

2025 Community Health Needs Assessment

Kalamazoo County, Michigan



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Borgess



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HEALTH & COMMUNITY
SERVICES DEPARTMENT

Welcome Letter

A healthy community is the foundation for a thriving and vibrant future. The 2025 Community Health Needs Assessment (CHNA) for Kalamazoo County represents a collaborative effort to better understand the health concerns, barriers, and priorities of our residents. Conducted in partnership with Bronson Healthcare, Ascension Borgess Hospital, Family Health Center of Kalamazoo, and Kalamazoo County Health & Community Services, this assessment is a vital tool in shaping strategies that will address local health challenges and improve overall well-being.

The CHNA process includes gathering data from community members, healthcare professionals, and local organizations to identify key health issues and disparities. By combining quantitative data with lived experiences and expert insights, we aim to develop targeted solutions that reduce barriers and enhance health outcomes for all Kalamazoo County residents.

This report will serve as a roadmap for community stakeholders—including healthcare providers, government agencies, nonprofits, and businesses—to align efforts, allocate resources effectively, and drive meaningful improvements in our communities.

Together, through informed action and collaboration, we can build a healthier, stronger, and more resilient Kalamazoo County.

Positively impacting Kalamazoo County together,



Dean Kindler, MD
President & CEO
Ascension Borgess



Bill Manns
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Bronson Healthcare



Denise Crawford
President & CEO
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Health Officer
Kalamazoo County Health
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Executive Summary

Purpose of the CHNA

The purpose of this unified Community Health Needs Assessment (CHNA) is to identify and prioritize the most pressing health needs in Kalamazoo County, with a focus on advancing health equity for all residents. The Kalamazoo CHNA Collaborative brings together Ascension Borgess Hospital, Bronson Methodist Hospital, Family Health Center, and the Kalamazoo County Health & Community Services Department. Together, these partners aim to better understand community challenges and guide collective action to improve health outcomes.

Community Served

For the 2025 CHNA, the Kalamazoo CHNA Collaborative defined its community served as Kalamazoo County, Michigan. Kalamazoo County was selected because it is the primary service area as well as partners' primary service area. Additionally, community health data are readily available at the county level, and for numerous indicators, at the census tract level.

Data Analysis Methodology

The 2025 CHNA was conducted from July 1, 2024 to April 28, 2025, with contracted assistance from both Western Michigan University's Homer Stryker School of Medicine, Population Health Team (WMed), and the Southeastern Michigan Health Association (SEMHA), and utilized an integrative analysis process that incorporated data from both primary and secondary sources.

- Community input (primary data) was gathered to ensure the assessment reflected the voice of the community. WMed engaged more than 35 community members and key stakeholders through a series of focus groups (28 participants) and stakeholder interviews (7 participants). In addition, 582 individuals completed a community survey, providing broader public input. Thanks to the WMed Population Health Team's ongoing involvement in community research and evaluation, data from previous efforts involving 20 participants were also incorporated to help inform the assessment of community needs.
- Secondary data was compiled and reviewed to understand the health status of the community. SEMHA collected 95 indicators from reputable and reliable sources pertaining to chronic disease, social and economic factors, and healthcare access and utilization trends for Kalamazoo County.

Community Needs

The 2025 Kalamazoo County CHNA was developed in collaboration with community partners and used a phased prioritization approach to determine the most crucial needs for community stakeholders to address. The significant needs are as follow (listed alphabetically):

- **Behavioral Health**
- **Economic Stability**
- **Healthcare Access and Quality**
- **Housing and Homelessness**
- **Sexually Transmitted Infections**
- **Systemic Racism and Racial Disparities**

Next Steps and Conclusion

Following the completion of the 2025 CHNA, this report will serve as a strategic roadmap for community stakeholders—including healthcare providers, government agencies, nonprofits, and businesses—to guide collective action.

- The CHNA was presented to the **Ascension Borgess Hospitals** Board of Directors for approval and adoption on April 28, 2025. Following approval of the CHNA, Ascension Borgess Hospital will develop an implementation strategy that will describe how the hospital intends to respond to prioritized needs throughout the same three-year CHNA cycle: July 1, 2025 to June 30, 2028.
- The CHNA will be presented to the **Bronson Healthcare Group** Board of Directors for approval in November 2025. An implementation strategy will be created and approved by the board in April 2026, and will be published on Bronson's website following execution and approval.

About the CHNA

About the Community Health Needs Assessment

The goal of this unified CHNA is to evaluate and prioritize the current health needs of the community to address barriers to health equity for all people in Kalamazoo. Unfortunately, many populations experience health inequities and negative health outcomes due to factors beyond individual behaviors and choices. These inequities are produced by systemic racism and other forms of historical and ongoing oppression within social and economic systems, such as the political system, housing, the workplace, education, and the criminal justice system. Health inequities are observable and measurable through differences in factors such as length and quality of life, rates of disease, disability, and death, as well as differences in access to services and treatments.

[IRS 501\(r\)\(3\) and Form 990, Schedule H Compliance](#)

The federal Patient Protection and Affordable Care Act (ACA) requires all not-for-profit hospitals in the country to assess the health of their communities once every three years by conducting a Community Health Needs Assessment (CHNA). The intent of this assessment is to provide an overall view of the health of the community being served. The CHNA provides required data and information to gain in-depth knowledge of the community, residents, and patients being served. This assessment takes into consideration local, state, and federal data as well as assesses the social determinants of health which directly impact the ability of individuals, families, and communities to live full and healthy lives.

About the Kalamazoo CHNA Collaborative

The Kalamazoo CHNA Collaborative was established in September 2021 as a unique partnership among major medical care providers in Kalamazoo County. It brings together Ascension Borgess Hospital, Bronson Methodist Hospital, Family Health Center, and the Kalamazoo County Health & Community Services Department to collaborate on community health needs.

This unified CHNA is an acknowledgement of the importance of increasing collaboration across systems to achieve equitable health outcomes for all members of the community. While much work remains to achieve this goal, a unified CHNA is an important step in the journey of identifying and addressing the inequities impacting health across the county.

Ascension Borgess Hospital

As a Ministry of the Catholic Church, Ascension Borgess Hospital is a non-profit hospital governed by a board of trustees represented by residents, medical staff and sister sponsorships, providing medical care to the Kalamazoo area and surrounding counties. Ascension Borgess Hospital is a full-service hospital with 24/7 emergency care, a Level II Trauma Center and a Comprehensive Stroke Center. The hospital delivers advanced surgical care for serious and life-threatening injuries and illnesses. Ascension Borgess Hospital is a destination for specialty care - including advanced heart and stroke care, physical, speech and occupational therapy, cancer care, advanced orthopedics and neurosciences, women's health and pediatric care. The OB-GYN maternity care teams deliver a personalized birthing experience and a specialty care nursery for more intensive newborn care. A wide range of minimally invasive surgical procedures using robotic-assisted technology, imaging and laboratory tests, and a dedicated inpatient rehabilitation center are provided, all on one campus.

For more information about Ascension Borgess Hospital, visit

<https://healthcare.ascension.org/borgess>

Ascension Borgess-Pipp Hospital is a long-term acute care hospital offering 24/7 emergency care, family and internal medicine, OB/GYN and behavioral health care, respiratory care, as well as laboratory, radiology and rehabilitation services. An affiliated rural health clinic, the hospital offers primary and specialty care for serious and life-threatening injuries and illnesses.

For more information about Ascension Borgess-Pipp Hospital, visit

<https://healthcare.ascension.org/locations/michigan/mikal/plainwell-ascension-borgess-pipp-hospital>

Bronson Methodist Hospital

Bronson Methodist Hospital (BMH) is a community-owned and governed not-for-profit hospital with 434 licensed beds and an open medical staff. It is governed by the Bronson Healthcare Group Board, comprised of 23 members of the community. Founded in 1900, BMH has demonstrated its commitment to our community by continuing to deliver the full continuum of needed medical services and working within the community collaboratives to address community needs. BMH is part of an affiliated system that serves nine counties and includes three other hospitals: Bronson Battle Creek Hospital, Bronson South Haven Hospital, and Bronson Lakeview Hospital. Each of the hospitals in the Bronson Healthcare System admits patients regardless of ability to pay and provides outreach services to their respective communities.

In addition to the four hospitals, the Bronson Healthcare Group (BHG) system includes several smaller entities whose activities support the hospitals and their mission of “Together, we advance the health of our communities.” These entities include Bronson Healthcare group, Bronson Commons, Bronson Lifestyle Improvement and Research Center, Bronson Healthcare Foundation, Bronson at Home, Van Buren Emergency Medical Services, and Bronson Properties Corporation.

For more information about Bronson Methodist Healthcare, visit <https://www.bronsonhealth.com/>.

Family Health Center of Kalamazoo

Serving as Kalamazoo’s safety net over the past 54 years, Family Health Center (FHC) has grown into a Federally Qualified Health Center (FQHC) and a Patient-Centered Medical Home, accredited by the National Committee for Quality Assurance. Our vision drives us: to be the medical home of choice for over 170,000 patients in 2024, tearing down barriers to care with every step.

Our integrated care model is our strength, seamlessly blending medical, dental, behavioral health, physical and occupational therapy services in one accessible space. We offer family medicine, pediatrics, internal medicine, obstetrics/gynecology, immediate care, lab screenings, and on-site pharmacies. We meet patients where they are. Beyond our walls, we tackle social determinants head-on: our mobile clinic delivers care to underserved neighborhoods, while partnerships with local schools bring dental services to countless young smiles. We strive to positively impact our community by saving lives, stomping out diseases, and promoting preventive care to help everyone stay healthy.

As a key partner in the Kalamazoo CHNA Collaborative with Bronson Methodist Hospital and Ascension Borgess Hospital, FHC uses data and community input to drive change—expanding telehealth and mental health access, advocating for affordable housing, and fostering inclusion. Together, we’re crafting a future where health is a shared reality.

For more information about Family Health Center, visit <https://fhckzoo.com/>

Kalamazoo County Health & Community Services Department

Kalamazoo County Health & Community Services (HCS) is the local public health agency committed to promoting and protecting the health and well-being of every resident in Kalamazoo County. Serving a diverse population of over 262,000 individuals, HCS delivers a broad range of programs and services that support residents at every stage of life—including clinical care, maternal and child health, aging and adult services, environmental health, and support for veterans.

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Guided by our mission to improve health for all, and a vision rooted in achieving equity across physical, mental, social, and environmental health, HCS works to foster a healthier, more resilient community. We are committed to providing culturally competent, inclusive care and to eliminating health disparities by expanding access to essential services and resources.

Through strategic partnerships, community engagement, public health education, and evidence-based interventions, HCS plays a vital role in addressing community needs, advancing health equity, and strengthening the overall well-being of Kalamazoo County. We believe that a healthier community is a stronger community—for today and for generations to come.

For more information about the Kalamazoo County Health & Community Services Department, visit <https://www.kalcounty.gov/hcs/>.

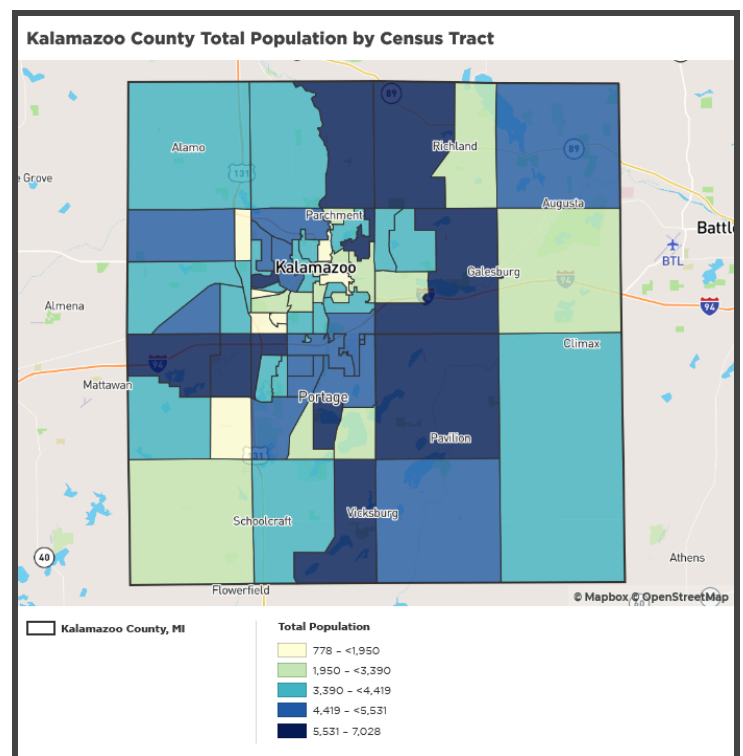
Community Profile

Community Served

Although the Kalamazoo CHNA Collaborative serves Kalamazoo County and surrounding areas, for the purposes of this report the partner organizations have defined the community served as Kalamazoo County for the 2025 CHNA. Kalamazoo County was selected as the community served because it is our primary service area as well as our partners' primary service area. Additionally, community health data is readily available at the county level, and for numerous indicators, at the census tract level.

Situated in southwest Michigan, halfway between Chicago and Detroit, Kalamazoo County is home to both Stryker Medical, one of the world's leading medical technology companies, and a large manufacturing division of Pfizer Pharmaceuticals.

Kalamazoo also enjoys the presence of Western Michigan University, the state's fourth-largest public university that includes a school of nursing and a privately funded medical school named Western Michigan University Homer Stryker School of Medicine; Kalamazoo College, one of the oldest private schools in the country; as well as Kalamazoo Valley Community College with nursing and medical technician programs.



Demographic Data

Located in the southwestern part of Michigan, Kalamazoo County is the 9th most populated county in the state, with a total population of 261,437 people and a projected growth rate increase of 4.9% by 2032.

- **Age:** In Kalamazoo County, 21% of the population is under age 18, which is equal to Michigan at 21%. The senior community (adults age 65 and above) in the county accounts for 15% of the population, less than the 18% statewide. The

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median age for the county is 34.9 years of age which is 13% younger than the state average of 40.1 years.

- **Race and Ethnicity:** In Kalamazoo County, 75% of residents are White (non-Hispanic), slightly above Michigan's 73%. Black residents make up 10.6%, compared to the state's 13.2%. Hispanic or Latino residents are at 5.8%, similar to the state's 5.7%. Asian residents (non-Hispanic) constitute 2.7%, lower than Michigan's 3.3%.
- **Income Levels:** The median household income in Kalamazoo County is \$70,525 which is just slightly less than Michigan's state average of \$71,149. In Kalamazoo County, MI, 30.6% of residents are low-income (at or below 200% of the poverty level), higher than Michigan's state average of 29.5%.
- **Poverty Rate:** The poverty rate for individuals below the federal level is 13.3%, compared to the state rate of 13.1%. Among children aged 0-17, the poverty rate is 12.7% and 8% for residents over 65 years of age.
- **Employment Rate:** The unemployment rate in Kalamazoo County, currently at 4.9%, is marginally lower than the state average of 5.3% for Michigan.
- **Health Insurance Coverage:** 4.9% of residents in Kalamazoo County are without health insurance, a figure that is comparable to the state of Michigan, where the uninsured rate stands at 5.0%.

To view detailed community demographic information, see [Appendix D](#) (Page 37).

Methodology

The Kalamazoo CHNA Collaborative is committed to using national best practices in conducting the CHNA. Through a comprehensive approach that combines the collection and analysis of both primary and secondary data, along with meaningful community engagement, the Collaborative identified significant health needs and assets within Kalamazoo County. This process ensures that the CHNA reflects a thorough and inclusive understanding of the community's health landscape.

