Ascension Borgess-Lee Hospital

2024 Community Health Needs Assessment
Cass County, Michigan

Conducted July 1, 2024, to April 28, 2025 *(Tax Year 2024)*

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The goal of this report is to offer a meaningful understanding of the most significant health needs across Cass County and surrounding communities, with emphasis on identifying the barriers to health equity for all people, as well as to inform planning efforts to respond to those needs. Special attention has been given to the needs of individuals and communities who are at increased risk for poor health outcomes or experiencing social factors that place them at risk. 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.

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The 2024 Community Health Needs Assessment report was approved by the Ascension Borgess Hospitals Board of Directors on April 28, 2025 (2024 tax year), and applies to the following three-year cycle: July 2025 to June 2028. 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 (https://healthcare.ascension.org/chna) to submit your comments.

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Message from the Administrator

Paul Hoffman, MSN, RN, FACHE
VP of Strategy and Regional Operations
Ascension Borgess-Lee Hospital

At Ascension Borgess-Lee Hospital, we listen to quickly understand your health needs to deliver care that is right for you and your family. 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 2024 CHNA is a collaborative effort that helps us gain a meaningful understanding of the most pressing health needs across Cass County. Ascension Borgess-Lee Hospital is incredibly 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 community 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.

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Executive Summary

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 community health needs assessment (CHNA) and adopt an implementation strategy (IS) every three years. The purpose of the CHNA is to understand the health needs and priorities, with emphasis on identifying the barriers to health equity, for all people who live and/or work in the communities served by the hospital, with the goal of responding to those needs through the development of an IS plan.

Community Served

For the 2024 CHNA, Ascension Borgess-Lee Hospital has defined Cass County, Michigan, as its community served. While the hospital provides services to Cass County and surrounding areas, Cass County was chosen as the focus due to its status as the primary service area for both the hospital and its community partners. Additionally, community health data is readily available at the county level.

Process and Methods

The 2024 CHNA was conducted from July 1, 2024 to April 28, 2025, and utilized an integrative approach to ensure a comprehensive understanding of the community's health needs by combining quantitative data with qualitative insights. Ascension Borgess-Lee Hospital engaged Western Michigan University's Homer Stryker School of Medicine, Population Health ResearchTeam (WMed) and the Southeastern Michigan Health Association (SEMHA) to coordinate the data collection, analysis, and facilitation of engagement activities.

- Community input (primary data) was collected to reflect the voice of the community. WMed met with and collected data from over 30 community members and key stakeholders using focus groups (25 participants) and stakeholder interviews (6 participants).
- Secondary data was compiled and reviewed to understand the health status of the community. SEMHA collected 95 indicators from reputable and reliable sources pertaining to chronic disease, social and economic factors, and healthcare access and utilization trends for Cass County.

Community Needs

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 (listed alphabetically):

- Care Coordination
- Economic Stability
- Healthcare Access
- Housing
- Substance Use

Next Steps and Conclusion

The 2024 CHNA was presented to the Ascension Borgess Hospitals Board of Directors for approval and adoption on April 28, 2025. Findings from the 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.

Following approval of the CHNA, Ascension Borgess-Lee Hospital will complete a prioritization matrix and 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 respond to those prioritized needs throughout the same three-year CHNA cycle: July 1, 2025 to June 30, 2028.

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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 individuals and communities who are at increased risk for poor health outcomes or experiencing social factors that place them at risk.

Ascension

Ascension is one of the nation's leading non-profit and Catholic health systems, with a Mission of delivering compassionate, personalized care to all with special attention to persons living in poverty and those most vulnerable. In fiscal year 2024, Ascension provided $2.1 billion in care of persons living in poverty and other community benefit programs. Ascension includes approximately 131,000 associates, 37,000 affiliated providers, and 136 hospitals, serving communities in 18 states and the District of Columbia.

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 health care 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 Michigan

Serving Southwest Michigan for more than 135 years, Ascension Borgess operates four hospitals and multiple related healthcare facilities that together employ over 3,000 associates. Ascension Borgess provided nearly $40 million in community benefit and care for persons living in poverty in fiscal year 2024. Ascension Borgess is part of Ascension, one of the nation's leading non-profit and Catholic health systems, with a Mission of delivering compassionate, personalized care to all with special attention to persons living in poverty and those most vulnerable.

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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 community members, medical staff, and sister sponsorships, and has been providing medical care to Cass County and surrounding communities for over a century. Ascension Borgess-Lee Hospital operates one critical access hospital campus with 24/7 emergency care and a Level IV Trauma Center. From family medicine and internal medicine to pediatrics, the hospital offers a wide range of services and programs in addition to outpatient testing, including imaging, lab tests, respiratory therapy, and rehabilitation therapy services.

Serving Southwest Michigan since 1918, Ascension Borgess-Lee Hospital is continuing the long and valued tradition of responding to the health needs of the people in our community, following in the footsteps of the legacy of the Sisters of St. Joseph and the Sisters of Mercy. Beginning in 1914, the facility was operated by the Sisters of Mercy and St. Joseph Mercy Hospital. The Sisters of St. Joseph purchased the facility in 1946. In 1999, the name was changed from Lee Memorial to Borgess-Lee Memorial to align with Borgess Hospital. Borgess-Lee became a critical access hospital in 2002.

For more information about Ascension Borgess-Lee Hospital, visit our website (https://healthcare.ascension.org/locations/michigan/mikal/dowagiac-ascension-borgess-lee-hospital)

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About the Community Health Needs Assessment

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

Purpose of the CHNA

A CHNA is defined as "a systematic process involving the community that identifies and analyzes community health needs and assets to plan and act upon priority community health needs."[1] 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 respond to the health needs of a community, with special attention to persons who are medically underserved and at risk for poorer health outcomes because of social factors that put them at increased risk.

Advancing Health Equity

Health equity is the state in which everyone has a fair and just opportunity to attain their highest level of health.[2] Progress toward achieving health equity can be measured by reducing health disparities. Health disparities are particular health differences closely linked with economic, social, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced such obstacles to health based on their race or ethnicity; religion; socioeconomic status; gender identity; sexual orientation; age; cognitive, sensory, or physical disability; geographic location; or other characteristics historically linked to discrimination or exclusion.[3]

Focusing on the root causes that have perpetuated these differences contributes to the advancement of health equity. By identifying the conditions, practices, and policies that perpetuate differences in health outcomes, we can better respond to root causes when pursuing health equity.

Ascension acknowledges that health disparities in our communities go beyond individual health behaviors. Ascension's Mission calls us to be "advocates for a compassionate and just society through our actions and words"; therefore, health equity is a matter of great importance to Ascension.

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[1] Catholic Health Association of the United States. (2022). *A guide for planning and reporting community benefit, 2022 (p.146)*.

[2] National Center for Chronic Disease Prevention and Health Promotion. (2023, January 4). *Advancing health equity in chronic disease prevention and management*. Center for Disease Control and Prevention (CDC). Retrieved October 11, 2023, from https://www.cdc.gov/chronicdisease/healthequity/index.htm

[3] Braveman, P. (2014). What are health disparities and health equity? We need to be clear. *Public Health Reports*, *129*(Suppl 2), 5-8. https://doi.org/10.1177/00333549141291S203

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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). Requirements for 501(c)(3) hospitals under the ACA are described in Code Section 501(r)(3).

Under the ACA, all not-for-profit hospitals must conduct a CHNA and adopt an IS every three years. Additionally, both current and previous CHNA and IS reports must be made widely available to the public. To meet this requirement, electronic versions of these reports are accessible at https://healthcare.ascension.org/CHNA, and paper copies can be requested from the administrative offices at Ascension Borgess-Lee Hospital.

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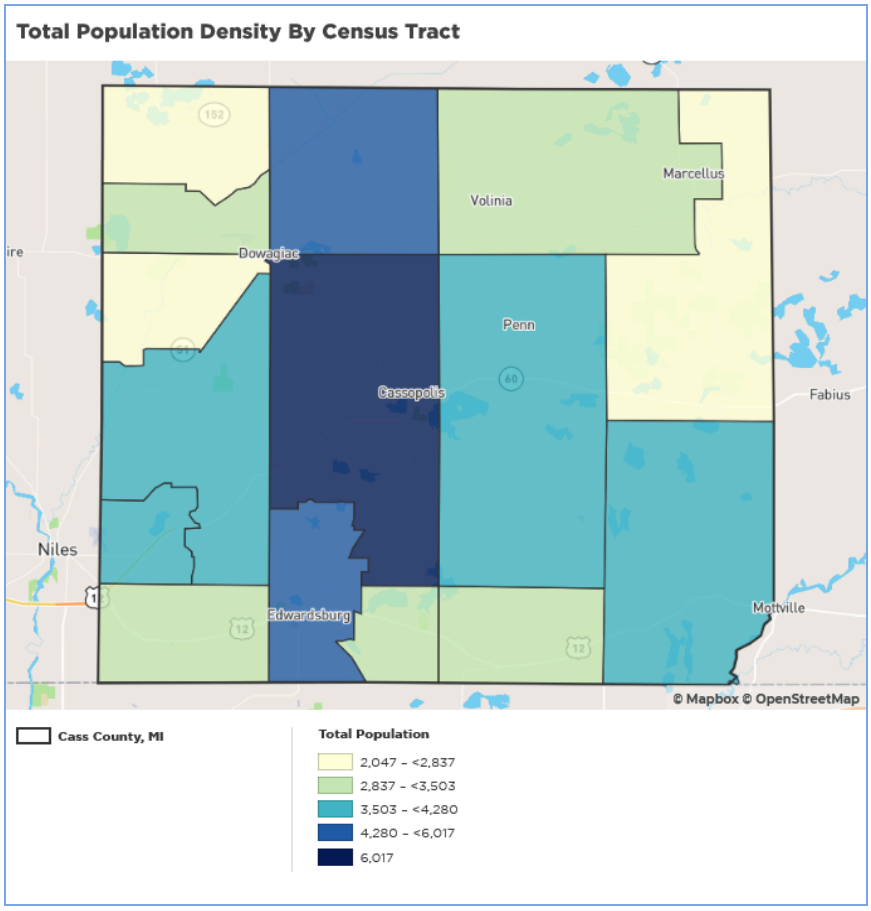
Community Profile

Community Served

For the purpose of the 2024 CHNA, Ascension Borgess-Lee Hospital has defined its community served as Cass County, Michigan. Although Ascension Borgess-Lee Hospital also serves the surrounding areas, Cass County was selected because (a) most of the hospital's primary service area is within the 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.

