2016 - 2019

COMMUNITY HEALTH NEEDS ASSESSMENT

A Collaboration Between Lakeland Health and the Berrien County Health Department

Published October 1, 2016

Health Behaviors

Food

Mental Health

Heart Conditions

Diabetes

Provider Availability

Cost of Care

Obesity

Health Education & Info

Lakeland Hospitals in Niles & St. Joseph - License #1060000010
Lakeland Regional Health System - Watervliet - License #1060000039

The Board of Directors of Lakeland Regional Health System Watervliet and the Board of Directors of Lakeland Hospitals in Niles and St. Joseph approved the 2016 Community Health Needs Assessment in accordance with the Internal Revenue Service (IRS) regulations for tax-exempt hospitals at their meetings held on September 21, 2016 and September 26, 2016, respectively.

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Acronyms

Acronym	Meaning
ACA	Patient Protection and Affordable Care Act (Affordable Care Act)
BCHD	Berrien County Health Department
BMI	Body Mass Index
BRFS	Behavior Risk Factor Survey
BRFSS	Behavioral Risk Factor Surveillance System
CDC	Centers for Disease Control and Prevention
CHNA	Community Health Needs Assessment
CHW	Community Health and Wellness at Lakeland Health
CIN	Clinically Integrated Network
COPD	Chronic Obstructive Pulmonary Disease
County Health Rankings	University of Wisconsin Population Health Institute County Health Rankings
DSF	Data Summary Forms
FQHC	Federally Qualified Health Centers
HHS	United States Department of Health and Human Services
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
HRSA	United States Health Resources and Service Administration
IRS	Internal Revenue Service
IS	Implementation Strategy
Kessler	Kessler Psychological Distress Scale
Lakeland	Lakeland Health
LGBTQ+	Lesbian, Gay, Bisexual, Transgendered, and Queer (or Questioning)
Niles New Tech Center	Niles New Tech Entrepreneurial Academy
NSDUH	National Survey on Drug Use and Health
PTSD	Post-Traumatic Stress Disorder
SAMHSA	Substance Abuse and Mental Health Services Administration
SDOH	Social Determinants of Health
STI	Sexually Transmitted Infection
Team	Community Health Needs Assessment Team
USDA	United States Department of Agriculture
WMU	Western Michigan University – Southwest

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Executive Summary

A Community Health Needs Assessment (CHNA) is an appraisal of the health status of a community, and is required of tax-exempt hospitals under the Patient Protection and Affordable Care Act, commonly called the Affordable Care Act, or ACA. This CHNA was collaboratively undertaken by Lakeland Health and the Berrien County Health Department.

The purpose of this CHNA was to gather information required to ensure that Lakeland Health effectively meets the health needs of the community it serves. Information contained therein will inform the development and execution of an Implementation Strategy designed to meet those needs. This CHNA will also inform the allocation of the hospital's community benefit resources, and facilitate broad-based alignment of the strategic activities of other area health care providers and stakeholders responsible for supporting, promoting, and enhancing community health.

This CHNA was executed in accordance with six Guiding Principles: (1) a commitment to inclusive input; (2) a commitment to community voice; (3) a commitment to transparent communication; (4) a commitment to authentic collaboration; (5) a commitment to advancing health equity; and (6) a commitment to acknowledging the central role of social determinants in community health.

The community served by this CHNA includes the service area of Lakeland Health. This includes all residents of Berrien County, and parts of western Cass and southern Van Buren counties.

Early foundational work conducted as part of this CHNA revealed significant health disparities, as measured by age-adjusted mortality rates within the community. This revelation served as an important guidepost for the planning and execution of this CHNA. Notably, significant effort was made to ensure that its findings reflect the perspectives of all community residents; especially the perspectives of the medically underserved, low income, and minority populations who are at higher risks for having unmet health needs.

The priority health needs presented in this document were generated by analyzing the input of nearly 1,300 community residents who participated in focus groups, key informant interviews, surveys, and Photovoice projects, and supported by secondary data collected by the Berrien County Health Department.

The priority health needs of the community served by Lakeland Health and the Berrien County Health Department include the following *health conditions*: mental health, obesity, diabetes, and cardiovascular conditions; the following *health system issues*: provider availability, cost of care, and health education and information; and the following *social determinants of health*: health behaviors and the food environment. It is important to note that health behaviors are a function of a broad range of social determinants of health.

Introduction

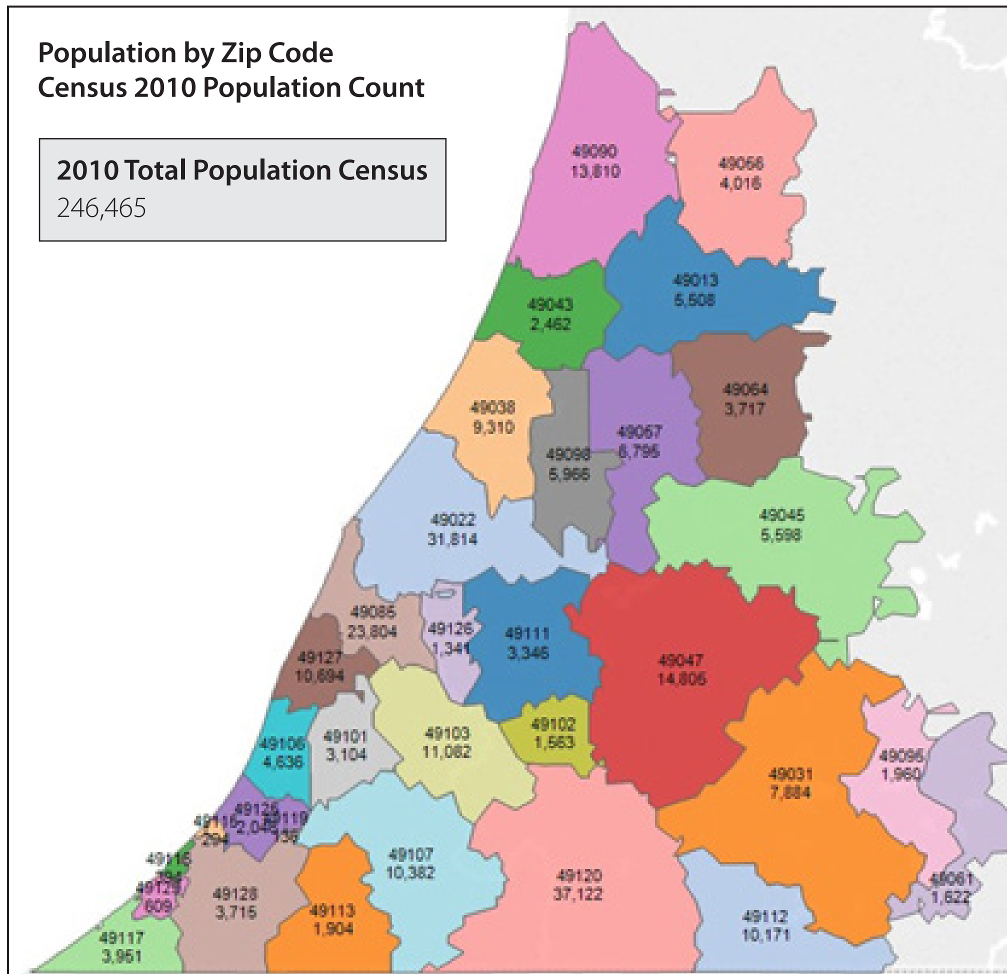
The Community Health Needs Assessment (CHNA) is an appraisal of the health status of a community. The CHNA and its associated Implementation Strategy (IS), which is required of tax-exempt hospitals under the Patient Protection and Affordable Care Act (ACA), helps to ensure that hospitals have the information needed to effectively meet the health needs of the communities they serve. This includes information that informs and directs the allocation of the hospital's community benefit resources, as well as the resources of other community entities responsible for the health and welfare of the community.

This CHNA has been collaboratively executed under the leadership of Lakeland Health (Lakeland) and the Berrien County Health Department (BCHD). While the technical work undertaken to complete this CHNA was executed by an assessment team (Team) organized by Lakeland and BCHD (described in Table 3), its methodology was explicitly and intentionally participatory, reflecting the values placed on authentic community voice, health equity, and the collective ownership of community health. This CHNA report contains descriptions of:

1. the community served and how it was selected;
2. the processes and methods used to conduct the CHNA;
3. how input was received from persons representing the broad interests of the community;
4. the health needs of the community, the process and criteria used to identify health needs, and the process for prioritizing health needs; and
5. resources potentially available to address prioritized health needs identified through the CHNA.

About Lakeland Health

Lakeland is a not-for-profit, community-owned health system that serves all of Berrien County and parts of Cass and Van Buren counties in the southwest corner of Michigan. The Lakeland service area includes the following zip codes: **Berrien County** – 49022, 49023, 49038, 49039, 49084, 49085, 49098, 49101, 49102, 49103, 49104, 49106, 49107, 49111, 49113, 49115, 49116, 49117, 49119, 49120, 49125, 49126, 49127, 49128, 49129; **Cass County** – 49031, 49047, 49061, 49095, 49112; and **Van Buren County** – 49013, 49043, 49045, 49056, 49057, 49064, 49090.



Map 1: *Lakeland Service Area*

Note. U.S. Census Bureau (2011a).

Lakeland comprises three hospitals, an outpatient surgery center, a regional cancer center, rehabilitation centers, two long-term care residences, homecare and hospice services, and 34 affiliate physician practice locations. Lakeland has over 3,800 employees who provide clinical and support services at locations throughout southwest Michigan, and partners with more than 500 affiliated physicians and other providers. This makes Lakeland the 2nd largest employer in the area. For more information, visit www.lakelandhealth.org (Lakeland Health, 2016a).

Lakeland's mission is "To enhance health and serve our community." Its vision is "To positively transform health care and the health choices of those we serve and employ." To achieve this mission and vision, Lakeland set forth four 2014-2020 Strategic Goals, which are briefly summarized below.

- *Goal 1: Achieve Exemplary Teams*. The inherent complexity of the health care delivery system requires a team-based approach to providing safe, high-quality, patient-centered, and compassionate care.
- *Goal 2: Achieve Exemplary Service*. Every patient expects to be treated with skill, respect, and compassion.
- *Goal 3: Achieve Exemplary Outcomes*. Every patient expects personalized, safe, and evidence-based care.
- *Goal 4: Achieve Exemplary Stewardship*. As a not-for-profit, community-owned organization, Lakeland must be a good steward of resources.

Lakeland's Strategic Goals and the CHNA

For each of the Strategic Goals listed above, there are a number of Strategic Objectives that this CHNA will help to advance. Those objectives are summarized below:

- Team Diversity: develop a team of culturally-fluent health care professionals representative of the communities served;
- Strategic Alliances: develop value-based, mutually-beneficial relationships that facilitate the exchange of ideas, processes, tools, and technologies;
- Wellness and Prevention: promote health and well-being by providing care for chronic diseases, including obesity, hypertension, and diabetes;
- Access: ensure that care is provided in the right setting by appropriate providers, regardless of ability to pay, and identify and address health disparities;
- Coalition: increase collaboration with local and regional organizations, including public health resources, to improve community health and ensure the provision of uncompensated and under-compensated care;
- Evidence-Based Care: ensure use of evidence-based practices and clinical protocols;
- Culturally Competent Care: deliver care that is respectful of and sensitive/responsive to the health beliefs, values, and practices of the community served;
- Population Health Management: implement new care delivery models to manage and improve community health; and
- Advocate: lead efforts to shape health care policy that improves the health of our community.

This CHNA will also help to advance Lakeland's Operational Strategy, specifically the objective to collaborate "with key stakeholders to develop and deploy the implementation strategy for improving the health status of our community" (Lakeland, 2016b, p. 4), as well as Lakeland's fifth Transformational Value Priority, which focuses on Population Health (Lakeland, 2015).

This CHNA will also inform and support Lakeland's role in two major organizational bodies: the regionally-focused Lakeland Care Network and a statewide Clinically Integrated Network. The Lakeland Care Network is a Physician Hospital Organization whose mission it is to "Build relationships to improve health and deliver high value care." Its vision is to "Innovate and collaborate to transform health outcomes in our community" (Lakeland Care Network, 2015). The findings of this CHNA will help advance one of its three overarching goals:[1] "Transform Population Health Outcomes through evidence-based care, collaborative partnerships, care management, and data analytics" (Lakeland Care Network, 2015).

Lakeland is also part of a six-member, statewide Clinically Integrated Network (CIN) whose mission is "…to develop and deploy a unique care delivery model aimed at keeping people well and providing greater value across the health care continuum" (Lakeland, 2016c, p. 8). Through its explicit focus on prevention, this CHNA will also support Lakeland's role in the CIN.

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1. Two other goals are: (i) Engage in a Regional Clinically Integrated Network, and (ii) Ensure Financial Stewardship.

About the Berrien County Health Department

The mission of BCHD is to prevent disease, prolong life, protect the health of the community, and promote an optimal quality of life for the citizens of Berrien County, Michigan. Since its foundation in 1964, BCHD has worked to perform the three core functions of public health, assessment, policy development, and assurance; through the continual evaluation of community-wide health needs, particularly where vulnerability exists; through the development of comprehensive population based health policies, both personal and environmental; and through diligent collaboration and cooperation with all health care organizations and the community to provide health services. This CHNA will help advance key elements of the BCHD mission, notably to: protect community health; promote an optimal quality of life for all county residents; evaluate community health needs, especially those of the most vulnerable; develop comprehensive population-based health polices; and collaborate and cooperate with other regional bodies responsible for community health.

BCHD serves all of Berrien County's nearly 156,000 residents through its programs and services with an emphasis on improving the lives of the uninsured, the underserved, and the under-resourced. (See Chart 1.) As a "safety net" provider in Berrien County, BCHD offers preventative health services and support to residents regardless of their ability to pay. Through programs aimed at health promotion, environmental health protection, public health preparedness, community-oriented health services, and community-based health assessment practices, BCHD helps to improve the health and well-being for all in Berrien County.

The historical legacy of the field of public health is rooted in social justice, equity, and the goal of achieving optimal health outcomes for all. BCHD seeks to build on this legacy by working to improve the social determinants of health through policy, system, and environmental change. Thus, BCHD seeks to play a vital role in developing and implementing policies, and supporting systems and environmental change needed to address existing and emerging health challenges.

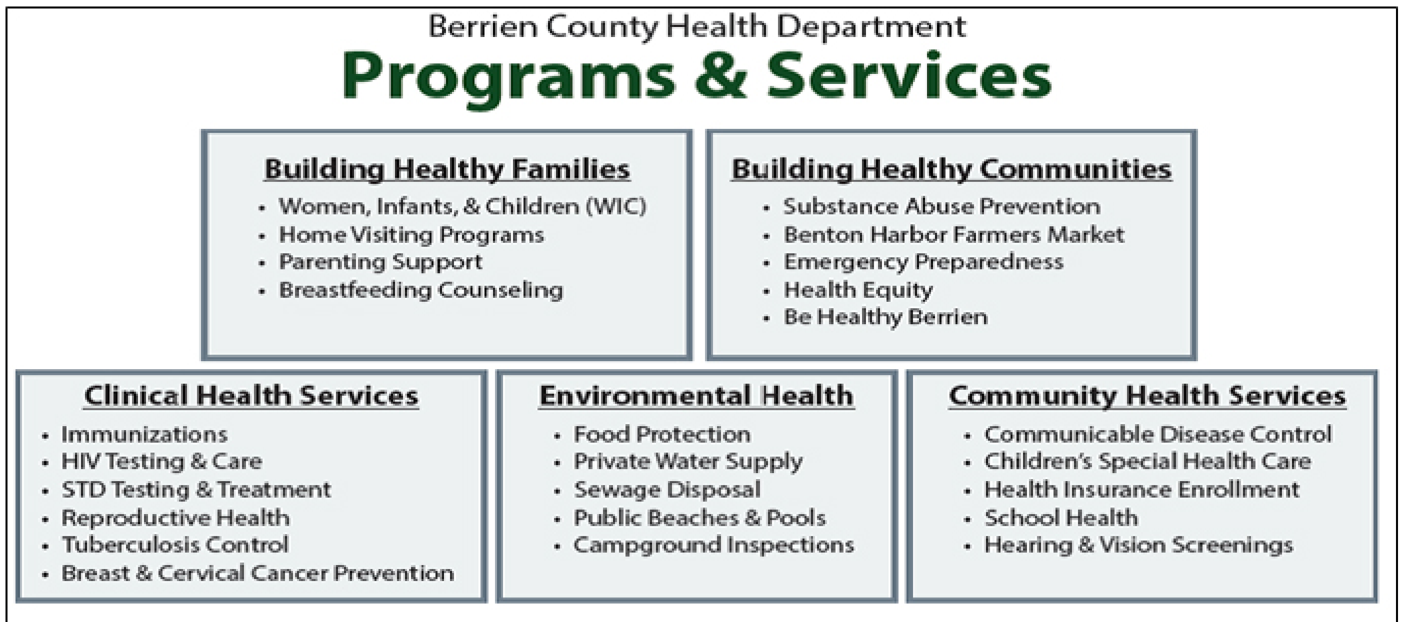

Chart 1. *BCHD Programs and Services*

Note. (BCHD, 2015a)

The Community Health Needs Assessment

On December 31, 2014, the Internal Revenue Service (IRS) published final regulations regarding the CHNA (and Financial Assistance Policies) of the nation's tax-exempt (i.e., charitable) hospitals. The CHNA, and its associated IS developed to address prioritized health needs, must be completed, at least, every three years. (Department of Treasury, IRS, 79 FR 78954–79016). Among the salient features of the regulations, the following played prominent roles in the execution of this CHNA.

Inclusive input. To assess and prioritize need, the CHNA must take into account input from persons who represent the broad interests of the community served, including at a minimum: (i) at least one state, local, tribal, or regional governmental public health department (or equivalent department or agency) with knowledge, information, or expertise relevant to the health needs of the community; (ii) leaders, representatives, or members of medically underserved[2], low-income, and minority populations in the community, or individuals or organizations serving or representing the interests of such populations, and populations with chronic disease needs; and (iii) written comments received on the hospital facility's most recently conducted CHNA (i.e., 2012) and most recently adopted Implementation Strategy (i.e., 2013-2016).[3]

The process for this CHNA was highly inclusive by engaging diverse viewpoints on community health, including voices and viewpoints held by medically underserved, low income, and minority populations. As such, it is an effective tool for ensuring authenticity and transparency, and for building partnerships, networks, and other collaborative arrangements required to generate widespread support for community-wide solutions to health needs and to promote health equity. Through its inclusive process, this CHNA also helps to advance Lakeland's Strategic Objectives related to Strategic Alliances.

Social determinants of health and health disparities. This CHNA may define health needs in broad terms to include "…requisites for the improvement or maintenance of health status…" in both the community at large and in particular parts of the community (such as neighborhoods or populations experiencing disparities). Such requisites may include improving access to care by removing financial and other barriers to care, such as a lack of information regarding sources of insurance designed to benefit vulnerable populations, and the resources required to "…prevent illness, to ensure adequate nutrition, or to address social, behavioral, and environmental factors that influence health in the community" (Department of Treasury, IRS, 79 FR 78954–79016).

In this CHNA, numerous "social, behavioral, and environmental factors" that impact health have been identified. Such factors, commonly referred to as the Social Determinants of Health (SDOH), are formally defined as the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life including economic policies and systems, development agendas, social norms, social policies, and political systems (Commission on Social Determinants of Health, 2008).

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2. The medically underserved include populations experiencing health disparities or at risk of not receiving adequate medical care as a result of being uninsured or underinsured or due to geographic, language, financial, or other barriers.

3. As of July 12, 2016, no written comments were received for the 2013 CHNA/IS (T. Albers, personal communication, July 12, 2016).

The SDOH cited in this CHNA are numerous and include conditions related to the food environment, housing, education, employment, income, transportation, the physical environment (e.g., roads, sidewalks, and parks), and the social environment (e.g., social cohesion, sense of belonging). These are, in turn, influenced by more fundamental or "upstream" (i.e., root causal) determinants such as government structures, public policy, and cultural values and beliefs. Research shows that health outcomes, especially health disparities that burden the medically underserved, low-income, and minority populations, are largely determined by the SDOH and that improving the health of these populations and narrowing the disparities they experience requires addressing the underlying social determinants (Commission on Social Determinants of Health, 2008). By highlighting the SDOH that drive community health outcomes, this CHNA helps to advance Lakeland's strategic objective related to the identification and addressing of health disparities.

It is critical to note that the health care system is an important health determinant. However, research suggests that it is not as influential as commonly thought (Solar & Irwin, 2010). In fact, health care systems (including the medical/clinical care dispensed therein) account for roughly 15% to 25% of health outcomes (Booske, Athens, Kindig, Park, & Remington, 2010). The balance of 75% to 85% of health outcomes is determined by social factors, such as those listed in the preceding paragraph...

This CHNA's emphasis on inclusive community input, the SDOH, and health disparities constitutes a reframe of how we think about community health and how it can be positively influenced. Specifically, it reflects a growing understanding that:

- health is a complex, multi-faceted phenomenon, for which no one discipline, organization, or perspective has all the knowledge, skills, and tools required to effectively manage;
- therefore, inter-professional, inter-organizational, and inter-jurisdictional thinking and action is essential;
- social factors play a central and powerful role in shaping health outcomes, especially health disparities; and
- therefore, it is necessary to reduce the heavy reliance on clinical interventions to improve health and increase proactive health promotion interventions that address the underlying social determinants of health.

Population health and the CHNA. "Population Health" is defined as the "…health outcomes of a group of individuals [such as entire geographic communities], including the distribution of such outcomes within the group" (Kindig & Stoddart, 2003, p. 381).

Implicit in this definition is a focus on health equity. To achieve health equity and thereby, optimal population health, it is necessary to understand and address the health needs of those experiencing the worst health outcomes. As will become evident in later parts of this report, great effort was taken to identify and engage these sub-populations in the CHNA. In doing so, this CHNA helps to advance Lakeland's Strategic Objective to manage population health.

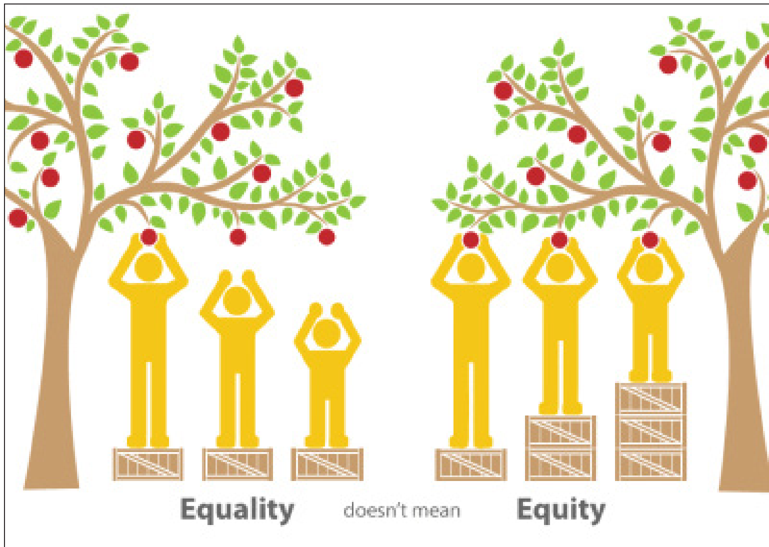

Figure 1. *Creating Better Health for All (Saskatoon Health Region, 2014).*

Summary Points: Introduction

1. This CHNA has been collaboratively executed by Lakeland and the BCHD, and employs a methodology that was explicitly and intentionally participatory, reflecting the values placed on authentic community voice, health equity, and the collective ownership of community health.

2. This CHNA contains descriptions of: the community served and how it was selected; processes and methods used to conduct the CHNA; how input was received from persons representing the broad interests of the community; health needs of the community, the process and criteria used to identify health needs, and the process for prioritizing those health needs; and resources potentially available to address the prioritized health needs identified through the CHNA (see Table 1).

3. The process for this CHNA was highly inclusive by engaging diverse viewpoints on community health, including voices and viewpoints held by medically underserved, low income, and minority populations. As such, it is and will continue to serve as an effective tool for ensuring authenticity and transparency, and for building partnerships, networks, and other collaborative arrangements required to generate broad support for community-wide solutions to priority health needs and to promote health equity.

4. In this CHNA, a number of social determinants of health are identified as significant health needs. These needs play a critical role in the shaping the health disparities that disproportionately burden medically underserved, low-income, and minority populations. Addressing these social determinants will play a critical role in improving the health of these populations and in narrowing the health inequities they endure.

5. In this CHNA, the health care system is understood to be a critical, but relatively modest determinant of community health. This CHNA's emphasis on inclusive community input, the SDOH, and health disparities constitutes a fundamental reframe of how we think about health and how it can be positively influenced. it reflects a growing understanding that: health is a complex, multi-faceted phenomenon, for which no one discipline, organization, or perspective has all the knowledge, skills and tools required to effectively manage; inter-professional, inter-organizational, and inter-jurisdictional thinking and action is essential to improve community health; social factors play a central and powerful role in shaping community health, especially health disparities and inequities; and, it is necessary to reduce the reliance on clinical interventions to improve health and increase proactive health promotion interventions that address the underlying SDOH.

Community Served

The community served by this CHNA includes the entire population residing within the service areas of Lakeland and the BCHD.[4] This includes all residents of Berrien County (Lakeland's official Hospital Service Area), the five western-most zip codes in Cass County, and the eight southern-most zip codes in Van Buren County (see Map 1).

Importantly, the community served includes residents who have existing relationships with Lakeland and the BCHD, as well as those who have no relationship or whose relationship with the two organizations is precarious. The latter two groups includes the medically underserved, low-income, and minority populations who currently experience or are at high-risk of experiencing health disparities as a result of geographic, language, financial, or other barriers. Data from the U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimate (2015a) provides a demographic description of the community served by this CHNA (see Table 1). Notable characteristics include: educational attainment in the service area is slightly lower than the state level; the poverty rate in Berrien and especially Cass is lower than the state average while the rate in Van Buren is significantly higher; unemployment is lower across the service area as compared to the state average; the average age of residents in the service area is higher than the state average; the median income in the service area is lower than the state average; and Berrien is slightly more racially diverse than the state, but Cass and Van Buren Counties are far less racially diverse.

Location	Michigan	Berrien	Cass	Van Buren
Population	9,889,024	155,992	52,001	75,569
Education (High School Graduate & Beyond); 25 Years & Older	89.3%	88.3%	87.9%	86.5%
Poverty	16.9%	16.6%	14.3%	19.2%
Unemployment	11.4%	10.6%	10.5%	9.5%
Median Age	39.3 years	39.6 years	43.7 years	40.9 years
Median Income	$49,087	$44,701	$45,166	$46,536
Caucasian	79.2%	78.1%	88.9%	88.1%
African American	14.0	15.0%	5.0%	3.8%
Asian	2.6	1.8%	0.9%	0.06%
American Indian	0.6	0.4%	0.8%	0.7%
Hispanic	4.6%	4.9%	3.2%	10.7%
Uninsured	10.9%	12.1%	13.2%	13.7%
Overall Health Ranking	-	66/83 (4th or worst performing quartile)	36/83 (2nd quartile)	60/83 (3rd quartile)

Table 1. *Service Area Demographics*

Note. U.S. Census Bureau (2015a, 2015b, 2015c, 2015d), County Health Rankings (2016).

4. There are important regional, demographic, and other differences within the service population. However, in this CHNA, the singular term "community" is used to highlight the imperative for unity and collaboration in regional health improvement efforts.

Table 1 also shows the overall health rankings for Berrien, Cass, and Van Buren counties which rank 66th, 36th, and 60th, respectively, among Michigan's 83 counties, according to the University of Wisconsin Population Health Institute County Health Rankings (County Health Rankings, 2016). From a community health perspective, improvement in these rankings requires identification of those sub-populations with the worst health statuses, the identification of their specific health needs, and the development and implementation of strategies to address those needs.

The first step in this process involved mapping 2013 age-adjusted mortality rates (BCHD, 2015), which was used as a proxy for health status.[5] To identify those specific sub-populations with the greatest health needs, the mortality rates were mapped at the level of the census tract.[6] The findings were striking and profoundly shaped the CHNA data collection processes.

Table 2 shows that the age-adjusted mortality rate for Berrien County was 813.57 per 100,000 people.[7] This compares unfavorably with the state and national averages of 782.3 and 731.9, respectively. Map 2 shows that the bottom or the 4th quartile census tracts – the tracts with the worst mortality rates – are clustered in and around the city of Benton Harbor, but also include Watervliet, Eau Claire, Three Oaks, and Niles.

More alarming, Table 2 shows that the mortality rate in Benton Heights (census tract 23) was 1,956.83 per 100,000 persons, *or more than twice the Berrien County average and almost three times the national average*. Table 2 also reveals a five-fold difference between Benton Heights and Berrien Springs (census tract 213) which has a mortality rate of 360.38 persons per 100,000. The disparity in mortality rates between these two areas, which are separated by only 17 miles, highlights significant health inequities within Berrien County. This is highly problematic with respect to population health, likely associated with Berrien County's low ranking of 66th out of 83 Michigan counties in terms of overall health status. This finding served as a guidepost for this CHNA.

Significantly, it is worth noting that Berrien Springs is the home of Andrews University and is a Seventh Day Adventist university town, where many of the social determinants yield good health outcomes. For instance, according to the U.S. Census Bureau (2015b, 2015d), high level of education (93% high school or higher), income ($35,000), and social and other practical supports for good health behaviors (related to diet and physical activity) are present. On the other hand, in Benton Heights, many of the social determinants that undermines good health (e.g., poverty (51%), low educational attainment (66% high school or higher), and low income ($18,777) are salient (U.S. Census Bureau, 2015b, 2015c).

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5. Only used Berrien County mortality data because it is the largest single geo-political sub-region in the community served. In addition, it is the official Hospital Service Area for Lakeland. Future CHNA's will include similar data for other parts of the community served.
6. Mortality rates at the level of the zip code or any other administrative geography larger than a census tract masks disparities and inequities within the community served.
7. Lakeland's primary service area includes all zip codes in Berrien County, where 75-85% of Lakeland's patients are located (B. Guy, Chief Strategy Officer & Director, Strategic Planning & Business Development, personal communication, July 12, 2016).

