

Community Health Needs Assessment

Corewell Health in Southwest Michigan

Including Corewell Health Lakeland Hospitals – St. Joseph Hospital
Corewell Health Lakeland Hospitals – Niles Hospital,
Corewell Health Watervliet Hospital

The Community Health Needs Assessment was adopted by the
Corewell Health South Board of Directors on November 18, 2024.



Table of contents

Executive summary 2

Introduction 3

Implementation strategy findings 7

Community health needs assessment methods and findings 13

Chronic disease conditions and mortality 24

Priority health need 1: Mental health 28

Priority health need 2: Health care access 32

Priority health need 3: Economic and employment conditions 36

Priority health need 4: Social cohesion 41

Priority health need 5: Food environment 45

Appendix A: Survey tool 50

Appendix B: Focus group list 54

Appendix C: Focus group demographics 56

Appendix D: Key stakeholder list 58

Appendix E: Community resources to address priority health needs 59

Appendix F: Age-adjusted mortality rate by census tract and municipality 67

Appendix G: Food deserts and access-burdened census tracts in Berrien County 71

Executive summary

Previous Community Health Needs Assessments (CHNAs) revealed significant inequities in age-adjusted mortality rates and life expectancy, including a 19-year life expectancy gap between majority-Black and majority-white census tracts in Berrien County. These inequities helped shape the CHNA Implementation Strategy, which prioritized the needs of residents in census tracts where people were dying at the highest rates and in the earliest stages of life. Key among these recent strategies was the expansion of the Center for Wellness in Benton Harbor. The center's expansion, completed in 2024, has been a pivotal step in tackling the priority health needs identified in the CHNA.

The renovation of the new location for the center allows Corewell Health in Southwest Michigan to provide support for the Benton Harbor community, which is facing medical, social and economic challenges. These improvements enhance access to quality care and compassionate social navigation services, address housing and food needs, and promote good health. New additions promote holistic health through a culinary medicine kitchen suite and spaces for community collaboration. Programs focused on maternal and infant health, such as parenting classes, childbirth education and breastfeeding support, further underscore the center's commitment to comprehensive care. It is by addressing these and other social determinants of health, which constitute up to 80% of factors that shape community health, that Corewell Health aims to advance health equity.

Our commitment to health equity is further demonstrated through its extensive community engagement, ensuring that the voices and needs of the community are at the forefront of its initiatives and the development of this CHNA. At the center of the CHNA strategy was the need to ensure that the voices of those who are typically underrepresented in assessment activities were intentionally oversampled, reflecting our commitment to elevating the perspectives of those who experience inequitably high rates of chronic disease. Traditional survey methods often result in lower representation from these populations, so additional methods such as focus groups and interviews were deployed to fill gaps. This process allowed Corewell Health in Southwest Michigan to identify five priority health

needs (PHNs) for the 2025-2027 CHNA: (1) mental health, (2) health care access, (3) economic and employment conditions, (4) social cohesion, and (5) the food environment.

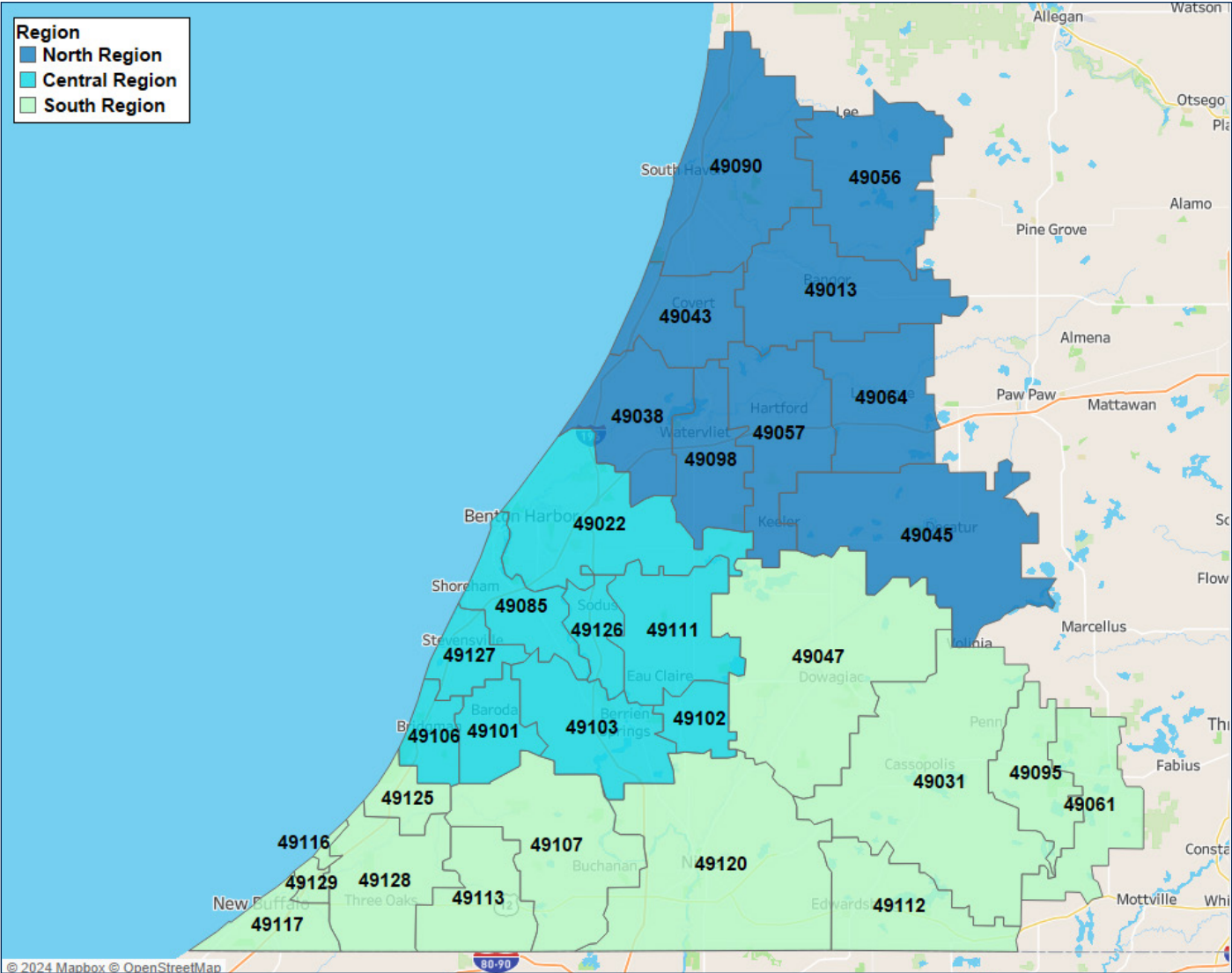
The five PHNs, while distinct, also have significant points of intersection, and common themes are apparent across each chapter of the CHNA. Mental health and social cohesion, for example, is one such intersection, as those who have stronger relationships and ties to their communities are less likely to experience psychological distress. Additionally, lower rates of access to resources such as health care services, healthy foods or a living wage can negatively impact mental health. Actions to address any of the PHNs can be designed to have a positive synergistic effect on others.

There is also significant intersectionality between the five PHNs and the three health outcomes of focus in Corewell Health's Health Equity Strategy, which are (1) maternal and infant health, (2) cardiovascular disease, and (3) mental and behavioral health. There is a bidirectional relationship between these health outcomes and the PHNs: Improvements in one can lead to improvements in the other. Additionally, these health outcomes provide an opportunity to create a narrower focus within the PHNs, which are inherently broad upstream contributors to health. For example, focusing health care access initiatives on individuals with cardiovascular disease and those of childbearing age is a way to make incremental progress on this long-term work. Effectively working to address the needs and build on the strengths identified in this CHNA will require collective effort. Corewell Health in Southwest Michigan is committed to leading the effort and recognizes that community members, partner organizations and multiple sectors will need to work together to improve health. Change will not come exclusively through additional programs and services—though programs and services are valuable and have their place. True transformation will come when a multitude of diverse stakeholders come together to transform the conditions in which our communities live, work, play and pray, ultimately creating our health outcomes. There is an open spot at the table for everyone who is willing to roll up their sleeves and take at least one actionable step based on the findings outlined in this document. Welcome to the 2025-2027 CHNA.

Introduction

Formerly known as Spectrum Health Lakeland, Corewell Health in Southwest Michigan is headquartered in Berrien County, Michigan (see figure 1.1 for a map depicting ZIP codes in the Corewell Health in Southwest Michigan 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 this service area.¹ Corewell Health in Southwest Michigan is a not-for-profit, community-owned health system serving Southwest Michigan and Northern Indiana with a full continuum of care and wellness services and offers the latest in care and technology in a patient-friendly setting. Employing more than 3,500 professionals, the hospital system provides 335 licensed beds and a comprehensive array of services, including three hospitals, 37 ambulatory locations, and 335 primary and specialty care physicians.²

Figure 1.1 ZIP codes within the Corewell Health in Southwest Michigan service area, divided into North, South and Central Regions



¹U.S. Census Bureau. 2022. ACS Demographic and Housing Estimates (DP05). 2018-2022 American Community Survey 5-Year Estimates. [data.census.gov/table/ACSDP5Y2022.DP05?q=dp05&g=010XX00US_040XX00US26,26\\$8600000](https://data.census.gov/table/ACSDP5Y2022.DP05?q=dp05&g=010XX00US_040XX00US26,26$8600000)

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.

²Zack Micklea, Senior Communications Specialist, personal communication, October 22, 2024.

Community served

This document serves as the Community Health Needs Assessment (CHNA) for Corewell Health Lakeland Hospitals – St. Joseph Hospital, Corewell Health Lakeland Hospitals – Niles Hospital and Corewell Health 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 that compose our primary and secondary service areas, including Van Buren and Cass counties. The target population of the assessment reflects an overall representation of the community served by these hospitals Table 1.1 provides a snapshot of our demographics by region, with additional information on census tracts with high age-adjusted mortality rates: census tracts 0003 to 0006 (Benton Harbor, central region), census tracts 0021 to 0023 (Benton Township, central region), and census tracts 0205 and 0207 (Niles, south region).

Table 1.1 Demographics in the Corewell Health service area³

	2022 Estimate						
	Region				Select high-mortality census tracts by municipality		
	Michigan	Central	North	South	Benton Harbor	Benton Township	Niles
Total population	10,057,921	90,511	54,751	96,134	8,597	10,750	6,030
Sex							
Female	50.4%	50.3%	50.5%	50.8%	52.8%	53.2%	53.6%
Male	49.6%	49.7%	49.5%	49.2%	47.2%	46.8%	46.4%
Age							
Under 5 years	5.5%	6.3%	5.8%	4.2%	5.8%	11.6%	3.6%
5 to 9 years	5.8%	6.3%	6.2%	5.1%	8.2%	9.5%	3.7%
10 to 14 years	6.2%	5.7%	7.0%	7.0%	7.8%	6.3%	8.3%
15 to 19 years	6.6%	6.3%	5.6%	6.6%	9.8%	7.3%	9.0%
20 to 24 years	6.9%	5.5%	5.9%	5.6%	6.2%	6.8%	7.5%
25 to 34 years	13.0%	12.2%	10.9%	10.3%	13.8%	15.0%	14.9%
35 to 44 years	11.9%	12.1%	11.1%	11.2%	14.3%	11.0%	10.2%
45 to 54 years	12.4%	11.6%	12.0%	13.0%	14.0%	9.3%	11.1%
55 to 59 years	6.9%	6.9%	6.8%	6.7%	5.4%	5.1%	4.9%
60 to 64 years	7.0%	7.7%	8.1%	8.1%	5.4%	5.9%	7.2%
65 to 74 years	10.6%	11.5%	12.2%	13.1%	5.9%	8.1%	9.1%
75 to 84 years	5.0%	5.1%	6.0%	6.0%	2.6%	2.8%	4.2%
85 years and over	2.1%	2.7%	2.5%	3.0%	0.9%	1.3%	6.2%
Race and ethnicity							
American Indian and Alaska Native alone	0.3%	0.2%	0.4%	0.7%	0.0%	0.4%	0.6%
Asian alone	3.2%	2.4%	0.8%	0.6%	0.0%	0.1%	0.3%
Black or African American alone	13.4%	20.2%	4.8%	5.4%	87.3%	62.7%	17.9%
Hispanic	5.5%	6.5%	15.5%	4.5%	3.3%	9.3%	7.4%
Native Hawaiian and other Pacific Islander alone	0.0%	0.0%	0.0%	0.0%	0.0%	0.4%	0.0%
White alone	73.5%	66.3%	74.4%	84.1%	7.0%	22.9%	71.6%
Two or more races	3.7%	3.9%	3.7%	4.0%	2.0%	4.2%	2.2%
Some other race alone	0.3%	0.4%	0.4%	0.7%	0.5%	0.0%	0.0%
Education							
Adults 25 years or older who have graduated high school or higher	91.8%	91.5%	84.8%	91.1%	80.30%	75.80%	85.40%
Economic factors							
Below poverty level	13.1%	16.5%	17.6%	13.6%	43.00%	43.20%	29.90%
Unemployment rate	6.0%	7.2%	5.5%	5.5%	20.30%	17.50%	12.40%
Uninsured	5.2%	6.8%	9.0%	5.8%	7.00%	12.70%	6.00%

³U.S. Census Bureau. 2022. ACS Demographic and Housing Estimates (DP05). 2018-2022 American Community Survey 5-Year Estimates.

[data.census.gov/table/ACSDP5Y2022.DP05?q=dp05&g=010XX00US_040XX00US26,26\\$8600000](https://data.census.gov/table/ACSDP5Y2022.DP05?q=dp05&g=010XX00US_040XX00US26,26$8600000)

U.S. Census Bureau. 2022. Selected Economic Characteristics (DP03). 2018-2022 American Community Survey 5-Year Estimates.

[data.census.gov/table/ACSDP5Y2022.DP03?q=dp03&g=010XX00US_040XX00US26,26\\$8600000](https://data.census.gov/table/ACSDP5Y2022.DP03?q=dp03&g=010XX00US_040XX00US26,26$8600000)

U.S. Census Bureau. 2022. Poverty Status in the Past 12 Months (S1701). 2018-2022 American Community Survey 5-Year Estimates.

[data.census.gov/table/ACSST5Y2022.S1701?q=s1701&g=010XX00US_040XX00US26,26\\$8600000](https://data.census.gov/table/ACSST5Y2022.S1701?q=s1701&g=010XX00US_040XX00US26,26$8600000)

U.S. Census Bureau. 2022. Educational Attainment (S1501). 2018-2022 American Community Survey 5-Year Estimates.

[data.census.gov/table/ACSST5Y2022.S1501?q=s1501&g=010XX00US_040XX00US26,26\\$8600000](https://data.census.gov/table/ACSST5Y2022.S1501?q=s1501&g=010XX00US_040XX00US26,26$8600000)

Table 1.1 provides demographic estimates for Michigan; the central, north and south regions of the Corewell Health in Southwest Michigan service area; and specific census tracts in the city of Benton Harbor, Benton Township and the city of Niles. It is widely known that factors such as age, sex, race and ethnicity, educational attainment, income, employment status, and insurance rates can directly and indirectly influence health, making it important to understand regional differences in these factors. Some of the key findings are as follows:

- Age distributions in the regions are largely consistent with state trends, as is the proportion of males to females.
- The north and south regions have a lower percentage of residents who identify as Asian compared to Michigan as a whole.
- The north and south regions also have a lower percentage of African American or Black individuals compared to the rest of Michigan.
- The north region has a higher percentage of individuals who identify as Hispanic compared to Michigan as a whole.
- The central region has a lower percentage of individuals who identify as white compared to Michigan as a whole, and the south region has a higher percentage of white individuals than the rest of Michigan.
- Poverty rates are higher in the central and north regions compared to the rest of Michigan.
- The north region has a lower percentage of adults with a high school diploma and a higher percentage of individuals without insurance than Michigan as a whole.

However, it is important to note that grouping ZIP codes into regions can obscure more pronounced differences at a local level. Areas of special interest to the CHNA team were census tracts with higher mortality rates. These census tracts were clustered in Benton Harbor and in Benton Township, which are in the central region, and Niles, which is in the south region. Some key differences were as follows:

- Compared to the rest of Michigan, census tracts in Benton Township have a higher percentage of individuals who are under 3 years old, and census tracts in Benton Township and Benton Harbor have a higher percentage of individuals who are 5 to 9 years old.
- Census tracts in Benton Harbor have a lower percentage of individuals who are 65 to 74 years old compared to the rest of Michigan.
- Census tracts in Niles have a higher percentage of individuals who are 85 years and older compared to Michigan as a whole.
- Census tracts in Benton Harbor and Benton Township have a higher percentage of individuals who identify as African American compared to Michigan as a whole and the three regions. Census tracts in Benton Township and Niles have a higher percentage of individuals who identify as Hispanic compared to the rest of Michigan.
- The percentage of adults with a high school diploma is lower in census tracts in Benton Harbor, Benton Township and Niles compared to the rest of Michigan as well as compared to their respective regions.
- The percentage of individuals who are below the poverty level and/or unemployed are higher in census tracts in Benton Harbor, Benton Township and Niles compared to Michigan as a whole and all three regions.

About the Community Health Needs Assessment

The 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.⁴ Additionally, this process enables Corewell Health in Southwest Michigan and partners to identify assets in the community that can be supported to build on the existing strengths in communities. The CHNA Project team (CHNA team) executed this CHNA in accordance with principles informed by Affordable Care Act (ACA) requirements and Corewell Health’s organizational commitment to advance health

equity. Firstly, the CHNA team defined health broadly and approached data collection and analysis with the aim of better understanding the physical, mental and social well-being of the community. Secondly, 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 (e.g., through community-engaged research, surveys, focus groups and key stakeholder interviews). This CHNA was supported by the Berrien County Health Department, who provided data and information essential to the creation of this document (e.g., age-adjusted mortality rates by census tract).

Mission, Vision and Values and a Model for Change

Corewell Health has adopted a revised mission, vision and values statement since the previous CHNA in 2021:

- Mission:** Improve health, instill humanity, and inspire hope.
- Vision:** A future where health is simple, affordable, equitable and exceptional.
- Values:** Compassion. Collaboration. Clarity. Curiosity. Courage.

The mission statement was revised to include the phrase “instill humanity.” By listening to the community’s needs and priorities as described in the CHNA and responding to them, we are putting the people we serve at the center of our work to improve health and inspire hope. The new vision explicitly calls out health needing to be equitable. It is our intent for there to be a visible thread of equity throughout our strategies, centering the needs of people who bear the burdens of health inequities and catering to strengths that are often overlooked. The values of our health system guide how we work and the position we take when working alongside our community to achieve improved health.

Furthermore, Corewell Health has iterated on the Health Equity Framework presented in the 2022-2024 CHNA to explicitly call out a new target for change: organizational policy, practice and systems.

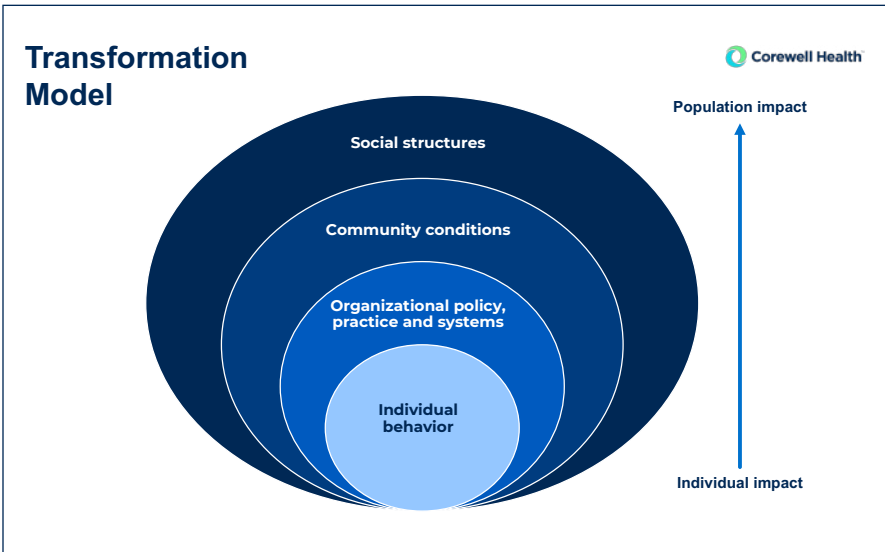


Figure 1.2 Corewell Health Transformation Model

Individual behavior: This level includes interventions that directly serve individuals and/or impact individual actions that contribute to achieving better health outcomes. These interventions might focus on providing health education, facilitating individual access to health care services, connecting people with food when they are food insecure or enrolling individuals in a blood pressure management program.

⁴Community 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.

Organizational policy, practice and systems: These initiatives are focused on changing organizations in ways that ensure they are serving and supporting people more equitably. This may include changing contracting guidelines to make it easier for small businesses to work with large organizations, improving the ways in which patient care is delivered to ensure equity is infused into clinical practice, or shifting human resource guidelines to make employment more accessible to people who were formerly incarcerated.

Community conditions: Initiatives at this level aim to improve the conditions that impact health, often referred to as the social determinants of health. This could include initiatives to improve public transportation networks within communities, make grocery stores more accessible to improve the food environment or make educational systems more equitable to increase access to postsecondary educational opportunities.

Social structures: This level recognizes the broader structural forces that impact all the levels below and, ultimately, the health of people and communities. This includes a focus on the social policies that cause harm and the promotion of changes to policy that will promote healing and justice.

Health is composed of many factors beyond health care, including access to quality housing, transportation, education, economic opportunity, social networks, healthy food and more. This updated health equity framework guides Corewell Health in

Southwest Michigan to simultaneously work to promote health, address the immediate needs of community members and patients who are experiencing health problems now, prevent people who are on the cusp of a potential health crisis from developing 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 priority health needs (PHNs) that have emerged from this assessment—(1) mental health, (2) health care access, (3) economic and employment conditions, (4) social cohesion, and (5) the food environment—Corewell Health has identified three additional categories of health outcomes as priorities for the system to address: (1) maternal and infant health, (2) cardiovascular disease and (3) mental and behavioral health. These outcomes were selected as areas of focus because they are deeply intertwined within the existing PHNs and demonstrate significant racial health inequities. There is a bidirectional relationship between these three health outcomes and the PHNs: 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. Work on these three health outcomes will not detract from the five PHNs; rather, the PHNs will serve as the basis for interventions to improve these health outcomes. For example, by addressing upstream factors such as food insecurity and health care access, we can contribute to lowering cardiovascular disease risk.

Implementation strategy findings

Nutrition environment

Prescription for health

The Prescription for Health (PFH) program aims to address limited access to nutritious and affordable foods. Each participant in the PFH program receives \$10 weekly, for up to 10 weeks, to spend on fruits and vegetables at the Benton Harbor Farmers Market. In 2022, 65 participants enrolled in this program and 63 participants enrolled in 2023. However, 2024 has witnessed a significant rise, with 301 participants enrolling by the end of the summer. Enrollment changed due to a process alteration. Previously, patients were enrolled before the Benton Harbor Farmers Market opened for the season, and a wait list was maintained for those who were removed from the program if absent in the first three weeks. This method provided a reliable estimate of weekly attendance. However, in 2024, individuals were enrolled when they were identified as food insecure. Additionally, the program aims to increase access to preventive health care by offering regular health screenings and health coaching at the Benton Harbor Farmers Market. In 2024, there were 108 individuals who used screening services at the Benton Harbor Farmers Market.

Community Kitchen Club

The Community Kitchen Club was designed to support community-based organizations by providing community-building activities and nutrition education (e.g., reading food labels, making healthy substitutions and reducing sodium intake), instruction on how to increase cooking skills, and trainings on how to prepare nutritious meals and how to safely conduct cooking demonstrations. The plans for this program morphed in 2022 after it was announced that the new Corewell Health Center for Wellness would have a teaching kitchen opening in spring 2024. The evolution of Community Kitchen Club has turned into a series of culinary programs targeting various segments of the community, including youth, adults with hypertension, Spanish-speaking families and the general public. Approximately 65 educational sessions have occurred, building the culinary and nutrition skills of over 160 people, between April and October 2024.

Health care access

American Medical Association MAP Blood Pressure Program

The American Medical Association (AMA) MAP Blood Pressure program aims to ensure access to quality health care. Corewell Health in Southwest Michigan adopts the AMA MAP framework to help teams summarize and document adherence to best practices for providing coordinated, evidence-based care to patients with hypertension. The program was initiated and operated at six Corewell Health in Southwest Michigan pilot locations from February 2023 to July 2023. Team members provided an overview, educational materials, and an Omron Professional IntelliSense Blood Pressure Monitor and floor stand. It resulted in improved blood pressure control and more aggressive treatment methods. These successes led to the program's implementation across all three Corewell Health regions.

CDC Vaccination Grant – Vaccine Navigators

The CDC Vaccination Grant – Vaccine Navigators program aims to encourage vaccination and increase protection against COVID-19. The population health department hired three vaccine navigators to educate and answer questions about COVID-19 symptoms, methods of protection against the virus, and vaccination benefits and concerns. Additionally, the program aimed to improve health care access by helping with scheduling COVID-19 vaccination appointments and addressing barriers that can reduce the ability to attend appointments, such as transportation. As a result, over 750 conversations about COVID-19 vaccination were had, and 55 people were vaccinated. The vaccinated individuals included 20 men and 35 women, all of whom were African American or Black, with an average age of 69.2 years.

Healthcare Careers Pre-Apprenticeship

The Healthcare Careers Pre-Apprenticeship program is designed to foster a diverse workforce in health care by providing equitable opportunities for individuals to pursue careers in this field. Although currently in its conceptual stage and not yet implemented, efforts to establish this program began in early 2023. GROWTH (Guided Real-World Orientation and Work Experience at the Hospital) and the high school internships offered in partnership with Berrien RESA are the only existing formal programs that could be considered pre-apprenticeships. We have multiple pipelines for various medical roles requiring program acceptance upon completing prerequisites; however, these do not qualify as pre-apprenticeships.

GROWTH Internship

The GROWTH Internship program is designed to ensure a diverse workforce in health care by hiring cohorts of paid interns to work within various departments and observe various roles within health care, specifically where Corewell Health in Southwest Michigan experiences a lack of diversity. In 2022, GROWTH employed a cohort of 22 new interns; in 2023, there were 21 interns; and in 2024, there were 19 interns. Additionally, the program aims to ensure mentorship opportunities by forming partnerships with local organizations and internal departments to increase intern knowledge of a wide range of roles within health care. As a result, students enrolled in this seven-week program were, on average, connected with eight mentors. In all three cohorts, 100% of interns stated that their self-identified goals were either “definitely” or “mostly accomplished.” According to retrospective survey results, interns reported improvement in career preparedness from the beginning to the end of the internship, including decidedness about future plans, having a good idea of the different career paths that exist within the health care field, having increased motivation to succeed in school or work, and having a solid plan for their future careers.

Hypertension Monitoring Programs (INSPIRE and HOPE)

Hypertension Monitoring Programs (INSPIRE AND HOPE) at the Corewell Health Center for Wellness seek to enhance health care access and boost hypertension management by enrolling eligible patients in the home blood pressure monitoring program. There have been 127 individuals who have enrolled in these programs to date, and over 70% of them have been able to achieve and maintain blood pressure control at 140/80 mmHg. This has resulted in being awarded a Gold+ designation by the American Heart Association.

Matters of the Heart

Matters of the Heart aimed to increase awareness of the Corewell Health Center for Wellness by creating three informational videos discussing local concerns regarding heart health. These videos were intended to engage community members and inform them on how to address their health concerns. Initially, the plan was for two members of the population health team to complete this project. However, it was ultimately determined that an external vendor should be utilized. Consequently, there were sufficient resources to produce only one slightly longer video instead of three shorter ones.

Preventive health care services at the Corewell Health Center for Wellness

To increase awareness and access to health care in Benton Harbor, the center has provided preventive screenings, vaccinations and education to community members and patients. Nurses are available at the Corewell Health Center for Wellness to do hypertension, cholesterol and blood sugar screenings; provide flu and COVID-19 vaccinations; and educate on related health topics. Since 2022, there have been over 500 preventive health care service visits at our site.⁵ Clients and patients report that the ease of obtaining these services closer to their neighborhoods and the Corewell Health Center for Wellness welcoming environment have been important to them.

