



# VAN BUREN COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT

2022

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Bronson conducted a Community Health Needs Assessment (CHNA) to better understand the health concerns and needs in Van Buren County. This CHNA relied heavily on community partners and those in the community. Data were collected and analyzed to identify greatest health needs of the community. Prioritization of those needs resulted in four categories of need with specific needs listed below:

## Systems Navigation

(healthcare, mental health, social services)

- Navigating referrals
- Proximity of services and care
- High cost of care
- Shortage of healthcare providers and supporting staff
- Lack of connection to community resources

## Behavioral Health

- Mental health and COVID-19 impacts
- Substance misuse
- Lack of connectedness among community members

## Systemic Racism and Discrimination

- Racism, agism, classism, and discrimination based on gender and sexual orientation

## Living Conditions

- Food insecurity
- Income and poverty
- Housing

# INTRODUCTION

Building upon the 2019 CHNA process, Bronson and its partners made the following commitments:

- **Equity Framework.** In an effort to maintain a consistent language with Bronson employees, and externally with the community, the recommendations in this report are in alignment with Bronson's equity framework. The report and its process also reflects an expanded definition of health, beyond the presence or absence of disease, to represent where people live, work, learn, play, and worship.
- **Community Voice.** Because there are inherent limitations and gaps in secondary data, there was a heavy emphasis on community voice and input to identify the greatest needs in our communities. The analysis in this document represents the most important issues from **14** interviews and **876** community voices in the community survey.
- **Local Data.** In order to frame the topics that came out of the community conversations, community-level data was compiled to provide a quantitative view of the community's health. When possible, the measures were mapped across zip code or census tract to illustrate areas of need throughout the county.



**Health Equity** is the state in which everyone has the opportunity to attain full health, and no one is disadvantaged from achieving this because of social position or any of other socially defined circumstance.<sup>1</sup>

To achieve equity, there is an urgency to understand that many of the disparities seen in our communities are not only avoidable, but also beyond the individual's control. We define this as an **inequity**.

When groups of people are disadvantaged from attaining full health because of their social position, these are **social inequities**. Social inequities are reinforced by our laws, policies and governance within organizations and systems in a community, or **institutional inequities**. That is, from a systematically unequal distribution of power and resources among institutions, and thus resulting in differences among groups.<sup>1</sup>



1.National Academies of Sciences, Engineering, and Medicine. 2017. Communities in Action: Pathways to health equity. Washington, DC: The National Academies Press. doi: 10.17226/24624.

# INTRODUCTION

The CHNA, and the voices represented in this document, have shed light on some of the many inequities that are disproportionately shaping an individual's access to live a full and healthy life. Below is Bronson's Health Equity Framework, adopted from Bay Area Regional Health Inequities Initiative, and has served as the basis for how we approached this work. This is to emphasize that these needs do not exist in silos, and to illustrate how they inform one another on a continuum. This is another example that demonstrates how equity is *both* a process and an outcome.



Framework adapted from [Bay Area Regional Health Inequities Initiative](#)



# CEO LETTER AND HOSPITAL INFORMATION



*At Bronson, we believe that in order to fully live out our mission, vision and values, we must first seek to understand the needs and experiences of our communities. The Community Health Needs Assessment (CHNA) is a foundational tool that allows us to hear directly from community members about what their lived experiences are and what improvements and opportunities are needed to live healthy lives.*

**Bill Manns**

President & Chief Executive Officer at Bronson Healthcare



### ***Bronson LakeView Hospital***

Bronson LakeView Hospital (BLVH) has been serving the people of Van Buren County since 1939. As a 26-bed critical access hospital, it offers a full range of inpatient and outpatient services. This includes emergency care, which is available 24/7.

BLVH is part of an affiliated system that serves nine counties and includes three other hospitals, Bronson Methodist Hospital, Bronson Battle Creek Hospital, and Bronson South Haven Hospital. Each of the hospitals in the Bronson Healthcare System admits patients regardless of ability to pay and provides outreach services their respective communities.

This partnership also helps ensure that everyone has access to the highest quality care. Bronson LakeView has a full service emergency department in Paw Paw and a direct connection to the region's only Level 1 Trauma Center at Bronson Methodist Hospital in Kalamazoo.

In addition to the four hospitals, the BHG system includes several smaller entities whose activities support the hospitals and their mission of “Together, we advance the health of our communities.” These entities include Bronson Healthcare group, Bronson Commons, Bronson Lifestyle Improvement and Research Center, Bronson Healthcare Foundation, Bronson at Home, Van Buren Emergency Medical Services, and Bronson Properties Corporation.

### ***Bronson South Haven Hospital***

Bronson South Haven Hospital (BSHH) has been serving the lakeshore community since the early 1900's. Today, as part of the region's leading healthcare system, BSHH brings many primary care and specialty resources to South Haven and surrounding communities. BSHH is part of an affiliated system that serves nine counties and includes three other hospitals, Bronson Methodist Hospital, Bronson Battle Creek Hospital, and Bronson LakeView Hospital. Each of the hospitals in the Bronson Healthcare System admits patients regardless of ability to pay and provides outreach services to their respective communities.

This partnership also helps ensure that everyone has access to the highest quality care. Its full service emergency department in South Haven offers a direct connection to the region's only Level 1 Trauma Center at Bronson Methodist Hospital in Kalamazoo.

The first floor Emergency Department has 14 examination rooms and trauma bays, a separate waiting area and a central nurse station that allows staff to have a 360° view of the entire department.

The Radiology department next to the Emergency Department, allows quick and efficient transport of emergency patients for imaging services. It serves inpatients and outpatients offering MRI, CT, nuclear medicine, X-ray, fluoroscopy, ultrasound, mammography, bone density imaging, pulmonary function testing and stress testing.

The Inpatient Unit has six private rooms and one semi-private room. Each room has windows with nature views, a comfortable seating area for family and guests, and its own bathroom, which includes a shower and storage area for personal items.

## ***Statement***

The 2022 Community Health Needs Assessment report was approved by the Bronson Healthcare Board of Directors on November 18<sup>th</sup>, 2022 and will be published on its website following execution and approval. The report will be accessible at [bronsonhealth.com](https://bronsonhealth.com). Questions or comments about the 2022 Community Health Needs Assessment and its implementation strategies can be submitted to [CHEI@bronsonhg.org](mailto:CHEI@bronsonhg.org).



# DEFINING THE COMMUNITY

### ***Van Buren County***

For the purpose of this CHNA, the definition of community is all residents of Van Buren County, Michigan. Van Buren County was selected as the community served because it is Bronson's primary service area as well as partners' primary service area. Additionally, community health data are readily available at the county level, and for numerous indicators, at the census tract level.



Located in southwest Michigan and home to over 75,000 residents.



Academic institutions: Lake Michigan College, Southwestern Michigan College

The following maps and charts highlight key community information. To view more data on Van Buren County visit [Appendix A: Van Buren County Demographics](#).

# Van Buren County Demographics

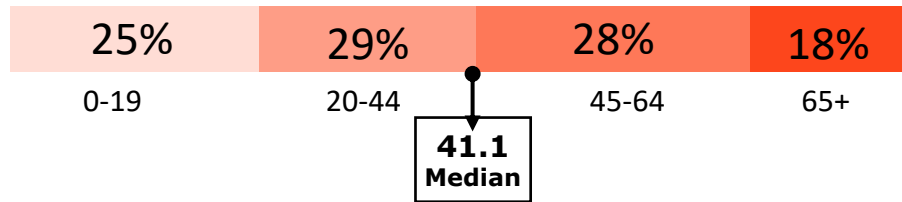
## Gender



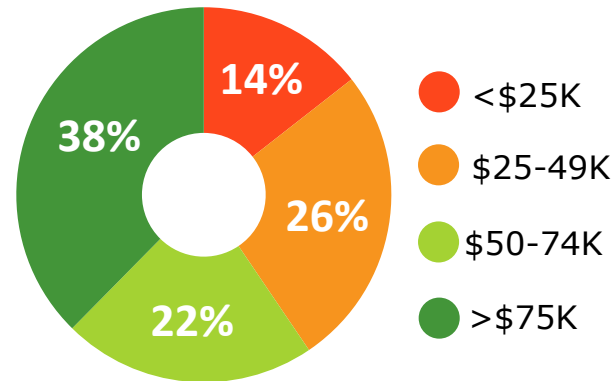
## Van Buren County Residents: 75,658



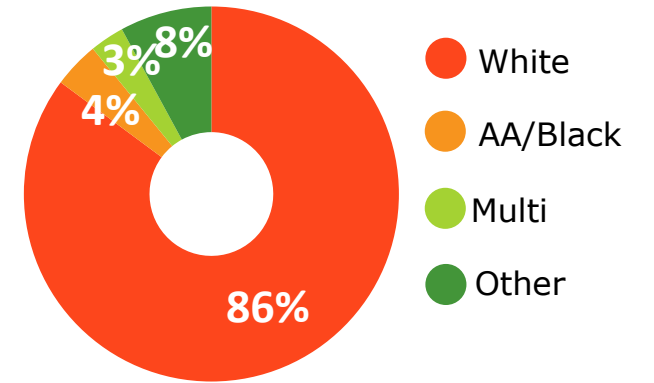
## AGE



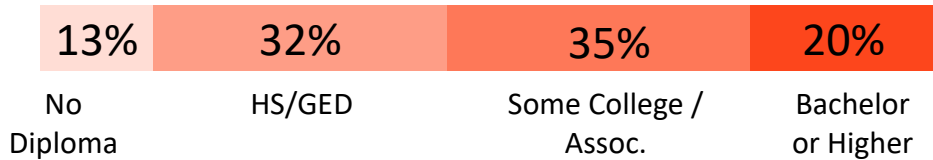
## Income



## Race



## Education (Age 25+)



Data Source: 2020 ACS 5-Year Estimates



# CHNA PROCESS

## Steps in the Process

### Engage partners

The CHNA was a collaborative effort between Bronson and community partners in Van Buren County. A core team and advisory group leveraged existing community connections to obtain feedback from the populations being served.

### Review previous CHNA

The previous CHNA data and related feedback were considered throughout the process.

### Collect and analyze data

Existing data for Van Buren County, in the form of recent community reports and assessments and community health indicator data, were collected and analyzed to identify needs.

New qualitative and quantitative data were collected to capture community voices. This included a community survey and key informant interviews with partners representing diverse populations within the county.

### Prioritize community health issues

The advisory group reviewed summary data findings highlighting community needs and recommended which to prioritize.

### Document and communicate results

The final CHNA report is available on hospital websites and paper copies are available upon request.

### Plan implementation strategies

Bronson will engage in action planning sessions to develop community health implementation strategies to address the prioritized needs outlined in the CHNA report.



## ***Evaluation of Prior CHNA***

The Van Buren County CHNA Core Workgroup was formed in November of 2021. The first step was to identify the roles and needs of each of the organizations and establish a foundation for the work. The next step was to review the previous CHNA at length and identify themes and gaps. It was decided that an Advisory Group would be established to guide the process for the 2022 CHNA, review proposed data indicators to collect, as well as suggestions for additional community input of significance. Michigan Public Health Institute (MPHI) and W.E. Upjohn Institute for Employment Research were contracted consultants to facilitate the CHNA.

The Van Buren County CHNA Core Workgroup proposed that the preceding CHNA implementation strategies were lagging in some areas, primarily due to the COVID-19 pandemic; the 2019 priority needs identified would require more than three years to see impact; and there was an assumption that the pandemic had certainly aggravated many of the priority needs previously identified. Therefore, it was decided that the 2022 CHNA report would use the majority of the previous priority needs as a starting point for data collection, with agreement that the Advisory Group would assure that any new or emerging needs would be identified and considered as well.

A full evaluation of the impact of any actions taken to address the prioritized health needs identified in the immediately preceding CHNA for Bronson LakeView and Bronson South Haven Hospitals is included in [Appendix B: Evaluation of Prior CHNA](#).

## *Partners/Committees*

Recognizing its vital importance in understanding the health needs and assets of the community, Bronson consulted with a range of public health and social service providers that represent the broad interests of Van Buren County.

### Core Workgroup

Met weekly to facilitate the CHNA process. This group included representation from:

- Bronson Healthcare
- Michigan Public Health Institute
- W.E. Upjohn Institute for Employment Research

### Advisory Group

This Advisory Group was engaged with a concerted effort to ensure that the individuals and organizations represented the needs and perspectives of:

- 1) Public health practice and research
- 2) Those who serve BIPOC and groups that have been marginalized
- 3) The broader community at large and represent the broad interests and needs of the community served

The Advisory Group met with the Core Workgroup multiple times including a prioritization session, and many members participated in Key Informant Interviews (KII) for this report.

The list of organizations that make up the Advisory Group and contributors is located in [Appendix C: Advisory Group Members & Contributors](#).

# Timeline





# METHODOLOGY

## ***Data Collection***

Both primary and secondary data were collected and analyzed to inform this CHNA. Michigan Public Health Institute (MPHI) highlighted community voice through analysis of key informant interviews, community survey results, and recent community reports and assessments. W.E. Upjohn Institute for Employment Research compiled and analyzed social determinants of health indicators to highlight the health status and social determinants of health for individuals living in Van Buren County.



### Key Informant Interviews



### Recent Community Reports and Assessments



### Community Survey Data



### Social Determinants of Health Indicators

## ***Key Informant Interviews (KII)***

Individuals representing partner agencies in the community were invited to share their thoughts and experiences in a key informant interview.

A total of **14** key informant interviews were conducted between the months of **May through July 2022**, with participants representing diverse populations in the county including governmental public health, medically underserved, low-income, and minority groups. Participating organizations that shared their input can be found in the contributors list in [Appendix C: Advisory Group Members & Contributors](#).

MPHI analyzed interview transcripts to identify common themes that emerged across interviews, which are described on pages [29-30](#) in the CHNA Findings section.



## ***Recent Community Reports and Assessments Findings***

The Core Workgroup collected recent community reports and assessments from community organizations that highlighted the needs of Van Buren County. MPHI analyzed these documents for common themes.

Documentation included **summaries of action plans, stakeholder surveys**, and available **community assessments**.

To review a list of external documents used for this analysis visit [Appendix D: Recent Community Reports and Assessments Citations](#).

The common themes are described on page [31](#) in the CHNA Findings section.



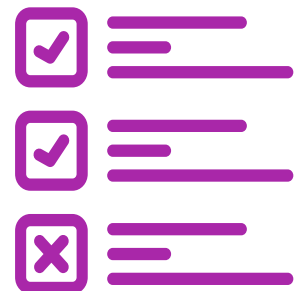
## Community Survey Data Findings

The Core Workgroup in partnership with the Advisory Group created a community survey to better understand the health needs in Van Buren County. Questions asked for input in a variety of areas including:

- Top health concerns and problems
- Health and healthcare
- Community and neighborhoods
- Transportation
- Income, money and jobs
- Housing
- Food Resources and food access
- COVID-19

The **online** community survey was programmed in an online software to collect responses. The online survey had an option to view and take the survey in **English or Spanish**. The survey was distributed **May – August 2022**. The survey was shared by community partners who work closely with those in Van Buren County. Paper copies of the survey in English or Spanish were available upon request.

MPHI analyzed the survey results, which are described on page [32](#) in the CHNA Findings section.





## ***Social Determinants of Health Findings***

The Core Workgroup, with input from both contracted consultants, as well as the Advisory Group, agreed on a list of indicators for which to collect data. Indicators were considered based upon **social determinants of health, health disparities** and **inequities**, as well as previous CHNA priority needs.

To view the selected social determinants of health indicators, visit pages [33-39](#) in the CHNA Findings section.



## *Identifying and Prioritizing Health Needs*

On August 24<sup>th</sup>, 2022, the Advisory Group and contributing organizations gathered to review data collected through the CHNA process. The group was sent a data summary document that included the most commonly identified community health needs and findings from recent community reports and assessments, key informant interviews, community survey results, and social determinants of health indicator data.

During the prioritization meeting, the group reflected on the data and identified health needs. Facilitators then asked the group to rate each need on three Likert scales: feasibility of possible interventions, level of disparities in health outcomes, and urgency to address.

On September 8<sup>th</sup>, 2022, the Core Workgroup met to discuss the results of the prioritization meeting and considered all suggestions from the Advisory Group. They reviewed identified needs and combined items to establish four (4) priority areas, which will be described in the CHNA and addressed through future implementation plans.

To view a summary of the prioritization process, visit [Appendix E: Prioritization Summary](#).

# CHNA FINDINGS

Responses and results from the data collection were analyzed to uplift needs that are most important to those living in Van Buren County.

More details about the methodology used for data collection and analysis can be found starting on page [20](#).



Responses from key informants representing community organizations serving groups that have been socially and economically marginalized were analyzed to uplift needs that are the most important to those living in Van Buren County.



Recent community reports and assessments highlighting community voice were also collected and analyzed. This documentation included summaries of focus groups, interviews, surveys, and other available assessments.



Results of the community survey highlighted a variety of topic areas and collected input from the community and what is important needs to address in Van Buren County.



Selected social determinants of health indicators are intended to measure Van Buren's current health standing and outcomes. These indicators show Van Buren's demographics, social, and economic factors, health behaviors, factors and risks associated with health outcomes, as well as health conditions.

## Key Informant Interviews (KII)

Eleven (11) community needs emerged from the analysis of key informant interviews. To view a more detail list of the community needs that emerged visit [Appendix F: Key Informant Interview Findings](#).

- 1. Community Connectedness** – The interviews highlighted that community connectedness was an important need, specifically the connection to resources and services, as well as connection with other community members.
- 2. Mental Health Needs** – Many participants shared the relationship between mental health and living a healthy life and shared concern for their community. Throughout the interviews, participants highlighted how COVID-19 exacerbated mental health concerns in their communities.
- 3. Substance Misuse** – Interview participants shared a concern for substance misuse in the community. Many discussed how substances are used to deal with mental health challenges and rates of substance misuse have increased since the beginning of the pandemic.
- 4. Systemic Racism and Other Forms of Discrimination** – Many interviews discussed systemic racism impacting the health of the community. Agism, classism, and discrimination based on gender and sexual orientation were uplifted as negatively impacting health in Van Buren County.
- 5. Policies and Laws** – Participants uplifted that policies and laws created barriers to accessing care and establishing and maintaining needed services within the county. They also highlighted that policies and laws were main drivers of health inequities.



## ***Key Informant Interviews (KII) continued***

- 6. Income and Poverty** – People experiencing poverty are often unable to make health a priority when they are struggling to meet their basic needs, such as food, transportation, and housing.
- 7. Access to Healthy Food** – Food insecurity was uplifted as a need, with participants describing that affordable, healthy food is not easy to access in many communities.
- 8. Transportation** – Transportation to access basic needs, especially due to the rural environment of the community, was a common theme in the interviews.
- 9. Housing** – Interview participants uplifted the lack of affordable housing as a community need across all income levels. Difficulty keeping professionals in the area because they cannot afford housing in the communities where they work presents a barrier to care. Additionally, safe housing for residents was an identified need, noting that many homes are older and not accessible to people who cannot climb stairs.
- 10. Proximity of Services** – Participants discussed Van Buren’s unique geography and its impact on accessing care. Many shared that community members must travel long distances to receive care and needed services. Transportation and the number of available providers were discussed as barriers related to proximity of services.
- 11. Discrimination in the Healthcare System** – Many interviewees discussed the impacts of past trauma due to discrimination in the healthcare system and how that impacts one’s ability to receive services.



## Recent Community Reports and Assessments

Six (6) identified community needs resulted from the recent community reports and assessments analysis. To view a more detailed list of the community needs, visit [Appendix G: Recent Community Reports and Assessments Findings](#).

- 1. Mental Health** - Access to mental health services was a consistent health concern in the community across data sources. The lack of awareness of mental health services in the community was a frequent concern. Needs for mental health services were intensified by COVID-19.
- 2. Access to Healthcare Services**— The community uplifted the need for increased access to healthcare, especially during COVID-19.
- 3. Housing**— Safe and affordable housing was uplifted as a top need across Van Buren County. The community, especially older adults, described a need for assistance with housing repairs and noted the high cost of rent and utilities.
- 4. Transportation**— Transportation has been a consistent community need for the past decade and was identified as an unmet need for older adults and those in rural areas. COVID-19 decreased available public transportation, impacting the community's ability to access services.
- 5. Proximity to Healthy Food (Food Security)**— Access to healthy food and food security were identified needs of the community across data sources included in the analysis.
- 6. Other Needs**— Prevalent chronic diseases, need for social services, employment/healthy economy, education and childcare, and substance misuse were other needs that emerged.



## ***Community Survey***

A total of 876 surveys were completed by community members in Van Buren County.

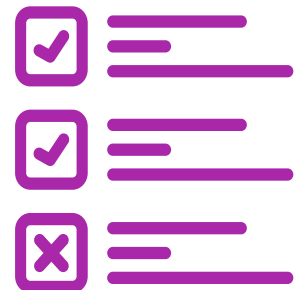
### **Top five community-identified concerns**

1. Poor mental health
2. Jobs and unemployment
3. Drugs and alcohol
4. Access to quality healthcare
5. Food insecurity or hunger

### **Top three reasons for not accessing care**

- Cost – too expensive/can't pay
- No services nearby
- Hours of operation did not fit my schedule

To view all of the community survey results, visit [Appendix H: Community Survey Results](#).





## ***Social Determinants of Health***

The selected social determinants of health indicators included in the 2022 CHNA:

**Life Expectancy and Mortality**

**Infant Mortality**

**Healthcare Access**

**Poor Mental Health Days**

**Median Household Income**

**Kids in Poverty**

**Economic Disadvantage by School District**

**Homeowners**

**Median Rent**

**Overburdened Renters**

**Unemployment Rate**

**Labor Force Participation Rate**

**Fewer Cars Than Workers**

**Food Insecurity**

**Educational Attainment**

Charts and graphs for individual indicators can be viewed in [Appendix I: Social Determinants of Health Indicators Findings](#). The maps and charts include data by census tract. To visit a table and map of the Census Tracts in Van Buren County, visit [Appendix J: Van Buren County Census Tract Map](#).

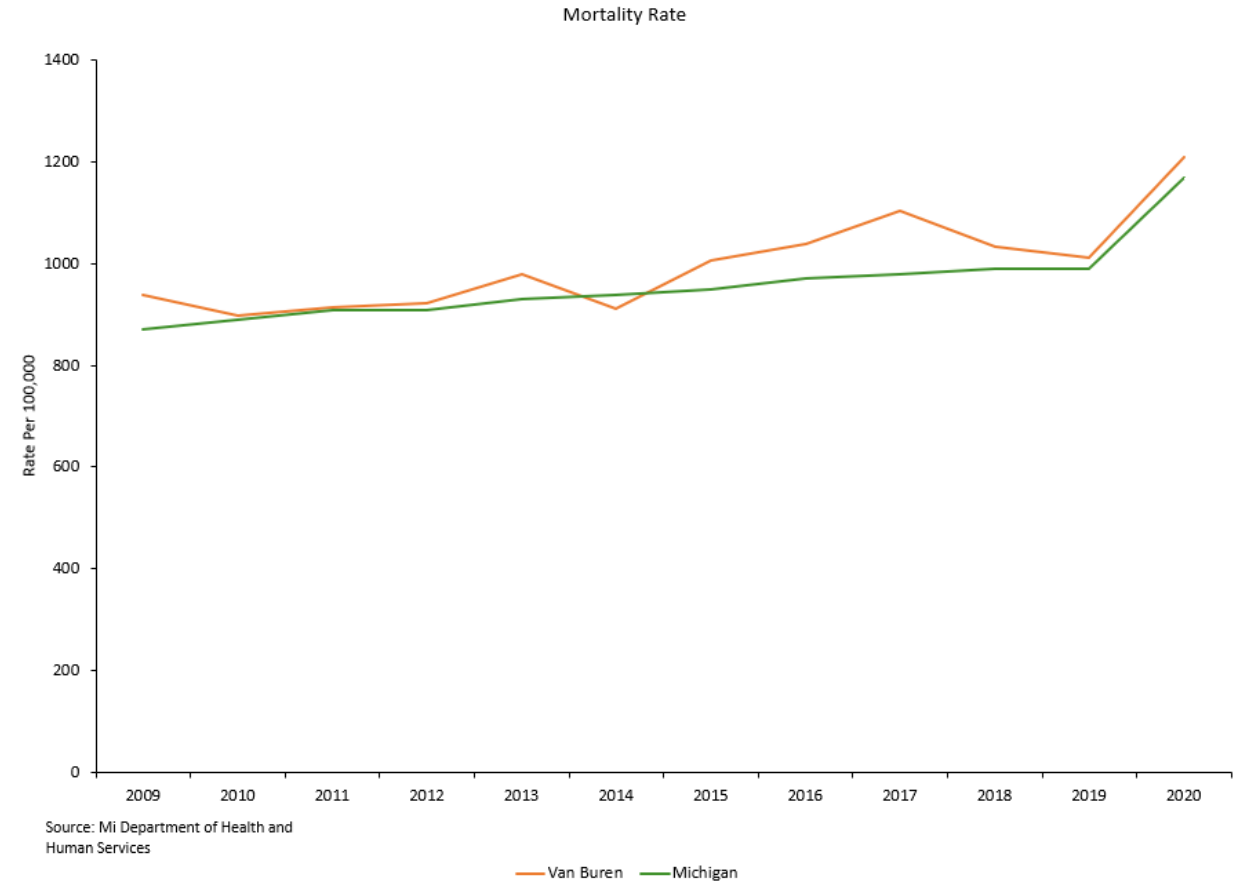


# Social Determinants of Health

## Mortality Rate

**Mortality Rate** is another measure for health where you live. The mortality rate is the number of deaths divided by the population, shown as a ratio per 100,000 persons.