Nation, State, & County Comparisons	Mortality Rate
United States	731.9
Michigan	782.30
Berrien County	813.57

Bottom Quartile (Highest Adjusted Mortality Rate)			
Township	**City, Village, or Unincorporated Community**	**Census Tract**	**Mortality Rate**
Benton Charter	Benton Heights	23	1,956.83
Benton Charter	Benton Harbor	6	1,804.45
Niles Charter	Niles	207	1,657.43
Benton Charter	Benton Heights	22	1,410.89
Benton Charter	Benton Harbor	4	1,390.44
Benton Charter	Fair Plain	20	1,325.20
Benton Charter	Benton Harbor	3	1,286.69
Benton Charter	Fair Plain & Benton Heights	21	1,245.75
Watervliet Charter	Watervliet & Paw Paw Lake	103	1,230.28
Three Oaks	Three Oaks	114	1,169.67
Berrien	Eau Claire	106	1,165.13
St. Joseph Charter	St. Joseph	10	1,111.05

Third Quartile			
Township	**City, Village, or Unincorporated Community**	**Census Tract**	**Mortality Rate**
Niles Charter	-	212	1,097.55
Lake Charter	Bridgman	111	1,069.18
Benton Charter	Benton Harbor	5	1,065.32
Niles Charter	Niles	205	1,058.05
Lincoln Charter	-	14	1,021.47
Royalton	-	18	1,014.35
Niles Charter	Niles	209	1,009.11
Niles Charter	-	204	997.24
Niles Charter	-	211	996.35
Bainbridge	-	104	980.78
Sodus	Fair Plain	19	971.93
St. Joseph Charter	St. Joseph	9	958.73

Table 2. 2013 Age-Adjusted Mortality Rates (per 100,000)

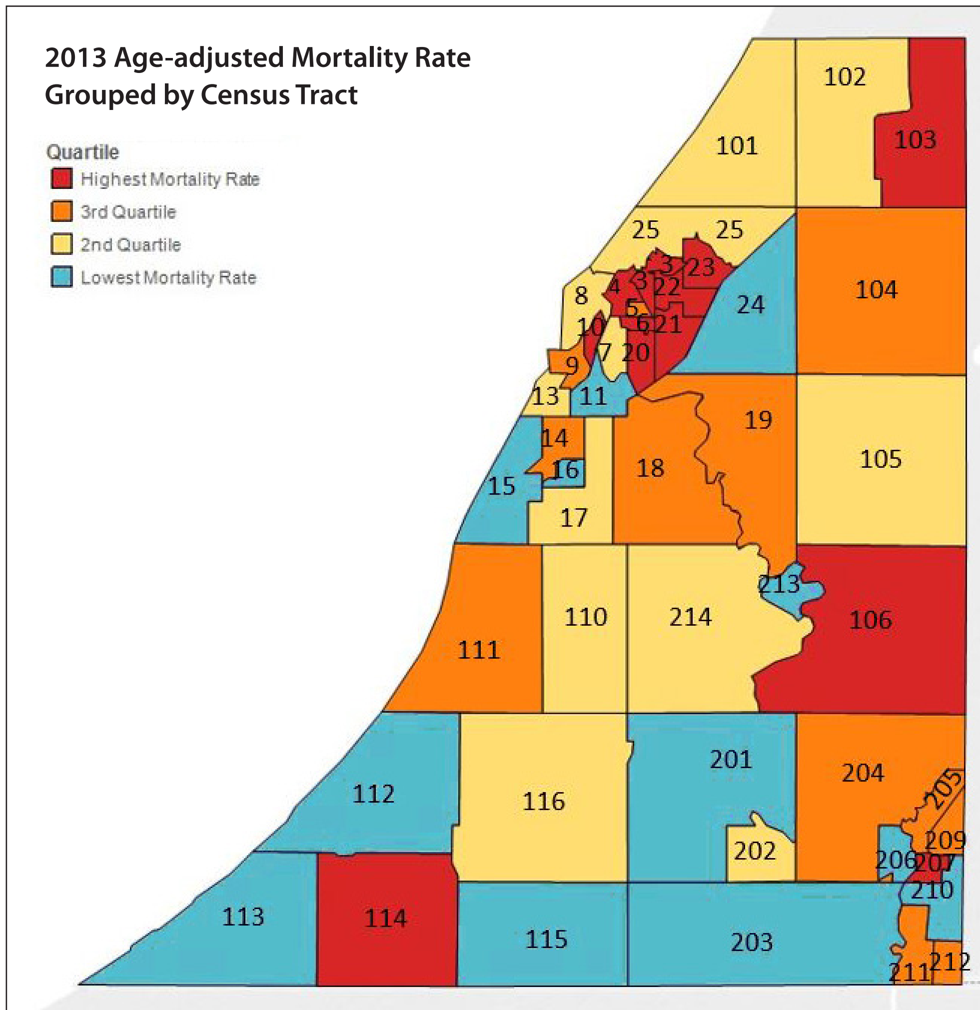
Note. BCHD (2015). Xu, Murphy, Kochanek, & Bastian (2016).

Second Quartile			
Township	**City, Village, or Unincorporated Community**	**Census Tract**	**Mortality Rate**
St. Joseph Charter	Fair Plain	7	904.79
Weesaw	New Troy	116	887.19
Coloma Charter	Coloma & Paw Paw Lake	102	882.25
Oronoko	Berrien Springs	214	833.46
St. Joseph Charter	St. Joseph	8	828.06
Pipestone	Eau Claire	105	810.77
Lincoln Charter	-	17	805.58
Baroda	Baroda	110	772.11
Buchanan	Buchanan	202	739.14
Hagar	Lake Michigan Beach	101	732.83
St. Joseph Charter	Shoreham	13	721.57
Benton Charter	-	25	703.31

Top Quartile (Lowest Adjusted Mortality Rate)			
Township	**City, Village, or Unincorporated Community**	**Census Tract**	**Mortality Rate**
Bertrand	-	203	701.95
St. Joseph Charter	-	11	693.82
Niles Charter	Niles	206	662.83
Lincoln Charter	Stevensville	15	658.90
Niles Charter	-	210	654.56
Chikaming	Harbert & Sawyer	112	617.49
Buchanan	-	201	598.60
Galien	Galien	115	552.45
Benton Charter	-	24	530.24
New Buffalo	New Buffalo, Grand Beach, & Lower Michiana	113	445.38
Lincoln Charter	-	16	402.95
Oronoko Charter	Berrien Springs	213	360.38

Table 2. 2013 Age-Adjusted Mortality Rates (per 100,000)

Note. BCHD (2015). Xu, Murphy, Kochanek, & Bastian (2016).



Map 2. Geographic Distribution of Mortality Rates in Berrien County

Note. BCHD (2015).

Summary Points: Community Served

1. The community served by this CHNA includes the entire population residing within the service areas of Lakeland and BCDH. This includes all residents of Berrien County, five western-most zip codes in Cass County, and eight southern-most zip codes in Van Buren County.
2. In terms of overall health rankings, Berrien, Cass, and Van Buren rank 66th, 36th, and 60th, respectively, among Michigan's 83 counties.
3. There are significant health disparities in Berrien County as evidenced by the age-adjusted mortality rate. In 2013, the age-adjusted mortality rate for Berrien County was 813.57 per 100,000 people, compared to the state and national rates of 782.3 and 731.9, respectively.
4. The mortality rate in Berrien Country ranges from a low of 360.38 persons per 100,000 in Berrien Springs to a high of 1,956.83 per 100,000 persons in Benton Heights.
5. The geographies with the highest mortality rates include census tracts in and around Benton Township, Three Oaks Township, Berrien Township, and Watervliet Township.

CHNA Assessment Team

The Team was formed in November 2015 to undertake the technical work of the assessment process which included the collection and analysis of primary and secondary data, and the writing of this report. The Team was led by Lynn Todman, PhD, Executive Director of Population Health. Her expertise is in community development, urban poverty, health equity, SDOH, and Health Impact Assessment. The core team included staff from Community Health and Wellness (CHW) at Lakeland Health; staff of key CHNA collaborator BCHD; as well as students from the School of Social Work at Western Michigan University (WMU) and the School of Nursing at Andrews University. Below is a list of all the individuals who played a role in the execution of this CHNA.

Name (Last, First, Academic Distinction)	Affiliation	Title	Areas of Expertise
Kuhn, Gisele MS, PHN, RN	Andrews University Department of Nursing	Assistant Professor	Public Health
Lee, April	Bethel College, School of Human Services	Undergraduate Student	Social Work
Britten, Nicki MPH	Berrien County Health Department	Deputy Health Officer	Epidemiology & Community Health
Conrad, Gillian MPH	Berrien County Health Department	Communications Admin. Services Manager	Public Health Communications
Miller, Guy MPH	Berrien County Health Department	Epidemiologist	Epidemiology & Data Analysis
Albers, Terri MPH	Lakeland Health	Community Health Specialist	Community Health Education & Community Benefits
Allen, Cymiah	Lakeland Health	Administrative Secretary	Community Outreach
Clayborn, Margaret AA, CNA	Lakeland Health	Community Outreach Representative	Community Outreach
Gallert, Megan BS	Lakeland Health	Administrative Specialist	Community Resources & Administrative Support
Getty, Michael MBA	Lakeland Health	Manager of Integrated Analytics	Health Information Management
Goslee, Tamara RN, BSN	Lakeland Health	Clinical Educator	Community Health Education
Haynes, Marilyn	Lakeland Health	Administrative Secretary	Administrative Support
Lenardson, Denise RN, CCE, IBCLC	Lakeland Health	Lactation Consultant	Lactation
Marschke-Lesher, Laura BS	Lakeland Health	Community Outreach Representative	Community Benefits
Offord, Ashlee BS	Lakeland Health	Clinical Educator	Coordinated School Health
Rudnik, Heather RD	Lakeland Health	Clinical Educator	Community Nutrition
Rushlow, Michael RN, CDE	Lakeland Health	Clinical Educator	Diabetes Education

Name (Last, First, Academic Distinction)	Affiliation	Title	Areas of Expertise
Rushlow, Terri RN, BSN	Lakeland Health	Manager, Community Health Centers	Community Health Education
Todman, Lynn MCP, PHD	Lakeland Health	Executive Director, Population Health	Community Development, Social Determinants of Health, Health Equity
Wendholt, Linda RN	Lakeland Health	Clinical Educator	Community Health Education
Egelhaaf, K. John AICP	Southwest Michigan Planning Commission	Executive Director	Urban and Regional Planning
Plescher, Jill BS	Southwest Michigan Planning Commission	Geographic Information System Specialist	GIS Mapping
Bowman, Angela BS, MSW, LLMSW	WMU, School of Social Work	Volunteer	Child and Family Services
Creamer, Carolyn BA	WMU, School of Social Work	Graduate Student	Social Work
Hooks, April BSW	WMU, School of Social Work	Graduate Student	Social Work
Tripplett, Marian LMSW-Clinical, MEd	WMU, School of Social Work	Faculty Specialist I, Program Coordinator BSW, MSW, Field, EUP -SW	Social Work
Welch, Raquel BA	WMU, School of Social Work	Graduate Student	Social Work

Table 3. Assessment Team

Methods

This section includes a description of primary and secondary data collection processes. It also includes a description of the limitations to data collection.

Primary Data

In order to document the health needs of the community, a series of focus groups, key informant interviews, paper and electronic surveys, and Photovoice data collection processes were executed. These took place between December 2015 and March 2016. The methods used and the manner in which they were implemented were highly participatory and transparent. They were structured to capture authentic community voice, opinions, and perspectives, and to sow the seeds for collective, community-wide ownership of the CHNA. The methodology, which supported robust exchange of ideas and diverse perspectives, encouraged new collaborations and trust-building, and gave primacy to community voice and empowerment, is as important as the CHNA findings: specifically, it helped develop a foundation that will be critical to the effective development and execution of the IS.

Each data collection method utilized the same questions to gather community input, allowing for analysis of data across sources (i.e., focus groups, key informant interviews, surveys, and Photovoice). For each method, respondents were asked to answer the following questions in the context of the community that they felt most comfortable speaking about, whether it is the place in which they live, work, worship, learn, or play.

1. What are the biggest health issues in your community?
2. What in your community makes it hard to be healthy?
3. What are some good things in your community that help you be healthy?
4. In an ideal world, what would a healthy community look like? What would it have? How would it feel?
5. What are your ideas on how to improve health in your community?

The first two questions were used to identify what residents perceive to be the most pressing health needs (including the requisites for improvement and maintenance of health) in their community, and to identify the underlying issues that cause or contribute to those needs. The responses to these two questions served as the basis of the findings presented in this report. The third question was designed to gather input on existing community resources that are recognized by the respondents as beneficial to health. In response to questions 4 and 5, participants identified generic and specific solutions to the health needs of their community. Together, the responses to questions 3, 4, and 5 will inform the IS by providing information on existing community assets that may be utilized in their current form or built on and by providing community-generated solutions to the health needs highlighted in this report.

Primary data collection occurred largely in areas of Berrien County that were identified as experiencing high mortality rates, and those areas of Cass and Van Buren Counties that lie within Lakeland's service area. Within Berrien County, locations with poor health statuses were determined by comparing age-adjusted mortality rates, which served as a proxy for vulnerability and established the extent of health inequity in our community.[8]

Differences in health statuses are masked when death rates are calculated at the zip code level. Consider census tracts 23 and 24 which are located in same zip code. The death rate for tract 23 (i.e., 1,956.38/100,000) is 3.7 times greater than the rate for tract 24 (530.24/100,000). Mortality rates calculated at the level of the zip codes masks significant differences between the rates of death in the two tracts, obscuring the extremely high mortality rate of census tract 23. For this reason, in this CHNA, mortality rates were calculated at the level of census tracts.

8. The finding that census tract 10 has a high mortality rate can be explained by chance due to its population size. Census tract 10 has one of the smallest populations in Berrien County (only census tracts 212 and 115 are smaller). Because of the population size, it is possible that a random fluctuation of a few deaths in a given year can have a large impact on the mortality rate.

Once the mortality rates for all the Berrien County census tracts were calculated, they were mapped. This allowed the Team to identify those geographical areas and populations with the highest rates of age-adjusted mortality. Table 4 shows that in collecting the primary data, the Team intentionally oversampled in these areas. Focusing on these areas enabled the Team to develop an authentic understanding of the social, economic, and environmental challenges that underlie poor health outcomes in the community.

Census Tracts in Berrien County with Age-Adjusted Mortality Rates in the 4th Quartile			
Township	**Census Tract**	**City, Village, or Unincorporated Community**	**Age- Adjusted Death Rate Per 100,000**
Berrien County	-	-	813.57
Benton	23	Benton Heights	1,956.83
Benton	6	Benton Harbor	1,804.45
Niles	207	Niles	1,657.43
Benton	22	Benton Heights	1,410.89
Benton	4	Benton Harbor	1,390.44
Benton	20	Fair Plain	1,325.20
Benton	21	Fair Plain & Benton Heights	1,245.75
Watervliet	103	Watervliet	1,230.28
Three Oaks	114	Three Oaks	1, 169.67
Berrien	106	Eau Claire	1, 165.13
St. Joseph	10	City of St. Joseph	1,111.05

Table 4. Berrien County Census Tracts with Age-Adjusted Mortality Rates in 4th Quartile (i.e., Highest Mortality Rate)
Note. BCHD (2015).

Table 5 shows that more than 51% of the focus groups and key informant interviews occurred in Benton Township as over half of the census tracts with the highest death rates (i.e., in the 4th quartile) are located there. In addition, because 75% of the census tracts in Niles have mortality rates that are higher than the Berrien County average, it was also targeted in the primary data collection process: 16% of focus groups and key informant interviews took place in Niles.

Location	Number of Focus Groups & Key Informant Interviews	Percentage of Focus Groups & Key Informant Interviews
Benton Township	27 Focus Groups & 30 Interviews	51.4 %
Niles	12 Focus Groups & 6 Interviews	16.2%
St. Joseph	5 Focus Groups & 7 Interviews	10.8%
Cassopolis	3 Focus Groups & 2 Interviews	4.5%
Buchanan	2 Focus Groups & 2 Interviews	3.6%
Baroda	2 Interviews	1.8%
Berrien Springs	2 Interviews	1.8%
Coloma, Covert, Edwardsburg, Sawyer, Stevensville, Three Oaks, Harbert, Watervliet	6 Focus Groups & 5 Interviews	9.9%
Totals	**111**	**100%**

Table 5. Percentage of Focus Groups and Key Informant Interviews by Location

Information collected during focus groups and key informant interviews was used to complete Data Summary Forms (DSF) – which helped standardize the responses in a manner that would aid analysis. (See DSF in Appendix 1.) To ensure information was accurately captured and summarized, completed DSFs were sent back to contacts who helped organize the focus groups and interviewees. Contacts and interviewees were asked to review the DSFs and make revisions, as needed. All suggested revisions were made to DSFs prior to being filed for later analysis. DSFs were completed for online and paper surveys, but due to the anonymous nature of many of the responses, it was not possible to solicit feedback. DSFs were completed for Photovoice data as well, but scheduling conflicts prevented their review by Photovoice participants.

Focus groups. A total of 55 focus groups were conducted between December 2, 2015 and March 29, 2016. (Appendix 2, Community Input & Appendix 3, Methods Distribution Map.) In order to reach populations experiencing the highest mortality rates, the Team collaborated closely with community partners who helped populate the focus groups. Formal and informal community leaders as well as community organizations played a critical role in helping the Team engage "hard-to-reach" populations. The Team also worked closely with community leaders and organizations to ensure that individuals with barriers to participation (e.g., limited English proficiency) had the assistance necessary to voice their concerns, experiences and opinions. Table 6 shows that 49% of the focus groups occurred in Benton Township and nearly 22% took place in Niles.

Location	Number of Focus Groups	Percentage of Focus Groups
Benton Township	27	49.1%
Niles	12	21.8%
St. Joseph	5	9.1%
Cassopolis	3	5.5%
Buchanan	2	3.6%
Coloma, Covert, Harbert, Sawyer, Stevensville, & Watervliet	6	10.9%
Totals	**55**	**100%**

Table 6. Percentage of Focus Groups by Location

Each focus group was facilitated by a moderator, had one or two note takers from the Team, and lasted between 60 to 90 minutes. All responses to the five assessment questions were recorded by the note taker on large sheets of paper which remained visible to the participants for the duration of the focus group. Participants were encouraged to suggest revisions to the notes at any time during the focus group session to ensure that all thoughts and opinions were accurately captured.

Key informant interviews. The Team conducted 56 interviews between December 2, 2015 and March 28, 2016. (Appendix 2, Community Input.) Table 7 shows that the Team oversampled in Benton Township – nearly 54% of all key informant interviews – where the mortality rates were highest.

Location	Number of Key Informant Interviews	Percentage of Key Informant Interviews
Benton Township	30	53.6%
St. Joseph	7	12.5%
Niles	6	10.7%
Berrien Springs	2	3.6%
Baroda	2	3.6%
Cassopolis	2	3.6%
Buchanan	2	3.6%
Coloma, Edwardsburg, Sawyer, Stevensville, & Three Oaks	5	8.9%
Totals	**56**	**100%**

Table 7. Percentage of Key Informant Interviews by Location

Each interviewee received the five assessment questions in advance, giving them the opportunity to familiarize themselves with the questions prior to the key informant interview. Interviews lasted 60 minutes and were conducted by one member of the Team.

Surveys. Much of Lakeland's service area is classified as rural: 85.22%, 97.03%, and 96.45% of land in Berrien, Cass, and Van Buren counties, respectively, are classified as such. Furthermore, 32.86%, 71.18%, and 70.86% of Berrien, Cass, and Van Buren residents, respectively, reside in rural locations (U.S. Census Bureau, 2012a).[9] Due to the dispersed nature of the service area (Appendix 7, Population Density Map), the Team was limited in its ability to conduct focus groups and key informant interviews with residents in rural locations. Thus, surveys were identified as an ideal method for collecting data in these areas as they can be distributed without concern for physical distance. Additionally, surveys allowed participants, if they should choose so, to remain anonymous. Anonymity had the added benefit of encouraging authentic responses to the questions.

The Team collected a total of 742 electronic and paper survey responses from December 2015 to February 2016. Of the survey respondents, 640 were reached through Lakeland's HealthCurrents magazine (a quarterly wellness periodical sent to residences within the hospital service area), in a monthly newsletter sent to Lakeland associates, by email to individuals who have had previous contact with Lakeland, through social media channels like Facebook and Twitter, and through the use of posters and flyers distributed to clinics and doctors' offices within the health system.[10] The Team worked closely with organizations where paper surveys were administered to ensure that individuals with barriers to participation (e.g., limited English proficiency) would have the assistance necessary to participate.

9. "Rural" encompasses all population, housing, and territory not included within an urban area. The Census Bureau identifies two types of urban areas: Urbanized Areas (UAs) of 50,000 or more people; and Urban Clusters (UCs) of at least 2,500 and less than 50,000 people (U.S. Census Bureau, 2015c).
10. It is worth noting that this population is more likely than others from which data was collected (e.g., focus groups and key informant interviews) to have established relationships with the health system, as well as providers.

Location	Number of Surveys
Online Surveys	640
Paper Surveys [11]	102
Total	**742**

Table 8. Surveys

Photovoice. By using focus groups, key informant interviews, and surveys to collect primary data, the Team was able to gather information from populations at-risk for poor health outcomes. However, these data gathering methods are often less effective in capturing the perspectives of a community's youth. To ensure that the youth's voice was reflected in the CHNA, 101 students from Berrien Springs Public Schools and the New Tech Entrepreneurial Academy (Niles New Tech Center) in Niles High School participated in Photovoice projects between December 8, 2015 and March 21, 2016. Students from the two participating schools used photography and narrative to provide insight into the health needs of their community. Using this methodology in Niles enabled the Team to oversample in a community that experiences higher than average mortality rates. Table 2 shows that 75% of the census tracts in Niles have mortality rates that are higher than the Berrien County average.

Prior to participation, students were required to sign a release form. If they were under the age of 18, a parent or guardian was required to do so. They then received training on photography techniques and ethics, and participated in group exercises to ensure that they understood the Photovoice process. Digital cameras were made available, as needed. Once photos were taken, students worked individually or in small groups, and reflected on the photographs. Each student or group chose the photo(s) they felt best reflected health in their community. Each student or group wrote a narrative describing the photo(s) and explained how it represented or answered the five assessment questions.[12]

Secondary Data

The BCHD collected and analyzed secondary data for this CHNA. Secondary data was used to objectively quantify the priority health needs that emerged in the primary data collection process. The inclusion of this data also allows for goal-setting and benchmarking for health needs in the subsequent IS. Like the primary data, the secondary data collection and analysis was guided by an analysis of age-adjusted mortality rates by census tract in Berrien County. It was also guided by the health needs that emerged from the thematic analysis of the primary data.

The secondary data was gathered from of the following sources.

- 2016 County Health Rankings
- Berrien County Behavioral Risk Factor Survey
- Lakeland's Primary Care Services: Market Assessment & Strategy Guide
- Michigan Behavioral Risk Factor Surveillance System
- Michigan Department of Health and Human Services
- Transportation Asset Management Council
- U.S. Census Bureau

11. Paper surveys were distributed at the following locations: Niles-Buchanan YMCA; Benton Harbor-St. Joseph YMCA; InterCare, Eau Claire; Lakeland Comprehensive Weight Loss Center, Niles; Center for Outpatient Services, St. Joseph; Michigan Department of Health and Human Services, Benton Harbor; North Berrien Senior Center, Coloma; and Berrien County WIC Office, Three Oaks.

12. Note that revisions were made to the assessment questions after the students of Berrien Springs Public Schools completed their Photovoice project. Due to this, only the first four questions were answered by the Berrien Springs Students.

The national Behavioral Risk Factor Surveillance System (BRFSS) is comprised of annual surveys (i.e., BRFS) conducted independently by states and is coordinated with the Centers for Disease Control and Prevention (CDC). The Michigan Behavioral Risk Factor Survey (Michigan BRFS) is conducted annually using the CDC's protocol and a core questionnaire and is supplemented with state-added questions. The Berrien County Behavioral Risk Factor Survey (Berrien County BRFS) is conducted every three years and includes the CDC core questions, the state-added questions, and county-added questions. The Berrien County BRFS enables the BCHD to have county-level data on the health outcomes and behaviors included in the survey as well as to make comparisons between demographic groups, and between the state and the county. Although multiple secondary data sources were used, the Berrien County BRFS was the main source of secondary data utilized in this CHNA.

Mental health emerged in the primary data as the top priority health need (among health conditions) in the community. The Michigan BRFS typically only includes a few questions about mental health that tend to focus more on mental health diagnoses than feelings and emotional well-being. For this reason, the BCHD added a series of questions, called the Kessler-6 Index, to the Berrien County BRFS. The Kessler-6 Index is a screening tool that utilizes six questions to inquire about an individuals' psychological state during a given month to determine that individual's level of psychological distress. (See Table 9.) Based on the responses to those questions, a score of 6-30 is calculated. Respondent's scores are then placed into one of three categories of psychological distress. A score of 20-30 rates as severe psychological distress and is defined as likely having a clinically diagnosable mental illness. Individuals with a score in this range would benefit significantly from medication, therapy, or a combination to address their mental health needs. A score of 12-19 rates as mild to moderate psychological distress which is defined as significant levels of emotional distress including increased levels of nervousness, anxiety, depression, and hopelessness. Such distress may impact an individual's daily life, but it may not reach level of a diagnosable mental illness. A score of 6-11 rates as low psychological distress which is not likely to have a significant impact on an individual's daily life.

Kessler 6 Index:

How often do you feel ______________________________?

	Never				Always
Nervous	1	2	3	4	5
Hopeless	1	2	3	4	5
Restless	1	2	3	4	5
Depressed	1	2	3	4	5
Everything is an effort	1	2	3	4	5
Worthless	1	2	3	4	5

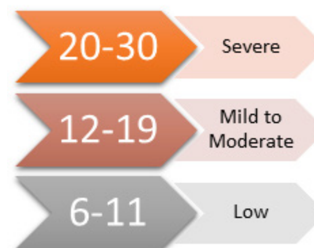


Table 9. Kessler-6 Index

Note. Kessler et al. (2002)

Data Limitations

Although nearly 1,300 people were consulted during data collection, the reach of the primary data collection process was somewhat limited. The Team utilized their existing social and professional networks as a basis of their community outreach efforts. While this method was effective in reaching many stakeholders who contributed to this CHNA, it limited the Team's ability reach to populations that have limited contact with Lakeland and the BCHD. Thus, this CHNA may under-represent the perspectives of those populations that are not currently connected to the regional health system. Future CHNA's will have to develop innovative outreach strategies to reach those populations. The IS will provide an opportunity to begin to develop and pilot such strategies.

Additionally, the Team found the availability of some secondary data to be limited. For instance, the Team analyzed mortality rates at the census tract level in order to more accurately identify locations with the poorest health outcomes, but many data sets were only available at the zip code or county level. This limited the ability of the Team to examine associations between mortality rate, the indicators for SDOH, and the prevalence of chronic disease. Lastly, data sets were not always available for 2015; for instance, the mortality data was only available up to 2013 at the time of primary data collection.

There were also some limitations related to the Berrien County BRFS. The survey as it stands does provide information on prevalence rates for many health outcomes and health behaviors at the county level. However, small sample sizes do not always provide enough statistical power to identify meaningful differences in health outcomes and behaviors among individuals. This limits the ability to fully explore and understand the health inequities and underlying SDOH.

Summary Points: Methods

1. Four data gathering methods were used to gather the voice and perspectives of diverse and widely dispersed populations.
2. Those areas with the highest age-adjusted mortality rates were intentionally oversampled to better understand the needs of the most vulnerable populations.
3. Focus group and interview participants were asked to review summarized notes after each data gathering occasion. This was done to insure that the Team accurately reported the content and meaning of responses to the assessment questions.
4. Secondary data was used to support the findings of the primary data collection process.
5. The Team reached nearly 1,300 community members, but reach was limited in certain populations (i.e., populations which have little contact with health or social service providers).
6. In many cases, secondary data was not available at the census tract level. This limited the ability of the Team to examine associations between mortality rates and indicators of the SDOH or the prevalence of chronic disease.
7. Secondary data was not always available for the years 2014-2015 at the time of writing this document.

Identification and Prioritization of Health Needs

To systematize the data gathered through the focus groups, key informant interviews, surveys, and Photovoice projects, the Team used two lists of health needs, one published by the Centers for Disease Control and Prevention (CDC) in 2013 and another by the Office of Disease Prevention and Health Promotion in 2014. These lists of health needs were augmented by health needs identified in the focus groups, key informant interviews, and surveys. The finalized "Community Health Needs List" used to prioritize the health needs can be found in Appendix 4.

The Community Health Needs List is divided into three large categories of need: (i) needs related to specific health conditions; (ii) needs related to the functioning of the health system; and (iii) needs that are important requisites for health, i.e., the SDOH. Each of these three categories was further divided into sub-categories of need given the responses in the focus groups, key informant interviews, and surveys. In this way, the final Community Health Needs List fully reflects the needs articulated in the focus groups, key informant interviews, and surveys. The list provided the Team with a simple system for organizing, analyzing, and prioritizing the primary data that was collected.

All responses to the assessment questions received a code corresponding to a particular need on the Community Health Needs List. Some responses received two codes to reflect their references to more than one need on the list. This process allowed the Team to easily tally the frequency with which needs were referenced in focus groups, key informant interviews, and surveys. The frequency of coded responses was used to identify the community's significant health needs.

Priority health needs were the top declared health needs that were common across all three methods (i.e., focus groups, key informant interviews, and surveys). Significant health needs were the top declared needs in only two of the three methods. The priority health needs will be addressed in the IS.

Information from the Photovoice projects was not collected or analyzed in the same manner as the other data collection processes (i.e., focus groups, key informant interviews, and surveys). Significant health needs were identified through photos and narratives. Priority health needs were those significant health needs that were mentioned by five percent or more of group consensus-building processes and individual Photovoice narratives.

Summary Points: Identification and Prioritization of Health Needs

1. A Community Health Needs List was created to organize, analyze, and prioritize community health needs.
2. The list was divided into three categories of need: Health Conditions, Health System, and Social Determinants of Health.
3. For focus groups, key informant interviews, and surveys, significant health needs were the top five declared health needs cited in, at least, two of the three methods. Priority health needs are those significant health needs that were in the top five declared needs across all three data collection methods.
4. For Photovoice, significant health needs were identified through photos and narratives. Priority health needs were those significant health needs that were mentioned by five percent or more of group consensus-building processes and individual Photovoice narratives.

Findings

In this section, the findings of the assessment process, specifically a summary of the responses to questions 1 and 2, are presented. It is worth noting that many of the responses focused on the SDOH, such as the food environment, the physical environment, the social environment, recreational opportunities, and issues related to the educational system, employment and income, government, housing, discrimination, social cohesion, and technology. Consistent with the research, the findings suggest that the community viewed the social determinants of health as more influential than medical and clinical determinants in impacting their health .

Primary Data

As noted earlier, the Team conducted 55 focus groups, 56 key informant interviews, and collected 742 surveys. In all, nearly 1,300 individuals – across a wide range of professional, organizational, and social and economic demographics – provided input into the assessment process. Participants included: health care providers and patients; social service providers and clients; local and state politicians; public service providers; residents of rural and urban communities; youth and senior citizens; members of faith and other community-based organizations; support groups (e.g., cancer, diabetes, PTSD); renters, residents of public housing, and mobile home parks as well as private homeowners; small business owners; employees of large corporations; individuals who are well connected to the health care system, and those who are not; LGBTQ+ and straight; and Caucasian, African American, Hispanic/Latino, and Asian (Indian).

Table 10 shows the community's prioritized health needs as reflected in responses to Question 1: What are the biggest health issues in your community?

Health Conditions	Health System	Social Determinants
1. Mental Health 2. Obesity 3. Diabetes 4. Cardiovascular Conditions	1. Access • Cost of Care • Provider Availability 2. Health Education & Information	1. Health Behaviors 2. Food Environment

Table 10. Focus Groups, Key Informant Interviews, and Surveys – Priority Health Needs

Priority Health Needs: Health Conditions

The most frequently cited health need was *mental health*. Participants spoke about depression, anxiety, stress, substance abuse (e.g., alcohol, drugs, and tobacco), trauma (e.g., physical and sexual abuse), and Post-Traumatic Stress Disorder (PTSD). According to the 2014 Berrien County BRFS, eight percent of adults in Berrien County experience severe psychological distress, and an additional 27.9% experience mild to moderate psychological distress.[13] In addition, the proportion of adults who reported 14 or more days of poor mental health, which includes stress, depression, and problems with emotions, during the past 30 days in southwestern Michigan was 13.7% compared to the state average of 12.9% (Fussman, 2015a).

Tytiana (Niles New Tech Center)

The second priority health need to emerge from the primary data was *obesity*.[14] This is supported by the 2014 Berrien County BRFS data indicating that roughly 72% of Berrien County adults are overweight or obese (as measured by the Body Mass Index or BMI). According to the University of Wisconsin Population Health Institute 2016 County Health Rankings (2016 County Health Rankings), the obesity rates for Berrien, Cass, and Van Buren Counties are 37%, 35%, and 34%, respectively. These figures compare unfavorably to the state obesity rate of 31%.

