Implementation Strategy
for the Community Health Needs Assessment
Implementation Strategy

Introduction

Spectrum Health Lakeland (SHL) has recently revised the mission statement, vision, and values that anchor the work outlined in this document.

**Mission:** Improve health, instill humanity, and inspire hope.

**Vision:** A future where health is simple, affordable, equitable and exceptional.


The mission statement was revised to include the phrase “instill humanity.” By listening to the community’s needs and priorities as described in the Community Health Needs Assessment (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 that there is 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.

Community Health Needs Assessment and Implementation Strategy

The Community Health Needs Assessment (CHNA), required under the Patient Protection and Affordable Care Act of 2010, is an appraisal of the health status of a community conducted by each tax-exempt hospital in the U.S 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. Following the adoption of the CHNA, hospitals are required to develop an Implementation Strategy (IS).

The Spectrum Health Lakeland 2022-2024 Implementation Strategy describes:

- How SHL plans to address the health needs identified in the 2022-2024 CHNA, or explains why the health need will not be addressed by SHL
- The anticipated impact of these plans
- The partnerships and collaborations that will take place to enact these plans.

Prioritized Health Needs (PHN)

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

The health needs were then prioritized based on the following criteria:

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

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

**Mental Health:** The most frequently mentioned concerns were:
- Individual mental health problems such as anxiety, depression, stress, and trauma
- Community level discrimination like racism and homophobia
- Systemic COVID-19 exacerbation of issues including isolation and violence

However, potential protective factors such as a sense of belonging and familial support were identified as both individual and communal.

**Social Cohesion:** The connectedness or the "glue" or "bonds" that hold members of a community together in Berrien County is impacted by:
- A reduced sense of communal responsibility for guiding and mentoring youth, looking out for one another's safety, and stewarding communal spaces
- The lack of opportunities and spaces to engage and build relationships with one another
- A shortage of institutional involvement with the community. There seems to be limited communication, outreach efforts, or supporting community lead initiatives to improve social cohesion.

**Safety:** When community members discussed safety, they defined it broadly. They talked about different types of violence and unsafe or traumatic experiences such as physical abuse, sexual abuse, bullying, guns, peer pressure, rape, substance use and abuse, and witnessing violence. They also discussed COVID-19, and the need for safe housing and transportation. As well as the value of collaborating with organizations to provide positive and safe social environments. Examples include school programming, extracurricular activities, interest groups, and school electives for career exploration.

**Healthcare Access:** The primary healthcare access concerns were regarding the availability, affordability, and quality of care. Community members discussed difficulties or delays in scheduling appointments with primary care physicians, the lack of transportation getting to and from appointments, the issue of trust with the health system and staff, and not feeling heard or listened to by their doctor.

**Nutrition Environment:** Respondents discussed concerns regarding the nutrition environment, specifically insufficient access to healthy foods and supermarkets, and a surplus of unhealthy foods that are accessible because of local corner stores and fast food restaurants.
Health Equity Framework

Spectrum Health Lakeland developed a strategic health equity framework to guide its population health work and identify how to achieve health equity through coordinated efforts. Healthcare systems have traditionally focused on meeting the medical and healthcare needs of individual patients. Deepened understanding of the significance of community and societal factors on health has led to viewing how to prevent poor health outcomes and achieve a state of health equity beyond an individual.

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

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

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

To achieve health equity and save lives, we must work to simultaneously address concerns at the individual level by addressing social needs, the community level by addressing social determinants, and society level by addressing structural determinates of health. Each project described in this Implementation Strategy impacts one or more components of this framework.
### Implementation Strategy

<table>
<thead>
<tr>
<th>Framework Level</th>
<th>Project</th>
<th>Prioritized Health Need</th>
<th>Population</th>
<th>Action</th>
<th>Planned Collaboration (Non SHL Organizations)</th>
</tr>
</thead>
</table>
|                 | Prescription for Health (PFH) | Nutrition environment and healthcare access | Food insecure individuals | To address limited access to nutritious and affordable foods, each participant in the PFH program will receive $10 weekly, for up to 10 weeks, to spend on fruits and vegetables at the Benton Harbor Farmers Market.  
*Measurable Impact: A minimum of 40 participants will be enrolled in the PFH program each summer from 2022-2024.* | Berrien County Health Department |
|                 | Community Kitchen Club Training | Nutrition environment and social cohesion | Community members living in locations with a low average life expectancy | To support community-based organizations by providing community building activities and nutrition education. The population health department will hold trainings on how to safely conduct healthy cooking demonstrations and taste testings.  
*Measurable Impact: A minimum of one, six-session training will be conducted by the population health team per year from 2022-2024.* |
## Implementation Strategy