- The mortality rate, already trending upward, has spiked in 2020.

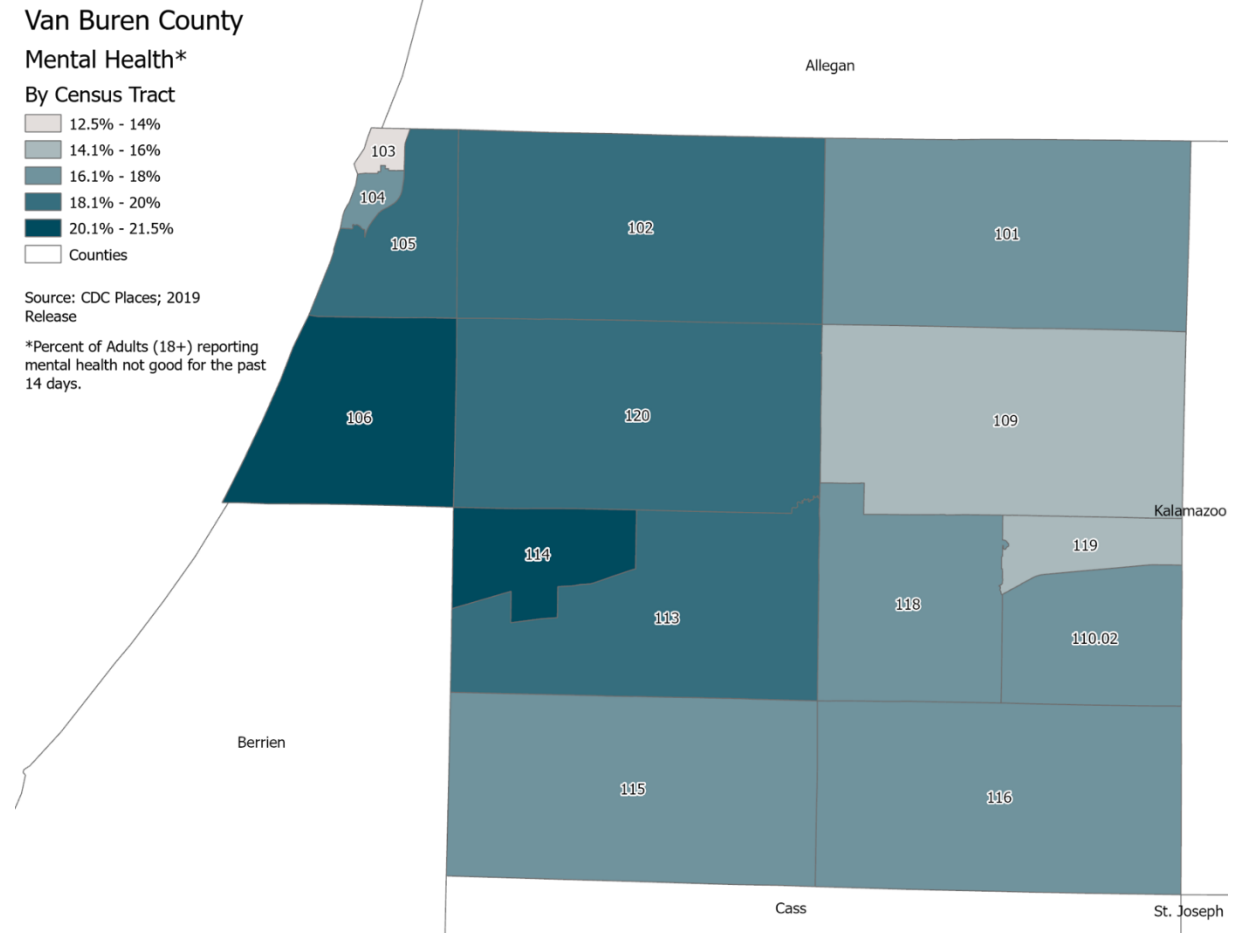


# Social Determinants of Health

## Poor Mental Health Days

**Poor Mental Health Days** is measured by the number of adults who responded to the survey and reported 14 or more days, out of the previous 30, for which their mental health was not good, which includes stress, depression, and problems with emotions. Mental health is often overlooked when evaluating the health of a community, yet it is an important indicator of economic hardship and overall well-being. People who report many poor mental health days may have difficulties in their daily life and are more likely to engage in risky health behaviors that are linked to chronic diseases.

- The percent of people reporting poor mental health is relatively high in the center and west side of Van Buren County.
- The two census tracts that comprise South Haven appear to have fewer adults reporting poor mental health than the surrounding area.



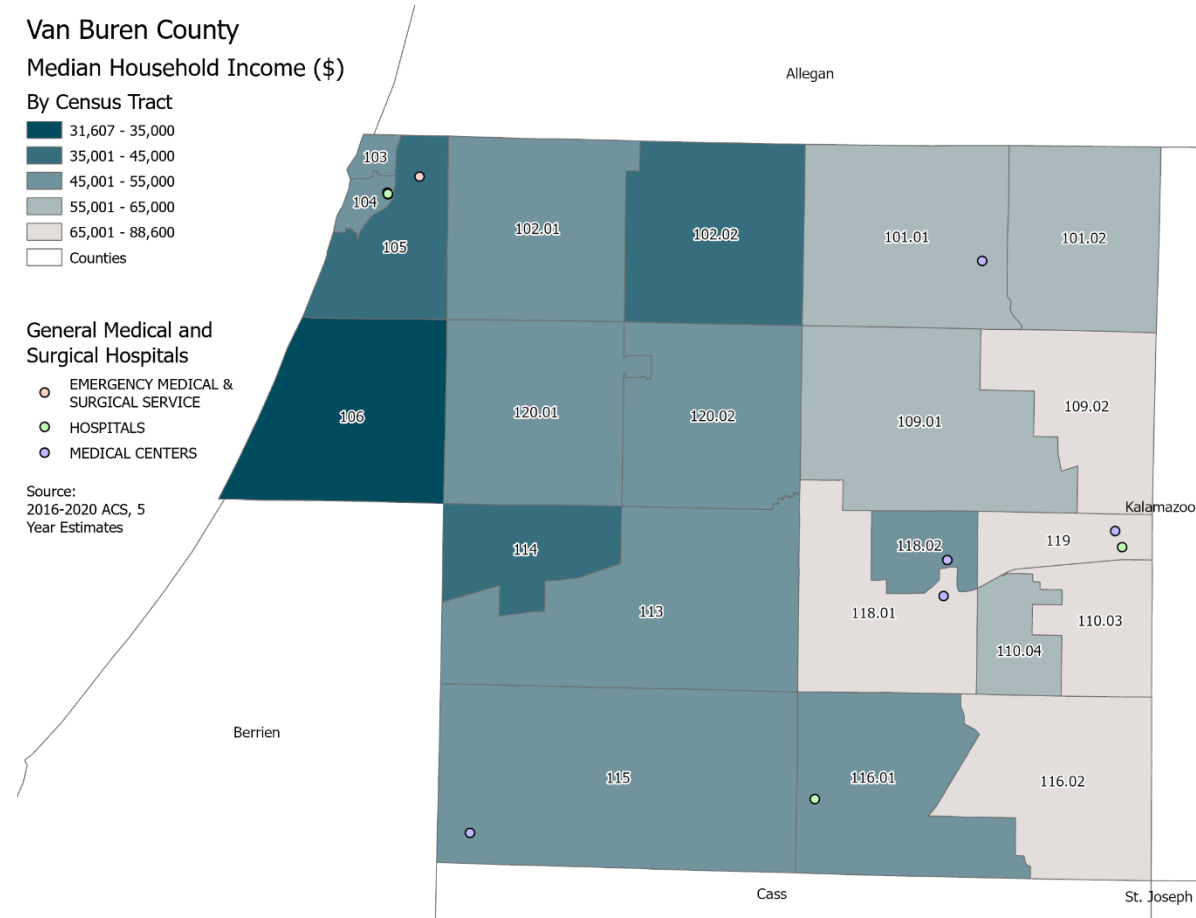
Data Source: Behavioral Risk Factor Surveillance Survey

# Social Determinants of Health

## Healthcare Access

**Healthcare Access** shows the location of hospitals, emergency medical, and medical centers compared to median household income.

- Medical facilities are closer to urbanized areas including South Haven, Paw Paw, and Mattawan.
- Rural areas tend to have lower incomes and are further away from medical facilities.



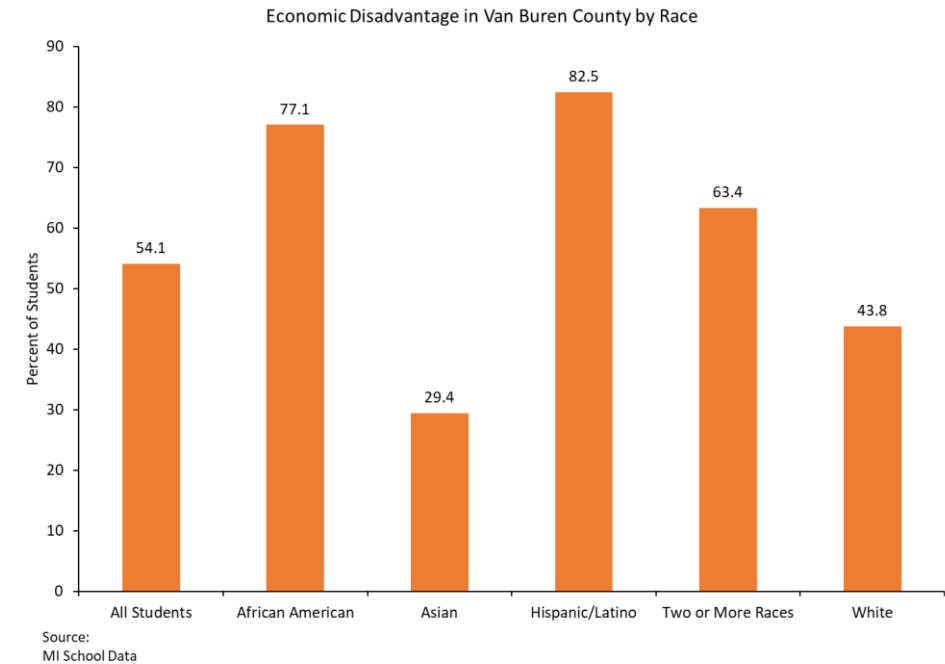
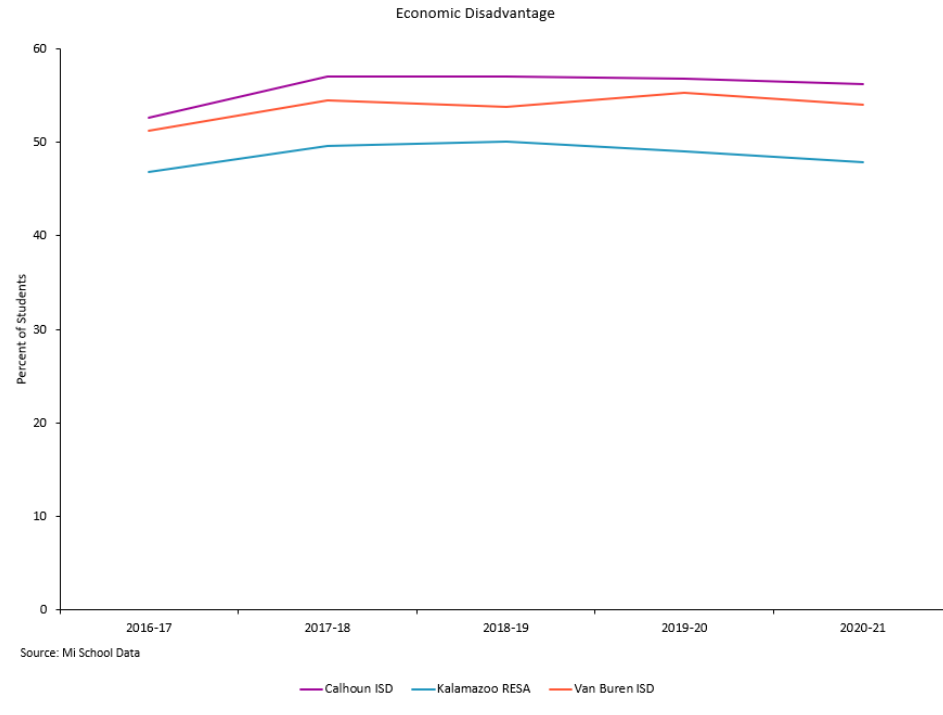
Source: American Community Survey, Van Buren County, Claritas

# Social Determinants of Health

## Economic Disadvantage by School District

**Economic Disadvantage by School District** is similar to child poverty but uses broader criteria. These students can be recipients of free or reduced-price lunch, Supplemental Nutrition Assistance Program (SNAP), or other benefits which have a more generous criterion for eligibility, up to 200 percent of the poverty level. These data are available for race/ethnicity, unlike the current estimates from the American Community Survey.

- The rate of students with economic disadvantage did not increase dramatically due to the pandemic. This economic effect of the pandemic may have been muted by increased social supports.
- African American and Hispanic/Latino students experience the highest levels of economic disadvantage, White and Asian students the lowest.



Data Source: MI School Data



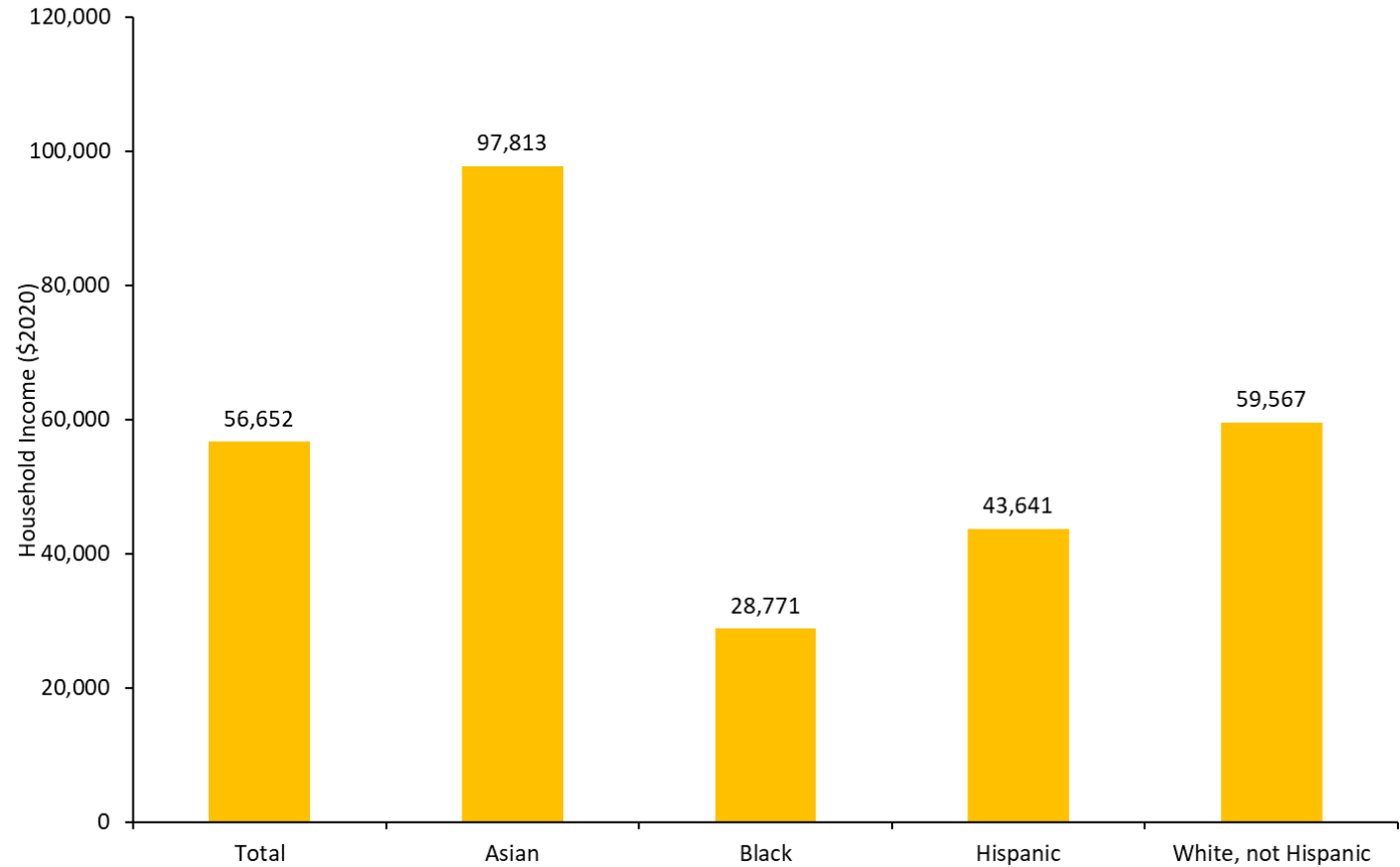
## Social Determinants of Health

### Median Household Income

**Median Household Income** is the household income in the past 12 months for which 50 percent of households have higher income and 50 percent have lower income. This includes the income of the householder and all other individuals 15 years old and over in the household, whether they are related to the householder or not.

- Asian and White (non-Hispanic) households have higher incomes than Black or Hispanic households.

Median Household Income in Van Buren County by Race



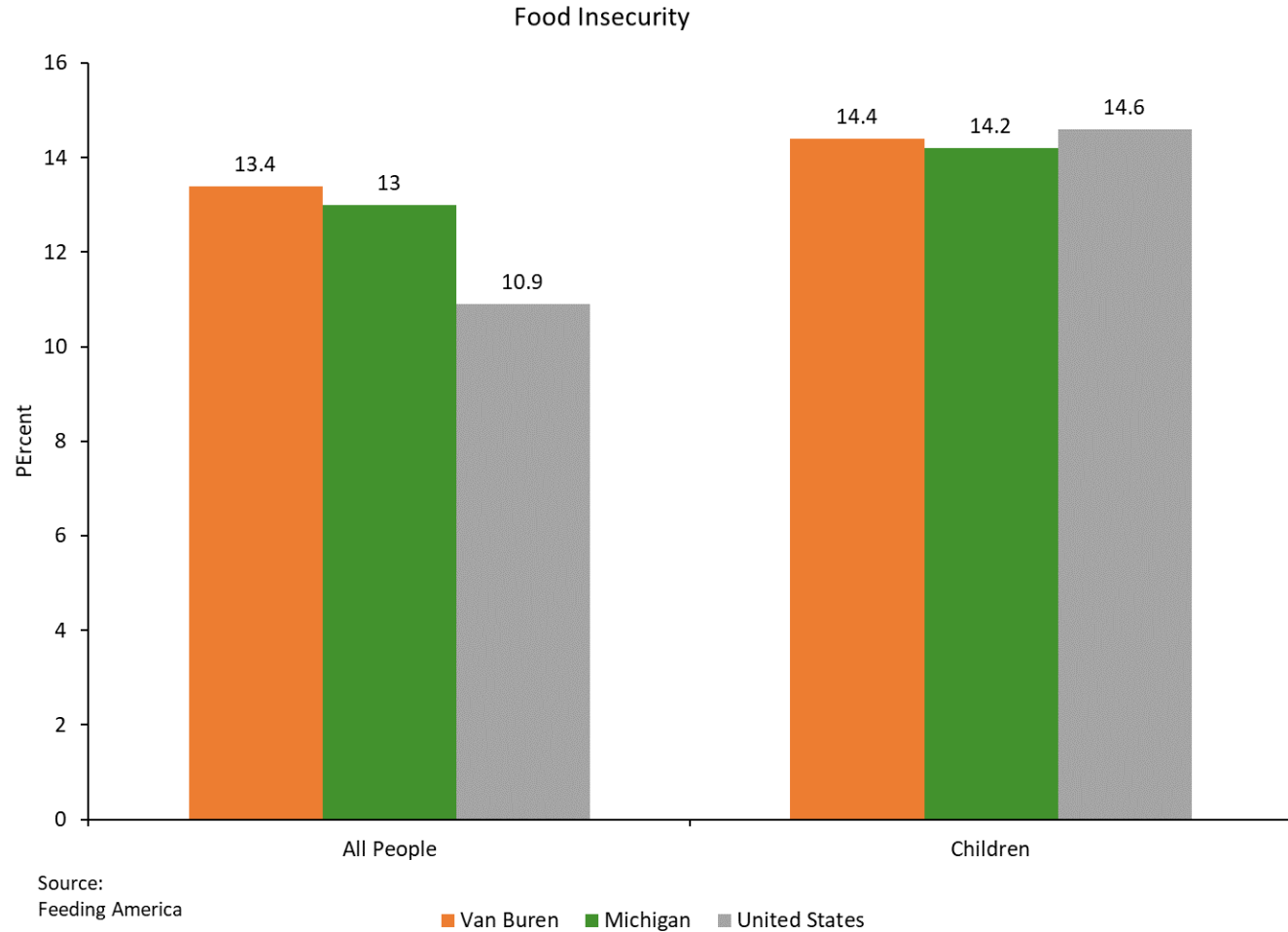
Data Source: American Community Survey

# Social Determinants of Health

## Food Insecurity

**Food Insecurity** estimates the number of both people and children who do not have access to adequate food. Lack of food can contribute to diabetes, hypertension, and other chronic conditions. These data are estimated based on US Current Population Survey statewide data.

- Food insecurity in Van Buren County is higher than in the US and the state of Michigan.
- However, for children the rate is slightly higher than the state but lower than the nation.



## ***Prioritization***

The Van Buren CHNA advisory group reviewed combined key findings from primary and secondary analyses and ranked identified needs based on the feasibility of possible interventions, level of disparities in health outcomes, and urgency. Additional information on the methodology of the prioritization session can be found on page [26](#). The CHNA core team reviewed results of the advisory group's prioritization session to develop a final list of four (4) priorities encompassing all eleven (11) identified community health needs.

### **Systems Navigation**

(healthcare, mental health, social services)

- Navigating referrals
- Proximity of services and care
- High cost of care
- Shortage of healthcare providers and supporting staff
- Lack of connection to community resources

### **Behavioral Health**

- Mental health and COVID-19 impacts
- Substance misuse
- Lack of connectedness among community members

### **Systemic Racism and Discrimination**

- Racism, agism, classism, and discrimination based on gender and sexual orientation

### **Living Conditions**

- Food insecurity
- Income and poverty
- Housing



# AVAILABLE RESOURCES

## AVAILABLE RESOURCES

Numerous resources exist in Van Buren County to address the significant health needs identified through the CHNA. The Van Buren CHNA Advisory Group utilized this list to assist with prioritizing needs for this report. The subsequent Community Health Implementation Plan (CHIP) developed after the CHNA's approval in December 2022 will require continued engagement and partnership with the organizations listed below and others to leverage resources and expertise to adequately address the prioritized needs.

Below is a limited sample of healthcare, social services, and educational agencies in Van Buren County:

**Bronson LakeView Hospital**

**Bronson South Haven Hospital**

**Region IV Area Agency on Aging**

**Van Buren Community Mental Health Authority**

**Van Buren Cass District Health Department**

**Van Buren Intermediate School District**

The Van Buren CHNA Advisory Group also recognizes the Van Buren County Resource Guide, designed, researched and distributed by United Christian Services as an outstanding source for available resources: [Van Buren County Resource Guide](#)

A more comprehensive (yet not exhaustive) list is found in [Appendix K: Available Resources](#).

