Calhoun County Community Health Needs Assessment

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Introduction

The federal Affordable Care Act (ACA) requires nonprofit hospitals to conduct a community health needs assessment (CHNA) every three years. An assessment of the community's health allows hospitals and other organizations in the community to obtain a picture of the major health needs facing residents. When multiple hospitals and other organizations conduct a needs assessment together, they gain the benefit of a variety of perspectives, knowledge, and expertise. Thus, the ACA allows hospitals to conduct a CHNA in partnership with other hospitals, and *requires* them to seek input from:

- Persons with special knowledge of or expertise in public health;
- Federal, tribal, regional, state, or local health or other departments or agencies, with current data or other information relevant to the health needs of the community served by the hospital facility; and
- Leaders, representatives, or members of medically underserved, low-income, and minority populations with chronic disease needs, in the community served by the hospital facility.

HOSPITALS AND OTHER PARTNERS

To this end, three hospitals that share Calhoun County as a service area—Bronson Battle Creek, Oaklawn Hospital, and Southwest Regional Rehabilitation Center—came together to jointly conduct a CHNA, and invited several additional partners to work with them, forming an 11-member Assessment Advisory Committee. The partners in the assessment were:

- Battle Creek Community Foundation
- Bronson Battle Creek
- Calhoun County Public Health Department
- Community HealthCare Connections
- Family Health Center of Battle Creek
- Integrated Health Partners
- Nottawaseppi Huron Band of the Potawatomi Health Department
- Oaklawn Hospital
- Southwest Regional Rehabilitation Center
- Summit Pointe
- United Way of the Battle Creek and Kalamazoo Region

These partners reviewed data from secondary sources, sought input from community members through interviews and focus groups, and prioritized a set of health issues that are especially prevalent in the county. A list of those who represented each of these organizations on the committee along with their titles can be found in Appendix A.

TRIBAL AND LOCAL DEPARTMENT INVOLVEMENT AND PUBLIC HEALTH EXPERTISE

The partners on the committee brought a variety of perspectives and expertise. While many are generally familiar with public health practices and evidence-based interventions, special knowledge of and expertise in public health was primarily provided by staff from the Calhoun County Public Health Department (CCPHD) and Nottawaseppi Huron Band of the Potawatomi (NHBP) Health Department. Details of the special knowledge and expertise of CCPHD and NHBP Health Department staff who served on the committee are provided in Appendix B. Involving the CCPHD and NHBP health departments also ensured that the committee had access to current data and information relevant to the health needs of the community served by the hospital facilities of Bronson Battle Creek, Oaklawn Hospital, and Southwest Regional Rehabilitation Center.

ASSISTANCE FROM PUBLIC SECTOR CONSULTANTS INC.

The Assessment Advisory Committee contracted with Public Sector Consultants Inc. (PSC) to facilitate the assessment process, including facilitating meetings of the committee, gathering and summarizing input from persons who represent the community, facilitating the priority setting process, and preparing the final CHNA report and implementation strategy. PSC, a public policy research and consulting firm based in Lansing, Michigan, is highly experienced in conducting community health needs assessments and facilitating the identification of priorities and development of strategies among diverse groups of stakeholders. PSC maintains membership in the Association for Community Health Improvement and the Michigan Association for Evaluation, both of which are recommended by the Michigan Health & Hospital Association as good sources of information and assistance for hospitals seeking to conduct needs assessments. The qualifications of PSC staff members who worked with the committee are given in Appendix C.

PROCESS AND METHODS

To conduct the CHNA, the 11 partner organizations formed an Assessment Advisory Committee that met to guide the process, review data to identify major health issues, identify community leaders and population groups from whom they would seek additional input, prioritize health issues, and develop broad strategies that could be implemented by partners countywide to address the priorities. The committee reviewed quantitative data from two secondary sources and sought input from people who represent the community through key informant interviews and focus groups. These sources of quantitative and qualitative data and the process used to analyze the information are described below.

Quantitative Data

The quantitative data used to identify an initial set of major health issues facing the county came from two main sources: The Coordinating Council (TCC) of Calhoun County – Community Report Card 2011–12 and the Calhoun County Public Health Department's 2009 Behavioral Risk Factor Surveillance Survey (BRFSS).

The Coordinating Council collects and reports data on a host of issues in an annual community "Report Card." The 2011–12 TCC Report Card provides a comprehensive and detailed overview of the health status of Calhoun County residents. Data in the report card comes from a variety of sources, including the Michigan Department of Community Health, the CCPHD, Kids Count, and the Centers for Disease Control and Prevention (CDC). The report card provides multiple years of data, often reaching back to 2000 or earlier, which allows for the identification of trends. The report card also offers both county and state data to allow for comparison. The most recent year for which most of the data was available when the report was compiled was 2009. A copy of the full report can be found in Attachment 1.

The other source of data is the Calhoun County Public Health Department, which conducted behavioral risk factor surveys of county residents in 2004 and 2009; data from the 2009 survey was published in a report in early 2012. The surveys were designed to assess the overall health status of Calhoun County residents and to identify the degree to which they (1) have access to health care services, (2) engage in certain risky health behaviors, and (3) obtain clinical preventive services, such as cancer screenings. Data from the 2009 report highlights differences between 2004 and 2009 findings and also provides the Michigan average and U.S. median where they are available. A copy of the Calhoun County 2009 BRFSS can be found in Attachment 2.

The committee used data from both of these sources to identify major health issues for further exploration with community members.

Qualitative Data: Input from Community Representatives

In addition to quantitative data, the Assessment Advisory Committee sought input directly from medically underserved, low-income, and minority populations, and other community representatives. The advisory committee wanted to find out what people had to say about important health issues, factors that contribute to these issues, resources that are available to help community members be healthy, and suggestions for addressing important health issues in the future. The committee asked Public Sector Consultants to conduct a series of 14 key informant interviews and 8 focus groups. PSC prepared a summary of data on health issues identified from the quantitative data to use as background information for participants in the interviews and focus groups.

Key Informant Interviews

Fourteen interviews were conducted with leaders in the community who had been identified by the advisory committee as people who could speak to the needs and the resources available to meet those needs within the community. Interviewees represented community service providers, health care providers, medically underserved populations, minority populations, rural populations, and business. A summary of key informant interview findings, which includes a list of people interviewed (along with a brief description of the nature of each individual's role in the community), is provided in Attachment 3.

Key informants were asked for their reactions to data on health issues and then were asked which they believe are the most important to Calhoun County residents. For each issue they identified as most important, the key informants were asked to describe (based on their own knowledge and experience) what is working to help people be healthy, what makes it harder for people to be healthy, and what actions can be taken to improve the health of the community.

Focus Groups

The advisory committee identified eight different groups of people with whom to hold focus groups. The following groups represent various populations and geographic areas in the county:

- Albion community
- Battle Creek neighborhoods
- Families with young children
- Local government staff
- NHBP tribal population
- Rural communities
- Senior citizens
- Teenagers

These groups were selected because participants were likely to be able to reflect on and illuminate the major health issues identified from the quantitative data, and were also likely to identify primary and chronic disease needs and issues of medically underserved, low-income, and minority populations. A summary of focus group findings can be found in Attachment 4.

The Battle Creek Community Foundation's Regional Health Alliance director made arrangements for each of the focus groups and worked with local organizations to recruit participants. Each focus group lasted two hours and included between 3 and 15 participants.

Sixty-five people participated in the focus groups. Of those who completed the demographic information form handed out at the end of each session, more than half had an annual household income of less than

$35,000, a third were racial minorities, and about a third were uninsured or covered by Medicaid or the Calhoun County Health Plan (a local health care coverage plan for low-income populations). The demographic information collected from the participants is included in the summary of focus groups findings (Attachment 4).

INFORMATION GAPS

During the CHNA process, the advisory committee identified the following information gaps that make it more difficult to assess community health needs:

- **Mental health:** While mental health providers have data on the numbers of people who seek treatment and the problems for which they seek treatment, good data does not exist to identify the prevalence of mental health problems in the community.
- **Food access:** Qualitative input from the community suggests that access to healthy foods is limited for some county residents—based on geography and/or income—but measuring access to healthy food explicitly is not possible with currently available data.
- **Data at the smaller community level:** The committee worked with secondary data sources that provided information about the county as a whole compared with state and sometimes national data. The ability to review data at the sub-county level would have been useful in identifying the major health issues of specific geographic areas within the county.
- **How to reach sub-populations:** While input from community leaders and representatives of medically underserved, low-income, and minority populations was useful, the committee still found it difficult to identify the best strategies for reaching sub-populations within the community with appropriate interventions.

The Community Served by the Hospitals

All three hospitals that participated in the CHNA are located in Calhoun County, Michigan, and consider the county as their primary service area. This CHNA covers Calhoun County as a whole.

DEMOGRAPHICS[1]

Calhoun County has a population of 136,072 according to the 2010 U.S. Census, a slight drop from a population of 137,985 in 2000. The county's largest urban population center is the city of Battle Creek, which has a population of 52,347. The county has numerous small, rural towns, one of which is home to a small liberal arts college, with a student population of 1,400. A tribal reservation in Fulton is home to members of the Nottawaseppi Huron Band of the Potawatomi (NHBP). The NHBP Health Department, situated on the reservation, provides most, but not all, of the tribe members' health care services.

Race/Ethnicity

The vast majority of Calhoun County residents are white (83 percent), and about 10 percent are black. Another 5 percent are Hispanic/Latino. About 2 percent are Asian. Approximately 1 percent are American Indian or Alaska Native.

Age

The percentages of children and older adults residing in Calhoun County are similar to those in the state. About a quarter of the population in the county and the state are children aged 0 to 17 years old, and a little less than 15 percent of the population in the county and state are adults aged 65 and older.

Educational Achievement

On the whole, adults in Calhoun County have lower levels of educational achievement than those statewide. A slightly higher percentage of adults aged 25 and older in the county than in the state have less than a 9th grade education (5 percent vs. 4 percent), and a far greater percentage of adults in the state than in the county have at least a bachelor's degree (25 percent vs. 17 percent).

Income

The median family income in Calhoun County, at $49,964, is lower than that across the state ($56,101). The percentage of families living below the federal poverty level in Calhoun County is similar to the percentage statewide (approximately 12 percent each), as is the percentage of families receiving cash public assistance income (about 4 percent each). A greater percentage of students living in Calhoun County receive free and reduced lunch than students across the state (52 percent vs. 46 percent).

EXISTING HEALTH CARE FACILITIES AND RESOURCES

In addition to the three hospitals partnering to conduct this community health needs assessment, a number of other organizations in Calhoun County, including several of those represented on the committee, provide health care services to residents in the community. These include:

[1] The data in this section is drawn from the TCC Calhoun County Community Report Card 2011–12.

- **Behavioral Health Resources of Albion and Battle Creek Lakeview—**Offers a variety of treatments for mental health disorders.
- **Calhoun County Public Health Department—**Provides various prevention programs and treatment interventions to meet the health care needs of county residents.
- **CentraCare—**Offers medical, dental, home health care, and more for those 55 years and older who meet nursing home guidelines.
- **Community HealthCare Connections—**Offers a mobile medical clinic and nursing clinic; coordinates a dental partnership to offer oral health services to low-income residents.
- **DaVita—**Provides a complete range of dialysis treatments and support services for patients living with chronic kidney failure.
- **Early Childhood Connections—**Offers support and home visiting for new moms.
- **Family and Children's Services—**Provides mental health services for low-income residents.
- **Family Health Center—**Federally-qualified health center located in Battle Creek.
- **Fountain Clinic—**Provides free acute and chronic medical care for low-income people with no insurance; free dental care to people 60 years or older with low or no income and no dental insurance.
- **Life Matters Counseling—**Offers private mental health counseling.
- **LifeSpan—**Medical equipment and supplies; Medicaid, Medicare, and most insurances accepted.
- **Nottawaseppi Huron Band of the Potawatomi Health Department—**Provides various prevention programs and treatment interventions to meet the health care needs of tribe members.
- **Planned Parenthood—**Provides STD testing and treatment, pregnancy testing, contraception, teen pregnancy prevention, and HPV and Hepatitis vaccines.
- **Psychological Consultants—**Provides private mental health counseling.
- **Summit Pointe—**Provides affordable, reduced rate mental health services.

Assessment Findings

QUANTITATIVE DATA

The following information from the quantitative data sources provided the foundation for the Assessment Advisory Committee's identification and prioritization of primary and chronic disease needs and other health issues of uninsured, low-income, and minority populations.

Major Health Issues

Data from the TCC Report Card and the Calhoun County BRFSS revealed several areas where the health and health-related behaviors of Calhoun County residents could be improved. Additional data was obtained from the Michigan Department of Community Health (MDCH) Division for Vital Records and Health Statistics. The committee considered the extent of the impact of health issues on the county population, county comparisons to the state, trends in the data, disparities in health behaviors and outcomes, and potential causal factors related to the indicators to identify the following major health issues.

Overweight and Obesity

About 38 percent of Calhoun County adults are obese, compared with 31 percent of adults in the state of Michigan. Another 37 percent of adults in the county are overweight, which means that less than a quarter of Calhoun County adults are at a healthy weight. (Calhoun County BRFSS)

Overweight and obesity among middle school and high school students is roughly half of what it is for adults, yet it is still above state averages for those age groups. About 17 percent of middle and high school students are overweight and similar proportions are obese. (TCC Report Card)

Nutrition

The U.S. Department of Agriculture (USDA) recommends consuming at least five servings of fruits and vegetables every day. About 88 percent of adults in Calhoun County do not eat an adequate amount of fruits and vegetables, and among high school students the rate is 68 percent. For adults, this rate is slightly higher than statewide and national rates (78 percent and 77 percent, respectively). (TCC Report Card and Calhoun County BRFSS)

Physical Activity

About 26 percent of Calhoun County adults do not participate in *any* leisure-time physical activity. The USDA recommends that adults engage in 30 minutes of moderate physical activity on five or more days per week or 20 minutes of vigorous physical activity on three or more days per week. Men in Calhoun County are slightly more likely than women to meet these guidelines (51 percent vs. 47 percent). People with higher levels of education are also more likely to achieve the guidelines than those with lower levels of education. Approximately 51 percent of those with a college degree meet the guidelines, compared to only 31 percent with less than a high school diploma. (Calhoun County BRFSS)

Chronic Disease

Chronic disease is the leading cause of death among Calhoun County residents. Heart disease and cancer are the leading causes of death, each with a 2008–2010 three-year average age-adjusted mortality rate of about 193 per 100,000 people. The corresponding three-year average rates in Michigan are 208 per 100,000 people for heart disease and 182 per 100,000 people for cancer. At 107 per 100,000 people, the

2008–2010 three-year average diabetes-related mortality rate in Calhoun County was considerably higher than the state rate (78 per 100,000 people). The 2008–2010 three-year average mortality rates in Calhoun County due to chronic lower respiratory disease and stroke are 57 and 40 per 100,000 people, respectively. The state's rate of mortality due to stroke is the same as in the county. The state has a lower rate of mortality due to chronic lower respiratory disease, however, at 46 per 100,000 people. (MDCH Division for Vital Records and Health Statistics)

Diabetes

The 2008–2010 three-year average mortality rate due directly to diabetes in Calhoun County is nearly twice that of the state rate (48 vs. 24 per 100,000 people). (MDCH Division for Vital Records and Health Statistics)

Equal proportions of white and black residents (about 12 percent each) report that they have ever been told by a doctor that they have diabetes. Despite this, the rate of death due to diabetes has been considerably higher among black residents than white residents over the past decade. The 2007–2009 three-year average diabetes mortality rates were 68 and 38 per 100,000 people for black and white residents, respectively. (TCC Report Card)

Cancer

The overall cancer mortality rate in Calhoun County has been declining over the past two decades, yet it is still the second leading cause of death with a three-year average mortality rate of 194 per 100,000 people in 2008–2010. (MDCH Division for Vital Records and Health Statistics) The cancer mortality rate among blacks is higher than among whites (254 vs. 188 per 100,000 people). (TCC Report Card)

Addiction

Calhoun County's rate of alcohol-induced mortality is higher than the state's (12 vs. 7 per 100,000). (TCC Report Card) In 2009, 15 percent of adults in Calhoun County reported binge drinking and 6 percent reported heavy drinking in the past month. (Calhoun County BRFSS) Alcohol and marijuana addictions are the leading reasons for seeking substance abuse treatment in Calhoun County (37 and 29 percent, respectively). The rate of alcohol-related hospital admissions has increased since 2005. (TCC Report Card)

Smoking

About 26 percent of adults in Calhoun County were current smokers in 2009. This represents a decrease from 2004 when nearly 30 percent of adults were current smokers, but it is still higher than the state average (20 percent) or the U.S. median (18 percent). Smoking rates among Calhoun County adults vary significantly by race, education, and income. About a third of blacks (35 percent) are current smokers, whereas just under a quarter of whites (24 percent) smoke. People with higher levels of education and income report much lower rates of smoking than those with lower levels of education and income. For example, 55 percent of adults with less than a high school diploma are current smokers compared to only 9 percent of people who have a college degree. (Calhoun County BRFSS)

Access to Care

About 15 percent of adults aged 18–64 in Calhoun County are without health care coverage, and a similar percentage do not have a personal doctor or health care provider. Low-income individuals are more likely to be without health care coverage (19 percent of people with incomes under $20,000, versus about 3 percent of all individuals earning more than $50,000). Fewer blacks than whites in Calhoun County have health care coverage or a personal doctor. About 21 percent of black residents report having no health care coverage and another 20 percent report not having a personal health care provider. Thirteen percent

of white residents report having no health care coverage and 14 percent say they do not have a personal health care provider. (Calhoun County BRFSS)

Teen Pregnancy

The rate of teen pregnancy in Calhoun County is about one and a half times higher than the state's rate (75 vs. 52 per 1,000 teens aged 15–19). The live birth rate for black teens in the county is about twice that of white teens (about 100 vs. 44 per 1,000 teens). Hispanic teens also have a higher live birth rate (75 per 1,000 teens) compared with white teens. (TCC Report Card)

Sexually Transmitted Infections

The most common sexually transmitted infections in Calhoun County are Chlamydia and Gonorrhea (623 and 194 per 100,000 residents, respectively). Over the past decade, Chlamydia rates have increased while Gonorrhea rates have decreased. The rate for each is significantly higher than the state's rates, however. Three-quarters of all Chlamydia cases in 2010 occurred in people aged 15 to 24. Almost three-quarters (about 72 percent) occur among women. An estimated 150 people in Calhoun County were living with AIDS as of January 2010. (TCC Report Card)

Maternal and Infant Health

The infant mortality rate in Calhoun County is greater than the statewide rate (12 vs. 8 per 1,000 births), and has been on the rise since 2002. During that same time period, Michigan's infant mortality rate has been steadily declining. Throughout the past decade, the black infant mortality rate in Calhoun County has been 2 to 3 times that of white babies.

The leading causes of infant mortality in Calhoun County and in Michigan are disorders related to pre-term birth and low birthweight, both of which are more prevalent in Calhoun County than in the state. In Calhoun County, 12 percent of babies are born preterm, and 9 percent have a low birthweight. Only two-thirds (68 percent) of pregnant women in the county receive early and adequate prenatal care. Whites are more likely to receive prenatal care in the first trimester (73 percent) than Hispanics or blacks (67 percent and 60 percent, respectively). (TCC Report Card)

Oral Health

In Calhoun County, 33 percent of adults had no dental visit in the past year. Individuals with dental insurance are more likely to have had a dental visit or teeth cleaning in the past year. More than one-third of adults (37 percent) have no dental insurance. Only 11 percent of individuals with incomes over $75,000 are without dental insurance, versus 70 percent of individuals with incomes under $20,000. (Calhoun County BRFSS)

Mental Health

In 2009, about 17 percent Calhoun County residents reported experiencing poor mental health on 14 or more days in the past month. Young adults aged 18–34 are more likely to report poor mental health than any other age group. Residents with lower levels of educational achievement are much more likely to experience poor mental health—50 percent of those with less than a high school degree vs. 11 percent of college graduates. (Calhoun County BRFSS)

Deaths and Hospitalizations Due to Injury

Calhoun County has a slightly higher rate of hospitalizations due to injury than the state (109 vs. 101 per 100,000 residents). The rate of deaths due to unintentional injuries in Calhoun County is also higher than in the state (47 vs. 35 per 100,000 residents). Unintentional fatal injuries in Calhoun County are primarily

related to transport, poisoning, and falls. Poisoning is the leading cause of death among these and exceeds the state rate by a large margin (19 vs. 9 per 100,000 residents). Poisoning includes accidental poisoning by illegal and prescription drugs, among other substances. (MDCH Division for Vital Records and Health Statistics)

QUALITATIVE DATA: WHAT IS IMPORTANT TO THE COMMUNITY

Input from community members gave the committee a context for understanding how the major health issues are experienced by county residents, and what *they* believe are the most important issues. This input further informed the committee's prioritization of health issues.

Key Informant Interviews

As noted elsewhere, fourteen interviews were conducted with leaders in the community who had been identified by the advisory committee as people who could speak to the needs and the resources available to meet those needs within the community. Interviewees were initially asked which health issues they believed to be among the most important to people living in Calhoun County. They could pull from the list of issues sent to them in advance of the interview or draw on their own knowledge and experience to identify issues. Many of the interviewees selected two or three issues as among the most important, and then spent the majority of the interview discussing these issues in greater depth. The issues that received the most attention from interviewees are as follows, including the number of people who identified the issues as important:

- Access to primary care (9)
- Overweight and obesity (7)
- Chronic disease (6)
- Teen pregnancy (3)
- Maternal and infant health and infant mortality (3)
- Oral health (3)
- Smoking (2)
- Mental health (1)
- Addiction (1)

Most Important Health Issues

As the conversations concluded, interviewees were asked to reflect on the discussion and their own experience to select *one* issue that they believe is the most important to work on in the county. Many were unable to narrow it to one issue, but only the following four were identified as most important by any interviewee:

- Overweight and obesity
- Access to primary care and a medical home
- Chronic disease
- Teen pregnancy

While health issues were discussed one by one, interviewees noted considerable overlap among the issues. In particular, interviewees described close connections between access to care, chronic disease, and overweight and obesity, noting the clear tie between maintaining a healthy weight through physical

activity and diet and the prevention and management of chronic disease. They also noted that having access to primary care services not only supports diagnosis and management of chronic diseases, but having a *regular* primary care provider fosters meaningful dialogue between providers and patients, which supports self-management of chronic conditions.

Focus Groups

Focus groups were conducted to gain a better understanding of the primary and chronic disease needs of medically underserved, low-income, and minority populations. PSC consultants began each session by describing the purpose of the meetings and the needs assessment process, and then presented data on major health issues identified by the Assessment Advisory committee. After reviewing the data, PSC staff facilitated a discussion among all participants to learn which health issues they believe are most important for people living in Calhoun County and why; what is working well to address important health issues in the county; what makes it hard for people to be healthy; and what would help people be healthier.

At the beginning of each conversation, focus group participants were asked which of the major health issues are "most important to people living in Calhoun County." The issues they chose are listed below, beginning with those that were mentioned most often by participants across all focus groups:

- Overweight and obesity, physical activity, and nutrition
- Chronic disease, including cancer and diabetes
- Teen pregnancy
- Maternal and infant health
- Addiction, specifically alcohol and drug abuse
- Lack of a medical home
- Mental health
- Smoking
- Oral health
- Sexually transmitted infections (STIs)

At the close of each discussion participants were asked to vote for the three health issues that they believe are the "most important to work on in Calhoun County." The issues that rose to the top were similar to those mentioned most often at the beginning of the discussions, with some exceptions.

- Overweight and obesity, physical activity, and nutrition still ranked as high priorities separately, with nutrition receiving the most votes among these three issues. Combining the votes for these issues as a related group places them well above all other issues.
- Teen pregnancy, addiction, and mental health each received more weight in the closing vote than might have been expected since they were not mentioned as frequently as other issues at the beginning of the discussions. However, participants had given these issues considerable attention during their discussions.
- Cancer and diabetes each received about the same number of votes individually, but combining the votes on these two issues would rank chronic disease above the issues of addiction, teen pregnancy, and mental health.
- Maternal and infant health, smoking, and lack of a medical home received an equal number of votes.

Different Priorities among Focus Groups

In the final voting, there were some notable differences among focus groups in the issues that were chosen as most important to work on in Calhoun County.

- Participants in the group of local government representatives identified nutrition as the most important issue facing the county.
- Participants in the Albion focus group selected physical activity.
- Tribal members identified cancer and diabetes as the top issues.
- Rural participants also identified cancer as the top issue, but gave an equal number of votes to addiction.
- Families with young children identified physical activity and lack of a medical home as the most important issues.
- Participants in the teen focus group identified teen pregnancy and mental health as most important.
- Participants in the Battle Creek neighborhood focus group also picked teen pregnancy as one of the top issues, along with overweight and obesity.
- For seniors, the top issues were mental health and oral health.

Cross-Cutting Themes

Access to Care

Only three people in three different focus groups identified lack of a medical home or access to care as one of the most important issues during the initial portion of the focus group discussion. However, participants in most focus groups identified barriers to accessing health care and other services throughout their discussions of other issues, such as chronic disease, maternal and infant health, obesity, and mental health. The most frequently mentioned barriers to access were limited options for transportation, lack of employment and insurance, cost of care and, in some communities, limited availability of providers.

Racial Disparities

Participants in three focus groups remarked on the racial disparities across health issues, and wondered what is behind them. One stated, “It just seems like blacks and Hispanics get hit hard with everything.” Another lamented, “We [black residents] are dying are both ends—the infants and the older.” The racial disparities in teen pregnancy and infant mortality rates were especially surprising to a few participants.

Income and Unemployment

Many participants recognized that the major health issues do not exist in isolation. They discussed larger forces that contribute to these issues. Some focus group participants said nearly all of the health issues listed are related to socioeconomic status, and they recognized the limited availability of jobs in the county as a contributing factor.

While some participants acknowledged the stark racial disparities presented in the summary data, a few said they believe income plays a much stronger role in health than race or ethnicity.

Interrelationship of Health Issues

While focus group participants noted specific challenges related to access, race, and income, they also said that many of the health issues described in the summary data are interrelated. Many participants drew direct connections between overweight and obesity and chronic disease. For example, one said, “If you can address some of the overweight and nutrition [issues], then you’ll impact chronic disease.” One noted the importance of oral health to systemic health: “People don’t realize how important teeth and oral health are for your overall health.”

Priority Health Issues

Following the collection and analysis of the quantitative data and community input, the Assessment Advisory Committee met to select and rank a set of priority health issues.

PROCESS FOR PRIORITIZING

The committee began with the list of 15 major health issues described in the key findings from the quantitative data and worked to narrow the list and rank a final set of issues. Each committee member completed a ranking worksheet on which they numbered each issue from 1 to 15. PSC staff compiled the results and created an initial *group* ranking using the average ranking of each item from committee members. PSC then facilitated a discussion of committee members to arrive at a final list. As members of the committee discussed the issues, they identified three overarching criteria on which they would base the final ranking: the importance of the issue to the community, whether and how the issue is related to other health issues, and how the county compares to state and national data for that issue. With these criteria in mind the committee narrowed the list to 10 priority areas, a few of which combined major health issues into a single category. For example, overweight and obesity was identified as the most important issue, but the committee rolled nutrition and physical activity into the priority because of their inextricable link to the prevention and reduction of overweight and obesity.

IDENTIFIED PRIORITIES

The following list reflects the outcome of the process described above.

1. **Overweight and obesity, including nutrition and physical activity:** The prevalence of overweight and obesity is growing in the county. This issue was elevated to the top of the list of priorities due, in part, to its direct impact on other health issues, including chronic conditions. The committee recognized, as did focus group and interview participants, that to address overweight and obesity, the health issues of physical activity and nutrition would also have to be addressed.
2. **Access to care:** Committee members identified access to care as essential to the health of the community. Ranking it as a high priority is a direct reflection of their own knowledge and the needs identified by focus group and interview participants, both of which described multiple barriers to accessing health care and other services.
3. **Chronic disease, including diabetes, heart disease, hypertension:** Chronic diseases affect a large percentage of county residents, and early diagnosis as well as effective management are important to maintaining a healthy community. While diabetes was discussed directly in the focus groups and interviews, committee members also identified the need to help residents manage heart disease and hypertension.
4. **Mental health:** The placement of mental health in the top five priorities reflects the level of importance placed on the issue in the focus group discussions and the impact of mental health on other health issues.
5. **Teen pregnancy:** Teen pregnancy rates in Calhoun County have been higher than those in the state for some time. Committee members as well as focus group and interview participants identified it as a pressing issue for the county.
6. **Maternal and infant health and infant mortality:** Infant mortality rates in the county are higher than in the state and racial disparities in infant deaths persist. While not all infant deaths are preventable, the committee recognizes the importance of access to prenatal care and other services.

7. **Addiction:** While addiction did not receive much attention in the interviews, many focus group participants identified it as a pressing issue. The committee included alcohol, illegal and prescription drugs, and tobacco in this issue. The committee also noted that a disproportionate number of deaths and hospitalizations due to injury are caused by accidental drug overdose.
8. **Cancer:** Many interview and focus group participants acknowledged knowing someone affected by cancer. They noted especially that people need access to care to obtain early diagnosis and treatment.
9. **Oral health:** More than a third of adults in Calhoun County lack dental insurance. Interviewees and focus group participants alike noted the importance of oral health care and identified lack of dental insurance and other barriers to care, especially for people with low incomes.
10. **Sexually transmitted infections:** STIs are linked to infant mortality and also can be passed among teens (and others) who have unprotected sex. Preventing STIs is linked to efforts to reduce infant mortality and teen pregnancy.

Strategies for Addressing Priorities

Based on its identification and ranking of a set of 10 priority health issues in the county, the committee developed a framework for collective action that includes broad goals, population-based measures, and an initial set of strategies for each priority issue. The goals, population-based measures, and overarching strategies for each issue are listed below.

1. Obesity and overweight, including nutrition and physical activity

Goal

Increase the proportion of adults and children who are at a healthy weight.

Population-based Measures

- Body mass index (obese, overweight, healthy/normal)
- Percentage of population with adequate physical activity

Strategies

1. Provide nutrition and physical activity education to the community.
2. Provide access and engage community members for nutrition and physical activity
3. Promote and strengthen school and early learning policies and programs that increase physical activity for K–12 students.
4. Support schools in meeting or exceeding national nutritional standards for quality school meals.

2. Access to care

Goal

Increase the proportion of people with access to quality, culturally competent primary and specialty medical care and mental health services in Calhoun County.

Population-based Measures

- Percentage of population who has health care coverage
- Percentage of adults who report going without needed medical care in the past 12 months
- Percentage of adults who report receiving a wellness check-up in past 12 months
- Percentage of adults who report having a usual source of medical care
- Primary care sensitive emergency department visits (the percentage of all ED visits that are either non-emergent, emergent by primary care treatable, or emergent–ED needed but preventable/avoidable)

Strategies

1. Provide transportation for individuals to access services.
2. Increase opportunities for access to health care, such as free clinics and screening and referral sites, and services donated by health care providers.
3. Provide patient navigation services.
4. Recruit physicians and other health care providers to practice in the community.

3. Chronic disease, including diabetes, heart disease, and hypertension

Goal

Reduce the rate of mortality associated with diabetes, heart disease, and stroke.

Population-based Measures

- Mortality rate for diabetes, heart disease, and stroke
- Rate of ambulatory care-sensitive (avoidable) hospitalizations

Strategies

1. Increase screening for chronic diseases.
2. Provide self-management education and support for individuals with chronic disease.
3. Provide care management/care coordination for individuals with chronic disease.
4. Provide physicians and other health professionals with education and information on best practices in chronic disease care and prevention.

4. Mental health

Goal

Increase the proportion of people who experience positive mental and emotional well-being.

Population-based Measures

- Percentage of population with moderately severe or severe depression as indicated by the Patient Health Questionnaire-9 (PHQ-9)
- Percentage of adults who report "fair or poor" mental health

Strategies

1. Recruit additional mental health providers.
2. Increase screening and referral services for mental illness.
3. Provide and/or expand mental health services.
4. Provide care management/care coordination for individuals with mental illness.
5. Provide education and information to community members, schools, service organizations, and non-mental health providers on best practices in the prevention and treatment of mental illness.

5. Teen Pregnancy

Goal

Reduce the rate of teen pregnancy among all demographic groups.

Population-based Measures

- Teen pregnancy rate among females aged 15–19
- Teen live birth rate
- Rate of repeat live births among teens
- Percentage of sexually active youth who report using a condom or other effective birth control method during last intercourse

Strategies

1. Provide education in the community on teen pregnancy.
2. Provide teenagers with information on pregnancy prevention and referrals to services.

6. Maternal and infant health and infant mortality

Goal

Increase the proportion of births that have a healthy birth outcome.

Population-based Measures

- Percentage of women who receive an adequate level of prenatal care during pregnancy
- Percentage of births before 37 weeks' gestation
- Percentage of births between 37 and 39 weeks' gestation
- Percentage of births that are low birthweight
- Infant mortality rate

Strategies

1. Provide education on maternal and infant health.
2. Provide and/or expand maternal and infant health services and supports.
3. Provide home-visiting programs to support vulnerable mothers and their children.
4. Eliminate medically unnecessary deliveries before 39 weeks' gestation.
5. Recruit additional providers (e.g., physicians, physician assistants, nurses) specializing in women's health.
6. Use the fetal infant mortality review (FIMR) process to examine and identify factors contributing to poor birth outcomes.

7. Addiction

Goal

Reduce overall use/abuse of tobacco, prescription drugs, recreational substances, and alcohol.

Population-based Measures

- Percentage of adults and high school students who report "being current smokers"
- Percentage of adults who report binge drinking
- Percentage of adults and high school students who report "some form of alcohol consumption within the last month" or binge drinking

Strategies

1. Provide and/or expand addiction treatment services and supports.
2. Provide care management/care coordination for individuals with addictions.
3. Promote best-practice policies for reducing addictions.

8. Cancer

Goal

Reduce cancer mortality rates among all demographic groups.

Population-based Measures

- Age-adjusted cancer mortality rates
- Percentage of adults who report receiving appropriately timed breast, cervical, and colorectal cancer screenings
- Percentage of adults who report cancer causing risk behaviors, including tobacco use, excessive UV exposure, and obesity

Strategies

1. Provide community education about preventive cancer screenings and resources available to support individuals and families dealing with cancer.
2. Provide physicians and other health professionals with education and information on best practices in cancer prevention and treatment.
3. Increase access to cancer screening, referral, and treatment services.
4. Provide care management/care coordination for individuals with cancer.
5. Track trends of cancer-related risk behaviors and self-reported cancer screenings.

9. Oral health

Goal

Reduce the number of children and adults with dental caries experience and untreated dental decay.

Population-based Measures

- Percentage of individuals who have had an oral health visit in the past year
- Percentage of children (age 8) who have dental sealants on first molars
- Percentage of individuals in Calhoun County who have access to community fluoridated drinking water

Strategies

1. Provide community education about oral health.
2. Provide access to oral health services in the community.

10. Sexually transmitted infections

Goal

Decrease the proportion of the population with sexually transmitted infections.

Population-based Measures

- Chlamydia incidence rate
- Gonorrhea incidence rate
- HIV diagnosis rate

Strategies

1. Provide community education about sexually transmitted infections.
2. Provide information and education to health care providers about strategies to reduce and prevent transmission of sexually transmitted infections.
3. Provide access to screening and treatment for sexually transmitted infections.

Appendix A:
Assessment Advisory Committee Members

- **Battle Creek Community Foundation:** Brenda Hunt, Executive Director; Paulette Porter, Director, Regional Health Alliance
- **Bronson Battle Creek:** Mark Crawford, Vice President of Professional Services; Wendy Boersma, Assistant Vice President of Patient Care Services
- **Calhoun County Public Health Department:** James Rutherford, Health Officer; Sara Rockhill, Epidemiologist
- **Community HealthCare Connections:** Teresa Osborne, Director of Community Partnerships
- **Family Health Center of Battle Creek:** A.J. Jones, President and CEO, Dianne Kalnins, Director of Marketing and Fund Development
- **Integrated Health Partners:** Ruth Clark, Executive Director
- **Nottawaseppi Huron Band of the Potawatomi Health Department:** Bethany Moody, Healthy Start Nurse and Community Health Nurse
- **Oaklawn Hospital:** Keith Crowell, Chief Development Officer; Ann Mazure, Market Research and Planning Director
- **Southwest Regional Rehabilitation Center:** Kevin Arnold, Chief Executive Officer; Amy Davis, Chief Operating Officer; Karol Jenney, Managing Director of Business Operations; Dawn Worthington, Director of Marketing and Public Affairs
- **Summit Pointe:** Jeannie Goodrich, Director Outpatient Services; Pamela Schwartz, Human Resources Director
- **United Way of the Battle Creek and Kalamazoo Region:** Chris Sargent, Vice President and Chief Operating Officer; Matt Lynn, Director of Community Impact

Appendix B:
Participants with Public Health Knowledge and Expertise

CALHOUN COUNTY PUBLIC HEALTH DEPARTMENT STAFF

James Rutherford, MPA

Jim Rutherford has been in the field of Public Health for the past 23 years. Starting out in his profession, he worked for five years as an Environmental Health Specialist for rural county health departments in Central Michigan. Administratively, he served as a Program Manager with the Barry-Eaton District Health Department for five years, then as the Environmental Health Director and subsequently, the Deputy Health Officer with the Kalamazoo County Health & Community Services Department. Currently he is the Health Officer of the Calhoun County Public Health Department. Mr. Rutherford has a Master's Degree in Public Health from Central Michigan University and a Bachelor's of Science Degree in Biology from Olivet College. Mr. Rutherford served as the President of the Michigan Association of Local Environmental Health Administrators from 2005-2006 and was awarded the Distinguished Service Award from the Michigan Association for Local Public Health in 2008.

Sarah Rockhill, MPH

Sarah Rockhill is currently employed by the Calhoun County Public Health Department as an epidemiologist. Ms. Rockhill provides expertise and leadership in the investigation of communicable and chronic diseases within Calhoun County, as well as assistance and statistical consultation to a broad range of community organizations seeking to implement and evaluate new public health programs. Previously she has served as a research assistant for the Michigan Lupus Epidemiology and Surveillance (MiLES) Program and for the Regional Alliance for Healthy Schools (RAHS). She received a Bachelor of Science (B.S) in biomedical sciences from Western Michigan University (2008) and a Master of Public Health (M.P.H) with a specialization in epidemiology from the University of Michigan School of Public Health (2011).

NOTTAWASEPPI HURON BAND OF THE POTAWATOMI HEALTH DEPARTMENT STAFF

Bethany Moody, RN, MSN, CNM

Bethany Moody graduated in 1981 from Kellogg Community College with Associate Degree in Nursing; 1991 from Nazareth College with Bachelor's Degree in Nursing; 1994 from Case Western Reserve University (Cleveland, Ohio) with Master's Degree in Nursing; 1994 from Frontier School of Midwifery and Family Nursing with certificate in Nurse-Midwifery.

Ms. Moody has held nursing positions as staff and administration in Oncology, Pediatrics, Medical-Surgical, Home-Health Care and Obstetrical units throughout her nursing career. She has assisted in the arrival of over 1,323 babies into the world as a Nurse-Midwife – mostly in the local hospitals of southwest Michigan and several homebirths within the Amish communities. She taught nursing school for 7 years at Kellogg Community College (KCC) and thoroughly enjoyed the experience of assisting in the

education of the next generation of nurses. She taught a one-time grant funded course on Anishnabek Culture at KCC and organized the first ever powwow held on KCC campus. She teaches a course at Western Michigan University and Otterbein College in Westerville, Ohio every year on Native American Spirituality.

Currently working at the Nottawaseppi Huron Band of the Potawatomi as the Community Health Nurse and Healthy Start Nurse, Ms. Moody visits with tribal members in their home to assess needs and uses a multi-disciplinary approach for referrals and consults to meet the various needs identified.

Appendix C:
Third-Party Facilitator Qualifications

PUBLIC SECTOR CONSULTANTS INC.

In community health assessments, Public Sector Consultants Inc. combines its research, survey, and focus group expertise. The firm has worked with coalitions comprising health providers, public health departments, business, and other nonprofit human service agencies to prepare comprehensive reports on counties' health strengths and problems. These assessments encompass everything from objective research on health indicators (risk behavior, cancer rates, teen pregnancy, crime, health care costs, education, etc.) to surveys, focus groups, and interviews with community leaders. Such assessments create a portrait of a community, drawn from research and from the opinions of people from all segments of a community's leadership and populace.

An assessment is not an end in itself, but rather the foundation for concerted efforts to address the problems that a community deems most urgent. PSC is experienced in building consensus among diverse interests and can help community partners formulate a plan to meet the needs identified in a community assessment.

Jane Powers, BA

Jane Powers is a vice president at Public Sector Consultants specializing in the area of community health. She conducts research, evaluation, and analysis on such health policy issues as health care reform, community health improvement, and mental health; facilitates and provides strategic counsel for partnerships, task forces, coalitions, and health care organizations; conducts focus groups; develops and analyzes health care surveys; writes reports, articles, and analyses of legislation; and monitors state and national public policy activities. She has been with the firm since 1999.

Prior to joining PSC, Ms. Powers held several policy planning and analyst positions in the Michigan Department of Community Health (formerly Public Health), serving most recently as a senior analyst in the Comprehensive Health Plan Division. In her work in the department, she coordinated development of the department’s strategic plan (Healthy Michigan 2000), managed creation of the department’s Center for Healthy Infants and Pregnancies surveillance system, and developed guidance and provided consultation for the statewide community needs assessment and health improvement process.

Ms. Powers holds a bachelor of science degree from Michigan State University in Public Affairs Management with a Health emphasis.

Amanda Menzies, MPH

Amanda Menzies is a senior consultant at Public Sector Consultants. Ms. Menzies conducts research and analysis and writes reports on a variety of health policy issues, including health risk behaviors, quality of care, infant mortality, and many others. She staffs various partnerships and committees and facilitates group discussions. Ms. Menzies is skilled in the collection and analysis of both quantitative and qualitative data. She has served in a lead role on several of the community health needs assessments that PSC has conducted. Prior to joining PSC in 2001, Ms. Menzies was the Program and Fund Development Coordinator for the National Council on Alcoholism and Drug Dependence of Michigan.

Ms. Menzies holds a BA in Public Policy/Health from Michigan State University and an MPH in Health Management and Policy from the University of Michigan.

ATTACHMENTS

Attachment 1: TCC Community Report Card 2011–12

Attachment 2: Calhoun County 2009 Behavioral Risk Factor Surveillance Survey

Attachment 3: Summary of Key Informant Interview Findings

Attachment 4: Summary of Focus Group Findings

The Coordinating Council
Targeting Community Concerns.

CALHOUN COUNTY COMMUNITY REPORT CARD

Working to achieve optimum health of all people in Calhoun County by supporting:

- Economic Self-Sufficiency
- Healthy Family & Social Relationships
- Community Connectedness

2011-12

MEASURING OUR PROGRESS

Health, Mental Health, Education and Human Service professionals in Calhoun County are committed to having a positive impact in the lives of the citizens they serve. In order to assess the level of impact programs and services have, professionals in Calhoun County examine a variety of indicators. An indicator is an expression of information reflecting the status of a larger system

Indicators are important for several reasons. First, they can help describe community conditions relative to children and families. Second, they can be used to educate and inform local and state planning efforts and public policy decisions. Third, indicators can be used to measure progress toward identified community goals. Additionally, indicators help to monitor the impact of investments and policy decisions. Using indicators that describe and measure progress, service providers can improve service delivery for all.

Indicator data tracked over time may be graphed as a trend. As citizens have the ability to see data trends, they have the opportunity to mobilize and advocate for change.

Making a Difference

What makes a good Indicator?

- Indicators need to matter. They need to be relevant and important to the community.
- Indicators need to be measurable, reflecting data that is measurable and accurate.
- Indicators need to mean something. They should create a convincing picture easily explained to the public and policymakers.

The Coordinating Council

Targeting Community Concerns.

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TCC MEMBER ORGANIZATIONS

Chairperson: Rod Auton, CentraCare
Vice-Chairperson: Nancy MacFarlane, Community Action
Director : Anji Phillips
Project Manager: Linn Mahabir
Administrative Coordinator: Stacey Fish

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* Battle Creek Area Educator's Task Force
  * Battle Creek Public Schools
  * Harper Creek Comunity Schools
  * Lakeview School District
  * Pennfield Schools
  * Battle Creek Area Catholic Schools
  * Battle Creek Academy
  * Battle Creek Christian
  * Kellogg Community College
  * Miller College
* Battle Creek Area Habitat for Humanity
* Battle Creek Community Foundation
* Battle Creek Family YMCA
* Battle Creek Housing Commission
* Big Brothers/Big Sisters
* Bronson Battle Creek
* Calhoun Child Abuse/Neglect Prevention (CAN) Council
* Calhoun County Administrator/ Board of Commissioners
* Calhoun County Health Department
* Calhoun County Juvenile Court
* Calhoun County Juvenile Home
* Calhoun County Medical Care Facility
* Calhoun County MSU Extension
* Calhoun County Office of Senior Services
* Calhoun County Probate Court
* Calhoun County Prosecutors Office
* Calhoun County Sheriff
* Calhoun County Tenth District Court
* Calhoun Intermediate School District
* Centracare
* Charitable Union
* City of Battle Creek/Community Development
* CityLinC Ministries
* Community Action
* Community Foundation Alliance of CC
* Community HealthCare Connections
* Community Inclusive Recreation, Inc.
* Community Unlimited
* Department of Human Services
* Drop In Self Help Center, Inc.
* Disability Network Southwest Michigan
* Family Health Center of Battle Creek & Albion
* Foster Adoptive Family Resource & Support Center
* Fountain Clinic
* Guardian, Inc.
* Hands on Battle Creek
* Haven of Rest Ministries
* Homeless Coalition
* Inspire Community Development Credit Union
* Kambly Living Center
* Legal Services of South Central Michigan
* Lifecare Ambulance Service
* NonProfit Alliance
* Region 3B Area Agency on Aging
* Regional Health Alliance
* S.A.F.E. Place
* Senior Health Partners
* Sexual Assault Services
* Southwest Michigan Rehab
* Starr Commonwealth
* Substance Abuse Council
* Substance Abuse Prevention Services
* Summit Pointe
* United Way of Greater Battle Creek
* Voces
* W.K. Kellogg Foundation

Please visit The Coordinating Council website at www.tcccalhoun.org for member contact information

THE COORDINATING COUNCIL (TCC) WORKGROUPS

YOUTH SERVICES

Goal: Provide a forum for strategic planning and systemic change for the purpose of identifying best practice models for/ and investing in effective community-based alternative services for youth in order to reduce costs through collaborative efforts, and reduce unnecessary use of juvenile confinement facilities

Strategy:
- Develop a transition plan as a condition of reinstatement into school for students released from the Juvenile Home or other out-of-home placement
- Explore alternatives to formalized court proceedings for truancy related issues for youth of all ages
- Provide educational information to the community re: gang awareness and truancy processes
- Utilize accurate data to impact issues surrounding youth
- Maintain strong partnerships with the Calhoun Intermediate School District and Educators Task Force to ensure strong student support

Accomplishments:
- Increased services to at-risk youth by 70%
- Expanded implementation of an Elementary Attendance pilot
- Trained youth services professionals in the suicide prevention model QPR
- Provided follow-up training on local Gang Awareness to educators, schools, and the courts

Next Steps:
- Implementation of a K-5 Educational Diversion Program
- Provide QPR suicide prevention training in 3 school districts
- On-going data collection and analysis
- Utilization of GIS mapping to increase community awareness and engagement

HOMELESS COALITION

Goal: Abolish homelessness through a Housing First philosophy delivered through a Continuum of Comprehensive Services

Strategy:
- Educate the community on the realities of homelessness in Calhoun County
- Create a service continuum of healthcare providers, religious/social supporters, mental health and homelessness survivors, and community residents to address the immediate needs of the homeless
- Increase access to quality, safe, permanent affordable housing
- Assist homeless persons in becoming contributing members of the community

Accomplishments:
- Assisted 128 households to stay housed or find housing in the first year of the HPRP (Homeless Prevention & Rapid Re-housing) program; average of 75% attained self-sufficiency in less than six months
- 1 of 18 communities in Michigan participating in AHAR (a reporting system of annual homeless data presented to congress on an annual basis); data has met quality control standards
- Met the HUD benchmarks on 3 out of 5 goals
- Housing Solutions Board implemented policies consistent with the policy governance model

Next Steps:
- Build an informed, aligned, accountable coalition of providers, private sector partners, and other key community leaders
- Ensure access to needed services for prevention of homelessness
- Develop an informed, aligned funding approach across organizations
- Develop employment and education opportunities
- Build broad community awareness of the reality and impact of homelessness

The Coordinating Council (TCC) Workgroups

ADULT OUTCOMES

Goal: Work to ensure coordinated and accessible services in support of self-sufficiency for all residents of Calhoun County.

Strategy:
- Support financial literacy programs/ initiatives addressing the needs of individuals striving for self-sufficiency
- Honor/respond to cultural differences regarding finances
- Provide information on alternatives to predatory financial practices
- Provide information through a variety of mediums to help professionals and the community at large understand financial literacy issues relating to needs/gaps and responses/solutions
- Encourage and support the ongoing work of Inspire Community Development Federal Credit Union

Accomplishments:
- Creation of a traveling display featuring financial recipes for success in attaining self-sufficiency
- Hosted a national expert on personal and family finance for a community-wide presentation and special presentations to local high school and college students
- Supported the opening of Inspire Community Development Federal Credit Union through announcements, press releases, and assistance with promotional/marketing materials
- Developed the Community Financial Fitness Club - a follow-up effort for low-income families and individuals to both learn and share ways to become finacially fit

Next Steps:
- Continue to increase community outreach through the Community Financial Fitness Club, traveling displays, website, youth events, press releases, and postcard series
- Continue to provide support to the Inspire Community Development Federal Credit Union
- Update and maintain a resource list of available county-wide financial literacy efforts
- Explore/Introduce new initiatives such as Individual Development Accounts and the Venture Grant
- Host a youth-oriented national expert on personal and family financial fitness
- County-wide facilitator of the Poverty Reducation Initative

SUBSTANCE ABUSE WORKGROUP

Goal: Improve county-wide indicators as they relate to substance abuse prevention, treatment, and aftercare services.

Strategy:
- Advocate for programs, strategies and policy designed to improve substance abuse indicators

Accomplishments:
- Collaboration between prevention and treatment providers in Calhoun County
- Representation at the Substance Abuse Regional Coordinating Agency through relationship with County Commissioners and local providers
- Partnered with Substance Abuse Data Committee to identify gaps, barriers, needs, and solutions

Next Steps:
- Increase involvement of additional substance abuse treatment providers in efforts of the Substance Abuse Workgroup
- Continue working with the Substance Abuse Data Committee to identify data needs for future planning
- Develop educational, county-wide strategies to address and reduce Marijuana use by adolescents

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Targeting Community Concerns.

THE COORDINATING COUNCIL (TCC) WORKGROUPS

GREAT START COLLABORATIVE

Goal: Every child in Calhoun County will have a great start. They will be safe, healthy, prepared, and eager to succeed in school and life, becoming contributing and productive members of their community

Strategy:
- Strategic planning through community collaborative "Ready Teams" (Ready Families; Ready Health Services; Ready Early Care and Education; Ready Schools; and Ready Communities)
- Collection and coordination of data
- Citizen Engagement

Accomplishments:
- Common Community Application for Services piloted in 2009; first draft of online application presented in September 2010
- ReImagine Grant from ECIC allowed for a pilot with Lakeview School District for children transitioning to kindergarten to recieve a home visit from his/her teacher & a gift bag of school supplies and books
- Ages and Stages Questionnaire used by GSRP teachers for developmental screening
- Pilot site for The Harwood Institute for Public Innovation
- Pilot site for TECCS (Transforming Early Childhood Community Systems)

Next Steps:
- Utilize classroom survey results to create Early Learning Enhancement Kits for distribution to Great Start Readiness classrooms and expand to include childcare providers
- Release a final draft of the Comprehensive Early Childhood Plan
- Finalize the online Common Application for Services for use in the 2011-2012 school year
- Continue work of Ready Teams
- Expand parent engagement through the Parent Coalition

SENIOR ISSUES

Goal: Develop a comprehensive coordinated continuum of accessible services for older adults in Calhoun County

Strategy:
- Educate providers, stakeholders, and the community on the continuum of care for older adults
- Identify and address gaps in services within the community
- Support and/or sponsor programs and services that promote continued independence for older adults with a focus on prevention and healthy disease management

Accomplishments:
- Continuum services mapping and gap identification
- Support of Falls Prevention goal for 2009 seeking to train at least 3 Master Trainers and the addition of 2 Matter of Balance classes in the community
- Community Needs Survey
- Older adults substance abuse study (in partnership with another community agency)
- Sponsored training events through Area Agency on Aging

Next Steps:
- Work with senior providers and consumers to further identify gaps and needs for services
- Educate and advocate with organizations, stakeholders, and policy makers on the importance of services that support older adults from prevention to full disease management
- Continued outreach promoting the senior care continuum

TCC OUTCOME MEASUREMENT

ECONOMIC SELF-SUFFICIENCY

BASELINE 2010	OUTPUTS	OBJECTIVES
• Number of adults in families identified as homeless = **320** *(HMIS, 2011)* • Number of children identified as homeless = **410** *(HMIS, 2011)*	The number of children and families in safe, permanent, affordable housing will increase	♦ Increase the number of homeless individuals and families moving into permanent housing
• Percentage of residents whose income in the previous 12 months was below the poverty level = **16.2%** *(U.S. Census, 2011)*	The number of Calhoun County residents living above 150% of poverty will increase.	♦ Increase the percentage of residents living above 150% of poverty
• Percentage of High School Graduates (includes equivalency) = **35.3%** *(U.S. Census, 2011)*	The number of adults with a high school diploma or GED will increase	♦ Increase the percentage of residents with a high school diploma/GED

HEALTHY FAMILY & SOCIAL RELATIONSHIPS

BASELINE 2010	OUTPUTS	OBJECTIVES
• Percentage of students (7th, 9th and 11th graders) reporting having tried alcohol at some point in their lifetime = **50.8%** *(MiPHY, 2010)* • Teen pregnancy rate = **74.9** *(Calhoun County Public Health Dept., 2011)*	The number of youth engaging in healthy lifestyle choices will increase.	♦ Increase abstinence rates relative to Alcohol ♦ Decrease teen pregnancy rates
• Percentage of adults who reported engaging in heavy drinking = **2.6%** *(Calhoun County Public Health Dept. , 2011)* • Mortality rate: heart disease = **184.9**; cancer = **183.5** *(Calhoun County Public Health Dept., 2011)*	The number of adults engaging in healthy lifestyle choices will increase	♦ The percentage of adults reporting binge drinking will decrease ♦ The mortality rates for heart disease and cancer will decrease
• Rate of confirmed victims of abuse and/or neglect, Ages 0-17 = **13.9** *(Kids Count, 2011)*	The number of children who are safe from intentional injuries in their homes and communities will increase	♦ Decrease the number of substantiated abuse/neglect cases

COMMUNITY CONNECTEDNESS - ACCESS TO INFORMATION AND SERVICES

BASELINE 2010	OUTPUTS	OBJECTIVES
• Number of residents who are uninsured = **1,655** (0-17 yrs of age); **38,148** (18-64 yrs of age) *(Profile of the Uninsured, 2011)* • Infant Mortality Rate 2007-09 = **11.5** *(Calhoun County Public Health Dept., 2011)*	The number of Calhoun County residents with access to health services will increase (i.e., medical, dental, mental)	♦ Decrease the number of uninsured residents ♦ Decrease infant mortality rates
• Percent of children immunized (July 2011)= **79%** (MICR, 2011) • Percent of kindergartners "very ready" for school: Physical Health & Wellbeing = **28%**; Social • Competence = **23%**; Emotional • Maturity = **20%**; Language & • Cognitive Development = **29%**; and Communication Skills & General Knowlege = **36%** *(TECCS, 2011)*	The number of children "school ready" will increase	♦ Increase the number of fully immunized children ♦ Increase the number of children showing as "ready" across all domains

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Indicator Table

The table below summarizes the results for each community indicator highlighted in the report. In describing the local trend (column 1), those indicators having sufficient data are expressed as progressing in either a positive or negative direction.

OUTCOME MEASURE	LOCAL TREND	COMPARISON TO STATE
ECONOMIC SELF-SUFFICIENCY		
♦ Early Childhood Learning	Positive	Uncertain
♦ 3rd - 8th Grade MEAP Math Scores	**Uncertain	Uncertain
♦ 3rd - 8th Grade MEAP Reading Scores	**Uncertain	Uncertain
♦ Compulsory Attendance	**Uncertain	Uncertain
♦ 11th Grade Performance	**Uncertain	Uncertain
♦ High School Graduation Rates	Uncertain	Uncertain
♦ Educational Attainment	Negative	Uncertain
♦ Employment Growth	Same	Uncertain
♦ Unemployment	Positive	Better
♦ Housing	Same	Uncertain
♦ Poverty	Positive	Better
HEALTHY FAMILY & SOCIAL RELATIONSHIPS		
♦ Domestic Violence	Uncertain	Uncertain
♦ Sexual Assault	Uncertain	Uncertain
♦ Child Abuse & Neglect	Uncertain	Uncertain
♦ Teen Pregnancy	Positive	Worse
♦ Crime (Adult)	Negative	Worse
♦ Crime (Juvenile)	Positive	Uncertain
♦ Substance Abuse	Uncertain	Uncertain
♦ Heart Disease *	Positive	Better
♦ Overweight and Obesity *	Negative	Worse
♦ Diabetes *	Positive	Worse
♦ Cancer *	Positive	Worse
♦ Suicide ***	Worse	Worse
♦ Sexually Transmitted Infections *	Worse	Worse
COMMUNITY CONNECTEDNESS - ACCESS TO INFORMATION AND SERVICES		
♦ Infant Mortality	Negative	Worse
♦ Adequate Prenatal Care	Negative	Worse
♦ Childhood Immunization	Positive	Better
♦ Independence and Health for Older Adults	Uncertain	Uncertain
♦ Mental Health Services	Positive	Uncertain
♦ Access to Health Care	Positive	Uncertain
♦ Emergency Needs Utilization	Negative	Uncertain
♦ Literacy	Uncertain	Uncertain
♦ County Library Usage	Positive	Better
♦ Voter Participation	Negative	Worse

* Comparison to State determined utilizing three year averages of mortality rates
** Comparison to State and local trend is dependent on individual district data
*** Comparison to State determined utilizing five year averages or mortality rates

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PROFILE OF CALHOUN COUNTY

	CALHOUN CO.	MI
DEMOGRAPHICS		
1990: Total Population [U.S. Census Bureau]	135,982	9,295,297
Child Population, age 0-17 years [Kids Count]	23.3%	26.5%
Child Population, age 0-4 years	7.4%	7.6%
2000: Total Population [U.S. Census Bureau]	137,985	9,938,444
2010: Total Population [U.S. Census Bureau]	136,072	9,877,574
Child Population, age 0-17 years	24.2%	23.6%
Child Population, age 0-4 years	6.2%	6.0%
2010: White [U.S. Census Bureau]	82.8%	79.3%
Black	9.6%	14.0%
Hispanic/Latino	4.6%	4.4%
American Indian and Alaska Native	0.8%	0.6%
Hawaiian and Pacific Islander	-	-
Asian	1.7%	2.4%
Other	1.3%	1.2%
2010: Female Population [U.S. Census Bureau]	51.0%	50.9%
Male Population	49.0%	49.1%
1990: Population age 65+ years [U.S. Census Bureau]	13.4%	11.9%
2000: Population age 65+ years	13.7%	12.3%
2010: Population age 65+ years	14.8%	13.8%
1990: Median Age [U.S. Census Bureau]	NA	32.5
2000: Median Age	36.4	35.5
2010: Median Age	38.8	39.0
2006: Total Births [Kids Count]	1,840	128,255
2007: Total Births	1,867	126,742
2008: Total Births	1,831	124,647
2009: Total Births	1,800	121,237
2010: Population Under 18 yrs. with a Disability [U.S. Census Bureau]	6.0%	4.9%
2010: Population 18-64 yrs. with a Disability	12.4%	11.7%
2010: Population 65+ yrs. with a Disability	43.1%	37.4%
SOCIAL		
1990: Total Households [U.S. Census Bureau]	51,812	3,419,331
2000: Total Households	54,100	3,839,109
2010: Total Households	52,600	3,806,621
2000: Average Household Size [U.S. Census Bureau]	2.47	2.56
2010: Average Household Size	2.55	2.53
2010: Less than 9th Grade Education , age 25+ yrs. [U.S. Census Bureau]	4.6%	3.5%
2010: High School Graduate or Higher, age 25+ yrs.	87.4%	88.7%
2010: Bachelor's Degree or Higher, age 25+ yrs.	17.2%	25.2%
1990: Family Households with Own Children under 18 yrs [U.S. Census Bureau]	36.3%	34.9%
2010: Family Households with Own Children under 18 yrs	28.0%	28.5%
2000: In Labor Force; All Parents in Family, when children < 6 yrs. present [U.S. Census]	11,665	N/A
2010: In Labor Force; All Parents in Family, when children < 6yrs. present	7,662 (74.5%)	68.8%
2000: Households w/Female Householder, No Husband & Children <18 [U.S. Census]	8.3%	8.0%
2010: Households w/Female Householder, No Husband & Children < 18	8.6%	7.5%
2010: Grandparents Responsible for Grandchildren [U.S. Census Bureau]	34.2%	40.0%

NA = Not Available

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PROFILE OF CALHOUN COUNTY

	Calhoun Co.	MI
ECONOMICS		
1990: Per Capita Income [U.S. Census Bureau] **2010: Per Capita Income**	$19,230 $20,661	$22,168 $23,622
1999: Median Family Income [U.S. Census Bureau] **2010: Median Family Income**	$38,918 $49,964	$53,457 $56,101
2000: Mean Retirement Income [U.S. Census Bureau] **2010: Mean Retirement Income**	$15,412 $20,680	$16,725 $20,117
2010: Families Living Below Poverty [U.S. Census] **2010: Families with Female Householder, no Husband Present, Living Below Poverty**	11.7% 27.0%	12.1% 33.8%
1990: Households with Cash Public Assistance Income [U.S. Census Bureau] **2000: Households with Cash Public Assistance Income** **2010: Households with Cash Public Assistance Income**	NA 4.3% 3.7%	9.6% 3.6% 4.1%
2000: Child Care Monthly Costs (full-time/one child) [Kids Count] **2009: Child Care Monthly Costs** (full-time/one child) **2000: Percent Average Wage Per Job** [Kids Count] **2009: Percent of Full Time Minimum Wage Job**	$385 $463 15.6% 37.2%	$438 $543 15.5% 43.7%
2008: Medicaid Enrollment, age 0-18 yrs. [Kids Count] **2009: Medicaid Enrollment, age 0-18 yrs.** **2010: Medicaid Enrollment, age 0-18 yrs.**	15,442/43.3% 16,085/46% 16,968/49.6%	35.3% 37% 40.7%
2008: MIChild Enrollment, age 0-18 yrs. [Kids Count] **2009: MIChild Enrollment, age 0-18 yrs.** **2010: MIChild Enrollment, age 0-18 yrs.**	404/1.1% 374/1.1% 357/1.0%	1.2% 1.3% 1.2%
2008: Children Ages 0-17 Receiving SSI (rate per 1,000) [Kids Count] **2009: Children Ages 0-17 Receiving SSI** (rate per 1,000) **2010: Children Ages 0-17 Receiving SSI** (rate per 1,000)	23.1 24.5 25.1	15.8 18.2 19.2
2008: Students Recieving Free/Reduced Lunch [Kids Count] **2009: Students Recieving Free/Reduced Lunch** **2010: Students Recieving Free/Reduced Lunch**	11,512/48.4% 12,377/52.2% 11,761/52.4%	41.3% 45.8% 46.5%
2008: Children Aged 0-19 Owed Child Support [Kids Count] **2009: Children Aged 0-19 Owed Child Support**	31.0% 31.0%	20.7% 20.8%
HOUSING		
2000: Owner-Occupied Housing Units [U.S. Census Bureau] **2010: Owner-Occupied Housing Units** **2000: Renter-Occupied Housing Units** **2010: Renter-Occupied Housing Units**	71.0% 72.2% 27.0% 27.8%	73.8% 72.8% 26.2% 27.2%
2000: Median Rent [U.S. Census Bureau] **2010: Median Rent**	$484 $624	$546 $730
2000: Homeowner Vacancy Rate [U.S. Census Bureau] **2010: Homeowner Vacancy Rate**	1.9% 2.9%	1.6% 2.5%
2000: Rental Vacancy Rate [U.S. Census Bureau] **2010: Rental Vacancy Rate**	11.5% 8.4%	6.8% 9.5%
2000: Median Value of Owner Occupied Homes [U.S. Census Bureau] **2010: Median Value of Owner Occupied Homes**	$81,000 $105,100	$115,600 $132,000
2009: Homes Sold [The Battle Creek Area Association of Realtors] **2010: Homes Sold**	1,329 1,316	113,424 107,611

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NA = Not Available

REGIONAL HEALTH ALLIANCE

The Regional Health Alliance (RHA) originated in 1999 when a group of community leaders met to work on a specific health issue. In that process, the group realized it shared a vision and commitment to health improvement. By consensus, the group formalized itself as an action-oriented partnership to focus on and address issues that will improve the health of residents in Calhoun County.

Today, RHA remains an innovative partnership of entities and individuals working to improve the community's health.

Together, we research problems, prioritize the issues, and implement strategies that will positively impact the health of residents. RHA has Issue Action Groups made up of community volunteers and leaders that meet monthly to address our community's biggest health concerns.

The Issue Action Groups are...

- **Maternal & Infant Health Commission**: Decreasing infant mortality
- **Access to Care**: Ensuring every resident has equal access to quality health care service
- **School Wellness Program Advisory Group**: Strengthening school nursing programs in Calhoun County schools
- **Choose Health**: Promoting initiatives that improve physical activity and healthy eating
- **Teen Pregnancy Prevention – TP3**: Preventing teen pregnancies
- **Health Equity Alliance**: Addressing health disparities

The diagram shows how many organizations work colloboratively with one another, and collectively, to follow their mission and serve the community in ways that are complementary and non-duplicative.

Regional Health Alliance
34 W. Jackson St., Ste. 2
One Riverwalk Centre
Battle Creek, MI 49017
269-962-5992
www.regionalhealthalliance.com

REGIONAL HEALTH ALLIANCE

RHA ACCOMPLISHES ITS WORK THROUGH ISSUE ACTION GROUPS:

ISSUE ACTION GROUP	GOAL	EMPHASIS
Access To Care	100% access to quality health care with zero disparities in health status	♦ Improve access to primary care and specialty services, prescription drugs and urgent and preventive dental care ♦ Expand access points ♦ Inform and educate the public about health resources
Maternal & Infant Health Commission	All babies will be born healthy and will thrive	♦ Reduce infant deaths related to asphyxia/suffocation/unsafe sleep environments ♦ Reduce the number of preterm deliveries and low birthweight infants ♦ Improve the preconception health of women ♦ Decrease the number of women who smoke during pregnancy ♦ Eliminate race disparities in infant mortality
School Wellness Program Advisory Group	All school children will have access to quality health care	♦ Implement a Calhoun County School Wellness Program model that provides a nurse to all districts ♦ Improve health and nutrition education in the schools ♦ Inform school age children (and their families) about the health, dental, and vision resources available
Choose Health	Promote a lifelong commitment to healthy eating and regular physical activity	♦ Convening and advocating systems change that supports healthy eating, active living, and healthy environments ♦ Connecting community resources related to nutrition and physical activity
Teen Pregnancy Prevention Partnership (TP3)	Reduce teen pregnancy	♦ Provide education and resources to parents/caregivers through the Parent Tool Kit ♦ Coordinate teen pregnancy programming throughout the County ♦ Implement an evidence-based model for teen pregnancy prevention ♦ Increase public awareness of the issue of teen pregnancy through public events and media
Health Equity Alliance	Advocate for and address improvement of health among communities of color in Calhoun County through education and partnerships	♦ Link to communities of color in Calhoun County where health disparities exist ♦ Promote and enable education designed to build knowledge and expertise on minority health and wellness issues, barriers, and opportunities for change ♦ Enable and create strategic alliances with health organization partners, influencing policy and practice to reduce and eventually eliminate health disparties
COLLABORATIVE INITIATIVES	**GOAL**	**EMPHASIS**
Calhoun County Cancer Control Coalition (5C)	To reduce the cancer burden in Calhoun County through community collaboration	♦ Lung cancer prevention by decreasing tobacco use ♦ Increase colorectal cancer screening rates ♦ Increase breast cancer screening rates
The Coordinating Council of Calhoun County	Working to achieve optimum health of all people in Calhoun County	♦ Economic Self-Sufficiency ♦ Healthy Family & Social Relationships ♦ Community Connectedness
Calhoun Great Start Collaborative of TCC	Every child will be safe, healthy, prepared and eager to succeed in school and life	♦ Ensure Calhoun County will have a coordinated system of community resources and supports for all families in order to provide a great start for children from birth through age eight ♦ Build public support for early childhood investment through advocacy and educational activities at the local and state level
Calhoun County Challenge (CCC)	Help all of us achieve better health and change the culture of health in our community	♦ Dedicated to providing information, support, and programs about health, wellness, and fitness

ECONOMIC SELF-SUFFICIENCY

The Coordinating Council
Targeting Community Concerns.

EARLY CHILDHOOD LEARNING

GOAL: Every child in Calhoun County will be safe, healthy, prepared, eager to succeed in school and life, becoming contributing and productive members of their community.

RATIONALE FOR CHOOSING INDICATOR: The importance of using systematic school readiness efforts, during the preschool years is essential for appropriate child development and future learning potential during the school years. The achievement gap between advantaged and disadvantaged children continues to widen. Without early intervention, this achievement gap can jeopardize their chances to succeed in school.

EARLY LEARNING OPPORTUNITIES[1]

- Head Start & Early Head Start
- Great Start Readiness Program
- Child Care & Preschool
- Home Based Early Learning (Early On, Parents as Teachers)
- Physical Fitness Opportunities
- Early Literacy Opportunities (Story Times, Raising a Reader, Imagination Library, Reach Out and Read)
- Community Early Learning Events (Kids Fest, Binder Park Zoo, Kids N Stuff)
- Play and Early Learning Groups (Great Parents Great Start, MOPS-CAP)
- Faith Based

Well-prepared and well-educated children are an important asset to the community and strengthen that community socially, emotionally and economically. There are both short- and long-term economic benefits to taxpayers and the community if early education that meets high standards is available to all children, starting with those who are most disadvantaged. Every dollar invested in quality early care and education saves taxpayers up to $13.00 in future costs. [4]

The breakdown of economic return is as follows:
$ 12.90 to the general public (75%)

- $11.31 from crime savings (66%)
- $0.93 from increased tax revenue (5%)
- $0.48 from education savings net costs of postsecondary/ adult education (3%)
- $0.19 from welfare savings (1%)

There is also $4.17 in economic return to recipients of quality early care (25%), mostly from increased earnings [5]

High-quality early childhood education programs result in all of the following: Better higher-order thinking and attention skills; Better reading, writing, and mathematical abilities; Better social skills; Less grade retention; Higher graduation rates; Fewer special education placements; Fewer behavioral problems; Less societal disengagement later in life; More economic productivity later in life; Less dependency on welfare later in life; and a Higher sense of social stability later in life. [6]

BIRTHS TO MOTHERS WITH NO GED OR DIPLOMA[2]

		2008	2009
Number	Calhoun	379	321
	MI	20,006	19,343
Percent	Calhoun	21.3%	18.4%
	MI	16.5%	16.2%

CHILDREN AGE 4 IN GREAT START READINESS PROGRAMS[2]

		2005	2006	2007	2008	2009
Calhoun	Number	531	549	607	571	559
	Percent	30.3%	28.9%	33.6%	30.6%	31.2%
Michigan	Number	21,335	19,629	23,300	23,825	21,891
	Percent	16.3%	14.8%	18.0%	18.7%	17.3%

SOURCE:
1. Great Start Collaborative, 2010
2. Kids Count Anne E. Casey Foundation, 2011
3. Barnett, W. S. (1996). Lives in the balance: Age-27 benefit-cost analysis of the High/Scope Perry Preschool Program (Monographs of the High/Scope Educational Research Foundation, 11). Ypsilanti, MI: High/Scope Press.
4. National Child Care Information Center, "Economic Impact of Child Care," National Child Care Information Center, a service of The Child Care Bureau, June 2004.
5. Dollars and Sense: A Review of Economic Analyses of Pre-k (May 2007), by Albert Wat
6. National Institute for Early Education Research; http://www.nieer.org

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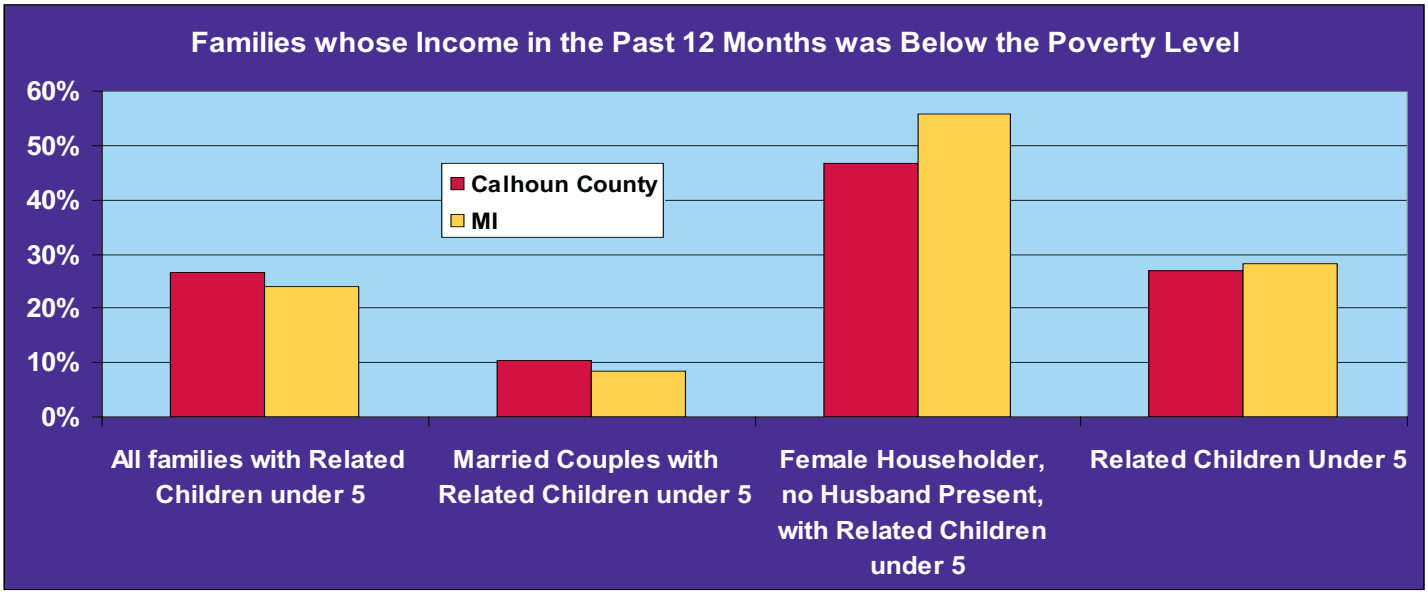
ECONOMIC SELF-SUFFICIENCY

EARLY CHILDHOOD LEARNING

GOAL: Every child in Calhoun County will be safe, healthy, prepared, eager to succeed in school and life, becoming contributing and productive members of their community.