<table>
<thead>
<tr>
<th>Framework Level</th>
<th>Project</th>
<th>Prioritized Health Need</th>
<th>Population</th>
<th>Action</th>
<th>Planned Collaboration (Non SHL Organizations)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>American Medical Association M.A.P. Blood Pressure program</td>
<td>Healthcare access</td>
<td>Patients and family members</td>
<td>To ensure equitable access to quality cardiovascular healthcare, SHL will adopt the AMA MAP BP framework to help care teams summarize and document adherence to best practices for providing coordinated, evidence-based care to patients with hypertension. <em>Measurable Impact: The AMA MAP BP framework will be implemented at seven pilot sites by August 1, 2022 and throughout SHL practices by February 1, 2023.</em></td>
<td>American Medical Association</td>
</tr>
<tr>
<td></td>
<td>CDC Vaccination Grant - Vaccine Navigators</td>
<td>Healthcare access</td>
<td>Adults living in communities with low COVID-19 vaccination rates. A focus on communities of color.</td>
<td>To encourage COVID-19 vaccinations and increase protection against the virus. Population health will hire vaccine navigators to educate and answer questions about symptoms, methods of protection against the virus, and vaccination benefits and concerns. <em>Measurable Impact: A minimum of three vaccine navigators will be hired by March 01, 2022.</em> To improve healthcare access, vaccine navigators will provide assistance with scheduling COVID-19 vaccination appointments and address barriers which can reduce the ability to attend appointments. <em>Measurable Impact: Each navigator will reach a minimum of five individuals per week (over 15 weeks).</em></td>
<td>Berrien Community Foundation and United Way</td>
</tr>
<tr>
<td>Framework Level</td>
<td>Project</td>
<td>Prioritized Health Need</td>
<td>Population</td>
<td>Action</td>
<td>Planned Collaboration (Non SHL Organizations)</td>
</tr>
<tr>
<td>-----------------</td>
<td>---------</td>
<td>-------------------------</td>
<td>------------</td>
<td>--------</td>
<td>-----------------------------------------------</td>
</tr>
</tbody>
</table>
|                | Healthcare Careers Pre-Apprenticeship | Healthcare access | Benton Harbor area youth | To ensure a diverse workforce in healthcare, we will provide and support equitable opportunities to pursue careers in healthcare.  
*Measurable Impact:* A minimum of 20 students will be enrolled in the healthcare career pre-apprenticeship program for the 2022-2023 school year.  
*Measurable Impact:* A minimum of seven job shadowing opportunities per student enrolled in the healthcare career pre-apprenticeship will be available during the 2022-2023 school year. | MiWorks! and Lake Michigan College |
|                | INSPIRE: A home blood pressure monitoring program | Healthcare access | Center for Better Health (C4BH) patients | To improve access to healthcare and increase hypertension control, qualifying patients will be enrolled in a home blood pressure monitoring program.  
*Measurable Impact:* A minimum of 30 individuals will be enrolled in the program per year from 2022-2024. | American Medical Association, American Heart Association, and InterCare |
|                | Matters of the Heart | Healthcare access | African American men, ages 30 to 50 years-old | To increase awareness for the C4BH in Benton Harbor, SHL will partner with community members to create informational videos discussing local concerns regarding heart health and how to address those concerns.  
*Measurable Impact:* A minimum of three episodes published by end of September 2022.  
*Measurable Impact:* Increase in the number of Black male clients by 10% per year. |
## Implementation Strategy