Founded in 1829 and located in the southernmost part of Michigan's lower peninsula, bordering the state of Indiana, Cass County has the 74th largest land mass of all 83 Michigan counties. Cass County offers six county parks, a 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

Cass County, located in the southwestern part of Michigan, is the 35th most populated county in the state, with a total population of 51,606 people and a projected growth rate increase of 1.8% by 2032.

- **Age:** In Cass County, 20% of the population is under age 18, which is slightly lower than Michigan at 21%. The senior community, comprising individuals aged 65 and older, represents 22% of the county's population, which is 23% higher than the state average of 18%. The county's median age is 45.5 years, nearly 14% higher than Michigan's 40.1 years.
- **Race and Ethnicity:** In Cass County, Michigan, white residents comprise 84.5% of the population, significantly higher than the state average of 73%. Black and Hispanic or Latino residents each represent 4.3% of the county, well below their state averages of 13.2% and 5.7%, respectively.
- **Income Levels:** The median household income in Cass County is $68,011, which is over 4% lower than Michigan's state average of $71,149.
- **Poverty Rate:** The poverty rate for individuals below the federal level is 13.2%, compared to the state rate of 13.1%. Among children aged 0-17, the poverty rate is 21.4%,
- **Employment Rate:** The unemployment rate in Cass County, currently at 5.3%, is higher than the state average of 3.9% for Michigan.
- **Health Insurance Coverage:** 6.3% of residents in Cass County are without health insurance, a figure that is comparable to the state of Michigan, where the uninsured rate stands at 5.0%.

To view community demographic data in their entirety, see Appendix B (Page 32).

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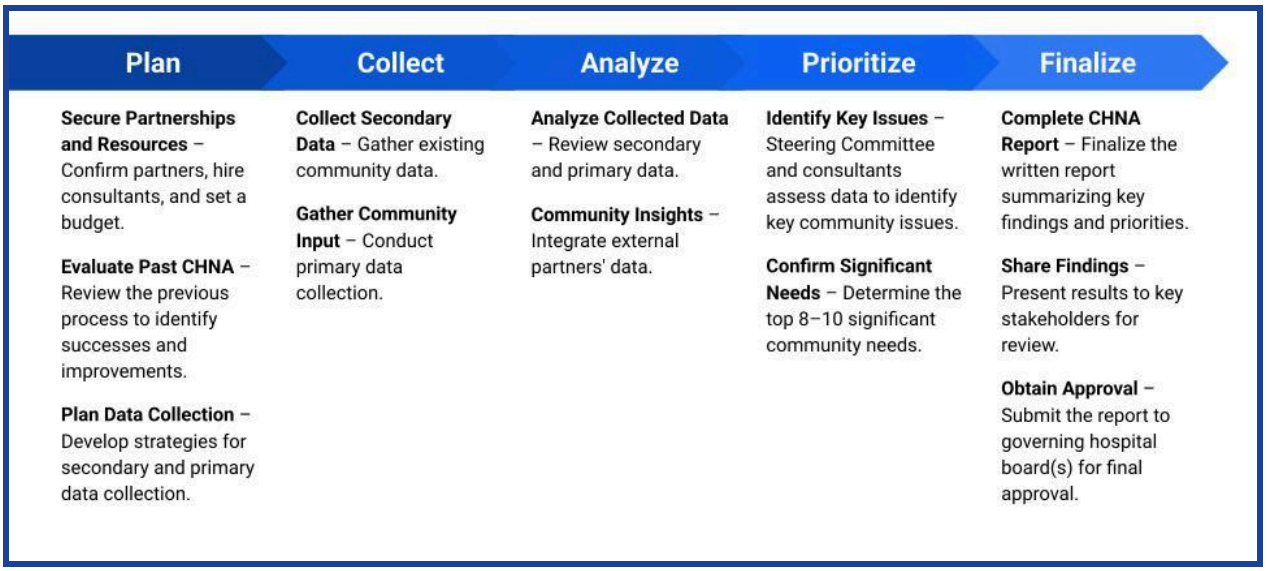
Process and Methods Used

Ascension Borgess-Lee Hospital is committed to utilizing national best practices in conducting the CHNA to ensure a thorough, data-driven, and community-centered approach. The CHNA process provided a structured framework for the hospital to gain a deeper understanding of the unique health needs, lived experiences, and opportunities to improve health and equity across Cass County.

Launched in July 2024, the CHNA process followed a multi-phased approach designed to collect, analyze, and prioritize information effectively. Each phase contributed to a clearer picture of health disparities, service gaps, and opportunities for meaningful action within Cass County.



Consultants

To support the CHNA, the hospital engaged Southeastern Michigan Health Association (SEMHA) and Western Michigan University Homer Stryker M.D. School of Medicine (WMed). These consulting partners bring expertise in public health research, data analysis, and community engagement, enhancing the CHNA process with evidence-based methodologies. Their involvement ensures that the findings are accurate, actionable, and reflective of the needs of Cass County residents, providing a strong foundation for informed decision-making and future health initiatives.

Southeastern Michigan Health Association (SEMHA)

Founded in 1956, SEMHA is an organization that provides support for strategic planning, project development, program evaluation, and comparative analyses. The Health Equity Division at SEMHA offers services for Community Health Needs Assessments, including demographic data collection, secondary data sourcing, data analysis with trend comparisons, and data gap analysis. Additionally, the

division facilitates prioritization processes, develops board presentations, and provides final data summarization and report writing. With a regional perspective and expertise in utilizing advanced technology, SEMHA focuses on converting raw data into actionable insights to inform decision-making. The organization supports communities and organizations in data acquisition, interpretation, strategy formulation, and feedback utilization, contributing to effective, data-driven outcomes.

Western Michigan University Homer Stryker M.D. School of Medicine

Western Michigan University Homer Stryker M.D. School of Medicine (WMed) is a collaboration of Western Michigan University and Kalamazoo's two teaching health systems, Ascension Borgess and Bronson Healthcare. As a private nonprofit corporation, WMed is supported by private gifts, clinical revenues, research activities, tuition, and endowment income.

The Population Health Research Team is part of the medical school's Department of Biomedical Sciences. It is a multi-disciplinary research team with extensive experience in community-based participatory research, working closely with vulnerable and high-risk populations, and developing strong rapport and long-term partnerships toward evaluating, planning, and implementing health improvement efforts. The team's technical skills and capabilities in conducting qualitative, quantitative, and mixed-method studies make it well-suited to produce an effective CHNA and to promote its use to improve health outcomes.

Collaborators

Ascension Borgess-Lee Hospital conducted the 2024 CHNA in collaboration with the Van Buren / Cass District Health Department. The Van Buren/Cass District Health Department is the local public health department serving Cass County. Its Mission is to promote public health, prevent disease, and protect the communities it serves. Ascension Borgess-Lee Hospital has collaborated with the health department for numerous years in regards to the CHNA, as well as additional projects and initiatives, i.e., immunization campaigns, screenings and clinics, patient referrals, and vital health statistics reporting.

Data Collection Methodology

The assessment process involved a systematic approach to data collection and analysis, incorporating both primary data (including stakeholder focus groups, key stakeholder interviews, and community conversations) and secondary data (such as public health statistics and demographic trends). By integrating multiple sources of data and community perspectives, the CHNA serves as a comprehensive tool for identifying both key health challenges and existing community assets that contribute to overall well-being.

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Summary of Community Input

Community input, also referred to as “primary data,” is an integral part of a CHNA and is meant to reflect the voice of the community. This input is invaluable for efforts to accurately assess a community's health needs.

Multiple methods were used to gather community input, including stakeholder focus groups and key stakeholder interviews, and a concerted effort was made to ensure that the individuals and organizations represented the needs and perspectives of: public health practice and research; individuals who are medically underserved, low-income, or considered among the minority populations served by the hospital; and the broader community at large and those who represent the broad interests and needs of the community served.

A summary of the process and results is outlined below. To view the primary data and sources in its entirety, see Appendix C (Page 34).

Stakeholder Focus Groups

A series of two (2) focus groups were conducted by WMed to gather feedback from the community on the health needs and assets of Cass County. Twenty-five (25) individuals participated in the focus groups, held between November 2024 and January 2025. Populations represented by participants included the medically underserved, low-income, and minority groups.

<table>
<tr><th colspan="2">Stakeholder Focus Groups</th></tr>
<tr><td colspan="2">Key Summary Points</td></tr>
<tr><td colspan="2">• Shortage of mental health providers, including psychiatrists limits access for rural and underserved populations.
• Shortage of medical providers including dentists, primary care, and specialists.
• Emergency medical transport is unreliable, unavailable, or has a high cost.
• Pharmacy closures further limit medical access.
• Maternal and infant care is very limited, including obstetric services, pediatric support, and reproductive healthcare</td></tr>
<tr><td>Sectors Represented</td><td>Common Themes</td></tr>
<tr><td>• County Courts
• Education
• Behavioral Health
• LGBTQ+ allies
• County Transportation
• Township Authorities
• Tribal Outreach
• Library Services</td><td>• Shortage of mental health providers
• Shortage of local health providers forces people to travel outside of the county for care.</td></tr>
<tr><td colspan="2">Meaningful Quotes</td></tr>
<tr><td colspan="2">• “Community mental health is tasked with providing for the severely mentally ill, but we've got a shortage of psychiatrists I think not just in Cass County around the whole country. But again, if you can't get in, you gotta go where you can get in with a provider.”
• "Rising costs and low inventory leading to homelessness or overcrowded living conditions."
• "Many tribal members are homeless.”</td></tr>
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Stakeholder Interviews

WMed conducted three (3) stakeholder interviews to gather feedback from the community on the health needs and assets of Cass County. Six (6) individuals participated in interviews, which were held between December 2024 and January 2025. Stakeholders from Heritage Intermediate School District, Cass Community Clinic, and Pokagon Health Services provided input on health and social needs they observed in their agencies. Populations represented by participants included the medically underserved, youth, low-income, minority groups, and tribal citizens.