CHILDREN 0-5 ELIGIBLE FOR SUBSIDIZED CARE FOR CALHOUN COUNTY AND MICHIGAN[2]							
		2004	2005	2006	2007	2008	2009
Calhoun	Number	1,582	1,660	1,476	1,404	1,124	1,044
	Percent	14.5%	14.9%	13.1%	12.8%	10.2%	9.7%
Michigan	Number	88.207	84,789	80,568	72,944	67,987	52,403
	Percent	11.2%	10.8%	10.3%	9.5%	8.9%	7.0%

CHILDREN AGES 0-5 IN GREAT START READINESS PROGRAMS (NUMBER AND PERCENT)[2]						
		2005	2006	2007	2008	2009
Calhoun	Number	531	549	607	571	559
	Rate	30.3%	28.9%	33.6%	30.6%	31.2%
Michigan	Number	21,335	19,629	23,300	23,825	21.891
	Rate	16.3%	14.8%	18.0%	18.7%	17.3%

CHILDREN AGES 0-5 IN SPECIAL EDUCATION[2]							
		2004	2005	2006	2007	2008	2009
Calhoun	Number	357	378	388	246	413	449
	Percent	3.3%	3.4%	3.4%	2.2%	3.8%	4.2%
Michigan	Number	28,208	28,602	28,472	18,044	29,187	28,882
	Percent	3.6%	3.7%	3.6%	2.3%	3.8%	3.8%

SOURCE:
7. American Community Survey, 2011

ECONOMIC SELF-SUFFICIENCY

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EARLY CHILDHOOD LEARNING

GOAL: Every child in Calhoun County will be safe, healthy, prepared, eager to succeed in school and life, becoming contributing and productive members of their community.

Transforming Early Childhood Community Systems (TECCS): The Early Development Instrument (EDI) Community Profile reflects data collected by kindergarten teachers during the 2009/2010 school year from participating school districts (Albion, Athens, Battle Creek, Harper Creek, Lakeview, Mar Lee, Olivet, Pennfield, and Tekonsha) in the CISD Service Area. The EDI depicts the percent of children "not ready", "somewhat ready" and "ready" by geographic area for each of five developmental domains.

EMOTIONAL MATURITY						
Subdomain	Not Ready for School	2009	2010	Ready for School	2009	2010
Prosocial and helping behavior	Children who never or almost never show helping behaviors; they do not help someone hurt, sick, or upset, do not spontaneously offer to help, or invite bystanders to join in.	38%	39%	Children who often show most of the helping behaviors: helping someone hurt, sick, or upset, offering to help spontaneously, & invite bystanders to join in.	30%	31%
Anxious and fearful behavior	Children who often show most of the anxious behaviors; they could be worried, unhappy, nervous, sad or excessively shy, indecisive; and they can be upset when left at school.	3%	2%	Children who rarely or never show most of the anxious behaviors, they are happy and able to enjoy school, and are comfortable being left at school by caregivers.	83%	86%
Aggressive behavior	Children who often show most of the aggressive behaviors; they get into physical fights, kick or bite others, take other people's things, are disobedient or have temper tantrums.	17%	14%	Children who rarely or never show most of the aggressive behaviors; they do not use aggression as means of solving conflict, do not have temper tantrums, and are not mean to others.	73%	75%
Hyperactive and inattentive behavior	Children who often show most of the hyperactive behaviors; they could be restless, distractible, impulsive; they fidget and have difficulty settling into activities.	25%	24%	Children who never show most of the hyperactive behaviors; they are able to concentrate, settle to chosen activities, wait their turn, and most of the time think before doing something.	56%	59%

LANGUAGE AND COGNITIVE DEVELOPMENT						
Subdomain	Not Ready for School	2009	2010	Ready for School	2009	2010
Basic Literacy Skills	Children who do not have most of the basic literacy skills: they have problems with identifying letters or attaching sounds to them, rhyming; may not know the writing directions and even how to write their own name.	9%	8%	Children who have all basic literacy skills: know how to handle a book; can identify some letters and attach sounds to some letters; awareness of rhyming words; know the writing directions; and are able to write their own name.	73%	75%
Interest in literacy/ numeracy and memory	Children who may not show interest in books and reading, or math and number games, or both; and may have difficulty remembering things.	15%	14%	Children who show interest in books and reading, math and numbers; and have no difficulty remembering things.	71%	74%
Advanced Literacy Skills	Children who have only up to one of the advanced literacy skills; who cannot read or write simple words or sentences; and rarely write voluntarily.	17%	14%	Children who have at least half of the advanced literacy skills: reading simple/ complex words or sentences; voluntarily writing simple words or sentences.	76%	80%
Basic Numeracy Skills	Children who have marked difficulty with numbers; cannot count, compare, or recognize numbers; may not be able to name all the shapes and may have difficulty with time concepts.	16%	14%	Children who have all of the basic numeracy skills: can count to 20 and recognize shapes and numbers; compare numbers; sort and classify; use one-to-one correspondence; and understand simple time concepts.	77%	77%

SOURCE:

1. TECCS: Community Profile, 2011

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Targeting Community Concerns.

ECONOMIC SELF-SUFFICIENCY

EARLY CHILDHOOD LEARNING

GOAL: Every child in Calhoun County will be safe, healthy, prepared, eager to succeed in school and life and become contributing and productive members of their community.

SOCIAL COMPETENCE						
Subdomain	Not Ready for School	2009	2010	Ready for School	2009	2010
Overall Social Competence with Peers	Children who have average to poor overall social skills, low self-confidence and are rarely able to play with various children and interact cooperatively.	19%	17%	Children with excellent/good overall social development, very good ability to get along with other children and play with various children, usually cooperative & self-confident.	36%	39%
Respect and Responsibility	Children who sometimes or never accept responsibility for actions, show respect for others and for property, demonstrate self-control, and are rarely able to follow rules and take care of materials.	15%	12%	Children who always or most of the time show respect for others and for property, follow rules and take care of materials, accept responsibility for actions, and show self-control.	62%	66%
Indepen-dence and Adjustment	Children who only sometimes or never work neatly, independently, are rarely able to solve problems, follow class routines and do not easily adjust to changes in routines.	18%	16%	Children who always or most of the time work neatly, independently, and solve problems, follow instructions and class routines, easily adjust to changes.	49%	54%
Readiness to Explore New Things	Children who sometimes or never show curiosity about the world, and are eager to explore new books, toys and games.	3%	2%	Children who are curious about the surrounding world, and are eager to explore new books, toys and games.	78%	80%

PHYSICAL HEALTH AND WELL-BEING						
Subdomain	Not Ready for School	2009	2010	Ready for School	2009	2010
Physical Readiness for School work	Children have at least sometimes experi-enced coming unprepared for the school day by being dressed inappropriately, coming to school late, hungry, or tired.	10%	10%	Children who never/almost never experienced being dressed inappropriately for school activities, coming to school late, hungry, or tired.	90%	90%
Physical Indepen-dence	Children range from those who have not developed 1 of the 3 skills (independence, handedness, coordination) and/or suck a thumb to those who have not developed any of the skills and suck a thumb.	24%	21%	Children who are independent looking after their needs, have an established hand preference, are well coordinated, and do not suck a thumb/finger.	76%	79%
Gross and Fine Motor Skills	Children range from those who have an average ability to perform skills requiring gross & fine motor competence & good or average overall energy levels, to those who have poor fine and gross motor skills, overall energy levels & physical skills.	41%	38%	Children who have an excellent ability to physically tackle the school day and have excellent or good gross and fine motor skills.	44%	46%

COMMUNICATION SKILLS AND GENERAL KNOWLEDGE						
Subdomain	Not Ready for School	2009	2010	Ready for School and Somewhat Ready	2009	2010
Communi-cation skills and general knowledge	Children who range from being average to very poor in effective communication, may have difficulty in participating in games involving the use of language, may be difficult to understand & may have difficulty understanding others; may show little general knowledge & may have difficulty with their native language.	38%	36%	Children who have excellent or very good communication skills; can communicate easily and effectively, can participate in story-telling or imaginative play, articulate clearly, shows adequate general knowledge & are proficient in their native language.	41%	45%

SOURCE:

1. TECCS: Community Profile, 2011

ECONOMIC SELF-SUFFICIENCY

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3RD- 8TH GRADE MEAP MATH SCORES

GOAL: All students in Calhoun County will demonstrate proficiency of basic academic standards as measured by the Michigan Educational Assessment Program (MEAP).

RATIONALE FOR CHOOSING INDICATOR: In Michigan, year-to-year student achievement on the Michigan Educational Assessment Program (MEAP) provides an indication of Adequate Yearly Progress (AYP) for each school district and school in the state. AYP is one of the cornerstones of the Federal No Child Left Behind (NCLB) Act. According to NCLB, Michigan must "raise the bar" in gradual increments so 100% of the students in the state are proficient on state assessments by the 2013 -14 school year. The red arrows allow for tracking of cohorts of students over time.

PERCENTAGE OF STUDENTS MEETING OR EXCEEDING EXPECTATIONS [1]: FALL 2008, 2009 & 2010

DISTRICT NAME		MATH					
		3RD	4TH	5TH	6TH	7TH	8TH
MICHIGAN AVERAGES	2010	95.3%	91.5%	79.9%	84.5%	84.6%	78%
	2009	94.8%	92.3%	79.5%	82%	82.2%	70.3%
	2008	91.3%	87.9%	76.8%	79.9%	82.6%	74.5%
ALBION PUBLIC SCHOOLS	2010	94.2%	98.4%	77.8%	78.3%	81.8%	52.6%
	2009	100%	98.5%	72.2%	83.7%	67.3%	33.8%
	2008	97.4%	84.1%	68.3%	64.9%	47.8%	58.4%
ATHENS AREA SCHOOLS	2010	94.1%	81.4%	93.8%	92.7%	92.9%	81.8%
	2009	90.5%	96.2%	82.5%	90.7%	84.1%	78.7%
	2008	98.3%	92.7%	86.7%	82.2%	87.3%	81.1%
BATTLE CREEK PUBLIC SCHOOLS	2010	93.9%	86%	77.9%	72.7%	68.5%	61.7%
	2009	89.8%	81.1%	68.9%	65.7%	63.7%	52.8%
	2008	81.3%	81.6%	55.6%	58%	62.4%	48.1%
HARPER CREEK COMMUNITY SCHOOLS	2010	97.2%	90.5%	76.6%	91%	85.7%	81.3%
	2009	96.2%	90.4%	81%	81.2%	83.2%	72.7%
	2008	88.8%	91.5%	80.7%	78.7%	82%	78.7%
HOMER COMMUNITY SCHOOLS	2010	100%	95.1%	79.5%	89.9%	95.8%	93.8%
	2009	96.3%	97.1%	81.3%	90%	96.2%	86%
	2008	94.2%	92%	85.9%	96.2%	89.7%	89%
LAKEVIEW SCHOOL DISTRICT	2010	97.4%	93.1%	77.1%	87.8%	87%	85.7%
	2009	96.2%	92.8%	80.9%	88.9%	89.4%	78.6%
	2008	93.2%	89.4%	70.3%	80.4%	88.9%	70.3%

SOURCE:
1. Michigan Department of Education, Center for Educational Performance and Information: http://www.cepi.state.mi.us/scm, 2011

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ECONOMIC SELF-SUFFICIENCY

3RD - 8TH GRADE MEAP MATH SCORES

GOAL: All students in Calhoun County will demonstrate proficiency of basic academic standards as measured by the Michigan Educational Assessment Program (MEAP).

The NCLB Act requires that Adequate Yearly Progress (AYP) be calculated for all public schools and for each school district. The school district must attain the target achievement goal in reading and mathematics or reduce the percentage of students in the non-proficient category of achievement by 10%. In addition, the district must meet or exceed the other academic indicators set by the state: graduation rate for the high school level and attendance rate for elementary and middle school levels.

PERCENTAGE OF STUDENTS MEETING OR EXCEEDING EXPECTATIONS [1]: FALL 2008, 2009 & 2010

DISTRICT NAME		MATH					
		3RD	4TH	5TH	6TH	7TH	8TH
MICHIGAN AVERAGES	2010	95.3%	91.5%	79.9%	84.5%	84.6%	78%
	2009	94.8%	92.3%	79.5%	82%	82.2%	70.3%
	2008	91.3%	87.9%	76.8%	79.9%	82.6%	74.5%
MAR LEE SCHOOL DISTRICT	2010	95.1%	86.2%	81.1%	85.4%	83.9%	81.3%
	2009	96.9%	93.3%	76.9%	78.1%	80%	59.1%
	2008	84.8%	95%	66.7%	80.9%	80%	73.3%
MARSHALL PUBLIC SCHOOLS	2010	98.8%	95.8%	91.5%	90.4%	89.4%	80.8%
	2009	98.7%	97.1%	85.9%	83.4%	86.9%	68.8%
	2008	97.2%	94.8%	80.4%	84.4%	84.4%	85.3%
PENNFIELD SCHOOL DISTRICT	2010	95.8%	91.4%	79.7%	83%	77.4%	81.6%
	2009	96.5%	89.2%	74%	77.6%	86%	68.6%
	2008	92.2%	93%	73.4%	75%	83.4%	71.5%
ST. JOSEPH ELEMENTARY SCHOOL	2010	100%	97.5%	100%	96.8%	95%	84%
	2009	100%	100%	97.2%	91.1%	95.9%	91.9%
	2008	100%	100%	93.6%	85.7%	100%	73.2%
TEKONSHA COMMUNITY SCHOOLS	2010	87.5%	95.2%	47.8%	92.6%	76.9%	68%
	2009	90%	82.6%	75%	93.8%	81%	53.3%
	2008	87.5%	82.1%	80%	75%	62.5%	67.7%
UNION CITY COMMUNITY SCHOOLS	2010	89.7%	90.1%	79.3%	88%	78.8%	69%
	2009	94.1%	95.3%	74.1%	80%	88.6%	66.3%
	2008	92.1%	90.8%	70.1%	91%	83.5%	73.3%

SOURCE:

1. Michigan Department of Education, Center for Educational Performance and Information: http://www.cepi.state.mi.us/scm, 2011

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3RD- 8TH GRADE MEAP READING SCORES

GOAL: All students in Calhoun County will demonstrate proficiency of basic academic standards as measured by the Michigan Educational Assessment Program (MEAP).

RATIONALE FOR CHOOSING INDICATOR: In Michigan, year-to-year student achievement on the Michigan Educational Assessment Program (MEAP) provides an indication of Adequate Yearly Progress (AYP) for each school district and school in the state. AYP is one of the cornerstones of the Federal No Child Left Behind (NCLB) Act. According to NCLB, Michigan must "raise the bar" in gradual increments so 100% of the students in the state are proficient on state assessments by the 2013 -14 school year. The red arrows allow for tracking of cohorts of students over time.

PERCENTAGE OF STUDENTS MEETING OR EXCEEDING EXPECTATIONS [1]: FALL 2008, 2009 & 2010

DISTRICT NAME		READING					
		3rd	4th	5th	6th	7th	8th
MICHIGAN AVERAGES	**2010**	**86.8%**	**84.1%**	**85.1%**	**84%**	**79%**	**81.9%**
	2009	**89.8%**	**84.1%**	**85.2%**	**87.7%**	**82%**	**83.4%**
	2008	**86.4%**	**82.8%**	**81.5%**	**80.5%**	**79.6%**	**75.5%**
ALBION PUBLIC SCHOOLS	**2010**	81.4%	**85.5%**	80%	75.4%	59.1%	58.6%
	2009	80.5%	73.8%	70.4%	75.5%	54.5%	62.5%
	2008	80.8%	69.6%	54.2%	72.4%	56.7%	58.4%
ATHENS AREA SCHOOLS	**2010**	**92.2%**	81.4%	79.2%	**85.5%**	**81%**	**86.4%**
	2009	**95.2%**	**92.3%**	**93.1%**	86%	80%	**91.7%**
	2008	84.2%	**89.1%**	**82.2%**	**84.4%**	**87.3%**	**75.5%**
BATTLE CREEK PUBLIC SCHOOLS	**2010**	75.1%	74.5%	77%	65.4%	61.9%	63.9%
	2009	82.3%	72.8%	74.6%	75.1%	64.5%	70.8%
	2008	74.5%	77.2%	68.4%	64.4%	61.6%	59.3%
HARPER CREEK COMMUNITY SCHOOLS	**2010**	**87.4%**	**88%**	83%	**87.3%**	**86.1%**	81.4%
	2009	**90.8%**	**86%**	84.7%	87.4%	80.7%	**84.8%**
	2008	**87%**	**91.5%**	**82.7%**	79.8%	79.2%	**80.9%**
HOMER COMMUNITY SCHOOLS	**2010**	**90.4%**	79.3%	**86.3%**	**87.3%**	**85.7%**	**83.5%**
	2009	84%	77.5%	**89.2%**	85.5%	81.8%	**88.4%**
	2008	78.3%	75.3%	**83.1%**	**86.1%**	**86%**	**88.6%**
LAKEVIEW SCHOOL DISTRICT	**2010**	**88.7%**	**84.3%**	**86.2%**	83.8%	**81.2%**	**83.8%**
	2009	87.6%	**85.5%**	**86.6%**	86.5%	**87.5%**	**86.7%**
	2008	**87.3%**	82.2%	**82.1%**	**85.5%**	**84.5%**	73.9%

SOURCE:
1. Michigan Department of Education, Center for Educational Performance and Information: http://www.cepi.state.mi.us/scm, 2011

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3RD- 8TH GRADE MEAP READING SCORES

GOAL: All students in Calhoun County will demonstrate proficiency of basic academic standards as measured by the Michigan Educational Assessment Program (MEAP).

The NCLB Act requires that Adequate Yearly Progress (AYP) be calculated for all public schools, and for each school district. The school district must attain the target achievement goal in reading and mathematics or reduce the percentage of students in the non-proficient category of achievement by 10%. In addition, the district must meet or exceed the other academic indicators set by the state: graduation rate for the high school level and attendance rate for elementary and middle school levels.

PERCENTAGE OF STUDENTS MEETING OR EXCEEDING EXPECTATIONS [1]: FALL 2008, 2009 & 2010

DISTRICT NAME		READING					
		3rd	4th	5th	6th	7th	8th
MICHIGAN AVERAGES	2010	86.8%	84.1%	85.1%	84%	79%	81.9%
	2009	89.8%	84.1%	85.2%	87.7%	82%	83.4%
	2008	86.4%	82.8%	81.5%	80.5%	79.6%	75.5%
MAR LEE SCHOOL DISTRICT	2010	90.2%	85.7%	92.1%	82.9%	74.2%	77.1%
	2009	100%	86.7%	89.7%	84.4%	82%	95.5%
	2008	90.9%	82.5%	66.7%	76.6%	84%	66.7%
MARSHALL PUBLIC SCHOOLS	2010	94%	89,1%	91.5%	90.5%	84.5%	89%
	2009	93.4%	93.1%	85.9%	91.4%	88.4%	90.5%
	2008	92%	86.5%	89.3%	89%	84.5%	85.9%
PENNFIELD SCHOOL DISTRICT	2010	88.7%	83.5%	85.8%	85%	76.3%	86.7%
	2009	86.1%	84.9%	88.2%	89.5%	83.5%	79.5%
	2008	87.9%	87.5%	79%	82%	85.9%	78.9%
ST. JOSEPH ELEMENTARY SCHOOL	2010	97.8%	95%	100%	100%	95%	88%
	2009	97.6%	100%	97.2%	95.6%	91.8%	97.3%
	2008	100%	95%	95.7%	93.8%	97.7%	95.1%
TEKONSHA COMMUNITY SCHOOLS	2010	68.8%	95%	66.7%	92.6%	71.4%	72%
	2009	100%	81.8%	85.2%	100%	81%	56.3%
	2008	58.3%	82.1%	87.5%	89.5%	64.7%	71.9%
UNION CITY COMMUNITY SCHOOLS	2010	88.5%	82.6%	74.2%	81.9%	77.5%	88%
	2009	94.1%	87.8%	71.6%	83.6%	91%	88.5%
	2008	88.6%	68.9%	81.8%	92.2%	89.7%	74.7%

SOURCE:
1. Michigan Department of Education, Center for Educational Performance and Information: http://www.cepi.state.mi.us/scm, 2011

ECONOMIC SELF-SUFFICIENCY

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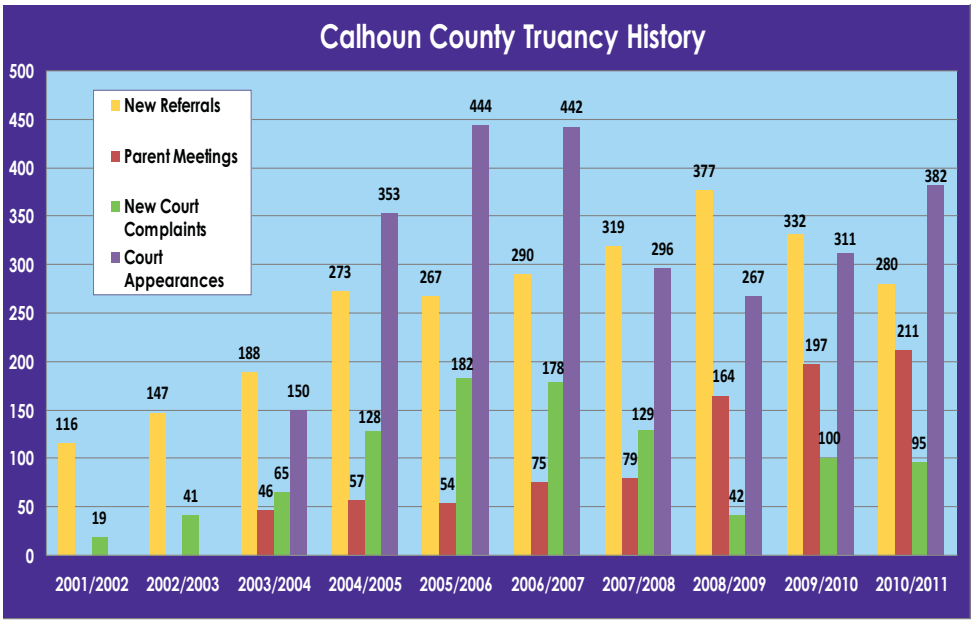
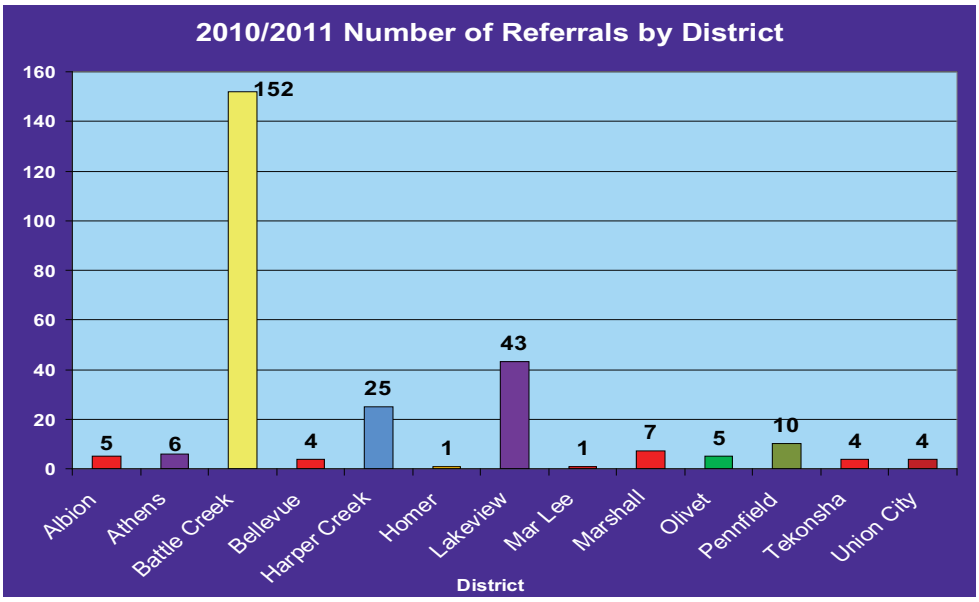
COMPULSORY ATTENDANCE

GOAL: Improving student attendance and increasing students' chance for school success.

RATIONALE FOR CHOOSING INDICATOR: Monitoring attendance and determining appropriate interventions for students not regularly engaged in school is a step in helping all students achieve a high school diploma. If students are not regularly attending school, this almost always has a negative impact on their school success. There is compelling research indicating that students who fail to achieve a high school diploma will earn as much as 50% less than an individual with some post-secondary education. **Graduating from high school alone increases, on average, median yearly earnings by $14,736.**[1] There are also social costs to communities that experience high absenteeism and dropout rates such as: increased crime rates, higher health risks/costs, increased children born to teens and greater reliance on public assistance.





HOW ARE WE DOING?

The Calhoun Intermediate School District (CISD) has worked diligently with Youth Services Workgroup of TCC, the County Prosecutor and Court Officials to improve regular daily attendance. The trend shows an increase in the number of referrals, which the CISD sees as a positive outcome. When the schools are making referrals, more youth are identified in the system which helps to ensure they don't fall through the cracks.

The CISD is letting parents know that the expectation for all students is to remain in school until they achieve a high school diploma. In the Michigan Race to the Top legislative reform, Michigan enacted a Compulsory Attendance requirement to Age 18 (moving up from Age 16).

As indicated in the second graph, the court referral trend is going down. This is evidence of the work of school officials, county officials, service providers, and parents taking regular attendance seriously. The CISD is also working with other county agencies and organizations to support youth and avoid court intervention. [2]

SOURCE:

1. US Department of Labor, 2011
2. Calhoun Intermediate School District, 2011

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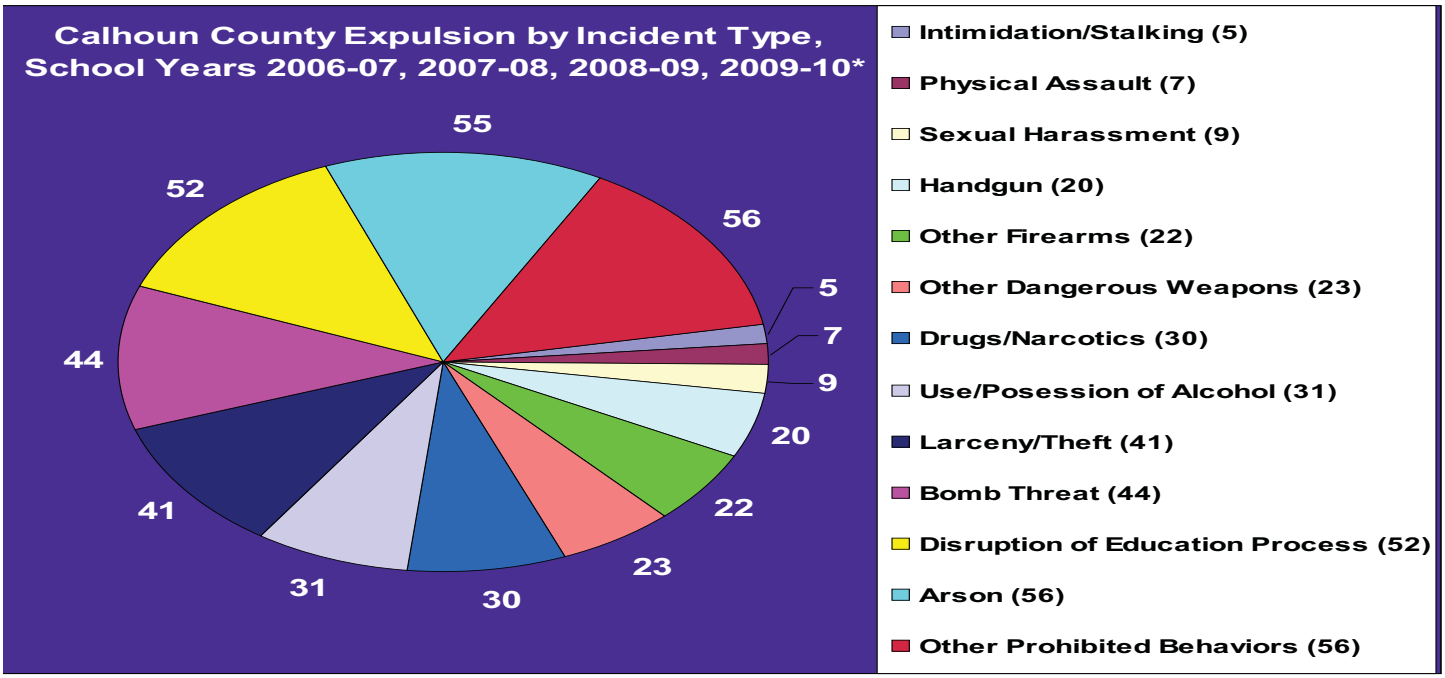
ECONOMIC SELF-SUFFICIENCY

COMPULSORY ATTENDANCE

GOAL: Improving student attendance and increasing students' chance for school success.



The chart above shows the breakdown of type of incident that students were expelled for in the 2006-07, 2007-08, 2008-09, and 2009-10 school years. In the 2009-10 school year there were a total of 13 expulsions in the reporting districts**. 9 of the incidences for which children were expelled had an identified primary victim which included: 3 students; 5 teachers; 1 school administrator; 4 incidences had no identified victim. Expulsion length for the 2009-10 school year averaged 123.4 days (permanent expulsions not included). There was one permanent expulsion which was related to a dangerous weapon incident. In relation to follow-up after the incident: 4 of these expelled students received instructional services at home; 2 were sent to an alternative school for expelled students; 2 were referred to the court; 1 was provided no referral; 1 had unspecified follow-up; and 3 were provided no services.[3]

EXPULSIONS BY LENGTH IN CALHOUN COUNTY[3]

	2007-08	2008-09	2009-10
1 - 10 Day Expulsion	0	0	2
11-179 Day Expulsion	12	11	5
180-185 Day Expulsion	14	25	5
Permanent Expulsion	1	4	1

PRIMARY VICTIM OF INCIDENCE THAT LEAD TO EXPULSION IN CALHOUN COUNTY[3]

	2007-08	2008-09	2009-10
Other Students	12	11	3
Teacher	0	7	5
School Administration	4	4	1
School-Based Law Enforcement	0	1	0
Non-School Personnel	0	1	0
District Staff	0	1	0
No Victim	9	15	4

SOURCE:
3. Center of Educational Performance and Information, 2011
NOTES:
* Data from 4 school years were compiled for a better representation of the expulsion data.
** Expulsion numbers include the following districts (Albion, Athens, Battle Creek, Harper Creek, Lakeview, Marshall, Union City).

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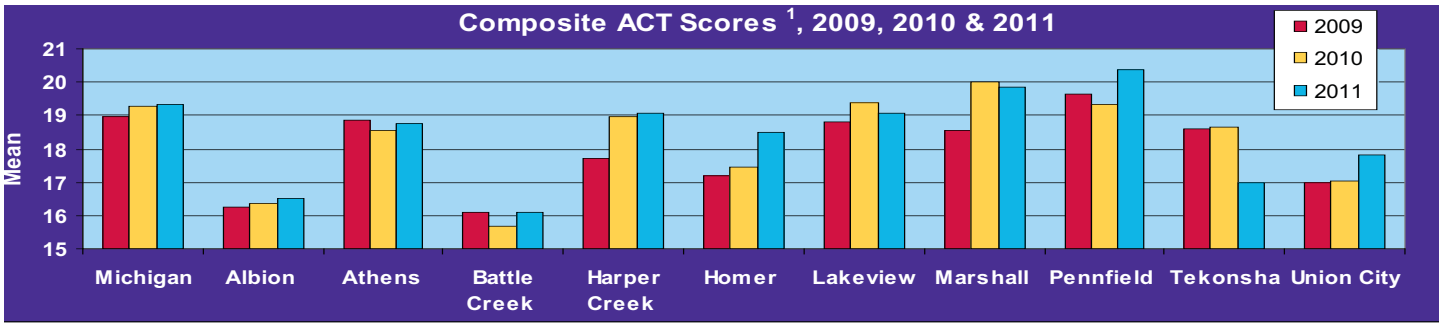
11TH GRADE PERFORMANCE

Goal: Ensure that all students succeed in achieving a High School Diploma.

RATIONALE FOR CHOOSING INDICATOR: The Michigan Merit Exam (MME) is administered to 11th grade students requiring them to demonstrate knowledge and skill aligned with content expectations of the Michigan Merit Curriculum. In determining the MME score, the individual items from both ACT and WorkKeys (not the scores) are combined with the balance of the Michigan items. Schools are required to administer the MME to all 11th grade students, and students are required to take the MME in order to graduate.[1]

% OF STUDENTS WITH PROFICIENT OR ADVANCED SCORES: MICHIGAN MERIT EXAM [1], SPRING 2009, 2010, & 2011

		Reading	Diff. from State	Math	Diff. from State
State of Michigan	2011	**63.4%**	*	**52.0%**	*
	2010	**65.2%**	*	**50.4%**	*
	2009	**59.9%**	*	**49.3%**	*
Albion Public Schools	2011	36.2%	-27.2	15.9%	-36.1
	2010	43.3%	-21.9	16.7%	-33.7
	2009	37.0%	-22.9	20.5%	-28.8
Athens Area Schools	2011	60.0%	-3.4	**60.0%**	**8.0**
	2010	64.8%	-0.4	**51.1%**	**1.5**
	2009	51.2%	-8.7	**61.0%**	**11.7**
Battle Creek Public Schools	2011	37.5%	-25.9	22.5%	-29.5
	2010	36.5%	-28.7	21.8%	-28.6
	2009	37.6%	-22.3	31.3%	-18.0
Harper Creek Community Schools	2011	**65.7%**	**2.3**	44.2%	-7.8
	2010	**65.4%**	**0.2**	**56.5%**	**6.1**
	2009	49.3%	-10.6	37.3%	-12.0
Homer Community Schools	2011	56.0%	-7.4	34.7%	-17.3
	2010	59.0%	-6.2	30.5%	-19.9
	2009	48.3%	-11.6	31.7%	-17.6
Lakeview School District	2011	**64.4%**	**1.0**	44.4%	-8.0
	2010	**70.5%**	**5.3**	43.8%	-6.6
	2009	**65.2%**	**5.3**	**49.5%**	**0.2**
Marshall Public Schools	2011	**70.3%**	**6.9**	**55.0%**	**3.0**
	2010	**73.7%**	**8.5**	**57.5%**	**7.1**
	2009	**62.6%**	**2.7**	46.3%	-3.0
Pennfield School District	2011	**74.3%**	**10.9**	**64.3%**	**12.3**
	2010	**69.1%**	**3.9**	**57.0%**	**6.6**
	2009	**62.5%**	**2.6**	**57.6%**	**8.3**
Tekonsha Community Schools	2011	52.2%	-11.2	43.5%	-8.5
	2010	61.1%	-4.1	33.3%	-17.1
	2009	52.6%	-7.3	**63.2%**	**13.9**
Union City Community Schools	2011	**64.4%**	**1.0**	34.5%	-17.5
	2010	54.8%	-10.4	31.5%	-18.9
	2009	41.1%	-18.8	34.8%	-14.5



SOURCE:

1. Michigan Department of Education, Office of Educational Assessment and Accountability, 2011

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ECONOMIC SELF-SUFFICIENCY

HIGH SCHOOL GRADUATION RATES

GOAL: All students in Calhoun County will complete high school or an equivalency program.

RATIONALE FOR CHOOSING INDICATOR: High school completion is critical to social and economic independence. In order for a society to be active and involved, its citizens must be educated and informed.

COHORT HIGH SCHOOL GRADUATION / DROPOUT RATES BY DISTRICT [1], 2007, 2008 & 2009

DISTRICT	GRADUATION RATE			DROPOUT RATE		
	2008	2009	2010	2008	2009	2010
State of Michigan	75.50%	75.23%	75.95%	14.19%	11.33%	11.07%
Albion Public Schools	74.29%	64.49%	64.84%	18.57%	20.29%	24.18%
Athens Area Schools	88.89%	80.65%	69.39%	5.56%	8.06%	14.29%
Battle Creek Public Schools	57.82%	55.25%	58.62%	24.81%	21.92%	19.88%
Harper Creek Community Schools	86.21%	85.78%	84.35%	7.33%	9.00%	6.09%
Homer Community Schools	76.34%	86.14%	73.81%	16.13%	5.94%	15.48%
Lakeview School District	94.66%	92.93%	96.21%	3.91%	3.53%	3.41%
Marshall Public Schools	78.23%	79.44%	81.60%	10.89%	8.47%	5.60%
Pennfield School District	91.73%	87.66%	88.96%	2.26%	5.84%	3.25%
Tekonsha Community Schools	86.49%	88.24%	100.00%	2.70%	5.88%	0.00%
Union City Community Schools	92.39%	89.19%	89.90%	4.35%	5.41%	5.05%

HOW ARE WE DOING? To comply with the No Child Left Behind (NCLB) Act of 2001, Michigan moved to an accountability system in which a graduation rate includes only "on-time" graduates who earn regular diplomas within four years of entering high school. The formula for the calculation of graduation rates is possible because school districts have been tracking the enrollment of individual students since those students first enrolled in the ninth grade. CEPI calculated the 2010 cohort four-year graduation rate by tracking individual students who enrolled for the first time in ninth grade in the 2006-2007 school year and then assigned these students to the 2010 cohort. Using the cohort method allows the state to more accurately track student movement over time. A dropout rate is not equivalent to subtracting the graduation rate from 100 percent because that method would count students who are "other completers" or "off-track continuing" as dropouts. Other completers are students who earned a GED, certificate, or reached special education maximum age. Students with an off-track continuing cohort status are those who did not complete high school in four years and are still continuing in school. This is why the graduation rate and dropout rate do not always equal 100% when combined.

SOURCE:

1. Calhoun County Intermediate School District, Center for Educational Performance & Information. www.michigan.gov/cepi , 2011

NOTES:

* Figures do not reflect students completing special education requirements or those attending alternative high school programs.

ECONOMIC SELF-SUFFICIENCY

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EDUCATIONAL ATTAINMENT

GOAL: All residents in Calhoun County will have opportunities for increased earning potential through education.

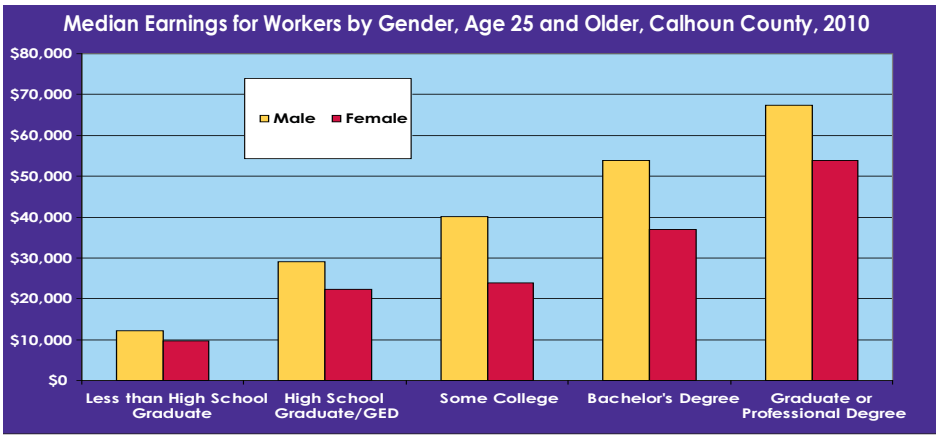
EDUCATIONAL ATTAINMENT OF PERSONS 25 YEARS AND OLDER [1], 2010			
	Calhoun	MI	U.S.
Dropouts	12.6%	11.3%	14.4%
H.S. Diploma or GED	35.3%	30.9%	28.5%
Some College	26.2%	24.2%	21.3%
Associate Degree	8.7%	8.4%	7.6%
Bachelor's Degree	10.9%	15.6%	17.7%
Graduate Degree	6.3%	9.6%	10.4%
High School Graduate or Higher	87.4%	88.7%	85.6%

EDUCATIONAL ATTAINMENT OF PERSONS 25-34 YEARS OLD [1], 2010			
	Calhoun	MI	U.S.
High School Graduate or Higher	89.0%	89.9%	87.2%
Bachelor's Degree or Higher	18.1%	28.3%	31.1%

MEDIAN EARNINGS FOR WORKERS, BY GENDER, AGE 25 AND OLDER CALHOUN COUNTY [1], 2010		
	Male	Female
Less Than High School Graduate	$12,276	$9,681
High School Graduate/GED	$29,122	$22,324
Some College	$40,214	$23,971
Bachelor's Degree	$53,898	$36,998
Graduate or Professional Degree	$67,289	$53,826

RATIONALE FOR CHOOSING INDICATOR: **To be blunt**, education matters in economic development. Areas that house an educated workforce are more likely to compete effectively in today's demanding world economy. Moreover, educational attainment is strongly tied to personal income growth. Income increases significantly with higher educational attainment. **Graduating from high school alone increases, on average, median yearly earnings by $14,736.**[1]

A critical challenge facing any region is the ability to attract, retain, and develop talented workers. The emergence of the knowledge economy increasingly places more emphasis on mental competencies rather than physical strength and manual competencies. This is true across all sectors from manufacturing to health and business. In short, educational attainment is increasingly important to the success of local businesses to traverse changing markets by adopting new technologies and practices, and to enter a promising emerging economy.[2]



HOW ARE WE DOING? Although a higher percentage of county residents completed high school than nationwide, educational achievement beyond high school remains relatively low in the county. Approximately 1 out of every 8 adult residents in Calhoun County did not complete high school which is a rate only slightly lower than the nation. Moreover, a relatively small share of Calhoun County residents age 25 and older hold a bachelor's degrees or higher, 18.1% compared to 28.2% nationwide.[1]

The county's young adults (ages 25 through 34), are much less educated than the state or the nation. Only 18.1 % have a bachelor's degree or higher, compared to 28.3 % in Michigan and 31.1 % nationwide. Also, educational attainment for this age group declined in Calhoun County, from 22.5 % the previous year, while educational attainment grew in the rest of Michigan.[1] Because educated young adults are highly mobile, this reflects negatively on the county's perceived quality of life. Many young adults could be choosing to take jobs in more attractive and often larger metropolitan areas or to live outside the county if they do work in the county. Finally, the income disparity by gender continues to be a concern across all educational levels.[2]

SOURCE:
1. American Community Survey, 2011
2. W.E. Upjohn Institute, 2011

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ECONOMIC SELF-SUFFICIENCY

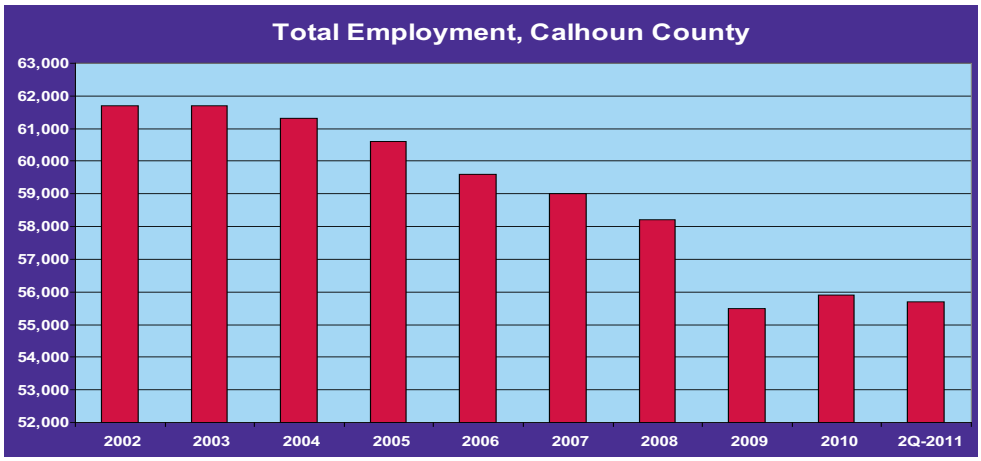
EMPLOYMENT GROWTH

GOAL: All individuals and families in Calhoun County will be economically self sufficient.

TOTAL EMPLOYMENT [1]	
	Calhoun
2002	61,700
2003	61,700
2004	61,300
2005	60,600
2006	59,600
2007	59,000
2008	58,200
2009	55,500
2010	55,900
2Q-2011	55,700

EMPLOYMENT IN MANUFACTURING AND PROFESSIONAL SERVICES [1]		
	Manufacturing	Professional Services
2001	15,000	5,200
2002	14,500	5,300
2003	13,900	5,700
2004	14,100	5,900
2005	13,000	6,500
2006	12,800	6,100
2007	12,400	6,000
2008	12,100	6,100
2009	10,600	5,700
2011	10,400	6,000
2Q-2011	10,533	6,000

RATIONALE FOR CHOOSING INDICATOR: Employment change is the only timely economic performance measure for local areas. It is highly dependent on the competitiveness of the area's "base" companies—those firms that sell their goods or services to customers located outside the area. In the past, the area's manufacturers made up the area's base activities; today professional services are becoming a significant component of the area's base. As these companies grow, they generate jobs and income that support the area's non-base jobs such as health care, restaurants, and retail outlets. Employment growth increases the probability for people to move up in their career paths and potentially increase their earnings. Finally, employment growth increases the ability of residents who are struggling in poverty to find employment or move up to a better-paying position.[2]



HOW ARE WE DOING? Total employment in Calhoun County declined from 2000 to 2009, but stabilized in 2010. The recession ended in June 2009 and accordingly in 2010, employment grew by 400 jobs. However, average employment through second quarter 2011 is down 200 jobs, which points toward a very slow recovery.[2]

The region's largest job losses from 2000 to present were in the manufacturing sector, sliding from 14,500 jobs to 10,533 jobs in the first half of 2011. Manufacturing decline seems to have stabilized since 2009. Unfortunately, professional services jobs, which have expanded in many parts of the United States during the mid-2000s, have not been a source of employment growth in Calhoun County, remaining essentially flat since 2000. While these jobs suffered a decline of 400 jobs from 2008 to 2009, employment stood at 6,000 in 2010 and is holding steady at that level in the first half of 2011.[2]

It is important to note that the county houses strong, professionally-managed economic development organizations in Battle Creek, Marshall and Albion, which are working hard to stabilize and grow the county's economic base industries. While their efforts have been thwarted by powerful market forces, they are still crucial in turning around the county's negative employment trends.[2]

SOURCE:
1. Bureau of Labor Statistics, 2011
2. W.E. Upjohn Institute, 2011

ECONOMIC SELF-SUFFICIENCY

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UNEMPLOYMENT

GOAL: All residents in Calhoun County will have jobs providing a living wage.

EMPLOYMENT STATUS IN CALHOUN COUNTY POPULATION 16 YEARS AND OLDER [1], 2010			
Age	Total	In labor force	Employed
	107,492	61.7%	52.5%
16-19	8,312	32.7%	20.6%
20-24	8,336	79.7%	61.9%
25-44	33,382	85.0%	72.0%
45-54	19,609	81.9%	72.8%
55-64	17,714	58.2%	52.3%
65-74	10,341	14.8%	12.0%
75 +	9,798	7.6%	7.6%

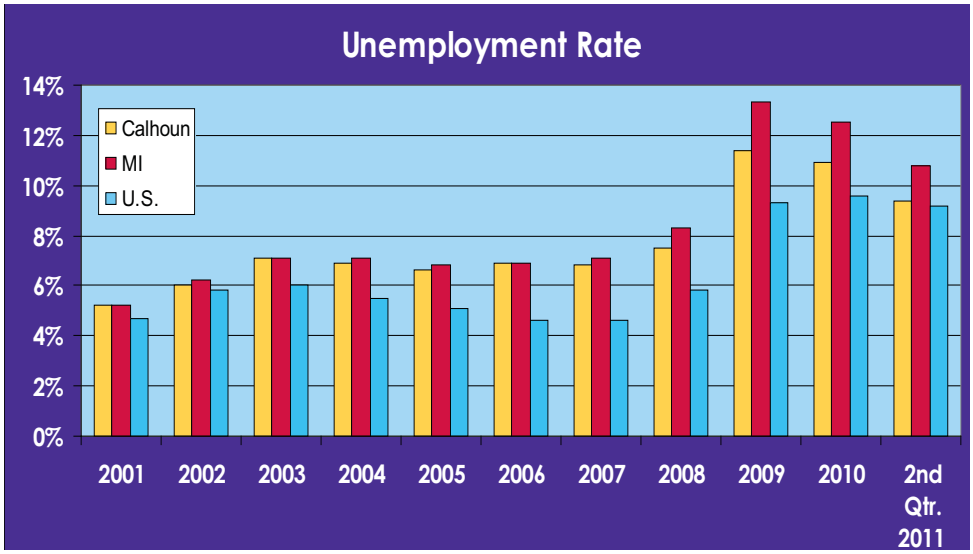
UNEMPLOYMENT RATE [1]			
	Calhoun	MI	U.S.
2001	5.2%	5.2%	4.7%
2002	6.0%	6.2%	5.8%
2003	7.1%	7.1%	6.0%
2004	6.9%	7.1%	5.5%
2005	6.6%	6.8%	5.1%
2006	6.9%	6.9%	4.6%
2007	6.8%	7.1%	4.6%
2008	7.5%	8.3%	5.8%
2009	11.4%	13.3%	9.3%
2010	10.9%	12.5%	9.6%
2nd Qtr 2011	9.4%	10.8%	9.2%

** 2nd Quarter 2010 are seasonally adjusted*

SOURCE:
1. Bureau of Labor Statistics, *Business Outlook for West Michigan,* 2011
2. W.E. Upjohn Institute, 2011
3. American Community Survey, 2011

RATIONALE FOR CHOOSING INDICATOR: While employment growth is a measure of performance, the area's unemployment rate is a measure of an area's employment conditions. The unemployment rate is not without its critics, as it excludes persons who have given up looking for work or who are underemployed, working part-time when they want to be working full-time. Therefore, it is important to also monitor the area's participation rate, which is the percentage of the area's working-age adults who are in the labor force (working or looking for work).

By comparing the percentage of individuals participating in the labor force to those able to find work, we can gain a greater perspective on the area's employment situation. It is also important to look at the percentage of people that have dropped out of the labor force and are no longer looking for work, as again they are not counted in the unemployment rate.



HOW ARE WE DOING? Unemployment in Calhoun County has improved very slowly since the end of the "Great Recession" in 2009. In 2009 the rate was 11.4 percent, dropping to 10.9 percent in 2010 and falling again to 9.4 percent in the second quarter of 2011. Michigan's unemployment rate improved in 2010 to 12.5 from 13.3 the previous year and stood at 10.3 percent in the second quarter of 2011 Calhoun County and Michigan rates are both improving faster than the nation as a whole.[3]

According to the 2010 American Community Survey (ACS), 61.7 percent of the non-institutional population age 16 and older was actively participating in the labor force in Calhoun County. The participation rate for the state was 62.2 percent. Calhoun County's labor force participation rate is a little low, but reasonably comparable to the state as a whole. Ages 55 to 64 had only a 58.2 percent participation rate, and 52.3 percent were employed.[3]

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ECONOMIC SELF-SUFFICIENCY

POVERTY

GOAL: All individuals and families in Calhoun County will be economically self sufficient.

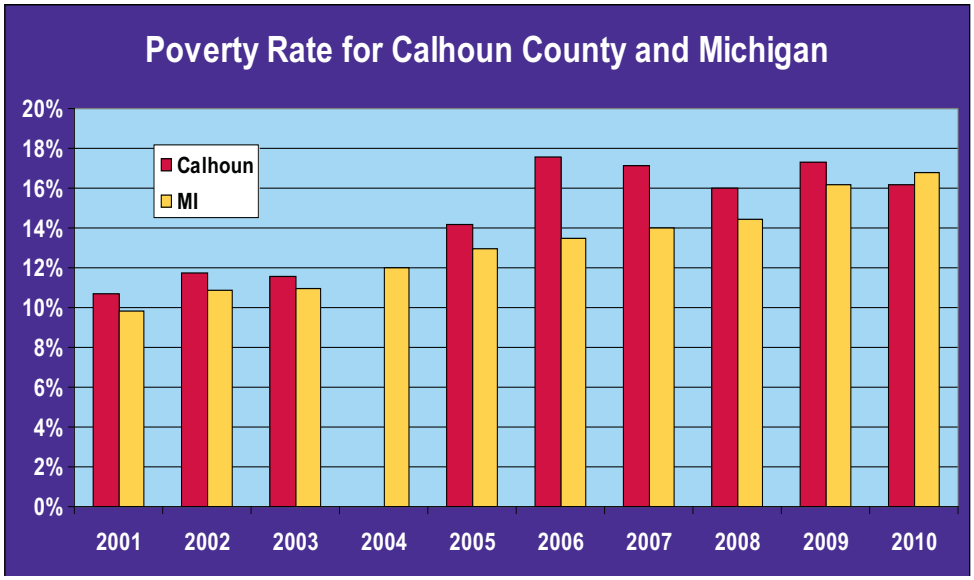
POVERTY RATE [1] (CHILDREN 0-17 YEARS)			
	Calhoun	MI	U.S.
2001	15%	13%	17%
2002	16%	14%	18%
2003	17%	15%	18%
2004	NA	18%	18%
2005	21%	19%	19%
2006	28%	18%	18%
2007	28%	19%	18%
2008	21.8%	19.4%	18.2%
2009	26.8%	22.5%	20.0%
2010	23.9%	23.5%	21.6%

Rate is the percentage of children in poverty in Calhoun County compared to the State and the U.S.

POVERTY RATE (PERSONS OF ALL AGES) [1]		
	Calhoun	MI
2001	10.7%	9.8%
2002	11.7%	10.9%
2003	11.6%	11.0%
2004	NA	12.0%
2005	14.2%	13.0%
2006	17.6%	13.5%
2007	17.1%	14.0%
2008	16.0%	14.4%
2009	17.3%	16.2%
2010	16.2%	16.8%

Rate reflects the percent of combined age groups in poverty compared to the State

RATIONALE FOR CHOOSING INDICATOR: The official poverty level for a family of four is $22,113. Many of the essentials for a minimum standard of well-being and life are out of reach at that level of income. Poverty has a direct impact on safe, stable, and healthy families and safe, stable, and healthy communities. Finally, poverty has been shown to have a significant and long-lasting negative influence on the academic success of students and their eventual earning power.[2]



HOW ARE WE DOING? The poverty rate in Calhoun County decreased from 17.3 percent in 2009 to 16.2 percent in 2010 according to the U.S. Census. The percentage of children (0-17 years) in 2010 struggling in poverty also decreased to 23.9 percent from 26.8 percent in 2009. The poverty rate for children has increased in both the state and the nation as a whole. While it is a positive sign that Calhoun County's poverty rate is declining, the rate is still above the state as well as the U.S. as a whole.[2]

Median income fell in Calhoun County from $40,223 in 2005 to $38,507 in 2009, but has rebounded to $42,921 in 2010. Although median household income has increased from 2005 ($40,223) to 2010 ($42,921), if adjusted for inflation, the median household income is actually about $2,000 lower now than it was 5 years ago. Inflation-adjusted per capita income also declined from $23,349 in 2005 to $20,661 in 2010. Adjusted for inflation, income throughout most of Michigan had been decreasing through 2009, but seems to have stabilized in 2010.[2]

SOURCE:
1. U.S. Census Bureau, American Community Survey, 2011
2. W.E. Upjohn Institute for Employment Research, 2011

ECONOMIC SELF-SUFFICIENCY

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Targeting Community Concerns.

HOUSING

GOAL: All residents in Calhoun County will have safe, permanent, affordable housing.

RATIONALE FOR CHOOSING INDICATOR: The U.S. Department of Housing and Urban Development (HUD) defines housing affordability as payment for monthly housing expenses that does not exceed 30% of a household's monthly gross income (rent or mortgage payment plus insurance and taxes). Households paying more than 50% of their gross monthly income for housing are considered severely cost burdened.

EVICTION DATA [1]		
	Summary Proceedings	Writs
2006	3,724	1,334
2007	3,604	1,240
2008	3,568	967
2009	3,508	994
2010	3,451	951

PERSONAL BANKRUPTCY FILINGS (RATE PER 1,000)[2]		
	Calhoun	MI
2006	3.27	3.27
2007	3.76	4.51
2008	4.29	5.41
2009	5.39	6.80
2010	5.68	6.71

RESIDENTIAL HOMES SALES [7]		
	HOMES SOLD	AVG. SELLING PRICE
2007	1,222	$115,936
2008	1,269	$94,491
2009	1,329	$78,524
2010	1,316	$87,575
2011 Q1	269	$77,004
2011 Q2	353	$85,093
2011 Q3	349	$85,150

HOW ARE WE DOING? In 2010 there were 2,303 calls to the 211 Call Center for assistance with rent. Of those requests 1,958 were referred for services. 345 of the calls for rent assistance were unable to be served because: 210 had not recieved an eviction notice; 71 had no income; 18 because there was no funding available at that time; and 20 had been previously assisted and were no longer eligible.[4]

In 2010, 439 unduplicated clients received advice and/or representation from Legal Services of South Central Michigan with housing cases including eviction, mortgage foreclosures and property tax foreclosures. 86% of those cases represented had a successful outcome (i.e. prevented eviction/foreclosure).[5]

The rate of bankruptcy filings is rising, but only slightly. In 2010, the rate was 5.68 bankruptcies per thousand in Calhoun County, up from 5.39 per thousand in 2009. The county's bankruptcy rate has been rising steadily since 2006. Still, Michigan's bankruptcy rate has been higher than Calhoun County for every year since 2006, although in 2010 the statewide rate declined to 6.71. The slow rise in the county's non-business bankruptcy rate indicates that debt repayment remains a concern for many county households.

Calhoun County's overall equalized values declined 4.4 percent in 2011, the third consecutive year of decline. Statewide values declined for the fourth year in a row, down 6.1 percent from 2010. Calhoun County's decline has not been as steep nor as prolonged as the state's overall decline.[6]

The Battle Creek Area Association of REALTORS® covers residential sales data for Calhoun and parts of Eaton Counties. The average selling price continues to increase in small increments when reviewing the first, second and third quarters of 2011. Our local housing market continues to enjoy low mortgage rates along with a variety of housing selections which makes it a great time to buy a home or investment property.[7]

COUNTY EQUALIZED VALUES [3]						
		2007	2008	2009	2010	2011
Calhoun	Real Property	3,907,381,095	4,045,637,826	4,026,634,057	3,794,739,666	3,626,363,312
	% Change	3.4%	3.5%	-0.5%	-5.8%	-9.9%
MI	Real Property	424,083,591,395	419,423,698,285	394,722,925,430	356,930,181,331	335,128,649,980
	% Change	4.0%	-1.1%	-5.9%	-9.6%	-15.1%

SOURCE

1. Calhoun County District Court, 2011
2. U.S. Bankruptcy Court PACER Service Center, 2011
3. Michigan Department of Treasury, 2011
4. 211 Call Center, 2011
5. Legal Services of South Central Michigan, 2011
6. W.E. Upjohn Institute for Employment Research, 2011
7. Battle Creek Area Realtors Association (data includes Calhoun County and a small portion of Eaton County, 2011

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ECONOMIC SELF-SUFFICIENCY

HOMELESSNESS

GOAL: All residents in Calhoun County will have safe, permanent, affordable housing.

HOUSING FAST FACTS [1]

In Calhoun County, the Fair Market Rent (FMR) for a two-bedroom apartment is $681. In order to afford this level of rent and utilities, without paying more than 30% of income on housing, a household must earn $2,270 monthly or $27,240 annually. Assuming a 40-hour work week, 52 weeks per year, this level of income translates into a Housing Wage of $13.10.

In Calhoun County, a minimum wage worker earns an hourly wage of $7.40. In order to afford the FMR for a two-bedroom apartment, a minimum wage earner must work 71 hours per week, 52 weeks per year. Or, a household must include 1.8 minimum wage earner(s) working 40 hours per week year-round in order to make the two bedroom FMR affordable.

In Calhoun County, the estimated mean (average) wage for a renter is $10.96 an hour. In order to afford the FMR for a two-bedroom apartment at this wage, a renter must work 40 hours per week, 52 weeks per year.

Monthly Supplemental Security Income (SSI) payments for an individual are $674 in Michigan. If SSI represents an individual's sole source of income, $202 in monthly rent is affordable, while the FMR for a one-bedroom in Calhoun County is $556.

HOW ARE WE DOING? The bi-annual national count of homeless persons was conducted on January 27, 2011 in Battle Creek and Calhoun County, resulting in a total of 192 persons identified as either being unsheltered (on the street or in situations not fit for habitation), or sheltered in local emergency shelters or transitional living settings. The numer of persons found living on the street has consistently dropped since 2008 (36%). This trend is supported nationally and may be a result of increased funding and options for permanent supported housing solutions in the past two years, the availability of temporary funding through the federal stimulus initiative HPRP, and an increased number of vouchers and housing units for veterans. With the two year initiative coming to an end in August of 2011, it may be reasonable to assume that an increase in the number of homeless persons (HUD definition) could be seen at the January 2012 count.

In comparison with recent years going back to 2007, the total number of homeless persons remains consistent, however, the number of families with children has been increasing. The Calhoun Intermediate School District reported 573 homeless youth to the Michigan Department of Education for the 2010-11 school year.[4]

Homeless Persons in Calhoun County[2]

	Single Adults	Unaccompanied Youth	Adults in Families	Children in Families	Total
2007	1194	16	254	206	1658
2008	953	7	274	275	1495
2009	918	3	255	286	1437
2010	901	0	320	410	1599

The Point in Time (PIT) counts each year are also compared with total annual homeless data extracted from the Homeless Management Information System (HMIS), a statewide process used by agencies in Calhoun County and throughout Michigan. PIT count numbers verify a 25% decrease in the number of single adults (901) as homeless from 2007 to 2010, with a100% increase in the number of children in families (410 in 2010) and an 18% increase in the number of homeless households. The number of persons identified as chronically homeless remains stable at 356 in 2010. Not unexpectedly due to recent economic trends, since 2007 the percent of homeless persons who were identified as unemployed increased to 83.28%.

Characteristics of Homeless Persons in Calhount County[2]

	# Households Experiencing Homeless	Chronically Homeless	Adult in Family is Unemployed
2007	229	353	77.1%
2008	225	316	83.1%
2009	213	327	85.2%
2010	271	356	83.28%

SOURCE:
1. National Low Income Housing Coalition, Out of Reach, 2011
2. Homeless Management Information System (HMIS), 2011
3. The National Alliance to End Homelessness, Why is Homelessness an Important Issue?, June 2007
4. Calhoun Intermediate School District, 2011

HEALTHY FAMILY & SOCIAL RELATIONSHIPS

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TEEN PREGNANCY

GOAL: Youth in Calhoun County will understand the long-term consequences of teen pregnancy resulting in informed decision-making and a lowered teen pregnancy rate.

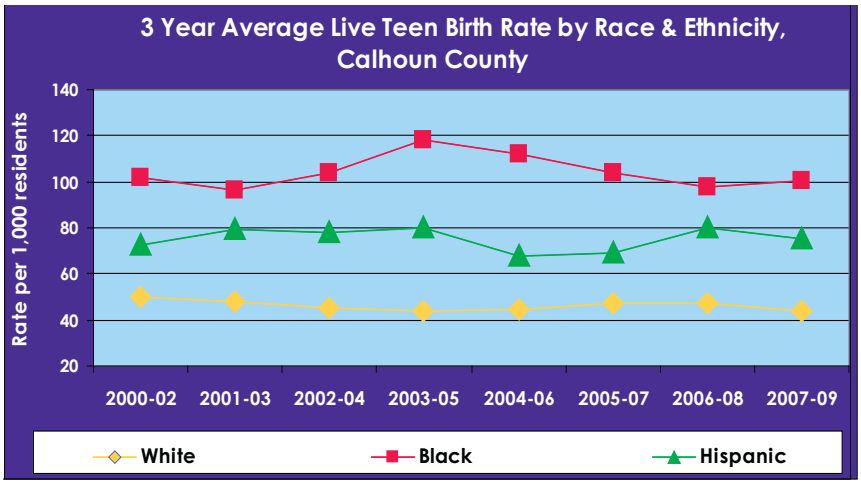
CALHOUN COUNTY [1]			
	Female Pop. Aged 15-19	Estimated # of Pregnancies *	# of Live Births
2001	4,878	412	276
2002	4,841	386	271
2003	4,857	418	258
2004	4,938	375	252
2005	4,997	396	257
2006	4,908	380	255
2007	4,949	389	269
2008	4,880	392	255
2009	4,712	353	288

TEEN PREGNANCY RATE (PER 1,000 FEMALES AGE 15-19 YEARS)		
	Calhoun [1]	MI [2]
2001	84.5	61.7
2002	79.7	57.1
2003	86.1	56.9
2004	75.9	55.2
2005	79.2	52.8
2006	77.4	54.0
2007	78.6	54.0
2008	80.3	54.1
2009	74.9	51.5

PERCENT OF BIRTHS THAT ARE REPEAT BIRTHS TO TEENS AGE 15-19 [3]		
	Calhoun	MI
2001	21.8%	20.9%
2002	20.4%	20.6%
2003	19.9%	19.8%
2004	21.3%	19.4%
2005	20.2%	19.2%
2006	21.3%	18.9%
2007	21.8%	18.6%
2008	22.8%	18.6%
2009	21.5%	18.4%

HOW ARE WE DOING?

- Calhoun County has seen a significant decrease in the rate of teen pregnancies since 2001; however, the rate still remains higher than the state. In 2009, Calhoun County teens had an excess of 23.4 pregnancies per 1,000 compared to the state.
- Although the number of teen pregnancies has decreased dramatically since 2001, the number of live births remains high.
- Teen pregnancy does not affect all populations equally. The live birth rate for Black teens is over twice the live birth rate for White teens. From 2007-2009 roughly 1 out of 10 Black teens gave birth (rate 100.2/1,000) compared to 43.9 births/1,000 for White teens.
- Hispanic teens are also at an increased risk of pregnancy with 75.3 live births per 1,000 from 2007-2009.
- As seen in the graph below, no significant progress has been made at reducing the teen live birth rate for Black and Hispanic teens over the past decade. A minor, but significant reduction in the White teen birth rate was observed during this same period.
- **In 2009, 21.5% of teen births were repeat births.** Repeat births represent a missed opportunity to educate and provide resources to teen mothers to help prevent future pregnancies.



SOURCE:
1. Calhoun County Public Health Department, 2011
2. Michigan Resident Birth and Induced Abortion Files, Michigan Department of Community Health, 2011
3. Kids Count, 2011
4. Centers for Disease Control, 2011

NOTES:
* Estimates are the sum of live births, abortions, and estimated miscarriages.

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HEALTHY FAMILY & SOCIAL RELATIONSHIPS

SEXUALLY TRANSMITTED INFECTIONS

GOAL: Reduce the incidence of sexually transmitted infections (STI), HIV and AIDS in Calhoun County.

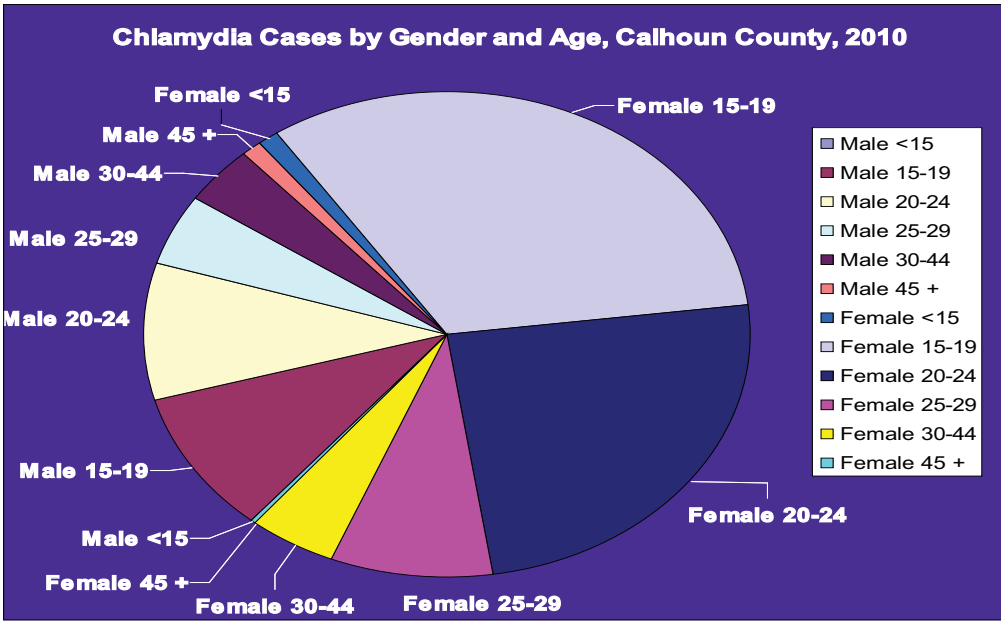
RATE OF CHLAMYDIA CASES (PER 100,000 PEOPLE)		
	Calhoun [1]	MI [2]
2001	457.4	310.7
2002	449.5	324.0
2003	563.2	323.3
2004	607.6	407.9
2005	516.6	382.7
2006	494.2	377.8
2007	447.2	410.0
2008	431.1	462.2
2009	579.0	483.0
2010	623.0	504.0

RATE OF GONORRHEA CASES (PER 100,000 PEOPLE)		
	Calhoun [1]	MI [2]
2001	265.6	171.1
2002	203.1	147.0
2003	293.8	138.5
2004	327.2	171.8
2005	257.9	174.7
2006	231.9	164.3
2007	232.0	172.0
2008	224.0	177.8
2009	242.0	155.0
2010	194.0	139.0

REPORTED PREVALENCE OF CALHOUN COUNTY RESIDENTS LIVING WITH HIV OR AIDS BY RACE, 2010[3]		
	Number	Rate
Total	111	82.0
White	62	55.9
Black	48	345.5

HOW ARE WE DOING?

- From 2000 to 2010, both Calhoun County and Michigan have seen an increase in the incidence of Chlamydia and an overall decrease in the incidence of Gonorrhea.
- Calhoun County has experienced much higher rates of Chlamydia and Gonorrhea than the state average over the past decade. In 2010, Calhoun County had a Chlamydia rate 23.6% higher than the state and a Gonorrhea rate 39.6% higher than the state.
- The majority of Chlamydia cases are occurring in the younger age groups. Over 75% of all cases occurred in individuals 15-24 years old. Likewise, females are at a greater risk of Chlamydia infection with 71.6% of cases occurring among women. Similar patterns are observed among cases of Gonorrhea.



- The number of new HIV cases diagnosed in Calhoun County has remained relatively steady over the past 10 years; however, the prevalence of those living with HIV and AIDS has slowly increased due to new medicinal therapies that prolong life.[1]
- The prevalence of HIV/AIDS among Blacks in Calhoun County was 6.2 times higher than the prevalence among Whites in 2010. The socioeconomic issues associated with poverty, including limited access to quality health care, housing, and HIV prevention education, directly and indirectly increase the risk for HIV infection and affect the health of people living with HIV.[1]

SOURCE:
1. Calhoun County Public Health Department, 2011
2. Michigan Sexually Transmitted Disease Database, Michigan Department of Community Health, 2011
3. HIV/STD/VH/TB Epidemiology Section, Michigan Department of Community Health, 2011

NOTES

* MDCH indicates that rates of those living with HIV/AIDS increased due largely to the advances in anti-retroviral treatment.

HEALTHY FAMILY & SOCIAL RELATIONSHIPS

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DOMESTIC VIOLENCE

GOAL: All residents in Calhoun County will be free from domestic violence.

DOMESTIC VIOLENCE CRISIS, INFORMATION/REFERRAL CALLS TO S.A.F.E. PLACE [1]	
Year	Number
2005-06	1,419
2006-07	1,562
2007-08	1,116
2008-09	678
2009-10	705

CLIENTS USING RESIDENTIAL S.A.F.E. PLACE DOMESTIC VIOLENCE SHELTER [1]		
Year	Adults	Children
2005-06	143	159
2006-07	147	141
2007-08	127	152
2008-09	124	144
2009-10	171	196

DOMESTIC VIOLENCE NIGHTS OF SHELTER AT S.A.F.E. PLACE [1]		
Year	Nights of Shelter	Average Nights of Shelter
2005-06	7,709	25.5
2006-07	8,405	25.3
2007-08	10,189	36.5
2008-09	10,182	33.8
2009-10	11,311	30.8

DOMESTIC VIOLENCE CALLS FOR SERVICE [2]	
Year	Number
2005	3,222
2006	2,566
2007	2,552
2008	2,235
2009	2,594
2010	2,914

Includes 911 calls, police station visits, and other law enforcement contact

RATIONALE FOR CHOOSING INDICATOR: Studies show that 1 out of 4 women will be victims of domestic violence in her lifetime. Domestic violence can affect all women of all races and all socioeconomic statuses. Domestic violence work exists on a continuum from providing crisis intervention services to ending violence against women.

CALHOUN COUNTY DOMESTIC VIOLENCE MISDEMEANOR CONVICTION RATES [2]			
	Cases	Convictions	Conviction Rate
2003	575	329	57%
2004	553	321	58%
2005	507	274	54%
2006	412	243	59%
2007	393	227	58%
2008	324	175	54%
2009	429	154	51%
2010	497	172	50%

CALHOUN COUNTY DOMESTIC VIOLENCE FELONY CONVICTION RATES [2]			
	Cases	Convictions	Conviction Rate
2003	275	124	45%
2004	255	104	41%
2005	204	105	51%
2006	241	114	47%
2007	235	113	48%
2008	125	81	39%
2009	253	88	42%
2010	268	77	34%

HOW ARE WE DOING? For fiscal year 2009-2010 there was an overall increase in services provided by Calhoun County's domestic violence service provider, S.A.F.E. Place. The increase in services provided is reflective of amplified domestic violence-related 911 calls, as well as an all-time high in calls for service to the Prosecutor's Office. The occurrence of domestic violence is not caused, or necessarily even exacerbated, by economic conditions. However, it is harder for victims to leave when they are not able to financially support themselves (access to employment and affordable housing). So, part of the reason the numbers are growing might be attributed to difficult economic times making it harder for victims to leave.

S.A.F.E. Place works with the Sexual Assault/Domestic Violence Coordinating Council to not only provide services to victims of domestic violence, but to educate the community on the importance of recognizing, understanding, and fighting domestic violence. While the physical injury that results from this crime is tragic, it is only a part of what the victim experiences. Often, the assailant exercises abuse and control in financial matters, social situations, and parenting decisions. This results in a victim who may want to leave, but has been isolated, has no access to financial resources, and is threatened with harm to her children. As our community increases knowledge on this issue, we gain advocates in the fight to end domestic violence.

SOURCE:

1. S.A.F.E. Place, 2011
2. Calhoun County Prosecutors Office, 2011

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HEALTHY FAMILY & SOCIAL RELATIONSHIPS

SEXUAL ASSAULT

GOAL: All residents in Calhoun County will be free from sexual assault.