# APPENDICES

# **APPENDIX A: VAN BUREN COUNTY DEMOGRAPHICS**

# VAN BUREN COUNTY: DETERMINANTS OF HEALTH

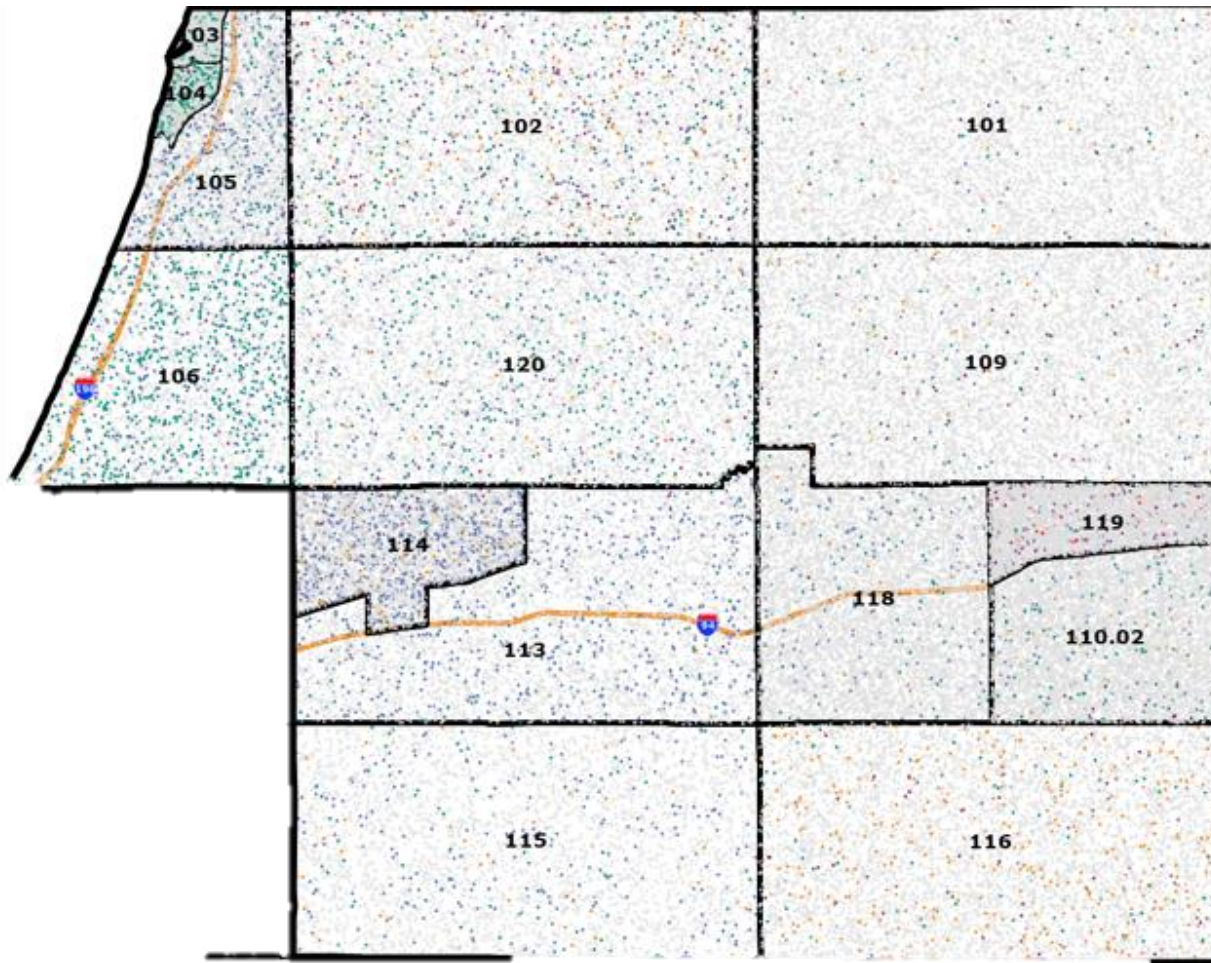
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Area		Households (HH)	% Below ALICE Threshold ↑ High disparities	% Civilian Unemployed ↑ High disparities	% Uninsured ↑ High disparities	Median HH Income ↓ High disparities	High School Dipl. + (25+) ↓ High disparities
Michigan		4,016,743	38%	5%	7%	\$57,144	91%
Van Buren County		31,270	36%	5%	8%	\$56,723	89%
Covert	49043	879	67%	9%	20%	\$36,993	76%
Bloomingtondale	49026	802	48%	5%	9%	\$64,415	89%
Grand Junction	49056	1,643	45%	6%	6%	\$48,681	84%
Hartford	49057	2,242	45%	11%	9%	\$47,134	77%
Bangor	49013	1,970	44%	6%	13%	\$46,283	83%
Decatur	49045	2,083	44%	5%	8%	\$48,407	85%
South Haven	49090	5,770	39%	3%	12%	\$54,286	90%
Gobles	49055	2,506	34%	4%	6%	\$59,945	91%
Lawrence	49064	1,488	34%	8%	9%	\$53,343	84%
Paw Paw	49079	5,520	30%	4%	6%	\$69,296	92%
Lawton	49065	2,539	27%	3%	6%	\$69,522	93%
Mattawan	49071	3,828	22%	3%	2%	\$82,369	96%

Sources: ALICE Threshold Source: Michigan United Way, [United Way's ALICE Project, 2019](#). Households, Employment, Income & Education Source: Sg2 Demographics, 2022 Estimates (From Claritas). Uninsured source: US Census American Community Survey, 2019. ALICE — Asset Limited, Income Constrained, Employed. Civilian labor force, Unemployed: People aged 16+ who are classified as unemployed. Conceptually, the labor force level is the number of people who are either working or actively looking for work.

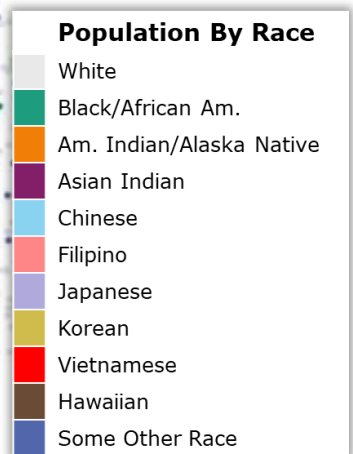
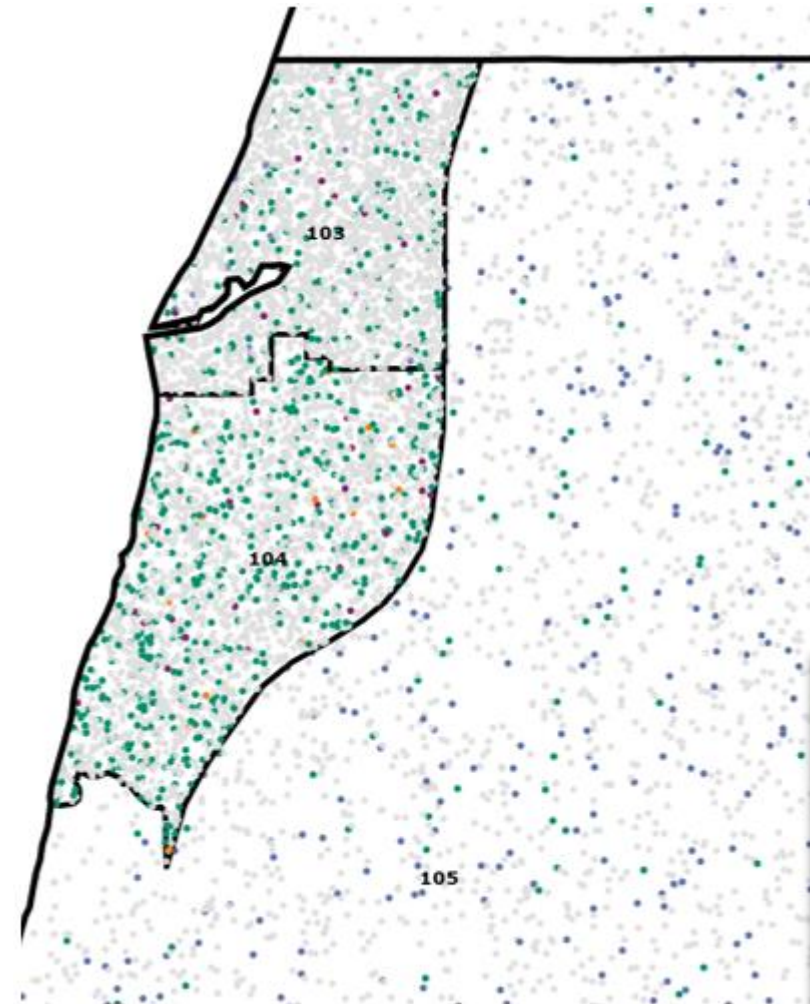
# County Race by Census Tract

Van Buren County



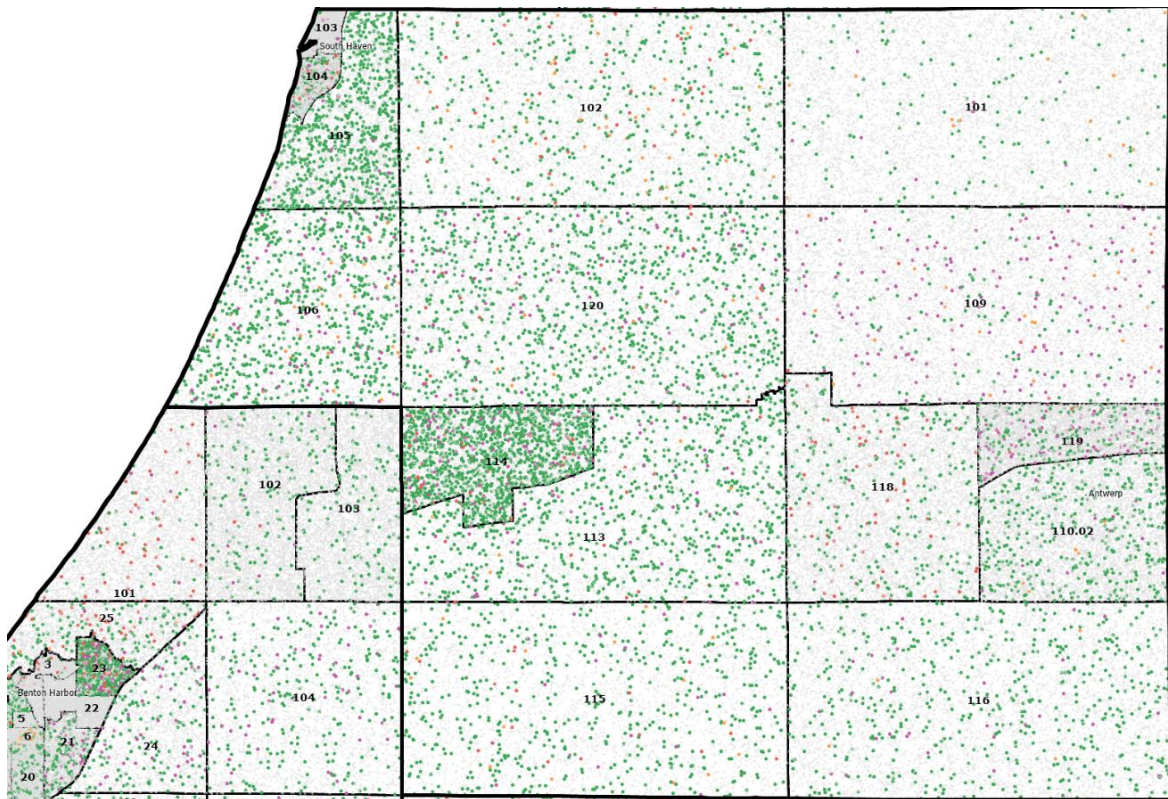
Source: Maptitudes Program, Using US Census, 2015-2019 American Community Survey

South Haven Area



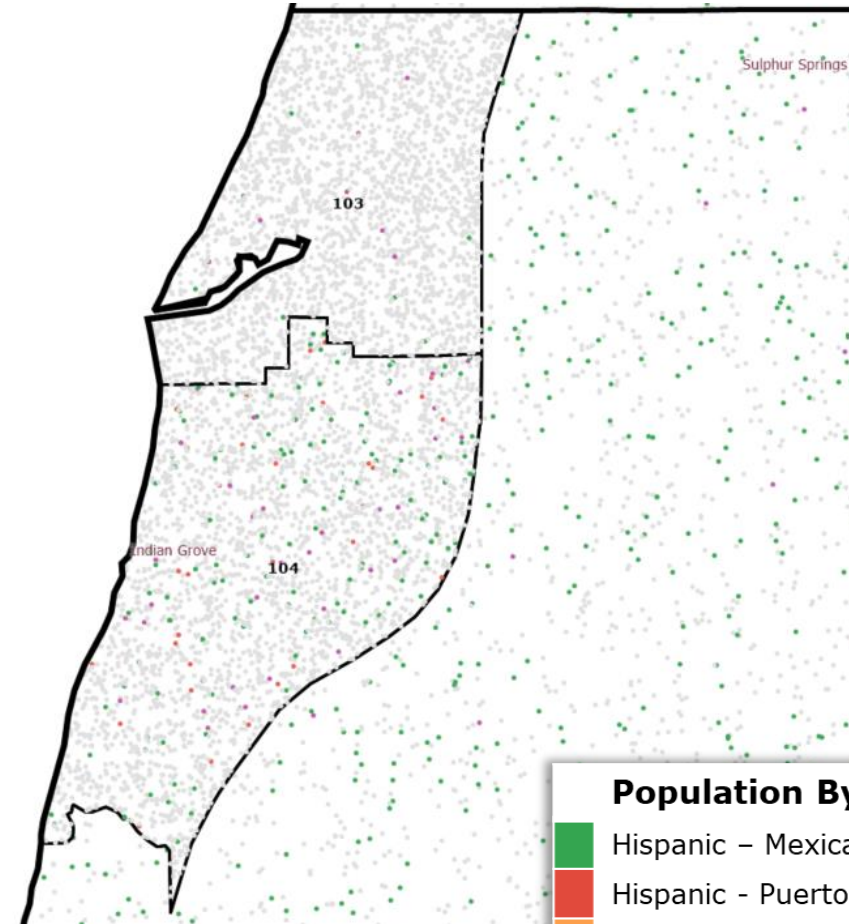
## County Ethnicity by Census Tract

Van Buren County



Source: Maptitudes Program, Using US Census, 2015-2019 American Community Survey

South Haven Area

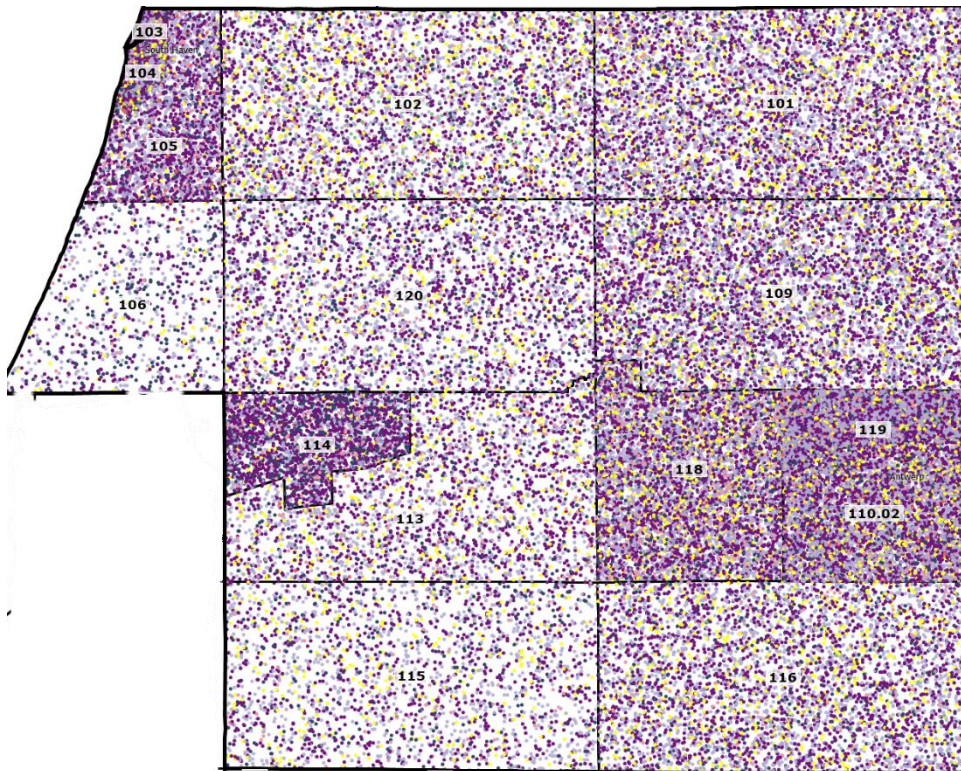


**Population By Ethnicity**

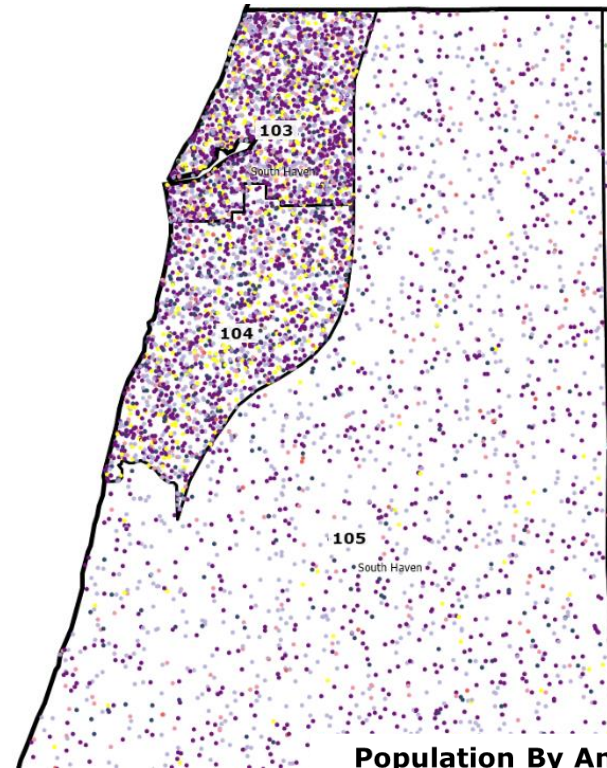
- Hispanic – Mexican, Mexican Am. or Chicano
- Hispanic - Puerto Rican
- Hispanic – Cuban
- Hispanic – Other
- Not Hispanic Origin

## County Ancestry by Census Tract

Van Buren County



South Haven Area



Western Europe	23,465	39%
Northern Europe	22,477	37%
Eastern Europe	6,127	10%
North America	4,844	8%
Southern Europe	2,986	5%
Asia	226	0%
Africa	142	0%
<b>Van Buren</b>	<b>60,267</b>	<b>100%</b>

Source: Maptitudes Program, Using US Census, 2015-2019 American Community Survey. Other Ancestry & Unclassified were excluded. American Community Survey codes up to two ancestries per person: "What is your ancestry or ethnic origin?"

### Population By Ancestry

- Africa (Subsaharan African)
- Asia (West Indian, Arab)
- North America (US/America, French Canadian)
- Northern Europe (Irish, English, Scottish, Swedish, Norwegian, Scotch-Irish, Welsh, Danish, Lithuania)
- Southern Europe (Italian, Greek, Portuguese)
- Eastern Europe (Polish, Hungarian, Russian, Czech, Slovak, Ukrainian)
- Western Europe (German, Dutch, French, Swiss)



# APPENDIX B: EVALUATION OF PRIOR CHNA

# APPENDIX B: EVALUATION OF PRIOR CHNA

## Community Input on Previous CHNA and Implementation

Bronson LakeView and Bronson South Haven Hospitals' previous CHNA and implementation strategy were made available to the public and open for public comment via the website:

[Community Health Needs Assessment \(bronsonhealth.com\)](https://www.bronsonhealth.com)

The public was able to submit questions or comments about the Community Health Needs Assessments via email at [CHEI@bronsonhg.org](mailto:CHEI@bronsonhg.org) or contact Beth Washington, Vice President of Community Health, Equity and Inclusion at (269) 341-8672 or [washingm@bronsonhg.org](mailto:washingm@bronsonhg.org).

At the time of publication of this report, there were no public comments related to the 2019 CHNA report for Bronson LakeView and Bronson South Haven Hospitals.

## Summary of Impact from the Previous CHNA Implementation Strategy

Bronson is committed to monitoring progress made on priority needs set forth in the preceding CHNA. The results of the 2019 CHNA, compounded by the stark realities of COVID-19, have urged Bronson to focus efforts upstream to acknowledge the root causes of behaviors, death, and disease. As a result, there was shared desire and urgency to build community trust to address the identified needs in the 2019 CHNA. As Southwest and Southcentral Michigan's only children's hospital, we recognize the responsibility and opportunity to build this trust from the

start. Bronson has worked to develop a systematic approach to use community voice, data, and engagement to understand and address the needs of our mothers, babies, and families.

By making significant progress in the two priority areas below-

- **Eliminate racial/ethnic disparities in a family's perinatal experience and clinical outcomes across income levels**
- **Eliminate racial/ethnic disparities in our workforce at every level to support strong families**

Bronson has impacted the 11 identified needs in the 2019 CHNA:

- **Laws and Policies**
- **Personal Experiences of Classism**
- **Social Supports**
- **Proximity to Healthy Food and Food Security**
- **Mental Health and Substance Abuse**
- **Access to Services**
- **Experiences of Toxic Stress and Trauma**
- **Community Connectedness**
- **Community Development and Capacity Building**
- **Healthcare**
- **Social Services**
- **Income and Poverty**

A full progress report for 2019 needs is available at [Bronson LakeView Hospital Community Health Needs Assessment \(bronsonhealth.com\)](https://www.bronsonhealth.com) or [Bronson South Haven Hospital Community Health Needs Assessment \(bronsonhealth.com\)](https://www.bronsonhealth.com).

# **APPENDIX C: ADVISORY GROUP MEMBERS & CONTRIBUTORS**



## ***Advisory Group Members & Contributors***

A list of organizations that make up the CHNA Advisory Group:

- Bronson Healthcare
- Michigan Public Health Institute
- Region IV Area Agency on Aging
- Van Buren Cass District Health Department
- Van Buren Community Mental Health Authority
- W.E. Upjohn Institute for Employment Research



## ***Advisory Group Members & Contributors***

A list of organizations that joined the Advisory Group Members in the Community Survey, Key Informant Interviews, & Needs Prioritization:

- Bronson Family Care
- Bronson Wellness Center
- Disability Network of SW Michigan
- Great Start Collaborative
- Human Services Collaborative Council
- Michigan Department of Health and Human Services
- MSU Extension
- OutCenter Southwest Michigan
- Pokagon Band of Potawatomi- Tribal Healthcare and Services
- Region IV Area Agency on Aging, Inc.
- Senior Services of Van Buren County
- South Haven Public Schools
- Van Buren-Cass District Health Department
- Van Buren Community Mental Health Authority
- Van Buren County Commission
- Van Buren Intermediate School District
- We Care Community Resource Center

# **APPENDIX D: RECENT COMMUNITY REPORTS AND ASSESSMENTS CITATIONS**

Albrecht, C. (2020). 2020 – 2022 Multi- Year Plan: FY2020 Annual Implementation Plan. Region IV Area Agency on Aging. <https://areaagencyonaging.org/wp-content/uploads/MYP-20202022-7.25.19.pdf>

Southwest Michigan Community Action Agency. (2021). 2021 Community Needs Assessment. <https://www.smcaa.com/cna>

Tri-County Head Start. (2019). 2019 Community Needs Assessment. <https://tricountyhs.org/wcontent/uploads/2020/01/2019-Community-Needs-Assessment-approved-12.19.19.pdf>

United Way of Southwest Michigan. (2022). Issue Prioritization Survey. [Unpublished data].

