

# Community Health Needs Assessment

## Corewell Health Pennock Hospital

The Corewell Health Pennock Hospital Community Health Needs Assessment was adopted by the Corewell Health West Michigan Board in November 2025.

## About us

People are at the heart of everything we do, and the inspiration for our legacy of outstanding outcomes, innovation, strong community partnerships, philanthropy and transparency. Corewell Health is a not-for-profit health system that provides health care and coverage with an exceptional team of 65,000+ dedicated people — including more than 12,000 physicians and advanced practice providers and more than 15,500 nurses providing care and services in 21 hospitals, 300+ outpatient locations and several post-acute facilities — and Priority Health, a provider-sponsored health plan serving more than 1.3 million members. Through experience and collaboration, we are reimagining a better, more equitable model of health and wellness. For more information, visit [corewellhealth.org](https://corewellhealth.org).

## Community Health Needs Assessment Exhibit A

The focus of this Community Health Needs Assessment (CHNA) is to identify the community needs as they exist during the assessment period (2024), understanding fully that they will be continually changing in the months and years to come. For this Community Health Needs Assessment, “community” is defined by the county the Corewell Health Pennock Hospital’s primary service area covers: Barry County. The target population of the assessment reflects an overall representation of the community served by these hospital facilities. The information contained in this report is current as of the date of the CHNA, with updates to the assessment anticipated every three years in accordance with the Patient Protection and Affordable Care Act and Internal Revenue Code 501(r). This CHNA complies with the requirements of the Internal Revenue Code 501(r) regulations either implicitly or explicitly.

## Evaluation of impact of actions taken to address health needs in previous CHNA Appendix D

Attached in Appendix D is an evaluation of the impact of any actions that were taken, since the hospital facilities finished conducting their immediately preceding CHNA, to address the significant health needs identified in the hospital facilities’ prior CHNA.

# 2024

## BARRY COUNTY

### COMMUNITY HEALTH NEEDS ASSESSMENT



Barry-Eaton District  
Health Department  
Be Active • Be Safe • Be Healthy



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# Acknowledgements

## Introduction

This Community Health Needs Assessment could not have been completed without the dedication and passion exhibited by a wide array of community members. A health assessment is at its most effective when the people it intends to help are involved at every step of the process. We at the Barry-Eaton District Health Department and Corewell Health Pennock are proud to work alongside the community to ensure and improve the health of all in Barry County. From the frontline workers delivering services to keep Barry County healthy to the families that make up the community, we are grateful for all the hard work Barry residents and workers put into this Assessment.

## Partner Organizations

- B. Healthy Barry County
- Barry Community Foundation
- Barry County CARES
- Barry County Commission on Aging
- Barry County Community Mental Health Authority
- Barry County United Way
- Calhoun Intermediate School District
- Cherry Health
- Corewell Health Pennock
- Family Promise of Barry County
- Family Support Center - Barry County
- Habitat for Humanity Barry County
- Hastings Public Library
- Michigan Department of Health and Human Services
- Southwest MI Community Action Agency
- Thornapple Manor Skilled Nursing Facility
- YMCA of Barry County
- Youth Advisory Council

# Executive Summary

## Introduction

The 2024-2025 Barry County Community Health Needs Assessment (CHNA) was collaboratively planned and developed by the Barry-Eaton District Health Department (BEDHD) and Corewell Health Pennock Hospital (Corewell) with additional input sought directly from Barry County residents, workers, and leaders. This process and report were designed to be a collaborative effort to assure a comprehensive understanding of the community's health needs.

We defined our community as the county lines where BEDHD has jurisdiction: Barry County. Data and other information presented in this report will be reflective of those who live and work in the county.



Barry County is a rural county located in the Southwest of Michigan's Lower Peninsula and covers 577 square miles, of which 533 square miles are land area.<sup>1</sup> There are an estimated 62,982 residents (118.2 people per square mile of land), making it the 32nd-most populous of the state's 83 counties.<sup>2</sup> Barry County consists of one city, 16 townships, and four villages. Hastings is the largest city in Barry County, with an estimated population of 7,512. There are 13 K-12 public school districts and one community college serving Barry County.<sup>3,4</sup>

# Executive Summary

## Data Collection

This CHNA analyzed information collected from multiple secondary data sources, three community-based surveys, four focus group discussions, and eight leadership stakeholder interviews. These data were collected from July through December of 2024, and relies on a combination of qualitative and quantitative data to inform a full understanding of the county's health status.

## Priority Areas Identified

Barry County organizations and leaders dedicated to improving the health of individuals and the community at large met in January of 2025 to review findings from the CHNA data collection process and vote on final priority areas for the Community Health Improvement Plan. After discussing results of the community, partner organization, and healthcare provider surveys, focus groups, leadership stakeholder interviews, and secondary data, participants were asked to rank seven broad health-related themes according to various criteria. The workgroup analyzed and averaged these rankings – with each contributing organization's votes weighted equally – to find the top three health-related priority areas on which the subsequent Community Health Improvement Plan (CHIP) would focus. When initial prioritization resulted in a tie between Food Insecurity and Mental Health, a follow-up discussion was held with participating organizations to break the tie. The final priority areas were identified as **Housing, Healthcare Access, and Mental Health**.

## Next Steps

The CHNA represents the first half of the Community Health Improvement process and is followed by the Community Health Improvement Plan (CHIP). As BEDHD and Corewell serve the same community, this ongoing partnership will inform the CHIP from both a local health department and area hospital system lens. However, there are differences in operations and service delivery between the two types of organizations, and therefore Corewell will embark on its hospital-specific CHIP while also continuing to support BEDHD and other Barry County organizations to improve the public's health in the community CHIP process. The existence of two CHIPs in Barry County serves to assure health on multiple fronts, and both organizations are dedicated to a continued partnership to support Barry residents and workers as much as possible.



# Introduction

## Overview

A Community Health Needs Assessment (CHNA) represents efforts by engaged health professionals to truly understand the health status of a particular group of people. Barry-Eaton District Health Department (BEDHD) and Corewell Health-Pennock (Corewell) have partnered to analyze how Barry County residents and workers stay healthy, what difficulties may exist in folks living their healthiest lives, and how to meet the health-related needs of every individual in Barry. These findings can direct community-based organizations (CBOs) and local leaders on how to bridge gaps in current wellbeing and their vision for a healthy community. Additionally, the CHNA will inform the Community Health Improvement Plans (CHIPs) of both partner organizations, BEDHD and Corewell, as well as CBOs across Barry County to work collaboratively towards improving health for the entire community.

## Purpose

This CHNA satisfies requirements for both entities in the partnership; BEDHD as a local health department is required by the state of Michigan and the national Public Health Accreditation Board to perform a comprehensive assessment to maintain its accreditations, while Corewell's status as a non-profit hospital system requires an assessment by the Affordable Care Act of 2010. More importantly, the CHNA uses data collected from a wide range of sources to best understand the community's needs to advise public health organizations and workers where to allocate time and resources. These sources include direct communication with community members, healthcare providers, and leaders through surveys, focus groups, and one-on-one interviews to supplement quantitative data that paints a detailed picture of the community's health status. A continuous and iterative process, the CHNA is meant to build on itself cycle after cycle to effectively improve community health without starting from scratch every few years. Conclusions drawn from the CHNA are used to design a Community Health Improvement Plan (CHIP) to address concerns brought up in the CHNA. Each CHNA/CHIP is enacted in 3-year cycles.



# Introduction

## Collaboration

The partnership between the Barry-Eaton District Health Department and Corewell Health Pennock initiated and supported the management of the 2021-2022 Community Health Needs Assessment project. The 2021-2022 Community Health Assessment was the first cycle in which close collaboration occurred between these two partners whereas previous cycles were driven primarily by a third-party consultant and more limited involvement from both Corewell and the BEDHD. Continued collaboration between the hospital system and the local health department, both of which prioritize community engagement throughout the Assessment process, is reflected in the 2021-2022 and 2024-2025 Assessments in which final priority areas were selected via direct community organization input.

### **Barry-Eaton District Health Department - [Website](#)**



Barry-Eaton District  
Health Department  
Be Active • Be Safe • Be Healthy

#### Mission:

To protect and enhance health by promoting and providing innovative and community-based programs and initiatives.

#### Vision:

A community where everyone has the opportunity to live a long, healthy, and active life.

#### Values:

We are committed to helping people. We will treat people with dignity and respect. We will assure good health and wellness. We will fulfill the essential public health functions.

#### Description:

The Barry-Eaton District Health Department (BEDHD) is the nationally accredited public health service agency for Barry and Eaton counties in mid-Michigan. It aims to protect and improve the health of Barry and Eaton Counties through education; promotion of healthy lifestyles; and implementation of effective policies and programs for individuals, families, businesses, and communities. BEDHD provides a wide variety of services, from restaurant food safety inspections to the WIC nutrition program. BEDHD is governed by the Barry-Eaton Board of Health which is comprised of elected county commissioners. Its offices can be found at:

#### **Barry County**

330 West Woodlawn Avenue  
Hastings, Michigan 49058  
Phone: 269-945-9516  
Fax: 269-945-2413

#### **Eaton County**

1033 Health Care Drive  
Charlotte, Michigan 48813  
Phone: 517-543-2430  
Fax: 517-543-0451

# Introduction

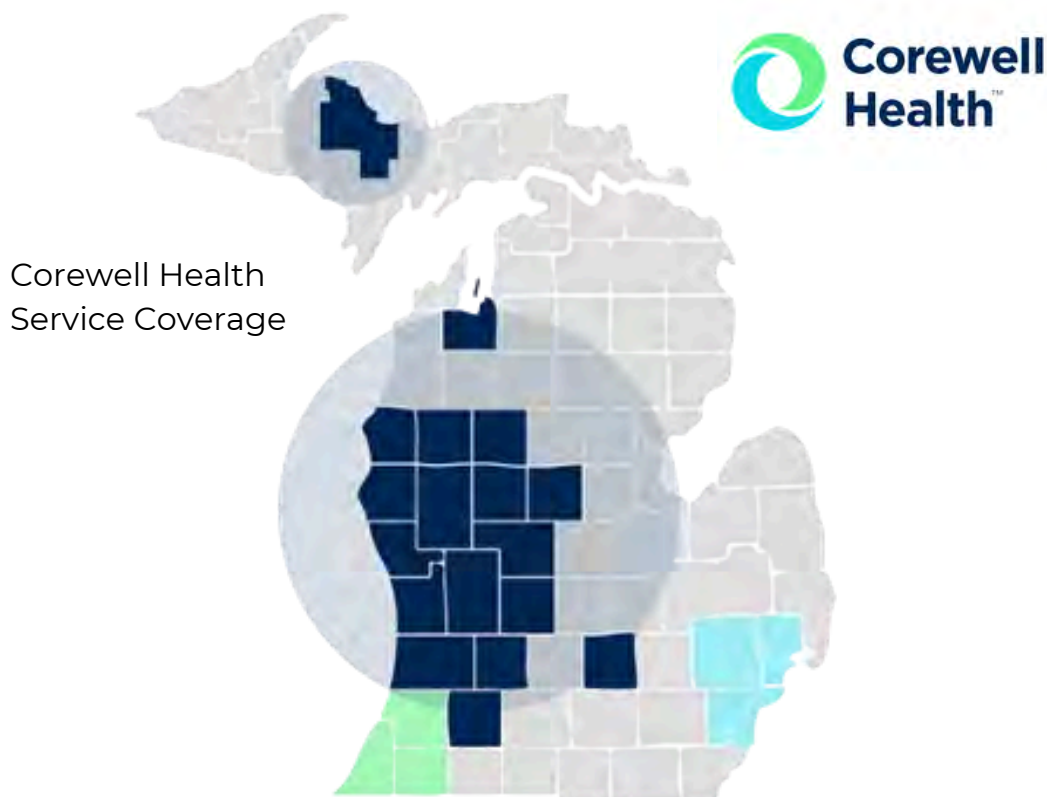
## Collaboration

### **Corewell Health Pennock Hospital System - [Website](#)**

Mission: Improve health, instill humanity and inspire hope.  
Vision: A future where health is simple, affordable, equitable and exceptional.

Values: Compassion. Collaboration. Clarity. Curiosity. Courage.

Description: Corewell Health Pennock Hospital is a not-for-profit health system that provides care and coverage, comprising 65,000+ team members, 21 hospital facilities (including Helen DeVos Children's Hospital), a robust network of care facilities, teams of nationally recognized doctors and providers, and the nation's third-largest provider-sponsored health plan, Priority Health, serving over 1.3 million members across the state of Michigan. Corewell Health Pennock Hospital was created in 2022 through a merger of two Michigan-based not-for-profit hospital systems, Spectrum Health and Beaumont Health.



# Introduction

## Common Definitions

### *Community Health Improvement Process*

A comprehensive approach to assessing community health and developing and implementing action plans to improve community health through substantive community member and local public health system partner engagement. The community health improvement process yields two distinct yet connected deliverables: a community health needs assessment, presented in the form of a community health profile, and a community health improvement plan.

### *Community Health Needs Assessment (CHNA)*

A process that engages with community members and partners to systematically collect and analyze qualitative and quantitative health-related data from a variety of sources within a specific community. The findings of the CHNA are presented in the form of a community health profile and inform community decision-making, the prioritization of health problems, and the development and implementation of community health improvement plans.

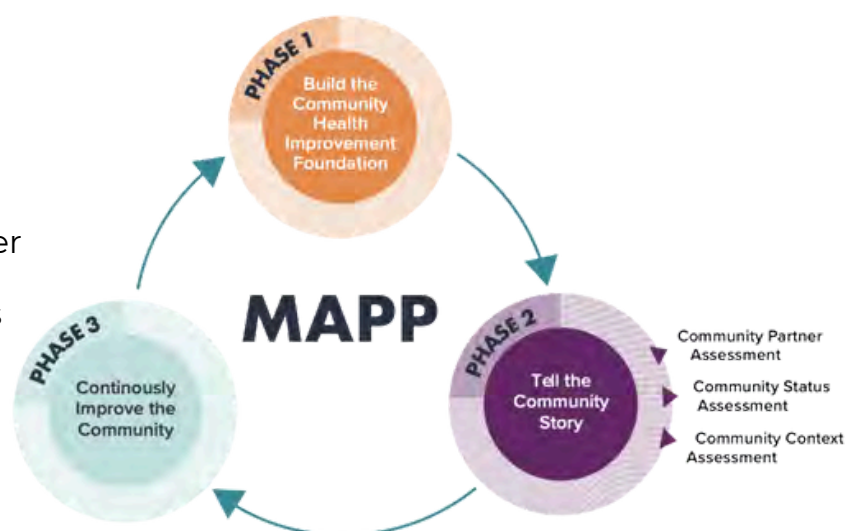
### *Community Health Improvement Plan (CHIP)*

An action-oriented plan outlining the priority community health issues (based on the community health assessment findings and community member and partner input) and how these issues will be addressed, including strategies and measures, to ultimately improve the health of a community. The CHIP is developed through the community health improvement process.

## Framework

This Community Health Needs Assessment follows the second iteration of the Mobilizing for Action through Planning and Partnerships (MAPP 2.0) strategic planning process. One of the most reputable Community Health Improvement (CHI) frameworks, the original MAPP framework was published in 2001 by the National Association of County and City Health Officials. Its updated 2023 iteration highlights the importance of multisector collaboration to truly understand a population's health. MAPP 2.0 also prioritizes investigating and addressing upstream or root causes of negative health outcomes and inequities; this includes increased focus on Social Determinants of Health like food access, safe and affordable housing, and reliable transportation. This CHI framework relies on direct community involvement to ensure a more nuanced understanding of the population's health status, and it applies a lens of equity to each component of the process. In these ways, the community takes ownership of its health and actively contributes to both its understanding and improvement rather than passively experiencing an organization or institution making decisions on their behalf. Involvement by community stakeholders reduces the likelihood that any one group of individuals is left behind and improves physical, mental, and social health and well-being for the entire population. MAPP 2.0 is divided into three phases:

- **Phase One:** Build the community health improvement foundation
- **Phase Two:** Tell the community story
  - Community Partner Assessment
  - Community Status Assessment
  - Community Context Assessment
- **Phase Three:** Continuously improve the community



It is during Phase Two that the top health concerns of the community are identified based on CHNA findings gathered throughout the phase. Phase Three marks the Community Health Improvement Plan portion of the process wherein the community strategically collaborates within and across organizations to effectively meet the needs derived from Phase Two.

# Demographics

## Sex and Age

As of 2023, there were more males in Barry County than females (102.1 males per 100 females) compared to Michigan (98.3 males per 100 females). The county's median age in years (42.0) was slightly higher than the state overall (40.1). The percentage of residents aged 45 and older was lower in Barry County compared to Michigan. (Table 1).<sup>1</sup>

Table 1: Barry County and Michigan Demographics – Sex and Age				
	Barry County		Michigan	
	#	%	#	%
SEX				
Females	31,171	49.5	5,069,516	50.4
Males	31,811	50.5	4,982,079	49.6
Sex ratio (# of males/100 females)	102.1		98.3	
AGE				
Under 5 Years	3,335	5.3	549,541	5.5
5 to 9 Years	3,903	6.2	588,114	5.9
10 to 14 Years	4,038	6.4	625,828	6.2
15 to 19 Years	4,022	6.4	653,056	6.5
20 to 24 Years	3,176	5.0	667,604	6.6
25 to 34 Years	7,329	11.6	1,315,670	13.1
35 to 44 Years	7,755	12.3	1,209,485	12.0
45 to 54 Years	7,682	12.2	1,230,496	12.2
55 to 59 Years	4,730	7.5	677,810	6.7
60 to 64 Years	5,023	8.0	709,084	7.1
65 to 74 Years	7,389	11.7	1,105,482	11.0
75 to 84 Years	3,185	5.1	511,340	5.1
85 Years and Over	1,415	2.2	208,085	2.1
Median Age (Years)	42.0		40.1	
Source: U.S. Census Bureau: 2023 American Community Survey 5-Year Estimates, Table DP05				

# Demographics

## Race, Ethnicity, Nationality, and Language Spoken at Home

The racial and ethnic profile of Barry County is relatively homogeneous, with non-Hispanic White residents making up approximately 94% of the population in 2023. Non-Hispanic multiracial and Hispanic residents follow at a distance, making up 4.2% and 3.6% of the population, respectively.<sup>1</sup>

Nearly all (92.1%) of the residents of Barry County are native-born United States citizens. English was the only language spoken at home in the vast majority of households (95.6%) (Table 2).<sup>7</sup>

Table 2: Barry County and Michigan Race, Ethnicity, Nationality and Language Spoken at Home				
	Barry County		Michigan	
	#	%	#	%
RACE & ETHNICITY				
White	58,969	93.6	7,516,312	74.8
Black or African American	304	0.5	1,346,689	13.4
Hispanic	2,264	3.6	576,808	5.7
Native American or Alaska Native	140	0.2	46,010	5.0
Asian	354	0.6	329,676	3.3
Multiracial	2,625	4.2	633,452	6.3
Native Hawaiian and other Pacific Islander	15	0.0	2,670	0.0
NATIONALITY				
Native-born	61,650	97.1	9,344,181	92.1
Foreign-born	1,332	2.1	707,414	7.0
LANGUAGE SPOKEN AT HOME				
English Only	57,221	95.9	8,537,491	89.8
Other Language	2,426	4.1	964,563	10.2
Source: U.S. Census Bureau: 2023 American Community Survey 5-Year Estimates, Tables DP02 and DP05				

# Demographics

## School Enrollment

The number of school-aged children residing in Barry County in 2023 was 13,716.<sup>1</sup> Among children above the age of 3, 6.0% attend preschool or kindergarten, nearly half were in primary or secondary school, and one-quarter were in high school (Table 3).<sup>7</sup>

Table 3: Barry County and Michigan School Enrollment				
	Barry County		Michigan	
	#	%	#	%
SCHOOL ENROLLMENT				
Nursery School, Preschool	819	6.0	132,311	5.7
Kindergarten	971	7.1	120,080	5.2
Elementary and Middle School	6,121	44.6	940,797	40.4
High School	3,323	24.2	517,973	22.2
College, Undergraduate and Graduate	2,482	18.1	620,347	26.6
Source: U.S. Census Bureau: 2023 American Community Survey 5-Year Estimates, Table DP02				



# Demographics

## Household Income

The median household income in Barry County was higher than the state median in 2023 (\$77,873 and \$71,149 respectively).<sup>8</sup> The percentage of county residents who lived below the federal poverty level was lower than that of the state in 2023 (8.1% and 13.1% respectively) (Table 4).<sup>9</sup>

Table 4: Barry County and Michigan Household Income				
	Barry County		Michigan	
	#	%	#	%
HOUSEHOLD INCOME				
Less Than \$10,000	937	3.8	203,820	5.0
\$10,000 to \$14,999	608	2.5	159,020	3.9
\$15,000 to \$24,999	1,477	6.1	285,693	7.1
\$25,000 to \$34,999	1,607	6.6	306,135	7.6
\$35,000 to \$49,999	2,857	11.7	477,109	11.8
\$50,000 to \$74,999	4,326	27.7	684,499	16.9
\$75,000 to \$99,999	3,587	14.7	541,255	13.4
\$100,000 to \$149,999	4,953	20.3	683,314	16.9
\$150,000 to \$199,999	2,265	9.3	336,160	8.3
\$200,000 or More	1,792	7.3	363,163	9.0
MEDIAN HOUSEHOLD INCOME	\$77,873		\$71,149	
PEOPLE LIVING BELOW POVERTY LEVEL	5,087	8.1	1,284,470	13.1
Source: U.S. Census Bureau: 2023 American Community Survey 5-Year Estimates, Tables DP03 and S1701				

# Demographics

## Labor Force

Just over half of residents aged 16 and older participated in the labor force in 2023.<sup>8</sup> Most residents who participated in the labor force were employed, and only 3.1% were looking for work at that time. Approximately 20,125 residents above the age of 16 were not working or seeking employment (Table 5).<sup>11</sup>

A quarter of workers in Barry County work in manufacturing.<sup>11</sup> An additional 28% work in the retail sales, education, health care and social assistance sectors. Barry County has a small agricultural sector by percentage of labor force. In 2022, the county had 143,772 acres of farmland in use, divided among 897 farms. The market value of the products sold from these farmlands totaled \$185,930,000.<sup>13</sup>

Table 5: Barry County and Michigan Labor Force				
	Barry County		Michigan	
	#	%	#	%
EMPLOYMENT				
Employed	29,027	57.2	4,712,135	57.2
Unemployed	1,595	3.1	290,715	3.6
Armed Forces	29	0.1	5,414	0.1
Not in Labor Force	20,125	39.6	3,147,074	38.56
Source: U.S. Census Bureau: 2023 American Community Survey 5-Year Estimates, Table DP03				

# Demographics

## Housing / Household Information

Among the 24,409 households in the county, approximately 56.2% were married-couple families in 2023.<sup>8</sup> Approximately 27.6% of households were single people living alone. The remaining 16.2% of households consisted of multi-person, non-family households and families headed by a single person with no spouse or partner present.<sup>6</sup> The majority of homes in Barry County were owned (83.5%) while the rest (16.5%) were rented (Table 6).<sup>8</sup>

Table 6: Barry County and Michigan Demographics – Households				
	Barry County		Michigan	
	#	%	#	%
<b>TOTAL HOUSEHOLDS</b>	24,409	-	4,040,168	-
<b>HOUSEHOLD TYPE</b>				
Married-Couple Family	13,714	56.2	1,868,746	46.3
Individuals Living Alone	6,724	27.6	1,230,044	30.5
<i>Other Types of Households</i>				
Households with One or More People Under 18 Years	6,863	28.1	1,105,841	27.4
Households with One or More People 65 Years and Over	8,168	33.5	1,303,759	33.5
<i>Owner/Renter Status</i>				
Owner-Occupied	21,016	86.1	2,945,282	72.9
Renter-Occupied	3,393	13.9	1,094,886	27.1
Source: U.S. Census Bureau: 2023 American Community Survey 5-Year Estimates, Tables DP03 and DP04				

# Demographics

## Veteran Status

Barry County was home to 3,366 veterans in 2023 (Table 7).<sup>7</sup>

Table 7: Barry County and Michigan Veteran Status				
	Barry County		Michigan	
	#	%	#	%
VETERAN STATUS				
Veteran	3,366	6.1	479,115	6.1
Non-Veteran	45,763	93.9	7,412,284	93.9
Source: U.S. Census Bureau: 2023 American Community Survey 5-Year Estimates, Table DP02				

## Births, Deaths, Marriages, and Divorces

In 2023, Barry County had 576 live births, 631 deaths, 413 marriages, and 182 divorces (Table 8).<sup>6</sup>

Table 8: Barry County and Michigan Births, Deaths, Marriages, and Divorces (2023)				
	Barry County		Michigan	
	#	Per 1,000 Population	#	Per 1,000 Population
Births	576	9.02	99179	9.88
Deaths	631	9.88	103359	10.29
Marriages	413	13.0	49987	10.0
Divorces	182	5.7	20491	4.1
Source: Michigan Department of Health and Human Services, Division for Vital Records and Health Statistics: Community Health Information – Barry County, 2023				

# Demographics

## Amish Population

Michigan is home to the sixth-largest Amish population in the United States.<sup>12</sup> Most of the Amish population is concentrated in the counties bordering Indiana and Ohio. However, there is an Amish settlement in Barry County. The Hastings settlement was established in 2006 and has an estimated population of 515 Amish members as of 2024.<sup>12</sup>



# Prioritization Methodology

## Overview

Members of community organizations in Barry County were invited to attend a Data Preview event in January of 2025. At this event, the CHNA workgroup provided an overview of the results of the data collection period and provided seven general health-related themes derived from analysis of the primary and secondary data collected. These seven themes included Healthcare Access, Mental Health, Substance Use, Food Insecurity, Housing, Clean Environment, and Strong Economy and Living Wages. In order to choose the top three Priority Areas necessitating the most focus in the Community Health Improvement Plan, organization members were led through a prioritization exercise.

## Prioritization Exercise

The prioritization method chosen utilized a two-step process to aid participants in analyzing each theme on various criteria and comparing the themes to each other to result in a final ranking. In the first step, participants ranked each of the seven themes in Severity/Magnitude, Impact on Communities, and Ability to Impact (on the part of the organizations themselves). The second step asked participants to use a prioritization matrix to compare each theme to the others and decide which was more important on a three-point scale. Finally, the score given to each theme was calculated by averaging the step one and step two results.

In the case that multiple individuals from the same organization participated in the prioritization exercise, their step 1 and 2 results were averaged so each organization effectively was given one vote.

Both step 1 and 2 resulted in Healthcare Access and Housing found in the top three highest ranked health needs. Step 1 saw Mental Health as a top need, while Step 2 saw Food Insecurity as a top need - after it was decided that removing Strong Economy / Livable wages as a priority area and instead using it as an undercurrent of the other priority areas was most feasible to the CHIP process. Organizations which participated in the original exercise were then asked to vote to break the tie between Mental Health and Food Insecurity.

# Methods - Secondary Data

## Data Collection & Management

To ensure a comprehensive understanding of health in Barry County, data was collected at both the county and sub-county levels whenever possible, highlighting community-specific health trends and disparities. All datasets were carefully reviewed for completeness, consistency, and relevance to the goals of this assessment. This report supports the identification of health challenges and opportunities for improvement in the community.

## Data Analysis

Descriptive statistics were used to examine health indicators by demographic factors such as age, gender, race/ethnicity, and income level when available. Comparative analysis allowed for benchmarking Barry County data against state and national trends, helping to identify areas where the county differs. Additionally, trend analysis was conducted to assess how health outcomes have changed over time, highlighting improvements and emerging concerns. These methods ensure that the findings are informative and actionable.

*The limitations of secondary data are detailed in the "Limitations" section of this needs assessment.*

## Secondary Data Sources

This CHNA utilized secondary data from reputable sources to assess community health. The following sources were included, and their descriptions can be found on the following pages.

- American Community Survey, U.S. Census Bureau
- Barry-Eaton District Health Department School Waiver Log
- Behavioral Risk Factor Survey
- CDC Environmental Public Health Tracking Network
- Childhood Lead Poisoning Prevention Program
- Centers for Medicare & Medicaid Services
- Health Resources & Services Administration
- Michigan Association of United Ways
- Michigan Inpatient Database, Michigan Health & Hospital Association
- Feeding America / Community Health Resources
- Michigan Vital Statistics
- Western Michigan Medical Examiner Death Data



# Methods - Secondary Data

## Secondary Data Sources

### **American Community Survey (ACS), U.S. Census Bureau**

In 1992, the House Commerce Oversight Subcommittee asked the Census Bureau to create an annual snapshot of demographic information so Congress can react to current trends instead of 10-year-old data. The American Community Survey (ACS) is the response to that request. It is an ongoing statistical survey conducted by the U.S. Census Bureau, sent to approximately 250,000 addresses monthly (or 3 million per year) that gathers information about: demographics, family and relationships, income and benefits, and health insurance. In 2010, it replaced the long form of the decennial census. Race and ethnicity are shown in this report as published by the U.S. Census Bureau.

### **Barry-Eaton District Health Department (BEDHD) School Waiver Log**

The BEDHD School Waiver Log tracks immunization waiver submissions for school-age children in Barry and Eaton counties. This dataset provides insight into the number and types of vaccine waivers granted for medical, religious, or philosophical reasons. It helps monitor immunization trends, identify areas with lower vaccination coverage, and support public health efforts to improve community protection against vaccine-preventable diseases. Data is collected from waiver applications submitted to schools and maintained for public health planning and intervention.

### **Behavioral Risk Factor Survey (BRFS)**

The Behavioral Risk Factor Survey (BRFS) is conducted statewide, with a localized version for Barry County. This population-based telephone survey collects valuable data on health-related risk behaviors, chronic health conditions, and preventive care practices among adults in Michigan and Barry County. It provides county and regional estimates on key health indicators, including smoking, obesity, physical activity, healthcare access, and chronic disease prevalence. Data is self-reported over a three-year period and weighted to ensure accuracy and representativeness of the population.

## Methods - Secondary Data

### Secondary Data Sources (Cont.)

#### **CDC Environmental Public Health Tracking Network (CDC & MDHHS)**

The CDC Tracking Network compiles environmental and health data to monitor the impact of environmental factors on public health. This dataset includes measures related to air and water quality, lead exposure, heat-related illnesses, and chronic disease prevalence linked to environmental conditions in Michigan counties.

#### **Childhood Lead Poisoning Prevention Program (CLPPP)**

CLPPP data is available through the MiTracking Program that gathers existing Michigan specific environmental and health data and provides them in one online location. MiTracking does not report data by race or ethnicity. The MiTracking Program is part of the Centers for Disease Control and Prevention's National Environmental Public Health Tracking Program.

#### **Centers for Medicare & Medicaid Services (CMS)**

CMS provides healthcare utilization and expenditure data for Medicare and Medicaid beneficiaries. This dataset includes information on hospital admissions, chronic disease prevalence, healthcare access, and disparities in healthcare coverage for Barry County residents enrolled in Medicare or Medicaid programs.

#### **Health Resources & Services Administration (HRSA)**

The HRSA data Warehouse provides a wealth of data on health care programs and services funded by HRSA. This includes data on the geographic distribution of health resources, including health centers, hospitals, and other healthcare facilities and data on the health status of various populations, including underserved and vulnerable populations. HRSA does not publish population to provider ratios by race or ethnicity.

## Methods - Secondary Data

### Secondary Data Sources (Cont.)

#### **Michigan Association of United Ways**

Since 2014, the United Ways of Michigan have authored the ALICE report, which provides a comprehensive look at Michigan residents who are at risk of financial deprivation. ALICE stands for Asset Limited, Income Constrained, Employed, and comprises households with income above the Federal Poverty Level but below the basic cost of living for their area. These households typically do not have enough financial resources to cover unforeseen expenses which, when they occur, can cause the family to fall into poverty.

#### **Michigan Inpatient Database (MIDB) (Michigan Health & Hospital Association)**

The Michigan Inpatient Database includes hospital discharge data from hospitals across the state. It provides information on hospitalizations, emergency department visits, injury trends, chronic disease burden, and mental health-related admissions. Data is de-identified and aggregated at the county level to analyze healthcare utilization patterns.

#### **Michigan Profile for Healthy Youth Survey (MiPHY) (Michigan Department of Education and MDHHS)**

The Michigan Profile for Healthy Youth is an online student health survey. It provides student results on health risk behaviors including substance use, violence, physical activity, nutrition, sexual behavior, and emotional health in grades 7, 9, and 11. The survey also measures risk and protective factors most predictive of alcohol, tobacco, and other drug use and violence. Race and ethnicity categories for MiPHY data are shown in this report as published by the Michigan Department of Education.

#### **Feeding America / Community Health Resources (CHR)**

Feeding America, along with its network of Community Health Resources (CHR), works to address food insecurity and improve community health outcomes. They provide a comprehensive range of data on food access, distribution, and nutritional needs, with a focus on local hunger trends and resources available to vulnerable populations.

## Methods - Secondary Data

### Secondary Data Sources (Cont.)

#### Michigan Vital Statistics (MDHHS)

The Michigan Vital Statistics dataset contains birth and death records compiled by the Michigan Department of Health and Human Services. It includes key indicators such as infant mortality, leading causes of death, life expectancy, and demographic trends in Barry County. Death data is categorized by age, sex, race/ethnicity, and cause of death.

#### Western Michigan Medical Examiner Death Data

The Western Michigan Medical Examiner's Office provides death investigation data, including deaths due to overdose, suicide, homicide, and other unnatural causes. This dataset helps track trends in injury-related mortality and provides insight into public health concerns such as substance use and mental health crises in Barry County.

## Methods - Indicator Tables

Table 9. Indicators - Health Outcomes		
Indicator Group	Measure	Source
<b>Mortality &amp; Premature Death</b>	Mortality Rate	Vital Statistics
	Top 5 Cause of Death by Gender	Vital Statistics
	Suicide Rate	Vital Statistics
	Suicide Rate by Age	Vital Statistics
	Suicide Rate by Gender	Vital Statistics
	Premature Death (YPLL) per 100,000	Vital Statistics
	YPLL Top 5 Causes below 75 years by Gender	Vital Statistics
	Motor Vehicle Crash Deaths per 100,000 Population	Vital Statistics
	Drug-Related Deaths	WMME
	Drug Related Deaths by Gender	WMME
	Drug Related Deaths by Race/Ethnicity	WMME
	Substances Identified in Immediate Cause of Drug-Related Deaths	WMME
	Neonatal Mortality Rate	Vital Statistics
	Infant Mortality Rate	Vital Statistics
<b>Mental Health &amp; Well-Being</b>	Characteristics of Adults Reporting Poor Mental Health	BRFS
	Percentage of Adults Reporting Poor Mental Health	BRFS
	Percentage of adolescents that report seriously considering suicide in past year	MiPHY
	Percentage of adolescents that report attempting suicide in past year	MiPHY
	Percentage of adolescents that report symptoms of depression in past year	MiPHY

## Methods - Indicator Tables

Table 9. Indicators - Health Outcomes (cont.)		
Indicator Group	Measure	Source
Chronic Disease and Health Status	Characteristics of Adults reporting poor physical Health	BRFS
	Percentage of Adults Reporting Poor Physical Health	BRFS
	Characteristics of Adults with Obese Status	BRFS
	Percentage of Adults with Obese Status	BRFS
	Percentage of Adolescent who are obese (BMI >30)	MiPHY
	Characteristics of Adults Reporting any Limitation in Activity	BRFS
	Percentage of Adults Reporting any Limitation in Activity	BRFS
	Percentage Of Adults Reporting Lifetime High Cholesterol	BRFS
	Characteristics of Adults Reporting Ever Told They Have High Cholesterol	BRFS
	Percentage Of Adults Reporting Lifetime High Blood Pressure	BRFS
	Characteristics of Adults Who Have Ever Been Told They Have High Blood Pressure	BRFS
	Adult Diabetes Prevalence	BRFS
	Characteristics of Adults That Have Ever Been Told They Have Diabetes	BRFS
	Diabetes Management Education	BRFS
	Preventable Diabetes-related Hospitalization Rate in adults 18+	MIDB
	Adult Asthma Prevalence	BRFS
	Characteristics of Adults Ever Told They Have Asthma	BRFS
	Preventable asthma hospitalization rate in children 0 to 18 years	MIDB
	Peventable Congestive Heart Failure Hospitalizations	MIDB

## Methods - Indicator Tables

Table 9. Indicators - Health Outcomes (cont.)		
Indicator Group	Measure	Source
<b>Lifestyle and Behavioral Health</b>	Characteristics of adults reporting no leisure time physical activity in past month	BRFS
	Percentage of Adults reporting no leisure time physical activity in past month	BRFS
	Characteristics of adults reporting < 2 servings of fruits or vegetables a day	BRFS
	Percent of adults reporting > 5 or <2 serving of fruits or vegetables a day	BRFS
	Characteristics of Adults Reporting to Currently Smoke	BRFS
	Percentage of Adults Who Report Currently Smoking	BRFS
	Characteristics of Adults that Binge Drank in Past 30 Days	BRFS
	Percentage of Adults Reporting Binge Drinking in Past 30 Days	BRFS
	Characteristics of Adults Reporting to Ever Have Used an E-Cigarette or other Electronic 'Vaping' Product	BRFS
	Characteristics of Adults That Used Marijuana Every day for Past 30 Days	BRFS
	Reasons for Using Marijuana During Past 30 Days	BRFS
<b>Adolescent Substance Use</b>	Recent Substance Use in Adolescents: Alcohol, Prescription Misuse, Marijuana, Vaping	MiPHY
	Alcohol Use in Adolescents	MiPHY



## Methods - Indicator Tables

Table 10. Indicators - Access to Care & Preventative Health		
Indicator Group	Measure	Source
<b>Healthcare Access &amp; Barriers</b>	Characteristics of Adults Reporting No Personal Doctor or Health Care Provider	BRFS
	Population to Mental Health Provider Ratio	CMS, NPI
	Population to primary care provider ratio	HRSA
	Health Care Access	BRFS
	Characteristics of Adults that Could Not See a Healthcare Provider in the Past Year Because of Cost	BRFS
	Dental Care Access	BRFS
	Characteristics of Adults that Could Not See a Dentist When They Need to Because of Cost	BRFS
	Characteristics of Adults Reporting Any Kind of Health Care Coverage	BRFS
	Percentage of Adults 18-64 Years of Age Reporting No Health Care Coverage	BRFS
<b>Preventative Screenings &amp; Immunizations</b>	Characteristics of Adults ≥50 years Who Ever had a Colorectal Screening	BRFS
	Percentage Of Adults ≥50 Years Reporting Any Colorectal Screening	BRFS
	Characteristics of Women 40 and Older Who Ever Had a Mammogram	BRFS
	Percentage of Women ≥40 Years of Age Reporting Ever having Mammogram	BRFS
	Number of Non-Medical Immunization Waivers Granted	BEDHD waiver log
<b>Hospital Utilization</b>	Leading Hospital Discharges (All ages)	Vital Statistics
	Leading Hospital Discharges (1-19 years)	Vital Statistics

## Methods - Indicator Tables

Table 11. Indicators - Social & Economic Factors		
Indicator Group	Measure	Source
<b>Economic Stability</b>	Gini Coefficient of Income Inequality	ACS
	Household Economic Status by Race/Ethnicity	ACS
	Percentage of Households Living in Poverty	ACS
	Percentage of Households Classified as ALICE	ACS
	Percentage of Households Below ALICE by Census Designated City	ACS
	Percentage of households who spend more than 30% of income on housing	ACS
<b>Education &amp; Community Support</b>	Level of Education in Adults Over Age 25	ACS
	Percentage of Residents with a College Degree by Race/Ethnicity	ACS
	Percentage of adolescents who know adults in the neighborhood they could talk to about something important	MiPHY

Table 12. Indicators - Physical Environment		
Indicator Group	Measure	Source
<b>Food Access &amp; Security</b>	Percentage of Food Insecurity by Geographic Comparison	CHR / Feeding America
	Percentage of Food Insecurity by Race/Ethnicity	CHR / Feeding America
	Percentage of Food Insecurity (Children)	CHR / Feeding America
<b>Environmental Health &amp; Infrastructure</b>	Broadband Internet Subscription	ACS
	Rate of Elevated Blood Lead Levels (Percent of tested children <6 years with elevated blood lead levels)	MiTracking/ CLPPP
	Air Pollution – PM2.5	CDC Tracking network

# Methods - Primary Data Collection

## Primary Data Methods Overview

In this assessment, five primary data collection activities were used to gather information from the general public, individuals with specialized knowledge about the community, public health experts and underserved community members.

The primary data collection activities include the following:

- Community member survey
- Community provider survey
- Community partner survey
- Focus groups
- Leadership/Stakeholder interviews

## Community Member Survey

- **Purpose**

- The goal of the community survey was to collect community input about the state of health in Barry County. An online survey was created with questions asked about the characteristics of a healthy community, the most important problems in their community, and barriers to getting healthcare in the community they live in. The survey received 304 total responses.

- **Methodology**

- The community survey was available from July 2024 to August 2024 to residents in the community. The 29-question survey asked participants what they thought are the characteristics of a healthy community, what are the substantial health problems in their community, barriers to receiving quality healthcare, and their ability to access health-related and other community resources.
- Participation was solicited via the following methods:
  - Email invitation to the Barry CHNA Listserv
  - Email and personal invitations to various partner agencies and coalitions within Barry County
  - Press releases published by Barry-Eaton District Health Department
  - Social media posts on health department and hospital partner websites
  - Printed flyers at various coalition meetings, popular community spaces (like coffee shops, community centers, and colleges) community events, and health department locations

# Methods - Surveys

## Community Provider Survey

- **Purpose**

- The goal of the provider survey was to collect health care provider input about the state of health in Barry County. An online survey was created with questions asked about their perceived characteristics of a healthy community, the most important health-related problems faced by the patients in their community, and barriers to getting healthcare for the community they serve. The survey received 17 total responses.

- **Methodology**

- The provider survey was available from July 2024 to August 2024 to health care providers who practice in Barry County. The 20-question survey asked providers what they thought are the characteristics of a healthy community, what are the substantial health problems of their patients or clients, barriers to receiving quality healthcare, and where providers refer their patients when faced with unmet social needs. Participation was solicited via email and personal invitations to provider offices within Barry County.



# Methods - Surveys

## Community Partner Survey

- **Purpose**
  - The goal of the 19-question survey was to collect community-based organization/partner input about the state of health in Barry County. An online survey was created to determine the characteristics of our partner organizations such as size and scope of work, as well as to gauge perspectives on the most important health-related issues faced by the clients and community members that these organizations serve. The survey received 15 total responses.
- **Methodology**
  - The partner survey was available from July 2024 to August 2024 to any community partners operating in Barry County. Questions were asked about the characteristics of a healthy community, the priority populations of our partner organizations, and the capacity of partners to engage in community health needs assessment and community health improvement plan work.
    - Email invitation to the Barry CHNA Listserv
    - Email and personal invitations to various partner agencies and coalitions within Barry County
    - Press releases published by Barry-Eaton District Health Department
    - Social media posts on health department and hospital partner websites
    - Printed flyers at various coalition meetings, popular community spaces (like coffee shops, community centers, and colleges) community events, and health department locations

## Survey Analysis

- Data from the surveys was collected using Alchemer. Results from all three surveys were analyzed and visualized using SPSS and Microsoft Excel. The survey tools used for this Community Health Needs Assessment can be found in the report's appendix.

*The limitations of survey data are detailed in the "Limitations" section of this needs assessment.*

# Methods - Focus Groups

## Purpose

This CHNA reflects on quantitative and qualitative data, the latter of which is comprised of direct input on the part of Barry County community members. These data were gathered across focus group discussions and one-on-one interviews. Three groups of community members were recruited to discuss their lived experiences staying healthy while living or working in Barry County. These groups were General Community, Underserved Community, and Individuals Seeking Behavioral Health Care.

## Recruitment

Recruitment efforts for focus groups utilized a multi-pronged approach to meet community members where they are. Electronic delivery of informational flyers and registration links through social media and in emails to community partners allowed for a wide reach. However, relying only on this method of information sharing could potentially miss community members who neither interact with public health partners in the workgroup members' networks nor utilize social media. Hard copies of flyers were also hand-delivered to various community spaces including restaurants, pharmacies, libraries, and parks. BEDHD employees like Community Health Workers and Clinic Assistants were encouraged to share the opportunity with their clients to ensure turnout at the focus group discussions.

# Methods - Focus Groups

## Location and Compensation

The General Community focus group was held at the Cherry Health Barry Community Health Center, while the Behavioral health group held their discussion at BCCMHA. The first Underserved Community group was held at the Hastings Public Library, and the second discussion was meant to be held in the same location, but due to a closure at the library it was instead held at BEDHD's Hastings office.

Participants were provided with refreshments during the discussion as well as a \$50 gift card as a thank-you for sharing their experiences and their time with the team.

## Discussion Format

Discussion Guides (Appendix B) were constructed to assist facilitators in collecting desired information. The Behavioral Health discussion guide questions were reviewed by partners at Barry County Community Mental Health Authority (BCCMHA) to assure participants clearly understood what was being asked of them.

Discussions were recorded – with participant consent – using either Microsoft Teams or the Voice Recorder application on facilitator smartphones. These audio files were then initially transcribed using an online-based software, Nvivo Transcription, before being cleaned and analyzed for common themes by facilitators.

*The limitations of focus groups are detailed in the "Limitations" section of this needs assessment.*



## Methods - Leadership Stakeholder Interviews

Previous iterations of this CHNA collected information from leaders in the community via a focus group – similar to data collection from community members. This cycle utilized one-on-one interviews to simplify the scheduling process and collect unbiased insights from as many individuals as possible.

Eight interviews were conducted with leaders in community-based and health-focused organizations active in Barry County to supplement lived experiences from community members shared in focus groups. These interviews were conducted through Microsoft Teams videoconferencing software – with one interview conducted over Zoom videotelephony software – and transcribed through Nvivo Transcription before being edited and analyzed by a workgroup member for common themes.





# SUMMARY OF KEY FINDINGS

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- HEALTHCARE ACCESS
  - HOUSING
  - MENTAL HEALTH
  - SUBSTANCE USE
  - FOOD INSECURITY
  - CLEAN ENVIRONMENT
  - STRONG ECONOMY  
AND LIVING WAGES
- 
- 

## Importance and Impact :

Access to healthcare, including general health, dental, and vision in one's community is important to health outcomes and preventative services.

The community survey revealed that 40.8% of respondents thought lack of access to healthcare, including dental, vision, and mental health, was a top problem that impacted their community's health, ranked at number 3.

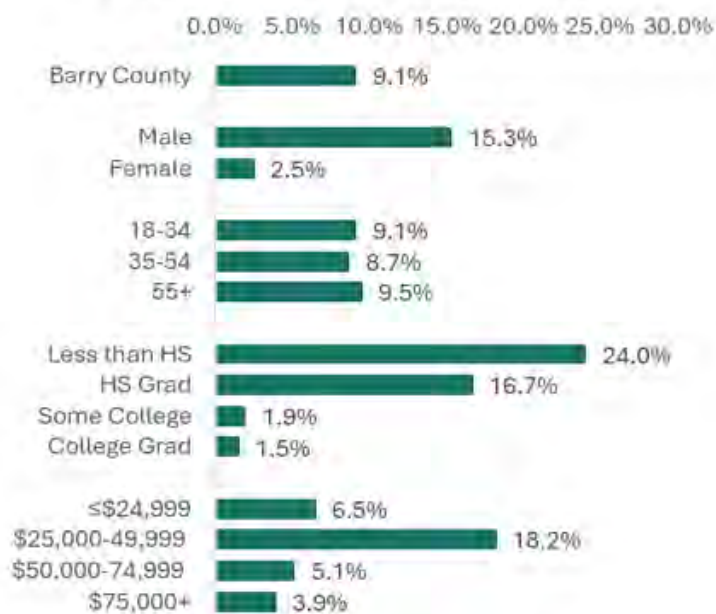
Community, CBO, and provider ranked "Affordable healthcare (including dental, vision, and mental health)" as the #1 factor that makes a community or neighborhood healthy.

### Key Statistics

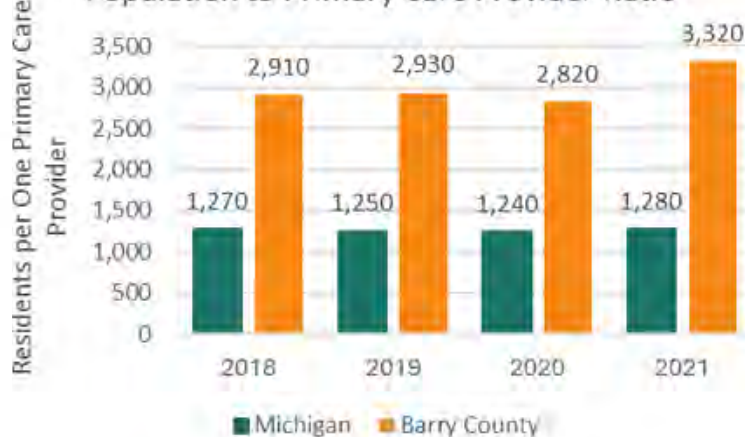
**38.9%** of residents who completed the survey reported that in the past two years, they **struggled to meet their health care needs**.

Among those who faced these challenges, **65.9%** cited the **high cost as a barrier**, **38.5%** were **unable to afford deductibles or co-pays**, and **33.3%** pointed to a **lack of physician specialists** in the area.