NUMBER OF CHILD SEXUAL ABUSE REFERRALS TO CHILD PROTECTIVE SERVICES [1]	
	Investigated
2006	165
2007	157
2008	148
2009	108
2010	97

SEX OFFENSES IN CALHOUN COUNTY, (DOES NOT INCLUDE CHILDREN UNDER 13)[2]*			
	2008	2009	2010
Sex Offenses Reported	102	85	96
Sex Offense Arrests Made	7	8	13
Sex Offenses reports related to Domestic Violence	117	89	111

RATIONALE FOR CHOOSING INDICATOR: Sexual Assault is an invasion of a person's physical and psychological being. Sexual Assault includes: rape, same-sex assault, incest, child molestation and any other sexual activity into which a person is forced without his/her consent. Services available include crisis advocacy, individual and group counseling, the Sexual Assault Nurse Examiner Program, and Children's Advocacy Center services designed to assist children and families. Prevention and awareness programs are available to groups and organizations with the hope that over time, the incidence of sexual violence will decrease and be eradicated.

HOW ARE WE DOING? Calhoun County is highly recognized in the state for our county-wide sexual assault response protocol, which includes our child abuse protocol. The Calhoun County Sexual Assault Protocol and the Child Abuse Protocol have enlisted many community partners who interface to assist victims and prevent further sexual assault and child sexual abuse. It is important to note that criminal justice outcomes are not the only way to have success regarding sexual abuse. The community is also served with a variety of interventions to promote healing, safety and well-being.[4]

Criminal Sexual Conduct (CSC) convictions in 2010 includes 44 adult convictions (38 by plea and 6 by jury trial) and 7 juvenile defendant case convictions, all by plea. These cases were all charged in 2010, although the incidents may have occurred in prior years. 65 adult cases were charged for victims of all ages; 16 for victims 0-13; 31 for victims 14-17; 18 for victims 18 or over. 15 cases were dismissed, 5 cases are pending; there was one not-guilty verdict at trial. In the 8 juvenile defendant cases charged, 7 victims were age 0-13 and one victim was 14-17.[2]

SEXUAL ASSAULTS SERVICES: CHILD ADVOCACY CENTER [3]					
	2006	2007	2008	2009	2010
Children Interviewed **	180	194	180	140	143
Cases Charged	48	52	53	15	62
Cases accepted for Prosecution	16	43	25	14	11
Convictions	2	14	12	6	41***
Counseling Referrals	71	82	123	123	107
Medical Examinations	33	34	46	43	28

The most significant impact on the drop of referrals to CPS has likely been a change in how complaints are being coded. In the past they were often coded as "sexual abuse" when any type of possible sexual activity was alleged (i.e. pregnant teens and minor on minor allegations). The former should not have been included unless the parents/responsible adults had prior knowledge or were condoning the activity and the latter would be referred to law enforcement for investigation.[4]

INDIVIDUALS SERVED BY SEXUAL ASSAULT SERVICES (SAS) [4]					
	2006-07	2007-08	2008-09	2009-10	2010-11
Crisis victim advocacy and Sexual Assault Nurse Examiner Program	119	170	118	141	136
Friends and Family members assisted by victim advocates	170	182	176	153	200
Victims and family members/friends assisted by SAS advocates at court	N/A	67	61	42	83
Children who received services at the Child Advocacy Center	192	191	191	184	143
Survivors of sexual violence who received individual, group or family counseling	372	373	401	514	367

SOURCE:
1. Department of Human Services, 2011
2. Michigan Uniform Crime Report, 2011
3. Children's Advocacy Center, 2011
4. Sexual Assault Services, 2011

NOTES:
* 2008 data could not be compared to previous years because the Michigan State Police have changed they way they report sex offenses.
** Not all interviews at Child Advocacy Center resulted in disclosures of abuse by the child
*** Previous conviction numbers only included cases referred by the Child Advocacy Center. 2010 data includes all convictions for victims under 18.

HEALTHY FAMILY & SOCIAL RELATIONSHIPS

The Coordinating Council
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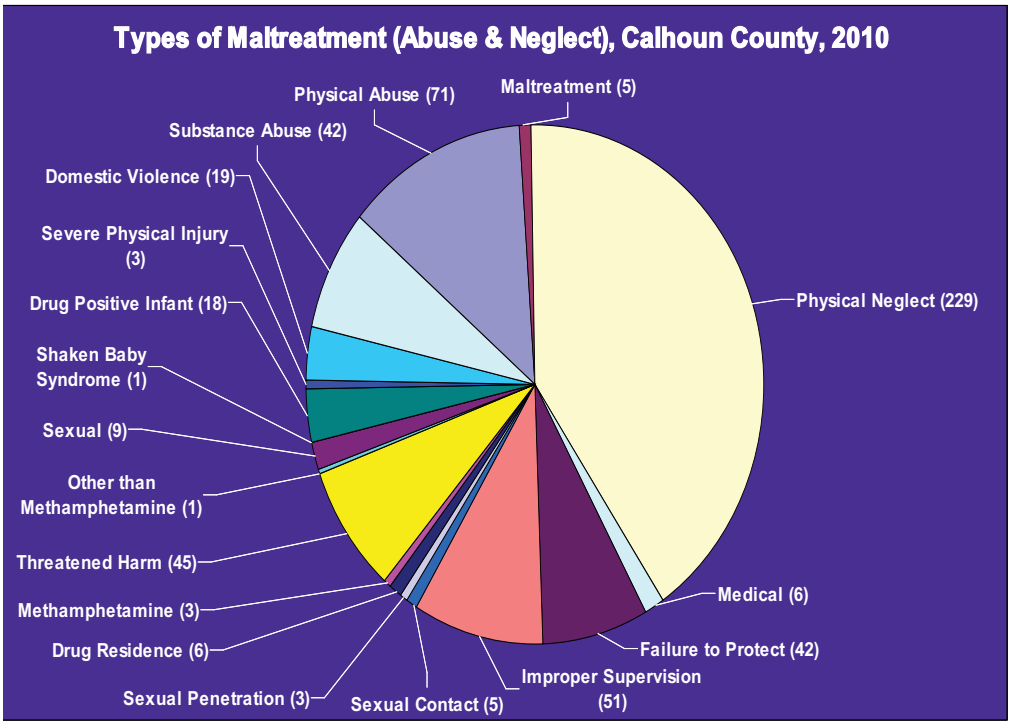
CHILD ABUSE AND NEGLECT

GOAL: All children in Calhoun County will live in an environment free of abuse and neglect.

VICTIMS OF ABUSE/NEGLECT IN CALHON COUNTY[1]									
		2009	2010	2009	2010	2009	2010	2009	2010
		<1		1-5		6-10		11-17	
Male	White	18	26	58	79	45	58	53	45
	Black	9	19	33	26	20	26	11	20
	Other	0	-	1	-	3	-	0	-
Female	White	14	36	53	72	51	55	39	43
	Black	10	13	22	23	10	8	13	30
	Other	0	-	2	-	1	-	0	-

PROTECTIVE PROCEEDINGS FOR NEGLECT/ABUSE CASES IN CALHOUN COUNTY [1]	2004	2005	2006	2007	2008	2009	2010
New Petitions Filed	173	131	168	152	109	139	151
# Children Associated with New Filings	300	245	285	290	167	208	244
Petitions Seeking to Terminate Parent Rights	41	49	40	33	41	53	36
# of Children Associated with Termination Petitions	77	100	57	53	87	80	17

RATIONALE FOR CHOOSING INDICATOR:
The prevalence of youth placed into foster care due to neglect and abuse is an indicator of unhealthy and unsafe families. Successful child abuse and neglect interventions are key to reducing both initial and repeat out-of-home placements for children.



PERPETRATOR'S RELATIONSHIP TO VICTIM OF ABUSE/NEGLECT IN CALHOUN COUNTY[1]	2009	2010
Biological Parent	244	313
Adoptive Parent	3	14
Relative Foster Care	1	0
Grandparent	11	9
Step Parent	21	14
Other Relative	4	2
Guardian	2	2
Non-relative	28	37
Other/Unknown	20	32

SOURCE:
1. Calhoun County Department of Human Services, 2011

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HEALTHY FAMILY & SOCIAL RELATIONSHIPS

CHILDREN PLACED IN FOSTER CARE

GOAL: All children in Calhoun County will reside in safe, permanent homes

NUMBER OF YOUTH IN FOSTER CARE DURING FY 2010[1] PLACED IN "OUT OF HOME PLACEMENT" [1]*		
Calhoun County	Number	213
	Rate (per 1,000 Youth)	6.59
Michigan	Number	13,609
	Rate (per 1,000 Youth)	5.4

NUMBER OF CHILDREN IN CALHOUN COUNTY WITH 2 OR MORE PLACEMENTS, 2010[1]		
Race	Gender	Total
Black	Female	17
	Male	24
Black Total		41
White	Female	29
	Male	26
White Total		55

A complaint of child abuse and or neglect can be made by any person, including a child, who has reasonable cause to suspect child abuse or neglect. When Children's Protective Services (CPS) receives a complaint of suspected child abuse or neglect, it must do one of the following:
1) Assign the complaint for investigation;
2) Reject the complaint; or
3) Transfer the complaint to another agency for investigation, such as law enforcement or the Bureau of Child and Adult Licensing.[1]

STATE WARD FINALIZED ADOPTIONS[1]		
	FY 2009	FY 2010
Calhoun County	82	67
Michigan	3,030	2,579

CATEGORY DISPOSITION: Developed in July 1999 and fully implemented in FY 2001, the five category disposition system was developed to allow more definitive case dispositions and to provide an adequate level of services to families with varied risk levels. Those categories are as follows:

- **Category V** – CPS investigated and found no evidence of child abuse/neglect; or the family did not cooperate and the court did not require them to cooperate; or the family cannot be located.
- **Category IV** - CPS investigated and found there was not a preponderance of evidence of child abuse and/or neglect. CPS may assist the family in accessing community-based services.
- **Category III** – CPS investigated and found there was a preponderance of evidence of child abuse and/or neglect and the risk to children was low or moderate. CPS must assist the family in receiving community-based services commensurate with the risk to the child. The perpetrator is not listed on central registry.
- **Category II** – CPS investigated and found a preponderance of evidence of child abuse and/or neglect and the risk to children is high or intensive. CPS must open a protective service case and provide services. The perpetrator is listed on central registry.
- **Category I** - CPS found a preponderance of evidence of child abuse and/or neglect and the Child Protection Law or policy requires a petition for court action. The perpetrator is listed on central registry.

CHILD PROTECTIVE SERVICES CATEGORY DISPOSITION FOR CALHOUN COUNTY, 10/1/10 - 9/30/11[1]					
Category 1	Category 2	Category 3	Category 4	Category 5	Grand Total
92	177	156	935	28	1,388

SOURCE:
1. Calhoun County Department of Human Services, 2011

NOTES:
* The following living arranagements were excluded: (1) Parental Home, (3) Legal Guardian, (22) Out of State Parent.

HEALTHY FAMILY & SOCIAL RELATIONSHIPS

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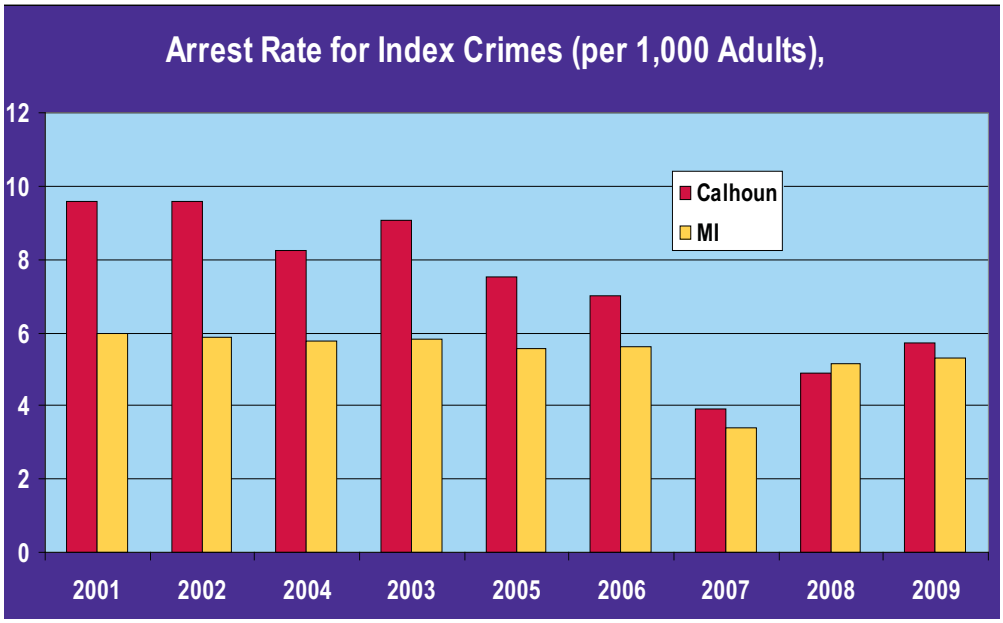
CRIME

GOAL: Adults in Calhoun County will utilize formal and informal support systems to avoid delinquent behavior.

ARREST RATE FOR INDEX CRIMES [1] (PER 1,000 ADULTS)		
	Calhoun	MI
2001	9.59	5.95
2002	9.56	5.87
2004	8.26	5.78
2003	9.07	5.82
2005	7.54	5.56
2006	7.02	5.63
2007	3.89	3.39
2008	4.88	5.13
2009	5.70	5.30

ARREST RATE FOR NON-INDEX CRIMES [1] (PER 1,000 ADULTS)		
	Calhoun	MI
2001	55.04	38.98
2002	55.30	39.04
2004	44.50	36.32
2003	44.99	37.06
2005	39.72	28.22
2006	37.47	34.03
2007	27.49	28.53
2008	23.76	30.08
2009	24.86	29.44

RATIONALE FOR CHOOSING INDICATOR: Violence and property crimes affect the quality of life in a community. Conversely, a community's capacity to develop and maintain strong systems of social relationships may positively impact the rates of crime and delinquency. It is critical that community members continue working together to achieve shared values and solve social problems.



HOW ARE WE DOING? In Calhoun County, the arrest rates for adult index and non-index crimes declined dramatically in 2007 & 2008 but showed a slight increase in 2009. Calhoun County index crime rose above the state while non-index crime continues to remain lower that the state of Michigan.

The Michigan State Police and the Federal Bureau of Investigation (FBI) classify crimes as index or non-index. The eight index crimes are murder, rape, robbery, aggravated assault, burglary, larceny, arson, and motor vehicle theft. The index crimes classified as property crimes include arson, burglary, larceny, and motor vehicle theft. Because of their serious nature, these offenses are considered a better indicator of the crime situation than is total crime, which includes many minor non-index infractions. Non-index crimes include: forgery, fraud, stolen property, vandalism, sex offenses other than rape, driving under the influence, liquor laws, drunkenness, drug abuse violations, gambling, disorderly conduct, vagrancy, loitering, runaways,

SOURCE:
1. Michigan Uniform Crime Reports and U.S. Census, 2011
2. Calhoun County Court Administrator, 2011

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HEALTHY FAMILY & SOCIAL RELATIONSHIPS

JUVENILE CRIME

GOAL: Youth in Calhoun County will utilize formal and informal support systems to avoid delinquent behavior.

RATIONALE FOR CHOOSING INDICATOR: Juvenile delinquency refers to illegal activities committed by a minor. Such acts can be diverse in their seriousness and their effects on others. At the low end of the seriousness continuum are status offenses, which are behaviors that are not illegal if performed by an adult (e.g., truancy, running away). Evidence has shown the primary determinants of antisocial behavior in juveniles are association with deviant peers, poor family relations, and school difficulties.[2]

Utilizing the Jurisdictional Planning Model, Calhoun County has come together to create a comprehensive system of care for youth. Services are provided to address specific areas of need. Prevention providers, schools, juvenile court, human service, and mental health providers are working with a uniform risk assessment tool designed to show a youth's risk and protective factors.

OFFENDER DATA [1]									
DELINQUENCY PROCEEDINGS	2002	2003	2004	2005	2006	2007	2008	2009	2010
OFFENDERS/FIRST	613	579	557	645	601	627	573	427	332
OFFENDERS/REPEAT	387	350	335	401	358	379	324	299	241
OFFENDERS/TOTAL	1,000	929	892	1,046	959	1,006	897	726	573
RECIDIVISM RATE	38.7%	37.7%	37.6%	38.3%	37.3%	37.7%	36.1%	41.2%	42.1%

JUVENILE REFERRAL DATA [1]									
DELINQUENCY PROCEEDINGS	2002	2003	2004	2005	2006	2007	2008	2009	2010
Homicide	0	0	0	1	1	0	0	2	0
B&E/Home Invasion/Illegal Entry	144	109	113	111	88	86	115	85	91
Robbery	12	17	15	10	15	38	15	20	22
Assaults/Domestic Violence	398	493	412	526	556	465	471	414	367
Larceny	85	62	92	81	138	112	73	92	79
Auto Theft	99	25	32	26	36	26	30	19	18
Arson	13	68	65	74	6	3	4	2	33
Forgery	0	3	5	0	7	0	4	0	0
Retail Fraud	212	191	147	119	110	145	198	83	68
Stolen Property	43	31	30	32	27	29	17	35	29
Vandalism	89	79	119	76	113	92	49	46	69
Weapons/Explosives	60	31	65	72	102	109	48	32	32
Sex Related Offenses	86	90	94	67	51	103	37	16	15
Controlled Substance Violation	107	111	122	131	95	104	75	69	61
Alcohol Related	89	61	5	6	101	62	58	29	27
Disorderly Conduct	200	168	191	204	235	202	294	149	88
Tobacco Violation	46	47	47	46	29	34	22	13	11
Traffic Offenses	-	-	-	135	100	95	59	33	47
Status Offenses	-	-	-	221	163	186	123	133	111
Other Offenses	236	196	155	108	82	161	75	49	42
Totals	1,919	1,782	1,709	2,046	2,055	2,062	1,767	1,321	1, 210

SOURCE:

1. Calhoun County Court Administrator, 2011
2. Multi-Systemic Therapy: Treatment Model: Executive Summary, 1998

HEALTHY FAMILY & SOCIAL RELATIONSHIPS

The Coordinating Council
Targeting Community Concerns.

SUBSTANCE ABUSE

GOAL: Reduce substance abuse and its related problems in Calhoun County.

ADULTS WHO REPORTED ENGAGING IN HEAVY DRINKING AND BINGE DRINKING			
		Calhoun[1]	MI[2]
Heavy Drinking	2007-09	3.4%	5.6%
	2008-10	2.6%	5.4%
Binge Drinking	2007-09	12.2%	17.6%
	2008-10	17.4%	16.6%

ALCOHOL RETAIL COMPLIANCE		
	Calhoun[3]	MI[4]
2005	85%	83%
2006	87%	83%
2007	88%	85%
2008	95%	87%
2009	96%	87%
2010	97%	85%

ALCOHOL-INDUCED MORTALITY RATES (PER 100,000 PEOPLE)		
	Calhoun[1]	MI[2]
2002-04	10.9	6.4
2003-05	12.2	6.8
2004-06	11.0	6.5
2005-07	12.2	6.5
2006-08	9.9	6.5
2007-09	12.4	7.1

HOW ARE WE DOING?

ALCOHOL: Although the percentage of adults who reported engaging in heavy drinking has decreased both for Calhoun County and for the state; adult binge drinking rates have increased in the county, approaching the state average of 16.6%. The number of both male and female drunk driving arrests in Calhoun County is higher than the state average. Consequently, alcohol-induced mortality rates continue to remain higher in Calhoun County than the rest of the state. These statistics indicate need for the continuation and expansion of prevention activities and recovery resources to positively impact behavioral changes and community norms.

RETAIL COMPLIANCE: Alcohol compliance checks monitor the rate of illegal sale of alcohol to minors. If a retailer sells to a minor during the compliance check, whether or not identification was requested prior to the sale of alcohol is documented to identify need for training and education. The Substance Abuse Council conducts compliance checks bi-annually in collaboration with local law enforcements and the Calhoun Area Career Center. Since these county-wide compliance checks began in 2004, Calhoun County's compliance rates have been consistently higher than the state compliance rates. In 2010, 4 of 338 retailers checked sold to a minor, with 2 of 4 examining the minor's identification prior to the sale; comparitive to state data indiating 57% of retailers selling alcohol to minors examining identification prior to sale. Effectiveness of this collaborative effort is evident in the current compliance rate of 97%.

ALCOHOL RELATED CRASHES: Although alcohol-related traffic crashes, including injuries, damages and fatalities, have decreased slightly over the past several years, drug-related crashes have increased. 28% of adults surveyed in the Substance Abuse Council's 2011 Adult Survey reported drinking alcohol regularly to being not wrong at all compared to 1% reporting taking other drugs to be not wrong at all. The disparity between perceptions of alcohol and drug use may help explain why alcohol-related crashes are almost six times those that are drug-related.

CONSEQUENCES OF DRINKING AND DRIVING, CALHOUN COUNTY (NUMBER INCLUDES ADULTS AND JUVENILES)[5]						
	Total Crashes	Fatal Crashes	Personal Injury Crashes	Property Damage Crashes	Persons Killed	Persons Injured
2007	163	7	63	93	7	91
2008	175	5	67	103	9	110
2009	167	7	61	99	13	124
2010	178	6	68	104	8	150

SOURCE:

1. Calhoun Department of Public Health, 2011
2. Michigan Department of Community Health, 2011
3. Substance Abuse Council, 2011
4. Michigan Liquor Control Commission, 2011
5. Office of Highway Safety & Planning, 2011

The Coordinating Council
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HEALTHY FAMILY & SOCIAL RELATIONSHIPS

SUBSTANCE ABUSE

GOAL: Reduce substance abuse and its related problems in Calhoun County.

ADULT SURVEY: Parents, caregivers, and other adults have a profound impact on youth substqnce abuse and prevention, both positively and negatively. In 2011, the Substance Abuse Council recognized a need to collect substance abuse related data from Calhoun County's adult population and partnered with data professionals to develop an adult survey analyzing substance use and perceptions, similar to those in the Michigan Profile for Healthy Youth (MiPHY) survey. Data collected from 479 completed surveys illustrates connections between adults and youth use. For example, 17% of adults had taken prescription painkillers within 30 days of being surveyed with 13% of 7th grade students reporting having use a painkiller not prescribed to them. Both the 2010 MiPHY survey & the adult survey indicate most incidents of first use occur around age 13.[6]

IN THE PAST 30 DAYS, PERCENTAGE OF ADULTS IN CALHOUN COUNTY THAT HAVE TAKEN OR USED:[6]			
	Yes	No	N
Alcohol	49%	51%	458
Tobacco	25%	75%	477
Smokeless Tobacco	4%	96%	469
Medical Marijuana	3%	97%	470
Marijuana	5%	95%	475
Methamphetamine	1%	99%	471
Prescription Painkillers	17%	83%	475
Prescription Anti-depressants	15%	85%	474
Inhalants (eg. glue, spray paint)	1%	99%	474
Cocaine	1%	99%	473
Heroin	1%	99%	472

AGE OF FIRST SUBSTANCE USE[6]							
	Under 10	10-12	13-15	16-18	19-20	21 & Over	N
Alcohol	2%	5%	19%	33%	16%	25%	254
Tobacco	3%	13%	27%	38%	7%	12%	142
Smokeless Tobacco	4%	7%	15%	37%	15%	22%	27
Medical Marijuana	0%	0%	15%	25%	10%	50%	20
Marijuana	0%	13%	28%	33%	9%	17%	53
Methamphetamine	0%	0%	8%	17%	25%	50%	12
Prescription Painkillers	3%	3%	16%	18%	12%	48%	61
Prescription Anti-depressants	0%	4%	7%	11%	14%	64%	56
Inhalants (eg. glue, spray paint)	0%	0%	33%	0%	0%	67%	6
Cocaine	0%	0%	6%	18%	38%	38%	16
Heroin	0%	17%	0%	17%	17%	49%	6

SOURCE:
6. Substance Abuse Council Adult Survey, 2011

HEALTHY FAMILY & SOCIAL RELATIONSHIPS

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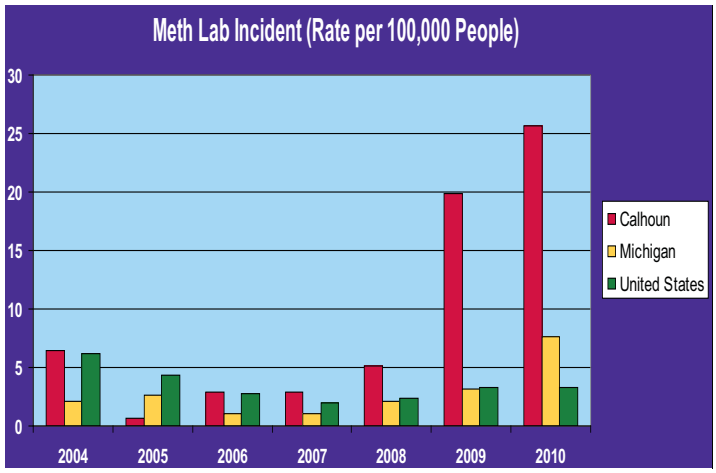
SUBSTANCE ABUSE

GOAL: Reduce substance abuse and its related problems in Calhoun County.

HOW WRONG DO YOU THINK IT IS FOR SOMEONE YOUR AGE TO:[6]						
	Very Wrong	Wrong	A Little Wrong	Not Wrong at All	No Opinion	N
Drink Beer, Wine or Hard Liquor	19%	19%	25%	28%	9%	474
Smoke Cigarettes	33%	23%	18%	19%	7%	471
Smoke Marijuana	46%	22%	15%	8%	9%	475
Take Painkillers NOT Prescribed to You	65%	23%	6%	1%	5%	468
Take Anti-depressants NOT Prescribed to You	59%	22%	4%	1%	4%	462
Use Inhalants (eg. glue, spraypaint)	76%	17%	2%	1%	4%	475
Use Heroin	82%	12%	1%	1%	4%	471
Use Cocaine	82%	12%	1%	1%	4%	471

IF YOU HAVE ANY OF THESE SUBSTANCES IN YOUR HOME, ARE THEY LOCKED UP OR SECURED?[6]			
	Yes	No	N/A
Alcohol	29%	41%	30%
Tobacco	12%	31%	57%
Marijuana	7%	13%	80%
Painkillers	19%	25%	56%
Anti-depressants	16%	17%	67%
Inhalants	11%	15%	74%

The table to the left indicates more eductaion emphasizing the importance of securing alcohol, drugs, and household chemicals likely to be abused by youth is needed. Reducing access to these substances is one of the most effective substance abuse prevention strategies.[3]



METHAMPHETAMINE: Michigan had the 6th highest number of methamphetamine lab incidents in the nation in 2010.[7] Because meth can be produced quickly, in "labs" as small as a soda bottle, detection of meth production remains very challenging. Many components of meth production serve other common purposes. Unless these common household chemicals and products are purchased in abnormally large quanities, the likelihood retailers will report suspected meth production related activity is minimal. The toxicity of methampethamine production poses great threat to residents and the environment, leaving law enforcement and property owners struggling to find financial resources to properly clean up meth labs. Lab-related explosions have caused property damage, injury and death; with a high number of lab busts discovering children present in the home and exposed to these dangers. Steady increases were seen in the number of both Michigan and nationwide meth lab incidents beginning in 2008, with alarming increases in Calhoun County. Recently, a rise in the number of meth lab seizures has occured due to "smurfing", a term describing bulk purchase of pseudoephedrine for non-therapeutic reasons and smaller, more mobile labs.[3]

SOURCES:

7. Michigan State Police, 2011

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HEALTHY FAMILY & SOCIAL RELATIONSHIPS

SUBSTANCE ABUSE

GOAL: Reduce substance abuse and its related problems in Calhoun County.

SUBSTANCE ABUSE TREATMENT CALHOUN COUNTY[8, 10]				
	2008-09		2009-10	
Drug Name	Total	Percent	Total	Percent
Alcohol	812	48%	731	37%
Marijuana	318	19%	571	29%
Cocaine	183	11%	113	6%
Other*	183	11%	250	12%
Crack Cocaine	57	3%	76	4%
Heroin	34	2%	107	5%
Methamphetamines	32	2%	82	4%
Methadone (illicit use)	26	2%	30	2%
Hallucinogens	23	1%	14	1%
Ecstacy (MDMA, MDA)	10	1%	7	0%
Inhalants	1	0%	1	0%
Total	1,679	100%	1982	100%

SUBSTANCE ABUSE TREATMENT: In FY 2009-10, 1982 individuals presented need for alcohol or drug treatment in Calhoun County. The top two reasons individuals presented for treatment in 2008-09 and 2009-10 were alcohol and marijuana. Actual need for substance abuse and addiction services cannot be accurately reflected in collected data as many individuals do not seek treatment due to lack of insurance, financial resources, and the social stigmas associated with seeking treatment.

CALHOUN COUNTY HOSPITAL SUBSTANCE ABUSE ADMISSIONS (PER 100,000 PEOPLE) [9]												
	2005		2006		2007		2008		2009		2010	
	MI	Calhoun	MI	Calhoun	MI	Calhoun	MI	Calhoun	MI	Calhoun	MI	Calhoun
Inpatient Hospital Admissions												
Alcohol	533	494	541	511	563	531	569	510	610	676	592	661
Illegal Drugs	553	545	596	515	609	525	600	476	451	439	451	529
Prescription Drugs	111	104	119	117	127	152	135	144	196	113	173	137
Tobacco	1673	1180	1748	1690	1725	1736	1820	1970	1914	2200	1878	2509
Emergency Department Hospital Admissions												
Alcohol	n/a	748	n/a	751	n/a	857	n/a	1034	n/a	761	n/a	915
Illegal Drugs	n/a	551	n/a	557	n/a	535	n/a	663	n/a	428	n/a	660

SUBSTANCE ABUSE HOSPITAL ADMISSIONS: Alcohol-related inpatient admissions for the state remain fairly consistent, however, in comparison, the number of Calhoun County alcohol-related inpatient admissions increased significantly in 2009 and remained high in 2010. Because use of alcohol is typically a socially accepted coping mechanism, it is often a symptom of underlying medical and mental conditions. Therefore, alcohol generally is the secondary diagnosis needing to be addressed in order to treat primary conditions individuals present with. Some alcohol related admissions are reported as primary diagnoses, such as cirrhosis of the liver.[9]

Tobacco-related inpatient admissions have steadily increased for both the state and Calhoun County. Calhoun County surpassed the state in the number of Tobacco-related inpatient admissions per 100,000 in 2007; a trend continuing to the present date. Prescription drug-related inpatient admissions for Calhoun County increased from 2009 to 2010, while prescription drug-related inpatient admissions for the state decreased during the same period. Illegal drug-related inpatient admissions for the county also increased from 2009 to 2010 by 90 admissions, while the illegal drug-related inpatient admissions for the state of Michigan over the same period only increased by 1 admission.[9]

SOURCE:
8. Kalamazoo Mental Health Substance Abuse Services, 2011
9. Michigan Hospital Association, 2011
10. Venture Behavioral Health, 2011

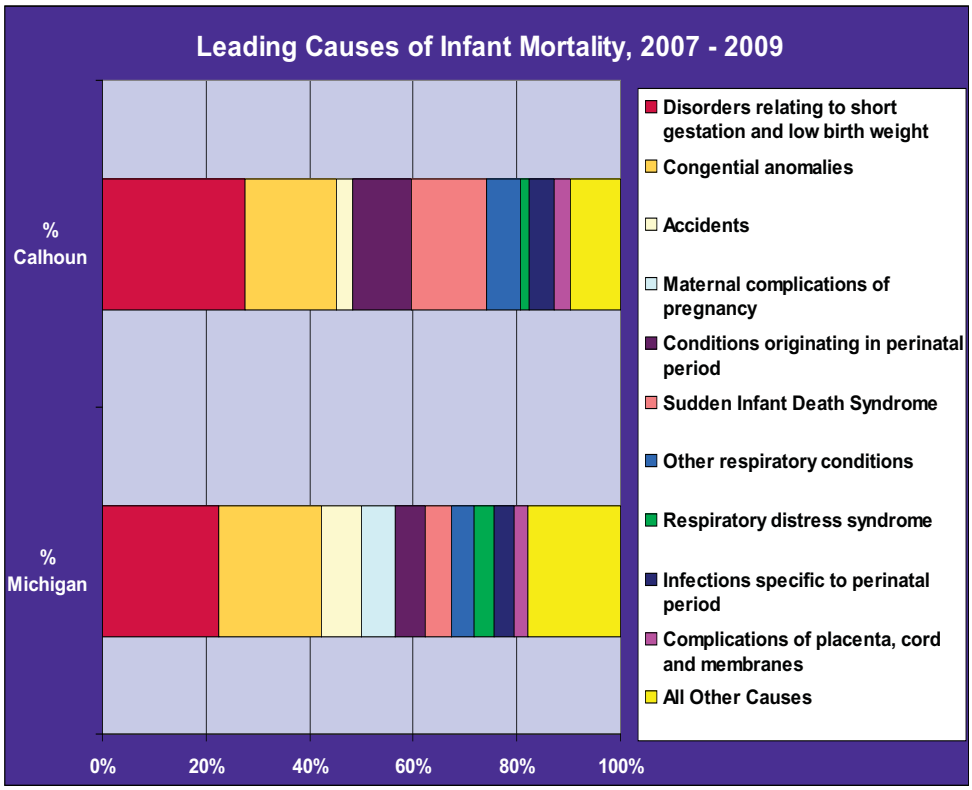
NOTES:
* Inpatient (IP)
** Emergency Department (ED)

HEALTHY FAMILY & SOCIAL RELATIONSHIPS

TOP TEN LEADING CAUSES OF DEATH

GOAL: To be the healthiest county in Michigan.

LEADING CAUSES OF DEATH, 2009[2]												
	Michigan		Calhoun									
	All Ages		All Ages		1-19 Years		20 - 44 Years		45 - 74 Years		75+ Years	
Cause of Death	Rank	%	Rank	%	Rank	%	Rank	%	Rank	%	Rank	%
Heart Disease	1	26.7	1	22.8	--	--	5	7.6	2	19.0	1	28.1
Cancer	2	23.4	2	21.9	--	--	2	15.2	1	30.2	2	17.8
Chronic Lower Respiratory Disease (CLRD)	3	5.7	3	6.1	--	--	7	1.1	5	7.2	4	6.2
Stroke	4	5.1	6	5.1	--	--	6	3.3	6	3.0	3	6.9
Accidents	5	4.3	4	5.5	1	28.6	1	27.2	4	7.4	9	1.1
Diabetes Mellitus	6	3.1	5	5.4	--	--	--	5.4	3	8.0	6	3.8
Alzheimer's Disease	7	3.0	7	2.6	--	--	--	--	--	--	5	4.8
Kidney Disease	8	2.0	8	2.3	--	--	8	1.1	8	1.4	8	3.1
Pneumonia/Influenza	9	1.8	9	2.3	--	--	--	--	7	1.6	7	3.3
Homicide	10	1.8	10	1.5	2	14.3	4	9.7	--	--		--
Suicide	11	1.3	11	0.7	3	14.3	3	10.9	9	1.4	10	0.3
All Other Causes	n/a	28.7	n/a	24.5	n/a	42.9	n/a	17.4	n/a	17.2	n/a	23.3



- The top 3 leading causes of death in Calhoun County (heart disease, cancer, and CLRD) accounted for over half of all deaths from 2007-2009.
- Accidents and Diabetes Mellitus accounted for a larger proportion of deaths among all age groups in Calhoun County compared to the State.
- Accidents, homicide, and suicide were the leading causes of death among Calhoun County residents age 1-20 years.
- Among infants less than 1 year of age, the leading causes of death were prematurity and low birth weight followed by congenital anomalies such as malformation deformations, and chromosomal abnormalities.

SOURCE:
1. Calhoun County Public Health Department, 2011
2. Michigan Resident Death Files, MDCH, 2011

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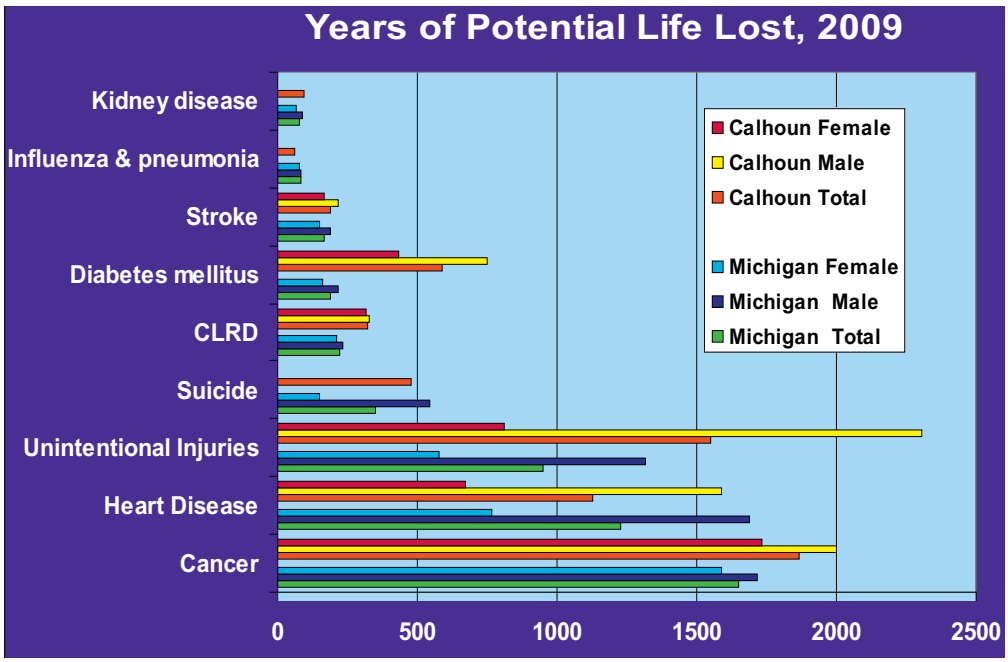
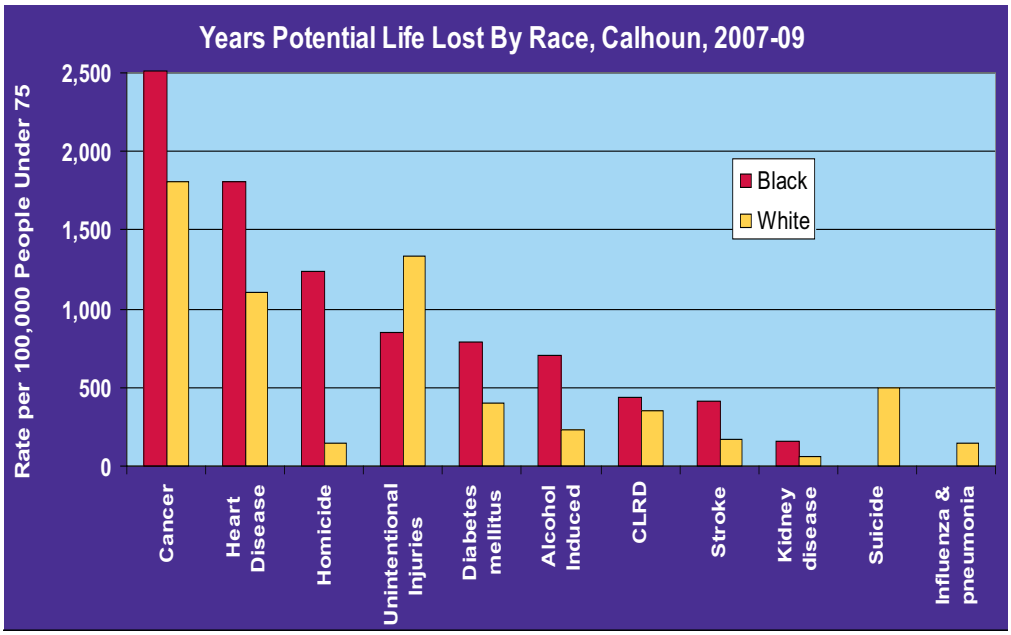
HEALTHY FAMILY & SOCIAL RELATIONSHIPS

YEARS OF POTENTIAL LIFE LOST

GOAL: Increase the Calhoun County residents' quality and years of life.

RATIONALE FOR CHOOSING INDICATOR: The years of potential life lost (YPLL) below age 75 is a measure of mortality designed to emphasize premature death. The number of years of potential life lost is calculated as the number of years between the age at death and 75 years of age for persons dying before their 75th year.





HOW ARE WE DOING?

- Overall, cancer is the leading cause of YPLL in Calhoun County, followed by heart disease.
- Among males in Calhoun County, unintentional injuries are the greatest contributor to YPLL, suggesting that accidents are a leading cause of death in males of younger ages.
- Clear disparities exist when the YPLL rate is stratified by race. African Americans have a much higher YPLL rate for cancer, heart disease, homicide, diabetes mellitus, alcohol induced deaths and stroke compared to Whites. Whites have a much higher rate of YPLL due to unintentional injuries, suicide, influenza & pneumonia.
- The rate of YPLL is partially affected by the higher mortality rates of certain disease conditions among Blacks, but also suggests that Blacks are more likely to die at younger ages than their White counter-parts.

SOURCE:
1. Calhoun County Public Health Department, 2011
2. Michigan Resident Death Files, Michigan Department of Community Health, 2011

NOTES:
* CLRD = Chronic Lower Respiratory Disease.

HEALTHY FAMILY & SOCIAL RELATIONSHIPS

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MORTALITY TABLES

The rates of death caused by disease are tracked to provide the health community with a better understanding of what people are dying from in Calhoun County. Calculating rates provides for a sense of how Calhoun County compares to the State of Michigan.

TOP 10 LEADING CAUSES OF DEATH (AGE-ADJUSTED, PER 100,000 PEOPLE) FOR MICHIGAN AND CALHOUN COUNTY, 2009

Rank	Cause of Death	Michigan[2]	Calhoun County[1]		
		Total	Total	Male	Female
	All Deaths	784.6	834.0	1014.1	701.3
1	Heart Disease	206.5	184.9	249.5	144.9
2	Cancer	181.9	183.5	224.1	155.0
3	Chronic Lower Respiratory Diseases	45.1	49.6	62.9	42.8
4	Stroke	39.9	41.5	47.5	37.6
5	Unintentional Injuries (Accidents)	35.4	51.9	74.4	31.5
6	Diabetes Mellitus	24.3	45.5	55.8	35.7
7	Alzheimer's Disease	22.9	20.6	*	25.3
8	Kidney Disease	15.5	18.4	*	*
9	Pneumonia/Influenza	13.9	18.9	*	*
10	Suicide	11.3	14.8	*	*

Among adults in Calhoun County, the leading causes of death are heart disease, cancer, and unintentional injuries.

LEADING CAUSES OF INFANT MORTALITY (THREE YEAR AVERAGE, PER 10,000 BIRTHS) [1]

Cause of Death	Michigan		Calhoun	
	Rank	Rate	Rank	Rate
Disorders Relating to Short Gestation and Low Birth Weight	1	17.2	1	31.5
Congenital Anomalies	2	15.0	2	20.4
Accidents	3	5.9	7	3.7
Maternal Complications of Pregnancy	4	5.0	*	*
Conditions Originating in Perinatal Period	5	4.3	4	13.0
Sudden Infant Death Syndrome	6	3.8	3	16.7
Other Respiratory Conditions	7	3.4	5	7.4
Respiratory Distress Syndrome	8	2.9	9	1.9
Infections Specific to Perinatal Period	9	2.9	6	5.6
Complications of Placenta, Cord and Membranes	10	2.1	8	3.7

Short gestation, low birth weight, and congenital anomolies are the leading causes of death among infants in both Calhoun County and Michigan. However, Calhoun County experiences a drastically high rate of infant deaths due to Sudden Infant Death Syndrome (SIDS). SIDS is defined as the sudden death of an infant less than 1 year of age that cannot be explained after a thorough investigation is conducted, including a complete autopsy, examination of the death scene, and review of the clinical history. Even when a thorough investigation is conducted, it may be difficult to separate SIDS from other types of sudden unexpected infant deaths, especially accidental suffocation in bed. Deaths due to SIDS in Calhoun County are 4.4 times higher than the state. Calhoun County also experiences much higher rates of mortality across all causes except for accidents, maternal complications, and respiratory distress syndrome.

SOURCE:
1. Calhoun County Public Health Department, 2011
2. Michigan Resident Death Files, MDCH, 2011

NOTES:
* Number of deaths too small to calculate a reliable rate.

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HEALTHY FAMILY & SOCIAL RELATIONSHIPS

HEART DISEASE

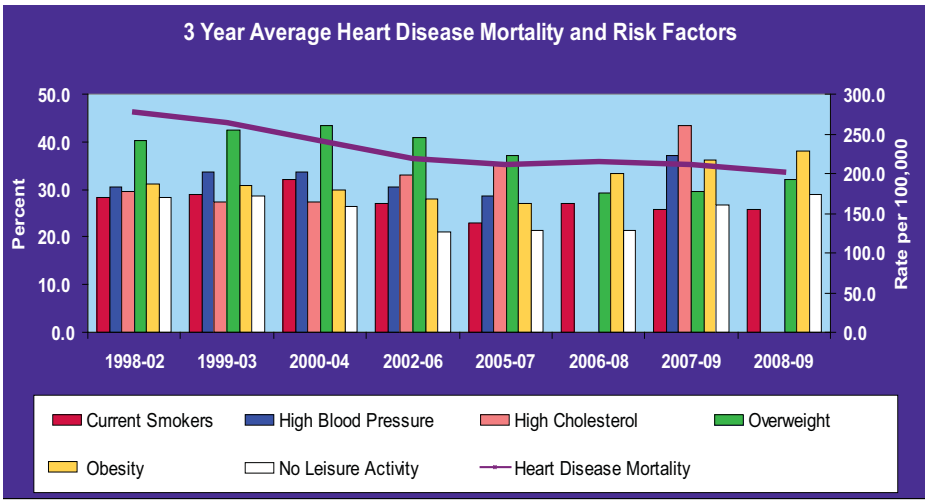
GOAL: Reduce the heart disease mortality rate for all residents of Calhoun County.

CALHOUN COUNTY ESTIMATES OF BEHAVIORS THAT CONTRIBUTE TO THE RISK OF HEART DISEASE[3] **

	Current Smokers	High Blood Pressure	High Cholesterol	Over-weight	Obese	No Leisure Activity
1998-02	28.2	30.4	29.7	40.4	31.2	28.3
1999-03	28.9	33.8	27.5	42.3	30.7	28.7
2000-04	32.0	33.8	27.5	43.5	30.0	26.5
2002-06	27.1	30.6	32.9	40.9	28.0	21.1
2005-07	22.9	28.7	35.3	37.2	26.9	21.5
2006-08	26.9	n/a	n/a	29.2	33.4	21.5
2007-09	25.9	37.1	43.4	29.6	36.1	26.8
2009[4]	25.8	36.5	47.7	37.4	38.4	25.6

AGE-ADJUSTED HEART DISEASE MORTALITY RATES PER 100,000 RESIDENTS

	Michigan[1]	Calhoun[2]					
	Total	Total	Male	Female	White	Black	Hispanic*
2000-02	273.8	280.5	350.8	227.3	274.0	332.7	-
2001-03	262.8	266.4	351.8	209.3	258.1	338.1	-
2002-04	249.0	244.7	339.5	181.3	236.6	312.7	-
2003-05	239.0	224.7	313.0	166.3	221.5	247.4	-
2004-06	230.6	219.0	291.3	168.7	215.5	237.1	-
2005-07	226.7	221.3	289.2	173.0	215.5	260.3	137.1
2006-08	223.2	213.9	364.8	166.4	208.6	243.0	114.5
2007-09	216.4	203.3	353.1	156.3	197.4	221.8	122.4



HOW ARE WE DOING?

- Although the prevalence of risk factors that contribute to heart diesease such as obesity have increased, heart disease mortality has fallen during the same time frame suggesting that medical interventions are improving survival among people diagnosed with heart disease.
- Calhoun County has an overall lower heart disease mortality rate than the state average.
- Males had over twice the rate of heart disease mortality than females from 2007-09; however, heart disease remains the number one cause of death for both genders.
- Significant improvements have been made in reducing heart disease mortality for both Whites and Blacks over the past decade; however, mortality is still greater among Blacks.
- There is some evidence to suggest that Hispanics have an overall lower rate of heart disease mortality than both Whites and Blacks.

AGE-SPECIFIC HEART DISEASE MORTALITY RATE, 2007-09 (PER 100,000 PEOPLE)

	Calhoun [2]	MI [1]
<50 yrs	13.7	17.0
50-74 yrs	294.1	268.3
75+ yrs	2,203.4	2,514.8

SOURCE:
1. Michigan Resident Death Files (2005-2009)
2. Calhoun County Public Health Department, 2011
3. Michigan Behavioral Risk Factor Survey, Regional and Local Health Department Estimates, MDCH, 2011
4. Calhoun County Behavioral Risk Factor Survey, 2011

NOTES:
*Data only available for 2005-2009. Caution should be taken when interpreting these rates due to low cell counts.
** Rates are calculated using estimates on a rolling basis and change from year to year, so that is why the years aren't evenly spaced.

HEALTHY FAMILY & SOCIAL RELATIONSHIPS

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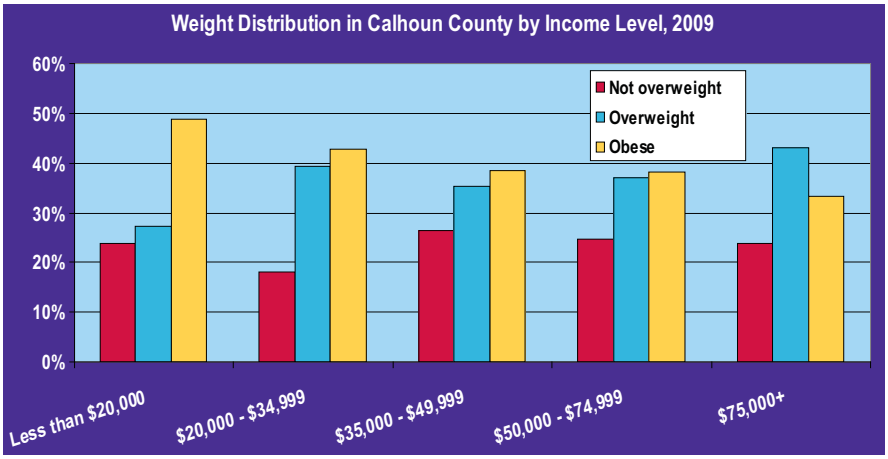
OVERWEIGHT AND OBESITY

GOAL: Increase the percent of adults in Calhoun County who are at a healthy weight and reduce the percent of adults who are obese.

PERCENT OF POPULATION WITH INADEQUATE PHYSICAL ACTIVITY, 2009[B]			
	Adults[1]	High School Students[2]	Middle School Students[2]
Calhoun	51.2%	42.4%	44.1%
Michigan	48.0%	53.2%	n/a
PERCENT OF POPULATION WITH INADQUATE FRUIT & VEGETABLE CONSUMPTION, 2009[C]			
	Adults[1]	High School Students[2]	Middle School Students[2]
Calhoun	87.9%	68.4%	61.1%
Michigan	77.4%	80.4%	n/a
PERCENT OF POPULATION THAT DOES NOT ROUTINELY PARTICIPATE IN LEISURE TIME ACTIVITY, 2009[D]			
	Adults[1]	High School Students[2]	Middle School Students[2]
Calhoun	25.6%	n/a	n/a
Michigan	23.5%	n/a	n/a



HOW ARE WE DOING?

- Currently, **less than a quarter of Calhoun County adults are at a heathy weight** compared to 34.4% of Michigan residents as a whole.[3]
- The majority of high school and middle school students are at a healthy weight; however, a lower perentage of high school students are at a healthy weight compared to the state average.[3]
- The Calhoun County adult population consistently scores worse than the state average in terms of risk behaviors that contribute to overweight and obesity. Calhoun County adolescents, however, scored better than the state average in physical activity and fruit & vegetable consumption.[3]
- Many factors contribute to overweight and obestiy, particularly socioeconomic status which can affect access to healthy foods, safe environments, availability of leisure time, and health education. As seen in the the figure to the left, the proportion of obese adults decreases with each increase step in income level.[3]

PERCENT OF POPULATION THAT IS OVERWEIGHT OR OBESE, 2009						
	Adults Age 18+[1]		High School Students[2]		Middle School Students[2]	
	Calhoun	Michigan	Calhoun	Michigan	Calhoun	Michigan
Not Overweight	24.1%	34.4%	67.3%	73.9%	65.8%	n/a
Overweight	37.4%	35.3%	16.8%	14.2%	17.4%	n/a
Obese	38.4%	30.3%	15.9%	11.9%	16.8%	n/a

SOURCE:
1. Calhoun County & Michigan Behavioral Risk Factor Survey, 2009
2. Michigan Profile for Healthy Youth, 2010. State results from Youth Risk Behavior Survey 2010. YRBS results not available for middle school students in Michigan.
3. Calhoun County Health Department, 2011

NOTES:

a. Weight and height were self-reported. For adults, not overweight: BMI less than 25.0; overweight: BMI greater than or equal to 25.0, but less than 30.0; obese: BMI greater than or equal to 30.0. For high school and middle school students, not overweight: BMI less than 85th percentile; overweight: BMI at or above the 85th percentile and below the 95th percentile; obese: BMI at or above the 95th percentile

b. Proportion of adults who reported that they do not usually do moderate physical activities for a total of at least 30 minutes on five or more days per week or vigorous physical activities for a total of at least 20 minutes on three or more days per week while not at work or proportion of adolescents who did not engage in physical activity for a total of at least 60 minutes per day on five of more of the past 7 days.

c Proportion of respondents whose total reported consumption of fruits (including juice) and vegetables was less than five times per day.

d Proportion of respondents who reported that they did not participate in any physical activities, recreation, or exercises in their leisure time within the past month.

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HEALTHY FAMILY & SOCIAL RELATIONSHIPS

DIABETES

GOAL: Reduce the diabetes mortality rate in Calhoun County.

DIABETES MORTALITY RATE* (PER 100,000 PEOPLE)		
	Calhoun [1]	MI [2]
2000-02	36.7	27.1
2001-03	36.9	26.7
2002-04	38.9	27.2
2003-05	42.2	27.0
2004-06	45.8	27.3
2005-07	45.0	26.6
2006-08	43.6	26.1
2007-09	41.4	25.3

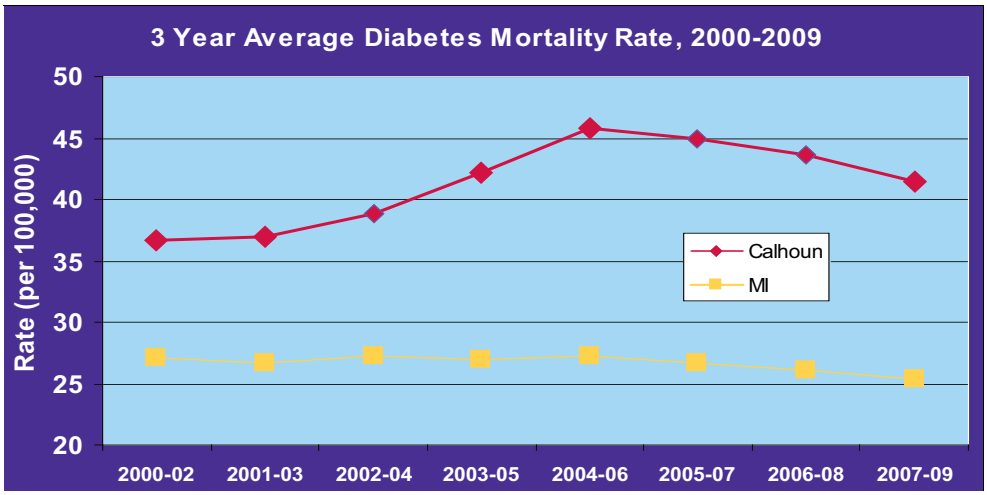
DIABETES MORTALITY RATE BY SELECT RACE, CALHOUN COUNTY [1] (PER 100,000 PEOPLE)			
	White	Black	Ratio
2000-02	34.9	64.6	1.85
2001-03	35.6	66.2	1.86
2002-04	37.7	49.1	1.30
2003-05	39.3	65.4	1.66
2004-06	41.1	68.4	1.66
2005-07	39.0	78.3	2.0
2006-08	38.2	74.4	1.95
2007-09	37.5	67.9	1.81

DIABETES-RELATED MORTALITY RATE** (PER 100,000 PEOPLE)		
	Calhoun [1]	MI [2]
2000-02	106.0	81.3
2001-03	106.2	80.4
2002-04	108.5	80.6
2003-05	107.9	80.9
2004-06	116.5	81.7
2005-07	120.3	81.5
2006-08	124.1	80.9
2007-09	112.5	79.7

Diabetes Prevalence, Calhoun County, 2009	
Race	Ever told by a doctor that you have diabetes
White	12.2%
Black	12.3%

HOW ARE WE DOING?

- The age-adjusted diabetes mortality rate and diabetes-related mortality rate has increased over the past 10 years in Calhoun County while the state average rate decreased slightly during the same period.
- During 2007 to 2009, the Calhoun County diabetes mortality and diabetes-related mortality rate was significantly higher than the state. Diabetes directly caused 22 more deaths and indirectly caused 45 more deaths in Calhoun County than what would be expected if the Calhoun County mortality rate equaled the state mortality rate. [1]



- The diabetes mortality rate increased among both White and Black Calhoun County residents from 2000-2009. However, the Black diabetes mortality rate is 81% higher than the White diabetes mortality rate and virtually no progress has been made at closing the mortality gap over the past decade.[1]
- Despite the higher diabetes mortality rate among Blacks, there is no significant difference in the self-reported prevalence of diabetes between Blacks and Whites. Because the prevalence of diabetes is the same among Whites and Blacks, we know that although Blacks are not more likely to *have* diabetes, they are more likely than Whites to *die* of diabetes. This inconsistency can be explained by several factors such as lower diabetes screening rates among Blacks, difficulties in managing diabetes treatment, and poorer quality of care.[1]

SOURCE:
1. Calhoun County Public Health Department, 2011
2. Michigan Resident Death Files, MDCH, 2011

NOTES:
* The diabetes mortality rate includes deaths where diabetes was specifically listed as the underlying cause of death on the death certificate.
** The diabetes-related mortality rate includes all deaths where diabetes was listed as a condition (contributing cause) on the death

HEALTHY FAMILY & SOCIAL RELATIONSHIPS

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SUICIDE

GOAL: Reduce the suicide mortality rate in Calhoun County.

DEATHS BY AGE GROUP IN CALHOUN COUNTY [2], 2009			
Age Group	Total Number of Deaths in Age Group	Number of Deaths due to Suicide	% of Total Deaths due to Suicide
<1 yr	20	--	--
1 – 14 yrs	4	--	--
15 – 24 yrs	16	4	25.0%
24 – 44 yrs	79	7	8.9%
45 – 64 yrs	280	5	1.8%
65 + yrs	927	4	0.4%
Total	1,326	20	1.5%

AGE-SPECIFIC SUICIDE MORTALITY RATE, CALHOUN COUNTY (PER 100,000 PEOPLE)[2]			
	< 25 years	25-74 years	75+ years
1998-02	5.8	15.4	21.6
1999-03	5.8	15.3	19.5
2000-04	6.2	15.6	15.1
2001-05	7.0	17.3	12.7
2002-06	7.1	17.8	16.8
2003-07	6.7	17.0	12.5
2004-08	8.1	17.7	*
2005-09	8.7	17.9	*

SUICIDE DEATHS OF YOUTH AGED 15-24 IN CALHOUN COUNTY				
	Michigan[2]	Calhoun[1]		
		Total	Males	Females
1998-02	10.2	12.6	22.0	4.4
1999-03	10.2	12.3	21.4	4.2
2000-04	10.4	12.3	22.2	3.4
2001-05	10.6	13.4	23.3	4.3
2002-06	10.7	13.8	24.7	3.7
2003-07	10.7	12.9	23.1	3.3
2004-08	11.0	13.6	23.3	4.3
2005-09	11.1	14.1	23.1	6.0

- Out of 83 counties in Michigan, Calhoun County had the 44th highest age-adjusted suicide rate from 2000 to 2006.
- The suicide rate has increased slightly in both Michigan and Calhoun County over the past 12 years; however, the suicide rate in Calhoun County has been consistently higher than the state average.
- Suicide continues to be the 11th leading cause of death among all age groups in both Michigan and Calhoun County.[1]
- Within Calhoun County the highest number of deaths due to suicide in 2009 was in the 25-44 year-old range. However, suicide accounted for 25% of the deaths occuring in the 15-24 year old range.[2]
- Suicide is the 3rd leading cause of death among Calhoun County residents under the age of 20.[1]

SOURCE:
1. Calhoun County Public Health Department, 2011
2. Michigan Resident Death Files, Michigan Department of Community Health, 2011
3. Office of Statistics & Programming, National Center for Injury Prevention & Control, CDC, 2011
4. Bronson Battle Creek, 2011

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HEALTHY FAMILY & SOCIAL RELATIONSHIPS

SUICIDE

GOAL: Reduce the suicide mortality rate in Calhoun County.

SELECTED CHARACTERISTICS OF CALHOUN COUNTY SUICIDES, 2005-2009[2]		
	Youth Under 25 Years	All Ages
Gender		
Male	70%	80%
Female	30%	20%
Race		
White	85%	95%
Black	15%	3%
Hispanic	5%	2%
Method of Suicide		
Hanging	45%	23%
Firearm	40%	48%
Poisoning	5%	24%
Other	15%	6%

METHOD OF SUICIDES, CALHOUN COUNTY (2005-2009)[2]	
	Percent of Suicide Deaths
Firearm	48.0%
Poisoning	24.0%
Hanging/Strangulation/Suffocation	23.0%
Motor Vehicle	2.0%
Drowning	1.0%
Fall	1.0%
Other	1.0%

SUICIDE BY SEASON IN CALHOUN COUNTY, 2005 - 2009[2]		
Season of Suicide	# of Deaths	% of Suicide Deaths
Winter (Dec, Jan, Feb)	28	28%
Spring (Mar, Apr, May)	17	17%
Summer (Jun, Jul, Aug)	23	23%
Fall (Sep, Oct, Nov)	32	32%

- Suicide mortality is much higher for males compared to females. Males were almost 4 times as likely to die from suicide as females from 2005-2009.[1] However, there is an average of 3 female suicide *attempts* for each male attempt.
- Almost half the suicide attempts from 2005-2009 that resulted in death involved a firearm. Poisoning ranked as the second highest means of suicide with asphyxiation by hanging coming in third.

HOSPITALIZATIONS DUE TO SUICIDE ATTEMPTS FOR CALHOUN COUNTY RESIDENTS[4]			
	July 2007 - June 2008	July 2008 - June 2009	July 2009 - June 2010
Suicide Attempt in County			
Poison	122	125	114
Firearm	1	n/a	n/a
Strangulation/Asphyxiation	n/a	n/a	n/a
Suicide Attempt out of County			
Poison	26	10	24
Firearm	n/a	n/a	1
Strangulation/Asphyxiation	n/a	n/a	1
Total	149	135	140

HEALTHY FAMILY & SOCIAL RELATIONSHIPS

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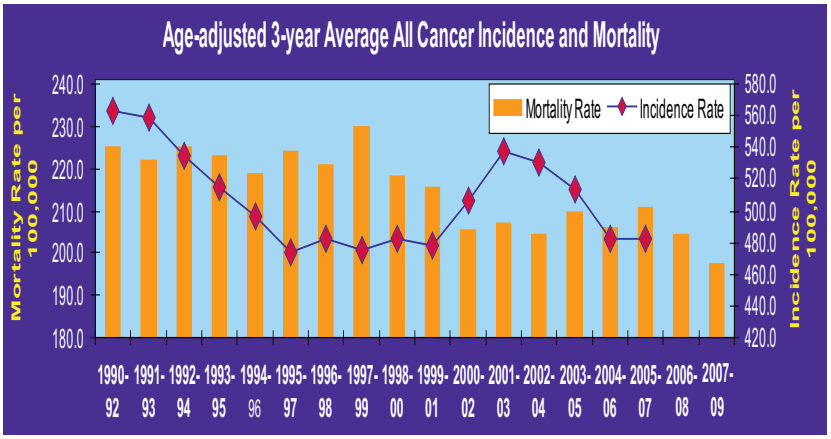
CANCER

GOAL: Reduce the cancer mortality rate in Calhoun County.

CANCER MORTALITY RATES , TOTAL AND BY RACE					
	Michigan[2]	Calhoun County[1]			
3 Year Span	All Races	All Races	White	Black	Rate Ratio
2000-02	199.5	205.5	203.7	232.8	1.14
2001-03	195.9	207.3	205.2	248.0	1.21
2002-04	193	204.4	198.3	275.7	1.39
2003-05	190.7	209.5	205.9	246.3	1.20
2004-06	190.3	206.2	205.0	221.9	1.08
2005-07	189.4	210.7	210.6	216.9	1.03
2006-08	187.7	204.6	202.6	234.3	1.16
2007-09	184.8	197.5	188.7	253.7	1.34



LEADING CAUSES OF CANCER MORTALITY, CALHOUN COUNTY, 2007-09[1]		
CAUSE OF DEATH	AVG. # OF DEATHS	RATE (PER 100,000)
All Cancer	312	197.5
Lung and Bronchus	97	61.1
Breast	24.7	28.5
Prostate	16	25.4
Colon & Rectum	25	15.6
Pancreas	16	10.0
Ovary	7.7	8.7
Leukemia	11.7	7.5
Non-Hodgkin Lymphoma	10.7	6.7
Brain and other CNS	7.3	5.0
Melanoma of the skin	6	3.9
Lip, pharynx, & oral	5	3.2
Bladder	4	*
Cervix	1	*

HOW ARE WE DOING?

- Both Michigan and Calhoun County have had an overall reduction in their respective mortality rates over the last decade; however, Calhoun County has had a consistently higher cancer mortality rate than the state average.
- Although cancer mortality has steadily decreased in Calhoun County, the actual incidence of cancer has fluctuated over the past 20 years. All cancer incidence has been trending downward since 2001.
- Males have a significantly higher rate of all-cause cancer mortality compared to females.
- Significant progress has been made in reducing the all-cause cancer mortality rate for White residents of Calhoun County; however, no clear progress has been made among African American residents.
- Large disparities exist between African Americans and Whites. The all-cause cancer mortality rate among African Americans was 34% higher than Whites from 2007 to 2009 (rate ratio=1.34). This disparity has widened in recent years.
- Lung cancer is the most common type of cancer in Calhoun County, accounting for 61.1 deaths per 100,000 each year and 31% of all cancer deaths.
- **Breast, prostate, and colorectal cancers, 3 cancers which for which common screening tests are available, were the next most common causes of cancer mortality.**

CANCER MORTALITY RATE, 2007-2009		
	Calhoun [1]	MI [2]
<50 Yrs	24.3	18.9
50 - 74 Yrs	550.3	375.6
75+ Yrs	1466.5	1405.7

SOURCE:
1. Calhoun County Public Health Department, 2011
2. Michigan Resident Death Files, Michigan Department of Community Health, 2011

NOTES:
* Rate not able to be calculated due to size.

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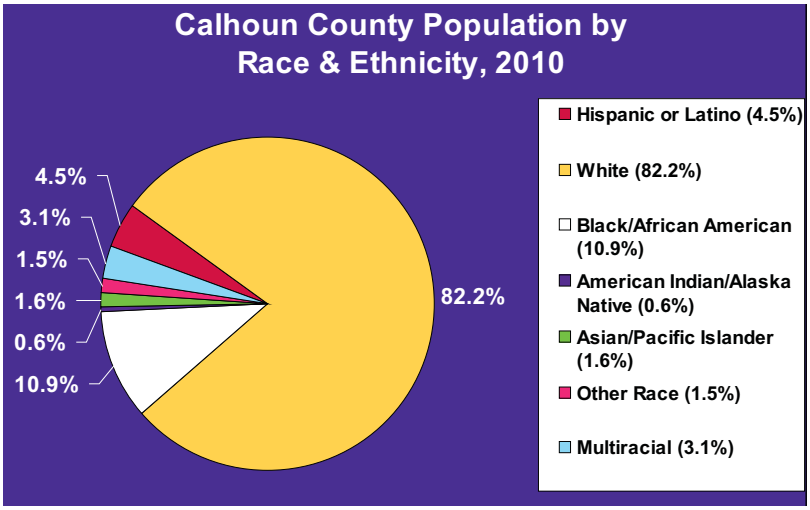
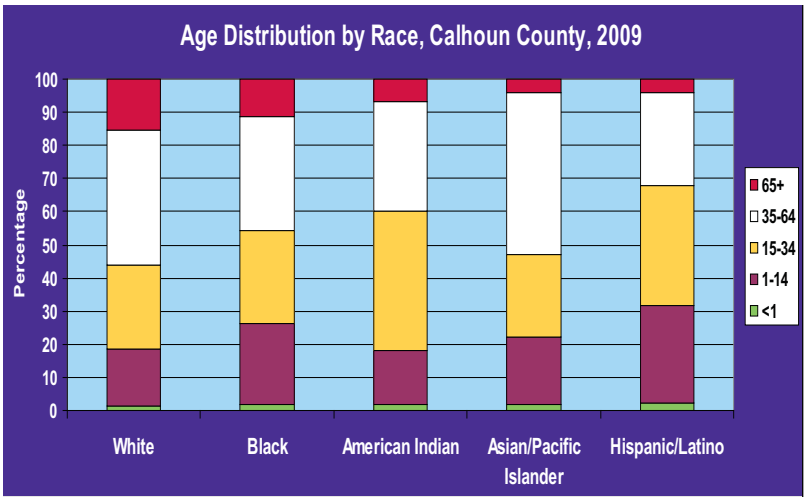
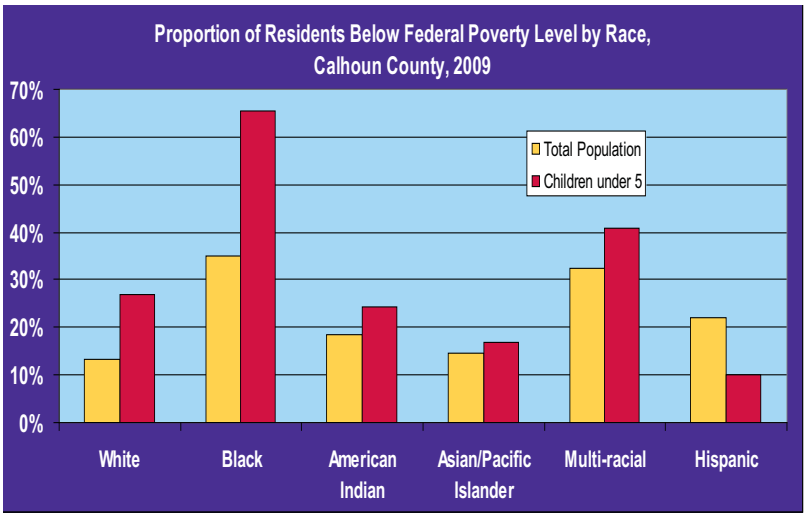
HEALTHY FAMILY & SOCIAL RELATIONSHIPS

HEALTH DISPARITIES

GOAL: Eliminate health disparities in communities of color.







