CLINTON * EATON * INGHAM

Healthy!CapitalCounties℠
a community approach to better health

2024

COMMUNITY HEALTH NEEDS ASSESSMENT

FOR CLINTON, EATON, AND INGHAM COUNTIES

www.healthycapitalcounties.org

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BACKGROUND

A Community Health Assessment (CHA) is part of an ongoing, collaborative health improvement process. The CHA aims to identify, understand, and prioritize the health-related needs of residents. Results from the CHA are then used as a guide to develop a Community Health Improvement Plan (CHIP) to address those priorities. In addition, community leaders, organizations, policymakers, and others who serve in Clinton, Eaton, and Ingham Counties are encouraged to use the CHA findings to inform and adapt their work. The CHA/CHIP cycle ensures that strategies designed to improve population health are data-driven and focused on the current needs of those who live, learn, work, and play in Clinton, Eaton, and Ingham Counties. The 2024 CHA was conducted by Mid-Michigan District Health Department, Barry-Eaton District Health Department, Ingham County Health Department, University of Michigan Health-Sparrow, McLaren Greater Lansing, Eaton Rapids Medical Center, and over 60 community-based organizations and partners dedicated to improving health in the tri-county area.

VISION

The vision of the Healthy! Capital Counties Community Health Improvement Process is that all people in Clinton, Eaton, and Ingham Counties live:

- In a physical, social, and cultural environment that supports and encourages health
- In a safe, vibrant, and prosperous community that provides many opportunities to contribute and thrive
- With minimal barriers and adequate resources to reach their full potential

PURPOSE

The purpose of this Community Health Assessment is to describe the health status of the population, highlight relevant health behaviors, describe the impact of **social determinants of health (SDOH)**, and examine root causes of poor health and health inequities. A community health assessment is a continuous and systematic approach to addressing health issues of a specific community. It involves gathering data, identifying priorities, and developing strategies to improve the health of the community. Healthy! Capital Counties aims to identify, understand, and prioritize the health-related needs of all its residents.

ACKNOWLEDGEMENTS

A large-scale project such as this assessment could not have been possible without the support and meaningful participation of many people and organizations across Clinton, Eaton, and Ingham Counties. Our most sincere thanks go to the members of the Healthy! Capital Counties Steering Committee, who represent the hospital systems and local health departments across our three counties. Your continued support is essential as we embark on the exciting next phase into the Community Health Improvement Plan. We also want to acknowledge and thank those who took time out of their busy schedule to help shape our report by participating in our survey, focus groups, and stakeholder groups. We could not have made this report without the support of our community.

PROJECT SUPPORT

Support for this project was provided by:

HOSPITALS:

- Eaton Rapids Medical Center
- McLaren Greater Lansing
- University of Michigan Health-Sparrow

LOCAL HEALTH DEPARTMENTS:

- Barry-Eaton District Health Department
- Ingham County Health Department
- Mid-Michigan District Health Department

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DEFINITIONS

COMMUNITY HEALTH IMPROVEMENT PROCESS:

A comprehensive approach to assessing community health, as well as developing and implementing action plans to improve community health through substantive community member and local public health system partner engagement. The community health improvement process yields two distinct yet connected deliverables: a community health assessment - presented in the form of a community health profile - and a community health improvement plan. The community health profile is a detailed report that summarizes the health of the community, while the community health improvement plan outlines the strategies and actions needed to address identified health challenges.

COMMUNITY HEALTH ASSESSMENT (CHA):

A process that engages with community members, hospital systems, and partners to systematically collect and analyze qualitative and quantitative health-related data from a variety of sources within a specific community. The findings of the CHA are presented in the form of a community health profile and inform the prioritization of health problems, guide community decision-making, and support the development and implementation of community health improvement plans. This process is repeated every 3-5 years to ensure availability of recent data.

COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP):

An action-oriented plan outlining the prioritized community health issues (based on the community health assessment findings and community member, provider, and partner input) and how these issues will be addressed - including strategies and measures - to ultimately improve the health of a community over the course of 3-5 years. The CHIP is developed through the community health improvement process.

PROCESS

The Healthy! Capital Counties project began in December 2010 as a partnership between the four hospital systems present in our communities at the time and the three local health departments serving Clinton, Eaton, and Ingham Counties. The 2010 Patient Protection and Affordable Care Act requires non-profit hospitals to conduct or participate in a “community health needs assessment,” partner with public health and the community, and develop an action plan to address health needs identified in the assessment.

The public health departments, while accredited at the state level in Michigan, must also conduct a high-quality Community Health Assessment and Community Health Improvement Plan as prerequisites to applying for voluntary national accreditation through the Public Health Accreditation Board (PHAB). Building on a regional history of cross-hospital system and cross-health department collaboration, the entities decided to collaborate on this project to conserve and enhance the local capacity to do this work. In June of 2012, the Healthy! Capital Counties project published the first Community Health Profile and Needs Assessment, with a key findings section added in August 2012. The second round of the community health improvement process was started in Oct. 2014 and resulted in the 2015 Profile and Needs Assessment, published in Oct. of 2015. The third cycle of the Healthy! Capital Counties project started in August of 2017 and was published in Nov. 2018. The fourth cycle began in Dec. 2020 and was published in Nov. 2021. Our current cycle began in Jan. 2024 and has led to the publication of this document.

COMMUNITY ENGAGEMENT

The Healthy! Capital Counties project is unique in its multi-agency, collaborative structure that reflects the lived experiences of residents. Many view the area as one region - the tri-county area - rather than three separate counties as people often cross county borders through their work, to receive care, for leisure, or to live their daily lives. This collaboration also promises to incorporate a health equity perspective to all of its processes and data interpretations. Health equity is defined as a state in which all people have access to the economic and social conditions needed to live a healthy life. Health equity is about creating a fair and just distribution of the resources and opportunities needed to achieve well-being to assure all people have the chance for positive health outcomes.

The project included one main steering committee - which is made of hospital system and health department representatives - to provide guidance to the project staff as well as to assist with project visioning, indicator selection, promotion, and communications. Specific organizations involved in the steering committee included Barry-Eaton District Health Department, Eaton Rapids Medical Center, Ingham County Health Department, McLaren-Greater Lansing, Mid-Michigan District Health Department, and UM Health-Sparrow.

Input from the community is vital to the Community Health Assessment and occurs through various mechanisms. The first piece of community feedback was gathered via a community health needs survey. This was promoted both in-person at various places throughout the tri-county area, from coffee shops to community organizations, as well as online through social media and advertisements. The survey was available online in both Spanish and English. The survey was also available for in-person completion at all three health departments and at Cristo-Rey Community Center, where a printed Spanish version was available. An online survey was also distributed to both community organizations and health care providers to obtain perspectives on the health issues and needs currently existing in the tri-county area. Second, eight focus groups were held in various community locations (including one held virtually) across Clinton, Eaton, and Ingham Counties to gather input from traditionally underserved populations.

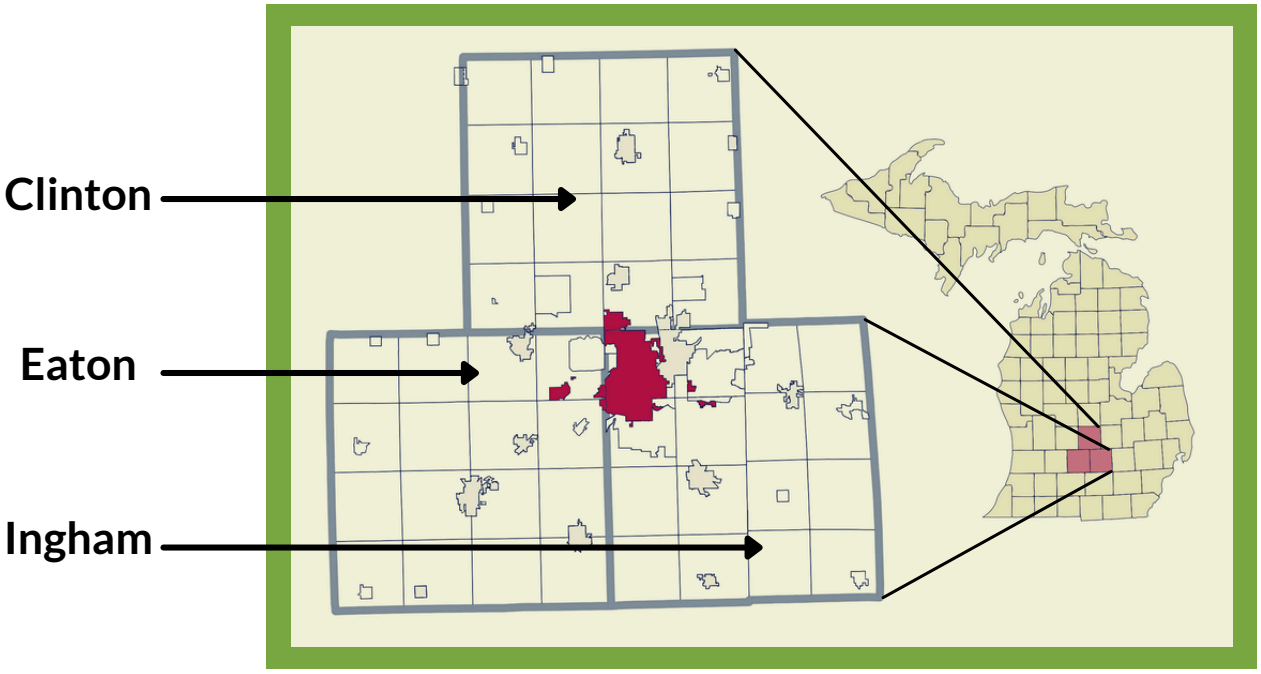
Three stakeholder meetings were held in February 2024, June 2024, and September 2024 to provide community organizations, partners, stakeholders, and the public the opportunity to give feedback on many aspects of the project. These included the quantitative indicator table, promotion of the survey and focus groups, the community survey, and a preview of quantitative and qualitative results. These meetings were critical to engage the community in the Community Health Assessment process and ensure as many voices as possible were heard.

At the third stakeholder meeting, the Data Party, the workgroup finalized the three priorities chosen from the community health assessment. Attendance at the Data Party was heartening as a large number of community members, elected officials, cross-sector agency representatives, and leaders from each of the three counties participated alongside members of the steering committee and health-focused stakeholders. Development of the Community Health Improvement Plan will be based on the priorities selected at this meeting and analysis of the community health assessment data.

JURISDICTION

Many persons living in Clinton, Eaton, and Ingham Counties view themselves as residents of a greater "Capital Area," which is centered on the urban core of the cities of Lansing and East Lansing. This is often stated as the tri-county region. These capital counties include a wide variety of communities — from East Lansing (home to Michigan State University), to downtown neighborhoods in Lansing, to inner suburban communities surrounding the urban core, to small towns and villages scattered through the countryside. The hospital systems serving the area range from a small community hospital to large tertiary care centers. The need to establish a process that would look broadly at the region as a whole and at the county level, while also viewing smaller geographic locations more closely, was essential. The jurisdiction covered by this Community Health Profile includes all of the residents living in Clinton, Eaton, and Ingham Counties.

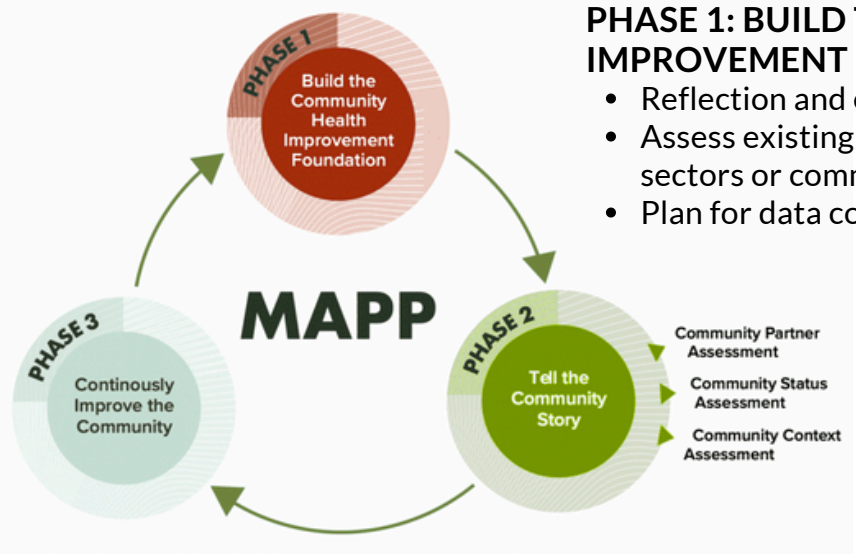
CAPITAL AREA - TRI-COUNTY REGION



MAPP 2.0 FRAMEWORK

Healthy! Capital Counties (H!CC) has used the Mobilizing for Action through Planning and Partnership (MAPP) framework for our approach in 2021 and 2024. MAPP is a widely used evidence-based framework for community health improvement that was developed by the National Association of County and City Health Officials (NACCHO) and the Centers for Disease Control and Prevention (CDC). An update to the MAPP framework was made in 2023 and coined "MAPP 2.0" with a greater focus on community engagement, upstream processes, and health equity while simplifying the ongoing and continuous process into three phases. MAPP 2.0 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. MAPP 2.0 is a strategic planning tool designed to boost the efficiency and effectiveness of the Community Health Assessment and Community Health Improvement Plan (CHIP), leading to better overall performance.

MAPP 2.0 provides a framework that is amenable to Public Health Accreditation Board (PHAB) accreditation standards which set a number of minimum criteria for the nature, content, and performance of a community health assessment by a local health department. MAPP 2.0 offers a balanced approach with aspects of both assets-based and needs-based assessment. Moreover, it includes methods to help communities organize their efforts, assess their current status, and take action to produce measurable improvements. As the figure below suggests, MAPP 2.0 serves as our "community roadmap to health."



PHASE 1: BUILD THE COMMUNITY HEALTH IMPROVEMENT FOUNDATION

- Reflection and evaluation from previous cycles
- Assess existing partnerships and engage new sectors or community members
- Plan for data collection

PHASE 2: TELL THE COMMUNITY STORY

- CHA data collection:
  - Community Partner Assessment
  - Community Status Assessment
  - Community Context Assessment
- Prioritize top health-related needs based on CHA data

PHASE 3: CONTINUOUSLY IMPROVE THE COMMUNITY

- Develop a collaborative CHIP to address the priorities identified in the CHA
- Implement goals and strategies through collective action

DATA COLLECTION

The data presented in this report is a combination of primary and secondary sources. Primary data was gathered by local health departments directly from the source for the first time during this process through surveys and focus groups. Secondary data was collected by other entities for purposes other than the Community Health Assessment.

Data collected for the H!CC project included both quantitative and qualitative components. Quantitative data consisted of numerical information, such as statistics and measurements. Qualitative data was gathered through focus groups and captured participants' experiences and perspectives in written form.

PRIMARY DATA SOURCES:

This report utilized primary data from Healthy! Capital Counties focus groups, the H!CC community, partner, and health care provider surveys and the Capital Area Behavioral Risk Factor Survey (BRFSS).

Healthy! Capital County Focus Groups

To better understand the thoughts, experiences, and views of communities experiencing inequities, a series of eight focus groups were conducted. Participants were recruited by the three representing health departments through social media posts and advertisements, press releases, flyers distributed in the community, announcements at community organization meetings, and promotion by partnering organizations. Respondents of the H!CC Community Members survey were also directed to the focus group registration page upon completion of the survey. Google Forms was utilized as the registration system for focus group participation.

Focus groups were held at various locations in the tri-county region including local libraries, community centers, and community organizations. Two focus groups were held in Clinton County, two in Eaton County, and four in Ingham County. The Persons with Disabilities focus group was offered as a hybrid format utilizing Zoom videoconferencing software, while the remaining focus groups were held in-person. The focus group participants were drawn from diverse demographic groups, including the following:

- Persons with Lived Experience of Substance Use Disorder
- Refugee and Newcomer Persons
- Spanish Speaking Persons
- Persons Under 18 Years of Age
- Black, Indigenous, and Other People of Color (BIPOC)
- Persons Eligible for Medicaid/Uninsured
- Unhoused Persons
- Persons with Disabilities

The Refugee and Newcomer Persons focus group was facilitated by community members experienced in working with this population and by interpreters for Arabic and Kinyarwanda languages. The Spanish Speaking Persons focus group was offered in Spanish through a translator, but all participants spoke English as their primary language, so it was conducted in English. The BIPOC focus group was conducted by a local facilitator. The remaining five focus groups were conducted by Local Health Department H!CC staff, using a discussion guide (**see Appendix**). Questions were adjusted or omitted based on time or group dynamics.

Focus groups were held between March 25 and May 30, 2024. Between the eight focus groups conducted, 56 people participated. Each participant was compensated for their participation in the form of a $50 Meijer gift card and food.

All focus groups were audio recorded and transcribed using Zoom. Recordings for each focus group were also transcribed utilizing NVivo Transcription internet-based software. The recordings from the Arabic and Kinyarwanda focus group sessions were translated by the Refugee Development Center. The transcripts were de-identified, checked for accuracy, and analyzed using thematic coding by H!CC Qualitative Team members.

Community, Partner, and Health Care Provider Surveys

To gather input about the community's health needs from stakeholders and the general public, an online survey was administered from April 15th, 2024 until May 31st, 2024. This survey was broken down into three different sections: the Community survey for residents who live or work in Clinton, Eaton, or Ingham Counties; the Community Partner survey for stakeholders and community organizations who serve residents from the tri-county area; and the Health Care Provider survey for health care providers (including providers who are not associated with the project's hospital system partners). The survey was developed by refining a combination of both MAPP 2.0's survey questions and H!CC's 2021 survey questions.

The survey was promoted by the three representing health departments through social media posts and advertisements, press releases, flyers distributed throughout the community, announcements at community organization meetings, and promotion from partnering organizations. Community surveys were also promoted at a local sports game for the Lansing Lugnuts to help create a diverse response from survey participants. Rewards for completing the survey were not provided to general survey respondents, but free Lansing Lugnuts tickets (1 per person) were handed out to participants who completed the survey while in the stadium during the promotion event.

In total, 987 people participated in taking the survey, with 720 surveys completed. Of those, 169 healthcare workers, 103 community partners, and 709 community members took the survey. 57 paper surveys were completed, including 28 surveys completed in Spanish. The community member survey consisted of 18 questions for community members and took about 20 minutes to finish on average (for questions, **see Appendix**).

Capital Area Behavioral Risk Factor & Social Capital Survey (BRFSS)

Since 2000, the Capital Area United Way, Barry-Eaton District Health Department, Ingham County Health Department, and Mid-Michigan Health Department have conducted a population-based landline and mobile phone health survey of adults in their jurisdictions (Barry, Eaton, Ingham, Clinton, Gratiot, and Montcalm Counties) on various behaviors, medical conditions, and preventive health care practices. The survey was conducted using the Capital Area Behavioral Risk Factor & Social Capital survey instrument, which is based on the Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System questionnaire, as well as questions developed by the health departments to collect information of interest to the local community.

During the 2020-2022 survey cycle, a total of 2,492 adults in Clinton, Eaton, and Ingham Counties responded to the landline and mobile phone survey. The results were then weighted to ensure proportionality to each county's population on demographic variables not accounted for in the disproportionate stratified sampling plan (including age, race/ethnicity, gender, education, marital status, county population, and homeowner status), using rake weights similar to the CDC's methodology. Respondents answering the question "Which one of the following would you say is your race?" with "white" were categorized as white in this report, and respondents answering with "Black or African American" were categorized as Black. The response options "Asian," "Native Hawaiian or Other Pacific Islander," "American Indian, Alaska Native," and "Other" all had fewer than 20 responses, making estimates statistically unreliable and were consequently excluded from this report. Respondents answering the question, "Are you Hispanic, Latino/a, or Spanish in origin?" with "Yes" were categorized as Hispanic.

SECONDARY DATA SOURCES:

In addition to primary data sources, secondary sources were also used. This includes the American Community Survey, U.S. Census Bureau, Michigan Care Improvement Registry, Michigan Department of Health and Human Services, Michigan State Police Incident Crime Report, Michigan Profile for Healthy Youth Survey, United States Department of Agriculture, and Michigan Association of United Ways.

American Community Survey (ACS), U.S. Census Bureau

In 1992, the House Commerce Oversight Subcommittee asked the Census Bureau to create an annual snapshot of demographic information so Congress can react to current trends instead of 10-year-old data. The American Community Survey (ACS) is the response to that request. It is an ongoing statistical survey conducted by the U.S. Census Bureau, sent to approximately 250,000 addresses monthly (or 3 million per year) that gathers information about: demographics, family and relationships, income and benefits, and health insurance. In 2010, it replaced the long form of the decennial census. Race and ethnicity are shown in this report as published by the U.S. Census Bureau.

Michigan Care Improvement Registry (MCIR)

MCIR was created in 1998 to collect reliable immunization information for children and make it accessible to authorized users. A 2006 change to the Michigan Public Health Code enabled the MCIR to transition from a childhood immunization registry to a lifespan registry which includes citizens of all ages. Immunization waiver percentages are calculated by MDHHS and are not broken down by race or ethnicity. MCIR benefits health care organizations, schools, licensed child care programs, pharmacies, and Michigan's citizens by consolidating immunization information from multiple providers into a comprehensive immunization record.

Michigan Resident Birth Files

Information about live births and birth characteristics are compiled by the Division for Vital Records and Health Statistics at MDHHS. The race of the mother is used to determine infant race, using the National Center for Health Statistics bridged race methodology. Hispanic ethnicity is recorded separately from race, and the mother's ethnicity is used to determine infant ethnicity.

Michigan Resident Death Files

Information about deaths are also compiled by the Division for Vital Records and Health Statistics at MDHHS and follow the National Center for Health Statistics bridged race methodology. For infants, the mother's race and Hispanic ethnicity in the resident death file are used to determine the infant's race and Hispanic ethnicity.

Michigan Disease Surveillance System (MDSS)

The MDSS is a web based communicable disease reporting system for the state of Michigan. It was developed to address needs in many areas of traditional disease surveillance, emerging infectious diseases and biological terrorism. It provides secure transfer and maintenance of communicable disease surveillance information. Hispanic ethnicity is shown in this report as it appears in MDSS, "Black or African American" was shortened to "Black," and "Caucasian" was renamed to "White."

Michigan Profile for Healthy Youth Survey (MiPHY) (Michigan Department of Education and MDHHS)

The Michigan Profile for Healthy Youth is an online student health survey. It provides student results on health risk behaviors including substance use, violence, physical activity, nutrition, sexual behavior, and emotional health in grades 7, 9, and 11. The survey also measures risk and protective factors most predictive of alcohol, tobacco, and other drug use and violence. Race and ethnicity categories for MiPHY data are shown in this report as published by the Michigan Department of Education.

United States Department of Agriculture (USDA)

The USDA has multiple programs and initiatives related to food and community health. The USDA does not publish race or ethnic-specific data for any of the measures in this report. The USDA measures many aspects of the food environment, including store and restaurant proximity, food prices, food and nutrition assistance programs, and community characteristics, as well as the interaction between these aspects.

Michigan Association of United Ways

Since 2014, the United Ways of Michigan have authored the ALICE report, which provides a comprehensive look at Michigan residents who are at risk of financial deprivation. ALICE stands for Asset Limited, Income Constrained, Employed, and comprises households with income above the Federal Poverty Level but below the basic cost of living for their area. These households typically do not have enough financial resources to cover unforeseen expenses which, when they occur, can cause the family to fall into poverty.

Childhood Lead Poisoning Prevention Program (CLPPP)

CLPPP data is available through the MiTracking Program that gathers existing Michigan-specific environmental and health data and provides them in one online location. MiTracking does not report data by race or ethnicity. The MiTracking Program is part of the Centers for Disease Control and Prevention's National Environmental Public Health Tracking Program.

Health Resources & Services Administration (HRSA)

The HRSA data Warehouse provides a wealth of data on health care programs and services funded by HRSA. This includes data on the geographic distribution of health resources, including health centers, hospitals, and other healthcare facilities and data on the health status of various populations, including underserved and vulnerable populations. HRSA does not publish population to provider ratios by race or ethnicity.

Michigan Incident Crime Reporting (MICR)

The Michigan Uniform Crime Reporting (UCR) program was instituted in 1959. Law enforcement agencies voluntarily submitted their crime data to compile a uniform crime report. In 1982, the collection of incident-based data began, resulting in the Michigan Incident Crime Reporting program. MICR does not report county-level offenses by race or ethnicity.

GEOGRAPHIC AREA GROUPS METHODOLOGY:

The Community Health Assessment was conducted in a diverse, tri-county area including Clinton, Eaton, and Ingham Counties. Counties are often geographically diverse, encompassing both urban and rural areas. Despite these differences, the lowest geography for which health data is usually reported is at the county level. While this data is accurate, measuring in this way can mask significant disparities that may exist within a sub-county level. To provide a more nuanced understanding of health in the capital area, this project dug deeper and sought out additional details not captured in a county-level view.

