

2022-2024

# Community Health Needs Assessment





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## Executive Summary

The 2016 and 2019 Community Health Needs Assessments (CHNA) revealed significant inequities in age-adjusted mortality rates and life expectancy. Specifically, analysis revealed a fivefold disparity in mortality rates and a 19-year life expectancy gap between majority black and majority white census tracts in Berrien County. These inequities helped shape the CHNA Implementation Strategies (IS) which prioritized the needs of residents in census tracts where people were dying at the highest rates and in the earliest stages of life. As healthcare services represent, at most, 20% of the numerous factors that determine community or population health, the 2016 and 2019 IS documents focused primarily on addressing the social determinants of health identified by community members as priority health needs (PHN). It is by addressing the social determinants of health, which constitute up to 80% of factors that shape community health, that Spectrum Health Lakeland (Lakeland) aims to advance health equity.

The inequities revealed in the CHNAs were magnified when the COVID-19 pandemic hit in early 2020. Preliminary data revealed that the communities most impacted by high death rates and low life expectancy were, by and large, the same communities that were hit the hardest by the pandemic. The murder of George Floyd in 2020 and the global call for social justice also highlighted the health inequities experienced by communities of color. For many, these twin events – the disparate impact of COVID-19 and the murder of George Floyd – provided a new lens to see and understand issues of equity and prompted an urgent need to act. In 2020 and 2021, Lakeland demonstrated an increased commitment to health equity by establishing a robust organizational infrastructure including new governance structures, leadership, financial resources; public pledge commitments; clear definitions and operating principles; and a strategic framework to guide this work.<sup>1</sup>

Additionally, Lakeland’s commitment to the health equity principle to “authentically engage” communities most impacted by health inequities led to important pivots as to which priority health needs the IS would focus on.<sup>2</sup> In the pre-pandemic 2019 CHNA, the PHN comprised the two health conditions of mental health and obesity, and six social determinants of health, including food environment, recreational environment, physical environment, social cohesion, healthcare resources, and faith-based and spiritual practices. Six months into the pandemic, community members made clear that the priorities had shifted to healthcare resources, mental health, the food environment, and social cohesion. The pandemic also led to critical pivots in how we engaged the community.

To be effective in our commitment to health equity, it is imperative to work alongside community members and partner organizations. Typically, this means going into neighborhoods, attending/hosting meetings and events, and most importantly, spending time listening to the needs and desires of the community. The COVID-19 pandemic required ingenuity and creativity to preserve connections with the community while maintaining COVID-19 mitigation measures. For instance, Lakeland organized and supported a group of community influencers who understood the social fabric of where they lived and had deep connections with underserved communities to assist with COVID-19 education and awareness building. The influencers were critical in communicating and dispelling myths and misinformation about the virus and vaccine.

These and other community-based activities facilitated the research used to identify the 2022-2024 PHN: mental health, social cohesion, healthcare access, nutrition environment, and safety.

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<sup>1</sup> Spectrum Health. (2020). *Pledge to act*. [https://www.spectrumhealth.org/pledgetoact?utm\\_medium=news\\_landingandutm\\_source=lakeland\\_named\\_100\\_top\\_hospitalandutm\\_medium=news\\_landingandutm\\_source=lakeland\\_named\\_100\\_top\\_hospitalandutm\\_campaign=internalpages\\_needs\\_resources\\_and\\_ideas\\_for\\_health\\_improvement\\_provided\\_by\\_community\\_youth](https://www.spectrumhealth.org/pledgetoact?utm_medium=news_landingandutm_source=lakeland_named_100_top_hospitalandutm_medium=news_landingandutm_source=lakeland_named_100_top_hospitalandutm_campaign=internalpages_needs_resources_and_ideas_for_health_improvement_provided_by_community_youth).

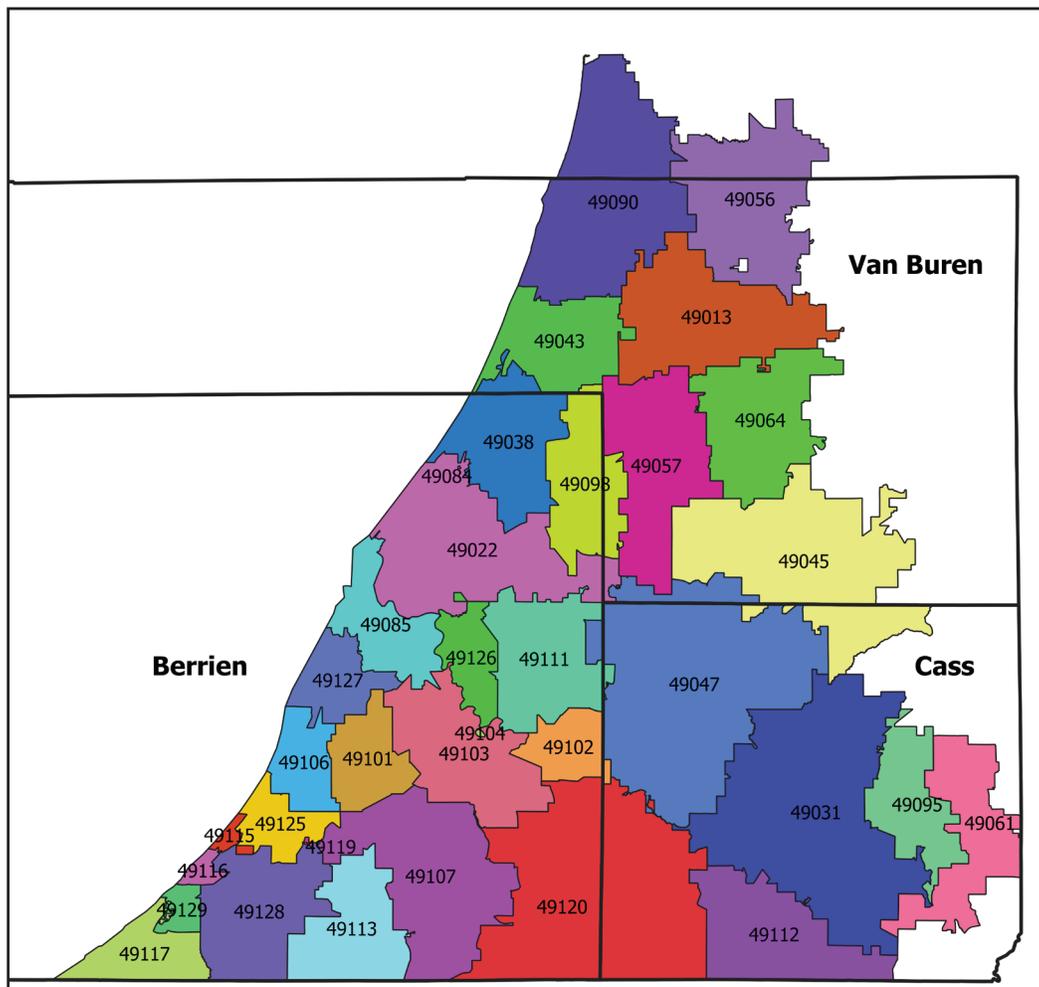
<sup>2</sup> Authentic engagement means that community members who experience health inequities serve as leaders and champions in resolving problems, and the design, implementation, and evaluation of health equity work.



# Introduction

Lakeland is headquartered in Berrien County, Michigan (see figure 1.1 for a map depicting ZIP codes in Lakeland service area). It also has facilities and serves patients in the adjacent counties of Van Buren and Cass. Roughly 240,000 people are estimated to reside in the Lakeland service area.<sup>3</sup>

Lakeland is a not-for-profit, community-owned health system serving Southwest Michigan and Northern Indiana with a full continuum of care and wellness services. Lakeland offers the latest in care and technology in a patient-friendly setting. Employing more than 4,000 professionals, the hospital system provides 361 licensed beds and a comprehensive array of services, including three hospitals, 52 ambulatory locations that include an outpatient center and a cancer center, and 844 primary and specialty care physicians and other licensed providers. Lakeland is one of the largest employers in Berrien County.<sup>4</sup>



**Figure 1.1** ZIP codes within the Lakeland service area

<sup>3</sup> U.S. Census Bureau (2019). *ACS demographic and housing estimates (DP05). 2015-2019 American Community Survey 5-year estimates.* Retrieved from <https://data.census.gov/cedsci/table?q=&text=Dp05&tid=ACSDP5Y2019.DP05>  
ZIP codes included are: 49013, 49022, 49031, 49038, 49043, 49045, 49047, 49056, 49057, 49061, 49064, 49084, 49085, 49090, 49095, 49098, 49102, 49103, 49104, 49106, 49107, 49111, 49112, 49113, 49115, 49116, 49117, 49119, 49120, 49125, 49126, 49127, 49128, 49129

<sup>4</sup> Marketing and Communications. (2020, August 20). *Who we are 2021.* [PowerPoint slides]. [https://spectrumhealth.sharepoint.com/sites/hub/Leadership%20Documents/Who%20We%20Are\\_2021.pdf](https://spectrumhealth.sharepoint.com/sites/hub/Leadership%20Documents/Who%20We%20Are_2021.pdf)

# Introduction

## Community Served

This document serves as the CHNA for Spectrum Health Lakeland Medical Center, Spectrum Health Lakeland Niles Hospital, and Spectrum Health Lakeland Watervliet Hospital. For the purposes of this assessment, “community” is defined as not only the county in which the hospital facility is located (Berrien), but also regions outside the county which compose Lakeland’s primary (PSA) and secondary (SSA) service areas, including Van Buren and Cass counties. The target population of the assessment reflects an overall representation of the community served by this hospital facility. Table 1.1 provides a snapshot of Berrien County’s demographics.

	2017 Estimate		2019 Estimate	
	Michigan	Berrien	Michigan	Berrien
Population	9,925,568	154,948	9,965,265	154,133
Adults 25 years or older who have graduated high school or higher	90.2%	89.5%	90.8	89.7%
Poverty	15.6%	17.2%	14.4%	16.1%
Unemployment Rate	7.4%	7.3%	5.9%	5.9%
Median age	39.6	42	39.7	42.1
Median individual income	\$30,416	\$28,446	\$32,047	\$30,644
Median household income	\$52,668	\$47,132	\$57,144	\$50,795
white	78.7%	78.4%	78.4%	78.7%
African American	13.8%	14.7%	13.8%	14.6%
Asian	2.9%	2%	3.8%	2.6%
American Indian	0.5%	0.3%	0.5%	0.4%
Hispanic	4.9%	5.2%	5.1%	5.5%
Uninsured	7.2%	8.7%	5.5%	6.9%
Overall health outcome ranking	N/A	64/83	N/A	59/83

**Table 1.1** Berrien County Demographics <sup>5,6,7,8</sup>

<sup>5</sup> University of Wisconsin Population Health Institute. *Berrien County, Michigan: County health rankings and roadmaps 2021*. <https://www.countyhealthrankings.org/app/michigan/2021/rankings/berrien/county/outcomes/overall/snapshot>

<sup>6</sup> U.S. Census Bureau (2019). *ACS demographic and housing estimates (DP05). 2015-2019 American Community Survey 5-year estimates*. [https://data.census.gov/cedsci/table?g=0400000US26\\_0500000US26021,26027,26159&tid=ACSDP5Y2019.DP05](https://data.census.gov/cedsci/table?g=0400000US26_0500000US26021,26027,26159&tid=ACSDP5Y2019.DP05)

<sup>7</sup> U.S. Census Bureau (2019). *Selected economic characteristics (DP03). 2015-2019 American Community Survey 5-year estimates*. [https://data.census.gov/cedsci/table?g=0400000US26\\_0500000US26021,26027,26159&tid=ACSDP5Y2019.DP03](https://data.census.gov/cedsci/table?g=0400000US26_0500000US26021,26027,26159&tid=ACSDP5Y2019.DP03)

<sup>8</sup> U.S. Census Bureau (2019). *Educational attainment (S1501). 2015-2019 American Community Survey 5-year estimates*. [https://data.census.gov/cedsci/table?g=0400000US26\\_0500000US26021,26027,26159&tid=ACSST5Y2019.S1501](https://data.census.gov/cedsci/table?g=0400000US26_0500000US26021,26027,26159&tid=ACSST5Y2019.S1501)

## About the Community Health Needs Assessment

The Community Health Needs Assessment (CHNA), required under the Patient Protection and Affordable Care Act of 2010, is an appraisal of the health status of a community. Each tax-exempt hospital in the U.S. must conduct a CHNA every three tax years. This is done to ensure that hospitals have the information needed to accurately allocate community benefit funds to meet the health needs of the communities they serve.<sup>9</sup>

The prior CHNA was adopted September 2019 (tax year 2018), meaning the next CHNA was to be adopted by September 2022 (tax year 2021). However, Lakeland subsequently adopted a calendar year-end in 2020. This created a short tax year from October 1–December 31, 2019, and moved the due date of the next CHNA up to December 31, 2021, to comply with IRS regulations of adopting a CHNA once every three tax years. The next CHNA will be due December 31, 2024.

The CHNA Project Team (CHNA Team) executed this CHNA in accordance with principles informed by Affordable Care Act (ACA) requirements and Spectrum Health’s organizational commitment to advance health equity. Firstly, the CHNA team defined health broadly and approached data collection and analysis with the aim to better understand the physical, mental, and social wellbeing of the community. The CHNA team also worked to authentically engage communities impacted by health inequities. This was accomplished in part by continued research on factors underlined in the previously identified priority health needs (i.e., community members served as leaders in the definition and design of activities to better understand community and societal level determinants of health).

This CHNA was supported by the Berrien County Health Department (BCHD), who provided data and information essential to the creation of this document. This included information derived from their Community Health Strategy Survey, which was conducted to gather ideas and thoughts on how the community would like to address the two health conditions identified in the 2019 CHNA (i.e., mental health and obesity).

## Commitment to Health Equity

2020 was a turbulent year that upended almost every aspect of life in our community and across the globe. The COVID-19 pandemic led to streamlining of Lakeland’s focus from the eight PHN described in the 2019 CHNA to four PHN (mental health, social cohesion, food environment, and healthcare access) and there was a significant change in dialogue about and attention to issues of racial equity across the nation following the murder of George Floyd. Spectrum Health responded to the community’s continued demand for greater equity and deepened our commitment to health equity. Spectrum Health CEO, Tina Freese Decker, penned a letter outlining the commitments of the health system. Additionally, Spectrum Health Lakeland committed to provide enduring human and financial resources specifically to address health equity. This included the creation of both a Vice President of Health Equity position and a \$50 million endowment-like fund to ensure that funding would be available for health equity work in perpetuity.

Since the initial commitments made in June 2020, many other changes have occurred to make Lakeland better poised to continue addressing issues of health equity including but not limited to:

- The Spectrum Health Board of Directors created a health equity committee to provide governance oversight to all health equity work/initiatives happening within the health system to ensure sustained progress in this body of work
- Additional leadership positions were created to lead health equity work specifically, including a medical director for health equity and a new director of population health

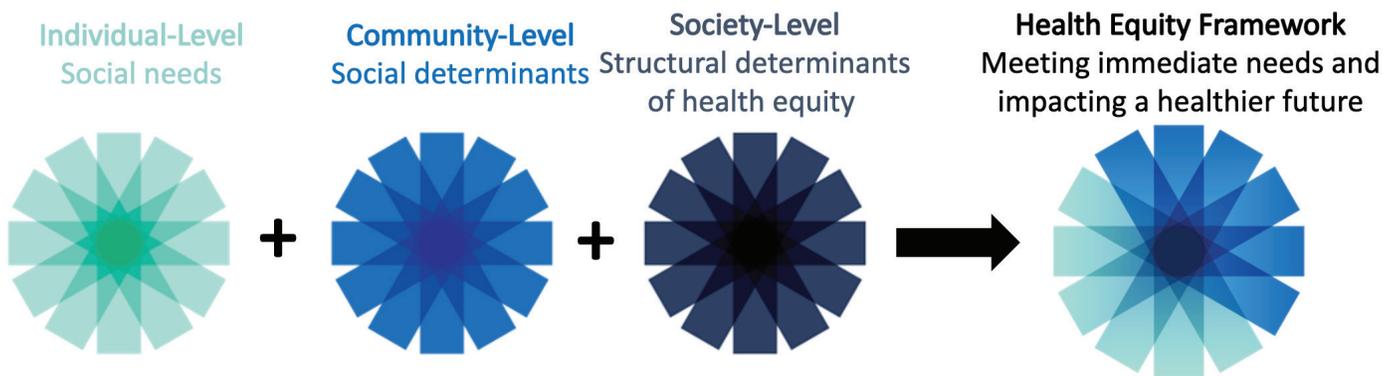
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<sup>9</sup> Community benefits are programs and services administered by not-for-profit hospitals. They are designed to improve community health by responding to community-identified needs, with a specific focus on the needs of the medically underserved. Community benefit reporting is required for hospitals to maintain their tax-exempt status.

## Introduction

- Data collection and analysis processes were refined to ensure faster identification and understanding of health inequities and how to focus the health equity work
- The Center for Better Health was launched in Benton Harbor, initially funded by federal CARES Act dollars to meet needs due to the pandemic, and built in a manner that continues to meet the ongoing needs of those most impacted by health inequities
- The Institute for Value and Equity was established in October of 2021 to merge two mutually-supportive bodies of work – the pursuit of health equity and the pursuit of value-based care – into one cohesive effort by intentionally and strategically integrating equity considerations into our value-based strategies.

These and numerous other efforts were made possible by a commitment to health equity predating the murder of George Floyd as evidenced in the 2016 and 2019 CHNAs. Creating space for community voice in defining what the commitment to health equity should look like—and how to bring it to life—has been essential in this growth as an organization. This is the only way to successfully uphold our mission to “improve health, inspire hope, and save lives.” Lakeland also developed a strategic health equity framework to guide its population health work and identify how to achieve health equity through coordinated efforts. Healthcare systems have traditionally focused on meeting the medical and healthcare needs of individual patients, but deepened understanding of the significance of community and societal factors on health has led to a much broader view on how to prevent poor health outcomes. This framework guides Lakeland and the community together towards a state of health equity.



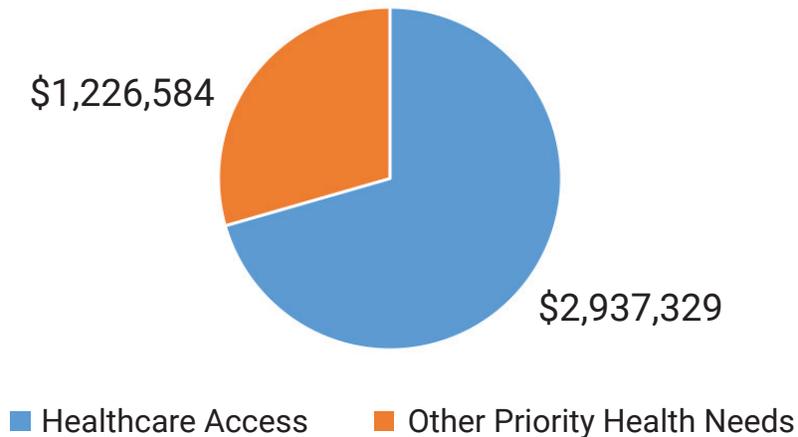
**Figure 1.2** Health Equity Framework

*Individual-level social needs:* This level describes efforts to meet the social needs of individual people such as addressing unstable housing situations, household food insecurity, access to healthcare, and/or job opportunities. This level of work provides immediate relief to those in urgent need and utilizes resources that already exist in the community.

*Community-level social determinants:* This level describes work to improve the conditions of places where people are born, grow, live, work, and age through policies, practices, and initiatives. Taking housing for an example, community-level work involves working with local housing stakeholders to ensure adequate quality housing exists in the community and is accessible to those who need it.

*Society-level structural determinants of health equity:* This level describes the reformation of institutional policies and practices to ensure that community conditions meet the social needs of residents. Work at this level creates long-lasting improvements to systems that impact community conditions and social determinants.

In 2020, Lakeland contributed a larger portion of funds towards improving access to healthcare resources than any other priority health need



**Figure 1.3** Total Community Benefit expenditures by Priority Health Needs

Health is comprised of many factors beyond healthcare including access to quality housing, transportation, education, economic opportunity, cohesion of social networks, food security, and more. This three-layer health equity framework guides Lakeland to simultaneously work to address the immediate needs of community members and patients who are experiencing health problems right now, prevent people who are on the cusp of a potential health crisis from detrimental outcomes in the future, and prevent future health problems for those who may consider themselves in good health right now.

Along with the five PHN that have emerged from this assessment (mental health, social cohesion, healthcare access, nutrition environment, and safety) Spectrum Health has identified two categories of health outcomes as priorities for the system to address: maternal and infant health and cardiovascular disease. These outcomes were selected as areas of focus because they are deeply intertwined within the existing PHN. There is a bi-directional relationship between these two health outcomes, and the PHN and improvements in one can lead to improvements in the other. Further, there is energy in the communities served to improve these particular health outcomes and ample opportunity to narrow the health inequities seen in both maternal and infant health and cardiovascular disease. Work on these two health outcomes will not detract from the five PHN but rather be used as tangible ways to work towards improvement on them.



## Implementation Strategy (IS) Findings

In response to the 2019-2022 Community Health Needs Assessment (CHNA), Lakeland established the 2019-2022 Implementation Strategy (IS) to address the priority health needs that emerged from the CHNA. As per the Affordable Care Act, the IS is not limited to addressing only needs from the CHNA but can also address other health needs identified through other means. Largely, the COVID-19 pandemic shifted the immediate community needs while also exacerbating the social and health conditions identified in the 2019-2022 CHNA. Many programs and initiatives as previously designed became unsafe to conduct in the midst of the pandemic, and major events relating to racial equity shifted resources as well.