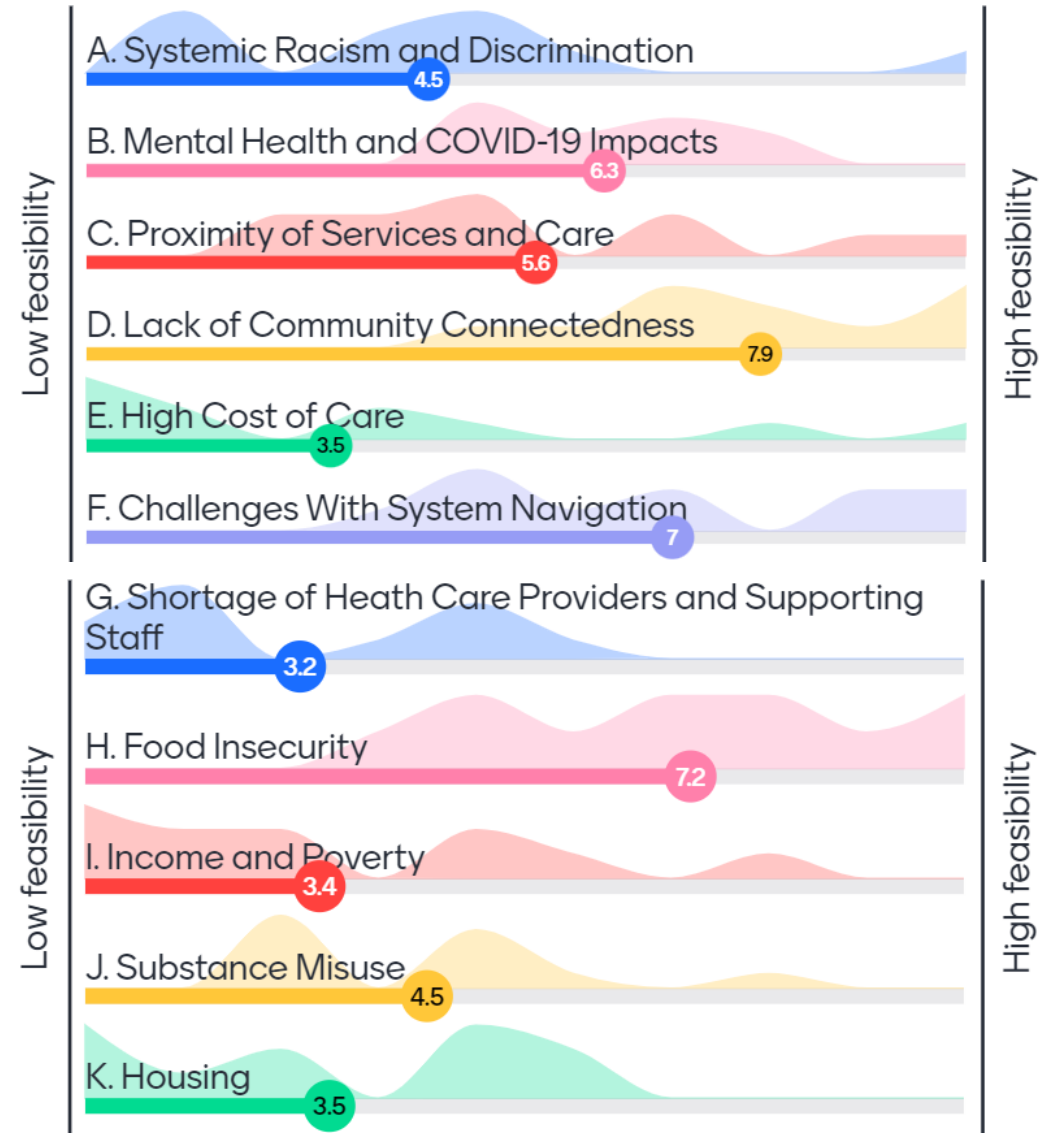
Van Buren Community Mental Health Authority. (2020). COVID-19 Priority Needs and Planned Actions.

Van Buren Community Mental Health Authority. (2021). 2021 Needs Assessment Survey [unpublished data].

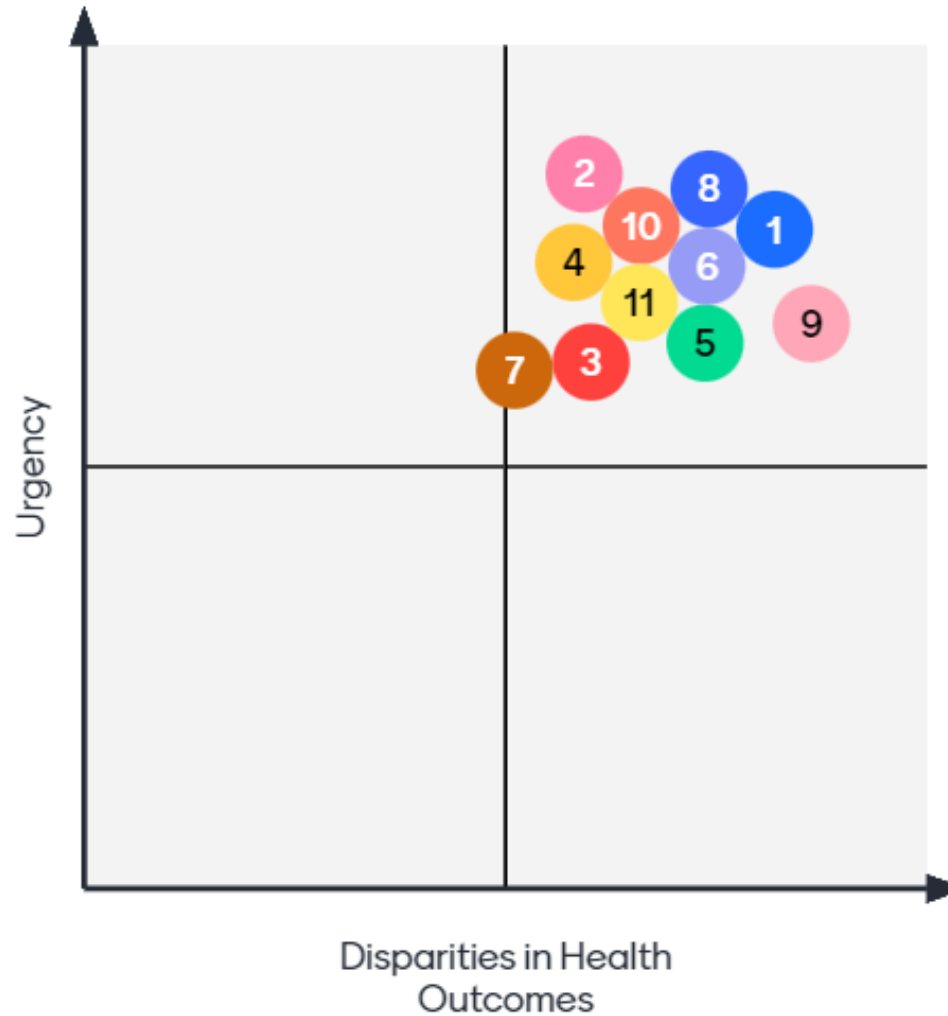
# APPENDIX E: PRIORITIZATION SUMMARY



## Prioritization Results: Feasibility



## Prioritization Results: Urgency & Disparities



- 1 A. Systemic Racism and Discrimination
- 2 B. Mental Health and COVID-19 Impacts
- 3 C. Proximity of Services and Care
- 4 D. Lack of Community Connectedness
- 5 E. High Cost of Care
- 6 F. Challenges with System Navigation
- 7 G. Shortage of Health Care Providers and Supporting Staff
- 8 H. Food Insecurity
- 9 I. Income and Poverty
- 10 J. Substance Misuse
- 11 K. Housing

### *Finalizing Prioritization Results*

The core team met and reviewed the results of the advisory group's feedback and rating of identified health needs to finalize a list of priorities. The final prioritized needs will be included in the CHNA to be address through the implementation plan and strategies. Based on feedback from the advisory group, the core team developed four (4) priorities that encompass all eleven (11) identified needs. The final CHNA priorities include:

#### **Systems Navigation**

(healthcare, mental health, social services)

- Navigating referrals
- Proximity of services and care
- High cost of care
- Shortage of healthcare providers and supporting staff
- Lack of connection to community resources

#### **Behavioral Health**

- Mental health and COVID-19 impacts
- Substance misuse
- Lack of connectedness among community members

#### **Systemic Racism and Discrimination**

- Racism, agism, classism, and discrimination based on gender and sexual orientation

#### **Living Conditions**

- Food insecurity
- Income and poverty
- Housing

# **APPENDIX F: KEY INFORMANT INTERVIEW FINDINGS**

### Community Connectedness

The interviews highlighted that community connectedness was an important need, specifically the connection to resources and services and connection with other community members. Themes that appeared for community connectedness included:

- Community connectedness was especially highlighted for older adults and individuals living with disabilities.
- COVID-19 worsened the ability of individuals who are homebound to connect to needed services and increased feelings of social isolation.
- Social supports are needed for older adults and those with disabilities to obtain needed services and resources.
- Lack of awareness about the available resources and services within the county, as well as difficulty accessing them.
- Need for providers to have a knowledge of what resources are available so that they can connect clients to them.
- Need for physical location where people can go to receive multiple services.

“So let the residents know what is available to them, where they can go to get services, more providers that take the insurance that people have, specifically Medicaid.”

“That’s also happened a lot during Covid. That was a big thing was the isolation. And when you’re talking about seniors, everyone was afraid of getting sick so nobody went out anywhere. So many services got shut down. And all of a sudden you had a bunch of vulnerable people who had limited social interactions in the first place go to almost nothing.”

### ***Mental Health Needs***

Many participants shared that mental health is an indicator for living a healthy life and is a concern for their community. A theme throughout the interviews highlighted that COVID-19 exacerbated the mental health concern.

Some specific mental health concerns in the community included:

- Toxic stress and trauma impacts individuals' ability to make healthy choices.
- Racism and homophobia heighten some populations' mental health challenges.
- There is a need for additional mental health services, providers (and supporting staff), and facilities.

Concerns about mental health needs being on the rise due to COVID-19 was another theme throughout. Specific concerns that were shared included:

- Isolation led to mental health issues and depression (especially for older adults, youth, and people with disabilities).
- Added stress due to job loss, fear of health impacts (exposure), and parenting in a pandemic.

### ***Policies and Laws***

Policies and laws reinforcing systemic racism and other forms of oppression were uplifted in the interviews as root causes of health inequities. Some specific challenges that were shared by participants include:

- Program rules and eligibility requirements are perceived as too restrictive and can be a major barrier to accessing needed services.
- Funding mechanisms are barriers to attract and keep needed programs in Van Buren County.
- There is a need for policy changes to create more affordable housing.

“Our systems are designed to drive inequities. And our policies, whether intentional or unintentional, and they just take a long time to break down.”

### ***Income and Poverty***

Interview participants shared that income and poverty has a huge impact on health. The following concerns in the community related to income and poverty included:

- People experiencing poverty cannot make health a priority when they are struggling to meet their basic needs, such as food, transportation, and housing.
- There is a lack of opportunities for employment with livable wages and education for those experiencing poverty; it can be challenging for those who come from families who experience generational poverty.
- Jobs that do not have livable wages and time-off for illness.



### ***Proximity of Services***

Participants discussed Van Buren's unique geography and its impact on accessing care. Many shared that people must travel long distances to receive care, including:

- Providers that take Medicaid
- After hours walk-in clinics (result in overuse of the emergency department)
- Testing for COVID-19
- Adequate prenatal care
- Inclusive healthcare for LGBTQ+ communities
- Outpatient services

Transportation and the number of providers were discussed as barriers that relate to proximity of services. Some interviewees suggested more in-home services to help with this concern. It was mentioned that those experiencing poverty and low-income are more impacted by the proximity of services than others.

### **Housing**

The lack of affordable housing was uplifted as a community need across all income levels. There is a difficulty keeping professionals in the area because they cannot afford housing in the communities where they work. Key informant interviews also uplifted the need for safe housing for residents, noting that many homes are older and not accessible to people who can not climb stairs.

“We’re having a problem with the affordable housing issue is even working its way up to providers. Our providers are coming into the community and they cannot afford housing in South Haven. So they’re finding housing in Holland and commuting 30 minutes. Well, they easily will switch to a different hospital system that’s closer to home if they’re able to if they can live there.”

## ***Substance Misuse***

Interviewees shared a concern for substance misuse in the community. Many discussed how substances are used to deal with mental health challenges and it has increased since the pandemic. One interview mentioned an increase of healthcare needs among people with years of untreated or not adequately treated mental health and/or substance use disorders.

## ***Access to Healthy Food***

Food insecurity was uplifted as a need, with participants describing that healthy food is not easy to access in many communities.

“We have worked with grocery stores, we’ve worked with pantries, and it’s very difficult to find food easily in a very—in this—Van Buren County. So there’s a lot of corner stores that are available, but there isn’t very many healthy choices in these areas. And even though there is like a farmers' market, it’s not in every single town or village in Van Buren County.”

## ***Systemic Racism & Other forms of Discrimination***

Many interviews discussed systemic racism impacting the health of the community. Ageism, classism, and discrimination based on gender and sexual orientation were uplifted as negatively impacting health in Van Buren County. Challenges in the community shared by interviewees included:

- Social, institutional, and systemic inequities exist and negatively impact the health of BIPOC populations.
- Biases that take place result in a group of people not receiving the adequate healthcare and services they need.
- Historical racism is still impacting specific populations and the result is impacting the entire community.
- Individualism is apparent in the community and was highlighted during the pandemic.
- Not having services offered in Spanish and culturally appropriate communication styles.

## ***Number of Available Providers/Healthcare Staff***

There is a shortage of healthcare providers in Van Buren County, which reduces the overall access for patients, making it difficult to schedule appointments or establish care. The provider shortage also has increased stress for the remaining staff.

“And primary care providers are very overworked, we’re tired, we’re exhausted. I am cutting down my hours. I can’t keep up the pace anymore. So we have to have enough providers to meet the needs of the community.”

## ***Transportation***

Transportation to access basic needs was a common theme in the interview responses. Interviewees shared the following:

- Due to the rural environment of the community, those without reliable transportation experience challenges receiving and navigating healthcare services.
- Public transportation is limited and if it is available, it is not accessible to all (still have to travel to get there).
- Transportation doesn't only impact receiving health services but also accessing healthy food, social support, and mental health services.

### ***Discrimination in the healthcare system***

Many interviewees discussed the impacts of past trauma with discrimination in the healthcare system and how that impacts one's ability to receive services. Interviewees shared:

- Populations that experience generational discrimination are likely to avoid seeking care because they do not trust the system.
- Specific examples of communities facing discrimination in the community included LGBTQ+ (specifically the transgender community), Native Americans, Hispanic and those experiencing low income and poverty.
- Biases and judgement in the healthcare system make some populations uncomfortable receiving care. Some unconscious biases result in a misperception of health issues and place blame on an individual's culture, disability, or age as causing the issue, not providing proper care.



## ***Cost of Care***

The interviewees shared that the high cost of medical care is a barrier to receiving care. The high cost mentioned included gas to travel to appointments as well as insurance premiums and co-pays.

### ***Systems Navigation***

Systems navigation was shared as a barrier by the interview participants. Navigating the system can be challenging for those with multiple health issues, older adults and people with disabilities. It was also shared that healthcare providers struggle to navigate the system to provide quality referrals and recommendations to their patients, as insurance rules and guidelines frequently change.

“I feel that the understanding of the Medicaid/Medicare systems, understanding of the insurance and how that works just generally is a really big barrier as to the services that people know that they have access to or don’t. And when you’re speaking to a population—again, elderly and disabled, they don’t necessarily understand that at the first conversation. “

### **Other Themes**

#### **Employment**

Employment and jobs in the community was a shared concern for the health of the community. Interviewees discussed:

- COVID-19 negatively impacting job security.
- Many organizations are experiencing a challenge finding and keeping staff during these uncertain times.
- There is a need to help the community find livable wage jobs.

#### **Education and Schooling**

Participants shared that education level is important and impacts one's health. A challenge that was shared throughout interviews included COVID-19 impacts:

- Behavioral issues with the youth due to disruption of the pandemic.
- Not being in-person and allowing people in the schools.
- The workforce being impacted by staff retiring early or not being able to fill open positions.

#### **Safety Accessing Services**

Another theme that appeared in some interviews included the lack of feeling safe and supported accessing services. Some shared they felt support was lacking from home, in the healthcare system, or in mental health services in order to show up for services.

#### **Violence and Crime**

Some interviewees shared that violence was a concern in the community and impacts one's health. They shared examples of being aware of murders that have taken place and domestic violence that is happening. Others shared that the crimes whether it be in a neighborhood or scams done over the phone or internet have people feeling unsafe.

# **APPENDIX G: RECENT COMMUNITY REPORTS AND ASSESSMENTS FINDINGS**

## ***Mental Health:***

Access to mental health services was a consistent health concern in the community repeated throughout the analysis. The lack of awareness of mental health services in the community was a shared concern. The need for mental health services was intensified by COVID-19.

COVID-19 intensified the community's mental health needs in the following areas:

- Increased anxiety and depression
- Increased suicide calls to county emergency departments
- Decreased available transportation
- Adolescent-experienced emotional impact from isolation

Some other concerns about mental health that came up in the analysis included:

- Special populations impacted by mental health such as adolescents and older adults
- Lack of trauma-informed services and education on the impacts of trauma on health and wellness
- Cost of mental health services is too high
- Mental health not integrated with primary healthcare services

## ***Access to Healthcare Services***

The community uplifted the need for increased access to healthcare, especially during COVID-19. Reports mentioned specifically the following about accessing healthcare:

- Dental healthcare, including pediatric dentistry, is a top family need within the community
- Understanding Medicare/Medicaid coverage
- The cost of care is too high
- Not accessing services at a consistent rate
- A need for adequate prenatal care

## ***Housing***

Safe and affordable housing was uplifted as a top need across Van Buren County. The community, especially older adults, described a need for assistance with housing repairs, the high cost of rent, and utilities.

## ***Transportation***

Transportation has been a consistent community need for the past decade and was identified as an unmet need for older adults and those in rural areas. COVID-19 decreased available public transportation, impacting the community's ability to access services.

## ***Proximity to Healthy Food (Food Security)***

Access to healthy food and food security were shared needs of the community throughout the analysis.

## ***Other Needs***

### ***Prevalent chronic diseases:***

Obesity and diabetes were highlighted as prevalent chronic diseases within the community.

### ***Need for social services:***

Emergency assistance for housing payments, utility assistance, and access to healthcare was described as a need for low-income families in Van Buren County.

### ***Employment/Healthy Economy:***

Job opportunities with living wages was identified as a need.

### ***Education and Childcare:***

Access to quality early care and education is important to the community. A need for qualified early childhood professionals in the community was shared in the analysis.

### ***Substance Misuse and Tobacco Use:***

Substance misuse (alcohol and other drugs) was a concern due to the impacts of COVID-19.

## ***Recent Community Reports and Assessments Findings Considerations***

The core team did a thorough review of existing community reports and assessments to include in their analysis. Six (6) reports were used in analysis.

# APPENDIX H: COMMUNITY SURVEY RESULTS

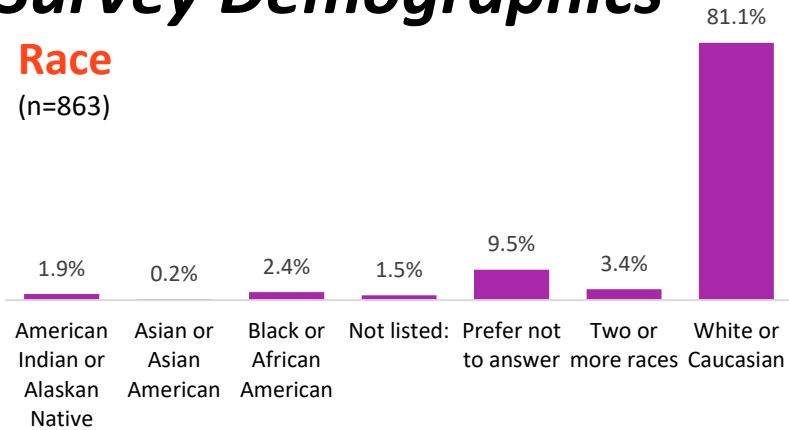


# APPENDIX H: COMMUNITY SURVEY RESULTS

## Survey Demographics

### Race

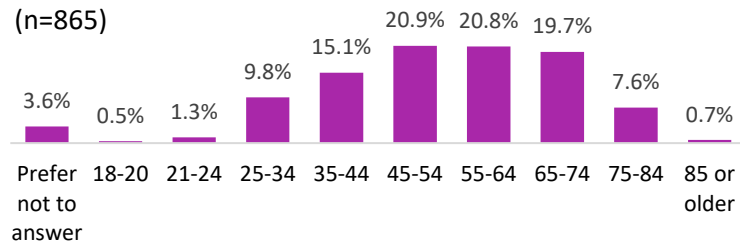
(n=863)



Not listed race that respondents identify as include Mexican American, Mediterranean, Russian, Western European American

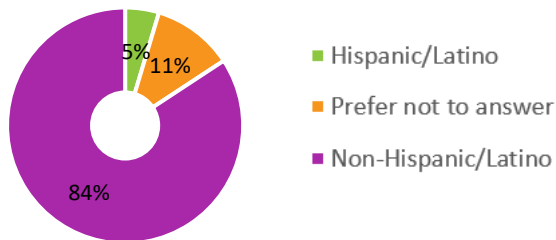
### Age

(n=865)



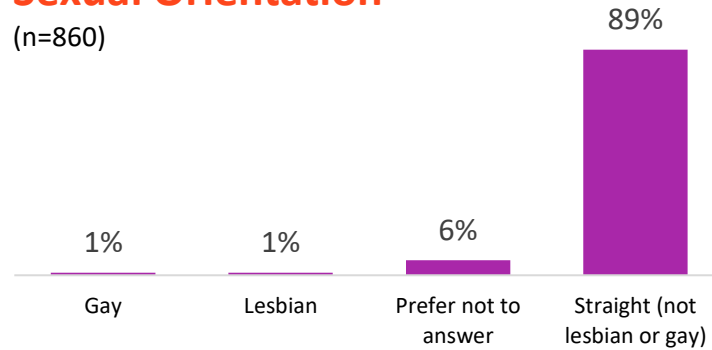
### Ethnicity

(n=819)



### Sexual Orientation

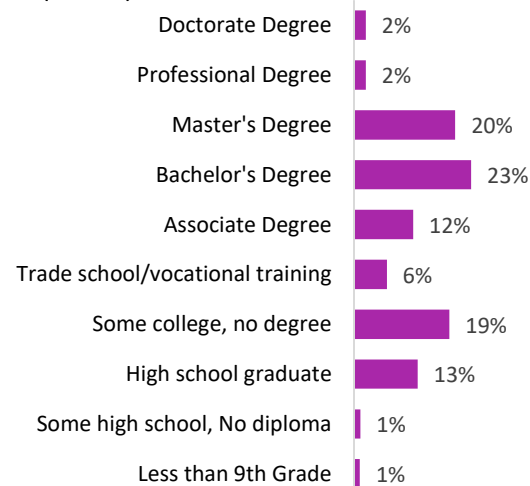
(n=860)



Less than 1% responded "Pansexual", "Something else", "Queer" and "Don't know".

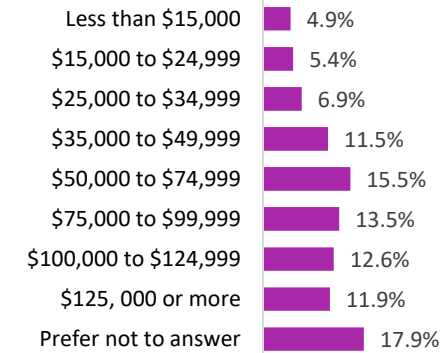
### Highest Level of Education Completed

(n=863)



### Annual Household Income

(n=859)



### COVID-19 Vaccination Status

(n=829)

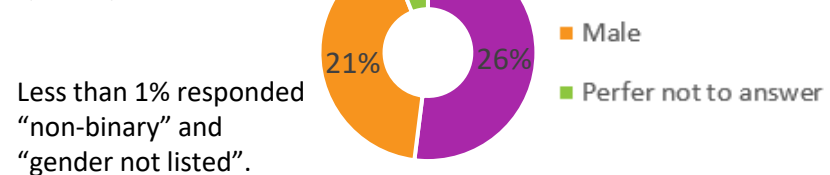


98%

English is main language spoken at home  
Other language mainly spoken at home included: Spanish, American Sign Language (ASL), Dutch, Korean, French and Russian

### Gender Identity

(n=860)



Less than 1% responded "non-binary" and "gender not listed".

