



2025

SHIAWASSEE COUNTY

COMMUNITY HEALTH
NEEDS ASSESSMENT



FOREWORD

February 2026

Dear Residents of Shiawassee County,

Memorial Healthcare, in collaboration with the Shiawassee County Health Department, conducted a community health survey earlier this year to better understand the current needs and concerns of our county.

We are pleased to share the results of the 2025 Community Health Needs Assessment and are deeply grateful to our community partners for their dedication and collaboration in making this important project possible.

This report is based on data collected from adult residents (ages 18 and older) through written and online surveys conducted between April 1 and June 15, 2025. We sincerely thank the 506 residents who took the time to provide thoughtful responses. We're also proud that participation nearly doubled compared with 2022, giving this report a stronger, more representative community voice. This input plays a vital role in helping local agencies identify key health issues and develop informed strategies to improve the overall health and well-being of our community.

It has been three years since the last comprehensive community health assessment. We encourage you to use the insights in this report as a tool for planning, collaboration, and advocacy as we work together to address the identified priorities and create a healthier Shiawassee County.

If you have any questions or would like more information, please contact Becky Dahlke, Memorial Healthcare Community Resource Manager, at (989) 729-4856 or RDahlke@MemorialHealthcare.org.

Sincerely,

Brian L. Long
President & CEO, Memorial Health System

Larry Johnson
Director, Shiawassee County Health Department

EXECUTIVE SUMMARY

In June 2025, Memorial Healthcare and the Shiawassee County Health Department completed a comprehensive Community Health Needs Assessment (CHNA) in compliance with federal requirements set forth by the Patient Protection and Affordable Care Act and the Internal Revenue Service for non-profit hospitals. The assessment process considered input from community members and partner organizations in combination with population health data. Through the CHNA process, Memorial Healthcare lives out its mission by listening to our community, identifying its greatest health needs, and responding with compassionate, innovative solutions that promote wellness and advance service excellence.

This report provides an overview of health-related data for Shiawassee County adults (ages 18 and older) who participated in a county-wide health assessment survey from April 2025 to June 2025. The findings are based on self-administered surveys using a structured questionnaire. Memorial Healthcare collected the data, guided the health assessment process, and integrated sources of primary and secondary data into the final report with the assistance of the Shiawassee County Health Department.

CHNA PROCESS

The service area assessed for the CHNA covered all of Shiawassee County, Michigan, which includes a population of 68,025.

Surveys were distributed to county residents between April 1st and June 15th. The survey included 40 health-related questions addressing mental health and social well-being, hospital services, and community health, as well as five demographic questions. It was disseminated and advertised via email listservs, social media platforms, and in paper format across diverse communities. A total of 506 residents completed the survey. Survey results were analyzed as-collected and were not weighted. Because participation skewed more heavily toward women than men, as in previous surveys, findings should be interpreted with that context in mind. Even with the higher proportion of female respondents, the survey reflects diverse input from community members with varying health needs, lived experiences, and social circumstances.

ABOUT MEMORIAL HEALTHCARE

Memorial Healthcare is an independent, non-profit organization. The 165-bed facility is supported by over 1,800 dedicated employees and nearly 500 medical staff members. While our roots are firmly planted in Shiawassee County, our reach extends across seven counties in mid-Michigan, including Bay, Clinton, Ingham, Livingston, Saginaw, Genesee, and Shiawassee Counties. Memorial Healthcare is recognized nationally and on a state level by industry leaders for excellence in meeting or exceeding patient care standards as well as for its use of technology to address patient care, patient safety, and service quality.

Encompassing several specialties, Memorial Medical Associates (MMA) proudly offers dedicated teams of providers that patients can turn to for their healthcare needs. Based in Owosso, Memorial Healthcare serves patients in Greater Shiawassee County and beyond, with over 25 satellite offices in Bay City, Chesaning, Corunna, Durand, Flushing, Howell, Laingsburg, Okemos, Ovid-Elsie, Perry, Saginaw and St. Johns.

MISSION:

To be an industry leader in the promotion and delivery of health and wellness through quality compassionate healthcare with a commitment to service excellence, teamwork, and innovation.

VISION:

Recognized for excellence in personalized healthcare.

CORE VALUES AND GUIDING PRINCIPLES:

- Excellence
- Integrity
- Service
- Teamwork
- Innovation
- Wisdom

COMMUNITY DESCRIPTION

Shiawassee County, located in central Michigan, has an estimated population of approximately 68,025 as of 2023. The county encompasses 531 square miles of land and 10 square miles of water, with a population density of about 128 people per square mile.

[Census Reporter+1Neilsberg+1Census Reporter+2Wikipedia+2US County Maps+2](#)

AGE DISTRIBUTION:

- Median Age: 42.5 Years

AGE BREAKDOWN:

- Under 18: 24.1%
- 18–24: 8.5%
- 25–44: 23.9%
- 45–64: 29.1%
- 65 and over: 14.3%

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GENDER MAKEUP:

- Female: 51%
- Male: 49%

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RACIAL AND ETHNIC COMPOSITION:

- White (Non-Hispanic): 93.1%
- Two or More Races (Non-Hispanic): 1.9%
- White (Hispanic): 1.7%
- Two or More Races (Hispanic): 0.7%
- Two or More Races (Non-Hispanic): 0.6%
- Black or African American: 0.5%
- Asian: 0.6%
- Other races: 0.1%
- Native Hawaiian or Pacific Islander: 0.1%

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INCOME AND POVERTY LEVELS IN SHIAWASSEE COUNTY, MICHIGAN

Shiawassee County exhibits a median household income of \$62,093 as of 2023, slightly below the state median of \$69,183. Approximately 12.9% of the county's population lives below the federal poverty line, which is slightly lower than the Michigan state average of 13.5%.

Census Reporter

Despite a relatively low unemployment rate, a significant portion of Shiawassee County residents face financial challenges. The ALICE (Asset Limited, Income Constrained, Employed) metric provides a more comprehensive view of economic hardship. Households that are ALICE earn above the federal poverty level but still lack sufficient income to afford basic necessities such as housing, childcare, food, transportation, and healthcare. In Michigan, 41% of households fall below the ALICE threshold, combining both ALICE and poverty-level households. For Shiawassee County, that number is 45%, according to [UnitedforAlice.org](https://www.unitedforalice.org).

This financial strain affects a broad spectrum of the community, including working adults, single parents, and seniors. These individuals often juggle multiple jobs and still struggle to meet essential needs. The ALICE report underscores the importance of considering both poverty and the broader economic challenges faced by these households to fully understand and address financial hardship in Shiawassee County.

Understanding the employment landscape and the challenges faced by the ALICE population is crucial for developing targeted interventions and support systems to enhance the economic well-being of Shiawassee County residents.

EMPLOYMENT BY INDUSTRY

The largest employment sectors in Shiawassee County are:

- Manufacturing: 5,856 employees
- Health Care & Social Assistance: 5,036 employees
- Retail Trade: 3,761 employees
- Educational Services: 2,389 employees
- Construction: 2,541 employees

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These industries reflect a balanced economy, with significant contributions from both industrial and service sectors. The manufacturing sector, in particular, plays a pivotal role in the county's economic landscape.

EMPLOYMENT BY OCCUPATION

In terms of occupations, the most common job groups in Shiawassee County include:

- Production Occupations: 3,583 individuals
- Office & Administrative Support Occupations: 3,513 individuals
- Sales & Related Occupations: 2,665 individuals
- Transportation & Material Moving Occupations: 2,499 individuals
- Education, Training, & Library Occupations: 2,389 individuals

[Bureau of Labor Statistics](https://BureauofLaborStatistics.com)+3Data USA+3honorolulu.datausa.io+3Data USA+2honorolulu.datausa.io+2Data USA+2sedpweb.org

These figures indicate a strong presence in manufacturing and administrative roles, with notable employment in education and transportation sectors.

CITIES:

- Corunna (County seat)
- Durand
- Laingsburg
- Owosso
- Perry
- Ovid

VILLAGES:

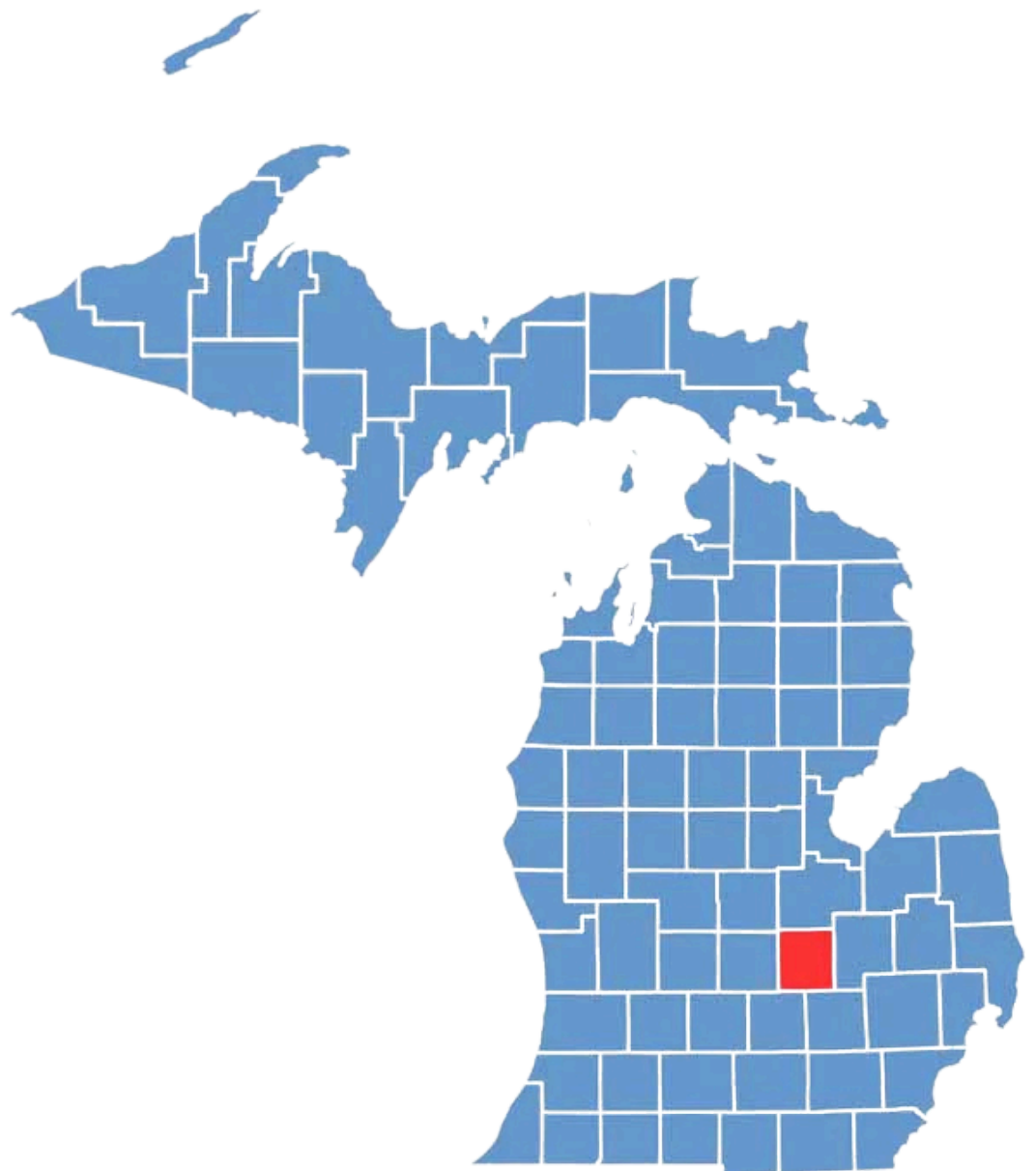
- Bancroft
- Byron
- Lennon
- Morrice
- New Lothrop
- Vernon

CHARTER TOWNSHIPS:

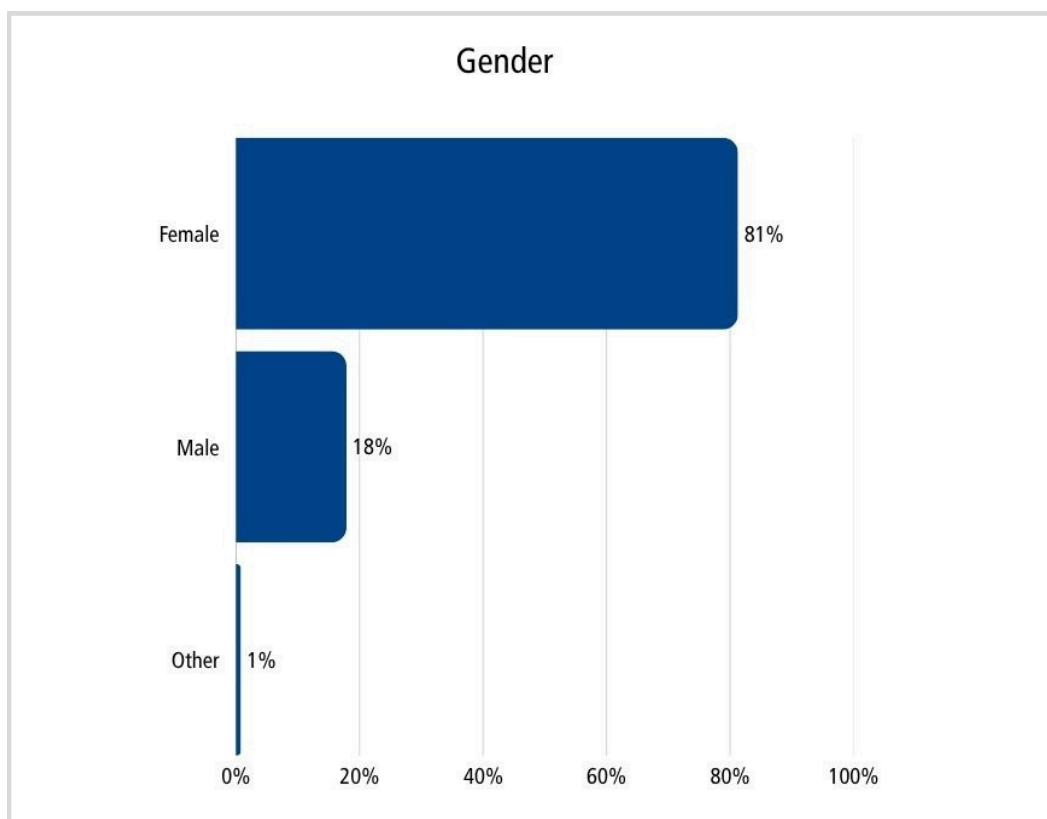
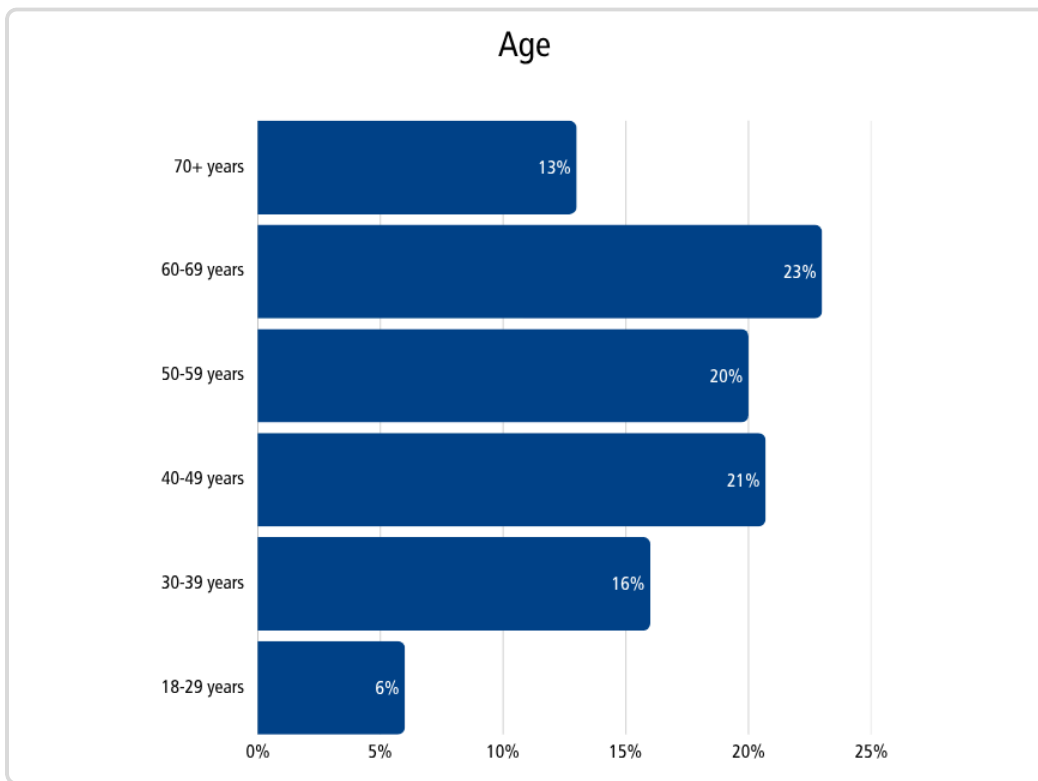
- Caledonia Township
- Owosso Township

CIVIL TOWNSHIPS:

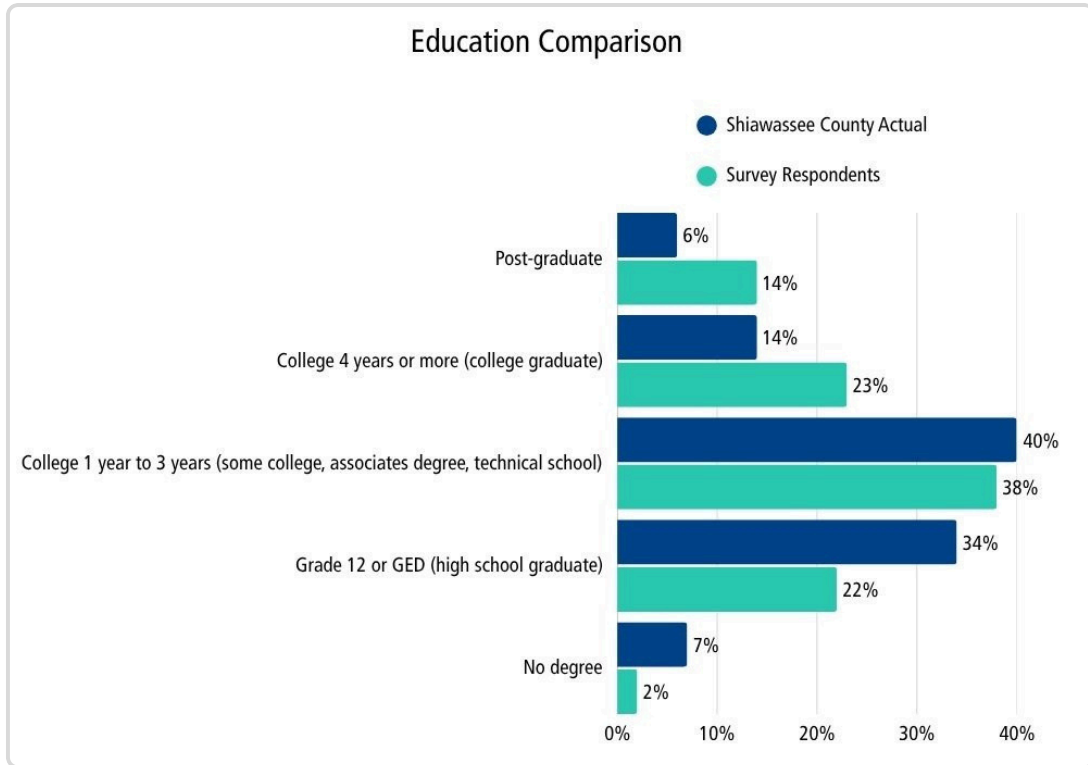
- Antrim Township
- Bennington Township
- Burns Township
- Fairfield Township
- Hazelton Township
- Middlebury Township
- New Haven Township
- Perry Township
- Rush Township
- Sciota Township
- Venice Township
- Vernon Township
- Woodhull Township



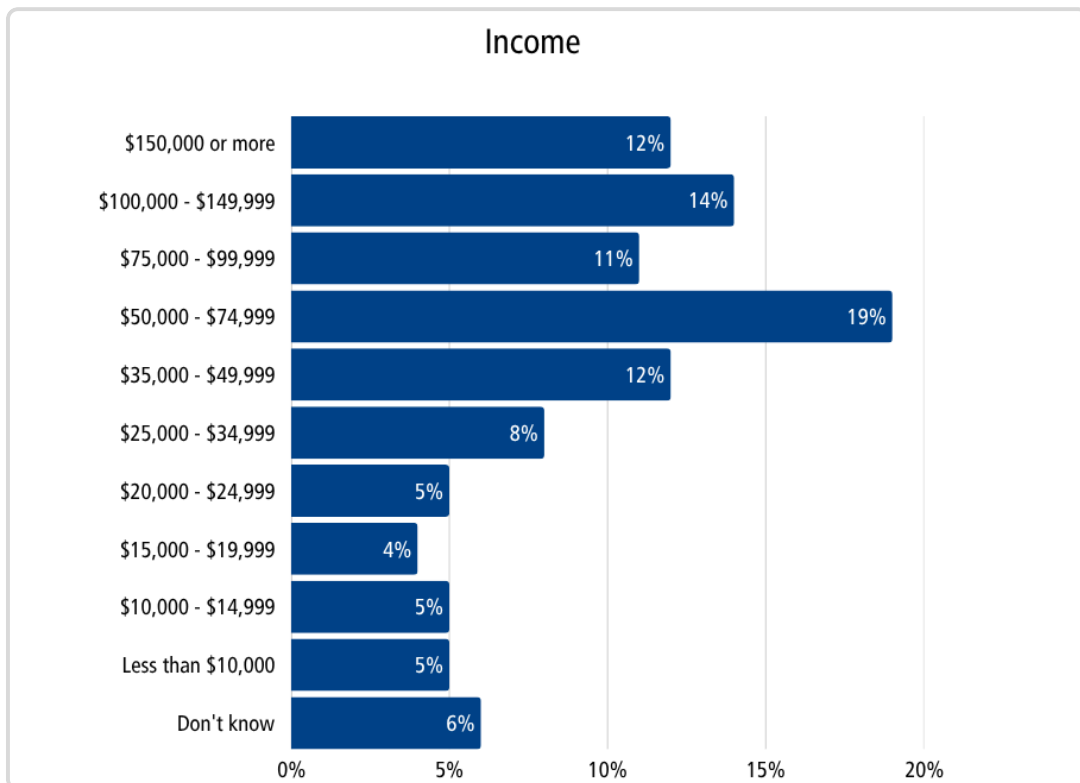
The graphs below illustrate the distribution of survey participants by age group and gender, showing that a significant portion of respondents are older adults and women. Women were more likely to participate in the survey, reflecting engagement patterns often seen in community health assessments. This imbalance should be kept in mind when interpreting certain findings, as it may influence the overall results.



This charts show that most respondents are college-educated and middle-income. Since CHNA respondents were more educated than the county average, their views may reflect those better able to navigate the health system. Future efforts should also capture perspectives from residents with lower education levels who may face greater barriers.

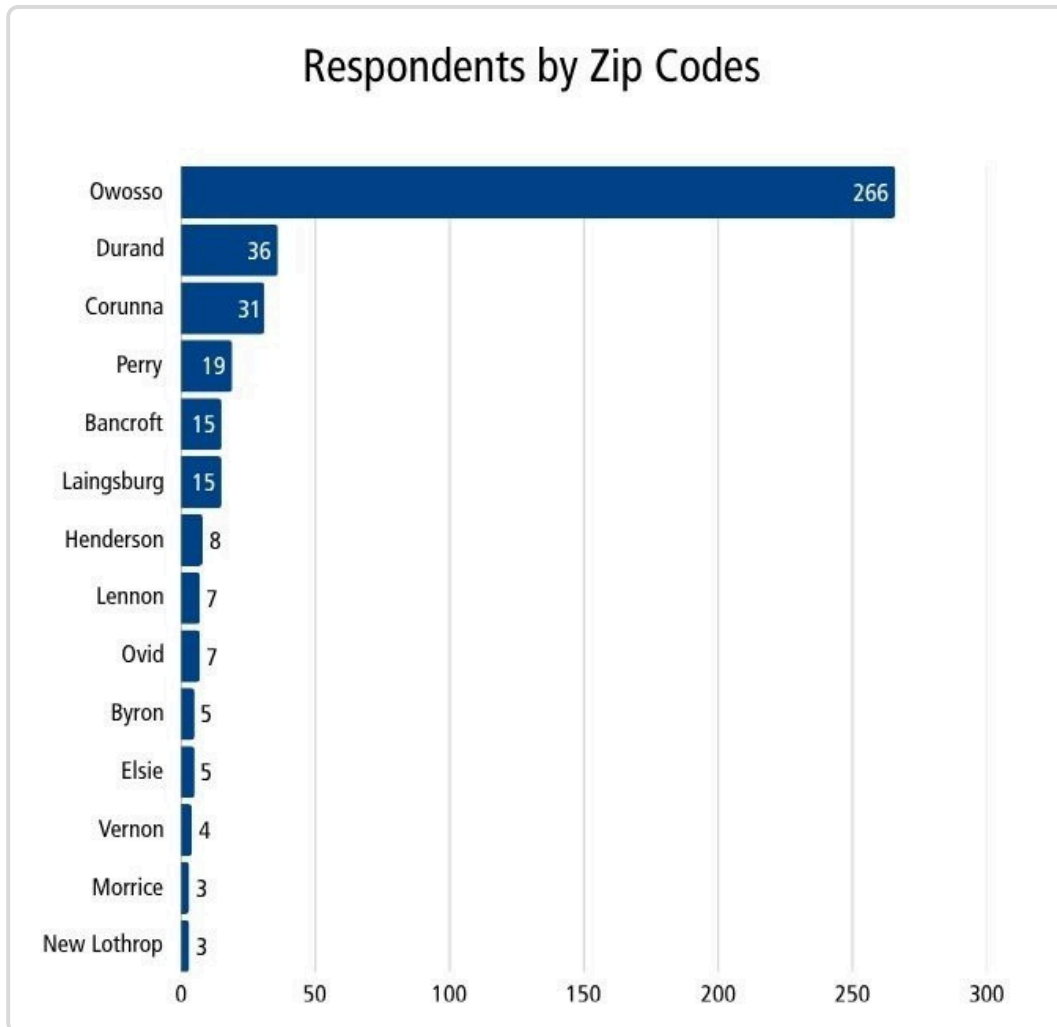


While responses reflect a broad range of income levels, higher-income residents appear somewhat overrepresented. As a result, some findings may understate the experiences of households facing financial strain, particularly those earning less than \$25,000 annually, who are more likely to experience challenges related to healthcare affordability, transportation, and access to preventive services.