Online Source Unknown

Diabetes ranked 3rd in terms of response frequency, and cardiovascular conditions, such as hypertension, heart attacks, and strokes ranked 4th. Table 11 shows that both diabetes and *cardiovascular conditions* are more common in Berrien, Cass, and Van Buren counties compared to the state of Michigan (Fussman, 2015a).

Other significant health needs were cited, but failed to rise to the level of priority health needs (i.e., needs that were cited in the top five responses in focus groups, key informant interviews, and surveys). They include infections (e.g., STIs, HIV/AIDS) and cancer.

Location	Diabetes	Cardiovascular Disease
Berrien	12.9%	11.7%
Van Buren-Cass	12.4%	12.7%
Michigan	10.4%	10.0%

Table 11. Diabetes and Cardiovascular Disease by County

Note. (Fussman, 2015a).

13. Psychological distress is assessed through the following questions: About how often (all of the time, most of the time, some of the time, a little of the time, or none of the time) during the past 30 days did you feel Nervous? Hopeless? Restless or fidgety? So depressed that nothing could cheer you up? That everything was an effort? Worthless?

14. Obese is defined as having a Body Mass Index of 30 or more.

Priority Health Needs: Health System

Access to the health care system is another priority health need. Among the numerous factors that pose barriers to access, community residents expressed particular concern about the *high costs of care* and the *limited availability of providers*. The primary data indicates that the cost of health care services (i.e., doctors' appointments, labs) and medications are often prohibitive. Lack of insurance and high deductibles also undermines access to care. According to the 2014 Berrien County BRFS, 16.1% of adults reported not seeking needed health care in the past 12 months due to cost, compared to the state rate of 14.6%. Limited availability of providers, including physicians, nurses, and technicians, was attributed to several factors, notably a lack of specialists (i.e., specialty care often means having to travel out of the area), a lack of providers willing to take Medicaid and/or Medicare patients, and physician practices that are closed to new patients.

"Too many people do not seek treatment because they can't afford the cost."

– Anonymous, Survey Respondent

"Not enough doctors. I have to use the E.R. for health care."

– Salvation Army, Niles

Three sets of secondary data corroborate this finding. According to the 2016 County Health Rankings, in Cass and Van Buren counties, the ratio of residents to primary care providers is 5,190:1 and 1,840:1, respectively. This compares to a ratio of 1,240:1 in the state of Michigan. Berrien County, with a ratio of 1,190:1, is slightly more favorable than the others. Similarly, with respect to mental health care providers, the ratios are 580:1, 1,108:1, and 990:1 in Berrien, Cass, and Van Buren counties, respectively. All three ratios compare unfavorably to the Michigan ratio of 450:1. Additionally, according to the U.S. Health Resources and Services Administration (HRSA), Designated Health Professional Shortage Areas Statistics (2016), Michigan meets only 54.78 % of the state's mental health care need.

Inadequate access to *health education and information* also emerged as a priority health need. Many community residents felt they did not know enough about the causes, symptoms, and cures associated with common health conditions. Many also felt they lacked good information on nutrition and exercise. Given the amount of educational programming made available through Lakeland and BCHD, this finding highlights the need for a more creative, thoughtful, and strategic marketing of educational opportunities to address community health needs, especially the needs of the medically underserved.

Other significant health needs that did not rise to the level of priority health needs, included a lack of *transportation* to get to health care providers, unwelcoming *clinical climates*, and *complexity* of the health care system as evidenced in difficulties associated with navigation of the system's processes (e.g., ambulance transport, discharge process, medications, and insurance).

Priority Health Needs: Social Determinants

Health behaviors, specifically those related to exercise, diet, smoking, drinking, and preventative care, emerged as priority health needs among community residents. This is supported by the 2016 County Health Rankings which show that Berrien and Van Buren counties rank 66th and 69th, respectively, in terms of health behaviors among Michigan's 83 counties. Notably, Cass County ranks well at 28th in the state.

Kassi (Niles New Tech Center)

It is important to note that health behaviors are more than intrapsychic in their origins. *They are not merely a function of the internal psychological processes of the individual and individual choice.* Health behaviors are also a function of the external (or contextual) resources and opportunities that are available to the individual. Examples of such resources and opportunities include the physical environment and the occasions it affords to engage in physical activity. Community members often cited a lack of affordable places to workout, especially in the winter months, as a reason for their lack of exercise. They also noted concern for their personal safety when walking or jogging outside, especially on unpaved rural roads, unkempt city streets, and busy roads with no sidewalks, preventing them from exercising as much as they should.

Consistent with community observations, data from the 2016 County Health Rankings and the 2012-2014 Michigan BRFS Regional & Local Health Department Estimates, show that the percentage of the population with adequate access to locations for opportunities to exercise[15] is lower in Berrien, Cass, and Van Buren counties at 78%, 61%, and 56%, respectively, when compared to the state average of 84%. Additionally, according to the 2012-2014 Michigan BRFS, the percentage of adults who are physically active in Berrien County and the Van Buren-Cass health district are 69.6% and 73.1%, respectively, which is low compared to the state rate of 75.6% (Fussman, 2015b).

The *food environment* and the occasions it affords to eat healthfully also emerged as a priority health need. In particular, poor access to food plays a significant role in undermining diet-related health behaviors. Access is limited by the high cost of healthy food options and the lack of physical proximity to places that sell healthy foods, such as full-service grocery stores. Other factors that undermine diet-related health behaviors includes: the low cost (i.e., very affordable) of unhealthy foods; the ubiquity of unhealthy foods (e.g., easy access to fast food, corner and liquor stores); the lack of culinary ability (i.e., limited knowledge on how to prepare healthy foods); the lack of time for food preparation (due to work and school schedules, and other time commitments); and United States Department of Agriculture (USDA) school meal requirements. Unhealthy food preparation habits that are deeply rooted in strong cultural traditions and the perceived un-palatability of healthy foods also challenge efforts to eat healthfully.

"The food that isn't good for us is cheap whereas healthy food is way expensive."

– Anonymous, Survey Respondent

For Berrien County, the community's observations about the food environment are supported by the 2016 County Health Rankings. The Food Environment Index[16] for Berrien is 6.7 (on a scale of 1- 10 where 10 is a good environment and 1 is a poor environment) compares unfavorably to the indices for Cass and Van Buren counties and the state of Michigan, which are 7.1, 8.0, and 7.9, respectively. The county's food environment likely plays a role in the statistic that 87.8% of Berrien County adults do not meet the recommendation to eat five or more servings of fruits and vegetables daily (BCHD, 2016).

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15. Individuals who reside in a census block within a half mile of a park or in urban census tracts, reside within one mile of a recreational facility or (for those who live in rural census tracts) reside within three miles of a recreational facility are considered to have adequate access for opportunities for physical activity.

16. The Food Environment Index ranges from 0 (worst) to 10 (best) and equally weights two indicators of the food environment: 1) limited access to healthy foods which estimates the percentage of the population who are low income and do not live close to a grocery store; and 2) food insecurity, which estimates the percentage of the population who did not have access to a reliable source of food during the past year.

Other significant health needs that did not rise to the level of priority heath needs include the social environment, notably, sociocultural norms and sense of personal safety; and education (i.e., low attainment levels, lack of coordinated school health programming, lack of lifelong learning, and literacy issues associated with limited English proficiency).

An essential step in the process of addressing the prioritized health needs is to identify those factors that underlie or create the needs. Thus, question 2 asks, what makes it hard to be healthy in your community? Table 12 summarizes the common themes that emerged in response to question two.

Health Conditions	Health System	Social Determinants
1. Mental Health 2. Poor Nutrition	1. Access to Care • Cost of Care • Provider Availability 2. Health Education & Information	1. Food Environment 2. Physical Environment 3. Recreational Opportunities

Table 12. Focus Groups, Key Informant Interviews, and Surveys – Makes it Hard to be Healthy in Your Community

Among respondents, the most common factor cited as making it hard to be healthy is *mental health*. They noted that feelings of stress, worry, anxiety, and depression, as well as experiences of physical, sexual, or other types of trauma leading to PTSD discourages healthy behaviors, such as eating well and exercising regularly. It was not uncommon to hear respondents talk about not being motivated to eat healthfully or to exercise due to mental health challenges. In many instances, these feelings and experiences caused people to engage in unhealthy behaviors such as smoking, excessive drinking and eating, and drug and other substance misuse, which are used as coping strategies.

Respondents spoke extensively about the role of social stressors, such as under-employment, unemployment, low income, precarious housing, homelessness, and the challenges of having to choose between paying for medications, food, and housing. It is now well-documented that chronic stress has a pernicious impact on health, including all the priority health needs identified in this report (Emdin et al., 2016; Suliman et al., 2016).

Poor nutrition was also cited as a factor that makes it hard to be healthy. Respondents noted the high costs of and physical distances from nutritious foods, and the low costs and easy physical access to unhealthy foods as key factors driving poor nutrition.

"In rural areas, it's difficult to find healthy food nearby."

– Anonymous, Survey Respondent

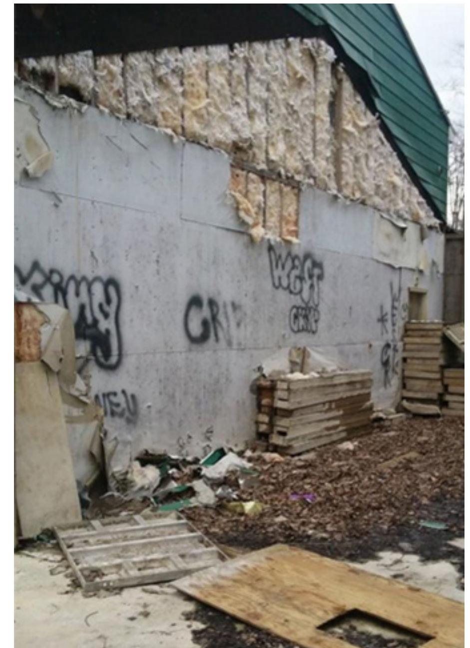
Other factors noted as making it hard to be healthy, but not with the broad consensus achieved by mental health and poor nutrition included aging, and health conditions such diabetes, obesity, cardiovascular conditions, and infectious diseases (e.g., STIs, HIV/AIDS).

With respect to health system issues, common themes that emerged within the top five responses across all three methods included inadequate *health education and information*, and access issues, specifically limited *provider availability* and the *high cost of health care*. Other significant, but not priority, themes to emerge in the primary data include, health system complexity, poor continuum of care, lack or high cost of insurance, and lack of transportation.

With respect to the SDOH, common themes across all three methods included the food environment, the physical environment, and recreational opportunities. As mentioned earlier, a food environment that provides limited access to nutritious foods makes it hard to be healthy. Respondents also noted that aspects of the physical environment make it hard to be healthy: neighborhoods lack pleasing aesthetics; the built environment is unsafe (e.g., cracked or non-existent streets and sidewalks) and/or difficult to exercise in or travel on foot by; and winter weather discourages physical activity and social interactions. They also spoke at length about the lack of affordable recreational opportunities such as health clubs and other places to engage in physical activity, especially in the winter months.

A significant, but not priority, theme was an unhealthy social environment. Respondents spoke about a lack of a sense of personal safety and problematic sociocultural norms.

"Healthy is the new expensive."
– Niles New Tech Center



Brandon (Niles New Tech Center)

Photovoice. To hear the voice of area youth, the Team engaged high school students at Berrien Springs High School and Niles New Tech Entrepreneurial Academy[17] (Niles New Tech Center) in two Photovoice projects.

In the 2013-14 school year, 519 students were enrolled in Berrien Springs High School (Grades 9-12). The student body was 55% male and 45% female. Forty-nine percent were White, 29% were Black, 11% were Hispanic, 7% were Asian, and 4% were "other." Roughly 50% of students received free and reduced lunch assistance, which is slightly higher than the state average of 43.8% (National Center for Education Statistics, 2016).

In the 2013-14 school year, 596 students were enrolled in the Niles Senior High School. The student body was 48% male and 52% female. Seventy-one percent of the students were White, 15% were Black, 7% were Hispanic, and 7% were "other." At the Niles Senior High School 51% of students received free and reduced lunch assistance (National Center for Education Statistics, 2016).

Through Photovoice, juniors and seniors at Berrien Springs High School and sophomores at the Niles New Tech Center used photography and narrative to respond to assessment questions. Their perceptions of the biggest health needs in their community are summarized in Table 13.

Health Conditions	Health System	Social Determinants
1. Mental Health 2. Obesity 3. Respiratory	1. Access to Care • Provider Availability	1. Food Environment 2. Physical Environment 3. Coordinated School Health

Table 13: Photovoice – Priority Health Needs

17. Niles New Tech Entrepreneurial Academy is a progressive school where students use technology to complete group projects. It is located inside the Niles Senior High School.

Priority Health Needs: Health Conditions

Overwhelmingly, the priority health need cited by students in both schools was *mental health*. In the photos and narratives, youth expressed concerns about being overwhelmed with school work, and after-school activities, such as sports, resulting in very hectic schedules. They also expressed concerns about social acceptance, the emotional effects of being bullied, and the need for more empathy for people with mental health challenges. These concerns underlie students' symptoms of "mental stress," such as anxiety, insomnia, depression, and eating disorders.

Quionie (Berrien Springs High School)

The students' perspectives are striking in the context of data published by the Substance Abuse and Mental Health Service Administration (SAMHSA) indicating that the 12-month prevalence of major depressive episodes among adolescents in the United States increases from 5.7% at age 12 to more than 15% at age 17 (Center for Behavioral Health Statistics and Quality, 2015). SAMHSA data also shows that, in Michigan, the rate of suicide attempts by adolescents in 9th through 12th grades increased from 2.7% to 3.0% between 2001 and 2013; and the percent of adolescents between the ages of 12 and 17 with a major depressive episode in the previous 12 months grew from 8.3% in 2008 to 10.7% in 2013.

The second health need to emerge from students' photos and narratives was obesity. Youth referenced few healthy choices for school lunches, the close proximity of fast food restaurants, and only one local food market with "expensive" healthy food, as reasons why obesity is a priority health condition within their community.

Students at the Niles New Tech Center also noted that respiratory issues, such as asthma and Chronic Obstructive Pulmonary Disease (COPD), are priority health needs associated with mold growing in the ventilation system in the school's auditorium.

Priority Health Needs: Health System

With respect to the health system, a frequently cited health need identified by youth is the lack of *mental health providers*, specifically school counselors. Youth at the Niles New Tech Center spoke about limited access to school counselors. They also expressed concern about barriers to accessing the few counselors that are available by a requirement for "hall passes" to leave the classroom. A teacher affirmed the shortage of resources for mental health stating, "…there isn't enough money to fund a school counselor [at Niles New Tech Center] to help students before it leads to bigger problems, such as relationship problems, smoking, alcohol, and drug use." During the 2015-16 school year, there were two counselors for 916 enrolled students, a ratio of 458:1 at the entire Niles Sr. High School. More broadly, in the 2015-16 school year, there were 19 high school counselors to serve 9,075 high school students in Berrien County. This constitutes a ratio of high school students to counselors of 478:1 in Berrien County compared to a national average of 470:1 (American Counseling Association, 2014) and recommended maximum of 250:1 (The American School Counselor Association, 2012).

> ***"We need better mental health treatment and more psychiatric practitioners."***
> *– Anonymous, Survey Respondent*

Priority Health Needs: Social Determinants

Blayne (Niles New Tech Center)

Characteristics of the physical environment, such as the aesthetics and conditions of neighborhoods, housing and other structures, the public works infrastructure, and pollution, emerged as priority health needs. For instance, photographs and narratives of Niles New Tech Center student highlighted polluted waterways, trash-strewn streets, dilapidated houses, graffiti unmaintained parks and structures, and exposures to toxic substances such as asbestos. Students also expressed concern about the number of unsafe sidewalks, especially around school grounds. They shared stories about injuries resulting from the use of these unsafe sidewalks for sports' practices. They also spoke about the lack of stall doors in men's bathrooms at school and the marketing of items, such as cigarettes and alcohol, thoughout their community and how such advertisements encourages unhealthy behaviors.

The *food environment* was a recurring theme among students at both Berrien Springs and Niles New Tech Center. They expressed concern about limited healthy food choices for school meals as well issues related to taste, presentation, and serving sizes. They noted that the fruit served was "unflavorful" and lacked freshness. In her narrative, one student indicated that she brings healthy lunches from home to school because "…it tastes better and makes me feel better."

The high cost of healthy food relative to junk food was also mentioned repeatedly. A Niles New Tech Center student proclaimed, "Healthy is the new expensive." Many students feel limited to grabbing a bag of chips or settling for fast food as a way to "fuel up on calories" prior to a sporting event or practice.

The lack of *coordinated school health* [18] was also cited as a priority health need. Students expressed concerns about the lack of health education[19], including for mental health. They noted that there was no education on how to manage stress and anxiety, and limited information on mental health services in their community. They talked about the lack of human sexuality classes, limited physical education at the elementary school level, and limited illness prevention education.

Health Conditions	Health System	Social Determinants
1. Mental Health	1. Health Education & Information	1. Food Environment
		2. Coordinated School Health
		3. Physical Environment

Table 14. Photovoice Priority Areas - Makes it Hard to be Healthy in Your Community

18. A coordinated school health program is an integrated set of planned, sequential, school-affiliated strategies, activities, and services designed to promote the optimal physical, emotional, social, and educational development of students. The program involves and is supportive of families and is determined by the local community based on community needs, resources, standards, and requirements. It is coordinated by a multidisciplinary team and accountable to the community for program quality and effectiveness (Bodgen, 2006; CDC, 2015).

19. School board member and students in Niles stated Health Education was withdrawn from Ring Lardner Middle School in 2009-10 school year.

Priority Health Needs: Health Conditions

Table 14 summarizes the common health issues that students suggested makes it hard to be healthy. Once again, they referenced mental health. In addition to the social and school-related stressors mentioned earlier, they attributed *mental health* challenges to characteristics of their physical environment which they suggested causes stress and anxiety.

Priority Health Needs: Health System

Access to *health education and information* was frequently cited as limited. Students spoke especially about the lack of education on self-care, healthy eating, information on locally available recreational activities, and other educational resources. They noted the importance of being able to tap available resources in order to be healthy.

Priority Health Needs: Social Determinants

The students noted that the poor *food environment*, the lack of *coordinated school health*, and the poor *physical environment* make it hard to be healthy in their community.

"There are 16 fast-food restaurants on 11th Street (in Niles) called 'Fast Food Alley or Temptation Road' by many young adults."

– Niles New Tech Center

Secondary Data

The findings from the primary data are supported and expanded on by epidemiological and other secondary data from the following sources: the 2002, 2005, 2008, 2011 and 2014 Berrien County BRFS, the 2002, 2005, 2008, 2011 and 2014 Michigan Behavioral Risk Factor Survey (Michigan BRFS), the 2012-2014 Michigan BRFS, the 2016 County Health Rankings, U.S. Census Bureau, the 2016 *Lakeland Primary Care Services: Market Assessment and Strategy Guide*, and the Michigan Transportation Asset Management Council, 2014-2015. A brief overview of that data is provided in the sections below.

Priority Health Needs: Health Conditions

Epidemiological data on *mental health* was collected through the Kessler - 6 Index, which is a 6-question screening tool used to determine the amount of psychological distress an individual is experiencing and provides an understanding of how profoundly their daily life may be impacted by distress (Kessler et al., 2002). Individuals are assigned a level of psychological distress based on their responses to questions about feeling nervous, hopeless, restless/fidgety, depressed, worthless, and whether or not "everything was an effort". They are, then, assigned to one of three categories of distress – severe, mild to moderate, and low. Individuals experiencing *severe distress* are likely to have a clinically diagnosable mental illness that requires treatment and that profoundly impacts their daily lives. For instance, their health behaviors, such as diet, exercise, sleep, seeking preventative care, may be adversely impacted by distress. Other attributes, like their employment status and social connections, which are also critical for good health, are also likely to be adversely effected. Individuals with *mild to moderate distress* may not have a clinically diagnosable mental illness, but they may benefit from enhanced coping strategies that improve their quality of life. Better coping strategies may help them develop improved healthy behaviors, and increase their capacity to tap resources, such as education, employment, income, housing, food, and health care, required to promote good health. Individuals experiencing *low distress* may not experience mental health-related impacts on their daily life. Kessler-6 questions were added to the Berrien County BRFS to gather the mental health data described in these findings.

Figure 2 shows the prevalence of psychological distress in Berrien County. Eight percent of adults experience severe distress, an additional 27.9% experience mild to moderate distress, and about 64% are experiencing low distress. The data shows that roughly 36% of Berrien County adults are experiencing mild to severe distress. This data supports the primary data findings that mental health is a priority health need in the community.

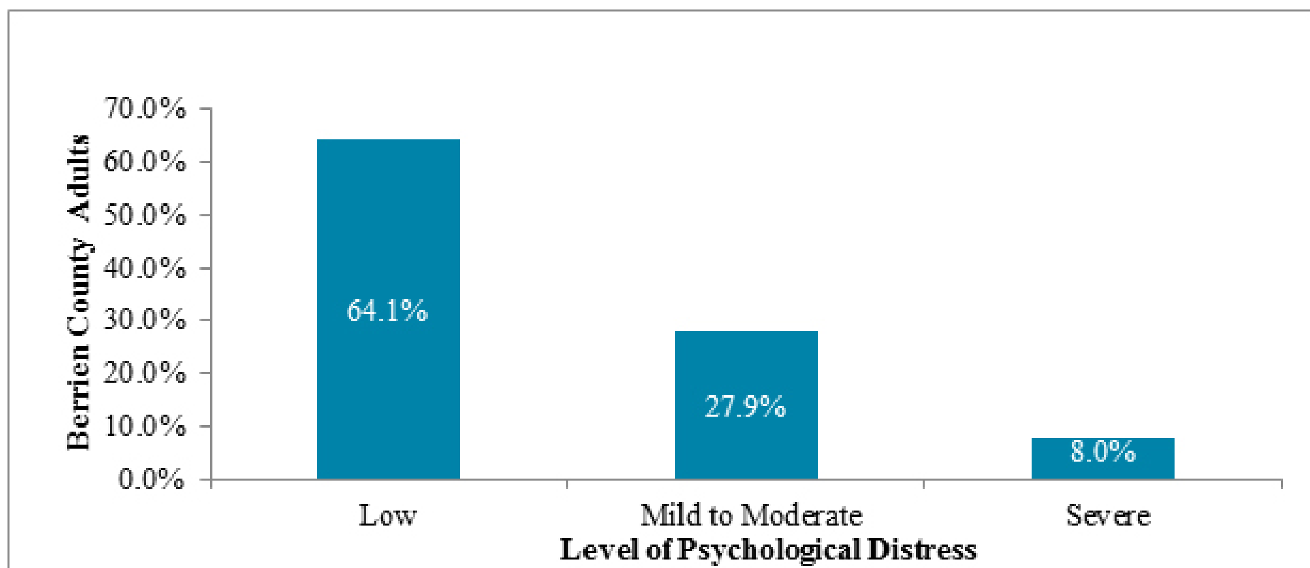


Figure 2. Percentage of Berrien County Adults with Low, Mild to Moderate, and Severe Psychological Distress.
BCHD (2016).

It is notable that 27.9% of the population experiences mild to moderate psychological distress, which is defined as significant levels of emotional distress such as nervousness, anxiety, depression, and hopelessness. While such distress may not rise to the level of a clinically diagnosable mental illness, it may impact individuals' daily lives. Such individuals may benefit from early intervention and preventative care. The large percentage of Berrien County residents experiencing mild to moderate psychological distress constitutes an important opportunity for community-based, mental health promotion initiatives.

Figure 3 shows that 72% of adults in Berrien County were overweight or obese (as measured by the Body Mass Index or BMI)[20] in 2014, which significantly exceeded the state average and has done so for more than a decade. According the 2016 County Health Rankings, the rates for obesity only (excluding people who are normal weight or overweight) in Berrien, Cass, and Van Buren counties are 37%, 35%, and 34%, respectively, and all exceed the 31% obesity rate for Michigan.

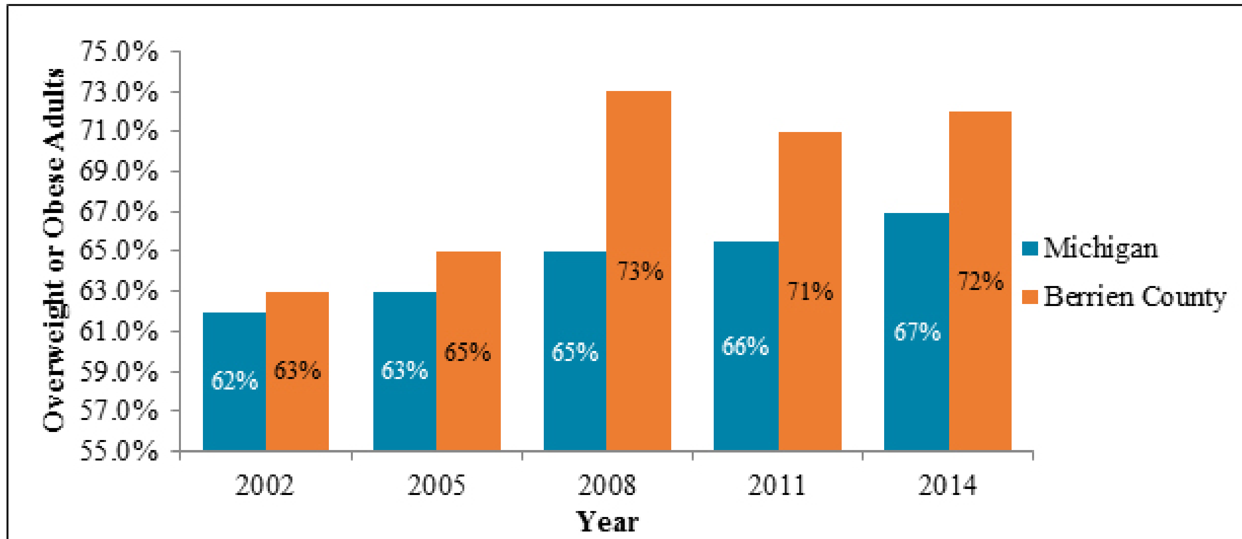


Figure 3. Percentage of Michigan and Berrien County adults who are overweight or obese.

BCHD (2004, 2006, 2010, 2013, and 2016). Bohm, Rafferty, & McGee (2003). Cook, Garcia, & Rafferty (2007). Fussman & Rafferty (2010). Fussman (2012, 2015c).

Figure 4 shows that the percentage of Berrien County adults diagnosed with diabetes has remained slightly higher than the Michigan rate since 2008. It also shows that diabetes prevalence in Berrien County moderated slightly in 2014 from 14.5% to 12.9% while the state rate increased slightly from 10.0% to 10.4%.

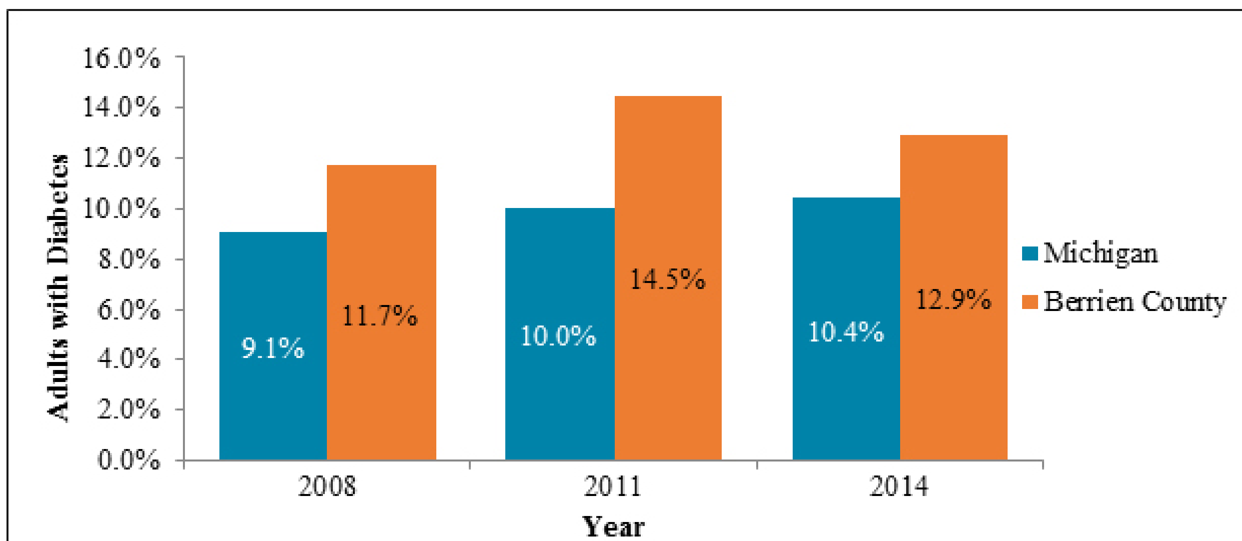


Figure 4. Percentage of Michigan and Berrien County adults with diabetes.

BCHD (2010, 2013, and 2016). Fussman & Rafferty (2010). Fussman (2012, 2015c).

20. The BMI is a calculated measurement using height and weight to estimate weight status as normal, overweight, or obese.

Figure 5 shows that Berrien County has higher rates of specific types of *cardiovascular disease* (i.e., heart attacks and angina) than the rest of the state, but not stroke.

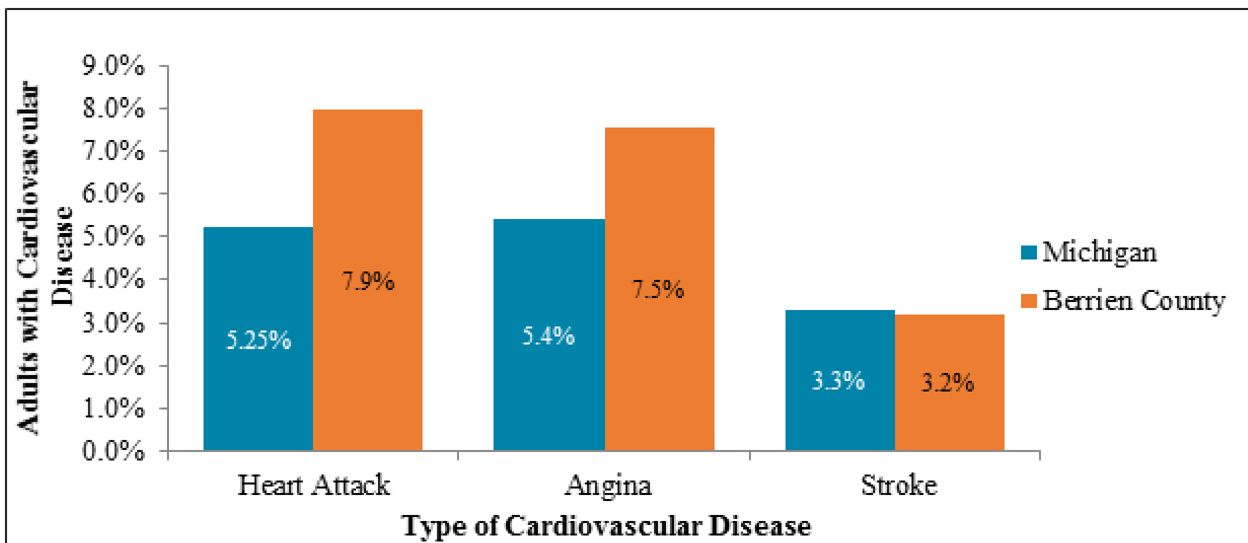


Figure 5. Percentage of Michigan and Berrien County adults with cardiovascular disease by type.
BCHD (2016). Fussman (2015c).

