



**2020
Community Health
Needs Assessment**



Table of Contents

- List of Maps 5
- List of Figures..... 5
- List of Tables 6
- Executive Summary 7
 - Service Area 7
 - Methods for Identifying Community Health Needs 7
 - Secondary Data 7
 - Primary Data 7
 - Summary of Findings..... 8
 - Selected Priority Areas 8
 - Conclusion..... 8
- Introduction..... 9
 - About Oaklawn Hospital 9
 - Steering Committee..... 10
 - Consultants..... 10
 - MiCalhoun.org..... 10
 - Distribution 10
- Evaluation of Progress Since Prior CHNA 11
 - Community Feedback on Prior CHNA 11
- Methodology 12
 - Overview..... 12
 - Secondary Data Sources & Analysis..... 12
 - Health and Quality of Life Topic Areas 13
 - Primary Data Collection & Analysis 13
 - Key Informant Interviews 13
 - Focus Group Discussions..... 13
 - Data Considerations 14
 - Prioritization 14
- Overview of Calhoun County 16
 - About Calhoun County 16
 - Demographic Profile 16
 - Population 16
 - Age and Gender 17
 - Race/Ethnicity 18
 - Social and Economic Determinants of Health 19
 - SocioNeeds Index® 19
 - Income 20
 - Poverty 21
 - Educational Attainment 22
- Findings 23

Secondary Data Scoring Results	23
Primary Data	24
Key Informant Interviews	24
Focus Group Discussions.....	27
Data Synthesis.....	30
Topic Areas Examined in This Report	30
Behavioral Health (Mental Health and Substance Abuse)	31
Key Issues Highlighted through Primary Data Collection.....	31
Secondary Data	31
Areas of Significant Concern	32
Health Determinants	33
Additional Health Impact.....	33
Chronic Diseases	34
Key Issues Highlighted through Primary Data Collection.....	34
Secondary Data	34
Areas of Significant Concern	34
Health Determinants	35
Access to Care	36
Key Issues Highlighted through Primary Data Collection.....	36
Secondary Data	36
Areas of Significant Concern	37
Health Determinants	38
Social Determinants	39
Key Issues Highlighted through Primary Data Collection.....	39
Secondary Data	40
Areas of Significant Concern	41
Health Impact of Social Determinants	42
Maternal, Fetal & Infant Health	43
Key Issues Highlighted through Primary Data Collection.....	43
Secondary Data	43
Areas of Significant Concern	44
Health Determinants	45
Wellness & Lifestyle	46
Key Issues Highlighted through Primary Data Collection.....	46
Secondary Data	46
Areas of Significant Concern	46
Family Planning.....	48
Key Issues Highlighted through Primary Data Collection.....	48
Secondary Data	48
Areas of Significant Concern	48
Health Determinants	49
Exercise, Nutrition & Weight.....	50
Key Issues Highlighted through Primary Data Collection.....	50
Secondary Data	50
Areas of Significant Concern	51
Health Determinants	51

Cancer	52
Key Issues Highlighted through Primary Data Collection	52
Areas of Significant Concern	52
Health Determinants	52
A Closer Look at Highly Impacted Populations	53
Older Adults and Aging	53
Key Issues Highlighted through Primary Data Collection	53
Secondary Data	53
Areas of Significant Concern	54
Health Determinants	54
Disparities by Age, Gender and Race/Ethnicity	55
Geographic Disparities	59
Conclusion	60
Appendix A. Impact Since Prior CHNA.....	61
Appendix B. Secondary Data Scoring	64
Overview.....	64
Comparison Score.....	64
Indicator Score	64
Topic Score	64
Comparison Scores	65
Comparison to a Distribution of Michigan Counties and U.S. Counties	65
Comparison to Michigan Value and U.S. Value	65
Comparison to Healthy People 2020 Target	66
Trend Over Time	66
Missing Values	66
Indicator Scoring.....	66
Topic Scoring	66
Age, Gender and Race/Ethnicity Disparities.....	66
Topic Scoring Table	67
Indicator Scoring Table.....	68
Sources	77
Appendix C. Primary Data	78
Key Informant Interview Guide	79
Key Informant Interviewees	81
Focus Group Guide	82
Focus Group Demographics.....	84
Appendix D. Community Resources	86

List of Maps

Map 1. Calhoun County Zip Code Boundaries	16
Map 2. SocioNeeds Index® (Conduent Healthy Communities Institute, 2018)	19
Map 3. HSPA and MUA/P Areas	38
Map 5. Life Expectancy Rate – Lowest Boundary	47
Map 4. Life Expectancy Rate – Highest Boundary	47

List of Figures

Figure 1. Secondary Data Scoring	64
Figure 2. Score Range	64
Figure 3. Comparisons used in Secondary Data Scoring	65
Figure 4. Compare to Distribution Indicator Gauge	65
Figure 5. Distribution of County Values	65
Figure 6. Comparison to Single Value	65
Figure 7. Comparison to Target Value	66
Figure 8. Trend Over Time	66

List of Tables

Table 1. Health and Quality of Life Topic Areas.....	8
Table 2. Health and Quality of Life Topic Areas.....	13
Table 3. Total Population (Calhoun County)	16
Table 4. Population by Age	17
Table 5. Population by Gender and Age	17
Table 6. Population by Race	18
Table 7. SocioNeeds Index® (Conduent Healthy Communities Institute, 2018).....	19
Table 8. People 25+ by Educational Attainment	22
Table 9. Secondary Data Scoring Results by Topic Area	23
Tables 10. & 11. Key Informant Frequency Results by Topic Area	24
Tables 12. Key Informant Health Equity Links and Barriers by Frequency	25
Table 14. KI Barriers to Accessing Resources.....	25
Table 13. KI Available Resources	25
Tables 15. Key Informant Recommended Solutions by Frequency	26
Tables 16. Focus Group Frequency Results by Topic Area	27
Table 17. Key Informant Health Equity Links and Barriers by Frequency.....	28
Table 18. Focus Group Necessary Resources	28
Table 19. Barriers to Health.....	29
Table 20. Criteria for Identifying the Top Needs from each Data Source.....	30
Table 21. Health and Quality of Life Topic Areas.....	30
Table 22. Data Scoring Results for Behavioral Health	31
Table 23. Data Scoring Results for Chronic Diseases	34
Table 25. Data Scoring Results for Access to Health Services	36
Table 26. Data Scoring Results for aggregated Social Determinants.....	40
Table 29. Data Scoring Results for Maternal, Fetal, and Infant Health	43
Table 30. Data Scoring Results for Wellness & Lifestyle.....	46
Table 32. Data Scoring Results for Family Planning.....	48
Table 33. Data Scoring Results for Exercise, Nutrition & Weight	50
Table 34. Data Scoring Results for Cancer	52
Table 35. Data Scoring Results for Older Adults and Aging	53
Table 36. Topic Scores for Calhoun County.....	67
Table 41. Indicator Scores by Topic Area.....	68
Table 42. Indicator Sources and Corresponding Number Keys	77

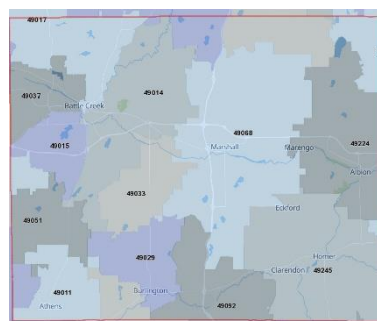
Executive Summary

Oaklawn was founded in 1925 as a 12-bed hospital in a residential home, funded by a group of visionary philanthropists. Now, more than eight decades later, we've evolved into a highly regarded regional health care organization, licensed for 77 acute care beds and a 17-bed inpatient psychiatric unit.

Oaklawn Hospital conducted the 2020 Community Health Needs Assessment (CHNA) to further its commitment to the community and to fulfill the requirements of the Affordable Care Act. For the purposes of this CHNA, the definition of community is all residents of Calhoun County, Michigan. This CHNA began in November 2018 and was completed and approved by Oaklawn's Board of Directors on March 22, 2019. This assessment process is an extension of the previous CHNA that was published in March 2016.

Service Area

Oaklawn Hospital 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. Within our service area we are strategically focused on supporting those communities within the 49068, and immediately adjacent zip codes, 49224, 49245, 49092, 49033, and 49014. In addition to our primary service area, limited services are available in Branch and Eaton Counties.



Methods for Identifying Community Health Needs Secondary Data

Secondary data used for this assessment were collected and analyzed from Conduent Healthy Communities Institute's (HCI) community indicator database. The database, maintained by researchers and analysts at Conduent HCI, includes 158 community indicators from various state and national data sources such as Michigan Department of Community Health, National Cancer Institute, and the American Community Survey. See Appendix B for a full list of data sources used.

Indicator values for Calhoun County were compared to Michigan counties and U.S. counties to identify relative need. Other considerations in weighing relative areas of need included comparisons to Michigan state values, comparisons to national values, trends over time, and Healthy People 2020 targets. Based on these four different comparisons, indicators were systematically ranked from high to low need. For a detailed methodology of the analytic methods used to rank secondary data indicators see Appendix B.

Primary Data

Community input was provided by a broad range of community members through the use of key informant interviews (38) and focus groups (10). Individuals with the knowledge, information, and expertise relevant to the health needs of the community were consulted. These individuals included representatives from state, local, tribal, or other regional governmental public health departments (or equivalent department or agency) as well as leaders, representatives, or members of medically

underserved, low-income, and minority populations. Additionally, where applicable, other individuals with expertise of local health needs were consulted.

Questions were open ended and appropriate probes were used to gather in-depth information from each key informant. The interviewees were given the questions in advance of the interviews to prepare their thoughts and opinions on each topic. The interviews were recorded and transcribed using Otter Voice Notes (Otter.ai) and analyzed using QDA Miner 5, a qualitative analysis software. See Appendix C for the interview guides and participant data.

Summary of Findings

The CHNA findings are drawn from an analysis of an extensive set of secondary data (158 indicators from national and state data sources) and in-depth primary data from community leaders, health, and non-health professionals who serve the community at large, vulnerable populations, and populations with unmet health needs. A synthesis of the primary and secondary data categorized by Health and Quality of Life Topic Areas was conducted to determine the significant health needs for Calhoun County. The ranked list is displayed in Table 1.

Table 1. Health and Quality of Life Topic Areas

Behavioral Health
Chronic Disease
Access to Care
Social Determinants
Maternal, Fetal, and Infant Health
Wellness and Lifestyle
Family Planning
Exercise, Nutrition, and Weight
Cancer
Age and Gender Disparities

Selected Priority Areas

Oaklawn Hospital brought together hospital decision makers, members of the collaborative, and community leaders to identify significant health needs priorities to address. The following priority areas were selected: **Behavioral Health, Chronic Disease, and Access to Care.**

Conclusion

This report describes the process and findings of a comprehensive health needs assessment for the residents of Calhoun County, Michigan. The prioritization of the identified significant health needs will guide community health improvement efforts of Oaklawn Hospital. In conjunction with this report, Oaklawn will develop an implementation strategy for the priority health needs the hospital will address. These strategies will build on Oaklawn’s assets and resources, as well as evidence-based strategies, wherever possible. The Implementation Strategy will be filed with the Internal Revenue Service using Form 990 Schedule H. Both the CHNA and the Implementation Strategy, once they are finalized, will be posted publicly on our website, www.oaklawnhospital.org.

Introduction

Oaklawn Hospital is pleased to present the 2020 Community Health Needs Assessment, which provides an overview of the significant community health needs identified in Calhoun County, Michigan.

The goal of this report is to offer a meaningful understanding of the most pressing health needs across Calhoun County, as well as to guide planning efforts to address those needs. Special attention has been given to the needs of vulnerable populations, unmet health needs or gaps in services, and input gathered from the community. Findings from this report will be used to identify, develop, and target initiatives to provide and connect community members with resources to improve the health challenges in their communities.

The 2020 Oaklawn Hospital Community Health Needs Assessment was developed through a partnership between Oaklawn Hospital, Regional Health Alliance, and The Coordinating Council of Calhoun County.

About Oaklawn Hospital

Oaklawn was founded in 1925 as a 12-bed hospital in a residential home, funded by a group of visionary philanthropists. Now, more than eight decades later, we've evolved into a highly regarded regional health care organization, licensed for 77 acute care beds and a 17-bed inpatient psychiatric unit. We've continued to be an independently owned not-for-profit hospital, with our 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. We enjoy a reputation for advancing medicine and providing compassionate, personal care. Our service area includes Calhoun County and parts of Branch and Eaton counties with a medical staff of more than 150 providers representing over 35 specialties.

Mission Statement

We will provide personal, accessible, and high-quality care to improve the health and well-being of the communities we serve.

Vision

Striving for Perfect Care Every Time

A Vision Met

- Provide personalized high-quality care.
- Exceed the expectations of our patients.
- Foster our culture of Oaklawn excellence.
- Be a visionary healthcare and corporate leader.
- Expand as an integrated health care system.
- Remain locally governed and organizationally independent.
- Be a responsible corporate citizen.
- Provide charitable care to those in need.
- Attract and retain a diverse team of quality physicians and employees.
- Be financially strong and cost competitive.
- Provide excellent facilities and technologies.
- Be a leader in healthcare information technology.
- Be a hospital of choice to patients, physicians & employees.
- Achieve state and national recognition for health care delivery.

Steering Committee

Gregg Beeg – Interim President and CEO
Theresa Dawson- Chief Nursing Officer
Andy Poole – Chief Financial Officer
Sherry Boyd – Chief Operating Officer
Dr. Michael Chapman – Executive Director of Medical Affairs
Kathy Rhodes – Executive Director of Oaklawn Medical Group
Marla Stuck – Executive Director of Human Resources
Richard Lindsey – Executive Director of Legal and Community Affairs
Jane Jones – Executive Director of Organizational Excellence
Nita Armstrong – Executive Assistant to the CEO
Dr. Jose Valle – Physician, Medical Director

Consultants

Oaklawn Hospital commissioned the Regional Health Alliance to conduct their 2020 Community Health Needs Assessment. The Regional Health Alliance is a community partnership to improve health and well-being Calhoun County. Report authors from Regional Health Alliance include Elizabeth Schultheiss, MPA; Kristin Roux, MPH; and Carolyn O’Brien, MPH.

The Coordinating Council of Calhoun County provided the secondary data through their partnership with Conduent Healthy Communities Institute (HCI) to assist with the Community Health Needs Assessment, primarily with the secondary data analysis. Conduent HCI uses collaborative approaches to improve community health and provides web-based information systems to public health, hospital, and community development sectors, to help them assess population health.

Report authors from Conduent HCI include: Cara Woodard; Caroline Cahill, MPH; Era Chaudhry, MPH; and Norwin Espiritu, MPH.

MiCalhoun.org

The MiCalhoun web platform is a resource for the community health needs assessment process in Calhoun County. The website serves as a “living” data platform, providing public access to indicator data that is continuously updated and easy to understand and includes comparisons for context. Much of the data used in this assessment is available on [MiCalhoun.org](https://www.micalhoun.org) and can be downloaded in multiple formats.

In addition to indicator data, the website serves as a repository for local county reports, funding opportunities, and more. Health departments, hospital leaders, and community health stakeholders in the county region are invited to use the website as a tool for community assessment, strategic planning, identifying best practices for improvement, collaboration, and advocacy.

Distribution

An electronic copy of this report is available on www.oaklawnhospital.org

To receive a hard copy version of this report please contact the Development & Marketing Coordinator at (269) 789-3942 or stop by the office at 116 E. Prospect St. Marshall, MI 49068.

Evaluation of Progress Since Prior CHNA

Oaklawn Hospital conducted the 2017 Community Health Needs Assessment (CHNA) to further its commitment to the community and to fulfill the requirements of the Patient Protection and Affordable Care Act. The community health improvement process should be viewed as an iterative cycle. An important piece of that cycle is revisiting the progress made on priority health topics set forth in the preceding community health needs assessment. 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 round of the CHNA cycle.

Data on health needs were derived using four methods:

- Data gathered and analyzed from secondary sources such as US Census, Michigan Department of Community Health, and the Centers for Disease Control and Prevention (CDC)
- A community-wide survey
- Geographic- and demographic-based focus groups (Albion community, Marshall community, seniors, and individuals currently struggling with homelessness and substance abuse recovery)
- Key informant interviews with representatives knowledgeable in the community, service providers, health care providers, medically-underserved populations, minority populations, rural populations, and businesses.

This data was analyzed to identify the top health needs of residents of Calhoun County

- Access to healthcare
- Maternal & infant health
- Chronic disease management
- Obesity & weight reduction
- Healthy lifestyle education & support
- Older adult & senior health
- Health disparities
- Sexual health & STI's
- Mental health

Oaklawn provides services and support to all of these community health needs. For its FY 2017 focus, these top health needs were prioritized using criteria including availability of evidence-based interventions and measures of impact, magnitude of the need, and fit within Oaklawn's strategy and capabilities.

As a result of this analysis, Oaklawn identified access to care, chronic disease management, and healthy lifestyle education and support for special attention in FY 2017 for community health improvement. This decision reflects a coming together of the health needs expressed by residents of Calhoun County through survey data, focus groups, and key informant interviews as well as trends related to chronic disease management, obesity, and the impact of healthy lifestyles on health outcomes. A detailed table describing the strategies/action steps and indicators of improvement for each priority area can be found in Appendix A.

Community Feedback on Prior CHNA

The 2017 Oaklawn Hospital Health Needs Assessment was made available to the public via <https://oaklawnhospital.org/about-us/community-health-needs-assessment/>. No comments had been received on the 2017 CHNA at the time this report was written.

Methodology

Overview

Two types of data are analyzed for this Community Health Needs Assessment: secondary data and primary data. Secondary data is data that has been collected from other sources, while primary data has been collected directly as a part of this report. Each type of data is analyzed using a unique methodology, and findings are organized by health topic areas. These findings are then synthesized for a comprehensive overview of the health needs in Calhoun County.

Secondary Data Sources & Analysis

The main source of the secondary data used for this assessment is [MiCalhoun.org](http://www.micalhoun.org)¹, a web-based community health platform developed by Conduent Healthy Communities Institute. The MiCalhoun dashboard brings non-biased data, local resources, and a wealth of information in one accessible, user-friendly location. The secondary data analysis was conducted using Conduent HCI's data scoring tool, and the results are based on the 158 health and quality of life indicators that were queried on the MiCalhoun dashboard on March 4, 2019. The data are primarily derived from state and national public data sources. For each indicator on the platform, there exist several comparisons to assess Calhoun County's status, including how Calhoun County compares to other communities, whether health targets have been met, and the trend of the indicator value over time.

Conduent HCI's data scoring tool systematically summarizes multiple comparisons to rank indicators based on highest need. For each indicator, and dependent upon data availability, the Calhoun County value is compared to a distribution of Michigan and U.S. counties, state and national values, Healthy People 2020 targets, and the trend over the four most recent time periods of measure. Each indicator is then given a score based on the available comparisons. The scores range from 0 to 3, where 0 indicates the best outcome and 3 indicates the worst outcome. 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. The indicators are grouped into topic areas for a higher-level ranking of community health needs.

Please see Appendix B for further details on the secondary data scoring methodology.

HCI's Index of Disparity is an analysis method that quantifies gender or race/ethnicity disparities for all secondary data indicators with at least two gender-specific or race/ethnicity-specific values available. This index represents a standardized measure of how different each subpopulation value is compared to the overall population value. Indicators for which there is a higher Index of Disparity value are those where there is evidence of a large health disparity for a subpopulation.

¹ MiCalhoun is an online platform that provides access to health, economic and quality of life data, evidence-based programs, funding opportunities and other resources aimed at improving community health. The platform is publicly available and can be accessed at <http://www.micalhoun.org/>

Health and Quality of Life Topic Areas

Table 1. shows the health and quality of life topic areas into which indicators are categorized. These topic areas are broadly based on the Healthy People 2020 framework, with each topic area containing multiple indicators.

Table 2. Health and Quality of Life Topic Areas

Behavioral Health
Chronic Disease
Access to Care
Social Determinants
Maternal, Fetal, and Infant Health
Wellness and Lifestyle
Family Planning
Exercise, Nutrition, and Weight
Cancer
Age and Gender Disparities

Primary Data Collection & Analysis

Oaklawn contracted with Regional Health Alliance (RHA) to conduct the primary research. Community input was provided by a broad range of community members through the use of key informant interviews (KIIs) and focus groups. Individuals with the knowledge, information, and expertise relevant to the health needs of the community were consulted. These individuals included representatives from state, local, tribal, or other regional governmental public health departments (or equivalent department or agency) as well as leaders, representatives, or members of medically underserved, low-income, and minority populations. Additionally, where applicable, other individuals with expertise of local health needs were consulted. For a complete list of individuals who provided input, see Appendix C. In all, RHA gathered community input from 144 individuals through focus groups and individual interviews.

Key Informant Interviews

Key informant interviews (KIIs) were utilized to gather knowledge, attitudes, and practices of prominent community leaders in Calhoun County. A total of 38 KIIs were conducted with representatives either working in the health field or improving health conditions by serving those from the target populations.

Focus Group Discussions

Another form of community input was collected through focus groups. Focus groups are carefully constructed dialogues that invite diverse groups of people to discuss important and pressing issues. Focus groups provide community members an opportunity to engage in productive learning and sharing sessions. Focus group discussions focused on the problems facing the community, health equity, resources needed for health (current or suggested), and barriers to health. A list of questions asked during the focus group discussions is available in Appendix C.

Ten focus groups were conducted targeting residents from Albion, Homer, and Marshall, as well as county-wide service providers in the areas of access, older adults, home visiting, care management, and basic needs. Partner organizations assisted in the recruitment of participants for focus groups, and when applicable worked with existing groups, such as the Albion Ministerial Alliance and Regional Health

Alliance Access to Care group to host focus groups targeted at their memberships. Flyers and in-person invitations were also utilized, and gift cards and refreshments were provided to resident-based groups.

Focus group transcripts were coded and analyzed by common theme. The frequency with which a topic area was discussed in the context of needs and concerns or barriers and challenges to achieving health was used to assess the relative importance of the need in the community. Key themes that emerged from the focus group discussions are integrated into this report by topic area, with an emphasis on the most significant needs as evidenced by both primary and secondary data.

By synthesizing the discussions that took place at the focus groups and through Key Informant Interviews, the primary data collection process for Calhoun County is rich with involvement by a cross section of the community.

Data Considerations

Several limitations of the data should be considered when reviewing the findings presented in this report. Although the topics by which data are organized cover a wide range of health and health-related areas, within each topic there is a varying scope and depth of data availability. In some topics there is a robust set of secondary data indicators, but in others there may be a limited number of indicators for which data is collected, or limited subpopulations covered by the indicators.

Data scores represent the relative community health need according to the secondary data that is available for each topic and should not be considered a comprehensive result on their own. In addition, these scores reflect what was found in the secondary data for the population as a whole, and do not factor in the health or socioeconomic need that is much greater for some subpopulations. Many of the secondary data indicators included in the findings are collected by survey, and though methods are used to best represent the population at large, these measures are subject to instability—especially among smaller populations. It is also important to note that there is an overweight of Medicare data amongst the indicators, providing greater depth of data availability relative to older adults and aging versus other age and gender topic areas.

The Index of Disparity analysis, used to analyze the secondary data, is also limited by data availability. In some instances, data sources do not provide subpopulation data for some indicators, and for other indicators, values are only available for a select number of race/ethnic groups. Due to these limitations, it is not possible to draw conclusions about subpopulation disparities for all indicators.

The breadth of primary data findings is dependent on several factors. Key informant interviews and focus group discussions findings were limited by which community members were invited to and able to participate. Additionally, an intentional effort was made to oversample underserved, underrepresented, minority, and low-income populations, as well as those front-line works that directly support these targeted populations.

Prioritization

Nine members of the Oaklawn Leadership Team met on March 13, 2019 to review the data and to prioritize the health topic areas. The Zero to Ten rating method was used – wherein the topic areas are each given a continuum from zero to ten and each participant is asked to use a dot vote to rate every topic area. For this session, zero meant that the topic area “Can Wait to be Addressed” and ten meant

that the topic area is “Essential to Address Now”. After all dots had been placed, the group saw a clear visual representation of clusters of agreement. From there, the group was able to finalize the rank of health topic areas from one to ten.

The top three, based on the below criteria were identified as those priorities that will be addressed in the implementation plan. Those not selected based on the criteria, will continue to be supported through current work and community partnerships.

The group was asked to consider the following criteria as they placed their dots in each topic area.

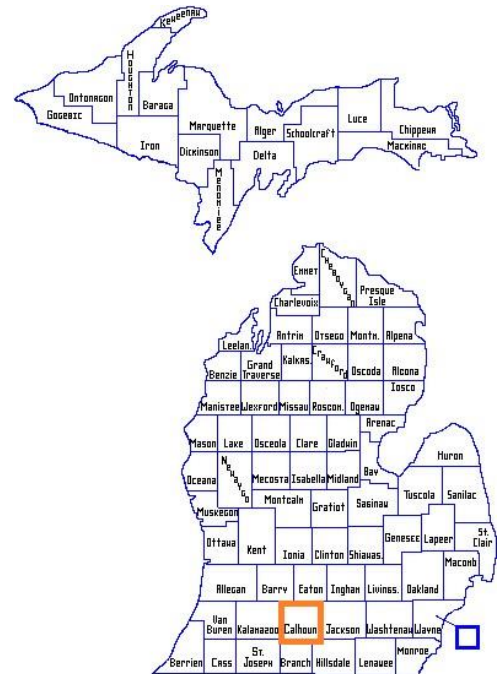
- Alignment with Oaklawn’s strengths/priorities/mission
- Magnitude – the number of people impacted by the problem
- Severity – the rate or risk of morbidity and mortality
- Existing resources and programs within Oaklawn to address the problem
- Feasibility of intervention
- Importance of the problem to the community

Behavioral Health, Chronic Disease, and Access to Care were identified as the top three priorities that will be addressed in the implementation plan. Social Determinants and Age & Gender, though considered separate health need topic areas, will also be explored as components of each of the three identified health priorities.

Overview of Calhoun County

About Calhoun County

Calhoun County is located in southern Michigan, midway between Chicago and Detroit, at the junction of two major interstate freeways - I-94 (east/west) and I-69 (north/south). There are three population areas within the County: the City of Albion in the eastern portion of the County, the City of Marshall in the center, and the City of Battle Creek in the northwest corner. The City of Battle Creek is the largest metropolitan area in the County. The remainder of the County is primarily agricultural. There are 19 townships, four incorporated cities, and four villages within the boundaries of the County.



Demographic Profile

The demographics of a community significantly impact its health profile. Population growth has an influence on the county’s current and future needs. Specific population subgroups, including different age, gender, race, and ethnic groups, may have unique needs and require varied approaches to health improvement efforts. The following section explores the demographic profile of Calhoun County, Michigan.

Population

According to the U.S. Census Bureau’s 2013-2017 American Community Survey population estimates, the population of Calhoun County is 133,952 persons, as shown in Table 3. Map 1. shows zip code boundaries.

Map 1. Calhoun County Zip Code Boundaries

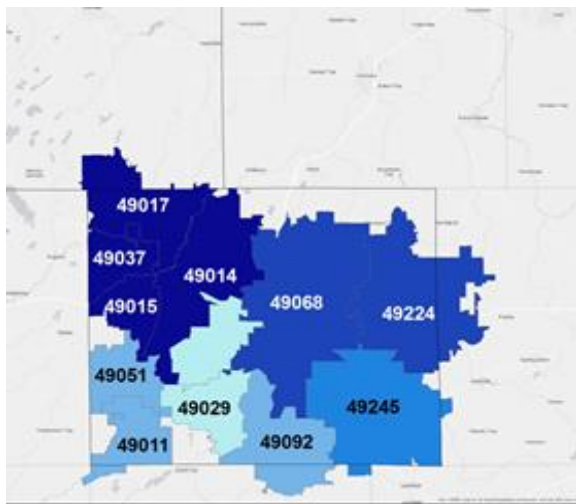


Table 3. Total Population (Calhoun County)

Zip Code	City	Population
49011	Athens	2,286
49014	Battle Creek	21,564
49015	Battle Creek	26,958
49017	Battle Creek	20,975
49029	Burlington	1,635
49033	Ceresco	1,653
49037	Battle Creek	21,753
49051	East Leroy	2,266
49068	Marshall	14,684
49092	Tekonsha	2,202
49224	Albion	13,369
49245	Homer	4,694

Age and Gender

The following table shows the proportion of the population within varying age-groups. Calhoun County are compared to the age distribution of the state of Michigan. Table 4 shows the Calhoun County population by age group. The 55-64 age group contains the highest percent of the population at 13.74%, while the 45-54 age group contains the next highest percent of the population at 12.37%.

Table 1. Population by Age

Population by Age Group	County: Calhoun		State: Michigan	
	Persons	% of Population	Persons	% of Population
0-4	8,307	6.20%	576,508	5.77%
5-9	8,359	6.24%	582,539	5.83%
10-14	8,491	6.34%	608,910	6.10%
15-17	5,321	3.97%	392,414	3.93%
18-20	5,650	4.22%	428,413	4.29%
21-24	6,946	5.19%	562,207	5.63%
25-34	15,957	11.91%	1,262,935	12.64%
35-44	15,546	11.61%	1,161,999	11.63%
45-54	16,572	12.37%	1,275,057	12.76%
55-64	18,404	13.74%	1,402,226	14.04%
65-74	14,132	10.55%	1,040,851	10.42%
75-84	7,021	5.24%	481,378	4.82%
85+	3,246	2.42%	213,405	2.14%

Table 2. Population by Gender and Age

	Percent of Total Population		Percent of Male Population		Percent of Female Population		Median Age (Years)	
	Male	Female	18+	65+	18+	65+	Male	Female
Calhoun County	48.93%	51.07%	76.14%	16.43%	78.31%	19.92%	38.6	41.6
Michigan	49.21%	50.79%	77.52%	15.76%	79.19%	18.95%	38.5	41.4

Males comprise 48.93% of the population, whereas females comprise 51.07% of the population (Table 5.). The median age for males is 38.6 years, whereas the median age for females is 41.6 years. Both are equal to the Michigan median age (38.5 years for males and 41.4 years for females).

Race/Ethnicity

The race and ethnicity composition of a population is important in planning for future community needs, particularly for schools, businesses, community centers, health care, and child care. Race and ethnicity data are also useful for identifying and understanding disparities in housing, employment, income and poverty.

Table 6. shows the racial distribution of Calhoun County. The six categories (White, Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian & Other Pacific Islander, and Multiracial) are racial groups and may include persons that identify as Hispanic or Latino.

The White population accounts for 79.88% of the total population in Calhoun County, with the Black or African American population accounting for 10.99% of the total population. Calhoun County has a similar share of residents (79.88%) that identify as White when compared to Michigan (77.50%).

Table 3. Population by Race

Population by Race	County: Calhoun		State: Michigan	
	Persons	% of Population	Persons	% of Population
White	106,999	79.88%	7,740,888	77.50%
Black/African American	14,727	10.99%	1,394,400	13.96%
American Indian/Alaskan Native	906	0.68%	66,211	0.66%
Asian	3,804	2.84%	326,490	3.27%
Native Hawaiian/Pacific Islander	55	0.04%	3,189	0.03%
Some Other Race	2,408	1.80%	174,636	1.75%
2+ Races	5,053	3.77%	283,028	2.83%

Social and Economic Determinants of Health

This section explores the social and economic determinants of health in Calhoun County. Social and economic 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. These social determinants and other factors help build the context of the service area to allow for better understanding of the results of both primary and secondary data.

SocioNeeds Index®

Conduent Healthy Communities Institute developed the SocioNeeds Index® to easily compare multiple socioeconomic factors across geographies. This index incorporates estimates for six different social and economic determinants of health – income, poverty, unemployment, occupation, educational attainment, and linguistic barriers – that are associated with poor health outcomes including preventable hospitalizations and premature death.

Zip codes within Calhoun County are assigned an index value from 0 (low need) to 100 (high need), based on how those zip codes compare to others in the U.S. Within Calhoun County, the zip codes are then ranked from 1 (low need) to 5 (high need) to identify the relative level of need. Zip codes with populations under 300 persons are excluded. Among the zip codes immediately adjacent to the 49068 zip code, zip code 49224, with an index value of 79.7, has the highest level of socioeconomic need within Oaklawn Hospital’s focus area; while zip code 49033, with an index value of 29 has the lowest level of socioeconomic need. This is illustrated on Map 2. Index values and the relative ranking of each zip code within Calhoun County are provided in Table 7.