RATIONALE FOR CHOOSING INDICATOR:
Life expectancy and overall health have improved for most Americans in recent years partially because of increased preventative medicine and advances in medical technology. Unfortunately not all Americans are benefiting equally. Despite progress in the overall health of the Nation, there are continuing disparities in illness and death experienced by Blacks, Hispanics/Latinos, American Indians and Alaska Natives, and Native Hawaiian and Other Pacific Islanders, compared to the U.S. population as a whole.[1]

HEALTH INEQUITIES: A health inequity is an unequal, and unnecessary condition that negatively impacts an individual's health and well being. Health inequities adversely affect groups of people who have systematically experienced greater social and/or economic obstacles to health and a safe environment.[3]

The demographic changes anticipated over the next decade magnify the importance of addressing disparities in health status. Groups currently experiencing poorer health status are expected to grow as a proportion of the total U.S. population; therefore, the future health of America as a whole will be influenced substantially by improving the health of these racial and ethnic minorities.[1] Racial and ethnic minorities make up 17.8% of Calhoun County's population. The fastest growing minority groups are Hispanic/Latinos, Asians, and people of multiracial backgrounds.[2]

Poverty is a strong predictor of poor health outcomes. Among the total population of Calhoun County, Blacks, Hispanic/Latinos, and Multiracial children are most likely to live in poverty. Overall, 16.2% of the total population and 32.0% of children under 5 years were living at or below the federal poverty level in 2009.[3]

SOURCE:
1. Centers for Disease Control, 2011
2. U.S. Census, 2011
3. Calhoun County Health Department, 2011

HEALTHY FAMILY & SOCIAL RELATIONSHIPS

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HEALTH DISPARITIES

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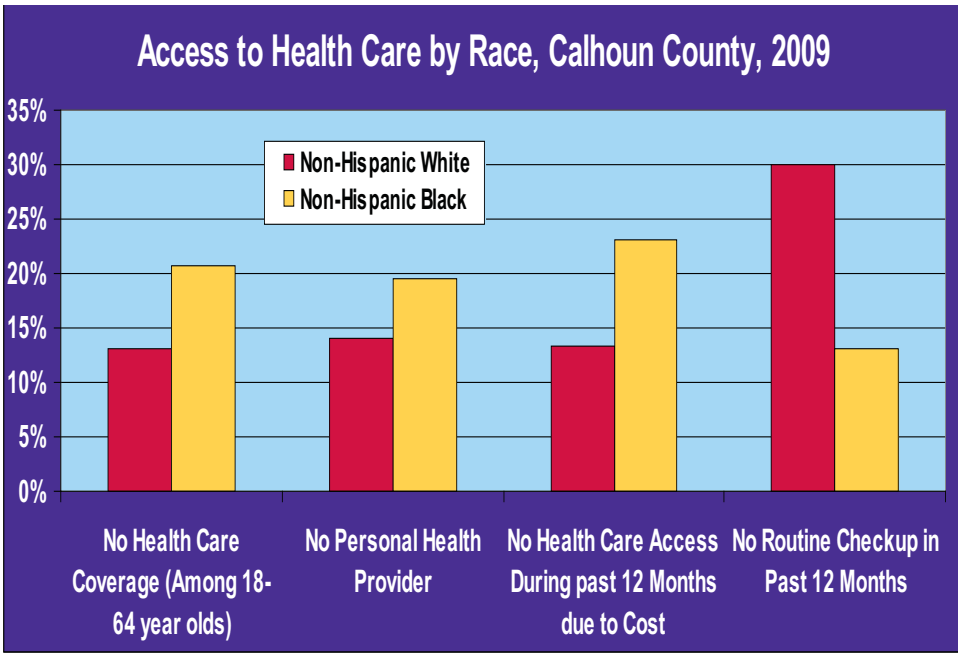
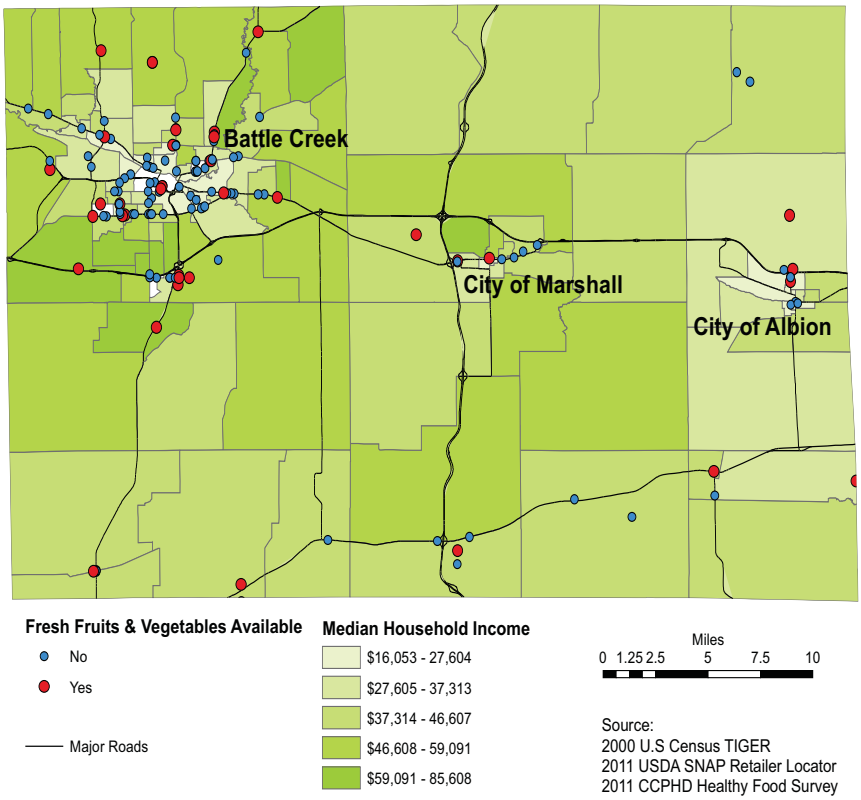


HEALTH CARE ACCESS AND QUALITY OF CARE: According to the 2009 Calhoun County Behavioral Risk Factor Survey, Blacks in Calhoun County are most likely to report no health care coverage, no personal health provider, and no health care access in the past year due to cost compared to Whites. However, Blacks were more likely to report having a routine checkup in the past 12 months than Whites. Lack of access to health care can cause delays in receiving preventive or urgent care and preventable hospitalizations.[5]

Availability of Fresh Fruit & Vegetables at Supplemental Nutrition Assistance Retailers by Median Household Income in Calhoun County



ENVIRONMENT: Food deserts are defined as areas without access to fresh, healthy, and affordable food. Instead of grocery stores, these communities may have no food access or are served only by fast food restaurants and convenience stores that offer few healthy, affordable food options.[3]

The USDA has identified 3 food deserts in Calhoun County on the north, east, and west side of Battle Creek. As you can see from the map to the left, these areas have no or too few stores that sell fresh fruits and vegetables. These areas are also characterized by low median household income levels. Low income individuals often lack the ability to make healthy choices due to the environment that surrounds them.[4]

SOURCES:
4. USDA SNAP Retail Locator, 2011
5. 2009 Calhoun County Behavioral Risk Factor Surveillance Survey

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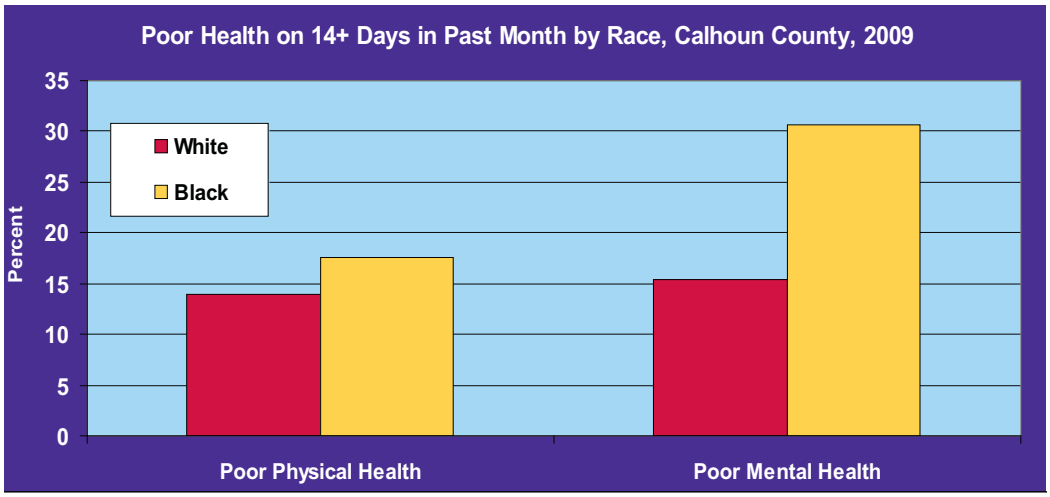
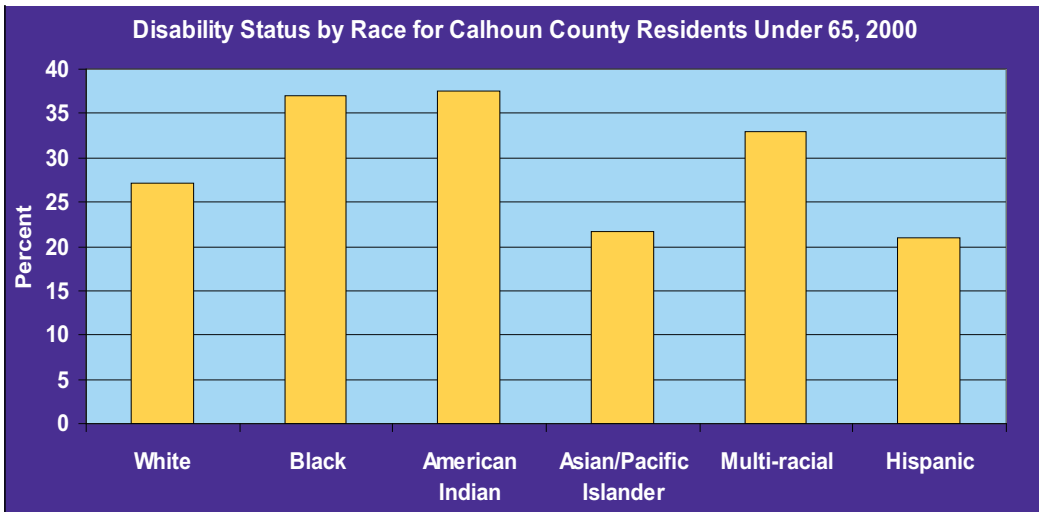
HEALTHY FAMILY & SOCIAL RELATIONSHIPS

HEALTH DISPARITIES

GOAL: Eliminate health disparities in communities of color.



GENERAL HEALTH STATUS AND DISABILITY: Self-reported health is a good indicator of a group's true overall health status. The Behavioral Risk Factor Survey shows that in 2009 Blacks were more likely to report poor physical and mental health on at least 14 days in the past month than Whites.[5]



DISABILITY: Disability can limit employment opportunities, physical activity, social engagement, and overall health. People with disabilities may also have difficulty accessing health care services due to inadequate transportation.[3]

COMMUNICABLE DISEASE: The number of Tuberculosis (Tb) cases in the United States has declined dramatically since 1993. However, Tb continues to affect many people who have immigrated to the United States from countries where Tb is still widespread. In Calhoun County, the Asian population, particularly those who are foreign-born, are disproportionately affected by Tb. Most cases of Tb are not contagious and can be cured with effective treatment.[6]

TUBERCULOSIS CASES BY RACE AND ETHNICITY, 2000-2009[6]

	Cases	Crude Rate per 100,000
Calhoun County		
Total	23	1.67
White	8	0.67
Black	7	4.41
Asian	8	38.9
Hispanic	3	5.84
Michigan		
Total	2,478	2.49

SOURCES:
6. Michigan Disease Surveillance System, 2011

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ACCESS TO HEALTH CARE

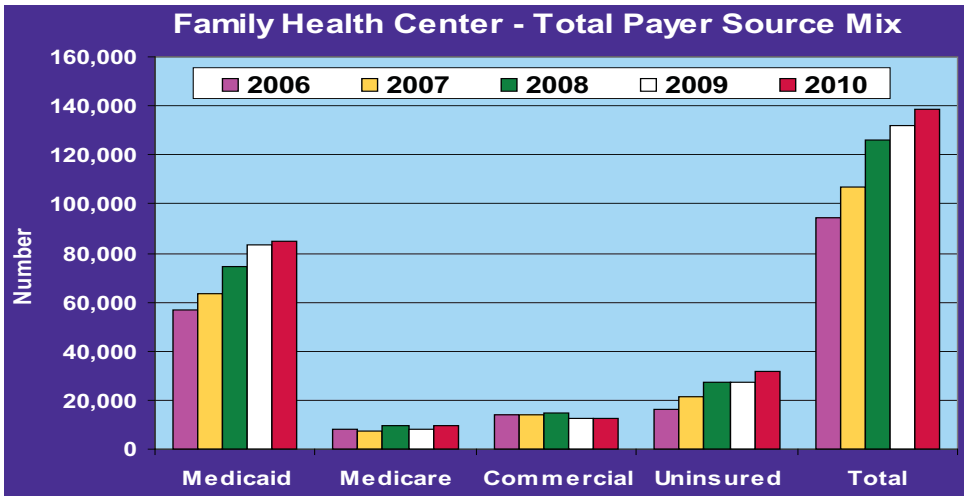
GOAL: 100% of Calhoun County residents will have access to quality health care.

RATIONALE FOR CHOOSING INDICATOR: In order to gain a better understanding of the *health care delivery* climate of an area, the first requirement is to gain a general understanding of the *economic* climate of the given area. Population, employment & labor force, and the jobless rate are three areas important to understand due to the strong link between population and the types of health care services required by an area's residents. Those who have health insurance coverage are more likely to seek preventive care and follow through on treatments. The importance of prevention and follow-up are directly related to decreased morbidity & mortality, increased worker producitiveity, increased family stability, and decreased societal cost of medical care.

# OF ENCOUNTERS FAMILY HEALTH CENTER OF BATTLE CREEK & ALBION [2]		
	BATTLE CREEK	ALBION
2006	83,663	10,829
2007	93,315	13,654
2008	109,684	16,294
2009	115,487	16,463
2010	123,606	14,952

NUMBER OF ENCOUNTERS		
	Nursing Clinic[3]	Fountain Clinic[4]
2006	5,085	2,690
2007	2,647	2,559
2008	2,928	3,664
2009	2,719	5,334
2010	4,255	4,900

ACCESS: The County is working to increase health care access points and the range of services available. In 2010, Family Health Center of Battle Creek and Albion provided 138,558 services in Calhoun County and delivered 445 babies.[2] Health care services are available at reduced cost through the Calhoun County Health Department, the Fountain Clinic, and the Nursing Clinic.



Population - Between 1998 and 2004, the population of Calhoun County ranged from 137,783 to 138,754. Since 2004, the population has steadily decreased to a low of 135,616 in 2009 and began a slight movement upward in 2010 to 136,146. The age categories of the individuals who have contributed to Calhoun County's decreased population are adults in the 25 years age to 44 years age range, school age children, and the age categories normally associated with the retirement years. The calendar year 2000 35 to 44 years age cohort that is currently the 45 to 54 years age cohort has shown the largest consistent exodus from Calhoun county that has lost approximately 7,500 over the past decade. The other disturbing trend has been the large loss this past year in the 20 to 24 years cohort. While there is no empirical evidence as to the reason for this exodus, the most likely reason is the lack of employment. On the positive side, the 25 to 34 years cohort and all but one of the cohorts for ages greater than 55 years show positive growth. While the individuals in age cohorts of 65 and up are covered by Medicare and thus not a concern from an uninsured lens, the exodus of their children and thus the weakening of their support system is a health care concern that will need to be addressed by the community.[1]

SOURCE:

1. Profile of the Uninsured in Calhoun County, Raymond Higbea, RN, PhD, FACHE, 2011
2. Family Health Center of Battle Creek & Albion, 2011
3. Nursing Clinic, 2011
4. Fountain Clinic, 2011

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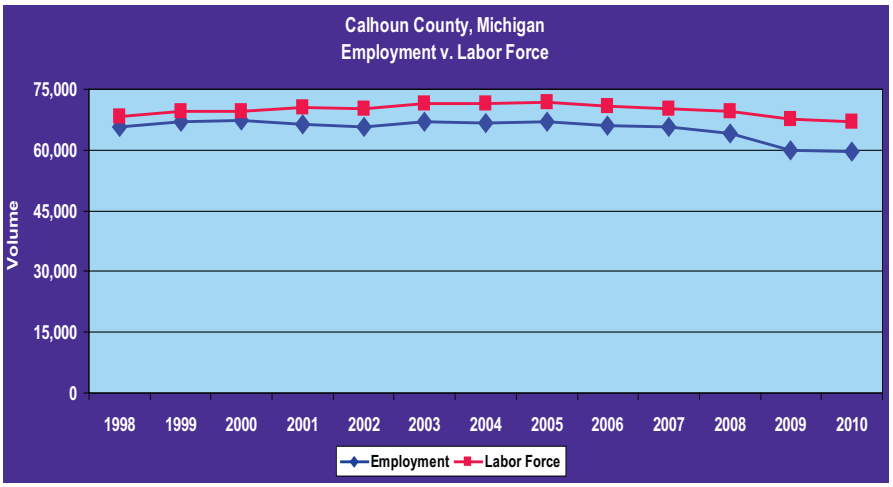
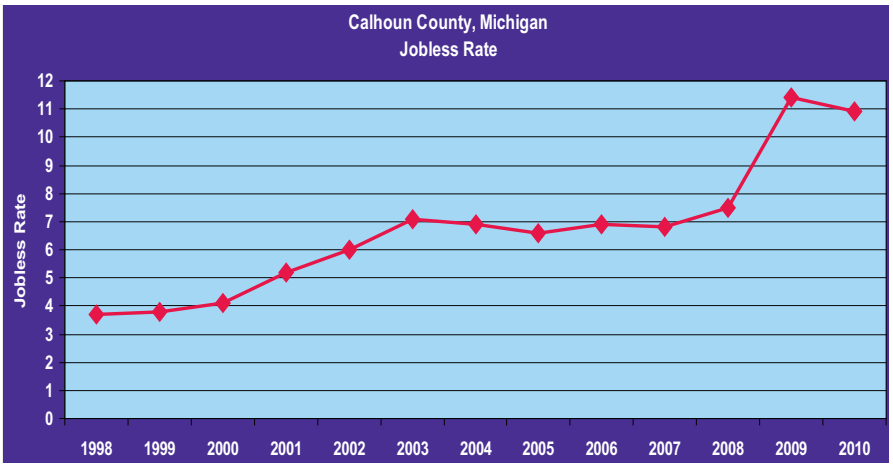
COMMUNITY CONNECTEDNESS

ACCESS TO HEALTH CARE

GOAL: 100% of Calhoun County residents will have access to quality health care.

CALHOUN COUNTY POPULATION BY AGE GROUP[1]							
Age	2000	2005	2009	2010	10 Year Change	5 Year Change	1 Year Change
<5	9,002	9,554	8,652	8,436	(566)	(1,118)	(216)
5-9	10,216	9,205	9,049	8,845	(1,371)	(360)	(204)
10-14	10,369	10,324	8,711	9,661	(708)	(663)	950
15-19	10,154	8,967	9,169	9,933	(221)	966	764
20-24	8,424	7,713	9,533	8,300	(124)	587	(1,233)
25-34	17,878	17,677	15,470	16,193	(1,685)	(1,484)	723
35-44	21,121	19,301	17,700	17,145	(3,976)	(2,156)	(555)
45-54	19,321	19,146	20,704	19,594	273	448	(1,110)
55-59	6,961	8,008	9,084	9,525	2,564	1,517	441
60-64	5,682	6,604	7,358	8,300	2,618	1,696	942
65-74	9,948	9,365	10,728	10,341	393	976	(387)
75-84	6,584	6,197	6,852	6,940	356	743	88
85+	2,325	2,567	2,606	2,858	533	291	252
Total	137,985	134,628	135,616	136,071	(1,914)	1,443	455





The **employment versus labor force** comparison describes how many jobs are available versus how many individuals are available for those jobs. The Calhoun County data has shown a steady increase in the difference between employment and laborforce which peaked in 2009 and went down slightly in 2010. Calhoun County has a strong history in manufacturing however employment growth areas have been in various segments of the service sector. The implication is decreased pay which often results in less discretionary income and less robust benefit packages often resulting in increased personal cash outlays for health care services. This often results in decreased early access of the health care system and ultimately more expensive health care services when they finally are accessed.[1]

The **jobless rate** saw its lowest point in 1998 at 3.7%, has trended upward to approximately 12%, and has declined this past year to approximately 11%.[1]

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ACCESS TO HEALTH CARE

GOAL: 100% of Calhoun County residents will have access to quality health care.

CALHOUN COUNTY UNINSURED PROFILE - The uninsured rate consists of two populations, the transitional and long-term uninsured. Depending upon the economic climate of an area, the transitional population ranges from one-half to two-thirds of the population. The transitional group consists of individuals that are between jobs and are uninsured for no more than six months. Whereas, the long-term uninsured are generally the working poor who have no prospect of gaining health insurance and individuals who have been uninsured for greater than six months.[1]

CALHOUN COUNTY PROFILE OF THE UNSINSURED, 2010[1]				
		Number of Uninsured at Any One Point in Time	Annual Number of Uninsured	Uninsured and Did Not Access Services
Age	<18	1,103	1,655	876
	18-64	25,432	38,148	20,876
Race	White	21,801	32,717	18,771
	Black	3,576	4,338	874
	Hispanic	1,158	1,791	818
Family Income	> 200% Poverty	8,086	12,090	-
	Poor or Working Poor	10,742	16,113	-
Education	> Bachelor's Degree	4,682	7,023	-
	< Bachelor's Degree	27,556	41,334	-

Age - The first category in the uninsured profile is age and is divided into two groups with Calhoun County rate of 1.22 % for those less than 18 years age and 28.02 % for those greater than 18 years age. These percentages represent a dramatic decrease for the pediatric population of approximately 400 percent from 5.2 % in 2010 (part of this decrease is due to more comprehensive data collection) and a decrease of 18 % for the adult population from 34.7 % in 2010.[1]

Race - There were three major racial groups measured for this study with Whites having and Hispanics demonstrating similar uninsured rates of 13.5 % and 13.1 % respectively. The Black population's uninsured rate of 16.7 % was only approximately 3 percentage points greater than the uninsured rates for the white or Hispanic populations.[1]

Family Income - Family income was divided into two groups with those individuals with an income greater than 200 percent of the poverty level comprising approximately 30 percent of the total uninsured and those with an income of less than 200 percent of the poverty level comprising approximately 40 percent. There were no descriptive statistics submitted by the providing organizations on family income and poverty level.[1]

Education - Education level was divided into two groups (table 5) and demonstrated that those with at least a bachelor degree comprised approximately 0.9 percent of the uninsured and those without a bachelor degree comprising the remaining 99.1 percent. The above data demonstrates the high value a bachelor degree brings to economic stability and access to health care services. There were no descriptive statistics submitted by the providing organizations on education level.[1]

Conclusion - In conclusion, regardless of the profile characteristic, there are approximately 26,535 individuals uninsured in Calhoun County at any one point in time during the year or 39.308 throughout the entire year. The Calhoun County free clinics, hospitals, Family Health Center, and private physicians annually provide approximately 18,000 uninsured individuals with health care services. Despite these efforts, there are approximately 21,000 uninsured individuals in Calhoun County each year that have no access to health care services.[1]

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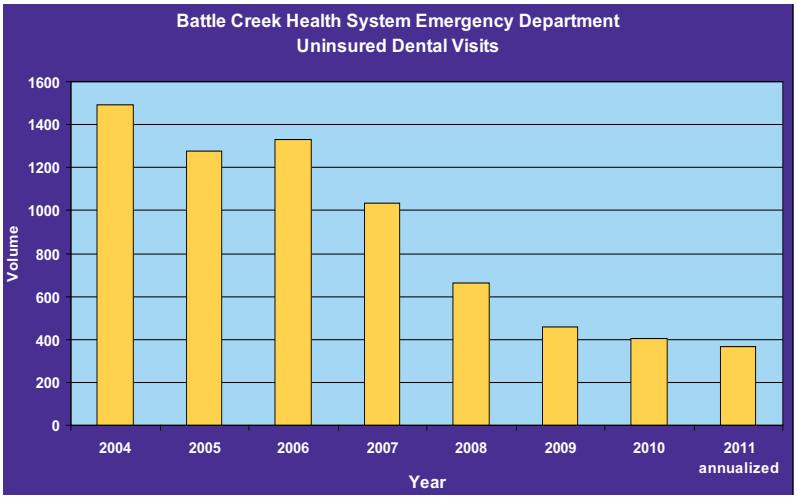
COMMUNITY CONNECTEDNESS

ACCESS TO HEALTH CARE

GOAL: 100% of Calhoun County residents will have access to quality health care.

PREVENTABLE HOSPITALIZATION RATES (PER 10,000 RESIDENTS) FOR PATIENTS OF ALL AGES IN CALHOUN COUNTY, 2009[5]		
	Calhoun	Michigan
All Conditions	294.5	271.3
Congestive Heart Failure	47.4	38.3
Bacterial Pneumonia	37.0	31.8
Chronic Obstructive Pulmonary	34.2	27.0
Kidney/Urinary Infections	18,4	17.5
Diabetes	16.1	13.3
Cellulitis	13.6	15.3
Asthma	9.3	16.9
Dehydration	8.2	8.9
Epileptic Conditions	6.8	7.3
Gastroenteritis	2.4	3.8
All Other Conditions	101.2	91.0



WORK OF THE DENTISTS' PARTNERSHIP CALHOUN COUNTY, 2010[6]	
	Number
Volunteer Dentists	38
People Served	1,390
Donated Dental Treatment Visits	1,769
Hours of Community Service Provided by People Served through the Partnership	15,358
Local Non-Profits Receiving Community Service	71

Ambulatory Care Sensitive Hospitalizations are related to conditions such as diabetes, asthma, hypertension, and dehydration where "timely and effective ambulatory care can decrease hospitalizations by preventing the onset of an illness or condition...". High rates of Ambulatory Care Sensitive Hospitalizations may indicate a shortage of primary care resources, poor performance of primary health care systems, poor prevention services, or additional barriers community members may face to obtaining "timely and effective care". *(Michigan Department of Community Health, 2010)*

Dental Care: The Dentists' Partnership is a commitment among community dentists to join together to serve individuals with the greatest and most urgent needs, regardless of their ability to pay. Those who recieve help have the ability to make a valuable contribution to their community by donating hours of community volunteer service. The dentists share the load equitably, can choose their level of contribution, and are provided support structures from the Partnership. Every recipient of help completes an oral health class, receives one-on-one training with a dental hygienist, and is given toothpaste, toothbrushes, disclosing tablets (reveal plaque left of teeth), and floss.

Since June of 2007 when the Partnership was established, 39 dentists have provided 4,354 donated services to 2,620 patients. The patients who have recieved care, in turn, donated 34,293 hours of community service. Since the start of the Dentists' Partnership there has been a reduction in Emergency Room visits to BCHS for dental pain from 859 visits in FY 2007 to 369 visits in FY 2010.[6]

SOURCE:

5. Michigan Department of Community Health, 2010
6. Calhoun Health Plan, 2011

COMMUNITY CONNECTEDNESS

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INFANT MORTALITY

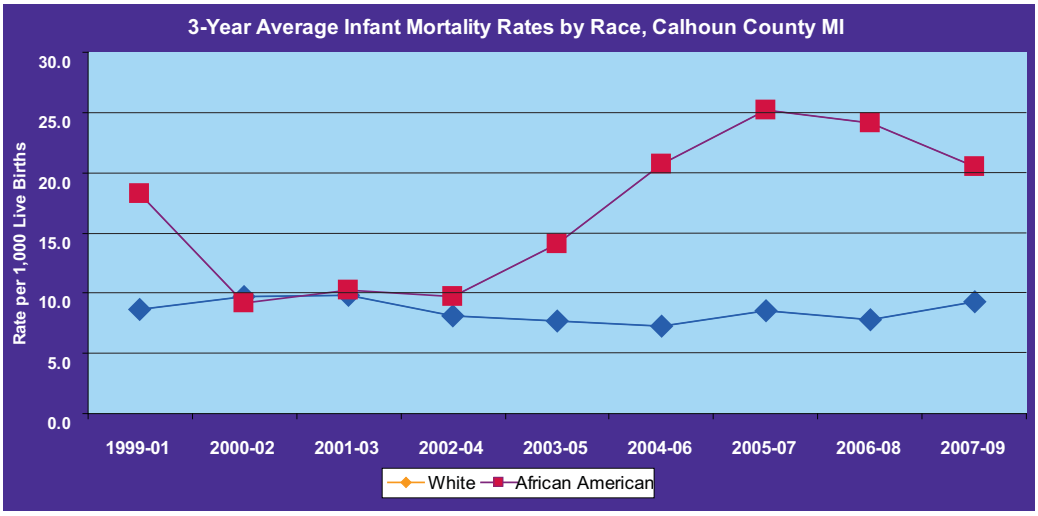
GOAL: All infants born in Calhoun County will thrive and mature into healthy toddlers.

INFANT MORTALITY RATE (PER 1,000 LIVE BIRTHS)		
	Calhoun [1]	MI [2]
2000-02	10.0	8.1
2001-03	10.0	8.2
2002-04	8.7	8.1
2003-05	9.2	8.0
2004-06	9.6	7.6
2005-07	11.2	7.8
2006-08	10.7	7.6
2007-09	11.5	7.6

HOW ARE WE DOING?

- The infant mortality rate in Calhoun County continues to be higher than the State of Michigan Rate. From 2007- 09, Calhoun County had an average of 3.9 more infant deaths per 1,000 births than Michigan.[1]
- When stratified by race, the burden of infant mortality clearly falls disproportionately on Blacks. In 2009, the Black infant mortality rate was 2.2 times higher than the White infant mortality rate.[1]
- Racial disparities in infant mortality have been widening since 2002, although the average rate from 2007-09 showed some improvement.[1]
- Calhoun County has a similar proportion of low birth weight infants and premature births compared to Michigan. Both proportions have increased slightly over the past 10 years.[1]
- The mortality rate for low birth weight infants has decreased significantly since 2000 in part due to new medical technologies than increase the chances of survival. Unfortunately, the mortality rate among premature infants has not decreased over the past 10 years in Calhoun County.[1]

INFANT MORTALITY RATE BY SELECT RACE, CALHOUN COUNTY [1] (PER 1,000 LIVE BIRTHS)			
	White	Black	Ratio
2000-02	9.7	9.2	0.9
2001-03	9.8	10.2	1.0
2002-04	8.1	9.7	1.2
2003-05	7.7	14.1	1.8
2004-06	7.3	20.7	2.8
2005-07	8.5	25.2	3.0
2006-08	7.8	24.1	3.1
2007-09	9.3	20.5	2.2



PERCENT OF ALL LIVE BIRTHS AND INFANT MORTLITY RATE OF LOW BIRTHWEIGHT (LBW) AND PREMATURE BIRTHS						
3 Year Span	Michigan LBW Births[2]	Calhoun LBW Births[1]	Calhoun LBW Mortality Rate[1]	Michigan Premature Births[2]	Calhoun Premature Births[1]	Calhoun Premature Mortality Rate[1]
2001-03	8.1%	7.8%	90.5	11.3%	10.6%	55.7
2002-04	8.2%	7.9%	71.6	11.2%	9.4%	52.5
2003-05	8.3%	8.7%	63.2	10.9%	9.7%	49.2
2004-06	8.4%	8.5%	70.2	10.5%	11.8%	56.6
2005-07	8.4%	8.8%	79.8	10.2%	13.4%	66.9
2006-08	8.5%	8.6%	87.2	10.1%	14.4%	71.3
2007-09	8.5%	8.6%	85.8	10.4%	11.7%	66.9

SOURCE:
1. Calhoun County Public Health Department, 2011
2. Michigan Resident Death Files, Michigan Department of Community Health, 2011

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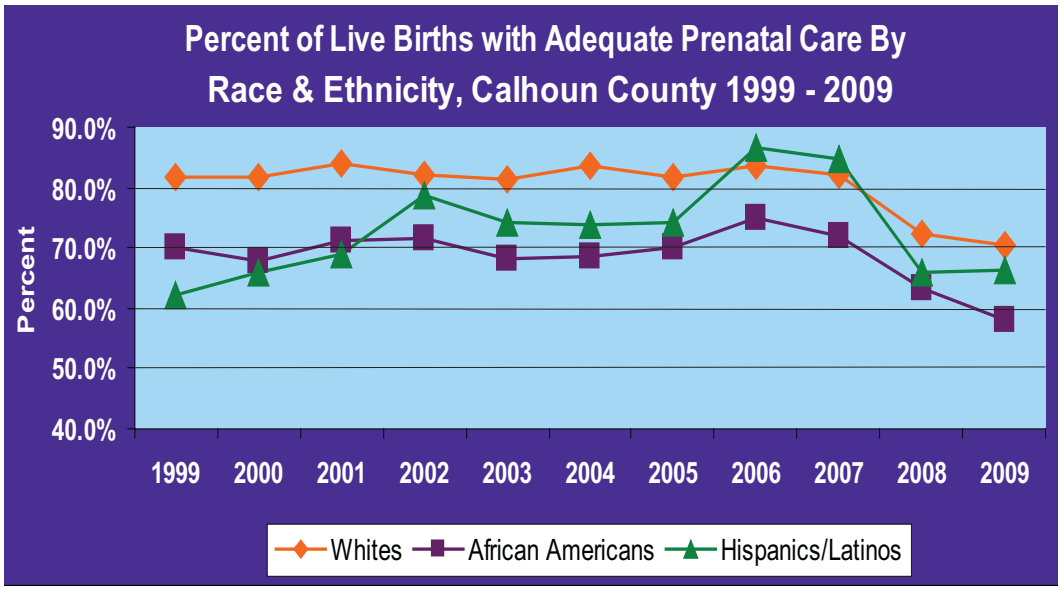
COMMUNITY CONNECTEDNESS

ADEQUATE PRENATAL CARE

GOAL: All pregnant women in Calhoun County will receive adequate prenatal care.

PERCENT OF MOTHERS RECEIVING ADEQUATE PRENATAL CARE*		
	Calhoun [1]	MI [2]
2000	79.5%	74.3%
2001	82.3%	77.4%
2002	80.8%	78.2%
2003	79.4%	78.4%
2004	78.1%	76.9%
2005	80.0%	77.8%
2006	82.2%	77.7%
2007	80.0%	75.0%
2008	70.3%	67.4%
2009	68.4%	68.0%

HOW ARE WE DOING? Although a higher percentage of mothers in Calhoun County receive adequate prenatal care compared to the state average, the percentage has been decreasing in recent years. Decreases in adequate prenatal care have been experienced across racial and ethnic groups. However, Black and Hispanic mothers are less likely than White mothers to receive the care they need. Black and Hispanic mothers are also less likely to initiate prenatal care within the first trimester compared to White mothers.[3]



PERCENT OF LIVE BIRTHS BY LEVEL AND TIME OF PRENATAL CARE, CALHOUN COUNTY[1]										
	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
White										
Prenatal Care in First Trimester	84.2%	85.8%	85.0%	84.1%	84.0%	85.3%	87.0%	84.6%	75.1%	72.5%
Adequate	81.6%	83.9%	82.1%	81.5%	83.5%	81.7%	83.5%	82.1%	72.2%	70.4%
Intermediate	13.0%	11.6%	14.0%	13.9%	12.8%	15.0%	12.3%	14.5%	21.4%	23.8%
Inadequate	5.1%	4.4%	3.8%	4.4%	3.7%	3.3%	4.0%	3.3%	4.9%	4.9%
Black										
Prenatal Care in First Trimester	70.7%	74.4%	74.6%	71.2%	72.0%	74.1%	76.2%	75.3%	66.8%	59.9%
Adequate	67.7%	71.1%	71.5%	68.1%	68.7%	70.1%	75.0%	71.9%	63.1%	58.0%
Intermediate	25.1%	19.8%	18.8%	22.6%	22.5%	23.7%	16.9%	19.7%	26.6%	32.4%
Inadequate	6.5%	9.1%	9.8%	9.4%	8.8%	6.1%	8.1%	8.5%	9.1%	6.9%
Hispanic/Latino Ethnicity										
Prenatal Care in First Trimester	-	-	-	-	-	78.8%	88.7%	84.6%	67.9%	67.4%
Adequate	65.8%	68.9%	78.7%	74.4%	73.7%	74.3%	86.8%	84.6%	66.1%	66.3%
Intermediate	24.1%	26.4%	17.6%	18.3%	21.1%	23.0%	11.3%	13.0%	27.7%	27.2%
Inadequate	8.9%	4.7%	3.7%	7.3%	5.3%	2.7%	1.9%	2.4%	5.4%	6.5%

SOURCE:
1. Calhoun County Public Health Department, 2011
2. Michigan Resident Birth Files, MDCH, 2011
3. Calhoun County Health Department, 2011

NOTES:
* Adequacy of prenatal care is measured using the Kessner Index.

COMMUNITY CONNECTEDNESS

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CHILD HEALTH

GOAL: All children in Calhoun County will have access to health services.

PERCENT IMMUNIZED [1]* (19-35 Months) 4:3:1:3:3:1		
	Calhoun	MI
Jan-06	69%	64%
Jul-06	76%	67%
Jan-07	75%	71%
Jul-07	76%	72%
Jan-08	77%	72%
Jul-08	71%	71%
Jan-09	59%	64%
Jul-09**	53%	60%
Jan-10	66%	62%
Jul-10	72%	63%
Jan-11	76%	68%
Jul-11	79%	72%

RATIONALE FOR CHOOSING INDICATOR: Early discovery of potential health problems in children through routine check-ups helps to increase the chance for effective treatment. Childhood illnesses can lead to school absenteeism, hospitalizations, and in serious cases, death.

HOW ARE WE DOING?

CHILDHOOD IMMUNIZATIONS: The Michigan Childhood Immunization Registry (MCIR) tracks the extent of coverage for the 4:3:1:3:3:1 vaccination series recommended by the Advisory Committee on Immunization Practices for all children 19-35 months old. Calhoun County continues to improve its childhood immunization coverage, which remains above the State of Michigan average. However, the Healthy People 2010 goal of 90% coverage has yet to be reached. The continued work of local health professionals and early childhood initiatives will help close this gap in the coming years.[2]

ASTHMA: Asthma is the most common chronic disease found in children. Hospitalizations due to asthma in Calhoun County have decreased dramatically in infants less than 1 year of age over the past decade; however, rates have slightly increased among children 1-5 years. Nonetheless, Calhoun County has maintained a significantly lower rate of asthma hospitalizations than the state average.[2]

AMBULATORY CARE SENSITIVE HOSPITALIZATIONS DUE TO ASTHMA BY AGE (RATE PER 10,000)				
	Calhoun[2]		Michigan[3]	
	< 1 Year Old	1-5 Years Old	< 1 Year Old	1-5 Years Old
1998-00	32.1	18.4	47.0	38.7
1999-01	31.7	18.3	48.9	41.7
2000-02	29.5	19.2	49.7	43.0
2001-03	27.7	20.8	50.8	43.3
2002-04	34.9	18.0	49.6	43.6
2003-05	36.0	20.6	47.0	45.0
2004-06	27.0	20.6	41.5	42.4
2005-07	19.8	24.2	33.2	39.9
2006-08	16.4	24.7	27.5	37.5
2007-09	16.3	24.1	23.0	36.2

LEAD POISONING: Lead poisoning is a condition caused by swallowing or inhaling lead. Even low levels of lead poisoning may damage the nervous system, interfere with growth, harm hearing, lower IQ scores, or make learning difficult. The proportion of children who test positive for elevated blood lead levels has remained relatively low in Calhoun County. The percent of positive tests was lower in Calhoun County than in Michigan for 6 out of the 7 past years.[2]

LEAD POISONING IN CHILDREN, AGES 1-2 [4]						
		2006	2007	2008	2009	2010
Children Tested for Lead (Number)	Calhoun	1,860	1,748	1,837	1,783	1,538
	MI	80,037	84,438	88,649	88,486	89,163
% Tested Showing Elevated Blood Lead	Calhoun	0.9%	1.3%	0.9%	1.0%	0.7%
	MI	1.6%	1.4%	1.1%	0.9%	0.8%
% Tested on Medicaid Showing Elevated Blood Lead	Calhoun	1.3%	1.8%	1.3%	1.4%	0.9%
	MI	2.0%	1.7%	1.4%	1.1%	1.0%

SOURCE:
1. MCIR Profile by County, www.mcir.org, 2011
2. Calhoun County Public Health Department, 2011
3. Michigan Department of Community Health, 2011
4. Kids Count, 2011

NOTES:
* 4 DTap (Diphtheria, Tetanus, Pertussis), 3 Polio, 1 MMR (Measles, Mumps, Rubella), 3 Hib (Haemophilus influenzae type b), 3 Hepatitis B, and 1 Varicella.
** 2009 immunization rate is abnormally low due to the national shortage of the Hib (Haemophilus influenzae type b) vaccine, so children are not receiving their 3rd dose.
*** Asthma hospitalization defined as a primary discharge diagnosis of asthma.

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COMMUNITY CONNECTEDNESS

MENTAL HEALTH SERVICES

GOAL: People in Calhoun County will be healthy, living functional and independent lives.

Making Life Work.

Summit Pointe

RATIONALE FOR CHOOSING INDICATOR: As concerning as health indicators are for the general community, the issues become much worse when one adds in the issues of serious mental health or co-occuring mental health/substance use disorders. *Simply, mentally ill persons die 25 years earlier on the average than their non-mentally-ill peers.* Persons with serious mental illness show higher rates of modifiable risk factors, such as smoking, alcohol consumption, poor nutrition/obesity, lack of exercise, "unsafe" sexual behavior, IV drug use, and residence in group care facilities and homeless shelters (increasing exposure to tuberculosis and other infectious disease as well as less opportunity to modify individual nutritional practices). The use of psychotropic medications may also mask symptoms of medical illness and actually contribute to symptoms of medical issues. Another contributing factor for premature death is poor compliance with medical treatment and because they tend not to seek preventative diagnostic and treatment interventions. Historically, the medical and behavioral health worlds have been separated (even isolated from each other). It becomes increasingly evident that this is no longer an option. Recently-passed health reform bills mandate a much more closely integrated approach to healthcare.[1]

FAMILIES SERVED BY THE WRAPAROUND PROGRAM[2]

	# Families Served	% with Improved Functioning	Youth in their homes 6 mos. past service	Youth in their homes 12 mos. past service
FY 2009	125	n/a	85%	100%
FY 2010	242	n/a	89%	97%
FY 2011	333	75%	92%	96%

YOUTH SERVICES:

WRAPAROUND: This program provides and coordinates clinical services for children age birth - 17 who are at risk in one or more areas including: removal from the home due to CPS involvement, juvenile delinquency, truancy, behavioral issues, mental health concerns, court involvement, and substance abuse. Wraparound workers help the family develop a support team, create a plan for how to meet identified goals, connect the family with needed resources, and coordinate all service providers involved to help the family successfully meet their goals. Goals of the program are child safety, permanency, and increased family functioning.

YOUTH SERVED BY INFANT MENTAL HEALTH HOME BASED SERVICES[1]

	Number Served	Number able to maintain or improve level of functioning
FY 2009	18	100%
FY 2010	43	78%
FY 2011	49	95%

INFANT MENTAL HEALTH HOME BASED SERVICES: This is a home based program for youth ages birth - 3, and their parents. Either the child has a mental illness or the parent could have a mental illness that places their child at risk for serious emotional disturbance by creating a care giving environment that is unhealthy. The family usually requires assistance with needs such as medications, school placement, parenting support, and therapy if the infant/toddler did not respond to less intensive interventions.

NUMBER OF YOUTH SERVED BY THE ENVISION CENTER[1]

	Youth Served
FY 2011	269

ENVISION CENTER: Summit Pointe in collaboration with Southwest Rehabilitation provides services to kids who have been identified with Autism Spectrum Disorders (ASD) through the Envision Center. Envision Center has been open to provide these serivces since February of 2010. Envision Center offers many different evidence based treatments including Occupational Therapy, Physical Therapy, Speech Therapy, Applied Behavioral Analsysis, Play Project, Psychological testing, and Social Skills Group.

SOURCE:

1. Summit Pointe, Community Mental Health, 2011
2. Wraparound, 2011

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MENTAL HEALTH SERVICES

GOAL: People in Calhoun County will be healthy, living functional and independent lives.

YOUTH SERVED BY HOME-BASED AND CASE MANAGEMENT SERVICES[1]			
	# Children Served	Youth with Improved level of functioning	Youth able to remain with family
FY 2009	275	88%	98%
FY 2010	472	86%	96%
FY 2011	445	86%	98%

HOME BASED & CASE MANAGEMENT SERVICES: Offered to youth with emotional impairments & developmental disabilities. Services can be short-term to accomplish a limited set of goals or long-term for youth with chronic conditions. The focus of treatment is to build stability in school, community, & neighborhoods. Interventions include linking, coordinating, and monitoring the youth's life to build natural supports & advocate for the family's best interests.

FAMILIES SERVED BY MULTI-SYSTEMIC TREATMENT[1]				
	# Families Served	Youth w/ no new arrests	Youth in school/ work	Youth w/ improved family relations
FY 2009	67	76%	72%	87%
FY 2010	76	83%	81%	91%
FY 2011	74	76%	90%	82%

MULTI-SYSTEMIC TREATMENT: An intensive family and community based treatment that addresses the multiple determinants of serious antisocial behavior in juvenile offenders. The goals are to eliminate or significantly reduce the severity and frequency of a youth's delinquent behavior, to teach parents skills and resources needed to independently address the difficulties that arise in raising adolescents, and to empower youth to cope with problems.

BUILDING FAMILY BRIDGES PROGRAM PARTICIPATION (NUMBER SERVED), CALHOUN COUNTY[1]			
	# Schools	# School Staff Members	# Youth Served
FY 2009	24	194	3,038
FY 2010	24	221	3,726
FY 2011	26	144	5,329

BUILDING FAMILY BRIDGES: Provides life skills development and character education to at-risk youth in schools, and to youth who have already been suspended and or expelled from public education opportunities. Building Family Bridges teaches youth how to make good decisions and to overcome obstacles that impair their performance at school, home and in the community. This program provides group training with the school personnel to teach them how to work with difficult parents, and provides trainings to parents on Positive Parenting Practices.

YOUTH SERVED BY RESPITE SERVICES[1]		
	# Children Served	Youth able to remain w/ family in least restrictive setting
FY 2009	105	94%
FY 2010	115	94%
FY 2011	99	99%

RESPITE CARE: An alternative support service for families with developmentaly disabled children. Respite supports are available for caregivers to have support caring for their child.

YOUTH SERVED BY PREVENTION SERVICES IN THE SCHOOL[1]	
	# Youth Served
FY 2008	58
FY 2009	61
FY 2010	119
FY 2011	122

PREVENTION IN THE SCHOOLS: Services are offered on-site that focus on anger management, self-esteem, social skills, and conflict resolution. School personnel identify at-risk youth, and a clinician completes an assessment with the youth and family. Services can be provided on an individual basis, as well as in a group modality. The goal of prevention services is to meet the youths' needs early enough with sufficient interventions to forestall a worsening of conditions (and thus a need for more intense services).

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COMMUNITY CONNECTEDNESS

MENTAL HEALTH SERVICES

GOAL: People in Calhoun County will be healthy, living functional and independent lives.

POPULATION OF SUMMIT POINTE CONSUMERS COMPARED TO CALHOUN COUNTY POPULATION[1]		
	Summit Pointe Consumers	Calhoun County Population
Males	47.4%	48.2%
Females	50.6%	51.0%
Ages 18+	63.3%	74.0%
Ages 60+	12.0%	14.2%
White	71.3%	85.1%
Black	17.2%	10.4%
Hispanic	3.3%	4.0%
Asian	.28%	1.6%
Multi-racial	.014%	2.5%
Native Amer.	2.0%	.7%

LIVING AND EMPLOYMENT STATUS OF ADULTS WITH MENTAL ILLNESS, FY 2010[1]		
	Calhoun County	MI
Percent of Adults with Mental Illness who live in a private residence alone, with spouse, or non-relatives	52.60%	39.26%
Percent of Adults with Mental Illness who are Competitively Employed	15.28%	11.80%
Percent of Adults with Mental Illness who are Competitively Employed and Earn at least Minimum Wage	97.83%	78.01%

ADULT SERVICES: The organization of service delivery for adults with serious mental illness has changed in the last decade based on improved science, better outcome data, and evidence-based practices of proven effectiveness. The major changes in the field involve greater utilization of the following:

- Recovery-Based Services: We have moved from a strategy of "maintenance" to one of growth, success and self-managed wellness/ quality of life.
- Person-Centered Planning: Customers engage in treatment based on their own sense of the desired future and their own skills in building wellness rather than depending primarily on the clinician's professional expertise.
- Integrated and Holistic Approaches to Healthcare Services are geared towards addressing all aspects of a customer's life: physical, behavioral, social and spiritual - rather than just on problems or symptomatic behavior.
- Certified Peer Support Specialist: Successful treatment involves joining peers who have successfully recovered to assist another customer's recovery efforts – similar to the role of sponsors in AA or NA.

Key Outcome Measurements utilized by the Michigan Department of Community Health (MDCH) are the Percentage of Adults who are Competitively Employed (employment that pays at least minimum wage, is in the community, and anyone can apply, or is a Peer Support Specialist) and Percentage of Adults Living Independently (living in a private residence alone, with spouse, or non-relatives). Comparative data indicators suggest that Summit Pointe is on track with both state and regional comparisons for least restrictive living arrangement and competitive employment opportunities for customers with a mental illness. This is the result of a recovery driven, strength based model of care.

Various interventions are provided to customers, based upon individualized plans of service. These include: Assertive Community Treatment (ACT)/Case Management assessment, oversight and monitoring of care, effective medication management, group and individual therapy, involvement of Certified Peer Support Specialists, supported employment – assisting customers in connecting with employment opportunities and providing on-site support as needed, comprehensive housing services – including referral and access to affordable and safe housing, community living skill training and support, and a coordinated crisis response program.

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MENTAL HEALTH SERVICES

GOAL: People in Calhoun County will be healthy, living functional and independent lives.

LIVING AND EMPLOYMENT STATUS OF INDIVIDUALS WITH A DEVELOPMENTAL DISABILITY AND/OR MENTAL ILLNESS, FY 2010[1]		
	Summit Pointe Costumers	State of Michigan
Percent of adults with a developmental disability who live in a private residence alone, with spouse, or non-relatives	13.46%	18.33%
Percent of adults with a mental illness and developmental disability who live in a private residence alone, with spouse, or non-relatives	21.43%	23.48%
Percent of adults with a developmental disability who are competitively employed	9.68%	9.47%
Percent of adults with a mental illness and developmental disability who are competitively employed	7.73%	10.29%
Percent of adults with a developmental disability who are employed and who earn at least a minimum wage	87.50%	30.52%
Percent of adults with a mental illness and developmental disability who are employed and who earn at least a minimum wage	100%	40.06%

SENIOR SERVICES: The Senior Behavioral Health (SBH) team manages and delivers senior services in cooperation with various community partners. A major part of the SBH service array is to provide OBRA Screenings which were developed to ensure that persons with Serious Mental Illness and/or Developmental Disabilities are not inappropriately placed into institutional settings such as nursing homes or skilled nursing facilities by assessing the adequacy and appropriateness of care. In fiscal year 2011 145 OBRA screens were provided to Calhoun County residents. The majority of SBH customers reside and recieve services in their own homes. Two ongoing community partnerships that Summit Pointe provides direct services for through a contractual arrangement are the Senior Diagnostic Center and Centra-Care (PACE) Program.[1]

The **Senior Diagnostic Center** is offered one day per week. Customers are seen in three visits, initally with a physician and occupational therapist, the second visit with a physician assistant and master level clinician, and the third visit for the care consultation with the practitioners and family members. The **Centra-Care (PACE) Program for All-Inclusive Care of the Elderly** is a Health Maintenance Organization managing the total healcare needs for the qualified elderly enrolled in the program.[1]

NUMBERS OF CUSTOMERS SERVED BY SENIOR BEHAVIORAL HEALTH[1]	
FY 2006	193
FY 2007	358
FY 2008	469
FY 2009	299
FY 2010	218
FY 2011	169

Senior Behavioral Health: SBH continues to serve numerous customers 65 years and older. Most services provided involved medical and diagnostic work given the developmental challenges seniors face. In FY 2011 169 seniors were served. Service provided to seniors is most frequently delivered in the home and the active interventions allow seniors to remain in the community. Clinicians offer family members of seniors needed information, resource planning and emotional supports. These proactive supports and efforts continue to forestall the break-up of families due to multiple stressors and out of home placements of their senior family members.[1]

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COMMUNITY CONNECTEDNESS

INDEPENDENCE AND HEALTH FOR OLDER ADULTS

Goal: Older adults and their caregivers will have access to supports and services that allow them to remain living independently and as healthy as possible in the care setting of their choice.

CALHOUN COUNTY SENIOR MILLAGE ACCESS SERVICES, 2010[2]	TOTAL SPENT BY PROGRAM	# OF SENIORS SERVED
Transport & Dispatch	$442,440	714
Benefits Counseling	$29,500	573
Care Management	$624,998	129
Home Heating	$83,471	231
Minor Home Repair	$60,000	20
Forks Senior Center Staffing	$25,000	326
Guardianship	$75,008	83
Money Management	$18,051	34
Information & Referral	$15,000	3,507
Legal Services	$25,035	154
TOTALS	$1,398,501	9,508

CALHOUN SENIOR MILLAGE HEALTH SERVICES, 2010[2]	TOTAL SPENT BY PROGRAM	# OF SENIORS SERVED
Home Delivered Meals	$346,230	343
RX Discount Card	$25,224	525
RX Vouchers & Drug Access	$42,715	296
Dental	$243,464	211
Congregate Meals	$112,185	185
Adult Day Care	$91,890	19
Whole Person Wellness	$50,000	237
Personal Emergency Response Systems	$32,093	213
Plan B Health Insurance	$73,365	203
Vision Services	$9,419	92
Health Assistance Fund	$10,000	112
Hearing Assistance	$20,872	8
TOTALS	$1,056,457	2,444

RATIONALE FOR CHOOSING INDICATOR: The ever-increasing number of older people, coupled with the impact of continued cuts to older adult and public assistance programs is resulting in a growing need for assistance among the older population. Seniors have a harder time than other populations in a bad economy as they lack the capacity to increase their earnings and depend on earnings from investment. Despite the financial challenges and ever-changing landscape, the aging network continues to make significant strides in advancing evidence based health promotion & disease prevention programs, long-term services & support, and consumer-centered access to information & services for older persons—progress that attests to the commitment and dynamic capacity of the aging services network to respond. One constant remains—older persons wish to remain in their homes as long as possible.

HOW ARE WE DOING? The number of older adults in Calhoun County continues to decline by small amounts annually even as their percentage of our total population continue to rise—reflecting that other populations are exiting the county at a greater rate than older adults.[4] Seniors in Calhoun County are older and sicker than any previous generation as the average lifespan increases. This is reflected in the increasing costs for programs like care management, nursing facility transition, in-home and health services, which continue to rise as more baby-boomers age in to older adult services. Nearly every state, local, and federally funded program in our county has a wait list for services, especially for programs that help individuals remain in their homes or provide basic services for the lowest income seniors. The increasing impact of obesity on healthcare costs and significant changes to Social Security and Medicaid and Medicare may cause us to fall even further behind in meeting the needs of older adults in our community.[1]

SERVICE CATEGORY AND SERVICES[3]	PURCHASED/ CONTRACTED	AAA DIRECT SERVICES
Access services: Care management, case coordination and support, information and assistance, and transportation	_	5,584 Units
In-home Services: Chores, homemaking, home delivered meals, medication management, personal care, personal emergency response system, respite care	85,457 Units	_
Community Services: Adult day care, congregate meals, disease prevention/health promotion, legal assistance, LTC ombudsman, senior center staffing, prevention of elder abuse, caregiver services, kinship care	74,134 Units	229 Units
Region Specific Services: Guardianship, community living services and gap filling	73 Units	121 Units
TOTAL	159,664	5,705 Units

SOURCE:
1. Area Agencies on Aging: Advancing Health and Long-Term Care Services and Supports, 2010
2. Calhoun County Senior Millage, Services Summary, 2010
3. Area Agency on Aging 2010 Annual Report
4. U.S. Census, Populations Projections, American Community Survey, 2011

COMMUNITY CONNECTEDNESS

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EMERGENCY NEEDS UTILIZATION

GOAL: Individuals and families in Calhoun County will have the economic support to prevent homelessness and improve the quality of their lives.

FOOD BANK USAGE CALHOUN COUNTY [1]	
	POUNDS
2003	1,622,989
2004	1,704,657
2005	1,704,006
2006	1,583,534
2007	1,527,864
2008	1,533,783
2009	1,879,649
2010	2,060,474

(Number of pounds represents food distributed through Food Bank Member Agencies.)

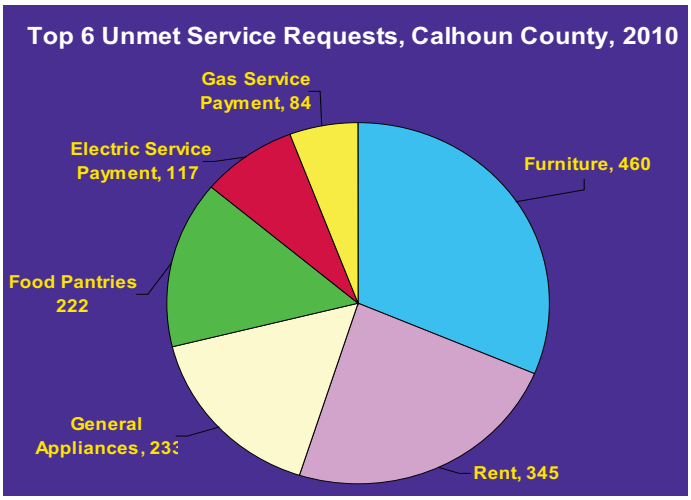
HOUSEHOLDS RECEIVING FOOD STAMP ASSISTANCE[2] *	
	NUMBER
2003	6,578
2004	8,526
2005	9,742
2006	9,748
2007	10,485
2008	11,409
2009	14,041
2010	16,295

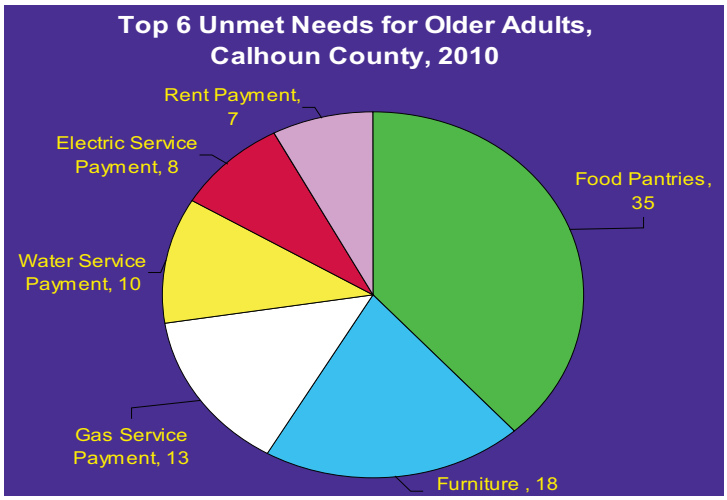
RATIONALE FOR CHOOSING INDICATOR: Basic food, shelter, and living needs impact the lives of children, older adults and families. Communities that provide basic needs increase the health, safety and engagement of residents.

COMPLETED STATE EMERGENCY RELIEF APPLICATIONS FOR ENERGY TO THE DEPARTMENT OF HUMAN SERVICES [2], 2010				
	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Applications Received	3,095	4,112	4,131	4,602
Approved	2,711	3,028	2,970	3,005
Denied	1,202	1,091	1,157	1,574
Percent Approved	69%	74%	72%	65%

HOW ARE WE DOING? In 2010 food assistance was the #1 requested need through the 211 Call Center with 7,499 referrals made.[3] The Food Bank distributed a total of 2,060,474 lbs. of food in Calhoun County which represents a 9.6% increase over 2009.[1] The Food Assistance Program (Department of Human Services) also showed an increase in 2010 with an unduplicated annual total of 21,795 cases (42,773 recipients) equaling payments of $50,195,762 for the fiscal year.[2]

The 211 information and referral line for health/human services identified the top referred services in Calhoun County for 2010 as food assistance (7,499), rent payment assistance (1,958), electric payment assistance (1,371), furniture (1,230), gas payment assistance (921), and clothing (717). When looking at requests made just by older adults, Food Pantries remained at the top of the referred service requests at 2,893, followed by: Electric Bill Payment Assistance (232); Gas Payment Assistance (224); Clothing (151); Furniture (101); and Rent Payment Assistance (101).[3]





SOURCE:
1. Food Bank of South Central Michigan, 2011
2. Department of Human Services, Management Information Report (MIR), 2011
3. Volunteer Center of Battle Creek: 211 Information and Referral Line for health/human services, 2011

NOTES:
* Number is the monthly average households recieving food stamp assistance.
** 211 data indicates "older adults" to be 55 years of age or older.

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COMMUNITY CONNECTEDNESS

LITERACY

GOAL: Collaborate to create a highly literate community that improves everyone's quality of life, economic self-sufficiency, and family stability

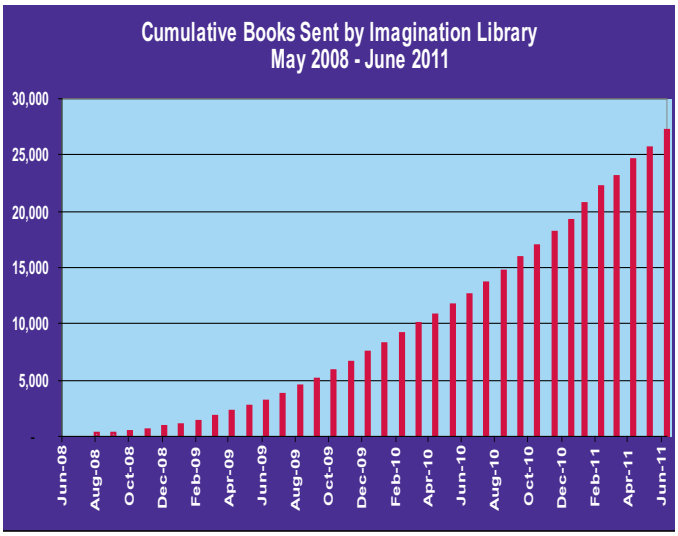
PUBLIC LIBRARY USAGE PER CAPITA [5]		
	Calhoun	MI
2000	4.07	5.5
2001	3.94	5.2
2002	4.3	5.7
2003	4.3	6.1
2004	4.5	6.3
2005	5.0	6.6
2006	5.4	6.9
2007	5.6	7.5
2008	6.4	7.9
2009	6.8	8.6

RATIONALE FOR CHOOSING INDICATOR: One in six students who are not reading proficiently by the third grade will not graduate from high school; a rate 4 times that of proficient readers.[1] Children living in poverty are at greater risk of being unproficient in reading. These youth often lack resources for food, decent housing, clothing, and books and lack access to high quality child care and early education. Consequently, children living in poverty are more likely to have low reading test scores and are less likely to graduate from high school.[1]

HOW ARE WE DOING? Upon entering kindergarten, 9% of students in Calhoun County do not have most of the basic literacy skills, including simple letter recognition and rhyming. 19% had some basic literacy skills, and about 73% had all of the basic literacy skills.[2] Reading regularly with young children can significantly improve a child's school readiness. Programs such as Dolly Parton's Imagination Library, available through Willard Library, sends free books to the home of any child under five in Battle Creek. Since its inception in June 2008, Willard has sent 27,403 books to children in Battle Creek. Additional local efforts to promote literacy include the introduction of the "Raising a Reader" program, which encourages adults to share books with children through a book borrowing program.[4]

Adults also often struggle with reading. In Calhoun County, approximately 83% of adults over the age of 25 have a high school diploma or equivalent.[3] For the nearly one in five adults that do not have a high school diploma, numerous programs are available to help them obtain a GED, which is comprised of five separate tests. The Battle Creek YMCA has an online GED preparation program, and the Women's Co-Op and YouthBuild also have opportunities to work on the GED. During the last year in Calhoun County, approximately 896 GED tests were attempted and 259 people passed all 5 tests.[4]

CHILD AND FAMILY READING ACTIVITY DUE TO PARTICIPATION IN IMAGINATION LIBRARY[4], 2010-11					
	Not at all	1-2 hours	3-4 hours	5-6 hours	6+ hours
Children who read on their own before Imagination Library?	89.4%	6.3%	3.9%	0.5%	0.0%
Children who read on their own after Imagination Library	74.8%	18.9%	4.4%	1.5%	0.5%
Parents who read with their child before Imagination Library	11.6%	53.6%	21.3%	6.3%	7.2%
Parents who read with their child after Imagination Library	1.0%	36.5%	37.5%	12.5%	12.5%



SOURCE:

1. Double Jeopardy: How Third Grade Reading Skills and Poverty Affect High School Graduation, Annie E. Casey Foundation, 2011
2. EDI data, 2010
3. http://www.city-data.com/county/Calhoun_County-MI.html
4. Community Literacy Collaborative, 2011
5. Michigan Library Statistical Report, 2010

COMMUNITY CONNECTEDNESS

The Coordinating Council
Targeting Community Concerns.

VOTER PARTICIPATION

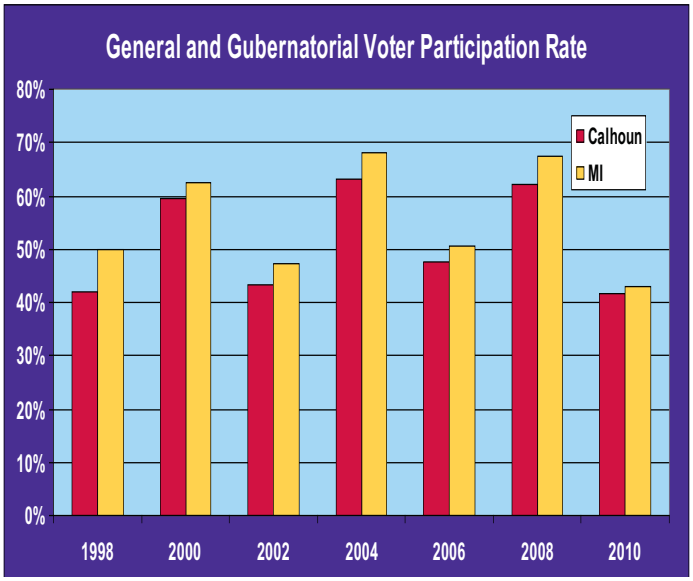
GOAL: Calhoun County residents will actively participate in political decision making.

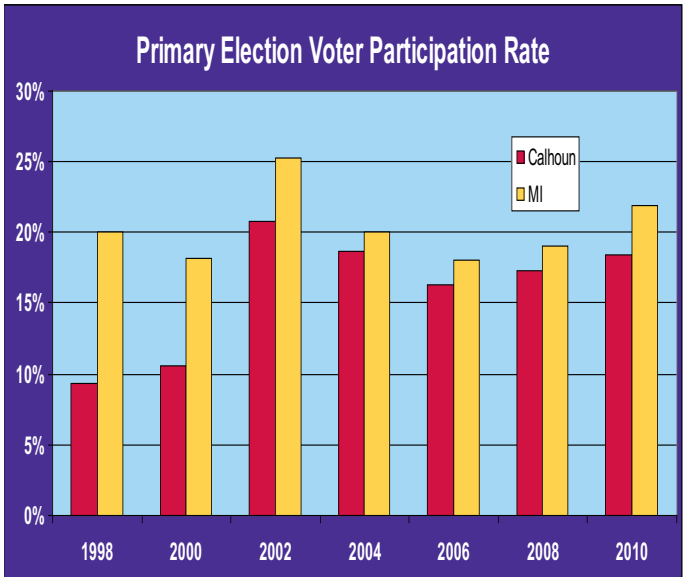
RATIONALE FOR CHOOSING INDICATOR: Broad-based and energetic participation in the political process and civic events is a sign of an engaged populace. Higher voter turnout is an indicator that people are interested in their community and believe that their voice can make a difference.

GENERAL AND GUBERNATORIAL VOTER PARTICIPATION RATE**		
	Calhoun[1]	MI[2]
1998	42.0%	49.9%
2000	59.5%	62.4%
2002	43.3%	47.4%
2004	63.3%	68.1%
2006	47.5 %	50.7 %
2008	62.2%	67.5%
2010	41.5%	42.9%

MICHIGAN PRIMARY VOTER PARTICIPATION RATE*		
	Calhoun[1]	MI[2]
1998	9.36%	20.0%
2000	10.63%	18.2%
2002	20.77%	25.3%
2004	18.62%	20.0%
2006	16.26%	18.0%
2008	17.30%	19%
2010	18.41%	21.9%

HOW ARE WE DOING? Voter participation rates in Calhoun County have remained fairly constant since 1998, with the largest numbers voting in Presidential election years. Community forums and voter registration campaigns are held annually to increase citizen awareness and engagement in the political process.





SOURCE:
1. Calhoun County: Calhoun County Office of the Clerk and Register of Deeds, 2010
2. Michigan: Michigan Secretary of State, Primary Voter Registration/Turnout Statistics, 2010

NOTES:
* Primary elections are one means by which a political party nominates candidates for the next general election.
** A general election is an election in which all or most members of a given political body are chosen.

POVERTY GUIDELINES

The 2011 Poverty Guidelines for the 48 Contiguous States and the District of Columbia[1]				
Persons in family	100% of Poverty	150% of Poverty	200% of Poverty	250% of Poverty
1	$10,890	$16,335	$21,780	$27,225
2	$14,710	$22,065	$29,420	$36,775
3	$18,530	$27,795	$37,060	$46,325
4	$22,350	$33,525	$44,700	$55,875
5	$26,170	$39,255	$52,340	$65,425
6	$29,990	$44,985	$59,980	$74,975
7	$33,810	$50,715	$67,620	$84,525
8	$37,630	$56,445	$75,260	$94,075
For families with more than 8 persons, add $3,820 for each additional person.				

Poverty Status: Families and persons are classified as below poverty if their total family income or unrelated individual income was less than the poverty threshold specified for the applicable family size.

SOURCE:

1. U.S. Department of Health and Human Services, 2011

The Coordinating Council

Targeting Community Concerns.

Information and Referral trees to access the following services in Calhoun County:

- Adult Literacy
- Children's Literacy
- Dental Care
- Domestic Violence & Sexual Assault
- Emergency Assistance
- Financial Services
- Health Care for the Uninsured
- Housing Assistance
- Medical Transportation
- Mental Health
- Prenatal / Obstetrics
- Public Benefits
- Senior Health Services
- Senior Housing
- Senior Services
- Substance Abuse
- Teen Pregnancy Resources
- Veterans Benefits
- Women's Health
- Youth Services

Adult Literacy

Adult Education and Literacy

Battle Creek Family YMCA Literacy Program
(269) 788-0495

Battle Creek Public Schools Adult Education Miller-Stone Building
(269) 965-9514

Community Literacy Collaborative
(269) 962-9538

Kellogg Community College
(pre-college reading courses)
Academic Advising
(269) 965-4124

Sylvan Learning Center
(free consultation;
fee for service)
(269) 979-0025

English as a Second Language Programs

Battle Creek Family YMCA Literacy Program
(269) 788-0495

Battle Creek Public Schools Adult Education
(269) 965-9534
ask for Mary Brandimore

Christ Community Church ESL Class
(269) 979-2271
ask for Kevin Cloufe

ESL through POBLO (St. Paul Lutheran Church)
(269) 968-3055
ask for Dean Vincent Iqbal

Kellogg Community College
(ENGL96)
(269) 965-9514

Latino Hispanic Community Project
(269) 841-4111 - *Spanish*

St. Mark Lutheran Church ESL Classes
(Japanese only)
(269) 964-0401

G.E.D. Preparation

Albion District Library
(517) 629-3993

Battle Creek Family YMCA Literacy Program
269-788-0495

Battle Creek Public Schools Adult Education
(269) 965-9514

Urban League
(269) 962-5553

Women's Co-op
(269) 966-8988

YouthBuild
(269) 965-6396

G.E.D. Testing Sites

Albion District Library
(517) 629-3993

Battle Creek Public Schools Adult Education
(269) 965-9514

Harper Creek Middle School
(269) 441-4752

Workforce Development

Battle Creek Family YMCA Literacy Program
269-788-0495

Battle Creek Self Employment Program
(269) 962-8996

Goodwill Industries
(269) 964-9455

Michigan Works!
WIA Adult and Dislocated Worker, JET, Employment Services, Veteran's Employment, Michigan Rehabiliation Services
(269) 660-1412

YouthBuild
Construction Based Work Training Program for ages 16-22
(269) 965-6396

CHILDREN'S LITERACY

Early Childhood

Story Time and Playgroups

Albion District Library
free story time and interactive activities
(517) 629-3993

Barnes and Nobles
free story time
(269) 979-8060

Calhoun Intermediate School District Early Childhood Programs and Services
(269) 660-1606x6143

Community Action Head Start
(269) 965-7769

Great Start Collaborative Body
(269) 441-4001

Willard Library & Helen Warner Branch
Story time and activities for ages 0-5
(269) 968-8166

Information

Community Literacy Collaborative
Reading and Building Language
(269) 962-9538

Early On
Child's Development Concerns
(269) 660-2732

Early Childhood Connections
(269) 660-1606 x6143

Great Start Collaborative Body
(269) 441-4001

Reading at Home

Early Childhood Connections
Home Visits
(269) 660-1606x6143

Imagination Library
Free books mailed to your home
(269) 968-8166

Raising a Reader
Share reading with your child
(269) 660-1606

Willard Library & Helen Warner Branch
Tumblebooks
Online Reading
(269) 968-8166

School Age

Readiness Activities

Kids Village
Summer K-5 Reading Program
(269) 962-5553

Willard Library & Helen Warner Branch
Kids & Teen Reading Nights & Special Events
(269) 968-8166

Tutoring and Remediation

Binda Dyslexia Center
Tutoring for students with dyslexia (sliding scale fee)
(269) 966-4093

Second Baptist Church
After School Literacy Tutoring Program (Free)
(269) 963-3586

Starr Commonwealth
High School Credit Recovery and Remediation
(269) 968-9287

Sylvan Learning Center
Tutoring (fee)
(269) 979-0025

Urban League Focus Academy
Tutoring and Remediation
(269) 962-5553

DENTAL CARE

Urgent and Emergency Care

Medicaid

Family Health Center#
Battle Creek:
(269) 966-2625
Albion:(517) 629-6450
preventative, restorative and surgical

Uninsured/ Underinsured

Extractions Fillings

Community Dental Access Initiative*
(269) 969-6494

Patients 60 years old or older:

Family Health Center#
Battle Creek
(269) 966-2625
Albion:(517) 629-6450

Fountain Clinic
(269) 781-0952

Dentures (Patients 60+)

Family Health Center#
Battle Creek
(269) 966-2625
Albion:(517) 629-6450

Fountain Clinic**
(269) 781-0952

Insured

Private Provider

Battle Creek Public Schools***
(269)965-9501
(Students grades k-12)

Preventive Care

Uninsured/Medicaid

Community Dental Access Initiative*
(269) 969-6494

Family Health Center#
Battle Creek
(269) 966-2625
Albion:(517) 629-6450

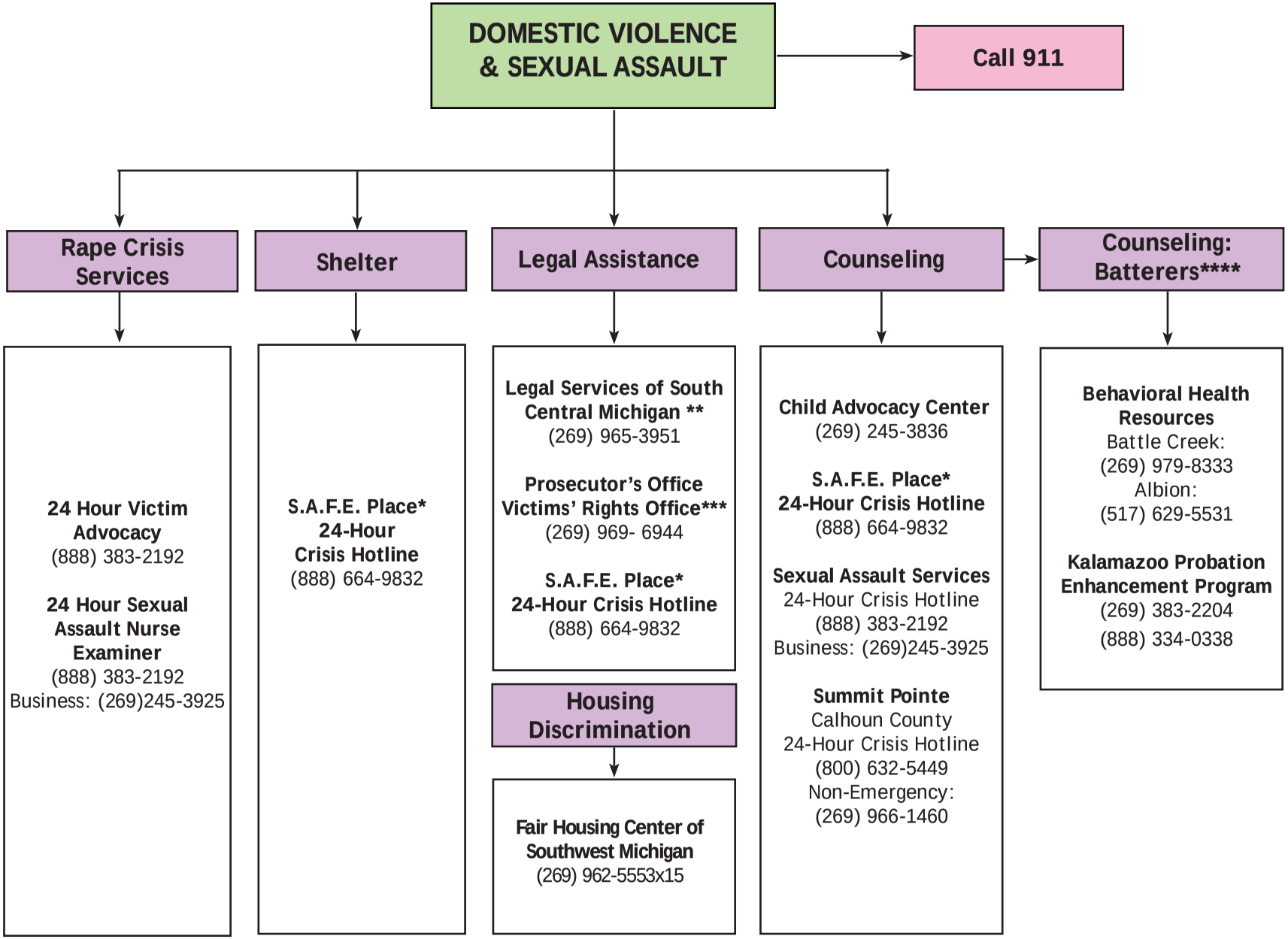
Kellogg Community College Dental Hygiene Program**
(269) 565-2008

Interpretation Services

Burmese American Initiative of Battle Creek
(269) 275-0378

VOCES
Spanish-English Only
(269) 841-4111

NOTES:
* All ages of Calhoun County residents are served, at or below 200% of the Federal Poverty Level, Medicaid is not accepted.
* * The KCC Dental Hygiene Program is preventive only. This program accepts all individuals, regardless of income/ insurance status and accepts only cash or check.
* * * Dental Services offered through Battle Creek Public Schools are for students of Battle Creek Public Schools who qualify for free or reduced lunch.
* * * * Fountain Clinic does not accept Medicaid or Medicare.
Availability of fillings and dentures dependent upon Senior Millage funding. Preventative Care is only available for those with Medicaid.
> Additional information is available by calling 211.



