



# 2021 Community Health Needs Assessment



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# COMMUNITY HEALTH NEEDS ASSESSMENT At a Glance

## Secondary Data



Access to  
Health Services



Children's  
Health



Maternal,  
Fetal and  
Infant Health



Behavioral  
Health: Alcohol  
and Drug Use



Crime and Crime  
Prevention



Older  
Adults



Behavioral  
Health: Mental  
Health and Mental  
Disorders



Diabetes



Weight Status,  
Nutrition and  
Healthy Eating



Health  
Equity

## Primary Data/Community Input

Community Survey,  
2019 Qualitative Data

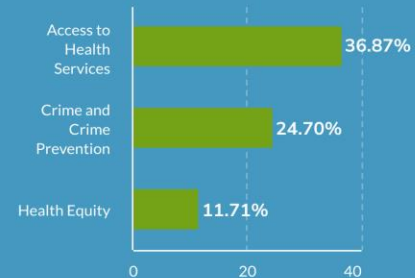


Health Issues:  
Calhoun County



Alcohol and Drug Use (31.68%)  
Diabetes (12.12%)  
Mental Health and Mental Disorders (25.18%)  
Nutrition and Healthy Eating (12.51%)  
Weight Status (18.5%)

Quality of Life Factors:  
Calhoun County



## Health Equity

Health equity focuses on the fair and just distribution of health determinants, outcomes, and resources across communities.



Systemic racism  
Poverty  
Gender discrimination



Poorer health outcomes for groups such as Black, Indigenous, People of Color, individuals living below poverty level, and LGBTQ+ communities.



# Introduction & Purpose

Oaklawn and Calhoun County are pleased to present its 2021-22 Community Health Needs Assessment (CHNA). This CHNA report provides an overview of the process and methods used to identify and prioritize significant health needs for Calhoun County as federally required by the Affordable Care Act. Calhoun County partnered with Conduent Healthy Communities Institute (HCI) to conduct the CHNA process and complete the report.

The purpose of this CHNA is to offer a deeper understanding of the health needs across Calhoun County and guide collaborative organizations planning efforts to address needs in actionable ways and with community engagement. Findings from this report will be used to identify and develop efforts to address disparities, improve health outcomes, and focus on social determinants of health in order to improve the health and quality of life of residents in the community.

## This report includes a description of:

- The community demographics and population served;
- The process and methods used to obtain, analyze and synthesize primary and secondary data;
- The significant health needs in the community, taking into account the needs of uninsured, low-income, and marginalized groups;
- The process and criteria used in identifying certain health needs as significant and prioritizing those significant community needs.

## Acknowledgements

### Community Benefit Leadership and Team

The development of the 2021- 22 CHNA was collective effort through a collaboration of six partner organizations (Bronson Health, Calhoun County Public Health Department, CareWell Services – Area Agency on Aging, The Coordinating Council, Oaklawn, and Population Health Alliance) and an external consulting firm (Conduent HCI) which formed the CHNA Advisory Committee. This committee met weekly for five months to guide the process, discuss best practices, monitor the survey dashboard, identify gaps in representation, implement marketing strategies, and identify trusted organizational leaders to assist with survey distribution across the county. The committee members also reviewed the data to illuminate major health concerns by age, race, ethnicity, socio-economic status and gender identity. The CHNA efforts focused on specific communities including Albion, Battle Creek, Marshall, Homer, Springfield, Tekonsha, and Athens. The team reviewed both qualitative and quantitative data which were synthesized to reveal the highest priority needs. The team then conducted multiple public prioritization sessions to ensure inclusivity and increase participation across the county on understanding the community health needs. The Calhoun County CHNA would not have been possible without the support and guidance of those individuals that were able to share their expertise and insight in the planning, development, and implementation of this assessment.

We are indebted to our community partners who shared their stories and expertise; these individuals truly embody our vision for improving health through partnerships with the community.



Entity	Representative
<p><b>Bronson Battle Creek Hospital</b> is a 228-bed, all-private room community hospital that provides a full range of outpatient and inpatient services in Calhoun County. Specialty services include cancer care, inpatient behavioral health, sleep health, home health, and a wound-healing center. Bronson Battle Creek has been recognized by the Commission on Cancer of the American College of Surgeons as a Community Hospital Comprehensive Cancer program since 1995 and is the only hospital in Michigan to be a recipient of the Outstanding Achievement Award three review cycles in a row. Bronson Battle Creek is highly rated for quality and safety and holds an 'A' Hospital Safety Grade (Spring, 2021) from The Leapfrog Group. The hospital is a member of the Bronson Healthcare system whose mission is "Together, we advance the health of our communities."</p>	Beth Washington
<p><b>CareWell Services Southwest</b> is the mandated focal point for aging and adult services under the Older Americans Act. As the designated area agency on aging for Calhoun County, CareWell Services is charged with identifying and responding to the needs of older adults and caregivers. Every three years, CareWell Services must conduct a needs assessment and develop an implementation plan that is then approved by the Michigan Commission on Services to the Aging, the state governing body for the Michigan Aging and Adult Services Agency. The mission of CareWell Services is to promote health, independence and choice for seniors, persons with disabilities and caregivers to create a community where people are cared for with dignity and respect. The agency directly provides services such as care management, resource navigation, BeWell Workshops, senior center programming, caregiver supports and many other programs. Additionally, more than \$1.2 million in funding is made available to contracted partners for critical senior programs like senior nutrition, legal services, senior center programming, kinship support, transportation, adult day care, and evidenced-based programs.</p>	Karla Fales
<p><b>Oaklawn</b> was founded in 1925 as a 12-bed hospital in a residential home, funded by a group of visionary philanthropists. Now, almost ten decades later, Oaklawn has evolved into a highly regarded regional health care organization, licensed for 77 private acute care beds and a 17-bed inpatient psychiatric unit. Oaklawn's mission is to provide personal, accessible, and high-quality care to improve the health and well-being of the communities they serve. Oaklawn continues to be an independently owned not-for-profit hospital, with the main campus residing on the same site as the original hospital, providing facilities, equipment and technology that are usually only found at larger health systems. Oaklawn enjoys a reputation for advancing medicine and providing compassionate, personal care while providing preventative care, meeting acute care needs, or managing chronic healthcare needs. Oaklawn's service area includes Calhoun County and parts of Branch and Eaton counties with a medical staff of more than 300 providers representing over 55 specialties.</p>	Irene Johnston
<p><b>The Population Health Alliance of Calhoun County (PHA)</b> is a result of restructuring the Regional Health Alliance with The Coordinating Council. This restructuring has helped us to align with TCC and increase resources to work on the Calhoun Health Needs Assessment and other initiatives as new needs arise. As a predecessor of the great work of the Regional Health Alliance that was around since 1999 working on health PHA is positioned to accelerate the work that was already taking place. As a collaborative body PHA values engagement of all who have been impacted or desire to improve health outcomes, including staff at all levels, community members and volunteers. Volunteers may serve on our advisory cabinet or on one of our subcommittees that focus on specific areas such as Maternal and Infant Health or Access to Care.</p>	Angela Stewart

<p><b>The Calhoun County Public Health Department (CCPHD)</b> is a public health agency founded in 1935 under the umbrella of Calhoun County government. The CCPHD strives to fulfill its vision of “The healthiest community for life and living” and mission “to enhance our community’s total well-being by promoting healthy lifestyles, protecting health, and preventing disease” through preventative health, education, and preparedness services. In fulfilling the legal role as detailed in the Public Health Code, the CCPHD works collaboratively with other community and statewide agencies and organizations sharing resources and addressing critical and emerging health needs.</p>	<p>Eric Pessell Lauren Lewandowski</p>
<p><b>The Coordinating Council (TCC)</b> of Calhoun County is the Community Collaborative Body of Calhoun County for the State of Michigan. Community Collaboratives (also known as Multi-Purpose Collaborative Bodies-MPCB’s) were created to link with local agencies to help coordinate efforts in health and human services. The collaborative oversees grant dollars, ensures collaborative efforts, decreases duplication of services, and strengthens community programs/initiatives by focusing on community interests. Members of the collaborative represent a variety of organizations across the county including non-profit, education, government, health, public safety, for-profit, grassroots, local businesses, and community members. These individuals and organizations work collaboratively to positively impact the lives of all members of Calhoun County.</p>	<p>Nicole DuPont</p>

## Steering Committee

Gregg Beeg – President and CEO  
Theresa Dawson – Chief Nursing Officer  
Andy Poole – Chief Financial Officer  
Dr. Jaclyn Liston-Crandall – Chief Medical Officer

Marla Stuck – Executive Director of Human Resources  
Nita Armstrong – Executive Assistant to the CEO  
Irene Johnston – Director, Quality

## Consultants

Calhoun County commissioned Conduent Healthy Communities Institute (HCI) to support report preparation for its 2021-22 CHNA. HCI works with clients across the nation to drive community health outcomes by assessing needs, developing focused strategies, identifying appropriate intervention programs, establishing monitoring systems, and implementing performance evaluation processes. The following HCI team members were involved in the development of this report: Ashley Wendt, MPH – Director of Consulting, Era Chaudhry, MPH MBA- Public Health Senior Analyst, Cara Woodard – Senior Account Manager, George Nguyen-Research Assistant, and Courtney Wiggins – Public Health Project Coordinator. To learn more about Conduent HCI, please visit [www.conduent.com/community-population-health](http://www.conduent.com/community-population-health).

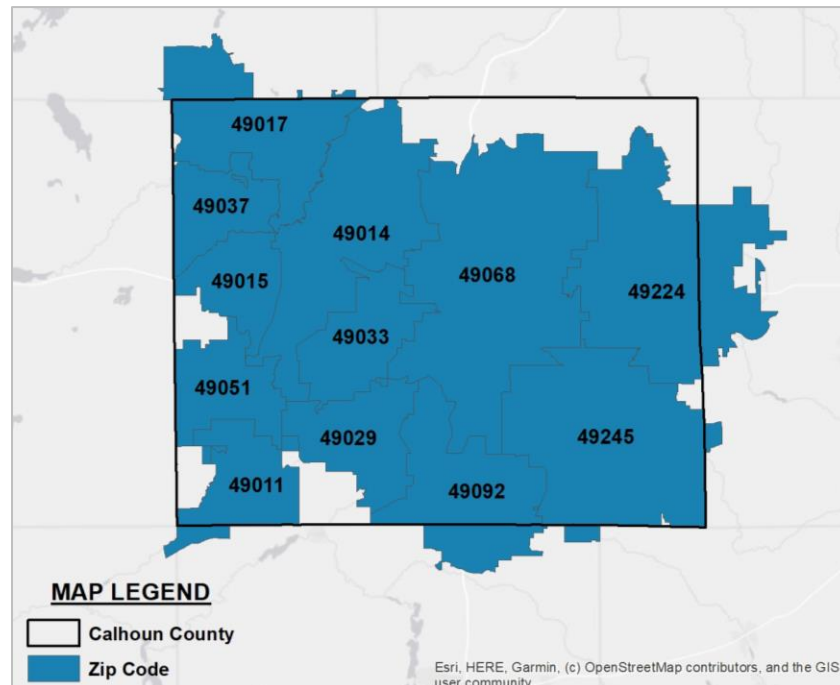
# Defining Community

Defining the community is a key component of the CHNA process as it determines the scope of the assessment and implementation strategy.

## Oaklawn Community Service Area

Oaklawn is located in Marshall, Michigan at the center of Calhoun County. Oaklawn's service area is defined as the entirety of Calhoun County, Michigan, where more than 90% of our patients reside. Throughout Calhoun County you will find Oaklawn consists of two express care sites, nine primary care offices, and thirteen specialty provider offices. Within our service area we are strategically focused on supporting those communities with the 49068, and immediately adjacent zip codes, 49224, 49245, 49092, 49033, 49014. In addition to our primary service area, limited services are available in Branch and Eaton Counties.

**Figure 1: OAKLAWN COMMUNITY SERVICE AREA**

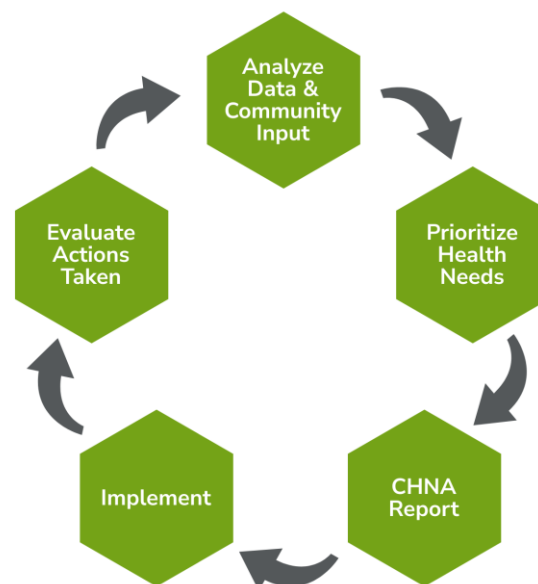




## Evaluation of Progress Since Prior CHNA

Oaklawn completes its CHNA every three years. An important piece of this three-year cycle includes the ongoing review of progress made on priority health topics set forth in the preceding CHNA and Implementation Strategy (Figure 2). By reviewing the actions taken to address priority health issues and evaluating the impact those actions have made in the community, it is possible to better target resources and efforts during the next assessment.

**Figure 2: THE CHNA CYCLE**



### Priority Health Needs from Preceding CHNA

Oaklawn's priority health areas for calendar years 2018 - 2021 were:

Behavioral Health

Chronic Disease Management

Access to Care

Social Determinants and Age & Gender taken into consideration as components of each of the three identified health priorities.

### Highlights of Priority Health Needs Progress

The following section includes notable highlights from a few of the initiatives implemented since the last CHNA to address the priority health needs. For a more detailed list of Oaklawn initiatives and outcomes see Appendix A.

### **Behavioral Health: Priority 1**

Community resources were identified, such as Summit Pointe, and work groups formed to allow Oaklawn and Summit Pointe to collaborate in order to meet more mental health needs within the community.

### **Chronic Disease Management: Priority 2**

Chronic disease management and care focused on diabetes and high blood pressure, also known as hypertension (HTN). To assist with these programs the Oaklawn Care Manager program was expanded and a comprehensive diabetes program was rolled out and is maintained.

### **Access to Care: Priority 3**

The Marshall After Hours location was moved to a more visible area and services hours were adjusted in order to have more availability and accessibility. The OMG sites have also improved their patient portal and increased telemedicine visits.

## **Community Feedback from Preceding CHNA & Implementation Plan**

Oaklawn's 2018-2021 CHNA and Implementation Plan were made available to the public and open for public comment via the website: [URL/Community-Health-Needs-Assessment](http://URL/Community-Health-Needs-Assessment). No comments were received on either document at the time this report was written.

# Demographics

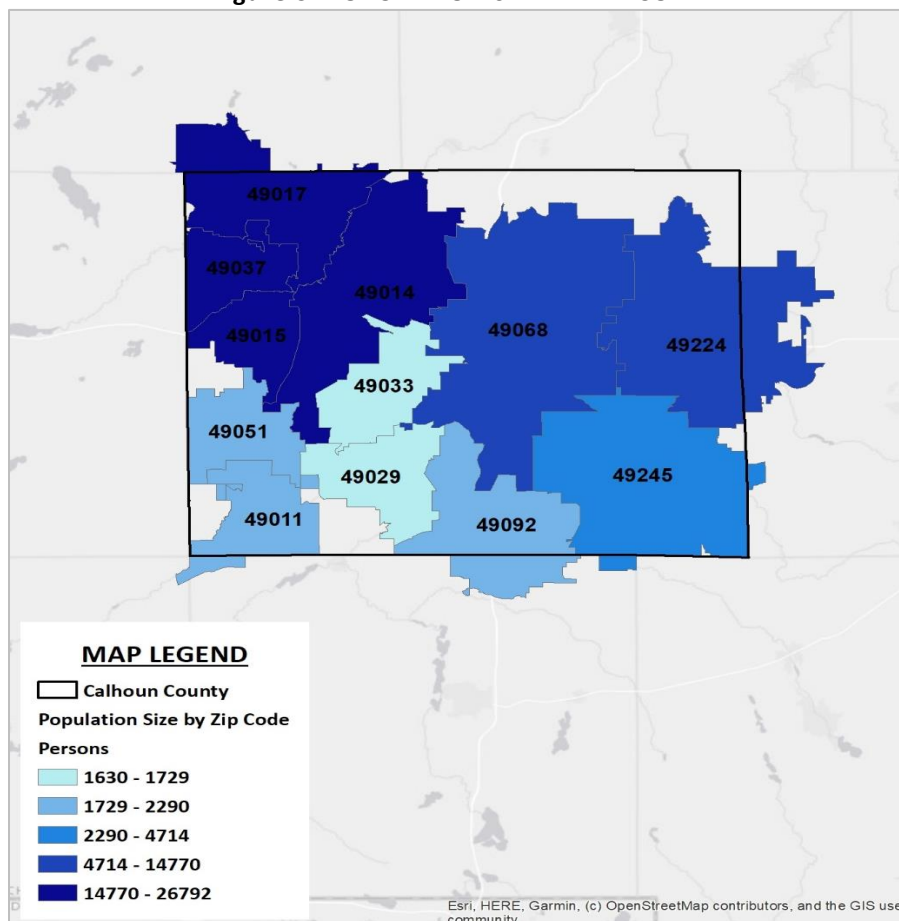
The following section explores the demographic profile of Calhoun County. The demographics of a community significantly impact its health profile. Different race/ethnic, age, and socioeconomic groups may have unique needs and require varied approaches to health improvement efforts. All demographic estimates are sourced from Claritas Pop-Facts® (2021 population estimates) and American Community Survey one-year (2019) or five-year (2015-2019) estimates unless otherwise indicated.

## Demographic Profile

### Population

Calhoun County has an estimated population size of 133,980 in 2021. This represents a decrease of -1.6% since 2010. Figure 3 shows population size by zip code within Calhoun County. The darkest blues represent zip codes with the largest population.

**Figure 3: POPULATION SIZE BY ZIP CODE**

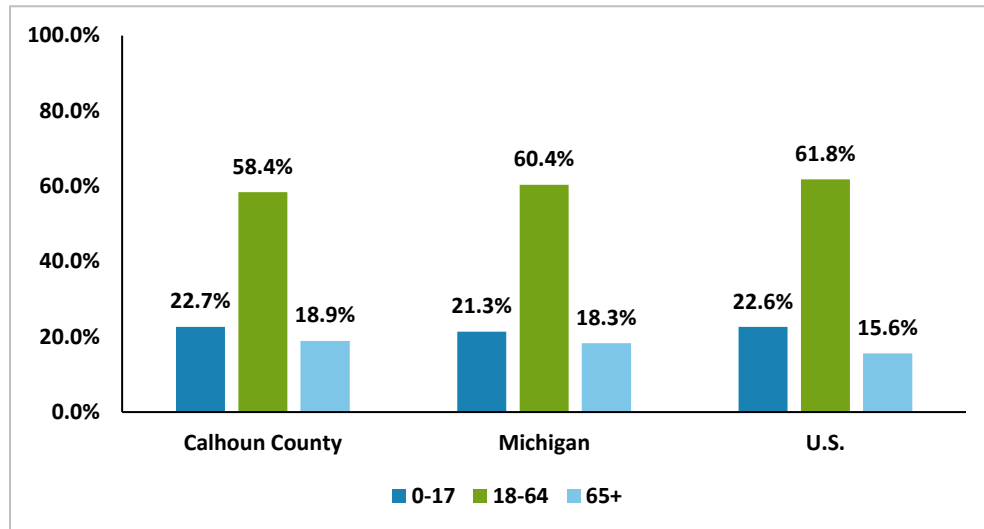




## Age

Figure 4 shows the Calhoun County population by age group, along with the Michigan State Value and U.S. Value. As shown, 22.7% of the population are infants, children, or adolescents (age 0-17); 58.4% are 18 to 64, and 18.9% are age 65 and older.

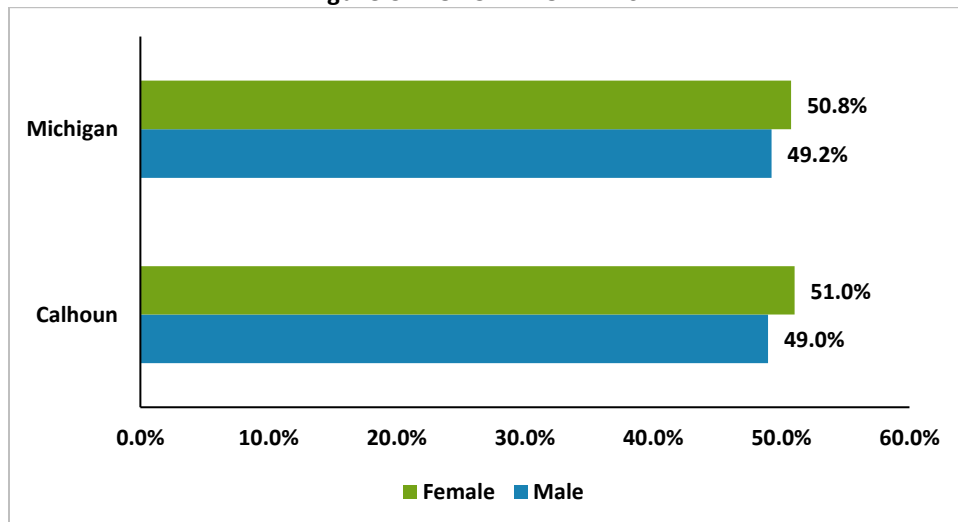
**Figure 4: POPULATION BY AGE GROUP**



## Sex

Figure 5 shows the Calhoun County population by sex. Males comprise 49.0% of the population, whereas females comprise 51.0% of the population.

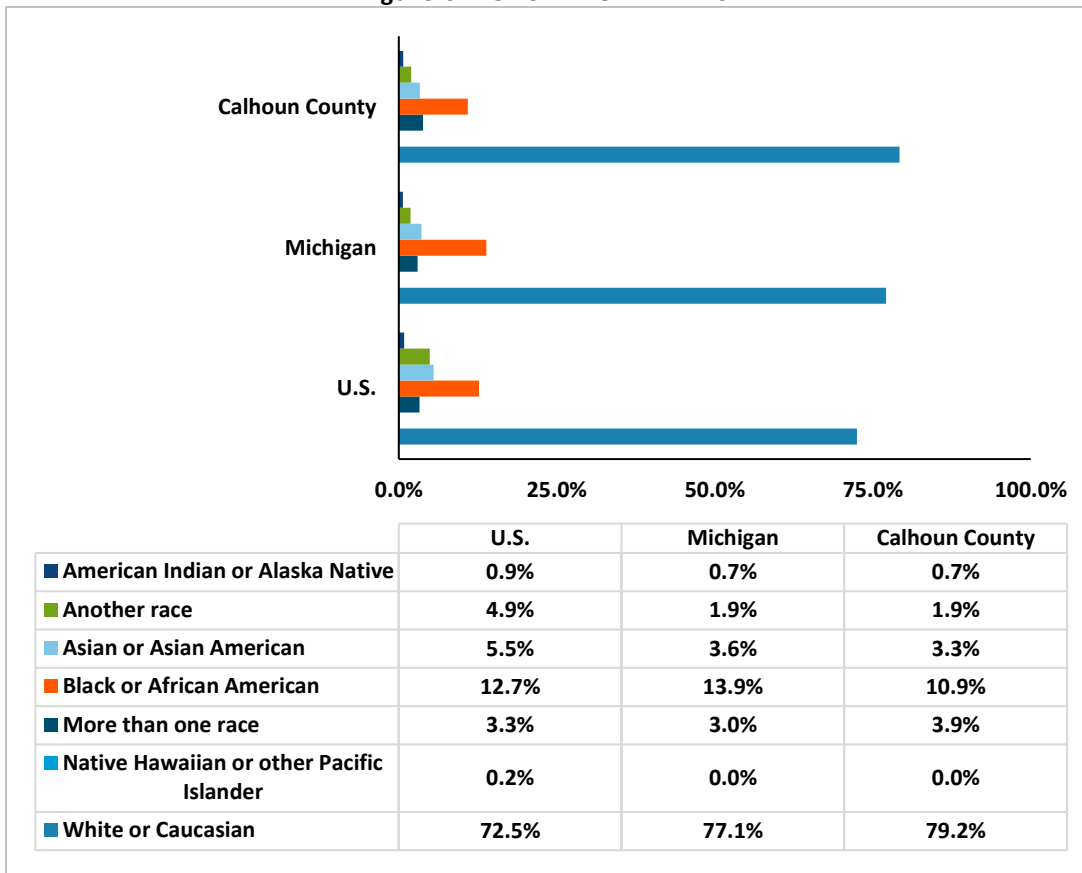
**Figure 5: POPULATION BY SEX**



## Race and Ethnicity

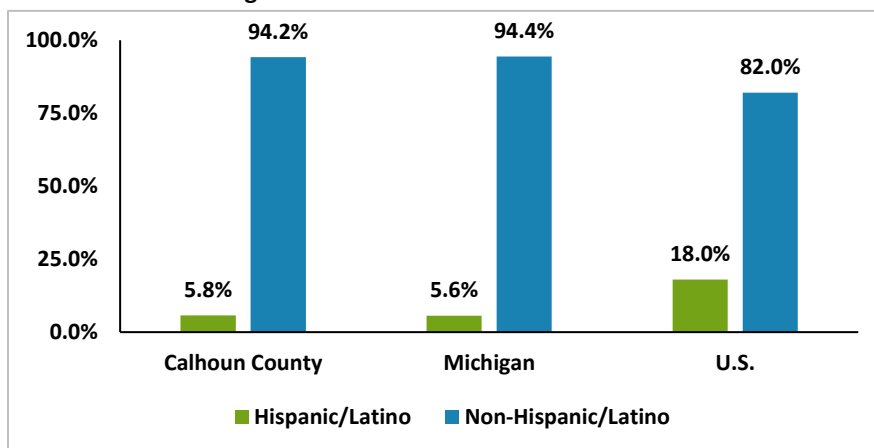
Figure 6 shows race and ethnicity contribute to the opportunities individuals and communities have to be healthy. Calhoun County's 2021 population is 79.2% White, 10.9% Black or African American, and 3.3% Asian.

**Figure 6. POPULATION BY RACE**



As shown in Figure 7, 5.8% of the population in Calhoun County identifies as Hispanic or Latino. This is a similar proportion of the population when compared to Michigan, and 12.2% less than the U.S.

**Figure 7. POPULATION BY ETHNICITY**

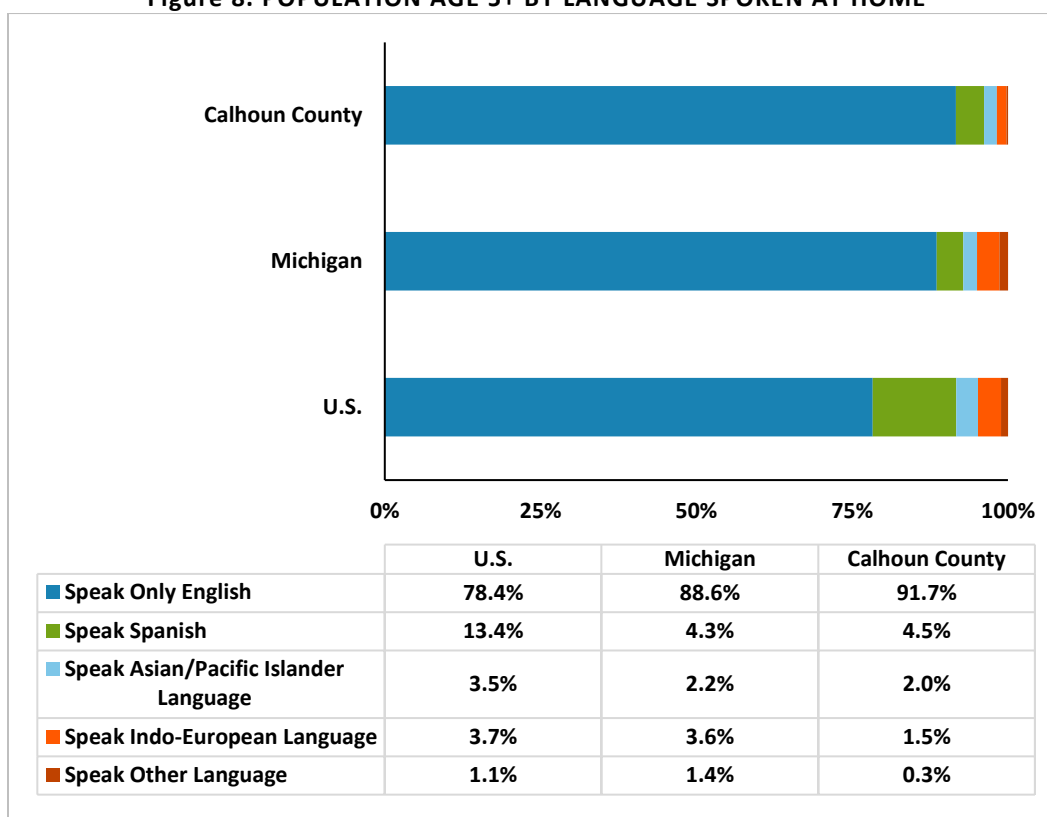


## Language and Immigration

Understanding countries of origin and languages spoken at home can help inform the cultural and linguistic context for the health and public health system. About 4.2% of the county's population was born outside of the U.S. About 2.3% of the population had difficulty speaking English.

Figure 8 below shows the percentage of the population 5 and older in each area and languages spoken at home in Calhoun County, Michigan State and the U.S. About 8.3% of the population age 5 and older speak a language other than English at home in Calhoun County, which is lower than the state average of 11.4%. The most common languages spoken at home are English (91.7%), Spanish (4.5%), and Asian/Pacific Islander (2.0%). The proportion of Calhoun County residents who speak English at home (91.7%) is higher than the state of Michigan (88.6%), while the percentage of Calhoun County residents who speak Spanish at home (4.5%) is higher compared to the state of Michigan (4.3%) but lower compared to the U.S (13.4%).

**Figure 8. POPULATION AGE 5+ BY LANGUAGE SPOKEN AT HOME**





# Social & Economic Determinants of Health

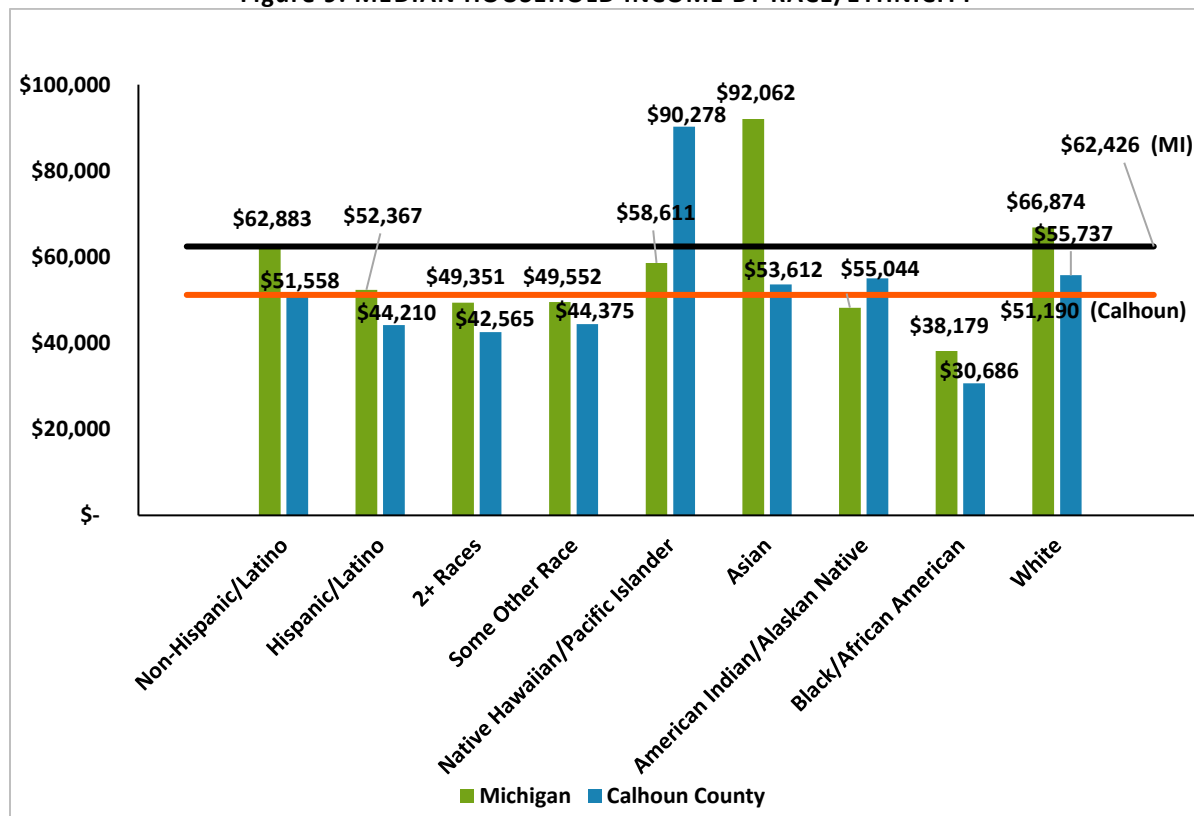
This section explores the economic, environmental, and social determinants of health of Calhoun County that contain the 12 community impact zip codes. Social determinants are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. It should be noted that county level data can sometimes mask what could be going on at the zip code level in many communities. While indicators may be strong at the county level, zip code level analysis can reveal disparities.

## Income

Income has been shown to be strongly associated with morbidity and mortality, influencing health through various clinical, behavioral, social, and environmental factors. Those with greater wealth are more likely to have higher life expectancy and reduced risk of a range of health conditions, including heart disease, diabetes, obesity, and stroke. Poor health can also contribute to reduced income by limiting one's ability to work.

Figure 9 shows the median household income values for Calhoun County overall and by race/ethnicity compared to the state benchmark. The overall county's median household income is below the state average. However, there are disparities by race/ethnicity. As shown, African Americans and Hispanic/Latinos have lower median household incomes at \$30,686 and \$44,210 compared to the overall county value of \$51,190.

Figure 9. MEDIAN HOUSEHOLD INCOME BY RACE/ETHNICITY

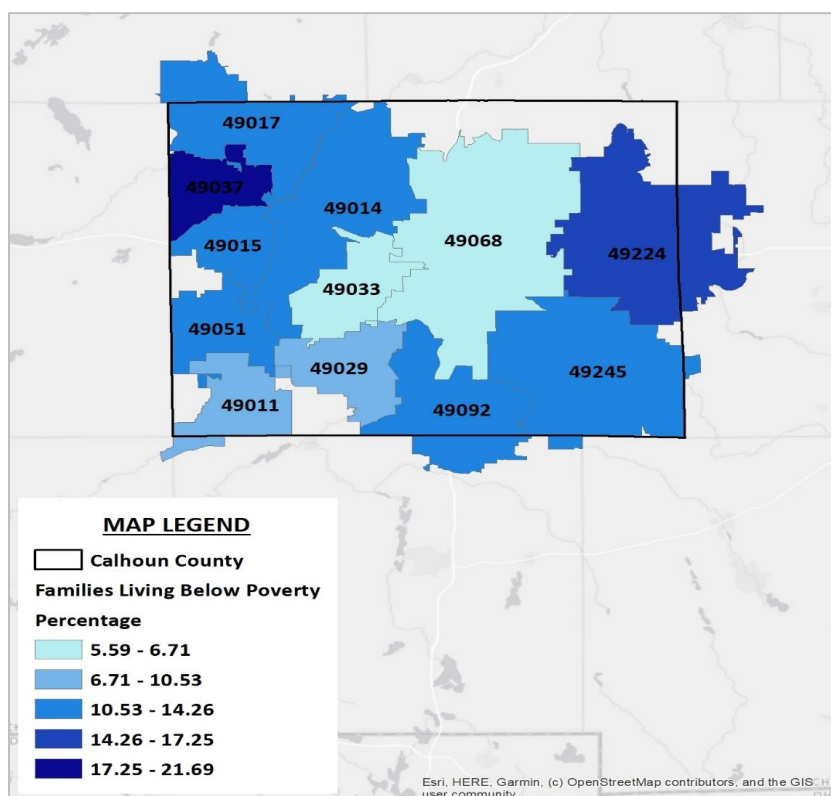


## Poverty

Federal poverty thresholds are set every year by the Census Bureau and vary by size of family and ages of family members. People living in poverty are less likely to have access to health care, healthy food, stable housing, and opportunities for physical activity. These disparities mean people living in poverty are more likely to experience poorer health outcomes and premature death from preventable diseases.

Figure 10 shows the percentage of families living below the poverty level by zip code. The darker blue colors represent a higher percentage of families living below the poverty level, with zip codes 49037 (Battle Creek), 49224 (Albion), and 49092 (Tekonsha) having the highest percentages. Overall, 13.7% of families in Calhoun County live below the poverty level, which is higher than the state value of 9.6%. The percentage of families living below poverty for each zip code in Calhoun County is provided in Table 1.

**FIGURE 10. FAMILIES LIVING BELOW POVERTY LEVEL BY ZIP CODE**



**TABLE 1. FAMILIES LIVING BELOW POVERTY LEVEL BY ZIP CODE**

Zip Code	Area Name	Families Below Poverty Level (%)
49037	Battle Creek	21.69%
49224	Albion	17.25%
49092	Tekonsha	14.26%

49015	Battle Creek	13.55%
49014	Battle Creek	12.53%
49017	Battle Creek	11.87%
49051	East Leroy	11.79%
49245	Homer	11.64%
49011	Athens	10.53%
49029	Burlington	9.68%
49068	Marshall	6.71%
49033	Ceresco	5.59%
--	<b>Calhoun County</b>	13.7%
--	<b>Michigan</b>	9.6%

Figure 11 shows the percentage of the population in Calhoun County by age who are living below the poverty level. Children and adolescents who are less than 18 years old comprise the largest group who are living in poverty.

**FIGURE 11. PEOPLE LIVING BELOW POVERTY LEVEL BY AGE**

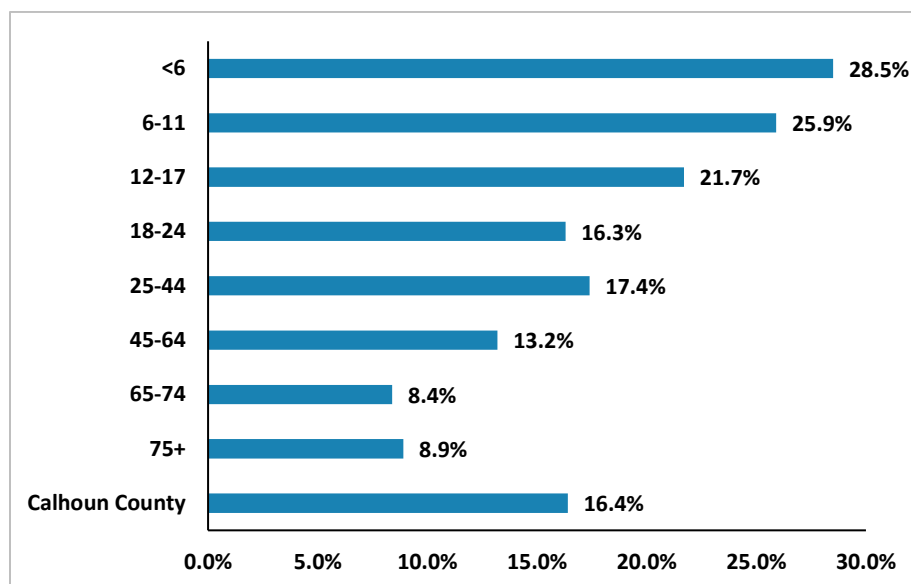


Figure 12 shows the percentage of the population in Calhoun County by gender who are living below the poverty level. Females make up a larger percentage of the population in Calhoun County who are living in poverty (17.3%).



**FIGURE 12. PEOPLE LIVING BELOW POVERTY LEVEL BY GENDER**

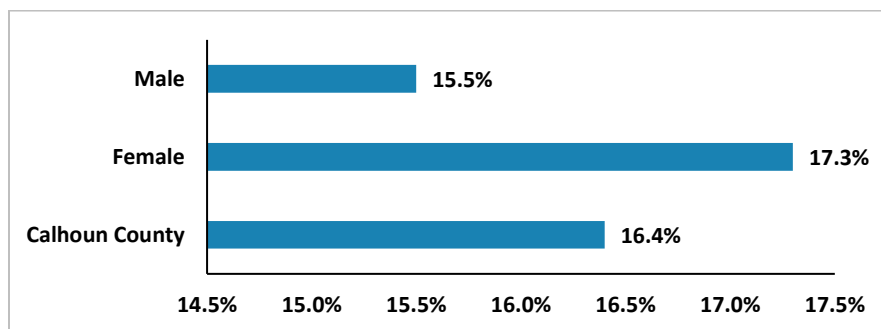
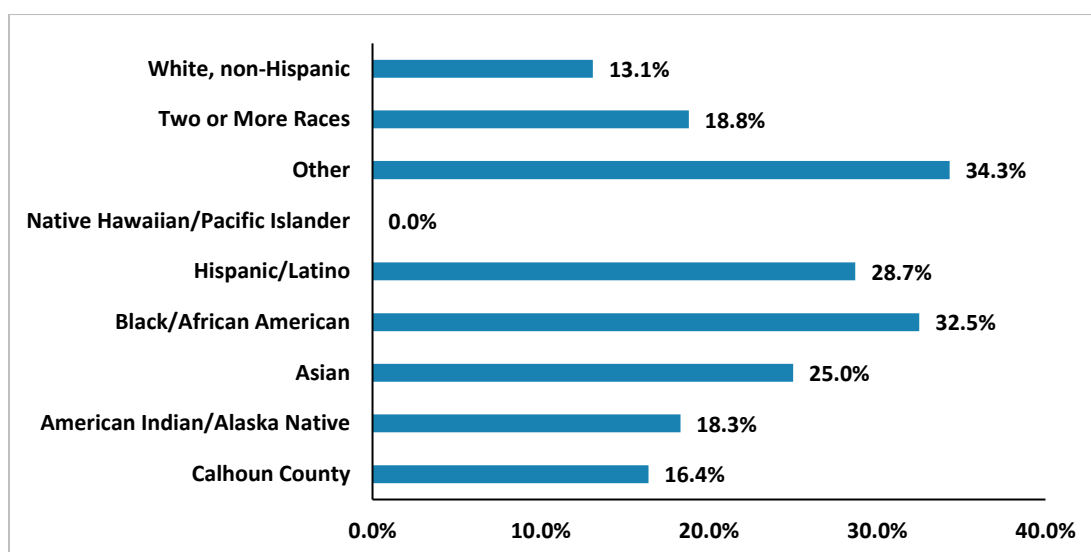


Figure 13 shows the percentage of the population in Calhoun County by race/ethnicity who are living below the poverty level. The largest racial/ethnic group in Calhoun County who are living below the poverty level are those identifying as Black/African American at 32.5%, followed by those identifying as “Other” race at 34.3%. Those identifying as Black/African American, “Other” race, Hispanic/Latino, Asian, American Indian/Alaska Native or as Multi-racial all experience poverty at a higher percentage compared to Calhoun County at 16.4%.

**FIGURE 13. PEOPLE LIVING BELOW POVERTY LEVEL BY RACE/ETHNICITY**



## Employment

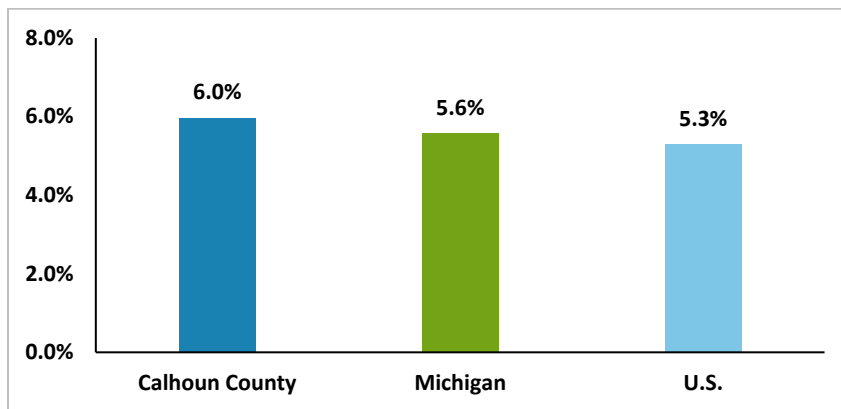
A community’s employment rate is a key indicator of the local economy. An individual’s type and level of employment impacts access to health care, work environment, and health behaviors and outcomes. Stable employment can help provide benefits and conditions for maintaining good health. In contrast, poor or unstable work and working conditions are linked to poor physical and mental health outcomes.

Unemployment and underemployment can limit access to health insurance coverage and preventive care services. Underemployment is described as involuntary part-time employment, poverty-wage employment, and insecure employment.

Type of employment and working conditions can also have significant impacts on health. Work-related stress, injury, and exposure to harmful chemicals are examples of ways employment can lead to poorer health.

Figure 14 shows the percentage of the population 16+ who are unemployed in Calhoun County compared to the State and U.S. Value. Calhoun County has a comparatively larger percentage of the population who are unemployed (6.0%).