<table>
<thead>
<tr>
<th>Framework Level</th>
<th>Project</th>
<th>Prioritized Health Need</th>
<th>Population</th>
<th>Action</th>
<th>Planned Collaboration (Non SHL Organizations)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Nursing services at the Center for Better Health</td>
<td>Healthcare access</td>
<td>C4BH clients</td>
<td>To increase healthcare access in Benton Harbor, SHL will provide health education, information, and preventive screenings to Berrien County residents. <em>Measurable Impact: On average, a minimum of 10 patients will receive health education, information, and/or preventative screenings each day the C4BH is open.</em></td>
<td>InterCare</td>
</tr>
<tr>
<td></td>
<td>Social navigation services at the Center for Better Health</td>
<td>Healthcare access and mental health</td>
<td>C4BH clients</td>
<td>To address underlying social needs which pose barriers to accessing healthcare resources and achieving optimal health. C4BH staff will adopt an in-depth case management process to identify and resolve these issues. <em>Measurable Impact: At a minimum, 50% of individuals will indicate that social needs were met within two weeks of utilizing social navigation services.</em> <em>Measurable Impact: A minimum of 24 clients per week will receive social navigation services by September 2022.</em></td>
<td>Legal Aid, Emergency Service Shelter, Neighbor to Neighbor, Community Action Agency, MiWorks!, First Church of God, Berrien County Health Department, and Fairplain Seventh Day Adventist Church</td>
</tr>
</tbody>
</table>
### Implementation Strategy