NOTES:
* S.A.F.E. Place shelter services for victims of intimate partner violence and their children.
** Legal Services clients must meet poverty criteria, does not handle criminal proceedings.
*** The Police Department makes a referral to the Victims Rights Office after a police report has been filed.
****Behavioral Health Resources and Kalamazoo Probation Enhancement Program meet the Governor's standards for batterer intervention programming for males.

EMERGENCY ASSISTANCE

211 or (269) 565-4159

Electric/ Gas Bill Payment

Albion Interfaith Ministries*
(517) 629-5260

Community Action**
Battle Creek:
(269) 965-7766
(877) 422-2726
Emergency Services Contract

Department of Human Services +
(269) 966-1284
State Emergency Relief

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

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

Rent Payment

Albion Interfaith Ministries*
(517) 629-5260

Community Action#
Battle Creek:
(269) 965-7766
(877) 422-2726

Department of Human Services+
(269) 966-1284
State Emergency Relief

The Salvation Army #
(269) 966-4162

SEE ALSO:
HOUSING ASSISTANCE

Clothing & Household Goods

Albion Interfaith Ministries *
(517) 629-5260

Charitable Union
(269) 964-7234

Mortgage Payment

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

Department of Human Services +
(269) 966-1284
State Emergency Relief

The Salvation Army #
(269) 966-4162

SEE ALSO:
HOUSING ASSISTANCE

Food Assistance

Albion Interfaith Ministries *
Albion: (517) 629-5260

Community Action
Battle Creek: (269) 965-7766
(877) 422-2726
Emergency Food Assistance Program,Commodity Supplemental Food Program
Over 60:
Home Delivered Meals
Congregate Meals

Department of Human Services
(269) 966-1284

Food Bank of South Central Michigan
Call 211 for local food pantry

Marshall Area Community Services: (269) 781-2954

New Hope Worship Center
(517) 629-4862

The Salvation Army ****
(269) 966-4162
Emergency Food

NOTES:
Must be referred through 211.
* AIM serves residents of Albion and Homer areas only after all other agencies have denied services.
** One time emergency annually, must go through 211 and apply to DHS first.
***Salvation Army must have shut off notice and client must demonstrate the ability to pay following month. Must go through 211. Limited to one time assistance per utility per year.
****Salvation Army Emergency Food requires State ID for everyone over 18, and Social Security cards for entire household.
*****Bill pay can be used once per year. Only for Marshall residents. Must have shutoff notice and have applied at DHS.
+ State Emergency relief for bill payment has an annual maximum. Must have shut off notice or eviction notice to access services.
>Additional information is available by calling 211.

FINANCIAL SERVICES

211 or (269) 565-4159

Individual Financial Counseling

Goodwill Industries
Financial Opportunity Center
(269) 964-9455

GreenPath Debt Solutions
(800) 550-1961
Debt Management Program

Guardian Finance and Advocacy Services
(269) 963-3253, 24 Hour Service (866) 963-3253

Inspire Community Development Federal Credit Union
(269) 441-9114

Neighbrhoods Inc. of Battle Creek
(269) 968-1113

Financial Literacy

Goodwill Industries
Financial Opportunity Center
(269) 964-9455

Inspire Community Development Federal Credit Union
(269) 441-9114

Kellogg Community College
(269) 965-4134

Neighborhoods Inc.
(269) 968-1113
Home Ownership Lending Program
Financial Fitness Education Program

Taxes

Community Action#
Battle Creek: (269) 965-7766x1340
Albion: (517) 629-9403
Volunteer Income Tax Assistance
Earned Income Tax Credit

Community Unlimited
(517) 741-4656

Goodwill Industries
Financial Opportunity Center
(269) 964-9455

Private Provider

Budgeting

Goodwill Industries
Financial Opportunity Center
(269) 964-9455

Guardian Finance & Advocacy Services
(269) 963-3253, 24 Hour Service (866) 963-3253

Kellogg Community College *
(269) 965-4134

Neighborhoods Inc. of Battle Creek
(269) 968-1113

Representative Payeeship; Conservatorship; Money Management

Guardian Finance and Advocacy Services
(269) 963-3253
24 Hour Service
Toll free (866) 963-3253

Credit Rebuilding

Goodwill Industries
Financial Opportunity Center
(269) 964-9455

Guardian Finance and Advocacy Services
(269) 963-3253, 24 Hour Service Toll free
(866) 963-3253

Inspire Community Development Federal Credit Union
(269) 441-9114

Neighborhoods Inc. of Battle Creek
(269) 968-1113

NOTES:
* At Kellogg Community College various classes are offered for a fee.
# Must be referred through 211
> Additional information is available by calling 211.

HEALTHCARE FOR THE UNINSURED

Non-Emergency

Uninsured

Prescription Medication

Community HealthCare Connections
Prescription Drug Access Program (PDAP)
(269) 969-6494

Fountain Clinic
Marshall:
(269) 781-0952

Salvation Army
(269) 966-4162*

Referral & Advocacy Services

Help with MOMS, MIChild & Healthy Kids Enrollment

Community HealthCare Connections Referral & Advocacy Program
All Ages
(269) 969-6494

Fountain Clinic
Marshall: (269) 781-0952

Michigan Primary Care Association (MPCA):
Medicaid/MIChild enrollment
(517) 899-0871

Basic Healthcare Coverage

Community HealthCare Connections Plan B
Ages 19-64
(269) 969-6494

Fountain Clinic
Marshall:
(269) 781-0952

Free Clinics

Fountain Clinic
Marshall:
(269) 781-0952

Community Nursing Clinic of Battle Creek
(269) 969-6494

Urgent Care

Community Nursing Clinic of Battle Creek
(269) 969-6494

Medicaid/ Uninsured

Family Health Center
Battle Creek
(269) 965-8866
Albion
(517) 629-6540

Emergency

Emergency Department 911

Interpretation Services

Burmese American Initiative of Battle Creek
(269) 275-0378

VOCES
Spanish-English Only
(269) 841-4111

NOTES:
* Life sustaining medications only, maximum of $150 per year

HOUSING ASSISTANCE → 211 or (269) 565-4159

Check for current vacancies at www.michiganhousinglocator.com

Low Cost Homes

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

Battle Creek Housing Commission
(269) 965-0591
Rent to Own

Habitat For Humanity
(269) 966-2502

Neighborhoods Inc. of Battle Creek
(269) 968-1113

Rent Payment Assistance

Albion Interfaith Ministries*
Abion:(517) 629-5260

Community Action#
(269) 965-7766

Department of Human Services
(269) 966-1284
State Emergency Relief

The Salvation Army #
(must meet affordability standards)
(269) 966-4162

Home Rehabilitation

City of Battle Creek
(for seniors only)
(269) 966-3323

Community Action#
(269) 965-7766

Department of Human Services
(269) 966-1284
State Emergency Relief

Habitat For Humanity
(269) 966-2502

Housing Discrimination

Fair Housing Center of Southwest Michigan
(269) 962-5553x15

Subsidized Housing (Rent is based on Income)

application may result in placement on waiting list

Bent Tree
(269) 962-4617

Ellsworth Apartments
(517) 680-7974 ext. 2

Garfield Apartments
(517) 680-7974 ext. 3

Grandview Heights
(517) 629-2511

Gristmill Apartments
(517) 568-3620

Liberty Commons
(269) 962-6209

Lincolnshire of Albion
(517) 629-4270

Maple Grove Apartments
(517) 629-2026

Meade Apartments
(269) 832-2415

Northview Homes
(517) 629-2511

Oak Meadows
(517) 629-2233

Parkway Manor
(269) 965-0591

River Apartments
(269) 968-2136

Sheridan
(269) 781-9710

Silver Star
(Veterans Only)
(269) 964-6000

Village at Irving Park
(269) 964-0517

Willow Creek Apartments
(269) 979-3500

Emergency Shelter

The Haven
(269) 965-1148
Inasmuch House for women, children and families; Men's Shelter

The Salvation Army #
Battle Creek
(269) 966-4162

The SHARE Center
Day Shelter
(269) 964-8133

Disaster Victims
American Red Cross
(269) 962-7528

Domestic Violence Victims
S.A.F.E. Place
24-Hour Crisis Line
(888) 664-9832
Fax: (269) 966-2503

Eviction Prevention

211

Fair Housing Center of Southwest Michigan
(269) 962-5553x15

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

Neighborhoods Inc. of Battle Creek
(269) 968-1113
Mortgage foreclosure mitigation and housing counselors

Mortgage Payment Assistance

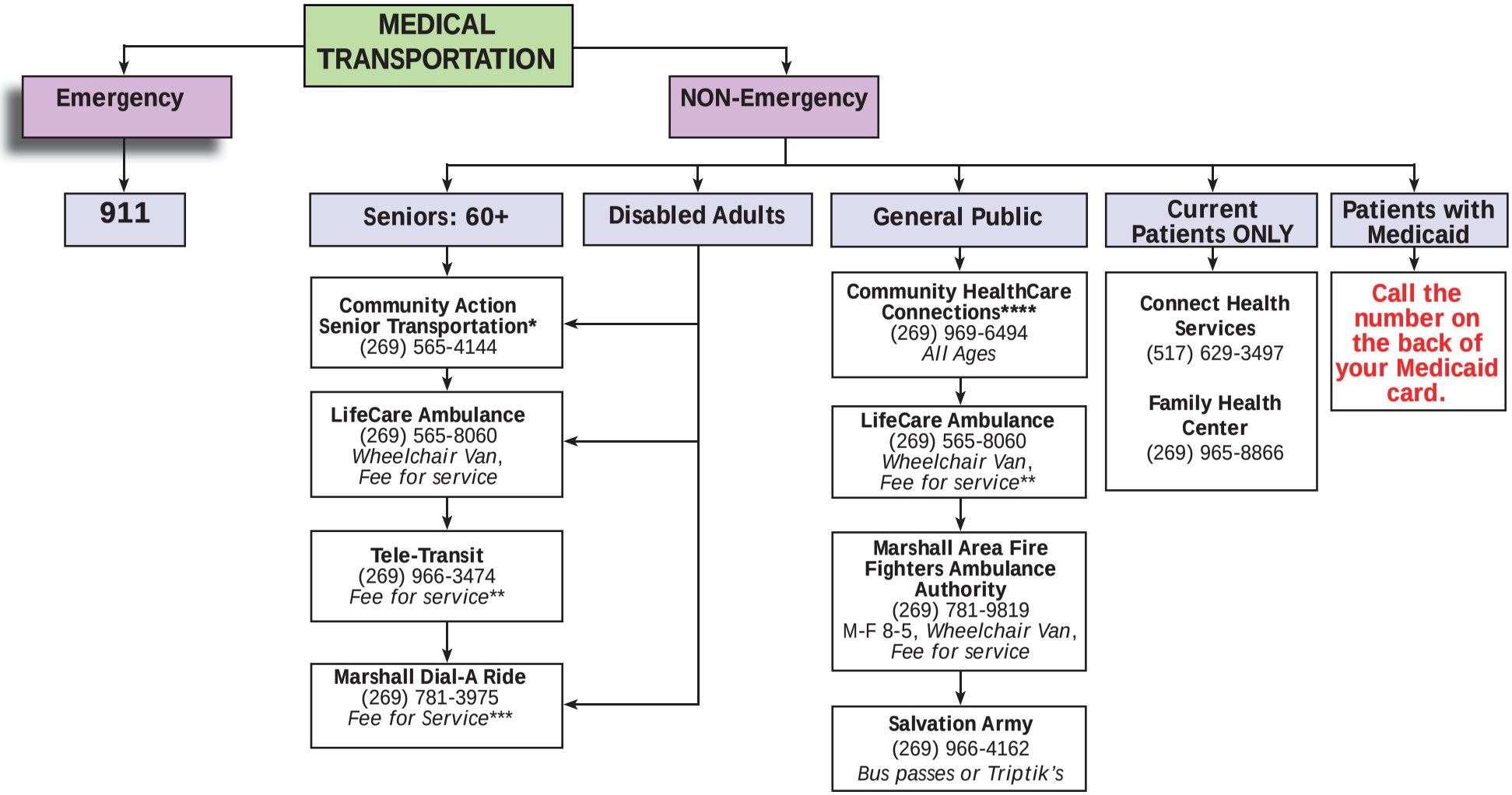
Community Action#
(269) 965-7766
(877) 422-2726

Department of Human Services
(269) 966-1284
State Emergency Relief

The Salvation Army #
(269) 966-4162

NOTES:
Must be referred through 211 and have a decision notice from DHS
* Services through Albion Interfaith Ministries (AIM) are available to residents of Albion and Homer areas when all other services are denied. Requires referral through 211.
**Must have documentable income and no felonies on record.

***Tax foreclosure cases must be referred through 211.



NOTES:

* Commununity Action Senior Transportation services are available for medical and non-medical transportation for Calhoun County residents traveling within Calhoun County and funded by Calhoun County Senior Millage and the Michigan Department of Transportation.

* * Tele-Transit available for all transportation services on M-F, 5:15 AM to 11:30PM. FARES: $7.00 each way; $2 for elderly/disabled. Disabled must show transit I.D. or Medicare I.D. Card to receive $2 fee. Passengers must be able to get themselves to the vehicle. Area Limitations: Kirby Road, B Drive North, Glenn Cross Road, St. Mary's Lake Road, 9 1/2 Mile Road.

* * * Marshall Dial-A-Ride is available Monday-Friday from 7 a.m. to 6 p.m. with last phone calls at 5:30 p.m. Advance scheduling is recommended. Exact change or tokens are required, call for rates.

****Community HealthCare Connections provides bus tickets or gas vouchers at a rate of $0.18 per mile.

MENTAL HEALTH

Urgent / Needs Hopitalization

YES

8 AM to 5 PM

Summit Pointe
Calhoun County
24 Hour Crisis Line
(800) 632-5449
Fax (269) 966-2844

Private Provider

After 5 PM

Summit Pointe
Calhoun County
24 Hour Crisis Line
(269) 966-1460
(800) 632-5449
Fax (269) 966-2844

Bronson Battle Creek
Emergency Room
(269) 245-8000

Oaklawn Hospital
Emergency Room
(269) 781-4484

NO

Currently In Treatment

YES

Refer to current provider

NO

Medicaid

Summit Pointe
Battle Creek:(269) 966-1460
Albion:(517) 629-5531
Calhoun County
24 Hour Crisis Line
(800) 632-5449

Bronson Battle Creek Fieldstone Center
(269) 245-8000

Family & Children Services*
(269) 965-3247
Fax: (269) 966-4135

Spiritual Care Consultants
(269) 929-2901

Private Provider

Uninsured

24 Hour Crisis Line
(800) 632-5449

CityLinC
(269) 969-9181

Family & Children Services*
(269)965-3247

Spiritual Care Consultants
(269) 929-2901

Summit Pointe **
(269) 966-1460

Private Provider

Private Insurance

Behavioral Health Resources
Lakeview: (269) 979-8333
Downtown Battle Creek:
(269) 966-1460
Albion:(517) 629-5531

Bronson Battle Creek Fieldstone Center
(269) 245-8000

CityLinC
(269) 969-9181

Family & Children Services *
(269) 965-3247

Oaklawn Hospital Psychiatric Center
(269) 789-3800

Spiritual Care Consultants
(269) 929-2901

Private Provider

Interpretation Services

Burmese American Initiative of Battle Creek
(269) 275-0378

CIR - Deaflink
(269) 288-0464

VOCES
(269) 841-4111
Spanish-English Only

Voices for Health
(616) 233-6505

NOTES:
*Family & Children Services accepts HMO Medicaid.
**For uninsured: Adults with serious persistent mental illness or children with serious emotional disorders only.
>State, Federal and 501(c)(3) organizations are listed.

PRENATAL / OBSTETRICS

Insurance

Private Provider

Nutrition

Connect Health Services
(517) 629-3497
Maternal Infant Health Program

MSU Extension
(269) 781-0784

Women, Infants & Children (WIC)
(269) 969-6860

Clothing/Supplies

Albion Interfaith Ministries * * * *
(517) 629-5260

Charitable Union
(269) 964-7234

Family Support

Nurse Family Partnership Program
(269) 969-6392

Prenatal Loss Support Group

Oaklawn Hospital Birth Center
(269) 789-3929

Medicaid

Obstetrics

Family Health Center
(269) 441-3443

Oaklawn Hospital Birth Center
(269) 789-3929

Private Provider

Childbirth Education

Bronson Battle Creek:
(269) 245-8019
(877) 462-2247

CitiLinC
Women's Resource Center
(269) 969-9181

Oaklawn Hospital Birth Center: (269) 789-3929

Southern Michigan Doulas and Childbirth Education Boutique:
(269) 781-9994

Delivery

Bronson Battle Creek *
(269) 245-8000

Oaklawn Hospital Birth Center
(269) 789-3929

Smoking Cessation

Bronson Battle Creek
(269) 245-8438

Calhoun County Public Health Dept.
(269) 969-6341

Community HealthCare Connections
(269) 969-6494

Michigan Tobacco Quit LIne
(800) QUIT - NOW
(784-8669)

Private Provider

Uninsured

Breastfeeding

Bronson Battle Creek*
Breastfeeding class:
(269) 245-8019

Connect Health Services
(517) 629-3497

Family Health Center: *
Battle Creek
(269) 441-3443
(M-F, 8-5)
(269) 965-8866
(24 hours)

Oaklawn Hospital Birth Center
(269) 789-3929

Southern Michigan Doulas & Childbirth Education Boutique
(269) 781-9994

Women, Infants & Children (WIC)
(269) 969-6860

Immunizations

Family Health Center *
(269) 965-8866
(517) 629-6540

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

Private Provider

Interpretation Services

Burmese American Initiative of Battle Creek
(269) 275-0378

VOCES
(269) 841-4111
Spanish-English

Postpartum Support Group

Bronson Battle Creek *
(269) 245-8019

Oaklawn Hospital Bear Creek Campus
(269) 781-9119

NOTES
* Current or Established clients only
* * * Immunizations at the Health Department are intended for those with no insurance or who are on Medicaid. Fee is $12 per shot or can be covered by Medicaid. Fee may be waived with documentable need.
* * * * Albion Interfaith Ministries serves those residing in the Albion and Homer Area.
> Additional information is available by calling 211.

PUBLIC BENEFITS

211 or (269) 565-4159

Emergency Assistance

Charitable Union
(269) 964-7234
Clothing and Household Items

Community Action #
Battle Creek:
(269) 965-7766
(877) 422-2726

Department of Human Services
(269) 966-1284
State Emergency Relief

Salvation Army #
Battle Creek: (269) 966-4162

Legal Services

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

Private Provider

Cash Assistance

Department of Human Services
(269) 966-1284
Disabled Adults:
State Disability Assistance
General Public:
Family Independence Program

Social Security Administration
Local Number: (269) 962-0910
Toll-Free: (800) 772-1213
TTY: (269) 962-0450
*Supplemental Security Income**
Social Security Disability Insurance **

Bill Payment

Community Action #
Battle Creek: (269) 965-7766
Albion : (517) 629-9403

Department of Human Services
(269) 966-1284
State Emergency Relief, Energy Direct, Weatherization Assistance Program, Home Heating Credit, ChildCare Assistance

Salvation Army #
(269) 966-4162

Food Assistance

Albion Interfaith Ministries * * * *
Albion: (517) 629-5260

Calhoun County Health Department
(269) 969-6363
Women, Infants and Children (WIC)

Community Action
Battle Creek: (269) 965-7766
(877) 422-2726
Emergency Food Assistance Program
Commodity Supplemental Food Program +
Over 60:
(269) 965-7766
Home Delivered Meals
Congregate Meals

Department of Human Services
(269) 966-1284
Food Assistance Program

Food Bank of South Central Michigan
Call 211 for your local food pantry

The Haven of Rest * * *
(269) 965-1148

Salvation Army #
Battle Creek: (269) 966-4162
Soup Kitchen, Emergency Food

Health Care

Calhoun County Health Department
(269) 969-6363
Children's Special Health Care Services, Immunizations, Pregnancy Testing, STD/HIV Testing

Community HealthCare Connections & Nursing Clinic of Battle Creek
(269) 969-6494
Dental Access Program
Health Assistance Fund
Plan B: For the working poor
Prescription Drug Access Program
Referral & Advocacy
State Program Enrollment
Free Clinic

Department of Human Services
(269) 966-1284
Adults
Adult Medical Program
Medicaid
Medicare Saving Program
MIChoice
Pregnant Women
Group 2 for Pregnant Women
Healthy Kids for Pregnant Women
Maternity Outpatient Medical Services

Department of Human Services continued
(269) 966-1284
Over 65
Medicaid
Children
Medicaid
Healthy Kids
MI Child

Family Health Center Battle Creek:
(269) 965-8866

Fountain Clinic + +
Marshall: (269) 781-0952

Michigan Primary Care Association (MPCA):
Medicaid/MIChild enrollment
(517) 899-0871

Veterans Affairs Medical Center
Toll Free
(888) 214-1247

Private Provider

SEE ALSO:
HEALTHCARE FOR THE UNINSURED

NOTES:
Must be referred through 211
* SSI is for individuals who are over 65, blind or disabled with limited income, based on need.
* * SSDI is based on how long you have worked and paid Social Security taxes, for individuals no longer able to work due to a disability.
* * * The Haven serves free meals for residents and non-residents during the week and on holidays and weekends when Salvation Army Soup Kitchen is Closed.
* * * * Albion Interfaith Ministries serves residents of Albion and Homer area.
+ For women who are pregnant, nursing or have children under 6 and are not covered by WIC. Must be income eligible. No fee.
+ + Fountain Clinic is free for all residents of Calhoun County. Must meet income guidelines and have no form of insurance.

SENIOR HEALTH SERVICES

ADDITIONAL INFORMATION AND ASSISTANCE CAN BE FOUND BY CONTACTING YOUR LOCAL AREA AGENCY ON AGING AT 1-800-626-6719

Hearing

Battle Creek Hearing Services
(269) 979-6455

Senior Health Partners
(269) 441-0948

End of Life Care

Good Samaritan Hospice Care Division of Lifespan
(269) 660-3600

Great Lakes Caring
(877) 353-7200

Heartland Hospice
(269)324-1811

Oaklawn Home Care & Hospice
(269) 789-3939

Southern Care
(269) 342-9308

Mental Health

Senior Behavioral Health
(269) 966-1460

See also:
Mental Health Referral Tree

Health Care Resources

CentraCare
(269) 441-9300

Community HealthCare Connections & Nursing Clinic
Plan B Coverage Program, Health Assistance Fund, Prescription Assistance
(269) 969-6494

Family Health Center
Battle Creek: (269) 965-8866
Albion: (517) 629-6548

Fountain Clinic
(269) 781-0952

Senior Diagnostic Center
(269) 441-1136

HEALTH EDUCATION & SCREENING, EXERCISE AND FALL PREVENTION, SUPPORT GROUPS
Senior Health Partners
(269) 441-0948

Interpretation Services

Burmese American Initiative of Battle Creek
(269) 275-0378

VOCES
Spanish-English
(269) 841-4111

Vision

Calhoun County Health Department
(269) 969-6363

Fountain Clinic
(269) 781-0952

Senior Health Partners
Low Vision Support Groups
(269) 441-0948

South Michigan Ophthalmology
(269) 781-9822

Southwest Michigan Eye Center
(269) 979-6383

TLC Eyecare & Laser Centers
(877) 852-8463

Vision USA
(800) 766-4466

Nutrition

Salvation Army
(269) 963-3640
Soup Kitchen, Food Pantry

HOME DELIVERED / CONGREGATE MEALS

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

See also: NOTES

Prescriptions

Albion Interfaith Ministries
(517) 629-5260

Calhoun County Office of Senior Services
Medicare Part D Benefits Counseling
(269) 781-0846
(877) 645-5243

Community HealthCare Connections
Prescription Drug Access Program (PDAP) and Health Assistance Fund (HAF)
(269) 969-6494

PRESCRIPTION VOUCHERS:
Fountain Clinic
(269) 781-0952

Salvation Army
(269) 966-4162

Home Health Care

Arcadia Health Care
(269) 979-5299

Area Agency On Aging
(269) 966-2450
(800) 626-6719

Family Home Health Services
(269) 324-6350
(800) 901-3447

Gentiva Health Services
(269) 381-5620
(800) 444-8427

Home Health Support
(269) 731-5775 ext. 137

Lakeshore Home Health Care
(269) 965-2000

Lifespan Visiting Nurse Services
(269) 660-3600
(800) 254-5939

Medical Resource Management
(269) 385-4698

Oaklawn Home Care & Hospice
(269) 789-3939

NOTES
> Congregate Meals are offered at various sites in Calhoun County including Albion, Battle Creek, Homer and Marshall.
> Food Pantries are available with a referral from 211 or the Department of Human Services.

SENIOR HOUSING

ADDITIONAL INFORMATION AND ASSISTANCE CAN BE FOUND BY CONTACTING YOUR LOCAL AREA AGENCY ON AGING AT 1-800-626-6719

SUBSIDIZED INDEPENDENT LIVING

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

Cherry Hill Manor
(269) 965-0591

Bedford Manor Apartments
(269) 962-3561

Kellogg Manor
(269) 965-0591

Maple Grove Apartments
Albion
(517) 629-2026

Marshall House Apartments
(269) 781-2391

Mather Housing
Albion: (517) 629-2511

Peabody Place
Albion: (517) 629-2511

The Village of Mill Creek
(269) 962-0605

Westbrook Place
(269) 753-0062

ASSISTED LIVING

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

The State of Michigan regulates licensing of these types of facilities and the status can change frequently.
Please contact:

Area Agency on Aging
(800) 626-6719
(269) 966-2450

or

http://www.dleg.state.mi.us/brs_afc/sr_afc.asp
for assistance in finding options in your area

Housing Discrimination

Fair Housing Center of Southwest Michigan
(269) 962-5553x15

SKILLED NURSING

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

Calhoun County Medical Care Facility
(269) 962-5458

Evergreen Manor
(269) 969-6110

Heartland Health Care Center
(269) 965-3327

Laurels of Bedford
(269) 968-2296

Magnum Care of Albion
(517) 629-5501

The Manor of Battle Creek
(269) 969-6244

Marshall Nursing and Rehabilitation Community
(269) 781-4281

The Oaks at Northpointe Woods
(269) 964-4655

Tendercare - Marshall
(269) 781-4251

ADULT FOSTER CARE

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

The State of Michigan regulates licensing of these types of facilities and the status can change frequently.
Please contact:

Area Agency on Aging
(800) 626-6719
(269) 966-2450

or

http://www.dleg.state.mi.us/brs_afc/sr_afc.asp

for assistance in finding options in your area

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

SENIOR SERVICES

ADDITIONAL INFORMATION AND ASSISTANCE CAN BE FOUND BY CONTACTING YOUR LOCAL AREA AGENCY ON AGING AT 1-800-626-6719

Respite & Caregiver

Clare Bridge of Battle Creek
(269) 979-9511

Lifespan Respite Care
(269) 660-3600

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

Medical Resource Management
(888) 385-4698

Senior Health Partners
(269) 441-0920

Home Repair

City of Battle Creek
(269) 966-3323

Community Action
(269) 965-7766

Social/Recreational Resources

Albion Forks Senior Center
(517) 629-3842

Burnham Brook
Senior Activities Programming
(269) 965-0000

YMCA
(269) 963-9622

Community Action
Foster Grandparent Program
(269) 965-7766

Kinship Care

Foster and Adoptive Family Resource and Support Center
(269) 660-0448

Information and Assistance

Area Agency on Aging
(269) 966-2450
(800) 626-6719

Calhoun County Office of Senior Services
(269) 781-0846

211

Adult Day Services

Care Community
(269) 968-3365

CentraCare
(269) 441-9300

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

Legal Resources

Elder Law of Michigan
(517) 372-0792

Legal Hotline for Michigan Seniors
(800) 347-5297

Legal Services of South Central Michigan
(269) 965-3951
(800) 688-3951

Longterm Care Ombudsman
(866) 485-9393

Michigan Elder Abuse Hotline
(800) 996-6228

Vulnerable Adult Helpline
(800) 996-6228

Financial Resources

Calhoun County Probate Court
(269) 969-6794

Guardian Financial & Advocacy Services
Money Management, Guardianship, Conservatorship
(866) 963-3253

Neighborhoods Inc. of Battle Creek
(269) 968-1113
Mortgage foreclosure mitigation and housing counselors

See also:
Financial Resources Referral Tree

SUBSTANCE ABUSE

Smoking Cessation

Bronson Battle Creek
(269) 245-8438

Calhoun County Public Health Dept.
(269) 969-6341

Community HealthCare Connections
(269) 969-6494

Michigan Tobacco Quit LIne
(800) QUIT - NOW (784-8669)

Private Provider

Alcohol or Other drugs

Private Provider

Medicaid / Uninsured

Screening & Referral

Kalamazoo Access Center (uninsured)
888-373-6200

Venture Substance Abuse Access & Referral (Medicaid)
(877) 252-0916

Psychological Consultants
(269) 968-2811

Private Provider

Detox

Allegiance Addiction Recovery Center
(517) 782-4001

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

House of Commons (m/w)
(517) 244-0393

Turning Point
(616) 742-0351

Private Provider

Outpatient & Intensive Outpatient

Psychological Consultants
(269) 968-2811

Private Provider

Residential *

SHORT TERM

Allegiance Addiction Recovery Center
(517) 782-4001

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

Kairos Health Care (adolescents)
(989) 777-4357

Turning Point (m/w)
(616) 742-0351

LONG TERM

Clearview (w)**
(810) 987-1258

Glass House (w)
(517) 482-2028

Holden House (m)***
(517) 887-0226

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

Kairos Health Care
(adolescents)
(989) 777-4357

Pine Rest/Jellema House
(m/w)
(616) 222-5180

The Haven - Life Recovery Program (m)
(269) 965-1148

Insurance

Outpatient & Intensive Outpatient

Psychological Consultants
(269) 968-2811

Private Provider

Detox

Allegiance Addiction Recovery Center
(517) 782-4001

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

Turning Point
(616) 742-0351

Private Provider

Prevention

Substance Abuse Council
(269) 968-4699
Meth and Medicine Abuse Prevention Task Force; Celebrate Recovery Committee; Data Committee

Substance Abuse Prevention Services
(517) 629-2113

Recovery

Alanon
(269) 964-7577

Alcoholics Anonymous
24 Hotline:
(269) 964-7577

Battle Creek:
(269) 964-7577

VA Hospital:
(269) 274-7835

Celebrate Recovery Committee of the Substance Abuse Council
(269) 968-4699

Narcotics Anonymous
(269) 969-8901

Interpretation Services

VOCES
English-Spanish Only
(269) 841-4111

NOTES:
* Residential Service Provider listings identify genders accepted at their facility:M=Men; W=Women, M/W= Men & Women
**Clearview allows women to bring their children up to age 10, does not accept private insurance.
***Holden House does not accept private insurance.

TEEN PREGNANCY RESOURCES

Call 211 OR (269) 565-4159

Pregnancy Testing

CityLinC
(269) 969-9181 (free)

Crisis Pregnancy Center
(269) 963-6206

Family Health Center * * *
(269) 965-8866

Health Department *
Battle Creek: (269) 969-6363
Albion: (517) 629-9434
(866) 303-9436

Marshall Pregnancy Center
(269) 781-9994 (free)

Planned Parenthood * *
Battle Creek: (269)964-0885

Prenatal Loss Support Group

Oaklawn Hospital
(269) 789-3929

NOTES:
* Pregnancy testing is $10 or can be covered by Medicaid.
* * Pregnancy tests are done for free - accept donations
* * * For established patients only.
* * * * Fee for BCHS childbirth class is $35.
+ $40 for all classes offered or free if on Medicaid.
+ + Immunizations are for those with no insurance, insurance that does not cover immunizations, or who are on Medicaid. Fee is $12 per shot or can be covered by Medicaid.
+ + + Accepts Michigan Medicaid. MIHP for Medicaid recipients. Private insurance accepted upon physician referral for skilled nursing services.
+ + + + Must be receiving or eligible for WIC and/or food stamps

Pregnancy Prevention Resources

Prevention Education
Kids at Hope: (517) 629-2113

Subtance Abuse Prevention Services: (517) 629-2113

Planned Parenthood:
(269) 964-0885

Goals/Leadership/Decision Making/Family
Battle Creek Family YMCA:
(269) 288-0023

Health Department:
(269) 969-6365

Planned Parenthood:
(269) 964-0885

Substance Abuse Council:
(269) 968-4699

Summit Pointe: (269) 966-1460

Teen Pregnancy Prevention Program (TP3): (269) 969-6393

Contraceptives
Family Health Center * * *
(269) 965-8866

Health Department (condoms only)
Battle Creek: (269) 969-6363
Albion: (517) 629-9434

Planned Parenthood:
(269) 964-0885

STD Testing
Family Health Center: * * *
(269) 965-8866

Health Department
Battle Creek: (269) 969-6363
Albion: (517) 629-9434

Planned Parenthood: * *
(269) 964-0885

Private Provider

Resources For Pregnant Teens

Childbirth Education
Bronson Battle Creek: (269) 245-8019

CitiLinC *Women's Resource Center:* (269) 969-9181

Oaklawn Hospital Birth Center: (269) 789-3929 +

Southern Michigan Doulas and Childbirth Education Boutique: (269) 781-9994

Nutrition
MSU Extension (Education): (269) 781-0784 + + + +

Women Infant Children (WIC): (269) 969-6860

Breastfeeding Education
Bronson Battle Creek (free): (269) 245-8019

Connect Health Services: (517) 629-3497

Family Health Center***
Battle Creek: (269) 441-3443 (Business Hours)
24 Hour and Weekend line: (269) 965-8866

Oaklawn Hospital Birth Center: (269) 789-3929+

Southern Michigan Doulas and Childbirth Education Boutique: (269) 781-9994

Women Infants & Children (WIC): (269) 969-6860

Teen Parent Programs
Alternative Education for Pregnant & Parenting Teens: (269) 968-2271 x 5229

Nurse Family Partnership Program: (269) 969-6392

Medicaid for Pregnant Women
Community HealthCare Connections:
MOMS Program (269) 969-6494

Department of Human Services: (269) 966-1284

Michigan Primary Care Asoociation: (517) 899-0871

Women Infants & Children (WIC): (269) 969-6860

Obstetrics
Family Health Center: (269) 441-3443* * *

All Options Counseling
Planned Parenthood: (269) 964-0885

Private Provider

Resources For Teen Parents

Alternative Education
Alternative Education for Pregnant & Parenting Teens
(269) 968-2271 x 5229

Immunizations
Family Health Center
Battle Creek: (269) 965-8866
Albion: (517) 629-6589 * * *

Health Department:
(269) 969-6363 or (866) 303-9436 + +

Child Care
Child Care Resources
(269) 349-3296 or (800) 343-3470

Insurance/Financial Resources
Community HealthCare Connections: (269) 969-6494

Department of Human Services
(296) 966-1284

Michigan Primary Care Asoociation:
(517) 899-0871

Resources for infant needs
Albion Interfaith Ministries
(517) 629-5260

Albion 1st United Methodist Church
Albion Baby Pantry
(517) 629-3497

Infant Safe Sleep Information
(800) 331-7437

Nutrition
Connect Health Services
(517) 629-3497

Women Infants & Children (WIC)
(269) 969-6860

Early Childhood Education
Community Action Head Start
(877) 422-2726

Calhoun Intermediate School District
(269) 660-1606

VETERANS BENEFITS

VETERANS AFFAIRS MEDICAL CENTER OF BATTLE CREEK
(269) 966-5600

Burial Services

Headstones - claim status only
(800) 697-6947

Education and Training

Compensated Work Therapy/ Incentive Work Therapy
(269) 966-5600 x 33862

Michigan Tuition Grant
(517) 373-7120

Michigan Veterans Employee Services
(800) 455-5228

Montgomery GI Bill
(888) 442-4551

Operation Enduring Freedom/ Iraqi Freedom Transiton Team
(269) 966-5600 x 35232

Post 9-1-1 GI Bill
(800) 827-1000

Vocational Rehab
(269) 223-6018

UNITED STATES VETERANS BENEFITS ADMINISTRATION
(800) 827-1000

Healthcare

CHAMPVA (VA Civilian Health & Medical Program)
(800) 733-8387

Domiciliary Residential Rehab: (269) 966-5600 x 30054

Health Care for Homeless Veterans
(369) 966-5600 x 30045

Helpline - Agent Orange & Gulf War
(800) 749-8387

Home & Community Services: (269) 966-5600

Mental Health Intensive Management Program
(269) 966-5600 x 35053

National Veteran's Administration: (877) 222-8387

Operation Enduring Freedom/Iraqi Freedom Transition Team
(269) 966-5600 x 35232

Senior Health Partners
Creating Confident Caregivers - Educational Class
(269) 441-0920

Silverstar: (269) 964-6000

VA Community Basted Outpatient Clinic - Lansing
(517) 267-3925

Veterans Outreach for Integrated Community Enhancement (VOICE)
(269) 966-5600 x 35053

Wellness & Recovery Center
(269) 566-5600 x 030054

Women's Health: (269) 966-5600 x 33860

Life Insurance

National Veteran's Administration
(800) 669-8477

Office of SGLI
(800) 419-1473

Compensation and Pension

Direct Deposit
(877) 838-2778

Substance Abuse

Recovery Planning and Solutions
(888) 214-1247 x 35356

VA Hospital Branch of Alcoholics Anonymous
(269) 274-7835

MICHIGAN VETERANS FOUNDATION
(313) 831-5500

Transitional Housing

Veterans Rescue Program

Food Pantry

Life Skills Training

Employment Training

Job Opportunities/Referrals

Education

Health Care Services

PTSD Counseling

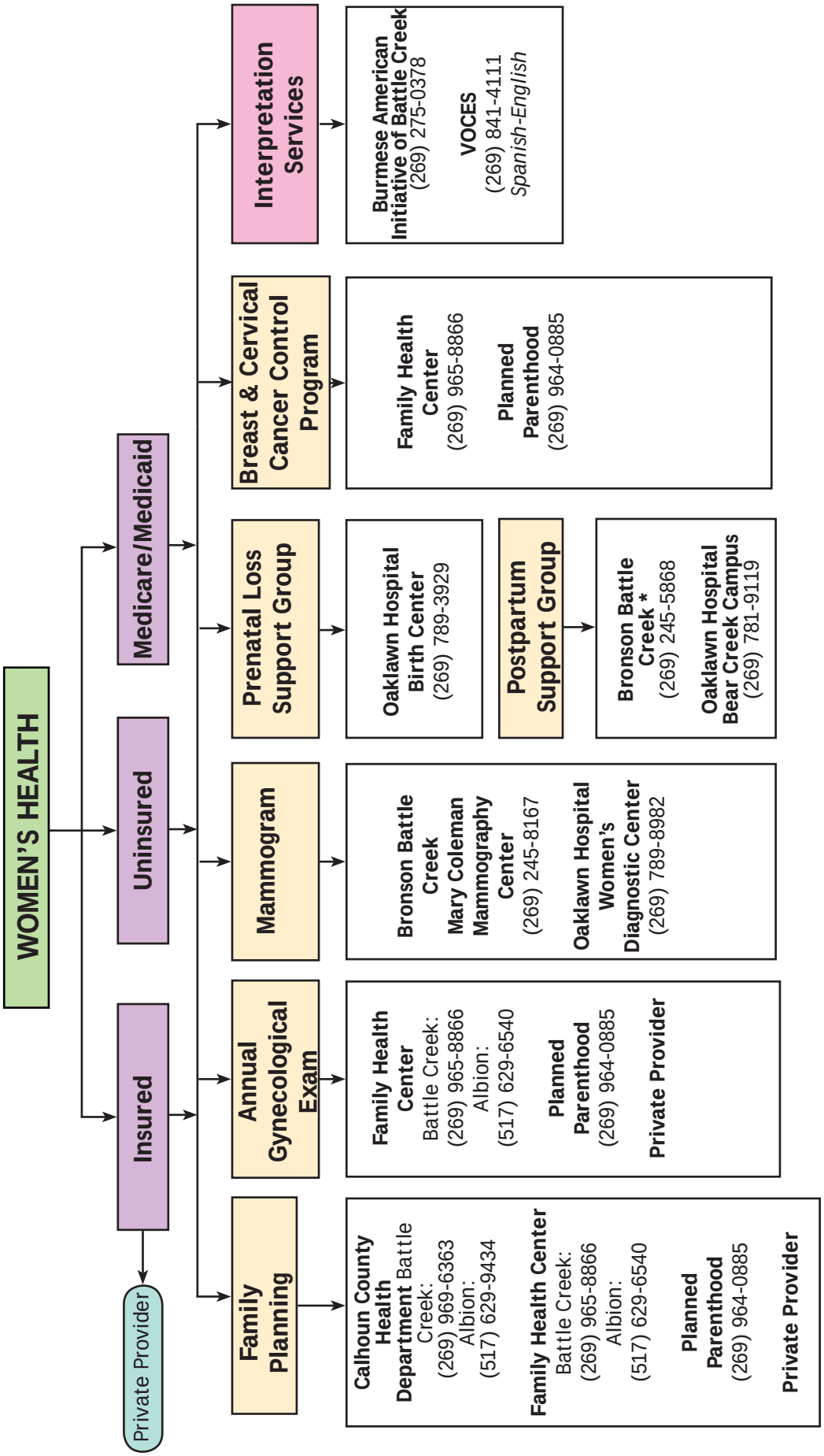
Transportation Assistance

Meals & Clothing

Support Groups

Substance Abuse Intervention

Legal Assistance


WOMEN'S HEALTH
Private Provider
Insured
Uninsured
Medicare/Medicaid
Family Planning
Calhoun County Health Department Battle Creek: (269) 969-6363 Albion: (517) 629-9434
Family Health Center Battle Creek: (269) 965-8866 Albion: (517) 629-6540
Planned Parenthood (269) 964-0885
Private Provider
Annual Gynecological Exam
Family Health Center Battle Creek: (269) 965-8866 Albion: (517) 629-6540
Planned Parenthood (269) 964-0885
Private Provider
Mammogram
Bronson Battle Creek
Mary Coleman Mammography Center (269) 245-8167
Oaklawn Hospital Women's Diagnostic Center (269) 789-8982
Prenatal Loss Support Group
Oaklawn Hospital Birth Center (269) 789-3929
Postpartum Support Group
Bronson Battle Creek * (269) 245-5868
Oaklawn Hospital Bear Creek Campus (269) 781-9119
Breast & Cervical Cancer Control Program
Family Health Center (269) 965-8866
Planned Parenthood (269) 964-0885
Interpretation Services
Burmese American Initiative of Battle Creek (269) 275-0378
VOCES (269) 841-4111 Spanish-English

YOUTH SERVICES

COUNSELING AND FAMILY SUPPORT SERVICES

Intensive Family Services
Family & Children Services
(269) 965-3247
Respite Services, Parenting Workshops, Case Management, Family and Community Treatment (Home-Based), Family Counseling

Lutheran Social Services: (269) 964-6180
Home-Based Services, Family Counseling, Families First (through DHS)

Starr Commonwealth
Albion: (517) 629-5591
Battle Creek: (269) 968-9287
Toll Free: (800) 837-5591
Residential, Sexually Reactive Youth Program, Day Treatment, Treatment Foster Care, Mental Health Counseling, Family Counseling

Summit Pointe: (269) 966-1460
Multi-Systemic Therapy; Individual, Family and Group Counseling

Individual and Family Counseling
Aurora Andrews Psychiatry and Christian Counseling Center of Battle Creek
(269) 979-8119

Battle Creek Counseling Associates
(269) 962-2722
Individual Counseling, Sex Offender Group, Testing & Assessment

Behavioral Health Resources
(269) 979-8333
Individual Therapy, Group Therapy, Psychiatric Services, Testing & Assessment

CitiLinC: (269) 969-9181
Affordable Faith-Based Counseling

Counseling Innovations
Kalamazoo: (269) 381-5476
Counseling for Lesbian/Gay/Bisexual/Transgender, Difficult Medical Diagnosis, Eating Disorder, Grief and Loss

Family & Children Services
(269) 965-9235
The Counseling Center

Family Health Center
(269) 965-8866
Behavioral Health Counseling

Forest View Hospital
Grand Rapids: (800) 949-8439
Assessment, Inpatient, Partial Hospitalization

Oaklawn Hospital Psychological Services: (269) 781-9119

Oakridge Counseling Center
(269) 963-7135
Individual Therapy, Eating Disorders, Play Therapy, Testing and Assessment

Pine Rest Christian Mental Health Services: (800) 678-5500
Inpatient, Outpatient, Partial Residential, Residential, Substance Abuse (Fee for assessment)

Planned Parenthood of South Central Michigan
(269) 964-0885,
Toll Free: (800) 559-9093
Pregnancy Counseling

Psychological Consultants
(269) 968-2811
Toll Free:(800) 261-8850
Outpatient, Attention Deficit Clinic, Evaluation

S.A.F.E. Place (Domestic Violence)
24-Hour Confidential
Crisis Line: (269) 965-SAFE (7233)
or (888) 664-9832
Children's Program

Sexual Assault Services
(269) 245-3925
(free) Crisis Line: (888) 383-2192

Summit Pointe: (269) 966-1460
Crisis Hotline: (800) 632-5449
Individual, Family and Group Counseling, Psychological Services

Crisis Services
Bronson Battle Creek
(269) 245-8000
Emergency Room

Oaklawn Hospital (Marshall)
(269) 781-4271
Emergency Room

Summit Pointe
Crisis Hotline: (800) 632-5449

Private Provider

Wraparound Services
(269) 441-5904

Abuse/Neglect
Calhoun Child Abuse & Neglect Council
(269) 962-2562

Child Abuse & Neglect Hotline
(800) 4-A-Child

Child Protective Services
(24 Hours)
(269) 966-1331

"No Means No" Sexual Assault Line
(877) 666-3267

Parent Helpline: (800) 942-4357
Information and Referral

S.A.F.E. Place (Domestic Violence)
24-Hour Confidential Crisis Line
(269) 965-SAFE (7233)
or 1-888-664-9832

Sexual Assault Services:
(269) 245-3925
(free) Crisis Line: (888) 383-2192

Other Family Resources
Community Action
(269) 965-7766
Fatherhood/Male Involvement

Community Fatherhood
(269) 282-1340 or (269) 317-7337

Kinship Support Services
(269) 660-0448

Parents, Families and Friends of Lesbians and Gays (PFLAG)
(269) 664-6892

Substance Abuse Council
(269) 968-4699
Strengthening Families

Substance Abuse Prevention Services
(517) 629-2113

The Arc: (269) 966-2575,
(800) 400-2941
Advocacy, Support Services, Referral, Alternatives to Guardianship

YOUTH SERVICES

EXTRACURRICULAR COMMUNITY OPPORTUNITIES

Recreation

Battle Creek Family YMCA: (269) 963-9622

Boys & Girls Club: (269) 788-9930

Community Inclusive Recreation: (269) 968-8249

New Level Sports: (269) 964-9711 x 24

Recreation Departments
Battle Creek: (269) 966-3431
Albion: (517) 629-7179
Marshall: (269) 781-5166

Wattles Park Men's Club: (269) 979-4336
Year round athletic programs

After School/Gap Programs

21st Century Community Learning Center (Battle Creek Public Schools only): (269) 965-3883

Boys & Girls Club: (269) 788-9930

Community Unlimited Blast Program (517) 741-4656

Double Vision Center (517) 629-6085

Homer GAP Program: (517) 568-4461x1540

Tekonsha Blast Program: (K-12) (517) 767-4123

Vision of Life Action Team (517) 629-8002

Libraries

Albion Public Library: (517) 629-3993

Athens Community Library: (269) 729-4479

Homer Public Library: (517) 568-3450

Marshall District Library: (269) 781-7821

Tekonsha Township Library: (517) 767-4769

Willard Library (Battle Creek): (269) 968-8166

Employment

Connections: (269) 966-1460
On-Site Job Training, Dependable Workforce, Support Services, Consulting Services

Goodwill Industries (269) 441-2298 *WIA Program*

Job Corps: (800) 733-JOBS
Career Training (Ages 16-24)

Michigan Rehabilitation Services: ** (269) 968-3311

Volunteer Service

Albion Volunteer Service Organization: (517) 629-5574

American Red Cross: (269) 962-7528

Hands On of Battle Creek: (269) 966-4189
Youth Public Engagement Internship, Summer Serve and Points of Light Youth Leadership Institute

Junior Achievement: (269) 968-9188

Marshall Area Community Services: (269) 781-2954

The Arc: (269) 966-2575
Volunteer Job Skills Training

Urban League of Battle Creek: (269) 962-5553 *Future Force (Volunteer Job Skills Training)*

Miscellaneous Activities

Battle Creek Community Foundation: (269)962-2181
Youth Alliance Committee

Boys and Girls Club of Battle Creek: (269) 788-9930

Boy Scouts of America: (269) 962-8513 (269) 343-4687 or (800) 272-7962

CityLinC
Mentor House
(269) 969-9181

Community Action: (269) 965-7766
After School Study and Recreation

Community Unlimited: (517) 741-4656 (Union City Schools)

Expand Program - Athens: (269) 729-5685

Family & Children Services: (269) 965-3247
Out & About

Girl Scouts Heart of Michigan (800) 497-2688

Substance Abuse Prevention Services (517) 629-2113
Positive Youth Development, Leadership Development

MSU Extension 4-H: (269) 781-0784
($10 per year to be a member; Ages 5-19)

Planned Parenthood of South Central Michigan (269) 964-0885; Toll Free (800) 559-9093
Project TRUST, Peer Education

The Arc: (269) 966-2575
Life Skills for Developmentally Disabled

Urban League of Battle Creek: (269) 962-5553
Sojourner Truth Girls Academy, Future Force

YOUTH SERVICES

ATTITUDES AND SKILLS

Gang Intervention

Urban League of Battle Creek: (269) 962-5553
Youth Leadership Camp

Young Men in the Making: (269) 317-3305

Mentoring

Big Brothers Big Sisters: (269) 964-7117

Boys and Girls Club of Battle Creek: (269) 788-9930

CityLinC *Mentor House* (269) 969-9181

Substance Abuse Prevention Services: (517) 629-2113

Character Education

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

Michigan Youth ChalleNGe Academy: (800) 372-0523

Urban League of Battle Creek: (269) 962-5553
Future Force, Sojourner Truth Girls Academy, Restoration

Miscellaneous

Boys and Girls Club (269) 788-9930

Family & Children Services: (269) 965-3247
Pregnancy Counseling, Teen Parent Program, Parent Infant Program (parent or child with mental illness), Community Living Support & Training

Substance Abuse Prevention Services: (517) 629-2113
Life Skills Development, Leadership Development, Violence Prevention

Summit Pointe: (269) 966-1460
Youth Services Team

The Arc: *Kids on the Block Puppet Troupe*
(269) 966-2575, (800) 400-2941
(targets children pre-k through 4th grade)

SUBSTANCE ABUSE

Support Groups

Alcoholics Anonymous, Alanon, Alateen:
(269) 964-7577

Bronson Battle Creek
Smoking Cessation: (269) 245-8438

Narcotics Anonymous
(269) 969-8901

National Drug & Alcohol Treatment
(800) 662-HELP(4357)

Treatment

Kairos Health Care: (989) 777-4357
Long Term/Short Term, Residential

Psychological Consultants:
(269) 968-2811

Prevention

Substance Abuse Council:
(269) 968-4699

Substance Abuse Prevention Services
(517) 629-2113

Screening and Referral

Kalamazoo Access Center:
(888) 373-6200

Psychological Consultants:
(269) 968-2811

Recovery

Celebrate Recovery Task Force of the Substance Abuse Council
(269) 968-4699

SEE ALSO:
SUBSTANCE ABUSE

YOUTH SERVICES

LEGAL SERVICES

Police Emergency: 911

Albion City Police Dept: (517) 629-3933

Battle Creek Police Department Community Services: (269) 966-3302

Calhoun County Sheriff: (269) 969-6450

Legal Services of South Central Michigan: (269) 965-3951; (Toll Free) (800) 688-3951

Marshall City Police: (269) 781-2596

Michigan Dept. of State Police: (269) 968-6115

Juvenile Diversion
The Advocates : (269) 968-0624

Calhoun County Justice Complex
Circuit Court, Family Div.: (269) 969-6732

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

Friend of the Court: (269) 969-6415
(24 hour computerized case info access line)
(269) 969-6500 - *Information Services Unit*

Juvenile Home: (269) 781-0920

Office of the Prosecuting Attorney: (269) 969-6980

SCHOOL / EDUCATION

Calhoun Intermediate School District: (269) 781-5141

Alternative Education
Calhoun Area Career Center: (269) 968-2271

Calhoun Community High School: (269) 565-4782

Marshall Alternative: (269) 781-1282

Michigan Youth ChalleNGe Academy: (800) 372-0523

Battle Creek Public School District: (269) 965-9671

Pregnant/ Parenting Teen Program: (269) 968-2271x5229

South Hill Academy: (269) 965-9671 (middle and high school)

Urbandale Elementary: (269) 965-9735

Scholarship Programs
Battle Creek Community Foundation: (269) 962-2181
Legacy Scholars, GEAR Up+++, other scholarships

Battle Creek Public Schools: (269) 965-9470
Carson Scholars Fund (grades 4-11)+++

Lakeview Schools Educational Foundation: (269) 565-2411

Urban League of Battle Creek: (269) 962-5553
Future Force, Sojourner Truth Girls Academy

Winship Scholarship Foundation: (269) 966-6340

School Liaison Services
Summit Pointe: (269) 441-6087

The Arc: (269) 966-2575
Educational Adcovacy for Special Education

tcc The Coordinating Council

Targeting Community Concerns.

140 Michigan Avenue West
Battle Creek, MI 49017

Phone: (269) 441-5904
Fax: (269) 966-2844
Email: akp@summitpointe.org
http://www.tcccalhoun.org

2011-12

2009 Behavioral Risk Factor Surveillance Survey

Calhoun County Public Health Department

Calhoun County, Michigan

Acknowledgements

Calhoun County Public Health Department | 2009

Data were collected for the 2009 Calhoun County Behavioral Risk Factor Surveillance Survey (BRFSS) by the Office for Survey Research (OSR) at the Michigan State University Institute for Public Policy and Social Research (IPPSR). The authors thank Larry A. Hembroff, Ph.D and staff for conducting this survey.

We also thank Annie Wendt, MPH, for conducting all statistical analysis of the 2009 Calhoun County BRFSS data.

Lastly, we thank the residents of Calhoun County for their participation in the 2009 Calhoun County BRFSS.

2009 BRFS Report.indd 1 1/20/2012 8:28:54 AM

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Technical Notes

Calhoun County Public Health Department 2009

I. Partners

This report presents estimates from the 2009 Calhoun County Behavioral Risk Factor Surveillance Survey (BRFSS), a county-wide telephone survey of Calhoun County residents. The BRFSS measures health risk behaviors, certain chronic conditions, and preventive health practices in a representative sample of adults age 18 years and older. The Calhoun County BRFSS is conducted every five years with assistance from the Office for Survey Research (OSR) at the Michigan State University Institute for Public Policy and Social Research (IPPSR). The results of this survey are used by various Calhoun County entities including, but not limited to, public health, academic researchers, and non-profit organizations, to identify health needs of our community and develop programs and policies that promote health.

II. Sampling Design

Data collection began in April, 2009 and was completed in February, 2010. The survey module consisted of 90 questions including a core set of questions developed by the Centers for Disease Control and Prevention (CDC). A stratified random sample of non-institutionalized, English-speaking adults was surveyed. The sampling methodolgy was designed to over-sample black residents in order to produce reliable estimates for this population. The final sample contained 740 participants including 206 non-Hispanic Blacks. Participants were contacted by random-digit dialing of landline telephones. Up to 20 call attempts were made to contact selected participants. Within selected households, one respondent was randomly selected to be interviewed from the eligible adults living in the household.

III. Data Analysis

The final data set was weighted to correct for unequal probabilities of selection and to maximize the representativeness of the sample findings. Post-stratification adjustments were made to match the gender, age, and race profile of the Calhoun County population based on the U.S. Census Bureau's 2006-08 American Community Survey. In general, the overall margin of sampling error for a sample of 740 is +/- 3.6%. The margin of sampling error will be larger for smaller segments of the sample. Unless otherwise stated, those who responded that they did not know or refused to answer were excluded from the analysis.

IV. Interpretation

The prevalence estimate for each health indicator is shown with a 95% confidence interval. A confidence interval is a measure of random error in the estimation and should be interpreted as follows: If the survey were repeated many times, the confidence interval will include the true value 95% of the time. If confidence intervals for two different subpopulations (i.e. males vs. females) do not overlap, this may be an indication that the difference is statistically significant.

This report has been published on the Calhoun County webiste at www.calhouncountymi.gov/publichealth. Additional data tables will soon be made available and posted to the website as well.

Executive Summary

2009 Calhoun County Public Health Department

Dear Calhoun County Citizens,

The Calhoun County Public Health Department (CCPHD) strives to fulfill its mission of promoting healthy lifestyles, protecting health, and preventing disease in Calhoun County citizens. The Behavioral Risk Factor Surveillance Survey (BRFSS) is commissioned by the CCPHD in order for community partners, organizations, and the CCPHD to look at Calhoun County citizens' health behaviors.

This report presents estimates from the 2009 Calhoun County BRFSS, a periodic randomized telephone survey that collects data on health conditions, risk factors, and behaviors among adults 18 years and older. The BRFSS is conducted annually by state departments of health in collaboration with the Centers for Disease Control and Prevention. The Calhoun County BRFSS is modeled after the Michigan BRFSS in order to provide comparisons of health indicators.

The Calhoun County BRFSS data is the best source of information about the overall health and well-being of our community. The data allow us to measure and track critical health behaviors and are essential for planning and evaluating programs, establishing program priorities, developing specific interventions and policies, shaping legislation, and identifying emerging public health issues. These data also enable us to shed light on health disparities and pinpoint areas of unmet need for specific populations.

A number of important themes emerged from the 2009 Calhoun County BRFSS report. First, areas of success largely focused on preventive health care practices. For example, in 2009 a greater proportion of Calhoun County residents received preventive services such as cancer and cholesterol screening than in 2004. Overall, health care access has improved in Calhoun County even as it has declined at the state and national level. However, Calhoun County continues to have a high prevalence of risk behaviors including physical inactivity and tobacco use. In order to reach our health goals, it is imperative that we engage a dual approach that connects both the health care sector and community-based primary prevention strategies.

Key findings from individual sections, Health Outcomes, Health Care Access and Utilization, Risk Behaviors, and Clinical Preventive Practices, are summarized at the beginning of their respective sections.

These data will be utilized to continue fulfillment of our 2009-developed Strategic Plan and community-wide healthy lifestyles program development. The CCPHD will continue monitoring health status and identifying, diagnosing, and investigating health issues.

Sincerely,

James A. Rutherford, MPA
Health Officer
Calhoun County Public Health Department

Comparison Table

Calhoun County Public Health Department 2009

The following table demonstrates the relative performance of health indicators compared to the 2004 Calhoun County BRFSS. the 2009 State of Michigan BRFSS, and 2009 pooled data from all U.S. states and Washington D.C. Blue text indicates a better outcome than the 2009 Calhoun County BRFSS data. Black text indicates neither better nor worse. Red text indicates a worse outcome than 2009 Calhoun County BRFSS data.

BRFSS Indicator	2009 Calhoun County BRFSS		2004 Calhoun County BRFSS		2009 Michigan BRFSS		2009 US Median
	%	95% CI	%	95% CI	%	95% CI	%
Fair or poor general health	18.5	(14.8-22.8)	21.8	(17.6-26.0)	15.0	(14.1-16.0)	14.5
Poor physical health on 14+ days in past month	13.8	(10.6-17.7)	15.5	(11.7-19.3)	10.8	(10.0-11.7)	n/a
Poor mental health on 14+ days in past month	17.0	(13.2-21.8)	14.2	(10.4-17.9)	11.2	(10.3-12.2)	n/a
Obesity	38.4	(32.9-44.3)	30.8	(26.1-35.5)	30.9	(29.6-32.3)	26.9
Ever told had heart attack	5.0	(3.3-7.5)	n/a		4.5	(4.0-5.4)	4.0
Ever told had coronary heart disease or angina	5.3	(3.7-7.7)	n/a		4.4	(4.0-4.9)	3.8
Ever told had stroke	3.2	(1.9-5.3)	n/a		2.7	(2.4-3.0)	2.4
Ever told have high blood pressure	36.5	(31.5-41.8)	36.3	(31.2-41.3)	30.4	(29.2-31.6)	28.7
Ever told have high cholesterol	47.7	(41.8-53.7)	40.9	(35.1-46.6)	38.9	(37.5-40.2)	37.5
Ever told had diabetes	13.8	(10.5-18.1)	9.9	(7.3-12.6)	9.4	(8.8-10.1)	8.3
Experienced worse treatment due to race when seeking healthcare	1.9	(0.8-4.1)	3.6	(1.4-5.8)	n/a		n/a
No health care coverage	14.2	(10.3-19.3)	20.2	(16.1-24.3)	16.2	(14.8-17.6)	16.9
No health care access due to cost	16.1	(11.9-21.4)	15.7	(12.0-19.4)	13.9	(12.9-15.0)	n/a
Did not have a dental visit in past year	32.9	(27.2-39.2)	29.2	(24.5-33.9)	n/a		n/a
Inadequate fruit & vegetable consumption	87.9	(82.9-91.5)	91.2	(88.5-94.0)	77.8	(76.6-79.0)	76.6
No leisure-time physical activity	25.6	(19.5-32.9)	26.4	(21.9-30.8)	24.1	(22.9-25.3)	23.8
Adequate physical activity	48.8	(43.1-54.6)	n/a		51.4	(49.9-52.9)	n/a
Current smokers	25.8	(21.0-31.3)	29.5	(24.7-34.3)	19.8	(18.6-21.0)	17.9
Binge drinking in past 30 days	14.7	(10.9-19.5)	13.9	(10.1-17.6)	16.9	(15.8-18.1)	15.8
Diagnosed with a sexually transmitted disease (STD) in past five years	6.8	(3.3-13.9)	n/a		n/a		n/a
Had sunburn in past 12 months	40.7	(34.6-47.2)	31.0	(26.3-35.7)	n/a		n/a
Had flu shot in past 12 months (age 65+)	63.3	(54.2-71.5)	72.0	(63.2-80.8)	69.0	(67.0-70.9)	70.1
Ever been tested for HIV	41.5	(34.9-48.4)	50.4	(44.5-56.3)	38.2	(36.5-39.9)	n/a
Had sigmoidoscopy/colonoscopy in past five years (age 50+)	62.5	(55.3-69.1)	48.9	(42.0-55.8)	n/a		n/a
Had appropriately-timed clinical breast exam (women age 20+)	93.0	(87.8-96.1)	70.6	(64.7-76.5)	n/a		n/a
Had mammogram in past year (women age 40+)	56.0	(47.5-64.2)	58.3	(51.0-65.7)	n/a		n/a
Had appropriately-timed Pap test (women)	78.5	(71.3-84.2)	81.2	(75.6-86.7)	n/a		n/a
Had prostate-specific antigen (PSA) test in past year (men age 50+)	52.4	(42.6-62.1)	48.0	(36.4-59.7)	n/a		n/a

Demographics

2009 Calhoun County Public Health Department

	Calhoun County[1]	Michigan[1]	United States[1]
Total Population	136,875	10,039,208	301,461,533
Households	54,198	3,860,160	112,611,029
Age Distribution			
18-24	9.3%	9.8%	9.9%
25-34	12.4%	12.2%	13.4%
35-44	13.4%	14.1%	14.2%
45-54	14.8%	15.3%	14.5%
55-64	11.6%	11.4%	10.8%
65-74	7.4%	6.7%	6.5%
75+	6.8%	6.2%	6.1%
Race & Ethnicity			
Non-Hispanic White	84.3%	79.7%	74.4%
Non-Hispanic Black	10.3%	14.0%	12.4%
American Indian/Alaska Native	0.6%	0.5%	0.8%
Asian/Pacific Islander	1.7%	2.4%	4.5%
Other race	0.7%	1.5%	5.6%
Two or more races	2.4%	3.0%	2.2%
Hispanic	4.0%	4.0%	15.1%
Gender			
Male	48.7%	49.2%	49.3%
Female	51.3%	50.8%	50.7%
Education Level			
Less than high school	14.1%	13.0%	15.7%
High school graduate	34.3%	31.5%	29.7%
Some college	26.0%	25.5%	22.5%
College graduate	25.5%	29.9%	32.2%
Percent Urban & Rural Population			
Urban	69.7%	74.7%	79.0%
Rural	30.3%	25.3%	21.0%
Percent of Residents below Federal Poverty Level	16.2%	14.5%	8.2%
Median Household Income	$42,003	$48,700	$51,425

Health Outcomes

The Health Outcomes section reports on health quality and the prevalence of certain chronic conditions. Several key highlights are listed below.

General Health Status

- The overall proportion of adults who reported that their health was fair or poor was higher in Calhoun County (18.5%) than the Michigan average (15.0%) and the U.S. median (14.5%).
- Calhoun County residents with lower educational attainment and lower incomes were significantly more likely to report fair or poor health.

Health-Related Quality of Life

- In 2009, 13.8% of adults in Calhoun County reported poor physical health and 17.0% reported poor mental health on at least 14 days in the past month.

Weight Status

- One of the greatest challenges that Calhoun County faces is overweight and obesity. In 2009, roughly three out of four Calhoun County adults (75.8%) were either overweight or obese.
- The proportion of adults in Calhoun County who are overweight or obese has increased by 5.8% since 2004.

Cardiovascular Disease

- Among adults in Calhoun County, 5.0% had ever been told they had a heart attack, 5.3% had ever been told they had angina or coronary heart disease, and 3.2% had ever been told they had a stroke.

Diabetes

- The overall proportion of adults who had been told by a health professional that they had diabetes in 2009 was 13.8%.
- The proportion of adults with diabetes in Calhoun County was significantly higher than the state average of 9.4%.
- The prevalence of self-reported diabetes among obese individuals was 26.9%.

Reactions to Race

- In 2009, 20.6% of non-Hispanic Blacks reported emotional symptoms and 14.6% reported physical symptoms as a result of how they were treated based on their race.
- The majority of non-Hispanic Whites (83.9%) and non-Hispanic Blacks (75.2%) believed that they were treated the same as other races when seeking health care.

General Health Status

2009 | Calhoun County Public Health Department

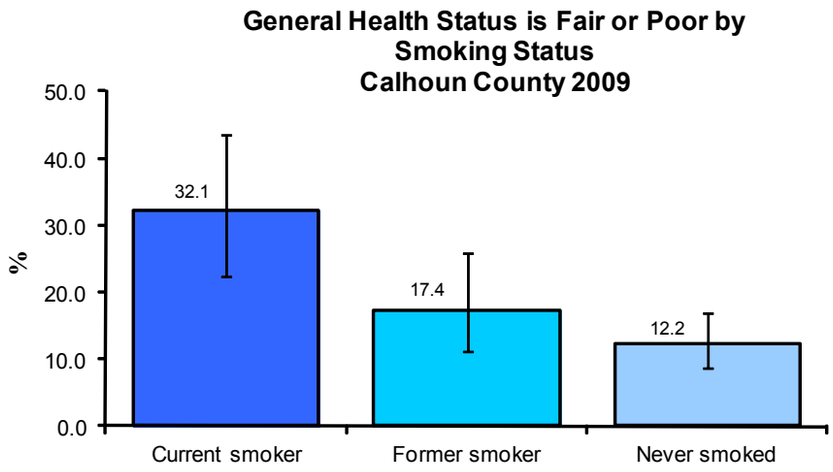
General health status is a self-rated assessment of an individual's perceived health. Research has demonstrated that self-rated health status is a reliable measure and a strong predictor of morbidity and mortality.[2] Factors including environment, community, access to health care, and risk behaviors may affect health status.

In 2009, 18.5% of Calhoun County residents reported that their health was either fair or poor. Although this indicator has improved from 2004 (21.8%, 95% CI: 17.6-26.0), it is worse than the 2009 Michigan average (15.0, 95% CI: 14.1-16.0). The proportion reporting fair or poor health increased with increasing age except for the 35-44 and 65-74 age groups. Non-Hispanic Blacks and females were more likely to report fair or poor health status, although these differences failed to meet statistical significance.

Socioeconomic status has been shown to be strongly correlated with overall health.[3] Not surprisingly, Calhoun County residents with less than a high school education were significantly more likely to report fair or poor health compared to college graduates. Likewise, individuals making less than $20,000 a year were significantly more likely to report poor or fair health than individuals making $35,000 or more.

	General Health is Fair or Poor[a]	
	%	95% CI
Total	18.5	(14.8-22.8)
Age		
18-24	11.7	(3.8-31.1)
25-34	16.1	(6.8-33.4)
35-44	4.1	(1.4-11.5)
45-54	20.9	(13.8-30.4)
55-64	26.8	(18.2-37.7)
65-74	24.6	(15.8-36.0)
75+	24.7	(15.6-36.8)
Gender		
Male	16.9	(11.7-24.0)
Female	19.6	(15.0-25.3)
Race		
Non-Hispanic White	18.1	(14.0-23.0)
Non-Hispanic Black	25.3	(15.7-38.0)
Education		
Less than HS	41.8	(22.0-64.7)
HS graduate	21.9	(15.7-29.6)
Some college	14.6	(8.8-23.2)
College graduate	12.4	(7.5-19.8)
Income		
Less than $20K	40.5	(29.3-52.8)
$20K-$34,999	26.9	(16.7-40.5)
$35K-$49,999	9.4	(4.4-19.0)
$50K-$74,999	13.6	(6.6-26.0)
$75K+	1.5	(0.3-6.1)

[a] Among all adults, the proportion who reported that their health status, in general, was either fair or poor.



One important risk factor that has been linked to general health status is tobacco use. In 2009, current smokers were significantly more likely to report poor or fair health than people who have never smoked. Results also indicated that current smokers may be more likely to report poor or fair health than former smokers, underscoring the importance of quitting smoking.

Health-Related Quality of Life

Health-related quality of life measures individuals' perceived health status over time. Tracking health-related quality of life can help determine which populations are experiencing unmet needs.

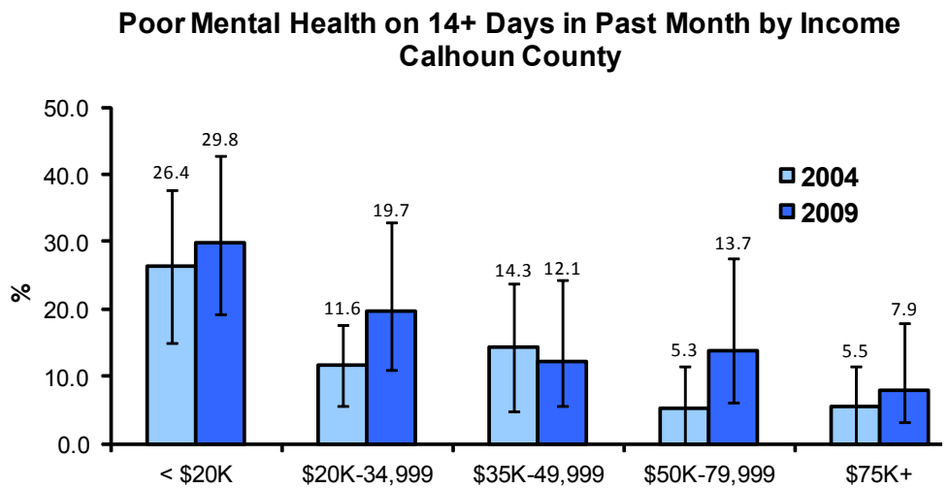
Overall, 13.8% of adults reported poor physical health on at least 14 days of the past month. This proportion increased with age. Conversely, poor mental health was more prevalent among younger age groups. Non-Hispanic Blacks were almost twice as likely to report poor mental health compared to non-Hispanic Whites. Females were almost twice as likely to report poor mental health as males.

Poor physical and mental health was more prevalent among individuals with lower education and income levels. Over a quarter of people making less than $20,000 experienced 14 or more days of poor physical or mental health in the last month. People with less education and lower income were also more likely to report that their health limited their usual activity such as self-care, work, and recreation.

In 2009, the estimated average number of poor physical health days per month was 4.3 and the average number of poor mental health days per month was 5.1. The average number of days of limited activity was 4.8. Both the estimated average poor mental health days and limited activity days were worse in Calhoun County compared to the Michigan average (3.7 and 2.3, respectively).

	Poor Physical Health[a]		Poor Mental Health[b]		Physical or Mental Limited Usual Activity[c]	
	%	95% CI	%	95% CI	%	95% CI
Total	13.8	(10.6-17.7)	17.0	(13.2-21.8)	16.2	(11.9-21.7)
Age						
18-34	4.0	(1.0-14.6)	24.8	(15.1-38.0)	8.0	(2.9-20.6)
35-54	16.6	(11.0-24.1)	16.5	(11.0-24.0)	20.6	(13.1-31.0)
55+	19.6	(14.4-26.1)	11.1	(7.3-16.6)	18.9	(12.3-27.9)
Gender						
Male	14.3	(9.5-21.1)	11.4	(6.8-18.4)	13.9	(7.8-23.5)
Female	13.1	(9.3-18.0)	21.9	(16.4-28.7)	17.5	(12.0-24.9)
Race						
Non-Hispanic White	14.0	(10.5-18.6)	15.4	(11.4-20.5)	15.8	(11.0-22.3)
Non-Hispanic Black	17.6	(9.6-30.2)	30.6	(17.0-48.7)	15.3	(7.8-27.9)
Education						
Less than HS	22.7	(9.4-45.3)	50.4	(27.9-72.7)	33.7	(15.1-59.3)
HS graduate	19.3	(13.2-27.2)	17.2	(11.4-25.0)	19.3	(12.2-29.3)
Some college	12.0	(7.1-19.7)	15.1	(8.7-24.8)	12.7	(6.1-24.3)
College graduate	6.3	(3.4-11.5)	11.1	(6.1-19.5)	7.9	(3.4-17.6)
Income						
Less than $20K	26.7	(17.9-37.8)	29.8	(19.3-42.9)	33.9	(22.3-47.8)
$20K-$34,999	13.9	(7.6-24.0)	19.7	(11.0-32.9)	16.5	(7.4-32.8)
$35K-$49,999	13.4	(5.8-28.0)	12.1	(5.6-24.2)	7.0	(1.6-25.6)
$50K-$74,999	18.0	(8.9-33.0)	13.7	(6.2-27.6)	15.6	(5.1-38.7)
$75K+	2.4	(0.6-8.5)	7.9	(3.2-17.9)	3.3	(0.5-19.9)

[a] Among all adults, the proportion who reported 14 or more days of poor physical health, which includes physical illness and injury, during the past 30 days.
[b] Among all adults, the proportion who reported 14 or more days of poor mental health, which includes stress, depression, and problems with emotions, during the past 30 days.
[c] Among all adults, the proportion who reported 14 or more days of activity limitation due to poor physical or mental health during the past 30 days.



