BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY | YOUR LOCAL HEALTH DEPARTMENT

Program, Policy, & Appeals Committee Members:
Commissioner Stoll (Chair)
Commissioner Shaffer
Commissioner Leininger

BOARD OF HEALTH – PROGRAM, POLICY, & APPEALS COMMITTEE
Agenda for July 15, 2026 at 8:30 AM

1. Call to Order
    a. Roll Call
    b. Approval of the Agenda

2. Public Comment - For the purpose of public participation during public hearings or during the public comment portion of a meeting, every speaker prior to the beginning of the meeting is requested but not required to provide the Board with his or her name, address and subject to be discussed. Speakers are requested to provide comments that are civil and respectful. Each speaker will be allowed to speak for no more than three (3) minutes at each public comment opportunity.

3. Unfinished Business
    a. Procurement Policy – pg 2

4. New Business
    a. Community Health Needs Assessment – pg 7
    b. Health Officer Evaluation Policy – pg 52
    c. Employee Satisfaction Survey Results – pg 53

5. Public Comment

6. Adjournment - Next meeting: Full Board meets July 23, 2026.
PPA next meeting is scheduled for August 19, 2026

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Program: Administration	**Effective Date: 10/4/2018**
Subject: Procurement Policy	**Last Updated: 4/24/2025**

Purpose: To ensure all supplies, equipment, construction, and services are obtained in an open and effective manner and in full compliance with the provisions of applicable federal statutes and executive orders.

Policy Statement: Prior to starting a procurement process, Branch-Hillsdale-St. Joseph Community Health Agency (Referred to as "The Agency" going forward) must review the procurement to ensure that it complies with all parts of **2 CFR 200-317-326**.

Implementing Procedure:

GENERAL PROCUREMENT STANDARDS (Sec. 200.318):

The Agency:

- Must maintain oversight to ensure that contractors perform in accordance with the terms, conditions, and specifications of their contracts or purchase orders.
- Must maintain written standards of conduct covering conflicts of interest and governing the actions of its employees engaged in the selection, award and administration of contracts.
- Must avoid acquisition of unnecessary or duplicative items.
- Will seek to enter into state and local intergovernmental agreements or inter-entity agreements where appropriate for procurement or use of common or shared goods and services.
- Will seek to use Federal excess and surplus property in lieu of purchasing new equipment and property whenever such use is feasible and reduces project costs.
- Will use value engineering clauses in contracts for construction projects of sufficient size to offer reasonable opportunities for cost reductions. Value engineering is a systematic and creative analysis of each contract item or task to ensure that its essential function is provided at the overall lower cost.
- Must award contracts only to responsible contractors possessing the ability to perform successfully under the terms and conditions of the proposed procurement. Consideration must be given to contractor integrity, compliance with public policy, record of past performance, and financial and technical resources. Awards, subawards and contracts with parties that are debarred, suspended, or otherwise excluded form or ineligible for participation in Federal assistance programs or activities are not allowed.
- Must maintain records sufficient to detail the history of procurement. These records will include, but are not limited to the following: rationale for the method of procurement, selection of contract type, contractor selection or rejection, and the basis for the contract price.
- May use a time and materials type contract only after a determination that no other contract is suitable and if the contract includes a **ceiling price that the contractor exceeds at its own risk**.

Reviewed Date: 4/24/2025

A time and materials type of contract means that a contract whose cost to the grantee is the sum of the actual cost of materials and direct labor hours charged at fixed hourly rates that reflect wages, general and administrative expenses, and profit.

- Accepts sole responsibility, in accordance with good administrative practice and sound business judgement, for the settlement of all contractual and administrative issues arising out of procurement.

METHODS OF PROCUREMENT (Sec 200.320):

1. **Procurement by small purchase procedures: For purchases up to $249,999 – ("Simple Acquisition Threshold" defined in 41 U.S.C. 403(11) set at $250,000):**
   Small purchases are those that are relatively simple and informal for items such as supplies, services or other property. If small purchase procedures are used, price or rate quotations shall be obtained from an adequate number of qualified sources to ensure that the selection process is competitive in accordance with these policies. "Adequate Number" as well as specific rules governing small purchases are further defined in The Agency's Purchasing Policy.

2. **Procurement by sealed bids:**
   Bids are publicly solicited and a firm-fixed-price contract (lump sum or unit price) is awarded to the responsible bidder whose bid, conforming to all the material items and conditions of the invitation for bids, is the lowest price. *This method is preferred for procuring construction, if the following are present*,
   - A complete, adequate, and realistic specification or purchase description is available
   - **Two or more** responsible bidders are willing and able to compete effectively for the business, and
   - The procurement lends itself to a firm fixed price contract and the selection of the successful bidder can be made principally on the basis of price.

   If sealed bids are used, the following requirements apply:

   - Bids must be solicited from an adequate number of known suppliers, providing them sufficient response time prior to the date set for opening the bids. The invitation for bids must be publicly advertised.
   - The invitation for bids, which will include any specifications and pertinent attachments, must define the items or services in order for the bidder to properly respond.
   - All bids will be opened at the time and place prescribed in the invitation for bids.
   - A firm fixed price contract award will be made in writing to the lowest responsive and responsible bidder. Where specified in bidding documents, factors such as discounts, transportation cost, and life cycle costs must be considered in determining which bid is lowest. Payment discounts will only be used to determine the low bid when prior experience indicates that such discounts are usually taken advantage of.
   - Any or all bids may be rejected if there is a sound documented reason.

3. **Procurement by competitive proposals, i.e. Requests for Proposals (RFPs):**
   Competitive proposals are normally conducted with more than one source (supplier) submitting an offer and either a fixed-price or cost-reimbursement type contract is awarded. This is generally used when conditions are not appropriate for the use of small, large or sealed bids - *architectural, audit and third-party administration must use the competitive proposal method*. The following requirements apply:

- Requests for proposals (RFP) must be publicized and identify all evaluation factors and their relative importance. In most cases, solicitation by mail or newspaper or professional journals is appropriate. A telephone call is not sufficient.
- Any response to publicized RFPs must be considered to the maximum extent practical.
- Proposals must be solicited from an adequate number of qualified sources.
- The non-Federal entity must have a written method for conducting technical evaluations of the proposals received and for selecting recipients.
- Contracts must be awarded to the responsible firm whose proposal is most advantageous to the program, with price and other factors considered.
- The grantee may use competitive proposal procedures for qualifications-based procurement of architectural/engineering A/E professional services. This method, where price is not used as a selection factor can only be used in the procurement of A/E professional services.

Procuring audit services (Sec. 200.509). The grantee must follow the procurement standards in sections 200.317-326, as applicable.

In requesting proposals for audit services:
1) Objectives and scope of the audit should be made clear, and
2) Grantee must request a copy of the audit organization's peer review report which the auditor is required to provide under GAGAS (Generally Accepted Government Auditing Standards).

Factors to be considered in evaluating each proposal for audit services include:
1) Responsiveness to the request for proposal,
2) Relevant experience,
3) Availability of staff with professional qualifications and technical abilities,
4) Results of external quality control reviews, and
5) Price.

4. **Procurement by noncompetitive proposals:**
   Procurement through solicitation of a proposal from only one source. The grants reform clarified that this may be used only when one or more of the following circumstances apply:

   - The item is available only from a single source.
   - The public demand or emergency for the requirement will not permit a delay resulting from competitive solicitation (emergency situations).
   - The federal awarding agency or pass-through entity expressly authorizes noncompetitive proposals in response to a written request from The Agency.
   - After solicitation of a number of sources, competition is determined inadequate.

COMPETITION (Sec. 200.319):
All procurement transactions must be conducted in a manner providing full and open competition constituent with the standards for Part 200. In order to ensure objective contractor performance and eliminate unfair competitive advantage, contractors that develop or draft specifications, requirements, statements of work, or invitations for bids or requests for proposals must be excluded from competing for such procurement. Some situations that could be restrictive of competition include, but are not limited to:

- Placing unreasonable requirement(s) on firms in order for them to qualify.
- Requiring unnecessary experience and excessive bonding (insured in the event of a loss).
- Noncompetitive pricing practices between firms or between affiliated companies.

- Noncompetitive contracts to consultants that are on retainer contracts.
- Organizational conflicts of interest.
- Specifying only a "brand name" product instead of allowing "an equal" product.
- Any arbitrary action in the procurement process.

The Agency must conduct procurements in a manner that prohibits the use of statutorily or administratively imposed state, local or tribal geographic preferences, except where expressly mandated or encouraged.

The Agency must maintain written procedures for procurement transactions which Maintained in RFPs:

- Incorporate clear and accurate description of the technical requirements for materials, products or services to be procured.
- Identify all requirements that must be fulfilled by the offeror and all factors to be used in evaluating the bids or proposals.
- Ensure that all prequalified lists of offerors/products used for acquiring goods and services are current and include enough qualified sources to ensure maximum open and free competition.

CONTRACTING WITH SMALL AND MINORITY-OWNED BUSINESSES, WOMEN'S BUSINESS ENTERPRISES, VETERAN-OWNED BUSINESSES, AND LABOR SURPLUS AREA FIRMS (Sec. 200.321):

The Agency must take all necessary steps to assure that minority businesses, women's business enterprises, veteran-owned businesses, and labor surplus firms are used when possible. These steps include:

- Placing qualified small and minority businesses (SMBs), ~~and~~ women's business enterprises (WBEs), and veteran-owned businesses (VOSBs) on solicitation lists.
- Assuring that SMBs, ~~and~~ WBEs, and VOSBs are solicited whenever they are potential sources.
- Dividing total requirements, when economically feasible, into smaller tasks or quantities to permit maximum participation by SMBs, ~~and~~ WBEs, and VOSB.
- Establishing delivery schedules, where the requirement permits, which encourage participation by SMBs, ~~and~~ WBEs, and VOSBs.
- Using the services and assistance, as appropriate, of such organizations as the Small Business Administration and the Minority Business Development Agency of the Department of Commerce.
- Requiring the prime contractor, if subcontracts are allowed, to take the affirmative steps listed in the above statements.

CONTRACT COST AND PRICE (Sec. 200.323):

The Agency must perform some form of cost or price analysis in connection with each procurement, which are further explained below.

COST ANALYSIS is used:

- When the bidder is required to submit the elements that make up the estimated cost.
- When sufficient price competition is lacking
- For all single-source procurements.

PRICE ANALYSIS is used when price reasonableness can be established on the basis of a catalog or the market price of a product on processes set by law or regulation.

BONDING REQUIREMENTS (Sec. 200.325):

For construction or facility improvement contracts/subcontracts exceeding the Simple Acquisition Threshold (currently set at $250,000), the Federal awarding agency or pass-through entity may accept the bonding policy and requirements of the non-Federal entity provided that the Federal awarding agency or pass-through entity has made a determination that the Federal interest is adequately protected. Is such a determination has not been made, the minimum requirements must be as follows:

- A bid guarantee from each bidder equivalent to five percent of the bid price. The bid guarantee must consist of a firm commitment such as a bid bond, certified check or other negotiable instrument accompanying a bid as assurance that the bidder will, upon acceptance of the bid, execute such contractual documents as may be required within the time specified.
- A performance bond on the part of the contractor for 100 percent of the contract price. This is so the obligations of the contract are completely fulfilled.
- A payment bond on the part of the contractor for 100 percent of the contract price. A payment bond in one executed in connection with a contract to assure payment as required by law of all persons supplying labor and material in the execution of the work provided for in the contract.

Last Reviewed: 4/24/205 TEF

Branch County

2026 Community Health Needs Assessment
Branch County, Michigan

BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY | YOUR LOCAL HEALTH DEPARTMENT

July 2026

The 2026 Community Health Needs Assessment report was approved by the Branch-Hillsdale-St. Joseph Community Health Agency Board of Health on INSERT DATE.

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Acknowledgements

The 2026 community health needs assessment (CHNA) represents a true collaborative effort to gain a meaningful understanding of the most pressing health needs across Branch County. The Branch-Hillsdale-St. Joseph Community Health Agency, and its community partners composed of members from the Branch County Community Network (BCCN) are exceedingly thankful to the many community organizations and individuals who shared their views, knowledge, expertise, and skills with us. A complete description of community partner contributions is included in this report. We look forward to our continued collaborative work to make this a better, healthier place for all people.

The goal of this report is to offer a meaningful understanding of the most significant health needs across Branch County, as well as to inform planning efforts to address those needs. Special attention has been given to the needs of individuals and communities who are more vulnerable, unmet health needs or gaps in services, and input gathered from the community. Findings from this report can be used to identify, develop, and focus public health, health system, and community initiatives and programming to better serve the health and wellness needs of the community.

We would also like to thank you for reading this report, and your interest and commitment to improving the health of Branch County. We would like to thank the community partners and residents who shared their thoughts and opinions with our agency. Your time, talents, and partnership are greatly appreciated in this endeavor. The Community Health Needs Assessment is a foundational part of the agency's

Community Health Improvement and Strategic Planning process. As we develop these plans, the information contained in this document will be combined with community health needs assessments in Hillsdale and St. Joseph counties to develop jurisdictional priorities. **We value the community's voice and welcome feedback on this report. Please visit our public website https://bhsj.org to submit your comments.**

Branch-Hillsdale-St. Joseph Community Health Agency

Rebecca Burns, MPH, RS Health Officer

Executive Summary

The goal of the 2026 Community Health Needs Assessment (CHNA) report is to offer a meaningful understanding of the most significant health needs across Branch County. Findings from this report can be used to identify, develop, and focus public health, health system, and community initiatives and programming to better serve the health and wellness needs of the community.

Purpose of the CHNA

The purpose of the CHNA is to understand the health needs and priorities of those who live and/or work in the communities served by the public health system, with the goal of addressing those needs through the development of an implementation strategy plan. A list of definitions for the terms used in the CHNA is in Appendix A.