The initial activities of the IS were as follows:

- Expand and execute mental health education and awareness curriculum (**Mental Health**)
- Form a permanent Collective Impact Team (**Mental Health**)
- Create community resiliency Pop-up Museums (**Mental Health**)
- Conduct a mental health Listening Tour (**Mental Health**)
- Execute the Prescription for Health program (**Obesity and Food Environment**)
- Support the Twin Cities (Sustainable) Harbor Revitalization Project (**Recreational Environment, Physical Environment, Food Environment, Obesity, Social Cohesion/Support**)
- Maintain the Neighborhood-based Health Homes (NBHH) (**Healthcare Resources, Social Cohesion, Food Environment**)
- Coordinated School Health (**Healthcare Resources**)
- Community and School-based CPR (**Healthcare Resources**)

A brief summary of the evaluative progress for each activity, as best could be obtained, follows:

**Mental Health Education and Awareness.** Community mental health education programs shift knowledge, attitudes, and behaviors to achieve better health outcomes within the communities served. To address mental health and wellness initiatives identified in the CHNA, efforts were transitioned to a virtual platform and focused on real-time community needs. This created an opportunity to have conversations with area mental health professionals (e.g., “Coping during COVID-19”). It also provided COVID-19 updates by the President of Spectrum Health Lakeland, Loren B. Hamel, MD, and the Berrien County Health Department.

Other virtual workshops included the established trauma-informed workshop series. Courses include Trauma 101: Introduction to Trauma, Youth and Adult Mental Health First Aid, and Community Resiliency Model (CRM).<sup>®</sup> Trauma 101 defines topics such as toxic stress, trauma, and resilience. Participants are introduced to the biology of trauma and how unresolved traumas show up in the body. Additionally, the course discusses the importance of self-care and ways to practically care for oneself during hard and stressful times. The Community Resiliency Model (CRM)<sup>®</sup> training, is a trauma-informed and resilience-building intervention that teaches wellness skills and strategies for increasing individual and community resilience. Lastly, the population health department conducted Adult and Youth Mental Health First Aid classes to teach community residents the risk factors and warning signs of mental health disorders and substance abuse addictions. From 2019 to 2021, Youth Mental Health First Aid (YMHFA) reached a total of 136 participants. Adult Mental Health First Aid had only 13 participants, a reduced number due to the pandemic and the shifting of resources toward the Center for Better Health. Overall, class participants showed interest in additional classes offered by Lakeland, leading to participants gaining a more multi-faceted, comprehensive mental health toolbox. Classes were offered to community partner organizations, which strengthened ties toward further collaborations.

## Implementation Strategy (IS) Findings

**Collective Impact Team.** Healthy Berrien Consortium (HBC) is a network of key healthcare organizations and leaders formed to jointly undertake improving the health and well-being of Berrien County residents. Through funding provided by the United Way of Southwest Michigan, HBC has undertaken a collective impact program focused on creating a trauma-informed and resiliency-building community. Despite COVID-19, the collective impact group has continued with their Community Resiliency Series that addresses different topics related to mental health and wellness. Additionally, 11 individuals representing multiple sectors of the community were trained in June 2021 in the Community Resiliency Model (CRM)<sup>®</sup>: a set of wellness skills based on biology that helps individuals learn how to recognize and grow well-being within themselves and their community. Already, certified trainers have worked with various organizations in the community to provide training and sharing of these important skills to build the resiliency of our community.

**Pop-up Museums.** The pop-up museum titled Pop Into Resilience was staged at two pilot locations in Berrien County: the Benton Harbor Public Library and the St. Joseph Public Library. Pandemic-related closures affected the pop-up museum's availability, but as of September 2021, it is in its first official location: Lory's Place located in St. Joseph. Future locations include Spectrum Health Lakeland Medical Center and The Boys and Girls Club. No formal impact assessment has occurred due to the museum's recent placement, but the impact will be measured by determining what visitors have learned about trauma or resilience, followed by a deeper assessment from those who agree to tell more.

**Listening Tour.** The Listening Tour was unfortunately scheduled to begin just as the COVID-19 pandemic began and curtailed our ability to meet with community members in person. Around that time, the Berrien County Health Department conducted an online survey that tapped into many of the questions that were to be asked on the Listening Tour. That data now serves as a proxy for the Listening Tour; the Listening Tour is still planned to take place once it is safe to meet in person again. We must be cognizant of the sensitive nature of the material and the risk of overburdening the community by repeatedly asking the same questions of them.

**Prescription for Health (PFH).** The PFH program at the Center for Better Health in Benton Harbor identified individuals who were food insecure and either a) had a chronic disease or b) were at increased risk of developing one, and connected them to resources to improve their health. Participants in the PFH program received a "prescription" for fresh fruits and vegetables worth \$10 a week (which can be 'filled' 10 times, for a total of \$100 per year) to spend at the local Benton Harbor Farmers Market. Participants received nutrition and/or health counseling and education, as well as assistance in connecting to community resources on a weekly basis. Little changed with this program during the summer of 2020 because of the pandemic except for the discontinuing of blood pressure checks and health coaching at the farmers market to encourage social distancing. These services were modified and reintroduced in the summer of 2021. Pre and post intervention data showed that participants were able to reduce the number of individuals that were food insecure by over 16 percentage points, from 38.3% to 21.6%.

**Twin Cities Harbor Revitalization Project.** Originally, the population health department was going to support this effort to maximize the benefits of the harbor and waterfront assets of the cities of St. Joseph, Benton Harbor, and St. Joseph Township. However, progress stalled at the government level and Lakeland resources were reallocated to supporting the Center for Better Health.

**Neighborhood Based Health Homes (NBHH).** Upon the onset of the pandemic, past activities at the NBHH included health courses, preventive screenings, flu vaccine administration, and navigation of social resources. These activities were drastically reduced to follow social and physical distancing to help stop the spread of COVID-19. Instead, Population Health staff distributed personal protective equipment (PPE) to the locations. In all, just over 3,200 masks were distributed to the NBHHs primarily located in Benton Harbor, helping to stop the spread in an area with much lower life expectancy compared to the rest of Berrien County. Due to staffing changes, the NBHHs at Benton Heights (Community Dinners and Community Food Network) lack involvement from Lakeland, although community members have still carried on these activities to some extent.

**Coordinated School Health.** Notably, a team called 31n was created for Berrien County to monitor the implementation of mental health services and support at local K-12 schools. The group consists of multiple stakeholders including Berrien County schools, Berrien RESA, Van Buren ISD, Riverwood Center, The Out Center, and Lakeland. Through 31n, a school health assessment is being developed and will help each school identify strengths and weaknesses of their health and safety policies and programs, as well as take a baseline measure before any interventions are started. Interventions include the Community Resiliency Model, Youth Mental Health First Aid, TRAILS to Wellness, and the Safe Schools Collaborative. Additionally, Population Health staff partnered with two local school districts to pilot an abstinence-based curriculum, with Lakeland medical residents implementing the curriculum in 51 classrooms to over 900 students.

**CPR Courses.** While the pandemic made CPR classes impossible to conduct safely in-person, Population Health staff provided local K-12 students with video-based CPR lessons in lieu of the typical school-based classes. A survey of past CPR students showed that around 14% had used their CPR skills in real life situations and over 3 in 4 shared what they learned with others and encouraged others to get trained. Fourteen percent of survey respondents used their CPR skills, with one person reporting they saved a child from choking.

## Shift Toward the Center for Better Health

At the height of the pandemic, blacks in Berrien County were more than twice as likely to contract, be hospitalized for and die from COVID-19. To confront this, with funding granted by the Michigan Coronavirus Task Force on Racial Disparities, a physical location was established in November of 2020 called The Center for Better Health. Once the grant period ended, the hospital system provided additional resources to keep the center open to help meet clients where they are, begin building trust, and continue being a presence in the community of Benton Harbor, while also providing services to all of Berrien County.

Through funding and partnerships, the center offers services that include health screenings and coaching, mental health services, and navigation services at a location easily accessible to residents of Benton Harbor and Benton Heights. It also provides other forms of support to residents such as water filters and PPE. Social navigation services help residents access food, clothing, rent and utilities assistance, and other resources challenged by the pandemic. Legal navigation connects individuals to legal aid and virtual court dates via Zoom appearances to help avoid fees and collateral consequences of failure to attend a court hearing. The center has expanded and now serves as a site for the new medical director for health equity and cardiologist, Willie Lawrence, MD, to see patients in partnership with the Spectrum Health Lakeland Heart and Vascular Center. His work also involves the development of a hypertension prevention program that will be implemented through the Center for Better Health. The center will continue to be the headquarters for improving health needs equitably in Berrien County.

# Implementation Strategy (IS) Findings

## Conclusion

Ultimately, this work cannot be achieved without the navigators and coordinators that work so hard to make it happen. An unfortunate reality that comes with that is the major professional disruption that COVID-19 introduced. In interviews with staff in the fall of 2020, half said that their work-life balance had improved, but the other half said it had worsened. Those team members are deeply passionate about the health of the community and put in the time and effort to show it. Many reported that their projects were halted abruptly, with in-person programming limited to only the most necessary events. Time and resources were pivoted toward racial and pandemic-related projects. Staff felt disconnected from one another, only seeing each other over video while working from home. Many felt the pressure of childcare responsibilities, at-home technology barriers, expanded roles, and stressors during the Spectrum Health integration. It was within this enormously stressful environment that “a true spotlight on our work” was shown, increasing the pressure, but also boosting the appetite and recognition for these kinds of programs and initiatives that the population health department sponsors.

While outcomes for the previously planned IS activities were difficult to achieve and capture, this does not mean progress was not made. New legislation and grant opportunities allowed for the creation of the Center for Better Health, which fulfills much of what the NBHs were fulfilling pre-pandemic. Further, programs like the GROWTH (Guided Real-World Orientation and Work Training at the Hospital) pipeline and the Health Equity Strategy were catalyzed by the death of George Floyd and the Black Lives Matter movement; those initiatives may not be captured in the prior IS, but they do address community health needs identified in the previous CHNA.

## Additional Support in Addressing Priority Health Needs

In addition to work conducted by the department of population health, other departments in Lakeland addressed priority health needs. These efforts were tracked as part of community benefits (i.e., events, programs, or services that promote health and healing) reporting. Healthcare facilities are required to provide documentation that demonstrates how hospitals operate for the charitable purpose of promoting health. Each year, Lakeland leaders are asked to report departmental efforts that improve the health of the communities we serve.

The COVID-19 crisis created profound disruption in the lives of community residents and healthcare workers. To support COVID-19 essential health, many team leaders were assigned new or additional tasks, therefore community benefits related to the 2020 PHN were likely underreported. Reported community benefit activities that fall under a priority health need (PHN) but were not described in the 2019 Implementation Strategy are described below.

## Access to Healthcare

One of the action items stated in the 2019 Implementation Strategy was to align health systems' allocations of community benefits with effective programs to address the priority health needs. Healthcare resource programs enhance access to care providers, public and private insurances, and clinics for medical care, including health education and information to community residents.

The GROWTH internship program is designed as a professional career pipeline program for Benton Harbor area youth. GROWTH emphasizes mentorship, professional competency training, introduction to healthcare careers, and opportunities to fill vacancies within Lakeland. After the program, 93% of participants could see themselves working at Lakeland (compared to just 43% beforehand); 64% said they were “very likely” to take steps toward starting a career at Lakeland (compared to just 14% beforehand); and 100% said they felt like they belonged as a Lakeland team member.

## **Non-Population Health programs and services reported in 2020**

In addition to the programs and projects conducted by the population health department and listed in the 2019 IS, additional services to address the PHN identified in the 2019 CHNA were provided. These include:

- Non-billed transportation services for patients to receive medical care at another hospital, long-term care facility, or at home (unable to afford to pay).
- Medical residency interns, medical students and allied health professional students' internships that result in degrees necessary to practice as a health professional.
- Forensic Care and Advocacy specializes in medical evaluations with Lakeland forensic nurses and certified sexual assault nurse examiners (SANE). Professionals care for patients who have been sexually or physically assaulted or abused. Crisis intervention and emotional support services are provided at no cost to patients.
- Non-billed in-home services include personalized care for older populations or persons with a disability.
- Virtual pre-diabetes education classes to help individuals learn about lifestyle changes to avoid the onset of diabetes.
- Carol's Hope Engagement Center is a 24-hour crisis intervention facility serving Berrien County that provides support services for people with substance use and co-occurring disorders.
- The lung cancer screening program helps detect cancer early when it is the most treatable.
- The Speaker's Bureau is provided by Lakeland health professionals who educate our community about chronic disease and treatments.

## **Food Environment**

The Veggie Van offers free healthy foods and nutrition information in communities throughout southwest Michigan. This initiative is sponsored by Spectrum Health and the YMCA of Greater Grand Rapids and supported by Lakeland and the YMCA of Southwest Michigan.

## **Social Cohesion**

Social cohesion defined in the CHNA is the connectedness or bond that holds or brings community members together. During the COVID-19 pandemic, support groups and in-person social gatherings were suspended and replaced with virtual conversations.

A social cohesion program reported in early 2020 was the Senior Center Nurse Program. Virtual meetings were noted for the Metastatic Breast Cancer Support Group and the Midge Tyler Tree of Love initiative to support cancer survivors.



# Community Health Needs Assessment (CHNA) Methods and Findings

The data which informs this CHNA was collected during interviews conducted during community based participatory research and from surveys assessing the impact of COVID-19 on community members. These activities were conducted by the population health department at Spectrum Health Lakeland between March and November 2020. Key stakeholder interviews were conducted August-September 2021. Throughout the document, data collected by other organizations were used to support the findings of the thematic analysis, including information from the Berrien County Health Department (e.g., the Community Health Strategy Survey conducted in the summer of 2020), the American Community Survey (ACS), and the Centers for Disease Control and Prevention (CDC), the Health Resources and Services Administration (HRSA), and the Centers for Medicare and Medicaid Services (CMS).

## Community Data

Over the past few years, including during the COVID-19 pandemic, the population health department has worked to build strong relationships and connections with residents in the communities within the 49022 ZIP code with ongoing evaluation and research. The methods used for this CHNA were grounded in a commitment to incorporate a wide range of voices and perspectives, including those of uninsured persons, low-income persons, and members of minority groups, while collecting information through participatory methodologies. Since the completion of the 2019 CHNA, the population health department has engaged in research to determine community needs associated with COVID-19; community-based participatory research on leadership, influence, and trust; and held 148 community conversations to better understand community challenges.

The topics covered by this work were broad and centered on understanding the perspectives of residents, including what they felt was important to know about their communities. As planning for the CHNA began, it became clear that much of that data could be further mined to examine the perspectives and ideas of residents in relationship to the community health needs. That data is found throughout this report and has provided a deeper understanding of those needs and how they might be addressed.

## Key Stakeholder Interviews

Key stakeholder interviews were conducted with individuals representing organizations throughout the Lakeland service area (See Appendix B for the survey instrument and Appendix C for a summary of key stakeholders). These interviews were conducted to ensure that the diverse communities which comprise the Lakeland service area were represented. These organizations serve a wide range of individuals, including, but not limited to, seniors, youth three and under, elementary and high school aged children, adults, uninsured persons, low-income persons, and members of minority groups.

# Community Health Needs Assessment (CHNA) Methods and Findings

## Process for Identifying Health Needs and their Prioritization

Through thematic analysis of the data collected from community members and key stakeholders, the following health needs were identified: mental health, social cohesion, safety, healthcare resources, the physical environment, recreation environment, and nutrition environment.

The population health team prioritized the health needs based on the following criteria:

- The resources available and capacity of the health system to address the health need
- The degree to which COVID-19 impacted the health need

Since the development of the 2019 CHNA, Lakeland has committed to addressing the previously identified PHN, specifically those PHN which were determined to have been the most impacted by the COVID-19 pandemic (i.e., social cohesion, mental health, food environment, and healthcare access). The research conducted by the population health department over the past two years not only reinforced that those needs were still important but offered even greater understanding into the nuance and complexity of working to address these critical community issues in a period where so many have experienced loss, grief, and trauma.

Therefore, the decision was made to retain four of the previously identified PHN (i.e., mental health, social cohesion, healthcare access, and nutrition environment) and to adopt a new priority health need which rose to prominence during COVID-19: safety. In an effort to focus resources to a number of priority health needs and due to the fact that other organizations in the community are responding to the priority health needs of recreation environment and the physical environment, Lakeland will play a more supportive role rather than lead role in addressing them.

# Primary and Chronic Disease Conditions, Mortality, and Life Expectancy

## Key Findings

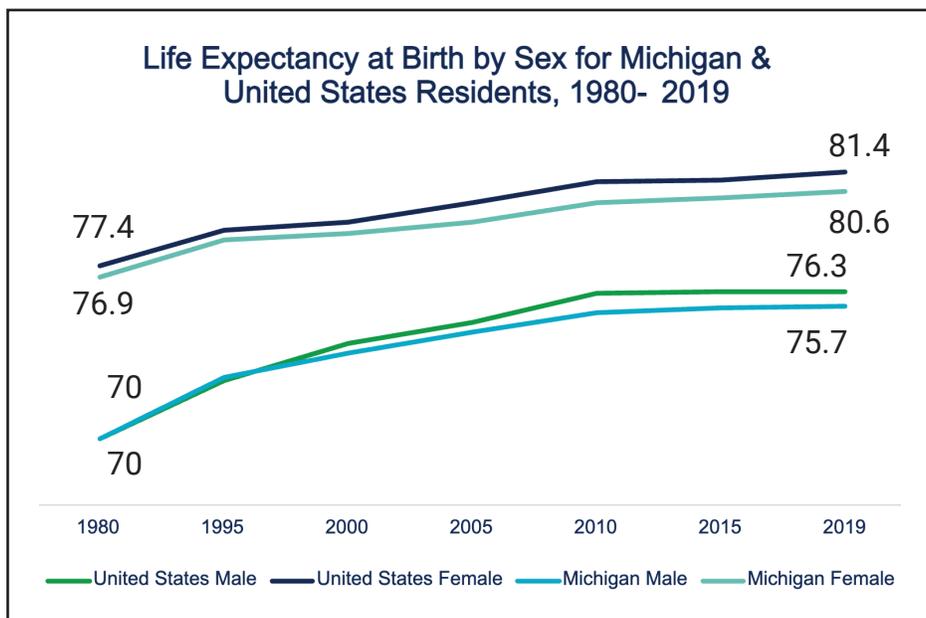
- Life expectancy varies by as much as 19 years across Berrien County.
- The top three causes of death in Berrien County are heart disease, cancer, and cerebrovascular diseases.
- The subgroup that contributed the most to the relative death rate disparity is black children under the age of one year.
- Despite making up only 14% of the population in Michigan, 22% of COVID-19 related deaths were attributed to black individuals. Blacks in Berrien County were vaccinated less than white or Hispanic populations.

Similar to the 2019 CHNA, the 2022 CHNA presents age-adjusted mortality (or death) rates for all 48 census tracts in Berrien County.<sup>10</sup> Here, life expectancy at the census tract level, disease-specific death rates according to sex, race, and ethnicity at the county level, and race/ethnic mortality disparities for different age groups are presented.<sup>11</sup> Additionally, an analysis of COVID-19 racial disparities is available. The mortality information used in this analysis were based on death certificates for U.S. residents. Any deceased U.S. resident with Berrien County listed as the place of residence on their death certificate is represented in this analysis, and as such, reflects the overall representation of the community. This includes uninsured persons, low-income persons, and minority groups.

## Life Expectancy at Birth

**State and National Trends.** Life expectancy at birth (life expectancy) is a measure of the number of years that a newborn is expected to live given current mortality rates. It is commonly used to examine mortality patterns and allows for comparison between populations, which can highlight inequities in health outcomes.

Figure 4.1 shows that life expectancy varies by place of residence, sex, and year of birth. In the United States, females born in 2019 have a life expectancy that is five years greater than males. However, the average life expectancy in Michigan is approximately half a year (0.57) less than that of the United States, a gap that has slightly closed from 2016 (0.9). This difference in average life expectancy between Michigan and the United States (U.S.) had been increasing since 1990.



**Figure 4.1**  
Life Expectancy at Birth by Sex for Michigan and United States Residents, 1980-2019

<sup>10</sup> Census tracts are small, relatively permanent statistical subdivisions of a county with an average population of 4,000 individuals.

<sup>11</sup> Statistical significance of data obtained through CDC WONDER was determined using the methodology outlined in the CDC's report on racial disparities in age-specific mortality and in the National Vital Statistics Report.