Figure 6 shows that the overall prevalence of cardiovascular disease in Berrien County is higher than the state average. It is notable that while the state rate rose slightly between 2011 and 2014 from 9.5% to 10%, the rate for Berrien County declined from 13.0% to 12.5%.

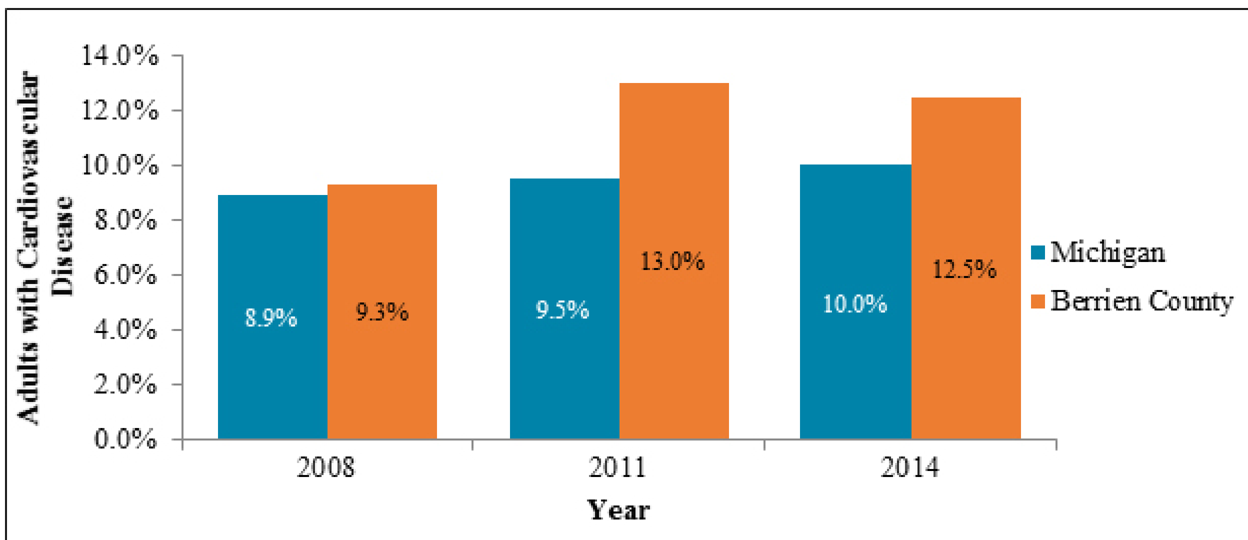


Figure 6. Percentage of Michigan and Berrien County adults with cardiovascular disease.
BCHD (2010, 2013, 2016). Fussman & Rafferty (2010). Fussman (2012, 2015c).

Associations among priority health needs. Obesity is a suspected risk factor for diabetes and cardiovascular disease (Verma et al., 2016; Mandviwala et al., 2016). This correlation is reflected in the 2014 Berrien County BRFS data when comparing weight status (overweight and obese) to diabetes prevalence. Diabetes prevalence increases from 4.1% of individuals who are not overweight or obese to 14.1% of people who are overweight to 18.2% of individuals who are obese.

However, Figure 7 indicates that, in Berrien County, obesity appears not to be significantly associated with cardiovascular disease. The prevalence rate for heart attack and angina is lower for individuals who are obese (7.4%) than it is individuals who are just overweight (8.7% and 9.7%, respectively). Moreover, the prevalence rate for heart attack is lower for people who are obese (7.4%) than for those who are neither overweight nor obese (7.8%). This suggests that factors other than weight status, such as survivors' bias (i.e., data only includes input from people who have survived a cardiovascular event), plays a role in the prevalence rates of cardiovascular disease.

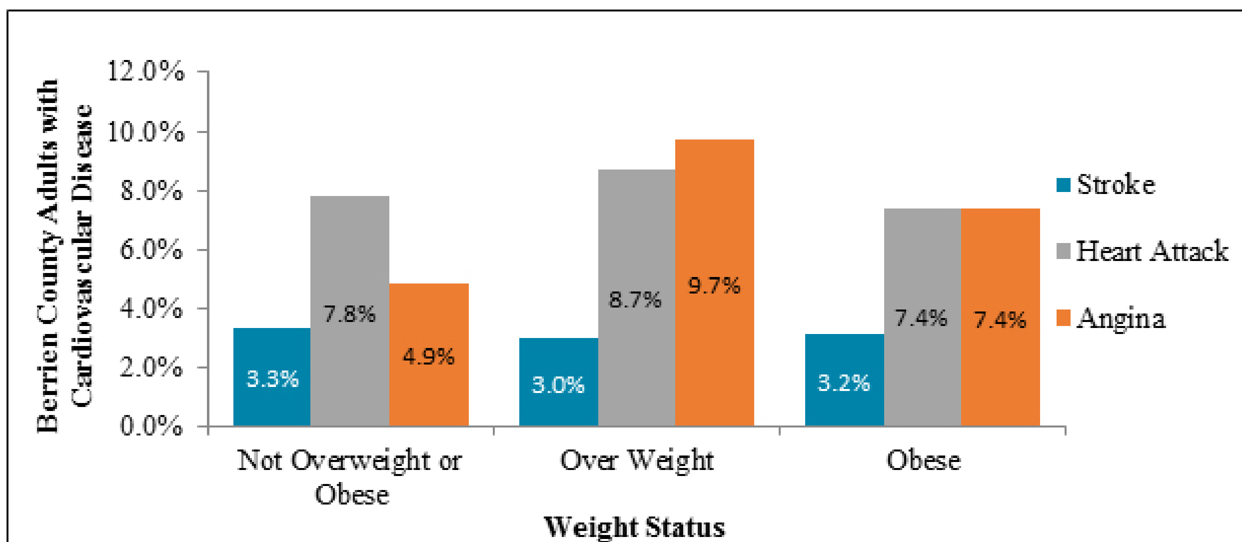


Figure 7. Percentage of Berrien County adults with cardiovascular disease by type and weight status.
BCHD (2016).

In contrast, Figure 8 shows that obesity is associated with psychological distress. Rates of psychological distress increase as BMI increases. At a rate of 12.1%, obese individuals experience the highest level of severe distress when compared to people who are merely overweight, or who are neither overweight nor obese. Rates of mild to moderate distress are inversely related to weight status (i.e., as weight increases rates of mild to moderate distress decreases).

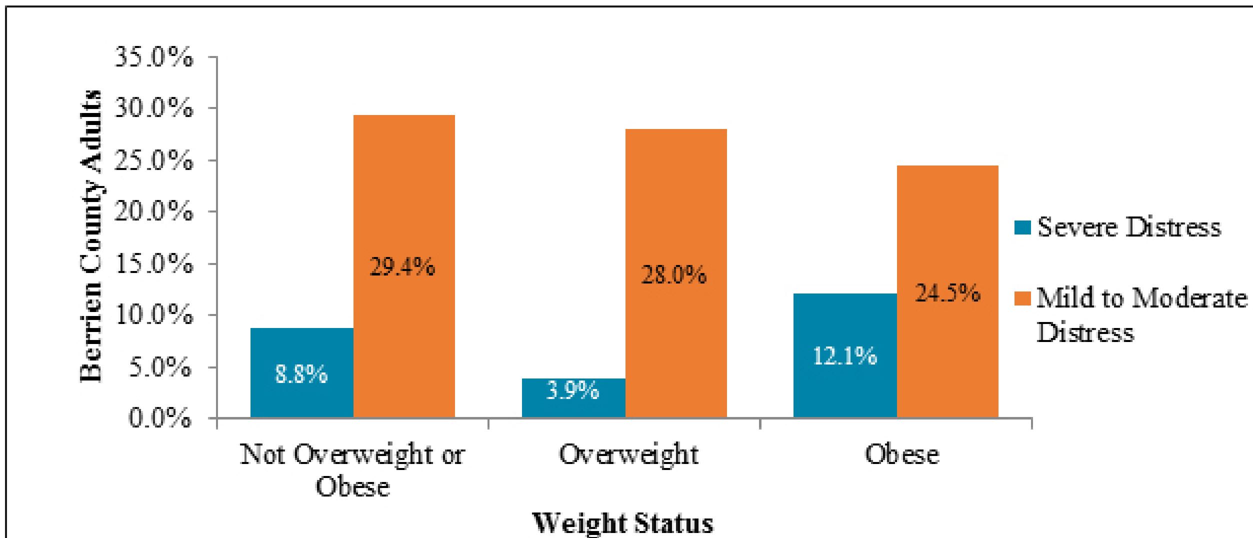


Figure 8. Percentage of Berrien County adults with severe and mild to moderate psychological distress by weight status.
BCHD (2016).

Figure 9 shows a positive association between cardiovascular disease and severe psychological distress. The prevalence rates for stroke, heart attack, and angina increase from 4.3%, 6.2%, and 5.7% of people with mild to moderate distress to 4.9%, 9.7%, and 12.9%, respectively, for people with severe distress. Combined with Figure 7 (in which obesity is shown to not be significantly associated with cardiovascular disease), this table suggests that, among Berrien County residents, mental health may be a more significant predictor of cardiovascular disease than obesity.

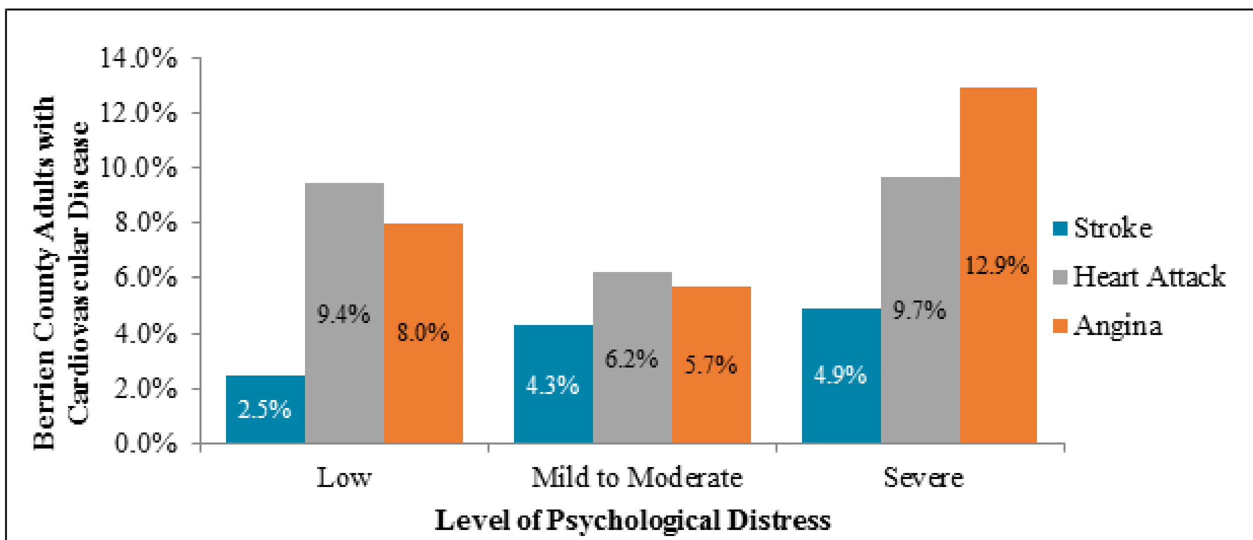


Figure 9. Percentage of Berrien County adults with cardiovascular disease by type and level of psychological distress.
BCHD (2016).

Priority Health Needs: Health System

The *high cost of care* and *limited provider availability* pose significant barriers to health care access. According to 2014 BRFS data, 16.1% of Berrien County residents did not seek needed health care in the previous 12-month period due to cost. Only 14.6% of residents throughout the state failed to seek needed health care in the previous 12-month period due to cost.

According to the 2014 Berrien County BRFS, more than one-third of adults experiencing mild to moderate psychological distress (35.8%) were unable to afford the cost of a doctor's visit. This is more than double the 16.1% of all Berrien adults unable to see a doctor due to cost.[21] In contrast, only 11.4% of adults with severe psychological distress were unable to see a doctor due to cost. Thus, cost constitutes another reason (in addition to psychological distress that may not rise to the level of a clinical diagnosis and intervention) why many individuals in Berrien County experiencing mild to moderate psychological distress may be unable to have their health needs met. This observation further supports the need for community-based, mental health intervention and promotion efforts.

Community concerns about the limited availability of health care providers, including physicians, nurses and technicians, focused specifically on the lack of specialty care providers and providers willing to take Medicare or Medicaid. These observations are supported by interviews of primary care providers (PCPs) conducted as part of *Lakeland's Primary Care Services: Market Assessment and Strategy Guide* (pp. 23-32). For instance, PCPs noted "…difficulty referring to certain specialties, most notably psychiatry, endocrinology, and neurosurgery." They also noted that the "Majority of PCP offices do not accept Medicaid patients and instead redirect them to FQHCs (Federally Qualified Health Centers)" and that "FQHCs (are) not equipped with staff or infrastructure to adequately serve Medicaid patients."

PCPs also noted that "Community mental health services primarily (are) geared toward highest and lowest severity cases, leaving gap in care," exacerbating the health care access issues of individuals with mild to moderate psychological distress.

The 2016 County Health Rankings also provides data indicating that the availability of health care providers is limited relative to need. The ratios of the adult population to total primary care physicians in Berrien, Cass, and Van Buren counties are 1,190:1, 5,190:1, and 1,840:1, respectively. The figure for the state of Michigan is 1,240:1. The ratios of mental health care providers in Berrien, Cass, and Van Buren counties are 580:1, 1,080:1, and 990:1, respectively. The state rate is 450:1

Considerable amounts of *health education and information* is dispensed by numerous organizations throughout the region. However, there is no tracking system, central catalogue or evaluation tool that allows for an assessment of its accuracy, relevancy, coverage, and efficacy. This constitutes an important opportunity for future community health efforts.

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21. The lower rate of people with severe psychological distress who are unable to see a doctor due to cost is likely to be associated with the practice of community mental health providers of taking patients who are in crises regardless of their ability to pay.

Priority Health Needs: Social Determinants

The primary data findings show that *health behaviors*, notably substance use and misuse, are priority health needs in the community. According to the 2016 County Health Rankings, adult smoking in Berrien, Cass, and Van Buren counties is 17% across the board. This is lower than the state rate of 21%.

Figure 10 shows an association between smoking status and psychological distress. According to the 2014 Berrien County BRFS, the rate of current smokers increases from 13% of individuals experiencing low distress to 36.1% of individuals experiencing severe psychological distress. The rate of non-smokers decreases from 61.4% of individuals experiencing low levels of distress 37.7% of people experiencing severe distress. Overall, the data suggests that cigarette use increases with higher levels of psychological distress.

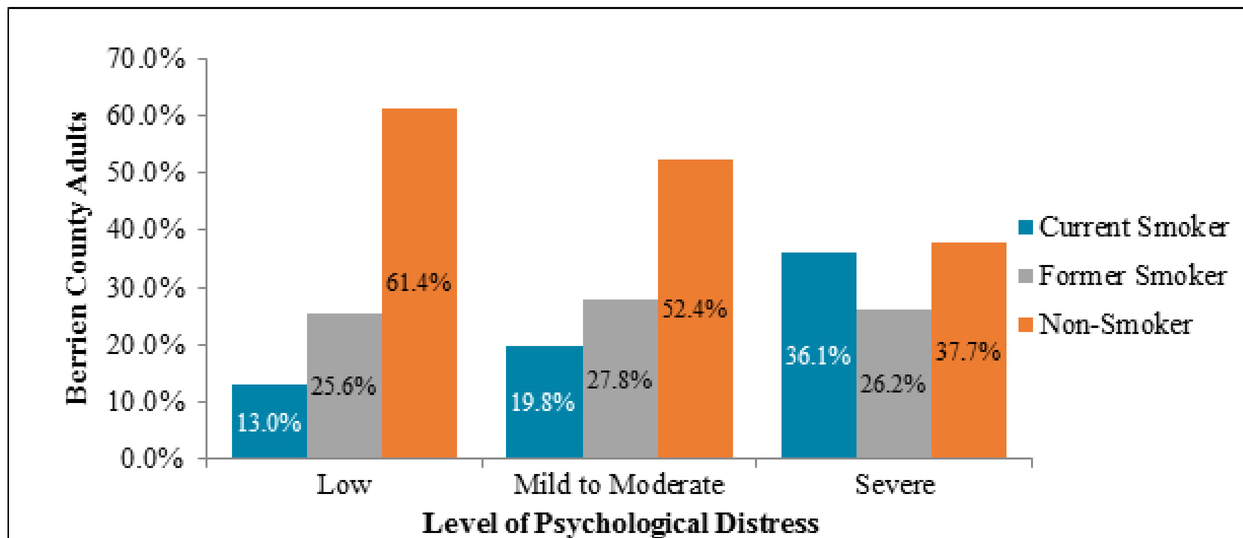


Figure 10. Smoking status of Berrien County adults by level of psychological distress.
BCHD (2016).

According to the 2016 County Health Rankings, excessive alcohol consumption in Berrien, Cass, and Van Buren counties hovers around 19-20%, and is comparable to the state rate of 20%.

Figure 11 demonstrates a similar correlation to that illustrated in Figure 10 in that alcohol consumption increases with psychological distress. About 16% of people experiencing severe psychological distress are heavy drinkers (i.e., more than 32 drinks per month for females, more than 60 drinks per month for males) compared to about 10% of people experiencing low distress. The percentage of adults who are non-drinkers declines from 48.6% to 37.1% as levels of psychological distress increases.

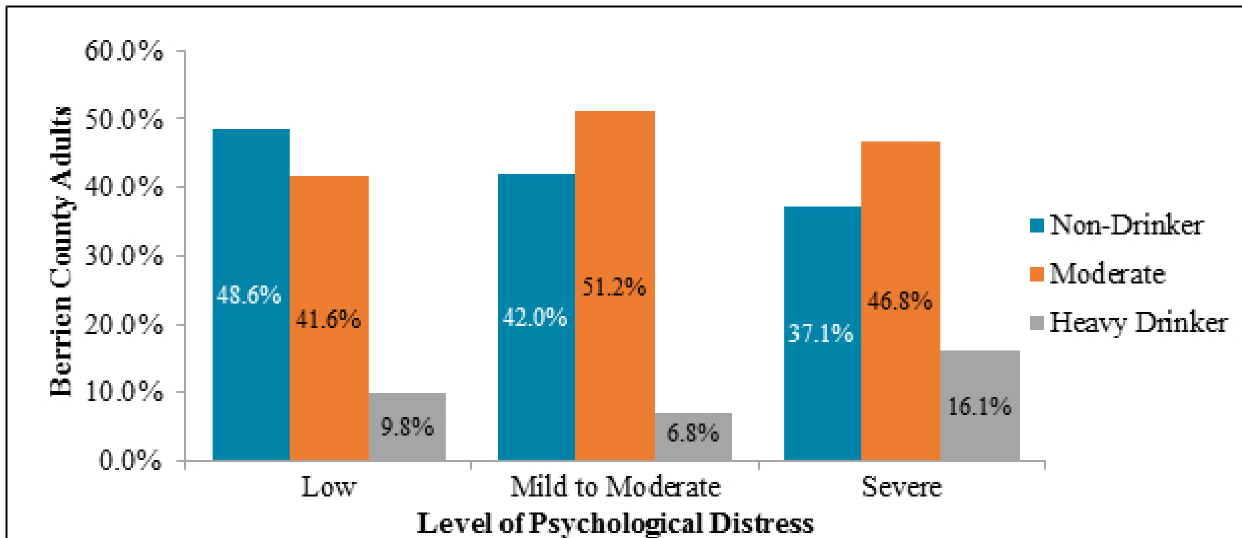


Figure 11. Alcohol use among Berrien County adults by level of psychological distress.
BCHD (2016).

This data suggest that the use of alcohol and cigarettes are likely to be used as coping strategies by individuals seeking to manage psychological distress.

Mental health, obesity, diabetes, and cardiovascular diseases are all linked to health behaviors related to nutrition and physical activity. Two of the most widely used proxies for nutrition and physical activity are fruit and vegetable consumption, and aerobic activity, respectively. In both of these areas, many Berrien County residents fall short of recommendations for aerobic activity put forth by U.S. Department of Health and Human Services (HHS) in 2008 and recommendations for fruit and vegetable consumption put forth by United States Department of Agriculture (2010).

For instance, according to the 2014 Berrien County BRFS, 33.5% of Berrien County respondents met the recommended amount of aerobic activity (i.e., 150 minutes of aerobic activity per week). This was lower than the Michigan figure of 53.1% (Fussman, 2014). In Berrien, Cass, and Van Buren counties, 28%, 24%, and 26% of residents are physically inactive, compared to the state rate of 23% (2016 County Health Rankings).

The 2014 Berrien County BRFS data indicates that, among Berrien County residents, 12.2% met the recommended amount of fruits and vegetable servings (i.e., at least five servings of fruits and vegetables per day). This was lower than the 2013 Michigan BRFS rate of 15.3% (Fussman, 2014). Berrien County has fewer people who are meeting the recommended amounts of aerobic activity, and fruit and vegetable consumption compared to the rest of the state.

The 2014 Berrien County BRFS data shows that the percentage of Berrien County residents who said that they did not participate in any leisure time physical activity (e.g., walking, biking, swimming, active games) was 34.1%. The Michigan figure was 25.5% (Fussman, 2015c). A significantly higher percent of Berrien County residents do not get leisure time physical activity compared to others across the state.

The lack of physical activity among Berrien County residents may be related to the relative lack of recreational opportunities. According to the 2016 County Health Rankings, the percentage of the Berrien population with adequate access to locations for physical activity is 78%. In Van Buren and Cass Counties, the figures were even lower at 56% and 61%, respectively. In contrast, 84% of all Michigan residents have adequate access to locations for physical activity (County Health Rankings, 2016).

In focus groups, interviews, and surveys, participants spoke about the impact of low income on their ability to engage in healthy behaviors, such as eating nutritious food and getting regular exercise. Figure 12 shows that adults living in households with annual incomes less of than $35,000 are, in fact, significantly less likely to be physically active than adults in households making in excess of $75,000.

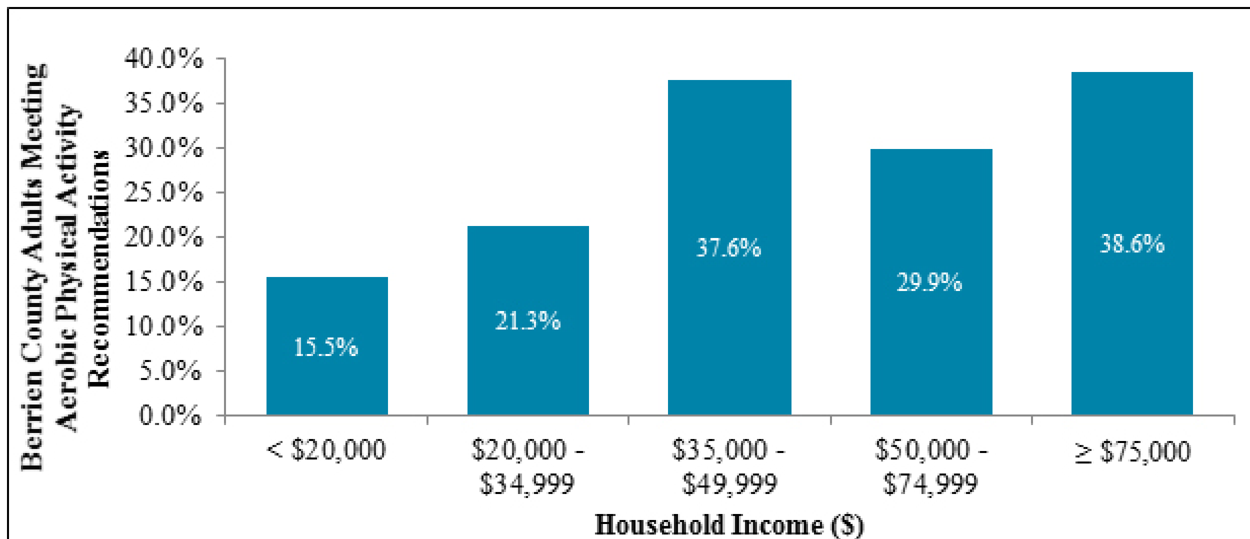


Figure 12. Percentage of Berrien County adults who meet aerobic physical activity recommendations by household income.

BCHD (2016).

Figure 13 shows that adults living in households of less than $20,000 annually are also significantly less likely to eat the recommended number of servings of fruits and vegetables than adults in households making more than $75,000 annually.

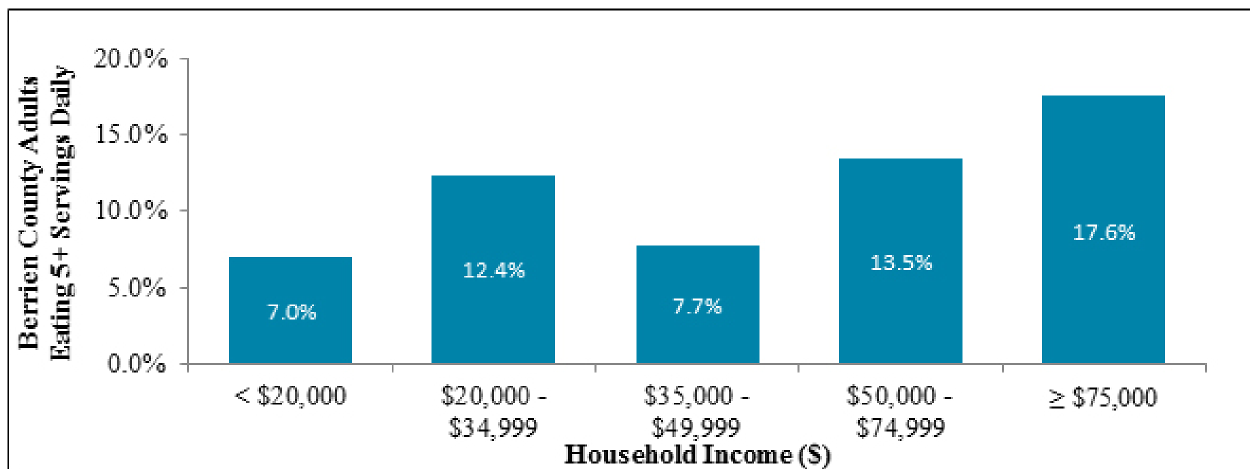


Figure 13. Percentage of Berrien County adults consuming the recommended daily servings of fruits and vegetables by household income.

BCHD (2016).

Figure 14 shows that individuals who are never worried about affording healthy foods are significantly more likely to eat the recommended five servings of fruits and vegetables than those who always or usually worry.

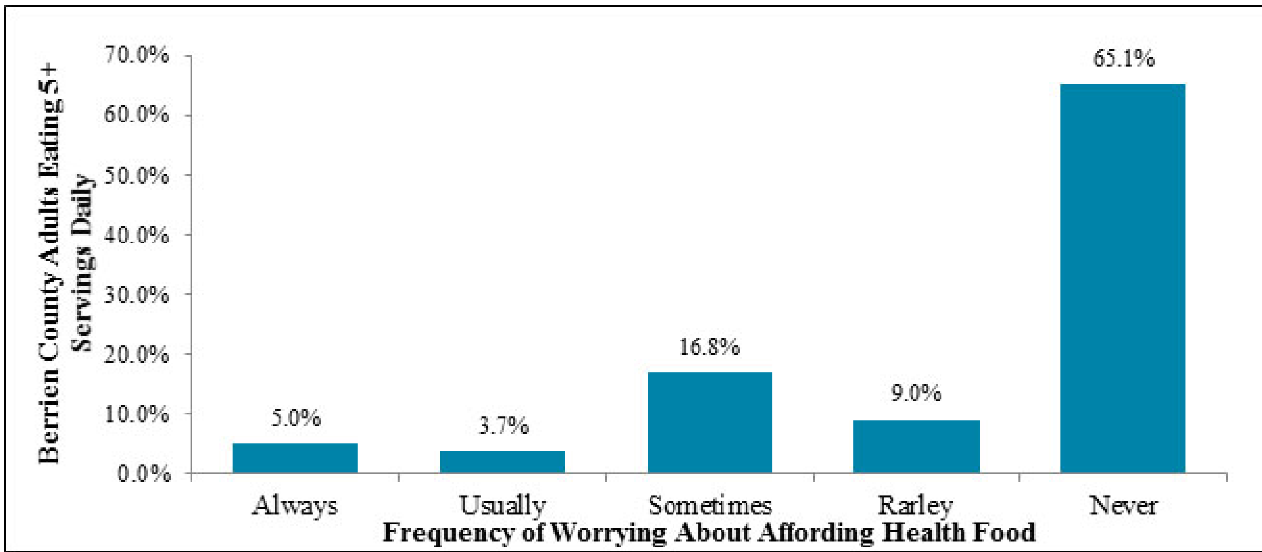


Figure 14. Percentage of Berrien County adults who consume the recommended daily servings of fruits and vegetables and frequency of worrying about affording healthy foods.
BCHD (2016).

Table 15 shows that people who are never concerned about being able to afford healthy foods eat more servings of fruits and vegetables each day compared to people who are always concerned about being able to afford healthy foods.

Frequency of Worry About Affording Healthy Foods	Always	Usually	Sometimes	Rarely	Never
Average Number of Servings of Fruits/Vegetables Per day	1.5	2.2	2.4	2.9	3.1

Table 15. Frequency of Worrying about Affording Healthy Foods/Average Number of Servings of Fruits and Vegetables per Day.
BCHD (2016).

The Food Environment Index used in the 2016 County Health Rankings provides additional support for the primary data findings regarding the difficulty of accessing nutritious food. On a scale of 1-10, where 10 is a good environment and 1 is a poor environment, the Food Environment Index for Berrien County is 6.7. This compares unfavorably to the state index of 7.9. The region's food environment is a likely determinant of the statistic that 87.8% of Berrien County adults do not eat the recommended five or more servings of fruits and vegetables daily (BCHD, 2016).The Food Environment Index for Cass and Van Buren Counties are 8.0 and 7.9, respectively, and comparable to the state index.

In the primary data, the *physical environment* was noted as a factor that makes it hard to be healthy. Respondents spoke about the quality and safety of roads and sidewalks, for instance, as a barrier to physical activity. Data from the Michigan Transportation Asset Management Council support these observations. Figure 15 shows that a substantial percentage of the roads in Berrien, Cass and Van Buren counties are in poor condition, which is defined by the Pavement Surface Evaluation and Rating System[22] (Wisconsin Transportation Information Center, 2002) as roads that are in severe deterioration and in need of reconstruction with extensive base repair. Approximately 42% of Berrien roads, 51% of Van Buren roads, and 52% of roads in Cass County are in poor condition.

