



SOUTHWEST MICHIGAN COMMUNITY ACTION AGENCY

COMMUNITY NEEDS ASSESSMENT REPORT

2021 | Approved by the Board of Directors: October 20, 2021



Background of Community Assessment

In 2012, the Federal Office of Community Services (OCS) provided funding to establish the CSBG Organizational Standards Center of Excellence (OSCOE). The OSCOE was charged with developing a set of organizational standards designed to ensure that CSBG Eligible Entities (CEE) have the capacity to provide high-quality services to families and communities with low incomes.

The Standards reflect many of the requirements of the CSBG Act, applicable Federal laws and regulations, good management practices, and the values of Community Action. They are organized into three thematic groups comprised of nine categories with a total of 58 for private CEEs. Community Assessment is one of the nine categories under the "Maximum Feasible Participation" group.

Community Needs Assessment Overview

A community needs assessment establishes a profile of a community, noting both needs as well as community resources. CEEs conduct assessments to determine the needs in a community that can be addressed and the population that is most impacted by the need. CEEs should include both qualitative and quantitative data to assist in identifying needs in the community. From this identification of needs on both the family and community level, and through a strategic process that includes consideration of agency needs, CEEs determine the outcomes that they plan to achieve.

The process of conducting a community needs assessment and the resulting report is the first step in gathering data for the agency-wide strategic plan and the CEE agency-wide annual work plan. While some CEEs may have a focus on CSBG supported services when they do the assessment, the data considered during the process should be sufficient to inform agency-wide strategic choices.

Report Prepared by Ashley Slack, NCRI, CNP

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Introduction



The purpose of this Community Needs Assessment Report is to provide the Southwest Michigan Community Action Agency (SMCAA) with a community assessment to fulfill the requirements specified by Community Action funders and CSBG, and to determine the current needs, strengths, and assets of the Community Action service area. Information for this assessment comes from a variety of sources including responses directly from low-income individuals in order to demonstrate “maximum feasible participation” – encouragement and support of the poor playing a major role in Community Action programs and services. In addition to meeting the timelines and criteria established by funding sources, the results of this study will guide SMCAA’s strategic planning process.

BACKGROUND

The History of Community Action dates back to the early 1960’s when President Kennedy announced the “War on Poverty.” Upon Kennedy’s assassination, Lyndon B. Johnson ascended to the Presidency and carried on with the War on Poverty which he declared on January 8, 1964 during his first State of the Union Address. Following this declaration, Johnson reached out to Sargent Shriver, the head of the American Peace Corps, to be the Director of the Office of Economic Opportunity (OEO) and lead this war. The OEO oversees the Community Services Block Grant (CSBG) which funds Community Action agencies (CAAs) across the nation. On August 20, 1964, Johnson signed the Economic Opportunity Act which began a multitude of programs designed to help economically disadvantaged people work towards self-sufficiency.

Upon Congress passing this Act, a network of CAAs sprang up all over the country to alleviate the impact of poverty at the local level and to support people with low incomes to improve the quality of their lives. All CAAs are overseen by a state agency designated by the U.S. Department of Health and Human Services (DHHS). In Michigan, this state agency is the Bureau of Community Action and Economic Opportunity (BCAEO).

In collaboration with the community and residents, SMCAA is committed to identifying and responding to needs with programs and services, as well as advocacy, which will provide impact on improving the quality of life for low-income members of Berrien, Cass, and Van Buren Counties. Every three years, SMCAA must

conduct a thorough needs assessment of its service areas. This assessment represents a critical component of the overall planning process and is developed to encourage strategic thinking about the Agency’s capacity to impact households and the community in a positive direction towards eliminating poverty.

SMCAA is a private, non-profit Community Action Agency - part of a state and national network. In 1982, the agency started servicing Van Buren County. In 1986, our agency was incorporated and began providing human services to Cass and Van Buren Counties. In 1992, Berrien County was officially added to its service delivery area. Over the past 39 years, the needs of our community have changed and new funding opportunities have become available (especially evident in 2020 during the coronavirus pandemic.) As a result, SMCAA has evolved and grown tremendously. Today, SMCAA is an umbrella agency providing leadership, policy guidance, coordination, and support necessary to successfully manage a wide array of programs and services. With the continued support of our local, state, and federal grant administrators, SMCAA is able to serve over 5,000 households each year by offering more than twenty (20) programs that address the causes and conditions of poverty in the areas of hunger relief and healthy food access, homelessness prevention, financial and family well-being, weatherization, and housing rehabilitation.

Assessment and planning will not stop with the publication of this report. As conditions in our community change, SMCAA will adjust the routes taken to reach the goals set forth by the Agency. We are confident that defining our community’s needs will result in better services to our clients, better outcomes of our programs, and a forward-moving path for all of Southwest Michigan to follow.

Purpose of the Community Needs Assessment

To conduct a community needs assessment with an emphasis on meeting the CSBG requirements and developing a report of top community needs to be used by SMCAA and its community partners for program and service planning and other related efforts.

FUNDER REQUIREMENTS

CSBG Requirement	Page(s)
Standard 1.1: The Organization demonstrates low-income individuals’ participation in activities.	11-12, 18, Appendix E
Standard 1.2: The Organization analyzes information collected directly from low-income individuals as part of the Community Assessment.	11-12, 18, Appendix E
Standard 2.2: The Organization utilizes information gathered from key sectors of the community in assessing needs and resources, during the Community Assessment process or other times. These sectors would include at minimum: community-based organizations, faith-based organizations, private sector, public sector, and educational institutions.	11-12, 77-85, Appendix B, Appendix C, Appendix D
Standard 3.1: The Organization conducted a Community Assessment and issues a report within the past 3 years.	10, 12
Standard 3.2: As part of the Community Assessment, the Organization collects and includes current data specific to poverty and its prevalence related to gender, age, and race/ethnicity for their services area(s).	20-25
Standard 3.3: The Organization collects and analyzes both qualitative and quantitative data on its geographic service area(s) in the Community Assessment.	11-12
Standard 3.4: The Community Assessment includes key findings on the causes and conditions of poverty and the needs of the communities assessed.	4-9
Standard 3.5: The governing Board formally accepts the completed Community Assessment.	Accepted on 10-20-2021

NOTES

Terminology

Community:	Southwest Michigan -- Berrien, Cass, and Van Buren Counties – and all its residents, neighborhoods, municipalities, etc.
Children:	Those in the population under the age of 5, unless otherwise distinguished
Aged:	Those in the population over the age of 65, unless otherwise distinguished
Working Age:	Those in the population over the age of 16, unless otherwise distinguished
Violent Crime:	A crime in which the victim is harmed by or threatened with violence, including rape and sexual assault, robbery, assault, and murder.
Living Wage:	The hourly rate that an individual must earn to support his/herself and family. This is assuming the sole provider is working full-time (2,080 hours per year).

Federal Poverty Level

Throughout this report, the Federal Poverty Level (FPL) is heavily referenced and cited. The FPL, also known as the Federal Poverty Guidelines (FPG), is a measurement of the minimum amount of annual income that is needed for individuals and families to pay for essentials, such as shelter, food, clothes, and transportation. The FPL takes into account the number of people in a household, their income, and the state in which they live.

Many Federal and State programs that offer assistance to individuals and families use the FPL to calculate their annual and/or monthly income limits for program eligibility. The Department of Health and Human Services (DHHS) publishes this information and updates it each January for the current year. The numbers are based on data collected by the U.S. Census Bureau. We will utilize the 2020 Poverty Guidelines throughout this report, unless otherwise stated.

2020 Poverty Guidelines				
Family Size	125% FPL		150% FPL	200% FPL
	Annual	Monthly	Annual	Annual
1	\$15,950	\$1,329	\$19,140	\$25,520
2	\$21,550	\$1,796	\$25,860	\$34,480
3	\$27,150	\$2,263	\$32,580	\$43,440
4	\$32,750	\$2,729	\$39,300	\$52,400
5	\$38,350	\$3,196	\$46,020	\$61,360
6	\$43,950	\$3,663	\$52,740	\$70,320
7	\$49,550	\$4,129	\$59,460	\$79,280
8	\$55,150	\$4,596	\$66,180	\$88,240
*Add \$5,600 for each person over 8		*Add \$467 for each person over 8	*Add \$4,480 for each person over 8	

These guidelines as an eligibility criterion for a number of federal programs, including those listed below which Community Action agencies and/or similar community organizations administer:

- Community Services Block Grant (Community Action’s core funding)
- Head Start
- Low-Income Home Energy Assistance Program (LIHEAP)
- Job Opportunities for Low-Income Individuals
- Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamp Program)
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- Weatherization Assistance for Low-Income Persons (WAP)
- Foster Grandparent Program or Senior Companion Program

Housing Unit

A housing unit, as defined for purposes of this report, is a house, an apartment, a group of rooms or a single room intended for occupancy as separate living quarters. Separate living quarters are those in which the occupants live separately from any other individuals in the building and which have a direct access from the outside of the building or through a common hall. In accordance with this definition, each apartment unit in an apartment building is counted as one housing unit. Housing units, as distinguished from "HUD-code" manufactured (mobile) homes, include conventional "site-built" units, prefabricated, panelized, componentized, sectional, and modular units. Housing unit statistics in these tables exclude group quarters (such as dormitories and rooming houses), transient accommodations (such as transient hotels, motels, and tourist courts), "HUD-code" manufactured (mobile) homes, moved or relocated units, and housing units created in an existing residential or nonresidential structure.

KEY FINDINGS

On the Community Profile

The population in SMCAA's service area has slowly grown over the past few years, and the average poverty rate of the Community remains higher than the State of Michigan average. According to 2019 data, Berrien County had a poverty rate of 16.5% and Van Buren County had a poverty rate of 15.5%. Both of these counties were higher than the state poverty rate of 15% and the national poverty rate of 13.1%. Cass County had a poverty rate of 12.1%.

There are some differences between the demographic characteristics of people in the counties regarding gender, age, and race. First, while Cass County has a higher percentage of males, all three counties have higher percentages of females living in poverty than males. Second, the highest percentage of those in poverty in the tri-county area are children under the age of 5 (21.6%) whereas this age group indicates the smallest percentage of the overall population in the area (5.6%). Lastly, the tri-county has a mostly White racial make-up. Berrien County is the most racially diverse of the three counties with Whites accounting for 78.7%, Blacks 14.6%, and Hispanics 5.5%. In contrast, all three counties have a higher percentage of people of color, especially Black or African American individuals, comprising those in poverty compared to the area population.

The influences of systemic racism and gender bias, as well as the fact incomes have simply not kept up with the cost of living, have created poverty conditions in Southwest Michigan that are difficult for people to escape. Women head of households and minority groups disproportionately have lower education levels, lower paying jobs, and poorer quality housing. There is little opportunity for people in poverty to save money, let alone obtain assets as costs of necessities increase beyond the capacity of these individuals' incomes.

SMCAA is considerate of the country's recent protests related to systemic racism. With this in mind, the Agency has created a Diversity, Equity, and Inclusion Policy and publicly stated the need for changes to ensure better outcomes for people of color in our community. SMCAA has plans to further integrate into the larger discussions occurring in the Community, state, and country on this topic as well. Additionally, staff training have begun to include topics of social and racial justice systems.

On Community Resources

Berrien County has the highest concentration of community resources in the tri-county area. Based on mapping data, urban areas of the county – Benton Harbor/St. Joseph and Niles -- have the most variety of services. The majority of agencies have physical offices, though a few appear to only have an online presence via their website and/or Facebook page. Though there is a food program resource in the

Southwest corner of the county, further exploration of potential services in this area would be ideal as the area does have a moderate number of individuals living below the poverty line.

Cass County has less people living in poverty than Berrien and Van Buren Counties, but those individuals living below FPL are scattered across the county. Some high-need services host physical offices in the county, such as healthcare resources and adult education programs. However, other necessary services, such as domestic and sexual violence resources, lie outside the county. For these services, residents within Cass County are redirected to organizations in Berrien County, Kalamazoo County, or St. Joseph County. Many of the services available in Cass County are provided by organizations serving more counties than just Cass.

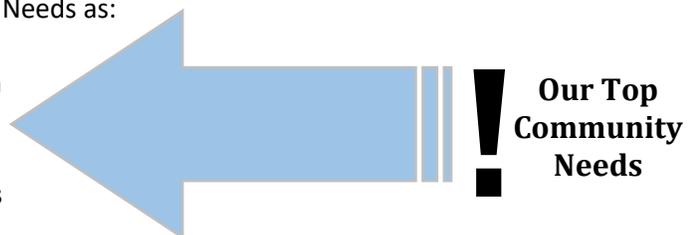
Community resources in Van Buren County are evenly spread across the county, similar to the population living below FPL. Though in-need residents may be required to drive to a municipality outside Van Buren County, most can receive a needed service within the county. A variety of services for many populations are provided through the County administration rather than individual nonprofits. Those private organizations providing services may serve more counties than just Van Buren, and may also have physical locations outside the county.

Overall, the tri-county area has many resources available. Based on mapping data, these services are concentrated in areas with higher percentages of households in poverty, which suggests these resources may be physically accessible to those in poverty as they are more likely to be located within their neighborhood. It is important to note that not all services for residents are physically located within their county of residence and services were less likely to have staggered hours to accommodate individuals working from “regular hours” of Monday to Friday 8:00am to 5:00pm. The least common resources across the service area, and potential opportunities to fill resource gaps, are domestic and sexual violence, homeless shelters or transitional housing, and transportation resources.

On the SMCAA Community Needs Assessment

In Southwest Michigan, certain community needs were identified as the causes and conditions of poverty, and are thus barriers to creating economic opportunity for those most vulnerable in the community. Key informants named the community’s Top Five Needs as:

- **Safe, Affordable Housing**
- **Housing Repairs and Weatherization**
- **Emergency Assistance and Services**
- **Food/Nutrition**
- **Job Opportunities with Living Wages**



Overall, when public assistance programs are based on FPL rather than actual living costs, it can be assumed that programs offering assistance are serving far fewer households than those actually in need of assistance. The current CSBG federal poverty guideline of 125% is not enough for households to cover even their most minimal costs. There are many households in the Community forced to prioritize their limited incomes.

Safe, Affordable Housing

Approximately 15% of Americans qualify for some level of housing assistance. The population in Michigan is around 9,883,000 people. So theoretically there are approximately 1,482,000 people in Michigan who could be receiving housing assistance and/or benefits. However, when public assistance programs are based on FPL rather than actual living costs, it can be assumed that programs offering rent and/or mortgage assistance are serving far fewer households than those actually in need of assistance.

SMCAA is considerate that safe, affordable housing is imperative to the financial well-being and stability of individuals and families across its service area. The Agency offers assistance for safe, affordable housing through various programs and services such as emergency assistance payments, Permanent Supportive Housing, Rapid Rehousing, and a homeless shelter. Agency representatives also attend local Continuum of Care (CoC) which address homeless and housing issues at the County level. Community partnerships to create affordable housing opportunities and assistance with high rent or mortgage payments are necessary for our community and its residents.

Housing Repairs and Weatherization

An average of 26.8% of households in the Community experienced at least one major housing concern in 2019. These housing problems included overcrowding, high housing costs, or lack of essential facilities such as a kitchen or plumbing. One of the lead causes for these housing factors is the age of housing stock in our community. According to data, 38.4% of total housing units in the nation were built 50 years or more ago. This rate pales in comparison to the total housing units in our area: 48.7% of all housing units in Berrien, Cass, and Van Buren Counties were built before 1970.

Even though housing costs continue to rise, property values are decreasing nationwide and Southwest Michigan is no exception. The median values of housing units in the tri-county area are all less than those for Michigan and the United States. Routine maintenance and upkeep on housing units could help to maintain and/or increase the median values within the SMCAA service area, ultimately benefitting the entire community.

Home energy costs are additional barriers towards becoming self-sufficient. Weatherization measures and home repairs and/or maintenance are important steps to conserve energy and allow homeowners to maximize efficiency while minimizing bills. Across our Community, households living in extreme poverty are paying 33.0% of their annual income towards energy bills. With long, cold winters in Southwest Michigan, increased dependency on heating systems leads to these high energy costs. Such costs are an excessive burden on low-income families.

SMCAA is considerate that housing repairs and weatherization are importance to households in the tri-county area because they save energy dollars, increase comfort levels, and make homes safer. The Agency facilitates the Department of Energy's (DOE) Weatherization Assistance Program in Berrien, Cass, and Van Buren Counties, and also acts as third-party administrator to Whole Housing Rehabilitation and the Minor Home Repair Program in select areas – the City of Benton Harbor, Van Buren County, and Allegan County in FY21. Unfortunately, a number of obstacles stand in the way for SMCAA to assist more households that need critical repairs and/or weatherizing measures. The Agency and its stakeholders are actively working with representatives at the federal, state, and local levels to increase awareness of the Community's need for these programs.

Emergency Assistance and Services

Utility assistance is not the only community need when it comes to Emergency Assistance and Services. Access to healthcare services is a critical to good health as well. Ideally, tri-county residents should be able to conveniently and confidently access services such as primary care, dental and vision care, mental health, emergency care, and public health services. This is not the case in Southwest Michigan, though, where there is a severe shortage of primary, dental, and/or mental healthcare providers. Even if there was adequate healthcare availability, low-income people face financial burdens to pay for services. The 2018 average for healthcare costs in the Community was \$8,790, and 6.7% of the tri-county population was uninsured. Research shows that uninsured adults are over 3 times more likely to not visit a doctor or clinic than those who are insured.

Challenges of availability and affordability of healthcare are a small percent of the barriers preventing the Community from meeting its health standards. Other barriers include aspects not quite tangible, but nevertheless important: social stigmas, privacy issues, health literacy, and lack of quality health data to better discover where opportunities for improvement lie. For low-income individuals who view their community as having little anonymity, there may be concerns about seeking care for chronic illnesses, mental health, sexual health, or substance abuse.

Significant racial health disparities are found nationwide. Data shows that racial and ethnic minority groups experience higher rates of illness and death when compared to White counterparts. In the Community alone there were significant variations in mortality rates among races and ethnic groups. As seen in the graph to the right, premature mortality rates for Blacks averaged 1037.7 years lost whereas Whites rates averaged 815.6 years. Whites (93.7%) are insured at higher rates than most other races across the Community. The lowest rate of insured peoples is those of Hispanic/Latino ethnicity (Berrien – 80.2%, Van Buren – 78.9%) and Native Americans in Cass County (83.6%).

SMCAA is considerate that emergency assistance and services provide positive impacts in the lives of the low-income individuals and families assisted. As mentioned previously, the Agency offers emergency assistance through rent and mortgage payments, housing repairs, and utility bill assistance. However, SMCAA does not currently have the capacity to assist the Community with access to healthcare services. Partnering with other community organizations to develop and implement programming to educate both staff and clients on healthcare solutions is a continuous objective of the Agency. Response programs to major health concerns (i.e. tobacco or drug use, obesity, or child abuse or neglect) are also areas the Agency would like to see improvement in our community.

Food/Nutrition

In the SMCAA general public survey, 54 respondents (30.5%) ranked Food Assistance Programs as the #1 most important program SMCAA currently offers. Unfortunately, this need is in large part due to households who experience an economic hardship. Cutting corners on food by skipping meals or purchasing the most filling and cheapest items is an immediate tactic to stretch limited dollars. However, every family needs a certain amount of food on a daily basis, and that is when access to food cannot be delayed or avoided. Food insecurity and hunger are especially detrimental to children where research shows they are known to impair child development and increase risk of poor health.

In 2019, 15,745 Community households (or 13.8%) received Supplemental Nutrition Assistance Program (SNAP) payments. 48.8% of those households had incomes below FPL while 51.2% had incomes above poverty. During this same period there were 7,851 households (8.0% of total population) with income levels below FPL that were not receiving SNAP payments. Children in families with incomes under 130% FPL (for free lunches) or 185% FPL (for reduced price lunches) qualify for the National School Lunch Program (NSLP). There were 24,934 students eligible for free or reduced price lunches in 2019, but 25.0% of food insecure children were ineligible for food assistance programs due to gaps in service provision.

SMCAA offers multiple food distributions and food pantries across the tri-county area each month to assist the Community with food insecurities. The Agency's food assistance programs, the Commodity Supplemental Food Program (CSFP) and The Emergency Food Assistance Program (TEFAP), provide supplemental food packages to low-income pregnant and postpartum women, children under the age of 6, seniors aged 60 and older, and other vulnerable individuals. These programs fill the gap between local cost-of-living and incomes by distributing thousands of boxes and pounds of food each year.

Job Opportunities with Living Wages

Low-income people in Southwest Michigan face a number of barriers to employment and becoming stable and achieving economic security. An ability to earn a living hinges upon three key components: 1.) the skills the individual possesses to get, keep, and grow in a job, 2.) the availability of jobs demanding those skills, and 3.) the accessibility of those available jobs. For communities, economic and social prosperity depends heavily upon the qualifications of the local workforce and the company competition driven by the talent of the people employed.

Lacking education puts an individual at risk of falling into the “poverty trap”. The poverty trap involves the inability to escape poverty due to lack of resources. This can also lead to an intergenerational poverty gap, meaning children of those already in the trap are more likely to be at risk as well. Education and skill development provides the ability for one to access the knowledge necessary to obtain a job and make a living.

Additionally, there are numerous other barriers to employment that people face every day, including but not limited to: disability or mental illness, criminal history, childcare needs, or reliable transportation. In 2019, the Community had a higher unemployment rate (6.0%) than the state (5.9%) or national (5.3%) averages. This means around 39% of the tri-county population were not in the labor force. These challenges are further exacerbated by systemic and cultural issues such as discrimination based on race or gender identity.

However, even if employment can be secured, the current minimum wage in the Community, Michigan, and United States is not a sufficient living wage. Two in five American households are currently struggling to make ends meet. Large numbers of the area’s residents are not able to earn enough to cover basic monthly expenses. Living wages required to meet basic needs range from \$12.98 per hour full-time for a single adult (which is doable) to \$50.52 per hour full-time for a single mom with three children (which is extremely difficult).

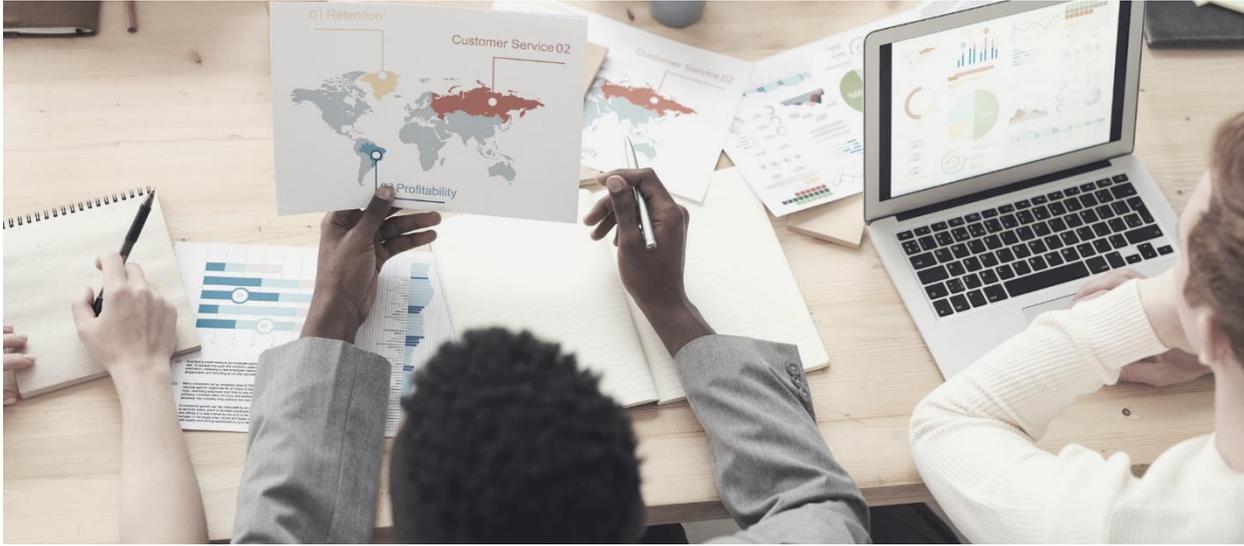
SMCAA is considerate of the fact that in order for the economy to prosper despite a shrinking workforce, the Community can no longer afford to have so much of its potential labor force standing on the sidelines. More people need to be equipped to overcome employment barriers and enter (or re-enter) the workforce. The Agency recognizes this may mean expanding involvement in community development for employment opportunities providing living wages to be created. Advocating for decreases in disparity of pay between genders, ages, and races of equal skill is also essential. SMCAA is currently participating in a peer-to-peer learning collaboration with other Community Action agencies across Michigan and the U.S. to discuss how CAAs may implement the SNAP Employment and Training Program. The Agency also has representatives attend local Human Services Coordinating Council meetings which discuss community initiatives on a monthly basis.

On the COVID-19 Community Needs Assessment

The pandemic has generated a series of social, economic, and cultural effects which will have long-term impacts in the community, state, and country. In particular, the pandemic has exposed and aggravated existing inequalities throughout our society. The pandemic showed significant and unequal effects on Americans dependent on where they live in the United States, their level of education, socioeconomic status, and health history. Wider issues around the economy, educational infrastructure, and social systems have increased these impacts. Those already disadvantaged are now even more vulnerable than before.

However, the pandemic has also exposed areas of strength, resilience, and innovation throughout the Community. Especially in situations where there was vital importance for the community to draw upon local knowledge and resources, and build capacity and channels of interconnectedness between government, community organizations, and the public. This positivity may prove useful for policymakers and others to make sense of our changing world and move forward as smoothly and efficiently as possible.

Community Needs Assessment Methodology

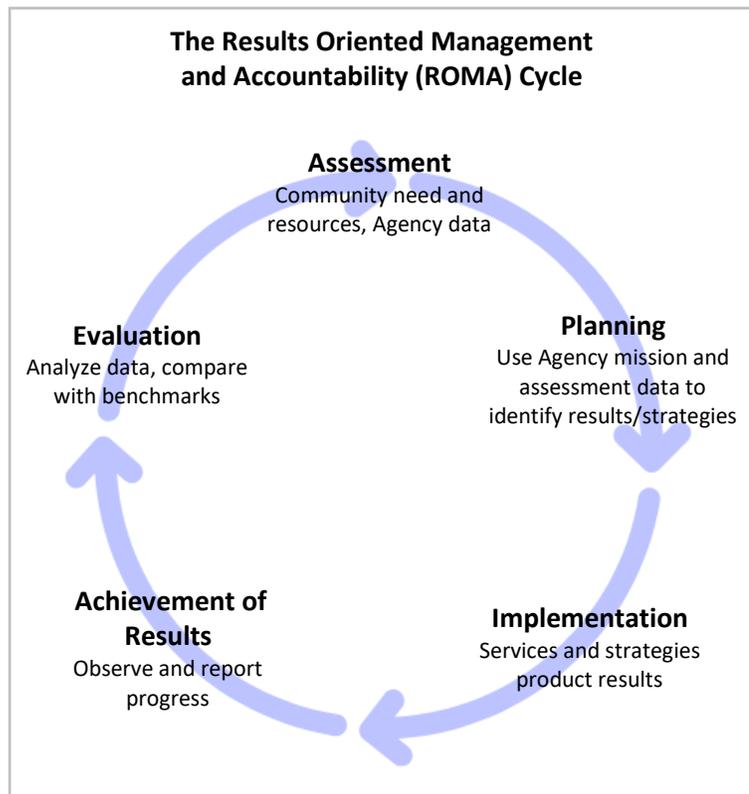


In keeping with the CSBG, the core principles of Results Oriented Management and Accountability (ROMA), and the Organizational Standards by which all Community Action agencies are measured, SMCAA conducts assessments of community needs every three years. The previous Community Needs Assessment was conducted, reviewed, and approved by the Board of Directors in 2018.

METHODOLOGY UTILIZED

Assessment is a key component of ROMA framework (graphic to the right). Assessment, including determining the needs and resources of a community, constitutes the first phase of the ROMA cycle and sets the stage for the Agency planning process. This assessment enables SMCAA to continue adapting programs to meet community needs.

The Agency created new surveys to be distributed to a number of diverse community residents, including low-income persons, and stakeholders between the dates of January 2019 through June 2021. Other data gathered also came from the U.S. Census Bureau’s American Community Survey (ACS). All of the data from the ACS, unless specified, was gathered over a five-year-long study that took place from 2015-2019.



The pages that follow contain this data – both qualitative and quantitative – gleaned from multiple sources during these time periods. This compilation of data, entitled the Community Needs Assessment, provides the framework for both the Agency’s strategic plan and annual Community Action Plan.

Additionally, to fulfill policy requirements of coronavirus relief CSBG funding, SMCAA conducted a COVID-19 Needs Assessment during the time period March 2020 through December 2020 (with some highlights also captured in 2021 and noted respectively). This special assessment allowed the Agency to better understand the impact of the coronavirus pandemic in Southwest Michigan. The urgent needs of our community required maximum flexibility for SMCAA to allocate resources to meet local challenges. The full pandemic-specific results are shared within this report under **COVID-19 Community Needs Assessment** (see page 65).

Using a combination of quantitative and qualitative methods to analyze data from a variety of sources, the SMCAA Community Needs Assessment Report was developed to further analyze trends and identify key findings within the Agency’s service area in Southwest Michigan.

Quantitative Data

Quantitative Data was extrapolated from a number of online needs assessment tools including, but not limited to:

- U.S. Census’s American Community Survey (ACS) and Small Area Income and Poverty Estimates (SAIPE)
- Talk Poverty’s Yearly Poverty by State Report
- Data USA
- Michigan 2-1-1 COVID-19 Dashboard
- County Health Rating
- Michigan Department of Health and Human Services
- Community Commons

All quantitative data collected information from a variety of local, state, and federal sources. Some data also came from the Agency’s own service data which included the number and demographics of clients who have applied for programs and services and those impact by a particular need. A complete source and reference listing can be found at the end of this report under **References** (see page 89).

Qualitative Data

Community Stakeholders Surveys. SMCAA conducted five (5) community needs surveys during the time period of January 4, 2021 through June 18, 2021.

- Community Partner Survey – January 4, 2021 to January 29, 2021 – SMCAA conducted an online survey through Survey Monkey. Community Partners could include individuals from local service organizations, faith-based organizations, local businesses, and other community partnerships. A total of (42) representatives from local organizations completed the brief survey, identifying strengths and challenges in the community.
- Elected Officials Survey -- January 4, 2021 to January 29, 2021 – An online survey through Survey Monkey was emailed to local elected officials including County Commissioners, State Representatives, and Federal Representatives. A total of (2) out of (34) representatives responded to the survey.
- Board of Directors Survey -- January 4, 2021 to January 29, 2021 – The Board of Directors was invited to complete the survey (same instrument made available to elected officials) through Survey Monkey. A total of (6) out of (11) Board members participated.

- Agency-Wide Client Survey -- January 8, 2021 to June 18, 2021 – This client survey is thought to be a vital source of information in program planning, based on its target audience and the number of respondents. Client surveys were distributed with clients via a number of methods: a Survey Monkey link on our Agency website, a Survey Monkey link on our Agency Facebook page, a Survey Monkey link sent via email during intake interviews, and mailed hardcopy surveys. A total of (177) individuals completed the survey distributed in paper and electronic forms.
- SMCAA Staff Survey – February 5, 2021 to February 19, 2021 – All SMCAA staff members were invited to complete a survey through Survey Monkey. A total of (7) out of (19) staff members participated.

Agency-Wide Client Satisfaction Survey. The most widely distributed survey was the client satisfaction survey of low-income households in Berrien, Cass, and Van Buren Counties. These surveys were distributed year-long across Fiscal Years 2018, 2019, and 2020. A total of **1,310** households (2018- 695, 2019- 380, 2020- 235) completed the survey which was distributed in paper and electronic forms. The surveys asked clients direct questions on the services and programs they received from our agency and clients were invited to add commentary to areas where they may have recommendation, suggestion, or critique. (See page 18 for a summary of this survey.)

Interpretation of records, transcripts, etc. This methodology may range from qualitative analysis of quantitative data to case studies (detailed examinations of individual cases). SMCAA utilizes data collected within a number of agency databases during the assessment timeframe.

Issuance of Report

This assessment report will be shared with the community and Agency stakeholders to ensure that the results are shared with partner organizations, other sectors, and the community at large. The report will be issued on the Agency’s website (www.smcaa.com), posted on the Agency’s Facebook and LinkedIn pages ([/swmikkaa](https://www.facebook.com/swmikkaa)), and electronically sent to community partners and stakeholders. Hardcopies will be printed and readily available as well.

LIMITATIONS

As with any survey, study, or assessment, there are limitations that must be identified and considered.

The SMCAA Community Needs Assessment surveys included an optional “No Answer” selection that some of the surveyed may have chosen. Also, a Spanish version of the surveys was not made available and may have prohibited some survey target populations to defer from responding.

Due to the timing of the Community Needs Assessment and the global coronavirus pandemic, there were limitations to maximum feasible participation in terms of hosting focus groups, interviewing clients in-person, and receiving higher quantities of responses to the various SMCAA surveys distributed.

Specifically for the COVID-19 Community Needs Assessment: Previous Community Assessments, as well as countless government and academic studies have established that structural racism, xenophobia, sexism, and stigmatization persist – and are often exacerbated – in times of crisis. However, immediate data was not yet easily obtained regarding the demographics of those most impacted by the pandemic.

SMCAA Agency Profile

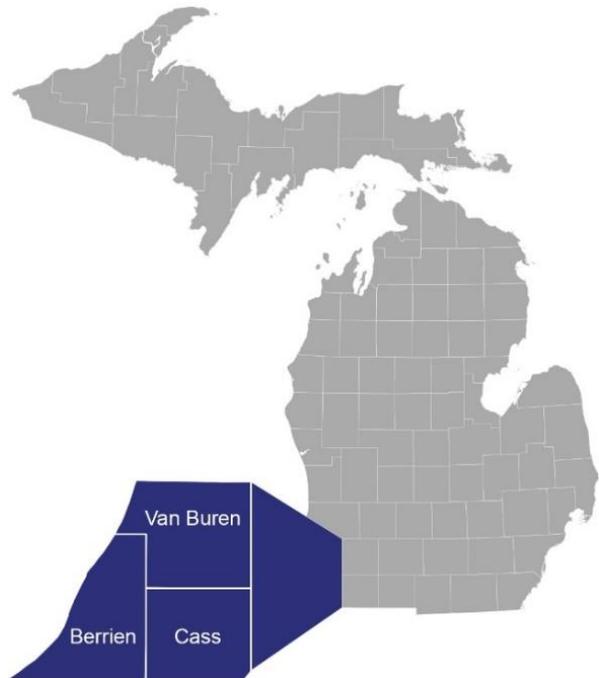


The purpose of the following section is to provide background on SMCAA, information on the services provided by SMCAA, and an overview of selected characteristics of individuals accessing services. In this section we will answer who SMCAA is, what our Agency does, and who we help.

AGENCY BACKGROUND

The Southwest Michigan Community Action Agency (SMCAA) is a private, non-profit Community Action Agency - part of a state and national network. In 1982, the agency started servicing Van Buren County. In 1986, our agency was incorporated and began providing human services to Cass and Van Buren Counties. In 1992, Berrien County was officially added to its service delivery area.

SMCAA brings together federal and state grant funds and donated dollars from local, private, and public sources. These resources are then directed into a number of core and special programs and services which aid the low-income, vulnerable, and otherwise disadvantaged individuals and households residing in Southwest Michigan. SMCAA's current portfolio of services includes homeless prevention, emergency heat and utility assistance, food support, housing empowerment, and family programming.



SMCAA abides by the **Community Action Promise**:

Community Action changes people's lives, embodies the spirit of hope, improves communities, and makes America a better place to live. We care about the entire community, and we are dedicated to helping people help themselves and each other.

SMCAA is dedicated to empowering diverse people in need and supporting their journey towards economic security. Our vision is to be a beacon of support in a strong thriving community by helping people and changing lives.

The Core Values that guide SMCAA are:

- **Action** – We are committed to setting goals for our programs, and working persistently and sensibly towards meeting benchmarks and facilitating impactful economic and social change.
- **Respect** – We acknowledge and appreciate the dignity, humanity, experience, intelligence, and potential of each member in our community.
- **Stewardship** – We believe we have an obligation to be good stewards and to utilize our resources strategically and thoughtfully.
- **Integrity** – We take responsibility for our actions and the results of those actions with honesty and transparency.
- **Community** - We believe in developing active partnerships in order to build effective solutions and high quality programs for the community we service.

SMCAA is governed by a 9-member tripartite Board of Directors, comprised of equal representation from the public, private, and consumer (low-income) sectors.