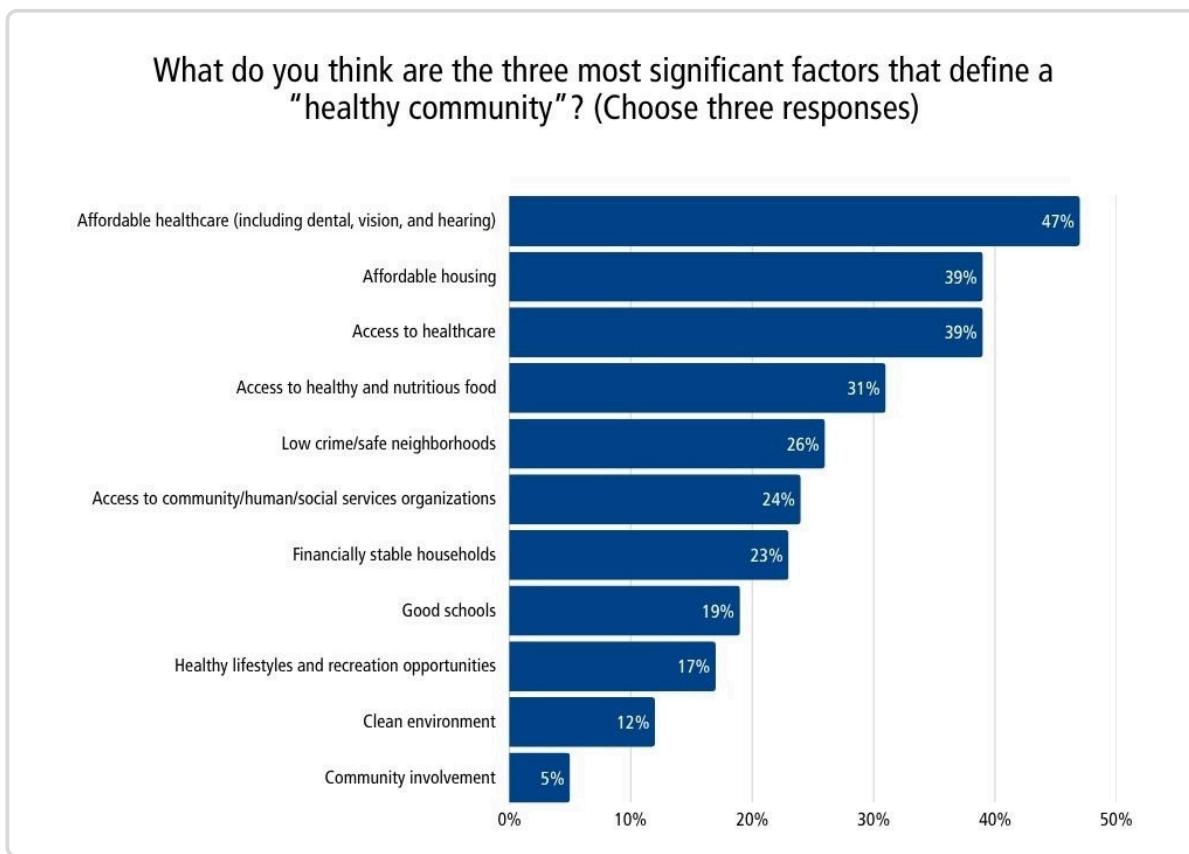


Survey participation was well-distributed across Shiawassee County, with respondents representing nearly every major ZIP code area. The highest participation came from Owosso (266 responses), followed by Durand (36) and Corunna (31). This strong turnout from the county's population center, along with contributions from smaller communities, reflects broad community engagement in the 2025 assessment.

This year's assessment received nearly double the number of responses compared to 2022, indicating increased community awareness and participation in local health planning efforts.

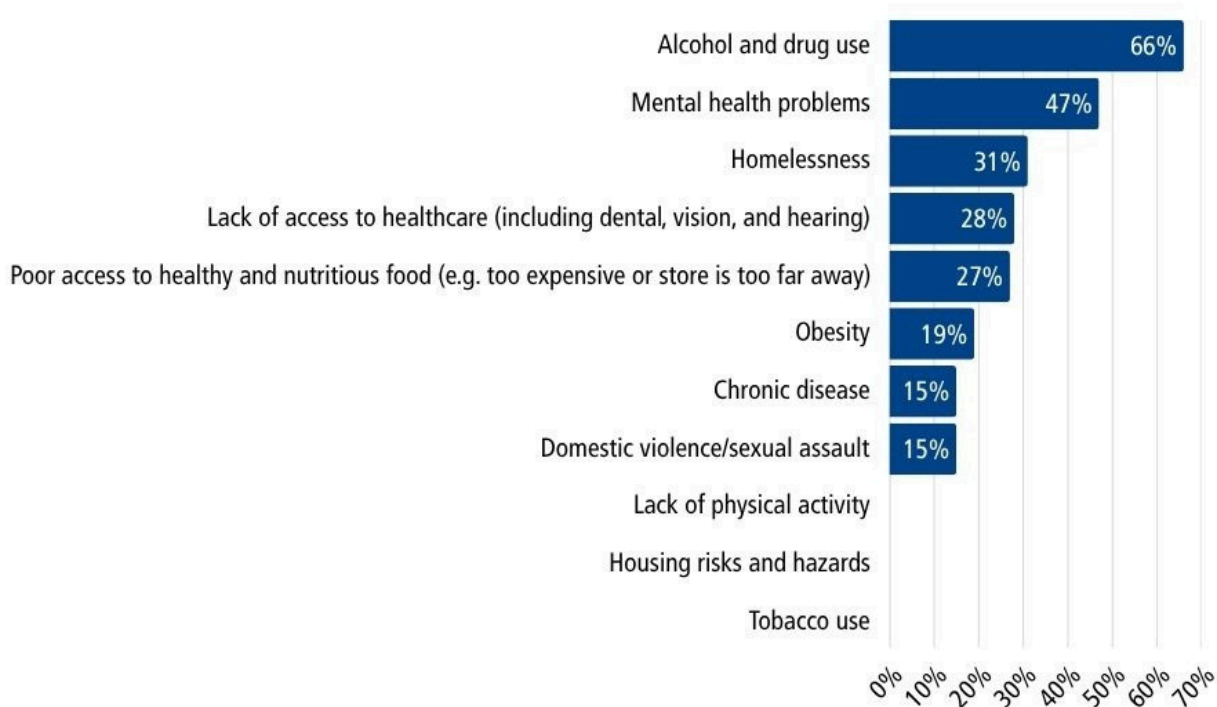


When residents were asked to identify what defines a “healthy community,” their priorities emphasized affordability and access—particularly related to healthcare, housing, and nutrition. This reflects a growing recognition that good health extends beyond clinical care, depending equally on stable living conditions and basic needs being met. The focus on affordable healthcare and housing highlights the connection between financial strain and overall well-being, while interest in access to healthy food underscores the importance of addressing local food insecurity.



Community members identified alcohol and drug use and mental health concerns as the most pressing health issues in Shiawassee County, far surpassing other concerns such as homelessness, access to healthcare, and food insecurity. This emphasis underscores how deeply the behavioral health crisis continues to affect local families—impacting not only physical health but also housing stability, employment, and community safety. The overlap between substance use and mental health challenges suggests a need for integrated prevention, treatment, and recovery supports that address the full continuum of behavioral health needs.

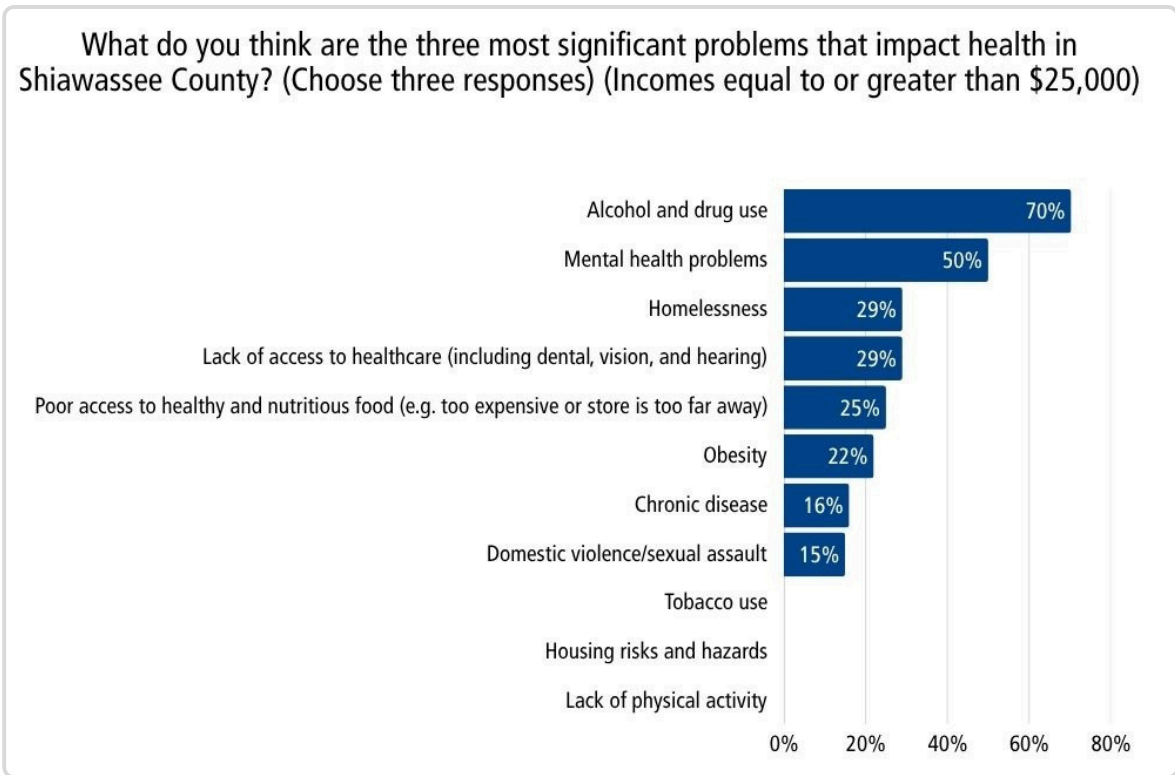
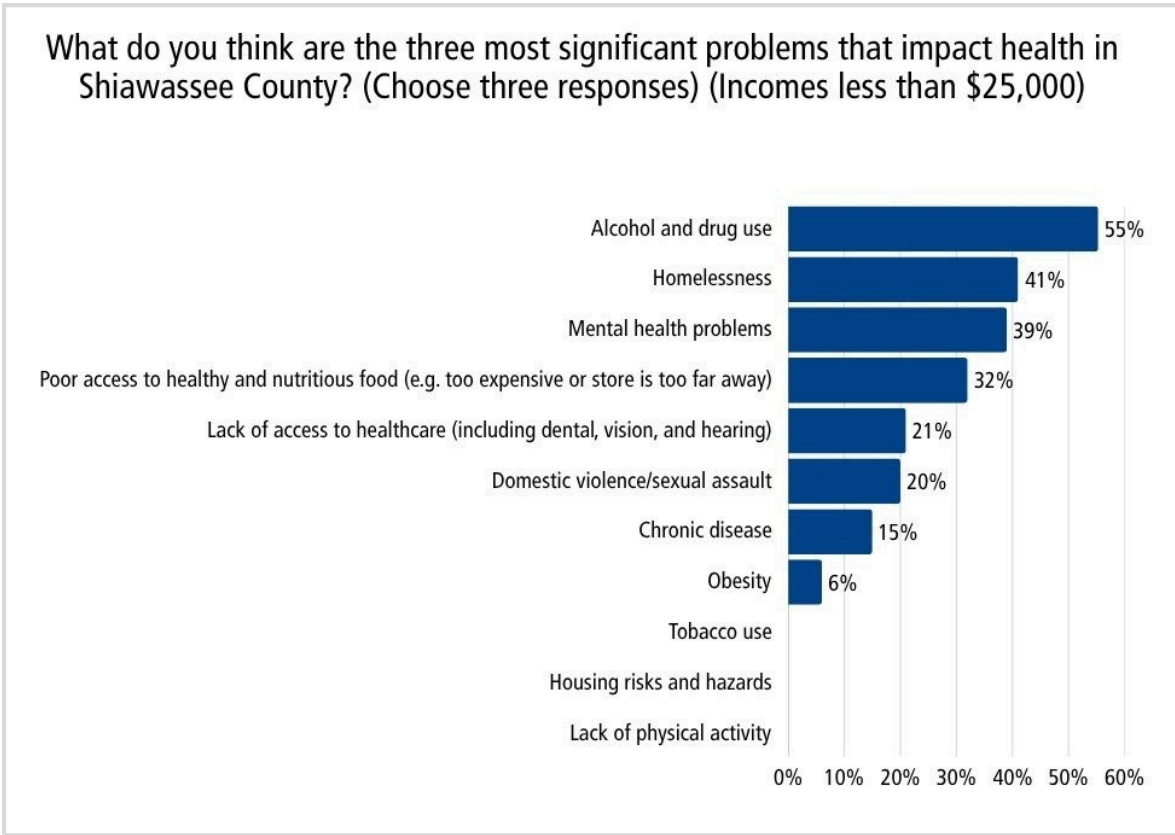
What do you think are the three most significant problems that impact health in Shiawassee County? (Choose three responses)



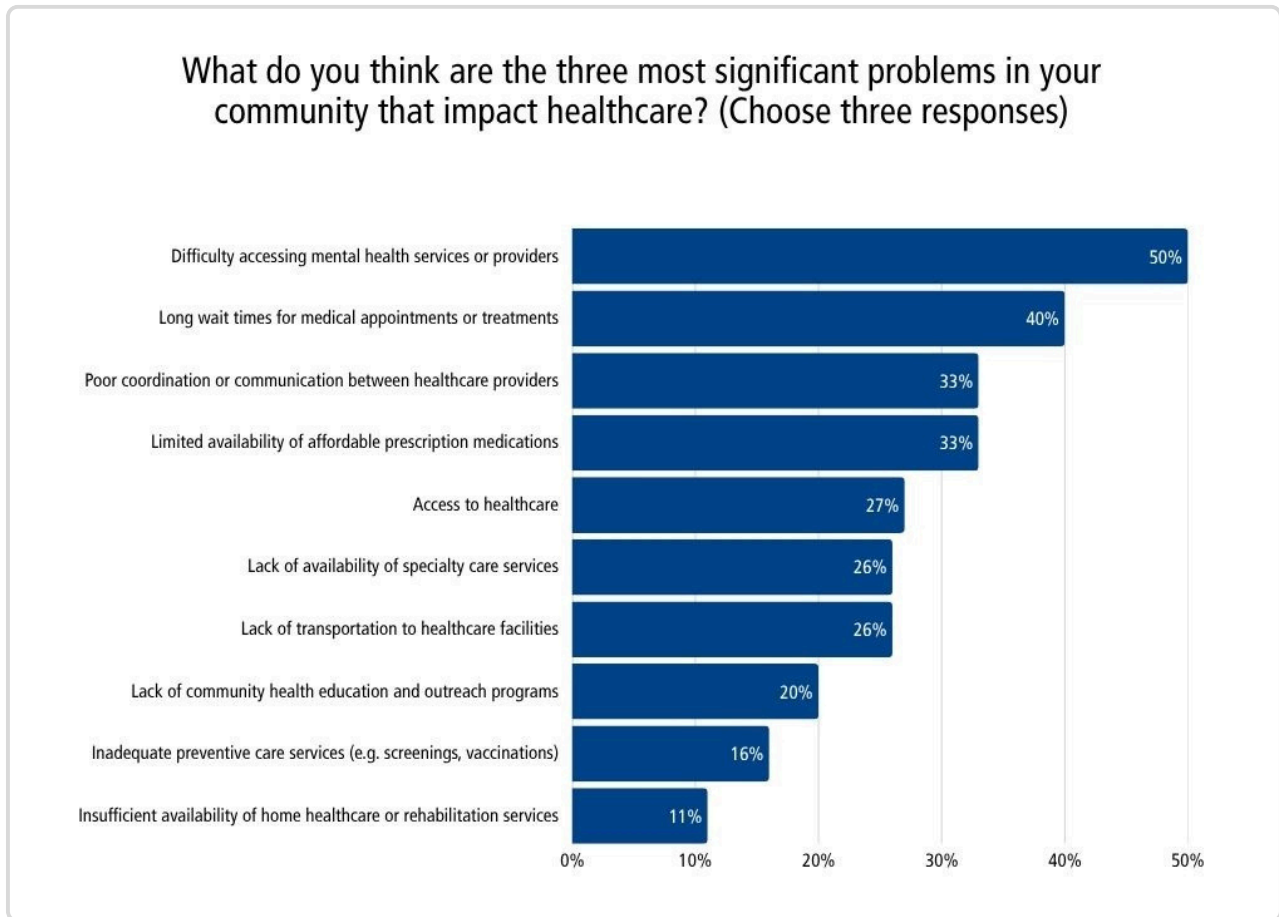
Local Opportunity:

Community agencies will need to work together to address the interconnected challenges of substance use, mental health, and housing instability. Strengthening collaboration across sectors can expand access to care, reduce crises, and create a more coordinated response that supports residents at every stage of recovery.

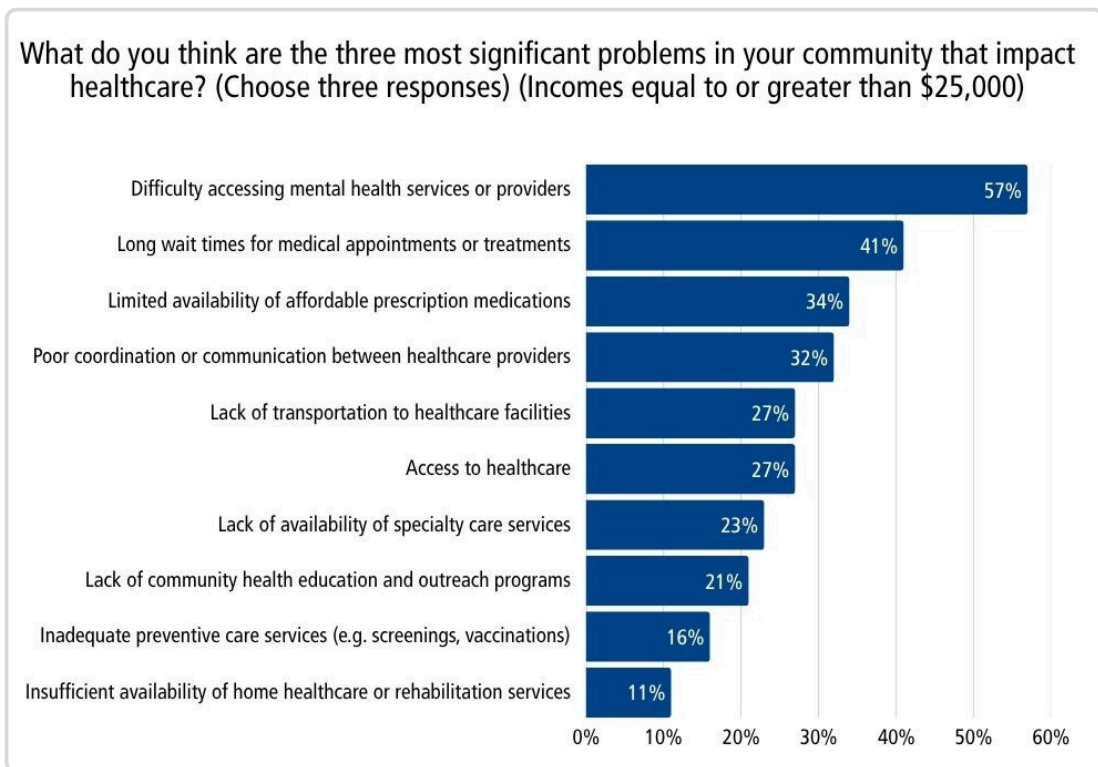
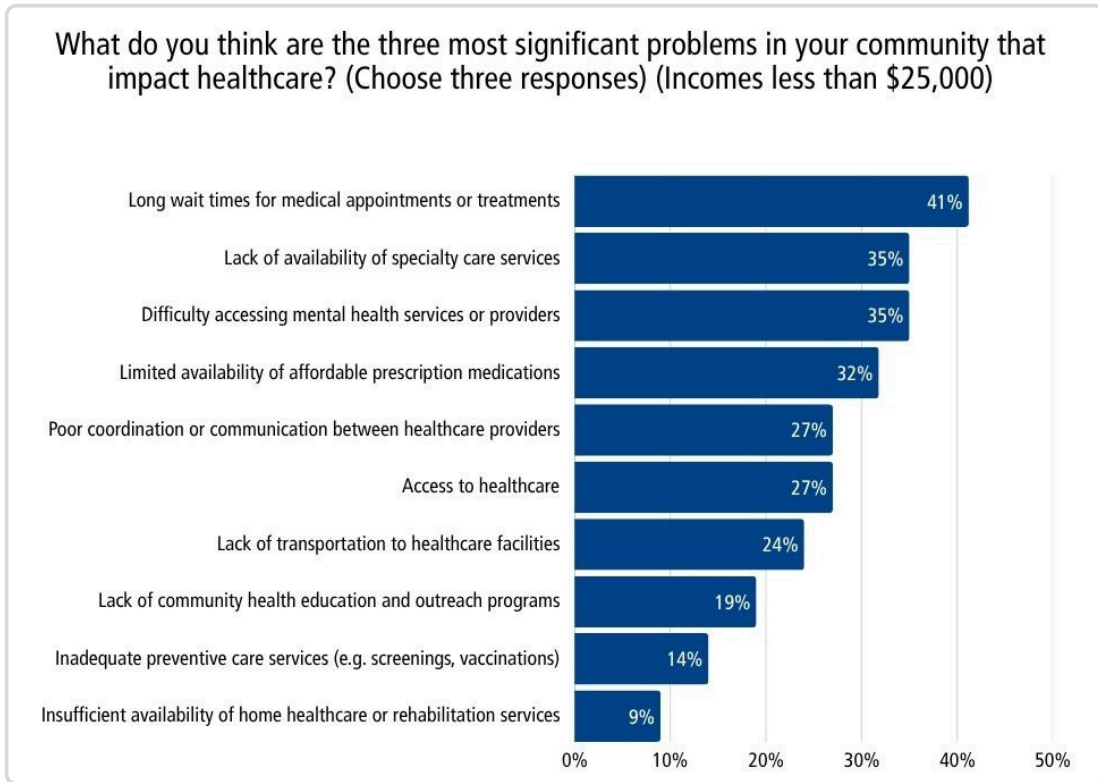
When looking at differences by income, both higher- and lower-income residents identified alcohol and drug use and mental health problems as the most pressing health issues in Shiawassee County. However, residents with lower incomes were more likely to cite homelessness and poor access to healthy food as major concerns, reflecting the intersection of financial hardship and health. In contrast, higher-income residents more often emphasized behavioral health challenges alone—suggesting that while substance use and mental health are countywide concerns, economic insecurity compounds these challenges for vulnerable households.



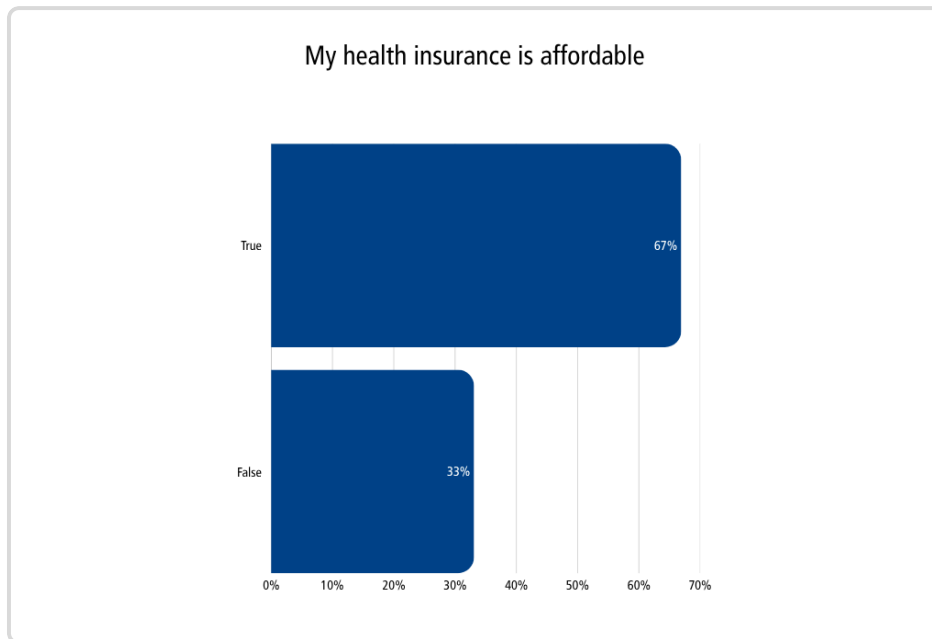
Residents identified access-related barriers as some of the most significant factors impacting healthcare in Shiawassee County. Difficulty finding mental health providers, long wait times, and limited coordination among healthcare systems contribute to delays in care and fragmented experiences for patients. These challenges highlight the strain on an already limited healthcare workforce and reinforce the need for better integration across medical, behavioral health, and community-based services.



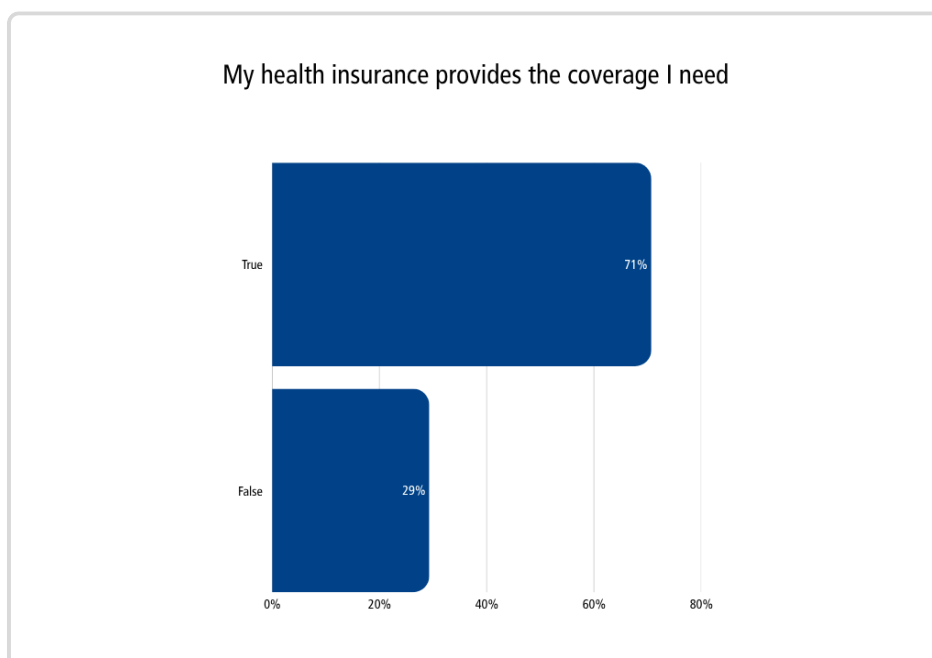
Access barriers persist across income levels, though residents experience them in different ways. Those with household incomes above \$25,000 were significantly more likely to report difficulty accessing mental health services or providers, while both income groups equally cited long wait times for appointments as a major concern—pointing to systemwide capacity issues. The cost and availability of prescription medications also stood out as a shared challenge. These findings suggest that while financial strain intensifies some access problems, service shortages and long wait times impact residents countywide.