Social navigation services at the Corewell Health Center for Wellness

As underlying social needs pose barriers to accessing health care and achieving optimal health, Corewell Health Center for Wellness team members have provided no-cost social navigation services to community members. Housing and utility assistance are the most frequently cited social needs, followed by employment/income needs and food insecurity. Community health workers have assisted clients over 5,000 times in accessing existing available resources to meet their needs since 2022, and an average of 95% of clients have reported being connected to the proper resource to meet their needs. The range of services provided with the social navigation program has increased, including providing needed care and safety items to families with babies and young children, such as diapers, properly installed car seats and portable cribs.

Neighborhood-Based Health Homes

The Neighborhood-Based Health Homes (NBHH) initiative seeks to enhance relationship-building and improve access to preventive health care. Population health is promoted through community-building activities at NBHH locations, alongside regular health screenings and health coaching. Prior to renovations starting in early 2023, the department of population health conducted NBHH visits at Lake View Terrace in St. Joseph. After these visits were postponed due to the temporary relocation of residents for building renovations, the Corewell Health Center for Wellness established a stable community presence comparable to NBHH in locations such as River Terrace, Mosaic and the Benton Harbor Farmers Market. The absence of new NBHH locations is due to prioritizing the development of the Corewell Health Center for Wellness.

⁵This figure does not include the health services provided by community health workers or as part of the Hypertension Monitoring programs.

The Pop-up Art & Wellness Exhibit

The Pop-up Art & Wellness Exhibit aims to raise awareness of mental health and wellness and decrease the stigma surrounding mental health concerns. The initiative involves co-sponsoring a moving interactive exhibit at community-based locations. As of 2024, there are nine partner sites hosting the pop-ups. Additionally, the initiative seeks to increase knowledge of policies, practices and procedures that can be adopted to support mental health and wellness. To accomplish this, the population health department provided training in the Community Resiliency Model (CRM) to support other organizations' mental health efforts. So far, eight host sites have received training and are currently applying CRM skills within their organizations.

Mental Well-being Workshops

The mental wellness workshops (previously known as Mental Health Trauma-Informed Care Workshops) provide mental health resources and educate community members on system-level advocacy and trauma-informed health care. These workshops include CRM, Youth Mental Health First Aid and Adult Mental Health First Aid. CRM focuses on educating individuals about trauma and resilience strategies. In 2022, there were 14 CRM trainings (391 participants); in 2023, there were 17 (487 participants); and in 2024, there were 18 (846 participants). Participants from these CRM workshops reported that CRM helped them understand how different factors impact a person's mental wellness, that they are likely to apply and share the skills that they learned in both their personal and professional lives, and that they are very likely to recommend this training to others. From

2022 to 2024, there were 10 Adult Mental Health First Aid (143 participants) and five Youth Mental Health First Aid trainings (52 participants). Additionally, in 2022, four Trauma and Mental Health 101 classes took place, and in 2023, there were six (127 participants). However, Trauma and Mental Health 101 classes were discontinued in 2024 due to participant feedback indicating that they desired skill-based education rather than a lecture-style class that focused mainly on awareness.

Mental health services at the Corewell Health Center for Wellness

The Corewell Health Center for Wellness introduced mental health services to enhance the availability of mental health care, offering both in-person and virtual options. These services were initiated in 2020 but were not available in 2023 due to a gap in providers. From March 1 to Oct. 15, 2024, the therapist at provided care to a total of 321 clients.

Mindful Movement

Mindful Movement aimed to increase individual capacity to address the needs and symptoms associated with trauma by providing trauma-informed yoga classes. This program was scheduled to start with the opening of the Corewell Health Center for Wellness in March 2023, but due to construction delays, this program was also delayed. To date, one community member has been trained to provide instruction, and yoga and Pilates classes have been provided as part of the Centered: Holistic Hypertension Care program in 2024.

Safety

CPR education/training

The CPR education training program has targeted at-risk populations and communities previously identified by the CHNA. Benton Harbor and Berrien Springs elected to certify staff as CPR instructors through the American Heart Association so that they could conduct classes on a more routine basis for staff. For student-based CPR, there were two trainings conducted in 2022, three in 2023 and two in 2024. For community-based CPR, five classes were conducted in 2023 and in 2024. The school-based CPR trainings, aimed at certifying staff who would then provide an introduction to students, were not conducted. To respond to the desires of

schools to provide certification to staff and students on an ongoing basis, Corewell Health in Southwest Michigan provided instructor-level certification to the Benton Harbor Area Schools registered nurse and ensured that the school has the necessary equipment and educational materials at no cost.

SOGI data collection and use

The SOGI (Social Orientation and Gender Identity) data collection initiative was created to develop training and standard work for the collection of SOGI data from patients. Capturing SOGI data is important to help providers tailor health care to meet individual

needs by understanding patients' sexual orientation and gender identity and to identify inequities within this population by creating the capability to stratify their health outcomes. From this work, a pilot project to capture SOGI demographic data through MyChart was deployed and a training was created to educate team members.

Corewell Health has also rolled out the Safe and Affirming Care designation for providers and practices. Through this designation, providers and team members participate in education around inequities experienced by the LGBTQIA+ community and how to serve this community in a responsive way. At Corewell Health in Southwest Michigan, over 200 team members have been trained, and one practice, Primary Care Royalton, has received the practice designation.

Social cohesion

Community Engaged Research

The Community Engaged Research program supports the development of social cohesion, collective community and stakeholder action in addressing the 2022-2024 PHNs. In 2022, a photovoice project was conducted with teens in Benton Harbor and in Benton Heights to better understand what their priorities are for local trails and active transportation options. This was conducted in partnership with Be Healthy Berrien, and the results of this research were used to inform the Trails Master Plan.

Another photovoice project was created with Niles New Tech students to identify what helps to encourage social connectedness in their community, what the barriers to social connectedness are and what can be done to improve social connectedness. Additionally, a small series of focus groups and interviews were conducted with Berrien County residents and individuals involved in farming, processing, preparing and selling food to better understand areas of concern as well as community aspirations for the local food system. This project was made possible by partnering with Be Healthy Berrien. Lastly, in 2023, the population health department completed the second phase of a community-based participatory research project to better understand how communities define trust. This phase focused on gathering data to assess the status of trust in neighborhoods and organizations and resulted in community partners deploying two initiatives to increase neighborhood-level trust.

REaL data collection and use

Accurate and complete race, ethnicity and language (REaL) data for patients is critical to the ability to stratify health outcomes so that inequities can be identified and acted upon. Allowing patients to self-report their REaL information to a health care provider or through MyChart is considered best practice for health care organizations. To assess accuracy and completeness, the REaL data collection validation study was conducted. This study included an audit of existing patient data to determine whether or not what was listed in a patient's chart was, in fact, how they self-identified; to determine how consistently patients were being asked about their race, ethnicity and language; and to assess the percentage of individuals who were asked for this information. As a result of this study, Corewell Health in Southwest Michigan was found to have high compliance with the standards established to accurately document REaL data.

Community Grand Rounds and Brave Talks

Community Grand Rounds and Brave Talks sessions aim to promote a change in narrative, thinking and behavior around issues of racism and health. Educational sessions were held for community members and health system team members. These sessions encompass larger-scale presentations under Community Grand Rounds and smaller-group discussions as part of Brave Talks (BT). In 2024, there were 198 attendees for Community Grand Rounds presentations. Ten BT series (six sessions in each series) were held from 2022 through 2024, with a total of approximately 75 community-based participants. Additionally, through the Whole Child County Collaborative, Berrien RESA allocated two staff members to be trained as facilitators to incorporate BT into the K-12 education system. Since 2022, 175 participants from the K-12 education system have also completed BT. In addition to results from pre- and post-surveys that indicate BT does have the intended impact on knowledge, attitudes and behaviors related to structural racism and health, ripple effect mapping has demonstrated that participants are able to make meaningful connections with others that result in taking action to improve equity in their organizations and spheres of influence. Participants experienced enhanced communication and understanding; increased self-awareness, empathy and acceptance; strengthened relationships and partnerships; and unexpected growth and curiosity, building connections and trust.

Whole Child County Collaborative

The Whole Child County Collaborative evolved out of the 31N School Mental Health Grant and combined elements of Coordinated School Health. The Whole School, Whole Community, Whole Child framework is a model developed by the Centers for Disease Control and Prevention to promote health and well-being in schools. It emphasizes a holistic approach to student health, integrating various aspects of the school environment and community to support the overall development of children. This model aims to create a supportive environment in which students can thrive academically, physically and emotionally by aligning the efforts of schools, families and communities.

The Whole Child County Collaborative has dedicated efforts to developing psychological safety and belonging, aiming to benefit both educational staff and students. This area of focus is to aid our school leaders with their countywide shared goal of “building educator capacity around fostering belonging and engagement where ALL are connected and accepted.” To achieve these objectives, there is full participation from all school districts and involvement from over 30 community organizations in the Whole Child County Collaborative.

Corewell Health in Southwest Michigan and Berrien RESA have aligned training efforts to build capacity and increase impact at a community level, now offering shared services such as CRM trainings and Youth Mental Health First Aid. As of the 2022-2023 school year, Berrien RESA and the Great Start Collaborative have six certified CRM teachers. Additionally, Berrien RESA invested in four staff members to become Youth Mental Health First Aid trainers to further the program alignment activity. Currently, eight school districts have been trained in CRM (approximately 500 staff members), and two additional districts are scheduled to be completed during the 2024-2025 school year. At the conclusion of the CRM trainings, participants were asked to rate the quality of the content presented, of their experiences while participating, and of the overall usefulness and applicability of the training. The CRM training averaged 4.5 on a 5-point scale for each of these categories.

To complement the education component, school leader and teacher resources have been developed to aid a district in implementing CRM into its school environment. Additionally, the Whole Child County Collaborative prioritizes student voice through formation of the student advisory board. There are seven student-led projects focused on enhancing mental health and social cohesion within school environments.

Additionally, there have been three Whole Child Summits since 2023, with participation averaging over 100 individuals per event. These summits focus on providing Berrien school leaders with national and state experts who illustrate how to operationalize whole-child elements into their schools and provide opportunities for connection with community organizations. As a result of these activities, school districts across the community are implementing a wide range of interventions, including expanding student advisory groups, integrating restorative justice into disciplinary practices, finding ways to meet tangible social needs of students and families (e.g., food and clothing), and engaging parents in education on mental well-being and belonging.

Finally, psychological safety-building workshops were deployed in September 2024 (four full days during the 2024-2025 school year), with eight one-on-one coaching sessions for 17 of our district principals and three leaders at Berrien RESA.

Community Events

Community Events (formerly known as Block Parties) are activities aimed to address the lack of opportunities for community members to engage with one another by facilitating community events. These events provide opportunities for staff to build relationships with residents and address gaps in information regarding health and wellness, specifically when it comes to mental and cardiovascular health and wellness.

Community Brunches: Initially, the idea was to engage Benton Harbor residents through Block Parties, but the Corewell Health Center for Wellness pivoted to brunches due to planning challenges. Education focused on mental health, partnering with local businesses and hosts from the community. Three brunches were held: one for women (20 attendees), one for men (10 attendees) and one for a mixed group from the first two events (11 attendees). Discussions, led by a psychologist, covered mental health topics such as self-value, the burdens of being a Black man and past trauma in relationships. Participants completed surveys, confirming both awareness of Corewell Health Center for Wellness resources and the effectiveness of these sessions. One participant noted the value of shared experiences among Black men and expressed interest in future events. Each session started with resource introductions and included games to encourage engagement.

Breaking Bread: This program aims to develop community relationships while participating in meaningful cultural practices and cultivating mutually beneficial relationships between and among community members and community partners. This program will increase mental health support by promoting psychological safety, social capital and collective efficacy within the community. There were seven classes in 2024, with a total of 99 participants.

Agora: Benton Harbor Agora seeks to capture informal conversations that will help guide participants to a better understanding of themselves and their neighbors. We endeavor to connect neighborhoods over lived experiences, new ideas and projects. There were five classes in 2024, with a total of 93 participants.

Launchpad 022

The Launchpad 022 program is designed to foster innovative activities for youth by incorporating life skills, mental health and physical well-being into traditional STEAM (science, technology, engineering, arts and mathematics) courses. The program aims to provide a safe environment for this integrated approach. Initially, the goal was to launch the project in early 2023. However, its implementation has been delayed due to a lack of available space caused by delays in Corewell Health Center for Wellness construction. Additionally, there are currently insufficient staff resources to manage the project effectively. Our team members are currently working on developing a new strategy for the program. Once all necessary resources are in place, the project will be implemented.

For more information on how Corewell Health works to improve community health, please view the 2023 Community Report (corewellhealth.org/about).

Community health needs assessment methods and findings

IRS requirements stipulate that hospitals must solicit and take into account input from all of the following sources in identifying and prioritizing significant health needs and in identifying resources potentially available to address those health needs:

- At least one state, local, tribal or regional governmental public health department (or equivalent department or agency), or a State Office of Rural Health described in Section 338J of the Public Health Services Act, with knowledge, information or expertise relevant to the health needs of the community
- Members of medically underserved, low-income and minority populations in the community served by the hospital facility, or individuals or organizations serving or representing the interests of these populations
- Written comments received on the hospital facility's most recently conducted CHNA and most recently adopted implementation strategy

To receive written comment on the 2022-2024 CHNA, which was published, the following request was posted on the Corewell Health in Southwest Michigan Population Health webpage (spectrumhealthlakeland.org/population-health/get-facts/community-health-needs-assessment):

To submit feedback on the 2022-2024 CHNA or to request a presentation on the findings for a community group or organization, please email us at populationhealth@spectrumhealth.org.
To request a print copy, please contact us at **269.556.2808**.

As of Oct. 14, 2024, only requests for presentations or for printed copies of the document were submitted. The remaining requirements for seeking input were met through the use of widely dispersed surveys and target focus groups and interviews.

Survey

After an initial test period of data collection from late June to late July, the survey went into widespread use starting Aug. 15, 2023, and ended Dec. 10, 2023. Surveys were distributed widely, in Spanish and English, as either a digital link or in paper form, across the our service area utilizing a variety methods:

- Surveys were shared with community stakeholders and partners to distribute to individuals of the medically underserved, low-income and minority populations in Berrien, Cass and Van Buren counties.

- Team members of the Corewell Health in Southwest Michigan Population Health Department collected survey responses from participants through a wide variety of community events (e.g., Soup Nights at the YMCA in Niles, health and wellness events for seniors, vaccination clinics, community dinners).
- Digital signage and flyers with a QR code linking to the online survey encouraging patients to take the CHNA survey were available at Corewell Health in Southwest Michigan locations during the survey collection period.
- Community researchers (i.e., individuals with close ties to communities who were trained on primary data collection for this project) and team members of the Corewell Health in Southwest Michigan Population Health Department collected surveys from populations historically underrepresented in CHNAs locally, specifically Spanish speakers, young adults and men.

Respondents were asked a series of questions designed to gather information on the top health concerns in their communities, the perceived quality of community assets that are essential for health, specific barriers that help communities to be healthy, resources that encourage community health and what is needed for their communities to thrive (see Appendix A for the full survey).

In total, 781 surveys were collected; however, not all participants completed every portion of the survey, resulting in varying total respondents for each question. For example, of the total respondents, only 564 respondents indicated the ZIP code they reside in.

In the north region, there were 127 respondents; in the central region, there were 330 participants; and in the south region, there were 74 respondents (see table 3.1 for a breakdown of ZIP codes by region).

Table 3.1 ZIP codes by Corewell Health in Southwest Michigan service area region

ZIP codes of respondents by region		
Central	North	South
49022	49013	49031
49023	49038	49047
49085	49039	49061
49101	49043	49095
49102	49045	49107
49103	49056	49112
49106	49057	49113
49111	49064	49115
49126	49084	49116
49127	49090	49117
	49098	49119
		49120
		49125
		49128
		49129

Figure 3.1 Number of survey respondents by Corewell Health in Southwest Michigan service area region

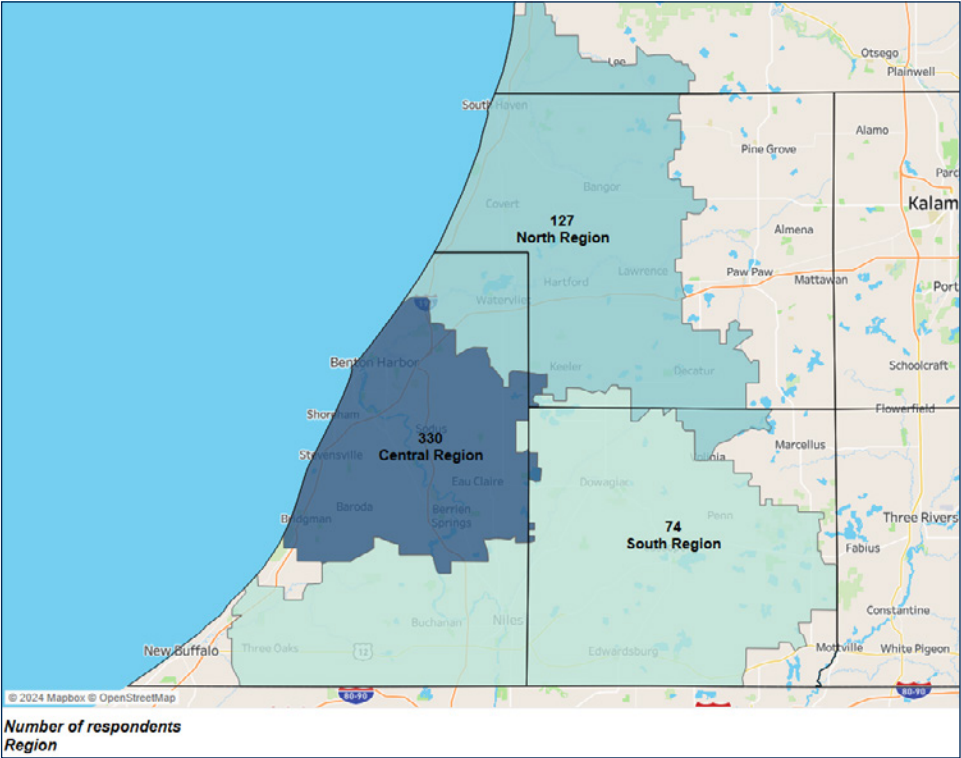


Figure 3.2 Race and ethnicity of survey respondents in total and by region

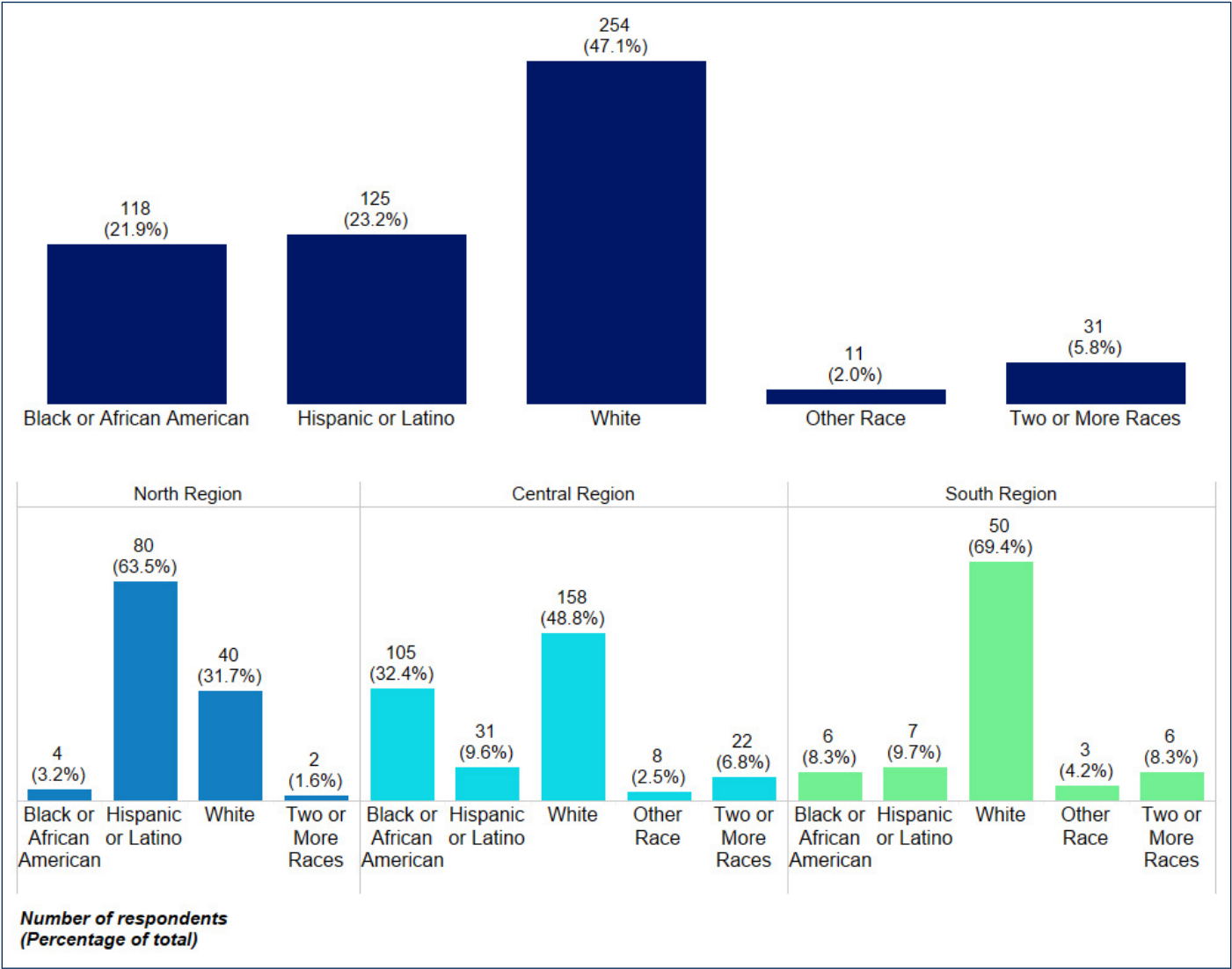


Figure 3.2 shows the racial and ethnic distribution of 539 respondents who shared their race and ethnicity. The majority of respondents (47.1%) identified as solely white. The second largest group identified as Hispanic or Latino (23.2%), followed by Black or African American (21.9%). Smaller proportions were identified as belonging to two or more races (5.8%) or other races (2%).

In the north region, most respondents identified as Hispanic or Latino (63.5%), followed by white (31.7%). In the central region, most respondents identified as white (48.8%) and Black or African American (32.4%). In the south region, the majority identified as white (69.4%). In alignment with our commitment to authentically engage communities impacted by health inequities, there were intentional efforts to oversample certain segments of the population, including racial and ethnic minorities, which is reflected in this data. Due to this strategy, the CHNA team successfully heard from a higher-than-average proportion of African American or Black individuals in the south and central regions and a higher-than-average proportion of Hispanic individuals in all three regions.

Figure 3.3 Age of survey respondents in total and by region

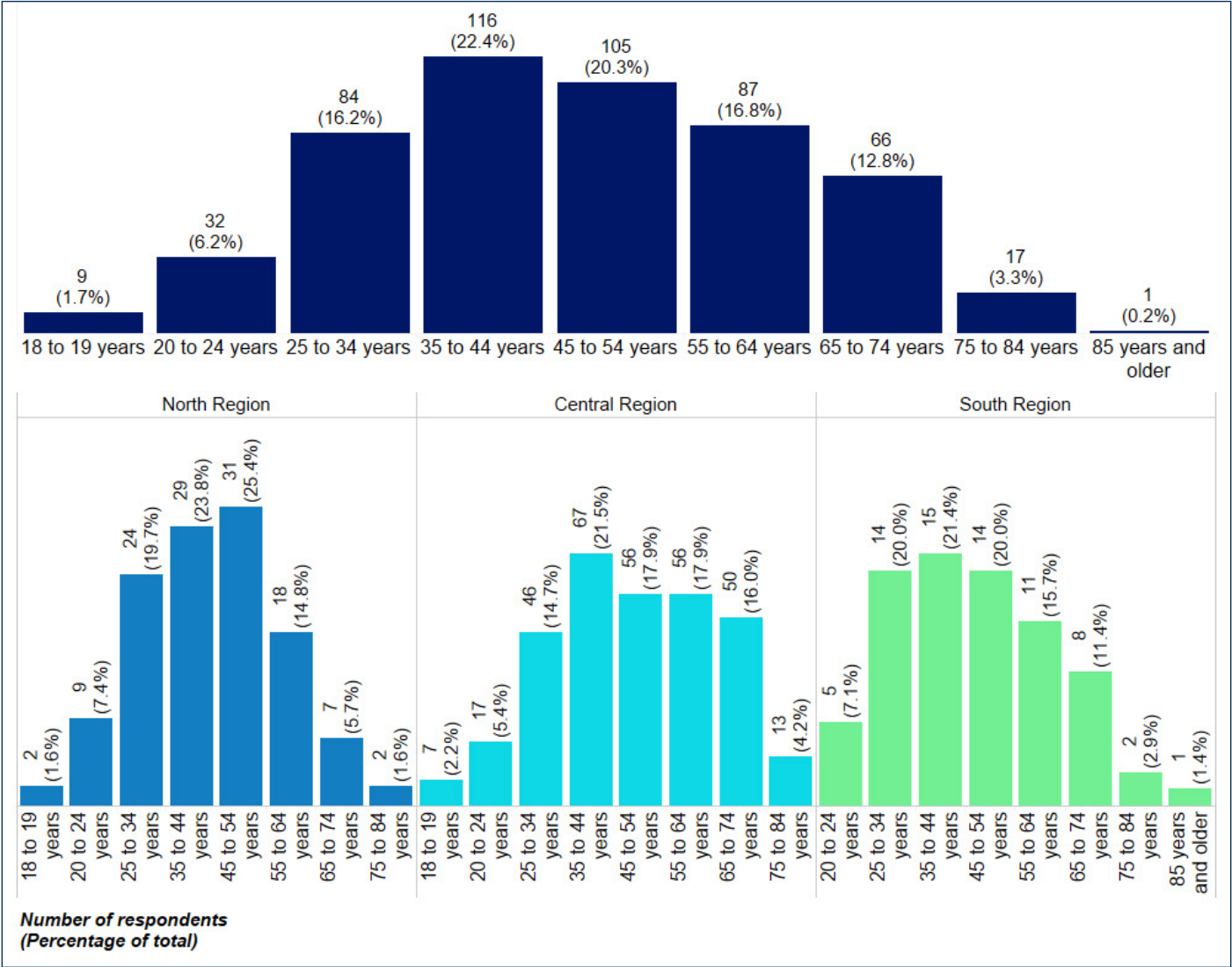


Figure 3.3 illustrates the age distribution of 517 respondents who provided their ages. The largest group, comprising 22.6% of respondents, falls within the 35 to 44 age range. The second largest group includes those aged 45 to 54, making up 20.3% of the respondents. Other notable age groups are 55 to 64 at 16.8% and 25 to 34 at 16.2%.

In the north region, the majority of respondents (25.4%) are aged 45 to 54, followed closely by those aged 35 to 44 at 23.8%. In the central region, the predominant age group is again 35 to 44 years (21.5%), followed by both the 45 to 54 and 55 to 64 age groups, each representing 17.9%. In the south region, the largest group is also those aged 35 to 44 (21.4%), followed by respondents aged 25 to 34 (20%) and 45 to 54 (20%). This roughly follows the expected age distribution in the Corewell Health in Southwest Michigan service area.

The percentage of survey responses from two age groups was lower than the estimated population proportions in all three regions. Specifically, only 3.3% of survey respondents were in the 75 to 84 age group, which is lower than the estimated population proportions of 6% in the north, 5.1% in the central region, and 6% in the south. Similarly, just 0.2% of respondents were aged 85 and over, compared to the estimated population proportions of 2.5% in the north, 2.7% in the central region, and 3% in the south. As a result, the CHNA team sought additional perspective in focus groups and interviews from seniors 75 and over as well as from professionals working in the field of senior care.