Characteristics of Adults Reporting No Personal Doctor or Health Care Provider



Population to Primary Care Provider Ratio



## Community-Identified Issues:

### Healthcare Costs:

Cost of care was the top challenge noted by 67.2% of community respondents when it came to barriers to getting healthcare in the community where they live. The second most common answer was prescription or medication costs, noted by 39.5% of respondents.

### Proximity and access to specialty care:

Lack of physician specialists in the area was noted by 33.3% of community respondents who experienced a time where they couldn't meet their health needs in the past 2 years. Many focus group participants noted needing to travel to Grand Rapids or Lansing for their health service needs.

### Navigating the healthcare system:

When asked about barriers to getting healthcare in the community, 34.9% of community respondents reported that finding a practice that was accepting new patients was a key barrier. Focus group participants from underserved communities noted challenges with navigating the healthcare system including understanding and long wait times. Among providers, 47.1% noted that lack of knowledge around health was a key factor that negatively impacted their patients' health. 43.8% of providers reported that dental care services for the uninsured does not currently meet the demands of Barry County residents.

### What Barry County Residents are Saying:

"My landlord, with his chemo treatment stuff, he wound up not making a payment or something through Blue Cross, and his **bills got astronomical**. And he's like '**I'm not going because of the cost**,' 'cause he was doing treatments and he just flat refused to go, and that was scary."

"I'm grateful to have insurance, but I have to drive to Grand Rapids, and it's downtown Grand Rapids. And for a person with chronic pain and fatigue issues, it's **about a 50-minute drive**."

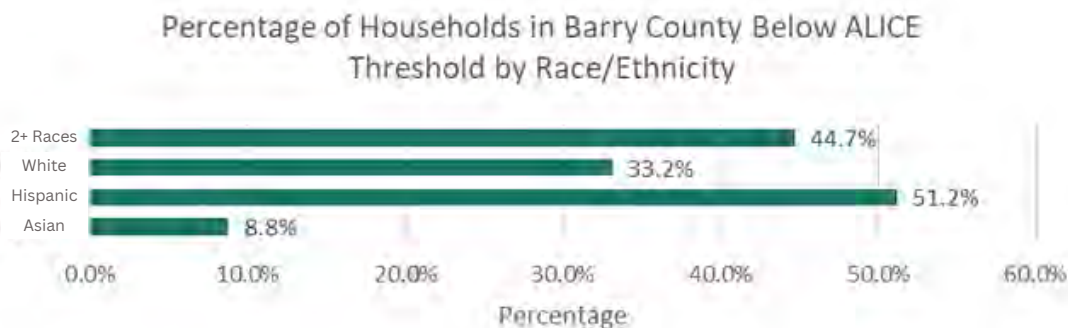
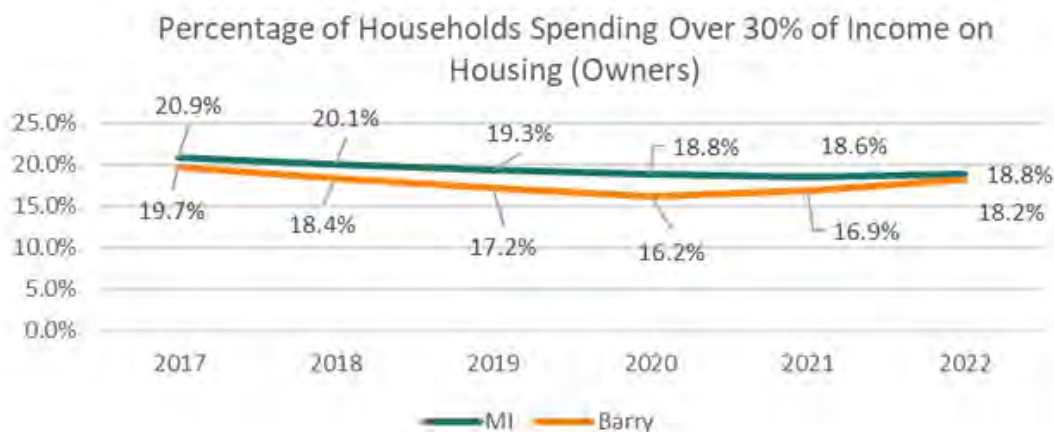
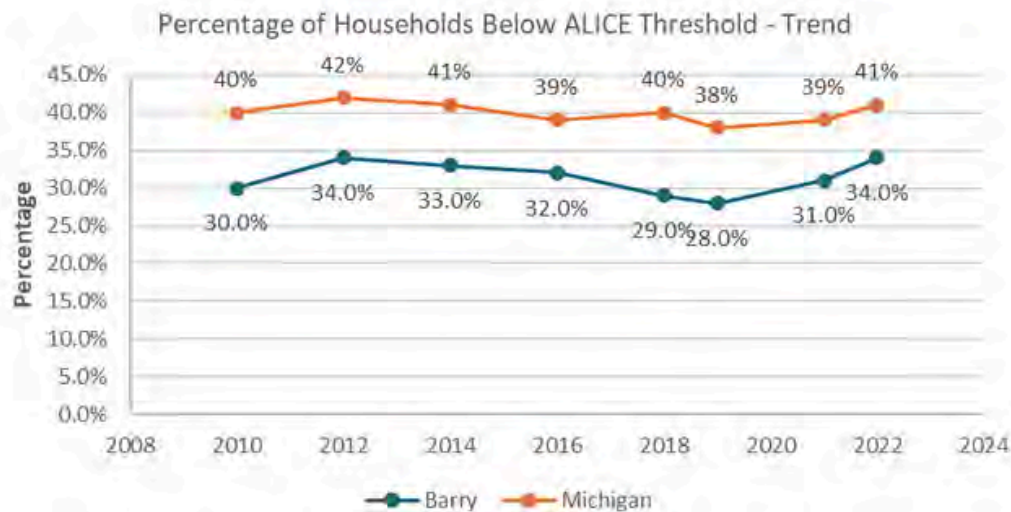
"It's usually just big words that I don't understand, and then **they leave me questioning what even is going on**, usually."

"Because of my **health insurance**, I have to go out of town."

"There are several dentists in town, but **a lot of them seem to not be taking patients**.... There is that Cherry Health clinic dentists, but **the waits there are significantly longer** than a month, I've been told."

## Importance and Impact :

Housing insecurity is a pressing issue in Barry County, with 36.4% of community respondents identifying a lack of attainable housing as a top concern, ranking it #4 overall. While 40% of community-based organizations believe they can impact the ALICE population—households earning above poverty but struggling to meet basic needs—current resources fall short. Over half (56.3%) of service providers report existing programs fail to meet residents' housing needs.



## Community-Identified Issues:

### Attainable Temporary Housing:

Attainable temporary housing is a critical component in addressing housing insecurity in Barry County. More than half of provider respondents (56.3%) reported that existing programs and services fail to fully meet residents' needs. Focus group discussions highlighted the need for accessible housing options, particularly for individuals with a history of incarceration and those with mismatched documented addresses when seeking services. Additionally, there is a recognized need for shelters that accommodate not only women and children but also men, ensuring all have access to safe and supportive temporary housing solutions.

### Affordable Housing:

Affordable housing is a critical component of ensuring stability and quality of life for residents in Barry County. Meeting basic needs becomes increasingly challenging for those facing financial hardship. In 2022, 34.0% of Barry County residents were living below the ALICE (Asset Limited, Income Constrained, Employed) threshold, highlighting the struggle to afford essentials. This disparity is even more pronounced among Hispanic residents (51.2%) and those aged 65 and older (45.0%).

### What Barry County Residents are Saying:

"The minute my name pops up or the minute the fact that I'm a felon pops up, it's shut down immediately. So, **there is no felon friendly housing in walking distance**, which is why **I'm stuck** living where I'm at."

"I've been **homeless** since August of 2023 and that's been tough. And even finding mental, like, homeless shelter help here and having a different city address, like **they can't help you.**"

"I think **shelter is a huge need**. There's the **one shelter in this whole county** that is for women. But it won't take kids, male children over a certain age. And **there's a lot of barriers** to that one, too

"To be honest with you, all of the area. We're talking Kent, Barry, any of the surrounding, Ionia. **There is no affordable housing.**"

"I have a friend that lives with her stepmom, her dad, and four kids in a three-bedroom trailer because **she can't afford a place for herself.**"



## Importance and Impact :

In the community survey, 51.6% of respondents identified mental health concerns, such as anxiety, depression, and self-harm, as the #1 issue impacting their community. Additionally, 40.8% ranked lack of access to healthcare, including mental health services, as the #3 concern. Among providers, 29.4% also cited limited access to mental health services as a top problem.

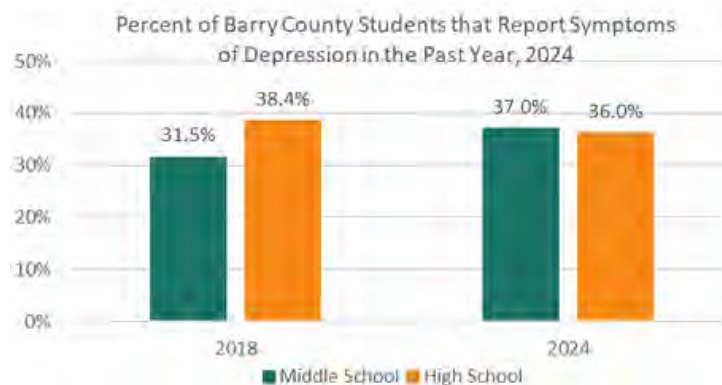
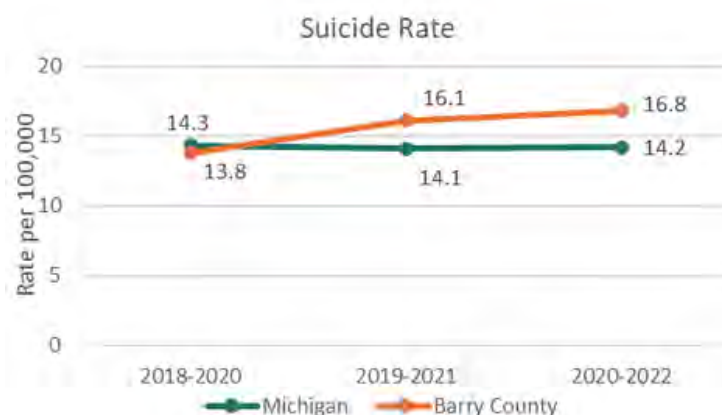
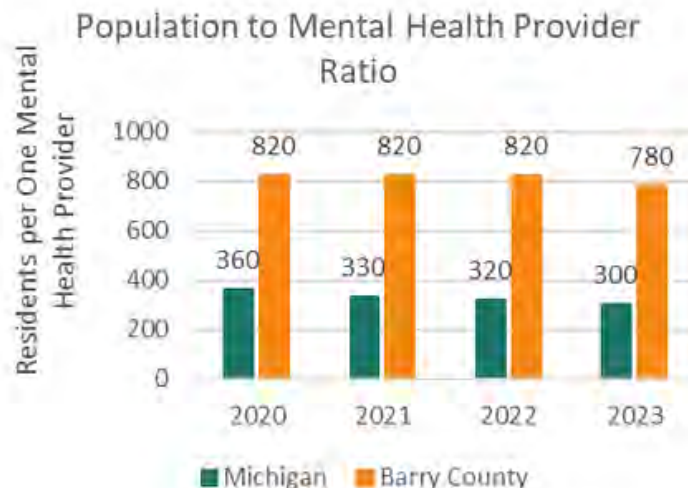
### Key Statistics

**33.3%** of CBOS reported their organization **can contribute to making a meaningful impact on mental/behavioral health** over the next 3 years

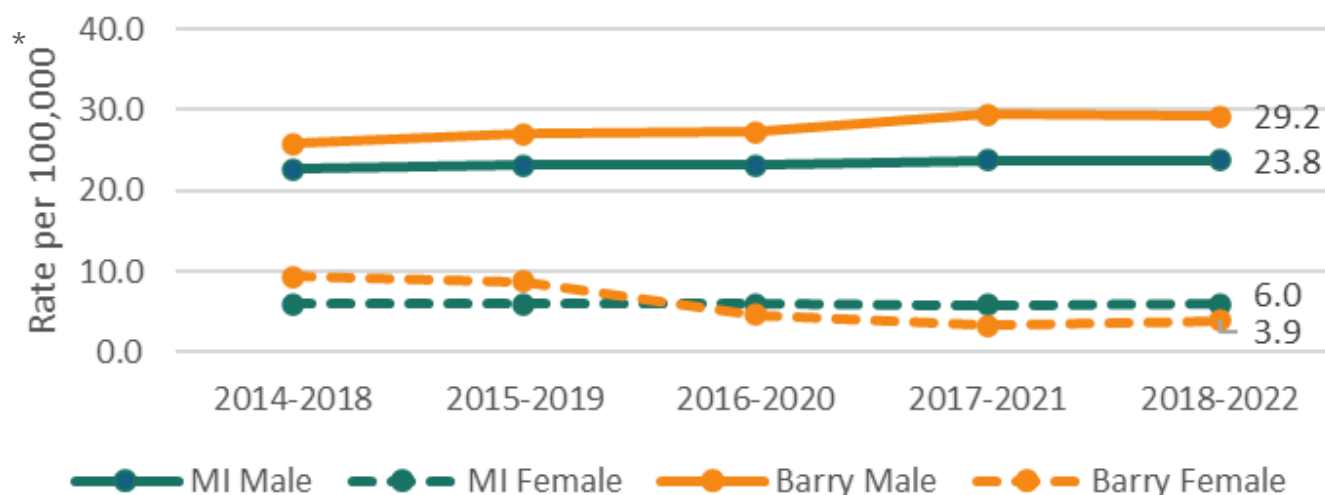
**58.8%** of providers reported to **routinely refer patients to community mental health services** to help address unmet needs of the community.

**50%** of providers reported that **Mental health treatment for severe and/or persistent disorders** (e.g., schizophrenia, psychoses, permanently developmentally disabled) **in Barry County do not meet the needs and demands** of Barry County residents.

**26.4%** of residents who completed the survey reported **needing mental health treatment or counseling in the past 12 months but did not receive it**. Of those, **44.4%** cited **cost** as a barrier, while **42.2%** reported **insufficient insurance coverage** for mental health services.



## Suicide Rate by Gender



## Community-Identified Issues:

### Gaps in Access:

While behavioral health services do exist within the county, focus group findings highlight concerns about their availability and accessibility. Many residents reported having to travel outside the county to obtain the care they need, indicating a shortage of local resources. Additionally, qualifying for services poses another barrier, as eligibility criteria often leave individuals unable to access essential support.

### What Barry County Residents are Saying:

"It's frustrating to people to find out that you have to fit in certain parameters to get their [behavioral health] services because, there are others who would like to, but **they don't qualify**, you know, **based on income** and that kind of thing."

"**We were not able to really find much support here.** We had to again take him to Grand Rapids. And it has been very frustrating, um, **the lack of [behavioral health] resources**, I think, and groups, I guess, of Barry County...we have to go to Kent County in order to receive services."

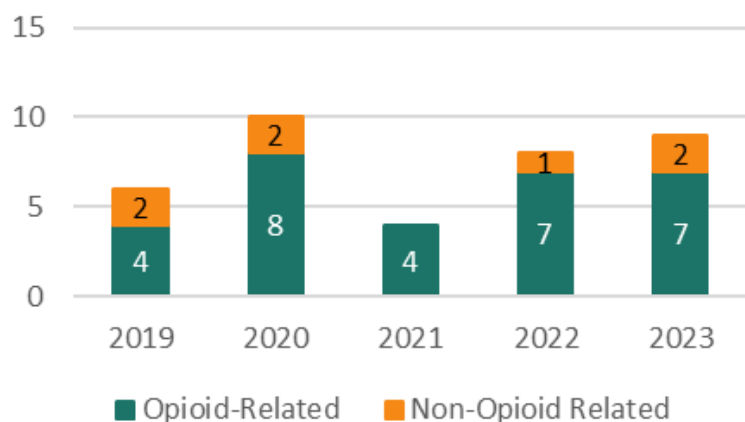


## Importance and Impact :

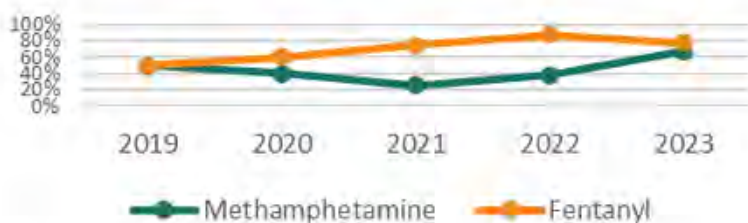
The community survey revealed that 43.4% of respondents thought substance use/misuse was a top problem that impacted their community's health, ranked at number 2.

When the community was asked which substances, if any, have had a negative effect on themselves or someone they knew, 63.1% said alcohol, 41.6% said nicotine, 30.5% said marijuana, 27.3% said vaping, and 26.7% said prescription drugs.

Drug-Related Deaths by Year



Percent Of Drug-Related Deaths Containing Fentanyl or Methamphetamine in Immediate Cause

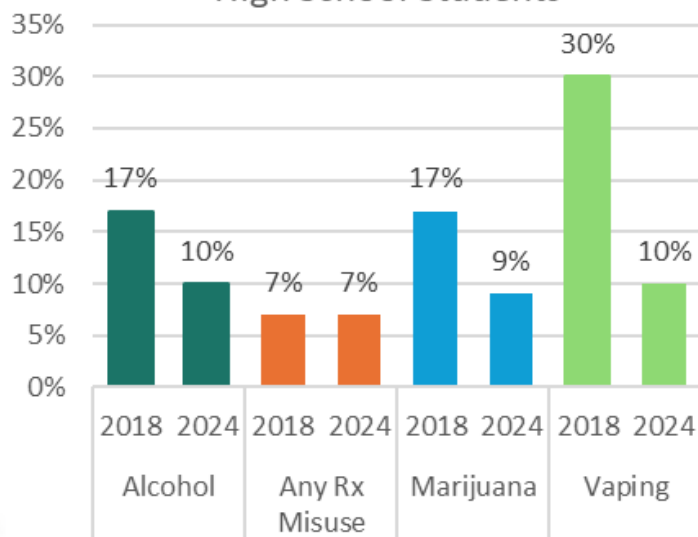


## Key Statistics

47.1% of providers reported to routinely refer patients to substance use treatment services to help address unmet needs of the community.

The majority of providers (62.5%) reported that Substance Use Disorder and addiction treatment services in Barry County fall short of meeting the needs and demands of its residents.

Recent Use Among Barry County High School Students



## Community-Identified Issues:

### Sobriety Challenges:

Addressing sobriety challenges within a community is important for a supportive and inclusive environment for individuals in recovery. By acknowledging the difficulties posed by the accessibility of substances, communities can promote awareness, reduce stigma, and provide resources to help maintain sobriety.

### Access to Resources:

Access to substance use resources is important for supporting individuals in their recovery journey. The absence or inaccessibility of these resources, as highlighted in the quotes, can create significant barriers to maintaining sobriety. When programs like Celebrate Recovery shut down during the pandemic and never reopened, individuals lost vital community and emotional support. Similarly, the long distance required to attend AA meetings discouraged participation, leaving people without consistent guidance and accountability.

### What Barry County Residents are Saying:

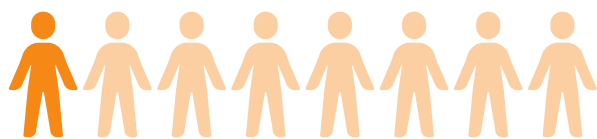
"I'm a recovering drug addict, and it is very hard to see those [cannabis] stores and everything and knowing it's there. And having to put that boundary up that "no, you don't need to go there." It just **makes it harder for sobriety.**"

"I did Celebrate Recovery through my church which is for any hiccups, hangups, addictions. It's not just for addiction, but something like that. But **when Covid hit, it all shut down and it's never come back.**"



## Importance and Impact :

Providers ranked unattainable nutritional food in a patient's community as the #4 problem that impacts the community's health. Nearly 28% of community respondents identified poor access to healthy and nutritious food - whether due to high costs or lack of nearby stores - as a top issue impacting their community's health. Additionally, 41.2% of provider respondents noted that access to healthy and nutritious food is a top factor that makes a community or neighborhood healthy.



1 in 8 people (12.5%) in Barry County are **food-insecure**

Among food-insecure people in Barry County, **40% are above the SNAP threshold**

(Source: Feeding America, 2022)

## Key Statistics

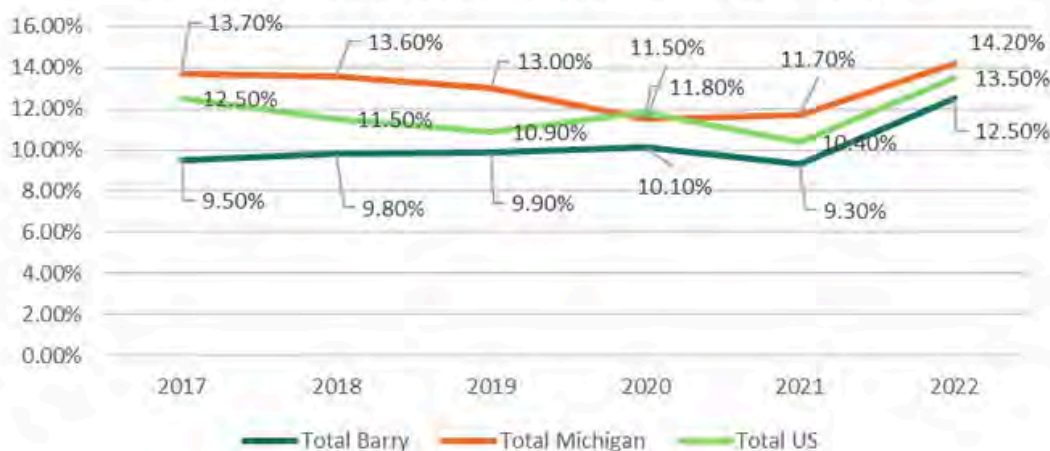
**40%** of Community-Based Organizations reported **the capacity to make a meaningful impact on food security** over the next 3 years.

**41.2%** of provider respondents **routinely refer patients to food banks or pantries** to help address unmet needs.

**43.8%** of provider respondents believe current programs targeting food insecurity **do not adequately meet the demands** of Barry County residents.

**One in five (20.2%)** residents surveyed reported **worrying about running out of food** within the past 12 months **due to financial constraints**.

Food Insecurity (Percentage of population lacking adequate access to food) by Geographic Comparison 2017-2022





## Community-Identified Issues:

### Access to Health and Family-Friendly Dining Options:

Community residents identified a gap in accessible, healthy, and family-friendly dining options. Focus group discussions highlight a prevalence of fast-food establishments and the need to travel out of town for nutritious meals or family-style dining experiences.

### Access to Fresh and Affordable Produce:

Residents appreciate the availability of fresh, locally grown produce during the summer and the support farmers provide to food pantries. However, having reliable access to fresh fruits and vegetables year-round, especially for low-income families, remains important.

### What Barry County Residents are Saying:

"**There's a lot of fast food** in town. There's a few restaurants that kind of teeter on the, having a healthier, but there's not like an extremely, like a GreenEats or a place where you can get a nice salad."

"If we're going to go out to eat, **we usually have to go out of town** anymore. There's no family style food or anything like that."

"I think **there's a lot of fresh produce in this area**. Little stands and you can, you know, stop and get good produce during the summer months."

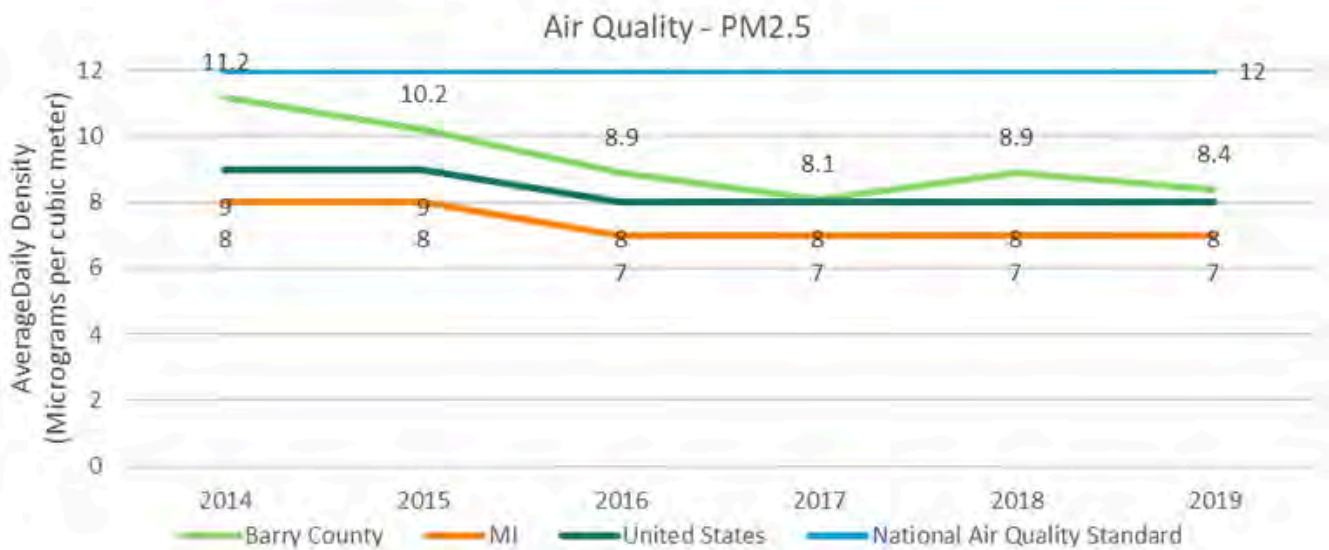
"Even the people that **can't really afford it** and **they have to go to the food pantries**. They have a **good variety** and knowing that the farmers actually **donate their extra fresh vegetables and fruit** there, actually really helps cause otherwise you're just getting stuff that's full of salt and full of sugar."

## Importance and Impact :

A clean environment, including access to clean air and water, is important for overall health and preventing disease. Poor air quality can lead to respiratory and cardiovascular issues, while contaminated water increases the risk of infections and chronic illnesses. Promoting and maintaining environmental cleanliness supports healthier communities and overall quality of life.

### Key Statistics

**28.5%** of community respondents and **20.0%** of Community-Based Organizations identified a **clean environment as one of the top factors contributing to a healthy and thriving neighborhood.**



## Community-Identified Issues:

### Maintaining clean and healthy indoor environments:

The concerns about vaping in smoke-free spaces highlights the need for clear policies that treat vaping and smoking equally to protect air quality and reduce exposure to potentially harmful substances. Ensuring enforcement of no-smoking and no-vaping rules supports a cleaner, healthier environment for all community members

### What Barry County Residents are Saying:

"Even though the places say 'No Smoking,' **people are still in there vaping**, which if it says no smoking, it should be included, no vaping."





## Importance and Impact :

Having access to well-paying jobs and a strong economy is important for community health, as it helps people afford essentials like healthy food, safe housing, and healthcare. Low wages can lead to financial stress, limited access to medical care, and worse health outcomes, which all contribute to higher rates of chronic diseases and mental health issues.

### Key Statistics

**7.4%** of community respondents and **33.3%** of Community-Based Organization (CBO) respondents **identified good jobs and a healthy economy as key contributors to community health.**

CBOs **ranked unlivable wages as the #2 issue impacting community health**, while providers placed it 4th—highlighting **the important role that economic stability plays in overall well-being.**



The Gini coefficient is a measure of income inequality within a community or society, ranging from 0 (perfect equality) to 1 (complete inequality). High income inequality, as indicated by a higher Gini coefficient, is associated with poorer health outcomes, including higher rates of chronic diseases, mental health issues, and lower life expectancy.

## Community-Identified Issues:

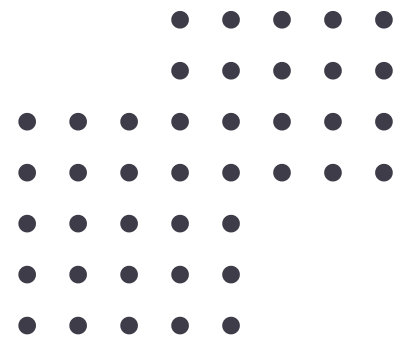
### What Barry County Residents are Saying:

**"I didn't have insurance** for like a year. I just got Medicaid, but I think **I'm going to be taken off it again** since I just got a job working \$12 an hour."



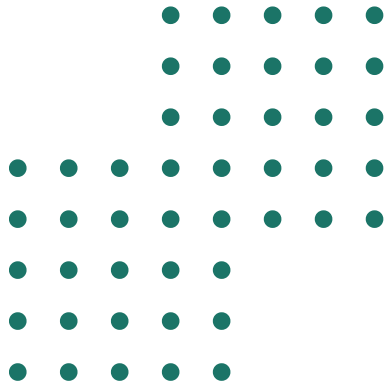
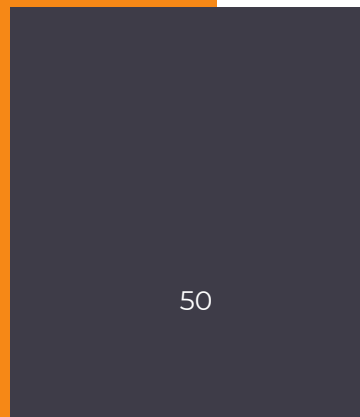
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# Air Quality

## Measure:

- Air Quality - PM2.5\*
  - PM stands for particulate matter (also called particle pollution); the term for a mixture of solid particles and liquid droplets found in the air. Source: [www.epa.gov/pm-pollution/particulate-matter-pm-basics](https://www.epa.gov/pm-pollution/particulate-matter-pm-basics)

## Data Source:

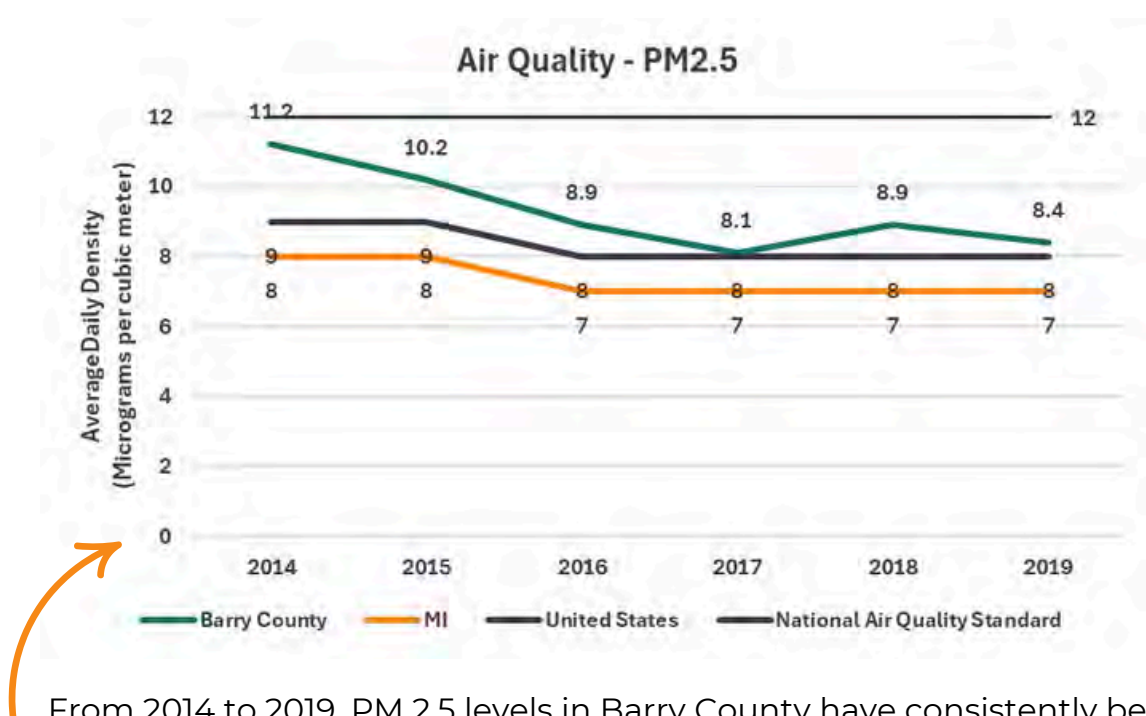
- CDC Tracking Network

## Years:

- 2014-2019

## Reason for Measure:

Measuring PM 2.5 levels assesses air quality and its impact on respiratory and cardiovascular health in the county. PM 2.5 refers to tiny particles in the air that are 2.5 micrometers or smaller, which can easily be inhaled into the lungs and cause health problems. Monitoring these levels helps identify pollution sources and protect health, especially for vulnerable populations such as children and the elderly.



From 2014 to 2019, PM 2.5 levels in Barry County have consistently been higher than the Michigan average. In 2019, Barry County recorded a PM 2.5 level of 8.4, compared to Michigan's 7.0, though both remain well below the National Air Quality Standard of 12.0.

# Binge Drinking - Adults

## Measure:

- Characteristics of Adults that Binge Drank in Past 30 Days (by geography, gender, Age categories, education, and income)
- Percentage of Adults Reporting Binge Drinking in Past 30 Days, 2012-2021

## Data Source:

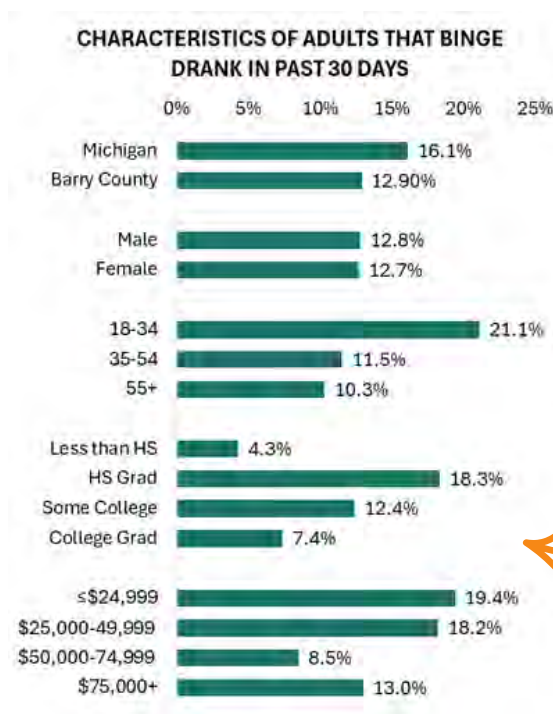
- MI BRFs, Barry BRFs

## Years:

- 2012-2021

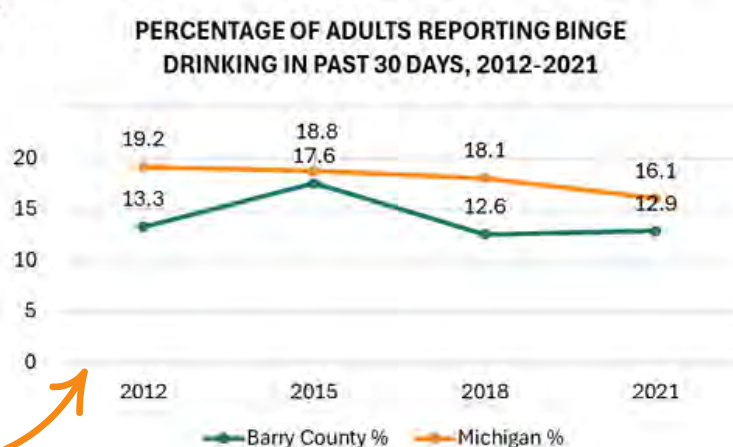
## Reason for Measure:

Measuring the percentage of adults who binge drank in the past 30 days helps identify patterns of excessive alcohol use among residents. Binge drinking is associated with increased risks of chronic diseases, mental health issues, and accidents.



Between 2020 and 2022, 12.9% of Barry County residents reported binge drinking in the past 30 days. Rates were similar between males and females, but younger adults aged 18 to 34 were the most likely to engage in binge drinking, with prevalence decreasing as age increased. Income level also played a role, with adults earning \$24,999 or less reporting the highest rate of binge drinking (19.4%).

Between the 2017–2019 and 2020–2022 survey periods, the percentage of adults in Barry County who reported binge drinking in the past 30 days has remained stable and continues to be lower than the statewide average for Michigan.



# Cannabis - Adults

## Measure:

- Characteristics of Adults That Used Cannabis Every day for Past 30 Days (by gender, age categories, education, and income)
- Reasons for Using Cannabis During Past 30 Days, Barry County Adults, 2020-2022

## Data Source:

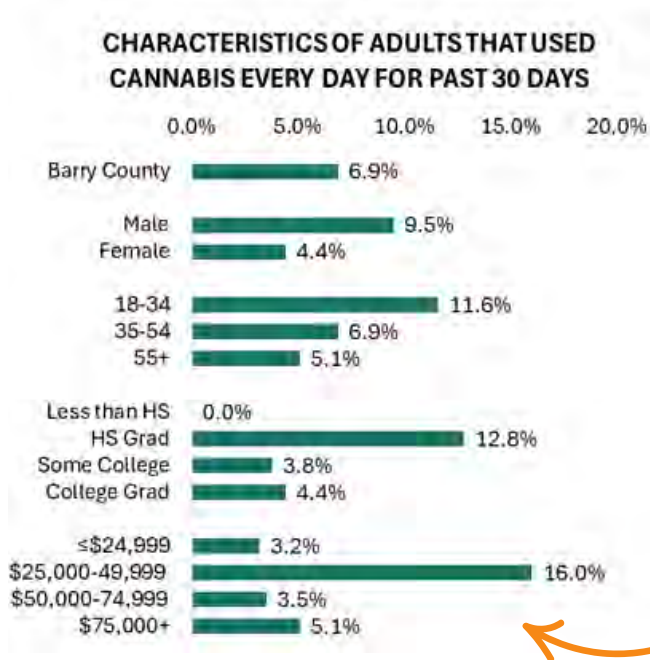
- Barry BRFs

## Years:

- 2020-2022

## Reason for Measure:

Measuring everyday cannabis use among adults is important to track because frequent use can affect mental and physical health. Understanding the reasons for cannabis use provides insight into whether it is for medical or recreational purposes, which helps tailor education, prevention, and support services.

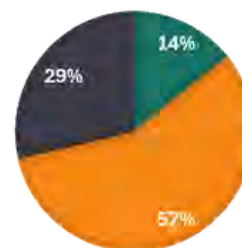


Among residents that were surveyed, 6.9% of adults reported using cannabis every day for the past 30 days. Males (9.5%) were over twice as likely than females (4.4%) to use cannabis everyday for the past 30 days. The most common age for daily cannabis use was 18 to 34 years. As age increases, the percentage of adults using daily decreases. Adults making \$25,000 to \$49,999 a year were most likely to use cannabis daily at 16%.

Among Barry County adults that reported cannabis use during the past 30 days when surveyed between 2020 and 2022, the majority (57%) use for recreational purposes only, 29% use for both medicinal and recreational, and 14% use for medical purposes only.

## REASONS FOR USING CANNABIS DURING PAST 30 DAYS, BARRY COUNTY ADULTS, 2020-2022

■ Medicinal ■ Recreational ■ Both medicinal and recreational



# Colorectal Screening

## Measure:

- Characteristics of Adults 50 and Older Who Ever had a Colorectal Screening-Sigmoidoscopy/Colonoscopy (by geography, gender, Age categories, education, and income)
- Percentage Of Adults ≥50 Years Reporting Any Colorectal Screening

## Data Source:

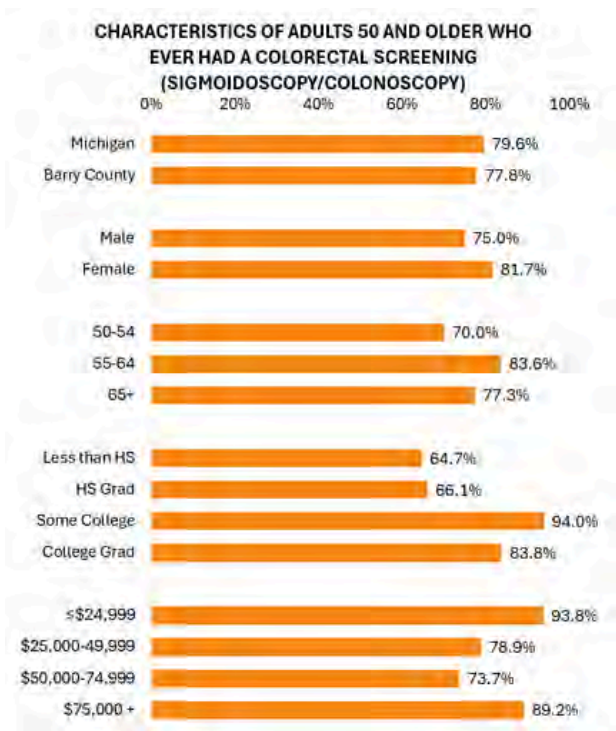
- MI BRFs, Barry BRFs

## Years:

- 2012-2021

## Reason for Measure:

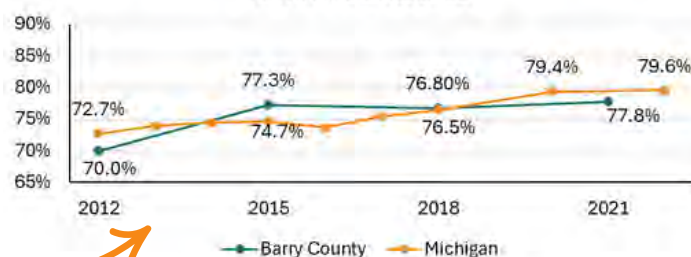
By assessing the colorectal cancer screenings in the county, we can determine if certain populations are under-screened. In Michigan, where colorectal cancer was the second leading cause of cancer-related death in 2021, understanding screening rates helps prioritize strategies to reduce cancer mortality and address disparities in screening access.



In Barry County, 77.8% of adults aged 50 and older have reported ever having a colorectal screening, closely aligning with the state of Michigan's rate of 79.6%. Among this population, women (81.7%) are more likely to have had a colorectal screening compared to men (75.0%). Additionally, adults aged 50 and older with some college education have the highest screening rate at 94.0%.

The percentage of adults aged 50 and older in Barry County reporting any colorectal screening has remained stable over recent survey periods, consistently ranging from 76% to 78%.

**PERCENTAGE OF ADULTS ≥50 YEARS OF AGE REPORTING ANY COLORECTAL SCREENING, BARRY COUNTY\* AND MICHIGAN, 2012-2021**





## Dental Access

### Measure:

- Percentage of Adults in Barry County Reporting They Could Not See a Dentist in the Past Year When They Needed to Because of Cost
- Characteristics of Adults that Could Not See a Dentist When They Need to Because of Cost (by gender, Age categories, education, and income)

### Data Source:

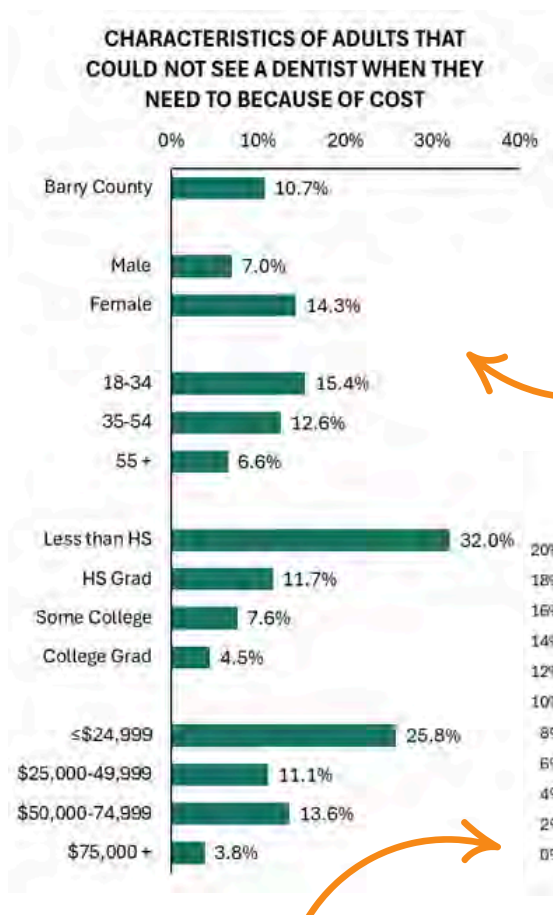
- Barry County BRFS

### Years:

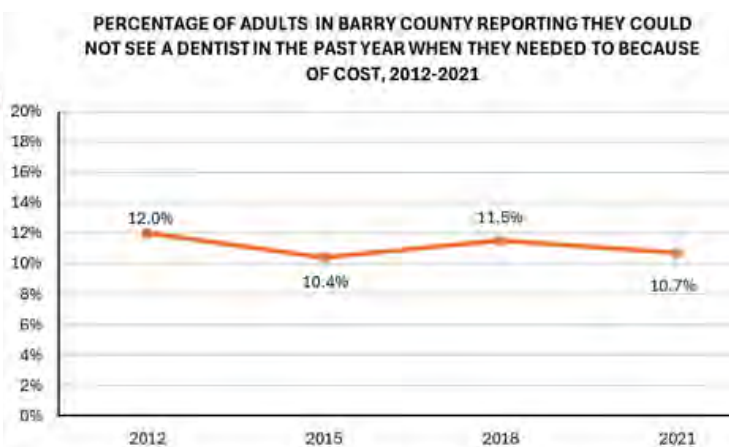
- 2012-2022

### Reason for Measure:

Access to dental care is important for overall health. Untreated dental issues can lead to serious health complications. Measuring the percentage and characteristics of adults unable to see a dentist due to cost helps identify disparities and barriers to care.



In the 2020-2022 BRFS survey, 10.7% of Barry County adults reported cost as a barrier to dental care. Those most affected included residents with less than a high school education (32%), nearly three times higher than high school graduates, and 25.8% of individuals earning \$24,999 or less.



From the 2011-2013 to the 2020-2022 BRFS survey, the percentage of Barry County residents unable to see a dentist when needed due to cost has remained steady, ranging from 10.4% to 12.0%.

## Education

### Measure:

- Percentage of Residents over 25 Years of Age with a College Degree
- Percentage of Residents with a College Degree by Race/Ethnicity

### Data Source:

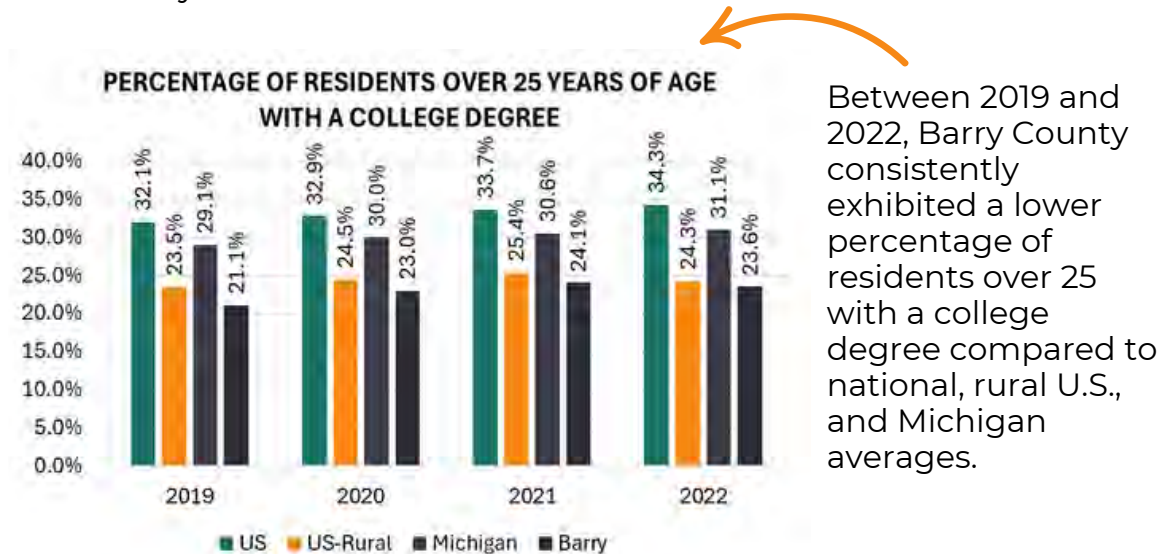
- American Community Survey (ACS)

### Years:

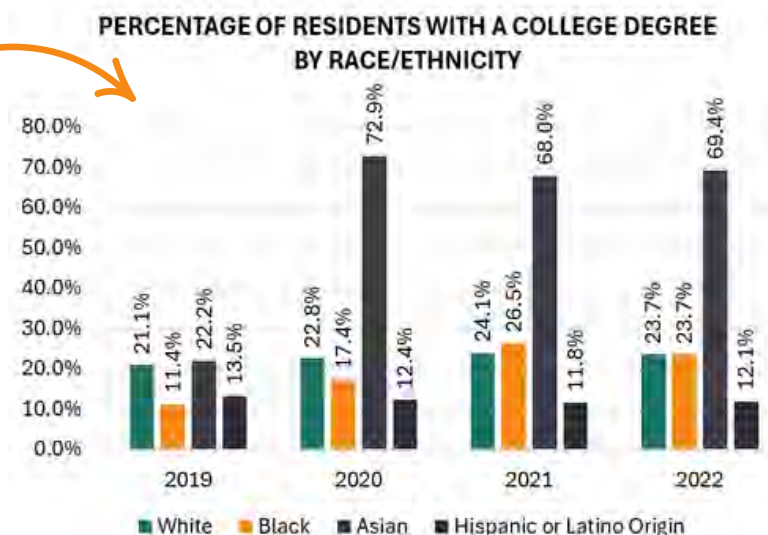
- 2019-2022

### Reason for Measure:

Measuring the percentage of residents over 25 with a college degree and by race/ethnicity helps identify educational disparities within the community.



