



2025 -
2027

BARRY COUNTY

COMMUNITY HEALTH IMPROVEMENT PLAN

PREPARED BY:



Barry-Eaton District
Health Department

Be Active • Be Safe • Be Healthy

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ACKNOWLEDGEMENTS

The Community Health Improvement Plan (CHIP) would not be possible without the hard work of Barry County community organizations, coalitions, agencies, and residents. We sincerely thank our partners for their consistent time, energy, and dedication to improve the health and well-being of our community.

For a CHIP to be impactful, it needs to be supported by the community, and we are grateful to have passionate community partners to help lead the CHIP. A complete list of stakeholders can be found at the end of the report.

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INTRODUCTION

The **Community Health Improvement Plan (CHIP)** is a guiding document which supports active engagement by community members and organizations in improving the health of Barry County. It is intended to be a framework for measurable change in addressing the needs identified in the previous community health needs assessment.

This 2025 to 2027 plan is based on the 2024 Barry County Community Health Needs Assessment (CHNA). A copy of this assessment can be accessed at: <https://barryeatonhealth.org/subpage> (Barry-Eaton)

The CHIP is the responsibility of the Barry-Eaton District Health Department (BEDHD) and is required by the Public Health Accreditation Board (PHAB). The CHIP reflects the results of a collaborative planning process between community stakeholders and BEDHD. It is a commitment made by community stakeholders to improve the health of Barry County by advocating for and directing resources towards the determined health priorities.

Priority areas in this report were determined in January of 2025 by Barry County community stakeholders based on findings from the 2024 CHNA. Community stakeholders used data from the CHNA to inform the ranking, discussion, and voting to determine the top three priority areas. The priority areas identified were **Housing, Healthcare Access, and Behavioral Health** (*Note: In the CHNA, Mental health was the original priority area; however, the CHIP workgroup determined it was necessary to broaden it to Behavioral Health*).

The CHIP is developed and executed through rigorous and continuous collaboration with a diverse group of community organizations. It is an action-oriented plan outlining how the community stakeholders intend to address the identified priority areas. These areas are addressed through goals, strategies, and activities to ultimately improve the wellness of our community. The partners involved with the CHNA/CHIP continue to grow and expand as more organizations see the need for community collaboration to improve the root cause of health outcomes and inequities. As a whole, the CHIP is a part of the community health improvement process and is completed on a three-year cycle.

HEALTH PRIORITY AREAS 2025-2027



Housing



Healthcare
Access



Behavioral
Health

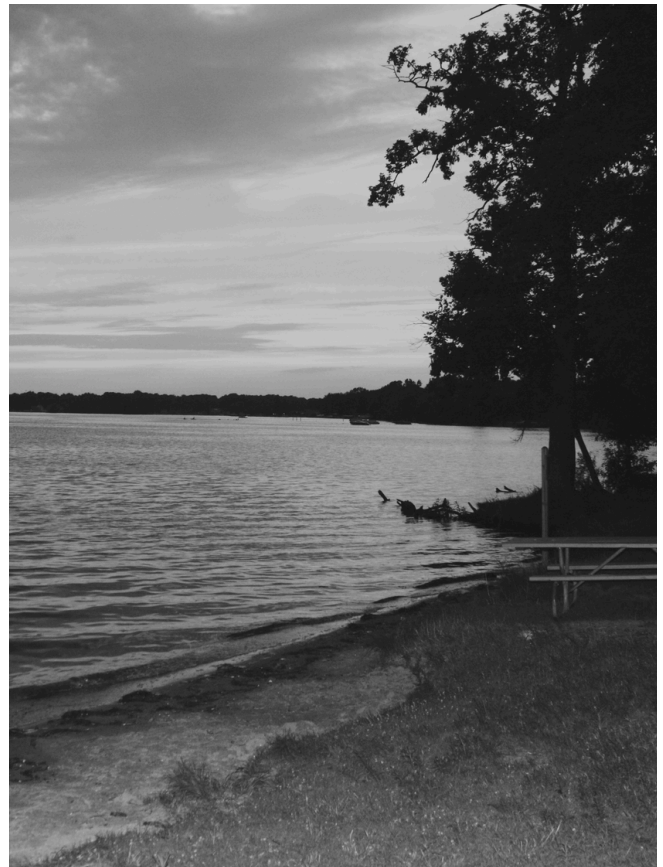
GEOGRAPHIC AREA

Barry County is a predominantly rural county located in southwest Michigan, situated between the metropolitan areas of Grand Rapids, Lansing, and Kalamazoo. It shares borders with Ionia, Eaton, Calhoun, Kalamazoo, Allegan, and Kent counties.

The county is made up of 16 townships, 4 villages, and one city. Hastings, the only city in Barry County, is located along the Thornapple River and serves as a local center of governance and services. The county's economy is supported largely by manufacturing, healthcare and social assistance, and retail trade ⁽²⁾.



Downtown Hastings



Gun Lake

DEMOGRAPHICS

Barry County has a predominantly White, non-Hispanic population, representing 93.6% of residents. Data show that from 2020 to 2023 there has been a gradual increase in diversity, with a small increase in residents who identify as Hispanic or Latino and of other race or ethnicity. Understanding these shifts can help guide planning that is equitable for all residents and ensure resources are allocated across the county to serve all communities.

TABLE 1: DEMOGRAPHIC STATISTICS - BARRY COUNTY

INDICATOR	BARRY COUNTY VALUE	SOURCE
Total Population	62,982	2023 ACS 5-Year Estimates (S0101)
Median Age (Years)	42	2023 ACS 5-Year Estimates (S0101)
Total Households	24,409	2023 ACS 5-Year Estimates (S2503)
Median Household Income	\$77,873	2023 ACS 5-Year Estimates (S2503)
Live Births	619	2023 MDHHS Vital Statistics 5-Year Averages
Deaths	655	2023 MDHHS Vital Statistics 5-Year Averages



TABLE 2: RACE & ETHNICITY - BARRY COUNTY

RACE & ETHNICITY	BARRY COUNTY (%)	PERCENTAGE POINT CHANGE FROM 2020	SOURCE
White, Non-Hispanic	93.6%	-2.0%	2023/2020 ACS 5-Year Estimates (B02001)
Black/African American	0.5%	-0.1%	2023/2020 ACS 5-Year Estimates (B02001)
Asian	0.6%	0.0%	2023/2020 ACS 5-Year Estimates (B02001)
Other*	5.3%	+2.2%	2023/2020 ACS 5-Year Estimates (B02001)
Hispanic/Latino**	3.6%	+0.5%	2023/2020 ACS 5-Year Estimates (B03001)

*Other race includes American Indian/Alaska Native, Native Hawaiian/Pacific Islander, Multiracial, other races

**Race and Ethnicity were measured as separate variables; therefore, the sum of percentages of race and ethnicity variables may not add up to 100%. Race variables may contain individuals who identify as Hispanic or Latino.

*Changes represent **percentage point (pp) change** between ACS cycles, not percent change.*

Sources:

- Michigan Department of Health and Human Services, Division for Vital Records and Health Statistics
- U.S. Census Bureau, U.S. Department of Commerce. (2025)



ABOUT THE CHIP

PROCESS

The CHNA is a year-long data collection and analysis project that informs the CHIP. Surveys and focus groups provided personal insights from community members, while a wide range of health indicators were collected from sources like the Behavioral Risk Factor Surveillance System (BRFSS) and the Michigan Profile for Healthy Youth (MIPHY). The CHIP then utilizes these findings to inform a collaborative effort among a wide range of organizations, schools, businesses, healthcare systems, and institutions to **address priority health issues and enhance the well-being of the entire community**. The Barry County Community Health Assessment Steering Committee is responsible for advancing the CHIP process. The health priorities were chosen based on feedback from community members, community organizations, and key stakeholders.