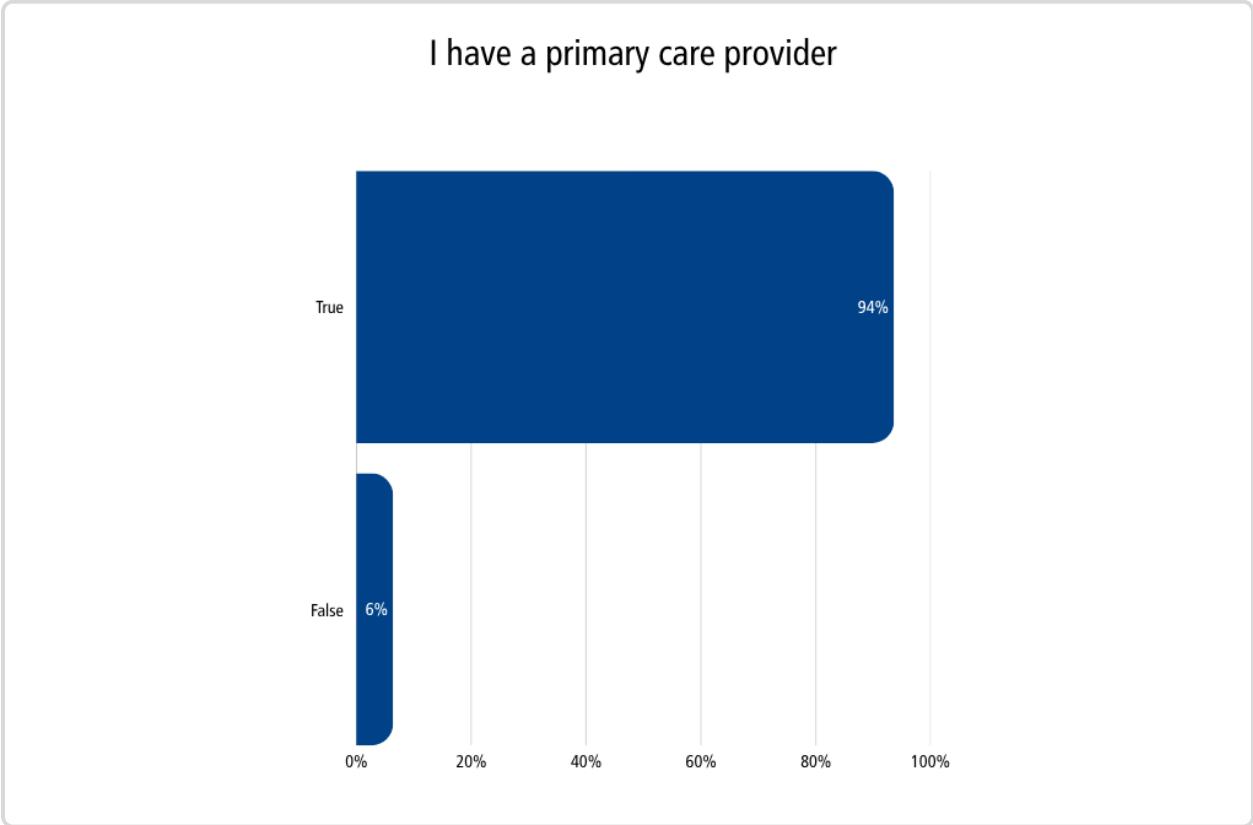
Most respondents indicated that their health insurance is affordable, though a notable portion still finds coverage costs burdensome. This split suggests that while many residents have manageable premiums or employer-supported plans, others continue to face financial strain related to healthcare coverage. Affordability challenges can contribute to delayed care, reduced preventive service use, and increased reliance on emergency or uncompensated care, especially as health care premiums continue to rise.



A majority of respondents indicated that their health insurance provides the coverage they need, yet nearly one in three said it does not. This suggests that while most residents feel adequately covered, a significant portion still face limitations in their benefits—such as restricted provider networks, limited mental health coverage, or high out-of-pocket costs for specialty care. These gaps can lead to delays in treatment or avoidance of care altogether, particularly for individuals managing chronic or complex health conditions.



While most residents report having a primary care provider, Shiawassee County continues to experience a provider shortage. The county’s population-to-provider ratio is approximately 2,200:1, compared with a statewide average near 1,300:1, according to the Michigan Department of Health and Human Services (MDHHS) Primary Care Needs Assessment and Health Resources and Services Administration (HRSA) data.^{1 2} Lacking a consistent primary care provider is associated with delayed diagnoses, fragmented care, and greater reliance on emergency services for conditions that could be managed in outpatient settings.^{3 4}

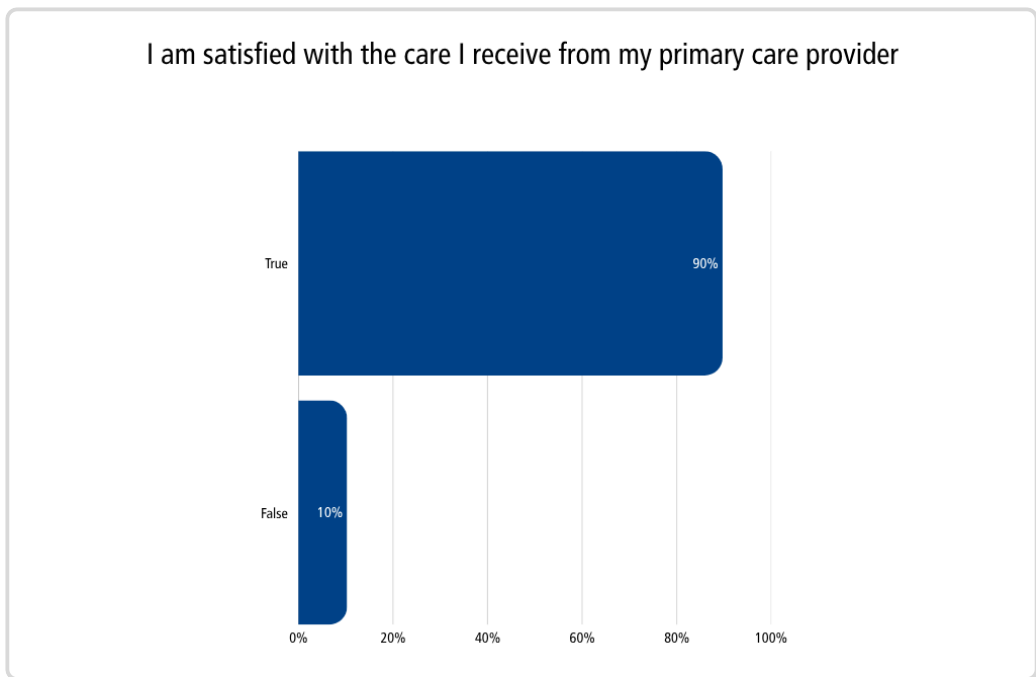


Local Opportunity:

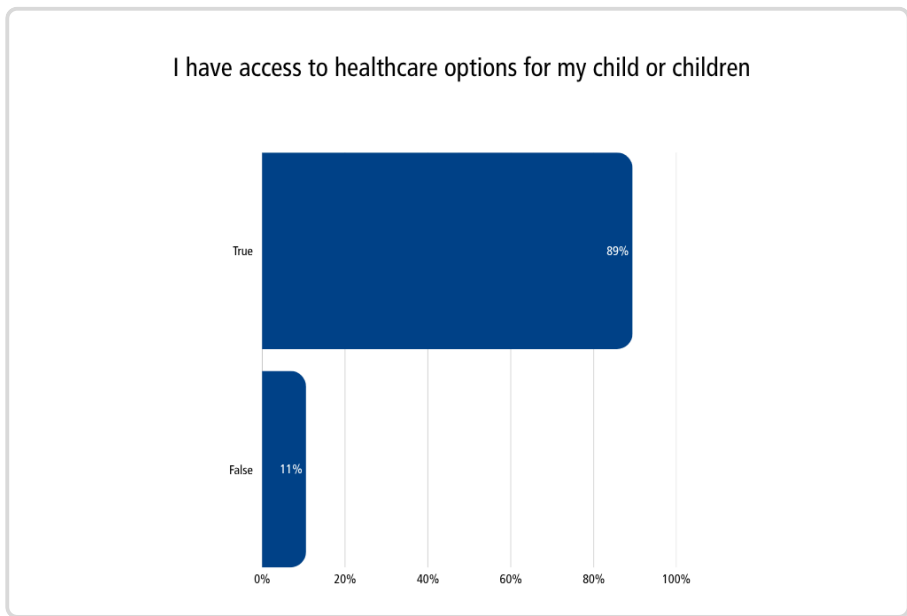
Although most respondents reported having a primary care provider, many also indicated challenges related to access and long wait times for appointments. This suggests that while provider connections exist, utilization may be limited by workforce shortages or scheduling barriers. Memorial Healthcare can help mitigate this imbalance by continuing provider recruitment and retention efforts, expanding telehealth options, and increasing mobile outreach for rural residents. Enhancing collaboration among local providers and promoting timely access to preventive services can strengthen overall community health.

1. Michigan Department of Health and Human Services (MDHHS). Primary Care Needs Assessment: Shiawassee County Profile. 2023. 2. U.S. Health Resources and Services Administration (HRSA). Health Professional Shortage Area (HPSA) Designation Data. 2024. <https://data.hrsa.gov/tools/shortage-area/hpsa-find> 3. Agency for Healthcare Research and Quality (AHRQ). The Importance of Primary Care. 2022. <https://www.ahrq.gov/research/findings/factsheets/primary/pcwork1/index.html> 4. Office of Disease Prevention and Health Promotion (ODPHP). Access to Primary Care — Healthy People 2030 Literature Summary. 2023. <https://health.gov/healthypeople>

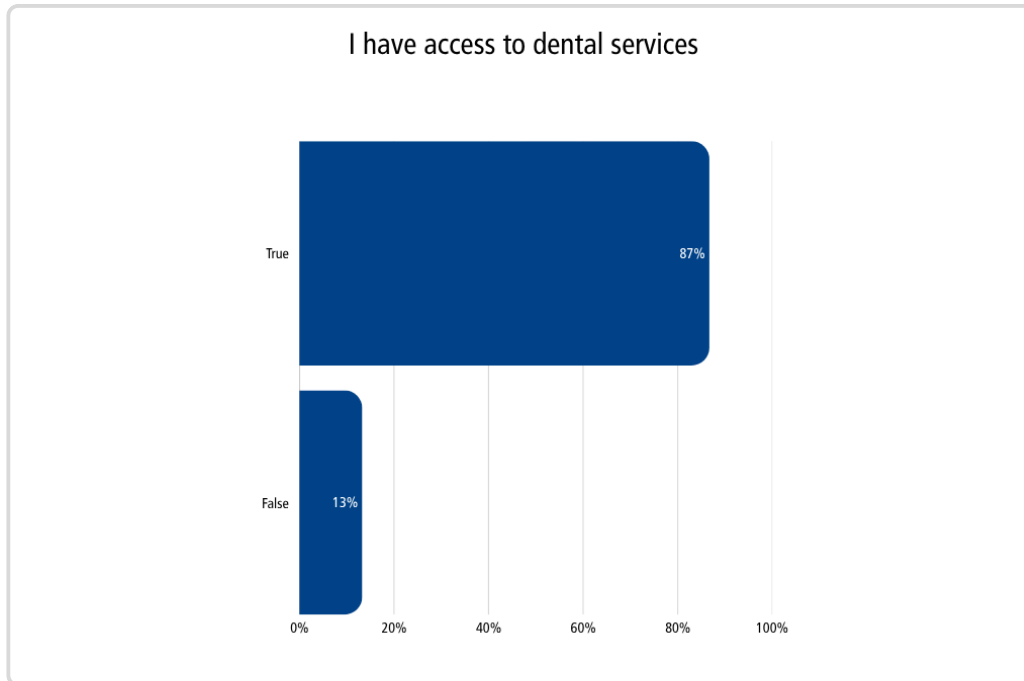
Residents overwhelmingly express satisfaction with the care they receive from their primary care providers. This reflects strong provider-patient relationships and confidence in the quality of local care once individuals are able to establish a provider. However, this high satisfaction exists alongside a significant capacity strain-Shiawassee County has approximately one primary care provider for every 2,200 residents, a ratio that underscores ongoing workforce shortages. The overall data suggest that while care quality remains strong, limited provider availability contributes to longer wait times and reduced access, particularly for new patients or those seeking specialized services.



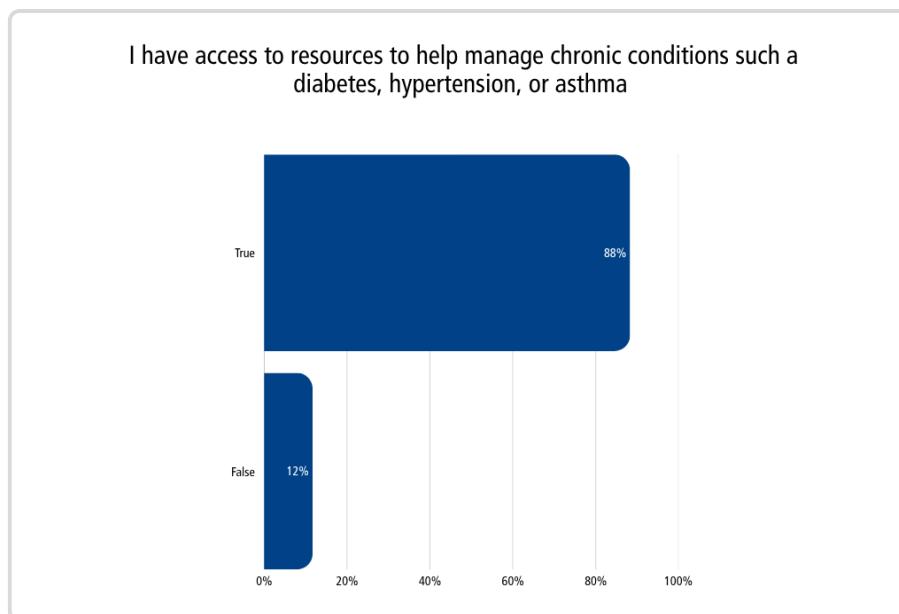
Most parents and caregivers report having access to healthcare options for their children, reflecting a generally stable pediatric care network in the county. This suggests that families are able to establish care for their children, particularly for routine and preventive services. However, consistent with local provider data, the limited number of pediatric and family medicine providers may still lead to longer wait times or restricted appointment availability. Sustaining and expanding pediatric access - through recruitment, telehealth, and outreach in underserved communities - remains important for maintaining continuity of care for local families.



Most residents report having access to dental care, suggesting that services are generally available within the community. However, consistent with broader regional trends, access may still be uneven for low-income or uninsured residents, particularly those reliant on Medicaid or without transportation to providers accepting public insurance. While availability appears strong overall, cost, insurance coverage, and provider participation remain underlying barriers that can limit equitable access to preventive and restorative oral health services.



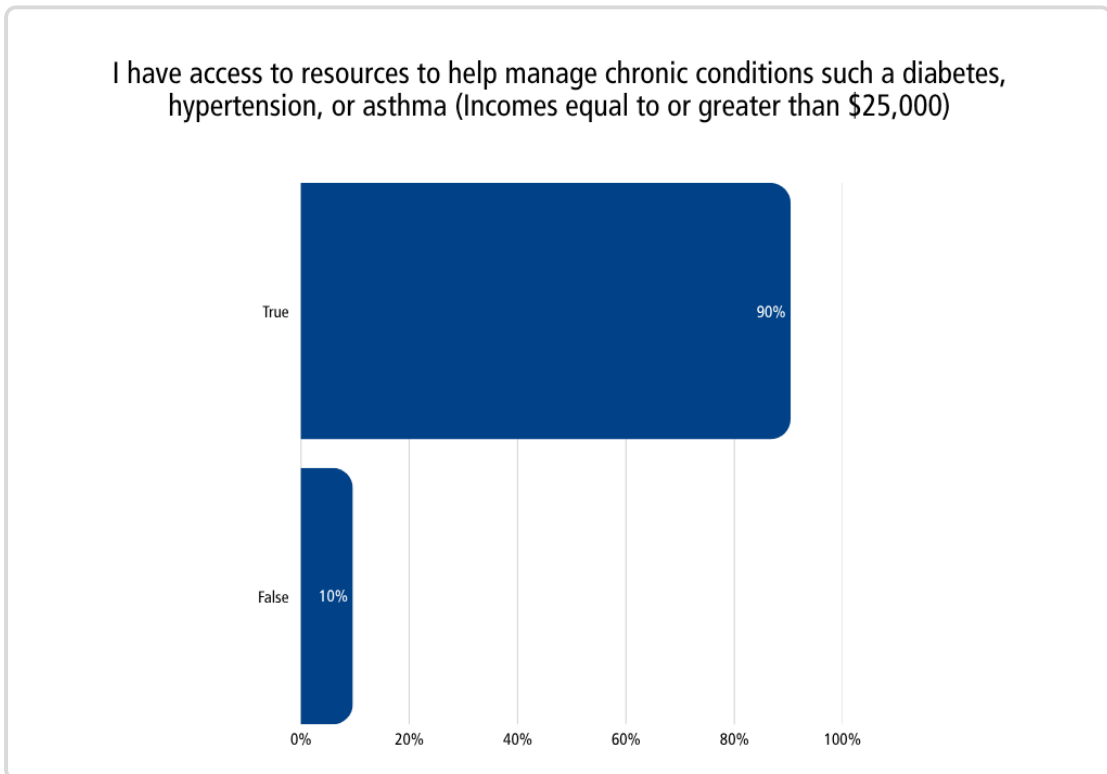
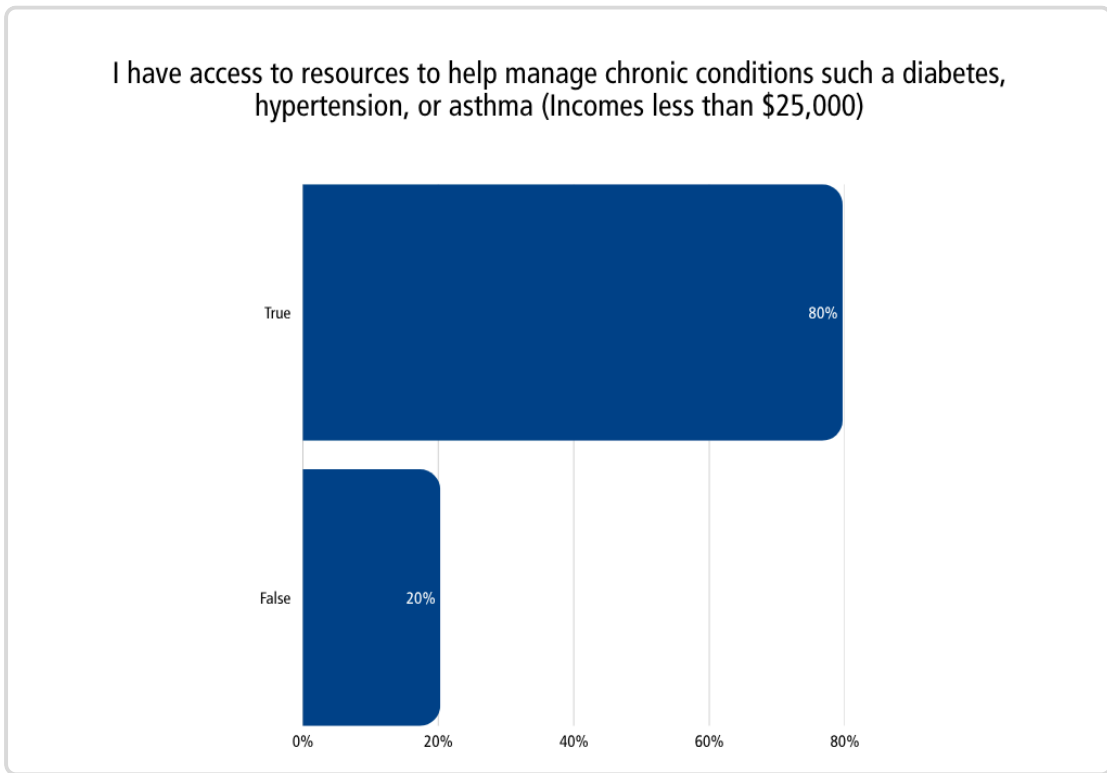
While most residents report having the resources they need to manage chronic health conditions, a notable portion still lack adequate access. Even a small percentage represents many individuals who may be struggling to manage conditions such as diabetes, hypertension, or asthma without consistent guidance or support. Barriers such as cost, transportation, or limited program awareness may be contributing factors-particularly in rural areas.



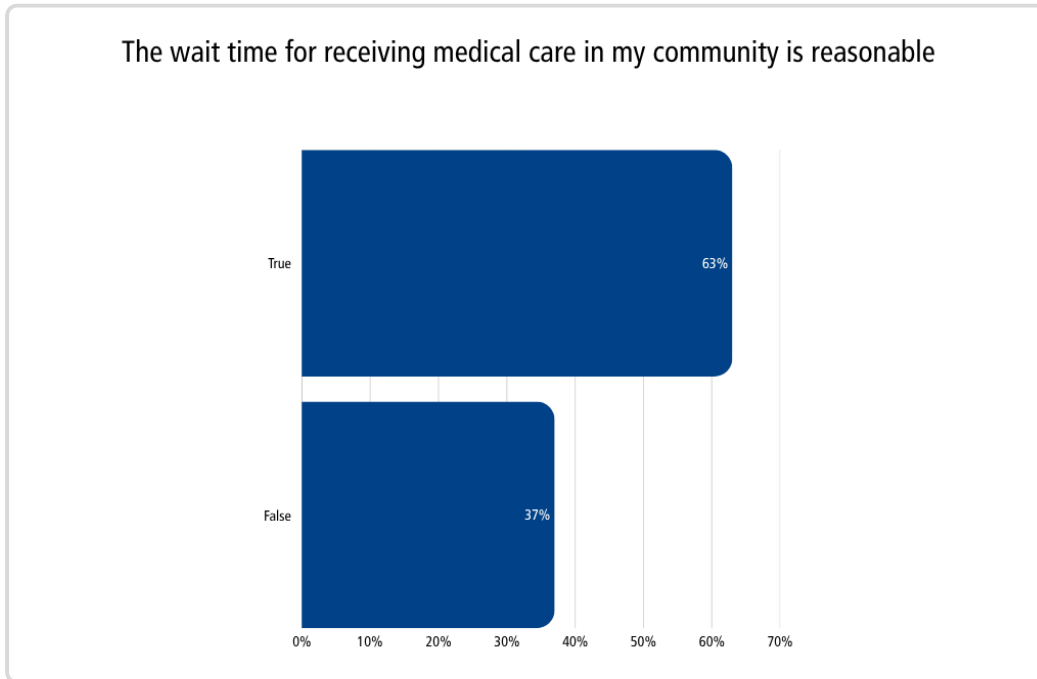
Local Opportunity:

Memorial Healthcare and community partners can help close this gap by expanding community-based disease management education and mobile outreach for chronic condition monitoring. Increasing access to blood pressure and glucose screenings, nutrition education, and telehealth coaching through trusted community spaces could ensure that every resident, regardless of location or income, can manage their health effectively.

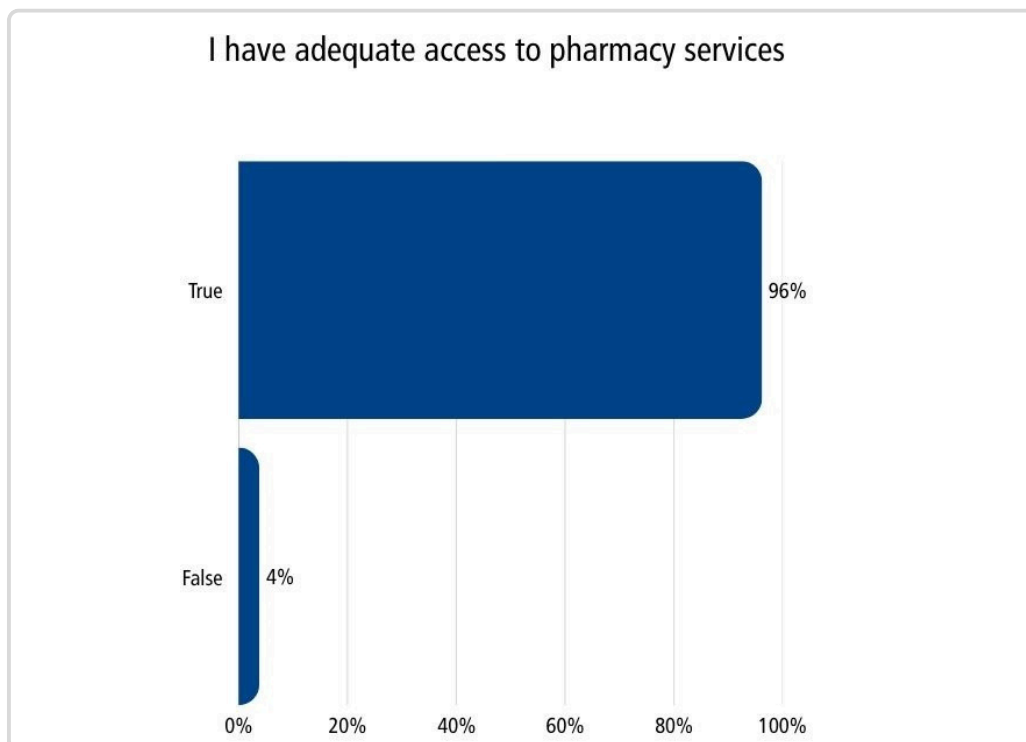
Access to chronic disease management resources, such as programs for diabetes, heart disease, or asthma, varies by income in Shiawassee County. Lower-income residents report fewer supports, while higher-income individuals feel better resourced. With about 13% of residents living in poverty, financial and transportation barriers can limit participation. Chronic disease remains a major concern, with local mortality rates for conditions like diabetes and respiratory disease above the state average (See Appendix A)



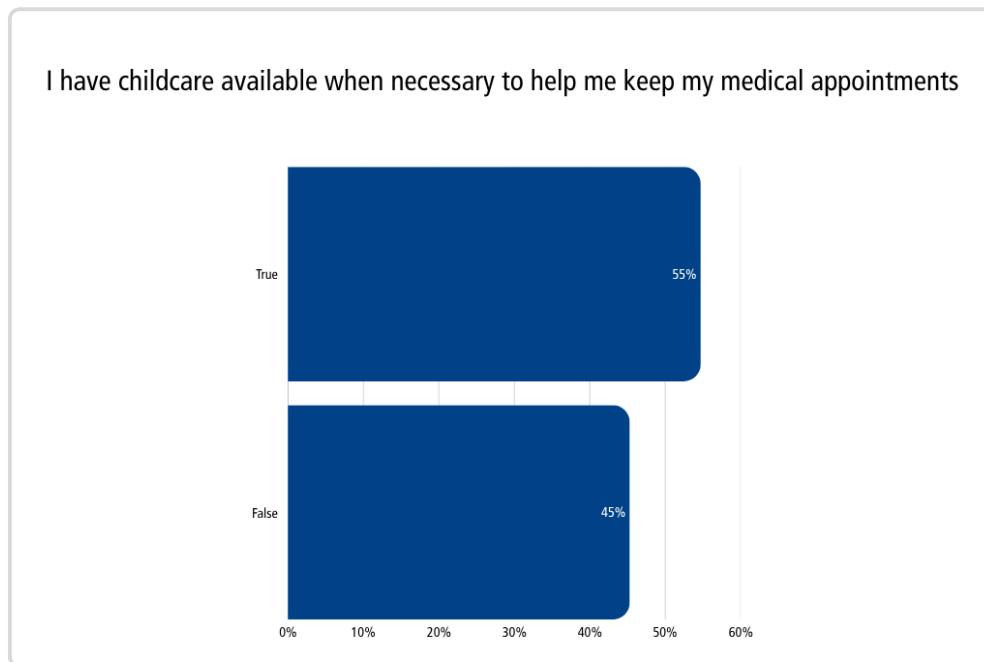
While many residents feel that wait times for medical care are reasonable, a substantial portion express frustration with delays. These perceptions align with the county's high resident-to-provider ratio and reflect ongoing strain in workforce capacity. Even when satisfaction with individual providers is high, limited appointment availability contributes to delayed diagnosis and treatment, which can impact chronic disease management and preventive care participation. Addressing this issue will require both short-term efficiency strategies and long-term investment in recruitment and retention of healthcare professionals.