From 2020 to 2022, Hispanic or Latino residents in Barry County had the lowest percentage of individuals with a college degree, while Asian residents consistently had the highest levels of college attainment in the county.



## Food Access

### Measure:

- Percentage of Food Insecurity by Geographic Comparison 2017-2022
- Percentage of Food Insecurity by Race/Ethnicity
- Percentage of Food Insecurity (Children) 2017-2022

### Data Source:

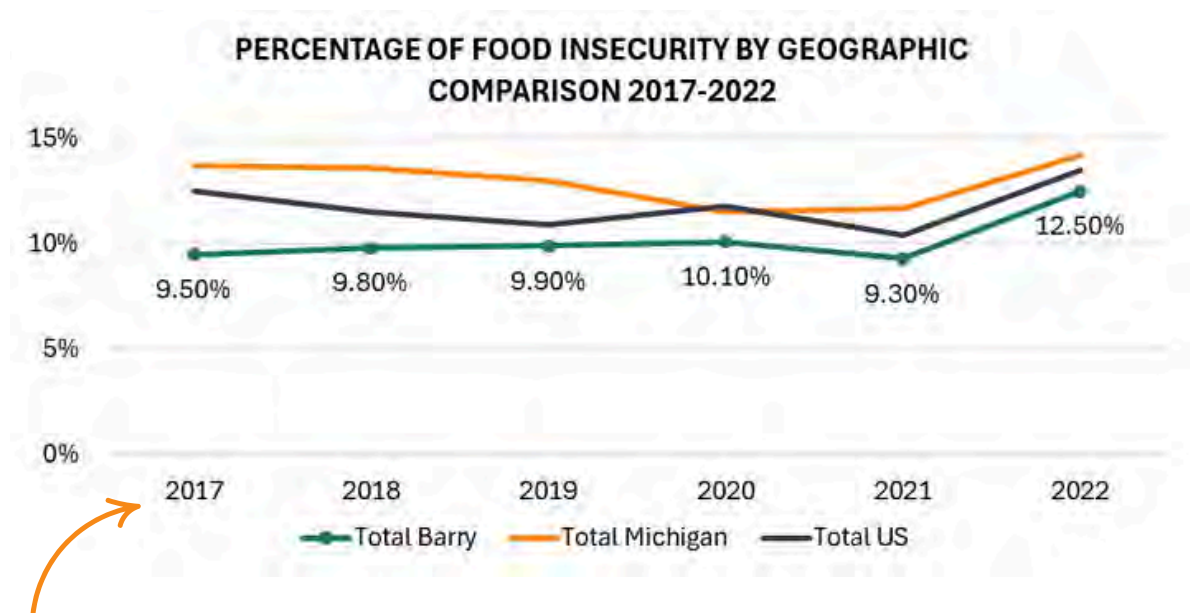
- CHR / Feeding America

### Years:

- 2017-2022

### Reason for Measure:

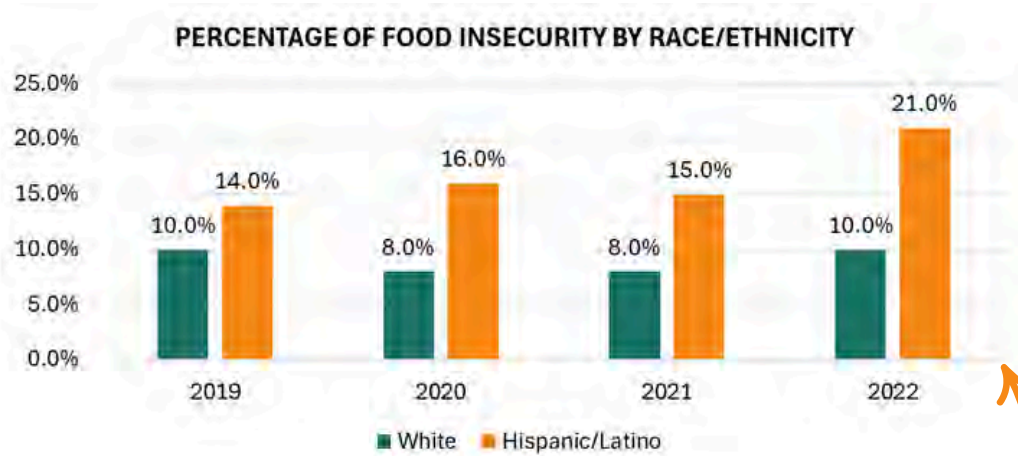
Measuring food insecurity by race/ethnicity reveals disparities and tracking food insecurity among children provides crucial data for supporting vulnerable populations and ensuring equitable access to nutrition and resources.



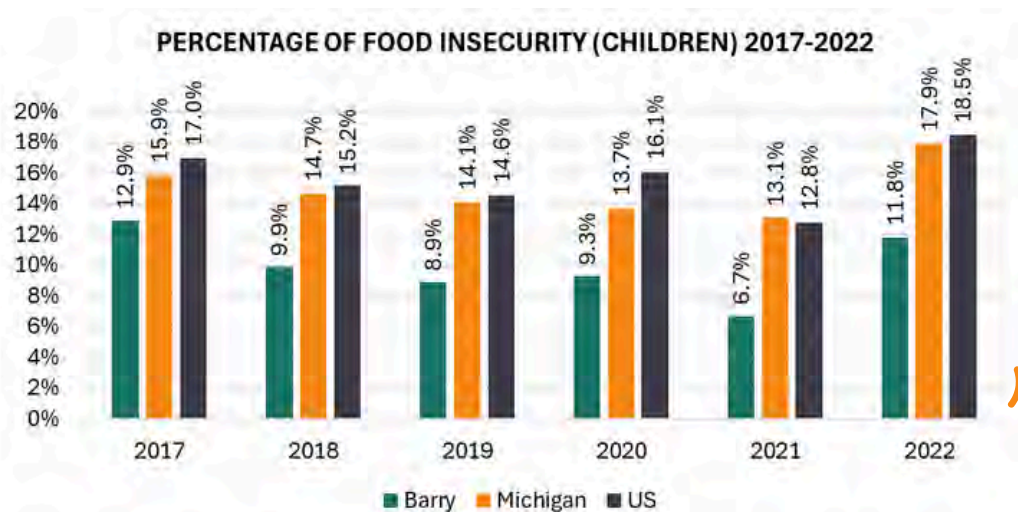
From 2017 to 2021, food insecurity in Barry County remained relatively stable, closely tracking trends in Michigan and the U.S. However, all three areas saw an increase in 2022, with Barry County rising from 9.3% to 12.5%, still lower than both Michigan and national levels.



## Food Access (Cont.)



Between 2019 and 2022, Hispanic/Latino residents in Barry County consistently faced higher rates of food insecurity compared to White residents. The largest increase in food insecurity among Hispanic/Latino residents occurred in 2022, rising to 21%.



Barry County has consistently reported lower rates of food insecurity among children compared to Michigan and the U.S. While these rates remained lower overall, there was a noticeable increase from 2021 to 2022, mirroring the overall trend in food insecurity within the county.

# Fruits and Vegetables Intake

## Measure:

- Characteristics of adults reporting < 2 servings of fruits or vegetables a day (by geography, gender, Age categories, education, and income)
- Percentage of adults reporting > 5 or < 2 serving of fruits or vegetables a day

## Data Source:

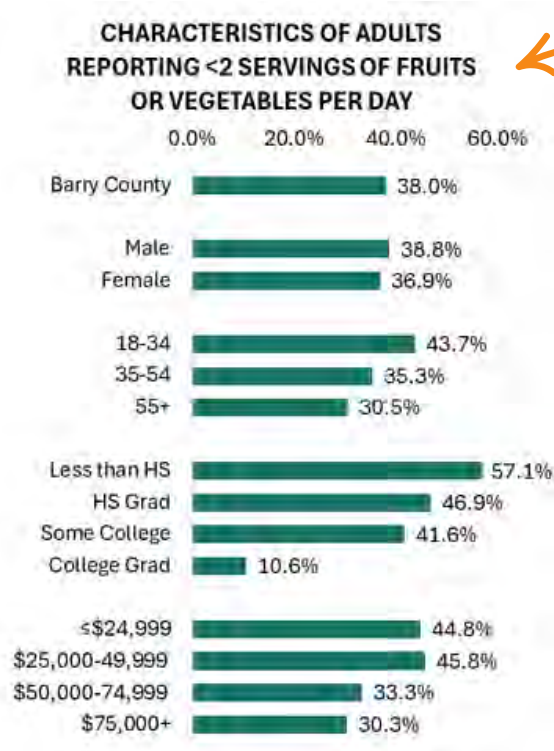
- MI BRFs, Barry BRFs

## Years:

- 2020-2022

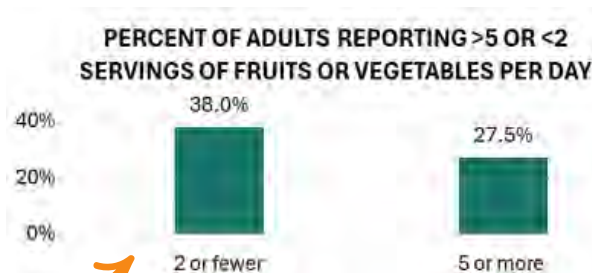
## Reason for Measure:

Measuring the percentage of adults meeting the daily recommended intake of fruits and vegetables is important, as it is strongly linked to reduced risks of chronic diseases and improved overall health outcomes. This indicator offers valuable insights into the dietary habits of adults and their alignment with nutritional recommendations.



For the combined three-year data (2020–2022) in Barry County, there was no significant difference between males and females reporting <2 servings of fruits or vegetables per day. However, as age increases, the percentage of adults reporting low fruit and vegetable intake decreases, indicating that older individuals are more likely to meet the recommended daily intake. Similarly, higher levels of educational attainment among Barry County residents correlate with an increased likelihood of meeting daily fruit and vegetable recommendations.

Between 2020-2022, 38% of adults in Barry County report not consuming the recommended daily fruits or vegetables. Conversely, 27.5% of adults in Barry County report consuming >5 servings of fruits or vegetables a day.



## Gini Coefficient

### Measure:

- 5-year averaged Income Inequality Ratio (Gini Coefficient)

### Data Source:

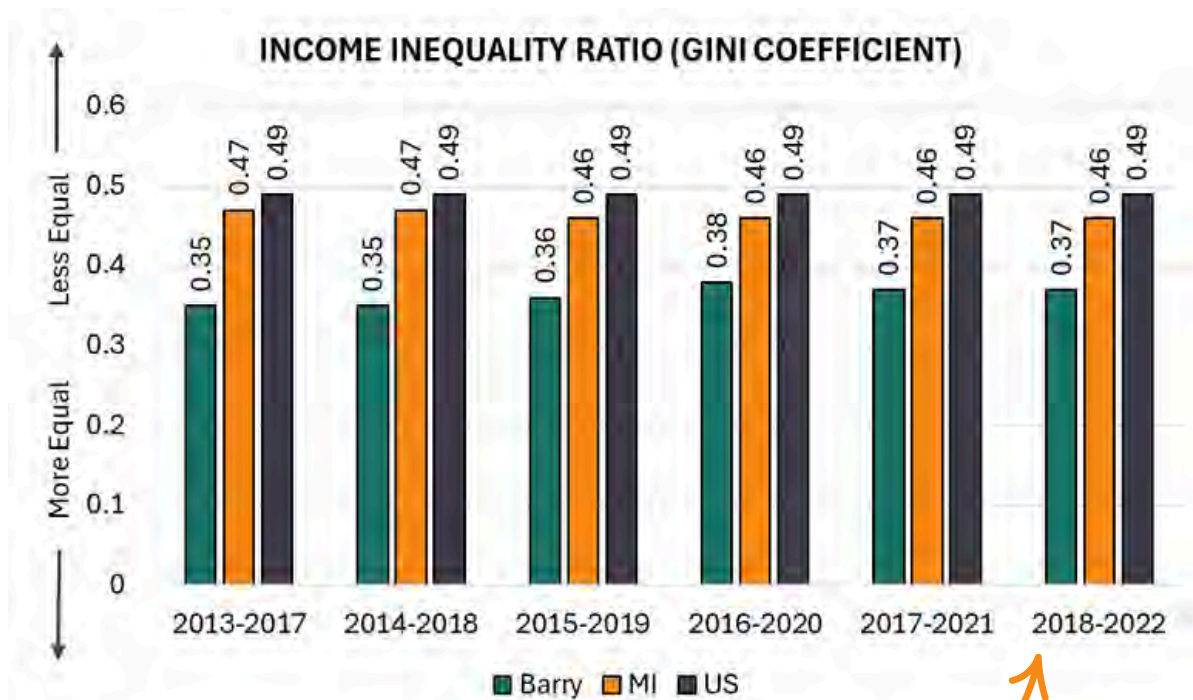
- American Community Survey (ACS)

### Years:

- 2018-2022

### Reason for Measure:

The Gini coefficient is measured to assess income distribution within the county and compare it to Michigan and the U.S. This metric ranges from 0 to 1, with values closer to 0 indicating greater income equality and values closer to 1 reflecting greater inequality. Understanding these trends helps inform economic and social policies aimed at promoting financial equity and community well-being.



From 2018 to 2022, the 5-year average Gini coefficient in Barry County has remained relatively stable, ranging between 0.35 and 0.38. Throughout this period, Barry County's ratio has consistently been lower than both Michigan and the U.S., indicating a more even distribution of wealth compared to state and national levels.

## Healthcare Access

### Measure:

- Percentage Of Adults Reporting They Could Not See A Healthcare Provider In The Past Year
- Characteristics of Adults that Could Not See a Healthcare Provider in the Past Year Because of Cost (by geography, gender, Age categories, education, and income)

### Data Source:

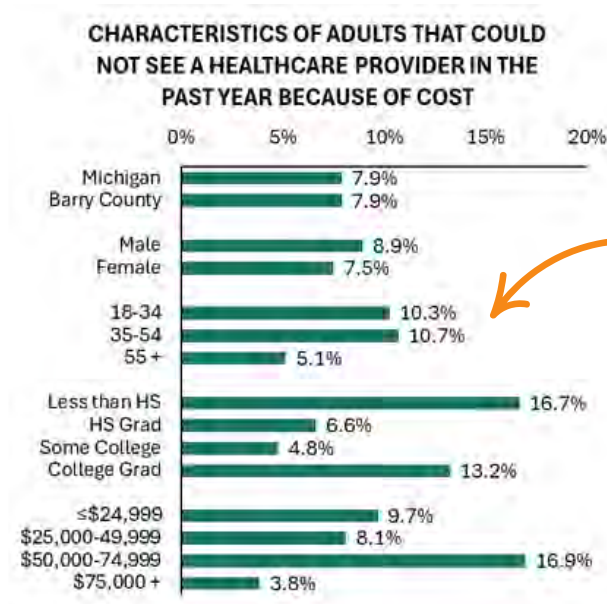
- Barry County BRFS, MI BRFS

### Years:

- 2012-2022

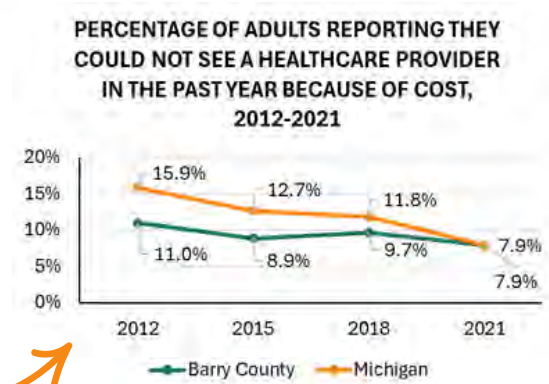
### Reason for Measure:

Access to healthcare is essential for maintaining overall health, preventing disease, and managing chronic conditions. Measuring the percentage and characteristics of adults unable to see a provider, especially due to cost, helps identify barriers to care and disparities across demographics.



In Barry County, adults earning \$50,000 to \$74,999 were the most likely to report cost as a barrier to healthcare in the past year. Additionally, individuals with less than a high school education or those with a college graduate degree experienced the highest rates of difficulty accessing care due to cost.

The percentage of adults in Barry County and Michigan who could not see a healthcare provider due to cost has been steadily declining over the past three survey periods. In the 2020-2022 period, 7.9% of adults in both Barry County and Michigan reported cost as a barrier to care.





# Healthcare Coverage

## Measure:

- Characteristics of Adults Reporting Any Kind of Health Care Coverage (by gender, age categories, education, and income)
- Percentage of Adults 18-64 Years of Age Reporting No Health Care Coverage

## Data Source:

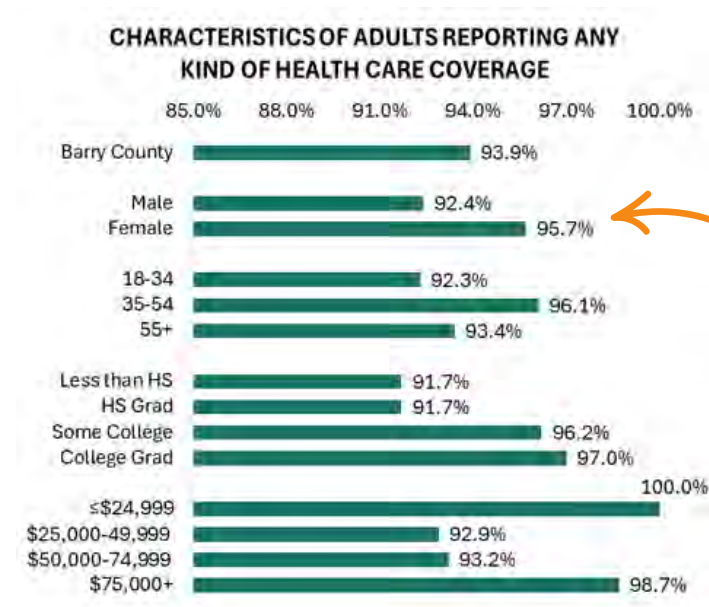
- Barry County BRFS

## Years:

- 2014-2022

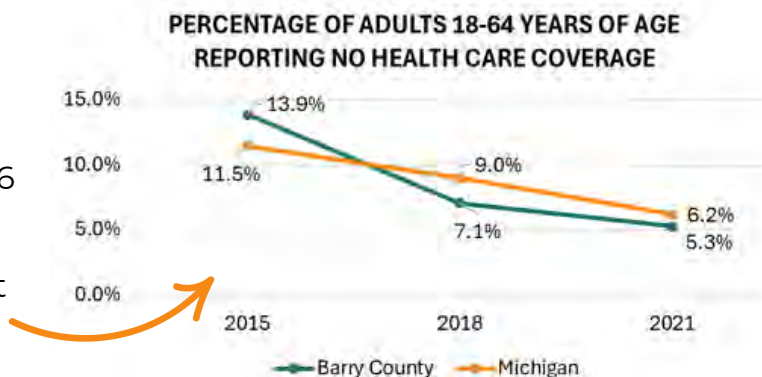
## Reason for Measure:

Health insurance coverage is essential to access medical care and preventive services. Measuring coverage rates and demographic differences helps identify gaps in access, particularly among adults aged 18-64 who may lack employer-sponsored or public insurance options.



A higher percentage of adult females in Barry County (95.7%) report having some form of health care coverage compared to males (92.4%). The group with the highest rate of health care coverage at 100% was among residents earning \$24,999 or less.

The percentage of Barry County adults aged 18-64 without health care coverage has decreased from 13.9% in the 2014-2016 period to 5.3% in 2020-2022. This positive trend indicates an improvement in health care access among residents of Barry County.



# Housing

## Measure:

- Percentage of Households Spending More Than 30% of Income on Housing by Year

## Data Source:

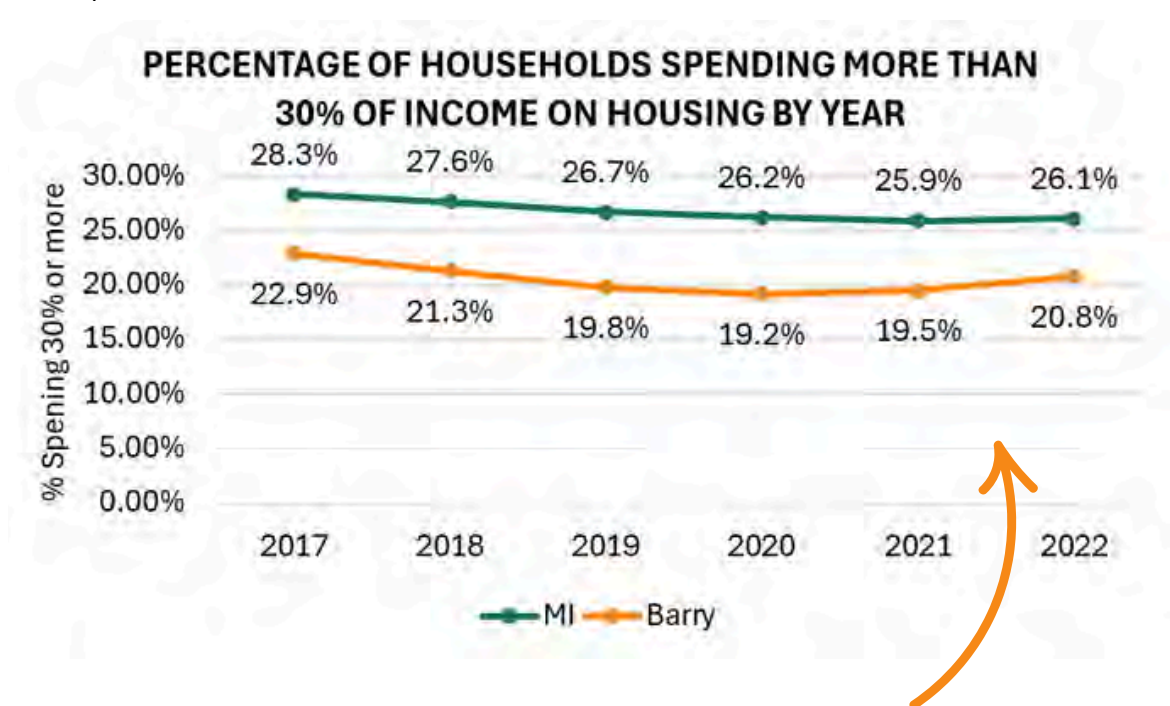
- American Community Survey (ACS)

## Years:

- 2017-2022

## Reason for Measure:

Measuring the percentage of households spending more than 30% of their income on housing helps better understand housing affordability and financial stability within a community. When households exceed this threshold, they are considered cost-burdened, meaning they may struggle to afford other necessities like food, healthcare, and transportation.



The percentage of households spending more than 30% of their income on housing has consistently been lower in Barry County compared to the state of Michigan. From 2017 to 2022, this percentage remained relatively stable, with a slight decline from 22.9% in 2017 to 19.2% in 2020. However, in 2021 and 2022, the percentage rose again to 20.8%, indicating a potential shift in housing affordability trends.

## Internet

### Measure:

- 5-year average Broadband Internet Subscription

### Data Source:

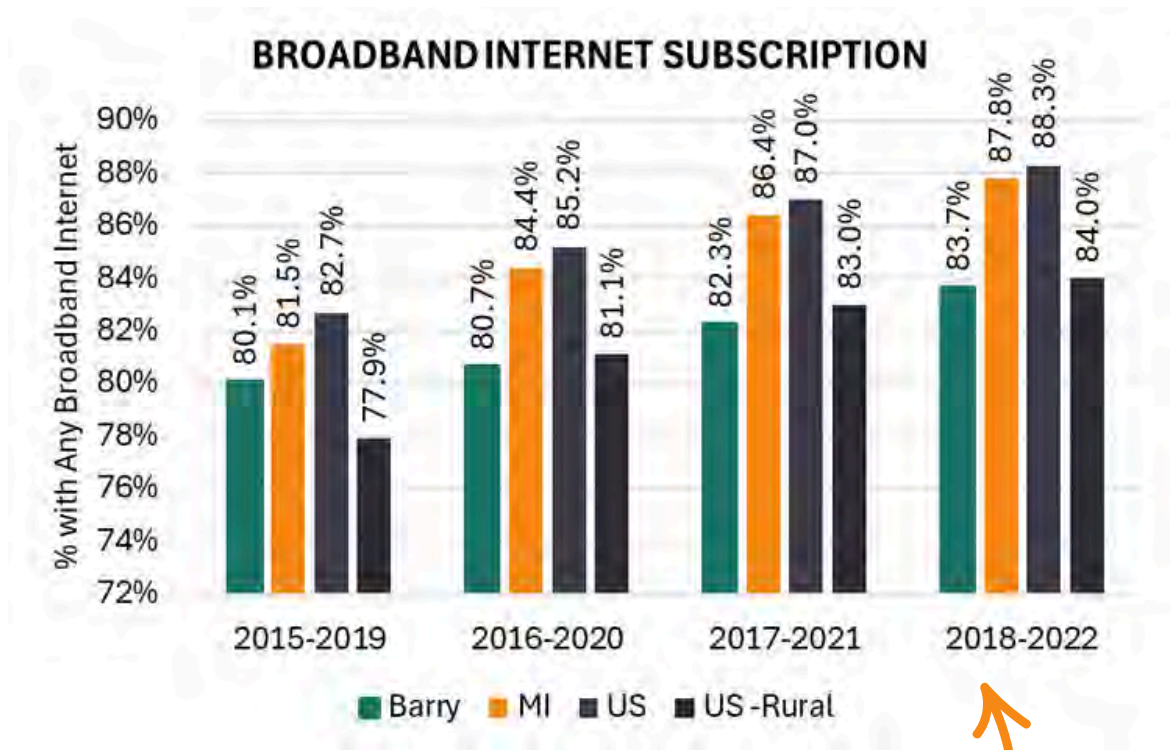
- American Community Survey (ACS)

### Years:

- 2019-2022

### Reason for Measure:

Measuring the 5-year average of broadband internet subscription provides insight into the county's access to essential digital resources, which impacts education, employment, and healthcare.



Between 2019 and 2022, the percentage of homes with broadband internet steadily increased in Barry County, Michigan, the U.S., and rural U.S. areas. However, Barry County consistently had the lowest broadband subscription rates from 2020 to 2022, falling below rural U.S. averages. In 2022, Barry County reached 83.7%, compared to Michigan's average of 87.8%.

# Mammogram Screening

## Measure:

- Characteristics of Women 40 and Older Who Ever Had a Mammogram (by geography, gender, Age categories, education, and income)
- Percentage of Women ≥40 Years of Age Reporting Ever having Mammogram

## Data Source:

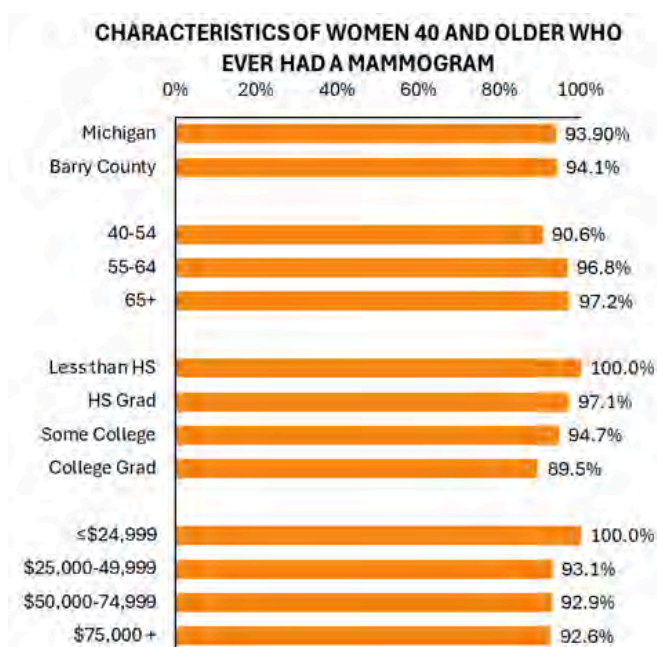
- MI BRFSS, Barry BRFSS

## Years:

- 2012-2021

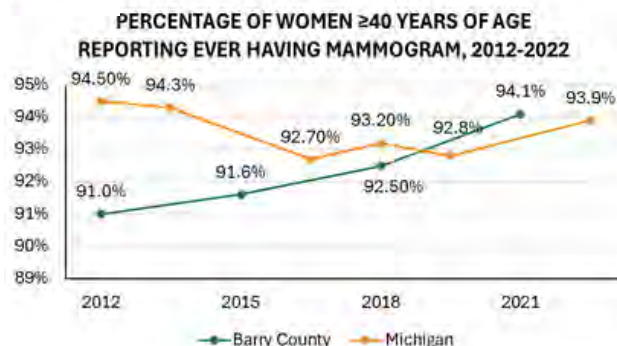
## Reason for Measure:

Measuring the characteristics of women 40 and older who have had a mammogram by factors like geography, education, and income helps identify barriers to screening. Since breast cancer is the second leading cause of cancer death among women in the U.S., early detection through mammography could improve survival.



In the 2020-2022 survey period, 94.1% of women aged 40 and older reported having ever had a mammogram, closely aligning with the state of Michigan's rate of 93.9%. Notably, women over 40 with less than a high school education and those earning \$24,999 or less had a 100% mammogram history rate.

The percentage of women aged 40 and older reporting they have ever had a mammogram has shown a steady increase over time, rising from 91% in the 2011-2013 survey period to 94.1% in 2020-2022.





## Personal Care Provider

### Measure:

- Characteristics of Adults Reporting No Personal Doctor or Health Care Provider (by gender, age categories, education, and income)

### Data Source:

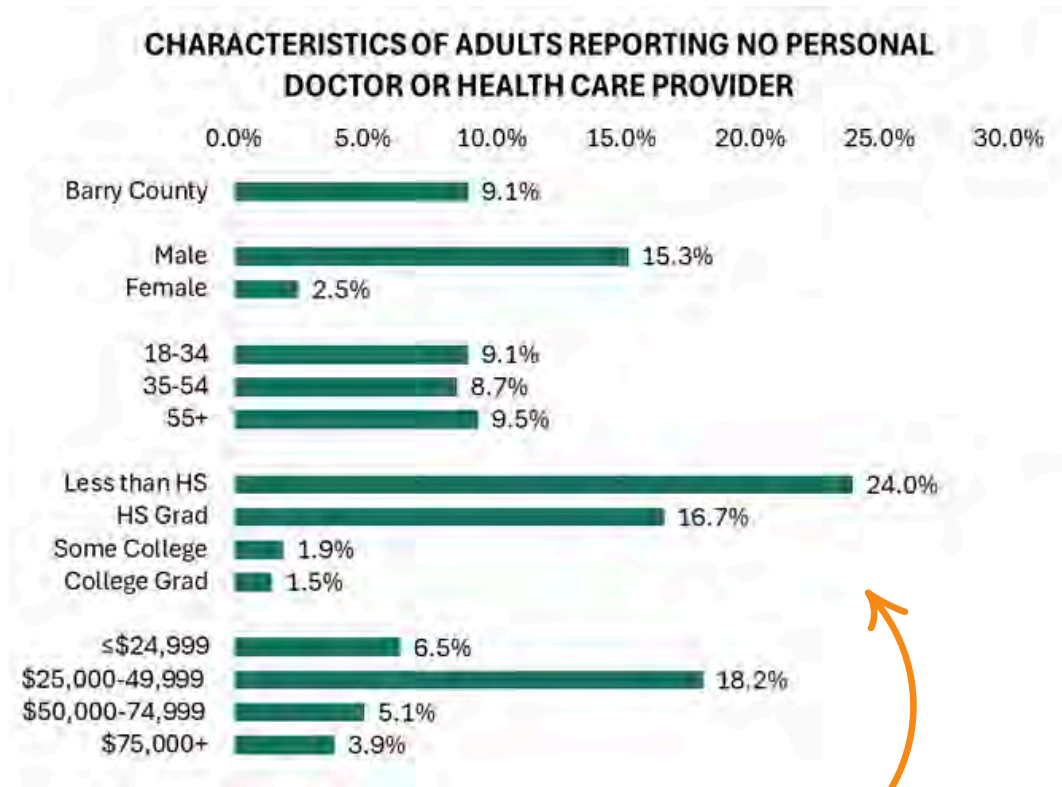
- Barry County BRFS

### Years:

- 2020-2022

### Reason for Measure:

Access to healthcare providers is important for preventive care, early disease detection, and management of chronic conditions. Measuring the characteristics of adults without a personal care provider helps identify disparities based on gender, age, education, and income, highlighting populations at risk for poorer health outcomes.



Adult males in Barry County are over six times more likely to report not having a personal care provider (15.3%) than females (2.5%). Additionally, those with less than a high school education are the most likely to lack a PCP compared to individuals with higher education levels. Among income groups, adults earning \$25,000 to \$49,999 report the highest rates of not having a PCP.

# Physical Activity

## Measure:

- Characteristics of adults reporting no leisure time physical activity in past month (by geography, gender, age categories, education, and income)
- Percentage of Adults reporting no leisure time physical activity in past month, 2012-2021

## Data Source:

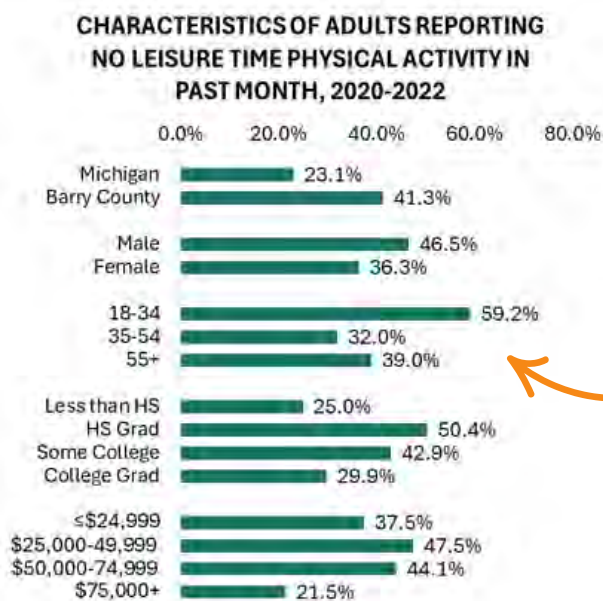
- MI BRFSS, Barry BRFSS

## Years:

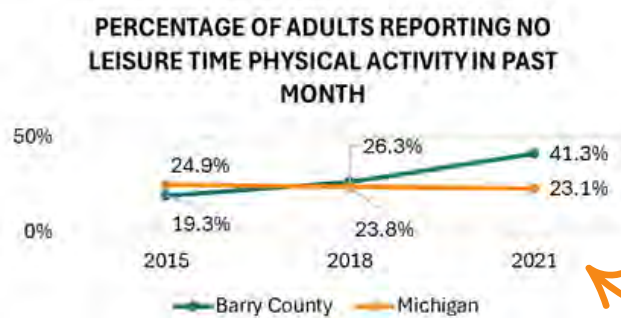
- 2015-2021

## Reason for Measure:

Measuring the percentage of adults reporting no leisure-time physical activity in the past month provides insight into the physical activity patterns within the population. Low levels of physical activity are associated with a range of health concerns, including obesity, cardiovascular disease, and diabetes. Identifying the proportion of inactive adults helps to identify areas for intervention.



For the three-year combined data (2020–2022), males in Barry County reported no leisure-time physical activity at a higher rate (46.5%) compared to females (36.3%). Additionally, adults aged 18–34 were more likely to report no leisure-time physical activity than those aged 35 and older.



The percentage of adults reporting no leisure-time physical activity in Michigan has remained relatively stable over the past three survey periods, fluctuating between 23% and 25%. In contrast, Barry County has seen an increase in adults reporting no leisure-time physical activity, rising from 19.3% in 2015 to 41.3% in 2021.

## Provider Ratio

### Measure:

- Population to Primary Care Provider Ratio
- Population to Mental Health Provider Ratio

### Data Source:

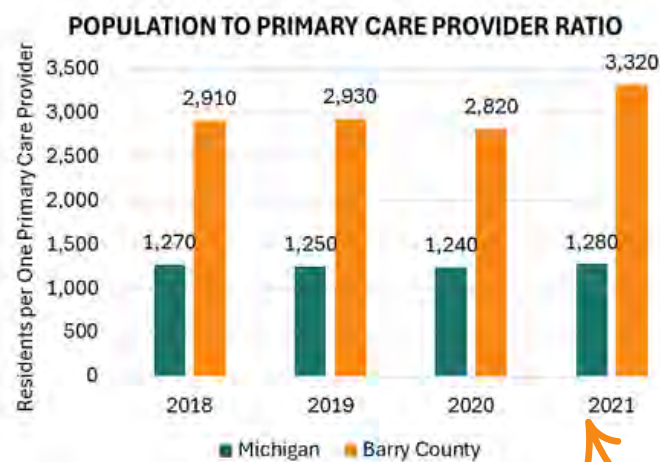
- Health Resources & Services Administration & Centers for Medicare & Medicaid Services

### Years:

- 2018-2023

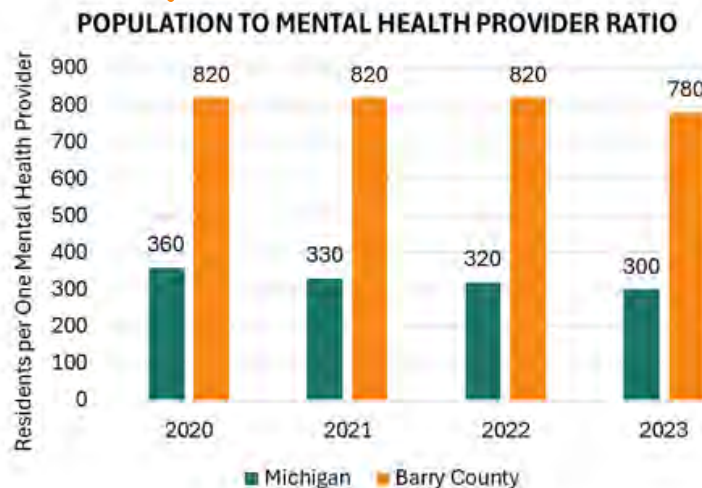
### Reason for Measure:

The population-to-provider ratios for primary care and mental health services indicate access to healthcare and treatment availability. Measuring these ratios helps identify provider shortages and gaps in care.



A lower PCP ratio indicates better access to primary care providers. In Barry County, the PCP ratio has consistently been much higher than Michigan's from 2018 to 2021. Notably, the ratio increased for both Barry County and Michigan from 2020 to 2021, indicating a decline in available providers to serve the population.

A lower mental health provider ratio reflects better access to care. Barry County's ratio has remained significantly higher than Michigan's from 2020 to 2023. While the ratio stayed constant from 2020 to 2022, it improved in 2023, suggesting an increase in available mental health providers.



## Smoking - Adults

### Measure:

- Characteristics of Adults Reporting to Currently Smoke (by geography, gender, age categories, education, and income)
- Percentage of Adults Who Report Currently Smoking, 2012-2021

### Data Source:

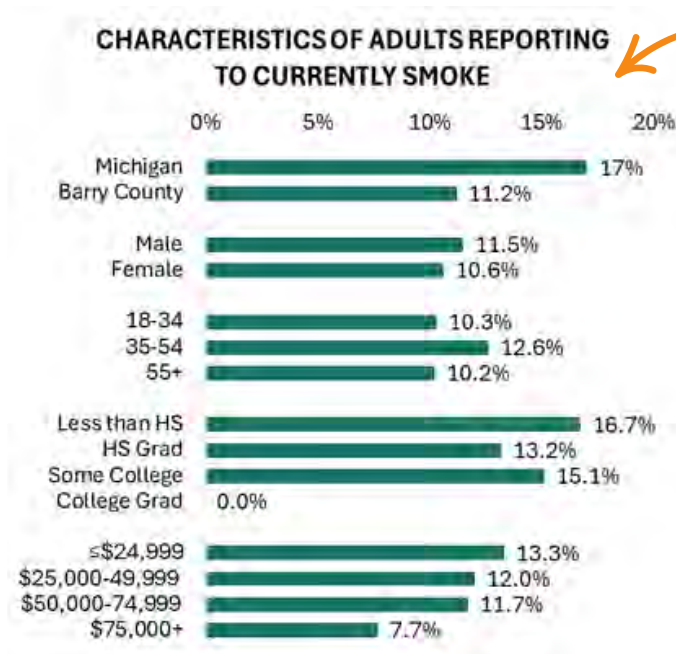
- MI BRFS, Barry BRFS

### Years:

- 2012-2021

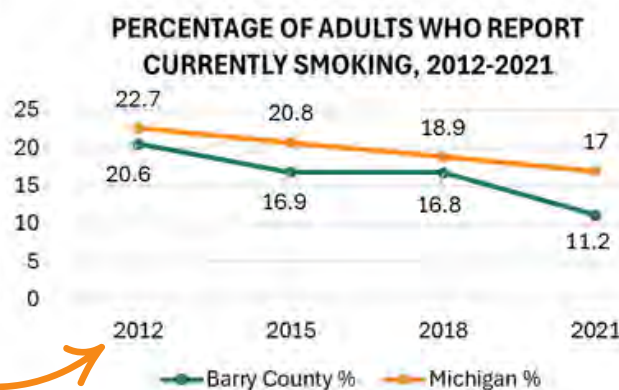
### Reason for Measure:

Measuring the characteristics of adults who currently smoke by geography, gender, age, education, and income helps identify the specific populations most affected by smoking. This data helps identify disparities in smoking prevalence.



Among Barry County adults surveyed between 2020 and 2022, 11.2% reported being current smokers. Smoking prevalence was higher among adults with less than a high school education (16.7%) compared to those with higher levels of educational attainment. Additionally, adults with an income of \$24,999 or less were more likely to smoke, with smoking rates decreasing as income levels increased.

Since the 2011-2013 survey period, the percentage of adults in Barry County reporting current smoking has decreased each year. This is similar to the overall decline seen across Michigan, though the smoking rate in Barry County has consistently remained lower than the state average over the past four survey periods.





## Social Connection - Adolescents

### Measure:

- Percentage of students who know adults in the neighborhood they could talk to about something important

### Data Source:

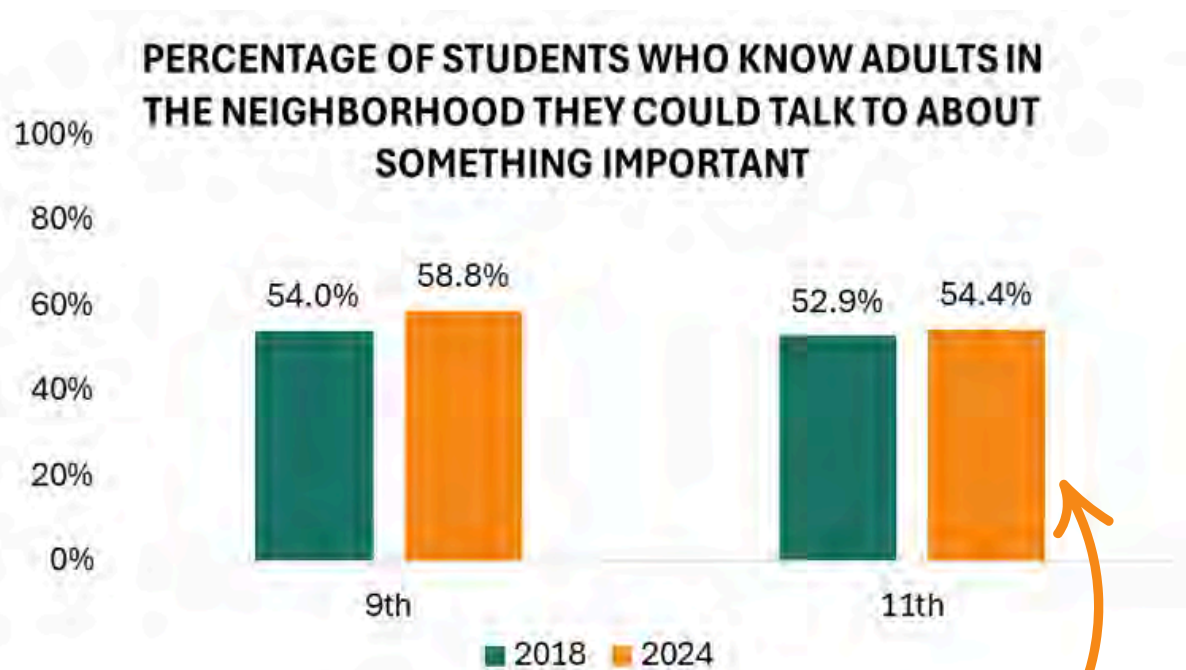
- Barry County MiPHY

### Years:

- 2018, 2024

### Reason for Measure:

Measuring the percentage of students who know adults in their neighborhood they can talk to about something important helps understand the level of social support and community connection available to youth. Strong relationships with trusted adults are important for promoting positive development among students.



The percentage of students who reported to know adults in the neighborhood they could talk to about something important increased from 2018 to 2024 for both 9th and 11th grade students.

## Substance Use - Adolescents

### Measure:

- Recent Substance Use in Adolescents: Alcohol, Prescription Misuse, Cannabis, Vaping
- Alcohol Use in Adolescents

### Data Source:

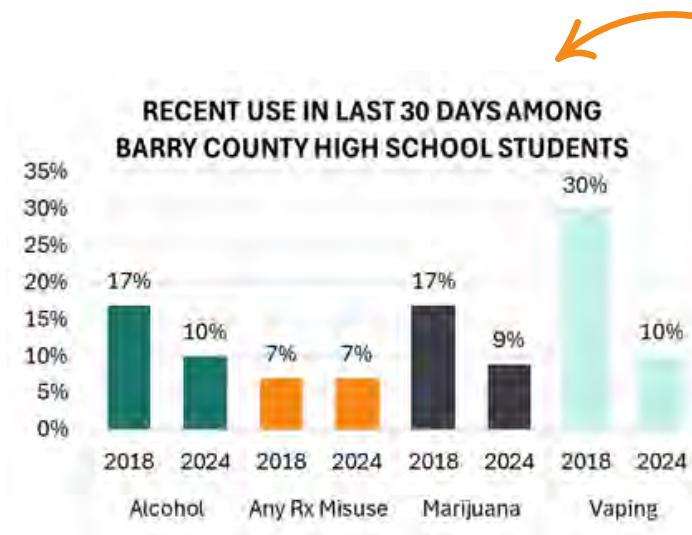
- Barry MiPHY Survey

### Years:

- 2018, 2024

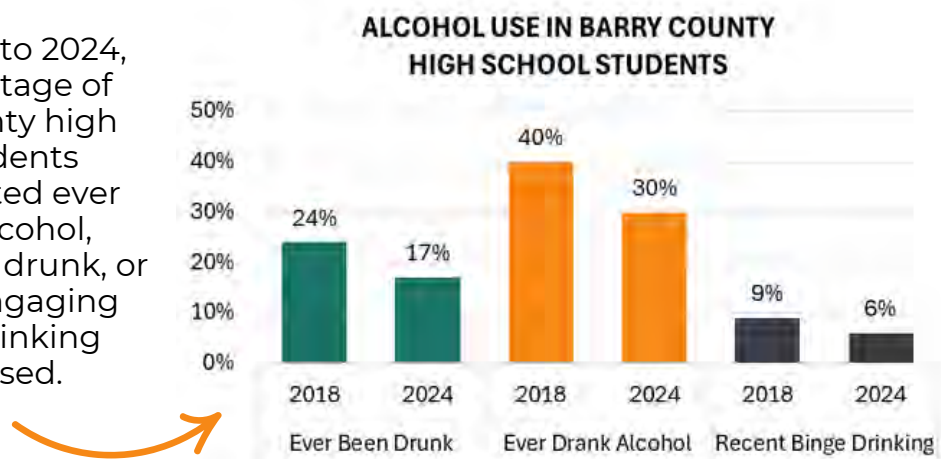
### Reason for Measure:

Measuring adolescent substance use, including alcohol, prescription misuse, cannabis, and vaping, is important to identify trends and address risks to youth development. The use of these substances, especially at a young age, can lead to cognitive, mental health, and safety issues.



The percentage of Barry County high school students reporting recent use of alcohol, cannabis, and vaping has shown a notable decrease from 2018 to 2024. However, the percentage of students reporting recent prescription misuse has remained steady during this period, holding at 7%.

From 2018 to 2024, the percentage of Barry County high school students who reported ever drinking alcohol, ever being drunk, or recently engaging in binge drinking has decreased.