This plan is critical for developing policies and defining actions, and its success is rooted in the understanding that we are more effective when we work together, rather than as individual entities.

SOCIAL DETERMINANTS OF HEALTH

What makes a community healthy? When people think of a healthy community, physical health is often the first thing that comes to mind. However, true health goes beyond physical well-being. Behavioral health, social connections, and the conditions in which people live, work, and play are all essential parts of a healthy community.

A key component in building a healthy community is health equity – meaning everyone has an opportunity to achieve their highest level of health. This requires ensuring equal access to resources, opportunities, and support systems that improve quality of life. In Barry County, we are committed to advancing equity in all aspects of our work, especially when it comes to serving our communities.

The CHIP reflects how Barry County organizations are working together to address health inequities. Many factors can contribute to poor health outcomes, including income, neighborhood conditions, education, access to healthcare, safety, and social support. These are known as Social Determinants of Health (SDOH) - the non-medical factors that significantly influence health and well-being.

Achieving health equity also means addressing the root causes of health disparities, many of which are systemic. Issues such as poverty, discrimination, and unequal distribution of power are deeply rooted in systems that historically disadvantage marginalized populations. These systemic barriers can result in institutional and structural forms of oppression, making it harder for certain groups to achieve good health.

To create healthy, thriving communities, we must work collectively to address health inequities, improve the social determinants of health, and confront the systemic issues that drive them.

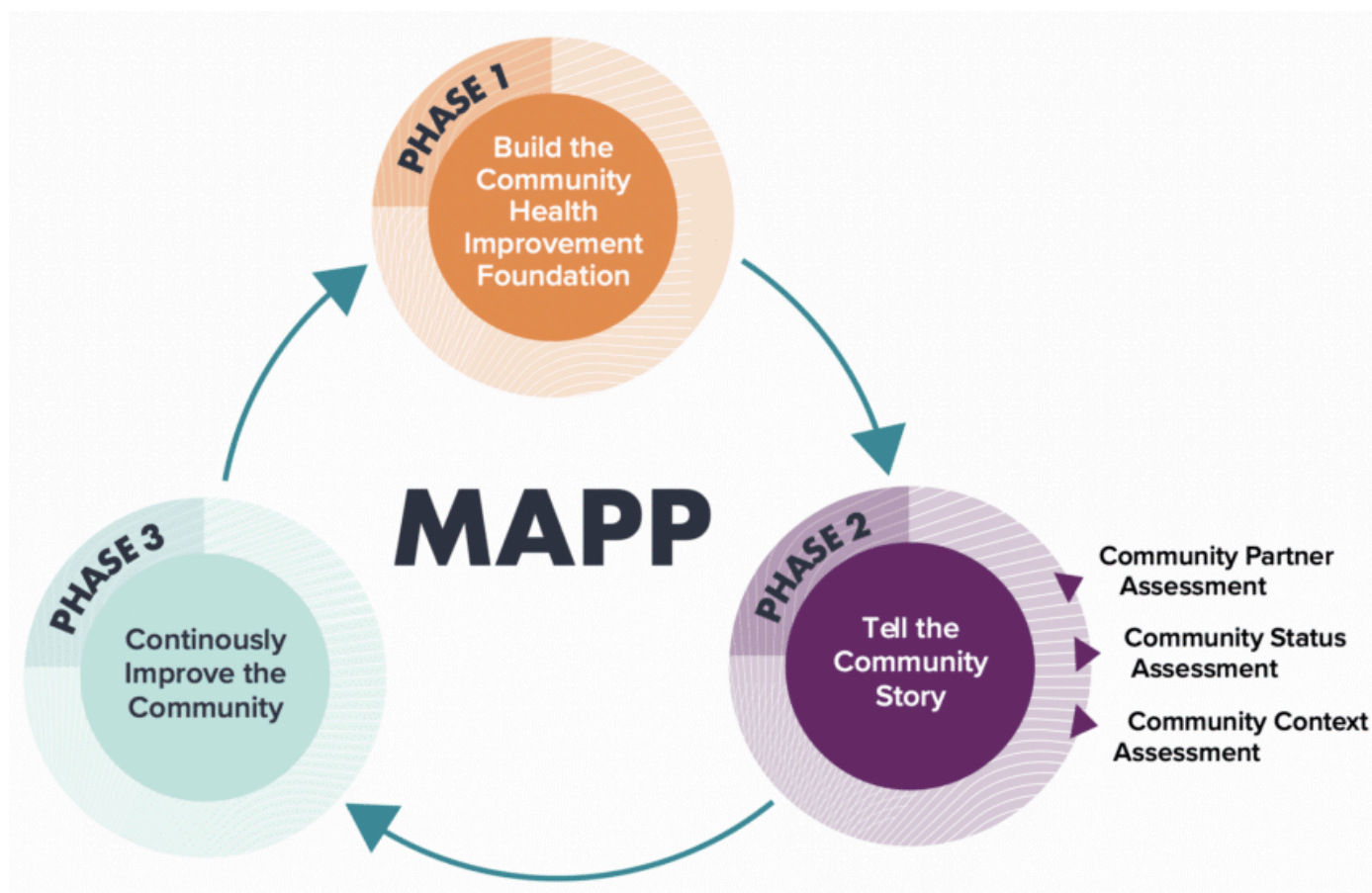
Through this CHIP, Barry County is taking actionable steps to build a more equitable, inclusive, and healthier future for all.

MAPP 2.0

The Steering Committee utilized the MAPP model created by the National Association of County and City Health Officials (NACCHO). **Mobilizing for Action through Planning and Partnerships (MAPP)** is a community-driven strategic planning process for improving community health. Facilitated by public health leaders, this framework helps communities apply strategic thinking to prioritize public health issues and identify resources to address them ⁽⁸⁾.

MAPP is not an agency-focused assessment process; rather, it is an interactive process that can improve the efficiency, effectiveness, and ultimately the performance of local public health systems. Public health systems can be defined as all public, private, and voluntary entities that contribute to the public's health and well-being throughout the community.

The CHIP involves **Phase 3 of the MAPP process: Continuously Improve the Community**. This phase provides a framework to prioritize health issues, develop shared goals, long-term measures, data-driven action, and create a structure to monitor and evaluate the impact on CHIP priorities.



CHIP PRIORITY WORKSHOP

On January 29, 2025, members and leaders of community organizations in Barry County were invited to attend the Community Health Improvement Plan Priority Workshop.

DATA REVIEW

At this event, the CHNA workgroup provided an in-depth review of the CHNA data results including primary and secondary data findings. The workgroup provided seven general health-related themes derived from analysis of the primary and secondary data collected. These seven themes included Healthcare Access, Mental Health, Substance Use, Food Insecurity, Housing, Clean Environment, and Strong Economy and Living Wages. To choose the top three Priority Areas necessitating the most focus in the Community Health Improvement Plan, organization members were led through a prioritization exercise.

PRIORITIZATION EXERCISE

Following the data preview, participants moved on to participate in the prioritization exercise. The prioritization method was a two-step process that aided participants in analyzing each theme on various criteria and comparing themes to one another that resulted in a final ranking. In the first step, participants ranked each of the seven themes by severity/magnitude, impact on communities, and ability to impact (referring to their organization's capacity and reach). In the second step, participants used a prioritization matrix to compare each theme to the others and decided which was more important on a 3-point scale. Finally, the score given to each theme was calculated by averaging step one and step two results. In the case that multiple individuals from the same organization participated in the prioritization exercise, their steps 1 and 2 results were averaged so each organization effectively was given one vote.