Figure 3.4 Gender identity of survey respondents in total and by region

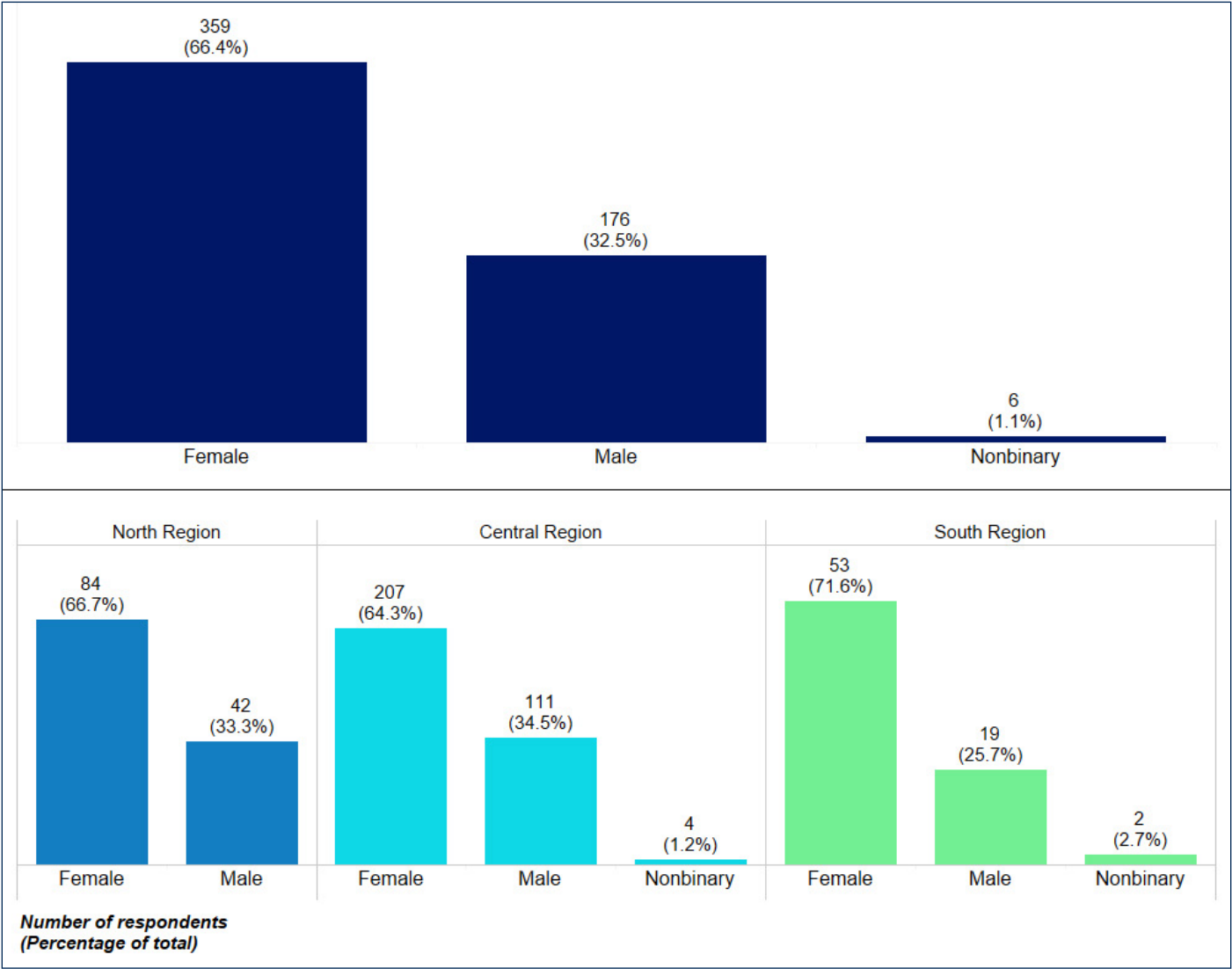


Figure 3.4 shows the gender identity of 541 respondents. The largest group, 66.4%, identified as female, while 32.5% identified as male, and 1.1% identified as nonbinary. The majority of respondents across the north, central, and south regions were female (66.7%, 64.3% and 71.6%, respectively) followed by male (33.3%, 34.5% and 25.7%, respectively) This represents an under sampling of the male population, which ranges from an estimated population proportion of 49.2% to 49.7% in the three regions. As a result, the CHNA team made an effort to include more male voices in focus groups.

Figure 3.5 Sexual orientation of survey respondents in total and by region

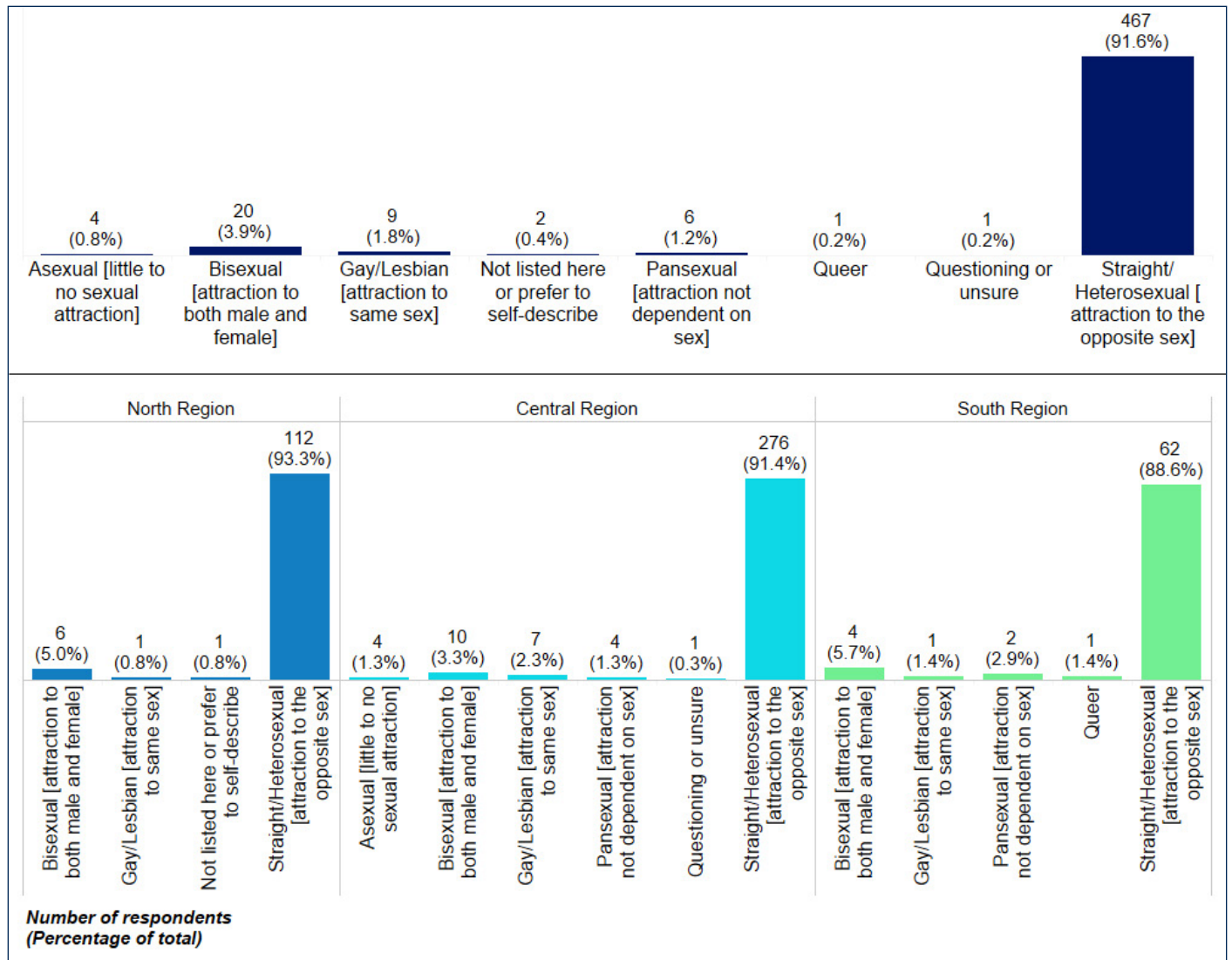


Figure 3.5 shows the sexual orientation of 510 respondents. The majority of respondents identified as being straight or heterosexual (91.6%). While there are no regional estimates of the population's sexual orientation and gender identity, Gallup polls indicate that in Michigan, 4% of the population identifies as lesbian, gay, bisexual, or transgender, slightly lower than the proportion represented in the survey. Because the LGBTQIA+ population is a minoritized group who experience inequitable differences in health outcomes, the CHNA intentionally sought out additional input from LGBTQIA+ individuals in focus groups and interviews.

Figure 3.6 Housing status of survey respondents in total and by region

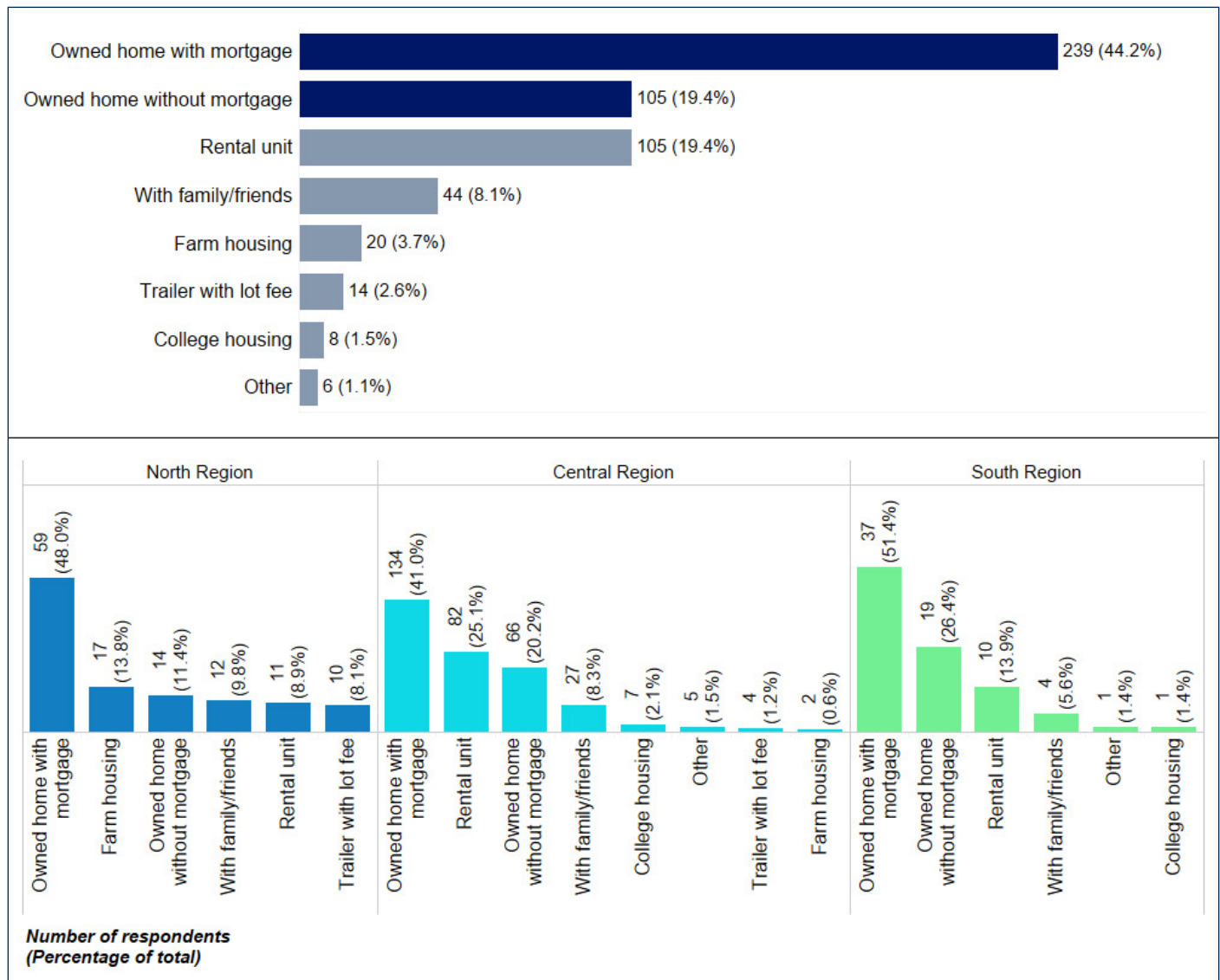


Figure 3.6 shows the housing status (used here as a proxy for economic status) of 541 respondents. The majority (44.2%) owned their homes with a mortgage, followed by those who owned a home without a mortgage or lived in a rental unit (19.4%).

In the north region, most respondents lived in a home with a mortgage (48%), followed by farm housing (13.8%) and owning a home without a mortgage (11.4%). In the central region, most respondents lived in a home with a mortgage (41%), followed by living in a rental unit (25.1%) and owning a home without a mortgage (20.2%). In the south region, most respondents lived in a home with a mortgage (51.4%), owned a home without a mortgage (26.4%) or lived in a rental unit (13.9%).

Focus groups

After surveys were completed, focus groups were conducted to gain a deeper understanding of the unique health needs, barriers, assets and desires of populations that we did not reach with the survey. Between February and April, 13 focus groups were conducted, with a total participation of 131 individuals who are members of underrepresented groups or have insight into the needs of those populations (e.g., adults 75 years and older). By working with community partners, we ensured that we received diverse perspectives and addressed gaps reflected in the demographics of survey participants. (See Appendix B for the list of organizations that collaborated to make these focus groups possible and Appendix C for a demographic description of focus group participants.)

The questions asked during focus groups were very similar to those asked in the survey:

1. What are the biggest health issues in your community?
2. What makes it hard to be healthy in your community?
3. What helps you to be healthy?
4. What does a thriving community look like? What would need to happen to make your community thrive?

Key stakeholder interviews

Concurrent with focus groups, key stakeholder interviews were conducted with individuals representing organizations throughout the Corewell Health in Southwest Michigan service area (see Appendix D for a summary of key stakeholders). The questions used during key stakeholder interviews were identical to those used in focus groups. These interviews were conducted to ensure that there were opportunities to more deeply investigate community health needs from the perspective of those who serve seniors, youth, adults, members of minority groups (e.g., LGBTQIA+, Native American and immigrants) and medically underserved individuals.

Process for identifying health needs and results

To identify the PHNs for this CHNA, first the responses to the following questions from the survey were analyzed and assigned a theme and subtheme:

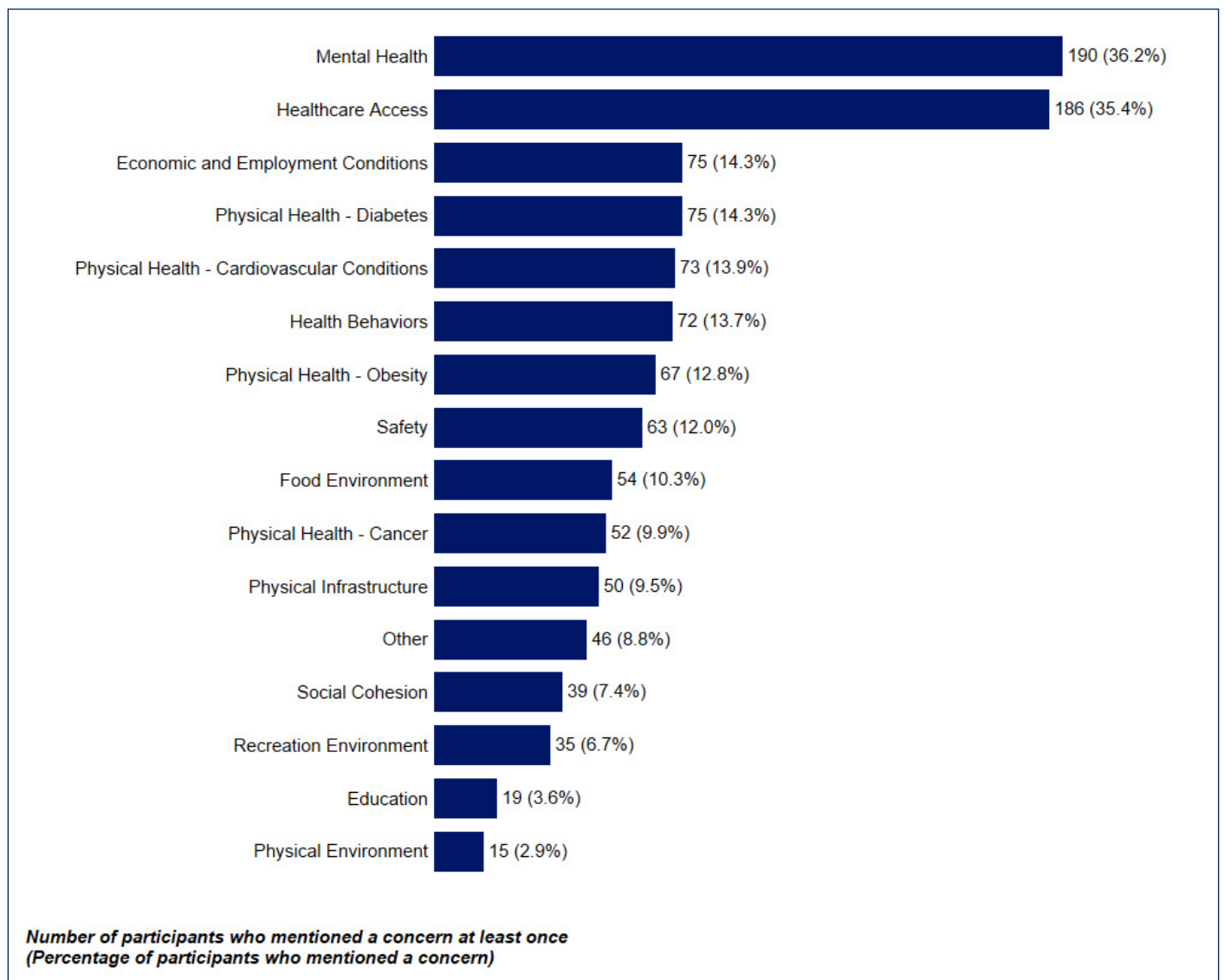
- **Question 3:** What are the biggest health issues in your community?
- **Question 5:** Is there anything not covered in the previous questions that either helps or harms your ability to be healthy in your community or anything you'd like to add?⁶
- **Questions 6:** What does a thriving community look like? What would need to happen to make your community thrive?

Due to the similarity of responses (i.e., most responses for questions 3 and 5 indicated things that were related to health concerns and factors contributing to negative health outcomes), the responses to questions 3 and 5 were combined and analyzed together. The selection of the top health needs from this dataset were based on a natural cutoff point (i.e., where there is an obvious break in the frequency of mentions). This resulted in the selection of the first two PHNs: mental health and health care access. See figure 3.6 below for a full breakdown of the top themes identified in questions 3 and 5. This figure highlights the top health concerns identified by participants in their communities, with the most frequently mentioned concerns being related to physical health, mental health and health care access.

Mental health was the top concern, with 190 participants (17.8%) identifying it. The main concerns were depression, stress and availability of mental health services. The second most common concern was health care access, with 186 participants (17.4%) identifying it. The most common health care access needs were availability, cost and access being the primary issues. Other concerns included economic and employment conditions (7%), health behaviors (6.7%), safety (5.9%) and the food environment (5%).

⁶This question was asked after a question that asked participants to rank various factors on how helpful to health each factor was in their own communities.

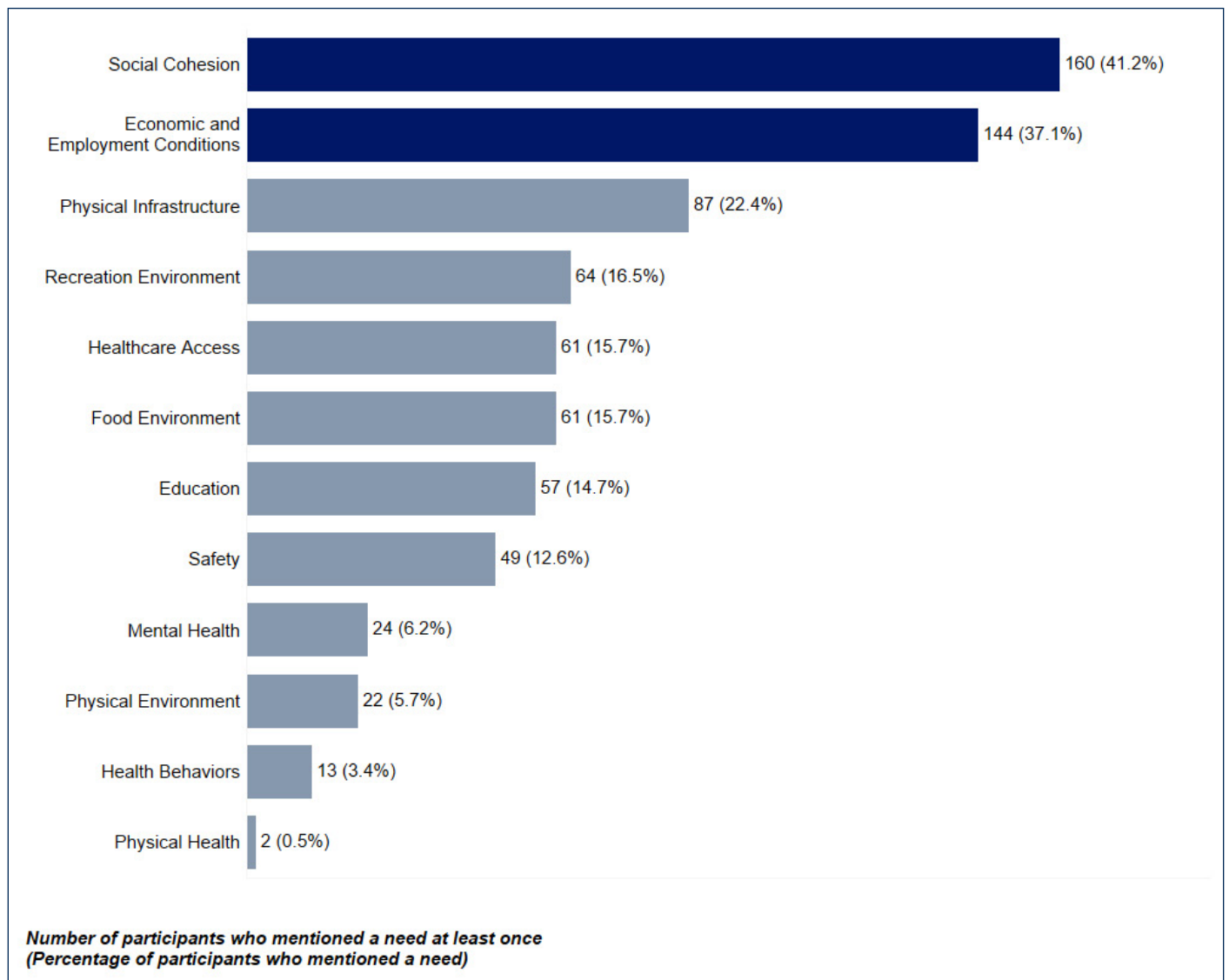
Figure 3.7 Top health concerns identified by survey respondents



A similar process was followed for question 6 which resulted in the new two priority needs: social cohesion and economic and employment conditions. See figure 3.8 for a full breakdown of the top themes identified in question 6. This figure highlights the elements necessary for a thriving community, with social cohesion (41.2%) being the most frequently mentioned item, followed by thriving economic and employment conditions (37.1%).⁷

⁷The methodology for this CHNA called for identifying the top overall themes, and for the most part, when the coded responses were analyzed by subtheme, the results matched the analysis by overall theme. There was one exception, however, with the third most frequently discussed subtheme in question 6 being public transportation, under the physical environment theme.

Figure 3.8 Top needs for a thriving community identified by survey respondents



The next step in this process was to have key stakeholders from the Corewell Health in Southwest Michigan Health Equity Committee and the Healthy Berrien Consortium's Assessment Working Group prioritize and rank the following community health factors: food environment, social cohesion and community connectedness, physical infrastructure, recreational options, physical environment, health care resources, education access, mental health care access, transportation infrastructure, economic factors and public safety. To accomplish this, key stakeholders first ranked each of the previously mentioned community health needs based on four criteria on a scale of 1-3:

1. Severity: How minor or serious the consequences of this issue are
2. Root Cause: How much the issue impacts inequitable health outcomes
3. Ability to Impact: The degree to which institutions can impact the health need
4. Momentum: The degree of local support and momentum in addressing these issues

Next, key stakeholders were asked to rank the four criteria based on the weight each should be given in the final score. The more impact that the criterion should have on the score, the higher the number. Then the first score was multiplied by the weight ranking for each participant and then divided by the number of participants in this activity to produce a priority ranking score (see table 3.2).

Table 3.2 Results of the key stakeholder priority ranking exercise

Community health factors	Priority score
Health care access	28.06
Economic and employment conditions	26.78
Mental health care access	26.53
Food environment	26.27
Social cohesion	24.06
Education access	22.30
Physical infrastructure	22.00
Transportation infrastructure	21.41
Public safety	20.83
Recreation opportunities	19.17

The top five community health factors identified from this process were health care access, economic and employment conditions, mental health care access, food environment, and social cohesion.⁸ There were notable similarities in the priorities derived from the survey data and the key stakeholder rankings, with the four top health needs identified by survey respondents also present as high-priority community health needs by key stakeholders. The new priority identified by key stakeholders, the food environment, was added to the PHN list, resulting in the five final PHNs:

1. Mental health
2. Health care access
3. Economic and employment conditions
4. Food environment
5. Social cohesion

⁸This list differs very slightly from the themed survey responses, primarily in the categorization of mental health care access. Responses that were about mental health care access were categorized as mental health when the respondent was discussing the availability of specialists or as health care access when the respondent was discussing the inability to utilize the available resources. For a list of community resources available to address these health needs, see Appendix E.

Chronic disease conditions and mortality

Figure 4.1 Life expectancy at birth by sex for U.S. and Michigan residents, 1990-2021⁹

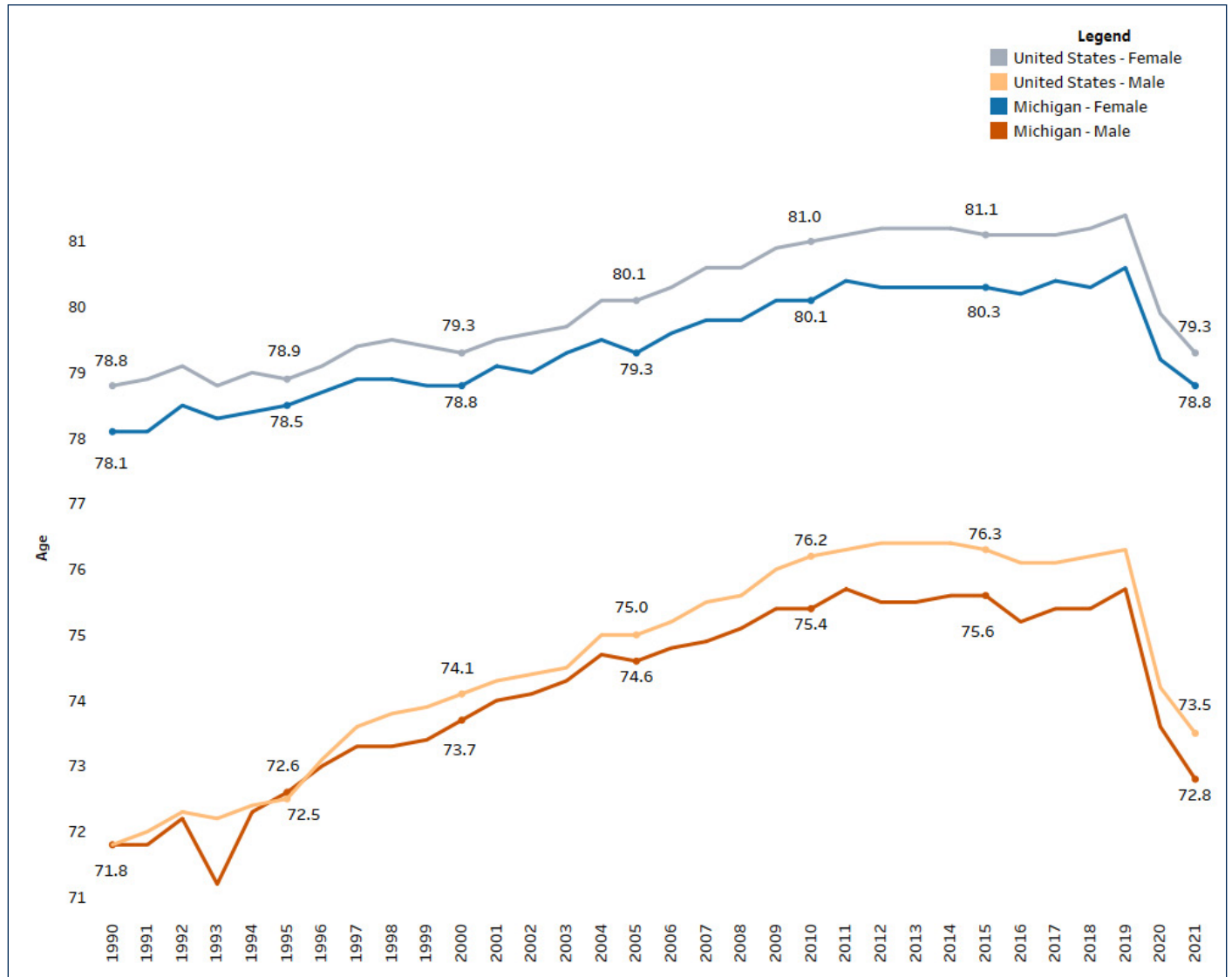


Figure 4.1 shows the life expectancy at birth for males and females in the U.S. and Michigan from 1990 to 2021. The trends reveal differences between genders and between Michigan and national averages.