## Vaping - Adults

### Measure:

- Characteristics of Adults Reporting to Ever Have Used an E-Cigarette or other Electronic 'Vaping' Product (by gender, age categories, education, and income)

### Data Source:

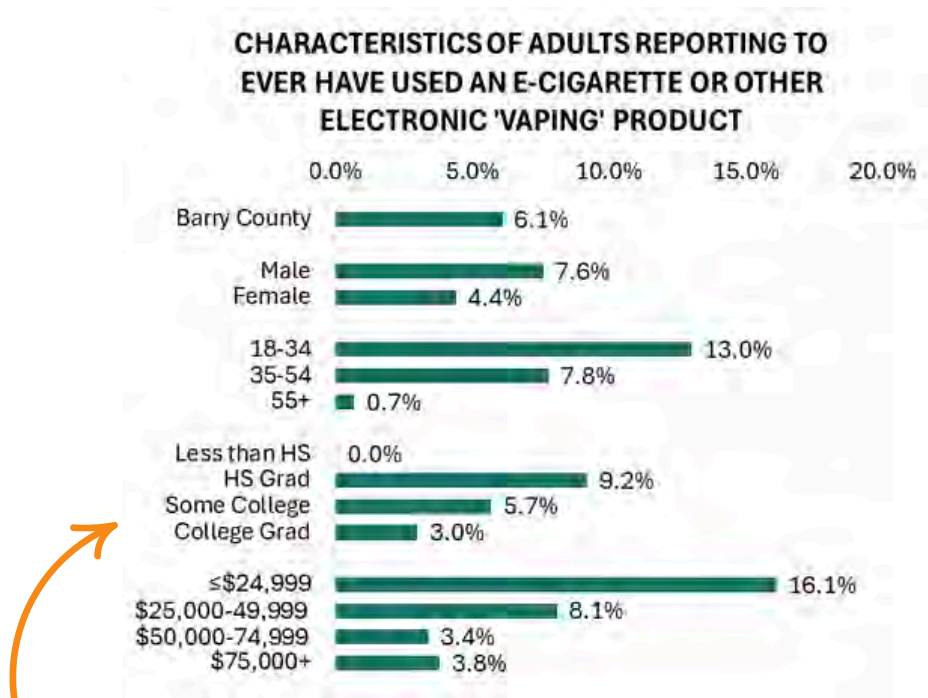
- Barry BRFS

### Years:

- 2020-2022

### Reason for Measure:

Measuring the characteristics of adults who report ever having used an e-cigarette or other electronic vaping products by gender, age, education, and income provides valuable insights into the demographics most affected by vaping. This data helps identify specific population groups that may be at higher risk for e-cigarette use and related health concerns.



Between 2020 and 2022, 6.1% of adults in Barry County reported ever using an e-cigarette or other electronic vaping product. Usage was more common among males (7.6%) compared to females (4.4%). Adults aged 18 to 34 had the highest prevalence of ever using a vaping or e-cigarette device, with 13%, and the rate decreased with age.

# Waiver Log

## Measure:

- Number of Non-Medical Immunization Waivers Granted

## Data Source:

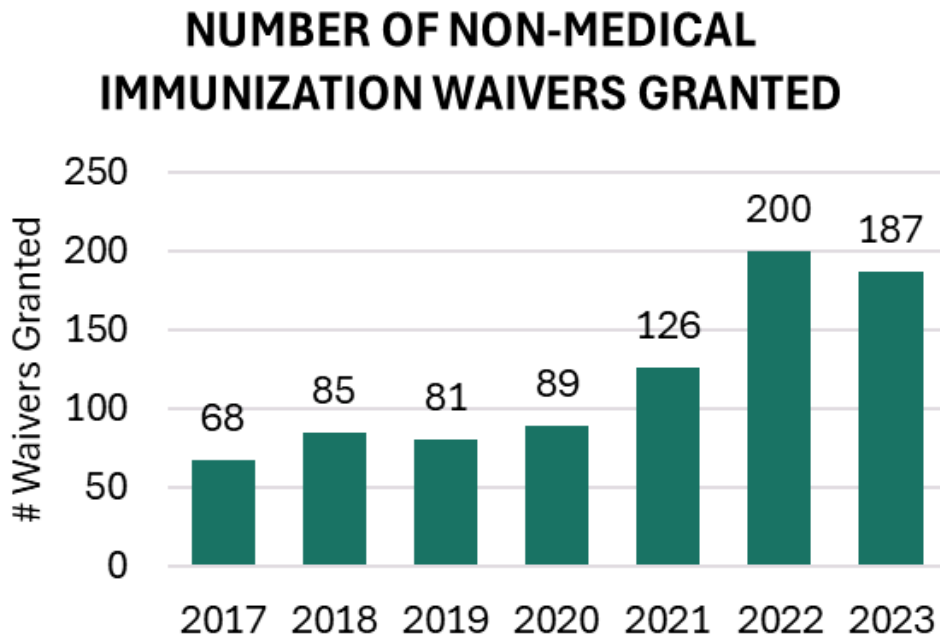
- Barry-Eaton District Health Department, Waiver Log, 2017-2023, Residence is Barry County

## Years:

- 2017-2023

## Reason for Measure:

Tracking the number of non-medical immunization waivers granted for school helps monitor vaccination trends and assess potential public health risks, such as increased susceptibility to vaccine-preventable diseases. This measure also helps identify common reasons for waivers, such as personal, philosophical, or religious beliefs.



The number of non-medical immunization waivers granted for schools has steadily increased from 68 in 2017 to a peak of 200 in 2022, before slightly declining to 187 in 2023. The largest year-over-year increase was a 59% rise from 2021 to 2022.



# Asthma

## Measure:

- Percentage Of Adults Reporting Lifetime Asthma
- Characteristics of Adults Ever Told They Have Asthma (by geography, gender, age categories, education, and income)
- Preventable Asthma-Related Hospitalizations in Children, 0 to 18 years

## Data Source:

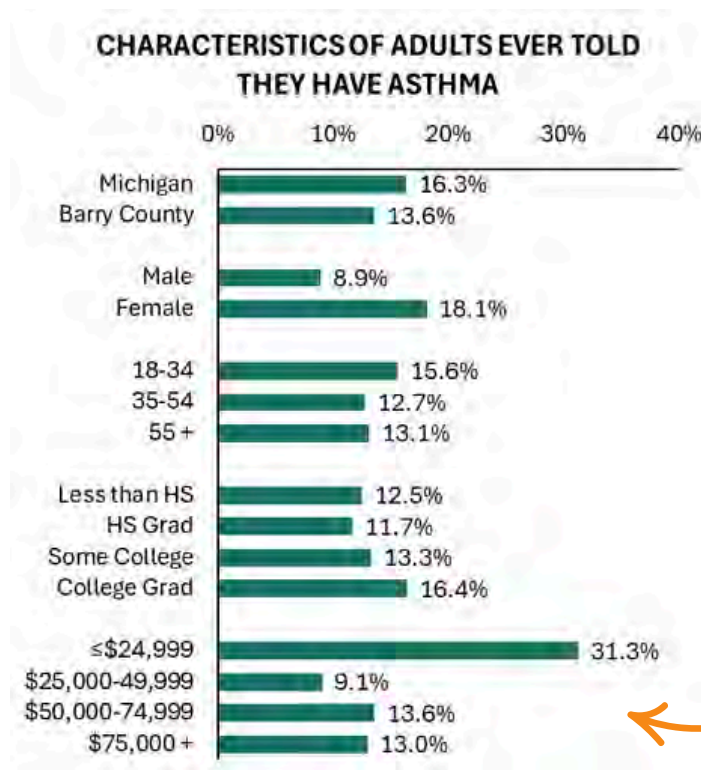
- Michigan BRFs, Barry County BRFs, Michigan Inpatient Database, Michigan Health and Hospital Association

## Years:

- 2012-2022

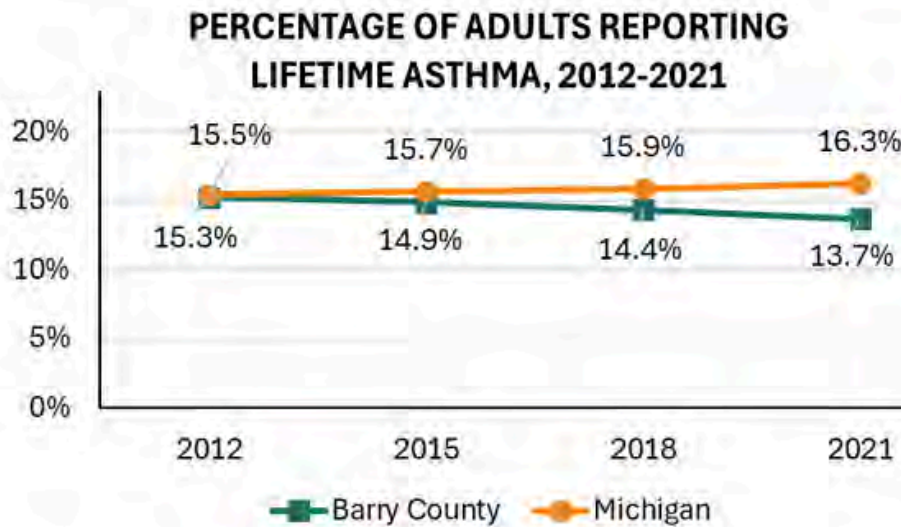
## Reason for Measure:

Measuring asthma indicators in Barry County helps assess the burden of the disease. The percentage of adults reporting lifetime asthma provides an understanding of prevalence and analyzing characteristics of those diagnosed helps identify disparities and risk factors. Tracking preventable asthma-related hospitalizations in children helps identify gaps in access to care, guiding efforts to improve prevention.

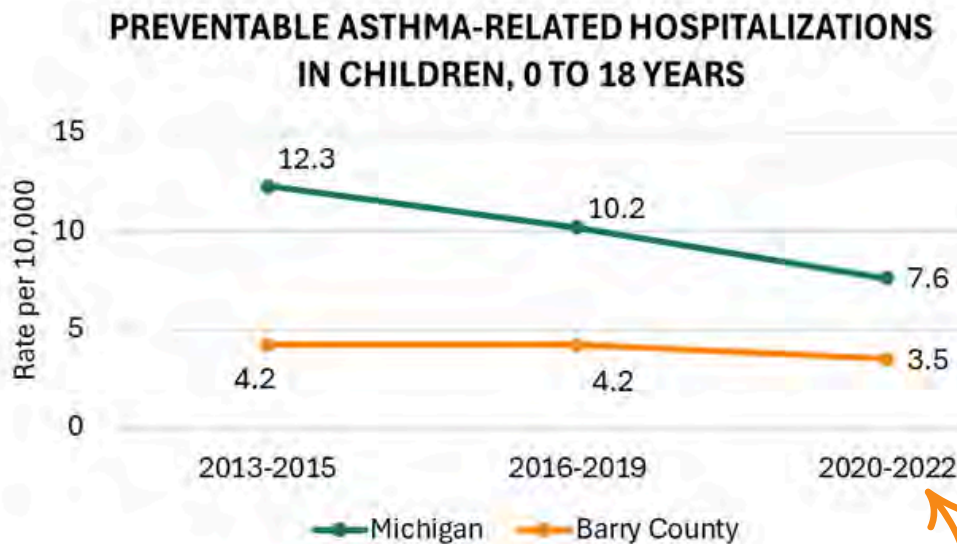


In Barry County, female adults are more likely to report being told they have asthma, with 18.1% of women compared to just 8.9% of men. Additionally, adults with a household income of \$24,999 or less are nearly three times more likely to report an asthma diagnosis compared to those earning higher incomes, highlighting a potential link between socioeconomic factors and asthma prevalence.

## Asthma (Cont.)



The percentage of adults in Barry County reporting a lifetime asthma diagnosis has shown a slight decline over the past four survey periods. In contrast, asthma rates in the State of Michigan have slightly increased during the same timeframe.



The rate of preventable asthma-related hospitalizations for children in Barry County has remained relatively stable over the past several years, averaging between 3.5 and 4.2 per 10,000 children from 2015 to 2022. This consistency suggests that while the situation hasn't worsened, opportunities for reducing hospitalizations still exist.

## Blood Lead Level (BLL)

### Measure:

- Percentage of Children 6 Years and Younger with Elevated Blood Lead Levels

### Data Source:

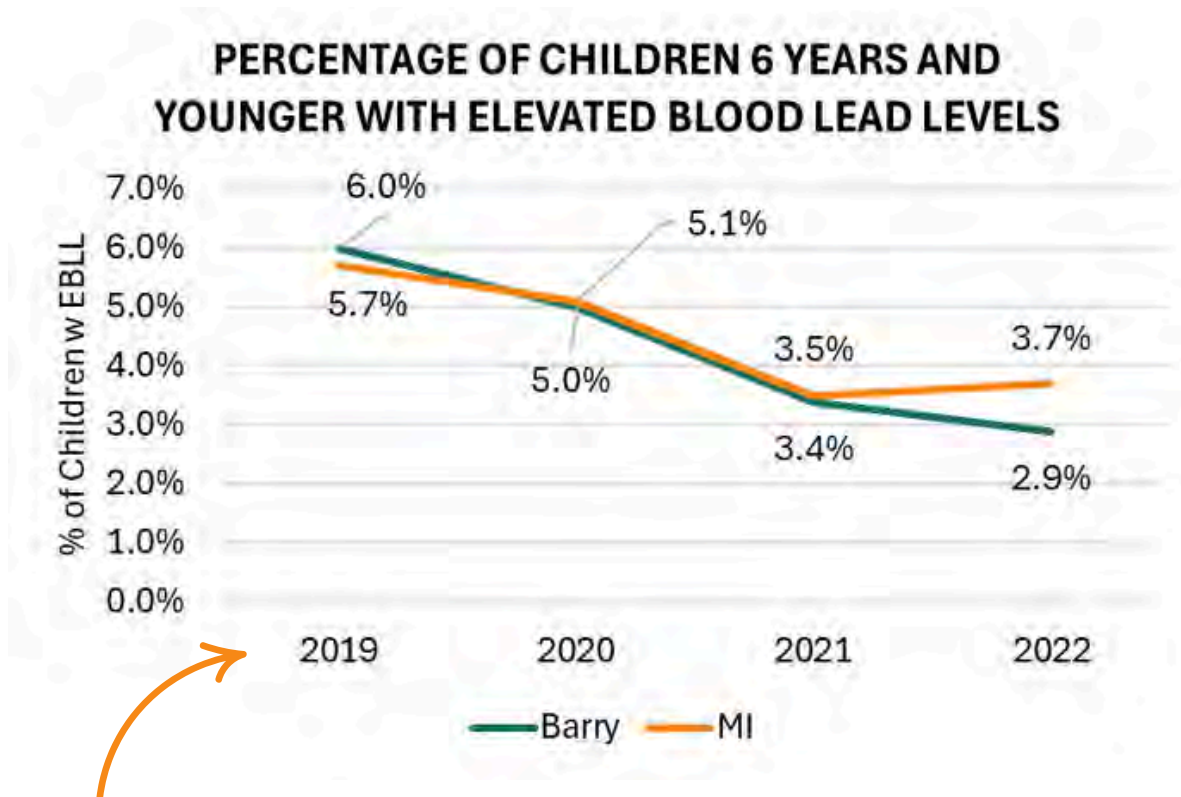
- Childhood Lead Poisoning Prevention Program

### Years:

- 2019-2022

### Reason for Measure:

Measuring the percentage of children 6 years and younger with elevated blood lead levels helps in identifying environmental health risks that can impact cognitive development and long-term health. Tracking this data helps the county address lead exposure and protect vulnerable populations from the harmful effects of lead poisoning.



The percentage of children 6 years and younger with elevated blood lead levels (BLL) has decreased from 5.7% in 2019 to 2.8% in 2022, now lower than Michigan's state average of 3.7% in 2022.

# Congestive Heart Failure (CHF)

## Measure:

- Preventable Congestive Heart Failure Hospitalizations in Adults, Ages 65+ years

## Data Source:

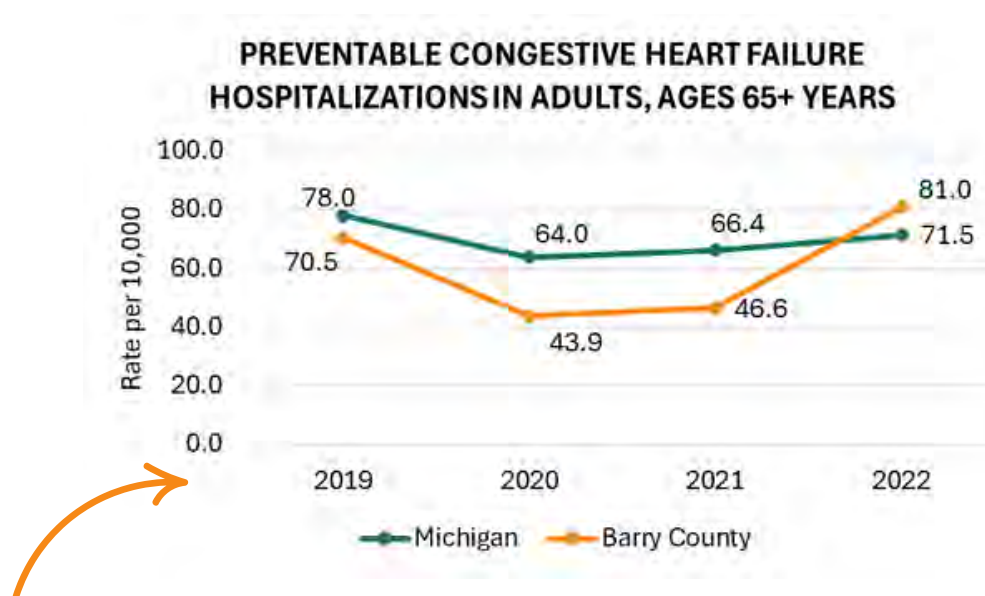
- Michigan Inpatient Database, Michigan Health and Hospital Association

## Years:

- 2019-2022

## Reason for Measure:

Congestive Heart Failure (CHF) is a chronic condition in which the heart's ability to pump blood is weakened, often caused by underlying conditions like hypertension, coronary artery disease, diabetes, or lifestyle factors such as poor diet, smoking, and physical inactivity. Measuring preventable CHF hospitalizations in adults aged 65+ helps assess chronic disease management in the county. High rates may indicate gaps in primary care, medication adherence, or social determinants of health.



Between 2019 and 2021, Barry County maintained a lower rate of preventable CHF hospitalizations among adults aged 65 and older compared to the Michigan average. However, in 2022, the county experienced a notable increase, rising to 81 hospitalizations per 10,000, surpassing the state rate.

# Cholesterol

## Measure:

- Characteristics of Adults Reporting Ever Told They Have High Cholesterol (by geography, gender, age categories, education, and income)
- Percentage Of Adults Reporting Lifetime High Cholesterol

## Data Source:

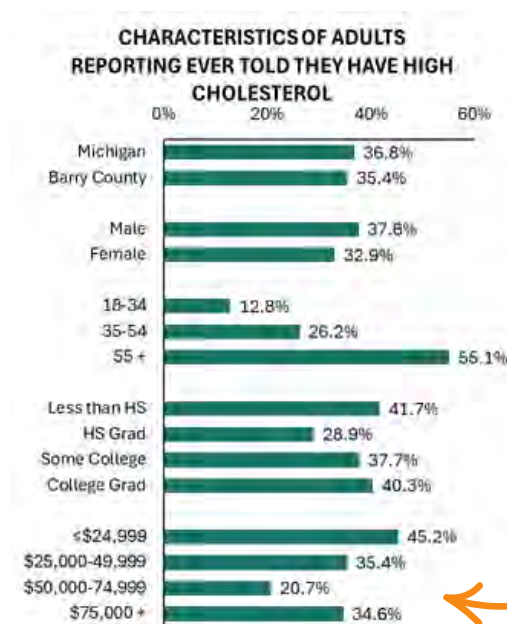
- Barry County BRFs, MI BRFs

## Years:

- 2015-2022

## Reason for Measure:

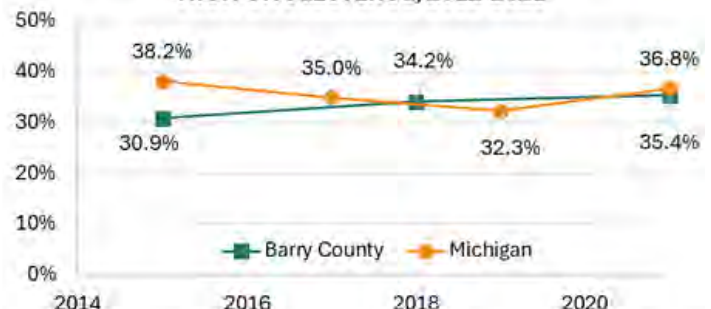
Contributing factors to high blood pressure include poor diet, lack of physical activity, smoking, obesity, genetics, and underlying conditions like diabetes. Measuring cholesterol levels in a community is important because high cholesterol is a major risk factor for cardiovascular disease, one of the leading causes of death in the U.S. Tracking this indicator helps identify at-risk populations and guide public health interventions.



The likelihood of Barry County adults reporting they have ever been told they have high cholesterol increases with age, with the highest prevalence among those 55 and older (55.1%). Adults with less than a high school education were more likely to report high cholesterol compared to those with higher educational attainment. Similarly, individuals with an annual income of \$24,999 or less reported higher rates of high cholesterol compared to those in higher income categories, highlighting potential disparities in health outcomes related to socioeconomic status.

The percentage of Barry County and Michigan adults who have ever been told they have high cholesterol has remained relatively stable across multiple survey cycles from 2015 to 2022.

**PERCENTAGE OF ADULTS REPORTING LIFETIME HIGH CHOLESTEROL, 2012-2021**





# Diabetes - Adult

## Measure:

- Preventable Diabetes-Related Hospitalizations in Adults 18+ years
- Characteristics of Adults That Have Ever Been Told They Have Diabetes (Excluding Only During Pregnancy) (by geography, gender, age categories, education, and income)
- Percentage Of Adults Reporting Diabetes
- Characteristics of Adults That Have Ever Taken a Diabetes Management Class After Told They Have Diabetes (by gender, age categories, education, and income)

## Data Source:

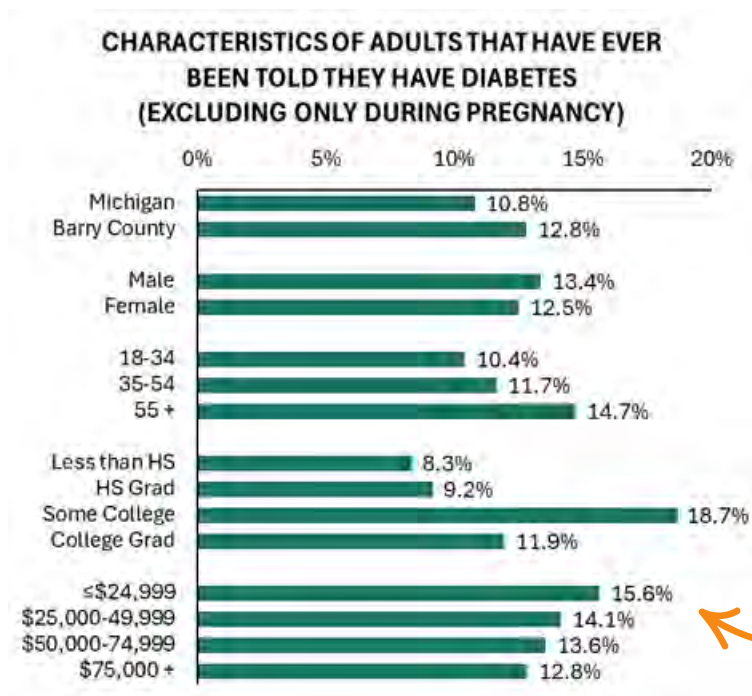
- Michigan BRFs, Barry BRFs, Michigan Inpatient Database, Michigan Health and Hospital Association

## Years:

- 2012-2022

## Reason for Measure:

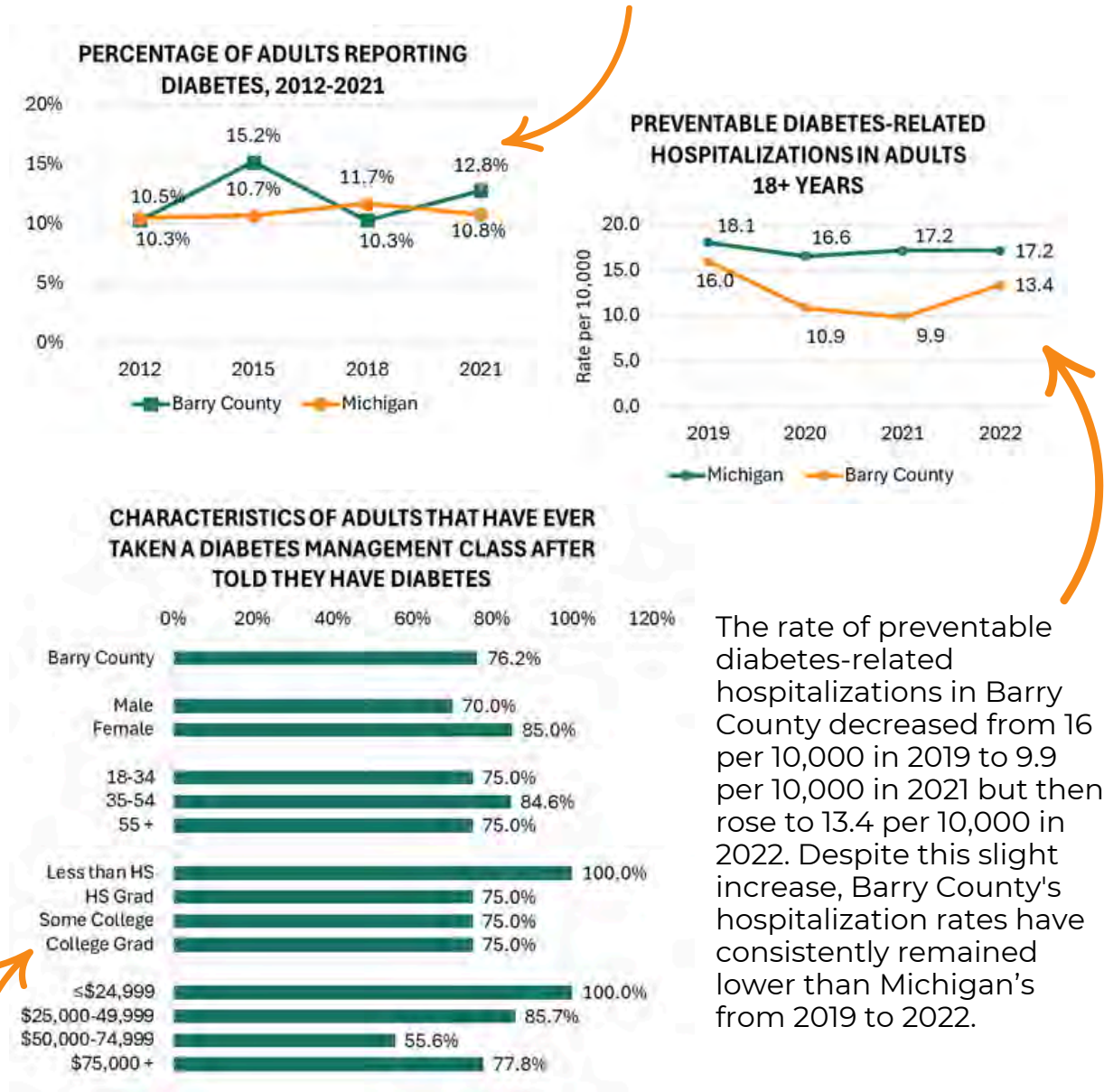
Preventable diabetes-related hospitalizations show where better access to care and early intervention could help reduce unnecessary hospital stays. Looking at the characteristics of adults with diabetes, such as age, income, and education, helps identify who may be at higher risk. The percentage of adults with diabetes shows how common the disease is in the community. Finally, knowing who has taken a diabetes management class can highlight gaps in education and ensure more people get the tools they need to manage their health.



From 2020 to 2022, 12.8% of Barry County adults participating in the BRFs reported being diagnosed with diabetes (excluding gestational diabetes). The likelihood of being diagnosed increases with age, while higher income levels are associated with a lower percentage of reported diabetes cases.

## Diabetes - Adult (Cont.)

Between 2012 and 2021, the percentage of Barry County adults who reported having diabetes remained steady, ranging between 10% and 11%, very similar to the Michigan percentages.



Among Barry County adults reporting diabetes, 76.2% reported taking a diabetes management class. Women (85%) were more likely to attend than men (70%). Those earning between \$50,000 and \$74,999 had the lowest attendance rate at 56%, highlighting potential barriers to participation within this income group.

## Drug Deaths

### Measure:

- Drug-related Death counts by year, gender, race/ethnicity, and substances

### Data Source:

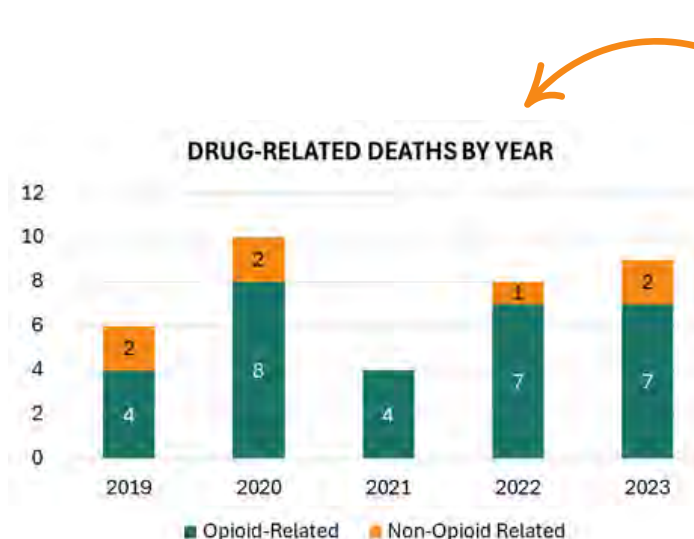
- Western Michigan Medical Examiner

### Years:

- 2019-2023

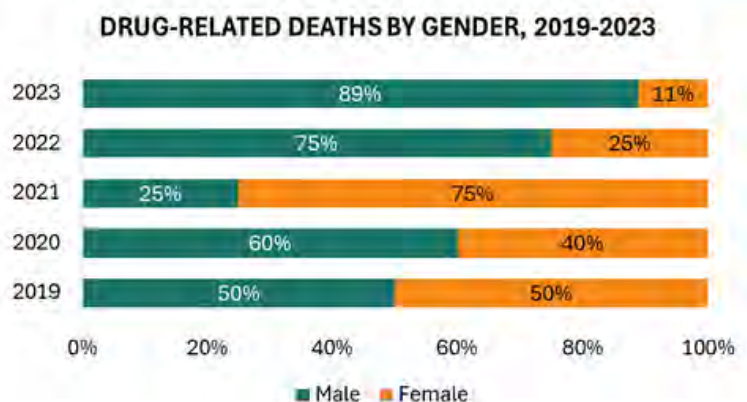
### Reason for Measure:

Tracking drug-related deaths by year, race/ethnicity, and gender is vital for understanding how substance use impacts different populations within the community. This data supports identifying trends, assessing the effectiveness of current interventions, and pinpointing areas in need of targeted resources.



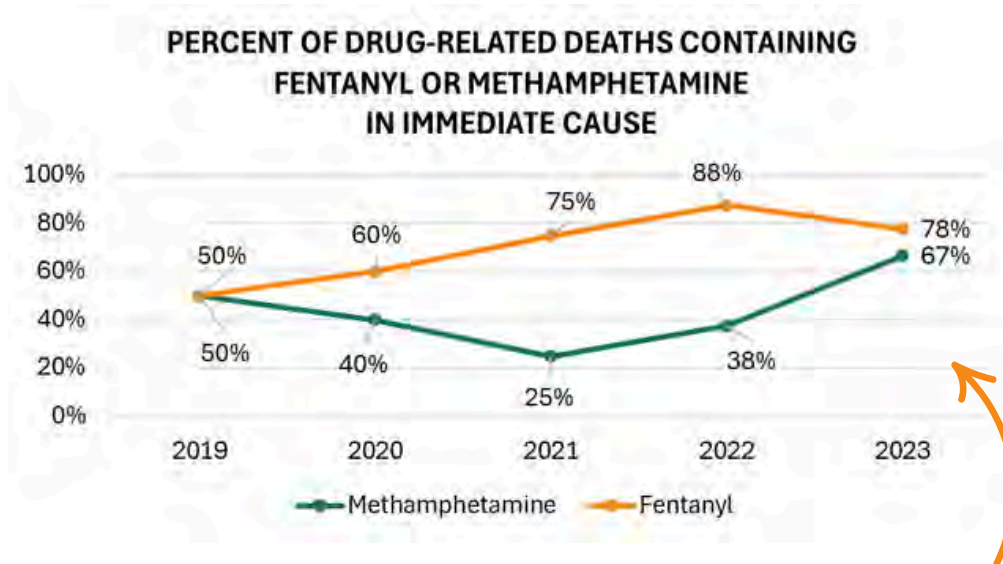
The number of drug-related deaths in Barry County has fluctuated between 2019 and 2023. The highest number of drug-related deaths occurred in 2020, with a total of 10 deaths, 8 of which were opioid-related. Over the past five years, the majority of drug-related deaths—81%—have been attributed to opioids.

Males accounted for the majority of drug-related deaths in Barry County, representing 75% of deaths in 2022 and 89% of deaths in 2023.

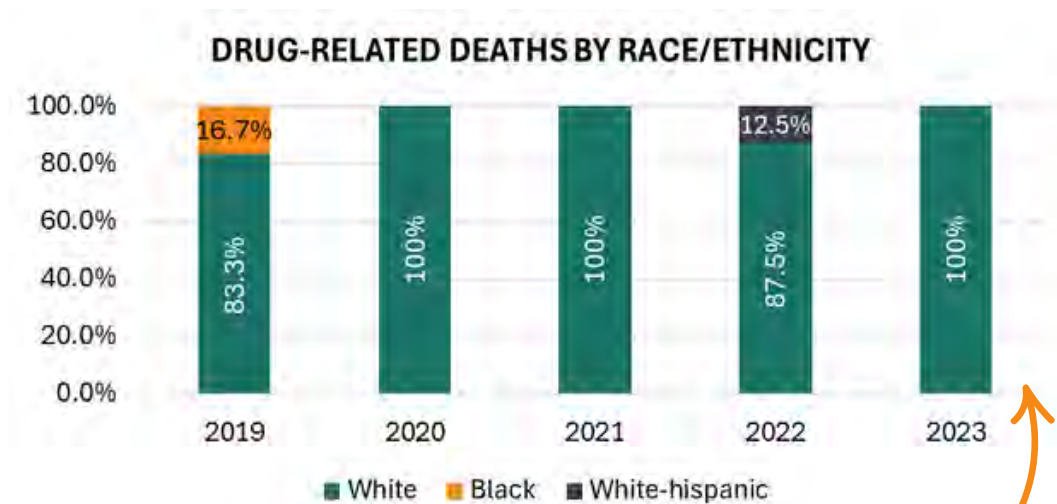




## Drug Deaths (Cont.)



The percent of drug-related deaths that contain fentanyl in the immediate cause increased from 50% in 2019 to 88% in 2022, before decreasing to 78% in 2023. Methamphetamine in the immediate cause of drug-related deaths has increased from 25% in 2021 to 67% in 2023.



From 2019 to 2023, the majority of drug-related deaths in Barry County occurred among white individuals. It is important to note that Barry County has a higher percentage of white residents (95.8%) compared to the state of Michigan (78.7%), and a lower percentage of Black residents (1.0%) compared to the state (14.1%), which reflects the demographic composition of the county.

# High Blood Pressure

## Measure:

- Characteristics of Adults Who Have Ever Been Told They Have High Blood Pressure (by geography, gender, age categories, education, and income)
- Percentage Of Adults Reporting Lifetime High Blood Pressure

## Data Source:

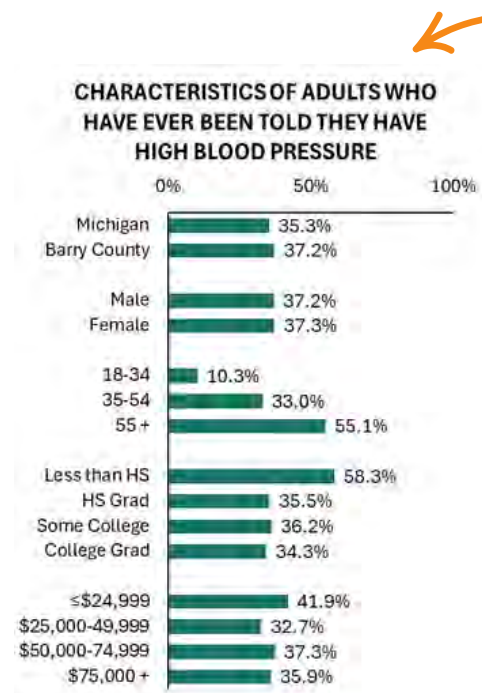
- Barry County BRFS, MI BRFS

## Years:

- 2015-2022

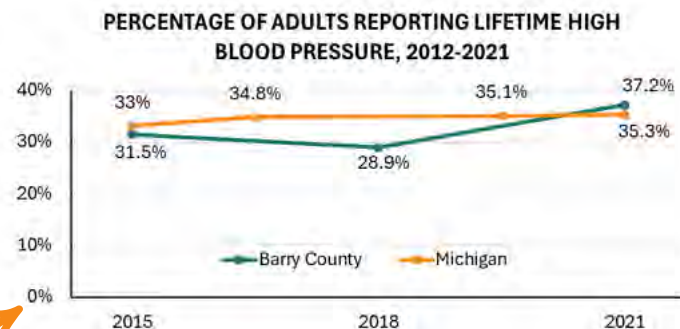
## Reason for Measure:

High blood pressure increases the risk of heart disease, stroke, and other serious health issues. It can be caused by factors such as poor diet, lack of physical activity, obesity, smoking, excessive alcohol use, chronic stress, and underlying conditions like diabetes or kidney disease. Measuring hypertension in a community is important because it is a leading risk factor for cardiovascular disease.



The likelihood of Barry County adults reporting they have ever been told they have high blood pressure increases with age, with the highest prevalence among those 55 and older (55.1%). Adults with less than a high school education were more likely to report high blood pressure compared to those with higher educational attainment. Similarly, individuals with an annual income of \$24,999 or less reported higher rates of high blood pressure compared to those in higher income categories, highlighting potential disparities in health outcomes related to socioeconomic status.

The percentage of Barry County adults reporting they have ever been told they have high blood pressure increased from 28.9% in the 2017-2019 surveying period to 37.2% in the 2020-2022 surveying period, surpassing the percent of Michigan adults reporting.



# Infant Mortality

## Measure:

- Infant mortality rate per 1,000; Neonatal Mortality Rate per 1,000
  - *Infant mortality refers to the death of a child before their first birthday, which includes both neonatal deaths (those within the first 28 days) and post-neonatal deaths (deaths occurring from 28 days to under one year of age).*
  - *Neonatal mortality refers to the death of a newborn within the first 28 days of life.*

## Data Source:

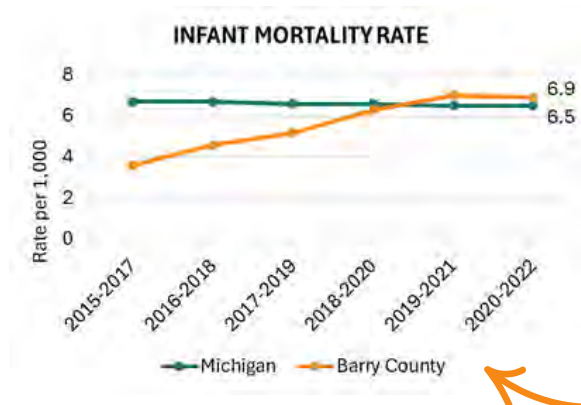
- Vital Statistics

## Years:

- 2015-2022

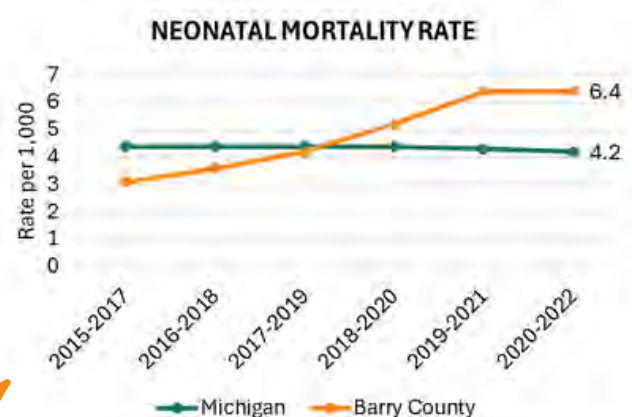
## Reason for Measure:

Infant and neonatal mortality rates reflect the overall health and well-being of both mothers and infants within the community. High mortality rates can indicate gaps in prenatal care, maternal health, access to healthcare services, and social determinants of health.



The three-year age-adjusted infant mortality rate in Barry County increased each year from 3.6 per 1,000 live births in 2017 to 7 per 1,000 in 2021. From 2021 to 2022, the rate remained relatively steady at 6.9 per 1,000 live births, which is higher than the Michigan rate of 6.5 per 1,000 live births.

The three-year age-adjusted neonatal mortality rate in Barry County more than doubled from 3.1 per 1,000 live births in 2017 to 6.4 per 1,000 in 2021. From 2020 to 2022, the neonatal mortality rate in Barry County surpassed the Michigan rate, with Barry County reporting a rate of 6.4 per 1,000 live births in 2022, compared to Michigan's rate of 4.2 per 1,000.



# Leading Hospital Discharges

## Measure:

- The measure of hospital discharges refers to the number of patients released from a hospital after receiving care, typically expressed as a rate per a specific population size (e.g., per 100,000 residents). This metric includes all completed inpatient stays and provides insight into the types of conditions leading to hospitalizations

## Data Source:

- Vital Statistics

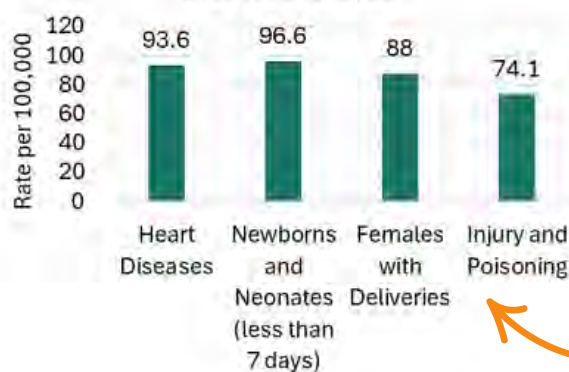
## Years:

- 2022

## Reason for Measure:

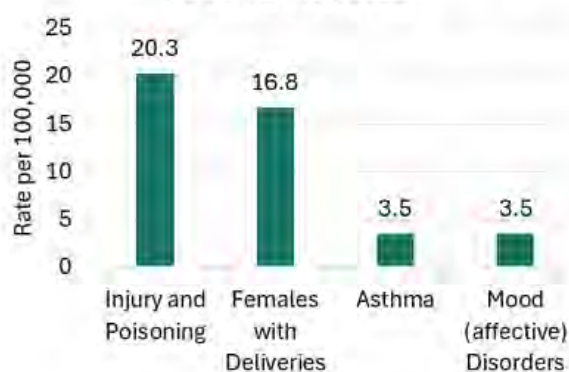
Tracking hospital discharge reasons and rates at the county level is essential for understanding the specific health challenges impacting the community. This information helps identify the most common conditions requiring hospitalization, guiding efforts to address gaps in care and prevention.

**LEADING HOSPITAL DISCHARGES  
(ALL AGES), 2022**



The highest rate of hospital discharges among Barry County residents (all ages), excluding newborns, neonates, and females admitted for delivery, was attributed to heart disease, with a rate of 93.6 per 100,000 population. This was followed by discharges related to injuries and poisoning, at a rate of 74.1 per 100,000 population.

**LEADING HOSPITAL DISCHARGES  
(1-19 YEARS), 2022**



Among Barry County residents aged 1 to 19 years, the leading cause of hospital discharges was injury and poisoning. Deliveries among females ranked second, followed by asthma and mood (affective) disorders, both with a rate of 3.5 per 100,000 population.



## Limitation in Activity

### Measure:

- Characteristics of Adults Reporting any Limitation in Activity (by geography, gender, age categories, education, and income)
- Percentage of Adults Reporting any Limitation in Activity

*\*Limitation in Activity: Residents that reported to have difficulty doing errands alone, such as visiting a doctor's office or shopping because of a physical, mental, or emotional condition.*

### Data Source:

- MI BRFSS, Barry BRFSS

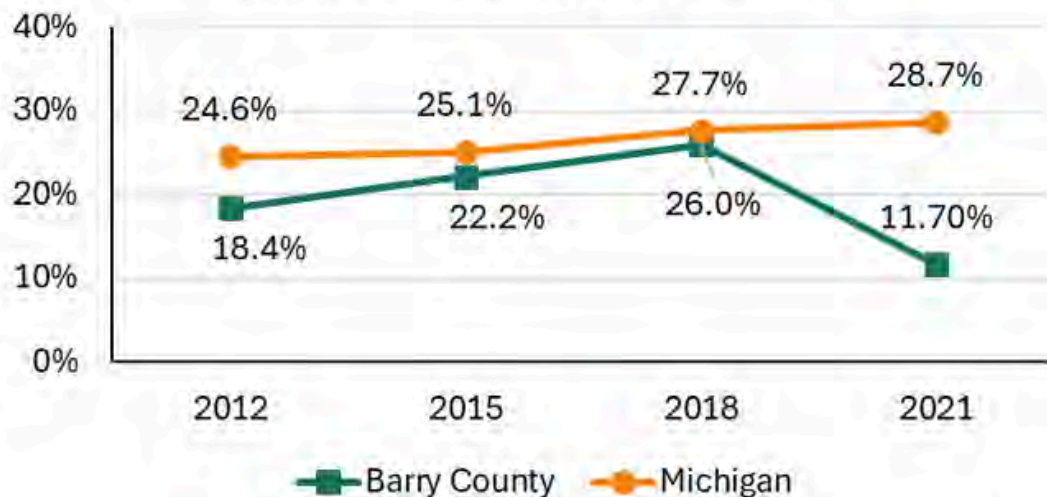
### Years:

- 2012, 2015, 2018, 2021

### Reason for Measure:

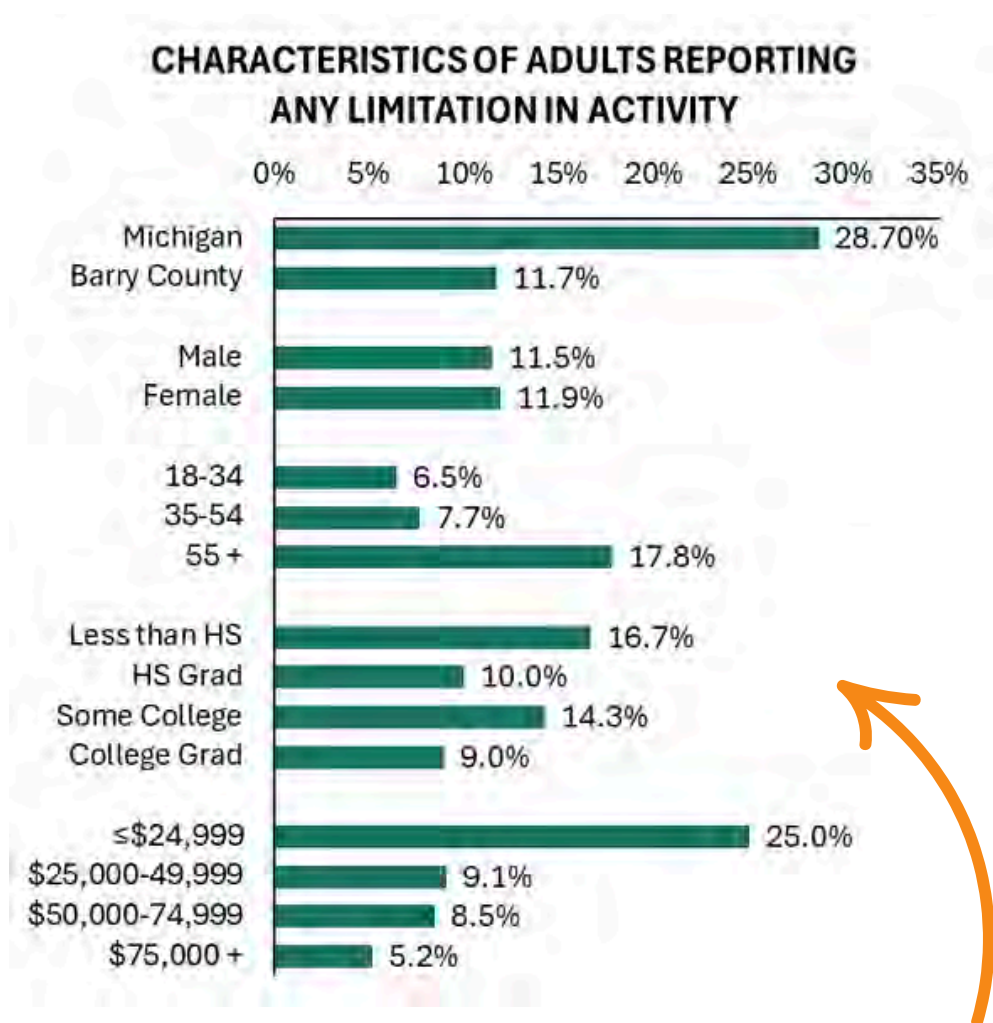
Reason for Measure: Measuring the percentage of residents reporting difficulty performing errands alone due to physical, mental, or emotional conditions provides insight into the level of functional independence within the community. This indicator helps identify populations that may require additional support services, such as accessible transportation.

**PERCENTAGE OF ADULTS REPORTING ANY LIMITATION IN ACTIVITY, BARRY COUNTY\* AND STATE OF MICHIGAN, 2012-2021**



The percentage of adults in Barry County reporting activity limitations increased from 18.4% in 2012 to 26% in 2018 but has since declined to 11.7% in 2021. This rate is notably lower than the 28.7% of Michigan residents who reported activity limitations during the same period.