Consultants

To support the CHNA, the Kalamazoo CHNA Collaborative engaged the Southeastern Michigan Health Association (SEMHA) and Western Michigan University Homer Stryker M.D. School of Medicine (WMed). These consulting partners bring expertise in public health research, data analysis, and community engagement, enhancing the CHNA process with evidence-based methodologies. Their involvement ensures that the findings are accurate, actionable, and reflective of the needs of Kalamazoo County residents, providing a strong foundation for informed decision-making and future health initiatives.

Southeastern Michigan Health Association

Founded in 1956, Southeastern Michigan Health Association (SEMHA) is an organization that provides support for strategic planning, project development, program evaluation, and comparative analyses. The Health Equity Division at SEMHA offers services for Community Health Needs Assessments, including demographic data collection, secondary data sourcing, data analysis with trend comparisons, and data gap analysis. Additionally, the division facilitates prioritization processes, develops board presentations, and provides final data summarization and report writing. With a regional perspective and expertise in utilizing advanced technology, SEMHA focuses on converting raw data into actionable insights to inform decision-making. The organization supports communities and organizations in data acquisition, interpretation, strategy formulation, and feedback utilization, contributing to effective, data-driven outcomes.

For more information about SEMHA, visit <https://www.semha.org/>

Western Michigan University Homer Stryker M.D. School of Medicine

Western Michigan University Homer Stryker M.D. School of Medicine (WMed) is a collaboration of Western Michigan University and Kalamazoo's two teaching health systems: Ascension Borgess Hospital and Bronson Healthcare. As a private nonprofit

corporation, WMed is supported by private gifts, clinical revenues, research activities, tuition, and endowment income. The Population Health Research Team is part of the medical school's Department of Biomedical Sciences. It is a multi-disciplinary research team with extensive experience in community-based participatory research, working closely with vulnerable and high-risk populations, and developing strong rapport and long-term partnerships toward evaluating, planning, and implementing health improvement efforts. The team's technical skills and capabilities in conducting qualitative, quantitative, and mixed-method studies make it well-suited to produce an effective CHNA and to promote its use to improve health outcomes.

For more information about WMed, visit <https://www.med.wmich.edu/>

Data Collection

The assessment process involved a systematic approach to data collection and analysis, incorporating both primary data (including community focus groups, key stakeholder interviews, and community surveys) and secondary data (such as public health statistics and demographic trends). By integrating multiple sources of data and community perspectives, the CHNA serves as a comprehensive tool for identifying both key health challenges and existing community assets that contribute to overall well-being.

Summary of Community Input

Community input (primary data) was collected to reflect the voice of the community. A concerted effort was made to ensure that the individuals and organizations represented the needs and perspectives of: public health practice and research; individuals who are medically underserved, experiencing poverty, or considered among minority populations served by the hospitals; and 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 a community survey with 582 responses, three (3) focus groups with 26 participants, and five (5) key stakeholder interviews with seven participants. Additionally, WMed identified previously collected data from 20 frontline workers that identified health and social needs in the county.

A summary of the process and results is outlined below. To view the primary data and sources in its entirety, see [Appendix E](#) (Page 40).

Community Focus Groups	
Key Summary Points	
<ul style="list-style-type: none"> General anxiety and depression are a serious issue across demographics, even impacting high functioning individuals, partially associated with large issues like election and political conflict. Housing issues significantly exacerbate mental health issues, interpersonal violence, and sexual exploitation. Kalamazoo is resource rich, but coordination is a challenge. Many residents lack knowledge around prevention of sexually transmitted infections, especially those aged 16 to 30 years old and men. 	
Sectors Represented	Common Themes
<ul style="list-style-type: none"> Behavioral Health Education Homeless Services Medical Care Nonprofit Philanthropy Public Health Social Services 	<ul style="list-style-type: none"> All focus groups mentioned housing and homelessness as an issue of concern. Though resources are available, the difficulty coordinating resources and services poses barriers to clients and service providers. Multiple drivers (homelessness, mental health, substance use, healthcare access, economic stability, physical safety) interact, making solving problems more difficult.
Meaningful Quotes	
<ul style="list-style-type: none"> "We need to adopt a mindset of one team with different addresses" "... especially with that 16 to 24 age group, since there's not a lot of that health education happening in schools, there's a lack of knowledge and understanding about their bodies..." "... more and more high functioning folks..." are reporting anxiety and depression 	

Key Stakeholder Interviews	
Key Summary Points	
<ul style="list-style-type: none"> Homelessness exacerbates poor health outcomes stemming from exposure to inclement weather, violence, and sexually transmitted infection. Caps on medicaid limit access to healthcare for many. Stakeholders identified a need for navigation support for clients. 	
Sectors Represented	Common Themes
<ul style="list-style-type: none"> Education LGBTQ+ Services Medical Care Public Health Public Services Substance Use Services 	<ul style="list-style-type: none"> Homelessness is seen as a major problem. Mental health issues cut across demographics and exacerbate health and social circumstances. The complexity of health and other services creates barriers to client access.
Meaningful Quotes	
<ul style="list-style-type: none"> "Houselessness is a medical problem, not just a social problem." "There are some people who live with chronic homelessness right like they don't have the mental health support that they need, like intensive mental health support." Mental health is a "huge concern in the community". "Need to ask leaders of non-profit organizations about their decision-making on capping Medicaid..." "... it comes down to jargon and comes down to an inaccessible understanding of what folks have access to and how to navigate the healthcare system..." 	

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Community Survey	
Key Summary Points	
<ul style="list-style-type: none"> Mental health issues such as anxiety and substance use and healthcare in general are top health concerns for the community- in terms of accessibility and cost of care. Housing issues take precedence over other social issues for its impact on health. Community members face difficulties in finding affordable housing, healthy food, childcare, and health related services. The providers are the main source of health-related information, followed by the internet and the hospitals. 	
Sectors Represented	Common Themes
<ul style="list-style-type: none"> County Residents 	<ul style="list-style-type: none"> Participants mentioned challenges in accessing healthcare, food security, safe and accessible housing, transportation, and green spaces. SDoH factors (food insecurity, unsafe housing, transportation, childcare) are adversely impacting health and overall well-being
Meaningful Quotes	
<p>Health concerns:</p> <ul style="list-style-type: none"> "Most healthcare beyond very basic is inaccessible to those of us who face multiple marginalizations". "Mental health services are disconnected, many barriers to receiving adequate care especially for Medicaid recipients" "there is a need for timely access to all routine healthcare". <p>Social concerns:</p> <ul style="list-style-type: none"> "Our community seems to be a less safe environment than it was 20 years ago. There seems to be a real difficulty with people living unhoused that creates an unstable environment". "There is a disconnect between city managers and population base for social problems". "There should be accountability to social programs with employment and education". <p>Difficulty in accessing:</p> <ul style="list-style-type: none"> "primary care services, and urgent care services, especially for children/ adolescents, and for elderly care and devices/equipment" "Transportation to health care appointments" "Bedbug treatment for low income households". 	

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 population's health status at the state and county levels through surveys and surveillance systems. Secondary data for this report was compiled and reviewed from various reputable and reliable sources to understand the health status of the community.

A summary of the secondary data collected and analyzed through this assessment is outlined below. To view secondary data and sources in its entirety, see [Appendix F](#) (page 54).

- Substance Use Concerns:** In 2023, substance use disorder was the second most common behavioral health condition for adults and the fifth most common condition for youth for those receiving services through Integrated

Services Kalamazoo. When surveyed, a little more than 5% of teens in grades 9 – 11 reported engaging in binge drinking while 9.2% of teens reported using marijuana. Fortunately, the opioid crisis seems to be waning as Kalamazoo County has seen a significant decline in opioid overdoses between 2021 and 2022 from 18.9 per 100,000 to 11.1.

- Rising Mental Health Needs:** Residents have reported increases in poor mental health with increases in depression diagnoses from 24.8% to 26.9% in 2022. Likewise, reports of poor mental health for more than 14 days in the last month increased from 16.5% to 18.8% in Kalamazoo County. Sadly, the 5-year average age-adjusted suicide rate per 100,000 population increased from 14.8 to 16.1.
- Income Inequality:** The annual median household income in Kalamazoo is \$70,525, which is slightly lower than the state (\$71,149). However, there is moderate income inequality with average incomes for the lowest 20% of households earning \$15,335 annually and the highest 20% of households earning an average income of \$243,109. Approximately, 1 out of every 4 households (26%) are Asset-Limited, Income-Constrained and Employed (ALICE) in 2022, while 13.4% of adults and 13.5% of children lived in households with incomes below the Federal Poverty Level.
- Food Insecurity Disparities:** Approximately 14% of residents in Kalamazoo County experienced food insecurity in 2022. However, there are some racial and ethnic groups who have disproportionately dealt with food insecurity over the past several years. Approximately one-third of Black residents (33%) and 21% of Hispanic residents experienced food insecurity in 2022 compared to just 12% of White residents.
- Primary Healthcare Provider Shortages:** Most Kalamazoo County residents have some form of health insurance coverage (95%). Yet, 11.5% of residents do not have a primary care provider and nearly 24% of residents did not have a routine healthcare visit in the last 12 months. Kalamazoo County is a HRSA-designated Health Professional Shortage Area for mental, dental and primary healthcare.
- Mental Healthcare Provider Access:** While Kalamazoo County boasts better provider to patient ratios for mental healthcare compared to the State (1:525 compared to 1:822), there are still provider workforce gaps. Local agencies have recommended the prioritization of developing the mental healthcare workforce in Kalamazoo County and the need to hire more providers to serve the population's needs.
- Transportation to Healthcare Resources:** Transportation to medical appointments is an area of high need based on feedback from older adults in

Kalamazoo County. Bus routes in urbanized areas are not helpful because of the time required to attend medical appointments and do not allow for door-to-door service for people with physical limitations.

- **Housing and Homelessness:** Homelessness is a serious concern that has serious health consequences. There were 635 individuals who were unhoused in 2023, which equates to approximately 1 out of every 410 Kalamazoo County residents who experienced homelessness. Alarming, 1,273 students were unhoused. Housing costs are a contributing factor with approximately 27% of households spending more than 30% of their incomes on housing costs and 12% spending more than 50% of income on housing.
- **Sexually Transmitted Infections:** Between 2019 and 2023, rates for chlamydia and gonorrhea have declined by 23% and 34% respectively in Kalamazoo County. However, Kalamazoo County represented the third highest county rate in Michigan for both chlamydia and gonorrhea. Rates of both primary and secondary syphilis have increased by 266% and 237% respectively. Kalamazoo County has the second highest county rate for primary and secondary syphilis in Michigan.
- **Systemic Racism and Racial Disparities:** Kalamazoo County declared racism as a public health crisis in 2020 as racial disparities have persisted in health-related outcomes such as infant mortality, food insecurity, poverty and chronic diseases over many decades. Maps of populations living in poverty overlap with historically redlined neighborhoods, presenting a legacy of systemized racial divides and a progenitor of racial health disparities.

Community Input from Previous CHNA

At the time of this report development, no written comments about the previous CHNA Report were received.

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 Kalamazoo county. This constraint limits the ability to assess all the community's needs fully.

- Some groups of individuals may not have been adequately represented through the community input process. Though many agency staff with knowledge of relevant needs were interviewed, apart from the community survey, little information was collected from individuals experiencing the needs themselves. For example, minimal information was collected directly

from seniors, directly from residents experiencing homelessness, and individuals experiencing food insecurity.

- Interviews and focus groups largely gathered information from stakeholders working and living in the Kalamazoo metro area. As a result, rural residents were not adequately represented in community input findings.

Despite the known data limitations and information gaps, the Kalamazoo CHNA Collaborative is confident of the overarching themes and health needs represented through the assessment data. This is based on the fact that data collection included multiple qualitative and quantitative methods, and engaged numerous community residents and stakeholders.

Community Needs

The assessment process involved a systematic approach to data collection and analysis, incorporating both primary data (including a community survey, stakeholder and community conversations and stakeholder focus groups) and secondary data (such as public health statistics and demographic trends). By integrating multiple sources of data and community perspectives, the CHNA serves as a comprehensive tool for identifying both key health challenges and existing community assets that contribute to overall well-being.

Process to Determine Significant Community Needs

On February 20, 2025, members of the Kalamazoo CHNA Collaborative convened to review comprehensive community health data collected through multiple methods. SEMHA and WMed presented key data findings, including 12 identified health need areas drawn from existing reports, a community survey, focus groups, stakeholder interviews, community meetings, local health indicator data, and additional local sources.

Following the presentation, Collaborative members further assessed the significance of 12 identified health need areas based on the following criteria:

- Burden, scope, severity, or urgency of the health need
- Estimated feasibility and effectiveness of possible interventions
- Health disparities associated with the need
- Importance the community places on addressing the need

After evaluating the identified health need areas, Collaborative members completed a prioritization activity by completing the electronic *2025 Identified Needs Survey*. Using a scale of 0 to 5, they rated each need area based on its perceived significance. The results of the prioritization process were as follows (*listed by average rating, from highest to lowest*):

- Housing and Homelessness – Average Rating: 4.60
- Behavioral Health – Average Rating: 4.50
- Maternal and Infant Health – Average Rating: 4.20
- Healthcare Access and Quality – Average Rating: 4.10
- Diabetes, Hypertension, and Obesity – Average Rating: 4.00
- Systemic Racism and Racial Disparities – Average Rating: 3.80
- Economic Stability – Average Rating: 3.80
- Childcare – Average Rating: 3.60
- Violence – Average Rating: 3.60
- Sexually Transmitted Infections (STIs) – Average Rating: 3.60

- Digital Access and Health Literacy – Average Rating: 2.90
- Vaccination – Average Rating: 2.40

On March 12, 2025, the Kalamazoo CHNA Collaborative met in person at the Kalamazoo County Health and Community Services Department to review the results of the February 20th data meeting and reach consensus on the most significant health needs identified in the 2025 assessment.

To determine which of the 12 health needs were most significant relative to one another, Collaborative members utilized a modified version of the Luma Institute's Human-Centered Design method, *Visualize the Vote*. Members participated in two structured activities using the same evaluation criteria from the February meeting.

- In Activity 1, two identical sets of the 12 health needs were displayed on the walls. Each member received three stickers and used them to vote for the needs they believed were most significant. The needs receiving the fewest votes were eliminated.
- In Activity 2, members received stickers labeled 1, 2, and 3 and were asked to rank their top three priorities. The needs with the lowest combined rankings were also eliminated.

Collaborative members then compared the results of the two activities, and determined the six needs that appeared in the top of both activities as the significant health needs from the 2025 report (*listed alphabetically*):

- **Behavioral Health**
- **Economic Stability**
- **Healthcare Access and Quality**
- **Housing and Homelessness**
- **Sexually Transmitted Infections**
- **Systemic Racism and Racial Disparities**

The following pages provide a deeper understanding of the most significant community needs identified through the assessment process. Each need is described through multiple lenses, including:

- Significance – Describes the importance and impact of the community need on the population.
- Drivers – Highlights the root causes and key underlying issues contributing to the significance of the need.
- Populations Most Impacted – Identifies the groups and community members most affected by the need.
- Secondary Data Highlights – Summarizes notable findings and trends from existing data sources.

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2025 KALAMAZOO COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT

- Community Input Highlights – Features recurring themes and meaningful quotes gathered from focus groups, key stakeholder interviews, and the community survey.

To view the community assets and resources available to address each of the significant needs, please see [Appendix C](#) (page 58).