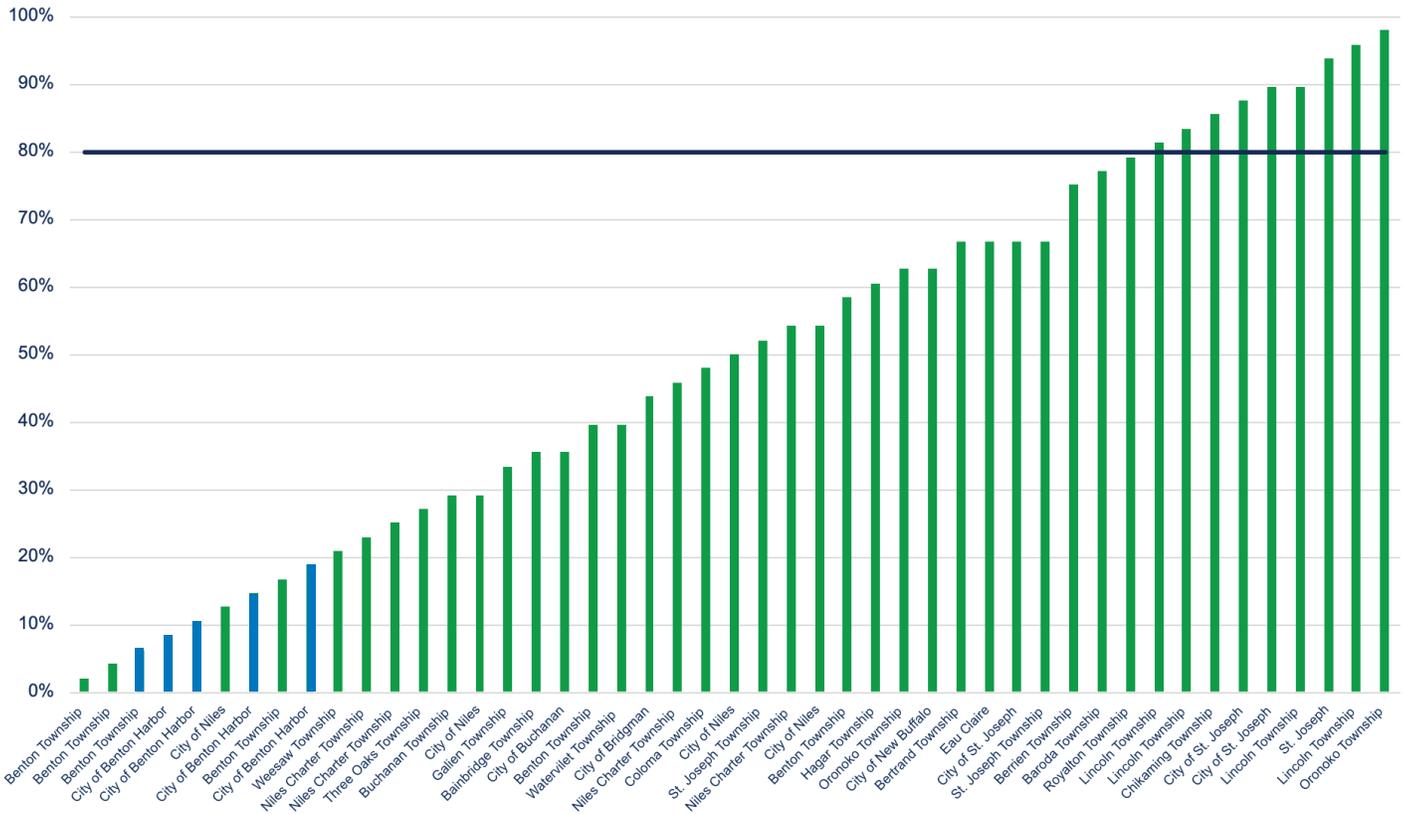
# Primary and Chronic Disease Conditions, Mortality, and Life Expectancy

Over the last century, life expectancy rates in the U.S. and Michigan have trended upward. Previously, a decrease in life expectancy was reported at both the national and state level, particularly for males.<sup>12,13</sup> However, in the last couple of years, life expectancy is again increasing for males at both levels. For example, while the life expectancy for males in the U.S. was down from 76.4 years in 2014 to 76.1 years in 2017, as of 2019, the life expectancy had increased to 76.3 years. At the national level, there was an increase from 75.2 years in 2016 to 75.6 years in 2019. These numbers, however, have not taken into consideration the effect of the COVID-19 pandemic on life expectancy.

The COVID-19 pandemic resulted in widespread loss of life across the world; however, it has disproportionately affected underrepresented groups such as black and Hispanic/Latino populations. As such, reductions in life expectancy are expected for all racial and ethnic groups, but those figures have not yet been calculated. Despite this, it has been projected that the pandemic will result in an average 1.13 years of life lost (in 2020), and three to four times that amount for blacks and Hispanic/Latinos.<sup>14</sup>

Life expectancy in Lincoln Township and Berrien Springs is approximately 86 years, while in Benton Harbor and Benton Township, life expectancy is approximately 67 years. This life expectancy gap occurs between places separated by as little as 15 miles. (For more information on life expectancy and death rates by census tract, see Appendix D).

**Berrien County Life Expectancy (2010-2015) by National Percentile Ranking**



**Figure 4.2** Life Expectancy (2010-2015) as National Percentile Ranking in Berrien County by Census Tract  
 \*Bars highlighted in blue are those which are majority non-Hispanic black (60% or more). City and Township names are followed by the census tract number for each location.

**Berrien County.** The average life expectancy in Berrien County is 77.8 years. However, life expectancy varies considerably throughout the county.

In Berrien County, the current life expectancy average is 77.8 years, lower than that of the United States (78.54 years). Across the county, life expectancy varies by 19.1 years (67.6 years in Benton Township and 86.7 years in Oronoko Township). Among the census tracts with the lowest life expectancy, five of them have a majority non-Hispanic black population (see Figure 4.2). The average life expectancy for black individuals is 72.6 years, compared to 78.6 years for white individuals, a six-year gap. Closing this gap requires decreasing health inequities in these vulnerable communities which will increase the average life expectancy and quality of life for Berrien County residents.

Figure 4.2 displays life expectancy by census tract ranked and compared to other counties across the nation. Among the 48 census tracts in Berrien County, only nine meet the goal of being at or above the 80th percentile.

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<sup>12</sup> Centers for Disease Control and Prevention. (2018, August 9). *Health, United States, 2017*. [https://www.cdc.gov/nchs/hus/contents2017.htm#Figure\\_020](https://www.cdc.gov/nchs/hus/contents2017.htm#Figure_020).

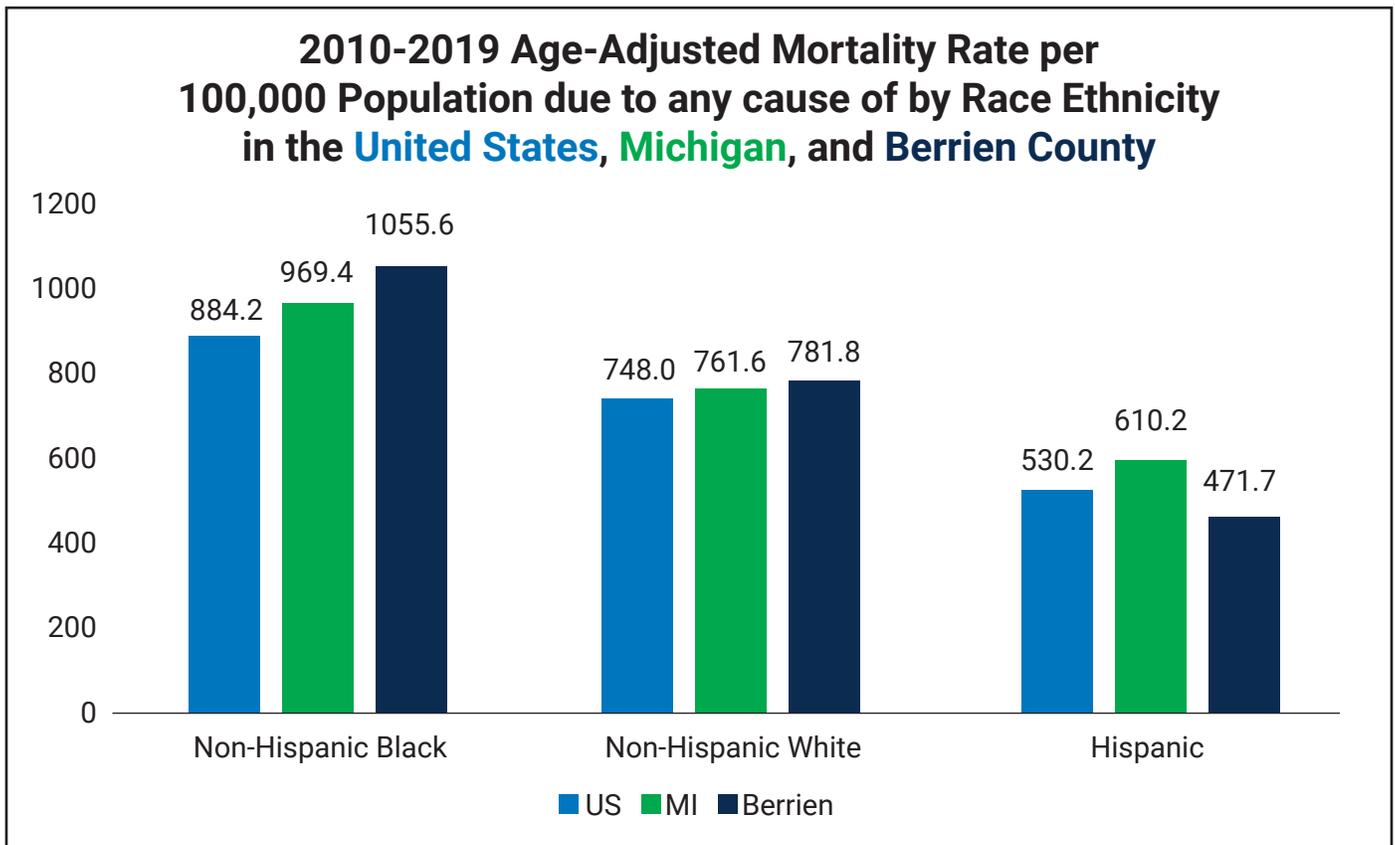
<sup>13</sup> Arias, E., and Xu, J. and (2019). United States life tables, 2017. *National Vital Statistics Reports*, 68(7). [https://www.cdc.gov/nchs/data/nvsr/nvsr68/nvsr68\\_07-508.pdf](https://www.cdc.gov/nchs/data/nvsr/nvsr68/nvsr68_07-508.pdf)

<sup>14</sup> Andrasfay, T., and Goldman, N. (2021). Reductions in 2020 US life expectancy due to Covid-19 and the disproportionate impact on the black and Latino populations. *Proceedings of the National Academy of Sciences*, 118(5). <https://doi.org/10.1073/pnas.2014746118>

<sup>15</sup> University of Wisconsin Population Health Institute. (2021). *Berrien County, Michigan: County health rankings and roadmaps 2021*. <https://www.countyhealthrankings.org/app/michigan/2021/rankings/berrien/county/outcomes/overall/snapshot>

## Age-Adjusted Mortality

There is significant variation in age-adjusted mortality rates (mortality rates) among races and ethnic groups, as shown in Figure 4.3. In Berrien County, the rate is significantly higher for non-Hispanic (NH) blacks (1055.6) than NH whites (781.8) and Hispanics (471.7).<sup>16</sup> Overall, Hispanics<sup>17</sup> have lower mortality rates than non-Hispanics.<sup>18</sup> This is true overall, as well as for specific diseases (Figure 4.3). This trend is consistent across both the state and the nation. The mortality rate is highest for non-Hispanic blacks; however, the gap between races and ethnicities is larger for Berrien County than it is for Michigan and the U.S. Figure 3.3 also highlights that Hispanics have a higher mortality rate across the state (610.2 per 100,000) than in either the county (471.7) or nationally (530.2).



**Figure 4.3** 2010-2019 Age-Adjusted Mortality Rate per 100,000 Population due to any cause of by Race/Ethnicity in the United States, Michigan, and Berrien County.<sup>19</sup>

<sup>16</sup> This mortality rate takes into consideration the age structure of the population to which it refers. This allows for comparisons between groups with very different age distributions.

<sup>17</sup> Hispanic counts include all races (American Indian or Alaskan Native, Asian/Pacific Islander, black or African American, and white).

<sup>18</sup> The significantly lower death rate for Hispanics merits further investigation. Some reasons could be an overestimate of the Hispanic population (i.e., the denominator is potentially lower than the census count that this death rate is based on); the ethnicity documented on death certificates may be incorrectly determined by the coroner; a larger percentage of the Hispanic population may be first generation (with health habits associated with higher life expectancy).

## Causes of Death

In Berrien County, the leading causes of death are heart disease, malignant neoplasms (i.e., cancer), cerebrovascular disease (e.g., stroke), chronic lower respiratory disease, and accidents.<sup>19</sup>

### 2010-2019 Age-Adjusted Mortality Rate per 100,000 Population for the Five Leading Causes of Death by Race/Ethnicity and Sex

Ranked Cause of Death	Non-Hispanic White Male	Non-Hispanic White Female	Non-Hispanic Black Male	Non-Hispanic Black Female	Hispanic
1	Heart Disease 245.3	Heart Disease 157.5	Heart Disease 306.2	Heart Disease 210.6	Heart Disease 96
2	Cancer 196.5	Cancer 151.6	Cancer 279	Cancer 203.9	Cancer 90.5
3	Accidents 61	Cerebrovascular Diseases 51.3	Cerebrovascular Diseases 79.4	Cerebrovascular Diseases 60.6	Accidents 33.7
4	Chronic Lower Respiratory Diseases 55	Chronic Lower Respiratory Diseases 45.3	Accidents 62.2	Diabetes Mellitus 52	Cerebrovascular Diseases Unreliable
5	Cerebrovascular Diseases 45.6	Accidents 32.8	Diabetes Mellitus 59.9	Accidents 31.6	No data

**Table 4.1** Top five causes of death in Berrien County, from 2010-2019.

\* Age-adjusted mortality rates for cerebrovascular diseases for the Hispanic population has been suppressed or is unreliable due a small population size. Data is suppressed when the figure represents zero to nine (0-9) persons.

+Data for the fifth-leading cause of death for the Hispanic population in Berrien County was not available.

^Hispanic data presented in aggregate as opposed to bi-gendered due to small population size of individual genders.

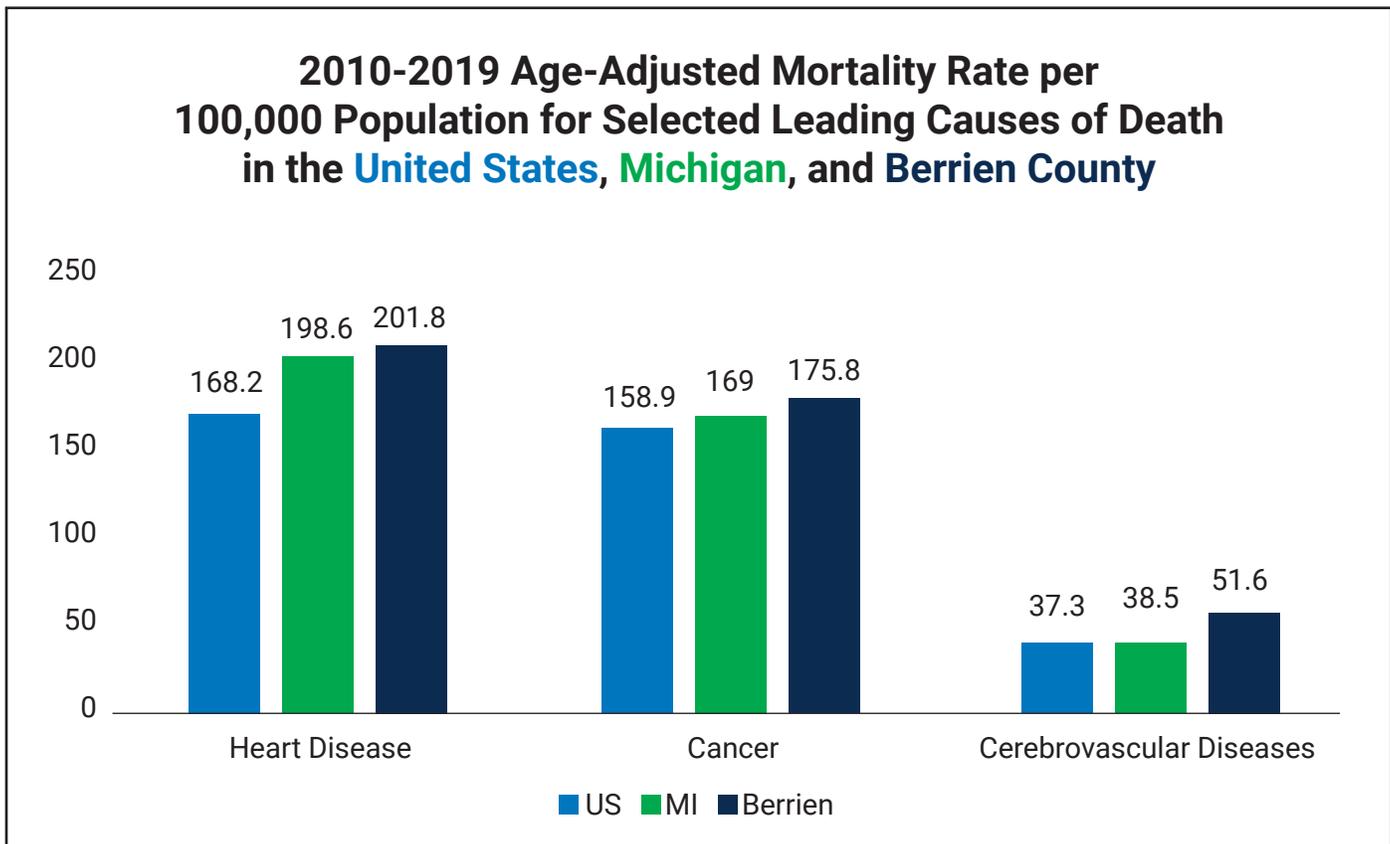
<sup>19</sup> United States Department of Health and Human Services, Centers for Disease Control and Prevention, and National Center for Health Statistics. (2020). Underlying Cause of Death 1999-2019. *Vital Statistics of United States*. <https://wonder.cdc.gov/wonder/help/ucd.html#>

# Primary and Chronic Disease Conditions, Mortality, and Life Expectancy

Over a 10-year period from 2010-2019 in Berrien County (see Table 4.1):

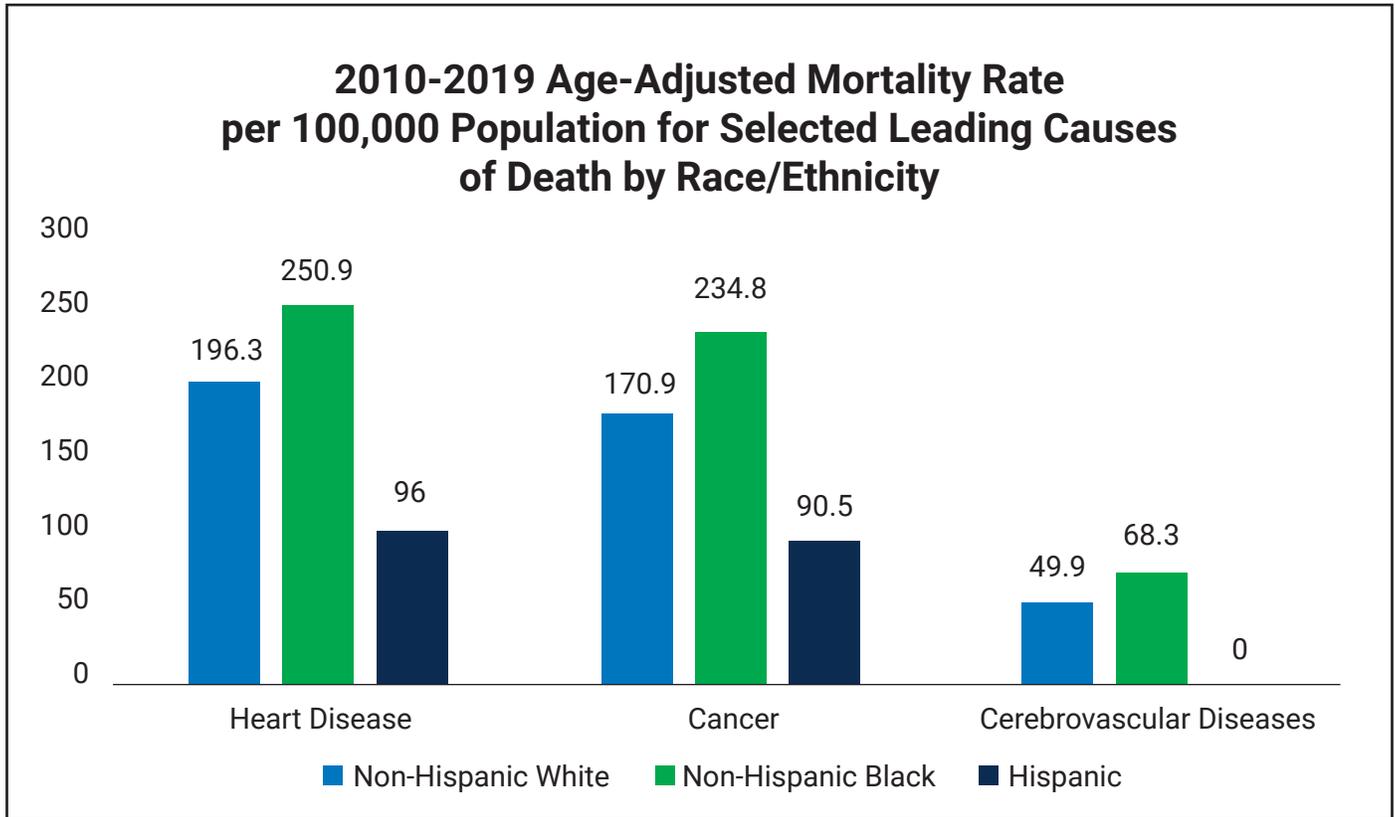
- Heart disease and cancer were the two leading causes of death for all populations.
- Cerebrovascular disease was the third leading cause of death among all non-Hispanic blacks and for non-Hispanic white females.
- The cerebrovascular disease death rate for non-Hispanic blacks was much higher than the rate for non-Hispanic whites, and highest for non-Hispanic black males.
- Accidents were the third leading cause of death for non-Hispanic white and Hispanic males.
- Diabetes was the fourth leading cause of death for non-Hispanic black females, while accidents were the fourth leading cause of death for non-Hispanic black males.
- Diabetes was a leading cause of death among non-Hispanic blacks, but not among non-Hispanic whites.
- Chronic lower respiratory disease was the fourth leading cause of death for all non-Hispanic whites.
- Accidents were the fifth leading cause of death among females who were non-Hispanic white and non-Hispanic black.

The top three causes of death in Berrien County are heart disease, cancer, and cerebrovascular diseases. Non-Hispanic blacks had the highest death rates among all races/ethnicities that were analyzed. More specifically, non-Hispanic black males had the highest death rates among race/ethnicities and sex.



**Figure 4.4** Disease specific death rates for the top three leading causes of death in Berrien County, Michigan, and the U.S. by Race/Ethnicity from 2010-2019.<sup>19</sup>

Figure 4.4 displays age-adjusted mortality rates for the top three causes of death in Berrien County. The differences are shown at the county, state, and national levels. Overall, mortality rates were higher in Berrien County than they were at the state and national levels.



**Figure 4.5** Disease specific death rates for the top three leading causes of death in Berrien County by Race/Ethnicity from 2010-2019.<sup>19</sup>

\*Mortality rates for the Hispanic population have been suppressed or are unreliable due a small population size. Data is suppressed when the figure represents zero to nine (0-9) persons.