## Limitation in Activity (Cont.)



For the combined three-year data (2020–2022) in Barry County, there was no significant difference in reports of activity limitations between males and females. However, activity limitations increased with age, highlighting greater challenges among older residents. Those with less than a high school diploma were more likely to report activity limitations. Additionally, activity limitations decreased as income increased, with 25% of individuals earning \$24,999 or less per year reported limitations, compared to only 5.2% of those earning \$75,000 or more annually.

## Mental Health - Adolescents

### Measure:

- Percentage of adolescents that report seriously considering suicide in the past year
- Percentage of adolescents that report attempting suicide in past year
- Percentage of adolescents that report symptoms of depression in the past year

### Data Source:

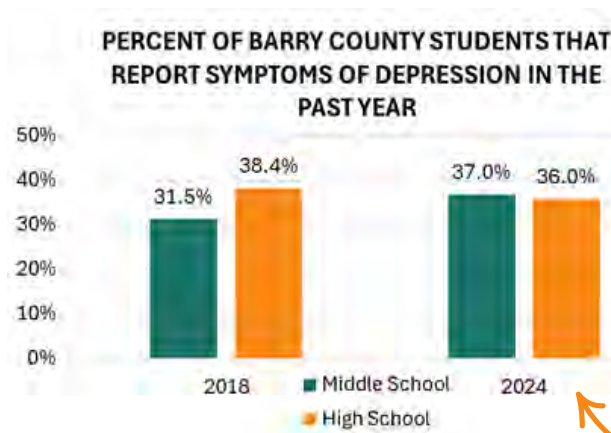
- Barry County MiPHY 2018 & 2024

### Years:

- 2018, 2024

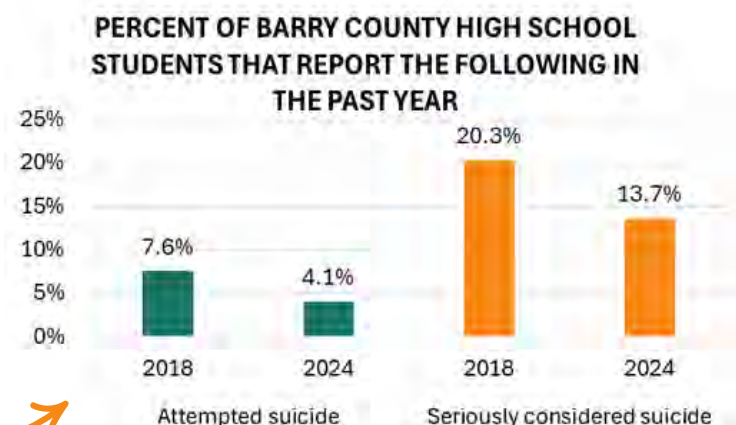
### Reason for Measure:

Measuring the percentage of adolescents reporting suicidal ideation, suicide attempts, or symptoms of depression is an important indicator to measure because it highlights the mental health challenges facing young people in the community. Adolescents are a vulnerable population, and these indicators can reveal the prevalence of mental health concerns and identify at-risk groups.



The percentage of Barry County Middle school students who reported symptoms of depression increased from 32% in 2018 to 37% in 2024. High school students reporting symptoms of depression remained consistent during this time, decreasing slightly from 38% in 2018 to 36% in 2024.

The percentage of Barry County high school students that report to have seriously considered suicide decreased from 20% in 2018 to 14% in 2024. Similarly, the percent of high school students that reported to have attempted suicide decreased from 8% in 2018 to 4% in 2024.





## Mental Health - Adults

### Measure:

- Characteristics of Adults Reporting Poor mental health (by geography, gender, age categories, education, and income)
- Percentage of Adults Reporting Poor Mental Health, 2012-2021

### Data Source:

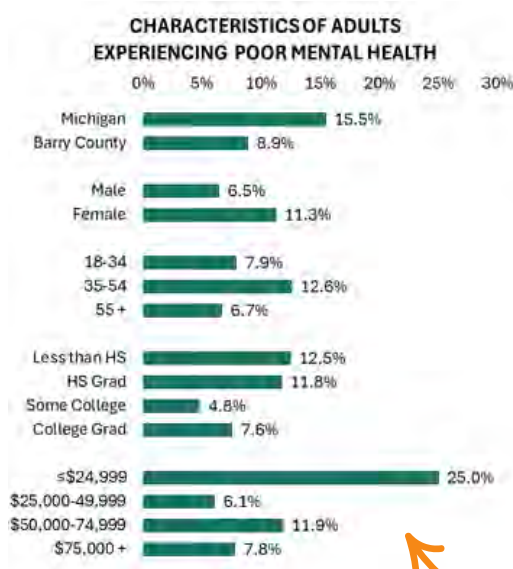
- MI BRFs, Barry BRFs

### Years:

- 2012-2021

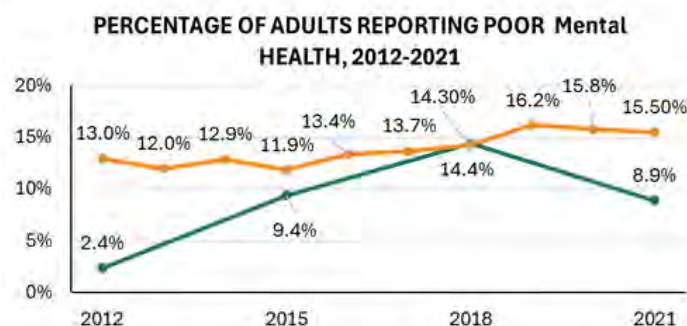
### Reason for Measure:

Measuring the percentage of adults reporting poor mental health provides insights into the mental well-being of the community. Breaking this data down by age, gender, and income is important to identify specific groups that may be disproportionately affected.



For the three-year combined data (2020–2022), females in Barry County were more likely to report experiencing poor mental health compared to males. Adults aged 25 to 54 were the most likely to report poor mental health, compared to younger adults aged 18 to 34 and older adults aged 55 and above. Residents with less than a high school diploma were more likely to experience poor mental health compared to those with some college education or higher. Additionally, individuals earning less than \$25,000 annually were over twice as likely to report poor mental health compared to those with higher incomes.

The percentage of adults in Barry County reporting poor mental health decreased from 14.4% in 2018 to 8.9% in 2021. This rate is notably lower than the Michigan state average, where 15.5% of adults reported poor mental health in 2021.



## Mortality

### Measure:

Measuring mortality is measuring the number and cause of deaths among Barry County residents. It is an important indicator for providing key insights into the leading causes of death and overall health outcomes within the population.

### Data Source:

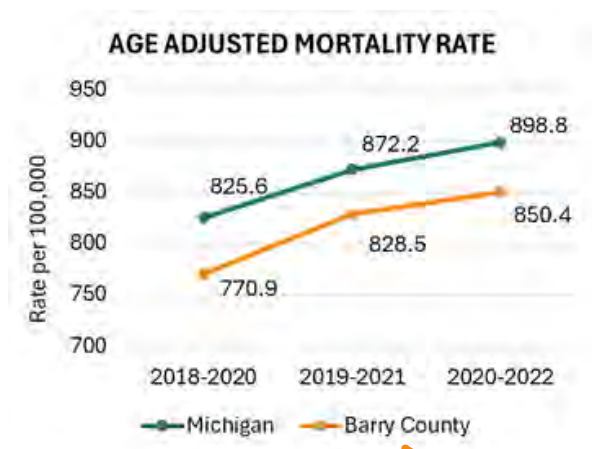
- Vital Statistics

### Years:

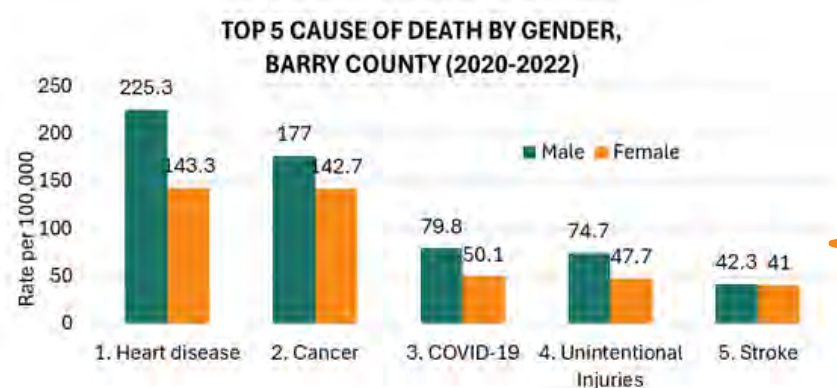
- 2018-2022

### Reason for Measure:

Measuring mortality provides key insights into the leading causes of death and overall health outcomes within the population. Mortality data helps identify areas where interventions are most needed.



The 3-year age-adjusted mortality rates for Barry County residents and Michigan residents are presented above. From 2020 to 2022, the mortality rate for both Barry County and Michigan residents increased, with Barry County reporting a rate of 850.4 per 100,000 population in 2022. Despite this increase, the mortality rate for Barry County residents remains lower than the state average for Michigan.



In Barry County, the 3-year average age-adjusted mortality rates in 2022 for the leading causes of death are consistent in ranking for both males and females. However, males have higher rates for each cause compared to females. The leading cause of death in Barry County is heart disease, with a rate of 225.3 per 100,000 population for males and 143.3 per 100,000 population for females.

# Motor Vehicle Crash Death Rate

## Measure:

- Motor vehicle crash death rate per 100,000

## Data Source:

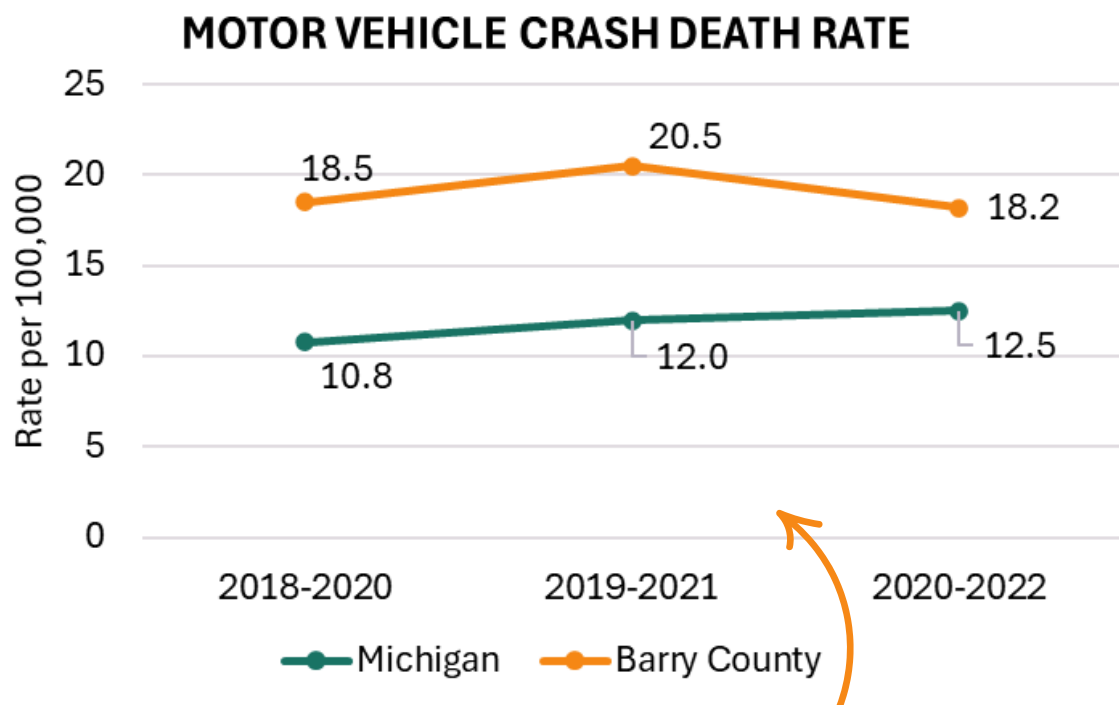
- Vital Statistics

## Years:

- 2018-2022

## Reason for Measure:

Measuring motor vehicle crash death rate provides insights into public health and safety concerns. High rates of motor vehicle crash deaths can highlight issues such as traffic safety, road conditions, impaired driving, or lack of access to emergency medical care. Understanding these trends helps identify areas for intervention, such as improving road infrastructure and implementing safety programs.



The three-year age-adjusted motor vehicle crash death rate in Barry County has remained consistently higher than the rate for Michigan from 2020 to 2022. In 2022, the motor vehicle crash death rate in Barry County was 18.2 per 100,000 population, compared to the state rate of 12.5 per 100,000 population.

# Obesity

## Measure:

- Characteristics of Adults with Obese Status (by geography, gender, age categories, education, and income)
- Percentage of Adults with Obese Status
- Percentage of Adolescent who are obese (BMI >30)

## Data Source:

- MI BRFS, Barry BRFS, MiPHY

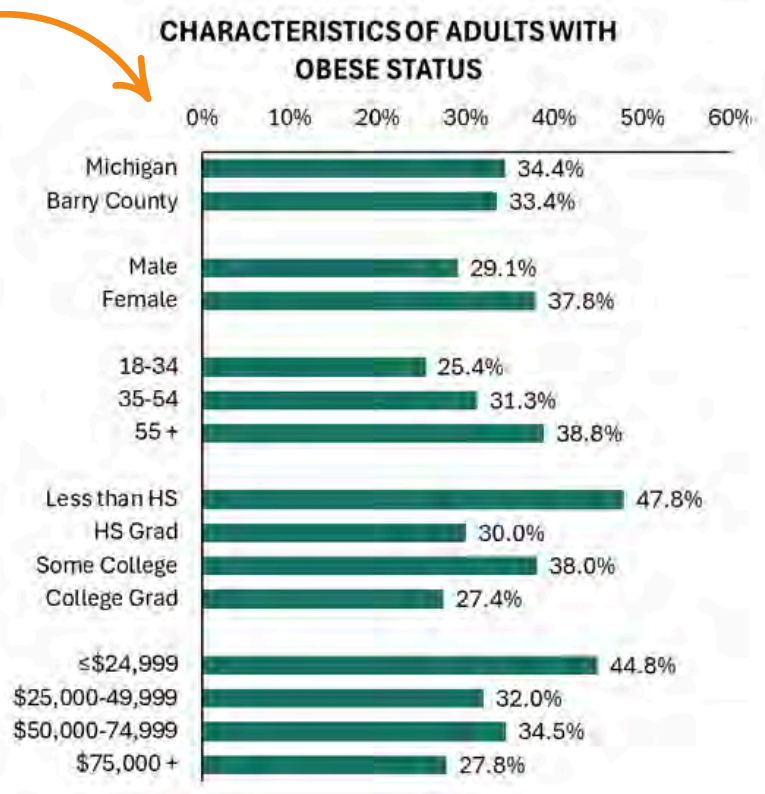
## Years:

- 2015-2021

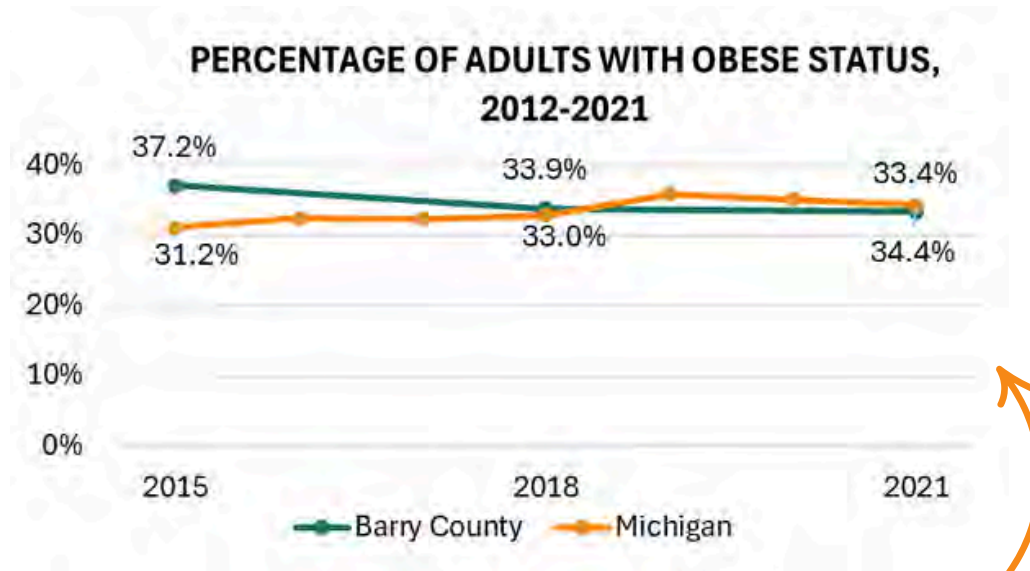
## Reason for Measure:

Measuring the characteristics of adults and adolescents affected by obesity, including data by age, gender, and income, provides valuable insight into the factors influencing obesity within the community. Age, gender, and income can affect access to resources, lifestyle choices, and health outcomes. Additionally, monitoring obesity in adolescents is important for identifying early opportunities to support healthy growth and development, which can have a positive impact on long-term health. Caption:

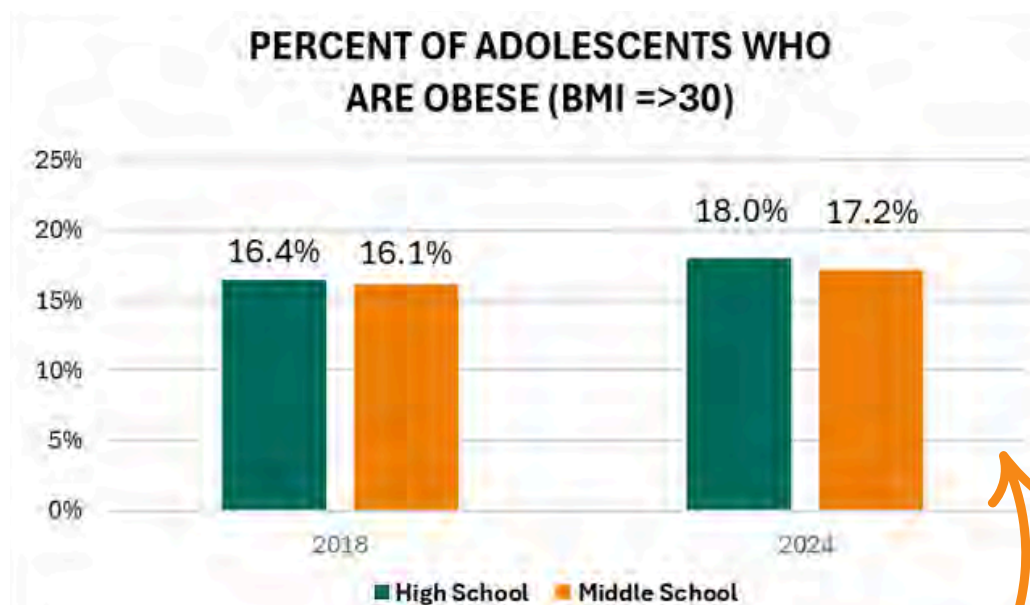
For the three-year combined data (2020–2022), females in Barry County were more likely to report obesity status (37.8%) compared to males (29.1%). As age increases, the percent of adults reporting obesity status also increases. Residents with less than a high school diploma were most likely to report obesity status compared to those with a high school diploma or higher education. Additionally, individuals earning less than \$25,000 annually were more likely to report obesity status than those with higher incomes.



## Obesity (Cont.)



The percentage of adults in Barry County has fallen between the past two surveying periods from 37.2% in 2015 to 33.4% in 2021. In 2021 the percentage of Barry County residents who reported being told they were obese status by a provider (33.4%) was slightly lower than the percentage of Michigan residents (34.4%)



The percentage of Barry County high school and middle school students classified as obese has seen a slight increase from the 2018 to 2024 survey periods.



# Physical Health

## Measure:

- Characteristics of adults reporting poor physical health (by geography, gender, age categories, education, and income)
- Percentage of Adults Reporting Poor Physical Health, 2012-2021

## Data Source:

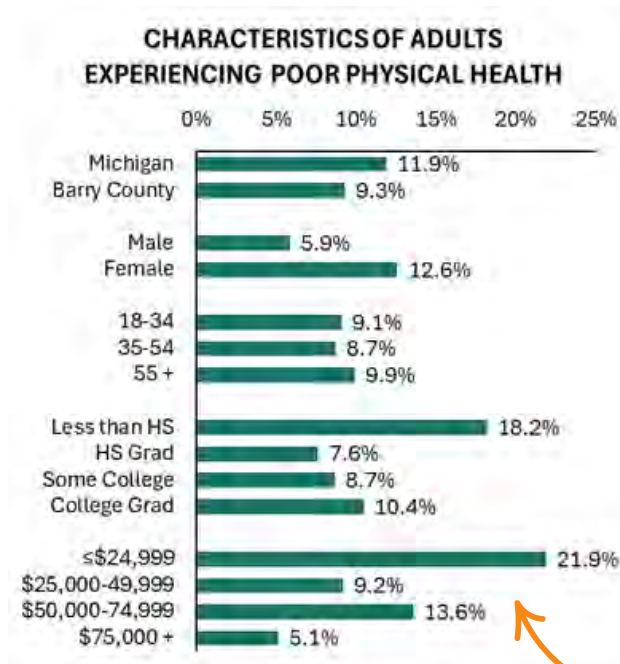
- MI BRFSS, Barry BRFSS

## Years:

- 2012-2021

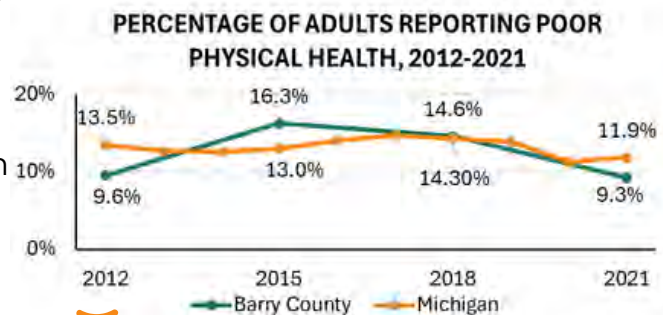
## Reason for Measure:

Measuring the percentage of adults reporting poor physical health in the community provides insight into the overall well-being and quality of life of residents. Breaking this data down by age, income, and gender helps identify which populations are most affected, uncovering disparities that may exist across different demographic groups.



For the three-year combined data (2020–2022), females in Barry County were more likely to report experiencing poor physical health compared to males. Differences in poor physical health among age groups were minimal. However, residents with less than a high school diploma were nearly twice as likely to report poor physical health compared to those with a high school diploma or higher education. Additionally, individuals earning less than \$25,000 annually were more likely to experience poor physical health than those with higher incomes.

The percentage of adults reporting poor physical health in Barry County has shown a decline over the past two survey periods. Between 2015 and 2021, the proportion decreased from 16.3% in 2015 to 9.3% in 2021. This positive trend highlights an improvement in self-reported physical health among residents.





# Suicide

## Measure:

- The death rate due to suicide per 100,000 persons.

## Data Source:

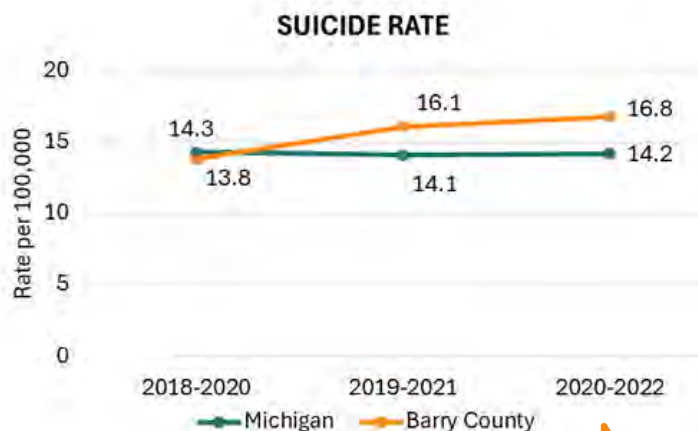
- Vital Statistics

## Years:

- 2018-2022

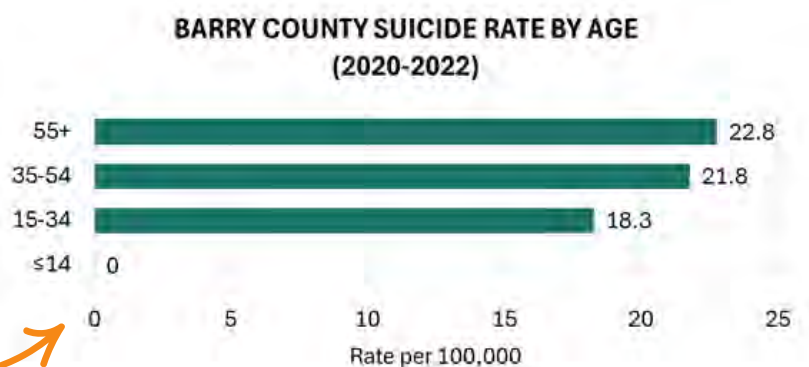
## Reason for Measure:

Suicide is a critical public health issue, reflecting the overall mental health and well-being of a population. Tracking the suicide mortality rate provides insight into mental health challenges and can help identify populations at risk. Suicide is often linked to underlying mental health conditions such as depression, anxiety, and substance use disorders, and it can be exacerbated by social determinants of health, including economic stress, trauma, and lack of access to mental health care.

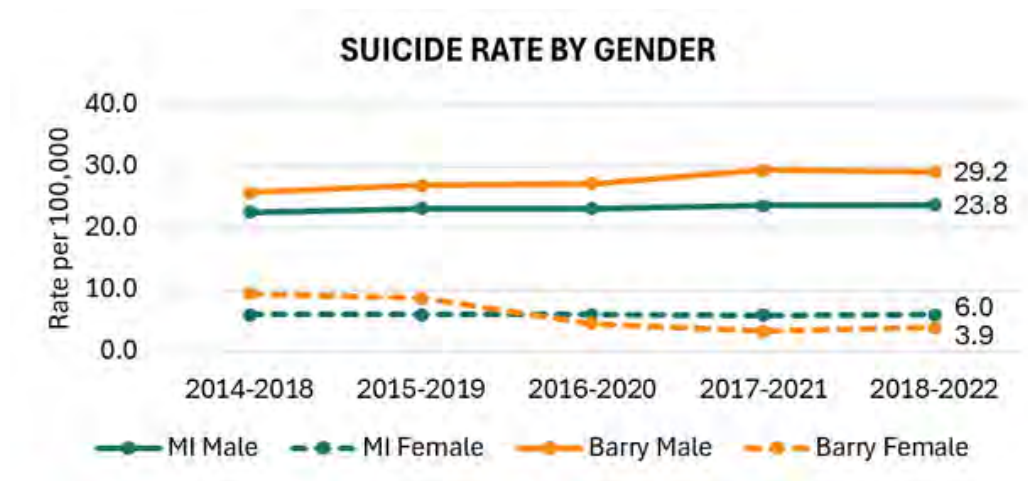


The three-year age-adjusted suicide rate in Michigan has remained relatively stable from 2020 to 2022, fluctuating between 14.1 and 14.3 per 100,000 population. In contrast, Barry County has seen a slight increase in its suicide rate each year, reaching 16.8 per 100,000 population in 2022, which is higher than the state rate for Michigan.

When broken down by age, the three-year age-adjusted suicide rate in 2022 was highest among residents aged 55 and older, with the rate increasing as age increased.



## Suicide (Cont.)



When comparing suicide rates by gender in Michigan and Barry County, males consistently had higher rates of suicide than females. The five-year age-adjusted suicide rate for males in Barry County was higher than the overall Michigan male suicide rate each year from 2018 to 2022, reaching 29.2 per 100,000 population in 2022—seven times higher than the suicide rate for females in Barry County that same year. While the female suicide rate in Barry County was higher than the Michigan female suicide rate in 2018 and 2019, it has since fallen below the state rate from 2020 to 2022, with a rate of 3.9 per 100,000 population in 2022.

## Years of Potential Life Lost

### Measure:

Years of Potential Life Lost (YPLL) is a key public health measure used to assess the impact of premature mortality within a community. It estimates the total number of years individuals would have lived had they not died before a benchmark age, often 75 years. By focusing on deaths that occur at younger ages, YPLL highlights areas where preventable causes of death are contributing to a significant loss of life and can guide efforts to improve health outcomes and reduce early mortality in the community.

### Data Source:

- Vital Statistics

### Years:

- 2018-2022

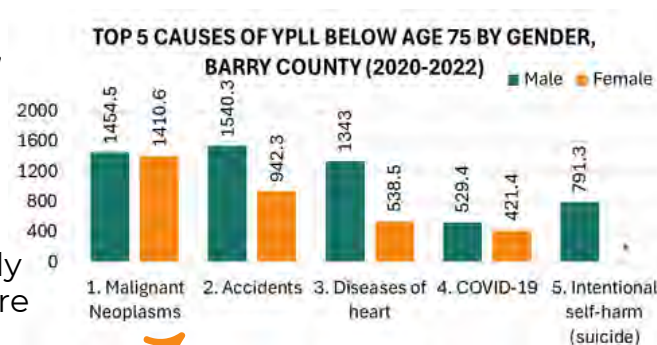
### Reason for Measure:

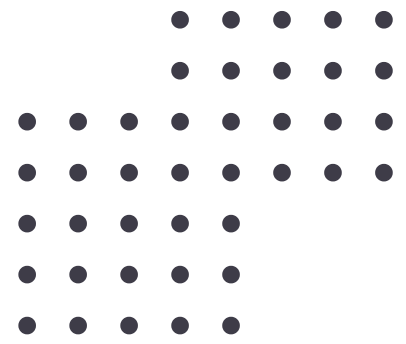
Measuring YPLL helps identify causes and impact of premature mortality within a community, offering valuable insights into health disparities and preventable deaths. This measure underscores the impact of early mortality on a population's overall well-being.



The 3-year age-adjusted YPLL rates for Barry County residents and Michigan residents are presented above. From 2020 to 2022, the mortality rate for both Barry County and Michigan residents increased, with Barry County reporting a rate of 7,502 per 100,000 population in 2022. Despite this increase, the YPLL rate for Barry County residents remains lower than the state average for Michigan.

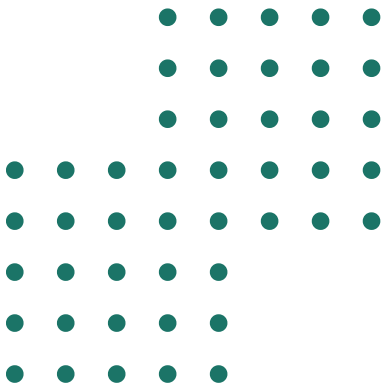
The leading cause of YPLL among males in Barry County was accidents, with a rate of 1,540.3 per 100,000 population. For females, the leading cause of YPLL was malignant neoplasms, with a rate of 1,410.6 per 100,000 population. Among the top five causes of YPLL, males consistently experienced higher rates of premature mortality compared to females.





# COMMUNITY SURVEYS

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# Community Member Survey

## Demographics

Table 13. Community Survey Demographics		
	Count (N=304)	Percent
<b>Age Range</b>		
18-24	13	4%
25-34	33	11%
35-44	68	22%
45-54	58	19%
55-64	60	20%
65+	72	24%
<b>Race</b>		
White	284	94.7%
Refused	10	3.3%
Other	5	1.7%
American Indian, Alaska Native	1	0.3%
<b>Sex at Birth</b>		
Female	263	87.1%
Male	39	12.9%
<b>Sexuality</b>		
Straight	270	89.1%
Bisexual	13	4.3%
Refused	13	4.3%
Gay	4	1.3%
I don't know	2	0.7%
Something else	1	0.3%

# Community Member Survey

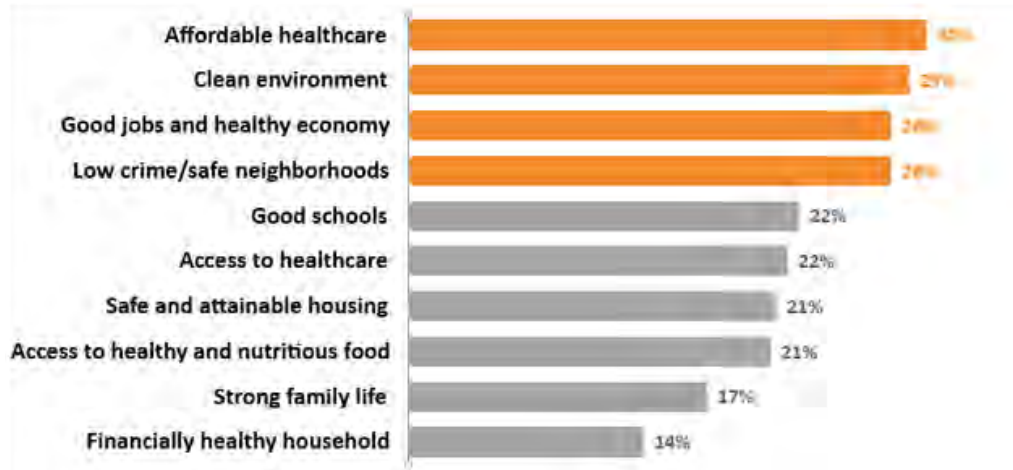
## Demographics

Table 13. Community Survey Demographics (cont.)		
	Count	Percent
<b>Annual Household Income</b>		
<\$24,999	22	7.3%
\$25,000 to \$49,000	77	25.7%
\$50,000 to \$74,999	62	20.7%
\$75,000+	139	46.3%
<b>Education</b>		
Associate's Degree	43	14.2%
Bachelor's Degree	93	30.7%
High School	42	13.9%
Post-Graduate Degree	60	19.8%
Some College	65	21.5%
<b>Employment Status</b>		
Employed for Wages	158	52.1%
Homemaker	15	5.0%
Out of work 1 year or more	3	1.0%
Out of work less than one year	4	1.3%
Retired	81	26.7%
Self-employed	31	10.2%
Student	3	1.0%
Unable to work/disabled	8	2.6%



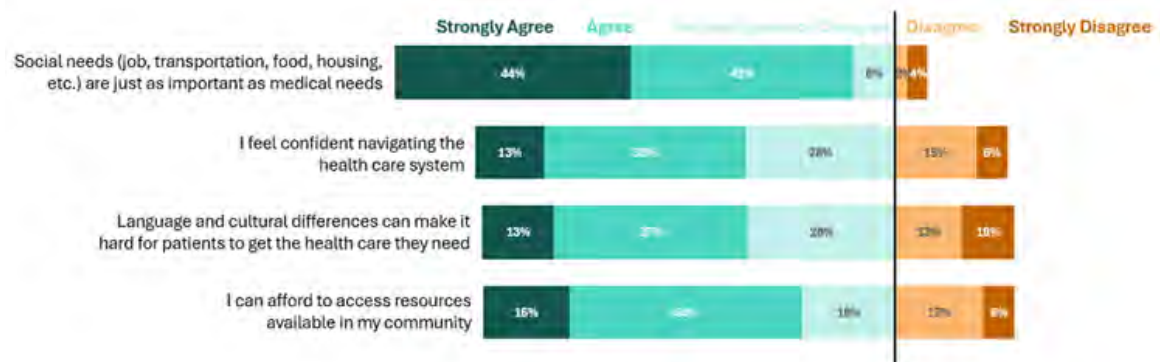
# Community Member Survey

In your opinion, what are the top three factors that make a community or neighborhood healthy?



- According to community survey respondents, affordable healthcare (30%), clean environment (29%), good jobs/healthy economy (28%), and low crime/safe neighborhoods (28%) are the top factors that make a community healthy.

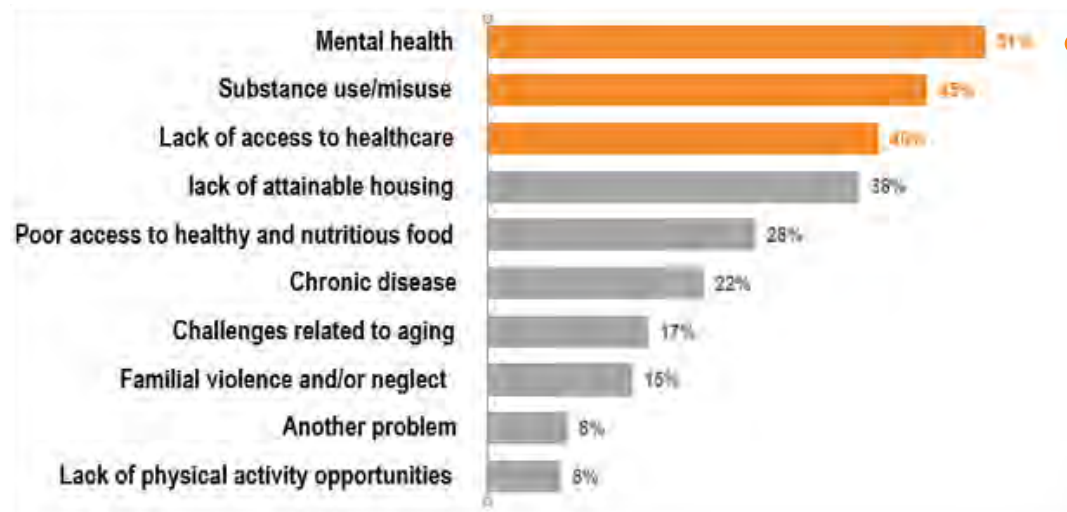
How strongly do you agree or disagree with the following statements?



- 86% of community survey respondents strongly agree or agree that social needs such as transportation, food, and housing are just as important to address as medical needs.
- 21% of community survey respondents do not feel confident navigating the health care system.
- 23% of community survey respondents feel that there are language or cultural differences that make it difficult for patients to get health care.
- 23% of community survey respondents strongly disagree or disagree that they can afford to access resources available in their community

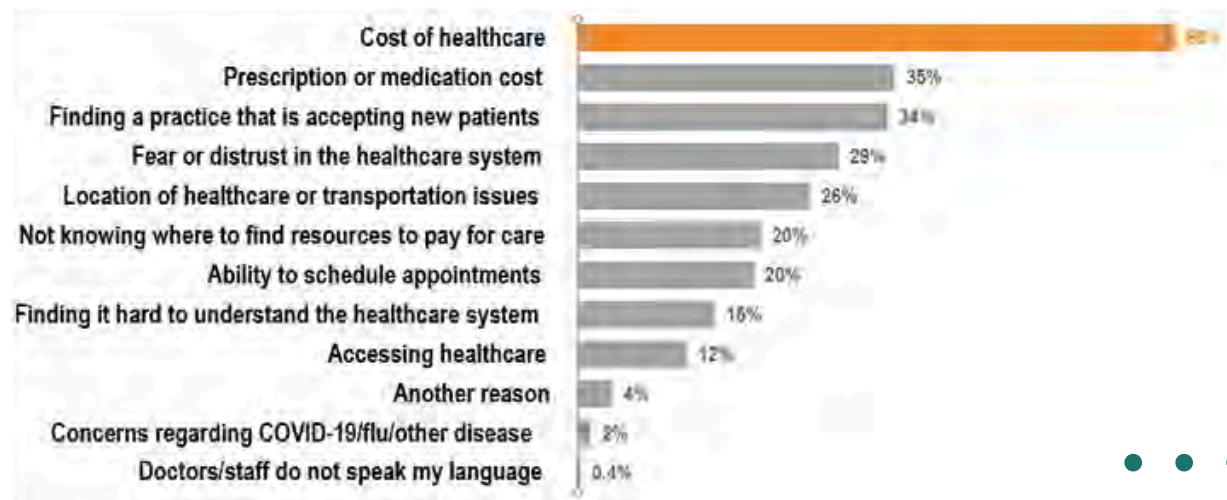
# Community Member Survey

In your opinion, what are the top three problems that impact your community's health?



- When the community was asked, “what the top three problems that impact your community’s health”, mental health (51%), substance use/misuse (45%), and lack of access to healthcare (40%) were the top three concerns identified.

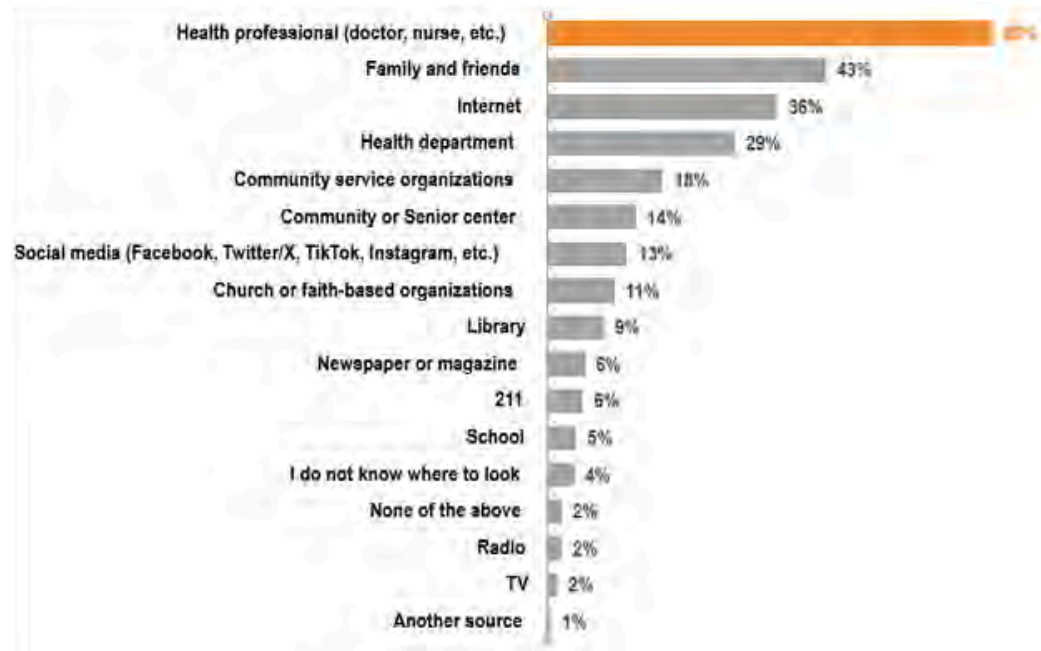
What do you feel are the top barriers to getting healthcare in the community in which you live?



- 66% of community survey respondents reported that the cost of healthcare was the top barrier to getting healthcare in their community.

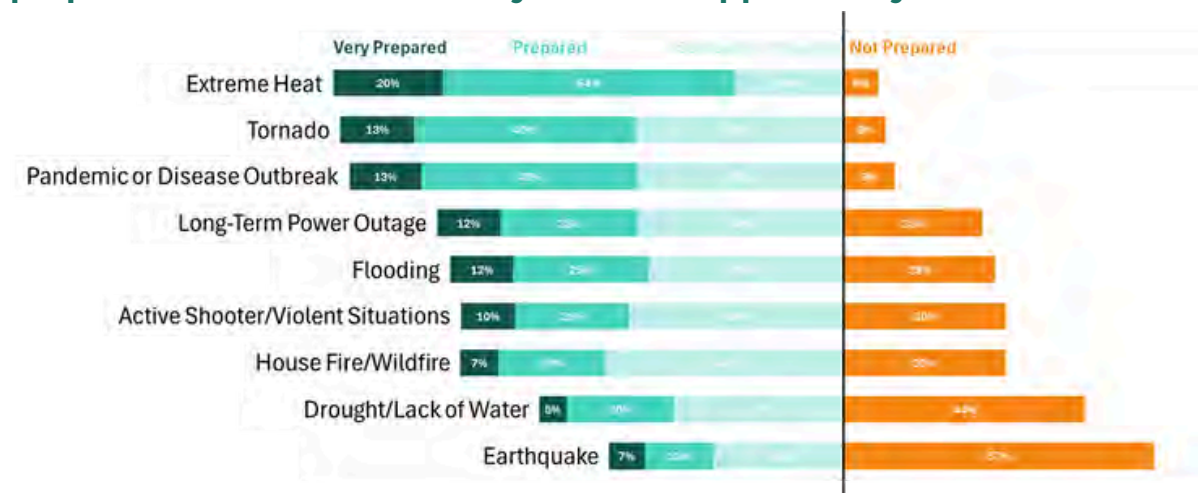
# Community Member Survey

## What are your most trusted sources for health resources or information in your community?



- When community survey respondents were asked about their most trusted sources for health information, nearly 70% mentioned a health professional.

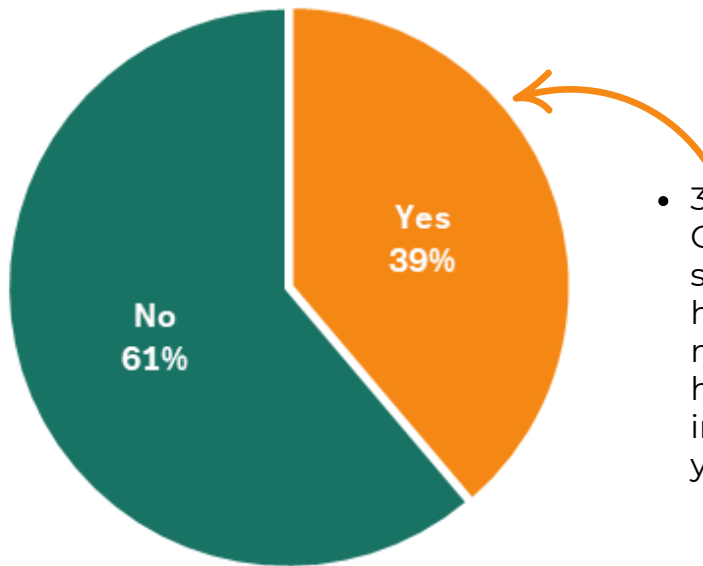
## How prepared do you feel to handle the following emergency preparedness situations if they were to happen today?



- When asked about how prepared community survey respondents feel about various emergency preparedness situations, responses vary from 94% prepared to some degree for extreme heat, to 57% not prepared for an earthquake.

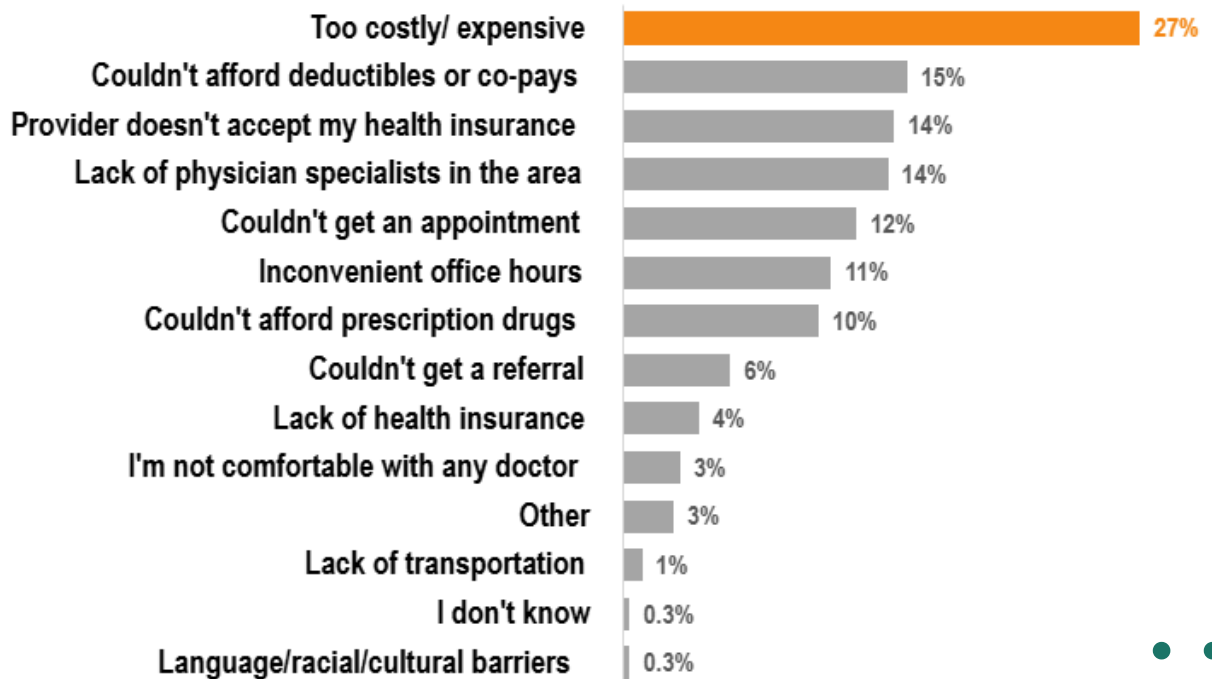
# Community Member Survey

In the past two years, was there a time when you had trouble meeting your health care needs?



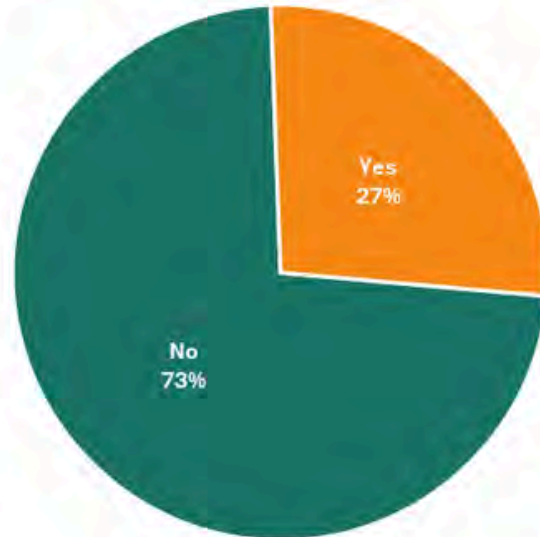
- 39% of Barry County community survey respondents had trouble meeting their health care needs in the past two years.