Behavioral Health

Significance

Poor mental health and substance use disorders (SUDs) contribute to chronic disease, unemployment, and increased healthcare costs, straining local resources (CDC, 2023; NIMH, 2022). Untreated mental illness is linked to homelessness, addiction, and criminal justice involvement, further destabilizing communities (SAMHSA, 2023). Substance use, particularly the opioid crisis, has driven overdose deaths, family disruption, and rising healthcare and law enforcement burdens (NIDA, 2023). Stigma and barriers to treatment worsen outcomes, leading to widening health disparities and reduced life expectancy (APA, 2022). Addressing these issues is essential for community stability and well-being.

Drivers

- Limited access, lack of services and resources
- Awareness and education
- Vulnerable populations
- Social isolation
- Substance Use

Populations Most Impacted

- People living with mental health disorders or illnesses
- People with substance use disorders
- People experiencing homelessness
- People experiencing social isolation
- People experiencing barriers to accessing healthcare

Community Input Highlights

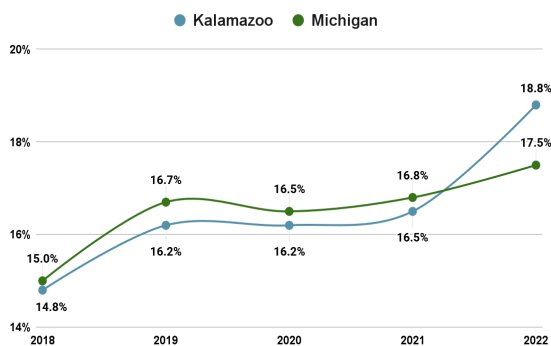
- Many discussed mental health as an umbrella issue that cuts across and exacerbates or mitigates all other issues.
- Widespread anxiety and depression among all ages, affecting more and more high functioning residents, exacerbated by large issues like the elections and political conflict.
- Mental health is a "huge concern in the community".
- Anxiety identified as a major issue by most survey respondents (77%) from all zip codes, racial and ethnic backgrounds, socioeconomic statuses, and sex and gender identities.
- Refugee populations are facing lots of mental health challenges. They need legal clinics, are preparing for mass deportation, and are in constant fight or flight.
- Frontline workers are dealing with the fallout of mental health challenges posed by national events, needing their own mental health support.
- Stakeholders mentioned a shortage of psychiatric services.

Secondary Data Highlights

- Integrated Services of Kalamazoo (ISK) indicated that the three most frequently addressed concerns among adults were depressive disorders, substance use disorders, and PTSD/Trauma. For youth, the predominant issues identified were PTSD/Trauma, ADHD, and depressive disorders.
- Kalamazoo County ranks 38th in substance use burden and 47th in overall substance use vulnerability out of 83 counties in Michigan.

Frequent Poor Mental Health Days (2022)

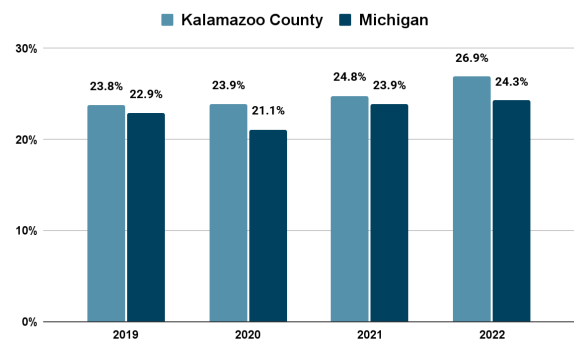
% of adults 14+ days in last 30 of poor mental health



Source: CDC BRFSS PLACES, 2018-2022

Diagnosed Depression in Adults (2019-2022)

% of adults diagnosed with depression



Source: CDC BRFSS PLACES, 2018-2022

Economic Stability

Significance

Economic stability is inextricably connected to physical and mental health. As one of the five social determinants of health (SDOH) categories, economic stability is broad and includes employment and income, noncash benefits, such as Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and Supplemental Nutrition Assistance Program (SNAP), wealth, and financial services, such as banking and credit scoring. Economic stability enables access to other SDOH, such as food security, housing stability, safe and healthy neighborhoods, education and social capital. Access to these health-protective resources and conditions is one mechanism tying economic stability to health outcomes.

Source: National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Board on Population Health and Public Health Practice; Committee on the Review of Federal Policies that Contribute to Racial and Ethnic Health Inequities; Geller AB, Polsky DE, Burke SP, editors Washington (DC): National Academies Press (US); 2023 Jul 27.

Drivers

- Structural racism
- Income inequality
- Inflation
- Available jobs and workforce qualifications misaligned

Populations Most Impacted

- People who are experiencing poverty
- People who are unemployed
- ALICE population
- People experiencing homelessness
- Groups historically marginalized

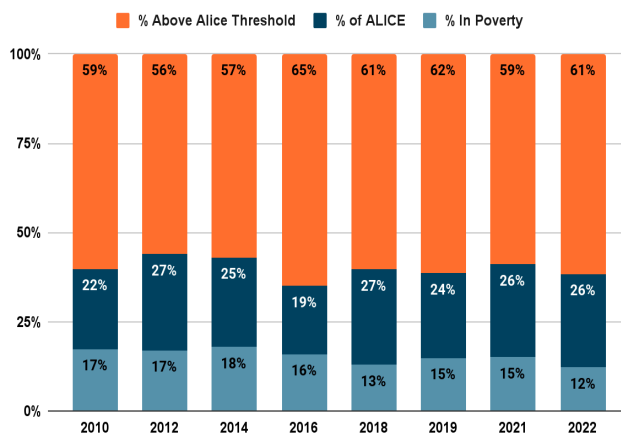
Community Input Highlights

- Stakeholders identified living wage as a root of housing and homelessness.
- Access to income, wages, ALICE data says wages not keeping up with cost of living.
- There is a need for financial resources and education on budgeting and investment.
- Affordable childcare options are full, impacting people's ability to work.
- There is a need for care during off hours.

Secondary Data Highlights

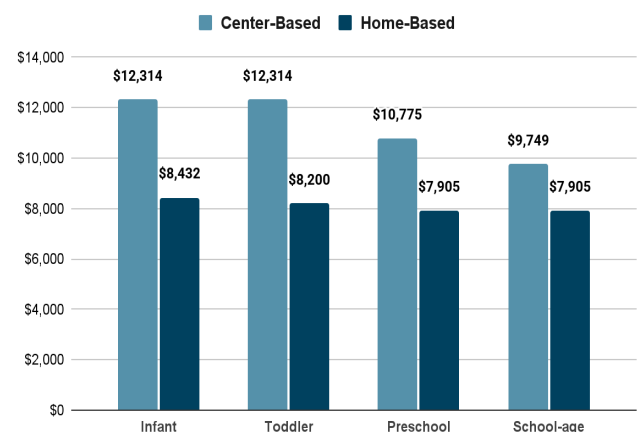
- More than one-quarter (26%) of households fit the criteria for Asset-Limited, Income-Constrained and Employed (ALICE), which means they earn less than the minimum income needed to afford basic necessities including housing, childcare, food, transportation, healthcare, and technology.
- 13.4% of adults and 13.5% of children live with incomes below the Federal Poverty Level.
- The average household spent 34% of income on child care. The latest ALICE report notes that during 2022, child care costs were higher than food and transportation costs, representing as much as 20% of a household's budget.

ALICE Households in Kalamazoo County (2010-2022)
% of households



Source: ALICE County Report, 2022

Childcare Cost By Age and Provider Type in Kalamazoo County (2023)
Annual cost



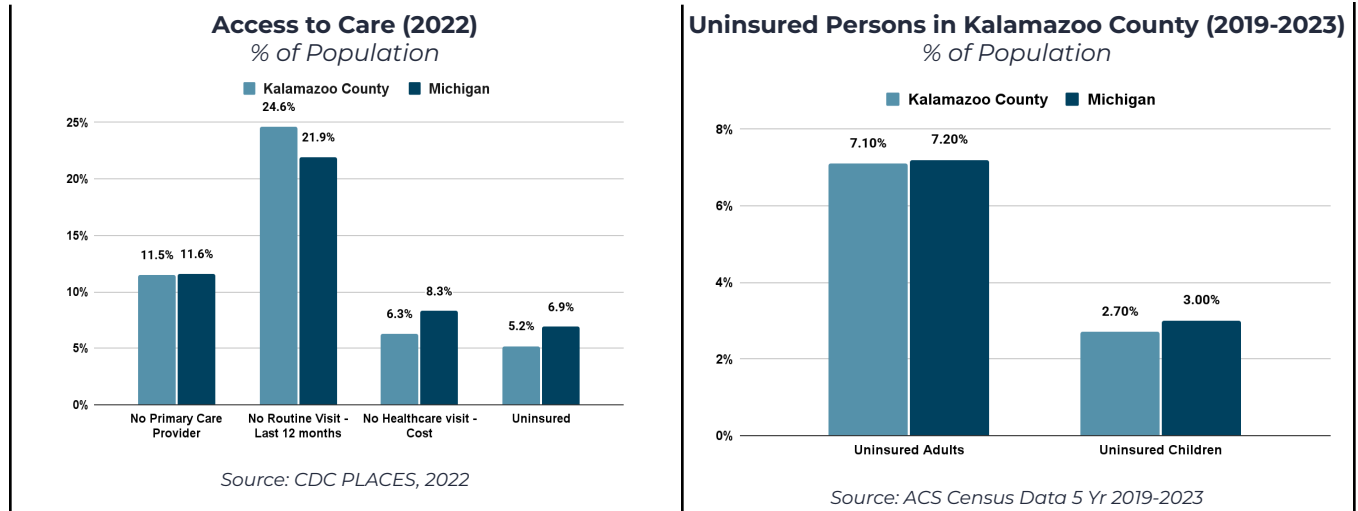
Woman's Bureau National Database of Childhood Prices, 2023

Healthcare Access and Quality

Significance	
<p>Many people face barriers that prevent or limit access to needed health care services, which may increase the risk of poor health outcomes and health disparities. Inconvenient or unreliable transportation can interfere with consistent access to health care, potentially contributing to negative health outcomes. Limited availability of health care resources is another barrier that may reduce access to health services and increase the risk of poor health outcomes.</p> <p><i>Source: Access to Health Services - Healthy People 2030 odphp.health.gov</i></p>	
Drivers	Populations Most Impacted
<ul style="list-style-type: none"> • Lack of transportation • Health literacy • Lack of providers • Mistrust • Structural Racism • Insurance (Medicaid) caps • Economic instability • Lack of care coordination 	<ul style="list-style-type: none"> • Uninsured/Underinsured individuals and families • People without transportation • People experiencing poverty • People experiencing racism • People with Medicaid • People with a low-level of health literacy • People unable to navigate health care services • Groups historically marginalized
Community Input Highlights	
<ul style="list-style-type: none"> • Community members expressed concern that hospitals may limit the number of Medicaid patients they accept, which they feel reduces access to care. • The limited number of primary care and specialty care providers worsens waiting times. • Lack of health literacy and limited appointment times inhibit checks for understanding. • Homeless individuals have complained about being discriminated against in medical settings because of their unhoused status and related issues. • Care coordination has the highest number of recommendations by the Fetal Infant Mortality Review (FIMR) Case Review Team (Report to Board of Commissioners). • Providers lack understanding of programs created to address Social Determinants of Health. 	
Secondary Data Highlights	
<ul style="list-style-type: none"> • HRSA designates Kalamazoo County as a HPSA (Designation Type- Low Income population) for Mental Health, Dental Health and Primary Care. • Graphs depict only available county level data, which may mask disparities within the population. Although uninsured rates appear lower than Michigan's state average, it is still difficult for many community members to access care. • The Kalamazoo based provider to patient ratio for PCPs and mental health providers are slightly better than the state, while the ratio of dentists per patient is slightly worse than statewide. • 6.8% of the county's households do not have access to a vehicle which can greatly affect their access to care. 	

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Housing and Homelessness

Significance

High housing costs create financial strain, forcing individuals to choose between housing and essentials like food and healthcare. This can lead to mental health issues, increased stress, and limited access to quality housing and healthcare services.

Source: *Healthy People 2030*

Drivers

- Available and/or affordable, and/or safe housing
- Systemic Racism
- Economic instability
- Barriers to stable employment

Populations Most Impacted

- People experiencing homelessness
- People living in unsafe housing
- People historically marginalized
- People who are unemployed
- ALICE population

Community Input Highlights

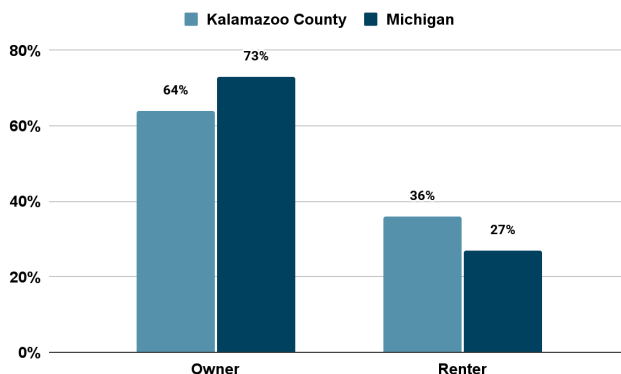
- Perceived to be "a crisis" by some stakeholders, viewed as "Overwhelming", and mentioned in every interview.
- About 78% of survey respondents - from all zip codes, races and ethnicities in Kalamazoo County - acknowledged affordable housing as an important factor affecting health.
- In nearly all ZIP codes, respondents reported difficulty accessing affordable housing. The issue is most pronounced in African American communities (70%), followed by White (57%) and Hispanic (53%) communities. Challenges with housing affordability were consistent across all household income levels and gender identities.
- "Houselessness is a medical problem, not just a social problem", Increasing medical complications and creating barriers to adhering to medication regimens.
- Homelessness contributes to violence
- Shelters are not safe for LGBTQ+.
- Many people engage in sex work in exchange for a bed.

Secondary Data Highlights

- 27% of all households spend more than 30% of income on housing while 12% are severely cost burdened, spending more than 50% of their income on housing.
- More than 16.3 % of all homeowner households and 47% of all renter households in Kalamazoo spend at least 30% of their income on housing.
- In Kalamazoo County, 27% of housing units are substandard. Out of 106,251 units, approximately 1,096 lack complete plumbing and 1,433 lack kitchen facilities, with renters facing higher rates of substandard conditions.

Occupied Housing Units By Type 2023

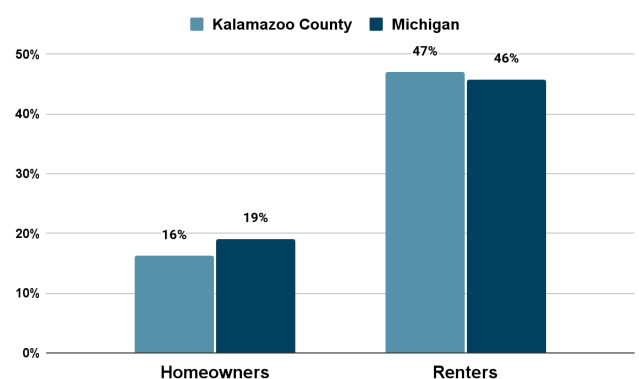
% of Owner and Renter occupied housing units



Source: US Census Bureau ACS 5-year 2019-2023

Cost-Burdened Households by Type (2019-2023)

Over 30% of Income spent of Housing



Source: US Census Bureau ACS 5-year 2019-2023

Sexually Transmitted Infections

Significance

In the United States, recent data show that rates of sexually transmitted infections (STIs) reached an all-time high in 2021 among both females and males, and all racial and ethnic groups. According to the Centers for Disease Control and Prevention (CDC), the number of combined cases of gonorrhea, syphilis and chlamydia was more than 2.54 million in 2021 up from 2.4 million in 2020; racial/ethnic and sexual minority groups remain disproportionately affected.