Sub-county statistics are usually not reported by health professionals due to population size. A city or township with a population of 150,000 has sufficient persons experiencing health events (births, deaths, diabetes, heart attacks, etc.) to calculate statistics that are both stable and maintain confidentiality — but a city or township with a population of 15,000 does not. To overcome this problem, some cities and townships in the tri-county area were resorted into geographic groupings of similar municipalities with sufficient population sizes for reporting health statistics. For The purposes of this project, sub-county geographic areas were grouped by City. Where possible, City information was combined to form an "Urban" geography. Other sub-county groupings were not analyzed for this report.

Tri-County Group:

Clinton, Eaton and Ingham Counties were analyzed individually, as well as an aggregate group based on county boundaries when possible based on available data.

Urban Groups:

The City of Lansing, the City of East Lansing, and Lansing Charter Township were analyzed individually and as an aggregate grouping based on existing municipal boundaries. For measures that used data from the U.S. Census Bureau, it was possible to include these municipalities in this report.

Citations:

Throughout the report, specific books and journal reports are cited with publication information. Websites are cited with web addresses. However, we also often consulted sources such as the County Health Rankings or the Michigan Department of Health and Human Services to explain background information about an indicator. These are noted with CHR and MDHHS, respectively.

LANGUAGE

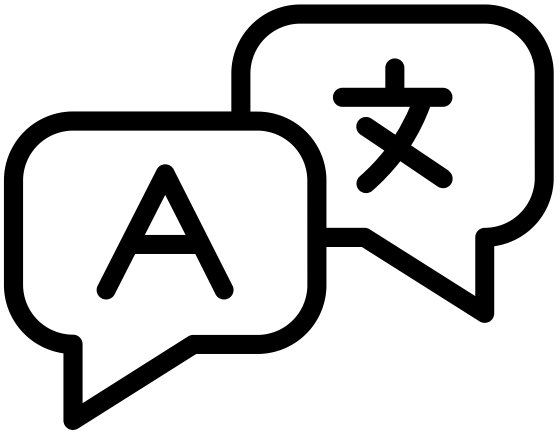
SPOKEN LANGUAGES:

Within the tri-county region, a multitude of languages are spoken daily. The languages spoken often change depending on the time of year and who is moving in or out of the region. H!CC asked community partner organizations what languages they hear spoken in their organization, including the Refugee Development Center and St. Vincent's Catholic Charities, who routinely work with refugees and newcomers and see a diverse range of clients. Additionally, a list of languages spoken at Community Health Centers within Ingham County gave a list of languages spoken by their clients in the last year. The findings from these organizations and the census data helped to create a list of spoken languages in the tri-county area. This list is limited and may not include every language spoken but encompasses most.

- English
- Spanish
- Arabic
- Swahili
- Dari
- Pashtu
- Kinyarwanda
- Somali
- Creole
- French
- Burmese
- Haitian
- Farsi
- Vietnamese
- Mandarin
- Nepali
- Cantonese
- Russian
- Amharic
- Turkish
- Ukrainian
- Hindi
- Japanese

NOTE ON LANGUAGE CHANGES:

In previous Healthy! Capital Counties CHA cycles, the word "marijuana" was used in data collection. Starting this 2024 cycle, the word "cannabis" is used in place of "marijuana". 'Cannabis' is a more neutral, scientific term, unlike 'marijuana', which has been associated with negative stereotypes and criminalization. Using "cannabis" instead of "marijuana" is a step toward undoing harmful stereotypes, fostering more accurate, stigma-free discussions around health, and ensuring that public health approaches to cannabis are grounded in equity and justice.



LIMITATIONS

FOCUS GROUPS:

Focus groups provided a valuable opportunity for community members to articulate their perspectives and experiences in their own words. While the small sample sizes of the focus groups limit the generalizability of the findings, the rich qualitative data, when considered in conjunction with primary and secondary data sources, offers valuable insights into county-wide issues. Additionally, a large number of potential scammers registered for the focus groups, which resulted in early closure of the registration form for each focus group. A lesson learned regarding scammers is to not put "gift cards offered" within the caption for social media posts, as most scammers found the opportunity through searching for focus groups with gift cards in their social media accounts. We also recommend offering gift cards to local stores (like Meijer in Michigan) instead of larger stores that can be used throughout the world (like Amazon). It is also recommended to ask for the participants' zip code, or another form of location, as a way to ensure that those who attend each focus group are from the targeted area. This caused us to have to rely on in-person focus groups over hybrid or virtual focus groups, as all scammers were unable to show up in person. Another limitation results from the locations selected for each focus group, as groups were evenly distributed among each county, and the chosen locations may not have been optimal for reaching the intended target populations. The Spanish-Speaking Persons focus group was attended by a small number of people who also spoke English. Outreach to specific Spanish-speaking populations needed to be more direct and timely. Additional focus group populations should be considered, including the LGBTQIA+ population, seniors, ALICE population, and college students.

DEMOGRAPHICS:

While the collection and analysis of data on different demographics is crucial for understanding and addressing health disparities within a Community Health Assessment, it is important to acknowledge the limitations in demographic, specifically race and ethnicity, data. It is crucial to collect and analyze race and ethnicity data for vital health indicators when those data points are essential for understanding and addressing disparities in health outcomes.

The appropriate use of race and ethnicity data should aim to identify, address, and reduce inequities in health, healthcare access, and social determinants of health. The use of race and ethnicity data is also appropriate for addressing health inequities that are rooted in structural racism, where there may be disproportionate health burdens tied to historical racial discrimination.

While race and ethnicity data are crucial for understanding and addressing health disparities, it is important to avoid overemphasizing these factors. A sole focus on race, rather than on the whole picture of a person, can obscure the role of other social determinants of health, such as class and socioeconomic status, education, or geographic location. Additionally, it can divert attention from the underlying systemic issues, such as poverty, that contribute to disparities. A more comprehensive approach that considers the intersection of various factors is necessary to effectively address health inequities.

HEALTH IMPACTS

When you think about the word "health," what comes to mind? You may consider whether or not you currently have a stuffy nose, a balanced lifestyle, or a sore back. You might recall your last doctor's visit or what medications you take. These are all aspects of health, but they represent just a piece of the puzzle. Health is a dynamic state of well-being that is influenced by a variety of factors, including physical, mental, and social factors. Staying healthy depends in part on our genetic code – something we cannot change – but this report will focus on the wide range of changeable factors that impact health like our actions and the environment in which we live, work, and play.

We can influence our physical, mental, and social health by making healthy - or healthier - choices in our everyday life. These choices, known as health behaviors, can be linked to health outcomes based on the framework established by the Massachusetts Health Funds (see next page). These behaviors can include what foods we choose to eat, whether we smoke cigarettes, or if we engage in regular physical activity. The consequences of these choices can manifest as various health outcomes. For instance, poor dietary and exercise habits may result in obesity, a condition associated with increased risks of heart disease and joint problems. Poor mental health, often worsened by socioeconomic challenges, can further negatively impact physical health. It is crucial to recognize the role of societal and environmental determinants in shaping individual choices and access to resources.

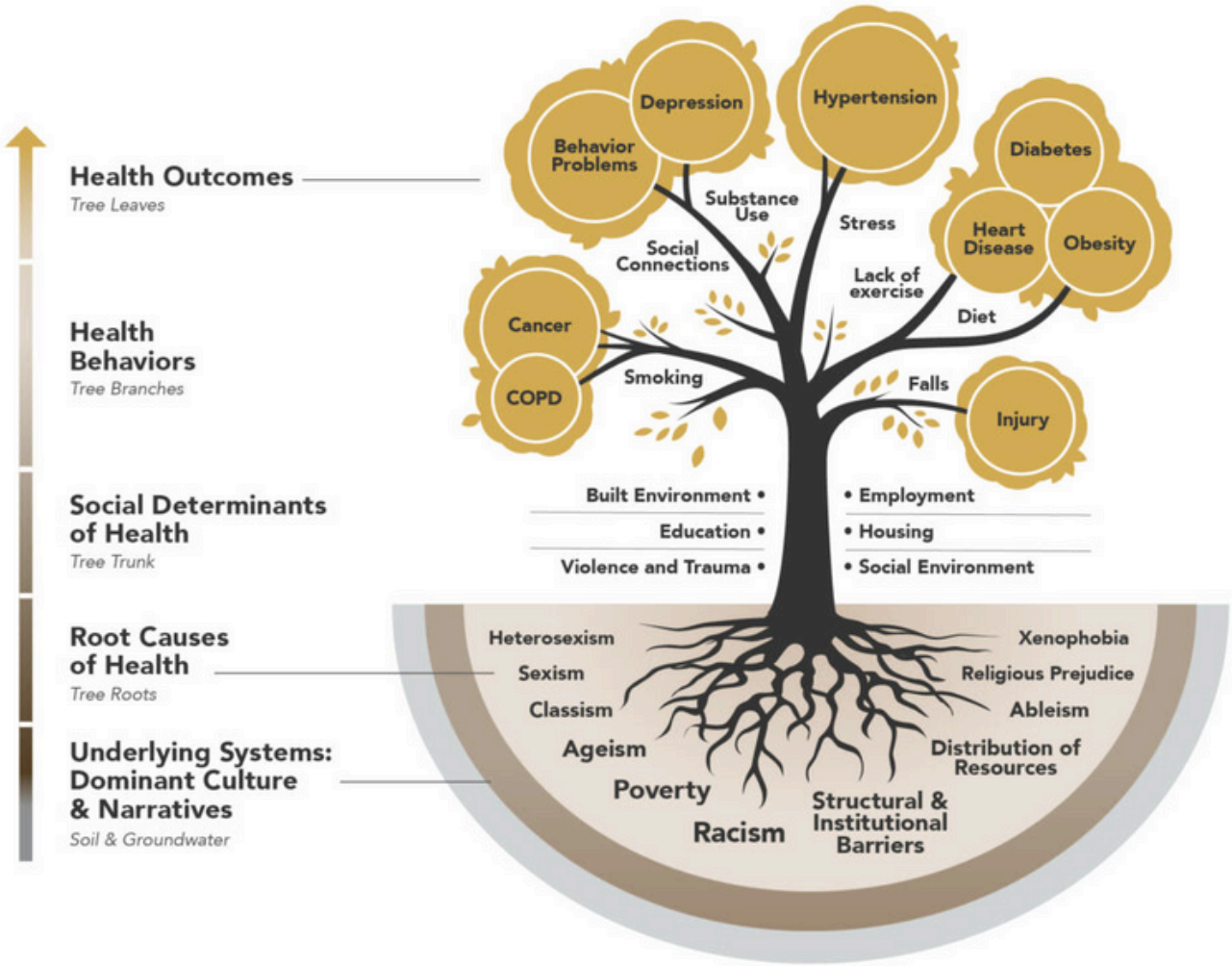
Public health researchers understand well that the factors that most impact health outcomes are not necessarily what medical care people receive but rather the social determinants in their lives. These include safe and consistent housing, healthy and accessible food, access to healthcare, economic stability, and the existence of social supports. Individuals and communities with less access to well-paying jobs, reliable transportation, and effective education are often at higher risk of poor health outcomes throughout their lives than those in stronger economic and social environments. They may get sick more often, be less able to treat themselves effectively when they do fall ill or injured, and suffer downstream negative impacts more often than those who are well-resourced and supported in their communities.

The basest level of impacts to health includes underlying societal views and systems which affect how different groups are exposed to social, economic, and environmental factors. These opportunity measures are those which examine evidence of structural power and wealth inequities. These factors can predict which groups will be challenged with poor social, economic, and environmental conditions that may be out of their control, leading to limited access to healthy behaviors and increased risk of poor health outcomes. Understanding opportunity measures is a key aspect of a health equity perspective; recognizing the differences in opportunity across populations allows public health and healthcare experts to reduce and hopefully eliminate health disparities.

Health inequities, such as those arising from limited access to education, safe housing, community spaces, and healthcare, are a primary focus of the Community Health Assessment. Health inequities are differences in outcomes that are unjust, unfair, and – perhaps most importantly – actionable. Health outcomes are driven, in part, by the conditions in which people live.

To achieve health equity, it is necessary to address and eliminate the underlying barriers that contribute to these inequities such as poverty, discrimination, and power imbalances. These barriers often stem from systemic issues including dominant cultural narratives and practices which impose their values on marginalized communities. While individual factors like race, sex, age, and others can influence health equity, it is crucial to recognize the widespread impact of structural and institutional racism and other high-level forms of oppression. By understanding and disrupting these oppressive systems, we can work towards eliminating health inequities and addressing the social determinants of health to assure the healthiest communities possible.

This report, using information about health outcomes, behaviors, and environmental and societal factors, is designed to reveal the patterns of poor health across populations or groups of people in the tri-county area and to inform how the community can come together to alleviate these disparities for the sake of a healthier and happier tri-county area.



Source: https://mahealthfunds.org/health-racial-equity/

DATA BRIEFS

ACCESS TO HEALTHY FOODS

CHILD HEALTH

HEALTHCARE ACCESS

HOUSING

MENTAL HEALTH

SAFETY

SOCIAL CONNECTION

SUBSTANCE USE

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ACCESS TO HEALTHY FOODS

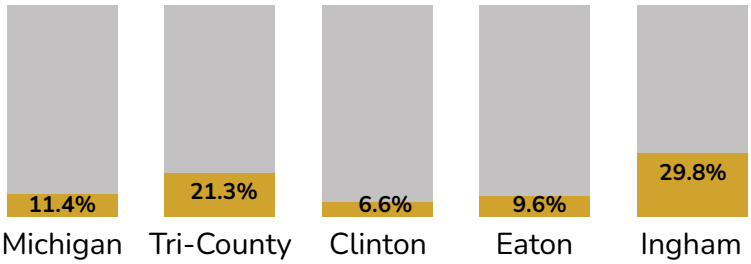
Consuming fruits and vegetables regularly can reduce the risk of some chronic diseases and types of cancer, and can help with weight management. The U.S. Department of Agriculture recommends that fruits and vegetables fill half of your plate during a meal.

Food Access Measurements:

In the Tri-County region, **more** people lived in **"food deserts"** (areas with limited access to healthy food) than in Michigan overall.

In 2019, Clinton County had the fewest people living in food deserts (6.6%), Eaton County had more (9.6%), and Ingham County had the most (29.8%). This means it's harder for many people in these areas to find healthy food.

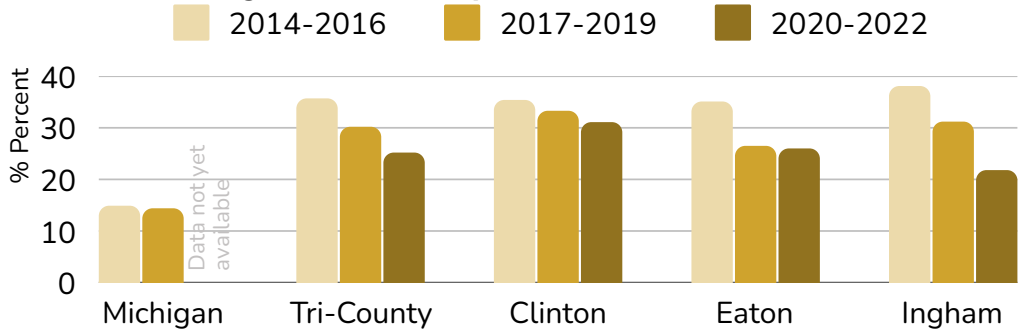
Percent of the Tri-County Population That Lives in a USDA-Defined "**Food Desert**":



Urban food desert is defined as not having food access within one mile of where you live

Rural food desert is defined as not having food access within ten miles of where you live

Percent of Adults Who Consume an Adequate Amount of Fruits and Vegetables Daily



In the tri-county region, daily fruit and vegetable consumption reported among adults has **declined** over the last three surveys.

What Tri-County residents are saying:

"People [have to] choose between like any getting the cheaper meal versus the healthier meal."

"Even [food banks] don't have, like, options for gluten free things; that really makes my son sick."

"I don't even know why they're not even getting free lunch..."

Sources:

- Percent of the Tri-County Population That Lives in a USDA-Defined "Food Desert", US Department of Agriculture Food Access Research Atlas, 2019
- Food desert definitions, US Department of Agriculture Food Access Research Atlas, 2019
- Percent of adults who consume an adequate amount of fruits and vegetables daily, Capital Area BRFS, 2014-2022

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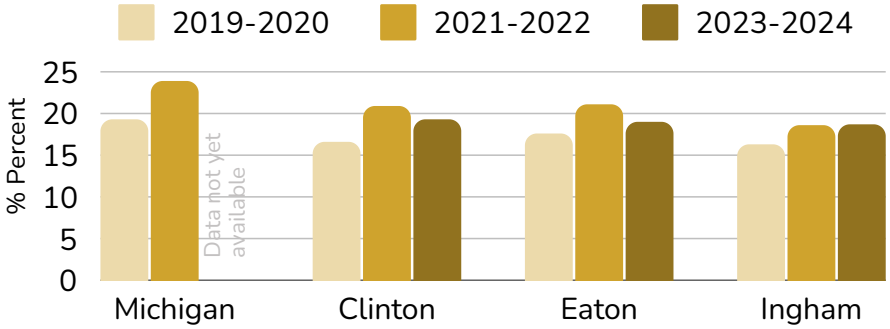
ACCESS TO HEALTHY FOODS
(Continued)

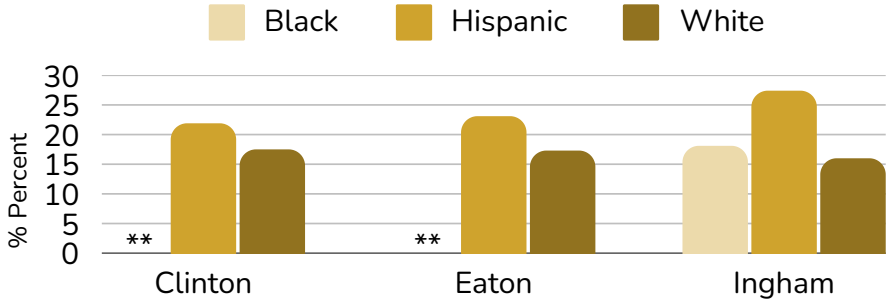
It is important to ensure that students have access to healthy food options, both at school and in their communities. A lack of access to fresh, healthy foods can contribute to poor diets and higher levels of obesity and other diet-related diseases.

Percent of High School Students Who Did Not Eat Breakfast in the Past 7 Days



In the 2023-2024 school year, **more high school students in Clinton and Eaton counties ate breakfast** compared to the previous survey. However, in Ingham County, there was a slight increase in students skipping breakfast, reaching 18.7%.

Percent of High School Students Who Did Not Eat Breakfast in the Past 7 Days, by Race and Ethnicity, 2023-2024



**Percent not reported due to small count

Within Ingham County, **Hispanic students were most likely to skip breakfast** (27.4%), followed by Black students (18.1%).

Percent of High School Students Who Ate 5 or More Servings Per Day of Fruits and Vegetables During the Past 7 Days

	2019-2020	2021-2022	2023-2024
Clinton	**17.8%**	**19.3%**	**16.7%**
Eaton	**19.2%**	**16.7%**	**16.8%**
Ingham	**24.6%**	**21.4%**	**23.0%**

In the 2023-2024 school year, Ingham County had the highest percentage of students meeting this dietary recommendation at 23.0%, followed by Eaton County at 16.8%. Clinton County had the lowest percentage at 16.7%.

Sources:
- Percent of students who did not eat breakfast in the past 7 days, MiPHY, 2019-2024
- Percent of students who ate 5 or more servings per day of fruits and vegetables during the past 7 days, MiPHY, 2019-2024

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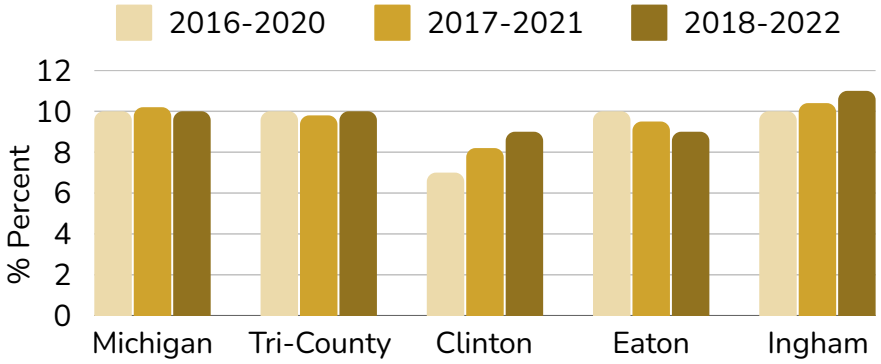
CHILD HEALTH

Infant mortality, or the number of babies who die before their first birthday, is an important sign of how healthy a community is. It shows how good the healthcare is, how healthy mothers are, and how well people can get medical help. High infant mortality rates can mean there is more poverty, poor nutrition, or bad living conditions. It also shows if there are problems with infections, lack of vaccines, or not enough health education. By looking at infant mortality, one can understand what needs to be fixed to make the community healthier.

Child Health Measurements:

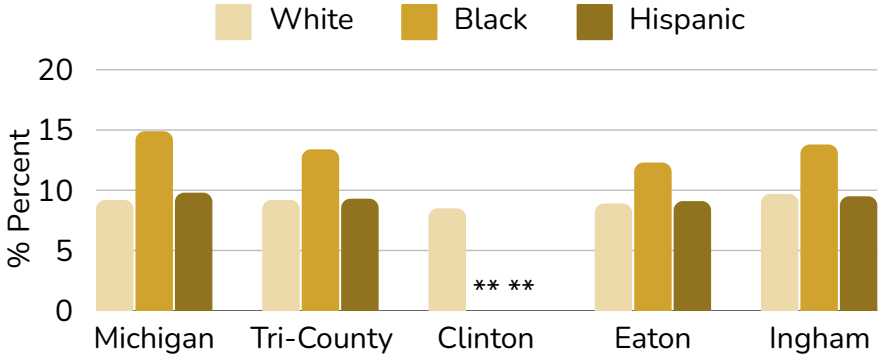
Percent of Preterm Births:



Ingham County's five-year preterm birth percentage for 2018-2022 was higher than the State of Michigan, while Clinton and Eaton were lower, making the Tri-county rate was similar to that of Michigan overall.

Five-year preterm birth percentages were similar across time periods for most geographies, except Clinton County.

Percent of Preterm Births, 2018-2022 (by Race/Ethnicity):



Five-year preterm birth percentages were **higher** for infants of **Black mothers** than those of White and Hispanic mothers across all geographies.

**Percent not reported due to small count (<20 preterm births)

What Tri-County residents are saying:

"We need to do better job of like teaching someone how to be a parent in those first couple weeks to months and how important it is to have follow up at your pediatrician. So a lot of times they don't know how important that is."

Sources:

- Percent of Preterm Births, Vital Statistics, 2018-2022

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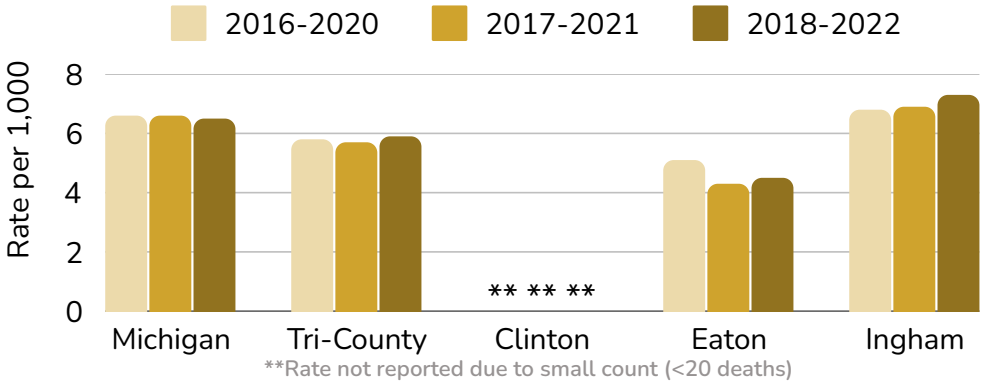
CHILD HEALTH

(Continued)

Child Health Measurements:

Rate of Infant Mortality per 1,000 Live Births:

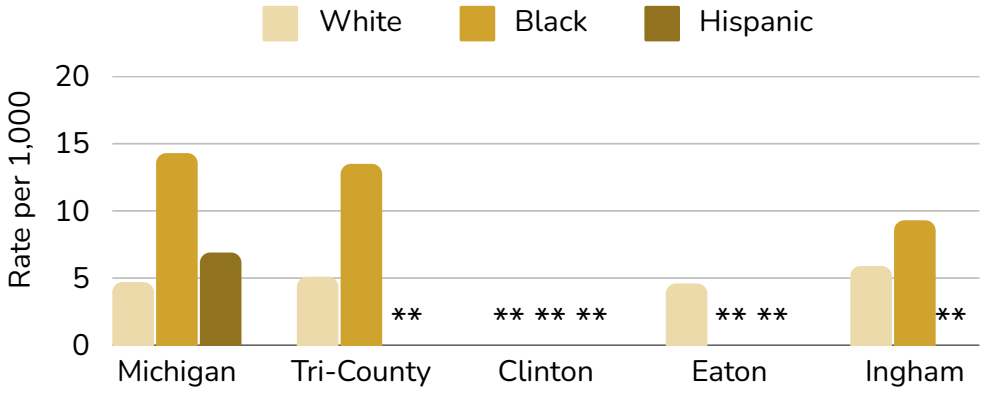


**Rate not reported due to small count (<20 deaths)

Ingham County's five-year infant mortality rate for 2018-2022 was **higher** than the total rate for Michigan, while Eaton County and the Tri-county regions rates were **lower** than that of Michigan overall.