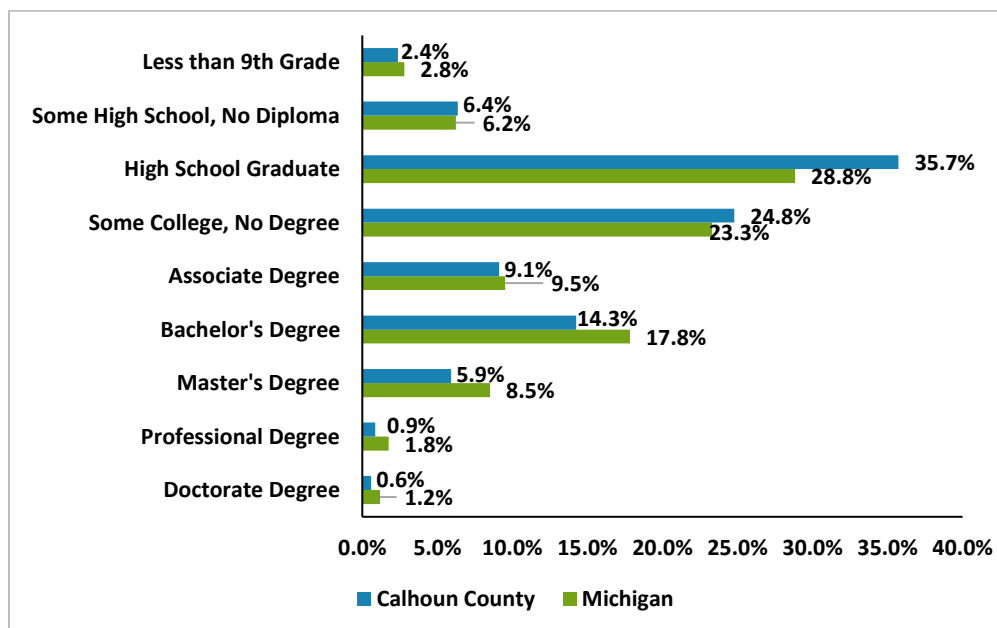
**FIGURE 14. POPULATION 16+: UNEMPLOYED**



## Education

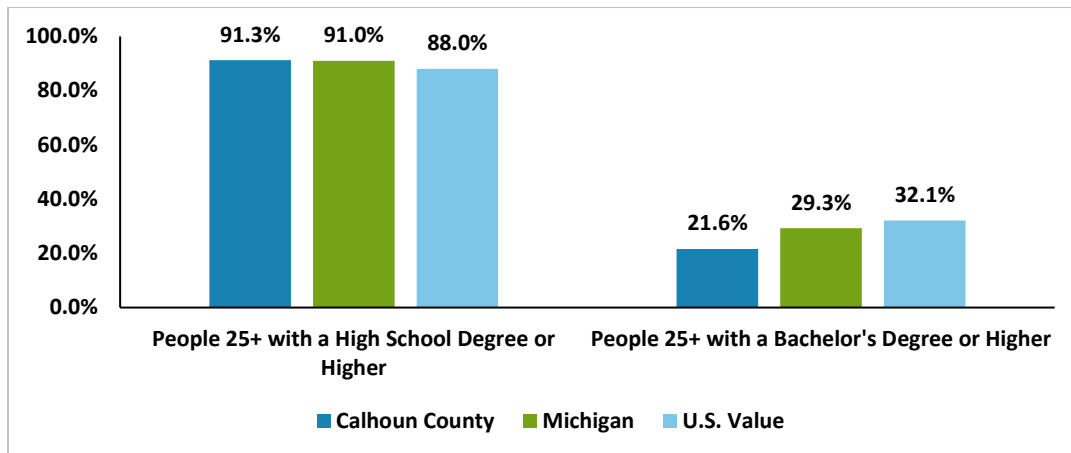
Education is an important indicator for health and well-being across the lifespan. Education can lead to improved health by increasing health knowledge, providing better job opportunities and higher income, and improving social and psychological factors linked to health. People with higher levels of education are likely to live longer, to experience better health outcomes, and practice health-promoting behaviors. Figure 15 shows the percentage of the population 25 years or older by educational attainment.

**FIGURE 15. PEOPLE 25+ BY EDUCATIONAL ATTAINMENT**



Another indicator related to education is on-time high school graduation. A high school diploma is a requirement for many employment opportunities and for higher education. Not graduating high school is linked to a variety of negative health and economic impacts, including limited employment prospects, low wages, and poverty. Figure 16 shows that Calhoun County has a higher percentage of residents with a high school degree than in Michigan and the U.S. However, the percentage of residents with a bachelor's degree is lower in Calhoun County than in Michigan and the U.S.

**FIGURE 16. PEOPLE 25+ BY EDUCATIONAL ATTAINMENT, MI AND U.S. COMPARISONS**



# Disparities and Health Equity

Identifying disparities by race/ethnicity, gender, age, and geography helps to inform and focus priorities and strategies. Understanding disparities also help us better understand root causes that impact health in a community and inform action towards health equity. Health equity focuses on the fair distribution of health determinants, outcomes and resources across communities.<sup>1</sup> National trends have shown that systemic racism, poverty, and gender discrimination have led to poorer health outcomes for groups such as Black, Indigenous, or People of Color, individuals living below the poverty level, and LGBTQ+ communities.

Primary and secondary data revealed significant community health disparities based on race/ethnicity, particularly among the Black, Asian and Hispanic communities. The assessment also found zip codes, cities, municipalities with disparities related to health and social determinants of health. It is important to note that while much of the data is presented to show differences and disparities by population groups, differences within each population group can vary. For instance, Asian or Asian and Pacific Islander encompasses individuals from over 40 different countries with very different languages, cultures, and histories in the U.S. information and themes captured through an online community survey have been shared to provide a more comprehensive and nuanced understanding of each community's experiences.

## Race/Ethnic & Age Disparities

Community health disparities were assessed in both the primary and secondary data collection processes. Table 2 below identifies secondary data health indicators with a statistically significant race or ethnic disparity for Calhoun County.

**TABLE 2. INDICATORS WITH SIGNIFICANT RACE/ETHNIC & AGE DISPARITIES**

Health Indicator	Group Negatively Impacted (highest rates)
Children Living Below Poverty Level	Black/Asian/Other Race/Hispanic / Latino
People Living Below Poverty Level	Black/Asian/American Indian / Alaska Native/Multiple Races/Other Race/Hispanic / Latino
Families Living Below Poverty Level	Black/Asian/American Indian / Alaska Native/Multiple Races/Other Race/Hispanic / Latino
People 65+ Living Below Poverty Level	Black/Multiple Races/Other Race/Hispanic / Latino
People 25+ with a Bachelor's Degree or Higher	Black/American Indian / Alaska Native/Other Race/Hispanic / Latino

<sup>1</sup> Klein R, Huang D. Defining and measuring disparities, inequities, and inequalities in the Healthy People initiative. National Center for Health Statistics. Center for Disease Control and Prevention. [https://www.cdc.gov/nchs/ppt/nchs2010/41\\_klein.pdf](https://www.cdc.gov/nchs/ppt/nchs2010/41_klein.pdf)

<b>Infant Mortality Rate</b>	Black/African American
<b>Middle School Students who Took a Prescription Drug Such as Ritalin, Adderall or Xanax without a Doctor's Prescription</b>	Black/American Indian / Alaska Native/Hispanic / Latino
<b>Workers Commuting by Public Transportation</b>	White/Asian/Native Hawaiian / Pacific Islander/Multiple Races/Other Race Hispanic/Latino

The indicators listed in Table 2 show a statistically significant difference in race or ethnicity according to the Index of Disparity analysis. Secondary data reveal that different race groups are disparately impacted for many poverty-related indicators, which are often associated with poorer health outcomes. Additionally, the Black/African American, Asian and Hispanic populations are the most negatively impacted race groups in Calhoun County, experiencing significant disparities, of indicators listed in Table 2. These important disparities in data should be recognized and considered for implementation planning to mitigate the disparities often faced along racial, ethnic, or cultural lines in Calhoun County.

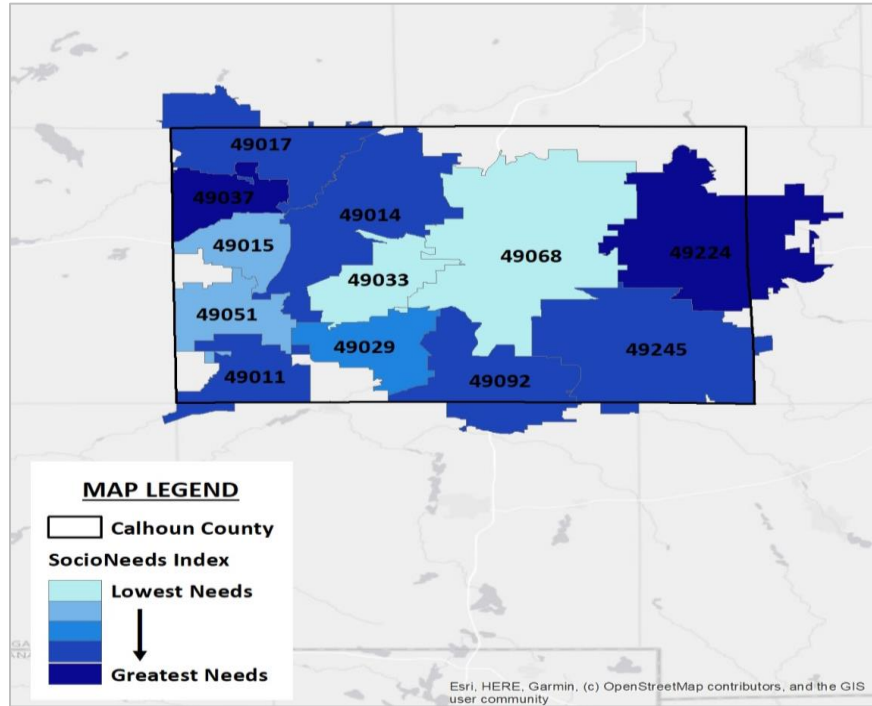
## Geographic Disparities

Geographic disparities were identified using the SocioNeeds Index® and Food Insecurity Index. These indices have been developed by Conduent Healthy Communities Institute to easily identify areas of high socioeconomic need or food insecurity. Conduent's SocioNeeds Index estimates areas of highest socioeconomic need correlated with poor health outcomes. Conduent's Food Insecurity Index estimates areas of low food accessibility correlated with social and economic hardship. For both indices, counties, zip codes, and census tracts with population over 300 are assigned index values ranging from zero to 100, where higher values are correlated with highest needs. Understanding communities with highest need are localized is critical to targeting prevention and outreach activities.

## SocioNeeds Index

Conduent's SocioNeeds Index estimates areas of highest socioeconomic need correlated with poor health outcomes. Based on the SocioNeeds Index, in Calhoun County, zip codes are ranked based on their index value to identify the relative needs, as illustrated by the map in Figure 17. The following zip codes had the highest socioeconomic need (as indicated by the darkest shades of blue): 49037 (Battle Creek) and 49224 (Albion). Table 3 provides the index values for each zip code.

**FIGURE 17. SOCIONEEDS INDEX**



**TABLE 3. SOCIONEEDS INDEX VALUES BY ZIP CODE**

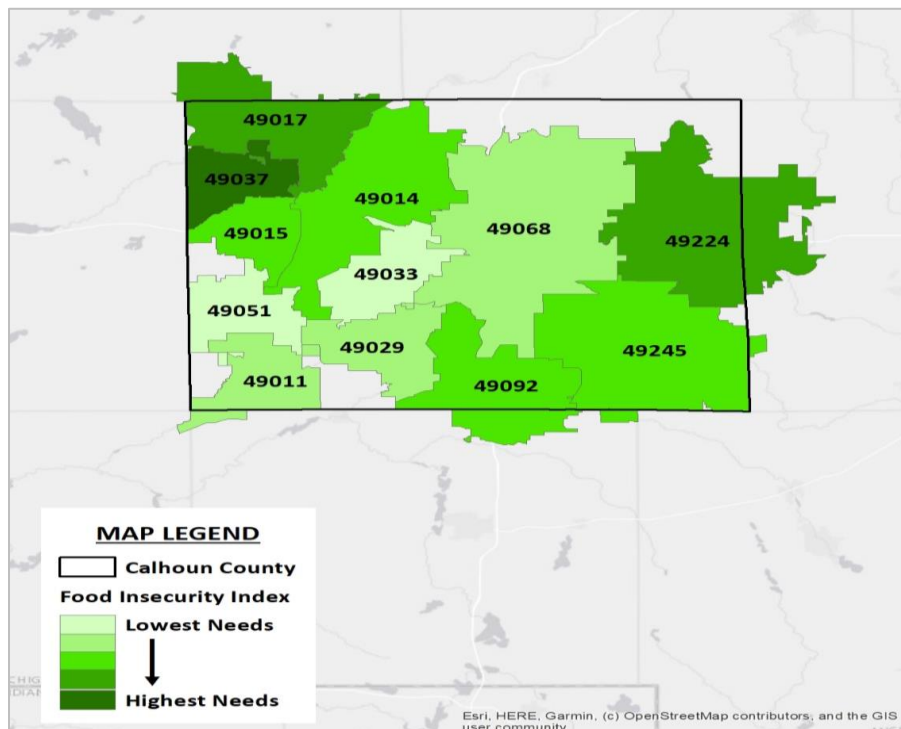
Zip Code	Area Name	Index Value
49037	Battle Creek	91.6
49224	Albion	81.6
49011	Athens	66.2
49017	Battle Creek	64.7
49092	Tekonsha	64.1
49014	Battle Creek	63.7
49245	Homer	63.2
49029	Burlington	58.4
49015	Battle Creek	54.4
49051	East Leroy	53.0
49068	Marshall	32.5
49033	Ceresco	26.8



## Food Insecurity Index

Conduent's Food Insecurity Index estimates areas of low food accessibility correlated with social and economic hardship. Based on the Food Insecurity Index, in Calhoun County, zip codes are ranked based on their index value to identify needs relative to surrounding zip codes, as illustrated by the map in Figure 18. The following zip codes had the highest level of food insecurity (as indicated by the darkest shades of green): 49037 (Battle Creek), 49224 (Albion), and 49017 (Battle Creek). Table 4 provides the index values for each zip code.

**FIGURE 18. FOOD INSECURITY INDEX**



**TABLE 4. FOOD INSECURITY INDEX VALUES BY ZIP CODE**

Zip Code	Area Name	Index Value
49037	Battle Creek	97.1
49224	Albion	87.1
49017	Battle Creek	83.4
49245	Homer	76.9
49092	Tekonsha	75.2
49014	Battle Creek	74.4
49015	Battle Creek	69.4

49068	Marshall	57.6
49029	Burlington	51.8
49011	Athens	50.1
49033	Ceresco	30.6
49051	East Leroy	28.8

## Future Considerations

While identifying barriers and disparities are critical components in assessing the needs of a community, it is equally important to understand the social determinants of health and other upstream factors that influence a community's health. The challenges and barriers faced by a community must be balanced by identifying practical, community-driven solutions. Together, these factors come together to inform and focus strategies to positively impact a community's health. The following sections outline opportunities for guiding on-going work as well as potential to impact the identified community health needs.

# Primary and Secondary Methodology and Key Findings

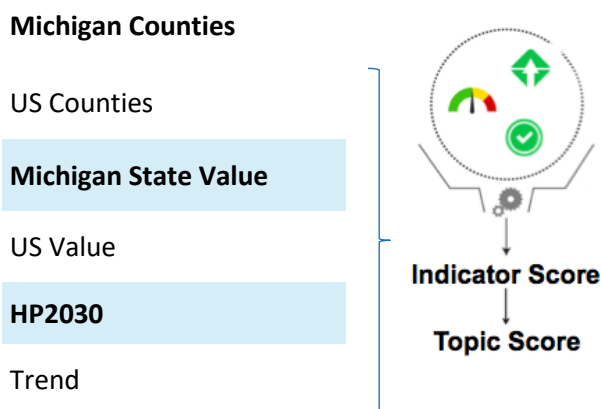
## Overview

Calhoun County combined primary and secondary data to inform its Community Health Needs Assessment (CHNA). The CHNA provides an understanding of the health status, quality of life, and risk factors of a community. Findings from secondary data analysis and the online community survey helped to inform Calhoun County's Community Health Status Assessment. The themes and strengths provide insights about what topics and issues community members feel are important, how they perceive their quality of life, and what assets they believe can be used to improve health. Findings from the online community survey and 2019 qualitative data and secondary data helped to inform Calhoun County's top community health needs. Secondary data are health indicator data that have been collected by public sources such as government health departments. Each type of data was analyzed using a unique methodology.

## Secondary Data Sources & Analysis

Secondary data used for this assessment were collected and analyzed with the Healthy Communities Institute (HCI) Community Dashboard — a web-based community health platform developed by Conduent Community Health Solutions. The Community Dashboard brings data, local resources, and a wealth of information to one accessible, user-friendly location. It includes over 300 community indicators covering over 25 topics in the areas of health, determinants of health, and quality of life. The data are primarily derived from state and national public secondary data sources. The value for each of these indicators is compared to other communities, nationally or locally set targets, and to previous time periods.

**FIGURE 19: SECONDARY DATA SCORING**



HCI's Data Scoring Tool® was used to systematically summarize multiple comparisons across the Community Dashboard in order to rank indicators based on highest need. For each indicator, the Calhoun County value was compared to a distribution of Michigan and US counties, state and national values, Healthy People 2030, and significant trends (Figure 19). Each indicator was then given a score based on the available comparisons. These scores range from 0 to 3, where 0 indicates the best outcomes and 3 the worst. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected from other communities, and changes in methodology over time. These indicators were grouped into topic areas for a higher-level ranking of community health needs.

Table 5 shows the health and quality of life topic scoring results for Calhoun County. Diabetes is the poorest performing topic area, followed by Mortality Data. The top eleven topic areas were those that scored over the 1.75 threshold in data scoring. Health topic areas with fewer than three indicators were considered a data gap. Data gaps were specifically assessed as a part of the online community survey to ensure that, where the secondary data fell short, primary data could provide a more accurate picture of that particular health topic area.

**TABLE 5: SECONDARY DATA SCORING RESULTS**

<b>Health Topic</b>	<b>Score</b>
Diabetes	<b>2.28</b>
Mortality Data	<b>2.05</b>
Other Conditions	<b>2.02</b>
Mental Health & Mental Disorders	<b>1.95</b>
Older Adults	<b>1.88</b>
Weight Status	<b>1.87</b>
Maternal, Fetal & Infant Health	<b>1.85</b>
Alcohol & Drug Use	<b>1.82</b>
Wellness & Lifestyle	<b>1.77</b>
Prevention & Safety	<b>1.75</b>
Children's Health	<b>1.75</b>

The analysis of national, state, and local indicators that contributed to the Community Health Needs Assessment can be reviewed in full in Appendix B.

## **Primary Data Collection & Analysis**

To ensure the perspectives of community members were considered, input was collected from Calhoun County community members. Primary data used in this assessment consisted of an online community survey available in English, Spanish and 4 dialects of Burmese (Burmese, Hakha, Falam, and Zomi). These findings expanded upon information gathered from the secondary data analysis to inform this Calhoun County Community Health Needs Assessment.

As the assessment was conducted during the COVID-19 pandemic, primary data collection methods were conducted in a way to maintain social distancing and protect the safety of participants by minimizing in-person data collection.

To help inform an assessment of community assets, community members were asked to list and describe resources available in the community. Although not reflective of every resource available in the community, the list can help Calhoun County to expand and support existing programs and resources. This resource list is available in Appendix D.

## Community Survey

Community input was also collected via an online community survey available in English, Spanish, and Burmese from July 19, 2021 through August 30, 2021. The survey consisted of 50 questions related to top health needs in the community, individuals' perception of their overall health, individuals' access to health care services, as well as social and economic determinants of health.

The CHNA Advisory Committee contemplated the use of Key Informant Interviews and Focus Groups from the 2019 CHNA assessment results as a basis for the 2021 CHNA. However, the committee felt that given the incredible impact of the global pandemic there was a desire to reach out and understand how needs/concerns may have changed. Further analysis is being done on the 2019 CHNA and those findings will be a part of an Appendix C to this report.

It was determined that the best course of action during the Covid-19 pandemic was to make every attempt to meet people where they were by reaching out to them individually rather than congregating at a specified time and place for discussion groups. Safety was of the highest consideration as the Covid-19 virus was becoming more aggressive in our community. A survey was determined to be the best method to reach the community and attain a collective voice on current health needs. The survey was a carefully designed questionnaire intended to be simple, understandable, take minimal time, and attempted to encompass important health and social determinants of health needs and concerns.

The committee made a concerted effort to get input directly from medically underserved, low-income and underrepresented populations, giving a special emphasis on reaching Black, Indigenous, and People of Color populations. The committee centered on core values that included highly respecting all people, valuing diversity and an unwavering commitment to equity and inclusion. The committee spent significant amount of time, energy, and effort to ensure all residents within the county regardless of race, ethnicity, language, age, education level, and internet access had the opportunity to complete this assessment. Several committee meeting sessions were dedicated to reviewing response rates of various zip codes across the county to ensure that additional steps were taken in areas with initial low response rates. As a result of this review, alternative methods of outreach were deployed working with committee partners. Careful considerations and efforts were made to reach specifically into zip code and census-tract areas that are more racially diverse or that are higher on the social vulnerability index.

### *Online Survey:*

Notifications about the survey were sent out across the county through various media outlets such as newspapers, partner listservs (organizations, county/city government, municipalities, community foundations and libraries), social media platforms and were included on healthcare websites. Printed postcards were also available and distributed along with flyers to partnering agencies. Marketing protocols were unified and included common messaging, the URL address for survey access and QR codes. The online survey was available in both English and Spanish.

To ensure equitable outreach for the CHNA data in Calhoun County, Population Health Alliance launched a geotargeted digital campaign that focused on people living in Calhoun County's ten most socially vulnerable census tracts. According to census data, a disproportionate percentage of the population in these tracts identify as communities of color. Digital ads displayed on mobile devices for people in the areas targeted. When clicked the ad redirected the user to the community survey. We also utilized partnerships with community organizations completing door to door canvassing efforts to hand out survey flyers to residents living in specified neighborhoods with greatest social needs in our socially vulnerable populations.

Partners who actively assisted in the online distribution included, but were not limited to:

Battle Creek Chamber of Commerce  
Battle Creek Community Foundation and affiliate community foundations  
Calhoun County Independent School District (CISD)  
Grace Health (FQHC)  
Homeless Coalition  
Housing Solutions Board  
Integrated Health Partners  
Kellogg Community College  
MiWorks! Employment Agency  
Nottawaseppi Huron Band of the Potawatomi Health Department–Pine Creek Reservation  
Summit Pointe (CMH)  
United Way of Battle Creek and Kalamazoo

*Paper Survey:*

Calhoun County has low internet access rates due to its high rates of poverty and rural geography, therefore, every effort was made to hand out paper copies of the survey to reach community members. Paper copies were distributed in English, Spanish and 4 dialects of Burmese (Burmese, Hakha, Falam, and Zomi). Paper copies were also incentivized to be completed in exchange for gift cards. The committee closely partnered with the following organizations to assist in the effort to reach the most underserved and underrepresented populations.

- Albion Health Care Alliance – distributed at food distribution sites
- Battle Creek Homeless Shelter – distributed to the homeless population
- Burma Center – distributed to the Burmese population and conducted surveys with a translator
- Calhoun County Public Health Department – distributed at vaccination clinics and to CCPHD clients at appointments
- Charitable Union – distributed at schools during back-to-school events
- Community Action Agency – distributed at HeadStart parent orientation events
- SHARE Drop-in Center – distributed to homeless population
- Haven of Rest Ministries - distributed to homeless population
- The Fountain Clinic – distributed to uninsured/underinsured patients of their clinic and at the local county fair
- Voces – CareWell Services Southwest provided a translator for Voces Health and Housing Fair

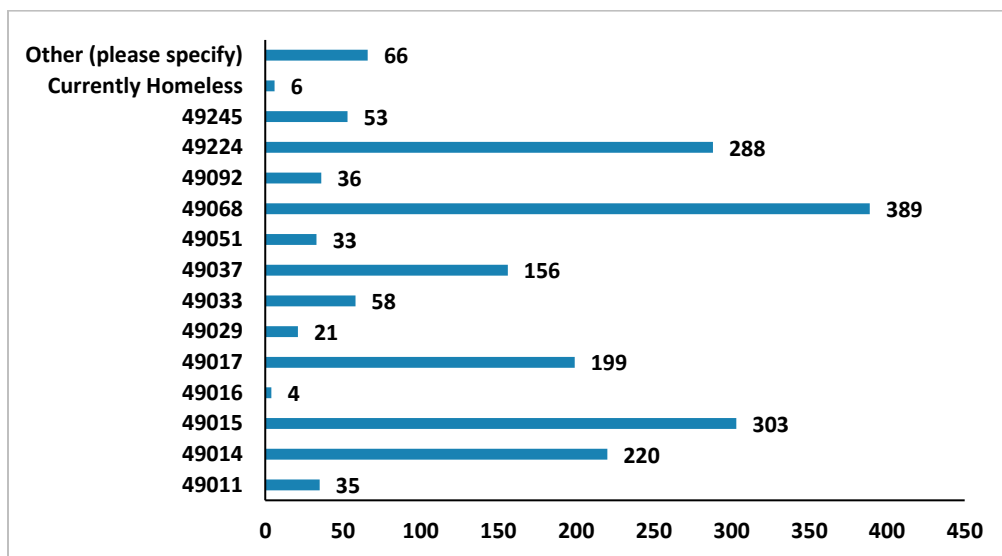
CareWell Services, the area agency on aging that serves Calhoun County, mailed out 2,750 paper surveys to residents over age 60. The mailing was randomized and weighted to ensure distribution to zip codes that are higher on the Social Vulnerability Index. CareWell Services also distributed surveys at the Calhoun County Fair, Albion NAACP Back to School Event, and at the Voces Health and Housing Fair. CareWell Services also provided links on their managed social media sites and distributed the link through the Calhoun County Faith Based Coalition.

The community survey was promoted across Calhoun County from July 19, 2021 through August 30, 2021. A total of 1,867 responses were collected.

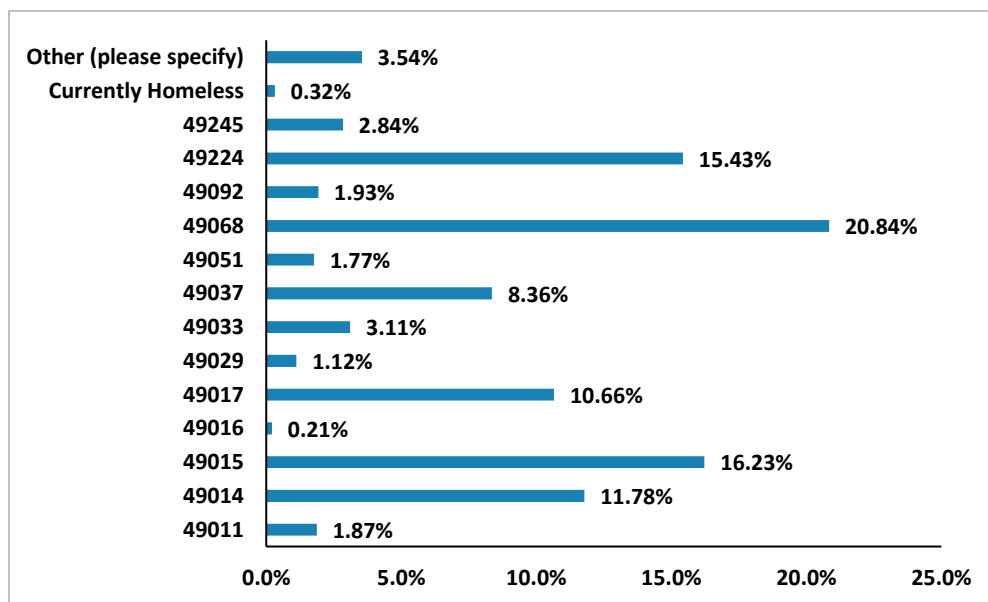
## Demographic Profile of Survey Respondents

Shown below in Figures 20 to 21, are zip code comparisons with percentages and number of respondents. The respondents and responses were scrubbed of those non-residents who completed the survey.

**FIGURE 20. ZIP CODE COMPARISON OF RESPONDENTS (COUNT), CALHOUN COUNTY**



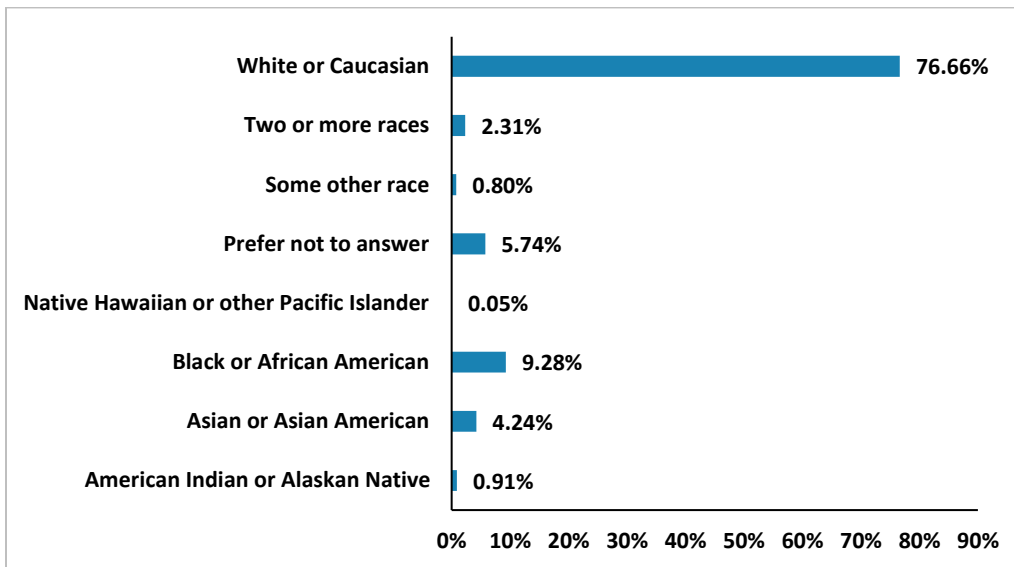
**FIGURE 21. ZIP CODE COMPARISON OF RESPONDENTS (PERCENTAGE), CALHOUN COUNTY**



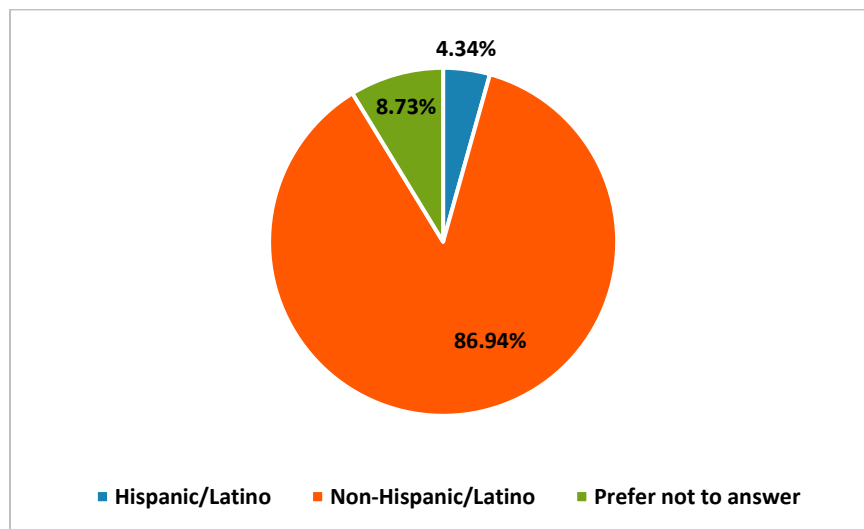


The demographics of survey respondents are shown in Figures 22-26. The survey respondents identifying as white was the largest group at 76.66%, followed by Black or African American at 9.28%. Those identifying as Hispanic/Latino/LatinX (Figure 23) were 4.34%. Most respondents identify as female (Figure 24), and the largest age group of respondents was 65-74 years old (Figure 26).

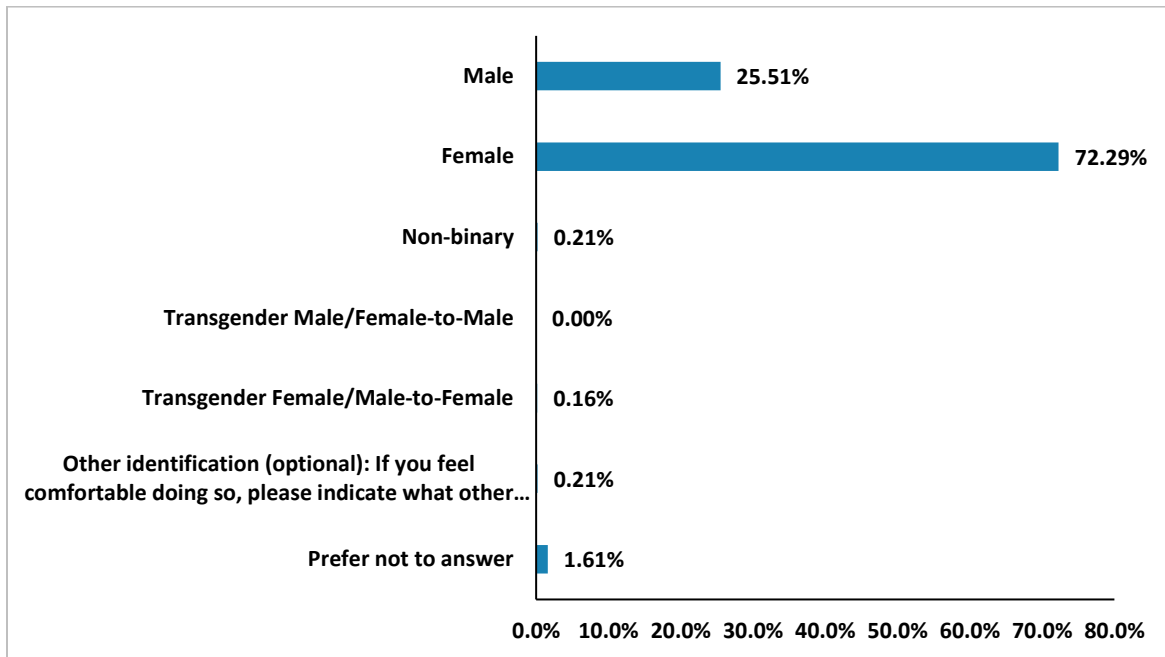
**FIGURE 22. RACE OF COMMUNITY SURVEY RESPONDENTS, CALHOUN COUNTY**



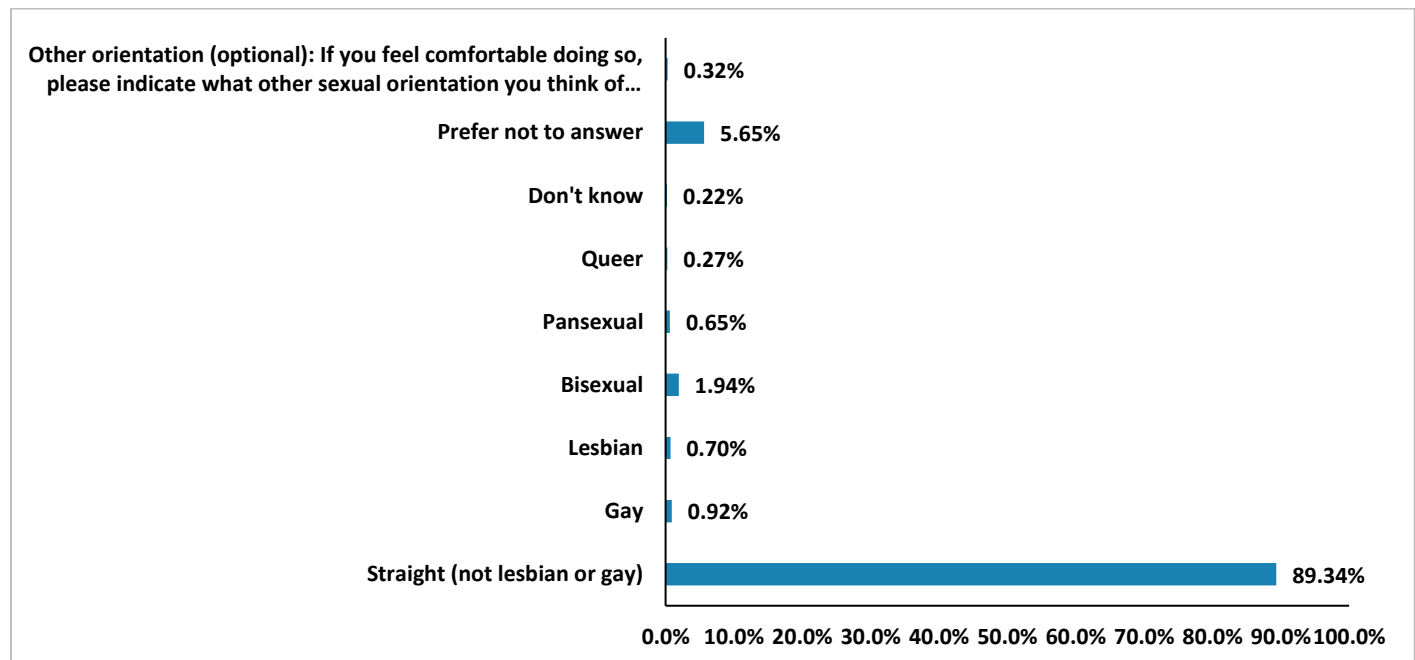
**FIGURE 23. ETHNICITY OF COMMUNITY SURVEY RESPONDENTS, CALHOUN COUNTY**



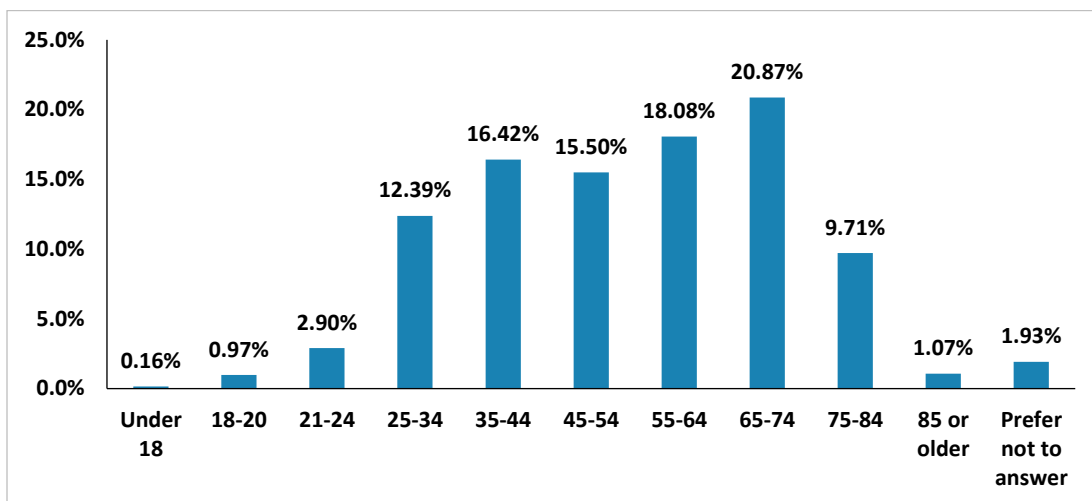
**FIGURE 24. GENDER IDENTITY OF COMMUNITY SURVEY RESPONDENTS, CALHOUN COUNTY**



**FIGURE 25. SEXUAL ORIENTATION/IDENTITY OF COMMUNITY SURVEY RESPONDENTS, CALHOUN COUNTY**



**FIGURE 26. AGE IDENTITY OF COMMUNITY SURVEY RESPONDENTS, CALHOUN COUNTY**

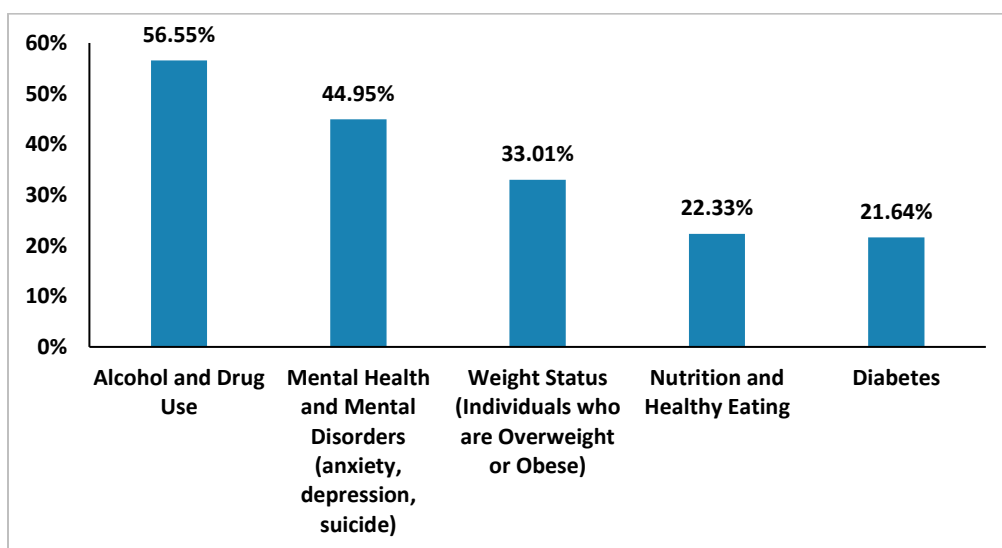


## Community Survey Analysis Results

In the survey, participants were asked about important health issues in the community and which were the most important quality of life issues to address in Calhoun County. The top responses for these questions are shown in Figures 27 and 28. Additionally, questions were included to get feedback about the impact of COVID-19 on the community, which is included in the “COVID-19 Impact Snapshot” section of this report.

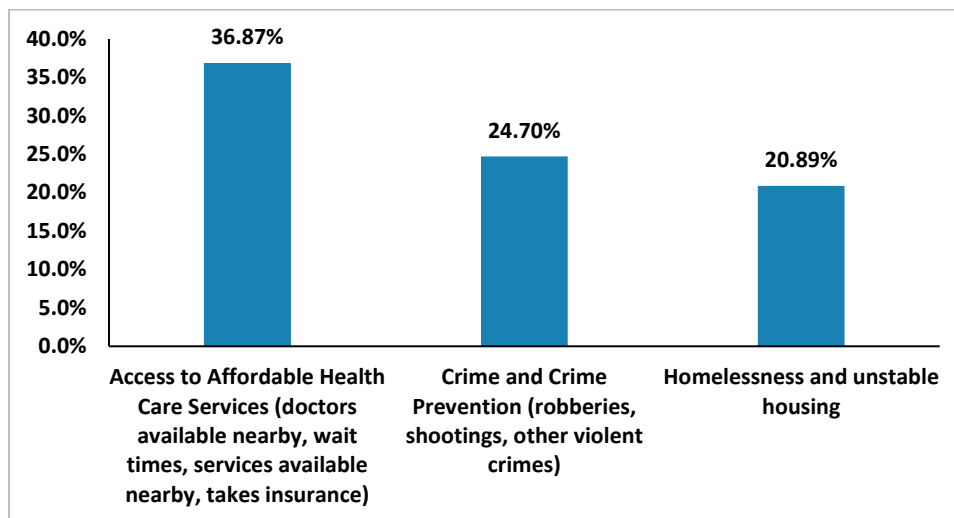
As shown in Figure 27, the “Most Important Community Health Issues” were Alcohol and Drug Use (56.55% of respondents), Mental Health and Mental Disorder (44.95%), Weight Status (33.01%), Nutrition and Healthy Eating (22.33%), and Diabetes (21.64%).

**FIGURE 27. MOST IMPORTANT COMMUNITY HEALTH ISSUES IN CALHOUN COUNTY**



As shown in Figure 28, Access to Affordable Health Care Services was ranked by survey respondents as the most urgent quality of life issue in Calhoun County (36.87% of survey respondents), followed by Crime and Crime Prevention (24.70%), and Homelessness/Housing (20.89%).

**FIGURE 28. MOST URGENT QUALITY OF LIFE ISSUES TO ADDRESS IN CALHOUN COUNTY**



## 2019 Qualitative Data

To gain deeper insights about perceptions, attitudes, experiences, or beliefs held by community members about their health in Calhoun County, 2019 qualitative data analysis was included in the 2021-2022 CHNA cycle. Original 2019 qualitative data was reviewed and coded using a coding structure developed for the 2019 CHNA by the Michigan Public Institute. It is important to note that the information collected in an individual focus group or interview is not necessarily representative of other individuals or groups in the community. The analysis included results from 23 focus groups, 38 interviews and 263 community voices conducted in 2019. The top health concerns/themes coming out from qualitative data analysis are listed in figure 29.

**FIGURE 29. TOP HEALTH CONCERNS TO ADDRESS IN CALHOUN COUNTY FROM 2019 QUALITATIVE DATA**



## Data Considerations

Conduent HCI made substantial efforts to comprehensively collect and analyze data for this assessment. However, several limitations of the data should be considered when reviewing the findings presented in this report. Although there is a wide range of health and health-related areas, there may be varying scope and depth of secondary data indicators and findings within each topic.

Regarding the secondary data, some health topic areas have a robust set of indicators, while others may have a limited number of indicators available. Population health and demographic data are often delayed in their release, so data is presented for the most recent years available for any given data source. There is also variability in the geographic level at which data sets are available, ranging from census tract or zip code to statewide or national geographies. Whenever possible, the most relevant localized data is reported. Due to variations in geographic boundaries, population sizes, and data collection techniques for different locations (zip codes, and counties), some datasets are not available for the same time spans or at the same level of localization. The Index of Disparity<sup>2</sup>, used to analyze the secondary data, is also limited by availability of subpopulation data from the data source. In some instances, there are no subpopulation data for some indicators, and for others there are only values for a select number of race/ethnic groups. Finally, persistent gaps in data systems exist for certain community health issues.