2020-21 Board of Directors

<i>Public Sector</i>	<i>Private Sector</i>	<i>Consumer Sector</i>
Julie Wuerfel	Juliet Johnson	Corey Christopher, Vice Chair
Robert Benjamin	Minnie Warren, Chairperson	Michael Franks
Gail Patterson-Gladney, Secretary	Kathy Lyons, Treasurer	Meagan Underwood

In Fiscal Year (FY##) 2020, the Agency was blessed with the talents of **18** full-time staff members, **4** part-time staff members, and numerous volunteers who provided **7,395.25** hours of service (**131** hours of which were donated by individuals with low incomes.)

Leadership Team

Kim Smith Oldham, Executive Director
Sandra Klank, Weatherization Manager
Deborah Oleneack, Finance Director
Ashley Slack, Operations Manager
Yvonne Vidt, Community Services Manager

Special Acknowledgements

SMCAA would like to thank the hundreds of people who answered surveys, the SMCAA staff members, our Board of Directors, and our community collaborators for their commitment and goodwill throughout this lengthy Community Needs process. A special thanks to Kim Smith Oldham, SMCAA Executive Director, and Ashley Slack, SMCAA Operations Manager, for conducting, gathering, analyzing, and compiling the information in this report. The lead researcher was Ashley Slack. This report was prepared by Ashley Slack.

SERVICES PROVIDED

Characteristics of current SMCAA program participants and services during the most recently completed fiscal year can provide useful insights and guidance about future needs of low-income people and the services that can be provided by the Agency to meet those needs. It is reasonable to assume that program participants and service needs of low-income people in the Community will be similar over the next few

years to the experience of FY20 – especially given the “new normal” of society following the global COVID-19 pandemic.

As SMCAA strives to help people and change lives, a number of services and programs are administered by the Agency across Berrien, Cass, and Van Buren Counties.

According to SMCAA’s FY20 counts, Community Action provided services to **4,956** unduplicated individuals and **3,293** unduplicated households through the programs and services offered. The number of individuals or households served and types of services provided in each of SMCAA’s impact areas for FY20 are summarized below.

NOTE: In FY20, SMCAA assisted **9,704** duplicated individuals and **9,059** duplicated households. These duplicated counts provide evidence to those individuals and families who sought assistance through the Agency and also received “wrap-around” services. This means that some of those unduplicated individuals and households who were eligible for the service they walked through the Agency door to receive were also eligible for additional programming and further assisted.



Community Assistance Impacts	
54,634	Food boxes provided to households
292	Households received utility/fuel assistance

Community Development Impacts	
77	Households obtained safe, affordable housing
32	Homeless households obtained safe, temporary shelter
424	Households avoided eviction
204	Families received housing support
2,047	Bed nights in our homeless shelter
18	Individuals reported improved financial well-being

Weatherization and Housing Rehab Impacts	
28	Improved health and safety due to home improvements
29	Improved energy efficiency and/or experienced energy-burden reduction

It is SMCAA’s continued goal to eliminate the causes of poverty, increase self-sufficiency of individuals and families, and revitalize communities.

“I am so grateful for the assistance SMCAA provided to me in my time of need. Having my mortgage paid this month has helped me get caught up on other things.”

Client’s Satisfaction Survey Response

Characteristics of Individuals Served

SMCAA collects demographic data on participants from select programs. The following is data collected on the 4,956 unique individuals serviced in FY20.

Federal Poverty Level (n=4,956)

Obviously the majority (63.9%) of individuals serviced by the Agency are at or below the FPL, but what are the actual statistics by varying poverty level percentages? At the time of their enrollment, 12.3% of clientele households were living at or below 50% FPL, 15.4% between 51-75% FPL, 19.3% between 76-100%, and 16.8% between 101-125%.

Gender (n=4,956)

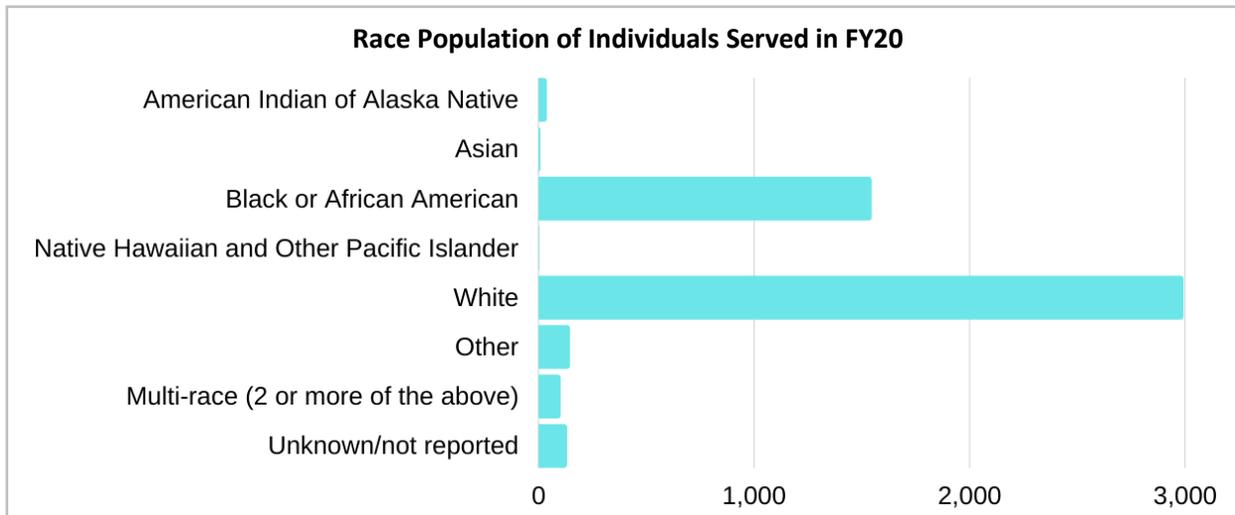
More individuals receiving SMCAA services identified as female (60.8%, n=3,005) than male (39.2%, n=1,935). Sixteen individuals chose not to report their gender.

Age (n=4,956)

SMCAA served a higher proportion of those over the age of 65 in comparison to the percentage of youth. Those over the age of 65 accounted for 43% (n=2,155) of those served, adults aged 18 to 64 at 40% (n=1,973), youth aged 6 to 17 at 12% (n=583), and children under the age of 5 at 5% (n=245).

Ethnicity and Race (n=4,956)

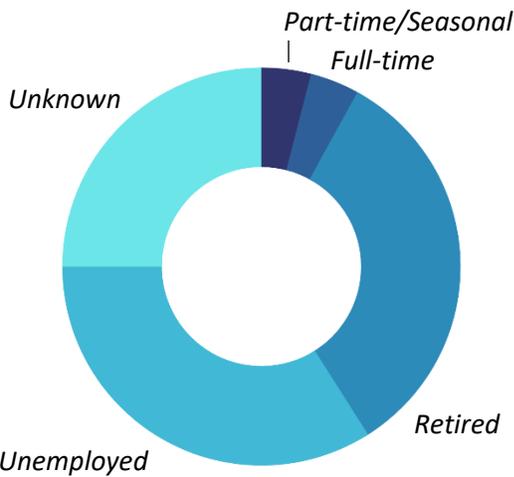
The majority (90%, n=4,473) of individuals served by SMCAA in 2020 identified as not having Hispanic, Latino, or Spanish origins. More individuals served identified their race as White (60%, n= 2,991). The second highest racial identification was Black or African American at 31% (n=1,544). A graph of the total racial make-up of the population served in FY20 is as follows:



Education Attainment (n=3,901)

Of those who were at least 25 years old and served by SMCAA in FY20 (n=3,901), the highest percentage were high school graduates without college experience (41%, n=1,580).

Less than high school graduate	High school graduate	Some college	Associate's degree or higher
33%	41%	11%	10%



Employment Status (n=3,423)

There is a tie between majorities of individuals who were served by SMCAA in FY20: those either retired (34%, n=1,168) or unemployed (33%, n=1,113). Unemployed could be short-term, long-term, or not in the labor force. Less individuals served were employed full-time (4%, n=154) or part-time (4%, n=126). Seven individuals worked as migrant seasonal farm workers.

A large percentage of individuals served by SMCAA did not report their employment status (25%, n=855) as some programs do not require this information for eligibility determination.

Disabling Conditions (n=4,956)

SMCAA served a higher percentage of individuals without a disabling condition (83%, n=4,128) than of those with a disabling condition (17%, n=828).

“I was divorced at the age of 46, and my ex-wife left our 13-year-old daughter with me. I quit a successful executive career and had several mishaps which resulted in my losing my home. I also became disabled after breaking both feet during the five years I was homeless. It took 15 years, but with the help of many, including SMCAA, I am proud to say my bills are now current. I still have room to grow, but my hope is restored, especially in the scope of reuniting with my children someday soon. One daughter I have not seen in over 18 years, and now I feel our chance to reunite can happen!”

Client Success Story (Client faced Homelessness and Disability)

Characteristics of Households Served

SMCAA also collects demographic data on unique households from select programs each fiscal year. The following is data collected on the 3,293 unique households serviced in FY20.

Housing (n=3,293)

Of the total households SMCAA serviced in FY20, 29.1% (n=958) lived in owner-occupied housing and 45.1% (n=1,484) lived in renter-occupied units. 3% (n=99) identified as homeless. Some programs do not require this information to be collected at intake, so there were 21.4% (n=704) of households that did not report their housing tenure.

Household Size (n=3,293)

The majority (74.5%) of households were single persons (n=2,452). Two-person households made up significantly less of those serviced (14.5%, n=478), and this decreasing pattern continued as households grew: three-person (4.6%, n=151), four-person (3.3%, n=108), and more (3.2%, n=104).

Household Type (n=3,293)

The majority of households SMCAA served in FY20 were single person households (66.5%, n=2,191). Out of familial households (33.5%, n=1,102), a considerable amount of them were single parent households

with a female head (20.1%, n=221). Male head single parent households only accounted for 1.7% (n=19) of those served by SMCAA in FY20. Married-couple families accounted for 7.8% (n=86).

“I am so appreciative of the improvements and replacements done to my home. Thanks to the sensitive testing equipment, low levels of carbon monoxide were detected which could have caused long-term damage to my lungs and hearts. I had symptoms, but am now feeling better – and have more energy! Thank you also to the insulation crew who worked in the rain, dark, cold, and wind; they did a great job. They were careful to keep my carpet clean and remove the furnace, hot water heater, and bathroom vent fan without damaging anything in the process. I could never have afforded these repairs due to my low income without the help of SMCAA.”

Client Satisfaction Survey Response
(Household is Female Head, No Spouse)

SMCAA CLIENT SATISFACTION SUMMARY

Being able to ensure that SMCAA is meeting clients’ needs is only part of the complex formula that goes into Agency programming and services. Another part of the equation is ensuring clients feel good about the service he/she has received and that he/she feels welcomed to return to the Agency for future needs as they arise. This is why staff diligently distribute Client Satisfaction Surveys to each individual whom receives a service from our agency – to capture how the satisfaction of the overall experience in working with SMCAA to help them and change lives.

Each Client Satisfaction Survey is a highly personal assessment strongly affected by a client’s expectations. Contact with SMCAA staff members, its services, and the client’s personal outcomes influence such expectations on a client-by-client basis.

SMCAA has a systematic approach for collecting, reporting, and analyzing client satisfaction data. Every person who is assisted by SMCAA is provided a survey at the end of his/her service. (A single person may receive multiple surveys if he/she is assisted through multiple programs.) When meeting in-person, hardcopy surveys are handed to the client and completed before he/she leaves the office. When meeting virtually, digital surveys via SurveyMonkey are emailed and hardcopies are mailed to the client. Due to the coronavirus pandemic and the lack of in-person meetings in 2020, SMCAA experienced noticeably lower quantities of returned surveys: **235 responses** were received from clients in FY20.

The Yes/No questions on the Client Satisfaction Survey 2020 were as follows:

1. Was telephone contact friendly and helpful? (97.4% positive)
2. Was it easy to schedule an appointment? (90.6% positive)
3. Were you promptly assisted? (97.4% positive)
4. Were you treated with respect and felt welcomed? (98.3% positive)
5. Did staff give you a clear explanation of services? (97.4% positive)
6. Did staff thoroughly answer your questions? (97.0% positive)
7. Did staff help you with your problem(s)? (92.3% positive)
8. Did you feel services were confidential? (97.9% positive)
9. Were you informed about other SMCAA and/or community programs? (85.5% positive)
10. Would you come back and recommend SMCAA services? (98.3% positive)

Clients are also asked if they would be willing to participate in future potential discussion groups. A comment section asking clients how SMCAA can better serve them is also provided.

The overall consensus of the FY20 survey for client satisfaction with SMCAA, its staff, and its programs and services was positive. The largest complaint was in regards to response time with initial client inquiries and caseworker follow-up. Unfortunately, an enlarged caseload during the COVID-19 pandemic with limited staff members increased these response times. Sometimes intake staffs' response time decreased depending on his/her caseload, eligibility follow-up, scheduling conflicts, etc.

“I don’t see any room for improvement. I am so blessed and thankful for SMCAA! I was treated with respect and [Staff Member] had the utmost patience in gathering all the information needed to assist me in my time of need.”

Client Satisfaction Survey Response

Community Profile & Poverty Statistics



The purpose of the community profile on the following pages is to provide an overview of Southwest Michigan: Berrien, Cass, and Van Buren Counties.

Correspondingly, a “Fast Facts” sheet has been generated which presents key demographic data through a comparison across each county, the State of Michigan, and the whole United States (*see Appendix A*).

This community profile includes:

- Geographic description
- Population trends
- Racial identity
- Household composition
- Median income
- Unemployment rate
- Work force composition
- Homeownership rate
- Poverty rate
- Gender of those in poverty*
- Age of those in poverty*
- Racial identity of those in poverty*

**indicates data required by CSBG*

Geographic Description

Berrien, Cass, and Van Buren Counties are located in the southwestern corner of the lower peninsula of Michigan. The area borders Indiana to the South and Lake Michigan to the West.

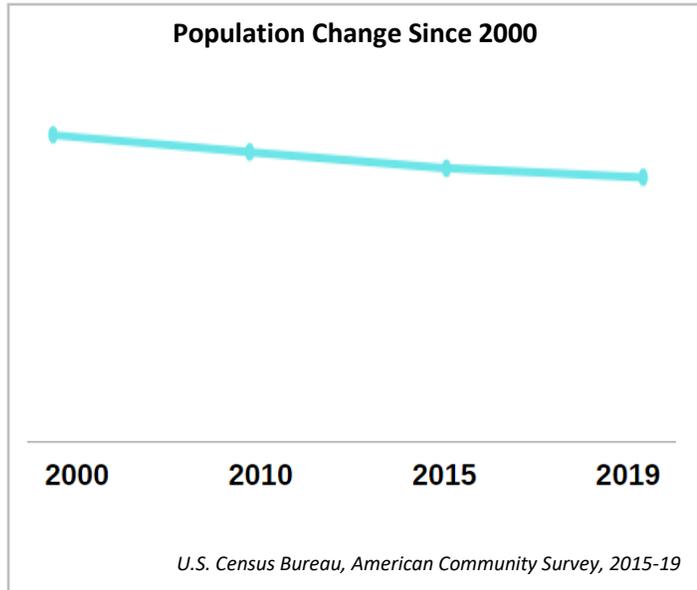
According to the U.S. Census Bureau, Southwest Michigan has a total area of 3,179 square miles, of which 1,665 square miles (52.4%) is land and 1,514 square miles (47.6%) is water. Cass County is the smallest county in Michigan by total area.



A major geographical feature in Southwest Michigan is the St. Joseph River, which flows from the City of Niles to its mouth on Lake Michigan in the City of St. Joseph. Much of the area is farmland dotted with small towns. However, tourism is a major industry in the area. Cities along Lake Michigan has become a vacation destination for Chicagoland residents, earning nicknames such as “Harbor Country” and “the Hamptons of the Midwest”, with the latter recognized by the Wall Street Journal in 2013. Chicago is 94 miles from southern Berrien County, which takes about 1 hour and 42 minutes to drive on the interstate.

Population Trends

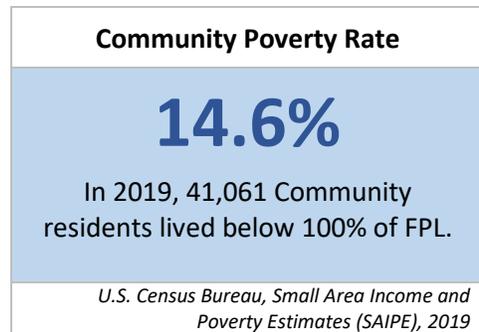
According to the 2019 American Community Survey (ACS), the estimated total population for the Community was 281,014 people. The population was distributed among 55 townships, 14 cities, and 20 villages. The largest cities were Niles (n=11,211), Benton Harbor (n=9,843), Saint Joseph (n=8,316), and Dowagiac (n=5,743). Overall, the Community’s population saw a decrease since 2000. In 2000, the Community’s total population was 289,820 people. This was a -3.04% decline.



136,196 (48.9%) of the total population identified as male and 144,818 (51.1%) as female.

The median age was 43.1 years old with 16,108 (5.7%) individuals of the population under the age of 5, 165,238 (58.8%) individuals between the ages of 18 and 64, and 53,457 (19.0%) individuals over the age of 65. The top age groups were ages 50-59 years (14.4%), 60-69 years (13.9%), and 10-19 years (12.6%).

Out of the total population (n=281,014), 276,106 individuals had their poverty status determined by the U.S. Census Bureau in 2019. Of this population, 41,061 (14.6%) persons lived below FPL in the Community. This rate is higher than the state’s at 12.9% and the country’s at 12.2%. In 2000, the Community’s poverty rate reported as 11.8%. There has been a 3.14% increase in the Community over the past twenty years, which follows Michigan’s increase of 3.2%. Nationally, the United States has only seen an increase of 1.0% poverty during the same time period. (**NOTE:** This information is at 100% FPL.)



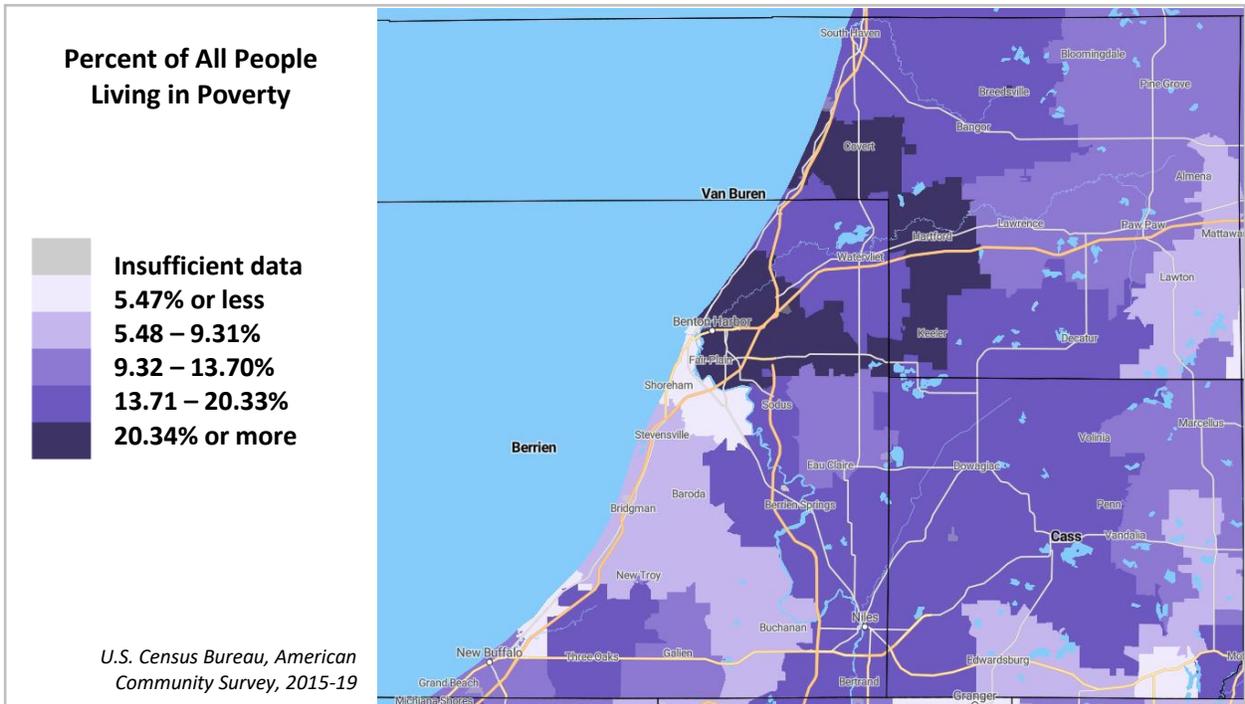
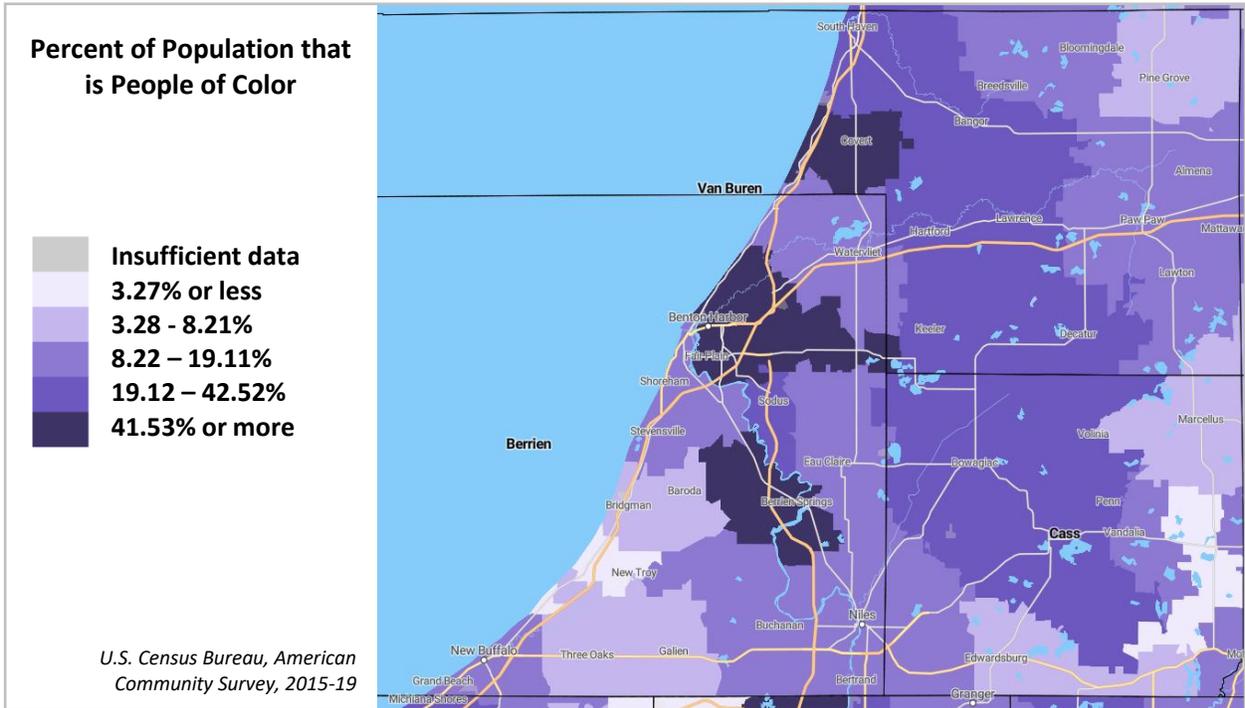
According to the ACS 2015-19, there were 18,455 (13.6%) of the male population living below poverty level and 23,082 (16.5%) of the female population. Of those living below poverty level, 21.6% were under the age of 5, 13.8% were aged 18 to 64, and 7.7% were 65 years and older.

Racial Identity

The majority (82.6%) of the Community residents identified as White. The Black population represented 9.9% and other races combines were 4.2%. Persons identifying as mixed race made up 3.4% of the population. The area contains a reservation of the Pokagon Band of Potawatomi Indians, though only 50 individuals identified as Native American according to the 2019 ACS. The Pokagon Band is a federally

recognized tribe with approximately 5,000 members with its headquarters are located in the City of Dowagiac. Of the total population, 13.6% identified themselves as Hispanic/Latino ethnicity.

Though the majority of the population identified as White, only 11.4% of the White population lived below FPL. Oppositely, 39.2% of the Black population, which only accounted for 9.9% of the total population, live in poverty. By race alone, those identifying as Native American faced poverty rates of 34.2%, Hispanics/Latinos 27.9%, and those of mixed race 21.4%. The following maps show racial disparities among those living in poverty in the Community:



Pockets of poverty in excess to the area’s average (14.7%) can be found across all three counties. Specifically, in the northern and eastern portions of Berrien County, the southwestern portion of Van Buren County, and northwestern portion of Cass County. The City of Benton Harbor, Keeler and Watervliet Townships, and Covert Township are communities experiencing the greatest poverty rates, with the City of Benton Harbor and Covert Township also hosting the highest percentages of people of color.

In the City of Benton Harbor, 48.0% of individuals live below the poverty level. The population of the city was 9,741 in 2019. The majority (82.9%) of this population identified their race as Black and only 9.5% as White. However, 50.7% of the Black population in the city were living below FPL. Disparity is clearly evidenced when assessing Benton Harbor’s neighbor “across the river”: St. Joseph. St. Joseph had a population of 8,317 people with the majority (82.1%) identifying as White. This city only has a poverty rate of 10.2% and the highest racial population facing poverty was Hispanic residents (15.6%).

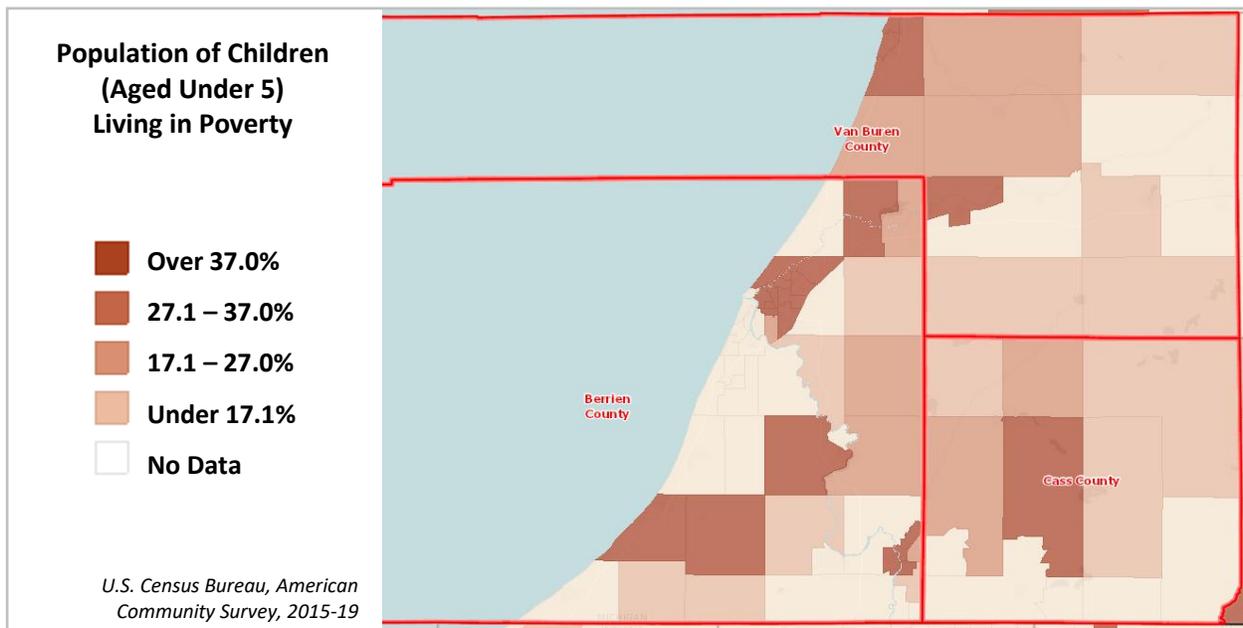
Poverty in Community Cities		
	Poverty Rate	Pov. Rate by Predominant Race
Benton Harbor	48.0%	50.7% - Black
St. Joseph	10.2%	10.6% - White
Berrien Springs	24.8%	36.8% - Black
Coloma	23.1%	24.1% - White
Dowagiac	36.8%	22.0% - White
Edwardsburg	20.5%	21.1% - White
Bangor	17.9%	19.4% - White
Paw Paw	26.0%	24.9% - White

U.S. Census Bureau, American Community Survey, 2013-17

Looking at poverty information below 200% FPL, the poverty rate in the Community is 34.7% (compared to Michigan at 31.7% and the United States at 30.9%). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status (something we’ll discuss in detail later in this report.)

Poverty is especially prevalent among children in the Community. In 2019, 22.9% of children ages 0-17 lived in a state of poverty. This rate was higher than the state (19.9%) and country (18.5%). In 2000, the Community’s child poverty rate was 16.9%, so there was a 3.6% increase over the past twenty years.

Poverty upon young children is seen as the most undesirable as the future of the child is not the only thing affected – the future of the community is also at stake. Locally, 26.3% of children under 5 lived in poverty.



Only 16.5% of the White child population (aged 0-4) lived below FPL compared to the significantly high percentage of 63.6% of Black children. By race alone, those children under 5 identifying as Native American faced poverty rates of 27.1%, Hispanics/Latinos 40.7%, and those of mixed race 28.9%.

The following table breaks down the Community into some of the more populated cities and looks at child poverty rates, as well as the poverty rates among students and non-students:

Community Cities' Children Living in Poverty					
	Young Children	Grades 5-12	College & Up	Student	Non-Student
Benton Harbor	78.9%	58.9%	31.5%	61.8%	40.8%
St. Joseph	8.5%	11.4%	12.2%	6.9%	10.8%
Berrien Springs	43.1%	15.7%	44.1%	33.6%	19.6%
Coloma	53.5%	31.7%	18.7%	33.6%	18.0%
Dowagiac	36.0%	52.1%	59.2%	51.4%	29.0%
Edwardsburg	53.6%	17.5%	46.7%	20.7%	18.7%
Bangor	11.0%	6.8%	17.8%	10.2%	17.8%
Paw Paw	15.5%	19.8%	31.4%	17.4%	29.4%
<i>*Young children are those enrolled in nursery school and grades 1-4.</i>				<i>*Enrolled in school vs. not enrolled</i>	
<i>U.S. Census Bureau, American Community Survey, 2013-17</i>					

Consistent with poverty trends in the Community, child poverty can be found in excess of the Community's poverty rate in the City of Benton Harbor. The cities and villages of Coloma, Edwardsburg, and Berrien Springs also saw high child poverty rates.

As stated, poverty upon children is a major risk to the future of a community. This is because poverty for developing children can have drastic impacts on graduation and continuing education attendance rates. Also, students in college and other continuing education classes generally better local economies by bringing employers, revenue, and higher living wages post-graduation.

Historically, the poverty rate for the aged population was higher than the rates for younger groups, but the aged have experienced lower poverty rates than children (under age 18) since 1974 and lower rates than adults aged 18-64 since early-1990s. In 2019, 53,457 (19.0%) of the total Community's population were adults aged 65 and older. However, the local aged poverty's rate was only 8.1%. This poverty rate for aged people in the Community was less than the state average of 8.4% and national average of 9.3%.

The aged population's poverty ratings followed trends previously discussed. Aged females were more likely to live in poverty at a rate of 9.8% compared to males at 6.1%. Native Americans were the least likely, by race alone, to live in poverty at 2.7%. Whites were second least-likely at 6.8%. By race alone, the aged identifying as Black faced poverty rates of 23.0%, Hispanics/Latinos 20.3%, and those of mixed race 9.4%.

It is important to also take into consideration life expectancy and the disparities of the total aged population when looking deeper into those poverty statistics. According to Center for Disease Control and Prevention 2010-15 data, the Community's average life expectancy at birth was 77.8 years. Life expectancy takes into account the number of deaths in a given time period and the average number of people at risk of dying during that period.

The aged population accounted for 19.0% (n=53,457) of the Community's total population. Of those aged, 15.7% were male and 20.5% female. Whites made up a high percentage of the aged population with 20.9%, Blacks with 12.8%, Hispanics/Latinos 4.8%, and those of mixed race 5.8%.

Household Composition

The majority (72.8%) of the 114,095 households were comprised of families. Family households led by a married couple (50.8%) were most common. Female heads of households with no spouse made up 24.6% of familial households, 18.1% were led by a single male parent, and 6.4% were led by co-habiting couples.

There were an estimated 75,846 families in the Community in 2019. Of these families, the ACS 2015-19 estimated 8,315, or 11.0%, of them were living below FPL. This is higher than the state average of 9.9% and national average of 9.5%. Of the familial households in poverty, female headed households represented 55.7% of all households in poverty, compared to 33.2% and 11.1% of households headed by males and married couples, respectively.

Income and Employment

Median Household Income

The median household income for residents in the Community was \$53,462. In comparison with both the median income of Michigan (\$56,697) and the United States (\$64,937), this amount is noticeably less. However, there has been some growth in the area's median income over the past five years. In 2013 the area's median income was \$44,914, and in 2017, \$50,800.

Unemployment Rate

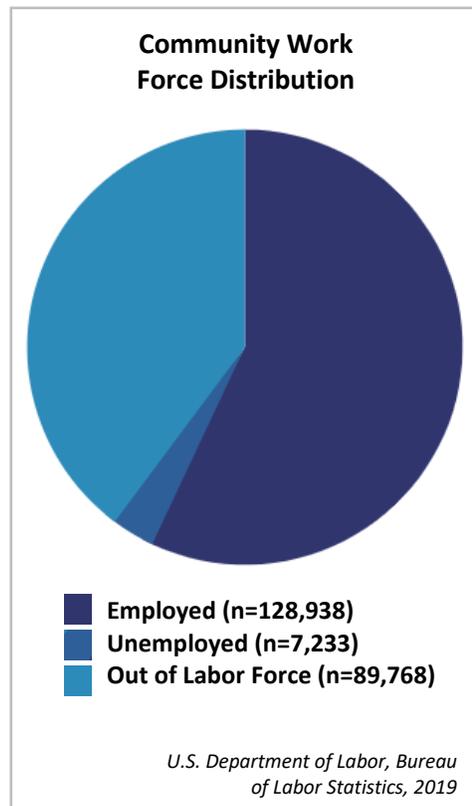
An interesting fact is that, due to the COVID-19 pandemic, the unemployment rate was at an unprecedented high of 17.6% in May 2020. However, to gain the best understanding of patterns in unemployment, we will look at the Community's rate from 2019: 6.0%. This is on par with that of the state average (5.9%) and slightly higher than the national average (5.3%).

Work Force

According to 2019 data, there were 225,939 individuals of working age in the Community. The graph to the right shows a breakdown of the Community's Work Force Distribution:

NOTE: The unemployed are those who are out of work and who are actively looking for a job. Those unemployed but not looking for a job are part of the "out of labor force" category.

22.5% of those in the labor force worked in management, business, science, and arts occupations, 29.8% in service occupations, 12.9% in sales and office occupations, 8.6% in natural resources, construction, and maintenance occupations, and 26.2% in production, transportation, and material moving occupations.



Homeownership Rate

In 2019, 75.9% of the housing units in SMCAA's service area were occupied by their owner. This percentage of owner-occupation was higher than the national average of 63.9%.

SMCAA Community Needs Assessment



The purpose of the following section is to provide information on the causes and conditions of poverty, and the needs and strengths of communities in Berrien, Cass, and Van Buren Counties. This assessment is based on surveys with community key informants and secondary data. Surveys occurred between January 4, 2021 and June 18, 2021.

“A minimum wage of \$15 per hour is needed. Affordable, well-maintained housing where residents receive homeowner education classes is needed. Every resident needs medical insurance providing coverage for essential costs. Children need good education with available tutoring options. The elimination of food deserts in low-income neighbors is needed. All of these things can help rise the vulnerable out of poverty.”

Board of Director’s Survey Response
on the Needs of the Community

“The need for housing repair services is vital to our community and our clients, but such repairs result in high costs that current funding guidelines cannot fulfill.”

SMCAA Staff Member’s Survey Response
on the Needs of the Community

“Our community needs more apprentice and/or mentorship services to help those in-need to explore current skills and develop new skill sets to satisfy a number of area employers.”

Community Partner’s Survey Response
on the Needs of the Community

“Transportation is a big concern in our community. Even where public transit is available, mobility is difficult to access. Our community needs regular, prompt service to all residents. This will positively impact a number of other needs, such as unemployment.”