<table>
<tr><th colspan="2">Stakeholder Interviews</th></tr>
<tr><td colspan="2">Key Summary Points</td></tr>
<tr><td colspan="2">• All stakeholders mentioned housing as an important issue.
• Severe shortage of therapists and mental health providers.
• Lack of transportation options
• Diabetes and chronic pain are prevalent among clinic patients.
• Shortage of health providers.</td></tr>
<tr><td>Sectors Represented</td><td>Common Themes</td></tr>
<tr><td>• Tribal Health
• Education
• Federally Qualified Health Center (FQHC)</td><td>• Access to care: Healthcare providers and services, including trust, broadband internet, availability of appointments, etc.
• Shortage of therapists and mental health providers impact other needs including housing, employment, education, and substance use.
• Inadequate transportation impacts access to healthcare.
• Cass County lacks a birthing hospital.</td></tr>
<tr><td colspan="2">Meaningful Quotes</td></tr>
<tr><td colspan="2">• “Lack of access to Internet, which again is may not seem that big of a deal, but does keep kids from getting connected, whether into school or with social connections.”
• “There's a limit to the level of severity of need that we can support in that [school] role and there's still kind of quite a big gap between our highest level of need we can meet and where the lowest level of support and persistent [care] that qualifies for…”
• “But it's such an intense addiction and the kids are at middle school, even just begging for some support and there's no such support in the county and certainly not in this.”
• “... mental healthcare, substance use, care related to diabetes and food insecurity, and chronic pain. I feel like those are probably the top 4 that my patients have a lot of issues with.</td></tr>
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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 population's health status at the state and county levels through surveys and surveillance systems. Secondary data for this report was compiled from various reputable and reliable sources.

A summary of the secondary data collected and analyzed through this assessment is outlined below. To view secondary data and sources in its entirety, see Appendix D (Page 42).

- **Income and Economic Challenges:** Cass County residents are facing challenges with paying for basic needs including housing and food. The median household income for Cass County is lower than for Michigan, and nearly 13% of adults and 21% of children are living with incomes below the Federal Poverty Level. Also, 29% of residents are part of the population known as Asset-Limited, Income-Constrained and Employed (ALICE).

- **Food Insecurity Disparities:** Food insecurity is at its highest since 2020 increasing up to 14.6%. Racial and Ethnic disparities are seen between the White, Black and Hispanic populations with the Hispanic population having the highest proportion of food insecurity (23%) followed by Black residents (22%) and finally White residents (12%).

- **Housing Affordability and Quality Challenges:** More than 18% of owner-occupied households and 38% of renter-households in Cass County spend more than 30% of their incomes on housing costs. Housing quality is also a concern for the money being spent on housing with approximately 22% of housing units in Cass County having one or more substandard conditions and 10% with severe housing conditions. Further, approximately 363 housing units are considered overcrowded in Cass County.

- **Rising Mental Health Concerns:** The number of people reporting poor mental health appears to be rising, with the proportion of residents who describe their mental health as poor increasing from 15.5% to 17.1%. Likewise, residents reported an increase in depression diagnoses from 23.1% to 24.3% from the previous reporting period.

- **Rising Substance Use Overdoses:** Like mental health conditions, the substance abuse rate has continually increased since 2019, with 19.6 per 100,000 Cass County residents overdosing after using opioids in 2022, an increase from 13.8 and 18.3 in 2019 and 2021 respectively. However, these rates have been lower than the State opioid overdose rate overall for each of these previous years.

- **Health Behaviors and Risks:** Some residents are engaging in risky health behaviors including smoking (18.2%), which is higher than the percentage of Michiganders who currently smoke (16.5%). Also, 16.9% of Cass County residents reported engaging in binge drinking, which is

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slightly lower than the rate for Michigan overall at 17.7%. Each of these health behaviors may contribute to poor health outcomes if they are habitual.

- **Preventive Healthcare-Seeking Behavior:** Approximately 21.1% of Cass County residents reported not having a visit with a primary care provider in the last year, which is slightly lower than the statewide number of 21.9%. These healthcare access challenges can lead to ambulatory care sensitive hospitalizations.

- **Limited Access to Providers:** While most residents in Cass County (95%) have some form of health insurance coverage, access to healthcare is still challenging. Cass County is a HRSA-designated Medically Underserved Area and a Health Professional Shortage Area for primary care and nearly 15% of residents do not have a primary care provider, a number that is higher than the statewide average.

- **Mental Health Provider Shortages:** While diagnosed mental health conditions have increased (e.g., depression), Cass County is experiencing a shortage in mental health providers and has a provider to patient ratio that is worse than the rate for Michigan overall with just one mental health provider to serve 2,457 people. For Michigan, there is at least one provider to serve 822 people.

Written Comments 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 website: https://healthcare.ascension.org/chna.

No comments pertaining to the 2021 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 assess all the community's needs fully. For this assessment, two types of limitations were identified:

- Some groups of individuals may not have been adequately represented through the community input process. For example, engaging with individuals identifying as LGBTQ+ and residents experiencing homelessness and food insecurity posed significant challenges in locating and conducting interviews. Additionally, efforts to reach organizations serving seniors were unsuccessful, resulting in a gap in primary data collection of senior needs.

- Secondary data is limited in a number of ways, including timeliness, reach, and ability to fully reflect the health conditions of all populations within the community. Limited secondary data was available for youth, homeless individuals/families, persons identifying as LGBTQ+, maternal health, care coordination, transportation, and behavioral health for Cass County.

- The inclusion of secondary data from the COVID-19 pandemic period (2020–2021) presents a limitation due to the unique and unprecedented nature of that time. Health trends, service utilization, and social determinants were significantly impacted by the pandemic, making data from this period less reliable for identifying long-term patterns or typical community needs. As such, findings from these years should be interpreted with caution, as they may not accurately reflect ongoing or emerging health issues in a post-pandemic context.

Despite the known data limitations and information gaps, 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 qualitative and quantitative methods, and engaged the hospital and participants from the community.

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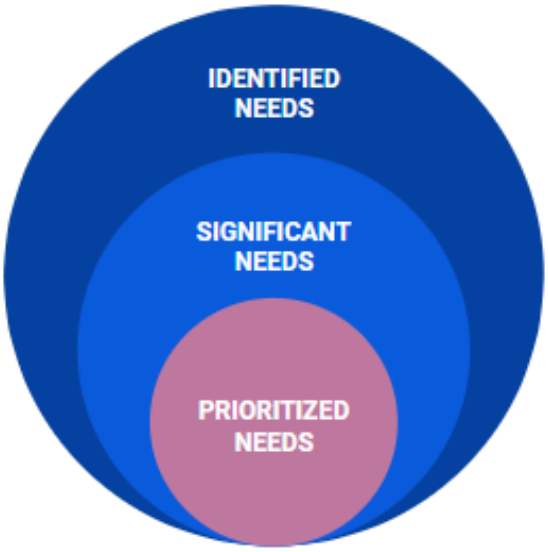
Community Needs

Ascension Borgess-Lee Hospital, with contracted assistance from SEMHA and WMed, analyzed secondary data of 95 indicators and gathered community input through focus groups and key stakeholder interviews with knowledge of relevant health and social needs 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.



- First phase: Determine the broader set of **identified needs**.
- Second phase: Narrow identified needs to a set of **significant needs**.
- Third phase: Narrow the significant needs to a set of **prioritized needs** to be addressed in the implementation strategy plan.

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 (IS). Although the hospital may respond to many needs, the prioritized needs will be at the center of a formal CHNA IS and corresponding tracking and reporting. The image above portrays the relationship between the needs categories.

Identified Needs

The first phase was to determine the broader set of *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 health behaviors, social determinants of health, length of life, quality of life, clinical care, and systemic issues to develop better measures and evidence-based interventions that respond to the determined condition.

Significant Needs

In the second phase, identified needs were then narrowed to a set of *significant needs* determined most crucial for community stakeholders to address. Ascension has defined *significant needs* as the identified needs deemed most significant to respond to based on established criteria and/or

prioritization methods.

SEMHA and WMed collaborated with the Ascension Michigan Community Benefit team and the Van Buren/Cass District Health Department to synthesize and analyze data, identifying the most significant needs from those identified. An integrative analysis approach was used to uncover patterns, trends, and themes within both qualitative and quantitative data gathered from reliable sources and community input. Qualitative insights captured the context and lived experiences behind the quantitative data provided. This comprehensive approach supported well-rounded conclusions and informed decision-making, guided by **key criteria**:

- Burden, scope, severity, or urgency of the health issue within the community.
- Importance the community places on addressing the need.
- Presence of health disparities associated with the need.

Based on the synthesis and analysis of the data, the significant needs for the 2024 CHNA are as follows (*in alphabetical order*):

- **Care Coordination**
- **Economic Stability**
- **Healthcare Access**
- **Housing**
- **Substance Use**

The following pages provide a deeper understanding of the significant community needs identified through the assessment process. Each need is explored through multiple lenses, including:

- Significance – Describes the importance and impact of the community need on the population.
- Drivers – Highlights the root causes and key underlying issues contributing to the significance of the need.
- Populations Most Impacted – Identifies the groups and community members most affected by the need.
- Community Input Highlights – Features recurring themes and meaningful quotes gathered from focus groups and key stakeholder interviews.
- Secondary Data Highlights – Summarizes notable findings and trends from existing data sources.

To view healthcare facilities and community resources available to respond to the significant needs, please see Appendix E (Page 46).

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Care Coordination

Significance

When doctors and other health care providers work together and share information, patient's needs and preferences are known and communicated at the right time to the right people, and the information is used to provide safe, appropriate, and effective care. This can help to keep patients healthier longer, better manage chronic conditions and experience care that is consistent with their goals.
Source: Care Coordination | CMS

Recognizing that social factors influence patient health outcomes and utilization, health systems have developed interventions to address patients' social needs. Care coordination across the health care and social service sectors is a distinct and important strategy to address social determinants of health.
Source: Systematic Review of Care Coordination Interventions Linking Health and Social Services for High-Utilizing Patient Populations

Drivers	Populations Most Impacted
• **Limited Agency Collaboration** – Gaps in trust and cooperation among agencies hinder seamless service integration. • **Service Gaps** – Lack of coordination between providers results in fragmented care and unmet needs.	• People experiencing poverty; ALICE population • Populations historically marginalized • People residing in rural areas OR people seeking/needing services from numerous healthcare, social service or education providers

Community Input Highlights

- "Fragmented Services & Poor Collaboration: Siloed agencies (courts, DHHS, CMH, schools) create inefficiencies."
- "Many residents are unaware of available services, leading to underutilization."
- "There's not a lot of collaborative relationships between our major organizations and agencies in the county. There's times where two might work well together, but they're kind of against one another…" However, "Collaboration has been getting better."