Both steps 1 and 2 resulted in Healthcare Access and Housing, which were also found in the top three highest-ranked health needs by community members. Step 1 resulted in Mental Health as a top need, while Step 2 resulted in Food Insecurity as a top need. After discussion among members and leaders of community organizations who are serving as stakeholders in this process, it was decided that Strong Economy / Livable wages would be removed as a priority area and instead be used as an undercurrent of the other priority areas, as this is most feasible to the CHIP process. Organizations that participated in the original exercise were then asked to vote to break the tie between Mental Health and Food Insecurity. **The final vote resulted in the priority areas of: 1) Healthcare Access, 2) Housing, and 3) Mental Health.**

GOAL SETTING

On July 28, 2025, the CHIP Steering Committee convened to move into the next phase of the CHIP process: Goal Setting. This workshop was held virtually, and participants were presented with a brief presentation about the CHIP process, the finalized priority areas, and everyone's role in the CHIP. Prior to this meeting, a brief survey was shared with the steering committee to gauge if any members were interested in supporting one of the priority areas as a lead in the workgroup. We received interest from 2 people per priority area, and these individuals were introduced as such at the meeting. Their involvement as a co-lead is to support discussion in their priority area, support note-taking, build the agenda for meetings, and consistently provide or relay feedback for the CHIP/CHNA process. After introductions, everyone was put into one of three breakout rooms based on their priority area of interest. The primary purpose of these breakout rooms was to initiate the development of 1–2 broad goal statements per priority area. Participants were engaged in facilitated conversations in these breakout rooms by CHIP workgroup staff, and the workshop concluded with the successful development of goals for each priority area.

STRATEGY DEVELOPMENT

A second CHIP stakeholder meeting was held virtually on August 7, 2025. During this session, attendees reconvened in priority-specific breakout groups to review the finalized goals and participate in a facilitated discussion with the goal of developing 1-3 strategies per goal. Participants engaged in brainstorming activities to surface potential strategies, programs, or partnerships that could support strategy implementation. This was successfully completed, and the stakeholder group was then instructed to submit their agency-specific activities for reaching the goals developed by the CHIP workgroups.

NOTE: During the CHIP Priority process, the Mental Health Workgroup was consulted about the name of the “Mental Health” Priority area. To capture the topics of mental distress, mental health conditions, suicidal ideations and behaviors, and substance use, the name was changed to “Behavioral Health”.



TERMINOLOGY & DEFINITIONS

COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA):

A structured process that involves community members, hospital systems, and partners in collecting and analyzing both qualitative and quantitative health data from a variety of sources within a community. The results are compiled into a community health profile which helps identify key health concerns, guide local decisions, and shape improvement efforts. This assessment is updated every 3 to 5 years to ensure data remains current.

COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP):

An action-oriented plan that focuses on the top health concerns identified through the CHNA and community input. It outlines specific strategies and measurable steps aimed at improving community health over a 3-to-5-year period.

PRIORITY AREA:

A key health need or strength within the community identified through data analysis that becomes the focus of improvement efforts in the CHIP. These areas are selected based on multiple contributing factors.

GOALS:

Community wide efforts or actions aimed at addressing the root causes of priority health issues. One or more strategies may support each goal.

OBJECTIVES:

Detailed specific actions that contribute to achieving a strategy and reaching a goal. Every strategy includes at least one objective.

ACTIVITY:

A concrete task or action that helps accomplish an objective. Each objective is supported by at least one activity.

INDICATOR:

A specific measurable result that shows the impact of an activity and how progress towards goals or objectives will be tracked.

PRIORITY AREA 1

HOUSING

2024 Barry County Community Health Needs Assessment survey results indicate that 36.4% of community respondents identify a lack of attainable housing as a top concern in Barry County ⁽¹⁾. Current resources in the county fall short in meeting the needs of our community members. Barry County leadership and stakeholders note that housing is low and that scarcity impacts a variety of individuals in our community ⁽¹⁾.

Over half (56.3%) of service providers in our community report that existing programs fail to meet residents' housing needs ⁽¹⁾. Reasons for this have been cited as restrictions based on current funding guidelines for service providers due to the definition of "homelessness" ⁽¹⁾. Many Barry County residents double up or couch surf, therefore not meeting the state definition of homeless, which is described as someone who lacks a fixed, regular, and adequate nighttime residence like a public or private place not designed for human habitation, living in a shelter, or someone exiting an institution where they resided for 90 days or less but were in an emergency shelter or place not meant for human habitation immediately before entering the institution ⁽⁹⁾.

Households are considered to be cost-burdened if they spend more than 30% of their income on housing, and severely cost-burdened if they spend 50% of their income on housing ⁽¹⁶⁾. When more than 30% of their income is spent on housing, this causes limited money to spend on other necessities like healthy food or healthcare. This, in turn, increases stress, mental health problems, and an increased risk of disease ⁽¹⁰⁾.

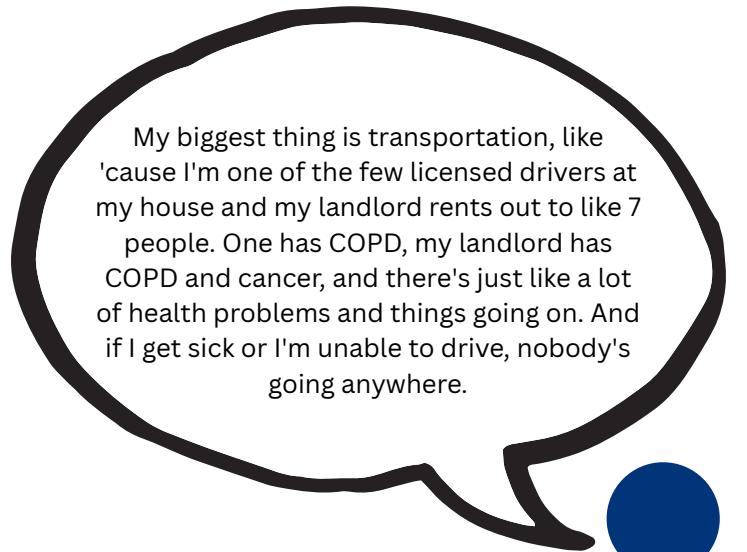
The ALICE (Asset Limited, Income Constrained, Employed) population includes households that earn more than the federal poverty level, yet less than the basic cost of living in the county. Despite struggling to make ends meet, ALICE households do not always qualify for public assistance. In 2023, 33% of Barry County households lived below the ALICE Threshold (poverty-level and ALICE households combined) ⁽¹⁵⁾.

Healthy People 2030 states policies that make housing more affordable are necessary to improve health and reduce the risk of homelessness. Addressing this issue in Barry County will benefit our community by ensuring everyone has access to safe and stable housing ⁽¹⁰⁾.



HOUSING DATA

- In 2023, 34.0% of Barry County residents were living below the ALICE (Asset Limited, Income Constrained, Employed) threshold, highlighting the struggle to afford essentials ⁽¹⁵⁾.
- In 2023, this disparity was even more pronounced among Hispanic residents (52%) and those aged 65 and older (43.0%) ⁽¹⁵⁾.
- According to community partners, unlivable wages (40%), lack of transportation (33%), inability to prioritize health-conscious decisions (27%), and living conditions (27%) are the top problems that negatively impact the health of the community in which they serve ⁽¹⁾.