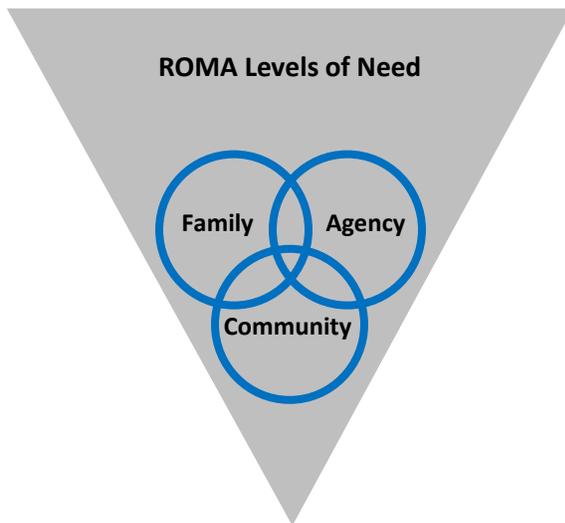
Board of Director’s Survey Response
on the Needs of the Community

BACKGROUND

Federal poverty thresholds were originally developed in the 1960's by the Social Security Administration. At that time, a study showed that families of three or more persons facing some short-term hardships used about one-third of their total money after taxes on food. Using "three times the cost of food" methodology, poverty thresholds were developed for families of all sizes. Since that time, updates have only been made in relation to the Consumer Price Index, and no other factors.

Across the nation, Community Action agencies receive CSBG dollars, designed to reduce poverty, revitalize low-income communities, and empower low-income families to become self-sufficient. This funding supports agency operations and administration, and direct service programming impacting those individuals and families at or below the federal poverty limit.

NOTE: The FPL eligibility percentage is set per program. Most programs prior to the COVID-19 pandemic designated at or below 125% FPL as their eligibility requirements. During and post-pandemic, many programs have increased this designation to at or below 200% FPL. The following assessment information will be in reference to 125%, unless otherwise stated.



Using Community Action's ROMA practices, needs identified within this report have been categorized as one of three levels: Family, Community, and Agency.

Family level need is with which human services or helping agencies are the most familiar. These needs impact an individual or family because a person has a barrier, challenge, or deficiency that they are unable to resolve themselves. For example, someone who lacks job skills and therefore cannot get a living-wage paying job has a Family level need. The resolution may be to provide this person with the job skills necessary to earn and maintain a living-wage paying occupation.

However, if an individual living in community has adequate job skills, yet there are not enough employers for available workforce, then this would be a **Community level need**.

An **Agency level need** is the ability of the community organizations and/or partners to come together and resolve either a Family or Community level need. This can be in a number of ways, such as a new collaboration being formed or new funding opportunities for services in order to impact the need on an Agency level.

Many needs can be at least partially categorized on each of these three levels. Think on the example of accessible jobs, an area may have a workforce needing to learn new skills, but that area would also need to attract new employers. To accomplish both, an innovative partnership may need to be created to secure additional funding sources. However, by defining the need by level – Family, Community, or Agency – SMCAA is better able to see the difference between a cause and a condition. This difference allows our agency to implement better interventions and ultimately achieve better outcomes.

CAAs are charged with not only understanding the conditions of poverty in our service areas, but also the causes. This then allows us to provide the type of services and supports to eradicate those causes by the root.

As part of this process for understanding needs and the causes and conditions of poverty in our tri-county service area, SMCAA also completed an extensive internal evaluation of its current programs and services, again utilizing the ROMA process. This evaluation allowed SMCAA to learn more about the impacts of programs and services offered by the agency made on the lives of individuals and families. It also provided a foundation of understanding that will help shape and mold initiatives to meet ongoing and/or future needs in our communities.

SURVEY RESPONSES

SMCAA surveyed agency staff members, SMCAA Board of Directors, local elected officials, and community partners regarding their perspective on needs in the Community. Collectively, these groups identified a number of needs and analysis of their responses clearly indicated five core barriers to self-sufficiency per surveyed target group:

Top 5 Community Needs per SMCAA Surveys by Survey Target Group		
SMCAA Staff Survey	Elected Officials and Board of Directors Survey	Community Partner Survey
<ul style="list-style-type: none"> • Food/Nutrition • Housing Repairs and Weatherization • Emergency Assistance and Services • Safe, Affordable Housing • Income Management and Budgeting Education 	<ul style="list-style-type: none"> • Safe, Affordable Housing • Food/Nutrition • Education, Job Training, and/or Skill Development • Emergency Assistance and Services • Job Opportunities with Living Wages 	<ul style="list-style-type: none"> • Safe, Affordable Housing • Education, Job Training, and/or Skill Development • Connection to Community Resources • Job Opportunities with Living Wages • Food/Nutrition

Agency-Wide Client Community Needs Survey (n=177)

An online survey was designed to collect information from the general public (potential clients) and individuals accessing one or more of SMCAA’s services and/or programs. Respondents were asked to identify themselves by County and area of residence. Fortunately, a total of 177 surveys representing the entire Community were returned: Berrien (60.5%, n=107), Cass (15.8%, n=28), and Van Buren (23.7%, n=42). The areas of residence (Urban 29.9%, n=53; Suburban 28.8%, n=51; Rural 41.2%, n=73) were represented rather equally, with those living in rural areas responding slightly higher than urban or suburban.

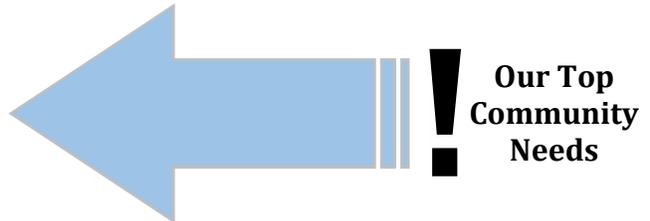
This pool of general public responses also answered a number of service-focused questions such as the needs of their families, needs unmet by SMCAA, barriers to employment, and concerns with housing. Analysis of responses from these questions indicated five needs in the general public’s lives:

- Emergency Assistance and Services (49.7%, n=88)
- Housing Repairs and Weatherization (28.8%, n=51)
- Food/Nutrition (28.2%, n=50)
- Rent or Mortgage Assistance (24.3%, n=43)
- Safe, Affordable Housing (24.3%, n=43)

Taking the responses from our Agency staff members, SMCAA Board of Directors, local elected officials, and community partners and the responses provided by the general public on services offered by SMCAA and services offered by other agencies within the tri-county area, exploration to identify the root causes and conditions of poverty was able to happen.

While the priority of each specific need may vary by individual, a general consensus appeared. The top five needs across Berrien, Cass, and Van Buren Counties are:

- **Safe, Affordable Housing**
- **Housing Repairs and Weatherization**
- **Emergency Assistance and Services**
- **Food/Nutrition**
- **Job Opportunities with Living Wages**



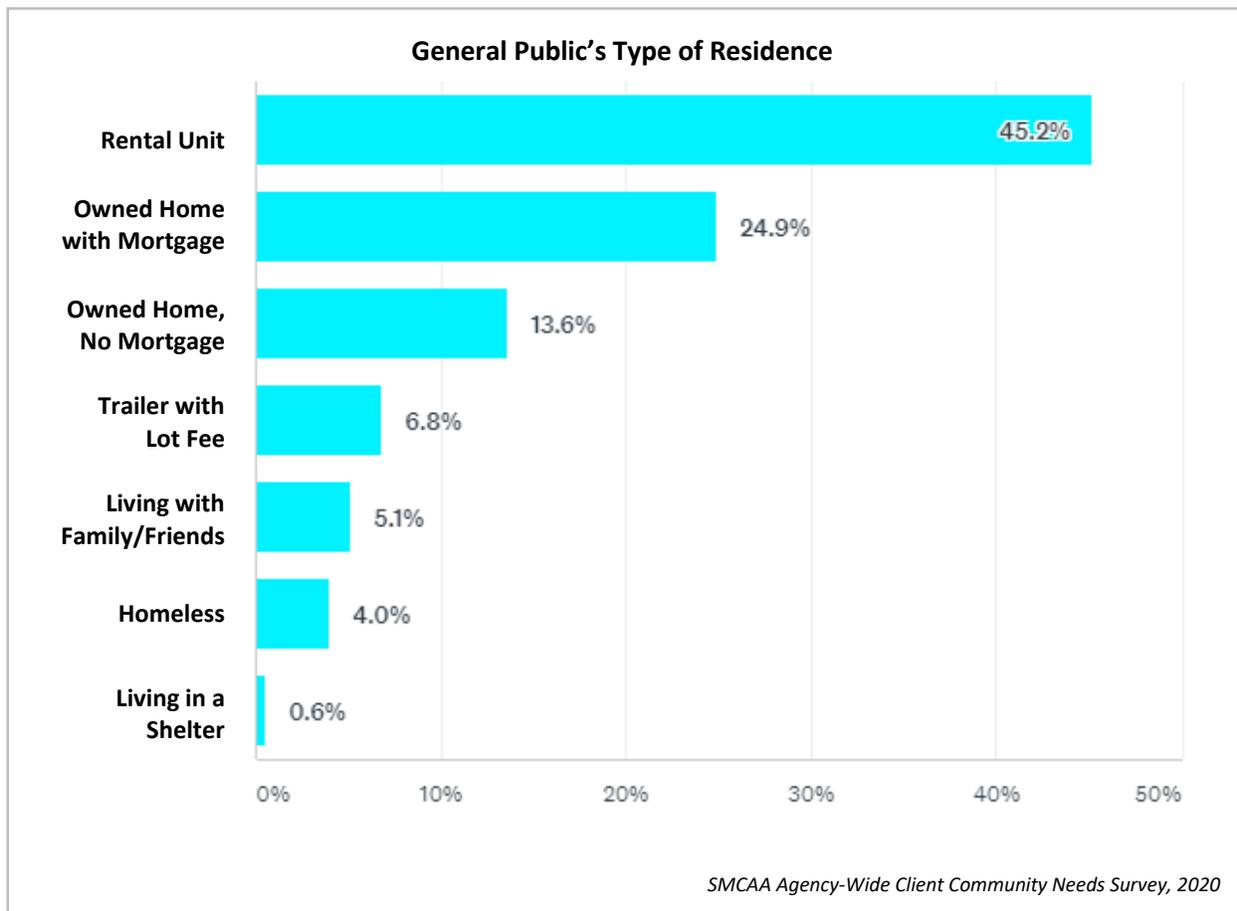
Let's dive into these top five needs more in depth and look at additional needs identified by Community stakeholders that may stem from or contribute to these "Top Five".



PROFILE BY IDENTIFIED NEED

Safe, Affordable Housing (Family-Level and Community-Level Need)

Many survey participants noted the availability of **Safe, Affordable Housing**, or lack thereof, as being one of the top needs in Southwest Michigan. SMCAA asked clients the type of residence he/she lives:



The ACS 2015-19 estimated there were 84,471 (59.9%) owner-occupied homes of the 141,095 total housing units in the Community. This was on par with the state’s average of 61.0% owner-occupied homes and nation’s average of 56.2%. In the Community, 43.5% of the population were homeowners with mortgages compared to 30.5% of homeowners without mortgages. 20.9% of the population was reported as being renters. Nationally, 40.1% of homeowners had mortgages and 23.9% were owners without mortgages. 36.0% of the United States’ population were renters in occupied housing units.

Across Michigan, there is a shortage of affordable and available housing units, especially for extremely low-income households (ELI). ELI households are defined as households whose incomes do not exceed 50% of the area’s median income (AMI). The AMI, or the median household income, of the Community was \$53,462 in 2019. Many of these ELI households are also classified as “housing cost burdened”, meaning they spend over 30% of their income on housing costs. (Some are even severely cost burdened, spending more than 50% of their income.) Spending so much on housing costs means these households sacrifice other necessities like healthy food and healthcare in order to pay rent, and are more prone to experience unstable housing situations such as eviction.

In the Community, rates for households spending at least 30% of their income on housing costs (23.1%) were lower than the national rate of 27.7% for those with mortgages and 11.9% without mortgages (versus 13.3% nationally). Similar to homeowners, the Community’s renters facing housing cost burdens was slightly less than the national average: 41.6% to 46.0%.

Housing Cost Burden Overview (Owner vs. Renter)				
	Berrien	Cass	Van Buren	Community
Total Housing Units	63,665	21,019	29,411	114,095
Owners with Mortgages	26,477	9,749	13,456	49,682
Owners with Mortgages spending 30% or More Income on Housing Costs	25.0%	22.9%	21.5%	23.1%
Owners without Mortgages	18,537	7,070	9,182	34,789
Owners without Mortgages spending 30% or More Income on Housing Costs	11.2%	11.1%	13.3%	11.9%
Renters in Units Paying Rent	18,651	4,200	6,773	29,624
Renters spending 30% or More Income on Housing Costs	44.4%	37.1%	43.4%	41.6%

U.S. Census Bureau, American Community Survey, 2015-19

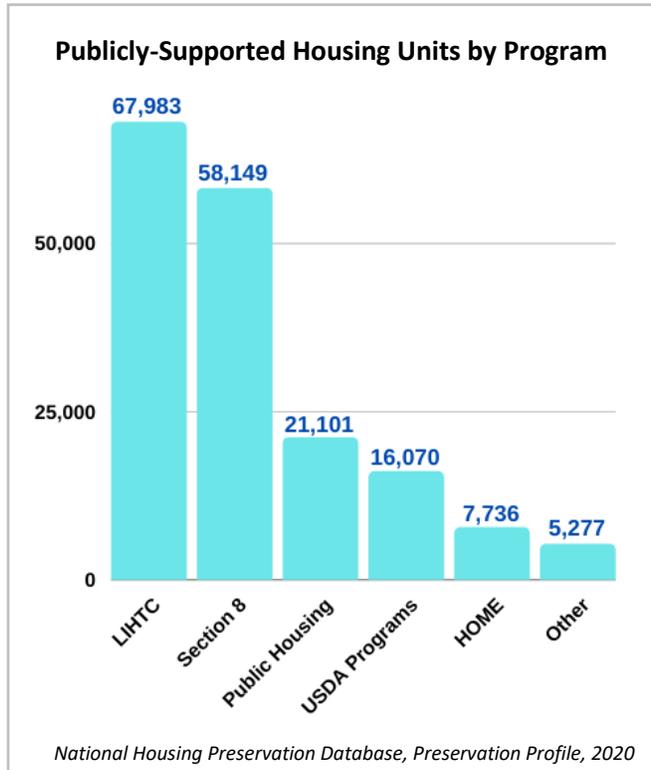
According to the National Low Income Housing Coalition’s 2018 tabulations, Michigan was ranked 26th nationally in regards to **Safe, Affordable Housing**. There were 65 affordable housing units available for every 100 households. Berrien and Van Buren Counties had less than the state’s average when it came to affordable units though. Berrien had 5,685 ELI households and only 3,054 affordable units. Van Buren had 2,267 ELI households with only 1,178 affordable units. This meant there were 54 and 52, respectively, affordable housing units available for every 100 households. Cass was above the state’s average at 72 units per every 100 households.

“My top need is affordable housing for my daughter and myself. We currently live in an apartment where the neighbors have no respect for each other, and we worry about our safety and security every day.”

Comment to the SMCAA Client Survey

By 2020, Michigan had dropped four places to the 30th ranking nationally in regards to **Safe, Affordable Housing**. For those facing poverty restrictions, this meant only 35 affordable homes were available per 100 households.

Federal and State programs, such as those offered by HUD and USDA, play an important role in providing affordable housing units to ELI households. In 2019, the State of Michigan had 140,514 publicly-supported units, but there was a shortage of 189,905 affordable housing units available to ELI renters. The graph to the right shows the number of publicly-supported housing units by program across Michigan.



The majority (48%) of publicly-supported housing units receive the Low-Income Housing Tax Credits (LIHTC). The LIHTC program gives state and local LIHTC-allocating agencies the equivalent of nearly \$8 billion in annual budget authority to issue tax credits for the acquisition, rehabilitation, or new construction of rental housing targeted to lower-income households. You can see the total number of housing units benefiting from LIHTC within the Community in the table to the right.

	Berrien	Cass	VB
LIHTC Properties	20	7	17
LIHTC Units	1,217	285	558
ELI Households	5,685	1,022	2,267

HUD Low-Income Housing Tax Credit Database, 2019

When we consider that the LIHTC-supported housing units represent the largest percentage of State programming, these minimal unit numbers per county set a grim picture as to the availability of affordable housing in Southwest Michigan.

Even grimmer, this limited number of properties is at risk. The National Housing Preservation Database stated that 6% of Michigan’s publicly-supported housing units face expiring affordability restrictions before 2025. That equates to 7,756 housing units at risk of being lost. 3,885, or 50%, of those units set to expire are funded by Section 8 contracts, 1,567 (20%) by LIHTC, and 1,508 (20%) by other HUD programs. The remaining 10% are funded by various other programs such as those available through USDA.

The reasons for a lack of affordability vary, but commonly include housing costs rising faster than incomes, supply of houses not keeping up with demand, scarcity of land, and demographic changes such as population growth, aging, and changes in household composition.

Rent or Mortgage Assistance

In addition to the critical need for more **Safe, Affordable Housing**, our Community Needs surveys also identified **Rent or Mortgage Assistance** as a high priority throughout Southwest Michigan. Though rental

housing, rent payment assistance, and eviction prevention is clearly important, so too is mortgage assistance and foreclosure prevention.

Keeping with our conversation, the loss of publicly-supported housing units will impact both those seeking housing and those who have obtained housing. However, in addition to severe unavailability of Safe, Affordable Housing, renters may also experience housing loss through evictions. The following table gives information on the number of evictions and eviction filing rate in the Community among renter-occupied housing units.

Eviction Statistics				
	Renter-Occupied Housing Units	Evictions	Eviction Filing Rate	Eviction Rate
Community	29,510	204	10.0%	1.8%
Michigan	1,037,704	34,016	13.3%	3.3%
United States	38,372,860	898,479	6.1%	2.3%

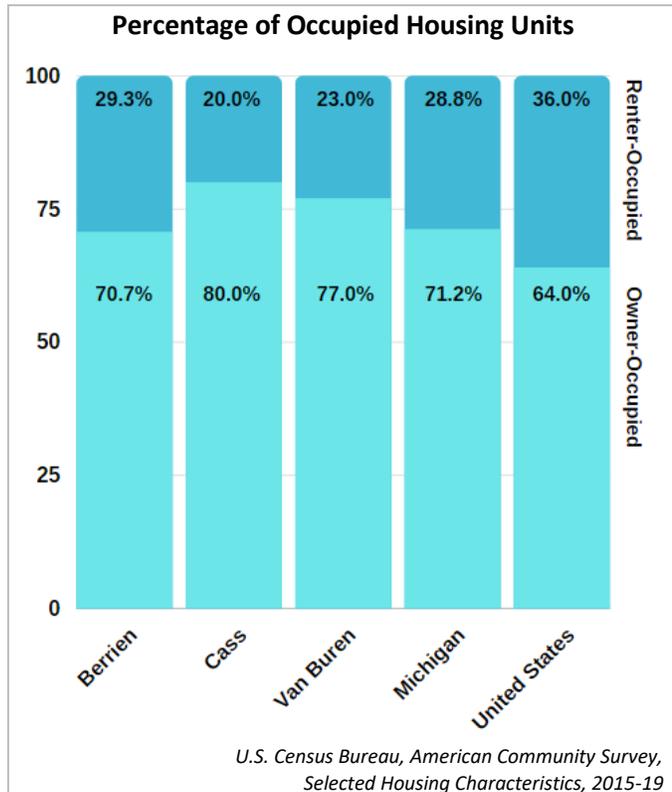
Princeton University, Eviction Lab, 2016

NOTE: Eviction data for Berrien County was unavailable, thus the combined Community total is estimated.

The Community averaged less than the state and country in eviction rate and mid-ground in eviction filing rate. The eviction filing rate is the ratio of the number of evictions filed in an over the number of renter-occupied units. The eviction rate is the subset of those units that received an eviction judgment in which renters were ordered to leave.

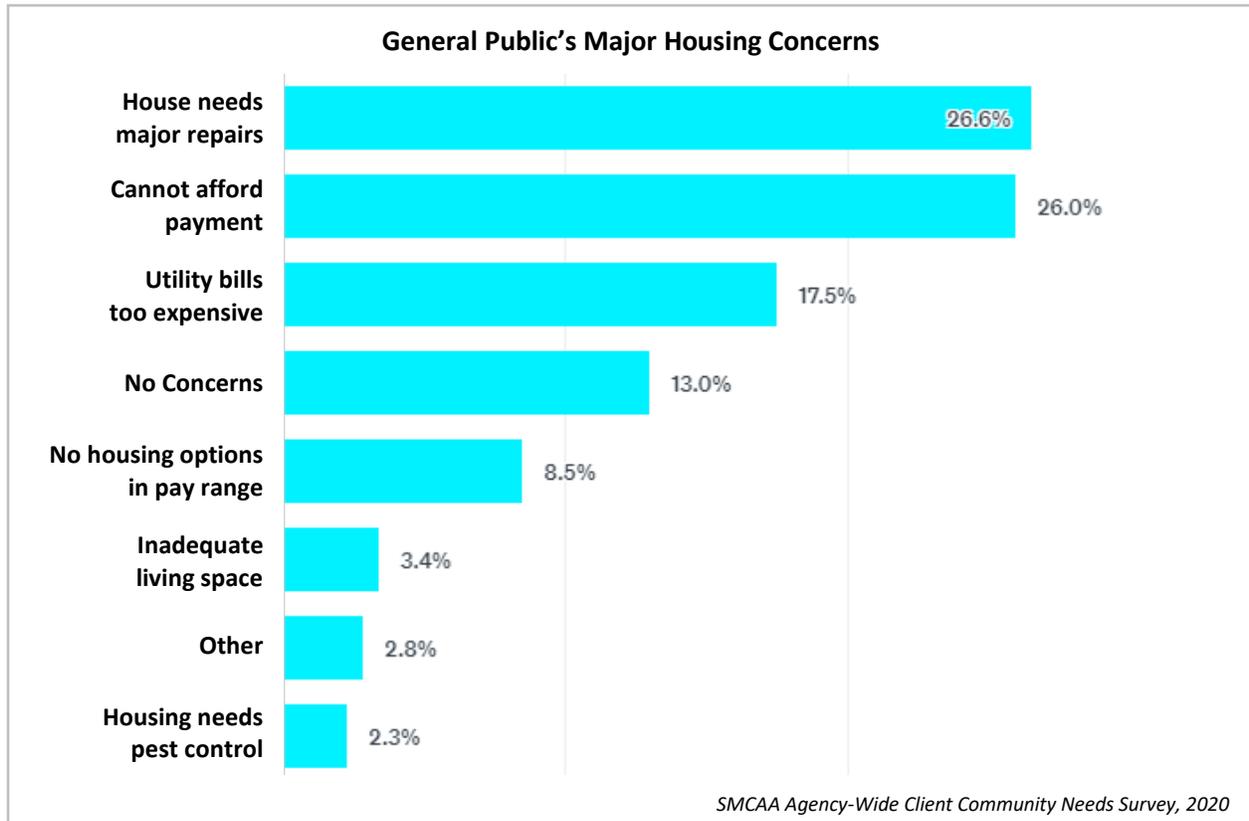
Renters are more cost burdened than homeowners, with 46% of renters cost burdened compared to 21% of homeowners nationwide. Also, 24% of renters and 9% of homeowners are severely cost burdened. However, the number of homeowners in the United States (and in the Community) far outweighs the number of renters. Given the large number of homeowners in the overall population, homeowners make up 40% of all households with severe housing cost burdens.

Data from 2019 stated that cost burdens were greatest among lower-income households. In the Community’s largest metro of Niles-Benton Harbor, there were 17,442 households with cost burdens. That was 28.2% of the area’s total households, and included 15.5% of those households with severe cost burdens.



With AMI near \$50,000 and median monthly housing costs at \$805, that would equate to many individuals making about \$961 working full-time (2,080 hours for 52 weeks of the year.) In consideration to cost burdens, SMCAA wanted to ask it’s the general public their opinion of what major housing concerns are

within the Community. The majority of responses stated “cannot afford rent/house payment” or “house needs major repairs” were major concerns.



The public was also asked to rate their satisfaction on four areas of potential housing problems within the Community: affordable housing, new housing development, mortgage and rent costs, and conditions of homes. The responses received by clients on these problem areas are as follows:

	Great	Good	Fair	Bad	Awful
Affordable housing in your community	5.1%	11.3%	48.0%	22.0%	13.6%
New housing development in your community	4.5%	10.2%	50.8%	22.6%	11.9%
Mortgage and rent cost in your community	4.5%	6.2%	46.3%	30.5%	12.4%
Condition of homes in your community	6.2%	22.0%	48.6%	14.7%	8.5%

SMCAA Agency-Wide Client Community Needs Survey, 2020

Overall, the public’s satisfaction with housing in the Community was that all areas in question are considered fair, but a high percentage of clients also rated mortgage and rent costs in the Community as bad. In addition to the identified need for **Safe, Affordable Housing**, there is also an overwhelming need for rent and mortgage assistance from those who are renting and/or are homeowners within the SMCAA service area.

“Affordability” is not only about being able to afford to buy or rent a house, but also being able to afford to live in it.

According to rental price data in 2019, Michigan had the 39th highest rent in the country in reference to the Fair Market Rent. Fair Market Rent (FMR) is described as the 40th percentile of gross rents for typical, non-substandard rental units occupied by recent movers in a local housing market. This 40th percentile means the average rent is slightly higher, and such gross rent prices include utilities. FMR is primarily used to determine the standard payment amounts for the Housing Choice Voucher program, rents for Section 8 contracts, and deciding payment amounts for other government housing assistance programs. The Community’s FMR correlates with the State’s FMR as follows:

Fair Market Rent					
	Studio	1-Bedroom	2-Bedroom	3-Bedroom	4-Bedroom or House
Berrien	\$530	\$558	\$738	\$941	\$1,092
Cass	\$515	\$578	\$765	\$979	\$1,034
Van Buren	\$539	\$644	\$795	\$1,085	\$1,182
Michigan	\$542	\$608	\$768	\$1,017	\$1,130

RentData.org, Michigan Fair Market Rent, Accurate Rental Price Data, 2019

2019 FMR costs in Berrien County were considered average when compared to national. However, the Community’s highest rent costs were found in Niles-Benton Harbor metro. Compared to Michigan, the Niles-Benton Harbor FMR was more expensive than 58% of the state. This placed Berrien County at the lowest FMR among the three counties. Cass County’s FMR was average as well, though the county was more expensive than 74% of the State of Michigan. Van Buren County was higher than the state average. Metro Kalamazoo-Portage, which is an area spanning from Kalamazoo County into Van Buren, was the cause of creating this higher-than-average rating. The Kalamazoo-Portage FMR was more expensive than 84% of Michigan.

How can we put those FMR prices into perspective? The United Way 2021 ALICE Report offers a great opportunity to capture the reality of how much income a household needs to live and work in Michigan’s modern economy. Standing for Asset Limited, Income Constrained, Employed, the ALICE Report represents those in our communities who are working, yet struggling to make ends meet.

The report suggest a “Household Survival Budget” which is an estimate of the minimal total costs of not only rent payments but also household essentials – childcare, food, transportation, health care, technology, taxes, and a miscellaneous contingency fund. This budget for the Community looks like this:

ALICE Household Survival Budget, 2021								
Monthly Budget	Single Adult	1 Adult, 1 Child	2 Adults	2 Adults, 2 Children	Add 1 Adult	Add 1 Child (School Age)		
Rent Payment	\$528	\$593	\$593	\$766				
Childcare	\$0	\$191	\$0	\$381				
Food	\$262	\$454	\$545	\$912				
Transportation	\$457	\$606	\$647	\$929				
Health Care	\$189	\$403	\$403	\$569				
Technology	\$55	\$55	\$75	\$75				
Taxes	\$255	\$261	\$359	\$382				
Misc. Fund	\$230	\$311	\$337	\$476				
Monthly Total	\$1,921	\$2,819	\$2,884	\$4,415			\$1,069	\$785
Annual total	\$23,052	\$33,828	\$34,608	\$52,980			\$12,825	\$9,419
2021 FPL	\$12,880	\$17,420		\$26,500	\$4,540			

United Way 2021 ALICE Report

Presently, the average actual cost of household basics in the Community are well above FPL. For a single adult, the 2021 FPL is \$12,880, but the average Household Survival Budget is \$23,052. The gaps are even larger for families. The FPL for a four-person family is \$26,500 while a survival budget is \$52,980. This information reveals the magnitude of financial hardships being experience across our community.

Approximately 15% of Americans qualify for some level of housing assistance. The population in Michigan is around 9,883,000 people. So theoretically there are approximately 1,482,000 people in Michigan who could be receiving housing assistance and/or benefits. However, when public assistance programs are based on FPL rather than actual living costs, it can be assumed that programs offering rent and/or mortgage assistance are serving far fewer households than those actually in need of assistance. The FPL is not enough for households to cover even their most minimal costs. There are many households in the tri-county area forced to prioritize their limited incomes.

The challenge of affordability requires not just short-term fixes but also long-term strategies. Solutions will need to address both the supply side and the demand side of the housing market, and involve public-sector, private-sector and non-profit stakeholders.



Housing Repairs and Weatherization (Family-Level Need)

Furthering this discussion, the second highest response from the general public on major housing concerns within Berrien, Cass, and Van Buren Counties was “house needs major repairs”. **Housing Repairs and Weatherization** was also the second highest rated community need identified.

The need for **Housing Repairs and Weatherization** usually means a client is facing a significant housing problem. HUD offers comprehensive data, called Comprehensive Housing Affordability Strategy (CHAS) data, to demonstrate the extent of housing problems and housing needs for low-income households. These problems and needs are typically presented through overcrowding, high housing costs, or unsafe, unsanitary housing units. Overcrowding means that the household has more than one person per room in the housing unit. High housing costs refers to cost burdens over 30% of the household’s income. Unsafe, unsanitary homes may be units that lack complete kitchens or plumbing facilities

Within the Community, the number of households facing housing program and/or needs are as follows:

Housing Problems and/or Need (Owner or Renter)				
	Berrien	Cass	Van Buren	Michigan
At Least 1 Problem/Need	17,915	5,170	7,795	1,108,875
No Problem/Need	44,255	15,295	21,055	2,727,120
Household Data Unavailable	865	220	305	52,650

Comprehensive Housing Affordability Strategy, 2013-17

In 2017, there were a total of 141,746 housing units in the Community. Of those 141,746, 113,802 were occupied units. Using the information in the Housing Problems/Needs table above, it can be determined that 30,880 housing units faced some sort of housing problem and/or need. It was estimated that 28.4% of households in Berrien County, 25.0% in Cass County, and 26.7% in Van Buren County experienced at least one housing problem in 2017. That equates to an average of 26.8%, which was close to the average of 28.5% in Michigan.

Furthermore, 2019 data showed 585 units lacked complete plumbing facilities, 880 lacked complete kitchen facilities, and 1,128 had no telephone service available.

Housing Units with Severe Housing Problems			
	Lack Complete Plumbing	Lack Complete Kitchen	No Telephone Service
Berrien	270	315	409
Cass	104	92	384
Van Buren	211	473	335

U.S. Census Bureau, American Community Survey, Selected Housing Characteristics, 2015-19

Though these housing problems may be caused by a number of factors, one of the leading causes in the Community is aging housing stock. According to 2019 surveys, 52,746,705 of the 137,428,986 (38.4%) total housing units in the nation were built before 1970. While that percentage is high enough, it pales in comparison to the percentage of units 50 years or older in the Community.

Year Housing Units were Built			
	Berrien	Cass	Van Buren
2014 or Later	1,396	418	933
2010-2013	717	278	345
2000-2009	7,357	3,176	4,415
1990-1999	7,620	3,406	6,570
1980-1989	7,355	2,467	4,197
1970-1979	10,403	3,845	5,099
1969 or Before	43,054	12,705	15,990
% 50 Years or Older	55.3%	48.3%	42.6%

Why is aging housing stock a cause for additional housing problems though? Multiple studies have shown that aging housing stock is shaping numerous aspects of public health, the environment, and the economy.

There is a substantial amount of scientific evidence linking physical housing condition to health risks including respiratory and cardiovascular disease, allergies, infectious disease, and chronic illness. These issues stem from indoor air pollution, temperature extremes, harmful substances in building materials (i.e. lead-based paint, asbestos), and more. These issues almost entirely affect residents of older dwellings.

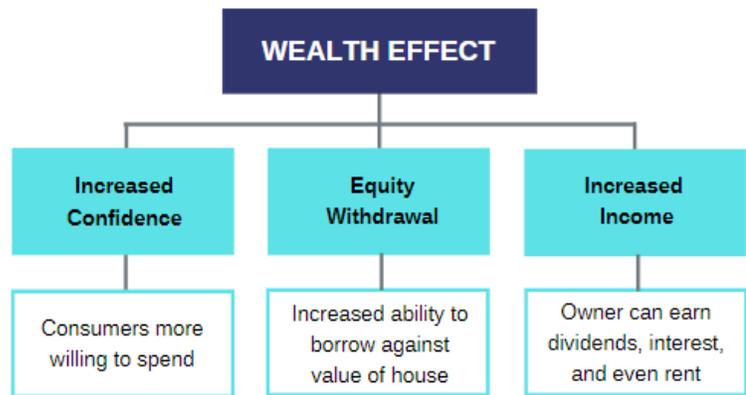
Due to high cost associations and limited supplies of assisted living and care facilities for seniors, there is a high demand for the ability to age in-place and for accessibility in housing. Common aging in-place needs may include increased lighting, grab bars and railing, ramps, and reducing trip or fall hazards. Those with mobility difficulties are best served by single-floor living, but many older housing stock is made of homes with multiple stories. Some have only one bathroom, or as we've discussed, lack complete plumbing altogether.

Unfortunately, many health and environmental challenges in older homes are costly to mitigate. The EPA recommends removal of lead-based paint, mold, radon, or asbestos be done by a certified professional. Additionally, older homes tend to cost more in terms of general repairs and energy costs are of more prominent concern.

Many low-income residents may never have enough resources to address all the housing problems they face. The rule of thumb is homes 25 years or older will require 4% its purchase price annually for regular maintenance. According to Michigan 2021 real estate values, the average home price is \$180,208. This would mean, using the rule of thumb, that a household living in a home built before 1970 should plan to spend \$7,208 a year for regular home maintenance – that is \$600 a month!

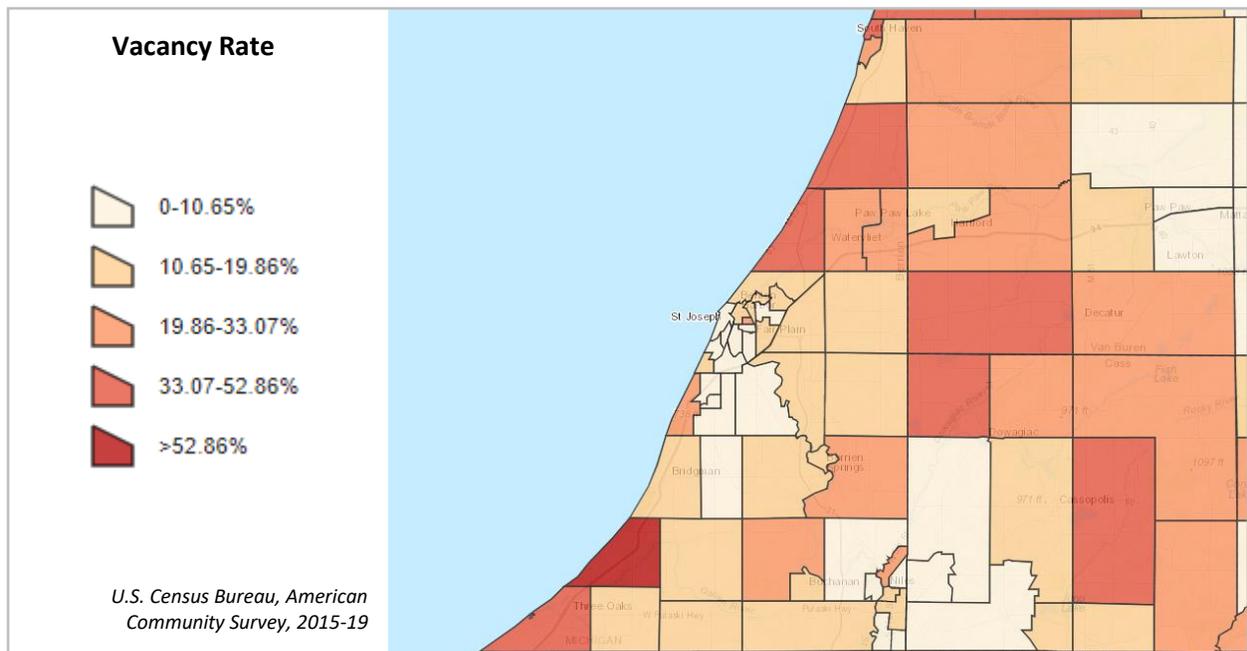
Of course, as our Community’s housing stock continues to age so does the priority to prevent homes from falling into disrepair. Providing assistance for **Housing Repairs and Weatherization** is imperative to increase the value of individual properties. Often times these older homes remain valuable assets for the Community as a whole, particularly those house found in historic districts. Research suggests property values in designated historic districts can rise 5-35% more per decade than homes in undesignated neighborhoods in the same areas.