Community Served

For the 2026 CHNA, the community is defined as Branch County. Although the Branch-Hillsdale-St. Joseph Community Health Agency serves three counties, Branch County was selected due to its current need for an updated health needs assessment and its designation as a primary service area for both the Agency and its partners. Additionally, county-level data is readily accessible, making Branch County an appropriate focus for this assessment.

Data Analysis Methodology

The 2026 CHNA was conducted from January 2026 to May 2026 and utilized a process which incorporated quantitative and qualitative data from primary and secondary sources. Primary data sources included information provided by groups/individuals, e.g., community residents, health care consumers, health care professionals, community stakeholders, and multi-sector representatives. Special attention was given to the needs of individuals and communities who are more vulnerable, and to unmet health needs or gaps in services. It was determined that the Branch County Community Network (BCCN) is comprised of members who work on behalf of those who are considered vulnerable within the county and are also community residents. The Agency developed a needs survey that was distributed to the BCCN members. A total of 13 surveys were collected. Secondary data was compiled and reviewed to understand the health status of the community. A total of seven interviews were conducted.

Prioritized Needs

The prioritized needs identified as a result of the assessment are:

- Access to care
- Maternal, Infant and Child Health
- Substance Use

About Branch County CHNA Collaboration

Branch-Hillsdale-St. Joseph Community Health Agency

The agency serves three counties, 1604 square miles, 31 communities, and 152,699 residents with approximately 61 full and 15 part-time staff in 2026. The agency is led by the Board of Health, comprised of two county commissioners from each county. The Health Officer is responsible for the operation of the agency. The Health Officer is supported by the Medical Director, a local physician, who advises the agency regarding issues of public health and disease prevention. Four Division Directors are responsible for program planning, policy development, and staff training. Six Supervisors ensure that staff are supported in carrying out the requirements of the programs and services we provide. Sixty-four talented team members ensure that everyone receives the high-quality services that are expected. The staff is committed to the mission and vision, desiring to make the communities safe and providing services to support optimal community health.

Mission: *The mission of the Branch-Hillsdale-St. Joseph Community Health Agency, Your Local Health Department is helping people live healthier.*

Vision: *The vision of the Branch-Hillsdale-St. Joseph Community Health Agency is to be the trusted health resources for all people.*

Insight Hospital and Medical Center Coldwater

Insight Hospital & Medical Center Coldwater, located in Coldwater, Michigan, is a trusted healthcare provider dedicated to delivering high-quality, compassionate care. Offering a range of medical services and advanced treatments, they are committed to improving the health and well-being of our community.

Branch County Community Network

The Branch County Community Network exists to enhance community development by providing a platform for networking and collaboration. The Network serves as Branch County's community collaborative organization, and its members represent multiple populations in the county. A list of member organizations is found in Appendix B.

Pines Behavioral Health

Pines Behavioral Health Services is a Community Mental Health Services Program (CMHSP) serving those with mental health concerns, substance use disorders, people with an intellectual/developmental disability, and veterans with intensive and complex needs.

The oversight of the Medicaid services across this partnership is managed by Southwest Michigan Behavioral Health (SWMBH). Pines is also recognized by SAMHSA as meeting the certification standards of a Certified Community Behavioral Health Clinic (CCBHC). A CCBHC follows nationally recognized standards of care and provides integrated mental health and physical health services to treat the whole person regardless of residence or ability to pay.

Great Start Collaborative

Community leaders in Branch County who understand the vital importance of investing in young children came together to form the Great Start Collaborative (GSC) and Great Start Parent Coalition (GSPC). The members of the GSC and GSPC worked to identify community needs through comprehensive strengths and needs assessments, community input, parent and family voice, root cause analysis, and quantitative and qualitative data. Unfortunately, the funding for the GSC was discontinued, but the Agency relied on its strategic plan during the data collection and analysis process.

About the Community Health Needs Assessment

A community health needs assessment, or CHNA, is essential for community building and health improvement efforts, and directing resources where they are most needed. CHNAs can be powerful tools that have the potential to be catalysts for immense community change.

Purpose of the CHNA

A CHNA is “a systematic process involving the community to identify and analyze community health needs and assets in order to prioritize, plan, and act upon unmet community health needs.”[1] The process serves as a foundation for promoting the health and well-being of the community by identifying the most pressing needs, leveraging existing assets and resources, developing strategic plans, and mobilizing public health and its community partners to work together. This community-driven approach aligns with the Agency’s commitment to offer programs designed to address the health needs of a community, with special attention to persons who are underserved and vulnerable.

Community Served and Demographics

A first step in the assessment process is clarifying the geography within which the assessment occurs and understanding the community demographics.

[1] Catholic Health Association of the United States (https://www.chausa.org)

Community Served

For the purposes of the Community Health Needs Assessment (CHNA), the community served is defined as Branch County, Michigan. Although healthcare providers and community organizations in the region may serve residents from surrounding counties and northern Indiana, Branch County is used as the primary geographic area for this assessment because most healthcare services, demographic data, and public health statistics are reported at the county level.

Situated on the Michigan - Indiana border in south-central Michigan, Branch County is made up of small villages, rural townships, and the county capital city of Coldwater. Numerous lakes, farmlands, and leisure spaces that enhance the local economy and standard of living are found across the county. The county is connected to neighboring regional hubs in Michigan and Indiana by important transportation lines, which promote business and job possibilities.

Over the past ten years, Branch County's population has gradually changed because of manufacturing, agricultural, and regional economic development. Due to the county's population distribution between rural and small urban areas, there are opportunities and difficulties with regard to access to healthcare, transportation, and economic development.

Figure 1: Map of Community Served

Demographic Data

Branch County is situated adjacent to the Indiana border in south-central Michigan. The median home value, according to housing indicators, is $142,400, indicating reasonably priced property in comparison to many Michigan urban areas.

A mixed housing structure with both homeowners and renters contributing to the local housing market

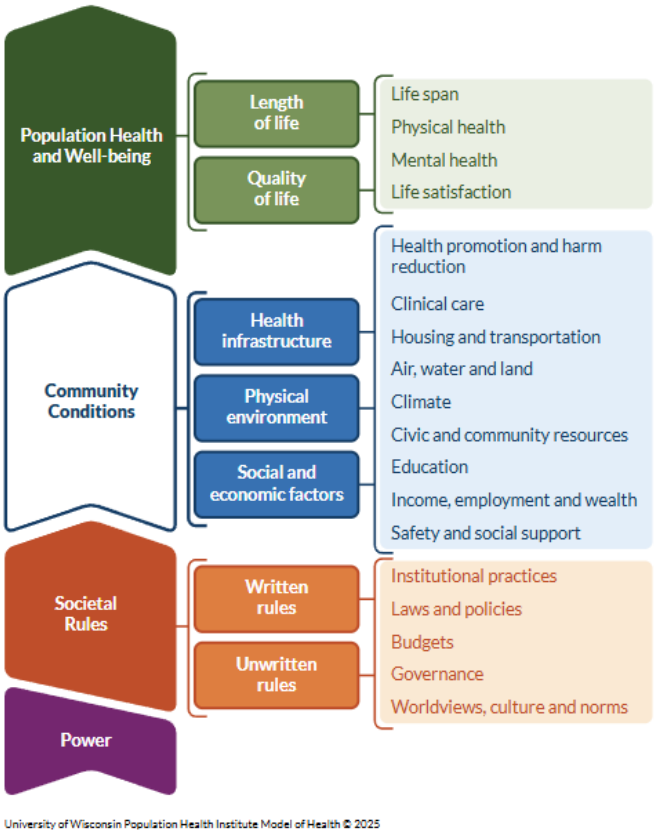
is indicated by the fact that about 26% of occupied dwelling units are renter occupied. 12.1% of dwelling units are unoccupied, which could be due to housing availability, migration trends, or seasonal housing.

Given that 15% of children live in poverty and the median family income is $62,965, socioeconomic statistics point to possible financial difficulties for some households. The percentage of residents without health insurance is 7.1%, which is comparatively consistent. 90.9% of adults have completed high school, indicating a high level of education, yet the unemployment rate is still low at 4.2%. Given the circumstances, Branch County is a rural community with reasonably priced, but not always accessible housing, steady work, and mild socioeconomic issues regarding poverty and access to healthcare.

Indicator	Branch County	Description
Median Value of Owner-Occupied Homes	$142,400	The median home value represents the midpoint value of owner-occupied housing units in the county.
Renters (% of occupied homes)	26%	Percentage of housing units occupied by renters rather than homeowners.
Vacant Housing Units	12.10%	Percentage of housing units that are unoccupied.
Median Household Income	$62,965	Income where half of households earn more and half earn less.
Percent of Children in Poverty	15%	Percentage of individuals under age 18 living below the poverty line.
Percent Uninsured	7.10%	Percentage of population under age 65 without health insurance.
Educational Attainment	90.90%	Percentage of adults age 25+ with a high school diploma or higher.
Unemployment Rate	4.20%	Percentage of the labor force unemployed but actively seeking work.

To view the Branch County Demographic Data in its entirety, see Appendix C.

Process and Methods Used



The Branch County CHNA is committed to using the best national practices in conducting the CHNA. Health needs and assets for Branch County were determined using a combination of data collection and analysis for both secondary and primary data, as well as community input on the identified and significant needs.

The Branch County CHNA relies on the model developed by the County Health Rankings and Roadmaps and the Robert Wood Johnson Foundation, utilizing the determinants of health model as the model for community health improvement.

Collaborators and/or Consultants

With the contracted assistance of Mary Kushion Consulting, LLC, the Branch-Hillsdale-St. Joseph Community Health Agency reached out to the following organizations to complete the 2026 CHNA:

- Beginning's Care for Life
- Branch County Coalition Against Domestic and Sexual Violence
- Branch County Community Foundation
- Branch County District Library

- Branch County Commission
- Branch County Sunrise Rotary
- Childcare Network
- Community Action Agency
- Jacob's Well
- Kiwanis Club
- Insight Coldwater Hospital
- Michigan Department of Health and Human Services: Environmental Health Bureau
- Michigan Department of Health and Human Services -Branch County Service Center
- Pines Behavioral Health
- Presbyterian Free Health Clinic

The consultant facilitated the development and analysis of both the key informant interviews and the survey provided to the Branch County Community Network.

Data Collection Methodology

Branch County CHNA was developed with contracted assistance from Mary Kushion Consulting, LLC, and Central Michigan University Master of Public Health student Ramaprabha Makireddy, who analyzed secondary data of over 50 indicators and gathered community input through community surveys and key informant interviews to identify the needs in Branch County.

Summary of Community Input

Recognizing its vital importance in understanding the health needs and assets of the community, the Agency consulted with a range of health and social service providers that represent the broad interests of Branch County. A concerted effort was made to ensure that the individuals and organizations represented the needs and perspectives of 1) public health practice and research; 2) individuals who are medically underserved, are low-income, or considered among the minority populations served by the hospital; and 3) the broader community at large and those who represent the broad interests and needs of the community served.

Multiple methods were used to gather community input, including key informant interviews, key stakeholders, a community survey, and meetings with the Branch County Community Network. These methods provided additional perspectives on how to select and address top health issues facing Branch County. A summary of the process and results is outlined below.

Key Informant Interviews

The Agency's consultant conducted key informant interviews to learn what they perceive as the main health issues, obstacles, and priorities for Branch County. Seven key stakeholder interviews were conducted with representatives from local government, behavioral health, healthcare, and community foundation. To learn more about social determinants of health, access to care, and community health status, a mixed qualitative method was employed.

Overall, Health Situation

On a scale of 1-to-10, participants ranked Branch County's general health between 5 and 7 in every interview, suggesting a modest state of health with substantial potential for improvement. The county is not currently experiencing a crisis, but there are several persistent problems that have an impact on the wellbeing of the residents. The interconnectedness and influence of both behavioral and structural variables on health issues was a recurring theme across informants.

Key Health Issues Identified During Interview

- Mental Health

In Branch County, mental health was found to be the most urgent health concern. Participants mentioned common issues with trauma, anxiety, sadness, and long-term stress. Worsening results are caused by a lack of early intervention mechanisms, inadequate providers, and restricted access to mental health care. Law enforcement is frequently the initial point of contact for people going through mental health crises due to deficiencies in crisis response and support programs.

- Substance Use

Mental health issues are intimately associated with substance use problems, which are a significant concern. Methamphetamine, alcohol, and marijuana are often the drugs of choice. Informants highlighted the lack of long-term and inpatient treatment alternatives in the county. They also reported rising teenage use, especially vaping. Programs for prevention exist, but they need to be expanded and involve the community more according to the respondents.

- Access to Healthcare Services

Access to healthcare was identified as a significant barrier for residents:

- Primary Care: Available but limited, with long wait times and difficulty finding providers accepting new patients.
- Specialty Care: Largely unavailable locally, requiring travel to nearby cities such as Battle Creek, Marshall, Kalamazoo, Fort Wayne, Lansing, Ann Arbor or Grand Rapids.
- Dental Care: Services exist, but difficulty finding providers accepting new patients, finding providers who accept insurance plans or Medicaid, affordability, and long wait times are major barriers.
- Maternal Health Services: The closure of the local obstetrics (OB) unit has created serious gaps in care for pregnant women, requiring travel for delivery, high risk pregnancy, and emergency services. Additional obstacles include a preference, among certain cultural groups, for female providers, which can be limited in the area.

These challenges highlight systemic gaps in healthcare infrastructure and workforce capacity.

Social determinants of health

Branch County's health outcomes are significantly influenced by social and economic factors:

Transportation: One major barrier mentioned by nearly every person interviewed is access to transportation. They stated public transportation provides limited hours of operation. Access to healthcare and other vital services is hampered by a lack of public transportation options and lengthy wait periods for ride pick-ups.

Education: One of the main concerns was found to be low educational attainment, especially among pregnant women. Long-term economic instability and fewer job prospects were noted and impacted by low levels of education.