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Economic Stability

Significance

People with steady employment are less likely to live in poverty and more likely to be healthy, but many people have trouble finding and keeping a job. People with disabilities, injuries, or conditions like arthritis may be especially limited in their ability to work. In addition, many people with steady work still don't earn enough to afford the things they need to stay healthy. Employment programs, career counseling, and high-quality child care opportunities can help more people find and keep jobs. In addition, policies to help people pay for food, housing, health care, and education can reduce poverty and improve health and well-being.
Source: Economic Stability - Healthy People 2030 | odphp.health.gov

Drivers

- **Child Care Affordability** – High costs limit workforce participation, especially for parents.
- **Employment Challenges** – Lower labor force participation despite low unemployment rates.
- **Wage Levels** – Stagnant or low wages impact financial stability and economic mobility.

Populations Most Impacted

- People experiencing poverty; ALICE population
- Populations historically marginalized
- Parents of children requiring childcare

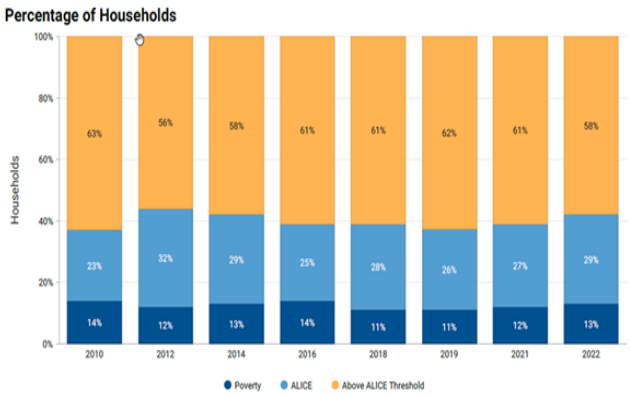
Community Input Highlights

- "High rates of poverty, unemployment , and financial insecurity for families."
- "Barriers to accessing state or local financial assistance programs."
- "Limited employment opportunities and barriers to workforce participation, especially for single-parent households."
- "If you have the means, you can drive. Go out of state [to receive care]."

Secondary Data Highlights

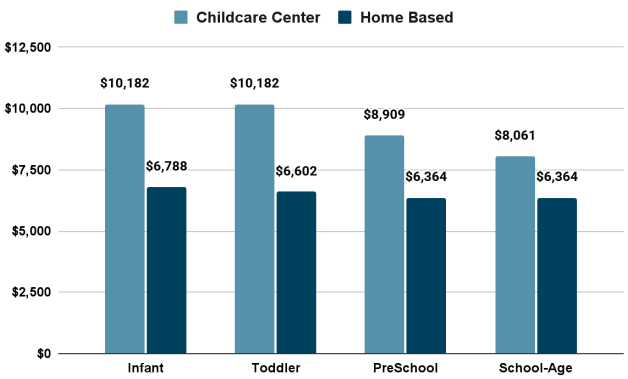
- More than two-thirds (42%) of households fit the criteria for Asset-Limited, Income-Constrained and Employed (ALICE), which means they earn less than the minimum income needed to afford basic necessities including housing, childcare, food, transportation, healthcare, and technology.
- Estimated average cost per child in daycare is $16 to $24 per hour in Cass County. (KIDS Count, 2024)

ALICE Households in Cass County (2022)



Source: ALICE County Reports, 2022

Childcare Cost by Age and Provider Type in Cass County (2023)



Source: Woman's Bureau National Database of Childhood Prices, 2023

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Healthcare Access

Significance

Many people face barriers that prevent or limit access to needed health care services, which may increase the risk of poor health outcomes and health disparities. Inconvenient or unreliable transportation can interfere with consistent access to health care, potentially contributing to negative health outcomes. Limited availability of health care resources is another barrier that may reduce access to health services and increase the risk of poor health outcomes.
Source: Access to Health Services - Healthy People 2030 | odphp.health.gov

Drivers

- **Provider Shortages** – Limited availability of primary care, dental, OB/maternal care, and specialty services.
- **Gaps in Mental Health Care** – Shortage of behavioral health providers and specialized services.
- **Transportation Barriers** – Lack of reliable medical transportation limits access to care.

Populations Most Impacted

- People experiencing poverty
- ALICE population
- Populations historically marginalized
- People living with a mental illness
- People without reliable transportation

Community Input Highlights

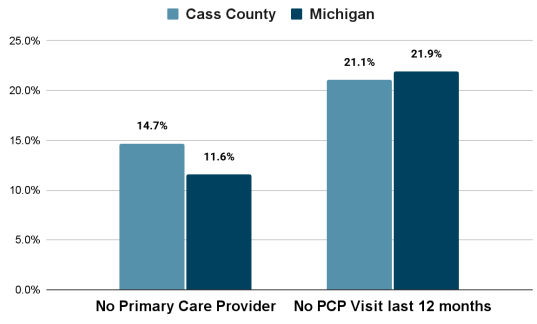
- "Another huge issue is lack of transportation. Like we have a Community transportation, but it's a very small drop in the bucket for the need."
- "Ambulances don't want long-term contracts."
- "There is no longer a hospital airlift to Kalamazoo or other hospitals."
- "... we're just seeing a huge gap between the therapy that many therapists can provide and when they are severe and persistent enough to get access to CMH services."
- "Pharmacies have been closing."
- "There is "a lack of OB's (Obstetrician Gynecologists)... Zero birth hospitals… Minimal pediatric support… A lack of women's reproductive healthcare."
- "We need elder care, badly"

Secondary Data Highlights

- Cass County's primary care provider ratio is worse than the statewide average, with one provider for every 2,457 residents versus one for every 706 in Michigan. (NPPES, 2024).
- Dental providers are less accessible than the state average, with one provider for every 3,440 residents versus one for 1,353 in Michigan. (NPPES, 2024)

Primary Care Physician Access, 2022

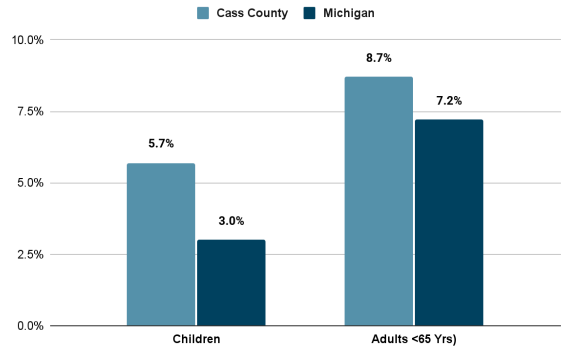
% of Population without Primary Care Provider and No Primary Care Provider visit



Source: CDC BRFSS, 2022, MiBRFS LHD 2020-2022

Uninsured Persons, 2023

% of Population with health insurance



Source: ACS Census Data 5 Yr 2019-2023

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Housing

Significance

High housing costs create financial strain, forcing individuals to choose between housing and essentials like food and healthcare. This can lead to mental health issues, increased stress, and limited access to quality housing and healthcare services.
Source: Healthy People 2030

Drivers

- **Lack of Affordable Housing** – High costs limit access to stable housing for many individuals and families.
- **Limited Quality Housing** – Insufficient availability of safe, well-maintained housing options.

Populations Most Impacted

- People experiencing homelessness
- People experiencing poverty; ALICE population
- People experiencing unsafe living conditions
- People historically marginalized

Community Input Highlights

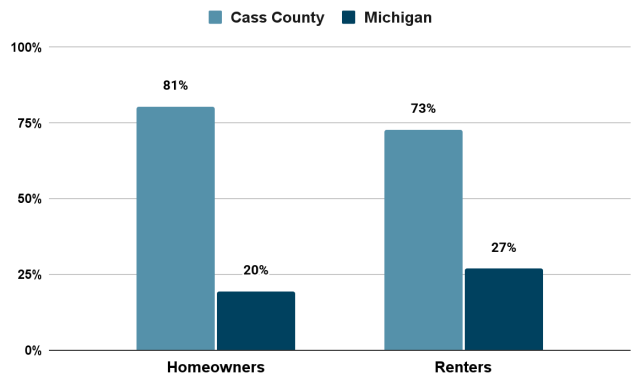
- "Lots of issues associated with housing, poor lack of housing. Houses missing appliances, no hot water, lots of bug infestations… A lot of multiple families, so doubling up or tripling up families within spaces. Kids sleeping in public spaces in the house like couches, that kind of thing."
- "Many tribal members are homeless."

Secondary Data Highlights

- More than 22% of the over 25,000 households in Cass County spend more that 30% of their income on housing compared to Michigan at 26.3%.
- Approximately 22% of housing units in Cass County have one or more substandard conditions and 10% are living with severely poor housing conditions.

Occupied Housing Units By Type (2023)

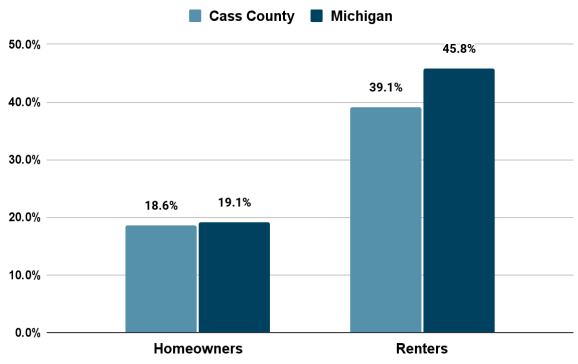
% of Owner and Renter occupied housing units



Source: US Census Bureau ACS 5-year 2019-2023

Cost-Burdened Households by Type (year)

Over 30% of Income spent of Housing



Source: US Census Bureau ACS 5-year 2019-2023

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Substance Use

Significance

Substance use disorders are linked to many health problems, and overdoses can lead to emergency department visits and deaths. Effective treatments for substance use disorders are available, but very few people get the treatment they need. Strategies to prevent substance use — especially in adolescents — and help people get treatment can reduce drug and alcohol misuse, related health problems, and deaths.
Source: Drug and Alcohol Use - Healthy People 2030 | odphp.health.gov

Drivers

- **Chronic Pain** – Leads to increased reliance on medications, including opioids.
- **Opioid Use** – Widespread availability and dependency contribute to substance misuse.
- **Youth Vaping** – Rising trends in vaping create early exposure to addictive substances.

