with MI Life in Numbers, to expand support services for those living with Type 1 Diabetes.</li> </ul>

PRIORITY NEED	Increase Transportation Options for Cass County Residents	
ACTIONS TAKEN	STATUS OF ACTIONS	RESULTS
Increase awareness and utilization of transportation options for Cass County residents	In progress	<ul style="list-style-type: none"> <li>• Ascension Borgess-Lee Hospital provides transportation to patients through Dial-A-Ride, and Cass County Transit.</li> <li>• Ascension Borgess-Lee Hospital began planning talks on May 21, 2021, with the Senior Transportation Planner of KFH Group, who is currently working with Cass County Public Transportation on a Transit Service Plan. We were able to provide insight into the transportation needs of the hospital and the community members we serve. The Hospital plans to partner with Cass County Public Transportation to expand transportation coverage in our service area.</li> </ul>

		<ul style="list-style-type: none"> <li>Additional strategies will be pursued when priorities shift away from COVID-19 activities.</li> </ul>
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PRIORITY NEED	Health Education through Faith-Based Environments	
ACTIONS TAKEN	STATUS OF ACTIONS	RESULTS
Train faith-based community partners to provide health education, with a focus on health literacy, within faith-based organizations, churches, events and additional venues	In progress	<ul style="list-style-type: none"> <li>An Ascension Borgess-Lee Hospital dietician, provided diet and nutrition education to students at Calvary Bible Academy. Ascension Borgess-Lee is coordinating potential monthly health seminars with this church/school.</li> <li>Dr. Mohamed from West Michigan Cancer Center was scheduled to conduct an educational seminar on the topic of breast cancer for the Cass County community to be held at a local church in October 2020 for national breast cancer awareness month. The seminar was canceled but will be rescheduled due to local covid surge.</li> <li>Hospital Clinical Nurse Educator, provided 2.5 hrs of education on basic lifesaving and CPR to students at Calvary Bible Academy in Dec 2020.</li> <li>Four clinical staff members provided approx 16 hrs/each of community outreach education (bicycle safety and "Stop the Bleed" classes) as well as provided free health screenings with related health education during Dowagiac's "Summer in the City" event on July 17 &amp; 18, 2021.</li> </ul> <p><i>* It is important to note that ground was lost during the pandemic as churches closed and in-person class venues/gatherings were not feasible.</i></p>

PRIORITY NEED	Healthy Affordable and Available Food	
ACTIONS TAKEN	STATUS OF ACTIONS	RESULTS

Collaborate with local partners addressing the issue of healthy and affordable food access in Cass County and surrounding areas	In progress	<ul style="list-style-type: none"> <li>Ascension Borgess-Lee Hospital continues to donate leftover cafeteria meals to the community, through The Stepping Stone and also distributes low cost leftover meals to the community (\$3).</li> <li>Additional strategies will be pursued when priorities shift away from COVID-19 activities.</li> </ul>
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**\*Considerations:**

- COVID-19 crisis – caused a shift in priorities for all departments.
- An Acute Community Concern Assessment and subsequent SBAR (Situation, Background, Assessment, Recommendation) document for each hospital, specific to COVID-19, was developed and submitted to the Ascension national office in October 2020, and was submitted with the FY 2021 IRS 990 Schedule H tax returns. A copy of the SBAR documents was submitted to the Ascension Borgess Board of Trustees in December 2020 for review.
- Hospital leadership to identify associate leads for each priority area and strategies.
- Although many strategies/activities are either lagging or in progress, there is adequate time to move forward as scheduled, as the implementation strategies are three-year plans.