Weight Status

2009 | Calhoun County Public Health Department

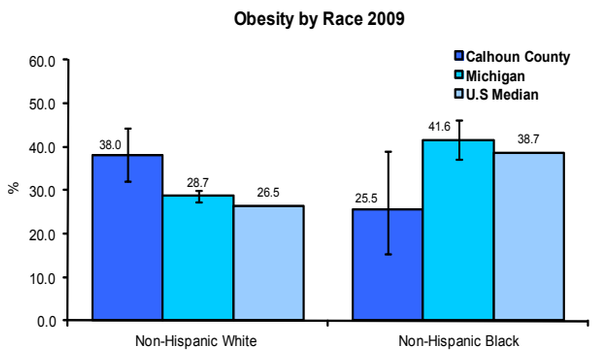
Obesity has been linked to many chronic conditions including cardiovascular disease, diabetes, infertility, and some forms of cancer.[4] Obesity also places a huge financial burden on our health care system, with an estimated $2.9 billion in obesity-related expenditures in Michigan in 2003.[5]

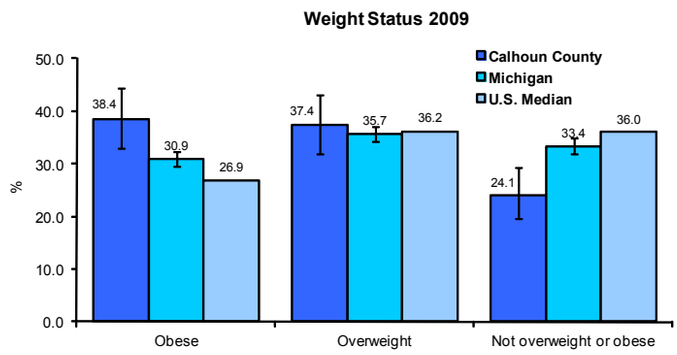
The prevalence of overweight and obesity has been increasing in the nation, state, and Calhoun County. In 2009, 38.4% of adults were obese and 37.4% were overweight (a combined prevalence of 75.8% of adults above a healthy weight). This represents a 5.8% increase in overweight and obesity from 2004. Calhoun County also ranks significantly worse than the nation and Michigan in obesity prevalence.

Obesity tends to affect some populations more than others. In Calhoun County, in contrast to state and national data, non-Hispanic White residents have a higher estimated prevalence of obesity compared to non-Hispanic Blacks. Obesity was also more common among individuals with lower income.

	Obese[a]		Overweight[b]		Not Overweight or Obese[c]	
	%	95% CI	%	95% CI	%	95% CI
Total	38.4	(32.9-44.3)	37.4	(32.0-43.2)	24.1	(19.6-29.4)
Age						
18-24	25.9	(11.3-49.0)	28.1	(12.7-51.2)	46.0	(25.3-68.2)
25-34	39.8	(21.8-61.0)	46.7	(27.7-66.6)	13.6	(4.7-33.3)
35-44	39.5	(25.5-55.4)	37.8	(24.5-53.2)	22.8	(13.3-36.1)
45-54	42.3	(32.1-53.1)	36.1	(26.3-47.2)	21.6	(14.3-31.3)
55-64	53.4	(42.2-64.3)	27.1	(18.1-38.4)	19.5	(12.6-29.0)
65-74	29.5	(20.0-41.1)	51.0	(39.0-62.9)	19.5	(11.8-30.6)
75+	20.8	(11.9-33.9)	42.9	(30.0-56.9)	36.2	(24.7-49.5)
Gender						
Male	33.6	(25.7-42.6)	42.1	(33.7-51.1)	24.2	(17.3-32.8)
Female	43.3	(36.0-50.9)	32.9	(26.2-40.4)	23.8	(18.3-30.4)
Race						
Non-Hispanic White	38.0	(32.1-44.3)	37.8	(31.8-44.2)	24.2	(19.2-30.0)
Non-Hispanic Black	25.5	(15.5-39.1)	40.8	(26.3-57.1)	33.7	(19.8-51.1)
Education						
Less than HS	39.3	(19.6-63.1)	30.1	(11.4-59.2)	30.6	(12.9-56.7)
HS graduate	38.4	(29.4-48.3)	33.5	(25.4-42.7)	28.1	(20.3-37.4)
Some college	42.4	(32.0-53.6)	40.2	(29.8-51.6)	17.3	(11.0-26.2)
College graduate	34.5	(25.2-45.1)	41.5	(31.4-52.4)	24.0	(16.2-34.1)
Income						
Less than $20K	48.9	(36.5-61.5)	27.2	(18.0-38.8)	23.9	(15.5-35.0)
$20K-$34,999	42.8	(28.7-58.1)	39.2	(25.8-54.4)	18.0	(10.0-30.2)
$35K-$49,999	38.4	(26.0-52.6)	35.3	(23.3-49.5)	26.3	(15.2-41.5)
$50K-$74,999	38.1	(24.4-54.1)	37.1	(22.9-53.9)	24.8	(12.1-44.1)
$75K+	33.2	(22.4-46.0)	43.1	(31.8-55.3)	23.7	(15.4-34.5)

Note: BMI, body mass index, is defined as weight (in kilograms) divided by height (in meters) squared [weight in kg/(height in meters)^2]. Weight and height were self-reported. Pregnant women were excluded from this estimate.
[a] The proportion of respondents whose BMI was greater than or equal to 30.0.
[b] The proportion of respondents whose BMI was greater than or equal to 25.0, but less than 30.0.
[c] The proportion of respondents whose BMI was less than 25.0.





Cardiovascular Disease

In 2009, heart disease was the leading cause of mortality in Calhoun County with an age-adjusted rate of 185 deaths/100,000 residents.[6] In that same year, stroke was the sixth leading cause of mortality with a rate of 41.5 deaths/100,000.[6] Many health behaviors such as not smoking, maintaining a healthy diet, and exercising can prevent or delay these diseases.

Among Calhoun County residents, 5.0% had ever been told they had a heart attack, 5.3% had been told they had angina or coronary heart disease, and 3.2% had been told they had a stroke. The estimated prevalence of these indicators was higher in Calhoun County than in Michigan and the U.S., although the difference was not statistically significant.

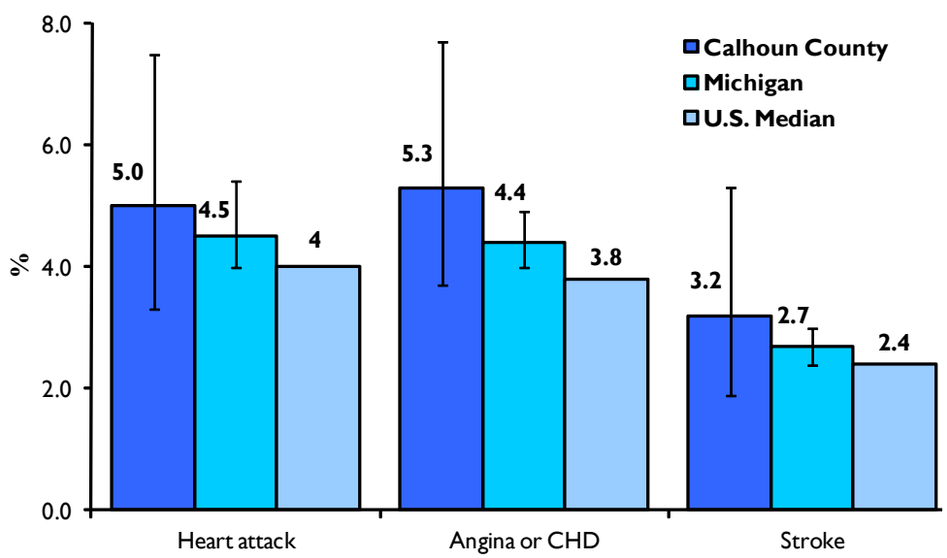
Males and non-Hispanic Whites were more likely to report ever having been told they had a heart attack, angina, or coronary heart disease. Conversely, females and non-Hispanic Blacks were more likely to report ever having been told they had a stroke. These differences failed to meet statistical significance.

Large disparities were observed among lower education and lower income groups. Individuals with incomes under $20,000 were significantly more likely to report ever having been told they had a heart attack, angina or coronary heart disease, and stroke compared to individuals with incomes above $75,000. A similar pattern is observed at the state level, although the 'disparity gap' is wider in Calhoun County.

	Ever Told Had Heart Attack[a]		Ever Told Had Angina or Coronary Heart Disease[b]		Ever Told Had Stroke[c]	
	%	95% CI	%	95% CI	%	95% CI
Total	5.0	(3.3-7.5)	5.3	(3.7-7.7)	3.2	(1.9-5.3)
Age						
18-34	1.8	(0.3-12.0)	0.0	(0.0-0.0)	2.8	(0.6-11.2)
35-54	2.6	(1.0-6.6)	1.6	(0.5-5.0)	1.8	(0.6-5.1)
55+	10.4	(6.6-15.9)	13.6	(9.2-19.6)	5.3	(3.0-9.1)
Gender						
Male	6.0	(3.4-10.4)	6.0	(3.4-10.5)	2.0	(0.8-4.8)
Female	4.1	(2.2-7.6)	4.7	(2.9-7.5)	4.3	(2.3-7.9)
Race						
Non-Hispanic White	5.4	(3.4-8.5)	5.2	(3.4-8.0)	3.1	(1.6-5.7)
Non-Hispanic Black	1.9	(1.1-3.4)	4.7	(1.8-11.5)	5.9	(2.6-12.7)
Education						
Less than HS	18.8	(7.1-41.3)	16.3	(5.7-38.5)	5.1	(1.3-17.9)
HS graduate	3.2	(1.5-6.4)	4.1	(2.1-7.8)	2.4	(1.2-4.8)
Some college	4.5	(2.1-9.7)	6.2	(3.2-11.7)	4.2	(1.9-9.1)
College graduate	4.2	(1.6-10.7)	3.2	(1.4-7.1)	2.8	(0.7-11.2)
Income						
Less than $20K	14.9	(8.1-25.8)	14	(8.0-23.3)	8.8	(4.2-17.7)
$20K-$34,999	5.7	(3.0-10.8)	6.6	(3.1-13.3)	1.3	(0.4-4.7)
$35K-$49,999	2.0	(0.3-12.3)	3.8	(1.1-12.6)	3.7	(1.0-13.1)
$50K-$74,999	3.1	(0.9-9.5)	2.7	(0.7-10.3)	0.0	(0.0-0.0)
$75K+	0.7	(0.1-4.1)	1.2	(0.3-4.6)	0.0	(0.0-0.3)

Among all adults, the proportion who had ever been told by a doctor that:
[a] they had a heart attack or myocardial infarction,
[b] they had angina or coronary heart disease, or
[c] they had a stroke.

Prevalence of Self-Reported Heart Attack, Angina, or Coronary Heart Disease, and Stroke 2009



Diabetes

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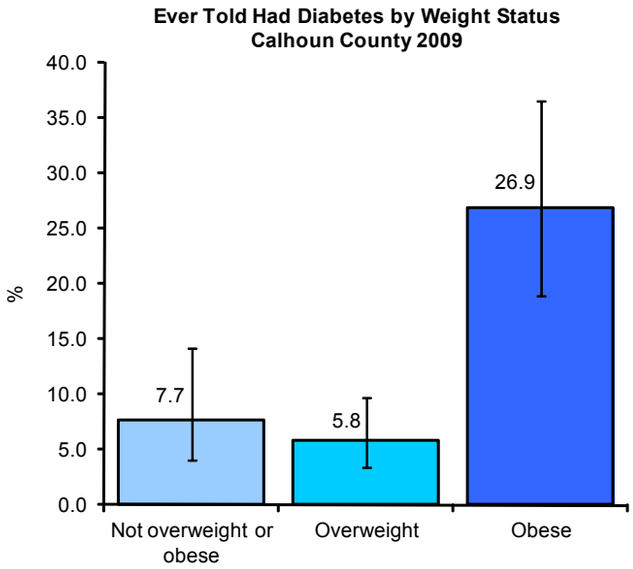
Diabetes Mellitus is a chronic disease which occurs when the body cannot produce enough insulin, cannot efficiently use the insulin it produces, or a combination of both.[7] Among adults, the most common type of diabetes is Type 2.[7] Diabetes can lead to heart attack, stroke, kidney disease, blindness, and loss of limbs. In 2009, diabetes was the fifth leading cause of death in Calhoun County with 45.5 deaths/100,000 residents.[6]

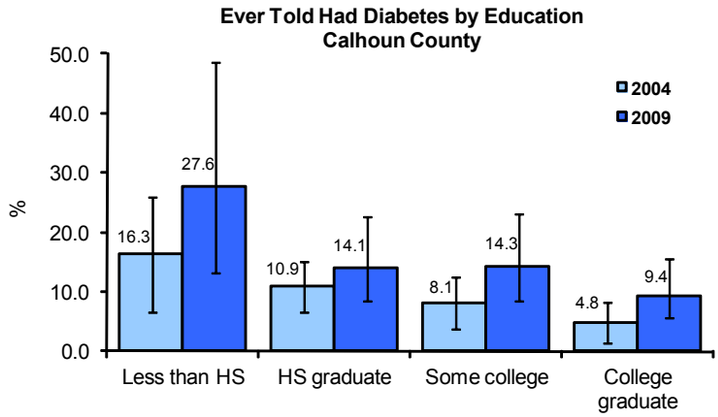
In 2009, an estimated 13.8% of Calhoun County residents had ever been told they had diabetes compared to only 9.4% of Michigan residents and 8.3% at the national level. The self-reported prevalence of diabetes increased with increasing age until age 75. Overall, individuals with lower incomes were more likely to report ever having been told they had diabetes. Individuals who were obese had a much higher risk of diabetes than individuals who were just overweight or not overweight or obese.

There is evidence that the proportion of Calhoun County residents with diabetes has increased since 2004. The total prevalence of self-reported diabetes was 9.9% in 2004. Increases were seen across all demographic and socioeconomic categories.

	Ever Told Had Diabetes[a]	
	%	95% CI
Total	13.8	(10.5-18.1)
Age		
18-24	0	(0.0-0.0)
25-34	12.3	(3.1-37.9)
35-44	4.5	(1.0-18.6)
45-54	13.1	(7.7-21.4)
55-64	17.7	(10.5-28.1)
65-74	32.6	(22.6-44.4)
75+	24.1	(14.7-36.8)
Gender		
Male	16.9	(11.1-24.8)
Female	10.9	(7.8-15.1)
Race		
Non-Hispanic White	12.2	(9.1-16.3)
Non-Hispanic Black	12.3	(6.9-21.0)
Education		
Less than HS	27.6	(13.3-48.5)
HS graduate	14.1	(8.4-22.7)
Some college	14.3	(8.5-23.2)
College graduate	9.4	(5.6-15.5)
Income		
Less than $20K	22.7	(14.2-34.2)
$20K-$34,999	20.9	(10.5-37.4)
$35K-$49,999	5.4	(2.5-11.6)
$50K-$74,999	7.2	(2.9-16.8)
$75K+	11.2	(5.9-20.2)

[a] Among all adults, the proportion who reported that they were ever told by a doctor that they have diabetes. Adults who had been told they have prediabetes and women who had diabetes only during pregnancy were classified as not having been diagnosed.





Reactions to Race

Although there is no biological basis for race, socially-defined categories of race often impact our experiences and our health. When racism, whether personal or institutional, is rooted in a community, it can negatively influence the mental, physical, and emotional well-being of individuals. To assess the impact of racism on the health of our community, participants were asked if they had experienced physical or emotional symptoms in the past 30 days as a result of how they were treated based on their race.

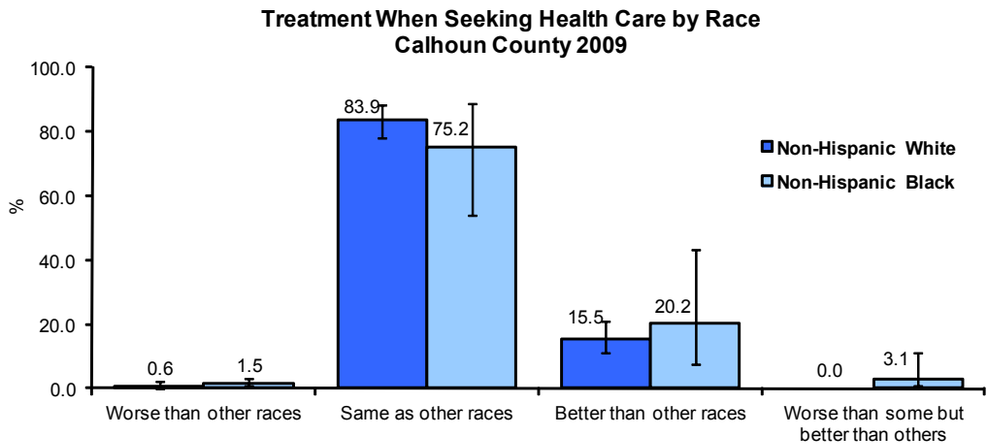
The overall majority of Calhoun County adults reported no physical or emotional symptoms based on their treatment due to race. However, non-Hispanic Blacks were 6.9 times more likely to report emotional symptoms and 14.6 times more likely to report physical symptoms than non-Hispanic Whites.

Individuals with less than a high school education were more likely to report physical symptoms than college graduates. Individuals with incomes below $20,000 were more likely than individuals with incomes above $35,000 to report physical symptoms as well.

	Experienced Emotional Symptoms in Past 30 Days[a]		Experienced Physical Symptoms in Past 30 Days[b]	
	%	95% CI	%	95% CI
Total	5.9	(3.8-9.0)	3.1	(1.5-6.3)
Age				
18-24	9.0	(2.5-27.4)	10.1	(2.4-33.8)
25-34	4.0	(0.9-15.6)	3.7	(0.8-15.8)
35-44	4.0	(0.6-20.9)	0.1	(0.0-0.8)
45-54	6.4	(2.9-13.5)	2.6	(1.0-6.3)
55-64	7.3	(3.0-16.4)	2.4	(0.7-7.6)
65-74	5.7	(2.1-14.7)	0.3	(0.1-1.2)
75+	0.3	(0.1-1.6)	0.7	(0.2-2.0)
Gender				
Male	6.9	(3.6-12.7)	3.6	(1.2-10.6)
Female	5.0	(2.7-8.8)	2.7	(1.2-6.0)
Race				
Non-Hispanic White	3.0	(1.5-5.7)	1.0	(0.4-2.4)
Non-Hispanic Black	20.6	(10.0-37.6)	14.6	(4.6-37.7)
Education				
Less than HS	5.6	(1.4-19.2)	16.9	(3.4-53.6)
HS graduate	9.9	(5.6-16.9)	4.4	(1.9-9.9)
Some college	4.9	(1.7-13.4)	0.6	(0.1-4.1)
College graduate	1.1	(0.3-3.5)	0.8	(0.2-3.3)
Income				
Less than $20K	15.5	(8.1-27.3)	8.4	(3.7-18.2)
$20K-$34,999	4.9	(2.1-11.0)	1.9	(0.5-6.1)
$35K-$49,999	0.2	(0.1-0.6)	0.1	(0.0-0.5)
$50K-$74,999	3.5	(0.5-21.4)	0.0	(0.0-0.0)
$75K+	4.3	(1.3-13.8)	0.8	(0.1-5.5)

[a] The proportion who reported feeling emotionally upset (e.g., angry, sad, or frustrated) as a result of how they were treated based on their race during the past 30 days.

[b] The proportion who reported experiencing physical symptoms (e.g., a headache, an upset stomach, tensing of muscles, pounding heart) as a result of how they were treated based on their race during the past 30 days.



Health Care Access and Utilization

2009 Calhoun County Public Health Department

The Health Care Access and Utilization section of this report presents data on access to health care and dental health. Several key highlights for each are included below.

Access to Health Care

- Despite a weak economy, Calhoun County has increased the proportion of adults who have health care coverage since 2004. In 2009, an estimated 14.2% of adults age 18-64 in Calhoun County had no health care coverage compared to 20.2% in 2004.

Dental Health

- There continues to be substantial unmet need in Calhoun County for dental care services. Among adults in Calhoun County, 32.9% had no dental visit in the past year, 37.2% had no cleaning in the past year, and 37.0% had no dental insurance.

Access to Health Care

Access to health care services is a key component of improving quality of life for the community. Disparities in access can result in unmet needs, delays in receiving appropriate care, inability to get preventive services, and avoidable hospitalizations. Cost, lack of insurance, and lack of availability are often barriers to accessing health care services.

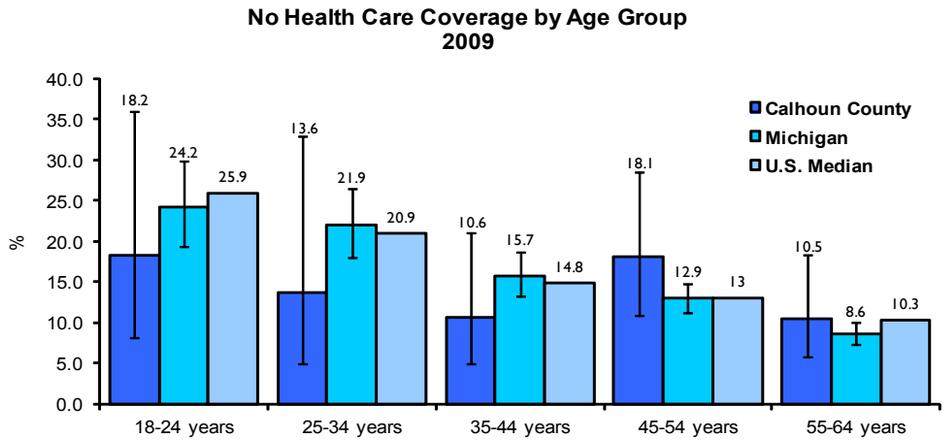
Calhoun County has decreased the overall proportion of uninsured adults age 18-64 from 20.2% (95% CI: 16.1-24.3) in 2004 to 14.2% in 2009. Calhoun County has a lower proportion of uninsured adults than Michigan or the U.S. Younger age groups and people with lower education attainment and income were more likely to have no health care coverage. Non-Hispanic Blacks were also more likely than non-Hispanic Whites to have no health care coverage.

The proportion of people with no personal health care provider or no health care in the past year due to cost was slightly higher in Calhoun County than in the Michigan (13.4% and 13.9% respectively). Compared to 2004, the proportion with no personal health provider is slightly lower (2004: 15.7%, 95% CI: 11.7-19.7), but the proportion who had gone without care due to cost is higher (2004: 15.7%, 95% CI: 12.0-19.4). In 2009, 15.4% (95% CI: 11.4-20.6) did not fill a prescription in the past year due to cost and 10.6% (95% CI: 7.4-15.1) did not take a medication as prescribed in the year due to cost.

The most common types of health care coverage among residents of Calhoun County were: employer-sponsored (57.0%), Medicare (17.5%), and Medicaid (12.3%).

	No Health Care Coverage Among 18-64 Year Olds[a]		No Personal Health Care Provider[b]		No Health Care Access in Past 12 Months due to Cost[c]	
	%	95% CI	%	95% CI	%	95% CI
Total	14.2	(10.3-19.3)	14.9	(10.6-20.6)	16.1	(11.9-21.4)
Age						
18-24	18.2	(8.1-35.9)	31.5	(15.6-53.4)	25.4	(11.5-47.0)
25-34	13.6	(4.9-32.8)	43.3	(25.5-63.1)	28.9	(13.8-50.6)
35-44	10.6	(5.0-21.1)	7.5	(3.2-16.5)	15.6	(7.4-29.9)
45-54	18.1	(10.9-28.4)	6.8	(3.5-13.0)	16.0	(9.6-25.4)
55-64	10.5	(5.8-18.3)	6.1	(2.1-16.2)	11.2	(5.5-21.4)
65-74	--	--	0.6	(0.1-4.0)	6.8	(3.3-13.6)
75+	--	--	5.4	(1.4-18.3)	1.4	(0.2-8.8)
Gender						
Male	13.2	(7.7-21.7)	21.7	(14.1-31.8)	15.0	(8.9-24.3)
Female	15.2	(10.3-21.8)	8.9	(5.3-14.5)	17.1	(11.8-23.9)
Race						
Non-Hispanic White	13.0	(8.8-18.8)	14.1	(9.7-20.1)	13.3	(9.3-18.7)
Non-Hispanic Black	20.6	(10.8-35.9)	19.5	(8.2-39.6)	23.1	(12.5-38.6)
Education						
Less than HS	27.8	(9.7-58.1)	26.0	(9.5-54.2)	33.7	(14.0-61.3)
HS graduate	14.3	(8.9-22.1)	13.2	(7.2-22.9)	22.2	(14.4-32.6)
Some college	15.0	(7.6-27.5)	5.9	(2.5-13.2)	15.2	(8.8-25.1)
College graduate	11.0	(5.8-19.9)	15.5	(7.7-28.7)	4.7	(2.2-9.9)
Income						
Less than $20K	18.9	(11.7-29.1)	14.1	(8.0-23.7)	38.2	(26.6-51.3)
$20K-$34,999	16.1	(7.8-30.5)	19.5	(9.0-37.1)	24.6	(12.4-43.0)
$35K-$49,999	16.9	(7.7-32.9)	8.9	(2.9-24.5)	17.7	(8.9-32.1)
$50K-$74,999	3.0	(0.7-11.5)	14.7	(4.5-38.5)	0.5	(0.1-3.5)
$75K+	3.3	(0.5-18.3)	10.2	(4.2-22.8)	2.8	(0.4-16.7)

[a] Among those age 18-64, the proportion who reported having no health care coverage, including health insurance, prepaid plans such as HMOs, or government-sponsored plans such as Medicaid.
[b] The proportion who reported that they did not have anyone that they thought of as their personal doctor or health care provider.
[c] The proportion who reported that in the past 12 months they could not see a doctor when they needed to due to the cost.



Dental Health

2009 | Calhoun County Public Health Department

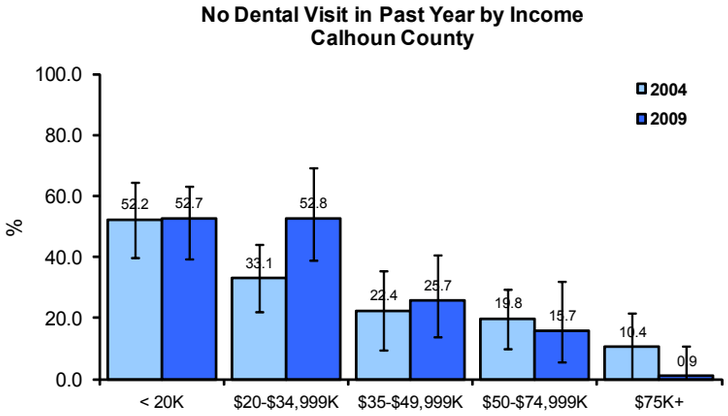
Dental and oral health has improved over the past 50 years due to innovations in preventive services and treatment.[8] Unfortunately, many people in our community do not have access to dental care. In fact, almost a third of Calhoun County residents reported no dental visit in the past year and over a third reported no dental cleaning or dental insurance in the past year. Individuals without dental insurance were much more likely to report not having a dental visit or cleaning in the past year.

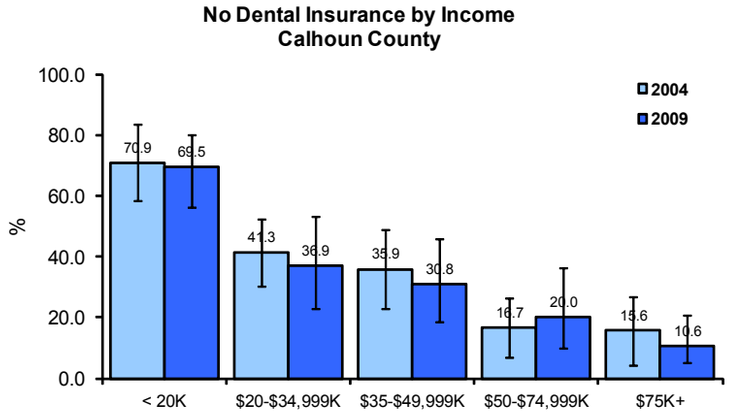
Individuals with less than a high school education were significantly more likely to not have a dental visit or cleaning in the past year compared to those with some college and college graduates. Similarly, individuals making less than $20,000 per year were significantly more likely to not have a dental visit or cleaning in the past year than individuals making $35,000 or more.

Overall, fewer people had dental care visits in 2009 compared to 2004. Most of this decrease was among middle income groups. There were no significant differences in the number of people with dental insurance between 2004 and 2009.

	No Dental Visit in Past Year[a]		No Cleaning in Past Year[b]		No Dental Insurance[c]	
	%	95% CI	%	95% CI	%	95% CI
Total	32.9	(27.2-39.2)	37.2	(31.3-43.6)	37.0	(31.3-43.1)
Age						
18-34	45.0	(30.3-60.6)	52.4	(37.1-67.2)	35.0	(21.9-50.7)
35-54	27.4	(20.0-36.3)	27.5	(20.1-36.3)	32.6	(24.5-41.9)
55 years+	30.0	(23.3-37.8)	35.8	(28.6-43.8)	44.2	(36.4-52.2)
Gender						
Male	35.4	(26.4-45.6)	38.4	(29.2-48.5)	36.2	(27.6-45.7)
Female	30.7	(23.9-38.5)	36.1	(28.7-44.3)	37.7	(30.3-45.8)
Race						
Non-Hispanic White	30.7	(24.6-37.5)	34.3	(27.9-41.3)	36.2	(30.1-42.9)
Non-Hispanic Black	38.9	(24.4-55.7)	45.4	(31.0-60.6)	33.6	(21.5-48.4)
Education						
Less than HS	76.3	(49.8-91.3)	85.2	(58.8-95.9)	39.6	(18.6-65.2)
HS graduate	41.9	(32.0-52.5)	49.0	(38.7-59.3)	47.8	(37.7-58.1)
Some college	34.8	(24.5-46.8)	36.0	(25.2-48.4)	37.1	(26.5-49.2)
College graduate	10.8	(6.1-18.4)	15.1	(9.5-23.2)	22.7	(15.4-32.1)
Income						
Less than $20K	52.7	(39.4-65.6)	64.2	(50.6-75.8)	69.5	(56.2-80.2)
$20K-$34,999	52.8	(37.5-67.5)	59.7	(45.1-72.8)	36.9	(23.1-53.3)
$35K-$49,999	25.7	(14.0-42.3)	26.8	(15.0-43.3)	30.8	(18.8-46.0)
$50K-$74,999	15.7	(6.8-32.3)	15.7	(6.8-32.3)	20.0	(9.9-36.2)
$75K+	0.9	(0.2-3.6)	4.9	(1.6-14.2)	10.6	(5.1-20.7)
Have Dental Insurance						
Yes	19.8	(13.8-27.5)	22.0	(15.8-29.8)	--	--
No	53.5	(43.5-63.1)	62.2	(52.5-71.0)	--	--

[a] The proportion who reported that they had not visited a dentist or dental clinic for any reason in the previous year.
[b] The proportion who reported that they had not had their teeth cleaned by a dentist or dental hygienist in the past year, excluding those who had lost all of their teeth.
[c] The proportion who reported that they do not have any dental insurance coverage.





Risk Behaviors

The Risk Behaviors section of this report presents data on individual behaviors that can contribute to poor health outcomes. Several key highlights are included below.

Nutrition

- In 2009, the overwhelming majority (87.9%) of Calhoun County adults did not consume enough fruits and vegetables.
- Males were more likely than females to report inadequate fruit and vegetable consumption.

Physical Activity

- In 2009, 25.6% of Calhoun County adults did not participate in any leisure-time physical activity and 51.2% did not meet recommendations for physical activity.
- Individuals with lower educational attainment and lower incomes were more likely to have no leisure-time physical activity.
- More than half (53.3%) of Calhoun County adults reported that their occupation involved mostly sitting or standing.

Tobacco Use

- Smoking continues to be highly prevalent in Calhoun County. In 2009, roughly one in four adults (25.8%) were current smokers.
- The overall proportion of current smokers ranged from 54.9% of adults with less than a high school diploma to 9.1% of college graduates.
- Smokeless tobacco use was significantly higher in Calhoun County (8.0%) compared to the state average (3.4%).

Alcohol Consumption

- The overall proportion of Calhoun County adults who engaged in binge drinking was 14.7% and the proportion who engaged in heavy drinking was 5.9%.
- Males were more likely than females to engage in binge drinking during 2009 (23.2% vs. 7.3% respectively).

Sexual Behavior

- In 2009, 80.5% of Calhoun County adults age 18-49 reported having no new sexual partners in the past 12 months.
- Males and non-Hispanic Blacks were more likely than females and non-Hispanic Whites to report three or more new sexual partners in the past 12 months.
- Overall, 6.8% reported being treated for a sexually transmitted infection in the past five years.

Excessive Sun Exposure

- An estimated 40.7% of Calhoun County adults reported having a sunburn in the past 12 months and 11.8% reported having three or more sunburns in the past 12 months.

Nutrition

2009 | Calhoun County Public Health Department

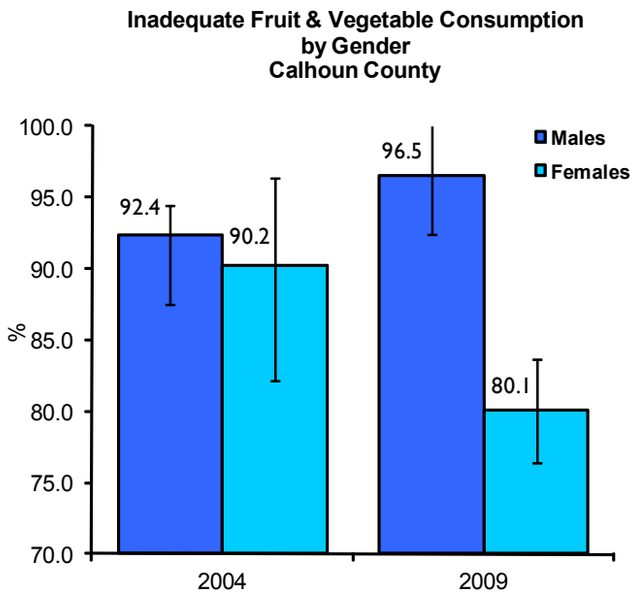
A diet rich in fruits and vegetables is essential for maintaining a healthy weight and may reduce the risk of many chronic diseases including heart disease and type 2 diabetes.[9] The U.S. Department of Agriculture (USDA) recommends that most adults consume four to five cups of fruits and vegetables per day.[9] Unfortunately, the overwhelming majority (87.9%) of Calhoun County residents do not consume enough fruits and vegetables.

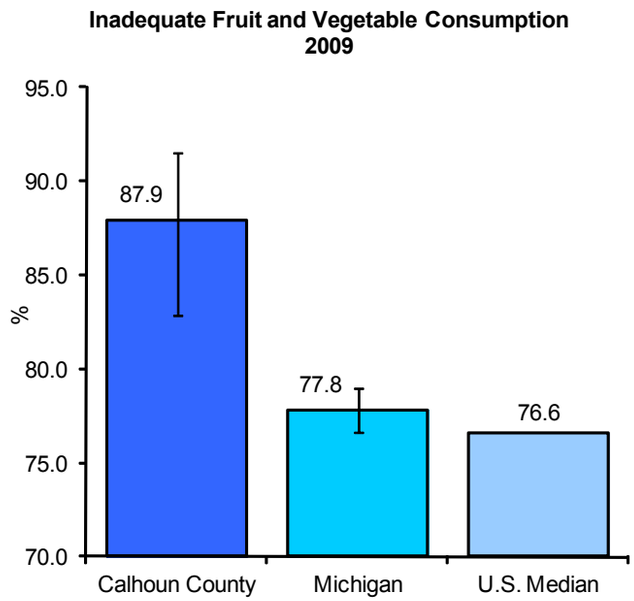
Overall, Calhoun County scored worse than Michigan and the U.S. median for fruit and vegetable consumption in 2009. There was a slight improvement among Calhoun County residents compared to data from 2004; however this difference was not statistically significant. The total proportion of residents with inadequate fruit and vegetable consumption in 2004 was 91.2% (95% CI: 88.5%-94.0%).

Inadequate fruit and vegetable consumption affects all Calhoun County residents. There were no discernable patterns across age groups, racial categories, education levels, or income levels. However, males were much more likely to have inadequate fruit and vegetable consumption compared to females. This observed gender disparity increased dramatically between 2004 and 2009.

	Inadequate Fruit and Vegetable Consumption[a]	
	%	95% CI
Total	87.9	(82.9-91.5)
Age		
18-24	85.9	(61.2-95.9)
25-34	83.3	(62.1-93.8)
35-44	86.0	(72.0-94.2)
45-54	91.1	(82.0-95.8)
55-64	89.3	(79.3-94.8)
65-74	91.8	(81.5-96.6)
75+	86.5	(69.7-94.7)
Gender		
Male	96.5	(91.6-98.6)
Female	80.1	(72.1-86.3)
Race		
Non-Hispanic White	87.7	(82.3-91.5)
Non-Hispanic Black	91.4	(76.8-97.2)
Education		
Less than HS	94.4	(74.8-99.0)
HS Graduate	87.3	(76.6-93.6)
Some college	89.2	(80.1-94.4)
College graduate	85.9	(76.9-91.8)
Income		
Less than $20K	83.9	(68.8-92.4)
$20K-$34,999	93.5	(85.5-97.2)
$35K-$49,999	84.1	(66.9-93.2)
$50K-$74,999	93.1	(72.5-98.6)
$75K+	87.9	(75.6-94.4)

[a] The proportion whose total reported consumption of fruits (including juice) and vegetables was less than five times per day.





Physical Activity

Adequate physical activity has been shown to lower the risk of heart disease, stroke, hypertension, type 2 diabetes, breast and colon cancer, and depression.[10] In 2009, 25.6% of Calhoun County residents did not participate in any leisure-time physical activity and less than half (48.8%) of residents had adequate levels of physical activity. The proportion of Calhoun County residents with no leisure-time physical activity was similar to the Michigan average of 24.1% (95% CI: 22.9-25.3) and the U.S. median of 23.8%. The proportion with adequate physical activity was also similar to the Michigan average of 51.4% (95% CI: 49.9-52.9) and the U.S. median of 51.0%.

The 18-24 age group was significantly less likely to report no leisure-time physical activity than all other age groups except 35-44 year olds. Individuals with less than a high school education were more likely than college graduates and individuals with incomes less than $20,000 were more likely than those making $75,000 or more to report no leisure-time physical activity. Individuals who were overweight or obese were less likely than individuals who are at a healthy weight to report having adequate physical activity levels, although this difference failed to meet statistical significance in this sample.

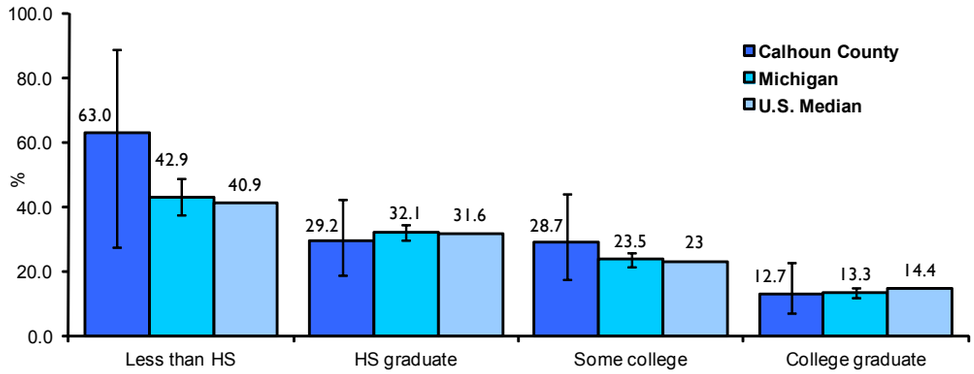
The majority (53.3%, 95% CI: 44.6-61.8) of Calhoun County residents reported that their occupation involved mostly sitting or standing. Males and individuals making less than $50,000 were more likely to report their occupation involved mostly heavy labor.

	No Leisure-Time Physical Activity[a]		Meet Recommendation for Physical Activity[b]	
	%	95% CI	%	95% CI
Total	25.6	(19.5-32.9)	48.8	(43.1-54.6)
Age				
18-24	2.7	(0.5-14.1)	70.2	(50.2-84.6)
25-34	41.7	(20.4-66.5)	53.0	(33.5-71.6)
35-44	8.0	(2.5-22.4)	48.9	(34.2-63.7)
45-54	24.5	(14.7-47.8)	43.4	(33.2-54.2)
55-64	32.1	(20.6-46.3)	46.8	(36.1-57.8)
65-74	35.3	(19.6-54.9)	40.6	(29.0-53.4)
75+	54.2	(33.9-73.2)	37.1	(24.3-52.0)
Gender				
Male	21.9	(13.6-33.4)	50.8	(41.9-59.7)
Female	29.6	(21.5-39.3)	46.9	(39.6-54.4)
Race				
Non-Hispanic White	23.7	(17.2-31.7)	47.9	(41.6-54.2)
Non-Hispanic Black	34.2	(17.6-55.9)	46.0	(30.7-62.0)
Education				
Less than HS	63.0	(27.2-88.6)	30.8	(12.5-58.1)
HS graduate	29.2	(18.8-42.3)	46.8	(37.2-56.6)
Some college	28.7	(17.3-43.7)	53.3	(42.9-63.5)
College graduate	12.7	(6.8-22.5)	50.9	(40.6-61.2)
Income				
Less than $20K	49.2	(29.2-69.4)	43.4	(31.3-56.4)
$20K-$34,999	35.9	(19.0-57.2)	53.1	(38.4-67.3)
$35K-$49,999	30.2	(15.7-50.2)	50.6	(36.6-64.4)
$50K-$74,999	18.7	(7.8-38.5)	38.1	(23.4-55.4)
$75K+	9.7	(4.6-19.3)	53.5	(41.5-65.1)

[a] The proportion who reported not participating in any leisure-time physical activities or exercises such as running, calisthenics, golf, gardening, or walking during the past month.

[b] Among all adults, the proportion who reported that they usually do moderate physical activities for 30 minutes on five or more days per week OR vigorous physical activities for at least 20 minutes on three or more days per week while not at work.

No Leisure-Time Physical Activity by Education Level 2009



Tobacco Use

2009 | Calhoun County Public Health Department

Smoking continues to be the leading cause of preventable death in the United States.[11] Although smoking has declined dramatically over the past 50 years, the prevalence remains high in certain populations.[12] In 2009, roughly one in four adults in Calhoun County was a current smoker. The proportion of adult smokers in Calhoun County has declined since 2004 (29.5%, 95% CI: 24.7-34.3), but still remains higher than the estimated state average and U.S. median.

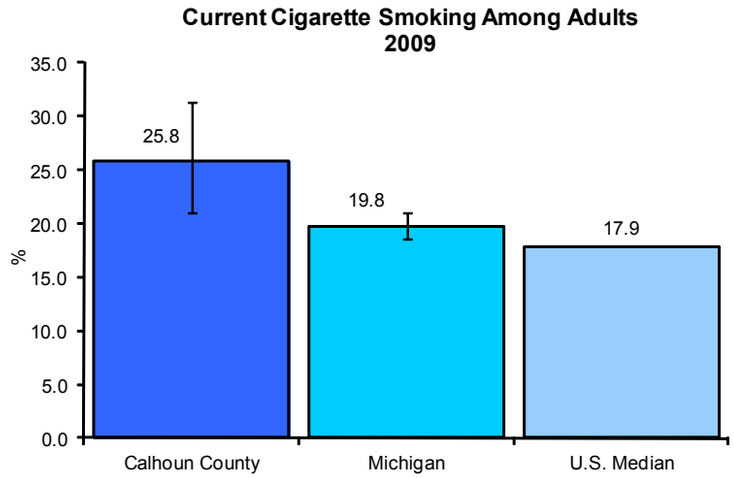
Individuals over the age 75 were less likely to be current smokers and more likely to be former smokers. College graduates and individuals making $75,000 or more were significantly less likely to be current smokers.

About half (47.3%) of current smokers had attempted to quit for at least one day in the past year and 62.1% of current smokers were aware of programs to help smokers quit. The average number of quit attempts in the past year was 6.0 (95% CI: 2.2-9.8).

In 2009, 8.0% (95% CI: 5.2-12.2) of Calhoun County adults used smokeless tobacco such as chewing tobacco, snuff, or snus. This proportion was significantly higher than the state average of 3.4% (95% CI: 2.9-4.0). Smokeless tobacco use was more common among males (16.3%) than females (0.3%).

	Current Smoker[a]		Former Smoker[b]		Tried to Quit Smoking One Day+ in Past Year[c]	
	%	95% CI	%	95% CI	%	95% CI
Total	25.8	(21.0-31.3)	22.8	(18.7-27.4)	47.3	(35.9-58.9)
Age						
18-24	33.0	(17.7-53.1)	4.3	(1.0-16.8)	46.6	(19.6-75.6)
25-34	40.0	(23.0-59.9)	13.5	(4.6-33.6)	24.1	(9.2-49.9)
35-44	19.5	(10.3-33.9)	14.4	(6.3-29.4)	81.9	(49.5-95.4)
45-54	34.5	(25.1-45.3)	21.4	(13.9-31.4)	45.2	(28.0-63.5)
55-64	21.4	(13.7-31.7)	25.9	(17.7-36.0)	67.6	(45.2-84.0)
65-74	10.3	(5.5-18.7)	52.7	(40.8-64.3)	69.7	(36.7-90.1)
75+	1.6	(0.4-6.2)	40.9	(28.4-54.7)	24.7	(4.0-72.1)
Gender						
Male	29.7	(21.7-39.0)	27.5	(20.8-35.4)	38.3	(23.7-55.5)
Female	22.3	(17.0-28.6)	18.6	(14.2-24.1)	57.3	(42.6-70.8)
Race						
Non-Hispanic White	23.6	(18.5-29.5)	25.2	(20.5-30.6)	45.5	(33.0-58.6)
Non-Hispanic Black	34.8	(22.1-50.0)	13.1	(6.6-24.3)	71.2	(46.6-87.5)
Education						
Less than HS	54.9	(32.4-75.6)	18.2	(7.4-38.5)	37.9	(14.1-69.4)
HS graduate	35.5	(26.8-45.3)	25.1	(18.5-33.0)	45.0	(29.5-61.6)
Some college	22.9	(15.2-32.8)	26.0	(17.9-36.1)	54.9	(33.6-74.6)
College graduate	9.1	(4.8-16.5)	17.8	(11.9-25.6)	53.3	(23.7-80.7)
Income						
Less than $20K	41.7	(30.3-54.1)	20.6	(13.4-30.2)	59.1	(40.0-75.8)
$20K-$34,999	44.1	(30.0-59.2)	25.4	(16.4-37.1)	32.5	(15.1-56.6)
$35K-$49,999	31.2	(19.1-46.7)	21.7	(13.0-33.9)	34.4	(14.2-62.4)
$50K-$74,999	11.2	(4.6-24.7)	25.2	(14.6-39.9)	78.3	(29.1-97.0)
$75K+	7.7	(3.9-14.7)	22.4	(14.1-33.8)	69.2	(33.2-91.0)

[a] Among all adults, the proportion who reported that they had ever smoked at least 100 cigarettes (five packs) in their life and that they smoke cigarettes now, either every day or on some days.
[b] Among all adults, the proportion who reported that they had ever smoked at least 100 cigarettes (five packs) in their life, but they do not smoke cigarettes now.
[c] Among all current smokers, the proportion who reported that during the past 12 months, they had tried to quit smoking for one day or longer.



Alcohol Consumption

Excessive alcohol consumption has been linked to increased risk of injury and many chronic diseases including liver disease, dementia, depression, and some types of cancer.[13] From 2005-2009, there was an average of 18.6 deaths per year related to alcohol use in Calhoun County.[6] In 2009, the age-adjusted alcohol-induced mortality rate was 15.7 deaths per 100,000 residents.[6]

Overall, the proportion of adults who engaged in binge drinking in Calhoun County during 2009 was slightly higher than during 2004 (13.9, 95% CI: 10.2-17.6). Binge drinking decreased among younger age groups over the five-year period but increased among those 35 years and older. The 2009 prevalence of binge drinking was slightly lower than state and national figures. These differences did not meet statistical significance.

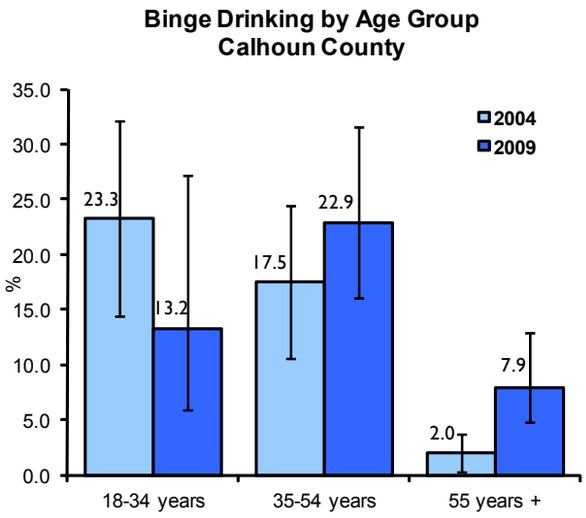
The overall prevalence of binge drinking among underage individuals (age 18-20) was 15.3% (95% CI: 2.5-56.4). Individuals age 75 and over were the least likely to engage in heavy or binge drinking. Males were over twice as likely as females to engage in binge drinking.

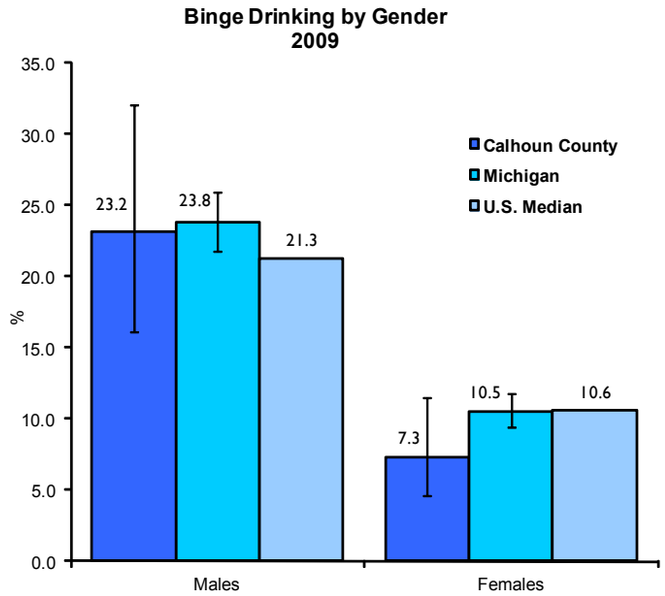
The average number of drinks per day was 1.0 (95% CI: 0.7-1.3) for men and 0.6 (95% CI: 0.3-0.9) for women. The proportion of days that men reported drinking any amount of alcohol was 33.1% (95% CI: 26.0-40.2) and the proportion of days that women reported drinking any amount of alcohol was 18.3% (95% CI: 13.6-23.0).

	Heavy Drinking[a]		Binge Drinking[b]	
	%	95% CI	%	95% CI
Total	5.9	(3.4-10.1)	14.7	(10.9-19.5)
Age				
18-24	7.6	(1.1-38.2)	16.9	(5.8-40.1)
25-34	7.4	(1.4-31.4)	10.3	(2.8-31.1)
35-44	10.7	(4.4-23.5)	25.0	(14.2-40.3)
45-54	5.5	(2.0-14.7)	21.7	(13.6-32.9)
55-64	5.4	(2.4-11.6)	12.5	(6.8-21.9)
65-74	3.2	(0.5-18.7)	5.3	(1.9-14.2)
75+	0.0	(0.0-0.4)	2.5	(0.4-13.5)
Gender				
Male	9.1	(4.4-17.9)	23.2	(16.1-32.1)
Female	3.2	(1.6-6.3)	7.3	(4.6-11.5)
Race				
Non-Hispanic White	6.3	(3.4-11.4)	15.8	(11.4-21.5)
Non-Hispanic Black	4.0	(1.4-11.0)	14.0	(6.4-28.1)
Education				
Less than HS	15.6	(2.7-55.3)	22.6	(6.8-53.7)
HS graduate	6.8	(3.3-13.4)	14.8	(9.0-23.2)
Some college	3.0	(1.2-7.3)	13.1	(7.9-20.9)
College graduate	5.3	(1.5-16.7)	14.3	(7.8-24.7)
Income				
Less than $20K	3.1	(1.1-8.7)	8.7	(4.4-16.6)
$20K-$34,999	8.5	(2.2-27.5)	14.4	(6.1-30.2)
$35K-$49,999	5.9	(1.6-19.4)	20.4	(10.7-35.5)
$50K-$74,999	0.0	(0.0-0.3)	9.3	(3.6-22.3)
$75K+	7.5	(3.5-15.5)	22.8	(14.2-34.4)

[a] The proportion of respondents who reported consuming in the previous month, on average, more than two alcoholic beverages per day for men or more than one alcoholic beverage per day for women.

[b] The proportion of respondents who reported consuming five or more drinks per occasion (for men) or four or more drinks per occasion (for women) at least once in the previous month.





Sexual Behavior

2009 | Calhoun County Public Health Department

Risky sexual behavior can have many negative consequences including the spread of sexually transmitted infections (STIs) such as chlamydia, gonorrhea, and syphilis. STIs may result in infertility, fetal and perinatal health problems, and some types of cancer.[14] Calhoun County has experienced a consistently higher rate of chlamydia and gonorrhea infection compared to Michigan.[15]

In 2009, 18.1% percent of adults age 18-49 had one to two new sex partners in the past year and 1.4% had three or more. Males and non-Hispanic Blacks were more likely to report three or more new sex partners in the past year.

Data also indicate that individuals over the age of 30 were more likely than 18-24 year olds to not use a condom at last sexual intercourse. However, 18-24 year olds were the most likely to report being treated for an STI within the past five years (19.2% 95% CI: 6.5-45.1). A similar pattern was observed between males and females and between non-Hispanic Blacks and Whites.

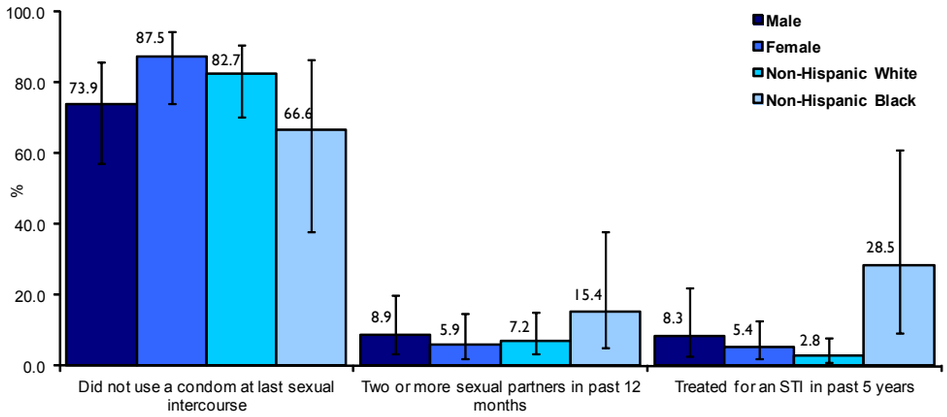
Further analysis demonstrated that although older age groups, females, and non-Hispanic Whites were less likely to use a condom at last intercourse, these groups were more likely to report fewer new and total sex partners in the past 12 months. Individuals who had been treated for an STI were much more likely to report two or more sex partners in the past 12 months than people who were not treated for an STI (54.9% vs. 5.8%). These findings highlight the protective factors associated limiting the number of sexual partners.

Number of New Sex Partners in Past 12 Months Among Adults Age 18-49 Years[a]

	Zero		One-Two		Three or More	
	%	95% CI	%	95% CI	%	95% CI
Total	80.5	(71.2-87.3)	18.1	(11.5-27.4)	1.4	(0.4-4.4)
Age						
18-24	66.0	(43.1-83.2)	33.2	(16.1-56.2)	0.8	(0.2-3.8)
25-29	88.3	(54.5-97.9)	10.5	(1.6-46.5)	1.2	(0.2-5.4)
30-34	71.8	(42.8-89.7)	23.8	(7.5-54.5)	4.4	(0.6-26.1)
35-39	75.8	(41.2-93.3)	24.2	(6.7-58.8)	0.0	(0.0-0.0)
40-44	89.9	(73.1-96.7)	8.3	(2.3-25.8)	1.8	(0.2-12.0)
45-49	91.2	(75.2-97.2)	8.8	(2.8-24.8)	0.0	(0.0-0.0)
Gender						
Male	71.1	(55.6-82.8)	26.0	(14.7-41.7)	2.9	(0.9-9.3)
Female	88.8	(77.5-94.8)	11.2	(5.2-22.5)	0.0	(0.0-0.0)
Race						
Non-Hispanic White	79.7	(68.5-87.6)	19.8	(12.0-31.1)	0.5	(0.1-2.4)
Non-Hispanic Black	77.6	(52.0-91.7)	13.4	(3.4-40.2)	9.1	(2.0-32.7)
Education						
Less than HS	67.2	(21.6-93.8)	32.8	(6.2-78.4)	0.0	(0.0-0.0)
HS graduate	73.7	(57.4-85.3)	23.2	(12.2-39.7)	3.1	(0.8-11.4)
Some college	80.7	(60.8-91.9)	18.8	(7.7-38.9)	0.5	(0.1-3.6)
College graduate	92.2	(78.5-97.5)	7.6	(2.4-21.5)	0.2	(0.0-1.4)
Income						
Less than $35K	71.3	(54.9-83.5)	25.6	(13.9-42.4)	3.1	(0.9-10.4)
$35K+	86.0	(72.6-93.4)	13.8	(6.4-27.3)	0.2	(0.0-1.1)

[a] New sex partners include anyone with whom the respondent had sex for the first time in the past 12 months.

Condom Use, Number of Sexual Partners, and STI Treatment Among Adults 18-49 Years Calhoun County 2009



Excessive Sun Exposure

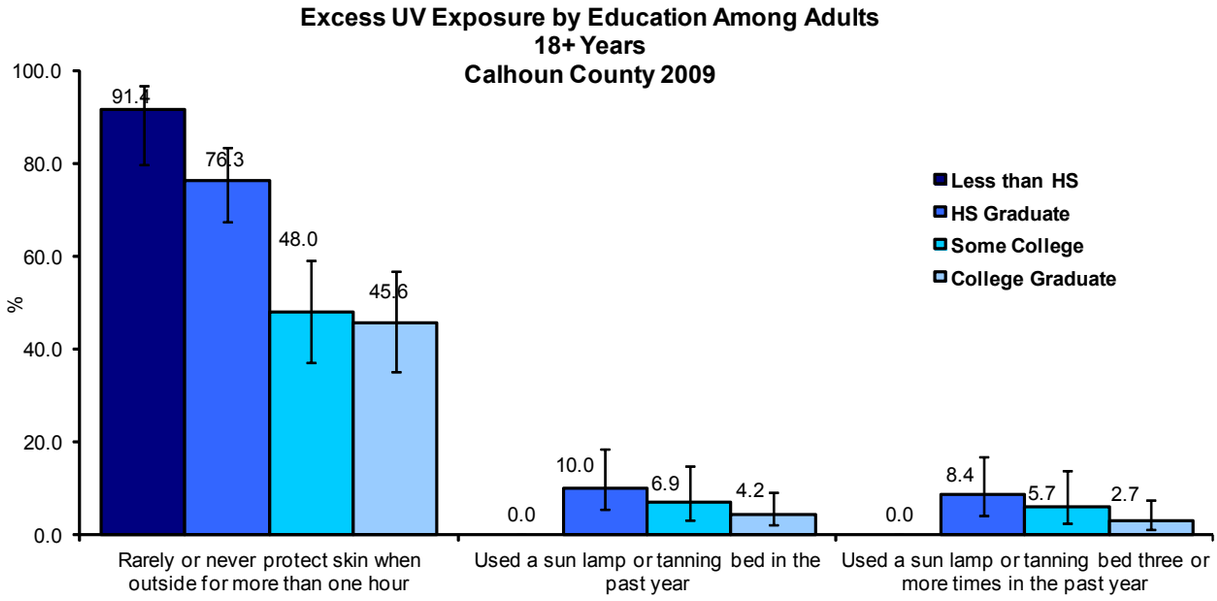
Skin cancer remains the most common form of cancer in the United States, causing 8,461 deaths nationwide in 2007.[16] About 65-90% of melanomas, the most deadly type of skin cancer, are caused by exposure to ultraviolet (UV) light.[17] Reducing your exposure to UV light is the best way to prevent skin cancer.

In 2009, 40.7% of Calhoun County adults reported having sunburn in the past year, and 11.8% reported having three or more sunburns. The overall proportion of residents who reported sunburn increased from 2004 (31.0%, 95% CI: 26.3-35.7). Younger adults (age 18-34) were more likely than adults 55 years or older to have had sunburn. Non-Hispanic Whites were 8.2 times more likely than non-Hispanic Blacks to report having sunburn and almost 50 times more likely to report three or more sunburns.

The majority (61.0%, 95% CI: 55.0-66.7) of Calhoun County residents reported that they rarely or never protect their skin when outside for more than one hour. This proportion decreased with increasing education level. Only 6.8% (95% CI: 4.4-10.5) of residents reported using a sun lamp or tanning bed in the past year. This proportion increased with increasing income.

	Had Sunburn in Past Year[a]		Had Three or More Sunburns in Past Year[b]	
	%	95% CI	%	95% CI
Total	40.7	(34.6-47.2)	11.8	(8.0-16.9)
Age				
18-34	54.2	(39.0-68.6)	14.1	(6.3-28.6)
35-54	54.2	(44.9-63.3)	18.1	(11.5-27.4)
55+	14.4	(9.4-21.5)	3.2	(1.2-8.2)
Gender				
Male	49.1	(39.7-58.6)	12.2	(7.0-20.2)
Female	33.0	(25.5-41.5)	11.4	(6.6-19.0)
Race				
Non-Hispanic White	46.8	(39.9-53.7)	14.5	(9.9-20.8)
Non-Hispanic Black	5.9	(1.6-19.7)	0.3	(0.0-2.1)
Education				
Less than HS	31.4	(10.6-64.0)	6.4	(1.5-23.2)
HS graduate	43.9	(33.7-54.8)	12.0	(5.9-22.9)
Some college	39.3	(28.5-51.2)	9.7	(4.7-18.9)
College graduate	40.4	(29.6-52.2)	14.9	(8.1-25.7)
Income				
Less than $20K	36.8	(24.5-51.2)	6.8	(2.2-19.3)
$20K-$34,999	50.7	(35.5-65.8)	8.8	(2.9-23.6)
$35K-$49,999	41.4	(26.4-58.1)	14.3	(5.1-34.4)
$50K-$74,999	30.0	(16.2-48.6)	14.8	(5.5-33.8)
$75K+	56.9	(43.6-69.2)	19.8	(11.1-32.8)

[a] Among all adults, the proportion who had at least one sunburn during the past 12 months.
[b] Among all adults, the proportion who had three or more sunburns in the past 12 months.



Clinical Preventive Practices

2009 Calhoun County Public Health Department

The Clinical Preventive Practices section of this report presents data on methods of disease prevention. Several key highlights are included below.

Cholesterol and Hypertension Awareness

- The overall proportion of adults in Calhoun County who had appropriately-timed cholesterol screening has improved since 2004. In 2009, 80.6% of adults had their cholesterol checked in the past five years compared to only 69.7% of adults in 2004.

Adult Immunizations

- In 2009, fewer adults over the age of 65 received a flu vaccination than in 2004 (63.3% vs. 72.0% respectively).
- Vaccination levels in Calhoun County were lower than the estimated Michigan average and U.S. median.
- A large decrease was seen in the proportion of non-Hispanic Black adults age 65 and older who received a flu vaccination between 2004 and 2009. In 2004, 71.6% of non-Hispanic Blacks age 65+ reported receiving a flu vaccine whereas only 26.6% reported receiving a flu vaccine in 2009.
- It is unclear what role the 2009 novel H1N1 influenza virus pandemic played in vaccination rates during the 2009 BRFSS.

HIV Testing

- The overall proportion of adults who reported ever being tested for HIV was 41.5% in 2009.
- The proportion of non-Hispanic Black adults who were ever tested for HIV was significantly lower in 2009 (37.4%) than in 2004 (70.3%).

Cancer Screening

- A large increase was observed in the proportion of women age 20 and older who received an appropriately-timed clinical breast exam between 2004 (70.6%) and 2009 (93.0%).
- The proportion of Calhoun County adults age 50 and older who reported ever having a sigmoidoscopy or colonoscopy increased significantly between 2004 (58.5%) and 2009 (72.5%).
- The proportion of adults age 50-59 who received an appropriately-timed sigmoidoscopy or colonoscopy increased significantly between 2004 (33.9%) and 2009 (62.8%) as well.

Cholesterol and Hypertension Awareness

Calhoun County Public Health Department 2009

High blood cholesterol and high blood pressure are major risk factors for heart disease, the number one cause of death in Calhoun County and nationwide.[6,18] The National Heart, Lung, and Blood Institute recommends that adults age 20 and over should be screened for high cholesterol every five years.[19]

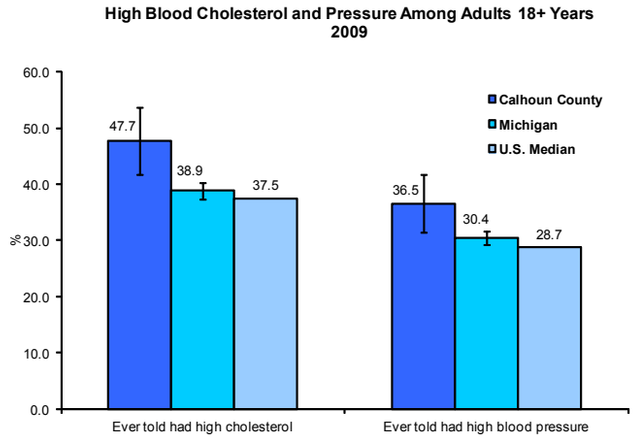
In 2009, 80.6% of Calhoun County adults had their cholesterol checked in the past five years and 83.6% reported that their cholesterol had ever been checked. The proportion of adults who had appropriately-timed cholesterol screening was roughly equal to the proportion of adults at the state (79.8%, 95% CI: 78.3-81.2) and national (77.0%) level. When compared to 2004 data, the 2009 data indicate an improvement in cholesterol screening over the past five years. In 2004, only 69.7% (95% CI: 64.3-75.1) of adults had their cholesterol checked in the past five years.

The proportion of adults in Calhoun County who had ever been told by a health professional that they had high cholesterol was higher than the proportion in Michigan and the U.S. median. The 2009 proportion was also slightly higher than the 2004 proportion; however it is not clear if this difference represents a true increase or if it is a reflection of higher screening rates.

There was no substantial difference in the proportion of adults who had ever been told they had high blood pressure between 2004 and 2009. However, the proportion of adults in Calhoun County who reported high blood pressure was slightly higher than the state average and U.S. median.

	Cholesterol Checked in Past Five Years[a]		Ever Told Had High Cholesterol[b]		Ever Told Had High Blood Pressure[c]	
	%	95% CI	%	95% CI	%	95% CI
Total	80.6	(75.1-85.2)	47.7	(41.8-53.7)	36.5	(31.5-41.8)
Age						
18-24	34.0	(17-56.1)	35.5	(9.9-73.5)	6.5	(1.3-26.1)
25-34	67.9	(48.2-82.8)	25.8	(8.9-55.4)	22.2	(9.5-43.8)
35-44	86.1	(71.0-94.0)	42.4	(27.5-58.9)	25.8	(14.1-42.5)
45-54	86.4	(77.9-92.0)	50.0	(39.0-61.0)	36.7	(27.2-47.4)
55-64	93.4	(84.9-97.3)	61.8	(50.2-71.9)	57.6	(46.4-68.0)
65-74	98.1	(92.3-99.5)	54.7	(42.6-66.3)	62.2	(49.8-73.1)
75+	94.6	(82.1-98.5)	49.9	(36.2-63.5)	59.5	(45.9-71.8)
Gender						
Male	79.3	(70.4-86.1)	51.2	(41.6-60.6)	39.2	(31.1-48.0)
Female	81.8	(74.4-87.4)	44.8	(37.7-52.1)	33.9	(28.0-40.3)
Race						
Non-Hispanic White	82.8	(76.9-87.5)	45.3	(39.0-51.8)	36.2	(30.8-42.0)
Non-Hispanic Black	65.8	(47.7-80.3)	55.8	(40.2-70.4)	39.0	(26.3-53.4)
Education						
Less than HS	69.2	(43.0-87.1)	40.0	(19.1-65.2)	40.8	(21.9-63.0)
HS graduate	71.5	(61.1-80.0)	50.5	(40.4-60.6)	40.6	(31.9-49.9)
Some college	90.6	(83.6-94.8)	45.7	(35.2-56.7)	40.6	(31.0-51.2)
College graduate	85.6	(74.7-92.3)	48.7	(38.3-59.2)	25.8	(19.0-34.1)
Income						
Less than $20K	65.5	(52.1-76.8)	59.1	(45.3-71.6)	42.2	(31.0-54.4)
$20K-$34,999	79.8	(65.7-89.0)	44.5	(29.5-60.5)	41.7	(28.4-56.4)
$35K-$49,999	73.7	(51.2-85.5)	48.0	(34.0-62.4)	44.2	(31.1-58.1)
$50K-$74,999	95.9	(85.1-98.9)	40.1	(25.6-56.5)	27.0	(16.1-41.6)
$75K+	94.3	(85.2-97.9)	42.1	(30.9-54.1)	29.4	(20.3-40.4)

[a] Among all respondents, the proportion who reported that they have had their blood cholesterol checked within the past five years.
[b] Among those who ever had their blood cholesterol checked, the proportion who reported that a doctor, nurse, or other health professional had told them that their cholesterol was high.
[c] Among all respondents, the proportion who reported that they were ever told by a doctor, nurse, or other health professional that they have high blood pressure. Women who had high blood pressure during pregnancy and adults who were borderline hypertensive were considered to have not been diagnosed.



Adult Immunizations

2009 | Calhoun County Public Health Department

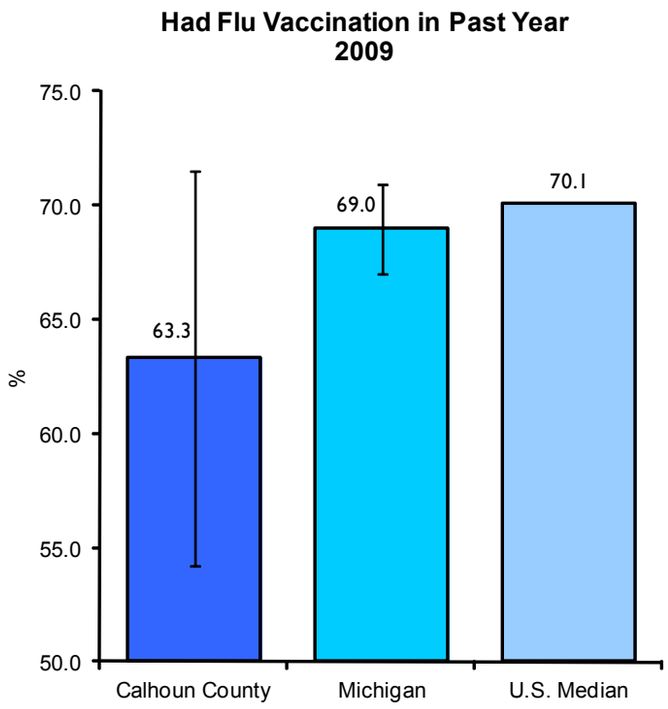
The flu is a contagious respiratory illness caused by the influenza virus. The influenza virus can cause mild to severe illness and in some cases even death. Adults over the age 65 are especially at risk for complications due to the flu and therefore are strongly urged to be vaccinated against the flu each year.[20] Since February 2010, the CDC's Advisory Committee for Immunization Practices (ACIP) has recommended that everyone six months and older get a flu vaccine each year.[21]

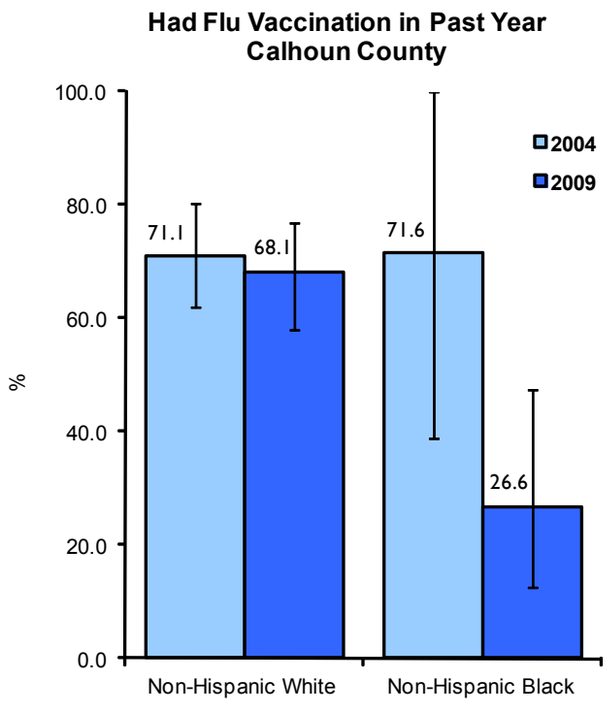
In 2009, the overall proportion of adults 65 years and older in Calhoun County who received a flu vaccination in the past year was 63.3%. This was slightly lower than the proportion in 2004 of 72.0% (95% CI: 63.2-80.8). A large decrease was seen in the proportion of non-Hispanic Blacks who received the flu vaccine over the past five years while only a small decrease in the proportion of non-Hispanic Whites who received the flu vaccine was observed.

Data from the state and national level indicate the proportion of older adults who received the flu vaccine was slightly lower in Calhoun County although this difference was not statistically significant.

	Had Flu Vaccination In Past Year[a]	
	%	95% CI
Total	63.3	(54.2-71.5)
Age		
65-74	58.5	(46.3-69.7)
75+	70.5	(56.3-81.6)
Gender		
Male	65.5	(51.4-77.3)
Female	61.7	(49.6-72.4)
Race		
Non-Hispanic White	68.1	(58.0-76.8)
Non-Hispanic Black	26.6	(12.7-47.3)
Education		
Less than HS	47.8	(23.2-73.6)
HS graduate	70.4	(56.7-81.3)
Some college	60.2	(39.4-77.9)
College graduate	60.7	(43.0-76.0)
Income		
Less than $20K	49.5	(31.5-67.6)
$20K-$34,999	74.7	(57.5-86.5)
$35K-$49,999	71.3	(48.9-86.6)
$50K-$74,999	46.6	(22.3-72.5)
$75K+	66.8	(39.5-86.2)

[a] Among those age 65 years and older, the proportion who reported that they had a flu shot or flu nasal spray during the past 12 months.