Map 2. SocioNeeds Index® (Conduent Healthy Communities Institute, 2018)

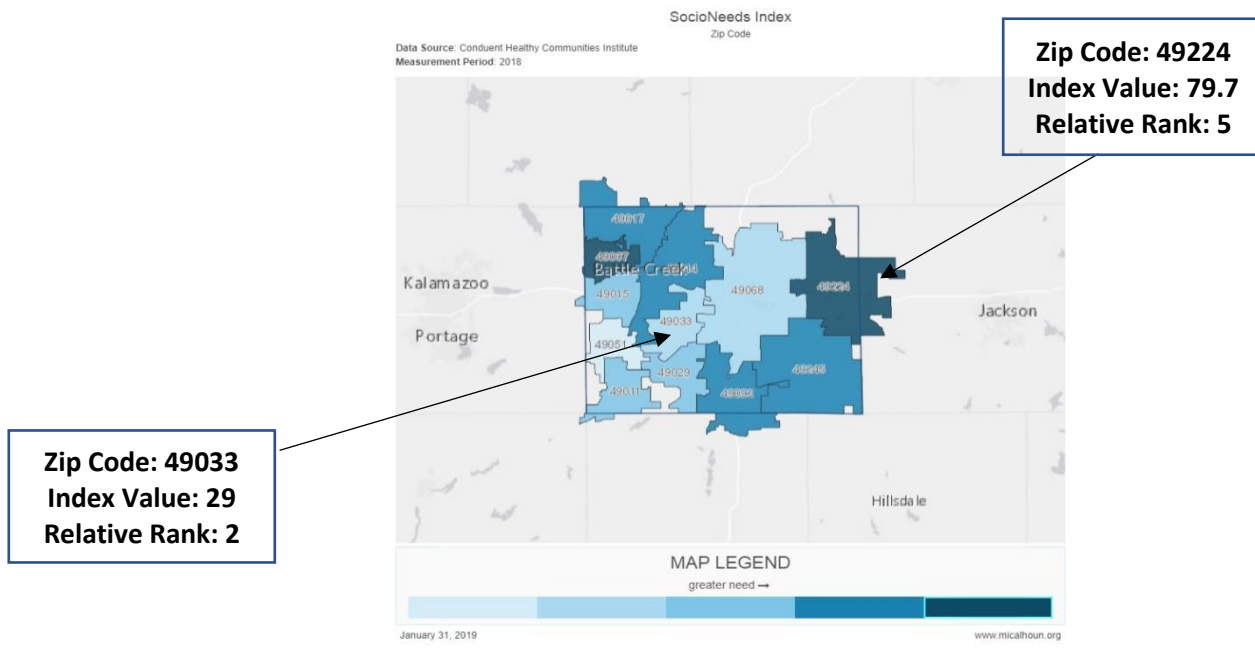


Table 4. SocioNeeds Index® (Conduent Healthy Communities Institute, 2018)

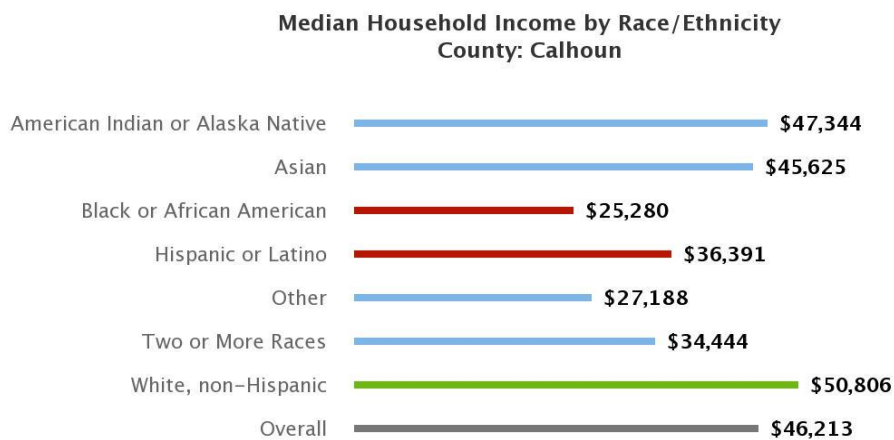
Zip Code	Index Value	Relative Rank
49037	91.9	5
49224	79.7	5
49017	67.4	4
49014	64.3	4
49245	61.5	4
49092	58.4	4
49029	44.4	3
49011	43.7	3
49015	43.5	3
49068	31.6	2
49033	29.0	2
49051	21.4	1

Source: <http://www.micalhoun.org/socioneeds>

Understanding where there are communities with high socioeconomic need is critical to forming prevention and outreach activities.

Income

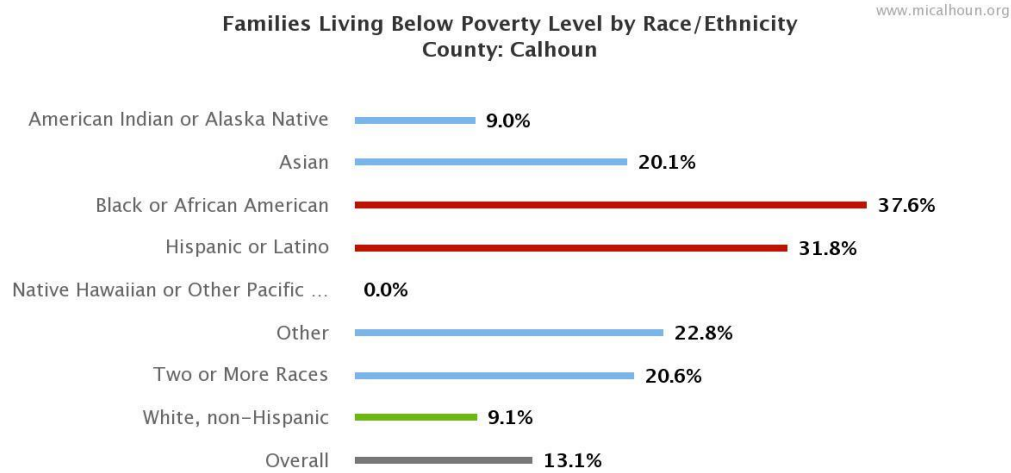
Figure 3. shows the distribution of median household income by race and ethnicity in Calhoun County compared to the state values. The median household income for Calhoun County is \$46,213. White households report a median income of \$50,806 while Black/African American households report an income of nearly half: \$25,280 – the lowest median income across all race and ethnicity groups.



Source: American Community Survey (2013–2017)

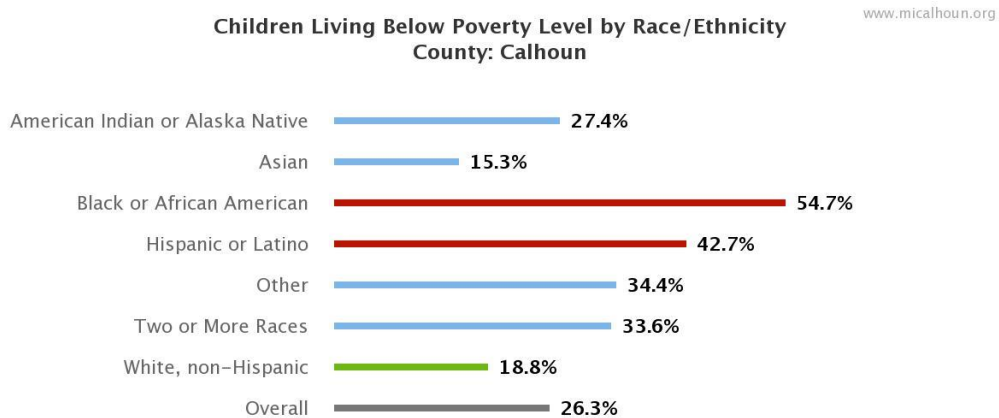
Poverty

In 2013-2017, an estimated 13.1% of the families in Calhoun County reported living below the poverty level, which is higher than the Michigan state average (10.9%) and US value (10.5%). Figure 4. details the race and ethnicity values for families living below the poverty level. Black or African American families (37.6%) and Hispanic or Latino families (31.8%) differ significantly from the Calhoun overall value by more than two-fold. Alternatively, American Indian or Alaskan Native families (9%) and White, non-Hispanic families (9.1%) experience living below the poverty level to a lesser degree.



Source: American Community Survey (2013–2017)

In 2013-2017, an estimated 26.3% of children in Calhoun County are reported to be living below the poverty level, which is higher than the Michigan state average (21.7%) and US value (20.3%). Figure 5. details the race and ethnicity values for children living below the poverty level. Black or African American children (54.7%) and Hispanic or Latino families (42.7%) differ significantly from the Calhoun overall value.



Source: American Community Survey (2013–2017)

Educational Attainment

Graduating from high school is an important personal achievement and is essential for an individual's social and economic advancement. Graduation rates can also be an important indicator of the performance of an educational system. Having a bachelor's degree opens up career opportunities in a variety of fields and is often a prerequisite for higher-paying jobs.

Countywide, the percent of residents 25 or older with a high school degree (37.64%) is higher than the state value (29.35%). Higher educational attainment in Calhoun County is lower than the state value. In Calhoun County, only 13.56% of residents 25 and older have a bachelor's degree or higher, which is lower than the state value of 17.06% (Table 8).

Table 5. People 25+ by Educational Attainment

Population 25+ by Educational Attainment	County: Calhoun		State: Michigan	
	Persons	% of Population Age 25+	Persons	% of Population Age 25+
Less than 9th Grade	2,703	2.97%	207,611	3.04%
Some High School, No Diploma	5,901	6.49%	456,960	6.68%
High School Grad	34,211	37.64%	2,007,238	29.35%
Some College, No Degree	21,513	23.67%	1,616,640	23.64%
Associate Degree	8,155	8.97%	633,100	9.26%
Bachelor's Degree	12,326	13.56%	1,166,730	17.06%
Master's Degree	4,972	5.47%	550,001	8.04%
Professional Degree	541	0.60%	118,881	1.74%
Doctorate Degree	556	0.61%	80,690	1.18%

Findings

Secondary Data Scoring Results

Table 9. shows the data scoring results for Calhoun County by topic area. Topics with higher scores indicate greater need. Maternal, Fetal & Infant health and Family Planning are the poorest performing health topics for Calhoun County, followed by Wellness & Lifestyle and Behavioral Health. It is important to note that Family Planning and Wellness & Lifestyle have relatively fewer indicators comprising their topic area score, as compared to other topic areas.

Table 6. Secondary Data Scoring Results by Topic Area

Topic	Score
Maternal, Fetal & Infant Health	1.72
Family Planning	1.72
Wellness & Lifestyle	1.68
Behavioral Health*	1.65
Social Determinants *	1.65
Chronic Diseases*	1.63
Age and Gender Disparities*	1.53
Exercise, Nutrition & Weight	1.49
Cancer	1.31
Access to Health Services	1.24

**notes topic areas including subtopic areas, as outlined below*

****See Appendix B for additional details on the indicators within each topic area**

Behavioral Health	20	1.65	Age and Gender Disparities	47	1.53
Mental Health & Mental Disorders	6	1.74	Men's Health	3	1.59
Substance Abuse	14	1.62	Older Adults and Aging	25	1.58
Chronic Diseases	26	1.63	Teen & Adolescent Health	8	1.47
Other Chronic Diseases	3	1.72	Children's Health	7	1.38
Respiratory Diseases	10	1.7	Women's Health	5	1.06
Heart Disease and Stroke	9	1.57	Social Determinants	55	1.65
Diabetes	4	1.55	Public Safety	4	1.86
			Social Environment	14	1.74
			Environment	19	1.61
			Economy (includes food security)	22	1.6
			Education	5	1.52
			Transportation	5	1.48

Primary Data

Key Informant Interviews

PROBLEMS/CONCERNS

Key informants were asked “*What are the greatest health-related concerns in your community and what are the greatest non-health related concerns or problems affecting a person’s ability to live, work, learn, and play?*” Tables 10. & 11. represent the frequency with which various problems and concerns were mentioned as they correlate to secondary data topic areas.

Problems and concerns responses were correlated with the secondary data topic areas and are broken down between health topics and social determinants. In some instances, responses from multiple themes were combined into a singular topic area. Therefore, it is important to note that the majority of interviewees named transportation as the singularly most prominent health and non-health related concern in Calhoun County. The lack of county-wide transportation impedes community members’ opportunity to take advantage of resources that would improve their health. Following transportation, interviewees named food, insurance, and employment as major issues in Calhoun County. The lack of accessible fresh and healthy foods as well as food insecurity were noted as critical problems. Regarding insurance, interviewees stated that rising premiums, deductibles, and co-pays are concerns especially for ALICE (Asset Limited, Income Constrained, Employed) households. The lack of employment with benefits that pays livable wages was also noted as an issue for ALICE households. Other problems that were frequently listed are mental health, substance abuse, and housing.

Tables 10. & 11. Key Informant Frequency Results by Topic Area

Health Topic	Frequency
Behavioral Health (Mental Health, Substance Abuse, Trauma)	33
Access to Health Care (Access, Insurance, Preventative Care)	32
Chronic Disease (Diabetes, Heart Disease, Other)	22
Exercise, Nutrition, and Weight (Obesity, Physical Activity)	22
Social Determinants	Frequency
Economy - Food & Employment	31
Transportation	26
Environment - Housing & Lead	17
Education	14
Social Environment	6
Public Safety	5

HEALTH EQUITY

Key informants were asked “*What links do you see between equity and health in your community and what do you believe are barriers to achieving health equity in your community?*” Table 12. represents the frequency with which various health equity links and barriers were mentioned.

When asked about links between equity and health, most interviewees discussed socio-economic status and how it has affected all aspects of life. Again, ALICE households were mentioned as well as those living in poverty. Race and ethnicity were noted frequently as a link between equity and health. The

interviewees stated that there are stark disparities between races in major health indicators for Calhoun County, such as infant mortality rates. Racism that exists within health systems produces racial inequities in health. The major barriers reported by the interviewees in order to achieve health equity are a lack of equitable practices and mistrust of systems and institutions which impact people’s willingness to seek care.

Tables 12. Key Informant Health Equity Links and Barriers by Frequency

Health Equity Links and Barriers	Frequency
Socioeconomic Status	31
Discrimination/Bias – Race and Ethnicity	22
Mistrust of Systems/Institutions & Need for Equitable Practices	22
Discrimination/Bias – Other (Age, Disability, LGBTQ+, etc.)	9
Language	7
Education	6
Geography	5

RESOURCES/BARRIERS

Key Informants were asked “*What resources are available in your community to address these issues?*” and “*What are the barriers (if any) to accessing these resources?*” Table 13. represents the frequency with which various resources were mentioned, while Table 14. represents the frequency with which various barriers were mentioned.

Nearly every Key Informant noted that Calhoun County is resource rich; however, an immense barrier exists in accessing those resources due to a lack of knowledge of existing resources. Commonly referenced resources include community organizations, health services for low-resource populations, senior wellness resources, as well as community buy-in. Major barriers included lack of sustainable funding for programs, difficulty navigating the existing resources, and a lack of cultural competency within organizations and health systems.

Table 13. KI Available Resources

Resources	Frequency
Community Organizations and/or Partnerships	43
Health Services for Low-Resource Populations	20
Senior Wellness Resources	10
Community Buy-In	9
Food Resources	9
Navigation Services	7
School (Health) Resources	5
Strong Leaders	4

Table 14. KI Barriers to Accessing Resources

Barriers	Frequency
Lack of Knowledge of Existing Resources	22
Lack of Sustainable Funding	12
Difficulty Navigating Resources	9
Lack of Cultural Competency	6
Lack of Motivation/ Patient Engagement	6
Health System Fragmentation	4
Technology Barriers	3

SOLUTIONS

Key Informants were asked “*What actions, programs, or strategies do you think would make the biggest difference in your community?*” Table 15. represents the frequency with which various solutions were mentioned.

The majority of interviewees named county-wide collaboration as the main strategy for improving the overall health in Calhoun County. Both collaboration within health systems as well as cross-sector collaboration were mentioned. To address the lack of knowledge of existing resources, improved dissemination of information was noted as an essential solution. Additionally, increased cultural responsiveness of health and non-health institutions was discussed as a solution to address the health inequity that exists in the county. And finally, a responsive community health needs assessment and dynamic implementation strategy were named as a critical part of the solution for improving the health of the residents of Calhoun County.

Tables 15. Key Informant Recommended Solutions by Frequency

Solutions	Frequency
County-Wide Collaboration	15
Increase Cultural Responsiveness	13
Better Dissemination of Information	11
Responsive Community Health Needs Assessment	10
Improve/ Build Upon 211	9
Access to Behavioral Health Services	10
Reliable Transportation	7
Create “Healthy Living” Environment	7
School Resource Coordination	6
Early Childhood Resources	5
Health Resources in Rural Areas	4
Health Education	4

Focus Group Discussions

PROBLEMS/CONCERNS

Focus group participants were asked “*What are the greatest health-related concerns in your community and what are the greatest non-health related concerns or problems affecting a person’s ability to live, work, learn, and play?*” Table 16. represents the frequency with which various problems & concerns were mentioned as they correlate to secondary data topic areas.

Problems and concerns responses were correlated with the secondary data topic areas and are broken down between health topics and social determinants. In some instances, responses from multiple themes were combined into a singular topic area.

Issues surrounding insurance were among the most mentioned concern, including lack of coverage for certain services, high co-pays and deductibles for services and prescriptions, and lack of insurance coverage. Lack of transportation was frequently mentioned as a problem for many people in the county – impacting people’s ability to seek medical care and access healthy foods, particularly in rural areas. Access to mental health services is a problem, with long wait times for appointment and financial barriers. In addition, the lack of local substance abuse treatment options and high costs for service were also noted as key problems. Other issues frequently mentioned were food insecurity, lack of affordable, safe housing, and lack of employment with living wages and benefits.

Tables 16. Focus Group Frequency Results by Topic Area

Health Topic	Frequency
Access to Care (Access, Insurance, Preventative Care)	91
Behavioral Health (Mental Health, Substance Abuse, Trauma)	23
Exercise, Nutrition, and Weight	20
Older Adults and Aging	20
Child Health	20

Social Determinants	Frequency
Economy (Food & Employment)	37
Environment (Housing)	27
Transportation	15
Social Environment	15
Education	13
Public Safety	4

HEALTH EQUITY

Focus group participants were asked “*What links do you see between equity and health in your community?*” Table 17. represents the frequency with which various health equity links and barriers were mentioned.

When asked about links between equity and health, issues related to low socio-economic status and living in poverty, as well as those households to be ALICE. In addition, many people mentioned issues

related to geography such as limited access to services within rural communities. Concerns about access for transportation, youth and senior activities, grocery stores, and medical services were most frequently mentioned. Discrimination, bias, and a general lack in the understanding of needs for marginalized populations were also mentioned, including sexual orientation, gender identity, post-incarceration status, and physical disabilities. Finally, racism is seen as a cause of inequity within society and health systems, including implicit bias and lack of cultural competency.

Table 17. Focus Group Health Equity Links and Barriers by Frequency

Health Equity Links and Barriers	Frequency
Discrimination/Bias – Other (LGBTQ+, age, disabilities, post-incarceration status, history, etc.)	20
Socioeconomic Status	19
Geography	7
Discrimination/Bias – Race/Ethnicity	6
Language	6
Mistrust of Systems/Institutions and Need for Equitable Practices	4
Education	3

NECESSARY RESOURCES

Focus group participants were asked *“What resources do you need to be healthier and to have healthy choices? Can be existing or non-existing.”* Table 18. represents the frequency with which various resources were mentioned.

Community organizations and health services were the most commonly mentioned resources needed or wanted to improve health, followed by resources for seniors. Many people noted the need for a comprehensive guide to available services that is accessible to both providers and the general public as a needed resource. Reliable transportation was also mentioned frequently as a way to access medical and other services.

Table 18. Focus Group Necessary Resources

Resources	Frequency
Community Organizations/Partnerships	31
Health Services	30
Senior Wellness Resources	16
Better Dissemination of Information	13
Reliable Transportation	13
Food Resources	10
Improve Collaboration	9
Navigation Services	9
Affordable Housing Options	7
Effective Case Management	7

BARRIERS

Focus group participants were asked *“What are the gaps or barriers (if any) in your community or life that keep you from being healthier or having healthy choices? Are the resources you listed available and accessible to you?”* Table 19. represents the frequency with which various barriers were mentioned.

Major barriers included lack of knowledge of existing resources, health system barriers such as limited services and long wait times, and financial barriers to health such as purchasing food and prescriptions. Other barriers included lack of transportation and psychosocial barriers such as shame, lack of trust, and social isolation and lack of support.

Table 19. Barriers to Health

Barriers	Frequency
Lack of Knowledge of Existing Resources	15
Health System Barriers	13
Financial Barriers	12
Psychosocial Barriers	9
Lack of Transportation	8
Difficulty Navigating Resources	7
Technology Barriers	7
Lack of Coordination	7
Housing Barriers	6

Data Synthesis

All forms of data have strengths and limitations. To gain a comprehensive understanding of the significant health needs for Calhoun County, findings from the secondary data, key informant interviews, and focus group discussions were compared and analyzed for areas of overlap. The top needs from each data source were identified using the criteria displayed in Table 20.

Table 20. Criteria for Identifying the Top Needs from each Data Source

Data Source	Criteria for Top Need
Secondary Data	10 topics receiving highest data score
Key Informant Interviews	Community issues discussed most frequently as the greatest health and non-health related concerns or problems affecting a person’s ability to live, work, learn, and play.
Focus Group Discussions	Community issues discussed most frequently as the greatest health and non-health related concerns or problems affecting a person’s ability to live, work, learn, and play.

This mixed-methods approach ensures robust findings through statistical analysis of health indicators and examination of constituent’s perceptions of community health issues.

Topic Areas Examined in This Report

Ten topic areas were identified as high scoring across both primary and secondary sources. These topics are listed in Table 21.

Table 21. Health and Quality of Life Topic Areas

Behavioral Health
Chronic Disease
Access to Care
Social Determinants
Maternal, Fetal, and Infant Health
Wellness and Lifestyle
Family Planning
Exercise, Nutrition, and Weight
Cancer
Age and Gender Disparities

Topic areas are explored in-depth in the next section and include corresponding data from community participants when available. Age and Gender Disparities are explored more deeply in the highly impacted populations section of this report.

Findings are organized by topic area. Within each topic, key issues are summarized followed by a review of secondary and primary data findings. Special emphasis is placed on areas of significant concern, and how social determinants of health influence various topic areas. Figures, tables, and extracts from quantitative and qualitative data substantiate findings. Each topic includes a table with key indicators from the secondary data scoring results.

Behavioral Health (Mental Health and Substance Abuse)

Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenges. Mental health is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to community or society. Mental disorders are health conditions that are characterized by alterations in thinking, mood, and/or behavior that are associated with distress and/or impaired functioning. Mental disorders contribute to a host of problems that may include disability, pain, or death. Mental illness is the term that refers collectively to all diagnosable mental disorders.²

Substance abuse refers to a set of related conditions associated with the consumption of mind- and behavior-altering substances that have negative behavioral and health outcomes. Social attitudes and political and legal responses to the consumption of alcohol and illicit drugs make substance abuse one of the most complex public health issues. In addition to the considerable health implications, substance abuse has been a flash-point in the criminal justice system and a major focal point in discussions about social values: people argue over whether substance abuse is a disease with genetic and biological foundations or a matter of personal choice.³

Key Issues Highlighted through Primary Data Collection

- Mental Health Access with an emphasis on the shortage of providers (adult & pediatric); lack of local access; long wait times for appointments; and affordability/insurance barriers.
- Mental Health with an emphasis on trauma and adverse childhood experiences (ACEs); isolation; and excessive technology use and its effects on behavior and social isolation.
- Substance Abuse Treatment and Addiction with an emphasis on: opioids, meth, alcohol, marijuana; limited treatment access, especially in-county; financial barriers; and the relationship between substance abuse and high rates of communicable diseases such as Hepatitis & HIV, as well as crime.

Secondary Data

The secondary data scoring results reveal Age-Adjusted Death Rate due to Suicide with a score of 2.33, Depression: Medicare Population with a score of 2.28, to be top mental health issues, and Death Rate due to Drug Poisoning with a score of 2.11 and Death Rate due to Opioid-Related Drug Poisoning with a score of 2.08, to be two of the top substance abuse issues in Calhoun County.

Table 22. Data Scoring Results for Behavioral Health

Indicator	Local	Trend	Score
Age-Adjusted Death Rate due to Suicide		3	2.33
Depression: Medicare Population		2	2.28
Death Rate due to Drug Poisoning		2	2.11
Mothers who Smoked During Pregnancy		2	2.11
Death Rate due to Opioid-Related Drug Poisoning		3	2.08
Alcohol-Impaired Driving Deaths		1	2.06

**See Appendix B for full list of indicators included in this area*

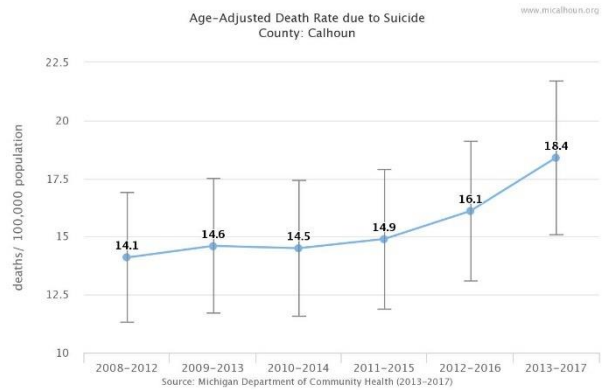
² Healthy People 2020 [Internet]. Washington, DC: U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion [cited March 4, 2019] Available from: <https://www.healthypeople.gov/2020/topics-objectives/topic/mental-health-and-mental-disorders>

³ Healthy People 2020 [Internet]. Washington, DC: U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion [cited March 4, 2019] Available from: <https://www.healthypeople.gov/2020/topics-objectives/topic/substance-abuse>

Areas of Significant Concern

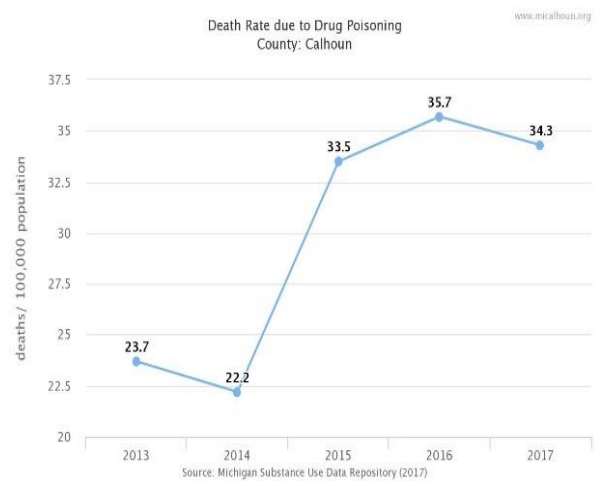
Suicide

Suicide is a leading cause of death in the United States, presenting a major, preventable public health problem. More than 33,000 people kill themselves each year according to the Centers for Disease Control and Prevention, but suicide deaths only account for part of the problem. An estimated 25 attempted suicides occur per every suicide death, and those who survive suicide may have serious injuries, in addition to having depression and other mental problems.⁴



Opioid Use

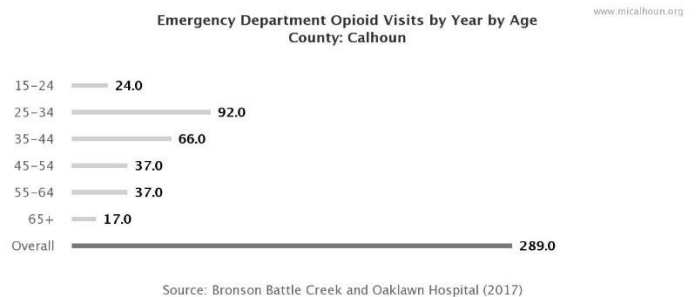
Drug overdose deaths are the leading cause of injury death in the United States, with over 100 drug overdose deaths occurring every day. Calhoun County's rate is above state and national averages and has risen significantly from the rate of 22.2 in 2014 to 34.3 in 2017.



Opioid use in Calhoun County is an epidemic. From 2010 to 2015, the amount and strength of opioids prescribed increased significantly while the national average decreased. In 2015, the amount and strength of opioids prescribed was nearly double the national average and six times higher than the 1999 national average. In 2016, 120 opioid prescriptions per 100 persons were dispensed, nearly twice the national average.

Although opioid overdose makes up a very small percentage of all Calhoun County emergency department visits, opioid overdose visits nearly doubled from 147 to 289 visits between 2015-2017.

The 2016 total opioid-related death rate of approximately 30 deaths per 100,000 Calhoun County residents was 1.72 times higher than the Michigan 2016 death rate of 17.5 deaths per 100,000 residents. More than 40 opioid-related deaths have occurred each year in Calhoun County between 2015-2017. More people die of drug-related overdose in Calhoun County than of motor vehicle accidents.⁵



⁴ MiCalhoun.org [Internet]. [cited March 4, 2019] Available from: <http://www.micalhoun.org/indicators/index/view?indicatorId=120&localeId=1295>

⁵ MiCalhoun.org [Internet]. The Calhoun County Opioid Coalition [cited March 4, 2019] Available from: <http://www.micalhoun.org/tiles/index/display?alias=opioid>

Health Determinants

Several factors have been linked to mental health, including race and ethnicity, gender, age, income level, education level, sexual orientation, and geographic location. Other social conditions—such as interpersonal, family, and community dynamics, housing quality, social support, employment opportunities, and work and school conditions—can also influence mental health risk and outcomes, both positively and negatively. For example, safe shared places for people to interact, such as parks and churches, can support positive mental health.⁶

Several biological, social, environmental, psychological, and genetic factors are also associated with substance abuse. Substance abuse is also strongly influenced by interpersonal, household, and community dynamics. Family, social networks, and peer pressure are key influencers of substance abuse among adolescents. Understanding these factors is key to reducing the number of people who abuse drugs and alcohol and improving the health and safety of all Americans.⁷

Additional Health Impact

Substance abuse contributes to a number of negative health outcomes and public health problems, including:⁸

- Cardiovascular conditions
- Pregnancy complications
- Teenage pregnancy
- Human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS)
- Sexually transmitted diseases (STDs)
- Domestic violence
- Child abuse
- Motor vehicle crashes
- Homicide
- Suicide

Indicator	Trend	Score
Chlamydia Incidence Rate	3	2.33
Substantiated Child Abuse Rate	3	2.33
Alcohol-Impaired Driving Deaths	1	2.06
Gonorrhea Incidence Rate	2	1.86
Violent Crime Rate	0	1.67
Teen Pregnancy Rate	0	1.5

⁶ Healthy People 2020 [Internet]. Washington, DC: U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion [cited March 4, 2019] Available from: <https://www.healthypeople.gov/2020/leading-health-indicators/2020-lhi-topics/Mental-Health/determinants>

⁷ Healthy People 2020 [Internet]. Washington, DC: U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion [cited March 4, 2019] Available from: <https://www.healthypeople.gov/2020/leading-health-indicators/2020-lhi-topics/Substance-Abuse/determinants>

⁸ Healthy People 2020 [Internet]. Washington, DC: U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion [cited March 4, 2019] Available from: <https://www.healthypeople.gov/2020/leading-health-indicators/2020-lhi-topics/Substance-Abuse>

Chronic Diseases

Chronic diseases are defined broadly as conditions that last one year or more and require ongoing medical attention or limit activities of daily living or both.⁹ For the purpose of this report we have aggregated indicators for respiratory diseases, diabetes, heart disease and stroke, and other chronic diseases into the chronic diseases topic area.

Key Issues Highlighted through Primary Data Collection

- Heart disease, diabetes, COPD & other respiratory problems, ALS, high rates of asthma
- Managing prescriptions related to multiple diseases
- Lack of preventive care, need for health literacy around prevention, and need for care management services



Secondary Data

The secondary data scoring results reveal Chronic Kidney Disease: Medicare Population, as the chronic disease with the top need in Calhoun County with a score of 2.28. Additional analysis is performed to find specific indicators that contribute to this area of concern, and these indicators are identified with high indicator data scores, shown in Table 23.

Table 23. Data Scoring Results for Chronic Diseases

Indicator	Target		Score
	Local	Trend	
Chronic Kidney Disease: Medicare Population	2	2	2.28
Age-Adjusted Death Rate due to Influenza and Pneumonia	2	2	2.11
Hypertension: Medicare Population	2	2	2.11
Age-Adjusted Death Rate due to Lung Cancer	0	0	2
Rheumatoid Arthritis or Osteoarthritis: Medicare Population	3	3	2

*See Appendix B for full list of indicators included in each topic area

Areas of Significant Concern

Chronic Diseases: Sub-topic Areas	# of indicators	Score
Other Chronic Diseases	3	1.72
Respiratory Diseases	10	1.7
Heart Disease and Stroke	9	1.57
Diabetes	4	1.55

Most chronic diseases are caused by a short list of risk behaviors: tobacco use and exposure to secondhand smoke; poor nutrition, including diets low in fruits and vegetables and high in sodium and saturated fats; lack of physical activity; and excessive alcohol use.⁹

⁹ Centers for Disease Control [Internet][cited March 4, 2019] Available from: <https://www.cdc.gov/chronicdisease/about/index.htm>

Table 24. Data Scoring Results for Chronic Diseases Risk Behavior or Contributing Factors

Indicator	Trend	Score
Adults Who Are Obese	2	2.03
Consumer Expenditures: Tobacco	1.5	1.83
Liquor Store Density	2	1.78
Adult Fruit and Vegetable Consumption	1.5	1.75
Consumer Expenditures: Alcoholic Beverages	1.5	1.67
Consumer Expenditures: High Sugar Beverages	1.5	1.67
Consumer Expenditures: High Sugar Foods	1.5	1.67
Adults who Used to Smoke	1	1.31
Adults who Smoke	0	1.25
Adults who are Overweight	1	1.14
Adults who are Sedentary	0	1.08
Consumer Expenditures: Fruits and Vegetables	1.5	1
Adults who Binge Drink	0	0.75

Health Determinants

As defined previously, chronic diseases are defined broadly as conditions that last 1 year or more and require ongoing medical attention or limit activities of daily living or both, as such chronic disease management is greatly impacted by the social determinants of health. More frequent medical appointments require reliable transportation, food insecurity leads to poor nutrition exacerbating chronic conditions, while the ability to take time off work for doctor’s appointments and pay for prescriptions and other tests are all dependent on a person’s economic status.

Access to Care

A person’s ability to access health services has a profound effect on every aspect of his or her health, yet at the start of the decade, almost 1 in 4 Americans do not have a primary care provider (PCP) or health center where they can receive regular medical services. Approximately 1 in 5 Americans (children and adults under age 65) do not have medical insurance. People without medical insurance are more likely to lack a usual source of medical care, such as a PCP, and are more likely to skip routine medical care due to costs, increasing their risk for serious and disabling health conditions. When they do access health services, they are often burdened with large medical bills and out-of-pocket expenses. Increasing access to both routine medical care and medical insurance are vital steps in improving the health of all Americans.¹⁰

Key Issues Highlighted through Primary Data Collection

- Insurance – uninsured/underinsured; high premiums, co-pays, and deductibles – regardless of insurance status; Medicaid/Medicare limitations; coverage issues
- Lack of access to health services in rural areas
- Lack of specialists in-county
- Lack of access to health services such as extended hour clinics, primary care, oral health care, mental health, substance abuse services; long wait times for appointments; getting appointments if on Medicaid
- Need for care management supports
- Lack of transportation for health services
- Lack of awareness of available resources and how to access
- Lack of marketing to the public/ or marketing does not meet people where they are at
- Lack of computer skills or access to technology
- Lack of access to basic needs such as feminine hygiene products, adult diapers, toiletries, and showers

Secondary Data

The secondary data scoring results reveal that the Primary Care Provider Rate with a score of 1.94, and Adults with a Usual Source of Health Care with a score of 1.86 as the highest indicator data scores. Additional indicator data scores that are higher than the neutral level of 1.5 are Hospital Stays: Medicare Population and Consumer Expenditures: Medical Services. All above neutral indicators are shown in Table 25.