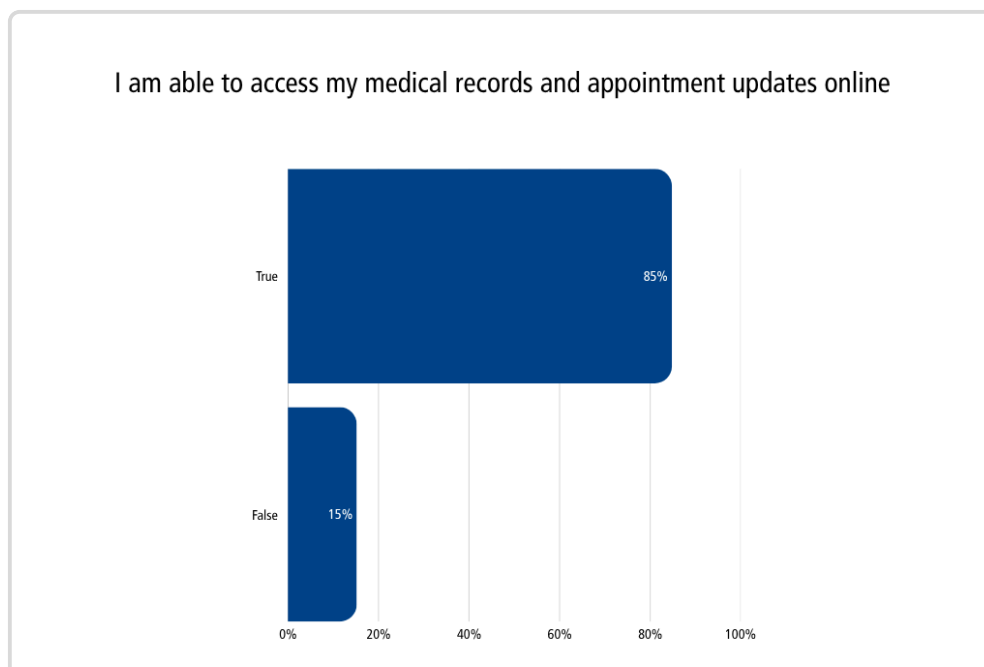
Nearly all respondents report adequate access to pharmacy services, suggesting that pharmacy availability is one of the community's strongest healthcare assets. Local pharmacies appear well-distributed and accessible to most residents, supporting continuity of care for prescription needs. However, ease of access does not always equate to affordability, as earlier findings indicate ongoing challenges with medication costs. Maintaining this level of access-while addressing affordability through prescription assistance or medication management programs-will be key to ensuring equitable health outcomes.



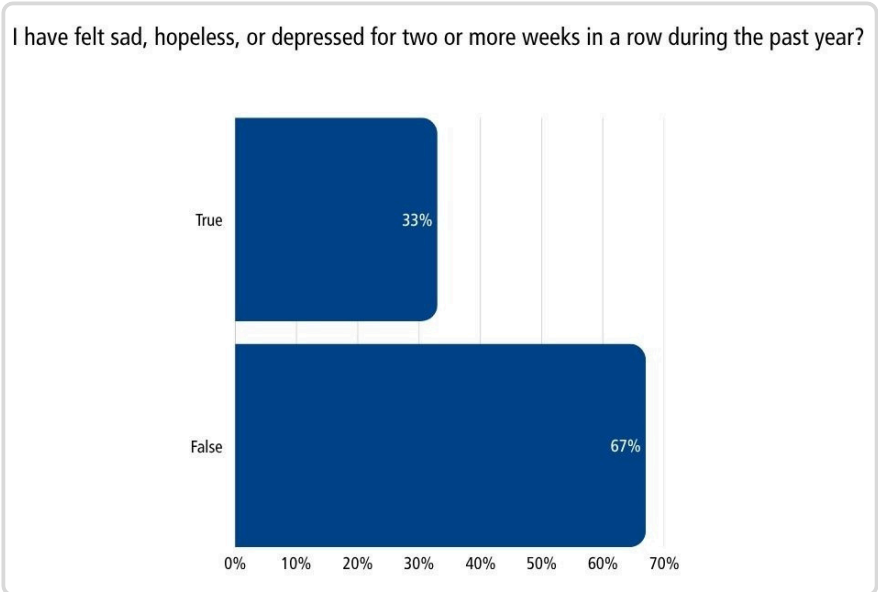
Responses indicate that childcare availability plays a meaningful role in residents' ability to attend medical appointments. While many caregivers have dependable childcare options, a significant portion of households still struggle to secure coverage when medical visits are needed, creating a practical barrier to accessing timely care. This challenge disproportionately affects single-parent and low-income families, where scheduling flexibility and resources are more limited. Expanding community-based supports—such as flexible appointment scheduling, mobile services, or on-site childcare partnerships—could help reduce missed appointments and improve care continuity for families.



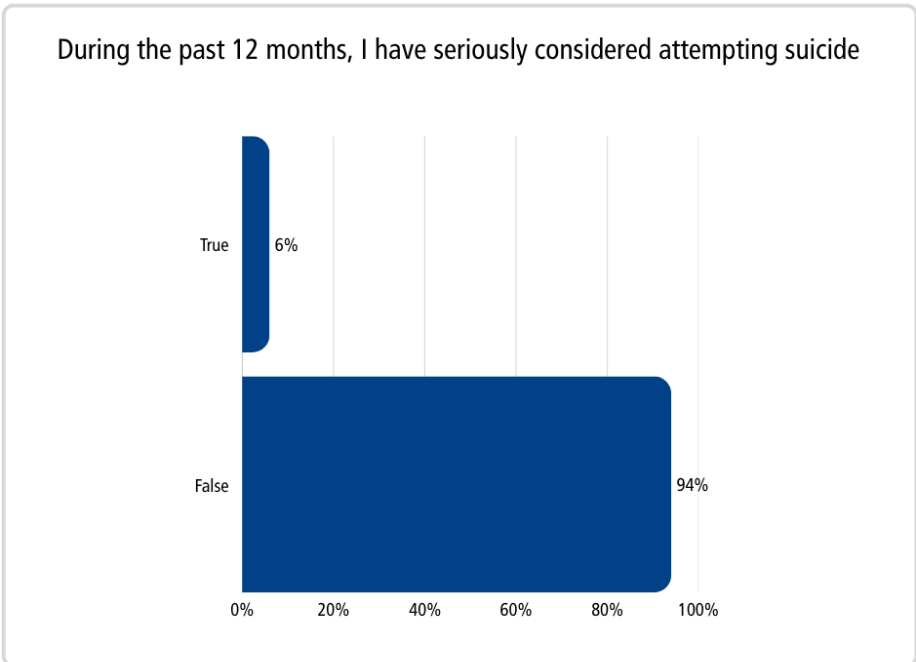
Most residents report being able to access their medical records and appointment updates online, demonstrating strong adoption of patient portals and electronic health record systems across local healthcare providers. This accessibility reflects a community that is increasingly engaged in managing its own health information. However, a small portion of residents remain disconnected from these tools, often due to limited digital literacy, unreliable internet access, or difficulty navigating online systems. Ongoing efforts to improve digital inclusion and patient education could help ensure that all residents benefit from these online healthcare resources.



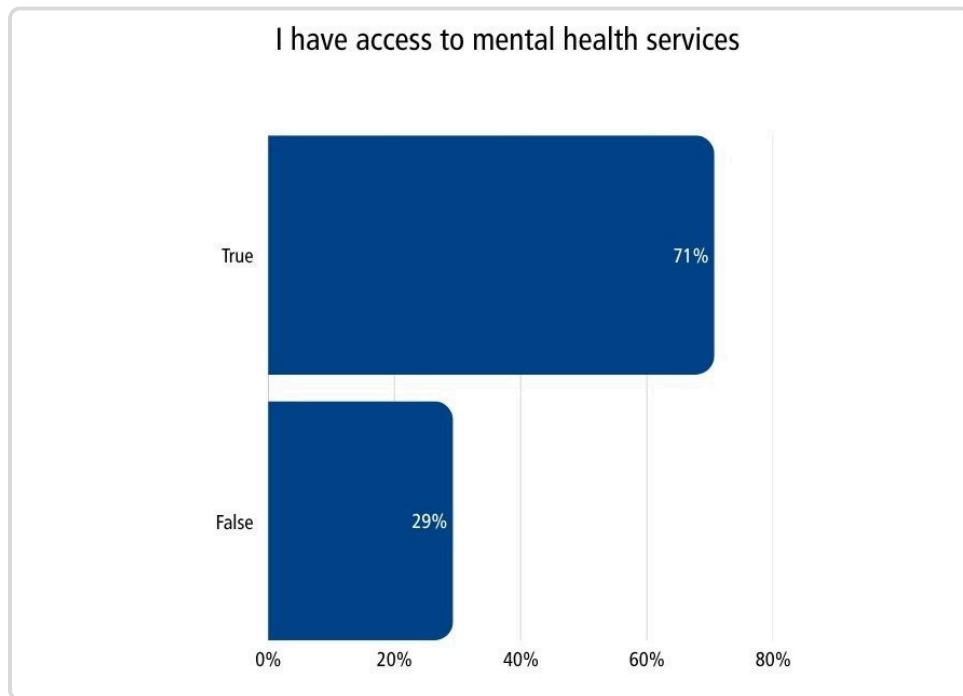
A significant portion of residents report experiencing extended periods of sadness, hopelessness, or depression within the past year, underscoring the community's ongoing mental health needs. These findings align with broader concerns about access to mental health providers and highlight the emotional strain many residents continue to face despite available services. The data suggest that expanding mental health capacity, improving early screening, and integrating behavioral health supports into primary care could play a vital role in addressing this widespread challenge. These findings also highlight a notable prevalence of depressive symptoms within the community, suggesting a need for targeted mental health resources and support.



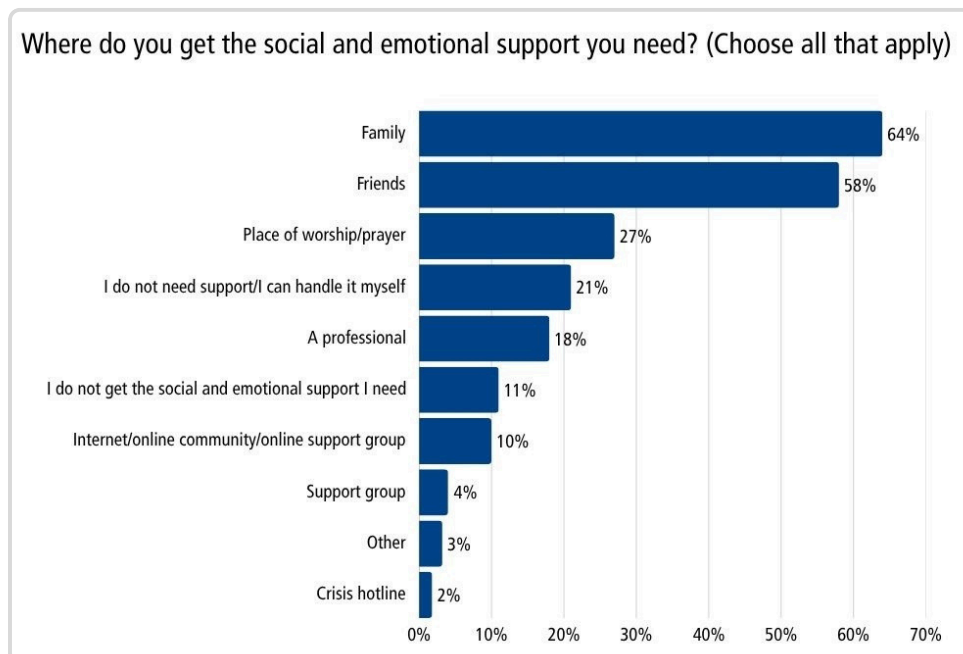
A small but meaningful share of residents report having seriously considered suicide in the past year. Though this represents a minority of respondents, it signals a critical public-health concern that requires sustained attention. These responses underscore the importance of strengthening local crisis intervention systems, expanding access to behavioral health care, and promoting awareness of available supports, including the 988 Suicide and Crisis Lifeline. Because friends and family are the primary sources of social and emotional support for most residents, empowering them through community education, Mental Health First Aid training, and awareness campaigns can help them recognize warning signs and connect individuals to timely help. Continued collaboration between healthcare providers, schools, and community organizations will be essential to reduce stigma and strengthen the local safety net.



Most residents report having access to mental health services, though nearly one-third indicate ongoing challenges connecting with care. This reflects a continued gap between awareness of services and the ability to obtain timely, affordable appointments, particularly in rural areas where provider availability remains limited. The findings reinforce earlier concerns about workforce shortages and wait times, suggesting that expanding local capacity, integrating behavioral health into primary care, and increasing telehealth options will be key strategies to improve accessibility and continuity of mental health support across the county.

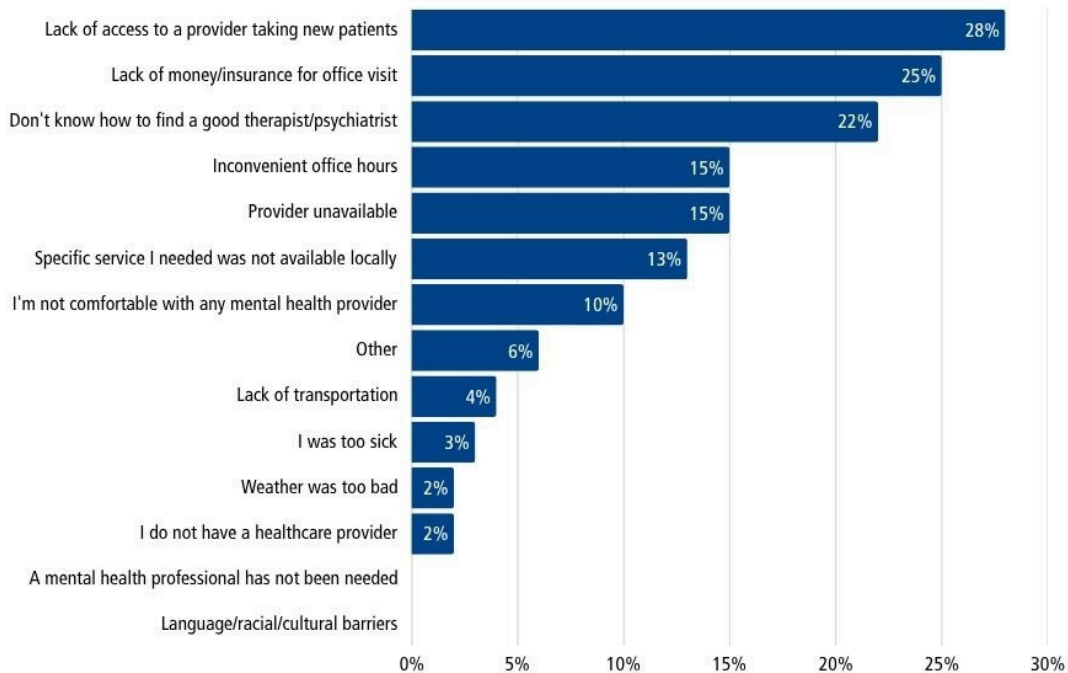


Findings suggest that most residents rely on informal networks, primarily family and friends, for social and emotional support. Far fewer reported turning to professional or community-based resources, such as counseling, support groups, or crisis services. A portion of respondents also indicated that they either do not need or do not receive the support they require. These results point to the strength of personal relationships within the community while underscoring a gap in formal mental health and peer-support systems. Continued efforts to reduce stigma, increase access to professional services, and expand community engagement opportunities could strengthen overall emotional well-being and social connectedness in Shiawassee County.

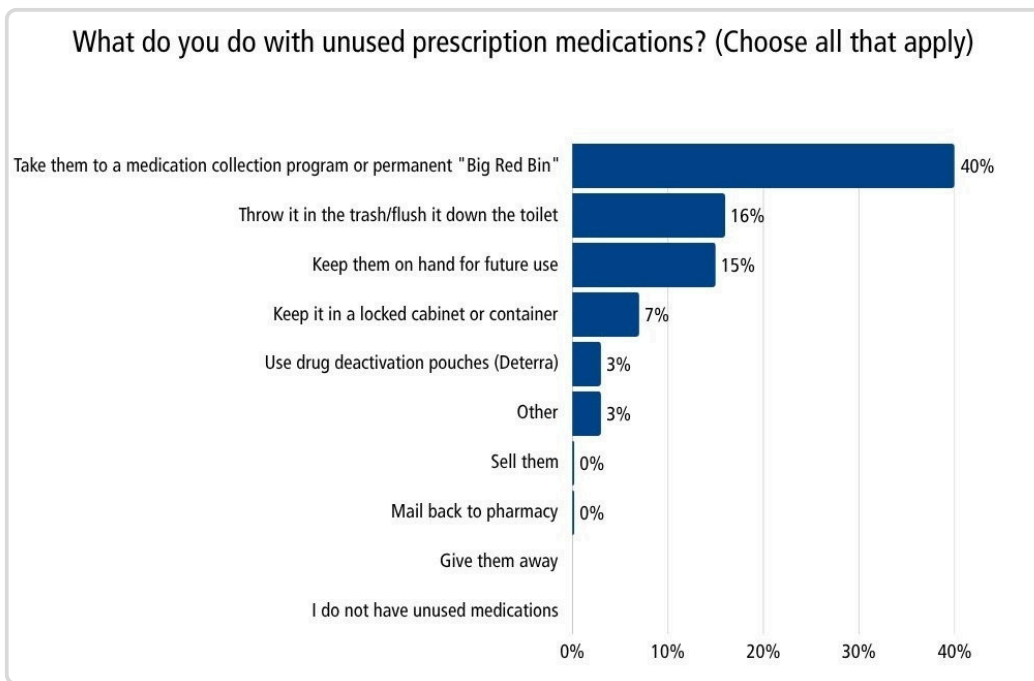


Survey results indicate that residents continue to face significant challenges in accessing mental health care. The most commonly cited barriers reflect limited provider availability, difficulty finding care, and cost-related issues, underscoring ongoing capacity and affordability gaps within the local behavioral health system. The data also suggest that awareness and navigation remain obstacles, as many respondents reported uncertainty about how to locate qualified providers. These findings highlight the need to expand local mental health workforce capacity, improve affordability and insurance coverage, and strengthen outreach and education to help residents connect with available services.

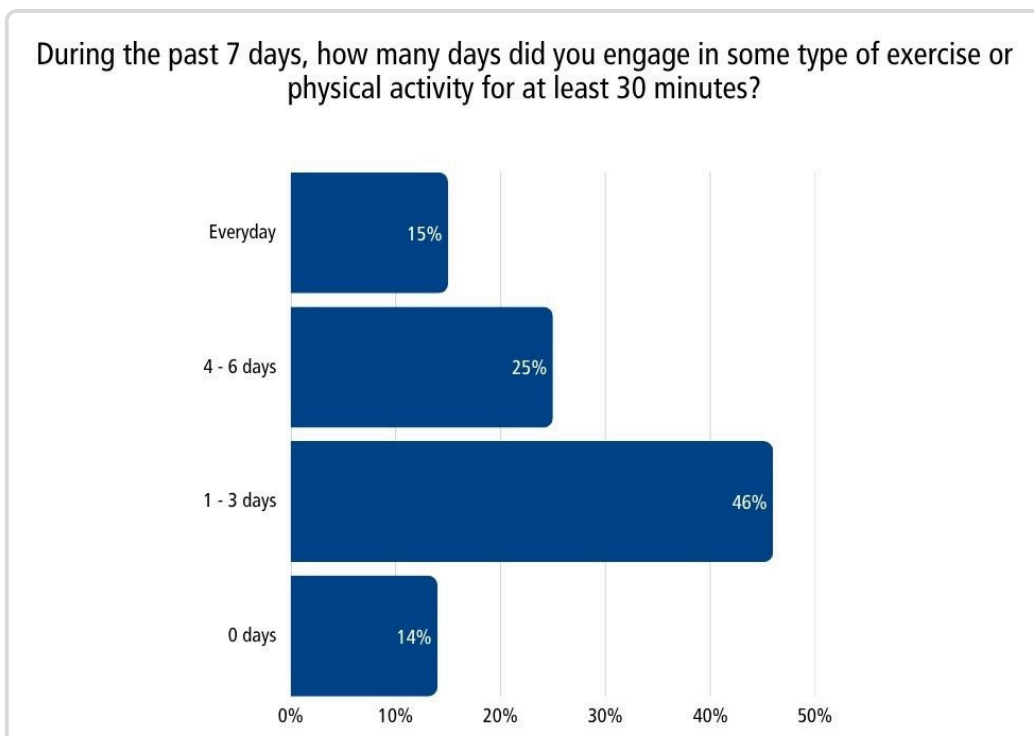
What are some of the reasons why you could not see a mental health professional? (Choose all that apply)



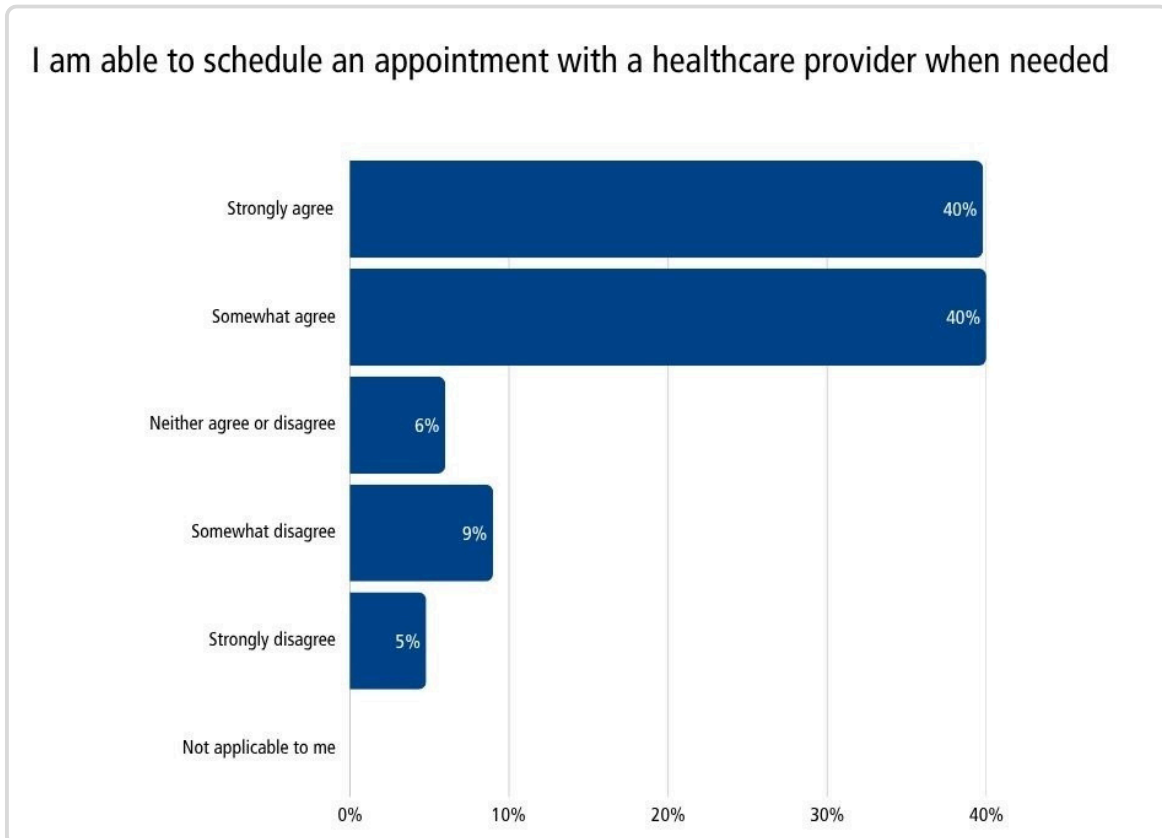
Residents most commonly report using local medication collection programs, such as permanent “Big Red Bin” drop boxes for safe disposal of unused prescriptions. This demonstrates strong community awareness of proper disposal options and ongoing prevention efforts to reduce diversion and misuse. However, some residents continue to store or improperly discard medications, suggesting the need for continued education on safe disposal practices. Expanding access to disposal locations and promoting drug deactivation pouches could further strengthen local harm-reduction efforts.