The current rise of STIs is a serious public health concern that requires immediate attention. If left untreated, STIs can lead to severe health complications, including pelvic inflammatory disease (PID), increased risk of acquiring HIV, certain cancers, and even infertility.

Drivers

- Lack of education
- Stigma
- Access to preventive care and testing

Populations Most Impacted

- People experiencing poverty
- People experiencing homelessness
- People experiencing lack of preventative education

Community Input Highlights

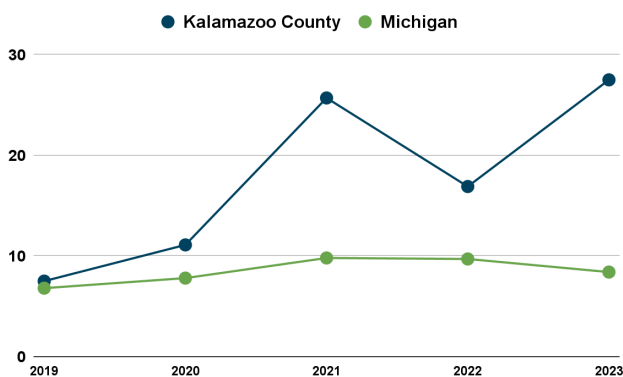
- Urgent care is often used for treatment, which does not provide prevention education.
- There is a need for more education on sexual health. Opportunities to educate drastically decrease after school is finished and before they seek regular care as they get older.
- Men are less likely to get testing, seek care, or sign up for insurance.
- Homeless, age 18-30, and MSM at highest risk of STI.
- More extensive services around sex work needed. "A lot of sex work in this county."
- Teens are afraid of getting tested because they are on parents insurance. Not aware that there are confidential ways of getting testing.
- There is fear that the current administration will ban birth control and PrEP, causing STI rates to increase.
- Lack of access to Ascension Borgess EHR creates barriers to STI intervention.

Secondary Data Highlights

- In 2023 Kalamazoo County had the third highest county rate for Chlamydia and Gonorrhea statewide.
- Kalamazoo County has the second highest county rate of Primary and Secondary Syphilis statewide.

Primary and Secondary Syphilis (2019-2023)

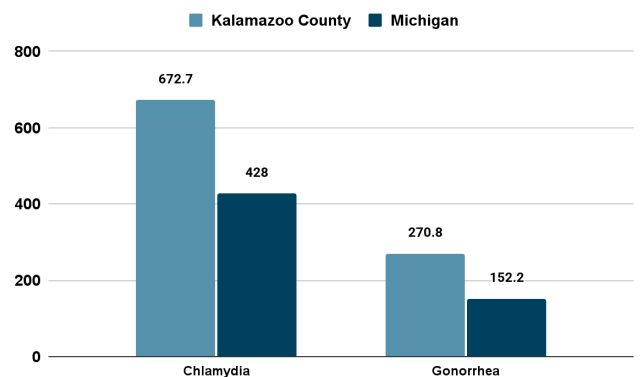
Rate per 100,000 persons



Source: MDHHS/SOARS, 2019-2023

Chlamydia and Gonorrhea (2023)

Rate per 100,000 persons



Source: MDHHS/SOARS, 2019-2023

Systemic Racism and Racial Disparities

Significance	
Racism is a pervasive and systemic issue that has profound adverse effects on health. Racism is associated with poorer mental and physical health outcomes and negative patient experiences in the health care system. Source: Sexton SM, Richardson CR, Schrager SB, Bowman MA, Hickner J, Morley CP, Mott TF, Pimlott N, Saultz JW, Weiss BD. Systemic racism and health disparities: Statement from editors of family medicine journals. Can Fam Physician. 2021 Jan;67(1):13-14. doi: 10.46747/cfp.670113. PMID: 33483387; PMCID: PMC7822619.	
Drivers	Populations Most Impacted
<ul style="list-style-type: none">• Language Barriers• Discrimination• Racial bias, explicit and implicit• System policies historically discriminatory• Red-lining	<ul style="list-style-type: none">• People of color• People immigrating to the community• People experiencing poverty
Community Input Highlights	
<ul style="list-style-type: none">• There are disparate outcomes by race in multiple health and social domains including, infant mortality and housing.• 50% of African Americans, 47% of Asians, and 26% of Hispanics mentioned racial discrimination as an important social factor impacting health.• 46% of Immigrants and 32% of Hispanics mentioned language barriers as important social factor affecting health	
Secondary Data Highlights	
<ul style="list-style-type: none">• Seventy-three percent of Asian adults and 43.1% of white adults have a bachelor's degree, while only 21.4% of Black adults and 25.9% of Hispanic adults have the same level of education.• In 2022, the county-wide infant mortality rate was 5.7 per 1,000 live births, with White infants at 4.8 and Black infants at 11.9, more than double the rate for White infants.• In Kalamazoo County, MI, the median household income for White householders is \$76,375, while Black householders have a median income of \$38,026. The highest median income is seen in Asian householders at \$96,058, revealing a significant gap between racial and ethnic groups.	
<div><div>ALICE and Poverty Households by Race in Kalamazoo County (2022)</div><div>% of households by race</div><div><div><div><div></div><div>Above Alice</div></div><div><div></div><div>ALICE</div></div><div><div></div><div>Poverty</div></div></div><div><div><div><div></div><div>69%</div></div><div><div></div><div>17%</div></div><div><div></div><div>14%</div></div></div><div>Asian</div></div><div><div><div><div></div><div>37%</div></div><div><div></div><div>40%</div></div><div><div></div><div>23%</div></div></div><div>Black</div></div><div><div><div><div></div><div>58%</div></div><div><div></div><div>34%</div></div><div><div></div><div>8%</div></div></div><div>Hispanic</div></div><div><div><div><div></div><div>65%</div></div><div><div></div><div>9%</div></div><div><div></div><div>26%</div></div></div><div>AI/AN</div></div><div><div><div><div></div><div>65%</div></div><div><div></div><div>27%</div></div><div><div></div><div>7%</div></div></div><div>White</div></div><div><div><div><div></div><div>55%</div></div><div><div></div><div>33%</div></div><div><div></div><div>13%</div></div></div><div>2+ Races</div></div></div><div>Source: ALICE County Reports, 2022</div></div>	<div><div>Food Insecurity by Race in Kalamazoo County (2020-2022)</div><div>% of food insecure person</div><div><div><div><div></div><div>Overall</div></div><div><div></div><div>Black</div></div><div><div></div><div>Hispanic</div></div><div><div></div><div>White</div></div></div><div><div><div><div></div><div>12%</div></div><div><div></div><div>28%</div></div><div><div></div><div>21%</div></div><div><div></div><div>10%</div></div></div><div>2020</div></div><div><div><div><div></div><div>11%</div></div><div><div></div><div>29%</div></div><div><div></div><div>19%</div></div><div><div></div><div>10%</div></div></div><div>2021</div></div><div><div><div><div></div><div>14%</div></div><div><div></div><div>33%</div></div><div><div></div><div>21%</div></div><div><div></div><div>12%</div></div></div><div>2022</div></div></div><div>Source: Feeding America Map the Gap, 2020-2022</div></div>

Next Steps and Conclusion

The Kalamazoo CHNA Collaborative hopes this report offers a meaningful and comprehensive understanding of the most significant needs of Kalamazoo County. This report will be used by key stakeholders, non-profit organizations, social service agencies, and other community partners to guide further health improvement efforts.

Hospital Board Approval

The CHNA also serves to satisfy certain requirements of tax reporting, pursuant to provisions of the Patient Protection and Affordable Care Act of 2010, more commonly known as the Affordable Care Act (ACA). As part of the ACA, all not-for-profit hospitals are required to conduct a CHNA and adopt an implementation strategy every three years. Requirements for 501(c)(3) hospitals under the ACA are described in Code Section 501(r)(3), and include making both current and previous CHNA and implementation strategy reports widely available to the public.

- Ascension Borgess Hospital:** The 2025 Community Health Needs Assessment report was approved by the Ascension Borgess Hospitals Board of Directors on April 28, 2025 (Tax Year 2024), and applies to the following three-year cycle: July 2025 to June 2028 (FY2026 - FY2028). This report, as well as the previous report, can be found at the Ascension Borgess Hospital website: healthcare.ascension.org/chna. To provide input on the CHNA or receive a hard copy of any CHNA, please [click here](#).
- Bronson Methodist Hospital:** The 2025 CHNA will be presented to the Bronson Healthcare Group Board of Directors for approval in November 2025. An implementation strategy will be created and approved by the board by April 2026. The implementation strategy will be published on Bronson's website following execution and approval. The report and implementation strategy will be accessible at bronsonhealth.com. Questions or comments about the 2025 CHNA and its implementation strategy can be submitted to communityhealth@bronsonhg.org.

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Appendix A: Acknowledgements

Throughout the CHNA process, the following members of the Kalamazoo CHNA Collaborative not only showed their engagement and shared their unique perspectives, but their passion and commitment to make Kalamazoo a healthier place in which people are born, grow, live, work and age was palpable.

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Appendix B: Ascension Borgess Hospital - Summary of Impact from the Previous CHNA Implementation Strategy

An important piece of the three-year CHNA cycle is revisiting the progress made on priority needs set forth in the preceding CHNA. By reviewing the actions taken to respond to the prioritized needs and evaluating the impact those actions have made in the community, it is possible to better target resources and efforts during the next CHNA cycle.

Ascension Borgess Hospital's previous CHNA implementation strategy was completed in November, 2022 and responded to the following priority health needs:

- System Navigation (healthcare, mental health services, social services)
- Mental Health
- Systems Change Efforts to Address Deep-Rooted Inequities (race and class inequities)
- Living Conditions (physical, economic/work, service)

Ascension Borgess Hospital's previous CHNA and implementation strategy are available to the public and open for public comment via the website:
<https://healthcare.ascension.org/chna>.

Note: At the time of the report publication (June, 2025), the third year of the cycle will not be complete. The hospital will accommodate for that variable; results from the last year of this cycle will be reported and attached to the Tax Year 2024 IRS Form 990/Schedule H.

The tables below describe the actions taken during the 2022-2025 CHNA implementation strategy cycle to respond to each priority need.

Priority Need: System Navigation

Strategy	Summary of Actions	Status of Action(s)
Increase involvement in, and support of, community health activities to address system navigation needs.	The Ascension Michigan Community Investment and Engagement initiative launched in July, 2024. The initiative ensures Ascension Michigan hospitals continue to be good stewards of the resources entrusted to them by intentionally and strategically aligning community investments and engagements with local (prioritized) community needs and market strategic organizational priorities. Through these efforts, hospital teams and leadership were able to directly make contributions	On-Track

	to the community through its charitable cash donation and partnerships to address system navigation issues in the community	
<p>Assure that all Ascension Michigan Southwest region appropriate programs are loaded into the Neighborhood Resources (FindHelp.org) tool, and market Neighborhood Resources to community partners, patients, and county residents.</p> <p>Neighborhood Resources is a social needs tool to assist individuals in finding verified, free and reduced-cost services in the community, including healthcare services, food, housing, transportation, financial assistance and more.</p>	<p>Ascension Borgess Medical Group (AMG) Population Health Team was identified to lead efforts for Ascension Borgess. In collaboration with Ascension's National Community Impact department, including community benefit, the team continues to coordinate activities and workflows to connect patients with resources needed as identified through various screening tools. Numerous meetings were convened with diverse stakeholders to discuss criteria for entering Ascension Southwest region's programs into Neighborhood Resources. The Ascension Community Benefit team also provided outreach to numerous community based organizations encouraging them to join the platform and/or claim existing programs listed as resources in the referral tool. Ascension Southwest Michigan continues to partner both with the National Ascension Community Impact team, as well as community organizations to ensure the Neighborhood Resource tool is utilized at maximum levels.</p>	On-Track

Priority Need: Mental Health

Strategy	Summary of Actions	Status of Action(s)
Through a coordinated and transformational approach, Ascension Michigan Hospitals will improve access to mental and behavioral health for vulnerable populations	<p>Expanded use of the Screening Brief Intervention and Referral to Treatment (SBIRT) in various primary and specialty care settings;</p> <p>Expanded telepsych services within the emergency department</p>	On-Track
Increase involvement in, and support of, community health activities to address mental and behavioral health needs.	<p>The Ascension Michigan Community Investment and Engagement initiative launched in July, 2024. The initiative ensures Ascension Michigan hospitals continue to be good stewards of the resources entrusted to them by intentionally and strategically aligning community investments and engagements with local (prioritized) community needs and market strategic organizational priorities. Through these efforts, hospital teams and leadership were able to directly make contributions to the community through its charitable cash donation and partnerships to address mental and behavioral health in the community.</p>	On-Track

Priority Need: Systems Change Efforts to Address Deep-Rooted Inequities

Strategy	Summary of Actions	Status of Action(s)
Address healthcare disparities by understanding patients' health-related social needs (HRSN) through the development of a hospital-wide action plan to screen and assess, then identify resources most needed, by those cared for by Ascension Borgess Hospital	Ascension Borgess Medical Group (AMG) Population Health Team was identified to lead efforts for Ascension Borgess. In collaboration with Ascension's National Community Impact department, including community benefit, the team continues to coordinate activities and workflows to connect patients with resources needed as identified through various screening tools.	On-Track
Increase involvement in, and support of, community health activities to address systems change efforts in the community.	The Ascension Michigan Community Investment and Engagement initiative launched in July, 2024. The initiative ensures Ascension Michigan hospitals continue to be good stewards of the resources entrusted to them by intentionally and strategically aligning community investments and engagements with local (prioritized) community needs and market strategic organizational priorities. Through these efforts, hospital teams and leadership were able to directly make contributions to the community through its charitable cash donation and partnerships to address system change efforts in the community.	On-Track

Priority Need: Living Conditions

Strategy	Summary of Actions	Status of Action(s)
Increase involvement in, and support of, community health activities to address the living conditions needs of Kalamazoo residents	The Ascension Michigan Community Investment and Engagement initiative launched in July, 2024. The initiative ensures Ascension Michigan hospitals continue to be good stewards of the resources entrusted to them by intentionally and strategically aligning community investments and engagements with local (prioritized) community needs and market strategic organizational priorities. Through these efforts, hospital teams and leadership were able to directly make contributions to the community through its charitable cash donation and partnerships to address living conditions negatively impacting the community	On-Track
Assure that all Ascension Michigan Southwest region	Ascension Borgess Medical Group (AMG) Population Health Team was identified to lead efforts for	On-Track

<p>appropriate programs are loaded into the Neighborhood Resources (FindHelp.org) tool, and market Neighborhood Resources to community partners, patients, and county residents.</p> <p>Neighborhood Resources is a social needs tool to assist individuals in finding verified, free and reduced-cost services in the community, including healthcare services, food, housing, transportation, financial assistance and more.</p>	<p>Ascension Borgess. In collaboration with Ascension's National Community Impact department, including community benefit, the team continues to coordinate activities and workflows to connect patients with resources needed as identified through various screening tools. Numerous meetings were convened with diverse stakeholders to discuss criteria for entering Ascension Southwest region's programs into Neighborhood Resources. The Ascension Community Benefit team also provided outreach to numerous community based organizations encouraging them to join the platform and/or claim existing programs listed as resources in the referral tool. Ascension Southwest Michigan continues to partner both with the National Ascension Community Impact team, as well as community organizations to ensure the Neighborhood Resource tool is utilized at maximum levels.</p>	
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Appendix C: Bronson Methodist Healthcare - Summary of Impact from the Previous CHNA Implementation Strategy

Bronson is addressing the significant needs identified in its 2022 Community Health Needs Assessment by updating its Community Health Implementation Plan (CHIP) quarterly. The BHG Board approved the 2023-2025 CHIP in April 2023. Bronson recognizes three years is an insufficient period to notice visible improvement in the health of a community. The results of the 2022 Community Health Needs Assessment (CHNA) confirmed this belief. The communities Bronson serves remained concerned about health needs that were identified in the previous CHNA, specifically, access to healthcare/health services, food insecurity, and mental/behavioral health. The 2022 CHNA also brought additional health needs that community members felt impacted their health to the forefront; discrimination/racism, violence and crime, and housing.