Housing: There is a shortage of reasonably priced homes, and unaffordable prices put a pressure on finances that affect mental and physical health. Several interviewees have referenced an employer who brings in employees from many places in and outside the country, and they have a challenging time finding housing.

Most of the stakeholders indicated that the social determinants of health provided above are interrelated and contribute to health disparities within the county.

Populations of Priority
Several vulnerable populations that need focused interventions were identified by the assessment:

- Adolescents and young people, especially with reference to behavioral issues, substance abuse, and mental health
- Pregnant people and lack of health system obstetrics care
- Families in need of affordable and accessible childcare
- Older people and age-related health issues
- Immigrant population who has language hurdles, cultural disparities, and low health literacy
- Families and individuals with low incomes, especially those who could become unhoused.

Obstacles to Care
Important obstacles found in all the interviews are:

- Few choices for transportation
- Expensive medical and dental expenses, especially for those without insurance
- Language and cultural limitations that impact usage and access
- Inadequate local healthcare infrastructure, such as inpatient services and specialty care
- Public health system understaffed and unable to grow programs
- Elimination of the Great Start Collaborative

Strengths of the Community

Branch County offers several advantages despite these difficulties:

- Current community initiatives like health fairs, school-based projects, and preventative campaigns

- Behavioral health organizations that provide walk-in and outreach services
- Strong ties to the community and a readiness to work together
- Accessibility of public areas and facilities for programming and community involvement

These advantages offer a basis for carrying out successful interventions.

Recommendations

Based on the findings, the following recommendations were proposed:

1. Expand Mental Health Services
   Increase the number of providers, improve crisis response systems, and implement early intervention programs in schools and communities.
2. Improve Access to Healthcare
   Enhance access to specialty care through partnerships and telehealth services, and address gaps in maternal healthcare.
3. Strengthen Substance Use Prevention and Treatment
   Expand prevention programs, particularly for youth, and increase availability of treatment services.
4. Enhance Transportation Systems
   Develop local transportation solutions to improve access to healthcare and other essential services.
5. Address Housing and Economic Barriers
   Increase access to affordable housing and provide support services for low-income populations.
6. Improve Health Education and Outreach
   Develop culturally appropriate health education programs, particularly for immigrant populations, and improve overall health literacy.
7. Increase Public Health Capacity
   Invest in staffing and resources for the health department to support program implementation and community outreach.

The Key Informant script is provided in its entirety in Appendix D.

Key Informant Interviews

Key Summary Points

- Mental health, substance abuse, and restricted access to healthcare are the main health issues that Branch County faces.
- Social variables including housing, transportation, and education exacerbate these problems.

● A cooperative, multi-sector strategy involving healthcare providers, public health groups, community organizations, and local government will be necessary to address these issues.	
Populations/Sectors Represented	**Common Themes**
● Branch County Commission/Board of Health ● Branch County Community Foundation ● Branch County Intermediate School District ● City of Coldwater ● Pines Behavioral Health (two interviews) ● Insight Hospital and Medical Center Coldwater	**Behavioral Health (Mental Health and Substance Abuse)**: Participants mentioned common issues with trauma, anxiety, sadness, and long-term stress. Worsening results are caused by a lack of early intervention mechanisms, inadequate providers, and restricted access to mental health care. **Access to healthcare** was identified as a significant barrier for residents: ● Primary Care: Available but limited, with long waiting times and difficulty finding providers accepting new patients. ● Specialty Care: Largely unavailable locally, requiring travel to nearby cities such as Battle Creek, Marshall, Kalamazoo, Fort Wayne, Lansing, Ann Arbor or Grand Rapids. Dental Care: Services exist, but affordability and long waiting times are major barriers.

Community forum

One community forum was conducted with the Branch County Community Network and facilitated by consultant Mary Kushion to gather feedback from its members who represent community members and various populations of focus on the health needs and assets of Branch County. Seventeen community members participated in the forum, held on May 20, 2026. Populations represented by participants included those with mental health challenges, infants, children and adolescents, the faith-based community, low-income, those seeking employment and job skill educational opportunities and victims

of domestic violence. In addition, the healthcare system and community non-profit sectors were represented at the forum.

Community Forum	
Key Summary Points	
● **2026 Community Health Needs Assessment Report is a collaborative effort to produce one report for Branch County** ● **Members were provided with a summary of the quantitative and qualitative data** ● **Members were asked to review identified health issues and determine which were significant and then which of those should be the highest priority**	
Populations/Sectors Represented	**Common Themes**
● Beginning's Care for Life ● Branch County Coalition Against Domestic and Sexual Violence ● Branch County Community Foundation ● Branch County District Library ● Branch County Commission ● Childcare Network ● Community Action Agency ● Jacob's Well ● Kiwanis Club ● Insight Coldwater Hospital ● Michigan Dept. of Health and Human Services: Environmental Bureau ● Michigan Dept. of Health and Human Services: Branch County Service Center ● Pines Behavioral Health ● Presbyterian Free Health Clinic	● The cost and accessibility for both food and housing are making it unattainable for many who work and reside in Branch County ● Access to health services (primary care, specialty care, and dental care) is difficult and expensive ● Need for mental and behavioral health services is increasing in demand - especially for teens who report using alcohol, marijuana and prescription medications that are not prescribed to them. ● Maternal, infant and child health which is related to the low immunization rates in the county, lack of parent education opportunities and the high percentage of teens who have 2+ adverse childhood experiences ● Transportation is an issue related to hours of operation

Surveys

In a coordinated effort with the Branch County Community Network, a survey was disseminated by the health department to the Network membership to gather the perceptions, thoughts, opinions, and concerns of the community regarding health outcomes, health behaviors, social determinants of health, and clinical care for Branch County. 13 individuals participated in the survey held in March and April 2026. The data gathered and analyzed provides valuable insight into issues of importance to the community. The survey contained 12 questions and was distributed via an electronic survey distribution method with confidential results being returned directly to the consultant.

Surveys

Key Summary Points

- Chronic diseases and access to care for the treatment of them ranked high as the most pressing health issue facing the county
- Access to specialty providers within the county is a common concern
- The complexity of the diversity of our county, specifically in the city of Coldwater, creates many health challenges. Language barriers along with differing cultural and social norms exists
- Barriers to health
  - Lack of physicians and dentists
  - Uninsured
  - Costs – varied for food, care, housing, transportation
  - Lack of attraction/ability to reach those who need helpful programs

Populations/Sectors Represented	Common Themes
• Branch County Community Network Members • Branch County Sunrise Rotary Members	**Most pressing health issues identified in survey** • Cancer • Diabetes • Obesity • Access to medical care for chronic diseases • Lack of mental health providers to address the need • Lack of OB/GYN and other specialty providers • Poverty • Homelessness • Literacy

To view community survey questions in their entirety, see Appendix D. Survey results are available upon request.

Summary of Secondary Data

Secondary data is data that has already been collected and published by another party. Both governmental and non-governmental agencies routinely collect secondary data reflective of the health status of the population at the state and county level through surveys and surveillance systems. Secondary data were compiled from various reputable and reliable sources including County Health Rankings and Roadmaps (CHRR), State of Michigan Vital Statistics, U.S. Census, Michigan Kids Count, and the Michigan Profile for Healthy Youth. It is also recognized that the County Health Rankings and Roadmaps utilize most, if not all, the same data sources. As such, because the County Health Rankings and Roadmaps are presented as a county-specific data set, the Agency is using the

CHRR as its primary secondary data source. When an indicator was not present in the County Health Rankings and Roadmaps but important to the assessment, the specific data source is referenced.

The Branch County CHNA secondary data approach relies on the model developed by the County Health Rankings and Roadmaps and the Robert Wood Johnson Foundation, utilizing the determinants of health model as the model for community health improvement. Health indicators in the following categories were reviewed:

- Health Behaviors
- Clinical Care
- Social and Economic Factors
- Physical Environment

The secondary data collected and analyzed through this assessment is referenced and highlighted in the significant needs tables in the Community Needs Section of this report. To view secondary data and sources in its entirety, see Appendix E.

Data Limitations and Information Gaps

Although it is quite comprehensive, this assessment cannot measure all possible aspects of health and cannot represent every possible population within Branch County. This constraint limits the ability to fully assess all the community's needs.

For this assessment, three types of limitations were identified:

- Some groups of individuals may not have been adequately represented through the community input process. Those groups, for example, may include individuals who are transient, who speak a language other than English, or who are members of the lesbian/gay/bisexual/transgender+ community.
- Secondary data is limited in several ways, including timeliness, reach and descriptive ability with groups as identified above.
- Acute community concern may significantly impact the Agency's ability to conduct portions of the CHNA assessment. These events may impact the ability to collect community input, may not be captured in secondary data. For the 2026 CHNA, the following acute community concerns were identified:
    - A severe thunderstorm on March 6, 2026, moved through Cass, St. Joseph, and Branch counties in southern Michigan, spawning at three confirmed tornadoes that resulted in four deaths and twelve injuries.

Despite the data limitations, the Agency is confident of the overarching themes and health needs represented through the assessment data. This is because the data collection included multiple methods, both qualitative and quantitative, and engaged the participants from the community.

Community Needs

In collaboration with various community partners, the Branch-Hillsdale-St. Joseph Community Health Agency collected and analyzed primary and secondary data for Branch County. The following sections describe in detail the data collection efforts.

The Agency, with contracted assistance from the outside consultant, analyzed secondary data of over 50 indicators and gathered community input through community surveys and forums to identify the needs in Branch County. In collaboration with community partners, a phased prioritization approach was used to identify the needs. The first step was to determine the broader set of **identified needs**. Identified needs were then narrowed to a set of **significant needs** which were determined to be most crucial for community stakeholders to address. Following the completion of the significant needs, Agency leadership chose three **prioritized needs.** Figure 2 illustrates the relationship between the needs categories.

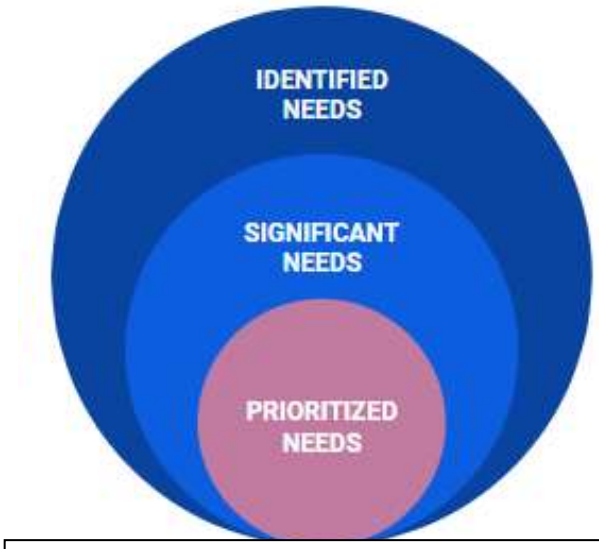


Figure 2: Identification and Prioritization of Needs

Identified Needs

The Agency has defined “identified needs” as the health outcomes or related conditions (e.g., social determinants of health) impacting the health status of Branch County. The identified needs were categorized into groups such as health behaviors, social determinants of health, length of life, quality of life, clinical care, and systemic issues to better develop measures and evidence-based interventions that respond to the determined condition. The agency reviewed the quantitative and qualitative data received create a list of identified needs. Table 1 provides a summary of the health issues identified by the health department, key informants, surveys, and the BCCN.

Table 1: Branch County Health Needs

Issue	Key Informant	Survey	BCCN	BHSJCHA
Food Security			X	X
Substance Use	X	X	X	X
Housing/Unhoused	X	X	X	X
Transportation	X		X	X
ACES			X	X

Immunizations			X	X
Parent Education			X	X
Maternal/Infant Mortality			X	x
Mental Health	X	X		X
OB Care at Hospital		X		X
Chronic Diseases		X		
Access to care (all)	X	X		X
Poverty		X		
Literacy		X		
Child Care	X			
STI Treatment Options				X
Harm Reduction/Needle Exchange Program				X
Culturally Competent healthcare services				X
Teen Pregnancy				X
Teen Use of drugs/alcohol				X
Firearm Risk Reduction				X
Marijuana Dispensaries				X

The identified health needs, based on the data, are as follows:

- Lack of Sexually Transmitted Infection (STI) treatment options
- Need a Harm Reduction/Syringe Exchange program
- Need for How to Parent program
- Culturally competent healthcare services for the Hatian, Yemeni and Amish populations
- High teen pregnancy rate
- Lack of food sources – food insecurity
- Lack of housing- growing unhoused population
- Lack of healthcare providers
- Lack of transportation for older adults and low-income people
- Low immunization rates/vaccine resistant population
- Lack of a county birthing hospital
- Long wait times for specialty care
- Substance use and abuse problem and lack of treatment centers
- Long wait times for in-patient mental health services
- High rental eviction rates
- Teens with two or more adverse childhood experiences
- Increasing number of teens using drugs and alcohol
- Firearm risk reduction program
- The increasing number of marijuana dispensaries

- Maternal and infant mortality rates

Significant Needs

In collaboration with various community partners, the Agency utilized a three-step approach to prioritize which of the identified needs were most significant. The community forum provided the participants with the opportunity to identify ten significant needs that needed to be addressed in Branch County. The identified needs were presented to the forum participants who then ranked each of them to identify the significant needs. Significant needs are defined as the identified needs which have been deemed most significant to address based on established criteria and/or prioritization methods.

Through the prioritization process for the 2026 CHNA, the significant needs are as follows:

- Food Security including access and availability of fresh foods
- Lack of Accessible Housing
- Transportation Services for evening and overnight needs
- Low Immunization Rates
- How to Parent Education Classes
- Behavioral Health, including substance use and treatment options
- Access to healthcare services
- Maternal/Child/Infant Health
- Chronic diseases
- Teens with two or more adverse childhood experiences

Prioritized Needs

Of the significant needs, three health issues were identified as the priority health issues.