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

Underserved
Population
Focus Group ⁽¹⁾



GOALS & STRATEGIES



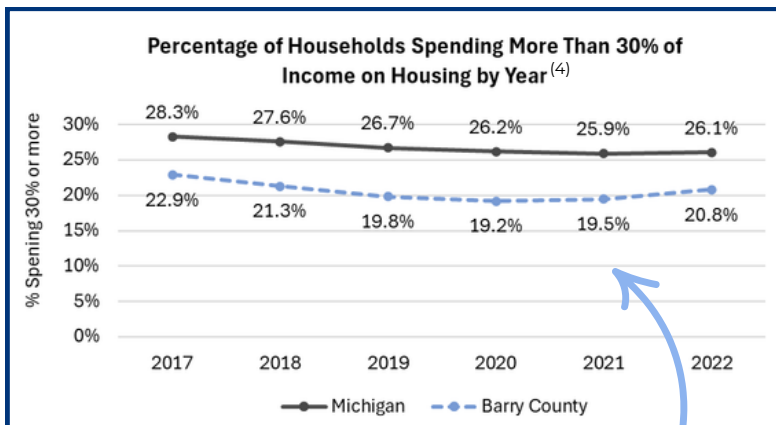
Increase awareness and knowledge of Barry County housing resources and needs.

- Expand promotion of available housing resources.
- Enhance housing stability through community education.



Strengthen governmental support to address housing-related policy change.

- Provide education to local elected officials to advocate for zoning changes.
- Address stigma and shift perceptions of housing to increase community and governmental support.



The percentage of households spending more than 30% of their income on housing has consistently been lower in Barry County compared to the state of Michigan. From 2017 to 2022, this percentage remained relatively stable, with a slight decline from 22.9% in 2017 to 19.2% in 2020 ⁽⁴⁾. However, **in 2021 and 2022, the percentage rose again to 20.8%, indicating a potential shift in housing affordability trends** ⁽⁴⁾.

SOURCES

- [\(1\) Barry County 2024 CHNA](#)
- [\(4\) American Community Survey \(ACS\)](#)
- [\(9\) Michigan Definition of Homeless](#)
- [\(10\) Healthy People 2030](#)
- [\(15\) United For ALICE](#)

HOUSING WORKPLAN

GOAL 1: INCREASE AWARENESS AND KNOWLEDGE OF BARRY COUNTY HOUSING RESOURCES AND NEEDS

STRATEGY 1: EXPAND PROMOTION OF AVAILABLE HOUSING RESOURCES

Activity	Timeframe	Activity Leads	Performance Indicator
Add resource links to Barry County Chamber & EDA website. All housing resource partners should have similar backlinks to existing programs.	Dec 2026	BCCEDA & Other Partners	Number of resource partners with detailed information on websites; website visit data
Update County Housing Needs Assessment to include housing resource guide info page.	Dec 2026	BCCEDA	QR link tracking; website link clicks
Distribute physical copies of resource guide on-site at partner organizations.	Dec 2026	United Way	Number of brochures distributed/referrals made
Increase the production of homes in Barry County to one per year.	Dec 2027	Habitat for Humanity-Barry County	Number of homes produced
Display flyers or brochures from housing agencies at the library (resources created by United Way and other partners).	Jun 2026	Hastings Public Library	Creation of display
Host public info sessions (led by housing partners-United Way) on rental assistance, landlord/tenant rights, or zoning updates.	Dec 2027	Hastings Public Library	Sessions scheduled
Add local housing resource links to the library's website.	Dec 2025	Hastings Public Library	Links posted
Provide meeting space for housing-related community workshops or town halls.	Dec 2027	Hastings Public Library	Sessions scheduled
Continue to provide weekly housing update information on our website and by email distribution to anyone that requests it.	Dec 2027	Barry County United Way	Number of people and agencies distributed to
BCCMHA will have United Way contact information and the UW housing resource guide on the agency website.	Dec 2027	BCCMHA	Presence of UW information and resource guide on the agency website

HOUSING WORKPLAN (CONT.)

GOAL 1: INCREASE AWARENESS AND KNOWLEDGE OF BARRY COUNTY HOUSING RESOURCES AND NEEDS

STRATEGY 1: EXPAND PROMOTION OF AVAILABLE HOUSING RESOURCES

Activity	Timeframe	Activity Leads	Performance Indicator
BCCMHA will provide training on UW and 211 to staff annually.	Dec 2027	BCCMHA	Annual training
BCCMHA staff will assist individuals with connecting to 211 as appropriate.	Dec 2027	BCCMHA	Continued assistance to individuals in connecting with 211.
Staff training on 211 and available housing resources; United Way joins BEDHD staff education meeting to teach about resources.	Dec 2027	BEDHD	Number of staff trainings held

GOAL 1: INCREASE AWARENESS AND KNOWLEDGE OF BARRY COUNTY HOUSING RESOURCES AND NEEDS

STRATEGY 2: ENHANCE HOUSING STABILITY THROUGH COMMUNITY EDUCATION

Activity	Timeframe	Activity Leads	Performance Indicator
Social media campaign to share resources, partner organizations, and data related to housing needs and assistance.	Dec 2027	BCCEDA	Post engagement; referrals from social media posts
Host community workshops, webinars, and information sessions regarding housing needs and resources.	Dec 2027	BCCEDA Barry County United Way	Number of events; attendees per event
Continue to offer orientation training to front line workers and organizations that request education on housing availability.	Dec 2027	Barry County United Way	Number of organizations and agencies that attend trainings.
Publish an annual State of Housing in Barry County data brief.	Dec 2027	BEDHD	Number of data briefs published

HOUSING WORKPLAN (CONT.)

GOAL 2: STRENGTHEN GOVERNMENT SUPPORT TO ADDRESS HOUSING RELATED POLICY CHANGE

STRATEGY 1: PROVIDE EDUCATION TO LOCAL ELECTED OFFICIALS TO ADVOCATE FOR ZONING CHANGES

Activity	Timeframe	Activity Leads	Performance Indicator
Provide regular updates to boards, commissions, community partners about housing resources, definitions and legislative updates.	Dec 2027	BCCEDA	Number of presentations given
Establish a legislative committee that can provide regular updates and identify policy priorities.	Dec 2027	BCCEDA	Creation of committee; number of committee meetings/updates
Provide data to governmental officials on housing needs as requested.	Dec 2027	Barry County United Way	Governmental entities will increase their support of new housing initiatives

GOAL 2: STRENGTHEN GOVERNMENT SUPPORT TO ADDRESS HOUSING RELATED POLICY CHANGE

STRATEGY 2: ADDRESS STIGMA AND SHIFT PERCEPTIONS OF HOUSING TO INCREASE COMMUNITY AND GOVERNMENTAL SUPPORT

Activity	Timeframe	Activity Leads	Performance Indicator
Develop a social media testimonial feature that includes local community members and partners to highlight positive impact from housing access and support programs.	Dec 2027	BCCEDA	Number of clicks Creation of social media testimonial
Provide up to date data to governmental entities regarding the housing needs of our community.	Dec 2027	Barry County United Way	Governmental entities will increase their support of new housing initiatives
Pursue implementation of a Community Land Trust model in Barry County to reduce housing costs by separating land ownership from homeownership.	Dec 2027	Barry Community Foundation	Progress toward establishing land trust entity; number of homes incorporated into land trust
Develop and promote materials showing the link between housing and health (revamp housing flyer, presentations to local coalitions/BOH).	Dec 2027	BEDHD	Number of community groups educated

PRIORITY AREA 2

HEALTHCARE ACCESS

Access to healthcare is vital for maintaining overall health, preventing disease, and managing chronic conditions. This includes not only access to healthcare providers but also having adequate health insurance coverage ⁽¹⁷⁾.

The community survey conducted during the CHNA process revealed that 40.8% of community respondents identified a lack of healthcare access as one of the top three issues in Barry County impacting the community's health ⁽¹⁾. This includes a lack of access to general healthcare, dental, vision, and mental healthcare services. Respondents also highlighted several key barriers to accessing healthcare, such as high costs and challenges in navigating the healthcare system.