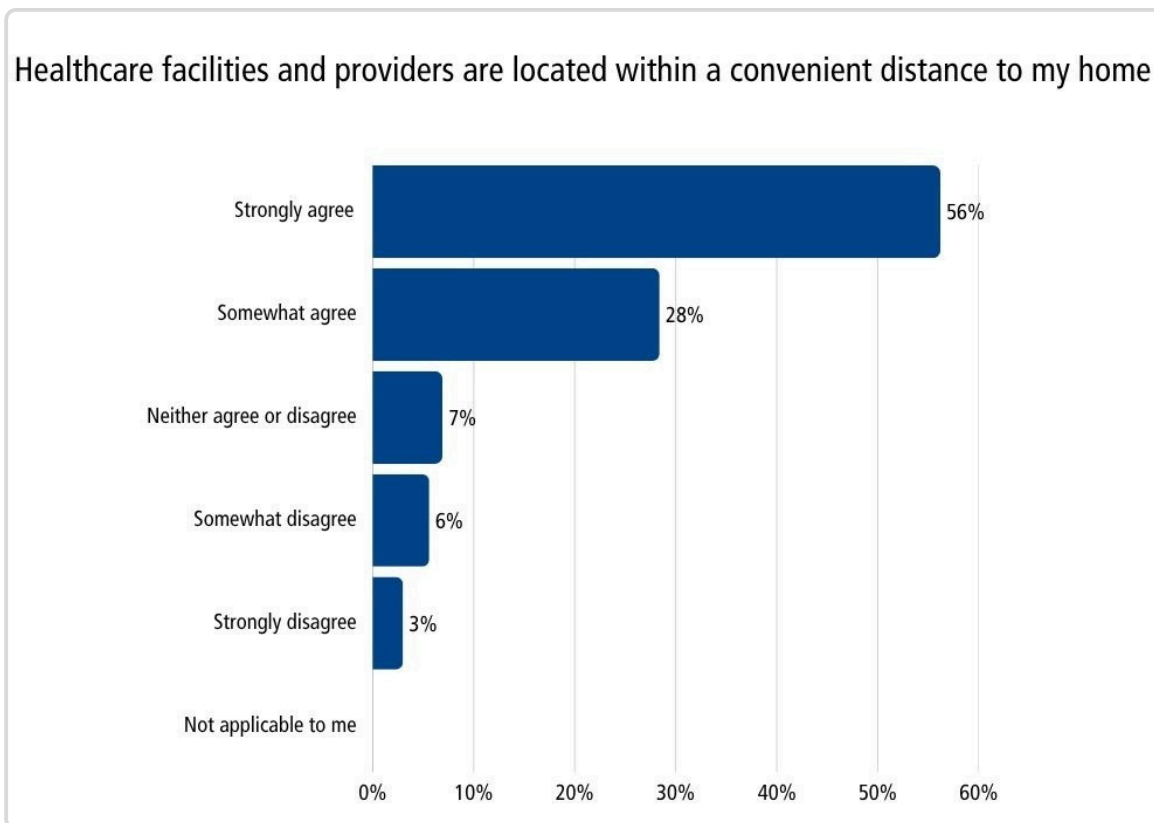
Nearly half of respondents report engaging in physical activity on a few days each week, while a smaller portion exercise daily or not at all. This pattern reflects moderate community engagement in physical activity but also highlights opportunities to promote consistency and accessibility, particularly for residents facing barriers such as time, cost, or weather. Increasing awareness of local parks, walking trails, recreation programs, and affordable fitness options could support more regular movement and help reduce chronic disease risk across the county.



Most residents report being able to schedule healthcare appointments when needed, reflecting generally positive perceptions of provider accessibility within Shiawassee County. However, the responses also indicate that a portion of the population continues to face barriers related to appointment availability, scheduling delays, or limited provider capacity, issues that can contribute to gaps in timely care. The Centers for Disease Control and Prevention identifies appointment accessibility as a key component of healthcare equity, influencing both preventive service use and chronic disease management. Continued attention to provider recruitment, appointment scheduling systems, and communication between patients and clinics can help ensure residents receive the care they need without unnecessary delay.



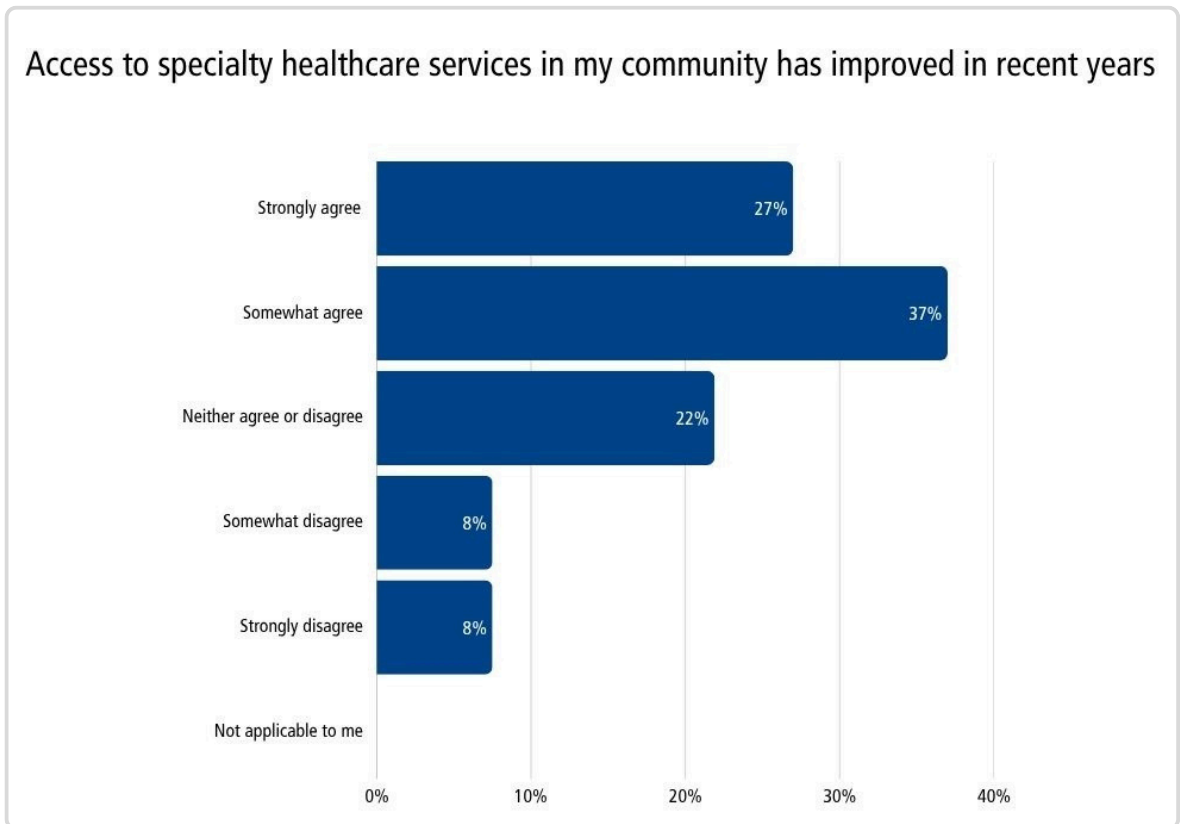
Most survey respondents report that healthcare facilities and providers are located within a convenient distance from their homes, suggesting that geographic access to care is not a major concern for much of Shiawassee County. This perception reflects positively on the region’s healthcare infrastructure and the central presence of Memorial Healthcare in Owosso as a key anchor institution. However, convenience of distance does not always guarantee ease of access, residents in more rural areas or without reliable transportation may still face obstacles when seeking care. Continued investments in mobile health services, telehealth, and partnerships with local organizations can help close remaining gaps.



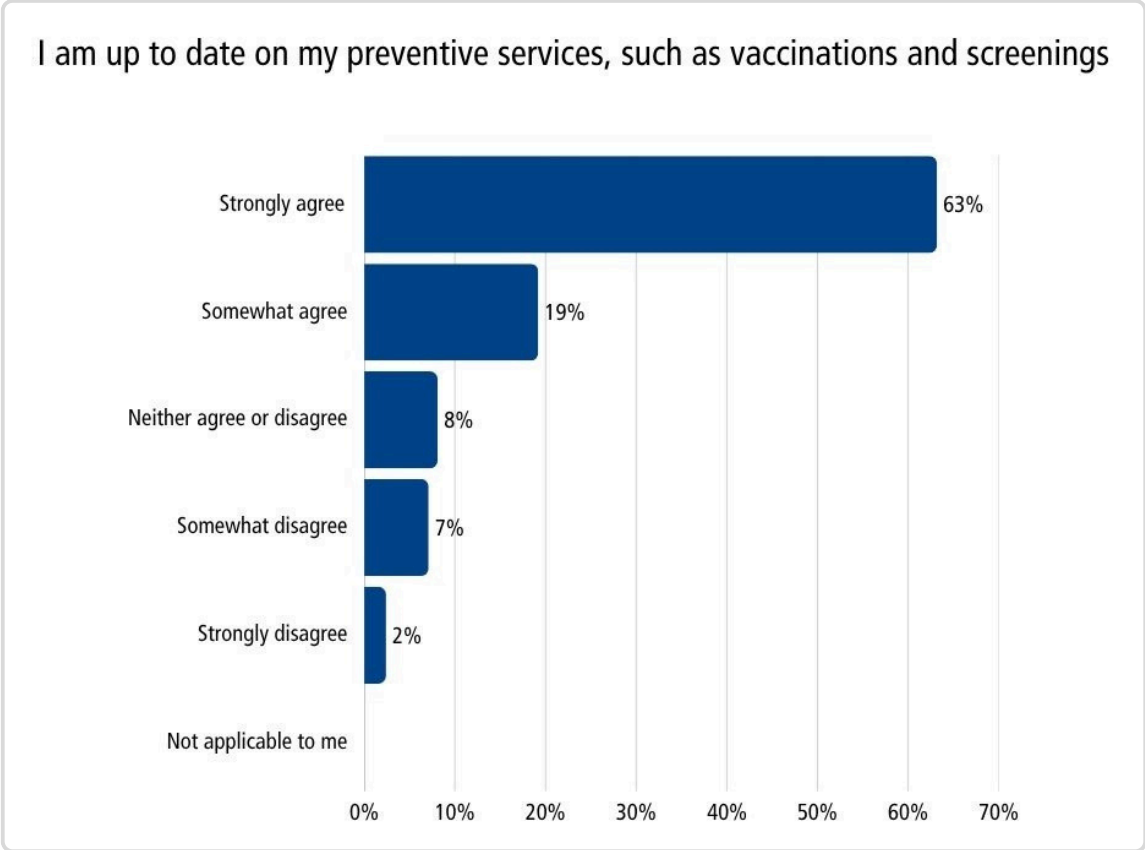
Local Opportunity: Expanding Reach Beyond Owosso

Expanding community outreach and clinical partnerships in smaller towns such as Perry, Durand, and New Lothrop could further enhance equitable access. By meeting residents where they are, whether through mobile clinics, school-based programs, or community-based health events, providers can reduce transportation and scheduling barriers while reinforcing the strong local trust in Memorial Healthcare’s network.

Many residents report that access to specialty healthcare services has improved in recent years, reflecting community recognition of local efforts to expand available care options. The continued growth of Memorial Healthcare’s specialty network, including cardiology, orthopedics, cancer care, and neurology, likely contributes to this positive perception. However, nearly one in five respondents remains uncertain about whether access has truly improved, suggesting that awareness of available services may lag behind actual expansion. This underscores the importance of not only increasing the supply of specialty services but also improving communication and outreach to ensure residents know where and how to access them. As specialty care becomes more available, continued collaboration among healthcare partners, transportation services, and community-based organizations can help remove the remaining barriers for rural and low-income populations.



Most respondents report being up-to-date on preventive services such as vaccinations and health screenings, highlighting strong engagement with preventive health practices across Shiawassee County. This suggests that once individuals are connected to a healthcare provider, they are generally proactive about maintaining their health. Still, a portion of residents remain uncertain or behind on preventive care. Barriers like limited appointment availability, transportation challenges, lack of insurance coverage, or health literacy gaps can make it harder for some community members to stay current on recommended screenings and immunizations. Continued outreach and education, particularly through primary care, pharmacies, and community-based events, can help close these gaps and improve early detection and disease prevention.

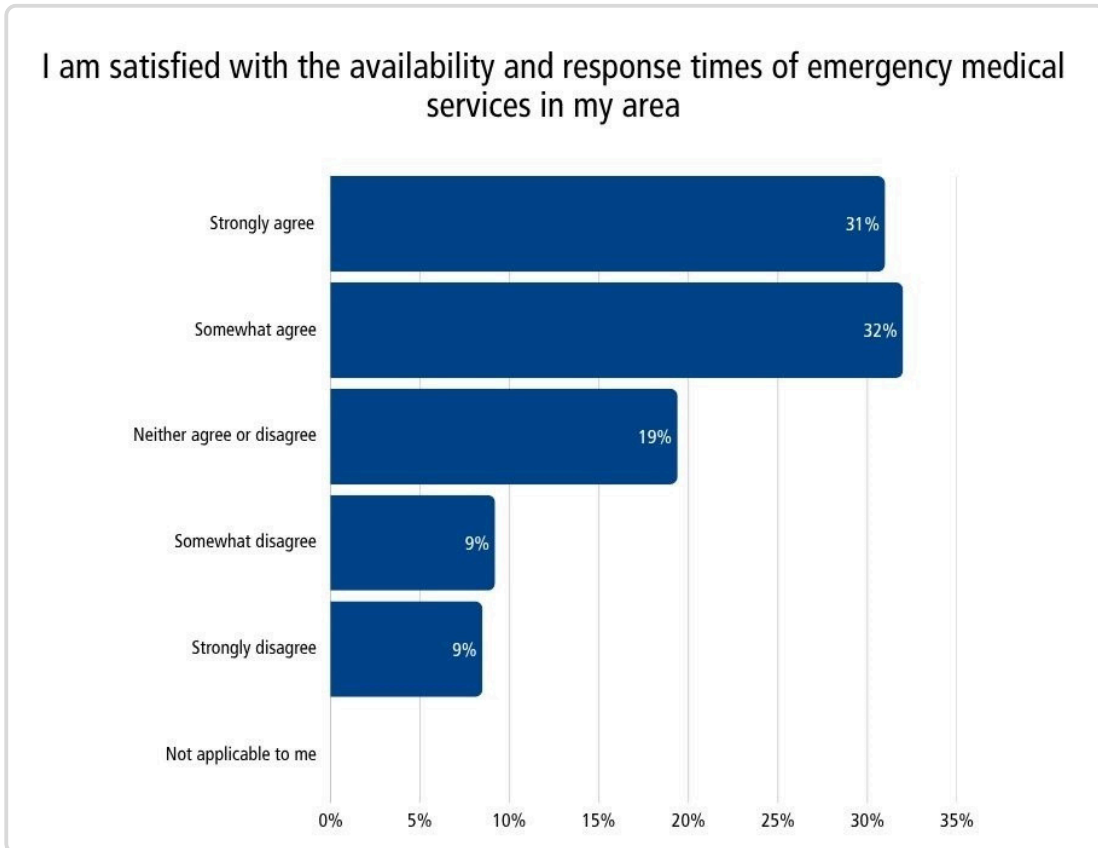


Local Opportunity: Bringing Prevention Closer to Home

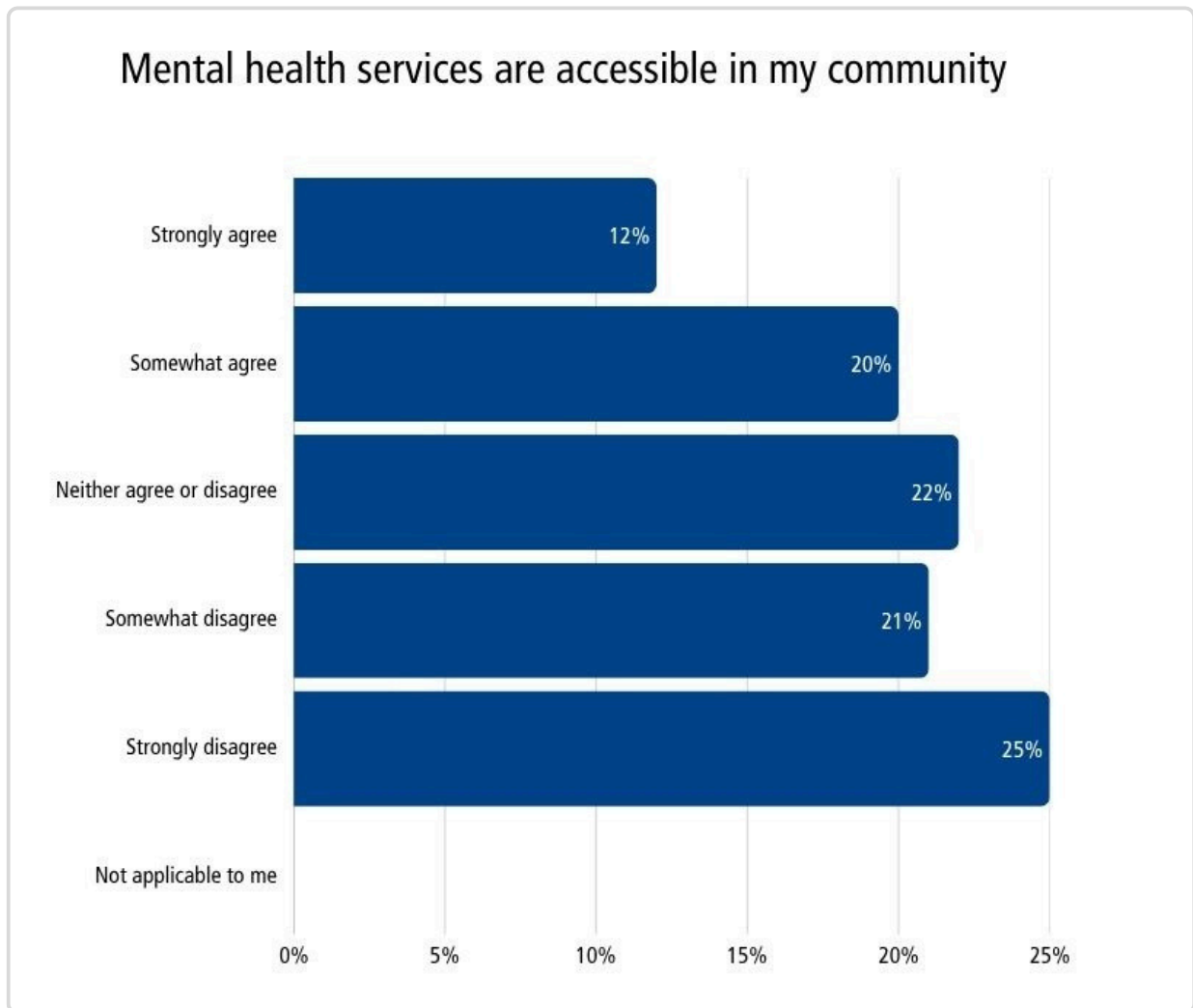
Partnering with organizations such as the Shiawassee County Health Department, local employers, schools, and pharmacies can help increase access to immunizations and screenings. Expanding mobile health clinics and hosting regular community health events in smaller towns could further encourage preventive care participation among residents who may not routinely visit a doctor.

Centers for Disease Control and Prevention. (2023). Access to Health Services. <https://www.cdc.gov/nchs/fastats/access-to-health-care.htm>
U.S. Department of Health and Human Services. (2024). Healthy People 2030 – Preventive Care. <https://health.gov/healthypeople>

Community perceptions of emergency medical service (EMS) availability and response times are generally positive, with the majority of residents expressing satisfaction. This reflects the dedication of local EMS agencies, fire departments, and first responders who provide lifesaving care across both urban and rural parts of Shiawassee County.



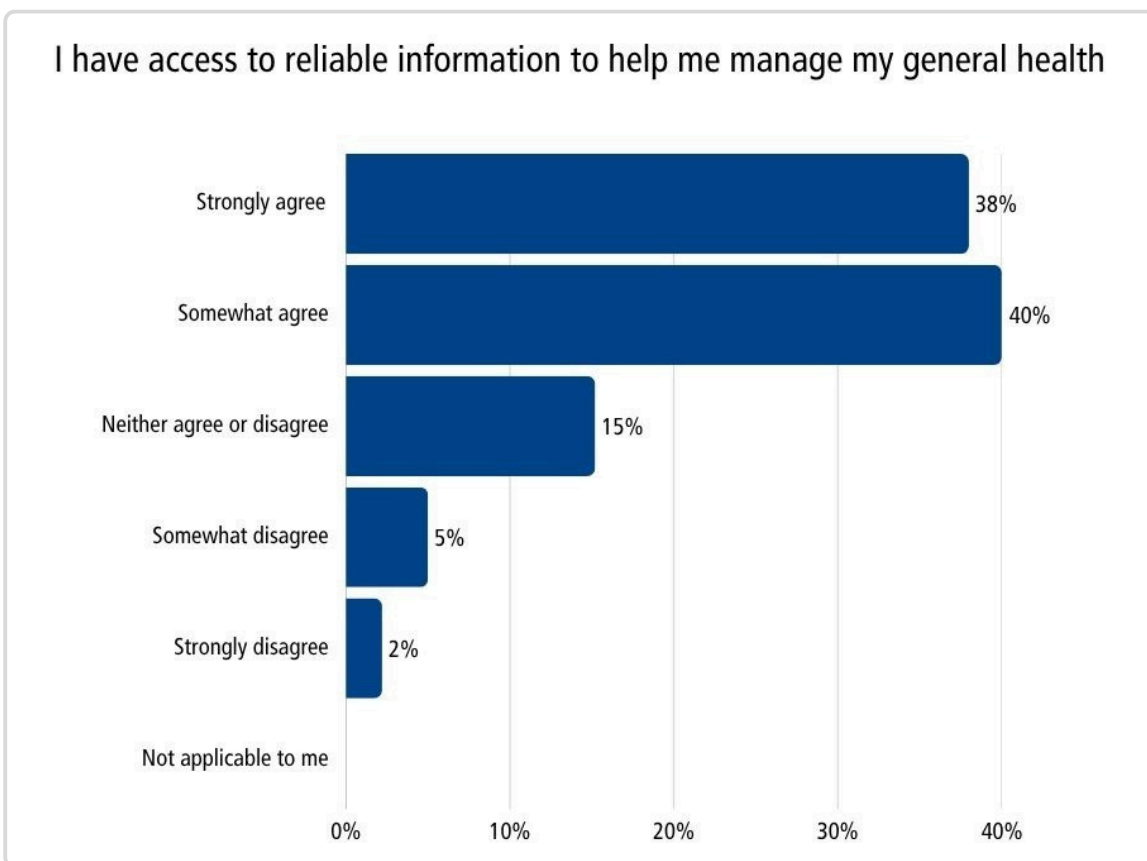
Community perceptions highlight a significant gap in access to mental health services. Fewer than one in three respondents feel confident that mental health care is accessible within their community, while nearly half express disagreement or uncertainty. This suggests that despite growing awareness of mental health needs, availability, affordability, and timely access to care remain major barriers, particularly in rural areas where provider shortages persist. These findings align with broader state and national trends showing that rural residents face longer wait times and limited availability of behavioral health specialists. Transportation, stigma, and difficulty navigating complex referral systems may further discourage individuals from seeking help.



Local Opportunity: Expanding Community-Based Mental Health Access

Continued collaboration among Memorial Healthcare, Shiawassee Health & Wellness, and community partners presents a key opportunity to address this gap. Expanding school-based counseling, telehealth programs, and trauma-informed community training can help bring mental health resources closer to where people live, work, and learn. Strengthening awareness campaigns can also help normalize seeking help and connect residents with available local supports.

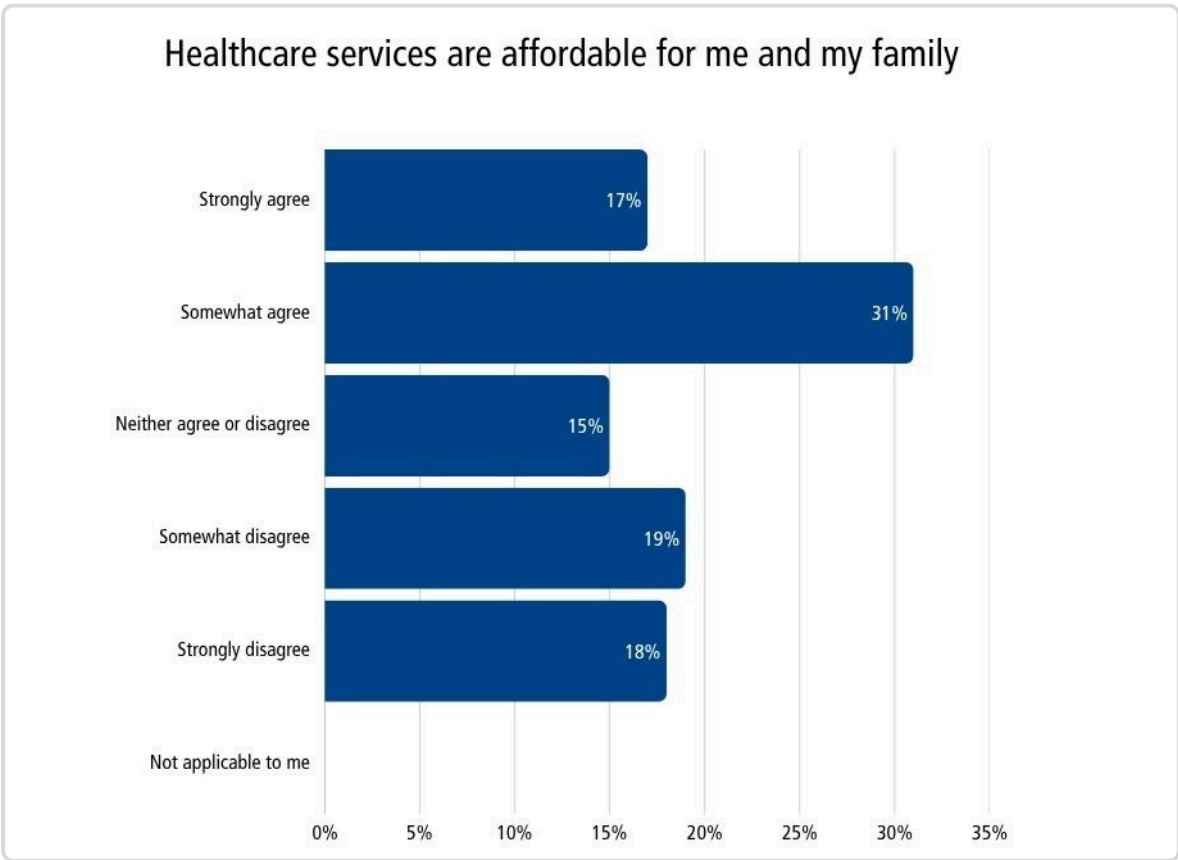
Most residents report having access to reliable information to help manage their health, reflecting the reach of local healthcare providers, community organizations, and public health messaging throughout Shiawassee County. This suggests that residents are generally confident in their ability to find and use credible health information, whether through their healthcare provider, online resources, or family and friends. Still, about one in five respondents remain neutral or disagree, indicating opportunities to strengthen health literacy and trusted communication channels. As information sources continue to diversify, ensuring that health messages are accurate, understandable, and culturally relevant becomes increasingly important, particularly for populations with lower internet access or limited engagement with healthcare systems. It should be noted, responses are wholly based on community members perceptions of what they believe to be reliable information.