Populations Most Impacted

- Youth
- People living with a mental illness
- People with substance use disorders; people who use drugs
- People experiencing chronic pain
- People taking/prescribed medications for opioid use disorder

Community Input Highlights

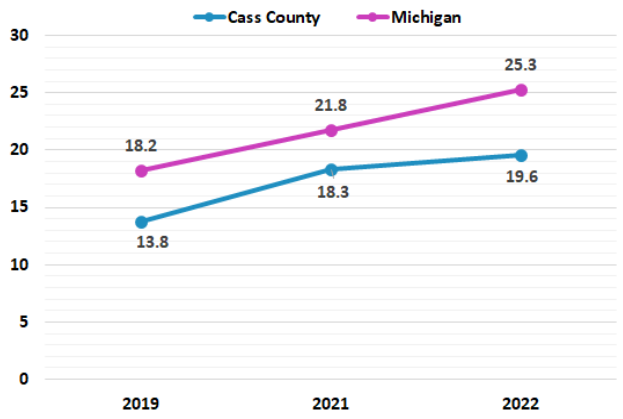
- "Lots of substance abuse of parents and then, just again, a fair lack of therapy."
- "Vaping and marijuana use is just off the charts. Such a high percentage my therapists are hearing are having middle schoolers early middle schoolers say to them, 'I'm so addicted there's nothing I can do.'"
- "... primary care offices are being asked more and more to manage the pain and without really any resources… certain procedures, we're just not able to do that yet, so we were not able to provide that care."

Secondary Data Highlights

- Substance abuse overdoses have risen steadily since 2019, with 19.6 per 100,000 residents in Cass County overdosing on opioids in 2022, up from 13.8 in 2019 and 18.3 in 2021.
- In Cass County, 18.2% of residents smoke, surpassing Michigan's 16.5%, and 16.9% binge drink, just under the state's 17.7%.

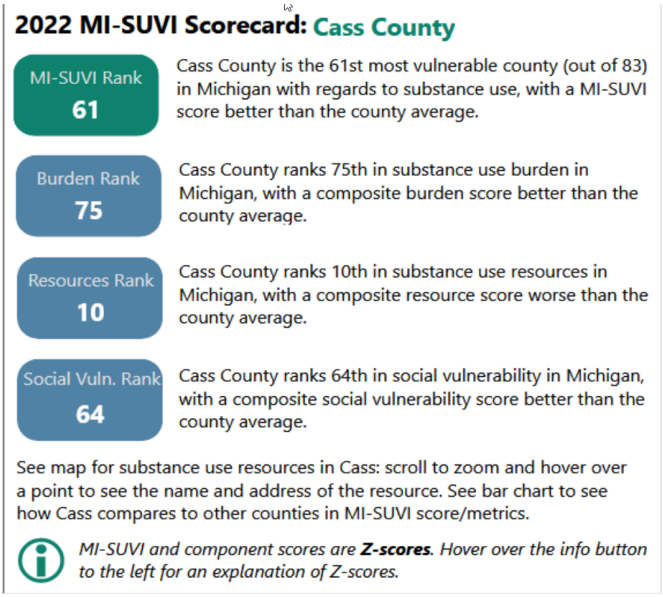
Opioid Overdose Rate (2019-2022)

Age Adjusted Rate per 100,000 population



Source MDHHS Substance Use Disorder Data Repository, 2019-2022

Michigan Substance Use Vulnerability Index (MI-SUVI)



Source: MDHHS Michigan Substance Use Vulnerability, 2022

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Next Steps

In the third phase, which will take place following the completion of the CHNA as outlined in this report, Ascension Borgess-Lee Hospital will narrow the significant needs to a set of prioritized needs. Ascension defines prioritized needs as the significant needs that the hospital has prioritized to respond to through the three-year CHNA implementation strategy (IS).

The IS will detail how Ascension Borgess-Lee Hospital will respond to the prioritized needs throughout the three-year CHNA cycle: July 2025 to June 2028. The IS will also describe why certain significant needs were not selected as prioritized needs to be addressed by the hospital.

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Summary of Impact of 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 respond to the prioritized 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.

Ascension Borgess-Lee Hospital's previous CHNA implementation strategy began in November 2022, and will be completed in June 2025*. Below is a summary of the actions taken during the previous CHNA implementation strategy cycle to respond to the following prioritized needs: Access to Care, Food Security, and Mental and Behavioral Health.

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

- To address access to care, the hospital launched the Ascension Michigan Community Investment and Engagement Initiative to strategically align community investments and partnerships with local health needs, implementing a centralized donation request system, standardized criteria, and streamlined processes to enhance support for Cass County residents' access to care.
- To address food security, the hospital launched the Ascension Michigan Community Investment & Engagement Initiative to align community investments with local food security needs, integrated the Neighborhood Resources (FindHelp.org) tool to connect residents with food and social services, and engaged the Ascension Medical Group (AMG) Population Health team to coordinate efforts in linking patients to essential resources through social needs screening tools used in medical clinics.
- To address mental and behavioral health, the hospital expanded the use of the SBIRT screening tool in primary and specialty care settings, integrated electronic health record platforms for behavioral health case management, and launched the Ascension Michigan Community Investment & Engagement Initiative to support local mental health programs and partnerships.

Ascension Borgess-Lee Hospital's previous CHNA and implementation strategy are available to the public via the website: https://healthcare.ascension.org/chna.

*Note: At the time of the report publication (April 2025), the third year of the cycle will not be complete; the hospital will accommodate for that variable and results from the last year of this cycle will be reported and attached to the Tax Year 2024 IRS Form 990/Schedule H.

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Approval by Ascension Borgess Hospitals Board of Directors

To ensure Ascension Borgess-Lee Hospital's efforts meet the needs of the community and have a lasting and meaningful impact, the 2024 CHNA was presented to the Ascension Borgess Hospitals Board of Directors for approval and adoption on April 28, 2025. 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 reports also demonstrates that the board is aware of the findings from the CHNA, endorses the health needs identified, and supports the strategies developed to respond to those needs.

Conclusion

Ascension Borgess-Lee Hospital hopes this report offers a meaningful and comprehensive understanding of the most significant needs of Cass County. This report will be used by internal stakeholders to guide the implementation strategies and community health improvement efforts as required by the Affordable Care Act. This report will also be available to the broader community as a useful resource for nonprofit organizations, government agencies, and other community partners to further health improvement efforts.

The hospital values the community's voice and welcomes feedback on this report. Please visit Ascension's public website (https://healthcare.ascension.org/chna) to submit any comments or questions.

As a Catholic health ministry, Ascension 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 underserved and marginalized, we are advocates for a compassionate and just society through our actions and words. Ascension Borgess-Lee Hospital is dedicated to serving patients with compassionate care and medical excellence, making a difference in every life we touch.

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Appendices

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Appendix A: Definitions and Terms

Catholic Health Association of United States (CHA) "is recognized nationally as a leader in community benefit planning and reporting."[3] The definitions in Appendix A are from the CHA guide *Assessing and Addressing Community Needs, 2015 Edition II,* which can be found at chausa.org.

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.

Demographics

Population characteristics of your community. Sources of information may include population size, age structure, racial and ethnic composition, population growth, and density.

Key Stakeholder Interviews

A method of obtaining input from community leaders and public health experts one-on-one. Interviews can be conducted in person or over the telephone (including computer/video calls). In structured interviews, questions are prepared and standardized prior to the interview to ensure consistent information is solicited on specific topics. In less structured interviews, open-ended questions are asked to elicit a full range of responses. Key informants may include leaders of community organizations, service providers, and elected officials. Individuals with special knowledge or expertise in public health may include representatives from your state or local health department, faculty from schools of public health, and providers with a background in public health. Could also be referred to as Stakeholder Interviews.

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.

[3] Catholic Health Association of the United States. (2015). *Assessing & Addressing Community Health Needs, 2015 Edition II*.

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Appendix B: Community Demographic Data and Sources

The tables below provide further information on the community's demographics.

Total Population and Gender				
Indicator	Cass County	Michigan	Description	Source
Total Population	51,606	10,051,595	Total Population	Census ACS 5 yr Avg 2019-2023
Male	50.4%	49.6%	% of population	Census ACS 5 yr Avg 2019-2023
Female	49.6%	50.4%	% of population	Census ACS 5 yr Avg 2019-2023

Age				
Indicator	Cass County	Michigan	Description	Source
Median Age	45.5	40.1 years	Median age of pop	Census ACS 5 yr Avg 2019-2023
Ages 0-17	20%	21%	% of population	Census ACS 5 yr Avg 2019-2023
Ages 18-64	58%	61%	% of population	Census ACS 5 yr Avg 2019-2023
Ages 65+	22%	18%	% of population	Census ACS 5 yr Avg 2019-2023

Race and Ethnicity				
Indicator	Cass County	Michigan	Description	Source
White (non Hispanic)	85%	73%	% of population	Census ACS 5 yr Avg 2019-2023
Hispanic or Latino	4%	6%	% of population	Census ACS 5 yr Avg 2019-2023
Two or More Races	4%	4%	% of population	Census ACS 5 yr Avg 2019-2023
Black (non Hispanic	4%	13%	% of population	Census ACS 5 yr Avg 2019-2023
Asian	1%	4%	% of population	Census ACS 5 yr Avg 2019-2023
American Indian	1%	.3%	% of population	Census ACS 5 yr Avg 2019-2023
Other	1%	.6%	% of population	Census ACS 5 yr Avg 2019-2023

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Family and Household Composition				
Indicator	Cass County	Michigan	Description	Source
# of Households	21,089	4,040,168	Total # of households	Census ACS 5 yr Avg 2019-2023
Average Household Size	2.4	2.4	Avg # Persons per Household	Census ACS 5 yr Avg 2019-2023
Households with Children	27.1%	27.4%	% of households	Census ACS 5 yr Avg 2019-2023
Married Couple with Children	64.3%	16.5%	% of households	Census ACS 5 yr Avg 2019-2023
Married Couple w/o Children	36.5%	29.7%	% of households	Census ACS 5 yr Avg 2019-2023
Single Female w/ Children	5.9%	5.9%	% of households	Census ACS 5 yr Avg 2019-2023
Single Female w/o Children	4.4%	5.6%	% of households	Census ACS 5 yr Avg 2019-2023
Single Male w/ Children	2.5%	2.3%	% of households	Census ACS 5 yr Avg 2019-2023
Single Male w/o Children	3.3%	2.6%	% of households	Census ACS 5 yr Avg 2019-2023
Receiving SNAP benefits	12.4%	13.1%	% of households	Census ACS 5 yr Avg 2019-2023

Other Populations				
Indicator	Cass County	Michigan	Description	Source
Veterans	8.1%	6.1%	% of 18+ population	Census ACS 5 yr 2019-2023
Persons living with Disability	16.2%	14.2%	% of 18+ population	Census ACS 5 yr 2019-2023

Educational Attainment				
Indicator	Cass County	Michigan	Description	Source
No High School Diploma	9.6%	8.1%	% of 25+ Pop.	Census ACS 5 yr 2019-2023
High School Degree	33.5%	28.2%	% of 25+ Pop.	Census ACS 5 yr 2019-2023
Some College No Degree	23.9%	22.2%	% of 25+ Pop.	Census ACS 5 yr 2019-2023
Associates Degree	11.7%	9.7%	% of 25+ Pop.	Census ACS 5 yr 2019-2023
Bachelor's Degree	14.6%	19.3%	% of 25+ Pop.	Census ACS 5 yr 2019-2023
Graduate Degree	8.0%	12.5%	% of 25+ Pop.	Census ACS 5 yr 2019-2023

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Appendix C: Community Input Data and Sources

The tables below provide further information on community input data collection.