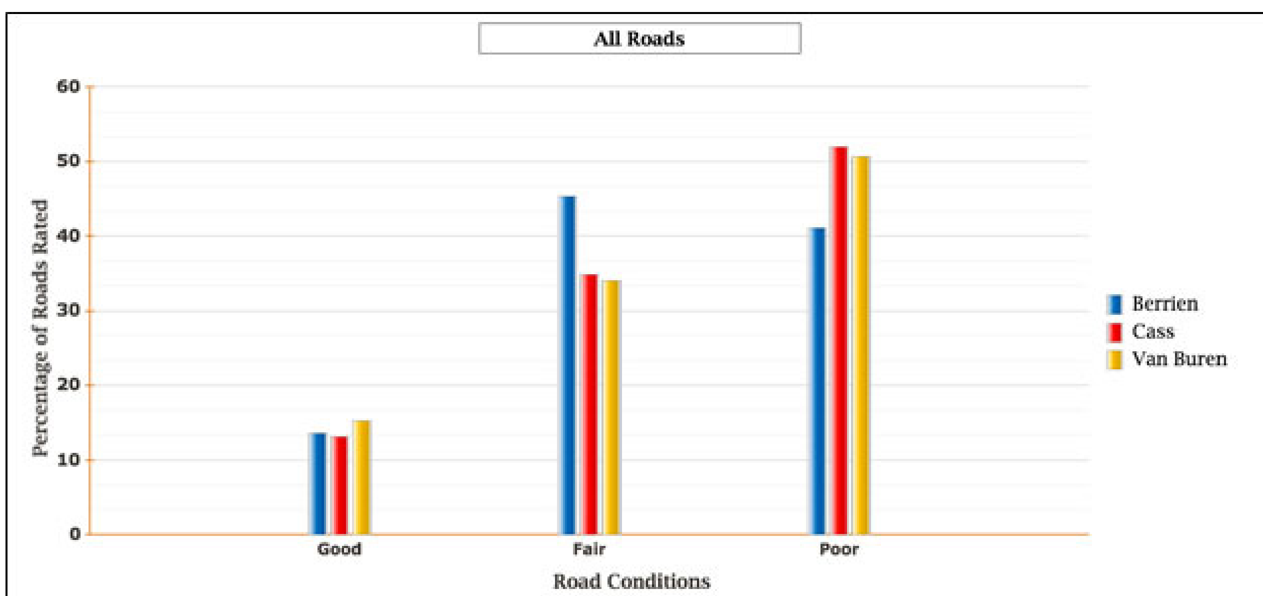


Figure 15. Percentage of all roads rated good, fair, & poor in Berrien, Cass, & Van Buren counties.

Transportation Asset Management Council (2016).

22. The Michigan Transportation Asset Management Council has selected the Pavement Surface Evaluation and Rating System as the statewide standard of pavement condition reporting.

Figure 16 shows the conditions of city roads. More than 72% of roads in Buchanan are in poor condition, followed by 66% in Niles, 60% in Coloma, 48% in Benton Harbor, and 44% in Three Rivers. In Cassopolis, Edwardsburg, and Stevensville, 57%, 56%, 59% of the roads are in poor condition. By comparison, only 24% of roads in St. Joseph are in poor condition, followed by 19% in South Haven and 11% in Watervliet.

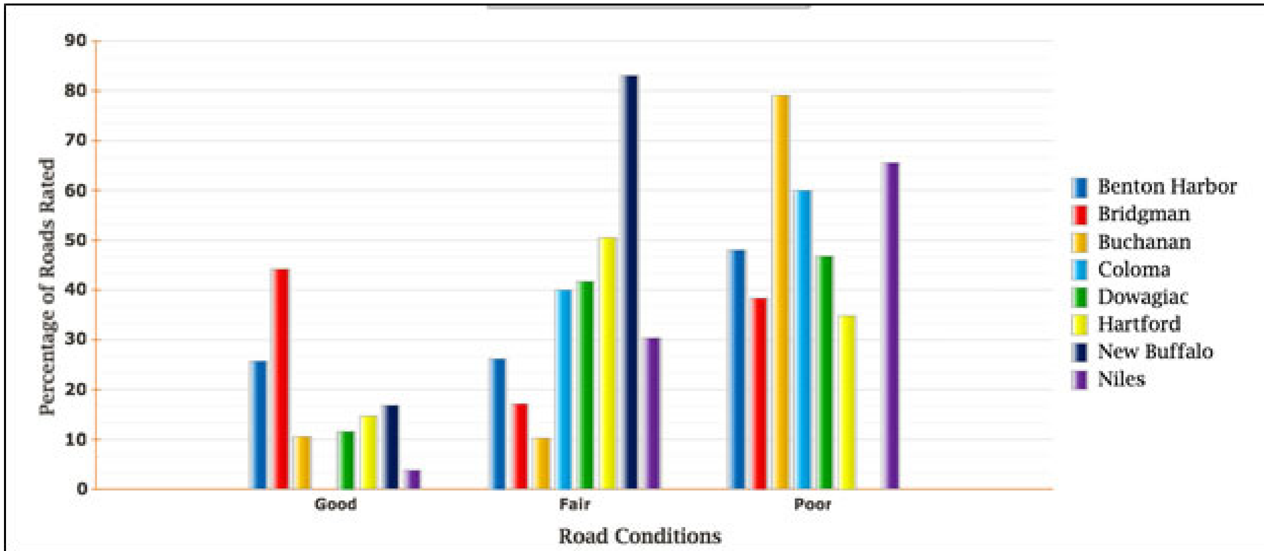


Figure 16. Percentage of roads rated good, fair, & poor in cities in Berrien, Cass, & Van Buren counties.
Transportation Asset Management Council (2016).

Summary Points: Findings

1. The findings are based on responses to the assessment questions 1 and 2: What are the biggest health issues in our community, and what makes it hard to be healthy in our community?
2. The Priority Health Needs include the following:
   i. Health conditions: mental health, obesity, diabetes, and cardiovascular disease.
   ii. Health system: cost of care, physician availability, and health education and information.
   iii. Social Determinants: health behaviors and food environment.
3. It is important to note that health behaviors are not merely a function of internal psychological processes of the individual and individual choice. Health behaviors are also a function of the external (or contextual) resources and opportunities that are available to the individual.
4. The secondary data available corroborates the findings that emerged in the primary data.
5. There are a number of instructive associations in the secondary data.
   i. The prevalence of obesity and diabetes are positively associated.
   ii. Obesity does not appear to be significantly associated with cardiovascular disease. Factors other than obesity must play a role in the prevalence of cardiovascular disease.
   iii. Psychological distress appears to be associated with obesity.
   iv. Psychological distress appears to be associated with cardiovascular disease.
   v. Psychological distress is significantly associated with health adverse health behaviors, such as smoking and drinking.
   vi. Cost of care and provider availability limits access to health care.
   vii. A high percentage of Berrien County residents do not meet recommended daily consumption of fruits and vegetables and recommended daily physical activity.
   viii. Consumption of recommended amounts of fruits and vegetables, and engagement in recommended amounts of physical activity is associated with income.
   ix. The relative lack of physical activity among Berrien County residents may be related to the relative lack of recreational opportunities in the county and aspects of the region's physical environment.
6. Given the amount of health programming that appears to be available through a variety of organizational sources, the perceived lack of health education and information that was identified in the primary data may be more of a function of the distribution and marketing of the programming than an actual shortage. The lack of a tracking system, central catalogue or evaluation tool complicates efforts to assess the accuracy, relevancy, coverage, and efficacy health education programming and constitutes an important opportunity for future community health efforts.

Implementation Strategy

An Implementation Strategy (IS) designed to address the priority health needs cited in this CHNA will be approved by the boards of Lakeland Health in February 2017. It will be informed by community responses to assessment questions 3, 4, and 5.

Responses to question 3, which asks, *what are some good things in your community that help you be healthy*, will be used to identify community strengths and assets that can be leveraged and/or expanded in the IS. Responses to question 4, which asks, *in an ideal world, what would a healthy community look like…what would it have…how would it feel*, reveals residents' aspirations for the health of their community and provides the basis for IS goals and objectives. Responses to question 5, which asks, *what are your ideas on how to improve health in your community*, provides community-generated ideas that will inform programmatic and policy interventions in the IS.

The IS will be developed with a priority placed on health equity, which is critical to improving population health; acknowledgement of decades of research and evidence illustrating the central role played by social factors in determining health outcomes; and recognition that all policy is health policy, and that, therefore, there should be "health-in-all-policies".

To date, several foundational attributes of an IS have emerged.[23] First, the IS will address some or all (subject to resource availability) of the Priority Health Needs identified in the CHNA. Second, the IS will leverage existing human, organizational, and financial resources. Third, the IS will comprise "placed-based" initiatives that target and are tailored to those geographies with the highest rates of age-adjusted mortality. Fourth, IS initiatives will be community-based and resident-driven. Fifth, they will be evidence-informed and their outcomes will be measured by collaboratively-identified metrics. Sixth, the IS will create shared ownership for health by gathering input from and collaborating with "unconventional" partners whose priorities and activities lie outside of the health care sector. Seventh, the IS will focus on building community capacity to promote health. Finally, the pilot initiatives that comprise the IS will, subject to evaluation results, be scaled up and replicated.

Critical to the success of the IS will be a rethink and realignment of the hospital's community benefit allocations so that they better reflect community-articulated health needs documented in this CHNA, and serve as a source of financial support.

Early details about the IS include the use of Trauma-Informed Care principle to address health needs related to *mental health* and *health behaviors*, and Blue Zone principles to address health needs related to the food environment. Trauma-Informed Care and Blue Zone principles will be integrated into *health education and information*. Through this work, the goal would be to support efforts to address health needs related to *obesity, diabetes, and cardiovascular conditions*.

23. This is not a comprehensive list. It is a list based on what was learned and work done to date on the CHNA. More attributes may emerge once the process of developing the IS is underway.

Health needs related to *physician availability* will, in part, be addressed through strategies developed in response to the findings of the Lakeland Primary Services: Market Assessment and Strategy Guide. The strategies will involve new practice locations, partnership arrangements (i.e. with FQHCs) and other activities to increase the availability of providers. A similar market assessment and strategy will be conducted for specialists. A third plan will be developed to recruit and retain physicians to the community.

Health needs related to the *cost of care* will, in part, be address through the statewide Clinically Integrated Network (CIN) which comprises six not-for profit health systems across Michigan. They include Henry Ford in Detroit, Bronson Healthcare in Kalamazoo, Covenant HealthCare in Saginaw, Lakeland Health in St. Joseph, Mid-Michigan Health in Midland, and Sparrow Health System in Lansing. The CIN will help cost of care issues by enabling the sharing of best practices across the six health systems, thereby improving the quality of care and lowering the cost of care over time.

Community Resources

The following list of community resources will be updated regularly. Please send corrections and updates electronically to chna@lakelandhealth.org

Table 16. Community Resources for Priority Health Needs

Mental Health		
City/Town	**Name of Organization**	**Contact Information**
Bangor	Beacon Specialized Living Services, Inc.	(269) 427-8400 or (888) 527-0012 www.beaconspecialized.org
Bangor & Eau Claire	InterCare Community Health Network	(269) 427-7937, ext. 51155 www.intercare.org
Benton Harbor	Adult Protective Services - Berrien County	Information Phone: (269) 934-2000 24-Hour Hotline: (855) 444-3911 www.michigan.gov/mhhs/0,5885,7-339-73971_7119-15663--,00.html
Benton Harbor	Berrien County Health Department	(269) 926-7121 www.bchdmi.org/services/prevention
Benton Harbor & Niles	Center[ed] on Wellness	(269) 926-6199 www.centeredonwellness.info
Benton Harbor	Child and Family Resources of Southwest Michigan, Inc.	(269) 925-1725 www.cfsswmi.org
Benton Harbor	Marian Tripplett, LMSW - Clinical, MEd	(269) 934-1512
Benton Harbor	Michigan Department of Community Health - Abuse & Neglect	(855) 444-3911 www.michigan.gov/mdhhs
Benton Harbor	Riverwood Center (Berrien Community Mental Health)	(269) 925-0585 or (800) 336-0341 www.riverwoodcenter.org
Benton Harbor	The OutCenter	(269) 925-8330 www.outcenter.org
Benton Harbor	Voice.Change.Hope. Alliance	(269) 927-5668 www.facebook.com/Voice-Change-Hope 1009359782512976/?fref=ts
Berrien Center	Sacred Heart Serenity Hills Recovery & Wellness Center	(269) 815-5500 www.sacredheartcenter.com
Berrien Springs	Andrews University Community Counseling Services	(269) 471-6238 www.andrews.edu/sed/gpc/counseling/index.html
Berrien, Cass, & Van Buren Counties	Michigan 2-1-1 Get Connected. Get Answers.	2-1-1 or (800) 310-5454 www.uwsm.org/2-1-1
Cassopolis	Adult Protective Services - Cass County	Information Phone: (269) 445-0200 24-Hour Hotline: (855) 444-3911 www.michigan.gov
Cassopolis	Shepard House Counseling, PC	(269) 445-0999 www.shepardhousecounseling.com
Cassopolis	Woodlands Behavioral Health Network	(269) 445-2451 www.woodlandsbhn.org
Dowagiac	The Family Center	(269) 782-9811
Grand Rapids/Kalamazoo	Pine Rest Christian Mental Health Services	(800) 678-5500 www.pinerest.org
Hartford	Adult Protective Services - Van Buren County	Information Phone: (269) 621-2800 24-Hour Hotline: (855) 444-3911 www.michigan.gov
Hartford	Hope Center – Van Buren Community Mental Health Authority	(269) 621-6262 or (269) 657-6055 www.vbcmh.com/prg_hope

Mental Health		
City/Town	**Name of Organization**	**Contact Information**
Hotline	National Crisis & Suicide Hotline	(800) 273-TALK (8255) www.suicidepreventionlifeline.org
Lansing	Michigan Department of Community Health - Anti-Stigma Initiative	(517) 373-1255 or (517) 335-3845
Lansing	Michigan Department of Community Health - Certified Peer Support Specialists	(517) 335-4078 www.michigan.gov/mhhs/0,5885,7-339-71550_2941_4871_4877_48561-84396--,00.html
Lansing	Michigan Department of Community Health - Cognitive Behavioral Therapy for Older Adults	(517) 335-0250
Lansing	Michigan Department of Community Health - Family Psychoeducation	(517) 335-0250
Lansing	Michigan Department of Community Health - Parent Management Training	(517) 241-5762 or (517) 241-5765
Lansing	Michigan Mental Health & Wellness Commission	(517) 335-7858 www.michigan.gov/mentalhealth
Lansing	Michigan Recovery Center of Excellence	(517) 335-0252 www.facebook.com/Michigan-Recovery-Center-of-Excellence-247774401905422
Niles	Al-Anon of Berrien County	(269) 428-3310 www.al-anon.org
Niles	Alcoholics Anonymous	(269) 684-5304 www.aa.org
Niles	Community Healing Centers	(269) 684-7741 www.communityhealingcenter.org
Niles	Depression & Bipolar Support Alliance	(269) 861-1334 harvickchevy@aol.com www.dbsalliance.org
Niles	Haelan Counseling Center	(269) 683-8972
Niles	M. Longley Counseling	(269) 687-5050 www.mlongleycounseling.com
Niles	Narcotics Anonymous	(800) 230-4085 www.michigan-na.org/sw_michigan/
Niles	Southwestern Medical Clinic (Lakeland Health Affiliate) Christian Counseling & Psychological Services	(269) 429-7727 www.lakelandhealth.org/southwestern-medical-clinic
Online Resource	Berrien County Suicide Prevention Coalition	(269) 428-7226 www.berriencares.org
Paw Paw	Van Buren Community Mental Health Authority	(269) 657-5574
Portage	Southwest Michigan Behavioral Health	(800) 676-0423 or (800) 890-3712 www.swmbh.org/index.php/provider
St. Joseph	Autism Learning Center in Southwest Michigan	(269) 983-5833 www.loganautismlearningcenters.org
St. Joseph	Berrien County Resources Recovery Program	(269) 983-7111, ext. 8234 www.berriencounty.org
St. Joseph	Comfort in Counseling Robyn's Nest	(269) 983-6686
St. Joseph	Family Therapy & Development Centers, Inc. Neuro-Psychology Consultants	(269) 982-3832 www.familytherapydevelopmentcenters.com
St. Joseph	Freedom Counseling Center	(269) 982-7200 www.freedomcounselingusa.com
St. Joseph	Lakeland Behavioral Health Unit (Pine Rest Christian Mental Health Services)	(269) 983-8300 www.lakelandhealth.org

Mental Health		
City/Town	**Name of Organization**	**Contact Information**
St. Joseph	Lakeland Health Employee Assistance Program	(269) 428-0022 www.lakelandhealth.org/as-an-associate/emergency-assistance-program
St. Joseph	Lory's Place	(269) 983-2707 www.lakelandhealth.org/lorys-place/grief-support/support-groups
St. Joseph	NorthStar Center	(269) 982-7844 www.reachyournorthstar.com
St. Joseph	Peace of Mind Counseling	(269) 428-4789 www.peaceofmindcounselingcenter.com
St. Joseph	Psychiatric & Psychological Specialties	(269) 408-1688 www.psychspecialties.com
St. Joseph	Shepard House Counseling, PC	(269) 985-2000 www.shepardhousecounseling.com
Stevensville	Al-Anon of Berrien County	(269) 428-3310 www.al-anon.org
Stevensville	Alcoholics Anonymous of Southwest Michigan	(269) 429-9153 or (800) 837-4247 www.aasouthwestmichigan.org
Stevensville	Applied Comprehensive Psychological Services	(269) 429-4148
Stevensville	Southwestern Medical Clinic (Lakeland Health Affiliate) Christian Counseling & Psychological Services	(269) 429-9644 www.lakelandhealth.org/southwestern-medical-clinic

Obesity		
City/Town	**Name of Organization**	**Contact Information**
Niles	Lakeland Health Comprehensive Weight Loss Center	(269) 687-4673 or (877) 467-3858 www.lakelandweightlosscenter.com
St. Joseph	Lakeland Health FLIP (Fitness & Lifestyle Improvement Plan) Program	(269) 556-7171 or (866)260-7544 www.lakelandhealth.org

Diabetes		
City/Town	**Name of Organization**	**Contact Information**
Benton Harbor	HERBIE Clinic	www.herbieclinic.com
St. Joseph	Area Agency on Aging	(269) 982-7759 www.areaagencyonaging.org
St. Joseph	Benton Harbor-St. Joseph YMCA	(269) 428-9622 www.bhsjymca.org
St. Joseph	Diabetes Education & Management Services	(269) 556-2868 www.lakelandhealth.org/medical-services/diabetes-care
St. Joseph	Diabetes Prevention	(269) 556-2868 www.lakelandhealth.org/medical-services/diabetes-care
St. Joseph	Pre-Diabetes Education & Management Services	(269) 556-2868 www.lakelandhealth.org/medical-services/diabetes-care

Cardiovascular Conditions		
City/Town	**Name of Organization**	**Contact Information**
St. Joseph	Lakeland Health, Community Health & Wellness	(269) 556-2808 www.lakelandhealth.org
St. Joseph	Lakeland Health, The Heart Center	(269) 985-4578 www.lakelandhealth.org/medical-services/cardiology-services

High Costs of Care		
City/Town	**Lakeland Facility**	**Contact Information**
Lakeland Health Financial Counselors:		***www.lakelandhealth.org***
Niles	Lakeland Hospital, Niles	(269) 687-1198
Niles	Lakeland Medical Suites, Niles	(269) 687-1415
Niles	Southwestern Medical Clinic, Center for Women's Health	(269) 687-0808, Ext. 6746
Niles	Southwestern Medical Clinic, Niles	(269) 687-0200, Ext. 3465
St Joseph	Center for Outpatient Services, St. Joseph	(269) 556-7173
St. Joseph	BellaNova Women's Health	(269) 429-8010, Ext. 3510
St. Joseph	Lakeland Medical Center, St. Joseph	(269) 983-8320
St. Joseph	Patient Accounts – Business Office	(269) 428-2017
Watervliet	Lakeland Hospital, Watervliet	(269) 463-2250
English & Spanish versions of the entire financial assistance policy from Lakeland Health is available as Appendices 8 & 9 at the end of this report.		

Limited Availability of Providers		
City/Town	**Name of Organization**	**Contact Information**
Online Resource	Lakeland Care, Inc. Online Physician Directory	www.lakelandcare.com/directory/physician
Online Resource	Lakeland Health, "Find a Doctor"	www.lakelandhealth.org/physician-finder
Phone Number	Lakeland Physician Locator	(269) 982-2569 (Open 24 Hours a Day, Seven Days a Week)

Health Education & Information		
City/Town	**Name of Organization**	**Contact Information**
Benton Harbor	Berrien County Health Department	(269) 926-7121 www.bchdmi.org
Benton Harbor	Michigan State University Extension	(269) 927-5674 www.msue.anr.msu.edu/county/info/berrien
Berrien County	Lakeland Health, Physician Speaker Seminars	(269) 556-2808
Cassopolis	Ranger Wellness Center Ross Beatty Jr./Sr. High School	(269) 445-9355 www.cassfamilyclinic.org
Dowagiac	Van Buren/Cass District Health Department	(269) 782-0064 www.vbcassdhd.org
Hartford	Van Buren/Cass District Health Department	(269) 621-3143 www.vbcassdhd.org
Lansing	Michigan Department of Health & Human Services	(517) 335-8165 www.michigan.gov/mdhhs
Niles	Lakeland Health, Comprehensive Weight Loss Center	(269) 687-4673 or (877) 467-3858 www.lakelandweightlosscenter.com
Niles	Niles Community Health Center	(269) 262-4749 www.cassfamilyclinic.org
Online Resource	Helping Hand: Guiding Michigan Citizens to Assistance Resources	(877) 932-6424 www.michigan.gov/helpinghand
St. Joseph	Be Healthy Berrien	(269) 982-1700, Ext. 25 www.behealthyberrien.org
St. Joseph	Get Fit in the Mitt at Lakeland Health	www.getfitinthemitt.com
St. Joseph	Lakeland Health FLIP (Fitness & Lifestyle Improvement Plan) Program	(269) 556-7171 or (866)260-7544 www.lakelandhealth.org
St. Joseph	Lakeland Health, Community Health & Wellness	(269) 556-2808 www.lakelandhealth.org/health-wellness/community-health-and-wellness

Food Environment		
City/Town	**Name of Organization**	**Contact Information**
Bangor	Clothing Thrift Store	www.vbcuw.org/Food_Assistance.html
Bangor	Sacred Heart Catholic Church Food Pantry	(269) 427-7514 www.vbcuw.org/Food_Assistance.html
Bangor	We Care In The Name of Christ	(269) 427-9581 www.wecare-inc.org
Bangor	WIC (Women, Infants, Children)	(269) 427-7914 www.intercare.org
Baroda	Falak's Farm	(269) 422-1402 www.facebook.com/media/set/?set=a.404126673296.170554.363551463296&type=3
Baroda	Flavorland Farms	(269) 363-8607 www.facebook.com/FlavorlandFarms
Baroda	Pete's U-Pick	(269) 313-8496 www.facebook.com/PetesUPick
Baroda	Shafer Orchards U-Pick	(269) 422-1972 www.shaferorchards.com
Benton Harbor	ALDI Food Store	(855) 955-2534 www.aldi.us
Benton Harbor	Benton Harbor Farmer's Market	(269) 927-5607 www.mifma.org/farmers-markets/benton-harbor-farmers-market-2
Benton Harbor	Big Head Farms	(269) 605-9527 www.bigheadfarm.com
Benton Harbor	Catholic Community Center	(269) 926-6424 www.diokzoo.org/catholic-community-center
Benton Harbor	City of Benton Harbor	bryan.tutton@edwardjones.com
Benton Harbor	Dominion Family Farms	(269) 944-1765 www.dominionfamilyfarms.com/Family_Farms/Welcome_To_The_Farm.html
Benton Harbor	Fairplain Seventh Day Adventist Church	(269) 926-8891 www.fairplainadventist.org
Benton Harbor	Feeding America (West Michigan Food Bank)	(269) 926-2646 www.feedwm.org
Benton Harbor	Harbor Market	Carl Baushke: (269) 208-3982 or Ed Baushke: (269) 930-3346 www.harbor-market.com
Benton Harbor	Heritage Orchard	(269) 925-6949 www.heritageorchardsllc.com
Benton Harbor	La Perla	(269) 934-8813
Benton Harbor	La Perla Produce, Inc.	(269) 944-4043 www.facebook.com/LaPerlaProduce
Benton Harbor	Meijer	(269) 926-7204 www.meijer.com
Benton Harbor	Michigan State University Extension	Educator Zelda Felix-Mottley: (269) 985-0452 or motley@anr.msu.edu www.msue.anr.msu.edu/topic/info/food_health
Benton Harbor	Piggott's Farm Market & Bakery	(269) 876-9269 www.piggottsfarmmarket.com
Benton Harbor	Salvation Army Pantry - Benton Harbor Corps	(269) 927-1353 www.sabentonharbor.org/bentonharbor

Food Environment		
City/Town	**Name of Organization**	**Contact Information**
Benton Harbor	SAVE-A-LOT	(269) 925-3448 www.stores.save-a-lot.com/benton-harbor-mi
Benton Harbor	Schilke's Corner Farm Market & Greenhouse	(269) 944-3324 www.facebook.com/SchiilkesFarmMarketAndGreenhouse
Benton Harbor	Southwest Michigan Community Action Agency Warehouse	(269) 925-9077 www.smcaa.com
Benton Harbor	St. Augustine of Canterbury Episcopal Church	(269) 925-2670 www.staugustinebh.com
Benton Harbor	Walmart	(269) 927-6025 www.walmart.com
Berrien Center	Earth First Farms	(269) 815-3370 www.earthfirstfarms.com
Berrien Center	Frank Farms	(269) 461-4125 www.frankfarms.com
Berrien Center	Klug Orchards/Green Organics	(269) 684-3311 www.klugorchards.com
Berrien, Cass, & Van Buren Counties	Michigan 2-1-1 Get Connected. Get Answers.	2-1-1 or (800) 310-5454 www.uwsm.org/2-1-1
Berrien Springs	Apple Valley Natural Foods	(269) 471-3131 www.avnf.com
Berrien Springs	Bixby Orchards	(269) 473-6681 www.facebook.com/Bixby-Farms-324755846149
Berrien Springs	Bread of Heaven, Berrien Springs United Methodist Church	(269) 471-7220
Berrien Springs	Calderwood Farms	(269) 471-2102 www.applepickingorchards.com/calderwood-farms
Berrien Springs	Harding's	(269) 471-7759 www.hardings.com
Berrien Springs	Hildebrand Fruit Farms	(269) 471-1682 www.facebook.com/HildebrandFruitFarms
Berrien Springs	Hillside Orchards	(269) 471-7558 www.hillsideorchards.us
Berrien Springs	Lemon Creek Winery & Farm Market	(269) 471-1321 www.lemoncreekwinery.com/farm-market
Berrien Springs	Mabuhay Oriental Store	(269) 473-2755 www.facebook.com/Mabuhay-Filipino-Asian- Store-260804787273453
Berrien Springs	Melendez Imports	(269) 473-3477 www.facebook.com/melendezimports
Berrien Springs	Neighbor to Neighbor	(269) 471-7411 www.n2nhelps.com
Berrien Springs	New Berrien Springs Oriental Supermarket	(269) 471-5744 www.facebook.com/New-Berrien-Springs-Oriental-Super- market-140314776006496
Berrien Springs	Stover's Farm Market & U-Pick	(269) 471-1401 www.stoversupic.com/index.html
Berrien Springs	Villwock's Farm Market	(269) 362-1932 www.facebook.com/villwocks
Berrien Springs	Wild Coyote Farm	(269) 277-3621 or (269) 362-5523 www.wildcoyotefarm.weebly.com

Food Environment		
City/Town	**Name of Organization**	**Contact Information**
Bloomingdale	Bloomingdale Christian Church	(269) 521-4233 www.facebook.com/bdalechurch
Bridgman	Bridgman Public Library Community Garden	(269) 465-3663 www.bridgmanlibrary.org/communitygarden.asp
Bridgman	Harding's	(269) 465-5211 www.hardings.com
Bridgman	Rambo Blueberries	(269) 426-4074 www.rambo-blueberries.com
Bridgman	Woodland Shores Baptist Church & Caring Cupboard Pantry	(269) 465-4673 www.wsbchurch.com
Buchanan	Blossomland Bee Supply	(269) 655-5472 www.blossomland.com
Buchanan	Buchanan City Farmer's Market	(269) 506-3021
Buchanan	Harding's	(269) 695-3321 www.hardings.com
Buchanan	Lowery's Meat & Grocery	(269) 695-3834 www.lowerysmeatandgrocery.com
Cassopolis	Dussel's Farm Market	(269) 445-8715 www.dusselsfarmmarket.com
Cassopolis	Harding's	(269) 445-2607 www.hardings.com
Cassopolis	Helping Hands of Cass County	(269) 445-8104 www.helpinghandsofcasscounty.org
Cassopolis	Jake's Country Meats	(269) 445-3020 www.jakescountrymeats.com
Chikaming Township	Grower's Junction Fruit Stand	(269) 426-2413
Coloma	Fruit Acres Farm Market & U-Pick	(269) 208-3591 www.fruitacresfarm.com
Coloma	Harding's	(269) 468-6702 www.hardings.com
Coloma	Jollay Orchards	(269) 468-3075 www.jollayorchards.com
Coloma	Pier Road Organics	(269) 849-3210 www.instagram.com/pier_road_organics
Decatur	Clothing Pantry	(269) 423-9958 www.decaturhumanservices.org/clothing.html
Decatur	Decatur Human Services	(269) 423-6474 www.decaturhumanservices.org
Dowagiac	Action Ministries Center	(269) 782-0000 www.actiondowagiac.com
Dowagiac	Harding's	(269) 782-8100 www.hardings.com
Dowagiac	Roseland Organic Farms	(269) 445-8769 or (269) 228-0376 www.roselandorganicfarms.com
Dowagiac	Sprague's Family Fun Farm	(269) 782-8578 www.spraguesfamilyfunfarm.com
Dowagiac	SUPERVALU	(269) 424-5219 www.supervalu.com
East Lansing	Michigan Farmers Market Association	(517) 432-3381 www.mifma.org

Food Environment		
City/Town	**Name of Organization**	**Contact Information**
Eau Claire	Blankenship's Farm	(269) 357-4079 www.facebook.com/Blankenships-Farm-253743707971671
Eau Claire	Prillwitz Fruit Farms	(269) 461-6720 www.facebook.com/PrillwitzFruitFarms
Eau Claire	Tree-Mendus Fruit Farm	(269) 782-7101 www.treemendus-fruit.com
Edwardsburg	Nelson's Herbs	(574) 215-8212 www.nelsonsherbs.wordpress.com
Galien	Springhope Farm	(269) 545-8313 www.springhopefarm.com
Galien	Twin Maple Orchards	(269) 545-8840 www.twinmapleorchards.com/index.html
Gobles	Gobles-Kendall Area Ministerial Association	(269) 628-4882 www.facebook.com/gobles.pantry
Hartford	Big Dan's U-Pick & Farm Market	(269) 621-4037 www.bigdans.com
Hartford	Cooperating Ministries Food Pantry	(269) 621-4103 www.hartfordmichigan.com/wwwroot/Food%20Pantry/Food%20Pantry.htm
Harbert	The Planting Field	(269) 469-1676
Lawrence	Lawrence United Methodist Church	(269) 674-8381 www.lawrencemethodistchurch.org
Mattawan	Calvary Reformed Church	(269) 375-6240 www.calvaryreformed.org
Mattawan	Mattawan Area Pantry	(269) 348-5596 www.mattawanareapantry.blogspot.com
Mattawan	St. John Bosco Church	(269) 668-3312 www.stjohnbosco.com
New Buffalo	Barney's	(269) 469-1210 www.barneysnb.com/store-info
New Buffalo	New Buffalo Farmer's Market	www.newbuffalomarket.com
New Troy	Molly's Corner Store	(269) 426-4980 www.facebook.com/pages/Mollys-Corner-Store-Inc/111528368902260
Niles	First Presbyterian Church	(269) 683-7600 www.firstpresofniles.org
Niles	Harding's	(269) 683-4666 www.hardings.com
Niles	Lehman's Orchard	(269) 683-9078 www.lehmansorchard.com
Niles	Martin's Supermarkets	(269) 684-2722 www.martins-supermarkets.com/stores/niles
Niles	Niles Community Gardens	www.nilescommunitygardens.org
Niles	Niles Salvation Army Center	(269) 684-2660 www.saniles.org
Niles	SAVE-A-LOT	(269) 683-0247 www.stores.save-a-lot.com/niles-mi
Niles	Shelton's Farm Market	(269) 684-3230 www.sheltonfarms.com

Food Environment		
City/Town	**Name of Organization**	**Contact Information**
Niles	Walmart	(269) 683-2773 www.walmart.com
Online Resource	Supplemental Nutrition Assistance Program (SNAP)	SNAPHQ-Web@fns.usda.gov www.fns.usda.gov/snap/supplemental-nutrition-assistance-program-snap
Paw Paw	Agly Land & Cattle	(269) 657-1787 or (269) 370-4228 www.agrilicious.org/Egly-Land-Cattle
Paw Paw	Eleanor's Pantry	(269) 415-0444 www.eleanorspantry.org
Paw Paw	Women, Infant, & Children (WIC) Program at InterCare	(269) 655-8900 www.intercare.org
Sawyer	Blueberry Patch	(269) 426-4521 www.facebook.com/The-Blueberry-Patch-101489336443
Sawyer	Sawyer Market	(269) 426-8110 www.sawyergardencenter.com
South Haven	Walmart Supercenter	(269) 639-2260 www.walmart.com
South Haven	We Care In The Name of Christ - Covert/South Haven (located in Peace Lutheran Church)	(269) 637-4342 www.wecare-inc.org
St. Joseph	Be Healthy Berrien Mobile Farmer's Market	(269) 982-1700, Ext. 25 www.behealthyberrien.org
St. Joseph	Harding's	(269) 983-4103 www.hardings.com
St. Joseph	Martin's Supermarkets	(269) 983-1223 www.martins-supermarkets.com/stores/st-joseph
St. Joseph	Nye's Apple Barn & Farm	(269) 429-0596 www.nyesapplebarn.com
St. Joseph	Roger's Foodland	(269) 429-9661 www.rogersfoodland.com/contact.php
St. Joseph	St. Joseph Farmer's Market	(269) 985-1111 www.stjoetoday.com
Stevensville	Alex's Veggies	(269) 429-0730 www.facebook.com/alexsveggies
Stevensville	Barbott Farms & Greenhouse	(269) 422-2378 www.barbott.com
Stevensville	Bredeweg Acres	(269) 422-2731 www.bredewegacres.com
Stevensville	City Folk Farm	(269) 428-2862 www.agrilicious.org/City-Folk-Farmer
Stevensville	Martin's Supermarkets	(269) 429-1711 www.martins-supermarkets.com/stores/stevensville
Stevensville	Meijer	(269) 556-2400 www.meijer.com
Stevensville	Schadler's Shed	(269) 325-8365
Three Oaks	Blue Jay Farms	(269) 426-3641 www.facebook.com/Blue-Jay-Farms-1377638432461016
Three Oaks	Granor Farm	www.granorfarm.com
Three Oaks	Harding's	(269) 756-9166 www.hardings.com

Food Environment		
City/Town	**Name of Organization**	**Contact Information**
Three Oaks	Kaminski Farms Meats	(269) 756-7457 www.kaminskifarms.com
Three Oaks	Middlebrook Farm	(269) 756-9778 or (269) 357-5162 or 5225 www.middlebrookfarm.com
Three Oaks	Three Oaks Community Garden	www.threeoakscommunitygarden.com
Three Oaks	Three Oaks Farmer's Market	(269) 756-2059 www.facebook.com/pages/Three-Oaks-Farmers-Mar- ket/183748611689285
Union Pier	Union Pier General Store	(269) 231-5107
Union Pier	Whistle Shop Grocery	(269) 469-6700 www.whistlestopgrocery.com
Watervliet	Watervliet Free Methodist Church	(269) 463-8280 www.wfmchurch.org/main_page.asp
Watervliet	Watervliet Fruit Exchange	(269) 463-3187 www.watervlietfruitexchange.com
Watervliet	Weckwerth Orchards	(269) 757-6161 or (269) 463-3439

Appendices

Appendix 1 – Data Summary Form

Facitator: ______________________________

Note Taker: ______________________________

Additional Staff: ______________________________

Population: ______________________________

Location: ______________________________

Date: ______________________________

Method: ______________________________

Please note overarching themes and highlight potential ideas for implementation strategies in yellow.