Local Opportunity: Strengthening Health Literacy and Outreach

Memorial Healthcare, the Shiawassee County Health Department, and community partners can continue expanding outreach campaigns, patient education initiatives, and local information networks to ensure residents receive consistent, reliable, and easy-to-understand health information. Collaborations with libraries, schools, and senior centers can also help bridge digital divides and improve health management confidence across all age groups.

Affordability remains a key concern for many Shiawassee County residents. While some respondents feel that healthcare costs are manageable, nearly two in five either disagree or are unsure, underscoring that financial barriers continue to limit access to essential care. Rising costs for prescriptions, deductibles, and out-of-pocket expenses can discourage individuals from seeking preventive or follow-up services, especially for those without comprehensive insurance coverage or those with high-deductible plans. The concern around affordability is consistent with trends observed across rural Michigan, where healthcare costs and limited insurance plan options contribute to disparities in access. According to a statewide analysis by Altarum’s Healthcare Value Hub, rural Michigan residents are more likely to delay care or skip medications due to cost, which can contribute to preventable hospitalizations and poorer health outcomes over time.

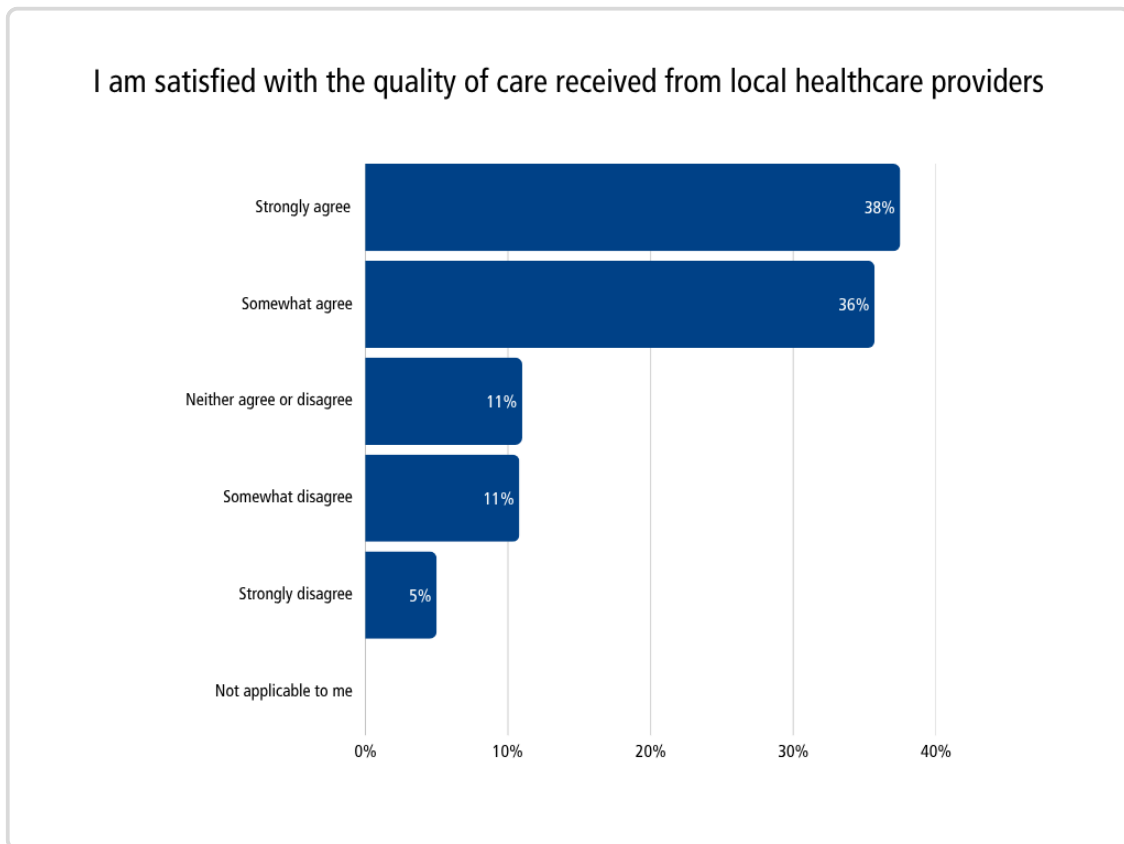


Local Opportunity: Protecting Affordability and Expanding Access

As healthcare costs continue to challenge families across income levels, local organizations can play a key role in connecting residents to insurance navigation, financial counseling, and preventive care resources. Building awareness of community-based services, such as Memorial Healthcare’s Financial Assistance Program, the Shiawassee Health Department’s enrollment support, and federally qualified health centers can help ensure that cost is not a barrier to care. In addition, engaging in advocacy at the state and federal levels to influence policies that promote affordability, expand insurance coverage, and strengthen rural healthcare funding can further advance equitable access for all residents.

Altarum Healthcare Value Hub. Michigan Residents Struggle to Afford High Health Care Costs in Both Rural and Non-Rural Areas (Data Brief No. 116). January 2022.

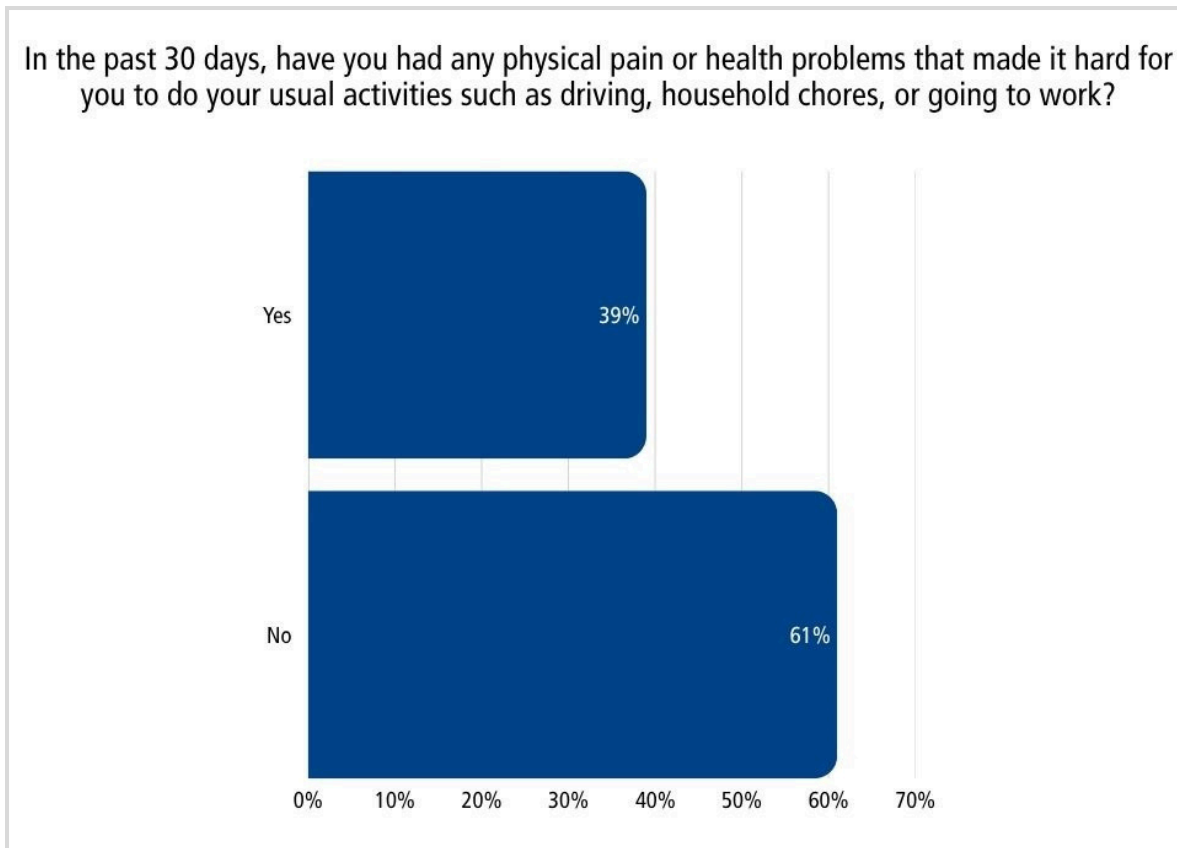
Across the community, most residents express confidence in the quality of care they receive from local healthcare providers. This sentiment reflects the dedication of Memorial Healthcare and other area medical providers to deliver high-quality, patient-centered services even amid staffing and access challenges. Positive experiences may also be influenced by the personal relationships often built within smaller, rural healthcare settings, where patients tend to know their providers and feel known in return. At the same time, a portion of respondents expressed neutral or negative views, suggesting that experiences vary depending on specialty access, appointment availability, or continuity of care. These perceptions highlight ongoing opportunities to strengthen communication, consistency, and care coordination, particularly for residents managing chronic conditions or navigating multiple providers.



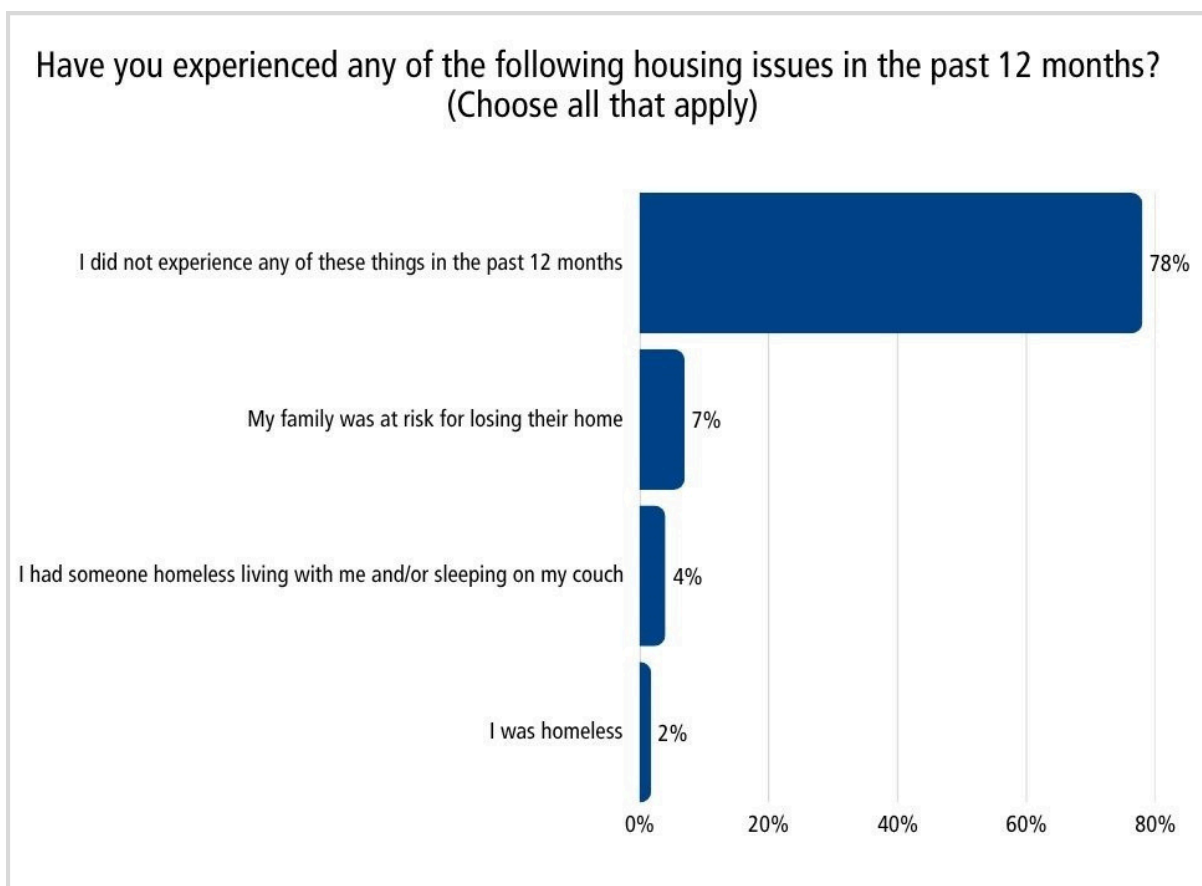
Local Opportunity: Strengthening Continuity of Care

Continued investment in care coordination, patient follow-up systems, and provider retention efforts can enhance trust and patient satisfaction while ensuring a high standard of care remains accessible across Shiawassee County.

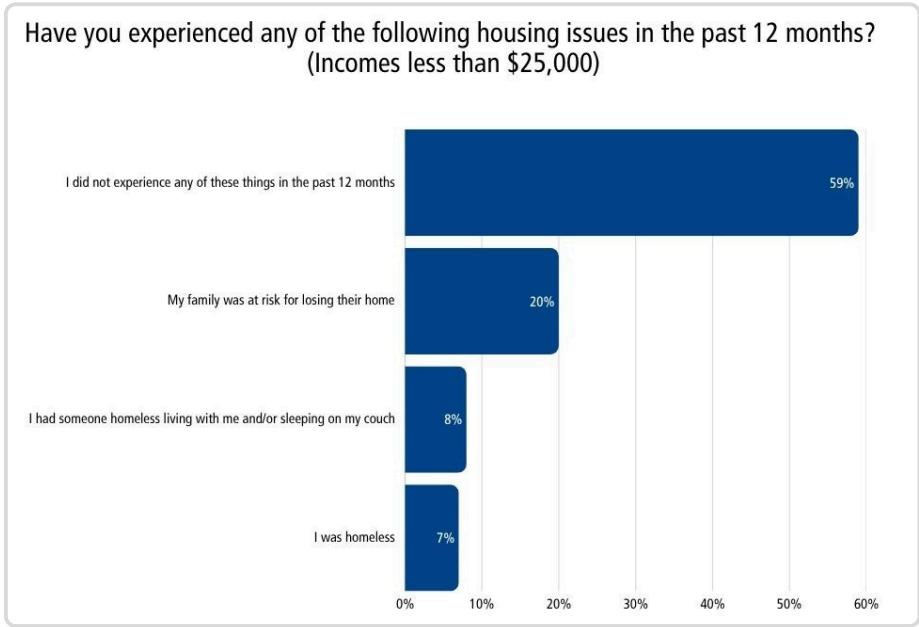
Nearly four in ten residents reported experiencing physical pain or health problems that limited their ability to perform daily activities such as working, driving, or household chores. This aligns with national data showing that chronic pain affects approximately 28% of U.S. adults, with prevalence increasing among older adults and those living with multiple chronic conditions (CDC, 2023). Functional limitations caused by pain can contribute to reduced quality of life, lower workforce participation, and increased healthcare utilization. Improving access to chronic disease management, physical therapy, pain management services, and preventive care can help residents maintain independence and overall well-being.



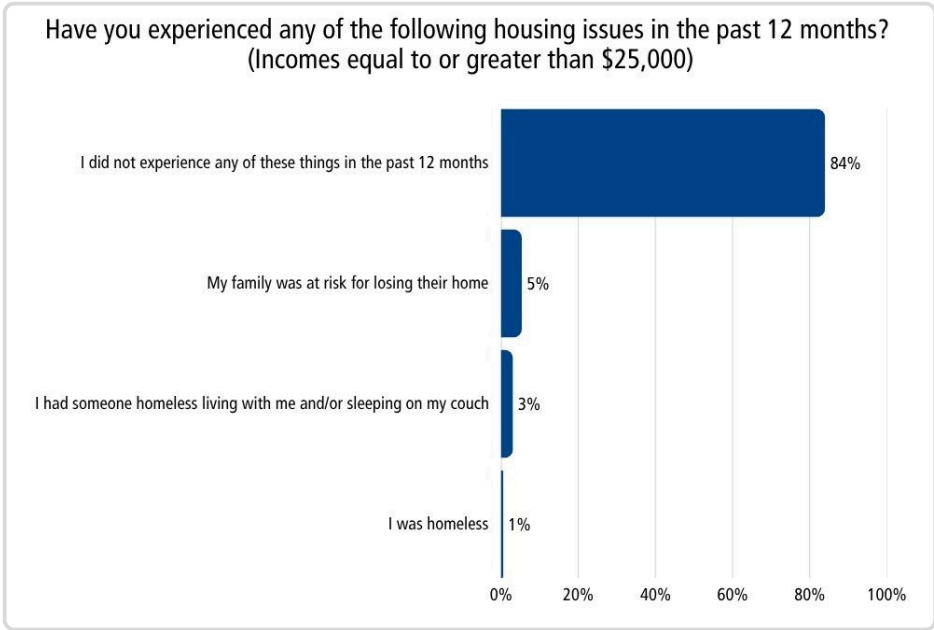
While most residents did not report recent housing instability, a portion of the population continues to face significant housing-related challenges. Survey responses indicate that some families experienced homelessness, housed others experiencing homelessness, or were at risk of losing their home within the past year. According to the U.S. Department of Health and Human Services (Healthy People 2030), housing instability including difficulty paying rent or mortgage, overcrowding, or frequent moves, is associated with poorer physical and mental health, higher stress levels, and increased barriers to employment and education. These findings reinforce the importance of stable housing as a cornerstone of health and well-being in Shiawassee County. Expanding affordable housing options, emergency assistance programs, and cross-sector collaborations between healthcare and housing agencies may help reduce the risk of homelessness and improve community stability.



Lower-income respondents reported substantially more housing instability than the overall sample, more experiences with homelessness/couch-surfing and a higher risk of losing housing, with fewer reporting no issues. This pattern aligns with national evidence that housing instability rises sharply as income falls and is linked to worse physical and mental health, missed work/school, and higher healthcare use (Healthy People 2030). Priorities that can mitigate risk include rental/utility assistance and eviction-prevention supports, rapid rehousing, and cross-system navigation with local housing partners.

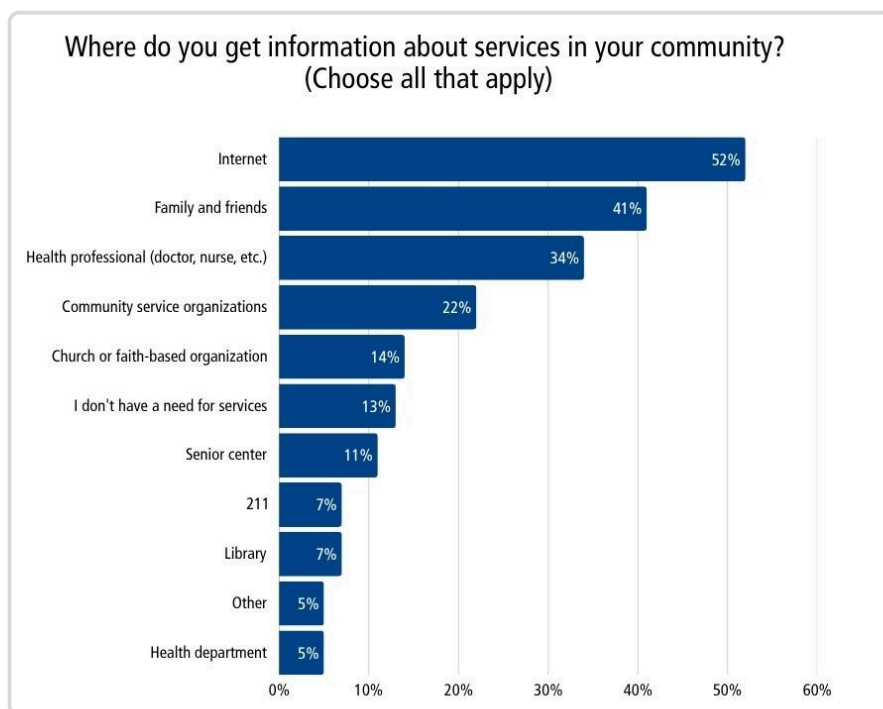


Residents with household incomes of \$25,000 or higher were far less likely to report housing instability than those with lower incomes, reflecting the well-established relationship between income security and stable housing. Nationally, the U.S. Department of Health and Human Services identifies adequate income as one of the strongest protective factors against eviction, homelessness, and associated physical and mental health impacts (Healthy People 2030). Sustained efforts to expand affordable housing options and living-wage employment opportunities remain essential to reduce risk among lower-income households and promote overall community stability.

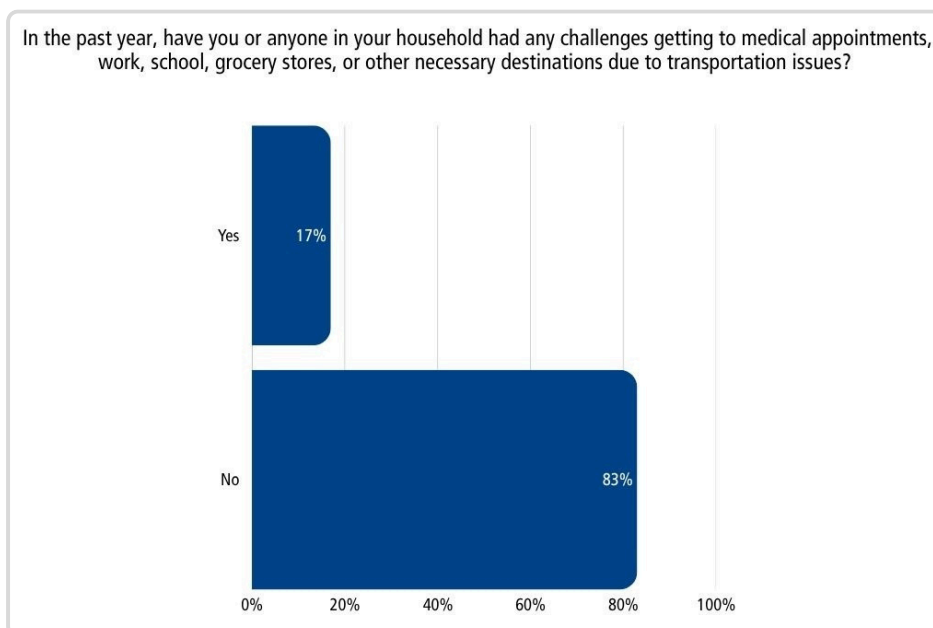


U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Healthy People 2030: Housing Instability—Why It Matters. <https://health.gov/healthypeople/objectives-and-data/social-determinants-health/literature-summaries/housing-instability>

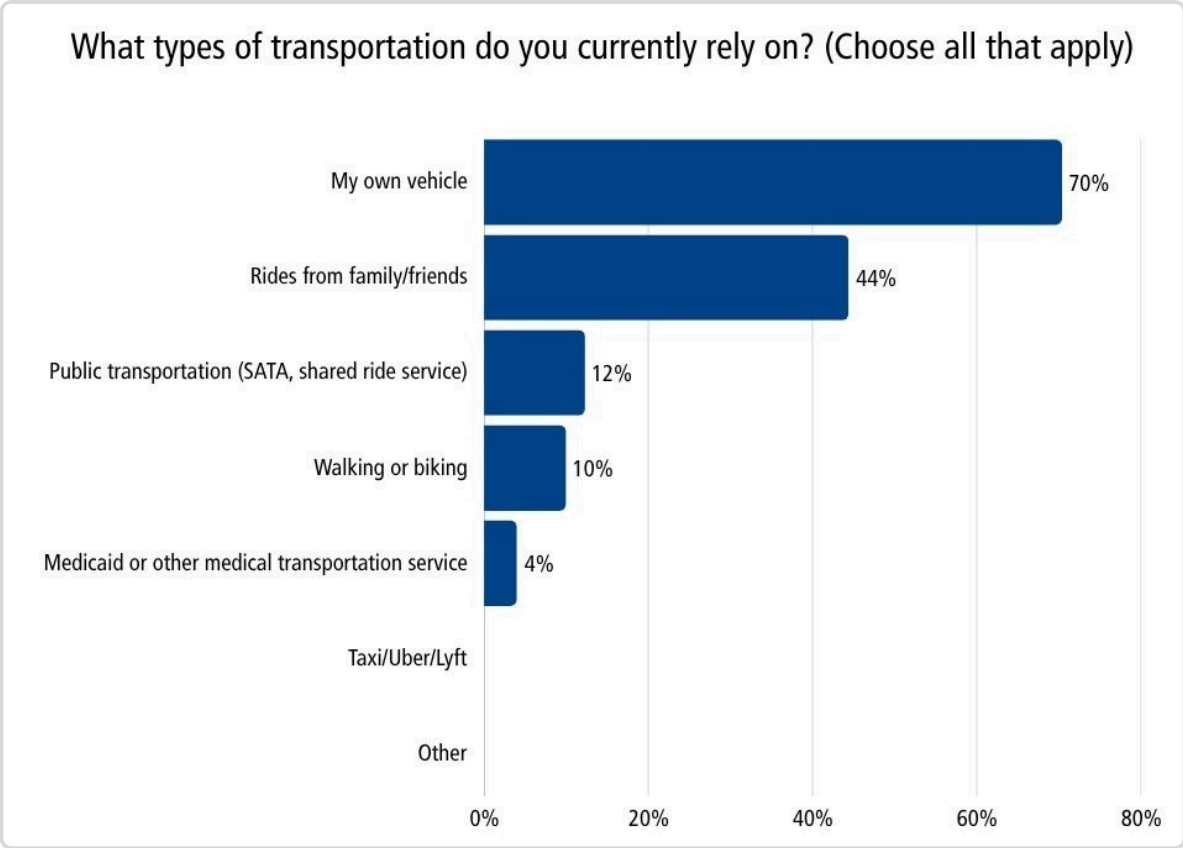
Survey findings highlight key channels residents rely on to learn about community services. The internet, family and friends, and health professionals were among the most common sources, while far fewer residents reported obtaining information from formal institutions such as the health department, libraries, or faith-based organizations. These results suggest that outreach efforts are most effective when they combine digital engagement with trusted interpersonal networks. Strengthening partnerships with healthcare providers, community organizations, and online platforms may help ensure that information about local programs and resources reaches residents where they naturally seek it.