Figure 4.5 shows that between 2010 and 2019, the rate of death due to the top three causes of death in Berrien County was higher in non-Hispanic black individuals than in non-Hispanic white individuals. For example, the mortality rate for non-Hispanic blacks (366.2) was over one and a quarter times greater than that of non-Hispanic whites (263.6).

Over a 10-year period from 2010-2019 in Berrien County

- Non-Hispanic blacks had the highest rates of heart disease, cancer, and cerebrovascular diseases. This disparity in death rates was also evident at the state and national levels.
- Hispanics had the lowest rates of heart disease and cancer.
- The death rate due to heart disease was higher than the rate for the state of Michigan and the United States.
- The county's cancer death rate was comparable to that of the state, but still higher than the both the state and national rates.
- The Berrien County death rate due to cerebrovascular disease was higher than the state and national rates.

# Primary and Chronic Disease Conditions, Mortality, and Life Expectancy

## Death Rate Disparities (Between-group variance)

From a population health perspective, death rate disparity is an important indicator to track over time. Unlike the 2019 CHNA, the death disparity calculation does not use white as a reference group, but instead takes population size into consideration. For this report, we present the between-group variance (BGV) score – the summary of the total gap between mortality rates of non-Hispanic black, non-Hispanic white, and Hispanic populations and the population (Berrien County) average.<sup>20,21</sup> It is important to note that a higher rate adjusted score indicates a greater relative disparity.

As described in Table 4.2, the greatest relative disparity (i.e., mortality rate-adjusted BGV) was seen among infants, followed by ages 45 to 54, and then by ages 65-74. Within age groups, the largest contribution to the relative death rate disparity (i.e., Absolute BGV, Table 4.2) was from the black population. This is consistent with national trends, as premature mortality rates (i.e., death before age 75) for non-Hispanic blacks tends to be higher than rates for non-Hispanic whites. For example, the mortality rate for non-Hispanic black infants is 2.3 times more than non-Hispanic white infants (10.8 per 1,000 live births in non-Hispanic blacks compared to 4.6 deaths per 1,000 live births in non-Hispanic whites).<sup>22</sup>

Age group, years	Black sub-BGV	White sub-BGV	Hispanic sub-BGV	Absolute BGV	Rate adjusted BGV
<1	171,167	36,705	-	207,872	277
1 to 4	-	-	-	-	-
5 to 14	-	-	-	-	-
15 to 24	116	10	-	126	2
25 to 34	804	9	-	813	6
35 to 44	2,012	123	-	2,134	10
45 to 54	22,780	2,233	-	25,013	52
55 to 64	35,845	3,471	4,803	44,119	45
65 to 74	74,730	5,018	14,720	94,467	48
75 to 84	92,356	5,377	32,527	130,260	27
85+	10,663	10,631	394,253	415,548	28

**Table 4.2** Racial/ethnic mortality disparities (BGV) by age groups, Berrien County, MI 2010-2019<sup>23</sup>

\*\*\* Rate has been suppressed or is unreliable due to a small number of deaths. Data is suppressed when the figure represents zero to nine (0-9) persons.

<sup>20</sup> Using the population mean highlights those who make up the subgroup. From a population health perspective, this is important because any intervention implemented to improve the health of that group should consider their relative size. Using the population mean avoids stigmatism and idealism of subgroups (i.e. when comparing best versus worst groups based on mortality rates when compared to Whites as the reference group). This method also avoids the narrative of the white subgroup being the “normative.”

<sup>21</sup> Gennuso, K. P., Blomme, C. K., Givens, M. L., Pollock, E. A., and Roubal, A. M. (2019). Deaths of despair(ity) in early 21st century America: The rise of mortality and racial/ethnic disparities. *American Journal of Preventive Medicine*, 57(5), 585–591. <https://doi.org/10.1016/j.amepre.2019.06.018>

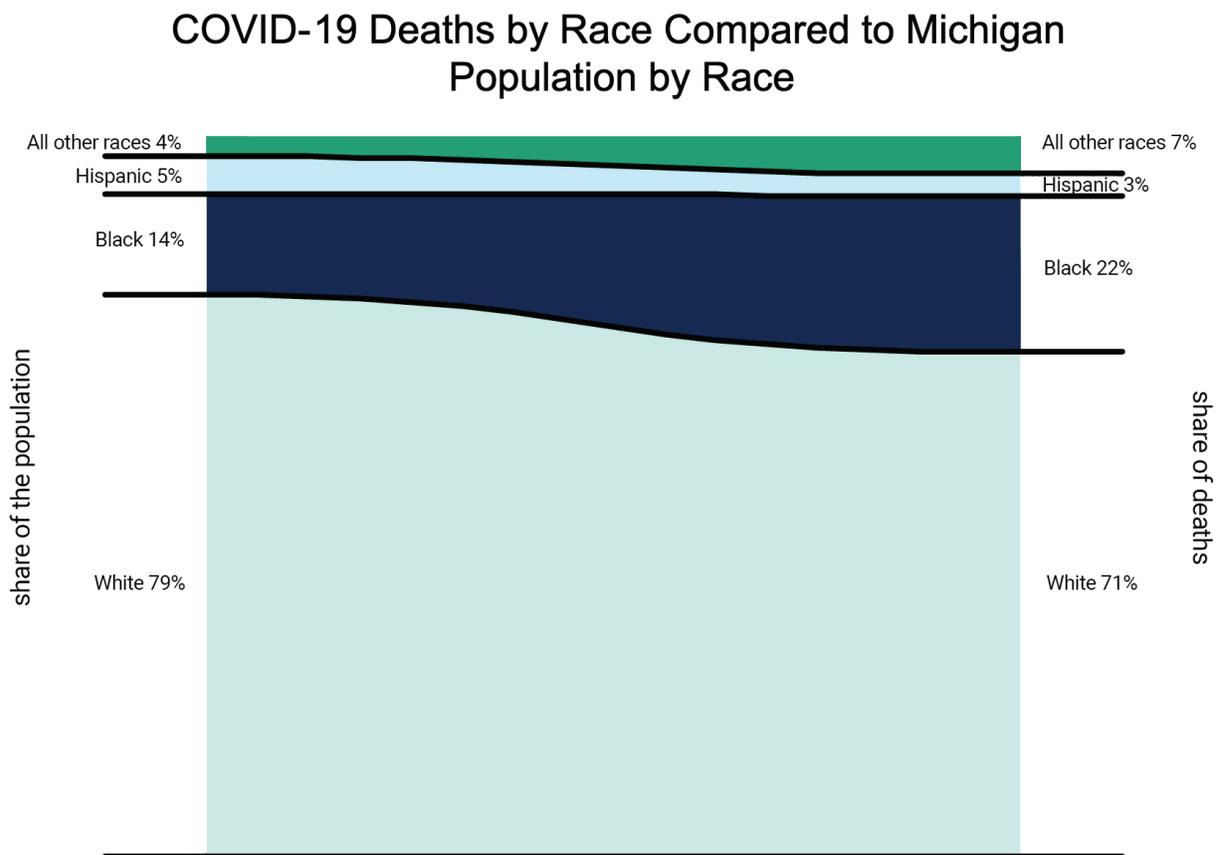
<sup>22</sup> Ely, D. M., and Driscoll, A. K. (2020). Infant mortality in the United States, 2018: Data From the period linked birth/infant death file. *National Vital Statistics Reports*, 69(7). <https://cdc.gov/nchs/data/nvsr/nvsr69/NVSR-69-09-508.pdf>

<sup>23</sup> United States Department of Health and Human Services, Centers for Disease Control and Prevention, and National Center for Health Statistics. (2020). Underlying Cause of Death 1999-2019. *Vital Statistics of United States*. <https://wonder.cdc.gov/wonder/help/ucd.html#>; Gennuso, K. P., Blomme, C. K., Givens, M. L., Pollock, E. A., and Roubal, A. M. (2019). Deaths of despair(ity) in early 21st century America: The rise of mortality and racial/ethnic disparities. *American Journal of Preventive Medicine*, 57(5), 585–591. <https://doi.org/10.1016/j.amepre.2019.06.018>

## COVID-19

At the national level, the COVID-19 pandemic has disproportionately affected underrepresented groups such as black and Hispanic/Latino populations. Reductions in life expectancy are expected, and it has been projected that the pandemic will result in an average 1.13 years of life lost (in 2020) in the U.S., and three to four times that amount for blacks and Hispanics/Latinos.

Both county and statewide numbers reflect that the COVID-19 death rate was 2%, however, the breakdown by race offers more insight into the impact of this deadly virus on underrepresented populations. For example, while white individuals make up 79.2% of the state's population, black individuals (14% of the population) had a higher death rate (3.8% black vs 2.5% white), making up 22% of all COVID-19 deaths in the state (Figure 4.6). By comparison, in Berrien County, non-Hispanic whites make up 74% of the population and non-Hispanic blacks make up 14% of the population. Here, though only making up 14% of the county's population, non-Hispanic blacks make up 19% of COVID-19 deaths.



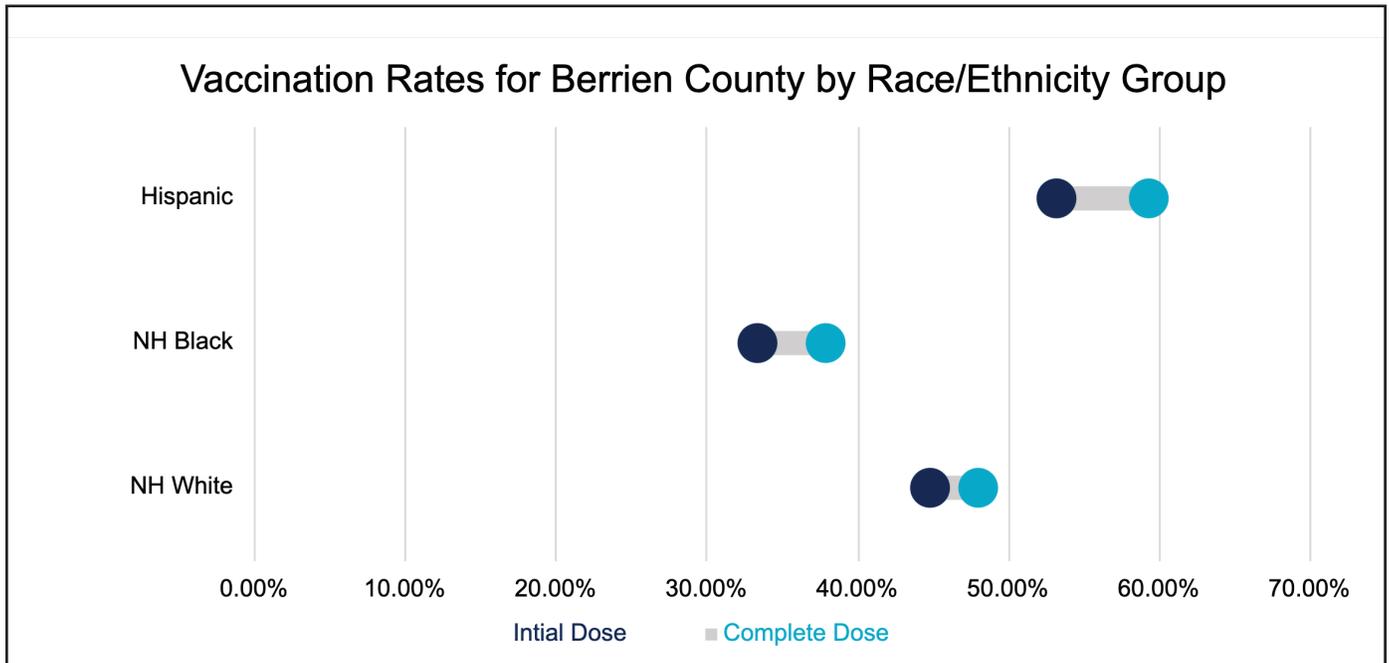
**Figure 4.6** Deaths from COVID-19 by Race Compared to Michigan Population by Race.<sup>24</sup>

In Berrien County, the COVID-19 vaccination rate was higher than the national rate for non-Hispanic white and Hispanic populations. However, for the non-Hispanic black population, the vaccine rate was lower than the national rate. Due to historical medical atrocities such as the Tuskegee Syphilis study, Henrietta Lacks, a lack of

<sup>24</sup> Michigan Department of Health and Human Services. (2021). Ethnicity-Race Coverage by County [Data set]. [https://www.michigan.gov/coronavirus/0,9753,7-406-98178\\_103214-547150--,00.html](https://www.michigan.gov/coronavirus/0,9753,7-406-98178_103214-547150--,00.html)

# Primary and Chronic Disease Conditions, Mortality, and Life Expectancy

representation in healthcare, a general mistrust of health organizations, and longstanding mistreatment, some underrepresented individuals are less inclined to take the COVID-19 vaccine.<sup>25,26,27</sup> In Berrien County, non-Hispanic blacks received either a first or complete dose of the COVID-19 vaccine at a lower rate than whites and Hispanics (6-8% less) (Figure 4.7). This, coupled with the burden of COVID-19 on these vulnerable populations, is expected to result in larger gaps in life expectancy between groups.



**Figure 4.7** Berrien County Vaccination Rates by Race/Ethnicity Group.<sup>28</sup>

## Limitations

In order to ensure a sufficient sample size within sub-groups (i.e., ethnicity, race, and sex), data was aggregated to create 10-year estimates. However, this prevents analysis of trends over time. Additionally, due to small population sizes, analysis of Hispanic death rates was limited. Likewise, analysis of racial groups (besides non-Hispanic blacks and non-Hispanic whites) was not technically feasible due to small population sizes.

Hispanic ethnicity was not specified in the available COVID-19 case and death data, resulting in an omission in this analysis. Lastly, at the time of this reporting, COVID-19 data was not yet released, so projections on loss of life expectancy are estimates.

<sup>25</sup> Henrietta Lacks, after which the HeLa cells were named, was a black woman whose cervical cells were harvested and used for research without her knowledge while visiting the hospital for cervical cancer. Research on her cells have made many scientific advances including studying the human genome and developing the polio vaccine; her cells are still used today. Her consent, and the consent of her family, was not collected. This injustice has led to the rewriting of major policies in healthcare/research, such as gathering informed consent for patients/study participants.

<sup>26</sup> Bajaj, S. S., and Stanford, F. C. (2021). Beyond Tuskegee — Vaccine distrust and everyday racism. *New England Journal of Medicine*, 384(5). <https://doi.org/10.1056/nejmpv2035827>

<sup>27</sup> Scharff, D., Mathews, K. P., Jackson, P., Hoffsuemmer, J., Martin, E., and Edwards, D. (2010). More than Tuskegee: Understanding mistrust about research participation. *Journal of Health Care for the Poor and Underserved*, 21(3), 879–897. <https://doi.org/10.1353/hpu.0.0323>

<sup>28</sup> Michigan Department of Health and Human Services. (2021). Ethnicity-Race Coverage by County [Data set]. [https://www.michigan.gov/coronavirus/0,9753,7-406-98178\\_103214-547150--,00.html](https://www.michigan.gov/coronavirus/0,9753,7-406-98178_103214-547150--,00.html)

# Priority Health Need: Mental Health

## Key Findings

- Mental health concerns, for both individuals and groups, continue to be the biggest health issue in this community.
- Psychological distress, ranging from mild to severe, has increased since 2019, showing a trend that COVID-19 may continue to exacerbate.
- People continued reporting high levels of Adverse Childhood Experiences (ACEs) and community adversity like abuse, violence, chaos, family, and healthcare access issues.
- In addition to adversity faced by youth, community members noted access to caring, supportive, and trusting adults and places where youth felt accepted and safe, which can help build resiliency.
- These findings support our health equity strategy to address the mental health concerns of individuals and groups.

## Introduction

When asked what “the biggest health concern was in their community” in 2016 and 2019, residents most often listed mental health concerns. This has driven the work that Lakeland has done in the community in order to meet the health needs of our residents. Due to COVID limitations, this CHNA was unable to obtain data on the same question, but in the surveys and interviews included in this analysis, mental health continues to be the most cited health issue by community members of all ages, genders, racial and ethnic groups, socio-economic statuses, and sexual orientations. This is not surprising, as national studies have found that mental illness impacts between 10-25% of the population including children, adults, and the elderly, and mental health concerns continue to increase during this unprecedented, global, public health emergency.<sup>29,30</sup>

Specifically, for this CHNA, findings from three studies show patterns of responses regarding mental health: individual mental health problems, (e.g. anxiety, depression, stress, trauma), community level discrimination (e.g. racism, homophobia), systemic COVID-19 exacerbation of issues (e.g. isolation, violence) and potential protective factors, both individual and communal (e.g. sense of belonging, familial support). All together, these results show that our health system needs to continue focusing on mental wellness to increase resilience in individual residents, and focus on mental illness to prevent and treat identified mental health concerns in individual residents and local communities. The health equity framework proposed by Lakeland is poised to address all of these concerns.

In this section, three data sources are discussed as they pertain to mental health concerns and potential resiliency factors, concluding with suggestions for future data collection, as well as possible implementation strategies to help with this identified priority health need.

## Berrien County’s Behavioral Risk Factor Surveillance Study (BRFSS) 2018-2019

In 2018, the Berrien County Health Department conducted the BRFSS.<sup>31</sup> They surveyed 900 residents over the age of 18, providing a snapshot of the community’s mental health before COVID-19. Four assessments in the BRFSS were directly related to the mental health of county residents: ACEs questionnaire, resilience factors experienced during childhood, the Kessler-6, which measures psychological distress during an individual’s most difficult month in the past year, and prevalence of a diagnosis of depression by a healthcare provider.

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<sup>29</sup> Alegría, M., Canino, G., Shrout, P. E., Woo, M., Duan, N., Vila, D., Torres, M., Chen, C., & Meng, X. (2008). Prevalence of mental illness in immigrant and non-immigrant U.S. Latino groups. *The American Journal of Psychiatry*, 165(3), 359-369. <http://dx.doi.org/10.1176/appi.ajp.2007.07040704>

<sup>30</sup> Pfefferbaum, B., & North, C. S. (2020). Mental health and the COVID-19 pandemic. *New England Journal of Medicine*, 383(6), 510–512. <https://doi.org/10.1056/nejmp2008017>

<sup>31</sup> The BRFSS is carried out every 3 years to assess health related behaviors, chronic health conditions, and health screenings by residents.

## Priority Health Need: Mental Health

The existing data on mental health concerns has shown that experiencing adverse events during childhood, as measured by the ACEs questionnaire, can be predictive of many negative health outcomes such as depression, cardiovascular disease, some cancers, and suicidal ideations and attempts.<sup>32</sup> Based on the 2018 BRFSS data, many respondents experienced and or witnessed abuse in their childhood homes.

The ACEs survey also found that many residents experienced parental separation or divorce before the age of 18, other respondents had a parent or guardian die before they turned 18, and a few respondents had an incarcerated household member during childhood. Lastly, close to a third of respondents stated that it was difficult to cover basic expenses in their childhood homes and others reported that they were treated differently or unfairly because of their race or ethnicity. These findings demonstrate a lack of household stability during the childhoods of many residents and indicate the need to provide programs that focus on addressing mental health concerns and all types of abuse in homes and communities. In addition, they highlight the need to address social determinants of health, such as racism and poverty in this service area.

While these high levels of adverse experiences can contribute to negative health outcomes, more recent work in mental health has also identified factors of positive health outcomes for people who experience adversity. These protective factors include adults who helped them feel like they belonged at school, adults who took an interest in them, family members who they could talk to about their feelings, participation in community traditions, and family members who supported them in difficult times before they turned 18. Though residents indicated high levels of adversity, as summarized above, they also indicated that they experienced most of these potential protective factors – at the low end, 73.9% of respondents indicated that they talk to family about feelings and on the high end 93.4% of respondents indicated that they are supported by friends, which shows that respondents had more than one protective factor that possibly helped mitigate the effects of their ACEs. Unfortunately, these questions were not part of a validated measure, but only assessed if these factors were present, so further research is needed to link whether these potential protective factors impacted the long-term effects of the respondent's adverse childhood experiences. Building upon community strengths is one way to get a healthier community and mitigate adversity.

The Kessler-6 assessment in the BRFSS also allowed community members to report psychological distress and prevalence of a diagnosis of depression by a medical professional. Participants indicated high levels of mild to moderate psychological distress in the community. Incidence rates of psychological distress have risen since the 2014 survey was conducted, with 27.4% of residents reporting mild to moderate psychological distress and 12.1% reporting severe psychological distress in 2018, versus 25.8% and 8.7% respectively reporting these levels in 2014.<sup>33</sup> This information aids our understanding that mental health continues to be a concern for residents, and continued work needs to be done to help people in crisis at the individual level. Other patterns evident in this survey are that women report more psychological distress than men, and black residents report more distress than white residents. These patterns continue to indicate the need to target community level change, in order to better the health of this community.

Lastly, the BRFSS asked residents if they had ever received a diagnosis of depression from a medical professional, with 26.1% of residents indicating that they have received this diagnosis. Here, a trend is noted that younger

- 39.3% of residents experienced emotional abuse
- 22.9% experienced physical abuse
- 17% experienced sexual abuse before the age of 18
- 21.7% witnessed physical violence

<sup>32</sup> Merrick, M. T., Ports, K. A., Ford, D. C., Afifi, T. O., Gershoff, E. T., and Grogan-Kaylor, A. (2017). Unpacking the impact of adverse childhood experiences on adult mental health. *Child Abuse and Neglect*, 69, 10–19. <https://doi.org/10.1016/j.chiabu.2017.03.016>

<sup>33</sup> Berrien County Health Department. (2020). *2018-2019 Berrien County Behavioral Risk Factor Surveillance Survey*. <http://berriencounty.org/Archive/ViewFile/Item/528#:~:text=The%202018%20Berrien%20County%20BRFSS,prevalence%20based%20on%20varying%20demographics>.

residents in the county were more likely to report receiving a diagnosis of depression. While the data does not allow for an examination of why youth have higher rates, various reasons are possible. The first is an increased awareness of what mental health is, and therefore, a greater awareness of mental health concerns. Another is the possibility that adolescence is usually a period of transition and uncertainty, and this could contribute to the higher levels reported. Other explanations could also be possible but draw attention to a need for more data collection in the future, as well as more preventive and intervention services to meet the identified needs.