In the U.S., females consistently have the highest life expectancy, reaching a peak of 81.4 years in 2019 but then declining to 79.3 years by 2021. For males in the U.S., the trend is similar, with a peak of 76.4 years between 2012 and 2014 before dropping to 73.5 years in 2021. In Michigan, life expectancy is consistently lower than the national average. In 2019, Michigan females peaked at 80.6 years and then dropped to 78.8 years by 2021. Michigan males peaked at 75.7 years in 2011 and experienced a sharper decline to 72.8 years in 2021.

The significant declines in life expectancy in 2020-2021 are likely due to the impact of the COVID-19 pandemic. Overall, the chart shows persistent gender and regional disparities in life expectancy, with Michigan residents, especially males, having lower life expectancies than the national averages.

⁹Life Expectancy at Birth by Sex, Michigan. (n.d.). mdch.state.mi.us/osr/deaths/lifeUSMI.asp

Figure 4.2 2018-2022 Age-adjusted mortality rate per 100,000 population for selected leading causes of death in Michigan and Berrien, Cass and Van Buren Counties¹⁰

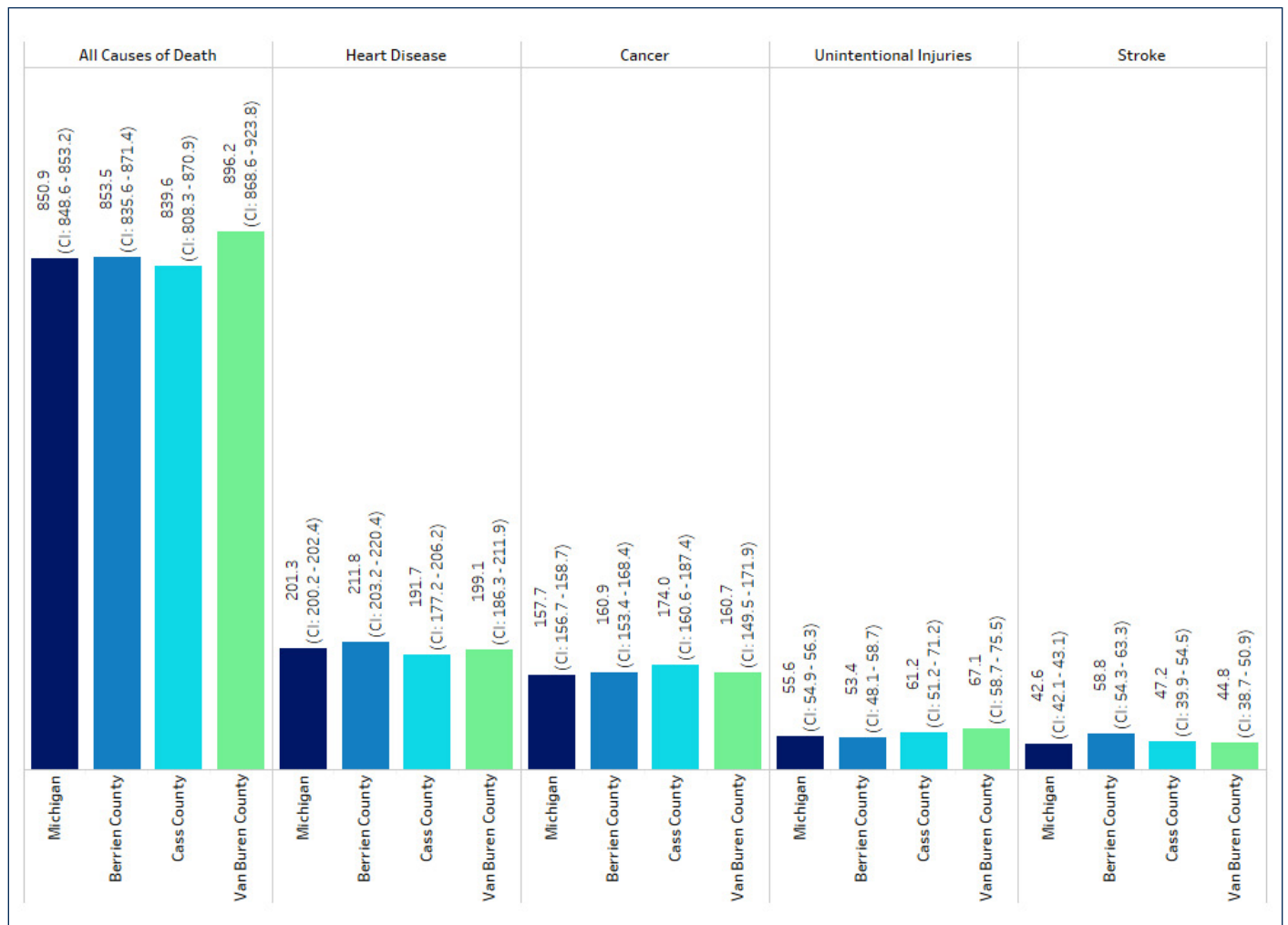


Figure 4.2 shows age-adjusted mortality rates for the top four causes of death in Michigan and Berrien, Cass and Van Buren counties. Age-adjusted mortality rate is a death rate that controls for the effects of differences in population age distributions. This controls for the influence that different population age distributions might have on health event rates. All age-adjusted mortality rates presented in this document are expressed as per 100,000 population (i.e., the number of individuals who would have died if the population for a given area were 100,000). For heart disease, Berrien County had a higher age-adjusted rate than the rate for Michigan, Cass and Van Buren counties. For cancer, all three counties had a higher mortality rate than Michigan, with Cass County having the highest rate. In terms of unintentional injuries, Cass and Van Buren counties had a higher mortality rate than Michigan and Berrien County. Lastly, for strokes as the cause of death, Berrien County had a much higher mortality rate than Michigan and Cass and Van Buren counties.

¹⁰“Age-Adjusted Mortality Rates for the Ten Leading Causes by Sex and Race, Michigan.” n.d. mdch.state.mi.us/osr/chi/deaths/frame.asp?Topic=11&Mode=1

Figure 4.3 2018-2022 Age-adjusted mortality rate per 100,000 population for selected leading causes of death by race¹¹



Figure 4.3 shows the 2018-2022 age-adjusted mortality rates for leading causes of death, categorized by race (all races, Black and white) in Michigan and Berrien, Cass and Van Buren counties. The key findings are as follows:

- Heart disease consistently has the highest mortality rates across all races and counties.
 - The highest mortality rate due to heart disease is among the Black population in Michigan (281 per 100,000) and ranges from 251.4 in Berrien County to 215.4 in Cass County.
 - The rates for the white population range from 192.2 (Michigan) to 207.1 in Cass County and 191.1 in Berrien County.
- Cancer also presents high mortality rates, especially among the Black population.
 - The cancer mortality rate is 181.9 per 100,000 in Berrien County for the Black population, 211.5 in Cass County and 196.4 in Van Buren County.
 - For the white population, the cancer mortality rate is 159.2 in Berrien County, 172.9 in Cass County and 160.2 in Van Buren County.
- Unintentional injuries have a significant impact, particularly on the Black population in Berrien County (69.4 per 100,000), with generally lower rates in the white population (51.5).
- Stroke rates are highest among the Black population in Berrien County (79.6 per 100,000), with lower rates in the white population (56.5).

These mortality rates highlight health inequities by race and geography, especially for the Black population, which generally shows higher rates for most conditions. These and numerous other concerns are a result of inequitable differences in the community conditions and structures that influence health.

¹¹"Age-Adjusted Mortality Rates for the Ten Leading Causes by Sex and Race, Michigan." n.d. mdch.state.mi.us/osr/chi/deaths/frame.asp?Topic=11&Mode=1

Southwest Michigan 2025 CHNA | 27

Priority health need 1: Mental health

Key findings

- Respondents frequently highlight the significant role of financial strain and lack of support in exacerbating mental health challenges, especially concerning depression and stress. Access to affordable mental health services is identified as a crucial need in the community.
- Addiction issues, particularly with drugs and alcohol, are a major concern. Many respondents emphasize the need for more accessible treatment options to combat widespread substance misuse.
- The limited availability of mental health resources is a persistent issue, with respondents pointing to long wait times and insufficient local services as key barriers to accessing care. Additionally, respondents emphasized the need for education on coping strategies and other supports to prevent the development of mental health concerns.

Introduction

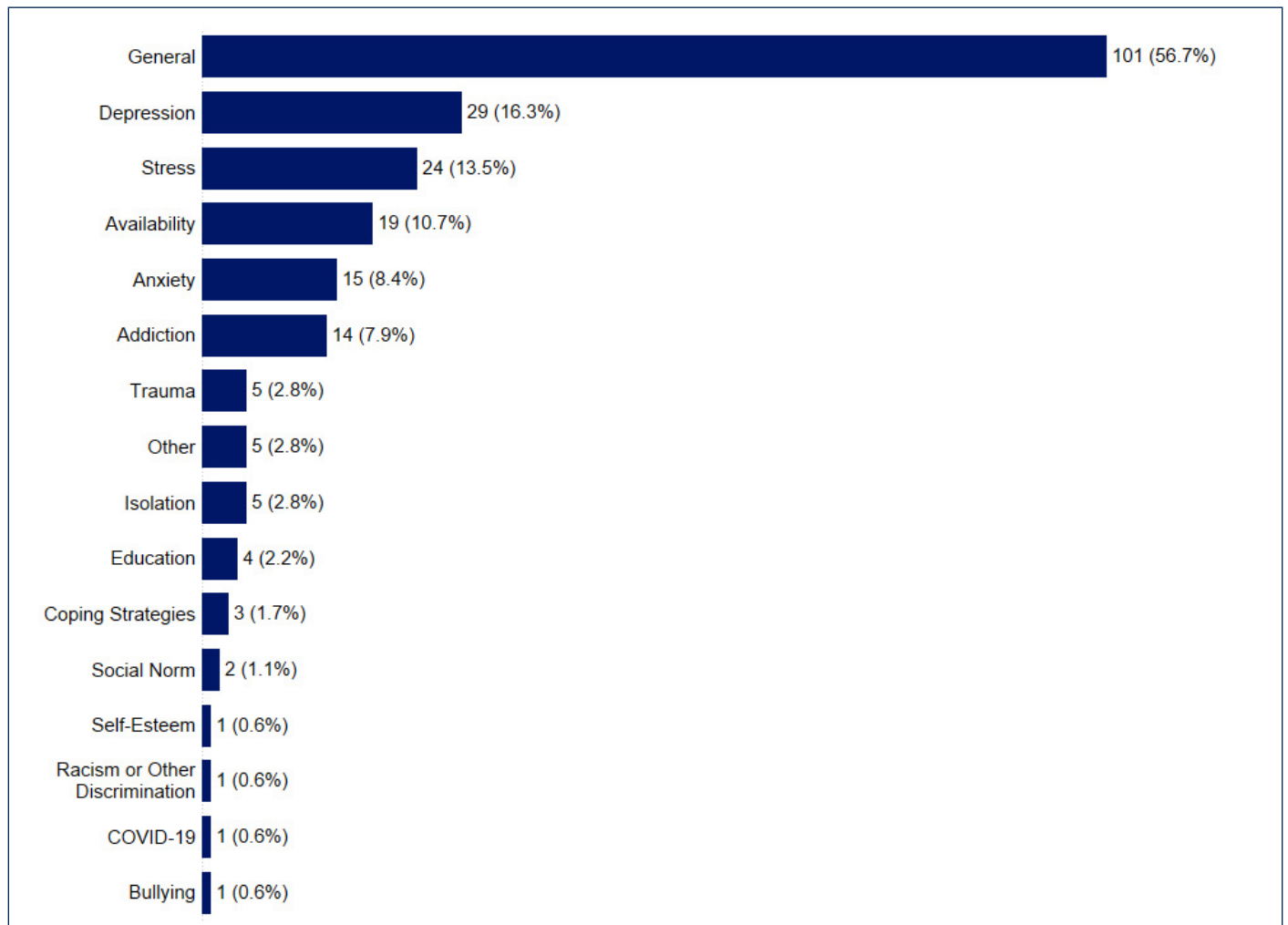
Mental health issues are rarely isolated concerns; they are deeply interconnected with other critical health and socioeconomic challenges. Economic hardship, lack of access to essential resources and chronic stressors can initiate and/or compound mental health struggles, making these issues especially prevalent and difficult to address. National research indicates that mental illness affects between 10% and 25% of the population across all age groups, and these rates have increased during the COVID-19 pandemic.^{12,13} In Southwest Michigan, where financial insecurity often permeates daily life, economic concerns can intensify depression, stress and addiction, which in turn erodes overall community well-being. These challenges create cycles that reinforce poverty, trauma and poor health outcomes. For these communities, addressing mental health is essential to achieving broader social and health equity, as mental wellness is foundational to resilience, stability and hope for the future. Preventing economic hardship, alleviating chronic stressors and providing access to resources needed for well-being are critical to breaking these cycles of poor mental health.

Figure 5.1 depicts the concerns identified regarding community mental health. A total of 56.7% of respondents indicated that mental health overall was a concern, followed by depression (16.3%), stress (13.5%) and the availability of resources (10.7%).

¹²Alegría, Margarita, et al. "Prevalence of Mental Illness in Immigrant and Non-Immigrant U.S. Latino Groups." *The American Journal of Psychiatry* 165, no. 3 (2008): 359-369.

¹³Pfefferbaum, Betty, and Carol S. North. "Mental Health and the COVID-19 Pandemic." *New England Journal of Medicine* 383, no. 6 (2020): 510-512.

Figure 5.1 Top subthemes related to mental health



Depression and stress

Findings from the 2018 Berrien County Behavioral Risk Factor Surveillance Survey (BRFSS) indicate that psychological distress among residents has increased, with 27.4% reporting mild to moderate distress, up from 2014 rates.¹⁴ As reported by respondents in interviews, focus groups and surveys, depression and stress are described as ever-present burdens affecting nearly every aspect of life. Financial strain, job insecurity and family obligations create a relentless atmosphere of tension. Additional factors contributing to stress and depression expressed by CHNA participants were issues with limited health care access and navigating complex social and political issues, such as LGBTQIA+ rights. Participants report symptoms such as migraines, insomnia and anxiety, with some describing the mental load as “mental drainage” or “feeling tired of the routine.” Rural residents, who report less access to fewer mental health resources, express feeling “stuck between a rock and a hard place.”

Addiction

Addiction, particularly to drugs and alcohol, emerged as a widespread and complex issue. Community members describe addiction as both a personal struggle and a collective burden, worsened by a significant lack of accessible treatment options. Substances often serve as coping mechanisms for mental health issues or distress, yet that tends to result in an exacerbation of the original issue. Further, the path to recovery is particularly difficult in this community due to the shortage of affordable, local substance abuse services. “Access to mental health and addiction treatment [is] needed,” one resident emphasized, voicing a common frustration that treatment options, while urgently desired, remain limited and costly. The barriers to addressing addiction go beyond individual willpower, underscoring the need for resources that support both recovery and prevention

¹⁴Berrien County Health Department. 2018-2019 Berrien County Behavioral Risk Factor Surveillance Survey. 2020. berriencounty.org/Archive/ViewFile/Item/528

Availability of mental health resources

Accessing mental health resources is an important need in these communities, where services are scarce and wait times are lengthy. Many describe the pursuit of care as an exhausting process, often ending in prohibitive costs or inaccessible resources. According to the Berrien County BRFSS, mental health services are limited, and affordability remains a major barrier, leaving many unable to receive help when needed. Mental health care is often perceived as a privilege available only to those who can afford to wait or pay. “The lack of available services makes it impossible to get the help people need,” one resident shared, revealing a painful reality. Without accessible support, individuals and families must navigate their challenges alone, often leading to the worsening of untreated mental health issues. It should be noted that community members also discussed the need for non-therapy solutions for preventing the development of more serious mental health concerns. For example, respondents emphasized the need for youth mentorship, social and emotional support from social groups (e.g., churches), and education on coping strategies.

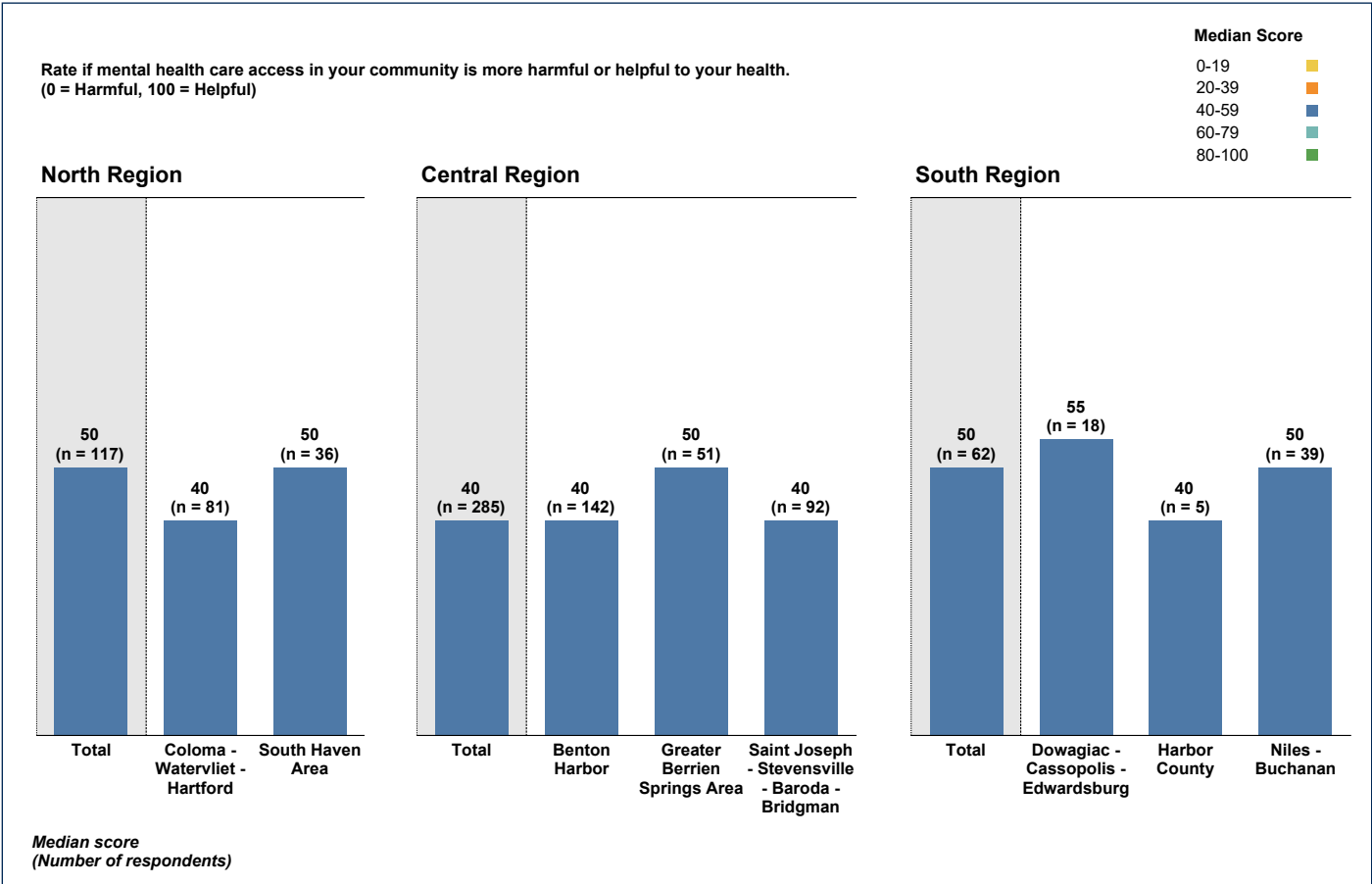
Figure 5.2 illustrates the regional breakdown of how respondents rate mental health care access in their communities. The scores indicate whether access is perceived as harmful or helpful to health on a scale from 0 (harmful) to 100 (helpful). The regions analyzed are north, central and south, each followed by a summary of responses for the region as a whole and individual areas within the region.

North region: The overall region’s median score is 50, based on responses from 117 individuals. Subregions such as Coloma and South Haven have a median score of 40 and 50, respectively.

Central region: The overall median score for this region is 40, from 285 respondents. Subregions like Benton Harbor, the greater Berrien Springs area and Saint Joseph have similar median scores to the regional score.

South region: The total median score is 50, based on responses from 62 individuals. Subregions such as Dowagiac, Cassopolis and Edwardsburg show a slightly higher median score of 55, suggesting a more positive view on access to mental health care.

Figure 5.2 Perceived status of mental health care access by region and subregion



The perpetual strain of poverty and trauma

Poverty creates a persistent undercurrent in these communities, contributing to the development of mental health concerns and magnifying the mental health struggles residents already face. For many, financial insecurity means constantly balancing competing needs, with little capacity beyond survival. “No matter how hard we work, we can barely keep up,” one person noted, echoing the sentiment of those who feel trapped by circumstances beyond their control. In addition to financial insecurity, other forms of trauma are present, with a high prevalence of adverse childhood experiences (ACEs), such as abuse and parental separation, affecting residents. These experiences have long-lasting impacts on mental health.¹⁵ “It’s hard to move on when reminders are everywhere, when the past feels so present,” one resident expressed, capturing the difficulty of overcoming trauma when resources for healing are scarce. Together, poverty and trauma are a potent combination, creating cycles of struggle that are challenging to break without substantial support.

Social isolation and health care access

Isolation is another component of the mental health struggle, as many residents find themselves cut off from resources and social ties that could provide comfort and connection. Loneliness is a persistent challenge for older adults, those with chronic health conditions and economically disadvantaged individuals, often leading to depression and anxiety. Basic health care access remains out of reach for many, compounding both physical and mental health needs. According to the Berrien County (BRFSS), 26.1% of residents report a diagnosis of depression, with younger populations exhibiting higher rates, potentially due to increased awareness and social stressors¹⁶. Many residents describe the health care system as distant and inaccessible, more a source of frustration than relief. For this community, accessible health care is a critical missing piece that could significantly improve lives.

Community calls for a thriving community

Accessible and affordable mental health services: Community members emphasize the need for mental health services that are readily available and financially accessible. Many express frustration with the limited number of providers and long wait times, which prevent individuals from getting timely help. There’s a clear call for more mental health facilities, local counseling centers and initiatives that bring services closer to residents. Making care affordable across income levels would allow people to seek support without financial strain.

Expanded support systems for youth: There is strong support for youth-centered mental health resources, reflecting community concerns for younger generations. Respondents advocate for mental health education within schools, increased counseling options for minors, and prevention programs addressing issues like bullying, violence and substance use. These expanded resources are seen as essential for fostering resilience and lifelong wellness among youth.

Community engagement to reduce stigma and promote wellness: Another significant theme is the need to normalize mental health discussions and reduce stigma through community involvement and awareness. Respondents envision a thriving community in which mental health issues are openly acknowledged and addressed without judgment. Community activities, local events and initiatives that foster a supportive culture around mental health would help individuals feel comfortable seeking help.

¹⁵Merrick, Melissa T., et al. “Unpacking the Impact of Adverse Childhood Experiences on Adult Mental Health.” *Child Abuse & Neglect* 69 (2017): 10-19. [sciencedirect.com/science/article/abs/pii/S0145213417301084?via%3Dihub](https://www.sciencedirect.com/science/article/abs/pii/S0145213417301084?via%3Dihub)

¹⁶Berrien County Health Department. 2018-2019 Berrien County Behavioral Risk Factor Surveillance Survey. 2020. berriencounty.org/ArchiveCenter/ViewFile/Item/528

Priority health need 2: Health care access

Key findings

- Respondents highlighted barriers to health care, including transportation challenges, facility closures and limited service hours.
- High health care costs and restrictive insurance coverage, particularly for Medicare and other specific plans, pose significant challenges.
- Variability in health care quality, such as long wait times and inconsistent care standards, create additional barriers to health care access and contribute to a decline in trust in the health care system.

Introduction

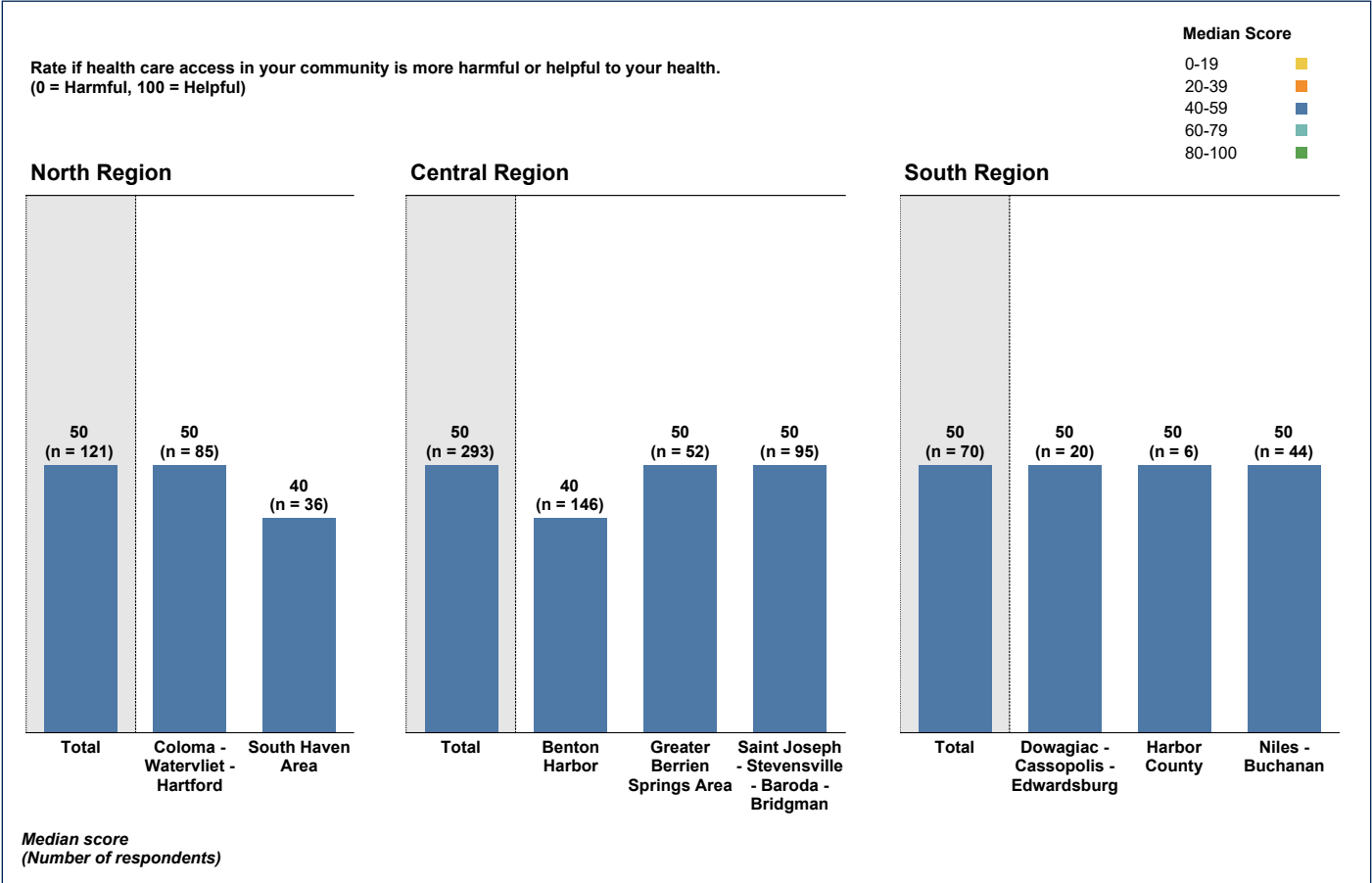
Access to health care is a pressing issue across Southwest Michigan, where transportation barriers, high costs and limited provider availability restrict timely and essential care. These challenges affect all aspects of health, from primary and mental health services to specialized care, disproportionately impacting families with complex needs. For many, reliable transportation and affordable child care remain hurdles to accessing appointments. As one resident noted, “Walking with three kids trying to get to the doctor’s office ... it’s really hard to find transportation ... to the hospital, an appointment or wherever they have to go,” which underscores the hardship.