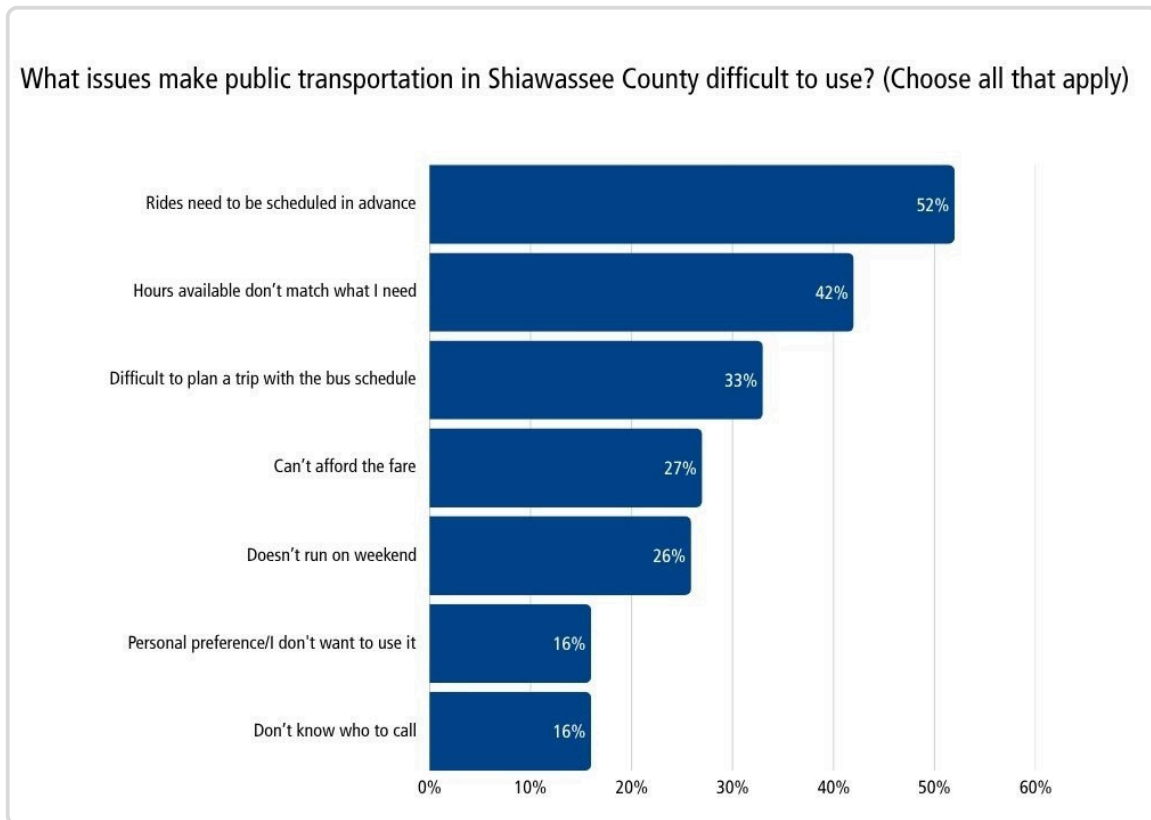
Transportation challenges remain a barrier for some residents, with limited access affecting the ability to reach essential destinations such as medical appointments, work, and grocery stores. Even though a majority of respondents reported no issues, those experiencing transportation barriers are more likely to face delayed medical care, missed workdays, and reduced access to healthy food options. According to the CDC, lack of reliable transportation is a key social determinant of health linked to poorer outcomes and decreased healthcare utilization. Expanding community-based transit services and coordinating with existing programs can help address gaps, particularly for older adults and low-income households.



Most residents rely on personal vehicles for transportation, while many also depend on rides from family or friends. Far fewer use public transit options, medical transportation, or active transportation methods such as walking or biking. This heavy reliance on personal or informal networks highlights the limited reach of shared transportation systems and the vulnerability of residents who lack access to a reliable vehicle. According to the CDC, limited access to affordable and dependable transportation can restrict employment opportunities, access to healthcare, and engagement in community life, key factors that influence overall well-being and economic stability. Strengthening rural transit systems, medical ride programs, and walkable infrastructure could help improve mobility and reduce disparities.



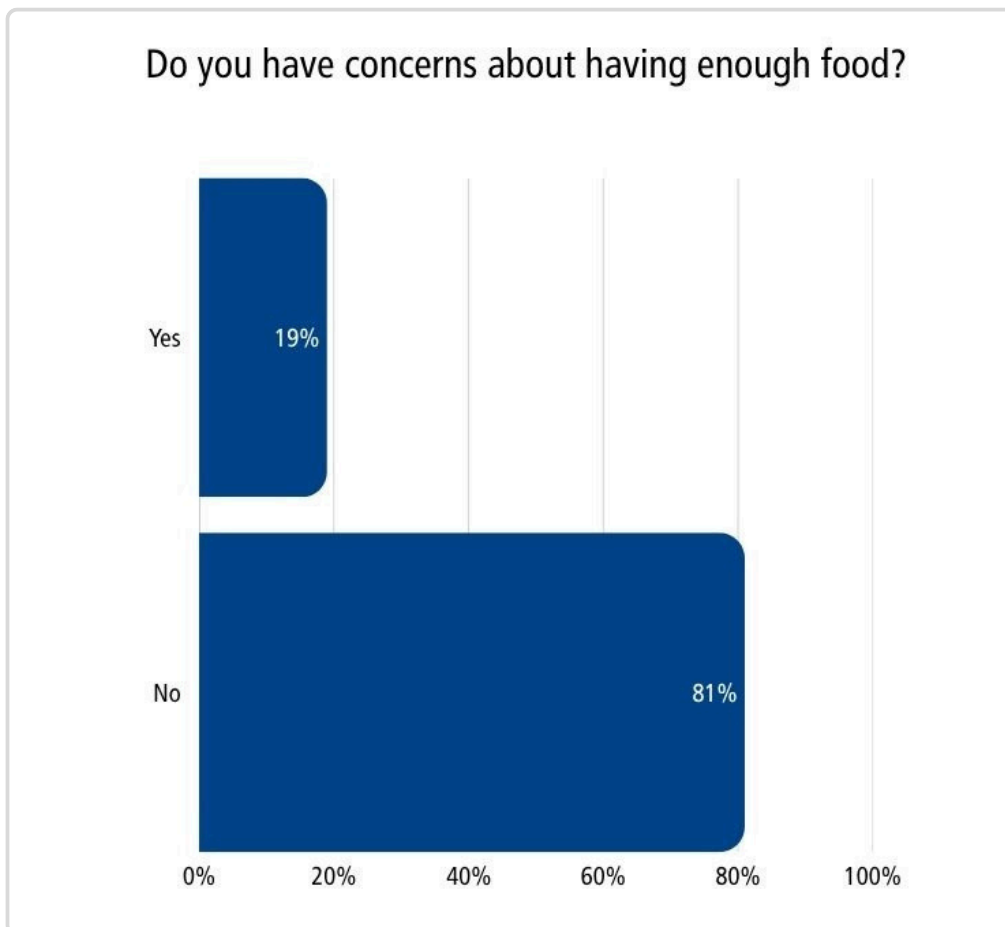
Residents identified several factors that make public transportation in Shiawassee County difficult to use. The most common challenges involve scheduling and convenience, including limited service hours, the need to book rides in advance, and difficulty navigating routes. Cost, weekend availability, and lack of clear information about how to access services also contribute to underutilization. These findings suggest that current transit systems are not fully meeting residents' needs for flexible, reliable, and accessible transportation, especially for those without personal vehicles. Enhancing communication, route planning, and scheduling flexibility could improve access to essential destinations such as healthcare, work, and grocery stores.



Rural Context:

In rural areas such as Shiawassee County, residents often face longer travel distances and limited public transportation options. According to the U.S. Department of Transportation, rural households spend more than 30% of their income on transportation costs, compared with about 18% in urban areas. This makes vehicle ownership essential but also financially burdensome, particularly for low-income families and older adults who may no longer drive. Expanding rural transit routes and medical transportation programs could help close gaps in mobility and access to care.

While most respondents reported no immediate concern about having enough food, nearly one in five indicated uncertainty about food security. This aligns with county-level data showing that food insecurity remains a persistent issue among low-income households and seniors, particularly in rural areas where grocery access and transportation are limited. According to the Feeding America Map the Meal Gap 2024 report, approximately 10% of Shiawassee County residents and 13% of children experience food insecurity, a rate higher than the state average. Limited access to affordable, nutritious options contributes to chronic disease risk and underscores the importance of ongoing food pantry support, mobile food distributions, and farm-to-table initiatives aimed at improving nutrition equity across the county.

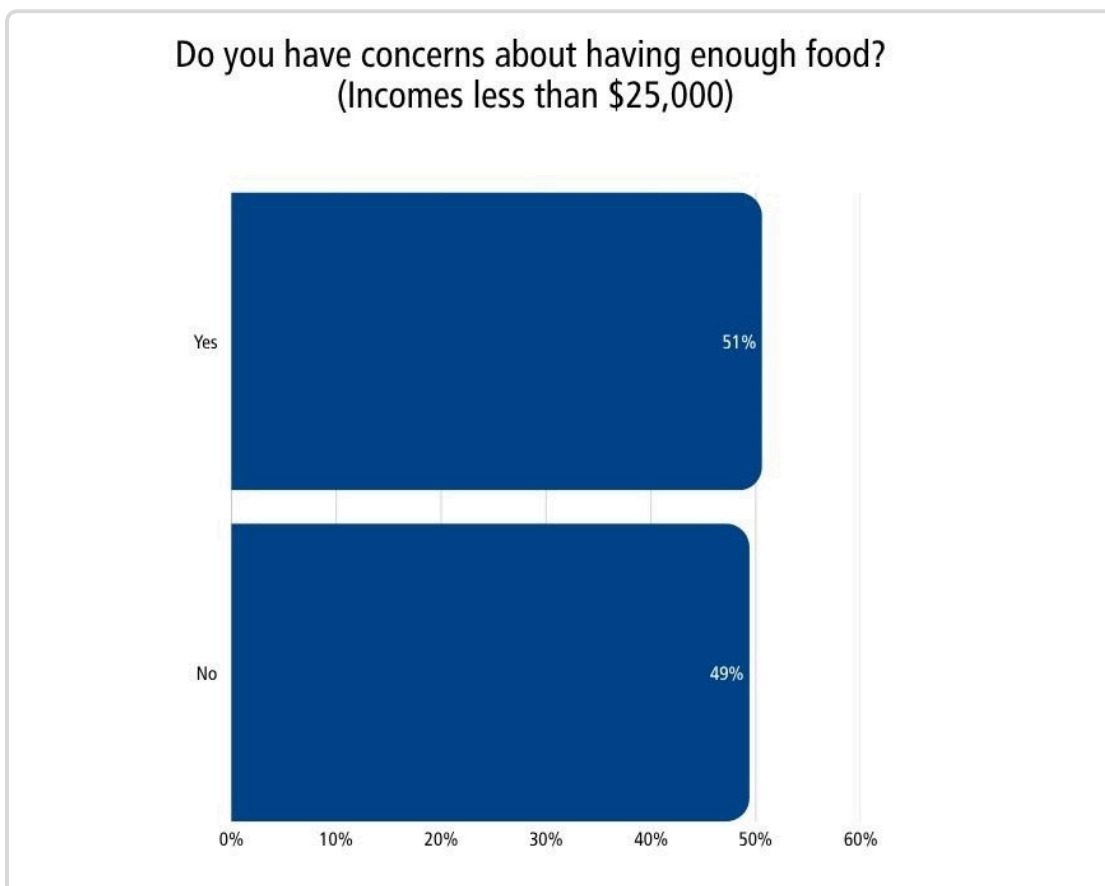


Local Opportunity:

There is strong potential to expand community-based partnerships that connect residents to consistent, healthy food sources. Examples include enhancing coordination between local pantries and healthcare providers for “food as medicine” referrals, increasing mobile pantry stops in rural townships, and supporting school-based weekend backpack programs. Strengthening cross-sector efforts, between healthcare, education, and agriculture, can help reduce barriers and ensure all residents have reliable access to nutritious foods.

U.S. Department of Agriculture, Economic Research Service. Food Insecurity, Chronic Disease, and Health Among Working-Age Adults. 2019. <https://www.ers.usda.gov/publications/pub-details/?pubid=94849>. Centers for Disease Control and Prevention (CDC). Food Insecurity and Health Outcomes. Updated 2023. <https://www.cdc.gov/foodinsecurity/health-outcomes>
Gundersen, C. & Ziliak, J.P. (2015). Food Insecurity and Health Outcomes. Health Affairs, 34(11), 1830–1839. <https://doi.org/10.1377/hlthaff.2015.0645>

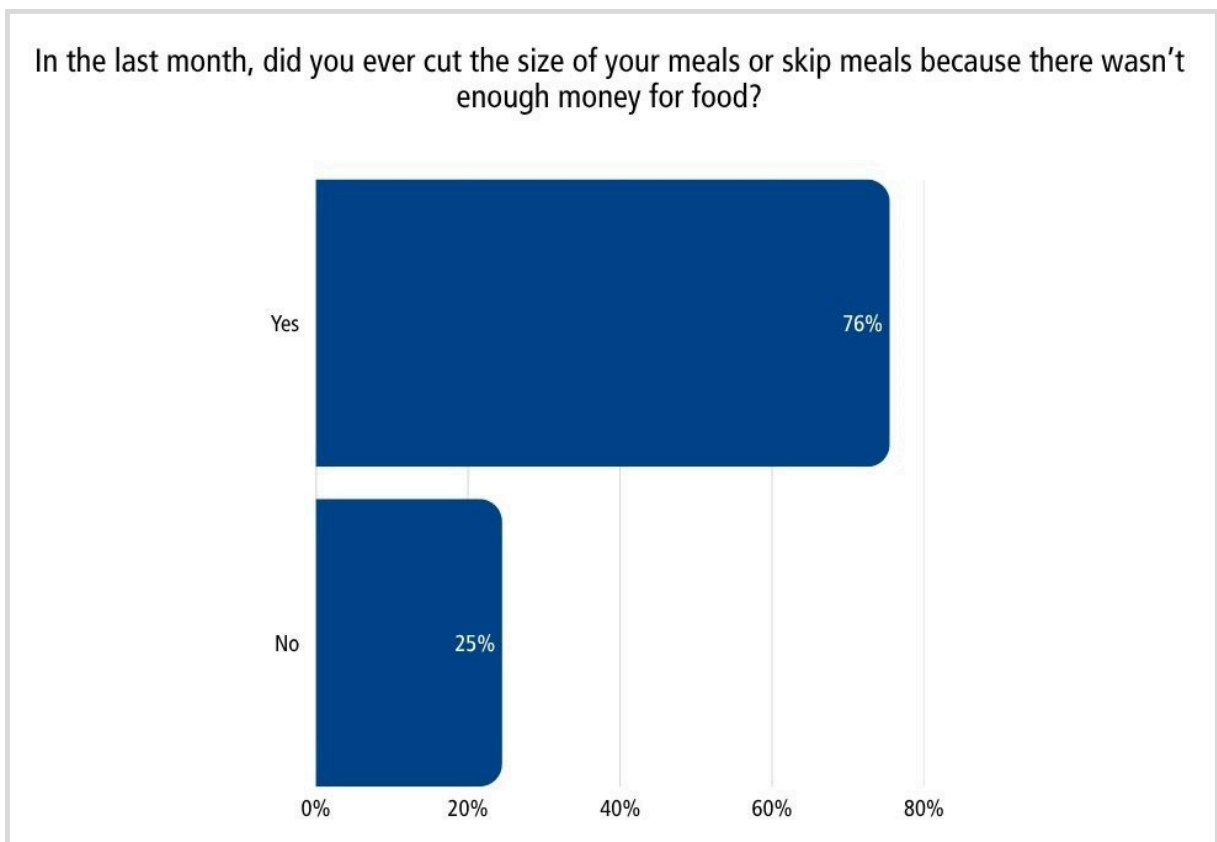
Food insecurity remains a significant issue for lower-income residents, with many expressing concern about having enough food. This contrasts sharply with higher-income households, where such concern is far less common. The data underscore how economic stability directly influences access to consistent, nutritious food, reinforcing the connection between income and overall health. Expanding food assistance programs, supporting local pantries, and improving access to affordable, healthy foods will be essential to reducing this disparity and promoting better health outcomes for vulnerable households.



Note on Data Interpretation:

The following chart represents responses from individuals who indicated that they have concerns about having enough food. This follow-up question was part of a skip-logic sequence designed to gather deeper insight into the level of food insecurity in our community. Together, these responses provide valuable context for understanding the nature and complexity of this issue.

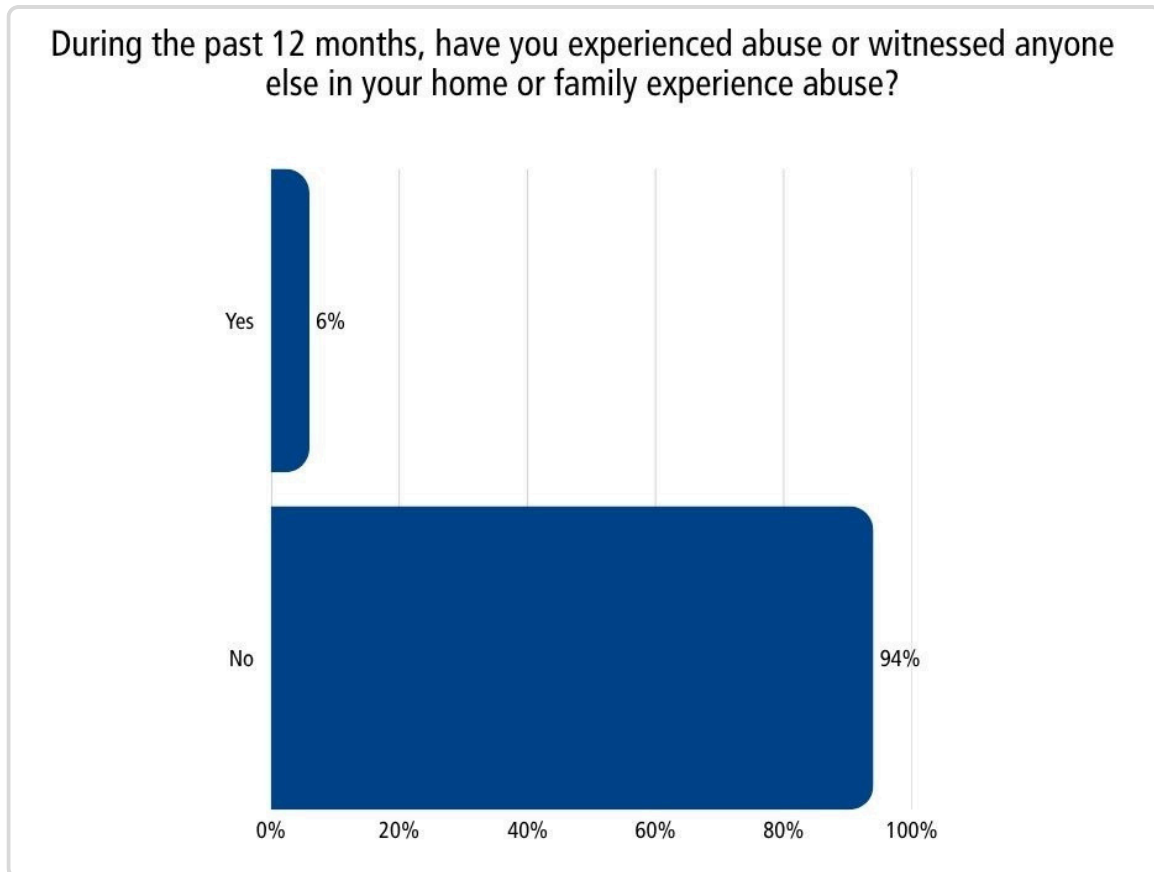
Among those who expressed concerns about food availability, many report having reduced meal sizes or skipped meals in the past month due to lack of money for food. This finding underscores the intensity of food insecurity faced by vulnerable households, particularly those with limited or fixed incomes. Beyond hunger, these coping behaviors can contribute to poorer nutrition, chronic disease risk, and mental health strain. Strengthening local food systems, expanding access to affordable groceries, and maintaining emergency food resources remain key strategies to support residents facing this level of hardship.



Local Opportunity:

Strengthening connections between food access programs, healthcare providers, and local community partners could help ensure residents in crisis receive timely assistance. Strategies such as referral pathways between Memorial Healthcare and local pantries, mobile pantry expansion, and nutrition assistance enrollment support (SNAP, WIC) could provide meaningful relief for food-insecure households.

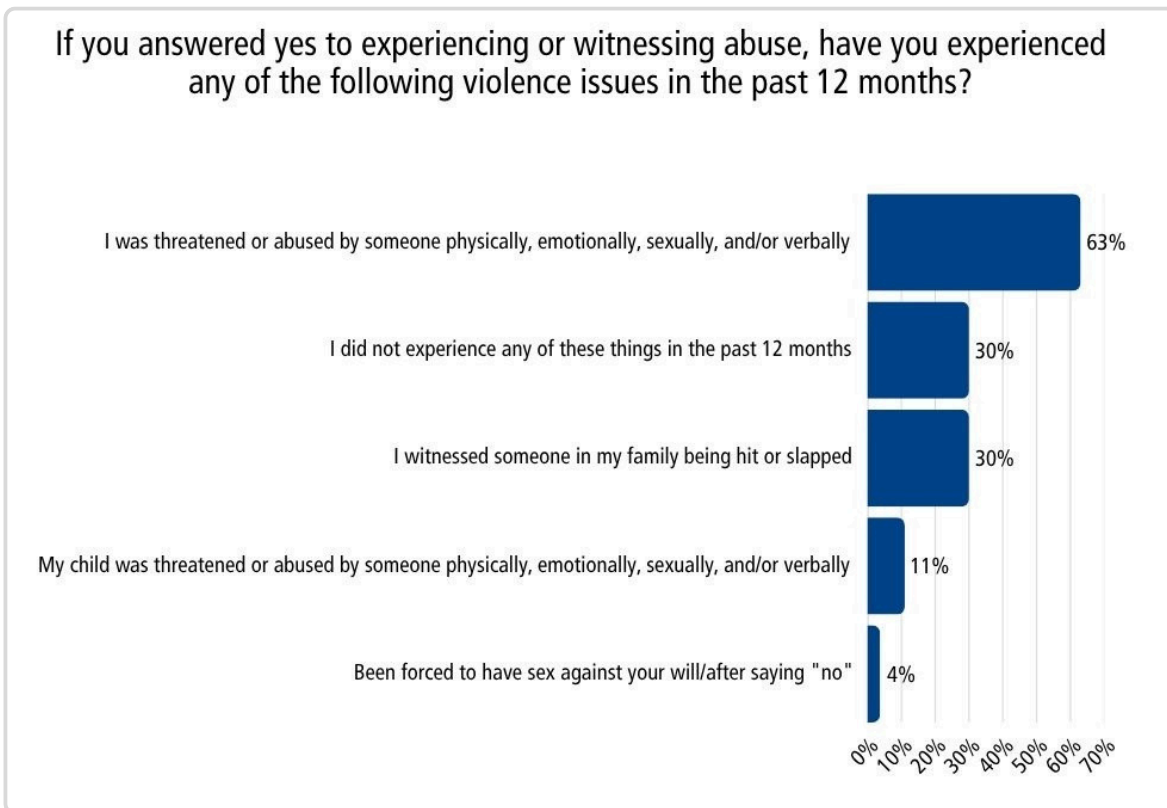
While most respondents did not report experiencing or witnessing abuse within their home or family in the past year, a small percentage indicated that they had. Even though this represents a minority of survey participants, these cases reflect serious community health concerns, as experiences of violence and trauma have lasting impacts on both mental and physical well-being. According to the Centers for Disease Control and Prevention (CDC), exposure to violence, whether direct or indirect, can contribute to chronic health issues, depression, anxiety, and substance use disorders. Strengthening local trauma-informed care, violence prevention programs, and cross-agency coordination among healthcare providers, schools, and law enforcement can help identify and support affected individuals.



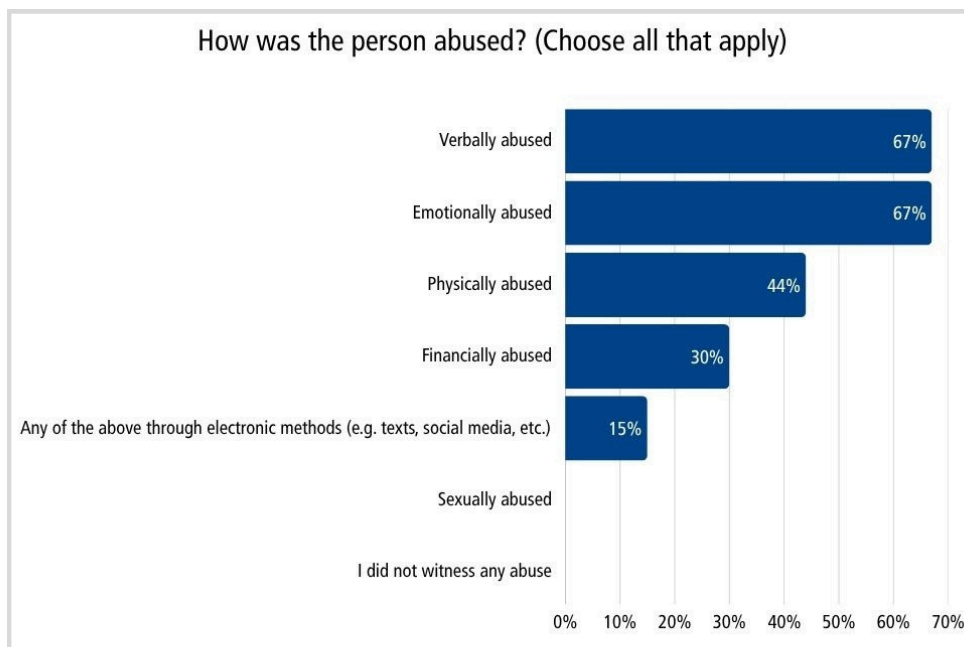
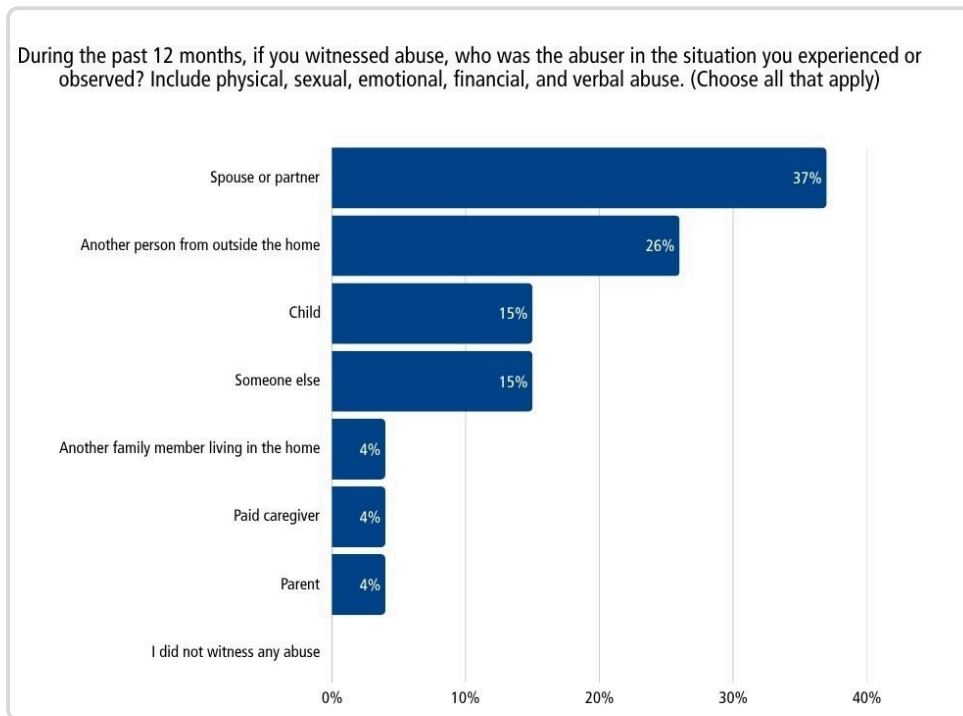
Note on Data Interpretation:

The following three charts represent responses from individuals who indicated that they had personally experienced or witnessed abuse within their home or family during the past year. These follow-up questions were part of a skip-logic sequence designed to gather deeper insight into the types of abuse experienced, who the abuser was, and how the abuse occurred. Together, these responses provide valuable context for understanding the nature and complexity of violence within the community.