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Neighborhood-Based Health Homes (NBHH)</td>
<td>Healthcare access and social cohesion</td>
<td>Public housing residents</td>
<td>To increase opportunities for relationship building, population health will support community building activities at NBHH. <strong>Measurable Impact:</strong> A minimum of six community building opportunities will be supported at each NBHH per year from 2023-2024.</td>
<td>(Non SHL Organizations)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Pop-up Art &amp; Wellness Center</td>
<td>Mental health</td>
<td>Community members and staff at hosting organizations</td>
<td>To raise awareness of mental health and wellness and to decrease stigma surrounding mental health, population health will co-sponsor a moving, interactive exhibit at community-based locations. <strong>Measurable Impact:</strong> A minimum of four locations will host the pop-up per year in 2022.</td>
<td>Krasl Art Center, Benton Harbor Public Library, St. Joseph Public Library, Benton Harbor-St. Joseph YMCA, Niles-Buchanan YMCA, and the Boys and Girls Club.</td>
</tr>
<tr>
<td>Framework Level</td>
<td>Project</td>
<td>Prioritized Health Need</td>
<td>Population</td>
<td>Action</td>
<td>Planned Collaboration (Non SHL Organizations)</td>
<td></td>
</tr>
<tr>
<td>-----------------</td>
<td>---------</td>
<td>-------------------------</td>
<td>------------</td>
<td>--------</td>
<td>-----------------------------------------------</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mental Health Trauma-Informed Care Workshops</td>
<td>Mental Health</td>
<td>Community members, SHL staff, local organizations serving youth, and Berrien County area schools</td>
<td>To increase capacity to identify, understand, and respond to signs of mental illness and substance use disorders in youth, population health will conduct Youth Mental Health First Aid (YMHFA) trainings for adult community members who interact with youth. &lt;br&gt;&lt;br&gt;<strong>Measurable Impact:</strong> A minimum of one community-based YMHFA training will be conducted quarterly between 2022-2024.</td>
<td>Berrien RESA</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>To educate on trauma and increase coping skills, population health will provide free CRM training within the community. Organizations taking part in this training will have the option to receive ongoing consultation for policy changes that support mental health and wellness. &lt;br&gt;&lt;br&gt;<strong>Measurable Impact:</strong> A minimum of one training per quarter will be conducted from 2022-2024. Additional trainings are available upon request.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>To educate on mental health resiliency and serve as a primer to the mental health classes available through SHL, population health will provide trainings on recognizing and managing feelings of toxic stress and trauma, and adopting healthy coping skills and self-care strategies. &lt;br&gt;&lt;br&gt;<strong>Measurable Impact:</strong> A minimum of one training per quarter will be conducted starting May 2022-December 2024.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Framework Level</td>
<td>Project</td>
<td>Prioritized Health Need</td>
<td>Population</td>
<td>Action</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-----------------</td>
<td>---------</td>
<td>-------------------------</td>
<td>------------</td>
<td>--------</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mental Health Services at the Center for Better Health</td>
<td>Mental health and healthcare access</td>
<td>C4BH clients</td>
<td>To increase access to mental healthcare, the C4BH will begin offering mental health services in person for those who are not able to access these services virtually or prefer to meet in person. <em>Measurable Impact: Twenty clients will be seen weekly for individualized mental health services May 2022 to December 2024.</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Infinity Consultants, Victory Counseling Services, and Core Counseling Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Framework Level</td>
<td>Project</td>
<td>Prioritized Health Need</td>
<td>Population</td>
<td>Action</td>
<td>Planned Collaboration</td>
<td></td>
</tr>
<tr>
<td>-----------------</td>
<td>----------------------------------------------</td>
<td>----------------------------------</td>
<td>------------------------------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td></td>
<td>31N School Mental Health Grant</td>
<td>Mental health and safety</td>
<td>Berrien County school staff, students, and families</td>
<td>To increase capacity to identify, understand and respond to signs of mental illness and substance use disorders in youth, population health will provide educators, school personnel, parents and caregivers with YMHFA trainings.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Measurable Impact:</strong> Staff from a minimum of six Berrien County elementary, middle, or high schools will receive YMHFA training. A minimum of three sessions for student caregivers/parents.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>To educate on trauma and increase coping skills, population health will provide CRM training to school staff.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Measurable Impact:</strong> Population health will provide CRM training as part of the county-wide training hosted by LMC in August 2022 and by request.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>To support the implementation of policy, practice or procedure change that will support the mental health and wellness of students, their families, and staff, population health will offer ongoing consultation and support to districts that have completed CRM training.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Measurable Impact:</strong> A minimum of 50% of school districts that have received CRM training will implement a tool developed by population health to track changes in policy, practice or procedure that support mental health and wellness between 2022-2024.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Berrien RESA, Berrien County School Districts, the OutCenter, and the Collective Impact Group</td>
<td></td>
</tr>
<tr>
<td>Framework Level</td>
<td>Project</td>
<td>Prioritized Health Need</td>
<td>Population</td>
<td>Action</td>
<td>Planned Collaboration (Non SHL Organizations)</td>
<td></td>
</tr>
<tr>
<td>-----------------</td>
<td>--------------------------</td>
<td>-------------------------</td>
<td>-----------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mindful Movement</td>
<td>Mental health</td>
<td>Community members</td>
<td>To increase individual capacity to address the needs and symptoms associated with trauma, population health will provide Trauma-Informed yoga classes.</td>
<td>Infinity Consultants</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td><em>Measurable Impact: Two community members who are (or have recently) studied in a complementary field will be identified and enrolled in a Yoga Alliance - certified training program by October 2022.</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td><em>Measurable Impact: A minimum of four classes will be held a month, starting March 2023. A minimum of four classes will be held a month, starting March 2023.</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>CPR Education/ Training</td>
<td>Safety</td>
<td>Community members and Berrien County school staff and students</td>
<td>To increase community ability to respond to cardiovascular events, classes will take place on a quarterly basis and by request, targeting at-risk populations and communities as defined by the CHNA.</td>
<td>Benton Harbor Area Schools, Coloma Area Schools, the Department of Health and Human Services, Pokagon Health Services, and Niles Area Schools</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td><em>Measurable Impact: SHL will offer classes on a quarterly basis and by request, targeting at-risk populations and communities as defined by the CHNA.</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>To address safety, CPR/AED training and certification will be provided to school staff who teach introductory CPR/AED courses for students in their district. Schools will then have access to SHL materials and equipment to provide an introduction of CPR/AED training to students.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td><em>Measurable Impact: SHL will offer school staff trainings on a quarterly basis and make equipment available to participating districts.</em></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Implementation Strategy