As a result, the 2023-2025 Community Health Implementation Plan (CHIP) will continue to focus its efforts upstream, acknowledging the root causes of behaviors, death, and disease. The CHIP will build upon the progress of the 2020-2022 CHIP; however, it will also address additional needs identified in the 2022 CHNA. This CHIP remains a step for a systematic approach to use community voice, data, and engagement to understand and address the needs of the community's mothers, babies, and families.

Appendix D: Community Demographic Data and Sources

The tables below provide further information on the community's demographics.

Total Population and Gender				
Indicator	Kalamazoo County	Michigan	Description	Source
Total Population	261,437	10,051,595	Total Population	Census ACS 5 yr Avg 2019-2023
Male	49.1%	49.6%	% of population	Census ACS 5 yr Avg 2019-2023
Female	50.9%	50.4%	% of population	Census ACS 5 yr Avg 2019-2023

Age				
Indicator	Kalamazoo County	Michigan	Description	Source
Median Age	34.9 years	40.1 years	Median age of pop	Census ACS 5 yr Avg 2019-2023
Ages 0-17	21%	21%	% of population	Census ACS 5 yr Avg 2019-2023
Ages 18-64	64%	61%	% of population	Census ACS 5 yr Avg 2019-2023
Ages 65+	15%	18%	% of population	Census ACS 5 yr Avg 2019-2023

Race and Ethnicity				
Indicator	Kalamazoo County	Michigan	Description	Source
White (non Hispanic)	75.2%	73%	% of population	Census ACS 5 yr Avg 2019-2023
Black (Non Hispanic)	10.6%	13.2%	% of population	Census ACS 5 yr Avg 2019-2023
Hispanic or Latino	5.8%	5.7%	% of population	Census ACS 5 yr Avg 2019-2023
Two or More Races (Non Hispanic)	5.2%	4%	% of population	Census ACS 5 yr Avg 2019-2023
Asian (Non Hispanic)	2.7%	3.3%	% of population	Census ACS 5 yr Avg 2019-2023
American Indian (Non Hispanic)	0.1%	0.3%	% of population	Census ACS 5 yr Avg 2019-2023
Other (Non Hispanic)	0.4%	0.4%	% of population	Census ACS 5 yr Avg 2019-2023

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Family and Household Composition				
Indicator	Kalamazoo County	Michigan	Description	Source
# of Households	106,251	4,040,168	Total # of households	Census ACS 5 yr Avg 2019-2023
Average Household Size	2.4	2.4	Avg # Persons per Household	Census ACS 5 yr Avg 2019-2023
Households with Children	27.9%	27.4%	% of households	Census ACS 5 yr Avg 2019-2023
Married Couple w/ Children	17.3%	16.5%	% of households	Census ACS 5 yr Avg 2019-2023
Married Couple w/o Children	27.2%	29.7%	% of households	Census ACS 5 yr Avg 2019-2023
Single Female w/ Children	6.5%	5.9%	% of households	Census ACS 5 yr Avg 2019-2023
Single Female w/o Children	4.0%	5.6%	% of households	Census ACS 5 yr Avg 2019-2023
Single Male w/ Children	2.4%	2.3%	% of households	Census ACS 5 yr Avg 2019-2023
Single Male w/o Children	2.1%	2.6%	% of households	Census ACS 5 yr Avg 2019-2023
Receiving SNAP benefits	10.4%	13.1%	% of households	Census ACS 5 yr Avg 2019-2023

Other Populations				
Indicator	Kalamazoo County	Michigan	Description	Source
Veterans	5.9%	6.1%	% of 18+ population	Census ACS 5 yr 2019-2023
Persons living with Disability	12.2%	14.2%	% of 18+ population	Census ACS 5 yr 2019-2023
Foreign Born Persons	5.8%	7.0%	% of 18+ population	Census ACS 5 yr 2019-2023

Educational Attainment				
Highest Education Level Completed	Kalamazoo County	Michigan	Description	Source
No High School Diploma	5.7%	8.1%	% of 25 + population	Census ACS 5 yr 2019-2023
High School Degree	22.5%	28.2%	% of 25+ population	Census ACS 5 yr 2019-2023
Some College No Degree	21.8%	22.2%	% of 25+ Population	Census ACS 5 yr 2019-2023

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Educational Attainment				
Highest Education Level Completed	Kalamazoo County	Michigan	Description	Source
Associates Degree	9.2%	9.7%	% of 25+ population	Census ACS 5 yr 2019-2023
Bachelor's Degree	24.5%	19.3%	% of population	Census ACS 5 yr 2019-2023
Graduate Degree	16.3%	12.5%	% of population	Census ACS 5 yr 2019-2023

Appendix E: Community Input Data and Sources

The tables below provide further information on community input data collection.

Data Collection Instrument
<p>Primary data was collected using a semi-structured interview schedule. The same set of questions were used for all interviews, focus groups, and community conversations.</p> <ol style="list-style-type: none"> 1. Please describe a little about your organization and the population it serves. 2. What key health/social issues are impacting the community? Which of these needs would you say is the most important? 3. Are there specific populations this need impacts the most? If so, please elaborate regarding this population and its unmet needs. 4. What could be done to address these needs? 5. How can the strengths and resources you named earlier be used to improve this health issue? 6. What efforts have been successful in helping meet this need in the past? 7. What do you think are the challenges or barriers to addressing the health and/or social needs in the community? In other words, why aren't the things you mentioned being done more successfully already? 8. What do you feel Ascension Health is currently doing well to address the needs mentioned? What could we be doing more of/or better? Is there anything that we should stop doing? 9. What services are utilized the most or receive the most referrals in the community? Comment specifically on health care access/social services. Are there services underutilized? Why and ways to address? 10. Most Utilized/referred: 11. Most underutilized and ways to address: 12. Since COVID-19, what needs have increased or changed? Are there gaps in meeting these needs? 13. Has your organization recently conducted any health-related surveys or focus groups that you would be willing to share with? Are there other surveys and/or data I should gain access to? If so, please provide me with links/information. 14. Are there other people you believe we should contact with these similar questions? If so, please provide their name(s) and contact information.

Data Collection Schedule			
Date	Method	Interviewed	# Participants
October 22, 2024	Focus Group	WMed Community Advisory council	14
November 21, 2024	Focus Group	Cradle Kalamazoo Governance	10
November 25, 2024	Stakeholder Interview	Kalamazoo Public Library	2
November 25, 2024	Stakeholder Interview	Recovery Institute of Southwest Michigan	1
December 2, 2024	Stakeholder Interview	OutFront Kalamazoo	2
January 24, 2025	Stakeholder Interview	WMed Pediatrics	1

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January 24, 2025	Stakeholder Interview	WMed Street Medicine	1
January 31, 2025	Focus Group	Kalamazoo County Health and Community Services Disease Intervention	4

Data Collection Results

Focus Groups

Focus Group 1

Key Issues Impacting the Community:

- Transportation:
 - getting to appointments, cost of moving a large family, no taxis – cheaper option, there are some initiatives, but not enough for families specifically
 - Metro does have a new program that has on demand/scheduled rides
- Housing Crisis:
 - More and more people, even with families
 - “Housing feels like a top priority.”
 - Unhoused experience a greater likelihood of amputation. There is no support after discharge.
 - Amputee issues mentioned before
 - More folks coming in from other cities
 - shelter closed in Battle Creek recently, as example
 - Bad relationships, loss of job, rent goes up, not getting a livable wage, move to a new area
 - What keeps folks in their situation is a weak support system
- Health insurance:
 - Having access and providers not taking Medicaid
- Medical literacy:
 - Individual education limitations
 - No time in normal appt for a comprehensive check for understanding
 - A communication (for all ages and languages) and time issue
 - One of the goals of Brain Explorers for the med students involved is improved communication skills! Need to start medical/health education even at young ages, checking in on what education about the importance of health is being even
 - “I love this! How could we better reach families? Schools are an easy place to interact with students, but how/where could we interact more effectively with families? Brain Explorers & Beyond would be happy to get involved in more educational opportunities.”
- Access to care:
 - Waiting for PC and specialty care is worse, limited number of providers in the area – transportation exacerbates issues
 - Lack of resource and services awareness and navigation
 - Hard to narrow down to “what do I qualify for?”
 - Also challenges within coordination within the system itself
 - “We need to adopt a mindset of one team with different addresses” - a community team, each institution dedicating one representative (at least) to a STANDING meeting
 - CAN Council used to put out a list of services
 - 211 is an option
 - Community Information Exchange systems, state support is helping to build this out
 - FindHelp.org is another option

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	<ul style="list-style-type: none"> ○ Family and Children Services is partnering with Urban Alliance on service navigation ● Food Security: <ul style="list-style-type: none"> ○ New program with loaves and fishes, but still not enough ● Mental Health: <ul style="list-style-type: none"> ○ General anxiety and depression, more and more high functioning folks, Impacted by large issues like election ● Childcare Accessibility: <ul style="list-style-type: none"> ○ Affordable options are full ○ Impacts folks' ability to work ○ Need for care during off hours ● Financial Literacy: <ul style="list-style-type: none"> ○ Budgeting, investing, and other financial skills ● Racism
Focus Group 2	<p>Key Issues Impacting the Community:</p> <ul style="list-style-type: none"> ● Housing: Substandard and insufficient affordable housing strains health, food, and emergency systems. ● Childcare: Limited access, especially for infants, due to workforce shortages, transportation issues, and access to funding for non-professional childcare services. ● Chronic Health Conditions: High rates of diabetes, hypertension, and obesity, particularly among adults. ● Disparities in Maternal and Child Health: Black infants die at disproportionate rates; there's a lack of Black OBGYNs. ● Mental Health: Widespread anxiety, depression, and lack of psychiatry services across all ages, including children. ● Social Disconnection: Loneliness and social disconnection is prevalent. ● Substance Use: Increased alcohol and marijuana use, especially post-pandemic. ● Access to Healthcare: Provider shortages, mistrust in healthcare systems, and low immunization rates. ● Economic Struggles: Stagnant wages, high cost of living, and limited educational opportunities. ● Transportation: Affects access to healthcare and childcare. ● Health Literacy: Many rely on non-traditional and unreliable information sources like social media. <p>Populations Most Impacted:</p> <ul style="list-style-type: none"> ● Black communities ● poor individuals ● Children ● older adults ● Refugees ● LGBTQ individuals face disproportionate challenges, including mental health struggles, legal hurdles, and social vulnerabilities. <p>Prioritized Needs:</p> <ol style="list-style-type: none"> 1. Housing: Addressing homelessness and substandard housing is critical. 2. Infant Child Care: Its absence links to neglect and developmental issues. 3. Cost of Living: Economic insecurity exacerbates other challenges. 4. Mental Health: Holistic support is needed. 5. Combating Misinformation: Educational campaigns to counteract harmful propaganda and false health information. <p>Proposed Solutions:</p> <ul style="list-style-type: none"> ● Collaboration: Honest and uncomfortable conversations involving leadership and decision-makers. ● Local Empowerment: Consolidating power at community levels to counter destabilizing top-down dynamics. ● Resource Allocation: Coordinating efforts more methodically, pursuing harm reduction, and piloting projects to address urgent needs.

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	<ul style="list-style-type: none"> Organization and Advocacy: Supporting frontline workers and reviewing resource availability to mitigate systemic challenges.
Focus Group 3	<p>Key Issues Impacting the Community:</p> <ul style="list-style-type: none"> Urgent care is often used for treatment, which does not provide STI prevention education. There is a need for more education on sexual health. Opportunities to educate drastically decrease after school is finished and before they seek regular care as they get older. Men are less likely to get testing, seek care, or sign up for insurance. Homeless, age 18-30, and MSM at highest risk of STI. More extensive services around sex work needed. "A lot of sex work in this county." Teens are afraid of getting tested because they are on parents insurance. Not aware that there are confidential ways of getting testing. There is a need for affordable housing. Homelessness is leading to sexual exploitation, including people engaging in quid pro quo relationships, exchanging sex for housing. Cost to translate materials into other languages is high. Difficult to get STI data from Borgess and Planned Parenthood, which causes a delay in providing services <p>Proposed Solutions:</p> <ul style="list-style-type: none"> Provide healthcare navigation services outside of a state of crisis Improve care coordination by providing Health and Community Services access to Borgess EMR to speed up responsiveness and interventions including following up with patients and identifying whether they have picked up prescriptions. This could help reduce the incidence of STIs as well as reducing time and costs expended with needing to explain the purpose of Disease Intervention. Improve healthcare literacy Make language and translation services more accessible
Stakeholder Interviews	
Stakeholders 1	<p>Key Issues Impacting the Community:</p> <ul style="list-style-type: none"> Food Security <ul style="list-style-type: none"> Food bags often run out of these, unable to provide for everyone who requests them. Snacks for teens are very popular. Teens <ul style="list-style-type: none"> Unhoused and housing unstable teens often need hygiene products Digital Access <ul style="list-style-type: none"> WiFi Hotspots are always checked out from the library, with long waiting lists. There is a T-Mobile program that provides free internet for school aged children. https://www.t-mobile.com/brand/project-10-million Housing <ul style="list-style-type: none"> All staff I spoke to mentioned housing directly or indirectly as a major issue. Unhoused people often present with untreated medical ailments. Some homeless people have complained about being discriminated against in medical settings because of their unhoused status and related issues. Childcare <ul style="list-style-type: none"> Some families spend all day in safe public spaces with their children due to lack of childcare. Seniors: Access to Information <ul style="list-style-type: none"> The library has a program called Via Mail that provides library materials by mail to seniors who can't come to the library.