Five-year infant morality rates were similar across time periods for all geographies.

Rate of Infant Mortality per 1,000 Live Births, 2020-2022 (by Race/Ethnicity):



**Rate not reported due to small count (<20 deaths)

Five-year infant mortality rates were **higher** for infants of **Black mothers** than those of White mothers across all geographies.

Sources:

- Infant Mortality Rates, Vital Statistics, 2018-2022

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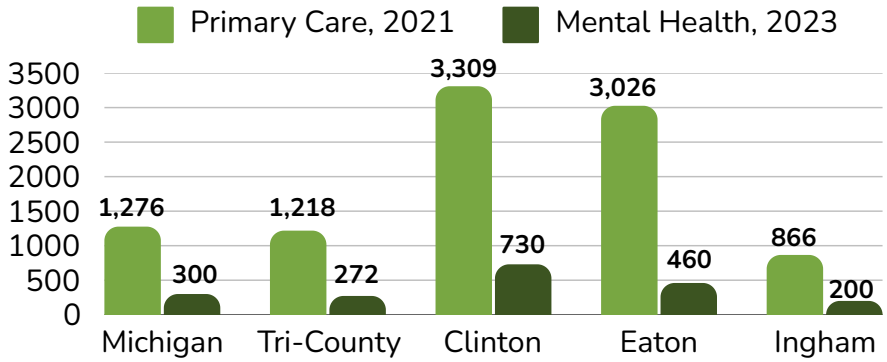
HEALTHCARE ACCESS

Despite the increased access to health insurance resulting from the implementation of the ACA, there are still adults with no health insurance. Overall, the proportion of adults 18-64 years old without health insurance is lower in the Capital Area than for the state, but that is not true for certain areas within the tri-county region. Urban areas in general, and specifically the City of Lansing, have a slightly higher proportion of adults with no health insurance than the state.

Access to Health Care Measurements:

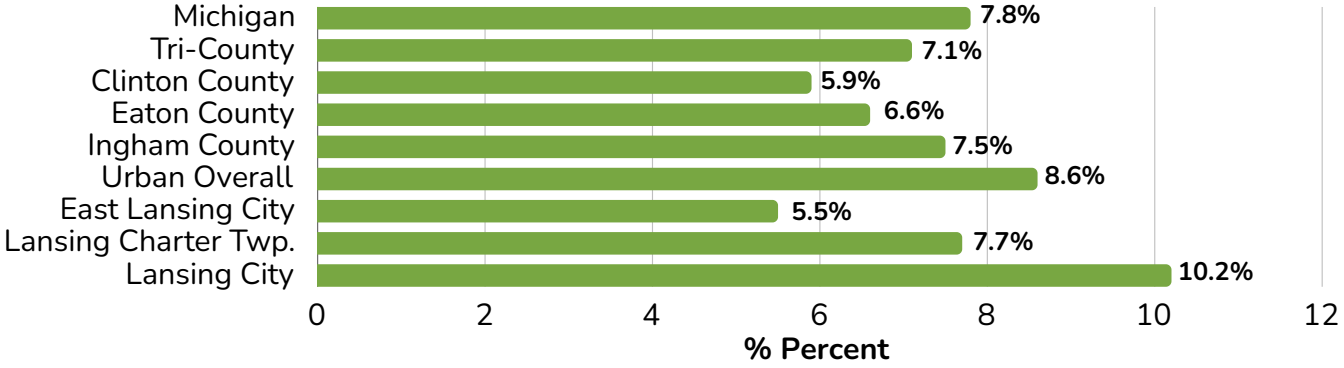
Ratio of Population to Care Provider:



The Tri-County region has a comparable population to primary care provider ratio and mental health provider ratio to that of Michigan as a whole.

Ingham County's primary care provider ratio and mental health provider ratio is lower than those of Clinton and Eaton Counties.

Percent of Adults 18-64 yrs old with no Health Insurance, 2019:



What Tri-County residents are saying:

"Well, there was one doctor, in like a 150 mile radius."

"I would love for Medicaid to please take into consideration special needs families. It's really hard to go out into the community and go to places, anywhere."

“I tried to renew it and they said my income was too much. And I'm like ... I'm part time. That was kind of stressful. And it ended up actually leading me and my family to being homeless."

Sources:

- Percent of Adults 18-64 yrs old with no Health Insurance, ACS, 2019
- Ratio of Population to Primary Care/Mental Health Care Providers, HRSA, 2021-2023

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HOUSING

"There's not enough money, not enough housing."
-Tri-County Resident

Affordable housing can impact health by allowing people to spend more on essentials like food and healthcare. Poor quality housing can lead to health problems like chronic disease and injury. Stable, affordable homes are especially helpful for those with long-term illnesses, disabilities, and older adults, as they make it easier to access healthcare and services.

Housing Measurements:

Percent of Households Below the **ALICE** Threshold:

	2019	2021	2022
Clinton	30.6%	30.5%	**34.2%**
Eaton	28.6%	32.1%	**35.5%**
Ingham	42.9%	41.0%	**43.8%**

In 2022, 40.3% of households in the Tri-County area were below the ALICE threshold.

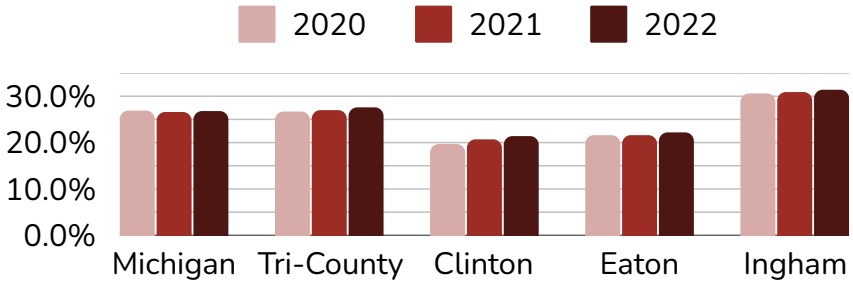
This is compared to 37.6% in 2019 and 37.2% in 2021.

ALICE stands for "**A**sset **L**imited, **I**ncome **C**onstrained, **E**mployed." It's a way to describe people who have jobs and earn money, but still struggle to afford basic needs like housing, food, and healthcare.

The **ALICE** population make more than the federal poverty threshold but may be unable to afford necessities such as food, child care, housing, health care and transportation.

Measuring households below the **ALICE** threshold helps show how many families are at risk of financial problems.

Percent of Households who spend more than 30% of income on housing:



What Tri-County residents are saying:

"If I look back ... I couldn't even buy my house that we live in right now."

"But in order for those programs to work there also has to be available housing for these people to then go to."

"That makes me depressed because now I have to sleep in my vehicle because I can't get a bed, and be warm, and not get frostbite."

Sources:
- Percentage of households below ALICE threshold, United Way, 2019-2022
- Percentage of households who spend more than 30% of income on housing, ACS, 2020-2022

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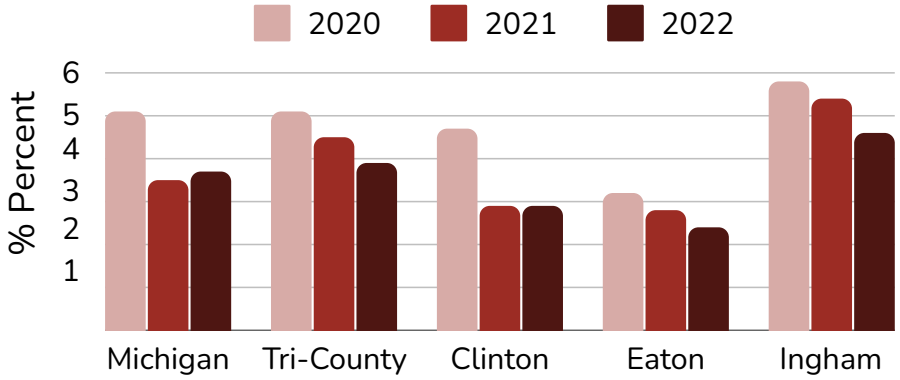
HOUSING
(Continued)

Percent of Children <6 yrs old with Elevated Blood Lead Levels (EBLL)



In the tri-county region, the percentage of tested children with an EBLL has **declined slightly** from 5.1% in 2020 to 3.9% 2022. Ingham County has a higher percentage of children with EBLL compared to the State, and the other counties in the tri-county area.

Lead-based paint, dust, and soil are common sources of lead exposure in older homes, which can cause elevated blood lead levels in children. **There's no safe blood lead level for children**. Lead can damage children's kidneys, blood, and brains.

The Tri-County region has an **older housing stock** compared to many of its peers. This could pose challenges related to maintenance, affordability, and potential redevelopment needs.

The Tri-County region is expected to grow by **67,000** residents by **2040**, reaching a total population of 553,000.

The growth of the Tri-County region will create a **new demand for between 18,000 and 30,000** additional housing units.

What Tri-County residents are saying:

"I walk back and forth on whether like there's truly like a lack of affordable housing, or if the voucher programs need to get with the program and increase the amounts so that people can actually rent."

"It just seems like there's not a lot of resources or places to stay for long periods of time."

"The way housing impacts people's recovery. I mean there's just not really a great housing option, it feels like, anymore. And so just things like that I think are also a challenge.

Sources:
- Childhood Lead Poisoning and Prevention Program, Michigan Department of Health and Human Services
- The data is based on projections from the Michigan Bureau of Labor Market Information and Strategic Initiatives and ESRI

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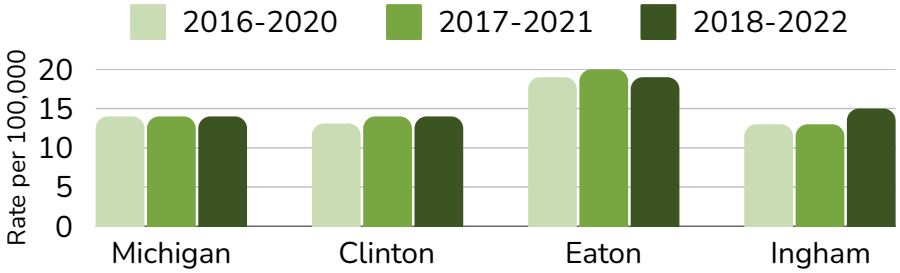
MENTAL HEALTH

Mental health affects overall health. When someone feels good mentally, they handle stress better and make healthier choices. Poor mental health can make it difficult to concentrate, sleep, and take care of their body. Both mental and physical health are important for a happy, healthy life.

Mental Health Measurements:

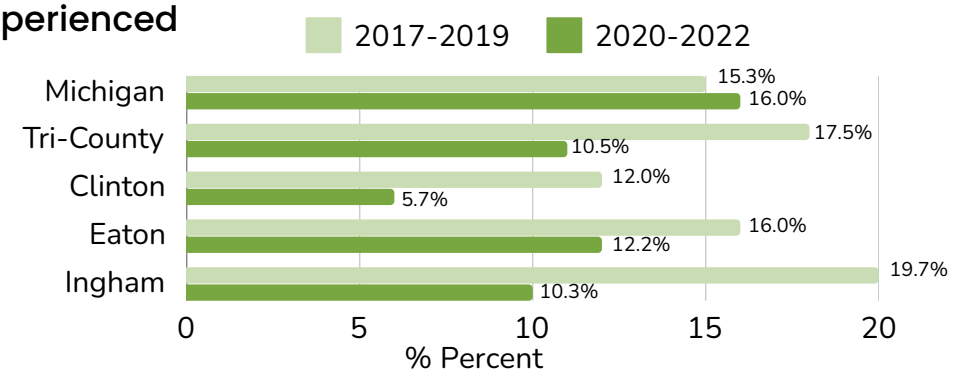
Rate of Mortality Due to Suicide, 5-year Age-adjusted:



The 5-year age-adjusted mortality rate due to suicide has consistently been **higher** in Eaton County than in Clinton County, Ingham County, or the state of Michigan over the last 3 years.

Percent of Adults Who Experienced **Poor** Mental Health:

In the Tri-County region, the percent of adults who reported experiencing 14+ poor mental health days in the past 30 days **decreased** from 2017-2019 to 2020-2022.



Percent of High School Students* reporting symptoms of depression in the past year:

	2019-2020	2021-2022	2023-2024
Clinton	39.1%	40.5%	**28.3%**
Eaton	42.7%	50.2%	**40.6%**
Ingham	39.5%	43.8%	**34.5%**

In 2023-2024, **fewer** high school students in Clinton, Eaton, and Ingham counties reported feeling depressed in the past year compared to the last two years, according to the High School MiPHY survey.

**High School Students are 9th and 11th graders who completed the MiPHY survey.*

What Tri-County residents are saying:

"Sometimes people's biases will affect their treatment - obviously it does. They think that mental health isn't as important."

"Well, coming into the jail, about 65 to 70% are co-occurring disorders between mental health and substance abuse."

Sources:

- Percent of adolescents with symptoms of depression in past year, MiPHY, 2019-2024
- Suicide rates, Vital Statistics, 2016-2022
- Percent of adults with 14+ poor mental health days in past 30 days, Capital Area BRFS, 2014-2022

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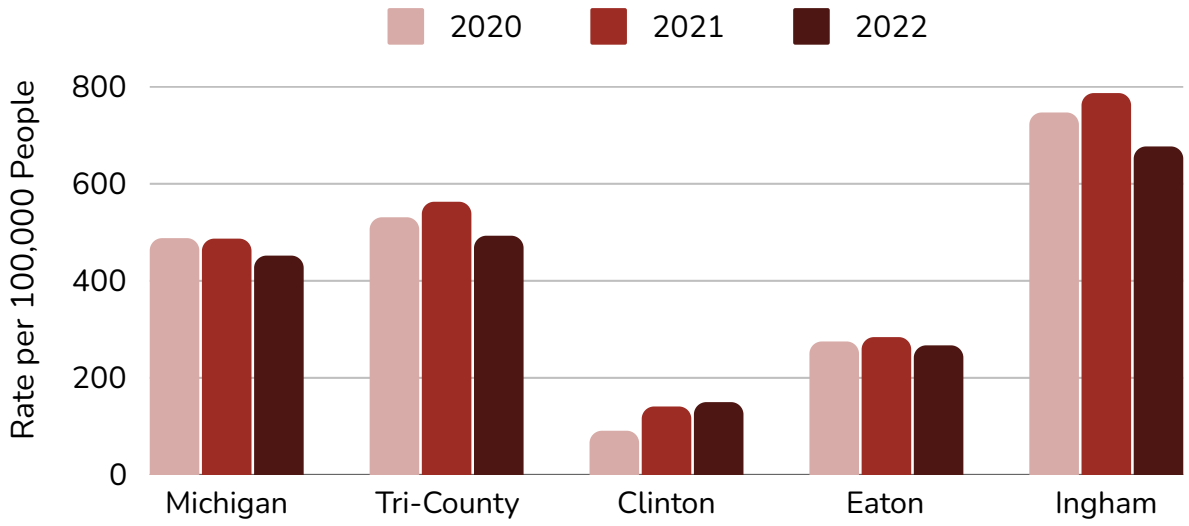
SAFETY

Community safety reflects not only violent acts in neighborhoods and homes, but also injuries caused unintentionally through accidents. Safe and healthy residents lead to stronger, more resilient communities. People feel safe when they are respected, valued, and have access to a full range of health, social, natural, and educational resources.

Safety Measurement:

Rate of Violent Crime per 100,000 People:



Violent crime rates were **higher** in the Tri-County area than in Michigan overall. However, the crime rate in the Tri-County area decreased from 2020 to 2022, showing an improvement.

Clinton County had the lowest crime rates, while Ingham County had the highest rates. Eaton County's crime rate was lowest in 2022, showing progress in reducing crime.

Violent crime includes: murder, rape, robbery, and aggravated assault.

What Tri-County residents are saying:

"And those curbs are now being ADA compliant. And I'm seeing more people being able to walk in them."

"Anything we can do to reduce interactions with law enforcement is going to greatly increase someone's good health."

"Statistically speaking, when someone participates in a permanent supportive housing type of program, three years after they've been housed, they saw like a 90% reduction in interactions with the police."

Sources:

- Rate of Violent Crime per 100,000 People, Michigan Incident Crime Reporting Annual Reports, 2020-2022

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SOCIAL CONNECTION

Social connections and social capital are important for good health. Close relationships reduce stress and promote healthy habits. Being part of a community helps people access healthcare and information, leading to safer and healthier lives. Overall, strong connections with others contribute to better health and longer life.

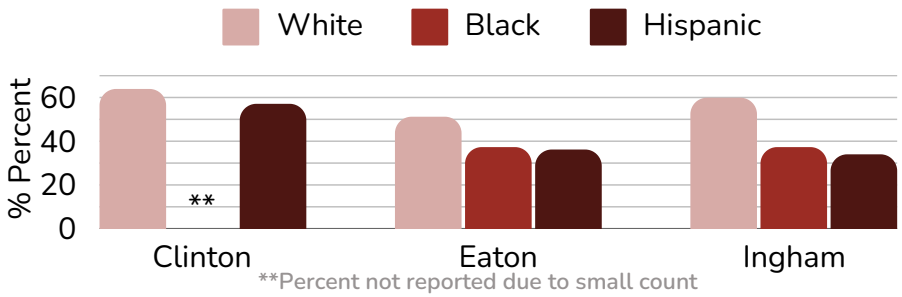
Social Connection Measurements:

Percent of High School Students* Who Know Adults in the Neighborhood They Could Talk to About Something Important:

	2019-2020	2021-2022	2023-2024
Clinton	**54.9%**	**57.7%**	**62.6%**
Eaton	**42.4%**	**44.4%**	**46.9%**
Ingham	**47.5%**	**42.7%**	**50.6%**

A higher percentage of high school students from Clinton and Eaton Counties reported knowing adults in the neighborhood they could talk to about something important during the 2023-2024 school year, compared the 2021-2022 and 2019-2020 school years.

Percent of High School Students* Who Know Adults in the Neighborhood They Could Talk to About Something Important, 2023-2024 (by Race/Ethnicity):



**Percent not reported due to small count

The percent of high school students who know adults in the neighborhood they could talk to about something important was **lower** among Black and Hispanic students than their White counterparts.

What Tri-County residents are saying:

"So it's really exciting to see that the Capital Area District Library is very inclusive and very welcoming."

"In times of crisis, and I'm speaking specifically to [unhoused] camp evictions, the community has come together... Within a couple of hours, there were 15 people there to help."

"People grow up in an area where it's always something negative. You then become that, you're a product of your environment."

**High School Students are 9th and 11th graders who completed the MiPHY survey.*

Sources:

- Percent of adolescents Who Know Adults in the Neighborhood They Could Talk to About Something Important MiPHY, 2019-2024

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SUBSTANCE USE

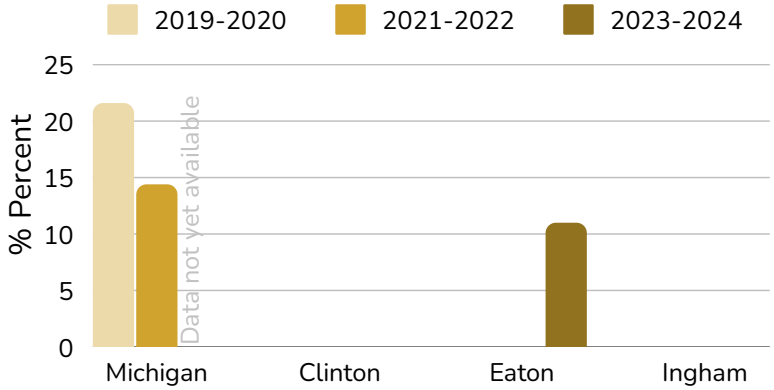
Using drugs or alcohol can have negative impacts on the brain, body, and community. Using drugs or alcohol can lead to substance use disorder, where a person feels they need the substance to feel normal. This can cause problems in school, with friends, and at home. Over time, substance misuse can damage organs like the liver and heart, leading to long-term health issues.

Substance Use Measurements:

Data from high school students who took the MiPHY survey shows:

- **Binge Drinking*:** Fewer high school students reported binge drinking in 2023-2024 than in the previous two years. This is consistent across the three counties.
- **Cannabis Use:** Fewer high school students reported using cannabis in the past 30 days in 2023-2024 than in the previous two years. This is consistent across the three counties.

Percent of High School Students⁺ who Used **Cannabis** During the Past 30 Days:



Rate of Opioid Involved Poisoning Deaths per 100,000 Residents (Age-adjusted):

	2020	2021	2022
Michigan	26.4	22.7	**18.2**
Clinton	14.1	8.1	**
Eaton	19.4	22.7	**12.8**
Ingham	39.0	35.9	**28.1**

**Data suppressed due to confidentiality

Opioid-related deaths **went down in Michigan, Eaton, and Ingham** counties between 2021 and 2022. This means fewer people died from opioid overdoses during that time. The decline shows that efforts to provide help to those struggling with substance use disorder might be working.

What Tri-County residents are saying:

"...eventually it just led up to the DUI and I ended up going to residential treatment, which saved my life. I truly believe that inpatient treatment saved my life."

"I feel like our systems are oriented in a way that we push certain people away, and I don't think that individuals who are transgender or non-binary are going to even seek out [substance use disorder] services."

"I think that's going to be the biggest way to reduce stigma, in all honesty. That's going to be education of everyone, and what kind of education they need might look different."

** Binge drinking is defined as having 4 or more drinks of alcohol in a row if female, or 5 or more if male, during the past 30 days*

⁺ High School Students are 9th and 11th graders who completed the MiPHY survey.

Sources:

- Percent of adolescents who binge drank within past 30 days, MiPHY, 2019-2024
- Percent of students who used cannabis in the past 30 days, MiPHY, 2019-2024
- Age-Adjusted Rate of Opioid Involved Poisoning Deaths per 100,000, MiTracking, 2020-2022

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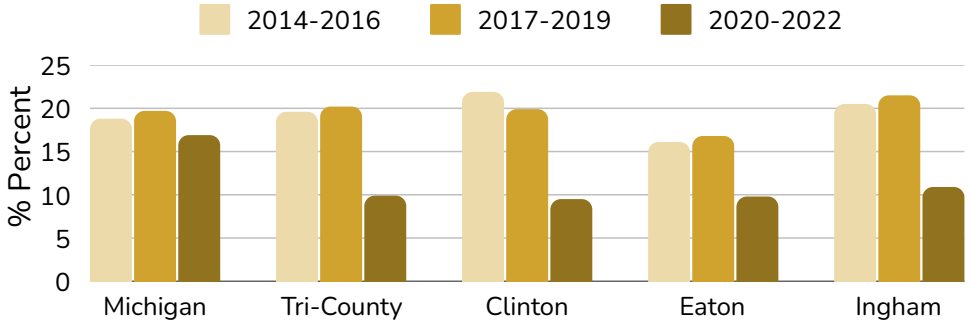
SUBSTANCE USE
(Continued)

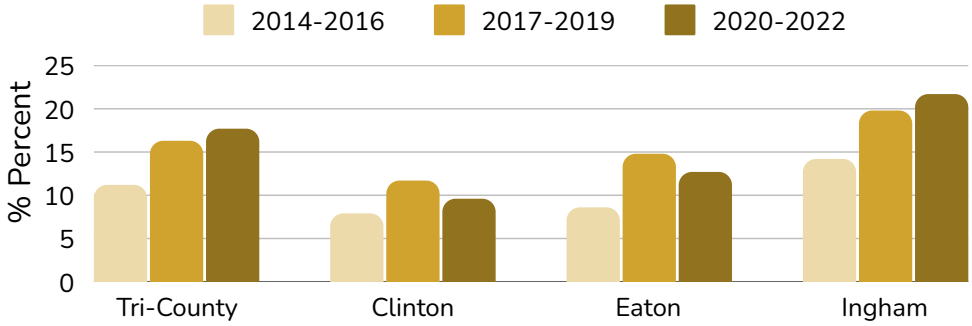
Data based on adults that participated in the Capital Area BRFSS shows:

- **Binge Drinking:** Adults in the tri-county area reported **less binge drinking** in the last 30 days in 2020-2022 than in 2017-2019.
- **Cannabis Use:** Within Ingham County, a higher percentage of adults reported cannabis use in the last 30 days, as compared to Eaton and Clinton Counties which decreased from 2017-2019 to 2020-2022.

Percent of Adults Who Reported Binge Drinking in the Last 30 Days:



Percent of Adults Who Reported Cannabis Use in the Last 30 Days:



What Tri-County residents are saying:

"There's always been barriers in the community because of attitudes towards addicts, quote unquote, that there are derogatory thoughts that go along with that."