<table>
<thead>
<tr>
<th>Framework Level</th>
<th>Project</th>
<th>Prioritized Health Need</th>
<th>Population</th>
<th>Action</th>
<th>Planned Collaboration (Non SHL Organizations)</th>
</tr>
</thead>
</table>
|                 | SOGI data collection and use   | Safety                  | SHL and practice staff   | To ensure patient safety, the foundation for a successful SOGI data capture and utilization process will be adopted in SHL practices.  
*Measurable Impact*: A minimum of one training on LBGTQIA+ health equity will be developed, deployed, and piloted by December 2022.  
*Measurable Impact*: A practice to pilot SOGI data collection will be identified by October 2022.  
To support staff in collecting SOGI data, a toolkit to support the adoption of new processes to capture SOGI data, the use of SOGI data in clinical practice, and in determining the efficacy of data collection methods will be developed.  
*Measurable Impact*: A toolkit will be developed and reviewed with community stakeholders, revised, and deployed at the pilot practice by December 2023.  
To ensure that inequities in health outcomes are identified, processes will be adopted to ensure REaL data is captured accurately and best practices in data analysis are followed.  
*Measurable Impact*: Processes will be adopted by December 2022. | Michigan Hospital Association |
|                 | REaL data collection and use    | Safety                  | SHL and practice staff   | To ensure patient safety, the foundation for a successful SOGI data capture and utilization process will be adopted in SHL practices.  
*Measurable Impact*: A minimum of one training on LBGTQIA+ health equity will be developed, deployed, and piloted by December 2022.  
*Measurable Impact*: A practice to pilot SOGI data collection will be identified by October 2022.  
To support staff in collecting SOGI data, a toolkit to support the adoption of new processes to capture SOGI data, the use of SOGI data in clinical practice, and in determining the efficacy of data collection methods will be developed.  
*Measurable Impact*: A toolkit will be developed and reviewed with community stakeholders, revised, and deployed at the pilot practice by December 2023.  
To ensure that inequities in health outcomes are identified, processes will be adopted to ensure REaL data is captured accurately and best practices in data analysis are followed.  
*Measurable Impact*: Processes will be adopted by December 2022. | Michigan Hospital Association |
### Implementation Strategy

<table>
<thead>
<tr>
<th>Framework Level</th>
<th>Project</th>
<th>Prioritized Health Need</th>
<th>Population</th>
<th>Action</th>
<th>Planned Collaboration (Non SHL Organizations)</th>
</tr>
</thead>
</table>
|                 | Community engaged research | Social cohesion | Community members living in locations with a low average life expectancy and community-based organizations | To support the development of social cohesion and collective community and stakeholder action in addressing the 2022-2024 priority health needs, population health will conduct community engaged research projects.  
*Measurable Impact: Population health will work with community partners to conduct at least one community engaged research project a year from 2022-2024.* | Be Healthy Berrien and the Southwest Michigan Food Council |
|                 | Community Grand Rounds and Brave Talks | Social cohesion | Spectrum Health staff and community members in the Spectrum Health service area | To create change in narrative, thinking and behavior around issues of racism and health, educational sessions will be held for community members and SHL staff. These sessions include larger-scale presentations as part of Community Grand Rounds (CGR) and small group sessions as part of Brave Talks (BT).  
*Measurable Impact: A minimum of ten BT will occur in 2022, four of which will be conducted for SHL staff.*  
*Measurable Impact: The number of BT facilitators will double between January 2022 and December 2023.*  
*Measurable Impact: A minimum of two CGR events will occur per year from 2022-2024.* | Berrien County Health Department, Lake Michigan College, Brave Talks Alumni Group |
### Implementation Strategy

<table>
<thead>
<tr>
<th>Framework Level</th>
<th>Project</th>
<th>Prioritized Health Need</th>
<th>Population</th>
<th>Action</th>
<th>Planned Collaboration (Non SHL Organizations)</th>
</tr>
</thead>
</table>
|                 | Coordinated School Health  | Social cohesion         | Berrien County school staff, students, and families                       | To intervene on social cohesion, we will form a countywide advisory team to address the needs of the Whole Child Model. Each domain of the Whole Child Model will be represented, and each domain will establish their own committee of partners to address their area of expertise.  

*Measurable Impact:* A Whole Child Advisory Board, comprised of representatives of the 10 domains of the Whole Child Model, will be convened by September 2022.  

*Measurable Impact:* A strategy to address issues related to social cohesion within Berrien County Schools will be completed by 2023.  