Table 25. Data Scoring Results for Access to Health Services

Indicator	Target		Score
	Local	Trend	
Primary Care Provider Rate		2	1.94
Adults with a Usual Source of Health Care		2	1.86
Hospital Stays: Medicare Population		3	1.83
Consumer Expenditures: Medical Services		1.5	1.67

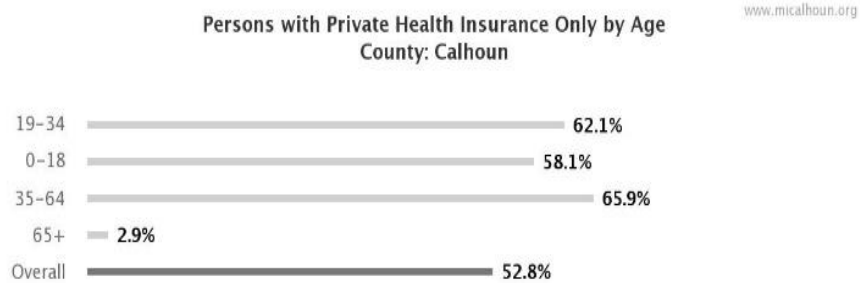
**See Appendix B for full list of indicators included in each topic area*

¹⁰ Healthy People 2020 [Internet]. Washington, DC: U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion [cited March 4, 2019] Available from: <https://www.healthypeople.gov/2020/leading-health-indicators/2020-lhi-topics/Access-to-Health-Services>

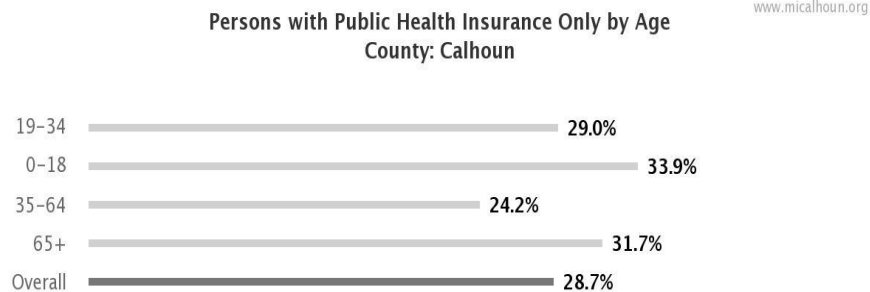
Areas of Significant Concern

Insurance

While 92.1% of adults, and 97% of children have health insurance, insurance continues to be a top barrier in accessing health services. Even those with coverage face barriers in utilizing that coverage. High deductible plans, lack of health literacy around utilization of insurance benefits (preventive care covered costs), and limited access to providers based on insurance type (private or public) are some of the most significant health barriers. Additional complications are involved when seeking mental health and dental services. In Calhoun County, a high number of dentists are not participating providers, meaning that patients must be able to pay upfront for services and wait to be reimbursed by insurance, which may or may not cover all costs. Another top insurance consideration is the unknown future of the Affordable Care Act and potential impacts to Medicaid expansion. With 28.7% of persons in Calhoun County receiving public insurance benefits, if those benefits were to decrease, uninsured rates would be significantly impacted.



Source: American Community Survey (2017)



Source: American Community Survey (2017)

Primary Care Provider Rate

Access to primary care providers increases the likelihood that community members will have routine checkups and screenings. Moreover, those with access to primary care are more likely to know where to go for treatment in acute situations. Communities that lack a sufficient number of primary care providers typically have members who delay necessary care when sick and conditions can become more severe and complicated.¹¹

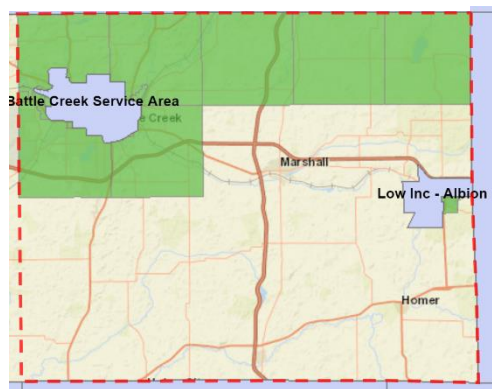
¹¹ MiCalhoun.org [Internet] [cite: March 4, 2019] Available from: <http://www.micalhoun.org/indicators/index/view?indicatorId=385&localeId=1295>

Physician shortages affect not only the ability to be accepted as a new patient, but also the ability to be seen in a timely fashion (it can sometimes take months to get an appointment), once you are a patient. This can have negative consequences to those trying to manage chronic disease, in particular. Those on Medicaid are even more likely to be impacted by shortages, as studies have shown that those on Medicaid are less likely to be accepted as new patients, compared to those with Medicare or private insurance.

With a Primary Care Provider Rate of 60 providers/ 100,000 population, Calhoun County is significantly below the MI rate of 80, and a US rate of 75. Map 3. shows Calhoun County designated Primary Care - Health Professional Shortage Areas (HSPA), shown in green, and designated Medically Underserved Areas/ Populations (MUA/P), shown in lavender.

The City of Albion is considered Low Income HSPA and based on population, with an HPSA Estimated Underserved Population of 4400 individuals.¹² Additionally, three of the four census tracts are considered Low Income MUA/P based on population.

Map 3. HSPA and MUA/P Areas



Health Determinants

The ability to access health services is associated with a number of social, economic, and environmental factors. One of the primary factors is the high cost of medical insurance, which makes it unavailable to many people. A lack of medical services in some communities, coupled with a shortage of primary care providers nationwide, also negatively affects people’s ability to access health services. These barriers are compounded by other determinants—such as age, gender, race and ethnicity, and origin of birth—that may affect a person’s ability to access health services. The systematic removal of these barriers is key to improving the health of all Americans.¹³

¹² Data.HRSA.GOV [INTERNET][cited: March 16, 2019] Available From: <https://data.hrsa.gov/data/download>

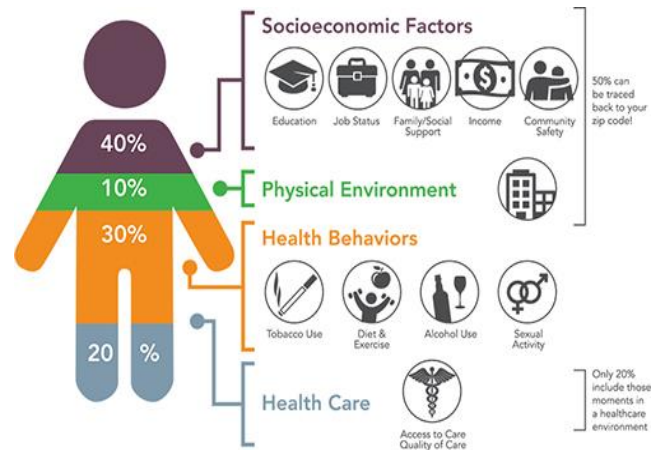
¹³ Healthy People 2020 [Internet]. Washington, DC: U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion [cited March 4, 2019] Available from: <https://www.healthypeople.gov/2020/leading-health-indicators/2020-lhi-topics/Access-to-Health-Services/determinants>

Social Determinants

Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Conditions (e.g., social, economic, and physical) in these various environments and settings (e.g., school, church, workplace, and neighborhood) have been referred to as “place.” In addition to the more material attributes of “place,” the patterns of social engagement and sense of security and well-being are also affected by where people live. Resources that enhance quality of life can have a significant influence on population health outcomes. Examples of these resources include safe and affordable housing, access to education, public safety, availability of healthy foods, local emergency/health services, and environments free of life-threatening toxins. ¹⁴

Key Issues Highlighted through Primary Data Collection

- Economy:** Food insecurity - food deserts; no access to fresh foods - accessing corner stores, gas stations for groceries; high cost of food; food pantry access limited; access to healthy meals for children - in school & at home; Employment - lack of jobs, low wages, low hours, no benefits, lack of paid and sick time off; ALICE households - gap in services for middle-income people - can't afford insurance, etc. but don't qualify for assistance; Lack of work flexibility impacts ability to seek medical care and access services that are only open 8-5 & to stay home with sick children; Systemic poverty & income inequality - large number of people living in poverty; Lack of affordable quality childcare; Family dynamics; and Homelessness
- Social Environment:** Social isolation - loneliness; lack of family supports; Pride - embarrassed to ask for help; Linguistic barriers - written & spoken; ASL and foreign language translation services; Lack of understanding of needs & discrimination of marginalized populations (LGBTQ+, seniors, post-incarcerated, teen parents, etc.); Mistrust of systems - healthcare, social services, childcare; Lack of accountability to address trauma, implicit bias, & inequitable care; Racism & disparities based on race/ethnicity; Lack of understanding & awareness of equity; Cultural barriers impact willingness to seek health services & keep people from feeling safe and welcome; Lack of culturally-competent services creates barriers for achieving health equity
- Environment:** Lack of/limited affordable housing - restrictions/rules limit access; financial barriers; Lack of livable housing - low quality housing stock; dilapidated, mold, asbestos, lead; hoarding; bug infestations, especially bed bugs & head lice; Environmental concerns - PFAS & water quality; impact of dormant/deteriorating manufacturing facilities on water & soil; Homelessness & transient populations; Zip code affects life expectancy; Rural communities have limited access to services - transportation, grocery stores, medical care, local emergency



¹⁴ Healthy People 2020 [Internet]. Washington, DC: U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion [cited March 4, 2019] Available from: <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>

services; Disparity between rural & urban areas of the county; and Lack of access for physical activity (facilities, sidewalks, trails)

- **Transportation:** Lack of transportation - throughout county and across county lines; limited public transportation; long wait times when using available transportation resources; need transportation for medical appointments (in-county & out-of-county specialists), grocery stores/food pantries, pharmacy; disability transportation; and lack of local emergency assistance/ambulance services - long wait times for response
- **Education:** Low completion rate of primary & secondary education - impacts employability and ability to access information; Concerns about low levels of literacy; Lack of health education and health literacy; Challenges with supporting ESL residents
- **Public Safety:** Lack of safe, consistent walkable sidewalks; Domestic violence, child abuse, elder abuse; Substance abuse & its association with crime & violence.

Secondary Data

The secondary data scoring results reveal Public Safety as the top social determinant in Calhoun County, largely based on the Substantiated Child Abuse Rate with a core of 2.33, and Alcohol-Impaired Driving Deaths with a score of 2.06. Table 26 demonstrates specific indicators contributing most to the overall Social Determinant rating of 1.65. It is important to note that when viewing disaggregated social determinant topic data, several indicators, such as the various dimensions of poverty, are included in the composite scores of multiple topic areas.

Social Determinants	55	1.65
Public Safety	4	1.86
Social Environment	14	1.74
Economy (includes food security)	22	1.61
Environment	19	1.60
Education	5	1.52
Transportation	5	1.48

Table 26. Data Scoring Results for aggregated Social Determinants

Indicator	Target		Score
	Local	Trend	
Air Pollution due to Particulate Matter		1.5	2.5
Children Living Below Poverty Level		2	2.44
Houses Built Prior to 1950		1	2.39
Single-Parent Households		1	2.39
Families Living Below Poverty Level		1.5	2.33
Substantiated Child Abuse Rate		3	2.33
People 65+ Living Alone		2	2.28
High School Graduation		1.5	2.25
People Living Below Poverty Level		1.5	2.17
Young Children Living Below Poverty Level		1.5	2.17
Households without a Vehicle		2	2.11
Renters Spending 30% or More of Household Income on Rent		2	2.11
Persons with Disability Living in Poverty (5-year)		1.5	2.08
Alcohol-Impaired Driving Deaths		1	2.06
Students Eligible for the Free Lunch Program		1	2.06

**See Appendix B for full list of indicators included in each topic area*

Areas of Significant Concern

Transportation

Transportation, as it pertains to access was the singularly most mentioned determinant by both key informants and focus group participants. Rural portions of Calhoun County are more adversely affected by transportation issues, due to the lack of a county-wide public transit system. Access to specialty health care services, especially those services located in other counties, is particularly challenging for those who are transportation limited. Persons needing mobility assistance, or utilizing assistive devices experience a higher rate of barriers.

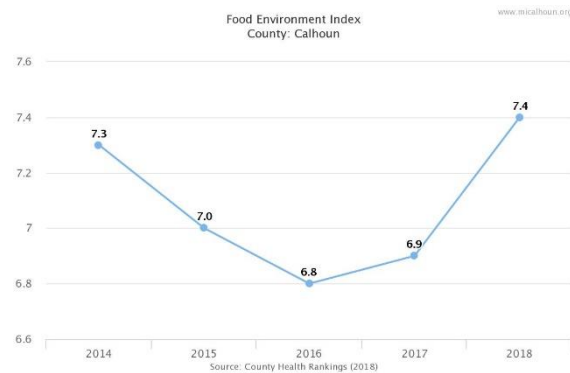
Because transportation touches many aspects of a person's life, adequate and reliable transportation services are fundamental to healthy communities. Transportation issues can affect a person's access to health care services. These issues may result in missed or delayed health care appointments, increased health expenditures and overall poorer health outcomes. Transportation also can be a vehicle for wellness. Developing affordable and appropriate transportation options, walkable communities, bike lanes, bike-share programs and other healthy transit options can help boost health.¹⁵

Food Insecurity/ Healthy Food Access

Food security, and access to healthy food options, especially for children, were also mentioned with significant frequency during primary data collection. Many of the rural areas in the county do not have grocery stores, and there are limited food pantry options.

The U.S. Department of Agriculture (USDA) defines food insecurity as limited or uncertain availability of nutritionally adequate foods or uncertain ability to acquire these foods in socially acceptable ways. Children exposed to food insecurity are of particular concern given the implications scarce food resources pose to a child's health and development. Children who are food insecure are more likely to be hospitalized and may be at higher risk for developing chronic diseases such as obesity as a result in lower quality diet, anemia and asthma. In addition, food-insecure children may also be at higher risk for behavioral and social issues including fighting, hyperactivity, anxiety and bullying.¹⁶

Many physical, behavioral, clinical and socio-economic factors that determine the health and well-being of an individual are associated with food insecurity, making it a significant health care issue. Food insecurity limits people from consuming a balanced diet, increasing their risk for chronic disease and mental illness. Chronic food insecurity can lead to obesity and diabetes. Insufficient food intake or malnutrition can increase the risk of: Hypertension, asthma, tooth decay, anemia, infection and birth defects; Behavioral health issues, including depression, anxiety and emotional imbalance; and Stress and starvation.¹⁷



The food environment index combines two measures of food access: the percentage of the population that is low-income and has low access to a grocery store, and the percentage of the population that did not have access to a reliable source of food during the past year (food insecurity). The index ranges from 0 (worst) to 10 (best) and equally weights the two measures.

¹⁵ American Hospital Association [INTERNET] Social Determinants of Health Series: Transportation. [cited: March 4, 2019] Available from: <http://www.hpoe.org/resources/ahahret-guides/3078>

¹⁶ MiCalhoun.org [INTERNET] [cited: March 4, 2019] Available from: <http://www.micalhoun.org/indicators/index/view?indicatorId=5747&localeId=1295>

¹⁷ American Hospital Association [INTERNET] Social Determinants of Health Series: Food Insecurity. [cited: March 4, 2019] Available from: <http://www.hpoe.org/resources/ahahret-guides/3058>

Social Environment

Human social environments encompass the immediate physical surroundings, social relationships, and cultural milieus within which defined groups of people function and interact. Components of the social environment include built infrastructure; industrial and occupational structure; labor markets; social and economic processes; wealth; social, human, and health services; power relations; government; race relations; social inequality; cultural practices; the arts; religious institutions and practices; and beliefs about place and community.¹⁸

Within the topic of Social Environment, social norms and attitudes (e.g., discrimination, bias, and distrust of systems) based on various dimensions such as race, ethnicity, gender, age, sexual orientation, post-incarceration status, and immigration status were of mentioned frequently by key informants and focus group participants, as detriments to achieving health equity.

Health Impact of Social Determinants¹⁹

Social and physical determinants affect a wide range of health, functioning, and quality of life outcomes. For example:

- Access to parks and safe sidewalks for walking is associated with physical activity in adults.
- Education is associated with longer life expectancy, improved health and quality of life, and health-promoting behaviors like getting regular physical activity, not smoking, and going for routine checkups and recommended screenings.
- Discrimination, stigma, or unfair treatment in the workplace can have a profound impact on health; discrimination can increase blood pressure, heart rate, and stress, as well as undermine self-esteem and self-efficacy.
- Family and community rejection, including bullying, of lesbian, gay, bisexual, and transgender youth can have serious and long-term health impacts including depression, use of illegal drugs, and suicidal behavior.
- Places where people live and eat affect their diet. More than 23 million people, including 6.5 million children, live in “food deserts”—neighborhoods that lack access to stores where affordable, healthy food is readily available (such as full-service supermarkets and grocery stores).

¹⁸ Barnett E, Casper ML. A definition of the social environment. *American Journal of Public Health* 2001;91:465.

¹⁹Healthy People 2020 [Internet]. Washington, DC: U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion [cited March 4, 2019] Available from: <https://www.healthypeople.gov/2020/leading-health-indicators/2020-lhi-topics/Social-Determinants>

Maternal, Fetal & Infant Health

The well-being of mothers, infants, and children determines the health of the next generation and can help predict future public health challenges for families, communities, and the medical care system. Moreover, healthy birth outcomes and early identification and treatment of health conditions among infants can prevent death or disability and enable children to reach their full potential.

Despite major advances in medical care, critical threats to maternal, infant, and child health exist in the United States. Among the Nation's most pressing challenges are reducing the rate of preterm births, which has risen by more than 20% from 1990 to 2006, and reducing the infant death rate, which in 2011 remained higher than the infant death rate in 46 other countries.²⁰

Key Issues Highlighted through Primary Data Collection

- Lack of accessibility to baby food & formula, breastfeeding education & equipment
- Lack of access to affordable quality childcare
- Tobacco use while pregnant
- High rate of unintended pregnancy
- High rate of teen pregnancy
- Disparities in infant mortality

Secondary Data

The secondary data scoring results reveal Maternal, Fetal, and Infant Health to be one of the most significant health needs, with a topic score of 1.72. Babies with Low Birth Weight has the highest indicator data score for this topic area, at 2.28, followed closely by Mothers who Smoked During Pregnancy, at 2.11. It is important to note that with relatively low annual birth rates, high indicator data scores for various indicators can change dramatically from year to year. Additional indicators are identified with high indicator data scores, shown in Table 29.

Table 29. Data Scoring Results for Maternal, Fetal, and Infant Health

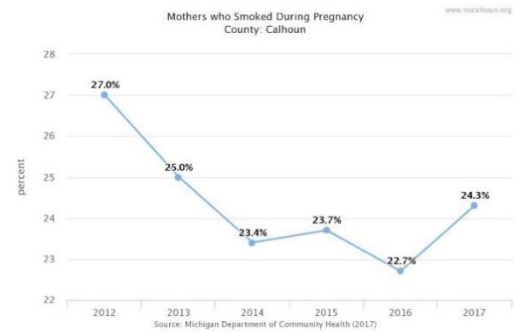
Indicator	Target		Score
	Local	Trend	
Babies with Low Birth Weight		2	2.28
Mothers who Smoked During Pregnancy		2	2.11
Mothers who Received Early Prenatal Care		1	2.06
Preterm Births		1.5	2

**See Appendix B for full list of indicators included in each topic area*

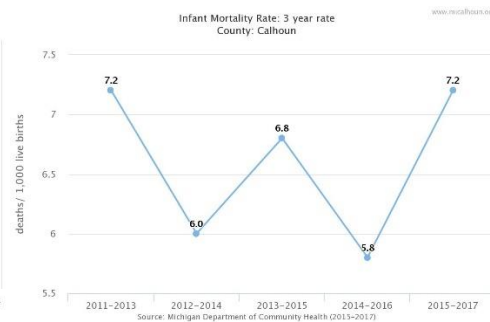
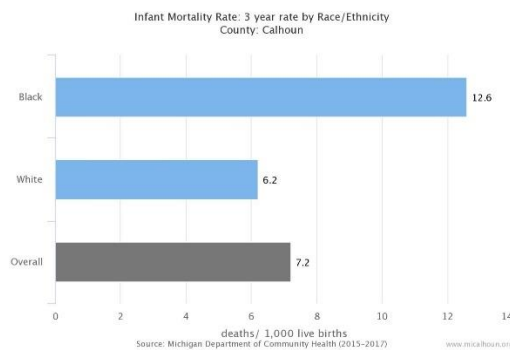
²⁰ Healthy People 2020 [Internet]. Washington, DC: U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion [cited March 4, 2019] Available from: <https://www.healthypeople.gov/2020/leading-health-indicators/2020-lhi-topics/Maternal-Infant-and-Child-Health>

Areas of Significant Concern

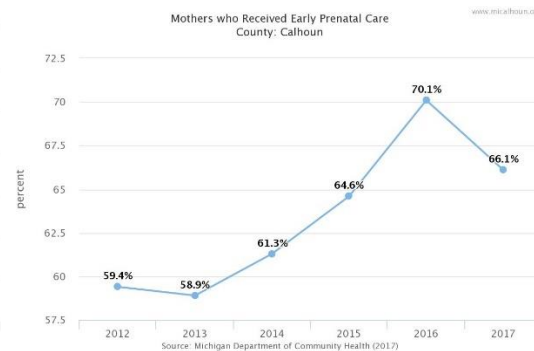
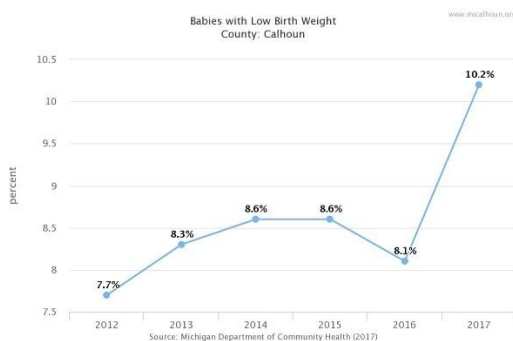
Smoking during pregnancy poses risks for both mother and fetus. A baby born to a mother who has smoked during her pregnancy is more likely to have less developed lungs and a lower birth weight, and is more likely to be born prematurely. According to the Centers for Disease Control and Prevention, it is estimated that smoking during pregnancy causes up to ten percent of all infant deaths. Even after a baby is born, secondhand smoking can contribute to SIDS (Sudden Infant Death Syndrome), asthma onset, and stunted growth.²¹ The Healthy People 2020 national health target is to decrease the percentage of women who gave birth and who smoked cigarettes during pregnancy to 1.4%, Calhoun County's current rate is 24.3%, more than 17 times the target.



Infant mortality continues to be a concern for Calhoun County, and a jump in 2017 has negatively affected positive trends from the past few years. While infant mortality trends have improved dramatically over the past decade, rates are not yet consistently at or below the state benchmark. Furthermore, there are significant disparities between number of black infant deaths vs white infant deaths.



The babies born with low birth weight indicator has also seen a significant jump in 2017. Making the Calhoun County rate of 10.2% significantly higher than the HP2020 target of 7.8%, while mothers receiving early prenatal care dipped in 2017, going from 70.1% to 66.1%, significantly less than the HP2020 target of 77.9%.



²¹ MiCalhoun.org [INTERNET] [cited: March 4, 2019] Available from: <http://www.micalhoun.org/indicators/index/view?indicatorId=328&localeId=1295>

Health Determinants

A range of biological, social, environmental, and physical factors have been linked to maternal, infant, and child health outcomes. These include race and ethnicity, age, and socioeconomic factors, such as income level, educational attainment, medical insurance coverage, access to medical care, pre-pregnancy health, and general health status. For example, children reared in safe and nurturing families and neighborhoods, free from maltreatment and other social problems, are more likely to have better outcomes as adults.

Pre-pregnancy health behaviors and health status are influenced by a variety of environmental and social factors, such as access to medical care and chronic stress. Some of these factors can affect and compound others, creating a rippling effect. For instance, factors ranging from age to medical insurance coverage affect a woman's general health status; a woman's health status, in turn, directly influences her risk of pregnancy complications and her child's cognitive and physical development.²²

²² Healthy People 2020 [Internet]. Washington, DC: U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion [cited March 4, 2019] Available from: <https://www.healthypeople.gov/2020/leading-health-indicators/2020-lhi-topics/Maternal-Infant-and-Child-Health/determinants>

Wellness & Lifestyle

Wellness and Lifestyle takes into account overall life expectancies, morbidity, and self-reported health status, i.e. do people feel well? Life expectancy is a good measure of a population's longevity and general health. It is highly dependent on infant mortality rates and all-cause death rates. Although the overall U.S. average life expectancy at birth has been steadily increasing, there are great variations in life expectancy between racial and ethnic groups. These variations are mostly caused by differences in public health infrastructure, medical care, and diet. Additionally, when people feel healthy, they are more likely to feel happy and to participate in their community socially and economically. Areas with unhealthy populations lose productivity due to lost work time. Healthy residents are essential for creating a vibrant and successful community.

Key Issues Highlighted through Primary Data Collection

- The effects of a person's zip code on life expectancy was discussed.

Secondary Data

The secondary data scoring results reveal Wellness and Lifestyle as a top need in Calhoun County with a score of 1.68. Specific indicators that contribute to this area of concern are shown in Table 30.

Table 30. Data Scoring Results for Wellness & Lifestyle

Indicator	Target		Score
	Local	Trend	
Life Expectancy for Females		1	1.89
Life Expectancy for Males		1	1.89
Poor Physical Health: 14+ Days		2	1.86
Morbidity Ranking		1.5	1.75
Limited Activity due to a Health Problem		1	1.64

Areas of Significant Concern

Life expectancy for both females (79.6) and males (74.5) are below state averages (80.5 and 76 respectively), though trends are improving. When looking at aggregate life expectancy by census tract, severe disparities can be identified. There are 37 Census Tract values in Calhoun County. The lowest life expectancy rate is 65.3 years, and the highest is 81.5 years. For those census tracts located within the focus service area for Oaklawn Hospital, the highest life expectancy rate is 81.5 years, and the lowest is 74.4 years.

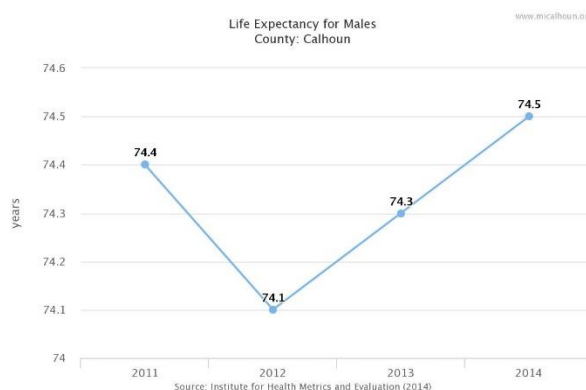
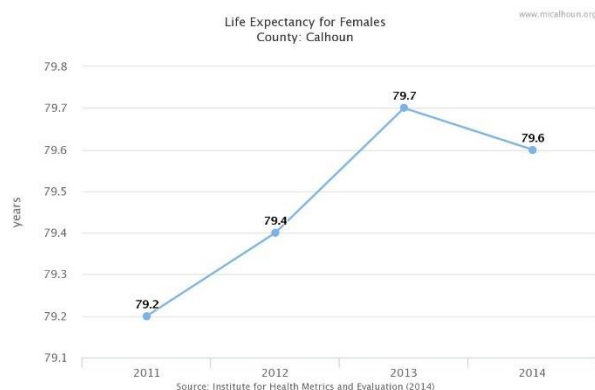
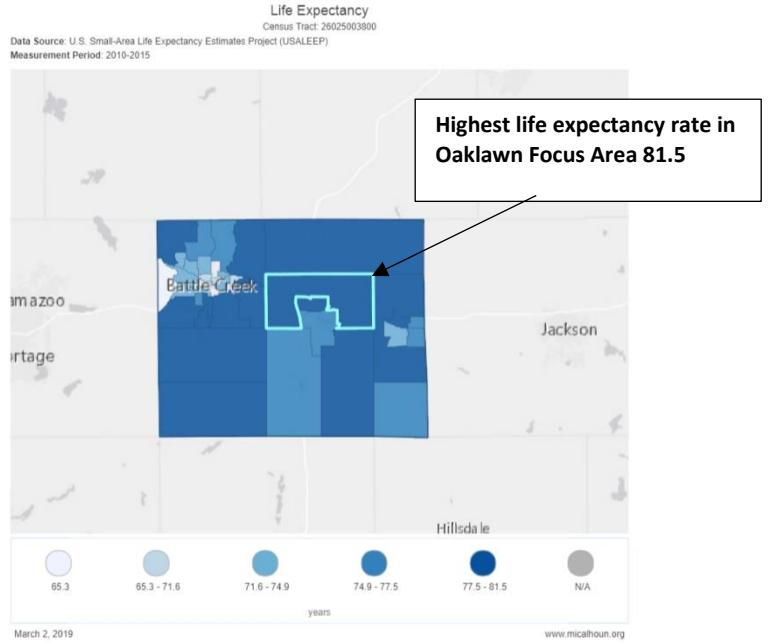


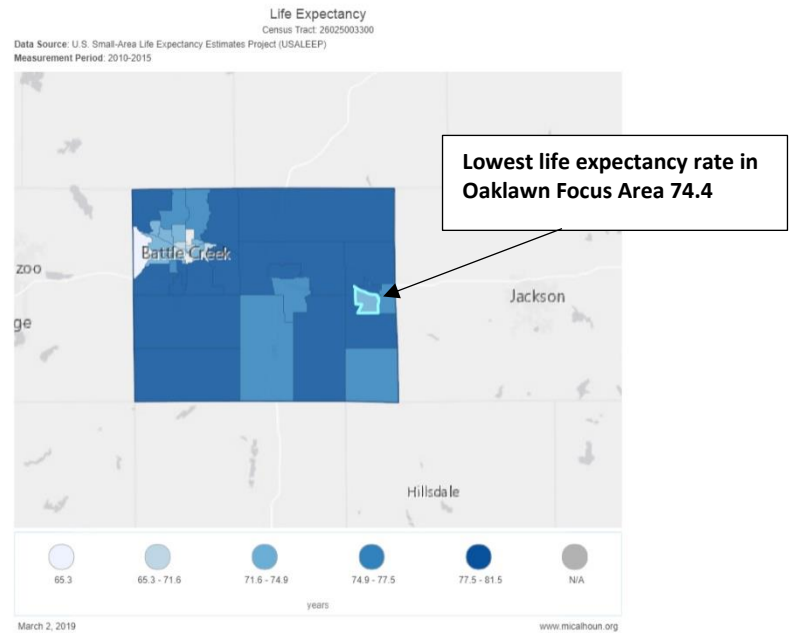
Table 31 U.S. Small-Area Life Expectancy Estimates Project (USALEEP) 2010-2015

Census Tract	Years
26025000200	71
26025000300	71.6
26025000500	72.8
26025000700	74.9
26025000800	72.8
26025001000	73.6
26025001100	72.8
26025001200	74.7
26025001300	73.7
26025001400	74.9
26025001500	79.8
26025001600	77.4
26025001700	79.3
26025001800	79.2
26025001900	80.3
26025002000	79.4
26025002100	70.9
26025002200	79.6
26025002300	76.3
26025002400	76.6
26025002500	79.1
26025002600	65.3
26025002700	79.1
26025002800	78.6
26025002900	77.5
26025003000	81
26025003100	76.6
26025003200	78.9
26025003300	74.4
26025003400	77.1
26025003500	76.5
26025003600	78.4
26025003700	79.9
26025003800	81.5
26025003900	79.9
26025004000	76.8
26025004100	69.7

Map 4. Life Expectancy Rate – Highest Boundary



Map 5. Life Expectancy Rate – Lowest Boundary



Family Planning

The goal of family planning is to improve pregnancy planning and spacing and prevent unintended pregnancy. The availability of family planning services allows individuals to achieve desired birth spacing and family size, and contributes to improved health outcomes for infants, children, women, and families. Family planning services also includes sexually transmitted disease services promote healthy sexual behaviors, strengthen community capacity, and increase access to quality services to prevent sexually transmitted diseases (STDs) and their complications.²³

Key Issues Highlighted through Primary Data Collection

- High rates of sexually transmitted infections such as gonorrhea & chlamydia
- High rate of teen pregnancy
- High rate of unintended pregnancy
- Lack of family planning services
- Lack of sexual health education

Secondary Data

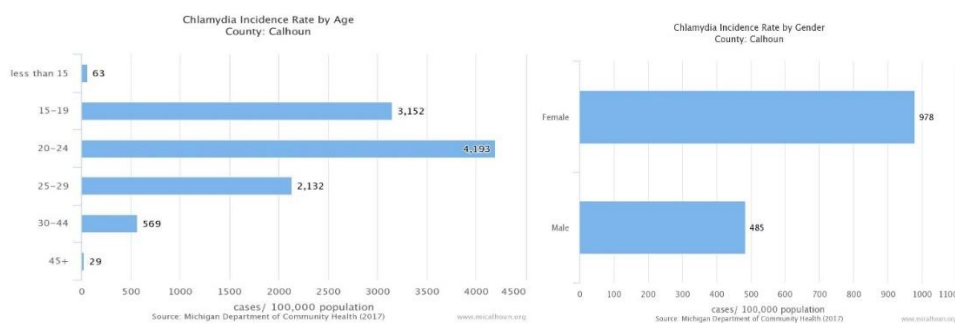
The secondary data scoring results reveal Family Planning, including Sexually Transmitted Diseases, as a top need in Calhoun County with a score of 1.72. Within Family Planning, the Chlamydia Incidence Rate is the most severe indicator with a score of 2.33. Significant indicators that contribute to this area of concern, are shown in Table 32.