- **Access to Care** This need was selected because there is a constant and growing need for multiple types of care in the county. The closure of the OB unit at the hospital has made it difficult for pregnant people to access obstetrical and gynecological care in the county. Specialty care services for chronic diseases such as, but not limited to heart disease, cancer, and diabetes sequalae, especially for those who are older adults, are not readily available in the county. The County has one Medication Assisted Treatment (MAT) service provider for substance use, but in-house treatment services do not exist, and mental health services are limited. Access to care is a priority not only for the Agency, but for Insight Hospital, Medical Center of Coldwater, and Pines Behavioral Health as well.

- **Maternal/Child/Infant Health** This need was selected because, as stated above, the lack of an obstetrics unit at the hospital is preventing pregnant persons from delivering babies in the county and with the potential growing concern that OB/GYN providers will leave the area as a result, it is important to provide services to pregnant persons, their infants and children. Vaccine hesitancy delayed or lack of prenatal care, the need for parenting education courses, food insecurity and lack of adequate housing all contribute to health and well-being of the population.

- **Substance Abuse** This need was selected because the substance use and abuse in the county, especially among teens, is rising. The legalization of cannabis has resulted in the

development of multiple dispensaries in the county. Also, the rates of suicide, those having suicidal thoughts and depression among both adults and adolescents, are above the state and national averages. Teen use of drugs without a prescription, vape products and alcohol are also above state and national averages.

Multiple reasons as to why the remaining significant needs that were not selected as priority needs in this CHNA cycle exist. These include but are not limited to the fact that some of the areas are beyond the scope of control of the agency, others are being addressed by community organizations and groups, and a few will be incorporated into the larger priority needs categories. Although the Agency may not directly address the remaining issues, it will continue to be a collaborating partner and referral resource as appropriate.

Descriptions, including data highlights, community challenges & perceptions, and local assets & resources of the prioritized needs are on the following pages.

Access to Care

Why is it Important?

"Access to health services affects a person's health and well-being. Regular and reliable access to health services can:

- Prevent disease and disability
- Detect and treat illnesses or other health conditions
- Increase quality of life
- Reduce the likelihood of premature (early) death
- Increase life expectancy"

Source: CDC

Data Highlights

- 2,780:1 is the Patient-to-Primary Care Provider Ratio
- 2,150:1 is the Patient-to-Dentists
- 540:1 is the Patient-to-Mental Health Provider Ratio
- 8% of the population under age 65 is uninsured
- Adult diabetes prevalence 11%
- Heart disease mortality 209/100,000
- Lung and bronchus cancer 11.2/100,000
- 36% of adults are obese
- 8.6% of adults were ever told of COPD
- Liver disease mortality 16.8/100,000
- All cancer incidence 461/100,000
- Colorectal cancer incidence 39.4/100,000
- Kidney disease mortality 18.7/100,000

Local Assets & Resources

- Insight Hospital and Medical Center-Coldwater
- BHSJCHA
- Pines Behavioral Health
- Presbyterian Free Health Clinic
- Karim Healthcare
- Oaklawn Family Practice
- Family Practice and Orthopedic Care Center
- Branch Pediatric & Adolescent Medicine
- My Community Dental Center
- Fresenius Dialysis Center
- Prompt Care
- Coldwater Family Medicine

Individuals Who Are More Vulnerable

- All county residents are vulnerable
- Pregnant Persons
- Older Adults
- Persons with no insurance

Community Challenges & Perceptions

- Provider ratios are larger than the state average resulting in longer wait times or increased utilization of urgent care or emergency room services.
- Language barriers between providers and patients create communication and compliance challenges.

• Low/no income people • People with chronic conditions • Immigrant populations	• Preventative services are delayed due to lack of primary care providers, insurance coverage, transportation, and/or cultural barriers. • For conditions that require specialty care, providers and services are not readily available in the county, requiring patients and families to travel distances for definitive care
Maternal, Infant and Child Health	
Why is it Important?	**Data Highlights**
Maternal, infant and child health is a critical foundation for the overall well-being of a community because health during pregnancy, infancy, and childhood strongly influences lifelong physical, emotional, and developmental outcomes. Strong maternal and child health systems also help reduce preventable complications, improve health outcomes, support early development, and lower the risk of chronic disease later in life. Investing in maternal, infant and child health strengthens families, reduces health disparities, contributes to a healthier and more productive population overall.	• 20% of the children in the county live in poverty • 7% of babies had low birth weights (under 5 pounds, 8 ounces) • Infant mortality 8.8/1,000 live births • 42% are enrolled in early child education (ages 3-4) • 69% of toddlers (ages 19-35 months) are fully immunized • 26% Child abuse/neglect rate • 32% Teens with 2 or more adverse childhood experiences • 18% of teens eat 5+ fruits/vegetables per day • Teen obesity rate 18% • Child food insecurity rate 22% • Sexually transmitted infection rate for teens (ages 15-19) 842/100,000 • Teen birth rate 24.1% • Prenatal care in 1st trimester 68% • 12% of teens using prescription drugs without a prescription • 48% HPV vaccine series complete (adolescents)
Local Assets & Resources	
• BHSJCHA • Insight: Coldwater • Pines Behavioral Health • Presbyterian Free Health Clinic • Karim Healthcare • Oaklawn Family Practice • Family Practice and Orthopedic Care Center • Branch Pediatric & Adolescent Medicine • Coldwater Family Medicine	

Individuals Who Are More Vulnerable	**Community Challenges & Perceptions**
• All county residents are vulnerable with a special emphasis on pregnant people, parents, infants, children and adolescents	• Lack of a hospital in county that offers labor and delivery services requires families to travel to other counties to deliver their child. • Cultural groups within the community prefer female providers for obstetrical care, which may not be available. • Pregnant people fear the involvement of authorities if they are using substances and will delay care to avoid pre-delivery screening. • Vaccine hesitancy is seen among the population. For some, their justification is based on unreliable sources. • Families who live in poverty may delay medical care to meet other financial obligations. • Schools are hesitant to provide education in the classroom to discuss STIs, pregnancy/contraception, substance use, or mental health • Food resources outside of Coldwater city are limited to Dollar General Stores or local gas stations/carry outs. Farmer's Markets or farm stands are not participating in SNAP programs.
Substance Abuse	
Why is it Important?	**Data Highlights**
Addressing **substance abuse in adolescents** is crucial because early use of alcohol or drugs can disrupt healthy brain development, increase the risk of addiction later in life, and contribute to serious social, emotional, and academic problems. Adolescents who misuse substances are more likely to experience mental health challenges, engage in risky behaviors, and struggle with	• 21% of teens report having a major depressive episode • Average Health Professional Shortage Area Score: Mental Health 19.3 • 27.4/100,000 drug induced mortality rate • 11.6/100,000 alcohol induced mortality rate • Adult smoking rate 21% • Teen smoking rate 7% • Teens who used marijuana in past 30 days 17% • Teens who vaped in the past 30 days 18% • Mental health emergency department visits 84.6/10,000

school performance or relationships, which can set the stage for long-term difficulties in adulthood. By intervening early—through education, supportive environments, and accessible prevention programs, communities can protect young people during a vulnerable developmental period and promote healthier, safer futures.	● Adults reporting that their mental health was not good on 6.0 of the previous 30 days ● Adults with opioid use disorder 3.8% ● Binge drinking adults 19% ● Suicide mortality rate 18.4/100,000
Local Assets & Resources	
• Pines Behavioral Health • Insight: Coldwater • Insight Family Medicine – Union City	
Individuals Who Are More Vulnerable	**Community Challenges & Perceptions**
● All county residents are vulnerable ● Adolescents	● Limited providers in Branch County requires individuals and families to seek mental health services in surrounding counties or across state lines. ● Limited programming or support for substance use or behavioral health concerns of teens/adolescents outside of the school environment. ● Vaping is prevalent in the teen/adolescent population. ● Cannabis related businesses are prevalent in several communities which contributes to economic and social normalization of cannabis use in all age groups

Approval by Branch-Hillsdale-St. Joseph Board of Health

To ensure the Branch-Hillsdale-St. Joseph Community Health Agency's efforts meet the needs of the community and have a lasting and meaningful impact, the 2026 CHNA was presented to the Board of Health for approval and adoption on INSERT DATE. The adoption of the CHNA also demonstrates that the board is aware of the findings from the community health needs assessment, endorses the priorities identified, and supports the strategy that has been developed to address prioritized needs.

Conclusion

The purpose of the CHNA process is to develop and document key information on the health and wellbeing of the Branch County communities served by the Branch-Hillsdale-St. Joseph Community Health Agency serve. This report will be used by internal stakeholders, non-profit organizations, government agencies, and other community partners of the agency to guide the implementation strategies and community health improvement efforts. The 2026 CHNA will also be made available to the broader community as a useful resource for further health improvement efforts.

The agency hopes this report offers a meaningful and comprehensive understanding of the most significant needs of residents of Branch County. The agency values the community's voice and welcomes feedback on this report. Please visit this public website https://bhsj.org to submit your comments.

Appendices

Appendix A: Definitions and Terms

Acute Community Concern
An event or situation which may be severe and sudden in onset or newly affects a community. This could describe anything from a health crisis (e.g., COVID-19, water poisoning) or environmental events (e.g., hurricane, flood) or other events that suddenly impact a community. The framework is a defined set of procedures to provide guidance on the impact (current or potential) of acute community concern. Source: Ascension Acute Community Concern Assessment Framework

Collaborators
Third-party, external community partners who are working with the hospital to complete the assessment. Collaborators might help shape the process, identify key informants, set the timeline, contribute funds, etc.

Community Focus Groups
Group discussions with selected individuals. A skilled moderator is needed to lead focus group discussions. Members of a focus group can include internal staff, volunteers and the staff of human service and other community organizations, users of health services and members of minority or disadvantaged populations. Source: CHA Assessing and Addressing Community Need, 2015 Edition II

Community Forums
Meetings provide opportunities for community members to provide their thoughts on community problems and service needs. Community forums can be targeted towards priority populations. Community forums require a skilled facilitator.

Community Served
The agency may consider all the relevant facts and circumstances in defining the community it serves. This includes: The geographic area served; Target populations served, such as children, women, or the aged; and Principal functions, such as a focus on a particular social determinant or targeted disease.

Consultants
Third-party external entities paid to complete specific deliverables on behalf of the Agency (or coalition/collaborators); alternatively referred to as vendors.

Demographics
Population characteristics of your community. Sources of information may include population size, age structure, racial and ethnic composition, population growth, and density.

Identified Need
Health outcomes or related conditions (e.g., social determinants of health) impacting the health status of the community served.

Key Stakeholder Interviews
A method of obtaining input from community leaders one-on-one. Interviews can be conducted in person or over the telephone. In structured interviews, questions are prepared and standardized prior to the interview to ensure consistent information is solicited on specific topics. In less structured interviews, open-ended questions are asked to elicit a full range of responses. Key informants may include leaders of community organizations, service providers, and elected officials.

Medically Underserved Populations
Medically Underserved Populations include populations experiencing health disparities or that are at risk of not receiving adequate medical care because of being uninsured or underinsured, or due to geographic, language, financial, or other barriers. Populations with language barriers include those with limited English proficiency. Medically underserved populations also include those living within a hospital facility's service area but not

receiving adequate medical care from the facility because of cost, transportation difficulties, stigma, or other barriers.
Source: https://www.irs.gov/charities-non-profits/community-health-needs-assessment-for-charitable-hospitalorganizations-section-501r3

Prioritized Need
Significant needs which have been selected by the Agency to address through the CHNA implementation strategy

Significant Need
Identified needs which have been deemed most significant to address based on established criteria and/or prioritization methods.

Surveys
Used to collect information from community members, stakeholders, and providers for the purpose of understanding community perception of needs. Surveys can be administered in person, over the telephone, or using a web-based program. Surveys can consist of both forced choice and open-ended questions.

Appendix B: Branch County Community Network Membership and Populations Represented

Organization	Population(s) Represented
Beginning's Care for Life Center	Pregnant persons
Branch County Coalition Against Domestic and Sexual Violence	Survivors of domestic violence, sexual assault, and stalking
Branch County Community Foundation	Entire population
Branch County District Library	Entire county; people with no internet access
Branch County Government	Entire population
Branch County Intermediate School District	Entire population
Branch County Literacy Council	Low-literacy adults who want instruction
Branch County United Way	Entire population
Child Abuse and Prevention Awareness of Branch County	Children and families
Coldwater Board of Public Utilities	Entire population
Childcare Network	Childcare providers
City of Coldwater	Coldwater residents
Coach Eby Youth and Family Center	Faith-based community; youth educational opportunities
Coldwater Housing Commission	Income-based rental apartments for low-income people
Coldwater Kiwanis	Children
Community Action Agency	Those in need of assistance (food, transportation, fuel, education)
Country Knoll Apartments	People 62 years and older; disabled of any age
First Presbyterian Health Clinic	Low-income and un/underinsured people
Gryphon Place	People who access 2-1-1- services
Jacob's Well	Individuals with urgent needs (utility and rent payments)
Kiwanis Club	Those in need in community; emphasis on helping children
Insight Coldwater Hospital	Entire population
Judson Center	People impacted by abuse and neglect, autism, developmental, behavioral, and physical health challenges
Meadow View Senior Apartments	People 62 years and older; disabled of any age
Michigan Dept. of Health and Human Services: Environmental Bureau	Outreach provided related to issues such as lead, radon, PFAS, etc. for entire population
Michigan Dept. of Health and Human Services: Branch County Service Center	Population represented would include Those in need of public assistance, including Medicaid, SNAP, TANF, Cash Assistance, and Emergency Relief funds
Michigan Works!	Job seekers
Old Mill Race Apartments	Income-based rental apartments for low-income people
Pines Behavioral Health	Those with mental health concerns, substance use disorders, people with an intellectual/developmental disability, and veterans with intensive and complex needs.
Salvation Army	People with basic needs

South Michigan Food Bank	People facing food insecurity
Tommy's House	Women battling addiction

Appendix C: Community Demographic Data and Sources

The tables below provide a description of the community's demographics. The description of the importance of the data is largely drawn from the U.S. Census Bureau.