Community Organizations Consulted
Organizations consulted by Ascension Borgess-Lee Hospital for the purposes of the 2024 CHNA include: 1. Van Buren-Cass District Health Department 2. Social Justice Alliance of Cass County 3. Pokagon Band of Potawatomi 4. Cass County Human Services Coordinating Council 5. Heritage Southwest Intermediate School District (HSCC) 6. Cassopolis Family Clinic Network (Federally Qualified Health Center)

Data Collection Instrument
Stakeholder focus groups (Heritage Southwest Intermediate School District, Social Justice Alliance of Cass County)
Focus group data was collected using a semi-structured interview schedule. The same set of questions were used for all focus groups: 1. Please describe a little about your organization and the population it serves. 2. What key health/social issues are impacting the community? Which of these needs would you say is the most important? 3. Are there specific populations this need impacts the most? If so, please elaborate regarding this population and its unmet needs. 4. What could be done to address these needs? 5. How can the strengths and resources you named earlier be used to improve this health issue? 6. What efforts have been successful in helping meet this need in the past? 7. What do you think are the challenges or barriers to addressing the health and/or social needs in the community? In other words, why aren't the things you mentioned being done more successfully already? 8. What do you feel Ascension Health is currently doing well to address the needs mentioned? What could we be doing more of/or better? Is there anything that we should stop doing? 9. Has your organization recently conducted any health-related surveys or focus groups that you would be willing to share with? Are there other surveys and/or data I should gain access to? If so, please provide me with links/information. 10. Are there other people you believe we should contact with these similar questions? If so, please provide their name(s) and contact information.
Key stakeholder interviews (Cassopolis Family Clinic Network, Heritage Southwest Intermediate School District, Pokagon Band of Potawatomi)
Primary data was collected using a semi-structured interview schedule. The same set of questions were used for all interviews, focus groups, and community conversations. 1. Please describe a little about your organization and the population it serves. 2. What key health/social issues are impacting the community? Which of these needs would you say is the most important? 3. Are there specific populations this need impacts the most? If so, please elaborate regarding this population and its unmet needs. 4. What could be done to address these needs? 5. How can the strengths and resources you named earlier be used to improve this health issue? 6. What efforts have been successful in helping meet this need in the past?

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7. What do you think are the challenges or barriers to addressing the health and/or social needs in the community? In other words, why aren't the things you mentioned being done more successfully already?
8. What do you feel Ascension Health is currently doing well to address the needs mentioned? What could we be doing more of/or better? Is there anything that we should stop doing?
9. What services are utilized the most or receive the most referrals in the community? Comment specifically on health care access/social services. Are there services underutilized? Why and ways to address?
10. Has your organization recently conducted any health-related surveys or focus groups that you would be willing to share with? Are there other surveys and/or data I should gain access to? If so, please provide me with links/information.
11. Are there other people you believe we should contact with these similar questions? If so, please provide their name(s) and contact information.

Data Collection Schedule

Date	Method	Interviewed	# Participants
November 13, 2024	Focus Group	Human Services Coordinating Council	14
December 17, 2024	Stakeholder Interview	Cass Community Clinic	3
January 14, 2025	Focus Group	Social Justice Alliance of Cass County	11
January 15, 2025	Stakeholder Interview	Pokagon Health Services	1
January 27, 2025	Stakeholder Interview	Cass ISD	2

Data Collection Results

Focus Groups

Focus Group 1	**Food Insecurity** • Identified as a persistent issue, with efforts to improve screening in primary care settings and connect individuals to community resources. • Also mentioned in reference to college students. **Opioid Crisis and Related Data** • Acknowledged as a significant concern, with ongoing initiatives to address opioid-related challenges, including data collection, guided by an opioid settlement plan. **Mental Health Services** • Emphasis on addressing the shortage of mental health providers, including psychiatrists, and ensuring accessibility for rural and underserved populations. **Access to Medical Care** • Participants highlighted a lack of local healthcare providers, such as dentists, primary care physicians, and specialists, leading residents to seek care outside the county. While the previous health needs assessment mentioned distrust in medical care as an issue, feedback suggested that the primary issue was a lack of availability within the county. **Collaboration and Data Sharing** • Identified as a priority, with a focus on consolidating existing data from stakeholders to avoid duplication and create a robust community health needs assessment. These needs reflect systemic challenges in healthcare access, social determinants, and community collaboration, requiring both immediate and long-term strategic planning. We briefly

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	discussed going back to this group as we collect data. They offered to reach out to their members to provide data.
Focus Group 2	**Mental Health Treatment** ● High demand for mental health treatment and facilities for disabled individuals. ● Autism and ADHD services are lacking within the county. ○ Limited access to ABA therapy, requiring travel to other counties. ○ Schools handle disciplinary issues punitively instead of providing supportive care. ○ State funding for school mental health exists but serves only a fraction of the need. Can meet with 140 out of 6,000 students. **Maternal and Child Health** ● No obstetrics (OB) services or birthing hospitals; minimal pediatric support. ● Lack of women's reproductive healthcare, especially in religiously affiliated hospitals. ● Poor treatment of individuals without prenatal care. Feeling judged resulting in not returning for care. **Health Access** ● Limited transportation. ● Residents must often leave the county for medical services, including mobile pregnancy verification units. ● Limited hospital capacity in nearby areas like Dowagiac. Cass Clinic planning to expand in Dowagiac. **Elder Care** ● No doctors for the elderly, with an urgent need for elder care and neurology services. **Medical Transportation** ● Ambulance services not willing to have long-term contracts. ● No air transport available. ● Patients are often transported out of the county. Transport across state lines requires an intercept, transferring to another ambulance, increasing costs. **Affordable Housing** ● Shortage of affordable housing; ongoing efforts are slow. **Most Pressing Needs** 1. General medical access. 2. Emergency medical transport: ○ Assessing reliability and length of transportation. ○ Out-of-state intercepts for emergencies. 3. Social and Economic Services ○ Inequality between "have" and "have-not" local government entities. ○ Lack of collaboration. 4. Pharmacy closures in Dowagiac. Though plans to open a new one are in the works. **Populations Most Impacted** ● Elderly individuals. ● Low socioeconomic status (SES) groups across all racial demographics. ● Those needing non-emergency transport and affordable local healthcare options. ● Youth in need of mental health support. **Potential Solutions** ● Recruiting OB professionals with better pay, amenities, and location benefits. ● Leveraging resources like: ○ Cass Family Clinic and Woodlands Crisis Response Team. ○ Expanded broadband to support telehealth. ○ Tax revenue from high-end housing developments. ○ Collaboration opportunities among local organizations. ● Addressing mental health funding usage, particularly for dementia and opioid-related initiatives. **Previous Successes** ● Transportation millage. **Challenges and Barriers**

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	• Limited funding and staffing for services. Location, amenities to live locally.
	• Reliance on out-of-county resources for healthcare and transportation.
	• Poor collaboration between government entities and healthcare providers.
	• No homeless shelters. Referred out of county.
	• Community mental health can only treat severe cases, according to state law. Though they are working at becoming certified.
	Recommendations for Ascension Health
	1. Build on strengths like hospital service improvement, physical therapy, and joint replacement programs.
	2. Expand access to physical therapy through fitness centers with trained professionals.
	3. Continue working on community-focused healthcare initiatives through partnerships with organizations like the Cass Clinic.
	Strengths in the Community
	• Healthcare and Data Resources
	  ○ WMed may be able to support with data collection.
	  ○ Cass Family Clinic providing healthcare services.
	  ○ Woodlands' presence and Crisis Response Team for mental health support.
	• Governance and Population Growth
	  ○ Strong local governments with potential to drive change.
	  ○ Net population growth after a long period of decline, creating opportunities for revitalization.
	• Infrastructure and Economic Development
	  ○ Expanded broadband improving telehealth access and attracting people aging out of urban areas.
	  ○ Increased construction of high-end housing, supporting both population needs and economic growth. Net population gain and rising tax revenue from housing developments, providing additional funds for community initiatives.
	• Mental Health Funding Opportunities
	  ○ Availability of funds for mental health, including addressing dementia, Alzheimer's, and opioid-related challenges.
	  ○ Potential to allocate and optimize these funds for community mental health programs.
	• Collaboration and Philanthropy
	  ○ Improved collaboration among agencies through in-person meetings and shared initiatives.
	  ○ Some philanthropic sources available, including the Michigan Gateway Foundation, corporate philanthropy, and the Low Foundation, which fosters entrepreneurship.