Additionally, participants in interviews, focus groups and surveys reported that restricted clinic hours, minimal Medicare and Medicaid acceptance, and scarce local services often force residents to travel or pay high out-of-pocket costs to access services. These observations are supported by secondary data: The Health Resources and Services Administration designates multiple facilities in Berrien County as Health Professional Shortage Areas (HPSAs) for primary, dental and mental health care, underscoring a critical provider shortage in this community.¹⁷ Suggestions for mobile clinics, extended service hours and community-based health care events reflect a growing need for accessible, comprehensive care tailored to the needs of Southwest Michigan communities.

Perceived access to health care resources varied across subregions. Figure 6.1 illustrates the regional breakdown of how respondents rate health care resources in their communities, with scores indicating whether access is perceived as harmful or helpful to health on a scale from 0 (harmful) to 100 (helpful). The regions analyzed are north, central and south, each with an overall “total” category summarizing responses for the region, followed by individual subregion scores.

¹⁷Health Resources and Services Administration. HPSA Find. Accessed October, 2024. data.hrsa.gov/tools/shortage-area/hpsa-find

Figure 6.1 Perceived status of health care resource access by region and subregion



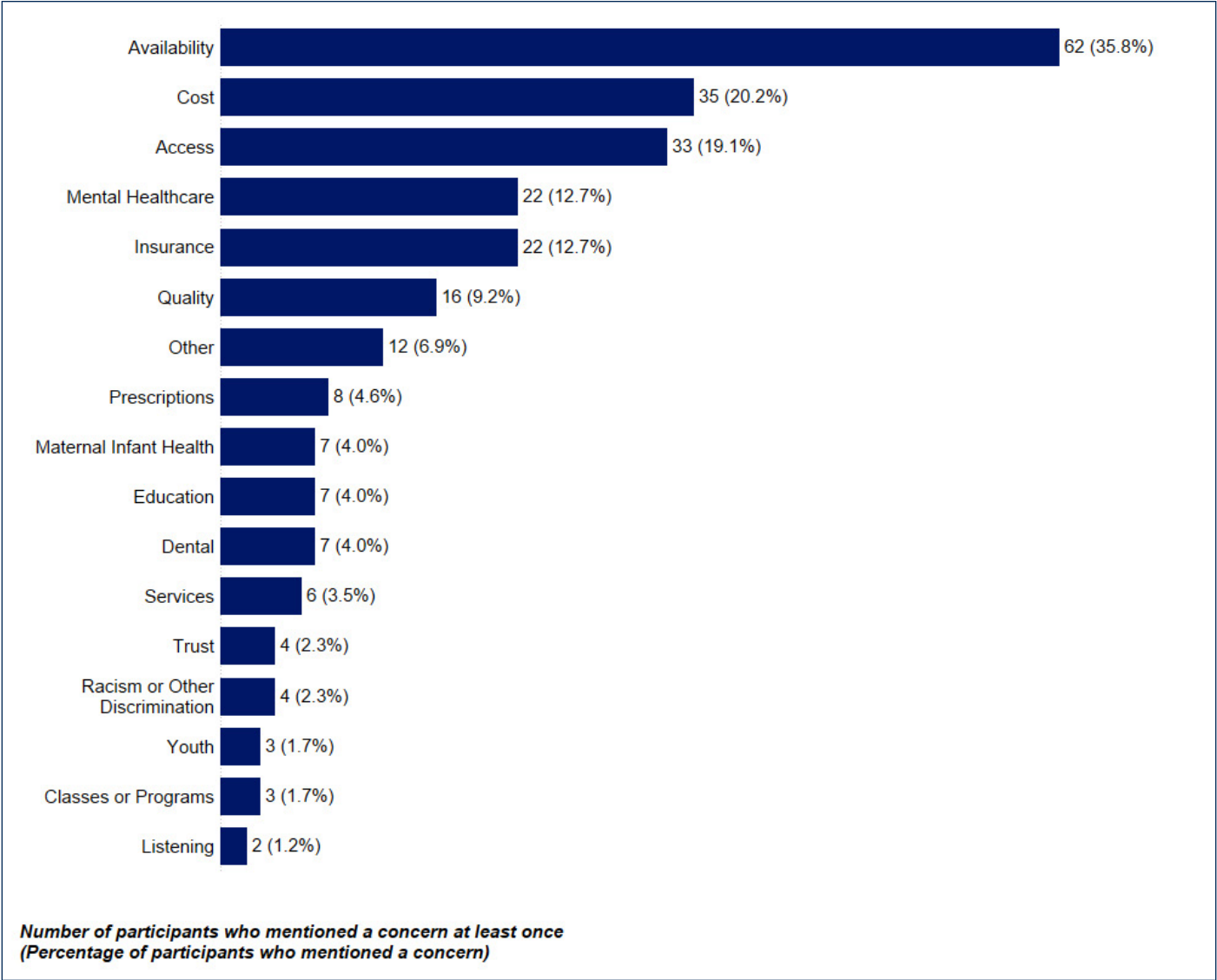
North region: The median score for the overall region is 50, based on 121 respondents.

Central region: The overall median score is 50, from 293 respondents. Subregions such as the greater Berrien Springs area and Saint Joseph have similar scores, while Benton Harbor has a slightly lower median score of 40.

South region: The total median score is 50, based on 70 respondents. All subregions within this area also recorded a median score of 50.

Figure 6.2 illustrates the top concerns identified regarding access to health care, with 35.8% of respondents indicating availability of resources as a concern, followed by cost (20.2%) and access (19.1%).

Figure 6.2 Top subthemes related to health care access concerns



Availability of health care

Access to health care remains a persistent challenge, with many facing barriers due to transportation, limited service hours and facility closures. The availability of essential services, particularly in rural areas, is often restricted, forcing residents to travel considerable distances or rely on costly transportation. As one community member expressed, “Access to affordable, healthy food and transportation is critical, but it’s so hard to find options that actually fit our needs.” Such limitations highlight a systemic gap in service availability that impacts even basic health needs.

According to the BRFSS, 18.8% of Berrien County adults report lacking a personal doctor.¹⁸ Respondents highlight a few potential contributing factors, specifically the financial strain that the cost of health care and insurance coverage issues pose. Respondents also emphasized that the high costs of medical visits, procedures and medications are exacerbated by restrictive insurance policies that exclude necessary services or decline coverage. Frustrations over these obstacles are common, as individuals with public health insurance often find limited provider options. One respondent captured this frustration: “Why don’t you accept Tricare? It’s hard to manage costs when options are so limited.” This sentiment reflects how cost and coverage restrictions create barriers that deeply impact the community’s well-being.

¹⁸Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System (BRFSS). 2018-2019. [cdc.gov/brfss/index.html](https://www.cdc.gov/brfss/index.html)

Service quality is another area of concern. Residents often report long wait times, rushed appointments and inconsistent care standards, leading to unmet health needs. For instance, preventable hospitalizations in Berrien County — a measure for ambulatory care access and quality as well as hospital quality — are significantly higher among African American or Black residents than white residents, highlighting racial inequities.¹⁹ These experiences underscore a broader concern with the health care system: Service availability does not always equate to meaningful, patient-centered care due to variety of issues, including those mentioned here.

The influence of poverty and trauma on health access

In these communities, poverty and trauma shape individuals' engagement with health care. Many face a reality in which financial insecurity dictates nearly every aspect of life, making health care feel like a luxury rather than a right. As one resident shared, "When you can barely afford to live, health care isn't an option — it's just another cost you can't cover." Here, essential needs like housing, food and transportation take precedence over medical care, perpetuating a cycle of unmet health needs and financial stress.

Trauma, whether from ACEs, community violence or generational hardship, compounds these issues. Lacking trauma-informed care, the health care system often falls short of understanding or supporting these residents' unique needs. One individual voiced this sentiment: "After everything I've been through, I don't trust that anyone understands what I need." This mistrust reveals how trauma not only impacts health but also undermines trust in health care, making meaningful patient-provider connections challenging.

Economic stability and housing as health determinants

Economic instability and housing insecurity are closely linked to health outcomes.²⁰ For many respondents in Southwest Michigan, work opportunities are often low paying and lack health benefits, preventing families from achieving financial security. This precarious employment landscape forces many into a cycle of transient work, with missed workdays for health reasons jeopardizing job security. For many people, the lack of stable employment and benefits exacerbates barriers to health care.

Unstable or inadequate housing further compounds health risks. Poor housing conditions, like unreliable heating or unsafe environments, directly and indirectly harm residents' health. This instability particularly affects children, as parents struggle to create a safe, nurturing environment amid uncertain housing. For these families, accessing and prioritizing health care becomes nearly impossible.

Community vision for improved health care access

Proximity and availability: Residents stress the importance of nearby health care facilities to reduce the need for long-distance travel. With multiple facilities in Berrien County designated as HPSAs for primary, mental and dental care, the daily impact of health care scarcity is profound.²¹ Suggestions include mobile clinics, community events and reliable public transportation to bridge the gap for individuals lacking travel options.

Affordability: Even with insurance, high out-of-pocket costs remain prohibitive. Reducing financial barriers could ensure that preventive care and necessary treatments are accessible to all residents.

Quality, compassionate care: A standard of care that prioritizes empathy, continuity and cultural competence is essential. The community envisions compassionate, trauma-informed health care as a vital component of an equitable system.

¹⁹University of Wisconsin Population Health Institute. County Health Rankings and Roadmaps: Berrien County, Michigan. 2021. countyhealthrankings.org

²⁰World Health Organization. Housing and Health Guidelines. 2018. who.int/publications/i/item/9789241550376

²¹Health Resources and Services Administration. Shortage Designations in Berrien County. Accessed October, 2024. data.hrsa.gov/tools/shortage-area/hpsa-find

Priority health need 3: Economic and employment conditions

Key findings

- Respondents frequently described stagnant or insufficient wages as a major barrier to financial stability, leaving many unable to cover basic expenses. This struggle to maintain a livable income has left some feeling trapped in a cycle of economic insecurity.
- Rising prices for essential goods and services were a recurring theme, with many respondents emphasizing how inflation outpaces their income growth, forcing difficult choices—some even cutting back on necessities to make ends meet.
- Many respondents identified high housing costs and limited availability as significant issues, with affordable options increasingly scarce. This has led to housing instability, making it challenging for families to secure safe, permanent residences.
- The lack of stable, accessible job opportunities contributes to financial hardship, with some individuals struggling to find consistent work. This instability exacerbates difficulties in managing household expenses and planning for the future.

Introduction

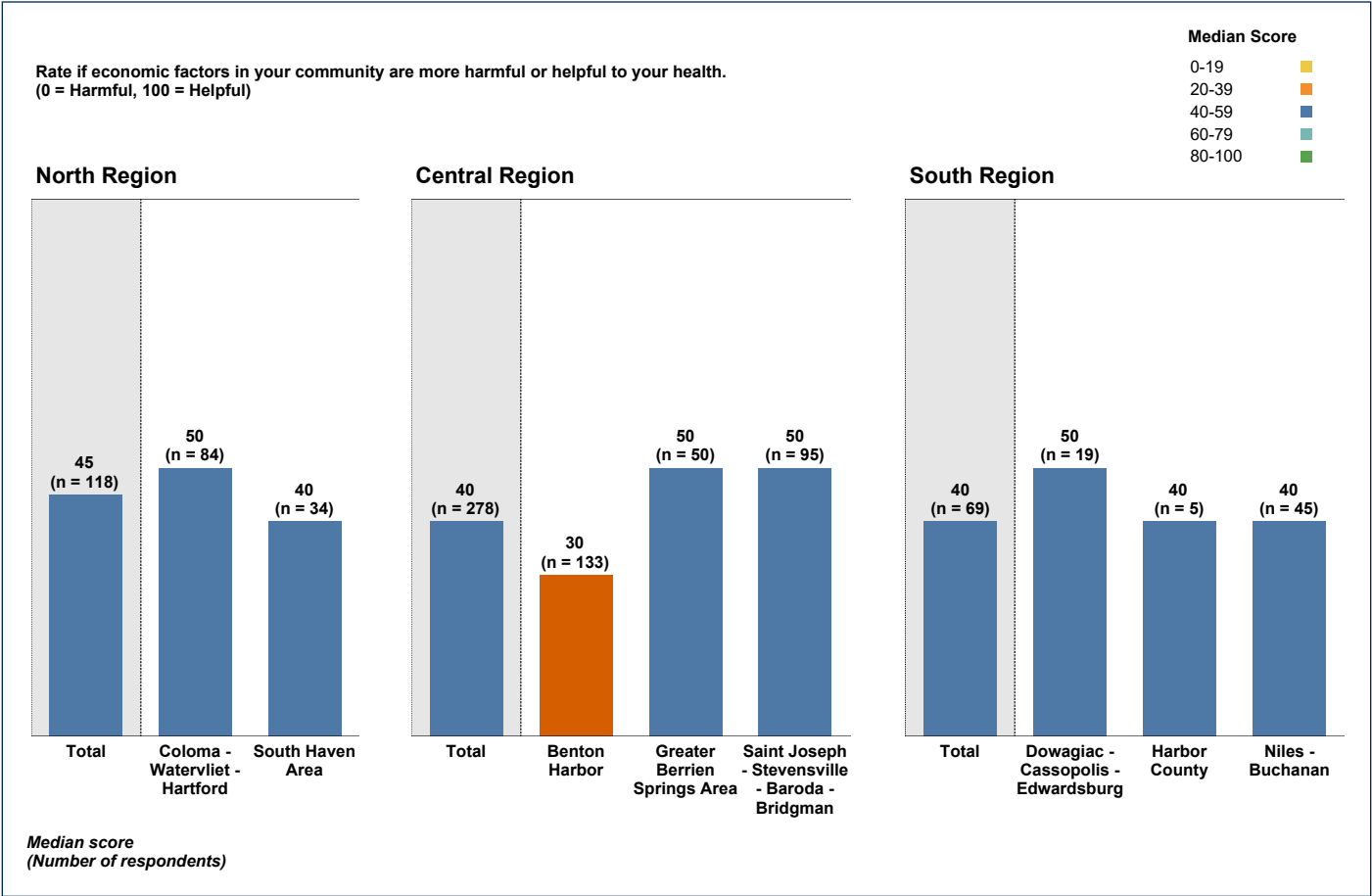
Economic security and employment play a crucial role in low-income communities, where financial instability often intersects with broader health issues. When individuals and families face inadequate wages, rising living costs and limited job opportunities, these stressors contribute to housing insecurity, limited access to nutritious food and challenges in affording health care as reported by residents in interviews, focus groups and surveys. Financial pressures create an environment in which economic instability perpetuates health disparities, underscoring the need for systemic support to foster stable, thriving communities. Economic conditions have been shown to significantly impact both mental and physical health, with chronic financial strain linked to stress-related illnesses like heart disease and diabetes as well as depressive symptoms and major depressive disorder.^{22,23,24}

²²American Heart Association News. "Stress and Heart Health." 2014.
heart.org/en/healthy-living/healthy-lifestyle/stress-management/stress-and-heart-health

²³Egert, Susan, Paula Braveman, and Colleen Barclay. Stress and Health. 2011.
rwjf.org/content/dam/farm/reports/issue_briefs/2011/rwjf70441

²⁴Amiri, S. "Prevalence of Depression Symptoms in the U.S." PubMed, 2021.
pubmed.ncbi.nlm.nih.gov/34259616

Figure 7.1 Perceived status of economic factors by region and subregion



Perceived status of community economic health varied across subregions. Figure 7.1 illustrates the regional breakdown of how respondents rated the economic factors in their communities. The scores represent perceptions of access, ranging from harmful (0) to helpful (100) to health. The regions include north, central and south, each with a “Total” category summarizing the responses, followed by individual area responses within each region.

North region: The median score for the entire region is 45, based on 118 respondents. Within this region, the Coloma-Watervliet-Hartford subregion had a median score of 50, and South Haven also scored 40.

Central region: The overall median score here is 40, with 278 respondents. Certain subregions, such as the greater Berrien Springs area and Saint Joseph, had slightly higher median scores of 50, while Benton Harbor scored lower at 30.

South region: The total median score for this region is 40, based on 69 respondents. The Dowagiac-Cassopolis-Edwardsburg area scored a median of 50, and Harbor County and Niles-Buchanan both scored 40.

Figure 7.2 illustrates concerns about the economy and employment: 26.7% of respondents identified the housing market as a concern, followed by income at 22.7% and the cost of living at 20%. Figure 7.3 shows the most important economic and employment needs for a thriving community, with 31.3% of respondents identifying income and 21.5% pointing to the housing market as the top two priorities.

Figure 7.2 Top subthemes related to economic and employment concerns

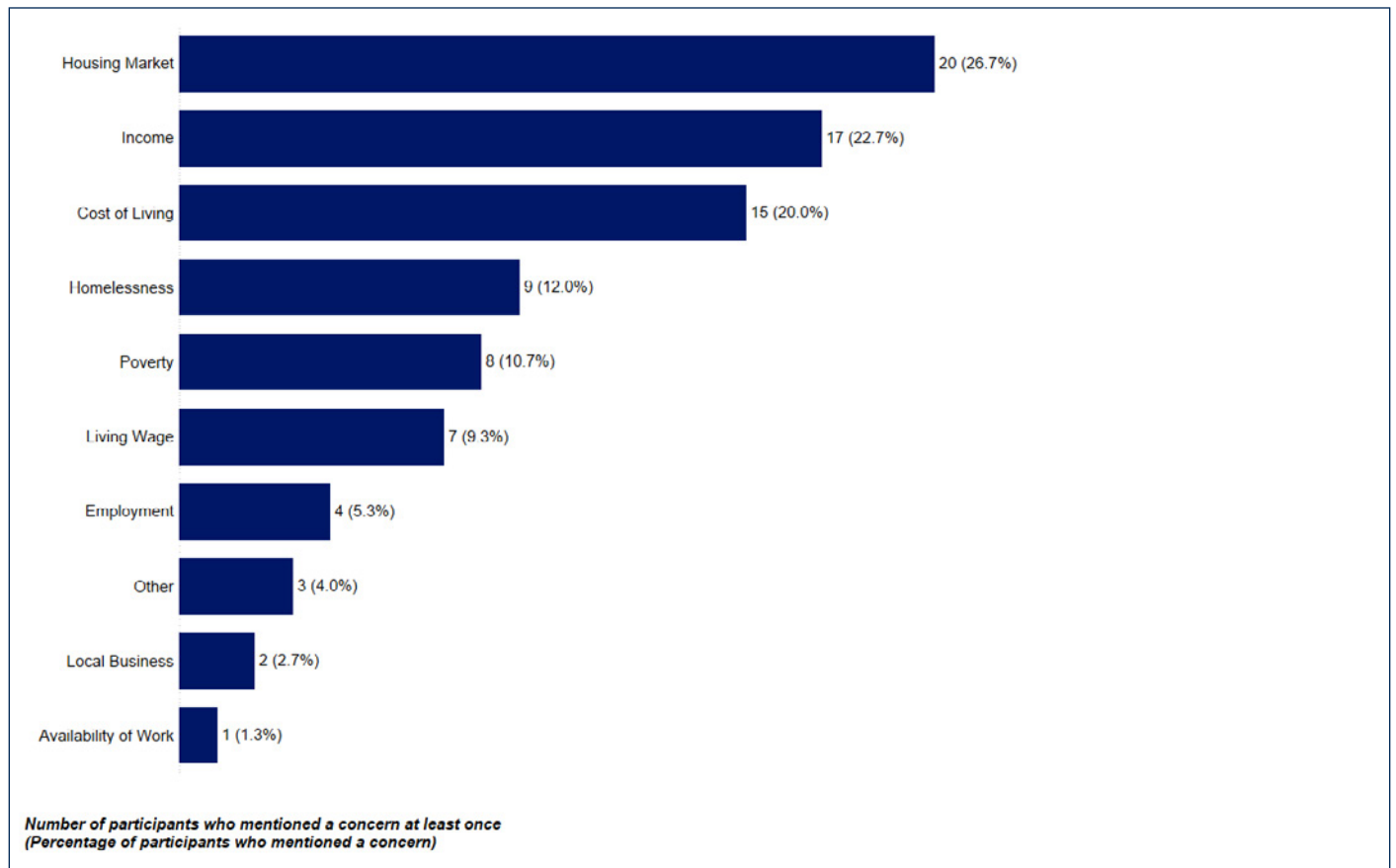
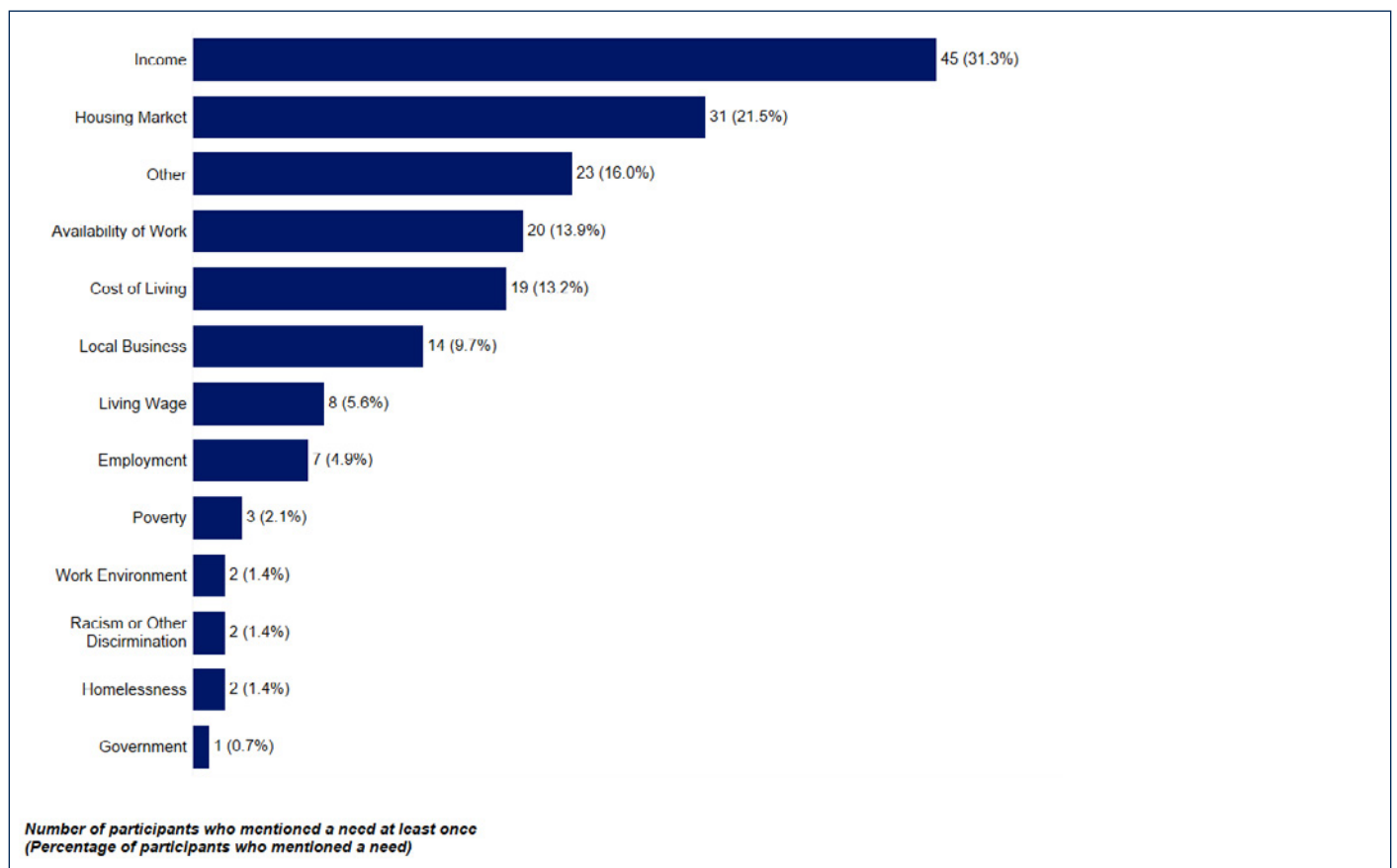


Figure 7.3 Top subthemes related to economic and employment concerns in response to the question regarding what is needed for the respondent's community to thrive



Income and the cost of living

In conversations with communities, income emerged as a persistent source of financial strain, with many describing the impact of stagnant or insufficient wages on meeting essential needs. Participants emphasized that despite working long hours, their pay barely covers basic expenses, trapping them in a cycle in which additional effort yields little financial improvement. As one respondent expressed, “No matter how many hours I work, it feels like my paycheck is already gone before I even get it.” This sentiment underscores the frustration felt by many and highlights a common economic challenge: the gap between effort and financial security.

The escalating cost of living has become a pressing issue for respondents, as rising prices for essentials like groceries, health care and utilities strain limited budgets. Many respondents noted that the cost increases have forced difficult choices, such as cutting back on necessities to manage expenses. A respondent captured this challenge succinctly: “Even buying groceries feels like a luxury these days.” National trends indicate that the cost of living has risen steadily, often outpacing income growth, which places additional financial strain on individuals and families who are already facing economic challenges.²⁵

For members of minoritized groups (e.g., racial and ethnic minorities and gender and sexual minorities), this struggle can be exacerbated by workplace discrimination, which limits earning potential and promotion opportunities. Respondents highlighted how systemic discrimination—whether through overt biases or subtle barriers in the workplace, health care or housing — compounds economic challenges. Many expressed that this bias requires additional resilience to keep pace financially, as one LGBTQIA+ individual summarized: “It’s like I’m running uphill twice as hard because of who I am, and it feels like starting from behind every time.” These accounts reflect a need for comprehensive strategies to dismantle barriers and create equitable access to opportunities for all community members.

Availability of stable, well-paid employment

The instability of the job market contributes to ongoing economic challenges, with many respondents describing difficulty in finding stable employment that offers adequate wages and benefits. The lack of stable work adds to financial insecurity, making it nearly impossible to plan for the future or consistently meet immediate needs. A respondent highlighted this frustration saying, “Jobs are either temporary or they pay too little; there’s no in-between.” This illustrates the need for employment solutions that prioritize stability and growth potential.^{26,27}

Housing market: limited affordable options and growing instability

Housing challenges are significant, with respondents facing an acute shortage of affordable options. Many described the difficulty of finding stable housing due to rising rents and limited availability, even when employed. This housing instability has far-reaching consequences, affecting families’ well-being as they struggle to secure safe, affordable residences. As one person explained, “Rent keeps going up, but there’s nowhere else to go that we can afford.” Respondents have observed that a scarcity of affordable housing leaves families in precarious situations, often without viable options. Additionally, housing insecurity has been associated with poor health outcomes, as it can lead to increased stress and reduced access to stable health care.^{28,29,30}

²⁵Federal Reserve Bank of Atlanta. Small City Economic Dynamism Index Version 3. 2019.

frbatlanta.org/-/media/documents/community-development/data/small-city-economic-dynamism/small-city-economic-dynamism-index_data-table.pdf

²⁶Sommeiller, Estelle, and Mark Price. The New Gilded Age: Income Inequality in the U.S. by State, Metropolitan Area, and County. 2018.

epi.org/publication/the-new-gilded-age-income-inequality-in-the-u-s-by-state-metropolitan-area-and-county

²⁷Golden, Lonnie. Still Falling Short on Hours and Pay: Part-Time Work Becoming New Normal. 2016.

epi.org/publication/still-falling-short-on-hours-and-pay-part-time-work-becoming-new-normal

²⁸American Heart Association News. “Stress and Heart Health.” 2014.

heart.org/en/healthy-living/healthy-lifestyle/stress-management/stress-and-heart-health

²⁹Egarter, Susan, Paula Braveman, and Colleen Barclay. Stress and Health. 2011.

rwjf.org/content/dam/farm/reports/issue_briefs/2011/rwjf70441

³⁰Currie, Janet, and Mark Stabile. “Socioeconomic Status and Child Health: Why Is the Relationship Stronger for Older Children?”