Housing values make a significant impact on the community’s economy. Rising values generally encourage consumer spending and lead to economic growth. Rising values also are known to redistribute wealth within an economy by increasing the wealth of homeowners and reducing the living standards for those who do not own a house. This is commonly known as the Wealth Effect.



As maintenance is deferred by homeowners or landlords due to overwhelming costs, physical decay of the structures will result. Housing conditions such as vacancy, abandonment, underutilization, and tax delinquency are forms of “housing blight”. These conditions can impact the quality of life of the individuals living within the houses, but also have a negative impact on local tax bases.

In 2019, the Community had a housing vacancy rate (2.3%) lower than Michigan (4.0%) or the United States (2.4%) as a whole. That accounted for 3,498 residential properties in the Community as vacant.





Vacant and abandoned properties are linked to declining property values. According to the U.S. Census Bureau’s 2019 Housing Quick Facts, the median values of owner-occupied housing units in the Community are less than that for Michigan and the United States as a whole. The median value of housing units in Berrien County was \$150,700, Cass \$142,800, and Van Buren \$139,400. The State of Michigan averaged \$154,900 and the United States \$217,500. However, routine maintenance and upkeep on the housing units could help to maintain or increase values within the Community.

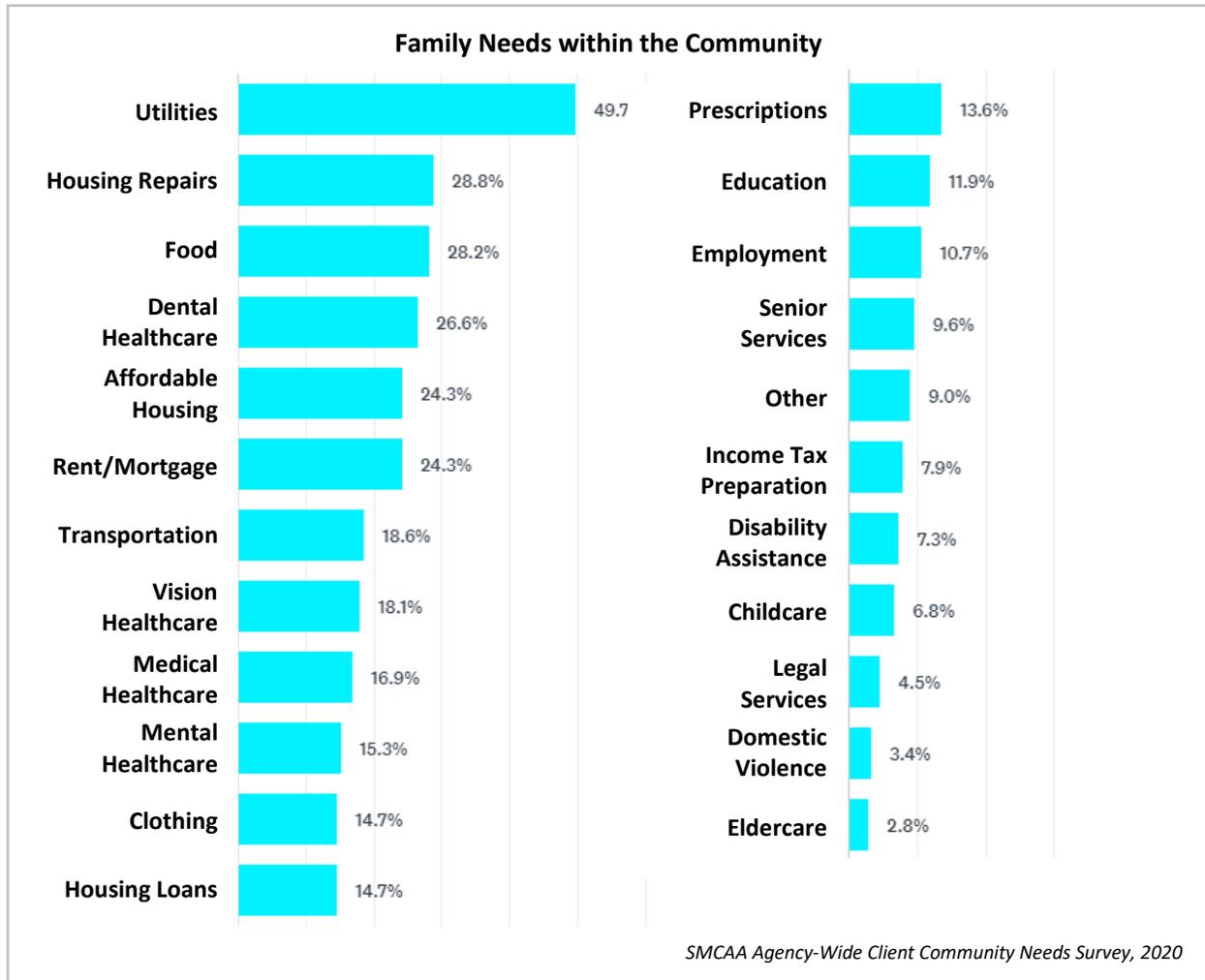
NOTE: Utility Assistance in the following section directly relates to **Housing Repairs and Weatherization** as well.



Emergency Assistance and Services (Family-Level and Community-Level Need)

The next need to be identified as a top priority within our community is **Emergency Assistance and Services**. **Emergency Assistance and Services** includes some of those we’ve already discussed such as homeownership, home repairs, and weatherization. More so though, DHHS defines emergency assistance as immediate help for individuals and families facing conditions of extreme hardship or emergencies threatening health and safety. Thus, emergency assistance can cover a wide selection of areas ranging from utility assistance to healthcare to clothing to income tax preparation.

With this in mind, SMCAA’s survey of the general public asked, “What needs does your family have?” Respondents were able to answer with as many needs as their families faced. Here were the results:



Utility payment assistance ranked as the top familial need (49.7%, n=88) from the 177 responses received. When we combine dental, vision, medical, mental, and prescriptions, then healthcare ranked extremely high as well with an average of 32 families (18.1%) of families needing access to healthcare.

Utility Assistance

The 2-1-1 database provides the number of service requests received within the past ninety days of a search. Looking at the top fifteen inquiries on June 2, 2021, the top service requests in the Community included a variety of utility assistance. These requests were as follows:

- #1 - Electric Service Payment Assistance (n=1,063)
- #3 - Gas Service Payment Assistance (n=217)
- #8 - Discounted Internet Service (n=107)
- #9 - Water Service Payment Assistance (n=102)
- #15 - Heating Fuel Payment Assistance (n=69)

Out of the 3,209 top service requests since March 4, 2021, 1,558 (48.6%) households were seeking some sort of utility assistance.

Markedly, utility bills and home energy costs are a financial burden for a number of low-income households. Weatherization measures and home repairs and/or maintenance are important steps to conserve energy and allow homeowners to maximize efficiency while also minimizing utility bills.

In the data found in the table to the right, utility bills for Michigan households living at or below 200% FPL equaled 7.0% of the annual household income. For a household of four with an annual income of \$52,400 (\$4,367 monthly) that would equate to \$3,668 annually (\$306 monthly) in energy costs.

Home Energy Affordability Gap 2020			
	Household Shortfall	# of HHs 200% FPL	Home Energy Burden
Berrien	\$433	23,218	7.2%
Cass	\$680	6,176	7.8%
Van Buren	\$556	10,410	7.5%
Michigan	\$369	1,250,058	7.0%

Home Energy Affordability Gap, April 2021

Those statistics may not seem staggering, but when we look deeper and narrow the FPL lower, the results are significant. According to ACS 2019, more than 251,000 Michigan households lived with incomes at or below 50% FPL. Those households were paying 33% of their annual income towards home energy bills. For a household of four with an annual income of \$13,100 (\$1,092 monthly) that would equal \$4,323 annually (\$360 monthly) in energy costs. Likewise, more than 314,000 Michigan households live with incomes between 50-and-100% FPL and face home energy burdens of 18%.

Access to Healthcare

Access to healthcare services is critical to good health, yet low-income individuals and families face a variety of access barriers. A report by the National Academies defined access as “the timely use of personal health services to achieve the best possible health outcomes.” Ideally, tri-county residents should be able to conveniently and confidently access services such as primary care, dental and vision care, mental health, emergency care, and public health services.

Such access is important for overall physical, emotional, social, and mental health status; disease prevention; detection, diagnosis, and treatment of illness; quality of life; and preventable death and life expectancy.



Those access barriers faced by low-income households cause individuals and families to have significant differences in the overall rate of disease incidence, prevalence, morbidity, mortality, and/or survival rates as compared to the health status of the general population.

For example, the following dataset provided evidence of mortality disparities in the Community:

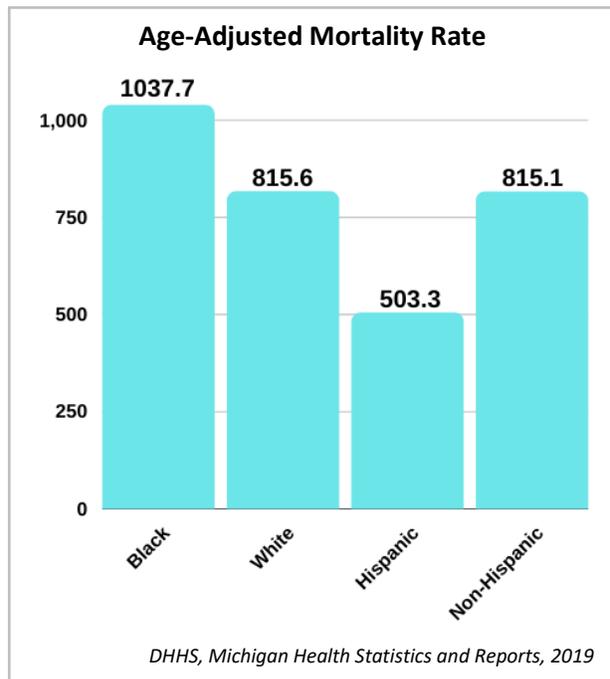
Number of Deaths Per Census Tract Poverty						
	Total	< 5% Below FPL	5-9% Below FPL	10-19% Below FPL	20+ % Below FPL	Unknown % FPL
Berrien	1,802	276	141	696	427	262
Cass	558	0	97	311	65	85
Van Buren	780	30	0	288	317	145

DHHS, Michigan Health Statistics and Reports, 2019

Per 2017-19 data from the National Center for Health Statistics, the life expectancy in Berrien County was 77.8 years, Cass 78.0 years, and Van Buren 77.8 years. Life expectancy measures the average number of years from birth a person can expect to live given current mortality experience (age-specific death rates). The Community was in-line with the Michigan average of 78.1 years.

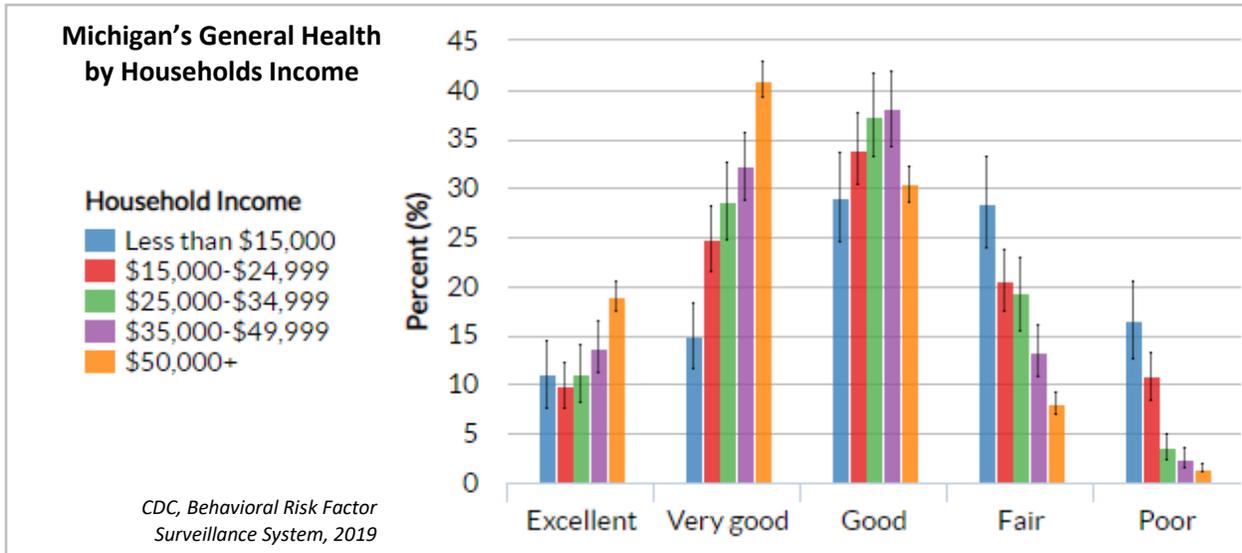
Premature mortality measures the number of deaths that could have been prevented by calculating the years of potential life lost under age 75 per 100,000 people. In 2019, Michigan ranged from 4,300 to 10,800 years of lost life with an average of 7,500 years, and Berrien averaged 7,900 years of lost life, Cass 8,200, and Van Buren 7,300.

Significant racial health disparities are found nationwide. Data shows that racial and ethnic minority groups experience higher rates of illness and death when compared to White counterparts. In the Community alone there were significant variations in mortality rates among races and ethnic groups. As seen in the graph to the right, premature mortality rates for Blacks averaged 1037.7 years lost whereas Whites rates averaged 815.6 years.

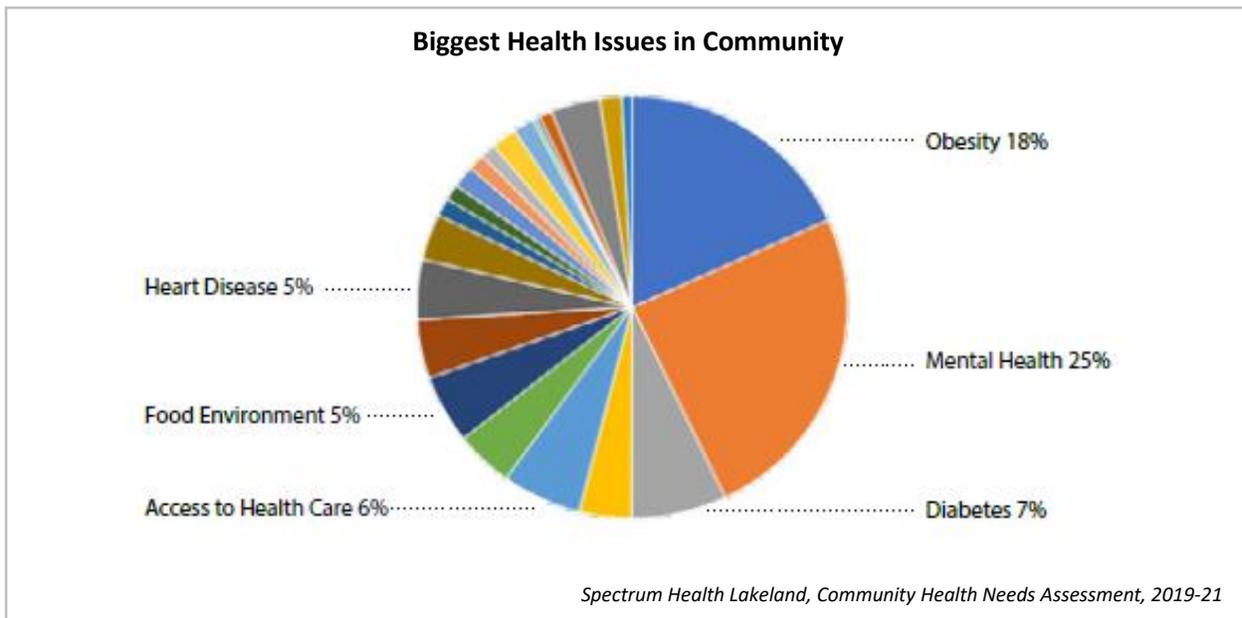


Interestingly, those of Hispanic/Latino ethnicity have the best mortality rates, and tend to have better health outcomes overall. This may be in part due to the “immigrant paradox”. The immigrant paradox provides evidence that first-generation immigrants often outperform non-immigrants on a number of health, education, and conduct-related outcomes.

There are a number of factors that cause poor health status among all races and ethnicities. These factors include smoking, obesity, physical inactivity, excessive drinking, insufficient sleep, and more. When looking at the overall health status of Michigan population, the CDC’s Behavioral Risk Factor Surveillance System (BRFSS) reported in 2019 that 14.7% of individuals experienced fair general health and 4.7% poor. These percentages increase depending on income status though.



What are the biggest health concerns in the Community that impact the general health? Thankfully, Spectrum Health Lakeland's Community Health Needs Assessment (CHNA) for 2019-21 took an extensive look at the top priority health needs in Southwest Michigan. Mental health concerns and obesity were the top two priority health needs according to 1,891 Community respondents.

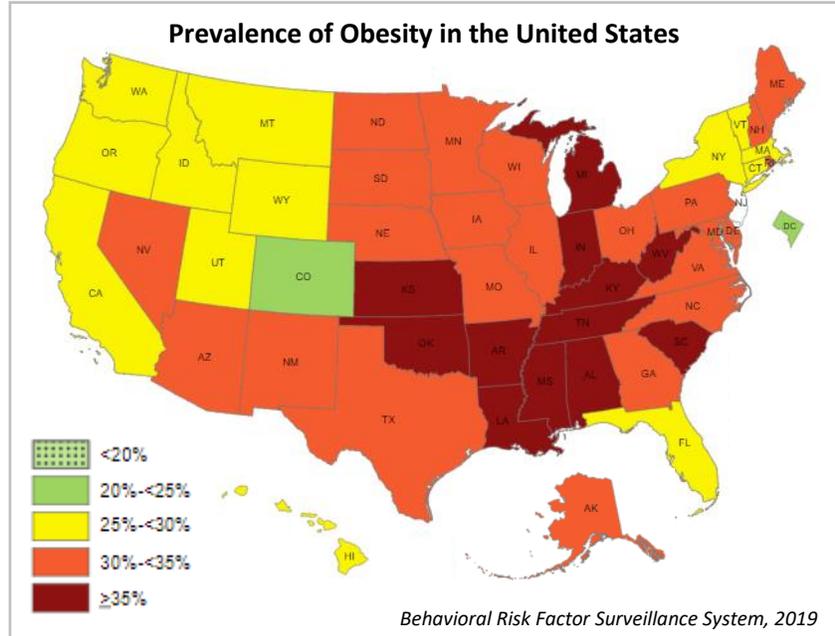


According to the findings of Spectrum's CHNA, there seems to be a disconnect between what residents in the Community said were priority health needs – mental health and obesity – and what the CDC indicated in publicly available data (i.e. CDC indicated heart disease, cancer, diabetes, Alzheimer's, and accidents were the top five causes of death in the Community).

Problems with mental health are very common in the United States, with an estimated 50% of the population diagnosed with a mental illness or disorder. Mental illnesses, such as depression, are the third most common cause of hospitalization in the U.S. for those aged 18-44 years old, and adults living with serious mental illness die an average 25 years earlier than others.

In 2018, 16% of Community adults reported 14 or more days of poor mental health each month. The mortality rate due to deaths caused by mental illness (i.e. suicide, alcohol-related diseases, and drug overdoses) in the Community was higher than the state (43.7%) and national (40.7%) rates. There was an average of 126 deaths annually between 2011 and 2017 resulting in a “deaths of despair” mortality rate of 44.7%. This Community rate climbed over ten years of reporting from 30.9% in 2007.

Obesity is also common nationwide -- 42.4% of all adults and 19.3% of children were obese in 2019. Michigan reported 36.0% of its adults as obese, ranking the state as #7 in the country in highest obesity ratings. Our Community had an average of 35.7% of all adults classified as obese. Obesity is a serious problem because it is associated with leading causes of death such as diabetes, heart disease, stroke, and some types of cancer. It also is linked with poorer mental health and reduced quality of life.



There are disparities in obesity ratings, particularly amongst race/ethnicity and socioeconomic status. Approximately 48% of all people of color in the U.S. are obese. Hispanic/Latino people are second with 42.5% and Whites third with 32.6%. Overall, men and women with college degrees have lower obesity prevalence compared with those with less education. Adults without a high school degree or equivalent had the highest obesity (36.2%), followed by high school graduates (34.3%), adults with some college (32.8%), and college graduates (25.0%). Obesity is less prevalent in the lowest and highest income groups, compared with the middle-income group.

Of course, when a health concern arise, most individuals visit a healthcare provider to mitigate. Access to healthcare is not an easy options for many low-income individuals and households.

One of the major barriers to access to healthcare is location of healthcare services, especially subspecialist and specialist services. When it comes to healthcare availability, there is a severe shortage of primary, dental, and/or mental healthcare providers in Southwest Michigan. The government is aware of areas such as ours though. DHHS designates certain geographic areas where healthcare shortages are located as “Health Professional Shortage Areas (HPSA)”. Federally Qualified Health Centers are community-based healthcare providers that receive funds from HRSA in order to provide primary care to economically or medically vulnerable people. These Centers are seen in neighborhoods as Community Health Centers, Migrant Health Centers, Health Care for the Homeless, and Health Centers for Residents of Public Housing.

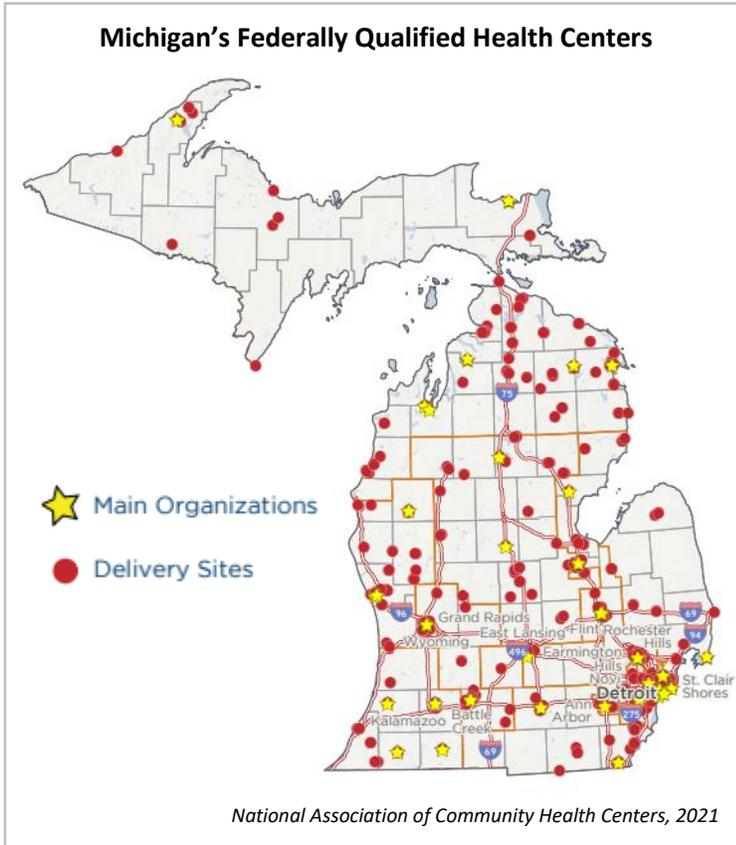
This shortage of primary care physicians is not uncommon though. A report in 2020 from the Association of American Medical Colleges projected a shortage of up to 139,000 physicians by 2033. As for our Community, 18.8% adults said they did not have a personal doctor or primary healthcare provider. 29.0% of adults do not regularly visit a dentist either. According to the County Health Rankings, the ratio of our area’s population to healthcare physicians is in the following table.



Ratio of Population to Healthcare Physicians				
	Berrien	Cass	Van Buren	Michigan
Primary Care	1,240:1	4,700:1	2,290:1	1,270:1
Dentists	1,670:1	3,050:1	2,520:1	1,310:1
Mental Health Providers	420:1	1,000:1	760:1	360:1

County Health Rankings, 2019

As you can see, the majority of county ratios of population to healthcare physicians are considerably higher than the state’s ratios. The availability of healthcare in our community is considerably more limited when compared to the rest of the state.



Our Community has only two of Michigan’s 39 federally-funded health center organizations – one in Cass County and one in Van Buren County. With help from these two Community centers, Michigan was able to serve 705,873 patients in 2019, 15% of whom were uninsured and 52% of whom were covered by Medicaid.

However, even the Community had adequate healthcare availability, low-income people face financial burden to pay for services. According to the BRFSS, 13.7% of residents do not see a doctor due to high costs. The 2018 average for health care costs in the Community was \$8,790. No one plans to have an illness or injury, but most people will need treatment at some point in their lives. Health coverage through healthcare insurance is important as it can protect an individual from these high, unexpected costs.

The Community has a higher percent (6.7%) of its population uninsured than Michigan’s uninsured rate (5.7%). Residents who do not have healthcare insurance go without needed care and increase their risk of illness, disability, and death. Research shows that uninsured adults are over 3 times more likely to not visit a doctor or clinic than those who are insured. However, out-of-pocket costs (i.e. deductibles, copayments) can be so great that even those with insurance do not seek care when necessary.

Health Insurance Coverage				
	Insured	Percent Insured	Uninsured	Percent Uninsured
Community	201,584	93.3%	18,912	6.7%
Michigan	7,475,058	92.3%	564,804	5.7%
United States	238,355,740	91.1%	28,980,723	8.9%

U.S. Census Bureau, American community Survey, Small Area Health Insurance Estimates, 2019

Health insurance is provided by both public and private entities. The following data shows the percentage of public and private insurances in the tri-county area broken into common forms:

Public Health Entity Insurance Coverage			
	Medicare	Medicaid	VA Health
Berrien	21.9%	23.9%	2.4%
Cass	23.1%	20.9%	3.2%
Van Buren	20.1%	25.6%	2.3%

U.S. Census Bureau, American community Survey, 2015-19

Private Health Entity Insurance Coverage			
	Employer-Based	Direct Purchase	Tricare/Military
Berrien	54.3%	15.6%	1.3%
Cass	55.6%	15.8%	2.0%
Van Buren	53.5%	13.1%	1.5%

U.S. Census Bureau, American community Survey, 2015-19

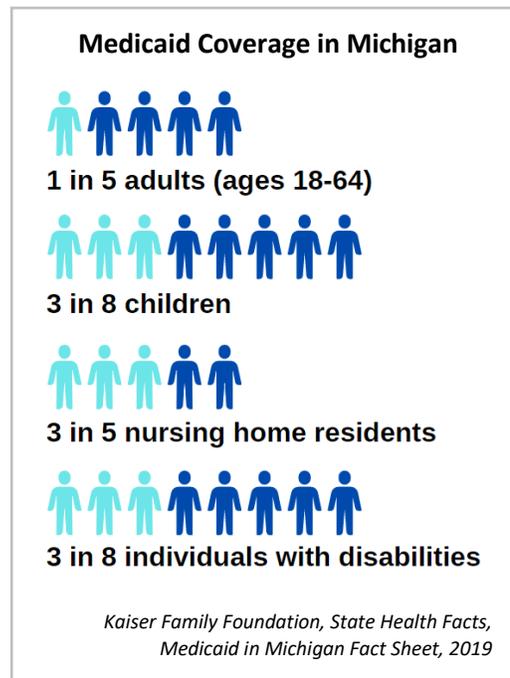
Medicare and Medicaid are the best well-known government programs providing medical and other health-related services to Americans. Both assist vulnerable peoples with access to quality and affordable healthcare through comprehensive coverage.

Medicare is a social insurance program, whereas Medicaid is a social welfare and protection program. Serving over 58 million people nationwide in 2019, Medicare helps pay for hospital stays, prescriptions, and other services through four “parts”: Part A – hospital insurance, Part B – outpatient medical insurance, Part C – Medicare Advantage, and Part D – prescription drug plan. Those U.S. citizens aged over 65 years or any age living with a disability and/or specific diseases are eligible for Medicare.

In 2019, the total number of persons receiving Medicare in the Community was 65,433. A large percent (84.8%) of individuals were those over 65 years of age, and 15.2% were disabled persons. Similarly, 16.2% of Michigan’s total population receiving Medicare were disabled. Both these ratings were higher than the United States (13.9%).

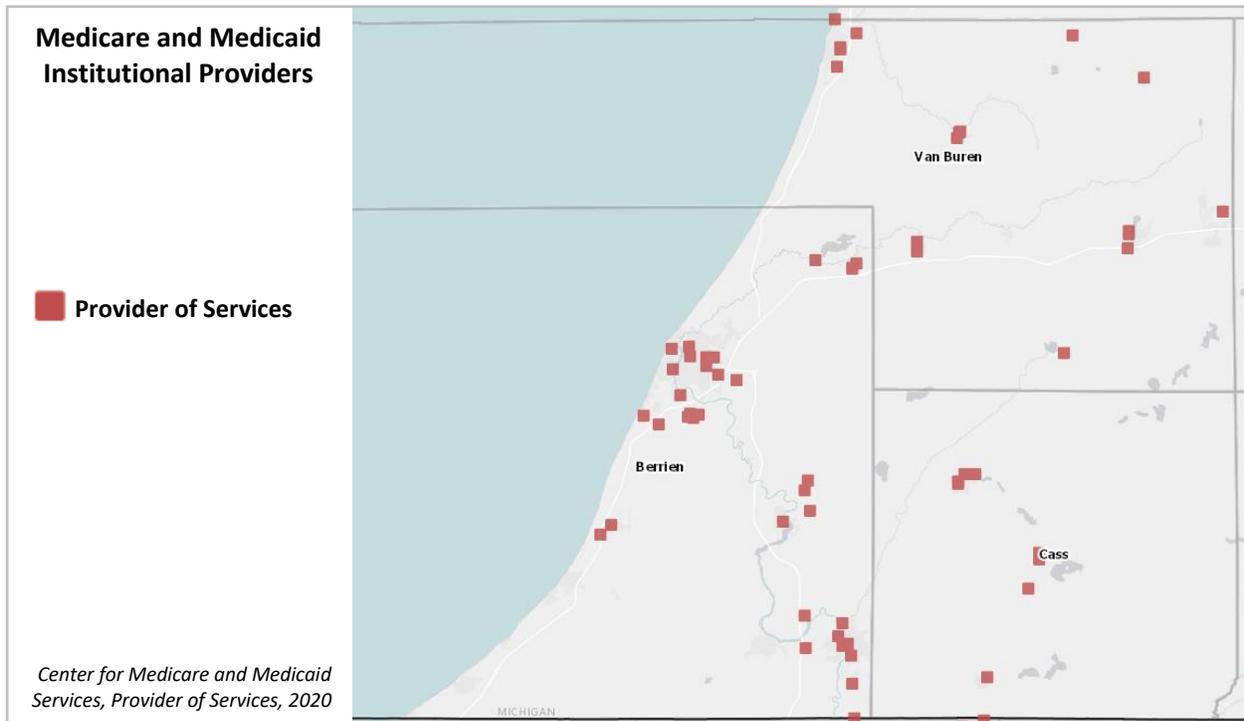
Medicaid, which nationally served about 64.5 million individuals in 2019, is a means tested health and medical services program for low-income households with few resources. It assists children and pregnancy women living at or below 138% FPL, people receiving Supplemental Security Income (SSI), and other vulnerable populations.

According to 2019 Medicaid data, 22% of Michigan’s population is covered by the program. 78% of the state’s Medicaid enrollees are children and adults aged 18-64, and 22% are aged and/or disabled persons.



There were 62 active Medicare and Medicaid institutional service providers in the Community in 2020. 37 are located in Berrien County, 8 in Cass County, and 17 in Van Buren County. Those providers included hospitals, nursing facilities, Federally Qualified Health Centers, rural health clinics, and community mental health centers. The following map shows these providers.

NOTE: Of all the providers, there was not a single community mental health center acting as a Medicare or Medicaid institutional provider. This important as Community residents identified mental health as the top priority health need in our area per the Spectrum 2019-21 CHNA.



Unfortunately, the average annual premiums and out-of-pocket costs for insurances continue to increase, and Medicare premiums, deductibles, and coinsurance costs are no exception. The rate of these increases is steadily outpacing the growth of wages. This ever-increasingly division between insurance costs versus workers’ wages is making it more and more difficult for those in the Community to be healthy, especially those already living in poverty.

Women (94.3%) across all the counties are slightly more likely to be insured than men (91.6%). Among age groups, people between the ages of 19 to 25 in Van Buren County (83.2%) and 26 and 34 in Berrien and Cass Counties (86.1% and 86.4% respectively) have the lowest rate of insurance, and people over the age of 65 have the highest rate, all counties 99.5% or higher. Whites (93.7%) are insured at higher rates than most other races across the Community. It is interesting to note that Native Americans in Berrien County have the highest percentage of insured individuals at 94.5%. The lowest rate of insured peoples is those of Hispanic/Latino ethnicity (Berrien – 80.2%, Van Buren – 78.9%) and Native Americans in Cass County (83.6%).

Roughly 96.5% of all people with a college degree are insured in the Community compared to an average of 84.9% of those with less than a high school diploma. As for those in the workforce, about 90% of individuals employed in the Community’s labor force are insured compared to 77.6% of those unemployed. Among those with annual earnings of less than \$25,000, about 90.6% are insured compared to the average 96.8% of those with earnings that exceed \$100,000. However, those with annual earnings between \$50,000 and \$74,999 are the second least likely to be insured at an average of 91.6% across the Community.

“In the United States, health insurance is a voluntary matter, yet many people are involuntarily without coverage.”



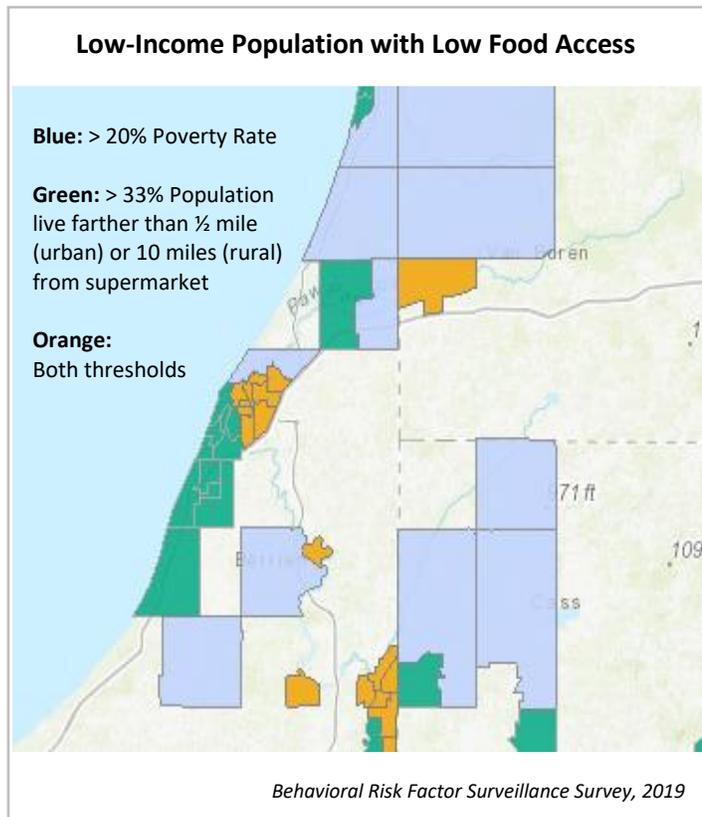
Challenges of availability and affordability of healthcare are a small percent of the barriers preventing the Community from meeting its health standards. Other barriers include aspects not quite tangible, but nevertheless important: social stigmas, privacy issues, health literacy, and lack of quality health data to better discover where opportunities for improvement lie. For low-income individuals who view their community as having little anonymity, there may be concerns about seeking care for chronic illnesses, mental health, sexual health, or substance abuse.



Food/Nutrition (Family-Level and Community-Level Need)

Speaking of obtaining and maintaining optimal health, better availability of providers and access to healthcare are not the only solutions. It is no secret that diets high in vegetables, fruits, whole grains, and lean proteins can help people maintain a healthy weight and avoid chronic diseases such as diabetes, cancer, and heart disease. Yet for many people, eating a healthier diet is not as simple as choosing to eat healthier food. Food environment factors such as grocery store proximity, food prices, food and nutrition assistance programs, and community characteristics influence food choices and diet quality.