"There's just misconception after misconception out there about the drug and also I use *Sublocade*++."

"because there's a lot of negativity about *Suboxone*++, and so they're feeling like it's more addicting than fentanyl."

"A lot of us are struggling with getting specific medication that we have been on for years or we rely heavily."

"It reestablishes my recovery every single day when I get to work with clients... the fact that I get to do something that I'm passionate about and help people, but also get to work on my own recovery at the same time."

++*Sublocade and Suboxone are Medications used to treat Opioid Use Disorder*

Sources:
- Percent of adults who binge drank within past 30 days, Capital Area BRFS, 2014-2022
- Percent of adults who used marijuana in the past 30 days, Capital Area BRFS, 2014-2022

SUMMARY OF KEY FINDINGS

This section presents an executive summary that highlights and summarizes critical information from the entire Community Health Assessment.

HEALTH BEHAVIORS AND OUTCOMES

SOCIAL DETERMINANTS OF HEALTH

POWER, PRIVILEGE, AND OPPRESSION

FINDINGS:

The purpose of this document is to present a concise summary of the most significant findings from the Community Health Assessment (CHA). As the CHA report is extensive, it is difficult for any one individual to analyze and internalize it in its entirety. This section aims to provide a summary of only the most important and overarching findings to advise how the community may take action. To see graphs associated with the following key findings, please visit the Data Briefs section before this section.

Health Behaviors and Outcomes:

Health behaviors are actions people take that affect their health. They include making choices that lead to improved health - such as eating well and being physically active - and actions that increase one's risk of disease - such as smoking, excessive alcohol intake, and risky sexual behavior.

Health outcomes, on the other hand, provide a snapshot of a community's current health status. They reflect the physical and mental well-being of residents within a community through measures representing length and quality of life. Health outcomes may be influenced by health behaviors in varied ways.

Findings:

- Fewer high school (9th and 11th grade) students reported binge drinking and using cannabis in the last 30 days in 2023-2024 compared to 2019-2020 and 2021-2022.
- Opioid-related deaths decreased in Eaton and Ingham Counties between 2021-2022.
- Adults in the tri-county area reported fewer instances of binge drinking in the last 30 days in 2020-2022 compared to 2017-2019.
- Within Ingham County, a higher percentage of adults reported cannabis use in the last 30 days from 2017-2019 to 2020-2022, as compared to Eaton and Clinton Counties whose rates decreased from 2017-2019 to 2020-2022.
- The 5-yr age-adjusted mortality rate due to suicide has consistently been higher in Eaton County than in Clinton County, Ingham County, or Michigan since 2016.
- In the tri-county area, the percent of adults who reported experiencing 14+ poor mental health days in the past 30 days decreased from 2017-2019 to 2020-2022.
- In 2023-2024, fewer high school students in Clinton, Eaton, and Ingham Counties reported feeling depressed in the past year compared to the last two years.
- In the tri-county area, daily fruit and vegetable consumption reported among adults has declined since 2014.
- A higher percentage of high school students from Clinton and Eaton Counties reported knowing adults in the neighborhood that they could talk to about something important during the 2023-2024 school year compared to 2019-2020 and 2021-2022.
- The percentage of high school students who knew adults in the neighborhood that they could talk to about something important was lower among Black and Hispanic students than their white counterparts.
- Violent crime rates were higher in the tri-county area than in Michigan overall, but were lower in 2022 than compared to 2020.
- Ingham County has a higher violent crime rate than Clinton and Eaton Counties.
- The tri-county rate of preterm births in 2018-2022 is similar to the state's rates.
- Five-year preterm birth percentages were higher for infants of Black mothers than those of white and Hispanic mothers across all geographies.
- The tri-county rate of infant mortality in 2018-2022 is slightly lower than the state's rates.
- Five-year infant mortality rates were higher for infants of Black mothers than those of white mothers across all geographies.

Social Determinants of Health (SDOH):

SDOH are the non-medical factors that influence a person's health and well-being. These factors shape the conditions in which people are born, grow, live, work, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Examples of SDOH are income, education, affordable housing, and built environment.

Findings:

- In 2022, 40.3% of households in the tri-county area were below the ALICE (Asset Limited, Income Constrained, Employed) threshold.
- Over 25% of households in the tri-county area spend over 30% of their income on housing.
- In the tri-county region, the percentage of tested children with an EBLL (elevated blood lead level) has declined slightly from 5.1% in 2020 to 3.9% 2022. Ingham County has a higher percentage of children with EBLL compared to the State, Eaton County, and Clinton County.
- 21.3% of the tri-county area lives in a USDA-defined “food desert”, including 2.8% of Ingham County who lives in a food desert
- Ingham County’s primary care provider ratio and mental health provider ratio is lower than those of Ingham and Eaton Counties.
- 7.1% of adults aged 18-64 in the tri-county area do not have health insurance.

Power, Privilege, and Oppression:

Systems of power, privilege, and oppression represent the root causes, or structural drivers, of inequity. These systems create and reinforce disparities in health outcomes. For instance, systemic racism, sexism, and classism can limit access to quality education, housing, employment, and healthcare, ultimately impacting an individual's health and well-being. Privilege is an advantage or right that is only available to a particular person or group of people because of their race, socioeconomic status, gender, sexual orientation, ability, or another factor. Oppression is the systemic and institutionalized discrimination of marginalized groups.

The findings in the Systems of Power, Privilege, and Oppression number significantly fewer than the two SDOH and Health Behaviors and Health Outcomes, although many findings connect with Systems of Power, Privilege, and Oppression. H!CC has a goal to increase the amount of findings in Power, Privilege, and Oppression in the next cycle.

Findings:

- Gini coefficient of income inequality* for 2018-2022 in Clinton County was .4278, Ingham County was .4760, and Eaton County was .3989.
    - *The Gini coefficient is a statistical measure of income inequality, ranging from 0 (perfect equality) to 1 (perfect inequality).

INDICATORS

HEALTH BEHAVIORS AND OUTCOMES

ASTHMA
ADOLESCENT - ALCOHOL USE
ADOLESCENT - BREAKFAST
ADOLESCENT - CANNABIS USE
ADOLESCENT - MENTAL HEALTH
ADOLESCENT - NUTRITION
ADOLESCENT - TOBACCO USE
ADOLESCENT - TRUSTED ADULT THEY CAN TALK TO
ADOLESCENT - VAPING
ADULT - BINGE DRINKING
ADULT - CANNABIS USE
ADULT - FRUITS & VEGETABLES
ADULT - PHYSICAL ACTIVITY
ADULT - POOR MENTAL HEALTH
ADULT - PREVENTABLE DIABETES HOSPITALIZATIONS
ADULT - SMOKING
ADULT - VAPING
CHRONIC DISEASE - CARDIOVASCULAR
INFANT MORTALITY
MORTALITY
MORTALITY & SAFETY - SUICIDE
MORTALITY & SAFETY - UNINTENTIONAL INJURY
NON-MEDICAL IMMUNIZATION WAIVERS
OLDER ADULT HEALTH
OVERDOSE DEATH
PRETERM BIRTH
SEXUALLY TRANSMITTED INFECTIONS
VIOLENT CRIME

SOCIAL DETERMINANTS OF HEALTH

A.L.I.C.E
ACCESS TO HEALTH INSURANCE
ADOLESCENT - OBESITY
ADULT - OBESITY
ADULT - PRIMARY CARE PROVIDER
AFFORDABLE HOUSING
BLOOD LEAD LEVEL
EDUCATION
FOOD DESERT
MENTAL HEALTH PROVIDER RATIO
PRIMARY CARE PROVIDER RATIO

POWER, PRIVILEGE, AND OPPRESSION

INCOME DISTRIBUTION

ASTHMA

MEASURE:

The rate of preventable asthma hospitalizations per 10,000 persons among children 18 years old or younger.

DATA SOURCE:

- Michigan Resident Inpatient Database* & National Center for Health Statistics Population Estimates, via MDHHS Division for Vital Records & Health Statistics

YEARS

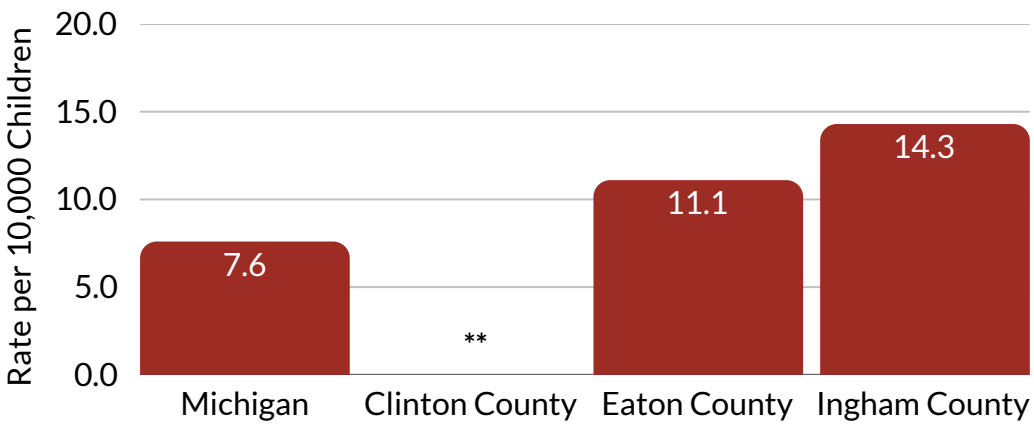
- 2013-2015, 2016-2019, 2020-2022

*For 2013-2015, records with the following ICD-9-CM diagnosis codes listed in the primary diagnosis field were included: 493.0-Extrinsic Asthma, 493.1-Intrinsic Asthma, 493.2-Chronic obstructive asthma, 493.8-Other forms of asthma, 493.9-Asthma unspecified (cases with the following surgical procedure codes were excluded: 36.01 - 36.02, 36.05, 36.1, 37.5, 37.7). For 2016-2022, records with the following ICD-10-CM diagnosis codes listed in the primary diagnosis field were included: J45.2-Mild intermittent asthma, J45.3- Mild persistent asthma, J45.4-Moderate persistent asthma, J45.5-Severe persistent asthma, J45.9-Other and unspecified asthma.

REASON FOR MEASURE:

Asthma is an inflammation of the airways. The inflammation of asthma is chronic, which means it is always present and never goes away. Many factors can influence the prevalence of asthma and lead to asthma attacks. A majority of these factors are due to the environment, such as dust, pollen, and proximity to highways. Asthma attacks can include wheezing, breathlessness, chest tightness, and coughing.

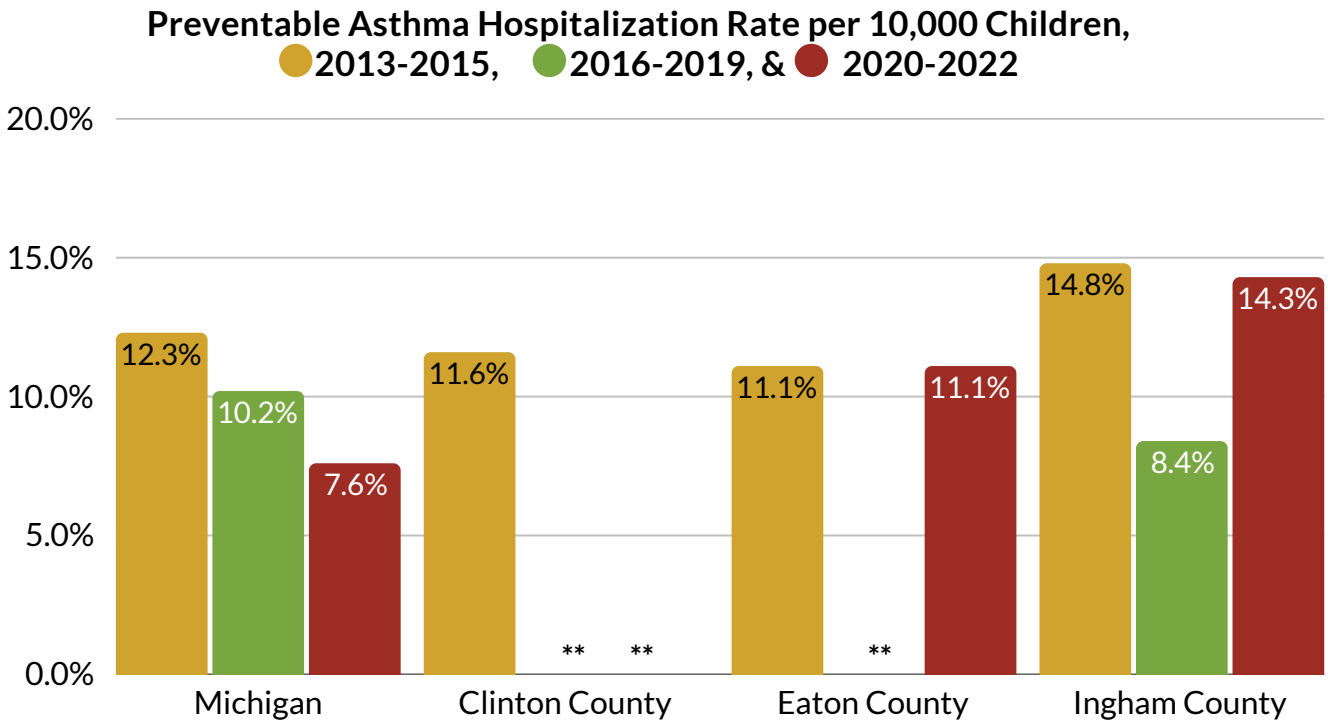
Preventable Asthma Hospitalization Rate per 10,000 Children, 2020-2022



Preventable asthma hospitalization rates were higher in Eaton and Ingham Counties than the state overall for the time period 2020-2022.

**Rates calculated from fewer than 20 hospitalizations are considered statistically unreliable and therefore not reported.

ASTHMA (CONTINUED)



Preventable asthma hospitalization rates among children decreased overall for the state of Michigan.

**Rates calculated from fewer than 20 hospitalizations are considered statistically unreliable and therefore not reported.

ADOLESCENT - ALCOHOL USE

MEASURE:

Adolescent binge drinking prevalence represents the percentage of 9th and 11th grade students who had five or more drinks of alcohol in a row, that is, within a couple of hours, during the past 30 days (binge)

DATA SOURCE:

- Michigan Profile for Healthy Youth Survey (MiPHY)

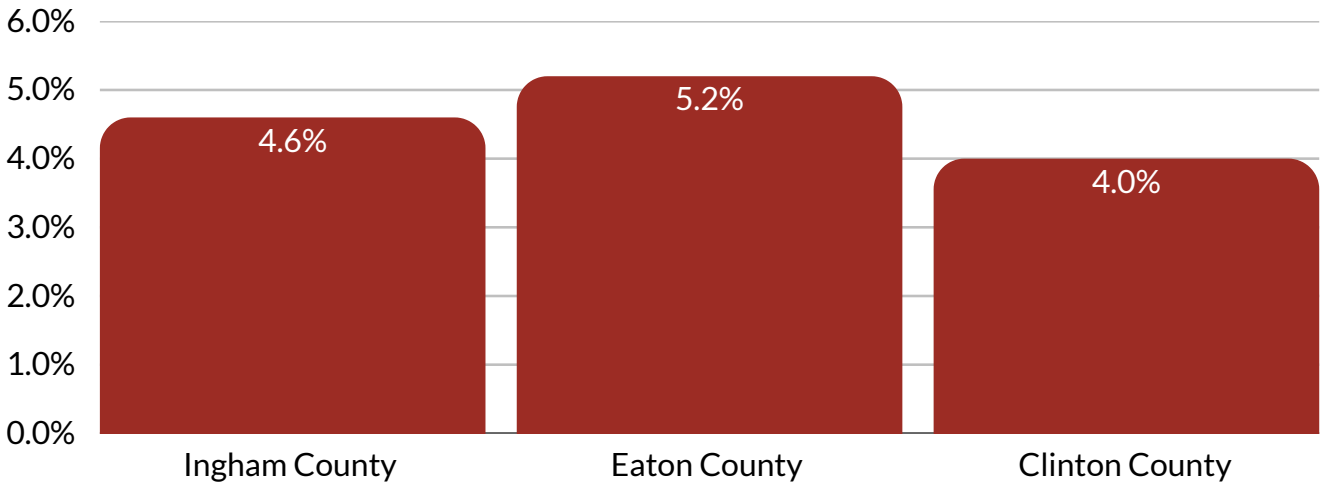
YEARS

- MiPHY: 2019-2020, 2021-2022, 2023-2024

REASON FOR MEASURE:

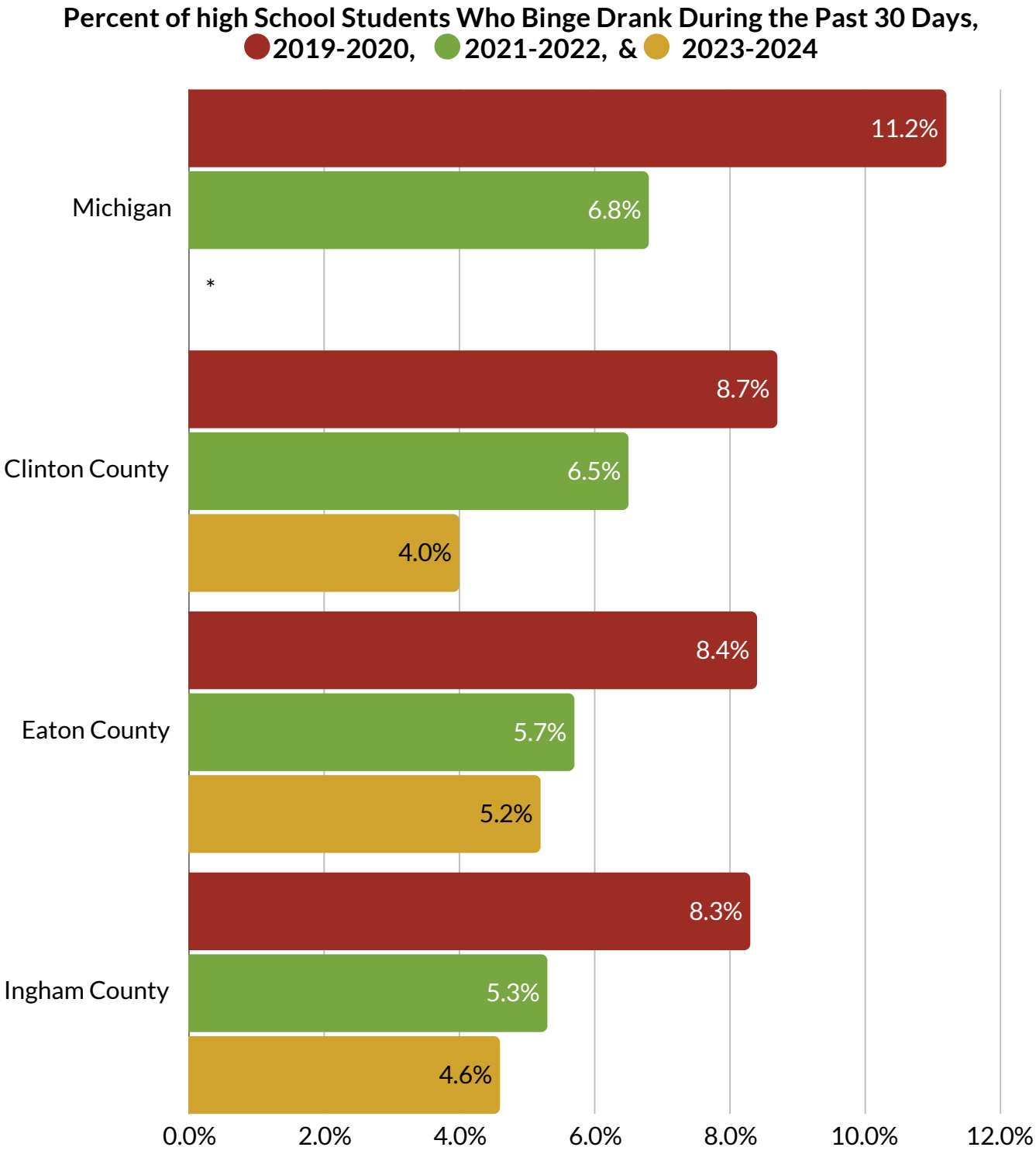
Binge drinking is a risk factor for a number of adverse health outcomes, such as alcohol poisoning, hypertension, acute myocardial infarction, sexually transmitted infections, unintended pregnancy, fetal alcohol syndrome, sudden infant death syndrome, suicide, interpersonal violence, and motor vehicle crashes. Sub-county level geographic area group breakouts are not available for this indicator.

Percent of High School Students Who Binge Drank During the Past 30 Days, 2023-2024



During the 2023-2024 surveying year, the percentage of high school students who reported binge drinking in the past 30 days varied across counties: 4.0% in Clinton County, 4.6% in Ingham County, and 5.2% in Eaton County.

ADOLESCENT - ALCOHOL USE (CONTINUED)



The percentage of high school students reporting binge drinking in the past 30 days declined over the last three surveying periods (2019-2020, 2021-2022, and 2023-2024) in Clinton, Eaton, and Ingham Counties. In the 2019-2020 surveying year, 8.3% to 8.7% of students reported binge drinking, compared to just 4.0% to 5.2% in 2023-2024.

*State of Michigan data not yet available for 2023-2024.

ADOLESCENT - EATING BREAKFAST

MEASURE:

Percentage of 9th and 11th graders that reported to not eat breakfast in the past seven days.

DATA SOURCE:

- Michigan Profile for Healthy Youth Survey (MiPHY)

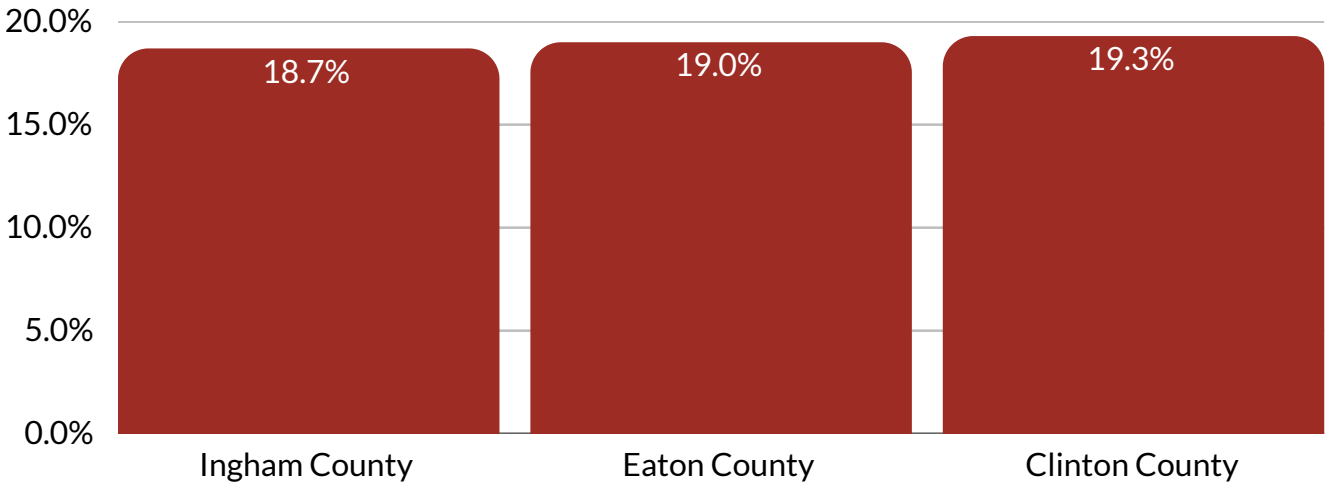
YEARS

- 2019-2020, 2021-2022, 2023-2024

REASON FOR MEASURE:

Tracking the percentage of 9th and 11th graders who report not eating breakfast in the past seven days is a vital indicator of youth health and nutrition. Breakfast consumption is strongly linked to academic performance, physical health, and mental well-being. Skipping breakfast can contribute to poor dietary habits, decreased energy levels, and an increased risk of developing chronic health conditions such as obesity and type 2 diabetes. Additionally, breakfast consumption often reflects broader socioeconomic factors, such as food insecurity, family routines, and access to healthy food options. Monitoring this behavior helps identify potential barriers to healthy eating and informs strategies to promote overall wellness in adolescents.