American Economic Review. aeweb.org/articles?id=10.1257%2F000282803322655563

Intersecting economic challenges and the need for structural support

Survey responses paint a layered picture of economic strain, with recurring themes of income limitations, rising costs, housing insecurity and employment instability that collectively underscore financial instability. Each issue reveals a unique facet of the economic pressures faced by households, while together they form a narrative of a system struggling to support sustainable livelihoods. Income limitations, in particular, highlight the challenge of achieving financial stability, as respondents often described stagnant wages that barely stretch to cover basic needs. Rising costs for essentials further compound these issues, forcing difficult choices as families stretch limited incomes across expenses.

Community and institutional responses to economic instability

Community members highlighted the importance of local businesses as pillars of economic stability and social cohesion, expressing concern over how small businesses struggle against larger corporations. This erosion of local economic resilience not only threatens job opportunities but also impacts the social fabric that defines the community's identity. Respondents emphasized the need for support structures to ensure local businesses can thrive, given that their success directly influences access to resources and community well-being.

In addition to local business support, government intervention was cited as critical, albeit with mixed sentiments. Many respondents expressed frustration over bureaucratic barriers that hinder or delay access to essential support, such as affordable housing, job training and social services. This sense of inefficiency leaves low-income households feeling unsupported, despite the potential for responsive policies to ease financial burdens.

Community calls for economic security and employment

Accessible and fairly compensated employment opportunities: Respondents emphasized the need for more available jobs that offer fair wages, adequate benefits and a path to financial stability. They expressed frustration with current low-wage positions that do not cover basic living expenses, calling instead for employment that genuinely supports families and contributes to individual growth.

Support for local businesses and economic revitalization: Many community members see local businesses as essential to economic resilience, advocating for support to help these businesses thrive and, in turn, create jobs. Suggestions included revitalizing downtown areas, attracting diverse businesses and ensuring local businesses have resources to compete with larger corporations.

Affordable cost of living aligned with wages: Rising costs, particularly in housing and transportation, are cited as key barriers to economic security. Community members called for either an increase in living wages or a reduction in basic costs to help families achieve stability without being stretched thin financially.

Priority health need 4: Social cohesion

Key findings

- 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 of these organizations and to facilitate authentic conversations with leaders.
- Community members have identified the need for affordable and diverse activities (e.g., art clubs and sports) for youth the engage in.
- Respondents also identified the need for more opportunities to gather (e.g., neighborhood and community events) and opportunities to engage with individuals with diverse backgrounds from many communities.

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 well-being are central to socially cohesive communities.³¹

Social connections and caring behaviors are associated with lower stress and reduced release of stress hormones, which are causally linked to a reduced risk of cardiovascular, gastrointestinal, endocrine and immune system problems.³² Other indicators of social cohesion, such as trust, are associated with reduced mortality.³² While it is important to note that increasing social cohesion is important for individual-level impact on health outcomes, it is also an important lever for community power building and collective action. Both of these activities are essential for long-term and sustained efforts to improve health outcomes.

Some indicators of community cohesion include people assisting with 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.³⁴

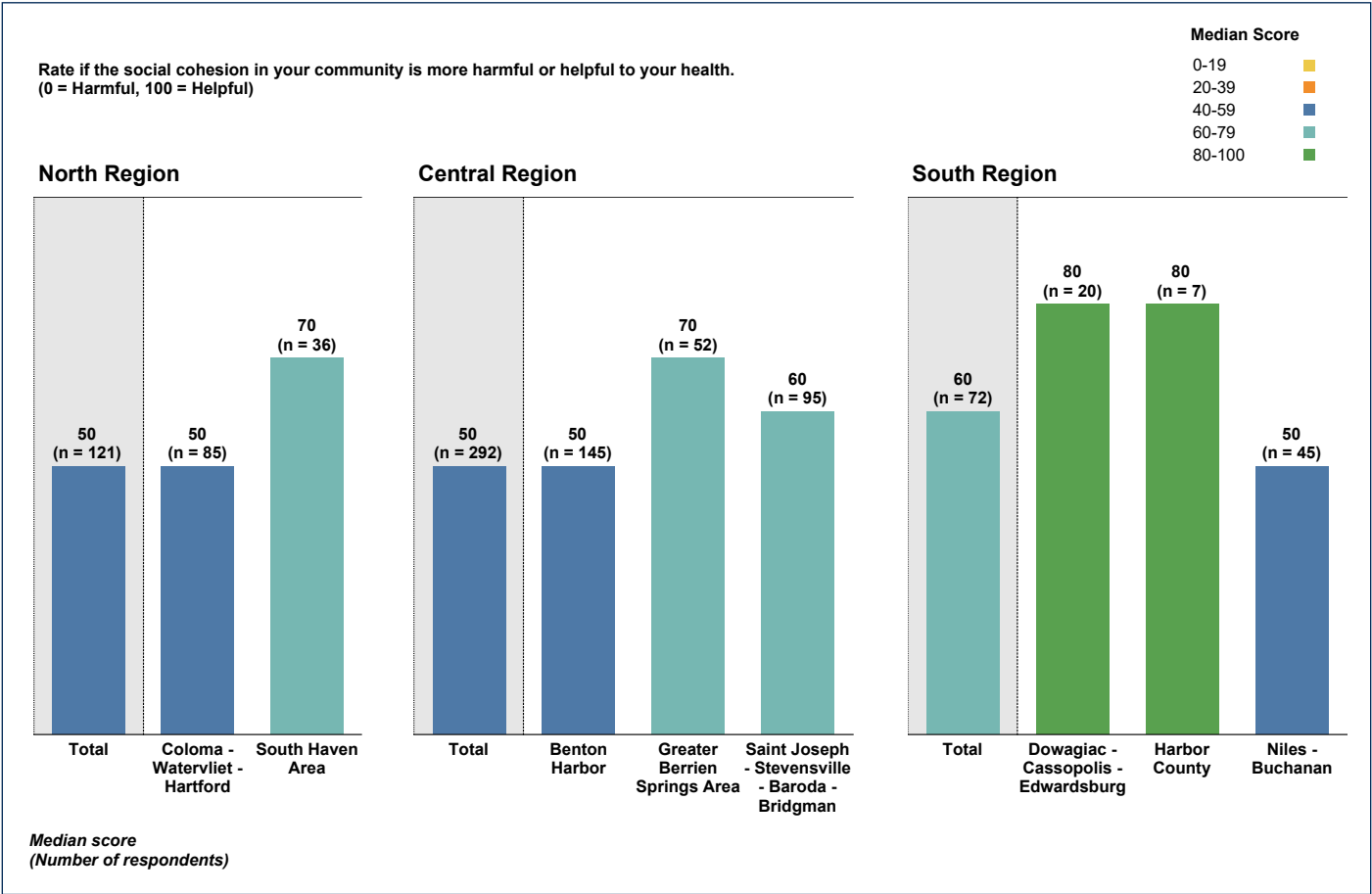
³¹Social cohesion overlaps and is often used interchangeably with the term social capital. While they are related, social cohesion typically refers to group closeness, solidarity, connectedness and commitment to a body of shared values, beliefs and norms. Social capital refers to trust, reciprocity, mutual aid, social support, and other social assets, resources or networks. Social capital is a measure or indicator of social cohesion.

³²Harvard Health Publishing. “The Health Benefits of Strong Relationships.” Last modified December 1, 2010. health.harvard.edu/newsletter_article/the-health-benefits-of-strong-relationships

³³Ruiz, M. A. “Trust and Mortality in the Contemporary United States.” *Journal of Epidemiology and Community Health* 73, no. 4 (2018): 285–286. doi.org/10.1136/jech-2018-211602

³⁴Litman, T. “Community Cohesion as a Transport Planning Objective.” Last modified 2014. todresources.org/resources/community-cohesion-as-a-transport-planning-objective

Figure 8.1 Perceived status of community social cohesion by region and subregion



Perceived status of community social cohesion varied across subregions. Figure 8.1 illustrates the regional breakdown of how respondents rated social cohesion in their communities. The ratings reflect perceptions of whether access is viewed as harmful or helpful to health, on a scale from 0 (harmful) to 100 (helpful). The regions included are north, central and south, each with a summarized “Total” category and individual area responses.

North region: The median score for the overall region is 50, based on 123 respondents. The Coloma-Watervliet-Hartford subregion also has a median value of 50. South Haven reports a higher median score of 70 based on 123 respondents.

Central region: The overall median score is 50, derived from 292 respondents. Subregions such as the greater Berrien Springs area (70) and Saint Joseph (60) have slightly higher medians than Benton Harbor, which stands at 50.

South region: The total median score is 60, based on 72 respondents. The Dowagiac-Cassopolis-Edwardsburg and Harbor County subregions each have a median score of 80. The Niles-Buchanan subregion reports a median score of 50.

Figure 8.2 Top subthemes related to social cohesion in response to the question regarding what is needed for the respondent’s community to thrive

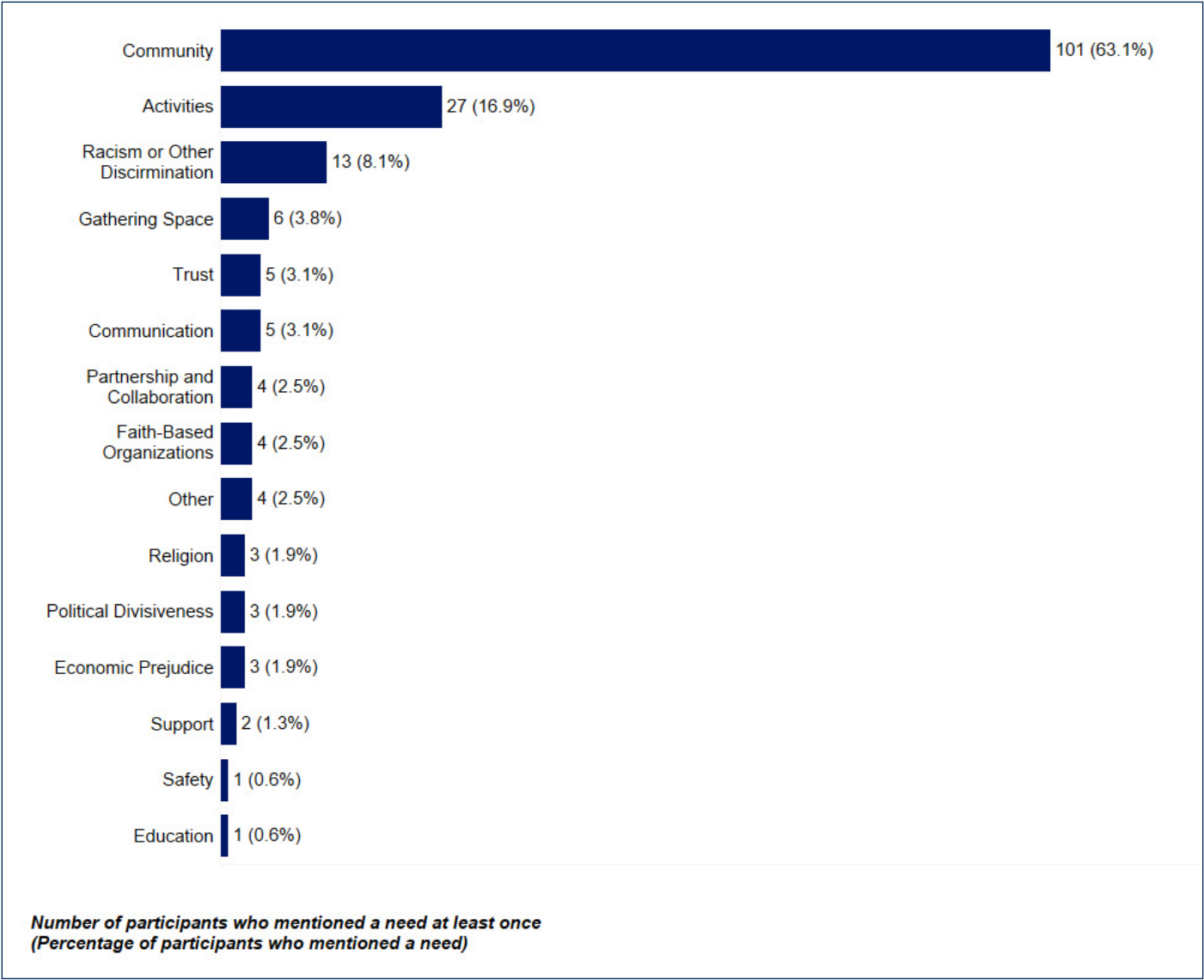


Figure 8.2 illustrates the most important social cohesion needs for a thriving community, with 63.1% of respondents identifying a sense of community and 16.9% pointing to activities in the community as the top two priorities.

Community

The most common topic related to social cohesion discussed in the survey was community. Specifically, respondents talked about the desire for communities where people take care of one another and their neighborhoods (e.g., checking in on neighbors, helping with car troubles and keeping the community spaces clean). Respondents to the survey and participants in focus groups and interviews frequently discussed the need for connection and collaboration as well as barriers to achieving this in their communities.

Regarding the need for connection, community members discussed that there is a lack of interaction with one another and that the sense of community

is constrained by divisions based on race, religion, politics and education. This fragmentation leads individuals to focus on their own groups, neglecting those outside their immediate circles. They feel that, in contrast, a thriving community would value and care for all its members, regardless of differences. Respondents indicated that it is essential to address racial concerns and form diverse groups in which people can meet, get to know each other and build trust. It was also indicated that the lack of interaction between individuals is problematic for other reasons. As one respondent said, “It’s hard to have a community when no one interacts because everyone wants to be by themselves and self-sufficient.” This tendency toward self-sufficiency

and lack of connection was noted by another respondent as contributing to isolation. Loneliness and isolation were identified by the surgeon general as a public health crisis, who stated that lacking connection can increase the risk of premature death to levels comparable to smoking daily.³⁵

In addition to contributing to loneliness, this lack of connection also limits the ability to take collective action. Participants in CHNA activities identified that for their communities to thrive, collaboration is a must. Respondents desired to see more collective action within communities to address their most pressing needs. They also discussed the need for organizations to work collectively to address concerns.

One of the major limitations to collaboration for collective action described by community members was a lack of collaboration by leaders in the community. For example, respondents indicated that frequent conflicts and disagreements among community leaders result in stalled progress and unmet goals. There is a perception that in some municipalities, there's an absence of proactive planning to enhance health, safety and overall quality of life. Decisions are often avoided to sidestep controversy, leading to stagnation rather than meaningful change. Others stated that meetings of local boards, commissions and school boards are often unproductive, dominated by arguments rather than constructive decision-making. Overall, when community members discussed local leadership, there was the sense that local leaders should focus on creating a community where the needs of the people come first and political agendas are secondary. The need for more equitable representation was also highlighted (e.g., youth voices), as current decisions often reflect the interests of a small minority rather than the majority of the population.

Activities

Community members discussed the lack of activities and opportunities to gather and connect to others as a contributor to a lack of social cohesion. One common point made by many respondents was there are not many options regarding places to meet others. While many did indicate that churches are an option, some respondents noted that this is not a solution for everyone: "Sometimes to build community, you must go to churches. If you don't go to church, then like you're ... you're on your own."

Further discussion revolved around the need for more activities and events for both youth and adults, as well as family-friendly options that do not require traveling out of town. Community members acknowledged that community and neighborhood gatherings do occur but that they should be more frequent and varied, not limited to annual fairs or festivals. Residents in rural areas and some cities expressed that they have fewer options than neighboring affluent cities, which offer more social events and activities. Lastly, a frequent discussion point was regarding the importance of providing social activities for youth. Specifically, there is a need for a diverse range of activities for children, including art clubs, sports and other hobbies. However, it was noted that the cost of activities can be prohibitive for many families, who struggle to afford both basic necessities and extracurricular activities for their children.

Community calls for social cohesion

Opportunities to engage: Community members emphasized the importance of strong social networks. They determined that strong networks would facilitate the sharing of resources and information and would help to reduce isolation and increase community support. They suggested that creating and maintaining spaces where people can gather, such as parks, community centers and local events, can foster relationships and a sense of belonging. They called out the need to encourage interactions between different age groups to share knowledge and experiences, which can strengthen community bonds and mutual support.

Engaged leadership: Respondents had several recommendations on how government and organizational leadership can contribute. They stated that leaders should be inclusive and represent the diverse demographics of the community to address the needs of all community members and foster trust. Additionally, leaders need to instill hope and a positive vision for the future. This involves believing in the potential of the community and encouraging others to get involved and contribute.

Increase awareness and accessibility: Respondents emphasized the importance of increasing awareness of services and community activities through avenues such as local news, newsletters and community boards. Respondents also indicated the importance of addressing transportation issues to ensure that all community members can participate in events and access services.

³⁵U.S. Department of Health and Human Services. "New Surgeon General Advisory Raises Alarm About the Devastating Impact of the Epidemic of Loneliness and Isolation in the United States." Last modified May 3, 2023. hhs.gov/about/news/2023/05/03/new-surgeon-general-advisory-raises-alarm-about-devastating-impact-epidemic-loneliness-isolation-united-states.html

Priority health need 5: Nutrition environment

Key findings

- The cost of healthy food was the most common concern of survey respondents. Focus groups and interviews revealed that while less expensive options may be available (e.g., from supermarkets, farmers markets or senior food boxes, these options are not available year-round or are inaccessible without transportation.
- 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 concentrated geographically 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.³⁶ However, fruit and vegetable consumption remains low in Michigan and Berrien County. According to the latest Berrien County BRFSS, in 2018-2019, 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, with 36.4% of Michigan adults consuming less than one fruit a day and 18.5% of Michigan adults consuming less than one vegetable a day.³⁷

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 previous CHNAs, research demonstrates that behaviors (e.g., eating patterns) are driven by factors largely outside of individual control.³⁸ These include:

- **Policy variables:** For example, the U.S. government subsidizes certain 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) and their physical proximity to neighborhoods is associated with the availability of healthy foods. Additionally, store hours of operation dictate the accessibility of that food (e.g., stores open 9 a.m. to 5 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.

³⁶U.S. Department of Health and Human Services and U.S. Department of Agriculture. Dietary Guidelines for Americans 2015-2020. 8th ed. [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)

³⁷Berrien County Health Department. 2018-2019 Berrien County Behavioral Risk Factor Surveillance Survey. 2020. berriencounty.org/Archive/ViewFile/Item/528

³⁸Glanz, K., Sallis, J. F., Saelens, B. E., and Frank, L. D. "Healthy Nutrition Environments: Concepts and Measures." American Journal of Health Promotion 19, no. 5 (2005): 330-ii. doi.org/10.4278/0890-1171-19.5.330

Figure 9.1 Top subthemes related to the food environment

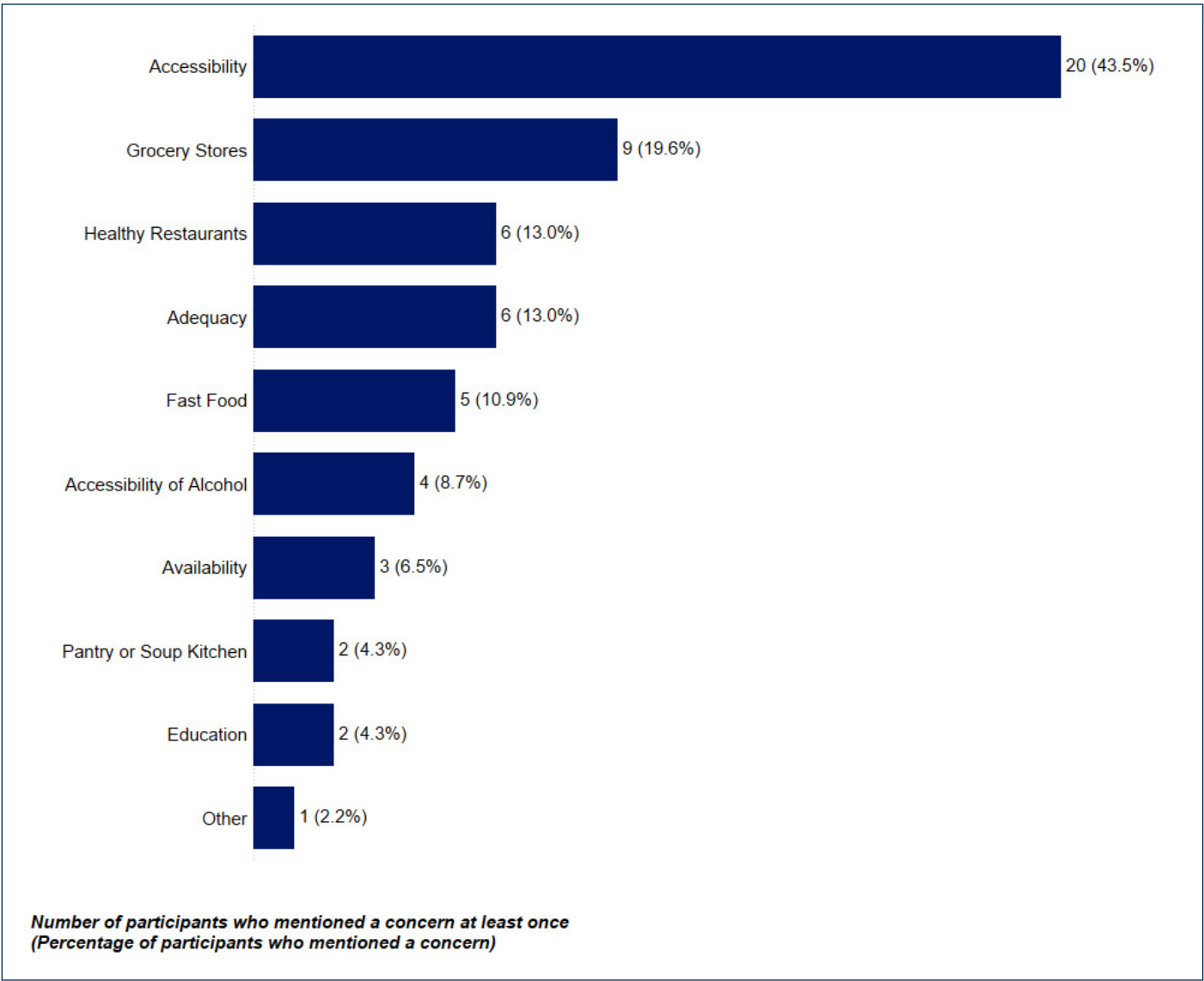
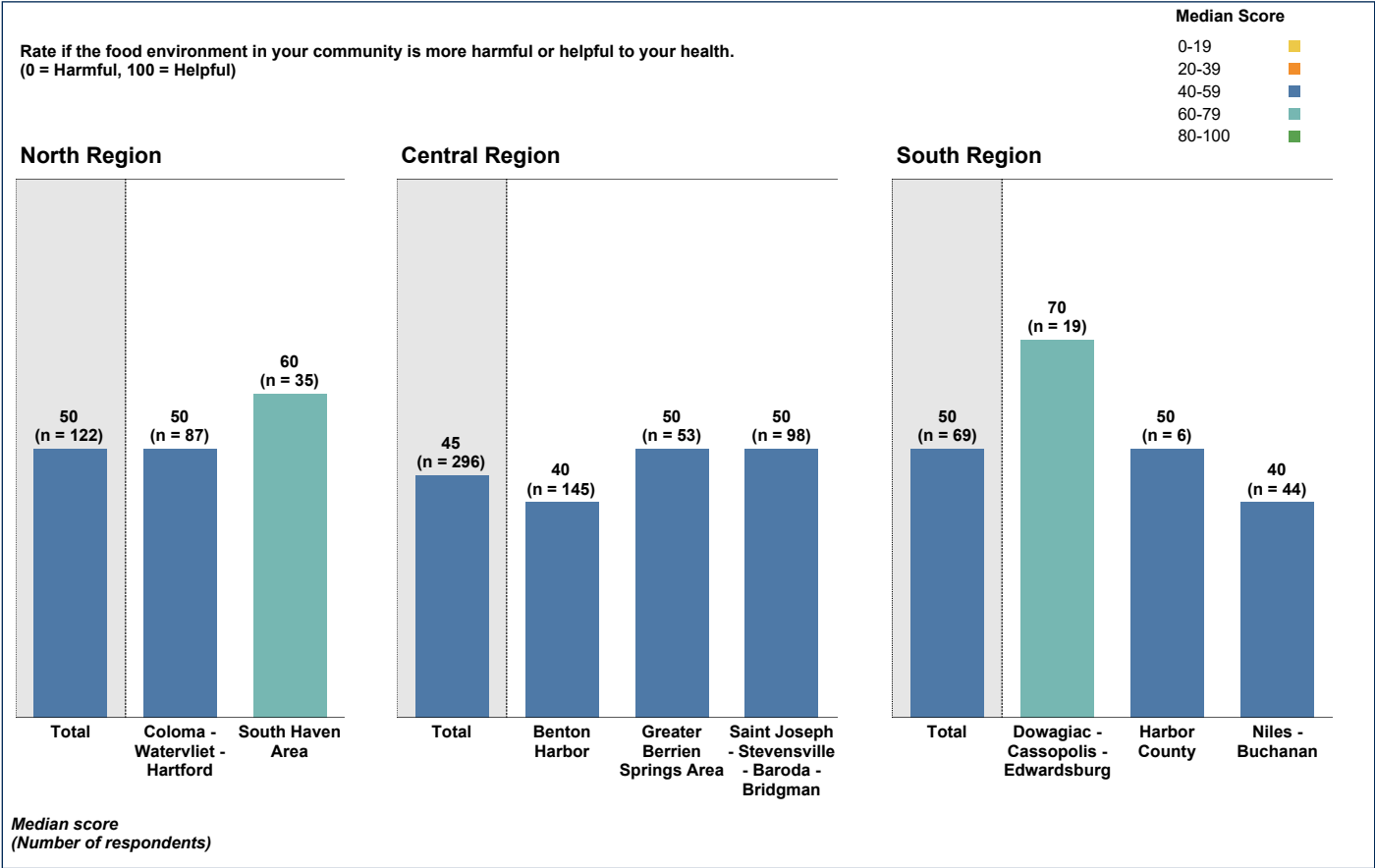


Figure 9.1 outlines key concerns regarding the food environment. Accessibility was the primary concern identified (43.5%), followed by grocery store availability (19.6%). The following sections will describe these subthemes in greater detail.

Figure 9.2 Perceived status of the community food environment by region and subregion



The perceived status of the community food environment varied across subregions. Figure 9.2 presents a regional breakdown of how respondents rated the food environment in their communities. Scores indicate whether access is perceived as harmful or helpful to health, on a scale from 0 (harmful) to 100 (helpful). The analysis includes three regions, north, central and south, each with a “Total” category summarizing responses for the entire region, followed by individual area responses.

North region: The median score for the overall region is 50, based on 122 respondents. The subregion of Coloma-Watervliet-Hartford has a median score of 50, while South Haven has a median score of 60.

Central region: The overall median score is 45, with 296 respondents. Subregions such as greater Berrien Springs area and Saint Joseph received slightly higher median scores of 50, whereas Benton Harbor had a lower median score of 40.

South region: The total median score is 50, from 69 respondents. Within this region, Dowagiac-Cassopolis-Edwardsburg recorded a median score of 70, Harbor County had a median score of 50, and Niles-Buchanan scored 40.