For the primary data, the community survey was a convenience sample, which means results may be vulnerable to selection bias and make the findings less generalizable. However, findings did show that the community survey participant sample was representative of the overall demographics of Calhoun County.

For all data, efforts were made to include a wide range of secondary data indicators and community member expertise areas.

# Data Synthesis & Prioritization

## Data Synthesis

Primary and secondary data were collected, analyzed and synthesized to identify the significant community health needs in Calhoun County.

The top health needs identified from data sources were analyzed for areas of overlap. Primary data from community survey, and 2019 qualitative data as well as Secondary data findings identified 10 areas of greater need. Table 6 shows the final 10 significant health needs, listed in alphabetical order, that were included for prioritization based on the synthesis of all forms of data collected for Calhoun County's CHNA.

**TABLE 6: TRENDING HEALTH TOPICS FOR CONSIDERATION**

	Access to Health Services	Diabetes	
	Behavioral Health: Alcohol and Drug Use	Health Equity (discrimination or inequality based on race/ethnicity, gender, age, sex or disability)	
	Behavioral Health: Mental Health and Mental Disorders	Maternal, Fetal and Infant Health	
	Children's Health	Older Adults	
	Crime and Crime Prevention	Weight Status, Nutrition and Healthy Eating	

## Prioritization

In order to better target activities to address the most pressing health needs in the community, Calhoun County convened a group of community leaders to participate in a presentation of data on significant health needs facilitated by HCI. During the presentation and discussion session, participants were given access to an online link to complete a scoring exercise to rank the significant health needs based on a set of criteria. The process was conducted virtually in order to maintain social distancing and safety guidelines related to the COVID-19 pandemic.

Calhoun County's CHNA planning committee reviewed the scoring results of the significant community needs and determined prioritized health needs based on the same set of criteria used in the scoring exercise.

## Process

An open invitation to participate in the Calhoun County CHNA data synthesis presentation and virtual prioritization ranking activity was extended across Calhoun County in the weeks preceding the meeting held on September 29<sup>th</sup> and 30<sup>th</sup>, 2021. A total of 133 individuals representing local hospital systems, health department, educational institutions as well as community-based organizations and non-profits registered for the event. Overall, 103 of those registered attended the virtual presentation and of these, 49 submitted feedback to the online prioritization ranking activity.

During the virtual prioritization meetings held on September 29<sup>th</sup> and 30<sup>th</sup>, 2021, the group reviewed and discussed the results of community input, and secondary data analysis. This led to the preliminary significant health needs discusses in detail in the data synthesis portion of this report. During the meetings, participants were given access to an online scoring tool and an opportunity to score each of the significant health needs by how well they met the criteria set forth by Calhoun County.

The criteria for prioritization included:

- Scope & Severity: gauges the magnitude of each health issue
- Ability to Impact: the perceived likelihood for positive impact on each health issue

The group also agreed that root causes, disparities, and social determinants of health would be considered for all prioritized health topics resulting from the prioritization.

Participants scored each health area against each criterion on a scale from 1-3 with 1 meaning it did not meet the given criterion, 2 meaning it met the criterion and 3 meaning it strongly met the criterion. In addition to considering the data presented by HCI in the presentation and on the health topic note sheets, participants were encouraged to use their own judgment and knowledge of the community in considering how well a health topic met the criteria.

Completion of the online exercise resulted in a numerical score for each health need that correlated with how well that particular need met the criteria for prioritization. HCI downloaded the online results,



calculated the scores, and then ranked the significant health needs according to their topic scores, with the highest scoring health need receiving the highest priority ranking.

### Prioritized Significant Health Needs

The aggregate ranking can be seen in Table 7 below. Calhoun County CHNA collaborative partners reviewed the scoring results of the significant community needs and determined prioritized health needs based on the same set of criteria used in the scoring exercise. After combining the prioritized health areas of Mental Health and Substance Abuse into the broader category of Behavioral Health, and Weight Status, Nutrition and Healthy Eating and Diabetes together, six additional prioritized health needs were included in the final list. The eight priority health areas that will be considered for subsequent implementation planning are:

**TABLE 7: PRIORITIZED HEALTH NEEDS**

Prioritized Health Needs
Behavioral Health (Mental Health & Mental Health Orders, and Alcohol & Drug Use)
Access to Health Services
Health Equity (discrimination or inequity based on race/ethnicity, gender, age, sex and disability)
Weight Status, Nutrition & Healthy Eating, and Diabetes
Children's Health
Older Adults
Maternal, Fetal and Infant Health
Crime and Crime Prevention

A deeper dive into the primary data and secondary data indicators for each of these eight priority health topic areas is provided later in this report. This information highlights how each issue became a high priority health need for Calhoun County. The majority of these health topic areas are consistent with the priority areas that emerged from the previous CHNA process. Calhoun County collaborative partners plans to build upon these efforts and continue to address these health needs in their upcoming Implementation Strategy.

# Prioritized Significant Health Needs

The following section provides detailed descriptions of the prioritized health needs, including the health issues and description of populations with greater needs and factors that contribute those needs. The eight prioritized health needs are presented in the order of how they ranked in the prioritization process.

## Prioritized Health Topic #1: Behavioral Health (Mental Health and Alcohol & Drug Use)

### Mental Health & Mental Disorders

#### Behavioral Health: Mental Health & Mental Disorders

Secondary  
Data Score: **1.95**



##### Key Themes from Community Input



- One of the top health needs to be addressed from survey; impacts everyone (44.95%)
- Mental health care, resources, and available providers are disproportionate to community need

##### Warning Indicators



- Depression: Medicare Population
- Age-Adjusted Death Rate due to Alzheimer's Disease
- Age-Adjusted Death Rate due to Suicide
- Alzheimer's Disease or Dementia: Medicare Population

### Alcohol and Drug Use

#### Behavioral Health: Alcohol and Drug Use

Secondary  
Data Score: **1.82**



##### Key Themes from Community Input



- Drug abuse and alcohol abuse were two of the top risky behaviors that impact community health from the survey (56.55%)

##### Warning Indicators















- Liquor Store Density
- Alcohol-Impaired Driving Deaths
- Age-Adjusted Drug and Opioid-Involved Overdose Death Rate

## Secondary Data

Based on the secondary data scoring results, Behavioral Health was identified as a top health need in Calhoun County. This health topic includes mental health, mental health disorders, and alcohol & drug use. Using HCI's Secondary Data scoring technique, mental health & mental disorder had the fourth highest data score and alcohol and drug use ranked eighth. The overall topic scores were 1.95 and 1.82, respectively. Further analysis was done to identify specific indicators of concern across the county. Individual indicators with high data scores within a topic area were categorized as indicators of concern and are listed in Tables 8 and 9 below.

**TABLE 8. DATA SCORING RESULTS FOR MENTAL HEALTH & MENTAL DISORDERS**


SCORE	MENTAL HEALTH & MENTAL DISORDERS	Calhoun County	Michigan	U.S.	Michigan Counties	U.S. Counties	Trend
2.82	Depression: Medicare Population (2018) <i>percent</i>	22.1	20.9	18.4			
2.74	Age-Adjusted Death Rate due to Alzheimer's Disease (2015-2019) <i>deaths/100,000 population</i>	44	33.3	30.2		—	
2.74	Age-Adjusted Death Rate due to Suicide (2015-2019) <i>deaths/100,000 population</i>	20.6	14	13.8 HP2030* 12.8		—	
2.00	Alzheimer's Disease or Dementia: Medicare Population (2018) <i>percent</i>	10.9	11.7	10.8			
1.85	Frequent Mental Distress (2018) <i>percent</i>	15.5	14.8	13			—

\*HP2030 - Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. HP2030 represents a Healthy People target to be met by 2030.

From the secondary data results, there are several indicators in these topic areas that raise concern for Calhoun County. Compared to other counties in Michigan, Calhoun County has higher rates of death due to suicide. Depression and Alzheimer's Disease or Dementia in the Medicare Population has been increasing in recent years for Calhoun County residents. These mental health issues in the Medicare population are also high compared to both Michigan and U.S. counties.

TABLE 9. DATA SCORING RESULTS FOR ALCOHOL & DRUG USE

SCORE	ALCOHOL & DRUG USE	Calhoun County	Michigan	U.S.	Michigan Counties	U.S. Counties	Trend
3.00	Liquor Store Density (2019) <i>stores/100,000 population</i>	19.4	16.5	10.5			
2.71	Alcohol-Impaired Driving Deaths (2015-2019) <i>percent of driving deaths with alcohol involvement</i>	41.7	29.3	27 HP2030* 28.3			
2.29	Age-Adjusted Drug and Opioid-Involved Overdose Death Rate (2017-2019) <i>deaths/100,000 population</i>	38.2	27.1	22.8		—	—
1.79	Mothers who Smoked During Pregnancy (2019) <i>percent</i>	20.6	13.6	5.9 HP2030* 4.3		—	
1.76	Death Rate due to Opioid-Related Drug Poisoning (2019) <i>deaths/100,000 population</i>	23.1	17.7	—	—	—	
1.65	Emergency Department Opioid Visits (July 2020) <i>visits</i>	28	—	—	—	—	
1.65	Teens who Use Marijuana: 9th, 11th Graders (2020) <i>percent</i>	17.1	—	—	—	—	
1.62	Death Rate due to Drug Poisoning (2019) <i>deaths/100,000 population</i>	27.6	23.6	—		—	

1.59	Health Behaviors Ranking (2021)	61	—	—		—	—
*HP2030 - Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. HP2030 represents a Healthy People target to be met by 2030.							

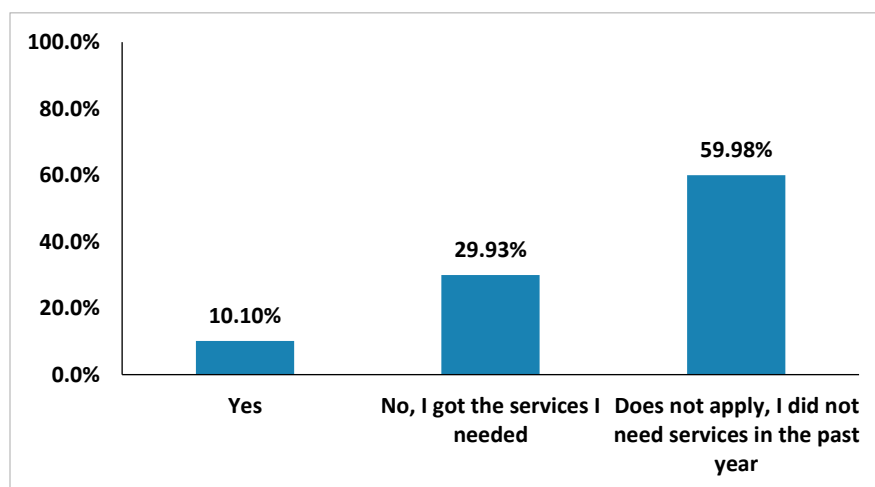
From the secondary data results, there are several indicators in these topic areas that raise concern for Calhoun County. Compared to other counties in Michigan, Calhoun County has higher rates of Age-Adjusted Death Rates due to Opioid-Related Drug Poisoning, and Alcohol Impaired Driving Deaths. Mothers who smoked during Pregnancy, although decreasing in recent years, is also higher than most other counties in Michigan. Additionally, Calhoun County has higher liquor store density than most Michigan and U.S. Counties.

## Primary Data

### Mental Health and Mental Disorders

Mental Health and Mental Disorders was a top health need from community survey, and 2019 qualitative data. Mental health care, mental health resources, and the availability of mental health providers were frequently cited as disproportionate to community need. Figure 30 shows the percentage of respondents in the Calhoun County who reported not being able to access needed mental health services in the past 12 months. Overall, 10.10% of respondents reported cost and affordability of receiving care as their biggest barrier to care.

**FIGURE 30: COMMUNITY SURVEY RESPONDENTS REPORTING INABILITY TO ACCESS MENTAL HEALTH SERVICES IN THE LAST 12 MONTHS**



2019 Qualitative data results emphasized that there are organizations that focus on mental health care, but due to insurance issues or for those unable to afford co-pays or deductibles (e.g. ALICE population) access is limited. There are issues with gaps in what insurance will cover and rising deductibles. Cost, availability of appointments, and navigation and/or knowledge about available services were all mentioned as barriers to care.



Access to mental health providers and stigma around receiving care impact whether individuals receive the mental health services they need.



- 2019 Qualitative Data

## Alcohol and Drug Use

Alcohol and Drug Use were top priorities from both the community survey and 2019 qualitative data analysis. Qualitative data participants discussed cost, availability of appointments, and navigation and/or knowledge of available services as barriers to care. Additionally, participants indicated that use/abuse of illegal substances is interconnected to abusing substances originally prescribed for pain management purposes.



Individuals are abusing substances originally prescribed for pain management purposes. This includes opioids, which then turn into addiction. Opioid abuse was a concern among participants.



- 2019 Qualitative Data

## Prioritized Health Topic #2: Access to Health Services

### Access to Health Services



#### Key Themes from Community Input



- Top priority from community survey (36.87%)
- Cost of healthcare is a barrier
- Additional impact of Covid-19
- Long wait times to see a provider or specialist
- Lack of trust in healthcare services and/or providers

#### Warning Indicators



- Percentage of women receiving prenatal care in the first trimester
- Children with health insurance
- Adults with health insurance

## Primary Data

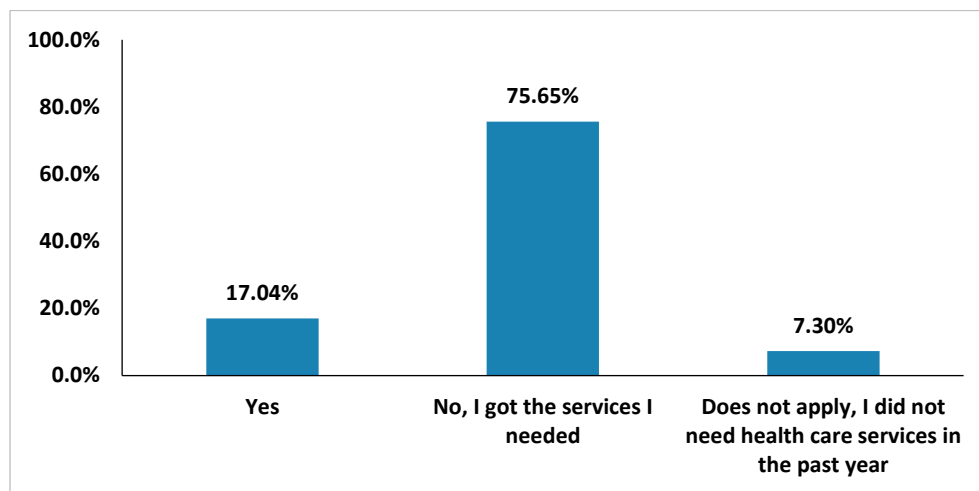
Access to Health Services was a top health need identified from the community survey and 2019 qualitative data analysis. Cost of care, in particular was a common barrier mentioned across these primary data sources. This includes general cost to access care, lack of funds for purchasing needed

medication as well as being uninsured or underinsured. Recent health facility closings and delays due to COVID-19 were also specifically mentioned as barriers to accessing care. The need for improved/increased culturally competent, accessible health care offered in languages that are spoken in the community was a theme that surfaced in the primary data as well.

### Barriers and Disparities: Access to Health Services

Figure 31 shows the percentage of the respondents in community survey who reported not being able to access needed health services in the past 12 months. Overall, respondents reported cost and affordability of receiving care as their biggest barrier to care. Respondents reported that health providers and/or offices/facilities being closed due to COVID-19 as being a barrier to care as well.

**FIGURE 31: COMMUNITY SURVEY RESPONDENTS REPORTING INABILITY TO ACCESS HEALTH SERVICES IN THE LAST 12 MONTHS**



2019 qualitative data results emphasized that language and cultural competency are barriers to accessing health care services in Calhoun County resulting in difficulties addressing more sensitive health topics, such as mental health.



Navigating the health care system was described as difficult.  
Having individuals such as case managers or patient  
advocates available to assist patients was recommended.



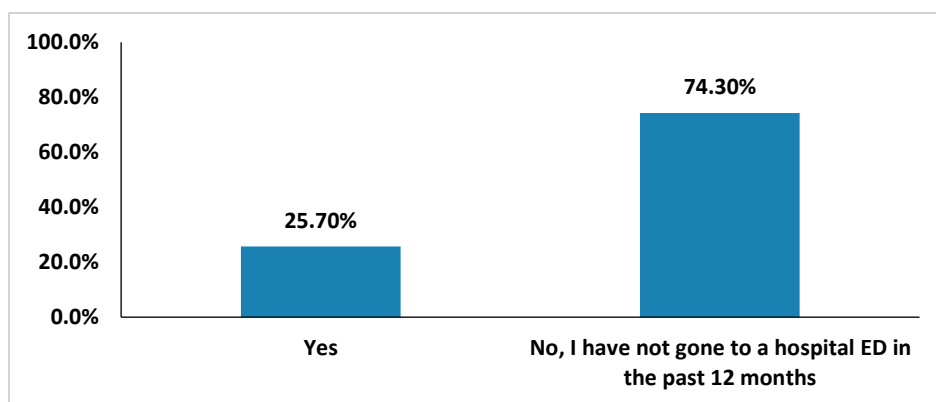
- 2019 Qualitative Data



### Barriers and Disparities: Access to Care in the Emergency Room

Figure 32 shows the percentage of respondents in Calhoun County who reported having accessed care in the emergency room (ER) in the past 12 months compared to the overall community survey population. Total number of respondents who accessed care in the ER (25.70%) in Calhoun County. While the majority of respondents reporting accessing care in the ER did so for an emergency or life-threatening situation (48.35%), a good proportion of respondents reported accessing care in the ER due to their need for care outside of clinic hours or on the weekend when they were unable to access care elsewhere (31.84%).

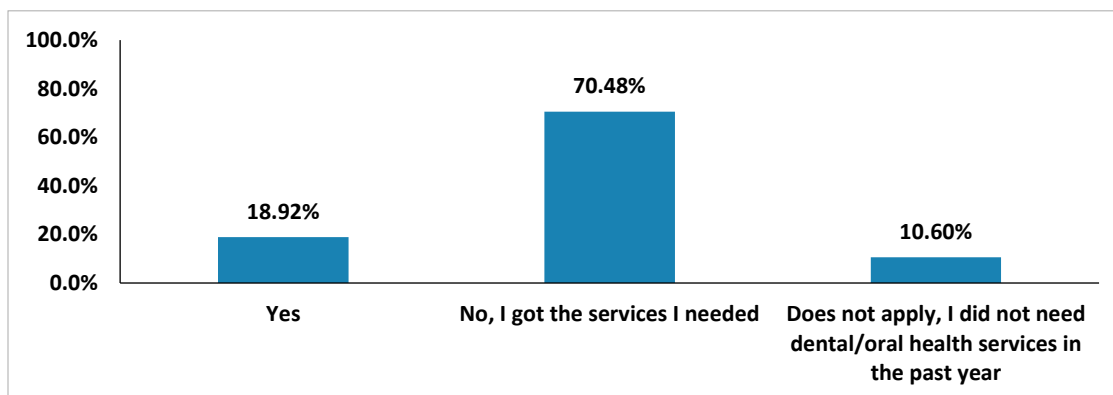
**FIGURE 32: COMMUNITY SURVEY RESPONDENTS SELF-REPORTED EMERGENCY ROOM UTILIZATION: HAVE ACCESSED THE ER IN THE PAST 12 MONTHS**



### Barriers and Disparities: Access to Dental Health Services

Figure 33 below shows the percentage of respondents in Calhoun County who reported not being able to access needed dental health services in the past 12 months. Based on the community survey results, the total number of respondents who were unable to access these services was 18.92% in Calhoun County. Overall, respondents reported cost and affordability of receiving dental care was their biggest barrier to care. Respondents also reported health providers and/or offices/facilities being closed due to COVID-19 as being a barrier to care. Finally, having no dental insurance was another common barrier to care that was also identified.

**FIGURE 33: COMMUNITY SURVEY RESPONDENTS REPORTING INABILITY TO ACCESS DENTAL HEALTH SERVICES IN THE LAST 12 MONTHS**



## Prioritized Health Topic #3: Health Equity (discrimination or inequity based on race/ethnicity, gender, age, sex and disability)

### Health Equity



#### Key Themes from Community Input



- Top concern of people who are at higher risk for discrimination or inequity (N= 313)
- 21.09% of survey respondents think discrimination or inequity based on race/ethnicity, gender, age, sex needs to be addressed



Language barriers are sometimes addressed by online and phone interpretation services and some in-person translators, but a barrier still exists. Having more interpreters in-person was a recommended solution, specifically having someone from the community served act as the translator.



- 2019 Qualitative Data

In Calhoun County Health Equity was a top concern of people who are at higher risk for discrimination or inequity. A total of 21.09% of community survey respondents thought that discrimination or inequity on race/ethnicity, gender, age, sex, and disability needs to be addressed in Calhoun County. Based on 2019 qualitative data, respondents think discrimination or inequity based on race/ethnicity, gender, age, sex and disability needs to be addressed in Calhoun County. There was a concern with inequities associated with infant mortality, specifically between African Americans/Blacks and White populations. A significant barrier to the improvement of health outcomes is inequity experienced by communities that have historically experienced racism, isolation, and segregation. Through the lens of Health Equity, it can be determined that racial/ethnic discrimination and inequity have hindered improvements in access to care.



Participants were concerned about vulnerable populations receiving healthcare and support to be healthy. Certain populations have more barriers to accessing services than other populations such as the Latinx, LGBTQ and Burmese. These populations at times need additional supports to help them become and stay healthy.



- 2019 Qualitative Data

## Prioritized Health Topic #4: Diabetes, Weight Status, Nutrition, & Healthy Eating

### Diabetes

#### Diabetes

Secondary Data Score: **2.28**



#### Key Themes from Community Input



- 21.64% respondents responded Diabetes as health need in the community

#### Warning Indicators



- Age-Adjusted Death Rate due to Diabetes
- Adults with Diabetes
- Diabetes: Medicare Population

### Weight Status, Nutrition, & Healthy Eating

#### Weight Status, Nutrition and Healthy Eating

Secondary Data Score: **1.87**



#### Key Themes from Community Input



- 33.01% respondents responded Weight Status as top 3 health need in the community
- 22.33% of respondents described Nutrition and Healthy eating as important health problem in the community

#### Warning Indicators



- Adults who are Overweight

### Secondary Data

Based on the secondary data scoring results, Diabetes, Weight Status, and Nutrition & Healthy Eating were identified to be a top health need in Calhoun County. Diabetes topped the data scoring with 2.28, Weight Status had the sixth highest data score of 1.87, and Wellness & Lifestyle had a data score of 1.77 out of all health topic areas using the data scoring technique. Further analysis was done to identify specific indicators of concern across the county. Individual indicators with high data scores within a topic area were categorized as indicators of concern and are listed in Table 10 to Table 12.

TABLE 10. DATA SCORING RESULTS FOR DIABETES








SCORE	DIABETES	Calhoun County	Michigan	U.S.	Michigan Counties	U.S. Counties	Trend
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<b>2.44</b>	Age-Adjusted Death Rate due to Diabetes (2017-2019) <i>deaths/100,000 population</i>	30	22.1	21.5		—	
<b>2.21</b>	Adults with Diabetes (2017-2019) <i>percent</i>	17.3	11.3	—	—	—	
<b>2.18</b>	Diabetes: Medicare Population (2018) <i>percent</i>	28.7	28.2	27			

\*HP2030 - Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. HP2030 represents a Healthy People target to be met by 2030.

Calhoun County's Adults with Diabetes, and Diabetes in Medicare Population are the worst performing indicators, showing worst trends over time. However, rates of people with Age-Adjusted Deaths due to Diabetes is comparatively improving in Calhoun County over measurement periods.

**TABLE 11. DATA SCORING RESULTS FOR WELLNESS & LIFESTYLE**




SCORE	WELLNESS & LIFESTYLE	Calhoun County	Michigan	U.S.	Michigan Counties	U.S. Counties	Trend
<b>2.03</b>	Life Expectancy (2017-2019) <i>years</i>	76.1	78.1	79.2			—
<b>1.91</b>	Limited Activity due to a Health Problem (2017-2019) <i>percent</i>	11.6	10.3	—	—	—	
<b>1.85</b>	Frequent Physical Distress (2018) <i>percent</i>	14.1	13.4	11			—
<b>1.85</b>	Insufficient Sleep (2018) <i>percent</i>	39.5	40.4	35 HP2030* 31.4			—
<b>1.76</b>	Adult Fruit and Vegetable Consumption (2013-2015) <i>percent</i>	10.7	14.9	—	—	—	—

<b>1.76</b>	Poor Physical Health: 14+ Days (2017-2019) <i>percent</i>	16.3	14.3	—	—	—	
<b>1.59</b>	Morbidity Ranking (2021)	43	—	—		—	—

\*HP2030 - Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. HP2030 represents a Healthy People target to be met by 2030.

Calhoun County's Life Expectancy has decreased compared to the Michigan State and U.S Life Expectancy. The other worst performing indicators within this topic area are related to health behaviors. They include Limited Activity due to Health Problem, Frequent Physical Distress, or Insufficient Sleep, Adult Fruit and Vegetable Consumption, and Poor Physical Health. Calhoun County fails to meet the Healthy People 2030 Target value (31.4%) in regard to people having sufficient sleep.

**TABLE 12. DATA SCORING RESULTS FOR WEIGHT STATUS**

SCORE	WEIGHT STATUS	Calhoun County	Michigan	U.S.	Michigan Counties	U.S. Counties	Trend
<b>2.21</b>	Adults who are Overweight (2017-2019) <i>percent</i>	38.8	34.6	—	—	—	
<b>1.74</b>	Adults Who Are Obese (2017-2019) <i>percent</i>	36	33.8	—	—	—	
<b>1.65</b>	Teens who are Obese: 9th, 11th Graders (2020) <i>percent</i>	18.9	—	—	—	—	

\*HP2030 - Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. HP2030 represents a Healthy People target to be met by 2030.

Overweight and obesity are areas of overwhelming concern for Calhoun County, as the percent of adults and teens who are obese is trending upward. The percent of overweight and obese adults is higher in Calhoun County than in Michigan State.

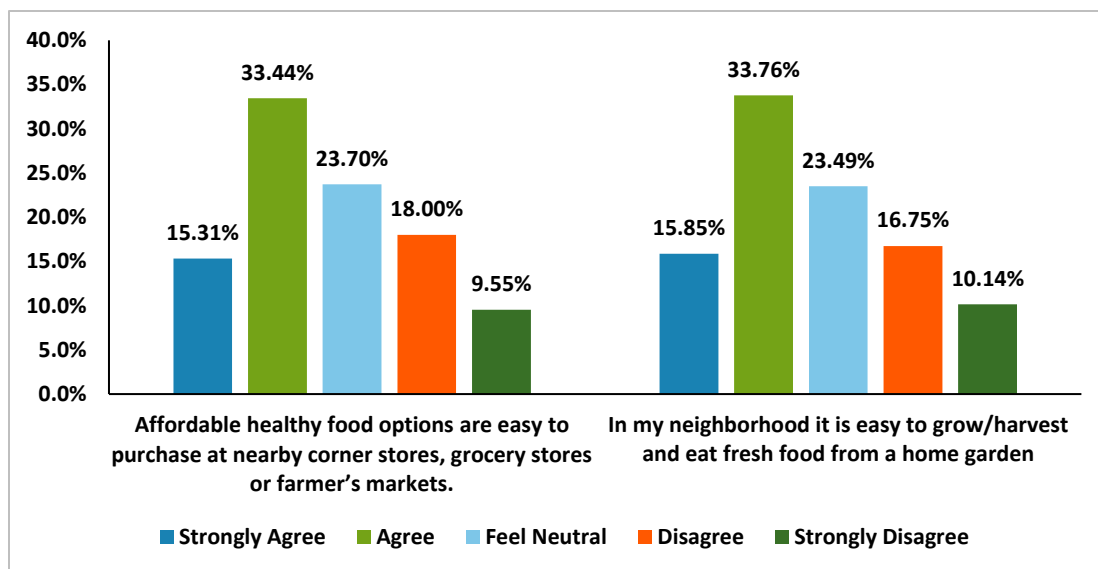
## Primary Data

A total of 21.64% of respondents rated Diabetes as one of the health issues in the community. More than 33% of respondents responded that Weight Status was the top health issue in the community and 22.33% of respondents describing Nutrition and Healthy Eating as an important health issue in Calhoun County. 2019 qualitative data analysis identified that people living at or near poverty, give priority to meeting basic needs and the individuals' overall health is jeopardized.

Weight Status, Nutrition, and Healthy Eating was a top health need identified from the community survey. Existing and increasing food insecurity due to COVID-19, access to healthy foods, and poor nutrition were all nutritional themes from primary data.

Figure 34 shows the percentage of the respondents in community survey who reported availability of healthy food options in their community. Approximately 27% of survey respondents disagree/strongly disagree that Calhoun County has affordable healthy food options to purchase from nearby stores, grocery stores or farmer's markets. Almost 27% of survey respondents also disagree/strongly disagree that in their neighborhood it is easy to grow/harvest and eat fresh food from a home garden.

**FIGURE 34. COMMUNITY SURVEY RESPONDENTS REPORTING AVAILABILITY OF AFFORDABLE HEALTHY FOOD OPTIONS IN CALHOUN COUNTY**



Those in poverty are unable to prioritize health and the costs associated with maintaining good health, such as purchasing healthy foods.



- 2019 Qualitative Data

## Prioritized Health Topic #5: Children's Health

### Children's Health

Secondary  
Data Score:

1.75



#### Warning Indicators







- Immunization Status of 19 to 35-Month-Old Children
- Child Food Insecurity Rate
- Substantiated Child Abuse Rate

#### Secondary Data

Based on the secondary data scoring results, Children's Health ranked eleventh in secondary data scoring with a score of 1.75. Further analysis was done to identify specific indicators of concern across the county. Individual indicators with high data scores within the topic area were categorized as indicators of concern and are listed in Table 13 below.

TABLE 13. DATA SCORING RESULTS FOR CHILDREN'S HEALTH

SCORE	CHILDREN'S HEALTH	Calhoun County	Michigan	U.S.	Michigan Counties	U.S. Counties	Trend
2.12	Immunization Status of 19 to 35-Month- Old Children (2020) <i>percent</i>	69.8	70.7	—		—	
2.03	Child Food Insecurity Rate (2019) <i>percent</i>	16.4	14.2	14.6			—
1.88	Substantiated Child Abuse Rate (2020) <i>cases/1,000 children</i>	23.3	13	HP2030* 8.7		—	
1.76	Blood Lead Levels in Children ( $\geq 5$ micrograms per deciliter) (2015) <i>percent</i>	3.4	1.8	—	—	—	—
1.76	Projected Child Food Insecurity Rate (2021) <i>percent</i>	18	16	—			—

<b>1.68</b>	Children with Low Access to a Grocery Store (2015) <i>percent</i>	5.3	—	—			—
<b>1.50</b>	Food Insecure Children Likely Ineligible for Assistance (2019) <i>percent</i>	25	31	23			—

\*HP2030 – Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. HP2030 represents a Healthy People target to be met by 2030.

Children’s health shows three different concerns in Calhoun County. First, Immunization Status of 19 to 35- Month- Old Children is a top concern in Calhoun County and is getting worse over the measurement period.

Second, Child Food Insecurity Rates is higher in Calhoun County in comparison to Michigan and the U.S. Food and healthy food access, especially for children, has the most data showing high frequency for this topic. A lack of access to healthy foods is often a significant barrier to healthy eating habits. Low-income and underserved areas often have limited numbers of stores that sell healthy foods.

Lastly, the Substantiated Child Abuse Rate for Calhoun County is concerning, as the percent of children facing child abuse is trending upward as compared to previous time periods. Calhoun County also has more than twice the rate of Substantiated Child Abuse compared to the Healthy People 2030 Target. This indicator is important as child abuse and neglect can have enduring physical, intellectual, and psychological repercussions into adolescence and adulthood. There are several types of child abuse including physical, sexual, and emotional abuse. All types of child abuse and neglect have long lasting effects throughout life, damaging a child's sense of self, ability to have healthy relationships, and ability to function at home, at work, and at school.



## Prioritized Health Topic #6: Older Adults

### Older Adults

Secondary Data Score: **1.88**



#### Warning Indicators



- Chronic Kidney Disease: Medicare Population
- Depression: Medicare Population
- Age-Adjusted Death Rate due to Alzheimer's Disease
- Heart Failure: Medicare Population
- Hypertension: Medicare Population
- COPD: Medicare Population
- People 65+ Living Alone
- Rheumatoid Arthritis or Osteoarthritis: Medicare Population
- Diabetes: Medicare Population
- Hyperlipidemia: Medicare Population
- Alzheimer's Disease or Dementia: Medicare Population







#### Secondary Data

From the secondary data scoring results, the Older Adults topic was identified as a significant health need. It had the fifth data score of all topic areas, with a score of 1.88. Further analysis was done to identify specific indicators of concern across the county. Individual indicators with high data scores within the topic area were categorized as indicators of concern and are listed in Table 14 below.

TABLE 14. DATA SCORING RESULTS FOR OLDER ADULTS

SCORE	OLDER ADULTS	Calhoun County	Michigan	U.S.	Michigan Counties	U.S. Counties	Trend
3.00	Chronic Kidney Disease: Medicare Population (2018) <i>percent</i>	29.5	25.9	24.5			
2.82	Depression: Medicare Population (2018) <i>percent</i>	22.1	20.9	18.4			
2.74	Age-Adjusted Death Rate due to Alzheimer's Disease (2015-2019) <i>deaths/100,000 population</i>	44	33.3	30.2		—	
2.47	Heart Failure: Medicare Population (2018) <i>percent</i>	16.2	16	14			

2.47	Hypertension: Medicare Population (2018) <i>percent</i>	59.8	58	57.2			
2.35	COPD: Medicare Population (2018) <i>percent</i>	15.1	14.2	11.5			
2.35	People 65+ Living Alone (2015-2019) <i>percent</i>	29.1	28.1	26.1			
2.29	Rheumatoid Arthritis or Osteoarthritis: Medicare Population (2018) <i>percent</i>	36.6	36.2	33.5			
2.18	Diabetes: Medicare Population (2018) <i>percent</i>	28.7	28.2	27			
2.18	Hyperlipidemia: Medicare Population (2018) <i>percent</i>	50.5	46	47.7			
2.00	Alzheimer's Disease or Dementia: Medicare Population (2018) <i>percent</i>	10.9	11.7	10.8			
1.82	Osteoporosis: Medicare Population (2018) <i>percent</i>	5.9	5.8	6.6			
1.74	Adults 65+ with Influenza Vaccination (2017-2019) <i>percent</i>	54.7	57.6	—	—	—	
1.74	Adults 65+ with Pneumonia Vaccination (2017-2019) <i>percent</i>	66.9	74.1	—	—	—	
1.71	Asthma: Medicare Population (2018) <i>percent</i>	5.3	5.6	5			

<b>1.68</b>	People 65+ with Low Access to a Grocery Store (2015) <i>percent</i>	3.5	—	—			—
<b>1.59</b>	Adults 65+ who Received Recommended Preventive Services: Females (2018) <i>percent</i>	30	—	28.4			—
<b>1.59</b>	Adults with Arthritis (2018) <i>percent</i>	32.3	—	25.8			—

\*HP2030 - Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. HP2030 represents a Healthy People target to be met by 2030.

Secondary data results demonstrate that when it comes to Older Adults, the Medicare population is disproportionately affected in Calhoun County. Higher rates of Medicare beneficiaries were treated for kidney diseases, depression, health failure, diabetes, hypertension, and chronic obstructive pulmonary disease (COPD) and other respiratory problems. The percentage of older adults in Calhoun County is expected to continue to grow. Poor older adult health impacts life expectancy, level of independence, and quality of life. This impact is felt throughout our community – economically, socially, and within the established social structures that make up our community.

## Prioritized Health Topic #7: Maternal, Fetal and Infant Health

### Maternal, Fetal and Infant Health

Secondary Data Score: **1.85**



**Warning Indicators**



- Mothers who Received Early Prenatal Care
- Babies with Low Birth Weight
- Preterm Births
- Teen Birth Rate: 15-19
- Teen Pregnancy Rate

### Secondary Data

From the secondary data scoring results, Maternal, Fetal and Infant Health was identified to be a significant health need in Calhoun County. It had the seventh highest data score of all health topic areas using the data scoring technique, with a score of 1.85. Further analysis was done to identify specific indicators of concern across the county. Individual indicators with high data scores within a topic area were categorized as indicators of concern and are listed in Table 15.

TABLE 15. DATA SCORING RESULTS FOR MATERNAL, FETAL, AND INFANT HEALTH

SCORE	MATERNAL, FETAL, AND INFANT HEALTH	Calhoun County	Michigan	U.S.	Michigan Counties	U.S. Counties	Trend
2.74	Mothers who Received Early Prenatal Care (2019) <i>percent</i>	57.5	74.2	75.8		—	
2.12	Babies with Low Birth Weight (2019) <i>percent</i>	9.6	8.8	8.3		—	
1.94	Preterm Births (2019) <i>percent</i>	10.7	10.3	10		—	
1.88	Teen Birth Rate: 15-19 (2019) <i>live births/1,000 females aged 15-19</i>	22.5	15.1	16.7		—	
1.88	Teen Pregnancy Rate (2019) <i>pregnancies/1,000 females aged 15-19</i>	37.2	25.8	—		—	
1.79	Mothers who Smoked During Pregnancy (2019) <i>percent</i>	20.6	13.6	5.9		—	
1.65	Infant Mortality Rate: 5 year rate (2015-2019) <i>deaths/1,000 live births</i>	6.2	6.6	—		—	
1.56	Mothers with Gestational Diabetes (2019) <i>percent</i>	6	6.1	—	—	—	
1.56	Mothers with Hypertension (2019) <i>percent</i>	10	11	—	—	—	

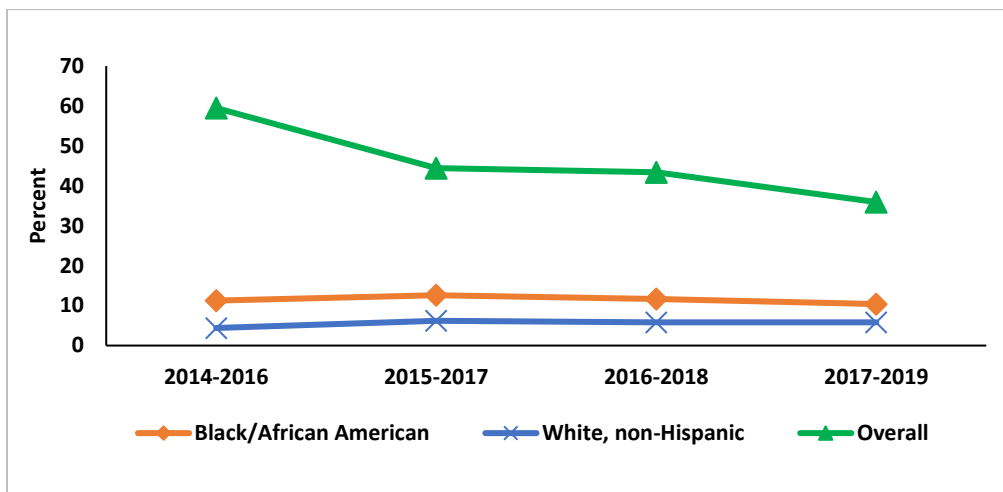
\*HP2030 - Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. HP2030 represents a Healthy People target to be met by 2030.

Secondary data results revealed that Mothers who Received Early Prenatal Care is lower in Calhoun County when compared to Michigan and the U.S. However, this indicator is performing better in

Calhoun County comparing to other Michigan counties over a period of time. Babies with low Birth Weight and Preterm Babies are two warning indicators that have comparatively worse rates in Calhoun County than in Michigan and the U.S. and the trend data shows that the rates are getting worse over a period of time in Calhoun County.

Figure 35 shows that although Infant Mortality continues to be a concern for Calhoun County, and the infant death rates have actually decreased over a 5-year period (2014-2019). Furthermore, there are apparent disparities between infant deaths among Black/African American populations as compared to White/non-Hispanic populations.

**FIGURE 35. INFANT MORTALITY RATE IN CALHOUN COUNTY**



“

There was a concern with inequities associated with infant mortality, specifically between African Americans/Blacks and Whites.

”

- 2019 Qualitative Data

## Prioritized Health Topic #8: Crime and Crime Prevention

### Crime and Crime Prevention

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#### Key Themes from Community Input



- Top priority from community survey
- 428 of total survey respondents and 23.08% Hispanics/Latino/LatinX population thinks crime and crime prevention such as robberies, shootings, and other violent crimes are to be addressed in the community

Crime and Crime Prevention was a top health need identified from the community survey participants. Robberies, civil unrest, and racial tension were all Safety themes from the primary data. Violent crime and shootings contributed to environmental and community perceptions among residents in Calhoun County and were of concern echoed as well in community survey. Specifically, there were 23.08% of survey respondents of Hispanic/Latino/Latinx population that responded crime and crime prevention needs to be addressed in Calhoun County.

## Other Findings

Critical components in assessing the needs of a community are identifying barriers to and disparities in health care. Additionally, the identification of barriers and disparities will help inform and focus strategies for addressing the prioritized health needs. The following section identifies barriers and disparities as they pertain to Calhoun County.

### Barriers to Care

Community health barriers for Calhoun County were identified as part of the primary data collection. Community survey respondents and focus group participants were asked to identify any barriers to healthcare observed or experienced in the community.

### Homelessness and Unstable Housing

Homelessness and unstable housing, while not selected as a Prioritized Health Need by Calhoun County through this collaborative CHNA process, was still an identified significant health need by community survey respondents. 20.89% of survey participants responded homelessness and unstable housing in Calhoun County needs to be addressed. Homelessness is a distressing experience that significantly impacts health and wellbeing. Factors contributing to homelessness generally fall into two categories: structural issues (e.g., lack of affordable housing, economic downturns, deinstitutionalization of patients with mental health problems) and individual factors (e.g., physical or mental illness, unemployment, substance abuse, domestic violence).

### Cost, Literacy, and Language Barriers

In general, accessing affordable health care was a common barrier that was discussed whether due to overall cost or being underinsured or uninsured. For community survey respondents that did not receive the care they needed, 38.73% selected cost as a barrier to seeking the care they needed, while 25% noted that their providers or health care facilities being closed due to COVID-19 was a barrier to their care. Survey respondents were concerned that low-income community members do not have access to affordable healthcare providers. 2019 Qualitative data participants added that even when health insurance is available, health literacy issues and language barriers made seeking or renewing healthcare coverage difficult, especially for older adults and immigrant populations.

# COVID-19 Impact Snapshot

## Introduction

At the time that Calhoun County began its collaborative CHNA process, Calhoun County and the state of Michigan were in the midst of dealing with the novel coronavirus (COVID-19) pandemic.

The process for conducting the assessment remained fundamentally the same. However, there were some adjustments made during the primary data collection to ensure the health and safety of those participating.

## Pandemic Overview

On March 13, 2020, a U.S. national emergency was declared over the novel coronavirus outbreak first reported in the Wuhan Province of China in December 2019. Officially named COVID-19 by the World Health Organization (WHO) in February, WHO declared COVID-19 a pandemic on March 11, 2020. Upon completion of this report in February 2022, the pandemic was still very much a health crisis across the United States and in most countries.

## Community Insights

The CHNA project team researched additional sources of secondary data and gathered primary data to provide a snapshot of the impact of COVID-19 on Calhoun County. Findings are reported below.



## COVID-19 Cases and Deaths in Michigan and Calhoun County

For current cases and deaths due to COVID-19 visit the Michigan.gov website <https://www.michigan.gov/coronavirus/> or the Calhoun County Public Health Department [Calhoun County, MI \(calhouncountymi.gov\)](https://calhouncountymi.gov).

## Vulnerability Index

Beyond looking at what we know about COVID-19 cases and deaths, the [Conduent Vulnerability Index](#) is a measure of potential severe illness burden due to COVID-19 by county. Counties are given an index value from 1 (low vulnerability) to 10 (high vulnerability). A county with a high vulnerability score can be described as a location where a higher percentage of COVID-19 cases would result in severe outcomes such as hospitalization or death as compared a county with a low vulnerability score.



## Calhoun County Index Score: 1



*What does this score mean?*

As of January 18<sup>th</sup> 2022, Calhoun County's Vulnerability Index Score is 1 out of 10. This means that county residents generally have low death rates due to chronic conditions, moderate socio-economic needs, and less than adequate access to healthcare and services to protect themselves from more severe COVID-19 cases and more death.

Calhoun County's score of 1 indicates their residents have a lower vulnerability than a county with higher rates of chronic disease, risky behavior, and/or low access to health services.