What are some of the reasons you had trouble meeting your health care needs?



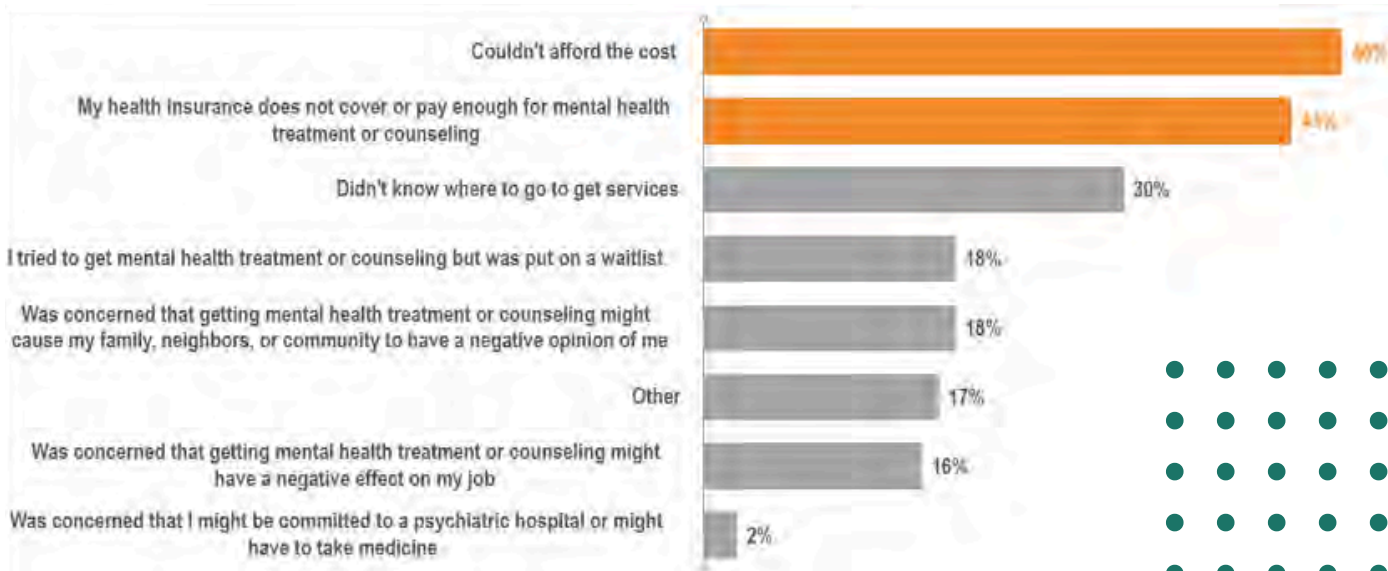
# Community Member Survey

During the past 12 months, was there any time when you needed mental health treatment or counseling for yourself but didn't get it?



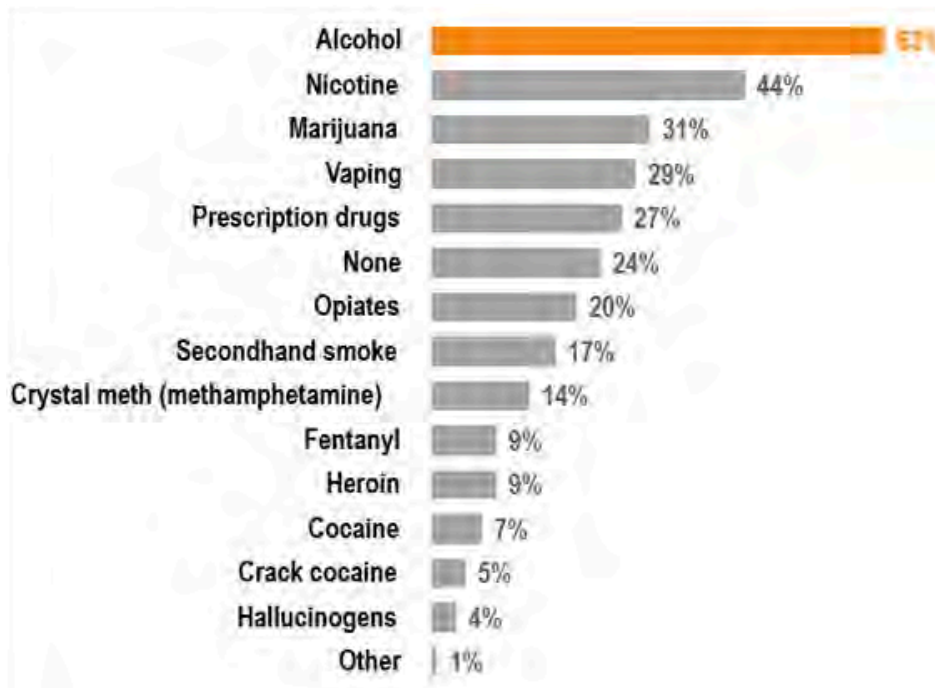
- Over one in four community survey respondents had a time in the past 12 months when they needed mental health treatment or counseling but did not get it.

**Which of the following, if any, were reasons why you did not get the mental health treatment or counseling you needed?**



# Community Member Survey

Substance abuse and addiction can have a negative impact on individuals or someone you know. Which of the following, if any, have had a negative effect on you or someone you know?

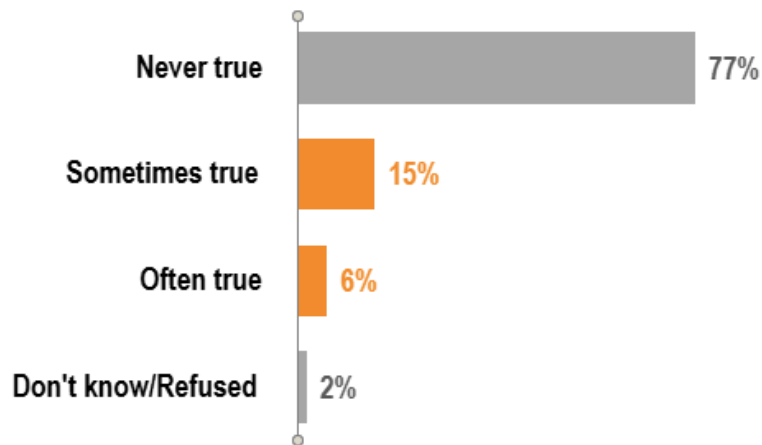


- 63% of community survey respondents reported that alcohol was the number one substance that has had a negative impact on themselves or someone they know.



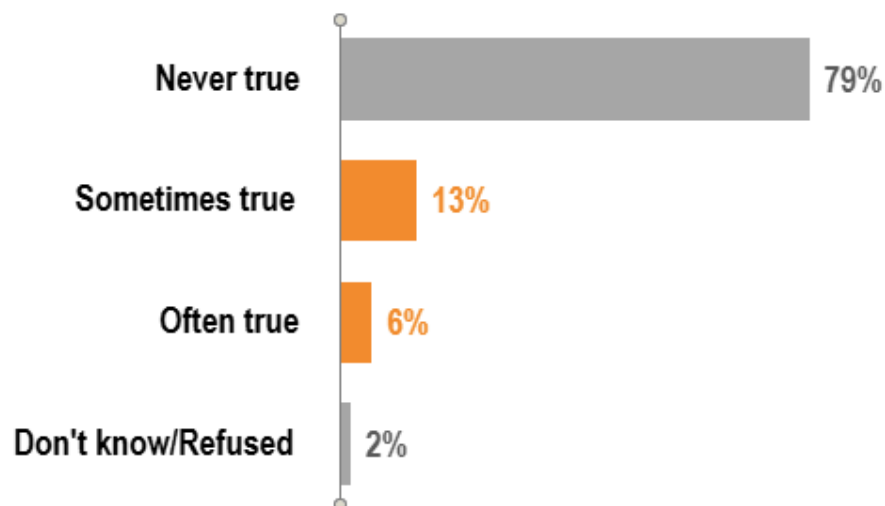
# Community Member Survey

Within the past 12 months, I worried whether my food would run out before I got money to buy more.



- 21% of community survey respondents reported that it was sometimes true or often true that they were worried whether their food would run out before getting money to buy more.

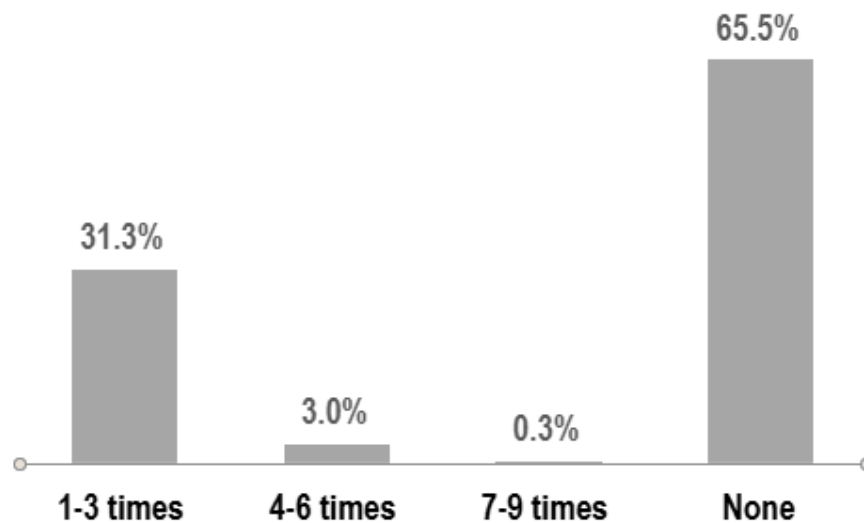
Within the past 12 months, the food that I bought just didn't last, and I didn't have money to get more.



- 19% of community survey respondents reported that it was sometimes true or often true that their food didn't last and they could not afford to buy more.

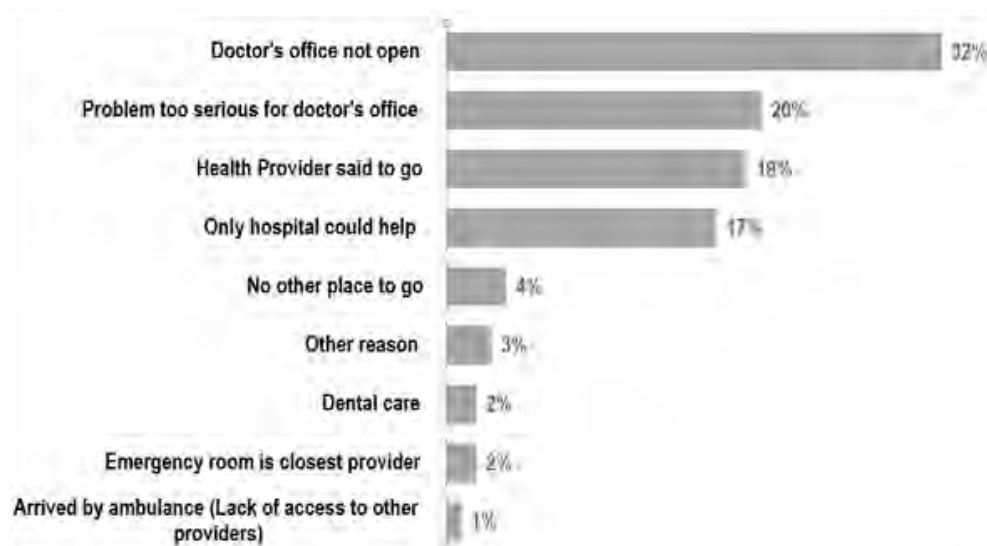
# Community Member Survey

How many times have you been to an Emergency Room/Emergency Department in the past 12 months?



- Nearly 35% of community survey respondents reported utilizing the Emergency Room/Department at least once in the past 12 months.

Please choose the reason for your last emergency room visit:



- When asked the reason for their last emergency room visit, community survey respondents most often reported needing care outside their doctor's office hours (32%), having a problem too serious for their doctor's office (20%), and being told to do so by their doctor (19%).

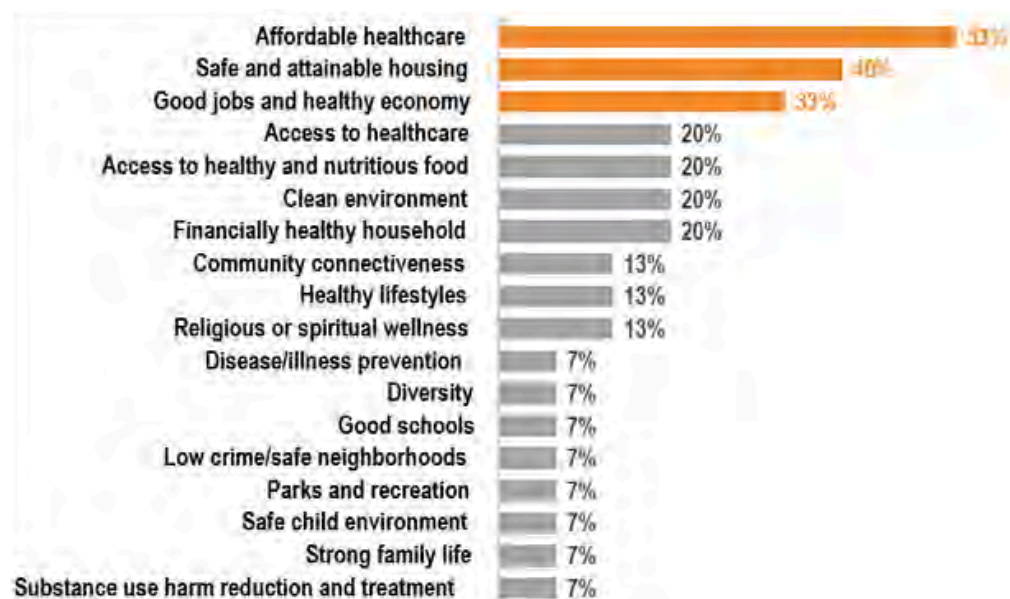
# Community Partner Survey

How strongly do you agree or disagree with the following statements?



- When asked whether or not community partners agreed or disagreed with the following statements, 74% of providers Strongly Agree or Somewhat Agree that the community has access to the resources they need to stay healthy. 47% of partners also Strongly Agree or Agree that cultural and/or language barriers to communication often get in the way of quality service provision. Lastly, 40% of partners Strongly Agree or Agree that the community is often impact by unmet social needs.

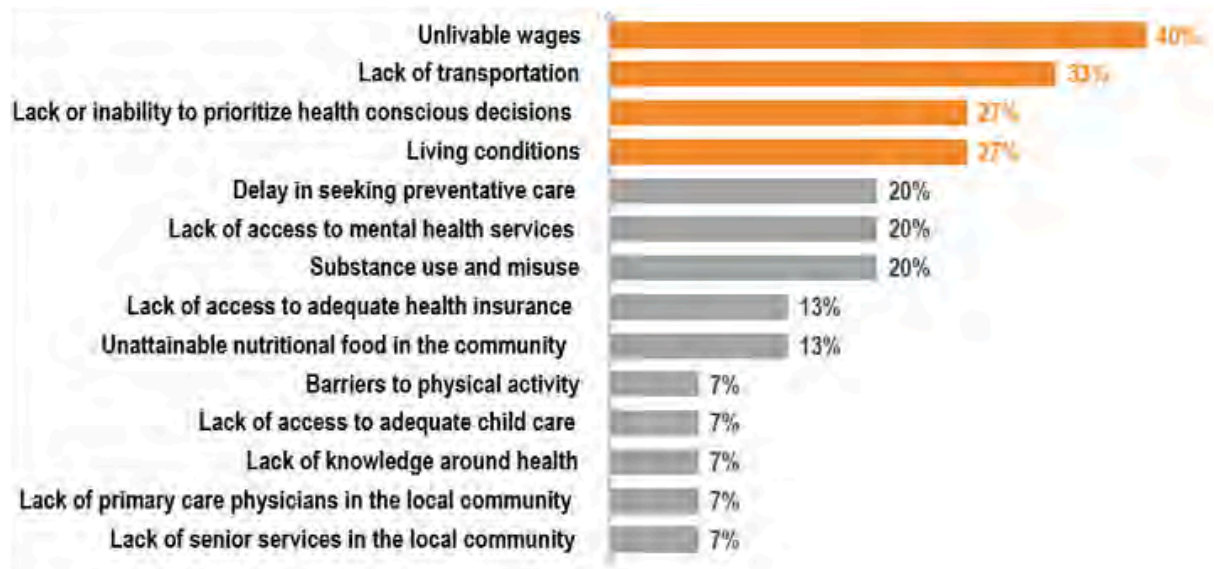
In your opinion, what are the top three factors that make a community or neighborhood healthy?



- According to community partners, affordable healthcare (53%), safe and attainable housing (40%), and good jobs/healthy economy (33%) are the top factors that make a community healthy.

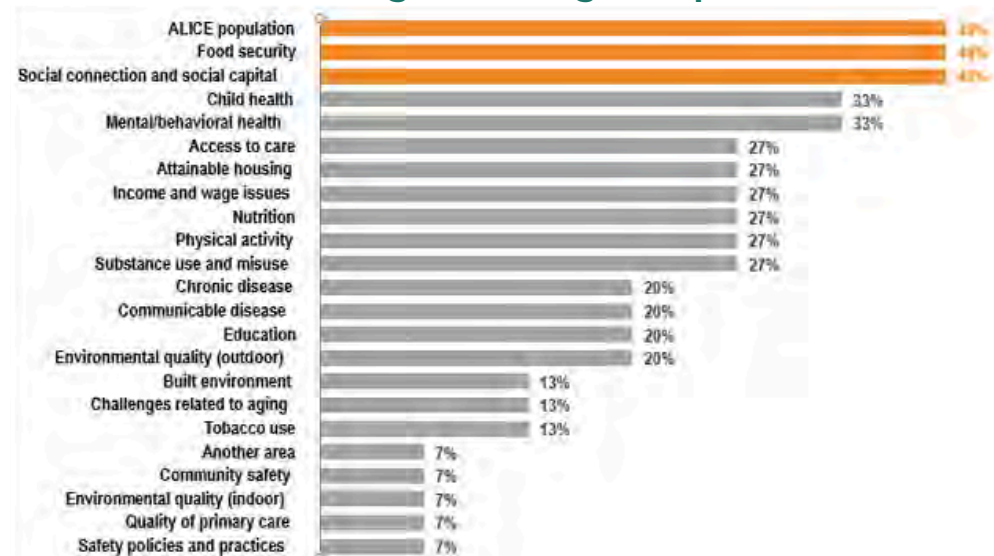
# Community Partner Survey

In your opinion, what are the top three problems that negatively impact the health of the community in which your organization serves?



- According to community partners, unlivable wages (40%), lack of transportation (33%), lack or inability to prioritize health conscious decision (27%), and living conditions (27%) are the top problems that negatively impact the health of the community in which they serve.

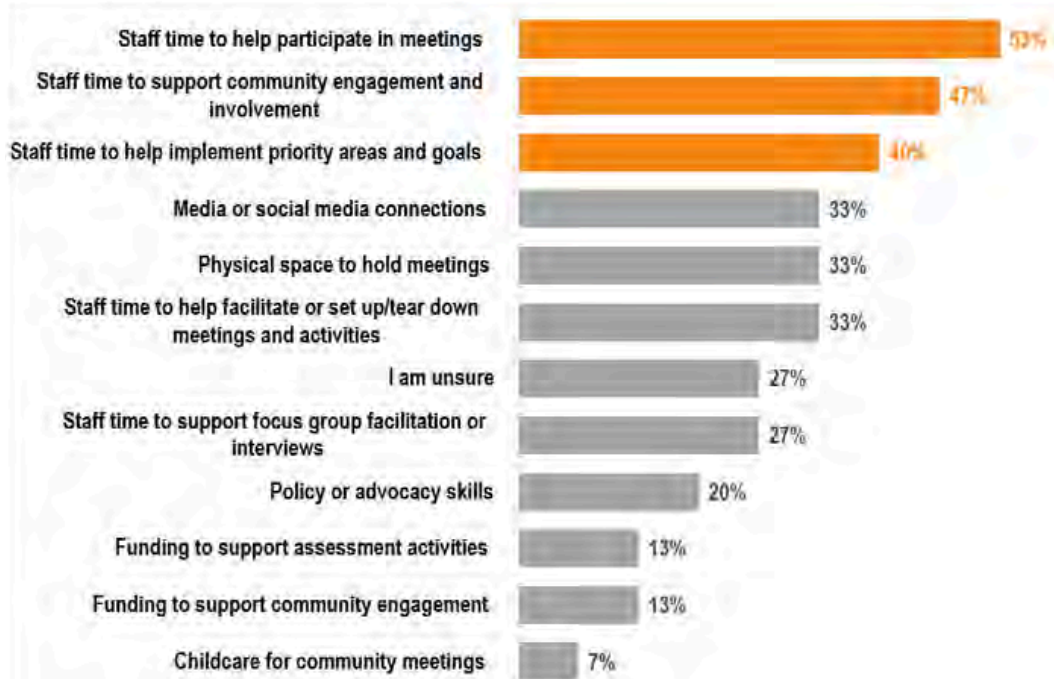
Over the next three years, what areas can your organization contribute to in making a meaningful impact in our community?



- Community partners believe that the ALICE population (asset limited, income constrained, and employed households), social connection and social capital, and mental/behavioral health (40%) are the top areas in which organization can contribute to making a meaningful impact in our community.

# Community Partner Survey

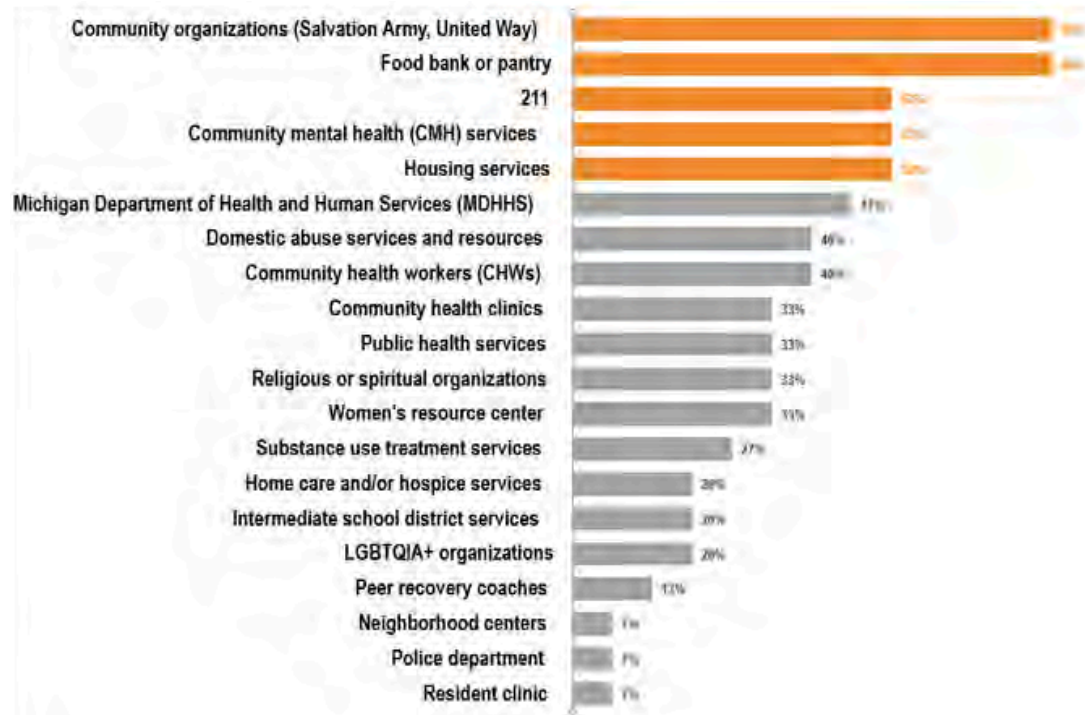
**What resources might your organization contribute to support our Community Health Assessment and/or Community Health Improvement Plan Activities?**



- When asked about what resources our partner organizations could contribute to the Community Health Needs Assessment and/or Community Health Improvement plan activities, staff time to help participate in meetings (53%), staff time to support community engagement and involvement (47%), and staff time to help implement priority areas and goals (40%) emerged as the top three resources.

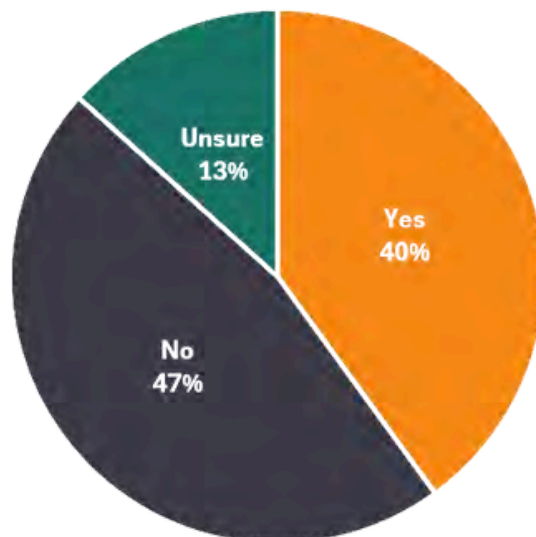
# Community Partner Survey

To what, if any, community resources do you routinely refer people you serve to help address unmet needs (please mark all that apply)



- When partner organizations were asked to name specific community resources that they routinely refer their clients to address unmet needs, community organizations such as the Salvation Army and United Way (80%) and food banks or pantries (80%) were the top two most cited categories.

**Does your organization conduct assessments (e.g., of basic needs, community health, neighborhood)?**

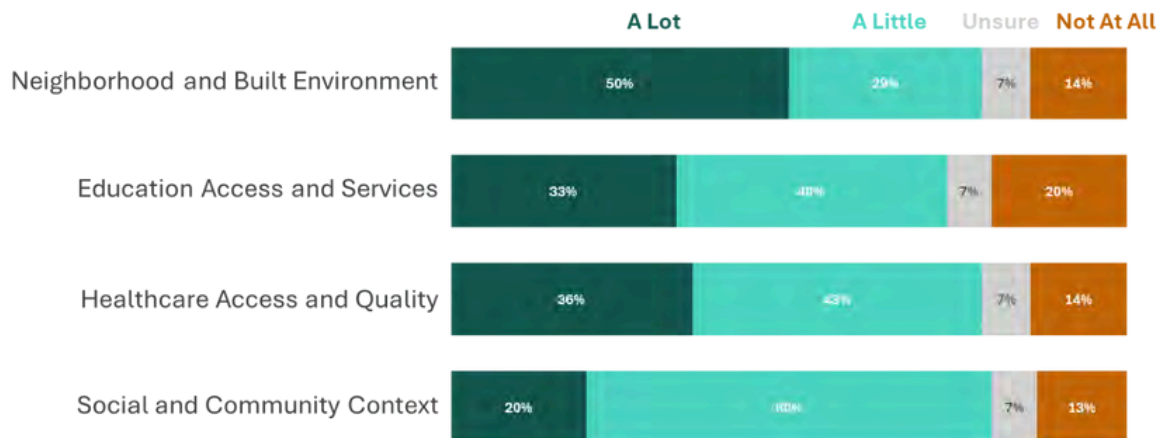


- 40% of community partners report conducting some kind of assessment to determine the needs of their community.



# Community Partner Survey

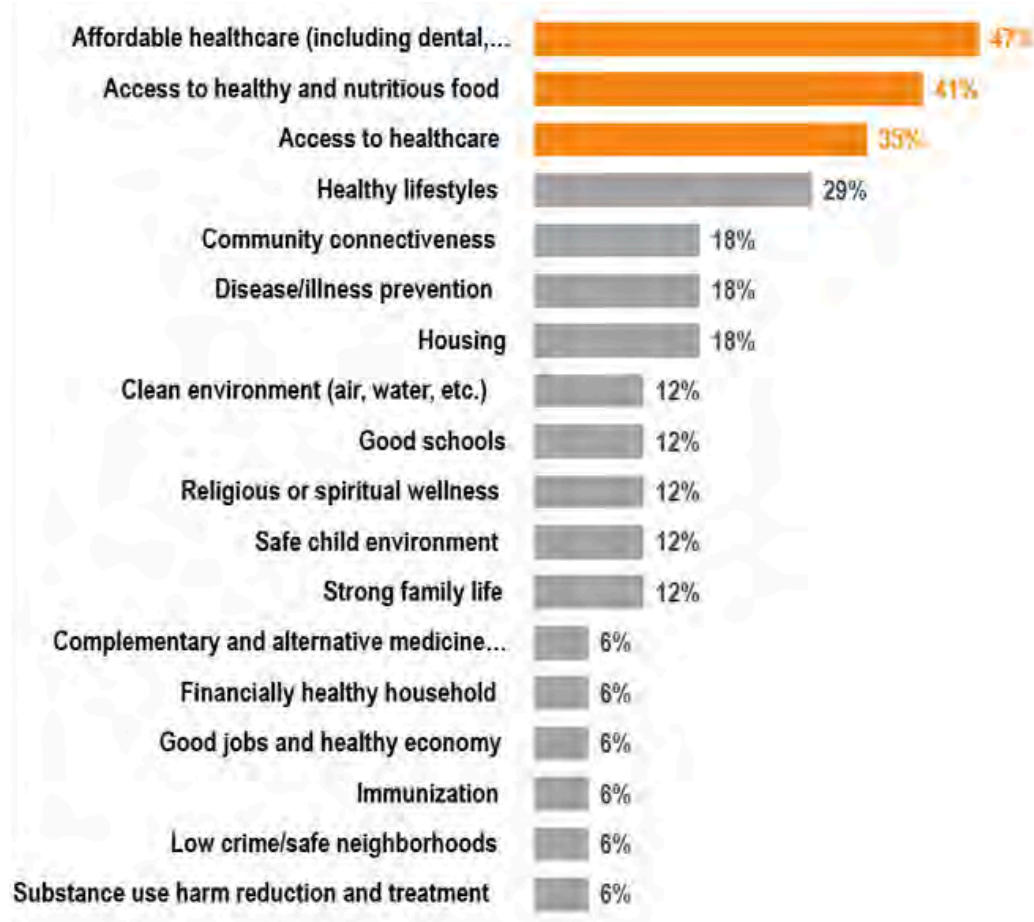
How much does your organization focus on each of these topics?



- When asked about how much they focus on various themes related to health, community-based organizations reported a heavy focus on the Neighborhood and Built Environment (50%) and Healthcare Access and Quality (36%). The majority (60%) of CBOs reported a little focus on Social and Community Context.
- **Neighborhood and Built Environment:** The connection between where a person lives - housing, neighborhood, and environment - and their health and well-being. This includes topics like quality of housing, access to transportation, availability of healthy foods, air and water quality, and public safety.
- **Education Access and Services:** The connection of education to health and well-being. This includes issues such as graduating from high school, educational attainment in general, language and literacy, and early childhood education and development.
- **Healthcare Access and Quality:** The connection between people's access to and understanding of health services and their own health. This includes issues such as access to healthcare, access to primary care, health insurance coverage, and health literacy.
- **Social and Community Context:** The connection between characteristics of the contexts within which people live, learn, work, and play, and their health and well-being. This includes topics like cohesion within a community, civic participation, discrimination, conditions in the workplace, violence, and incarceration.

# Healthcare Provider Survey

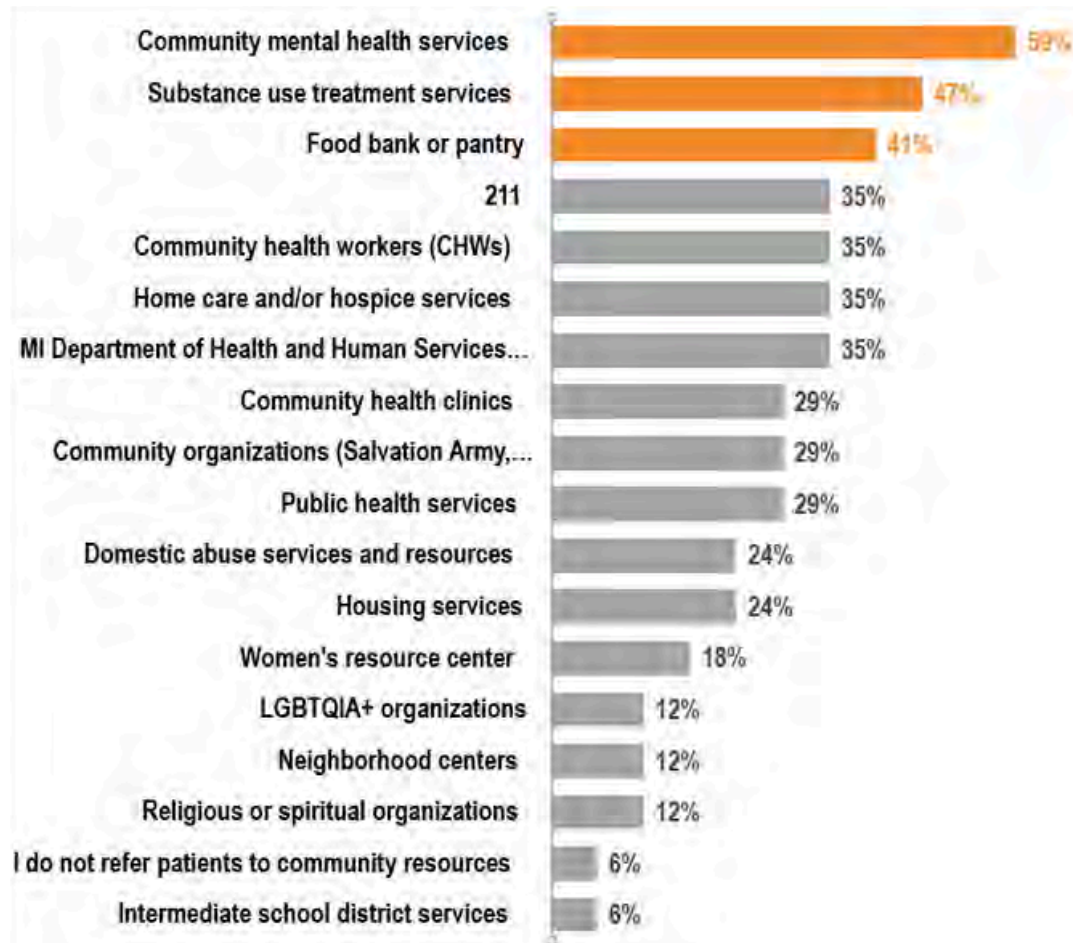
In your opinion, what are the top three factors that make a community or neighborhood healthy? (Please choose three)



- When providers were asked, “what are the top three factors that make a community or neighborhood healthy?”, affordable healthcare (47%), access to healthy and nutritious food (41%), and access to healthcare (35%) were the top three factors identified.

# Healthcare Provider Survey

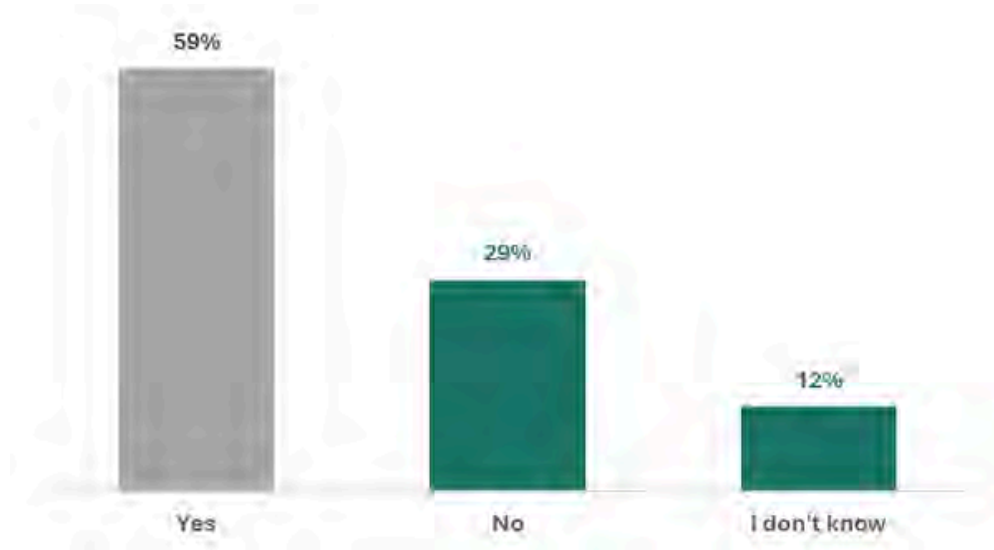
To what, if any, community resources do you routinely refer patients to help address unmet needs?



- When providers were asked, “To what, if any, community resources do you routinely refer patients to help address unmet needs?”, community mental health (59%), food bank or pantry (47%), and community health workers (41%) were the top three resources identified.

# Healthcare Provider Survey

**Do you feel you are equipped to help people/clients/patients access needed programs and services?**

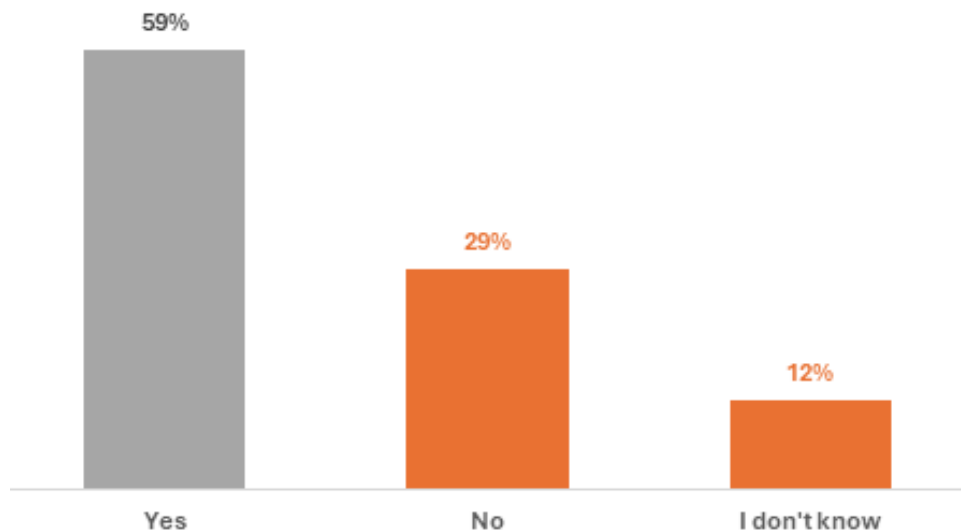


**When providers who answered “No” or “I don’t know” to the previous question were asked, “What would better equip you to help people/clients/patients access needed programs and services?”, the following responses were provided:**

- Access to transportation
- Universal (affordable) Healthcare and medications, more social workers, mental health providers, less barriers to home services, more primary care providers.
- Being able to give clients one site they could go to access EVERYTHING they could possibly need
- Prioritize funding for access to and public education for mental health care and preventative healthcare
- Having a list of programs available in the area, it would be very beneficial to the public if we could have flyers or some sort of written resource to hand out to patients, especially in the ER setting
- Knowledge of available programs that are in Barry County
- Social worker or other similar individual at Corewell who can help patients get financial assistance for the given treatments they need

# Healthcare Provider Survey

Do you feel you are equipped to help people/clients/patients access needed programs and services?

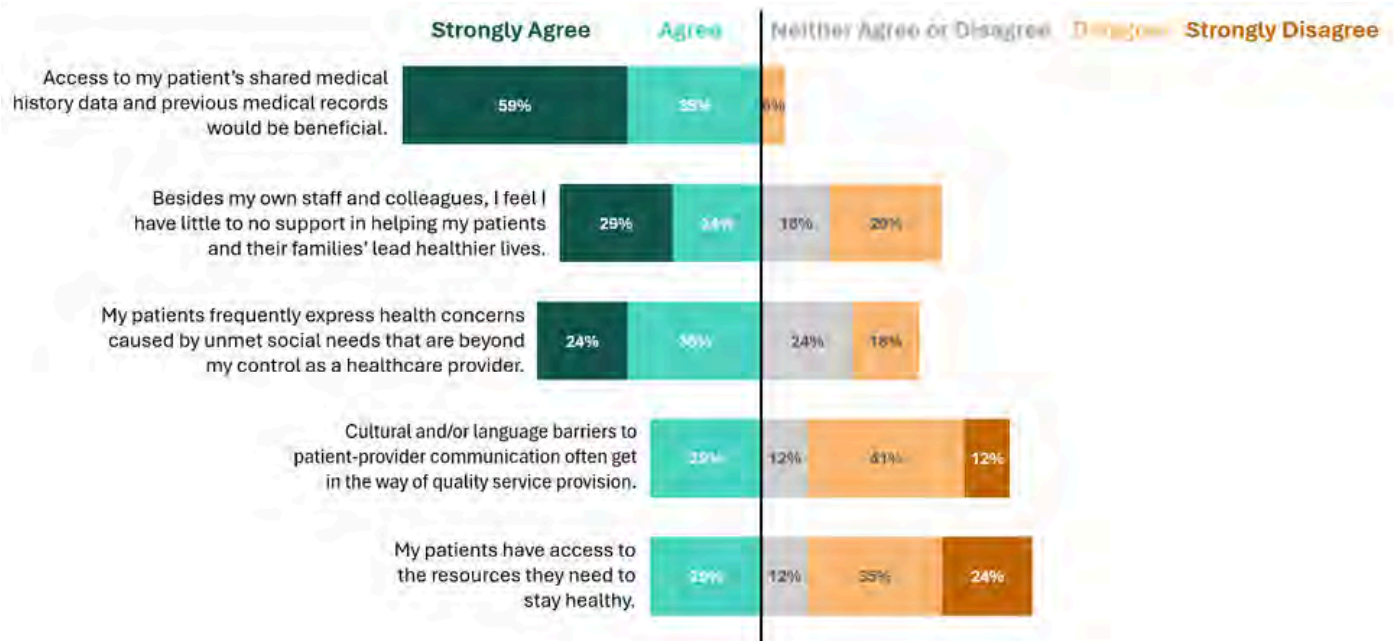


When providers who answered “Yes” to the previous question were asked, “What is the resource you use most often to help people/clients/patients access needed programs and services?”, the following responses were provided:

- In house insurance assistance, mobile vision bus, in house Behavioral Health therapist, in house dental services and in house Care Managers.
- Social work
- Social worker
- I don't remember the name of it. It's on inspire and I print things for patients. Or if they need other services, I consult social workers
- All community resources, united way
- MI Choice Waiver program for seniors
- Information
- Women's center for pantry items

# Healthcare Provider Survey

How strongly do you agree or disagree with the following statements?



- When asked whether or not providers agreed or disagreed with the following statements, 59% of providers Strongly Agree or Somewhat Agree that their patients have access to the resources they need to stay healthy. 29% of providers also Agree that their patients express health concerns caused by unmet social needs that are beyond the provider's control.

In your opinion, how often are social determinants of health considered when developing treatment or care plans for Barry County residents. Examples of social determinants include housing, transportation, and food access, among others.

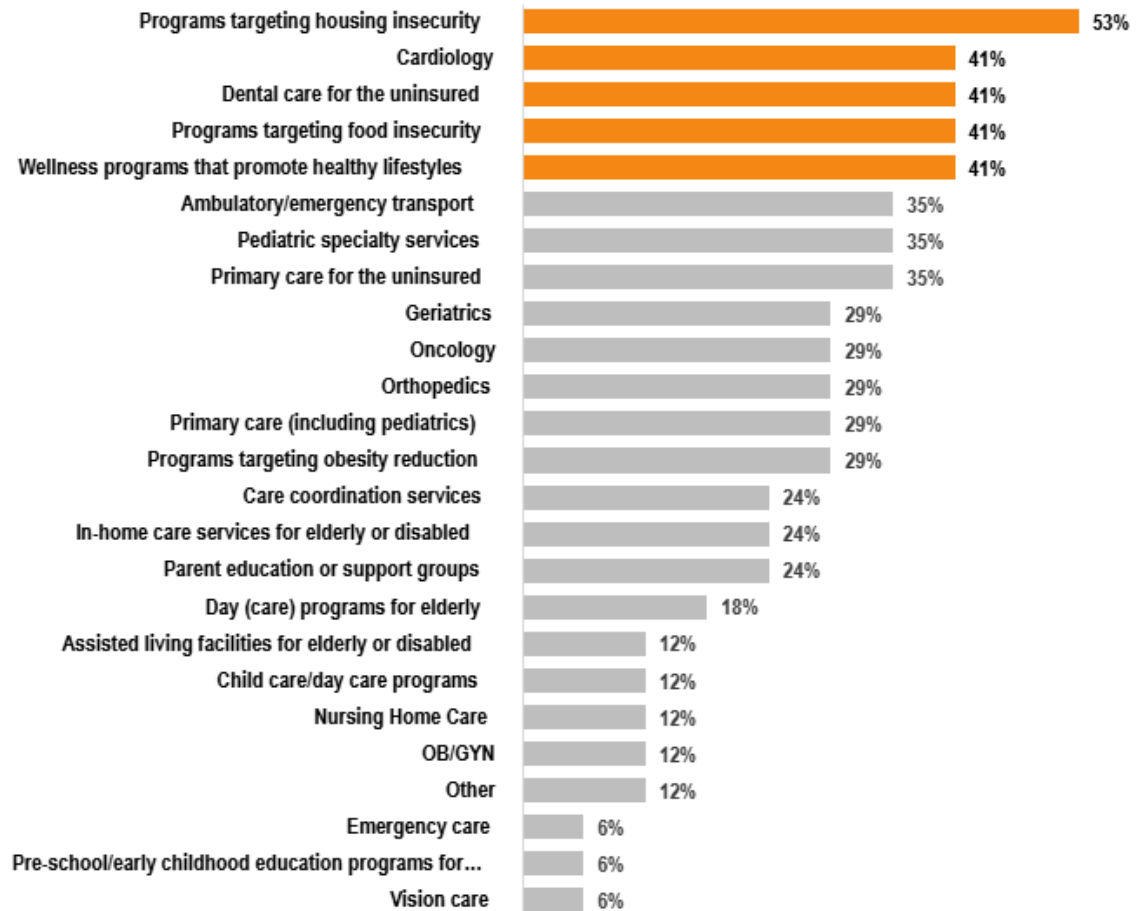


- 53% of providers reported that social determinants of health are sometimes or rarely considered when developing treatment or care plans for Barry County residents.



# Healthcare Provider Survey

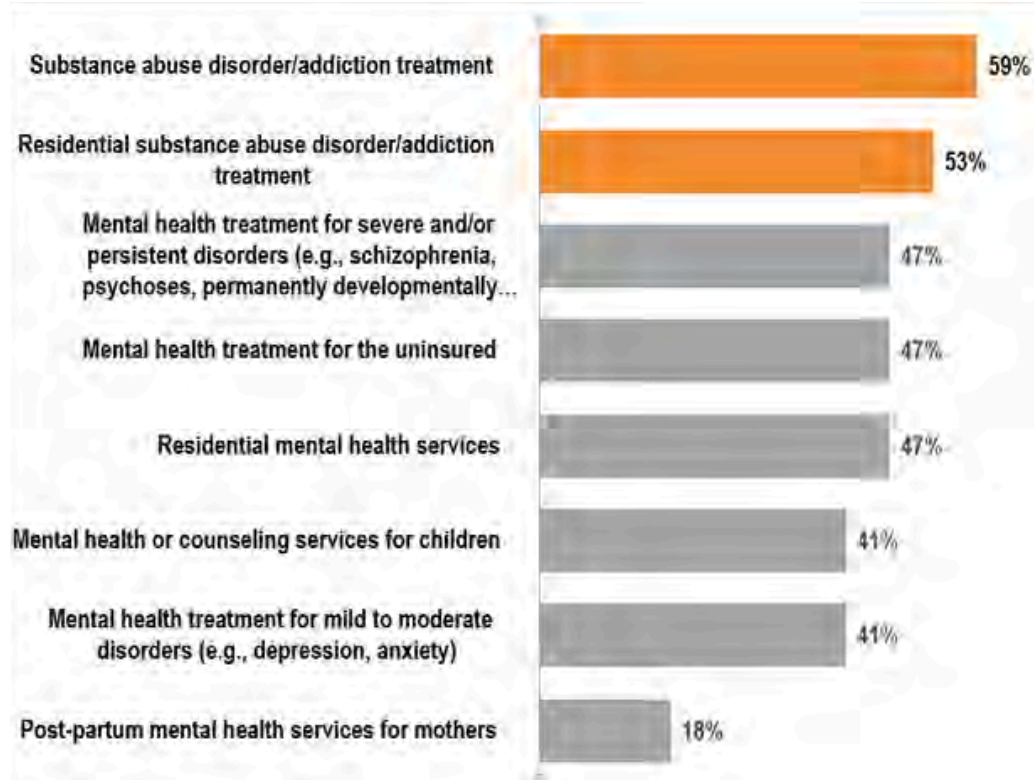
## What programs and services do NOT meet the needs and demands of Barry County residents?



- When providers were asked, “What programs and services do not meet the needs and demands of Barry County residents?”, 53% cited programs targeting housing insecurity, and 41% cited the following four needs: cardiology, dental care for the uninsured, programs targeting food insecurity, and wellness programs that promote healthy lifestyles such as healthy eating and exercise.

# Healthcare Provider Survey

What mental health or behavioral health programs and services do NOT meet the needs and demands of Barry County residents?