Table 32. Data Scoring Results for Family Planning

Indicator	Target		Score
	Local	Trend	
Chlamydia Incidence Rate		3	2.33
Gonorrhea Incidence Rate		2	1.86

Areas of Significant Concern

Following a low point in 2013, Calhoun County Chlamydia Incidence Rates have increased annually through 2017. Compared to the Michigan value of 512 cases per 100,000, the Calhoun County rate of 737 was significantly worse in 2017. The rate of incidences among females is more than double that of males, at 978, and 485 respectively. Adolescents and young adults ages 15-24 are also more highly impacted than other age groups.



²³ Healthy People 2020 [Internet]. Washington, DC: U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion [cited March 4, 2019] Available from: <https://www.healthypeople.gov/2020/topics-objectives/topic/family-planning>

Health Determinants^{24 25}

Women with lower levels of education and income, uninsured women, Latina women, and non-Hispanic black women are less likely to have access to family planning services. In addition, men are less likely to have access to and receive family planning services than women.

Barriers to people's use of family planning services include:

- Cost of services
- Limited access to publicly funded services
- Limited access to insurance coverage
- Family planning clinic locations and hours that are not convenient for clients
- Lack of awareness of family planning services among hard-to-reach populations
- No or limited transportation
- Inadequate services for men
- Lack of youth-friendly services

Social, economic, and behavioral factors that affect the spread of STDs include:

- **Racial and ethnic disparities.** Certain racial and ethnic groups (mainly African American, Hispanic, and American Indian/Alaska Native populations) have high rates of STDs, compared with rates for whites. Race and ethnicity in the United States are correlated with other determinants of health status, such as poverty, limited access to health care, fewer attempts to get medical treatment, and living in communities with high rates of STDs.
- **Poverty and marginalization.** STDs disproportionately affect disadvantaged people and people in social networks where high-risk sexual behavior is common, and either access to care or health-seeking behavior is compromised.
- **Access to health care.** Access to high-quality health care is essential for early detection, treatment, and behavior-change counseling for STDs. Groups with the highest rates of STDs are often the same groups for whom access to or use of health services is most limited.
- **Substance abuse.** Many studies document the association of substance abuse with STDs. The introduction of new illicit substances into communities often can alter sexual behavior drastically in high-risk sexual networks, leading to the epidemic spread of STDs.
- **Sexuality and secrecy.** Perhaps the most important social factors contributing to the spread of STDs in the United States are the stigma associated with STDs and the general discomfort of discussing intimate aspects of life, especially those related to sex. These social factors separate the United States from industrialized countries with low rates of STDs.
- **Sexual networks.** Sexual networks refer to groups of people who can be considered "linked" by sequential or concurrent sexual partners. A person may have only 1 sex partner, but if that partner is a member of a risky sexual network, then the person is at higher risk for STDs than a similar individual from a lower-risk network.

²⁴ Healthy People 2020 [Internet]. Washington, DC: U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion [cited March 4, 2019] Available from: <https://www.healthypeople.gov/2020/topics-objectives/topic/family-planning>

²⁵ Healthy People 2020 [Internet]. Washington, DC: U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion [cited March 4, 2019] Available from: <https://www.healthypeople.gov/2020/topics-objectives/topic/sexually-transmitted-diseases>

Exercise, Nutrition & Weight

Good nutrition, physical activity, and a healthy body weight are essential parts of a person’s overall health and well-being. Together, these can help decrease a person’s risk of developing serious health conditions, such as high blood pressure, high cholesterol, diabetes, heart disease, stroke, and cancer. A healthful diet, regular physical activity, and achieving and maintaining a healthy weight also are paramount to managing health conditions so they do not worsen over time.²⁶

Key Issues Highlighted through Primary Data Collection

- Food insecurity including food deserts; accessing corner stores and gas stations for groceries; high cost of food; and limited food pantry access
- Access to food including healthy food; fresh fruits and vegetables; healthy meals for children - in school and at home
- Lack of affordable physical activity opportunities and limits of weather for outdoor activities
- Access to physical activity (facilities, sidewalks, trails)
- Obesity & overweight - impact on other health conditions
- Lack of nutrition education

Secondary Data

The secondary data scoring results reveal adults who are obese as the top need in Calhoun County with a score of 2.03. Additional analysis is performed to find specific indicators that contribute to this area of concern identified that those indicators impacting healthy eating access and behaviors all score greater than 1.5, which is considered neutral. These indicators are shown in Table 33.

Table 33. Data Scoring Results for Exercise, Nutrition & Weight

Indicator	Target		Score
	Local	Trend	
Adults Who Are Obese		2	2.03
Adult Fruit and Vegetable Consumption		1.5	1.75
Consumer Expenditures: High Sugar Foods		1.5	1.67
Grocery Store Density		1.5	1.67
Low-Income and Low Access to a Grocery Store		1.5	1.67
People 65+ with Low Access to a Grocery Store		1.5	1.67
People with Low Access to a Grocery Store		1.5	1.67
Teens who Engage in Regular Physical Activity: 9th, 11th Graders		2	1.61
Food Environment Index		1	1.56

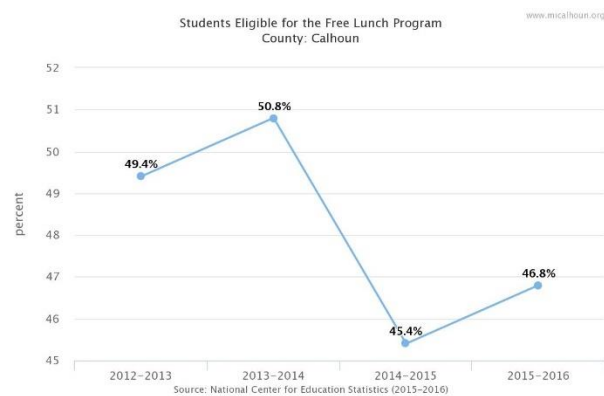
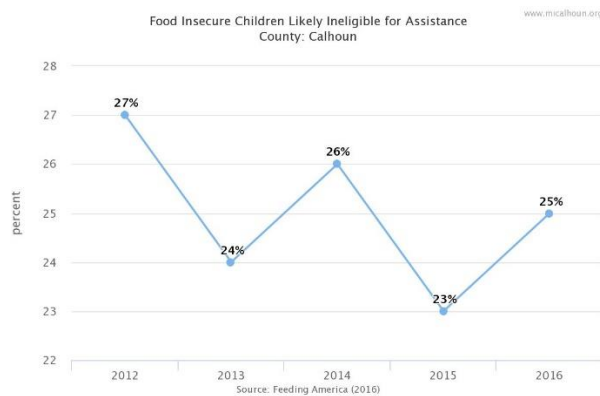
**See Appendix B for full list of indicators included in each topic area*

²⁶ Healthy People 2020 [Internet]. Washington, DC: U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion [cited March 4, 2019] Available from: <https://www.healthypeople.gov/2020/leading-health-indicators/2020-lhi-topics/Nutrition-Physical-Activity-and-Obesity>

Areas of Significant Concern

Food and healthy food access, especially for children, was mentioned with the most 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. People living farther away from grocery stores are less likely to access healthy food options on a regular basis and thus more likely to consume foods which are readily available at convenience stores and fast food outlets.

Food security among children continues to be an area of significant concern, though trends are improving in most categories. In Calhoun County, 25% of food insecure children are likely ineligible for assistance (ALICE Population), while 47.1% of households with children receive SNAP benefits. Furthermore, 46.8% of public school students in Calhoun County are eligible to participate in the Free Lunch Program under the National School Lunch Program.



Health Determinants

A number of factors affect a person's ability to eat a healthful diet, stay physically active, and achieve or maintain a healthy weight. The built environment has a critical impact on behaviors that influence health. For example, in many communities, there is nowhere to buy fresh fruit and vegetables and no safe or appealing place to play or be active. These environmental factors are compounded by social and individual factors—gender, age, race and ethnicity, education level, socioeconomic status, and disability status—that influence nutrition, physical activity, and obesity. Addressing these factors is critically important to improving the nutrition and activity levels of all Americans; only then will progress be made against the Nation's obesity epidemic and its cascading impact on health.²⁷

²⁷ Healthy People 2020 [Internet]. Washington, DC: U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion [cited March 4, 2019] Available from: <https://www.healthypeople.gov/2020/leading-health-indicators/2020-lhi-topics/Nutrition-Physical-Activity-and-Obesity/determinants>

Cancer

Cancer is often considered a Chronic Disease, however due to the varieties in types and treatments, we are looking at it independently of other chronic diseases in this report.

Key Issues Highlighted through Primary Data Collection

- There is a general feeling that there is a high rate of cancer in county

Secondary Data

The secondary data scoring results reveal age-adjusted death rate due to colorectal cancer and prostate cancer as the highest indicator data scores, with scores of 2.83 and 2.5 respectively. Overall death rates for cancer (unspecified) and lung cancer round out the high indicator scores, as shown in Table 34.

Table 34. Data Scoring Results for Cancer

Indicator	Target		Score
	Local	Trend	
Age-Adjusted Death Rate due to Colorectal Cancer		3	2.83
Cancer: Medicare Population		1	2.06

**See Appendix B for full list of indicators included in each topic area*

Areas of Significant Concern

In the past decade, overweight and obesity have emerged as new risk factors for developing certain cancers, including but not limited to colorectal, breast, uterine corpus (endometrial), pancreas, and kidney cancers.²⁸

Health Determinants

Complex and interrelated factors contribute to the risk of developing cancer and to the observed disparities in cancer incidence and death among racial, ethnic, and underserved groups. The most obvious factors are a lack of health care coverage and low socioeconomic status (SES).

²⁸ Healthy People 2020 [Internet]. Washington, DC: U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion [cited March 4, 2019] Available from: <https://www.healthypeople.gov/2020/topics-objectives/topic/cancer>

A Closer Look at Highly Impacted Populations

Subpopulations emerged from data sources due to their disparities in access to care, risk factors, and health outcomes. This section focuses on these subpopulations and their unique needs. Older Adults and Aging ranks as the most highly impacted population in Calhoun County, according to secondary data indicators. It is important to note that this is likely due in part to the amount of Medicare data available vs other data sources (e.g., currently, Medicaid data is inaccessible).

Older Adults and Aging

Older Adults and Aging ranks as a top need in Calhoun County as determined by the secondary data scoring of 1.58. 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. To ensure that there is an adequate understanding of the health needs of Older Adults, a separate Calhoun County Senior Health Needs Assessment has been conducted.²⁹

Key Issues Highlighted through Primary Data Collection

- Lack of respite care and caregiver supports, compassion fatigue
- Memory loss, dementia
- Lack of trust in providers; afraid to ask for help for fear of being put into nursing home
- Lack of quality in-home care workers
- Aging in place, limited high-quality senior facilities/nursing homes
- Elder abuse
- Lack of transportation, especially those with mobility concerns

Secondary Data

The secondary data scoring results reveal Chronic Kidney Disease: Medicare Population as the highest data indicator score, with a score of 2.28. 19.8% of Medicare beneficiaries were treated for Chronic Kidney Disease in Calhoun County, compared to a MI rate of 19.4% and US rate of 18.1%. It is up significantly from its prior value of 17.7%. People 65+ Living Alone, Age- Adjusted Death Rate due to Alzheimer’s Disease, and Alzheimer’s Disease or Dementia: Medicare Population, round out the high indicator scores, as shown in Table 35.

Table 35. Data Scoring Results for Older Adults and Aging

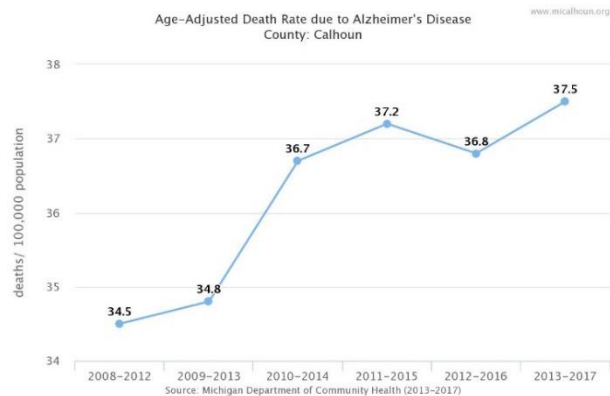
Indicator	Target		Score
	Local	Trend	
Chronic Kidney Disease: Medicare Population		2	2.28
People 65+ Living Alone		2	2.28
Age-Adjusted Death Rate due to Alzheimer’s Disease		2	1.94
Alzheimer’s Disease or Dementia: Medicare Population		2	1.94
Asthma: Medicare Population		3	1.83
Hospital Stays: Medicare Population		3	1.83
Hyperlipidemia: Medicare Population		1	1.72
COPD: Medicare Population		1.5	1.67
Heart Failure: Medicare Population		0	1.67
People 65+ with Low Access to a Grocery Store		1.5	1.67
Diabetes: Medicare Population		1	1.56

²⁹MiCalhoun.org [INTERNET] [cited: March 4, 2019] Available from: <http://www.micalhoun.org/tiles/index/display?alias=olderadults>

Areas of Significant Concern

Alzheimer's

The Age-Adjusted Death Rate due to Alzheimer's Disease is of particular concern, at 37.5 deaths/100,000, which is significantly higher than the state death rate of 30.4 and national rate of 28.4 deaths. Furthermore, Alzheimer's disease is one of the top 10 leading causes of death for older adults in Calhoun County.



Chronic Disease

Calhoun County has a higher rate of occurrence of multiple chronic conditions among older adults and a higher rate of mortality for all causes than other areas of Michigan.

Calhoun County, Michigan		Calhoun County, Michigan		Calhoun County, Michigan	
Chronic Condition:	Chronic Kidney Disease	Chronic Condition:	Alzheimer's Disease/Dementia	Chronic Condition:	Heart Failure
County Prevalence:	19.83%	County Prevalence:	10.11%	County Prevalence:	15.65%
State Prevalence:	19.42%	State Prevalence:	10.63%	State Prevalence:	15.82%
National Prevalence:	18.12%	National Prevalence:	9.95%	National Prevalence:	13.46%
County Rank in State:	12	County Rank in State:	15	County Rank in State:	19
Total State Counties:	83	Total State Counties:	83	Total State Counties:	83
County Rank in Nation:	575	County Rank in Nation:	927	County Rank in Nation:	806
Total National Counties:	3,120	Total National Counties:	3,093	Total National Counties:	3,112
Total Medicare Beneficiaries in County:	19,560	Total Medicare Beneficiaries in County:	19,560	Total Medicare Beneficiaries in County:	19,560

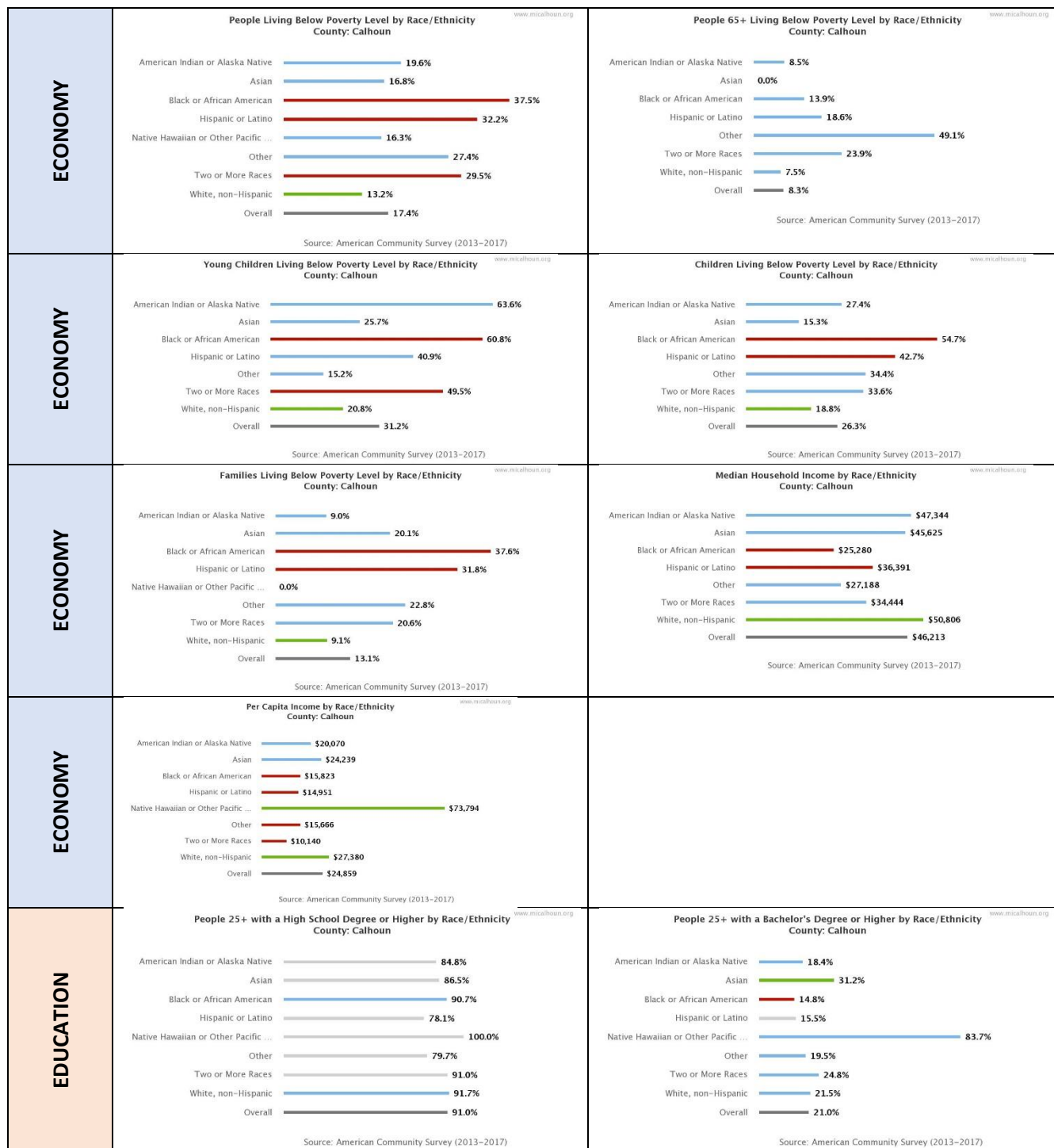
Health Determinants

Availability of community-based resources and transportation options for older adults can positively affect health status. Studies have shown that increased levels of social support are associated with a lower risk for physical disease, mental illness, and death.³⁰ Recommendations to increase social supports are of note for Calhoun County, where People Age 65+ living alone is a top indicator, as living alone is a key risk factor for social isolation and loneliness. Rurally, isolated seniors may be even more adversely impacted by social isolation.

³⁰ Healthy People 2020 [Internet]. Washington, DC: U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion [cited March 4, 2019] Available from: <https://www.healthypeople.gov/2020/leading-health-indicators/2020-lhi-topics/Social-Determinants/determinants>

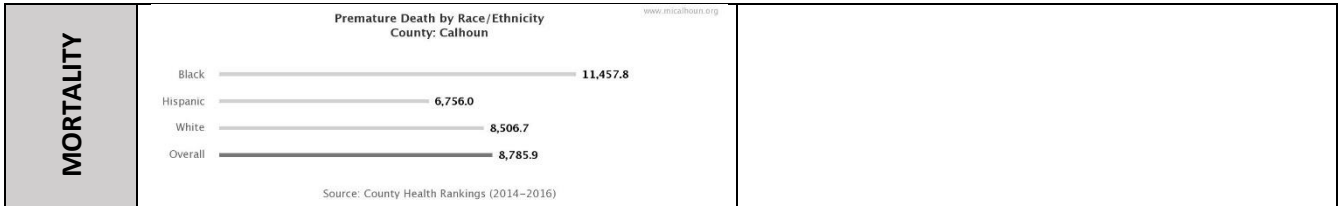
Disparities by Age, Gender and Race/Ethnicity

While the term disparities is often used or interpreted to reflect differences between racial or ethnic groups, disparities can exist across many other dimensions as well, such as gender, sexual orientation, age, disability status, socioeconomic status, and geographic location. Secondary data, when possible, is further assessed to determine health disparities for race/ethnic, age, or gender groups using HCI's Index of Disparity. Indicators in which a specific population subgroup differs significantly and negatively from the overall population in Calhoun County are graphed below:



ACCESS TO HEALTH SERVICES	<p>Persons with Private Health Insurance Only by Age County: Calhoun</p> <table border="1"> <tr><td>19-34</td><td>62.1%</td></tr> <tr><td>0-18</td><td>58.1%</td></tr> <tr><td>35-64</td><td>65.9%</td></tr> <tr><td>65+</td><td>2.9%</td></tr> <tr><td>Overall</td><td>52.8%</td></tr> </table> <p>Source: American Community Survey (2017)</p>	19-34	62.1%	0-18	58.1%	35-64	65.9%	65+	2.9%	Overall	52.8%	<p>Persons with Public Health Insurance Only by Age County: Calhoun</p> <table border="1"> <tr><td>19-34</td><td>29.0%</td></tr> <tr><td>0-18</td><td>33.9%</td></tr> <tr><td>35-64</td><td>24.2%</td></tr> <tr><td>65+</td><td>31.7%</td></tr> <tr><td>Overall</td><td>28.7%</td></tr> </table> <p>Source: American Community Survey (2017)</p>	19-34	29.0%	0-18	33.9%	35-64	24.2%	65+	31.7%	Overall	28.7%
19-34	62.1%																					
0-18	58.1%																					
35-64	65.9%																					
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19-34	29.0%																					
0-18	33.9%																					
35-64	24.2%																					
65+	31.7%																					
Overall	28.7%																					
CANCER	<p>All Cancer Incidence Rate by Race/Ethnicity County: Calhoun</p> <table border="1"> <tr><td>Am. Indian/AK Native</td><td>349.0</td></tr> <tr><td>Asian/Pacific Islander</td><td>260.8</td></tr> <tr><td>Black</td><td>401.8</td></tr> <tr><td>Hispanic</td><td>125.5</td></tr> <tr><td>White</td><td>387.1</td></tr> <tr><td>Overall</td><td>390.8</td></tr> </table> <p>Source: National Cancer Institute (2011-2015)</p>	Am. Indian/AK Native	349.0	Asian/Pacific Islander	260.8	Black	401.8	Hispanic	125.5	White	387.1	Overall	390.8	<p>Age-Adjusted Death Rate due to Cancer by Gender County: Calhoun</p> <table border="1"> <tr><td>Female</td><td>156.0</td></tr> <tr><td>Male</td><td>224.1</td></tr> <tr><td>Overall</td><td>183.8</td></tr> </table> <p>Source: National Cancer Institute (2011-2015)</p>	Female	156.0	Male	224.1	Overall	183.8		
Am. Indian/AK Native	349.0																					
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Overall	390.8																					
Female	156.0																					
Male	224.1																					
Overall	183.8																					
CANCER	<p>Colorectal Cancer Incidence Rate by Race/Ethnicity County: Calhoun</p> <table border="1"> <tr><td>Black</td><td>39.7</td></tr> <tr><td>White</td><td>29.8</td></tr> <tr><td>Overall</td><td>31.3</td></tr> </table> <p>Source: National Cancer Institute (2011-2015)</p>	Black	39.7	White	29.8	Overall	31.3	<p>Age-Adjusted Death Rate due to Colorectal Cancer by Gender County: Calhoun</p> <table border="1"> <tr><td>Female</td><td>15.0</td></tr> <tr><td>Male</td><td>20.7</td></tr> <tr><td>Overall</td><td>17.5</td></tr> </table> <p>Source: National Cancer Institute (2011-2015)</p>	Female	15.0	Male	20.7	Overall	17.5								
Black	39.7																					
White	29.8																					
Overall	31.3																					
Female	15.0																					
Male	20.7																					
Overall	17.5																					
CANCER	<p>Age-Adjusted Death Rate due to Lung Cancer by Race/Ethnicity County: Calhoun</p> <table border="1"> <tr><td>Black</td><td>53.0</td></tr> <tr><td>White</td><td>56.6</td></tr> <tr><td>Overall</td><td>56.2</td></tr> </table> <p>Source: National Cancer Institute (2011-2015)</p>	Black	53.0	White	56.6	Overall	56.2	<p>Age-Adjusted Death Rate due to Lung Cancer by Gender County: Calhoun</p> <table border="1"> <tr><td>Female</td><td>50.8</td></tr> <tr><td>Male</td><td>63.6</td></tr> <tr><td>Overall</td><td>56.2</td></tr> </table> <p>Source: National Cancer Institute (2011-2015)</p>	Female	50.8	Male	63.6	Overall	56.2								
Black	53.0																					
White	56.6																					
Overall	56.2																					
Female	50.8																					
Male	63.6																					
Overall	56.2																					
CANCER	<p>Mammography Screening: Medicare Population by Race/Ethnicity County: Calhoun</p> <table border="1"> <tr><td>Black</td><td>75.0%</td></tr> <tr><td>White</td><td>72.0%</td></tr> <tr><td>Overall</td><td>72.3%</td></tr> </table> <p>Source: The Dartmouth Atlas of Health Care (2015)</p>	Black	75.0%	White	72.0%	Overall	72.3%	<p>Breast Cancer Incidence Rate by Race/Ethnicity County: Calhoun</p> <table border="1"> <tr><td>Black</td><td>124.2</td></tr> <tr><td>White</td><td>99.5</td></tr> <tr><td>Overall</td><td>104.0</td></tr> </table> <p>Source: National Cancer Institute (2011-2015)</p>	Black	124.2	White	99.5	Overall	104.0								
Black	75.0%																					
White	72.0%																					
Overall	72.3%																					
Black	124.2																					
White	99.5																					
Overall	104.0																					
CANCER	<p>Prostate Cancer Incidence Rate by Race/Ethnicity County: Calhoun</p> <table border="1"> <tr><td>Black</td><td>117.2</td></tr> <tr><td>White</td><td>62.9</td></tr> <tr><td>Overall</td><td>68.1</td></tr> </table> <p>Source: National Cancer Institute (2011-2015)</p>	Black	117.2	White	62.9	Overall	68.1	<p>Oral Cavity and Pharynx Cancer Incidence Rate by Gender County: Calhoun</p> <table border="1"> <tr><td>Female</td><td>7.5</td></tr> <tr><td>Male</td><td>13.4</td></tr> <tr><td>Overall</td><td>10.4</td></tr> </table> <p>Source: National Cancer Institute (2011-2015)</p>	Female	7.5	Male	13.4	Overall	10.4								
Black	117.2																					
White	62.9																					
Overall	68.1																					
Female	7.5																					
Male	13.4																					
Overall	10.4																					
EXERCISE, NUTRITION & WEIGHT	<p>Teens who Engage in Regular Physical Activity: 9th, 11th Graders by Race/Ethnicity County: Calhoun</p> <table border="1"> <tr><td>American Indian</td><td>52.9%</td></tr> <tr><td>Asian</td><td>23.4%</td></tr> <tr><td>Black</td><td>49.5%</td></tr> <tr><td>Hispanic/Latino</td><td>44.4%</td></tr> <tr><td>White</td><td>52.0%</td></tr> <tr><td>Overall</td><td>49.3%</td></tr> </table> <p>Source: Michigan Profile for Healthy Youth (2018)</p>	American Indian	52.9%	Asian	23.4%	Black	49.5%	Hispanic/Latino	44.4%	White	52.0%	Overall	49.3%	<p>Teens who Engage in Regular Physical Activity: 9th, 11th Graders by Gender County: Calhoun</p> <table border="1"> <tr><td>Female</td><td>41.9%</td></tr> <tr><td>Male</td><td>57.1%</td></tr> <tr><td>Overall</td><td>49.3%</td></tr> </table> <p>Source: Michigan Profile for Healthy Youth (2018)</p>	Female	41.9%	Male	57.1%	Overall	49.3%		
American Indian	52.9%																					
Asian	23.4%																					
Black	49.5%																					
Hispanic/Latino	44.4%																					
White	52.0%																					
Overall	49.3%																					
Female	41.9%																					
Male	57.1%																					
Overall	49.3%																					
EXERCISE, NUTRITION & WEIGHT	<p>Teens who are Obese: 9th, 11th Graders by Race/Ethnicity County: Calhoun</p> <table border="1"> <tr><td>American Indian</td><td>15.0%</td></tr> <tr><td>Asian</td><td>5.4%</td></tr> <tr><td>Black</td><td>18.8%</td></tr> <tr><td>Hispanic/Latino</td><td>16.0%</td></tr> <tr><td>White</td><td>17.4%</td></tr> <tr><td>Overall</td><td>17.1%</td></tr> </table> <p>Source: Michigan Profile for Healthy Youth (2018)</p>	American Indian	15.0%	Asian	5.4%	Black	18.8%	Hispanic/Latino	16.0%	White	17.4%	Overall	17.1%	<p>Teens who are Obese: 9th, 11th Graders by Gender County: Calhoun</p> <table border="1"> <tr><td>Female</td><td>16.3%</td></tr> <tr><td>Male</td><td>18.0%</td></tr> <tr><td>Overall</td><td>17.1%</td></tr> </table> <p>Source: Michigan Profile for Healthy Youth (2018)</p>	Female	16.3%	Male	18.0%	Overall	17.1%		
American Indian	15.0%																					
Asian	5.4%																					
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Overall	17.1%																					
Female	16.3%																					
Male	18.0%																					
Overall	17.1%																					
MATERNAL, FETAL & INFANT HEALTH	<p>Infant Mortality Rate: 3 year rate by Race/Ethnicity County: Calhoun</p> <table border="1"> <tr><td>Black</td><td>12.6</td></tr> <tr><td>White</td><td>6.2</td></tr> <tr><td>Overall</td><td>7.2</td></tr> </table> <p>Source: Michigan Department of Community Health (2015-2017)</p>	Black	12.6	White	6.2	Overall	7.2	<p>Mothers who Received Early Prenatal Care by Age County: Calhoun</p> <table border="1"> <tr><td>15-19</td><td>63.6%</td></tr> <tr><td>20-24</td><td>69.8%</td></tr> <tr><td>25-29</td><td>66.6%</td></tr> <tr><td>30-34</td><td>63.0%</td></tr> <tr><td>35-39</td><td>66.2%</td></tr> <tr><td>40-44</td><td>46.4%</td></tr> <tr><td>Overall</td><td>66.1%</td></tr> </table> <p>Source: Michigan Department of Community Health (2017)</p>	15-19	63.6%	20-24	69.8%	25-29	66.6%	30-34	63.0%	35-39	66.2%	40-44	46.4%	Overall	66.1%
Black	12.6																					
White	6.2																					
Overall	7.2																					
15-19	63.6%																					
20-24	69.8%																					
25-29	66.6%																					
30-34	63.0%																					
35-39	66.2%																					
40-44	46.4%																					
Overall	66.1%																					

<p style="text-align: center;">BEHAVIORAL HEALTH</p>	<p style="text-align: center;">Teens who Smoke: 9th, 11th Graders by Race/Ethnicity County: Calhoun</p> <p style="text-align: center;">Source: Michigan Profile for Healthy Youth (2018)</p>	<p style="text-align: center;">Teens who Use Marijuana: 9th, 11th Graders by Race/Ethnicity County: Calhoun</p> <p style="text-align: center;">Source: Michigan Profile for Healthy Youth (2018)</p>
<p style="text-align: center;">BEHAVIORAL HEALTH</p>	<p style="text-align: center;">Teens who Binge Drink: 9th, 11th Graders by Race/Ethnicity County: Calhoun</p> <p style="text-align: center;">Source: Michigan Profile for Healthy Youth (2018)</p>	
<p style="text-align: center;">BEHAVIORAL HEALTH</p>	<p style="text-align: center;">Emergency Department Opioid Visits by Year by Gender County: Calhoun</p> <p style="text-align: center;">Source: Bronson Battle Creek and Oaklawn Hospital (2017)</p>	<p style="text-align: center;">Emergency Department Opioid Visits by Year by Age County: Calhoun</p> <p style="text-align: center;">Source: Bronson Battle Creek and Oaklawn Hospital (2017)</p>
<p style="text-align: center;">FAMILY PLANNING</p>	<p style="text-align: center;">Gonorrhea Incidence Rate by Gender County: Calhoun</p> <p style="text-align: center;">Source: Michigan Department of Community Health (2017)</p>	<p style="text-align: center;">Gonorrhea Incidence Rate by Age County: Calhoun</p> <p style="text-align: center;">Source: Michigan Department of Community Health (2017)</p>
<p style="text-align: center;">FAMILY PLANNING</p>	<p style="text-align: center;">Chlamydia Incidence Rate by Gender County: Calhoun</p> <p style="text-align: center;">Source: Michigan Department of Community Health (2017)</p>	<p style="text-align: center;">Chlamydia Incidence Rate by Age County: Calhoun</p> <p style="text-align: center;">Source: Michigan Department of Community Health (2017)</p>
<p style="text-align: center;">FAMILY PLANNING</p>	<p style="text-align: center;">Teens who are Sexually Active: 9th, 11th Graders by Race/Ethnicity County: Calhoun</p> <p style="text-align: center;">Source: Michigan Profile for Healthy Youth (2018)</p>	<p style="text-align: center;">Teens who are Sexually Active: 9th, 11th Graders by Gender County: Calhoun</p> <p style="text-align: center;">Source: Michigan Profile for Healthy Youth (2018)</p>
<p style="text-align: center;">DISABILITY</p>	<p style="text-align: center;">Persons with a Disability (5-year) by Race/Ethnicity County: Calhoun</p> <p style="text-align: center;">Source: American Community Survey (2013-2017)</p>	<p style="text-align: center;">Persons with a Disability (5-year) by Age County: Calhoun</p> <p style="text-align: center;">Source: American Community Survey (2013-2017)</p>



In almost every indicator and category, Black community members are more negatively affected in social determinants of health, such as median household income and bachelor’s degree attainment. Additionally, among health topics such as cancer, teen obesity, infant mortality rate, and premature death rate, Black residents again are disproportionately affected versus their White counterparts.