Community survey respondents reported that the cost of healthcare was the top barrier to accessing healthcare in their community, cited by 66% of respondents, followed by prescription or medication costs (35%), and finding a practice that accepts new patients (34%) ⁽¹⁾.

Focus group participants echoed these concerns, noting that many must travel to Grand Rapids or Lansing for specialized services and face long wait times and confusion when navigating the healthcare system.

Despite these challenges, there have been positive trends in healthcare access in Barry County. According to the Barry County Behavioral Risk Factor Survey (BRFS), the percentage of adults unable to see a provider due to cost has steadily declined over recent survey periods.

Furthermore, the percentage of adults aged 18–64 without healthcare coverage dropped from 13.9% in 2014–2016 to 5.3% in 2020–2022 ⁽¹¹⁾. These improvements suggest meaningful progress in expanding access to healthcare for county residents.

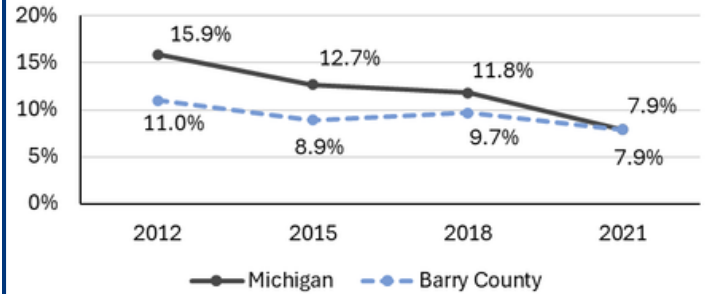
While progress has been made, continued efforts are essential. Barry County organizations remain committed to improving access to healthcare by helping residents navigate the healthcare system and by promoting and expanding available healthcare resources throughout the community.



HEALTHCARE ACCESS DATA

- 38.9% of Barry County residents who completed the community survey reported that they struggled to meet their healthcare needs in the past 2 years ⁽¹⁾. Among those who faced these challenges, 27% cited the high cost as a barrier, 15% were unable to afford deductibles or co-pays, and 14% pointed to providers not accepting their health insurance in the area ⁽¹⁾.
- “I’m grateful to have insurance, but I have to drive to Grand Rapids, and it’s downtown Grand Rapids. And for a person with chronic pain and fatigue issues, it’s about a 50-minute drive ⁽¹⁾.”
- “It’s usually just big words that I don’t understand, and then they leave me questioning what is even going on, usually ⁽¹⁾.”

Percentage of Adults Reporting They Could Not See a Healthcare Provider in the Past Year Because of Cost, 2012-2021 ^(11, 12)



The percentage of adults in Barry County and Michigan who could not see a healthcare provider due to cost has been **steadily declining** over the past three survey periods.

GOALS & STRATEGIES

1

Improve support for community members to navigate the healthcare system.

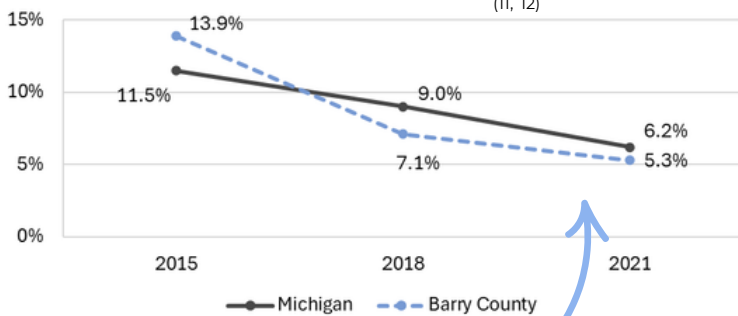
- Provide education to the community to help them navigate the healthcare system.
- Provide support for Medicaid utilization and navigation.

2

Improve community health through promotion and expansion of healthcare resources.

- Expand access to and awareness of specialty care services in Barry County.
- Strengthen organization collaboration for resource sharing and a streamlined referral process.

Percentage of Adults 18-64 Years of Age Reporting No Health Care Coverage ^(11, 12)



The percentage of Barry County adults aged 18-64 without healthcare coverage has decreased from 13.9% in the 2014-2016 period to 5.3% in 2020-2022 ⁽¹¹⁾. **This positive trend indicates an improvement in healthcare access among residents of Barry County.**

SOURCES

- (1) Barry County 2024 CHNA
- (11) Barry County BRFS
- (12) Michigan BRFS

HEALTHCARE ACCESS WORKPLAN

GOAL 1: IMPROVE SUPPORT FOR COMMUNITY MEMBERS TO NAVIGATE THE HEALTHCARE SYSTEM

STRATEGY 1: PROVIDE EDUCATION TO THE COMMUNITY TO HELP THEM NAVIGATE THE HEALTHCARE SYSTEM

Activity	Timeframe	Activity Leads	Performance Indicator
Conduct MIOptions counseling appointments accessed via 1800-803-7174.	Jun 2026	CareWell Services SW MIOptions Workers	# appointments set via Mi211 and referrals received direct to the agency
Increase medical and other benefit enrollment opportunities to Veterans.	Dec 2027	Barry County United Way Veteran’s Affairs	Increase open appointments for enrollment
Train Community Health Workers (CHW’s) throughout Barry County on finding care, understanding benefits, etc.	Dec 2026	Corewell Health Priority Health	Development and distribution of educational tool Leverage CHW service to educate and connect to proper resources
Investigate providing assistance to community members applying for Medicaid or healthcare programs online.	Sep 2026	Hastings Public Library	Training of staff/volunteers and promotion of assistance availability, if feasible. Need to understand liability, determine process.
Partner with healthcare agencies to offer information sessions at the library (enrollment help, preventive care education).	Dec 2027	Hastings Public Library	Sessions scheduled
Provide computer access and for community members applying for Medicaid or healthcare programs online.	Dec 2027	Hastings Public Library	Ongoing, computers always available
Create and share at least two educational materials per year for staff and the public about navigating the healthcare system.	Dec 2027	BEDHD	Number of materials distributed
Translate materials and forms into Spanish and other languages as needed.	Dec 2027	BEDHD	Number of translated materials available.

HEALTHCARE ACCESS WORKPLAN (CONT.)

GOAL 1: IMPROVE SUPPORT FOR COMMUNITY MEMBERS TO NAVIGATE THE HEALTHCARE SYSTEM

STRATEGY 2: PROVIDE SUPPORT FOR MEDICAID UTILIZATION AND NAVIGATION

Activity	Timeframe	Activity Leads	Performance Indicator
Conduct SHIP one on one appointments.	Jun 2026	CareWell Services SW BCCOA In-Kind and volunteer SHIP Workers	Number of appointments conducted
Train additional CHWs.	Mar 2026	CareWell Services SW	Additional CHW trained and certified at CareWell Services SW
Recruit, hire, and train Barry County Community Health Workers (CHWs) on MI Bridges.	Dec 2027	Corewell Health	Close-loop referral resolutions for those who are eligible, but not covered by Medicaid
Develop and distribute easy-to-understand Medicaid guides.	Dec 2027	Corewell Health	Increase number of patients who are eligible for Medicaid, and connected to proper coverage they are eligible for
Maintain resources (pamphlets, maps, guides) with healthcare and Medicaid navigation information.	Jun 2026	Hastings Public Library	Creation of display
Share step-by-step guides or “how to” brochures on navigating Medicaid or finding a primary care provider. Must be supported by other agencies providing the resources/flyers.	Jun 2026	Hastings Public Library	Creation of display
Train staff in MI Bridges to assist residents with Medicaid enrollment and benefits (two in 2025, two additional by 2027).	Dec 2027	BEDHD	Number of staff trained in MI Bridges

HEALTHCARE ACCESS WORKPLAN (CONT.)