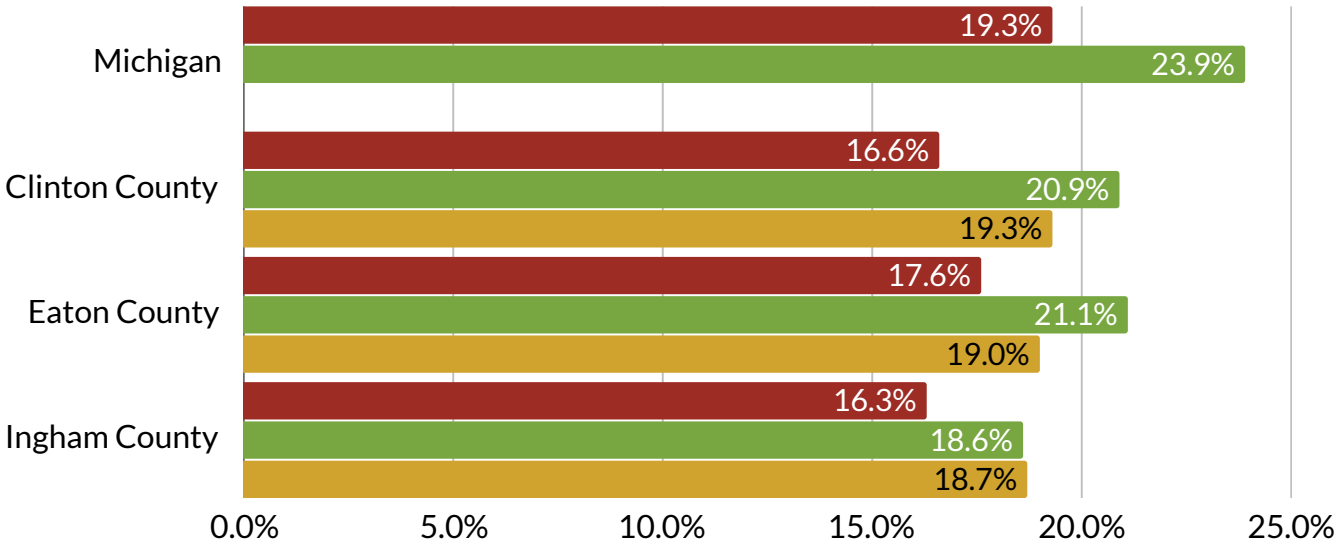
Percent of High School Students Who Did Not Eat Breakfast in the Past 7 Days, 2023-2024



During the 2023-2024 surveying year, the percentage of high school students who reported not eating breakfast in the past 7 days remained similar across counties: 18.7% in Ingham County, 19.0% in Eaton County, and 19.3% in Clinton County.

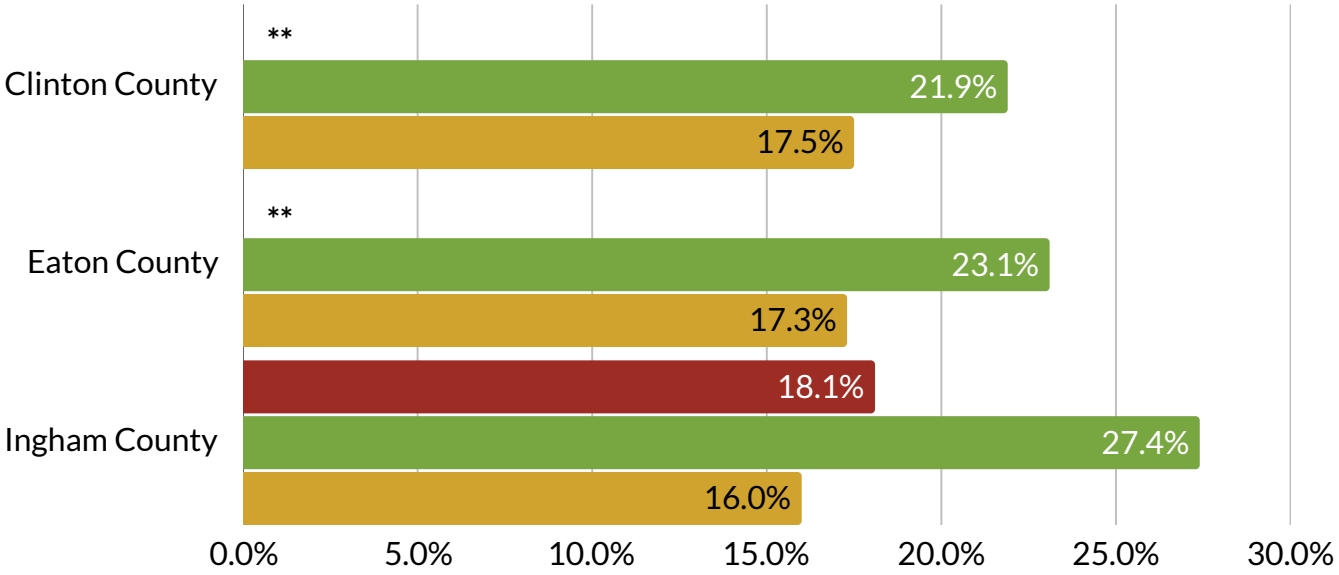
ADOLESCENT - EATING BREAKFAST (CONTINUED)

Percent of High School Students Who Did Not Eat Breakfast in the Past 7 Days, 2019-2020, 2021-2022, & 2023-2024



Between the 2019-2020 and 2021-2022 surveying years, the percentage of high school students who reported not eating breakfast in the past 7 days increased across Clinton, Eaton, and Ingham Counties. In Clinton County, the percentage increased from 16.6% to 20.9%; in Eaton County, from 17.6% to 21.1%; and in Ingham County, from 16.3% to 18.6%.

Percent of High School Students Who Did Not Eat Breakfast in the Past 7 Days, (by Race/Ethnicity) Black, Hispanic, & White



In the 2023-2024 surveying year, Hispanic high school students reported the highest percentage of not eating breakfast in the past seven days compared to their Black and white peers. **However, data for Black high school students in Clinton and Eaton Counties had to be suppressed due to low sample counts.

ADOLESCENT - CANNABIS USE

MEASURE:

Percent of high school students who have used cannabis in the past 30 days.

DATA SOURCE:

- Michigan Profile for Healthy Youth Survey (MiPHY)

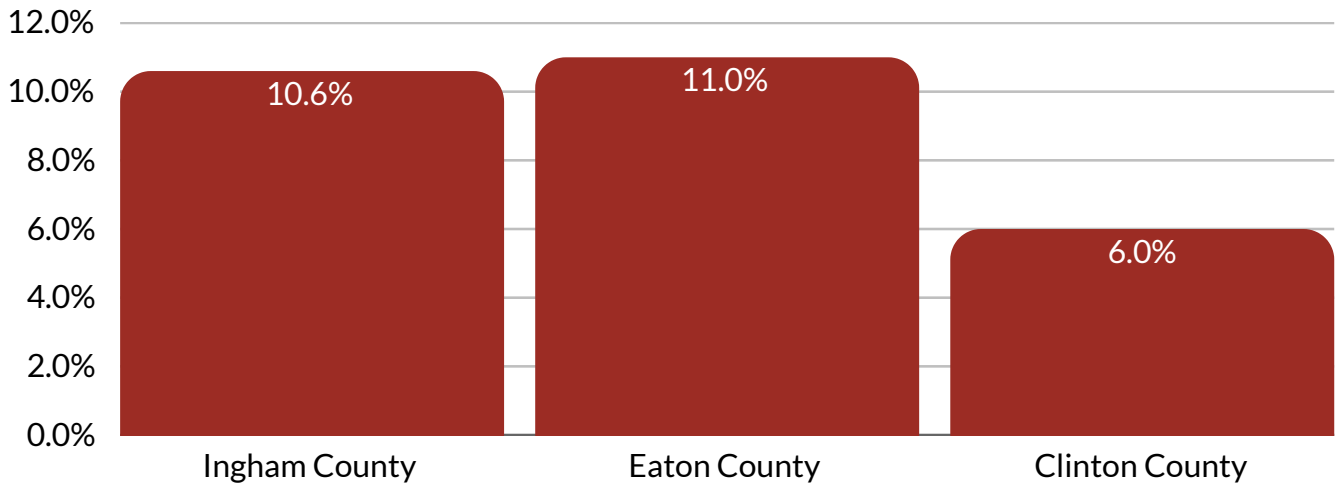
YEARS

- MiPHY: 2019-2020, 2021-2022, 2023-2024

REASON FOR MEASURE:

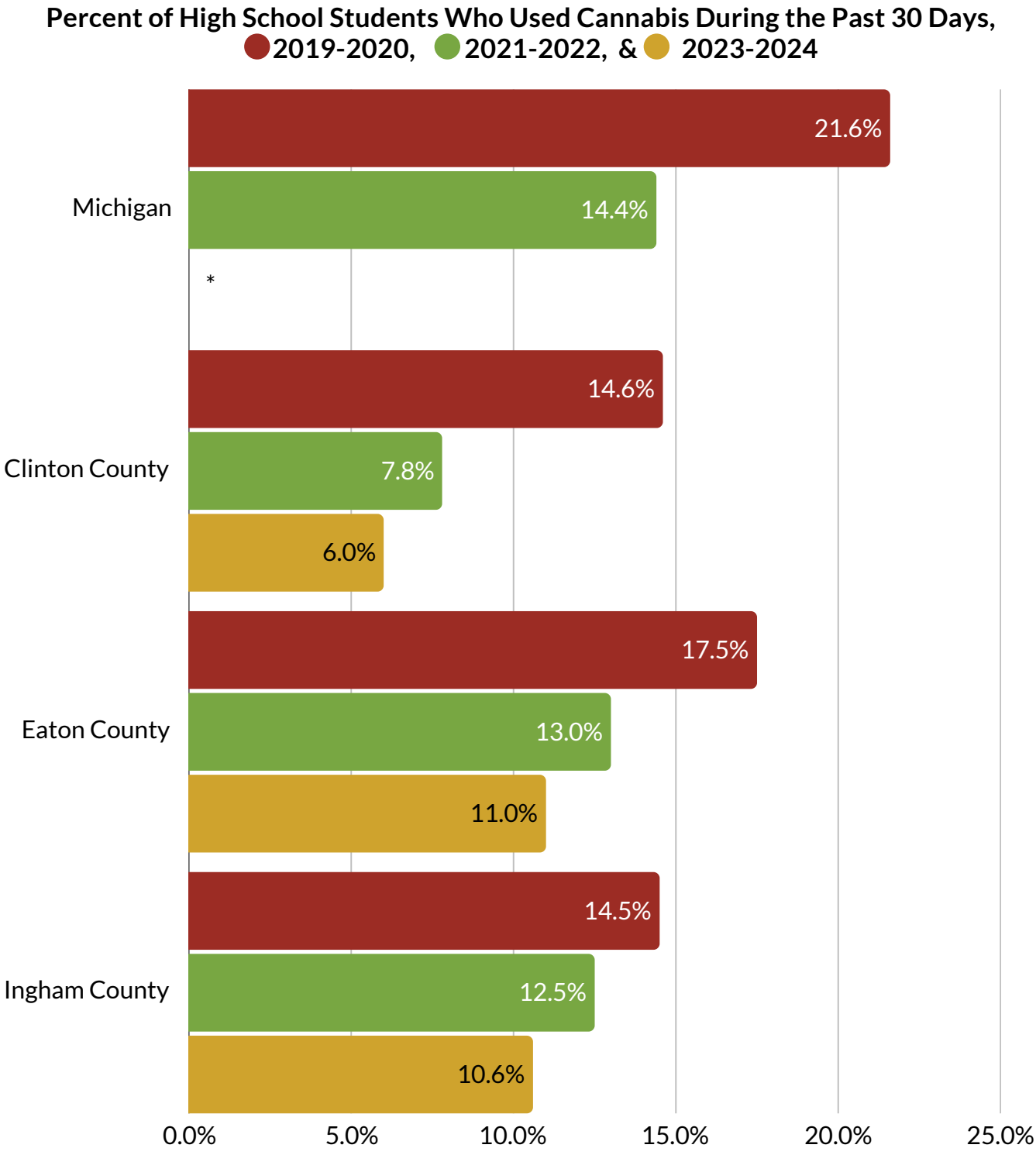
Research shows that cannabis use, particularly when started during adolescence and used frequently or in high amounts, can have lasting effects on brain function and development. Regular or long-term cannabis use has also been associated with lower educational achievement and an increased risk of dropping out of school. Data for this indicator is not available at the sub-county geographic level.

Percent of High School Students Who Used Cannabis During the Past 30 Days, 2023-2024



During the 2023-2024 surveying year, the percentage of high school students who reported using cannabis in the past 30 days varied across counties: 6.0% in Clinton County, 10.6% in Ingham County, and 11.0% in Eaton County.

ADOLESCENT - CANNABIS USE (CONTINUED)



The percentage of high school students reporting using cain the past 30 days declined over the last three surveying periods (2019-2020, 2021-2022, and 2023-2024) in Clinton, Eaton, and Ingham Counties.

*State of Michigan data not yet available for 2023-2024.

ADOLESCENT (<13 Y.O.) - CANNABIS USE

MEASURE:

Percent of high school students who tried cannabis before 13 years of age.

DATA SOURCE:

- Michigan Profile for Healthy Youth Survey (MiPHY)

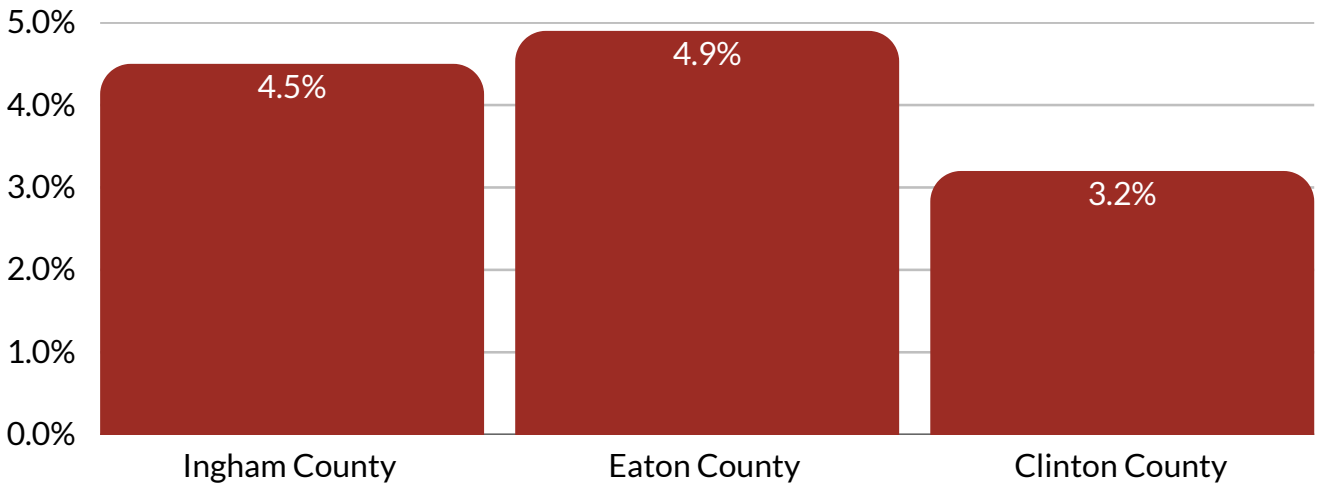
YEARS

- 2019-2020, 2021-2022, 2023-2024

REASON FOR MEASURE:

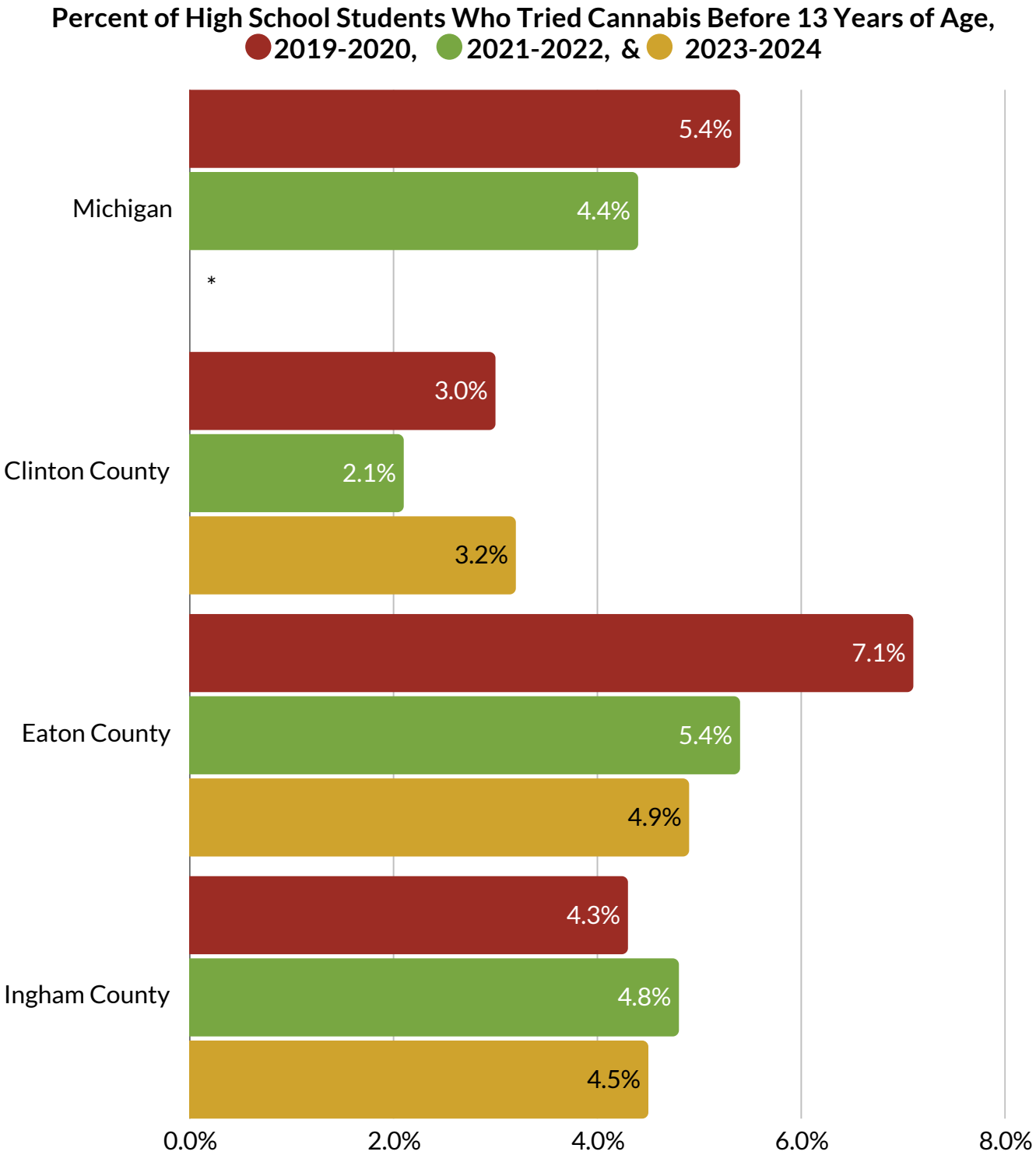
Research shows that cannabis use can have permanent effects on the developing brain when use begins in adolescence, especially with regular or heavy use. Frequent or long-term cannabis use has been linked to lower graduation rates and lower educational achievement. Data for this indicator is not available at the sub-county geographic level.

Percent of High School Students Who Tried Cannabis Before 13 Years of Age, 2023-2024



During the 2023-2024 surveying year, the percentage of high school students who reported trying cannabis before 13 years of age varied across counties: 3.2% in Clinton County, 4.5% in Ingham County, and 4.9% in Eaton County.

ADOLESCENT (<13 Y.O.) - CANNABIS USE (CONTINUED)



*State of Michigan data not yet available for 2023-2024.

ADOLESCENT - MENTAL HEALTH

MEASURE:

Adolescents with symptoms of depression, as measured by the percentage of 9th and 11th grade students who felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities during the past 12 months.

DATA SOURCE:

- Michigan Profile for Healthy Youth Survey (MiPHY)

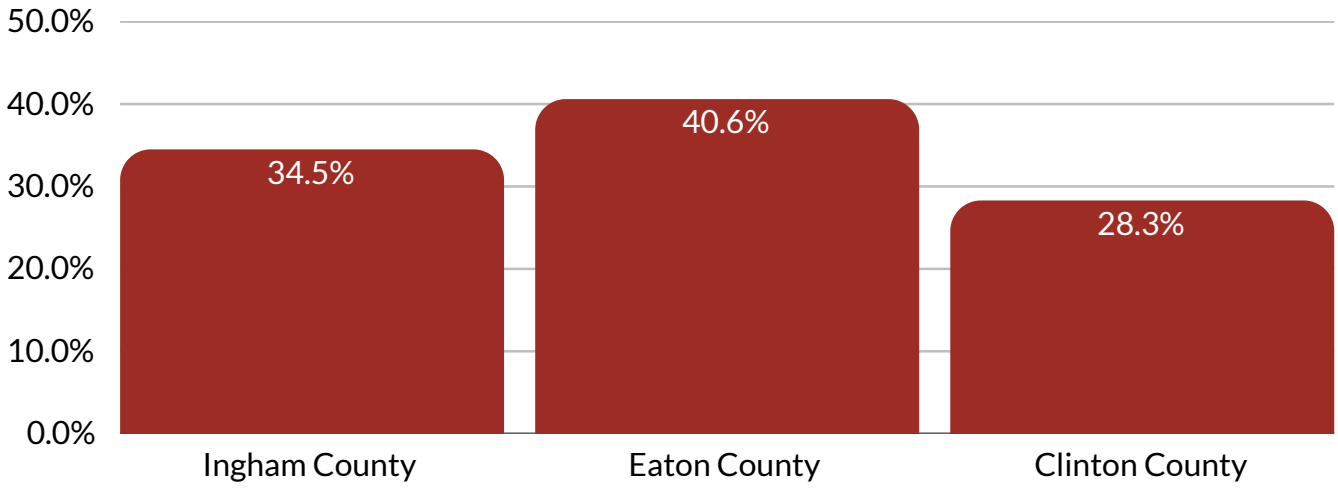
YEARS

- 2019-2020, 2021-2022, 2023-2024

REASON FOR MEASURE:

Overall health depends on both physical and mental well-being. Poor mental health outcomes are correlated with poorer physical health - including immune system response - and social relationships. Measuring the number of days when people report feeling depressed represents an important facet of health-related quality of life.

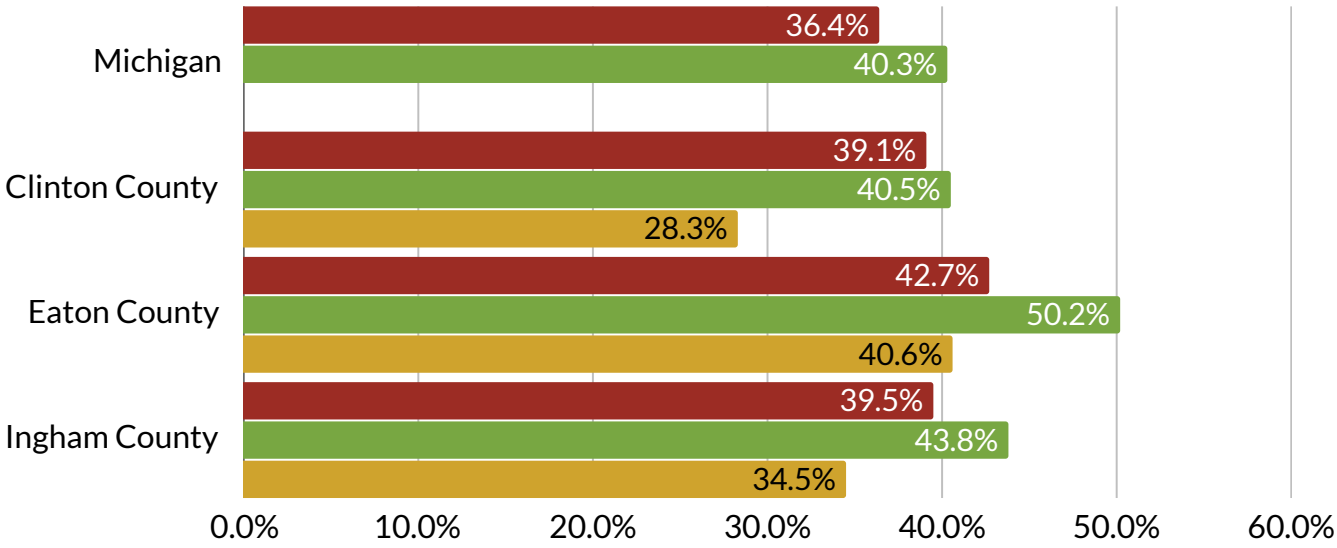
Percent of High School Students With Symptoms of Depression in Past Year, 2023-2024



In the 2023-2024 surveying year, the percentage of high school students reporting symptoms of depression within the past year varied by county, with 28.3% in Clinton County, 34.5% in Ingham County, and 40.6% in Eaton County.