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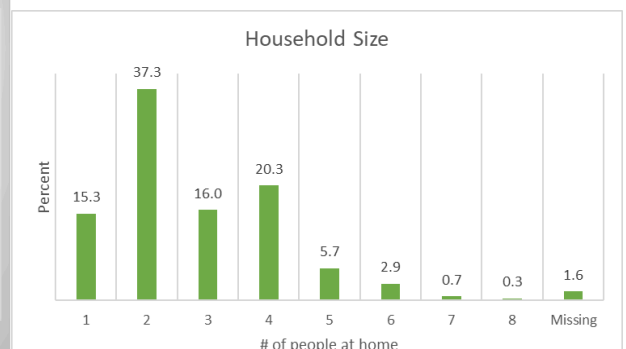
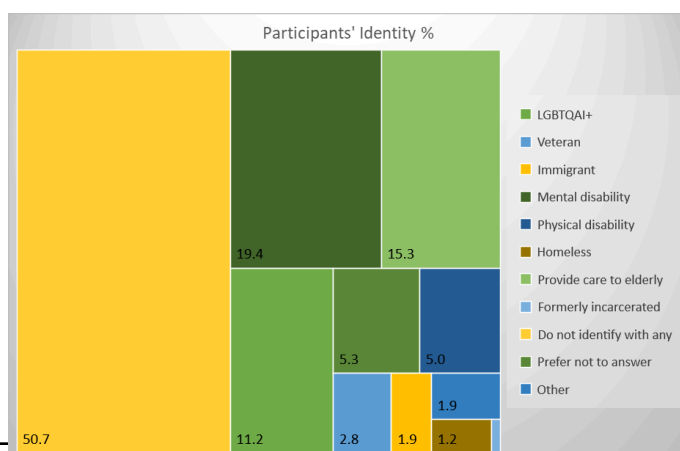
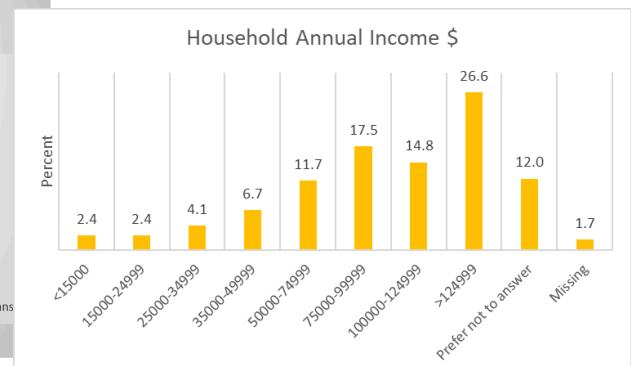
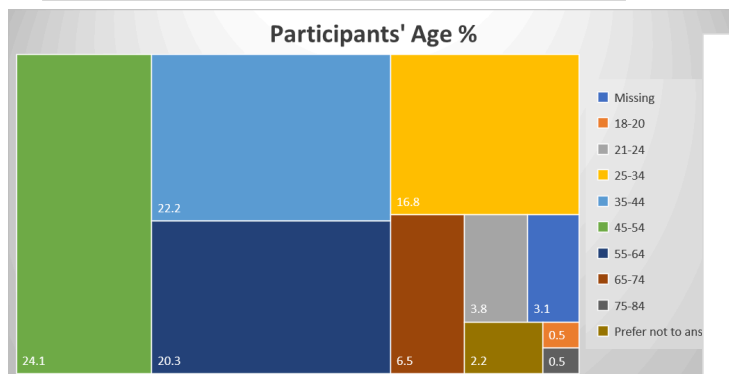
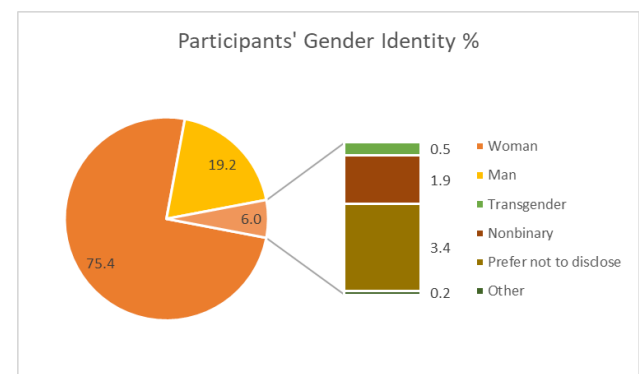
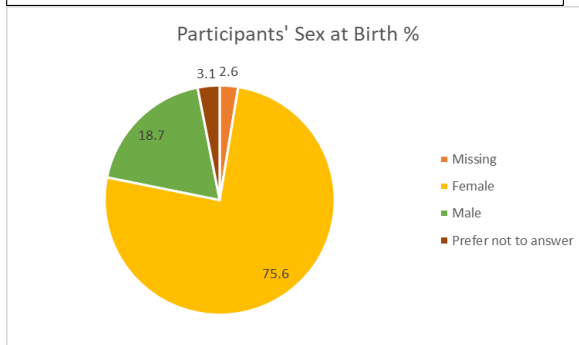
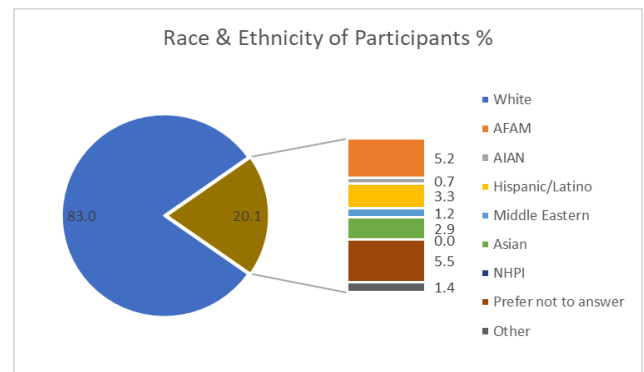
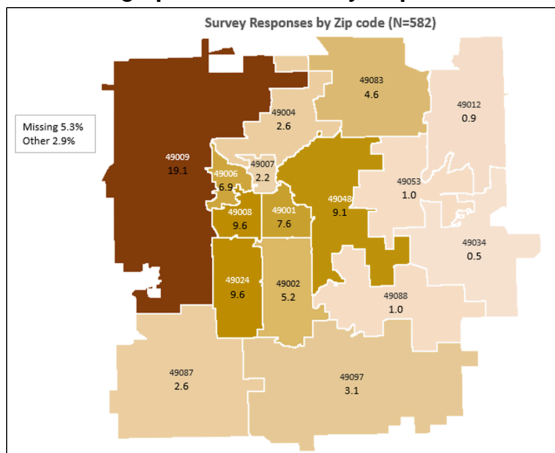
Stakeholders 2	<p>Key Issues Impacting the Community:</p> <ul style="list-style-type: none"> ● Substance Use <ul style="list-style-type: none"> ○ Peer support staff interact with individuals under the influence who are using public facilities. They offer them emotional support and make referrals to ISK, when appropriate. ○ Overdosing in public spaces.
Stakeholders 3	<p>Health and Social Needs</p> <ul style="list-style-type: none"> ● Housing Crisis: <ul style="list-style-type: none"> ○ Kalamazoo faces a significant homelessness issue, with approximately 7,000 individuals lacking shelter. ○ Acute shortage of accessible and affirming shelters for LGBTQ+ individuals, particularly trans people. Non-affirming shelters put people at risk for abuse and violence. ○ Mental health and substance use overlap with homelessness. ○ Disproportionate representation of Black and Brown individuals among those needing housing and basic resources. ○ Family housing resources are more needed in the queer community than often represented, including for pregnant individuals. ○ Lack of public sanitation (i.e. public bathrooms) result in complaints about sanitation related to homeless people. ● Loneliness: <ul style="list-style-type: none"> ○ Loneliness is evident through phone calls and visits to the office. People often carry emotional burdens and seek a safe space to share their concerns. ○ Loneliness, especially among elders with disabilities and elder rural residents, is exacerbated by inadequate community support and accessibility. No local chapter of SAGE: Advocacy and Services for LGBTQ+ Elders. ○ Youth in housing situations with parents who are not welcoming or accepting, can be isolated. Their only interactions with other LGBT people can be at school. ● Health Access: <ul style="list-style-type: none"> ○ LGBTQ+ people are required to understand healthcare jargon and find specific medical providers that are able to code needs in a way that provides access to needed treatment. Thus, healthcare access requires additional administrative knowledge by both patients and providers. ○ People are stocking up on medication (like PrEP (HIV prevention), Plan-B) and supplies (contraception), making appointments for healthcare and reproductive services, in anticipation of reduced access resulting from the election. ● Sexual Violence and Exploitation: <ul style="list-style-type: none"> ○ Homeless LGBTQ+ individuals, especially trans women of color, face higher rates of violence, trafficking, and survival sex work. ○ Submitting to sexual exploitation is often a means of obtaining temporary housing. ○ Trafficking is prevalent among queer youth facing housing crises. All residents in a housing program reported instances of trafficking. ○ Kalamazoo lacks support services for sexual violence outside domestic violence frameworks. (e.g. sexual violence in homeless encampments goes unaddressed). ● Coordination and Policy Advocacy: <ul style="list-style-type: none"> ○ Lack of coordination of services poses a burden to link people to needs. ● Mental Health Support for Youth: <ul style="list-style-type: none"> ○ Youth raised in non-affirming households are more likely to face these challenges. Affirming households support both queer identity and disability visibility. <p>Suggested solutions:</p>

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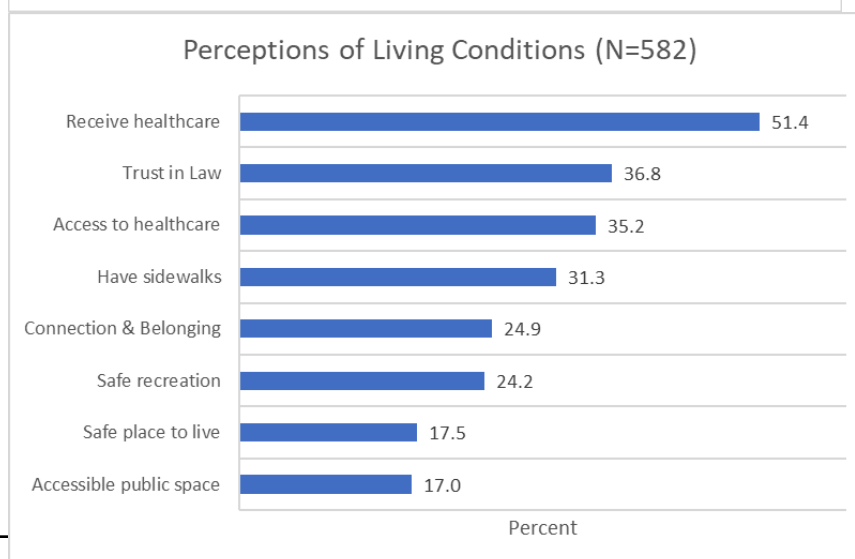
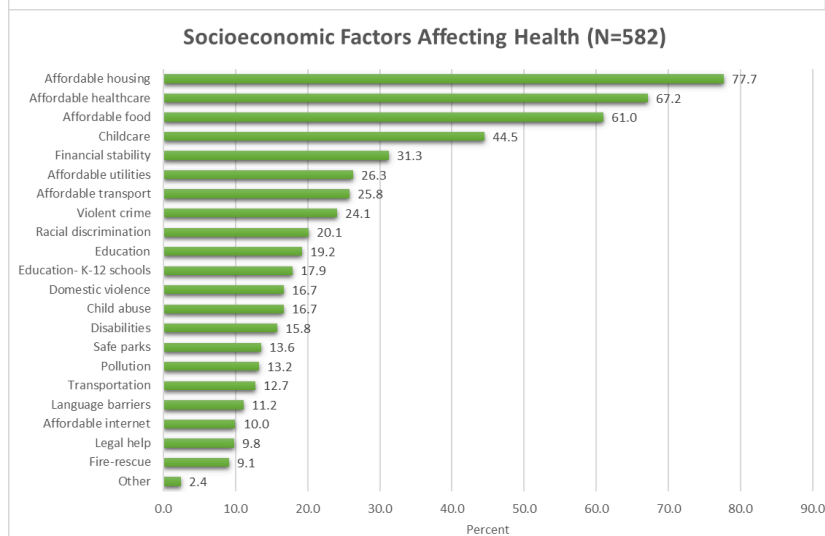
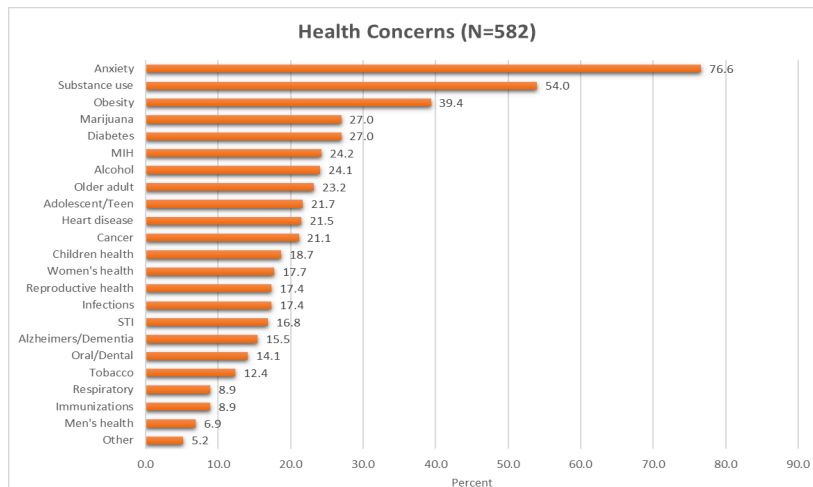
	<ul style="list-style-type: none"> • Reorganization of homeless solutions to reduce identity-based contentions. Single-occupancy housing can provide a safe space for individuals, but it requires more resources and is not always available. • Improve coordination of services among organizations to make service referrals easier and more effective. • Reallocating resources to vulnerable populations.
Stakeholders 4	<p>Health and Social Needs</p> <ul style="list-style-type: none"> • Education and Health Access: <ul style="list-style-type: none"> ◦ High percentage of children not graduating from high school raises questions about access to medical care and its potential correlation with academic outcomes. • Safety Concerns: <ul style="list-style-type: none"> ◦ Variability in safety depending on location, with incidents like shootings creating unsafe environments for children. • Medicaid and Healthcare Access: <ul style="list-style-type: none"> ◦ Medicaid caps limit access to care; some clinics, like Paw Paw, don't cap due to rural underserved reimbursements, but Kalamazoo County does not apply for rural funds. ◦ Leadership priorities and financial mismanagement hinder equitable healthcare access. ◦ Pediatricians struggle to make referrals, and Federally Qualified Health Centers (FQHCs) face limitations due to high patient loads. • Mental Health: <ul style="list-style-type: none"> ◦ A significant concern, though progress is being made only with children directly served. • Food Insecurity: <ul style="list-style-type: none"> ◦ Screening initiatives reduced food insecurity rates from 20% to 1.7% but later increased to 3%. Social work conversations and follow-ups are aiding families. • Rural and Migrant Populations: <ul style="list-style-type: none"> ◦ Limited understanding of rural health needs; outreach to rural doctors and schools is necessary. ◦ Migrant farm workers in Kalamazoo are an invisible population, with unknown healthcare needs. <p>Strengths and Initiatives:</p> <ul style="list-style-type: none"> • Strong support and progress from WMed. • Community parks are a positive resource. • Hunger Free Coalition initiatives improve food security, with successful publication of findings. • Volunteers at shelters provide healthcare connections for children. <p>Recommendations:</p> <ul style="list-style-type: none"> • Ensure equitable healthcare access and eliminate Medicaid caps for pediatric clinics. • Increase safety for children in public spaces. • Enhance collaboration with rural and migrant communities to address healthcare gaps. • Strengthen volunteer and community outreach programs.
Stakeholders 5	<p>Medical Challenges of Homelessness:</p> <ul style="list-style-type: none"> • Winter Issues: <ul style="list-style-type: none"> ◦ Physical ailments related to exposure, such as frostbite, trench foot, and "frosting." • Summer Issues: <ul style="list-style-type: none"> ◦ Over-policing and toxic stress. ◦ High rates of assault: physical, sexual, and verbal. ◦ Substance use disorders (SUD), including opioids, meth, and other stimulants. ◦ Medical complications including wounds, burns, abscesses, which increase risk of HIV and other STIs.