GOAL 1: IMPROVE SUPPORT FOR COMMUNITY MEMBERS TO NAVIGATE THE HEALTHCARE SYSTEM

STRATEGY 2: PROVIDE SUPPORT FOR MEDICAID UTILIZATION AND NAVIGATION

Activity	Timeframe	Activity Leads	Performance Indicator
Promote Medicaid enrollment by participating in community events focused on outreach and access to coverage.	Dec 2027	BEDHD	Number of events attended
Educate the community about transportation barriers and promote awareness of Medicaid transportation benefits and local mobility resources.	Dec 2027	BEDHD	Number of outreach activities conducted

GOAL 2: IMPROVE COMMUNITY HEALTH THROUGH PROMOTION AND EXPANSION OF HEALTHCARE RESOURCES

STRATEGY 1: EXPAND ACCESS TO AND AWARENESS OF SPECIALTY CARE SERVICES IN BARRY COUNTY

Activity	Timeframe	Activity Leads	Performance Indicator
Collaborate with Corewell to explore establishing a healthcare center in Delton as part of MS Bond project.	Dec 2027	DK Schools Corewell Health	Progress on partnership discussions with Corewell; Development of project proposal; Number of community members engaged
Create a resource guide for specialty providers in the area and distribute throughout county.	Dec 2028	Corewell Health	Resource guide development and distribution throughout identified key stakeholders
Expand specialty care offices/providers in Barry County through increased telehealth options.	Dec 2028	Corewell Health	Increase by 25% throughout the IS plan

HEALTHCARE ACCESS WORKPLAN (CONT.)

GOAL 2: IMPROVE COMMUNITY HEALTH THROUGH PROMOTION AND EXPANSION OF HEALTHCARE RESOURCES

STRATEGY 2: STRENGTHEN ORGANIZATION COLLABORATION FOR RESOURCE SHARING AND A STREAMLINED REFERRAL PROCESS

Activity	Timeframe	Activity Leads	Performance Indicator
Develop and implement a standardized referral process for CHW's throughout Barry County.	Dec 2028	Corewell Health Pennock Hospital	Standardized referral process implemented by end of IS plan
Conduct a gap analysis for better resource sharing via CIE (Community Information Exchange).	Dec 2028	BEDHD Corewell Health Pennock Hospital	Gap analysis executed and strategies identified to close the gaps throughout Barry County
Conduct process mapping and collaborate with hospital systems to improve clinician best practices for overdose prevention.	Dec 2027	BEDHD	Process mapping completed; number of partners engaged
Improve access to community resources that address SDOH needs by actively promoting and increasing awareness and utilization of the 211-resource line.	Dec 2027	BEDHD	Number of programs referring to 211

PRIORITY AREA 3

BEHAVIORAL HEALTH

According to the 2024 Barry County Community Health Needs Assessment, behavioral health encompasses mental health conditions, mental distress, self-harm, suicidal ideations, and substance use. Community input strongly emphasized the importance of this issue. Over half of survey respondents ranked mental health concerns such as anxiety, depression, and self-harm as the #1 issue impacting their community ⁽¹⁾. Substance use was the second-highest concern, identified by 43.4% of respondents as a top community health problem ⁽¹⁾.

When asked which substances negatively affected themselves or someone they knew, 63.1% identified alcohol, followed by nicotine (41.6%), marijuana (30.5%), vaping (27.3%), and prescription drugs (26.7%) ⁽¹⁾. Mental health conditions and substance use disorders (SUD) frequently co-occur, underscoring the need for an integrated approach ⁽¹⁸⁾. For this reason, the Steering Committee combined Mental Health and Substance Use Disorder into one priority area: Behavioral Health. This allows Barry County to implement coordinated strategies that address both issues.

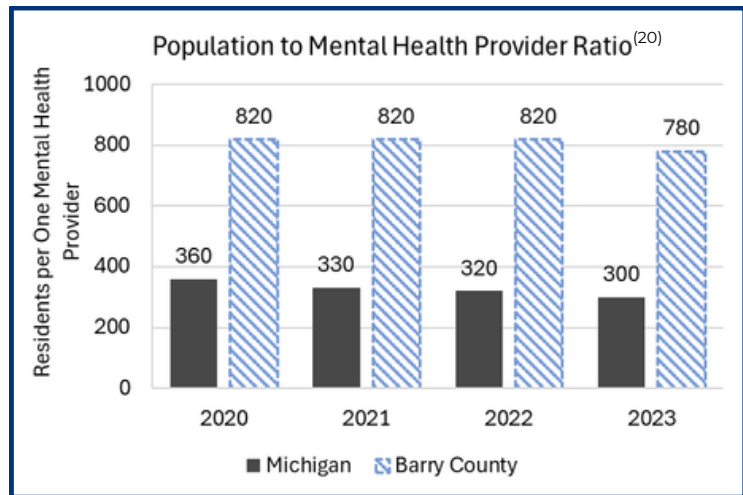
Provider input reinforced these concerns, with 62.5% reporting that SUD and addiction treatment services in Barry County do not meet current needs ⁽¹⁾. Residents echoed this gap, noting that services often require traveling outside the county, while eligibility criteria and affordability create further barriers ⁽¹⁾. Among survey participants, 26.4% reported needing mental health treatment or counseling in the past year but not receiving it ⁽¹⁾. The main barriers cited were cost (44.4%) and insufficient insurance coverage (42.2%) ⁽¹⁾.

Suicide trends further highlight the urgency of improving Behavioral Health. Nationally, suicide is one of the leading causes of death, with one death every 11 minutes ⁽¹⁹⁾. Locally, Barry County's suicide rate (13.7 per 100,000 residents, 2021-2023) was slightly lower than the state rate (14.6 per 100,000, 2021-2023)⁽⁵⁾.



BEHAVIORAL HEALTH DATA

- Mental health ranked #1, and substance use ranked #2 among the top health concerns in Barry County ⁽¹⁾.
- A majority of providers (62.5%) reported that SUD and addiction treatment services do not meet local demand ⁽¹⁾.
- Alcohol (63.1%) was most frequently cited as having a negative impact, followed by nicotine, marijuana, vaping, and prescription drugs ⁽¹⁾.
- Over one in four residents needing mental healthcare did not receive it, most often due to cost or lack of insurance coverage ⁽¹⁾.



GOALS & STRATEGIES

1

Promote awareness, understanding, and coordination of Behavioral Health resources to reduce barriers and improve community-wide mental well-being

- Strengthen partnerships with local organizations and community spaces to connect the community to services.
- Implement a community campaign aimed to reduce stigma and increase understanding of Behavioral Health services.

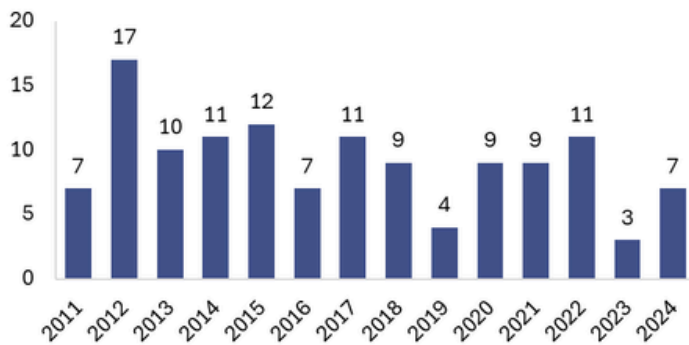
2

Increase access to effective and affordable Behavioral Health services for all community members

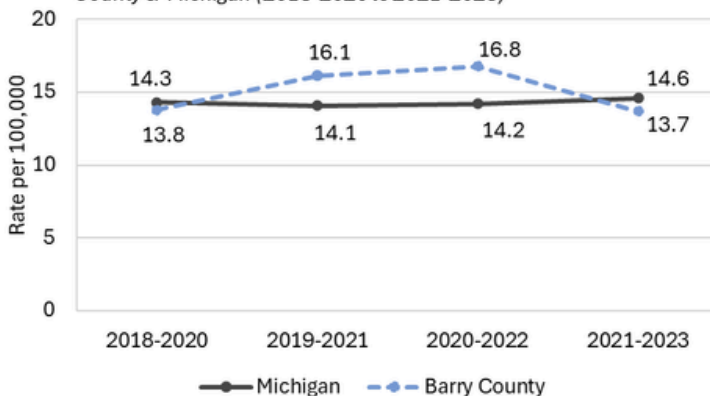
- Expand school-based Behavioral Health supports.
- Ensure in-person access is improved across the community.