# APPENDIX H: COMMUNITY SURVEY RESULTS

## Zip Codes

(n=861)

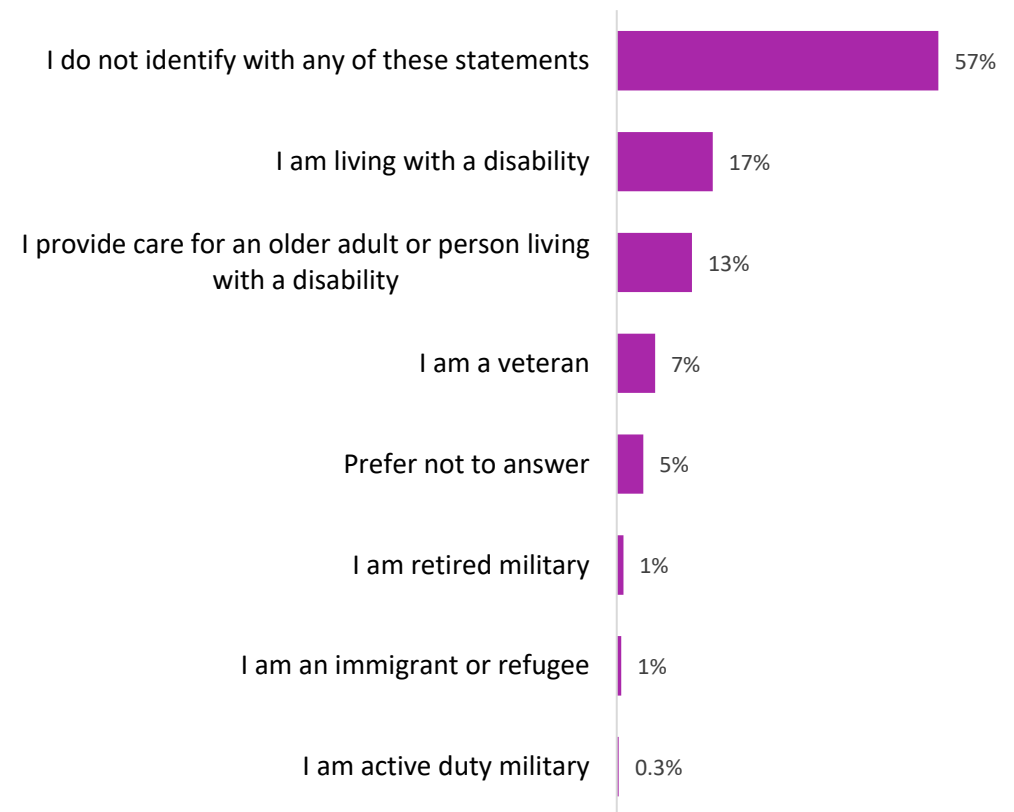
Participants were asked the zip code they live. Around half of the respondents reside in zip codes 49090, 49079 or 49071. Around 4% of survey respondents lived outside of Van Buren County.

Van Buren County Zip Code	Percent	Other Zip Codes	
49090	26%	49047	49085
49079	19%	99559	49083
49071	10%	49067	49038
49065	7%	49009	49024
49045	7%	49829	49022
49055	5%	49783	49019
49064	5%	49725	49010
49013	5%	49423	49006
49057	4%	49120	46516
Other	4%	49111	12345
49056	4%	49098	
49043	2%		
49026	1%		
49038	1%		
49098	<1%		
49027	<1%		
49063	<1%		

## Agreement with Identifying Statements

(n=873)

Participants were asked if they identified with the following statements. Participants were encouraged to select all that apply or select they do not identify with any of these statements. Over half the survey respondents did not identify with any of the statements



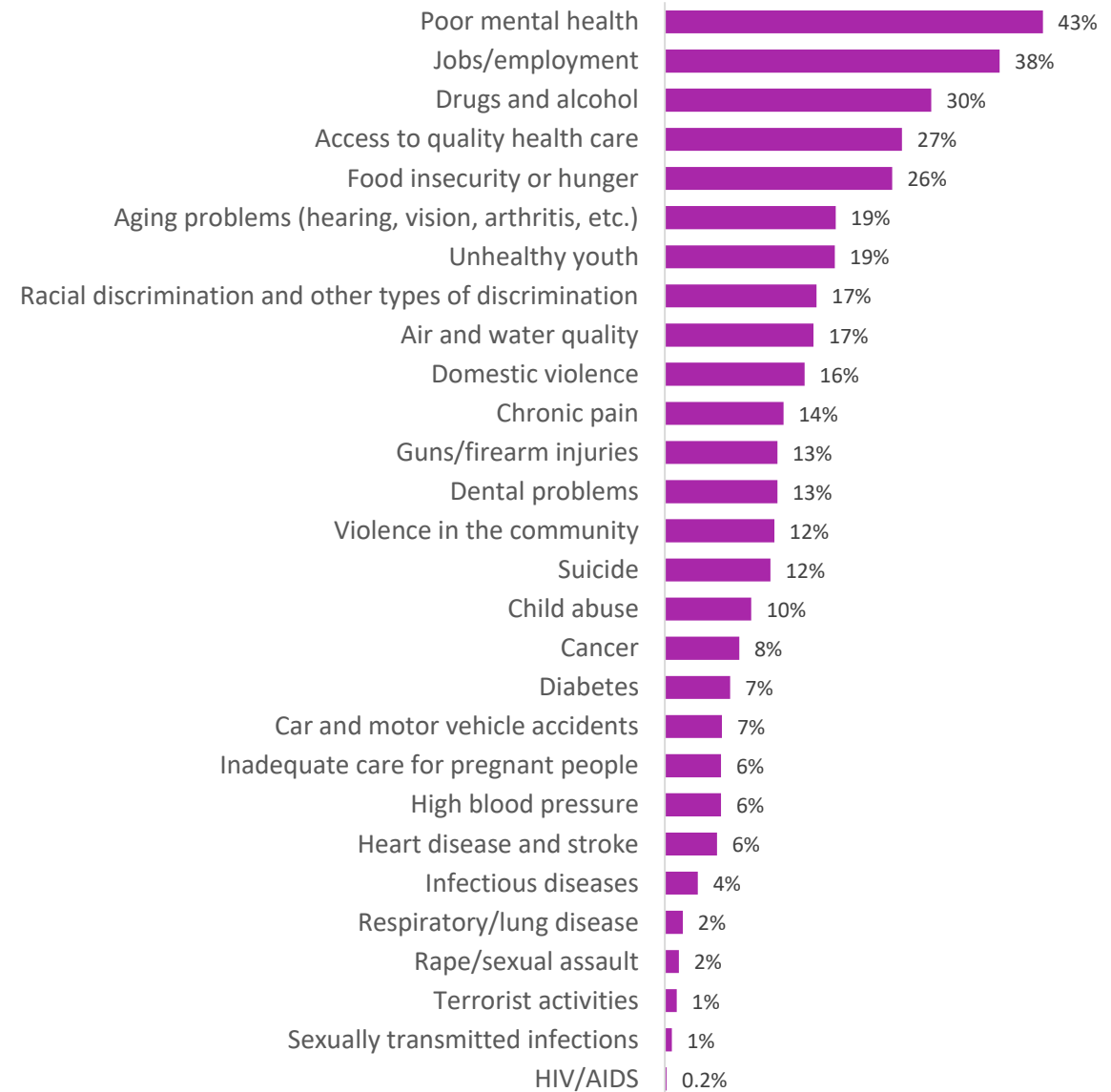
## Community-Identified Concerns

(n=873)

Participants were asked to select the top five problems in the community that are most important to address.

The top five community-identified concerns included:

1. Poor mental health
2. Jobs and unemployment
3. Drugs and alcohol
4. Access to quality healthcare
5. Food insecurity or hunger



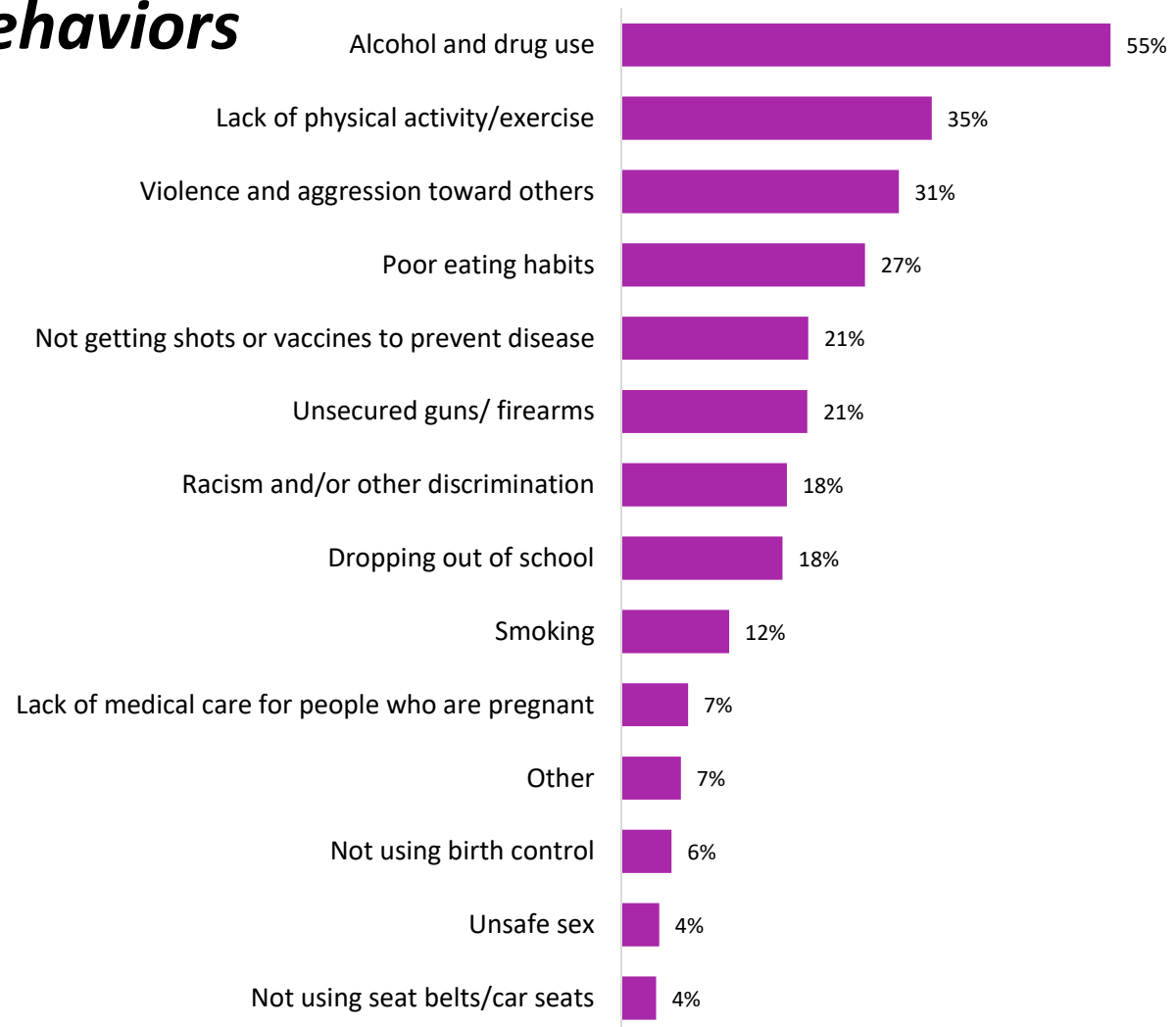
## Community-Identified Risky Behaviors

(n=873)

Participants were asked to select the top three most important “risky behaviors” to address in the community.

The top three selected community-identified risky behaviors include:

1. Alcohol and drug use
2. Lack of physical activity/exercise
3. Violence and aggression towards others



Other risky behaviors included: not receiving help for mental health needs, reckless driving, lack of support for parenting, not taking medication (sometimes due to high costs).

## Community and Neighborhood

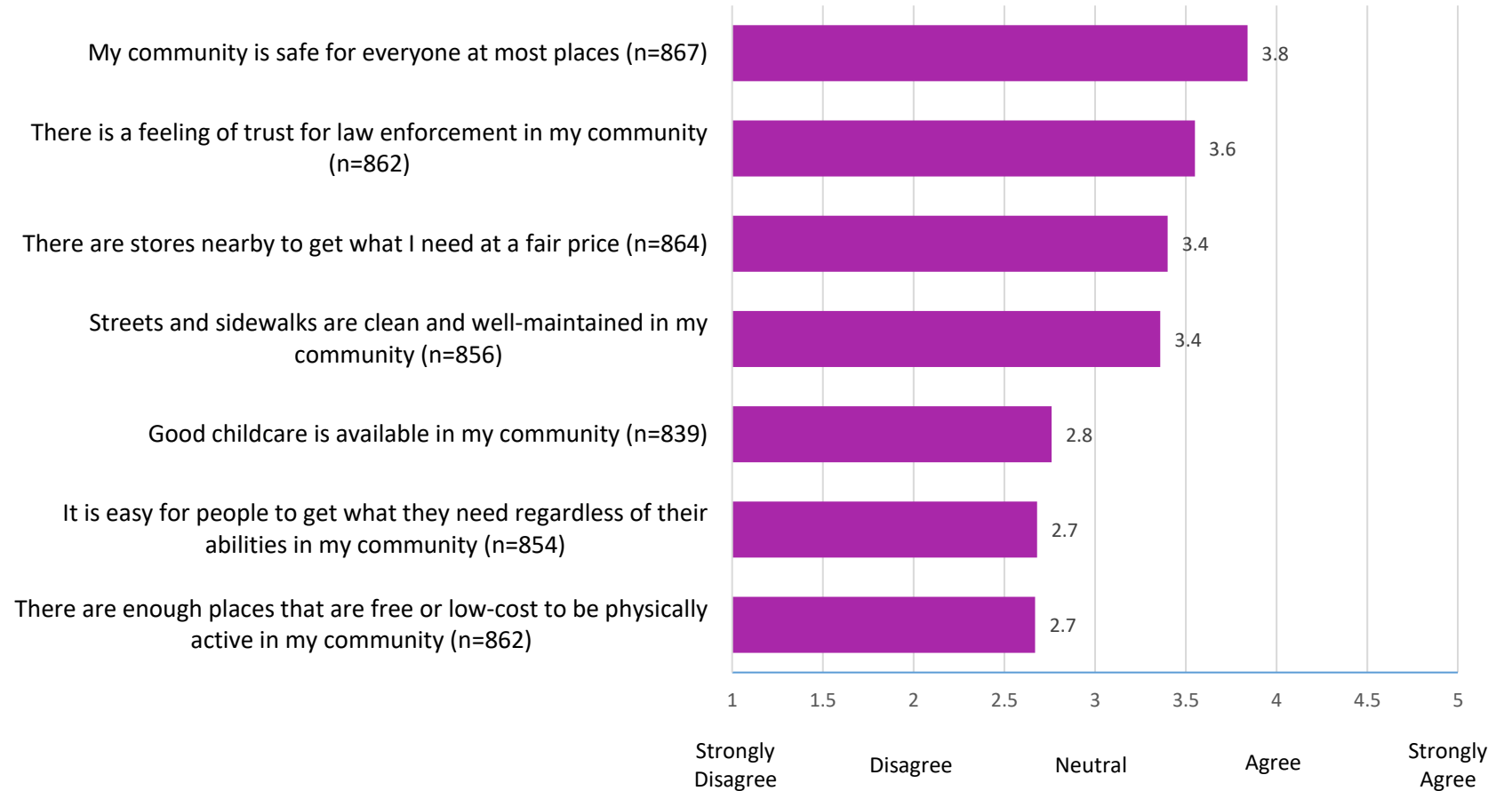
Participants were asked to rank their level of agreement with statements about their community and neighborhood.

Survey respondents were given the following rating options: strongly disagree (1), disagree (2), neutral (3), agree (4), and strongly agree (5).

The mean ratings fell below neutral (3) and above disagree (2) for the following statements:

- Good childcare is available
- It is easy for people to get what they need regardless of their abilities
- There are enough places that are free and low-cost to be physically active

My Community and Neighborhood



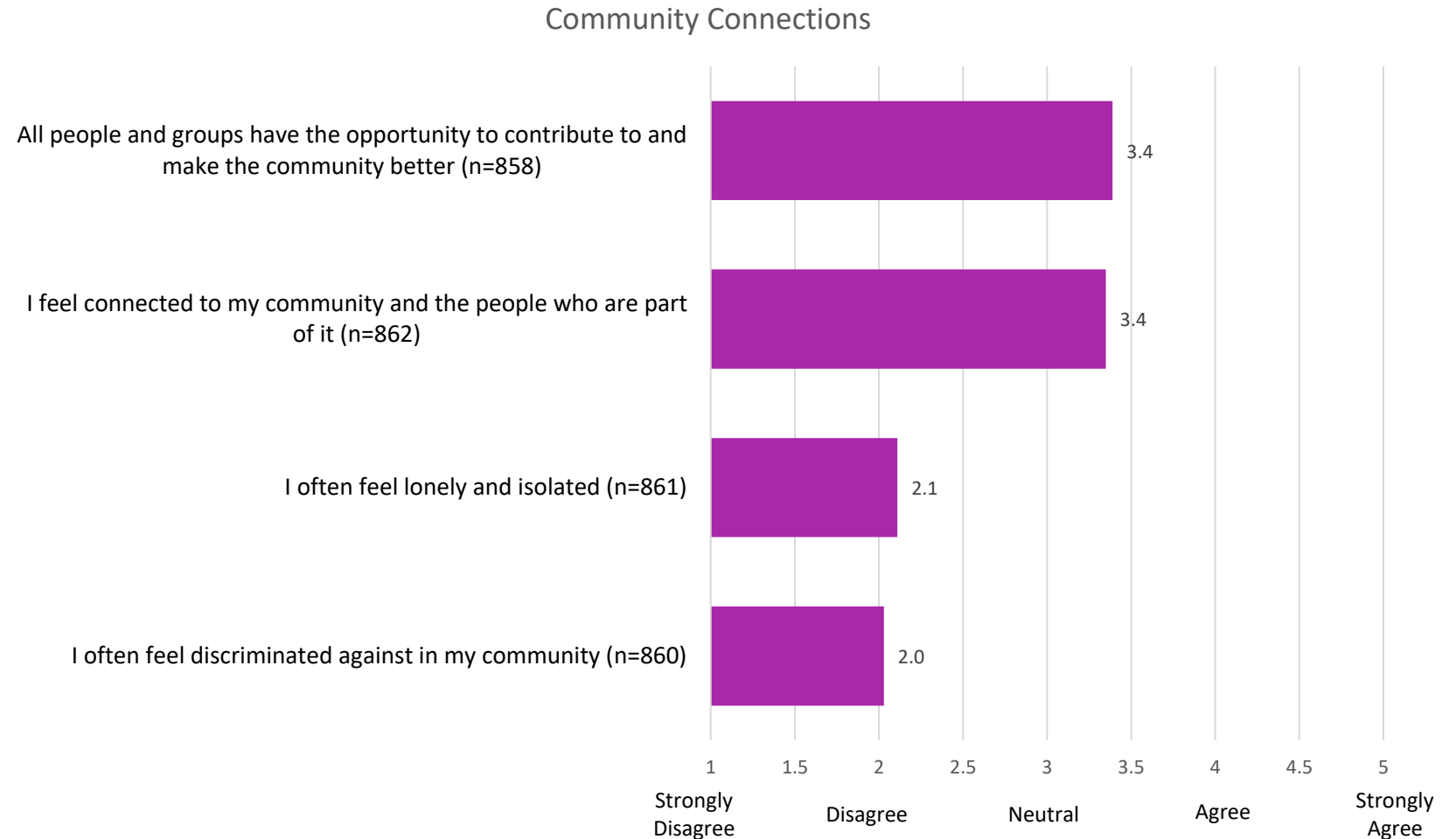
## Community Connections

Participants were asked to rank their level of agreement with statements about community connections.

Survey respondents were given the following rating options: strongly disagree (1), disagree (2), neutral (3), agree (4), and strongly agree (5).

The mean ratings were above neutral (3) and below agree (4) for the following statements:

- All people and groups have the opportunity to contribute to and make the community better.
- I feel connected to my community and the people who are part of it.



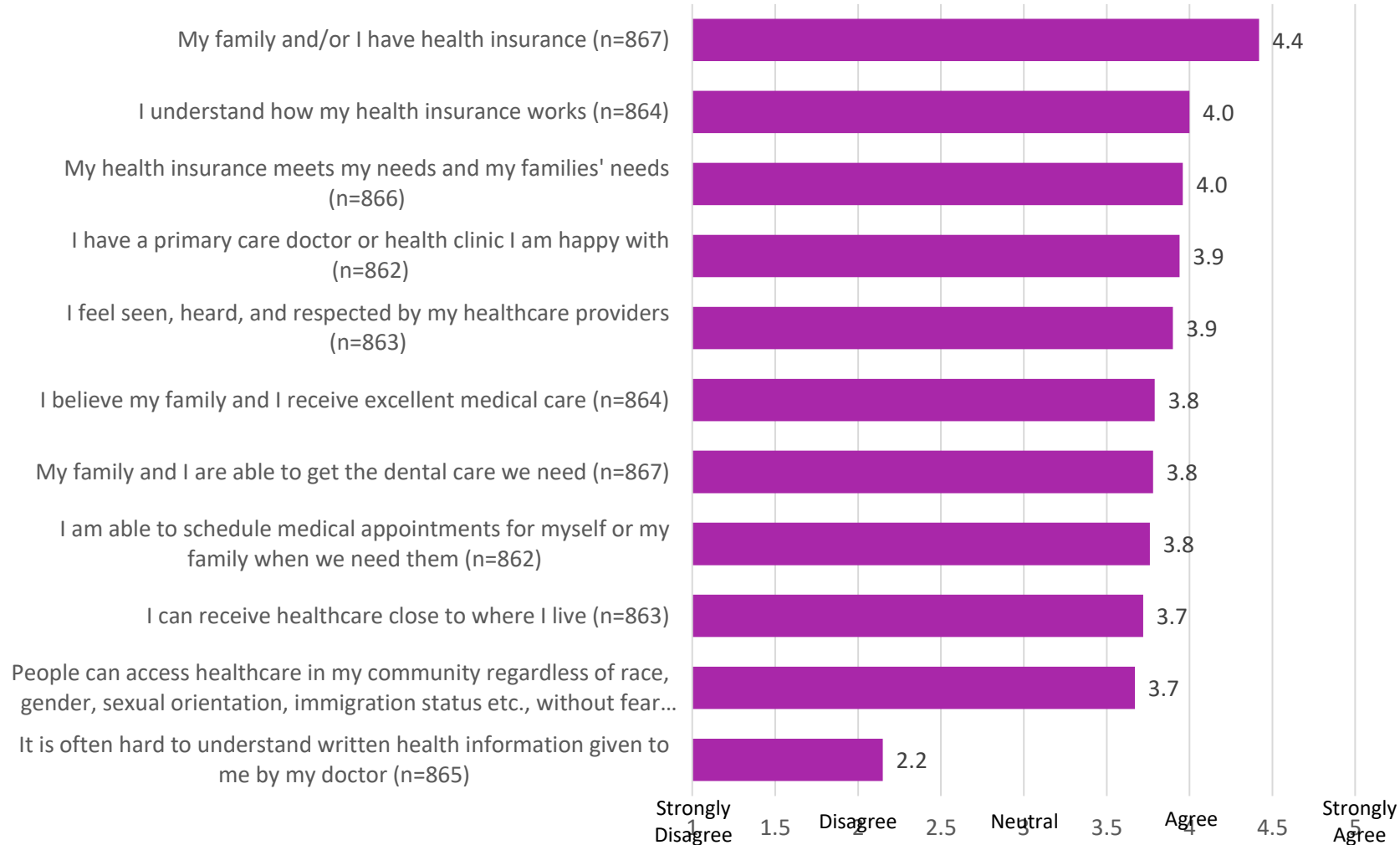
## Health and Healthcare

Participants were asked to rank their level of agreement with statements about health and healthcare.

Survey respondents were given the following rating options: strongly disagree (1), disagree (2), neutral (3), agree (4), and strongly agree (5).

The survey respondents agreed with most statements about health and healthcare. Respondents indicated that they were able to understand written health information given by their doctors.