	<ul style="list-style-type: none">○ Prolonged substance use and stress often result in declining mental health, including dementia and self-care challenges, leading to rejection from shelters. <p>Access to Medical Services:</p> <ul style="list-style-type: none">● Street Medicine Programs:<ul style="list-style-type: none">○ Mobile clinics visit "hotspots", where patients congregate and conduct home visits.○ Indoor clinics at shelters (e.g., Ministry with Community) provide services like medication pickup on Wednesdays.○ Housed patients sometimes lose access to services.● Barriers to Medication Adherence:<ul style="list-style-type: none">○ Medications often get stolen or lost, sometimes after experiencing assaults, even when mental illness isn't a factor.
Community Survey	
<p>Key concerns and challenges community members face:</p> <ul style="list-style-type: none">● Access to healthcare and mental health services:<ul style="list-style-type: none">○ Difficulty in accessing and receiving healthcare.○ Cannot afford the cost of care and medications.○ Struggle to find mental health services for anxiety and substance use.○ Concerns of rising rates of obesity.● Social issues:<ul style="list-style-type: none">○ Affordable and safe housing.○ Affordable and healthy food.○ Affordable and quality childcare.○ Trust issues with law enforcement and the legal system.○ Accessibility and quality issues with transportation.○ Struggle to afford utilities, green spaces, and quality housing. <p>Recommendations:</p> <ul style="list-style-type: none">● Need for PCPs and centralization of all related health services.● Improve access to primary care.● Better coordination between providers offering mental health services.● Address safety and security issues that are leading to unstable housing.● Strengthen coordination and accountability of community programs. <p>Methodology:</p> <p>The survey was conducted between December 26, 2024, and January 31, 2025. Flyers—printed in both English and Spanish—included a QR code linking to the electronic survey. To be eligible, participants had to be over 17 years old and either live, work, or receive services in Kalamazoo County, Michigan. The final sample included 582 responses.</p>	

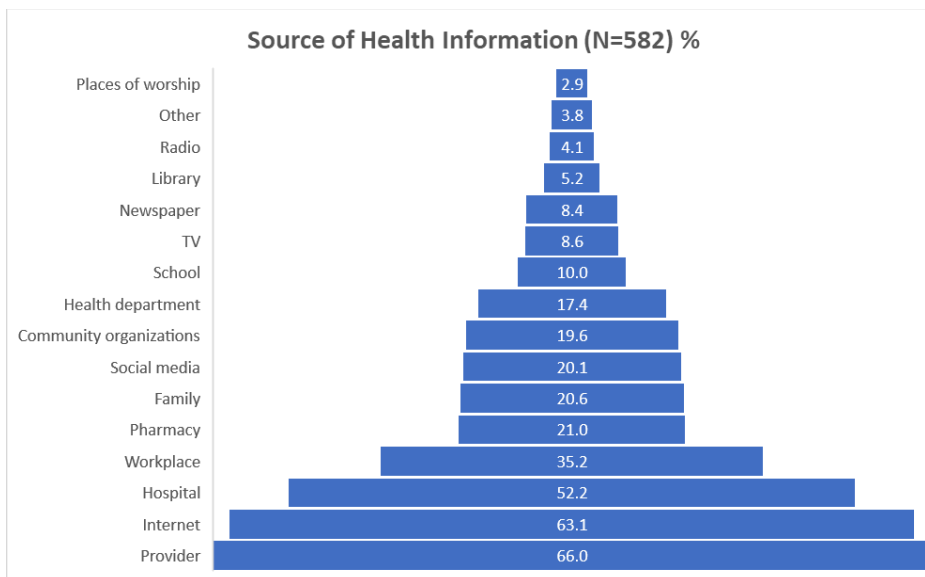
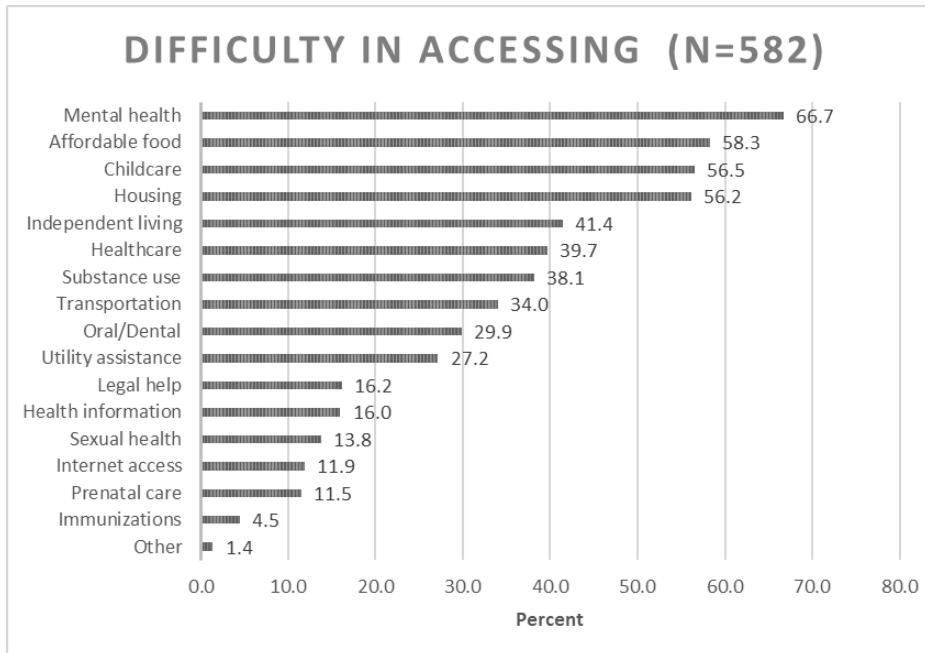
1. Demographics of the survey respondents:



2. Participants' responses to survey questions related to their health concerns, social and economic factors impacting health, perceptions about community and surrounding environment, difficulty in accessing and struggling to afford services, and sources of health related information.



Survey respondents who either strongly disagree or disagree with the following-



Kalamazoo Housing and Homelessness Report for Cradle Kalamazoo

Kalamazoo Housing and Homelessness

**Continuum of Care Data
Report for Cradle Kalamazoo
by Dr. Vaishali Patil**

This report contains an analysis of Continuum of Care Data for Kalamazoo County (<https://www.hudexchange.info/programs/coc/coc-housing-inventory-count-reports/>) and feedback from maternal and infant health frontline workers. One out of every 410 people in Kalamazoo County are homeless (<https://shorturl.at/Hleve>). Homelessness is associated with a number of health issues - limited access to health care, problems getting enough food, trouble staying safe, violence, stress, unsanitary living conditions, exposure to severe weather etc.

A study found that compared to women who did not use homeless shelter, those who did had more than twice the odds of experiencing a complication that affected their health during birth and almost twice the odds of preterm labor or a hemorrhage during pregnancy, as well as significant differences in other complications (<https://doi.org/10.1377/hlthaff.2018.05156>).

Other studies have reported that homelessness and unstable housing in pregnancy is independently associated with adverse perinatal and neonatal outcomes including preterm birth, low birth weight, neonatal unit admission and intrauterine death.

We compiled the Continuum of Care (CoC) data for homelessness by age, and race categories.

The overall number of homeless population above 18 years of age has fluctuated from 246 (2015) to 123 (2023). Children below 4 years formed a significant portion of the homeless/unhoused population in 2018 to 2021, ranging between 21% in 2018 to 17% in 2021, whereas the percentage of under 18 years that were unhoused has decreased over the years from 43.3% to 19.4%, a 23.9% percentage point difference.

There is a decrease in females who were homeless/unhoused since 2015, down from 58.5% in 2015 to 39.4% in 2023. Unfortunately, we do not have the data regarding the age groups of the unhoused individuals to know which ages are more prone to be homeless. We also do not have data for homelessness during pregnancy.

The Black/African American/African category accounts for a majority of the unhoused population across all the years, though there is a steady decrease from 2015 to 2023 from 63% to 45%, a decrease of 18%.

HUD- Point-in-Time (PIT) Count-

The PIT Count provides a count of sheltered and unsheltered homeless persons on a single night during the last ten days in January. HUD requires that CoCs conduct an annual count of people experiencing

homelessness who are sheltered in emergency shelter, transitional housing, and Safe Havens on a single night.

Females formed a larger group of people (about 30% more than males) who were found to be unhoused on a single night across all years and the numbers and the difference between females and males have remained consistent.

About three-fourths of those found homeless on a single night are Black/African American/African in all years forming about 60% to 75% of the unhoused population.

Frontline workers' perspective on housing

In early 2024, the Cradle Data Backbone team (WMed Population Health Research) presented high-level findings regarding how housing impacts infant and maternal health to the Cradle Frontline Subcommittee. This subcommittee includes frontline workers such as home visitors and their supervisors. The frontline members shared their experience through written feedback and group discussion.

What housing issues do our frontline workers see in Kalamazoo?

"Kalamazoo lacks affordable housing for all demographics, but lack of housing tends to disproportionately affect the people Cradle serves. More quality, affordable housing needs to be available to young people, families, ALL"

Lack of <u>affordable</u> housing	<p>"program participant unable to sustain housing and everyday expenses (ALICE)"</p> <p>"Cost- the amt. individuals pay does not match landlords duties"</p>
Lack of <u>available</u> housing	<p>"Very limited housing for large families due to a heartbeat/room policy"</p> <p>"Availability (of) more than 2 bedroom"</p>

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Lack of <u>quality/safe</u> housing	<p>"Poor conditions of subsidized housing"</p> <p>"Maintenance- landlords not doing their part of making an apt. livable"</p> <p>"Pushing housing into unsafe areas"</p> <p>"Rodent and insect infestations"</p> <p>"Foxridge Apartment 1)infestation of rodents 2)Water has lead 3) Building crumbling 4) Not enough affordable units"</p>
Setbacks related to <u>eviction</u>	<p>"A single eviction bars you from any complex, and no easy way to remove evictions"</p> <p>"[Landlord] won't consider renting to individuals with an eviction judgement"</p>
<u>Stress</u> on those with housing difficulties	"wait lists [increase] stress"
Lack of <u>autonomy</u>	"Folks often have to stay living w/folks they would otherwise not choose to live with"

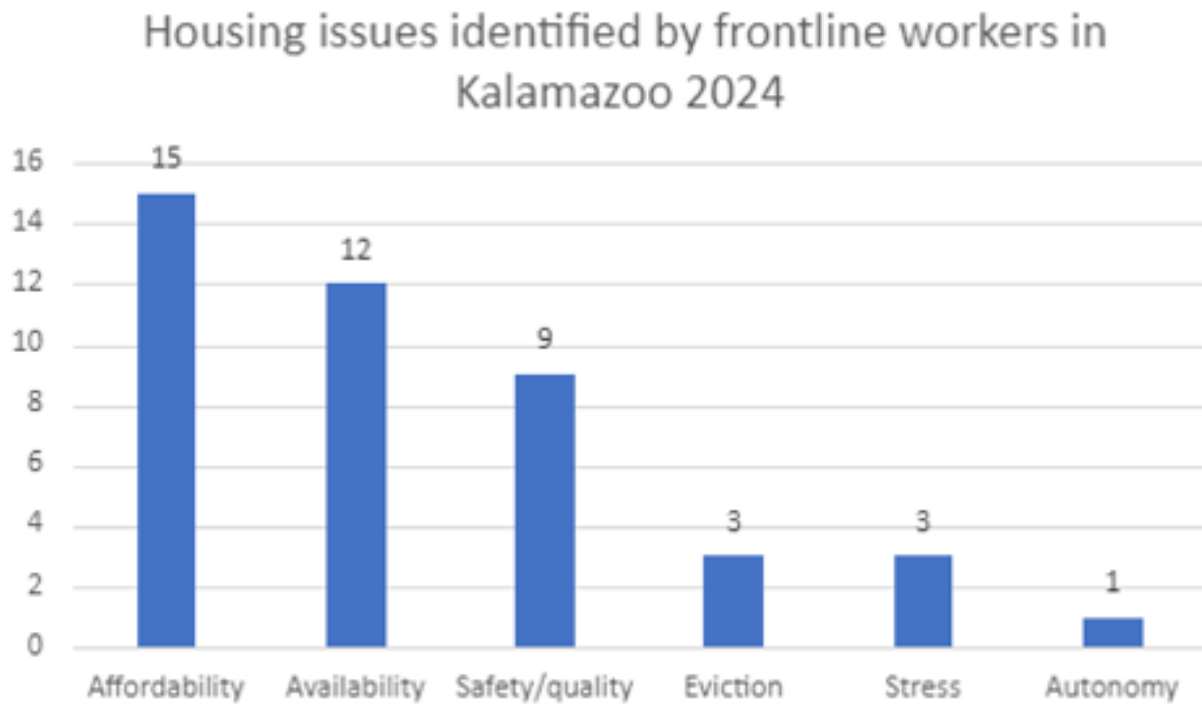


Figure 9 Survey results identifying main issues identified by Kalamazoo County frontline maternal and infant health workers.

Appendix F: Secondary Data and Sources

The tables below provide further information on the secondary data collection.

Secondary Data Sources and Reports	
Source/Report Name	Data Year
US Census ACS Survey 5 year Avg Estimates, 2019-2023	2019-2023
United Way for Alice - Alice County Report, 2022	2022
Feeding America's Map the Meal Gap 2024	2022
Michigan Behavioral Risk Survey (MiBRFS) LHD Tables	2021-2023
Gryphon Place 211 Jan-April 2024	2024
Abuse-Related ACES Kalamazoo County Data Profile, 2021	2021
CDC-Behavioral Risk Factor Surveillance System (PLACES)	2022
County Health Rankings and Roadmaps County Report, 2024	2019-2022
RX_Kids_Survey_May 2024 (YWCA)	2023
MDHHS Community Health Reports and Vital Statistics	2021-2023
2023 Medical Examiner Report Western Michigan Annual Report_PDF Final	2021-2023
MiTracking Environmental And Substance Use Tracking	2023
Substance Use Vulnerability Index Results County Report Card	2023
Michigan Profile for Healthy Youth: 2023-2024	2024
2023 Western Michigan AAA3A Older Adult Needs Assessment	2023
Kalamazoo County Housing Plan final 8.15.22	2022
Home Ownership in City Core Neighborhoods 6-30-2023	2022-2023
National Low Income Housing Coalition Reports (NLIHC) Out of reach Report	2023
US Department of Labor (DOL). Bureau of Labor Statistics (BLS)	2024-2025
National Plan and Provider Enumeration System (NPPES) National Provider Identifier (NPI)	2024
2023 Kalamazoo County AAA3A Older Adult Needs Assessment	2023
Kalamazoo Transportation Cost Index Reports (Center for Neighborhood Technology)	2023

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Mental & Behavioral Health, Substance Use				
Indicator	Kalamazoo County	Michigan	Description	Source
Mental Health Provider	525:1	822:1	# of residents to 1 mental health provider	(NPPES) 2024
Poor Mental Health Days- Adult	18.8%	17.5%	% of adults reporting 14+ days/30 of poor mental health	CDC-BRFSS
Depression - Adult	26.9%	24.3%	% of adults reporting diagnosed depression.	CDC-BRFSS
Sad or Hopeless Days - Teen	36.2%	NA	% of teens reported feeling sad or hopeless 14+ days out of 30	MiPHY
Suicide Rate - Adult	16.100K	14.4/100K	Suicides per 100,00 5 yr average	MDHHS
Suicide Attempt- Teen	6.1%	NA	% of teens who attempted suicide last 12 months	MiPHY
Adult Binge Drinking	17.8%	17.7%	% of adults who report binge drinking last 30 days	CDC-BRFSS
Teen Binge Drinking	4.1%	NA	% of teens who report binge drinking last 30 days	MiPHY
Adult smoking	14.6%	15.3%	% of adults who report being a current smoker	MiBRFS
Teen Vaping	16.9%	NA	% of teens who report vaping in last 30 days	MiPHY
Teen Marijuana Use	9.2%	NA	% of teens who report using marijuana last 30 days	MiPHY
Opioid Overdose Rate	11.1/100K	25.3/100K	Opioid Overdose Rate per 100, 000 population	MDHHS SUDDR,2022