Other Considerations

There are many factors that determine or influence one’s health. Healthy People 2020 organizes the social determinants of health around 5 key domains: (1) Economic Stability, (2) Education, (3) Health and Health Care, (4) Neighborhood and Built Environment, and (5) Social and Community Context. Within each of these domains, compared to individuals without disabilities, individuals with disabilities are more likely to experience challenges finding a job,³¹ being included in regular educational classrooms or attending college, receiving preventive health care services, being able to visit homes in the neighborhood, using fitness facilities, using health information technology, and obtaining sufficient social-emotional support.³¹

³¹Healthy People 2020 [Internet]. Washington, DC: U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion [cited March 4, 2019] Available from: <https://www.healthypeople.gov/2020/topics-objectives/topic/disability-and-health>

Geographic Disparities

Oaklawn Hospital's focus geography includes two of the three population centers in Calhoun County: the City of Marshall and the City of Albion; the Village of Homer and Village of Tekonsha; and the agricultural townships that surround those cities and villages.

While considered population centers, both Marshall and Albion also qualify as rural areas, as their populations are less than 10,000 people. Therefore, with the vast majority of Oaklawn's service area classified as rural, many disparities exist.

Transportation: Of the communities served by Oaklawn Hospital, Marshall is the only with a public transit system, Dial-a-Ride. Oaklawn has partnered with the City of Marshall and others to expand this service by creating the Albion-Marshall Connector service, which has a primary purpose of helping Albion residents access health services in Marshall. However, transportation remains a challenge within the city of Albion itself, where residents may have trouble accessing health services within their own community. This is even more of an issue to residents in Homer, Tekonsha, and surrounding townships who have even fewer health services within their communities and no access to public transportation systems.

Exercise, Nutrition & Weight: Rural communities outside of the three population centers do not have local grocery stores. Dollar Generals and convenience stores are abundant, but access to fresh foods is limited, unless you have transportation to travel to neighboring communities. Furthermore, access to structured physical activity programs and facilities is limited outside of the three population centers.

Access to Health Services: While primary care offices are located in the villages of Homer and Tekonsha, and cities of Marshall and Albion, there are limited specialty services outside of the city of Marshall. There is a significant gap in vision services in these rural communities.

In addition to general disparities present in the majority of rural communities, the SocioNeeds Index mentioned previously in this report, also identifies zip code 49224, with an index value of 79.7, as having the highest socioeconomic need within Oaklawn Hospital's focus service area within Calhoun County, potentially indicating poorer health outcomes for its residents. The zip code 49224 encompasses the entirety of the City of Albion, and its surrounding area. It also includes the census tract with the lowest life expectancy rate within the focus area.

Conclusion

The Community Health Needs Assessment utilized a comprehensive set of secondary data indicators measuring the health and quality of life needs for Calhoun County. The assessment was further informed with input from Calhoun County residents through key informant interviews and focus group discussions that included participants from broad interests of the community. The data synthesis process identified ten significant health needs: Behavioral Health, Chronic Disease, Access to Care, Social Determinants, Maternal, Fetal, & Infant Health, Wellness & Lifestyle, Family Planning, Exercise, Nutrition, & Weight, Cancer, and Age and Gender Disparities. The prioritization process identified three focus areas: (1) Behavioral Health, (2) Chronic Disease, and (3) Access to Care. Following this process, Calhoun County will outline how it plans to address these health needs in its implementation plan.

We hope to incorporate any feedback 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 49068.

Appendix A. Impact Since Prior CHNA

Oaklawn identified improving access to care, chronic disease management and healthy lifestyle education and support for special attention in FY 2017 for community health improvement. This decision reflects a coming together of the health needs expressed by residents of Calhoun County through survey data, focus groups, and key informant interviews as well as trends related to chronic disease management, obesity, and the impact of healthy lifestyles on health outcomes.

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Access to Care	Continue with the operation of after-hours facility in Marshall and adjust service hours to reflect the results of a patient survey conducted in FY 2016.	Yes	Continues to be evaluated. We have continued with the after-hours operation in Marshall – in addition we have added an Express Care in Albion opening 2/11/2019.
	Continue and expand financial and advisory support of the newly established Albion/Marshall connector (AMC) program.	Yes	We have continued to financially support the AMC. We paid \$10,000 in 2017 to support continued operation. In 2018, we joined with a collaborative group to solicit support from a variety of community groups and contributed \$3,000 as part of that effort. We also provide tokens at our offices for our patients to use the service. We also supported the match for the county transportation study and have a seat on the steering committee for that effort which will continue and expand the work of the AMC.
	Open a new Dialysis Center in Albion to provide care in an underserved community that is in need of this very critical service.	Yes	The Dialysis Center in Albion opened Fall 2016.
	Expand the use of midlevel providers (PA, NP, CRNA, and CNMW) providing direct care to patients.	Yes	Each of our primary care offices has a mid-level now referred to as APP. In addition, we have several specialty APP's – GI, Cardio, Psych.

Healthy Lifestyle Education and Support	Continue support of local Farmer’s Market including the expansion of the indoor Farmer’s Market that takes place in the main hospital lobby during the months that the Farmer’s Market is unable to operate in its outdoor location.	Yes	Supported the Farmer’s Market in 2017 and 2018. In 2019 they moved to a new location because of the lobby renovations. We continue to support the farmer’s market with a sponsorship and with the sponsorship of their annual fundraiser – the Farm to Table Dinner.
	Provide health screening and educational materials at the Farmer’s Market.	Yes	The Farmers Market is no longer held here on site. We do a lot of health screening and education through our trauma program and school nurse programs. If you need specifics, please contact Adrienne for the school nurse and Sarah Hughes for the Trauma. We have participated in screening (vascular) – we have representatives at the Farmers Market, the County Fair and a number of the school functions.
	Provide fitness training, classes, and education through Oaklawn Life Improvement Center (OLIC).	Yes	OLIC offers personal trainers, a variety of fitness classes, including aquatics programming and specialty classes for arthritis. Additionally, \$60,000 was invested in new equipment, including seven treadmills, two ellipticals and two arc trainers.
	Stage annual “Hospitality Classic” walk/run event and Health Fair, and 100 Lap Club training through the area elementary schools.	Yes	The Health Fair was held in 2017 and discontinued in 2018 due to lack of attendance. We continue to support the 100 Lap Club.
	Offer community garden program through OLIC with community education on gardening and nutrition, and donation of a portion of the produce to the local food bank.	Yes	OLIC hosts a summer gardening program for kids that teaches them the basics of gardening in the community garden, which has 48 raised beds, while also allowing them to pick and eat the produce they grow.
	Support Marshall Mobile Meals to provide heart-healthy, nutritious options at a subsidized cost for area residents who are elderly, home bound, and/or in need.	Yes	We continue to support this service.

Chronic Disease Management	Open a new \$4,000,000 Dialysis Center in Albion to help address a need for more access to care and management of chronic kidney disease.	Yes	The Dialysis Center in Albion opened Fall 2016.
	Provide general education on chronic disease and screening for chronic diseases by qualified staff and primary care providers.	Yes	Education is provided by our providers and care managers regarding chronic disease management in the primary care settings. We have coordinated our education to ensure it is standard and evidence-based across the hospital, home health, and primary care settings.
	Offer monthly diabetes education.		Since July 2009, our Diabetes Education Program has offered individual and group diabetes education to adults with various types of diabetes diagnoses. Our program was re-accredited by the American Association of Diabetes Educators in May 2018 and re-certified by the Michigan Department of Health & Human Services in April 2018. Also, the instructors (RN and RDN) of the program are certified diabetes educators (CDE's).
	Sponsor community-based diabetes support groups.		Since the fall of 2008, our diabetes education program has helped to facilitate a diabetes support group in Homer, and since March 2012 have done the same for Marshall. Since 2016, the groups have met four times a year in the months of March and April in the spring and October and November in the fall. November is a combined meeting of both groups for Diabetes Awareness Month.
	Offer care management/care coordination services to un/underinsured people through social work unit.	Yes	We offer care management and care coordination to all patients, not dependent upon their ability to pay. For those who need assistance with community resources, we help these patients get into the programs they are eligible for. We have added Care Management services with dedicated care managers in each of our PCP offices as well as our outpatient psych department.
	Participate in Integrated Health Partners' care management collaborative.	Yes	Care managers and office managers attend these collaboratives.

Appendix B. Secondary Data Scoring

Overview

Data scoring consists of three stages, which are summarized in Figure 1:

Comparison Score

For each indicator, Calhoun County is assigned up to 6 comparison scores based on its comparison to other communities, whether health targets have been met, and the trend of the indicator value over time. Comparison scores range from 0-3, where 0 indicates the best outcome and 3 indicates the worst outcome (Figure 2).

Indicator Score

Indicator scores are calculated as a weighted average of comparison scores. Indicator scores range from 0-3, where 0 indicates the best outcome and 3 indicates the worst outcome (Figure 2).

Topic Score

Indicators are then categorized into topic areas. Topic scores are calculated by averaging all relevant indicator scores, with indicators equally weighted. Topic scores range from 0-3, where 0 indicates the best outcome and 3 indicates the worst outcome (Figure 2). Indicators may be categorized into more than one topic area.

Figure 1. Secondary Data Scoring

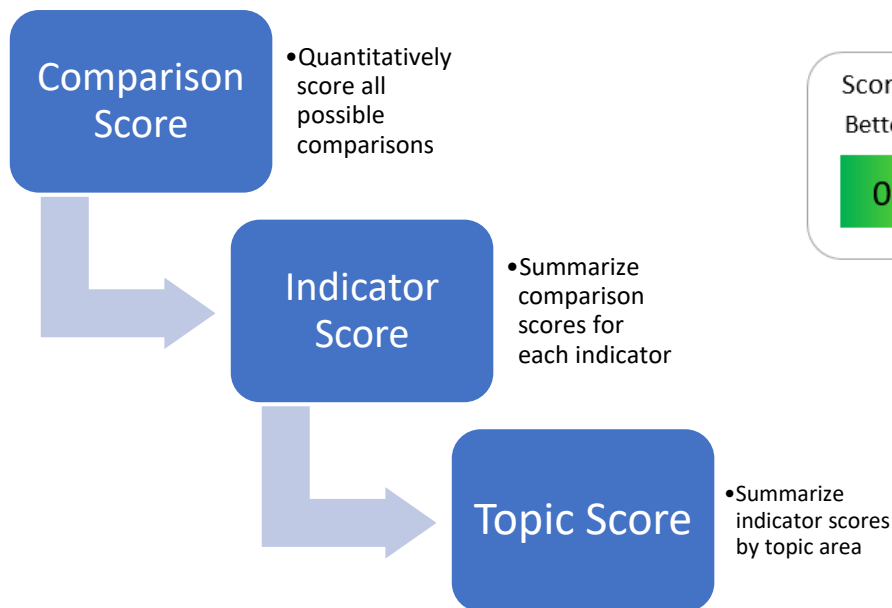
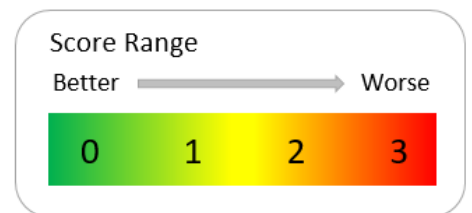
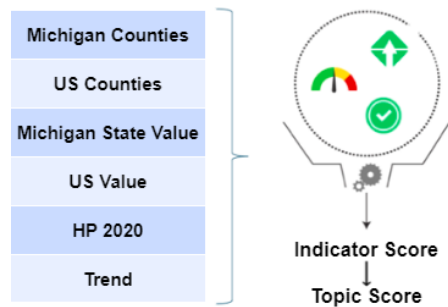


Figure 2. Score Range



Comparison Scores

Figure 3. Comparisons used in Secondary



Up to 6 comparison scores were used to assess the status of Calhoun County. The possible comparisons are shown in Figure 3. and include a comparison of Calhoun County to Michigan counties, all U.S. counties, the Michigan state value, the U.S. value, Healthy People 2020 targets, and the trend over time. 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. The determination of comparison scores for each type

of comparison is discussed in more detail below.

Comparison to a Distribution of Michigan Counties and U.S. Counties

Figure 4. Compare to Distribution Indicator

For ease of interpretation and analysis, indicator data on MiCalhoun.org is visually represented as a green-yellow-red gauge showing how Calhoun County is faring against a distribution of counties in Michigan or the U.S. (Figure 4).



A distribution is created by taking all county values within the state or nation, ordering them from low to high, and dividing them into four equally sized groups based on their order (Figure 5). The comparison score is determined by how Calhoun County falls within these four groups or quartiles.

Figure 5. Distribution of County Values



Comparison to Michigan Value and U.S. Value

Figure 6. Comparison to Single Value

As shown in Figure 6, the diamond represents how Calhoun County compares to the Michigan state value and the national value. When comparing to a single value, the comparison score is determined by how much better or worse the county value is relative to the comparison value.



Comparison to Healthy People 2020 Target

As shown in Figure 7, the circle represents how Calhoun County compares to a target value. Healthy People 2020³² goals are national objectives for improving the health of the nation set by the Department of Health and Human Services' (DHHS) Healthy People Initiative. When comparing to a target, the comparison score is determined by whether the target is met or unmet, and the percent difference between the indicator value and the target value.

Figure 7. Comparison to Target Value



Trend Over Time

As shown in Figure 8, the square represents the measured trend. The Mann-Kendall statistical test for trend is used to assess whether the value for Calhoun County is increasing 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, a comparison score is determined by the trend's direction and its statistical significance.

Figure 8. Trend Over Time



Missing Values

Indicator scores are calculated using the comparison scores, availability of which depends on the data source. If an indicator does not have data for a specific comparison type that is included for indicator score calculations, the missing comparison is substituted with a neutral score. When information is unknown due to lack of comparable data, the neutral value assumes that the missing comparison score is neither good nor bad and does not impact the indicator's weighted average.

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.

Age, Gender and Race/Ethnicity Disparities

When a given indicator has data available for population subgroups – such as age, gender and race/ethnicity – and values for these subgroups include confidence intervals, we are able to determine if there is a significant difference between the subgroup's value and the overall value. A significant difference is defined as two values with non-overlapping confidence intervals. Confidence intervals are not available for all indicators. In these cases, disparities cannot be determined because there is not enough data to conclude whether two values are significantly different from each other.

³² For more information on Healthy People 2020, see <https://www.healthypeople.gov/>

Topic Scoring Table

Table 36. shows the Topic Scores for Calhoun County, with higher scores indicating a higher need.

Table 36. Topic Scores for Calhoun County

Topic	Indicators	Score
Maternal, Fetal & Infant Health	9	1.72
Family Planning	5	1.72
Wellness & Lifestyle	7	1.68
Behavioral Health*	20	1.65
Social Determinants *	55	1.65
Chronic Diseases*	26	1.63
Age and Gender Disparities*	47	1.53
Exercise, Nutrition & Weight	23	1.49
Cancer	15	1.31
Access to Health Services	15	1.24

**notes topic areas including subtopic areas, as outlined below*

Tables 37-40. Subtopic Breakdowns

Behavioral Health	20	1.65
Mental Health & Mental Disorders	6	1.74
Substance Abuse	14	1.62
Chronic Diseases	26	1.63
Other Chronic Diseases	3	1.72
Respiratory Diseases	10	1.7
Heart Disease and Stroke	9	1.57
Diabetes	4	1.55

Age and Gender Disparities	47	1.53
Men's Health	3	1.59
Older Adults and Aging	25	1.58
Teen & Adolescent Health	8	1.47
Children's Health	7	1.38
Women's Health	5	1.06

Social Determinants	55	1.65
Public Safety	4	1.86
Social Environment	14	1.74
Environment	19	1.61
Economy (includes food security)	22	1.6
Education	5	1.52
Transportation	5	1.48

Indicator Scoring Table

Table 41. (spanning multiple pages) presents the indicator data used in the quantitative data analysis. Indicators are grouped into topic areas and sorted by indicator score, with higher scores indicating a higher need. Calhoun County values are displayed alongside various comparison values and the period of measurement. Additional data can be found on MiCalhoun.org

Table 41. Indicator Scores by Topic Area

SCORE	ACCESS TO HEALTH SERVICES	UNITS	Calhoun County	HP2020	Michigan	U.S.	MEASUREMENT PERIOD	Source
1.94	Primary Care Provider Rate	providers/ 100,000 population	59.6		79.7	75.5	2015	4
1.86	Adults with a Usual Source of Health Care	percent	80	89.4	84.8		2014-2016	6
1.83	Hospital Stays: Medicare Population	discharges/ 1,000 Medicare enrollees	356.7		362.7		2007	16
1.67	Consumer Expenditures: Medical Services	percent	2		2	1.7	2018	3
1.5	Consumer Expenditures: Medical Supplies	percent	0.4		0.4	0.3	2018	3
1.5	Consumer Expenditures: Prescription and Non-Prescription Drugs	percent	1.2		1.1	1	2018	3
1.47	30-Day Hospital Readmission Rate: Medicare Population	percent	15.1		15.3	14.8	2014	16
1.47	Adults who have had a Routine Checkup	percent	67.6		72.3		2014-2016	6
1.42	Clinical Care Ranking		29				2018	16
1.17	Preventable Hospital Stays: Medicare Population	discharges/ 1,000 Medicare enrollees	52.6		55.4	49.4	2015	11
0.97	Adults with Health Insurance: 18-64	percent	92.1	100	92.4		2016	11
0.86	Children with Health Insurance	percent	97	100	96.9		2016	4
0.67	Dentist Rate	dentists/ 100,000 population	68.5		72.2	67.4	2016	4
0.17	Non-Physician Primary Care Provider Rate	providers/ 100,000 population	107.9		85.8	81.2	2017	4
0.17	Mental Health Provider Rate	providers/ 100,000 population	280.5		232.2	214.3	2017	4
SCORE	BEHAVIORAL HEALTH	UNITS	Calhoun County	HP2020	Michigan	U.S.	MEASUREMENT PERIOD	Source
2.33	Age-Adjusted Death Rate due to Suicide	deaths/ 100,000 population	18.4	10.2	13.4		2013-2017	7
2.28	Depression: Medicare Population	percent	18.7		18.6	16.7	2015	17
2.11	Death Rate due to Drug Poisoning	deaths/ 100,000 population	34.3		26.9		2017	9
2.11	Mothers who Smoked During Pregnancy	percent	24.3	1.4	15.3		2017	7
2.08	Death Rate due to Opioid-Related Drug Poisoning	deaths/ 100,000 population	32.8		19.1		2017	9
2.06	Alcohol-Impaired Driving Deaths	percent	36.8		28.6	29.3	2012-2016	4
1.94	Age-Adjusted Death Rate due to Alzheimer's Disease		37.5		30.4		2013-2017	7

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

1.94	Alzheimer's Disease or Dementia: Medicare Population	percent	10.1		10.6	9.9	2015	17
1.83	Consumer Expenditures: Tobacco	percent	1.1		0.9	0.7	2018	3
1.78	Liquor Store Density	stores/ 100,000 population	11.9		16.3	10.5	2015	13
1.75	Poor Mental Health: 14+ Days	percent	18.2		16.2		2014-2016	6
1.75	Health Behaviors Ranking		79				2018	4
1.67	Consumer Expenditures: Alcoholic Beverages	percent	0.9		1	1	2018	3
1.39	Teens who Smoke: 9th, 11th Graders	percent	3.5				2018	8
1.39	Teens who Use Marijuana: 9th, 11th Graders	percent	15.5				2018	8
1.31	Adults who Used to Smoke	percent	27.8		26.2		2014-2016	6
1.25	Adults who Smoke	percent	20.6	12	20.8		2014-2016	6
1.17	Teens who Binge Drink: 9th, 11th Graders	percent	9.3				2018	8
0.75	Adults who Binge Drink	percent	13.2	24.2	18.8		2014-2016	6
0.17	Mental Health Provider Rate	providers/ 100,000 population	280.5		232.2	214.3	2017	4

SCORE	CANCER	UNITS	Calhoun County	HP2020	Michigan	U.S.	MEASUREMENT PERIOD	Source
2.83	Age-Adjusted Death Rate due to Colorectal Cancer	deaths/ 100,000 population	17.5	14.5	14.5	14.5	2011-2015	10
2.5	Age-Adjusted Death Rate due to Prostate Cancer	deaths/ 100,000 males	23.4	21.8	19	19.5	2011-2015	10
2.06	Cancer: Medicare Population	percent	8		7.9	7.8	2015	17
2	Age-Adjusted Death Rate due to Cancer	deaths/ 100,000 population	183.8	161.4	172.7	163.5	2011-2015	10
2	Age-Adjusted Death Rate due to Lung Cancer	deaths/ 100,000 population	56.2	45.5	48.5	43.4	2011-2015	10
1.72	Lung and Bronchus Cancer Incidence Rate	cases/ 100,000 population	68.1		65.6	60.2	2011-2015	10
1.58	Pap Test in Past 3 Years	percent	75.7	93	73.7		2014-2016	6
1.42	Colon Cancer Screening	percent	74.3		71		2014-2016	6
1.11	Age-Adjusted Death Rate due to Breast Cancer	deaths/ 100,000 females	20.8	20.7	21.7	20.9	2011-2015	10
0.72	Oral Cavity and Pharynx Cancer Incidence Rate	cases/ 100,000 population	10.4		11.5	11.6	2011-2015	10
0.56	Breast Cancer Incidence Rate	cases/ 100,000 females	104		123.4	124.7	2011-2015	10
0.39	All Cancer Incidence Rate	cases/ 100,000 population	390.8		449.5	441.2	2011-2015	10
0.39	Prostate Cancer Incidence Rate	cases/ 100,000 males	68.1		117.6	109	2011-2015	10
0.22	Colorectal Cancer Incidence Rate	cases/ 100,000 population	31.3	39.9	37.7	39.2	2011-2015	10
0.17	Mammography Screening: Medicare Population	percent	72.3		65	63.2	2015	16

SCORE	CHRONIC DISEASES	UNITS	Calhoun County	HP2020	Michigan	U.S.	MEASUREMENT PERIOD	Source
2.28	Chronic Kidney Disease: Medicare Population	percent	19.8		19.4	18.1	2015	17

•High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

2.11	Age-Adjusted Death Rate due to Influenza and Pneumonia	deaths/ 100,000 population	21.4		14.3	14.6	2015-2017	7	
2.11	Hypertension: Medicare Population	percent	56.7		56.6	55	2015	17	
2	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	percent	30.8		32.6	30	2015	17	
2	Age-Adjusted Death Rate due to Lung Cancer	deaths/ 100,000 population	56.2	45.5	48.5	43.4	2011-2015	10	
1.94	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	deaths/ 100,000 population	39.7	34.8	38.5		2015-2017	7	
1.89	Age-Adjusted Death Rate due to Diabetes	deaths/ 100,000 population	29.4		22	21.1	2015-2017	7	
1.86	Adults with Current Asthma	percent	12.7		10.7		2014-2016	6	
1.83	Age-Adjusted Death Rate due to Chronic Lower Respiratory Diseases	deaths/ 100,000 population	59.5		45.4		2015-2017	7	
1.83	Asthma: Medicare Population	percent	8.7		9.7	8.2	2015	17	
1.83	Teens with Current Asthma	percent	59.9				2018	8	
1.72	Hyperlipidemia: Medicare Population	percent	46		44	44.6	2015	17	
1.72	Lung and Bronchus Cancer Incidence Rate	cases/ 100,000 population	68.1		65.6	60.2	2011-2015	10	
1.69	Adults with Diabetes	percent	11.3		10.8		2014-2016	6	
1.67	COPD: Medicare Population	percent	13.2		13.9	11.2	2015	17	
1.67	Heart Failure: Medicare Population	percent	15.7		15.8	13.5	2015	17	
1.58	High Blood Pressure Prevalence	percent	32.3	26.9	33.9		2013-2015	6	
1.56	Diabetes: Medicare Population	percent	28		28.6	26.5	2015	17	
1.33	Age-Adjusted Death Rate due to Heart Disease	deaths/ 100,000 population	185.7		197.9	167	2015-2017	7	
1.28	Atrial Fibrillation: Medicare Population	percent	7.6		8.2	8.1	2015	17	
1.28	Stroke: Medicare Population	percent	3.6		4.1	4	2015	17	
1.22	Ischemic Heart Disease: Medicare Population	percent	26.6		30.6	26.5	2015	17	
1.14	Adults 65+ with Influenza Vaccination	percent	65.3		57.1		2014-2016	6	
1.06	Diabetic Monitoring: Medicare Population	percent	88.4		86.3	85.7	2015	16	
0.97	Adults 65+ with Pneumonia Vaccination	percent	85.3	90	71.3		2014-2016	6	
0.89	Osteoporosis: Medicare Population	percent	4.9		5.2	6	2015	17	
SCORE	CHILDRENS HEALTH	UNITS		Calhoun County	HP2020	Michigan	U.S.	MEASUREMENT PERIOD	Source
2.33	Substantiated Child Abuse Rate	cases/ 1,000 children	30.8		18.9			2017	17
1.67	Children with Low Access to a Grocery Store	percent	5.3					2015	6
1.5	Food Insecure Children Likely Ineligible for Assistance	percent	25		31	20		2016	5

•High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

1.33	Consumer Expenditures: Childcare	percent	0.4	0.5	0.5	2018	3	
1.17	Immunization Status of 19 to 35-Month-Old Children	percent	79.5	75		2017	2	
0.86	Children with Health Insurance	percent	97	100	96.9	2016	11	
0.83	Child Food Insecurity Rate	percent	16.7	16.3	17.9	2016	5	
SCORE	ECONOMY	UNITS	Calhoun County	HP2020	Michigan	U.S.	MEASUREMENT PERIOD	Source
2.44	Children Living Below Poverty Level	percent	26.3		21.7	20.3	2013-2017	1
2.33	Families Living Below Poverty Level	percent	13.1		10.9	10.5	2013-2017	1
2.17	People Living Below Poverty Level	percent	17.4		15.6	14.6	2013-2017	1
2.17	Young Children Living Below Poverty Level	percent	31.2		25.5	22.5	2013-2017	1
2.11	Renters Spending 30% or More of Household Income on Rent	percent	52		50.5	50.6	2013-2017	1
2.08	Persons with Disability Living in Poverty (5-year)	percent	32.9		29.7	27.1	2013-2017	1
2.06	Students Eligible for the Free Lunch Program	percent	46.8		40.4	42.6	2015-2016	18
1.89	Median Household Income	dollars	46213		52668	57652	2013-2017	1
1.89	Per Capita Income	dollars	24859		28938	31177	2013-2017	1
1.67	Low-Income and Low Access to a Grocery Store	percent	8.2				2015	14
1.58	Social and Economic Factors Ranking		53				2018	4
1.56	People Living 200% Above Poverty Level	percent	62.1		66.5	67.2	2013-2017	1
1.5	Food Insecure Children Likely Ineligible for Assistance	percent	25		31	20	2016	5
1.33	People 65+ Living Below Poverty Level	percent	8.3		8.2	9.3	2013-2017	1
1.33	Food Insecurity Rate	percent	13.9		14.2	12.9	2016	5
1.22	Unemployed Workers in Civilian Labor Force	percent	3.5		3.6	3.5	18-Nov	12
1.17	Households with Cash Public Assistance Income	percent	2.7		2.8	2.6	2013-2017	1
1.06	Homeownership	percent	61.3		60.4	56	2013-2017	1
1.06	SNAP Certified Stores	stores/ 1,000 population	1.2				2016	14
1	Homeowner Vacancy Rate	percent	1.8		1.8	1.7	2013-2017	1
0.83	Severe Housing Problems	percent	14.5		16.4	18.8	2010-2014	4
0.83	Child Food Insecurity Rate	percent	16.7		16.3	17.9	2016	5
SCORE	EDUCATION	UNITS	Calhoun County	HP2020	Michigan	U.S.	MEASUREMENT PERIOD	Source
2.25	High School Graduation	percent	74.8	87	79.6	84.1	2016	2
1.83	Student-to-Teacher Ratio	students/ teacher	17.4		18.3	17.7	2015-2016	18
1.5	People 25+ with a Bachelor's Degree or Higher	percent	21		28.1	30.9	2013-2017	1

•High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

1.33	Consumer Expenditures: Childcare	percent	0.4	0.5	0.5	2018	3	
0.67	People 25+ with a High School Degree or Higher	percent	91	90.2	87.3	2013-2017	1	
SCORE	ENVIRONMENT	UNITS	Calhoun County	HP2020	Michigan	U.S.	MEASUREMENT PERIOD	Source
2.5	Air Pollution due to Particulate Matter	micrograms per cubic meter	10.5		8.7	8.7	2012	4
2.39	Houses Built Prior to 1950	percent	32.3		22.9	18	2013-2017	1
1.78	Fast Food Restaurant Density	restaurants/ 1,000 population	0.7				2014	14
1.78	Liquor Store Density	stores/ 100,000 population	11.9		16.3	10.5	2015	13
1.75	Houses Built Prior to 1980	percent	75.2		65.8		2012-2016	1
1.75	Physical Environment Ranking		71				2018	4
1.67	Children with Low Access to a Grocery Store	percent	5.3				2015	14
1.67	Grocery Store Density	stores/ 1,000 population	0.2				2014	14
1.67	Low-Income and Low Access to a Grocery Store	percent	8.2				2015	14
1.67	People 65+ with Low Access to a Grocery Store	percent	3.5				2015	14
1.67	People with Low Access to a Grocery Store	percent	23.1				2015	14
1.61	PBT Released	pounds	3671.8				2017	15
1.56	Food Environment Index		7.4		7	7.7	2018	4
1.5	Access to Exercise Opportunities	percent	77.6		85.8	83.1	2018	4
1.33	Farmers Market Density	markets/ 1,000 population	0.1				2016	14
1.33	Recreation and Fitness Facilities	facilities/ 1,000 population	0.1				2014	14
1.17	Recognized Carcinogens Released into Air	pounds	6092.7				2017	15
1.06	SNAP Certified Stores	stores/ 1,000 population	1.2				2016	14
0.83	Severe Housing Problems	percent	14.5		16.4	18.8	2010-2014	4
SCORE	FAMILY PLANNING	UNITS	Calhoun County	HP2020	Michigan	U.S.	MEASUREMENT PERIOD	Source
2.33	Chlamydia Incidence Rate	cases/ 100,000 population	737.4		511.9		2017	7
1.86	Gonorrhea Incidence Rate	cases/ 100,000 population	269.1		154.7		2017	7
1.5	Teen Birth Rate: 15-19	live births/ 1,000 females aged 15-19	22.7		16.4		2017	7
1.5	Teen Pregnancy Rate	pregnancies/ 1,000 females aged 15-19	34.9		27.3		2017	7
1.39	Teens who are Sexually Active: 9th, 11th Graders	percent	20.8				2018	8
SCORE	EXERCISE, NUTRITION, & WEIGHT	UNITS	Calhoun County	HP2020	Michigan	U.S.	MEASUREMENT PERIOD	Source
2.03	Adults Who Are Obese	percent	35.7	30.5	31.4		2014-2016	6
1.78	Fast Food Restaurant Density	restaurants/ 1,000 population	0.7				2014	14

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

1.75	Adult Fruit and Vegetable Consumption	percent	10.7		14.9		2013-2015	6
1.75	Health Behaviors Ranking		79				2018	4
1.67	Consumer Expenditures: High Sugar Beverages	percent	0.7		0.6	0.6	2018	3
1.67	Consumer Expenditures: High Sugar Foods	percent	0.9		0.9	0.8	2018	3
1.67	Children with Low Access to a Grocery Store	percent	5.3				2015	14
1.67	Grocery Store Density	stores/ 1,000 population	0.2				2014	14
1.67	Low-Income and Low Access to a Grocery Store	percent	8.2				2015	14
1.67	People 65+ with Low Access to a Grocery Store	percent	3.5				2015	14
1.67	People with Low Access to a Grocery Store	percent	23.1				2015	14
1.61	Teens who Engage in Regular Physical Activity: 9th, 11th Graders	percent	49.3				2018	8
1.56	Food Environment Index		7.4		7	7.7	2018	4
1.5	Food Insecure Children Likely Ineligible for Assistance	percent	25		31	20	2016	5
1.5	Access to Exercise Opportunities	percent	77.6		85.8	83.1	2018	4
1.33	Food Insecurity Rate	percent	13.9		14.2	12.9	2016	5
1.33	Farmers Market Density	markets/ 1,000 population	0.1				2016	14
1.33	Recreation and Fitness Facilities	facilities/ 1,000 population	0.1				2014	14
1.14	Adults who are Overweight	percent	29.5		35		2014-2016	6
1.08	Adults who are Sedentary	percent	26.9	32.6	24.9		2014-2016	6
1.06	SNAP Certified Stores	stores/ 1,000 population	1.2				2016	14
1	Consumer Expenditures: Fruits and Vegetables	percent	1.5		1.5	1.4	2018	3
0.83	Child Food Insecurity Rate	percent	16.7		16.3	17.9	2016	5
SCORE	MATERNAL, FETAL & INFANT HEALTH	UNITS	Calhoun County	HP2020	Michigan	U.S.	MEASUREMENT PERIOD	Source
2.28	Babies with Low Birth Weight	percent	10.2	7.8	8.8		2017	7
2.11	Mothers who Smoked During Pregnancy	percent	24.3	1.4	15.3		2017	7
2.06	Mothers who Received Early Prenatal Care	percent	66.1	77.9	74.2		2017	7
2	Preterm Births	percent	11.2	9.4	10.2		2017	7
1.86	Infant Mortality Rate: 3 year rate	deaths/ 1,000 live births	7.2	6	6.7		2015-2017	7
1.56	Infant Mortality Rate: 5 year rate	deaths/ 1,000 live births	6.7	6	6.8		2013-2017	7
1.5	Teen Birth Rate: 15-19	live births/ 1,000 females aged 15-19	22.7		16.4		2017	7
1.5	Teen Pregnancy Rate	pregnancies/ 1,000 females aged 15-19	34.9		27.3		2017	7
1.36	Mothers with Gestational Diabetes	percent	4.8		5.6		2017	7