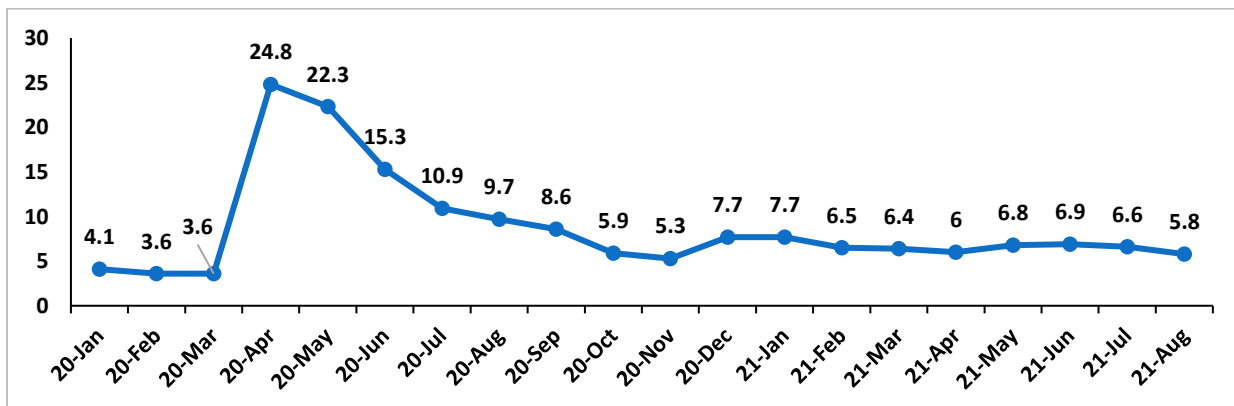
Seventy-six counties meet the inclusion criteria for the model and have calculated Vulnerability Index values.

## Calhoun County Unemployment Rates

As expected, Calhoun County's unemployment rates rose in April 2020 when stay at home orders were first in place. As illustrated in Figure 36 below, as Calhoun and surrounding counties began slowly reopening some businesses in May 2020, the unemployment rate gradually began to go down. As of August 2021, the latest data available at the writing of this report, the county's unemployment rate has still not returned to pre-COVID rates. The county can expect to see variation in unemployment rates based on government response to the pandemic. When unemployment rates rise, there is potential impact on health insurance coverage and health care access if jobs lost include employer-sponsored healthcare.



**FIGURE 36: CALHOUN COUNTY, MICHIGAN UNEMPLOYMENT WORKERS IN CIVILLIAN LABOR FORCE**



## Calhoun County COVID-19 Impact

The online community survey included questions to assess the impact of COVID-19 on Calhoun County.

### Behavioral Health (Mental Health and Substance Abuse)

- 40% of survey respondents reported not knowing when the pandemic will end.
- 30.31% of survey respondents reported feeling nervous, anxious or on edge due to the COVID-19 pandemic.
- 24.80% of survey respondents reported loneliness/isolation and the lack of socialization as a major challenge during the COVID-19 pandemic.
- The toll of the pandemic on frontline workers was a frequent topic of discussion.
- An increase or non-prioritization of alcohol and drug use as resources are diverted to the COVID-19 response.

### Access to Health Services

- Cost of accessing care and being uninsured or underinsured were identified as general barriers to care outside of the influence of the COVID-19 Pandemic. Increasing economic strain and job loss could result in the loss of health insurance through employers, are examples of how the COVID-19 pandemic has exacerbated this barrier to care.
- Health facility closings and delays due to COVID-19 were also identified as barriers to accessing care in primary data.

### Exercise, Nutrition, and Weight

- Increased food insecurity, even among those who had not experienced food insecurity previously, was noted as one of the major impacts of the COVID-19 pandemic in the community.

#### General Impact:

- COVID-19 fatigue
- Mental health strain caused by physical distancing, especially on seniors and school-aged children and their parents
- Knowing which sources of information to trust to help in your decision making
- Strain on local non-profits

#### Positive responses to COVID-19:

- Shorter test results turnaround times and increasing the number of test sites
- Collaboration efforts within the county
- The speed at which some services were able to be modified to meet the changing needs due to COVID-19
- Change to virtual services and appointments
- More sense of community
- More family time due to restrictions in place

## Recommended Data Sources

As local, state, and national data are updated and become available, these data can continue to help inform approaches to meeting existing and developing needs related to the pandemic. Recommended data sources for Calhoun County are included here:

### National Data Sources

Data from the following national websites are updated regularly and may provide additional information into the impact of COVID-19:

- United States National Response to COVID-19 <https://www.usa.gov/coronavirus>
- Center for Disease Control: <https://www.cdc.gov/>
- U.S. Department of Health and Human Services: <https://www.hhs.gov/>
- Centers for Medicare and Medicaid: <https://www.cms.gov/>
- U.S. Department of Labor: <https://www.dol.gov/coronavirus>
- Johns Hopkins Coronavirus Resource Center: <https://coronavirus.jhu.edu/us-map>
- National Association of County Health Officials: <https://www.naccho.org/>
- Feeding America (The Impact of the Coronavirus on Food Insecurity): <https://www.feedingamerica.org/>

### Michigan Data Sources

Data from the following websites are updated regularly and may provide additional information into the impact of COVID-19 in Calhoun County:

- Michigan.gov: <https://www.michigan.gov/>
- Calhoun County Public Health Department: [Calhoun County, MI \(calhouncountymi.gov\)](http://calhouncountymi.gov)
- MiCalhoun: <https://www.micalhoun.org/>

# Conclusion

This Community Health Needs Assessment (CHNA), conducted for Calhoun County, used a comprehensive set of secondary and primary data to determine the 10 significant health needs in Calhoun County. The prioritization process identified eight top health needs: Behavioral Health (Mental Health & Mental Disorders and Alcohol & Drug Use), Access to Health Services, Health Equity, Weight Status, Nutrition & Healthy Eating, and Diabetes, Children's Health, Older Adults, Maternal, Fetal and Infant Health, and Crime and Crime Prevention.

The findings in this report will be used to guide the development of Oaklawn's Implementation Strategy, which will outline strategies to address identified priorities and improve the health of the community. The seven member Oaklawn Leadership Team was kept abreast of the collaboratives plans and progress throughout the year, on January 28, 2022 the CHNA was presented to both The Board of Directors and Oaklawn's Leadership Team. On February 2, 2022 the Oaklawn Leadership Team discussed the eight top health needs identified by the collaborative through the community survey. The team prioritized each health need by considering the following:

- Alignment - how the need aligned with our strengths, priorities, and mission
- Existing Resources - if there is an existing internal resource or program in place to assist Oaklawn to address the need
- Magnitude -which needs impacts the majority of community members
- Severity – is there a high risk of morbidity and/or mortality

The review and discussion led to the Oaklawn Leadership Team selecting two of the eight health topics as priorities for the next one to three years. These health topics are (1) access to health services and (2) diabetes, weight status, nutrition, and healthy eating. Once again health equity will not be specifically focused on as a unique health topic but will be included within each of the decisions and interventions made to help improve both health topics identified. The interventions and progress toward improving the identified health needs will monitored in the organization via the strategic planning process.

We hope to incorporate any feedback and comments on this report into the next CHNA process. Please send your feedback and comments to the Development & Marketing Coordinator at (269) 789-3942 or stop by the office at 116 E. Prospect St. Marshall, MI 29068

# Appendices Summary

The following support documents are shared on the Oaklawn Website at [www.oaklawnhospital.org/2021CHNA](http://www.oaklawnhospital.org/2021CHNA)

## A. Hospital Impact Report

A detailed report of progress in the hospital's prioritized health needs from its 2019-2021 CHNA and Implementation Strategy, goals, objectives, process & outcome indicators, baseline & target values, strategies, and partners are outlined in a detailed framework.

## B. Secondary Data (Methodology and Data Scoring Tables)

A detailed overview of the Conduent HCI data scoring methodology and indicator scoring results from the secondary data analysis.

## C. Community Input Assessment Tools

Quantitative and qualitative community feedback data collection tools that were vital in capturing community feedback during this collaborative CHNA:

- Community Survey
- 2019 Qualitative Data

## D. Community Resources

This document highlights existing resources that organizations are currently using and available widely in the community.

## E. Potential Community Partners

The tables in this section highlight potential community partners who were identified during the qualitative data collection process for this collaborative CHNA.

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## Appendix A. Hospital Impact Report

### FY19 – FY22 (calendar years 2018-2021) CHNA Implementation Plan Outcomes

#### Behavioral Health: Priority 1

##### Goal:

Planned Activities to Address Health Need	Monitoring & Evaluation Plan	Outcomes
Identify community resources to assist with behavioral health needs	Collaboration between Oaklawn and Summit Pointe has assisted to provide behavioral health patients with necessary services	Collaboration continues
Utilize care managers to assist with care across the continuum	The care management team had training in behavioral health to better serve the community	Care managers have behavioral health certification

#### Chronic Disease Management: Priority 2

##### Goal: Improve the health management for those with diabetes and/or hypertension

Planned Activities to Address Health Need	Monitoring & Evaluation Plan	Outcomes
Develop and implement a comprehensive diabetes program	Implemented and continues	Active process, will continue
Improve education materials and accessibility to care the diabetes program offers	Education materials maintained by an interdisciplinary team of RN's, CDCES's, and a provider with nutrition education/support by RD, CDCES	Planning to add pharmacy to assist with medication therapy and management as well as continuous glucose monitoring and insulin pump management
Streamline the ordering and team communication to help improve care for patients.	Adapt electronic medical record to work with providers and diabetes program staff to improve team communication to improve patient care  Development of order sets that identify the available resources within the program	Cerner, EMR replaced with Athena. This move has helped improve scheduling, registration, documentation, and communication with providers.  Through this order set, providers can specifically select desired services and provide greater detail to our educators to improve desired outcomes for patients.
Increase use of Care Managers to assist with care across the continuum	The care management program increased from 2 care managers to a team of 7 care managers, 1 specialty team care manager and one social worker.	Care managers assist to provide educational resources as well as free scales and blood pressure cuffs to patients who require support.

## Access to Care: Priority 3

**Goal: To continue progress made with access to care prior to 2018**

Planned Activities to Address Health Need	Monitoring & Evaluation Plan	Outcomes
Continue to assess the operations of after-hours facility in Marshall to ensure hours of operations meet the needs of the community	The Marshall location of after-hours was identified as too close to main campus and easily visible / challenging for patients to locate.	Marshall after-hours re-located to improve access and location.
Identify other areas in need of access to after hour care	Identified need for urgent care in Albion to help services zip code 49224	Express Care in Albion opened February 2019
Develop telemedicine visit process	This was a must have throughout the pandemic and multiple disease surges that were experienced and stressed the health care systems across the nation and world	Telehealth and visits are now a routine practice and plans to continue
Utilize Care Managers to assist with care across the continuum.	Improve communication between health care settings with formal hand off	There has been huge growth in warm handoffs from case management (hospital side) to care management in the offices including the ED. The handoffs have been such a help in ensuring our patients get the continued care they need



## Appendix B. Secondary Data Methodology

### Secondary Data Sources

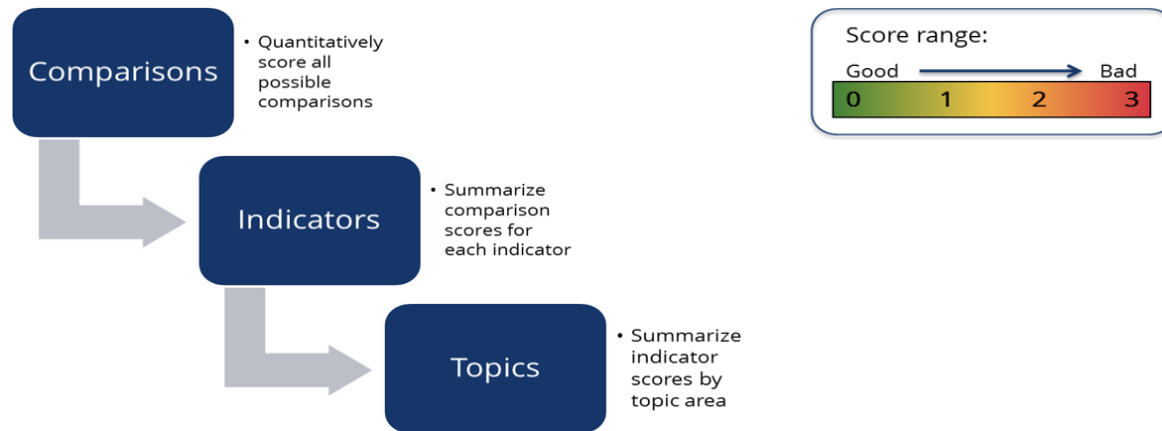
The main source for the secondary data, or data that has been previously collected, is the community indicator database maintained by Conduent Healthy Communities Institute. The following is a list of both local and national data sources used in Calhoun County Community Health Needs Assessment.

Key	Source Title
1	American Community Survey
2	Annie E. Casey Foundation
3	Calhoun County Medical Examiner
4	CDC - PLACES
5	Centers for Disease Control and Prevention
6	Centers for Medicare & Medicaid Services
7	County Health Rankings
8	Feeding America
9	Healthy Communities Institute
10	Kids Count in Michigan
11	Michigan BRFSS
12	Michigan Department of Health and Human Services
13	Michigan Profile for Healthy Youth
14	Michigan Substance Use Data Repository
15	National Cancer Institute
16	National Center for Education Statistics
17	National Environmental Public Health Tracking Network
18	Substance Abuse Council
19	The Dartmouth Atlas of Health Care
20	U.S. Bureau of Labor Statistics
21	U.S. Census - County Business Patterns
22	U.S. Census Bureau - Small Area Health Insurance Estimates
23	U.S. Department of Agriculture - Food Environment Atlas
24	United For ALICE

## Secondary Data Scoring

### Secondary Data Scoring Detailed Methodology

Data Scoring is done in three stages:



For each indicator, Calhoun County is assigned a score based on its comparison to other communities, whether health targets have been met, and the trend of the indicator value over time. These comparison scores range from 0-3, where 0 indicates the best outcome and 3 the worst. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities, and changes in methodology over time.

Indicators are categorized into topic areas and each topic area receives a score. Indicators may be categorized in more than one topic area. Topic scores are determined by the comparisons of all indicators within the topic.

#### Comparison to a Distribution of County Values: Within State and Nation

For ease of interpretation and analysis, indicator data on the Community Dashboard is visually represented as a green-yellow-red gauge showing how the community is faring against a distribution of counties in the state or the United States. A distribution is created by taking all county values within the state or nation, ordering them from low to high, and dividing them into three groups (green, yellow, red) based on their order. Indicators with the poorest comparisons (“in the red”) scored high, whereas indicators with good comparisons (“in the green”) scored low.

#### Comparison to Values: State, National, and Targets

The county is compared to the state value, the national value, and target values. Target values include the nation-wide Healthy People 2030 (HP2030) goals. Healthy People 2030 goals are national objectives for improving the health of the nation set by the Department of Health and Human Services’ (DHHS) Healthy People Initiative. For all value comparisons, the scoring depends on whether the county value is better or worse than the comparison value, as well as how close the county value is to the target value.

#### Trend Over Time

The Mann-Kendall statistical test for trend was used to assess whether the county value is increasing over time or decreasing over time, and whether the trend is statistically significant. The trend comparison uses the four most recent comparable values for the county, and statistical significance is

determined at the 90% confidence level. For each indicator with values available for four time periods, scoring was determined by direction of the trend and statistical significance.

### **Missing Values**

Indicator scores are calculated using the comparison scores, availability of which depends on the data source. If the comparison type is possible for an adequate proportion of indicators on the community dashboard, it will be included in the indicator score. After exclusion of comparison types with inadequate availability, all missing comparisons are substituted with a neutral score for the purposes of calculating the indicator's weighted average. When information is unknown due to lack of comparable data, the neutral value assumes that the missing comparison score is neither good nor bad.

### **Indicator Scoring**

Indicator scores are calculated as a weighted average of all included comparison scores. If none of the included comparison types are possible for an indicator, no score is calculated and the indicator is excluded from the data scoring results.

### **Topic Scoring**

Indicator scores are averaged by topic area to calculate topic scores. Each indicator may be included in up to three topic areas if appropriate. Resulting scores range from 0-3, where a higher score indicates a greater level of need as evidenced by the data. A topic score is only calculated if it includes at least three indicators.

## Calhoun County Data Scoring Results

### Calhoun County Topic Scores

Health and Quality of Life Topics	Score
Diabetes	2.28
Mortality Data	2.05
Other Conditions	2.02
Mental Health & Mental Disorders	1.95
Older Adults	1.88
Weight Status	1.87
Maternal, Fetal & Infant Health	1.85
Education	1.84
Alcohol & Drug Use	1.82
Wellness & Lifestyle	1.77
Prevention & Safety	1.75
Children's Health	1.75
Immunizations & Infectious Diseases	1.74
Family Planning	1.70
Community	1.70
Environmental Health	1.69
Heart Disease & Stroke	1.69
Respiratory Diseases	1.64
Physical Activity	1.64
County Health Rankings	1.62
Economy	1.61
Women's Health	1.60
Adolescent Health	1.56
Cancer	1.45
Oral Health	1.26
Health Care Access & Quality	1.14
Tobacco Use	1.10

## Calhoun County Indicator Scores

SCORE	ADOLESCENT HEALTH	UNITS	CALHOUN COUNTY	HP2030	Michigan	U.S.	MEASUREMENT PERIOD	HIGH RACE/AGE DISPARITY	Source
1.88	Teen Birth Rate: 15-19	<i>live births/ 1,000 females aged 15-19</i>	22.5		15.1	16.7	2019		12
1.88	Teen Pregnancy Rate	<i>pregnancies/ 1,000 females aged 15-19</i>	37.2	31.4	25.8		2019		12
1.65	Teens who are Obese: 9th, 11th Graders	<i>percent</i>	18.9				2020		13
1.65	Teens who Engage in Regular Physical Activity: 9th, 11th Graders	<i>percent</i>	47.6				2020		13
1.65	Teens who Use Marijuana: 9th, 11th Graders	<i>percent</i>	17.1				2020		13
1.35	Teens who are Sexually Active: 9th, 11th Graders	<i>percent</i>	18.5				2020		13
1.35	Teens who Binge Drink: 9th, 11th Graders	<i>percent</i>	10.7				2020		13

<b>1.06</b>	Teens who Smoke: 9th, 11th Graders	<i>percent</i>	1.8				2020	White (2.7), Male (2.8)	13
<b>SCORE</b>	<b>ALCOHOL &amp; DRUG USE</b>	<b>UNITS</b>	<b>CALHOUN COUNTY</b>	<b>HP2030</b>	<b>Michigan</b>	<b>U.S.</b>	<b>MEASUREMENT PERIOD</b>	<b>HIGH RACE/AGE DISPARITY</b>	<b>Source</b>
<b>3.00</b>	Liquor Store Density	<i>stores/ 100,000 population</i>	19.4		16.5	10.5	2019		21
<b>2.71</b>	Alcohol-Impaired Driving Deaths	<i>percent of driving deaths with alcohol involvement</i>	41.7	28.3	29.3	27	2015-2019		7
<b>2.29</b>	Age-Adjusted Drug and Opioid-Involved Overdose Death Rate	<i>Deaths per 100,000 population</i>	38.2		27.1	22.8	2017-2019		5
<b>1.79</b>	Mothers who Smoked During Pregnancy	<i>percent</i>	20.6	4.3	13.6	5.9	2019		12
<b>1.76</b>	Death Rate due to Opioid-Related Drug Poisoning	<i>deaths/ 100,000 population</i>	23.1		17.7		2019		14
<b>1.65</b>	Emergency Department Opioid Visits	<i>visits</i>	28				July, 2020		18
<b>1.65</b>	Teens who Use Marijuana: 9th, 11th Graders	<i>percent</i>	17.1				2020		13

1.62	Death Rate due to Drug Poisoning	<i>deaths/ 100,000 population</i>	27.6		23.6		2019		14
1.59	Health Behaviors Ranking		61				2021		7
1.35	Annual Opioid Hospitalizations	<i>hospitalizations</i>	20				2019		14
1.35	Teens who Binge Drink: 9th, 11th Graders	<i>percent</i>	10.7				2020		13
1.09	Adults who Binge Drink	<i>percent</i>	12		18.1		2017-2019		11
SCORE	CANCER	UNITS	CALHOUN COUNTY	HP2030	Michigan	U.S.	MEASUREMENT PERIOD	HIGH RACE/AGE DISPARITY	Source
2.24	Age-Adjusted Death Rate due to Cancer	<i>deaths/ 100,000 population</i>	182.7	122.7	165.9	155.5	2013-2017		15
2.21	Age-Adjusted Death Rate due to Colorectal Cancer	<i>deaths/ 100,000 population</i>	16	8.9	13.7	13.7	2013-2017		15
2.00	Age-Adjusted Death Rate due to Breast Cancer	<i>deaths/ 100,000 females</i>	22	15.3	20.8	20.1	2013-2017	Black (42.6)	15

<b>1.85</b>	Lung and Bronchus Cancer Incidence Rate	<i>cases/ 100,000 population</i>	66.6		63.3	58.3	2013-2017		15
<b>1.76</b>	Age-Adjusted Death Rate due to Lung Cancer	<i>deaths/ 100,000 population</i>	52.1	25.1	44.1	38.5	2013-2017		15
<b>1.71</b>	Age-Adjusted Death Rate due to Prostate Cancer	<i>deaths/ 100,000 males</i>	19.6	16.9	18.7	19	2013-2017		15
<b>1.59</b>	Breast Cancer Incidence Rate	<i>cases/ 100,000 females</i>	113.3		122.6	125.9	2013-2017		15
<b>1.59</b>	Cervical Cancer Screening: 21-65	<i>Percent</i>	84.2			84.7	2018		4
<b>1.59</b>	Pap Test in Past 3 Years	<i>percent</i>	79.1		82.5		2016-2018		11
<b>1.41</b>	Adults with Cancer	<i>percent</i>	7.7			6.9	2018		4
<b>1.41</b>	Colon Cancer Screening	<i>percent</i>	71.7		69.7		2016-2018		11
<b>1.35</b>	Cancer: Medicare Population	<i>percent</i>	7.8		8.1	8.4	2018		6
<b>1.24</b>	All Cancer Incidence Rate	<i>cases/ 100,000 population</i>	406.4		448.8	448.7	2013-2017		15
<b>1.41</b>	Colon Cancer Screening	<i>percent</i>	71.7		69.7		2016-2018		11



<b>1.24</b>	Mammogram in Past 2 Years: 50-74	<i>percent</i>	73.9	77.1		74.8	2018		4
<b>0.59</b>	Colorectal Cancer Incidence Rate	<i>cases/ 100,000 population</i>	32		37.5	38.4	2013-2017	Black (56.4)	15
<b>0.59</b>	Prostate Cancer Incidence Rate	<i>cases/ 100,000 males</i>	69.2		106.4	104.5	2013-2017	Black (113.6)	15
<b>0.29</b>	Oral Cavity and Pharynx Cancer Incidence Rate	<i>cases/ 100,000 population</i>	9.6		11.8	11.8	2013-2017	Male (14.7)	15
<b>SCORE</b>	<b>CHILDREN'S HEALTH</b>	<b>UNITS</b>	<b>CALHOUN COUNTY</b>	<b>HP2030</b>	<b>Michigan</b>	<b>U.S.</b>	<b>MEASUREMENT PERIOD</b>	<b>HIGH RACE/AGE DISPARITY</b>	<b>Source</b>
<b>2.12</b>	Immunization Status of 19 to 35-Month-Old Children	<i>percent</i>	69.8		70.7		2020		2
<b>2.03</b>	Child Food Insecurity Rate	<i>percent</i>	16.4		14.2	14.6	2019		8
<b>1.88</b>	Substantiated Child Abuse Rate	<i>cases/ 1,000 children</i>	23.3	8.7	13		2020		2
<b>1.76</b>	Blood Lead Levels in Children (>=5 micrograms per deciliter)	<i>percent</i>	3.4		1.8		2015		17

<b>1.76</b>	Projected Child Food Insecurity Rate	<i>percent</i>	18		16		2021		8
<b>1.68</b>	Children with Low Access to a Grocery Store	<i>percent</i>	5.3				2015		23
<b>1.50</b>	Food Insecure Children Likely Ineligible for Assistance	<i>percent</i>	25		31	23	2019		8
<b>1.24</b>	Children with Health Insurance	<i>percent</i>	96.3		96.7		2018		22
<b>SCORE</b>	<b>COMMUNITY</b>	<b>UNITS</b>	<b>CALHOUN COUNTY</b>	<b>HP2030</b>	<b>Michigan</b>	<b>U.S.</b>	<b>MEASUREMENT PERIOD</b>	<b>HIGH RACE/AGE DISPARITY</b>	<b>Source</b>
<b>2.71</b>	Alcohol-Impaired Driving Deaths	<i>percent of driving deaths with alcohol involvement</i>	41.7	28.3	29.3	27	2015-2019		7
<b>2.53</b>	Households without a Vehicle	<i>percent</i>	8.7		7.7	8.6	2015-2019		1
<b>2.35</b>	People 65+ Living Alone	<i>percent</i>	29.1		28.1	26.1	2015-2019		1
<b>2.24</b>	Children Living Below Poverty Level	<i>percent</i>	25.2		19.9	18.5	2015-2019	Black (49.0), Asian (39.4), Other	1

								(66.9), Hisp (39.2)	
<b>2.21</b>	Young Children Living Below Poverty Level	<i>percent</i>	29.4		22.9	20.3	2015-2019	Black (49.0), Asian(35.4) , AIAN (87.8), Other (59.6), Hisp (41.5)	1
<b>2.15</b>	Violent Crime Rate	<i>crimes/ 100,000 population</i>	644.4		443.2	386.5	2014-2016		7
<b>2.06</b>	People Living Below Poverty Level	<i>percent</i>	16.4	8	14.4	13.4	2015-2019	Black (32.5), Asian (25.0), AIAN (18.3), Mult (18.8), Other (34.3), Hisp (28.7), Ages: 12- 17, 6-11, <6	1
<b>2.06</b>	Single-Parent Households	<i>percent</i>	28.2		25.7	25.5	2015-2019		1
<b>2.00</b>	Workers who Drive Alone to Work	<i>percent</i>	82.4		82.3	76.3	2015-2019	Ages: 45- 54	1

<b>1.88</b>	Substantiated Child Abuse Rate	<i>cases/ 1,000 children</i>	23.3	8.7	13		2020		2
<b>1.76</b>	Median Household Income	<i>dollars</i>	48607		57144	62843	2015-2019		1
<b>1.76</b>	Per Capita Income	<i>dollars</i>	26855		31713	34103	2015-2019		1
<b>1.71</b>	People 25+ with a Bachelor's Degree or Higher	<i>percent</i>	21		29.1	32.1	2015-2019	Black (13.8), AIAN (20.5), Other (15.2), Hisp (12.8)	1
<b>1.59</b>	Persons with an Internet Subscription	<i>percent</i>	84.9		85.7	86.2	2015-2019	Ages: 65+	1
<b>1.59</b>	Social and Economic Factors Ranking		55				2021		7
<b>1.50</b>	Households with an Internet Subscription	<i>percent</i>	79.8		81.9	83	2015-2019		1
<b>1.50</b>	Households with One or More Types of Computing Devices	<i>percent</i>	87.3		89.6	90.3	2015-2019		1

1.35	Deaths due to Transport Fatal Injuries	deaths	24				2019		12
1.35	Workers Commuting by Public Transportation	percent	1	5.3	1.3	5	2015-2019	White (0.7), Asian (0), NHPI (0), Mult (0.6), Other (0), Hisp (0.1), Ages: 65+	1
1.00	People 25+ with a High School Degree or Higher	percent	91		90.8	88	2015-2019	Ages: 65+	1
0.94	Social Associations	membership associations/ 10,000 population	11.3		9.8	9.3	2018		7
0.94	Solo Drivers with a Long Commute	percent	22.7		33.5	37	2015-2019		7
0.82	Homeownership	percent	62		61	56.2	2015-2019		1
0.76	Mean Travel Time to Work	minutes	20.6		24.6	26.9	2015-2019		1
SCORE	COUNTY HEALTH RANKINGS	UNITS	CALHOUN COUNTY	HP2030	Michigan	U.S.	MEASUREMENT PERIOD	HIGH RACE/AGE DISPARITY	Source
1.76	Mortality Ranking	rankings	72				2021		7
1.76	Physical Environment Ranking	rankings	66				2021		7

<b>1.59</b>	Health Behaviors Ranking	<i>rankings</i>	61				2021		7
<b>1.59</b>	Morbidity Ranking	<i>rankings</i>	43				2021		7
<b>1.59</b>	Social and Economic Factors Ranking	<i>rankings</i>	55				2021		7
<b>1.41</b>	Clinical Care Ranking	<i>rankings</i>	22				2021		7
<b>SCORE</b>	<b>DIABETES</b>	<b>UNITS</b>	<b>CALHOUN COUNTY</b>	<b>HP2030</b>	<b>Michigan</b>	<b>U.S.</b>	<b>MEASUREMENT PERIOD</b>	<b>HIGH RACE/AGE DISPARITY</b>	<b>Source</b>
<b>2.44</b>	Age-Adjusted Death Rate due to Diabetes	<i>deaths/ 100,000 population</i>	30		22.1	21.5	2017-2019		12
<b>2.21</b>	Adults with Diabetes	<i>percent</i>	17.3		11.3		2017-2019		11
<b>2.18</b>	Diabetes: Medicare Population	<i>percent</i>	28.7		28.2	27	2018		6
<b>SCORE</b>	<b>ECONOMY</b>	<b>UNITS</b>	<b>CALHOUN COUNTY</b>	<b>HP2030</b>	<b>Michigan</b>	<b>U.S.</b>	<b>MEASUREMENT PERIOD</b>	<b>HIGH RACE/AGE DISPARITY</b>	<b>Source</b>
<b>3.00</b>	Persons with Disability Living in	<i>percent</i>	34.2		28.7	26.1	2015-2019		1

	Poverty (5-year)								
<b>2.24</b>	Children Living Below Poverty Level	<i>percent</i>	25.2		19.9	18.5	2015-2019	Black (49.0), Asian (39.4), Other (66.9), Hisp (39.2)	1
<b>2.24</b>	Families Living Below Poverty Level	<i>percent</i>	12.3		9.9	9.5	2015-2019	Black (28.1), Asian (26.7), AIAN (14.9), Mult (13.9), Other (34.9), Hisp (27.7)	1
<b>2.21</b>	Young Children Living Below Poverty Level	<i>percent</i>	29.4		22.9	20.3	2015-2019	Black (49.0), Asian(35.4), AIAN (87.8), Other (59.6), Hisp (41.5)	1
<b>2.06</b>	People Living Below Poverty Level	<i>percent</i>	16.4	8	14.4	13.4	2015-2019	Black (32.5), Asian (25.0),	1

								AIAN (18.3), Mult (18.8), Other (34.3), Hisp (28.7), Ages: 12- 17, 6-11, <6	
<b>2.03</b>	Child Food Insecurity Rate	<i>percent</i>	16.4		14.2	14.6	2019		8
<b>2.03</b>	Food Insecurity Rate	<i>percent</i>	14.2		13	10.9	2019		8
<b>1.82</b>	Households that are Asset Limited, Income Constrained, Employed (ALICE)	<i>percent</i>	26.2		25		2019		24
<b>1.76</b>	Median Household Income	<i>dollars</i>	48607		57144	62843	2015-2019		1
<b>1.76</b>	Per Capita Income	<i>dollars</i>	26855		31713	34103	2015-2019		1
<b>1.76</b>	Projected Child Food Insecurity Rate	<i>percent</i>	18		16		2021		8
<b>1.76</b>	Projected Food Insecurity Rate	<i>percent</i>	15.3		14.2		2021		8



<b>1.76</b>	Unemployed Workers in Civilian Labor Force	<i>percent</i>	6		4.6	5.7	<i>April, 2021</i>		20
<b>1.68</b>	Households that are Below the Federal Poverty Level	<i>percent</i>	13.4		13		<i>2019</i>		24
<b>1.68</b>	Low-Income and Low Access to a Grocery Store	<i>percent</i>	8.2				<i>2015</i>		23
<b>1.68</b>	Renters Spending 30% or More of Household Income on Rent	<i>percent</i>	49.6		48.8	49.6	<i>2015-2019</i>		1
<b>1.68</b>	Students Eligible for the Free Lunch Program	<i>percent</i>	50.9				<i>2019-2020</i>		16
<b>1.59</b>	Social and Economic Factors Ranking		55				<i>2021</i>		7
<b>1.50</b>	Food Insecure Children Likely Ineligible for Assistance	<i>percent</i>	25		31	23	<i>2019</i>		8
<b>1.50</b>	Households that are Above	<i>percent</i>	60.4		62		<i>2019</i>		24

	the Asset Limited, Income Constrained, Employed (ALICE) Threshold								
<b>1.41</b>	People Living 200% Above Poverty Level	<i>percent</i>	63.2		68.3	69.1	2015-2019		1
<b>1.35</b>	People 65+ Living Below Poverty Level	<i>percent</i>	8.6		8.4	9.3	2015-2019	Black (10.1), Mult (27.0), Other (55.4), Hisp (16)	1
<b>1.32</b>	Mortgaged Owners Spending 30% or More of Household Income on Housing	<i>percent</i>	25.4		22.1	26.5	2019		1
<b>1.29</b>	Overcrowded Households	<i>percent of households</i>	1.4		1.7		2015-2019		1
<b>1.29</b>	SNAP Certified Stores	<i>stores/ 1,000 population</i>	1.1				2017		23
<b>1.18</b>	Severe Housing Problems	<i>percent</i>	14.4		14.7	18	2013-2017		7

<b>0.97</b>	WIC Certified Stores	<i>stores/ 1,000 population</i>	0.2				2016		23
<b>0.82</b>	Homeownership	<i>percent</i>	62		61	56.2	2015-2019		1
<b>0.53</b>	Homeowner Vacancy Rate	<i>percent</i>	1.4		1.5	1.6	2015-2019		1
<b>0.35</b>	Households with Cash Public Assistance Income	<i>percent</i>	2		2.3	2.4	2015-2019		1
<b>SCORE</b>	<b>EDUCATION</b>	<b>UNITS</b>	<b>CALHOUN COUNTY</b>	<b>HP2030</b>	<b>Michigan</b>	<b>U.S.</b>	<b>MEASUREMENT PERIOD</b>	<b>HIGH RACE/AGE DISPARITY</b>	<b>Source</b>
<b>2.47</b>	Students Not Proficient in 3rd Grade English Language Arts	<i>percent</i>	67		55.6		2018		10
<b>2.47</b>	Students Not Proficient in 8th Grade Math	<i>percent</i>	84.3		67.3		2018		10
<b>2.00</b>	Three and Four-Year-Olds in Preschool	<i>percent</i>	40.3		47.1		2017		10
<b>1.71</b>	High School Graduation	<i>percent</i>	80.5	90.7	82.1		2020		2
<b>1.71</b>	People 25+ with a Bachelor's	<i>percent</i>	21		29.1	32.1	2015-2019	Black (13.8), AIAN	1

	Degree or Higher							(20.5), Other (15.2), Hisp (12.8)	
1.53	Student-to-Teacher Ratio	<i>students/ teacher</i>	16.7				2019-2020		16
1.00	People 25+ with a High School Degree or Higher	<i>percent</i>	91		90.8	88	2015-2019	Ages: 65+	1
<b>SCORE</b>	<b>ENVIRONMEN TAL HEALTH</b>	<b>UNITS</b>	<b>CALHOUN COUNTY</b>	<b>HP2030</b>	<b>Michigan</b>	<b>U.S.</b>	<b>MEASUREMENT PERIOD</b>	<b>HIGH RACE/AGE DISPARITY</b>	<b>Source</b>
3.00	Liquor Store Density	<i>stores/ 100,000 population</i>	19.4		16.5	10.5	2019		21
2.56	Houses Built Prior to 1950	<i>percent</i>	32.4		22.4	17.5	2015-2019		1
2.41	Air Pollution due to Particulate Matter	<i>micrograms per cubic meter</i>	9		7.1	7.2	2016		7
1.82	Food Environment Index		7.3		7	7.8	2021		7
1.76	Blood Lead Levels in Children (>=5 micrograms per deciliter)	<i>percent</i>	3.4		1.8		2015		17
1.76	Houses Built Prior to 1980	<i>percent</i>	75.2		65.8		2012-2016		1

<b>1.76</b>	Physical Environment Ranking		66				2021		7
<b>1.71</b>	Asthma: Medicare Population	<i>percent</i>	5.3		5.6	5	2018		6
<b>1.71</b>	Daily Dose of UV Irradiance	<i>Joule per square meter</i>	2227		2045		2015		17
<b>1.68</b>	Access to Exercise Opportunities	<i>percent</i>	76.7		85.5	84	2020		7
<b>1.68</b>	Children with Low Access to a Grocery Store	<i>percent</i>	5.3				2015		23
<b>1.68</b>	Grocery Store Density	<i>stores/ 1,000 population</i>	0.2				2016		23
<b>1.68</b>	Low-Income and Low Access to a Grocery Store	<i>percent</i>	8.2				2015		23
<b>1.68</b>	People 65+ with Low Access to a Grocery Store	<i>percent</i>	3.5				2015		23
<b>1.68</b>	People with Low Access to a Grocery Store	<i>percent</i>	23.1				2015		23
<b>1.65</b>	Months of Mild Drought or Worse	<i>months per year</i>	5				2016		17

<b>1.65</b>	Number of Extreme Heat Days	<i>days</i>	33				2016		17
<b>1.65</b>	Number of Extreme Heat Events	<i>events</i>	5				2016		17
<b>1.65</b>	Number of Extreme Precipitation Days	<i>days</i>	39				2016		17
<b>1.62</b>	Adults with Current Asthma	<i>percent</i>	12.5		11.1		2017-2019		11
<b>1.53</b>	Fast Food Restaurant Density	<i>restaurants/ 1,000 population</i>	0.7				2016		23
<b>1.50</b>	Recreation and Fitness Facilities	<i>facilities/ 1,000 population</i>	0.1				2016		23
<b>1.29</b>	Overcrowded Households	<i>percent of households</i>	1.4		1.7		2015-2019		1
<b>1.29</b>	SNAP Certified Stores	<i>stores/ 1,000 population</i>	1.1				2017		23
<b>1.18</b>	Farmers Market Density	<i>markets/ 1,000 population</i>	0.1				2018		23
<b>1.18</b>	Severe Housing Problems	<i>percent</i>	14.4		14.7	18	2013-2017		7
<b>0.97</b>	WIC Certified Stores	<i>stores/ 1,000 population</i>	0.2				2016		23

SCORE	FAMILY PLANNING	UNITS	CALHOUN COUNTY	HP2030	Michigan	U.S.	MEASUREMENT PERIOD	HIGH RACE/AGE DISPARITY	Source
1.88	Teen Birth Rate: 15-19	<i>live births/ 1,000 females aged 15-19</i>	22.5		15.1	16.7	2019		12
1.88	Teen Pregnancy Rate	<i>pregnancies/ 1,000 females aged 15-19</i>	37.2	31.4	25.8		2019		12
1.35	Teens who are Sexually Active: 9th, 11th Graders	<i>percent</i>	18.5				2020		13
SCORE	HEALTH CARE ACCESS & QUALITY	UNITS	CALHOUN COUNTY	HP2030	Michigan	U.S.	MEASUREMENT PERIOD	HIGH RACE/AGE DISPARITY	Source
1.74	Primary Care Provider Rate	<i>providers/ 100,000 population</i>	58		79		2018		7
1.59	Adults who Visited a Dentist	<i>percent</i>	66.6		70.1		2016-2018		11
1.41	Clinical Care Ranking		22				2021		7
1.26	Adults who have had a Routine Checkup	<i>percent</i>	78.9		77.7		2017-2019		11
1.26	Adults with a Usual Source of Health Care	<i>percent</i>	85.4		85.2		2017-2019		11
1.26	Dentist Rate	<i>dentists/ 100,000 population</i>	68.6		76.5		2019		7

<b>1.24</b>	Children with Health Insurance	<i>percent</i>	96.3		96.7		2018		22
<b>0.91</b>	Adults with Health Insurance: 18-64	<i>percent</i>	92.7		92.3		2018		22
<b>0.26</b>	Mental Health Provider Rate	<i>providers/ 100,000 population</i>	343.6		281.4		2020		7
<b>0.26</b>	Non-Physician Primary Care Provider Rate	<i>providers/ 100,000 population</i>	130.4		113.8		2020		7
<b>SCORE</b>	<b>HEART DISEASE &amp; STROKE</b>	<b>UNITS</b>	<b>CALHOUN COUNTY</b>	<b>HP2030</b>	<b>Michigan</b>	<b>U.S.</b>	<b>MEASUREMENT PERIOD</b>	<b>HIGH RACE/AGE DISPARITY</b>	<b>Source</b>
<b>2.74</b>	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	<i>deaths/ 100,000 population</i>	48.1	33.4	39.4	37.2	2017-2019		12
<b>2.47</b>	Heart Failure: Medicare Population	<i>percent</i>	16.2		16	14	2018		6
<b>2.47</b>	Hypertension: Medicare Population	<i>percent</i>	59.8		58	57.2	2018		6
<b>2.18</b>	Hyperlipidemia : Medicare Population	<i>percent</i>	50.5		46	47.7	2018		6



<b>2.00</b>	Age-Adjusted Death Rate due to Heart Attack	<i>deaths/ 100,000 population 35+ years</i>	60.1		52.4		2018		17
<b>1.91</b>	High Blood Pressure Prevalence	<i>percent</i>	40.7	27.7	34.9		2017-2019		11
<b>1.59</b>	Adults who Experienced a Stroke	<i>percent</i>	3.9			3.4	2018		4
<b>1.59</b>	Adults who Experienced Coronary Heart Disease	<i>percent</i>	8.4			6.8	2018		4
<b>1.59</b>	Adults who Have Taken Medications for High Blood Pressure	<i>percent</i>	77.5			75.8	2017		4
<b>1.56</b>	Age-Adjusted Death Rate due to Heart Disease	<i>deaths/ 100,000 population</i>	195.6		194.8	723.5	2017-2019		12
<b>1.41</b>	Cholesterol Test History	<i>percent</i>	81.5			81.5	2017		4
<b>1.29</b>	Atrial Fibrillation: Medicare Population	<i>percent</i>	7.9		8.4	8.4	2018		6
<b>1.24</b>	High Cholesterol	<i>percent</i>	36.2			34.1	2017		4

	Prevalence: Adults 18+								
<b>1.15</b>	Age-Adjusted Hospitalization Rate due to Heart Attack	<i>hospitalizations/ 10,000 population 35+ years</i>	33.1		37.4		2014		17
<b>1.00</b>	Ischemic Heart Disease: Medicare Population	<i>percent</i>	26.3		29	26.8	2018		6
<b>0.82</b>	Stroke: Medicare Population	<i>percent</i>	3.3		3.8	3.8	2018		6
<b>SCORE</b>	<b>IMMUNIZATIO NS &amp; INFECTIOUS DISEASES</b>	<b>UNITS</b>	<b>CALHOUN COUNTY</b>	<b>HP2030</b>	<b>Michigan</b>	<b>U.S.</b>	<b>MEASUREMENT PERIOD</b>	<b>HIGH RACE/AGE DISPARITY</b>	<b>Source</b>
<b>2.21</b>	Gonorrhea Incidence Rate	<i>cases/ 100,000 population</i>	351.1		182.9		2019		12
<b>2.18</b>	Chlamydia Incidence Rate	<i>cases/ 100,000 population</i>	705.9		504.4		2019	Female (926.9)	12
<b>2.15</b>	Age-Adjusted Death Rate due to Influenza and Pneumonia	<i>deaths/ 100,000 population</i>	17.1		13.8	13.8	2017-2019		12
<b>2.12</b>	COVID-19 Daily Average Incidence Rate	<i>cases per 100,000 population</i>	5.2		3.6	14	23-Jul-21		9
<b>2.12</b>	Immunization Status of 19 to	<i>percent</i>	69.8		70.7		2020		2

	35-Month-Old Children								
1.74	Adults 65+ with Influenza Vaccination	percent	54.7		57.6		2017-2019		11
1.74	Adults 65+ with Pneumonia Vaccination	percent	66.9		74.1		2017-2019		11
1.59	Adults Fully Vaccinated Against COVID-19	percent	46				10-Jun-21		5
1.29	Overcrowded Households	percent of households	1.4		1.7		2015-2019		1
0.29	COVID-19 Daily Average Case-Fatality Rate	deaths per 100 cases	0		5.1	1.2	23-Jul-21		9
SCORE	MATERNAL, FETAL & INFANT HEALTH	UNITS	CALHOUN COUNTY	HP2030	Michigan	U.S.	MEASUREMENT PERIOD	HIGH RACE/AGE DISPARITY	Source
2.74	Mothers who Received Early Prenatal Care	percent	57.5		74.2	75.8	2019		12
2.12	Babies with Low Birth Weight	percent	9.6		8.8	8.3	2019		12
1.94	Preterm Births	percent	10.7	9.4	10.3	10	2019		12
1.88	Teen Birth Rate: 15-19	live births/ 1,000 females aged 15-19	22.5		15.1	16.7	2019		12

<b>1.88</b>	Teen Pregnancy Rate	<i>pregnancies/ 1,000 females aged 15-19</i>	37.2	31.4	25.8		2019		12
<b>1.79</b>	Mothers who Smoked During Pregnancy	<i>percent</i>	20.6	4.3	13.6	5.9	2019		12
<b>1.65</b>	Infant Mortality Rate: 5 year rate	<i>deaths/ 1,000 live births</i>	6.2	5	6.6		2015-2019		12
<b>1.56</b>	Mothers with Gestational Diabetes	<i>percent</i>	6		6.1		2019		12
<b>1.56</b>	Mothers with Hypertension	<i>percent</i>	10		11		2019		12
<b>1.41</b>	Infant Mortality Rate: 3 year rate	<i>deaths/ 1,000 live births</i>	6.4	5	6.6		2017-2019	Black (10.4)	12
<b>SCORE</b>	<b>MENTAL HEALTH &amp; MENTAL DISORDERS</b>	<b>UNITS</b>	<b>CALHOUN COUNTY</b>	<b>HP2030</b>	<b>Michigan</b>	<b>U.S.</b>	<b>MEASUREMENT PERIOD</b>	<b>HIGH RACE/AGE DISPARITY</b>	<b>Source</b>
<b>2.82</b>	Depression: Medicare Population	<i>percent</i>	22.1		20.9	18.4	2018		6
<b>2.74</b>	Age-Adjusted Death Rate due to Alzheimer's Disease	<i>deaths/ 100,000 population</i>	44		33.3	30.2	2015-2019		12