Accessibility

Access to healthy foods is ensured when individuals are physically and economically able to acquire food, such as grocery stores being open when individuals are able to shop and the products for sale being affordable and culturally acceptable. 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 cost as the primary access barrier, with some discussion around the time required to acquire healthy foods and some discussion of issues around transportation.

Survey respondents, focus group participants and key stakeholders talked at length about the need for affordable and healthy foods. One of the most common comments was that healthy foods are often more expensive than less healthy foods and that the amount of fresh produce that they can afford just doesn’t last long enough. One participant stated, “So it’s hard to eat kale because it’s expensive to eat. And when you’re stretching, you’re gonna get like a meal for two or three days. You’re just, you know ... you’re trying to make these meals happen.” Many participants identified inflation as a contributing factor to the lack of affordability and recognized that wages

and benefits are not able to keep pace with rising costs. This, respondents indicated, is causing increased food insecurity in the community.

Community members pointed to one community asset that helps them afford healthy food: farmers markets. Specifically, participants in focus groups discussed that some farmers markets accept food assistance, such as the Supplemental Nutrition Assistance Program and WIC Project FRESH coupons. Participants also stated that some, but not all, farmers markets were excellent locations for reasonably priced produce. However, there was a caveat: Participants stated that farmers markets are usually only open in the summer, limiting the helpfulness of these operations to a few months a year.

Focus groups and interviews yielded information on special challenges faced by students, seniors and caregivers. Specifically, time was a factor that was mentioned as a barrier for students and caregivers. Students indicated that it isn't always feasible to work full time in addition to going to school full time. This means that they are not able to afford healthy foods due to a lack of funds, which is compounded by the expense of healthy foods. Caregivers were also identified as individuals who are pressed for time due to their commitments. Individuals who care for and support seniors indicated that this population has special challenges in eating a healthy diet. For example, commodity boxes are available for seniors; however, a lack of transportation to pickup sites creates a barrier. Additionally, these free resources are not always foods that participants know how to use, which further limits seniors' ability to prepare healthy meals.

Availability of healthy foods and grocery stores

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.^{39,40} When grocery stores and supermarkets are not close by, community members relayed that these fast-food restaurants and convenience stores are often the default choice due to reasons such as issues with transportation.

Participants mentioned the presence of locally owned mom-and-pop stores close by as a benefit but with the

caveat that these stores are often more expensive. This is supported by research stating that food purchased from places like convenience stores is more expensive (up to 10% to 54% more costly) and of poorer quality than food from supermarkets or grocery stores.⁴¹ Additionally, participants also discussed needing to travel for higher-quality produce as well as more variety, however this was mentioned less frequently than the need for grocery stores where they live.

This finding is supported by data from the USDA.⁴² In Berrien County, there are 16 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 figure 9.3). 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. An Alternative measure of low access to supermarkets and grocery stores is access burden. Access-burdened census tracts are locations with a large population of people with low incomes and with low access to a supermarket or grocery store due to distance (greater than or equal to 20 miles away) or 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 G for more details). 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 (e.g., more inclined to buy shelf-stable foods, which are often higher in sodium).

Community calls for a better food environment

Accessibility of Healthy Foods: Many community members highlighted the need for more local grocery stores, especially those offering fresh produce and healthy food options. The lack of nearby grocery stores forces residents to travel long distances, which is a significant barrier for those without reliable transportation. Some members suggested the creation of community gardens as a way to provide fresh produce locally. These gardens can also serve as educational spaces where residents can learn about gardening and healthy eating. This would provide the additional benefit of creating a location for community gatherings, which was indicated as a community need.

³⁹Shareck, M., Lewis, D., Smith, N. R., Clary, C., and Cummins, S. "Associations Between Home and School Neighbourhood Food Environments and Adolescents' Fast-Food and Sugar-Sweetened Beverage Intakes: Findings from the Olympic Regeneration in East London (ORIEL) Study." *Public Health Nutrition* 21, no. 15 (2018): 2842–2851. doi.org/10.1017/S1368980018001477

⁴⁰Chen, H.-J., and Wang, Y. "Changes in the Neighborhood Food Store Environment and Children's Body Mass Index at Peripuberty in the United States." *Journal of Adolescent Health* 58, no. 1 (2016): 111–118. doi.org/10.1016/j.jadohealth.2015.09.012

⁴¹Gosliner, W., Brown, D. M., Sun, B. C., Woodward-Lopez, G., and Crawford, P. B. "Availability, Quality and Price of Produce in Low-Income Neighbourhood Food Stores in California Raise Equity Issues - CORRIGENDUM." *Public Health Nutrition* 22, no. 1 (2018): 184–185. doi.org/10.1017/S1368980018000058

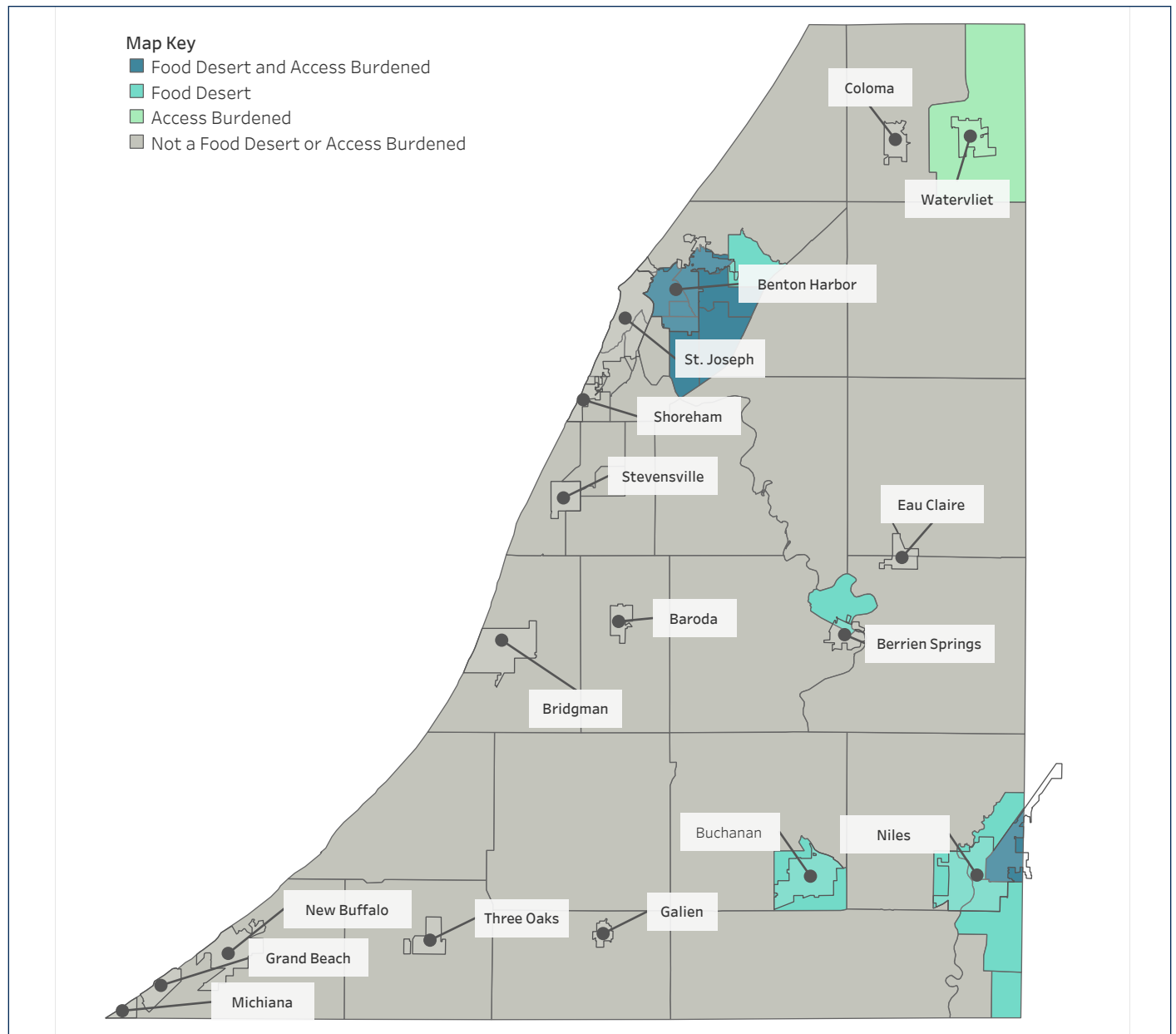
⁴²Economic Research Service. "Food Access Research Atlas." Last modified September 30, 2021. ers.usda.gov/data-products/food-access-research-atlas

Availability of appropriate foods: Community members want to see an increase in the availability of healthy food options, such as fruits, vegetables and other nutritious whole foods as well as organic foods. The community is concerned about the high number of liquor stores and fast-food outlets, and the desire to replace these establishments with healthier options was expressed.

Affordable healthy foods: Community members voiced the need for affordable pricing on nutritious, whole-food items to make them accessible to everyone, regardless of income. Suggestions to achieve this included providing subsidies or financial incentives for stores that offer healthy food options. Additionally, there was a call for better funding for food programs and initiatives that support low-income families.

Addressing barriers: Community members called for improving public transportation to ensure that all residents can easily access grocery stores and other food resources. They also suggested offering nutritional cooking classes, increasing awareness about healthy eating, and encouraging local businesses and organizations to participate in food drives and other community-based food programs to address food insecurity.

Figure 9.3 Census tracts in Berrien County with limited access to healthy food⁴³



⁴³Economic Research Service (ERS), U.S. Department of Agriculture (USDA). Food Access Research Atlas. April 2021 Release. ers.usda.gov/data-products/food-access-research-atlas

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.

Appendix A: Survey tool

2025 Community health needs assessment

Thank you for taking the time to complete the 2025-2027 Community Health Needs Assessment. As a resident of Berrien, Cass, or Van Buren County your input is invaluable to helping Corewell Health in Southwest Michigan and other community organizations to better understand the strengths and needs of our local population. This survey will ask you questions about health in your community, and what your community needs to promote joyful lives.

Please note: the information you provide in this survey will not be used to identify you in any way. If you have any questions about how your information will be used, or need assistance in completing the survey you may email us at shlpopulationhealth@spectrumhealth.org

1. Which county do you live in?

- ☐ Berrien
- ☐ Cass
- ☐ Van Buren
- ☐ None of the above

2. Which county do you work in?

- ☐ Berrien
- ☐ Cass
- ☐ Van Buren
- ☐ Not Applicable
- ☐ Other – write In: _____

The following questions are about the health of your community:

- When thinking about your community, think about the places you live, work, and play.
- As for health, think about all types of health: physical, mental, social, emotional, and spiritual.

3. What are the biggest health issues in your community?

4. For the following questions, please rate if each feature in your community is currently **more harmful or helpful to your health**. Harmful and helpful examples will be provided for each feature.

Food environment

Helpful examples: access to healthy foods, farmers markets, grocery stores, healthy restaurant choices, gardens and soup kitchens.

Harmful examples: too many fast food/unhealthy restaurants, cost of healthy foods higher than unhealthy foods, lack of healthy food/restaurant options and lack of access to grocery stores.

0 _____ [_____] _____ 100

Social cohesion and community connectedness

Helpful examples: churches, neighbors/friends, family, community events, volunteer opportunities and youth programs.

Harmful examples: negative people, lack of activities/community programs, feelings of isolation, racism and discrimination and polarized political environment.

0 _____ [_____] _____ 100

Physical infrastructure	<p>Helpful examples: sidewalks, bike lanes and non-motorized paths.</p> <p>Harmful examples: lack of usable sidewalks and roads in poor shape.</p> <p>0 _____ [_____] _____ 100</p>
Recreational options	<p>Helpful examples: trails, gyms, parks and sports.</p> <p>Harmful examples: lack of biking/walking/running trails, gym memberships expensive or far away and limited indoor options.</p> <p>0 _____ [_____] _____ 100</p>
Physical environment	<p>Helpful examples: clean water, nature, air and natural environment.</p> <p>Harmful examples: winter weather, water quality/lead, litter, pollution, abandoned properties, air quality and harmful chemicals.</p> <p>0 _____ [_____] _____ 100</p>
Health care resources	<p>Helpful examples: health care facilities, health classes, doctors, senior centers, insurance, and mental health providers.</p> <p>Harmful examples: no insurance, expensive health care costs, no access to good health care providers and lack of knowledge around resources.</p> <p>0 _____ [_____] _____ 100</p>
Education access	<p>Helpful examples: access to libraries, museums, high quality schools and after-school programs.</p> <p>Harmful examples: lack of access to libraries, museums, and after-school programs or underfunded schools.</p> <p>0 _____ [_____] _____ 100</p>
Mental health care access	<p>Helpful examples: Counseling and support groups are available and therapy and/or medication is affordable.</p> <p>Harmful examples: Lack of access to mental health services, there is easy access to illicit drugs or other abused substances and there are limited addiction counseling or prevention services.</p> <p>0 _____ [_____] _____ 100</p>
Transportation infrastructure	<p>Helpful examples: easily able to get where you need to go, important places are close by and reliable public transit.</p> <p>Harmful examples: lack of transportation access, lack of public transit and long distances to key places.</p> <p>0 _____ [_____] _____ 100</p>
Economic factors	<p>Helpful examples: reliable income, fulfilling job, ability to get a job, fair wages and affordable housing.</p> <p>Harmful examples: poverty, low income, cost of living too high, lack of jobs and lack of well-paying jobs.</p> <p>0 _____ [_____] _____ 100</p>
Public safety	<p>Helpful examples: low/no crime, adequate street lighting, strong public safety response to emergencies and communication from safety officials.</p> <p>Harmful examples: crime issues, poor street lighting, gun violence and lacking public safety responses to emergencies.</p> <p>0 _____ [_____] _____ 100</p>

5. Is there anything not covered in the previous questions that either helps or harms your ability to be healthy in your community, or anything you'd like to add?

6. What does a thriving community look like? What would need to happen to make your community thrive?

Next, we're asking more about you to understand who is taking this survey. Inclusion and representation are crucial to our work. Learning more about your identity helps us better understand who we are serving and helps us take actions that meet the unique needs of our neighbors. Every question is optional, but we encourage you to answer them all as completely as you can.

7. What is your gender identity?

- ☐ Female
☐ Male
☐ Gender fluid
☐ Nonbinary
☐ Prefer not to answer
☐ Not listed here or prefer to self-describe _____

8. Does your gender identity differ from your sex assigned at birth? [Sex assigned at birth refers to the label a medical professional gives a baby at birth while gender identity refers to a person's deeply felt, internal, and individual experience of gender]

- ☐ Yes
☐ No

9. What is your sexuality/sexual orientation?

- ☐ Asexual [little to no sexual attraction]
☐ Bisexual [attraction to both male and female]
☐ Straight/Heterosexual [attraction to the opposite sex]
☐ Gay/Lesbian [attraction to same sex]
☐ Pansexual [attraction not dependent on sex]
☐ Queer
☐ Questioning or unsure
☐ Prefer not to answer
☐ Not listed here or prefer to self-describe. _____

10. What is your race or ethnicity? Select all the options that apply.

- ☐ American Indian or Alaska Native – Provide details below
Enter, for example, Pokagon Band of Potawatomi:

- ☐ Asian – Provide details below

<input type="checkbox"/> Chinese	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Korean
<input type="checkbox"/> Filipino	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Japanese
Not listed:		

☐ **Black or African American – Provide details below**

<input type="checkbox"/> African American	<input type="checkbox"/> Haitian	<input type="checkbox"/> Ethiopian
<input type="checkbox"/> Jamaican	<input type="checkbox"/> Nigerian	<input type="checkbox"/> Somali
Not listed:		

☐ **Hispanic or Latino – Provide details below**

<input type="checkbox"/> Mexican or Mexican American	<input type="checkbox"/> Puerto Rican	<input type="checkbox"/> Cuban
<input type="checkbox"/> Salvadoran	<input type="checkbox"/> Dominican	<input type="checkbox"/> Colombian
Not listed:		

☐ **Middle Eastern or North African – Provide details below**

<input type="checkbox"/> Lebanese	<input type="checkbox"/> Iranian	<input type="checkbox"/> Egyptian
<input type="checkbox"/> Syrian	<input type="checkbox"/> Moroccan	<input type="checkbox"/> Israeli
Not listed:		

☐ **Native Hawaiian or Pacific Islander – Provide details below**

<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Samoan	<input type="checkbox"/> Chamorro
<input type="checkbox"/> Tongan	<input type="checkbox"/> Fijian	<input type="checkbox"/> Marshallese
Not listed:		

☐ **White – Provide details below**

<input type="checkbox"/> German	<input type="checkbox"/> Irish	<input type="checkbox"/> English
<input type="checkbox"/> Italian	<input type="checkbox"/> Polish	<input type="checkbox"/> French
Not listed:		

11. What is your ZIP code? _____

12. What is your year of birth? _____

13. What is your current housing status?

- ☐ Hotel or motel
- ☐ Owned home with mortgage
- ☐ Owned home without mortgage
- ☐ Rental unit
- ☐ Shelter
- ☐ Trailer with lot fee
- ☐ Unhoused
- ☐ With family/friends
- ☐ Other – Write In: _____

Appendix B: Focus group list

Organization	Participant Description	Date	Number of Participants	Description
Area Agency on Aging, Region 4	Employees	3/27/2024	16	The Area Agency on Aging (AAA) is an organization that identifies the needs of the elderly and disabled and creates plans for meeting those needs through a system of in-home and community services to enable people to maintain their independence and dignity. The AAA also provides educational programs through the Campus for Creative Aging and offers volunteer opportunities for community members.
Community Health and Wellness Advocates	Members	3/25/2024	8	Formerly known as the Influencers, Community Health and Wellness Advocates was initially formed in response to urgent needs that arose amid the COVID-19 pandemic. It worked to ensure culturally relevant messaging about essential health information was amplified and delivered to hard-to-reach populations. Now the Advocates works to connect community members with their neighbors, the population health department and Corewell Health in Southwest Michigan. It also ensures that the community voice is integrated into the operations of the population health department and Corewell Health in Southwest Michigan.
Harbor of Hope	Congregation	3/3/2024	10	Harbor of Hope in Benton Harbor is a Seventh Day Adventist church dedicated to community empowerment. It offers a variety of services and programs, including community outreach initiatives, and works to address pressing community issues such as gun violence and lead in drinking water.
InterCare Student Health Center, Benton Harbor High School	Employees	2/21/2024	8	The InterCare Student Health Center provides comprehensive health services to students aged 5-21 in the Benton Harbor School District and surrounding communities. Additionally, the center offers support for students with an individualized education programs or students who are in special education, up to age 26. It accepts all insurances, including Medicaid, and offers a sliding fee scale for uninsured students.
Kalamazoo Probation Enhancement Program	Residents	3/8/2024	9	Kalamazoo Probation Enhancement Program (KPEP) provides residential services for people who need more structure than regular probation provides after they're released from prison. KPEP offers the guidance, programs, services and encouragement residents need to become independent, contributing members of society.
Lake Michigan College, Health Sciences	Students	3/19/2024	7	Lake Michigan College is a two-year, accredited, nonprofit community college in Southwest Michigan. It aims to empower people and communities to thrive through education, innovation and experiences. An associate degree in health science prepares students for a variety of fields, including nonclinical roles in public health, health care administration, education, nutrition and human services.
Salvation Army Men's Shelter	Residents	3/12/2024	9	The Salvation Army Men's Shelter in Benton Harbor provides emergency shelter for homeless men, offering up to 30 days of accommodation. In addition to a safe place to stay, the shelter provides meals, clothing, and access to social services and case management.
North Berrien Senior Center	Board members	3/26/2024	12	The North Berrien Senior Center in Coloma, Michigan, provides a range of services and activities for seniors aged 60 and older. These include exercise classes, social events, health services like foot clinics and nutritious meals. The center also offers support services to help seniors navigate social services and other resources.

OutCenter Southwest Michigan	Clients and employees	3/15/2024	7	The OutCenter advocates for change and provides community to LGBTQIA+ persons, their allies and their families in Southwest Michigan. This is accomplished through advocacy efforts, support services and community-building programs. The OutCenter pursues systems change initiatives, working in partnership with areawide systems to ensure that LGBTQIA+ people receive equitable services within their communities.
Pipeline 2 Purpose	Members	3/9/2024	8	Pipeline 2 Purpose (P2P) is a comprehensive youth development program that aims to enhance the overall health and well-being of the community. By integrating academic support, life coaching, mentorship and athletic development, P2P empowers young people to reach their full potential. The program promotes healthy lifestyle choices, mental wellness and strong interpersonal relationships. P2P focuses on emotional and social well-being, leadership, teamwork, life skills, and career readiness, preparing youth to become engaged, thriving individuals who contribute meaningfully to their communities.
Present Pillars	Clients	3/19/2024	7	Present Pillars aims to empower fathers and father figures with the tools they need to create stable and thriving families. The organization recently expanded its services with the opening of The Pillar Center, which provides a space for fathers to receive guidance and support.
Strong Women of Faith	Members	3/4/2024	23	Strong Women of Faith in Benton Harbor is a breast cancer support group that provides emotional and practical support to women diagnosed with breast cancer. The group focuses on education, advocacy and creating a community of support. The group meets regularly to offer friendship, knowledge and fellowship, helping women navigate their health challenges with strength and unity.
WeECHO	Parents and members	2/4/2024	7	WeECHO Youth Community Services is a youth-led organization focused on fostering positive mental health and social-emotional learning among young people. It provides mentoring, training and various programs aimed at reducing bullying and juvenile delinquency while promoting personal development and leadership. The organization strives to inspire youth to lead healthier, more enriched lives.

Appendix C: Focus group demographics

	N	Percent
	131	----
Race and ethnicity		
American Indian or Alaska Native	4	3.2%
Black or African American	61	48.4%
Hispanic or Latino	6	4.8%
Two or more races	12	9.5%
White	43	34.1%
Missing	5	----
Age		
18 to 19 years	2	1.7%
20 to 24 years	13	10.9%
25 to 34 years	15	12.6%
35 to 44 years	20	16.8%
45 to 54 years	24	20.2%
55 to 64 years	18	15.1%
65 to 74 years	12	10.1%
75 to 84 years	13	10.9%
85 years and older	2	1.7%
Missing	12	----
Gender identity		
Female	76	59.8%
Male	49	38.6%
Nonbinary	2	1.6%
Missing	4	----
Sexual identity		
Asexual [little to no sexual attraction]	3	2.6%
Bisexual [attraction to both male and female]	2	1.7%
Gay/Lesbian [attraction to same sex]	1	0.8%
Not listed here or prefer to self-describe	2	1.7%
Pansexual [attraction not dependent on sex]	3	2.6%
Queer	1	1.7%
Questioning or unsure	1	1.7%
Straight/Heterosexual [attraction to the opposite sex]	104	88.9%
Missing	14	----
Housing status		
Owned home with mortgage	50	40.7%
Owned home without mortgage	26	21.1%
Rental unit	24	19.5%
With family/friends	8	6.5%
Shelter	7	5.7%
Other	7	5.7%
Trailer with lot fee	1	0.8%
Missing	8	----

The table provides a demographic breakdown of a sample population (N=131) across several categories, including race and ethnicity, age, gender identity, sexual identity, and housing status.

- **Race and ethnicity:** The largest group is Black or African American (48.4%), followed by white (34.1%), two or more races (9.5%), Hispanic or Latino (4.6%), and American Indian or Alaska Native (3.2%).
- **Age:** Participants are distributed across age groups, with the largest groups being 45-54 years (20.2%) and 35-44 years (16.8%). Other age groups range from 1.7% to 12.6%.
- **Gender identity:** Most participants identify as female (59.8%) or male (38.6%), with smaller proportions identifying as nonbinary (1.6%).
- **Sexual orientation:** The majority identify as straight/heterosexual (88.9%), with smaller proportions identifying as asexual (2.6%), pansexual (2.6%), bisexual (1.7%) and gay/lesbian (0.8%).
- **Housing status:** Most participants either own a home with a mortgage (40.7%), own a home without a mortgage (21.2%) or rent (19.5%).

Appendix D: Key stakeholder interview list

Name	Role	Professional affiliation	Organization Description	Date of Interview
Jennifer LeBlanc	Integrative case worker	Pokagon Health Services	Pokagon Health Services, operated by the Pokagon Band of Potawatomi Indians, is a Tribal Health Center dedicated to improving the health and well-being of Native American communities in Southwest Michigan and Northern Indiana. It offers a wide range of services, including medical, dental, behavioral health, pharmacy and community outreach programs. Its mission is to improve all patients' health, well-being and quality of life by empowering individuals to make a lifelong commitment to wellness.	2/6/2024
Lynn Kellogg	Former CEO (retired)	Area Agency on Aging	The Area Agency on Aging (AAA) is an organization that identifies the needs of the elderly and disabled and creates plans for meeting those needs through a system of in-home and community services to enable people to maintain their independence and dignity. The AAA also provides educational programs through the Campus for Creative Aging and offers volunteer opportunities for community members.	4/3/2024
Pamela Garmon-Johnson	National vice president	Healthy Living and NextGen Programs at the American Heart Association	Healthy Living and NextGen Programs at the American Heart Association (AHA) focuses on improving community health across the U.S. through strategic partnerships and transformative lifestyle changes. They develop and execute programs centered on nutrition, exercise and mental well-being, with a special emphasis on the unique health needs of young, diverse and under-resourced communities. Additionally, they aim to enhance engagement with AHA's mission and to create pathways for workforce development in the health care and STEM fields.	4/3/2024
Betsy Lozoff, M.D.	Retired pediatrician	Berrien Immigration Solidarity Network	The Berrien Immigration Solidarity Network (BISN) in Michigan is a coalition focused on addressing the needs of local immigrant communities. It raises awareness about the challenges immigrants face and their contributions to the community. BISN provides essential support, such as housing, food, clothing and legal assistance, to immigrant families.	4/1/2024
Elizabeth McCree	Attorney	The Law Office of Elizabeth L. McCree, PLLC	Elizabeth McCree is an attorney specializing in probate, juvenile law, estate planning and business law. She provides legal services such as finalizing estates, probate litigation, and creating wills and trusts. Additionally, she works as a lawyer guardian ad litem, representing the interests of children in legal proceedings.	4/2/2024
Zoey O'Brien	LGBTQIA+ patient navigator	Corewell Health	The LGBTQIA+ patient navigator at Corewell Health helps LGBTQIA+ individuals access safe and affirming health care and providers. They also assist with navigating health care services and offer support tailored to the unique needs of the LGBTQIA+ community. The navigator also builds relationships with local support, social and advocacy groups to ensure comprehensive care and resources are available.	4/23/2024
Guy Miller	Chief health officer	Berrien County Health Department	The Berrien County Health Department in Michigan works to protect and improve the health of the community through a variety of services and programs. It offers clinical services such as immunizations, tuberculosis control and HIV testing, as well as community health programs like lead poisoning prevention and public health nursing.	9/19/2024
Sara Palmer	Epidemiologist	Berrien County Health Department		

Appendix E

Vetting community resources to address priority health needs began during the execution of the Implementation Strategy for the 2016-2019 CHNA. Population health department staff members continue to collaborate with area (or local) organizations, including health system internal departments, to achieve sustainable improvements in the 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 Corewell Health Center for Wellness.

Food environment resources

Benton Harbor Soup Kitchen, Benton Harbor
269.925.8204
soupk.org

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

Buchanan Area Senior Center, Buchanan
269.695.7119
thebasc.org

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

Caring Cupboard Pantry, Woodland Shores Baptist Community, Bridgman
269.465.4673
wsbchurch.com

This is a year-round, as well as a 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
casscoa.org

The Cass County COA provides a broad range of services, including meals, to Cass County seniors to assist individuals in aging and living well with dignity and independence.

Catholic Community Center, Benton Harbor
269.926.6424
ccdok.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.

Corewell Health Center for Wellness (Corewell Health in Southwest Michigan), Benton Harbor
269.408.2258
spectrumhealthlakeland.org/center-for-wellness

The center offers health and wellness services, the 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
centralcountyseniorcenter.org

The center provides area residents over the age of 60 with resources to support individual needs and connects seniors to services to help them live independently.

Community Food Network – Benton Heights (First Church of God), Benton Harbor
269.769.0573
newheightsccda.com/community-food-network

The New Heights CCDA Community Food Network creates healthy communities by feeding individuals and families—body, mind and spirit.