•High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

1.36	Mothers with Hypertension	percent	7.7		8.7		2017	7
1.33	Consumer Expenditures: Childcare	percent	0.4		0.5		2018	3
SCORE	MEN'S HEALTH	UNITS	Calhoun County	HP2020	Michigan	U.S.	MEASUREMENT PERIOD	Source
2.5	Age-Adjusted Death Rate due to Prostate Cancer	deaths/ 100,000 males	23.4	21.8	19	19.5	2011-2015	10
1.89	Life Expectancy for Males	years	74.5		76	76.7	2014	19
0.39	Prostate Cancer Incidence Rate	cases/ 100,000 males	68.1		117.6	109	2011-2015	10
SCORE	OLDER ADULTS AND AGING	UNITS	Calhoun County	HP2020	Michigan	U.S.	MEASUREMENT PERIOD	Source
2.28	Chronic Kidney Disease: Medicare Population	percent	19.8		19.4	18.1	2015	17
2.28	Depression: Medicare Population	percent	18.7		18.6	16.7	2015	17
2.28	People 65+ Living Alone	percent	29.1		28	26.2	2013-2017	1
2.11	Hypertension: Medicare Population	percent	56.7		56.6	55	2015	17
2.06	Cancer: Medicare Population	percent	8		7.9	7.8	2015	17
2	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	percent	30.8		32.6	30	2015	17
1.94	Age-Adjusted Death Rate due to Alzheimer's Disease	deaths/ 100,000 population	37.5		30.4	26.6	2013-2017	7
1.94	Alzheimer's Disease or Dementia: Medicare Population	percent	10.1		10.6	9.9	2015	17
1.83	Asthma: Medicare Population	percent	8.7		9.7	8.2	2015	17
1.83	Hospital Stays: Medicare Population	discharges/ 1,000 Medicare enrollees	356.7		362.7		2007	16
1.72	Hyperlipidemia: Medicare Population	percent	46		44	44.6	2015	17
1.67	People 65+ with Low Access to a Grocery Store	percent	3.5				2015	14
1.67	COPD: Medicare Population	percent	13.2		13.9	11.2	2015	17
1.67	Heart Failure: Medicare Population	percent	15.7		15.8	13.5	2015	17
1.56	Diabetes: Medicare Population	percent	28		28.6	26.5	2015	17
1.33	People 65+ Living Below Poverty Level	percent	8.3		8.2	9.3	2013-2017	1
1.33	Consumer Expenditures: Eldercare	percent	0.1		0.2	0.2	2018	3
1.28	Atrial Fibrillation: Medicare Population	percent	7.6		8.2	8.1	2015	17
1.28	Stroke: Medicare Population	percent	3.6		4.1	4	2015	17
1.22	Ischemic Heart Disease: Medicare Population	percent	26.6		30.6	26.5	2015	17
1.14	Adults 65+ with Influenza Vaccination	percent	65.3		57.1		2014-2016	6
1.06	Diabetic Monitoring: Medicare Population	percent	88.4		86.3	85.7	2015	16
0.97	Adults 65+ with Pneumonia Vaccination	percent	85.3	90	71.3		2014-2016	6

•High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

0.89	Osteoporosis: Medicare Population	percent	4.9	5.2	6	2015	17	
0.17	Mammography Screening: Medicare Population	percent	72.3	65	63.2	2015	16	
SCORE	PUBLIC SAFETY	UNITS	Calhoun County	HP2020	Michigan	U.S.	MEASUREMENT PERIOD	Source
2.33	Substantiated Child Abuse Rate	cases/ 1,000 children	30.8	18.9		2017	2	
2.06	Alcohol-Impaired Driving Deaths	percent	36.8	28.6	29.3	2012-2016	4	
1.67	Violent Crime Rate	crimes/ 100,000 population	577.4	443.9		2012-2014	4	
1.39	Deaths due to Transport Fatal Injuries	deaths	8			2014	7	
SCORE	SOCIAL ENVIRONMENT	UNITS	Calhoun County	HP2020	Michigan	U.S.	MEASUREMENT PERIOD	Source
2.44	Children Living Below Poverty Level	percent	26.3	21.7	20.3	2013-2017	1	
2.39	Single-Parent Households	percent	41.6	34.3	33.3	2013-2017	1	
2.33	Substantiated Child Abuse Rate	cases/ 1,000 children	30.8	18.9		2017	2	
2.28	People 65+ Living Alone	percent	29.1	28	26.2	2013-2017	1	
2.17	People Living Below Poverty Level	percent	17.4	15.6	14.6	2013-2017	1	
2.17	Young Children Living Below Poverty Level	percent	31.2	25.5	22.5	2013-2017	1	
1.89	Median Household Income	dollars	46213	52668	57652	2013-2017	1	
1.89	Per Capita Income	dollars	24859	28938	31177	2013-2017	1	
1.58	Social and Economic Factors Ranking		53			2018	4	
1.5	People 25+ with a Bachelor's Degree or Higher	percent	21	28.1	30.9	2013-2017	1	
1.28	Social Associations	membership associations/ 10,000 population	11.8	9.9	9.3	2015	4	
1.06	Homeownership	percent	61.3	60.4	56	2013-2017	1	
0.67	People 25+ with a High School Degree or Higher	percent	91	90.2	87.3	2013-2017	1	
0.67	Mean Travel Time to Work	minutes	20.2	24.3	26.4	2013-2017	1	
SCORE	TEEN & ADOLESCENT HEALTH	UNITS	Calhoun County	HP2020	Michigan	U.S.	MEASUREMENT PERIOD	Source
1.83	Teens with Current Asthma	percent	59.9			2018	8	
1.61	Teens who Engage in Regular Physical Activity: 9th, 11th Graders	percent	49.3			2018	8	
1.5	Teen Birth Rate: 15-19	live births/ 1,000 females aged 15-19	22.7	16.4		2017	7	
1.5	Teen Pregnancy Rate	pregnancies/ 1,000 females aged 15-19	34.9	27.3		2017	7	
1.39	Teens who are Sexually Active: 9th, 11th Graders	percent	20.8			2018	8	
1.39	Teens who Smoke: 9th, 11th Graders	percent	3.5			2018	8	
1.39	Teens who Use Marijuana: 9th, 11th Graders	percent	15.5			2018	8	

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

1.17	Teens who Binge Drink: 9th, 11th Graders	percent	9.3				2018	8
SCORE	TRANSPORTATION	UNITS	Calhoun County	HP2020	Michigan	U.S.	MEASUREMENT PERIOD	Source
2.11	Households without a Vehicle	percent	8.5		7.9	8.8	2013-2017	1
1.89	Workers Commuting by Public Transportation	percent	0.7	5.5	1.4	5.1	2013-2017	1
1.78	Workers who Drive Alone to Work	percent	82.2		82.5	76.4	2013-2017	1
0.94	Solo Drivers with a Long Commute	percent	22.3		32.6	34.7	2012-2016	4
0.67	Mean Travel Time to Work	minutes	20.2		24.3	26.4	2013-2017	1
SCORE	WELLNESS & LIFESTYLE	UNITS	Calhoun County	HP2020	Michigan	U.S.	MEASUREMENT PERIOD	Source
1.89	Life Expectancy for Females	years	79.6		80.5	81.5	2014	18
1.89	Life Expectancy for Males	years	74.5		76	76.7	2014	18
1.86	Poor Physical Health: 14+ Days	percent	18.7		16.3		2014-2016	6
1.75	Morbidity Ranking	ranking	69				2018	4
1.64	Limited Activity due to a Health Problem	percent	10.9		9.2		2014-2016	6
1.5	Insufficient Sleep	percent	35.5		37	38	2016	4
1.25	Self-Reported General Health Assessment: Poor or Fair	percent	19.1		17.5		2014-2016	6
SCORE	WOMEN'S HEALTH	UNITS	Calhoun County	HP2020	Michigan	U.S.	MEASUREMENT PERIOD	Source
1.89	Life Expectancy for Females	years	79.6		80.5	81.5	2014	19
1.58	Pap Test in Past 3 Years	percent	75.7	93	73.7		2014-2016	6
1.11	Age-Adjusted Death Rate due to Breast Cancer	deaths/ 100,000 females	20.8	20.7	21.7	20.9	2011-2015	10
0.56	Breast Cancer Incidence Rate	cases/ 100,000 females	104		123.4	124.7	2011-2015	10
0.17	Mammography Screening: Medicare Population	percent	72.3		65	63.2	2015	16

•High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

Sources

Table 42. displays the list of sources used in secondary data scoring. Number keys are referenced alongside each indicator in the Indicator Scoring Table.

Table 42. Indicator Sources and Corresponding Number Keys

Number Key	Source
1	American Community Survey
2	Annie E. Casey Foundation
3	Claritas Consumer Buying Power
4	County Health Rankings
5	Feeding America
6	Michigan BRFSS
7	Michigan Department of Community Health
8	Michigan Profile for Healthy Youth
9	Michigan Substance Use Data Repository
10	National Cancer Institute
11	Small Area Health Insurance Estimates
12	U.S. Bureau of Labor Statistics
13	U.S. Census - County Business Patterns
14	U.S. Department of Agriculture - Food Environment Atlas
15	U.S. Environmental Protection Agency
16	The Dartmouth Atlas of Health Care
17	Centers for Medicare & Medicaid Services
18	National Center for Education Statistics
19	Institute for Health Metrics and Evaluation

Appendix C. Primary Data

Primary data used in this assessment was collected through a key informant interviews and focus groups. The interview guides and participant data are included in this Appendix:

- Key Informant Interview Guide
- Key Informant Interviewees
- Focus Group Guide
- Focus Group Participant Demographics

Key Informant Interview Guide

I. Welcome and Introductions (4 minutes)

- Introduction
 - Welcome. My name is Carolyn and I will be the facilitator for our discussion this evening. I am a recent Master of Public Health graduate who is helping provide technical support for the Community Health Needs Assessment that is in process in Calhoun County. My role as the interviewer is to remain unbiased and keep things going on time. My goal is to make sure your voice is heard and capture in depth information from your point of view.
- Thank interviewee for participation
 - Thank you for taking time out of your day to talk with us, we really appreciate it.
- Ice-breaker/ Introductions
 - Name: _____
 - Role – how are you connected to the Calhoun County Community

II. Consent review (1 minutes)

- Voluntary participation
- Session will be recorded

III. Purpose (5 minutes)

- Expected length of time
 - This discussion should last no more than **30 minutes**
- Purpose
 - We would like to talk to you today about **the health issues you feel are most important in our community**. The purpose of today's discussion is to gather your ideas about everyone's health where you live – we would like to get a detailed picture of what you think the **overall health in your community is like**.
- How information will be used
 - We will use your ideas to help **determine the health priorities as part of the Calhoun County Community Health Needs Assessment**. If you are interested in staying involved with the CHNA process we would very much appreciate your participation in the community health needs prioritization process that will take place in May 2019 as a Town Hall Meeting format. The information you provide will help guide this prioritization process as well as the implementation strategy for community health improvement that will follow in the months to come.
- How you will be informed of the outcomes of findings, any reports
 - This information will be included in **three published reports** – one for Bronson, one for Oaklawn, and one specific to Calhoun County. Although the information will be the same the format of the report might differ based on various requirements.
 - The reports should all be completed and disseminated **by Dec 31, 2019**.
- Do you have any questions about the process?

IV. Engagement Questions (5 minutes)

- How does the health of your community and/or the county now compare to previous years?
- What factors have contributed to the change?

V. Problems/Concerns in the Community (5 minutes)

- What are the greatest health-related concerns in your community?

- What are the greatest non-health-related concerns or problems affecting a person’s ability to live, work, learn, and play. (think non-traditional factors – sidewalks, incarceration rate, literacy rates, etc.)

VI. Health Equity in the Community (5 minutes)

- DEFINE HEALTH EQUITY - attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities

- What links do you see between equity and health in our community?.....(Health statistics for the County reveal that there is great inequity in the health of members of our community based on race, ethnicity, gender and socio-economic status. What are your thoughts about the links between health and inequity in our community?)

- What do you believe are barriers to achieving health equity in our community? (What cultural or institutional disparity may be perpetuating inequity?)

VII. Community Resources & Barriers (5 minutes)

- What resources are available in your community to address these issues?

- What are the barriers (if any) to accessing these resources?

VIII. Solutions (5 minutes)

- What actions, programs, strategies do you think would make the biggest difference in their community?

IX. Conclusion (5 minutes)

- Is there any additional comments or questions you would like to share?
- Thank you again for your time
- We will send out information about the prioritization town hall meeting when a date is set and all the details are confirmed

Key Informant Interviewees

Organization	Interviewee
Carewell Services Southwest	Karla Fales, CEO
Senior Health Partners	Linda Grap, Executive Director
Family and Children's Services	Diane Marquess
Substance Abuse Council	Dawn Smith, Executive Director
Substance Abuse Prevention Services	Harry Bonner, Sr., Executive Director
Summit Pointe	Jeannie Goodrich, CEO
BC Pulse	Kathy Szenda Wilson, Executive Director
Family Enrichment Center	Kim Harris
Albion District Library	Cindy Stanzak, Librarian
Albion HealthCare Alliance	Vicki Easterwood, Navigator
Albion Resident	Shawna Gamble
Community Action	Michelle Williams, Executive Director
Homer Caring and Sharing	Tim Marvil
Homer District Library	Trixie McMeeking, Librarian
Marshall Area Community Services	Harriet Carrol, Executive Director
Michigan Works	Barbara Travis
Calhoun Intermediate School District	Jill Slaght
First Congregational Church	Jamie Fales
Guardian Finance and Advocacy Services	Jennifer Warnos, Team Leader
Ascension Health - Borgess	Dr. Eric Niedzwiecki
Bronson Battle Creek	Dorothy Malcolm, VP Patient Care Services and CNO
Calhoun County Public Health Dept	Eric Pessell, Health Officer
Fountain Clinic	Mary Jo Byrne, Executive Director
Grace Health	Jill Wise, COO
Integrated Health Partners	Ruth Clark, Executive Director
Oaklawn Hospital – Marshall	Dr. Michael Chapman, Executive Director of Medical Affairs
Oaklawn Medical Group – Tekonsha	Debra Osborne, PA
Oaklawn Medical Group - Homer/Albion	Betsy Carroll-Crist, PA
Albion NAACP	Robert Dunklin, President
Battle Creek Pride	Charlie Fulbright, Board Volunteer
Burma Center	Katie Baggle, Volunteer
Nottawaseppi Band of the Huron Pottawatomi	Rosalind Johnston
The Arc	Leah Ortiz, Executive Director
Urban League of Battle Creek	Kyra Wallace, Executive Director
Voces	Josh Dunn, Executive Director
Battle Creek Community Foundation	Brenda L. Hunt, President and CEO
United Way	Chris Sargent, CEO
Calhoun County Public Health Dept	Dr. William+A1:B39 Nettleton, CCPHD Medical Director

Focus Group Guide

0. Welcome & Introductions (5 minutes)

- “Staff” and roles – facilitator, recorder, etc.
 - Welcome. My name is Kristin and I will be the facilitator for our discussion this evening. My role as the facilitator is to remain unbiased and keep things going on time. I will also guide this process so that everyone’s voice is heard and everyone’s concerns are met
 - Introduce Note-takers/Recorders
- Thank group for participation
 - Thank you for taking time out of your day to talk with us, we really appreciate it.

X. Consent review (5 minutes)

- Voluntary participation
- Session will be recorded
- Issues of confidentiality and protection of information

XI. Purpose and ground rules (10 minutes)

- Expected length of time
 - This discussion should last no more than 1.5 hours
- Purpose
 - We would like to talk to you today about the health issues you feel are most important in our community. The purpose of today’s discussion is to gather your ideas about everyone’s health where you live – we would like to get a detailed picture of what you think the overall health in your community is like.
- How information will be used
 - We will use your ideas to help **determine the health priorities as part of the Calhoun County Community Health Needs Assessment**. A community health needs assessment (CHNA for short) is a systematic process involving the community to identify and analyze community health needs and assets in order to prioritize these needs, and to plan and act upon unmet community health needs.
 - If you are interested in staying involved with the CHNA process we would very much appreciate your participation in the community health needs prioritization process that will take place in May 2019 as a Town Hall Meeting format. The information you provide will help guide this prioritization process as well as the implementation strategy for community health improvement that will follow in the months to come.
- How they will be informed of the outcomes of findings, any reports
 - This information will be included in **three published reports** – one for Bronson, one for Oaklawn, and one specific to Calhoun County. Although the information will be the same the format of the report might differ based on various requirements.
 - The reports should all be completed and disseminated **by Dec 31, 2019**.
- Ground Rules [*direct attention to poster-board with rules*]
 1. Please turn off cell phones
 2. Having an effective group discussion requires input from everyone
 3. All perspectives are valued, be respectful of other opinions
 4. Please avoid side conversations
 5. The facilitator will try to allow all who have something to say to do so. [If you have something to say and feel that you are not being heard, please indicate to the facilitator that you would like to speak]
 6. Discussion should focus on objective statements about what does or does not exist in the system, without judgment about any particular organization or agency or individual.

7. The facilitator will maintain a balance between discussion time and covering different topics. In the interest of time, the facilitator may determine discussion is over and move to the next issue.

8. [Ask the group if they would like to add to the list of ground rules.]

- Answer any questions about process

XII. Problems/Concerns in the Community (10 minutes)

- What are the greatest health-related concerns in your community?**
- What are the greatest non-health-related concerns or problems affecting a person's ability to live, work, learn, and play.** (probe: think non-traditional factors – sidewalks, incarceration rate, literacy rates, etc.)

XIII. Health Equity/Fairness in the Community (10 minutes)

- DEFINE HEALTH EQUITY–
 - **Health Equity is where everyone has the opportunity to attain a full, healthy life and no one is kept from achieving this life for any reason (see attached culture wheel for examples). –Adapted from National Academy of Sciences, Communities in Action**
- What links do you see between ANY of items listed on the attached picture and an individual's ability to live a healthy life?.....(probe: health statistics for the County reveal that there is a great deal of unfairness in the health between members of your community based on race, ethnicity, gender and how much money people have, do you see examples of this in your community?) Probe: What do you think causes the difference in the quality of health and healthcare between different populations?**

XIV. Community Resources (10 minutes)

- What resources do you need to be healthier and to have healthy choices? (Can be existing or non-existing)**
- Probe: From this list, what is the one resource you think would make the biggest difference in your community?**

XV. Barriers (10 minutes)

- What are the gaps or barriers (if any) in your community or life that keep you from being healthier or having healthy choices? (Are the things you listed available and accessible to you?)**

XVI. Conclusion (10 minutes)

- Ask participants if they have any final thoughts or input.
 - Is there anything further anyone would like to add about any of the issues we've already discussed, that you feel you've not had a chance to say?
 - Is there anything anyone would like to add about any issue we've not really covered which you feel reflects an important aspect of community health and services?
 - Thank each of them for participating
- Confirm when and how participants will receive a summary of the focus group findings: We will send out information about the prioritization town hall meeting when a date is set and all the details are confirmed
- Be aware of safety when leaving- are there participants who need to be escorted to their vehicles or public transportation?

Focus Group Demographics

(N=106)

1) Zip Code (5 digits)

1	48423	16	49017	1	49058
2	49001	1	49021	19	49068
2	49002	1	49033	1	49073
1	49004	3	49037	1	49202
1	49009	2	49046	22	49224
7	49014	2	49048	6	49245
13	49015	1	49051	1	49503
				2	Decline to Answer

2) Age

3	19 years or younger	21	45-54 years
16	20-34 years	21	55-64 years
24	35-44 years	21	65 years or older
		0	Decline to answer

3) Preferred Spoken/Written Language

91	English	0	Polish
0	American Sign Language	0	Spanish
3	Burmese	0	Other
		12	Decline to answer

4) Gender Identity

21	Male/Man	0	Trans Female/Trans Woman
84	Female/Woman	1	Genderqueer/Gender nonconforming
0	Trans Male/Trans Man	0	Something else
		0	Decline to answer

5) Sexual Orientation

2	Lesbian	0	Queer
1	Bisexual	0	Questioning
84	Straight	1	Something else
1	Gay	17	Decline to answer

6) Number of people living in your household

	0	1	2	3	4	5	6+
Adults (18 or older)	4	18	60	15	5	4	0
Children (17 or younger)	68	18	11	3	3	3	0

7) Education Attainment

1	Less than high school, No diploma	16	Associate degree
10	High school graduation/GED	65	Bachelor's degree or higher
13	Some college, no degree	1	Decline to answer

8) Employment Status

72	Employed for wages, tips, or salary	2	High School Student
5	Self-employed	1	College Student
0	Out of work for 1+ years	20	Retired
0	Out of work for less than 1 year	2	Disabled
1	Homemaker	0	Other
		2	Decline to answer

9) Annual Household Income

6	\$0-\$24,999	24	\$50,000-\$74,999
17	\$25,000-\$49,999	39	\$75,000 or more
		20	Decline to answer

10) Race *Select up to two*

14	Black and/or African American
83	White Caucasian

Asian

1	Asian Indian
10	Decline to answer

11) Ethnicity

Hispanic/Latino

1	Puerto Rican
45	Not Hispanic/Latino
60	Decline to answer

12) Health Insurance *Select up to two*

88	Private insurance	2	Veteran's benefits
1	Healthy Michigan	0	Self-pay/No health insurance
5	Medicaid	0	Don't know
13	Medicare	0	Other
		12	Decline to answer

Appendix D. Community Resources

Type of Service	Agency/ Provider/ Facility	Location	Phone No.	Website	Address	Services Provided
Access to Care						
	Michigan 2-1-1	Kalamazoo	Dial 2-1-1 or (800) 563-5432	www.mi211.org/	3245 S. 8th St, Kalamazoo, MI 49009	A community resource advisor is available 24 hours a day 7 days a week to help you find answers, whether it's assistance with food or in paying heating bills, mediating conflicts, fighting drug addictions, or any number of issues that so many in our community face.
	State of Michigan Department of Health and Human Services	Battle Creek	(269) 966-1284	www.michigan.gov/dhhs/0,5885,7-339-73970_5461_66819-288028--,00.html	190 E. Michigan Ave., PO Box 490, Battle Creek, MI 49016	Provides a wide range of services including SNAP (food stamps) Medicaid, utility shutoffs, daycare stipends and more.
	Calhoun County Public Health Department	Battle Creek and Albion	(269) 969-6370 (Battle Creek) and (517) 629-9434 (Albion)	www.calhouncounty.mi.gov/government/health_department/	190 E. Michigan Ave., Battle Creek 214 E. Michigan Ave., Albion, MI	The county provides a wide range of free health services to the community. Check out the website or call to get specific information.
	Albion Healthcare Alliance	Albion	(517) 629-6578	www.albionhca.org/	115 Market Place, Albion, MI 49224	Contact Vicki Easterwood, Albion Healthcare Alliance, Community Navigator.
	The Coordinating Council (TCC)	Battle Creek	(269) 441-5956	www.tcccalhoun.org/	140 W. Michigan Ave., Battle Creek, MI 49017	TCC activities include the data platform MiCalhoun.org, referral trees, weekly announcements, community forums, grant assistance and collaborative efforts to help achieve the optimum health of all people in Calhoun County by supporting Economic Self-Sufficiency; Healthy Family and Social Relationships; and Community Connectedness.
Medical Services						

	Oaklawn Medical Group - Albion	Albion	(517) 629-2134	www.oaklawnhospital.org/locations/oaklawn-medical-group-albion/	302 N. Monroe St., Albion, MI, 49224	Expanded services are available to the students of Albion College and the public. These include evening and weekend hours, x-ray services, blood draws, and greater access to physicians and advanced practice providers.
	Oaklawn Medical Group - Express Care - Albion	Albion	(517) 654-1020	www.oaklawnhospital.org/locations/express-care-albion/	302 N. Monroe St., Albion, MI, 49224	Non-emergency services available Monday - Saturday, 11am - 8 p.m.
	Calhoun County	Battle Creek	(269) 969-6370	www.calhouncounty.mi.gov/government/health_department/contact_us/	Toeller Building, 190 E. Michigan Ave., Battle Creek, MI 49014	CCPHD offers immunizations, STD, HIV, TB, and pregnancy testing. Also provides WIC, Nurse-Family Partnership (NFP) and Children's Special Health Care Services (CSHCS).
	Calhoun County	Albion	(517) 629-9434	www.calhouncounty.mi.gov/government/health_department/contact_us/	214 E. Michigan Ave., Albion, MI 49224	CCPHD provides HIV and Sexually Transmitted Disease testing, immunizations, pregnancy testing and TB testing. Also provides WIC, Nurse-Family Partnership (NFP) and Children's Special Health Care Services (CSHCS).
	Calhoun County	Marshall	(269) 781-0909	www.calhouncounty.mi.gov/government/health_department/contact_us/	Marshall County Building, 315 W. Green St., Suite 1-600, Marshall, MI 49068	CCPHD in Marshall offers WIC services only.
	Calhoun County - Women, Infants and Children (WIC)	Albion, Battle Creek, Marshall	(269) 969-6860	www.calhouncounty.mi.gov		WIC is a supplemental nutrition program for women, infants and children. Breastfeeding support is available. Program requires eligibility.
	Calhoun County - Nurse-Family Partnership (NFP)	Albion and Battle Creek	(269) 969-6392	www.nursefamilypartnership.org		NFP is a program for women who are having their first baby. If you enroll, a registered nurse will visit you in your home throughout pregnancy and continue to visit until your baby is 2 years old. Program requires eligibility.
	Calhoun County - Children's Special Health Care Services (CSHCS)	Albion and Battle Creek	(269) 969-6390	www.calhouncountymi.gov/government/health_department/childrens_special_health_care_services/		CSHCS is a program designed to assist children and some adults with special health care needs. Can help pay for special needs healthcare services.

	Grace Health School-Based Health Centers	Battle Creek	(269) 965-8866	www.gracehealthmi.org/wp-content/uploads/2019/01/SBHC-Brochure.pdf	181 W. Emmett St., Battle Creek, MI 49037	The Grace Health School-Based Health Centers (SBHS) are staffed with a nurse practitioner, social worker and support staff. The Health Center's nurse practitioner can be the child's regular or can support the child's regular provider/pediatrician. Services include routine well-child exams, immunizations, school and sports physicals, preventative care, urgent care and behavioral / mental health services. SBHC's are available at Battle Creek Central High School, Lakeview Middle School, and Springfield Middle Schools. Medicaid and most insurance plans are accepted.
	Grace Health School Wellness Programs	Battle Creek	(269) 965-8866	www.gracehealthmi.org/wp-content/uploads/2019/01/SBHC-Brochure.pdf	181 W. Emmett St., Battle Creek, MI 49037	Grace Health School Wellness Programs are staffed with a nurse and social worker. Services provided include limited clinical nursing services, mental health services, and health education. These services are available at Battle Creek's Northwestern Middle School and W.K. Preparatory High School.
	Oaklawn Hospital - Homer Schools	Homer	(517) 568-4464	www.homerschools.net/	403 S. Hillsdale St., Homer, MI 49245	Oaklawn has a contractual arrangement with Homer Public Schools to provide a school nurse.
	Oaklawn Hospital - Marshall Schools	Marshall	(269) 781-1250	www.marshall.k12.mi.us/	100 E. Green St., Marshall, MI 49068	Oaklawn provides one nurse who is on-call to service all Marshall Public Schools.
	Fountain Clinic	Marshall and Albion	(269) 781-0952	www.fountainclinic.org	111 N. Jefferson St., Suite 1, Marshall, MI 49068	Provides free acute and chronic medical care, prescription assistance, dental care and vision assistance for people who are uninsured or underinsured. Also provide Health Michigan enrollment.
	Henry Ford Allegiance	Albion	(517) 205-2579	www.henryford.com/locations/allegiance-family-medicine-albion	27931 C Drive North, Albion, MI 49224	Provides non-emergency medical attention during the day or after hours. You can receive care without an appointment. The clinic treats immediate, but non-life-threatening, needs, such as flu, bronchitis, sinus infections, bladder or urinary tract infections, hives and rashes, sprains and strains, minor cuts and broken bones. Note: Not all Medicare and Medicaid plans are accepted. Please call ahead to get health plan coverage.

	Grace Health	Battle Creek	(269) 965-8866	www.gracehealthmi.org	181 W. Emmett St., Battle Creek, MI 49037	Provides Behavioral Health, Dental, Family Practice, Health Education, Internal Medicine, OB/GYN, Optometry / Vision Care, Pediatrics, Pharmacy, Physical Therapy, Podiatry. Patients needing assistance may qualify for a sliding fee discount. Maternal & Infant Home Visiting Program available. Spanish and Burmese translators available.
	Oaklawn Hospital	Marshall	(269) 781-4271	www.oaklawnhospital.org/	200 N. Madison St, Marshall, MI 49068	Oaklawn is a regional health care organization, licensed for 77 acute care beds and a 17-bed inpatient psychiatric unit. The hospital provides facilities, equipment and technology that are usually only found at larger health systems. The service area includes Calhoun County and parts of Branch and Eaton counties with a medical staff of more than 150 providers representing over 35 specialties. In 2016, Oaklawn's main campus became the only hospital in Calhoun County to be designated by the state of Michigan as an official Level III Trauma Center, based primarily on criteria established by the American College of Surgeons. The hospital also was recognized as one of just four in Michigan and 102 U.S. hospitals to earn five stars – the highest possible – in a ranking announced by the Centers for Medicare & Medicaid Services.
	Oaklawn After Hours Express	Marshall	(269) 789-4390	www.oaklawnhospital.org/services/after-hours-express/	111 S. Hamilton St., Marshall, MI, 49068	Open 7 days a week, 365 days a year. Walk-in visits for non-emergent healthcare needs including treating flu, allergies, cold, asthma, broken bones, and more. Most insurance accepted including Medicare and Medicaid. McLaren Medicaid is not accepted.
	Oaklawn Hospital - Charity Healthcare	Marshall	(269) 781-4271	www.oaklawnhospital.org/	200 N. Madison St., Marshall, MI 49068	Oaklawn Hospital provides free and subsidized healthcare for eligible people in the community. This assistance covers a broad range of inpatient and outpatient medical, surgical, and mental health services.

	Senior Care Partners P.A.C.E.	Battle Creek	Toll-free: (877) 284-4071 General: (269) 441-9300	www.seniorcarepartnersmi.org/#	200 W. Michigan Ave., Suite 103, Battle Creek, MI 49017	Senior Care Partners P.A.C.E provides a wide range of services including primary care physician for participants, responsible for all care, referrals, medication management, physical therapy, and other care all the way through end of life and hospice as necessary.
	Pine Creek Indian Reservation Health Facility	Fulton, Michigan	(269) 729.4422	www.nhbpi.com	1474 Mno-Bmadzewen Way Fulton, MI 49052	Services are open to NHBP Tribal Members and descendants. In some cases, immediate family members of NHBP Tribal Members may be eligible for services.
	Albion Medical Associates	Albion	(517) 629-3909	www.marshallmedicalassociates.com/	115 Market Place, Albion, MI 49224	AMA is a full spectrum Family Medicine practice offering services for patients from pregnancy and newborn care and throughout adult life.
	Marshall Medical Associates	Marshall	(269) 781-9867	http://marshallmedicalassociates.com/	1174 W. Michigan Ave., Marshall, MI 49068	MMA is a full spectrum Family Medicine practice offering services for patients from pregnancy and newborn care and throughout adult life.
Prescription Assistance						
	Fountain Clinic	Marshall	(269) 781-0952	www.fountainclinic.org	111 N. Jefferson St., Suite 1, Marshall, MI 49068	Fountain Clinic provides medication assistance for people without insurance who have limited or no income. Also provide Senior Millage funded prescription vouchers for seniors 60 and over who live in Calhoun County. People needing help with prescriptions may be eligible for assistance through pharmaceutical companies' programs. Patients must call or visit to apply. This service is not for an urgent need. Prescriptions may not be filled that day.
	Grace Health Pharmacy	Battle Creek	(269) 441-6774	www.gracehealthmi.org/	181 W. Emmett St., Battle Creek, MI 49037	Grace Health Pharmacy is a full-service pharmacy located inside Entrance B on the 1st floor. Anyone may have a prescription filled. The pharmacy is open to both patients and the community. The pharmacy accepts most insurance plans, including Medicare and Medicaid. Pharmacy discounts are passed on to the patient. Through Grace Health's Sliding Fee Discount program, prescription costs can be reduced for patients who are income eligible.
	Salvation Army	Battle Creek	(269) 966-4162	www.centralusa.salvationarmy.org/battlecreek	400 Capital Ave., NE, Battle Creek, MI 49017	The Salvation Army Battle Creek can provide assistance with prescription co-pays and help with medical bills. You must come to the office in person and complete an application. Bring ID, the prescription and/or billing information.

	Michigan Rx Card	Michigan		www.michiganrxcard.com/		Michigan residents have access to a statewide Prescription Assistance Program (PAP). There are no requirements. Create and print your FREE discount prescription drug card coupon from the website. This pharmacy coupon card will provide you with Rx medication savings of up to 75% at more than 68,000 pharmacies across the country including Walgreens, Rite Aid, Kroger, CVS/pharmacy, Walmart, Kmart, and many more. You can create as many coupons as you need. We encourage you to create and send to friends and family members via one of the many available options. This Coupon/Card is pre-activated and can be used immediately.
	Albion Healthcare Alliance	Albion	(517) 629-6578	www.albionhca.org/	115 Market Place, Albion, MI 49224	Contact Vicki Easterwood, Albion Healthcare Alliance, Community Navigator.
Transportation						
	Albion-Marshall Connector	Marshall	(269) 781-3975 or (517) 654-3000	www.cityofalbionmi.gov/visitors/transportation/albion-marshall_connector.php	900 S Marshall Ave., Marshall, MI 49068	Albion-Marshall Connector is a curb to curb driving service that helps members of the Albion and Marshall communities travel back and forth between the Cities for a variety of reasons. The bus travels between both communities daily on a set schedule. The bus is lift-equipped and ADA accessible. Albion residents may use the AMC for transportation within the City of Albion for medical appointments (including the Albion Dialysis Center.) Reservations may be made between 7:00 a.m. and 5:30 p.m. by calling 269-781-3975 or 517-654-3000. One way fares are \$2, \$1, or free for caretakers and children under 5 with a paid adult rider.
	Alpha Medical Transport		(844) 895-4809	www.alphamedicaltransport.com/contact.html	474 Main St., Battle Creek, MI 49014	Alpha Medical Transport, Inc. provides nonemergency medical transportation for those who have regular doctor appointments or recurring treatment visits at an outpatient facility. Transportation appointments must be scheduled at least 24 hours in advance. All services are arranged through individual health insurance plans. Please call to confirm your eligibility. The service does not accept direct payment for services.