Suicide Mortality in Barry County

A. Annual Suicide Deaths, Barry County (2011-2024)⁽¹⁴⁾



B. Three-Year Average Age-Adjusted Suicide Rates, Barry County & Michigan (2018-2020 to 2021-2023)⁽⁵⁾



SOURCES

- (1) Barry County Community Health Needs Assessment.
- (5) Vital Statistics
- (12) Michigan BRFSS
- (14) Barry County Central Dispatch
- (20) US Centers for Medicare & Medicaid

BEHAVIORAL HEALTH WORKPLAN

GOAL 1: INCREASE ACCESS TO EFFECTIVE AND AFFORDABLE BEHAVIORAL HEALTH SERVICES FOR ALL COMMUNITY MEMBERS

STRATEGY 1: EXPAND SCHOOL-BASED BEHAVIORAL HEALTH SUPPORTS

Activity	Timeframe	Activity Leads	Performance Indicator
Maintain/expand coordination and implementation of the Signs of Suicide program in middle and high schools serving Barry County students, at or above 2025 program outcomes/outputs.	Dec 2027	BCCMHA	Number of Signs of Suicide training provided annually
Provide a minimum of one Youth MHFA training per year for school personnel working with/serving youth.	Dec 2027	BCCMHA	Number of Youth MHFA sessions completed annually
Promotion/Outreach to school counseling staff, annually, regarding BCCMHA services, including Access (24/7 response), Children’s Mobile Crisis, Urgent Care, and other programs/services; a minimum of one formal interaction with a minimum of 8 schools serving Barry County youth/students each year.	Dec 2027	BCCMHA	Development and continued distribution of educational materials
Add Behavioral Health data and education into school newsletter.	Dec 2027	BEDHD	Number of newsletters distributed with Behavioral Health education or data

BEHAVIORAL HEALTH WORKPLAN (CONT.)

GOAL 1: INCREASE ACCESS TO EFFECTIVE AND AFFORDABLE BEHAVIORAL HEALTH SERVICES FOR ALL COMMUNITY MEMBERS

STRATEGY 2: ENSURE IN-PERSON ACCESS IS IMPROVED ACROSS THE COMMUNITY

Activity	Timeframe	Activity Leads	Performance Indicator
BCCMHA to provide transit passes to individuals needing transportation for scheduled appointments.	Dec 2027	BCCMHA	Number of bus passes provided
BCCMHA Community Health Workers (CHWs) will assist individuals in contacting their Medicaid provider to schedule transportation for appointments.	Dec 2027	BCCMHA	Number of individuals assisted
Connect with Barry County Transit to obtain current information and train staff on information provided during interdisciplinary huddles.	Dec 2027	BCCMHA	Annual contact with Barry County Transit to problem-solve issues and receive current information
Provide a minimum of two community presentations/workshops, annually, to help community stakeholders, partners, and residents better understand the complete array of services available at BCCMHA and throughout the community/region.	Dec 2027	BCCMHA	Number of community workshops conducted annually
Conduct community surveys and focused interviews; a minimum of one community survey would be conducted annually, along with a minimum of one focus group discussion, annually, to further assess community member understanding of access to Behavioral healthcare in Barry County, with a focus on BCCMHA's services.	Dec 2027	BCCMHA	Number of community surveys and focus group conducted annually
Present data and information on local Behavioral Health gaps to community coalitions and partners	Dec 2027	BEDHD	Number of presentations or coalition meetings attended
Actively participate in coalitions and workgroups focused on improving access to Behavioral healthcare	Dec 2027	BEDHD	Number of groups actively participated in

BEHAVIORAL HEALTH WORKPLAN

GOAL 2: PROMOTE AWARENESS, UNDERSTANDING, AND COORDINATION OF BEHAVIORAL HEALTH RESOURCES TO REDUCE BARRIERS AND IMPROVE COMMUNITY-WIDE MENTAL WELL-BEING

STRATEGY 1: STRENGTHEN PARTNERSHIPS WITH LOCAL ORGANIZATIONS AND COMMUNITY SPACES TO CONNECT THE COMMUNITY TO SERVICES.

Activity	Timeframe	Activity Leads	Performance Indicator
Partner with local organizations, schools, Behavioral Health providers, and community members to launch Pennock Gardens, a community wellness garden intentionally designed to support mental health, foster social connection, and improve access to Behavioral Health information and resources.	Dec 2028	B. Healthy Barry County Corewell Health	Completion of the garden; Number of visits; Perceived well-being changes
Develop school-based programs that increase opportunities for students and seniors to engage in exercise and healthy living.	Dec 2027	DK Schools	Number of programs implemented; number of students and seniors participating; feedback from participants
Host a mental health awareness display with books, pamphlets, and stigma-reduction posters. Must be supported by other agencies providing the resources/flyers.	Jun 2026	Hastings Public Library	Creation of display
Collaborate with Behavioral Health providers to hold community talks at the library (stress management, mindfulness, coping skills).	Dec 2027	Hastings Public Library	Sessions scheduled
Share hotline numbers, resource guides, and crisis service information on displays and the library website.	Jun 2026	Hastings Public Library	Creation of display and posting of links/phone numbers on website
Promote Mental Health Month/Week with themed displays and resource-sharing.	Dec 2027	Hastings Public Library	Creation of display for appropriate month
Provide quiet reading recommendations for stress relief and well-being.	Dec 2027	Hastings Public Library	Creation and maintenance of reading lists online, display creation in library

BEHAVIORAL HEALTH WORKPLAN (CONT.)

GOAL 2: PROMOTE AWARENESS, UNDERSTANDING, AND COORDINATION OF BEHAVIORAL HEALTH RESOURCES TO REDUCE BARRIERS AND IMPROVE COMMUNITY-WIDE MENTAL WELL-BEING

STRATEGY 1: STRENGTHEN PARTNERSHIPS WITH LOCAL ORGANIZATIONS AND COMMUNITY SPACES TO CONNECT THE COMMUNITY TO SERVICES

Activity	Timeframe	Activity Leads	Performance Indicator
BCCMHA will distribute educational materials through the community on how to access Behavioral Health services, including crisis care. This includes local bars, libraries, churches, and small businesses.	Dec 2027	BCCMHA	Development and continued distribution of educational materials
BCCMHA CHWs will be present at local establishments and events to provide information on access to services.	Dec 2027	BCCMHA	CHW presence at local events and establishments
Implement a harm reduction education campaign.	Dec 2027	BEDHD	Campaign launched; number of materials distributed

BEHAVIORAL HEALTH WORKPLAN (CONT.)