## **Community Health Strategy Survey**

Based on previous CHNA and BRFSS findings that identified mental health as the number one health concern of residents, the Berrien County Health Department conducted an online Community Health Strategy Survey between 2019 and early 2020 to learn more about residents' concerns and beliefs about potential solutions. This open-ended survey consisted of five questions, three of which were related to mental health in the community.

- What things in your community get in the way of having better mental health?
- What actions or solutions would you like to see to improve mental health in your community?
- Please provide any additional ideas, comments, or thoughts to improve community health as related to mental health and obesity.

When asked what in their community gets in the way of having better mental health, the most common responses were abuse, smoking, stress, violence, chaos, family, and access issues. Many of these impediments are related to the ACEs that were found in the BRFSS survey and provide directions for both preventive and intervention strategies in the community.

Residents are also aware of ways to improve their mental well-being. When asked about potential actions or solutions to improve mental health in the community, responses included the need for more programs and services, more affordable, better and equitable access to healthcare services and acceptance of more insurance plans by providers. All of these are systemic and community level changes, which can change the local environment to promote better health equity. Churches were identified as a potential resource, with residents indicating that they would like more church involvement, accountability, and mental health training for church leaders. Residents also reported that having more doctors and nurses who listen and take time with patients could improve mental health, as well as more community events by healthcare professionals. Mental healthcare was listed independently, and requests for more mental health services, free counseling, culturally and community competent service providers, and ease of service identification and of service providers would better mental health. Lastly, greater diversity of staff and mobile crisis units were listed by residents.

Overall, both the BRFSS and the Community Health Strategy Survey again show mental health as being a prevalent and pervasive need of community members, among different age groups, ethnicities, and socio-economic levels. Future work must aim to prevent mental health concerns, intervene as early as possible, as indicated by levels of ACEs, and provide continued support for residents throughout the lifespan.

## **Stakeholder Interviews**

Participants were asked what made it difficult to be healthy in the community, and they often reported lack of acceptance, isolation, and trauma as barriers. When respondents discussed trauma, they also referenced youth not able to function in school, at home, or at work because they're exposed to extreme abuse, assault, bullying, peer pressure, violence, and large parties in the streets. All of the responses echo the survey findings discussed above, with ACEs (both individual and communal) being prevalent in the community, and their negative effects on health and wellness.

## Priority Health Need: Mental Health

Education was suggested in reference to the intersection of LGBTQ and aging, where many people seeking “in-home or assisted living...they’re going back into the closet in droves,” which is impacting “patient safety for LGBTQ people who have great health disparities in our area.” Also, promotion was suggested of the 12-15% increase of Berrien County students who now identify as LGBTQ and are coming to know themselves. They also spoke about education in relation to activities and after-school programming for youth that promote “physical, social, and emotional health and...and guidance” and keeps them off the streets, helping them meet “safe peers.” For example, “We need to...start teaching career exploration and financial literacy and the soft skills in kindergarten so youth understand that how they do in school affects their money, leading to less dropout rates and fewer school problems.”

At a community level, availability of services and safety were mentioned as impeding health, with the largest concern being wait times to be seen by a mental health provider. More “infant mental health specialists” are needed and if you “...can access a private therapist, it’s a month-long wait.” In addition, clients who’ve been diagnosed as schizophrenic, for example, experience delays in scheduling appointments to see their psychiatrist or physician to receive their prescribed medications. It was also noted that a “lack of safe spaces for youth” may “automatically put them on the street. Learning these ways and these rules instead of being in a community center where adults are helping you learn what you can do in your future, build self-esteem, and learn how to meditate.”

In the survey data collected above, many residents responded that they wanted more services for people who were dealing with mental health issues. That finding was echoed in these interviews, with organizations and programs such as trauma-informed workshops through Lakeland, the Boys and Girls Club, the Cora Lamping Center, and the OutCenter being listed in what helps people be healthy. These organizations are helping the community learn what is healthy, and stay healthier, but more is needed.

Because these interviews were conducted during the pandemic, participants were asked about the impact of COVID-19 on the community. Interviewees most frequently mentioned the increase and frequency of mental illnesses like anxiety, depression, fear, hopelessness, social isolation, stress, substance abuse, and suicidal ideations, with limited access to counseling and healthcare services. All of these findings echo the results from previous CHNAs and the survey data referenced above. Respondents also spoke about youth feeling unsafe with large groups of people partying in the streets where violence escalated. One respondent said, “Students [would] call us [from] a gas station where 45 people at [the] gas station were being loud...block party during COVID-19... people having sex in the street...just because there’s nowhere to go, everything is closed.”

### Q: What made it difficult to be healthy in the community?

A1: “When you don’t have...a support system or you don’t have a place where you feel like it’s safe for you to go... in the case of trauma. If you were assaulted, it’s hard for you to be able to get outside and actually go places.”

A2: “I think that it’s hard...for the LGBTQ community to come forward when they have been assaulted. Especially in relationships where it’s same-sex because...they’re already afraid of being judged for being a part of that community.”

A3: “Kids losing their jobs because they’re cussing their bosses out because they haven’t developed some of those coping skills” and “...there’s so much shooting going on...the reason they’re falling asleep at work is because there are people at the party store across the street partying until 4 a.m.”

Holistically, we see the same patterns of concern emerge in these interviews, as we did in the survey results about community health concerns; mental health, trauma, and abuse continue to be the most frequently cited needs. More resources, including equitable, affordable access, as well as general educational efforts to learn about concerns and resources that can help are being requested by community members. Discrimination and poverty continue to be structural barriers to equitable health outcomes and future work needs to continue addressing these systemic concerns. These findings echo the need to engage in multi-level strategies to address both personal and community wellness and support the approach outlined by our health system to address these concerns and propose solutions. For a list of local resources, please view appendix A.



# Priority Health Need: Social Cohesion

## Key Findings

- The lack of mentorship for youth has impacts on physical and emotional safety. A decrease in mentorship opportunities (both within and outside of the family unit) is related to socioeconomic pressures.
- Community members identified a need for organizations to be held accountable for the health and wellbeing of communities. This can be achieved through increased communication, outreach efforts, and by supporting community members in identifying and deploying community improvement projects.
- School systems should work to ensure an environment of safety and trust while delivering education, modeling skills, and providing opportunities to practice the skills needed to foster social cohesion.
- Leaders, organizations, and businesses need to foster relationships between each other and with the community. Key steps in this process are to increase engagement between community members and organizations and to increase community spaces for residents to gather.

## Introduction

There is no single definition of social cohesion. For the purposes of this CHNA, social cohesion is defined as the connectedness, “glue,” or “bonds” that hold members of a community together. People in socially cohesive communities have strong interpersonal relationships. They are embedded in dense social networks, and they are mutually supportive of one another. They adhere to a shared system of values, beliefs, and norms. Qualities such as trust, cooperation, solidarity, belonging, inclusion, and collective wellbeing are central to socially cohesive communities.<sup>34</sup>

Social connections and caring behaviors are associated with lower stress and reduced release of stress hormones, which are causally linked to a reduced risk for cardiovascular, gastrointestinal, endocrine, and immune system problems.<sup>35</sup> Other indicators of social cohesion, such as trust, are associated with reduced mortality.<sup>36</sup>

Some indicators of community cohesion include people assisting or engaging in spontaneous conversation with strangers; neighbors collaborating on community projects; children playing in public; demographic diversity in public places; community events and activities that attract diverse audiences and participants; and children, seniors, and people with disabilities traveling independently.<sup>37</sup>

## Mentorship and Guidance

Interviewees indicated that social cohesion is influenced by the degree to which youth have access to mentorship and guidance opportunities. Mentorship can be defined as the opportunity to be in relationship with others in a way that offers people a chance to learn from and teach one another, as well as rely on one another in times of need. As an example, in the 49022 ZIP code that comprises the communities of Benton Harbor, Benton Charter Township, and Benton Heights this has been expressed through the concept of the “village” in the spirit of the old adage, “it takes a village to raise a child.” This concept refers to the sense that people had strong social ties to one another, and therefore felt a sense of communal responsibility. This meant that the collective had a role to play in guiding and mentoring youth, looking out for one another’s safety, and stewarding communal spaces.

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<sup>34</sup> Social cohesion overlaps and is often used interchangeably with the term social capital. While they are related, social cohesion typically refers to group closeness, solidarity, connectedness, and commitment to a body of shared values, beliefs, and norms. Social capital refers to trust, reciprocity, mutual aid, social support and other social assets, resources, or networks. Social capital is a measure or indicator of social cohesion.

<sup>35</sup> Harvard Health Publishing. (2010, December 1). *The health benefits of strong relationships*. [https://www.health.harvard.edu/newsletter\\_article/the-health-benefits-of-strong-relationships](https://www.health.harvard.edu/newsletter_article/the-health-benefits-of-strong-relationships)

<sup>36</sup> Ruiz, M. A. (2018). Trust and mortality in the contemporary United States. *Journal of Epidemiology and Community Health*, 73(4), 285–286. <https://doi.org/10.1136/jech-2018-211602>

<sup>37</sup> Litman, T. (2014). *Community cohesion as a transport planning objective*. <https://todresources.org/resources/community-cohesion-as-a-transport-planning-objective/>

## Priority Health Need: Social Cohesion

The interviewees mentioned that in the past the community, and not just parents, provided guidance and mentorship to children. Community represented a way to facilitate shared safety, accountability, and responsibility towards the growth of each person. There was cohesion and trust. However, today, individuals indicate that there is a diminished sense of “the village” in communities, which is negatively impacting social cohesion.

When asked about the lack of “the village,” interviewees responded that it is partly impacted by the disintegration of the family structure, which can be attributed to the years of systemic oppression. The interviewees mentioned that the idea and values of families have changed, and some of this has led to people no longer putting as much trust in one another. Yet the root cause of these challenges are not individuals, but instead the broader structural forces that have created widening inequality in the United States and have impacted both the health and wellbeing of communities in Berrien County, and across the country.

Mentoring, whether it be formal (i.e., a mentoring program for youth) or informal (i.e., established social ties between individuals where one gains insight, knowledge, and/or support) can play a big role in fostering social cohesion within communities and mitigating some of the broader structural challenges.<sup>38</sup> Returning to the definition of social cohesion presented at the start of this chapter, mentoring can be a key driver towards creating that “glue” between people, while also facilitating the establishment and sharing of mutual norms, values, and beliefs. Examining the definition of social cohesion highlights the importance of trust, cooperation, solidarity, and belonging; all of these can be enhanced and facilitated through mentoring relationships.

### Accountability and Responsibility

During the research activities which informed this CHNA, community members indicated that there is a desire for organizations and individuals to hold themselves accountable and responsible for ensuring that the community thrives. Interviewees expressed a genuine desire for the community to come together and care for themselves. The idea of a better and thriving community is seen as one that can take care of itself and have all the necessary resources needed within their own sphere of influence. Most of the interviewees shared a strong sense that a responsible community member participates in local projects or events, has a sense of civic responsibility, and stays informed on issues which impact the community. In addition, community members stated that they had a duty to make their neighborhoods a better place.

Organizations and institutions are critical to the fabric of communities. A few organizations that were described as exemplars when it comes to engagement with residents were the Benton Harbor Community Development Corporation, Boys and Girls Club, and local churches because they help reshape and advance the growth and development of the local community. Most interviewees expressed that for organizations to develop trust with residents, they must demonstrate accountability. Some organizations have failed to meet those expectations. According to community members, there are three things that organizations are accountable for in the community: to genuinely share resources such as funding or space for community events, to remain present and engaged with the community (e.g., through mentoring or leadership training), and to support community-led initiatives. However, in order for these activities to take place, organizations must empower residents to provide input so that individuals can hold them accountable for the health and wellbeing of communities.

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<sup>38</sup> Kim, D., Subramanian, S. V., and Kawachi, I. (2008). Social capital and physical health. In D. Kim, S.V. Subramanian, and I. Kawachi, *Social capital and health* (pp. 139– 190). Springer.

## Education

Education contributes to social cohesion by socializing young people and providing students with knowledge and skills required to foster social cohesion. For instance, education provides students with knowledge and understanding about social norms, values, and behaviors required for effective interpersonal interaction. Education also provides students with the skills needed to form relationships, collaborate, and negotiate with others, and establish trusting social networks that are critical for social cohesion. By teaching the “social rules of the game,” education lays the groundwork for social cohesion.

Schools are uniquely positioned to provide students with a wide range of experiences in various settings (e.g. classroom, hallway, playground, cafeteria, and extracurricular activities) that work to provide a safe and trusting space. These elements of safety and trust are foundational to feeling connected to the school, peers, and staff. The community talked about needing more opportunities for area youth. These included ideas about how to use the physical space of the school for activities that promote health, provide safety, increase activities for youth to participate in and provide sex education and technical skill classes. The community also mentioned the inequality that they see between school districts, specifically, the quality of education, infrastructure, and the opportunities that are afforded to students of some districts and not of others.

## Relationships and Opportunities to Engage

Community members frequently discussed the importance of living in a neighborhood where there is a strong sense of togetherness, where neighbors look out for one another, and everyone works together collectively for the betterment of the community. However, interviewees also stressed that these relationships can be difficult to initiate. Interviewees put a strong emphasis on the importance of gathering spaces to build these relationships. Many mentioned a desire for gathering spaces (including places of worship), youth programming, and person-to-person contact to help facilitate relationship building.

Although community members agreed there were too few opportunities to engage with one another, there were some examples of programming that was established and sustained during the pandemic. One such program provided community members an opportunity to socialize while engaging in exercise. During a community-based participatory research (CBPR) project there was mention of a softball program that was formed in order to bring the community together and provide a healthy outlet for community members over the age of 35.

Places of worship were often mentioned as gathering spaces available in the community. This wasn't surprising, due to a relatively large number of churches and lack of other community facilities available to residents. While there are many churches populated in the area, respondents strongly emphasized the lack of coordinated efforts by their church leaders or members. Residents felt that churches would be more effective if they joined together, increasing the ease of collaboration. More broadly, one of the interviewees stressed that collaborating with different organizations (including, but not limited to, churches) is a step in the right direction and could facilitate the sharing of resources. The goal of such efforts would be to provide support for sustainable area programming to promote relationship building.

Additionally, interviewees also discussed the importance of leadership engaging with the community in order to build relationships. For example, when residents of Benton Harbor were asked to describe leadership, they strongly agreed that the leaders should interact with residents more. Past efforts to build a healthier community included neighborhood watches, block parties, and neighborhood sporting activities. Residents agreed that these events should be revisited, as they are positive ways to involve the younger generation, while introducing them to the concept of “the village.”

For a list of local resources addressing social cohesion, please view Appendix A.



# Priority Health Need: Safety

## Key Findings

- Tackling community challenges requires a multi-pronged, multi-disciplinary collaboration designed to build community capacity to implement and sustain crucial and effective community solutions.
- The example of “the village” illustrates the power of building effective networks. The village does not only include community members but includes trusted and supportive partners’ help with community-led initiatives.
- Violence is a public health crisis threatening public safety that is not unique to the community of Benton Harbor. However, the community is uniquely positioned because of its diverse experiences. Therefore, there are many opportunities for success.

## Introduction

Public safety refers to the safety and protection of the public, and it is often characterized as the absence of violence in public settings.<sup>39</sup> Violence and public safety affect where we live, work, and play but are also indicators of the community’s health. For example, according to the Centers for Disease Control, homicide is the leading cause of death of black males between ages 15 to 44.<sup>40</sup> Thus, violent crime is more than just a law enforcement issue, but also a public health crisis.

In the 2022 Community Health Needs Assessment, community members referred to safety broadly ranging from protection of abuse and violence to COVID-19 prevention to adequate housing and transportation and safe neighborhoods. Many of the concerns centered around youth include safe places to gather, adolescent participation in unsafe or traumatic experiences (i.e. physical abuse, sexual abuse, bullying, guns, peer pressure, rape, substance use and abuse, and witnessing violence), and ensuring access to loving and compassionate adults.

## Community and Organizational Partnerships

When asked what in the community helped residents be healthy, the community frequently mentioned safe places for youth that provide education, counseling, mentoring, and access to caring and supportive adults. Interviewees mentioned local churches that host groups and activities, like the Bridge Academy, the Boys and Girls Club, the Children’s Advocacy Center of Southwest Michigan, and the OutCenter. For example, interviewees noted places like the Boys and Girls Club provide services to assist youth who are bullied, hungry, and want to be productive, employed, graduate, and avoid “the streets.”

Community members agreed that public safety is not the sole responsibility of residents, and that the lack of positive social environments and insufficient systemic resources such as daycare services and job training threaten public safety. One respondent made the case that engagement between community members and organizations is essential; organizations must work with community members and consistently support programs that address public safety. Community members and public servants agree that maintaining public safety long-term is challenging, but that a collaborative multi-sector approach can help identify ways to promote public safety sustainably.

Community members also made clear that alternative public safety models and more community-sensitive processes must be considered. There is a need for the community to be invested in a response network that can ensure that efforts can be scaled up and for committed and credible individuals to convey the public safety message. There is precedent for these activities following acts of violence committed by youth in the recent past.

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<sup>39</sup> Davis, R., Savannah, S., Harding, M., Macaysa, A., and Parks, L.F. (2016). *Countering the production of inequities: An emerging systems framework to achieve an equitable culture of health*. Oakland, CA: Prevention Institute.

<sup>40</sup> Centers for Disease Control and Prevention. (2019, November 20). *Leading causes of death-non-Hispanic black males - United States, 2017*. <https://www.cdc.gov/healthequity/lcod/men/2017/nonhispanic-black/index.htm>

## Priority Health Need: Safety

### Safe spaces for social gathering

A lack of safe places for youth was a top response to the prompt, “What are some things in your community that make it hard to be healthy?” While many respondents identified safe spaces for youth in the community, community members stated that there are too few safe locations, and there is limited capacity at these locations to address the root causes of trauma these youth experience. Additionally, one key informant indicated the need for services to aid adults in overcoming trauma related to public violence in order to provide a safe space for the youth stating, “I do not think there are enough opportunities for families to grow with the students, so they [the student] go right back into the environment that was causing the problem in the first place.”

During discussions about how to improve the health of the community, community members reiterated the importance of access to, and the affordability of, safe places and spaces, including safe “green space,” to protect youth (from physical abuse, sexual abuse, and predators) and deter them from engaging in dangerous/risky behaviors (alcohol and substance use and abuse, parties, and violence). Community members also mentioned the value of after-school programming, extracurricular activities, interest groups, and school electives for career exploration, offering students an opportunity to find their passion, and meet “like-minded students.” This would also increase opportunities for mentoring and modeling, which is viewed as essential for promoting positive social interaction. This is supported by research which indicates that socially cohesive communities have better health outcomes than communities that are socially isolated.<sup>41</sup>

However, increased violence and shutdowns due to the COVID-19 pandemic resulted in fewer areas to gather for positive social interaction, particularly for youth. This heightened the pre-existing safety issues, and the collateral damage of COVID-19 interventions led to a tinder box in some communities and increased episodes of violence. Notably, some community members claimed that many “young kids cannot leave their house” in Benton Harbor because their neighborhoods have become unsafe. With frequent exposure to guns and violence, many teens have lost a sense of hope for the future. One community member said, “Young kids cannot leave their house because the neighborhoods are not safe. We have seen all the bullets go flying...they spend part of the night on the floor when they start hearing the bullets regularly.” Another community member said parents’ efforts to protect their children and keep them off the streets could not withstand the bullying and peer pressure they face.

### Education, Awareness, and Action

Comments from the community addressed the need for action, awareness, and education for all adults who may have an interaction with youth. Awareness and education are needed on child sexual abuse to “help dispel myths...like...when the general public believes allegations [are false] ... [that is] an actual risk that bleeds into our juries, and then our juries are slow to convict...It is a huge community health problem.” In addition, education related to mandatory reporting was also discussed in order to provide clarity on when reporting suspected child abuse is required, as well as some of the nuances associated with what being a mandated reporter truly entails. Educating community members, elected officials and local officers who would like to rework policies, systems, and practices that promote public safety and social interaction, will take time. This type of change takes time.

“Teens do not think they are going to live past 20...Friends died from bullets...part of why they do not plan for futures [is because they] cannot think beyond survival...If I make it to 20, I will be lucky.”

<sup>41</sup> Kawachi I., Kennedy B.P., and Glass R. (1999). Social capital and self-rated health: A contextual analysis. *American Journal of Public Health*. 89(8):1187-93. <https://ajph.aphapublications.org/doi/10.2105/AJPH.89.8.1187>

## Next steps

Community members emphasized the importance of civic engagement in creating safe neighborhoods. Examples of civic engagement can range from activities which benefit society such as voting to group activities which benefit the group members or society (i.e., community gardening, sports teams, or volunteering).<sup>42</sup> Many community members indicated that even during the pandemic, individuals still engaged in community activities for social interaction and betterment such as gardens, landscaping, and trash pickup. Interviewees suggested future solutions such as starting or participating in a neighborhood watch or community association, convening a community board to explore community-established safety goals, and creating monthly events with shared resolutions towards the creation of violence-free and safe environments.

For a list of local resources addressing safety, please view Appendix A.

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<sup>42</sup> Healthy People. (2020). Civic participation. <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/civic-participation#1>



# Priority Health Need: Healthcare Access

## Key Findings

- Nationally, employment rates and healthcare utilization have changed in the wake of the COVID-19 pandemic. This had a negative impact on healthcare access, affordability, and the quality of care.

As was the case in the 2019 CHNA:

- Berrien County experienced shortages of healthcare providers, including primary, dental, and mental health care.
- Increasing costs of healthcare insurance limited access to healthcare resources.