Question 1: What are the biggest health issues in your community?

Related to: Health or Health care	Related to: Social Determinants
1.	1.
2.	2.
3.	3.

Question 2: What in your community makes it hard for you to be healthy?

Related to: Health or Health care	Related to: Social Determinants
1.	1.
2.	2.
3.	3.

Question 3: What are some good things in your community that help you be healthy?

Related to: Health or Health care	Related to: Social Determinants
1.	1.
2.	2.
3.	3.

Question 4: In an ideal world, what would a healthy community look like? What would it have? How would it feel?

Related to: Health or Health care	Related to: Social Determinants
1.	1.
2.	2.
3.	3.

Question 5: What are your ideas on how to improve health in your community?

Related to: Health or Health care	Related to: Social Determinants
1.	1.
2.	2.
3.	3.

Appendix 2 – Community Input

In assessing the health needs of its community, the CHNA must take into account input from persons who represent the broad interests of the community. The Internal Revenue Service (IRS) final ruling includes individuals consulted from state, local, tribal or regional public health department (or equivalent department or agency) with expertise relevant to the health needs of the community; leaders, representatives, or members of medically underserved, low-income, and minority populations in the community, and/or populations with chronic disease; and individuals or organizations serving or representing the interests of such populations.

In the following three (3) tables, IRS* indicates definitions which group/stakeholder classification(s) are represented:

1. Individuals consulted from state, local, tribal or regional public health department (or equivalent department or agency) with expertise relevant to the health needs of the community;
2. Leaders, representatives, or members of medically underserved, low-income, and minority populations in the community, and/or populations with chronic disease;
3. Individuals or organizations serving or representing the interests of such populations.

Key Informant Interviews					
	Name	**Title**	**Affiliation**	**IRS***	**Date of Consult**
1	Jones, Russ	Community Resident	Baroda	3	12/4/15
2	Steinhauser, Patty	Founder, Planting Hope in Michigan	Baroda	3	12/8/15
3	White, Kevin	Supervisor	Benton Charter Township	2	3/3/16
4	Watson, Darwin	City Manager	Benton Harbor	2	1/4/16
5	Fuse, John	Community Resident	Benton Harbor	3	3/17/16
6	Williams, Renee	Community Resident, Former Superintendent of Benton Harbor Area Schools	Benton Harbor	3	12/9/15
7	Fields, Reggie & Shakia	Community Residents	Benton Harbor	3	12/2/15
8	Jennings, Danny	Varsity Baseball Coach	Benton Harbor High School	3	1/4/16
9	Hester, Yvonne	Director	Benton Harbor Street Ministry	2	2/18/16
10	Branch, Thelma	Executive Director	Benton Harbor/Township Senior Center	2	2/3/16
11	Ahern, Mike*	Executive Director	Benton Harbor-St. Joseph YMCA	2	2/23/16
12	Seats, Marletta	Berrien County Commissioner	Berrien County	2	2/22/16
13	Reid-Smith, Reneé	Community Development Liaison	Berrien County Cancer Service	2	2/11/16
14	Church, Nancy - RN	Executive Director	Berrien County Cancer Service	2	2/11/16
15	Vulicevic, Rahela	Cash Program Analyst	Berrien County Department of Health & Human Services	2	1/27/16
16	Leonard, Darlene	Michigan Youth Opportunities Initiative (MYOI) Coordinator	Berrien County Department of Health & Human Services	1	1/8/16
17	Isom, Karissa	Community Member	Berrien County Health Department - Women & Infant Children (WIC)	3	3/16/16
18	Boyce, Robert	Captain	Berrien County Sheriff's Department	2	1/8/16
19	Miller, Joyce	Former Health & Homeless Education Consultant	Berrien Regional Education Service Agency (RESA)	3	3/28/16
20	Chadderdon, Bonnie	Director of "After School Rocks!"	Berrien Springs High School	3	2/2/16

** In memory of Mike Ahern for his contribution to the CHNA and his dedication to improving lives. His gracious leadership, devotion, and genuine care for others has made a long-lasting mark on the community he served.*

Key Informant Interviews					
	Name	**Title**	**Affiliation**	**IRS***	**Date of Consult**
21	Dodge, Beth	Volunteer, Tax Aide	Cass County Council on Aging	2	3/4/16
22	Helter, Veronica	Case Worker	Cass County Prosecutor's Office, Cassopolis	3	2/2/16
23	Pontius, Daphne - RN	Patient Care Manager of Obstetrics & Gynecology & Maternal Infant Health Program (MIHP)	Cassopolis Family Clinic Network, Niles	1	1/18/16
24	Thornton, Van	Building Official & Zoning Administrator	City of Benton Harbor	2	12/18/15
25	Muhammad, Marcus	Mayor	City of Benton Harbor	2	1/1/16
26	McGinnis, Dan	Public Safety Director	City of Benton Harbor	2	1/7/16
27	Muellen, Patricia	Director	Cornerstone Chamber of Commerce, Benton Harbor	2	1/14/16
28	Jennings, Tracy-Ann	Executive Director	Emergency Shelter Services, Inc., Benton Harbor	2	3/10/16
29	Fast, Jay	Lead Pastor	Harbert Community Church	3	2/8/16
30	Hennen, Shelley - MSN, BSN	Health Sciences Department / Faculty - Nursing	Lake Michigan College, Benton Harbor	3	1/4/16
31	Mazzucco, "Skip" Joe	Pastor	Lake Shore Bible Church, Coloma	3	2/12/16
32	Collins, Heather and Hebard, Robin	Registered Dietitians	Lakeland Comprehensive Weight Loss Center, Niles	2	1/14/16
33	Hightower, James	Former Director of Trauma & Clinical Care Services, Former Mayor, & Resident	Lakeland Health, St. Joseph & Benton Harbor	1	1/7/16
34	Bartoszek, Lisa	Founder and Director	Lory's Place (Grief Healing and Education Center), St. Joseph	2	1/14/16
35	Habicht, Rob	President/Chief Executive Officer	Michigan Gateway Community Foundation	2	1/28/16
36	Pscholka, Al	State Representative, District #79	Michigan House of Representatives	2	2/26/16
37	Burton, Maurice	Trooper	Michigan State Police, Post #53	2	1/15/16
38	Stringer, Princella	Jobs for Life Coordinator	Mosaic Café Christian Community Development Association (CCDA), Benton Harbor	2	2/10/16
39	Mottl, Dorothy	Real Estate Agent	D. Mottl Realty Group	2	1/13/16
40	Bowkers, Bryan & Kim	Community Residents	Niles	3	1/28/16
41	Grayson, Steve	Coach & Instructor	Niles High School	2	2/24/16
42	Weber, Mark	Chief Executive Officer	Niles-Buchanan YMCA	2	1/22/16
43	Peters, Denise	Vice President of Programs	Niles-Buchanan YMCA	2	1/13/16
44	Hildebrand, Michael	Supervisor	Oronoko Charter Township	2	3/4/16
45	Carlock, Shannon	Community Resident	Benton Harbor Women's Health Council, Benton Harbor	3	1/15/16
46	Pollard, Tabitha - NP	Family Nurse Practitioner	Ranger Wellness Center - Ross Beatty Junior-Senior High School, Cassopolis	2	1/25/16
47	Sajja, Sita Rama Prassad - MD	Psychiatrist	Riverwood Mental Health Center, Benton Harbor	1	1/29/16
48	McKee, Major Mike	Former Corps Officer	Salvation Army - Benton Harbor	2	2/5/16
49	Scott, Stanley	Director of Shelter Services	Salvation Army, Benton Harbor (Men's Shelter)	2	1/21/16

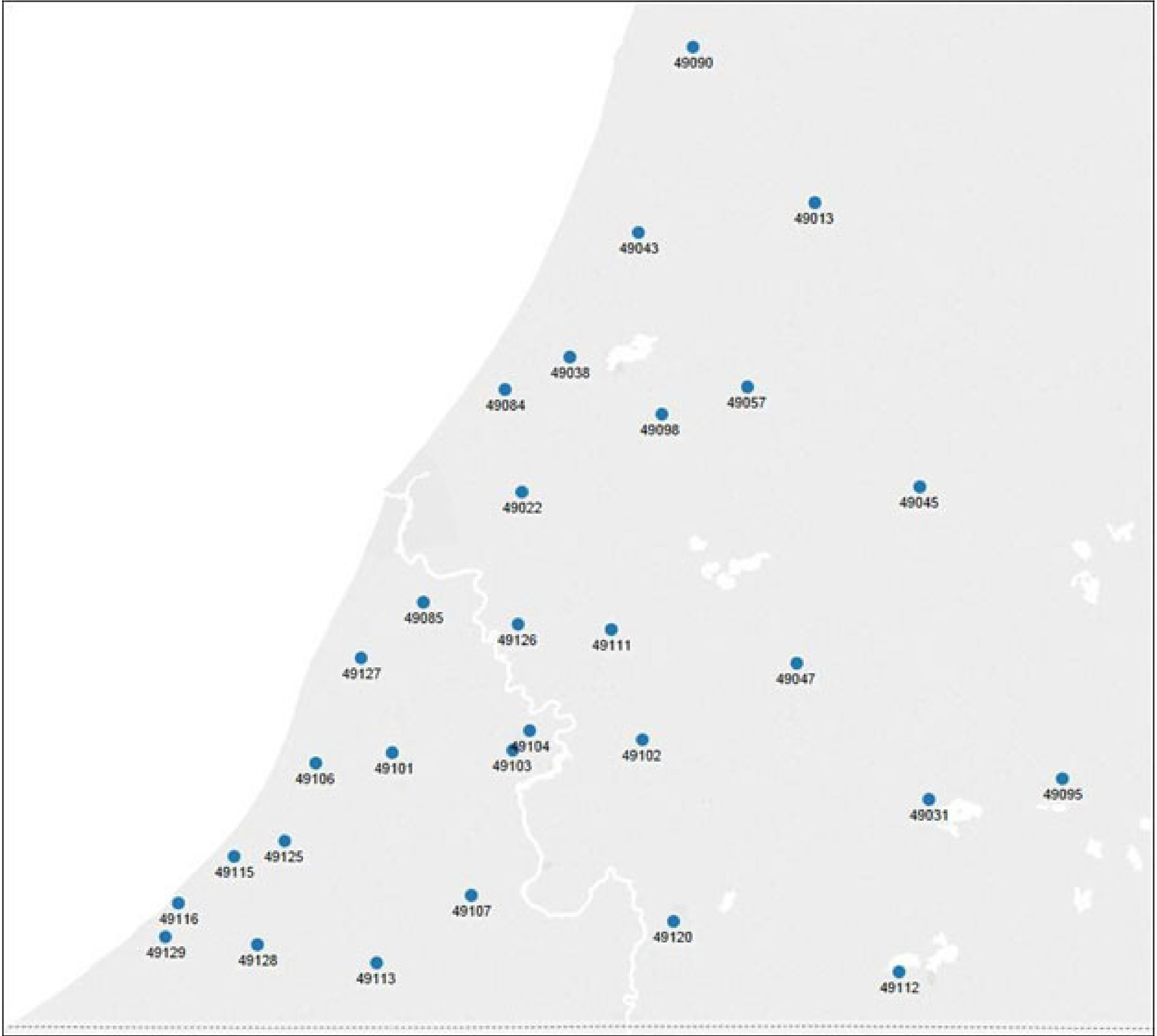
Key Informant Interviews					
	Name	**Title**	**Affiliation**	**IRS***	**Date of Consult**
50	Knauf, Cathy	Founder, Southwest Michigan Human Trafficking Task Force	Southwest Michigan Human Trafficking Task Force	2	2/12/16
51	Behnke, Whitney	Executive Director	St. Joseph Today	3	3/7/16
52	Buller, Dennis	Chief of Police	Three Oaks Police Department	3	2/9/16
53	Liebich, Jonathan	Reverend	Trinity Lutheran Church, Buchanan	3	2/16/16
54	Umbrasas, Adam	Village Manager	Village of Three Oaks	2	2/23/16
55	Raine, Raine - MSN, RN, CDE	Faculty Specialist II	Western Michigan University-Bronson School of Nursing	2	2/29/16
56	Hall, Kyle	President	Whirlpool Corporation - Young Professionals, Benton Harbor	3	1/14/16

Focus Groups				
	Participants	**Group Represented / City**	**IRS***	**Date of Consult**
1	7 youth	Allied Health Class (AM class), Niles	3	3/7/16
2	7 youth	Allied Health Class (PM class), Niles	3	3/7/16
3	7 youth	Allied Health Class, Niles	3	3/9/16
4	7 youth	Benton Harbor High School (AM class), Benton Harbor	3	3/23/16
5	11 youth	Benton Harbor High School (PM class), Benton Harbor	3	3/23/16
6	4 adults	Benton Township Housing Commission, Benton Harbor	3	3/2/16
7	5 youth	Berrien County Health Dept. MI-APPP Group, Benton Harbor	1	1/28/16
8	9 youth	Boy and Girls Club, Benton Harbor	3	12/17/15
9	5 youth	Boys Scouts, Benton Harbor	3	12/12/15
10	4 adults	Breast Feeding Support Group, St. Joseph	3	1/13/16
11	5 adults	CARES (Community AIDS Resource & Education Services), Benton Harbor	2	1/20/16
12	6 adults	City Hall, Buchanan	3	2/11/16
13	10 adults	Cornerstone Alliance, Benton Harbor	3	2/10/16
14	12 adults	Countryview Apartments and Townhomes, Benton Harbor	3	2/2/16
15	6 adults	Diabetes Support Group at Ferry Street Resource Center, Niles	3	12/9/15
16	7 adults	Diabetes Support Group, St. Joseph	3	12/2/15
17	10 adults	Emergency Shelter Services, Inc., Benton Harbor	2	1/25/16
18	6 youth	Genesis Youth Group, Benton Harbor	3	2/3/16
19	8 adults	Harbert Community Church, Harbert	3	3/2/16
20	7 adults	Harbor Pointe Apartments, Benton Harbor	3	2/10/16
21	7 youth	Healthy Living Class (AM class), Niles High School	3	3/14/16
22	7 youth	Healthy Living Class (PM class), Niles High School	3	3/14/16
23	5 youth	High School Key Club, St. Joseph	3	2/17/16
24	8 adults	Community Network, Berrien County	2	2/2/16
25	10 adults	InterCare Community Network, Berrien County	2	2/4/16
26	9 adults	InterCare Community Network, Berrien County	2	2/8/16
27	9 adults	InterCare Community Network, Berrien County	2	2/10/16
28	3 adults	Medic 1 Ambulance, St. Joseph	2	1/14/16

Focus Groups				
	Participants	Group Represented / City	IRS*	Date of Consult
29	10 adults	Mosaic Café Christian Community Development Association (CCDA), Benton Harbor	2	2/16/16
30	10 adults	North Berrien Senior Center, Coloma	3	2/11/16
31	5 youth	Planned Parenthood, Benton Harbor	3	3/9/16
32	6 youth	Professional Health Careers Academy (AM class), Niles	3	3/1/16
33	6 youth	Professional Health Careers Academy (PM class), Niles	3	3/1/16
34	7 adults	PTA North Elementary School, Watervliet	3	2/4/16
35	6 adults	R.E.A.D.Y. Taekwondo Academy (Reclaiming, Equipping & Directing Youth), Benton Harbor	3	1/26/16
36	6 adults	Region IV Area Agency on Aging, Berrien, Cass, & Van Buren Counties	3	2/17/16
37	5 adults	Region IV Area Agency on Aging, Berrien, Cass, & Van Buren Counties	3	2/22/16
38	8 adults	Region IV Area Agency on Aging, Berrien, Cass, & Van Buren Counties	3	2/23/16
39	2 adults	Region IV Area Agency on Aging, Berrien, Cass, & Van Buren Counties	2	3/23/16
40	7 adults	River Valley Senior Center, Harbert	3	3/14/16
41	6 adults	Riverwood Center/ Berrien Mental Health Authority, Benton Harbor	2	2/24/16
42	5 adults	Riverwood Center/ Berrien Mental Health Authority, Benton Harbor	2	3/29/16
43	9 adults	Salvation Army Men's Shelter, Benton Harbor	3	1/21/16
44	17 adults	Salvation Army, Niles	3	12/7/15
45	9 adults	Senior Center, Benton Harbor	3	1/20/16
46	7 adults	Southwest Michigan Community Ambulance Service, Niles	3	2/16/16
47	11 adults	Strong Women of Faith Breast Cancer Support Group, Benton Harbor	2	1/26/16
48	12 youth	Student Health Center - InterCare, Benton Harbor	3	2/2/16
49	12 youth	Teen Pride, OutCenter, Benton Harbor	3	3/26/16
50	10 adults	The Chapel (Mobile Home Park), Stevensville	3	3/24/16
51	6 adults	The Journey Church, Benton Harbor	3	1/21/16
52	4 adults	The Maternal Infant Health Program, Cass Family Clinic, Dowagiac	1	1/29/16
53	11 adults	Trinity Lutheran Church, Buchanan	3	3/9/16
54	6 adults	Veterans Administrative Community Based Outreach Clinic, Benton Harbor	3	2/26/16
55	8 adults	Veterans Administrative Community Based Outreach Clinic, Benton Harbor	1	3/1/16

Photovoice				
	Participants	Group Represented / City	IRS*	Date of Consult
1	Pesce, Ryan	Berrien Springs High School	3	1/8/16
2	Foster, Jami	New Tech Entrepreneurial Academy, Niles High School	3	3/21/16

Appendix 3 – Methods Distribution Map



Appendix 4 – Community Health Needs List

Health Conditions	
Better Health	Without Disease
Cancer	Breast, Lung, Skin, Prostate
Diabetes	Type I and Type II
Cardiovascular Conditions	Heart Disease, High Blood Pressure, Stroke
Kidney Disease	Kidney Failure
Mental Health	Anxiety, Depression, and Stress, Substance Abuse Including Alcohol and Drugs, Cigarette Smoking, Trauma; Physical or Sexual Abuse, PTSD
Musculoskeletal Issues	Joints, Muscles, Nerves, Tendons and Structures That Support Limbs
Neurology	Seizures
Obesity	
Poor Nutrition	Hunger
Respiratory Issues	Asthma, COPD
Infectious Diseases	HIV/AIDS, Sexually Transmitted Diseases, Infections
Teen Pregnancy	
Misdiagnosed or Undiagnosed	
Aging Population	

Health Care System	
Access	
Complexity	Processes, Insurance, Medication Instructions
Cost of Care	Physician Services and Procedures
Insurance	Uninsured or Underinsured, Inadequate Coverage
Provider Availability	All Care Providers, Including Holistic Practitioners & Pharmacists
Preventive Care	Health Screening, Immunizations
Time	Long Waits
Transportation	Proximity
Equipment & Services	Medical Devices, Transferred to Another Facility
Doctor & Patient Communication	
Clinical Climate & Cultural Competency	Feeling Welcome
Provider Comprehension	Lack of Understanding
Listening or Voice Not Heard	Lack of Respect
Supportive & Trusting Environment	
Health Education	
Access to Health Education & Information	Technology, Internet, Community Classes
Health (Doctor & Patient) Literacy	Ability to Understand Basic Health Information. Doctors Relaying Health Information to Patients. Doctors Using Terms That Patients Can Understand. Language Barriers
Quality of Care	
Continuum of Care	Collaboration with Agencies / Referral to Doctors
Misdiagnosis or Undiagnosed	
Care Provider Competency	Understanding

Social Determinants	
Attitudes & Culture	
Health Behavior	Hygiene, Lack of Discipline (e.g., Raising Children), Lack of Healthy Lifestyle
Marketing	Billboards, Lack of Knowledge of Resources
Community Resources	
Availability	Food Banks, Community Churches, Community Gardens
Complexity	Collaboration (or Lack of), Poor Communications
Discrimination	
Marketing	Not related to information that's conveyed, but discrimination in the materials themselves. Some people don't "see themselves" or "relate" to the information and visuals that are designed. They feel like advertisements are targeting people who can pay versus those who can't and don't even receive the materials.
Social Exclusion	Groups or individuals who are intentionally and/or purposefully left out.
Education	
Educational Attainment	Highest Degree of Education
Coordinated School Health	Counseling, K-12, Mental Health, Nutrition Classes, Physical Education, or Preventative Education
Lifelong (Health) Learning	Updated Skills, Vocational Training
Literacy	Lack of Proficiency Speaking English, Language Barriers
Educational System	Disciplinary Practices, Quality of Education
Employment Status	
Employed	Working Full or Part-Time
Lack of Jobs & Unemployment	
Overworked	Overburden
Underemployed	Not at a Livable Wage
Environment	
Aesthetics	Structure, Appearance of the Area
Built Environment	Infrastructure, Road Conditions, Sidewalk Ramps, Bike Lanes, Wheelchair Access
Pollution	Air, Litter, Noise, Trash, Graffiti, Smoke, and Water Quality Issues
Public Safety	
Weather	Winters in Michigan
Sociocultural Environment	Cultural Attributes & Parental Engagement and/or Practices
Natural Environment	Trees, Open Spaces
Food	
Access	Acceptability (Doesn't Taste Good, Medically Appropriate Foods, Quality), i.e., School Lunches Cost ("Bad" Food is Cheap & Healthy Food is Expensive) Culinary Ability (Knowledge & Preparation of Food) Physical Proximity to Healthy Food & Lack of Healthy Food Restaurants & Grocery and Corner Stores, i.e., Farmer Markets Time
Attitudes & Cultural Habits	Food Preparation Habits i.e., Southern Cooking, Generational
Housing	
Availability	Including Shelters
Homelessness	Without a Permanent Dwelling
Structural or Quality	Lack of Ramps at Elderly Housing Structure

Social Determinants	
Income & Poverty (Can't Afford to be Healthy)	
Legal	
Criminal Justice or Law Enforcement	
Employment & Workforce	
Housing	Tenants' Rights, Discrimination
Physical Activity & Recreational Opportunities	
Beaches, Hiking Trails, Parks, or Riverwalks	Local Recreation
Cost of Recreation	Cost to the Individual
Entertainment	Organized & Structured Community Activities or Events, Concerts, Movies, Picnics, Camps, etc.
Fitness & Other Wellness Activities or Facilities	Promote Fitness
Safety	Limits Ability to Access & Willingness to Engage in Community or Exercise Opportunities
Social Cohesion (Connectedness & Trust, Engagement, & Support)	
Technology	
Too Much	Plugged in Most of Time
Not Enough	Limited Availability of the Internet
Time	
Overworked	
Overscheduled	
Transportation (Social or Not Pertaining to Health care)	
Government (Systems, Fines, Policies, Affordable Care Act, & USDA School Lunches)	

Community Health Needs Assessment Survey

By participating in this survey, you can help Lakeland Health and the Berrien County Health Department find ways to improve the health of our community. Your responses will help us identify the health needs of the residents of southwest Michigan, and to develop ways to address those needs. Thank you for taking the time to participate.

Home address*: ______________________________

What are the biggest health issues in our community?

____

____

What makes it hard to be healthy in our community?

____

____

What makes it easy to be healthy in our community?

____

____

In an ideal world, what would a healthy community look and feel like?

____

____

Do you have any ideas about how to improve health in our community?

____

____

**Addresses will never be used to personally identify you or to send you mail. Addresses will only be used to help us identify the census tract you live in.*

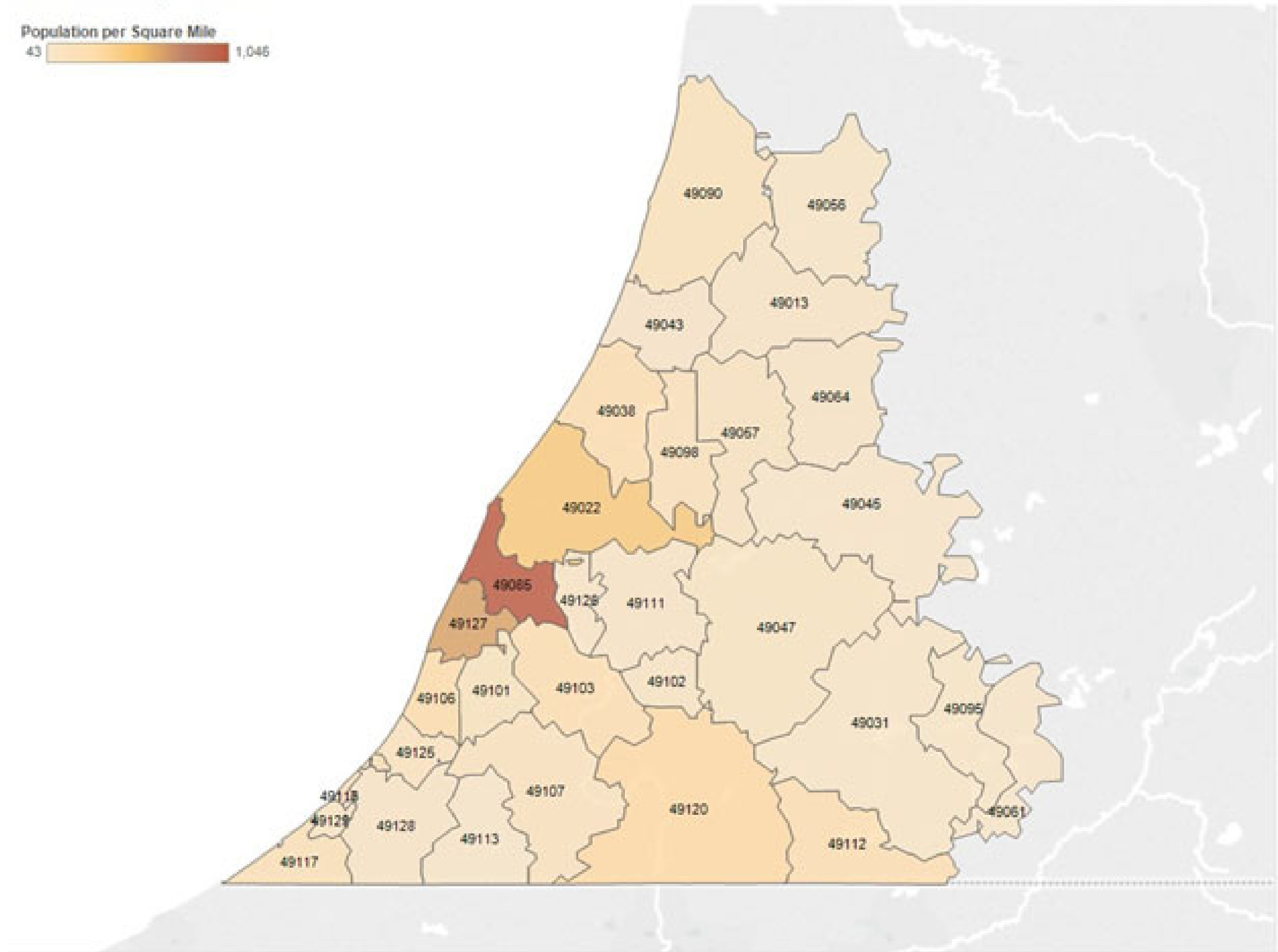
Appendix 6 – Mortality Rates

Census Tract	Age-Adjusted Mortality Rate (per 100,000)	Number of Deaths	Population Per Tract	Percentage of Population in Tract
Berrien	813.57	1631	156,282	100.0%
Bottom Quartile (Highest Adjusted Mortality Rate)				
Census Tract	**Age-Adjusted Mortality Rate (per 100,000)**	**Number of Deaths**	**Population Per Tract**	**Percentage of Population in Tract**
10	1,111.05	19	1730	1.1%
106	1,165.13	58	5056	3.2%
114	1,169.67	27	2556	1.6%
103	1,230.28	54	4963	3.2%
21	1,245.75	31	2733	1.7%
3	1,286.69	15	2222	1.4%
20	1,325.20	40	3462	2.2%
4	1,390.44	20	2122	1.4%
22	1,410.89	31	2918	1.9%
207	1,657.43	48	2768	1.8%
6	1,804.45	40	3151	2.0%
23	1,956.83	25	2214	1.4%
Third Quartile				
Census Tract	**Age-Adjusted Mortality Rate (per 100,000)**	**Number of Deaths**	**Population Per Tract**	**Percentage of Population in Tract**
9	958.73	31	1853	1.2%
19	971.93	18	2169	1.4%
104	980.78	25	2846	1.8%
211	996.35	31	2116	1.4%
204	997.24	31	3831	2.5%
209	1,009.11	26	3685	2.4%
18	1,014.35	73	4748	3.0%
14	1,021.47	42	4373	2.8%
205	1,058.05	26	3179	2.0%
5	1,065.32	11	2106	1.3%
111	1,069.18	72	5071	3.2%
212	1,097.55	19	1468	0.9%

Second Quartile				
Census Tract	Age-Adjusted Mortality Rate (per 100,000)	Number of Deaths	Population Per Tract	Percentage of Population in Tract
25	703.31	20	1995	1.3%
13	721.57	25	1950	1.2%
101	732.83	27	3663	2.3%
202	739.14	43	5415	3.5%
110	772.11	20	2780	1.8%
17	805.58	26	4416	2.8%
105	810.77	22	2326	1.5%
8	828.06	62	5496	3.5%
214	833.46	35	3836	2.5%
102	882.25	60	6583	4.2%
116	887.19	19	1865	1.2%
7	904.79	28	3176	2.0%
Top Quartile (Lowest Adjusted Mortality Rate)				
Census Tract	Age-Adjusted Mortality Rate (per 100,000)	Number of Deaths	Population Per Tract	Percentage of Population in Tract
213	360.38	17	5352	3.4%
16	402.95	16	2477	1.6%
113	445.38	25	4066	2.6%
24	530.24	15	1919	1.2%
115	552.45	8	1410	0.9%
201	598.60	15	2549	1.6%
112	617.49	25	3101	2.0%
210	654.56	36	5095	3.3%
15	658.90	27	3360	2.1%
206	662.83	33	3459	2.2%
11	693.82	30	4004	2.6%
203	701.95	18	2649	1.7%

Note. BCHD (2015).