Studies have shown that better access to grocery stores increases healthier food intake. They also show greater availability of fast food restaurants (and lower priced fast food items) result in poorer diets. In these studies, low food access is defined as living more than ½ mile from the nearest supermarket or large grocery store.



According to the USDA, the Community had an estimated 99,420 individuals determined as low income persons in 2019. Of that population, 17,988 (18.1%) individuals also had low food access.

It should be no surprise that there was an overwhelming response from the surveyed public that food assistance programs are one of the most important found in the Community. In the SMCAA survey, 54 respondents (30.5%) ranked Food Assistance Programs as the #1 most important program SMCAA currently offers. Unfortunately, this need is in large part due to households who experience an economic hardship. Cutting corners on food by skipping meals or purchasing the most filling and cheapest items is an immediate tactic to stretch limited dollars. However, every family needs a certain amount of food on a daily basis, and that is when access to food cannot be delayed or avoided. This household-level economic and social condition of limited or uncertain access to adequate food is called “food insecurity”. Feeding America reported in a 2017 study that the Community encountered a food insecurity rate of 13.2%. This means 37,260 individuals faced food insecurities. This was on-par with Michigan’s overall rate of 13.7% and slightly higher than the national rate of 12.6%.

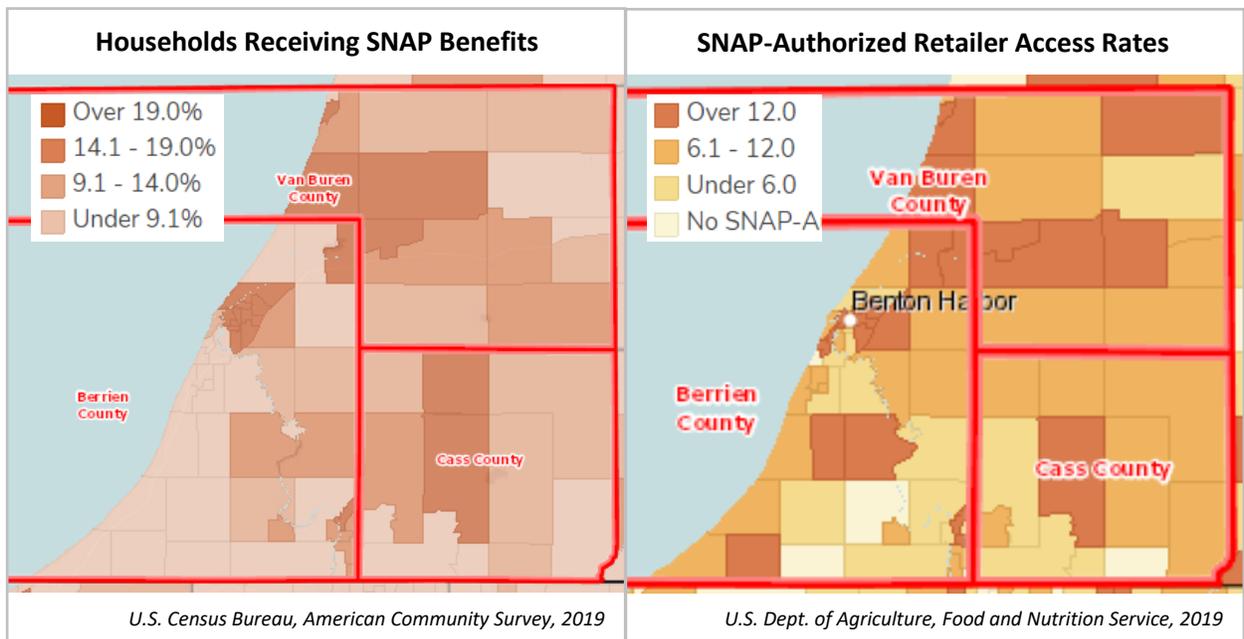


There are a number of programs to assist households facing food insecurities relative to the maximum income-to-poverty ratio (i.e. SNAP, WIC, school meals, CSFP, TEFAP). The Supplemental Nutrition Assistance Program (SNAP) is the largest federal nutrition assistance program and provides nutrition benefits to supplement the food budget of needy families so they can purchase healthy food.

Households Receiving SNAP Benefits				
	Total Households Receiving SNAP	Receiving SNAP Income Below FPL	Receiving SNAP Income Above FPL	Not Receiving SNAP Income Below FPL
Community	13.8%	7,688	8,057	7,851
Michigan	13.3%			
United States	11.7%			

U.S. Census Bureau, American Community Survey, 2019

In 2019, 15,745 Community households (or 13.8%) received SNAP payments. 48.8% of those households had incomes below FPL while 51.2% had income above poverty. During this same period there were 7,851 households (8.0% of total population) with income levels below FPL that were not receiving SNAP payments. The USDA documented 283 retail locations that accept SNAP benefits. The maps below visualize the percent of households receiving SNAP benefits and access rates (per 10,000 population) to SNAP-authorized retailers.



In addition to SNAP, there are food and nutrition programs geared specifically for children. Public schools who participate in programs such as the National School Lunch Program (NSLP) or School Breakfast Program (SBP) make free and reduced-price meals available for eligible children. Food insecurity and hunger are known to impair child development and increase risk of poor health. Programs like NSLP and SBP have been shown to reduce childhood food insecurity, poor health, and childhood obesity.

NSLP assists qualifying students in families with incomes under 130% FPL – for free lunches – or under 185% FPL – for reduced price lunches. Out of 44,987 total public school students in the Community, 24,934 were eligible for free or reduced price lunches in 2019. This represented 55.4% of public school students in the area, which is higher than both the state average of 50.0% and country average of 49.5%.



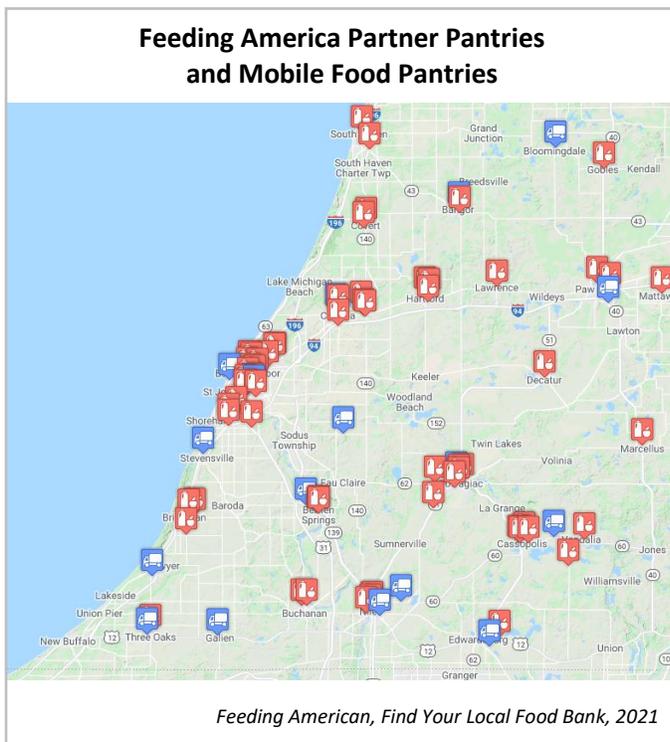
Of those 24,934 eligible students in the Community, 49.7%, or 22,337 are eligible for free lunches and 5.8% (n=2,597) are eligible for reduced-price lunches. In a similar fashion, 16.4% (10,440) of all children in the Community are food insecure. Yet 25.0% (2,610) of those food insecure children are ineligible for food assistance programs due to gaps in service provision.

Food Insecure Children in the Community				
	Total Pop. Under Age 18	Total Children Food Insecure	Child Food Insecurity Rate	Rate of Food Insecure Children Ineligible for Assistance
Community	63,514	10,440	16.4%	25.0%
Michigan	343,966	62,602	18.2%	32.0%
United States	73,641,039	13,411,620	18.2%	35.0%

National Center for Education Statistics, 2018-19

Nationally, food assistance programs like the Commodity Supplemental Food Program (CSFP) and The Emergency Food Assistance Program (TEFAP) provide supplemental food packages to half a million low-income pregnant and postpartum women, children under the age of 6, and seniors aged 60 and older. These programs, offered by SMCAA, fill the gap between local cost-of-living and incomes by distributing thousands of boxes and pounds of food each year.

In a study by The Urban Institute on the role of supplemental food programs, one of the major findings focused on the importance of CSFP to food distribution and its participants. CSFP was held in high regard for both the food and the services it offered. The lack of alternative programing for low-income seniors was discussed with program administrators, but the high quality and nutritional integrity of the CSFP food package were praised as a guaranteed source of intentionally balanced food. For those that would otherwise “slip through the gaps”, CSFP and/or TEFAP may be the only food assistance participants receive and the allotments’ values are substantial in relation to monthly food expenditures.



These programs can have permanent distribution sites or may share spaces with other programs such as a food pantry, church, or senior housing complex. Sites exist virtually everywhere, with food pantries making up a large percentage of the food assistance network.

According to the Food Bank Council of Michigan in 2018, Berrien County had 82 emergency food agencies and distributed 1,732,055 pounds of food, Cass County had 21 emergency food agencies and distributed 481,430 pounds of food, and Van Buren County had 31 emergency food agencies and distributed 564,024 pounds of food. In 2020, SMCAA served 11,317 households through food pantries and served 23,865 and 19,452 households through CSFP and TEFAP, respectively. *(These counts may be duplicated.)*



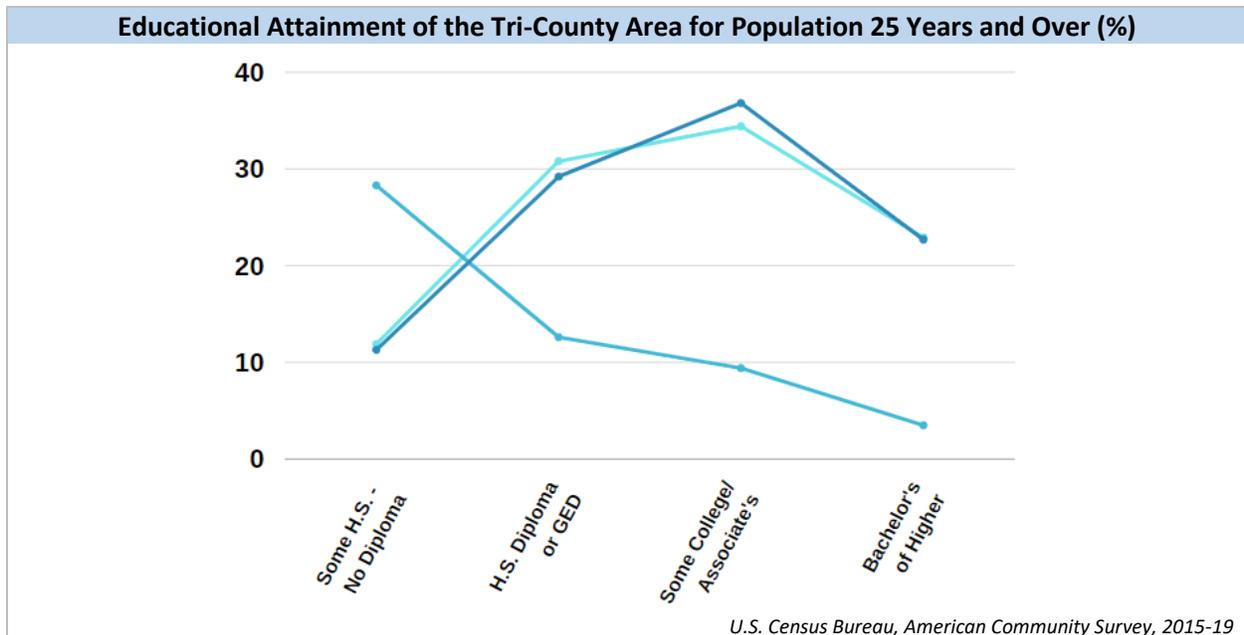
Job Opportunities with Living Wages (Family-Level and Community-Level Need)

We have discussed a number of community needs within the last several pages of this report, but there is a universal economical truth: money is the necessity to provide for a person’s basic needs. Be it food, shelter, warmth, or all of the above, money is the tool individuals require to provide for their families. And money translates to earning a living through the workforce.

There is a strong connection between employment and poverty. Work matters. For individuals, an ability to earn a living hinges upon three key components: 1.) the skills the individual possesses to get, keep, and grow in a job, 2.) the availability of jobs demanding those skills, and 3.) the accessibility of those available jobs. For communities, economic and social prosperity depends heavily upon the qualifications of the local workforce and the company competition driven by the talent of the people employed.

Education, Job Training, and/or Skill Development

The chart below shows the educational attainment in the Community according to 2019 census data. Educational attainment refers to the highest level of education completed by the time of the survey (reported here as some high school education with no diploma; high school diploma or GED; some technical school, college, or associate’s degree; and a bachelor’s degree or higher). Additionally, the chart also shows a comparison between the educational attainment of the **total population**, that of the **population living under poverty**, and that of **those who responded (n=177) to the SMCAA client survey**.



Educational attainment percentages for the total population are almost identical to the 177 SMCAA client respondents. However, the percentages within the population living under poverty are significantly less. For example, 34.4% of those in the Community aged 25 or older have attained some college education or an associate’s degree. Yet only 9.4% of individuals living below poverty have gained some college or technical education or earned an associate’s degree. Obviously poverty has an impact on education and skill development.

The potential for a person to become a skilled worker begins with adequate training. The pipeline of available skills training starts at a young age and transitions through to college or other postsecondary training options before ultimately leading to the labor market.

Head Start is a program designed to help children from birth to age 5 who come from families at or below FPL. The program’s goal is to help children become ready for kindergarten while also providing the needed requirements to thrive, including healthcare and food support. Tri-County Head Start serves our Community and reported it assisted 908 children in 44 classrooms across 20 locations in 2020.

At the high school level, there are multiple pathways to customize a student’s training and experience to fit the workforce. One of those pathways is through career and technical education (CTE) which provides students with opportunities to explore a career while learning a set of technical and employability skills integrated into academic studies. This pathway can culminate into postsecondary degrees or certificates, apprenticeships, and/or employment.

The Michigan Department of Education’s Office of Career and Technical Education (MDE-OCTE) offers technical assistance and support for regional administrators to develop new CTE programs. Berrien, Cass, and Van Buren Counties offer CTE within their school districts, with both Berrien and Van Buren Counties hosting area MDE-OCTE centers. However, CTE enrollment across the tri-county area is significantly low even though there are 117 CTE programs offered throughout 29 of the 34 school districts.

MDE-OCTE Enrollment in Public School Grades 9-12 for School Year 2019-20					
	Total Students	Total CTE Enrolled	Total : CTE Enrolled	Total CTE Concentrators	Total : CTE Concentrators
Berrien RESA	7,410	1,814	24.5%	203	2.7%
Lewis Cass ISD	2,675	419	15.7%	22	0.8%
VB Tech Center	3,903	661	16.9%	15	< 0.1%

Michigan Dept. of Education, Office of Career and Technical Education, 2019-20

Evidently local public high school CTE programs do not have strong incentives to meet current labor demands. Fortunately, though CTE programs may offer valuable career training, the mere graduation from high school sets individuals for a more successful future than those who not earn a diploma.

Currently, Community youth appear to be graduating from high school at lower rates compared to the average of the state (82.1%). In the following table a breakdown of the Community’s graduation and dropout rates is shown.

Community’s Graduation/Dropout Rates					
	Total Cohort	Total Graduated	Graduation Rate	Total Dropouts	Dropout Rate
Berrien RESA	2,666	1,703	76.6%	478	17.9%
Benton Harbor	188	105	55.9%	33	17.6%
St. Joseph	273	264	96.7%	< 10	3.3%
Berrien Springs	966	369	38.2%	262	27.1%
Coloma	117	103	88.0%	< 10	6.0%
Lewis Cass ISD	507	430	84.7%	57	13.6%
Dowagiac	161	124	77.0%	13	8.1%
Edwardsburg	206	189	91.8%	< 10	1.9%
VB Tech Center	1,358	966	73.1%	227	16.7%
Bangor	109	57	52.3%	23	21.1%
Paw Paw	167	132	79.6%	17	10.2%
Michigan	118,284	97,070	82.1%	9,186	7.8%

**This data comes from the 4-year 2020 Graduation Cohorts -- MI State Data, 2019-20*

The public school districts also shown in the table correlate to those cities focused upon in this report’s **Poverty Profile** (see page 23). Benton Harbor, the city with the highest poverty rate in the Community at 48.0%, has a predominantly Black population and had a significantly higher dropout rate than its neighboring city of St. Joseph. Also of special note are the school districts of Berrien Springs and Dowagiac. Berrien Springs had a moderately high poverty rate of 24.8% but faced the highest dropout rate (27.1%) out of all tri-county schools. Dowagiac carried a poverty rate of 26.8%, but had a low dropout rate.

Beyond a high school level education, there’s an entire world of adult education programs providing opportunities for adults to improve education levels (especially in math, reading, or writing), obtain a high school credential, or become better English speakers. For example, when individuals learn how to read, write, do basic math, and use computers, they have the power to lift themselves out of poverty and change their lives. Yet, 8.9% of the Community’s adults lack basic literacy skills. This, among other skill deficiencies, negatively impacts every important social issue in an individual’s life.

Data shows that those with a high school credential can earn more than \$6,000 more per year than those without one, and that each year of education provides an average 10% increase in wages. Individuals with little formal education and limited skills stand at a severe disadvantage in an economy in which 45% of all jobs demand skills imparted by at least two-year colleges.

10.7% (19 of 177) of the recipients sharing their experiences about education and training in SMCAA’s survey indicated they dropped out before completing high school. The tables to the right show the current household annual incomes and employment statuses of these 19 Community residents. None of these clients earn a household income over \$30,000 annually. The majority (47.3%) are unemployed, with 7 of those 9 job searching.

Education Attainment	No Income	Less than \$10,000	\$10,000 to \$20,000	\$20,000 to \$30,000
Some grade school	0	0	1	0
8 th grade graduate	0	2	1	0
Some high school	1	7	4	3

SMCAA Agency-Wide Client Community Needs Survey, 2020

Education Attainment	Unemployed	Disabled	Retired	Part-time
Some grade school	0	0	1	0
8 th grade graduate	1	1	0	1
Some high school	8	4	2	1

SMCAA Agency-Wide Client Community Needs Survey, 2020

Lacking education puts an individual at risk of falling into the “poverty trap”. The poverty trap involves the inability to escape poverty due to lack of resources. This can also lead to an intergenerational poverty gap, meaning children of those already in the trap are more likely to be at risk as well. Education and skill development provides the ability for one to access the knowledge necessary to obtain a job and make a living.

Other Barriers to Employment

As stated, education and limited skills are not the only barriers to employment. Some other common barriers to employment include:

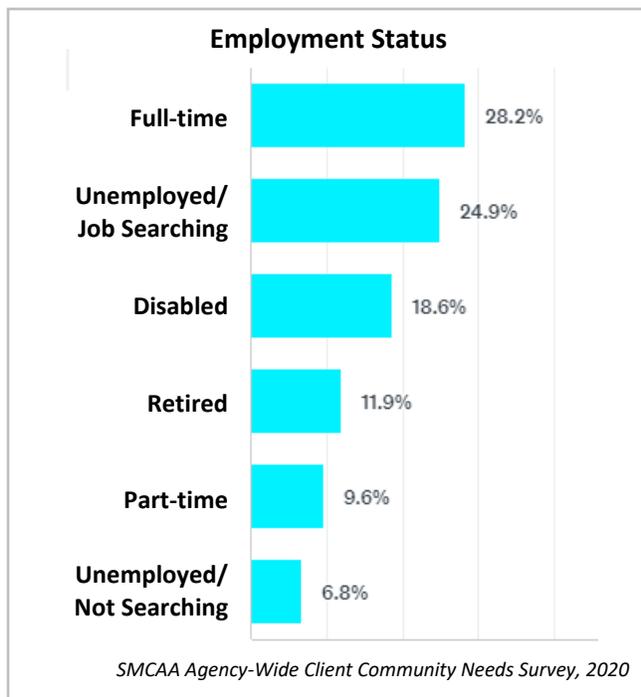
- Criminal history
- Disability or mental illness
- Drug and alcohol addiction
- Welfare dependence
- Homelessness
- Childcare needs
- No reliable transportation
- Illiteracy or limited English proficiency
- Transition from military to civilian workforce
- Poor work history
- Demographic factors
- Employer bias related to any of these conditions

Each year, millions of Americans are exiled from the workforce due to these barriers. At the same time, employers struggle to find qualified workers. This begs the question: how can we bridge this gap?

Interestingly, popular perception is that the nation’s unemployment rate is determined by the number of people collecting unemployment insurance. This is untrue. Many jobless residents remain unemployed when benefits are exhausted, and many more are ineligible for unemployment insurance or never apply for benefits. Instead, the unemployment rate is measured by those unemployed who are actively seeking employment by making a specific effort to find a job within the previous four weeks.

Did you know?

The unemployment rate is determined by those unemployed and actively seeking a job. Those unemployed and not seeking employment due to any reason (including those barriers mentioned above) are considered “Not in the Labor Force”.

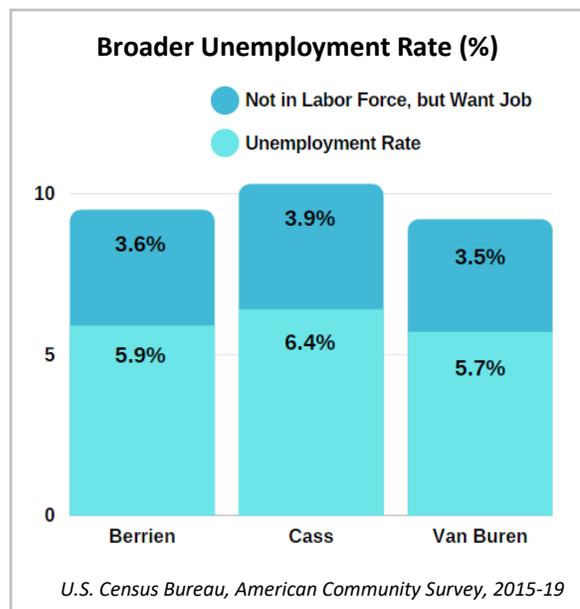


The Community was slightly higher than the state (5.9%) and national (5.3%) averages when it came to the unemployment rate. According to the U.S. Department of Labor’s Bureau of Labor Statistics in 2019, the unemployment rate for the Community was 6.0%.

As explained, the unemployment rate can be approached more broadly. If we look at the Labor Force Participation Rate (LFPR), or the percentage of those employed and/or seeking employment, compared to the employment-to-total population ratio, then a broader definition of unemployment can be seen in the area. On average, Southwest Michigan’s LFPR was 61.1% whereas Michigan was 61.5% and the United States 63.4%. This means around 39%, 109,595 individuals in the Community, were not in the labor force in 2019.

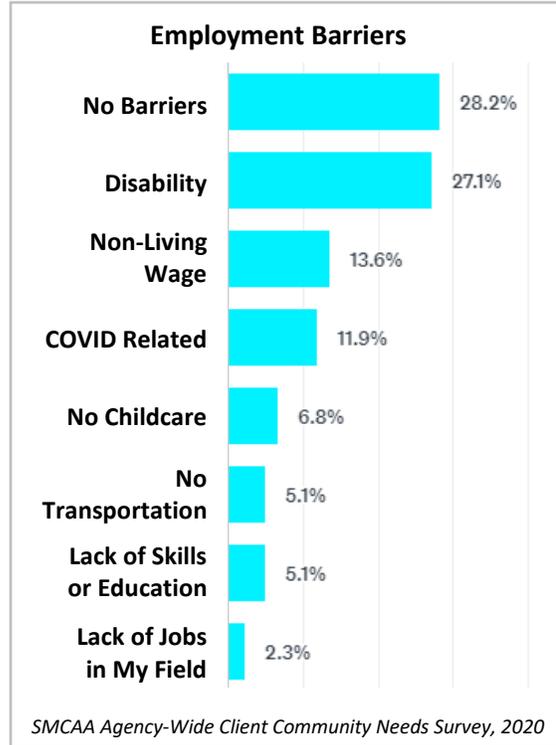
In order for the economy to prosper despite a shrinking workforce, the community can no longer afford to have so much of the potential labor force standing on the sidelines. Though barriers to employment can look different for each person employed, trained, and assisted in obtaining gainful employment, there is always one thing everyone has in common: the value of making a positive difference within their community.

NOTE: The rates to the right are based on working age adults who are not inmates of institutions and not on active duty in the Armed Forces. Full-time students, retired persons, children/family caretakers, and people who are disabled are also not included.



Let’s look at some employment barriers that are prevalent across the SMCAA service area.

Employment barriers were a topic surveyed by the general public. Per the bar graph to the right, 28.2% (n=50) of respondents stated they were not facing any employment barriers. Of those 50 individuals, 80% (n=40) were working full or part-time or were retired, and 16% stated they were unemployed but actively looking for work.



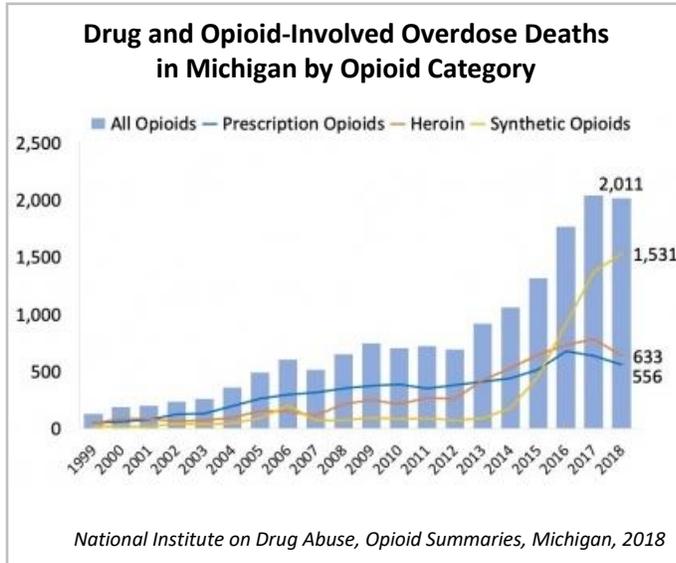
Disability or Mental Illness. 48, or 27.1%, of respondents identified their barrier to employment as a disability. Those who live with muscular dystrophy, rely on a wheelchair, or have other special needs are examples of people who have a physical or mental disability. A study done by RespectAbility in 2020 showed job gains among those with disabilities had dramatically fallen since previous years. (RespectAbility is a nonprofit organization working with employers, elected officials, policy makers, and many others to fight stigmas and advance opportunities for people with disabilities.) According to this study, Michigan was ranked 40th by the gap in LFPR between people with and without disabilities.

	Total Working Age* People with Disabilities	Total People with Disabilities with Jobs	People with Disabilities LFPR	People without Disabilities LFPR	Gap in LFPR
Berrien	10,619	3,992	37.6%	71.4%	33.8%
Cass	<i>Data Unavailable</i>				
Van Buren	5,269	1,817	34.5%	74.8%	40.3%
40 th - Michigan	730,791	259,363	35.5%	77.6%	42.1%

RespectAbility, 2020

Along the same line of thinking, the American Community Survey 2019 reported the community’s average unemployment rate was 9.8% among people with disabilities, meaning that people with disabilities are one and a half times more likely to be unemployed compared to those without a disability.

Those who responded with “Disability” may have been referring to mental illness. As mentioned previously in this report, mental illness is extremely common – anxiety, depression, and schizophrenia are common mental illnesses that are barriers to employment. The National Alliance on Mental Illness reported 20.6% of American adults experienced mental illness in 2019. That is 1 in 5 adults. The ripple effect of mental illness has frightening statistics as well. Studies by the CDC state that people with depression have a 40% higher risk of developing cardiovascular and metabolic diseases than the general public. Nationwide, the unemployment rate is higher among adults who have mental illness (5.8%) than those who do not (3.6%). High school students with significant symptoms of depression are twice as likely to drop out of school as their peers.



Substance Abuse. Depressive feelings may result in increased risk of substance abuse such as excessive alcohol consumption or using illicit drugs. Opioid use is a growing concern among Community residents. According to study done by the Michigan Office of Recovery Oriented Systems of Care in 2013, the number of hospitalizations involving opioids increased 120% between 2000 and 2011, from 9,157 to 20,191 hospitalizations, respectively. About 78% of drug overdose deaths involved at least one opioid in 2018 – a total of 2,011 deaths. Michigan providers wrote 62.7 opioid prescriptions for every 100 persons compared to the average U.S. rate of 51.4.

Concerning the broader spectrum of substance use, MDHHS reported in 2019 an estimated 20% of Michigan adults fit the definition of “excessive drinkers” as defined by the CDC. That percentage included those who fit the definition of binge drinkers (men consuming five or more drinks on one occasion at least once a month, and women consuming four or more) and heavy drinkers (men consuming fifteen or more drinks per week, or women consuming eight or more). In Berrien County, an estimated 20.8% of adults were excessive drinkers – 19% binge drank and 8% were heavy drinkers. Cass County estimated 20% of adults as excessive drinkers and Van Buren 19.2%.

Excessive alcohol consumption costed Michigan \$8.16 billion in 2019. This cost amounted to about \$2.10 per drink, or about \$826 per person. Costs due to excessive drinking largely resulted from losses in workplace productivity (72% of the total cost), healthcare expenses (11%), and other costs due to a combination of criminal justice expenses, motor vehicle crash costs, and property damage.

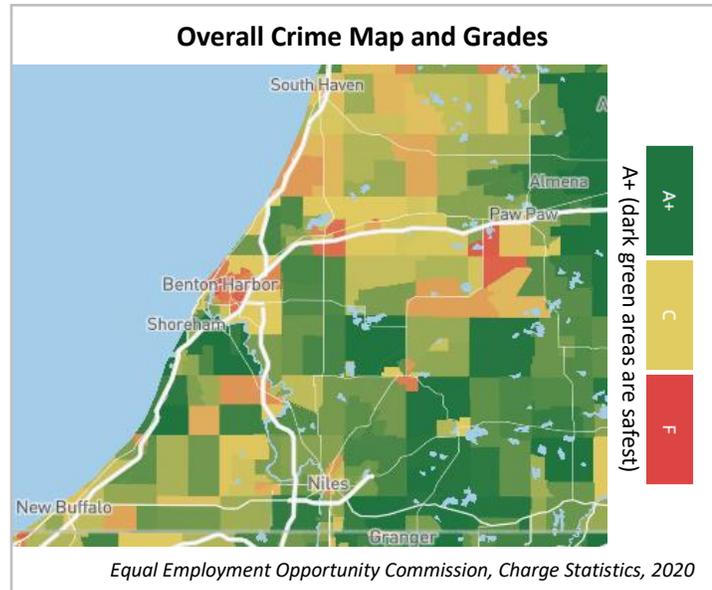
People require stability in recovery before moving towards employment. However, this should not preclude them from thinking about employment or support towards their employment goals.

Criminal History. A criminal record, or more commonly known as a “rap sheet”, is a list of arrest and convictions. This history includes the date of the conviction, the charges, the sentence, and whether the crime was a felony or a misdemeanor. A person’s criminal history can hold someone back in many ways. Easily finding a place to live and finding a job may be impacted by a criminal record.

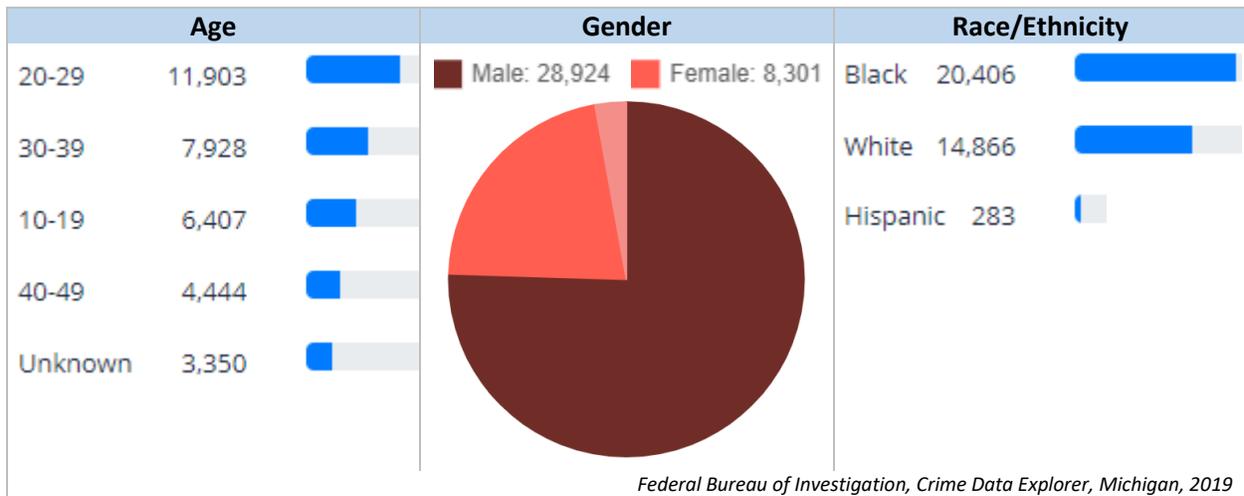
The Equal Employment Opportunity Commission (EEOC) states that a decision to not hire a person with a past felony should be job-related. However, some employers do not abide by this and discriminate against those with criminal backgrounds. According to the U.S. Department of Justice’s Bureau of Justice Statistics, approximately 1 in 3 American adults have a criminal record. Having a criminal record can make it difficult (or even impossible) for an individual to work in a given field. In a 2014 study, at least 1.7 million workers were found to face an employment barrier due to felony convictions.

In 2019, Michigan’s rate of violent crime offenses by population were 437.4 (per 100,000 people by year) compared to the country’s rate of 379.4. The County Health Rankings reported that Berrien County leaned towards a higher rating of 428, whereas Cass and Van Buren Counties had lower violent-crime ratings of 223 and 348, respectively.

An overall crime map of the Community shows areas where crimes per 1,000 persons is highest, weighted by the type and severity of the crime. On average, a crime occurs every 2 hours and 11 minutes in Berrien County.



There were 37,858 violent-crime incidents and 43,400 offenses reported in Michigan in 2019. The following graphs show the demographics of these violent-crime offenders:



In our Community, a jump in gun crime has been reported by the Berrien County Sheriff’s Department in July 2021. According to the county prosecutor, concealed weapon offenses have gone up 128% in the county since 2019.

“A lot of what we’ve seen is that [offenders] are younger individuals, under the age of 20... We can’t arrest our way out of it. We need to collaborate and partner to get the message across that gun violence is not the answer.”