	Battle Creek Tele-Transit Service	Battle Creek	(269) 966-3474	www.battlecreekmi.gov	339 W. Michigan Ave., Battle Creek, MI 49017	BC Transit provides bus routes with wheel chair lift equipment and front seats for senior citizens and persons with disabilities. Tele-Transit service is a door-to-door transportation service for Battle Creek area residents. While available to anyone, the service primarily serves seniors age 60 and over and disabled of any age to medical appointments, employment sites, meal centers, grocery shopping, or other necessary trips. Fares range between \$7, \$5, and \$2. Please call 24 hours in advance to arrange transportation throughout Calhoun County.
	Community Action	Battle Creek	(269) 565-4144, Toll Free: (800) 994-9876.	www.caascm.org	175 Main St., Battle Creek, MI 49016	Free transportation for seniors age 60 and older and disabled persons of any age to medical appointments, employment sites, meal centers, grocery shopping and other necessity trips. Disabled persons must have a disability form completed by a physician. Please call 24 hours in advance to arrange transportation throughout Calhoun County.
	Grace Health	Battle Creek	(269) 965-8866	www.gracehealthmi.org	181 W. Emmett St., Battle Creek, MI 49037	Transportation assistance for Grace Health appointments.
	Senior Care Partners and LifeCare Ambulance (and Wheelchair Van)	Battle Creek	Toll-free: (877) 284-4071 General: (269) 441-9300	www.seniorcarepartnersmi.org/services/	200 W. Michigan Ave., Suite 103, Battle Creek, MI 49017	Senior Care Partners P.A.C.E provides a wide range of services for seniors including transportation to the Health Center for medical visits with physicians/nursing care, meals, activities, rehabilitation therapy when needed, and mental health services. Also, if necessary, transportation for medical specialty service appointments are available. All services are provided free of charge to Medicare and Medicaid beneficiaries.
	Marshall Dial-A-Ride Transit	Marshall	Call or Text (269) 781-3975 or call (517) 654-3000	www.cityofmarshall.com/departments/104	Public Services Building 900 S. Marshall Ave., Marshall, MI 49068	Marshall Dial-A-Ride has a one mile service area offering curb to curb driving service for the Marshall community to travel back and forth to work, school, doctors' visits, shopping, dining, and more. Call or Text 269.781.3975 or call 517.654.3000 to schedule service.
	Michigan Department of Health and Human Services	Albion, Battle Creek, Marshall	(269) 966-1284	www.newmibridges.michigan.gov/s/isd-explore-resources?language=en_US	Toeller Building, 190 E. Michigan Ave., Battle Creek, MI 49014	Medicaid and the Healthy Michigan Plan may pay for Non-Emergency Medical Transportation (NEMT) Services to medical appointments. Contact your local MDHHS office for more information or visit www.michigan.gov/dhs-countyoffices for a list of programs that provide non-emergency transportation.

	Community Action Senior Transportation	Battle Creek, Albion	(269) 565-4144	www.caascm.org/	175 Main St., Battle Creek, MI 49014	Services Calhoun County. Battle Creek Monday-Friday 8 am to 4:30 p.m., Albion, Monday, Tuesday, Wednesday, Friday 9 a.m. to 2:30 p.m. Must schedule more than 24 hours in advance.
	Battle Creek Transit - Fixed Route	Battle Creek	(269) 966-3474	www.battlecreekmi.gov/287/Transit	339 W. Michigan Ave., Battle Creek, MI 49017	Battle Creek, fixed routes only. Monday - Friday 5:15 a.m. to 6:45 p.m., some routes run Saturday 9:15 a.m. to 6:45 p.m. \$0.60/seniors.
	JTC Transportation Services	Calhoun and surrounding counties	(269) 339-6928	www.j-t-c-transportation-services.business.site/	Corporate Office in Ceresco	Local personal transportation service, including doctors visits, grocery shopping etc. Currently operate in a 55 mile range including all of Calhoun county, Branch, Eaton, Barry, St. Joseph, Kalamazoo areas. Hours 6 a.m. to 8 p.m. seven days a week. Wheelchair (\$35 + \$1.05/mile after 20 miles) and Ambulatory (\$25 + \$1.05/mile after 20 miles).
	Alamo Transportation	Calhoun and Jackson Counties	(517) 494-0029			Service area includes Calhoun and Jackson, Monday-Friday, 7 a.m. to 5 p.m. Call the phone number on back of insurance card to refer for services. Medicare and Medicaid only.
	Ready Ride Transportation	Byron Center	(616) 261-2400	www.readyridegr.com/index.htm	2411 Byron Station Dr., SW, Suite 3, Byron Center, MI 49315	Service accepts Priority and McClaren Medicare and Medicaid. Available by appointment. Contact for custom rates. 10% discount for veterans.
	Aequitas Mobility Services	Battle Creek	(269) 441-5387	www.rideams.com	4950 W. Dickman Rd., Suite C-4, Battle Creek, MI 49037	Aequitas Mobility Services (AMS) is a new option for public transportation in the Greater Battle Creek area. More information to come.
	City Cab	Battle Creek	(269) 966-3474			Cost is \$2 one way.
Hearing and Vision Services						
	Calhoun County	Battle Creek	School Children: (269) 969-6389 or Seniors: (269) 969-6377	Children: www.calhouncountymi.gov/government/health_department/hearing_vision_screening/ or Seniors: www.calhouncountymi.gov/government/health_department/senior_hearing_vision_screenings/	190 E. Michigan Ave, Battle Creek, MI 49014	CCPHD offers hearing and vision screenings for all children attending school in Calhoun County. CCPHD also offers screenings, hearing aids, eye exams and glasses for low-income seniors through the Senior Millage.

	Fountain Clinic	Marshall	(269) 781-0952	www.fountainclinic.org/about-services/	111 N. Jefferson St., Suite 1 Marshall, MI 49068	Free hearing screenings. Optical referrals are available for Albion and Marshall residents through the Albion and Marshall Lions Clubs. Seniors 60+ are eligible for hearing and vision services through Senior Millage and Calhoun County.
	Grace Health	Battle Creek	(269) 441-6812	www.gracehealthmi.org/visionoptometry/	181 W. Emmett St., Battle Creek, MI 49037	Grace Health offers a full range of optometry / vision services, Insurances accepted for optometry and vision care include: Meridian, Meridian Complete, Straight Medicaid, Medicare, McLaren, Priority Health Medicaid, VSP and Sliding Fee Discount program for patients who qualify.
	Southwest Michigan Rehab Foundation	Battle Creek	(269) 288-8687	www.swmrf.org/purpose.htm	P.O. BOX 2050, Battle Creek, MI 49016	Glasses. For information and to obtain an application, call the SWMRF at (269) 288-8687.
Interpretation Services						
	Burma Center	Battle Creek	(269) 441-1131	www.burmacenterusa.org/	765 Upton Ave., Springfield, MI	Provide interpreter services.
	Voces	Battle Creek	(269) 841-4111	www.vocesbc.org/	520 W. Michigan Ave., Battle Creek, MI 49037	Provide interpreter services.
Durable Medical Equipment and Supplies						
	Bronson Home Oxygen and Medical Supplies	Battle Creek	(269) 245-3602	www.bronsonhealth.com/locations/bronson-at-home/oxygen-medical-supplies/	165 N. Washington Ave., Battle Creek, MI 49037	Full service home oxygen and respiratory products, medical supplies and medical equipment. Free Delivery, 24/7 emergency service.
	Southwest Michigan Rehab Foundation	Battle Creek	(269) 288-8687	www.swmrf.org/	P.O. Box 2050 Battle Creek, MI 49016	Applicants may personally submit an application or use the assistance of a health or educational professional, case manager, doctor, nurse, social worker, therapist or audiologist. There are no age requirements. Funding items include: Wheelchairs and scooters, adaptive equipment for cooking, dressing and bathing, hearing aids and hearing aid accessories, communication devices, lymphedema supplies, bandages, hand controls for driving, canes and walkers, dental root canals, eyeglasses, custom orthotics, window air conditioners.

	Oaklawn Home Medical Equipment	Marshall	(269) 789-7034	www.oaklawnhospital.org/locations/home-medical-equipment/	Main Hospital, 200 N. Madison - First Floor, Marshall, MI, 49068	Offers a complete line of medical equipment and products for pick up or delivery and set-up for free.
	North Avenue Church of God	Battle Creek	(269) 965-1908	www.northavenuechurch.com/	1079 North Ave., Battle Creek, MI	Offer slightly used walkers, high-rise toilets seats, shower chairs and wheelchairs (when available), at no cost.
	Zion Lutheran Church	Marshall	(269) 781-8982	www.zionmarshall.com/	135 W. Green St., Marshall, MI	Lending Closet offers slightly used walkers, shower chairs, crutches, Depends and more at no cost.
	Lending Hands	Portage	(269) 567-4381	www.lendinghandsmi.org	2403 Helen Ave., Portage, MI 49002	Used medical equipment loan program and loan closet is available for free for 7 months, including canes, crutches, bath and shower accessories, toilet equipment, wheelchairs, walkers, and more.
	Surplus Health Supplies for Missions	Battle Creek	info@surplushealthsupplies.org	www.surplushealthsupplies.org/		Please send an email with your request to: info@surplushealthsupplies.org to find out about available new and reusable medical supplies.
Behavioral Health						
Mental Health Services						
	Summit Pointe Albion	Albion	(517) 629-5531 / 24-hour crisis line (800) 632-5449	www.summitpointe.org/locations/summit-pointe-albion/	105 S. Superior St., Albion, MI 49224	Person-centered community-based mental health services including psychological counseling, drug addiction / substance abuse counseling, support groups, specialized residential services, case management and more. Accepts more insurance including Medicaid and Medicare.
	Summit Pointe	Battle Creek	(269) 966-1460	www.summitpointe.org/	140 W. Michigan Ave., Battle Creek, MI 49017	Summit Pointe helps people with mental health issues and developmental disability reclaim their independence, regain confidence and learn skills necessary for success. Summit Pointe provides a wide range of counseling, treatment and education to enhance individual skills and help individuals realize their potential.
	Bronson Battle Creek Psychiatry & Behavioral Health	Battle Creek	(269) 245-8340	www.bronsonhealth.com/locations/bronson-battle-creek-psychiatry-behavioral-health/	165 N. Washington Ave., Battle Creek, MI 49037	Acute crises, acute psychiatric illness, Alzheimer's disease and memory problems, anxiety and panic attacks, behavioral problems, depression, emotional and behavioral problems specific to older adults, neurobehavioral health, substance abuse combined with behavioral problems.

	Christian Counseling of Battle Creek	Battle Creek	(269) 979-8119	www.christiancounselingbc.net/	4625 Beckley Rd., Bldg. 300, Battle Creek, MI 49015	Provide affordable mental health treatment. Many insurances can be billed and a sliding fee scale is available for qualified individuals and families.
	The Counseling Center at Family & Children Services	Battle Creek	(269) 965-3247	www.fcsource.org/contact.html#battle-creek	778 W. Columbia, Battle Creek, MI 49015	Counseling, crisis intervention, mental health, and parenting support.
	Grace Health Behavioral Health	Battle Creek	(269) 441-1960	www.gracehealthmi.org/behavioral-health/	181 Emmett St., W., Battle Creek, MI 49037	Behavioral health services include assessment, guidance and treatment for stress and other problems affecting the quality of a patient's emotional and mental health.
	The Haven of Rest Ministries	Battle Creek	(269) 965-1148	www.thehavenbc.org/	11 Green St., Battle Creek, MI 49014	Provide counseling for homeless men.
	The Ark Shelter	Kalamazoo	The Ark 24-hour toll free crisis line: (800) 873-8336	www.ccdok.org/the-ark-shelter/	1441 S. Westnedge Ave., Kalamazoo, MI 49008	The Ark serves youth and families in many counties including Calhoun County. It is the only shelter in the area that services teens and adolescents. There is no fee for services (with the possible exception of mental health counseling). If a youth lives in an outlying county or if transportation is an issue, remote "on-site" assessments are available and transportation will be provided to the shelter.
	Grace Health Behavioral Health School-Based Services	Battle Creek / Homer	(269) 965-8866	www.gracehealthmi.org/school-based-health-services/	181 W. Emmett Street, Battle Creek, MI 49037	Grace Health provides behavioral health services to help manage challenges and guide healthy, productive solutions. Services include assessment, guidance and treatment due to stress or other problems affecting the quality of the student's emotional and mental health. Behavioral Health Services are available at Pennfield Schools - Dunlap Elementary and North Pennfield Elementary, Battle Creek Purdy Elementary and Homer Lillian Fletcher Elementary - (517) 568-5651.
	Substance Abuse and Mental Health Services Administration (SAMHSA) National Mental Health	Battle Creek	877-SAMHSA-7 (877-726-4727)	www.samhsa.gov/	5600 Fishers Lane, Rockville, MD 20857	SAMHSA works toward the prevention, treatment, and recovery support services for behavioral health in the community. The services offered work to improve our health and minimize costs to individuals, families, businesses, and governments.

	Information Center					
	HelpNet (Bronson)	Battle Creek	(800) 969-6162.	www.helpneteap.com/about-us.html	36 W. Manchester St., Battle Creek, MI 49017	HelpNet provides a fully integrated continuum of behavioral health services that includes traditional Employee Assistance with a wealth of Work-Life programs. HelpNet provides employee and management solutions to enhance employee performance and productivity.
	Starr Commonwealth	Albion	(800) 225-7529	www.starr.org/	13725 Starr Commonwealth Rd., Albion, MI 49224	Starr's community-based programs, residential treatment services, educational services and professional training represent the international standard of excellence in identifying, treating and healing trauma and pain-based behavior and building resiliency in children and adolescents.
	Summit Pointe - Intensive Crisis Stabilization Team	Battle Creek	(269) 441-5945	www.micalhoun.org/content/sites/calhoun/Summit_Pointe/Intensive_CrisisE.pdf	140 W. Michigan Ave., Battle Creek, MI 49017	The Summit Pointe ICS Team provides mobile crisis stabilization services to all children/youth who reside in Calhoun County. Who is eligible for these crisis services? Any youth between the ages of 0-21 with a severe emotional disturbance or intellectual/developmental disability diagnosis, including autism. The team's main focus is to assess the crisis, utilize de-escalation techniques, and utilize the person-centered planning process to ensure family driven and youth-guided planning and to help determine long-term care.

	Summit Pointe Autism Center	Battle Creek	(269) 441-2700	www.summitpointe.org/autism-center/	140 W. Michigan Ave., Battle Creek, MI 49017	The Summit Pointe Autism Center is a comprehensive program for children diagnosed with Autism. We offer diagnostic screenings for Autism and treatment in the forms of behavior therapy (applied behavior analysis or ABA), social skills training, and family training. And provide referrals for speech therapy, occupational therapy, and physical therapy. Treatment plans are individually developed to meet the unique needs of each child and build on the child's strength.
Addiction and Substance Abuse						
	The Haven of Rest Ministries / Women's Life Recovery Program	Battle Creek	(269) 441-1701	www.thehavenbc.org/womensliferecovery.html	11 Green St., Battle Creek, MI 49014	The women's Life Recovery Program is a nine to twelve (9-12) month program designed to help women, with or without children, overcome their addictions, while identifying self-defeating behaviors and maximizing their potential to live and work in the community.
	Southwest Michigan Behavioral Health	Battle Creek	(800) 676-0423	www.swmbh.org/		Provides a range of community mental health services, including substance abuse treatment, benefits management, and mental health therapy.
	Summit Pointe	Battle Creek	(269) 966-1460	www.summitpointe.org/#	140 W. Michigan Ave., Battle Creek, MI 49017	Offers a full range of addiction and mental health services and substance abuse services for all ages. OPEN 24 HOURS A DAY / 7 DAYS A WEEK.
	Substance Abuse Council	Battle Creek	(269) 966-7580	www.drugfreebc.org/	190 E. Michigan Ave., Battle Creek MI 49014	Achieving greater community health through the prevention and reduction of substance abuse.
	Substance Abuse Prevention Services	Albion	(517) 629-2113	www.sapsalbion.org/	600 E. Michigan Ave., Albion, MI 49224	Substance Abuse Prevention Services of Michigan is committed to: the full participation of people in health decision making, the availability of high quality preventive and primary care services to support the health of people at every stage of life, community-wide collaboration to draw on organizational, financial and human resources to improve health, community wide access to appropriate health services, and cost effective use of all community resources.

	Families Against Narcotics (FAN)	Calhoun County	(269) 832-4945	www.calhoun@familiesagainstnarcotics.org	Group meets at local restaurant.	The goal of FAN is to remove the stigma associated with addiction through education and to inform the community of the growing problem of prescription painkiller abuse among all ages, and the increase use of heroin by our young people.
	Calhoun County - Free Naloxone (Narcan) Training and Kits	Battle Creek	(269) 580-8290	www.calhouncounty.mi.gov/government/health_department/contact_us/	Toeller Building, 190 E. Michigan Ave., Battle Creek, MI 49014	Free Naloxone (Narcan) training and kits are given to those who go to the clinic for services.
	Calhoun County - Free Naloxone (Narcan) Training and Kits	Albion	(517) 629-9434	www.calhouncounty.mi.gov/government/health_department/contact_us/	214 E. Michigan Ave., Albion, MI 49224	Free Naloxone (Narcan) training and kits are given to those who go to the clinic for services.
	Pine Creek Indian Reservation	Fulton	(269) 704-8420	www.nhbpi.org/	1474 Mno-Bmadzewen Way Fulton, MI 49052	Recovery for members and descendants only of Nottawaseppi Huron Band of the Potawatomi (NHBP) Tribe only.
	The Counseling Center at Family & Children Services	Battle Creek	(269) 965-3247	www.fcsource.org/counseling/index.html	778 W. Columbia Ave., Battle Creek, MI	Substance abuse treatment.
	Substance Abuse Council	Battle Creek	(269) 966-7580	www.drugfreebc.org/	190 E. Michigan Ave., Battle Creek MI 49014	Education presentations, Prime for Life program, school-based interventions, substance abuse task forces and committees, screenings for referral to treatment.
	Calhoun County	Battle Creek	(269) 580-8290	www.calhouncounty.mi.gov/government/health_department/	Toeller Building, 190 E. Michigan Ave., Battle Creek, MI 49014	Free Naloxone (Narcan) training and kits are given to those who go to the clinic for services.
	KPEP	Battle Creek	(269) 963-2085	www.kpep.com/	203 Brigden Dr., Battle Creek, MI 49014	Outpatient and intensive outpatient treatment. Court ordered only.

	The Counseling Center at Family & Children Services	Battle Creek	(269) 965-3247	www.fcsource.org/counseling/	778 W. Columbia Ave., Battle Creek, MI	This program works with students identified by schools and parents as struggling with non-academic issues, ranging from: ADHD, anger management, anxiety, blended family issues, divorce, depression, grief and loss and school-related problems. We also offer children's specialty trauma services by therapists trained at The Children's Trauma Assessment Center.
	The Haven of Rest Ministries / Men's Life Recovery Program	Battle Creek	(269)788-0979 or (269)788-0961	www.thehavenbc.org/mensliferecovery.html	11 Green St., Battle Creek, MI 49014	The Life Recovery Program is a twelve (12) month, three-stage program designed to help homeless men overcome their addictions while identifying self-defeating behaviors and maximizing their potential to live and work in the community.
	Battle Creek Narcotics Anonymous	Battle Creek	Help Line (800) 230-4085	www.michigan-na.org/		We are a statewide committee of recovering addicts comprised of addicts from within both Regions of the state of Michigan volunteering time to help carry the message of Narcotics Anonymous primarily throughout the state of Michigan. We are dedicated to helping people to overcome the problems of addiction by providing a statewide website to help recovering addicts find our meetings and local NA functions in their communities.
	Spiritual Care Consultants	Hastings	(269) 929-2901	www.spiritualcareconsultants.com/	1375 W. Green St., Suite #1, Hastings, MI 49058	Accept Medicaid and uninsured.
Sexual Assault and Domestic Violence						
	Michigan Sexual Assault Hotline	Michigan	855-VOICES-4	www.michigan.gov/voicess4		24/7 free information and resources that are confidential, and anonymous. Resources are available everyday, anytime. Offer health options, legal options and help for survivors.
	S.A.F.E. Place 24-Hour Crisis Hotline	Battle Creek	Crisis Phone: (269) 965-7233 / 24-Hour Helpline (888) 664-9832	www.safeplaceshelter.org/	P.O. Box 199, Battle Creek, MI 49016	Secure, family environment offering shelter, legal advocacy, children's advocate, and counseling.
	Inasmuch House/Haven of Rest	Battle Creek	(269)788-0968 or (269)788-0971	www.thehavenbc.org/inasmuch.html		Shelter for single women and children.

	Sexual Assault Services	Calhoun County	Crisis Line (888) 383-2192 or (269) 245-3925	www.bronsonhealth.com/locations/sexual-assault-services-of-calhoun-county/	36 Manchester St. W., Battle Creek, MI 49037	24-hour crisis line, Sexual assault Nurse Examiners (SANE), victim and survivor advocacy, children's advocacy, counseling services, animal assisted therapy, and educational presentations.
	Summit Pointe 24-Hour Crisis Line	Battle Creek	(800) 632-5449	www.summitpointe.org/crisis/	140 W. Michigan Ave., Battle Creek, MI 49017	A team of trained mental health professionals are available to talk.
Exercise, Nutrition & Weight						
	Battle Creek Parks and Recreation - Full Blast Recreation Facility	Battle Creek	(269) 966-3667	www.mi-battlecreekparksandrec.civicplus.com/181/Full-Blast	35 Hamblin Ave. Battle Creek, MI 49017	The Full Blast Recreation Center is an 88,000 square foot, multi-purpose recreation facility featuring a full service fitness center, locker rooms, indoor walking track, three large gymnasiums, batting cages, and multi-purpose space.
	Battle Creek YMCA		(269) 963-9622	www.ymcabattlecreek.org/	182 Capital Ave. NE, Battle Creek, MI 49017	Center has a gym, pools, and a large assortment of fitness equipment and exercise facilities, from team sports and indoor courts and 70+ exercise stations, is located on the bus line. The Battle Creek Y also provides services including adult literacy and pre-school child care to cancer screening and youth leagues.
	New Level Sports Ministries	Battle Creek	(269) 964-4172	www.newlevelsports.org/	400 Michigan Ave. W., Battle Creek, MI 49037	New Level Sports Ministries is a non-profit student athlete support service, for ages 1 – 18. Our mission is to maximize and balance the intellectual, spiritual, mental and physical elements of all participating student-athletes.
	Senior Health Partners	Battle Creek and Albion	(269) 441-0948	www.seniorhealthpartners.com/	200 W. Michigan Ave., Battle Creek, MI 49017	Free nurse-supported exercise and fitness programs, free monthly support groups. Services for older adults including decline in memory, educational programs and services including Aging Well Series where physicians and health professionals teach on a variety of topics. Also includes fall prevention classes, chronic disease support (chronic pain, cancer, diabetes, and more.) Health eating programs and more.
	Forks Senior Center	Albion	(517) 629-3842	www.forksseniorcenter.org/	101 N. Albion St., Albion, MI 49224	A wide range of services for seniors including health & wellness, health management, disease coaching, Medicaid and Medicare assistance, senior nutrition, caregiver services, and more. Most services are offered free of charge.

	Kool Family Community Center	Battle Creek	(269) 965-0000	www.thekoolcenter.org/	200 W. Michigan Ave., Battle Creek, MI 49017	KFCC provides low-cost, high quality facility meeting rooms for guest lecturers, conferences and other community functions. We are a community gathering place by providing access to physical fitness equipment and programs, pool and card tables as well as other social programs in a clean and safe environment. We also offer long-term tenant space to select healthcare and community partners with a vision toward coordinating care to help seniors become responsible and self-sufficient.
	Heritage Commons Senior Enrichment Center	Marshall	(269) 558-6150	www.choosemarshall.com/business/heritage-commons-senior-enrichment-center/	13444 Preston Dr., Marshall, MI 49068	A focal point for older adults to access health, wellness, educational, and social programs and services.
	Oaklawn Life Improvement Center	Marshall	(269) 441-0948		136 W. 15 Mile Rd., Marshall, MI	Fee-based personal training, land and water fitness classes and personalized support and access to exercise equipment for beginners to expert.
	Lighthouse of Athens	Athens	(269) 729-4100	www.lighthousefuneral.com/	310 S. Capital Ave., Athens, MI 49011	Exercise Class and Congregate Meal: Weekly exercise class from 10-11:00 a.m. on Thursdays, followed by a congregate meal luncheon at 11:15 a.m. Health screenings are a part of participation in the exercise class as well. Also provide a six-week grief recovery support group that runs periodically at our Athens event center. The next session will run on Tuesdays from 10 a.m. - 12 p.m. from April 9, 2019 - May 14, 2019. The class is free. Please call to sign up.
Chronic Disease						
	Oaklawn Diabetes Self-Management Educational Program	Marshall	(269) 789-8972	www.oaklawnhospital.org/services/certified-diabetic-educators/	20 N. Madison Ave., Marshall, MI	Fees determined by what services are needed and insurance.
	Oaklawn Physical Rehabilitation Center - Albion	Albion	(517) 629-2134	www.oaklawnhospital.org/locations/oaklawn-physical-rehabilitation-albion/	300 B Drive North, Albion, MI 49224	Offers wide variety of physical rehabilitation and physical therapy services. Must be referred by physician.

	Senior Health Partners	Battle Creek and Albion	(269) 441-0948	www.seniorhealthpartners.com/	200 W. Michigan Ave., Battle Creek, MI 49017	Free nurse-supported exercise and fitness programs, free monthly support groups. Services for older adults including decline in memory, educational programs and services including Aging Well Series where physicians and health professionals teach on a variety of topics. Also includes fall prevention classes, chronic disease support (chronic pain, cancer, diabetes, and more.) Health eating programs and more.
Oral Health						
	Grace Health Dental	Battle Creek	(269) 965-8866	www.gracehealthmi.org/dental/	181 W. Emmett St., Battle Creek, MI 49037	Grace Health accepts children and adults with Medicaid insurance. The dental departments, in both Battle Creek and Albion, offer everything from cleaning to complex restorations with the use of nitrous oxide gas, which eases anxiety for some patients. Also can provide exams, cleanings, x-rays, fillings, crowns, root canals, complete and partial dentures, periodontal treatment as well as oral surgery procedures. Also for those who reside in Calhoun County, over age 60, with limited income and no dental insurance, you may qualify for dental care under senior millage funding.
	Grace Health Portable Dentistry	Battle Creek	Portable Dentistry Coordinator (269) 966-2625	www.gracehealthmi.org/dental/		It is a unique dental service that we offer through the public school systems in Calhoun County. Portable Dentistry services are available for all children insured or uninsured, at no charge to the parent or guardian. During the appointment, a dental hygienist completes a dental screening, cleaning, fluoride treatment and sealants, if sealants are needed.
	Grace Health Dental	Albion	(517) 629-6540	www.gracehealthmi.org/dental/	115 Market Place, Albion, MI 49224	Grace Health accepts children and adults with Medicaid insurance. The dental departments, in both Battle Creek and Albion, offer everything from cleaning to complex restorations with the use of nitrous oxide gas, which eases anxiety for some patients. Also can provide exams, cleanings, x-rays, fillings, crowns, root canals, complete and partial dentures, periodontal treatment as well as oral surgery procedures. Also for those who reside in Calhoun County, over age 60, with limited income and no dental insurance, you may qualify for dental care under senior millage funding.

	Fountain Clinic	Marshall	(269) 781-0952	www.fountainclinic.org	111 N. Jefferson St., Suite 1, Marshall, MI 49068	Clinic provides dental services to uninsured and underinsured adults whose yearly income is below 250% of the federal poverty guidelines. Services include \$5 cleanings and screenings and some extractions and fillings for a \$25 charge per tooth if eligible. Dentures, extractions, fillings, and other dental services are available to low-income seniors 60+ who meet Calhoun County Senior Millage guidelines.
	Kellogg Community College Dental Hygiene Clinic	Battle Creek	(269) 565-2008	www.kellogg.edu/community/dental-clinic	450 N. Avenue, Battle Creek, MI 49017	Oral health services are provided by dental hygiene students at reasonable rates including adult dental cleanings, x-rays, sealants, athletic mouth protectors, and custom fluoride trays. A one-time registration fee is required in addition to the reasonable fee-for-service rates.
	My Community Dental Centers (MCDC)	Battle Creek	(269) 924-3002	www.mydental.org/dental-services/	3566 Capital SW, Ste. 102, Battle Creek, MI 49015	Provide high-quality dental care to low-income families and people who are uninsured or underinsured. Michigan Medicaid accepted.
	Southwest Michigan Rehab Foundation	Battle Creek	(269) 288-8687	www.swmrf.org/purpose.htm	P.O. BOX 2050, Battle Creek, MI 49016	Provide resources for root canals. Must apply for qualification.
	Michigan Department of Community Health (Dental for HIV)	Michigan	(844) 648-3384 (toll-free)	www.michigan.gov/mdhhs/0,5885,7-339-71550_2955_2982_46000_46001---,00.html	Attn: Oral Health Program, Bureau of Family Health Services, Division of Child and Adolescent Health, Michigan Department of Health and Human Services, 109 Michigan Ave., 5th Floor, Lansing, MI 48913	Michigan Dental Program (a program for HIV+ persons only). The Michigan Dental Program (MDP) covers dental care for persons living with HIV/AIDS who qualify for the program. To find out who is eligible, what the program covers, and how to apply, visit www.michigan.gov/mdch/0,4612,7-132-2940_2955_2982_46000_46001-45691--,00.html .
Disabilities						

	Community Inclusive Recreation, Inc. / DeafLINK	Battle Creek	(269) 968-8249	www.cirfun.com/	331 Jackson St., W., Battle Creek, MI 49037	“An inclusive community means that everyone belongs.” CIR provides social, recreational, arts, volunteer, and peer leadership activities for youth and adults of all abilities in Calhoun County. They enable people to have fun, learn, grow, and realize their dreams – together. Also includes access to DeafLINK and interpreter resources.
	Disability Network	Battle Creek	(269) 345-1516	www.dnswm.org/		The network educates and connects people with disabilities to resources while advocating social change.
	The Arc of Calhoun County	506 Riverside Dr, Battle Creek, MI 49015	(269) 966-2575	www.thearcocalhoun.org/	506 Riverside Dr., Battle Creek, MI 49015	The ARC helps children and adults with significant disabilities, and their families, to be actively participate in their community through programs, education and personalized assistance.
	Michigan Rehabilitation Services	Lansing	(517) 241-5324 (800) 605-6722 TTY Line: (888) 605-6722	www.michigan.gov/mdhhs/0,5885,7-339-73971_25392_71015---,00.html	Executive Office Lewis Cass Building - 1N 320 S. Walnut P.O. Box 30010 Lansing, MI 48909	Michigan Rehabilitation Services (MRS) provides specialized employment and education-related services and training to assist teens and adults with disabilities in becoming employed or retaining employment. In addition, MRS partners and collaborates with the State Department of Education, local school systems, Michigan Career and Technical Institute (MCTI), community colleges, four-year colleges, and universities to develop statewide school-to-work, postsecondary, and adult life programs to help students with disabilities succeed in secondary and postsecondary education and transition to employment.
	Summit Pointe Autism Center	Battle Creek	(269) 441-2700	www.summitpointe.org/autism-center/	140 W. Michigan Ave., Battle Creek, MI 49017	The Summit Pointe Autism Center is a comprehensive program for children diagnosed with Autism. We offer diagnostic screenings for Autism and treatment in the forms of behavior therapy (applied behavior analysis or ABA), social skills training, and family training. And provide referrals for speech therapy, occupational therapy, and physical therapy. Treatment plans are individually developed to meet the unique needs of each child and build on the child’s strength.
Maternal, Fetal & Infant Health						

	Alternatives Battle Creek	Battle Creek	(269) 288-2890	www.alternativescc.org/	1346 W. Columbia Ave., Ste. 106, Battle Creek, MI 49015	Pregnancy services, clothing and supplies for families, healing services, STI & HIV screening.
	Bronson BirthPlace - Battle Creek	Battle Creek	(269) 245-4800	www.bronsonhealth.com/locations/locations-profile/bronson-birth-place-battle-creek/?utm_source=local&utm_medium=organic&utm_campaign=gmb	300 North Ave., Battle Creek, MI 49017	Provides highly trained providers, specialists and a wide-range of special services for maternity care for mom and baby. Has the area's only Neonatal Intensive Care Unit.
	Calhoun County	Battle Creek	(269) 969-6363	www.calhouncounty.mi.gov/government/health_department/contact_us/	Toeller Building, 190 E. Michigan Ave., Battle Creek, MI 49014	Provides HIV and Sexually Transmitted Disease testing, immunizations, pregnancy testing and WIC. Can help sign up or SNAP benefits.
	Calhoun County	Albion	(517) 629-9434	www.calhouncounty.mi.gov/government/health_department/contact_us/	214 E. Michigan Ave., Albion, MI 49224	Provides HIV and Sexually Transmitted Disease testing, immunizations, pregnancy testing and WIC. Can help sign up or SNAP benefits.
	Calhoun County	Marshall	(269) 781-0909	www.calhouncounty.mi.gov/government/health_department/contact_us/	Marshall County Building, 315 W. Green St., Suite 1-600, Marshall, MI 49068	WIC only.
	Calhoun County - Children's Special Health Care Services	Battle Creek	(269) 969-6390	www.calhouncounty.mi.gov/government/health_department/contact_us/	Toeller Building, 190 E. Michigan Ave., Battle Creek, MI 49014	Provide assistance with medical bills for children 19 years and younger who have certain medical conditions requiring specialty health services, especially chronic conditions. Contact for qualifications.
	Grace Health Prenatal and Pediatric care	Battle Creek	(269) 441-3443	www.gracehealthmi.org	181 Emmett St., W., Battle Creek, MI 49037	We offer a full range of women's health and wellness services including obstetrics, gynecology, breast and cervical health, mammography, managing menopause, preconception counseling and infertility. Grace Health Pediatrics emphasize growth and development of infants, children and teens.
	Oaklawn Birth Center & Childhood Education	Marshall	(269) 789-3929	www.oaklawnhospital.org/services/birth-center/	200 North Madison Marshall, MI, 49068	Oaklawn Hospital provides private birthing suites, obstetric care, prenatal loss support, delivery, and postpartum support. Childbirth, sibling and breastfeeding classes available for a fee. Typically covered by Medicaid.