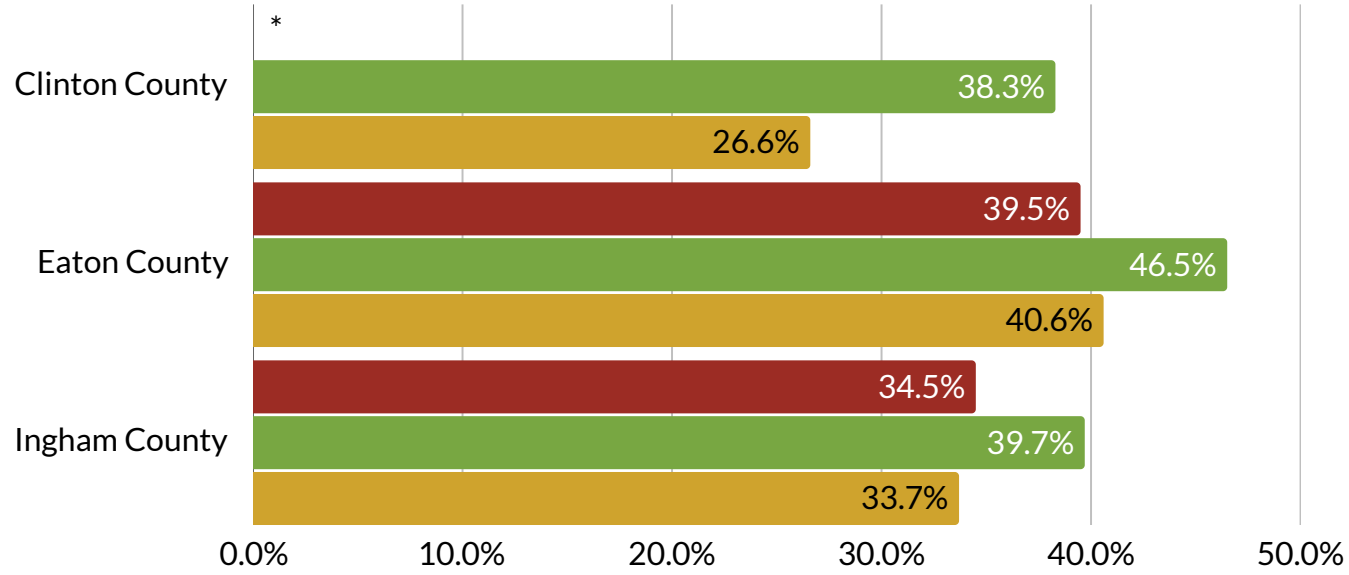
ADOLESCENT - MENTAL HEALTH (CONTINUED)

Percent of High School Students with Symptoms of Depression in Past Year, 2019-2020, 2021-2022, & 2023-2024



Across the past three surveying periods (2019-2020, 2021-2022, and 2023-2024), the 2021-2022 period recorded the highest percentage of high school students reporting symptoms of depression. Statewide in Michigan, 40.3% of high school students reported experiencing symptoms of depression during that year. Locally, the percentages were 40.5% in Clinton County, 43.8% in Ingham County, and 50.2% in Eaton County.

Percent of High School Students with Symptoms of Depression in Past Year, 2019-2024 (by Race/Ethnicity) Black, Hispanic, & White



In the 2023-2024 surveying year, Hispanic high school students reported the highest percentage of symptoms of depression within the past year compared to their Black and white peers. *However, data for Black high school students in Clinton County was suppressed due to low sample counts.

ADOLESCENT - NUTRITION

MEASURE:

Percentage of 9th and 11th grade students who ate five or more servings of fruits and vegetables per day during the past seven days.

DATA SOURCE:

- Michigan Profile for Healthy Youth Survey (MiPHY)

YEARS

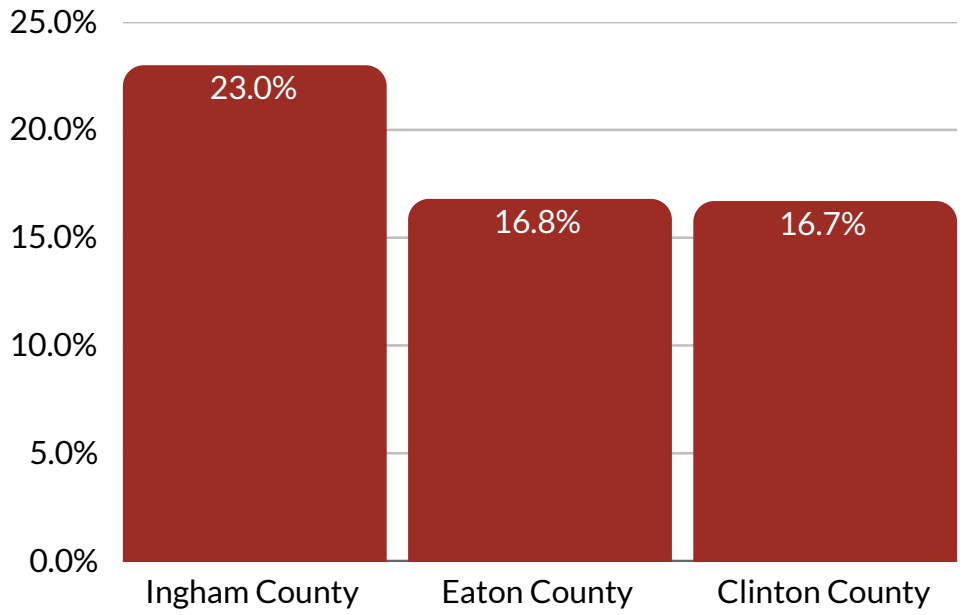
- 2019-2020, 2021-2022, 2023-2024

REASON FOR MEASURE:

Consuming a variety of nutrients is important for proper growth and development. More importantly, epidemiological evidence suggests that adolescence is a key period for the development of lifelong nutritional habits. Adequate nutritional intake by children sets the stage for maintaining good health later in life.

Note: Statistics on fruit and vegetable consumption cannot be compared between Michigan and individual counties, as different questions were asked on the MiPHY survey (for individual counties) and the Michigan Youth Risk Behavior Survey (statewide).

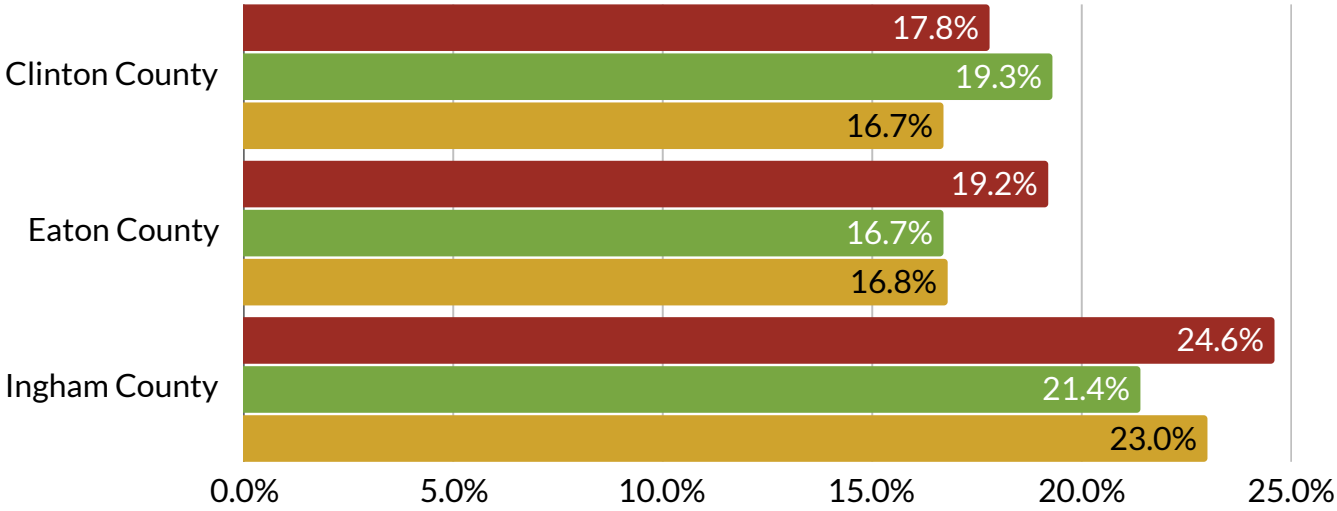
Percent of High School Students Who Ate 5 or More Servings per Day of Fruits and Vegetables During the Past 7 Days, 2023-2024



The percentage of high school students who ate five or more servings per day of fruits and vegetables during the past seven days was highest among high school students in Ingham County (23.0%), followed by Eaton County (16.8%), and Clinton County (16.7%).

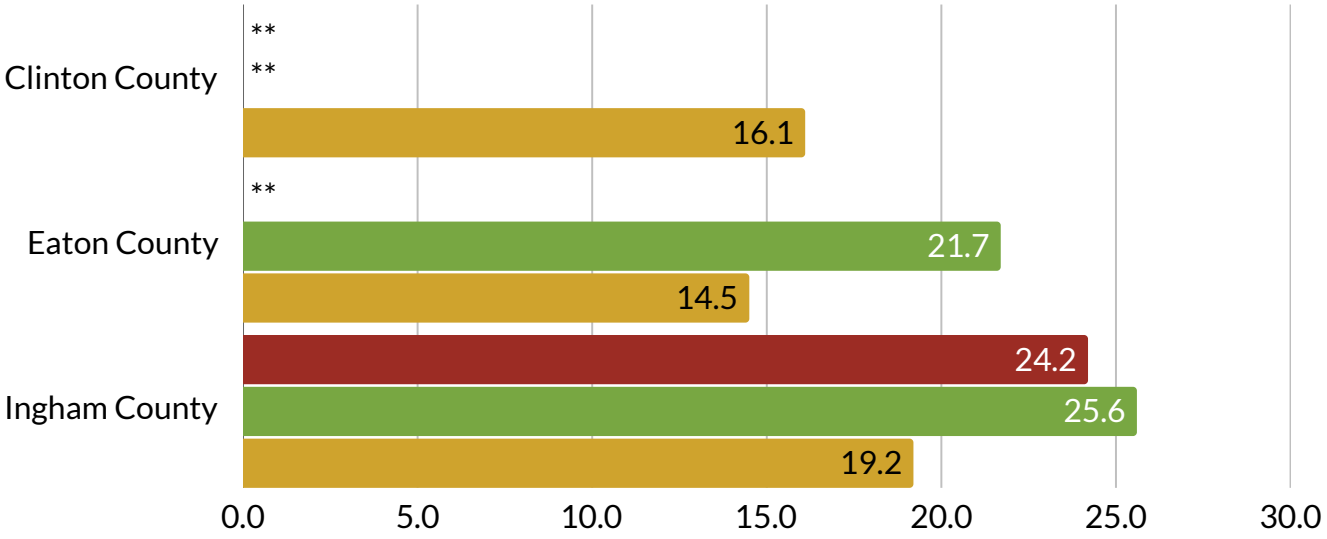
ADOLESCENT - NUTRITION (CONTINUED)

Percent of High School Students Who Ate 5 or More Servings per Day of Fruits and Vegetables During the Past 7 Days, 2019-2020, 2021-2022, & 2023-2024



Over the past three surveying periods (2019-2020, 2021-2022, and 2023-2024), the percentage of high school students consuming five or more servings of fruits and vegetables per day over the past seven days has remained relatively consistent in Clinton, Eaton, and Ingham Counties.

Percent of High School Students Who Ate 5 or More Servings per Day of Fruits and Vegetables During the Past 7 Days, (by Race/Ethnicity)
Black, Hispanic, & White



In Ingham County, Hispanic high school students reported the highest percentage of consuming five or more servings of fruits and vegetables per day in the past seven days, compared to their Black and white peers. However, data for Black students in Eaton County and both Black and Hispanic students in Clinton County were suppressed due to low sample counts.

ADOLESCENT - TOBACCO USE

MEASURE:

Adolescent smoking prevalence represents the percent of 9th and 11th grade students in who smoked cigarettes during the past 30 days

DATA SOURCE:

- Michigan Profile for Healthy Youth Survey (MiPHY)

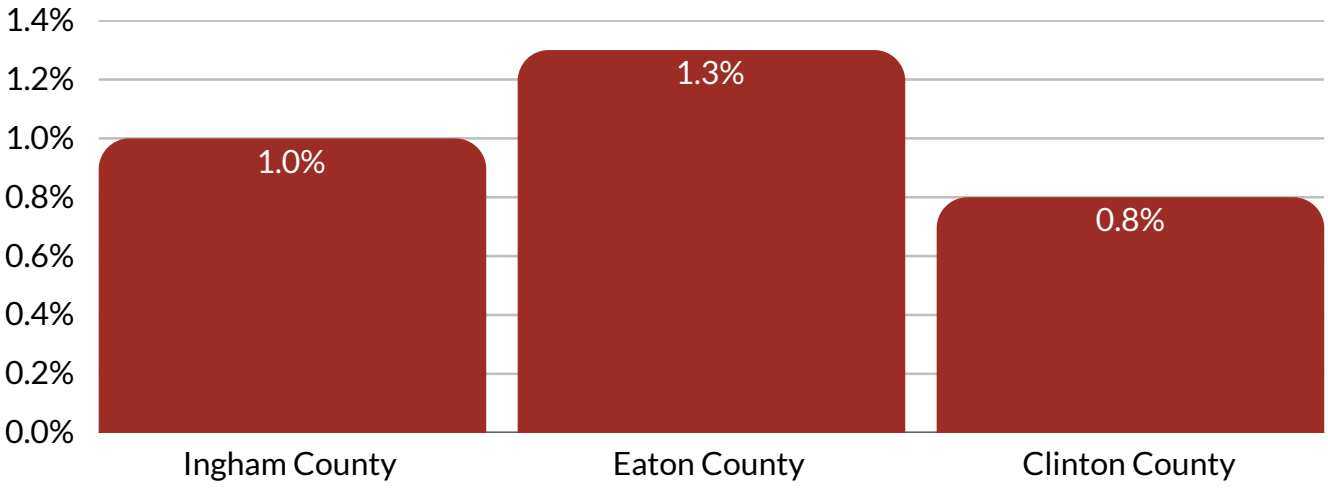
YEARS

- 2019-2020, 2021-2022, 2023-2024

REASON FOR MEASURE:

Each year, approximately 443,000 premature deaths occur in the United States primarily due to smoking. Cigarette smoking is a cause of multiple diseases, including various cancers, cardiovascular disease, respiratory conditions, low birth weight, and other adverse health outcomes. Measuring the prevalence of tobacco use in the population can alert communities to potential adverse health outcomes and can be valuable for assessing the need for cessation programs or the effectiveness of existing programs.

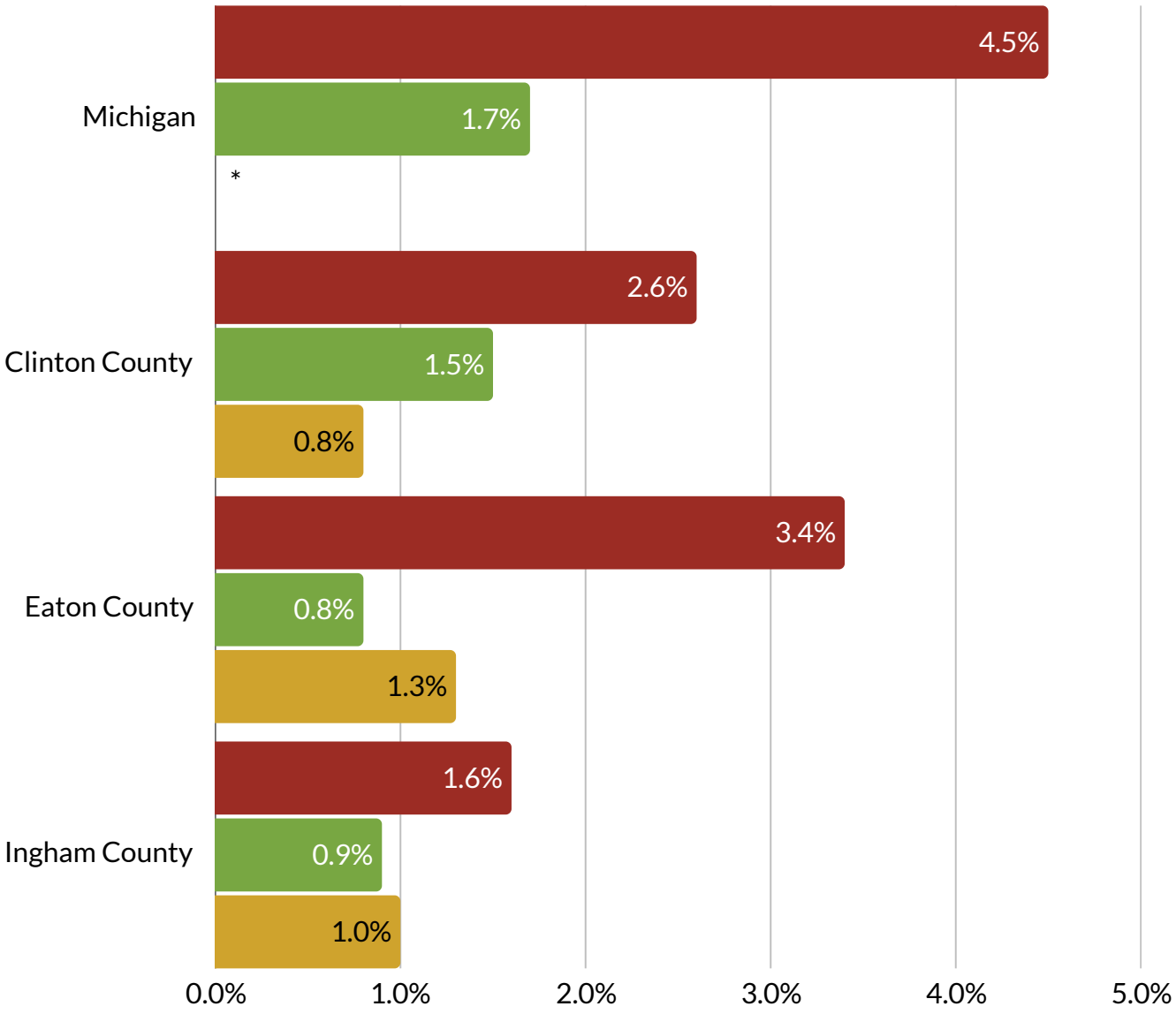
Percent of High School Students Who Smoked Cigarettes During the Past 30 Days, 2023-2024



During the 2023-2024 surveying year, the percentage of high school students who reported smoking cigarettes in the past 30 days was similar across counties: 0.8% in Clinton County, 1.0% in Ingham County, and 1.3% in Eaton County.

ADOLESCENT - TOBACCO USE (CONTINUED)

Percent of High School Students Who Smoked Cigarettes During the Past 30 Days, 2019-2020, 2021-2022, & 2023-2024



When comparing the 2019-2020 surveying period to the 2023-2024 surveying year, the percentage of high school students who reported smoking cigarettes in the past 30 days decreased across Clinton, Eaton, and Ingham Counties. In Clinton County, the percentage dropped from 2.6% to 0.8%; in Eaton County, it declined from 3.4% to 1.3%; and in Ingham County, it decreased from 1.6% to 1.0%.

*Michigan data not available for 2023-2024

ADOLESCENT - TRUSTED ADULT THEY CAN TALK TO

MEASURE:

Percent of participating 9th and 11th grade adolescent respondents who know adults in the neighborhood they could talk to about something important

DATA SOURCE:

- Michigan Profile for Healthy Youth Survey (MiPHY)

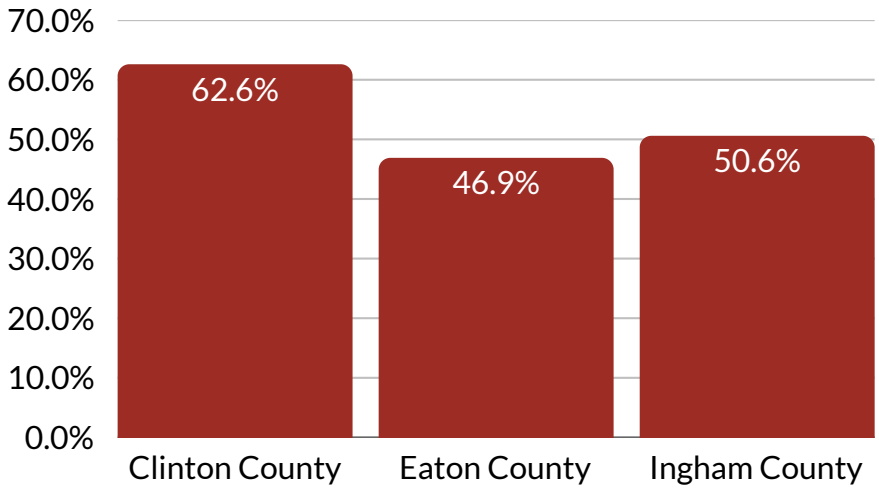
YEARS

- 2019-2020, 2021-2022, 2023-2024

REASON FOR MEASURE:

The network involved in the social-emotional development of children is wide and encompasses family, peers, and nonfamily adults. A growing body of evidence suggests that non-parent adults have a large influence, either positive or negative, in adolescent development. Adolescents whose social network includes a nonparent adult mentor who is involved in illegal activity have an increased probability of becoming involved in illegal activity. Non-parent adults who are positive and supportive can contribute to an adolescent's self-esteem, problem-solving behavior, and overall resilience. Childhood resilience is an important component in developing adults who are capable and equipped to handle life's challenges, which in turn, contributes to a community's well-being.

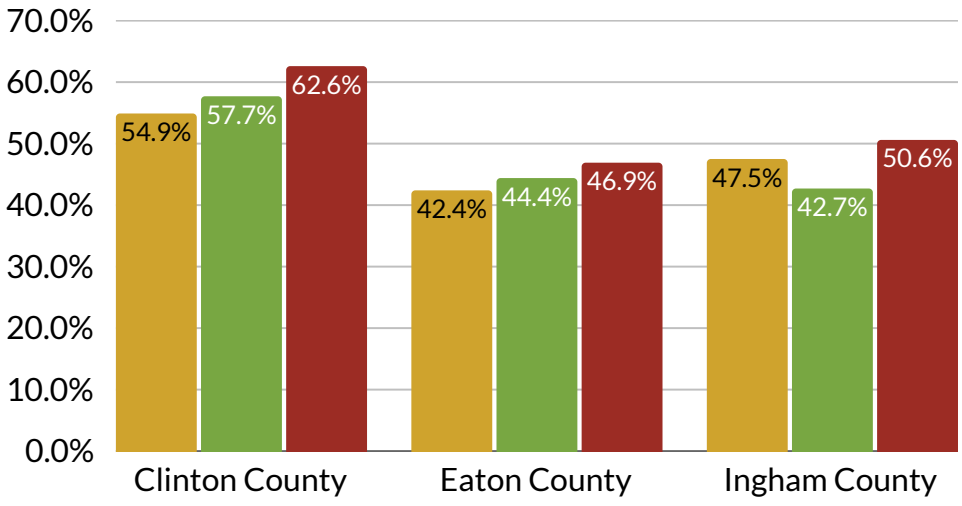
Percent of 9th and 11th Grade Survey Respondents Who Know Adults in the Neighborhood They Could Talk to About Something Important, 2023-2024



A higher percentage of survey respondents from Clinton County reported knowing adults in the neighborhood they could talk to about something important, compared to Eaton and Ingham Counties during the 2023-2024 school year.

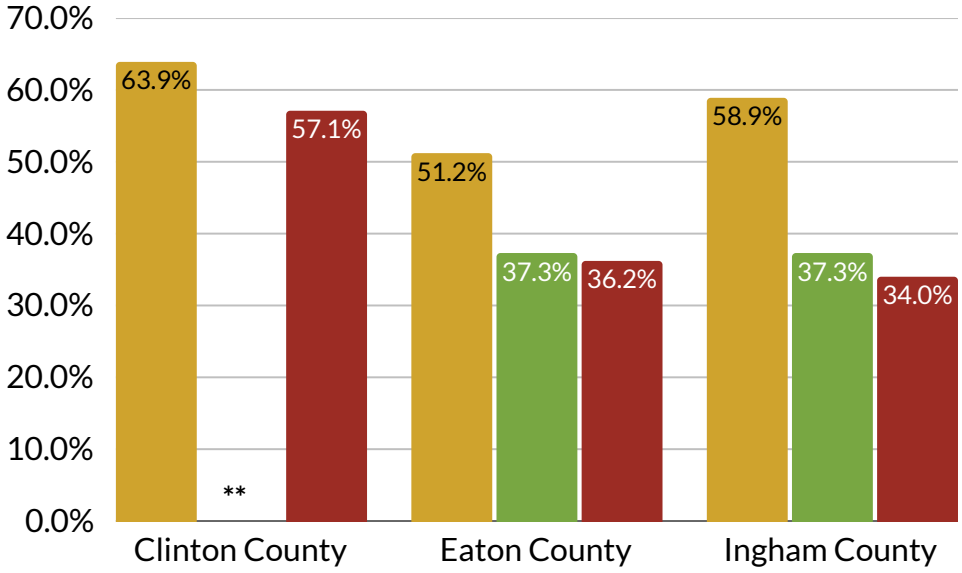
ADOLESCENT - TRUSTED ADULT THEY CAN TALK TO (CONTINUED)

Percent of 9th and 11th Grade Survey Respondents Who Know Adults in the Neighborhood They Could Talk to About Something Important, 2019-2020, 2021-2022, & 2023-2024



A higher percentage of survey respondents from Clinton and Eaton Counties reported knowing adults in the neighborhood they could talk to about something important during the 2023-2024 school year, compared the 2019-2020 and 2019-2020 school years.