<b>2.74</b>	Age-Adjusted Death Rate due to Suicide	<i>deaths/ 100,000 population</i>	20.6	12.8	14	13.8	2015-2019		12
<b>2.00</b>	Alzheimer's Disease or Dementia: Medicare Population	<i>percent</i>	10.9		11.7	10.8	2018		6
<b>1.85</b>	Frequent Mental Distress	<i>percent</i>	15.5		14.8	13	2018		7
<b>1.26</b>	Poor Mental Health: 14+ Days	<i>percent</i>	14.6		14.7		2017-2019		11
<b>0.26</b>	Mental Health Provider Rate	<i>providers/ 100,000 population</i>	343.6		281.4		2020		7
<b>SCORE</b>	<b>MORTALITY DATA</b>	<b>UNITS</b>	<b>CALHOUN COUNTY</b>	<b>HP2030</b>	<b>Michigan</b>	<b>U.S.</b>	<b>MEASUREMENT PERIOD</b>	<b>HIGH RACE/AGE DISPARITY</b>	<b>Source</b>
<b>2.74</b>	Age-Adjusted Death Rate due to Alzheimer's Disease	<i>deaths/ 100,000 population</i>	44		33.3	30.2	2015-2019		12
<b>2.74</b>	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	<i>deaths/ 100,000 population</i>	48.1	33.4	39.4	37.2	2017-2019		12

<b>2.74</b>	Age-Adjusted Death Rate due to Suicide	<i>deaths/ 100,000 population</i>	20.6	12.8	14	13.8	2015-2019		12
<b>2.71</b>	Alcohol-Impaired Driving Deaths	<i>percent of driving deaths with alcohol involvement</i>	41.7	28.3	29.3	27	2015-2019		7
<b>2.44</b>	Age-Adjusted Death Rate due to Diabetes	<i>deaths/ 100,000 population</i>	30		22.1	21.5	2017-2019		12
<b>2.44</b>	Age-Adjusted Death Rate due to Unintentional Injuries	<i>deaths/ 100,000 population</i>	68.2	43.2	51.7	48.9	2017-2019		12
<b>2.38</b>	Premature Death	<i>years/ 100,000 population</i>	9084.1		7535.1	6900	2017-2019		7
<b>2.29</b>	Age-Adjusted Death Rate due to Chronic Lower Respiratory Diseases	<i>deaths/ 100,000 population</i>	62.2		43.9	39.6	2017-2019		12
<b>2.29</b>	Age-Adjusted Drug and Opioid-Involved Overdose Death Rate	<i>Deaths per 100,000 population</i>	38.2		27.1	22.8	2017-2019		5
<b>2.24</b>	Age-Adjusted Death Rate due to Cancer	<i>deaths/ 100,000 population</i>	182.7	122.7	165.9	155.5	2013-2017		15

<b>2.21</b>	Age-Adjusted Death Rate due to Colorectal Cancer	<i>deaths/ 100,000 population</i>	16	8.9	13.7	13.7	2013-2017		15
<b>2.15</b>	Age-Adjusted Death Rate due to Influenza and Pneumonia	<i>deaths/ 100,000 population</i>	17.1		13.8	13.8	2017-2019		12
<b>2.03</b>	Life Expectancy	<i>years</i>	76.1		78.1	79.2	2017-2019	Black/African American (73.6)	7
<b>2.00</b>	Age-Adjusted Death Rate due to Breast Cancer	<i>deaths/ 100,000 females</i>	22	15.3	20.8	20.1	2013-2017		15
<b>2.00</b>	Age-Adjusted Death Rate due to Heart Attack	<i>deaths/ 100,000 population 35+ years</i>	60.1		52.4		2018		17
<b>1.76</b>	Age-Adjusted Death Rate due to Lung Cancer	<i>deaths/ 100,000 population</i>	52.1	25.1	44.1	38.5	2013-2017		15
<b>1.76</b>	Death Rate due to Opioid-Related Drug Poisoning	<i>deaths/ 100,000 population</i>	23.1		17.7		2019		14
<b>1.76</b>	Mortality Ranking		72				2021		7

<b>1.71</b>	Age-Adjusted Death Rate due to Prostate Cancer	<i>deaths/ 100,000 males</i>	19.6	16.9	18.7	19	2013-2017		15
<b>1.65</b>	Infant Mortality Rate: 5 year rate	<i>deaths/ 1,000 live births</i>	6.2	5	6.6		2015-2019		12
<b>1.62</b>	Death Rate due to Drug Poisoning	<i>deaths/ 100,000 population</i>	27.6		23.6		2019		14
<b>1.56</b>	Age-Adjusted Death Rate due to Heart Disease	<i>deaths/ 100,000 population</i>	195.6		194.8	723.5	2017-2019		12
<b>1.41</b>	Infant Mortality Rate: 3 year rate	<i>deaths/ 1,000 live births</i>	6.4	5	6.6		2017-2019		12
<b>1.35</b>	Deaths due to Transport Fatal Injuries	<i>deaths</i>	24				2019		12
<b>1.35</b>	Suicides	<i>people</i>	26				2019		3
<b>SCORE</b>	<b>OLDER ADULTS</b>	<b>UNITS</b>	<b>CALHOUN COUNTY</b>	<b>HP2030</b>	<b>Michigan</b>	<b>U.S.</b>	<b>MEASUREMENT PERIOD</b>	<b>HIGH RACE/AGE DISPARITY</b>	<b>Source</b>
<b>3.00</b>	Chronic Kidney Disease: Medicare Population	<i>percent</i>	29.5		25.9	24.5	2018		6



<b>2.82</b>	Depression: Medicare Population	<i>percent</i>	22.1		20.9	18.4	2018		6
<b>2.74</b>	Age-Adjusted Death Rate due to Alzheimer's Disease	<i>deaths/ 100,000 population</i>	44		33.3	30.2	2015-2019		12
<b>2.47</b>	Heart Failure: Medicare Population	<i>percent</i>	16.2		16	14	2018		6
<b>2.47</b>	Hypertension: Medicare Population	<i>percent</i>	59.8		58	57.2	2018		6
<b>2.35</b>	COPD: Medicare Population	<i>percent</i>	15.1		14.2	11.5	2018		6
<b>2.35</b>	People 65+ Living Alone	<i>percent</i>	29.1		28.1	26.1	2015-2019		1
<b>2.29</b>	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	<i>percent</i>	36.6		36.2	33.5	2018		6
<b>2.18</b>	Diabetes: Medicare Population	<i>percent</i>	28.7		28.2	27	2018		6
<b>2.18</b>	Hyperlipidemia : Medicare Population	<i>percent</i>	50.5		46	47.7	2018		6
<b>2.00</b>	Alzheimer's Disease or	<i>percent</i>	10.9		11.7	10.8	2018		6

	Dementia: Medicare Population								
<b>1.82</b>	Osteoporosis: Medicare Population	<i>percent</i>	5.9		5.8	6.6	2018		6
<b>1.74</b>	Adults 65+ with Influenza Vaccination	<i>percent</i>	54.7		57.6		2017-2019		11
<b>1.74</b>	Adults 65+ with Pneumonia Vaccination	<i>percent</i>	66.9		74.1		2017-2019		11
<b>1.71</b>	Asthma: Medicare Population	<i>percent</i>	5.3		5.6	5	2018		6
<b>1.68</b>	People 65+ with Low Access to a Grocery Store	<i>percent</i>	3.5				2015		23
<b>1.59</b>	Adults 65+ who Received Recommended Preventive Services: Females	<i>percent</i>	30			28.4	2018		4
<b>1.59</b>	Adults with Arthritis	<i>percent</i>	32.3			25.8	2018		4
<b>1.41</b>	Adults 65+ with Total Tooth Loss	<i>percent</i>	13.9			13.5	2018		4

<b>1.35</b>	Cancer: Medicare Population	<i>percent</i>	7.8		8.1	8.4	2018		6
<b>1.35</b>	People 65+ Living Below Poverty Level	<i>percent</i>	8.6		8.4	9.3	2015-2019	Black (10.1), Mult (27.0), Other (55.4), Hisp (16.0)	1
<b>1.29</b>	Atrial Fibrillation: Medicare Population	<i>percent</i>	7.9		8.4	8.4	2018		6
<b>1.00</b>	Ischemic Heart Disease: Medicare Population	<i>percent</i>	26.3		29	26.8	2018		6
<b>0.88</b>	Adults 65+ who Received Recommended Preventive Services: Males	<i>percent</i>	35			32.4	2018		4
<b>0.82</b>	Stroke: Medicare Population	<i>percent</i>	3.3		3.8	3.8	2018		6
<b>SCORE</b>	<b>ORAL HEALTH</b>	<b>UNITS</b>	<b>CALHOUN COUNTY</b>	<b>HP2030</b>	<b>Michigan</b>	<b>U.S.</b>	<b>MEASUREMENT PERIOD</b>	<b>HIGH RACE/AGE DISPARITY</b>	<b>Source</b>

<b>1.76</b>	Adults with Major Tooth Loss	<i>percent</i>	23.2		16		2016-2018		11
<b>1.59</b>	Adults who Visited a Dentist	<i>percent</i>	66.6		70.1		2016-2018		11
<b>1.41</b>	Adults 65+ with Total Tooth Loss	<i>percent</i>	13.9			13.5	2018		4
<b>1.26</b>	Dentist Rate	<i>dentists/ 100,000 population</i>	68.6		76.5		2019		7
<b>0.29</b>	Oral Cavity and Pharynx Cancer Incidence Rate	<i>cases/ 100,000 population</i>	9.6		11.8	11.8	2013-2017	Male (14.7)	15
<b>SCORE</b>	<b>OTHER CONDITIONS</b>	<b>UNITS</b>	<b>CALHOUN COUNTY</b>	<b>HP2030</b>	<b>Michigan</b>	<b>U.S.</b>	<b>MEASUREMENT PERIOD</b>	<b>HIGH RACE/AGE DISPARITY</b>	<b>Source</b>
<b>3.00</b>	Chronic Kidney Disease: Medicare Population	<i>percent</i>	29.5		25.9	24.5	2018		6
<b>2.29</b>	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	<i>percent</i>	36.6		36.2	33.5	2018		6
<b>1.82</b>	Osteoporosis: Medicare Population	<i>percent</i>	5.9		5.8	6.6	2018		6

<b>1.59</b>	Adults with Arthritis	<i>percent</i>	32.3			25.8	2018		4
<b>1.41</b>	Adults with Kidney Disease	<i>Percent of adults</i>	3.4			3.1	2018		4
<b>SCORE</b>	<b>PHYSICAL ACTIVITY</b>	<b>UNITS</b>	<b>CALHOUN COUNTY</b>	<b>HP2030</b>	<b>Michigan</b>	<b>U.S.</b>	<b>MEASUREMENT PERIOD</b>	<b>HIGH RACE/AGE DISPARITY</b>	<b>Source</b>
<b>2.21</b>	Adults who are Overweight	<i>percent</i>	38.8		34.6		2017-2019		11
<b>2.21</b>	Adults who are Sedentary	<i>percent</i>	33.3	21.2	25.5		2017-2019		11
<b>1.82</b>	Food Environment Index		7.3		7	7.8	2021		7
<b>1.76</b>	Adult Fruit and Vegetable Consumption	<i>percent</i>	10.7		14.9		2013-2015		11
<b>1.74</b>	Adults Who Are Obese	<i>percent</i>	36		33.8		2017-2019		11
<b>1.68</b>	Access to Exercise Opportunities	<i>percent</i>	76.7		85.5	84	2020		7
<b>1.68</b>	Children with Low Access to a Grocery Store	<i>percent</i>	5.3				2015		23
<b>1.68</b>	Grocery Store Density	<i>stores/ 1,000 population</i>	0.2				2016		23
<b>1.68</b>	Low-Income and Low	<i>percent</i>	8.2				2015		23

	Access to a Grocery Store								
<b>1.68</b>	People 65+ with Low Access to a Grocery Store	<i>percent</i>	3.5				2015		23
<b>1.68</b>	People with Low Access to a Grocery Store	<i>percent</i>	23.1				2015		23
<b>1.65</b>	Teens who Engage in Regular Physical Activity: 9th, 11th Graders	<i>percent</i>	47.6				2020		13
<b>1.59</b>	Health Behaviors Ranking		61				2021		7
<b>1.53</b>	Fast Food Restaurant Density	<i>restaurants/ 1,000 population</i>	0.7				2016		23
<b>1.50</b>	Recreation and Fitness Facilities	<i>facilities/ 1,000 population</i>	0.1				2016		23
<b>1.29</b>	SNAP Certified Stores	<i>stores/ 1,000 population</i>	1.1				2017		23
<b>1.18</b>	Farmers Market Density	<i>markets/ 1,000 population</i>	0.1				2018		23
<b>0.97</b>	WIC Certified Stores	<i>stores/ 1,000 population</i>	0.2				2016		23

SCORE	PREVENTION & SAFETY	UNITS	CALHOUN COUNTY	HP2030	Michigan	U.S.	MEASUREMENT PERIOD	HIGH RACE/AGE DISPARITY	Source
2.44	Age-Adjusted Death Rate due to Unintentional Injuries	<i>deaths/ 100,000 population</i>	68.2	43.2	51.7	48.9	2017-2019		12
1.62	Death Rate due to Drug Poisoning	<i>deaths/ 100,000 population</i>	27.6		23.6		2019		14
1.18	Severe Housing Problems	<i>percent</i>	14.4		14.7	18	2013-2017		7
SCORE	RESPIRATORY DISEASES	UNITS	CALHOUN COUNTY	HP2030	Michigan	U.S.	MEASUREMENT PERIOD	HIGH RACE/AGE DISPARITY	Source
2.35	COPD: Medicare Population	<i>percent</i>	15.1		14.2	11.5	2018		6
2.29	Age-Adjusted Death Rate due to Chronic Lower Respiratory Diseases	<i>deaths/ 100,000 population</i>	62.2		43.9	39.6	2017-2019		12
2.15	Age-Adjusted Death Rate due to	<i>deaths/ 100,000 population</i>	17.1		13.8	13.8	2017-2019		12

	Influenza and Pneumonia								
<b>2.12</b>	COVID-19 Daily Average Incidence Rate	<i>cases per 100,000 population</i>	5.2		3.6	14	23-Jul-21		9
<b>1.85</b>	Lung and Bronchus Cancer Incidence Rate	<i>cases/ 100,000 population</i>	66.6		63.3	58.3	2013-2017		15
<b>1.76</b>	Adults with COPD	<i>Percent of adults</i>	9.6			6.9	2018		4
<b>1.76</b>	Age-Adjusted Death Rate due to Lung Cancer	<i>deaths/ 100,000 population</i>	52.1	25.1	44.1	38.5	2013-2017		15
<b>1.74</b>	Adults 65+ with Influenza Vaccination	<i>percent</i>	54.7		57.6		2017-2019		11
<b>1.74</b>	Adults 65+ with Pneumonia Vaccination	<i>percent</i>	66.9		74.1		2017-2019		11
<b>1.71</b>	Asthma: Medicare Population	<i>percent</i>	5.3		5.6	5	2018		6
<b>1.62</b>	Adults with Current Asthma	<i>percent</i>	12.5		11.1		2017-2019		11
<b>1.44</b>	Adults who Smoke	<i>percent</i>	19.6	5	19		2017-2019		11



1.06	Teens who Smoke: 9th, 11th Graders	percent	1.8				2020	White (2.7), Male (2.8)	13
0.79	Adults who Used to Smoke	percent	33.5		26.6		2017-2019		11
0.29	COVID-19 Daily Average Case-Fatality Rate	deaths per 100 cases	0		5.1	1.2	23-Jul-21		9
SCORE	TOBACCO USE	UNITS	CALHOUN COUNTY	HP2030	Michigan	U.S.	MEASUREMENT PERIOD	HIGH RACE/AGE DISPARITY	Source
1.44	Adults who Smoke	percent	19.6	5	19		2017-2019		11
1.06	Teens who Smoke: 9th, 11th Graders	percent	1.8				2020	White (2.7), Male (2.8)	13
0.79	Adults who Used to Smoke	percent	33.5		26.6		2017-2019		11
SCORE	WEIGHT STATUS	UNITS	CALHOUN COUNTY	HP2030	Michigan	U.S.	MEASUREMENT PERIOD	HIGH RACE/AGE DISPARITY	Source
2.21	Adults who are Overweight	percent	38.8		34.6		2017-2019		11
1.74	Adults Who Are Obese	percent	36		33.8		2017-2019		11
1.65	Teens who are Obese: 9th, 11th Graders	percent	18.9				2020		13

SCORE	WELLNESS & LIFESTYLE	UNITS	CALHOUN COUNTY	HP2030	Michigan	U.S.	MEASUREMENT PERIOD	HIGH RACE/AGE DISPARITY	Source
2.03	Life Expectancy	years	76.1		78.1	79.2	2017-2019		7
1.91	Limited Activity due to a Health Problem	percent	11.6		10.3		2017-2019		11
1.85	Frequent Physical Distress	percent	14.1		13.4	11	2018		7
1.85	Insufficient Sleep	percent	39.5	31.4	40.4	35	2018		7
1.76	Adult Fruit and Vegetable Consumption	percent	10.7		14.9		2013-2015		11
1.76	Poor Physical Health: 14+ Days	percent	16.3		14.3		2017-2019		11
1.59	Morbidity Ranking		43				2021		7
1.41	Self-Reported General Health Assessment: Poor or Fair	percent	18.8		18.9		2017-2019		11
SCORE	WOMEN'S HEALTH	UNITS	CALHOUN COUNTY	HP2030	Michigan	U.S.	MEASUREMENT PERIOD	HIGH RACE/AGE DISPARITY	Source
2.00	Age-Adjusted Death Rate	deaths/ 100,000 females	22	15.3	20.8	20.1	2013-2017	Black (42.6)	15

	due to Breast Cancer								
<b>1.59</b>	Breast Cancer Incidence Rate	<i>cases/ 100,000 females</i>	113.3		122.6	125.9	<i>2013-2017</i>		15
<b>1.59</b>	Cervical Cancer Screening: 21-65	<i>Percent</i>	84.2			84.7	<i>2018</i>		4
<b>1.59</b>	Pap Test in Past 3 Years	<i>percent</i>	79.1		82.5		<i>2016-2018</i>		11
<b>1.24</b>	Mammogram in Past 2 Years: 50-74	<i>percent</i>	73.9	77.1		74.8	<i>2018</i>		4

## Appendix C. Community Input Assessment Tools

### 2021 Community Survey

**I. Please answer a few questions about yourself so that we can see how different types of people feel about local health issues.**

**Q1 - In what Calhoun County zip code do you live? Please select one of the following.**

- |                             |  |
|-----------------------------|--|
| <input type="radio"/> 49011 | <input type="radio"/> 49033              |
| <input type="radio"/> 49014 | <input type="radio"/> 49037              |
| <input type="radio"/> 49015 | <input type="radio"/> 49051              |
| <input type="radio"/> 49016 | <input type="radio"/> 49068              |
| <input type="radio"/> 49017 | <input type="radio"/> 49069              |
| <input type="radio"/> 49018 | <input type="radio"/> 49245              |
| <input type="radio"/> 49020 | <input type="radio"/> Currently homeless |
| <input type="radio"/> 49029 | <input type="radio"/> Other _____        |
| <input type="radio"/> 49092 |  |
| <input type="radio"/> 49224 |  |

**Q2 - Are you of Hispanic or Latino origin or descent? Select one.**

- ☐ Hispanic/Latino
- ☐ Non-Hispanic/Latino
- ☐ Prefer not to answer

**Q3 – Which of the following best describes you? Select one.**

- |   |  |
|---|--|
| <input type="radio"/> American Indian or Alaskan Native         | <input type="radio"/> White or Caucasian   |
| <input type="radio"/> Asian or Asian American                   | <input type="radio"/> Two or more races    |
| <input type="radio"/> Black or African American                 | <input type="radio"/> Some other race      |
| <input type="radio"/> Native Hawaiian or other Pacific Islander | <input type="radio"/> Prefer not to answer |

**Q4 - What is your age? Select one.**

- |                                |  |
|--------------------------------|--|
| <input type="radio"/> Under 18 | <input type="radio"/> 55-64                |
| <input type="radio"/> 18-20    | <input type="radio"/> 65-74                |
| <input type="radio"/> 21-24    | <input type="radio"/> 75-84                |
| <input type="radio"/> 25-34    | <input type="radio"/> 85 or older          |
| <input type="radio"/> 35-44    | <input type="radio"/> Prefer not to answer |
| <input type="radio"/> 45-54    |  |

**Q5 – What is your current gender identity? Select one.**

- |   |   |
|---|---|
| <input type="radio"/> Female                            | <input type="radio"/> Prefer not to answer            |
| <input type="radio"/> Male                              | <input type="radio"/> Other identification (optional) |
| <input type="radio"/> Transgender Female/Male-to-Female | If you feel comfortable doing so, please indicate     |
| <input type="radio"/> Transgender Male/Female-to-Male   | what other gender identity you most identify with:    |
| <input type="radio"/> Non-binary                        |   |

**Q6. Please consider sharing your sexual orientation with us. Do you think of yourself as (select one):**

- |   |   |
|---|---|
| <input type="radio"/> Straight (not lesbian or gay) | <input type="radio"/> Queer                 |
| <input type="radio"/> Gay                           | <input type="radio"/> Something else: _____ |
| <input type="radio"/> Lesbian                       |   |
| <input type="radio"/> Bisexual                      | <input type="radio"/> Don't know            |
| <input type="radio"/> Pansexual                     | <input type="radio"/> Prefer not to answer  |

**Q7 - What is the highest level of education you have completed? Select one.**

- |   |   |
|---|---|
| <input type="radio"/> Did not attend school           | <input type="radio"/> Associate Degree    |
| <input type="radio"/> Less than 9 <sup>th</sup> Grade | <input type="radio"/> Bachelor's Degree   |
| <input type="radio"/> Some High School, No Diploma    | <input type="radio"/> Master's Degree     |
| <input type="radio"/> High School Graduate            | <input type="radio"/> Professional Degree |
| <input type="radio"/> Professional Certification      | <input type="radio"/> Doctorate Degree    |

**Q8 - How much total combined money did all members of your household earn in the previous year?? Select one.**

- |  |  |
|--|--|
| <input type="radio"/> Less than \$15,000   | <input type="radio"/> \$75,000 to \$99,999   |
| <input type="radio"/> \$15,000 to \$24,999 | <input type="radio"/> \$100,000 to \$124,999 |
| <input type="radio"/> \$25,000 to \$34,999 | <input type="radio"/> 125,000 or more        |
| <input type="radio"/> \$35,000 to \$49,999 | <input type="radio"/> Prefer not to answer   |
| <input type="radio"/> \$50,000 to \$74,999 |  |

**Q9 - What language do you mainly speak at home? Select one.**

- |   |   |
|---|---|
| <input type="radio"/> Burmese or another language from<br>Burma/Myanmar | <input type="radio"/> Spanish                                       |
| <input type="radio"/> English   | <input type="radio"/> Some other language (please<br>specify) _____ |
| <input type="radio"/> Japanese  |   |

**Q10 - Do you identify with any of the following statements? Select all that apply.**

- |  |  |
|--|--|
| <input type="checkbox"/> I am living with a disability | <input type="checkbox"/> I provide care for an older adult or person living<br>with a disability |
| <input type="checkbox"/> I am active duty Military     | <input type="checkbox"/> Prefer not to answer  |
| <input type="checkbox"/> I am retired Military         | <input type="checkbox"/> I do not identify with any of these                                     |
| <input type="checkbox"/> I am a Veteran                |  |
| <input type="checkbox"/> I am an immigrant or refugee  |  |

**Q11 – Including yourself, how many people currently live in your household?**

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ More than 4

**II. In this survey, “community” refers to the major areas where you live, shop, play, work, and get services.**

**Q12 - How would you rate your community as a healthy place to live? Select one.**

- |  |                                    |
|--|------------------------------------|
| <input type="radio"/> Very Unhealthy   | <input type="radio"/> Healthy      |
| <input type="radio"/> Unhealthy        | <input type="radio"/> Very Healthy |
| <input type="radio"/> Somewhat Healthy |                                    |

**Q13 - In the following list, what do you think are the three most important “health problems” in your community? (Those problems that have the greatest impact on overall community health.) Select up to 3.**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Alcohol and Drug Use   | <input type="checkbox"/> Mental Health and Mental Disorders (anxiety, depression, suicide)        | <input type="checkbox"/> Respiratory/Lung Diseases (asthma, COPD, etc.)              |
| <input type="checkbox"/> Auto Immune Diseases (multiple sclerosis, Crohn's disease, etc.) | <input type="checkbox"/> Nutrition and Health Eating  | <input type="checkbox"/> Sexually transmitted diseases/infections (STDs/STIs)        |
| <input type="checkbox"/> Cancer   | <input type="checkbox"/> Older Adults (hearing/vision loss, arthritis, etc.)                      | <input type="checkbox"/> Teen and Adolescent Health                                  |
| <input type="checkbox"/> Children's Health  | <input type="checkbox"/> Oral Health and Access to Dentistry Services (dentists available nearby) | <input type="checkbox"/> Tobacco Use (including e-cigarettes, chewing tobacco, etc.) |
| <input type="checkbox"/> Chronic Pain   | <input type="checkbox"/> People living with disabilities  | <input type="checkbox"/> Weight Status (Individuals who are Overweight or Obese)     |
| <input type="checkbox"/> Diabetes   | <input type="checkbox"/> Physical Activity  | <input type="checkbox"/> Women’s Health (ex: mammogram, pap exam)                    |
| <input type="checkbox"/> Family planning services (birth control)                         | <input type="checkbox"/> Quality of Health Care Services Available                                | <input type="checkbox"/> Other (please specify)<br>_____                             |
| <input type="checkbox"/> Heart Disease and Stroke   |   |  |
| <input type="checkbox"/> Injury and Violence  |   |  |
| <input type="checkbox"/> Maternal and Infant Health                                       |   |  |
| <input type="checkbox"/> Men’s Health (ex: prostate exam, prostate health)                |   |  |

**Q14 - In your opinion, which of the following would you most like to see addressed in your community? Select up to 3.**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Access to Affordable Health Care Services (doctors available nearby, wait times, services available nearby, takes insurance) | <input type="checkbox"/> Economy and job availability  | <input type="checkbox"/> Safe air and water quality  |
| <input type="checkbox"/> Access to higher education (2-year or 4-year degrees)  | <input type="checkbox"/> Education and schools (Pre-K to 12th grade)                                       | <input type="checkbox"/> Safe housing  |
| <input type="checkbox"/> Accessible sidewalks and other structures for those living with disabilities   | <input type="checkbox"/> Emergency Preparedness  | <input type="checkbox"/> Services for Seniors/Elderly (those over 65)                      |
| <input type="checkbox"/> Ability to access safe parks and walking paths   | <input type="checkbox"/> Inequity in jobs, health, housing, etc. for underserved populations               | <input type="checkbox"/> Social isolation/feeling lonely                                   |
| <input type="checkbox"/> Bike lanes   | <input type="checkbox"/> Food insecurity or hunger   | <input type="checkbox"/> Support for families with children (childcare, parenting support) |
| <input type="checkbox"/> Crime and Crime Prevention (robberies, shootings, other violent crimes)  | <input type="checkbox"/> Healthy Eating (restaurants, stores, or markets)                                  | <input type="checkbox"/> Persons who've experienced physical and/or emotional trauma       |
| <input type="checkbox"/> Discrimination or inequity based on race/ethnicity, gender, age, sex.  | <input type="checkbox"/> Homelessness and unstable housing   | <input type="checkbox"/> Transportation  |
| <input type="checkbox"/> Domestic Violence and Abuse (intimate partner, family, elder abuse or child abuse)   | <input type="checkbox"/> Injury Prevention (traffic safety, drownings, bicycling and pedestrian accidents) | <input type="checkbox"/> Other (please specify)<br>_____                                   |
|   | <input type="checkbox"/> Neighborhood safety   |  |

**Q15 - Below are some statements about health care services in your community. Please rate how much you agree or disagree with each statement. Place an X for your response in each row below.**

	Strongly Agree	Agree	Feel Neutral	Disagree	Strongly Disagree
I am connected to a primary care doctor or health clinic that I am happy with					
I can access the health care services that I need within a reasonable time frame and distance from my home or work					
I know where to find the health care resources or information I need when I need them					
I feel like I can advocate for my health care (I feel heard and seen by my health care provider)					
There are good quality health care services in my community.					
There are affordable health care services in my community.					
Individuals in my community can access healthcare services regardless of race, gender, sexual orientation, immigration status, etc.					

**Q16 - WHERE DO YOU GET MOST OF YOUR HEALTH INFORMATION? (CHECK ALL THAT APPLY.)**

<input type="checkbox"/> COMMUNITY ORGANIZATION/AGENCY	<input type="checkbox"/> NEWSPAPER/MAGAZINES
<input type="checkbox"/> DOCTOR OR HEALTH CARE PROVIDER	<input type="checkbox"/> RADIO
<input type="checkbox"/> FACEBOOK OR TWITTER	<input type="checkbox"/> CHURCH GROUP
<input type="checkbox"/> OTHER SOCIAL MEDIA	<input type="checkbox"/> SCHOOL OR COLLEGE
<input type="checkbox"/> FAMILY OR FRIENDS	<input type="checkbox"/> TV
<input type="checkbox"/> HEALTH DEPARTMENT	<input type="checkbox"/> WORKSITE
<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> OTHER (PLEASE SPECIFY)
<input type="checkbox"/> INTERNET	_____
<input type="checkbox"/> LIBRARY	_____

**Q17 - How would you rate your own personal health in the past 12 months? Select one.**

- |  |                                    |
|--|------------------------------------|
| <input type="radio"/> Very Unhealthy   | <input type="radio"/> Healthy      |
| <input type="radio"/> Unhealthy        | <input type="radio"/> Very Healthy |
| <input type="radio"/> Somewhat Healthy |                                    |

**Q18 - Do you currently have a health insurance plan/health coverage? Select one.**

- ☐ Yes – PLEASE ANSWER Q19 NEXT  
☐ No – SKIP TO Q20  
☐ I don't know – SKIP TO Q20

**Q19 - Which type(s) of health plan(s) do you use to pay for your health care services? Select all that apply.**

- |  |   |
|--|---|
| <input type="checkbox"/> Medicaid  | <input type="checkbox"/> Private Insurance I pay for myself (HMO/PPO) |
| <input type="checkbox"/> Medicare  | <input type="checkbox"/> Indian Health Services                       |
| <input type="checkbox"/> Insurance through an employer (HMO/PPO) - either my own or partner/spouse/parent        | <input type="checkbox"/> Veteran's Administration                     |
| <input type="checkbox"/> Insurance through the Health Insurance Marketplace/Obama Care/Affordable Care Act (ACA) | <input type="checkbox"/> COBRA  |
|  | <input type="checkbox"/> I pay out of pocket/cash                     |
|  | <input type="checkbox"/> Other (please specify) _____                 |

**Q20 - In the past 12 months, was there a time that you needed health care services but did not get the care that you needed? Select one.**

- ☐ Yes – PLEASE ANSWER Q21 NEXT  
☐ No, I got the services that I needed – SKIP TO Q22  
☐ Does not apply, I did not need health care services in the past year – SKIP TO Q22

**Q21 - Select the top reason(s) that you did not receive the health care services that you needed in the past 12 months. Select all that apply.**

- |  |   |
|--|---|
| <input type="checkbox"/> Cost - too expensive/can't pay                                      | <input type="checkbox"/> Wait is too long   |
| <input type="checkbox"/> No insurance  | <input type="checkbox"/> No doctor is nearby  |
| <input type="checkbox"/> Insurance not accepted  | <input type="checkbox"/> I did not know where to go   |
| <input type="checkbox"/> Lack of personal transportation                                     | <input type="checkbox"/> Office/service/program has limited access or is closed due to COVID-19 |
| <input type="checkbox"/> Lack of transportation due to bus schedule and/or drop-off location | <input type="checkbox"/> Language barrier   |
| <input type="checkbox"/> Hours of operation did not fit my schedule                          | <input type="checkbox"/> Cultural/religious reasons   |
| <input type="checkbox"/> Child care was not available  |   |



\_\_\_\_ Lack of trust in healthcare services and/or providers  
\_\_\_\_ Previous negative experience receiving care or services

\_\_\_\_ Lack of providers that I identify with (race, ethnicity, gender) or have training specific to my needs  
\_\_\_\_ Other (please specify) \_\_\_\_\_

**Q22 - In the past 12 months, was there a time that you needed dental or oral health services but did not get the care that you needed? Select one.**

- ☐ Yes – PLEASE ANSWER Q23  
☐ No, I got the services that I needed – SKIP TO Q24  
☐ Does not apply, I did not need dental/oral health services in the past year – SKIP TO Q24

**Q23 - Select the top reason(s) that you did not receive the dental or oral health services that you needed in the past 12 months. Select all that apply.**

\_\_\_\_ Cost - too expensive/can't pay  
\_\_\_\_ No insurance  
\_\_\_\_ Insurance not accepted  
\_\_\_\_ Lack of personal transportation  
\_\_\_\_ Lack of transportation due to bus schedule and/or drop-off location  
\_\_\_\_ Hours of operation did not fit my schedule  
\_\_\_\_ Child care was not available  
\_\_\_\_ Wait is too long  
\_\_\_\_ No doctor is nearby  
\_\_\_\_ I did not know where to go  
\_\_\_\_ Office/service/program has limited access or is closed due to COVID-19  
\_\_\_\_ Language barrier  
\_\_\_\_ Cultural/religious reasons  
\_\_\_\_ Lack of trust in healthcare services and/or providers  
\_\_\_\_ Previous negative experience receiving care or services  
\_\_\_\_ Lack of providers that I identify with (race, ethnicity, gender) or have training specific to my needs  
\_\_\_\_ Other (please specify) \_\_\_\_\_

**Q24 - In the past 12 months, was there a time that you needed or considered seeking mental health services or alcohol/substance abuse treatment but did not get services? Select one.**

- ☐ Yes – PLEASE ANSWER Q25  
☐ No, I got the services that I needed – SKIP TO Q26  
☐ Does not apply, I did not need services in the past year – SKIP TO Q26

**Q25 - Select the top reason(s) that you did not receive mental health services or alcohol/substance use treatment. Select all that apply.**

\_\_\_\_ Cost - too expensive/can't pay  
\_\_\_\_ No insurance  
\_\_\_\_ Insurance not accepted  
\_\_\_\_ Lack of personal transportation  
\_\_\_\_ Lack of transportation due to bus schedule and/or drop-off location  
\_\_\_\_ Hours of operation did not fit my schedule  
\_\_\_\_ Child care was not available  
\_\_\_\_ Wait is too long

- ☐ No doctor is nearby  
☐ I did not know where to go  
☐ Office/service/program has limited access or is closed due to COVID-19  
☐ I did not know how treatment would work  
☐ I worried that others would judge me  
☐ Language barrier  
☐ Cultural/religious reasons

- ☐ Lack of trust in healthcare services and/or providers  
☐ Previous negative experience receiving care or services  
☐ Lack of providers that I identify with (race, ethnicity, gender) or have training specific to my needs  
☐ Other (please specify) \_\_\_\_\_

**Q26 - In the past 12 months, did you go to a hospital Emergency Department (ED)? Select one.**

- ☐ Yes – PLEASE ANSWER Q27 AND Q28  
☐ No, I have not gone to the hospital ED – SKIP TO Q29

**Q27 - Please select the number of times you have gone to the ED in the past 12 months. Select one.**

- ☐ 1  
☐ 2  
☐ 3  
☐ 4  
☐ 5  
☐ 6 or more

**Q28 - What were the main reasons that you went to the Emergency Department (ED) instead of a doctor's office or clinic? Select any that apply.**

- ☐ After clinic hours/weekend  
☐ I don't have a regular doctor/clinic  
☐ I do not have health insurance  
☐ I feel more comfortable accessing my care in the ED instead of at a doctor's office or clinic  
☐ Concerns about cost or co-pays  
☐ Emergency/Life-threatening situation  
☐ Long wait for an appointment with my regular doctor  
☐ Needed food, shelter, or other resources  
☐ Other (please specify) \_\_\_\_\_

**Q29 - Below are some statements about employment and education in your community. Please rate how much you agree or disagree with each statement. Place an X for your response in each row below.**

	Strongly Agree	Agree	Feel Neutral	Disagree	Strongly Disagree
There are plenty of good paying jobs available for those who are over 18 years old					
There are plenty of jobs available for those who are 14 to 18 years old					
There are job trainings or employment resources for those who need them					
There are resources for individuals in my community to start a business (financing, training, real estate, etc.)					
Childcare (daycare/pre- school) resources are affordable and available for those who need them					
The K-12 schools in my community are well funded and provide good quality education					
Our local University/Community College provides quality education at an affordable cost					

**Q30 - Which is your current employment status? Select one.**

- ☐ Employed, working full-time  
☐ Employed, working part-time

- ☐ Not working by choice
 ☐ Unable to work  
☐ Out of work, looking for work
 ☐ Student  
☐ Out of work, but NOT currently looking for work
 ☐ Retired

**Q31 - Have you applied for a job in Calhoun County within the last 12 months?**

\_\_\_ Yes – PLEASE ANSWER Q32 – Q36

\_\_\_ No – SKIP TO Q37

**Q32 – Do any of the following reasons make it difficult for you to find or keep a job? Select any that apply.**

\_\_\_ Attending school

\_\_\_ Available jobs do not pay a wage that allows me to care for myself and my family

\_\_\_ Cannot find child care

\_\_\_ Cost of child care is too high

\_\_\_ Full time work is too much

\_\_\_ Part time work is not enough

\_\_\_ Shifts do not work with my schedule

\_\_\_ Taking care of family member

\_\_\_ Lack of transportation

\_\_\_ Positive drug test/drug screen

\_\_\_ Criminal history

\_\_\_ Under 18 years old

\_\_\_ Have not received my high school diploma or GED

\_\_\_ Other (please specify) \_\_\_\_\_

**Q33 - Do you find any of the following hiring requirements to start a job too complex or inconvenient?**

\_\_\_ Traveling or scheduling for medical appointments (pre employment physicals, drug testing, etc.)

\_\_\_ Traveling or scheduling to complete required paperwork

\_\_\_ Taking time off from my current job to complete either of the above

\_\_\_ Scheduling or finding affordable childcare for any of the above

\_\_\_ The time it takes from accepting a job offer/starting a job to receive my first pay check

**Q34 - How is it easiest for you to receive updates and communication when applying for a job?**

\_\_\_ Speaking over the phone

\_\_\_ Texting

\_\_\_ Email

\_\_\_ Other: \_\_\_\_\_

**Q35 - When applying for a job, I am more likely to complete an application if: (select all that apply)**

\_\_\_ I am required to create a new account in a program like Indeed

\_\_\_ I am able to apply quickly from a platform like Facebook, Indeed, or LinkedIn without creating a new account

\_\_\_ I am able to apply directly on a company's website without creating a new account

\_\_\_ The pay scale and benefits summary (medical insurance, paid time off, etc.) are included in the posting

**Q36 - If a formal orientation at your new job is required, would you prefer to:**

\_\_\_ Attend in-person with other new employees at a scheduled time

\_\_\_ Attend virtually (from home/computer) at a time that you select

**Q37 - Below are some statements about housing, transportation, and safety in your community. Please rate how much you agree or disagree with each statement. Place an X for your response in each row below.**

	Strongly Agree	Agree	Feel Neutral	Disagree	Strongly Disagree
There are affordable places to live in my community					

	Strongly Agree	Agree	Feel Neutral	Disagree	Strongly Disagree
Streets in my community are typically clean and buildings are well maintained					
I feel safe in my own neighborhood					
Crime is not a major issue in my neighborhood					
There is a feeling of trust in Law Enforcement in my community					
Transportation is easy to get if I need it					

**Q38 - What transportation do you use most often to go places? Select one.**

- ☐ Drive my own car  
☐ Hitchhike  
☐ Walk  
☐ Ride a bicycle  
☐ Ride a motorcycle or scooter  
☐ Take a bus  
☐ Take a taxi or ride share service (Uber/Lyft)  
☐ Use medical transportation/specialty van transport  
☐ Use senior transportation  
☐ Someone drives me  
☐ Other (please specify) \_\_\_\_\_

**Q39 - Which of the following categories best reflects your current living situation? Select one.**

- ☐ Live alone in a home (house, apartment, condo, trailer, etc.)  
☐ Live in a home with another person such as a partner, sibling(s), roommate(s), or caregiver  
☐ Live-in single-family home that include a spouse or partner AND a child/children under age 25  
☐ Live in a multi-generational home (home includes grand-parents or adult children over age 25)  
☐ Live with another household or family  
☐ Live in an assisted living facility or adult foster care  
☐ Long-term care/nursing home  
☐ Temporarily staying with a relative or friend  
☐ Staying in a shelter or are homeless (living on the street)  
☐ Living in a tent, recreational vehicle (RV), or couch-surfing  
☐ Hotel/motel (long-term stay)

**Q40 - Does your current housing situation meet your needs? Select one.**

- ☐ Yes – SKIP TO Q42  
☐ No –PLEASE ANSWER Q41

**Q41 - What issues do you have with your current housing situation? Select all that apply.**

- ☐ Prior eviction  
☐ Current housing is temporary, need permanent housing  
☐ High crime  
☐ Mortgage is too expensive  
☐ Need supportive and/or assisted living  
☐ Rent/facility is too expensive  
☐ Too far from town/services  
☐ Too run down or unhealthy environment (ex. mold, lead)  
☐ Too small /crowded problems with other people  
☐ Unsafe  
☐ Other (please specify) \_\_\_\_\_

**Q42 - During the past month, how hard has it been for the members of your household to pay for food, housing, medical care, and utilities? Place an X below your response below.**

Very difficult	Difficult	Neutral	Easy	Very easy

**Q43 - Below are some statements about access to food and resources in your community. Please rate how much you agree or disagree with each statement. Place an X for your response in each row below.**

	Strongly Agree	Agree	Feel Neutral	Disagree	Strongly Disagree
I am not able to prepare my own food					
I am unable to get to the grocery store					
Affordable healthy food options are easy to purchase at nearby corner stores, grocery stores or farmer's markets					
In my neighborhood it is easy to grow/harvest and eat fresh food from a home garden					
Local restaurants serve healthy food options					
We have good parks and recreational facilities					
There are good sidewalks or trails for walking safely					
It is easy for people to get around regardless of ability					
Air and water quality are safe in my community					

**Q44 - In the last month, did you or your family ever eat less than you felt you should because there wasn't enough money for food? Select one.**

- ☐ Yes  
☐ No  
☐ Never

**Q45 – If you need to get food from a Food Bank or Food Pantry, do you know where to go?**

- ☐ Yes  
☐ No  
☐ Not sure

**Q46 – Do you have access to the transportation you need to get to a Food Bank or Food Pantry if needed?**

- ☐ Yes  
☐ No  
☐ Sometimes

**IV. During this time, we understand that COVID-19 has impacted everyone's lives, directly and indirectly. We would like to know how these events have impacted you and your household to better understand how our community has been affected overall.**

**REMINDER:** This is an anonymous survey. If you or anyone in your household has questions or concerns related to COVID-19, information is available from Calhoun County Health Department at [https://calhouncountymi.gov/departments/public\\_health\\_department/coronavirus\\_\(covid-19\).php](https://calhouncountymi.gov/departments/public_health_department/coronavirus_(covid-19).php) If you need assistance finding local resources and support services, please call 211 or visit Michigan 211 at <https://www.mi211.org/covid-19-what-you-should-know>

**Q47 - We know the COVID-19 pandemic is challenging in many ways. Please select from the following list the issues that are the biggest challenge for your household right now. Select all that apply.**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Access to basic medical care   | <input type="checkbox"/> Feeling alone/isolated, not being able to socialize with other people   | <input type="checkbox"/> Lack of skills to use technology to communicate, access virtual school, or work remotely from home |
| <input type="checkbox"/> Access to emergency medical services   | <input type="checkbox"/> Feeling nervous, anxious, or on edge  | <input type="checkbox"/> Not being able to exercise   |
| <input type="checkbox"/> Access to prescription medications   | <input type="checkbox"/> Household members not getting along   | <input type="checkbox"/> Not knowing when the pandemic will end/not feeling in control                                      |
| <input type="checkbox"/> A shortage of food   | <input type="checkbox"/> Household member(s) have or have had COVID-19 or COVID-like symptoms (fever, shortness of breath, dry cough)  | <input type="checkbox"/> Options for childcare services/lack of childcare support   |
| <input type="checkbox"/> A shortage of healthy food   | <input type="checkbox"/> Lack of technology to communicate with people outside of my household, access virtual school, or work remotely from home (e.g. internet access, computer, tablet, etc.) | <input type="checkbox"/> Unable to find work  |
| <input type="checkbox"/> A shortage of sanitation and cleaning supplies (e.g., toilet paper, disinfectants, etc.) |  | <input type="checkbox"/> Other (please specify) _____   |
| <input type="checkbox"/> Challenges for my children attending school (in person or virtually)                     |  | <input type="checkbox"/> None of the following apply  |
| <input type="checkbox"/> Experience housing challenges or homelessness  |  |   |

**Q48 – What is your COVID-19 Vaccine status?**

- ☐ I am vaccinated  
☐ I plan to get vaccinated - PLEASE ANSWER Q50  
☐ I do not plan to get vaccinated – SKIP to Q51

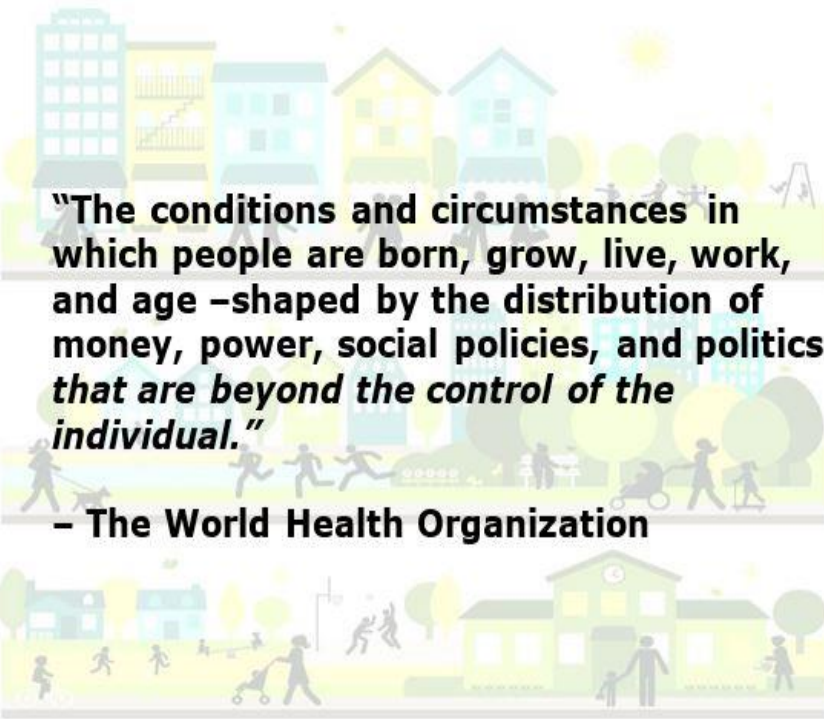
**Q49 – If you are planning to get vaccinated, any of the following contributing to the delay in your vaccine? Select all that apply.**

- ☐ No challenges, I have just not scheduled my appointment
- ☐ Uncertain about the safety or side-effects of the vaccine
- ☐ Challenges getting a vaccine appointment
- ☐ Not able to take off work for an appointment
- ☐ Lack of transportation
- ☐ Hours of operation did not fit my schedule
- ☐ Language barrier
- ☐ No vaccine site is nearby
- ☐ Wait is too long
- ☐ I worried that others would judge me
- ☐ Cultural/religious reasons
- ☐ Lack of trust in healthcare services and/or providers
- ☐ Previous negative experience receiving care or services
- ☐ Other (please specify) \_\_\_\_\_

**Q50 – If you do not plan to get vaccinated, help us understand why:**

- ☐ I do not believe the vaccine is safe for me
- ☐ I have a pre-existing condition that makes me ineligible
- ☐ Cultural or religious reasons
- ☐ Other

# 2019 Calhoun County Qualitative Data Analysis



**"The conditions and circumstances in which people are born, grow, live, work, and age –shaped by the distribution of money, power, social policies, and politics *that are beyond the control of the individual.*"**

**– The World Health Organization**



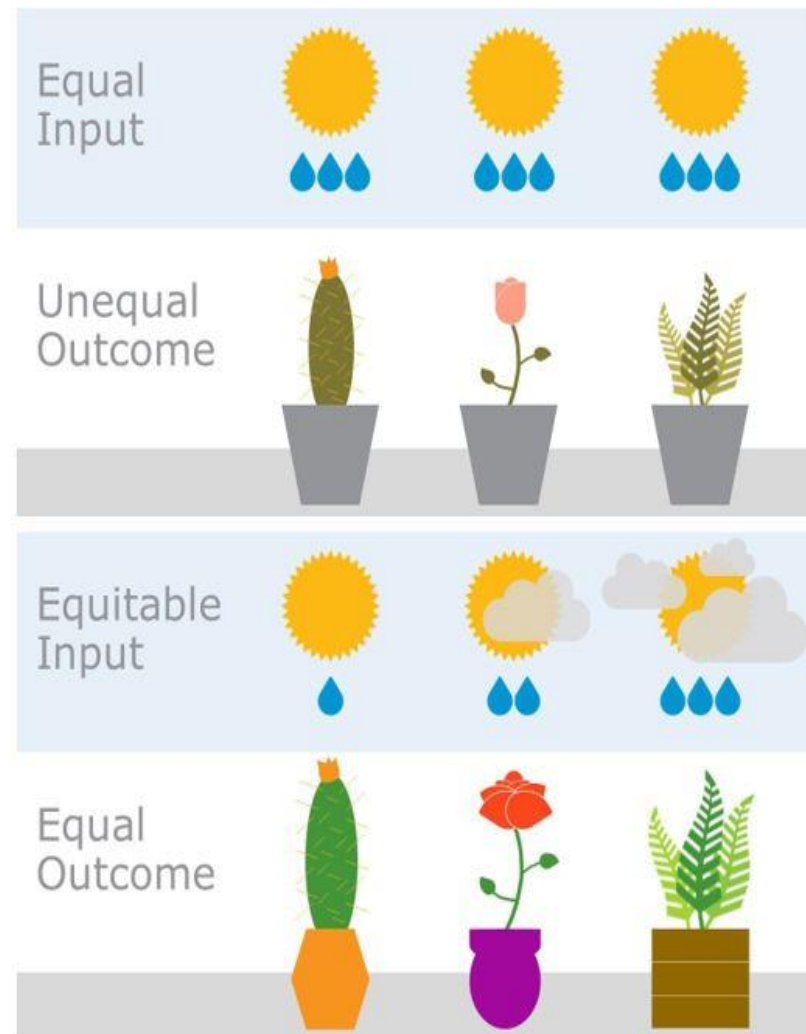
## INTRODUCTION

**Health Equity** is the state in which everyone has the opportunity to attain full health, and no one is disadvantaged from achieving this because of social position or any of other socially defined circumstance.<sup>1</sup>

To achieve equity, there is an urgency to understand that many of the disparities seen in our communities are not only avoidable, but also beyond the individual's control. We define this as an **inequity**.