To intervene on social cohesion, a strategy to address issues related to social cohesion within Berrien County Schools will be developed.  

*Measurable Impact:* Majority of schools in Berrien County will conduct a school-level assessment to understand the baseline status of social cohesion by 2024. |
<p>|                 |                             |                         |                                                                             | Berrien RESA, Van Buren ISD, Berrien County School Districts |</p>
<table>
<thead>
<tr>
<th>Framework Level</th>
<th>Project</th>
<th>Prioritized Health Need</th>
<th>Population</th>
<th>Action</th>
<th>Planned Collaboration (Non SHL Organizations)</th>
</tr>
</thead>
<tbody>
<tr>
<td>GROWTH Internship</td>
<td>Social cohesion and healthcare access</td>
<td>SHL staff, Benton Harbor and Niles youth, and community partners</td>
<td>To ensure a diverse workforce in healthcare, SHL will hire cohorts of paid interns to work within various departments and observe various roles within healthcare, specifically where SHL experiences a lack of diversity. <em>Measurable Impact:</em> A cohort of 20 new interns and five second year interns will be employed in St. Joseph, and a minimum of five new interns will be employed in Niles per year from 2022-2024.</td>
<td>MiWorks!, Bridge Academy, Lake Michigan College, and the Boys and Girls Club</td>
<td></td>
</tr>
</tbody>
</table>

To ensure mentorship opportunities are available, partnerships will be formed with local organizations and internal departments and aim to increase intern knowledge of a wide range of roles within healthcare. *Measurable Impact:* A minimum ratio of seven mentors to one student will be maintained for each cohort. |

| Block parties | Social cohesion | Spectrum Health staff and community members in the Spectrum Health service area | To address a lack of engagement opportunities for community members, population health will support or facilitate community events in or near local hubs and meeting places. These events will also provide opportunities for SHL staff to build relationships with residents where they live and to address gaps in information regarding health and wellness, specifically when it comes to mental and cardiovascular health and wellness. *Measurable Impact:* A minimum of 300 individuals will be reached through engagement efforts by August 2022. | }
<table>
<thead>
<tr>
<th>Framework Level</th>
<th>Project</th>
<th>Prioritized Health Need</th>
<th>Population</th>
<th>Action</th>
<th>Planned Collaboration (Non SHL Organizations)</th>
</tr>
</thead>
</table>
|                 | Launchpad 022 | Social cohesion and safety | Middle school and high school students | To ensure access to educational, mentoring, and leadership opportunities while building relationships with other youth, parents, and community partners, the Center for Better Health will provide a safe place to explore technology and the arts, develop life skills, and connections to internships and jobs in Berrien County.  
*Measurable Impact:* Community building and mentorship activities will be provided weekly at the Center for Better Health by December 2023.  
*Measurable Impact:* A minimum of two new community partners will be identified to support community building and mentorship activities per year. | Benton Harbor Public Library and the University of Notre Dame |
**Partnerships**

**American Heart Association:** National organization that provides guidance and materials to Spectrum Health Lakeland (SHL) to facilitate the adoption of the American Heart Association standards for a self-monitored home blood pressure program.

**American Medical Association:** National organization that provides guidance and materials to SHL to facilitate the implementation of the M.A.P. Blood Pressure program.

**Be Healthy Berrien:** A union of organizations that partners with SHL to identify Community Engaged Research opportunities and conduct research activities.

**Benton Harbor Area Schools (BHAS):** Faculty members of BHAS are able to become certified CPR instructors through SHL. The public school also provides space for SHL to conduct CPR classes.

**Benton Harbor Public Library:** Serves as a location for activities associated with the Pop-up Art & Wellness Center and Launchpad 022.

**Benton Harbor-St. Joseph YMCA:** Serves as a location for activities associated with the Pop-up Art & Wellness Center.

**Berrien Community Foundation:** A public charity that administers CDC Vaccination Grant funds.

**Berrien County Health Department:** Provides health education materials and lead filters for distribution at the Center for Better Health and manages the Benton Harbor Farmers Market, which is where the Prescription for Health program takes place.