Health and Healthcare



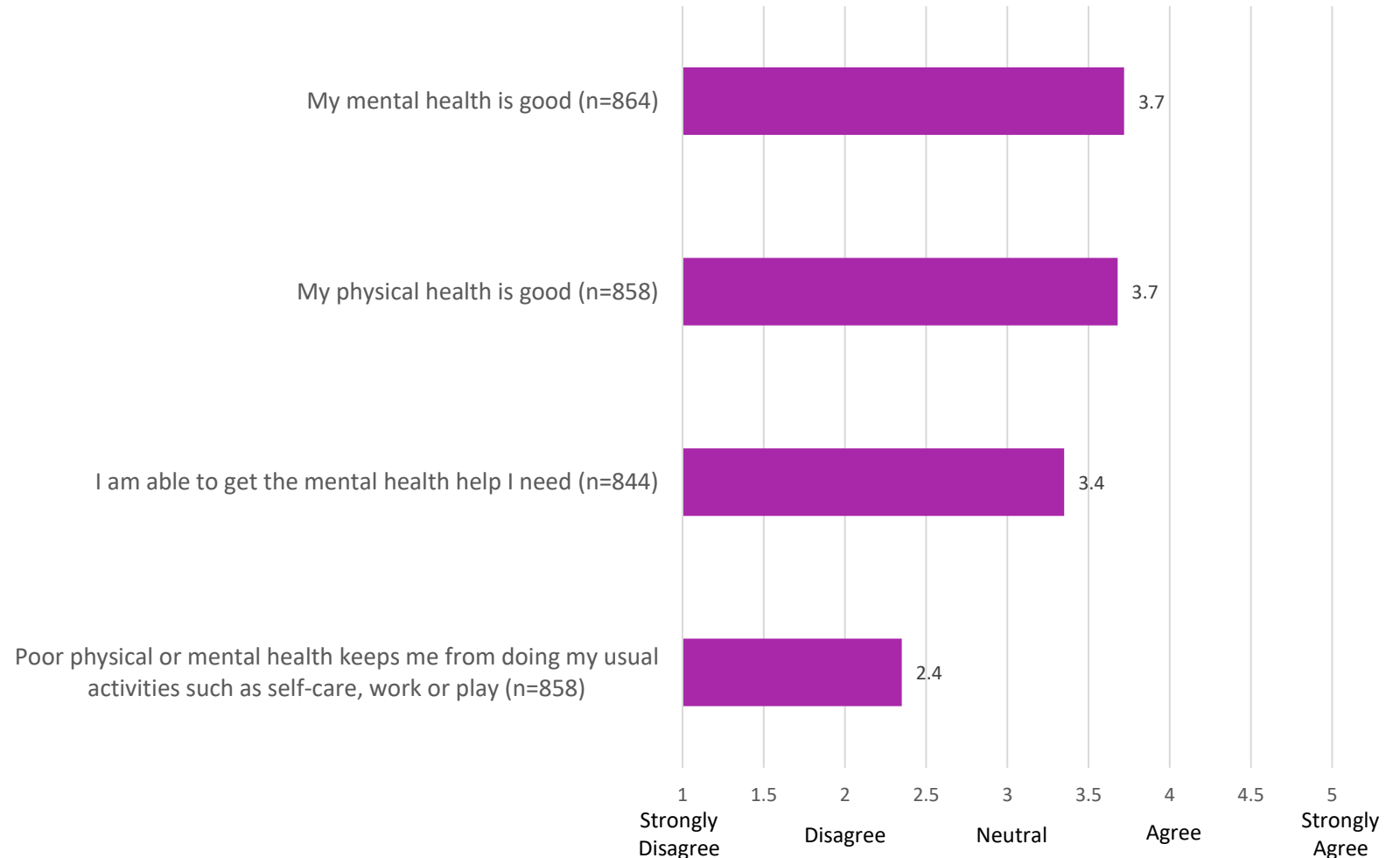
## Physical and Mental Health

Participants were asked to rank their level of agreement with statements about their physical and mental health.

Survey respondents were given the following rating options: strongly disagree (1), disagree (2), neutral (3), agree (4), and strongly agree (5).

Respondents rated the following statements above neutral (3) and below agree (4):

- My mental health is good.
- My physical health is good.
- I am able to get the mental health help I need.





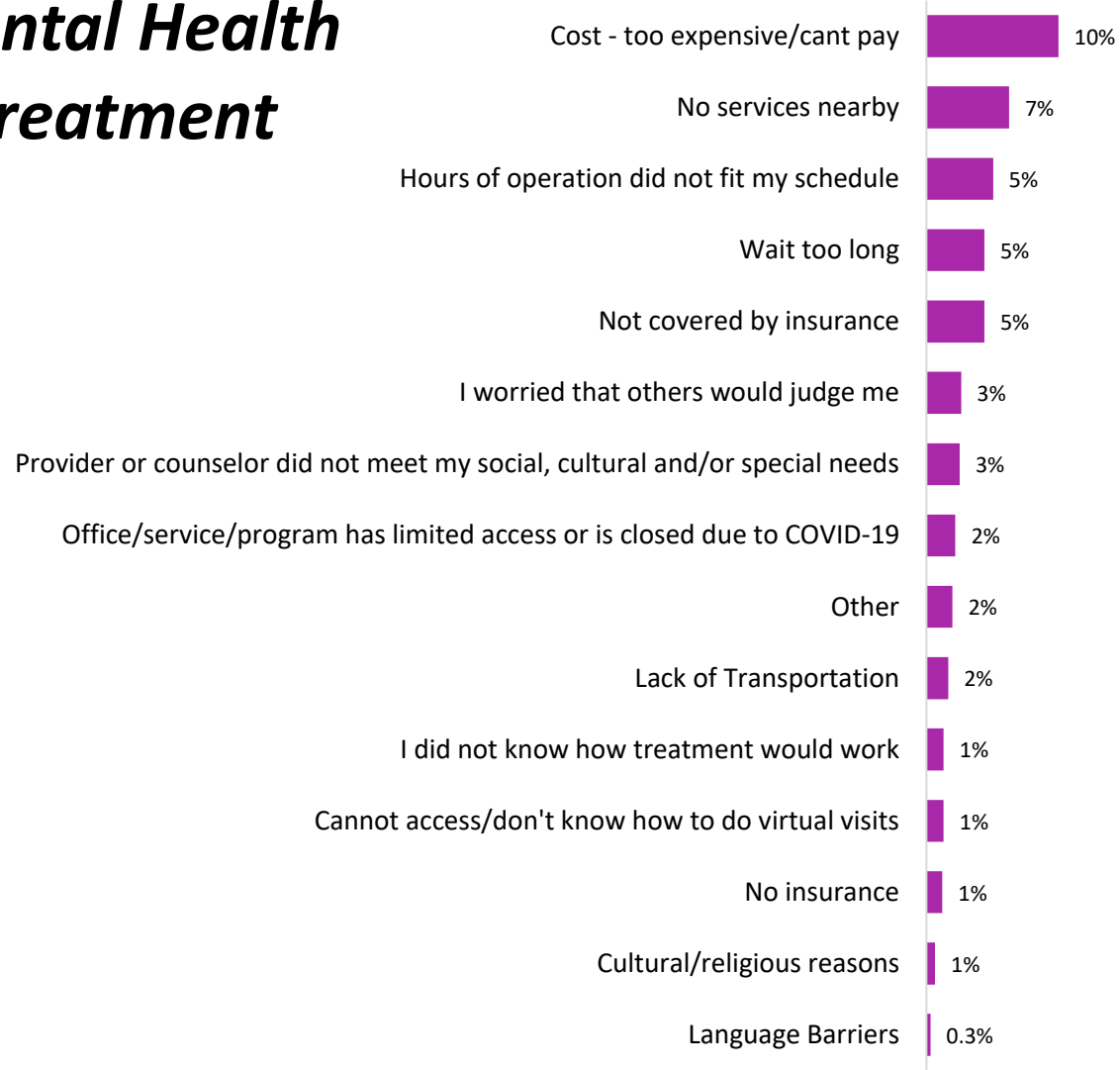
## Reasons for Not Accessing Mental Health or Alcohol/Substance Abuse Treatment

(n=873)

Participants were asked to select all applicable reasons for not accessing mental health or alcohol and substance use treatment when they needed it.

The top three reasons for not accessing care

- Cost – too expensive/can't pay
- No services nearby
- Hours of operation did not fit my schedule



Other reasons provided included: prejudice and lack of follow up from mental health provider.

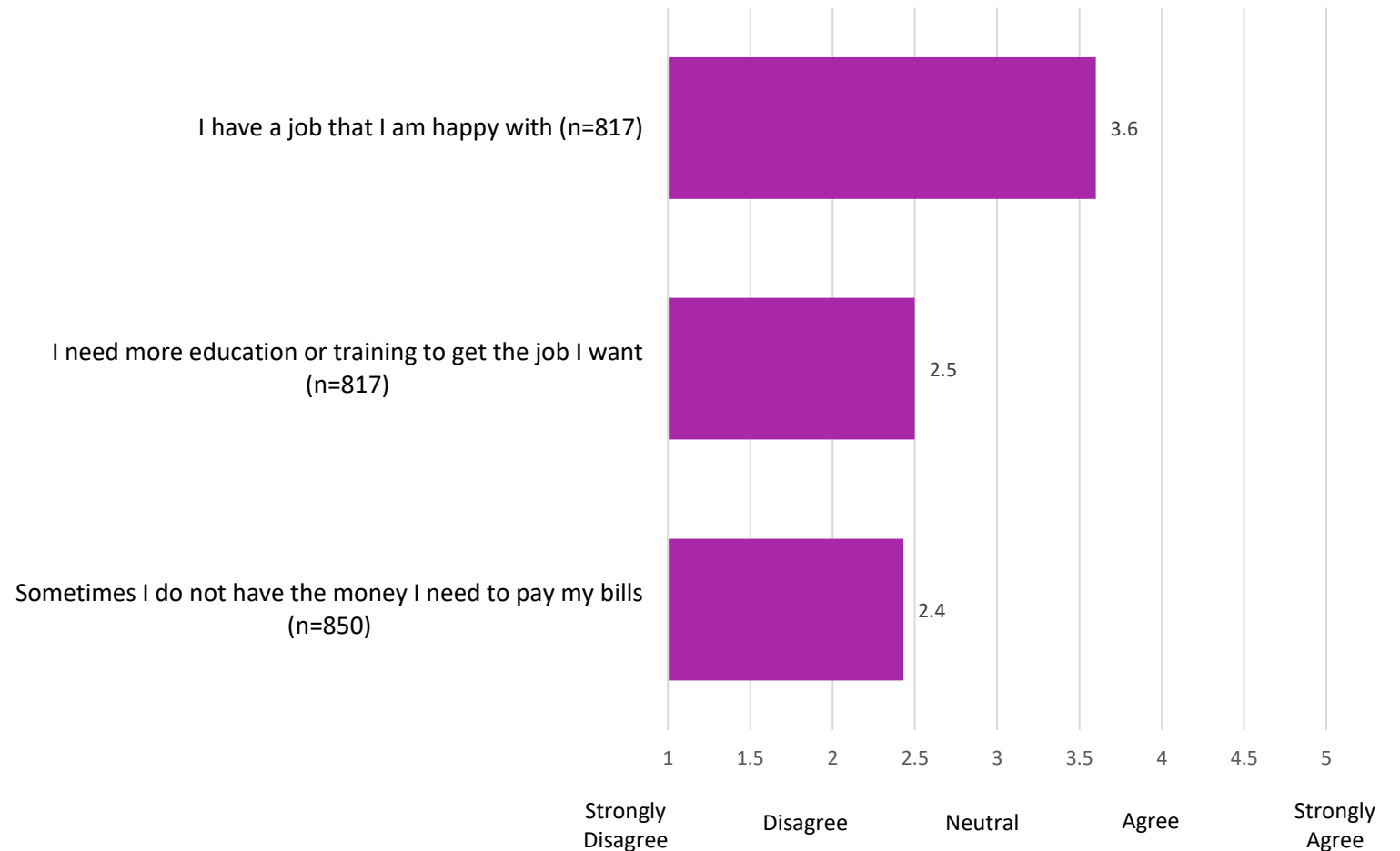
## Income, Money, and Jobs

Participants were asked to rank their level of agreement with statements about income, money, and jobs.

Survey respondents were given the following rating options: strongly disagree (1), disagree (2), neutral (3), agree (4), and strongly agree (5).

Respondents rated the following statement above neutral (3) and below agree (4):

- I have a job that I am happy with.



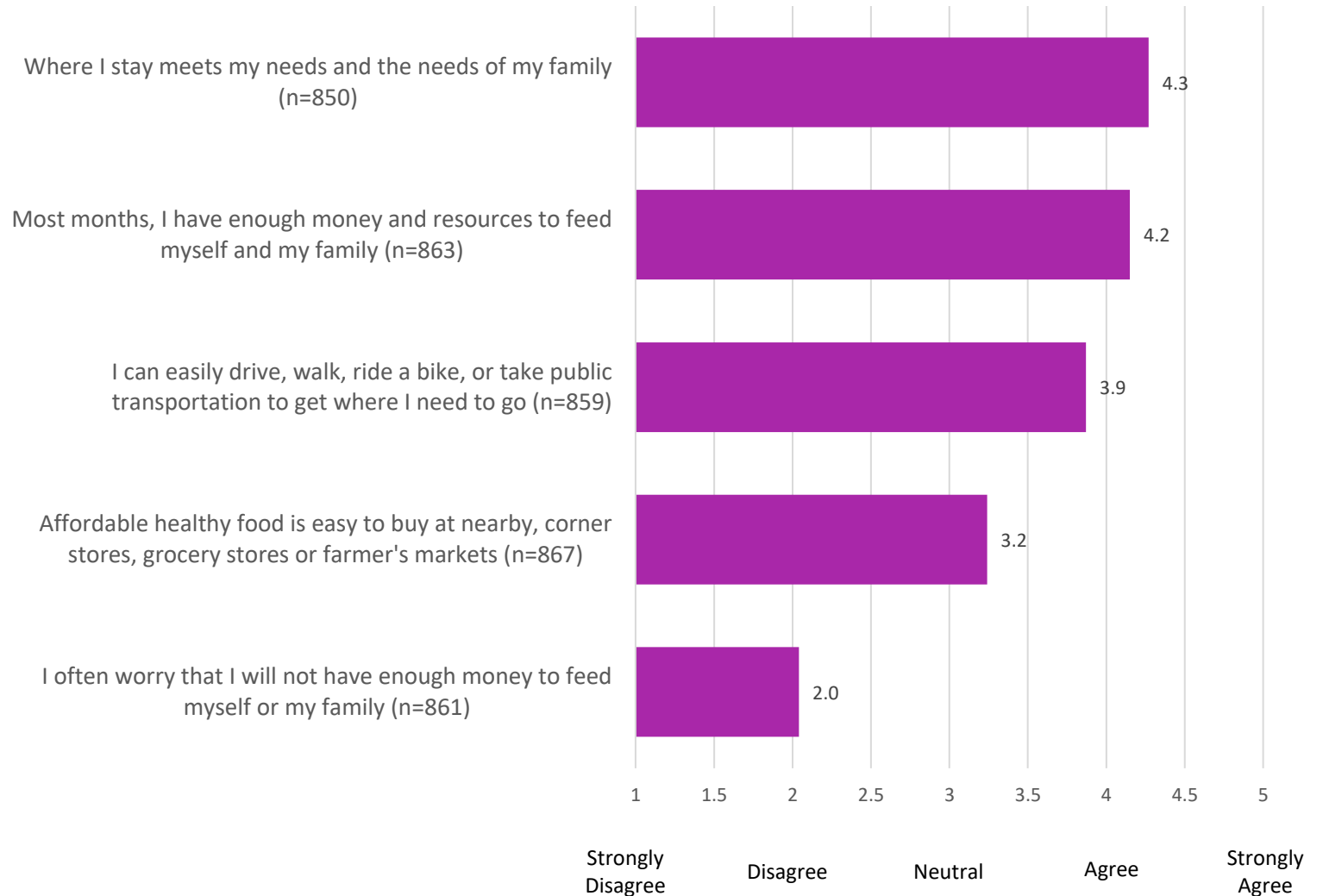
## Housing, Transportation, Food

Participants were asked to rank their level of agreement with statements about housing, transportation, and food.

Survey respondents were given the following rating options: strongly disagree (1), disagree (2), neutral (3), agree (4), and strongly agree (5).

Respondents rated the following statements above neutral (3) and below agree (4):

- Affordable healthy food is easy to buy at nearby, corner stores, grocery stores, or farmer's markets.



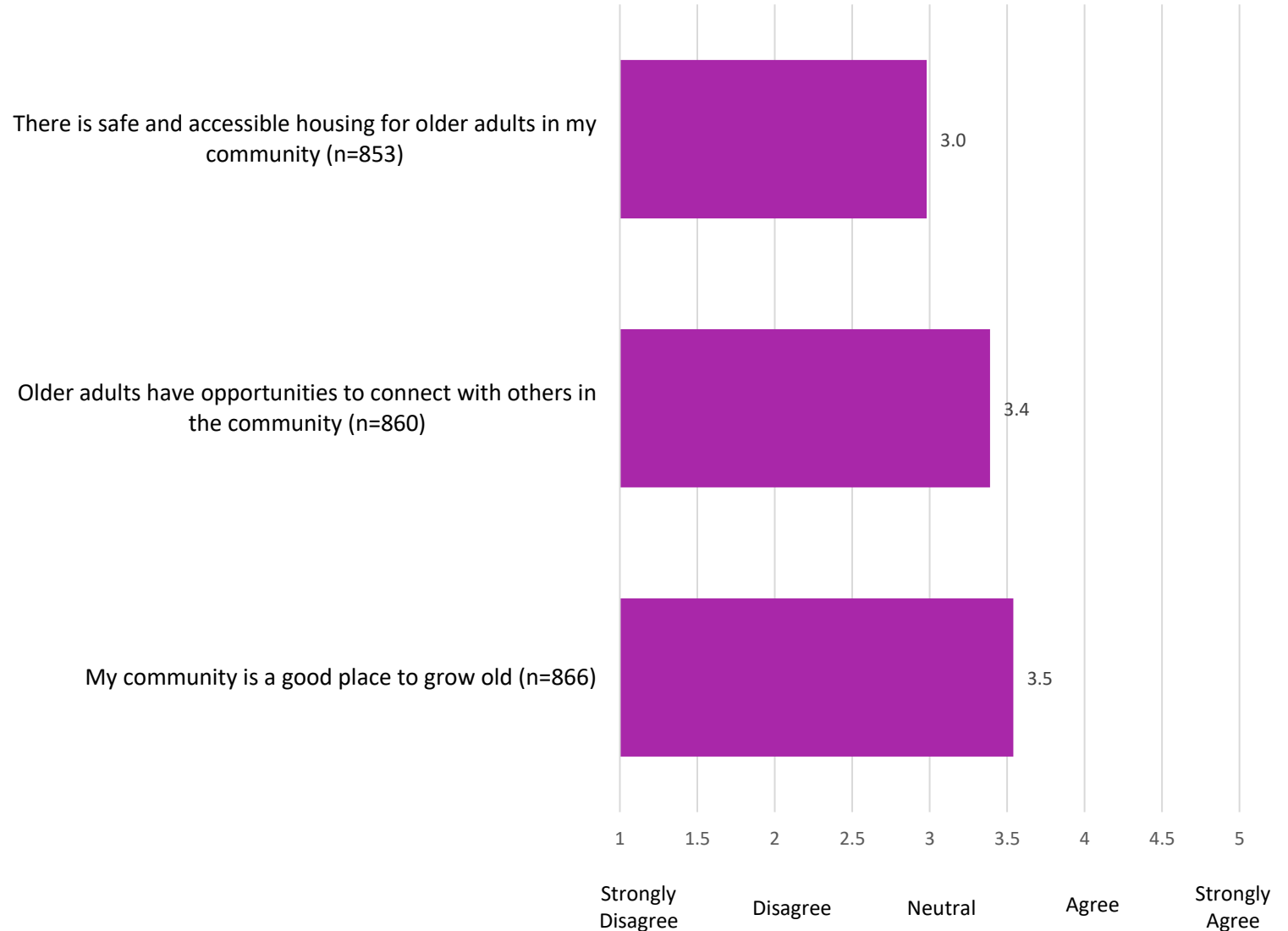
## Aging

Participants were asked to rank their level of agreement with statements about aging.

Survey respondents were given the following rating options: strongly disagree (1), disagree (2), neutral (3), agree (4), and strongly agree (5).

Respondents rated all statements about aging at or above neutral (3):

- There is safe and accessible housing for older adults in my community.
- Older adults have opportunities to connect with others in the community.
- My community is a good place to grow old.



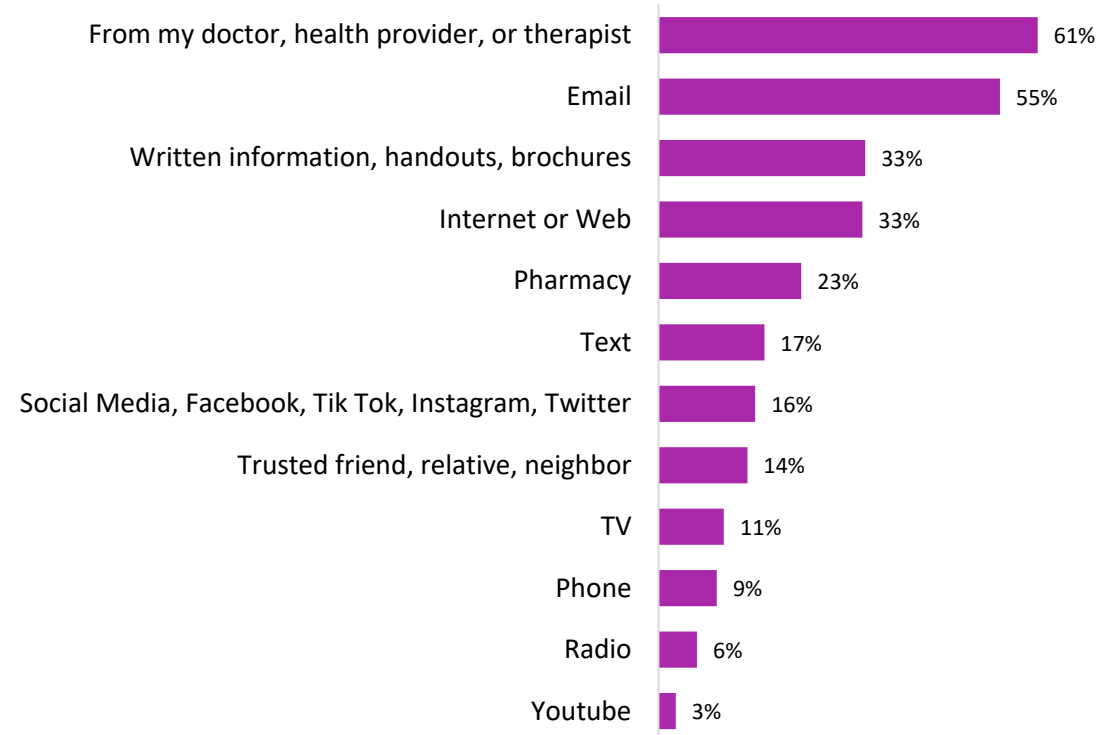
## Preferred Source of Health Information

(n=873)

Participants were asked how they like to receive health information and were asked to select all that apply.

The top four sources of health information for survey respondents:

1. Doctor, health provider, or therapist
2. Email
3. Written information, handouts, brochures
4. Internet or web

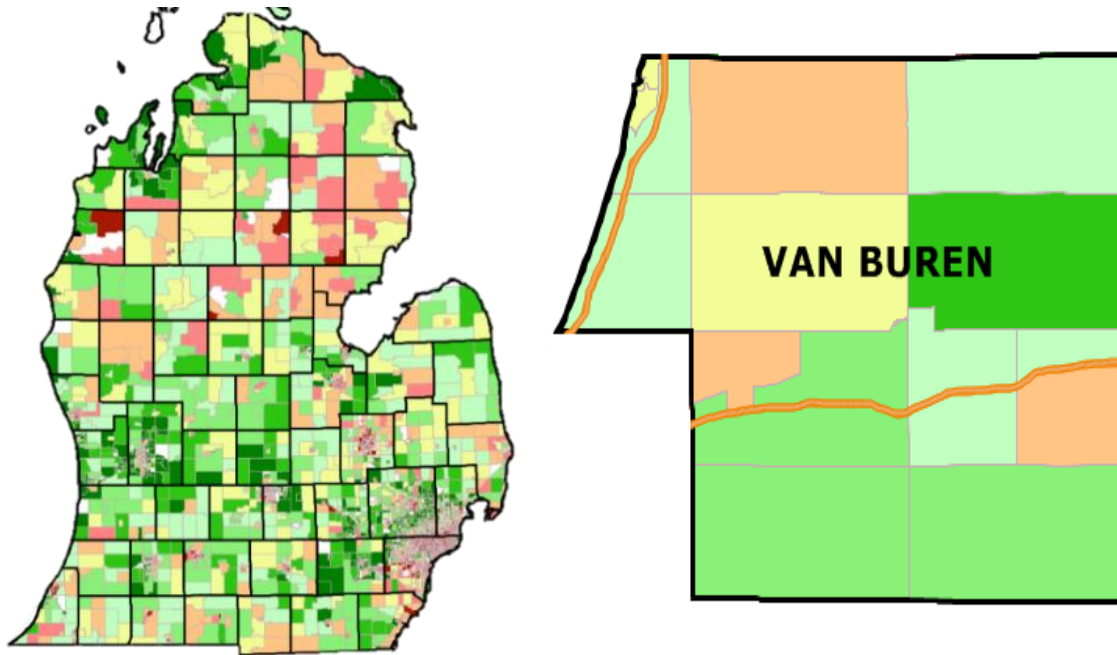


## Community Survey Results Considerations

The core team, advisory group and contributing partners provided great effort into sharing the community survey with all communities that reside in Van Buren County, however the results of the survey include more input from certain groups of people than others. Most survey responses came from participants who self-identified as 45 – 74-year-old, white, English-speaking, non-LGBT, and with a college degree.