## Introduction

Healthcare resources include care providers, such as physicians, nurses, and lab technicians; public and private insurance; facilities such as pharmacies, clinics, and hospitals; and health education. The findings of this CHNA indicate that many Berrien County residents have limited access to healthcare resources. There are challenges related to the availability of care, the affordability of care, and the quality of care which is provided. The community identified common themes such as little access to specialty care and primary care providers, the complexity of health insurance, the impact of COVID-19, and the lack of opportunities for health education.<sup>43</sup>

**P: What in your community makes it hard to be healthy?**

**A: “We need timely access. People seen in the emergency department are told to see a primary care physician in a week but they can’t get in that soon.”**

## Availability of Care



**Figure 8.1** Spectrum Health Lakeland Niles Hospital. Photographed by a student at Niles New Tech Center

The Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services designates some populations and geographic areas as Health Professional Shortage Areas (HPSA). HPSAs have shortages of primary, dental, and/or mental health care. Berrien County has five primary care HPSAs, five dental care HPSAs, and five mental healthcare HPSAs. Additionally, Berrien County has been designated by the state of Michigan as a low-income population HPSA for primary and dental care, and a high needs HPSA for mental health care.<sup>44</sup>

HRSA also designates Medically Underserved Areas and Populations (MUA/P) which have shortages of primary care providers, high infant mortality, high poverty or a high elderly population.<sup>45</sup> As noted in the 2019 Community Health Needs Assessment, in addition to its federal designation as an MUA, Berrien County has been designated by the state of Michigan as a primary care MUA.<sup>46</sup> The county has two primary care MUAs: the City of Benton Harbor and Chikaming Township.

<sup>43</sup> Health education is defined as any combination of learning experiences designed to help individuals and communities improve their health, by increasing their knowledge or influencing their attitudes.ator of social cohesion.

<sup>44</sup> Health Resources and Services Administration. *HPSA find*. <https://data.hrsa.gov/tools/shortage-area/hpsa-find>

<sup>45</sup> MUAs and MUPs are determined by the HRSA by measuring 4 variables: (1) ratio of PCPs per 1000 population, (2) infant mortality rate, (3) percentage of the population below the poverty level, and (4) percentage of the population age 65 or over. In a given area or population, each of these variables is measured and then converted to a weighted value using conversion tables.

<sup>46</sup> Governor’s Designated Secretary Certified Shortage Areas for Rural Health Clinics are areas that a state governor or designee designates as having a shortage according to the state-established shortage plan for the establishment of a Rural Health Clinic.

## Priority Health Need: Healthcare Access

The results of the 2018-2019 Behavioral Risk Factor Surveillance Survey (BRFSS) show that 18.8% of Berrien County adults do not have a personal doctor or healthcare provider. Currently, the ratio of the Berrien County population to primary care physicians is 1240:1 compared to the state of Michigan's ratio of 1270:1.<sup>47</sup> During the same period, the ratio of dental care providers fell from 2036:1 to 1732:1, suggesting an increase in the availability of providers. Currently the ratio of the Berrien County population to dental care providers is 1670:1 compared to the state of Michigan's ratio of 1310:1.<sup>45</sup> In 2021, the ratio of the population to mental healthcare providers in Berrien was 420:1 compared to a state average of 360:1, suggesting that the availability of mental health care in the county is considerably more limited when compared to the rest of the state.<sup>45</sup>

As noted in the 2019 CHNA, national shortages in key healthcare professions play a role in the lack of available healthcare professionals. Other significant factors in Lakeland's service area include skill limitations of the local labor market; difficulty attracting diverse talent to a rural community; non-competitive pay when compared to larger and urban markets; and a lack of opportunities for job mobility.

Despite shortages locally and nationally, the community frequently mentioned that the shift to telehealth or virtual appointments during the COVID-19 pandemic helped with accessing healthcare providers. According to Lakeland's 2021 Safety and Quality Report, 100% of primary care physicians were able to offer telehealth appointments. However, it should be noted that community members also referenced unstable broadband or internet connectivity as a barrier to using these services.

### Affordability of Care

Without healthcare insurance, the cost of healthcare exceeds what many Berrien County residents can afford, forcing them to go without needed care and increasing the risk of illness, disability, and death. Even with insurance, the out-of-pocket costs of care, such as deductibles, coinsurance, and copayments, can be so burdensome as to discourage some individuals from seeking care when needed. Research shows that adults who are uninsured are over three times more likely than insured adults to say they did not have an appointment with a doctor or other health professional in the past year. They are also less likely to receive recommended screening tests such as blood pressure, cholesterol, blood sugar, or cancer screenings and to delay or reject prescription drugs. Because they are less likely to receive needed follow-up screenings compared to those insured, they are more likely to be diagnosed at later stages of diseases, including cancer, which can contribute to higher rates of death or disability.<sup>48</sup>

Health insurance is provided by both public and private entities. Roughly 42% of the county's population is covered by some form of public or government-provided insurance including Medicare (22.8%), Medicaid (24.9%), and/or Military or Veterans Administration (1.9%). About 67% of the Berrien County population is covered by some form of private insurance such as employer-sponsored (54.1%), direct purchase (15.7%) and military health (1.3%).<sup>48,50,51</sup>

#### **P: What in your community makes it hard to be healthy?**

**A:** "It's hard for me because even if you have Medicaid... you have co-pays... I have four doctors appointments next week and I have a \$30 co-pay. Plus your medications... every month I'm looking [at] \$100 with co-pays and that's for me, who has a decent job with good benefits."

<sup>47</sup> University of Wisconsin Population Health Institute. (2021). *Berrien County, Michigan: County health rankings and roadmaps 2021*. <https://www.countyhealthrankings.org/app/michigan/2021/rankings/berrien/country/outcomes/overall/snapshot>

<sup>48</sup> Garfield, R., Orega, K., and Demico, A. (2019, January 25). *The Uninsured and the ACA: A primer – Key facts about...* <https://www.kff.org/uninsured/report/the-uninsured-and-the-aca-a-primer-key-facts-about-health-insurance-and-the-uninsured-amidst-changes-to-the-affordable-care-act/>

The costs of both public and private insurance have increased in recent years. Average annual premiums and out-of-pocket costs have increased at rates that have outpaced the growth of labor wages.<sup>52</sup> Similarly, Medicare premiums, deductibles, and coinsurance costs have also increased.<sup>53</sup> Even with healthcare insurance, access to care may be restricted by coverage limitations on medications, procedures, and care providers. Coverage may be partially or completely unavailable.

According to recent census data, about 93.1% of Berrien County residents are insured, slightly lower than the insured rate for the state of Michigan which is 94.5%. Women in the county are slightly more likely to be insured than men (94.3% vs. 91.8%). Whites are insured at higher rates than blacks and Hispanics (93.6%, 92.1% and 80.2% respectively). Roughly 96% of people with a Bachelor's degree or higher are insured compared to 88.3% of those who did not graduate high school. Among those with annual earnings of less than \$25,000, about 91.6% are insured compared to 96.6% of those with earnings that exceed \$100,000. Among age groups, people between the ages of 26 and 34 have the lowest rate of insurance (86.1%), and people 75 and older have the highest rate (99.6%).<sup>54</sup>

## Quality of Care

Access to healthcare resources is also impacted by the quality of care provided. Quality healthcare is care that is effective, safe, efficient, patient-centered, equitable, and timely. The quality of care is increasingly important as the health care system moves towards value-based reimbursement models. The community pointed out connections between the themes of availability of care, cost of care, and the impact that has on the overall quality of care. Barriers to quality of care identified by the community included difficulties or delays in scheduling appointments with primary care physicians and a lack of transportation getting to and from appointments. Community members cited inequities in access to quality healthcare based on income, and that low-income people have limited options when selecting medical providers. Respondents spoke of stigmas that exist and influence the health (emotional, mental, physical, and social) of underserved populations, specifically BIPOC (black, Indigenous, People of Color) and LGBTQ+ (Lesbian, Gay, Bi-sexual, Transgender, Queer, and Questioning) individuals. They also spoke about relational issues with medical providers, including a lack of trust and not feeling heard or listened to.

“Education and data collection could lead to dramatic decreases in bias and discrimination in our area’s healthcare system... by employees as a patient safety issue.”

–2022 CHNA respondent”

When asked about how to improve the health of the community, interviewees commonly identified the need for education, specifically, culturally responsive education about programs, resources, and services that alleviate medical and prescription costs. Continuing education for healthcare professionals was also discussed, specifically around the importance of collecting demographic data in an accurate and culturally sensitive way, specifically

<sup>49</sup> The percentage of people who have private and public health insurance exceed 100% because some individuals have both public (e.g., Medicare) and private (e.g., direct purchase) insurance.

<sup>50</sup> U.S. Census Bureau. (2019). *Public health insurance coverage by type and selected characteristics (S2704), 2015-2019 American Community Survey 5-year estimates*. [https://data.census.gov/cedsci/table?q=S2704&g=0400000US26\\_0500000US26021&tid=ACSST5Y2019.S2704](https://data.census.gov/cedsci/table?q=S2704&g=0400000US26_0500000US26021&tid=ACSST5Y2019.S2704)

<sup>51</sup> U.S. Census Bureau. (2019). *Private health insurance coverage by type and selected characteristics (S2703), 2015-2019 American Community Survey 5-year estimates*. [https://data.census.gov/cedsci/table?q=S2703&g=0400000US26\\_0500000US26021&tid=ACSST5Y2019.S2703](https://data.census.gov/cedsci/table?q=S2703&g=0400000US26_0500000US26021&tid=ACSST5Y2019.S2703)

<sup>52</sup> Claxton, D., Rae, M., Damico, A., Young, G., and Mcdermott, D. (2019, October 8). *2019 employer health benefits survey - Summary of findings*. <https://www.kff.org/report-section/ehbs-2019-summary-of-findings/>

<sup>53</sup> Centers for Medicare and Medicaid Services. (2019). *2019 annual report of the boards of trustees of the federal hospital insurance and federal supplementary medical insurance trust funds communication*. <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/ReportsTrustFunds/Downloads/TR2019.pdf>

<sup>54</sup> U.S. Census Bureau. (2019). *Selected characteristics of health insurance coverage in the United States (S2701), 2015-2019 American Community Survey 5-year estimates*. [https://data.census.gov/cedsci/table?q=S2701&g=0400000US26\\_0500000US26021&tid=ACSST5Y2019.S2701](https://data.census.gov/cedsci/table?q=S2701&g=0400000US26_0500000US26021&tid=ACSST5Y2019.S2701)

## Priority Health Need: Healthcare Access

for LGBTQ+ individuals, for whom, correct information on sex and gender identity is a matter of patient safety. In 2020, Lakeland signed the American Hospital Association's Health Equity pledge. As part of the pledge, Lakeland commits to working to increase efforts in these key areas: collection and use of socio-demographic data such as race and ethnicity, language preference and sexual orientation and gender identity; cultural competency training; diversity in leadership and governance; and community partnerships.<sup>55</sup>

According to County Health Rankings, Berrien ranked 32nd out of 83 counties in terms of the quality of clinical care. One of the key measures of clinical quality is preventable hospitalizations. Between 2012 and 2018, preventable hospitalizations, a standard measure of the quality of care, declined from 5,057/100,000 to 3,440/100,000. During that same period, the rate has remained well below state and national averages. However, the impressive figures mask significant disparities, which is a key quality indicator. The rate of preventable hospital stays for whites is 3,105/100,000 compared to 7,264/100,000 for blacks.<sup>56</sup>

An area of focus for 2022 is to improve accessibility. Ensuring providers see all patients at least once a year is essential to ensuring the health system is engaging with all patients. This will aid in providing the right care, at the right time, in the right place, and for the right cost. As Lakeland explores the hospital's outcomes stratified by gender, race, and ethnicity, leaders will need to work alongside the community to continue to understand where and why gaps exist and how to improve them.

### Impact of COVID-19

The U.S. healthcare system was shaken by the COVID-19 pandemic. Visits to primary care physicians and outpatient specialists declined, and many hospitals postponed or cancelled elective procedures. Some hospitals have seen a surge in patients and have had to expand capacity and purchase expensive personal protective equipment. These compounding problems in the healthcare system are rampant nationally and highlight the persistent gaps in access to affordable coverage and quality care, especially for people of color. Additionally, the resulting economic downturn caused by COVID-19 may have long-lasting impacts on unemployment, which will likely impact the ability of individuals to maintain healthcare coverage.<sup>57</sup>

At the end of April 2020, the unemployment rate hit 14.7 percent nationally. Michigan's 2020 annual average unemployment rate was slightly upward, from 9.7 percent to 9.9 percent, however, the risk of being uninsured varies significantly by race, ethnicity, and income. As workers continue to lose their jobs or are unable to regain employment, millions continue to lose access to employer sponsored health insurance (ESI), which means loss of access to affordable healthcare. Some workers will qualify for Medicaid or might be able to purchase coverage on the ACA individual markets. However, some individuals who lose their ESI may not be aware that they are eligible for Medicaid or subsidized ACA individual market coverage, which potentially increases the share of the population that is uninsured.<sup>57,58</sup>

The pandemic highlights the existing structural inequities in the United States. People of color have a higher unemployment rate than the national average and are at a higher risk of losing their ESI. This may further increase racial disparities in insurance rates, likely intensifying the current disproportionate suffering of people of color during and after the pandemic.

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<sup>55</sup> Spectrum Health Lakeland. (2021). *2020 quality, safety, and experience performance report*. <https://spectrumhealth.sharepoint.com/sites/hub/SiteAssets/Forms/AllItems.aspx?id=/sites/hub/SiteAssets/SitePages/Quality-Safety-and-Experience/2020-Quality-Safety-and-Experience-Performance-Report.pdf&parent=/sites/hub/SiteAssets/SitePages/Quality-Safety-and-Experience>

<sup>56</sup> University of Wisconsin Population Health Institute. (2021). *Berrien County, Michigan: County health rankings and roadmaps 2021*. <https://www.countyhealthrankings.org/app/michigan/2021/rankings/berrien/country/outcomes/overall/snapshot>

<sup>57</sup> Syed, I.M. (2021). Health care worker's health during COVID-19 pandemic: The key to quality health care. *Medical and Clinical Research: Open Access*, 2(1). <https://doi.org/10.52106/2766-3213.1020>

<sup>58</sup> Buhs, C. (2021, March 18). *January 2021 Michigan jobless rate declines*. Retrieved October 29, 2021. <https://www.michigan.gov/dtmb/0,5552,7-358-82543-554231-,00.html>

## Limitations

This chapter has several limitations. First, Lakeland’s quality report currently aggregates data in a way which may obscure inequities. Disaggregating data by race, ethnicity, and sex and gender identity may provide insight into opportunities for significant quality improvements. For instance, while Berrien County’s clinical outcomes are competitive with other counties, the significant racial disparity evident in preventable hospitalizations indicates one area the health system might improve to further increase clinical rankings. The lack of disaggregated data begs a series of unanswered, but critical, questions, such as what other inequities exist, what have been recent trends, and how do they compare to national data. Going forward, it will be important to breakdown the data to determine where and how to intervene to improve quality outcomes.

Second, localized quality benchmark data that is adjusted for the socio-economic conditions (e.g., poverty) is difficult to find. Therefore, Lakeland’s quality data is benchmarked against federal quality measures which are based on claims data for the nation’s Medicare beneficiaries.<sup>59</sup> While not ideal, federal benchmarks provide useful metrics against which to compare Lakeland’s quality outcomes to that of other health systems nationwide.<sup>60</sup>

Finally, this chapter has merely touched on the challenges of availability, affordability, and quality of healthcare, which are among the priority needs highlighted by community members. It presents only a small snapshot of the healthcare resource landscape of Berrien County. A more comprehensive discussion would include, for instance, a deeper dive into how and why social factors, such as health literacy, education levels, income, transportation, and the location of healthcare providers impact the availability of healthcare; the impact on the cost of care resulting from the immense, complex, and ever-changing nature of the insurance industry; and disaggregation of quality data to better see where opportunities for improvement lie.

For a list of local resources addressing healthcare access, please view Appendix A.

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<sup>59</sup> As the largest insurer in the U.S., the federal government sets national quality standards and benchmarks.

<sup>60</sup> It is important to note that Lakeland serves a larger proportion of “dual eligible” patients than most hospitals, meaning it serves a high percentage of people who are eligible for both Medicaid and Medicare (a higher percentage of people over the age of 65 and a higher percentage of low-income people). Both advanced age and poverty pose widely acknowledged challenges to quality outcomes. Nevertheless, when compared to its peers nationwide, Lakeland frequently achieves above average quality scores.



# Priority Health Need: Nutrition Environment

## Key Findings

- As noted in the 2019 CHNA, food choices are influenced by a combination of individual factors (e.g., income) and environmental conditions (e.g., location of healthy food stores).
- In Berrien County, all access-burdened census tracts (i.e., tracts populated by people who are low income, have low vehicle access, and live far from a grocery store) are in Watervliet Township, Benton Harbor, Benton Township, Niles, and Niles Township.

## Introduction

Research has long established that diets rich in fruits, vegetables, whole grains, and lean protein with moderate amounts of dairy are associated with lower rates of obesity, diabetes, heart disease, and certain types of cancer.<sup>61</sup> However, fruit and vegetable consumption remains low in Michigan and Berrien County. According to the 2018-2019 Berrien County Behavioral Risk Factor Surveillance Survey (BRFSS), 46.1% of Berrien County adults consume less than one fruit a day. Likewise, 35.7% of Berrien County adults consume less than one vegetable a day. This is a significantly higher proportion than seen at the state level where 36.4% of Michigan adults consume less than one fruit a day and 18.5% of Michigan adults consume less than one vegetable a day.<sup>62</sup>

There are many programs aimed at changing health behaviors through education. However, it is also important to ensure that food is available and accessible for long-term behavioral shifts. This requires addressing the barriers present in the food and nutrition environment.

As stated in the 2019 CHNA, research demonstrates that behaviors (e.g., eating patterns) are driven by factors largely outside of individual control.<sup>63</sup> These include:

- Policy variables: For example, the U.S. government subsidizes crops (e.g., corn and soy) which influences the price consumers pay for food.
- Environmental variables: For example, the types of stores (e.g., large supermarkets vs. convenience stores) associated with the availability of healthy foods. Additionally, store hours of operation dictate the accessibility of that food (e.g., stores open 9:00 a.m. to 5:00 p.m. are not accessible for individuals working during that period).
- Individual variables: For example, personal income determines if an individual can afford the food available. Social support (e.g., friends and family) impacts eating patterns.

To influence eating patterns, a full understanding of contextual information and environmental barriers and supports is required. The following sections describe the barriers and supports present in the community as reported by community members and key stakeholders.

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<sup>61</sup> U.S. Department of Health and Human Services and U.S. Department of Agriculture. *Dietary guidelines for Americans 2015-2020 (8th ed.)*. [https://www.dietaryguidelines.gov/sites/default/files/2019-05/2015-2020\\_Dietary\\_Guidelines.pdf](https://www.dietaryguidelines.gov/sites/default/files/2019-05/2015-2020_Dietary_Guidelines.pdf)

<sup>62</sup> Berrien County Health Department. (2020). *2018-2019 Berrien County behavioral risk factor surveillance survey*. <http://berriencounty.org/Archive/ViewFile/Item/528#:~:text=The%202018%20Berrien%20County%20BRFSS,prevalence%20based%20on%20varying%20demographics>

<sup>63</sup> Glanz, K., Sallis, J. F., Saelens, B. E., and Frank, L. D. (2005). Healthy nutrition environments: Concepts and measures. *American Journal of Health Promotion: 19*(5), 330–ii. <https://doi.org/10.4278/0890-1171-19.5.330>

# Priority Health Need: Nutrition Environment

## Availability of Healthy and Less Healthy Foods

Unhealthy food environments (i.e., places with large numbers of fast-food restaurants, convenience stores, and general stores) are associated with childhood sugar-sweetened beverage consumption (e.g., non-diet sodas, sports drinks, and sweetened tea), less healthy eating patterns, and obesity.<sup>64,65</sup> Additionally, foods purchased from places like convenience stores are more expensive (up to 10-54% more costly) and are of poorer quality than in supermarkets or grocery stores.<sup>66</sup>

Similar to responses from the 2019 CHNA, interviewees commented on the lack of supermarkets and grocery stores in conjunction with the large number of convenience stores, corner stores, and liquor stores that offer mostly unhealthy foods. One interviewee noted, “There’s mostly a liquor store on every corner in low-income areas, but there’s not a grocery store on every corner. [Convenience stores] sell candy bars and chips.”

The Community Health Strategy Survey conducted by the BCHD during July and August of 2020 supports these findings.<sup>67</sup> Responses to the question “What things in your community are contributing to high obesity rates?” frequently mentioned the occurrence of unhealthy options at gas stations and corner stores. Additionally, responses to the question “What actions or solutions would you like to see to lower obesity rates in your community?” included suggestions to increase locations to purchase healthy foods (e.g., grocery stores, farmers markets, and food trucks) and to decrease locations with less healthy food options (e.g., corner stores and fast-food restaurants).

## Access to Healthy Food

Access to healthy foods is assured when individuals are physically and economically able to acquire food. For example, grocery stores are within a feasible distance and the product for sale is affordable. A lack of access to healthy food was the most frequently cited response to the question “what in your community makes it hard to be healthy?”. Specifically, interviewees described costs and distance as a barrier. One individual called out the difficulty in accessing stores in rural communities, saying “[The] location of stores is a barrier in communities... low-income areas have longer drives.” Similarly, when interviewees were asked about how to improve the health of the community, they most frequently mentioned increasing affordable and healthy foods close to where people live.

This finding is supported by recently published data from the USDA.<sup>68</sup> In Berrien County, there are sixteen food deserts (low income and low access tract measured at half a mile for urban areas and 10 miles for rural areas) located in the cities of Benton Harbor and Niles, and the Townships of Benton, Oronoko, and Niles (see Appendix E for details). However, it should be noted that this measure does not take into consideration that for many rural areas, vehicle availability further limits access to supermarkets and grocery stores. Alternatively, access burdened census tracts are locations with a large population who are low income and have low access to a supermarket or grocery store due to distance (greater than or equal to 20 miles away) or there is low vehicle access. Nine census tracts in the cities of Benton Harbor and Niles, and the Townships of Benton and Watervliet are access-burdened (See Appendix E for details).