Population

Why it is important: The composition of a population, including related trends, is important for understanding the context and informing community planning.

Population	Branch County	Michigan	U.S.
Total	45,993	10,127,884	341,784,857
Male	51.8	49.5%	49.5%
Female	48.2%	50.5%	50.5%
Data source: U.S. Census; July 2025 Estimates			

Population by Race or Ethnicity

Why it is important: The race and ethnicity composition of a population is important in understanding the cultural context of a community. The information can also be used to better identify and understand health disparities.

Race or Ethnicity	Branch County	Michigan	U.S.
Asian	0.8%%	4%	6.7%
Black / African American	2.8%	14.1%	13.7%
Hispanic / Latino	8%	6.2%	20%
Native American	0.6%	0.8%	1.4%
White	86.6%	73%	57.5%
Data source: U.S. Census; July 2025 Estimates			

Population by Age

Why it is important: The age structure of a population is important in planning for the future of a community, particularly for schools, community centers, healthcare, and childcare. A population with more youths will have greater education and childcare needs, while an older population may have greater healthcare needs.

Age	Branch County	Michigan	U.S.
Median Age	40.6	40.1	39.1
Age 0-17	23.2%	21.4%	21.5%
Age 18-64	56.7%	60.4%	60.5%%
Age 65+	20%	18.2%	18%

Data sources:mdch.state.mi.us/osr/chi/fullscreen.asp?MyTarget=https%3A//www.mdch.state.mi.us/osr/chi/pop/Age/PopAgeObject.asp%3FDatasetCopy%3D1%26Dataset%3D3%26Hisp%3DOFF%26Age%3DTOTAL%26ActiveSex%3DT%26ActiveDemo_1%3DT%26ActiveDemo%3DT%26AreaCode%3D12%26AreaType%3DC%26AgeCategory%3DYNGMIDOLD%26ActiveYear%3D2019;

Source: U.S. Census Bureau American Community Survey (ACS) 2019-2023 5-Year Estimates. https://www.bing.com/ck/a?!&&p=35e0a3c959cf0eb928355de664f8d12ac26fe63a0c6a8afb4de6dccff063c6b2JmltdHM9MTc4MTQ4MTYwMA&ptn=3&ver=2&hsh=4&fclid=2baa7b7a-70ed-6ac8-063c-6c0c71c46b1c&psq=U.S.+population+by+age%3f&u=a1aHR0cHM6Ly90aGV3b3JsZGRhdGEuY29tL3VzLXBvcHVsYXRpb24tYnktYWdlLw

Income

Why it is important: Median household income and the percentage of children living in poverty, which can compromise physical and mental health, are well-recognized indicators. People with higher incomes tend to live longer than people with lower incomes. In addition to access to health insurance, income affects access to healthy choices, safe housing, safe neighborhoods, and quality schools. Chronic stress related to not having enough money can have an impact on mental and physical health. ALICE, an acronym for Asset Limited, Income Constrained, Employed, are households that earn more than the U.S. poverty level, but less than the basic cost of living for the county. Combined, the number of poverty and ALICE households equals the total population struggling to afford basic needs.

Income	Branch County	Michigan	U.S.
Median Household Income	$63,724.00	$72,875.00	$80,734.00
Per Capita Income	$31,163.00	$40,73.00	$44,673.00
People with incomes below the federal poverty guideline	13.2%	13.4%	10.6%
ALICE Households	30%	39.7%	29%

Data source: Estimates; Unitedforalice.org

Education

Why is it important: There is a strong relationship between health, lifespan, and education. In general, as income increases, so does lifespan. The relationship between more schooling, higher income, job opportunities (e.g., pay, safe work environment) and social support, help create opportunities for healthier choices.

Education	Branch County	Michigan	U.S.
High School graduate or higher	88.6%	92.1%	89.6%%
Bachelor's degree or higher	17.3%	32.4%	35.7%
Data source: <U.S. Census; July 2025 estimates			

Insured/Uninsured

Why it is important: Lack of health insurance can have serious health consequences due to lack of preventive care and delays in care that can lead to serious illness or other health problems.

Income	Branch County	Michigan	U.S.
Uninsured underage 65	7.6%	6.2%	9.6%
Data source: U.S. Census; July 2025 estimates			

Appendix D: Community Input Data and Sources

Key Informant Interview Script

Thank you for allowing us your time today.

My name is Mary Kushion, and I am a consultant working with the Branch-Hillsdale-St. Joseph Community Health Agency and Health Officer Rebecca Burns to produce a community health needs assessment. As a component of the assessment, we are conducting a series of key informant interviews. You have been identified as a valuable stakeholder and partner with the agency and as such, we would like to interview you to get your input regarding the health needs in Branch County. Before we get started, do you have any initial questions or concerns?

Let's get started:

How would you describe the overall health of Branch County? Also, on a scale of 1 to 10 with 1 being "we are all doomed" and 10 being "we are as healthy as they come!"

- What do you believe are the most pressing health issues that need improvement in your community?
- Of those you mentioned, which is most important to address in your opinion?
- What unhealthy behaviors do you perceive as the most common in the community?
- What factors contribute to these behaviors?
- How do housing, transportation, employment, and education impact health in the community?
- Does your organization/agency do any activities either with your employees or in the county that are health-related?
- If you could change or implement one policy, program, or system improvement to improve health, what would it be?
- Is there a role your organization could play to either assist with or champion the implementation? If so, can you provide some details?
- How difficult is it for Branch County residents to find a primary care provider?
- How difficult is it for Branch County residents to find a specialty care provider?
- How difficult is it for a Branch County resident to find a Dentist?
- Is there anything else you believe is important for us to know about the health of Branch County?

Thank you for your time!

Community Survey Questions

1. In the space provided below, please indicate the name of the organization you represent on the Branch County Community Network
2. What are the most common health concerns you believe exist in Branch County?
3. What unhealthy behaviors do you perceive as the most common in the community?
4. What barriers prevent people in Branch County from staying healthy?
5. What changes or resources do you believe would most improve the overall health of Branch County? This can be in terms of programs and policies.
6. What do you believe is THE MOST pressing health issue in Branch County?
7. What resources does your organization have to address health issues?
8. On a scale of 1-5, with one being impossible and 5 being very accessible, how easy is it to receive health care services from a primary care provider?
9. Using the same scale of 1-5, how easy is it to access specialty care services?
10. Using the same scale of 1-5, how easy is it to access dental care services?
11. Using the same scale of 1-5, how easy is it to access mental health services?
12. Please use the text box below to provide additional feedback related to the health status and health needs in Branch County.

Community Forum Questions

<table>
<tr><td colspan="2">What does the data tell you about the current issues in Branch County? What are the current issues you believe need to be addressed in Branch County</td></tr>
<tr><td>• Food Security
• Substance Use
• Housing
• Transportation</td><td>• ACES
• Immunizations
• Parent Education
• Maternal/Infant Mortality</td></tr>
<tr><td colspan="2">Which Identified Needs are most important to address in Branch County over the next five years? What are the top five needs</td></tr>
<tr><td colspan="2">• Food Security
• Substance Use
• Housing
• Transportation
• ACES</td></tr>
</table>

Appendix E: Secondary Data and Sources

Branch County Indicator Tables

Housing				
Indicator	**Branch County**	**Michigan**	**CDC**	**Data Source**
Median Value of Owner-Occupied Homes	142,400	190,400	231,200	U.S. Census Bureau – ACS 5-Year Estimates
Renters (% of all occupied homes)	26%	28%	34%	U.S. Census Bureau – ACS 5-Year Estimates
Vacant Housing Units	12.1%	10.8%	10.9%	U.S. Census Bureau – ACS 5-Year Estimates
Median Household Income	51,947	64,488	74,580	U.S. Census Bureau – ACS 5-Year Estimates
Gross mortgage is >= 30% of household income	23.4%	22%	24.3%	U.S. Census Bureau – ACS 5-Year Estimates
Severe quality problems with housing	15%	14%	6%	U.S. Census Bureau – ACS 5-Year Estimates
Gross rent is >=30% of household income	44%	45%	48.8%	U.S. Census Bureau – ACS 5-Year Estimates
Eviction Rate	6.3 / 1,000 renter households	6.1 / 1,000 renter households	2.3 /1,000	Princeton University Eviction Lab; Eviction Lab; Eviction Lab (State Data)

Chronic Disease, Cancer, and Risk Behaviors				
Indicator	**Branch County**	**Michigan**	**CDC**	**Data Source**
Liver Disease Mortality	16.8 / 100,000	17.4 /100,000	13.1 /100,000	CDC WONDER – Multiple Cause of Death; CDC WONDER – State Filter
Heart Disease Mortality	209 / 100,000	213 /100,000	167.0 /100,000	CDC WONDER – Multiple Cause of Death; CDC WONDER – State Filter
Heart Disease Incidence	7.1%	7.4%	6.8%	CDC WONDER – Multiple Cause of Death; CDC WONDER – State Filter
Smoking cigarettes in past 30 days (teens)	7%	7%	4.5%	MiPHY (Michigan Profile for Healthy Youth); MiPHY (State Tables)
Oral Cavity and Pharynx Cancer	11.2/100,000	11.6 /100,000	11.7 /100,000	Michigan Cancer Surveillance Program (MCSP)
Lung and Bronchus Cancer	63.9 /100,000	64.8 /100,000	55.7 /100,000	Michigan Cancer Surveillance Program (MCSP)
Asthma (teens)	10.6%	10.4%	8.8%	CDC PLACES
Ever told COPD (adults)	8.6%	9.1%	6.2%	CDC PLACES
Binge drinking (adults)	19%	19%	17%	CDC PLACES
Used prescription drugs without prescription (teens)	12%	13%	9.3%	CDC PLACES
Used marijuana in past 30 days (teens)	17%	18%	14.5%	MiPHY (Michigan Profile for Healthy Youth)
Had drink of alcohol in past 30 days (teens)	21%	22%	19.5%	MiPHY (Michigan Profile for Healthy Youth)
Used chew tobacco in past 30 days (teens)	4%	4%	2.2%	MiPHY (Michigan Profile for Healthy Youth)

Chronic Disease, Cancer, and Risk Behaviors				
Indicator	**Branch County**	**Michigan**	**CDC**	**Data Source**
Vaped in past 30 days (teens)	18%	19%	16.2%	MiPHY (Michigan Profile for Healthy Youth)
Opioid related hospitalizations	15.2 / 10,000	16.3 /10,000	11.4 /10,000	CDC WONDER / MDHHS / MiPHY
Motor vehicle crash involving alcohol fatality	3.1 / 100,000	3.4 /100,000	3.2 /100,000	CDC WONDER – Multiple Cause of Death
Drug-induced mortality	27.4 /100,000	29.1 /100,000	21.6 /100,000	CDC WONDER – Multiple Cause of Death
Alcohol-induced mortality	11.6 / 100,000	12.4 /100,000	10.4 /100,000	CDC WONDER – Multiple Cause of Death
Smoking (adult)	21%	21%	11.5%	CDC PLACES

Mental Health				
Indicator	**Branch County**	**Michigan**	**CDC**	**Data Source**
Alzheimer's/Dementia Mortality	43.1/ 100,000	45.9 /100,000	N/A	CDC WONDER – Multiple Cause of Death
Poor mental health 14+ days (adult)	15%	16%	14.4%	CDC PLACES
Major depressive episode (teen)	21%	22%	17%	HRSA Data Warehouse
Average Health Professional Shortage Area Score: Mental Health	19.3	19.8	N/A	HRSA Data Warehouse
Intentional Self-Harm	16.2 / 100,000	17.1 /100,000	13.0 /100,000	HRSA Data Warehouse

Transportation Access and Safety				
Indicator	**Branch County**	**Michigan**	**CDC**	**Data Source**
Motor vehicle crash mortality	15.1 / 100,000	16.4 /100,000	12.7 /100,000	CDC WONDER – Multiple Cause of Death
No household vehicle	8%	9%	8.7%	U.S. Census Bureau – ACS 5-Year Estimates

Education and Economic Stability				
Indicator	**Branch County**	**Michigan**	**CDC**	**Data Source**
High school graduation percent	90%	91%	87%	MI School Data
High school graduate or higher	89%	90%	89.1%	MI School Data
Bachelor's degree or higher	18%	31%	N/A	MI School Data
Children 0-5 in Special Education	7.9%	7.8%	7.2%	MI School Data
Special Education % Child Find	3.1%	3.2%	2.9%	MI School Data
Students not proficient in Grade 4 English	63%	65%	65%	MI School Data

Education and Economic Stability				
Indicator	**Branch County**	**Michigan**	**CDC**	**Data Source**
ALICE Households	36%	36%	29%	United Way ALICE Report
Households below the federal poverty level	12.6%	13.9%	11.6%	U.S. Census Bureau – ACS 5-Year Estimates
Families living below the federal poverty level	14.2%	14.8%	10.9%	U.S. Census Bureau – ACS 5-Year Estimates
Population below poverty level	13.4%	14%	12.5%	U.S. Census Bureau – ACS 5-Year Estimates
Children below poverty level	17.6%	19.3%	16.3%	U.S. Census Bureau – ACS 5-Year Estimates
Unemployment	4.6%	4.3%	3.7%	Bureau of Labor Statistics (BLS)
Income inequality (Gini Index)	43%	46%	48.9%	U.S. Census Bureau – ACS 5-Year Estimates

Early Childhood Education				
Indicator	**Branch County**	**Michigan**	**CDC**	**Data Source**
Children enrolled in early education	42% (ages 3–4)	45% (ages 3–4)	47% (ages 3–4)	MI School Data