The survey findings underscore that violence remains a significant, though often hidden, factor influencing health and well-being in Shiawassee County. Experiences of abuse, whether physical, emotional, financial, or digital, can have lasting effects on individuals, families, and community stability. National research consistently links exposure to violence with higher rates of mental health conditions, substance use, and chronic disease, making prevention and early intervention vital components of community health improvement.



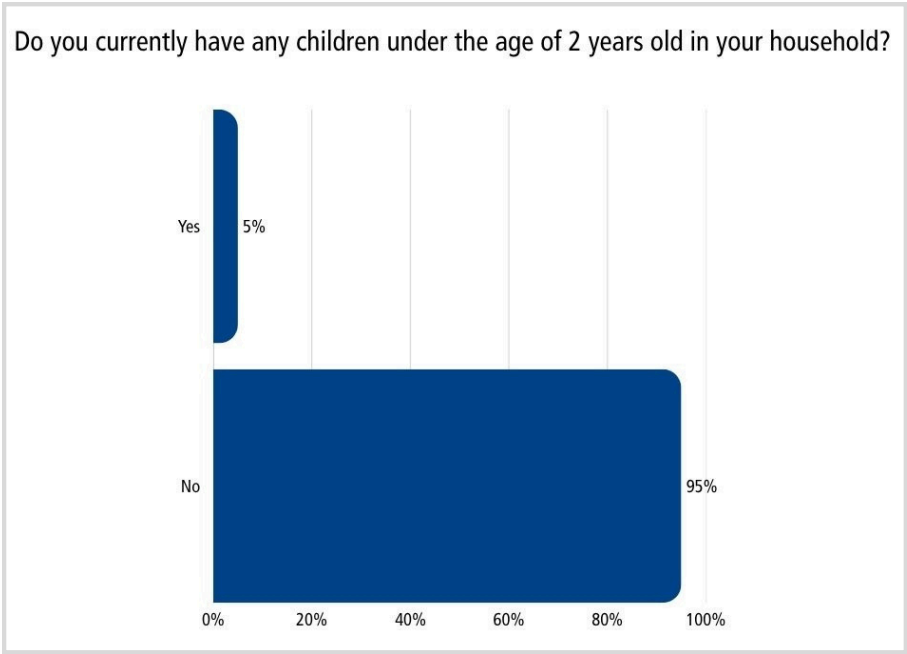
While incidents of abuse were reported by a minority of survey participants, the types and sources of abuse described highlight concerning patterns that affect community well-being. Emotional and verbal abuse were most frequently cited, underscoring the prevalence of non-physical forms of violence that can be equally damaging to mental health. Abuse within intimate relationships and from individuals outside the home suggests that prevention and support efforts must extend beyond traditional domestic settings. These findings point to the ongoing need for trauma-informed care, community education, and cross-sector collaboration to reduce violence and support recovery.



Local Opportunity: Strengthen Cross-Agency Coordination

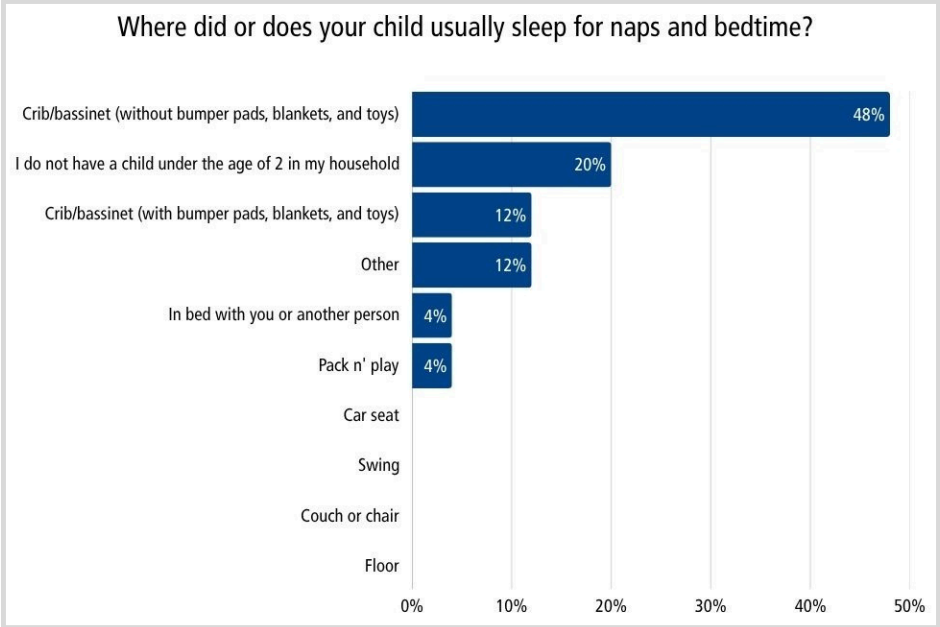
Shiawassee County could build upon existing partnerships with agencies such as Voices for Children Advocacy Center and the SafeCenter to create a more unified approach to violence prevention and survivor support. Shared referral pathways, consistent trauma-informed training, and stronger links between law enforcement and community agencies could ensure that individuals experiencing abuse are connected to resources quickly and safely.

Responses to these questions provide insight into infant sleep practices among Shiawassee County residents with children under the age of two. Safe sleep practices, such as placing infants on their backs in a crib or bassinet without soft bedding, are critical to preventing sleep-related deaths and supporting healthy development. While many caregivers follow recommended guidelines, the variety of sleep environments reported indicates a continued need for education and reinforcement of safe sleep messages across healthcare and community settings.



Note on Data Interpretation:

The following chart reflects responses only from survey participants who reported having a child under the age of two in their household. This skip-logic question was designed to gather information about infant sleep environments and caregiver practices, offering insight into community adherence to safe sleep recommendations.

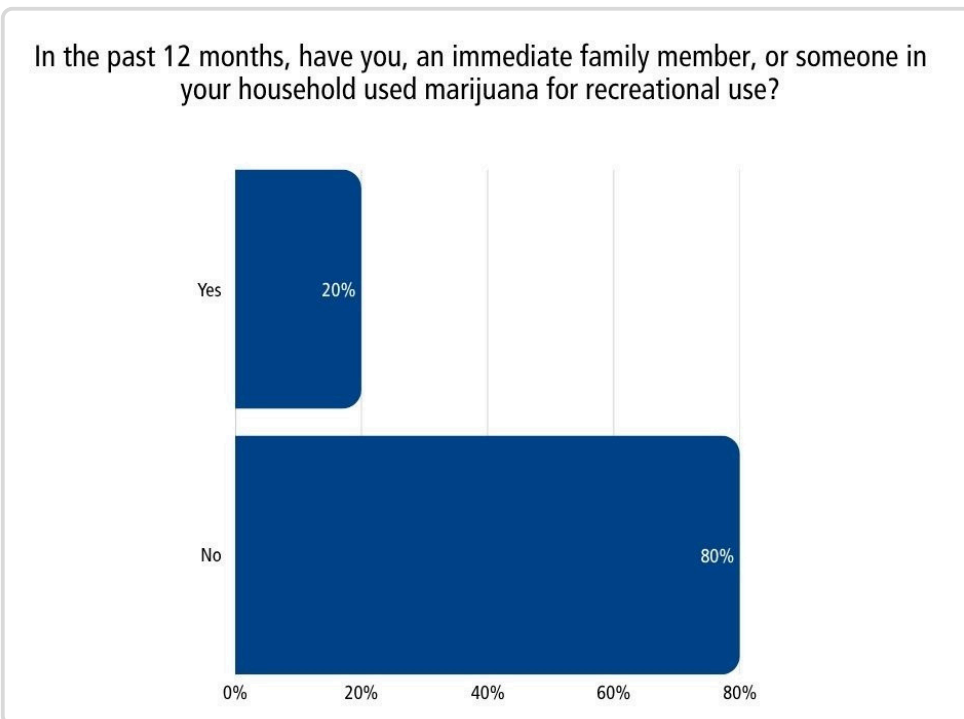


Local Opportunity: Promoting Safe Sleep Practices

Shiawassee County has an opportunity to strengthen collaboration among Memorial Healthcare’s obstetric and pediatric teams, the Health Department, and local coalitions such as the Great Start Collaborative to ensure consistent safe sleep messaging. Expanding outreach through prenatal classes, home visiting programs, and community baby showers could help increase awareness and model safe sleep environments for new parents and caregivers.

Centers for Disease Control and Prevention. (2023). Infant Sleep Safety and Sudden Unexpected Infant Death (SUID) Prevention. <https://www.cdc.gov/sids/data.htm>

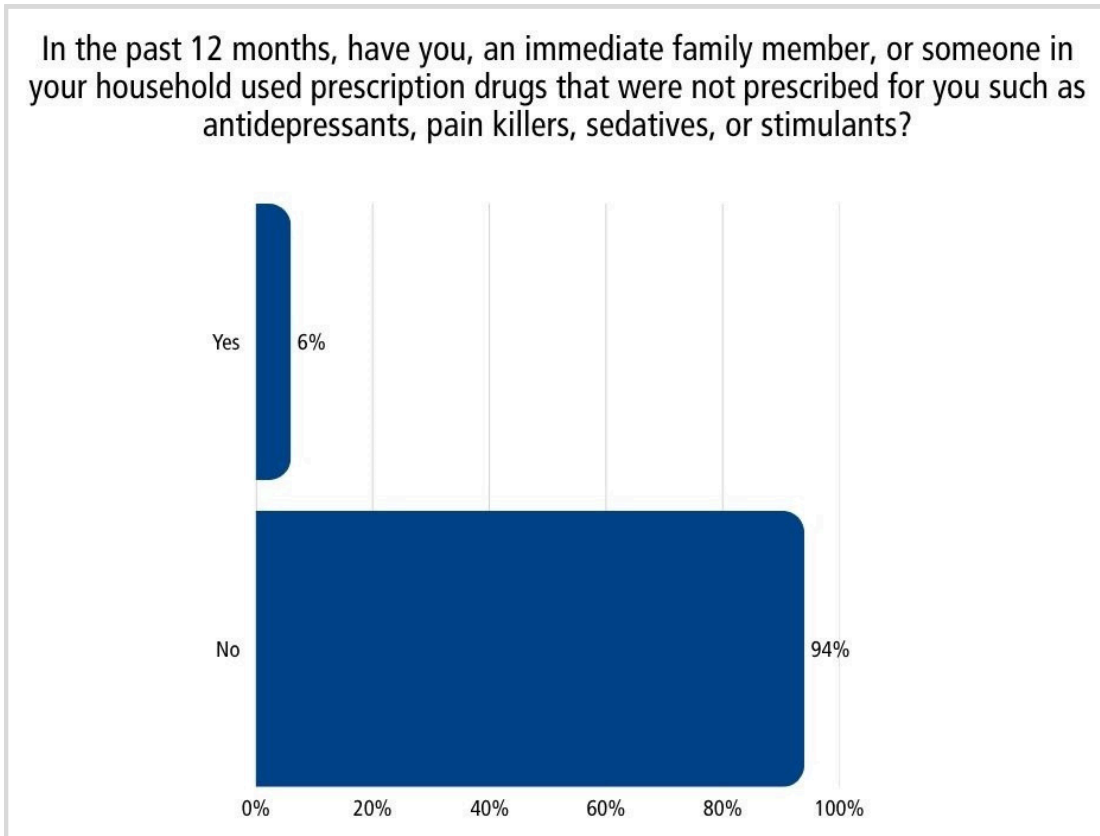
Responses indicate that marijuana is used more often for recreational purposes than for medical treatment among local households. This distinction suggests that, while medical use remains limited and primarily therapeutic, recreational use has become more normalized since legalization. These patterns highlight the need for continued community education on safe use, awareness of potential health effects, and preventing access and exposure among youth.



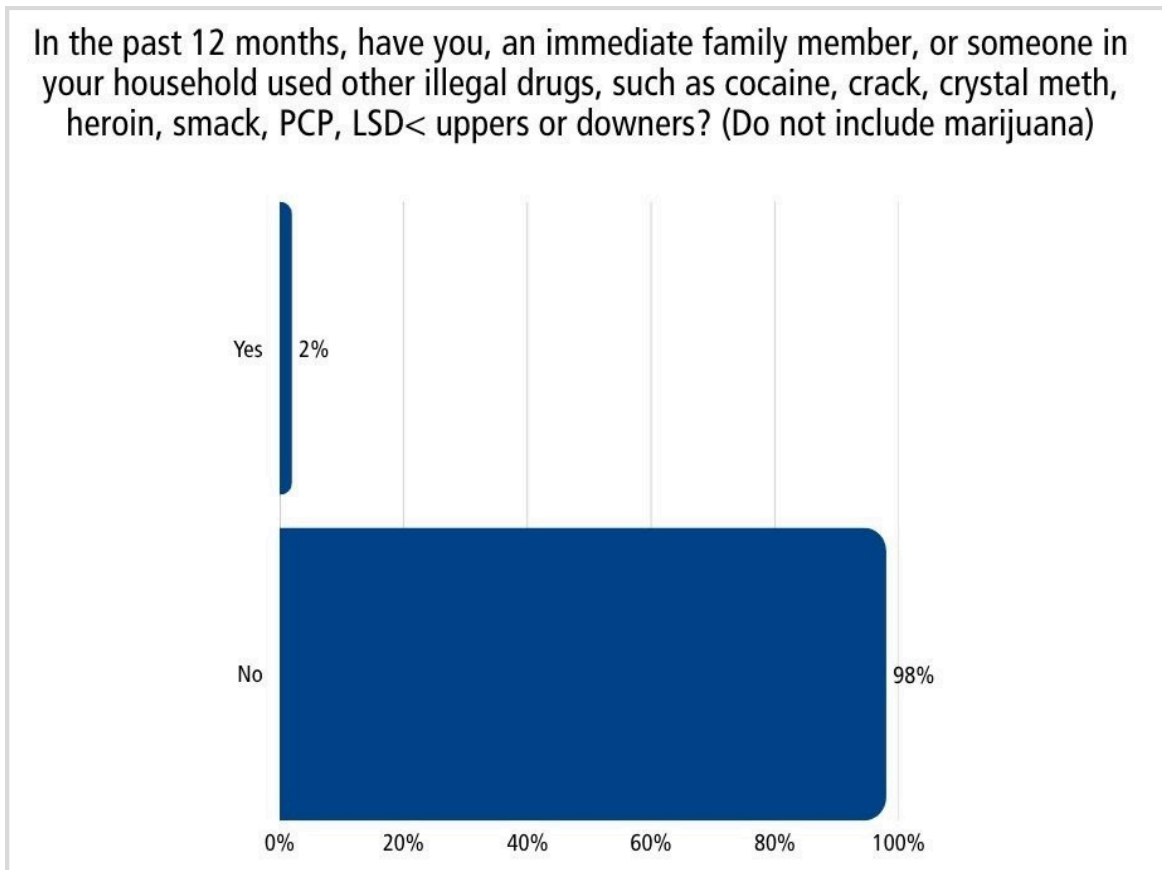
Local Opportunity: Marijuana-use Education

Community partners can strengthen local prevention and education efforts by promoting responsible use and reinforcing youth-focused prevention strategies. Memorial Healthcare, the Shiawassee Prevention Network, and the Shiawassee County Health Department can collaborate with schools, behavioral health providers, and law enforcement to deliver consistent messaging, support parents and caregivers, and ensure that substance use education remains responsive to evolving community norms.

While relatively few residents reported recent misuse of prescription medications, the presence of any non-prescribed use highlights a continued need for local prevention and harm reduction strategies. Misuse of medications such as painkillers, sedatives, or stimulants often begins with legitimate prescriptions and can evolve into dependency or diversion within households. Community partners, including healthcare providers, pharmacies, and prevention networks, play an essential role in mitigating this risk. Ongoing promotion of safe medication storage, disposal programs, and education around the risks of sharing or misusing prescriptions remain important. Access to permanent drug drop boxes and take-back events continues to serve as a protective factor for Shiawassee County residents.



Only a small portion of respondents reported recent use of illegal drugs other than marijuana. While this suggests that illicit substance use may not be widespread among survey participants, it remains an ongoing concern within the community due to its association with addiction, overdose, and family instability. Community feedback collected through other local assessments and prevention coalitions continues to highlight the impact of opioid and stimulant misuse across Shiawassee County. Even when prevalence appears low, the consequences are significant, affecting not only those struggling with substance use disorder but also their families and first responders.



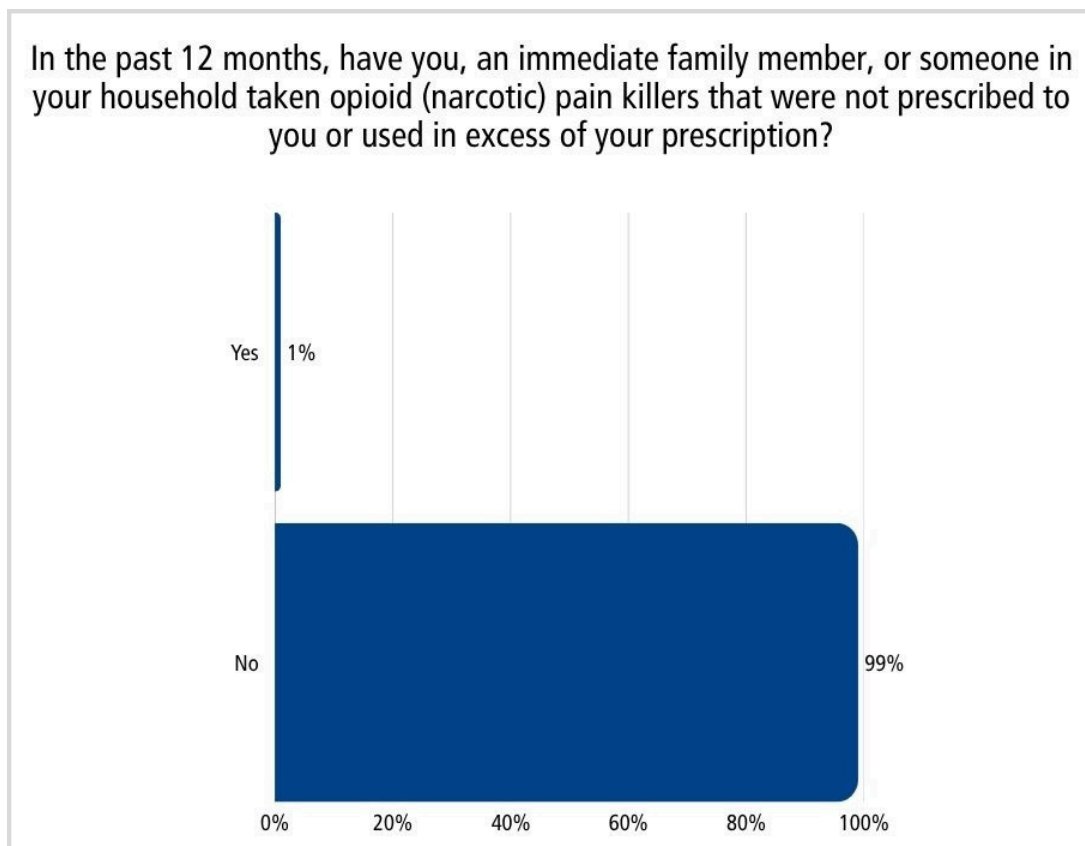
Local Opportunity:

Expanding harm reduction education, supporting access to treatment and recovery programs, and maintaining partnerships that monitor local overdose data will be essential to sustaining prevention efforts and reducing stigma surrounding addiction.

Although few survey respondents reported recent misuse of opioids or other substances, substance use disorder (SUD) remains a significant concern. Historical and state data point to ongoing risk and the need for prevention, harm reduction, and treatment capacity. In 2017, there were 21 opioid-related deaths in Owasso, and local emergency departments treated 369 confirmed overdose cases that year; more than 10.9 million hydrocodone tablets were dispensed countywide (\approx 18 tablets per resident per month).¹ In 2023, the county's opioid dispensing rate was 31.8 prescriptions per 100 persons.² Michigan recorded 2,738 drug-overdose deaths in 2020, most involving opioids.³

Youth data underscore early risk: in 2023–2024 MiPHY, 5.9% of Shiawassee high-school students reported taking a prescription drug not prescribed to them, and 5.0% specifically reported non-prescribed painkiller use in the past 30 days.⁴ These indicators support continuing harm-reduction strategies, safe-prescribing practices, and youth prevention to reduce morbidity and mortality.

At the state level, MDHHS endorses a harm-reduction framework, naloxone distribution, syringe-service programs, and overdose-prevention education and evaluation from Michigan Overdose Data to Action (MODA) associates these approaches with reductions in deaths and other harms.^{7 8} Strengthening these evidence-based strategies, alongside access to medications for opioid use disorder (MOUD), recovery supports, and school-based prevention, can help prevent overdoses and improve community health.



Local Opportunity:

Shiawassee County can continue to advance harm-reduction and SUD-treatment goals by expanding naloxone access and training, supporting safe-prescribing practices, piloting syringe-service or disposal programs aligned with state guidance, and enhancing youth prevention and early-intervention efforts through cross-agency collaboration.

1.Face Addiction Now. Shiawassee County Support Resources (2017). 2.CDC. Opioid Dispensing Rate Maps, 2023. 3.Michigan Dept. of Health & Human Services. Overdose Data Dashboard (2020). 4.Michigan Dept. of Education. MiPHY County Report—Shiawassee, 2023–2024. 5.MDHHS. Syringe Service Programs & Harm Reduction Initiatives. 6.Wayne State Univ., Center for Behavioral Health & Justice. Michigan Data to Action (MODA) Evaluation (2023).



Overall Rank 20: Shiawassee County Profile

Health Status Rank: 6 of 83

Social Determinants of Health Rank: 53 of 83

County Classification: Rural

Total Population: 68,493

rank 28 of 83

County Seat: Corunna

Adjacent counties: Saginaw, Genesee, Livingston, Ingham, Clinton, and Gratiot

Health Status Indicators	Shiawassee	MI	U.S.
All Invasive Cancer Incidence	479.3	450.9	448.0
Female Breast Cancer Incidence	128.1	124.0	125.2
Prostate Cancer Incidence	112.6	108.1	104.1
Lung/Bronchus Cancer Incidence	77.1	64.2	59.2
Colon/Rectum Cancer Incidence	40.5	37.5	38.7
Diabetes Prevalence	10.2%	9.8%	8.5%
HIV Prevalence	66.0	163.1	372.8
Chlamydia Rate	288.9	512.8	539.9
Gonorrhea Rate	N/A**	169.3	179.1
P & S Syphilis Rate	N/A**	6.5	10.8
Acute HCV Rate	0.0	1.8	1.0
Preterm Births	9.1%	10.0%	9.8%
Low Birthweight	7.9%	8.6%	8.2%
Infant Mortality (x 1,000 live births)	6.0	6.7	5.9
Neonatal Abstinence Syndrome Rate	1,598.8	835.8	N/A
Total Mortality Rate (All Causes)	878.0	783.1	723.6
Heart Disease Mortality Rate	193.1	194.9	163.6
Cancer Mortality Rate	155.4	161.1	149.1
Chronic Lower Respiratory Diseases Mortality	54.5	44.2	39.7
Stroke Mortality Rate	73.4	39.9	37.1
Alzheimer's Disease Mortality Rate	57.2	34.3	30.5
Diabetes Mellitus Mortality Rate	37.0	21.9	21.4
Kidney Disease Mortality Rate	23.0	15.0	12.9
Pneumonia/Influenza Mortality Rate	23.4	14.5	14.9
Suicide Rate	N/A**	15.0	14.2
Drug-induced Mortality Rate	N/A**	29.3	21.8
Opioid Overdose Mortality Rate	N/A**	21.1	N/A
Alcohol-induced Mortality Rate	N/A**	9.2	9.6

*Rates per 100,000 population, unless otherwise indicated.
 N/A= Data not available.
 *Different reporting period OR age group.
 ** Zero cases or small sample size, data do not meet standards of reliability or precision.
 Refer to **Appendix A** for full explanations of health indicators and data sources.*

Social Determinants of Health	Shiawassee	MI	U.S.
Population < 5 y/o	5.3%	5.7%	6.1%
Population ≥ 65 years	17.4%	16.3%	15.2%
Population with a disability	15.4%	14.3%	12.6%
Adults without HS diploma	7.6%	9.5%	12.3%
Unemployment Rate	4.3%	4.1%	3.9%
Annual Median Income (\$)	54,742	54,938	60,293
Population below 100% FPL	11.4%	15.0%	14.1%
Population below 200% FPL	30.1%	32.7%	31.9%
Food Insecurity Rate	11.7%	13.7%	12.5%
Eviction Rate	6.2%	3.3%	2.3%
Obesity Prevalence	38.4%	56.1%*	39.6%*
Physical Inactivity	27.3%	36.7%	N/A
Late or No Prenatal Care	19.7%	24.1%	21.9%
Teen Births Rate	16.7%	15.8%	17.4%
Maternal Tobacco Use	26.4%	14.3%	6.5%
EBLL in Children	3.4%	3.1%	3.0%
Uninsured (< 65 y/o)	5.7%	6.1%	10.6%
Preventable Hospitalizations Rate	20.2%	22.8%	10.1%*
MH/SUD Hospitalizations Rate	3,390.5	3,675.5	3,087.7
Annual Medical Exams (≥65 y/o)	30.0%	30.0%	27.0%
Annual Flu Shot (≥65 y/o)	51.0%	46.0%	46.0%
Access to Fluoridated Water	6.0%	68.8%	62.4%
Pop to PC FTE Ratio	2,683.4:1	766:1	N/A
Female to OB/GYN FTE Ratio	6,017.5:1	1,198:1	N/A
Pop to Psychiatrist FTE Ratio	171,232.5:1	9,371:1	N/A
Pop to Dentist FTE Ratio	2,739.7:1	1,640:1	N/A

Current Shortage Designations

Primary Care HPSA	Low Income – Shiawassee County
Dental Health HPSA	Low Income – Shiawassee County
Mental Health HPSA	Geographic – Shiawassee County
Primary Care MUA/P	MUA – Shiawassee County

*To find shortage areas by address or county, including facility designations, please visit the following website:
<https://data.hrsa.gov/tools/shortage-area>*

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