HIV Testing

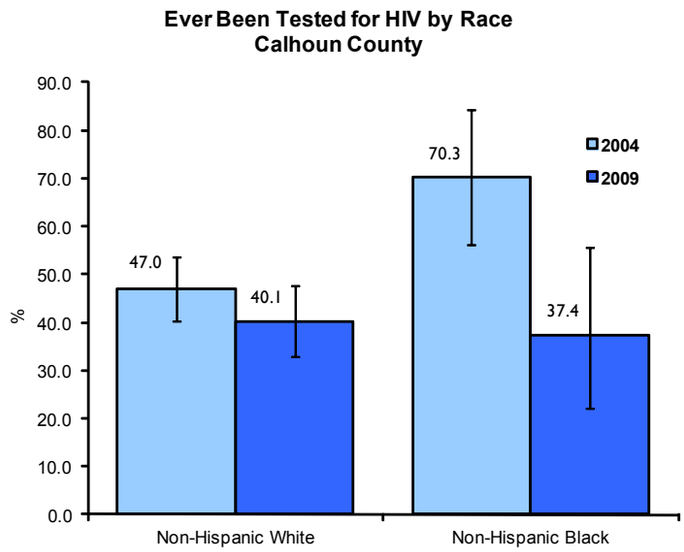
There were an estimated 150 people living with HIV/AIDS in Calhoun County in January 2010, 26% of whom do not know they are infected.[22] This represents a rate of 82 cases per 100,000 residents. Early detection and treatment of HIV infection can prevent transmission and improve clinical outcomes. In 1999 the Centers for Disease Control (CDC) issued guidelines that recommended routine HIV screening among high-risk populations.[23] However, in 2006 the CDC updated the guidelines, recommending that routine voluntary HIV screening be performed among all individuals 13-64 years old and repeat screening should be performed routinely for certain high-risk populations.[24]

In 2009, 41.5% of adults age 18-64 in Calhoun County reported ever being tested for HIV. Although this proportion is higher than the state average of 38.2% (95% CI: 36.5-39.9), it is lower than the overall proportion in 2004 (50.4%, 95% CI: 44.5-56.3). HIV testing increased among 18-24 year olds, but declined among all other age groups between 2004 and 2009. A large decrease in the proportion of non-Hispanic Blacks who had ever been tested for HIV was also observed over this time period.

The most common reasons reported for receiving an HIV test among adults age 18-64 were because it was part of a routine medical check-up (28.9%, 95% CI: 19.7-40.4) and because of a pregnancy (26.7%, 95% CI: 16.9-39.6). Only 1.1% (95% CI: 0.3-4.4) of Calhoun County adults reported that they received an HIV test because they thought they had contracted HIV through sex or drug use.

	Ever Tested for HIV[a]	
	%	95% CI
Total	41.5	(34.9-48.4)
Age		
18-24	49.8	(29.9-69.7)
25-34	54.7	(34.9-73.2)
35-44	55.0	(39.9-69.2)
45-54	31.2	(22.0-42.1)
55-64	25.3	(16.6-36.6)
Gender		
Male	32.6	(23.8-42.8)
Female	50.0	(41.3-58.8)
Race		
Non-Hispanic White	40.1	(32.9-47.8)
Non-Hispanic Black	37.4	(22.1-55.7)
Education		
Less than HS	38.6	(15.6-68.0)
HS graduate	39.6	(28.6-51.6)
Some college	51.2	(39.3-63.0)
College graduate	35.0	(23.9-47.9)
Income		
Less than $20K	62.2	(47.4-75.0)
$20K-$34,999	40.6	(24.9-58.5)
$35K-$49,999	32.9	(18.5-51.3)
$50K-$74,999	30.7	(16.7-49.4)
$75K+	34.5	(22.9-48.2)

[a] Among those age 18 - 64 years, the proportion who reported that they ever had been tested for HIV, not including tests that were part of a blood donation. Don't know was considered a valid response to this question.



Breast Cancer Screening

2009 | Calhoun County Public Health Department

Breast cancer is the second most common type of cancer and one of the leading causes of death among American women.[16] In 2009, the age-adjusted mortality rate due to breast cancer in Calhoun County was 32.7 deaths per 100,000 women.[6] Early detection of breast cancer can greatly improve the prognosis for many women. Currently, the U.S. Preventive Task Force recommends that all women age 50 and over receive a mammogram every two years and that some women age 40-49 should receive biennial mammograms depending on their individual risk factors.[25]

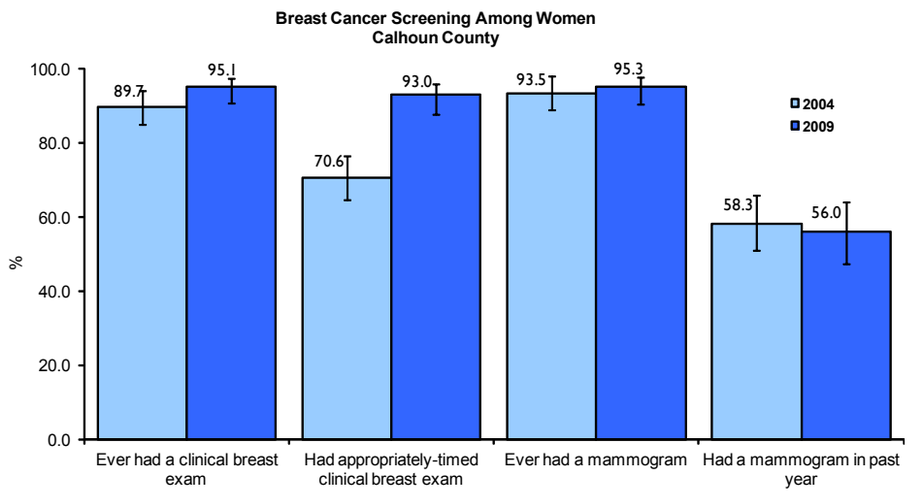
The proportion of women age 40 and older who had received a mammogram in the past year remained relatively unchanged between 2004 and 2009. However, the proportion of women age 20+ who received an appropriately-timed clinical breast exam increased significantly over the past five years. Increases were seen across all sociodemographic groups, but the largest increases were seen among women age 70 and older and among women with incomes below $35,000.

In 2004, only 46.4% (95% CI: 32.0-60.8) of women 70+ had received an appropriately-timed clinical breast exam. Likewise, only 69.6% (95% CI: 58.1-81.1) of women with incomes between $20,000 and $34,000 and 56.2% of women with incomes less than $20,000 (95% CI: 41.7-70.7) had an appropriately-timed clinical breast exam.

	Had Appropriately-Timed Clinical Breast Exam[a]		Had a Mammogram in Past Year[b]	
	%	95% CI	%	95% CI
Total	93.0	(87.8-96.1)	56.0	(47.5-64.2)
Age				
20-29	89.3	(62.5-97.7)	-	
30-39	99.5	(97.7-99.9)	-	
40-49	98.5	(90.0-99.8)	43.0	(27.6-59.8)
50-59	94.5	(76.8-98.9)	63.6	(48.1-76.8)
60-69	87.9	(65.6-96.5)	67.2	(48.6-81.6)
70+	88.0	(73.7-95.0)	55.9	(39.6-71.1)
Race				
Non-Hispanic White	92.1	(85.7-95.8)	56.1	(46.5-65.3)
Non-Hispanic Black	94.0	(82.4-98.1)	66.8	(47.0-82.0)
Education				
HS graduate or less	88.2	(76.4-94.5)	45.0	(33.2-57.3)
Some college	94.2	(85.0-97.9)	61.8	(45.7-75.6)
College graduate	99.7	(98.6-99.9)	67.0	(51.5-79.5)
Income				
Less than $20K	91.2	(76.2-97.1)	36.5	(21.4-54.8)
$20K-$34,999	94.9	(85.0-98.4)	38.1	(23.0-56.0)
$35K-$49,999	91.7	(59.6-98.8)	71.1	(50.9-85.4)
$50K-$74,999	99.9	(99.0-100.0)	63.4	(39.4-82.2)
$75K+	100.0	(100.0-100.0)	71.1	(50.1-85.8)

[a] Among women 20 years and older, the proportion who reported having a clinical breast exam in the past three years for women age 20-39 years and within the previous year for women age 40 years and older.

[b] Among women 40 years and older, the proportion who reported having a mammogram in the past year.



Cervical Cancer Screening

Calhoun County Public Health Department 2009

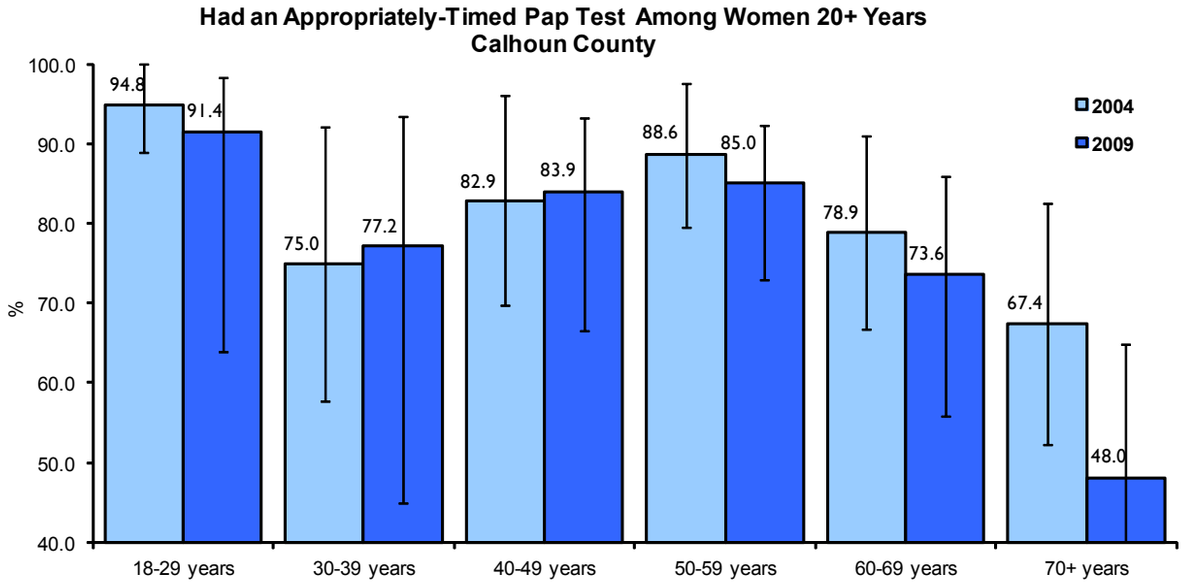
Cervical cancer mortality is highly preventable in most developed countries because screening tests such as Pap tests are widely available. When cervical cancer is detected early, it is highly treatable. The U.S. Preventive Services Task Force recommends that all women be screened within three years of the onset of sexual activity or by age 21, whichever comes first and that all women should receive Pap tests at least every three years until age 66.[26]

The overall proportion of women who had an appropriately-timed Pap test in 2009 was 78.5%. Women age 70 years and older were significantly less likely to have an appropriately-timed Pap test than women in the 40-49 age group and women in the 50-59 age group.

In 2009, 27.0% (95% CI: 20.3-35.0) of women age 18 and older reported ever having an abnormal Pap test. No differences in the proportion with abnormal Pap tests were detected across sociodemographic groups.

	Ever Had a Pap Test[a]		Had an Appropriately-Timed Pap Test[b]	
	%	95% CI	%	95% CI
Total	94.7	(88.2-97.7)	78.5	(71.3-84.2)
Age				
18-29	91.4	(63.9-98.5)	91.4	(64.0-98.4)
30-39	88.7	(50.4-98.4)	77.2	(44.9-93.4)
40-49	97.0	(81.5-99.6)	83.9	(66.6-93.2)
50-59	99.6	(98.2-99.9)	85.0	(72.9-92.3)
60-69	99.5	(98.0-99.9)	73.6	(55.8-86.0)
70+	89.0	(77.4-95.0)	48.0	(31.6-64.8)
Race				
Non-Hispanic White	95.7	(90.2-98.1)	79.1	(71.5-85.1)
Non-Hispanic Black	98.9	(96.4-99.6)	74.2	(52.5-88.2)
Education				
HS graduate or less	93.4	(82.7-97.6)	72.4	(60.7-81.8)
Some college	92.9	(75.2-98.3)	79.9	(65.7-89.2)
College graduate	99.0	(94.0-99.8)	85.5	(70.8-93.5)
Income				
Less than $20K	98.1	(93.6-99.5)	80.4	(68.2-88.7)
$20K-$34,999	87.8	(54.7-97.7)	71.2	(47.9-86.9)
$35K-$49,999	89.7	(62.1-97.9)	81.2	(58.4-93.0)
$50K-$74,999	98.0	(86.7-99.7)	77.7	(54.8-90.9)
$75K+	96.8	(80.5-99.6)	84.0	(63.1-94.2)

[a] Among women 18 years and older, the proportion who reported ever having a Pap test.
[b] Among women 18 years and older, the proportion who reported having a Pap test with the previous three years.



Colorectal Cancer Screening

2009 | Calhoun County Public Health Department

Colorectal cancer is a cancer that occurs in either the colon or the rectum. In the United States, it is the third most common form of cancer for both men and women.[16] Screening can detect precancerous polyps (abnormal growths in the colon or rectum) so that they can be removed before turning into cancer. Screening also helps find colorectal cancer at an early stage, when it is most treatable. The U.S. Preventive Services Task Force recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy beginning at age 50 and continuing until age 75.[27]

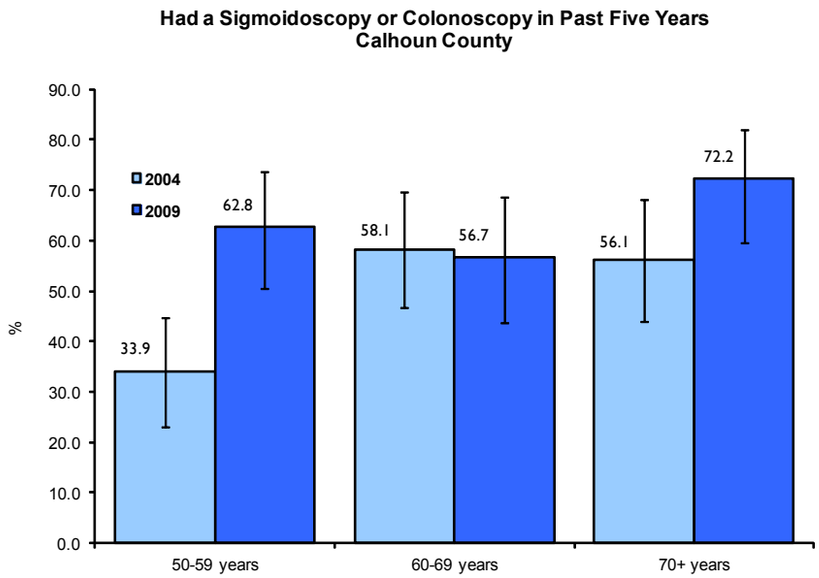
In 2009, 62.5% of adults age 50 and older had received an appropriately-timed sigmoidoscopy or colonoscopy. This was slightly higher than the overall proportion in 2004, but not statistically significant. The proportion of adults 50+ who reported ever having a sigmoidoscopy or colonoscopy did increase significantly from 2004. In 2004, only 58.5% (95% CI: 51.7-65.3) of adults 50+ had ever had a sigmoidoscopy or colonoscopy.

Increases in the proportion of adults age 50 and older who reported receiving an appropriately-timed sigmoidoscopy or colonoscopy were observed across all ages, genders, racial groups, education levels, and income levels between 2004 and 2009. The largest increase over the five-year interval was seen in the 50-59 year age group.

	Ever Had a Sigmoidoscopy or Colonoscopy[a]		Had a Sigmoidoscopy or Colonoscopy in Past Five Years[b]	
	%	95% CI	%	95% CI
Total	72.5	(65.7-78.4)	62.5	(55.3-69.1)
Age				
50-59	67.4	(55.2-77.6)	62.8	(50.6-73.6)
60-69	71.1	(57.7-81.5)	56.7	(43.8-68.6)
70+	83.3	(72.2-90.6)	72.2	(59.5-82.1)
Gender				
Male	76.7	(66.3-84.7)	67.6	(56.7-77.0)
Female	68.8	(59.5-76.8)	58.0	(48.5-67.0)
Race				
Non-Hispanic White	71.1	(63.3-77.9)	61.1	(52.9-68.7)
Non-Hispanic Black	79.6	(64.1-89.5)	71.6	(55.5-83.6)
Education				
HS graduate or less	69.0	(58.3-77.9)	58.1	(47.2-68.2)
Some college	72.9	(58.3-83.8)	59.0	(44.6-72.0)
College graduate	76.5	(64.4-85.5)	71.8	(59.3-81.6)
Income				
Less than $20K	59.2	(43.3-73.3)	49.1	(34.3-64.1)
$20K-$34,999	73.2	(58.4-84.1)	58.7	(43.6-72.3)
$35K-$49,999	78.7	(59.8-90.1)	68.7	(49.9-82.8)
$50K-$74,999	77.4	(55.0-90.6)	75.3	(53.3-89.1)
$75K+	76.2	(57.5-88.4)	69.1	(50.0-83.3)

[a] Among those age 50 years and older, the proportion who reported 'Yes' to the question, "Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams?"

[b] Among those age 50 years and older, the proportion who had a sigmoidoscopy or a colonoscopy within the past five years.



Prostate Cancer Screening

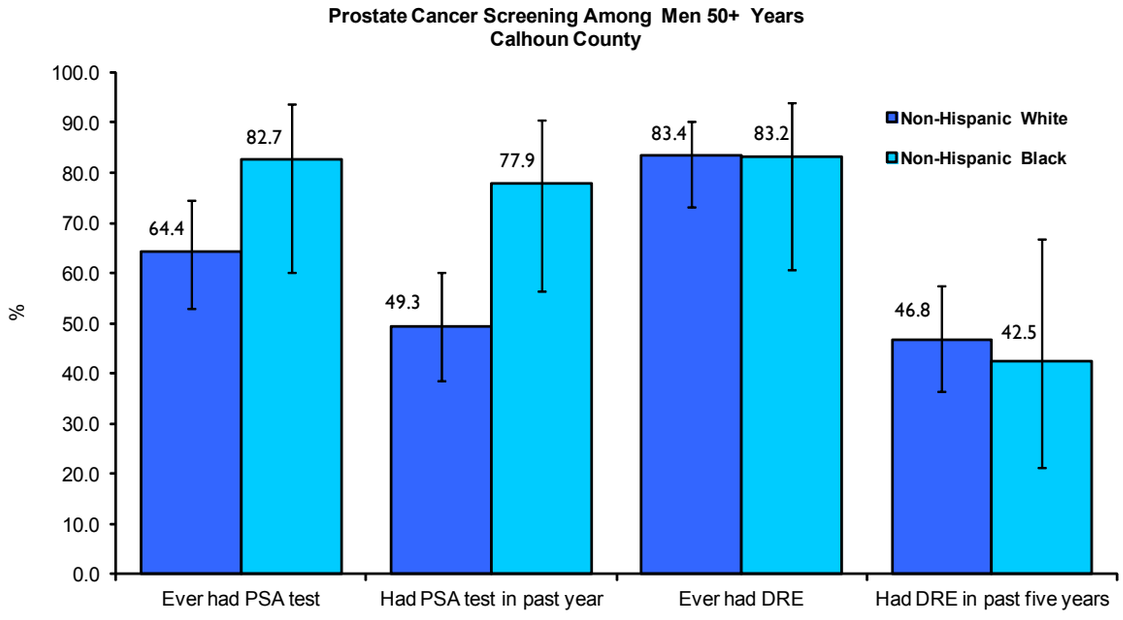
Prostate cancer is the most common type of cancer and second leading cause of death due to cancer among men in the United States.[16] The most common screening tests for prostate cancer are a digital rectal exam (DRE) and a prostate-specific antigen (PSA) test. Although not all health experts agree on exact prostate cancer screening guidelines, a potential benefit of prostate cancer screening is earlier detection.[28]

In 2009, 66.8% of men age 50 years and older had ever had a PSA test and 52.4% had a PSA test in the past year. There were no significant differences in the proportion of men receiving a PSA test between 2004 and 2009. In 2009, more men reported ever having a DRE than ever having a PSA test. Only 46.3% of men reported having a DRE within the past year. There were no significant differences detected in the proportion of men receiving a DRE between 2004 and 2009.

	Ever Had a PSA Test[a]		Had a PSA Test in Past Year[b]		Ever Had a DRE[c]		Had DRE in Past Year[d]	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Total	66.8	(56.6-75.6)	52.4	(42.6-62.1)	84.0	(75.3-90.0)	46.3	(37.0-55.8)
Age								
50-59	67.8	(49.0-82.2)	62.4	(44.2-77.7)	85.1	(67.5-94.0)	64.3	(45.3-79.6)
60+	87.4	(73.0-94.7)	66.2	(52.2-77.9)	96.6	(88.1-99.1)	63.5	(49.1-75.9)
Race								
Non-Hispanic White	64.4	(53.0-74.5)	49.3	(38.5-60.1)	83.4	(73.3-90.2)	46.8	(36.4-57.5)
Non-Hispanic Black	82.7	(60.2-93.8)	77.9	(56.5-90.5)	83.2	(60.7-94.1)	42.5	(21.4-66.7)
Education								
HS graduate or less	53.1	(37.8-67.9)	36.9	(24.0-52.0)	75.4	(59.0-86.7)	42.0	(28.4-56.9)
Some college or more	75.8	(62.6-85.4)	62.5	(49.4-74.0)	89.5	(79.6-94.9)	49.4	(37.2-61.7)
Income								
Less than $35K	59.3	(43.9-73.0)	39.6	(26.3-54.7)	79.8	(66.0-89.0)	47.4	(33.1-62.2)
$35K+	67.0	(52.0-79.2)	54.3	(40.4-67.6)	83.9	(69.9-92.1)	47.8	(34.9-61.0)

Note: Men who had been diagnosed with prostate cancer were excluded from these estimates. Among men age 50 years and older, the proportion who reported:

[a] ever having a prostate-specific antigen (PSA) test.
[b] having a PSA test in the past year.
[c] ever having a digital rectal exam. (DRE).
[d] having a DRE in the past year.



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Calhoun County Public Health Department
James A. Rutherford, MPA
Health Officer

The Calhoun County Public Health Department works to enhance our community's total well-being by promoting healthy lifestyles, protecting health, and preventing disease.

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Calhoun County Health Needs Assessment:
Summary of Key Informant Interview Findings

November 2012

Prepared for
Battle Creek Community Foundation
Battle Creek, Michigan

Prepared by
Public Sector Consultants Inc.
Lansing, Michigan

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Introduction

Several community partners in Calhoun County are working together to complete an assessment of health needs and resources available to meet these needs. The Community Health Needs Assessment Advisory Committee (the committee) is made up of representatives from: Bronson Battle Creek, Oaklawn Hospital, Southwest Regional Rehabilitation Center, the Calhoun County Public Health Department (CCPHD), the Battle Creek Community Foundation, the United Way of the Battle Creek and Kalamazoo Region, Summit Pointe, the Family Health Center of Battle Creek, Integrated Health Partners, Community HealthCare Connections, and the Nottawaseppi Huron Band of the Potawatomi.

Community input is a critical part of the community health needs assessment process. To gather this input, the committee asked Public Sector Consultants to conduct a series of key informant interviews and focus groups. The committee will consider the feedback from all of the key informant interviews, along with data and input from focus groups, to identify community priorities and determine strategies for addressing those priorities. The following report provides a summary of the findings from the interviews. The focus group findings are summarized in a separate report.

Fourteen interviews were conducted with leaders in the community who had been identified by the committee as people who could speak to the needs and the resources available to meet those needs within the community. Interviewees represented community service providers, health care providers, medically underserved populations, minority populations, rural populations, and business. A list of people interviewed can be found in Appendix A.

In advance of the interviews, key informants were given information on a variety of health issues identified for further exploration by the committee along with the interview questions to help them prepare for the discussion. A copy of the health issues data can be found in Appendix B. Key informants were asked for their reactions to the data on health issues and then were asked which health issues they believe are the most important to Calhoun County residents. For each issue they identified as most important, the key informants were asked to describe (based on their own knowledge and experience) what is working to help people be healthy, what makes it harder for people to be healthy, and what actions can be taken to improve the health of the community.

Key Findings

Interviewees identified several health issues as being among the most pressing for Calhoun County, and offered their thoughts on what is currently working well to address these issues, what is preventing people from being healthier, and what actions could be taken to help improve the health of residents. A few important health issues and several cross-cutting themes emerged from the interview discussions.

MAJOR HEALTH ISSUES

Interviewees were initially asked which health issues they believed to be among the most important to people living in Calhoun County. They could pull from the list of issues sent to them in advance of the interview or draw on their own knowledge and experience to identify issues. Many of the interviewees selected two or three issues as among the most important, and then spent the majority of the interview discussing these issues in greater depth. The issues that received the most attention from interviewees are as follows, including the number of people who identified the issues as important:

- Access to primary care (9)
- Overweight and obesity (7)
- Chronic disease (6)
- Teen pregnancy (3)
- Maternal and infant health and infant mortality (3)
- Oral health (3)
- Smoking (2)
- Mental health (1)
- Addiction (1)

Most Important Health Issues

As the conversations concluded, interviewees were asked to reflect on the discussion and their own experience to select *one* issue that they believe is the most important to work on in the county. Many were unable to narrow it to one issue, but only the following four were identified as most important by any interviewee:

- Overweight and obesity (7)
- Access to primary care and a medical home (6)
- Chronic disease (5)
- Teen pregnancy (3)

CROSS-CUTTING THEMES

While health issues were discussed one by one, interviewees noted considerable overlap among the issues. In particular, interviewees described close connections between access to care, chronic disease, and overweight and obesity, noting the clear tie between maintaining a healthy weight through physical activity and diet and the prevention and management of chronic disease. They also noted that having access to primary care services not only supports diagnosis and

management of chronic diseases, but having a *regular* primary care provider fosters meaningful dialogue between providers and patients, which supports self-management of chronic conditions.

There were also similarities across all health issues with regard to what is working well, what is standing in the way, and what types of actions could help.

What's Working?

A handful of organizations were recognized by interviewees for the work they do to improve a variety of health problems. These are:

- Family Health Center
- Regional Health Alliance
- The Fountain Clinic
- Community HealthCare Connections
- Calhoun County Public Health Department

These organizations were credited by interviewees for supporting efforts to improve access to primary care, improve the management of chronic conditions, support maternal and infant health, and provide access to dental care.

In addition to specific organizations, interviewees identified community-wide awareness initiatives as well as efforts to provide personalized education and support as having the greatest positive impact on the health of the population.

What's Standing in the Way?

While access to primary care services was identified by a significant number of interviewees as an important issue in and of itself, interviewees noted barriers to accessing health and community services when discussing many of the other health issues, such as management of chronic diseases, oral health care, maternal and infant health, and mental health. They also identified limited education and awareness across all of the issues regarding available resources and/or how to be healthy.

Barriers to Accessing Health Care and Community Services

The most commonly identified barriers to accessing health care and other community services included limited availability of health care providers, lack of affordable care and medications (which many tied to lack of insurance and unemployment), limited transportation options for those without automobiles, and culture and language barriers (especially for non-English–speaking populations).

Limited Education/Awareness

For each health issue discussed, interviewees said many residents are simply unaware of many of the resources available to them. Interviewees also indicated that more education is needed to increase residents' understanding of what they need to do to be healthy. They acknowledged, however, that education efforts have to compete with lack of motivation to change behavior and societal norms that promote unhealthy choices.

What Could Help?

When asked what actions should be taken in the community to support residents in being healthier, several recommendations came up across the spectrum of health issues, including suggestions for improving access to care, educating residents on services and healthy behaviors, and identifying and expanding promising and evidence-based initiatives.

Improving/Increasing Access

Interviewees made several recommendations for improving access to health care and other services:

- Employ a concerted effort to recruit primary care physicians
- Put additional resources into the Family Health Center to allow it to re-open its facility in Albion and begin accepting new Medicaid patients
- Increase options for transportation; for example, by offering a free or low-cost taxi or bus with a dedicated route to and from service locations
- Establish an oral health care plan similar to the county health plan
- Ensure interpreters and bilingual providers are available for non-English–speaking populations

Education/Awareness

To ensure that more people are aware of services and have the knowledge necessary to improve and maintain their health, interviewees made the following suggestions:

- Identify community partners and institutions that can help share information, such as Voces, the Burmese American Initiative, churches, schools, mobile clinics, and other provider locations
- Increase the use of small-group and one-on-one education opportunities, especially to support chronic disease management
- Encourage local restaurants to provide nutritional content information on their menus
- Develop community-wide health promotion initiatives based on successful efforts in other states
- Provide information and materials in languages other than English
- Provide training and education on specific issues to community-based organizations to enable them to work more effectively with the people they serve

Expand the Use of Evidence-Based Programs and Community-wide Initiatives

Interviewees identified a few evidence-based programs as promising approaches for improving health and promoting healthy choices. They suggested ramping up the use of a few of these, including the Teen Outreach Program, Sisters in Service, and Personal Action Toward Health. Many also recommended looking at how other communities are addressing issues and what they are doing to promote healthy lifestyles. Interviewees said that more could be done to create a culture of health in Calhoun County.

Access to Primary Care

The issue of access to care was identified by a majority (9) of the interviewees as one of the most important health issues for Calhoun County residents. Reacting to the health issue data provided in advance of the interview, one participant said he believes the problems with access to care are more widespread than the data suggest: "I am shocked by the statistic that 15 percent of adults in the county do not have health care coverage or a regular provider," adding, "I think the number is much higher."

The interviewees who identified access to care as an important issue talked about primary care in particular, and a few noted its paramount importance in addressing other health issues. One said that increasing the availability of primary care providers would improve most of the health issues described in the background information: "It's all health related—diabetes, obesity, nutrition, increasing physical activity, and decreasing smoking. There needs to be a growth of primary care services. As we develop a stronger base of primary care providers that look at care more broadly, we may improve some of these things." Another interviewee said: "All of these issues are very important, but if you can't get access to the health care system, how can you impact any of these [health conditions]?"

WHAT'S WORKING?

Interviewees identified a handful of prominent organizations and services in the county that provide health care services to people who are uninsured or have low incomes. The following organizations were recognized and described by multiple interviewees when asked to describe what is working in the county to ensure access to health care services:

- The Fountain Clinic, funded primarily by grants and donations, provides primary care through a roster of volunteer physicians.
- Community HealthCare Connections hosts a clinic at the Calhoun County Public Health Department and also operates a mobile clinic to bring basic health care services to rural areas in the county.
- The Family Health Center in Battle Creek provides health care services to many low-income and uninsured county residents.

While interviewees described each of these organizations as a helpful resource, they also noted limitations. Of the Fountain Clinic, one interviewee said,

> It is doing a good job, but it is all based on private donations…[and] they do not have *one* physician there—it's a matter of who is volunteering that day. You might have one volunteering once a month or half a day a week. They've answered a need, but you'd like it to be better than it is.

One said of the Family Health Center that it "continues to improve in some areas—maternal and infant health and immunizations, in particular." Many noted, however, that the Family Health Center is not currently taking any new patients.

Interviewees had mostly positive comments about Community HealthCare Connections. One noted appreciatively that "they do a lot of things to connect people to medical homes, connect people to the prescription drug program, and identify medical needs." Another said, "They've had great success in having physicians and dentists on board to provide care for free or at reduced costs." One person, however, indicated that the wait time to see a provider at the Community

HealthCare Connections clinic is exceedingly long, and said the Family Health Center is much better in that regard: "Community HealthCare Connections does a sliding fee scale, but you have to plan to spend your whole day there. The Family Health Center is very quick and efficient."

A few interviewees noted a handful of other organizations that do not provide health care services, but support people in accessing care:

- The Albion Health Care Alliance is described by one interviewee as "a group of people who volunteer to try to put together things for the community across a variety of health issues, like nutrition and infant health."
- The Regional Health Alliance issue action groups convene a wide variety of partners to discuss and collaborate on solutions to health issues in the community.
- Voces and the Burmese American Initiative work with the Hispanic and Burmese populations to "help connect people to services, translators, and transportation."
- The senior millage helps provide vouchers and coupons for prescriptions for the county's older residents.
- Free antibiotics are provided by some area pharmacies which helps make medications more affordable for residents

WHAT'S STANDING IN THE WAY?

Despite the presence of the organizations listed above, interviewees pointed to several issues that continue to prevent many low-income and uninsured residents from having easy access to health care services. They described limited availability of primary care providers; lack of affordable care options (tied closely to insurance and unemployment); limited transportation options; language barriers; and lack of awareness of available resources. One person described these barriers as "more structural—they can't find a doctor to take Medicaid; they can't find transportation when they need it; evening and weekend hours are limited."

Limited Availability of Providers

A few interviewees asserted that there are simply not enough primary care providers in the county, and especially not enough who provide care for people who are uninsured or have low incomes. As one person stated,

> We could use a lot more family doctors in this area. People don't really identify with providers like they would like to. I think people would like to be able to say this is my family physician. When you ask where you go for health care, they say, "I go to the emergency room or clinic."

Another said, "I think there is good primary care in the county, just not enough of it. We need more family practitioners, PAs, and NPs." The aging of the population is a major factor in reducing the number of providers in the community, according to one interviewee: "Calhoun County has an aging health care provider pool. Physicians are getting older and not many new physicians are coming in. I see this as very detrimental."

Affordability of Care/Lack of Insurance

The cost of health care can simply feel out of reach for people with low incomes, according to some interviewees, who linked affordability to insurance and employment. One said, "The ability to pay for health care is a big issue. You need to have affordability of care. That goes back to

having jobs and employment in these areas." Another said "the barrier [to accessing care] is no insurance. They're unemployed or under-employed. Their incomes are too low to afford care on their own. If you have insurance, you have access."

One interviewee pointed out the importance of insurance to one's ability to be healthy and to make decisions about health care:

> Just because you have insurance doesn't make you healthier, but not having insurance makes you much more unhealthy. When you have insurance, you make a decision. Without it you have no decision to make.

Lack of Transportation

As one interviewee put it, "Transportation is such a huge beast." Many interviewees noted that obtaining transportation to medical appointments presents a major barrier for many low-income residents. One person, whose organization provides some transportation, said she often hears about challenges related to transportation from the people she serves:

> Transportation comes up quite a bit. What we have is good, but I don't think we have enough. We spend a lot of time transporting people to the dialysis clinic. I don't know what exists for transportation to medical appointments. There's no public bus transit.

A representative of another organization that provides limited transportation noted that they can only do so much: "Through volunteers, we provide transportation for $10 if you need to go anywhere in town for a medical reason. But there's only one of us."

Cultural norms can also contribute to transportation barriers. For example, in the Burmese population, "The comfort level to use public transportation is not there, and women tend not to drive, so if their husband is at work during the day, they sit at home."

Language Barriers

For non-English–speaking residents, lack of interpreters available to assist them in appointments with providers presents challenges: "People should not have so much trouble finding interpreters. When they go to the ER, they shouldn't have to worry about this."

Lack of Awareness of Resources

One interviewee noted a lack of awareness of the services and programs available, especially among the *under*-insured because much of the information is shared through programs targeting people who are completely without coverage or have Medicaid: "The under-insured don't know. They feel like they have to be totally lacking funds to qualify for some services. The *un*-insured have been referred for care. If you're working [people need to know], you can still access a lot of services."

All of the Above

According to interviewees, the challenges facing low-income and uninsured residents in Albion are a combination of the issues laid out above. One said, "I don't think anything is working well in Albion right now," and another said, "they are basically without any health care." Interviewees described multiple challenges. The community has been beset with high unemployment since the exit of a major employer about a decade ago. Following that loss, the community's hospital

closed, which led to many physicians leaving practice in the area. Now, interviewees say, the safety net is also failing Albion residents. As one interviewee said, "Albion had the Family Health Center, but then they took the doctor out and said they are more needed in Battle Creek. They said they would arrange transportation, but a bus would take forever and a day, and that just can't happen."

WHAT COULD HELP?

Interviewees had suggestions to address each of the barriers, and most involved building on current resources in the county.

Increase the Availability of Primary Care Providers

One interviewee suggested the hospitals in the county should work together to recruit physicians and added that the Battle Creek Community Foundation's health oversight committee could provide a place for conversations around how more physicians can be recruited into the county. One said that what could help to increase provider availability is "encouragement of young people to become PAs and encouraging nurses to use scholarships to get NP status."

Another said people covered by Medicaid need additional places to seek care and suggested "scaling up what we already have" referring to the Family Health Center, which she noted "isn't enrolling anyone new—no new Medicaid patients." She went on to suggest creating a clinic for Medicaid patients modeled after the Fountain Clinic: "Maybe we need a walk-in clinic *focused* on Medicaid patients."

Focus on Albion

One interviewee called on Bronson Battle Creek and Oaklawn hospitals to "bring pressure to bear" on the Family Health Center to bring services back to Albion. Another interviewee emphasized the importance of ensuring access to services in Albion because of its high proportion of African American residents:

> We need some presence in the Albion area—something that is stable—not something that gets pulled out in a couple of years. They have had their hospital and clinic taken away. As a county, we need to commit to medical care in that area. There are more African Americans in that area—they are more prone to diabetes and chronic diseases. Albion is a place where we really need a continuous method of care.

Transportation

To help people get to medical appointments, one interviewee recommended offering a free or low-cost taxi or bus that has a designated route to and from the Family Health Center:

> What if there is a place to call just for medical appointments, regardless of insured status, like a medical taxi service—at a reasonable cost. If there is a taxi route or bus route with designated pick up days and times. Maybe every day you pick people up "here" at 10:00 and take them to the Family Health Center and that's their only route.

Use Existing Resources to Reach Target Populations

When considering how best to share information about resources available in the community, one interviewee had a handful of suggestions, including using outreach programs such as Voces and the Burmese American Initiative to reach minority populations, getting information into churches,

and using schools, which "are a great hub for information sharing." He also noted that providers of early childhood services, such as those that sponsor play groups or conduct home visits, have great access to people who are likely to need health care services. Finally, he said that "Hospitals can play a key role. Social workers there play a key role. If they are aware of services available, they can connect families to services."

Increase Personal Responsibility

One participant said that personal responsibility for one's health care should be increased by "getting rid of third party payers." While no other interviewees voiced a similar idea, he asserted that the current system prevents people from knowing how much health care services cost, and having to pay for services would promote healthier behavior.

Overweight and Obesity: Nutrition and Physical Activity

Seven of the interviewees indicated that the prevalence of overweight and obesity is among the most important health issues facing the county, including one who focused on nutrition as a primary issue of concern. Many interviewees noted the direct tie between unhealthy weight and chronic diseases such as diabetes. As one said, the "the domino effect [makes] the obesity-nutrition-physical activity piece most important since it so intricately impacts chronic disease issues." Another said, "There needs to be a lot of education of patients—of the community at large—about the health hazards of obesity and [the importance of] nutrition."

WHAT'S WORKING?

Interviewees offered several examples of community resources and organizations that support access to healthy food. Interviewees offered fewer examples of successful resources that support and encourage physical activity among residents.

Community Gardens and Fresh Produce

Four out of the six interviewees who spoke on this issue mentioned community gardens as a helpful resource. A couple also pointed to efforts to increase access to fresh produce at farmers markets for lower-income residents. Senior Project Fresh and the Double-Up Food Bucks are examples of this. Senior Project Fresh provides coupons for farm fresh produce to low-income seniors. The Double-Up Food Bucks program gives SNAP (supplemental nutrition assistance program) participants up to $20 worth of fruits and vegetables at participating farmers markets. One said, however, "We have dabbled, but have not really embraced this. I'm hoping all partners will have a cohesive vision on how to attack [the issue of access to healthy food]."

Summer Meal Programs

Two interviewees described a summer meal program offered through local school districts that enables schools and community organizations to provide breakfast and lunch to local children at no cost to families regardless of income.

> This summer we provided meals for kids—both breakfast and lunch—at Homer Community Schools. We are recognizing that kids aren't getting nutritious meals at home. So at least we're getting some nutritional meals to kids who wouldn't otherwise get it.

One interviewee described how her organization used the opportunity to provide helpful tips to parents on preparing healthy foods, including those that the organization grew in a community garden:

> We had a lot of opportunities to speak with parents and made some great connections. We could talk about the food being served, plus we had the garden. We had some fresh selections that people could take home...and we started leaving little tips on the tables about how to prepare the foods. The more we learned about the families we served, the more we were able to slip things in nonchalant to equip them with skills and information.

Other Resources

A few other resources and efforts to improve nutrition were identified by one interviewee each: improvements in school menus, WIC nutrition classes, food banks, Good Food Battle Creek, and the Regional Health Alliance.

Community Initiatives and Other Physical Activity Resources

Four out of the six interviewees mentioned the Calhoun County Community Challenge as an effort to promote weight loss primarily through physical activity, but the effort was deemed largely unsuccessful due to limited participation. Two interviewees noted that the local YMCA offers scholarships based on income, making it more affordable than other area exercise facilities. One interviewee said the county has a "pretty good community rec department," and another said "we have lots of free walking and biking trails."

School Nurses

Three interviewees also noted that the Calhoun County Public Health Department is behind efforts to increase the presence of nurses in schools, which they see as promoting both nutrition and physical activity. One said, "The increase in school nurses is great. We have a grant from the health department. Putting school nurses out there to work with kids when they're young is imperative. We did a BMI study and it's alarming."

WHAT'S STANDING IN THE WAY?

When asked what prevents people from eating healthier and being physically active, most attributed the problem to a culture that supports sedentary lifestyles and a reliance on easy, but unhealthy, food choices. This is accompanied by limited motivation to change behavior, lack of education, and lack of awareness of how to be healthy. People with limited incomes are especially challenged to eat healthy foods and engage in regular physical activity, according to a couple of the interviewees.

Cultural Norms and Lack of Motivation

Cultural norms that support sedentary lifestyles and promote unhealthy foods can be blamed for preventing healthy eating and the lack of motivation to be physically active. According to interviewees:

> We have a society where kids play video games and spend less time playing outside and a culture…that supports people who aren't active and makes it easier for people to do things that aren't healthy.
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> We have a culture—indicated by all of our poor statistics—that supports people who aren't active, that makes it easier for people to do things that aren't healthy.
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> Nearly every activity we do has a food component that's not focused on nutrition. [For example] school functions, movie and popcorn, going out to dinner, birthday celebrations.

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> A significant obstacle is the culture we have. It's a sedentary culture, an over-consuming-of-calorie culture. I don't watch any television, but I hear from my patients that they are constantly bombarded by ads for food. For example, Taco Bell's ad for the fourth meal of the day.

Interviewees also noted that it is challenging for people to change their behavior and, given the comments about a culture that supports unhealthy choices, it is also difficult to motivate them to do so. As one person said, "Human nature is an impediment; it's hard work [to eat right and exercise]." Another added, "It's hard to change behaviors and find ways to reach people and get them engaged in these efforts."

Lack of Information about Resources and Education on Healthy Lifestyles

Interviewees said that many people have limited awareness of resources or otherwise lack the knowledge necessary to engage in healthier behaviors. One said, "I presume lack of education is a barrier. There are exercise clubs in the area, but people don't use them." Another added, "Information could be more available; it seems that we're not reaching people in the right places."

One interviewee suggested that it has been a challenge to find the right places to reach people outside of the Internet and physician offices:

> In general, people don't understand the resources available. Some of that's just because not everyone has Internet access. If they don't have a primary care doctor where they can pick up flyers, where do they get information?

One interviewee said that primary care physicians do not necessarily provide information to patients on healthy eating:

> I'm always amazed by what people think is healthy. But even if they wanted it, people with insurance don't have access to nutrition counseling. And your doctor doesn't talk to you about good nutrition. They don't get into nutrition education.

The same interviewee also noted the near universal lack of information about the nutritional content of menu items in restaurants and fast food eateries:

> You can't go into a restaurant and know the nutritional components of food. There is not access to good information about nutrition content. You have to really work at going out and watching your consumption. McDonalds posts their calories now; it would be nice if everyone did that.

Low Incomes

A couple of interviewees acknowledged that leading a healthier lifestyle can be especially challenging for people with limited resources. One said, "At the end of the day there is a huge connection to income levels. If you are having to work two jobs and spending 80 hours a week working, it's hard to find the time to exercise. If you are struggling to feed your family, it's a struggle to feed them healthy food versus cheap food." Another added, "It's more difficult for low-income folks. The bad food is cheap."

WHAT COULD HELP?

When asked what actions could be taken in the community to help reduce overweight and obesity, many interviewees said "education" is the key, and some suggested undertaking a community-wide effort to promote healthy behavior. A couple said that ensuring residents have a place to be physically active would help.

Targeted Education and Awareness

Interviewees had a handful of suggestions for increasing awareness of resources and educating residents regarding nutrition and fitness. A couple said support should be given to health care providers to enable them to communicate more effectively with patients. Unfamiliar with the ins and outs of the mobile clinic, one said, "Mobile clinics—do we need more of them and do they need to do more than just screening? Maybe they should do more education." Another said, "It's one on one education with an NP or MD/DO that works. Those sessions can be so valuable. In talking to somebody you realize other services people need. The more in touch they can get to a primary care provider or someone that can help, the better."

One interviewee said it is important to consider "where people who are at risk congregate," adding, "I often think of church, as it is so important in people's lives. We have to think outside the box as to where providers can go and help spread the message."

Another interviewee suggested that people can be supported in eating better with more information about the nutritional content of food, stating, "It would be nice if local restaurants agreed to develop nutritional guidance for their foods. They might need help in doing that. The chains can do it, but I'm sure it's more difficult for local groups."

Community-Wide Initiatives

A few interviewees offered suggestions for coordinating multiple small initiatives to have a greater impact and creating community-wide initiatives to promote healthy behavior. For the latter, they suggested looking at what other communities are doing.

> I think one of the things we need to do as a community is to figure out how we can do a better job of taking small initiatives—little thousand points of light—and make them bigger and more impactful. There is a role for better communication and coordination along those lines. As a community, how do we have a wellness program that is community based with marketing, etc.?
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> For exercise, maybe we need to look at a community-wide program or something sponsored for walking. The Calhoun County Challenge was more specifically about weight loss, but maybe we just need to focus on being active. Something like a Let's Move campaign for adults or Curb the Couch.
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> There's infrastructure stuff you can do to make towns healthier. When you are remodeling downtown trying to put in bike paths and sidewalks to encourage walking, it does some nice things. I'm working with the Calhoun County Trailway Alliance to build a bike path connecting to Battle Creek one single path across the

> county. If you go to Wisconsin, there are practically as many bike paths as roads. It creates a culture of health.
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> One of the best things we can do is look at what models have been working in other communities of our size and try to replicate those models. For example, in Austin, Texas, you can feel the vibrancy and the bike lanes and paths where people are running. We should take inventory—are we as hospitable to those activities as we can be? Are there neighborhoods where people don't feel safe? Or kids aren't safe to walk to school?

More Opportunities for Physical Activity

According to one interviewee, "Anything that can be done to motivate people to change behavior would be helpful, like increasing the availability of activities outside like trails, paths; more green spaces for people to move around and exercise in." Another suggested that "Businesses can support employees' efforts to be healthy by allowing 30-minute walking breaks 3 times a week."

Chronic Disease

The prevalence of chronic disease, especially diabetes, was identified among the most important health issues facing Calhoun County residents by six of the people interviewed. One interviewee indicated being "surprised by the county's cancer mortality rate," but said, "It seems everybody knows somebody with it." With regard to diabetes, an interviewee said that what stood out in the data on health issues is "the mortality of diabetes being twice the rate of the rest of the state." This interviewee and others drew a direct connection between chronic conditions like diabetes and factors related to overweight and obesity. "If you empower and educate patients on how to treat diabetes, you'll get at issues of obesity, nutrition, physical activity, and smoking." Another emphasized the need to manage chronic conditions at the onset: "We're seeing the long-term results of unmanaged chronic disease in seniors. If issues like weight and chronic disease were dealt with in their [earlier] adult life, a lot would be able to be independent longer. They don't get better at managing diseases as they get older either."

WHAT'S WORKING?

When asked to describe what is currently working to help prevent or manage chronic conditions in Calhoun County, interviewees offered descriptions of education and awareness initiatives as well as direct care and support services.

Community Education and Awareness Efforts

Interviewees identified a handful of community-wide education and awareness initiatives that they believe are helping to spread information about management of chronic diseases such as cancer and diabetes, and resources for management and treatment. These included the Cancer Care Center at Bronson Battle Creek, the 5C Cancer Coalition, the Calhoun County Public Health Department, and the Family Health Center, along with other clinics in the community.

> I think our Cancer Care Center at Bronson BC does a great job. They are active in the community and have worked hard to bring in great doctors. They do programs and marketing to let people know that they're there.
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> We've seen some campaigns like the 5C Cancer Coalition—they have a giant coalition. They've been doing work in the community to get the message out.
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> I'm starting to see the health department do some things, though they need to do more. They're doing community education programs and information campaigns around diabetes and smoking.
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> For a long time there was not much education happening around diabetes, but we've heard that the Family Health Center has actually been doing it, which is great because that was lacking in the past.

Direct Care and Personal Support Services

Interviewees also described an initiative to improve management of diabetes in physician offices, the helpful role that diabetes education and management programs are playing for some, and the availability of acute care services when people experience more severe symptoms.

General Chronic Disease Management and Support

A few interviewees described specific efforts under way in the community to support the management of a variety of chronic conditions:

- **The Fountain Clinic:** An interviewee who was familiar with the Fountain Clinic's offerings described a concerted effort on the part of the clinic to help its patients and other uninsured residents manage diabetes and other chronic conditions. The clinic hosts a monthly session to check cholesterol, blood sugar, and blood pressure levels. Approximately 5 to 10 people take advantage of this opportunity each month, he says.
- **Pathways to Health:** Two interviewees identified the Pathways to Health Initiative as a successful multi-partner effort that has improved provider-supported management of chronic conditions. One said the initiative promotes patient-centered care and a dialogue between the provider and patient, which leads to stronger patient engagement in the managing of their own health needs. She said, "Instead of telling people their diabetic number is high and giving them information, they are looking at numbers and setting some goals together. This method encourages discussions. It is patient-centered and relies on patient activation in managing their disease." Another interviewee said the initiative has led to "some changes in practices with local doctors' offices that have been beneficial. For example, a foot exam is now part of every diabetes exam."
- **PATH [Personal Action Toward Health]:** One interviewee mentioned the PATH program as a successful effort to help people effectively manage their own diseases. She described PATH as an "evidence-based program out of Stanford that helps people manage general chronic disease, pain, and diabetes." She added, however, that "the reach is small; not as many people participate as could."

Diabetes Education and Support

A few interviewees described classes and support groups that are focused on helping people manage diabetes. These classes and groups are offered by a variety of organizations, including a diabetes coalition that convenes people every month to discuss diabetes management and check A1C levels, a retired nurse who convenes a regular diabetic support group at the Forks Senior Center, and the local hospitals, which organize diabetes education classes.

According to one interviewee, the Fountain Clinic has brought in a volunteer nurse practitioner to provide one-on-one diabetic classes at the library. These classes are offered to any uninsured residents in the area, not just to Fountain Clinic patients. To make people aware of these opportunities, the interviewee says the clinic advertises in the weekly "shopper" that every household gets and posts information in the clinic waiting rooms. The nurse practitioner also reaches out by phone to Fountain Clinic patients directly to make them aware of the resources.

This interviewee also described efforts by Oaklawn Hospital to reach diabetic patients in partnership with the Fountain Clinic. He said that the clinic is working closely with Oaklawn Hospital diabetic educators, and that the Oaklawn dietician taught classes on diet and weight management at the clinic.

Acute Care Services

One interviewee said that acute care is available for all residents "when something goes wrong." He said, "They can get admitted to a hospital or seen in the ER" and added, "It's interesting how people with relatively poor means can still obtain medications and tests (blood tests). It's surprising that the poor can obtain that through whatever programs they belong to. They can get acute care services, and specialty care services when they are emergent."

This interviewee said the main issue is lack of solid primary care to prevent and manage the conditions in the first place: "We have a situation where people can get emergency services and high tech and high cost services but the relatively low cost of services are difficult to get even though they will have the biggest impact."

WHAT'S STANDING IN THE WAY?

When asked what makes it harder for people to more effectively manage chronic diseases, interviewees identified issues related to lack of information and motivation among the general population, but also noted some specific challenges for minority populations. They also described challenges related to access to care and expensive medications.

Lack of Education and Motivation

A few interviewees indicated that much of the challenge stems from lack of education about the negative consequences of chronic conditions and limited motivation to change personal behavior.

> From a chronic disease standpoint, I don't think people have all the information they need, or maybe they have the wrong information. People don't understand the long-term implications of diabetes. If you talk with a 30-year-old, you talk about diet and exercise. They don't know that diabetes means you can lose your feet. They don't get how a disease will shorten their life.
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> [The barrier is] the same thing that makes us not be perfect; it's a broken world. It's difficult for people to adhere to do the correct thing even when they know it.

Cultural and Language Barriers

There are some cultural challenges as well, according to interviewees, including fear, lack of information translated into appropriate languages, and limited availability of interpreters for medical appointments.

> For the Hispanic community, there is definitely a lot of fear—fear of the diagnosis, lifestyle changes, food changes, medication. I don't know how culturally sensitive providers are with people. I hear fears about not being able to eat tortillas. I don't know whether it is appropriate or not.
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> African Americans don't seek care early enough. The availability for mammograms is out there, but we wait too long. The earlier the detection, the sooner you can cure it.

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> For the Burmese population, I think it's lack of awareness and ignorance. We just don't know what diabetes is. We hear the word, but we don't know what it is or what it can do to us. I know there is education for diabetics; we just have not utilized it yet. It is not in Burmese.

One interviewee indicated that unless a chronic condition leads to a need for acute care, non-English– speaking populations are unlikely to seek care if they also have to find an interpreter: "Most people are not going to look for an interpreter to visit the doctor if it isn't an urgent issue."

Access to Care/Affordability of Medications

Limited access to care and affordable medications, as well as lack of a medical home, makes it difficult to manage chronic diseases, according to interviewees. One indicated that "It comes back to transportation." Another said, "Having a medical home where blood sugar is monitored regularly—that's critical." Others emphasized the need for affordable medications:

> The biggest thing is getting an accurate diagnosis and then being able to afford the medications and keep up with them. We've had patients share medication with family members—insulin medications.

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> It's hard to manage diabetes when you can't afford the insulin. I've heard people say they can't afford their medications and they have to make choices between medication and food.

WHAT COULD HELP?

Interviewees made recommendations for supporting both the management and prevention of chronic conditions. Recommendations primarily revolved around providing education and support—especially one-on-one or in a small group setting. But a few interviewees spoke of the need to ensure access to care, and to provide opportunities to engage in healthy behavior.

Education and Support

Most of the interviewees emphasized the need for education about chronic diseases and how to manage them along with personalized support for effective management. Two interviewees suggested making greater use of support groups. Others emphasized the importance of provider-patient relationships in helping people manage their conditions:

> [Education] works best one-on-one or in a small group to change hearts and minds. If you have people whose only pleasure is eating those 3,000 calories a day, how do you change that? That occurs in a personal relationship rather than at the governmental level. It's good to have access, build facilities, advertise them, but what is going to make people actually do it? That's where you need that relationship.

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> It's about constant education and motivating people in a personal way….Taking it from the aspect of disease management—having more primary care providers take time and motivate folks at the personal level—that can achieve some success.

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> Do more of what's working—the doctor interactions. Ensure people have access to the right information, resources, and tools they need somehow. It has to come from a relationship with their physician.

For non-English–speaking residents, the need is simply to ensure there is information and support available in their own language: "For us, it's education about what diabetes is and what it can do. On the other end, we just need to have people who can help them in their language. Whoever sees [non-English– speaking] clients should be responsible for making interpreters readily available."

Access to Care

Two interviewees stressed the importance of ensuring access to care for managing chronic conditions. One said "getting people into a medical home" and ensuring options for people with low incomes is important because "people are staying away from medical care because they're worried about the bill." Another pointed to the particular problem of lack of access to care in Albion, saying "People can't always get to Battle Creek" and admonished the Family Health Center for removing its facility from the town, saying, "If you have some care in one area, don't reduce another community to no care."

Opportunities for Healthy Behavior

One interviewee pointed to the need to ensure that people have safe places to exercise and that they are encouraged to do so:

> The more we can make exercise popular and create more opportunities for people to walk. It's a great thing to have bike paths and walking paths that are outside of traffic. I think we need more of that, more things for people to get out and do. The more we can encourage community activities—exercise activities—the better off we're going to be.

Teen Pregnancy

Three interviewees identified the county's high rate of teen pregnancies as one of the most important issues facing the county. One said that pregnancy and sexually transmitted infections (STIs) are a problem for teens: "I'm concerned with the teen pregnancy rate, and that makes me think of STIs, too. We need to get kids the information they need to avoid STIs and pregnancy." Another noted that efforts to address teen pregnancy have been largely futile: "The teen pregnancy rate is pretty alarming, but we have not been successful [in reducing it]."

WHAT'S WORKING?

Two interviewees described separate programs they believe have been successful in helping to prevent teen pregnancy.

- **Sisters in Service:** One interviewee described a program in Albion called Sisters in Service (SIS), which pairs women mentors with at-risk girls in high school. She said that all eight girls in the last cohort went on to college, and none became pregnant as teens. She said the program "offers encouragement; it puts the idea of college in their head."
- **Teen Outreach Program (TOP):** One interviewee described the TOP program as an evidence-based program "for teens where males and females participate in afterschool programs. They do peer counseling, discussions ,and other activities." The interviewee said the program has been implemented in 10 schools and is planned for expansion into additional schools next year.

WHAT'S STANDING IN THE WAY?

When considering what stands in the way of preventing teen pregnancies and what are the contributing factors, a few interviewees said reaching teens with information about sexual health and sexual activity is particularly challenging because of barriers put up by parents and school administrators. Others suggested that teens may seek out pregnancy in a misguided attempt to gain affection or have sex due to peer pressure.

Barriers to Educating Teens

"Mainly a lack of education at the high school level" contributes to teen pregnancy, according to one interviewee. And another added, "Schools can't teach birth control." As a specific example of this, the interviewee described how an organization was thwarted in its efforts to provide a grant-funded sexual education program to teens in school because school administrators would not allow the organization to field a survey among the teens that included questions about sexual behavior. Because the survey was a required activity of the grant, the organization was unable to comply and could not receive the funding. The interviewee lamented, "We shoot ourselves in the foot."

Another said of getting information to teens in schools,

> We've stumbled with the politics involved inside schools. We haven't found a model that really works and gets in there. Parents in school boards are playing ostrich and are not willing to tackle [the topic of sexual activity]. It's all about education and open discussions.

Teen Behavior

One interviewee suggested, "Sometimes I think kids [get pregnant] on purpose as a way out of a bad home situation. They feel hopeless and seek love in the wrong places. Attention starts from the boys, then maybe from the baby." Another suggested that pressure from peers can lead to teens having sex when they are not ready.

WHAT COULD HELP?

When asked what can be done to help prevent teen pregnancy, interviewees suggested continuing current programming and identifying additional evidence-based programs, as well as making sure teens are involved in positive activities.

Continue and Expand Evidence-based Programming

A couple of interviewees suggested continuing use of the programs that appear to be working to prevent teen pregnancy and identifying additional evidence-based programs that work toward the same goal:

> Gear up the SIS program and the TOP program. One-on-one interactions are so critical. Most other programs have kid advocates, so this is not new to them. Ramp up those programs. Those 8 girls that went to college had no intention of going to college. Some of them went to 4-year schools.
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> We must need to look at other communities. Maybe we need to look at more programs that are engaging males more—it takes two to tango. Recently we met with folks at the Kellogg Foundation and we're going to work with them on this issue to reduce rates hopefully.

Promote Activities for Teens

One interviewee said that teens can benefit not only from more education but also from constructive after-school activities:

> For teen pregnancy, the main thing would be more education. We also need other programs to channel their energy, to keep them busy in the evenings. Incentives to stay busy in after school hours (e.g., jobs, training, activity).

Maternal and Infant Health and Infant Mortality

Three of the interviewees identified the broader issue of maternal and infant health among the most important issues for Calhoun County to address, including one who focused more specifically on infant mortality. The interviewee who spoke about infant mortality said with some frustration, "The community has been targeting infant mortality and teen pregnancy for quite a while now, with no success." Speaking of the broader issue of maternal and infant health, another interviewee said it is regrettable that more women are not receiving adequate prenatal care, saying of the data provided ahead of the interview, "I was surprised that 2/3 of pregnant women receive prenatal care. At one point, we had really increased that. How are we not reaching women?"

WHAT'S WORKING?

Interviewees identified a few organizations and programs that have been attempting to improve maternal and infant health and reduce infant mortality.

- **Family Health Center:** One spoke highly of the Family Health Center, which is currently exploring how to expand its prenatal care services, and called the center "a tremendous asset to the community."
- **Calhoun County Public Health Department:** A couple of interviewees noted the role the health department plays and how it is helping with prenatal care. One said "The role of the health department is its relationship with DHS and making sure kids have the resources they need." Another added that "the public health department is doing something with nurses; they have a program designed to help people who are pregnant with in-home care."
- **Regional Health Alliance:** An interviewee said "the Regional Health Alliance issue action groups play a key role in convening partners in conversations on these issues."

One said of the activity that exists in the county,

> You are beginning to see a continuum of services emerge. There are opportunities to receive ongoing services after birth, then early childhood programs, and then in the school system they have the school health program. We also have the nurse family partnership. Some of those programs are coordinating work among early childhood service providers, such as the early childhood connections program.

WHAT'S STANDING IN THE WAY?

Despite the availability of promising programs, Calhoun County continues to a have higher infant mortality rate than the state as a whole and is not reaching women with prenatal services as well as it could. Interviewees identified a handful of barriers to lowering the infant mortality rate and improving maternal and infant health in the county. One interviewee suggested that high rates of smoking and sexually transmitted infections contribute to the high rate of infant mortality. Another noted barriers to accessing prenatal care as an obstacle to ensuring good maternal and infant health: "Transportation continues to present a challenge in getting to services."

One interviewee said power struggles between two prominent community partners are an obstacle to providing effective maternal and infant health services:

> It's difficult to get nonprofits [in the area] to cooperate. The Family Health Center and hospital were butting heads on who the leader in Battle Creek would be [on this issue] and on identifying program elements. We need to figure out what training and communications programs we use to help people do things when they are pregnant.

Other challenges are lack of education and barriers to providing important information to target populations, according to two interviewees. One said, "Services are available, but there is a lack of education." Another added,

> One of the [challenges] I've heard is trying to make sure information is communicated about what services are provided. A lot of information is communicated by service providers. If families aren't using services, are they getting the information?

One interviewee described challenges related to disparities and cultural differences and described efforts under way to reach minorities with information:

> Too often we think of ways to treat infant mortality in the ways we are most used to. I'm bringing a white male perspective. For example, with flu shots at the health department we weren't having success, but then we tried flu clinics out at churches and we had mild success. We learned a lot about politics in churches and building trust, and we learned what not to do.

WHAT COULD HELP?

One interviewee said with a sense of exasperation: "I'm not sure what needs to be done. As far as I know, everything has been tried." Despite this frustration, interviewees offered a couple of suggestions for improving maternal and infant health and reducing infant mortality, emphasizing the importance of existing community partners and resources.

Engage Community Partners in Reaching Target Populations

One interviewee applauded the efforts of existing organizations to convene partners to identify solutions, saying, "I feel like the work the Regional Health Alliance provides through issue action groups continues to be a good resource" and "I love the work that the Family Health Center is engaging in with partnering organizations in terms of having focus groups [on prenatal care services]."

One interviewee recommended ensuring that care is accessible to people with limited resources, and suggested that major community organizations should work together to make this a reality:

> We need to take health care to the homes, instead of people going to health care—be available when the consumer is available. Make health care accessible where people are. Get the hospital and public health department and Family Health Center to all cooperate and come up with a joint program that gets delivered in different places in different ways. Doing a better job in coordinating efforts would make a huge difference.

Another suggested using existing programs to reach the appropriate populations with useful information:

The Early childhood connections has family coaches that visit parents and share information about what resources are available. They have to play that communication role.

Oral Health

Three interviewees identified oral health among the most important issues to address for Calhoun County residents. Interviewees noted that oral health problems are particularly prevalent among low-income and uninsured populations because oral health care is expensive and especially difficult to access without insurance. In addition, interviewees say that oral health issues land near the bottom of the priority list when so many other things need attention. As one put it,

> Personally, I think we're just in a time that there's a lot of crisis happening for families—financial crisis and things that poverty brings. [Oral health] is just not high on priority things in life. Housing trumps going to the dentist. How to provide for the children and all of those things come first. For some, dental care becomes a crisis eventually, but in the midst of all that goes on, it's not high on the list of things to tackle.

WHAT'S WORKING?

Interviewees named three resources in the county that provide access to oral health services for people who are uninsured or have limited incomes. The first is the school outreach program run by the Family Health Center:

> [The Family Health Center] has a mobile clinic that goes into schools to provide dental and health screenings. This is great because it exposes children who haven't had that kind of care and it makes parents more aware of what's going on with the child's oral health.

Two interviewees indicated being familiar with the Dental Access Program. One explained,

> People can volunteer for a certain number of hours at community organizations and have free dental services provided. They can volunteer all over the community. They have a form provided by the clinic that gets signed by the organization they are volunteering with and take the sheets back to the clinic to redeem the hours for care.

The other, whose organization participates in the program, noted challenges, however:

> We've had people call our center and ask for community service hours, but we're finding very little follow through on the part of the people who need to volunteer their time. It's a mystery whether it's transportation, time management issues, or they are going someplace else to contribute their hours. We don't really track this. I'm not sure what the barrier is.

The third resource is dental hygiene students at Kalamazoo Community College who provide dental cleanings. The interviewee who mentioned this resource had the following comment: "I'm not sure what limitations or qualifications exist for the service."

WHAT'S STANDING IN THE WAY?

Lack of insurance, lack of transportation, and limited understanding of the importance of oral health were identified by interviewees as obstacles to accessing oral health care. Highlighting the issue of lack of insurance, one said, "Besides the kids who are Medicaid eligible, none of the [low income] adults have insurance. If someone has a major dental problem, there is nothing for them

for that." Regarding transportation, another said, "People may have to drive 30 plus miles away to get basic services. There is only one dentist who sees Medicaid patients [in the local area]."

According to one interviewee the Burmese population is simply "not accustomed to visiting the dentist—they don't understand or are not aware of oral health as an issue. They don't have the information they need. If they had information they would act on it. They don't know how important oral health is."

Trying to provide useful information is also a challenge according to one interviewee, who said literacy may present a problem:

> This is something that is very assumptive on our part, but a barrier could be a literacy issue. Even if we did a mass mailing of information in their language, they may not be able to read it. It's a difficult situation to address.

One interviewee described the challenge of getting people to take care of their own oral health:

> Bad habits get engrained and are extremely difficult to change. Even the basic habits of brushing twice a day and flossing. I don't know how you change behaviors. How do you actually get them on a daily basis to make behavioral changes?

WHAT COULD HELP?

Recommendations for increasing access to oral health care include providing information on oral health in languages other than English, identifying and using effective strategies for reaching children and parents, and increasing coverage among low-income adults for oral health care.

For non-English–speaking populations, interviewees said it would be useful to have "basic things like translated materials on oral health—on why it is important." The director of the Burmese American Initiative says the organization "can convene people for oral health education, but we just don't have the expertise to teach."

Reaching young people and their parents was raised as a good strategy by a couple of interviewees. One said, "Maybe in schools, kids could be released for 5 minutes to brush their teeth." Another offered, "The Early Childhood Connections group is holding play groups. This is a good way to reach parents and young children."

One interviewee said that community partners should "do some research to find best practices for changing dental behavior," adding, "I don't know how effective a brochure or a presentation is to changing a person's habits."

Another interviewee suggested using the county health plan as a model for covering oral health care for low-income populations: "We have a local health plan. What if there was some sort of local dental plan?"

Smoking, Addiction, and Mental Health

A total of four interviewees identified behavioral health issues, including smoking (2), addiction (1), and mental health (1), among the most important to address in Calhoun County. The person who identified mental health as a major issue tied it to addiction as well as many of the physical health problems facing the community:

> A lot of issues could be addressed if people had better mental health. Looking at the addiction levels, even the overweight-obesity-nutrition-physical activity issues. These are all things that people who are mentally healthy, not suffering from depression, can get themselves to do. When we solve the mental health issues, we begin to work on the outer stuff, like exercising. Someone who is suffering from poor mental health is not seeking leisure activities. Everything snowballs from mental health.

WHAT'S WORKING?

With regard to mental health, one interviewee noted that "one positive thing is that it is starting to come to the front of people's minds as an issue." As evidence of this, she pointed to mental health offices "offering sliding fee scales based on income instead of [providing access based] strictly on insurance." She also noted that "places are starting to hire bi-lingual therapists."

One interviewee said of smoking that "people who have health insurance have access to drugs that will help them stop smoking." He also noted that "there are community classes [to help people quit smoking], but we haven't had much luck getting people into classes." Another interviewee credited Michigan's ban on smoking in public places with helping to bring the smoking rate down. He also said that smoking is a topic that health care providers regularly broach with patients:

> In the county, our physicians are so attuned to that—to keep asking people about smoking. Anybody that accesses the health care system probably receives some information on stopping smoking. We've got plenty of tools for that. I'm surprised that the percentage [of smokers in the county] is still that high.

WHAT'S STANDING IN THE WAY?

The interviewees concerned with mental health and addiction issues described both cultural and language barriers to getting appropriate treatment. One interviewee noted that stress contributes to mental health problems. Another said the addictive nature of smoking can make it especially hard to quit when people feel there are few alternatives.

Cultural and Language Barriers

According to one interviewee, "Mental health is an issue that is stigmatized in the [Hispanic] community." The interviewee also described language barriers that are particular to mental health services:

> Even when there are bi-lingual providers, often times the receptionist or office are not; neither are the flyers and brochures available in Spanish. Even though these offices are saying "this is how you can seek help" it is not in the language of the people. There is an inconsistency about language access to services. This creates trust

> issues. Mental health is one of those areas where it is more important to have a provider who is bilingual themselves because if an interpreter is there, it can be harder for people to talk about their issues.

Alcoholism is a particular burden among the Burmese population, according to one interviewee who said, "They won't open up at church [about alcohol addiction] because it is quite a sin, so they hide it even though we know it."

Stress and a Depressed Economy

Stress is also a contributor to mental health and likely fuels smoking levels, according to interviewees. One said the stress of being an immigrant coupled with the stigma of seeking treatment are barriers to good mental health among the Hispanic population:

> They work long hours. They experience a lot of stress—in being immigrants, discrimination, poor housing. That's something we've heard from community members. A lot of stressors and there is an incredible stigma in identifying real mental health issues that require help or treatment.

One person said of smoking, "Obviously it is addictive and it really impacts low income people. Smoking is one thing they can do that they enjoy. We have to figure out a way to turn the page. Let's find something else you enjoy that maybe is cheaper or helping you in other ways." Another said,

> I think people that tend to quit feel good about their life and situation. They feel worthy of stopping smoking. I go back to: If we had more jobs and more work and people were feeling more positive about their direction in life, they would feel more positive about their health.

WHAT COULD HELP?

With regard to mental health and addiction, interviewees said that information and services need to be available for the non-English–speaking population. They also said that alternative formats and locations for providing services should be used. For example, one interviewee described the work that her organization has been doing to provide group therapy for women.

> Since March, a volunteer therapist was brought in to design a women's group. We don't use the terms "mental health" or "depression" or "anxiety." It is like art therapy. It is based off of an art therapy mental health model. The group helps immigrant women to build community within themselves. There can be an issue of isolated moms who stay at home; we are providing social spaces to come together to build community. Doing creative work is energizing too. We've seen this group have a positive influence on women. We need more strategies that are community building and that are more positive rather than providing therapy to focus on the negative.

Another said that she would like training for herself and her staff and church leaders to enable them to talk more directly with the people they serve about mental health and addiction issues: "I would love to have me, my staff, and the pastors trained on alcoholism. The pastors see it too, so maybe they can look at it from a different perspective from sinning."

For smoking, an interviewee noted that efforts need to be focused on the low-income populations and young people: "The statistics are very skewed to low income people. They are the highest

percentage of smokers. Whatever we do needs to focus on the low income. The other way to get after that issue is at schools, when they are young." He suggested that online resources should be explored as a way to provide support for quitting smoking. He also said efforts to prevent sales to minors and limiting the places where people are allowed to smoke should continue.

Appendix A: *List of Interviewees*

Mary Jo Byrne, Fountain Clinic

Theresa Dawson, Kellogg Community College

James Dobbins MD

Karla Fales, Region 3B Area Agency on Aging

Kate Kennedy Flores, Voces

Dick Folk, PS Food Mart

Bill Greer, Kellogg Company

Mahesh Karamchandani MD

Reggie LaGrand, W.K. Kellogg Foundation

Susan Morgan, Mike's Place

Joyce Spicer, Albion Health Care Alliance

Martha Thawnghmuhg, Burmese American Initiative

Rick Tsoumas, The Planning Group

Jose Valle MD

Appendix B: *Health Issues Data*

HEALTH ISSUES FOR DISCUSSION

Overweight and Obesity: Adults and Children

- More than three-quarters of adults in Calhoun County are overweight (37.4 percent) or obese (38.4 percent)—greater than the state average of two-thirds (65.6 percent).
- Overweight and obesity among middle school and high school students is roughly half of what it is for adults, yet it is still above state average for that age group.
- Unhealthy weight is an issue that cuts across all education and income levels.

Nutrition

- Only 12 percent of adults in Calhoun County eat an adequate amount of fruits and vegetables.
- Youth are slightly more likely to eat enough fruits and vegetables (about 3 in 10 high school students).
- There are no major differences in fruit and vegetable consumption among income levels or racial groups.

Physical Activity

- A quarter of Calhoun County residents do not participate in *any* leisure-time physical activity.
- Individuals with a higher education and higher incomes are significantly more likely to engage in *some* leisure-time physical activity. For example, 9 in 10 people with incomes greater than $75,000 are physically active, compared with only 1 in 2 people earning less than $20,000.

Chronic Disease

- Heart disease and cancer are the leading causes of death (about 193 deaths per 100,000 people).
- Chronic lower respiratory disease, diabetes, and stroke are the next leading causes of deaths with respective mortality rates of 57.3, 41.4, and 40.0 per 100,000 people.

Diabetes

- The mortality rate for diabetes in Calhoun County is almost twice the rate in Michigan.
- The diabetes-*related* mortality rate in the county is more than twice that of deaths due to diabetes alone.
- Despite the same prevalence of diabetes among blacks and whites (about 12 percent), the mortality rate among blacks is almost twice that of whites.
- Poorer people are more likely to have diabetes. About 1 in 5 individuals with incomes below $35,000 have diabetes, compared with about 1 in 10 individuals with higher incomes.

Cancer

- Cancer is the 2nd leading cause of death in Calhoun County (193.5 per 100,000).
- The overall cancer mortality rate in Calhoun County has been declining over the past two decades.
- The cancer mortality rate among blacks is higher than among whites (253.7 vs. 188.0 per 100,000).

Addiction

- Calhoun County's rate of alcohol-related deaths is higher than the state's (12.4 vs. 7.1 per 100,000).
- Alcohol and marijuana addictions are the leading reasons for seeking substance abuse treatment in Calhoun County (37 and 29 percent, respectively).
- The rate of alcohol/tobacco-related hospital admissions has increased since 2005.