Healthcare Access and Chronic Conditions				
Indicator	**Branch County**	**Michigan**	**CDC**	**Data Source**
Self-reported health fair or poor	17%	18%	15.8%	County Health Rankings / CDC PLACES
All Cancer incidence	461 /100,000	468 /100,000	442.0 /100,000	Michigan Cancer Surveillance Program (MCSP)
Average HPSA Score – Dental Health	18.2	19.1	N/A	HRSA Data Warehouse
Chronic lower respiratory disease mortality	52.7 / 100,000	54.2 /100,000	40.7 /100,000	CDC WONDER – Multiple Cause of Death
Uninsured	6%	6.4%	9.2%	County Health Rankings / U.S. Census Bureau – ACS 5-Year Estimates
No personal health checkup in the past year	16%	17%	15.5%	CDC PLACES
Preventable hospital stays (Medicare enrollees)	4,842 /100,000	4,980 /100,000	4,326 /100,000	County Health Rankings
Average HPSA Score – Primary Care	16.1	16.8	N/A	HRSA Data Warehouse
Fully immunized toddlers (19-35 months)	69%	70%	73.6%	Michigan Care Improvement Registry (MCIR)
Colorectal cancer incidence	39.4/ 100,000	40.6 /100,000	35.3 /100,000	Michigan Cancer Surveillance Program (MCSP)

Mortality and Disease Burden				
Indicator	**Branch County**	**Michigan**	**CDC**	**Data Source**
All cancer mortality	171 / 100,000	174 /100,000	144.1 /100,000	CDC WONDER – Multiple Cause of Death
Diabetes mortality	28.1 / 100,000	29.4 /100,000	22.0 /100,000	CDC WONDER – Multiple Cause of Death

Mortality and Disease Burden				
Indicator	**Branch County**	**Michigan**	**CDC**	**Data Source**
YPLL Pneumonia/Flu	22.4	23.7	18.2	CDC WONDER – Multiple Cause of Death
Pneumonia incidence	864 /100,000	889 /100,000	755.0 /100,000	Michigan Cancer Surveillance Program (MCSP)
Chronic lower respiratory disease mortality	52.7 / 100,000	54.2 /100,000	40.7 /100,000	CDC WONDER – Multiple Cause of Death
Kidney disease mortality	18.7 / 100,000	19.6 /100,000	13.2 /100,000	CDC WONDER – Multiple Cause of Death
Ever told diabetes (adults)	11.2%	11.6%	11.3%	CDC PLACES
All causes of death	931 /100,000	948 /100,000	835.4 /100,000	CDC WONDER – Multiple Cause of Death

Adverse Childhood Experiences and Injury				
Indicator	**Branch County**	**Michigan**	**CDC**	**Data Source**
Teens with 2+ ACES	32%	34%	27%	MiPHY (Michigan Profile for Healthy Youth)
Child abuse/neglect rate	26% confirmed Victims	17% confirmed victims	8.5 /1,000	MiPHY (Michigan Profile for Healthy Youth)
Injury mortality	78.4 /100,000	81.3 /100,000	68.6 /100,000	CDC WONDER – Multiple Cause of Death
Unintentional injury mortality	61.2/ 100,000	64.7 /100,000	53.8 /100,000	CDC WONDER – Multiple Cause of Death
Motor vehicle crash mortality	15.1 / 100,000	16.4 /100,000	12.7 /100,000	CDC WONDER – Multiple Cause of Death

Broadband Access				
Indicator	**Branch County**	**Michigan**	**CDC**	**Data Source**
Homes with broadband internet (25 MBPS or more)	75%	82%	85.2%	U.S. Census Bureau – ACS 5-Year Estimates

Nutrition, Weight Status, and Food Security				
Indicator	**Branch County**	**Michigan**	**CDC**	**Data Source**
Teens with 5+ fruits/vegetables per day	18%	17%	21%	Feeding America – Map the Meal Gap
Obesity (teens)	19%	20%	19.5%	MiPHY (Michigan Profile for Healthy Youth)
Obesity (adults)	34%	36%	33.5%	CDC PLACES
Overweight (teens)	16%	16%	15.8%	MiPHY (Michigan Profile for Healthy Youth)
Overweight (adults)	36%	37%	37.3%	CDC PLACES
Population food insecurity	17.2%	15.9%	17.2%	Feeding America – Map the Meal Gap
Child food insecurity	22%	21%	18.6%	Feeding America – Map the Meal Gap

Sexually Transmitted Infections and Related Conditions				
Indicator	**Branch County**	**Michigan**	**CDC**	**Data Source**
Chlamydia rate	312.4 /100,000	371.2 /100,000	481.3 /100,000	MDHHS / CDC chronic disease and surveillance data
Gonorrhea rate	94.1 /100,000	131.8 /100,000	173.6 /100,000	MDHHS / CDC chronic disease and surveillance data
Syphilis (primary & secondary) rate	8.2 /100,000	12.4 /100,000	17.7 /100,000	MDHHS / CDC chronic disease and surveillance data
Congenital syphilis rate (per 100,000 live births)	28.5 /100,000	38.6 /100,000	77.9 /100,000	MDHHS / CDC chronic disease and surveillance data
HIV diagnosis rate	4.1 /100,000	9.4 /100,000	11.8 /100,000	MDHHS / CDC chronic disease and surveillance data
Hepatitis B incidence	2.1 /100,000	3.2 /100,000	4.0 /100,000	MDHHS / CDC chronic disease and surveillance data
Hepatitis C incidence	14.6 /100,000	17.8 /100,000	20.0 /100,000	MDHHS / CDC chronic disease and surveillance data
Teen (15–19) STI rate	842 /100,000	1,240 /100,000	1,527 /100,000	MDHHS / CDC chronic disease and surveillance data

Firearm-Related Indicators				
Indicator	**Branch County**	**Michigan**	**CDC**	**Data Source**
Firearm mortality rate	17.2 /100,000	14.6 /100,000	13.6 /100,000	CDC WONDER – Multiple Cause of Death / MDHHS
Firearm homicide rate	2.4 /100,000	5.8 /100,000	5.0 /100,000	CDC WONDER – Multiple Cause of Death / MDHHS
Firearm suicide rate	13.1 /100,000	8.1 /100,000	8.0 /100,000	CDC WONDER – Multiple Cause of Death / MDHHS
Firearm injury hospitalizations	24.6 /100,000	28.4 /100,000	25.0 /100,000	CDC WONDER – Multiple Cause of Death / MDHHS
Unintentional firearm injury rate	1.7 /100,000	1.2 /100,000	1.1 /100,000	CDC WONDER – Multiple Cause of Death / MDHHS
Youth firearm death rate (ages 0–19)	4.8 /100,000	4.9 /100,000	5.4 /100,000	CDC WONDER – Multiple Cause of Death / MDHHS
Households reporting firearm ownership	52%	40%	32%	County Health Rankings

Reproductive and Maternal Health				
Indicator	**Branch County**	**Michigan**	**CDC**	**Data Source**
Teen birth rate (per 1,000 females 15–19)	26.4 /1,000	15.6 /1,000	14.2 /1,000	MDHHS vital records and public health data
Unintended pregnancy rate (per 1,000 women 15–44)	48.2 /1,000	36.8 /1,000	36.0 /1,000	MDHHS vital records and public health data
Contraceptive use – modern method	65%	72%	74%	MDHHS vital records and public health data
OB-GYN providers (per 100,000 women)	32.1	52.4	63	MDHHS vital records and public health data

Reproductive and Maternal Health				
Indicator	**Branch County**	**Michigan**	**CDC**	**Data Source**
Prenatal care in 1st trimester	68%	76%	77%	MDHHS vital records and public health data
Low birth weight (< 2,500 g)	8.9%	8.7%	8.5%	MDHHS vital records and public health data
Preterm birth rate	11.2%	10.9%	10.5%	MDHHS vital records and public health data
Women uninsured – reproductive age 18–44	12.4%	7.6%	9%	MDHHS vital records and public health data
Title X family planning clients (per 1,000 women)	18.4	24.6	28	MDHHS vital records and public health data

Mental Health Expanded Indicators				
Indicator	**Branch County**	**Michigan**	**CDC**	**Data Source**
Poor mental health 14+ days – adults	15%	16%	14.4%	CDC PLACES
Major depressive episode – teens	21%	22%	17%	HRSA Data Warehouse
Alzheimer's/Dementia mortality	43.1 /100,000	45.9 /100,000	30.2 /100,000	CDC WONDER – Multiple Cause of Death
Avg HPSA Score – Mental Health	19.3	19.8	N/A	HRSA Data Warehouse
Intentional self-harm	16.2 /100,000	17.1 /100,000	13.0 /100,000	HRSA Data Warehouse
Adults with any mental illness	22.4%	23.1%	22.8%	CDC PLACES / MiPHY / MDHHS
Adults receiving mental health treatment	42%	48%	52%	CDC PLACES / MiPHY / MDHHS
Anxiety or depression diagnosis – adults	28.6%	29.2%	28.8%	CDC PLACES / MiPHY / MDHHS
Mental health ED visits (per 10,000)	84.6 /10,000	91.4 /10,000	86.0 /10,000	CDC PLACES / MiPHY / MDHHS
Youth mental health crisis visits (per 10,000)	42.1 /10,000	48.3 /10,000	52.0 /10,000	CDC PLACES / MiPHY / MDHHS

Substance Use and Opioid-Related Indicators				
Indicator	**Branch County**	**Michigan**	**CDC**	**Data Source**
Drug-induced mortality	27.4 /100,000	29.1 /100,000	21.6 /100,000	CDC WONDER – Multiple Cause of Death
Opioid-related hospitalizations	15.2 /10,000	16.3 /10,000	11.4 /10,000	CDC WONDER / MDHHS / MiPHY
Opioid overdose deaths	22.8 /100,000	24.9 /100,000	14.9 /100,000	CDC WONDER / MDHHS / MiPHY

Substance Use and Opioid-Related Indicators				
Indicator	**Branch County**	**Michigan**	**CDC**	**Data Source**
Naloxone dispensing rate (per 100,000)	312 /100,000	428 /100,000	512 /100,000	CDC WONDER / MDHHS / MiPHY
Prescription opioid dispensing (per 100 persons)	64.2	52.4	42.4	CDC WONDER / MDHHS / MiPHY
Teens using Rx drugs without prescription	12%	13%	9.3%	CDC WONDER / MDHHS / MiPHY
Adults with opioid use disorder	3.8%	3.9%	2.5%	CDC WONDER / MDHHS / MiPHY
MAT providers (per 100,000)	18.4	31.2	44.0	CDC WONDER / MDHHS / MiPHY
Opioid education program participants (est.)	1,240	N/A	N/A	CDC WONDER / MDHHS / MiPHY

Suicide and Crisis Prevention Indicators				
Indicator	**Branch County**	**Michigan**	**CDC**	**Data Source**
Suicide mortality rate	18.4 /100,000	15.2 /100,000	13.9 /100,000	CDC WONDER / MiPHY / MDHHS
Youth suicide rate – ages 10–24	12.6 /100,000	11.9 /100,000	10.7 /100,000	CDC WONDER / MiPHY / MDHHS
Firearm suicide rate	13.1 /100,000	8.1 /100,000	8.0 /100,000	CDC WONDER – Multiple Cause of Death / MDHHS
Suicide attempt hospitalizations	84.2 /100,000	91.8 /100,000	78.0 /100,000	CDC WONDER / MiPHY / MDHHS
Adults with serious suicidal thoughts (past year)	5.2%	4.8%	4.9%	CDC PLACES / MDHHS
Teens seriously considering suicide (past year)	18.4%	19.8%	18.8%	CDC WONDER / MiPHY / MDHHS
Crisis line contacts (per 100,000)	412 /100,000	N/A	N/A	CDC PLACES / MiPHY / MDHHS
988 Lifeline calls – county estimate	2,840	N/A	N/A	MDHHS / CDC chronic disease and surveillance data
Suicide prevention gatekeeper training (est.)	680	N/A	N/A	CDC WONDER / MiPHY / MDHHS

Immunization Indicators				
Indicator	**Branch County**	**Michigan**	**CDC**	**Data Source**
Fully immunized toddlers 19–35 months	69%	70%	73.6%	Michigan Care Improvement Registry (MCIR)
Influenza vaccination – adults	42%	48%	49.9%	Michigan Care Improvement Registry (MCIR) / CDC
Influenza vaccination – children	54%	59%	58.4%	Michigan Care Improvement Registry (MCIR) / CDC
COVID-19 primary series completed – adults	54%	63%	69.5%	Michigan Care Improvement Registry (MCIR) / CDC
HPV vaccine series complete – adolescents	48%	56%	61.7%	Michigan Care Improvement Registry (MCIR) / CDC
Tdap booster – adolescents	74%	80%	90.0%	Michigan Care Improvement Registry (MCIR) / CDC
Meningococcal vaccine – adolescents	71%	78%	88.9%	Michigan Care Improvement Registry (MCIR) / CDC
Pneumococcal vaccine – adults 65+	62%	70%	71.6%	Michigan Care Improvement Registry (MCIR) / CDC
Childhood immunization series (kindergarten)	91%	94%	93.1%	Michigan Care Improvement Registry (MCIR) / CDC
RSV vaccination – adults 60+	24%	31%	33.0%	Michigan Care Improvement Registry (MCIR) / CDC

BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY | YOUR LOCAL HEALTH DEPARTMENT
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Program: Administration	**Effective Date:** 1/27/2022
Subject: Health Officer Evaluation Policy	**Revised Date:** 1/23/2025

Purpose: The purpose of this policy is to define how the Health Officer will be evaluated.

Authority: Branch-Hillsdale-St. Joseph Community Health Agency Board of Health. Administrative policies shall be subject to revision or termination by the Board of Health at its discretion. This policy replaces and supersedes any prior policy on this subject matter.

Responsibility: The Board of Health or a designee appointed by the Board shall be responsible for the administration and enforcement of this policy.