**Berrien County School Districts:** Collaborates with SHL and other community organizations to develop strategies to address social cohesion and conduct a school-level assessment of social cohesion as part of the 31N School Mental Health Grant. Berrien County Schools will also serve as locations for programming associated with the Coordinated School Health program.

**Berrien RESA:** Administrator of the 31N School Mental Health Grant, assists with Youth Mental Health First Aid training, and provides consultation and evaluation for the Coordinated School Health program and other 31N School Mental Health Grant activities.

**Boys and Girls Club:** Serves as a location for activities associated with the Pop-up Art & Wellness Center and supports the GROWTH Internship program with staff who serve as social support and coaches throughout the program.

**Brave Talks Alumni Group:** Members promote the Brave Talks program at SHL and a few also serve as facilitators for the program sessions.

**Bridge Academy of Southwest Michigan:** A charter school that supports the GROWTH Internship program by providing staff to serve as social support and coaches to interns.

**Collective Impact Group:** Coordinates and provides logistical support for the implementation of a county-wide CRM training as part of the 31N School Mental Health Grant.

**Coloma Area Schools:** A faculty member was certified as a CPR instructor through SHL to enable Coloma Area Schools to hold CPR classes and to certify students and staff.

**Southwest Michigan Community Action Agency:** Supports social navigation services at the Center for Better Health by providing financial resources to meet clients’ needs.

**Core Counseling Services:** Provides mental health services to clients at the Center for Better Health.

**Department of Health and Human Services:** Coordinates and supports a cohort of foster parents in obtaining CPR certification through SHL.

**Emergency Services Shelter:** Supports social navigation services at the Center for Better Health by providing health insurance, housing, and financial resources to meet client needs.
**Partnerships**

**Fairplain Seventh Day Adventist Church:** Supports social navigation services at the Center for Better Health by providing resources to meet clients’ needs.

**First Church of God:** Local church that supports social navigation services at the Center for Better Health by providing food resources to meet clients’ needs.

**Infinity Consultant Group:** A privately owned and operated consultation and therapy firm that provides mental health services to clients at the Center for Better Health and makes referrals to the Mindful Movement program.

**InterCare:** A community health network that provides referrals to the Center for Better Health for cardiovascular care.

**Krasl Art Center:** In partnership with SHL, created the Pop-Up Art & Wellness Center with local artists and identified locations to host the traveling pop-up.

**Lake Michigan College:** Community college that provides student support services such as academic support, schedule alignment, mentorship, and financial aid or scholarship guidance as part of the Healthcare Careers Pre-Apprenticeship and GROWTH Internship programs.

**Legal Aid of Western Michigan:** Law firm providing social navigation services through the Center for Better Health.

**Michigan Hospital Association:** Provides technical support and guidance in collecting REaL and SOGI data.

**Michigan Works!:** Provides social navigation services to clients at the Center for Better Health. Also helps to provide funding and student support services to the Healthcare Careers Pre-Apprenticeship and GROWTH Internship programs.

**Neighbor to Neighbor:** Supports social navigation services at the Center for Better Health by providing resources to meet clients’ needs.

**Niles Area Schools:** Sends teachers to SHL to become certified as CPR instructors to allow Niles Area Schools to hold CPR classes and certify students and staff.

**Niles-Buchanan YMCA:** Serves as a location for activities associated with the Pop-up Art & Wellness Center.

**OutCenter of Southwest Michigan:** A community center that provides educational materials and professional expertise to ensure that LGBTQ+ people’s needs are met as part of the 31N School Mental Health Grant activities.

**Pokagon Health Services:** Provides space to conduct CPR training and supports cohorts of future babysitters in obtaining CPR certification through SHL.

**Southwest Michigan Local Food Council:** Partners with SHL to identify Community Engaged Research opportunities and conduct research activities.

**St. Joseph Public Library:** Serves as a location for activities associated with the Pop-up Art & Wellness Center.

**United Way:** Provides guidance and educational materials for use in the Vaccine Navigators program at SHL, funded by the CDC Vaccination Grant.

**University of Notre Dame:** A faculty member involved in ESTEEM, a master of science degree program, advises the population health department on the development of the Launchpad 022 program.