Chief Deputy Boyce, WSBT 22 Report

Childcare Needs. Choosing care for a child while working or attending school is one of the most important decisions a parent can make. Unfortunately, lack of childcare can make it difficult for parents to successfully participate in education, training programs, and committed workforce hours. Nowadays,



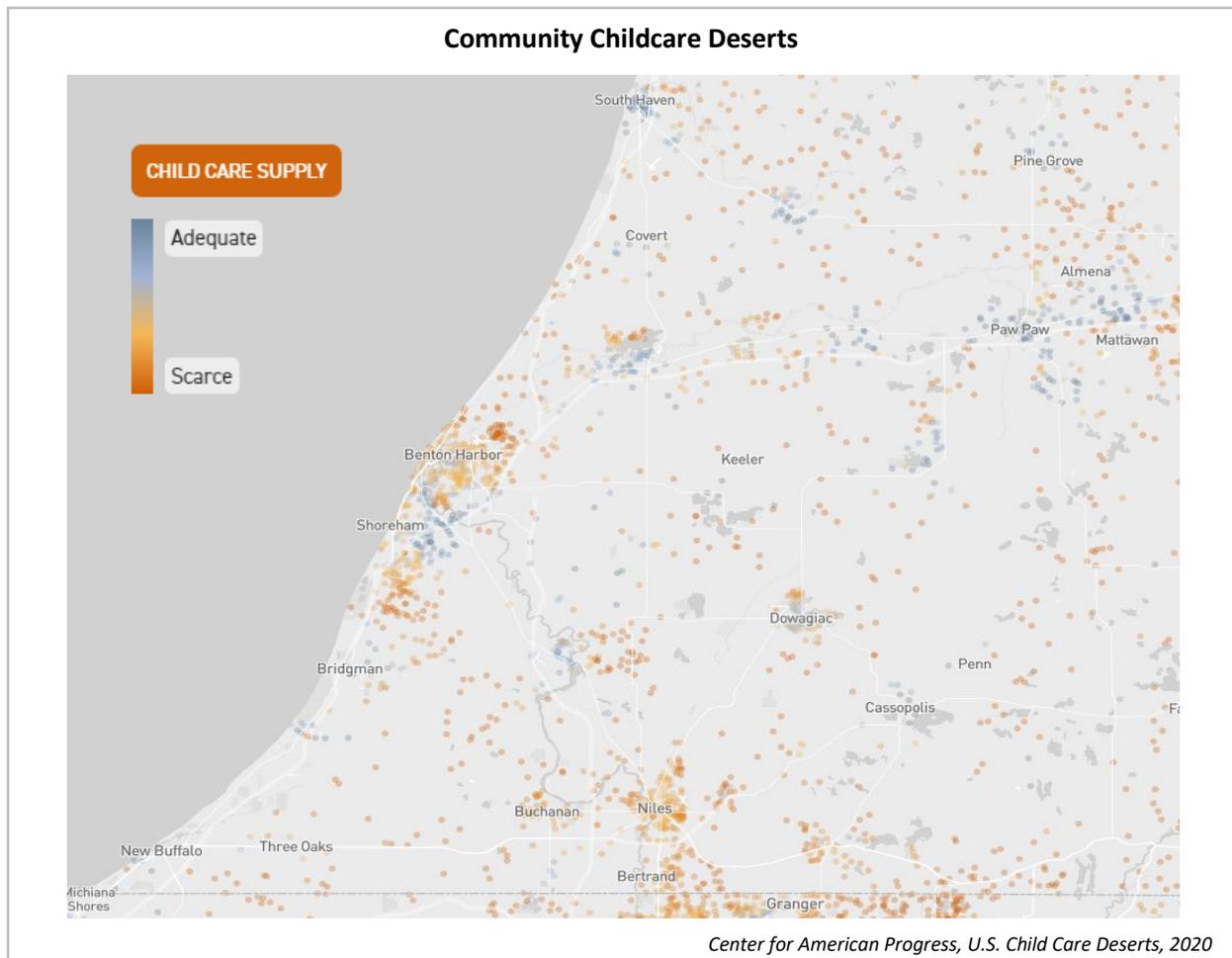
many households with young children make a choice to spend a significant portion of their income on childcare, finding a cheaper (and potentially lower-quality) care option, or leaving the workforce to become a full-time caregiver. Twelve of SMCAA’s clients identified no childcare and another two stated childcare challenges brought on by the COVID-19 pandemic were their major barrier to employment. Childcare challenges such as high cost, limited availability, or inconvenient program hours have become barriers to work, especially for mothers who disproportionately take on unpaid caregiving responsibilities.

The average cost of a childcare provider in Michigan is \$12.99 per hour. With the minimum wage in Michigan being \$9.65 per hour, parents can expect to pay an hourly rate between \$9.65 and \$20 for childcare. A child spends an average of 36 hours per week in childcare resulting in potential to spend \$347.40 to \$720 weekly. When looking at data from ChildCare Aware of America, the average annual cost of childcare for two children is higher than average annual costs of both public university tuition and household mortgage payments.

Avg. Annual Childcare Costs in Michigan	
Center care for one infant	\$10,603
Center care for two children (an infant and a 4-year-old)	\$19,281
Home care for one infant	\$7,006
Home care for two children (an infant and a 4-year-old)	\$14,363
Public university tuition	\$12,935
Average annual mortgage payment	\$14,904

ChildCare Aware of America, 2021

Limited availability is another challenge to childcare that parents face in addition to high costs. An estimated 44% of Michigan residents live in “childcare deserts”. Childcare deserts are census tracts with more than 50 children under the age of 5 that contain either no childcare providers or so few options that there are more than three times as many children as licensed childcare slots. The following map shows quality, licensed childcare providers across Berrien, Cass, and Van Buren Counties:



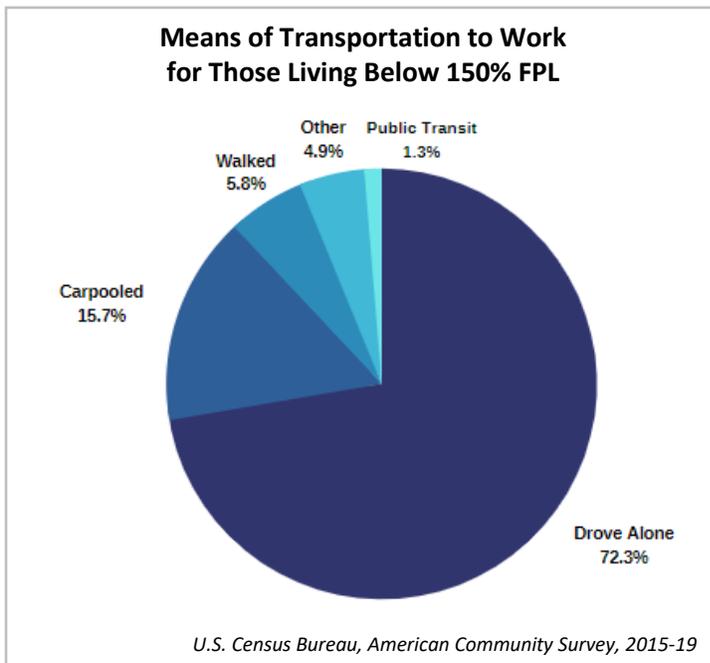
While parents are children’s first and most important teachers, childcare programs provide early learning opportunities and have a profound impact on young children’s development and readiness for school. Beyond the need for more affordable and accessible childcare providers, there is also growing demand for childcare flexible in scheduling to meet the needs of parents in the nontraditional hour workforce.

Nationally, over one-fifth of parents with children under the age of 13 work nonstandard schedules. More companies are requiring employees to work shifts starting before childcare providers open or ending after providers close. Nontraditional hours also account for jobs the work weekends, holidays, and extended hours. Schedule flexibility is especially important for low-income workers who are more likely (28%) to operate on nonstandard schedules than other workers (20%).

Reliable Transportation. Though only 9 respondents to the SMCAA client survey noted transportation as their employment barrier, 33 or 18.6% responded that reliable transportation was a need their household faces in the community. (See Chart: Family Needs within the Community on page 38.) Without reliable transportation, job seekers are forced to pursue jobs within proximity to their homes or along public transportation lines – and that is only if public transportation is established and accessible.

Public transportation is more economical than owning a vehicle for many people. According to the American Public Transportation Association (APTA), individuals who shift from driving to transit save an estimated \$9,797 per year. Unfortunately, public transportation is not readily available in the tri-county area. Berrien County has four public transit agencies, Cass has two, and Van Buren only offers one.

Due to the inaccessibility of public transit, owning or leasing a vehicle is often necessary. Only 2.3% of workers across the three counties do not have access to a vehicle in order to commute to work. Of all workers, 19.8% have access to at least one vehicle, 41.9% to two vehicles, and 36.0% to three or more vehicles. The cost of owning and using a car includes license and registration, fuel, and maintenance. APTA’s analysis of car ownership costs considers the fixed costs – insurance, license and registration, depreciation, and financial charges – and estimates this cost to be \$6,202 per year. Taking into account that in 2020 Michigan’s average auto insurance premium was the most expensive in the country, the high cost of owning, maintaining, and insuring a vehicle is prohibitive for many residents living in poverty.



For Detroit, the Motor City, to be the first U.S. city to have its own transit system, it is surprising that most of Michigan lacks reliable public transportation. Instead, Michiganders must find alternative transportation means. Those Community working residents living below 150% FPL commute to their jobs via a variety of means, according to 2019 ACS surveys. The majority (72.3%) drove alone, 15.7% carpooled with others, 5.8% walked to work, and only 1.3% used the limited public transit available. The additional 4.9% commuted through “other” means, which included biking, riding a motorcycle, calling a taxicab/Uber, or that the individual may not commute at all because he/she works from home.



Demographic Factors. Across the U.S., workplace discrimination on the basis of demographic factors is illegal. Demographic factors may include race, gender, age, national origin, religion, and all other protected classifications by the U.S. Equal Employment Opportunity Commission (EEOC). Since these factors cannot be changed, they can be major barriers to employment for minorities and those in low-income areas.

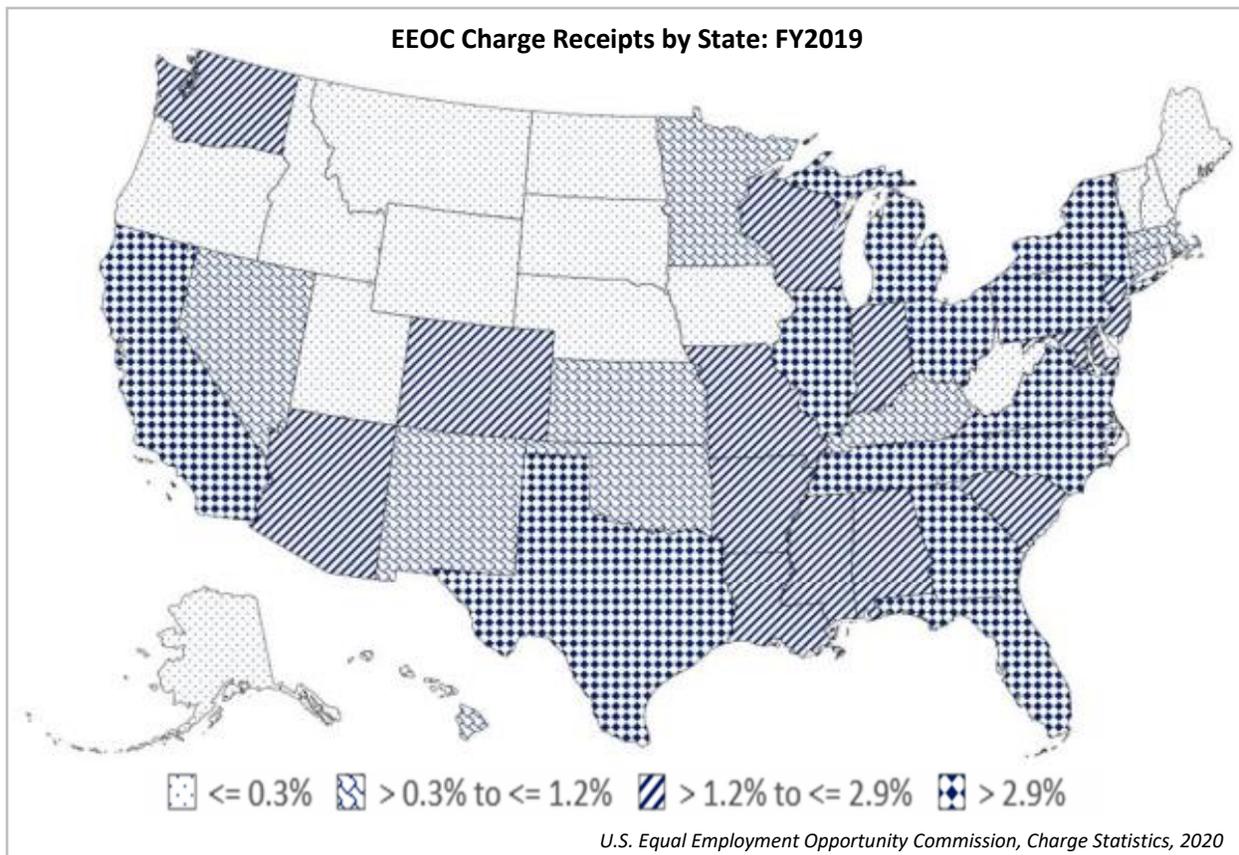
In the last three years, there were 216,541 discrimination complaints filed with the EEOC. In 2019, a majority of complaints were categorized as retaliation (53.8%), disability (33.4%), race (33.0%), and gender (32.4%). Of the 72,675 total charges in FY19, 69.5% were officially dismissed as having found no issue after investigation, and 15.6% received merit resolutions (meaning the resolution favored the charging party.)

Discrimination Charges Filed with EEOC			
	FY2018	FY2019	FY2020
Total Charges	76,418	72,675	67,448
Retaliation	39,469	39,110	37,632
Disability	24,605	24,238	24,324
Race	24,600	23,976	22,064
Gender	24,655	23,532	21,398
Age	16,911	15,573	14,183
National Origin	7,106	7,009	6,377
Religion	2,859	2,725	2,404

U.S. Equal Employment Opportunity Commission, Charge Statistics, 2020

NOTE: Individuals often file charges claiming multiple discriminations; each category in the table above may reflect duplication counts of individuals.

According to the EEOC, 2,326 individual Michigan claims (3.2% of national total) were filed with the agency in FY19. This ranks Michigan as 9th in the nation for all EEOC filings. For reference, in 2019 Michigan had the 10th largest population in the country (n=9,986,857) that accounted for 3.01% of the total.



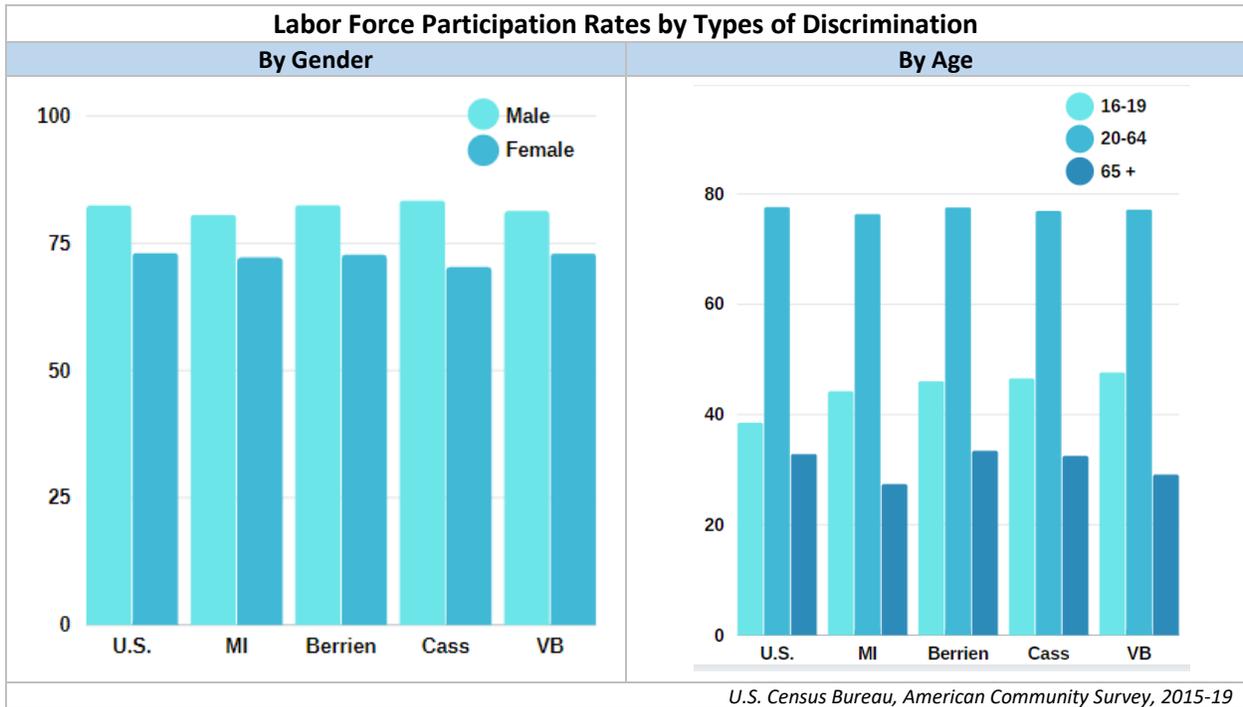


What was the most common employment discrimination charge filed in Michigan? According to the EEOC’s 2019 statistics, 1,022 retaliation charges were filed in Michigan making it the most common claim. The next most frequent claim was for disability discrimination with 798 charges, then race with 790. The rankings of Michigan’s charges follow the same pattern as the country.

Michigan Discrimination Charges			
	Total	% of MI	% of Type
Retaliation	1,022	43.3%	2.6%
Disability	798	33.8%	3.3%
Race	790	33.5%	3.3%
Gender	663	28.1%	2.8%
Age	485	20.6%	3.1%
National Origin	145	6.1%	2.1%
Religion	87	3.7%	3.2%

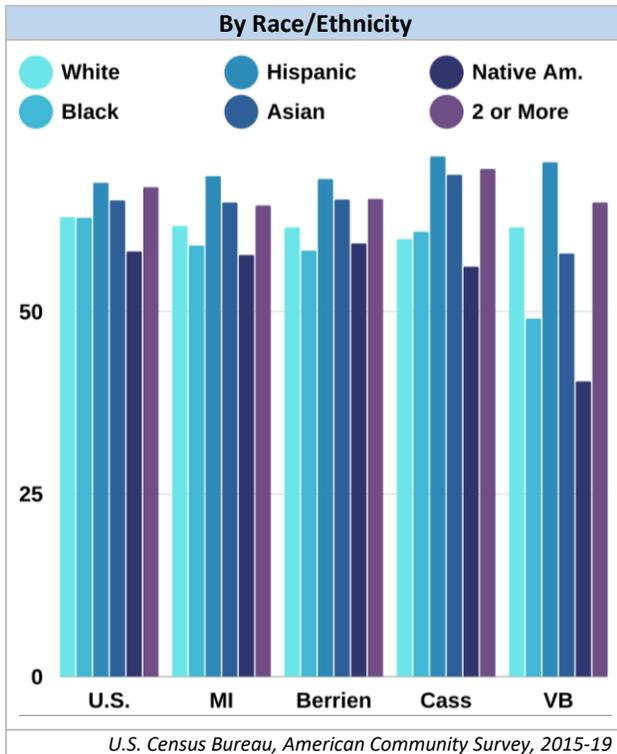
U.S. Equal Employment Opportunity Commission, Charge Statistics, 2020

Retaliation claims are the most frequently alleged basis of discrimination nationally and in the state of Michigan. As Equal Employment Opportunity (EEO) laws prohibit punishment of job applicants or employees for asserting their rights to be free from discrimination, it is unlawful for employers to retaliate against applicants or employees for a number of reasons such as filing an EEO complaint, refusing to follow orders that would result in discrimination, or talking with a supervisor about employment discrimination. The second most frequent discrimination charge is disability claims. (This area was discussed earlier in this report beginning on page 53). So, let’s look at the next three areas – race, gender, and age.



On average, the Community (82.3%) was on par with the national average participation rate (82.4%) for males in the labor force. The rate for females was slightly less than the national average (73.0%) with 71.9% of females in the labor force across Berrien, Cass, and Van Buren Counties. It should be noted that the Community had a slightly larger population of females (51.1%) overall in 2019.

All locations’ rates for age groups in the labor force are comparable to one another, except when looking at the ages 16-19. The national average for labor participation in this age group was 38.5%. The Community boasted a greater percentage at 46.7%. Expectedly, 20-64-year-olds accounted for the highest rates of those in the labor force. Of the 77.2% local workers aged 20-64, an average of 51.6% of them were living below FPL. This average was slightly more than Michigan (49.3%) and the U.S. (48.5%).



The Community had lower ratings than the rest of the country and Michigan for both whites (60.9% vs 62.9% and 61.7%, respectively) and blacks (56.1% vs 62.8% and 59.0%) who were participating in the labor force.

The largest ethnicity participation in the community was those identifying as Hispanic. This race had a LFPR of 69.9% which was higher than both Michigan (68.5%) and the country (67.6%).

It is important to note that these rates are the percentages of the total of each race rather than entire population. Looking at the entire population of the Community (n=281,014 individuals), there was a significant difference in race participation. Out of the tri-county population, there were 191,106 (68.0%) whites in the labor force, 21,058 (7.5%) blacks, and 12,436 (4.4%) Hispanics.

Interestingly, a study was done in 2004 by the American Economic Review that sent fictitious resumes to help-wanted ads in the labor market. The resumes were randomly assigned White-or-African-American-sounding names. The study found that resumes with White names received 50% more callbacks for interviews across occupation, industry, and employer size. It was inferred that “a White name on a resume yields as many more callbacks as an additional 8 years of experience.” Obviously, this is an area our society has much room to improve.

Overall, there are numerous barriers to employment that people face every day. Being aware of obstacles individuals in our community face when it comes to obtaining and maintaining employment is important for all community members. When these barriers are acknowledged, the community can work together to actively give others a hand up.

Earning a Living Wage

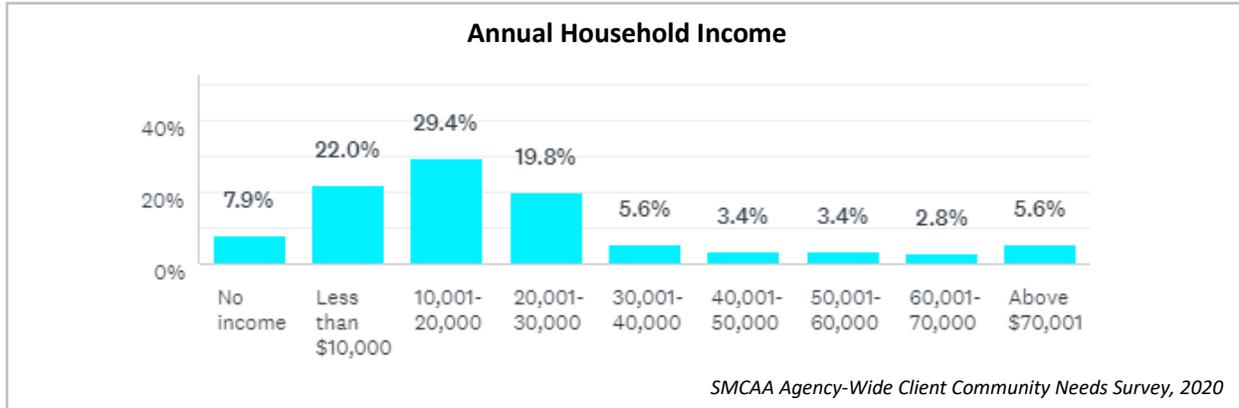
Having the opportunity to obtain and capability to maintain a job are key components of the community need for **Job Opportunities with Living Wages**, but that last element of a living wage is just as important. A living wage is an hourly rate of pay that is independently calculated each year based on the real cost of living. It is an organic rate that evolves around trends in the U.S. and current economic conditions such as inflation, gross domestic product (GDP) growth potential, and the unemployment rate.

The working poor increases as growing numbers of households find it harder to earn enough money to pay for food, clothing, and shelter due to weak wage growth and steadily rising costs of living.

According to the 2019 American Community Survey, the median annual household income in Berrien County was \$50,795, Cass County was \$55,107, and Van Buren County was \$54,485. All three are lower than the state (\$57,144) and the country (\$62,843).



The respondents of the SMCAA general public survey stated that their annual household incomes were as follows:



A living wage calculator was created in 2004 by Dr. Amy Glasmeier of the Massachusetts Institute of Technology (MIT). As calculated, the living wage estimates the basic needs of a household excluding funds covering what many Americans consider necessities (i.e. eating out, entertainment, unpaid vacations or holidays) and financial means to increase savings or investment. The living wage is the minimum income standard that draws a line between financial self-sustainability and independence of the working poor and the decision to seek public assistance versus face housing and food insecurities. The 2021 Living Wage for various households is:

	Only 1 Adult	1 Adult, 1 Child	2 Adults	2 Adults, 2 Children	2 Adults	2 Adults, 2 Children
			(Only 1 Working)		(Both Working)	
			Berrien	\$13.32	\$29.13	\$21.31
Cass	\$12.98	\$28.48	\$21.52	\$29.04	\$10.76	\$20.36
Van Buren	\$13.36	\$29.10	\$21.99	\$29.27	\$10.99	\$20.85

Massachusetts Institute of Technology, Living Wage Calculator, 2021

Included on the living wage calculator is also a poverty wage. The poverty wage rate converts the gross annual income per 2019's Federal Poverty Guidelines into an hourly wage.

	Only 1 Adult	1 Adult, 1 Child	2 Adults	2 Adults, 2 Children	2 Adults	2 Adults, 2 Children
			(Only 1 Working)		(Both Working)	
			All Counties	\$6.13	\$8.29	\$8.29

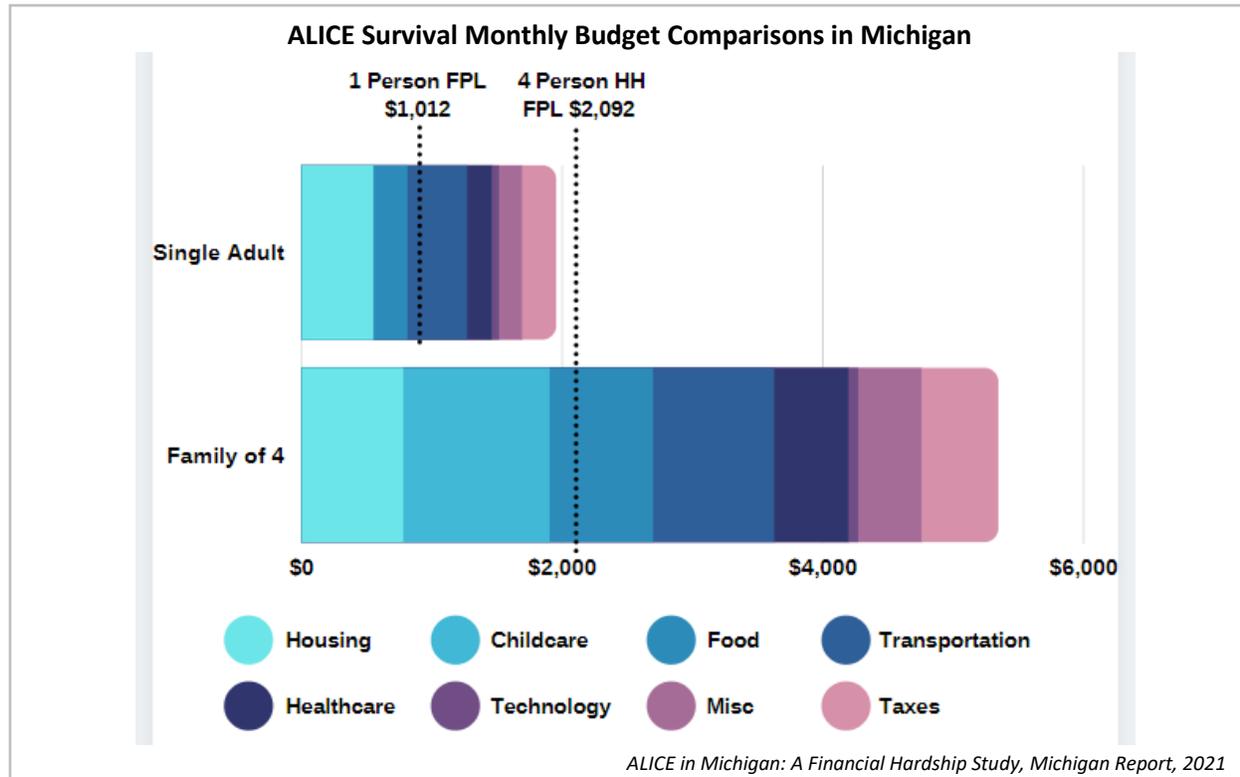
Massachusetts Institute of Technology, Living Wage Calculator, 2021

The minimum wage in Michigan was \$9.45 in 2019, and increased to \$9.65 in 2020. There was supposed to be a 2.3% increase in 2021 to \$9.87 per hour, but this rise has yet to be seen as of June 2021.

Let's take a look back at the ALICE Household Survival Budget (see page 34). This budget -- an estimate of the minimal total cost of household essentials -- shows the individual expenses that go into the living wage estimate. According to the ALICE findings, the actual cost of household basics in every county in Michigan is well above the FPL for all household sizes and types. For a single adult, FPL was \$12,490 annually in 2019, but the average Household Survival Budget was \$23,400 annually. Gaps are even larger



for families. The FPL for a family of four was \$25,750 in 2019, while the survival budget was \$64,116. We can see this budget broke down with more detail here:



The widening of income inequality continues to increase and low income individuals and families across Southwest Michigan cannot keep up with the rising costs of their household budgets.

In 2021, the National Low Income Housing Coalition estimated that the hourly mean renter wage in Berrien is \$13.89, Cass \$11.53, and Van Buren \$11.50. However, the hourly wage necessary to afford a two bedroom rental unit in Berrien is \$15.40, Cass \$15.42, and Van Buren \$16.94. This means it would take 1.6, 1.6, and 1.8, respectively, full-time jobs at Michigan’s minimum wage of \$9.65 in each county to afford a two bedroom unit!

After the Great Recession of 2008, Michigan had a strong economy as its GDP continued to rise and the unemployment rate hit a record low of 3%. Manufacturing was the state’s largest industry and employed one out of six private-sector employees. However, by 2019 the state’s economic growth slowed.

In the following table, note that the majority of industries in the tri-county area had hourly jobs paying less than \$20 per hour. The top industry in the area was manufacturing, followed by healthcare and retail trade. Out of the three top industries, however, only manufacturing averaged an hourly wage over \$20. And of the 14 major industries, only four averaged wages over \$20 per hour.

Average Hourly Wages and Annual Incomes			
Industry	Berrien, Cass, and Van Buren Counties		
	Employees	Avg Hourly Wage	Avg Annual Income
Agriculture	1,713	\$10.57	\$21,985
Construction	5,516	\$18.39	\$38,254
Manufacturing	23,538	\$21.18	\$44,058



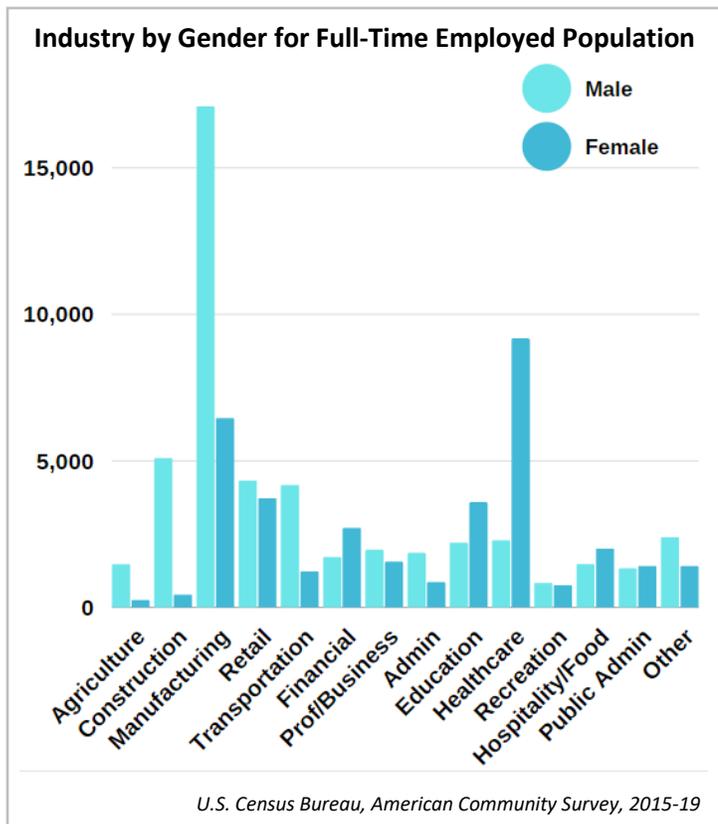
Average Hourly Wages and Annual Incomes (Cont.)			
Industry	Berrien, Cass, and Van Buren Counties		
	Employees	Avg Hourly Wage	Avg Annual Income
Retail	8,032	\$10.39	\$21,602
Transportation	5,392	\$26.91	\$55,970
Financial	4,414	\$15.05	\$31,296
Professional/ Business	3,517	\$24.63	\$51,232
Administrative	2,709	\$11.64	\$24,209
Education	5,781	\$18.26	\$37,986
Healthcare	11,457	\$15.37	\$31,966
Arts/Recreation	1,567	\$11.02	\$22,912
Hospitality/Food	3,467	\$6.13	\$12,746
Public Administration	2,723	\$22.15	\$46,064
Other Services	3,793	\$12.41	\$25,813

U.S. Census Bureau, American Community Survey, 2015-19

The ALICE Report defines low-wage jobs as those paying less than the wage needed for two workers to afford the family Household Survival Budget. With this consideration, only individuals working in the four highest paying industries – transportation, professional/business, public administration, and manufacturing – are earning incomes capable of providing their households with basic necessities. The second most-employed industry in the tri-county area, healthcare, make slightly higher than what is needed for a household made up of only one adult. Retail trade workers, the third most-employed industry, are barely clearing an income necessary to remain above poverty guidelines.

Additionally, there are numerous studies that show a substantial pay gap between genders. The U.S. Census Bureau estimated that women earned 82% of what men earned in 2020. This meant that it would take an extra 40 days of work for women to earn what men did.

The table to the right shows the number of workers in each industry by gender across Southwest Michigan. The top industry, manufacturing, has almost 3 times as many males working than females. However, the average income for males in manufacturing is \$47,349 compared to \$34,723 for females. Females lead the industry of healthcare. However, males in healthcare average an earned income of \$44,240 and females average \$31,083.



Across industries, equal pay for equal work is not a reality for women.

Similarly, it is not a reality for people of color either. A survey done by PayScale provided a controlled racial wage gap (RWG) by ensuring similar education, years of experience, occupation, and other

compensable factors were controlled in respondents' answers. The survey compared the pay between white men and people of color who have the same job and qualifications across the country.

Black men and women have the lowest earnings compared to white men. Black women see a pay gap of \$0.97 to every dollar earned by a white man, and black men \$0.98. This suggests a \$2,200 pay disparity for being a black female and a \$1,500 for being a black male even though she or he has the same job and qualifications as a white male. Hispanic men and women and white women share this pay gap as well.



All in all, two in five American households are currently struggling to make ends meet. Some individuals do not have the capacity to overcome barriers to employment and others are facing factors that prevent him/her from earning a living income. Unfortunately, the current economy where so many households can barely provide basic necessities cannot be sustained. Even current public assistance is designed to fill short-term survival needs rather than to bring households to financial stability, let alone self-sufficiency.

Other Community Needs

We have discussed the top five needs across the Community in-depth. However, the needs of the community are not limited to these areas. Other community needs that were mentioned by stakeholders included **Connection to Community Resources** by increasing awareness of resources available, **Income Management and Budgeting Education** to eliminate barrier to self-sufficiency, and **Bridging Gaps in Services** in order to prevent poverty and elevate individuals' capacity to succeed.

“A big community need is making people aware of resources available. I had never heard of SMCAA before finding myself in a crisis. When friends ask me how I ‘made it out’, I tell them about SMCAA. The majority of the time, their responses are that they have never heard of the agency or its programs. Like me in the past, they don’t know how or who to contact for information. In my opinion, knowledge is key to helping those facing poverty.”

Comment to the SMCAA Client Survey

COVID-19 Community Needs Assessment

The information found in this section is from data collected during various time periods.

**Time periods are noted accordingly.*



The purpose of the following section is to provide information on the causes and conditions of poverty, and the needs and strengths of communities in Berrien, Cass, and Van Buren Counties during the time Michigan implemented COVID-19-directed health measures. This section to the Southwest Michigan Community Action Agency Community Needs Assessment was completed in response to the COVID-19 global pandemic.

BACKGROUND

This COVID-19 Community Assessment is in response to a global health pandemic that has not only affected every community in the United States but has also led to the most significant economic disruption since the Great Depression. This assessment is an initial effort to capture some of the emerging needs in the community as well as to forecast how those needs may evolve over the coming weeks and months.

In December 2019, the novel coronavirus disease of 2019 (COVID-19) was discovered to be the causative agent for acute respiratory and flu-like symptoms and began infecting increasing numbers of people in the Wuhan Province of China. The first case in the United States was confirmed by the Centers for Disease Control and Prevention on January 22, 2020. Despite efforts to contain the virus, by March 11, 2020, the World Health Organization declared COVID-19 a global pandemic. By March 17, 2020, all 50 US States had confirmed cases of the virus.

Because of the highly contagious nature of COVID-19, the alarmingly high rate of fatalities associated with it and the lack of a vaccine or treatment, the only effective way to prevent mass illness is through restricted travel, physical distancing, frequent hand washing, coughing in elbows, not touching the face, and staying at home. By mid-March 2020, with the virus clearly past the stage of effective isolation and contact tracing, local, state and federal public health officials recommend extreme measures to minimize a public health catastrophe: mass quarantine, physical distancing, and a virtual lockdown of all public gatherings and economic activity.