Stakeholder Interviews	

Stakeholders 1	**Key Health and Social Issues Impacting Youth**
	• Substance Use
	  ○ High levels of vaping and marijuana use, even among middle schoolers. – "Vaping and marijuana use just off the charts. Such a high percentage my therapists are hearing, are having middle schoolers early middle schoolers say to them, 'I'm so addicted there's nothing I can do.'"
	  ○ Schools focus on prevention, but addiction support services are lacking. – "But it's such an intense addiction and the kids are at middle school, even just begging for some support and there's no there's no such support in the county and certainly not in this. I think that's a really difficult issue because there's it's not… It's a choice to engage with it, but once there's an addiction then it's… I mean, the kids are going to find a way. And we're not addressing… We're trying… The focus is on get it out of schools, which is not going to happen maybe ever."
	  ○ Unregulated vaping products may contain harmful substances.
	• Basic Needs & Poverty

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	○ Food insecurity, poor housing conditions (lack of appliances, hot water, infestations), overcrowding, and unstable housing. – "Lots of issues associated with housing, poor lack of housing. Houses missing appliances, no hot water, lots of bug infestations… A lot of multiple families, so doubling up or tripling up families within spaces. Kids sleeping in public spaces in the house like couches, that kind of thing." ○ Lack of transportation options. – "Another huge issue is lack of transportation. Like we have a Community transportation, but it's a very small drop in the bucket for the need." ○ Clothing needs exist, but some school districts have clothing closets available. ● Parental Substance Abuse ○ Alcohol and marijuana are the most commonly reported. ○ Creates lack of stability for youth. ● Mental Health & Therapy Access ○ Severe shortage of therapists and mental health providers. ○ Community mental health (CMH) struggles with staffing and service capacity. ○ High referral rates, but limited service availability for children and adolescents. ○ School-based therapists fill some gaps but cannot meet all needs. – "There's a limit to the level of severity of need that we can support in that [school] role and there's still kind of quite a big gap between our highest level of need we can meet and where the lowest level of support and persistent [care] that qualifies for Woodland services." ○ And persistent, that qualifies for Woodland services. ● Educational Struggles & Literacy ○ Low literacy rates correlate with socioeconomic status. ○ Post-COVID urgency to improve literacy, but time constraints limit progress. ○ Educators and caregivers face high stress, impacting students' stability. ● Lack of Community Spaces ○ No centralized youth gathering places (e.g., Boys & Girls Clubs, LGBTQ support centers). - "Just there's lack of community other than the schools. There's really not a lot of community spaces." ● Limited Internet Access ○ "Lack of access to Internet, which again is may not seem that big of a deal, but does keep kids from getting connected, whether into school or with social connections." **Service Gaps & Challenges** ● Limited Therapy Services: Families must seek care in other counties, or Indiana. ● Emergency Mental Health Support: Suicidal youth often wait days in ERs due to lack of crisis intervention and psychiatric beds. ● Fragmented Services & Poor Collaboration: Siloed agencies (courts, DHHS, CMH, schools) create inefficiencies. ● Lack of Awareness: Many residents are unaware of available services, leading to underutilization. **Existing Strengths & Resources** ● School-Based Therapy: Increased referrals from CPS, pediatricians, and community organizations. ● Early Childhood Programs: Expanding family engagement and literacy support. ● Community Mental Health Expansion Efforts: Woodlands CMH is working toward expanding services and community locations. **Potential Solutions** ● Improved Agency Collaboration ○ Reduce competition and align goals between CMH, courts, schools, and community organizations. ○ Establish a dedicated county-level coordination role to oversee service integration. ● In-School Healthcare & Mental Health Centers

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	○ Partner with healthcare providers to create school-based clinics for medical, dental, and mental health care. ● Expand Community Resources ○ Develop youth-friendly spaces for safe socialization and support. ● Enhance Awareness & Accessibility ○ Improve outreach and communication about existing programs. ○ Address transportation barriers to service access. ● Policy & Funding Advocacy ● Advocate for funding to improve housing, transportation, addiction support, and mental health crisis care.
Stakeholders 2	**Key Health/Social Issues Impacting the Community** ● Mental Health ○ Community mental health is only able to take clients deemed to be severe enough, turning away others. ○ Clinic lacks dedicated psychiatrist for mental health management. ○ There is a gap in the county for less severe mental health support. Physicians try to send them to Berrien County. The organization serves all patients but struggles with staffing, has a crisis line, and provides wraparound services. Though, transportation is a challenge. ● Substance Use ○ Alcohol is the primary substance use issue the clinic responds to, followed by meth and opioids. ○ SUD (substance use disorder) and mental health are commonly co-occurring. ○ Limited substance use treatment: 5 providers care for 215 patients, many of whom fall out of care. ○ Smoking remains a significant issue. However, counseling and smoking cessation services are more readily available. ● Diabetes ○ Diabetic foods are unaffordable, leading to challenges in sugar control and increased medication needs. Medication costs are also a burden. ○ Commonly seen co-occurring with hypertension. ● Chronic Pain ○ Closure of SW MI Pain Consultants forces people to travel farther, resulting in primary care providers being required to support pain management, without appropriate training or procedures (e.g. evaluations, injections, etc.). Many required to travel to St. Joe. ○ Mental health, chronic pain, and substance use are closely related health problems. Untreated chronic pain often leads to mental health issues and substance abuse. These three issues are major contributors to high emergency room utilization. ● Access to Care ○ Cass County lacks a birthing hospital. Niles (in Berrien County) still offers delivery but nearly closed its OB unit. In Cassopolis, patients travel 20-25 minutes to Niles or Three Rivers for prenatal care based on insurance. ○ Decline in Ascension services (e.g., oncology), instability in primary care offices. ○ This leads to greater dependence on Corewell Health. In response to these closures, there are plans to open a new clinic in Dowagiac. ● Transportation ○ Transportation issues were raised several times in relation to access to mental health and medical care. **Most Important Needs** ● 1. Mental Health ○ Mental health is seen as a top need. Poor mental health exacerbates other issues (e.g., ER overuse, inability to manage health).

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	○ "... when people are not doing well mentally, that leads to me or outcomes in all these other areas that we can see someone for say diabetes or hypertension, and say, Hey, take these medications, get these labs done, Whether depression or anxiety, it prevents them from following through on those things... we don't make any meaningful progress because they're mental health is preventing them from following through." ● 2. Chronic Pain and Substance Use Disorders (SUD) ○ Often co-occur, causing significant community strain. ● 3. Diabetes ○ Patients struggle with ability to manage conditions because of food access issues. **Populations Most Impacted** ● Predominantly low-income patients and a higher white population. ● Minority populations are underserved for SUD care. Notable areas with minorities: ○ Cassopolis: Larger Black population ○ Dowagiac: Hispanic ○ Niles: Mixed population, some Spanish-speaking patients ○ Migrant workers further north **Potential Solutions** ● SUD and Chronic Pain ○ Train Primary Care Providers to treat SUD locally. A symposium, possibly hosted by Ascension, to increase capacity of PCPs to respond to SUD. ○ Ascension can enhance capacity and provide primary care alongside SUD services. ● Access to Care ○ Avoid closing hospitals (e.g., Dowagiac). Map location of current available services.
Stakeholders 3	**Key Health and Social Needs** ● Housing ○ The Tribe has a number of resources that can help pay for medical needs of tribal members. However, it requires demonstrating residence in the county to qualify which poses a challenge for homeless tribal members. "People are surprised that there is homelessness [among tribal members]. ○ Reliance on HUD funding for Tribal housing limits access to those with criminal records. ● Mental Health ○ "If you have any moderate to severe mental illness, you're out of luck." **Possible Solutions** ● Tiny house village for tribal members with social supports that does not rely on HUD funding. **Tribal Resources** ● Two pow wows per year (Memorial day and Labor day) ● Summer camp ● Social Services building ● Zagbëgon (Little Sprout): An Early Learning & Development Academy. Includes a Pattowanomi language and cultural component ● Tribal Court and Tribal Police ● Pokagon Health Services ○ Behavioral health ○ Dental ○ Optical ○ Chiropractic ○ Massage ○ Wellness center ○ Renovation projects: ■ Respiratory clinic

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	■ Pharmacy

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Appendix D: Secondary Data and Sources

The tables below provide further information on the secondary data collection.

Economic Stability				
Indicator	Cass County	Michigan	Description	Source
Median Income	$41,159	$41,442	The income where half of persons earn more and half of persons earn less.	Census ACS 5yr
Median Income - Male	49,342	$49,797	The income where half of males earn more and half of males earn less.	Census ACS 5yr
Median Income - Female	$32,016	$34,270	The income where half of female males earn more and half of females earn less.	Census ACS 5yr
Median Household Income	$68,011	$71,149	The income where half of households earn more and half of households earn less.	Census ACS 5yr
Unemployment Rate	5.3%	5.0%	% of total labor force that is unemployed	BLS, Dec. 2024
Low Income Population	30.1%	29.3%	% of the population with incomes considered 200% or below the federal poverty level .	Census ACS 5yr
Poverty - All	13.2	13.1%	% of population below federal poverty level	Census ACS 5yr
Poverty - Adult	12.9%	12.6%	% of Adults (18-64 yrs) below federal poverty level	Census ACS 5yr
Poverty - Child	21.4%	17.5%	% of Children (0-17 yrs) below federal poverty level	Census ACS 5yr
Poverty - Senior	8.5%	9.3%	% of seniors (65+ yrs) below federal poverty level	Census ACS 5yr
ALICE Households	29%	28%	% of all households considered ALICE H	ALICE Report 2022
Households Below Poverty Level	13%	12%	% of all households below poverty level	ALICE Report 2022

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Healthcare Access				
Indicator	Cass County	Michigan	Description	Source
No PCP Provider	14.7%	11.6%	% of adults without a primary care provider	MIBRFS 2020-2022
No PCP Visit (r)	21.1%	21.9%	% of adults (18-64 yrs) no annual visit last year	CDC-BRFSS
Uninsured Adults	8.7%	7.2%	% of uninsured adults (18-64 yrs)	Census ACS 5yr
Uninsured Children	5.7%	3.0%	% of uninsured children (0-17 yrs)	Census ACS 5yr
No Vehicle Access	5.0%	7.1%	% of households without access to vehicle	Census ACS 5y
Primary Care Physicians	2,457:1	706:1	# of residents to 1 PCP provider	NPPES NPI 2024; SAMHSA 2023
Dentist	3,440:1	1,353:1	# of residents to 1 dental provider	NPPES NPI 2024; SAMHSA 2023
Mental Health Provider	2,457:1	822:1	# of residents to 1 mental health provider	NPPES NPI 2024; SAMHSA 2023