**Victory Counseling Services:** Provides mental health services to the Center for Better Health.

**Van Buren Intermediate School District:** Supports the Coordinated School Health program with coordination and implementation of a school-wide assessment to understand health behaviors, risk factors, and protective factors amongst students. They also provide assistance with grant funding.
Glossary

AMA MAP BP framework: A high-impact evidence-based quality improvement program, providing health care organizations a clear path to significant, sustained improvements in blood pressure control. AMA MAP BP has been shown to help organizations achieve—and sustain—a 10 percentage point increase in hypertension control.

Brave Talks (BT): An informal, facilitated gathering of a small group of community members, where conversations about the impact of structural racism on communities of color take place. It is an opportunity to share thoughts and impressions, bravely ask questions, be exposed to new ideas, unlearn, and learn from other participants.

Center for Better Health (C4BH): Established in October 2020 with funding from the Michigan Coronavirus Task Force on Racial Disparities, the C4BH is located in Benton Harbor and offers a variety of services that includes health screenings and education, personal protective equipment (PPE), mental health and social navigation services to Berrien County residents.

Community Engaged Research: A process that incorporates input from those who the research outcomes impact. It involves people or groups as equal partners throughout each stage of research.

Community Grand Rounds (CGR): A speaker series featuring local and nationally recognized speakers, workshops, and other events that explore topics of health equity and population health. The events are designed for professionals in medicine and allied health fields, government leaders, other non-for-profit leaders, and community members.

CPR/AED: Cardiopulmonary Resuscitation/Automated External Defibrillator training of the American Heart Association Heartsaver program.

Community Resiliency Model (CRM)®: A skills-based program designed to teach techniques to re-set the natural balance of the nervous system. The goal of this model is to help create “trauma-informed” and “resiliency-focused” communities that share a common understanding of the impact of trauma and chronic stress on the nervous system and how resiliency can be restored or increased.

Home blood pressure monitoring program: The aim of this program is to increase awareness and control of hypertension. Patients enrolled in the program will have access to a Bluetooth enabled blood pressure monitoring system, regular consultation with a cardiologist, and assistance with eliminating barriers to accessing diagnostic testing.

Neighborhood-based Health Homes (NBHH): Physical locations in under resourced neighborhoods where residents are provided basic health information, resources, and services. Examples include

- Classes on topics like diabetes, heart disease, and stroke.
- Skill-building activities like CPR, Mental Health First Aid, and advocacy.
- Preventive screenings for blood pressure and fasting cholesterol lipid panel with glucose.
- The administration of annual flu vaccines for adults.
- Navigation services to help residents find other resources that are critical for health such as social services, legal advice, and heat and energy assistance.

Prescription for Health (PFH): A program that helps connect food insecure patients with the means to acquire fresh fruits and vegetables from the local farmers market. Each participant receives up to $100 in PFH benefits over the course of the Benton Harbor Farmers Market summer season. Additionally, participants receive health and nutrition counseling and education, blood pressure and weight monitoring, and assistance with connecting to community resources. Education shared at the farmers market is available to all patrons.

REaL: Race, ethnicity, and language

SHL: Spectrum Health Lakeland

SOGI: Sexual orientation gender identity
**Trauma-Informed Yoga:** A therapeutic application of yoga that is designed to be sensitive to the needs of participants with trauma symptoms. The intention of trauma-informed yoga is to create a safe, welcoming, inclusive, and supportive space where students can start reconnecting with themselves and feel safe in their bodies. It emphasizes safety, empowers choice, and shares tools for resiliency and self-regulation.

**Whole Child Model:** A framework for addressing health in schools that supports collaboration between education leaders and health sectors to improve each child's cognitive, physical, social, and emotional development. The Whole School, Whole Community, Whole Child (WSCC) model is student-centered and emphasizes the role of the community in supporting the school, the connections between health and academic achievement, and the importance of evidence-based school policies and practices.

**Youth Mental Health First Aid (YMHFA):** A program which teaches adults how to identify, understand and respond to signs of mental illness and substance use disorders in youth. This 6 and a half hour training gives adults who work with youth the skills they need to reach out and provide initial support to children and adolescents who may be developing a mental health or substance use problem, and help them connect to appropriate care.