Appendix 7 – Population Density Map



Note. U.S. Census Bureau (2011a).

Appendix 8 – Lakeland Health Financial Assistance Policy – English

Financial Assistance Policy

Code No. Corp- 176
Originator: Patient Accounts
Distribution: Corporate Wide
Date Effective: 11/01/1999
Last Revision Date: 05/03/16
Last Reviewed Date: 05/03/16
Review Responsibility and Final Authority to Determine Reasonable Effort has been made:
Executive Director of Revenue Cycle Management
Approved By: Lakeland Finance Committee

Purpose

To define and establish the guidelines by which Lakeland Health will provide financial assistance to those residents within our service area who are unable to pay for medically necessary health care services at our not-for-profit facilities.

This policy is intended to meet the requirements of applicable federal, state, and local laws, including, without limitation, section 501(r) of the Internal Revenue Code of 1986, as amended, and the regulations thereunder.

The guiding principles behind this policy are to treat all patient and individuals responsible for payment equally, with dignity, and respect. To also ensure that reasonable efforts are made to determine whether the individual responsible for payment of all or a portion of a patient account is eligible for assistance under the Financial Assistance Policy.

Policy

Lakeland Health is dedicated to the proposition that medically necessary health care services should be accessible to all, regardless of age, gender, cultural background, physical mobility, or ability to pay. All billing and collection policies and practices will reflect the mission and values of Lakeland Health, including our commitment to those who do not have the means to pay for health care services.

Lakeland Health will apply its financial assistance policy fairly and consistently using written criteria described within this policy to determine eligibility. Our organization embraces its responsibility to serve the diverse needs of those living within our service area.

Scope

All emergency and other medically necessary care provided by Lakeland Health Hospitals (Niles, St. Joseph, and Watervliet) including all such care provided at Lakeland Health by a substantially related entity (SRE) will provide financial assistance (free or reduced) to qualified low-income patients for emergent and medically necessary services.

SRE includes: Center for Outpatient Services, Paw Paw Lake Medical Center Lab and X-Ray, Lakeland Outpatient Rehabilitation Services, Lakeland Homecare and Home Infusion services, Radiology Interpretation for diagnostic services at: Lakeland Hospital Watervliet, Paw Paw Lake Medical Center, and Southwestern Medical Clinic (Niles) location. Also covered by this Financial Assistance policy, are the Lakeland Hospital Watervliet owned physician clinics: Coloma Medical Center, Stagg Medical Center, Community Medical Center, and the Niles Southwestern Medical clinic.

Services provided within the hospital setting also covered by Lakeland Health Financial Assistance Policy include: Emergency Room Physicians (EPMG), Lakeland Medical Practices – Hospitalist and Pathology services.

Exclusions

This policy only applies to services rendered at Lakeland Health Hospitals and SREs and does not apply to services rendered by any independent physicians or practitioners. This policy also does not apply to services provided within or outside the hospital/facility by physicians or other health care providers including but not limited to Anesthesiologists, Radiologists, and/or Pathologists, who are not employed by Lakeland Health.

This policy does not cover elective services or services provided at the Lakeland Health Affiliated physician clinics under the name Southwestern Medical Clinic (except Niles), or Lakeland Medical Practices.

Procedure

Determine eligibility based on the following qualifying elements:

1. *Residency* – The applicant must be a resident of Berrien, Cass or Van Buren counties, and he/she must be a citizen or permanent resident of the United States. An exception will be made for patients who are receiving services related to an emergent accident, or who maintain a temporary residency.
2. *Medical Necessity* – Services considered will be those considered by Medicare to be a covered service.

   Medical Necessity is the determination that a specific service is medically (clinically) appropriate, necessary to meet needs, consistent with the person's diagnosis, symptomatology and functional impairments, is the most cost-effective option in the least restrictive environment, and is consistent with clinical standards of care. Medical necessity of a service shall be documented in the individual plan of services.

   These include services for a condition which, if not promptly treated, would lead to an adverse change in the health status of a patient. The Financial Assistance Policy applies to services considered to be medically necessary.

   This shall not include any procedures that are considered to be cosmetic or elective in nature. Lakeland reserves the right to recommend alternative care. Lakeland also reserves the right to review and approve, on an individual basis, high dollar repetitive services, i.e.: wound clinic, radiation oncology, infusion clinic.
3. *Emergent Services* – An emergency medical condition is a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, with an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in:
   - Serious jeopardy to the health of the individual or, in the case of a pregnant woman, the health of the woman or her unborn child;
   - Serious impairment to bodily functions; or
   - Serious dysfunction of any bodily organ or part.

   Emergency medical condition status is not affected if a later medical review found no actual emergency present.

   The Financial Assistance Policy applies to all emergency care.
4. *Participation* – Coverage under Lakeland Health's Financial Assistance program does not apply to patients who are known to have voluntarily waived their option to participate in employer sponsored health plans or have not applied for coverage on the Health Insurance Exchange established by the Affordable Care Act (unless able to provide proof of exemption). A patient who qualifies for Medicaid or Healthy Michigan must have applied and been denied. A financial assessment will be used to confirm that the applicant would not be approved for either program. Medicaid deductibles and copays cannot be considered for financial assistance. A patient who qualifies for Medicare must enroll in Medicare Part B. If the service is covered by Medicare Part B and the patient has not enrolled with Part B, the patient balance will not be considered for financial assistance. If the necessary information to qualify for Medicaid, Healthy Michigan, or financial assistance is not provided, the application process will end, and any balance(s) shall be considered private pay and ineligible for financial assistance.

Services that arise from an automobile accident will be considered for assistance if patient has provided all information required to determine no-fault liability coverage, and does not qualify for assigned claims no-fault coverage.

5. *Financial Assessment* – Review of the household financial situation to determine qualification for assistance programs.

   The Lakeland Health Financial Counselor or Patient Accounts Representative will provide the initial screening if a patient is unable to pay for services rendered. All efforts to establish the patient's ability to pay shall be determined prior to providing the service where possible, the exception being emergency services where medical care is provided within federal Emergency Medical Treatment and Active Labor Act (EMTALA) guidelines. Prompt and effective delivery of emergency care may not be delayed in order to determine a patient's insurance or financial status. www.emtala.com/faq.htm.

   The regulations under EMTALA prohibit hospital facilities from engaging in actions that delay the provision of screening and treatment for an emergency medical condition to inquire about method of payment or insurance status, or from using registration processes that unduly discourage individuals from remaining for further evaluation, such as by requesting immediate payment before or while providing screening or stabilizing treatment for emergency medical conditions. Lakeland Health considers the regulations under EMTALA to be the Lakeland Health Emergency Care Policy (ECP) requiring Lakeland Health to provide, without discrimination, care for emergency medical conditions to individuals regardless of whether they are FAP eligible.

   All patients will be offered the opportunity to apply for financial assistance. The Lakeland Health Financial Counselor or Patient Accounts Representative will complete a financial assessment when it is determined that a patient is uninsured and that they will not meet the qualifications for Medicaid or Healthy Michigan. All accounts that do not qualify for Medicaid or Healthy Michigan will be verified through the automated tool of choice by Lakeland Health to verify income, household size, ability to pay and/or Federal Poverty Level (FPL).

   To qualify for assistance:

   a) The applicant's assets may not exceed:
      - $5,000 cash per household,
      - Single home ownership,
      - $100,000 aggregate in retirement accounts (IRA, TSA, 401K, 403B),
      - One motor vehicle per adult.

   b) Income must be at or below 250% of the Federal Poverty Level (FPL)

   c) Account is within the application period – no more than 240 days from first billing statement (see section 17).

   Lakeland Health provides free and discounted cared for those who qualify under the financial assistance program. For those who qualify based on FPL and Assets, Lakeland Health will utilize the current FPL to determine whether the amount of financial assistance is free or discounted.

   The account can be considered for discount based on % of FPL as follows

   - Income level at 0 – 150% FPL will be given a 100% discount (free care)
   - Income level at 151 – 250% FPL will be given a discount that lowers the account balance to Amount Generally Billed (AGB) – charges discounted to AGB
   - Income level greater than 250% FPL will not receive a discount based on FPL but may qualify for catastrophic discount under the Financial Assistance Policy.

Accounts may be presumptively determined to be eligible based on the automated tool when the total outstanding balance for the patient is less than $5,000. Based upon the information collected from or with the automated tool of choice, the patient may be asked to complete a Confidential Financial Statement to be considered for full or partial assistance. If this presumptive assistance determines the patient eligible for discounted assistance (less than 100% awarded), a notification letter will be sent to the patient which includes how to apply for more generous assistance. Patient will have 30 additional calendar days or up to 240 days after the first post discharge billing statement for the account (whichever is more generous) to request additional assistance. A complete application (Confidential Financial Statement) with supporting documentation will then be required and follow the application process.

Applicants will be counseled on the criteria for eligibility and their responsibility for completing the application, including providing supporting documentation for income and expenses. In the event that a Confidential Financial Statement application is completed, the Financial Counselor or Patient Accounts Representative will request copies of documentation deemed necessary to verify the information provided by the applicant.

Patient having a total outstanding account balance greater than $5,000 will require a complete application - Confidential Financial Statement with supporting documentation to determine eligibility for assistance under the Financial Assistance Policy.

6. *Presumptive Determination* – Utilizing an automated tool to determine patient income, number in household, and likelihood to pay medical debt. Basing eligibility for financial assistance as free or discounted based solely from information received from this automated tool. Supporting documentation is not required when account is determined presumptively eligible.
7. *Automated Tool* – Experian and Lexus Nexus.
8. *Application* – A Confidential Financial Statement application (see attached) with all supporting documentation required to verify Financial Assistance eligibility will be completed by the patient and returned to the Patient Accounts Business Office or to a Financial Counselor located at each Lakeland Health Hospital and also located at the Center for Outpatient Services. Applications are available from the Patient Accounts Business Office, Financial Counselors, and the Lakeland Health website and are provided free of charge to individuals requesting Financial Assistance or identified as potential candidates for Financial Assistance. Applications are available in English and Spanish. Completed applications must be returned to Patient Accounts within 30 days or up to 240 days after the first post discharge billing statement for the account (whichever is more generous) to be considered. For the purposes of this policy, a completed application is defined as one that is signed and dated by the applicant, submitted within the above time frame, and is accompanied by the requested financial documentation.
9. *Supporting Documentation Required to Complete Application* –
   - Proof of permanent residency or U.S. Citizenship (provide one of the following documents);
     - Birth certificate, Driver's License, Residency Card, or Passport.
   - Medicaid denial letter (if applied),
   - Proof of household income documents (provide support for each of the following as it applies to your family situation);
     - Pay stubs for last three months, SSI/SSDI letter, Other income, Alimony or child support received, Complete bank statements for the last three months, and previous year's tax return.

   Patients without an income source should supply a letter of support stating their need for Financial Assistance consideration based on their current financial situation. Letters should at a minimum state that the patient has no supporting financial documentation to supply and is financially supported by the author of the signed letter of support.

10. *Household Income* – Annual family earnings and cash benefits from all sources before taxes, less any payments made for alimony and child support. Alimony or child support received would be considered a cash benefit and included as household income.
11. *Determination and Notification* – Once complete documents are received and an eligibility determination has been made, a notification letter will be sent to each applicant advising them of the decision. If the patient meets eligibility requirements they will be designated as eligible to receive Financial Assistance and notification will include whether they qualified for free or discounted care. Determination of eligibility may be delayed until a Medicaid application has been completed and determination of Medicaid eligibility has been made for the applicant identified as meeting the qualification for Medicaid coverage. A notification letter will be sent to the applicant with instruction to apply.
12. *Incomplete Applications* – Patients who submit incomplete applications and/or do not provide supporting documentation will be contacted via phone or mail to submit the requested documentation in order to process their application. If the additional documentation is not received within 30 days the applicant will be denied financial assistance and collection activity will resume. If additional documentation is subsequently received and the account is within the application period, the account will again be considered for financial assistance and collection activity held for determination.
13. *Appeals* – Appeals must be received, in writing, within 30 calendar days of the date of the denial letter. Once the appeal is received in the Patient Accounts Business Office, the patient will be notified of the upcoming appeal hearing date. The hearing date will be no less than 30 days from the date the patient is notified.
14. E*ligibility Period* – The financial assistance eligibility period is thirty (30) days from the date of the original eligibility determination, unless over the course of that thirty day period, the patient's family income, asset levels, or insurance status changes to such an extent that the patient becomes ineligible. Applications and documentation must be updated every thirty days to determine continued eligibility. Each visit within the thirty day period will be reviewed for potential access to other entitlement programs.
15. *Entitlement Programs* – a government program guaranteeing certain health care benefits to a segment of the population. This does not include the health care exchange established by the Affordable Care Act (ACA).
16. *Effective Date of Financial Assistance* – While it is desirable to determine a patient's Eligibility for Financial Assistance as close to the time of service as possible, so long as the patient submits the required documentation within the Application Period, Financial Assistance will be considered.
17. *Application Period* – The period that begins on the date service was provided and ends on the 240th day following the first billing statement for the account.
18. *Collection Agency* – All resources available will be utilized in determining financial assistance. However, if a collection agency identifies a patient as meeting the criteria for financial assistance, the patient account may be considered for financial assistance if the account is within the Application Period.

    Upon request for assistance when the account is in collection and within the application period all collection activity including credit bureau reporting for the account will be held until determination of financial assistance is made. Collection activity will resume if the account does not qualify for assistance.

    If the account qualifies for assistance, the account will be returned from collection and from credit bureau reporting.

    If an incomplete application is received while the account is in collection, the applicant will be notified by letter and have 30 days to complete or provide missing documentation. If a complete application with documentation is not received within the 30 day period, the account will resume collection activity to include reporting to the credit bureau if the account meets criteria.

    A Determination letter will be sent to notify patient of the facility's decision and to include allowing the patient an additional 30 calendar days or up to day 240 from the date of the first post discharge billing statement for the

account (whichever is greater) to pay any remaining balance for discounted assistance or for the account found ineligible for assistance before the balance is reported to the credit bureau.

19. *Collection Activity* – Actions in the Event of Non-Payment

    The collection actions Lakeland Health will take if a financial assistance application and/or if payment is not received, are described in a separate Billing and Collections Policy. A copy of the Billing and Collection policy may be obtained through Lakeland Health's website at www.lakelandhealth.org/patient-visitor-guide/patient/billing/faqs-on-billing1013 or by contacting a financial counselor at any of the phone numbers listed in Section 31 of this document.

20. *Special Circumstances* – Deceased patients without an estate or third party coverage may be considered for Financial Assistance eligibility. Patients who are in bankruptcy may also be eligible for Financial Assistance.

21. *Catastrophic Financial Assistance* – Catastrophic financial assistance applies to one catastrophic visit and is not intended to be granted for services requiring continuous visits. Assistance is based on Income alone as it relates to the balance of the account, without regard to Assets or FPL. Catastrophic protection will be provided to patients by limiting their liability to 25% of their annual household income.

    To qualify for catastrophic assistance the total balance of the account must be greater than 25% of the annual household income. The guarantor of the account will be responsible for the Amount Generally Billed (AGB) up to 25% of the annual household income. The remaining balance will be allocated to uncompensated care.

    A completed Confidential Financial Statement application with supporting documentation for income only is required (pay stubs 3 months, SSI/SSDI, other income sources, complete bank statements 3 months, and the previous year's tax return).

22. *Record Keeping* – Records relating to potential Financial Assistance patients must be readily obtained for use. Document images related to the Financial Assistance Application and supporting documentation are stored and electronically protected

23. *Charges* – No Financial Assistance-eligible individual will be charged more for emergency or other medically necessary care than Amounts Generally Billed (AGB) to individuals with insurance covering the same services.

24. *Amount Generally Billed (AGB)* – Lakeland Health uses the "look-back" method for the providers listed in Table 1. "Look- back" method is the total of Medicare fee-for-service "allowed" claims divided by the total gross charges for those claims for a 12-month period. The fiscal year will be used as the 12-month period. AGB for each facility operating under a separate Medicare provider agreement will be calculated annually and applied by the 120th day after the start of the fiscal year. Any midyear calculation will look-back at the previous 12 months and be implemented within 120 days of the 12 month period end date used in the calculation.

Provider	AGB%
Lakeland Hospital, St Joseph	34%
Lakeland Hospital, Niles	34%
Lakeland Center for Outpatient Services	34%
Lakeland Outpatient Rehabilitation Services – St Joseph	34%
Lakeland Outpatient Rehabilitation Services – Niles	34%
Paw Paw Lake Medical Center – Lab	34%
Lakeland Hospital, Watervliet	28%
Lakeland Outpatient Rehabilitation Services – Coloma	28%
Paw Paw Lake Medical Center – X-Ray	28%

Table 1.

25. *Amount Generally Billed (AGB)* – Lakeland Health uses the "prospective method" for the providers listed in Table 2. "Prospective" method is the amount that would be paid by Traditional Medicare and a Medicare beneficiary for emergency or other medically necessary care at issue as the amount generally billed.

Provider
Coloma Medical Center
Community Medical Center
Southwestern Medical Center, Niles
Stagg Medical Center
Community Bone & Joint
Lakeland Radiology Interpretation Services
Lakeland Medical Practices – Hospitalist services
Lakeland Home Infusion

Table 2.

26. *Amount Generally Billed (AGB)* – Lakeland Health uses the "prospective method" for the providers listed in Table 3. "Prospective" method is the amount that would be paid by Traditional Medicaid for emergency or other medically necessary care at issue as the amount generally billed.

Provider
Lakeland Homecare

Table 3.

27. Public Notice and Posting – Lakeland Health will make the information about the assistance provided in this policy available to the public through various channels. These include but are not limited to: posting notices in a visible manner in locations with high patient volume (e.g., emergency rooms, waiting rooms, admissions offices), providing a plain language summary in statements sent to patients, posting information on Lakeland Health's website, and providing a copy of the plain language summary directly to patients upon admission to a Lakeland Health hospital. A paper copy of the FAP, Application, Billing and Collection Policy, and Summary Notice is available at the admissions office and the emergency room of each Lakeland Health Hospital, or can be mailed upon request and without charge.

    The Financial Assistance Policy and Application are located on the Lakeland Health website at: www.lakelandhealth.org/patient-visitor-guide/patient/billing/financial-assistance. The Billing and Collection Policy is also available online at: www.lakelandhealth.org/patient-visitor-guide/patient/billing/faqs-on-billing1013.

28. *Plain Language Summary* – a written statement that notifies an individual that Lakeland Health offers financial assistance under the Financial Assistance Policy and where to obtain more information, the policy, forms, and who to contact for assistance with the application process. Available on the Lakeland Health website at: www.lakelandhealth.org/patient-visitor-guide/patient/billing/faqs-on-billing1013

29. *Lakeland Health Service Area* – Berrien, Cass, and Van Buren Counties

30. *Availability of Policy and Related Documents* – A copy of the Financial Assistance policy, plain language summary, Confidential Financial Statement Application, and the Billing and Collections policy (available in English and Spanish) may be obtained free of charge by visiting the Lakeland Health website at:

    www.lakelandhealth.org/patient-visitor-guide/patient/billing/financial-assistance

    or

    www.lakelandhealth.org/patient-visitor-guide/patient/billing/faqs-on-billing1013

    Visiting the Financial Counseling office at any Lakeland Health Hospital by calling Customer Service at (269) 428-5007 or toll-free at (866) 814-7275.

    Calling any Lakeland Health Financial Counselor at the numbers listed below:

    - Lakeland Medical Center, St Joseph — (269) 983-8320
    - Lakeland Hospital, Watervliet — (269) 463-2250
    - Center for Outpatient Services, St Joseph — (269) 556-7173
    - Lakeland Hospital, Niles — (269) 687-1198
    - Lakeland Medical Suites, Niles — (269) 687-1415
    - Southwestern Medical Clinic, Niles — (269) 687-0200, Ext. 3465
    - Southwestern Medical Clinic, Center for Women's Health (Niles) — (269) 687-0808, Ext. 6746
    - BellaNova Women's Health — (269) 429-8010, Ext. 3510
    - Patient Accounts – Business Office — (269) 428-2017

31. For Assistance Completing the Confidential Financial Statement – Please contact the Patient Accounts Business Office or one of our Financial Counselors located at each Lakeland Health Hospital and Center for Outpatient Services.

    Call any Lakeland Health Financial Counselor at the numbers listed below:

    - Lakeland Medical Center, St Joseph — (269) 983-8320
    - Lakeland Hospital, Watervliet — (269) 463-2250
    - Center for Outpatient Services, St Joseph — (269) 556-7173
    - Lakeland Hospital, Niles — (269) 687-1198
    - Lakeland Medical Suites, Niles — (269) 687-1415
    - Southwestern Medical Clinic, Niles — (269) 687-0200, Ext. 3465
    - Southwestern Medical Clinic, Center for Women's Health (Niles) — (269) 687-0808, Ext. 6746
    - BellaNova Women's Health — (269) 429-8010, Ext. 3510
    - Patient Accounts Business Office — (269) 428-2017

Política Sobre Asistencia Financiera

Código No. Corp- 176
Originador: Cuentas de pacientes
Distribución: A toda la compañía
Fecha de entrada en vigencia: 01 de noviembre de 1999
Fecha de última revisión: 03 de mayo de 2016
Revisado por última vez: 03 de mayo de 2016
Responsable de la revisión y autoridad final para determinar que se ha hecho lo razonablemente posible: Director ejecutivo de gestión de ciclo de ingresos
Aprobado por: Comité de finanzas de Lakeland

Objetivo

Definir y establecer las pautas que Lakeland Health usará para proporcionar asistencia financiera a los residentes en nuestra área de servicio que no puedan pagar por los servicios de atención de salud necesarios por motivos médicos en nuestros centros y hospitales sin fines de lucro.

El objetivo de esta política es satisfacer las exigencias de las leyes locales, estatales y federales vigentes, incluidas, entre otras, la sección 501(r) del Código de 1986 del Servicio de Impuestos Internos de los Estados Unidos, y las normas que contempla.

Los principios rectores de esta política se centran en tratar a todos los pacientes y a todas las personas responsables de los pagos por igual, de manera digna y respetuosa, y garantizar que se haga todo lo razonablemente posible para determinar si la persona responsable por el pago de la cuenta (total o parcialmente) es elegible para recibir asistencia de acuerdo con la Política sobre asistencia financiera.

Política

Para Lakeland Health todas las personas deberían poder acceder a los servicios de atención de salud necesarios por motivos médicos, independientemente de su edad, sexo, identidad cultural, nivel de movilidad o capacidad para pagar. Todas las políticas y prácticas sobre facturación y cobro reflejarán la misión y los valores de Lakeland Health, incluido nuestro compromiso con quienes no cuentan con los medios para pagar por los servicios de atención médica.

Lakeland Health aplicará su Política sobre asistencia financiera en forma justa y en forma uniforme, aplicando los criterios escritos descritos en esta política para determinar la elegibilidad de las personas. Nuestra organización acepta su responsabilidad de atender las diversas necesidades de quienes viven en nuestra área de servicio.

Alcance

Para todas las atenciones de emergencia o necesarias por motivos médicos prestadas en los hospitales Lakeland Health (Niles, St Joseph, Watervliet), incluidas las atenciones prestadas en Lakeland Health por parte de una entidad sustancialmente relacionada (ESR), se prestará asistencia financiera (atención gratuita o a precio reducido) a pacientes de bajos ingresos que califiquen para servicios de emergencia y necesarios por motivos médicos.

Entre las ESR se encuentran: Centro para pacientes ambulatorios, laboratorio y centro de radiografías Paw Paw Lake Medical Center, servicios de rehabilitación para pacientes ambulatorios de Lakeland, servicios de cuidado e infusión a domicilio de Lakeland, interpretación de radiología para servicios de diagnóstico en: Lakeland Hospital Watervliet, Paw Paw Lake Medical Center y Southwestern Medical Clinic (Niles). En esta Política sobre asistencia financiera también

se cubren las clínicas médicas de propiedad de Lakeland Hospital Watervliet: Coloma Medical Center, Stagg Medical Center, Community Medical Center y la clínica Niles Southwestern Medical.

Entre los servicios prestados en el hospital que también cubre la Política sobre asistencia financiera de Lakeland Health se incluyen: médicos para la sala de emergencia, consultas médicas en Lakeland (servicios de patología y de asistencia hospitalaria).

Exclusiones

Esta política solo se aplica a los servicios prestados en los hospitales y las ESR y no se aplica a servicios que presten médicos independientes. Esta política no se aplica a los servicios prestados dentro o fuera del hospital o de sus instalaciones por parte de médicos u otros proveedores de atención médica, incluidos, entre otros, anestesiólogos, radiólogos o patólogos, que no sean empleados de Lakeland Health.

Esta política no cubre servicios electivos o servicios brindados por clínicas médicas afiliadas de Lakeland Health bajo el nombre de Southwestern Medical Clinic (salvo Niles), o consultas médicas en Lakeland.

Procedimiento

Determinar la elegibilidad según los siguientes elementos:

1. *Residencia* – el postulante debe ser residente de los condados de Berrien, Cass o Van Buren y debe ser ciudadano o residente permanente de los Estados Unidos. Se hará una excepción en el caso de pacientes que reciban servicios relacionados con una emergencia debido a un accidente o cuya residencia sea temporal.
2. *Necesidad médica* – los servicios que se considerarán corresponden a aquellos que Medicare considere como servicios cubiertos.

   "Necesidad médica" corresponde a la determinación de que un servicio específico es adecuado en términos médicos (o clínicos), necesario para satisfacer una necesidad; y acorde al diagnóstico, sintomatología o impedimentos físicos de la persona, es la opción más económica en el ambiente menos restrictivo y se ajusta a los estándares clínicos de atención. La necesidad médica de un servicio se documentará en el plan individual de servicios.

   que incluyen servicios para una condición que, de no tratarse prontamente, podría conllevar a un cambio adverso en el estado de salud del paciente. La política sobre asistencia financiera se aplica a los servicios considerados como necesarios por motivos médicos.

   Ello no incluye procedimientos de carácter cosmético o electivo. Lakeland se reserva el derecho de recomendar atención alternativa. Lakeland también se reserva el derecho de revisar y aprobar, en forma individual, los servicios repetitivos más costosos, es decir tratamiento de heridas, oncología por radiación, clínica de infusión.
3. *Servicios de emergencia* – una condición médica de emergencia corresponde a una condición médica que se manifiesta con síntomas agudos graves (incluido el dolor agudo) que una persona juiciosa, con un conocimiento promedio en medicina y salud, podría esperar, en forma razonable, que la falta de atención médica inmediata pudiera dar como resultado lo siguiente:

   - peligro grave a la salud de la persona o, en el caso de mujeres embarazadas, la salud de la mujer y de su hijo por nacer,
   - impedimento grave de funciones físicas, o
   - disfunción grave de cualquier órgano o parte del cuerpo.

   El estado de una condición médica de emergencia no se ve afectado si en una revisión médica posterior no se detecta una emergencia real.

   La Política sobre asistencia financiera se aplica a todos los tipos de atención de emergencia.

4. *Participación* – la cobertura del programa de asistencia financiera de Lakeland Health no se aplica a pacientes que se sepa desistieron voluntariamente de su opción de participar en planes de salud patrocinados por su empleador o que no hayan solicitado cobertura en las bolsas o mercados de seguros médicos establecidas de acuerdo con la Ley de Atención Médica Accesible (a menos que presenten pruebas de algún tipo de exención). Un paciente que califica para Medicaid o Healthy Michigan debe haber postulado y su solicitud debe haberse denegado. Se realizará una evaluación financiera para confirmar que el postulante no se habría aprobado para ninguno de los dos programas. Los deducibles y copagos de Medicaid no se pueden considerar en la asistencia financiera. Un paciente que califique para Medicare debe inscribirse en Medicare Parte B. Si el servicio lo cubre Medicare Parte B y el paciente no se ha inscrito en la Parte B, el saldo de la atención no se tomará en cuenta al calcular la asistencia financiera. Si no se entrega la información necesaria para calificar para Medicaid, Healthy Michigan, o el programa de asistencia financiera, el proceso de postulación concluirá y los saldos se considerarán como pagos privados y no serán elegibles para asistencia financiera.

   La asistencia financiera se considerará en el caso de servicios prestados producto de un accidente automovilístico en tanto el paciente haya entregado la información necesaria para determinar la cobertura "sin determinación de culpabilidad" y no califica para cobertura "sin determinación de culpabilidad" para reclamos asignados.

5. *Evaluación financier* – revisión de la situación financiera del grupo familiar para determinar si califica para programas de asistencia.

   El asesor financiero de Lakeland Health o el representante de Cuentas de pacientes hará una evaluación inicial si el paciente no es capaz de pagar por los servicios prestados. Cuando sea posible, se hará todo lo posible para establecer la capacidad del paciente de pagar antes de prestar el servicio, con la excepción de los servicios de emergencia en los cuales la atención médica se brinda de acuerdo con las pautas de la Ley EMTALA (Ley de Trabajo Activo y Tratamiento Médico de Emergencia). La entrega de una atención de emergencia eficaz y rápida no se verá retrasada para determinar la cobertura de seguro o la situación financiera del paciente. http://www.emtala.com/faq.htm.