Housing				
Indicator	Cass County	Michigan	Description	Source
Occupied Housing Units	21,089	4,040,168	Total # of occupied housing units	Census ACS 5yr
Vacant Housing Units	709	176,410	Total # of vacant housing units	Census ACS 5yr
Median Home Value	$205,200	$217,600	Median home value, 2023	Census ACS 5yr
Owner Occupied	80.5%	72.9%	% of housing units occupied by owner	Census ACS 5yr
Renter Occupied	19.5%	27.1%	% of housing units occupied by owner	Census ACS 5yr
Owner Income	$79,221	$85,243	Median income of homeowners	Census ACS 5yr
Owner Cost Burdened	18.6%	19.1%	% of homeowners spending over 30% of income on housing.	Census ACS 5yr
Renter HH Income	$35,304	$41,174	Median income of renters	Census ACS 5yr
Renter Cost Burdened	39.1%	45.8%	% of renters that spend more than 30% of income on housing.	Census ACS 5yr

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Housing				
Indicator	**Cass County**	**Michigan**	**Description**	**Source**
Severely Cost Burdened HH -Owner	7.9%	7.9%	% of owner households that spend more than 50% of income on housing.	Census ACS 5yr
Severely Cost Burdened HH - Renter	19.8%	23.7%	% of renter households that spend more than 50% of income on housing.	Census ACS 5yr
Substandard housing conditions	3.2%	4.6%	% of households without complete plumbing or kitchen facilities	Census ACS 5yr

Substance Use				
Indicator	**Cass County**	**Michigan**	**Description**	**Source**
Adult Binge Drinking	16.9%	17.7%	% of adults who report binge drinking last 30 days	CDC-BRFSS
Adult smoking	18.2%	16.5%	% of adults who report being a current smoker	CDC-BRFSS
Suicide Rate - Adult	18.9/100K	14.4/100 K	Suicides per 100,00 5 yr average	MDHHS
Poor Mental Health Days-Adult	17.1%	17.5%	% of adults reporting 14+ days/30 of poor mental health	CDC-BRFSS
Depression - Adult	24.3%	24.3%	% of adults reporting diagnosed depression.	CDC-BRFSS

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Secondary Data Sources and Reports	
Source/Report Name	**Data Year**
US Census ACS Survey 5 year Avg estimates, 2019-2023	2019-2023
United Way for Alice - Alice County Report, 2022	2022
Feeding America's Map the Meal Gap 2024	2022
Michigan Behavioral Risk Survey (MiBRFS) LHD Tables	2021-2023, 2020-2022
CDC-Behavioral Risk Factor Surveillance System (PLACES)	2022
County Health Rankings and Roadmaps County Report, 2024	2019-2022
RX_Kids_Survey_May 2024 (YWCA)	2023
MDHHS Community Health Reports and Vital Statistics	2021-2023
MiTracking Environmental And Substance Use Tracking	2023
Substance Use Vulnerability Index Results County Report Card	2022
National Low Income Housing Coalition Reports (NLIHC) Out of reach Report	2023
US Department of Labor (DOL). Bureau of Labor Statistics (BLS)	2024
Comprehensive Housing Affordability Strategy (CHAS), County Level	2017-2021 (ACS)
National Plan and Provider Enumeration System (NPPES) National Provider Identifier (NPI)	2024

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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 respond to 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.

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

Care Coordination

Organization	Phone	Website
Woodlands Behavioral Health	269-445-2451	woodlandsbhn.org
Cassopolis Family Clinic Network	269-445-3874	cassfamilyclinic.org
Pokagon Band of Potawatomi	269-782-4141	https://www.pokagonband-nsn.gov/departments/health-services/
COPE Network	269-224-0566	copenetwork.org
Ascension Borgess-Lee Hospital	269-782-8681	healthcare.ascension.org/locations/michigan/mikal/dowagiac-ascension-borgess-lee-hospital
Heritage Southwest Intermediate School District	269-445-3891	hsisd.org
Van Buren/Cass District Health Department	269-782-0064	vbcassdhd.org
Cass County Council on Aging	269-228-5511	casscoa.org
Cass County Great Start Collaborative	269-635-0236	greatstartcass.org
Area Agency on Aging	800-654-2810	https://areaagencyonaging.org/#

Economic Security

Organization	Phone	Website
Cass County Council on Aging	269-228-5511	casscoa.org
Michigan Works!	800-285-9675	michiganworks.org
Southwest Michigan Community Action Agency	877-422-2726	smcaa.com
Action Ministry Food Pantry	269-782-0000	actiondowagiac.org
Michigan Department of Health & Humans Services	269-445-0200	https://newmibridges.michigan.gov/s/isd-landing-page?language=en_US

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Healthcare Access

Organization	Phone	Website
Ascension Borgess-Lee Hospital	269-782-6861	healthcare.ascension.org/locations/michigan/mikal/dowagiac-ascension-borgess-lee-hospital
Cassopolis Family Clinic Network	269-445-3874	cassfamilyclinic.org
Woodlands Behavioral Health	269-445-2451	woodlandsbhn.org
Van Buren/Cass District Health Department	269-782-0064	vbcassdhd.org
Cass County Transit	269-782-3300	casscountymi.org/1464/Cass-County-Transit
Pokagon Band of Potawatomi	269-782-4141	http://www.pokagonband-nsn.gov/departments/health-services/
Cass County Great Start Collaborative	269-635-0236	greatstartcass.org

Housing

Organization	Phone	Website
Southwest Michigan Community Action Agency	877-422-2726	smcaa.com
Dowagiac Housing Commission (City of Dowagiac)	269-782-3786	https://www.casscountymi.org/1504/Emergency-Home-Repair-Grant
Pokagon Band of Potawatomi	269-783-0443	https://www.pokagonband-nsn.gov/departments/housing-community-development/

Substance Use

Organization	Phone	Website
Woodlands Behavioral Health	269-445-2451	woodlandsbhn.org
COPE Network	269-224-0566	copenetwork.org
Southwest Michigan Behavioral Health	1-800-676-0423	swmbh.org
Pokagon Band of Potawatomi	269-783-2476	https://www.pokagonband-nsn.gov/departments/health-services/behavioral-health/

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Appendix F: Evaluation 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 respond to the prioritized 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.

Ascension Borgess-Lee Hospital's previous CHNA implementation strategy began in November 2022, and will be completed in June 2025*. The tables below summarize the actions taken during the previous CHNA implementation strategy cycle to respond to the following prioritized needs:

- Access to Care
- Food Security
- Mental and Behavioral Health

*Note: At the time of the report publication (April 2025), the third year of the cycle will not be complete; the hospital will accommodate for that variable and results from the last year of this cycle will be reported and attached to the Tax Year 2024 IRS Form 990/Schedule H.

Priority Need: Access to Care		
Strategy	**Summary of Actions**	**Status of Action(s)**
Increase involvement in, and support of, community health activities to address access to care needs for Cass County residents.	Launched the Ascension Michigan Community Investment and Engagement Initiative to ensure Ascension Michigan hospitals continue to be good stewards of the resources entrusted to them by intentionally and strategically aligning community investments and engagements with local (prioritized) community needs and market strategic and organizational priorities. The initiative focuses on two key areas: Community Investment, defined by Ascension Michigan as dollars invested externally to support community health and impact programs, events, and other community based activities. A new centralized, external-facing web page and donation request form, standardized determination criteria, and streamlined processes for payment and marketing implemented; and Community Engagement defined by Ascension Michigan, includes partnerships, collaborations and participation with external community groups.	On-track

Priority Need: Food Security		
Strategy	**Summary of Actions**	**Status of Action(s)**
Increase involvement in, and support of, community health activities to address food security needs for Cass County residents.	Launched the Ascension Michigan Community Investment & Engagement Initiative to ensure Ascension Michigan Hospitals continue to be good stewards of the resources entrusted to them by intentionally and strategically aligning community investments and engagements with local (prioritized) community needs and market strategic and organizational priorities.	On-Track

	The initiative focuses on two key areas: Community Investment, defined by Ascension Michigan as dollars invested externally to support community health and impact programs, events, and other community-based activities. A new centralized, external-facing web page and donation request form, standardized determination criteria, and streamlined processes for payment and marketing needs will be implemented; and Community Engagement, defined by Ascension Michigan, includes partnerships, collaborations and participation with external community groups.	
Assure that all Ascension Michigan Southwest Region appropriate and eligible programs are included in the Neighborhood Resources (FindHelp.org) tool, and market neighborhood resources to community partners, patients and county residents.	Ascension's Neighborhood Resource is a free and easy to use online platform that connects individuals to social services and resources in their community. Users enter a zip code into the Neighborhood Resources webpage to find verified, free, and reduced-cost services in the community, including healthcare services, food, housing, transportation, financial assistance, job training, legal help, and more. Ascension Michigan's Southwest Michigan Ascension Medical Group (AMG) Population Health team was identified to lead efforts for Ascension Borgess-Lee Hospital. In collaboration with Ascension's National Community Impact department, including Community Benefit, the team continues to coordinate activities and workflows to connect patients with resources needed as identified through various screening tools utilized by Ascension's medical clinics and departments.	On Track

Priority Need: Mental and Behavioral Health		
Strategy	**Summary of Actions**	**Status of Action(s)**
Through a coordinated and transformational approach, Ascension Michigan Hospitals will improve access to mental and behavioral health for vulnerable populations	The Ascension Michigan Behavioral Health service line, which operates as a statewide function, has developed a coordinated implementation strategy to address a broad spectrum of outpatient and inpatient behavioral health services. Tactics implemented include: Expanded use of the Screening Brief Intervention and Referral to Treatment (SBIRT) tool, a depression, anxiety and substance abuse screening tool, was implemented in various primary and specialty care settings. Additionally, Ascension Michigan effectively established electronic health record platforms in primary care settings for case management of behavioral health patients.	On-track
Increase involvement in, and support of, community health activities to address mental and behavioral health needs for Cass County residents	Launched the Ascension Michigan Community Investment and Engagement Initiative to ensure Ascension Michigan hospitals continue to be good stewards of the resources entrusted to them by intentionally and strategically aligning community investments and engagements with local (prioritized) community needs and market strategic and organizational priorities. The initiative focuses on two key areas: Community Investment, defined by Ascension Michigan as dollars invested externally to support community health and impact programs, events, and other community based activities. A new centralized, external-facing web page and donation request form, standardized determination criteria, and streamlined processes for payment and marketing implemented; and Community Engagement defined by Ascension Michigan, includes partnerships, collaborations and participation with external community groups.	On-track

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