	Oaklawn Medical Group	Albion	(517) 629-2134	www.oaklawnhospital.org	300 B Drive North, Albion, MI 49224	Provide prenatal and pediatric care.
	Summit Pointe Autism Center	Battle Creek	(269) 441-2700	www.summitpointe.org/autism/	100 Country Pine Ln., Battle Creek, MI 49015	For families dealing with autism.
	Inasmuch House	Battle Creek	(269) 660-2945	www.thehavenbc.org/inasmuch.html	27 Green St., Battle Creek, MI 49014	Inasmuch House provides emergency food and shelter to single women and children. The Inasmuch House provides services to families and now provides shelter to two parent families as well. Inasmuch House is a temporary emergency shelter with stays up to 30-60 days. Advocacy, life-skills and empowerment classes, support groups, case management and referrals to social service agencies are available to residents through qualified shelter staff.
	Calhoun Great Start Collaborative and Parent Coalition	Battle Creek	(269) 660-1606	www.calhounisd.org/departments/early-childhood-services/	475 E Roosevelt Ave., Battle Creek, MI 49017	Early Childhood Services provides support and services to children (prenatal to age 5) and their families in an effort to ensure school readiness for children residing in the Calhoun ISD service area.
	Early Head Start Expectant Mother Program	Battle Creek	(877) 422-2726	www.caascm.org	175 Main St., Battle Creek, MI 49014	This program is for expectant mothers providing home visits for parent support and assistance. Program requires eligibility.
	Maajtaag Mnobmaadzid (NHBP Indian Reservation)	Fulton, Michigan	(269) 729-4422	www.nhbpi.org/	1474 Mno-Bmadzewen Way Fulton, MI 49052	This is a Healthy Start, home visiting program. Participants must be Native American from a federally recognized tribe and/or their descendant(s). A registered nurse provides support for pregnant women throughout their pregnancy and the infant's first five years of life.
	Parent Infant Program (PIP)	Battle Creek	(269) 965-3247	www.fcsource.org	778 W. Columbia, Battle Creek, MI 49015	PIP is an intense home-based treatment service for families in which either the parent or the child is struggling with mental health issues. PIP offers therapy from pregnancy through age 3 for Medicaid patients. Program requires eligibility.

	Toddler Infant Parent Program (TIPP)	Calhoun County	(269) 532-0827	www.samaritas.org/Family-Connections/Family-Preservation-Programs/Behavioral-Health	181 North Ave., Battle Creek, MI 49017	Samaritas Infant Mental Health clinicians work with pregnant and parenting families up to the 4th birthday to assist in overcoming mental health barriers and enhance the bond and relationship between parent and child.
	Born To Be	Calhoun County / Michigan	(269) 965-8866	www.borntoBehealthy.org	181 W. Emmett St, Battle Creek, MI 49037	This is a strategic initiative that brings together all health and human service agencies to improve the way care is provided to women of childbearing age, pregnant women, and infants.
	Calhoun County - Women, Infants and Children (WIC)	Albion, Battle Creek, Marshall	(269) 969-6860	www.calhouncountymi.gov	190 E. Michigan Ave., Battle Creek	WIC is a supplemental nutrition program for women, infants and children. Breastfeeding support is available. Program requires eligibility.
	Calhoun County - Nurse-Family Partnership (NFP)	Albion and Battle Creek	(269) 969-6392	www.nursefamilypartnership.org	190 E. Michigan Ave., Battle Creek, MI	NFP is a program for women who are having their first baby. If you enroll, a registered nurse will visit you in your home throughout pregnancy and continue to visit until your baby is 2 years old. Program requires eligibility.
	Twenty Hands	Kalamazoo	(269) 459-8091	www.twentyhands.weebly.com/	charts20hands@gmail.com	Maternal Infant Health Program that serves low income pregnant women and infants up to age one. Twenty Hands is a home visitation program funded by Medicaid benefits.
	Cradle Connections	Albion	(517) 465-7200		600 E. Michigan Ave., Albion, MI 49224	Cradle Connections provides pregnant women and parents of infants a Maternal Infant Health Program (MIHP) support service for healthy pregnancies & babies.
	Silver Lining Family Services	St. Joe	(269) 408-0222	www.ehealthscores.com/providers/izd-lqwsqfltg/SILVER-LINING-FAMILY-SERVICES-LLC.html	4615 Lauren Ln., Saint Joseph, MI 49085	MIHP home visiting services. Serves Spanish-speaking families.
	Garden of Dreams Community Preschool and Day Care	Battle Creek	(269) 788-0081	www.gardenofdreamspreschool.org	145 Capital Ave., NE, Battle Creek, MI 49017	Accept ages 6-12 years old.
	Paws & Stripes Learning Center	Battle Creek	(269) 282-0847	www.youngchildassociates.com	711 Riverside Dr., Battle Creek, MI 49015	Accept ages 6 weeks to 6 years old.

	Presbyterian Center for Children	Marshall	(269) 781-5162	www.fpcmarshall.org	200 W. Mansion St., Marshall, MI 49068	Accept 6 weeks to 12 years old.
	Stars and Stripes Learning Station	Battle Creek	(269) 963-5598	www.youngchildassociates.com	100 N. Washington, Battle Creek, MI 49037	Accept 6 weeks to 12 years old.
	Take-A-Break Child Care Center	Battle Creek	(269) 660-0449	www.takeabreak.fecfamily.com	415 S. 28th St., Battle Creek, MI 49015	Accept birth to 14 years old.
Cancer						
	American Cancer Society Resource Center at Bronson Battle Creek Cancer Care Center	Battle Creek	(269) 245-8660	www.bronsonhealth.com/locations/locations-profile/?id=9	300 North Ave., Battle Creek, MI 49017	For patients and families who have family members who have been diagnosed with cancer, find support during this difficult time at Bronson Battle Creek Hospital, who has partnered with the American Cancer Society (ACS).
Family Planning / Sexual Health						
	Calhoun County	Battle Creek	(269) 969-6370	www.calhouncountymi.gov/government/health_department/contact_us/	Toeller Building, 190 E. Michigan Ave., Battle Creek, MI 49014	Free STI / HIV testing is available.
	Calhoun County	Albion	(517) 629-9434	www.calhouncountymi.gov/government/health_department/contact_us/	214 E. Michigan Ave., Albion, MI 49224	Free STI / HIV testing is available.
	Alternatives Battle Creek	Battle Creek	(269) 288-2890	www.alternativescc.org/	1346 W. Columbia Ave., Ste. 106, Battle Creek, MI 49015	Free STI / HIV testing is available.
Economy						
	Charitable Union	Battle Creek				Provide adults in the work-world with steel-toed work shoes, business suits and attire, scrubs, and hospitality uniforms

Goodwill Industries of Central Michigan's Heartland	Battle Creek	(269) 788-6500	www.goodwillcmh.org/	4820 Wayne Rd., Battle Creek, MI 49037	Provide workforce development programs including financial coaching, youth programming, transportation program, job or career advancement training, free income tax preparation.
Kellogg Community College KAMA	Battle Creek	269-565-2828	www.kellogg.edu/business-industry/workforcesolutions/work/	450 North Ave., Battle Creek, MI 49017	KCC Advanced Manufacturing Assembly Training (KAMA) prepares the workforce of today and tomorrow for in-demand careers in production assembly and technology. We do this using certification-based training focused on industry-recognized credentials. The KAMA program involves a hands-on lab that applies personal and team based skill-sets and production concepts in lean manufacturing, continuous improvement, process compliance, and quality.
Michigan Rehabilitation Services	Lansing	(517) 241-5324 (800) 605-6722 TTY Line: (888) 605-6722	www.michigan.gov/mdhhs/0,5885,7-339-73971_25392_71015---,00.html	Executive Office Lewis Cass Building - 1N 320 S. Walnut P.O. Box 30010 Lansing, MI 48909	Michigan Rehabilitation Services (MRS) provides specialized employment and education-related services and training to assist teens and adults with disabilities in becoming employed or retaining employment. In addition, MRS partners and collaborates with the State Department of Education, local school systems, Michigan Career and Technical Institute (MCTI), community colleges, four-year colleges, and universities to develop statewide school-to-work, postsecondary, and adult life programs to help students with disabilities succeed in secondary and postsecondary education and transition to employment.
MI Works! Southwest	Battle Creek	(269) 660-1412	www.michiganworkssouthwest.org/	200 W. Van Buren St., Battle Creek, MI 49017	MI Works! Provides a broad range of services including training and workshops to connect job seekers, employers, training partners and educators. Work to address many employment barriers that may exist.
MI Works! Neighborhood Employment Hubs - Parkway Manor	Battle Creek	(269) 986-5611	www.michiganworkssouthwest.org/other-services/employment-hubs/	380 Truth Dr., Battle Creek, MI 49037	Several HUBs are centrally located in local neighborhoods with Employment Specialists dedicated to providing the guidance and support you need as you work towards your professional goals. Customized employment services may include community service, job placement, employability skills building, or training opportunities.

	MI Works! Neighborhood Employment Hubs - Community Action	Battle Creek	(269) 441-1313	www.michiganworkssouthwest.org/other-services/employment-hubs/	169 Main St., Battle Creek, MI 49014	Several HUBs are centrally located in local neighborhoods with Employment Specialists dedicated to providing the guidance and support you need as you work towards your professional goals. Customized employment services may include community service, job placement, employability skills building, or training opportunities.
	MI Works! Neighborhood Employment Hubs - New Level Sports Ministries	Battle Creek	(269) 986-5611	www.michiganworkssouthwest.org/other-services/employment-hubs/	400 W. Michigan Ave., Battle Creek, MI 49037	Several HUBs are centrally located in local neighborhoods with Employment Specialists dedicated to providing the guidance and support you need as you work towards your professional goals. Customized employment services may include community service, job placement, employability skills building, or training opportunities.
	MI Works! Southwest - Albion P.A.T.H. Office	Albion	(517) 629-9477	www.michiganworkssouthwest.org/	101 South Superior St., Albion, MI 49224	MI Works! connects job seekers, employers, training partners and educators.
	Women's Co- op	Battle Creek	(269) 966-8988	www.womanscoop.org/programs/	2055 E. Columbia Ave., Battle Creek, MI 49014	Woman's Co-op places special emphasis on education, and facilitates a variety of learning opportunities: including GED and HiSET preparation and testing fees, specialized training, Kellogg Community College Certificate Programs, tuition assistance for books and general classes, onsite training: Front line services and janitorial.
	Volunteers of America	Battle Creek	(269) 509-8387 or (269) 205-8984	www.voami.org/		Resume building, interview skills, transportation assistance and networking to obtain employment.
Education						
	Battle Creek Public Schools Adult Education	Battle Creek	(269) 965-9671	www.battlecreekpublicschools.org/adulted/	77 Capital Ave. N.E., Battle Creek, MI. 49017	Free GED, Adult Basic Education, and English Second Language classes.
Public Safety						
	Battle Creek Police Department	Battle Creek	(269) 966-3322	www.battlecreekmi.gov/261/Records-Division	34 Division St. N., Battle Creek, MI 49014	
	Calhoun County Consolidated Dispatch	Marshall	(269) 781-0911	www.calhouncounty911.org/contactus.html	315 W. Green St., Marshall, MI 49068	

	Homer Public Safety	Homer	(517) 568-4312	www.homermichigan.org/village-government/	130 E. Main St., Homer, MI 49245	
	Athens Emergency Preparedness	Athens	(269) 729-4220	www.athensarea.org/	129 E. Burr Oak St, Athens, MI 49011	
	Federal Emergency Management Agency	Battle Creek	(269) 961-7749	www.fema.gov/	74 N. Washington Ave, Battle Creek, MI 49037	Provides access to disaster help and resources.
	Calhoun County Sheriff	Calhoun County	(269) 969-6450	www.calhouncountymi.gov/government/sheriff/	161 Michigan Ave., Battle Creek, MI 49014	
Technology						
	MiCalhoun website	Calhoun County		www.micalhoun.org/		The MiCalhoun website is intended to help community members and policy makers learn about the health of our community. It provides local community data, resources, best practices, news articles and information about community events. The site provides balanced information on a broad range of topics affecting the health of our community and highlights the assets in our community.
Age & Gender Disparities						
	BC Pride	Battle Creek		www.battlecreekpride.org/		The mission of Battle Creek Pride is to promote cooperative efforts for social activities, to support non-political causes of importance to LGBTQ+ people and to promote the general well-being of the LGBTQ+ Community.
Child Health						
	Calhoun County - Children's Special Health Care Services	Battle Creek	(269) 969-6390	www.calhouncountymi.gov/government/health_department/contact_us/	Toeller Building, 190 E. Michigan Ave., Battle Creek, MI 49014	Provides help for children with special health care needs including paying medical bills for children 19 years and younger who have certain medical conditions, finding specialty services, coordination of services, and help with language and cultural barriers.

	Grace Health Prenatal and Pediatric care	Battle Creek	(269) 441-3443	www.gracehealthmi.org	181 Emmett St., W., Battle Creek, MI 49037	Pediatric Services at Grace Health works with children from infancy through the teen years. Services emphasize the importance of immunizations and well child care. Additional services include information on lead poisoning, an “Infant Safe Sleep” environment and the national Reach Out and Read program – all play a vital role in our pediatric department’s goal to help raise healthy children.
Older Adults & Senior Services						
	Guardian Financial Advocacy Services	Battle Creek	(269) 963-3253	www.yourguardian.org/	693 Capital Ave., SW, Unit #3, Battle Creek, MI 49015	“Safeguarding At-Risk Adults,” Guardian helps seniors keep their bills organized, avoid financial mistakes, manages disabled clients’ Social Security income, and serves in court appointed roles of guardian and conservator. They also manage trusts and hold power of attorney for clients.
	Region 3B Area Agency on Aging CareWell Services Southwest	Battle Creek	(269) 966-2450	www.region3b.org/	200 W. Michigan Ave., Suite 102, Battle Creek, MI 49017	Health Access Hub, Care Management, Medicaid/Medicare Assistance. Also includes a Mobile Kiosk that will visit remote areas, the library, and other popular gathering sites that draw seniors.
	Calhoun County	Calhoun County	(269) 781-0846	www.calhouncountymi.gov/government/senior_services/senior_millage_funded_services/	315 W. Green St., Marshall, MI 49068	A wide range of services for seniors are available to seniors. Most services are offered free of charge.
	Senior Care Partners P.A.C.E.	Battle Creek	Toll-free: (877) 284-4071 General: (269) 441-9300	www.seniorcarepartnersmi.org/#	200 W. Michigan Ave., Suite 103 Battle Creek, MI 49017	Senior Care Partners P.A.C.E provides a wide range of services including primary care physician for participants, responsible for all care, referrals, medication management, physical therapy, and other care all the way through end of life and hospice as necessary.
	Community Action	Battle Creek	(269) 965-7766	www.caascm.org/	175 Main St., Battle Creek, MI 49014	The Commodity Supplemental Food Program provides seniors 60 years of age and older with nutritious food. Food is distributed in Calhoun County and should provide 12-15 days of complete, balanced meals. The Home Delivered Meals program provides homebound seniors with hot, nutritious meals Monday through Friday.

Battle Creek Meals on Wheels	Battle Creek	(269) 441-9540		200 W Michigan Ave., Battle Creek, MI 49017	
Marshall Mobile Meals	Marshall	(517) 554-1459	www.facebook.com/MarshallMobileMeals/	1311 Verona Rd. Marshall, MI 49068	Elderly and handicapped Marshall residents receive home delivered meals, prepared by Oaklawn Hospital Dietary Department. Volunteers deliver these meals and residents pay if able. However, currently only one-third of those receiving meals are able to pay.
Meals on Wheels	Albion	(269) 382-0515 x 350 or 351	www.region3b.org/	200 W. Michigan Ave., Battle Creek, MI 49017	Provide Meals on Wheels service for seniors in Calhoun County. Can provide up to two meals per week, seven days a week.
Heritage Commons Senior Enrichment Center	Marshall	(269) 558-6150	www.choosemarshall.com/business/heritage-commons-senior-enrichment-center/	13444 Preston Dr. Marshall, MI 49068	A focal point for older adults to access health, wellness, educational, and social programs and services.
Forks Senior Center	Albion	(517) 629-3842	www.forksseniorcenter.org/	101 N. Albion St. Albion, MI 49224	A wide range of services for seniors including health & wellness, health management, disease coaching, Medicaid and Medicare assistance, senior nutrition, caregiver services, and more. Most services are offered free of charge.
Kool Family Community Center	Battle Creek	(269) 965-0000	www.thekoolcenter.org/	200 W. Michigan Ave., Battle Creek, MI 49017	KFCC provides low-cost, high quality facility meeting rooms for guest lecturers, conferences and other community functions. We are a community gathering place by providing access to physical fitness equipment and programs, pool and card tables as well as other social programs in a clean and safe environment. We also offer long-term tenant space to select healthcare and community partners with a vision toward coordinating care to help seniors become responsible and self-sufficient.

	Senior Health Partners	Battle Creek and Albion	(269) 441-0948	www.seniorhealthpartners.com/	200 W. Michigan Ave., Battle Creek, MI 49017	Free nurse-supported exercise and fitness programs, free monthly support groups. Services for older adults including decline in memory, educational programs and services including Aging Well Series where physicians and health professionals teach on a variety of topics. Also includes fall prevention classes, chronic disease support (chronic pain, cancer, diabetes, and more.) Health eating programs and more. Also provide Geriatric Evaluation and Management Services (GEM) a multi-disciplinary network delivering medical and behavioral health diagnostic services, rehabilitative assessment and therapy and community-based care for older adults experiencing decline in memory and other cognitive function.
	Lighthouse of Athens	Athens	(269) 729-4100	www.lighthousefuneral.com/	310 S. Capital Ave., Athens, MI 49011	Exercise Class and Congregate Meal: Weekly exercise class from 10-11:00 a.m. on Thursdays, followed by a congregate meal luncheon at 11:15 a.m. Health screenings are a part of participation in the exercise class as well. Also provide a six-week grief recovery support group that runs periodically at our Athens event center. The next session will run on Tuesdays from 10 a.m. - 12 p.m. from April 9, 2019 - May 14, 2019. The class is free. Please call to sign up.
	Marion Burch Adult Daycare Center	Battle Creek	(269) 962-1750		1150 Michigan Ave., Battle Creek, MI 49014	An adult day care that provides meals, activities, PT/OT and speech therapy. Transports individuals in Calhoun county to and from.
Respite Care						
	Bronson at Home	Battle Creek	(844) 241-4663	www.bronsonhealth.com/locations/bronson-at-home/	165 N. Washington Ave., Battle Creek, MI 49037	Bronson provides personalized care to help during illness, injury or recovery of all ages.
	Senior Health Partners	Battle Creek	(269) 441-0920	www.seniorhealthpartners.com/pages/13	200 W. Michigan Ave., Suite 102, Battle Creek, MI 49017	Short-term, occasional respite is offered, free of charge to those who qualify, to help caregivers take a break and do something for themselves. Respite care may take place either in or out of the home. Senior Health Partners contracts with licensed adult daycares, nursing homes and assisted living facilities for overnight respite and home health care agencies for in-the-home respite relief.

Teen & Adolescent Health						
	Calhoun County	Battle Creek, Albion	(269) 969-6370 / (517) 629-9434	www.calhouncounty.mi.gov/government/health_department/communicable_diseases/	Toeller Building, 190 E. Michigan Ave., Battle Creek, MI 49014	Provide condoms only.
	Calhoun County - Teen Outreach Program (TOP)	Battle Creek	(269) 969-6482.	www.calhouncounty.mi.gov/government/health_department/teen_outreach_program/	Toeller Building, 190 E. Michigan Ave., Battle Creek, MI 49014	TOP® is designed as an "Abstinence Plus" program, providing factual information about adolescent development. The message is that abstinence is the safest and most effective way to avoid disease, infections, and pregnancy.
	Planned Parenthood of Michigan / Project T.R.U.S.T.	Battle Creek	(269) 372-1200	www.womenofimpactbc.org/spotlight-on-project-trust/		Women of Impact provide this as a teen peer education program of Planned Parenthood (Teaching Responsibility and Understanding of Sexuality and Teen Development).
Communicable Diseases						
	Calhoun County	Battle Creek	(269) 969-6383	www.calhouncounty.mi.gov/government/health_department/communicable_diseases/	Toeller Building, 190 E. Michigan Ave., Battle Creek, MI 49014	Please contact call at 269-969-6383 to report or get more information about communicable diseases.
Basic Needs						
Major Food Systems						
	Community Action	Battle Creek	(877) 422-2726	www.caascm.org/	175 Main St., Battle Creek, MI 49014	The Commodity Supplement Food Program provides nutritious and emergency food assistance for seniors and households below 200% of the federal poverty level.
	Food Bank of South Central Michigan	Battle Creek	(269) 964-FOOD (3663)	www.foodbankofscm.org/	5451 Wayne Rd., Battle Creek, MI 49016-0408	Collect and distribute food and grocery products, advocating for hunger relief programs and collaborating with others who address basic human needs. Website has full list of food pantries in Battle Creek and other areas.

	Senior Services (Meals on Wheels and Congregate Meals)	Battle Creek, Albion	(269) 441-9540		200 W. Michigan Ave., Battle Creek, MI 49017	Provide Meals on Wheels service for seniors in Calhoun County. Can provide up to two meals per week, seven days a week.
	Albion Healthcare Alliance	Albion	(517) 629-6578	www.albionhca.org/	115 Market Place Albion, MI 49224	Contact Vicki Easterwood, Albion Healthcare Alliance, Community Navigator.
	Double Up Food Bucks	Michigan	(866) 586.2796	www.doubleupfoodbucks.org/		Double Up Food Bucks program doubles the value of federal Supplemental Nutrition Assistance Program (SNAP or food stamps) benefits spent at participating farmers markets and grocery stores, helping people bring home more fruits and vegetables, while also supporting local farmers.
	SNAP	Michigan	(855) 275-6424	www.mibridges.michigan.gov	190 E. Michigan Ave., Battle Creek, MI 49014	SNAP provides a monthly supplement for purchasing nutritious food. If you qualify, you'll get a debit card to use for groceries.
	Albion Farmers Market	Albion	(517) 629-3926	www.facebook.com/albionmifarmersmarket/?fref=nf	William R. Stoffer Plaza, 211 Market Place, Albion, MI 49224	Seasonal. Accept SNAP/EBT, WIC, and Double Up Bucks.
	Jolly Green Junction	Albion	(517) 629-6546	www.jollygreenjunction.net/	28069 C Drive N, Albion, MI 49224	Market for fresh, local, healthy foods.
	AIM	Albion	(517) 629-5260		114 W. Erie St., Albion, MI 49224	Food pantry.
	Crossroads Church	Marshall	(269) 781-9094	www.ccmonline.org/	14995 U.S. 27 N, Marshall, MI	Food pantry.
	New Hope Worship Center	Albion	(517) 629-9132	www.newhopealbion.com/	28900 B Drive N, Albion, MI 49224	Food pantry open last Saturday of the month. No restrictions.
	Salvation Army	Battle Creek	(269) 966-4162	wmibattlecreek@usc.salvationarmy.org	400 Capital Ave. NE, Battle Creek, MI 49017	Provide emergency food assistance.
	Marshall Area Community Services (MACS)	Marshall	(269) 781-2954	www.marshallareacommunityservices.org/	111 N. Jefferson St., Suite 1, Marshall, MI 49068	Provide emergency food assistance only for Marshall residents.
Congregate Meals						
	Salvation Army	Battle Creek	(269) 963-3640	wmibattlecreek@usc.salvationarmy.org	400 Capital Ave., NE, Battle Creek, MI 49017	Sally's Kitchen provides meals Monday - Saturday.

	Sunday Suppers - St. Philip High School	Battle Creek	(269) 968-6645	www.stphilipbc.org/events/sunday-suppers	310 Blackhawk Dr., Battle Creek, MI	Sunday's 4-5 p.m.
	Upton Avenue Original Church of God	Battle Creek	(269) 965-3401	www.facebook.com/pages/Upton-Avenue-Original-Church-of-God/120196417995928	270 Upton Ave., Battle Creek, MI	Tuesday 's 12 - 1:30 p.m.
	Share Center	Battle Creek	(269) 964-8133	www.summitpointe.org/	120 Grove St., Battle Creek, MI	Friday's 6 - 7 p.m. (Call for other meal times.)
	First Congregational Church	Battle Creek	(269) 425-8561	www.fccbc.org/	145 Capital Ave., NE, Battle Creek, MI 49017	God's Kitchen serves meals Monday's 5 - 7 p.m.
	Heritage Commons Senior Enrichment Center	Marshall	(269) 558-6150	www.choosemarshall.com/business/heritage-commons-senior-enrichment-center/	13444 Preston Dr., Marshall, MI 49068	Congregate meals for seniors served Tues., Thurs., 12 - 1 p.m.
	Marshall House Apartments	Marshall	(269) 781-2391	www.cityofmarshall.com/departments/114	200 E. Spruce St., Marshall, MI 49068	Serve congregare meals for seniors Monday, Wednesday, Friday.
	Forks Senior Center	Albion	(517) 629-3842	www.forksseniorcenter.org/	101 N Albion St., Albion, MI 49224	Forks Senior Center serves meals everyday except Thursdays.
	Clarence Township Hall	Albion	(517) 629 6977	www.clarencetwp.org/	27052 R Drive N, Albion MI 49224	Clarence Township Hall has senior site serving meals everyday except Thursdays.
	Saint James Episcopal Church	Albion	(517) 629-8710	www.stjamesalbion.org/	119 West Erie St., Albion, MI 49224	Last Saturday of the month 5:30 p.m.-6:30 p.m. Walk-ins welcome. No restrictions.
	Lighthouse of Athens	Athens	(269) 441-0948	www.lighthousefuneral.com/	310 S. Capital Ave., Athens, MI 49011	Exercise Class and Congregate Meal for Seniors: Weekly exercise class from 10-11:00 a.m. on Thursdays, followed by a congregare meal luncheon at 11:15 a.m. Health screenings are a part of participation in the exercise class as well.
Environment / Housing / Shelters						

	Battle Creek Housing Commission	Battle Creek	(269) 965-0591	www.battlecreekhousing.org/	250 Champion St., Battle Creek, MI 49037	The Battle Creek Housing Commission helps people have a good home at a fair price.
	Southwest Michigan Community Development Corporation (Neighborhoods, Inc.)	Battle Creek	(269) 968-1113	www.nibc.org/	47 N. Washington Ave., Battle Creek, MI 49037	Homeownership education, residential loans and other financial and home loan services, and foreclosure assistance.
	Homeless Coalition of Calhoun County (TCC)	Battle Creek	(269) 441-5956	www.tcccalhoun.org/homeless-coalition/	140 W. Michigan Ave., Battle Creek, MI 49017	This group coordinates with a wide range of organizations offering homeless services.
	Albion Housing Commission	Albion	(517) 629-2511	www.albionhousingcomm.com/	1300 Cooper St., Albion, MI 49224	The Albion Housing Commission is an organization that strives to provide fair, affordable, safe and decent housing. The Albion Housing Commission is committed to creating opportunities for residents that ensure self-sufficiency and economic independence.
	Marshall House Apartments	Marshall	(269) 781-2391	www.cityofmarshall.com/departments/114	200 E Spruce St., Marshall, MI 49068	Marshall House Apartments is a 100-unit senior and disabled citizen housing community owned and operated by the City of Marshall. It was established for low income seniors and disabled with rent based on approximately 30% of the person's adjusted income.
	Barneyville Senior Housing	Homer	(517) 568-4393	www.seniorhousingnetwork.com/seniorliving-detail/barneyville-senior-hsg-420-s-webster-st-homer-mi-49245-589288	420 S. Webster St., Homer, MI 49245	Low income apartments for seniors.

	Battle Creek Area Habitat for Humanity	Battle Creek	(269) 966-2502	www.habitatbc.org/	286 Capital Ave., NE, Battle Creek, MI 49017	Dedicated to providing simple, affordable and decent housing through the Homeownership and Ramp programs. The Habitat ReStore accepts new and used building materials from individuals, retailers, businesses and contractors. These good quality items are sold to the general public at a fraction of retail prices.
	Summit Pointe Housing	Battle Creek	(269) 966-1538	www.summitpointe.org/housing-services/	140 West Michigan Ave., Battle Creek, MI 49017	Rent payment assistance, eviction prevention. Housing assessment and resource agency.
	The Haven of Rest Ministries	Battle Creek	(269) 965-1148	www.thehavenbc.org/	11 Green St., Battle Creek, MI 49014	Primarily men, but also limited spaces for women and family shelter.
	Inasmuch House	Battle Creek	(269) 660-2945	www.thehavenbc.org/inasmuch.html	27 Green St., Battle Creek, MI 49014	Inasmuch House provides emergency food and shelter to single women and children. The Inasmuch House provides services to families and now provides shelter to two parent families as well. Inasmuch House is a temporary emergency shelter with stays up to 30-60 days. Advocacy, life-skills and empowerment classes, support groups, case management and referrals to social service agencies are available to residents through qualified shelter staff.
	The Salvation Army	Battle Creek	(269) 966-4162	www.salvationarmyusa.org/usn/	400 Capital Ave. NE, Battle Creek, MI 49017	Emergency shelter, rent payment assistance.
	The SHARE Center	Battle Creek	(269) 964-8133	www.summitpointe.org/provider-directory/name/drop-in-self-help-center-share-center/	120 Grove St., Battle Creek, MI	The SHARE Center is a drop-in self-help day shelter that is open 12 hours a day, 365 days in a year and serves over 2,000 individuals throughout the greater Battle Creek area and Calhoun County each year

	S.A.F.E. Place	Battle Creek	(888) 664-9832	www.safeplaceshelter.org/	P.O. Box 199, Battle Creek, MI 49016	Domestic violence victims. 24-Hour Crisis Line (888) 664-9832
	The Ark Shelter	Kalamazoo	(800) 873-8336	www.ccdok.org/the-ark-shelter/	1441 S Westnedge Ave., Kalamazoo, MI 49008	Emergency shelter and crisis care for unaccompanied youth, homeless, runaways and crisis 10-17 years. Will pick up in Battle Creek.
	Out Proud Safe	Kalamazoo	(269) 598-7527	www.outproudsafe.org/		Emergency shelter for LGBTQ homeless youth.
	Silver Star Veterans Housing	Battle Creek	(269) 964-6000	www.progressiveae.com/portfolio/silver-star-veterans-housing/	44 Clark Rd., N, Battle Creek, MI 49037	Silver Star provides permanent, supportive housing for homeless veterans.
Clothing and more...						
	Albion Interfaith Ministries (AIM)	Albion	(517) 358-0475	www.albionfoundation.org/food/profiles_aim.php	114 W. Erie, Albion, MI 49224	Assist with utility shutoffs.
	Marshall Area Community Services (MACS)	Marshall	(269) 781-2954	www.marshallareacommunityservices.org/	111 N. Jefferson St., Marshall, MI in the Fountain Clinic Building.	MAC provides emergency assistance to families and individuals to help with clothing, utilities, gasoline, lodging, and other emergencies. MAC also maintains a food pantry to people in need on an individual basis. Must live in or have children attending school in the Marshall district.
	Homer Caring and Sharing Services	Homer	(517) 568-7336		102 W. Main St, Homer, MI 49245	This organization provides a thrift store and food bank for local Homer residents. Donations and profits from the thrift store help to support the food bank. Please call to get specific days and times open.
	Charitable Union	Battle Creek	(269) 964-7234	www.charitableunion.org/	85 Calhoun St., Battle Creek, MI 49017	Charitable Union offers clothing for adults and children; layettes for new babies, school clothes, shoes and winter coats for kids; interview clothing to help get a job; steel-toed shoes for the job; and household items for the home. And is free of charge.

	Salvation Army	Battle Creek	(269) 963-3640	www.centralusa.salvationarmy.org/battlecreek	85 Calhoun St., Battle Creek, MI 49017	Offer a wide range of help for emergency services.
	Community Action	Battle Creek	(877) 422-2726	www.caascm.org/	175 Main St., Battle Creek, MI 49014	Assists low-income families and individuals with eviction prevention and utility assistance. Assistance may include emergency assistance with utilities (such as gas, electric, water, and deliverable fuels) and housing. Must be referred by 2-1-1.
Veteran's Services						
	Veteran's Affairs Medical Center	Battle Creek	(269) 966-5600 / (888) 214-1247	www.battlecreek.va.gov/	500 Armstrong Rd., Battle Creek, MI 49037	Central information hub for full range of medical needs for veteran's. A veteran's spouse, dependent, or survivor may also be eligible for VA healthcare benefits. Call for more information, coverage and fees.
	Silver Star Veterans Housing	Battle Creek	(269) 964-6000	www.progressiveae.com/portfolio/silver-star-veterans-housing/	44 Clark Rd., N., Battle Creek, MI 49037	Silver Star provides permanent, supportive housing for homeless veterans.