# **APPENDIX I: SOCIAL DETERMINANTS OF HEALTH INDICATORS FINDINGS**

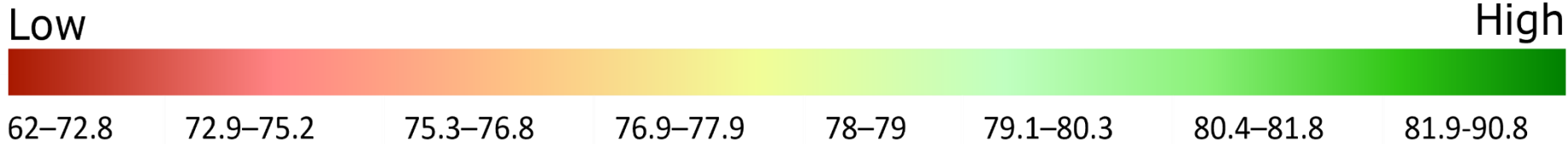
# Life Expectancy



**Life Expectancy** is a measure of health for where you live. Life expectancy measures the average number of years a person can expect to live and is available for most of the census tracts in the United States for the period 2010-2015.

Data Source: USALEEP, Center for Disease Control and MI Department of Health and Human Services

- The average life expectancy of Van Buren county is 78.3 years
- The average life expectancy of Michigan is 78.2 years

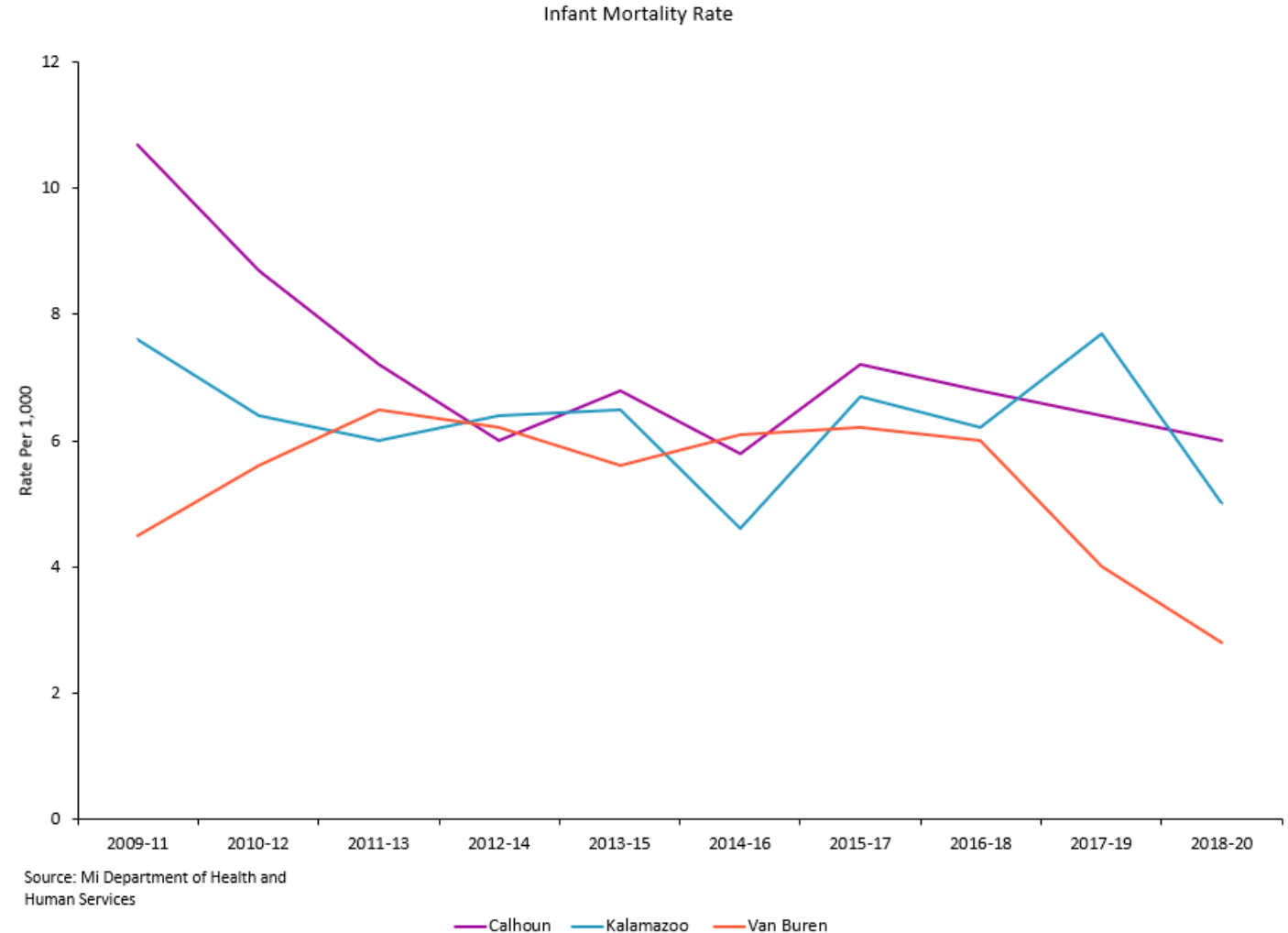


# Infant Mortality

**Infant Mortality** is a measure of maternal and child health. The rate is shown as a deaths per 1,000 live births, both as a trend and by race/ethnicity. Infant mortality can also be an indicator for the overall health of an area or group.

Data Source: MI Department of Health and Human Services

- Infant mortality in Van Buren county is lower than the region and trending downward.
- Data are not available for race or ethnicity analysis due to population size.





# Child Poverty

**Child Poverty** captures an upstream measure of poverty that assesses both current and future health risk. While the impacts of poverty are present at all ages, children in poverty may experience lasting effects on academic achievement, health, and income into adulthood. The data reported for this variable look at both the overall rate and the rate by school district.

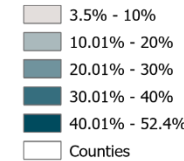
Data Source: American Community Survey

- Rates of children in poverty are highest on the lakeshore and around Hartford.

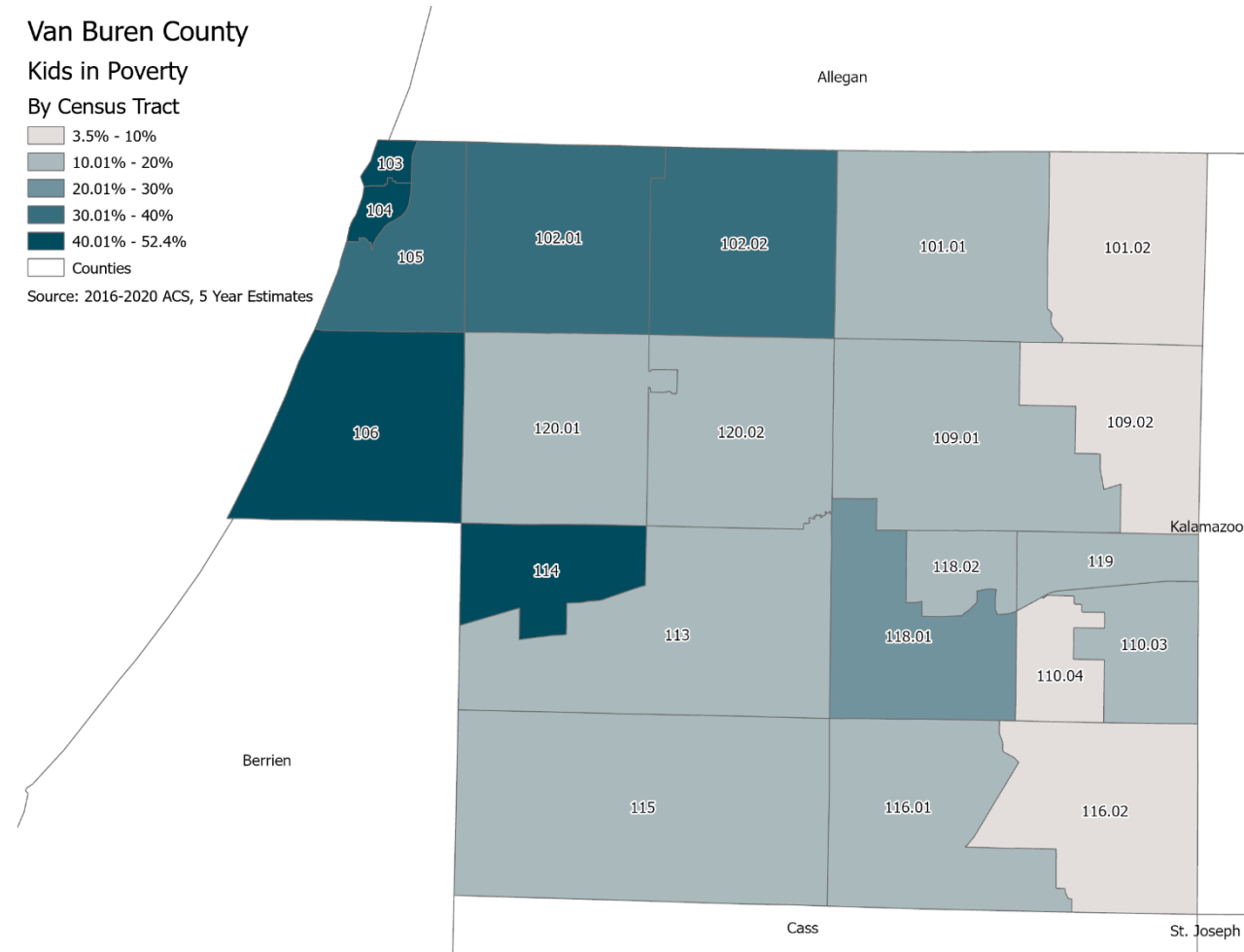
## Van Buren County

### Kids in Poverty

#### By Census Tract



Source: 2016-2020 ACS, 5 Year Estimates

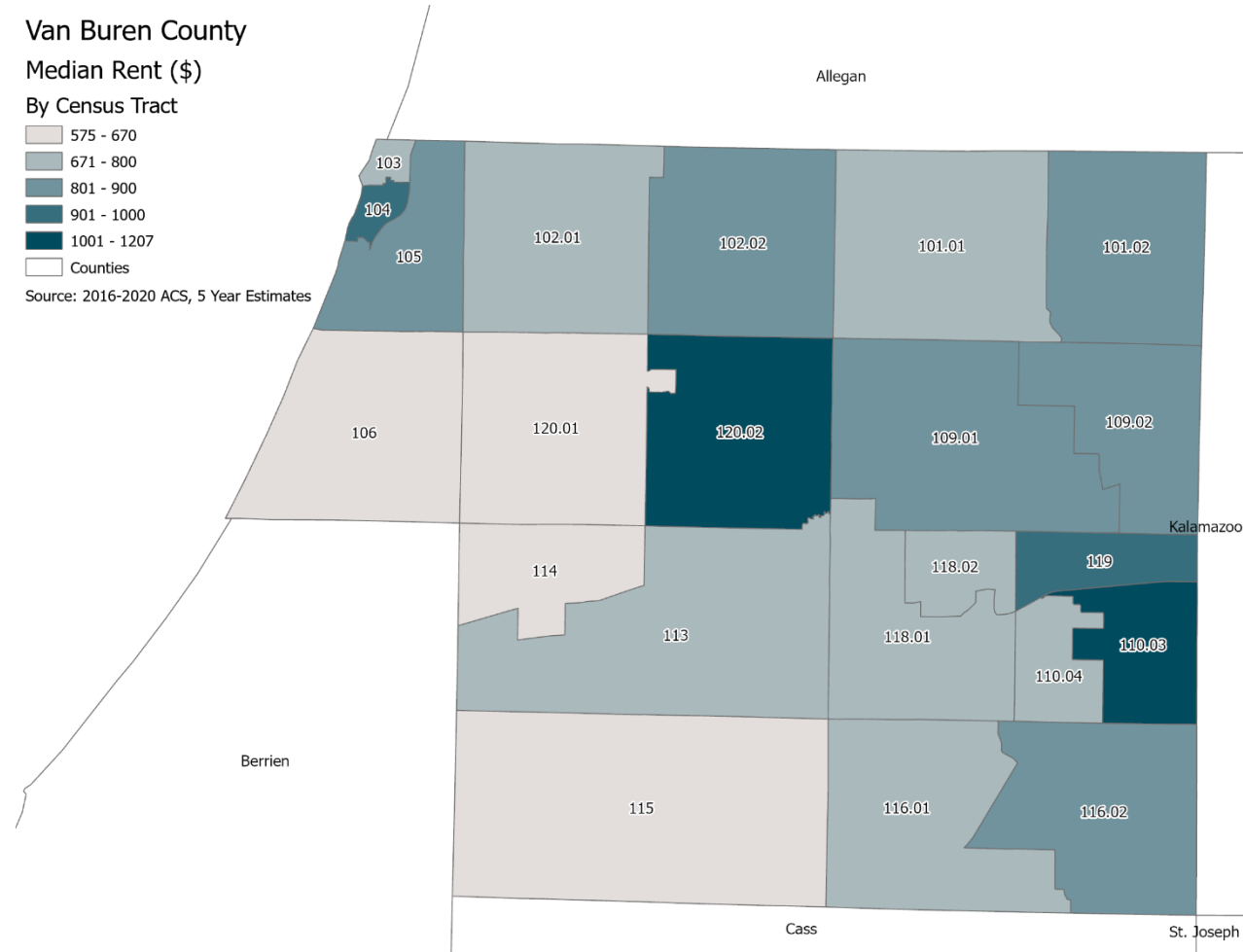


# Median Rent

**Median Rent** shows the midpoint of rent by census tract. This variable, along with the overburdened renter map, helps illuminate the housing situation for the 20 percent of Van Buren County made up of renters. While rent may look relatively low in some areas, less than \$670 per month, households may still be overburdened due to low incomes.

Data Source: American Community Survey

- Rents are high closer to Kalamazoo County and in Arlington Township.
- Vacation rentals in South Haven are not counted in median rent, but the vacation rentals can drive up prices by decreasing the available properties for year-round rental.

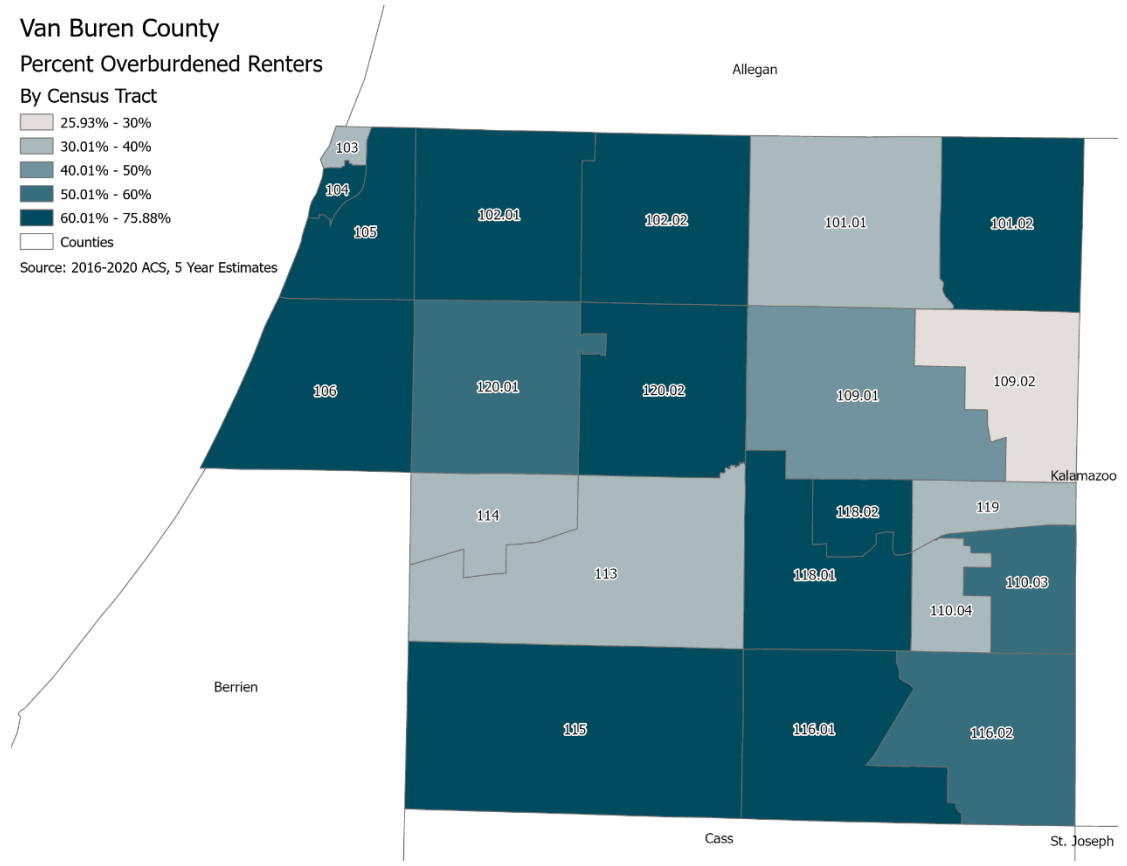


# Overburdened Renters

**Overburdened Renters** shows the percent of area renters that pay more than 30 percent of their gross annual income to rent. Households paying more than 30 percent of their income toward housing may have trouble paying medical bills or may forgo care altogether. There are several maps for housing, which show not only the overburdened renters, but also the median rent and the contrasting homeowner rate in the county.

Data Source: American Community Survey

- While high rents would be expected on the lakeshore some rural areas are also showing between 60 to 76 percent of renters are paying over 30 percent of their income to rent.

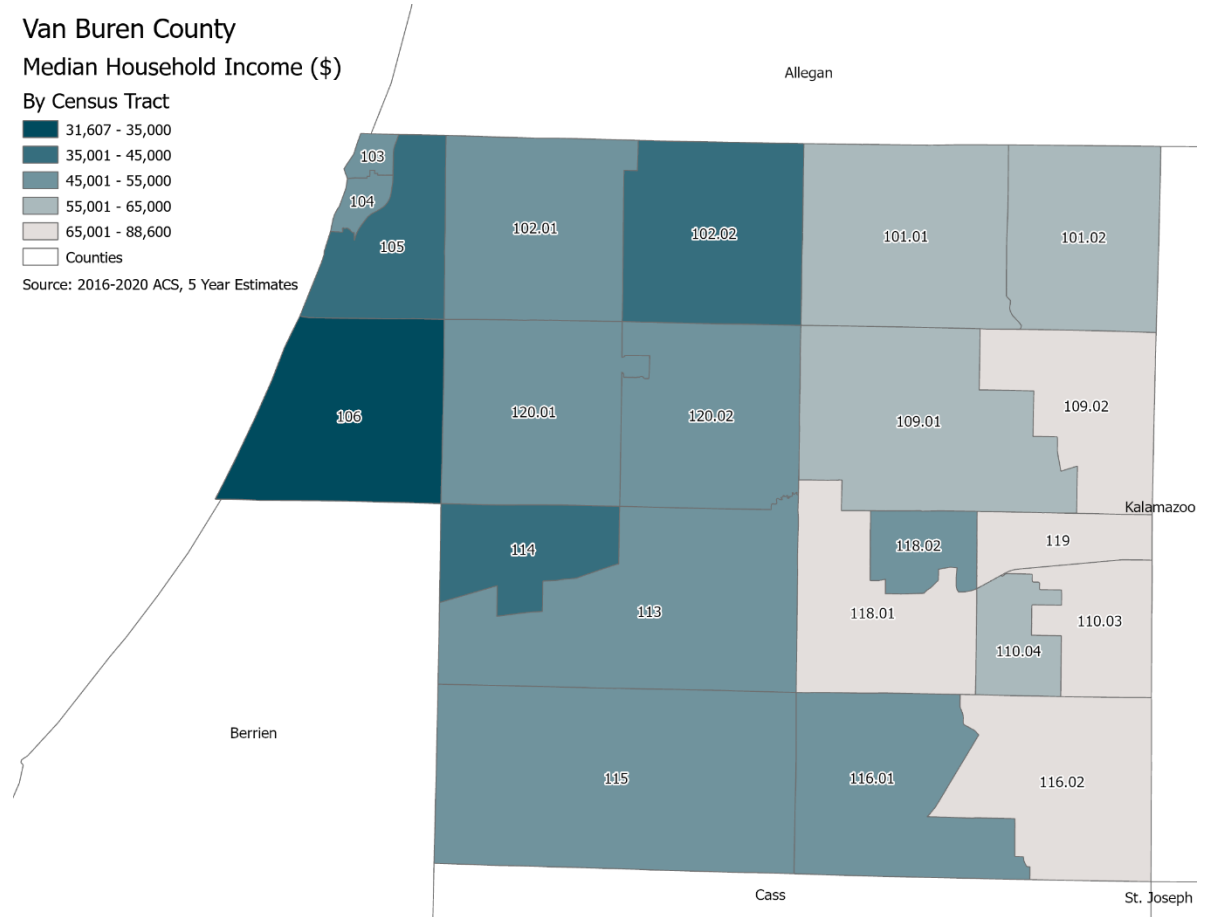


# Median Household Income

**Median Household Income** is the household income in the past 12 months for which 50 percent of households have higher income and 50 percent lower. This includes the income of the householder and all other individuals 15 years old and over in the household, whether they are related to the householder or not.

Data Source: American Community Survey

- The highest income areas in the county are the townships closer surrounding, but not including, Paw Paw and Lawton.