   Las normas según la ley EMTALA le prohíben a los hospitales tomar acciones que pudieran retrasar la evaluación o el tratamiento de una condición médica de emergencia con el fin de investigar el método de pago o el tipo de seguro del paciente, o de usar procesos de admisión que disuadan indebidamente a las personas de permanecer en el hospital para una evaluación, como por ejemplo solicitar el pago inmediato antes de atender u ofrecer un tratamiento de estabilización para el paciente en casos de emergencia médica. En Lakeland Health, las normas contempladas en la Ley EMTALA forman parte de la Política sobre atención de emergencia de Lakeland Health que exige a Lakeland Health prestar, sin discriminación, atención en condiciones médicas de emergencia a personas independientemente de que sean elegibles para el programa de asistencia financiera.

   A todos los pacientes se les ofrecerá la oportunidad de postular para recibir asistencia financiera.

   El asesor financiero de Lakeland Health o el representante de Cuentas de pacientes realizará una evaluación cuando se determine que el paciente no cuenta con seguro médico y que no cumple con los requisitos para Medicaid o Healthy Michigan. Todas las cuentas que no califiquen para Medicaid o Healthy Michigan se verificarán a través de la herramienta automatizada que elija Lakeland HealthCare a fin de comprobar el ingreso, el tamaño del grupo familiar, la capacidad de pago o el Índice Federal de Pobreza.

   Para recibir asistencia:

   a) Los bienes del postulante no pueden superar lo siguiente:
      - $5,000 en efectivo por grupo familiar,
      - propietario de una vivienda unifamiliar,
      - $100,000 en total en cuentas de jubilación (IRA, TSA, 401K, 403B),
      - un vehículo motorizado por adulto.

b) El ingreso debe situarse por debajo del 250% del Índice Federal de Pobreza (IFP)

c) La cuenta se encuentra dentro del período de postulación (no más de 240 días desde el primer estado de cuenta). (Consulte la sección 17).

Lakeland Health presta atención gratuita y a precios reducidos para quienes califiquen para el programa de asistencia financiera. Para quienes califiquen según el Índice Federal de Pobreza y sus bienes, Lakeland Health utilizará el IFP actual para determinar el monto de la asistencia financiera (es decir si la atención será gratuita o a precio rebajado).

La cuenta se puede considerar para un precio rebajado según el porcentaje del Índice Federal de Pobreza indicado a continuación:

- Nivel de ingreso de 0 – 150% del IFP: recibirá un descuento del 100% (atención gratuita)
- Nivel de ingreso de 151 – 250% del IFP: recibirá un descuento que reduzca el saldo de la cuenta en relación al monto generalmente facturado (MGF) (cargos reducidos en relación al MGF)
- Nivel de ingreso superior al 250% del IFP: no recibirá un descuento en relación al IFP pero podría calificar para un descuento por casos catastróficos de acuerdo con la Política sobre asistencia financiera.

Las cuentas se podrían determinar presuntamente como elegibles de acuerdo con la herramienta automática cuando el saldo total pendiente del paciente sea de menos de $5,000. Según la información obtenida con la herramienta automática que se elija, es posible que se le pida al paciente que llene una declaración financiera confidencial para que su caso se pueda considerar para un descuento total o parcial. Si en esta presunta asistencia se determina que el paciente es elegible para un precio rebajado (se ofrece menos del 100%), se le enviará una notificación al paciente donde se incluye cómo postular para recibir más asistencia. El paciente tendrá 30 días calendario adicionales o hasta 240 días después del primer estado de cuenta posterior al alta para la cuenta (el que sea más generoso) para solicitar asistencia adicional. Para continuar con el proceso de postulación, se requiere una solicitud completa (declaración financiera confidencial) junto con la documentación correspondiente.

Se asistirá a los postulantes en relación a los criterios de elegibilidad y su responsabilidad para completar la postulación, incluida la entrega de la documentación necesaria relativa a ingresos y gastos. Si se completa una solicitud mediante una declaración financiera confidencial, el asesor financiero o el representante de Cuentas de pacientes solicitará copias de la documentación que considere necesaria para verificar la información proporcionada por el postulante.

Los pacientes con un saldo pendiente total de más de $5,000 en sus cuentas deberán presentar una solicitud completa (declaración financiera confidencial) con la documentación acorde para determinar si cumplen con los requisitos para recibir asistencia de acuerdo con la Política sobre asistencia financiera.

6. *Determinación presunta* – se utiliza una herramienta automática para determinar el ingreso del paciente, el tamaño del grupo familiar y la probabilidad de que pague su deuda médica. La elegibilidad para recibir asistencia financiera (total o parcial) se basa exclusivamente en la información recibida de esta herramienta. La documentación de apoyo no es necesaria cuando la cuenta se determina como presuntamente elegible.
7. *Herramienta automatic* – Experian y Lexus Nexus.
8. *Solicitud* – el paciente debe completar la solicitud para asistencia a través de una declaración financiera confidencial junto con toda la documentación necesaria para verificar la elegibilidad a fin de recibir asistencia financiera, y enviarla a la oficina de Cuentas de pacientes o del asesor financiero ubicada en cada hospital de Lakeland Health y también en el centro de servicios ambulatorios. Las solicitudes se encuentran disponibles en las oficinas de Cuentas de pacientes, en las oficinas de los asesores financieros y en el sitio web de Lakeland Health, y se ofrecen en forma gratuita a quienes soliciten asistencia financiera o sean candidatos potenciales para recibir asistencia financiera. Las solicitudes se encuentran disponibles en inglés y español. Las solicitudes deben enviarse al departamento de Cuentas de pacientes dentro de 30 días calendario o hasta 240 días después del

primer estado de cuenta posterior al alta para la cuenta (el que sea más generoso) para ser tomado en cuenta. En esta política, una solicitud o postulación completa corresponde a una solicitud firmada y fechada por el solicitante, enviada dentro del plazo anteriormente indicado y acompañada de la documentación financiera necesaria.

9. *Documentación de respaldo necesaria para completar la solicitud* –
   - prueba de que se es residente permanente o ciudadano de los Estados Unidos (entregar uno de los siguientes documentos);
     - certificado de nacimiento, licencia de conducir, tarjeta de residencia o pasaporte,
   - carta de rechazo de Medicaid (si corresponde),
   - documentos que prueben el ingreso del grupo familiar (entregar documentos de apoyo para cada uno de los siguientes elementos relativos a su situación familiar):
     - comprobante de pago de los últimos tres meses, carta de SSI/SSDI, otros ingresos, pensión alimenticia recibida, estados de cuenta bancarios completos de los últimos tres meses y declaración de impuestos del año anterior.

   Los pacientes que no cuenten con una fuente de ingresos deberán entregar una carta donde se indique la necesidad de asistencia financiera debido a su situación financiera actual. Las cartas deben indicar, como mínimo, que el paciente no cuenta con documentación que respalde su situación financiera y que la persona que firma la carta es quien lo mantiene económicamente.

10. *Ingreso del grupo familiar* – ingreso anual y dineros en efectivo que reciba la familia provenientes de todas las fuentes correspondientes antes de impuestos, menos los pagos de pensión alimenticia correspondientes. Los pagos correspondientes a pensiones alimenticias que se hayan recibido deben considerarse como beneficios en efectivo y se deben incluir en el ingreso del grupo familiar.

11. *Determinación y notificación* – una vez que todos los documentos se hayan recibido y se haya determinado la elegibilidad, se enviará una carta de notificación a cada postulante donde se indicará la decisión tomada. Si el paciente cumple con los requisitos, se lo calificará como elegible para recibir asistencia financiera y en la notificación se incluirá si recibirá atención gratuita o a precio reducido. Es posible que la determinación de elegibilidad se retrase hasta que el proceso de la postulación a Medicaid haya finalizado y se haya tomado una determinación en relación a la elegibilidad del paciente para recibir cobertura de Medicaid. Se enviará una notificación al postulante con las instrucciones sobre cómo postular.

12. *Postulaciones incompletas* – a los pacientes que envíen postulaciones incompletas o no entreguen la documentación de respaldo se les contactará por teléfono o correo electrónico para que envíen la documentación necesaria para procesar su solicitud. Si la información adicional no se recibiera dentro de 30 días, se rechazará la solicitud de asistencia financiera del paciente y se reiniciarán las actividades de cobranza. Si posteriormente se recibe la información adicional y la cuenta se encuentra dentro del plazo de postulación, se volverá a considerar la cuenta para recibir asistencia financiera y se tomará una determinación en relación a las actividades de cobranza.

13. *Apelaciones* – las apelaciones deben recibirse por escrito dentro de 30 días calendarios a contar de la fecha de la carta de rechazo. Una vez que la oficina de Cuentas de pacientes reciba la apelación, se notificará al paciente la fecha para la audiencia de la apelación. Dicha fecha será dentro de 30 días de la fecha de notificación del paciente.

14. *Período de elegibilidad* – el período de elegibilidad para la asistencia financiera es de treinta (30) días a contar de la fecha de la determinación original de elegibilidad, a menos que durante el transcurso de ese período de treinta días, el ingreso del grupo familiar del paciente, sus bienes o seguro cambien en tal medida que el paciente ya no sea elegible. Las postulaciones y la documentación deben actualizarse cada treinta días para determinar una elegibilidad continua. Se revisará cada visita dentro del periodo de treinta días para determinar si aplican otros programas de subsidio.

15. *Programas de subsidio* – un programa del gobierno que garantiza algunos beneficios médicos a un segmento de la población. Esto no incluye la bolsa de seguros médicos establecida conforme a la ley de Atención Médica Accesible.

16. *Fecha de entrada en vigencia de la asistencia financier* – si bien se aconseja determinar la elegibilidad del paciente para recibir asistencia financiera lo más cerca posible a la fecha del servicio, en tanto el paciente presente la documentación necesaria dentro del período de postulación, la asistencia financiera se tomará en cuenta.

17. *Período de postulación* – el período que comienza a contar de la fecha en que se prestó el servicio y finaliza 240 días después del primer estado de cuenta para la cuenta.

18. *Agencia de cobranzas* – se hará uso de todos los recursos disponibles para determinar la asistencia financiera Sin embargo, si una agencia de cobranzas identifica a un paciente que cumple los criterios para recibir asistencia financiera, su cuenta podría considerarse para recibir dicha asistencia si se encuentra dentro del período de postulación.

    Si se solicita asistencia mientras la cuenta está bajo cobranza y dentro del período de postulación, se suspenderán las actividades de cobranza de la cuenta, incluidos los informes a las agencias de información crediticia, hasta que se haya tomado una determinación en relación a la asistencia financiera. Las actividades de cobranza se reanudarán si la cuenta no califica para recibir asistencia.

    Si la cuenta califica para recibir asistencia, se la retirará de la agencia de cobranzas y de los informes para las agencias de información crediticia.

    Si se recibe una postulación incompleta mientras la cuenta está en cobranza, se enviará una carta de notificación al postulante quien tendrá 30 días para completar o entregar la documentación que falte. Si no se recibe la postulación completa junto con la documentación correspondiente dentro del plazo de 30 días, se reanudarán las actividades de cobranza incluidos los informes a las agencias de información crediticia si la cuenta cumpliera con los criterios.

    Se enviará una carta de determinación para notificar al paciente sobre la decisión tomada por el hospital y otorgarle 30 días calendario adicionales [o hasta 240 días desde la fecha del primer estado de cuenta posterior al alta para la cuenta (el que sea mayor)] para pagar el saldo restante en el caso de haber recibido asistencia para precios reducidos o para la cuenta que no se determinó como elegible para recibir asistencia antes de que el saldo se informe a las agencias de información crediticia.

19. *Actividad de cobranzas* – acciones tomadas en caso de que se incumpla el pago.

    Las acciones de cobranza que Lakeland Health emprenderá si no se reciben los pagos o la postulación para asistencia financiera se describen en la Política sobre facturación y cobranza. Podrá descargar una copia de la Política sobre facturación y cobranza desde el sitio web de Lakeland Health en http://www.lakelandhealth.org/patient-visitor-guide/patient/billing/faqs-on-billing1013 o solicitarla al asesor financiero por teléfono llamando a cualquiera de los números que se incluyen en la sección 31 de este documento.

20. *Circunstancias especiales* – los pacientes que hayan fallecido sin dejar herencia o cobertura para terceros podrían considerarse para recibir asistencia financiera. Los pacientes que hayan declarado bancarrota también podrían ser elegibles para recibir asistencia financiera.

21. *Asistencia financiera en casos catastróficos* – la asistencia financiera en casos catastróficos se aplica a una visita para casos de este tipo y no tiene por objeto emplearse para servicios que requieran visitas en forma continua. La asistencia se basa solamente en el ingreso en relación con el saldo de la cuenta, sin tomar en cuenta los bienes o IFP. La protección en casos catastróficos se entregará a los pacientes limitando su elegibilidad a un 25% de su ingreso familiar anual.

    Para calificar, el saldo total de la cuenta debe ser superior al 25% del ingreso familiar anual. El aval de la cuenta será responsable del monto generalmente facturado (MGF) hasta un 25% del ingreso familiar anual. El saldo restante se asignará a cuidados no reembolsados.

    Solo se necesita la declaración financiera confidencial completa junto con la documentación de respaldo del ingreso (comprobantes de pago de los últimos 3 meses, SSI/SSDI, otras fuentes de ingreso, estados de cuenta bancarios completos de 3 meses y la declaración de impuestos del año anterior).

22. *Registros* – los registros relacionados con los pacientes que potencialmente puedan recibir asistencia financiera deben estar disponibles para ser usados. Se deben guardar las imágenes de documentos relacionados con la postulación a la asistencia financiera y la documentación de respaldo, y se deben proteger en forma electrónica.

23. *Cargos* – a ninguna persona que sea elegible para recibir asistencia financiera se le cobrará más por cuidados de emergencia o necesarios por motivos médicos que los montos generalmente facturados (MGF) que se cobran a personas por los mismos servicios y que no tengan seguro médico.

24. *Monto generalmente facturado (MGF)* – Lakeland Health utiliza el método retroactivo para los proveedores que se incluyen en la Tabla 1. Este método corresponde al total de los reclamos permitidos por cargos por servicio de Medicare divididos por los cargos brutos totales para esos reclamos para un período de 12 meses. El año fiscal corresponderá a un período de 12 meses. El MGF para cada hospital o centro que opere de acuerdo a un contrato por separado como proveedor de Medicare se calculará en forma anual y se aplicará después de 120 días de iniciado el año fiscal. Todo cálculo a mitad de año se comparará con los 12 meses anteriores y se implementará dentro de 120 días de la fecha final del período de 12 meses empleada en dicho cálculo.

Proveedor	% de MGF
Lakeland Hospital St Joseph	34%
Lakeland Hospital Niles	34%
Centro para servicios ambulatorios Lakeland	34%
Servicios de rehabilitación ambulatoria Lakeland – St Joseph	34%
Servicios de rehabilitación ambulatoria Lakeland – Niles	34%
Laboratorio del centro de radiografías Paw Paw Lake Medical Center	34%
Lakeland Hospital Watervliet	28%
Servicios de rehabilitación ambulatoria Lakeland – Coloma	28%
Centro de radiografías Paw Paw Lake Medical Center	28%

Tabla 1.

25. *Monto generalmente facturado (MGF)* – Lakeland Health utiliza el método a "futuro" para los proveedores que se incluyen en la Tabla 2. Este método corresponde al monto que pagaría el programa Medicare tradicional y un beneficiario de Medicare para atención de emergencia o necesaria por motivos médicos como el monto generalmente facturado.

Proveedor
Centro Médico Coloma
Centro médico comunitario
Centro médico Southwestern, Niles
Centro médico Stagg
Community Bone & Joint
Servicios de interpretación de radiología Lakeland
Consultas médicas en Lakeland – servicios de asistencia hospitalaria
Infusiones a domicilio de Lakeland

Tabla 2.

26. *Monto generalmente facturado (MGF)* – Lakeland Health utiliza el método a "futuro" para los proveedores que se incluyen en la Tabla 3. Este método corresponde al momento que pagaría el programa Medicare tradicional para atención de emergencia o necesaria por motivos médicos como el monto generalmente facturado.

Proveedor
Lakeland Homecare

Tabla 3.

27. *Aviso público y publicación* – Lakeland Health hará pública la información sobre la asistencia ofrecida a través de esta política a través de diversos canales. Entre ellos se encuentran: publicación de avisos en lugares con un alto volumen de pacientes (por ej., salas de emergencia, salas de espera, oficinas de admisión), entrega de un resumen simple en estados de cuenta enviados a los pacientes, publicación de información en el sitio web de Lakeland Health y la entrega de una copia del resumen directamente a los pacientes al momento de su admisión en un hospital Lakeland Health. En la oficina de admisión y en la sala de emergencia de cada hospital Lakeland Health se ofrecen copias de la Política sobre asistencia financiera, de la Política sobre postulación, facturación y cobranza, y una notificación resumida. Esta información también se puede enviar a pedido por correo postal sin cargo.

    La Política sobre asistencia financiera y la solicitud se encuentran disponibles en el sitio web de Lakeland Health en: http://www.lakelandhealth.org/patient-visitor-guide/patient/billing/financial-assistance. La Política sobre facturación y cobranza también se encuentra disponible en Internet en: http://www.lakelandhealth.org/patient-visitor-guide/patient/billing/faqs-on-billing1013

28. *Resumen simple* – una declaración escrita donde se le notifica a una persona que Lakeland Health ofrece asistencia financiera de acuerdo con su Política sobre asistencia financiera y dónde obtener más información, una copia de la política, los formularios necesarios y con quién comunicarse para solicitar ayuda con el proceso de postulación. Disponible en el sitio web de Lakeland Health en:

    http://www.lakelandhealth.org/patient-visitor-guide/patient/billing/faqs-on-billing1013

29. *Área de servicio de Lakeland Health* – condados de Berrien, Cass y Van Buren

30. *Disponibilidad de la política y documentos afines* – para solicitar una copia gratuita de la Política sobre asistencia financiera, un resumen simple, la declaración financiera confidencial y la Política sobre facturación y cobranza (disponible en inglés y español):

    Visite el sitio web de Lakeland Health en:

    http://www.lakelandhealth.org/patient-visitor-guide/patient/billing/financial-assistance

    http://www.lakelandhealth.org/patient-visitor-guide/patient/billing/faqs-on-billing1013

    Visite la oficina de asesoría financiera de cualquier hospital Lakeland Health.

    Llame al departamento de servicio al cliente al 269-428-5007 o al número gratuito 1-866-814-7275.

    Llame a cualquier asesor financiero de Lakeland Health a los números indicados a continuación:

    - Centro médico Lakeland, St Joseph (269) 983-8320
    - Hospital Lakeland, Watervliet (269) 463-2250
    - Centro para servicios ambulatorios, St Joseph (269) 556-7173
    - Hospital Lakeland, Niles (269) 687-1198
    - Consultas médicas de Lakeland, Niles (269) 687-1415
    - SWMC Niles (269) 687-0200, Anexo 3465
    - SWMC – Ginecología y obstetricia, Niles (269) 687-0808, Anexo 6746
    - BellaNova Women's Health (269) 429-8010, Anexo 3510
    - Oficina de Cuentas de pacientes (269) 428-2017

31. *Para solicitar ayuda para completar la declaración financiera confidencial* – comuníquese con la oficina de Cuentas de paciente o con uno de nuestros asesores financieros en cada hospital Lakeland Health y centro para servicios ambulatorios.

    Llame a cualquier asesor financiero de Lakeland Health a los números indicados a continuación:

    - Centro médico Lakeland, St Joseph (269) 983-8320
    - Hospital Lakeland, Watervliet (269) 463-2250
    - Centro para servicios ambulatorios, St Joseph (269) 556-7173
    - Hospital Lakeland, Niles (269) 687-1198
    - Consultas médicas de Lakeland, Niles (269) 687-1415
    - SWMC Niles (269) 687-0200, Anexo 3465
    - SWMC – Ginecología y obstetricia, Niles (269) 687-0808, Anexo 6746
    - BellaNova Women's Health (269) 429-8010, Anexo 3510
    - Oficina de Cuentas de pacientes (269) 428-2017

Appendix 10 – Lakeland Health – Plain Language Financial Summary – English

What to do if you find a mistake on your statement.

If you think there is an error on your statement, please call us at (269) 428-5007, or write to us at:
Lakeland Health, P.O. Box 410, St Joseph, MI, 49085.

In your letter or call, give us the following information:

- Account information: Your name, customer number, and visit number
- Description of the Problem: Tell us what you believe is wrong and why you believe it is a mistake. You must contact us within 60 days after the error appeared on your statement. While we investigate the possibility of an error, we will do the following:
  - We will cease collection efforts on the amount in question, and will not report you as delinquent during the investigation.
  - We will flag the account as disputed
  - After investigation you will be notified of the result by phone or by letter. The account will be marked as disputed balance resolved and you will be billed the amount determined your responsibility.

Important information regarding your account.

1. **Medicaid Eligibility:** Lakeland Health works with MedAssist to help our patients who qualify for Medicaid obtain this coverage. The assistance is free when qualifying factors are met. Contact one of our Financial Counselors at the numbers listed in section (9) of this document, for a referral to MedAssist.
2. **Financial Assistance:** Available on a limited, per account basis to patients who are unable to pay their hospital bill and meet the qualifications for the program. All patients are offered the opportunity to apply. Assistance is based on income and assets using the federal poverty guidelines to determine eligibility. An application must be completed and returned to the Patient Accounts Department along with verification of your income and assets. Eligible accounts must be within the application period to be considered for financial assistance. The application period begins on the date service was provided and ends on the 240th day following the first billing statement for the account. The application and Financial Assistance Policy is available on our website: http://www.lakelandhealth.org/patient-visitor-guide/patient/billing/financial-assistance, or by request. Please contact us at (269) 428-5007 to see if you qualify, to request application, or to obtain a paper copy of the policy. Paper copies of the application and policy are available free of charge. For assistance with the application or process, please visit the Admitting Department located at each Hospital or the Patient Accounts Department located at the Health Park. You may also contact one of our Financial Counselors at the numbers listed in section (9) of this document.
3. **Payment in Full:** Balances must be paid in full by the Payment Due Date on your billing statement. If you are unable to pay your balance in full, we do offer monthly payment options and Financial Assistance Programs for those who qualify. Please contact us at (269) 428-5007.
4. **HELP Payment Plans:** If you need a longer period of time to pay your balance, you can apply for a 12 – 36 month HELP Payment Plan. Regardless of the term you choose, your HELP Payment Plan will carry a 0.0% APR during the first twelve (12) month introductory period and after that a low 8.0% APR on the remaining principal balance only. Lakeland Health offers this program to assist patients, but HELP Financial Corporation is an independent organization and is not controlled by Lakeland Health. To apply, contact us at (269) 428-5007, contact one of our Financial Counselors listed in section (9) of this document, or apply online at: www.helpfinancial.com. You will need to provide the following information:
   - Guarantor and Patient Names Guarantor Address Account Numbers Balances

5. **Non-Payment:** In the event that the account balance is not paid within 120 days from the date that the balance was deemed self-pay and the account is not set up on a formal payment plan, the account will be referred to a collection agency. During this 120 day period, you will receive courtesy telephone calls to inform you of the outstanding balance, obtain payment, or provide options to resolving the balance. These options include payment plans and screening for financial assistance. Non-payment of account balances on a HELP Payment Plan will be returned to Lakeland Health for referral to a collection agency.
6. **Collection Agency:** Lakeland Health will refer accounts to a collection agency if the account remains unpaid 120 days after the account is deemed self pay and the account is not on a formal payment plan, or you have defaulted on your HELP payment plan. Once the account is referred to an agency, the collection agency will seek payment of the outstanding balance. If the balance remains unpaid 90 days after referral, the collection agency can report the unpaid balance to the credit bureau as well as continue to seek payment. At any time after the 90 day credit bureau reporting, the collection agency may seek a legal judgment against the guarantor to include garnishment of wages to satisfy the balance. Legal and court fees will be added to account balances for any account with legal judgment and due from guarantor.
7. **Billing and Collection Policy:** To obtain a copy of Lakeland Health's Billing and Collection Policy, please visit our website: http://www.lakelandhealth.org/patient-visitor-guide/patient/billing/financial-assistance
8. **Returned Payment Charge:** You will be charged $25.00 for each check you submit in payment on your account that is returned unpaid. This return payment charge will also be assessed in the event that any credit card, debit card, or other electronic payment is returned unpaid.
9. **Financial Counselors:**

Lakeland Medical Center, St Joseph	(269) 983-8320
Lakeland Hospital, Niles	(269) 687-1198
Patient Accounts	(269) 428-2017
Lakeland Hospital, Watervliet	(269) 463-2250
Center for Outpatient Services	(269) 556-7173
Lakeland Medical Suites, Niles	(269) 687-1415
SWMC-OBGYN Niles	(269) 687-0808, Ext. 6746
BellaNova Women's Health	(269) 429-8010, Ext. 3510

Qué hacer si observa un error en su estado de cuenta.

Si cree que hay un error en su estado de cuenta, llámenos al (269) 428-5007, o escríbanos a:
Lakeland Health, P.O. Box 410, St Joseph, MI, 49085.

En su carta o llamada, entregue la siguiente información:

- Información de la cuenta: Su nombre, nombre del cliente y número de visita
- Descripción del problema Díganos cuál es el error y por qué cree que es un error. Debe comunicarse con nosotros dentro de 60 días de detectado el error en su estado de cuenta. Mientras investigamos la posibilidad del error, haremos lo siguiente:
  - Detendremos las cobranzas del monto en cuestión y no lo consideraremos en mora durante la investigación.
  - Marcaremos la cuenta como impugnada.
  - Finalizada la investigación, se le notificará por teléfono o por correo sobre el resultado. La cuenta se marcará como "saldo impugnado resuelto" y se le facturará el monto que se haya determinado como su responsabilidad.

Información importante sobre su cuenta.

1. **Elegibilidad para Medicaid:** Lakeland Health trabaja con MedAssist para ayudar a nuestros pacientes que califican para el programa Medicaid a obtener esta cobertura. La ayuda es gratuita si se cumplen los criterios para calificar para el programa. Comuníquese con uno de nuestros asesores financieros llamando a los números indicados en la sección (9) de este documento para que se lo derive a MedAssist.
2. **Asistencia financiera:** Ofrecemos asistencia financiera en forma limitada y para cuentas específicas de pacientes que no puedan pagar sus cuentas de hospital y cumplan con los requisitos para el programa. A todos los pacientes se les ofrece la oportunidad de postular. La asistencia se basa en sus ingresos y bienes calculados según el Índice federal de pobreza para determinar la elegibilidad. Debe llenarse y presentarse una solicitud ante el departamento de Cuentas de pacientes junto con la documentación que verifique sus ingresos y bienes. Las cuentas elegibles deben presentarse dentro del período de postulación para que se las pueda considerar para recibir asistencia financiera. El período de postulación comienza a contar de la fecha en que se prestó el servicio y finaliza 240 días después del primer estado de cuenta para la cuenta. La solicitud y la política sobre asistencia financiera se encuentran disponibles en nuestro sitio web en: http://www.lakelandhealth.org/patient-visitor-guide/patient/billing/financial-assistance, o a pedido. Llámenos al (269) 428-5007 para determinar si califica, obtener una solicitud o una copia impresa de la Política sobre asistencia financiera. Las copias impresas de la solicitud y de la política son gratuitas. Si necesita ayuda con la solicitud o el proceso de postulación, diríjase el departamento de admisiones ubicado en cada hospital, o al departamento de Cuentas de pacientes ubicado en el Health Park. También puede comunicarse con uno de nuestros asesores financieros llamando a los números indicados en la sección (9) de este documento.
3. **Pago completo:** Los saldos deben pagarse en su totalidad antes de la fecha de vencimiento que aparece en el estado de cuenta. Si no está en condiciones de pagar la totalidad del saldo, ofrecemos opciones para pagos mensuales y programas de asistencia financiera para quienes califiquen. Llámenos al (269) 428-5007.

4. **Planes de pago HELP** Si necesita más tiempo para pagar su saldo, postule al plan de pago HELP de 12 o 36 meses. Independientemente del plazo que elija, el plan de pago HELP le ofrece una tasa porcentual anual introductoria del 0.0% durante los primeros doce (12) meses y de tan solamente el 8.0% solo sobre el saldo del capital restante. Lakeland Health ofrece este programa para ayudar a sus pacientes. HELP Financial Corporation es una organización independiente que no está bajo el control de Lakeland Health. Para postular a estos planes, llámenos al (269) 428-5007, comuníquese con uno de nuestros asesores financieros que aparecen en la sección (9) de este documento, o postule por Internet en: www.helpfinancial.com. Deberá entregar la siguiente información:
   - Nombre del aval y del paciente   Dirección del aval   Números de cuenta   Saldos
5. **Incumplimiento de pago:** Si el saldo de la cuenta no se ha pagado dentro de los 120 días posteriores a la fecha en que el paciente debería haberlo pagado y no se fija un plan de pago formal para la cuenta, esta se derivará a una agencia de cobranzas. Durante este período de 120 días, recibirá llamadas de cortesía para informarle acerca del saldo pendiente, obtener el pago u ofrecerle opciones para pagar el saldo. Entre estas opciones se incluyen planes de pago y evaluaciones para recibir asistencia financiera. Las cuentas que se hayan acogido a un plan de pagos HELP cuyo saldo no se haya pagado, serán devueltas a Lakeland Health para ser derivadas a una agencia de cobranzas.
6. **Agencias de cobranzas:** Lakeland Health derivará las cuentas a una agencia de cobranza si el saldo de la cuenta no se liquida después de 120 días de que se considere pagadera por el cliente y no se haya acogido a un plan de pago formal, o en caso de que haya incumplido el plan de pago HELP. Cuando la cuenta se haya derivado a la agencia de cobranzas, esta última se encargará del cobro del saldo pendiente. Si el saldo permanece sin pagarse 90 días después de haberse derivado, la agencia puede reportarlo a las agencias de información crediticia y continuar con el proceso de cobro. Después del plazo de 90 días para informar a las agencias de información crediticia, la agencia de cobranzas podrá solicitar, en cualquier momento, un fallo judicial en contra del aval para que se retengan sus salarios a fin de satisfacer el pago del saldo. Los cargos legales y del tribunal se agregarán a los saldos de la cuenta para cualquier cuenta a la que se le haya aplicado un fallo judicial y que adeude el aval.
7. **Política sobre facturación y cobro:** Para obtener una copia de la Política sobre facturación y cobro de Lakeland Health, visite nuestro sitio web: http://www.lakelandhealth.org/patient-visitor-guide/patient/billing/financial-assistance
8. **Cargo por pagos devueltos:** Le cobraremos $25.00 por cada cheque presentado para pagar su cuenta que sea devuelto sin pagar. Este cobro por pagos devueltos también se aplicará en el caso de que el pago se realice con una tarjeta de crédito, de débito o cualquier otro tipo de pago electrónico y sea devuelto sin pagar.
9. **Asesores financieros:**

Centro médico Lakeland, St Joseph	(269) 983-8320
Lakeland Hospital, Niles	(269) 687-1198
Cuentas de pacientes	(269) 428-2017
Lakeland Hospital, Watervliet	(269) 463-2250
Centro para servicios ambulatorios	(269) 556-7173
Consultas médicas Lakeland, Niles	(269) 687-1415
SWMC-Ginecología y obstetricia Niles	(269) 687-0808, Anexo 6746
BellaNova Women's Health	(269) 429-8010, Anexo 3510

References

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How Should We Improve Population Health?

What Does a Healthy Community Look and Feel Like?

The Board of Directors of Lakeland Regional Health System Watervliet and the Board of Directors of Lakeland Hospitals in Niles and St. Joseph approved the 2016 Community Health Needs Assessment in accordance with the Internal Revenue Service (IRS) regulations for tax-exempt hospitals at their meetings held on September 21, 2016 and September 26, 2016, respectively.

To request a paper copy of the Community Health Needs Assessment,
please call (269) 556-2808 or send an e-mail to chna@lakelandhealth.org

Comments can be submitted to chna@lakelandhealth.org or mailed to:

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