- Providers cited substance abuse disorder/addiction treatment (59%) and residential substance abuse disorder/addiction treatment (53%) as the top two behavioral health programs/services that do not meet the needs and demands of Barry County residents.

# Healthcare Provider Survey

**When asked about additional services that do not meet the needs of Barry County residents, providers gave the following comments:**

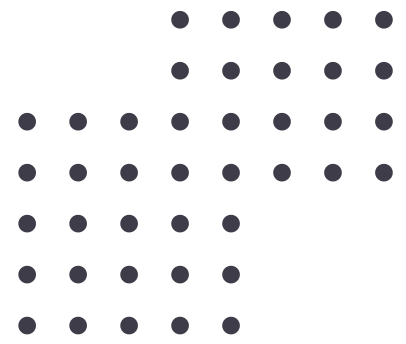
- We have an aging population that is going bankrupt trying to find care. There is a huge gap for those without a "qualifying diagnosis" or adequate insurance to receive services. Either you have government-based insurance or private insurance. Both put rules and roadblocks up for physical rehab and long-term care due to cost. If you are lacking either of these and there is not a safe, appropriate place with help of family or friends, you languish at the hospital, taking up a precious inpatient bed. Many who have the mental capacity to make decisions choose to go home until they fail, putting further strain on the system, not to mention the emotional and physical toll on the patient/family.
- Inpatient psychiatric
- Inpatient rehab services for patients who are transitioning from hospital to home. Inpatient and or intensive psych services. More long-term care beds.
- Cost of living is so high. Not many working low-income jobs can afford to live
- I'd really like to see more chronic health prevention education. Love the drug abuse billboards- would love that used for physical health prevention. "80% of cardiac disease is preventable by lifestyle choices", etc.
- Substance use/misuse prevention for youth in school, particularly the high school
- It would be significantly helpful for the residents of Barry County for Barry County Community Mental Health to have more prescribing providers on staff. Patients can get in for counseling services but have lengthy delays being assessed by someone who can prescribed them medications.

**Are you or members of your organization currently screening people/clients/patients for Adverse Childhood Experiences (ACEs)?**

- When providers were asked if their patients are being screened for Adverse Childhood Experiences (ACEs), 47% said they did not know and 41% said no.

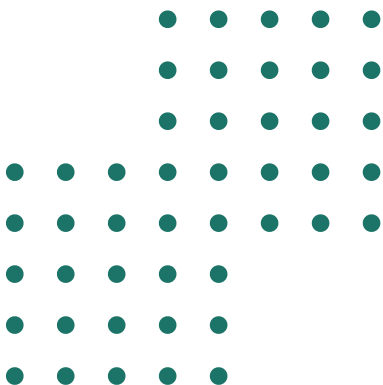
## Final Comments?

- 53% of providers reported that social determinants of health are sometimes or rarely considered when developing treatment or care plans for Barry County residents.



# FOCUS GROUPS AND INTERVIEWS

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## Focus Group Findings

In conjunction with the creation and release of surveys which solicited information from community members, community-based organizations, and healthcare providers, the workgroup facilitated four focus group discussions with Barry County residents and workers in October and November 2024. Where surveys are effective at collecting a large amount of surface-level data regarding general health topics, these small group conversations allowed the workgroup to learn about the community's lived experiences in a deeper manner. Summaries of these conversations are found below.

### General Community

One focus group was held with members of the General Barry County community at the Cherry Health Barry Community Health Center. Five individuals took part in this discussion which delved into such topics as how individuals handle routine and emergency medical needs, community strengths, and barriers that make it difficult for them to access resources related to the social determinants of health. The group discussed several difficulties in accessing healthcare including being unable to find providers that take Medicaid, needing to travel out of town for specialized care, and feeling like providers do not take adequate time to discuss diagnoses and treatment. Concerns about non-medical health-related factors included a lack of social opportunities in the community, a lack of walkable spaces in more rural areas, a dearth of healthy places at which to eat, and difficulty finding affordable housing in Barry County as well as outlying areas.

### Underserved Community

Two focus groups were held to discuss health experiences with Underserved Community members. "Underserved" was defined as Barry County residents who have experienced barriers to accessing resources including those who are uninsured or enrolled in Medicaid, are unemployed or low-income, receive food assistance, are living with a disability, or are in recovery. Questions posed to the General Community were also posed to the Underserved Community groups to seek out potential differences in lived experiences between the two populations.

# Focus Group Findings

## Behavioral Health

This focus group discussion was held at the Barry County Community Mental Health Authority with six individuals who used behavioral health services or lived with a behavioral health condition within the past year (or whose family member met these criteria). Topics discussed in this conversation revolved around the group's knowledge of existing mental and behavioral health services, their experiences interacting with the mental healthcare system, and perceptions on gaps in service delivery in Barry County. The group discussed a lack of awareness of existing mental health services, struggle to keep track of eligibility criteria and long wait times when seeking behavioral health care, and feeling like providers did not truly care about or have time for them when they were able to access help. As with the General Community focus group, difficulties finding providers in-network or those who accept Medicaid were also described. Non-clinical factors that impact health were touched on in this discussion and included a need for parenting classes, restoration of support programs that shut down during the height of the COVID-19 pandemic, and shelters and other resources for the unhoused.

## Leadership Stakeholder Interviews

Eight interviews held with leaders in Barry County touched on a wide variety of health-related topics. These stakeholders were asked about the most pertinent issues facing their community - including specifically regarding healthcare - as well as existing services and potential gaps in meeting the health needs of Barry County residents and workers. Leaders in the community agreed that access to primary and specialized health care was a prominent issue facing Barry County, but that social determinants like transportation, access to healthy food, and a well-connected community also play a large role in the public's health.



# Focus Group Themes

**Table 14. Focus Group Quotes**

**Lack of access to healthcare, including dental, vision, and mental health (i.e. too expensive) + Access to health insurance**

"I am pretty healthy myself and I just turned 70, but I have lost my doctor that I had, long-term primary care doctor retired. And the nurse practitioner, who was awesome, she also moved out of the office there. And so, I'm kind of a little bit lost as far as my primary care, but I get my other - quite a bit of my doctoring - in Grand Rapids." **-General Community Focus Group**

"There are several dentists in town, but a lot of them seem to not be taking patients....There is that, Cherry Health clinic dentists, but the waits there are significantly longer than a month, I've been told."  
**-Underserved Community Focus Group**

"Aside from Cherry Health, there is no one else that'll take...Medicaid."  
**-General Community Focus Group**

"If I'm going to the emergency room or urgent care, I had better be dying. Again, since I don't have insurance, um, going to the emergency room is very cost-prohibitive for me."  
**-Underserved Community Focus Group**

"Do you want to eat, or do you want to try to take care of your health? Unfortunately, I would rather eat than try to take care of my health and deal with it when I have to, as bad as that sounds."  
**-General Community Focus Group**

"My landlord, with his chemo treatment stuff, he wound up not making a payment or something through Blue Cross, and his bills got astronomical. And he's like "I'm not going because of the cost," 'cause he was doing treatments and he just flat refused to go, and that was scary."  
**-Underserved Community Focus Group**

"Outpatient seems to be easier to find with Medicaid. If you want to go inpatient, it's more - it's easier to get in the hospital, is Medicare, but Medicaid is harder to find outpatient." **-Behavioral Health Focus Group**

"One of the greatest unmet needs, I believe, in more communities is simply access to primary care." **-Leadership Stakeholder Interview**

"Access to specialists is difficult. You know, I think, um, Corewell brings as much as they can down into our community, but it is difficult for some people to, you know, get to Grand Rapids for a lot of appointments."  
**-Leadership Stakeholder Interview**

# Focus Group Themes

Table 14. Focus Group Quotes (cont.)
<b>Substance use and misuse</b>
<p>"I'm a recovering drug addict, and it is very hard to see those [cannabis] stores and everything and knowing it's there. And having to put that boundary up that "no, you don't need to go there." It just makes it harder for sobriety."</p> <p><b>-General Community Focus Group</b></p>
<p>"I did Celebrate Recovery through my church which is for any hiccups, hangups, addictions. It's not just for addiction, but something like that. But when Covid hit, it all shut down and it's never come back."</p> <p><b>-General Community Focus Group</b></p>
<b>Lack of Access to Mental Health Services</b>
<p>"Another family member was diagnosed with schizophrenia and that was, he was an adult, he's a full-time college student, straight A's and schizophrenia hit and turned everything upside down. And we were not able to really find much support here. We had to again take him to Grand Rapids. And it has been very frustrating, um, the lack of resources, I think, and groups, I guess, of Barry County. Everything has to be, we have to go to Kent County in order to receive services."</p> <p><b>-Behavioral Health Focus Group</b></p>
<p>"That stopped my dad from going to AA for well over 20 years because you had to drive an hour to, and at that point it's not worth it."</p> <p><b>-Behavioral Health Focus Group</b></p>

# Focus Group Themes

**Table 14. Focus Group Quotes (cont.)**

## **Attainable and Safe Housing**

"I've called every single place from HUD to low income, nope, the minute my name pops up or the minute the fact that I'm a felon pops up, it's shut down immediately. So, there is no felon-friendly housing in walking distance, which is why I'm stuck living where I'm at." **-Underserved Community Focus Group**

"I've been homeless since August of 2023 and that's been tough. And even finding...homeless shelter help here and having a different city address, like they can't help you. So that's been really tough because I love Hastings and want to stay here, but if I can't get help, you know, it's just been really tough." **-Underserved Community Focus Group**

"You're already down in the dumps anyway, you're already having difficulty. And then it gets even more difficult cause they either, one: don't want to deal with you, two: get irritated with you, or three: don't know what's going on, so you just are like, "Well, oh well, I guess I'm gonna go be homeless because you know, I'll be in my zone where I should be because I can't get help," no one wants to." **-Underserved Community Focus Group**

"To be honest with you, all of the area. We're talking Kent, Barry, any of the surrounding, Ionia. There is no affordable housing." **-General Community Focus Group**

"I have a friend that lives with her stepmom, her dad, and four kids in a three-bedroom trailer because she can't afford a place for herself. And I think that's wrong." **-General Community Focus Group**

"Me and my husband, we are a one-income family and we, we barely make it every month. Luckily his sister helps us out getting food and everything, but if it wasn't for her, we'd be, me and [my husband] have talked about living in a tent just to be able to save money." **-General Community Focus Group**

"I think shelter is a huge need. There's the one shelter in this whole county that is for women. But it won't take kids, male children over a certain age. And there's a lot of barriers to that one, too. So, yeah, if people are, um, without housing. Like, our option is, like, we can help you get to a different shelter out of county, but people might not want to leave county because maybe their supports are here." **-Behavioral Health Focus Group**

"We're getting houses built, but that doesn't necessarily – there's, there's so many people that are in need of housing that, um, it's just, it doesn't seem to be, um, nothing's enough at this point." **-Leadership Stakeholder Interview**

# Focus Group Themes

**Table 14. Focus Group Quotes (cont.)**

## **Access to Healthy and Nutritious Food (Cost or Proximity)**

"There's a lot of fast food in town. There's a few restaurants that kind of teeter on the, having a more healthier, but there's not like an extremely, like a GreenEats or a place where you can get a nice salad."

**-General Community Focus Group**

"If we're going to go out to eat, we usually have to go out of town anymore. There's no family style food or anything like that."

**-General Community Focus Group**

"I think there's a lot of fresh produce in this area. Little stands and you can, you know, stop and get good produce during the summer months."

**-General Community Focus Group**

"Even the people that can't really afford it and they have to go to the food pantries. They have a good variety and knowing that the farmers actually donate their extra fresh vegetables and fruit there, actually really helps cause otherwise you're just getting stuff that's full of salt and full of sugar."

**-General Community Focus Group**

"We're seeing people from all walks of life [at food distributions], you know, we're seeing seniors, we're seeing working families, lots of working families now. It's just so much need."

**-Leadership Stakeholder Interview**

## **Clean environment (Air, Water)**

"Even though the places say no smoking, people are still in there vaping, which if it says no smoking, it should be included, no vaping."

**-General Community Focus Group**

"Having access to parks and trails, um, access to streets that they feel safe traveling on even if they're not in a car, because it builds those, that social fabric of those social connections that will help prevent some of these, you know, more detrimental health outcomes."

**-Leadership Stakeholder Interview**

# Focus Group Themes

**Table 14. Focus Group Quotes (cont.)**

## Inadequate Healthcare Provider Attention

"When I first came down here, I felt like people here, um, didn't really care. They'd, I'd get one case worker and then three weeks later, "oh, you're seeing somebody new." And I was bounced around so much with therapists and stuff that I've. You know, I've even. It took [my husband] forever to convince me to go to Pine Rest and get help. I was so tired and frustrated with not having the help that I needed. Or we, you'd sit in a therapy office. And you're, you have to have that time to get to know your therapist. And by the time you feel comfortable telling them about your problems, they're saying, oh, we're, you're good. You, we're putting you, you know, you don't need it anymore."

**-Behavioral Health Focus Group**

"Because I had a history of living in Lansing, I really prefer to go there, and even the issues - I had early stage breast cancer. And so I had did my doctoring all in Lansing. When I went back for my checkups after that, my doctors were trying to refer me to Grand Rapids and it's like, no all my records and everything are in Lansing."

**-General Community Focus Group**

"I had a big issue with my primary doctor not too long ago. They just weren't listening to me. They started me on the Ozempic and it just made me really really ill. And I kept trying to relay to them, that I was really, really ill and they just kept trying to "Well we just need to wait a little longer, here's a pill to take care of the nausea." No! That's not what I want."

**-General Community Focus Group**

"I feel like they just tell you to take, you know over-the-counter pain meds just to get you out instead of realizing that like, "Hey, look, I had this pain for a while. How about you help me figure out why I got it?"

**-Underserved Community Focus Group**

"You do most things with, you know, the beginning parts of the appointments with the nurses, the doctors don't seem to have time to listen to you. And I think there is a lot of missed opportunities there, a lot of miscommunications there, because everything is so rushed."

**-Underserved Community Focus Group**

"I had to have an ultrasound about a year ago that I should never have had to have. Just because the doctor didn't understand me correctly. And I think that, and I don't know what the solution is, obviously, but I think that we need to figure out how these doctors can spend more time with folks."

**-Underserved Community Focus Group**

"The physicians' assistants, nurse practitioners are a lot more willing to listen and spend time with you than the doctors are - or they are able to, I should say."

**-Underserved Community Focus Group**

"It's usually just big words that I don't understand, and then they leave me questioning what even is going on, usually."

**-Underserved Community Focus Group**

# Focus Group Themes

**Table 14. Focus Group Quotes (cont.)**

## Transportation

"If you don't have friends or family that's willing to take you where you need to go on the weekends, or you don't call [Barry County] Transit in time, or ahead of time, you're screwed." **-Behavioral Health Focus Group**

"I mean for those of us that don't drive, it is kind of hard to have to ride this and it's on limited income to have to ride the [Barry County] Transit and pay \$5 an hour for them to take you out of town." **-General Community Focus Group**

"My biggest thing is transportation, like 'cause I'm one of the few licensed drivers at my house and my landlord rents out to like 7 people. One has COPD, my landlord has COPD and cancer, and there's just like a lot of health problems and things going on. And if I get sick or I'm unable to drive, nobody's going anywhere"  
**-Underserved Community Focus Group**

"Needing transportation and housing, I would say are some of our top two social gaps in Barry County." **-Leadership Stakeholder Interview**

## Opportunities for Socializing

"I would say right out that downtown everything closes at 3 or 4. There's nothing to do in the evenings outside of a couple bars, there's not a whole lot of evening activities that I would feel that would definitely help in the area."  
**-General Community Focus Group**

"I would like to see like more activities for kids during, like, spring break, fall break, winter break, during the summer. So they're not just sitting home on their tablets or computers." **-General Community Focus Group**

"They need to have more stuff for the kids to do because I mean, [my son] can go up to the library, but his social skills are, I mean, they're limited. He's a social butterfly. He loves everybody, he does. And I don't know, they're just, and the, I'm always saying it wrong, the LGBTQ, there's nothing for them to do."  
**-Underserved Community Focus Group**

"There need to be, like, more safe, fun things for the kids to do, especially ones with disabilities. That would be awesome. Like a safe place that they can hang out."  
**-Underserved Community Focus Group**



# Focus Group Themes

**Table 14. Focus Group Quotes (cont.)**

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"They [Commission on Aging] do bingo, they do a bunch of stuff, but it's all geared up for the people 60 and older. They're not geared towards teenagers. There's nothing really for anybody from 20 to like 55." -**General Community Focus Group**

"I would like to see like more activities for kids during, like, spring break, fall break, winter break, during the summer. So they're not just sitting home on their tablets or computers." -**General Community Focus Group**

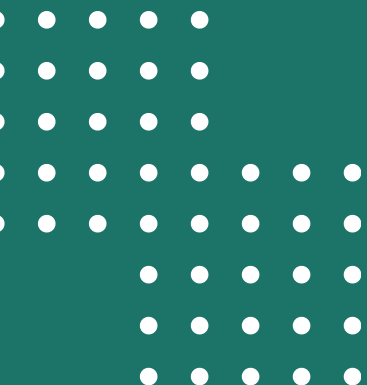
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# COMMUNITY RESOURCES

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# Asset Inventory

## Description of the Health System

This report, as in previous iterations, focuses heavily on the health impacts of social determinants - those factors beyond the clinical sphere which play an outsized role in effecting health outcomes. In this way, a health system can be recognized as a wide array of institutions and organizations beyond those that provide direct medical care. The World Health Organization's report *Everybody's Business: Strengthening Health Systems to Improve Health Outcomes*, discusses this by defining a health system as including public health institutions, behavioral health, and other human service organizations.

*"All organizations, people, and actions whose primary intent is to promote, restore or maintain health. This includes efforts to influence determinants of health as well as more direct health-improving activities."*

*World Health Organization, 2007*

Recognition of the resources available to community members - as well as any gaps that may exist - is paramount to identifying areas where a community may come together to improve health for all.

## Hospitals

Corewell Health Pennock Hospital, the only hospital in the county, is a 49-bed community hospital located in Hastings. Corewell Health Pennock offers a wide range of services including: emergency services, primary care (including obstetrics and gynecology) and surgery (e.g., orthopedics).

# Asset Inventory

## Federally Qualified Health Centers (FQHC)

There is one Federally Qualified Health Center in Barry County: Cherry Health's Barry Community Health Center. Cherry Health is the largest FQHC in Michigan, serving six counties. Cherry Health has approximately 800 employees and a network of over 130 physicians and advanced practice providers specializing in primary care/family medicine, pediatrics, obstetrics/gynecology, optometry, oral health, behavioral health and psychiatry.

FQHCs are a critical piece of the social safety net. They provide an array of health services to anyone, regardless of their insurance status and ability to pay. To qualify as an FQHC site, a community must demonstrate a shortage of providers. Barry County qualifies for this under the Governor-Designated Secretary-Certified Shortage Areas.

## Health Care Providers

According to data housed by the Health Resource Service Administration, Barry County had one primary care physician for every 3,320 residents in 2021<sup>13</sup> and one dentist for every 4,240 residents in 2022.<sup>14</sup> In contrast, the state of Michigan had one primary care physician for every 1,280 residents in 2021<sup>13</sup> and one dentist for every 1,250 residents in 2022.<sup>14</sup>

# Asset Inventory

## Mental Health Providers

There are two pieces of the mental health system in Michigan: public and private.

The public system in Barry County is administered by the Barry County Community Mental Health Authority (BCCMHA). The BCCMHA provides behavioral health and substance use services to about 2,400 individuals annually.<sup>15</sup> Those services may include behavioral health services, co-occurring mental health services, and services for individuals with intellectual disabilities, children with severe emotional disturbances and individuals with autism.

In addition to what may be considered traditional community mental health services, the BCCMHA provides an array of additional services to support individuals, such as community living supports, respite care and employment services.

The private system includes all mental and behavioral health providers who accept commercial insurance or cash payments. Access to care requires not only financial coverage but also access to providers.

The most recent available data shows in Barry County, there was one mental health provider for every 780 residents in 2023. By comparison, there was one mental health provider for every 300 residents in Michigan.<sup>16</sup>

# Asset Inventory

## Government Entities

The protection of the entire population's health as outlined in the Michigan Constitution and delegated to local governing entities. The Barry-Eaton District Health Department is responsible for performing the following activities:

- Investigating the causes of disease, especially outbreaks of diseases
- Providing care for individuals with severe communicable disease or infection
- Mitigating environmental or disease-related health hazards
- Routinely inspecting facilities with a high likelihood of impacting public health (e.g., food service facilities, public pools, public and private wells, and septic systems)

## Existing Resources in the Community

A list of assets was provided for discussion during the 2020-2022 CHNA/CHIP cycle to streamline the asset inventory process for this cycle. Only Barry County's assets and those traditionally used in Community Health Needs Assessments were presented. After discussion amongst the Advisory Committee members, local economic assets were chosen with further instruction to explore how they should be mapped and what specific resources would be included.

Barry-Eaton District Health Department worked with the Barry County Chamber of Commerce to identify appropriate and valuable economic assets and present them on a map. This list of resources was then analyzed for accuracy in 2025. My Google Maps was used to compile this list into an interactive map for access by community members.



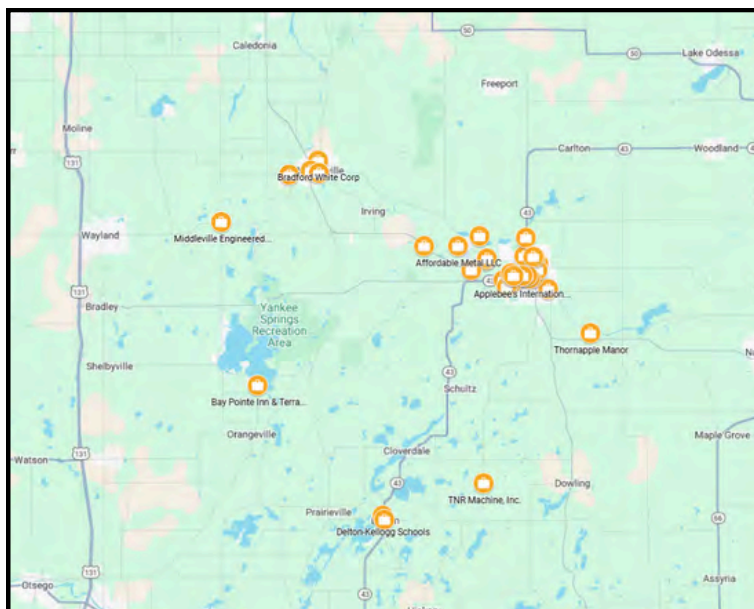
## Asset Inventory

Table 15: Identified Community Assets	
<b>Health Care Resources</b>	Mental Health Providers / Facilities
	Free Clinics
	Substance Abuse Treatment and Recovery Providers
	Hospitals
<b>Institutions</b>	K-12 Schools / Districts
	Government Resources
<b>Public Safety</b>	Domestic Violence & Crisis Response Orgs
<b>Food System</b>	Food Pantries / Banks / Commodities
	Grocery Stores
<b>Local Economy</b>	Unemployment & Job-Placement Services
<b>Community Involvement</b>	Citizen Groups & Coalitions

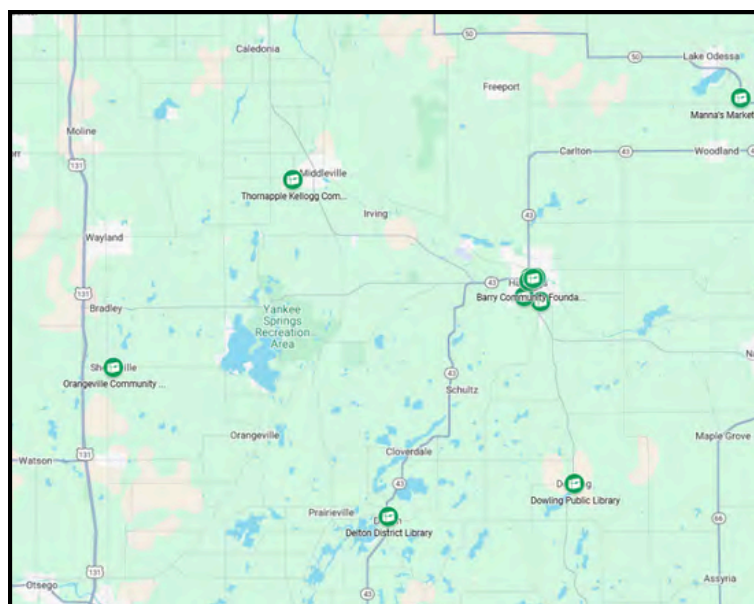
# Asset Inventory

These maps highlight identified community assets which center on the county's largest employers and include resources that help residents acquire new skills or further develop skills they currently have.

## Asset Map - Major Employers



## Asset Map - Resources



Scan the  
QR code to  
access the  
interactive  
maps



# Asset Inventory

## Additional Resources

Beyond strictly workforce development, there are also resources to attract employees and prospective talent. Several initiatives aim to connect with Barry County students to meet future workforce needs. Examples of these are:

- MAVIN for Employers (<https://massp.com/mavin>)
- Discover Manufacturing (<https://www.discover-manufacturing.com/>)
- Barry County Career Tours (Barry County Chamber & Economic Alliance)

The following programs in the community help aid individuals who were previously incarcerated connect with and rebuild their lives through job training, employment, and access to housing and resources.

- Starting Over for Success ([www.startingoverforsuccess.org](http://www.startingoverforsuccess.org))
- Clean Slate Initiative via MichiganWorks! (<https://www.miworks.org/clean-slate>)

# Limitations

## Overview

A significant amount of work from a broad array of community partners went into the informing and creation of this Community Health Needs Assessment, but even the most intentional and effortful undertakings can be subject to limitations, human or otherwise. These shortcomings should not take away from the validity of the ultimate findings and their significance to the community, but recognition of the imperfect nature of data collection and analysis can aid the decision-making process and ensure level-headed use of the conclusions drawn.

## Secondary Data

Data lag is a common challenge in secondary data collection. Some datasets may have a reporting delay of one to three years, meaning the most recent data may not reflect current conditions. Missing data is another factor, as not all health indicators are available at the county or school district level, limiting the ability to analyze certain trends.

It is also important to note that this report does not cover every possible health topic. Many local coalitions, workgroups, and organizations are actively working on health issues in Barry County, and their reports provide additional valuable information. Readers are encouraged to explore these supplemental resources for a more in-depth understanding of specific topics of interest.

Finally, some data sources, such as the Behavioral Risk Factor Survey (BRFSS) and the Michigan Profile for Healthy Youth (MiPHY), rely on self-reported responses. While self-reported data is a valuable tool for assessing community health, they may be affected by response bias. Despite these limitations, this report provides valuable insights into the health of Barry County and can help guide community efforts to improve well-being.

## Surveys

Surveys were used to cast a wide net and collect information from a large number of community residents, workers, and healthcare providers. These surveys may be subject to a selection bias – where certain subsets of a population may not be captured, skewing the results of the survey – and the workgroup members attempted to limit this bias by including the survey link in both online and in-person spaces, and offering paper copies at both Barry-Eaton District Health Department locations for individuals without access to electronic means of responding.

# Limitations

## Focus Groups

Focus groups act as an incredibly important opportunity to collect stories and lived experiences from individuals in the community, but their small sample size is an inherent weakness subject to selection biases. Individuals more inclined to attend a focus group may be the same who disproportionately experience difficulties in the community, skewing discussion findings toward the negative. Put another way, if you are happy with the community in which you live and do not feel like you are struggling to stay healthy, you may not think it necessary to participate in a focus group and share your story. A group of 5-10 individuals may not speak for the entirety of a community, but they may bring valuable insights as to the lived experience of those most maligned by societal structures.

Recruitment of these focus groups took many forms including an online registration link through a Google Form. Online registration, when shared on a broad scale, can attract individuals outside of a given community, especially when advertisements include information about incentives like gift cards. This required careful confirmation of registrants via phone follow-ups as well as recognition of spam or bot emails to weed out invalid registrants, which took significant time.

Finally, meeting community members where they are is crucial for ensuring accessibility for as many people as possible. Holding focus groups on weekday evenings may have acted as a deterrent to attendance by community members with competing priorities. Offering varied days and times in future iterations may open the registrant pool to a broader array of participants.

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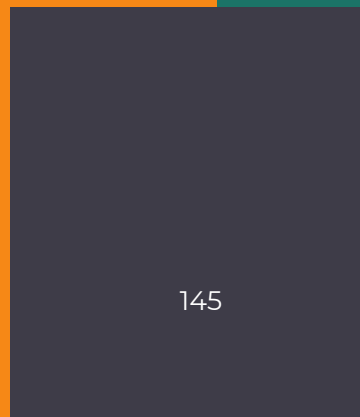
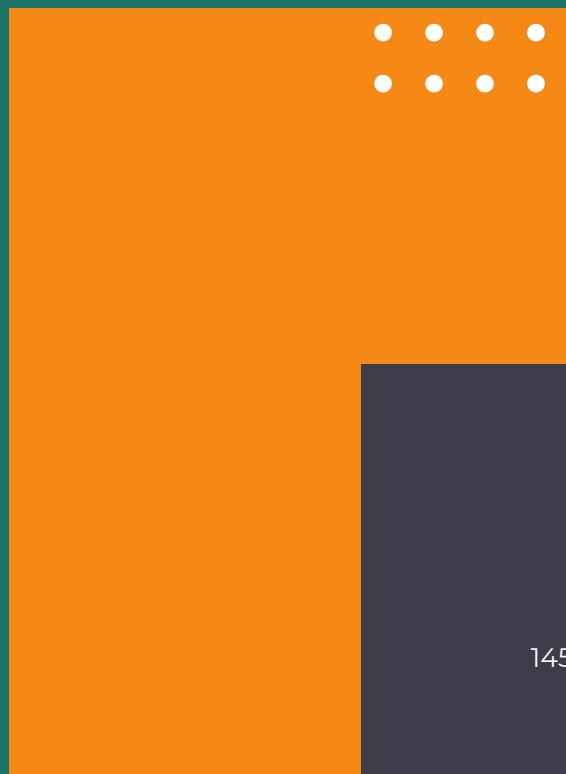
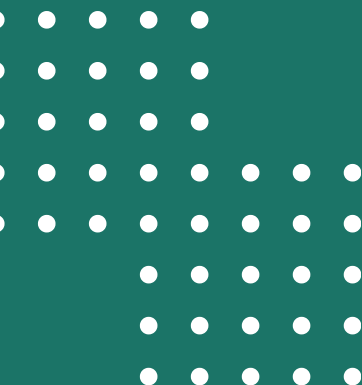
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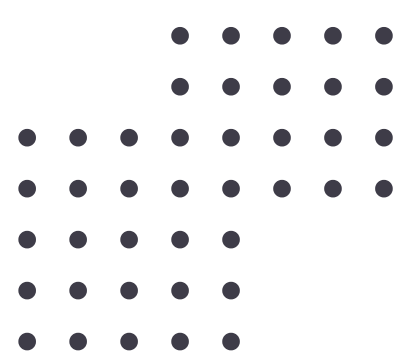
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# APPENDICES

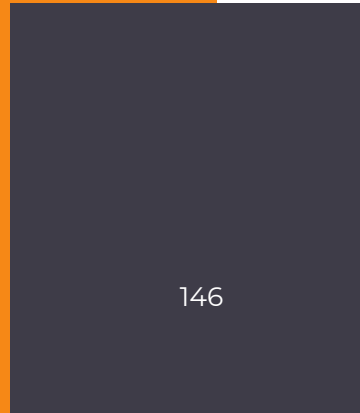
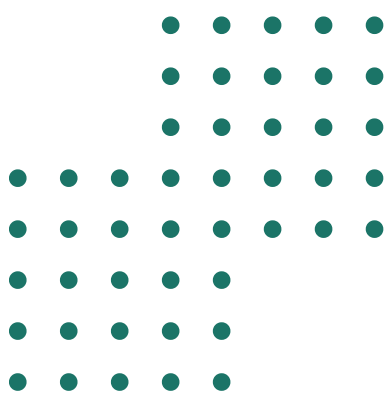
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# APPENDIX A: SURVEYS

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Dear Community Member,

Thank you for participating in this short survey. Your feedback is very important to us and to our work.

This survey aims to assist the Barry-Eaton District Health Department (BEDHD) and Corewell Health – Pennock in identifying and understanding changing health needs within our community, along with the underlying factors. The following questionnaire seeks your perspectives on current community needs and barriers. We encourage you to respond honestly. This information will be used to assist BEDHD and Corewell Health – Pennock in planning and developing initiatives to support and improve health in their respective communities. The following brief questionnaire will ask you about your perceptions and thoughts of current community needs and barriers.

No attempts will be made to specifically identify your individual identity from the survey. There are no anticipated risks or inconveniences associated with participating in this survey. Please note that your involvement is entirely voluntary, and you have the option to decline participation or stop responding at any point.

By clicking NEXT you are verifying that you have read the above information, you agree to participate, and you understand that your participation in this survey is voluntary. This survey is only for those 18 years of age and older.

**Healthcare Providers** include those who work at hospitals or in other healthcare settings as doctors, nurses, dietitians, pharmacists, behavioral health, or other similar professions.

**Community Partners** include those who work for community organizations or provide resources to people, like United Way, food banks, community centers.

**Community Members or Residents** are those who live in Barry County for at least part of the year. They may or may not work in the area.

For more information about the Barry County CHNA process, please visit our website at:  
<https://barrycountychna.weebly.com/>.

#### Things to know...

- This survey should take 10-20 minutes.
- Your responses will not be identifiable to you personally. They will be combined and summarized with all other responses in the CHNA report.
- Submit only one completed survey per person.

If you have any questions, please contact:

Sydney Nicholl, MPH  
Barry-Eaton District Health Department  
[snicholl@bedhd.org](mailto:snicholl@bedhd.org)

In this survey, “community” means: *a group of people living in the same place or having a particular characteristic in common.*

1. What county do you live in?
  - a. Barry
  - b. Another county (please specify) \_\_\_\_\_
2. What is your age?
  - a. Under 18
  - b. 18-24
  - c. 25-34
  - d. 35-44
  - e. 45-54
  - f. 55-64
  - g. 65+
3. Zip code where you live?  
\_\_\_\_\_
4. What county do you work in? \*can check multiple answers
  - a. Barry
  - b. Another county (please specify) \_\_\_\_\_
5. What is the highest level of education you have completed?
  - a. Some high school
  - b. High School
  - c. Some college
  - d. Associate’s Degree
  - e. Bachelor’s Degree
  - f. Post-Graduate Degree
6. What is your employment status?
  - a. Employed for wages
  - b. Self-employed
  - c. Out of work less than 1 year
  - d. Out of work 1 year or more
  - e. Homemaker
  - f. Student
  - g. Retired
  - h. Unable to work/disabled

7. What is your annual household income?
- ≤ \$24,999
  - \$25,000 to \$49,999
  - \$50,000 to \$74,999
  - \$75,000 +
8. Which of these describes your health insurance situation? (Select all that apply)
- Employer Provided
  - Medicare
  - Medicaid
  - Private Insurance
  - Medicare Supplemental
  - Other Government (e.g., Veteran's Health Administration, MiChild, etc.)
  - None/No Insurance
  - Other (specify): \_\_\_\_\_
  - Don't Know
9. Sex assigned at birth?
- Male
  - Female
10. 32. Which of the following best represents how you think of yourself?
- Straight (heterosexual)
  - Gay
  - Bisexual
  - Something else: \_\_\_\_\_
  - I don't know the answer
  - Refused
11. What is your race/ethnicity?
- White
  - Black or African American
  - Asian
  - Native Hawaiian or other Pacific Islander
  - American Indian, Alaska Native
  - Other: \_\_\_\_\_
  - Refused
12. Which of the following best describes the place where you live? (Circle only one)
- Apartment, condo, or house that you own either by yourself or with others
  - Room, apartment, or house that you rent either by yourself or with others
  - Sleep in a shared space or common room (e.g., floor, couch) with others and contribute to rent



- d. Hotel or motel paid for by you (participant)
- e. I provide child/elderly care, cooking or cleaning to contribute in shared housing
- f. Temporarily staying in someone else's apartment or house (not able to pay rent)
- g. Group home or supervised residential facility
- h. Sleep/stay in a shelter, transitional/supportive housing, or hotel/motel paid for by someone else
- i. Homeless (e.g., sleep on street, in a car)
- j. Other (specify): \_\_\_\_\_

13. In your opinion, what are the top **three** factors that make a community or neighborhood healthy? Please circle three.

- a. Access to healthcare
- b. Access to healthy and nutritious food
- c. Affordable healthcare (including dental, vision, and mental)
- d. Safe and attainable housing
- e. Arts and cultural events
- f. Clean environment (air, water, etc.)
- g. Community connectiveness
- h. Disease/illness prevention
- i. Financially healthy household
- j. Good jobs and healthy economy
- k. Good schools
- l. Healthy lifestyles
- m. Immunization
- n. Low crime/safe neighborhoods
- o. Safe child environment
- p. Parks and recreation
- q. Religious or spiritual wellness
- r. Strong family life
- s. Diversity
- t. Complementary and alternative medicine (acupuncture, yoga, herbal therapy, etc.)
- u. Substance use harm reduction and treatment
- v. Another factor (please specify) \_\_\_\_\_

14. In your opinion, what are the top **three** problems that impact your community's health? Please circle three.

- a. Challenges related to aging
- b. Substance use/misuse
- c. Chronic disease (such as heart disease, cancer, diabetes, etc.)
- d. Familial violence and/or neglect
- e. Lack of attainable housing
- f. Firearms

- g. Unsafe housing
- h. Infectious disease (such as influenza, chlamydia, HIV, etc.)
- i. Lack of access to healthcare, including dental, vision, and mental health (i.e. too expensive)
- j. Lack of physical activity opportunities
- k. Mental health (anxiety, depression, self-harm, etc.)
- l. Motor vehicle crashes
- m. Poor access to healthy and nutritious food (i.e. food is too expensive or the store is too far away)
- n. Rape/sexual assault
- o. Teen pregnancy
- p. Violent death (suicide, homicide)
- q. Another problem (please specify) \_\_\_\_\_

15. What do you feel are the top barriers to getting healthcare in the community in which you live? Circle all that apply.

- a. Ability to schedule appointments
- b. Accessing healthcare
- c. Cost of healthcare
- d. Doctors/staff do not speak my language
- e. Fear or distrust in the healthcare system
- f. Finding a practice that is accepting new patients
- g. Location of healthcare or transportation issues
- h. Not knowing where to find resources to pay for care
- i. Prescription or medication cost
- j. Finding it hard to understand the healthcare system
- k. Concerns regarding COVID-19/flu/other disease
- l. Another reason (please specify) \_\_\_\_\_

16. How strongly do you agree or disagree with the following statements?

	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
Language and cultural differences can make it hard for patients to get the healthcare they need	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can afford to access resources available in my community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social needs (job, transportation, food, housing, etc.) are just as important as medical needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel confident navigating the health care system	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. In the past two years, was there a time when you had trouble meeting your health care needs? (Circle only one)

- a. Yes
- b. No
- c. I don't know

18. (ANSWER IF YES ABOVE) What are some of the reasons you had trouble meeting your health care needs? (Circle all that apply)

- a. Too costly/ expensive
- b. Provider doesn't accept my health insurance
- c. Couldn't afford prescription drugs
- d. Couldn't get an appointment
- e. Lack of health insurance
- f. Language/racial/cultural barriers
- g. I'm not comfortable with any doctor
- h. Couldn't get a referral
- i. Inconvenient office hours
- j. Couldn't afford deductibles or co-pays
- k. Lack of physician specialists in the area (e.g., cardiology, urology, OB/GYN)
- l. Lack of transportation
- m. I don't know
- n. Other (specify): \_\_\_\_\_

19. What are your most trusted sources for health resources or information in your community? Please circle all that apply.

- a. 211
- b. Church or faith-based organizations
- c. Community service organizations
- d. Community or Senior center
- e. Family and friends
- f. Health professional (doctor, nurse, etc.)
- g. Health department
- h. I do not know where to look
- i. Internet
- j. Library
- k. Newspaper or magazine
- l. Radio
- m. School
- n. Social media (Facebook, Twitter/X, TikTok, Instagram, etc.)
- o. TV
- p. None of the above
- q. Another source (please specify) \_\_\_\_\_

20. How many times have you been to an Emergency Room/Emergency Department in the past 12 months?

- a. None
- b. 1-3 times
- c. 4-6 times
- d. 7-9 times
- e. 10 + times

21. (ANSWER IF SELECT 1 OR MORE ABOVE) Please choose the reason for your last emergency room visit:

(seriousness of medical problem)

- a. Only hospital could help
- b. Problem too serious for doctor's office
- c. Health Provider said to go
- d. Arrived by ambulance  
(Lack of access to other providers)
- e. Doctor's office not open
- f. No other place to go
- g. Emergency room is closest provider
- h. Most care is at emergency room
- i. Medication refill
- j. Dental care
- k. Mental health
- l. Other reason: \_\_\_\_\_

22. Within the past 12 months, I worried whether my food would run out before I got money to buy more.

- a. Often True
- b. Sometimes true
- c. Never true
- d. Don't Know/Refused

23. Within the past 12 months, the food that I bought just didn't last, and I didn't have money to get more.

- a. Often True
- b. Sometimes true
- c. Never true
- d. Don't Know/Refused

24. During the past 12 months, was there any time when you needed mental health treatment or counseling for yourself but didn't get it?

- a. Yes
- b. No

25. (ANSWER IF YES ABOVE) Which of the following, if any, were reasons why you did not get the mental health treatment or counseling you needed? (Circle all that apply)
- a. Couldn't afford the cost
  - b. Was concerned that getting mental health treatment or counseling might cause my family, neighbors, or community to have a negative opinion of me
  - c. I tried to get mental health treatment or counseling but was put on a waitlist
  - d. Didn't know where to go to get services
  - e. Was concerned that getting mental health treatment or counseling might have a negative effect on my job
  - f. I was concerned that I might be committed to a psychiatric hospital or might have to take medicine
  - g. My health insurance does not cover or pay enough for mental health treatment or counseling
  - h. I was concerned that the information I gave the counselor might not be kept confidential
  - i. Other (specify): \_\_\_\_\_

26. Substance abuse and addiction can have a negative impact on individuals or someone you know. Which of the following, if any, have had a negative effect on you or someone you know? (*circle all that apply*)
- a. Alcohol
  - b. Cocaine
  - c. Crack cocaine
  - d. Crystal meth (methamphetamine)
  - e. Fentanyl
  - f. Hallucinogens
  - g. Heroin
  - h. Marijuana
  - i. Nicotine
  - j. Opiates
  - k. Prescription drugs
  - l. Secondhand smoke
  - m. Vaping
  - n. Other (specify): \_\_\_\_\_
  - o. None

27. Where do you go for information about a disaster or emergency event? Check all that apply. A disaster or emergency can look like a tornado, house fire, wildfire, pandemic, flood, etc.
- a. 211
  - b. Newspaper
  - c. TV

- d. Radio
- e. Internet or online news
- f. Social Media (Instagram, Facebook, TikTok, etc.)
- g. Friends/Family/Word of mouth
- h. Text messages or call alerts
- i. Church or faith-based organizations
- j. Health Departments
- k. Another resource (please specify) \_\_\_\_\_

28. How prepared do you feel to handle the following emergency preparedness situations if they were to happen today?

	Not prepared	Somewhat prepared	Prepared	Very prepared
Tornado	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Extreme Heat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Flooding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Earthquake	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drought/Lack of water (including city water)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Active shooter and/or violent situations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
House fire/wildfire	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Long-term power outage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pandemic or disease outbreak (like COVID-19 or the bird flu)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

29. We will be randomly selecting survey participants who complete the survey to be entered into a drawing for a gift card. Please provide **your name, email address, and phone number** if you wish to be entered! **Your survey responses will not be associated with your contact information or shared with anyone outside of the gift card team.**

- a. Name: \_\_\_\_\_
- b. Email address: \_\_\_\_\_
- c. Phone number: \_\_\_\_\_

Dear Partner,

Thank you for participating in this short survey. Your feedback is very important to us and to our work.

This survey aims to assist the Barry-Eaton District Health Department (BEDHD) and Corewell Health – Pennock in identifying and understanding changing health needs within our community, along with the underlying factors. The following questionnaire seeks your perspectives on current community needs and barriers. We encourage you to respond honestly. This information will be used to assist BEDHD and Corewell Health – Pennock in planning and developing initiatives to support and improve health in their respective communities. The following brief questionnaire will ask you about your perceptions and thoughts of current community needs and barriers.

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**Healthcare Providers** include those who work at hospitals or in other healthcare settings as doctors, nurses, dietitians, pharmacists, behavioral health, or other similar professions.

**Community Partners** include those who work for community organizations or provide resources to people, like United Way, food banks, community centers.

**Community Members or Residents** are those who live in Barry County for at least part of the year. They may or may not work in the area.

For more information about the Barry County CHNA process, please visit our website at:

<https://barrycountychna.weebly.com/>.

**Things to know...**

- This survey should take 20–30 minutes.
- Your responses will not be identifiable to you personally. They will be combined and summarized with all other responses in the CHNA report.
- Questions should be answered on behalf of your entire organization, not just your particular service line/specialty.
- Submit only one completed survey per organization.

If you have any questions, please contact:

Sydney Nicholl, MPH  
Barry-Eaton District Health Department  
[snicholl@bedhd.org](mailto:snicholl@bedhd.org)



- 1.) What is the name of your organization? \*short answer
- 2.) In what county or counties does your organization serve? Choose all that apply. \*can choose multiple
  - a. Barry
  - b. Another county (please specify) – short answer
- 3.) Are you over the age of 18?
  - a. Yes
  - b. No
- 4.) Approximately how many individuals in Barry County does your organization serve annually?
  - a. 1-49
  - b. 50-99
  - c. 100-499
  - d. 500-999
  - e. 1,000-2,499
  - f. 2,500-4,999
  - g. 5,000-9,999
  - h. 10,000 or more
  - i. Not applicable
  - j. Unsure
- 5.) Which of the following best describes your organization? (answer all that apply) \*can check multiple
  - a. Local, county, tribal, or state health department
  - b. City, county, tribal, or state government agency
  - c. Hospital
  - d. Clinic
  - e. Emergency response
  - f. Schools or education (K-12)
  - g. College or university
  - h. Library
  - i. Non-profit organization
  - j. Grassroots community group or organization
  - k. Social service provider
  - l. Housing provider
  - m. Mental health provider
  - n. Neighborhood association
  - o. Foundation/philanthropy
  - p. For-profit business
  - q. Faith based organization

- r. Center for independent living
- s. Another organization \*short answer

6.) In your opinion, what are the top **three** factors that make a community or neighborhood healthy? Please check three. \*scramble answers

- a. Access to healthcare
- b. Access to healthy and nutritious food
- c. Affordable healthcare (including dental, vision, and mental)
- d. Safe and attainable housing
- e. Arts and cultural events
- f. Clean environment
- g. Community connectiveness
- h. Disease/illness prevention
- i. Financially healthy household
- j. Good jobs and healthy economy
- k. Good schools
- l. Healthy lifestyles
- m. Immunization
- n. Low crime/safe neighborhoods
- o. Safe child environment
- p. Parks and recreation
- q. Religious or spiritual wellness
- r. Strong family life
- s. Diversity
- t. Complementary and alternative medicine
- u. Substance use harm reduction and treatment
- v. Another factor (please specify) \*short answer

7.) In your opinion, what are the top **three** factors that negatively impact the health of the community in which your organization serves? \*can choose multiple

- a. Barriers to physical activity
- b. Communication or language barriers
- c. Crime rate or violence in the local community
- d. Delay in seeking preventative care
- e. Unattainable nutritional food in the community
- f. Lack of primary care physicians in the local community
- g. Lack of senior services in the local community
- h. Lack of transportation
- i. Medications are not affordable
- j. Lack of access to adequate child care
- k. Lack of access to adequate health insurance
- l. Lack of access to mental health services
- m. Lack of knowledge around health

- n. Lack or inability to prioritize health conscious decisions
  - o. Living conditions (unsafe home, overcrowding at home, lead paint, etc.)
  - p. Unlivable wages
  - q. Poor environmental conditions (air pollution, water pollution, etc.)
  - r. Challenges related to aging
  - s. Substance use and misuse
  - t. Another reason (please specify) \*short answer
- 8.) To what, if any, community resources do you routinely refer people you serve to help address unmet needs (please mark all that apply) \*can choose multiple
- a. 211
  - b. Community health clinics
  - c. Community health workers (CHWs)
  - d. Community mental health (CMH) services
  - e. Community organizations (Salvation Army, United Way)
  - f. Michigan Department of Health and Human Services (MDHHS)
  - g. Domestic abuse services and resources
  - h. Food bank or pantry
  - i. Home care and/or hospice services
  - j. Housing services
  - k. Intermediate school district services
  - l. LGBTQIA+ organizations
  - m. Neighborhood centers
  - n. Peer recovery coaches
  - o. Police department
  - p. Public health services
  - q. Religious or spiritual organizations
  - r. Resident clinic
  - s. Substance use treatment services
  - t. Women's resource center
  - u. I do not refer people to community resources
  - v. Another resource (please specify) \*short answer

9.) How strongly do you agree or disagree with the following statements?