While all types of people are getting sick from the disease, older adults and people of any age who experience serious underlying medical conditions, many which are more prevalent in African American communities, and, to some extent, Latino and Native American communities, are at increased risk for severe symptoms from COVID-19. Persons of color, immigrants, and women are also disproportionately impacted by underlying health conditions linked to poverty, face discrimination in medical care, and are more likely to work jobs that require them to leave their homes. Also, persons with disabilities or chronic conditions are more vulnerable to COVID-19 due to their inability to thoroughly isolate themselves (need for hands-on care), physical impairments, environmental barriers, or interrupted services. The following additional populations experience differential exposure and extensive corresponding implications as a result of the pandemic: frontline workers, persons experiencing homelessness, gig-economy workers, low-income communities under quarantine, especially in urban settings, rural communities, tribal communities, incarcerated persons and returning citizens.

Children, families, individuals, and Community Action Agency staff may experience heightened stress, anxiety, and trauma as a result of the COVID-19 crisis. Loss of income, growing childcare needs, heightened food insecurity, housing and energy instability, lack of access to transportation, lack of basic supplies, and increased domestic violence are growing factors as the crisis unfolds.

Because of the urgent and widespread needs affecting all sectors of the community, this COVID-19 Community Assessment is intended to provide some initial information to describe the scope of this crisis on our community and to support the many different responses that will be required to address emerging, evolving needs. **It is likely that as needs evolve, some of those needs will not be captured in this update and therefore some necessary community responses may not connect to the needs identified in this document.**

The community assessed in this document, related to the below information, is defined as the following: Berrien, Cass, and Van Buren Counties within the State of Michigan. SMCAA did service a number of additional counties within the perimeters of certain coronavirus relief programs, but the information in this document is strictly relating to SMCAA's main tri-county service area within Southwest Michigan.

The needs assessed will inform services to those affected by the crisis. It is significant to note that Congressional action will permit FY20 and special supplemental CSBG funding to serve families at or below 200% of the federal poverty level (as defined by the US Census Bureau). The following table illustrates how the 200% eligibility standard will expand the number of local residents eligible for services:

Expansion of Local Residents Eligible for CSBG Services under Current CARES Standard					
	Below 125% (CSBG standard)		Below 200% (updated CARES standard)		Add. # Eligible to be Served
	Berrien (n=150,558)	32,697	21.72%	54,793	
Cass (n=51,088)	7,991	15.64%	15,007	29.37%	7,016
Van Buren (n=74,460)	15,377	20.65%	26,129	35.09%	10,752
Michigan (n=9,741,628)	1,816,069	18.64%	3,088,410	31.70%	1,272,341
United States (n=316,715,051)	56,269,559	17.77%	97,747,992	30.86%	41,478,433

State of Michigan, Coronavirus Michigan Data, 2020



PUBLIC HEALTH RESPONSE

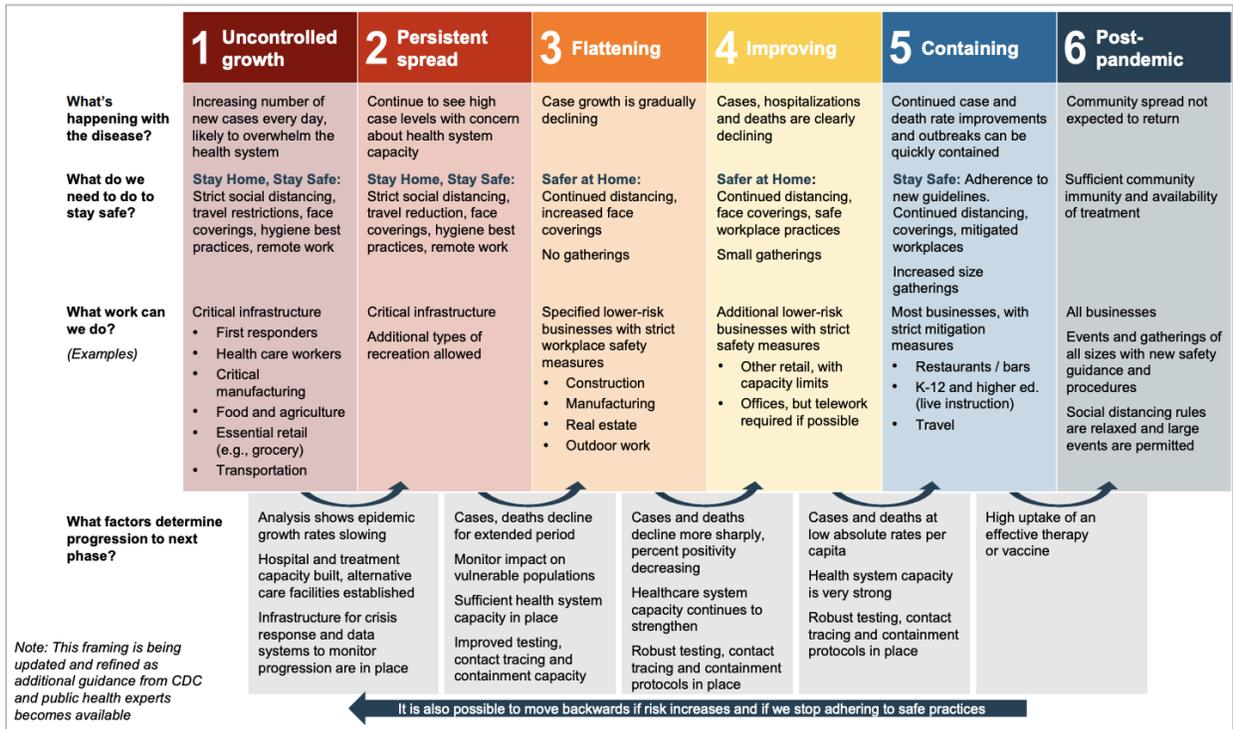
The following details Berrien, Cass, and Van Buren Counties initial diagnosis during the pandemic:

- In Berrien County, on March 21, 2020 the first two COVID-19 diagnosis were reported. The first death due to COVID-19 complications was reported on March 31, 2020. By October 31, 2020, there was a 7-day average of 54 new cases within Berrien County.
- In Cass County, on March 26, 2020 the first COVID-19 diagnosis was reported. The first death due to COVID-19 complications was reported on March 31, 2020. By October 31, 2020, there was a 7-day average of 23 new cases within Cass County.
- In Van Buren County, on March 27, 2020 the first COVID-19 diagnosis was reported. The first death due to COVID-19 complications was reported on April 2, 2020. By October 31, 2020, there was a 7-day average of 26 new cases within Van Buren County.

State and local health authorities immediately responded to the outbreak by placing restrictions on travel, business, and recreation that had a number of impacts on the community. The following is how the State of Michigan initially responded to the pandemic outbreak:

- March 10, 2020: Governor Whitmer declared a state of emergency across the State of Michigan after the state confirmed its first two COVID-19 cases.
- March 13, 2020: President Trump declares national emergency.
- March 24, 2020: Statewide stay-at-home order begins, limiting all non-essential travel and discontinuing all non-essential business services and operations.
- March 31, 2020: Michigan ranked third nationally for coronavirus-related deaths, behind New York and New Jersey, with a total of 259 deaths.

On May 7, 2020, Whitmer introduced the MI Safe Start Plan. This plan outlined how Michigan would begin to re-engage socially and economically while continuing to keep residents and communities safe from the spread of the coronavirus. The plan went as follows:



- The stay-at-home order and state of emergency are extended multiple times throughout April to September. The final stay at home order expired June 19. The state of emergency was continuing at the time this report was written.
- July 5, 2020: The state reports no new deaths from COVID-19 for the first time since March 17.
- August 28, 2020: The state surpasses 100,000 confirmed cases of COVID-19 on this date.
- September 4, 2020: The CDC announces temporary halt of residential evictions (through Dec. 31).
- October 9, 2020: Movie theaters, live performance venues, arcades, bingo halls, bowling centers, indoor climbing facilities, trampoline parks and other businesses were allowed to re-open.

In the first two weeks of November 2020, Michigan set new records – seven times! -- for highest number of new cases in a day. The last record-breaker was on November 13th when 8,516 new cases were reported. In response, Governor Whitmer and MDHHS directed a new order to close several businesses and public services, including high schools and universities. This three-week pause was enacted on November 18th, but was extended on December 7th for an additional twelve days to allow MDHHS to determine the full impact of the Thanksgiving holiday on the spread of COVID-19 across Michigan.

- December 11, 2020: MDHHS announced distribution schedules and priority groups for the COVID-19 vaccination. The prioritizations were:
 - Phase 1A - paid and unpaid persons serving in health care settings who have direct or indirect exposure to patients or infectious materials and are unable to work from home, as well as residents of long-term care facilities. (This phase began December 14th.)
 - Phase 1B - some workers in essential and critical industries, including workers with unique skill sets such as non-hospital or non-public health laboratories and mortuary services.
 - Phase 1C - people at high risk for severe COVID-19 illness due to underlying medical conditions, and people 65 years and older.
 - Phase 2 - mass vaccination campaign for all adults.
- December 18, 2020: The epidemic order was updated to allow indoor activities with Michiganders remaining masked.

Governor Whitmer stated that vaccination were the “pathway to return to normal” in Michigan, so vaccinating the residents of Michigan became the ultimate goal for the state. In January 2021, she issued the state a challenge called “MI Vacc to Normal” which used four vaccination-based milestones to guide the state into a more normalized routine. The challenge consisted of the following milestones:



By May 14, 2021, Michigan had administered 7,875,785 vaccines. According to CDC data, 55.6% of Michiganders ages 16 and older had received at least one dose of the vaccine, with more than 43% being fully vaccinated. 927 Michiganders between the ages of 12 to 15 years old had also received the vaccine. Whitmer announced that MDHHS would be updating the Gatherings and Mask Order to all fully-vaccinated persons would no longer need to wear a mask or physically distance in any setting – indoor or out. Beginning June 1, 2021, social gatherings no longer had an outdoor capacity limit, On July 1, 2021, the broad indoor mask mandate also expired meaning no one, vaccinated or not, was required to wear masks any longer.

IMPACTS ON THE COMMUNITY

As a result of this unprecedented public health crisis, SMCAA wanted to provide direct information in the 2021 Community Needs Assessment on the significant influence COVID-19 had, and continues to have, on our community. The impacts of COVID-19 have been felt across all sectors of society. Let's take a look at some of the short- and long-term impacts our community, state, and world has and will see due to the pandemic.

Short-Term Impacts (March 10, 2020 to October 31, 2020)

Health Impacts

- Individuals over 60, especially those with underlying health conditions have been shown to be at particular risk for severe health implications from COVID-19.
- Community health resources are stretched thin as resources devoted to those sick with COVID-19 limiting resources available to others. Also, mental health resources need to be available in new and increased ways to deal with the many different stressors/traumas caused by the pandemic, especially its impact over an extended time period.
- Nutrition for school-aged children previously accessing free/reduced breakfast, lunch, and snacks is impacted as many are now removed from that food source due to school closures.

Economy Impacts

- Individuals in the health care field are at high-risk of exposure to COVID-19 and are under tremendous stress due to additional work hours and challenging work conditions. In particular many of those workers with close, frequent contact with vulnerable individuals are lower-wage individuals.
- Individuals in the educational field – especially teachers and assistants in Head Start and Early Head Start as well as other early childhood care settings – are working remotely due to school shutdowns. Lower-wage workers in these fields are more vulnerable to layoffs and/or may lack the technology resources in their home to work remotely.
- At the beginning of the pandemic in February 2020, Michigan's unemployment rate was 3.6%. The unemployment rate reported in April 2020 was 23.6%. All 17 Michigan major labor market areas exhibited pandemic-related recalls of workers.

Educational Impacts

- Closings of public schools in the Community Assessment area are having an immediate impact on children's education. Children with less access to resources (broadband internet, computers/tablets, technology expertise, language barriers, etc.) are most at-risk for suffering learning loss during a potentially protracted period of school closure.

Community Resource Impacts

- The impacts of COVID-19 on community resources are numerous and include a reduction in the availability of resources (access to group activities, commercial services), a scarcity of some resources (health care, food and emergency supplies) and/or needs for resources that have not previously been required in this community in any significant capacity.
- Policies limiting in-person staffing and staff/client interactions may be in place for an extended period of time and community resource agencies will need to maintain remote client-interaction infrastructure to be responsive to the community's needs in a more sustainable capacity. Disruptions in service delivery to clients are expected to continue for a substantial time as well.

Anticipated Near- and Long-Term Impacts

The needs above are already established through initial data and anecdotal reports. Based on these already-observed events, it is likely that there will be near-term (next several months) and longer-term (2022 and beyond) impacts that require immediate planning. A partial, but not complete, list of the anticipated impacts include:

Health Impacts

- As of July 23, 2021, there have been 975,854 confirmed cases of COVID-19 and 20,951 total COVID-related deaths in the state of Michigan.
- History has shown that pandemics are much like natural disasters and have a lasting impact. Traumatic experiences have been associated with increased rates of substance abuse, post-traumatic stress, and depression. For example, as a consequence of the pandemic, health professionals suffered high levels of psychophysical stress. From a survey on 1,257 healthcare workers who assisted patients in COVID-19 wards, data showed high percentages of distress (71.5%), depression (50%), anxiety (44.6%), and insomnia (34%). Other national surveys are beginning to prove this expectation true with increased rates of stress and depression across all demographics.

Economy Impacts

- Sudden layoffs and other disruptions are being address by emergency response measures. However, it is anticipated that long-term recovery efforts will be required to help clients reconnect to the workforce, particularly those for whom employment assistance has not previously been required.
- Michigan's preliminary annual average unemployment rate in 2020 was 9.7 percent, a significant jump of 5.6 percentage points above the 2019 annual average rate of 4.1 percent. This rate reflected pandemic-related job losses in Michigan. Total employment in Michigan averaged 4,392,000 in 2020, while total unemployment soared to 470,000. The state's annual workforce level was 4,863,000 in 2020. Nationally, the hardest hit sector continues to be Leisure and Hospitality, in which, nationally, the Accommodation and Food Services industry is still down 11.9% of its employment (1.7 million jobs) and the Arts, Entertainment, and Recreation industry 18.4% (459,000 jobs) as of June. Governor Whitmer has requested Michigan Legislature to permanently extend unemployment benefits from 20 weeks to 26 weeks. This would bring Michigan in line with 40 other states.

“I work cash jobs - mostly cleaning - but once COVID hit, most of my customers are uncomfortable with me working for them. They do not want to take the chance of being exposed.”

Client Survey Response
(Client is homeless, has no transportation, and identifies as Unemployed but Job Searching)



Educational Impacts

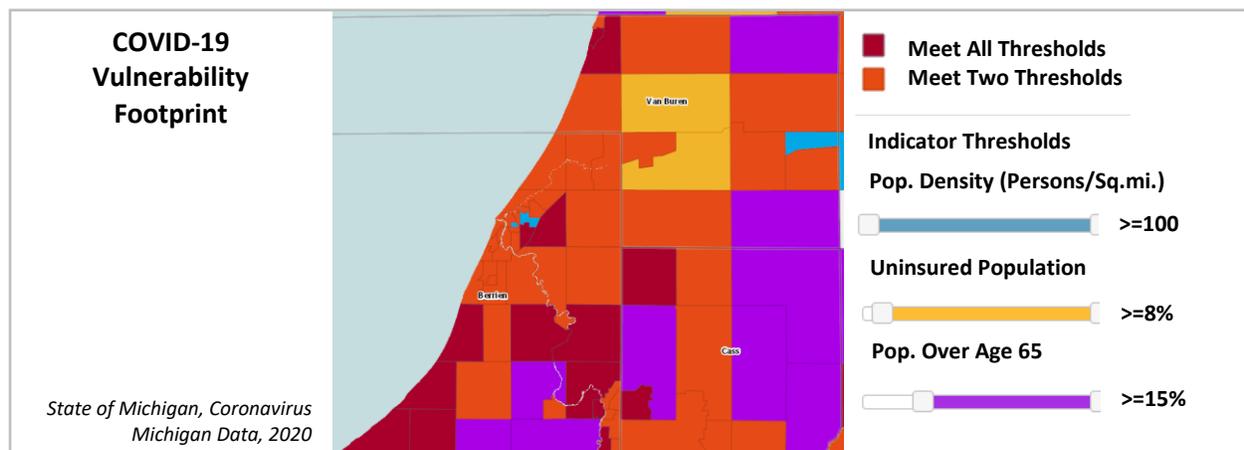
- Universities and colleges worldwide quickly moved campus-based classes to virtual spaces due to the pandemic. Although online and remote learning was satisfactory for some students, various inequities have developed. Many students lack appropriate devices for studying and working, as well as suitable housing and/or workspace. Communities across Michigan also lack infrastructure for fast and efficient broadband. The lack of fieldwork and access to college learning equipment created challenges where a lack of hands-on experience is necessary to excel in certain studies. A decline in enrollment is a concern.
- Governor Whitmer has developed a pilot plan providing wrap-around supports for up to 400 single parents who participate in the Michigan Reconnect and Futures for Frontliners programs. Participants will receive on-campus childcare, intensive personalized advisement, educational supports including tutoring, career counseling and assistance in transitioning to a 4-year school.
- Nearly all students have experienced some challenges to their mental health and well-being during the pandemic and many have lost access to school-based services and supports, with early research showing disparities based on race, ethnicity, LGBTQ+ identity, and other factors. A study administered during the pandemic looked at the risk of developing anxious symptoms in children and young adults. The research involves 1,143 parents of children ranging from the age of 3 to 18. The parents observed emotional and behavioral changes in their children during quarantine: symptoms related to difficulty concentrating (76.6%), boredom (52%), and irritability (39%).

Community Resource Impacts

- Millions of dollars in federal and state funding are being administered to assist those most heavily impacted by the pandemic. As of fiscal year 2019, 1 in 8 Michigan residents received food assistance. The Michigan COVID Recovery Plan will provide more support for families through food assistance so more Michiganders can afford to put food on the table for themselves and their families. The federal Emergency Rental Assistance Program will provide the State of Michigan with funding to assist households that are unable to pay rent and utilities due to the COVID-19 pandemic.

CHARACTERISTICS OF INDIVIDUALS IMPACTED

Nationwide, early data suggested that the following groups experienced disproportionately higher rates of infection and/or complications/death as a result of the COVID-19 pandemic -- males, individuals 60+ years old, people of color, and people with underlying health conditions (especially lung disease, asthma, diabetes, cardiovascular disease, kidney disease, liver disease, severe obesity, and individuals with immunocompromised conditions.)



The following characteristics are of individuals impacted within the SMCAA service area. This data is a collaborative of Berrien, Cass, and Van Buren Counties demographic data, and was collected from **March 10, 2020 to October 31, 2020**.

Gender (n=17,659)

Contrary to the national average which suggested males experience a higher rate of infection and/or complications/death as a result of the COVID-9 pandemic, the gender experiencing the higher rates are females (54%, n=9,552) across the tri-county area.

Age (n=17,697)

Nationally, individuals 60+ years old were found to have disproportionately higher rates of infection and/or complications/death as a result of the COVID-19 pandemic. Within SMCAA's service area, this statistic did not ring true. Instead, two age groups rose higher than the others: individuals 20-29 years of age (16%, n=2,816) and individuals 50-59 years of age (16%, n=2,812). In fact, those over the age of 60 accounted for 27% (n=4,645) of those experiencing COVID-19 related health issues, where those between the ages of 20 to 59 accounted for 61% (n=10,852).

Race (n=17,582)

The majority (61%, n=10,781) of individuals facing COVID-19 infection, complication, and/or death in the tri-county area identified as White. However, this may be a result of the area's majority of residents (84.6%) being White.

This racial demography in Southwest Michigan contradicts the national data that people of color, particularly Blacks (10%, n=1,672), have experienced higher rates of COVID-related health impacts. Nationally, the pandemic hit disproportionately close to home for many families of color. The number of children who have lost a parent to COVID-19 has been staggering—with somewhere between 37,300 and 43,000 children already impacted as of February 2021, by one recent estimate. Those losses appear to have hit families of color especially hard. According to the same estimate, Black children accounted for 20% of those who had lost a parent to COVID-19 through early 2021, despite making up only 14% of all children in the United States.

In Michigan, Blacks and African Americans represent nearly 14% of the state's population, yet they represent 40% of the deaths from COVID-19. Per Governor Whitmer's Executive Order 2020-55, Michigan created a Coronavirus Task Force on Racial Disparities that is acting in an advisory capacity to the Governor. The task force is conducting numerous studies on the causes of racial disparities and recommending actions to address both historical and systemic inequities. The task force does this by suggesting ways to:

- Increase transparency in reporting data regarding the racial and ethnic impact of COVID-19.
- Remove barriers to accessing physical and mental health care.
- Reduce the impact of medical bias in testing and treatment.
- Mitigate environmental and infrastructure factors contributing to increased exposure during pandemics resulting in mortality.
- Develop and improve systems for supporting long-term economic recovery and physical and mental health care following a pandemic.

According to a case study released in February 2021, these studies, discussions, and suggestions provided by the task force has reduced the average number of new cases for Black Michigan residents from 176 (per million population) per day in March 2020 to 59 (per million population) per day in October 2020.

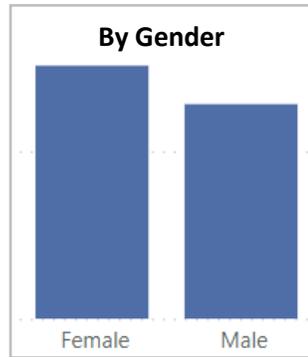
Disparities in case rates among Hispanic Michiganders has also narrowed. These reductions in health inequities were contributed by a number of successful initiatives including, but not excluded to:

- Distributing 6 million free masks through the MI Mask Aid Initiative (the success of which SMCAA was instrumental as the Agency received and distributed thousands of these masks to the vulnerable populations across Southwest Michigan)
- Administering more than 24,000 free COVID-19 tests in previously underserved communities through mobile testing infrastructure, drive-thru, and walk-up testing
- Responding to social determinants of health by providing resources to quarantines individuals (i.e. food boxes, hygiene products, cleaning supplies), reducing housing insecurity through the Eviction Diversion Program, and expanding eligibility for SNAP benefits

The following demographic characteristics were collected **July 23, 2021** for comparison to the data above that was gathered from March 10, 2020 to October 31, 2020. As of July 23rd, there have been 898,626 confirmed COVID-19 cases in Michigan.

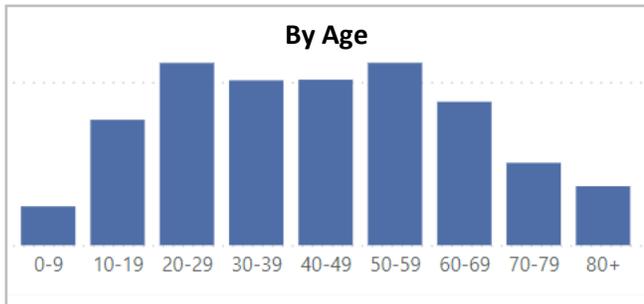
Gender

Overall confirmed cases by gender continue to be at higher rates in females (53.7%, n=13,678) than males (46.3%, n=11,784) across the tri-county area.



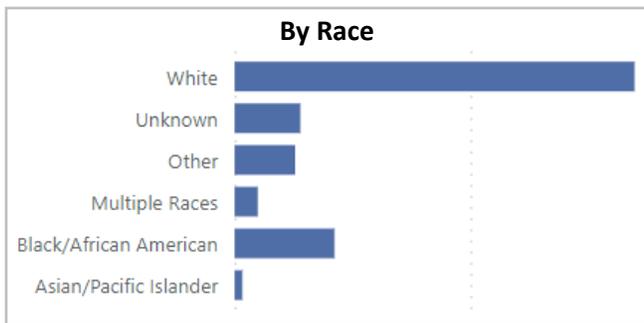
Age

In Michigan, those aged 20-29 experienced the highest rate (19.0%) of confirmed COVID cases and those aged 50-59 the second highest rate at 14.8%. Those aged over 60 years accounted for 9.5% in the state. In Southwest Michigan, the second highest rates tied – both 20-29 and 50-59 saw a rate of 15.9%. Those over the age of 60 were the highest confirmed case rating at 23.8%.



Race

Whites continued to have the most confirmed cases of COVID, having a rate of 63.3%. Blacks were the second highest at 9.6%. A large number of individuals were identified as “Unknown” in this demographic.



COVID-19 RELATED SERVICE NEEDS

The broad impacts of COVID-19 on the community have created an even more urgent need for coordination and collaboration of resources among the public sector, the public health sector, first responders, educators, the business community, the faith community and many others. SMCAA plays an important role convening organizations, people and resources to support families. SMCAA’s service areas are among the front-line of COVID-19 response efforts, absorbing many of the negative impacts of the outbreak, be they socially, economically, and mentally. As such, it has been crucial for SMCAA to develop well-informed strategies to respond to the demands of the emerging needs.

SMCAA has had to adjust and respond to the pandemic in a number of ways. One key component is the way services are delivered to our clients. Our agency has had to close a number of our physical locations (Van Buren DHHS office, Cass DHHS office, homeless shelter, food pantry warehouse, etc.) to the public resulting in new forms of communication and service delivery to be established. In mid-April 2020, SMCAA implemented online applications for clients to apply for services. Virtual and phone meetings were employed in conjunction with this implementation.

The following information was compiled from the Michigan 2-1-1 COVID-19 Related Connections Overview between the time periods of March 10, 2020 to October 31, 2020. The connections were made for individuals seeking general information related to the coronavirus, those interested in COVID-related volunteer opportunities, and/or those who indicated a need due to COVID impact.

Berrien County. The top three COVID-19 related service needs according to 2-1-1, disregarding COVID-19 diagnostic tests, were: 1) Electric Service Payment Assistance, 2) Food Pantries, and 3) Rent Payment Assistance. The top three cities within Berrien County contacting 2-1-1 were Benton Harbor, Niles, and St. Joseph.

	COVID-19 Connections	% of COVID-19 Connections	Total Connections
TOTAL	1,165	22.9%	5,091
<i>Michigan 2-1-1 COVID-19 Related Connections Overview, 2020</i>			

Cass County. The top three COVID-19 related service needs according to 2-1-1, disregarding COVID-19 diagnostic tests, were: 1) Electric Service Payment Assistance, 2) Rent Payment Assistance, and 3) Disease/Disability Information. Food Pantries came in a close fourth placement. The top three cities within Cass County contacting 2-1-1 were Dowagiac, Edwardsburg, and Cassopolis.

	COVID-19 Connections	% of COVID-19 Connections	Total Connections
TOTAL	298	28.5%	774
<i>Michigan 2-1-1 COVID-19 Related Connections Overview, 2020</i>			

Van Buren County. The top three COVID-19 related service needs according to 2-1-1, disregarding COVID-19 diagnostic tests, were: 1) Electric Service Payment Assistance, 2) Rent Payment Assistance, and 3) Food Pantries. The top three cities with Van Buren County contacting 2-1-1 were Paw Paw, South Haven, and Hartford.

	COVID-19 Connections	% of COVID-19 Connections	Total Connections
TOTAL	363	35.1%	1,035
<i>Michigan 2-1-1 COVID-19 Related Connections Overview, 2020</i>			

SMCAA’s current programs and services are capable of servicing the growing demand of Electric Service Payment Assistance, Rent Payment Assistance, and Food Pantries in the tri-county area. A number of new

programs have been/are being developed to counter the coronavirus pandemic and resulting social, economic, and mental influences.

SMCAA’s mission to be dedicated to empowering diverse people in need and supporting their journey towards economic security never shifted and as a number of new top needs rose within our service area, new programs and services were developed to fulfill those needs. The following is some information on the community services response to COVID-19 by SMCAA:

New Program/Service	Impact
CRF Emergency Services	168 utility and/or rent payments
Migrant Mitigation	156 migrant workers provided stipends for time lost having to quarantine
Emergency Water Assistance	1,175 water and/or sewer payments
Eviction Diversion	67 rent payments
Emergency Plumbing Repairs	39 households received partial or full plumbing repairs
Cleaning Q-Kits	503 high-risk households received kits packed with cleaning supplies
Temporary Housing in Hotels	129 bed nights servicing 6 homeless families and 12 homeless individuals
Family Emergency Food Commodities	over 74,000 boxed commodities were disbursed to in-need individuals and/or households
CARES – Vehicle Assistance	29 vehicles lease payments or repair costs
CARES – Rent and Mortgage Assistance	51 households avoided eviction
CARES – Home Repairs	9 households assisted with minor home repairs
CARES – Emergency Services	78 utility payments
Emergency Rental Assistance	609 rent, mortgage, utility, and/or internet payments
<i>Impact data is as of June 30, 2021.</i>	

CONCLUSION

A number of limitations arise as we attempt to conclude key findings from this COVID-19 Community Needs Assessment. Mostly in the sense that impacts of the pandemic continue to be studied. Complete and/or accurate data is not currently available. However, assumptions may be made from the data that does exist presently.

The pandemic has generated a series of social, economic, and cultural effects which will have long-term impacts in the community, state, and country. In particular, the pandemic has exposed and aggravated existing inequalities throughout our society. The pandemic has had significant and unequal effects on Americans dependent on where they live in the United States, their level of education, socioeconomic status, and health history. Wider issues around the economy, educational infrastructure, and social systems have increased these impacts. Those already disadvantaged are now even more vulnerable than before.

However, the pandemic has also exposed areas of strength, resilience, and innovation throughout the community. Especially in situations where there was vital importance for the community to draw upon local knowledge and resources, and build capacity and channels of interconnectedness between government, community organizations, and the public. This positivity may prove useful for policymakers and others to make sense of our changing world and move forward as smoothly and efficiently as possible.

Community Resources Profile



The purpose of this section is to detail resources that are available in Berrien, Cass, and Van Buren Counties to be utilized by SMCAA staff, program participants, and other community members. The hope is that this resource profile provides valuable information on community resources.

Contact information and availability of services were accurate at the time of collection in March 2021. Due to the coronavirus pandemic and unknown of current office open hours, days and hours of each resource have been left off from this section. Please contact the resource directly with questions related to their services and day-to-day schedules.

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TRI-COUNTY RESOURCES

Adult Education/Job Readiness

Bell Education Center
269-683-8805
1830 South 3rd St
Niles, MI 49120

Bangor Community Education
269-427-6839 ext 2100
799 W Arlington Rd
Bangor, MI 49013

Berrien RESA
269-471-7725
711 St. Joseph Ave
Berrien Springs, MI 49103

Blossomland Learning Center
269-473-2600
711 St. Joseph Ave
Berrien Springs, MI 49103

Cassopolis Adult Education
269-445-0536
63700 Red Brick/Church Rd
Cassopolis, MI 49031

Cedar Lane Alt High School
269-684-9554
2301 Niles-Buchanan Rd
Niles, MI 49120

Hartford Adult/Alternative Ed
269-621-7139
115 School St
Hartford, MI 49057

Juvenile Center Ed Program
269-429-2351
6414 Deans Hill Rd
Berrien Springs, MI 49102

Kinexus
269-927-1064
330 W Main St
Benton Harbor, MI 49022

Lake Michigan College
269-927-8100 ext 5031
2755 E Napier Ave
Benton Harbor, MI 49022

Lewis Cass ISD
269-445-3891
61682 Dailey Rd
Cassopolis, MI 49031

Lighthouse Education Center
269-429-2351
379 W Glenlord Rd
St. Joseph, MI 49085

Michigan Works! – B.H.
800-285-WORKS
499 W Main St
Benton Harbor, MI 49022

Michigan Works! - Dowagiac
800-782-9864
601 N Front St
Dowagiac, MI 49047

Michigan Works! – Niles
Administrative Building
3890 US-12
Niles, MI 49120

Michigan Works! – Paw Paw
269-657-7014
32849 E. Red Arrow Hwy
Paw Paw, MI 49079

Opportunity Center
269-926-2430
1286 Pipestone Rd
Benton Harbor, MI 49022

Pathfinders Adult Education
269-782-4471
501 N Paul St
Dowagiac, MI 49047

Paw Paw Adult Ed
269-657-8831
555 Cedar St
Paw Paw, MI 49079

Pokagon Dept. of Education
269-782-0887
58620 Sink Rd
Dowagiac, MI 49047

Van Buren Tech
269-539-5256
250 South St
Lawrence, MI 49064

Child and Family Resources

The Avenue Family Network
269-925-1725
2450 M-139
Benton Harbor, MI 49022

Bethany Christian Services
269-372-8800
185 E Main St Suite 700
Benton Harbor, MI 49022

Big Brother Big Sisters
269-684-1100
19 S 18th St, PO Box 194
Niles, MI 49120

Birthright
269-983-0700
2700 Niles Ave
St. Joseph, MI 49085

Cass County Youth Council
www.facebook.com/casscountyyouthcouncil
PO Box 334
Cassopolis, MI 49031

Court Appointed Special Advocates for Children
269-445-4431
120 N Broadway St
Cassopolis, MI 49031

Family Empowerment Program
269-657-7626
490 S Paw Paw St
Lawrence, MI 49064

Girls and Boys Club
269-926-8766
600 Nate Wells Sr Dr
Benton Harbor, MI 49022

Girls on the Run of SWMI
269-281-4277
PO Box 440
St. Joseph, MI 49085

Great Start Cass Parent Coalition
 269-446-6283
 61682 Dailey Rd
 Cassopolis, MI 49031

Hope Resources
 269-202-6050
 262 N Paw Paw Ave
 Coloma, MI 49038

Junior Achievement
 260-341-9237
www.jani.org

Lighthouse Christian Childcare
 269-782-1193
 30402 M-62 W
 Dowagiac, MI 49047

Mosaic CCDA
 269-932-3557
 38 West Wall St
 Benton Harbor, MI 49022

Mother to Mother Program
 269-927-5687
 769 Pipestone St
 Benton Harbor, MI 49022

Planned Parenthood
 269-372-1200
 4201 W Michigan Ave
 Kalamazoo, MI 49008

Salvation Army – South Haven
 269-637-1888
 417 Abell St
 South Haven, MI 49090

Teen HOPE
 269-872-3172
 901 S Bailey Ave, Suite 1
 South Haven, MI 49090

United Way of SWMI
 269-982-1700
 2015 Lakeview Ave
 St. Joseph, MI 49085

WIC Program
 269-655-8900
 181 W Michigan
 Paw Paw, MI 49079

Women’s Care Center of Niles
 269-684-4040
 621 E Main St
 Niles, MI 49021

Clothing Assistance

ACTION Ministries
 269-782-0000
 301 Main St
 Dowagiac, MI 49047

Back on the Rack Resale Shop
 269-463-7225
 7746 Red Arrow Hwy
 Watervliet, MI 49098

Church of Christ
 269-637-4861
 73121 M-43
 South Haven, MI 49090

Decatur Human Services
 269-423-6474
 102 S Phelps St
 Decatur, MI 49045

Evy’s Closet
 269-683-7250
 302 Cedar St
 Niles, MI 49120

First Presbyterian Church of Niles
 269-683-7600
 13 S 4th St
 Niles, MI 49120

Goodwill – Benton Harbor
 269-926-8161
 1550 Mall Dr
 Benton Harbor, MI 49022

Goodwill – Niles
 269-684-5452
 918 Silverbrook Ave
 Niles, MI 49120

Goodwill – South Haven
 269-767-7030
 340 73 ½ St
 South Haven, MI 49090

Neighbor by Neighbor
 269-231-0648
<https://nbynharborcountry.org/>

Neighbor to Neighbor
 269-471-7411
 9147 US-31
 Berrien Springs, MI 49103

Saint Francis Outreach
 269-760-0416
 210 N Front St, PO Box 112
 Dowagiac, MI 49047

We Care, Inc
 269-637-4342
 06321 Blue Star Hwy
 South Haven, MI 49090

Disability Services

Disability Network of SWMI
Disability Services
 269-345-1516
 2900 Lakeview Ave
 St. Joseph, MI 49120

LOGAN Community Resources, Inc.
Disability Services
 269-983-5833
 1651 E Nickerson Ave
 Benton Harbor, MI 49022

Van Buren ISD
Disability Services
 269-674-8091
 490 S Paw Paw St
 Lawrence, MI 49064

Domestic and Sexual Violence Resources

<p>Children's Advocacy Center 269-556-9640 4938 S Niles Rd St. Joseph, MI 49085</p>	<p>Children Protective Services 855-444-3911 401 8th St Benton Harbor, MI 49022</p>	<p>Children Protective Services 855-444-3911 325 M-62 Cassopolis, MI 49031</p>
<p>Child Protective Services 269-621-2800 57150 CR 681 Hartford, MI 49057</p>	<p>Cora Lamping Center 269-925-9500 888-983-4275 (Crisis Line) 2450 M-139 Benton Harbor, MI 49022</p>	<p>Domestic and Sexual Abuse Services (DASAS) 800-828-2023 PO Box 402 Three Rivers, MI 49093</p>
<p>Domestic Violence Coalition 269-655-9008 303 Paw Paw St Paw Paw, MI 49079</p>	<p>KeyStone Place, Inc 269-467-7078 505 E Market St Centreville, MI 49032</p>	<p>Sexual Assault Support Services 866-976-7263 269-687-1880 https://www.spectrumhealthlakeland.org/medical-services/sane</p>
<p>SWMI Human Trafficking Task Force 269-470-7917 PO Box 414 St. Joseph, MI 49085</p>		