GOAL 2: PROMOTE AWARENESS, UNDERSTANDING, AND COORDINATION OF BEHAVIORAL HEALTH RESOURCES TO REDUCE BARRIERS AND IMPROVE COMMUNITY-WIDE MENTAL WELL-BEING

STRATEGY 2: IMPLEMENT A COMMUNITY CAMPAIGN AIMED TO REDUCE STIGMA AND INCREASE UNDERSTANDING OF BEHAVIORAL HEALTH SERVICES

Activity	Timeframe	Activity Leads	Performance Indicator
A minimum of one media campaign will be completed annually, addressing recovery and access to quality care at BCCMHA; the media campaign will include a multi-strategy approach, utilizing a minimum of 3 media markets and approaches. Reach, impressions, and views will be tracked.	Dec 2027	BCCMHA	Number of media campaigns completed annually
Increase distribution of test strips through new community partners.	Dec 2027	BEDHD	Number of new distribution partners
Coordinate annual staff training with BCCMH to educate staff on available Behavioral Health and substance use resources.	Dec 2027	BEDHD	Number of staff trainings
BEDHD staff will attend local suicide prevention and Behavioral Health network meetings to stay informed of community resources and initiatives.	Dec 2027	BEDHD	Number of meetings attended
Establish partnerships with local businesses to distribute free Narcan and display flyers on how to access local harm reduction services.	Dec 2027	BEDHD	Number of business partners engaged; Number of Narcan kits distributed
BEDHD will coordinate the response to unusual drug-related events in Barry County, including sudden increases in drug overdoses or new and dangerous substances.	Dec 2027	BEDHD	Number of rapid response actions conducted

GETTING INVOLVED

Improving the health of Barry County is a shared responsibility that requires the collaboration of everyone – community members, community organizations, and governmental bodies. Everyone has the ability to create a healthier community by staying informed on local issues, taking individual steps to improve their health, and advocating for policies that prioritize addressing social determinants of health. This collaborative work is essential for a healthier and more equitable future for all.

The Barry-Eaton District Health Department is always seeking new partners in Barry County to join our stakeholders. We invite participation from individuals and organizations across all areas of the county. We encourage stakeholders to share this plan with their partners. Any actions being done to reach the goals in this plan can be shared with the BEDHD Steering Committee.

AS A COMMUNITY MEMBER

Getting involved as a community member is simple and impactful. Begin by starting conversations about local health issues whenever the opportunity arises. Use this CHIP to identify the areas you care about most and consider joining community organizations that are dedicated to creating positive change.

AS COMMUNITY ORGANIZATIONS

Getting involved as a community organization is both straightforward and rewarding. Start by engaging your members and partners in conversations about local health priorities whenever opportunities arise. Use this Community Health Improvement Plan (CHIP) to identify focus areas that align with your mission and collaborate with other organizations committed to advancing the community's health and well-being.

AS ELECTED OFFICIALS

Elected officials are encouraged to engage with their constituents on community health matters whenever opportunities arise. They should also seek to understand key health concerns, including social determinants of health and the root causes affecting residents. Because policy decisions directly influence community well-being, it is essential that elected officials carefully review these issues. In addition, they may choose to invite stakeholders involved in the CHIP process to present at board meetings.



CONCLUSION

The 2025–2027 Barry County Community Health Improvement Plan is a roadmap for making Barry County a healthier place to live. By working together, we can make progress on the biggest concerns our community shared with us: Housing, Access to Healthcare, and Behavioral Health. This plan provides a starting point and will adapt over time to meet our community’s changing needs.

We want to thank all the community members, organizations, and partners who shared their time, ideas, and experiences to shape this plan. **Together, we can build a healthier future for everyone in Barry County.**

CHIP CORE STAFF

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COMMUNITY STAKEHOLDER ORGANIZATIONS

The following community organizations are actively involved in the 2025-2027 CHIP, either by submitting an activity or partnering with another organization to complete one. While many other organizations contribute to the CHIP, this list specifically highlights those with submitted activities.

Barry County Chamber and Economic Development Alliance

- Jennifer Heinzman
- Nichole Lyke

Barry County Community Mental Health Authority & Substance Abuse Task Force

- Christa Wetzel
- Kristyn Kostelec
- Liz Lenz
- Rich Thiemkey

Barry County United Way

- Lani Forbes
- Morgan Johnson

B. Healthy Barry County

- Catherine Getty

CareWell Services Southwest

- Karen Courtney

Corewell Health

- Amber Terhaar
- Bernard Jore

Habitat for Humanity Barry County

- Cindy Preston

Hastings Public Library

- David Edelman

REFERENCES

- (1) Barry County Community Health Needs Assessment. 2024. <https://barryeatonhealth.org/wp-content/uploads/2025/05/Barry-County-CHNA-2024-FINAL.pdf>
- (2) Barry County Michigan. Townships, Villages, and Cities. https://www.barrycounty.org/townships_villages_and_cities/index.php
- (3) 2023 ACS 5-Year Estimates (S0101) [https://data.census.gov/table/ACSST5Y2023.S0101?g=040XX00US24,24\\$0500000](https://data.census.gov/table/ACSST5Y2023.S0101?g=040XX00US24,24$0500000)
- (4) 2023 ACS 5-Year Estimates (S2503). <https://data.census.gov/map?q=ZCTA5+23060+Housing&tid=ACSST5Y2023.S2503>
- (5) 2023 MDHHS Vital Statistics 5-Year Averages. <https://vitalstats.michigan.gov/osr/chi/profiles/frame.html>
- (6) 2023/2020 ACS 5-Year Estimates (B02001) https://data.census.gov/map/0700000US390897840099999/ACSDT5Y2023/B02001?layer=VT_2023_070_00_PY_D1&loc=43.3751,-113.1138,z2.6270
- (7) 2023/2020 ACS 5-Year Estimates (B03001). <https://data.census.gov/table/ACSDT5Y2023.B03001?t=Hispanic+or+Latino&g=160XX00US3611000>
- (8) National Association for County and City Health Officials. 2024. Mobilizing for Action through Planning and Partnerships. <https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment/mapp>
- (9) Michigan Definition of Homeless. https://www.michigan.gov/-/media/Project/Websites/mcteh/Folder1/CoC_4g_HomelessDefinitionCrosswalk.pdf?rev=a5186359358e475bb19602931258a5b0
- (10) Healthy People 2023. Housing and Homes. <https://odphp.health.gov/healthypeople/objectives-and-data/browse-objectives/housing-and-homes/reduce-proportion-families-spend-more-30-percent-income-housing-sdoh-04>
- (11) Barry County Behavioral Risk Survey (BRFS) Report. <https://barryeatonhealth.org/wp-content/uploads/2023/12/FINAL-2020-2022-Barry-County-BRFS-Report.pdf>
- (12) Michigan Behavioral Risk Factor Surveillance System. <https://www.michigan.gov/mdhhs/keep-mi-healthy/communicablediseases/epidemiology/chronicepi/bfrs>
- (13) Center for Disease Control and Prevention. About Behavioral Health. <https://www.cdc.gov/mental-health/about/about-behavioral-health.html>
- (14) Barry County Central Dispatch

REFERENCES

(15) United For ALICE. <https://www.unitedforalice.org/county-reports/michigan#11/42.5957/-85.3082>

(16) United States Census Bureau. <https://www.census.gov/newsroom/press-releases/2024/renter-households-cost-burdened-race.html>

(17) Healthy People 2030. Access to Health Services. <https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/access-health-services>

(18) Substance Abuse and Mental Health Services Administration. Co-Occurring Disorders and Other Health Conditions. <https://www.samhsa.gov/substance-use/treatment/co-occurring-disorders>

(19) Center for Disease Control and Prevention. Suicide Data and Statistics. <https://www.cdc.gov/suicide/facts/data.html>

(20) US Centers for Medicare & Medicaid Services <https://www.countyhealthrankings.org/health-data/michigan/barry?year=2025>ces National Provider Identification Registry; accessed via County Health Rankings website.