Policy Statement:
The Board of Health shall evaluate the performance of the Health Officer annually at the September Board of Health meeting using the following process:

- The Secretary to the Board will provide each Commissioner assigned to the Board of Health with a link to the performance evaluation tool, after the Board of Health Meeting proceeding the evaluation.
- To validate responses for the purpose of quality control, each evaluation considered will require the author's name. Responses received with no name, or from anyone other than a current Board of Health member, will be discarded.
- Each evaluation response, in whole, will be provided in the evaluation packet for the Health Officer and the Board of Health Members. A composite of all responses will also be provided.
- The Board will be presented a copy of the annual employee satisfaction survey at least one month prior to the evaluation taking place.

Upon a satisfactory evaluation, the Board of Health may award merit pay per the negotiated contract with the Health Officer. The merit pay shall be voted on at the September meeting, and paid as a supplemental payroll charged to the fiscal year which the Health Officer was being evaluated on.

	Employee Satisfaction Survey Results Response Rate = 79.17% of active Staff	**2025**	2025 n#	**2026**	2026 n#
Q1	Please identify the location of your home office.				
	CW	54.39%	57	43.18%	44
	HD	7.02%		6.82%	
	TR	22.81%		20.45%	
	I don't want to anser this question (I'm afraid it may identify my answers)	15.79%		29.55%	
Q2	Which best describes your current position?		57		44
	AAA	3.51%		4.55%	
	EH	21.05%		18.18%	
	PH&DP	24.56%		34.09%	
	HE&P	10.53%		6.82%	
	AS	14.04%		6.82%	
	Don't Want to Identify	26.32%		29.55%	
Q3	How long have you worked for the Agency?		57		44
	Less than 1 year	8.77%		11.36%	
	1-5 years	59.65%		59.09%	
	5-15 years	22.81%		20.45%	
	16+ years	8.77%		9.09%	
	Questions on Evaluation (likert Scale Options: 1 Strongly Disagree, 2 Disagree, 3 Neither Disagree nor Agree, 4 Agree, 5 Strongly Agree)	Weighted Average		Weighted Average	
Q4	The management team and staff maintain respectful relationships.	4.11	56	4.07	44
Q5	I am generally satisfied with my salary and benefits.	3.14	57	2.98	44
Q6	My supervisor is flexible and willing to accomodate my family-related needs.	4.58	57	4.45	44
Q7	The agency has a clearly defined and intentional leadership development strategy.	3.61	56	3.75	44
Q8	The agency's effectiveness is not hampered by adversarial relationships between staff members and their supervisors.	3.75	56	3.79	43
Q9	I trust my supervisor.	4.13	56	4.05	44
Q10	I trust the administrative team and health officer. Question Changed in 2024 to: I trust the agency directors and the health officer.	3.88	57	3.66	44
Q11	Conflict is resolved as quickly and effectively as possible.	3.77	56	3.64	44
Q12	Everyone knows and understands the lines of authority within the organization.	3.88	57	4.00	44
Q13	Established lines of authority are usually followed.	3.82	56	3.84	43
Q14	Systems for quality assessment are in place and functioning effectively.	3.96	55	3.88	40
Q15	Systems for quality improvement are in place and functioning effectively.	3.93	56	3.88	43

Key:

Indicates improvement compared to the last survey score

Indicates decline compared to the last survey score

	Employee Satisfaction Survey Results - Continued	2025	25 n#	2026	26 n#
Q16	I enjoy working in this organization.	4.30	57	4.20	44
Q17	The agency is focused on achieving outcomes that fulfill its mission.	4.05	57	4.14	43
Q18	My supervisor provides regular feedback about my performance that is objective and motivates me to improve as a professional.	3.98	55	3.91	44
Q19	Job openings within the agency are filled using a well-defined hiring process.	3.79	56	3.75	44
Q20	Staff members are encouraged to pursue additional education and training.	3.75	56	3.59	44
Q21	My supervisor fosters a culture that celebrates the achievments of subordinates.	3.95	57	3.91	43
Q22	I am valued by my supervisor.	4.05	57	4.00	44
Q23	The agency is quick to adapt to the changing circumstances, technologies or public health best practices.	3.68	56	3.95	43
Q24	My talents, training and expertise are used effectively.	4.07	56	4.00	44
Q25	The health officer and administrative team do an effective job of leading the agency through change. ---Question changed in 2024 to: The health officer and directors do an effective job of leading the agendy through change.	3.91	54	3.88	43
Q26	I feel respected by my supervisor.	4.07	56	4.14	44
Q27	I respect my supervisor.	4.29	56	4.16	44
Q28	I feel respected by my co-workers.	4.12	57	4.18	44
Q29	My supervisor seeks and values my opinion about the department's policies and procedures.	3.82	57	3.72	43
Q30	The agency is managed in an ethical and professional manner.	3.93	57	3.79	43
Q31	Supervisors/Administration seek advice and feedback from others before making significant decisions. Question changed in 2024 to: Supervisors/Directors seek advice and feedback from others before making significant decisions.	3.36	55	3.35	43
Q32	I fully support the agency's mission and values as articulated in its official documents.	4.32	57	4.26	43
Q33	The environment in the workplace is comfortable and safe.	4.18	57	3.95	44
Q34	I am knowledgeable about program plans for the programs I am assigned to work.	4.20	56	4.26	42
Q35	The agency's strategic plan is reviewed annually with the staff.	3.95	56	4.05	41
Q36	Employees are treated fairly and equally.	3.65	57	3.43	44
Q37	I feel a great deal of stress on my job.	2.98	56	2.82	44
Q38	My position adds value to the agency and the community.	4.40	57	4.31	42
Q39	I am trusted to work autonomously.	4.30	57	4.40	43

Key:

Indicates improvement compared to the last survey score

Indicates decline compared to the last survey score

	Employee Satisfaction Survey Results - Continued	2025	25 n#	2026	26 n#	
Q40	I understand my job responsibilities in the agency and have the tools needed to complete my assignments.	4.22	55	4.02	44	
Q41	I would encourage a friend to work for this agency.	3.93	57	3.86	44	
Q42	Below is a list of attributes related to our services. A short explanation of what each term means has been provided. Using the following Likert Scale, please rank how well the agency demonstrates these attributes to our clients. For each category identify one of the following ratings: We do: **(likert scale options: 1 Very Well, 2 Well, 3 Fair, 4 Poor or 5 Very Poor)**	Likert Scale Changed. No comparison available.				
	Accessible Services: How accessible are our service for our clients? This includes: hours, location, explaining eligibility requirements, etc.		54	3.85	40	Key:
	Client-Focused Services: Do we deliver services in a way that demonstrates we are sensitive to their preferences and are culturally competent?		54	4.03	40	Indicates improvement
	Collaboration: Do we work well with other agencies and organizations to assure that the diverse needs of our clients are met?		53	4.13	39	Indicates decline
	Coordination: Do we work well internally to assure that clients receive all the services they need?		54	4.10	40	
	Effective Services: Do we provide services in the most competent and organized manner?		55	4.03	39	
	Equitable Services: Are we fair and impartial as we work with different populations and individuals?		53	4.26	39	
	Quality Services: Do we maintain standards of excellence as we provide services?		54	4.21	39	
	Timeliness of Services: Do we deliver services within a reasonable timeframe?		55	4.15	39	
	Valued-Services: Do the services we deliver add value to our clients' lives and make a difference?		55	4.49	39	
	Challenging: Is your job providing opportunities for professional growth?		55	3.50	42	

	Employee Satisfaction Survey Results - Continued	2025	25 n#	2026	26 n#	
Q43	Below is a list of attributes related to your job(changed in 2024). A short explanation of what each term means has been provided. Using the following Likert Scale, please rank how well the agency demonstrates these attributes to our employees. For each category identify one of the following ratings: **(likert scale options: 1 Very Well, 2 Well, 3 Fair, 4 Poor or 5 Very Poor)**					
	Communication: Is the information you need readily available so that you can accomplish your job and do messages flow freely though various channels?		56	3.93	41	Key:
	Coordination: Are team approaches being utilized to accomplished tasks and complete projects?		56	3.98	41	Indicates improvement
	Equitable: Are standards of performance applied fairly to all employees?		55	3.61	41	Indicates decline
	Fiscally Responsible: Is the agency a good steward of the public funds we receive?		56	3.95	43	
	Rewarding: Is your job satisfying and does it add meaning to your life?		56	4.14	42	
	Safety: Is your work environment clean and free of hazards?"		56	3.88	42	
	Technology: Is the electronic equipment and other tools provided adequate to accomplish your job?		56	3.83	42	
Q44	What do you enjoy most about your work experience with this agency?		43			
Q45	What do you least enjoy about your work experience with this agency?		37			
Q46	If you had the authority and resources to solve one internal problem in the agency, what would it be?		34			
Q47	If you could communicate anything to the Health Officer and Directors that would contribute to improving the work of this agency, what would you communicate?		26			
Q48	What do you see as the most significant opportunities for your division/section over the next five years?		22			
Q49	What resources will be needed to take advantage of these opportunities?		23			
Q50	What are the most significant obstacles for your division/section over the next five years?		26			
Q51	Where do you see our agency in five to ten years?		21			
Q52	Where would you want our agency to be in five to ten years?		21			
Q53	Do you have any suggestions you think would help improve internal communication?		21			
Q54	Additional comments:		13			
Q55	Have you answered ALL the questions that you wanted to answer andcompleted the survey?		57			

Q44. What do you enjoy most about your work experience with this agency? Answered 30, Skipped 14

- I really like being able to help families. I enjoy all of my co-workers
- Assisting in the needs of others
- The holidays and schedule allow me to be with my family more.
- Working with the clients
- I enjoy knowing what I do makes a difference in the lives of our clients.
- Helping the aging population
- Co-workers and decent paid time off
- That even if in a small amount, we make a difference in the community. Also, my co-workers.
- The work/life balance and being able to leave my work behind when I go home each night
- I enjoy working with clients daily and seeing the difference we make in their lives. I appreciate the consistent schedule and ability to collaborate with coworkers.
- I enjoy my coworkers and the clients that I help.
- I enjoy the comradery, respect from the supervisor, and the ability to ask questions without fear.
- I value those that I work with and my community so my efforts are prized. I sincerely care about my colleagues; their well being and the I believe these feelings are reciprocated. I have always felt a fulfillment in all our efforts and diligence whether they have been fruitful or not as they have always focused on improvements or for the strengthening of our community and staff.
- What I enjoy most about my work experience with this agency is seeing clients thrive and succeed after receiving services. It is rewarding to know that the support and resources provided can make a positive difference in their lives
- I enjoy the work. The ability to collaborate with community partners to achieve goals and objectives.
- helping people
- I love helping clients receive the care they need.
- Being with kids of all ages
- My Co-workers and clients
- I enjoy the current position I am in and how it positive affects the clients we serve.
- Meeting and interacting with the clients
- Enjoyable Staff, Team Atmosphere, Various Tasks Day To Day
- Being able to help the community in ways that I was unaware of before working in a Health Department. I also enjoy working with coworkers.
- My coworkers
- I enjoy being able to have a life outside of work. The schedule allows me to do this and I am very thankful!
- assisting the public and promoting healthy outcomes
- Working with our clients is fulfilling and fun. Our team is great. Love this place!
- How caring all the co-workers are.
- environment
- Helping others in the Community

Q45 What do you least enjoy about your work experience with this agency? Answered 31, Skipped 13

- Working alongside rude and disrespectful clientele.
- Being overworked and stressed.
- pay, of course.
- Home visits in bug infested homes, smells of cigarette smoke and marijuana,
- Constantly adding on more things and steps to do for appointments or any process here. It's frustrating for us to try to remember and keep up with it all and its frustrating to clients.
- None
- I least enjoy the unfairness. Things are not fair across the board for all employess.
- Some people do not do as much as others
- Policies not being applied consistently among staff, departments, and offices.
- Public complaints.
- The surprising amount of staff turnover and the extra burden that puts on the rest of the team
- The turnover of staff within the clinic has made it very difficult to build relationships with coworkers and ensure services are being provided accurately to clients.
- traveling to other offices for staff shortages
- The pay
- Lack of opportunity to grow and poor wages.
- What I least enjoy about my work experience with this agency is the lack of consideration for how major decisions may affect employees and everyone involved. I believe more communication and input from staff could help create a smoother and more supportive work environment.
- Nothing that I can think of.
- The pay
- working in the office
- It can often be stressful
- Lack of consistent communication from the top down which can cause frustration and harvest feelings of insignificance to the overall agency.
- Drama
- The continuous talk among directors and supervisors about other directors and supervisors as well as the talk among the employees about other employees.
- the pay and the technology is not up to date
- The rate of pay for the job that I do.
- Traveling to other offices to fill in. The work I need to get done in my own office is not getting done during those times so I have to play catch up when returning to my own office.
- unclean bathrooms and office spaces
- N/A
- Do wish we had a biggest budget for pay. Wish all employees could start at least at 18/hr.
- at times the people can be very nit'picky on certain things that do not appear to be the most important at the moment
- N/A

Q46. If you had the authority and resources to solve one internal problem in the agency, what would it be? Answered 31, Skipped 13

- Creation, implementation AND ensuring competency in all policies/ procedures to create uniformity and reduce risk of mistakes.
- That employees, full and part time, all be treated equally. There are certain employees that are allowed to do whatever they basically want and others that if they look at someone crossed eye get in trouble.
- EVERYONE get a raise:)
- Space issues for privacy of phone calls.
- Budget for the translation services. Those pocket talks do not translate correctly and it frustrates our non-English speaking clients quite a bit.
- None
- Cleanliness of the buildings.....for a health department are building are not kept very clean.
- Better onboarding process!
- Communication with personnel prior to decisions being made in order to seek input. Policies are changed in response to one issue and the resulting policies do not take into account the way other agencies or departments function.
- Restructuring of positions.
- Hire more staff
- Pay and flexibility are continual issues that cause us to lose good staff members, I think by offering full time positions rather than part time this would help with turnover. I think flexibility during days when direct public interactions are minimal such as working 4 10 hour days per week or offering more opportunities for remote work would be beneficial as well.
- all employees would be treated equally
- The Health Officer should have the final say on making decisions and not be overrun by others.