Percent of 9th and 11th Grade Survey Respondents Who Know Adults in the Neighborhood They Could Talk to About Something Important, 2023-2024 (by Race/Ethnicity: White, Black, & Hispanic)



The percent of 9th and 11th grade survey respondents who know adults in the neighborhood they could talk to about something important was lower among Black and Hispanic students than their white counterparts.

**Percentages calculated from fewer than 20 responses are considered statistically unreliable and therefore not reported.

ADOLESCENT - VAPING

MEASURE:

Percent of 9th and 11th grade student respondents who reported using an electronic vapor product during the past 30 days

DATA SOURCE:

- Michigan Profile for Healthy Youth Survey (MiPHY)

YEARS

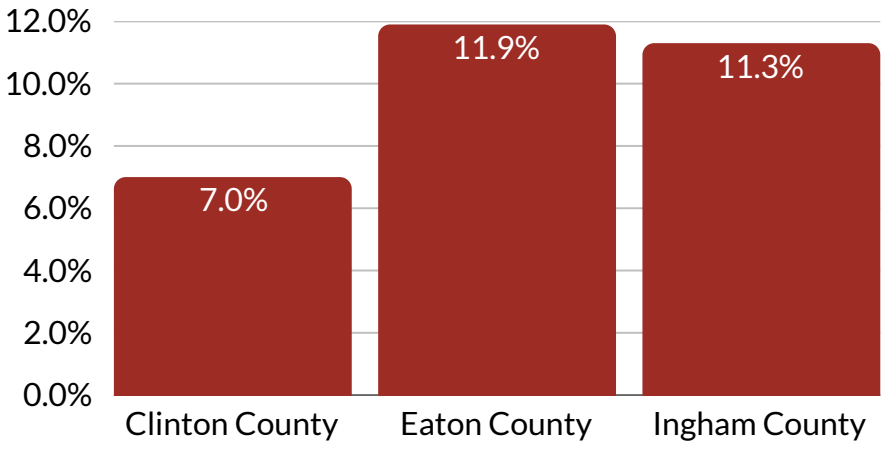
- 2019-2020, 2021-2022, 2023-2024

REASON FOR MEASURE:

"E-cigarettes can contain harmful substances, including nicotine. Nicotine is highly addictive and can harm brain development. Population-level interventions to reduce tobacco use include price increases, mass media campaigns, and smoke-free policies that include e-cigarettes."

Source: https://odphp.health.gov/healthypeople/objectives-and-data/browse-objectives/tobacco-use/reduce-current-e-cigarette-use-adolescents-tu-05

Percent of 9th and 11th Grade Survey Respondents Using an Electronic Vapor Product During the Past 30 Days, 2023-2024

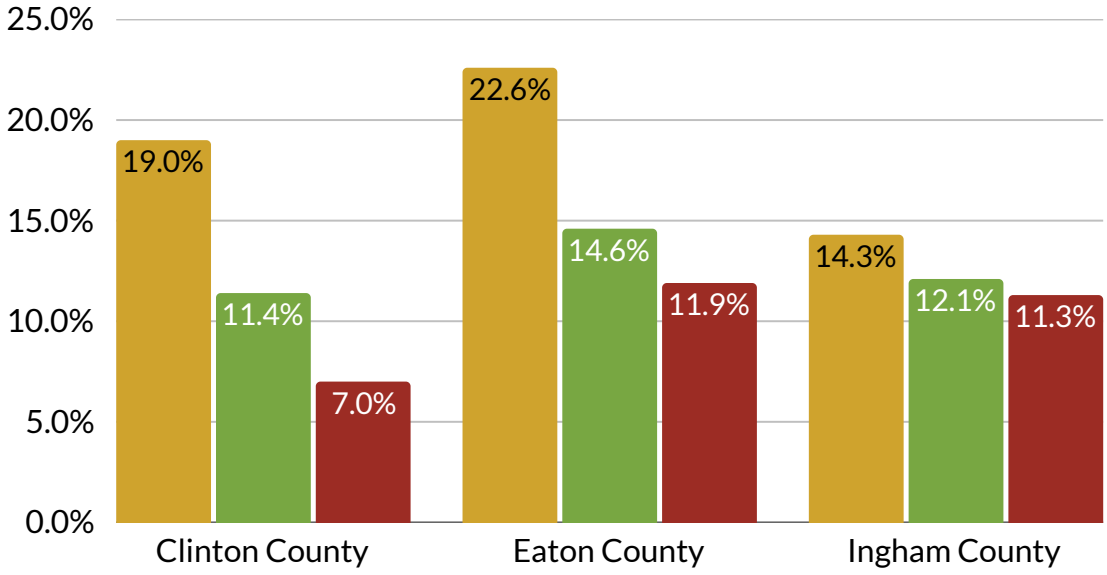


A lower percentage of survey respondents from Clinton County vaped in the past 30 days, compared to Eaton and Ingham Counties, during the 2023-2024 school year.

Source: Michigan Profile for Healthy Youth Survey (MiPHY); County percentages are representative of the combined unweighted responses as reported by 9th and 11th graders in participating buildings.

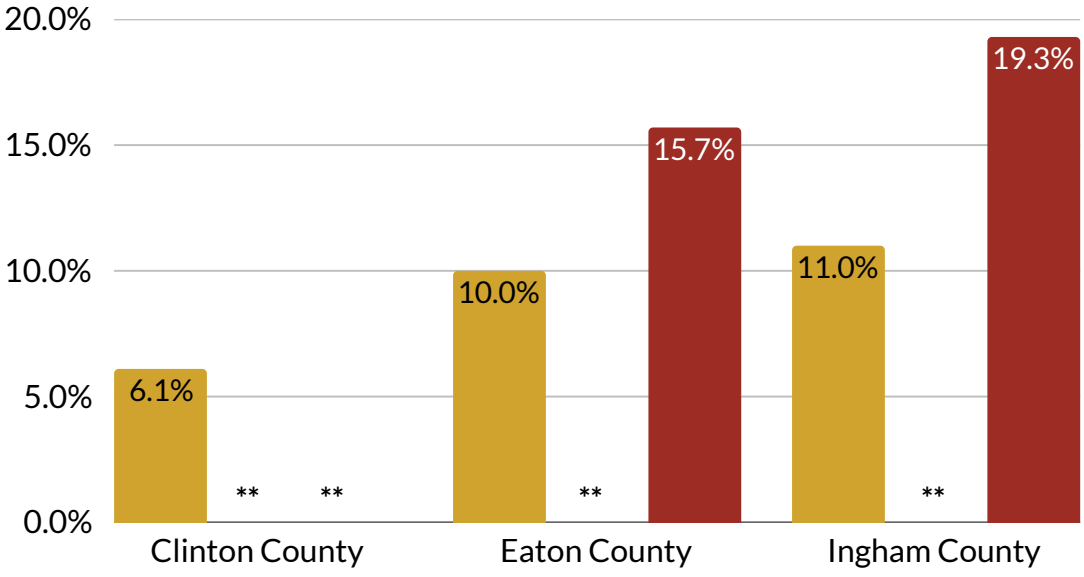
ADOLESCENT - VAPING (CONTINUED)

Percent of 9th and 11th Grade Survey Respondents Using an Electronic Vapor Product During the Past 30 Days, 2019-2020, 2021-2022, & 2023-2024



A higher percentage of survey respondents reported vaping in the past 30 days during the 2019-20 school year than in later years, across all counties.

Percent of 9th and 11th Grade Survey Respondents Using an Electronic Vapor Product During the Past 30 Days, 2023-2024 (by Race/Ethnicity: White, Black, & Hispanic)



A higher percentage of Hispanic 9th and 11th grade survey respondents reported vaping in the past 30 days, compared to their white counterparts, in Eaton and Ingham Counties.

**Percentages calculated from fewer than 20 responses are considered statistically unreliable and therefore not reported.

Source: Michigan Profile for Healthy Youth Survey (MiPHY); County percentages are representative of the combined unweighted responses as reported by 9th and 11th graders in participating buildings.

ADULT - BINGE DRINKING

MEASURE:

Binge drinking is defined as consuming more than four (for women) or five (for men) alcoholic beverages on a single occasion within the past 30 days.

DATA SOURCE:

- Capital Area Behavioral Risk Factor Survey

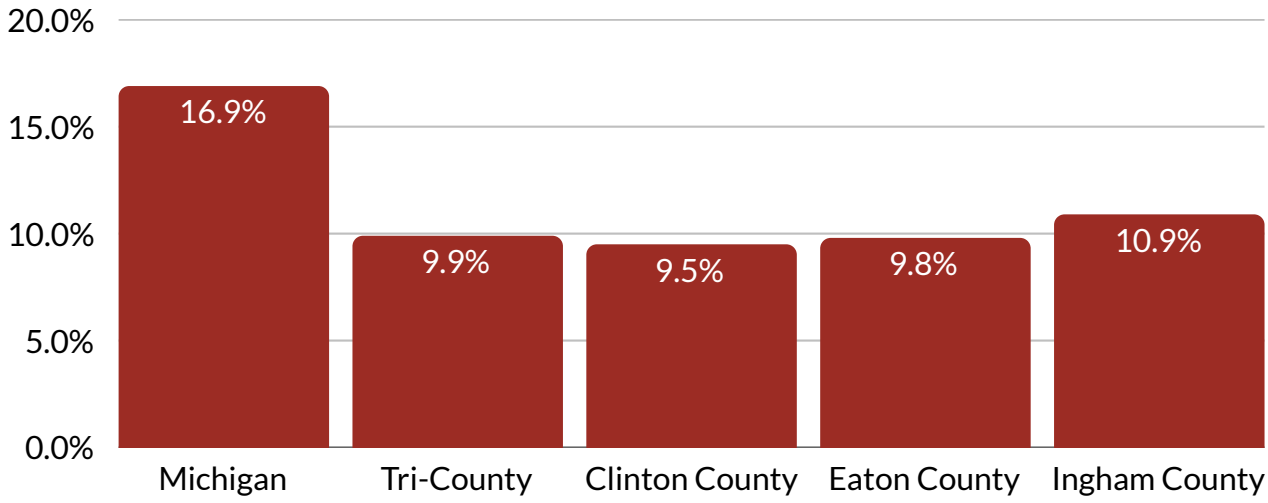
YEARS

- 2008-2010, 2011-2013, 2014-2016, 2017-2019, 2020-2022

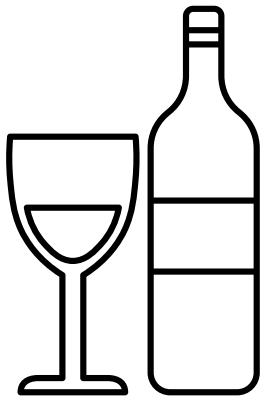
REASON FOR MEASURE:

Binge drinking is a risk factor for a number of adverse health outcomes, such as alcohol poisoning, hypertension, acute myocardial infarction, sexually-transmitted infections, unintended pregnancy, fetal alcohol syndrome, sudden infant death syndrome, suicide, interpersonal violence, and motor vehicle crashes.

Percent of Adults Who Reported Binge Drinking in the Last 30 Days, 2020-2022

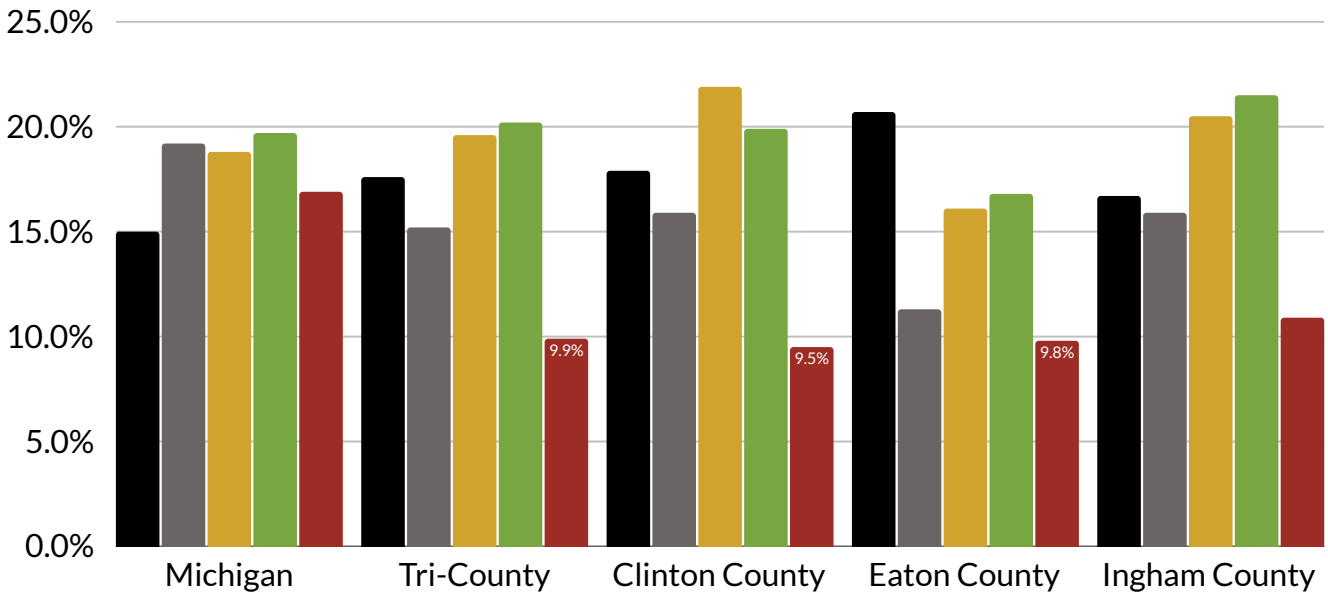


Adults in the tri-county area report less binge drinking in the last 30 days than the State of Michigan. No other comparison should be made due to intersecting confidence intervals.



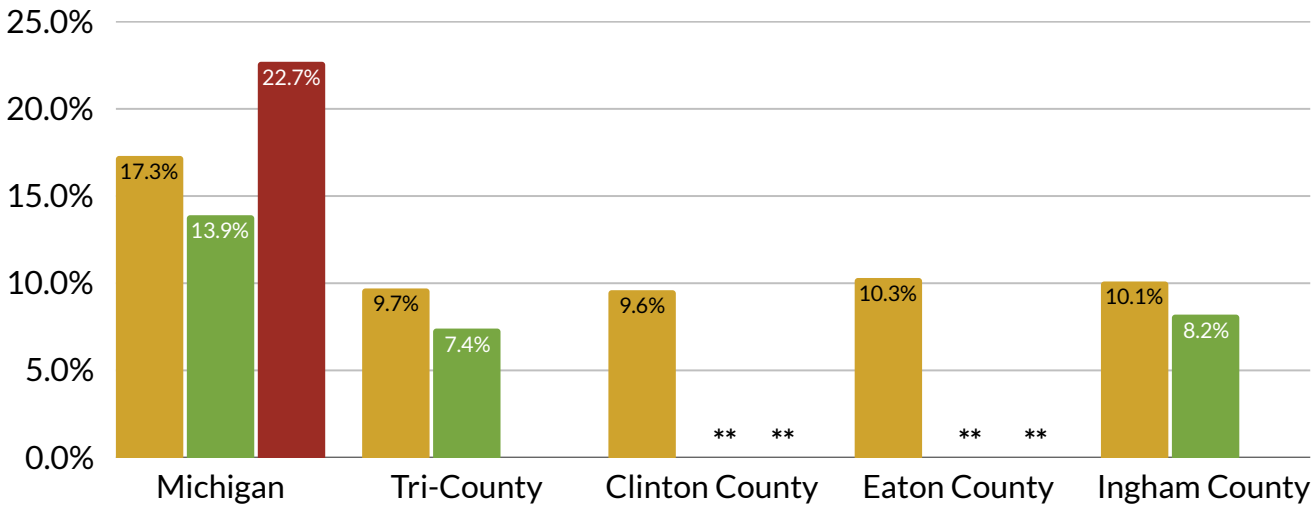
ADULT - BINGE DRINKING (CONTINUED)

Percent of Adults Who Reported Binge Drinking in the Last 30 Days, 2008-2010, 2011-2013, 2014-2016, 2017-2019, & 2020-2022



No comparisons should be made due to intersecting confidence intervals.

Percent of Adults Who Had Five or More Drinks in a Row During the Past 30 Days, 2020-2022 (by Race/Ethnicity: White, Black, & Hispanic)



Within the State of Michigan, a higher percentage of Hispanic adults reported binge drinking in the past 30 days versus white and Black individuals. No other comparisons should be made due to intersecting confidence intervals.

**Percentages calculated from fewer than 20 responses are considered statistically unreliable and therefore not reported.

ADULT - CANNABIS USE

MEASURE:

Estimated percentage of adults who used cannabis in the last 30 days.

DATA SOURCE:

- Capital Area Behavioral Risk Factor Survey

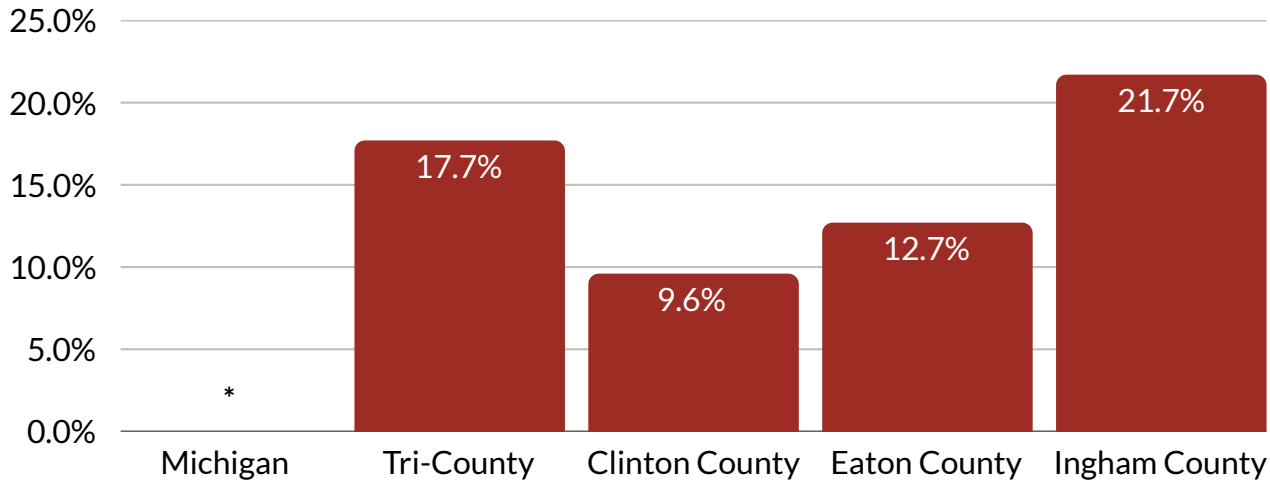
YEARS

- 2014-2016, 2017-2019, 2020-2022

REASON FOR MEASURE:

Chronic cannabis use has been correlated with cardiovascular disease, negative mental health outcomes, and impaired vehicle control which can be detrimental to both individual and community health outcomes. "Heavy cannabis use is linked to negative educational, financial, and mental health outcomes. Evidence-based prevention and treatment programs can reduce substance use, and behavioral therapies show promise in treating use disorder." [from Healthy People 2030]

Percent of Adults Who Reported Cannabis Use in the Last 30 Days, 2020-2022

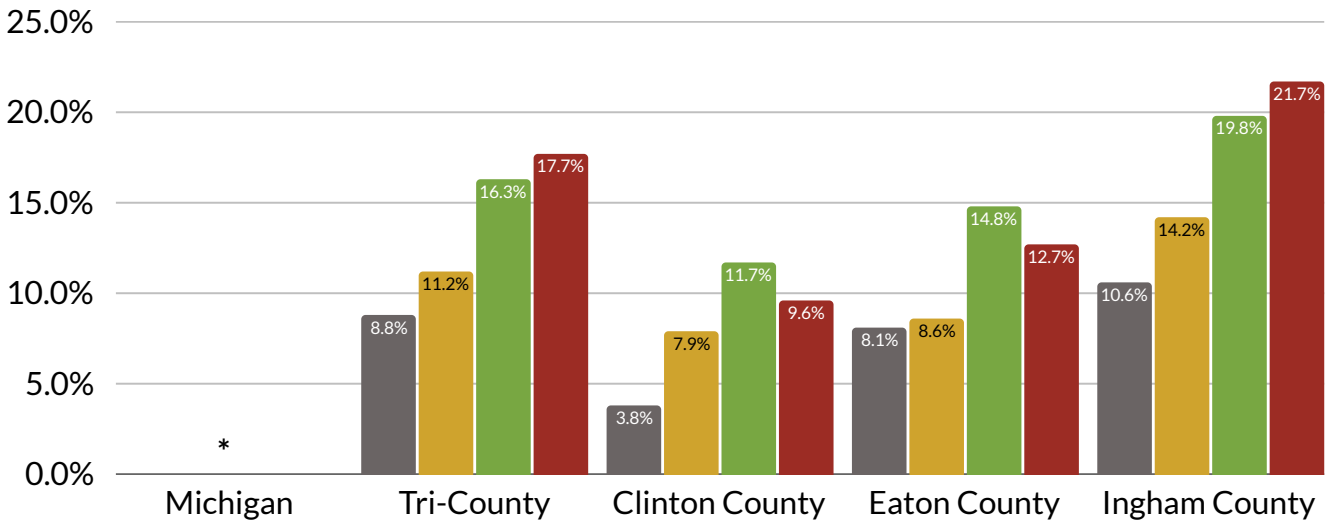


Within Ingham County, a higher percentage of adults reported cannabis use in the last 30 days, as compared to Eaton and Clinton Counties. No other comparisons should be made due to intersecting confidence intervals.

*The State of Michigan does not report percent of adults who used cannabis in the last 30 days.

ADULT - CANNABIS USE (CONTINUED)

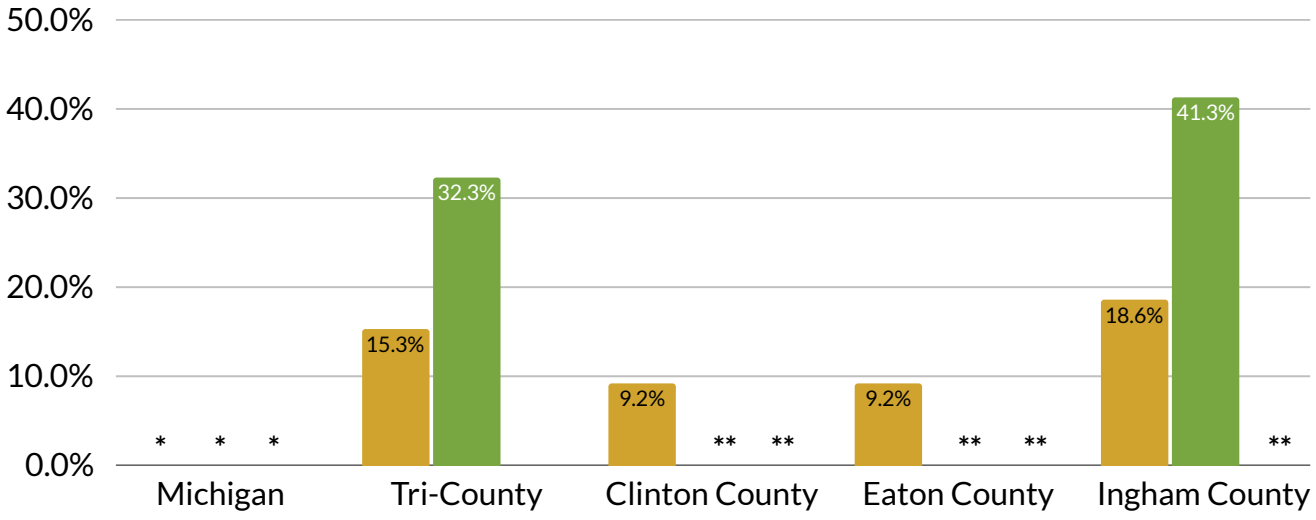
Percent of Adults Who Reported Cannabis Use in the Last 30 Days, 2011-2013, 2014-2016, 2017-2019, & 2020-2022



No comparisons should be made due to intersecting confidence intervals.

*The State of Michigan does not report percent of adults who used cannabis in the last 30 days.

Percent of Adults Who Used Cannabis in the Last 30 Days, 2020-2022 (by Race/Ethnicity: White, Black, & Hispanic)



Within the tri-county region (and in Ingham County), the percent of Black adults who used cannabis in the past 30 days is higher than that in white adults. No other comparisons should be made due to intersecting confidence intervals.

*The State of Michigan does not report percent of adults who used cannabis in the last 30 days.

**Percentages calculated from fewer than 20 responses are considered statistically unreliable and therefore not reported.

ADULT - FRUITS & VEGETABLES

MEASURE:

Estimated percentage of adults who consume an adequate amount (5+ servings) of fruits and vegetables per day.