Feeding America West Michigan
269.926.2646
feedwm.org

Feeding America West Michigan's branch provides food to hundreds of food pantries, meal programs and senior centers in Berrien, Cass and Van Buren counties. For mobile locations, visit **feedwm.org/mobile-pantry-schedule**.

Ferry Street Resource Center, Niles
269.687.9860
ferrystreet.org

The Ferry Street Resource Center in Niles assists 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
fbcnich.org

Purpose is to address and alleviate hunger statewide by increasing emergency food resources and advocating on behalf of the hunger relief network.

Harbor Country Emergency Food Pantry & Thrift Store, Three Oaks
269.756.7444
business.harborcountry.org/list/member/harbor-country-emergency-food-pantry-thrift-store-three-oaks-192

The Harbor Country Emergency Food Pantry & Thrift Store provides essential services to the community. They offer food, clothing, and financial assistance to those in need. The thrift store supports the food pantry's efforts by selling donated items, with proceeds going towards their services.

Meals on Wheels of Southwest Michigan, Benton Harbor
269.925.0137
snsmeals.org

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

Neighbor to Neighbor, Berrien Springs
269.471.7411
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.

Salvation Army Food Pantry, Niles
269.684.2660
centralusa.salvationarmy.org/niles

The Salvation Army Food Pantry in Niles provides free fresh produce, canned goods and healthy frozen items.

Southwest Michigan Community Action Agency, Benton Harbor
269.925.9077
smcaa.com

The Southwest Michigan Community Action Agency (SMCAA) in Benton Harbor empowers diverse individuals in need by supporting their journey towards economic security. They provide various services, including temporary shelter, food assistance, and emergency aid.

TrueNorth Community Services, Fremont
231.924.0641
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.

Mental health access

Andrews University Community Counseling Services, Berrien Springs
269.471.6238
andrews.edu/ceis/gpc/counseling

Free psychological services under the supervision of licensed psychologists. Mental health services to children, adolescents, and adults who reside in the Michiana area, or are members of the community near the university.

Behavioral Health Inpatient Services, Corewell Health in Southwest Michigan
269.983.8316
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 Corewell Health Lakeland Hospitals – St. Joseph Hospital, in St. Joseph.

Bright Hope Counseling Center, St. Joseph
269.519.6239
brighthoppecounseling.com

Provides individual, couples and family counseling to those who are ages 12 and older. Offers substance use and domestic violence assessments and driver's license evaluations. Leads a Celebrate Recovery group that addresses hurts, hang-ups and habits.

Carol's Hope Engagement Center, St. Joseph
269.556.1526
communityhealingcenter.org/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 in which individuals can develop a recovery plan and connect to services.

Corewell Health Center for Wellness (Corewell Health in Southwest Michigan), Benton Harbor
269.408.2258
spectrumhealthlakeland.org/center-for-wellness

The Corewell Health Center for Wellness offers health and wellness services, the 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
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.

Caring Connection Empowerment Center (formerly Cora Lamping Center for Survivors of Domestic & Sexual Violence), Benton Harbor
269.925.1725
caringconnectionmi.org/empowermentcenter

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, a 24-hour helpline, legal advocacy, counseling, support groups, case management and assistance with basic needs

Donarski Center for Mental Health Counseling, St. Joseph
269.982.3832
donarskicenter.com

Provides short-term treatment with long-term results for children, couples, families, and adults utilizing holistic treatments.

Haelan Counseling Center, Niles
269.683.8972
haelancounselingcenter.com

Haelan offers counseling for depression; anxiety; and relationship, physical and spiritual problems for children, adults, couples and families.

Harbortown Treatment Center, Benton Harbor
269.926.0015
harbortownclinic.com

A solution for illicit substance use and abuse in Berrien and surrounding counties. Providing patients with the highest quality in services and treatments.

Hinman Counseling Center, Berrien Springs
269.471.5968
hinmancounselingservices.com

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

InterCare Community Health Network, Benton Harbor
855.869.6900
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 is awarded a grant every year to offset charges for services that use a sliding fee scale for eligible low-income individuals and families. Offers behavioral health services and the Triple P – Positive Parenting Program.

Lighthouse Counseling, St. Joseph
269.408.6031
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 hypnosis and hypnotherapy

Lory's Place, St. Joseph
269.983.2707
800.717.3812
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.

MI-Journey, Benton Harbor
269.363.4271
mijourney.org

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

Nairad Health Treatment Center, St. Joseph
269.408.8235

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

Psychiatric and Psychological Specialties, St. Joseph
269.408.1688
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.

Riverwood Center, Benton Harbor**269.925.0585****riverwoodcenter.org**

Riverwood partners with children, families and adults in their journeys toward 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.

Riverwood St. Joseph (formerly NorthStar Center), St. Joseph**269.982.7844****riverwoodcenter.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.

Serenity Hills Recovery & Wellness Center (Sacred Heart Rehabilitation Center), Berrien Center**269.815.5500****sacredheartcenter.com/index.html**

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

Corewell Health Southwestern Medical Counseling – Stevensville**269.429.7727****spectrumhealthlakeland.org/southwestern-medical-clinic/counseling-services/counseling-psychological-services-overview**

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

Social cohesion resources

Alzheimer's Association Michigan Chapter, Kalamazoo**800.272.3900****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 Clubs of Benton Harbor – Fettig Youth Campus, Benton Harbor**269.926.8766****bgcswmi.org/fettig-youth-campus**

Youth members develop a sense of competence, belonging and usefulness through the delivery of evidence-based programs and special initiatives. The focus is on academic success, character and leadership, and healthy lifestyles.

Boys and Girls Club of Benton Harbor – Joel E. Smilow Teen Center, Benton Harbor**269.926.8766****bgcswmi.org/location/smilow-teen-center**

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. The focus is on academic success, character and leadership, and healthy lifestyles.

Buchanan Area Senior Center, Buchanan**269.695.7119****thebasc.org**

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

Caring Circle Caregiving Support Group, St. Joseph**269.429.7100**

Throughout Southwest Michigan, Caring Circle support groups provide individuals who are caring for a loved one with an outlet to develop or expand their support systems. Participants are 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 to develop new ways to cope with the demands of caregiving. Call for locations.

Cass County Council on Aging – Lowe Center, Cassopolis**269.445.8110****casscoa.org**

Cass County COA provides a broad range of services, including meals, to Cass County seniors to assist individuals with aging and living well with dignity and independence.

Catholic Community Center, Benton Harbor
269.926.6424

ccdok.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 and social services.

Celebrate Recovery – Benton Heights (First Church of God), Benton Harbor
269.224.8658

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

centralcountyseniorcenter.org

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

Depression & Bipolar Support Alliance, St. Joseph
dbsalliance.org (parent organization)

For meeting information, interested parties should reach out to harvickchevy@aol.com.

The Depression & Bipolar Support Alliance in St. Joseph provides hope, help, support, and education to individuals living with mood disorders. They offer in-person and online support groups where people can share experiences, discuss coping strategies, and support each other. For meeting information, email harvickchevy@aol.com.

Diabetes Support Group, St. Joseph
269.556.2868

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 include tips on healthy eating, new recipes and daily care updates.

Lory's Place, St. Joseph
269.983.2707

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

mijourney.org

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

OutCenter of Southwest Michigan, Benton Harbor

269.934.5633

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

readinesscenterinc.org

Readiness Center serves the Benton Harbor community to provide a safe and nurturing environment in which children learn the necessary tools to help them succeed in school. They offer afterschool programs, homework assistance, and mentoring opportunities for older students.

Region IV Area Agency on Aging, St. Joseph
800.654.2810

areaagencyonaging.org

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

River Valley Senior Center, Harbert

269.469.4556

rvseniorcenter.org

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

YMCA of Greater Michiana – Benton Harbor – St. Joseph YMCA, St. Joseph

269.428.9622

ymcagm.org/locations/benton-harbor-st-joseph-ymca

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

YMCA of Greater Michiana– Niles–Buchanan
YMCA, Niles
269.683.1552
ymcagm.org/locations/niles-buchanan-ymca

Health care access resources

Behavioral Health Inpatient Services, Corewell Health Lakeland Hospitals – St. Joseph Hospital in St. Joseph
269.983.8316
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
spectrumhealthlakeland.org/bellanova-women's-health

Partners in your health care 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
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
bchdmi.org/278/health-department

Public health and safety services provided. BCHD works to prevent disease, prolong life, protect the health of the community and promote an optimal quality of life for the citizens of Berrien County. Services include health education programs, the Positive Parenting Program, smoking cessation, immunizations and information on substance abuse prevention programs for all demographics. Offices located in Benton Harbor, Niles and Three Oaks.

Caretel Inns St. Joseph, St. Joseph
269.428.1111
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.

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

Corewell Health Center for Wellness, Benton Harbor
269.408.2258
spectrumhealthlakeland.org/center-for-wellness

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

Corewell Health Watervliet Hospital Walk-in Clinic, Watervliet
269.463.3600
spectrumhealthlakeland.org/medical-services/primary-care/urgent-care-walk-in-clinics

Corewell Health Watervliet Hospital Walk-in Clinic has a full staff of physicians, nurses and health care professionals to provide primary care, laboratory services, diagnostic imaging and X-ray services, and occupational medicine for injured workers.

Corewell Health Weight Loss Clinic – Niles
269.687.4673
spectrumhealthlakeland.org/lakeland-comprehensive-medical-weight-loss-center/

The Weight Loss Clinic is a team of local health professionals dedicated to helping you achieve positive, long-term weight loss.

HERBIE Clinic, Niles
269.697.9910
facebook.com/people/herbie-health-clinic/100063597819941

HERBIE Clinic provides free health care services to individuals who do not have any form of health care coverage. A valid picture ID is required to receive services. (possess a valid picture ID). The HERBIE Clinic is open on the second Saturday of each month, 8 a.m. to noon.

**InterCare Community Health Network,
Benton Harbor
855.869.6900
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 that use a sliding fee scale for eligible low-income individuals and families. Offers behavioral health services and the Triple P – Positive Parenting Program.

**Mshkiki Community Clinic, Benton Harbor
269.945.5854
mshkikiclinic.com**

The Mshkiki Community Clinic in Benton Harbor provides comprehensive health care services, including chronic disease management, acute care, and routine exams. They also offer dental services such as cleanings, fillings, and extractions.

**Niles Community Health Center (Cassopolis
Family Clinic Network), Niles
269.262.4749
cassfamilyclinic.org**

Independent, federally qualified health center providing primary care, obstetrics and gynecology, dental, behavioral health, pharmacy, and health care enrollment assistance services for communities.

**Niles Community Health Center Dental Clinic
(Cassopolis Family Clinic Network), Niles
269.262.4364
cassfamilyclinic.org/dental-health-2**

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
paceswmi.org**

PACE (Program of All-Inclusive Care for the Elderly) is a unique health care 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
& Adolescent Inpatient Services, Grand Rapids
800.678.5500
pinerest.org/inpatient-services/services/child-adolescent-inpatient-services**

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

**Corewell Health Rehabilitation & Nursing Center –
Pine Ridge
269.983.6501**

spectrumhealthlakeland.org/pine-ridge-center

Pine Ridge residents have access to a team of over 130 health care 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**

rightathome.net/southwest-michigan

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

**Serenity Hills Recovery & Wellness Center (Sacred
Heart), Berrien Center
269.815.5500**

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
socialsecurityofficesnearme.com/michigan/benton-harbor/benton-harbor-social-security-office-455-bond-st-benton-harbor-mi-49022**

Services provided include disability benefits information and resources, Supplemental Security Income, Medicare, retirement benefits, prescription benefits and more.

**WellNow Urgent Care, Benton Harbor
269.487.3021**

wellnow.com/urgent-care-centers/michigan/benton-harbor/1803-m-139-49022

WellNow Urgent Care is Joint Commission accredited, providing safe, quality patient care for the whole family.

West Woods of Niles, Niles**269.684.2810****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.

Employment access resources

Kingdom Business Consulting E.T.C., Niles**269.246.2450****kingdombusinessetc.com**

Kingdom Business Consulting E.T.C. is a women- and minority-owned agency focused on coaching and consulting for minority, disadvantaged and underserved populations. It aims to help clients discover their identities, grow and succeed through a professional and personable approach. Serving Southwest Michigan, Northern Indiana and surrounding areas since 2012, Kingdom Business's qualified staff assists individuals in understanding and overcoming their strengths and barriers.

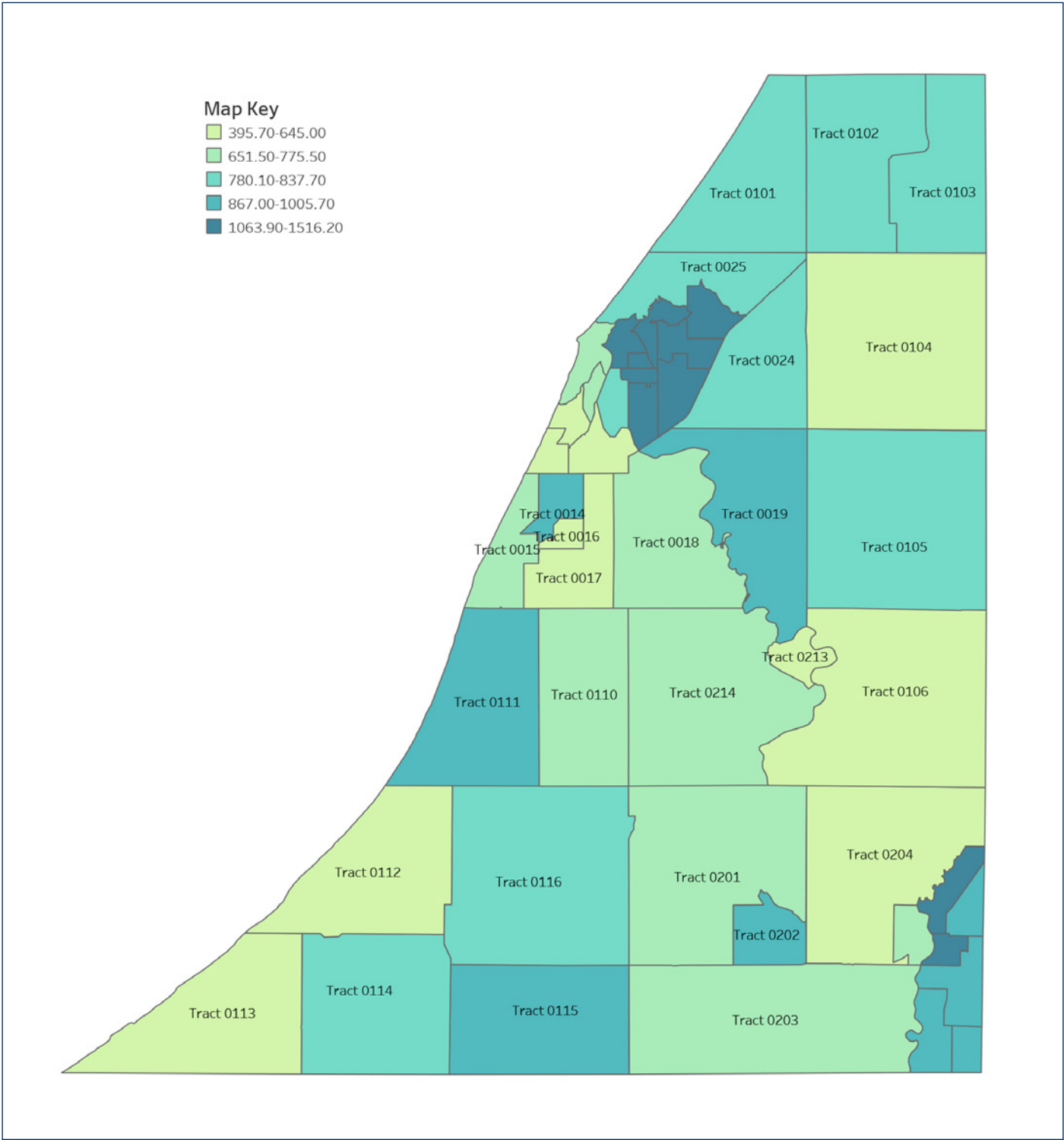
Michigan Unemployment Insurance Agency**866.500.0017****michigan.gov/leo/bureaus-agencies/uia**

The Michigan Unemployment Insurance Agency administers the unemployment insurance program that provides temporary financial assistance to individuals who become unemployed through no fault of their own. Benefits are paid through taxes on employers covered under the Michigan Employment Security Act.

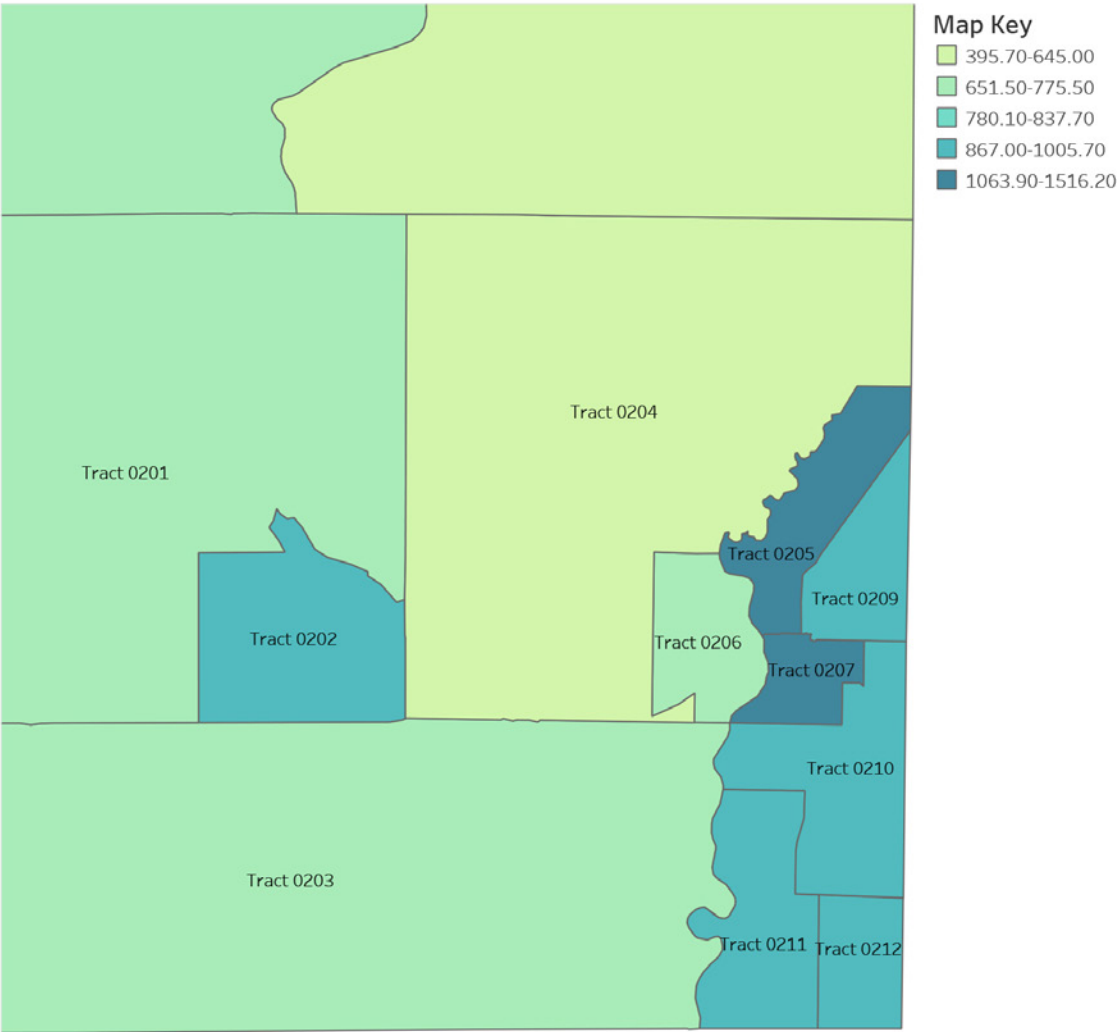
Michigan Works!, Benton Harbor**800.285.9675****miworks.org**

As a subsidiary of Kinexus Group, Michigan Works! Berrien, Cass, Van Buren is focused on building a skilled workforce through education and training for regional employers. It is one of 16 workforce development boards across the state of Michigan that are in the business of shaping qualified talent to help your business thrive and grow.

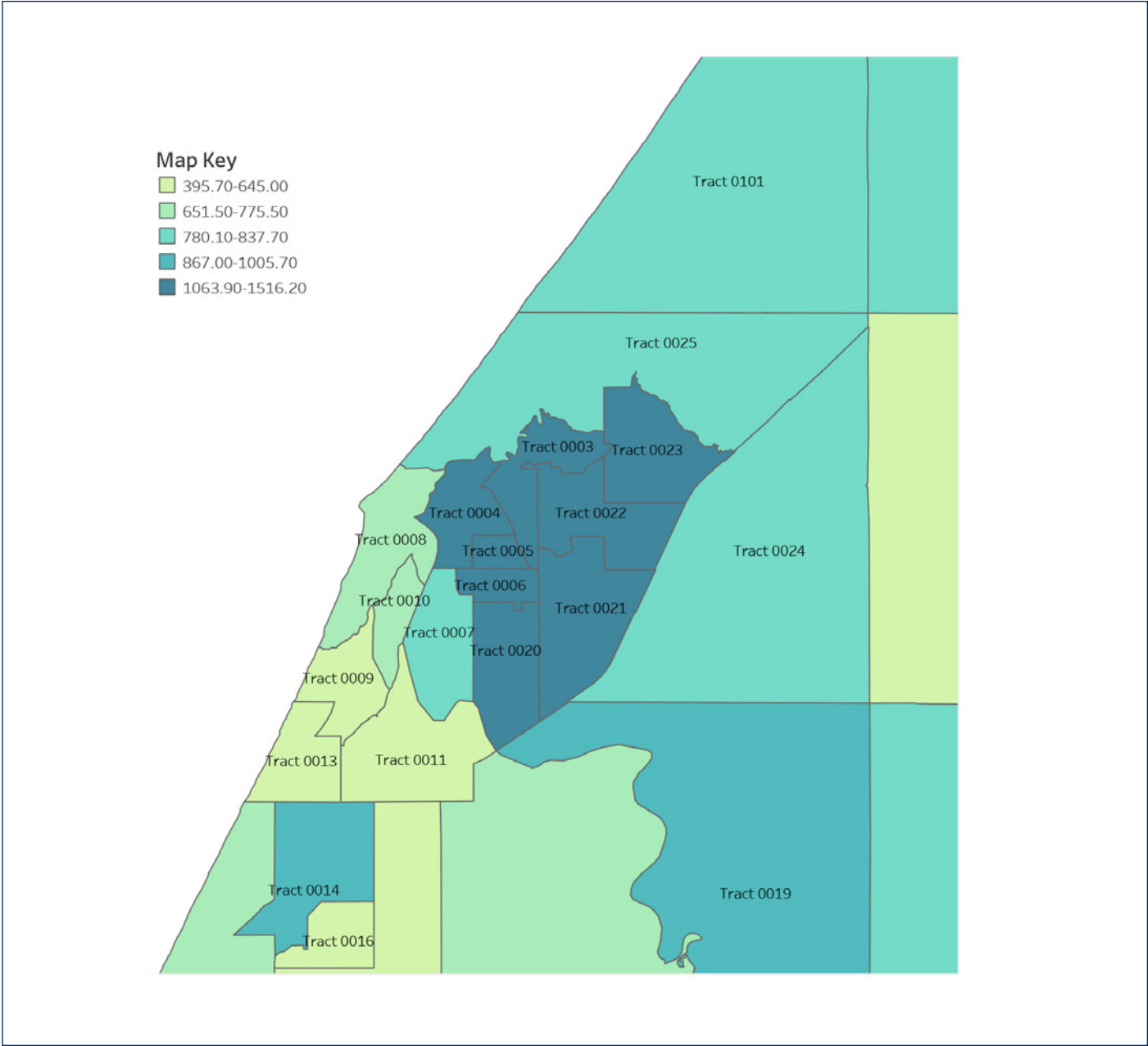
Appendix F: Age-adjusted mortality rate by census tract



Age-adjusted mortality rate by census tract, Niles



Age-adjusted mortality rate by census tract, Benton Harbor area



Census tract	Age-adjusted mortality rate per 100,000 population	City/township	Village(s) or unincorporated community
Tract 0022	1,516.2	Benton Township	Benton Heights
Tract 0004	1,464.9	City of Benton Harbor	
Tract 0021	1,333.2	Benton Township	
Tract 0005	1,325.5	City of Benton Harbor	
Tract 0006	1,307.9	City of Benton Harbor	
Tract 0207	1,273.4	City of Niles	
Tract 0003	1,240.0	City of Benton Harbor	
Tract 0023	1,234.2	Benton Township	Benton Heights
Tract 0205	1,213.8	City of Niles	
Tract 0020	1,063.9	Benton Township	Fair Plain
Tract 0211	1,054.5	Niles Township	
Tract 0202	1,005.7	City of Buchanan	
Tract 0210	953.8	Niles Township	
Tract 0209	948.9	City of Niles	
Tract 0014	915.0	Lincoln Township	Stevensville
Tract 0115	898.4	Galien Township	Galien
Tract 0019	887.2	Sodus Township	
Tract 0111	873.1	City of Bridgman	
Tract 0212	867.0	Niles Township	
Tract 0025	837.7	Benton Township	
Tract 0103	820.6	Watervliet Township	
Tract 0102	814.9	Coloma Township	
Tract 0007	807.5	St. Joseph Township	Fair Plain
Tract 0105	807.1	Pipestone Township	Eau Claire
Tract 0114	802.0	Three Oaks Township	Three Oaks
Tract 0101	793.3	Hagar Township	Hagar Shores
Tract 0024	781.9	Benton Township	
Tract 0116	780.1	Weesaw Township	
Tract 0206	775.5	City of Niles	
Tract 0201	740.3	Buchanan Township	
Tract 0018	721.1	Royalton Township	
Tract 0015	720.1	Lincoln Township	Stevensville
Tract 0010	693.2	City of St. Joseph	
Tract 0110	684.4	Baroda Township	Baroda
Tract 0214	681.6	Oronoko Township	Berrien Springs
Tract 0008	677.4	City of St. Joseph	
Tract 0203	651.5	Bertrand Township	
Tract 0104	645.0	Bainbridge Township	
Tract 0106	631.8	Berrien Township	Eau Claire
Tract 0204	618.1	Niles Township	
Tract 0113	598.4	City of New Buffalo	Michiana and Grand Beach
Tract 0017	590.0	Lincoln Township	Stevensville
Tract 0213	586.8	Oronoko Township	Berrien Springs
Tract 0009	573.7	St. Joseph Township	
Tract 0011	564.5	City of St Joseph	
Tract 0112	555.4	Chikaming Township	Harbert
Tract 0013	484.7	St. Joseph Township	Shoreham
Tract 0016	395.7	Lincoln Township	Stevensville

Appendix G

Census tract	City/township	Village(s) or unincorporated area	Status
3	City of Benton Harbor		Food Desert and Access Burdened*
4	City of Benton Harbor		Food Desert and Access Burdened
5	City of Benton Harbor		Food Desert and Access Burdened
6	City of Benton Harbor		Food Desert and Access Burdened
20	Benton Township	Fair Plain	Food Desert and Access Burdened
21	Benton Township		Food Desert and Access Burdened
22	Benton Township	Benton Heights	Food Desert and Access Burdened
23	Benton Township	Benton Heights	Food Desert
103	Watervliet Township		Access Burdened
202	City of Buchanan		Food Desert
205	City of Niles		Food Desert
206	City of Niles		Food Desert
207	City of Niles		Food Desert
209	City of Niles		Food Desert and Access Burdened
210	Niles Township		Food Desert
212	Niles Township		Food Desert
213	Oronoko Township	Berrien Springs	Food Desert

*Access-burdened census tracts have a sizable population with low incomes, a lack of vehicles and are 20 or more miles from supermarkets or large grocery stores. Food desert census tracts have a sizable population with low incomes and are at least half a mile (for urban areas) or 10 miles (for rural areas) away from supermarkets or large grocery stores.

Economic Research Service (ERS), U.S. Department of Agriculture (USDA). April 2021 Release.
Food Access Research Atlas.

ers.usda.gov/data-products/food-access-research-atlas