Food and Nutrition

<p>Buchanan Area Senior Center 269-695-7119 810 Rynearson St Buchanan, MI 49107</p>	<p>Cass Helping Hand 269-445-8104 130 S Broadway St Cassopolis, MI 49031</p>	<p>Central County Senior Center 269-471-2017 4083 Shawnee Rd Berrien Springs, MI</p>
<p>Christian Service Center of Niles 269-684-0637 322 Clay St Niles, MI 49120</p>	<p>Columbia Township Hall 269-427-0000 53053 CR 388 Grand Junction, MI 49056</p>	<p>Decatur Human Services/VFW 269-423-6474 560 N Phelps Decatur, MI 49045</p>
<p>Edwardsburg Presbyterian Church 269-663-6915 68961 Lake St Edwardsburg, MI 49112</p>	<p>Gobles GKAMA 269-501-0224 210 E Exchange Gobles, MI 49055</p>	<p>Intercare Community Health www.intercare.org/wic.html 901 Spruce St Dowagiac, MI 49047</p>
<p>Meals on Wheels 269-906-0469 540 Williams St South Haven, MI 49090</p>	<p>MI State University Extension 269-944-4126 1737 Hillandale Rd Benton Harbor, MI 49022</p>	<p>MI State University Extension 269-445-4438 120 N Broadway St, Ste 209 Cassopolis, MI 49031</p>
<p>MI State University Extension 269-657-8213 219 E Paw Paw St, Suite 201 Paw Paw, MI 49079</p>	<p>Niles Senior Center 269-683-9380 1109 Bell Rd Niles, MI 49120</p>	<p>North Berrien Senior Center 269-468-3366 6648 Ryno Rd Coloma, MI 49038</p>
<p>River Valley Senior Center 269-469-4556 13321 Red Arrow Hwy Harbert, MI 49115</p>	<p>Senior Nutrition Service 269-925-0137 1708 Colfax Ave Benton Harbor, MI 49022</p>	<p>Senior Services of Van Buren 269-637-3607 1635 76th St South Haven, MI 49090</p>

SMCAA -- Lawrence
 269-925-9077
 411 N Paw Paw
 Lawrence, MI 49064

SMCAA Warehouse
 269-925-9077
 331 Miller St
 Benton Harbor, MI 49022

South Haven Moose Lodge
 269-759-3792
 1025 Wells
 South Haven, MI 49090

St. Joseph Lincoln Senior Center
 269-429-7768
 3271 Lincoln Ave
 St. Joseph, MI 49085

Van Buren United Civic Org.
 269-764-8854
 73292 34th Ave
 Covert, MI 49043

Healthcare Resources

Bronson Lakeview Family Care
 269-657-2550
 451 Health Pkwy Suite A
 Paw Paw, MI 49079

Carol's Hope
 269-556-1526
 4032 S M-139
 St. Joseph, MI 49085

Cass County Medical Care Facility
 269-445-3801
 23770 Hospital St
 Cassopolis, MI 49031

Cassopolis Family Clinic Network
 269-445-3874
 261 M-62 North
 Cassopolis, MI 49031

Community Healing Centers
 269-684-7741
 1225 S 11th St
 Niles, MI 49120

Family Care of Niles
 269-684-6000
 4 Long Meadow Village Dr
 Niles, MI 49120

Hospice Care of SWMI
 269-345-0273
 222 N Kalamazoo Mall #100
 Kalamazoo, MI 49007

Intercare – Benton Harbor
 269-927-5400
 800 M-139
 Benton Harbor, MI 49022

Intercare - Bangor
 269-427-7967
 308 Charles St
 Bangor, MI 49013

Michigan Dept. of Health and Human Services
 269-934-2000
 401 8th St
 Benton Harbor, MI 49022

Michigan Dept. of Health and Human Services
 269-445-0200
 325 M-62 Hwy
 Cassopolis, MI 49031

Michigan Dept. of Health and Human Services
 269-445-0200
 57150 CR 681
 Hartford, MI 49057

Napier Clinicare
 269-463-4800
 3881 N M-140
 Watervliet, MI 49098

Spectrum Health Lakeland Services
 269-983-8300
 1234 Napier Ave
 St. Joseph, MI 49085

Home Maintenance and Weatherization

Cass County Council on Aging
 269-445-8110
 60525 Decatur Rd
 Cassopolis, MI 49031

Harbor Habitat for Humanity
 269-927-0006
 2302 Plaza Dr
 Benton Harbor, MI 49022

Rural Development (USDA)
 269-657-7055
 1035 E Michigan Ave, Ste A
 Paw Paw, MI 49079

SMCAA
 269-925-9077
 185 E. Main St, Ste 303
 Benton Harbor, MI 49022

Housing, Rent, and Utility Assistance

100 Women Strong
 269-332-1890
 PO Box 272
 St. Joseph, MI 49085

Emergency Shelter Services
 269-925-1131
 185 E Main St, Suite 101
 Benton Harbor, MI 49022

emPower
 231-355-5880
 6308 S Warner Ave, PO Box 149
 Fremont, MI 49412

Fair Housing Center of SWMI
 866-637-0733
 405 W Michigan Ave
 Kalamazoo, MI 49008

Ferry Street Resource Center
 269-687-9860
 620 Ferry St
 Niles, MI 49120

Harbor Habitat for Humanity
 269-925-9635
 785 E Main St
 Benton Harbor, MI 49022

Habitat for Humanity of Cass
 269-359-0828
 PO Box 203
 Dowagiac, MI 49047

Habitat for Humanity Van Buren
 269-302-0211
 56633 M-43
 Bangor, MI 49013

Michigan PATH
 269-364-6945
 1223 Oakland Dr
 Kalamazoo, MI 49008

Rural Development (USDA)
 269-657-7055
 1035 E Michigan Ave, Ste A
 Paw Paw, MI 49079

Salvation Army – Benton Harbor
 269-927-1353
 232 Michigan St
 Benton Harbor, MI 49022

Salvation Army - Niles
 269-308-1336
 424 N 15th St
 Niles, MI 49120

SMCAA – Benton Harbor
 269-925-9077
 185 E Main St, Suite 303
 Benton Harbor, MI 49022

SMCAA – Cass County DHHS
 269-605-4210
 325 M-62 Hwy
 Cassopolis, MI 49031

SMCAA – Niles
 269-635-3636
 13 S 4th St
 Niles, MI 49120

SMCAA – Van Buren DHHS
 269-605-4145
 57150 CR 681
 Hartford, MI 49057

TrueNorth Community Services
 231-355-5880
 6308 S Warner Ave, PO Box 149
 Fremont, MI 49412

United Christian Services
 269-657-6500
 600 E Michigan Ave
 Paw Paw, MI 49079

We Care, Inc. – Bangor
 269-427-9581
 214 Walnut St
 Bangor, MI 49013

We Care, Inc. – South Haven
 269-637-4342
 06321 Blue Star Hwy
 South Haven, MI 49090

Legal and Court Resources

Farmworker Legal Services
 269-492-7190
 350 E Michigan Ave
 Kalamazoo, MI 49007

Cass County Friend of the Court
 269-445-4436
 60296 M-62, Suite 3
 Cassopolis, MI 49031

Cass County Legal Self Help Center Network
 269-445-4482
 60296 M-62 Hwy
 Cassopolis, MI 49031

Friend of the Court
 269-657-7734
 219 E Paw Paw St
 Paw Paw, MI 49079

MI Migrant Legal Assistance
 616-454-5055
 1104 Fuller Ave NE
 Grand Rapids, MI

Self Help Legal Resource Center
 269-983-7111 ext 8790
 811 Port St, 2nd Floor
 St. Joseph, MI 49085

Senior Law Center
 888-783-8190
 1109 Bell Rd
 Niles, MI 49120

Western Michigan Legal Services
 269-983-6363
 888-418-1311 (Helpline)
 901 Port St
 St. Joseph, MI 49085

Western Michigan Legal Services
 269-344-8113
 888-418-1311 (Helpline)
 201 W Kalamazoo Ave, Ste 308
 Kalamazoo, MI 49007

Substance Abuse & Mental Health Resources

Alano House
 269-429-9153
 4162 Red Arrow Hwy
 Stevensville, MI 49127

Associated Therapy Consultants
 269-657-2880
 181 W Michigan Ave, Suite 2
 Paw Paw, MI 49079

Berrien County Veterans Services
 269-983-7111 ext 8224
 701 Main St
 St. Joseph, MI 49085

Bridges of Courage Counseling
269-944-9274
1465 Pipestone Rd
Benton Harbor, MI 49022

The Family Center
269-782-9811
56332 M-51 South
Dowagiac, MI 49047

Freedom Counseling Center
269-982-7200
1901 Niles Ave, Ste 102
St. Joseph, MI 49085

Mapleview Consultation Center
269-657-6025
181 W Michigan Ave
Paw Paw, MI 49079

Riverwood Center – B.H.
269-925-0585
1485 M-139
Benton Harbor, MI 49022

Stephen Ministries
269-445-7425
24832 US-12 E
Edwardsburg, MI 49112

Woodlands Behavioral Healthcare
269-445-2451
960 M-60 E
Cassopolis, MI 49031

Cass County Veterans Affairs
269-445-4472
120 N Broadway St, Suite 215
Cassopolis, MI 49031

Family Treatment Court
269-657-8218
212 E Paw Paw St, Suite 201
Paw Paw, MI 49079

HellCat Counseling
269-240-7788
609 Market St
St. Joseph, MI 49085

Michigan PATH
269-364-6945
1223 Oakland Dr
Kalamazoo, MI 49008

Riverwood Center – Niles
269-684-4270
115 S St. Joseph Ave
Niles, MI 49120

VB Community Mental Health
269-657-5574 (24-Hour Crisis: 800-922-1418)
801 Hazen St
Paw Paw, MI 49079

Center[ed] on Wellness
269-926-6199
1850 Colfax Ave
Benton Harbor, MI 49022

Fed. Covenant Celebrate Recovery
269-782-5656
202 Center St
Dowagiac, MI 49047

Hope Center
269-621-6261 / 888-516-4673
57418 CR 681
Hartford, MI 49057

New Outlook
269-621-2800
57150 CR 681
Hartford, MI 49057

Shepard House Counseling
269-445-0999
107 N Broadway St, PO Box 388
Cassopolis, MI 49031

Veteran’s Affairs Office
269-657-7376
801 Hazen St
Paw Paw, MI 49079

Public Safety/Crisis and Disaster Relief

American Red Cross - Berrien
269-556-9616
3838 Niles Rd
St. Joseph, MI 49085

Berrien County Sheriff’s Dept.
269-983-7141
919 Port St
St. Joseph, MI 49085

Michigan State Police Post 53
269-683-4411
1600 Silverbrook Ave
Niles, MI 49120

American Red Cross – Cass
269-353-6180
5640 Venture Ct
Kalamazoo, MI 49009

Cass County Sheriff’s Dept.
269-445-8644
321 N M-62 Hwy
Cassopolis, MI 49031

VB County Sheriff’s Dept.
269-657-2006
205 S Kalamazoo St
Paw Paw, MI 49079

American Red Cross - Van Buren
269-621-6456
301 N Center St
Hartford, MI 49057

The Link Crisis Intervention Center
269-927-1422
2450 M-139
Benton Harbor, MI 49022

Shelters

The ARK Services for Youth
269-381-9800
990 W Kilgore Rd
Kalamazoo, MI 49008

Emergency Shelter Services
269-925-1131
645 Pipestone Rd
Benton Harbor, MI 49022

Polly's Place
269-687-9822
1915 N US-31
Niles, MI 49120

Salvation Army - Fed. Church
269-782-2631
202 Center St
Dowagiac, MI 49047

Salvation Army – Men's Shelter
269-927-1353
233 Michigan St
Benton Harbor, MI 49022

SMCAA Family Shelter
269-605-4526
210 E Delaware St
Decatur, MI 49045

Transportation

Benton Harbor Dial-a-Ride
269-927-4461
275 E Wall St
Benton Harbor, MI 49022

Berrien Bus
269-927-2268
<https://www.berriencounty.org/306/Berrien-Bus>

Buchanan Dial-a-Ride
269-697-0600
<https://www.cityofbuchanan.com/cityserv/dial-a-ride>

Cass County Public Transit
269-445-2455 / 800-323-2508
400 E State St
Cassopolis, MI 49031

Disabled Veteran Shuttle
269-683-9380

Dowagiac Dial-a-Ride
269-782-3300
200 Depot St #1
Dowagiac, MI 49047

First Student Transportation
269-471-9308
4333 E Shawnee Rd
Berrien Springs, MI 49103

Medic 1 Wheelchair Express
800-557-1212 / 269-925-2141
635 E Napier Ave
Benton Harbor, MI 49022

New Heights CCDA
269-983-1524
2627 Niles Ave
St. Joseph, MI 49085

Niles Dial-a-Ride
269-684-5150
623 N 2nd St
Niles, MI 49120

Our Father's Family Keeper
269-476-1257
61486 Donald Roadway West
Vandalia, MI 49095

PACE of Southwest Michigan
269-408-4322
2900 Lakeview Ave
St. Joseph, MI 49085

Van Buren Public Transit
269-427-7921 / 800-828-2015
610 David Walton Dr
Bangor, MI 49013

Additional Resources

CARES
AIDS/HIV Resource and Education
269-927-2437
185 E Main St, Suite 600
Benton Harbor, MI 49022

Cass Council on Aging (COA)
Senior Services
269-445-8110
60525 Decatur Rd
Cassopolis, MI 49031

The OutCenter
LGBTQ Support
269-925-8330
132 Water St
Benton Harbor, MI 49022

Region IV Area Agency on Aging
Senior Services
269-983-0177
2900 Lakeview Ave
St. Joseph, MI 49085

Telamon Corporation
Dual Language for Family Support, Housing, and Workforce Services
269-459-2300
37458 W Red Arrow Hwy
Paw Paw, MI 49079

HELPFUL NUMBERS AND HOTLINES

Police	9-1-1	Fire	9-1-1
Michigan State Police Post 53	269-683-4411	Poison Control	800-222-1222
Berrien Co. Sheriff's Dept	269-983-7141	Cass Co. Sheriff's Dept	269-445-8644
Van Buren Co. Sheriff's Dept	269-657-2006	Tax Info – IRS	800-829-1040
Addictions and Alcohol Hotline			212-870-3400
Alcoholics Anonymous			269-684-5304
Battered Women's Justice Project			800-903-0111 ext 1
Centralized Intake for Abuse and Neglect			855-444-3911
Child Welfare Information Gateway			800-394-3366
Crisis Text Line			HOME to 741741
Consumer Protection Agency			877-765-8388
Domestic and Sexual Assault Services			800-828-2023
Domestic Violence Coalition			269-655-9008
Economic Assistance			800-383-4278
Homeless Veterans			855-632-7633
Mental Health – 24 Hour Crisis			800-922-1418
MDOC Crime Victim Services			877-886-5401
Michigan Coalition Against Domestic and Sexual Assault			517-347-7000
Michigan Sheriff's Association			800-875-5500
Migrant Farmworker Health Helpline			800-377-9968
Mothers Against Drunk Driving (MADD)			800-438-6233
National Center for Missing and Exploited Children			800-843-5678
National Criminal Justice Reference Service			800-851-3420
National Domestic Violence			800-799-7233
National Runaway			800-786-2929
National Teen Dating Abuse			866-331-9474
Need2text			TALK to 38255
Postpartum Depression			800-773-6667
Rape, Abuse and Incest National Network			800-656-4673
Ronald McDonald House			800-776-4891
Senior Info-Line			800-654-2810
Students Against Destructive Decisions (SADD)			877-723-3462
Suicide Prevention Lifeline			800-273-8255
Suicide Prevention **Spanish			800-784-2432
The Trevor Project			866-488-7386
The Trevor Project - Text			START to 678678
Veteran Crisis Hotline			800-273-8255 ext 1



DIAL 2-1-1

2-1-1 is your first call for: Rent – Food – Utilities – Housing Services Health Services and More!

Available 24 hours a day, seven days a week for **FREE, CONFIDENTIAL** information and referral for local, state and federal services.

You may also call toll free 800-544-1601, visit our online directory <http://www.referweb.net/chic> or text your zip code to 898211

When to call 9-1-1?

In an emergency, call 9-1-1 or your local emergency number immediately. An emergency is any situation that requires assistance from the police, fire department or ambulance.

Do not hang up as an officer will be dispatched to the location.

When to call 2-1-1?

Call 2-1-1 if you or a family member or friend need assistance with:

Housing & Utilities. If you're looking for access to safe, habitable, and clean housing, 2-1-1 can help. Whether you're in need of new housing, utilities assistance, or financial support for much-needed home repairs, we can direct you to the right resources.

Food. 2-1-1 provides information about school lunch programs and summer food service programs for children. You can get information on government-sponsored programs that reduce hunger and find out if you qualify for the Supplemental Nutrition Assistance Program (SNAP), which helps millions of Americans purchase food through grocery stores, farmers markets and restaurants.

Health. 2-1-1 has information about health care services for infants and new parents, and child care services for working parents. Whether you're in need of medical, dental, mental health or in-home health care, 2-1-1 is your first resource.

Substance Dependence. 2-1-1 is committed to supporting all members of the community, including people coming out of correctional, alcohol and drug treatment, and mental health facilities.

Veterans. 2-1-1 has services to support those who serve our country.

Ask our information and referral specialist about other services.

DIAL 2-1-1 WHEN YOU NEED TO KNOW!

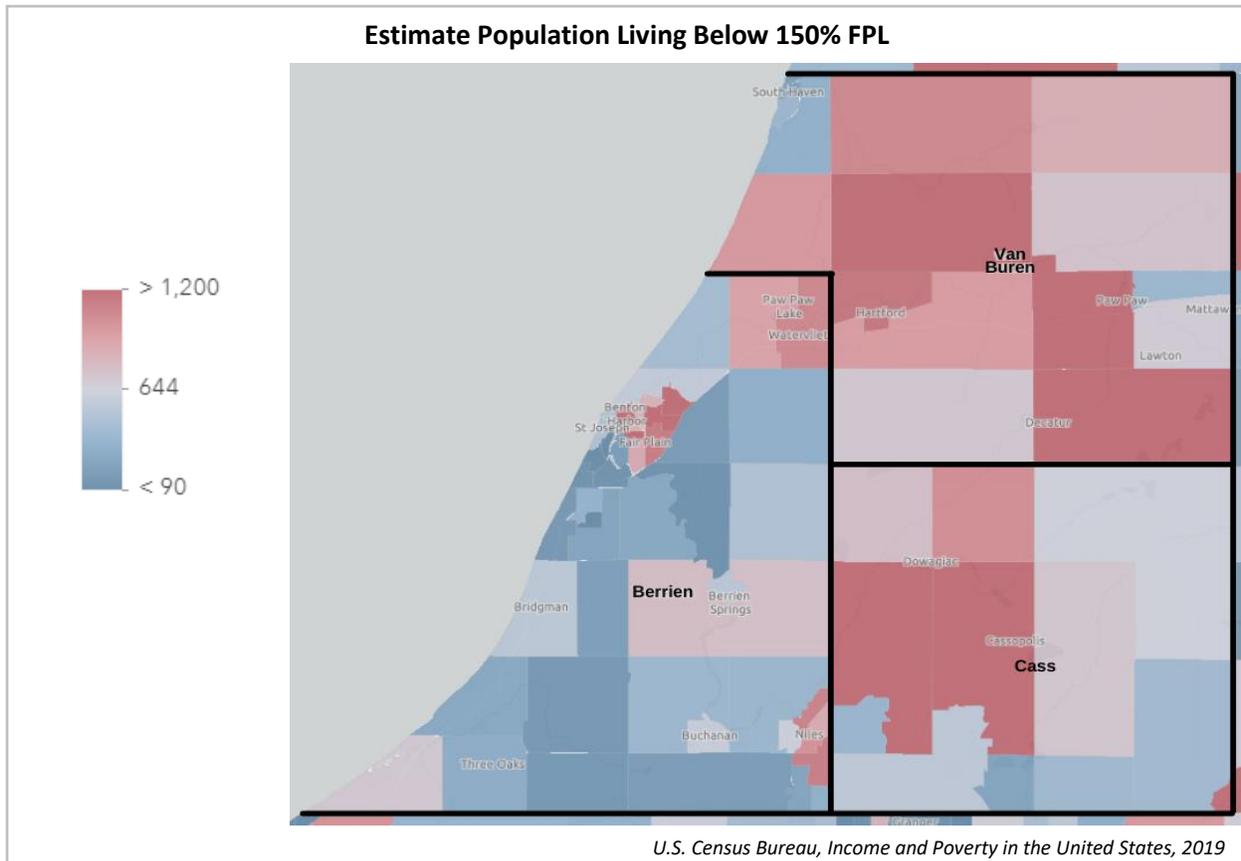


COMMUNITY RESOURCES ACCESSIBILITY

SMCAA utilized internet searches and resource guides from Berrien Community Foundation Help4Her, Great Start Collaborative Berrien, Great Start Collaborative Cass, and Van Buren DHHS to compile a list of community resources available in Berrien, Cass, and Van Buren Counties. The list may not include every resource throughout the tri-county area, but covers a wide range within SMCAA’s service area.

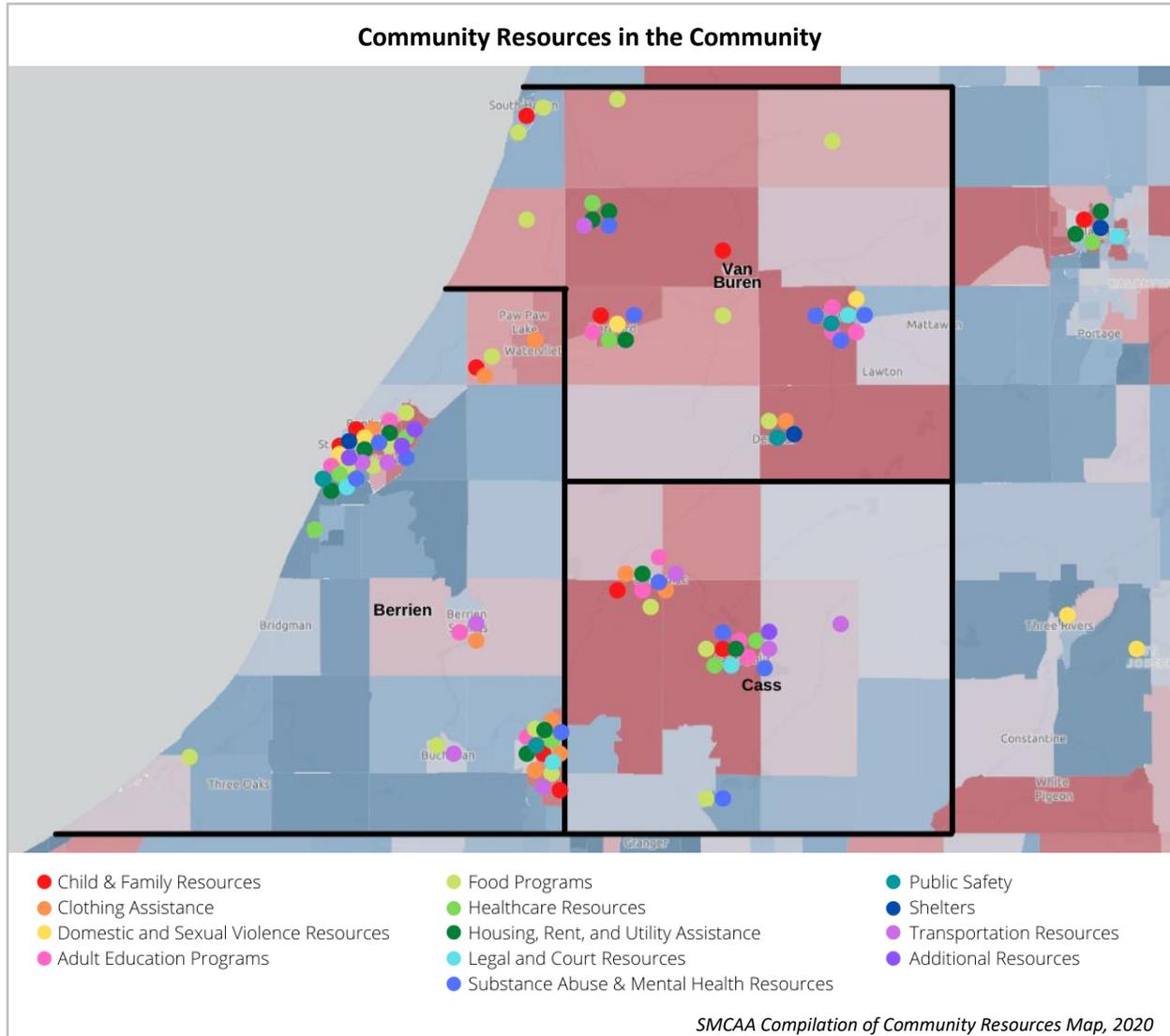
SMCAA then turned to the ArcGIS Low Income Community Census Tract interactive map to develop a tri-county mapping of individuals living below the poverty line. With this map, SMCAA was able to provide a general pinpoint of each resource type across the three counties. To examine the accessibility of community resources, SMCAA compared the location of community resources with the concentration of a county’s estimated population living below 150% of the poverty line.

The following map shows the estimated population living below 150% of the poverty line. Those areas colored darker red indicate a higher percentage of individuals living below 150% of the poverty line, those areas of lighter red or blue indicate a more moderate percentage of individuals living below 150% of the poverty line, and those areas of darker blue indicate a lower percentage of individuals living below 150% of the poverty line.



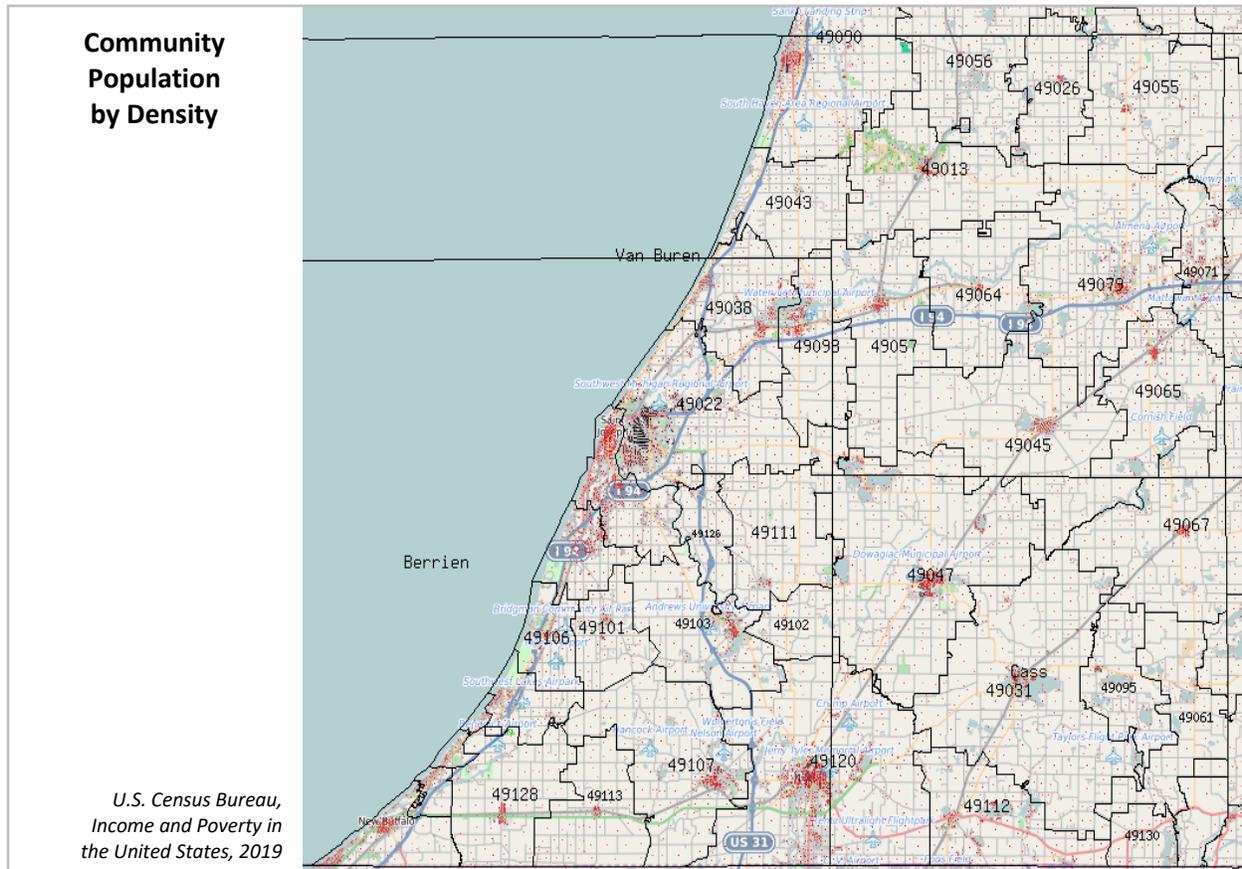
In consideration to the poverty rates we’ve mentioned per county, Berrien County has the highest poverty rate at 16.5%. However, when looking at this map, it appears Van Buren County has a larger population living below 150% of the poverty line. A hypothesis can be drawn that Berrien County may have a larger population concentrated within urban areas which allows the map to appear bluer. Whereas Van Buren and Cass Counties’ in-need populace live within a more rural setting and stretch across each county. Further investigation is necessary to validate this assumption.

Gathering the information from the previously listed community resources, SMCAA approximated locations of each and developed a map to showcase their disbursement across the tri-county area. The following map shows that community resources tend to be in areas with higher concentration of populations living below the poverty line. This suggests these resources may be physically accessible to individuals in poverty as they are more likely to be located within their neighborhoods.



The hypothesis that Berrien’s in-need population may be more urban than Van Buren and Cass Counties is again evidenced in the disbursement of community resources. Though Cass’s seem to be centered in two main locations, Van Buren’s stretch across the entire county. Berrien’s are concentrated within the most populated areas of individuals living below the poverty line.

A look at overall population distribution may assist in deciphering where and why community resources appear in larger quantities across all three counties. With this in mind, the following map shows the population disbursement within the three counties.



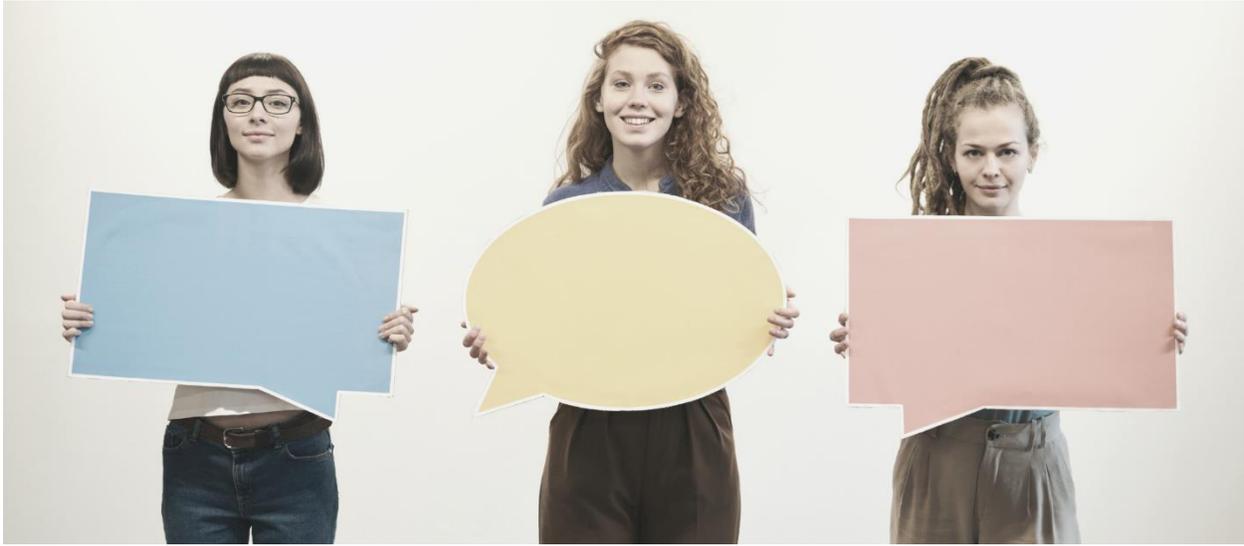
Berrien County’s population, the largest among all three counties at 154,133 people, does have a higher density in more urban areas. Specifically, in Benton Harbor (n=9,843), St. Joseph, (n=8,316), Niles (n=11,211), Buchanan (n=4,304), and Coloma/Watervliet (n=3,138). These municipalities count for 25% of the county’s total population.

Van Buren County holds second in population with 75,358 people. However, Van Buren’s most populated municipalities are fewer in number than Berrien – South Haven (n=4,354), Bangor (n=1,860), Paw Paw (n=3,390), and Decatur (n=1,913). These municipalities count for 14% of the county’s total population.

Cass County comes in lowest for population with 51,523 people. Similarly, the county has less populated municipalities than Berrien – Dowagiac (n=5,743), Cassopolis (n=1,692), and Marcellus (n=1,297). These municipalities count for 17% of the county’s total population.

The theory stands that Berrien’s population living under the poverty line is mostly urban whereas Van Buren and Cass Counties are more scattered and rural.

Additional Information



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Demographic Fast Facts

	Berrien County	Cass County	Van Buren County	State of Michigan	United States
Population	154,133	51,523	75,358	9,965,265	324,697,795
-Male	48.9%	50.1%	49.8%	49.2%	49.2%
-Female	51.1%	49.9%	50.2%	50.8%	50.8%
-Ages 0-5	5.7%	5.0%	6.0%	5.7%	5.9%
-Ages 18-64	73.7%	74.7%	74.8%	60.8%	61.3%
-Ages 65+	20.2%	20.3%	19.2%	17.7%	16.5%
Race					
-White	78.7%	88.9%	86.2%	78.4%	72.5%
-Black	14.6%	5.2%	3.3%	13.8%	12.7%
-Hispanic	5.5%	3.9%	11.5%	5.1%	18.0%
-Multi	3.1%	3.0%	4.2%	2.9%	3.3%
-Asian	1.9%	0.8%	0.7%	3.1%	5.5%
Households					
-Total	63,665	21,019	29,411	3,935,041	120,756,048
-Married	46.4%	53.0%	53.1%	47.1%	48.2%
-Co-Habiting	6.7%	6.2%	6.4%	6.6%	6.3%
-Female Head	28.9%	21.8%	23.2%	27.7%	27.7%
-Male Head	18.0%	19.0%	17.3%	18.6%	17.8%
-Family	69.9%	74.4%	74.0%	70.4%	72.1%
-Non-Family	30.1%	25.6%	26.0%	29.6%	27.9%
Monetary					
-Avg Income	\$49,135	\$53,571	\$52,351	\$56,697	\$64,937
-Unemp. Rate	5.9%	6.4%	5.7%	5.9%	5.3%
-Workforce (16+)	71,622	25,492	36,850	4,654,930	163,555,585
-Homeownership	69.8%	80.5%	77.3%	71.2%	63.9%
-W/O Health Insur.	6.9%	6.1%	8.1%	5.5%	8.8%
-SPM	16.2%	17.0%	12.6%	13.0%	12.3%
Other					
-English Speaking	92.4%	96.8%	90.4%	90.3%	78.1%
-Spanish Speaking	3.8%	1.8%	8.1%	3.0%	13.5%
Poverty					
-Rate	16.5%	12.1%	15.5%	15%	13.1%
-Total	24,800	6,160	11,500	1,460,000	42,600,000
-Male	14.4%	11.1%	13.6%	13.2%	12.2%
-Female	17.8%	13.1%	16.1%	15.5%	14.6%
-Ages 0-5	25.0%	17.7%	22.1%	19.9%	18.5%
-Ages 18-64	15.3%	12.5%	13.6%	14.0%	12.6%
-Ages 65+	8.7%	5.2%	9.3%	8.4%	9.3%
Race in Poverty					
-White	11.3%	10.6%	12.2%	11.4%	11.1%
-Black	40.9%	22.4%	42.5%	28.9%	23.0%
-Hispanic	26.1%	23.3%	30.7%	22.2%	19.6%

Sources: U.S. Census Bureau, American Community Survey, 2019 five-year estimates; U.S. Census Bureau, Income and Poverty in the United States, 2019; PovertyUSA.org, 2019; World Population Review, 2021