  I would also put a time clock in to punch in and out.
- The clients would be given a better explanation about what to expect during the process and communication would be better geared towards the abilities of our clientele.

- Communication within departments. Changes. We as community members are approached many times for updates. If we are not updated we lack the opportunity to assist others and at times appear less credible.
- Creating a consistent and supportive environment would help improve morale, trust, and overall workplace culture.
- To focus on performance measures and relationship development deeper relationships with providers and legislators.
- Better interpreter services
- None
- Make Adjustments to the pay scale increases
- Consistent and fair accountability for individuals involving unprofessional behavior. Some individuals are provided leniency while others receive write ups.
- Having an IT person at every office. Have recognition for employees each month for things going above and beyond,

- Significant raises for everyone, especially the Health Officer.
- Funding
- Finding a way to not need people to travel from their home offices to fill in. Supervisors should be able to complete all clinic tasks to help minimize the need for travel to fill in when possible.
- hire a new person for cleaning services
- I would want to provide better pay for all employees. I understand we have a limited budget, but if it could be attainable I would want that for all team members.
- I would solve on how the part time positions would work, and fix some of the benefits for part timers.
- division between the buildings. Seems to be more unity now that the staff from TR had been traveling in between offices.
- N/A

Q47. If you could communicate anything to the Health Officer and Directors that would contribute to improving the work of this agency, what would you communicate? Answered 27, Skipped 17

- Actually listen to what the staff has to say. A lot of the communication problems result from no one actually listening to what staff has to say.
- Agency specifically? not really but within an actual program maybe. Is there a way to get a Branch Farmer's market that participates with WIC? Also- so respectfully, maybe consider selling that bus.. It can't possibly be getting any revenue. Are there grants again for diaper programs, pack n plays, baby essentials? We used to have them. We can't MAKE Clemmons add on TB testing during their hiring process? Should we try and take on pre-employment stuff? labs, physical, hearing/vision like DOT permits- that may be a leap- I think I'm getting carried away
- Office space and value of all employees.
- N/a
- Everyone needs to be held to the same standards.
- We need better onboarding training for new hires.
- Confidentiality is compromised as staff walk in on phone calls due to lay out of offices. No respect when doors are closed. Many do not have doors to close and thus conversations are open to ears that have no business hearing a clients confidential information.
- Don't punish the entire Agency for a few people's wrong doings.
- Raising pay rates would attract better candidates and retain staff better
- all supervisors would be trained in everything, to pitch in and help when needed.
- Ensure that each office are doing things the same way, every time. Not just when they're called out on it. Follow-up with them, there should be consequences for habitually not following the same procedures, etc. It creates confusion within the agency and for our clients. Same way every time. Everyone should receive the same training by the same person as well to ensure continuity.
- The monthly staff meetings should be newsletters instead.
- I believe that communication has improved significantly and positively for staff. I love and value all Zoom staff meetings to update us.
- it would be the importance of having a clear understanding of what each department does and the resources needed for staff to complete their responsibilities effectively. It is also important to recognize that supervisors often balance multiple departments, meetings, and reporting requirements, which can limit the amount of time they are able to spend directly within their assigned departments. Greater awareness and support in these areas could improve communication, efficiency, and overall staff support.
- N/A
- None
- Unknown
- That all departments are important and should be treated as such. Each department is as valuable as the other and should be consider as such when deciding policies, procedures and every day decisions.
- Regular feedback on how things are going

  Giving Grant opportunities to BFP for more help for new mommas

- My supervisor is always open in their communication in what is changing at the Health Department, but some employees feel their supervisor/directors are not. Communication about changes before they happen would be appreciated.
- Each roll is important. You may not know every responsibility that an employee has and they may not have as much downtime as you think.
- When making big decisions, talk to those who are actually going to be completing the work/task for their input before making those decisions.
- better communication
  ask and include staff in ideas/thoughts
- I would help with my advice on when we have four part time people for one job on how the hours should work and the way I would do it, if I was the one in charge of the scheduling.
- - Add clearer signs and navigation throughout the building. People get lost often in here. Create color system for signange. Like blue equals clinc, red equals EH, etc.
  -Create a cleaner and more welcoming environment. Updated signage on windows in all languages.
  - Expand mental health and wellness resources. We only have one community referral.
  -Create child-friendly areas for families. We need a play table or something else kids can play with in lobby. We only have chairs and books. Books are great, but like a blocks table or activity table.
  - The doors closest to the WIC window should be unlocked for clients. I am not sure why people aren't allowed through them, but it is confusing for clients.
- Unsure
- N/A

Q48. What do you see as the most significant opportunities for your division/section over the next five years? Answered 21, Skipped 23

- maybe TB treatment training? clinics? There seems to be more positives with the influx of immigrants on work visa's
- Continued growth with referrals.
- N/a
- Partnering with new organizations to grow our cliental.
- None
- Staffing
- N/A
- The best opportunities are going to be the utilization and standardization of electronic files and processes.
- I think Public Health has some upcoming ominous opportunities as diseases are augmented and amplified. Public Health plays a robust & vigorous role in keeping our communities informed, educated & properly treated. (hopefully)
- Over the next five years, one of the most significant opportunities for the division/section is to strengthen client-centered service delivery while exploring ways to generate additional revenue through increased direct engagement with clients. This includes prioritizing time spent in the field or in client-facing settings rather than primarily focusing on in-office reporting. By shifting more resources toward hands-on services, the agency can improve outcomes for clients while also identifying potential efficiencies and funding opportunities that come from expanded service delivery and stronger client relationships.
- Finding additional resources to support needs outside of the ELPHS funding.
- N/A
- -
- Unknown
- Continuing to serve our community in the best way we know how.

- To better engage with the public on the resources offered at the agency.
- continue to serve the diverse population and program eligibility
- Reaching more clients that qualify for our services and do not know that they qualify.
- Being able to grow into the company.
- benefits and wages. stay competitive in the market. Make the roles more appealing.
- N/A

Q49. What resources will be needed to take advantage of these opportunities?
Answered 21, Skipped 23

- interpreters!
- Additional employee.
- N/A
- Training
- Increase in compensation
- N/A
- Better training and consistency between counties.
- Updated information shared with Public Health.
- To take advantage of these opportunities, reliable and well-functioning technology will be essential, especially for staff who work off-site. This includes access to secure mobile devices, stable internet connectivity, and updated systems that allow for real-time documentation and communication outside of the office. Ensuring that all staff—not just those who work from home—have equal access to these tools would improve efficiency, reduce delays in reporting, and support more time spent in direct client care.
- Dollars and lots of grant writing.
- N/A
- -
- Unknown
- $$, Grants,
- Set up tables at community gatherings beyond the events for those in need. Some seniors or public members who might be just starting to slip could benefit from assistance before it gets too far. Engage in events for the diverse population to allow interaction and offer any assistance they might need.
- Funding
- kiosk in lobby where clients can check in, wifi for clients to use, computer and printer for clients in lobby,
- We could do more community outreach to make sure we are reaching those untapped clients.
- Show up to work every day, and go the extra milestone.
- money that we sadly do not have to work with.
- N/A

Q50. What are the most significant obstacles for your division/section over the next five years?
Answered 23, Skipped 21

- Deadlines are too short for the amount of work we are expected to complete
- language barriers and I'm sure funding is always sus.
- Possible funding.
- N/a
- Funding
- funding for things like children's bandaids
- Increase in work load but not evenly distributed. Pressure on those carrying more than their share of the responsibilities. If change is not imminent then the pay should increase to compensate for doing the job of 3.
- Staffing
- Job retention
- The decline seen and felt in Scientific trust !!! Underfunded Prevention Services with this administration. We have heard and felt the declining trust in public health and scientists. Misinformation is widespread. Also, the challenges systemically to meet health care needs due to rising costs, safe housing, cost of nutritious foods all encourage rising community needs. SHRINKING resources. UGGH
- Over the next five years, some of the most significant obstacles for the division/section include limited staffing time for direct client services due to increasing administrative and reporting demands, as well as balancing multiple departmental responsibilities. Another challenge is ensuring consistent access to reliable technology and tools for staff who work in the field, which can impact efficiency and timely documentation. Additionally, maintaining clear communication and alignment across leadership and departments can be difficult when priorities shift or when staff input is limited in decision-making processes.
- Sustainable funding for our positions.
- Language barriers
- -
- Communication with the Diverse community we serve
- Communication across the board on everything thats happening
- Language barriers: as our region's diversity continues to grow, our messaging and public interactions will need to adapt.
- Funding
- funding and vaccine hesitancy
- communicating with diverse populations
- Obstacle would be translation needs and clinic updates as far as cleanliness of enviorment and technology ot help clients.
- money and budgeting.
- N/A

Q51. Where do you see our agency in five to ten years? Answered 19, Skipped 25

- specific to my department I imagine it'll be similar to what it is now. There won't ever NOT be a need for what we do.
- N/A
- I see us here still providing all the services we can to the communities we serve.
- Helping our community.
- Still struggling to retain staff if compensation is not increased.
- Staying the course.
- I don't know
- I hope stable and viable.
- With continued improvement, the agency could also expand its impact by increasing efficiency, strengthening community partnerships, and potentially identifying new ways to generate funding through enhanced service delivery. Overall, the goal would be a more supported workforce and improved outcomes for the clients we serve.
- Continuing to provide excellent customer service to the community and addressing community needs related to health and wellness.
- I see us being pretty much where we are currently. Perhaps with new resources to utilize to help our clients.
- -
- Same place it is today
- Thriving
- serving the public
- More service times for clients. Less confusing enviornment.
- Honestly, I hope to see it with more clientele
- progressively moving forward.
- N/A

Q52. Where do you want our agency to be in five to ten years? Answered 22, Skipped 22

- With more staff to divide the work load
- Well I'd hope we be able to offer more- the baby essentials we used to have that I mentioned previously for example
- N/A
- I would love to see us be able to provide more services and resources to our communities.
- Helping more of our community.
- Comparable to compensation of top 10% of Health Agencies in MI.
- N/A
- I don't know

- I want our agency to be stable and viable.
- the goal would be an agency that delivers more effective services, improves client outcomes, and maintains a healthy, sustainable workplace culture for employees.
- Continuing to provide excellent customer service to the community and addressing community needs related to health and wellness.
- Maybe more outreach programs in different languages.
- -
- Thriving
- -Fully staffed
  -Continue to retain happy, hardworking, caring staff

- Thriving in all departments.
- interacting with different community health providers and organizations.
- Same as above.
- More show rate and get the Three Rivers and Sturgis offices fully running all days.
- see above.
- N/A

Q53. Do you have any suggestions you think would help improve internal communications?
Answered 22, Skipped 22

- I think most supervisors and directors ask for open communication but dont listen to what the staff has to say which in turn makes the staff not want to communicate
- I think we communicate fine.
- Consideration of all staff.
- Nobe
- No
- Internal communication is pretty good.
- Communicate with staff and seek input on proposed policies prior to the decision being finalized. Supervisors and directors fail to communicate and then after the fact staff have legitimate issues with how the policy impacts their position. Now we have compromises being made to accommodate a need of a particular position before the ink on the policy has dried and management wonders why staff feel there is no consistency in how policies are applied. Goes back to basic input being requested and reviewed prior to decisions being made. Supervisors and directors do not always understand the details of our jobs well enough to foresee the pit falls in proposed changes.
- Treat everyone with respect.
- I think that changes in anything need to be shared with staff possible in an application on our computers specifically for any changes (even subtle) in divisions. for example~Project Fresh starts and people eligible. Where to pick it up. Any new markets. Changes in eligibility in our services.
- Improving clarity and consistency in how decisions are communicated would help ensure all staff understand not just what is changing, but why it is changing and how it impacts their work. Along with that, providing advance notice whenever possible would allow departments to plan and adjust more effectively.
- None
- Better training. Stricter and more clear policies on cross training and when they should use that training.
- Have direct conversations with someone when not following rules, procedures, instead of blanket emails. People that need the conversation don't believe you are talking about them when they read a blanket email...FACT.
- ??
- Please see question 47.
- I have noticed a great improvement over the past couple of years with communication.
- Delivering updates/messages whether by conversation/email/phone ASAP as to not "forget" informing those who actually need the information.
- less closed door meetings

  meet with your staff share what is being communicated just not your program -
- None
- Give our clients more of an advance notice about their appointments. And maybe make it more forth coming.
- unsure.
- N/A

Q54. Additional comments? Answered 13, Skipped 31

- IT issue - single monitors, whatever the size are not productive. All should have at least 2 bigger monitors.
- None
- pay is still not at living wage
- Individual offices for staff who have confidential conversations with clients
  Equipment needs met for staff who travel between offices
  Committees could send an email update with proposed action to be taken and a response period before changes are finalized similar to how the state makes changes to policies and legislation.

- N/A
- I am more than grateful for my job here at the Agency and feel always fortunate for my positions and those around me.
- be more effective to build this variability directly into their standard scheduling expectations (for example, recognizing that shifts may occasionally change), and rather than requiring repeated administrative adjustments. Reducing redundant documentation could help staff focus more time on direct service delivery and improve overall efficiency.
- More flexible work schedule should be available.
- N/A
- None
- As a health agency the Coldwater office needs floors mopped and swept. The bathrooms need to be cleaned daily. Staff should not be expected to break down boxes and take to the dumpster. What does the janitor do for the pay he receives
- None
- attendance seems to have improved. not seeing a lot of late in/early out and it seems like the divide between the people "watching" has shrank because of it. policies appear to be followed more and there seems to be a better understanding of what is expected.