When groups of people are disadvantaged from attaining full health because of their social position, these are **social inequities**. Social inequities are reinforced by our laws, policies and governance within organizations and systems in a community, or **institutional inequities**. That is, from a systematically unequal distribution of power and resources among institutions, and thus resulting in differences among groups.<sup>1</sup>

Understanding these disparities starts with understanding the history of discrimination and oppression these communities have faced.



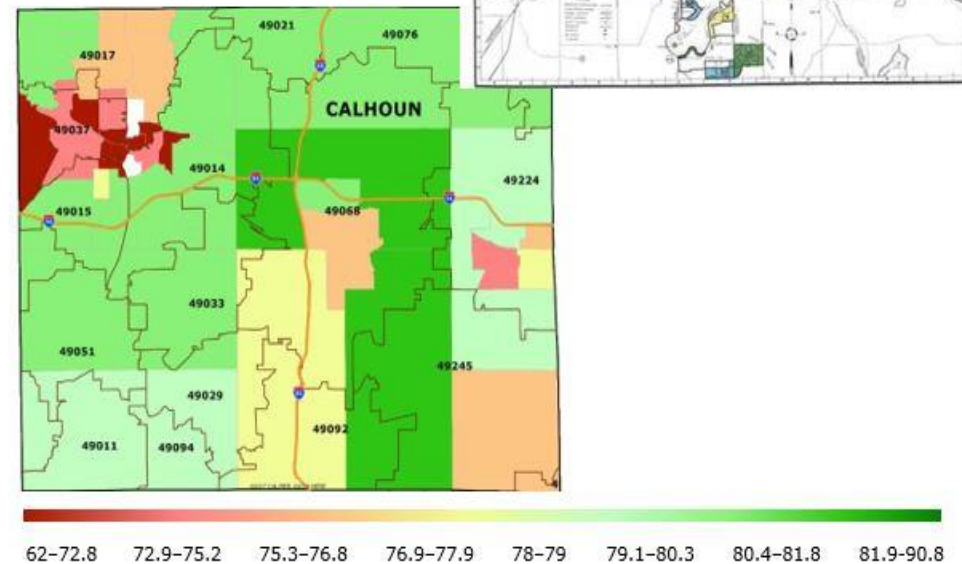
# INTRODUCTION

Decades of **social and institutional inequities** in the neighborhoods surrounding Kalamazoo's urban center have led to significant racial and economic segregation as well as a concentration of generational poverty. As a result, we see a similar negative impact on health and health outcomes in people of color throughout the county.

Inequities can take on many forms. For example, the historic map popped out on the right shows the government's restriction on homeownership in 1937—a policy known as redlining—that prevented black families from receiving government-backed home loans for over 30 years. Today, the same redlined areas on the map are also the areas with the lowest life expectancies in Battle Creek, shown to the right.

This is an example of how inequities like, racial policies, can impact someone's living conditions like, housing and ultimately someone's health outcome like, life expectancy. In other words, the **living conditions**, or where we live, work, learn and play, are the terrain on which the effects of inequities play out.<sup>1</sup>

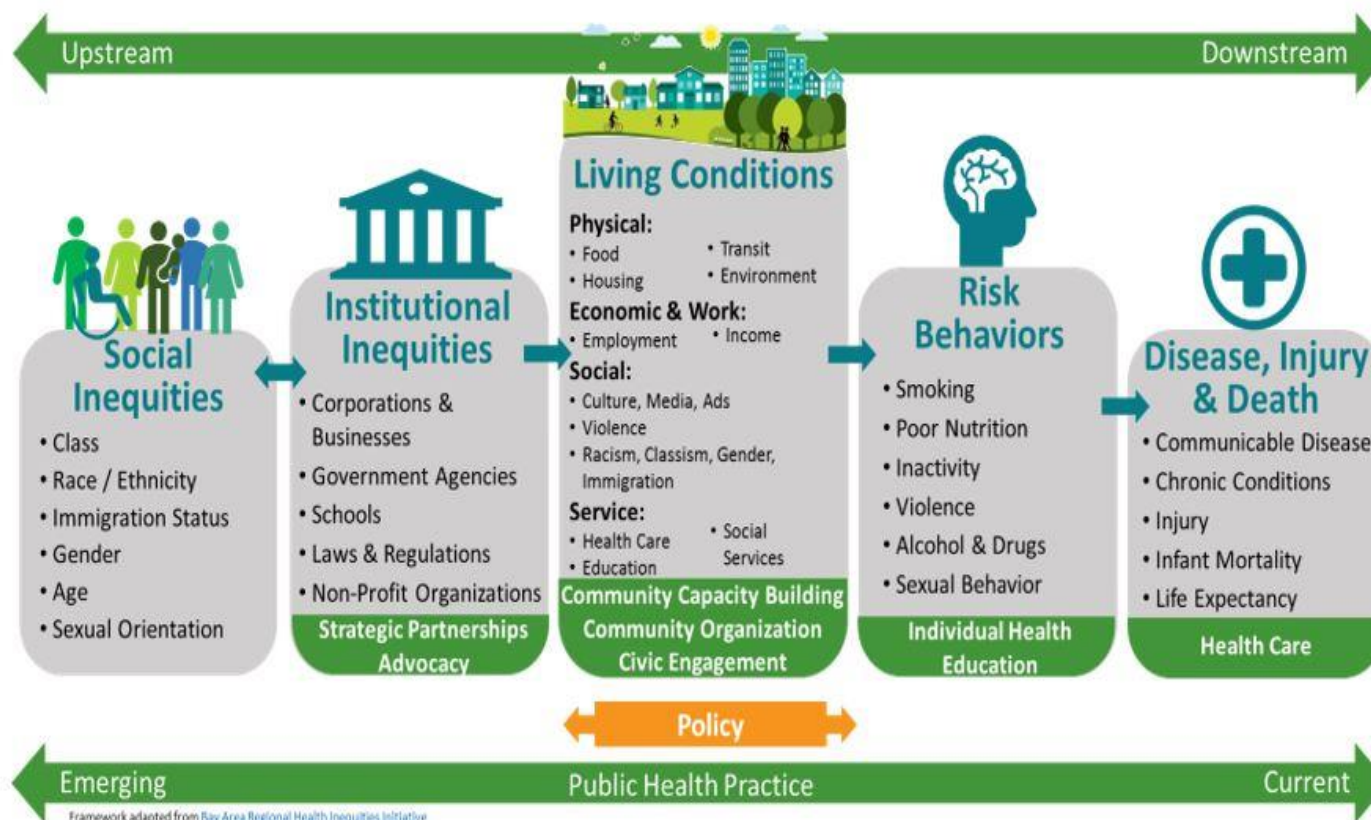
## Life Expectancy



Source: CDC; 2010 Census, MDHHS, National Center for Health Statistics. U.S. Small-Area Life Expectancy Estimates Project (USALEEP): Life Expectancy Estimates File for (Jurisdiction), 2010-2015. National Center for Health Statistics. 2018. Available from: <https://www.cdc.gov/nchs/nvss/usaleep/usaleep.html>.

# INTRODUCTION

The voices represented in this document, have shed light on some of the many inequities that are disproportionately shaping an individual's access to live a full and healthy life. Below is Bronson's Health Equity Framework, adopted from Bay Area Regional Health Inequities Initiative <sup>5</sup>, and has served as the basis for how we approached this work. This is to emphasize that these needs do not exist in siloes, and to illustrate how they inform one another on a continuum. This is another example that demonstrates how equity is *both* a process and an outcome.





## PROCESS & COMMUNITY VOICE TOPICS

Community voice and input revealed variations in the lived experience in Calhoun County. The analysis in this document represents the most important issues from 23 focus groups, 38 interviews and 263 community voices. In September 2021, Michigan Public Institute reviewed and coded this original 2019 qualitative data using a coding structure developed for the 2019 CHNA. This coding structure was used to ensure that the results from this analysis could be compared to those completed for Kalamazoo and Van Buren counties in 2019. Once coding was complete, those topics with 50 or more comments were selected as themes. The comments for each topic were reviewed and a theme statement was created. Then detailed comments summarizing key points within the theme were created and are listed below the theme statement. The themes listed below are arranged in order of relevance (highest number of comments to least). A total of nine topics were selected.

### Top 9 Topics:

- Health Equity
- Access to Health Care
- Resources
- Insurance
- Poverty
- Mental Health
- Substance Abuse
- Transportation
- Health care as a Community Asset



**COMMUNITY**

## DEFINITIONS

## SOCIAL DETERMINANTS OF HEALTH

**The social environment** reflects the individuals, families, and businesses within a community, the interactions and kinship ties between them, and norms and culture. The foundation of the social environment is trusting relationships and partnerships between residents and their community. This trust is fostered through inclusive and shared decision making based on respect & acceptance. —Adapted from *Imagine Kalamazoo 2025*

**The service environment** is the extent to which a community has available, effective, affordable, and culturally and linguistically inclusive access to education, healthcare, and social services. Groups of people who are impacted disproportionately by social and institutional inequities, are more likely to be left out of receiving quality education, mental health, healthcare, and basic social services to live a healthy life.<sup>1</sup>

**The physical environment** represents the place, including the human made physical components, design, permitted use of space, and the natural environment. It includes, for example, transportation/getting around, what's sold and how it's promoted, parks and open space, look and feel, air/water/soil, and arts and cultural expression. Groups of people who are impacted disproportionately by social and institutional inequities are historically exposed to sub-standard housing, green space, air quality, and working conditions.<sup>1</sup>

**The economic and work environment** is the extent to which a community has stable employment for its citizens and opportunities to build wealth. Wealth measured at a single point in time may provide a more complete picture of a person's economic resources. Access to financial resources, be it income or wealth, affects health by safeguarding individuals against large medical bills while also having access to healthy neighborhoods, homes, land uses, and parks. Groups of people who are impacted disproportionately by social and institutional inequities are historically left out of the workforce and jobs that pay a living wage.<sup>1</sup>

*"As a nation, we are starting to learn and understand how the living conditions, or the social determinants of health, impact health outcomes. It is important to note that the social determinants of health are not fixed. They are modifiable and can be a powerful place to impact change."*<sup>1</sup>

*-The National Academies of Sciences • Engineering • Medicine*

## Barriers create health inequities for multiple populations within Calhoun County to achieve better health.

- Participants were concerned about vulnerable populations receiving healthcare and support to be healthy. Certain populations have more barriers to accessing services than other populations such as the Latinx, LGBTQ and Burmese. These populations at times need additional supports to help them become and stay healthy.
- There was a concern with inequities associated with infant mortality, specifically between African Americans/Blacks and Whites.
- There is a lack of cultural awareness, competence and sensitivity from some providers and staff. This leads to unwelcoming interactions that ultimately prevent certain populations from receiving high quality care and may influence whether the individual attempts to obtain needed services.
- Language barriers are sometimes addressed by online and phone interpretation services and some in-person translators, but a barrier still exists. Having more interpreters in-person was a recommended solution, specifically having someone from the community served act as the translator.





## Access to quality health care is influenced by deep rooted issues that lead to inequities.

- Navigating the health care system was described as difficult. Having individuals such as case managers or patient advocates available to assist patients was recommended.
- There is a lack of specialists, particularly those focused on mental health, resulting in long wait times to be seen. Access to mental health services overall was a concern.
- Access to health care is determined by where you live. Local health care services are not always available especially for those living in rural areas. This lack of localized care can then become a transportation issue.
- Language and cultural competency are barriers to accessing health care services. This can result in difficulties addressing more sensitive health topics, such as mental health.
- Type of insurance influences how and if an individual accesses health care. There is a population of concern that is ineligible for Medicaid and is unable to pay co-pays and deductibles leading to these individuals not receiving the care they need.



### **A lack of awareness of social services and resources hinders access.**

- There are many social services available, but there is a lack of awareness among residents that these services exist. This can be especially true for individuals whose life circumstances change (e.g., become homeless) and they now need resources. Some individuals do not have access to information through computers and newspapers.
- There is a lack of resources for certain populations, such as caregivers needing respite care and homeless with disabilities needing help finding housing. There is also a lack of access to some resources. Some resources mentioned include toiletries, showers, baby food and formula.
- Gathering information of available resources into one centralized location would help with awareness of services. Some work has already been done on this, for example gathering information about resources for 211. It is important that information be consistently updated. There has also been work done on opioid resources.
- Once individuals are aware of what resources are available, there can be issues with understanding how to access them.





## Individuals' experience of healthcare varies depending on their insurance status and type of insurance.

- There are gaps in health care for those who are income limited (ie. ALICE) but not eligible for Medicaid. These individuals struggle to afford insurance and may not be able to pay high deductibles and co-pays. This population may then need to choose between daily living expenses and health care costs.
- Insurance coverage for specialty services varies and creates barriers for individuals seeking care. Many individuals, even those with insurance, do not have coverage for services such as oral health, mental health, vision, hearing, and substance abuse treatment.
- There is a stigma for individuals on Medicaid. Those on Medicaid have different experiences and access than those with commercial insurance. Perceived treatment of those on Medicaid was worse than those with commercial insurance.



**For those living in or near poverty, basic needs are given priority and the individuals' overall health is jeopardized.**

- There is a middle population of individuals who are living close to poverty (i.e., ALICE population) but are not eligible for assistance that those in poverty can receive and therefore struggle with paying for health care. Although this population may have health care, care is still too expensive for them to access. This can result in waiting to obtain care until the issue has become an emergency and more expensive to treat.
- Individuals in poverty and those living close to poverty are a fairly large population in the County. This population needs support to achieve optimal health.
- Those in poverty are unable to prioritize health and the costs associated with maintaining good health, such as purchasing healthy foods.



**Access to mental health providers and stigma around receiving care impact whether individuals receive the mental health services they need.**

- Substance use is many times intertwined with mental health. Access for both can be difficult for individuals who want services.
- There are issues with access to mental health services due to shortages of mental health providers. This results in long wait times which discourage individuals from seeking help.
- There are organizations that focus on mental health care, but due to insurance issues or for those unable to afford co-pays or deductibles (e.g., ALICE population) access is limited. There are issues with gaps in what insurance will cover and rising deductibles.
- Awareness and acceptance of mental health assistance has improved but could still be better. An individual's culture influences the perception of receiving mental health services and should be taken into account.



## Substance abuse is a concern, with multiple root causes that need to be addressed to help prevent abuse.

- Individuals are abusing substances originally prescribed for pain management purposes. This includes opioids, which then turn into addiction. Opioid abuse was a concern among participants.
- Mental health was frequently mentioned in conjunction with substance abuse emphasizing the need to address both simultaneously.
- Access to treatment is limited due to the few number of treatment centers and associated costs.
- Many times, trauma, mental health issues and chronic stress have a role in substance abuse. These factors need to be addressed to help with preventing and eliminating substance abuse.





**A lack of transportation is a barrier for individuals' ability to obtain healthcare and social services.**

- Public local transportation assistance is limited, and long-distance transportation is rare. There are some public transportation options, but they are not always convenient for traveling to the health care and social service locations.
- Transportation effects access to healthcare but also impacts access to healthy foods, recreation facilities and employment which are linked to health.
- Those living in rural areas are isolated from public transportation.
- Access to transportation has additional barriers for those who need accommodations to travel, such as those who use mobility devices.



**Calhoun County has a foundation of health care entities to build upon.**

- There are healthcare community assets that are able to provide care and are in addition to the hospital system of care. The hospitals in the area were also mentioned as community assets.
- Area hospitals, federally qualified health centers (e.g., Grace Health), and clinics are available to meet the needs of residents. Those with health care navigators and case managers were especially appreciated.
- There have been some movements to bring healthcare back into the schools via programs, partnerships and school nurses.



## CALHOUN COUNTY: DETERMINANTS OF HEALTH

Bottom 3  
Top 3

Area	Zip Code	Total HH	SNI (1-100) ↑ Bad	Median HH Income ↓ Bad	% ALICE & Poverty ↑ Bad	% Unemployed ↑ Bad	High School Dipl. + (25+) ↓ Bad	% Uninsured ↑ Bad
Michigan	-	3,935,132	-	\$52,668	43%	5.0%	92.0%	7.0%
County	-	54,556	-	\$45,386	44%	6.5%	91.0%	8.0%
Battle Creek	49037	8,542	87.3	\$37,656	64%	10.5%	87.0%	9.8%
Albion	49224	5,239	76.6	\$39,490	44%	7.3%	88.0%	8.0%
Homer	49245	1,846	61.1	\$48,052	46%	7.1%	90.0%	7.9%
Battle Creek	49017	8,956	61	\$47,463	44%	7.0%	91.0%	6.4%
Tekonsha	49092	778	60	\$50,822	50%	7.9%	91.0%	9.5%
Battle Creek	49014	8,364	59.1	\$53,502	41%	5.8%	89.0%	7.0%
Burlington	49029	587	43.1	\$60,170	44%	4.7%	90.0%	4.3%
Athens	49011	808	42.1	\$58,918	33%	5.0%	92.0%	8.2%
Battle Creek	49015	10,942	40.7	\$56,213	39%	5.0%	93.0%	5.9%
Marshall	49068	6,110	30	\$59,762	37%	4.0%	93.0%	4.7%
Ceresco	49033	660	23.9	\$72,500	24%	3.4%	94.0%	2.6%
East Leroy	49051	900	22.2	\$71,280	26%	3.8%	95.0%	4.0%

**Sources:** U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates  
Available from: <https://www.census.gov/programs-surveys/acs/methodology.html>; Conduent  
Healthy Communities Institute, 2018 Social Needs Index; 2019 Asset Limited Income Constrained  
Employed Report. Michigan United Way Available from: [United Way's ALICE Project](#).

### Socio Needs Index Indicators:

- Average Household Income
- Families Below Poverty
- Percent of Civilian Labor Force Unemployed

- Percent of Employed Civilian Population in White Collar Occupation
- Population 25+ with a High School Degree or Higher
- Population 5+ that speaks only English at home

## FOCUS GROUP DEMOGRAPHICS (N=205)

### 1) Zip Code (5 digits)

1	48423	34	49017	1	49058
2	49001	2	49021	1	49060
2	49002	1	49024	21	49068
1	49004	2	49033	1	49073
1	49006	1	49036	1	49202
1	49008	27	49037	24	49224
2	49009	2	49046	7	49245
1	49011	3	49048	1	49503
16	49014	1	49050	1	49504
43	49015	1	49051	3	Decline to Answer



## FOCUS GROUP DEMOGRAPHICS (N=205)

### 2) Age

20	19 years or younger	42	45-54 years
33	20-34 years	39	55-64 years
45	35-44 years	25	65 years or older
		1	Decline to answer

### 3) Preferred Spoken/Written Language

171	English	13	Burmese
9	Spanish	12	Decline to answer

### 4) Gender Identity

50	Male/Man	1	Genderqueer/Gender nonconforming
154	Female/Woman		

## FOCUS GROUP DEMOGRAPHICS (N=205)

### 5) Sexual Orientation

2	Lesbian	1	Gay
2	Bisexual	1	Something else
176	Straight	23	Decline to answer

### 6) Number of people living in your household

	0	1	2	3	4	5	6+
Adults (18 or older)	9	33	112	31	10	8	2
Children (17 or younger)	114	37	32	11	8	3	0

### 7) Education Attainment

21	Less than high school, No diploma	24	Associate degree
18	High school graduation/GED	114	Bachelor's degree or higher
24	Some college, no degree	4	Decline to answer

## FOCUS GROUP DEMOGRAPHICS (N=205)

### 8) Employment Status

113	Employed for wages, tips, or salary	18	High School Student
11	Self-employed	3	College Student
1	Out of work for less than 1 year	24	Retired
8	Homemaker	3	Disabled
		4	Decline to answer

### 9) Annual Household Income

16	\$0-\$24,999	35	\$50,000-\$74,999
34	\$25,000-\$49,999	74	\$75,000 or more
		41	Decline to answer

## FOCUS GROUP DEMOGRAPHICS (N=205)

### 10) Race \*Select up to two\*

2	American Indian/Alaska Native
35	Black
135	White Caucasian
2	Asian Indian
1	Korean
1	Filipino
13	Burmese
35	Decline to answer

### 11) Ethnicity

Hispanic/Latino

8	Mexican
2	Puerto Rican
4	Other Hispanic/Latino
78	Not Hispanic/Latino
113	Decline to answer

### 12) Health Insurance \*Select up to two\*

155	Private insurance	5	Veteran's benefits
2	Healthy Michigan	6	Self-pay/No health insurance
12	Medicaid	1	Don't know
19	Medicare	12	Decline to answer

## END NOTES

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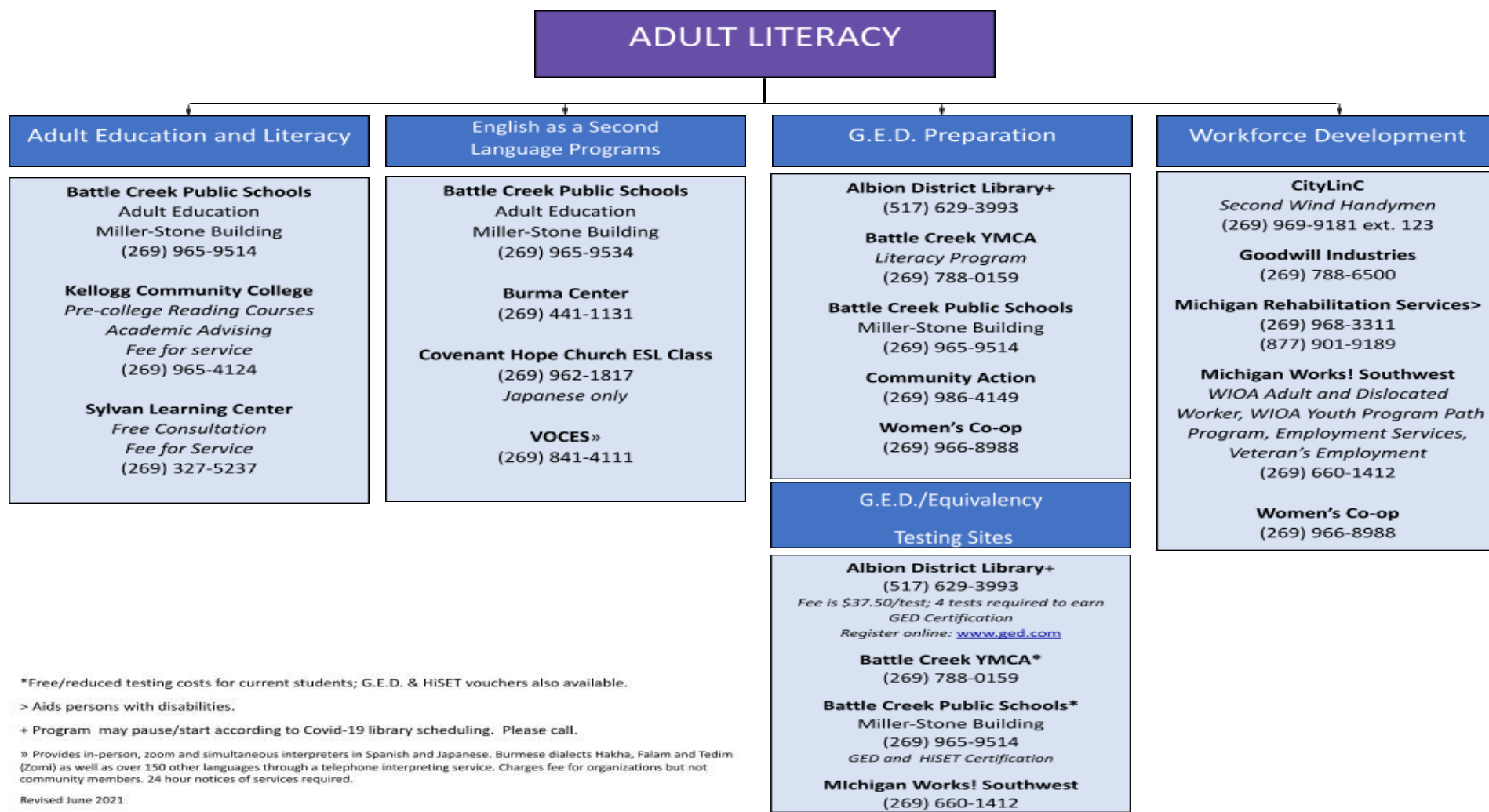


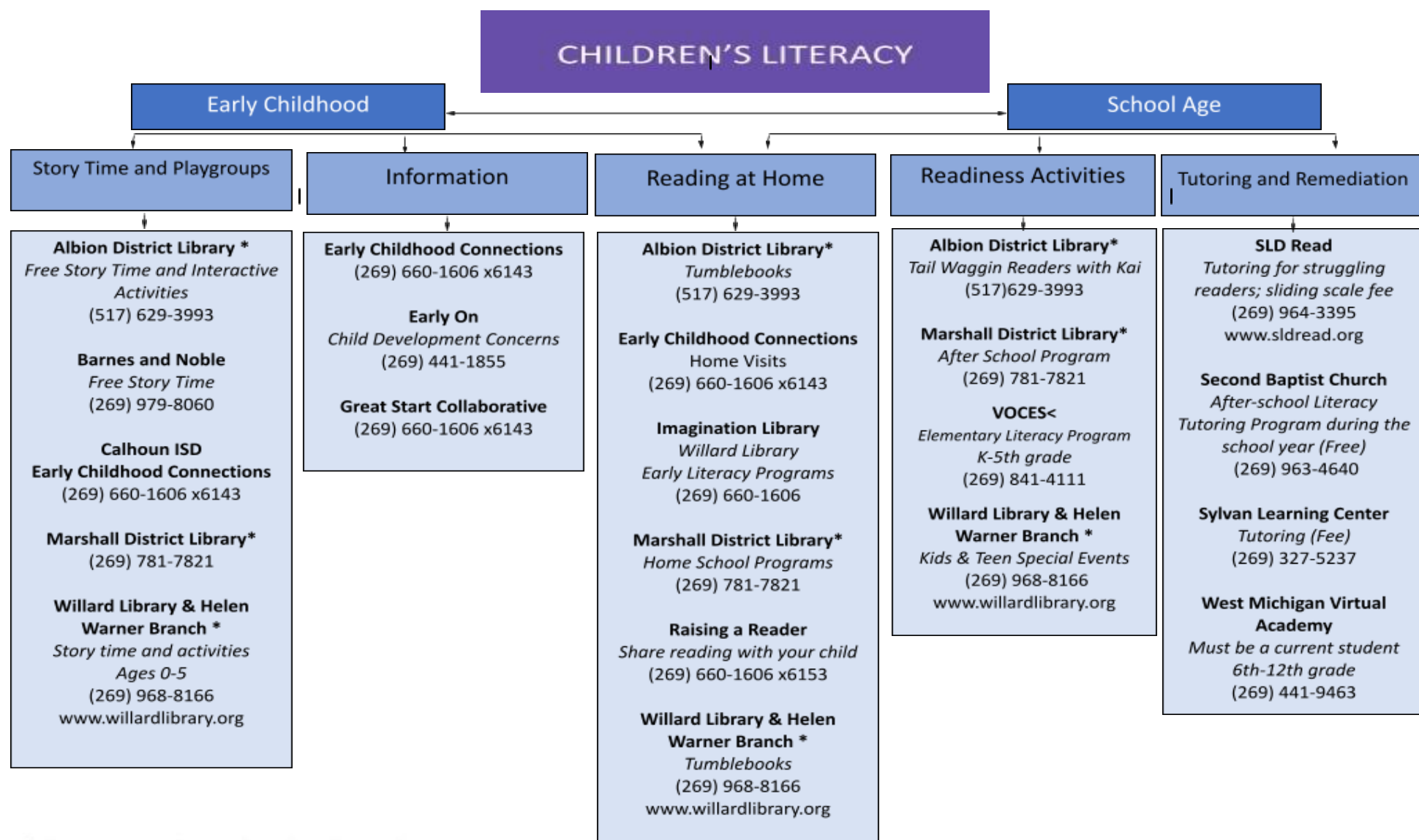
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## APPENDIX D. COMMUNITY RESOURCES

### Community Referral Tree



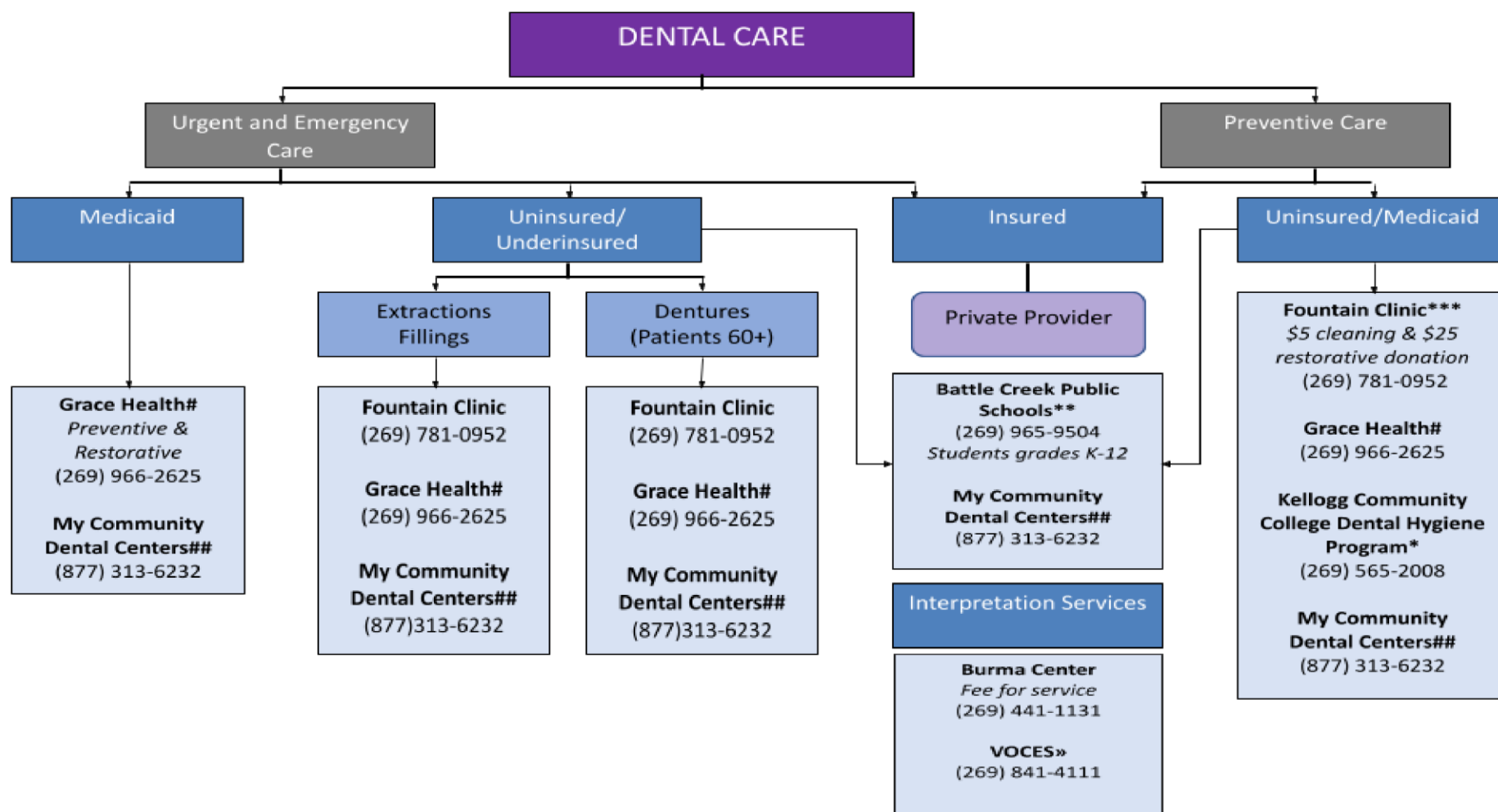


\*Library programs subject to change based on Covid restrictions

< Program available to minority students only.

Revised June 2021





\* The KCC Dental Hygiene Program is preventive only and accepts all individuals, regardless of income/insurance status and accepts only cash, check, credit or debit. \$25 returning patients; \$29 new patients.

\*\* Dental Services offered through Battle Creek Public Schools for students of Battle Creek Public Schools who qualify for free or reduced-price lunch.

\*\*\* Fountain Clinic does not accept Medicaid or Medicare.

# Availability of dental care through Senior Millage funding and Medicaid only.

##MCDC offers a sliding fee scale for uninsured patients based on income. To qualify for the lowest fee tiers, a Medicaid denial letter, Healthy Michigan Plan denial letter and proof of income are required.

MCDC also offers reduced rates for uninsured veterans with proof of veteran status (DD-214 or valid veteran ID card).

» Provides in-person, zoom and simultaneous interpreters in Spanish and Japanese. Burmese dialects Hakha, Falam and Tedim (Zomi) as well as over 150 other languages through a telephone interpreting service. Charges fee for organizations but not community members. 24 hour notices of services required.

Revised June 2021

# DISABILITY SERVICES

2-1-1 or (269) 565-4159

## Advocacy Assistance

**Disability Network**  
(269)345-1516

**Disability Rights Michigan**  
[www.DRMICH.org](http://www.DRMICH.org)  
(800) 288-5923  
(517) 487-1755

**The Arc**  
(269) 966-2575

### Education

**Disability Network**  
(269) 345-1516

**Michigan Alliance for Families**  
(734) 994-8100 x1590  
[info@michiganallianceforfamilies.org](mailto:info@michiganallianceforfamilies.org)  
*Referrals for advocacy*

**Michigan Dept of Education**  
Office of Special Education  
(888) 320-8384

**Special Education  
Mediation Services#**  
(833) KIDS-1ST  
(833) 543-7178

### Housing

**Fair Housing Act Enforcement  
Center (HUD)**  
(800) 669-9777

**Michigan Dept. of Civil Rights**  
(800) 482-3604

## Financial Solutions

### Disability Benefits

**Department of Health and  
Human Services**  
(269) 966-1284  
[www.michigan.gov/mibridges](http://www.michigan.gov/mibridges)

**Social Security Administration**  
(800) 772-1213  
[www.socialsecurity.gov](http://www.socialsecurity.gov)

### Employment

**Michigan Rehabilitation  
Services (MRS) Main Office**  
(269) 968-3311  
(877) 901-9189

## Home/Assistive Devices

**CareWell Services SW**  
*For Seniors Only*  
(800) 626-6719

**Children's Special Health Care  
Services Insurance Program**  
(269) 969-6390

**Disability Network**  
*Assistive Technology Loan Fund  
and Ramp Up Program*  
(269) 345-1516

**Habitat for Humanity**  
*Home Ownership Program*  
(269) 966-2502

**Lending Hands**  
[www.lendinghandsmi.org](http://www.lendinghandsmi.org)  
*Free 7month loan of  
Non-motorized medical and  
assistive devices*  
(269) 567-4381

**North Ave Church of God**  
(269) 965-1908

**Rural Development\***  
(269) 657-7055 x4

**The Arc Bates Trust**  
(269) 966-2575

## Support Groups

Complete list at  
[www.dnswm.org](http://www.dnswm.org)

### Housing

**Kellogg Manor**  
(269) 965-0591  
*For 18+ single persons with disabilities*

**Progressive Residential  
Services, Inc.**  
*Residential and Support Services to  
persons with intellectual disabilities,  
mental illness and other conditions*  
(269) 966-1347  
Fax: (269) 966-1716

## Interpretation Services

**CIR DeafLINK**  
Video phone:  
(269) 924-0403  
Fax: (269) 969-6218  
Email:  
[deaflinkadmin@cirfun.com](mailto:deaflinkadmin@cirfun.com)  
Website:  
[www.cirfun.com](http://www.cirfun.com)  
(use DeafLINK tab)

## Information

**Disability Network**  
(269) 345-1516

**Disability Rights Michigan**  
[www.DRMICH.org](http://www.DRMICH.org)  
(800) 288-5923  
(517) 487-1755

**Summit Pointe Autism Center**  
(269) 441-2700

**The Arc**  
*For Developmental Disabilities*  
(269) 966-2575

## Transportation

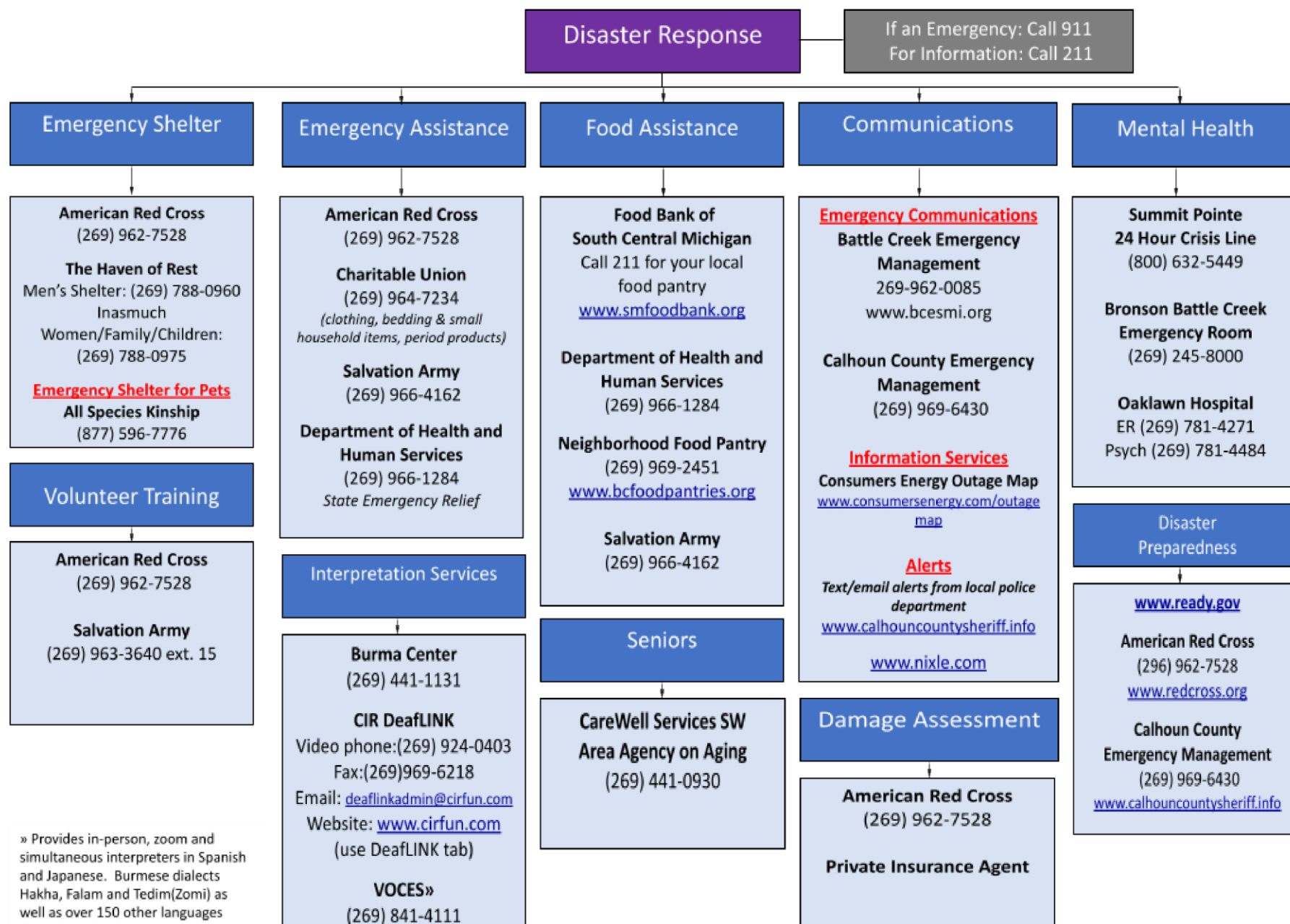
**SEE MEDICAL TRANSPORTATION**

\* Ages 62+ may qualify based on income for a loan or grant toward home ownership or home improvement.