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<sup>64</sup> Spectrum Health Lakeland. (2021). *2020 quality, safety, and experience performance report*. <https://spectrumhealth.sharepoint.com/sites/hub/SiteAssets/Forms/AllItems.aspx?id=/sites/hub/SiteAssets/SitePages/Quality-Safety-and-Experience/2020-Quality-Safety-and-Experience-Performance-Report.pdf&parent=/sites/hub/SiteAssets/SitePages/Quality-Safety-and-Experience>

<sup>65</sup> University of Wisconsin Population Health Institute. (2021). *Berrien County, Michigan: County health rankings and roadmaps 2021*. <https://www.countyhealthrankings.org/app/michigan/2021/rankings/berrien/country/outcomes/overall/snapshot>

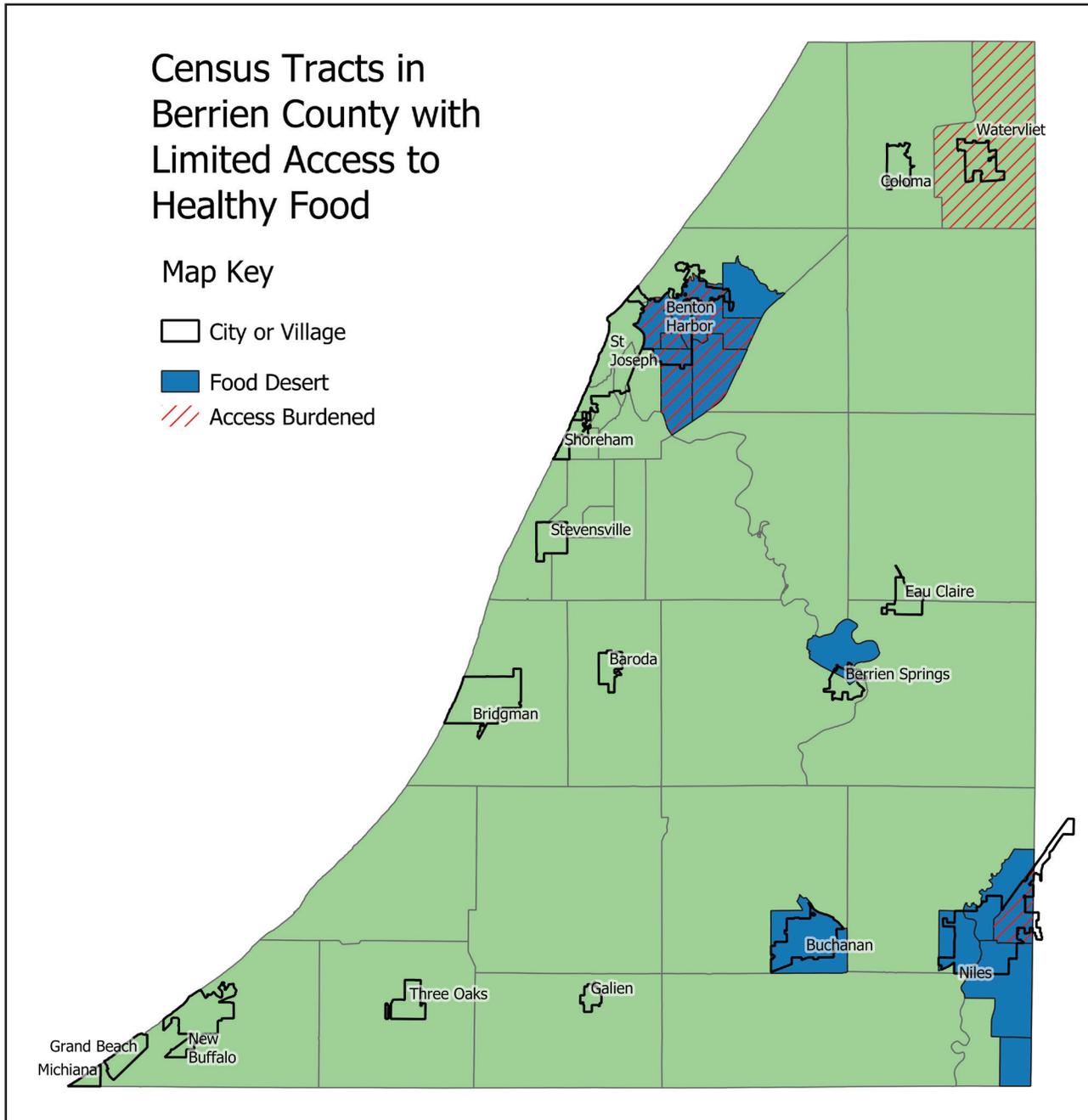
<sup>66</sup> Syed, I.M. (2021). Health care worker's health during COVID-19 pandemic: The key to quality health care. *Medical and Clinical Research: Open Access*, 2(1). <https://doi.org/10.52106/2766-3213.1020>

<sup>67</sup> Buhs, C. (2021, March 18). *January 2021 Michigan jobless rate declines*. Retrieved October 29, 2021. <https://www.michigan.gov/dtmb/0,5552,7-358-82543-554231-,00.html>

<sup>68</sup> Economic Research Service. (2021, September 30). *Food access research atlas*. <https://www.ers.usda.gov/data-products/food-access-research-atlas/>

This is significant, as low-income households with limited access make fewer trips to these supermarkets, which has implications for the types of foods purchased, (i.e., more inclined to buy shelf-stable foods, which are often higher in sodium).<sup>69</sup>

For a list of local resources to address food and nutrition related needs, please view Appendix A.



**Figure 9.1** Census Tracts in Berrien County with Limited Access to Healthy Food

<sup>69</sup> Economic Research Service. (2017). The influence of food store access on grocery shopping and food spending. *Economic Information Bulletin*, 180. <https://www.ers.usda.gov/webdocs/publications/85442/eib-180.pdf?v=6339.6>



## Appendix A

Vetting community resources to address priority health needs began during the execution of the Implementation Strategy for the Community Health Needs Assessment 2016-2019. The population health department continues to collaborate with area (or local) organizations, including health system internal departments, to achieve sustainable improvements in overall health of the communities served. Criteria used when vetting organizations include demonstration of successful partnerships, relevancy in social services that assist with targeted populations, and alignment with navigation services at the Center for Better Health.

### Food Environment Resources

#### **Benton Harbor Soup Kitchen, Benton Harbor**

269.925.8204

[www.soupk.org](http://www.soupk.org)

Provides a large, healthy noontime meal every day of the year.

#### **Bread of Heaven at Berrien Springs United Methodist Church, Berrien Springs**

269.471.7220

[www.umc.org/find-a-church/church/53512](http://www.umc.org/find-a-church/church/53512)

Bread of Heaven at Berrien Springs United Methodist Church provides food assistance to families in Berrien Springs.

#### **Buchanan Area Senior Center, Buchanan**

269.695.7119

[www.buchananareaseniorcenter.com](http://www.buchananareaseniorcenter.com)

Buchanan Area Senior Center is a community center where area older adults come together for services, programs and activities that reflect their experiences and skills, and respond to their diverse needs and interests.

#### **Caring Cupboard Pantry, Woodland Shores Baptist Community, Bridgman**

269.465.4673

[www.wsbchurch.com/](http://www.wsbchurch.com/)

This is a year-round as well as seasonal food pantry. Clothing, including for school, is combined with groceries or referrals to USDA programs. Seniors can also get priority.

#### **Cass County Council on Aging - Lowe Center, Cassopolis**

269.445.8110

[www.casscoa.org/](http://www.casscoa.org/)

CCCOA provides a broad range of services, including meals, to Cass County seniors to assist individuals to age and live well with dignity and independence.

#### **Catholic Community Center, Benton Harbor**

269.926.6424

[www.diokzoo.org/catholic-community-center](http://www.diokzoo.org/catholic-community-center)

The center offers community outreach services including information, personal support and assistance with food, medication, transportation, utilities, and other basic needs/social services

## Appendix A

### **Center for Better Health (Spectrum Health Lakeland), Benton Harbor**

269.408.2258

[www.spectrumhealthlakeland.org/center-for-better-health](http://www.spectrumhealthlakeland.org/center-for-better-health)

The center offers health and wellness services, flu vaccine, mental health services, and other support services to residents of Benton Harbor and Benton Heights. Call for hours of operation.

### **Central County Senior Center, Berrien Springs**

269.471.2017

[www.centralcountyseniorcenter.org](http://www.centralcountyseniorcenter.org)

Providing area residents, over the age of 60, with resources to support individual needs and connect seniors to services to help them remain living independently.

### **Community Food Network, Benton Harbor**

269.932.3637

[www.newheightsccda.com/](http://www.newheightsccda.com/)

New Heights CCDA's Community Food Network creates healthy communities by feeding individuals and families – in body, mind, and spirit.

### **Feeding America of West Michigan, Benton Harbor**

269.926.2646

[www.feedwm.org/wands/bentonharbor/](http://www.feedwm.org/wands/bentonharbor/)

Feeding America West Michigan's Benton Harbor branch provides food to hundreds of food pantries, meal programs, and senior centers in Berrien, Cass, and Van Buren counties. For mobile locations, visit <https://www.feedwm.org/mobile/>

### **Ferry Street Resource Center, Niles**

269.687.9860

[www.ferrystreet.org](http://www.ferrystreet.org)

To assist area residents in securing resources and to provide educational and life-enrichment programs and activities through our "Building Bridges to Opportunity and Sustainability" program

### **Food Bank Council of Michigan, Lansing**

517.485.1202

[www.fbcmich.org](http://www.fbcmich.org)

Purpose is to address and alleviate hunger statewide by increasing emergency food resources and advocating on behalf of the hunger relief network. Provides information on local food banks for every county in Michigan.

### **Harbor Country Emergency Food, Three Oaks**

269.756.7444

[www.business.harborcountry.org/list/member/harbor-country-emergency-food-pantry-thrift-store-three-oaks-192](http://www.business.harborcountry.org/list/member/harbor-country-emergency-food-pantry-thrift-store-three-oaks-192)

Providing an extensive resale shop to support the efforts of the Harbor Country Emergency Food Pantry.

**Meals on Wheels of Southwest MI, Benton Harbor**

269.925.0137

[www.snsmeals.org](http://www.snsmeals.org)

Assists seniors to remain in their homes by providing meals served at community sites, in restaurants, and delivered directly to clients' homes. The goal is to nourish, support, and connect our seniors to services to help them remain living independently.

**Neighbor to Neighbor, Berrien Springs**

269.471.7411

[www.n2nhelps.com/](http://www.n2nhelps.com/)

Neighbor to Neighbor provides emergency assistance in the form of basic food and toiletry items, clothing and household items, to families and individuals experiencing hardships. Located in Berrien Springs.

**Road to Hope Food Pantry, St. Joseph**

269.429.1106

[www.roadtohopefoodpantry.com/](http://www.roadtohopefoodpantry.com/)

Road to Hope is a non-profit, non-discriminating food pantry servicing limited zip codes in Berrien County.

**Salvation Army Food Pantry, Niles**

269.684.2660

[centralusa.salvationarmy.org/niles/](http://centralusa.salvationarmy.org/niles/)

By supplying free fresh produce, canned goods, and healthy frozen items, our food pantries provide valuable meal supplementation while helping those in need maintain their independence and dignity.

**Southwest Michigan Community Action Agency, Benton Harbor**

269.925.9077

[www.smcaa.com](http://www.smcaa.com)

SMCAA brings together various resources to aid the low income and otherwise disadvantaged throughout the age spectrum for residents of southwestern Michigan.

**TrueNorth Community Services, Fremont**

231.519.9382

[www.truenorthservices.org/Assistance/Hunger-Prevention-Programs](http://www.truenorthservices.org/Assistance/Hunger-Prevention-Programs)

Provides support for essential services, focusing on food security, housing stability, and heat and energy assistance. Services available in Southwest Michigan.

# Appendix A

## Mental Health Access

### **Andrews University Community Counseling Services, Berrien Springs**

269.471.6238

[www.andrews.edu/sed/gpc/counseling/](http://www.andrews.edu/sed/gpc/counseling/)

Free psychological services under the supervision of licensed psychologists; mental health services for children, adolescents, and adults who reside in Michiana, or are members of the community near the university. Office located in Berrien Springs, Andrews University.

### **Behavioral Health Inpatient Services, Spectrum Health Lakeland Medical Center, St. Joseph**

269.983.8316

[www.spectrumhealthlakeland.org/medical-services/mental-health](http://www.spectrumhealthlakeland.org/medical-services/mental-health)

Individuals in a psychiatric crisis who are in urgent need of a safe, supportive environment and intensive therapeutic intervention may be admitted to the behavioral unit at Spectrum Health Lakeland Medical Center, St. Joseph.

### **Bright Hope Counseling Center, St. Joseph**

269.519.6239

[www.brighthopercounseling.fatcow.com/](http://www.brighthopercounseling.fatcow.com/)

Provides individual, couples and family counseling to those who are ages 12 and older. Offers substance use and domestic violence assessment, and driver's license evaluations. Leads a Celebrate Recovery group that addresses Hurts, Hang-ups and Habits. Office located in St. Joseph.

### **Carol's Hope Engagement Center, St. Joseph**

269.556.1526

[www.communityhealingcenter.org/service/carols-hope/](http://www.communityhealingcenter.org/service/carols-hope/)

A 24-hour crisis intervention facility that provides a supervised, supportive setting for individuals with substance use and co-occurring disorders. As an alternative to emergency room care, the center provides clients a welcoming environment where individuals can develop a Recovery Plan and connect to services. Office located in St. Joseph.

### **Center for Better Health (Spectrum Health Lakeland), Benton Harbor**

269.408.2258

[www.spectrumhealthlakeland.org/center-for-better-health](http://www.spectrumhealthlakeland.org/center-for-better-health)

The center offers health and wellness services, flu vaccine, mental health services, and other support services to residents of Benton Harbor and Benton Heights. Call for hours of operation.

### **Center[ed] on Wellness, Benton Harbor**

269.926.6199

[www.centeredonwellness.info](http://www.centeredonwellness.info)

Behavioral counseling, coaching, consultations, education, and prevention for children, families, couples, and adults. Accepts Medicare and Medicaid. Offices located in Benton Harbor, Coloma, Niles, Sawyer, South Haven, Stevensville, and St. Joseph.

**Community Healing Centers, Niles**

269.684.7741

[www.communityhealingcenter.org](http://www.communityhealingcenter.org)

Offers detoxification and residential services for those with substance abuse disorders, as well as child and family counseling and parent training. Offices located in Niles.

**Cora Lamping Center, For Survivors of Domestic and Sexual Violence, Benton Harbor**

269.925.1725

[www.theavenue.ngo/cora-lamping-center-1](http://www.theavenue.ngo/cora-lamping-center-1)

Survivors are offered services needed to develop safe, healthy, and meaningful lives for themselves and their children. This includes shelter services for clients and their dependent children, 24-hour helpline, legal advocacy, counseling, support groups, case management and assistance with basic needs. See The Avenue Family Network.

**Family Therapy and Development Centers, Inc. and Neuro-Psychology Consultants, St. Joseph**

269.982.3832

[www.familytherapydevelopmentcenters.com](http://www.familytherapydevelopmentcenters.com)

Provides short-term treatment with long-term results for children, couples, families, and adults utilizing holistic treatments. Office located in St. Joseph.

**Haelan Counseling Center, Niles**

269.683.8972

[www.facebook.com/pages/Haelan-Counseling-Center/110975925633065](https://www.facebook.com/pages/Haelan-Counseling-Center/110975925633065)

Haelan offers counseling for depression, anxiety and relationship, physical and spiritual problems for children, adults, couples, and families. Office located in Niles. Based in Kalamazoo.

**Harbortown Treatment Center (HTC), Benton Harbor**

269.926.0015

[www.htcoutpatientservices.com](http://www.htcoutpatientservices.com)

A solution for illicit substance use and abuse in Berrien and surrounding counties. Proving patients with the highest quality in services and treatments. Office located in Benton Harbor.

**Hinman Counseling Center, Berrien Springs**

269.471.5968

[hinmancounselingservices.com/](http://hinmancounselingservices.com/)

Offers counseling services to families, couples, or individuals with a focus on sexuality issues, domestic violence, relationship issues, and divorce. Office located in Berrien Springs.

**InterCare Community Health Network, Benton Harbor**

855.869.6900

[www.intercare.org/locations/#benton\\_harbor](http://www.intercare.org/locations/#benton_harbor)

Providing comprehensive, patient-centered primary health care to individuals who otherwise would lack adequate access because of financial, geographic, language, or other potential barriers to care. InterCare is a "federally qualified health center" and awarded a grant every year to offset charges for services using a sliding fee scale to eligible low-income individuals and families. Offers behavioral health services and the Triple P- Positive Parenting Program.

## Appendix A

### **Lighthouse Counseling, St. Joseph**

269.408.6031

[www.lighthousecounselingandmediation.com/](http://www.lighthousecounselingandmediation.com/)

When it comes to healing it is vital to have someone who will listen and accept without judgment. Clinicians are trained in National Acupuncture Detoxification Association (NADA), hypnosis, and hypnotherapy. Office located in St. Joseph.

### **Lory's Place, St. Joseph**

269.983.2707

[www.spectrumhealthlakeland.org/lorys-place](http://www.spectrumhealthlakeland.org/lorys-place)

Lory's Place provides regularly scheduled peer support group sessions that allow children and adults to interact with peers who have suffered similar loss, or who are experiencing anticipatory grief. Located in St. Joseph.

### **MI-Journey Mental Health Recovery Center, Benton Harbor**

269.363.4271

[www.facebook.com/mijourneydropin/](http://www.facebook.com/mijourneydropin/)

MI-Journey provides a safe, non-judgmental place for individuals diagnosed with severe mental health disorders to feel socially connected with others, build social networks, learn about self-care, support groups, and build resiliency. Call for hours of operation. Located in Benton Harbor.

### **Nairad Health Treatment Center, St. Joseph**

269.408.8235

[www.nairadhealth.com](http://www.nairadhealth.com)

Provides outpatient behavioral health treatment for substance and alcohol abuse related issues.

### **NorthStar Center, St. Joseph**

269.982.7844

[www.northstarcenter.org](http://www.northstarcenter.org)

Provides psychiatric and treatment services for children, adolescents, and adults including education for family members, to enhance overall health and well-being. Office located in St. Joseph.

### **Pine Rest Lakeland Clinic, St. Joseph**

269.408.9156

[www.pinerest.org/locations/lakeland-st-joseph/](http://www.pinerest.org/locations/lakeland-st-joseph/)

The Pine Rest Lakeland Clinic provides southwestern Michigan with greater access to psychiatric services including medication management assessment and consultation. The new clinic was formed in partnership with Lakeland. In order to facilitate rapid access, this clinic currently only accepts referrals directly from medical providers.

### **Psychiatric and Psychological Specialties, St. Joseph**

269.408.1688

[www.psychspecialties.com](http://www.psychspecialties.com)

Provides counseling services for emotional issues and clinical concerns such as anxiety disorders, depression, ADHD, relationship difficulties, eating disorders, sleeping disturbances, and drug treatment services. Office located in St. Joseph.

### **Riverwood Center, Benton Harbor**

269.925.0585

[www.riverwoodcenter.org/](http://www.riverwoodcenter.org/)

Riverwood partners with children, families and adults in their journey towards recovery from behavioral health and substance abuse challenges. Riverwood also helps individuals with intellectual disabilities to succeed in community living. Offices located in Benton Harbor and Niles.

### **Serenity Hills Recovery and Wellness Center (Sacred Heart), Berrien Center**

269.815.5500

[lakelandcare.com/directory/facility/serenity-hills-recovery-and-wellness-center](http://lakelandcare.com/directory/facility/serenity-hills-recovery-and-wellness-center)

Offers services to all people with behavioral health issues, including those with limited means, to improve their quality of life. Located in Berrien Center.

### **Southwestern Medical Clinic, Counseling, Stevensville**

269.429.7727

[www.spectrumhealthlakeland.org/southwestern-medical-clinic/locations/locations/Detail/southwestern-medical-clinic-counseling-stevensville/6f7c43ad-c230-6723-add8-ff0000ca780f](http://www.spectrumhealthlakeland.org/southwestern-medical-clinic/locations/locations/Detail/southwestern-medical-clinic-counseling-stevensville/6f7c43ad-c230-6723-add8-ff0000ca780f)

Services for treating abuse and trauma, addictions and cooccurring disorders, anxiety, depression, ADHD, eating disorders, coping with loss and grief, and behavioral services. Offices located in Buchanan, Coloma, Niles, St. Joseph, Stevensville, and South Haven.

## **Social Cohesion Resources**

### **Alzheimer's Association Michigan Great Lakes Chapter, Kalamazoo**

269.342.1482

[www.alz.org/gmc](http://www.alz.org/gmc)

The Alzheimer's Association Michigan Chapter is the source of information and support for Michigan residents living with dementia and their families and caregivers.

### **Boys and Girls Club of Benton Harbor - Joel E. Smilow Teen Center, Benton Harbor**

269.925.5000

[www.bgcbh.org/](http://www.bgcbh.org/)

The Teen Center focuses on activities for high school students in grades 9–12. Members develop a sense of competence, belonging, and usefulness through the delivery of evidence-based programs and special initiatives. Focus is on Academic Success, Character and Leadership, and Healthy Lifestyles.

### **Boys and Girls Clubs of Benton Harbor - Fettig Youth Campus, Benton Harbor**

269.926.8766

[www.bgcbh.org](http://www.bgcbh.org)

Youth members develop a sense of competence, belonging, and usefulness through the delivery of evidence-based programs and special initiatives. Focus is on Academic Success, Character and Leadership, and Healthy Lifestyles.

## Appendix A

### **Buchanan Area Senior Center, Buchanan**

269-695.7119

[www.buchananareaseniorcenter.com](http://www.buchananareaseniorcenter.com)

Buchanan Area Senior Center is a community center where area older adults come together for services, programs and activities that reflect their experiences and skills, and respond to their diverse needs and interests.