From strongly disagree, somewhat disagree, neither agree or disagree, somewhat agree, and strongly agree- (Likert scale)

-Besides my own staff and colleagues, I feel I have little to no support in helping the people my organization serves lead healthier lives

-The community has access to the resources they need to stay healthy

-The community is often impacted by unmet social needs

-Cultural and/or language barriers to communication often get in the way of quality service provision

- 10.) Who are your priority populations? (short answer)
- a. \_\_\_\_\_
- 11.) What do you do to reach/engage/work with your clientele or community? (check all that apply)
- a. We hire staff from specific racial/ethnic groups that mirror our target populations
  - b. We hire staff/interpreters who speak the language/s of our target populations
  - c. We support leadership development in our target populations
  - d. We have leadership who speak the language/s of our target populations
  - e. Our organization is physically located in neighborhood/s of our target populations
  - f. We receive many clients from our target populations
  - g. We receive many referrals from our target populations
  - h. We work closely with community organizations from our target populations
  - i. We have done extensive outreach to our target populations
  - j. Other: \_\_\_\_\_
- 12.) Does your organization conduct assessments (e.g., of basic needs, community health, neighborhood)?
- a. Yes (please describe what is assessed and how often)  
\_\_\_\_\_
  - b. No
  - c. Unsure
- 13.) What data does your organization collect? (Select all that apply)
- a. Demographic information about clients or members
  - b. Access and utilization data about services provided and to whom
  - c. Evaluation, performance management, or quality improvement information about services and programs offered
  - d. Data about health status
  - e. Data about health behaviors
  - f. Data about conditions and social determinants of health (e.g., housing, education, or other conditions)
  - g. Data about systems or policy
  - h. We don't collect data
  - i. Unsure
  - j. Other (please describe): \_\_\_\_\_
- 14.) How much does your organization focus on each of these topics? For each one, select a) A lot, b) A little, c) Not at all, or d) Unsure.

- a. **Economic Stability:** The connection between people's financial resources— income, cost of living, and socioeconomic status—and their health. This includes issues such as poverty, employment, food security, and housing stability.
  - b. **Education Access and Services:** The connection of education to health and well-being. This includes issues such as graduating from high school, educational attainment in general, language and literacy, and early childhood education and development.
  - c. **Healthcare Access and Quality:** The connection between people's access to and understanding of health services and their own health. This includes issues such as access to healthcare, access to primary care, health insurance coverage, and health literacy.
  - d. **Neighborhood and Built Environment:** The connection between where a person lives—housing, neighborhood, and environment— and their health and well-being. This includes topics like quality of housing, access to transportation, availability of healthy foods, air and water quality, and public safety.
  - e. **Social and Community Context:** The connection between characteristics of the contexts within which people live, learn, work, and play, and their health and well-being. This includes topics like cohesion within a community, civic participation, discrimination, conditions in the workplace, violence, and incarceration.
- 15.) What resources might your organization contribute to support our Community Health Assessment and/or Community Health Improvement Plan activities?
- a. I am unsure
  - b. Funding to support assessment activities (data collection, analysis)
  - c. Funding to support community engagement (stipends, gift cards)
  - d. Food for community meetings
  - e. Childcare for community meetings
  - f. Policy or advocacy skills
  - g. Media or social media connections
  - h. Physical space to hold meetings
  - i. Coordination with tribal government
  - j. Staff time to support community engagement and involvement
  - k. Staff time to support translation and interpretation
  - l. Staff time to support focus group facilitation or interviews
  - m. Staff time to help participate in meetings
  - n. Staff time to help facilitate or set-up/tear down meetings and activities
  - o. Staff time to help implement priority areas and goals
  - p. Another resource: \*short answer
- 16.) Over the next 3 years, what areas can your organization contribute to in making a meaningful impact in our community? Choose as many as applicable. \*can check multiple

- a. Income and wage issues
- b. ALICE population (ALICE means that they earn above poverty level but struggle to cover basic living costs and are ineligible for public assistance)
- c. Education (K-12 and beyond)
- d. Social connection and social capital
- e. Community safety
- f. Attainable housing
- g. Quality of primary care
- h. Environmental quality (indoor)
- i. Environmental quality (outdoor)
- j. Built environment
- k. Food security
- l. Tobacco use
- m. Substance use and misuse
- n. Physical activity
- o. Nutrition
- p. Access to care
- q. Communicable diseases
- r. Mental/behavioral health
- s. Child health
- t. Chronic disease
- u. Safety policies and practices
- v. Challenges related to aging
- w. None or not applicable
- x. Another area (please specify) \*short answer

17.) What are your suggestions for concrete actions that will help our counties better address the health of our community? \*long answer

---

18.) [Optional] Please provide the contact information for the best person to contact from your organization regarding potential future partnerships or Community Health Improvement Plan involvement:

- a. Name:
- b. Position:
- c. Email address:

Dear Provider,

Thank you for participating in this short survey. Your feedback is very important to us and to our work.

This survey aims to assist the Barry-Eaton District Health Department (BEDHD) and Corewell Health – Pennock in identifying and understanding changing health needs within our community, along with the underlying factors. The following questionnaire seeks your perspectives on current community needs and barriers. We encourage you to respond honestly. This information will be used to assist BEDHD and Corewell Health – Pennock in planning and developing initiatives to support and improve health in their respective communities. The following brief questionnaire will ask you about your perceptions and thoughts of current community needs and barriers.

No attempts will be made to specifically identify your individual identity from the survey. There are no anticipated risks or inconveniences associated with participating in this survey. Please note that your involvement is entirely voluntary, and you have the option to decline participation or stop responding at any point.

By clicking NEXT you are verifying that you have read the above information, you agree to participate, and you understand that your participation in this survey is voluntary. This survey is only for those 18 years of age and older.

**Healthcare Providers** include those who work at hospitals or in other healthcare settings as doctors, nurses, dietitians, pharmacists, behavioral health, or other similar professions.

**Community Partners** include those who work for community organizations or provide resources to people, like United Way, food banks, community centers.

**Community Members or Residents** are those who live in Barry County for at least part of the year. They may or may not work in the area.

For more information about the Barry County CHNA process, please visit our website at:

<https://barrycountychna.weebly.com/>.

#### Things to know...

- This survey should take 20–30 minutes.
- Your responses will not be identifiable to you as a provider. They will be combined and summarized with all other responses in the CHNA report.
- Submit only one completed survey per organization.

If you have any questions, please contact:

Sydney Nicholl, MPH

Barry-Eaton District Health Department

[snicholl@bedhd.org](mailto:snicholl@bedhd.org)



1. What county do you live in?
  - a. Barry
  - b. Another county (please specify) – short answer
2. In what county do you practice most often? Please only check one.
  - a. Barry
  - b. Another county (please specify) – short answer
3. What is your age?
  - a. Under 18
  - b. 18-24
  - c. 25-34
  - d. 35-44
  - e. 45-54
  - f. 55-64
  - g. 65+
4. What type of provider are you?
  - a. Behavioral Health
  - b. Chiropractor
  - c. Dental Health
  - d. Dietician
  - e. General/Family Health
  - f. Health Assistant
  - g. Mental Health
  - h. Pharmacist
  - i. Physical Therapist
  - j. Private Health
  - k. Registered Nurse
  - l. Social Worker
  - m. Specialist Health (cardiologists, dermatologists, etc.)
  - n. Substance Use
  - o. Another type of professional (please specify): \_\_\_\_\_
5. What healthcare entity are you affiliated with? Check all that apply.
  - a. Corewell Health Pennock Hospital
  - b. Corewell Health Pennock Hospital Family Medicine
  - c. Cherry Health – Barry Community Health Center: Family Medicine
  - d. Thornapple Valley Family Health
  - e. Barry County Community Mental Health Authority
  - f. Private Practice: \_\_\_\_\_
  - g. Another entity (please specify): \_\_\_\_\_
  - h. I am not affiliated with a healthcare entity

6. In your opinion, what are the top **three** factors that make a community or neighborhood healthy? Please check three. \*scramble answers
- a. Access to healthcare
  - b. Access to healthy and nutritious food
  - c. Affordable healthcare (including dental, vision, and mental)
  - d. Housing
  - e. Arts and cultural events
  - f. Clean environment (air, water, etc.)
  - g. Community connectiveness
  - h. Disease/illness prevention
  - i. Financially healthy household
  - j. Good jobs and healthy economy
  - k. Good schools
  - l. Healthy lifestyles
  - m. Immunization
  - n. Low crime/safe neighborhoods
  - o. Safe child environment
  - p. Parks and recreation
  - q. Religious or spiritual wellness
  - r. Strong family life
  - s. Diversity
  - t. Complementary and alternative medicine (acupuncture, yoga, herbal therapy, etc.)
  - u. Substance use harm reduction and treatment
  - v. Another factor (please specify) \*short answer
7. In your opinion, what are the top **three** factors that negatively impact your **patient's** health? \*can choose multiple
- a. Barriers to physical activity
  - b. Communication or language barriers
  - c. Crime rate or violence in your patient's local community
  - d. Delay in seeking preventative care
  - e. Unattainable nutritional food in your patients' community
  - f. Lack of primary care physicians in the local community
  - g. Lack of senior services in the local community
  - h. Lack of transportation
  - i. Medications are not affordable
  - j. Lack of access to adequate child care
  - k. Lack of access to adequate health insurance
  - l. Lack of access to mental health services
  - m. Lack of knowledge around health
  - n. Lack or inability to prioritize health conscious decisions
  - o. Living conditions (unsafe home, overcrowding at home, lead paint, etc.)

- p. Unlivable wages
  - q. Poor environmental conditions (air pollution, water pollution, etc.)
  - r. Challenges related to aging
  - s. Substance use and misuse
  - t. Another reason (please specify) \*short answer
8. Do you feel you are equipped to help people/clients/patients access needed programs and services?
- a. Yes
  - b. No
  - c. I don't know
9. (IF NO or DON'T KNOW) What would better equip you to help people/clients/patients access needed programs and services? Please be as detailed as possible. \*long answer
10. (IF YES) What is the resource you use most often to help people/clients/patients access needed programs and services? \*long answer
11. To what, if any, community resources do you routinely refer patients to help address unmet needs (please mark all that apply) \*can choose multiple
- a. 211
  - b. Community health clinics
  - c. Community health workers (CHWs)
  - d. Community mental health services
  - e. Community organizations (Salvation Army, United Way)
  - f. MI Department of Health and Human Services (MDHHS)
  - g. Domestic abuse services and resources
  - h. Food bank or pantry
  - i. Home care and/or hospice services
  - j. Housing services
  - k. Intermediate school district services
  - l. LGBTQIA+ organizations
  - m. Neighborhood centers
  - n. Peer recovery coaches
  - o. Police department
  - p. Public health services
  - q. Religious or spiritual organizations
  - r. Resident clinic
  - s. Substance use treatment services
  - t. Women's resource center
  - u. I do not refer patients to community resources (Keep at bottom)

12. What programs and services do **NOT** meet the needs and demands of Barry County residents?  
(Select all that apply)

- a. Care coordination services
- b. Programs targeting obesity reduction
- c. Day (care) programs for elderly
- d. Prenatal care
- e. Dental care for the uninsured
- f. Child care/day care programs
- g. OB/GYN
- h. Primary care (including pediatrics)
- i. Primary care for the uninsured
- j. Programs targeting food insecurity
- k. Programs targeting housing insecurity
- l. Nursing Home Care
- m. Assisted living facilities for elderly or disabled
- n. In-home care services for elderly or disabled
- o. Wellness programs that promote healthy lifestyles, such as healthy eating and exercise
- p. Pediatric specialty services
- q. Pre-school/early childhood education programs for children aged 3-5
- r. Geriatrics
- s. Parent education or support groups
- t. Emergency care
- u. Ambulatory/emergency transport
- v. Cardiology
- w. Oncology
- x. Orthopedics
- y. Vision care
- z. Other: \_\_\_\_\_

13. **What mental health** or **behavioral health** programs and services do **NOT** meet the needs and demands of Barry County residents?

- a. Mental health treatment for mild to moderate disorders (e.g., depression, anxiety)
- b. Mental health treatment for severe and/or persistent disorders (e.g., schizophrenia, psychoses, permanently developmentally disabled)
- c. Substance abuse disorder/addiction treatment
- d. Post-partum mental health services for mothers
- e. Mental health treatment for the uninsured
- f. Mental health or counseling services for children
- g. Residential mental health services
- h. Residential substance abuse disorder/addiction treatment
- i. Other: \_\_\_\_\_

14. What are any additional programs or services that do not meet the needs and demands of Barry County residents well, if any? Please be as detailed as possible. \*long answer

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15. In your opinion, how often are **social determinants of health** considered when developing treatment or care plans for Barry County residents. Examples of social determinants include housing, transportation, and food access, among others. Would you say....?

Never	Rarely	Sometimes	Often	Always	Don't Know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. Are you or members of your organization currently screening people/clients/patients for Adverse Childhood Experiences (ACEs)?

- Yes
- No
- I don't know
- Not applicable to our organization

17. How strongly do you agree or disagree with the following statements?

*From strongly disagree, somewhat disagree, neither agree or disagree, somewhat agree, and strongly agree- (Likert scale)*

-Addressing patient's social needs is as important as addressing their medical concerns

-Besides my own staff and colleagues, I feel I have little to no support in helping my patients and their families' lead healthier lives

-My patients have access to the resources they need to stay healthy

-My patients frequently express health concerns caused by unmet social needs that are beyond my control as a healthcare provider

-Cultural and/or language barriers to patient-provider communication often get in the way of quality service provision

-Access to my patient's shared medical history data and previous medical records would be beneficial

18. Are there any other health-related issues that you feel are important to discuss that we haven't touched on? If so, what are these issues? \*long answer

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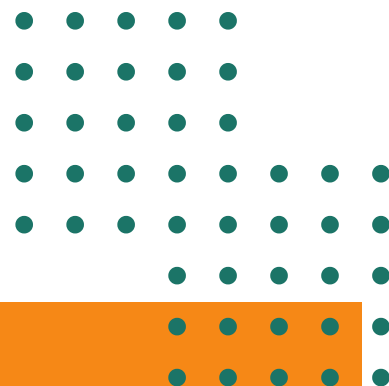
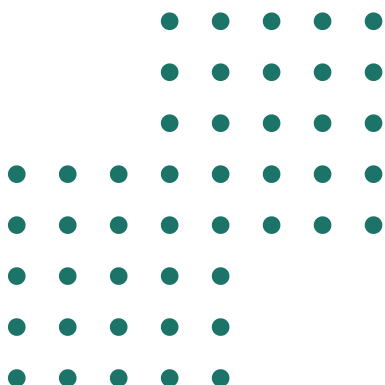
19. What are your suggestions for concrete actions that will help our counties better address the health of our community (consider health conditions, health behaviors, health care availability, and health care access)? \*long answer

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# APPENDIX B: FOCUS GROUP DISCUSSION GUIDES

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## 2024 Barry CHNA Focus Group Discussion Guide – General Community

THIS DOCUMENT IS FOR THE USE OF THE FACILITATOR  
and is not intended to be distributed to the participants.

### Welcome

*Greet people as they enter; invite them to get settled, get name tags, drinks/snacks, sign-in and distribute short demographic survey.*

Welcome everyone! Thank you for taking the time to be a part of this focus group for the Barry County Community Health Needs Assessment. This community needs assessment is a partnership between Barry-Eaton District Health Department, and Corewell Health – Pennock.

My name is [FACILITATOR] and I will be facilitating today's session. My colleague, [NOTE-TAKER], is here to take notes and help the session run smoothly.

Our main goal today is to listen and learn from you about strengths that exist in the community, what's happening in the community that is affecting your health, and what actions are needed to improve individual and community health. We are going to ask a series of questions and hope to hear each of your perspectives. Today's session is focused on [POPULATION/COMMUNITY/AREA]. When we say "health," we encourage you to think broadly – not just physical health, but also mental, emotional, and social well-being. Your voices, perspectives, and priorities are very important to this process and to informing the health department, Corewell, and other health organizations on how to best improve health in Barry County.

This information will be used for our community health needs assessment report, and to help prioritize health issues and focus on important actions needed to improve health. At the end of the session, you will receive a \$50 Amazon gift card for your participation.

### What is a focus group? What to expect?

We would like to thank you for participating in tonight's discussion on health in our community. In order to help avoid potential distractions we would appreciate it if you would turn your cell phones off or place them on vibrate. We want everyone to have the chance to explain their personal experiences, so we would appreciate it if you would allow those speaking to finish before sharing your own comments.

We would like the discussion to be informal, so there's no need to wait for us to call on you to respond. In fact, we encourage you to respond directly to the comments other people make. If you don't understand a question, please let us know. We are here to ask questions, listen, and make sure everyone has a chance to share. If the group seems to be stuck on a topic, we may interrupt you and if you aren't saying much, we may call on you directly. If we do this, please don't feel bad about it; it's just our way of making sure we obtain everyone's perspective.

We do ask that we all keep each other's identities, participation and remarks private. We hope you'll feel free to speak openly and honestly.

The meeting will be recorded because we don't want to miss any of your comments. Your name will not be connected with your comments outside of the recordings. No one besides the project staff and researchers will have access to these recordings.



Ask if there are any questions and if anyone has concerns about recording the session. After answering questions, ask participants to confirm whether they would like to participate by signing the Consent Form.

After consent is given, start recording

## Introduction/Icebreaker

We will have about an hour and a half for today's discussion. We want to make sure we get through all the questions so we may regroup throughout to help move us along in our discussion at different times. We are here to talk about our personal health, but ALSO about how the community we live in helps people be healthy. Let's go around the room and introduce ourselves by saying our first name (what you prefer to go by) and your favorite thing about living or working in Barry County.

## DISCUSSION QUESTIONS

### Health Care

As we all know, access to healthcare plays a major role in shaping our overall well-being. It influences how often we seek medical care, what kind of care we receive, and how quickly we address health concerns. To get a better understanding of your healthcare experiences, I'd like to start with a question about where you typically go when you need medical care.

1. How do you typically manage your routine medical care such as your annual physical or managing chronic conditions?
  - a. Tell me about your experiences getting preventive services that you or your family need like yearly physicals, well-child visits, dental care, etc.
  - b. Do you have a primary care physician (PCP) that you see regularly? If not, what other healthcare providers do you go to for care?
  - c. Some of us or our loved ones live with chronic conditions such as high blood pressure, diabetes, asthma, etc. What has it been like to find help for these conditions including medications and other treatments?
2. When thinking about urgent healthcare needs, what influences your choice between using an emergency department, urgent care, or another option? Can you recall any specific examples?
  - a. **PROBE:** is it based more on the severity of the situation, convenience, finances, other reasons?
3. When you *have* been able to access medical care, what has your experience been like?
  - a. How do you feel about the amount of time your provider spends with you?
  - b. How would you describe your understanding of the information your provider shares with you? Do they explain things in a way that makes sense to you?
  - c. How involved do you feel in making decisions about your medical care or treatment? Can you share any examples where you felt included or not included?
4. Can you think of a time when you or someone close to you needed medical care but were *unable* to receive it? Could you share what that experience was like?
  - a. What specific factors or challenges prevented you or your loved one from getting the care that was needed?
    - i. **PROBE:** Were there any particular obstacles related to cost, transportation, scheduling, or availability of providers?
  - b. Looking back, what could have made it easier for you or your loved one to access the necessary medical care?

## Social Determinants of Health

Now that we've talked about healthcare and access to medical services, let's take a step back and think about the bigger picture. Health can be shaped by many things like where we live, the food we have access to, and the safety of our environment.

5. What are some things around where you live that help you to be healthy?
  - a. Are there any resources like parks or farmers' markets that you find helpful for staying healthy?
6. What are some things around where you live that make it harder to be healthy?
  - a. Can you think of any challenges or barriers that get in the way of you or others maintaining good health?
    - i. **PROBE** – *let the discussion play out naturally, but if there are lulls, prompt using one or more of the following that have not been discussed yet:*
      1. Access to healthy foods
      2. Access to places for physical activity (gyms, parks, trails, etc.)
      3. Access to reliable transportation
      4. Safe / Attractive surroundings
      5. Opportunities to socialize or connect with members of your community
      6. Access to doctor's office – (accommodations, language)
      7. Exposure to alcohol/tobacco/other illegal substances or unhealthy foods
      8. Housing
7. What types of services, resources, or activities have been the most helpful to you and your family?
  - a. Have you experienced any barriers to participating in community programs or services?
  - b. What kinds of programs or activities would you like to see more of in our community?
8. Is there anything else you'd like to add or anything else we should know?

## Closing

We appreciate you taking the time to share your experiences with us. We will be taking time to look at the notes and listen carefully to what was shared. This information will be used for our community health needs assessment report and to help prioritize health issues and focus on important actions needed to improve health over the next few years. Please remember, your name will not be connected to any of the comments you made today. Please let us know if you have any questions or concerns about this.

***\*Distribute gift cards and get receipt form signed\****

If you have any questions about the interview, forgot to mention something or have questions about the Barry County Health Improvement Process, please reach out to Luca Hicks at [lhicks@bedhd.org](mailto:lhicks@bedhd.org).

## 2024 Barry CHNA Focus Group Discussion Guide – Underserved Community

THIS DOCUMENT IS FOR THE USE OF THE FACILITATOR  
and is not intended to be distributed to the participants.

### Welcome

*Greet people as they enter; invite them to get settled, get name tags, drinks/snacks, sign-in and distribute short demographic survey.*

Welcome everyone! Thank you for taking the time to be a part of this focus group for the Barry County Community Health Needs Assessment. This community needs assessment is a partnership between Barry-Eaton District Health Department, and Corewell Health – Pennock.

My name is [FACILITATOR] and I will be facilitating today's session. My colleague, [NOTE-TAKER], is here to take notes and help the session run smoothly.

Our main goal today is to listen and learn from you about strengths that exist in the community, what's happening in the community that is affecting your health, and what actions are needed to improve individual and community health. We are going to ask a series of questions and hope to hear each of your perspectives. Today's session is focused on [POPULATION/COMMUNITY/AREA]. When we say "health," we encourage you to think broadly – not just physical health, but also mental, emotional, and social well-being. Your voices, perspectives, and priorities are very important to this process and to informing the health department, Corewell, and other health organizations on how to best improve health in Barry County.

This information will be used for our community health needs assessment report, and to help prioritize health issues and focus on important actions needed to improve health. At the end of the session, you will receive a \$50 Amazon gift card for your participation.

### What is a focus group? What to expect?

We would like to thank you for participating in tonight's discussion on health in our community. In order to help avoid potential distractions we would appreciate it if you would turn your cell phones off or place them on vibrate. We want everyone to have the chance to explain their personal experiences, so we would appreciate it if you would allow those speaking to finish before sharing your own comments.

We would like the discussion to be informal, so there's no need to wait for us to call on you to respond. In fact, we encourage you to respond directly to the comments other people make. If you don't understand a question, please let us know. We are here to ask questions, listen, and make sure everyone has a chance to share. If the group seems to be stuck on a topic, we may interrupt you and if you aren't saying much, we may call on you directly. If we do this, please don't feel bad about it; it's just our way of making sure we obtain everyone's perspective.

We do ask that we all keep each other's identities, participation and remarks private. We hope you'll feel free to speak openly and honestly.

The meeting will be recorded because we don't want to miss any of your comments. Your name will not be connected with your comments outside of the recordings. No one besides the project staff and researchers will have access to these recordings.

Ask if there are any questions and if anyone has concerns about recording the session. After answering questions, ask participants to confirm whether they would like to participate by signing the Consent Form.

After consent is given, start recording

## Introduction/Icebreaker

We will have about an hour and a half for today's discussion. We want to make sure we get through all the questions so we may regroup throughout to help move us along in our discussion at different times. We are here to talk about our personal health, but ALSO about how the community we live in helps people be healthy. Let's go around the room and introduce ourselves by saying our first name (what you prefer to go by) and your favorite thing about living or working in Barry County.

## DISCUSSION QUESTIONS – Underserved Community Group

### Health Care

As we all know, access to healthcare plays a major role in shaping our overall well-being. It influences how often we seek medical care, what kind of care we receive, and how quickly we address health concerns. To get a better understanding of your healthcare experiences, I'd like to start with a question about where you typically go when you need medical care

1. How do you typically manage your routine medical care such as your annual physical or managing chronic conditions?
  - a. Tell me about your experiences getting preventive services that you or your family need like yearly physicals, well-child visits, dental care, etc.
  - b. Do you have a primary care physician (PCP) that you see regularly? If not, what other healthcare providers do you go to for care?
  - c. Some of us or our loved ones live with chronic conditions such as high blood pressure, diabetes, asthma, etc. What has it been like to find help for these conditions including medications and other treatments?
2. When thinking about urgent healthcare needs, what influences your choice between using an emergency department, urgent care, or another option? Can you recall any specific examples?
  - a. **PROBE:** Is it based more on the severity of the situation, convenience, finances, or other reasons?
3. When you have been able to access medical care, what has your experience been like?
  - a. How do you feel about the amount of time your provider spends with you?
  - b. How would you describe your understanding of the information your provider shares with you? Do they explain things in a way that makes sense to you?
  - c. How involved do you feel in making decisions about your medical care or treatment? Can you share any examples where you felt included or not included?
4. Can you think of a time when you or someone close to you needed medical care but were unable to receive it? Could you share what that experience was like?
  - a. What specific factors or challenges prevented you or your loved one from getting the care that was needed?
  - b. Were there any particular obstacles related to cost, transportation, scheduling, or availability of providers?

- c. Looking back, what could have made it easier for you or your loved one to access the necessary medical care?

### **Social Determinants of Health**

Now that we've talked about healthcare and access to medical services, let's take a step back and think about the bigger picture. Health can be shaped by many things like where we live, the food we have access to, and the safety of our environment.

5. What are some things around where you live that help you to be healthy?
  - a. Are there any resources like parks, or farmers markets that you find helpful for your health?
6. What are some things around where you live that make it harder to be healthy?
  - a. Can you think of any challenges or barriers that get in the way of you or others maintaining good health?
    - i. **PROBE** – *let the discussion play out naturally, but if there are lulls, prompt using one or more of the following that have not been discussed yet:*
      1. Access to healthy foods
      2. Access to places for physical activity (gyms, parks, trails, etc.)
      3. Access to reliable transportation
      4. Safe / Attractive surroundings
      5. Opportunities to socialize or connect with members of your community
      6. Access to doctor's office – (accommodations, language)
      7. Exposure to alcohol/tobacco/other illegal substances or unhealthy foods
      8. Housing
      9. Work that you do
7. What types of services, resources, or activities have been the most beneficial to you and your family?
  - a. Have you experienced any barriers to participating in community programs or services?
  - b. What kinds of programs or activities would you like to see more of in our community?
8. Is there anything else you'd like to add or anything else we should know?

### **Closing**

We appreciate you taking the time to share your experiences with us. We will be taking time to look at the notes and listen carefully to what was shared. This information will be used for our community health needs assessment report and to help prioritize health issues and focus on important actions needed to improve health over the next few years. Please remember, your name will not be connected to any of the comments you made today. Please let us know if you have any questions or concerns about this.

***\*Distribute gift cards and get receipt form signed\****

If you have any questions about the interview, forgot to mention something or have questions about the Barry County Health Improvement Process, please reach out to Luca Hicks at [lhicks@bedhd.org](mailto:lhicks@bedhd.org).

## 2024 Barry CHNA Focus Group Discussion Guide – Behavioral Health

THIS DOCUMENT IS FOR THE USE OF THE FACILITATOR  
and is not intended to be distributed to the participants.

### Welcome

*Greet people as they enter; invite them to get settled, get name tags, drinks/snacks, sign-in and distribute short demographic survey.*

Welcome everyone! Thank you for taking the time to be a part of this focus group for the Barry County Community Health Needs Assessment. This community needs assessment is a partnership between Barry-Eaton District Health Department, and Corewell Health – Pennock.

My name is [FACILITATOR] and I will be facilitating today's session. My colleague, [NOTE-TAKER], is here to take notes and help the session run smoothly.

Our main goal today is to listen and learn from you about strengths that exist in the community, what's happening in the community that is affecting your health, and what actions are needed to improve individual and community health. We are going to ask a series of questions and hope to hear each of your perspectives. Today's session is focused on [POPULATION/COMMUNITY/AREA]. When we say "health," we encourage you to think broadly – not just physical health, but also mental, emotional, and social well-being. Your voices, perspectives, and priorities are very important to this process and to informing the health department, Corewell, and other health organizations on how to best improve health in Barry County.

This information will be used for our community health needs assessment report, and to help prioritize health issues and focus on important actions needed to improve health. At the end of the session, you will receive a \$50 Amazon gift card for your participation.

### What is a focus group? What to expect?

We would like to thank you for participating in tonight's discussion on health in our community. In order to help avoid potential distractions we would appreciate it if you would turn your cell phones off or place them on vibrate. We want everyone to have the chance to explain their personal experiences, so we would appreciate it if you would allow those speaking to finish before sharing your own comments.

We would like the discussion to be informal, so there's no need to wait for us to call on you to respond. In fact, we encourage you to respond directly to the comments other people make. If you don't understand a question, please let us know. We are here to ask questions, listen, and make sure everyone has a chance to share. If the group seems to be stuck on a topic, we may interrupt you and if you aren't saying much, we may call on you directly. If we do this, please don't feel bad about it; it's just our way of making sure we obtain everyone's perspective.

We do ask that we all keep each other's identities, participation and remarks private. We hope you'll feel free to speak openly and honestly.

The meeting will be recorded because we don't want to miss any of your comments. Your name will not be connected with your comments outside of the recordings. No one besides the project staff and researchers will have access to these recordings.

Ask if there are any questions and if anyone has concerns about recording the session. After answering questions, ask participants to confirm whether they would like to participate by signing the Consent Form.

After consent is given, start recording

## Introduction/Icebreaker

We will have about an hour and a half for today's discussion. We want to make sure we get through all the questions so we may regroup throughout to help move us along in our discussion at different times. We are here to talk about our personal health, but ALSO about how the community we live in helps people be healthy. Let's go around the room and introduce ourselves by saying our first name (what you prefer to go by) and your favorite thing about living or working in Barry County.

## DISCUSSION QUESTIONS

Mental and behavioral health are important parts of overall well-being, and we want to better understand the challenges and experiences people in our community face when it comes to these issues. Mental and behavioral health includes our emotional, psychological, and social well-being. This may include mental health conditions and substance use disorders. Your insights are incredibly valuable in helping us shape programs and services that can truly make a difference.

Let's start by talking about what is available in the community.

1. What mental or behavioral health services exist in your community that you know of?
  - a. **PROBE:** Are you aware of any peer groups, family counseling, or community programs?
2. How did you learn about these services?
  - a. Did you look online? Were you referred by a doctor? Did a family member help connect you with these services?
  - b. Where would you look or how would you go about accessing the services you need if you have not received services?

Now let's talk a little about your experiences or the experience of someone you care about.

3. If you or someone in your family has received mental or behavioral health services in the past 2 years, what was that experience like?
  - a. When you or someone you cared about received these services, was there anything that made it easier to get services?
  - b. Was there anything that made it more difficult to receive services?
4. Can you think of a time when you or someone you care about needed mental health or behavioral health services but were *unable* to receive it? Could you share what that experience was like?
  - a. What specific factors or challenges prevented you or your loved one from getting the care that was needed?
    - i. **PROBE:** Shame? Stigma? Perception? Cultural or religious beliefs?



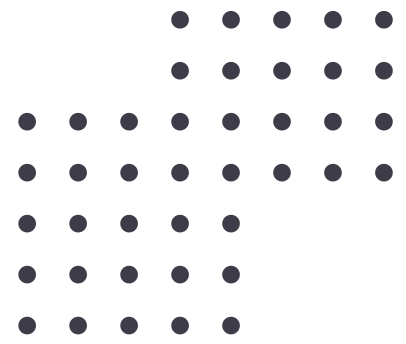
- b. Were there any particular obstacles related to cost, transportation, scheduling, or availability of providers?
  - c. Looking back, what could have made it easier for you or the person you cared about to access the necessary services?
- 5. How do you feel about the mental or behavioral health services currently available in the community?
  - a. Are there areas where these services could improve?
  - b. Are there any services missing?
  - c. What barriers do people face when trying to access services?
- 6. Are there any kinds of services, programs, or resources you wish were available in your community to better support mental and behavioral health?
- 7. Is there anything else you'd like to add or anything else we should know?

## Closing

We appreciate you taking the time to share your experiences with us. We will be taking time to look at the notes and listen carefully to what was shared. This information will be used for our community health needs assessment report and to help prioritize health issues and focus on important actions needed to improve health over the next few years. Please remember, your name will not be connected to any of the comments you made today. Please let us know if you have any questions or concerns about this.

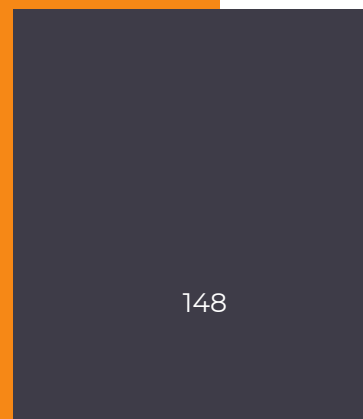
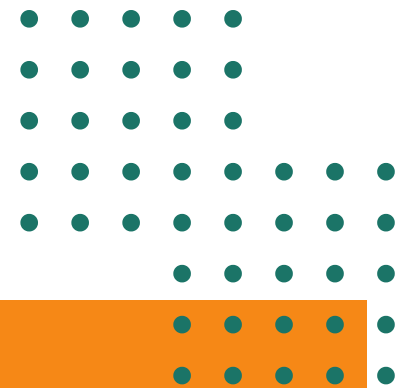
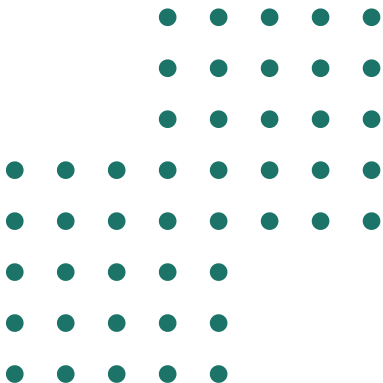
***\*Distribute gift cards and get receipt form signed\****

If you have any questions about the interview, forgot to mention something or have questions about the Barry County Health Improvement Process, please reach out to Luca Hicks at [lhicks@bedhd.org](mailto:lhicks@bedhd.org).



# APPENDIX C: PRIORITIZATION

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## Step 1: Ranking

This step should be completed individually. You will rank the list of 7 issues three different times, using different criteria each time.

### Severity/Magnitude

Rank the list of issues in order of severity and/or magnitude, **from highest to lowest**.

**Severity** refers to how minor or serious the consequences of this problem are. For example, to what extent does this issue impact quality of life or contribute to poor health outcomes, disability, or premature death?

**Magnitude** refers to the size of the problem. For example, the number of people affected by the issue.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_

### Impact on Communities

Now, rank the list of issues in order of impact on communities, from highest to lowest impact.

**Impact on Communities** refers to the extent that this issue affects your community. For example, does addressing the health issue lead to lasting change that a group of people are able to make. It's structural, not temporary. Rather than treating the symptoms of inequality, community impact refers to the tangible change to systems-level issues.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_

### Ability to Impact

Now, rank the list of issues in order of ability to impact, from highest to lowest.

**Ability to impact refers to the likelihood of being able to make a measurable impact or improvements in this area for residents in Barry County.**

Consider the "needs / solutions" presented and your own experiences and opinions.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_

## Step 2: Comparison Matrix

This step should be completed individually. You will rank the list of 10 issues three different times, using different criteria each time. For each of the open cells, compare the issue on the top row to the issue on the far-left row. Select which issue (between the two) you would prioritize, and score the difference in importance between the two options from 1-3 using the scale below:

1 = issue chosen is slightly more important than the other

2 = issue chosen is more important than the other

3 = issue chosen is much more important than the other

Example:

- The first blank cell asks you to compare **access to health services** (issue A) to **arthritis** (issue B)
- First, determine which issue is a priority to address. Consider all the data and community input you heard during the presentation.
- In the cell, write the letter of the issue you think is a priority, along with a score of how much more important (or how different the priorities are, in your opinion) that priority issue is compared to the other.
- So, if I think access to health services **should be prioritized** over arthritis, and I think access to health services is **much more important** than arthritis, my cell would look like this:

	A: Access to health services	B: Arthritis	C: Diabetes	D: Discrimination & racial inequity
A: Access to health services		A, 3		
B: Arthritis				
C: Diabetes				
D: Discrimination & racial inequity				

Issue A (access to health services) is a priority over B (arthritis)

Issue A is much more important to address than issue B

Below, go through each blank cell and enter: **a letter** for which issue is more important + **a number** for how much more important.

	A: Healthcare Access	B: Housing	C: Mental Health	D: Substance Use/Misuse	E: Food Insecurity	F: Clean Environment	G: Strong Economy and Living Wages
A: Healthcare Access							
B: Housing							
C: Mental Health							
D: Substance Use/Misuse							
E: Food Insecurity							
F: Clean Environment							
G: Strong Economy and Living Wages							

Step 3: Scoring

Go down the list and add up the total number of points for each issue. Let your table facilitator know your totals.

Topic/Issue	Total number of points given to issue
A: Healthcare Access	
B: Housing	
C: Mental Health	
D: Substance Use/Misuse	
E: Food Insecurity	
F: Clean Environment	
G: Strong Economy and Living Wages	
	Add up the total amount of points
TOTAL	



### **Prioritization Participants**

We would like to thank the following organizations for participating in our Priority Area voting process. Community-based and local organizations are particularly suited to understanding the health landscape of the community and providing context to data, assuring that a shared goal of improving Barry County well-being is both front of mind and achievable.

<b>Name</b>	<b>Organization Representing</b>
Catherine Getty	B. Healthy Food Council
Duska Brumm	Barry Community Foundation
Bonnie Gettys	Barry Community Foundation
Liz Lenz	Barry County Community Mental Health Authority
Christa Wetzel	Barry County Community Mental Health Authority
Lani Forbes	Barry County United Way
Morgan Johnson	Barry County United Way
Stacy Steward	Barry County United Way
<i>Milea Burgstahler</i>	Barry-Eaton District Health Department
<i>Luca Hicks</i>	Barry-Eaton District Health Department
<i>Aurelia Peña</i>	Barry-Eaton District Health Department
Rich Franklin	Barry Intermediate School District
LeeAnn Busson	Calhoun Intermediate School District
Bernard Jore	Corewell Health Pennock
<i>David Kurili</i>	Corewell Health Pennock
Patrick Mckeown	Corewell Health Pennock
<i>Amber Terhaar</i>	Corewell Health Pennock
Stacey Youngs	Corewell Health Pennock
Cindy Preston	Habitat for Humanity Barry County
Tess Allerding	Hastings Public Library
David Edelman	Hastings Public Library
Gina McMahon	YMCA of Barry County




*\*names in italics are members of the Barry CHNA workgroup*





# APPENDIX D: 2023-2025 COREWELL HEALTH PENNOCK HOSPITAL IMPACT REPORT

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# Corewell Health Pennock Hospital

## Previous Implementation Strategy Impact

This report identifies the impact of actions to address the significant health needs addressed in the 2023-2025 Corewell Health Pennock Hospital Implementation Strategy created from results of the 2022 Community Health Needs Assessment. The three-year implementation strategy reporting period was narrowed further for this document and covers Jan. 1, 2023, to Mar. 31, 2025. This is to ensure the governing board approved at the needed time to stay in compliance with IRS regulations. Monitoring all the 2023-2025 Corewell Health Pennock Hospital's Implementation Strategies will continue in accordance with the identified action date and the organization will use all resources committed towards these goals to accomplish the desired impacts.

# Mental Health

## School Blue Envelope Program

### Impact of Strategy

The School Blue Envelope Program is in 20 schools in Barry County, including Maple Valley, Hastings, Delton Kellogg, Thornapple Kellogg and Lakewood school districts, as well as the Barry County ISD. During this plan iteration, many schools transitioned into the Train the Champion phase of the School Blue Envelope Program, providing their own refresher trainings to school personnel. As a program addition, in 2024, in response to the data that “family discord” is one of the most common triggers for a School Blue Envelope event, the program implemented the addition of a community health worker to partner with these participating schools, connecting families with complex needs to necessary resources, walking alongside them to address these needs, and in the process, mitigating further School Blue Envelope events.

### Action

By Dec. 31, 2023, all participating schools will complete the required annual continuing education training.

### Measurable Impact

The number of participating schools that completed the required annual continuing education training.

### Action

By Dec. 31, 2024, 85% of newly trained participating staff will report they “strongly agree” or “moderately agree” that they have confidence in responding to a student who has expressed suicidal thoughts.

### Measurable Impact

Percent of newly trained participating staff reporting that they “strongly agree” or “moderately agree” that they have confidence in responding to a student who has expressed suicidal thoughts.

### Action

By Dec. 31, 2025, Corewell Health Pennock Hospital will increase the number of schools in Barry County participating in the School Blue Envelope Program from four to five schools.

### Measurable Impact

The number of schools in Barry County participating in the School Blue Envelope Program increased from four to five schools.

## Outpatient Behavioral Health Consults

### Impact of Strategy

To address a significant delay in Corewell Health Pennock Hospital pediatric and adult psychiatric patients getting admitted to an appropriate site of care in a timely manner, holding hours in the ED were measured on the ED, MedSurg, and ICU scorecard. The goal was to reduce the amount of time patients were “held” for proper placement. Although there were improvements made certain months out of the three years, this remained an area of “red”/concern throughout the plan cycle.

### Action

By Dec. 31, 2023, Corewell Health Pennock Hospital will reduce psychiatric holding hours in the emergency department, from 2,000 hours per-year baseline, by 2% (40 hours) as measured by emergency department and medical surgical and intensive care unit score card.

### Measurable Impact

Psychiatric holding hours in the emergency department reduced by 2% from baseline of 2,000 hours.

### Action

By Dec. 31, 2024, Corewell Health Pennock Hospital will reduce emergency department psychiatric holding hours by 4% from baseline of 2,000 hours.

### Measurable Impact

Psychiatric holding hours in the emergency department reduced by 4% from baseline of 2,000 hours.

### Action

By Dec. 31, 2025, Corewell Health Pennock Hospital will reduce emergency department psychiatric holding hours by 6% from baseline of 2,000 hours.

### Measurable Impact

Psychiatric holding hours in the emergency department reduced by 6% from baseline of 2,000 hours.

# Health Care Access and Quality

## Personal Action Toward Health Program (PATH) for Diabetes

### Impact of Strategy

The PATH for Diabetes Program, in partnership with MSU Extension, was implemented to address the high rate of diabetes in Barry County. This six-week self-management program is designed to help people take an active role in managing their diabetes. The Diabetes Program, also referred to as the Diabetes Self-Management Program, meets the American Diabetes Association's Diabetes Support Initiative criteria, a measure of high-quality programming. Through this class series, participants learned how to develop eating and exercise plans, navigate pain and difficult emotion, manage medications, communicate with family, friends and providers, set goals and evaluate treatment options. Class series were held an average of twice per year and averaged 10 participants per series.

### Action

By Dec. 31, 2023, Corewell Health Pennock Hospital will certify at least one trainer to teach Diabetes PATH.

### Measurable Impact

At least one trainer certified to teach Diabetes PATH.

### Action

By Dec. 31, 2024, Corewell Health Pennock Hospital will partner with Michigan State University Extension to host one Diabetes PATH workshop in Barry County.

### Measurable Impact

One Diabetes PATH workshop hosted in Barry County.

### Action

By Dec. 31, 2025, Corewell Health Pennock Hospital will partner with Michigan State University Extension to host two Diabetes PATH workshops in Barry County.

### Measurable Impact

Two Diabetes PATH workshops hosted in Barry County.

## Coordinated Approach to Childhood Health (CATCH) Program

### Impact of Strategy

The Coordinated Approach to Child Health (CATCH) program pairs policy, system and environmental supports with direct education to influence nutrition and physical activity choices of school-age youth. It is an evidence-based school health program which focuses on increasing healthy eating and physical activity and reducing screen time. CATCH's effectiveness has been researched and refined for more than 30 years, demonstrated by the gold standard of peer-reviewed academic research and the qualitative and quantitative data from the communities we serve. The CATCH program was funded partly by the Corewell Health Pennock Hospital Foundation GALA, and was implemented in Delton Kellogg Elementary School, Lakewood Early Childhood Center, Lakewood Elementary School, and Thornapple Kellogg McFall Elementary School. All buildings reported environmental changes and observed students practicing the principles learned in CATCH.

### Action

By Dec. 31, 2025, Corewell Health Pennock Hospital will expand the Coordinated Approach to Child Health Program (CATCH) by one school annually over 2023 baseline.

### Measurable Impact

The CATCH program expanded by at least one school annually.

### Action

By Dec. 31, 2025, Corewell Health Pennock Hospital will expand the Coordinated Approach to Child Health Program (CATCH) to one K-8 school within Barry County per year (2022 calendar year baseline is zero).

### Measurable Impact

The CATCH program expanded by at least one K-8 school annually within Barry County.

### **Action**

By Dec. 31, 2025, 100% of the Barry County schools participating in CATCH will implement at least one policy or environmental support designed to encourage students to choose healthy foods and be physically active every day.

### **Measurable Impact**

At least one policy or environmental support designed to encourage students to choose healthy foods and to be physically active every day implemented by 100% of schools in Barry County.

## Youth Behavioral Health Clinics

### **Impact of Strategy**

The Youth Behavioral Health Clinics were implemented at Thornapple Kellogg, Delton Kellogg and Hastings school districts to help provide mental health access to students in Barry County. This was especially critical in a rural health region. This program worked well alongside other mental health services provided in the school buildings, including the School Blue Envelope Program. Throughout the three years, students who were underinsured, or did not have any insurance, were still able to use this service, thanks to the Corewell Health Foundation. Thornapple Kellogg and Hastings have high engagement with this service, Delton Kellogg had difficulty sustaining their engagement, so those districts ended their involvement in fall of 2024.

### **Action**

By Jan. 1, 2023, Corewell Health Pennock Hospital will operationalize telehealth behavioral health programs at Thornapple Kellogg and Delton Kellogg high schools.

### **Measurable Impact**

Telehealth behavioral health programs operationalized at Thornapple Kellogg and Delton Kellogg high schools.

### **Action**

By Sept. 1, 2024, Corewell Health Pennock Hospital will initiate one additional Behavioral Health Telehealth Program within Barry County schools.

### **Measurable Impact**

At least one additional Behavioral Health Telehealth Program initiated in Barry County schools.

### **Action**

By Dec. 31, 2025, Corewell Health Pennock will initiate one additional telehealth behavioral health program within Barry County schools, increasing from three schools to four schools.

### **Measurable Impact**

At least four behavioral health telehealth programs initiated in Barry County school.

## Substance Misuse

### Medication and Needle Takeback Access and Education

### **Impact of Strategy**

Medication and needle takeback access and education is a legacy outreach with historically strong Corewell Health Pennock Hospital support. When this plan started, Corewell Health Pennock Hospital's events occurred two times per year, and had consistent hospital representation. Over the three years of the plan, this event transitioned to being facilitated by community partners, and Corewell Health Pennock Hospital's involvement is more on an "as-needed" basis.

### **Action**

By Dec. 31, 2023, Spectrum Health Pennock will increase team member support for the medication and needle takeback events from one to two full-time-equivalent team members.

### **Measurable Impact**

Increased team member support of the medication and needle takeback events from one to two full-time-equivalent team members.

### **Action**

By Dec. 31, 2024, Corewell Health Pennock Hospital will increase the number of medication and needle disposal days for Barry County residents from two events to three events per year.

### **Measurable Impact**

Increased the number of medication and needle disposal days for Barry County residents from two to three events annually.

**Action**

By Dec. 31, 2025, Corewell Health Pennington Hospital will increase team member support for the medication and needle disposal events from two to three full-time-equivalent team members.

**Measurable Impact**

Increased team member support of the medication and needle disposal events from two to three full-time-equivalent team members.

## SCRIPT and Tobacco/Nicotine Treatment Program

**Impact of Strategy**

The most recent community survey in Barry and Eaton counties revealed that 43.4% of respondents thought substance use/misuse was a top problem that impacted their community's health, ranked at number two. When the community was asked which substances have had a negative effect on themselves or someone they knew, 63.1% said alcohol, 41.6% said nicotine, 30.5% said marijuana, 27.3% said vaping, and 26.7% said prescription drugs. In Barry County, just under 100 individuals have been referred to the tobacco/nicotine treatment program, and 44 reported a decrease, and 15 reported quitting. Seven participants who were placed in the program from OB referrals reported a decrease or quit.

**Action**

By Dec. 31, 2023, 10% of Tobacco and Nicotine participants will report a decrease in tobacco/nicotine use.

**Measurable Impact**

Percentage of Tobacco and Nicotine treatment program participants reporting a decrease in tobacco/nicotine use.

**Action**

By Dec. 31, 2024, 10% of participants in the Tobacco and Nicotine Treatment program will report a decrease in tobacco/nicotine use.

**Measurable Impact**

Percentage of Tobacco and Nicotine treatment program participants reporting a decrease in tobacco/nicotine use.

**Action**

By Dec. 31, 2025, 10% of participants in the Tobacco and Nicotine Treatment program will report a decrease in tobacco/nicotine use.

**Measurable Impact**

Percentage of Tobacco and Nicotine treatment program participants reporting a decrease in tobacco/nicotine use.

**Action**

By Dec. 31, 2025, 30 pregnant women who are referred by Corewell Health Pennington Obstetrics and Gynecology providers will be enrolled in the SCRIPT program.

**Measurable Impact**

The number of pregnant women who were referred by Corewell Health Pennington Obstetrics and Gynecology providers enrolled in the SCRIPT program.