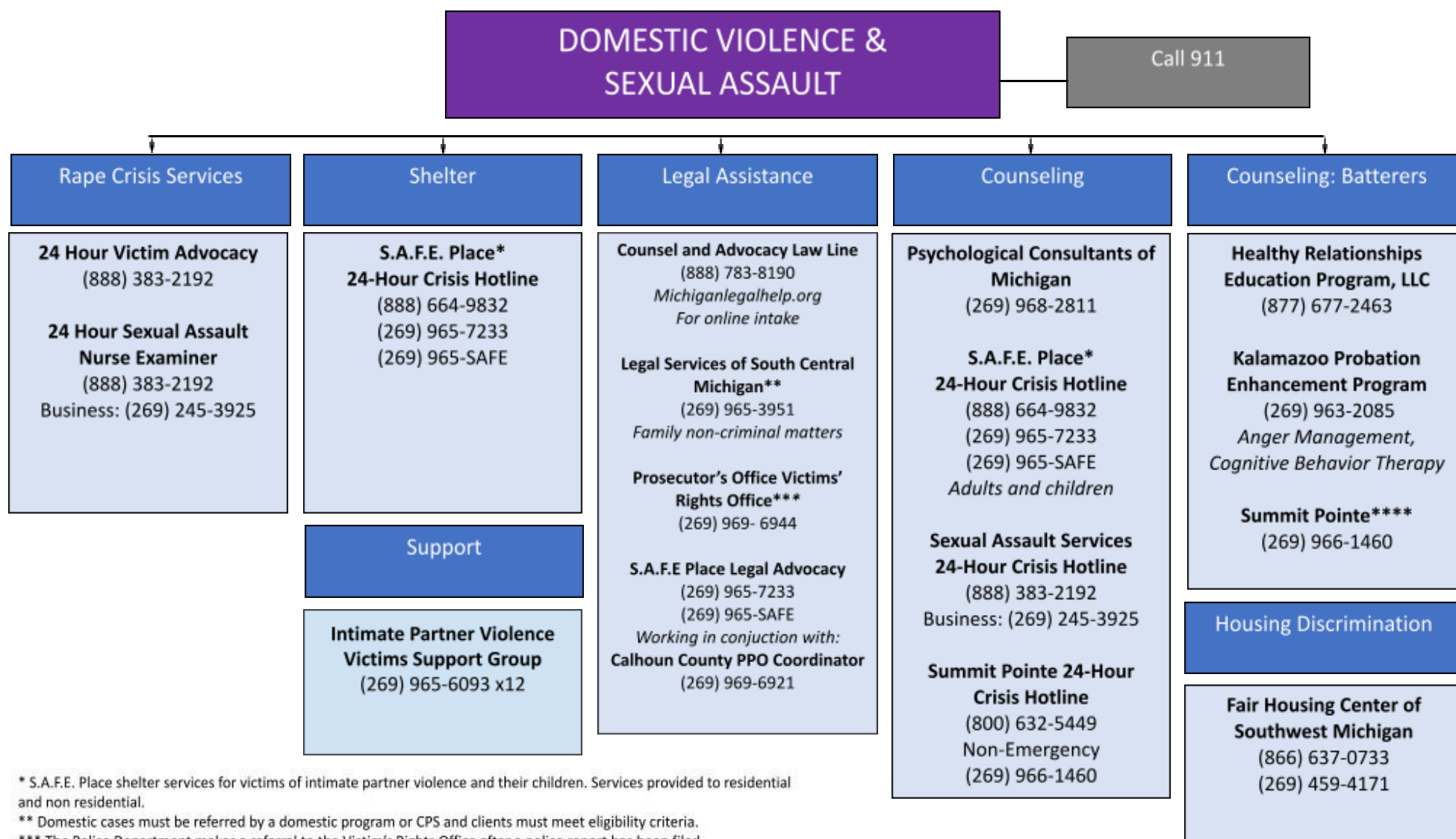
Ages 61 and younger may qualify based on income for low interest loans with no down payment and no PMI.

# Facilitate planning, resolutions and mediations for IEPs; not advocates but provide a neutral party of assistance up to age 26 w/IEP

Revised July 2021



» Provides in-person, zoom and simultaneous interpreters in Spanish and Japanese. Burmese dialects Hakha, Falam and Tedim(Zomi) as well as over 150 other languages through a telephone interpreting service. Charges fee for organizations but not community members. 24 hour notice required. Revised July 2021



\* S.A.F.E. Place shelter services for victims of intimate partner violence and their children. Services provided to residential and non residential.

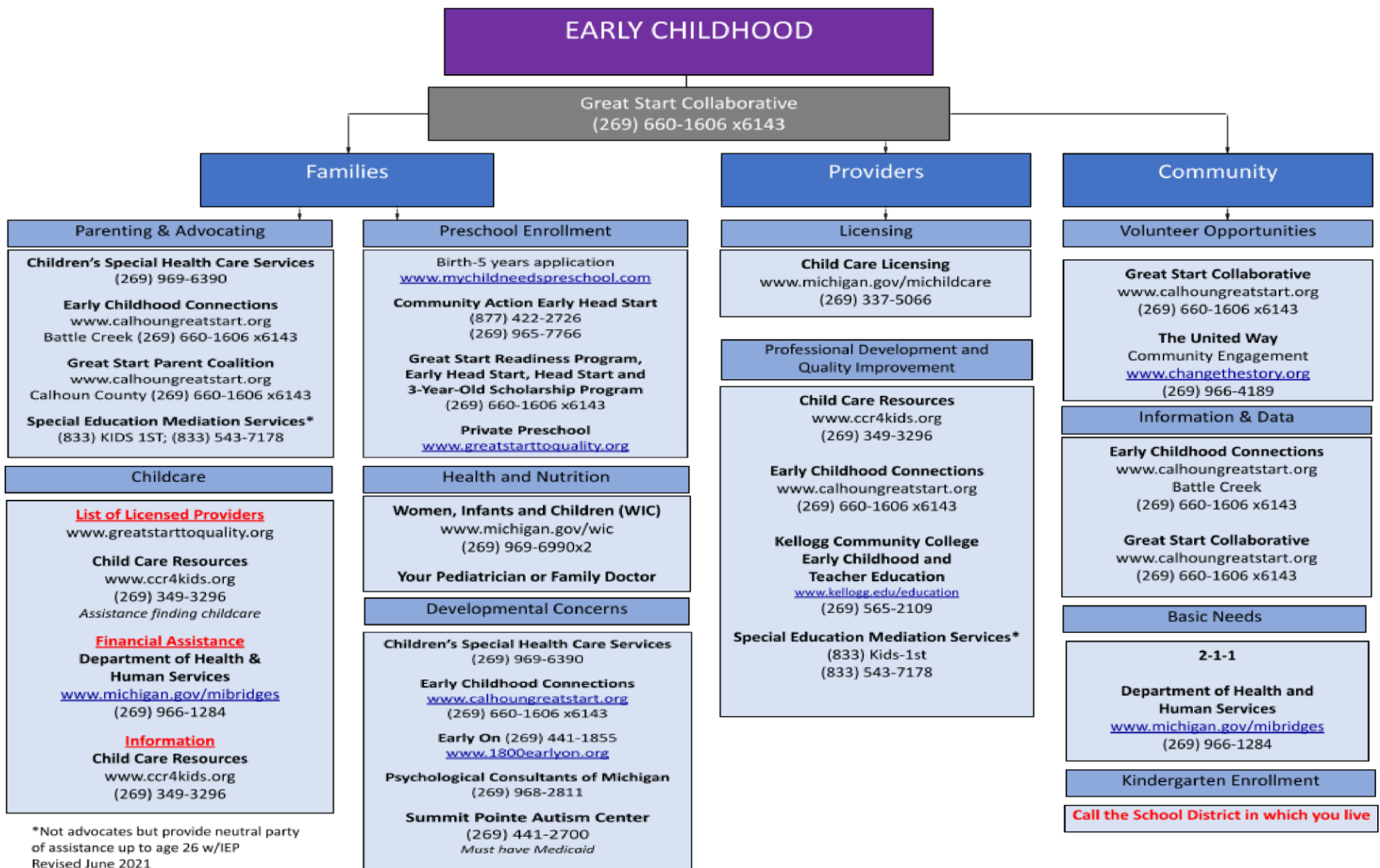
\*\* Domestic cases must be referred by a domestic program or CPS and clients must meet eligibility criteria.

\*\*\* The Police Department makes a referral to the Victim's Rights Office after a police report has been filed.

\*\*\*\* Summit Pointe and Kalamazoo Probation Enhancement Program meet the Governor's standards for batterer intervention programming for males.

Revised July 2021





# EMERGENCY ASSISTANCE

211 or (269) 565-4159

## Electric/ Gas Bill Payment

**Community Action**  
(269) 965-7766  
(877) 422-2726

*Emergency Services Contract; deliverable fuel, gas and water*

**Department of Health and Human Services\*\*\***  
(269) 966-1284  
*State Emergency Relief*

**Marshall Area Community Services\*\***  
(269) 781-2954

**Salvation Army\***  
(269) 966-4162

## Rent Payment

**Community Action**  
(269) 965-7766  
(877) 422-2726

**Department of Health and Human Services\*\*\***  
(269) 966-1284  
*State Emergency Relief*

**Neighborhoods, Inc.**  
(269) 968-1133

**Salvation Army#**  
(269) 966-4162

**Volunteers of America>**  
(877) 509-8387  
(231) 299-0789

**SEE ALSO:  
HOUSING ASSISTANCE**

## Clothing & Household Goods

**Charitable Union##**  
(269) 964-7234

**Salvation Army+**  
(269) 966-4162

## Mortgage Payment

**Department of Health and Human Services\*\*\***  
(269) 966-1284  
*State Emergency Relief*

**SEE ALSO:  
HOUSING ASSISTANCE**

## Food Assistance

**Community Action**  
(269) 965-7766  
(877) 422-2726  
*Commodity Supplemental Food Program*

**Department of Health and Human Services**  
(269) 966-1284

**Marshall Area Community Services\*\***  
(269) 781-2954

**Network Family Church#**  
(517) 629-4862

**Salvation Army##**  
(269) 966-4162  
*Emergency Food*  
**Food Pantries**  
Call 211 for local food pantry

## Legal Services

### Police Emergency 911

**Albion City Police Dept** (517) 629-3933

**Battle Creek Police Department Community Services** (269) 966-3322

**Calhoun County Justice Complex Circuit Court Clerk, Family Division**  
(269) 969-6518

**Calhoun County Prosecutor's Office**  
(269) 969-6980

**Calhoun County Sheriff**  
(269) 781-0880

**Family Court**  
(269) 969-6775  
*Juvenile Probation Services*

**Friend of the Court**  
(269) 969-6500  
*24-Hour Computerized Case Info Access Line*  
(877) 543-2660

**Juvenile Home**  
(269) 781-7221

**Legal Services of South Central Michigan**  
(269) 965-3951

**Marshall City Police**  
(269) 781-2596

\*Salvation Army must have shut off notice and DHHS decision notice if available. Limited by annual cap. By appointment only.

\*\* Only for Marshall residents. Call for current eligibility requirements.

\*\*\* State Emergency relief for bill payment has an annual maximum. Must have shut off notice or eviction notice to access services.

# Help homeless w/1st month's rent up to \$500 but no security deposit; if being evicted, can apply for 1 month's rent.

## Must demonstrate need, usually by presenting Medicaid card, Bridge card or acquiring referral through 211. Also helps individuals who have a barrier for employment (e.g., medical scrubs, steel-toed boots, etc.); referral comes from employer.

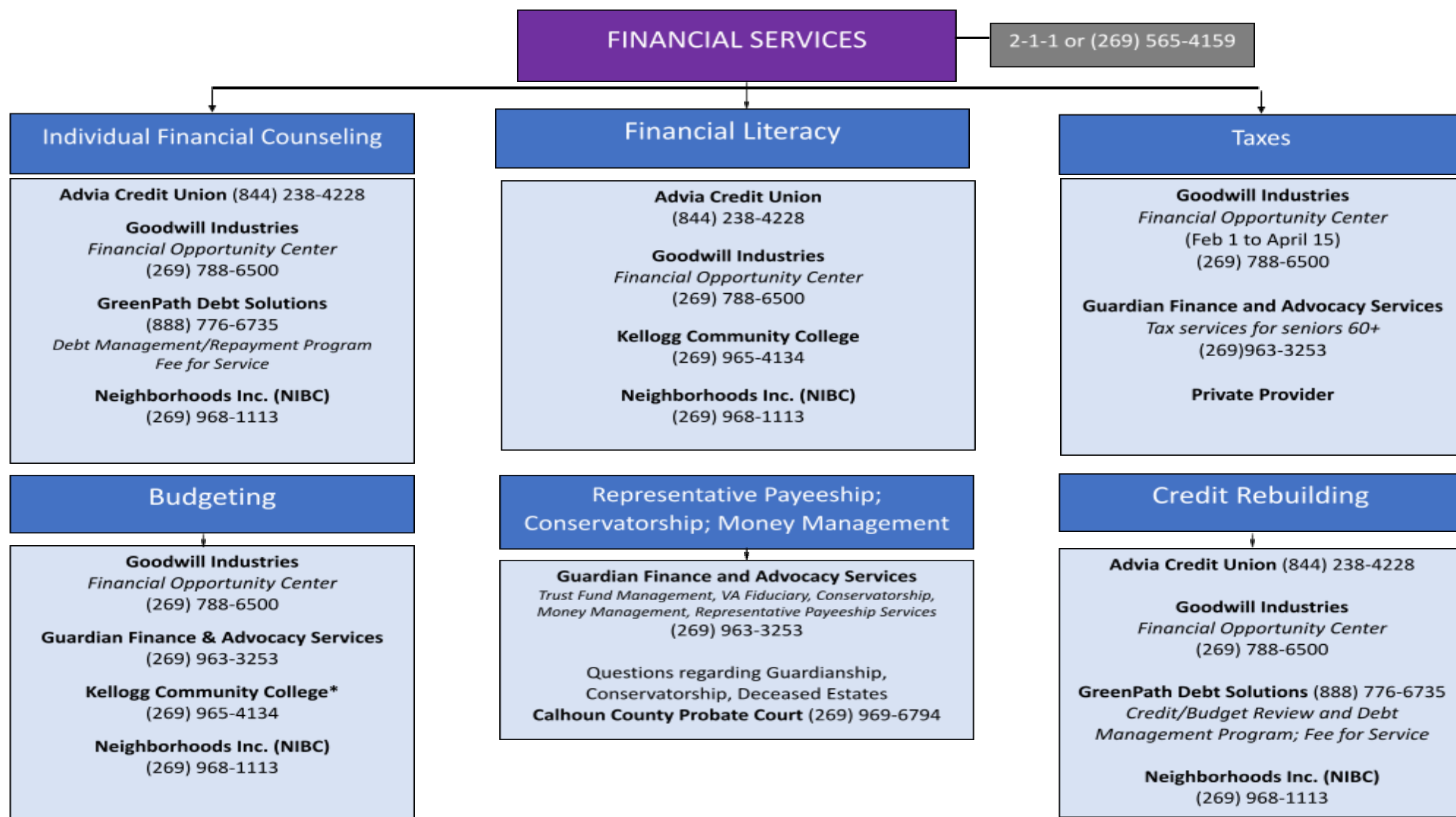
≠ Food distribution once per month on 4th Saturday from 9:00 a.m. - 11:00 a.m.; 3rd Saturday when in November and December.

≠≠ Must demonstrate emergency need as well as ID for every member of the family, including minors. By appointment only once/30 days.

>For active duty/veterans and their households only (except dishonorably discharged and/or general court marshalled). Must verify homelessness and meet low income requirements.

+According to availability and need.

Revised July 2021



\* Various classes are offered for a fee

Revised July 2021

# FOSTER CARE RESOURCES

## Shelter & Housing

### ARK Children's Shelter

*For Ages 10 - 17*  
Kalamazoo (269) 343-8765  
(800) 873-8336

### The Haven of Rest Ministries

(269) 965-1148

### Nottawaseppi Huron

#### Band of the Potawatomi

*Federally recognized tribal members & descendants*  
(269) 729-4422

### InAsMuch House Shelter

*Shelter for Homeless Families*  
(269) 660-2945

### S.A.F.E. Place Shelter

*Intimate partner violence, sexual assault  
and sex trafficking victims shelter*  
(269) 965-7233

## Licensing and Placement

### Bethany Christian Services

(269) 372-8800

### Department of Health and Human Services

(269) 966-1284

### Family & Children's Services

(269) 344-0202

### CityLinC Youth Guidance

*Foster Care and Adoption Center*  
(269) 969-9438

## Information, Resources, Support

### 211

Call 211 or (269) 565-4159

### Big Family of Michigan\*

(586) 415-6968

### Calhoun County Prosecutor's Office

(269) 969-6980

### Children's Special Health Care Services

(269) 969-6390

### Intimate Partner Violence Victims Support Group

(269) 965-6093 x12

### Michigan Youth Opportunities Initiative

[www.michigan.gov/fyit](http://www.michigan.gov/fyit)

### Special Education Mediation Services

(833) Kids-1st  
(833) 543-7178

### Women's Co-op

*Parenting classes*  
(269) 966-8988

## Assessment & Treatment Services

### Mental Health

**Early On Calhoun County** (269) 441-1855

### Highfields\* (517) 887-2762

*Families Together Building Solutions  
(program to prevent out-of-home placement)*

### Nottawaseppi Huron Band of the Potawatomi

*Federally Recognized Tribal Members & descendants*  
Call for More Details (269) 729-4422

### Samaritas (269) 532-0827

*Intensive, Short-Term Crisis Intervention, Family  
Education (in-Home)*

### Sexual Assault Services of Calhoun County

(269) 245-3925 / 24 Hr Crisis Line (888) 383-2192

### Southwest Michigan Children's Trauma Assessment Center (269) 387-7073

Summit Pointe (269) 966-1460

### Substance Abuse

**Alcoholics Anonymous** (269) 964-7577

**Narcotics Anonymous** (800) 230-4085

**Psychological Consultants of Michigan** (269) 968-2811

### Employment

#### Michigan Works! Southwest

(269) 660-1412 or (800) 288-9675  
*Job Skills, Placement/Youth Services Programs*

**PATH Program\*** (269) 966-1284

### Physical Health Care

**Grace Health** (269) 965-8866

## For Foster Parents

**Big Family of Michigan \***  
(586) 415-6968

### Department of Health and Human Services

[www.michigan.gov/dhslcensing/](http://www.michigan.gov/dhslcensing/)

### Family Enrichment Center

(269) 660-0448

### Foster Care Navigators Program

(855) 642-4543

### Michigan Adoption Resource Exchange

(800) 589-6273

### Psychological Consultants of Michigan

(269) 968-2811

### Special Education Mediation Services

*Aid with IEP's and communication with  
regard to education*  
(833) Kids-1st or (833) 543-7178

### The Office of Children's Ombudsman

(800) 642-4326  
(517) 373-3077

### Women, Infants and Children (WIC)

(269) 969-6860

### Safe Sleep Information and Resources

#### Cribs for Kids

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

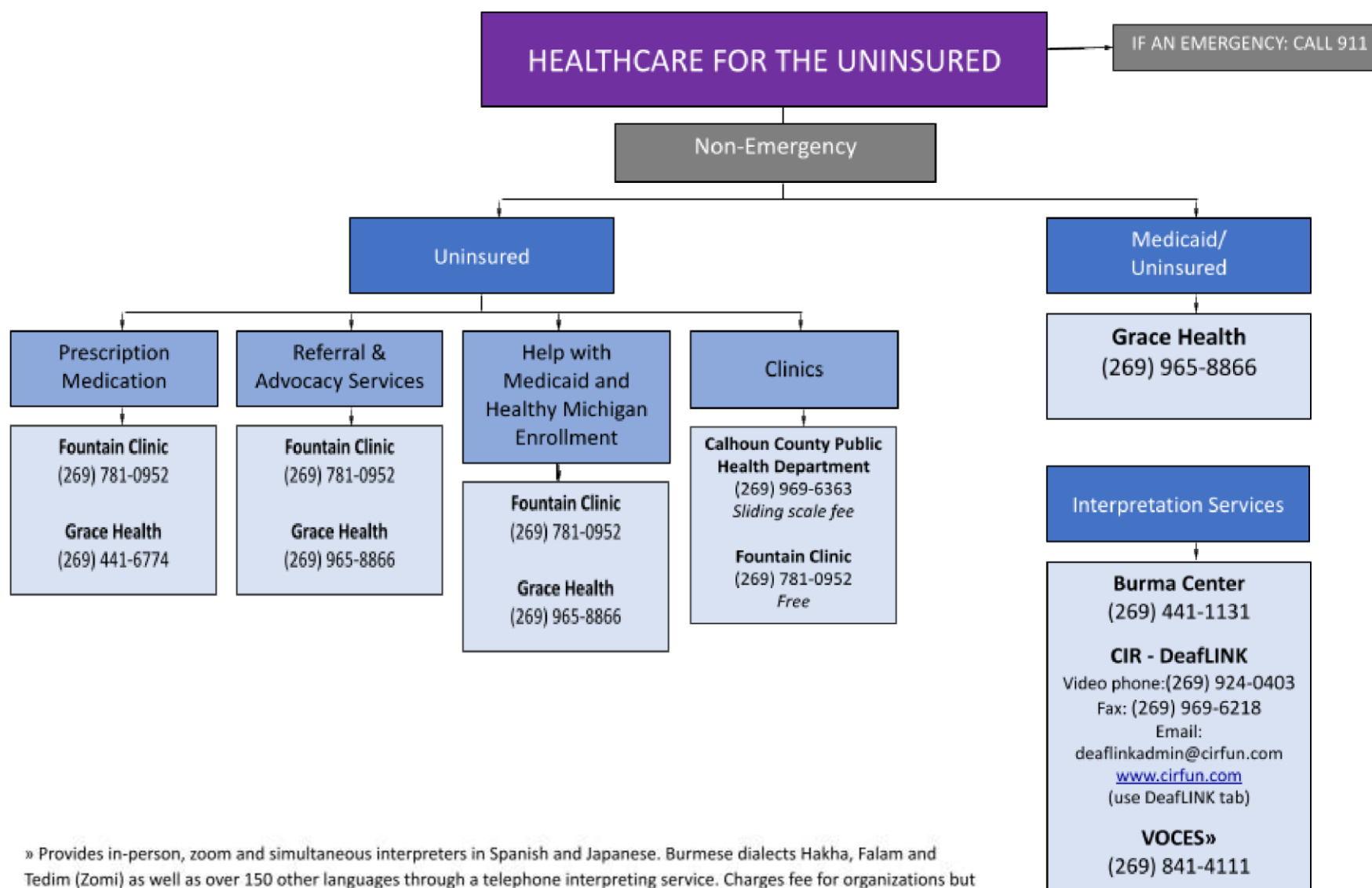
### MDHHS Safe Sleep for Infants

[www.michigan.gov/mdhhs](http://www.michigan.gov/mdhhs)  
click: Safe Sleep for Infants

\*Must qualify for services through agency or DHHS

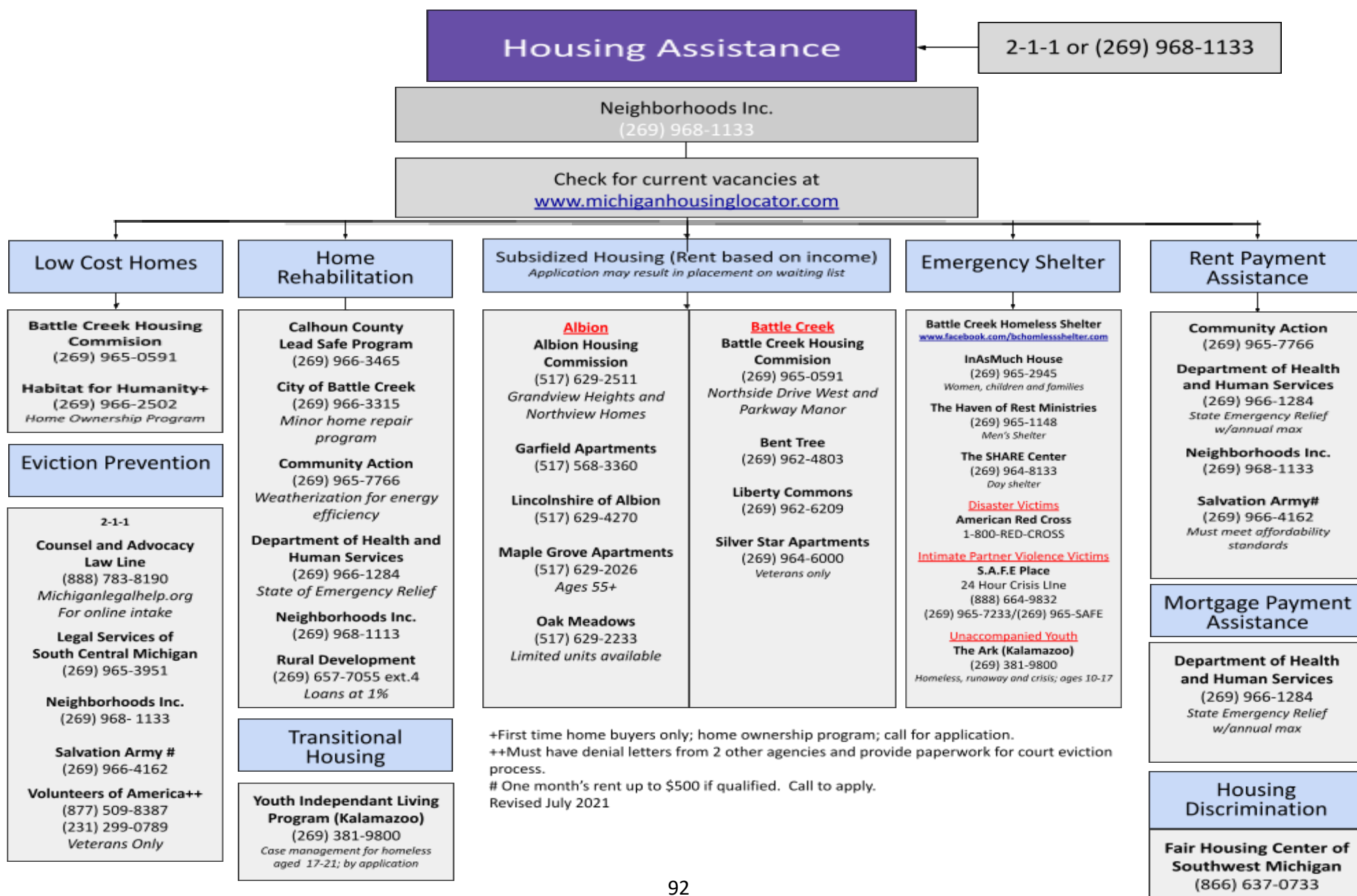
Revised July 2021

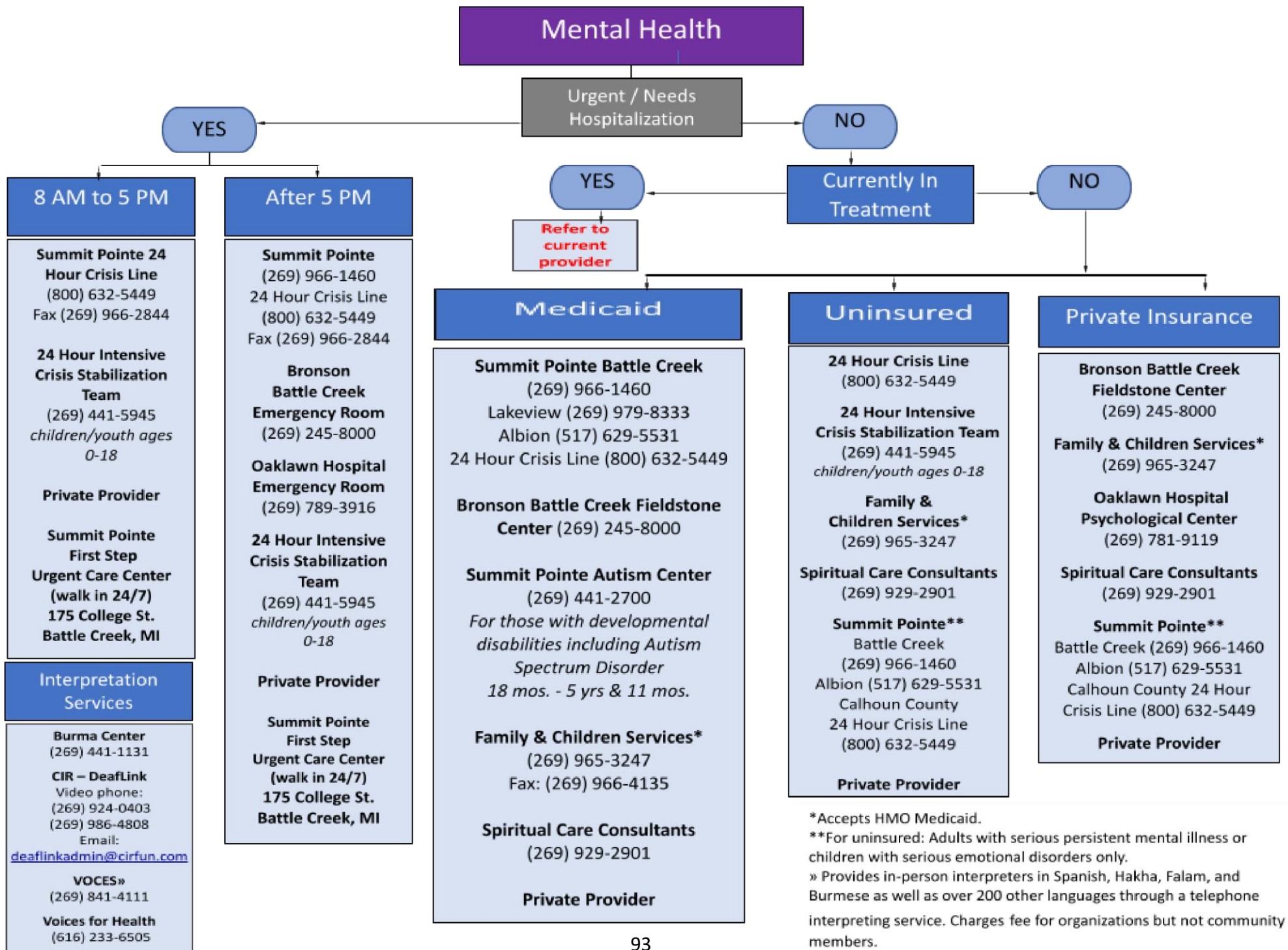




» Provides in-person, zoom and simultaneous interpreters in Spanish and Japanese. Burmese dialects Hakha, Falam and Tedim (Zomi) as well as over 150 other languages through a telephone interpreting service. Charges fee for organizations but not community members. 24 hour notice of services required.

Revised June 2021







# **PRENATAL/OBSTETRICS**

Call 211 or (269) 565-4159

## **Pregnancy Testing**

**Alternatives of Battle Creek**  
(269) 288-2890  
*Tests and ultrasounds*

**Calhoun County Public Health Department**  
Albion: (517) 629-9434  
Battle Creek: (269) 969-6363

**CityLinC** (269) 969-9181 *Free*  
**Grace Health** (269) 965-8866

## **STI Testing**

**Alternatives of Battle Creek** (269) 288-2890

**Calhoun County Public Health Department**  
Albion: (517) 629-9434; BC: (269) 969-6363

**Grace Health** (269) 965-8866

**Private Provider**

## **Interpretation Resources**

**Burma Center ##**  
(269) 441-1131

**VOCES>>**  
(269) 841-4111

## **Pregnancy Prevention Resources**

**Calhoun County Public Health Department**  
Albion: (517) 629-9434  
Battle Creek: (269) 969-6363

### Contraceptives

**Calhoun County Public Health Department**  
Albion: (517) 629-9434  
Battle Creek: (269) 969-6363

**Grace Health**  
(269) 965-8866

## **Home Visit Services**

**Early Childhood Connections and Healthy Start**  
(269)660-1606 ext 6143

**Early On**  
(269) 441-1855

**Nurse-Family Partnership**  
(269) 969-6477

## **Prenatal Resources**

### Breastfeeding Education

**Alternatives of Battle Creek#** (269) 288-2890  
**Bronson Battle Creek>** (269)341-7723  
**Grace Health** (269) 965-8866  
**Oaklawn Hospital Birth Center+** (269) 789-3929  
**Women, Infants and Children (WIC)**  
(269) 969-6860

### Childbirth Education

**Alternatives of Battle Creek#** (269) 288-2890  
**Bronson Battle Creek>**  
(269) 341-7723 or (800) 451-6310  
[www.bronsonhealth.com/classes-events/](http://www.bronsonhealth.com/classes-events/)

**Expectant Mother Program** (269) 965-7766  
[www.caascm.org](http://www.caascm.org)  
**Oaklawn Hospital Birth Center\*** (269) 789-3929

### Medicaid for Pregnant Women

**Department of Health and Human Services**  
(269) 966-1284

### Nutrition

**Alternatives of Battle Creek#** (269) 288-2890  
**Women, Infants and Children (WIC)**  
(269) 969-6860

### Obstetrics

**Grace Health** (269) 965-8866

### Prenatal Fitness

**Battle Creek Family YMCA** (269) 963-9622

### All options Counseling

**Private Provider**

### Smoking Cessation

**SEE SUBSTANCE ABUSE**

## **Resources for New Parents**

### Child Care

**Child Care Resources**  
(269) 349-3296  
*Assistance to find child care providers*

### Early Childhood Education

**Calhoun Intermediate School District**  
(269) 660-1606  
**Community Action Head Start**  
(269) 965-7766 or (877) 422-2726

### Immunizations

**Calhoun County Public Health Department**  
Albion: (517)629-9434  
Battle Creek: (269) 969-6363  
**Early On** (269) 441-1855  
**Grace Health** (269) 965-8866

### Medicaid and/or Financial Resources

**Department of Health and Human Services**  
(269) 966-1284  
[www.michigan.gov/mlbridges](http://www.michigan.gov/mlbridges)

### Nutrition

**Albion First United Methodist Church=**  
(517) 629-9425  
**Alternatives of Battle Creek#** (269) 288-2890  
**Women, Infants and Children (WIC)**  
(269) 969-6860

### Resources for Infant Needs

**Albion First United Methodist Church=**  
(517) 629-9425  
**Alternatives of Battle Creek**  
(269) 288-2890  
**Charitable Union**  
(269)964-7234

*Offers baby layettes, gap nutrition and formula*

**Infant Safe Sleep Information\*\***  
(269) 969-6390

\*Free- accepts donations.

\*\*Need Referral from 211.

+ \$20 for Breastfeeding class, \$40 for Childbirth. Free for Medicaid.

++Pack-N-Play Program requires 211 Referral.

>Fee for classes. Free for Medicaid. See all class choices online at: [www.bronsonhealth.com/services/pregnancy-childbirth/education](http://www.bronsonhealth.com/services/pregnancy-childbirth/education)

>> Provides in-person, zoom and simultaneous interpreters in Spanish and, Japanese. Burmese, Hakha, Falam and Tedim (Zomi) dialects , as well as over 150 other languages through a telephone interpreting service. Charges fee for organizations but not community members.

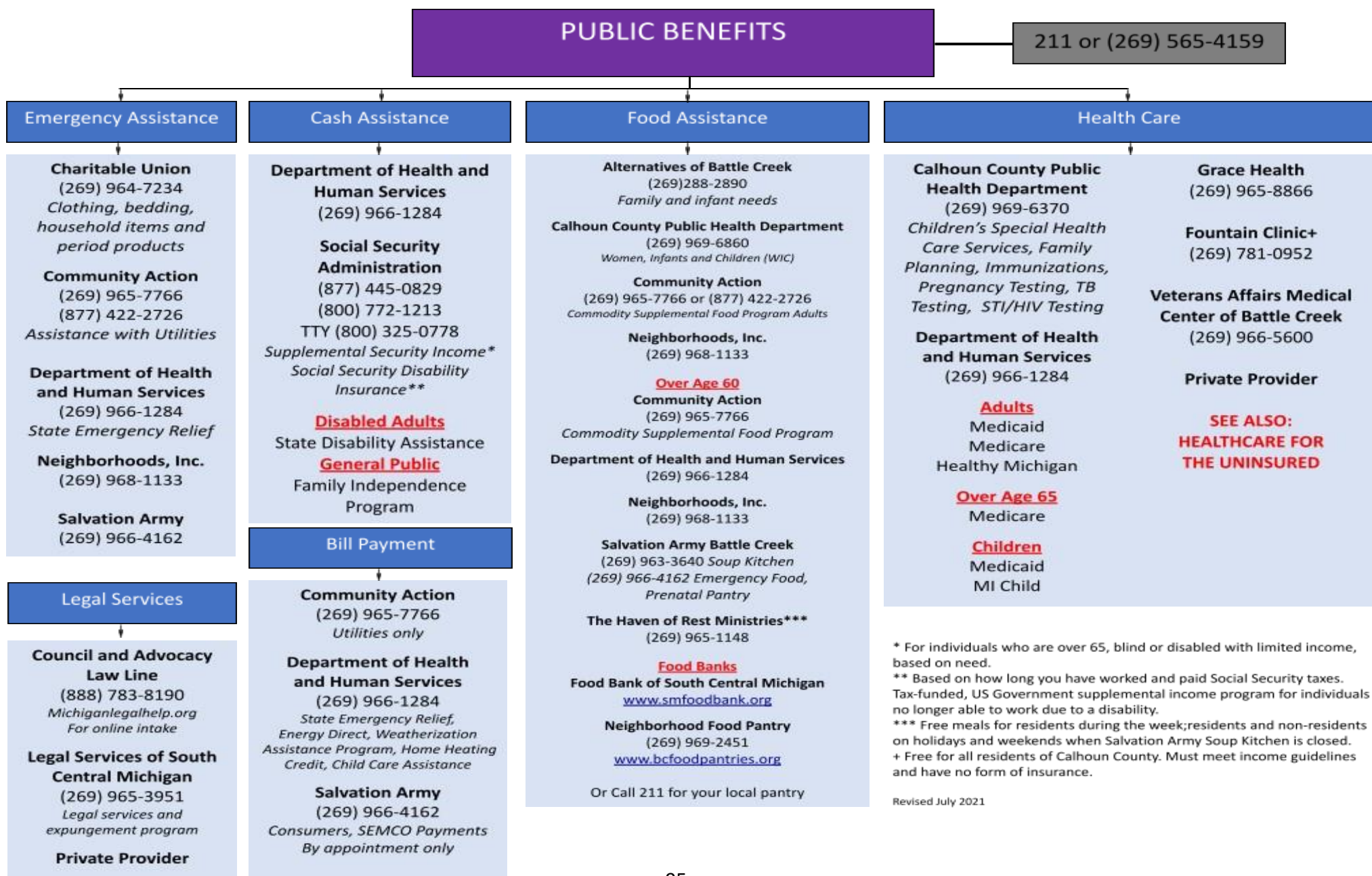
24 hour notice required.

# Birthing, Breastfeeding and Pregnancy classes are \$20; \$25 gift card for participation. Parenting Class is free; no gift cards for this program.

## Fee for service.

= Formula, wipes and diapers through 211 referral.

Revised June 2021





# SENIOR HEALTH SERVICES

Additional information and assistance can be found by contacting CareWell Services SW (800) 626-6719 or (269) 441-0930

## Hearing

**Battle Creek Hearing Services**  
(269) 979-6455

**Senior Hearing and Vision**  
(269) 441-0964

## End of Life Care

**Heartland Hospice**  
(269) 324-5705

**Hospice Care of Southwest Michigan**  
(269) 345-0273  
*In home care and Hospice residents at Glenn Arbor in Battle Creek, Rose Arbor in Albion*

**Oaklawn Home Care and Hospice**  
(269) 789-3939

**Kindred Hospice**  
(269) 342-9308

## Equipment and Co-pay Assistance

**Salvation Army**  
(269) 966-4162  
*Contact Susie*

## Health Care Resources

**Calhoun County Public Health Department**  
(269) 969-6377

**Fountain Clinic**  
(269) 781-0952

**Grace Health**  
(269) 965-8866

**Senior Care Partners P.A.C.E.**  
(269) 441-9319

**Senior Health Partners**  
(269) 441-0920  
*Community Care Options (limited homecare to seniors at-risk of further deterioration)*

Health Education and Screening, Exercise and Fall Prevention, Support Groups

**Albion Forks Senior Center**  
(517) 629-3842  
*Options Counseling for Medicaid/Medicare assistance*

**CareWell Services SW**  
(269) 441-0930  
*Options Counseling and Health Care Coaching*

**Senior Health Partners**  
(269) 441-0948

**Senior Hearing and Vision**  
(269) 441-0964

## Vision

**Carewell Services SW**  
(269) 441-0930  
(800) 626-6719

**Fountain Clinic**  
(269) 781-0952

**L.O. Eye Care**  
(517) 337-1668  
(800) 292-1668

**Senior Hearing and Vision**  
(269) 441-0964

**South Michigan Ophthalmology\***  
(269) 781-9822

**Specialty Eye Institute**  
(877) 852-8463

## Dental Services

**Fountain Clinic**  
(269) 781-0952

## Prescriptions

**CareWell Services SW**  
(800) 626-6719  
(269) 441-0930

Prescription Assistance  
**Fountain Clinic**  
(269) 781-0952

## Nutrition

**Food Bank of South Central Michigan**  
[www.smfoodbank.org](http://www.smfoodbank.org)

**Neighborhood Food Pantry**  
(269) 969-2451  
[www.bcfoodpantries.org](http://www.bcfoodpantries.org)

**Salvation Army**  
(269) 963-3640 *Soup Kitchen*  
(269) 966-4162 *Food Pantry*

Or Call 211 for local pantries

Home Delivered Meals  
**Mobile Meals of Marshall, Inc.=**  
(269) 781-5290

**Senior Services of Southwest Michigan (Meals on Wheels)**  
(866) 200-8877

## Home Health Care

For Information and Referral  
**CareWell Services SW**  
(800) 626-6719  
(269) 441-0930

**Senior Care Partners P.A.C.E.**  
(269) 441-9319

Community Based Providers  
**Bronson at Home\*\***  
(269) 245-3676

**Hospice Care of Southwest Michigan**  
(269) 345-0273

**Kindred Hospice**  
(269) 342-9308

**Oaklawn Home Care and Hospice**  
(269) 789-3939

## Mental Health

**Psychological Consultants of Michigan**  
(269) 968-2811

**Senior Behavioral Health**  
(269) 966-1460  
SEE ALSO: MENTAL HEALTH

## Interpretation Services

**Burma Center**  
(269) 441-1131

**VOCES>>**  
(269) 841-4111

\*No longer accepts Medicaid for routine visits.

\*\*OT, PT, Speech Therapy, nursing, home health aid and social work assistance.

=Area served lies between (but not including) 15 Mile Road and 19 Mile Road, B Drive South and H Drive North, plus Highfield Road.

>>Provides in person interpreters in Spanish, Japanese, French, Burmese, Hakha, Falam and Tedim (Zomi) dialects as well as over 150 other languages through a telephone interpreting service. Charges fee for organizations but not for community members. 24 hour notice of service required.

Revised July 2021

# SENIOR HOUSING

Additional information and assistance can be found by contacting CareWell Services SW  
(269) 441-0930 or (800) 626-6719

## Subsidized/Independent Living

Independent living for seniors refers to residence in a compact, easy to maintain, private apartment or house within a community of seniors.

**Albion Housing Commission**  
(517) 629-2511

*Mather Housing, Peabody Place*

**Battle Creek Housing Commission**  
(269) 965-0591

*Cherry Hill Manor, Kellogg Manor*

**Bedford Manor Apartments**  
(269) 962-3561  
*Age 62+*

**Bent Tree Apartments**  
(269) 962-4803

**Lakeview Meadows**  
(269) 968-0300

**Maple Grove Apartments**  
(517) 629-2026  
*Ages 55+*

**Marshall House Apartments**  
(269) 781-2391

**Northpointe Woods**  
(269) 964-7625

**Springview Towers**  
(269) 968-9105  
*Tax credit/ Section 8*

**The Village of Mill Creek**  
(269) 962-0605

**Westbrook Place**  
(269) 753-0062  
*Tax credit*

## Information, Resources, Support

Providing a unique combination of housing, personal care services, and health care, Assisted Living is the perfect option for people who need help with normal daily activities in a way that promotes maximum independence.

The State of Michigan regulates licensing of these types of facilities and the status can change frequently. For assistance in finding options in your area, please contact:

**CareWell Services SW**  
(800) 626-6719  
(269) 441-0930

*Call for available housing and referrals*

**Senior Care Partners P.A.C.E**  
(269) 441-9319  
*Support only*

## Housing Discrimination

**Fair Housing Center of Southwest Michigan**  
(866) 637-0733  
(269) 459-4171

The Coordinating Council (TCC) of Calhoun County cannot guarantee/endorse the listed facilities. TCC encourages discretion when choosing a facility and suggests complete investigation into facilities and licensure prior to engaging services.