Smoking

- A quarter (25.8 percent) of adults in Calhoun County are current smokers, which is less than in 2004 (29.5 percent), but still higher than Michigan's overall prevalence (19.8 percent).
- More than half of adults (54.9 percent) with less than a high school diploma are smokers vs. one-tenth (9.1 percent) of college graduates.
- Among all smokers, almost half (47.3 percent) have tried to quit smoking in the past year.

Lack of a Medical Home

- About 15 percent of adults aged 18–64 in Calhoun County are without health care coverage, and a similar percentage do not have a personal doctor or health care provider.
- Low-income individuals are more likely to be without health care coverage (18.9 percent of people with incomes under $20,000, versus about 3 percent of all individuals earning more than $50,000).
- Fewer blacks than whites in Calhoun County have health care coverage or a personal doctor.
- More than twice as many whites as blacks have gone without a routine checkup in the past year.

Teen Pregnancy

- The rate of teen pregnancy in Calhoun County is about 1.5 times higher than the state's rate (74.9 vs. 51.5 per 1,000 teens aged 15–19).
- The live birth rates for black teens is about twice that of whites (about 100 vs. 44 per 1,000 teens). Hispanic teens also have a higher live birth rate (75 per 1,000 teens) compared with whites.

Sexually Transmitted Infections (STI)

- The most common sexually transmitted diseases in Calhoun County are chlamydia and gonorrhea (623 and 194 per 100,000). Rates for both are significantly higher than the state's.
- Almost three-quarters of chlamydia cases (71.6 percent) are among females.
- About two-fifths of Calhoun County residents aged 18–64 have ever been tested for HIV, and a quarter of people with HIV/AIDS (26 percent) do not know they are infected.

Maternal-Infant Health

- The infant mortality rate in Calhoun County is greater than Michigan's (11.5 vs. 7.6 per 1,000 births).
- Throughout the past decade, the black infant mortality rate has been 2 to 3 times that of whites.
- In Calhoun County, 11.7 percent of babies are born preterm, and 8.6 percent with low birthweight.
- Only two-thirds (68.4 percent) of pregnant women receive early and adequate prenatal care. Whites are more likely to receive prenatal care in the first trimester than Hispanics or blacks.

Oral Health

- In Calhoun County, one-third (32.9 percent) of adults had no dental visit in the past year. Individuals with dental insurance are more likely to have had a dental visit or teeth cleaning in the past year.
- More than one-third (37 percent) of adults have no dental insurance. Only one-tenth (10.6 percent) of individuals with incomes over $75,000 are without dental insurance, versus two-thirds (69.5 percent) of individuals with incomes under $20,000.

Mental Health

- About 1 in 6 (17 percent) of Calhoun County residents experience poor mental health.
- 18–34-year-olds experience poor mental health more than any other age group (24.8 percent).
- Individuals with less education are much more likely to experience poor mental health—50.4 percent for those with less than a high school degree vs. 11.1 percent for college graduates.

Deaths and Hospitalizations due to Injury

- Calhoun County has a slightly higher rate of hospitalizations due to injury than the state (109 vs. 101 per 10,000 residents). The rate of deaths due to unintentional injuries in Calhoun County is also higher than in the state (47 vs. 35 per 100,000 residents).
- Unintentional fatal injuries in Calhoun County are primarily related to transport, poisoning, and falls. Poisoning is the leading cause of death among these and exceeds the state rate by a large margin (19 vs. 9 per 100,000 residents). Poisoning includes accidental poisoning by illegal and prescription drugs, among other substances.

Note: With the exception of data on chronic disease and deaths and hospitalizations due to injury, all data in this document come from The Coordinating Council of Calhoun County 2011–12 Community Report Card and the 2009 Calhoun County Behavioral Risk Factor Surveillance Survey. Chronic disease data are based on 3-year averages (2008–2010) obtained from the Michigan Department of Community Health (MDCH) Vital Records Index. Data on deaths and hospitalizations due to injury are based on 5-year averages (2005–2009) obtained from the MDCH Vital Records Index.

Calhoun County Health Needs Assessment: *Summary of Focus Group Findings*

November 2012

Prepared for
Battle Creek Community Foundation
Battle Creek, Michigan

Prepared by
Public Sector Consultants Inc.
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Introduction

BACKGROUND

Several community partners are working together to complete an assessment of the health needs and resources available to meet these needs in Calhoun County. The Community Health Needs Assessment Advisory Committee is made up of representatives from the following organizations:

- Battle Creek Community Foundation
- Bronson Battle Creek
- Calhoun County Public Health Department
- Community Healthcare Connections
- Family Health Center of Battle Creek
- Integrated Health Partners
- Nottawaseppi Huron Band of the Potawatomi (NHBP)
- Oaklawn Hospital
- Southwest Regional Rehabilitation Center
- Summit Pointe
- United Way of the Battle Creek and Kalamazoo Region

These partners asked Public Sector Consultants Inc. (PSC) to conduct focus groups with people in Calhoun County to gain a better understanding of health needs from the perspective of people who live and work in the community. The advisory committee wanted to find out what people had to say about important health issues, factors that contribute to these issues, resources that are available to help community members be healthy, and suggestions for addressing important health issues in the future. The advisory committee will consider the input from all of the focus groups, along with data and input from community leaders and service providers, and then develop priorities and strategies based on the findings.

The advisory committee recommended eight focus groups representing various populations and geographic areas in the county:

- Albion community
- Battle Creek neighborhoods
- Families with young children
- Local government staff
- NHBP tribal population
- Rural communities
- Senior citizens
- Teenagers

The advisory committee also reviewed data on health issues presented in the Coordinating Council (TCC) of Calhoun County's 2011–12 Community Report Card (the TCC report card), and identified 15 major health issues that committee members wanted to explore in depth with community representatives. PSC prepared a summary of data on these health issues to use as background information for participants in the focus groups. (Refer to the Appendix A for a list of the major health issues and summary data.)

FOCUS GROUP PROCESS

The Battle Creek Community Foundation Regional Health Alliance director made arrangements for each of the focus groups and worked with local organizations to recruit participants. Each focus group lasted about two hours and had 3–15 participants. PSC consultants began by describing the purpose of the meetings, the needs assessment process, and then presented data on the 15 major health issues. After reviewing the data, PSC staff facilitated a discussion among all participants to learn which health issues they believe are most important for people living in Calhoun County and why; what is working well to address important health issues in Calhoun County; what makes it hard for people to be healthy; and what would help people be healthier. At the close of each group discussion, participants were asked to cast their vote for the three health issues they believe are most important to address in Calhoun County.

FOCUS GROUP DEMOGRAPHICS

Sixty-five people participated in the focus groups. The demographic information collected from the participants is presented below. (Note: The sum of numbers below does not equal 65 since some people did not provide demographic information, and some may have selected more than one response option.)

Gender	
Female	44
Male	14
Age	
18 or younger	11
19–24	0
25–34	7
35–44	7
45–54	7
55–64	11
65 or older	18
Race	
White/Caucasian	39
Black/African American	12
American Indian	7
Asian Pacific Islander	1
Multiracial	3
Ethnicity	
Latino/Hispanic	2
Non-Hispanic	17
Annual Household Income	
Less than $20,000	20
$20,000–34,999	13
$35,000–49,999	3
$50,000–74,999	11
More than $75,000	8

Health Care Coverage	
Employer-sponsored health insurance	23
Medicare	17
Medicaid	13
I pay for my own care	11
Calhoun County Health Plan	6
Military (CHAMPUS, TRICARE, or VA)	5
Groups and Organizations Represented	
Academic experts	3
Business community	6
Community health centers	10
Community-based organizations	24
Consumer advocates	3
Health care providers	9
Hospital organizations	2
Human services providers	5
Local government	12
Low-income populations	17
Medically underserved populations	5
Non-profit organizations	26
People of color	5
People with chronic disease	9
People with disabilities	7
Tribal government	1

REPORT COMPONENTS

This report contains a summary of key findings and sections providing details from focus group discussions of each health issue. Some of the 15 major health issues identified by the advisory committee have been consolidated in this report. When focus group participants discussed overweight and obesity, they typically talked about the contribution of nutrition and physical activity, so all of these issues are described in one section. Death or hospitalization due to injury was not mentioned as one of the "most important" health issues, so it was not discussed in detail.

Each report section contains a description of the importance of the issue to focus group participants; what is working well within the county to address the issue; barriers that make it harder for people to be healthy; and suggestions to help county residents be healthier.

Key Findings

MOST IMPORTANT HEALTH ISSUES

At the beginning of each conversation, focus group participants were asked which of the major health issues are "most important to people living in Calhoun County." The issues they chose are listed below, beginning with those that were mentioned most often by participants across all focus groups:

- Overweight and obesity, physical activity, and nutrition
- Chronic disease, including cancer and diabetes
- Teen pregnancy
- Maternal and infant health
- Addiction, specifically alcohol and drug abuse
- Lack of a medical home
- Mental health
- Smoking
- Oral health
- Sexually transmitted infections (STIs)

At the close of each discussion participants were asked to vote for the three health issues that they believe are the "most important to work on in Calhoun County." The issues that rose to the top were similar to those mentioned most often at the beginning of the discussions, with some exceptions.

- Overweight and obesity, physical activity, and nutrition still ranked as high priorities separately, with nutrition receiving the most votes among these three issues. Combining the votes for these issues as a related group places them well above all other issues.
- Teen pregnancy, addiction, and mental health each received more weight in the closing vote than might have been expected since they were not mentioned as frequently as other issues at the beginning of the discussions. However, participants had given these issues considerable attention during their discussions.
- Cancer and diabetes each received about the same number of votes individually, but combining the votes on these two issues would rank chronic disease above the issues of addiction, teen pregnancy, and mental health.
- Maternal and infant health, smoking, and lack of a medical home received an equal number of votes.

The issues are shown in the table below in the order in which they were ranked.

Issue	Votes
Nutrition	17
Addiction	15
Teen pregnancy	15
Overweight/obesity	14
Mental health	13
Physical activity	12
Cancer	11
Diabetes	10

Issue	Votes
Maternal and infant health	9
Smoking	9
Lack of a medical home	9
Oral health	8
Chronic disease (general)	2
Sexually transmitted infection	1
Death/hospitalization due to injury	1

Different Priorities among Focus Groups

In the final voting, there were some notable differences among focus groups in the issues that were chosen as most important to work on in Calhoun County.

- Participants in the group of local government representatives identified nutrition as the most important issue facing the county.
- Participants in the Albion focus group selected physical activity.
- Tribal members identified cancer and diabetes as the top issues.
- Rural participants also identified cancer as the top issue, but gave an equal number of votes to addiction.
- Families with young children identified physical activity and lack of a medical home as the most important issues.
- Participants in the teen focus group identified teen pregnancy and mental health as most important.
- Participants in the Battle Creek neighborhood focus group also picked teen pregnancy as one of the top issues, along with overweight and obesity.
- For seniors, the top issues were mental health and oral health.

CROSS-CUTTING THEMES

Access to Care

Only three people in three different focus groups identified lack of a medical home or access to care as one of the most important issues during the initial portion of the focus group discussion. However, participants in most focus groups identified barriers to accessing health care and other services throughout their discussions of other issues, such as chronic disease, maternal and infant health, obesity, and mental health. The most frequently mentioned barriers to access were limited options for transportation, lack of employment and insurance, cost of care, and, in some communities, limited availability of providers.

Racial Disparities

Participants in three focus groups remarked on the racial disparities across health issues, and wondered what is behind them. One stated, “It just seems like blacks and Hispanics get hit hard with everything.” Another lamented, “We [black residents] are dying are both ends—the infants

and the older." The racial disparities in teen pregnancy and infant mortality rates were especially surprising to a few participants.

Income and Unemployment

Many participants recognized that the major health issues do not exist in isolation. They discussed larger forces that contribute to these issues. Some focus group participants said nearly all of the health issues listed are related to socioeconomic status, and they recognized the limited availability of jobs in the county as a contributing factor.

> Three-quarters of all of these issues are probably attributable to socioeconomic conditions.
>
> ***
>
> It's just lack of jobs and lack of income.
>
> * * *
>
> People that are poor have less access to care and affordable care. If you can't get access, you're at a disadvantage.

While some participants acknowledged the stark racial disparities presented in the summary data, a few said they believe income plays a much stronger role in health than race or ethnicity. One stated, "If you're in a poor state of living, you won't [have the same opportunities as people with more money]. You could be white, black, or Hispanic, but if you're given the same opportunity, you'll see [these numbers] change."

Interrelationship of Health Issues

While focus group participants noted specific challenges related to access, race, and income, they also said that many of the health issues described in the summary data are interrelated. Many participants drew direct connections between overweight and obesity and chronic disease. For example, one said, "If you can address some of the overweight and nutrition [issues], then you'll impact chronic disease." One noted the importance of oral health to systemic health: "People don't realize how important teeth and oral health are for your overall health."

What's Working?

Participants in focus groups identified a variety of services, organizations, resources, and other efforts in the county that they believe are useful. Within each issue that they discussed, participants were able to describe efforts to address the issue. However, they noted that some of these programs and services have achieved greater success than others.

What's Standing in the Way?

Awareness of the resources, the ability to access them, and the motivation to engage in healthy behavior came up as challenges across many of the health issues. Participants said that if more people were aware of the services and supports available, they could take advantage of them. However, barriers to care, such as lack of insurance, limited transportation, burdensome application processes, and confusing eligibility criteria, make it difficult for people to access

services. Participants also noted that personal responsibility and motivation play a key role in addressing health issues.

What Could Help?

When participants were asked what would help people be healthier, they made suggestions specific to the health issue that they were discussing. The ideas they shared fell into general categories of access to healthy food and nutrition information; support for physical activity; transportation options; service information; expansion of services; and school programs and initiatives.

Food and Nutrition

To improve access to healthy food and nutrition information, participants offered the following suggestions:

- Extend hours for farmers' markets, and provide more vouchers for use at farmers' markets.
- Create more community gardens, and involve children and youth in gardening projects.
- Provide incentives to encourage restaurants to offer more healthy options.
- Streamline enrollment processes for services and programs, including food banks, through the use of an electronic benefits card.

Physical Activity

Participants made the following suggestions to support increased physical activity:

- Employers should encourage physical activity with breaks for exercise and subsidized memberships at fitness facilities for employees.
- Public spaces such as shopping malls and schools should be open for walking; park trails should be maintained year round.
- Designate a "Turn it off and get out!" day to encourage activity for children

Transportation

The following improvements in transportation options were suggested to address obesity and overweight, other specific health issues, and access to care:

- Create a regular shuttle service to take people from outlying areas into city centers for recreation centers, grocery stores, farmers' markets, food banks, and health and social service appointments.
- Provide gas reimbursement or subsidize cab fare to and from health care appointments for low-income people.

Service Information

Information on various resources, including the types of service offered, eligibility criteria, and hours of operation should be widely available. Participants suggested the following strategies:

- Use of multiple media (Facebook, TV, newspaper, radio, Internet, You Tube, etc.)
- Advertisement at local venues such as banks, grocery stores, drug stores, churches, and barber shops
- Distribution of a magnetic calendar with hours of operation for health centers, clinics, food pantries, and farmers' markets

- Community-wide events to distribute information
- Community conversations for information sharing

Expansion of Services

Participants suggested that the following services are needed:

- More health care providers, including urgent care, particularly in rural area
- Confidential sex education information for teens through the mail or text messaging
- After-school programs or clubs for adolescents
- Childcare classes for new parents
- Education for young children on the dangers of smoking and other addictions
- Safe storage instructions for medications and opportunities for medication disposal
- More dentists volunteering their time to provide services

School Programs and Initiatives

School programs and initiatives were suggested to address problems of overweight and obesity, teen pregnancy, mental health, and oral health.

- Require daily physical education for all students in grades K–12
- Include nutrition education in the school curriculum
- Provide healthier food options for students
- Recreate a BLAST incentive program to encourage students to walk more
- Improve sex education programs in the schools
- Increase and improve guidance counseling services
- Provide information on mental health and the resources available to help
- Offer free dental assessments for students

Overweight and Obesity, Physical Activity, and Nutrition

When asked initially which of the major health issues are the most important in Calhoun County, at least one participant in seven of the eight focus groups said overweight and obesity, or its main contributing factors, physical activity and nutrition. At the close of the discussions, when participants were asked to vote for the issues they believe are most important to work on in Calhoun County, "nutrition" received more votes than any other single issue, and the combination of nutrition, physical activity, and overweight/obesity received almost twice as many votes as cancer and diabetes combined.

Participants in four of the focus groups suggested that addressing overweight and obesity would ultimately have a positive impact on many or all of the other health issues.

> If we could fix overweight, nutrition, and physical activity, a lot of these [other issues] would be reduced.
>
> ***
>
> I think obesity is most important because it covers all of [the major health issues].

WHAT'S WORKING?

School Initiatives

Participants in four groups described how educational institutions are taking initiative to improve nutrition and provide opportunities for physical activity.

- **Nutritious food options.** Several teen and adult participants agreed that high school cafeterias have adopted more nutritious meal plans, and one person mentioned that schools now use the MyPlate guide, which replaced the federal government's food pyramid guide. Teens said school cafeterias now offer whole wheat bread and salad bars, though unhealthy options are still available and are still what many students choose. One participant mentioned Albion College's Bon Appétit initiative, which gives students and staff information about where their food comes from and its nutritional value.
- **Improved food access.** Some participants mentioned programs that provide school-age children with free lunches in the summer time. Another person said Takonsha schools used to have a morning snack program that provided students with whole fruit once a day.
- **Physical activity.** A few participants said physical education still exists in schools, though sometimes only as an elective. Participants in the rural focus group said schools are sometimes open to the public after hours for walking or after-school programs, but one person pointed out that those opportunities are limited since the facilities are often used for school activities and programs.

Community Resources

Participants in seven of the eight focus groups mentioned at least one community-level program or resource that aims to improve food access, nutrition, or opportunities for physical activity.

Nutrition Information and Food Access

According to participants, the following resources are available for Calhoun County residents—especially pregnant women, seniors, and low-income individuals and families:

- WIC provides new mothers with milk and juice for their babies. Participants said this program is widely known and utilized, though less so among very young women.
- Project Fresh provides free produce vouchers to seniors and people earning less than 185 percent of the federal poverty level.
- The county Office of Senior Services provides seniors with free fruits and vegetables in summer months.
- Meals on Wheels helps homebound seniors in Albion.
- There are multiple food banks and farmers markets across the county.
- Double Up Food Bucks helps people get free fresh fruits and vegetables in addition to their regular EBT (Electronic Benefits Transfer) amount.
- Community gardens throughout the county (although participants said most are in Battle Creek) allow people to grow their own fruits and vegetables and offer nutrition and cooking classes.
- Both the Family Health Center and the NHBP health department have a dietician available for nutrition counseling.
- Some churches offer cooking classes funded by the Kellogg Foundation.
- A few participants noted that McDonald's now lists calories on its menus.

Facilities for Physical Activity

Participants said there are trails, parks, and other facilities to encourage walking, biking, and other types of physical activity. They specifically mentioned Linear Park in Battle Creek; Victory Park in Albion; walking paths through downtown Battle Creek; the Forks Senior Center (for seniors over 50 years of age); Burnham Brooks Community Center; the Battle Creek YMCA; and the Dow Center at Albion Community College. Some participants said these are great resources. However, others pointed out that most facilities and centers charge an annual fee based on age and family size. Only a few people mentioned scholarships available to help low-income individuals and families access Burnham Brook and the YMCA.

Physical Activity Incentives

Participants in the local government group described a county wellness initiative that offers a cash reward as an incentive for county employees to be active. Program participants log the miles they walk each week over 12 weeks, and the human resource department tallies scores for individual and teams.

WHAT'S STANDING IN THE WAY?

Culture of Convenience

According to many participants, families don't have the time or energy to buy groceries and make a meal. Instead of preparing meals at home, it's more common for people to dine at restaurants or fast-food establishments. The problem with this, according to participants across multiple groups, is twofold: dining out typically means consuming larger portion sizes and less healthy foods, and children are no longer learning to cook well-balanced meals from watching and helping their parents.

> We go out to eat a lot, so I looked things up online. The calories are enough for two days! And the sodium is high.
>
> ***
>
> Children are being taught how to buy fast food and zap food in the microwave.
>
> ***
>
> We have embraced the culture of convenience… everyone wants it to be easy and cheap.

Participants also pointed out that marketing strategies encourage unhealthy eating habits. Some said junk food is marketed much more aggressively than healthier options.

> We're marketing poor health. Healthy cereals are more expensive and are way up on the top shelf [at grocery stores]. Grape-Nuts doesn't have a Tony the Tiger.

Unhealthy Lifestyles

Participants in several focus groups talked about how both children and adults are not as physically active as they should be. They said children play video games, watch TV, sit at a computer, or play with mobile devices, rather than playing outside. As for adults, "It's a vicious cycle, if you're overweight or if you get to the point you have these diseases, it's hard to be active and eat right." Participants recognized that it is difficult for people to change their lifestyle.

> People with bariatric procedures lose a ton of weight, but don't go through the therapy of learning to change behaviors. They put the 20 or 30 pounds back on. Sometimes they keep it off. They were told you will make yourself sick, but they don't learn what is right.
>
> ***
>
> People wait until they have a heart attack. Behaviors might change then, but then they go back to old habits.

Lack of Personal Responsibility

Participants in several focus groups also said that failure of individuals to take responsibility for their own health and maintain a healthy lifestyle is a barrier to addressing problems of poor nutrition, inactivity, and overweight and obesity. For example, some participants expressed doubt that people would take advantage of healthy food options and opportunities for physical activity. One participant said that despite the Bon Appétit program at Albion College, students still opt for fried chicken fingers. Others in the same focus group agreed that as long as unhealthy food options are available, people will choose them even if they know they are not good for them. Other participants said the same thing occurs with opportunities for physical activity. As one person put it, "Our river trail is only used by geese."

> People aren't open to taking personal responsibility, and don't take charge of their health. Everybody can choose to eat a healthy meal, but either people can't afford to buy healthful food or don't know what to do with it.

***

People are lazy. We want sugary foods that taste good now. We want to sit on our couch.

***

People talk the walk, but they don't walk the walk.

However, some participants were empathetic. One person pointed out that people work very hard for many hours to make ends meet, and as a result have no time or energy to put toward their own well-being.

Cost

When asked about barriers to proper nutrition, many participants mentioned cost. They said prices of fresh produce and dairy products are high; all the nutritious food is more expensive than the food you shouldn't be eating. Participants in several groups said "fast food value menus" appear to be a less expensive option for some families, but a couple of people pointed out that families can still spend a lot of money at fast-food establishments—sometimes more than they would have if they had they bought food at a grocery store.

Access

Some participants said there are some areas and neighborhoods that don't have convenient access to fresh foods and vegetables. In small rural communities, grocery stores have closed, and gas stations and party stores are the only local businesses that sell food items. The closest grocery store may be more than ten miles away, so transportation becomes an issue. As one participant said, "You have to have transportation in Takonsha." Transportation is an issue for tribal members, too. One participant from the tribe said, "We get tickets for fruits and vegetables, but they don't provide a ride to go get them. We used to have vans that took us grocery shopping, but that faded out."

Similarly, participants in Albion and rural areas said it is too far to travel to use most fitness facilities and parks, and that there are too few settings to engage in physical activity in their own communities. They said there is no public transportation available to travel to the YMCA or Senior Centers, and the time and gas it would take to drive are prohibitive. One participant representing local government said, "It's not like we don't have places to go and programs, but if you don't have the resources or the transportation, then I don't know how you address that." One local government participant said that the BATA bus system and Dial-A-Ride can provide transportation in Coldwater and Marshall.

Lack of Awareness of Resources

Not all focus group participants were aware of the fitness facilities mentioned by other participants. When one person said the YMCA has scholarships for low-income individuals, another participant was surprised, and said, "I didn't know that! I had to get rid of my membership when I [could not afford it]." Participants said many people do not realize they may qualify for a reduced rate or scholarship.

While several participants mentioned that there are many food banks in the county, some pointed out that you have to know they exist and know where they are. A participant in one group said some food banks are not open regular hours, which makes access more difficult. She said, "You

have to know when they are open, but it can be worth it." One participant suggested that the food banks might be able to coordinate their efforts more.

School Challenges

- **Shortened school lunch time.** Some parent participants said that children are not allowed sufficient time to eat lunch at school. Several teens said students who don't bring their own lunch sometimes don't have time to eat after waiting in the lunch-line.
- **Poor school nutrition.** Participants often said that healthy food options in schools are limited and usually of poor quality. Teens said they are appalled by the healthy options in their school cafeterias: fruit and vegetables look unappealing; foods are mass-produced; and food doesn't always look or taste fully cooked. Teens and parents both agreed that other foods sold in school cafeterias have little or no nutritional value. For example, some schools serve Bosco sticks (breadsticks stuffed with cheese), Tater Tots, pizza, French fries, Pop Tarts, cookies, nachos, rolls, and pop. One teen said there are no vegan options and very limited vegetarian options at schools. In fact, one person said students are required to bring a note from home if they want to request a meal without meat.
- **No health education.** Some participants mentioned that nutrition education in schools has decreased due to schools cutting electives and non-academic classes. They said most—if not all—schools have eliminated home economics courses and health education, while at the same time families spend less time preparing meals at home together. The result, they said, is that children don't learn how many calories they need to consume and expend, the significance of nutrition, or how to prepare a well-balanced meal.
- **Limited opportunities for physical activity.** Participants in some of the focus groups pointed out changes in the school environment that have contributed to reduced physical activity for children. They said that children don't attend neighborhood schools anymore, so more children take the bus to school or get a ride instead of walking or riding a bike. Schools have eliminated recess and limited physical education classes. And school-based activities and sports that used to be free now have user fees, making them prohibitively expensive for some families.

Other Barriers

- A couple of participants suggested physical inactivity is a by-product of not working. One person said when she is unemployed she sits at home with nothing to do, lacking motivation to be active. Another said that when he and his friends retired, they stopped being as active but kept the same eating habits.
- One person said programs are not always culturally sensitive and language can be a barrier: "The way you reach Native Americans is not the same way you should approach Hispanics."
- A few participants said cold weather and long winters make it difficult to be active year round, especially in rural communities where sidewalks are not plowed.

WHAT COULD HELP?

School-Based Initiatives

Some participants said schools should play a bigger role in providing physical and nutrition education and promoting healthy lifestyles. Specific suggestions were:

- Require physical education once a day for all students in grades K–12. As one person said, "Playing duck-duck-goose is different from just teaching kids about health."
- Include nutrition education in the school curriculum.
- Provide healthier food options for students, including vegetarian and vegan options.
- Designate a "Turn it off and get out!" day or a "Day of Play" to encourage children to get involved in fun activities that don't involve screen time.
- Recreate BLAST programs where students receive incentives to walk a mile after school each day for a few weeks in the spring.
- Create a summer program for students to grow food and learn about various fruits and vegetables.

Community Initiatives

Nutrition and Food Access

- **Community gardens and farmers' markets.** Teen focus group participants suggested extending the hours for farmers' markets and creating more community gardens throughout the county. The teens also suggested that there be more programs to give people vouchers for shopping at farmers' markets. A few participants in other groups said existing community gardens are doing well and teach community residents how to inexpensively grow their own food, but others said that community gardens are a lot of work and people don't want to do the work required.
- **Healthy restaurant options and information.** Some focus group participants suggested providing incentives to encourage restaurants to offer healthy options and disclose nutrition information. They would like to see healthy options displayed more prominently in menus, rather than on a corner of the last page. Teens said they would like more restaurants to provide vegetarian and vegan meal options.
- **Consolidated electronic benefits cards.** Several participants in one focus group discussed the idea of a consolidated benefits card that would reduce the paperwork people have to complete each time they enroll for various benefits, including food banks. The card could have their enrollment information for various programs all in one place (for example, food stamps, social services, health care, and cash assistance).

Physical Activity

- **Employer support for fitness.** Participants in one focus group said employer support for physical fitness is critical for adults. They suggested that employers should encourage employees to take a break to walk or exercise during the workday. Participants also suggested that employers offer a subsidized membership to a gym or fitness center and organize group activities for employees to be active together (such as bi-weekly walking groups).
- **Space for recreation.** Some participants said public spaces and existing community resources could be used more effectively to promote year-round physical activity. They said shopping malls and schools should be open to the public on a regular basis to provide space for walking, especially in rural areas. Rural participants also suggested that a park or a designated path be plowed regularly to allow residents to use it during the winter months.

Public Transportation

Participants in the group of local government representatives discussed the possibility of collaborating to set up regular buses or shuttles to take people into city centers or specifically to recreation centers, grocery stores, farmers' markets, and food banks. One offered: "Somehow

could we, as a community, afford a bus [to take residents to grocery stores]? Every Tuesday and Thursday do a loop to Meijer and Wal-Mart?" Another responded:

> It's a discussion we'd like to have. Regarding transportation for smaller communities… you could set up certain days of the week to pick people up. It would have to be on a subscription basis. Then it's something I could plan around budget-wise, knowing I could depend on a certain number of people [using the service]."

Chronic Disease

The prevalence of chronic disease, either generally or specifically in the form of diabetes or cancer, was elevated for discussion in five out of the eight focus groups. It was recognized in nearly every group, however, as a frequent downstream effect of the same unhealthy behaviors that contribute to overweight and obesity—poor nutrition and limited physical activity. Participants in the focus group of seniors also emphasized the importance of environmental factors and firsthand and secondhand smoke.

WHAT'S WORKING?

Participants offered few examples of community resources aimed specifically at addressing chronic diseases, but acknowledged that resources targeting nutrition and physical activity will also help prevent and manage chronic diseases. Participants mentioned a couple of support groups—one for cancer and another for diabetes—and a neighborhood initiative in Albion that provides residents with information about community services. One participant noted that Michigan's Clean Indoor Air Act has helped reduce exposure to secondhand smoke.

WHAT'S STANDING IN THE WAY?

Cost of Diabetes Medication and Supplies

Many participants stressed the fact that the cost of managing chronic disease is too high for many people, leaving them to sometimes neglect their conditions or avoid care until an urgent need arises. With respect to diabetes, participants said strips for testing blood sugar levels are expensive ($1 per strip). One said:

> Some people are on two different insulin injections daily. They are extremely expensive and not all insurance plans will pay for the most expensive one. People's money just goes to pay for diabetes.

One person noted that the nurse in the mobile clinic "helps sometimes with the strips, but you have to use what they use and that's a problem for some people because they're harder to use." Others noted that free strips are available at some grocery store–based pharmacies, but for rural residents, transportation to these pharmacies can be a challenge: "One type is free at Felpausch in Coldwater and Meijer has a free one, but you have to go really far. It's not easy to get to."

Poor Nutrition and Limited Access to Healthy Foods

Some participants emphasized the connection between nutrition and chronic disease. They said eating healthy is challenging, in part because healthier foods are more expensive and, for people in rural areas, more difficult to get. In the focus group of residents in rural areas of the county, there was wide agreement that "diet and nutrition play a big part in diabetes." A few noted, however, that local grocery stores have closed in recent years and the only places to get fresh produce and other healthy foods are miles away. For those without a car, the trip to and from the grocery store can be expensive or impossible: "You've got to have the money to stock the refrigerator with fruits and things instead of pop and chips. And you have go and get them. It costs $10 to go to Coldwater."

The rural group discussed the fact while food pantries "provide food to people who are hungry "you have to know they exist and know where they are." They also noted that the pantries "don't generally have fresh fruit or vegetables, and only have canned and boxed goods."

Over-Reliance on Medication

A few participants suggested that people may be relying too heavily on medication to manage or treat their conditions. One said,

> Diabetes is significant, but it's usually a symptom of other things. When you have a diagnosis of diabetes you often focus on medication coverage for insulin. People rarely focus on the other lifestyle factors they should change.

Another offered, "Doctors just prescribe drugs. They'll say, 'Just take Vicodin.' I don't want something to just deal with chronic pain and get addicted to some painkiller."

Smoking and Environmental Factors

Participants in the senior focus group associated cancer with smoking and other environmental hazards. They noted that smoking is still a norm despite the well-known risks. Participants said that "smoking is an issue in this county and it starts at a young age." They said that the community, including parents and schools, has to make it harder for kids to smoke: "If kids can't smoke at home or in school or in other settings, they won't do it. Law enforcement is unsuccessful since they're too busy."

A few senior focus group participants discussed their suspicions that there may be many toxins in the local ground, air, and water from past and present industry:

> A lot of us are beginning to think that there are a lot of environmental things that cause cancer. Battle Creek has a high level of mercury. Underground toxins and water are major; how do we know our water is clean? It's the air we breathe and the foods we eat, too.

WHAT COULD HELP?

A Calendar/Schedule of Local Resources

The idea of a calendar or schedule of availability of local resources received support from all of the participants in the rural focus group. Participants in the group suggested that corporate sponsors might fund the development of a calendar that could be posted on people's refrigerators: "It could be sent to every resident in the community with the schedule for this year or for this month—with the hours for the mobile clinic and food pantries, with information about who qualifies." One added that having this information readily accessible "empowers you."

Participants in other groups also described the need to have a better handle on the resources that are available to help people with chronic conditions. One said, "We need a list of the services and agencies and who they are serving." Another added, "You need that on the computer, but not everyone has a computer."

Smoking Education

Considering the effects of smoking and secondhand smoke on the prevalence of cancer, focus group participants suggested that policies that can help limit smoking, by either making it too

expensive or limiting where it can be done, have been successful and should be continued. Others said that a variety of organizations and the media should play a role in educating children about the dangers of smoking.

Access to Care and a Medical Home

In opening remarks by participants, lack of a medical home (or access to health care) was mentioned as a very important issue in only three of the focus groups. However, discussions about other health issues often led to conversations about where and how people seek care, and the challenges they experience. Participants said lacking access to regular care and preventive services can make other health conditions worse, and usually results in people having to go to the emergency department. The term "lack of a medical home" did not seem to resonate with focus group participants, but the concept was integral to their discussions. Participants described poor access to health care as having insufficient or no health care coverage (often due to unemployment); little or no awareness of available services; and difficulty connecting to and interacting with the health care system. By the end of their discussion, participants in seven of the eight focus groups had discussed some barriers to care and offered a few suggestions for improvement.

WHAT'S WORKING?

According to some focus group participants, there are some very good physical and behavioral health services available for county residents of all income levels and insurance status, although not everyone knows about all of them or is able to access them. The most frequently mentioned programs and services are as follows:

- **Mobile Health Clinic.** Participants said the mobile clinic is a very valuable resource that travels across the county and is staffed by a nurse. Several participants praised the nurse's work and her assistance in diagnoses and treatment. One participant from the rural focus group said, "If you call the mobile nursing clinic you can find out where they'll be. It's a big help if you can't afford the doctor. Everybody benefits and can use it. They caught my high blood pressure for free, and they treat children and adults, and provide medication for free, too."
- **Family Health Center.** Participants in five focus groups mentioned the Family Health Center as a great resource. There are locations in Battle Creek and Albion, though participants pointed out that the Albion location is staffed by a nurse and has no physician on site. A few participants said gas reimbursement provided by the center for patients who meet income guidelines is helpful in covering the cost of travel to Battle Creek. Patient advocates at the Family Health Center help connect people to care at other settings, such as Bronson Battle Creek. At the Battle Creek location, focus group participants said, patients can request certain doctors, which is appreciated: "It's nice because that doctor gets to know you."
- **Fountain Clinic.** Participants said the Fountain Clinic in Marshall accepts Medicaid, Medicare, and uninsured individuals. If people in Albion need to see a doctor they are likely to go there. More than 20–25 percent of Fountain Clinic patients are Albion residents, according to focus group participants.

The following initiatives and programs to improve health care access were mentioned less frequently:

- Community Health Care Connections provides reimbursement for transportation to health care appointments.
- The Albion Interfaith Ministry helps connect people with health care, clothing, food, and other services.

- Family and Children Services provides nutrition services, psychiatrists, and counseling, and helps with transportation by coordinating cab rides to doctor's offices, WIC, and Family Independence Agency appointments.
- The Woman's Co-op in Battle Creek helps connect women with services.
- DayOne Family Healthcare in Battle Creek provides urgent care.
- Wal-Mart offers some generic drugs for $4.
- The Regional Health Alliance has an Issue Action Group focused on improving access to primary care, specialty care, prescription drugs, urgent care, and dental care.

WHAT'S STANDING IN THE WAY?

Lack of Coverage for Health Care

Participants in several focus groups said lack of health care coverage is a major barrier to accessing care. Some identified unemployment or under-employment as the main reason why people in Calhoun County do not have health insurance or rely on public programs. Others noted that even people who are employed often are uninsured. For example, one person said many employers don't offer insurance or avoid hiring full-time employees so they don't have to provide health benefits.

According to some participants, being uninsured or underinsured makes it difficult for people to navigate the health care system. One said,

> I got all the way through the stops to have some care done. But even though I was on a sliding scale, the x-rays and anesthesiology were not covered… That creates roadblocks.

Several participants said that when people lack coverage, they wait to seek medical care until their condition worsens and they need to go to the emergency department.

> People without insurance will wait until they are very sick. They go to the ER. The hospital will have to accept them anyway.

Poor Care Coordination

According to participants in a couple of the focus groups, poor coordination of services creates problems for people trying to access care.

> If you're all alone, especially if you are older or younger, it's hard to know where to go. It's fragmented. One person sends you there, and another person sends you somewhere else.

One participant said that people, particularly those who are elderly and less educated, are not likely to be able keep track of all of their own health care information and rely on health care providers to manage their care. But another commented that since there is no patient-based care center, care is not coordinated. He said, "One doctor is trying to help you with your heart, and this other doctor is working on some other issue." Some of the participants representing local government said that there have been discussions about collaborating on development of a patient-centered medical home to improve coordination of care, but no progress has been made.

Transportation Barriers

Participants in a few focus groups identified transportation as an issue in accessing care. Despite gas reimbursement available at the Family Health Center, participants pointed out that not everyone knows about reimbursement opportunities; some people do not have access to their own car; some people are not able to drive; and travel time to care settings and the price of gas is prohibitive—especially for county residents outside of Battle Creek. For example, since the pharmacy in Tekonsha recently closed, people rely upon retail locations located about ten miles away from rural town centers (such as Meijer and Wal-Mart) to fill their prescriptions, but they have no way to get there without driving themselves. Some participants from Battle Creek pointed out that most of the public buses are scheduled once an hour, which results in longer travel time to appointments.

Limited Availability of Services

Participants in the Albion focus group said the Albion Community Hospital closed when Harvard Industries closed about a decade ago, and now there are no physicians and no hospital in Albion. They said the Family Health Center "pulled the physician we had because there is this national shortage of family physicians."

One participant mentioned that the health system operates on an 8:00 AM–5:00 PM schedule, making it difficult for people to access care if they are unable to leave work or don't have paid time off.

Lack of Awareness of Services

A lack of awareness about available services and eligibility criteria was raised as a concern in most focus groups, usually as part of discussions about other health issues. For example, some participants said many people don't know about the mobile health clinic or when it travels to different locations. One participant in the rural focus group said, "I had no idea that the Family Health Center could offer so much on a sliding scale." Another said she did not know there are vouchers available to help cover the cost of gas or a taxi to health care appointments.

WHAT COULD HELP?

Information on Services

Several focus group participants suggested that services should be marketed better to increase awareness of available resources and eligibility criteria. Specific ideas that they shared are listed below:

- Use Facebook for event promotion or creating pages for different care organizations.
- Publicize information on TV, newspaper, radio, Internet, or YouTube commercials and advertisements.
- Advertise the Family Health Center and Mobile Clinics at local venues (such as banks, groceries, drug stores, churches, and barber shops).
- Send a postcard or magnetic calendar with hours of operation for various health centers, clinics, food pantries, and farmers' markets.
- Host community or countywide events such as Taste of Battle Creek or health fairs to communicate resources available and health facts.
- Conduct community conversations to foster information sharing among county residents.

Participants suggested funding for these communication materials or events could come from donations and sponsorships from major businesses such as Kellogg and Post.

Locally Available Services

Focus group participants in outlying areas want more providers and services available in their communities, including 24-hour urgent care. They hope that having more providers locally would prevent people from needing to travel long distances and increase the number of care options for publicly insured individuals.

Transportation Options

Aside from bringing more physicians, physician assistants, and nurses to outlying areas, participants in almost every focus group said there is a need for better transportation options. Creation of a shuttle bus service for outlying areas was raised as a suggestion in one focus group. A few participants suggested public transportation should be expanded with more frequent bus service or 24-hour bus service. Some proposed that more service providers should give reimbursement for cab fare to appointments. One participant said that perhaps health centers and clinics could partner with private transportation services, such as Life Care Ambulance, to provide transportation to people without the means to get to appointments.

Teen Pregnancy

Participants in seven of eight focus groups had discussions on teen pregnancy. Several participants lamented that the County has been trying to address issues of teen pregnancy and infant mortality for years, but that very little seems to be working. As one put it,

> I would like to tell you that in the past three years that teen pregnancy rate and infant mortality have gone down, but I've been here 25 years. It hasn't gone down. Nothing has helped intervention-wise. I don't think we've found the magic key yet.

WHAT'S WORKING?

According to participants, very little appears to be working to prevent teen pregnancy. A few participants noted that Planned Parenthood is a reliable source for affordable birth control.

The teens, most of whom participate in Project TRUST (Teaching Responsibility and Understanding in Sexuality and Teen development), described the program as effective in reaching teens with useful information. According to participants, the curriculum aims to provide "age-appropriate and medically accurate information about contraception and abstinence." Teen participants described how Project TRUST "ambassadors" share information with their freshman peers on healthy relationships, birth control, and STIs. They host large events on a regular basis, and also provide informal, one-on-one education.

Participants described a mentoring program in in Albion called Sisters Influencing Society (SIS), a voluntary program where teens participate in activities after school, receive mentoring, and are encouraged to stay in school and go to college.

One teen said that her school "does a good job on STI [education]." Two teens said that programs at their schools not specifically focused on sex education offer better information than they receive from their *actual* sex ed courses. One said, "Our school has a new class called Choices, which has a unit on sexual education. It was better than the sex ed taught by the physical education teachers." Another said, "Our sex ed is really bad, but the parenting class is really good. It's a [mechanical] baby you carry around. The sex ed at the end of that class is better than sex ed."

WHAT'S STANDING IN THE WAY?

Participants identified several barriers to reducing teen pregnancy. They faulted inadequate health education in schools, limited access to contraception, media that de-stigmatizes teen pregnancy, limited parental involvement, and lack of productive/positive supervised teen activities.

Inadequate Reproductive Health Education in Schools

Participants in several focus groups agreed that reproductive health education in schools is inadequate. Parents in a couple of groups said they think sex education is not covered enough in schools and that the topic is not raised early enough. One said, "I think we should be educating the teens at younger ages. My daughter didn't take health until late." Another added, "My son's first health education class wasn't until 8th grade."

Teens say that in more conservative districts the education is limited to HIV prevention and promotes abstinence-only curricula. Teens also noted that teachers often seem uncomfortable covering topics related to reproductive health and contraception. One said, "In sex ed teachers

don't act like they care much about it. They just want to get through it and are embarrassed. It's just their job." Other teens also criticized the quality of instruction they receive. One said:

> My experience was awful. This [teacher] was not taking serious topics seriously. He would pick on specific students. It was really inappropriate. I think the facilitator of any discussion shouldn't be biased by any means and should be really informed.

Teen participants also said schools focus solely on male condoms and abstinence as a means of protection from STIs and pregnancy, and do not present alternatives such as dental dams or female condoms.

Stigma around Obtaining Contraception

Teens described harassment and stigma they and their peers have experienced in accessing contraception and other types of protection. In one community, there are only two stores where people can buy condoms. At one, the clerk behind the counter often harasses teens seeking to buy condoms or even prohibits teens from buying them, saying "they're not going to sell that right now." Another teen described the experience of a friend who gets her birth control prescription filled at a local pharmacy: "She is harassed by the pharmacist each time she picks it up."

Teens were also forthcoming about the stigma and embarrassment they feel when purchasing protection even if they are not given any trouble. One teen said that in the community with only two places to buy condoms, "the employees [at the local store] are your classmates." Another said, "I feel like the stigma is the assumption that if you get protection you're going to have sex. It's embarrassing for a teen to go to Meijer and get protection." One added: "People might think you're a slut if you're a teenager."

Media Influences and Peer Pressure

Adults and teens in the focus groups identified ways in which the media promotes teen sexuality and even teen pregnancy. One parent suggested that "the music they listen to nowadays" popularizes teen sex. Another identified teen moms on television as the problem. A teen agreed that "TV has a lot to do with it. They might see a cute pregnant woman on TV and they want to be like that."

Participants also said that a sense of peer pressure can lead teens to have sex before they are ready. Several teens agreed that "more young people think that everybody's doing it. It's a misperception that everyone is doing it." They said this leads to "peer pressure at school—feeling like other people are doing it." A participant in another focus group expressed concern for her niece, saying "[She's] having a hard time because she has friends around her that are having intercourse and she's trying to stay on the right track. There's a lot of pressure on her."

Limited Parent Involvement

Though many participants agreed that the health and sex education offered in schools needs improvement, many also said that parents need to be more involved in helping their children make good decisions. As one participant stated,

> A problem with teen pregnancy and other things is that a lot of this [education] has to take place in the home. People are expecting the schools to raise their kids. Parents hand off kids to sitters and schools.

Others added that "Parents are really important. Schools and communities need to work with parents" and "Parents are not always involved in the children's life as much as they should be."

A few participants noted that parents who became pregnant as teens will struggle to provide the right messages for their children. One participant suggested that teens, especially those with single mothers who were teen parents themselves, may be seeking love and affection from either a man or a baby:

> It's a longing for an established family. Being in a single mother environment you're pushed to grow up fast since the single mom had to grow up quick. To have her own life she tries to meet somebody. The male is seeking sex and she's seeking love, family, and affection. She's not getting the affection she needs from a man or her mom.

Limited Affordable Activities and Programs for Adolescents

An underlying reason that teens are having sex and getting pregnant, according to participants, is that they are unattended after school hours and many families can't afford to have their kids involved in after-school sports. Most childcare programs only last until age 10 or 12 and parents can't afford babysitters to watch their kids while they are at work. Speaking of sports and other extra-curricular activities, one said, "Every activity for teens is expensive." Another recalled:

> When we were young, we got out of school and went straight to the Boys and Girls Club. There was supervision and someone there to check you. You had someone there to have expectations of you. They expect you not to get pregnant, to make good grades, to go to school, to do your homework.

WHAT COULD HELP?

Improved Reproductive Health Education

The teens advocated for improvements in the sex education provided in schools. One said:

> I definitely think abstinence should be taught as an option, but there should be other things taught. It was kind of funny because there would be pregnant girls in our health class [learning about abstinence].

Another said,

> I think schools are a great resource for sex ed. Everybody has to go. But teachers need more certifications. If that is not a possibility, then more programs like [Project TRUST] should be brought into schools.

One teen said that Project TRUST is good because the information provided is "more blunt." A parent in another focus group also suggested the need for more direct facts about sex and pregnancy:

> The language needs to be clear and direct. A lot of the conversations are going to be very tough. I don't want to tell my daughters some sugar-coated things. I'm going to tell them the facts and they might get red in the face.

Teens and other focus group participants said that hearing from teen moms and finding other ways to really understand the experience of being a parent would be useful. For example, a woman asked, "Do schools still give you the baby doll?" speaking of a mechanical baby that teens are given in some high school parenting classes that cries and needs other types of attention. She asserted, "I think it should be required." A teen said, "I think there should be more real-life examples. I remember an assembly with a woman who had AIDS."

Confidential Information Sharing

Teens indicated that "taking a brochure is taboo," meaning if there is a health fair or other place where they can pick up written information about sex, they would be embarrassed to do so. But, they acknowledge that "people do read pamphlets; they might stash it away somewhere." They suggested that they would happily receive information in the mail: "If it's mailed to you—I get so excited about mail." Teens around the table agreed. One said, "Mailing these things to their home is safer. They can take it to their bedroom and read it."

Teens also suggested taking advantage of the use of texting and social media to reach teens with information that they can read it in private. They suggested instituting something like "Sex Text Friday," or for Twitter users, "#sexfactfriday."

One teen asserted, "The confidentiality piece is really a critical key. Somehow there needs to be anonymity."

More Mentoring and Childcare Programs

Participants in the young families group said that positive adult role models are essential. One said "When we educate ourselves, we educate our children and they see that and they want to go to college. It has to be adult role models for that teenager to follow suit." One said that programs like Big Brother/Big Sister can provide children with these role models.

One participant emphasized the need for more after-school and childcare programs that are available for adolescents: "They need to continue childcare longer within the system. When kids turn 10 or 12 they are often too old for childcare programs. Kids are out on their own too much."

Maternal and Infant Health and Infant Mortality

While multiple focus group participants expressed dismay and even shock at the high rate of infant mortality in the county, this issue and the broader issue of maternal and infant health received relatively little attention in the focus group discussions. Only two groups spent a measurable amount of time discussing these issues. They received the most attention in the group comprising young mothers.

Reacting to the data shared at the beginning of the session, one participant said she was surprised by "how the black infant mortality rate is two to three times that of whites. I can't believe it! It's really surprising." Another added, "I want this on the front page of our paper."

WHAT'S WORKING?

Pregnancy Testing and Maternal Support Services

A participant in one focus group commented that the Family Health Center provides pregnancy tests and ultrasounds. Two women in another group identified the Crisis Pregnancy Center as a helpful resource for young mothers with low incomes, saying the center provides free pregnancy tests and helps women obtain other things they need to support their children: "They help you with baby clothes, maternity clothes, and bottles."

Women also noted that Family and Children Services provides "psychiatrists and nutrition counseling if you are pregnant" as well as transportation to and from prenatal and other appointments in the community.

Nutrition Assistance for Mothers and Babies

A few participants noted that WIC and other community resources promote nutrition for young mothers and children. One said, "WIC is a blessing. Milk is expensive." Others added that "farmers' markets give you free fruits and vegetables through WIC" and one said, "With WIC I get $10 to spend on fruits and vegetables at most major grocery stores." One parent in the group was also familiar with Project Fresh, which offers qualifying individuals coupon booklets for fresh produce at farmers' markets.

One participant identified a sub-group of a Health and Wellness Action Team that is focused on infant mortality and teen pregnancy, and thought "they made good inroads, especially with the Healthy Babies Initiative."

WHAT'S STANDING IN THE WAY?

Barriers to Accessing Resources

Though WIC services were praised by those who have used them, participants said many younger mothers don't know about or don't take advantage of the program. They said this may be due in part to challenges associated with obtaining DHS services, including cash assistance: "DHS makes them work; for cash assistance you have to go down to Work First, and get so much paper work." Another added, "DHS is something else. You have to go online a lot more. For people that

don't have a computer that's a problem. And the Internet is so confusing. Can't they just send me the paper work?" One participant said that DHS and WIC "are connected. DHS asks if you're getting WIC, and then they'll not give you enough [food assistance]."

While a couple of women find Family and Children Services to be exceptionally helpful, one said, "They moved to where nobody can access it; transportation is a big issue." In Albion, participants noted that the "health department used to have nurses that would work with mothers at risk [for infant mortality]. We used to have people right here in town that worked with that."

Employer and Health Care Discrimination

Focus group participants also noted discrimination on the part of employers and health care providers. One participant said that, "As soon as they found out I was pregnant I was fired. I feel discriminated against. My husband—he's so stressed out and applying for second jobs." Another said that pregnant women on Medicaid are turned away from doctors' offices: "I can't work right now, so I need to have Medicaid. I've called doctors' offices and as soon as you say 'Medicaid' to them—'click.' They treat you so disrespectfully." The woman was hoping to have a vaginal birth this time even though she had a cesarean section delivery with her first child. Being on Medicaid severely limits her options: There's only one doctor in town that if you've had a c-section, he will take you and let you have a vaginal birth. The Family Health Center will take care of me but it will have to be a cesarean."

WHAT COULD HELP?

Focus group participants had few specific suggestions for improving maternal and infant health and reducing infant mortality. Most participants who made any recommendations focused on the need to improve education for parents. One said, "When children are born in any setting, use that as a teachable moment." One suggested that "state assistance should include more requirements for classes on childcare." Another agreed, saying, "If the government is going to be requiring classes, I'd rather they require a class on nutrition or caregiving."

To get people to attend the classes, a young woman suggested feeding participants: "You know how you get people—if you're not giving them money, give them food. Head Start gets me and other parents to come by giving those 'bucks' for food."

Addiction

Addiction was elevated as an issue for discussion in five focus groups, and was mentioned briefly by participants in two others. The focus group with teens is the only group where the issue was not raised at all. The issue of addiction received 15 votes across focus groups to identify it as one of the most important issues to be addressed in Calhoun County, with the bulk of the votes coming from the focus group with residents of rural areas and the Battle Creek neighborhood group.

Most focus group participants spoke of addiction broadly, but most are concerned especially about drug use among the county's youth and some focused on a growing concern that adults and youth are misusing prescription drugs. Participants noted that young people are beginning to try addictive and illegal substance at younger ages: "Substance abuse providers say in middle schools kids are starting early on alcohol, smoking, especially marijuana," said one. Another added, "You see more young people smoking now than ever." Others said,

> It's ruining kids before they get a chance to get on with their lives. They get a felony conviction. Others that get to the job, they have the drug test and test positive and then get kicked out.
>
> * * *
>
> Prescription drug abuse is high in [this community], and I'm assuming it's high in the whole county.

WHAT'S WORKING?

Focus group participants identified some efforts targeted at preventing alcohol and drug abuse as well as a few prominent programs that are successfully helping people with addiction issues.

Prevention

Two participants spoke of programming that is intended to prevent substance abuse generally:

> More money is going into the school districts to build [substance abuse prevention] into the curriculum. It's starting in some of the districts next school year or in the winter semester.
>
> * * *
>
> There are two licensed prevention programs with the Substance Abuse Council in Battle Creek. The Substance Abuse Prevention Council targets prevention in the east side of the city.

Treatment

Several focus group participants were familiar with substance abuse treatment programs available in the area, and some credited these programs with helping them address their own addiction issues. The programs and organizations mentioned by participants were Summit Pointe, Psychological Consultants, the Life Recovery Program offered by Haven of Rest homeless shelter, counseling services at the Women's Co-Op, and Narconon.

Summit Pointe was identified as a particularly helpful resource by a few participants, who appreciated that the organization provides its patients with bus tokens and offers free addiction and mental health services to people who meet income and other guidelines. They noted, however, that services are available without charge "as long as you're willing to jump through the hoops." These participants described how they are required to submit documentation that they have been denied Medicaid coverage and fill out new paperwork every six months.

One participant spoke very highly of Psychological Consultants, which also helps with both mental health and addiction issues:

> It's accessible. If you go in there and want to get an appointment, they help you out. Basically anybody on any side of town could get there on a bus. It's worth your time. It helps you out so you don't want to give up. I like them.

Women who have participated in the Women's Co-op, which one described as a "nonprofit network of women helping women for education, training, and job placement—a hand up, not a hand out," said the counseling they can receive there is helpful. They regretted that the services are not available in more locations in the community, which "might make it easier for members that live on the outer stretches of the city."

WHAT'S STANDING IN THE WAY?

While one person noted that "there are no residential treatment programs in the county," and added that where treatment is available, "there are long wait lists—maybe a month," most of the barriers to preventing and curbing substance abuse identified by focus group participants had more to do with societal factors and challenges. For example, they noted that people suffering from mental health problems self-medicate and that there is an increased reliance upon prescription medication to ameliorate all kinds of mental and physical health problems. They said that adults and youth who are without jobs or other productive outlets will fill their time with less healthy choices. Several noted that prescription drug abuse is a particular problem and preventing it is a challenge because getting rid of left over medication safely is such a chore.

Mental Health Issues and Over-Reliance on Medication

A few focus group participants suggested that substance abuse is especially prevalent among people suffering from otherwise unidentified or unaddressed mental health problems. One said of the connection between mental health problems and addiction, "A lot of people suffer so they're trying to heal that issue with these other behaviors." One attributed her addiction to cigarettes to challenges related to mental health, saying of her mental health providers, "You all are taking me through this mental stuff telling me 'you got issues on top of issues.' It has me smoking all day long."

Other participants said that people have become too reliant on medication to solve both mental and physical health problems, and they are likely to become addicted to the medications they take. As one person put it:

> People think they need to take medication to get better but they're relying on them too much; they stop working and feel disabled forever—things they're being prescribed to take. People aren't changing lifestyles, but they're trying to rely on doctors. Doctors are catering [to this] though. It makes me not want to go see a doctor sometimes because I see the people in my life that get a drug and they grow dependent. It's their fault and the doctor's fault.

Lack of Structure and Productive Outlets

Several focus group participants also noted the connection between substance abuse and unemployment and limited opportunities for young people to be involved in productive activities. One said, "Albion has a huge drug problem and has excuses for it; we [like to] think that's the important problem when it's really that people don't have a job." One woman said as much of herself: "My biggest problem is a job, to get some money. [Then] I won't be smoking [and] I'd have more physical activity."

The weak economy and parental substance abuse makes its way into the psyche of teens in the community and influences their decisions about drug use, according to some participants. One noted, "According to young people there is nothing to do; they're trying stupid stuff and they don't have any structure to keep them from doing too much damage."

Another stated, "When you're down, when you're low income, you get tired of being down all the time. You get out there—teenagers are so eager to party and do drugs." Another participant added, "But they think they're happy—smoking weed—they already think that's 'the life' because that's what they've seen." Another supplied, "There's a lot of negative influence, like the song [lyrics] 'So what I get drunk, so what I smoke weed.'"

Prescription Drug Challenges

Prescription drug abuse is a problem about which many people say they are frustrated. But they also appear to believe it can be stemmed more easily than some other substance abuse issues with improved awareness and increased opportunities for disposing of unused medications.

One participant indicated the problem is particularly serious in Albion: "In the substance abuse meeting here in Albion we learned that prescription drug abuse is very, very, high in this community." The participant added: "It's mostly [an issue of] teens or young people taking it out of parents' or grandparents' medicine cabinets." Another said older people who are in poor health have a difficult time keeping track of their medications: "If you have a granddaughter or daughter living with you and your health isn't good enough it's hard to control what [they do]."

Several participants said there is an issue with people having too much unused (and no longer needed) medication in their homes, but not having a safe and simple way to dispose of it.

> Prescription drugs are [a] huge [problem]. When you have leftover drugs you just leave it around and don't throw it away.
>
> * * *
>
> Nobody knows what to do with their old drugs.
>
> * * *
>
> We've had 'Take Back your Drug' days—but they don't do much.

One participant said that physicians should be more conservative in prescribing pain medication: "People are prescribed too much. You only use one or two pills! But then you have a lot. [The doctors] over prescribe."

WHAT COULD HELP?

When asked what actions could be taken in the community to help prevent and curb addiction, participants offered suggestions for educating children and parents, and emphasized the important role that parents play in preventing substance abuse. Several participants also made suggestions for improving the ease with which people can safely dispose of excess prescription medications.

Educate Parents and Kids

Participants said that children need to learn about addiction and other health issues beginning at an early age. "They're waiting until junior high, but they need to start in third grade about addiction, diseases, mental health issues, and nutrition," said one. Another stated, "We need to educate parents on what to look for [regarding substance abuse in kids]." Data on substance abuse might be helpful to education efforts according to one participant: "The data on all these different types of addictions—how do we know what percentage of the abusing population we are reaching? Better reporting would be helpful."

Participants in the young families group emphasized the need for greater parental involvement and direction in children's lives. One said, "I think being a parent, you can shelter your kids from that kind of music [that promotes inappropriate behavior]." Another said that parents should remember they are serving as role models for their children: "Inspire people to look at their life and see how they can better themselves." These parents said they also count on teachers as partners:

> I think we need more parent-teacher conferences. They're with your child all day long; we can learn from them. Battle Creek Public Schools has [an online] folder to let you know how things are going in the classroom. It's about being informed in your kid's life.

One person reiterated the need for youth to have "something else to do. We need community clubs and programs. There are not enough after-school programs for the kids."

Increase Opportunities for Medication Disposal

Several participants indicated a need to increase awareness of safe storage of prescription drugs in homes as well as opportunities to dispose of unused prescription drugs. One said "You're not supposed to flush them, but we're asked to dispose of them. We need more of those days where you can take old medicine for disposal." A participant in Albion informed the other participants that, "We're going to have a lock box in the city hall [where residents can] drop in old drugs."

Another participant said that people need to be more aware of the need to "lock up drugs in your home."

Mental Health

Mental health was discussed, at least briefly, in five focus groups. It received the most attention in the teen focus group. In the final vote, 13 people identified mental health as one of the most important issues to be addressed in Calhoun County—more than half of those votes came from teens.

WHAT'S WORKING?

Not many resources that aim to address mental health were discussed, but participants made positive comments about those that were identified. Several participants described Summit Pointe Behavioral Health as a service provider that helps clients meet multiple needs. As one said, "The provide transportation. They provide everything. They take you to different appointments. They make sure your bills are paid." Psychological Consultants in Battle Creek was mentioned in one focus group as an exceptional resource—even for people in prison. One participant from the Battle Creek area described having a far easier time accessing mental health supports in Calhoun County than in Grand Rapids: "You can't find free mental health care in Grand Rapids. Here, you just have to run through hoops, but you can get it."

While one teen mentioned visiting a service provider for depression in the past, teens were more familiar with online resources that can help people work through issues. One said, "They have message boards online, I know." Another described a couple of websites that offer guided relaxation. Many in the room joked and laughed about this idea, but a few said, "Wait, what's that website? I want to write that down."

WHAT'S STANDING IN THE WAY?

Participants identified factors that contribute to mental health problems, including a lack of community supports. Teens spoke of stigma related to depression, the need for additional counseling services, and a sense that adults do not take teen depression seriously.

Limited Community Support

Though most adult participants indicated that services available are sufficient, they referred to "hoops" that must be jumped through to obtain free services from Summit Pointe. One participant noted that the mental health services her son needs are only provided at a facility on the outskirts of town and traveling there by bus is a long and arduous ordeal. Other participants agreed that the city bus system is inadequate, noting the buses run too infrequently—often an hour between buses on some routes. Because of this, participants from Battle Creek said it would be helpful if "there were more health buildings that are here in town."

One participant said lack of community supports in addition to frequent "rejection for anything" contributes to mental health problems:

> If you're used to being told "No," you feel like you're going to get that everywhere. I get discouraged and them I'm depressed and lethargic. I think if people had more community support—transportation, etc.—people wouldn't have these mental health problems as much.

Social Stigma

Teens in particular talked about the stigma associated with mental health issues for people in their age group. As one said, "I think people are scared to tell somebody that they have issues like depression. They're afraid of what other people will say. But it's real. It's more traumatic if it goes untreated." Another added, "Medicating is stigmatized for serious issues."

The teens also described challenges in communicating with parents and other adults about mental health problems. One said, "I think that a lot of adults don't take teen depression seriously." Some teens said their peers are sometimes afraid of disappointing their parents. For example, one said, "[Teens will think], my parents are proud of me for being strong, and I feel like I'm not strong now and they won't be proud anymore."

Counseling Barriers

Apart from schools, there are few places where young people can seek care in the community without a doctor's referral or parent permission, according to teen participants. School counselors are often the only option for discussing emotional or mental issues, but teen participants said they do not feel comfortable disclosing personal problems with school counselors. They also said that counselor office doors frequently stay open during meetings, which compromises the privacy of a discussion. Teens also said that school counseling appointments are scheduled for fifteen minutes, which is not be enough time to delve into a serious issue or concern.

Lack of Awareness and Understanding of the Issues

Participants in the teen focus group also said they believe teens and their parents are not as aware of community mental health resources as they need to be and that they may not recognize mental health issues when they arise or know how to handle them. One said, "It's not that there aren't resources, but I think people don't know about them." Another said, "There is a lot of depression and anxiety among high school students and they may not be aware of it. People don't do anything about it. I know people have talked to their parents but didn't go a step further."

Concerns about Privacy

In the focus group of tribe members, participants described fears that their confidentiality would be breached and a sense that tribal members are not wont to talk about mental health problems. One noted, "People don't ask for help before it's too late. They deny problems, and people fear their privacy being breached." Others added, "People are afraid to seek care," and "Indians are proud, private people. They don't like to tell their problems."

WHAT COULD HELP?

Teens made recommendations for improving response to mental health problems including increasing and improving guidance counseling services, increasing awareness of the issues and resources, and providing alternative types of hotline services.

Increase and Improve Guidance Counseling Services

Teens suggested that peers in school might be more comfortable sharing information with their counselors if a better effort was made to develop a relationship between the counselors and students. For example, one suggested, "Maybe there should be monthly appointments with their school counselor." Another said, "There should be more guidance counselors" so students can

find one with whom they feel comfortable. She added, "Mine was a [man] and I felt weird [talking with him]." Others agreed with this opinion.

Increase Awareness and Understanding

The teens also said that providing information to students in schools about mental health issues would be helpful to reducing stigma and increasing awareness. One said, "If teens are learning about it they'll pay more attention. They'll know where to go and who to turn to and know that it's not their fault. I think it should be a mandatory thing." Others said an assembly led by Summit Pointe or having teens speak out and share their own experiences would have an impact. They said an assembly could be used for Summit Pointe "to publicly introduce themselves as a resource for us" or to "provide coping skills so if teens don't seek professional help they can try some things on their own." One added, "We've all learned to keep things quiet—like depression, pregnancy, sex, STIs. It's taboo. It should be more open."

Ensure Privacy and Confidentiality

Tribal members suggested that some guarantee that privacy would be maintained might encourage more people to seek assistance with mental health problems. One said, "Here we have insurance and the person that deals with that is separate from the tribe. I'd like to see mental health like that." Another said that having a "[mental health provider] who is external to the tribe would be useful—and a soundproof office."

Because the teens recognized that some of their peers may not need to obtain professional counseling services, or may simply want or need someone to talk to about life challenges they are experiencing, a few suggested exploring options for a hotline that can use texting rather than talking. They said this would allow teens "to talk without being overheard."

Oral Health

Oral health was not discussed as a priority health issue in most groups, though many people recognized it as a form of care that is integral to overall health. One participant said "Oral health is so overlooked, but it's one of the most important conditions. If you don't have the money or resources to fix your teeth, you're going to have all these other health problems, like diabetes, heart disease, and inflammation."

WHAT'S WORKING?

Participants identified a handful of organizations and services that are available to help meet the oral health needs of people who are uninsured or underinsured or have limited incomes. A few participants described a program that allows people to receive oral health services from volunteer dentists in exchange for community service. One offered,

> At the Toeller Building and the Fountain Clinic, you need to donate some time—like two hours to organizations like Red Cross—and then you qualify for care. There are fortunately a lot of dentists that are trying to help.

Participants also mentioned the following options for obtaining some oral health care services:

- The Family Health Center offers dental care on a sliding scale;
- Kellogg Community College provides cleanings and fillings without any financial obligation;
- A mobile dental clinic goes into schools in rural areas to provide care at a nominal cost.
- Some dentists accept Care Credit, a card that allows users to pay off expensive services incrementally over time, though there is a very high interest rate for late payments.

WHAT'S STANDING IN THE WAY?

The primary barriers to accessing oral health care services are lack of dental insurance, limited awareness of available services, and lack of education on the importance of oral health, according to focus group participants.

Lack of Dental Coverage

Not having dental insurance prevents many people from accessing services, and the services available to people without coverage can be a challenge to access, participants said. One stated, "Dental is the most expensive of the insurances." Another weighed in: "The cost of insurance is too high; I won't tell you how long it's been since my kids went to the dentist."

One participant who does not have dental insurance said she pays out of pocket for dental visits: "My kids used to get dental services for free at school, but they're starting to charge for that now. For us it's cheaper just to go to our dentist because he works out a plan for us." One asserted: "I thought dental was free for kids in Calhoun County. It ought to be!"

One participant said it helps to have Medicaid to access some of the services available: "The Family Health Center dental clinic only accepts children. You have to have Medicaid if you're an adult. Your kid doesn't have to have Medicaid, but they might make you pay a co-pay." She added, however, that regardless of coverage, appointments are hard to come by: "My daughter just got her tooth pulled, but it's two months' wait to get in there." Another added that if you need transportation "you can call the number on the back of your Medicaid card, but they are always

late—you're waiting for 2–3 hours and sometimes they don't show. Plus they need five days' notice."

Limited Awareness of Services and the Importance of Oral Health

Focus group participants said that people without dental insurance often don't realize that preventive services are available to them, especially in rural areas. "I just don't think people are aware," said one.

A few participants also discussed how people don't recognize the importance of oral health and that it can be a generational issue: "There are still people whose teeth weren't fixed so their kids are getting raised the same way."

WHAT COULD HELP?

Participants made a handful of suggestions for improving oral health care for low-income and uninsured residents:

- Increase awareness of programs.
- Use schools to provide care and connect students to services: "If kids get free and reduced-price lunch, they should also get a free dental assessment." "School social workers should ensure kids are getting dental services. School staff needs to call community-based organizations in the community to connect kids to dental health."
- Increase the number of dentists volunteering their time: "I would think most dentists in town could give up one day every two months or something."

Appendix: *Health Issues Data*

HEALTH ISSUES FOR DISCUSSION

Overweight and Obesity: Adults and Children

- More than three-quarters of adults in Calhoun County are overweight (37.4 percent) or obese (38.4 percent)—greater than the state average of two-thirds (65.6 percent).
- Overweight and obesity among middle school and high school students is roughly half of what it is for adults, yet it is still above state average for that age group.
- Unhealthy weight is an issue that cuts across all education and income levels.

Nutrition

- Only 12 percent of adults in Calhoun County eat an adequate amount of fruits and vegetables.
- Youth are slightly more likely to eat enough fruits and vegetables (about 3 in 10 high school students).
- There are no major differences in fruit and vegetable consumption among income levels or racial groups.

Physical Activity

- A quarter of Calhoun County residents do not participate in *any* leisure-time physical activity.
- Individuals with a higher education and higher incomes are significantly more likely to engage in *some* leisure-time physical activity. For example, 9 in 10 people with incomes greater than $75,000 are physically active, compared with only 1 in 2 people earning less than $20,000.

Chronic Disease

- Heart disease and cancer are the leading causes of death (about 193 deaths per 100,000 people).
- Chronic lower respiratory disease, diabetes, and stroke are the next leading causes of deaths with respective mortality rates of 57.3, 41.4, and 40.0 per 100,000 people.

Diabetes

- The mortality rate for diabetes in Calhoun County is almost twice the rate in Michigan.
- The diabetes-*related* mortality rate in the county is more than twice that of deaths due to diabetes alone.
- Despite the same prevalence of diabetes among blacks and whites (about 12 percent), the mortality rate among blacks is almost twice that of whites.
- Poorer people are more likely to have diabetes. About 1 in 5 individuals with incomes below $35,000 have diabetes, compared with about 1 in 10 individuals with higher incomes.

Cancer

- Cancer is the 2nd leading cause of death in Calhoun County (193.5 per 100,000).
- The overall cancer mortality rate in Calhoun County has been declining over the past two decades.
- The cancer mortality rate among blacks is higher than among whites (253.7 vs. 188.0 per 100,000).

Addiction

- Calhoun County's rate of alcohol-related deaths is higher than the state's (12.4 vs. 7.1 per 100,000).
- Alcohol and marijuana addictions are the leading reasons for seeking substance abuse treatment in Calhoun County (37 and 29 percent, respectively).
- The rate of alcohol/tobacco-related hospital admissions has increased since 2005.

Smoking

- A quarter (25.8 percent) of adults in Calhoun County are current smokers, which is less than in 2004 (29.5 percent), but still higher than Michigan's overall prevalence (19.8 percent).
- More than half of adults (54.9 percent) with less than a high school diploma are smokers vs. one-tenth (9.1 percent) of college graduates.
- Among all smokers, almost half (47.3 percent) have tried to quit smoking in the past year.

Lack of a Medical Home

- About 15 percent of adults aged 18–64 in Calhoun County are without health care coverage, and a similar percentage do not have a personal doctor or health care provider.
- Low-income individuals are more likely to be without health care coverage (18.9 percent of people with incomes under $20,000, versus about 3 percent of all individuals earning more than $50,000).
- Fewer blacks than whites in Calhoun County have health care coverage or a personal doctor.
- More than twice as many whites as blacks have gone without a routine checkup in the past year.

Teen Pregnancy

- The rate of teen pregnancy in Calhoun County is about 1.5 times higher than the state's rate (74.9 vs. 51.5 per 1,000 teens aged 15–19).
- The live birth rate for black teens is about twice that of whites (about 100 vs. 44 per 1,000 teens). Hispanic teens also have a higher live birth rate (75 per 1,000 teens) compared with whites.

Sexually Transmitted Infections (STI)

- The most common sexually transmitted diseases in Calhoun County are chlamydia and gonorrhea (623 and 194 per 100,000). Rates for both are significantly higher than the state's.
- Almost three-quarters of chlamydia cases (71.6 percent) are among females.
- About two-fifths of Calhoun County residents aged 18–64 have ever been tested for HIV, and a quarter of people with HIV/AIDS (26 percent) do not know they are infected.

Maternal-Infant Health

- The infant mortality rate in Calhoun County is greater than Michigan's (11.5 vs. 7.6 per 1,000 births).
- Throughout the past decade, the black infant mortality rate has been 2 to 3 times that of whites.
- In Calhoun County, 11.7 percent of babies are born preterm, and 8.6 percent with low birthweight.
- Only two-thirds (68.4 percent) of pregnant women receive early and adequate prenatal care. Whites are more likely to receive prenatal care in the first trimester than Hispanics or blacks.

Oral Health

- In Calhoun County, one-third (32.9 percent) of adults had no dental visit in the past year. Individuals with dental insurance are more likely to have had a dental visit or teeth cleaning in the past year.
- More than one-third (37 percent) of adults have no dental insurance. Only one-tenth (10.6 percent) of individuals with incomes over $75,000 are without dental insurance, versus two-thirds (69.5 percent) of individuals with incomes under $20,000.

Mental Health

- About 1 in 6 (17 percent) of Calhoun County residents experience poor mental health.
- 18–34-year-olds experience poor mental health more than any other age group (24.8 percent).
- Individuals with less education are much more likely to experience poor mental health—50.4 percent for those with less than a high school degree vs. 11.1 percent for college graduates.

Deaths and Hospitalizations due to Injury

- Calhoun County has a slightly higher rate of hospitalizations due to injury than the state (109 vs. 101 per 10,000 residents). The rate of deaths due to unintentional injuries in Calhoun County is also higher than in the state (47 vs. 35 per 100,000 residents).
- Unintentional fatal injuries in Calhoun County are primarily related to transport, poisoning, and falls. Poisoning is the leading cause of death among these and exceeds the state rate by a large margin (19 vs. 9 per 100,000 residents). Poisoning includes accidental poisoning by illegal and prescription drugs, among other substances.

Note: With the exception of data on chronic disease and deaths and hospitalizations due to injury, all data in this document come from The Coordinating Council of Calhoun County 2011–12 Community Report Card and the 2009 Calhoun County Behavioral Risk Factor Surveillance Survey. Chronic disease data are based on 3-year averages (2008–2010) obtained from the Michigan Department of Community Health (MDCH) Vital Records Index. Data on deaths and hospitalizations due to injury are based on 5-year averages (2005–2009) obtained from the MDCH Vital Records Index.