Economic Stability				
Indicator	Kalamazoo County	Michigan	Description	Source
Median Income	\$39,808	\$41,442	The income where half of persons earn more and half of persons earn less..	Census ACS 5yr
Median Income - Male	\$47,804	\$49,797	The income where half of males earn more and half of males earn less.	Census ACS 5yr
Median Income - Female	\$32,064	\$34,270	The income where half of female males earn more and half of females earn less.	Census ACS 5yr
Median Household Income	\$70,525	\$71,149	The income where half of households earn more and half of households earn less.	Census ACS 5yr
Unemployment Rate	4.9%	5.3%	% of total labor force that is unemployed	BLS, Jan. 2025
Low Income Population	30.7%	29.3%	% of the population with incomes considered 200% or below the federal poverty level .	Census ACS 5yr

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Economic Stability				
Indicator	Kalamazoo County	Michigan	Description	Source
Poverty - All	13.3%	13.1%	% of population below federal poverty level	Census ACS 5yr
Poverty - Adult	14.8%	12.6%	% of Adults (18-64 yrs) below federal poverty level	Census ACS 5yr
Poverty - Child	12.7%	17.5%	% of Children (0-17 yrs) below federal poverty level	Census ACS 5yr
Poverty - Senior	8%	9.3%	% of seniors (65+ yrs) below federal poverty level	Census ACS 5yr
ALICE Households	26.3%	28%	% of all households considered ALICE households	ALICE Report 2022
Households Below Poverty Level	12.1%	12%	% of all households below poverty level	ALICE Report 2022

Healthcare Access and Quality				
Indicator	Kalamazoo County	Michigan	Description	Source
Uninsured - Overall	4.9%	5.0%	% of population	Census ACS 5yr
Uninsured Adults	7.1%	7.2%	% of uninsured adults (18-64 yrs)	Census ACS 5yr
Uninsured Children	2.7%	3.0%	% of uninsured children (0-17 yrs)	Census ACS 5yr
Medicaid Coverage - Adult	9.9%	11.8%	Adults 18-64 with Medicaid insurance	Census ACS 5yr
No Vehicle Access	6.8%	7.1%	% of households without access to vehicle	Census ACS 5y
No Primary Care Physician	11.5%	11.6%	% of adults (18-64) without PCP	MIBRFS (2021-2023)
No Annual Check Up (R)	24.6%	21.9%	% of adults reporting no routine check-up in the last 12 months.	CDC-BRFSS
No Dr. Visit Due to Cost	6.3%	8.3%	% of adults who did not seek medical treatment due to cost	MIBRFS (2021-2023)
Primary Care Physicians	688:1	1,290:1	# of residents to 1 PCP provider	(NPPES) 2024
OB/GYN	2,941:1	2,737:1	# of female residents to 1 obstetric provider	(NPPES) 2024
Dentist	1,494:1	1,250:1	# of residents to 1 dental provider	(NPPES) 2024

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Housing and Homelessness				
Indicator	Kalamazoo County	Michigan	Description	Source
Occupied Housing Units	106,251	4,040,168	Total # of occupied housing units	Census ACS 5yr
Vacant Housing Units	3,500	176,410	Total # of vacant housing units	Census ACS 5yr
Median Home Value	\$227,500	\$217,600	Median home value, 2023	Census ACS 5yr
Median Home Rent	\$1,049	\$1,084	Median Home Rent	Census ACS 5yr
Owner Occupied	64%	72.9%	% of housing units occupied by owner	Census ACS 5yr
Renter Occupied	36%	27.1%	% of housing units occupied by owner	Census ACS 5yr
Owner Income	\$94,559	\$85,243	Median income of homeowners	Census ACS 5yr
Owner Cost Burdened	16.3%	19.1%	% of homeowners spending over 30% of income on housing.	Census ACS 5yr
Renter HH Income	\$41,312	\$41,174	Median income of renters	Census ACS 5yr
Renter Cost Burdened	47%	45.8%	% of renters that spend more than 30% of income on housing.	Census ACS 5yr
Severely Cost Burdened HH -Owner	6.7%	7.9%	% of owner households that spend more than 50% of income on housing.	Census ACS 5yr
Severely Cost Burdened HH - Renter	23.6%	23.7%	% of renter households that spend more than 50% of income on housing.	Census ACS 5yr
Substandard housing conditions	2.5%	4.6%	% of households without complete plumbing ,kitchen facilities, or overcrowded	Census ACS 5yr

Sexually Transmitted Infections				
Indicator	Kalamazoo County	Michigan	Description	Source
Chlamydia - Cases	1,764	42,957	# of newly diagnosed cases	MDHHS/SHOARS
Chlamydia - Rate	672.7	428	Newly diagnosed rate per 100,000 Population	MDHHS/SHOARS
Gonorrhea Cases	710	15,277	# of newly diagnosed cases	MDHHS/SHOARS
Gonorrhea Rate	270.8	152.2	Newly diagnosed rate per 100,000 Population	MDHHS/SHOARS
P & S Syphilis Cases	72	845	# of newly diagnosed cases	MDHHS/SHOARS
P & S Syphilis Rate	27.5	8.4	Newly diagnosed rate per 100,000 Population	MDHHS/SHOARS

Appendix G: Health Care Facilities and Community Resources

As part of the CHNA process, the Kalamazoo CHNA Collaborative has catalogued resources available in Kalamazoo County that respond to the significant needs identified in this CHNA. Resources may include acute care facilities (hospitals), primary and specialty care clinics and practices, mental health providers, and other non-profit services. State and national resources can also provide information regarding programs that can better serve the needs of a person experiencing a specific problem.

The resources listed under each significant need heading are not intended to be exhaustive.

Behavioral Health		
Organization	Phone	Website
Bronson Healthcare	269-245-3850	https://www.bronsonhealth.com/services/behavioral-health/
Family Health Center of Kalamazoo	269-349-2641	https://fhckzoo.com/services/behavioral-medicine/
Integrative Services of Kalamazoo	269-373-6000	https://iskzoo.org/
Knights Health Center	269-391-2843	https://www.kalcounty.gov/1227/Knights-Health-Center
Gryphon Place	Crisis Line: 9-8-8 24 hr Resource Line: 2-1-1	https://www.gryphon.org/
Communities in Schools	269-337-1601	https://ciskalamazoo.org/
Community Healing Centers	269-343-1651 or 269-382-9820	https://communityhealingcenter.org/
Pine Rest	616-258-7500	https://www.pinerest.org/locations/kalamazoo
OutFront	269-349-4234	https://www.outfrontkzoo.org/
Ascension Borgess Hospital	269-226-7406	https://healthcare.ascension.org/locations/michigan/mikal/kalamazoo-ascension-borgess-hospital/departments/adolescent-partial-hospitalization-program
ABA Pathways	734-203-0181	https://www.abaways.com/
Synergy Health Center	269-323-1954	https://synergykzoo.org/
Recovery Institute of Southwest Michigan, Inc	269-343-6725	https://www.recoverymi.org/
COPE Network	269-580-8290	https://www.copenetwork.org/
Let's Talk About It	226-567-9409	https://www.ltaicmh.com/
Western Michigan University's Homer Stryker School of Medicine	269-337-6373	https://wmed.edu/node/330
Black Wellness Network	269-323-1954	https://blackwellnessnetwork.net/
Residential Opportunities, Inc.	269-343-3731	https://www.residentialopportunities.org/
MRC	269-343-0747	https://www.mrcindustries.org/

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Economic Security		
Organization	Phone	Website
Rx Kids (Kalamazoo Community Foundation)	269-381-4416	https://www.kalfound.org/giving/rx-kids-kalamazoo
Open Doors	269-343-6064	https://www.opendoorskalamazoo.org/
Kalamazoo Literacy Council	269-382-0490	https://kalamazooliteracy.org/
Kalamazoo Deacon's Conference	616-344-7333	https://www.kzoogospel.org/
Mt. Zion Church	269-388-3111	https://mtz.church/
Goodwill Industries	269-422-0327	https://goodwillswmi.org/
Kalamazoo Promise	269-337-0037	https://www.kalamazoopromise.com/
Fatherhood Network	269-261-0814	https://www.thefatherhoodnetwork.org/
Urban Alliance	269-348-0978	https://urbanalliancekalamazoo.org/
Michigan Works!	800-285-9675	https://www.michiganworkssouthwest.org/
One Place, Kalamazoo Public Library	269-553-7899	https://www.kpl.gov/oneplace/
Kalamazoo Regional Educational Service Agency	269-250-9200	https://www.kresa.org/
W.E. Upjohn Institute for Employment Research	269-343-5541	https://www.upjohn.org/
Edison ECE Career Pathways	269-382-0490	https://kalamazooliteracy.org/
Chamber of Commerce	269-323-5661	https://kazoochamber.com/
United Way	269-343-2524	https://unitedforscmi.org/
Kalamazoo Community Foundation	269-381-4416	https://www.kalfound.org/
Southwest Michigan First	269-553-9588	https://www.southwestmichiganfirst.com/
MRC Industries	269-343-0747	https://www.mrcindustries.org/
Communities in Schools	269-337-1601	https://ciskalamazoo.org/
OutFront Kalamazoo	269-349-4234	https://www.outfrontkzoo.org/

Healthcare Access & Quality		
Organization	Phone	Website
Ascension Borgess Hospital	269-226-7000	https://healthcare.ascension.org/locations/michigan/mikal/kalamazoo-ascension-borgess-hospital
Bronson Healthcare	269-341-7788	https://www.bronsonhealth.com/
Family Health Center of Kalamazoo	269-349-2641	https://fhckzoo.com/
Kalamazoo County Health and Community Services	269-373-5200	https://www.kalcounty.gov/hcs/
Healthy Babies, Healthy Start	269-373-5200	https://www.kalcounty.gov/318/Healthy-Babies-Healthy-Start
Twenty Hands (MIHP)	269-459-8091	https://twentyhandsmihp.org/
WISH	269-345-5595	https://www.ywcakalamazoo.org/what-we-do/promoting-maternal-and-child-health/WISH-home-visitation-program
Healthy Families America	269-373-5200	https://www.kalcounty.gov/319/Healthy-Families-America
Nurse Family Partnership	269-373-5200	https://www.kalcounty.gov/323/Nurse-Family-Partnership

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Healthcare Access & Quality		
Knights Health Center	269-391-2843	https://www.kalcounty.gov/1227/Knights-Health-Center
Helping Hands Wellness Center	269-303-6211	https://www.helpinghandsmedicine.com/
Western Michigan University's Homer Stryker School of Medicine	269-337-4600	https://wmed.edu/wmedhealth
Milestone Senior Services	269-382-0515	https://milestoneseniorservices.org/
Senior Care Partners, P.A.C.E.	269-441-9319	https://seniorcarepartnersmi.org/
Area Agency on Aging	269-373-5173	https://www.kalcounty.gov/hcs/aaa/
Gryphon Place	Crisis Line: 9-8-8 24 hr Resource Line: 2-1-1	https://www.gryphon.org/
YWCA	269-345-5595	https://www.ywcakalamazoo.org/
Rx Kids (Kalamazoo Community Foundation)	269-381-4416	https://www.kalfound.org/giving/rx-kids-kalamazoo
Integrative Services of Kalamazoo	269-373-6000	https://iskzoo.org/
CARES	269-381-2437	https://caresswm.org/
Planned Parenthood	269-372-1200	https://www.plannedparenthood.org/health-center/michigan/kalamazoo/49006/kalamazoo-health-center-3299-90630

Housing & Homelessness		
Organization	Phone	Website
Ministry with Community	269-343-6073	https://ministrywithcommunity.org/
Kalamazoo Gospel Mission	269-345-2974	https://www.kzoogospel.org/
Housing Resources, Inc	269-382-0287	https://www.housingresourcesinc.org/
Residential Opportunities, Inc	269-343-3731	https://www.residentialopportunities.org/
YWCA	269-345-5595	https://www.ywcakalamazoo.org/
Kalamazoo Neighborhood Housing Services	269-385-2916	https://knhs.org/
Firehouse Clinic		https://wmed.edu/node/3873
Kalamazoo County Continuum of Care	269-343-2524	https://kzoococ.org/
Northside Association for Community Development	269-344-5490	https://www.nacdkszoo.com/
Open Doors	269-345-1431	https://www.opendoorskalamazoo.org/
Kalamazoo Valley Habitat for Humanity	269-344-2443	https://habitatkalamazoo.org/
Ark Shelter/Ark Youth Independent Living	269-343-8765 Crisis Line: 800-873-8336	https://ccdok.org/ark-youth-independent-living/
Bethany House	269-366-4468	https://bethany.org/
OutFront Kalamazoo	269-349-4234	https://www.outfrontkzoo.org/
Kalamazoo County Public Housing Commission	269-350-2019	https://www.kalcounty.gov/705/Public-Housing-Commission
HOPE thru Navigation	269-775-1221	https://hope-thru-navigation.org/
Let's TALK About It	269-567-9409	https://www.ltaicmh.com/
Mt. Zion Church	269-388-3111	https://mtz.church/

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Sexually Transmitted Infections		
Organization	Phone	Website
Kalamazoo County Health and Community Services	269-373-5200	https://www.kalcounty.gov/hcs/
Knights Health Center	269-391-2843	https://www.kalcounty.gov/1227/Knights-Health-Center
CARES	269-381-2437	https://caresswm.org/
Ascension Borgess Hospital	269-226-7000	https://healthcare.ascension.org/locations/michigan/mikal/kalamazoo-ascension-borgess-hospital
Bronson Healthcare	269-341-7788	https://www.bronsonhealth.com/
Family Health Center of Kalamazoo	269-349-2641	https://fhckzoo.com/
Planned Parenthood	269-372-1200	https://www.plannedparenthood.org/health-center/michigan/kalamazoo/49006/kalamazoo-health-center-3299-90630
Helping Hands Wellness Center	269-303-6211	https://www.helpinghandsmedicine.com/
OutFront Kalamazoo	269-349-4234	https://www.outfrontkzoo.org/
Western Michigan University Sexperts	269-387-3263	https://wmich.edu/healthpromotion/programs/sexual-health/ask-sexpert
Alternatives	269-345-1740	https://alternativescc.org/
Western Michigan University's Sindecuse Health Center	269-387-3287	https://wmich.edu/healthcenter

Systemic Racism and Racial Disparities		
Organization	Phone	Website
ERRACE - Eliminating Racism and Claiming/Celebrating Equity	269-389-9956	https://www.eracce.org/
El Concilio	269-385-6279	https://elconciliokzoo.org/
Northside Ministerial Alliance	269-388-6227	http://www.nmakzoo.org/
NAACP	269-343-4105	https://naacpkalamazoo.org/
Kalamazoo Refugee Resource Collaborative		https://www.kalamazoorefugee.org/
MRC Industries	269-343-0747	https://www.mrcindustries.org/
Michigan Transformation Collective		https://mitransformation.org/
Urban Alliance	269-348-0978	https://urbanalliancekalamazoo.org/
SHARE	269-381-9775	https://www.sharekazoo.org/
OutFront Kalamazoo	269-349-4234	https://www.outfrontkzoo.org/
Rootead	269-720-9200	https://rootead.org/
Douglas Community Association	269-343-6185	https://www.douglasscommunity.org/
OnePlace, Kalamazoo Public Library	269-553-7899	https://www.kpl.gov/oneplace/
Cradle Kalamazoo	269-345-5595 x 408	https://www.cradlekalamazoo.com/
Truth & Titus		https://www.truthandtitus.com/
Western Michigan University's Lewis Walker Institute	269-387-2141	https://wmich.edu/walkerinstitute
YWCA	269-345-5595	https://www.ywcakalamazoo.org/
Arcus Center, Kalamazoo College	269-337-7398	https://arcuscenter.kzoo.edu/

Systemic Racism and Racial Disparities		
Consecha - Kalamazoo		https://www.lahuelga.com/index