Revised July 2021

## Skilled Nursing

A Nursing Home, also known as a Skilled Nursing Facility or SNF, has Registered Nurses who help provide 24 hour care to people who can no longer care for themselves due to physical, emotional or mental conditions.

**Calhoun County Medical Care Facility**  
(269) 962-5458

**Evergreen Senior Care and Rehab**  
(269) 969-6110

**Laurels of Bedford**  
(269) 968-2296

**Majestic Health Care of Battle Creek**  
(269) 965-3327  
*Respite & Short term Rehab also available*

**Marshall Nursing and Rehabilitation Community**  
(269) 781-4281

**MediLodge of Marshall**  
(269) 781-4251

**Momentous Health BC**  
(269) 969-6244

**The Oaks at Northpointe Woods**  
(269) 964-4655  
*Respite stays also available*

**Senior Health Care Partners P.A.C.E**  
(269) 441-9319

## Adult Foster Care

Adult Foster Care is defined as a home setting in the community for adults who are unable to live independently due to physical, emotional, developmental or mental health impairments.

The State of Michigan regulates licensing of these types of facilities and the status can change frequently. For assistance in finding options in your area, please contact:

**Progressive Residential Inc.**  
(269) 966-1347  
Fax: (269) 966-1716



# SENIOR SERVICES

Additional information and assistance can be found by contacting  
CareWell Services SW at (269) 441-0930 or (800) 626-6719  
Or Calhoun County Senior Services at (269) 781-0846

## Respite and Caregiver

**MediLodge of Marshall**  
(269) 781-4251  
*Respite stays*

**Kindred Hospice**  
(269) 342-9308

**Senior Care Partners P.A.C.E**  
(269) 441-9319

**Senior Health Partners**  
(269) 441-0920  
*Community Care Options;  
Dementia & Caregiver  
Support Program*

## Home Repair

**City of Battle Creek**  
(269) 966-3315  
*Minor Home Repair Program*

**Community Action+**  
(269) 965-7766  
(877) 422-2726  
*Minor repairs for home owners*

**Rural Development\***  
(269) 657-7055 ext.4

**Senior Services of Southwest Michigan-Handy Helper#**  
(866) 200-8877

## Social/Recreational Resources

**Albion Forks Senior Center**  
(517) 629-3842

**Community Action+**  
(269) 965-7766  
*Foster Grandparent Program*

**Heritage Commons Senior Enrichment Center**  
(269) 558-6150

**Kool Family Community Center**  
(269) 965-0000  
*Senior Activities;  
must be a member*

**Senior Care Partners P.A.C.E**  
(269) 441-9319

**YMCA**  
(269) 963-9622

*Check your local library for  
recurring Senior programs*

## Kinship Care

**Family Enrichment Center**  
(269) 660-0448

## Information and Assistance

**211 or (269) 565-4159**

**Albion Forks Senior Center**  
(517) 629-3842

**Calhoun County Senior Services**  
(269) 781-0846

**CareWell Services SW  
(Area Agency on Aging)**  
(269) 441-0930  
(800) 626-6719

**Senior Care Partners P.A.C.E**  
(269) 441-9319

## Adult Day Services

**Adult Day Services at  
Oakland Centre**  
(269) 373-3200  
[www.oaklandcentre.org](http://www.oaklandcentre.org)

**Marian E. Burch  
Adult Day Care Center**  
(269) 962-1750

## Legal Resources

**Elder Abuse Prevention  
Adult Protective Services**  
(855) 444-3911

**Bureau of Community and  
Health Systems**  
(800) 882-6006  
*Complaint Unit*

**Counsel and Advocacy Law Line**  
(888) 783-8190  
[www.michiganlegalhelp.org](http://www.michiganlegalhelp.org)  
*For online intake*

**Elder Law of Michigan**  
(866) 400-9164

**Legal Services of South  
Central Michigan**  
(269) 965-3951  
*Must be 60+*

**Longterm Care Ombudsman**  
(866) 485-9393  
*Advocacy Services*

**Michigan Medicare/Medicaid  
Assistance Program**  
(800) 803-7174

## Financial Resources/ Guardianship

**Guardian Financial and  
Advocacy Services**  
(269) 963-3253  
*Guardianship,  
conservatorship, tax services  
for seniors*

**SEE ALSO:  
FINANCIAL RESOURCES**

## Transportation

**Community Action**  
(269) 565-4144  
(877) 422-2726

**SEE ALSO:  
TRANSPORTATION**

## Grief Support

**Heartland Hospice**  
(269) 324-5705

**Hospice Care of  
Southwest Michigan**  
(269) 345-0273

**Kindred Hospice**  
(269) 342-9308

**Oaklawn Home Care and Hospice**  
(269) 789-3939

\* Ages 62+ may qualify based on income for a loan or grant toward ownership or home improvement.

+ Age and income qualifying; ages 60+.

# Repairs under \$400.



# SUBSTANCE ABUSE COUNCIL

## Calhoun County Substance Use Disorder Services

for an updated list: [www.drugfreebc.org](http://www.drugfreebc.org)

### Recovery Oriented Systems of Care (269) 966-7580

Screening & Referral	Prevention/Education	Smoking Cessation	Treatment
<b>**Southwest Michigan Behavioral Health</b> <a href="http://www.swmbh.org">www.swmbh.org</a> (800) 781-0353	Substance Abuse Council: (269) 966-7580 Substance Abuse Prevention Services Albion: (517) 914-5921	Bronson Battle Creek: (800) 451-6310 Calhoun County Public Health Dept. (269) 969-6363 Michigan Tobacco Quit Line (800) QUIT—NOW (784-8669) Nicotine Anonymous: (877) 879-6422 Oaklawn Hospital: (269) 789-7937 <b>Alternative Therapies</b> A Amy Hypnotherapy: (269) 963-2333 Health and Energy Acupuncture (269) 441-1100	<b>Medicated Assisted Treatment-MAT</b> **Summit Pointe First Step (800) 632-5449 or (269) 966-1460 24 HOURS A DAY/7 DAYS A WEEK For an updated list of doctors who provide suboxone treatment, go to <a href="http://www.suboxone.com">www.suboxone.com</a> **Victory Clinical Services (269) 753-1710 (doctor visits, addiction treatment, counseling)
Court Services	Recovery	Transitional Housing	Outpatient & Intensive Outpatient
Calhoun County Drug Court (269) 969-6796 Calhoun County Sobriety Court (269) 969-6658 Mental Health Treatment Court (269) 969-6654 Veteran's Treatment Court: (269) 969-6651	<b>12 Step Programs</b> Alcoholics Anonymous 24 Hour Hotline: (269) 964-7577 To find local meetings: <a href="https://westmidistrict5aa.org/aa-meetings">https://westmidistrict5aa.org/aa-meetings</a> or <a href="https://www.sober.com/">https://www.sober.com/</a> A Vision for You Big Book Study (c) Kevin (269) 962-7107 Alano Club of Battle Creek (o/c) (269) 660-3288 Smart Recovery—Kat (707) 407-7064 Alateen: (269) 343-4328 Celebrate Recovery/Journey Church (269) 965-5441 First Congregational Church AA (c) (269) 419-9164 Gamblers Anonymous Bernie (517) 515-0618 Narcotics Anonymous 24 Hour Help Line: (800) 230-4085 <a href="http://www.michigan-na.org/battle-creek-area/">www.michigan-na.org/battle-creek-area/</a> Pathways House of Prayer: (269) 964-8710 Pills Anonymous: Mike (269) 420-3089 Recovery Meetings for LGBTQ+ (269) 220-0375 Riverside Alano Club: (269) 964-7577 Share Center: (269) 964-8133	Recovery Services Unlimited (269) 377-3340 Transitional Housing for Men & Women	**Pine Creek Indian Reservation (for members and descendants only) (269) 704-8322 **Recovery Services Unlimited Outpatient Clinic (269) 397-2234 **Summit Pointe First Step 175 College St, Battle Creek, MI 49037 (800) 632-5449 or (269) 966-1460 24 HOURS A DAY/7 DAYS A WEEK
Detox	Harm Reduction	Veterans Services	Residential Treatment
<b>**New Vision</b> Located inside Three Rivers Health Hospital (269) 467-0700 Medical Detox	<b>FENTANYL TEST STRIPS</b> **Summit Pointe First Step (800) 632-5449 or (269) 966-1460 24 HOURS A DAY/7 DAYS A WEEK <b>NARCAN/NALOXONE EDUCATION AND DISTRIBUTION</b> Substance Abuse Council: (269) 966-7580 Substance Abuse Prevention Services Albion: (517) 629-2113 **Summit Pointe: (269) 966-1460 <b>SYRINGE SERVICE PROGRAM</b> Project Access Calhoun: (269) 841-4111	Substance Abuse Outpatient Services (269) 966-5600 Ext. 33831 Substance Abuse Residential Rehabilitation (269) 966-5600 Ext. 30086 Tobacco Counseling (269) 966-5600 Ext. 35357 Veteran's Treatment Court: (269) 969-6651	<b>The Haven of Rest Ministries</b> Men's Life Recovery Program (269) 965-1148 Women's Life Recovery Program (269) 441-1701 # Skywood Recovery: (269) 282-7700
Interpretation Services	Youth Crisis Line	Private Insurance	Outpatient & Intensive Outpatient
Burma Center: (269) 441-1131 VOCES: (269) 841-4111	<b>**Summit Pointe: (269) 441-5945</b>	For a complete list of covered providers, contact your insurance company	

NOTES:  
 # Does not accept Medicaid  
 \*\* Accepts Medicaid and/or uninsured for  
 treatment services

## SUBSTANCE USE DISORDER SERVICES OUT-OF-COUNTY

### Screening & Referral

Southwest Michigan  
Behavioral Health  
www.swmbh.org  
(800) 781-0353

### Medicaid/Uninsured/ Underinsured

Jim Gilmore, Jr. Community  
Healing Center  
(269) 382-9820

Meridian Health Services  
(248) 599-8999

Sacred Heart Rehabilitation Center  
(888) 802-7472

Turning Point  
(616) 742-0351

### Private Insurance

Allegiance Addiction Recovery Center  
(517) 205-4001

Brighton Center for Recovery  
(888) 215-2700 (general information)  
(877) 976-2371 (intake)

Jim Gilmore, Jr. Community  
Healing Center  
(269) 382-9820

Salvation Army Turning Point Programs  
(616) 742-0351

For a complete list of covered providers,  
contact your insurance company

### Adolescent Treatment

Elizabeth Upjohn Healing Center: (269) 343-1651

Forest View Hospital: (800) 949-8439

GFM The Synergy Center: (269) 323-1954

Pine Rest: (800) 678-5500

### Residential

#### SHORT TERM

# Allegiance Addiction Recovery Center (m/w)  
(517) 205-4001

Jim Gilmore, Jr. Community Healing Center (m/w):  
(269) 382-9820

MVA Hope House (w): (517) 849-2333

Ridgeview Behavioral Hospital – Ohio (m/w):  
(419) 968-2950

Salvation Army Turning Point Programs (m/w):  
(616) 742-0351

#### LONG TERM

Forest View Hospital (w/m): (800) 949-8439

Glass House (w): (517) 482-2028

House of Commons (m): (517) 244-0393

#### SHORT & LONG TERM

\*\*\*# Holden House (m): (517) 887-0226

Our Hope (w): (616) 451-2039

Pine Rest (w/m): (800) 678-5500

\*\* Sacred Heart Clearview (m/w)  
(888) 802-7472

For a complete list of covered providers,  
contact your insurance company

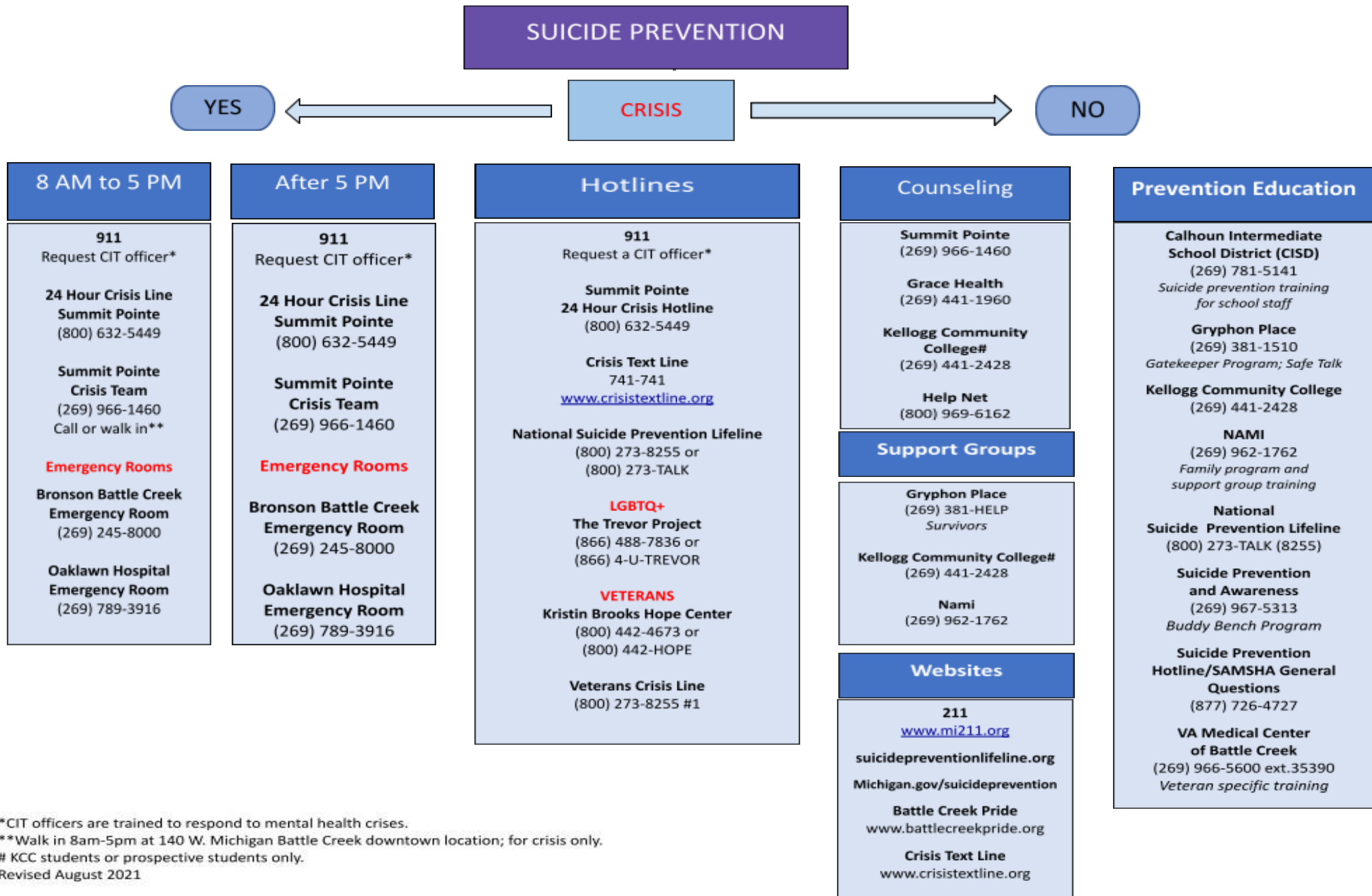
#### NOTES:

\* Residential Service Provider listings identify genders accepted at their facility: M=Men; W=Women, M/W=Men & Women

\*\* Allows women to bring their children up to age 10, does not accept private insurance

\*\*\*Does not accept private insurance

# Does not accept Medicaid

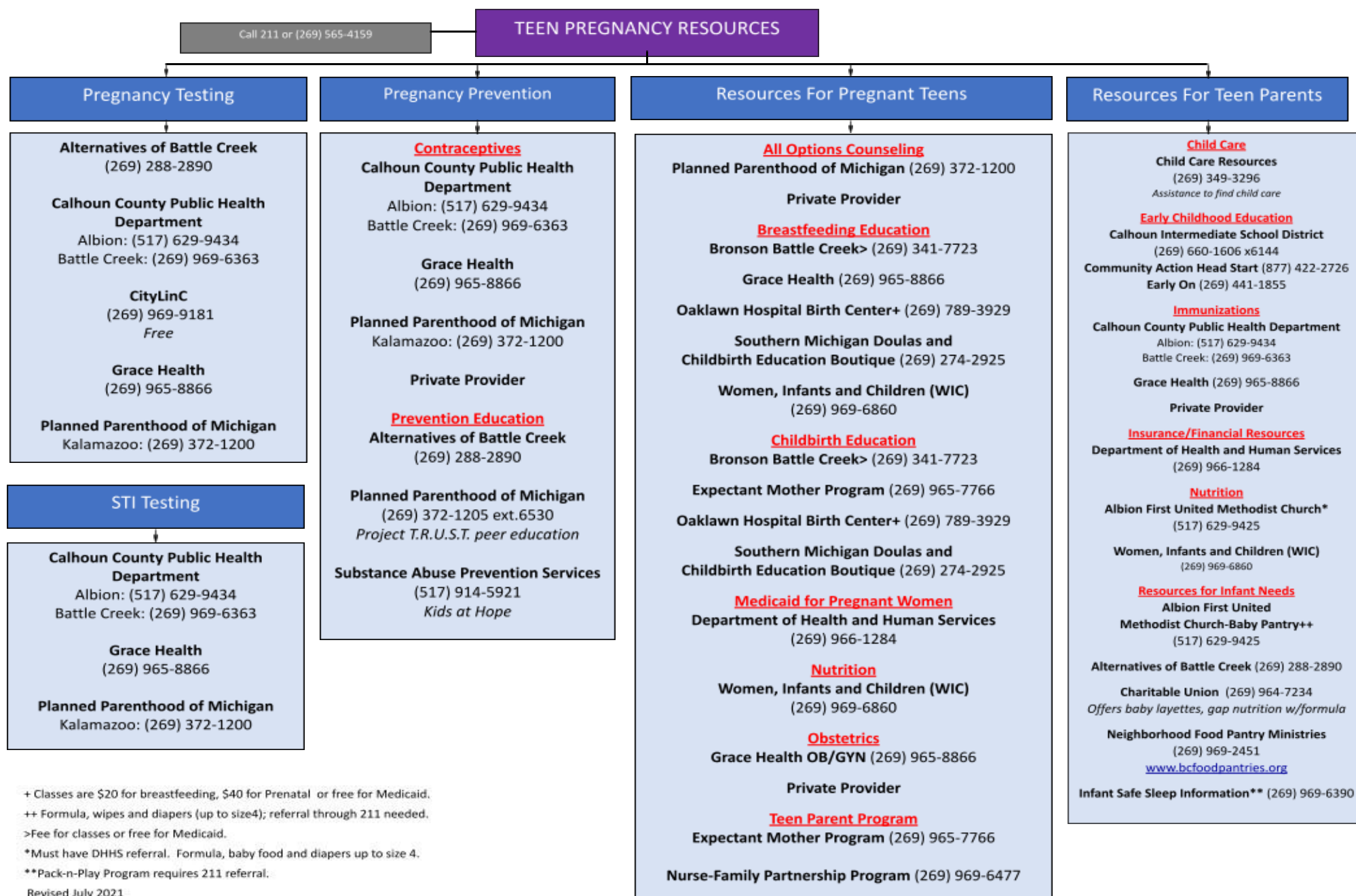


\*CIT officers are trained to respond to mental health crises.

\*\*Walk in 8am-5pm at 140 W. Michigan Battle Creek downtown location; for crisis only.

# KCC students or prospective students only.

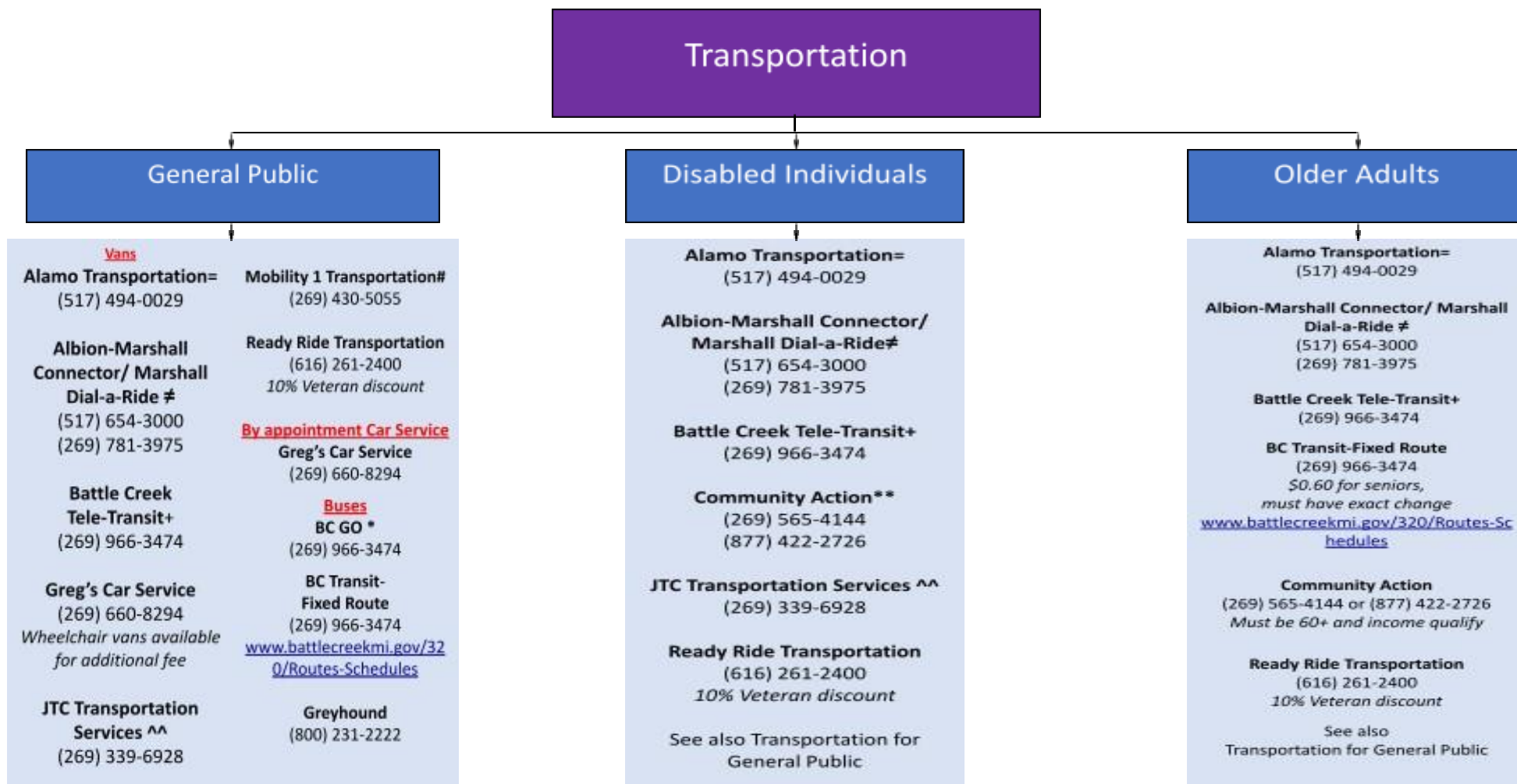
Revised August 2021



+ Classes are \$20 for breastfeeding, \$40 for Prenatal or free for Medicaid.  
 ++ Formula, wipes and diapers (up to size4); referral through 211 needed.  
 >Fee for classes or free for Medicaid.  
 \*Must have DHHS referral. Formula, baby food and diapers up to size 4.  
 \*\*Pack-n-Play Program requires 211 referral.

Revised July 2021





\*Servicing Battle Creek, Springfield, Emmett, Bedford, Pennfield Twnp; weekends only.

\*\* Must have Dr. approval w/ medical disability.

= Servicing Calhoun/Jackson counties; M-F 7am-5pm; bills Medicare/Medicaid; cannot transport wheelchairs.

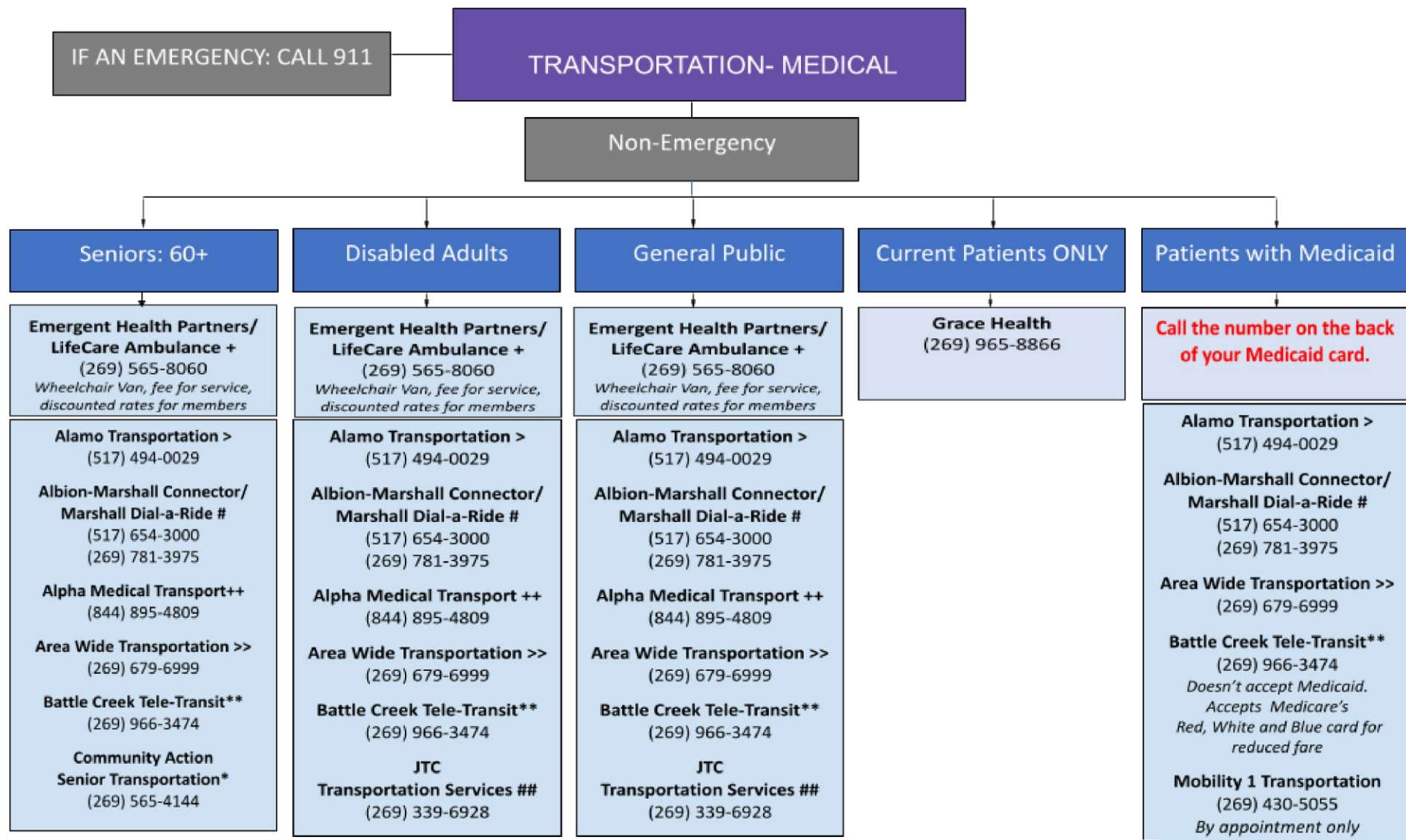
≠ Servicing Marshall/Albion; M-F, 7am-5pm; Albion call for scheduled times \$2 ages 13-59, \$1 ages 0-12/60+/disabled. Marshall call for a ride, rate is \$3 ages 13-59, \$1.50 ages 0-12/60+/disabled. All rates one way.

+Reservations needed; Servicing Battle Creek, Springfield, Emmett, Bedford, Pennfield; M-F, 5:15am-Midnight; Saturday, 9:15am-5pm; \$2 one-way for seniors/disabled; \$7 adults (\$5 after 7pm); Personal attendants ride free.

##Servicing Calhoun County; 6am-8pm 7 days/week; wheelchair \$45+\$1.25/mile after 20 miles; ambulatory \$35 + \$1.25/ mile after 20 miles.

# Can bill some Medicaid.

Revised July 2021



>Servicing Calhoun/Jackson counties; M-F 7am to 5pm; bills Medicare/Medicaid; cannot transport wheelchairs.

>>Servicing southern Michigan; Available 24 hours/7days; bills to Medicaid; rider is responsible for any costs not covered.

+Membership=\$42/year; discounted rate for van is \$30+ \$3/mile. Nonmember rate is \$45+\$3/mile. More info: [www.emergenthealthpartners.org](http://www.emergenthealthpartners.org).

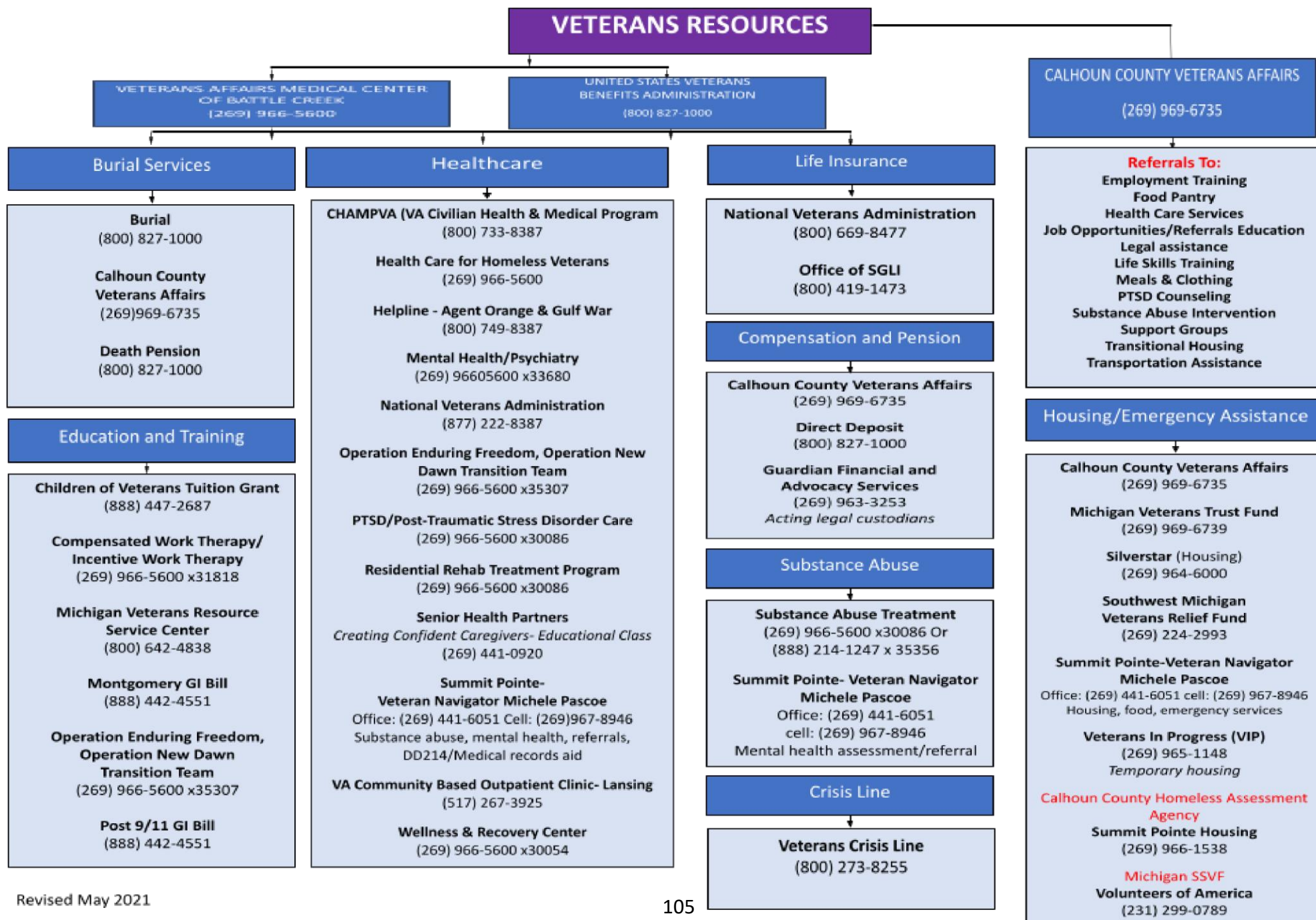
++Servicing Battle Creek area; scheduled 24 hours in advance; Cost arranged through individual health insurance plans; direct pay not accepted.

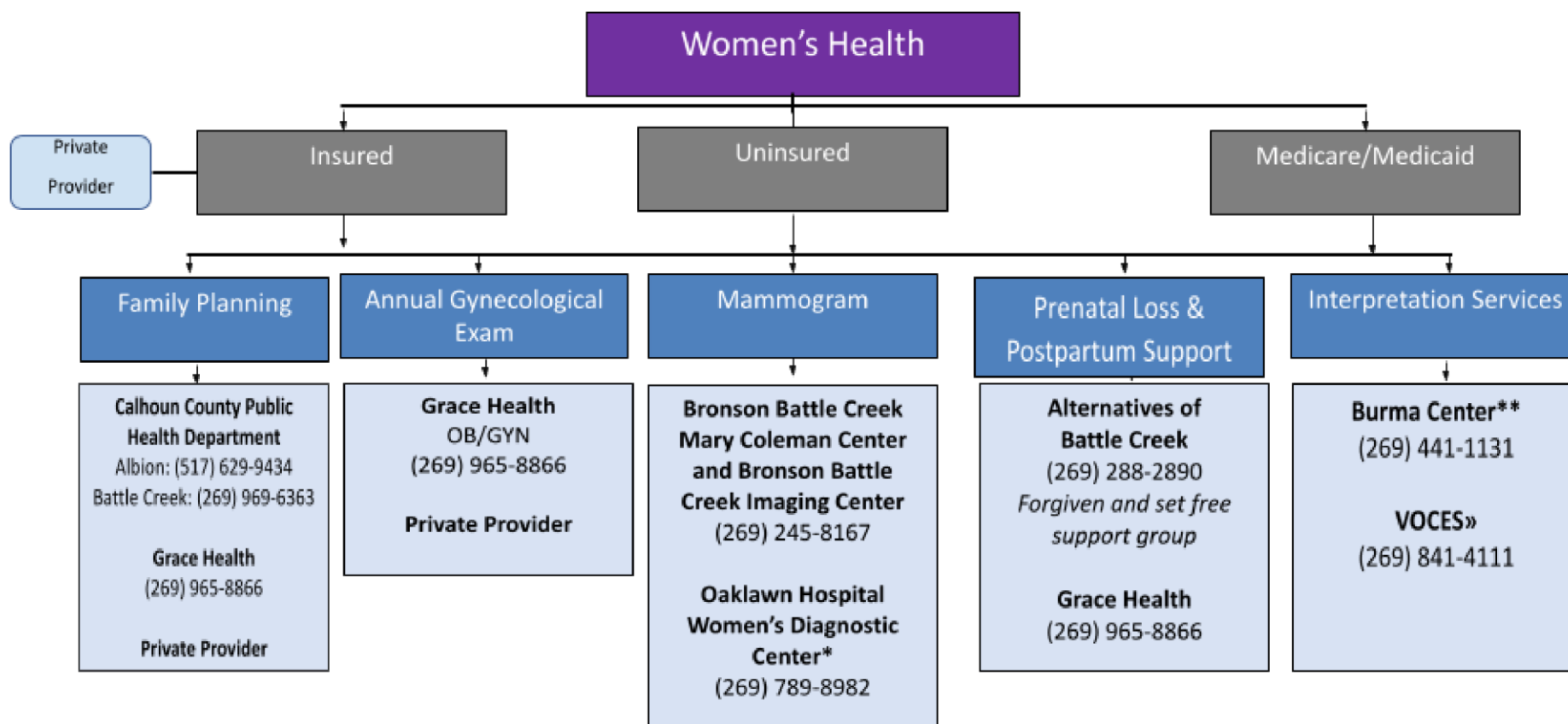
\*Servicing Calhoun County, origination to destination; Battle Creek hours M-F, 8am to 4:30pm; Albion hours Monday, Tuesday, Wednesday & Friday, 9am-2:30pm; Must schedule more than 24 hours in advance; \$1 suggested cost share per ride, funded by Senior Millage.

\*\* Reservations needed; Servicing Battle Creek, Springfield, Emmett, Bedford, Pennfield Twp; M-F 5:15am-Midnight; Saturday 9:15am-5pm; \$2 one-way for seniors/disabled; \$7 adults (\$5 after 7pm); Personal attendants ride free.

# Servicing Marshall/Albion; M-F, 7am-5pm; Albion call for scheduled times \$2 ages 13-59, \$1 ages 0-12/60+/disabled. Marshall call for a ride, rated







\* Uninsured is self-pay to both hospital for mammogram image and radiologist for mammogram reading.

\*\* Fee for service.

»Provides in-person, zoom and simultaneous interpreters in Spanish and Japanese. Burmese dialects Hakha, Falam and Tedim (Zomi) as well as over 150 other languages through a telephone interpreting service. Charges fee for organizations but not community members. 24 hour notices of services required.

Revised June 2021



## YOUTH SERVICES

### ATTITUDES & SKILLS

#### Character Education

Kinetic Affect and Speak It Forward, Inc. (269) 779-9663

Michigan Youth Challenge Academy (800) 372-0523  
[www.miycp.org](http://www.miycp.org)

Southwestern Michigan Urban League (269) 962-5553  
*Future Force, Sojourner Truth Girls Academy,*

#### Gang Intervention

Southwestern Michigan Urban League (269) 962-5553  
*Emergent Leaders Academy*

#### Grief Support

Hospice Care of Southwest Michigan (269) 345-0273

#### Mentoring

Big Brothers Big Sisters (269) 964-7117

CityLinC Second Wind Mentors (269) 969-9181

Substance Abuse Prevention Services (517) 629-2113

#### Miscellaneous

Family & Children Services (269) 344-0202  
*Pregnancy Counseling, Teen Parent Program,  
Parent Infant Program  
(parent or child with mental illness),  
Community Living Support & Training*

Substance Abuse Prevention Services (517) 629-2113  
*Life Skills Development,  
Leadership Development, Violence Prevention*

Summit Pointe (269) 966-1460  
*Youth Services Team*

Summit Pointe Youth Crisis (269) 441-5945

### SUBSTANCE ABUSE

#### Prevention

Substance Abuse Council  
(269) 966-7580

Substance Abuse Prevention Services  
(517) 629-2113

#### Recovery

Battle Creek Alano Club

Community Recovery Center (269) 660-3288

Riverside Alano (269) 964-7577

#### Screening and Referral

Summit Pointe (269) 966-1460

#### Support Groups

Alcoholics Anonymous (269) 964-7577

Bronson Battle Creek (800) 451-6310  
*Smoking Cessation Program*

National Drug & Alcohol Treatment  
(800) 662-HELP(4357)

#### Treatment

Holy Cross Services (989) 755-1072  
*Residential Short or Long Term Treatment*

Psychological Consultants of Michigan  
(269) 968-2811

**SEE ALSO: SUBSTANCE ABUSE**

# YOUTH SERVICES

## EXTRACURRICULAR COMMUNITY OPPORTUNITIES

### Recreation

**Battle Creek Family YMCA**  
(269) 963-9622

**New Level Sports** (269) 964-4172

### **Parks and Recreation Departments**

Albion (517) 629-5535  
Battle Creek (269) 966-3431  
Marshall (269) 781-5166

**Wattles Park Men's Club**  
(269) 979-4336

*Year-round Athletic Programs*

### Libraries

**Albion Public Library**  
(517) 629-3993

**Athens Community Library**  
(269) 729-4479

**Homer Public Library**  
(517) 568-3450

**Marshall District Library**  
(269) 781-7821

**Tekonsha Township Library**  
(517) 767-4769

**Willard Library (Battle Creek)**  
(269) 968-8166

### After School Programs

**21st Century Community Learning Center**  
(269) 965-3883

*Battle Creek Public Schools Only*

**Beadle Lake School  
Before/After Care Program**  
(269) 441-3280

*Affordable Childcare*

**Homer GAP Summer Program** (517) 568-4463

### Employment

**Goodwill Connects**  
(269) 788-6500

*Operated by Goodwill Industries*

**Job Corps** (800) 733-5627  
*Career Training (Ages 16-24)*

**Michigan Rehabilitation Services**  
(269) 968-3311  
*Aids persons with disabilities find employment*

**Michigan Works! Southwest**  
(269) 660-1412  
*WIOA Youth Services*

**VOCES**  
(269) 841-4111  
*CLU (Creative Leaders United) 5-9th graders*

### Volunteer Service

**Albion Volunteer Service  
Organization**  
(517) 629-5574

**Habitat for Humanity**  
(269) 966-2502  
*Ages 15+*

**Marshall Area Community Services**  
(269) 781-2954

**The Arc** (269) 966-2575  
*Skill building and opportunities for those with  
developmental disabilities*

**United Way**  
(269) 966-4189  
*United Way Youth Council*

**Voces**  
(269) 841-4111  
*Youth Council; open to minority students only*

**Miscellaneous Activities**  
**Battle Creek Community Foundation**  
(269) 962-2181  
*Youth Alliance Committee*

**Boy Scouts of America**  
(269) 962-8513

**Burma Center** (269) 441-1131  
*THRIVE Youth Program, grades K-12th*

**CityLinC**  
(269) 969-9181  
*Second Wind Mentors*

**Small Business Information Services**  
(269) 441-9417 or  
(269) 968-8166 x505  
*Grades 5-12 (After School)*

### Misc. Activities Continued

**Community Unlimited**  
(517) 741-4656  
*Union City Schools*

**Girl Scouts Heart of Michigan**  
(269) 343-1516

**MSU Extension 4-H**  
(269) 781-0784  
*Ages 5-19*

**Planned Parenthood of Michigan**  
(269) 372-1205 ext. 6530  
*Project T.R.U.S.T Peer Education*

**Substance Abuse Prevention Services**  
(517) 914-5921  
*Positive Youth Development,  
Leadership Development*

**Southwestern Michigan Urban League**  
(269) 962-5553  
*Sojourner Truth Girls Academy, Future Force,  
Hip Hop for Change Literacy (9-12th graders),  
Emergent Leaders*

**The Arc**  
(269) 966-2575  
*Life Skills for developmentally disabled*

**United Way**  
(269) 966-4189  
*United Way Youth Council*

## YOUTH SERVICES

### LEGAL SERVICES

**Police Emergency 911**

**Albion City Police Dept** (517) 629-3933

**Battle Creek Police Department  
Community Services** (269) 966-3322

**Calhoun County Sheriff** (269) 781-0880

**Marshall City Police** (269) 781-2596

**Calhoun County Justice Complex  
Circuit Court Clerk's office**  
(269) 969-6518  
(269) 969-6711 (scheduling dept)

**Circuit Court, Family Division**  
(269) 969-6732

**Calhoun County Prosecutor's Office**  
(269) 969-6980

**Family Court**  
(269) 969-6775  
*Juvenile Probation Services*

**Friend of the Court**  
(269) 969-6500  
*24-Hour Computerized Case Info Access Line  
FOCIDR (877) 543-2660*

**Juvenile Home**  
(269) 781-7221

### SCHOOL & EDUCATION

**Alternatives of Battle Creek**  
(269) 345-1740  
*Regenext: Healthy Relationships  
Program in the schools*

**Calhoun Intermediate  
School District**  
(269) 781-5141

**Special Education  
Mediation Services**  
(833) KIDS-1ST; (833) 543-7178  
*Mediation for ages up to 26 w/IEP*

**Sylvan Learning Center**  
(269) 327-5237 *Tutoring for a fee*

**Alternative Education  
Battle Creek Public  
School District**  
(269) 965-9500

**Calhoun Area Career Center**  
(269) 968-2271

**Calhoun Community  
High School**  
(269) 565-2460

**Marshall Opportunity  
High School**  
(517) 629-9421

**Michigan Youth  
ChalleNGe Academy**  
(800) 372-0523  
[www.miycp.org](http://www.miycp.org)

**Scholarship Programs  
Battle Creek Community  
Foundation**  
(269) 962-2181  
*Legacy Scholars, GEAR Up,  
Other scholarships*

**Battle Creek Public Schools**  
(269) 965-9466  
*Seed Awards; Grades K-11*

**Lakeview Schools  
Educational Foundation**  
(269) 565-3720

**Southwestern Michigan  
Urban League**  
(269) 962-5553  
*Future Force,  
Sojourner Truth Girls Academy*

**Winship Scholarship  
Foundation**  
(269) 966-6340

**School Liaison Services  
The Arc** (269) 966-2575  
*Educational Advocacy for  
Special Education*

**Special Education  
Mediation Services**  
(833) KIDS-1ST  
(833) 543-7178

## Appendix E. Potential Community Partners

- Albion Ministerial Association
- Battle Creek Pride
- BCU HR Group
- Calhoun County Faith-Based Coalition
- Calhoun Intermediate School District
- Community Inclusive Recreation
- Disability Network
- Kellogg Community College
- Michigan Works!
- Nottawaseppi Huron Band of Potawatomi
- Samaritas
- Starr Commonwealth
- Substance Abuse Council
- Substance Abuse Prevention Services
- The Arc of Calhoun County
- Truth Racial Healing and Transformation
- VA Medical Center