### **Caregiving Support Group, Caring Circle of Lakeland, St. Joseph**

269.429.7100

[www.spectrumhealthlakeland.org/caring-circle](http://www.spectrumhealthlakeland.org/caring-circle)

Throughout southwest Michigan, these support groups provide individuals who are caring for a loved one with an outlet to develop or expand their support system. Participants will be provided with the opportunity to talk with others who are experiencing the same joys and challenges that caregivers face, to problem solve difficult situations, and develop new ways to cope with the demands of caregiving. Call for locations.

### **Cass County Council on Aging - Lowe Center, Cassopolis**

269.445.8110

[www.casscoa.org/](http://www.casscoa.org/)

CCCOA provides a broad range of services, including meals, to Cass County seniors to assist individuals to age and live well with dignity and independence.

### **Catholic Community Center, Benton Harbor**

269.926.6424

[www.diokzoo.org/catholic-community-center](http://www.diokzoo.org/catholic-community-center)

The center offers community outreach services including information, personal support and assistance with food, medication, transportation, utilities, and other basic needs/social services.

### **Celebrate Recovery – New Heights, Benton Harbor**

269.224.8658

[myfirstchurch.com/caregroups/](http://myfirstchurch.com/caregroups/)

Celebrate Recovery is a Christ-centered support group for anyone struggling with hurts, habits, or hang-ups. It is a safe place to find community and freedom.

### **Central County Senior Center, Berrien Springs**

269.471.2017

[www.centralcountyseniorcenter.org](http://www.centralcountyseniorcenter.org)

Providing area residents over the age of 60 with resources to support individual needs and connect seniors to services to help them remain living independently.

### **Depression and Bipolar Support Alliance, St. Joseph**

269.861.1334

[www.dbsalliance.org](http://www.dbsalliance.org)

DBSA Michiana offers education and support to adults, teens, parents, family members, and friends. We have all felt the isolation and despair that often results from depression and bipolar disorder, but together we have found connectedness and inspiration. Meetings are held regularly in St. Joseph. For meeting information, email [harvickchevy@aol.com](mailto:harvickchevy@aol.com)

**Diabetes Support Group, Spectrum Health Lakeland, St. Joseph**

269.556.2868

[www.spectrumhealthlakeland.org/medical-services/lakeland-diabetes-and-nutrition/diabetes-care](http://www.spectrumhealthlakeland.org/medical-services/lakeland-diabetes-and-nutrition/diabetes-care)

Community members with diabetes, along with their family or friends, are welcome to take part in educational seminars and local support groups. Topics will include tips on healthy eating, new recipes, and daily care updates.

**Good Grief Support Group- Caring Circle of Lakeland, St. Joseph**

269.429.7100

[www.spectrumhealthlakeland.org/caring-circle/programs/hospice-at-home-cares/bereavement-services](http://www.spectrumhealthlakeland.org/caring-circle/programs/hospice-at-home-cares/bereavement-services)

Caring Circle offers bereavement care. After a loved one dies, it is natural to grieve. Cultures may not prepare us for the impact grief will have on us emotionally, physically, socially, and spiritually. Good Grief covers topics on how to cope with loss, guilt, and regret; finding a sense of peace.

**Lory's Place, St. Joseph**

269.983.2707

[www.spectrumhealthlakeland.org/lorys-place](http://www.spectrumhealthlakeland.org/lorys-place)

Lory's Place provides regularly scheduled peer support group sessions that allow children and adults to interact with peers who have suffered similar loss, or who are experiencing anticipatory grief. Located in St. Joseph.

**MI-Journey Mental Health Recovery Center, Benton Harbor**

269.363.4271

[www.facebook.com/mijourneydropin/](http://www.facebook.com/mijourneydropin/)

MI-Journey provides a safe, non-judgmental place for individuals diagnosed with severe Mental Health Disorders to feel socially connected with others, build social networks, learn about self-care, support groups, and build resiliency. Call for hours of operation. Located in Benton Harbor.

**OutCenter of Southwest Michigan, Benton Harbor**

269.925.8330

[www.outcenter.org/](http://www.outcenter.org/)

The OutCenter provides support and advocacy for respect, understanding, and nondiscrimination for lesbian, gay, bisexual, transgender, and allied persons and their families. Office located in Benton Harbor.

**Readiness Center, Benton Harbor**

269.926.4084

[www.readinesscenterinc.org/](http://www.readinesscenterinc.org/)

Readiness Center serves the Benton Harbor community to provide a safe and nurturing environment where children learn the necessary tools to help them succeed in school. Programs include an after-school component for first through fifth graders and the 50/50 Teen work/mentor program.

## Appendix A

### **Region IV Area Agency on Aging, St. Joseph**

269.983.0177

[www.areaagencyonaging.org/](http://www.areaagencyonaging.org/)

Offers senior volunteer programs, foster grandparent program, family friend program, senior companion program, computer training, caregiver connection, respite care, life decision questions, and adult employment and training for seniors (55+). Office located in St. Joseph.

### **River Valley Senior Center, Harbert**

269.469.4556

[www.rvseniorcenter.org/](http://www.rvseniorcenter.org/)

Provides area residents 60 years and older a range of educational, recreational, social, transportation, and referral services.

### **YMCA of Southwest Michigan - Benton Harbor/St. Joseph, St. Joseph**

269.428.9622

[www.ymcagm.org/locations/benton-harbor-st-joseph-ymca](http://www.ymcagm.org/locations/benton-harbor-st-joseph-ymca)

The mission of YMCA of Greater Michiana is to put Christian principles into practice through programs that build a healthy spirit, mind, and body.

### **YMCA of Southwest Michigan -Niles/Buchanan, Niles**

269.683.1552

[www.ymcagm.org/locations/niles-buchanan-ymca](http://www.ymcagm.org/locations/niles-buchanan-ymca)

The mission of YMCA of Greater Michiana is to put Christian principles into practice through programs that build a healthy spirit, mind, and body.

## **Safety Resources**

### **Berrien County Sheriff Department, St. Joseph**

269.983.7141

[bcsheriff.org/253/Sheriffs-Office](http://bcsheriff.org/253/Sheriffs-Office)

The Berrien County Sheriff's Department is a leader in law enforcement and corrections programs, enforces the laws of the state and county, safeguards life and property, prevents and detect crime.

### **Berrien County Sportsman's Club, Berrien Springs**

269.429.3792

[bcsportsmansclub.com/](http://bcsportsmansclub.com/)

The Sportsman's Club teaches Michigan DNR Hunter Safety, Michigan DNR Safe Boating, Personal Protection, and CCW classes.

### **National Crime Prevention Council, Gambrills**

443.929.4565

[www.ncpc.org/](http://www.ncpc.org/)

The National Crime Prevention Council (NCPC) is the nation's leader in crime prevention. As a private, nonprofit organization, NCPC helps millions of Americans keep themselves, their families, and their communities safe from crime.

## Healthcare Access Resources

### **Behavioral Health Inpatient Services, Spectrum Health Lakeland Medical Center, St. Joseph**

269.983.8316

<https://www.spectrumhealthlakeland.org/medical-services/mental-health>

Individuals in a psychiatric crisis who are in urgent need of a safe, supportive environment and intensive therapeutic intervention may be admitted to the behavioral unit.

### **BellaNova Women's Health, St. Joseph**

269.429.8010, ext. 3510

<https://www.spectrumhealthlakeland.org/bellanova-women's-health>

Partners in your healthcare to manage your health care needs whether it's preparing for a birth, managing menopause symptoms, exploring infertility options, or diagnosing any number of disorders. We are committed to supporting the diverse needs of the women in our community.

### **Berrien County Cancer Service, St. Joseph**

269.429.3281

<https://bccancerservice.org/>

Provides skilled home nursing care for cancer patients and those with related serious illnesses at no cost to residents of Berrien County.

### **Berrien County Health Department, Benton Harbor**

269.926.7121

[www.bchdmi.org/278/Health-Department](http://www.bchdmi.org/278/Health-Department)

Services include health education programs, Positive Parenting Program, smoking cessation, immunizations, information on Substance Abuse Prevention programs for all demographics. Offices located in Benton Harbor, Niles, and Three Oaks.

### **Caretel Inns of Lakeland, St. Joseph**

269.428.1111

<https://caretelstjoseph.com/>

Services provided include assisted living and post-care in southwest Michigan. A unique approach to personalized rehabilitation programs designed to offer the most complete possible recovery.

### **Center for Better Health, Spectrum Health Lakeland, Benton Harbor**

269.408.2258

<https://www.spectrumhealthlakeland.org/center-for-better-health>

The center offers health and wellness services, flu vaccine, mental health services, and other support services to residents of Benton Harbor and Benton Heights. Call for hours of operation.

## Appendix A

### **Community Medical Center Walk-in Clinic, Watervliet**

269.463.3600

<https://www.spectrumhealthlakeland.org/>

Community Medical Center Walk-In Clinic has a full staff of physicians, nurses, and healthcare professionals to provide primary care, laboratory services, diagnostic imaging/x-ray services, and occupational medicine for injured workers.

### **HERBIE Clinic, Niles**

269.697.9910

[www.herbieclinic.com](http://www.herbieclinic.com)

Provides free healthcare services to individuals who do not have any form of healthcare coverage (possess a valid picture ID). Second Saturday of each month, 8 am - 12 pm.

### **InterCare Community Health Network, Benton Harbor**

855.869.6900

[https://www.intercare.org/locations/#benton\\_harbor](https://www.intercare.org/locations/#benton_harbor)

Providing comprehensive, patient-centered primary health care to individuals who lack adequate access because of financial, geographic, language, or other potential barriers to care. InterCare is a “federally qualified health center” and awarded a grant every year to offset charges for services using a sliding fee scale to eligible low-income individuals and families. Offers behavioral health services and the Triple P- Positive Parenting Program.

### **Lakeland Health Weight Loss Center, Niles**

269.687.4673

<https://www.spectrumhealthlakeland.org/lakeland-comprehensive-medical-weight-loss-center/>

A team of local health professionals dedicated to helping you achieve positive, long-term weight loss.

### **MedExpress, Benton Harbor**

269.934.8550

<https://www.medexpress.com/location/mi/benton-harbor/bhh/>

MedExpress Urgent Care center is Joint Commission Accredited, providing safe, quality patient care for the whole family.

### **Mshkiki Community Clinic, Benton Harbor**

269.945.5854

<https://www.mshkikiclinic.com/>

The clinic’s mission is to serve the primary health and dental health care needs of Medicaid-eligible individuals and their households, and to prevent, prepare for and respond to COVID-19 in the surrounding communities.

### **Niles Community Health Center, Niles**

269.262.4749

<https://cassfamilyclinic.org/>

Independent, Federally Qualified Health Center providing primary care, obstetrics and gynecology, dental, behavioral health, pharmacy, and healthcare enrollment assistance services for communities.

**Niles Community Health Center Dental Clinic, Niles**

269.262.4364

[www.cassfamilyclinic.org](http://www.cassfamilyclinic.org)

Providing dental services for people who do not have dental insurance or are covered by Michigan Medicaid, Blue Cross Blue Shield of Michigan, or Delta Dental.

**PACE of Southwest Michigan, St. Joseph**

269.408.4322

[www.paceswmi.org](http://www.paceswmi.org)

Program of All-Inclusive Care is a unique healthcare option for seniors who are struggling with health issues that may jeopardize their independence. PACE is a wonderful alternative to nursing home care which enables participants to live safely at home.

**Pine Rest Christian Mental Health Services, Child and Adolescent Inpatient Services, Grand Rapids**

800.678.5500

[www.pinerest.org](http://www.pinerest.org)

Clinicians provide counseling, therapy, consultation, assessment and testing for all ages in convenient, welcoming environments as well as a full continuum of addiction services. Located in Grand Rapids and Kalamazoo.

**Pine Rest Lakeland Clinic, St. Joseph**

269.408.9156

<https://www.pinerest.org/locations/lakeland-st-joseph/>

The Pine Rest Lakeland Clinic provides southwestern Michigan with greater access to psychiatric services including medication management assessment and consultation. The new clinic was formed in partnership with Spectrum Health Lakeland. In order to facilitate rapid access, this clinic currently only accepts referrals directly from medical providers.

**Pine Ridge Rehabilitation and Nursing Center, St. Joseph**

269.983.6105

<https://www.spectrumhealthlakeland.org/pine-ridge-center>

Residents have access to a team of over 130 healthcare professionals, 24 hours a day, seven days a week. Residents receive expert care from our attending physicians, licensed nurses, certified nurse assistants, social workers, therapists, and registered dietitians.

**Right at Home, St. Joseph**

269.428.9100

<https://www.rightathome.net/southwest-michigan>

Providing home care and senior care services to help recover from a hospital stay. Also provides personal care for independent living.

## Appendix A

### **Serenity Hills Recovery and Wellness Center (Sacred Heart), Berrien Center**

269.815.5500

<https://lakelandcare.com/directory/facility/serenity-hills-recovery-and-wellness-center>

Offers services to all people with behavioral health issues, including those with limited means, to improve their quality of life. Located in Berrien Center.

### **Social Security Administration, Benton Harbor**

877.405.5457

<https://socialsecurityofficesnearme.com/michigan/benton-harbor/benton-harbor-social-security-office-455-bond-st-benton-harbor-mi-49022/>

Services include disability benefits information and resources (SSDI), SSI, Medicare, retirement benefits, prescription benefits and more.

### **West Woods of Niles, Niles**

269.684.2810

<https://peplinskigroup.com/locations/west-woods-of-niles/>

A skilled nursing facility that offers short-term rehabilitation rooms for those recovering from surgery or injury, as well as extended nursing care beds for those individuals needing hospice, medically complex, wellness or memory care services.

## Appendix B

Thank you for taking the time to complete the 2022 Community Health Needs Assessment. As someone representing the interests of individuals living in Berrien, Cass, or Van Buren County, your input is invaluable to helping not just Spectrum Health Lakeland, but other community organizations better understand the strengths and needs of our local population.

1. Which organization do you represent?
2. Please describe the population your organization serves (e.g., income, insurance status, race, age, SOGI)
3. Did you participate in the 2016 or 2019 Community Health Needs Assessment?

The following questions are about the health of individuals your organization serves:

- When thinking of a community, think of the places your patients, clients, and customers live, work, and play.
  - As for health, think about all types of health: physical, mental, social, emotional, and spiritual.
4. What are some of the things in your community that help you to be healthy?
  5. What are some things in your community that make it hard to be healthy?
  6. Are there differences in who has access to the things that help them to be healthy or do certain groups have more barriers that make it hard to be healthy? If yes, please describe.

[Yes] "What contributes to these differences?"

[No] Continue to question 7.

7. What are the biggest health issues in your community?
8. Have you found that different groups of people in your community seem to have different types of health needs?

[Yes] "Can you please describe these differences?"

[No] Continue to question 9.

9. How did COVID-19 impact the needs of the community you serve?
10. How would you improve health in the community you serve?
11. When people experience hard or stressful times, they help themselves feel better in many different ways; these can be any person, place, thing or activity. For example: some people talk to a family member or friend, smoke cigarettes, read a book, or watch television. What are some of the ways members of the community you serve use to feel better/relax/calm down?



## Appendix C

<b>Role</b>	<b>Date</b>	<b>Organization</b>	<b>Description</b>
Mshkiki Community Clinic Manager	8/10/21	Pokagon Band of Potawatomi	This clinic is located in Benton Township and serves the primary health and dental health care needs of Medicaid-eligible individuals and their households.
Parish Nurse	8/11/21	First Church of God, Benton Heights and St. Joseph	Parish Nurses serve as patient advocates for congregation members regardless of income or insurance status.
Parish Nurse and Community Member	8/12/21	St. Joseph First United Methodist Church	Parish Nurses serve as patient advocates for congregation members regardless of income or insurance status.
On-site Nurse	8/11/21	North Berrien Senior Center	Senior Center nurses serve as patient advocates for senior citizens, regardless of income or insurance status.
City Administrator	8/16/21	City of Niles	Niles is located in the south of Berrien County. The City of Niles government provides insight into structural and economic concerns.
Benton Heights Campus Pastor	8/16/21	First Church of God, Benton Heights	First Church is a multi-generational church in Benton Heights.
(Former as of 11/3) Interim Health Officer	8/23/21	Berrien County Health Department	The BCHD works to protect the public from threats to their health, promote better health for all people, and assure that our residents are provided with accessible public health programs and services meeting current health needs.
Executive Director	8/19/21	Girls on the Run of Southwest Michigan	Girls on the Run is a physical activity and skill development program which serves a diverse population. It provides programming that is affordable to all families through a sliding fee scale structure.
Executive Director	8/23/21	OutCenter of Southwest Michigan	The OutCenter is a nonprofit organization with a mission to provide LGBTQ+ people and their families with the services and support they need to feel safe and comfortable in their communities.

## Appendix C

<b>Role</b>	<b>Date</b>	<b>Organization</b>	<b>Description</b>
Parents as Teachers Program Coordinator	8/26/21	Berrien RESA	Berrien RESA is an autonomous, tax-supported public school district governed by Michigan general school laws serving over 26,000 students in Berrien County.
Deputies (two interviews with different individuals)	9/29/21, 8/31/21	Berrien County Sheriff's Department	The Berrien County Sheriff's Department serves all of Berrien County. They enforce the laws of the state and county, safeguard life and property, prevent and detect crime, preserve the peace, and protect the rights of all citizens.
Chief Operations Officer and VP of Internal Affairs	8/27/21	Boys and Girls Clubs of Benton Harbor	Boys and Girls Clubs of Benton Harbor provides after-school tutoring to put kids on a path for academic success, mentoring to guide members to create good character and leadership, and proven programming for youth to have access to healthy lifestyles.
Health Officer	9/3/21	Van Buren/Cass District Health Department	The Van Buren/Cass District Health Department works to uphold their mission to promote and contribute to the highest level of health possible for residents by reducing health risks, preventing the spread of disease, promoting healthy lifestyles in a safe and healthful environment, and promoting the availability of accessible, quality healthcare.

## Appendix D

<b>Census Tract</b>	<b>Life Expectancy</b>	<b>City/Township</b>	<b>Village(s) or Unincorporated Community</b>
Tract 21	67.6	Benton Township	
Tract 23	67.7	Benton Township	Benton Heights
Tract 22	69	Benton Township	Benton Heights
Tract 5	69.6	City of Benton Harbor	
Tract 3	69.9	City of Benton Harbor	
Tract 205	70.5	City of Niles	
Tract 4	71.2	City of Benton Harbor	
Tract 20	71.9	Benton Township	Fairplain
Tract 6	72.4	City of Benton Harbor	
Tract 116	73.1	Weesaw Township	
Tract 211	73.3	Niles Township	
Tract 212	74.5	Niles Township	
Tract 114	74.9	Three Oaks Township	Three Oaks
Tract 201	75.2	Buchanan Township	
Tract 207	75.2	City of Niles	
Tract 115	75.6	Galien Township	Galien
Tract 104	76	Bainbridge Township	
Tract 202	76	City of Buchanan	
Tract 103	76.3	Watervliet Township	
Tract 25	76.3	Benton Township	
Tract 111	77.1	City of Bridgman	
Tract 210	77.2	Niles Township	
Tract 102	77.5	Coloma Township	
Tract 209	77.8	City of Niles	
Tract 7	78.2	St. Joseph Township	Fairplain

## Appendix D

<b>Census Tract</b>	<b>Life Expectancy</b>	<b>City/Township</b>	<b>Village(s) or Unincorporated Community</b>
Tract 204	78.4	Niles Township	
Tract 206	78.4	City of Niles	
Tract 24	78.5	Benton Township	
Tract 101	78.6	Hagar Township	Hagar Shores
Tract 113	78.7	City of New Buffalo	Michiana and Grand Beach
Tract 214	78.7	Oronoko Township	Berrien Springs
Tract 10	78.8	City of St. Joseph	
Tract 105	78.8	Pipestone Township	Eau Claire
Tract 203	78.8	Betrand Township	
Tract 9	78.8	St. Joseph Township	
Tract 106	78.9	Berrien Township	Eau Claire
Tract 110	79.3	Baroda Township	Baroda
Tract 18	79.5	Royalton Township	
Tract 14	79.9	Lincoln Township	Stevensville
Tract 17	80.3	Lincoln Township	Stevensville
Tract 112	81.2	Chikaming Township	Harbert
Tract 11	81.7	City of St. Joseph	
Tract 15	81.9	Lincoln Township	Stevensville
Tract 8	81.9	City of St. Joseph	
Tract 13	83.1	St. Joseph Township	Shoreham
Tract 16	86.2	Lincoln Township	Stevensville
Tract 213	86.7	Oronoko Township	Berrien Springs
Tract 19	No Data	Sodus Township	

## Appendix E

Census Tract	City/Township	Village(s) or Unincorporated Area	Status
Tract 3	City of Benton Harbor		Food Desert and Access Burdened
Tract 4	City of Benton Harbor		Food Desert and Access Burdened
Tract 5	City of Benton Harbor		Food Desert and Access Burdened
Tract 6	City of Benton Harbor		Food Desert and Access Burdened
Tract 20	Benton Township	Fairplain	Food Desert and Access Burdened
Tract 21	Benton Township		Food Desert and Access Burdened
Tract 22	Benton Township	Benton Heights	Food Desert and Access Burdened
Tract 23	Benton Township	Benton Heights	Food Desert
Tract 103	Watervliet Township		Access Burdened
Tract 202	City of Buchanan		Food Desert
Tract 205	City of Niles		Food Desert
Tract 206	City of Niles		Food Desert
Tract 207	City of Niles		Food Desert
Tract 209	City of Niles		Food Desert and Access Burdened
Tract 210	Niles Township		Food Desert
Tract 212	Niles Township		Food Desert
Tract 213	Oronoko Township	Berrien Springs	Food Desert

\*Access Burdened census tracts have a sizable population with low-income and low access when considering vehicle access or at a distance of at least 20 miles. Food desert census tracts have a sizable population with low income and low access measured at 1/2 mile for urban areas and 10 miles for rural areas.

Economic Research Service (ERS), U.S. Department of Agriculture (USDA). April 2021 Release. *Food Access Research Atlas*. <https://www.ers.usda.gov/data-products/food-access-research-atlas/>



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