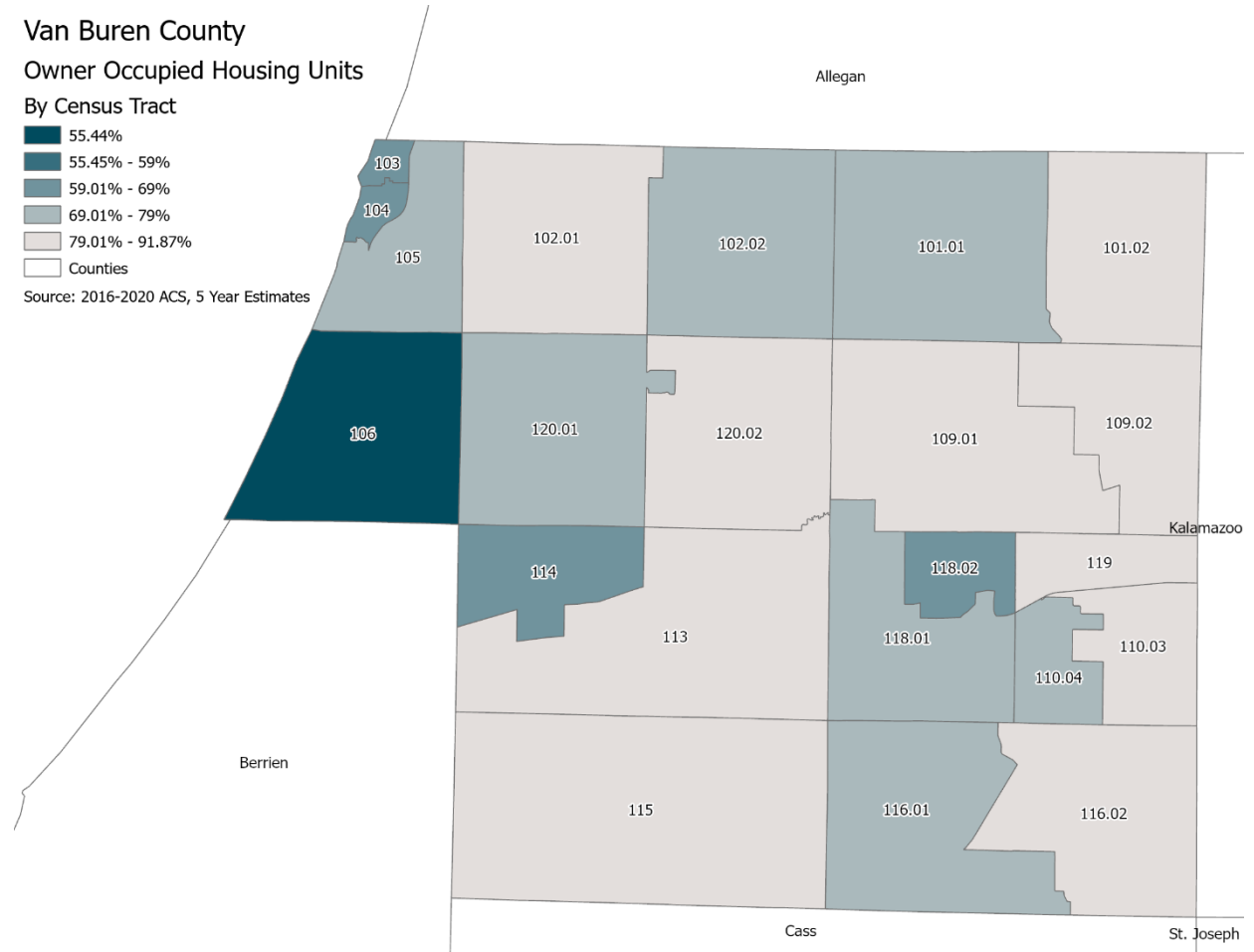


# Owner Occupied Housing Units

**Owner Occupied Housing Units** shows the percentage of households that are owned, with or without a mortgage. The overall rate in the county is 79.8 percent homeowner and 20.2 percent renter. Homeownership is a path to financial stability and wealth building.

Data Source: American Community Survey

- The majority of household are owners rather than renters, as even the lowest homeownership percent is over 50 percent.
- Lakeshore and Paw Paw are home to the most renters.

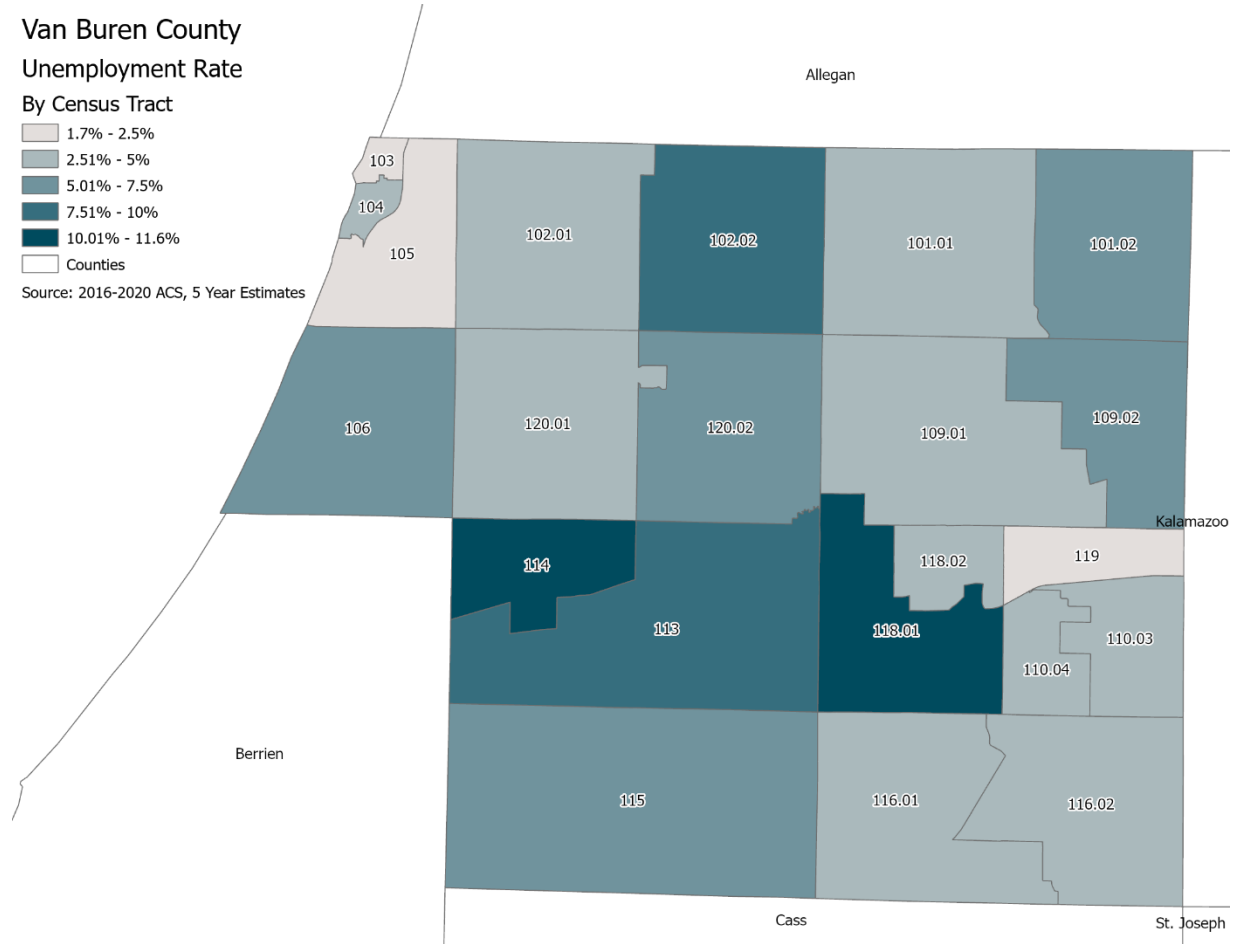


# The Unemployment Rate

**The Unemployment Rate** represents the number of unemployed people as a percentage of those in the labor force. Unemployment has well-documented negative effects on physical and mental health. Unemployment is also linked to unhealthy coping behaviors, such as increased smoking and alcohol consumption, physical inactivity and unhealthy dietary habits, which can contribute to future chronic diseases.

Data Source: American Community Survey

- The central areas of the county have relatively high unemployment compared to the rest of the county.



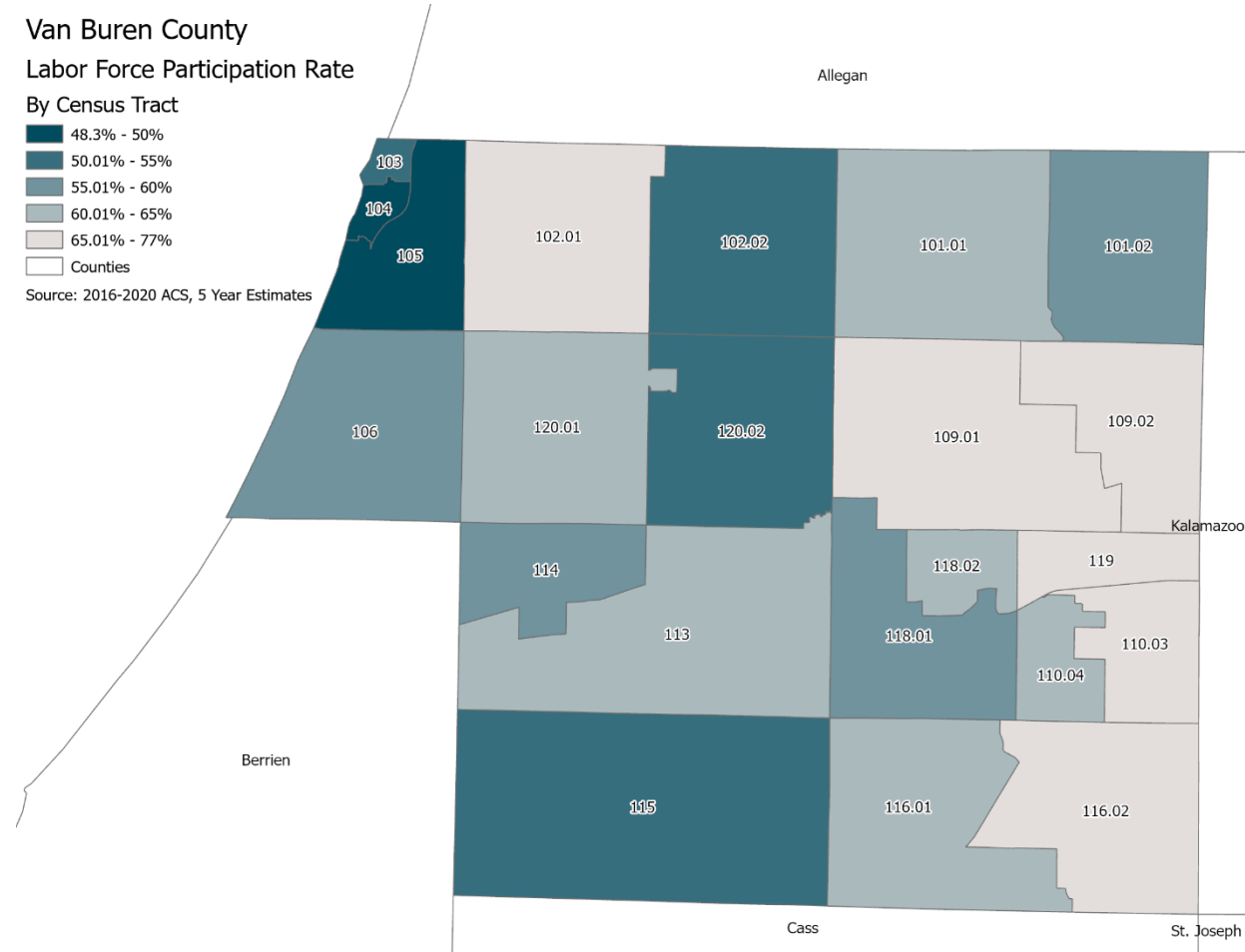
# Labor Force Participation Rate

**Labor Force Participation Rate** measures an economy’s active labor force by summing all noninstitutionalized individuals 16 and older who are either working or looking for work, divided by the entire noninstitutionalized population 16 and older.

Data Source: American Community Survey

- The east side of the county has a higher labor force participation likely due to commuters into Kalamazoo County.
- Some areas have low labor force participation due to demographics. Labor force participation is below half in the southern part of South Haven and its surrounding township. This could be due to retirees, or seasonal workers being surveyed in an off month.

Van Buren County  
Labor Force Participation Rate  
By Census Tract  
48.3% - 50%  
50.01% - 55%  
55.01% - 60%  
60.01% - 65%  
65.01% - 77%  
Counties  
Source: 2016-2020 ACS, 5 Year Estimates

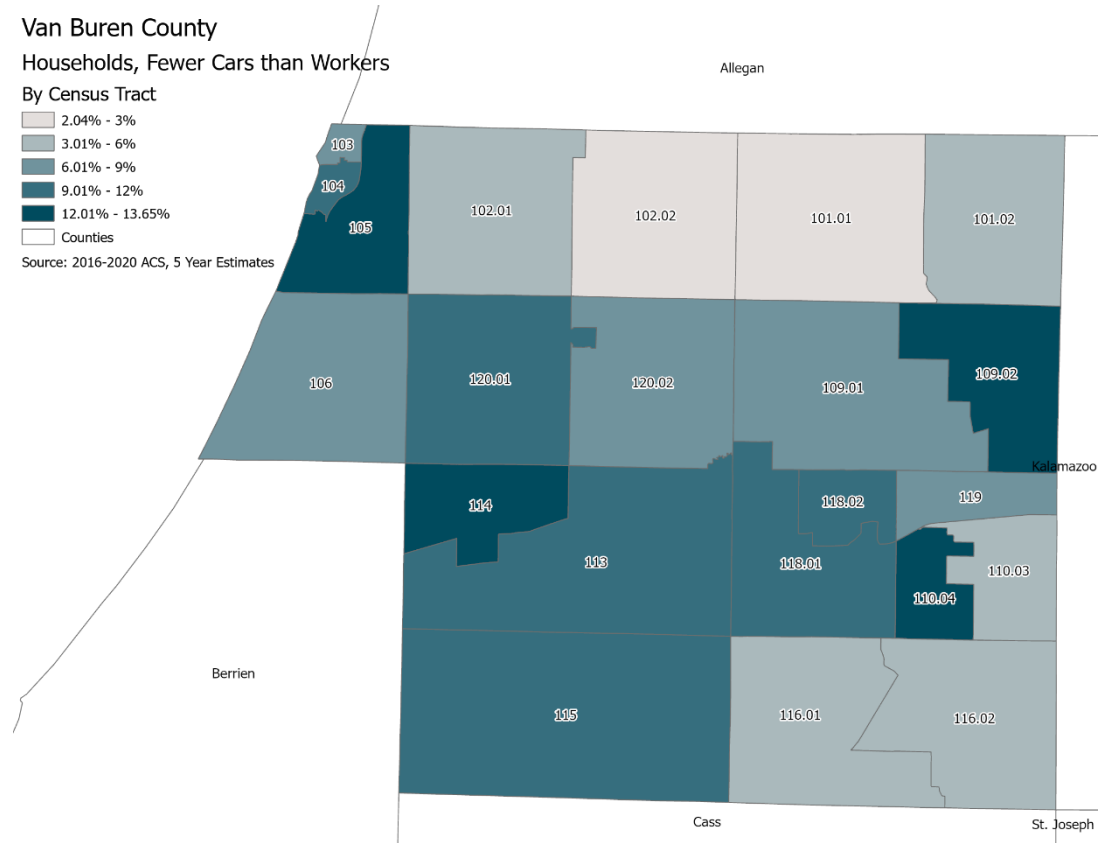


## Fewer Cars than Workers

**Fewer Cars than Workers** shows transportation struggles for the workforce in Van Buren County. This variable shows the percent of households with fewer available cars than employed persons living in the house.

Data Source: American Community Survey

- Generally, available transportation is not a problem for most employed people in the county.
- Car availability is lowest in the townships surrounding South Haven, bordering Kalamazoo County and Hartford.





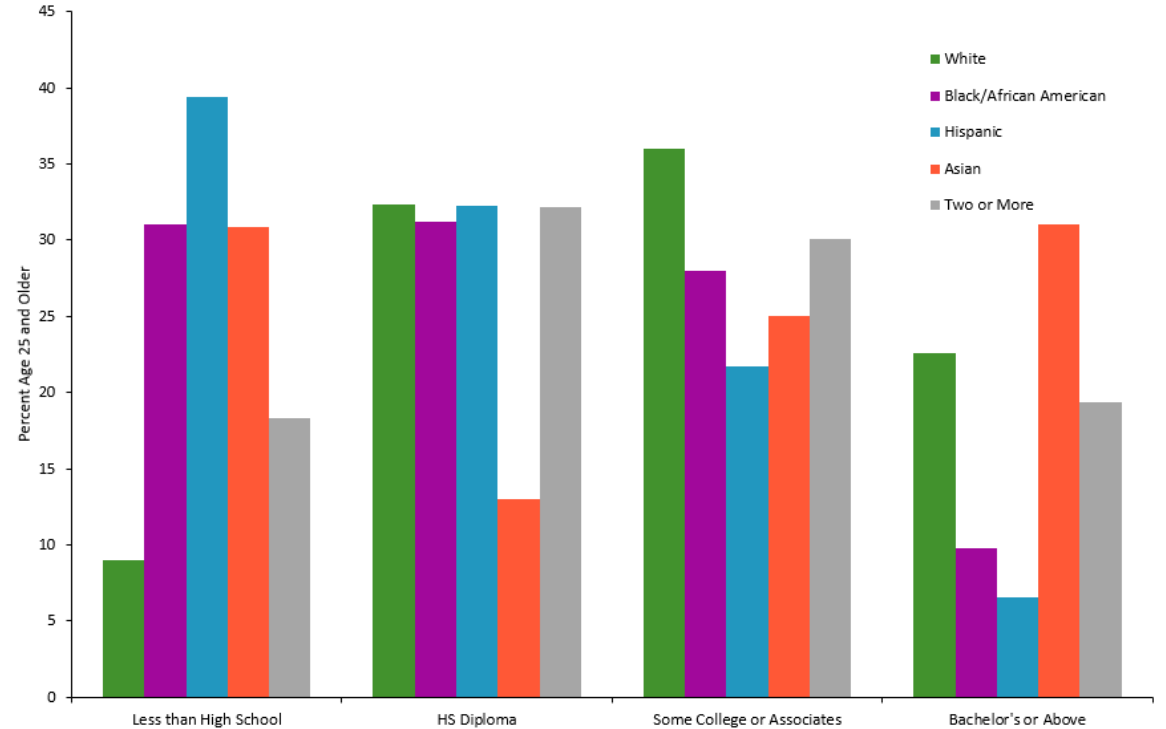
# Educational Attainment

**Educational Attainment** refers to the highest level of education that an individual has completed. This is different from the level of schooling that an individual is attending. The relationship between higher education and improved health outcomes is well known, with years of formal education correlating strongly with improved work and economic opportunities, reduced psychosocial stress and healthier lifestyles.

Data Source: American Community Survey

- Similar to the *Economic Disadvantage by School District* indicator, Asian and White individuals have the highest rate of bachelor’s degree attainment while African American and Hispanic/Latino individuals have the lowest.

Educational Attainment in Van Buren County



Source:  
US Census American Community Survey

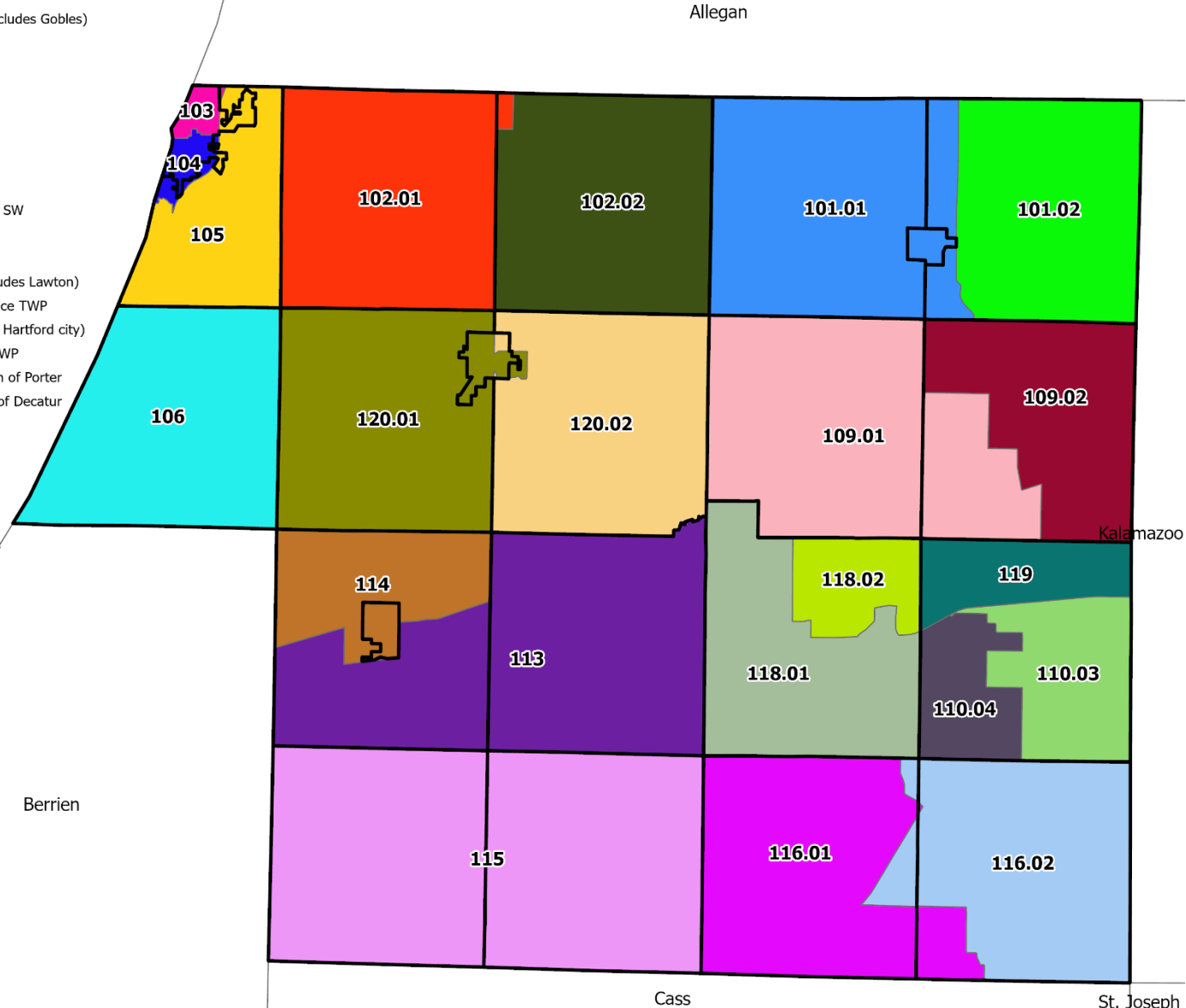
# **APPENDIX J: VAN BUREN COUNTY CENSUS TRACT MAP**

# APPENDIX J: VAN BUREN COUNTY CENSUS TRACT MAP

## Van Buren County

### County Subdivisions

- 101.01, Bloomingdale TWP (includes Gobles)
- 101.02, Pine Grove TWP
- 102.01, Geneva TWP
- 102.02, Columbia TWP
- 103, South Haven N
- 104, South Haven S
- 105, South Haven TWP
- 106, Covert TWP
- 109.01, Waverly TWP & Almeta SW
- 109.02, Almeta TWP NE
- 110.03, Antwerp TWP SW
- 110.04, Antwerp TWP SE (includes Lawton)
- 113, Hartford TWP S & Lawrence TWP
- 114, Hartford TWP N (includes Hartford city)
- 115, Keeler TWP & Hamilton TWP
- 116.01, Decatur TWP & portion of Porter
- 116.02, Porter TWP & portion of Decatur
- 118.01, Paw Paw TWP SW
- 118.02, Paw Paw TWP SE
- 119, Antwerp TWP N
- 120.01, Bangor TWP
- 120.02, Arlington TWP
- Van Buren County Subdivisions
- Counties



# APPENDIX K: AVAILABLE RESOURCES

## SOCIAL ENVIRONMENT

Bronson Wellness Center- South Haven  
Great Start Collaborative and Parent Coalition  
Lions Clubs of Covert and Paw Paw  
OutCenter Southwest Michigan  
Southwestern Michigan Migrant Resource Council  
Trinity Lutheran Libraries  
211  
United Way of Southwest Michigan  
Van Buren Community Mental Health Authority  
Van Buren County Veterans Services  
Van Buren ISD Migrant Program  
Van Buren Health and Human Services Collaborative  
Van Buren Substance Abuse Task Force

## ECONOMIC AND WORK ENVIRONMENT

Chamber of Commerce- Paw Paw and South Haven  
Hope Center- Van Buren Community Mental Health Authority  
Michigan Works!  
Telamon Corporation  
United Way of Southwest Michigan  
Van Buren Intermediate School District  
Van Buren Tech Center  
Van Buren County Department of Human Services  
Supplemental Nutrition Assistance Programs (SNAP)

## PHYSICAL ENVIRONMENT

Feeding America West Michigan Mobile Food Pantry  
Michigan State University Extension  
Senior Services of Van Buren County  
Supplemental Nutrition Assistance Programs (SNAP)  
Education and Project LEAN  
United Christian Services-Healthy Cooking Classes  
Van Buren County Parks & Recreation  
Van Buren County Public Transit

## SERVICE ENVIRONMENT

Bronson LakeView & Bronson South Haven Hospitals  
InterCare Federally Qualified Health Center  
Legal Aid of Western Michigan  
Region IV Area Agency on Aging  
Southwest Michigan Migrant Resource Council  
211  
United Christian Services of Eastern Van Buren County  
Van Buren Cass District Health Department  
Van Buren County Specialty Courts  
Van Buren Intermediate School District  
Van Buren Substance Abuse Task Force