DATA SOURCE:

- Capital Area Behavioral Risk Factor Survey

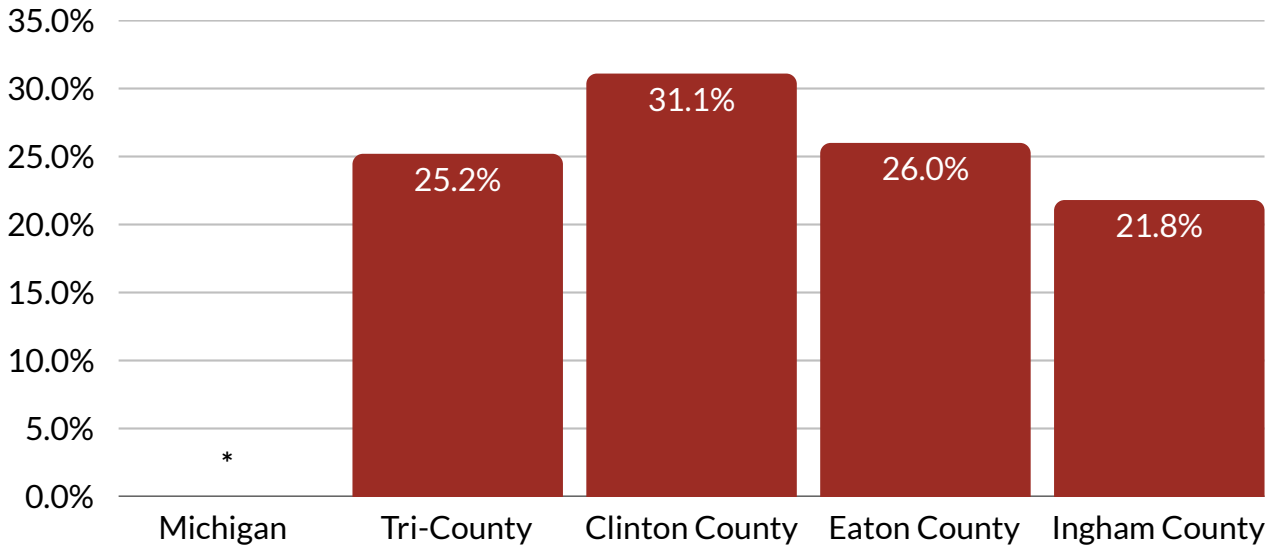
YEARS

- 2011-2013, 2014-2016, 2017-2019, 2020-2022

REASON FOR MEASURE:

Most adults consume a diet heavy in carbohydrates and fats but have limited (both in amount and in type) fruit and vegetable consumption. Fruits and vegetables provide numerous nutrients and fiber. A plant-based diet is associated with decreased risk for chronic diseases, like cancer, diabetes, and obesity. Consuming a variety of fruits and vegetables is necessary to obtain the whole spectrum of nutrients necessary for optimum health.

Percent of Adults Who Consume an Adequate Amount of Fruits and Vegetables Daily, 2020-2022

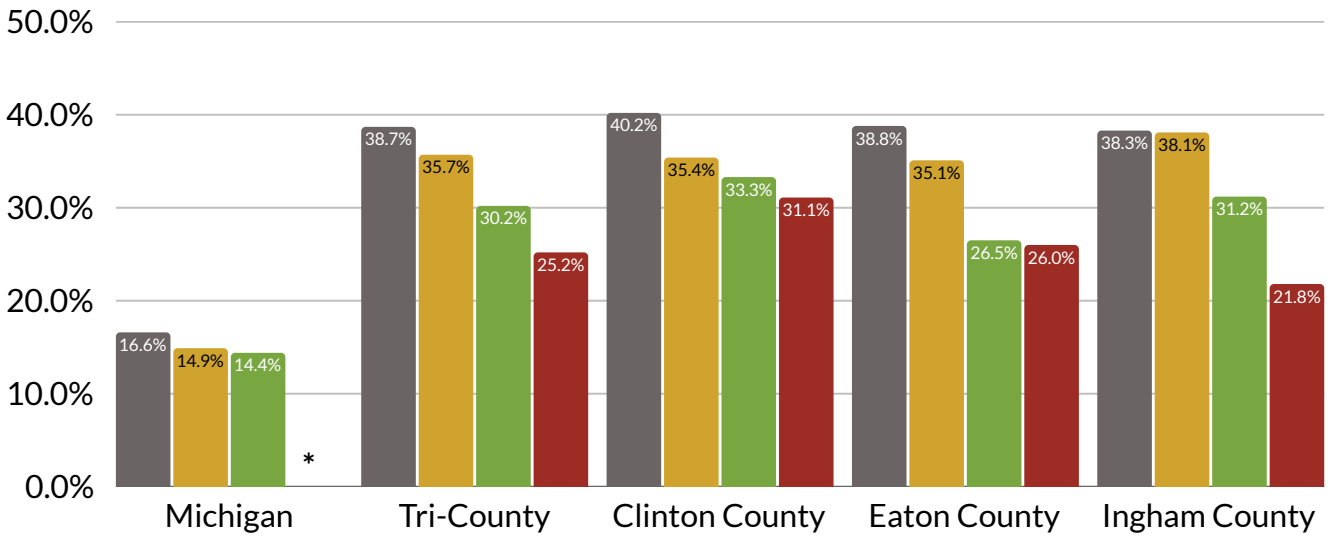


Just over one quarter of tri-county residents reported consuming an adequate amount of fruits and vegetables daily. No other comparisons should be made due to intersecting confidence intervals.

*The State of Michigan no longer reports the percent of adults who consumed an adequate amount of fruits and vegetables.

ADULT - FRUITS & VEGETABLES (CONTINUED)

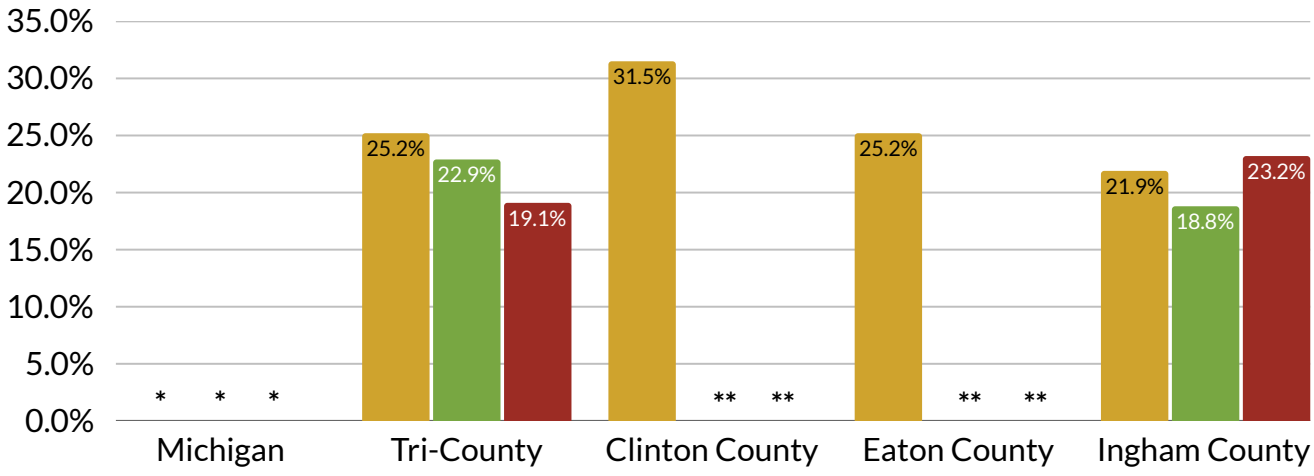
Percent of Adults Who Consume an Adequate Amt of Fruits and Vegetables Daily, 2011-2013, 2014-2016, 2017-2019, & 2020-2022



While no comparison can be made for this cycle, traditionally, the percent of adults in the tri-county region who consume an adequate amount of fruits and vegetables is higher that the State of Michigan. No other comparisons should be made due to intersecting confidence intervals.

*The State of Michigan no longer reports the percent of adults who consumed an adequate amount of fruits and vegetables.

Who Consume an Adequate Amt of Fruits and Vegetables Daily, 2020-2022 (by Race/Ethnicity: White, Black, & Hispanic)



No comparisons should be made due to intersecting confidence intervals.

*The State of Michigan no longer reports the percent of adults who consumed an adequate amount of fruits and vegetables.

**Percentage not calculated due to inadequate total count (<20 responses).

ADULT - PHYSICAL ACTIVITY

MEASURE:

Estimated percent of adults engaging in no leisure time physical activity.

DATA SOURCE:

- Capital Area Behavioral Risk Factor Survey

YEARS

- 2008-2010, 2011-2013, 2014-2016, 2017-2019, 2020-2022

REASON FOR MEASURE:

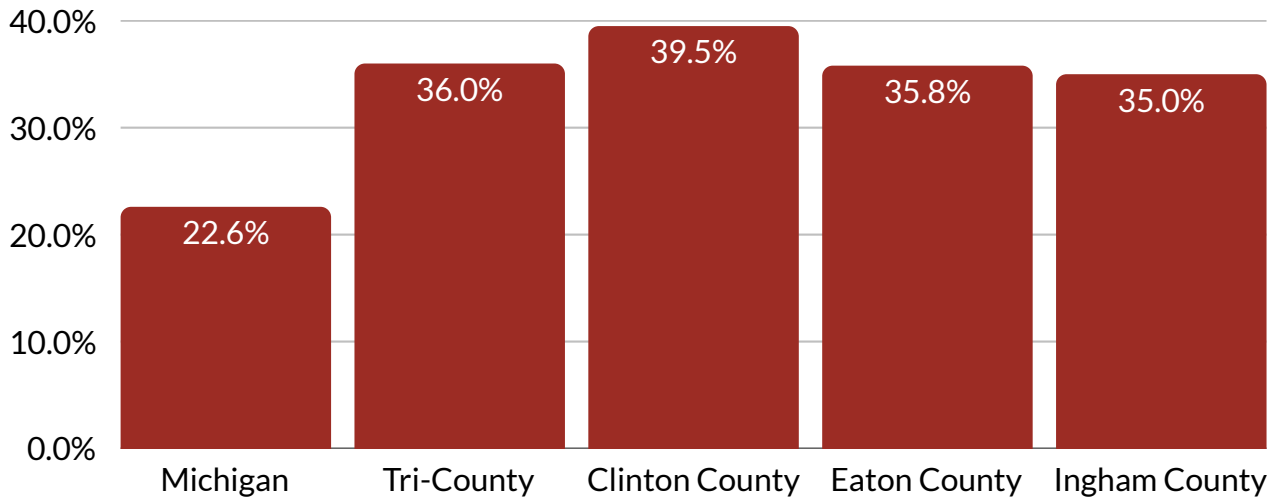
Physical activity is any movement produced by the contraction of skeletal muscle that increases energy expenditure above normal levels; therefore, it is not simply exercise. The benefits of physical activity are numerous.

Physically active persons have:

- 20-35% lower risk for cardiovascular disease, coronary artery disease, and stroke;
- 30-40% lower risk for type 2 diabetes and metabolic syndrome;
- 30% lower risk for colon cancer;
- 20% lower risk for breast cancer; and
- 20-30% lower risk for depression, distress/well-being, and dementia.

The questions for physical activity, both in the Michigan BRFS and the Capital Area BRFS, have changed over time to reflect revisions to the physical activity recommendation. Consequently, comparing the percentage of adults getting the recommended amount of physical activity has become increasingly difficult, since local and state statistics may not be comparable, and older statistics may not be comparable with current statistics.

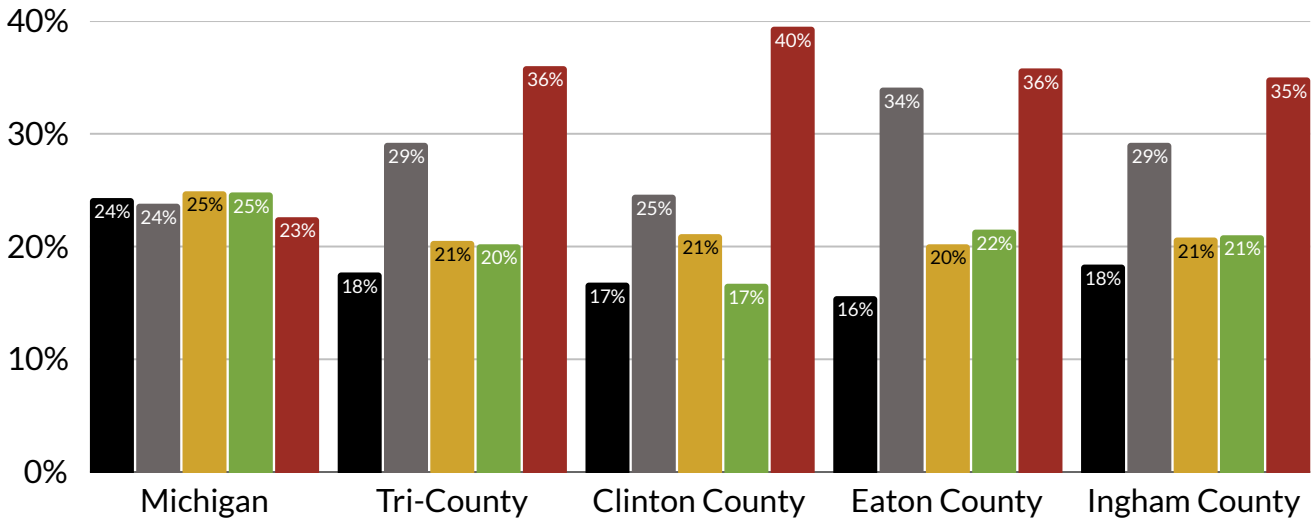
Percent of Adults Engaging in NO Leisure-time Physical Activity, 2020-2022



The percent of adults engaging in no leisure-time physical activity is higher in the tri-county region (including all of the constituent counties), than in the State of Michigan overall. No other comparisons should be made due to intersecting confidence intervals.

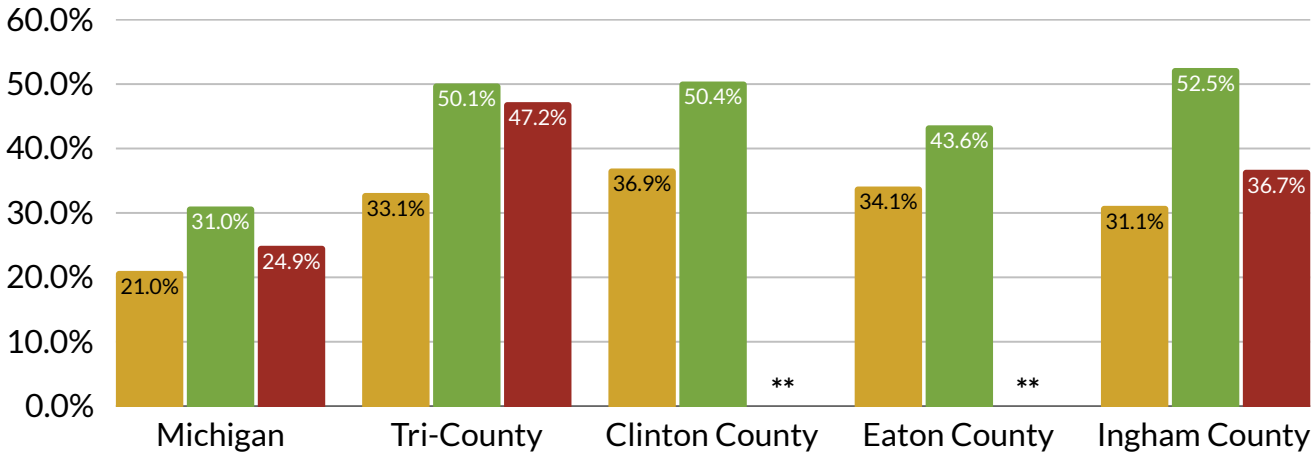
ADULT - PHYSICAL ACTIVITY (CONTINUED)

Trend in Percent of Adults Engaging in NO Leisure-time Physical Activity, 2008-2010, 2011-2013, 2014-2016, 2017-2019, & 2020-2022



As compared to previous cycles, the percent of adults engaging in no leisure-time physical activity in the 2020-2022 cycle is higher in the tri-county region (and the rest of the constituent counties). No other comparisons should be made due to intersecting confidence intervals.

Percent of Adults Engaging in NO Leisure-time Physical Activity, 2017-2022 (by Race/Ethnicity: White, Black, & Hispanic)



As compared to white adults, the percent of Black adults in Ingham County engaging in no leisure-time physical activity is higher. No other comparisons should be made due to intersecting confidence intervals.

**Percentages calculated from fewer than 20 responses are considered statistically unreliable and therefore not reported.

ADULT - POOR MENTAL HEALTH

MEASURE:

Estimated percentage of adults with poor mental health for 14+ of the last 30 days.

DATA SOURCE:

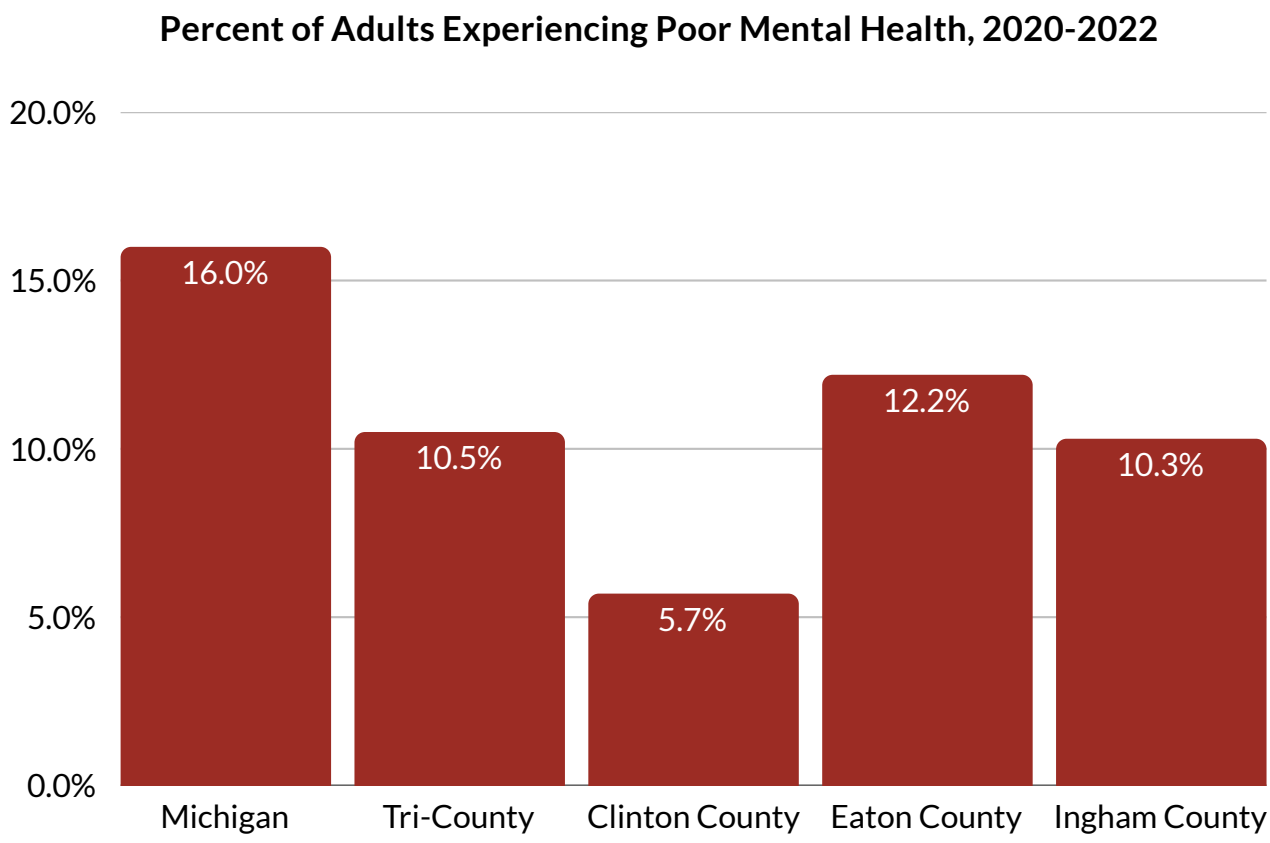
- Capital Area Behavioral Risk Factor Survey

YEARS

- 2008-2010, 2011-2013, 2014-2016, 2017-2019, 2020-2022

REASON FOR MEASURE:

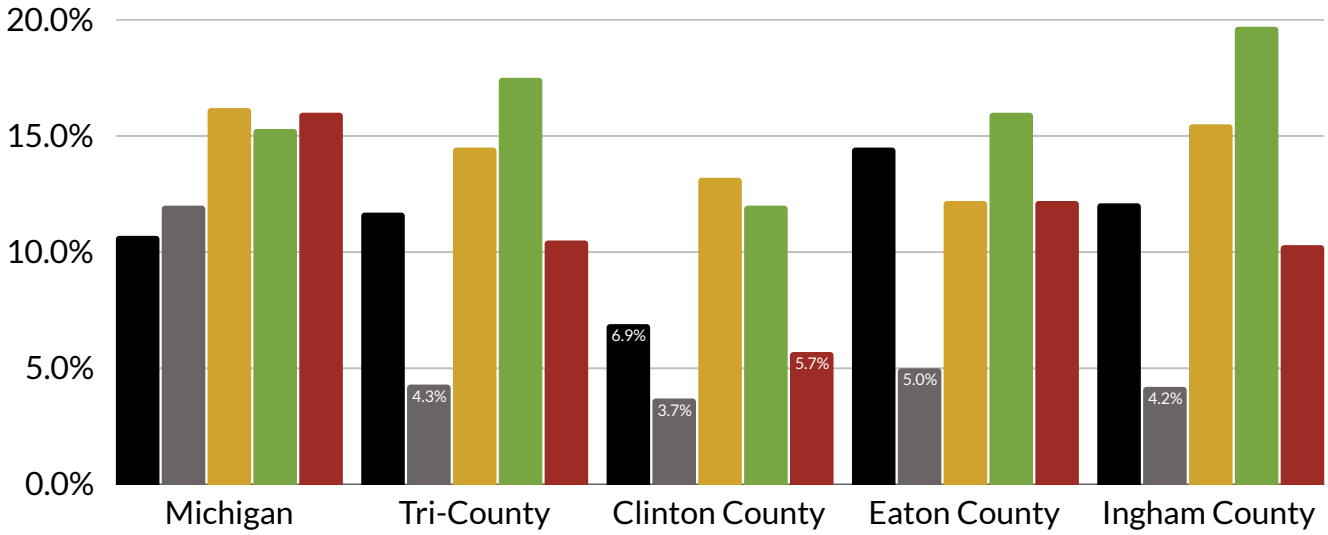
Overall health depends on both physical and mental well-being. Measuring the number of days when people report that their mental health was not good, i.e., poor mental health days, represents an important facet of health-related quality of life. [from County Health Rankings]



The percent of adults who experienced poor mental health in the tri-county area is lower than the percent of adults in the State of Michigan. No other comparisons should be made due to intersecting confidence intervals.

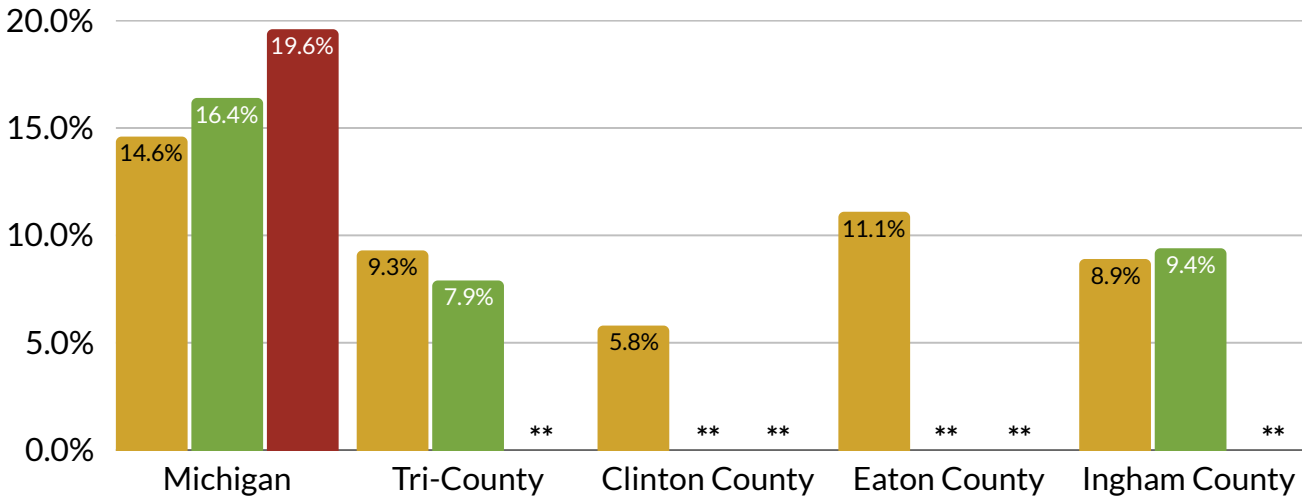
ADULT - POOR MENTAL HEALTH (CONTINUED)

Percent of Adults Experiencing Poor Mental Health,
2008-2010, 2011-2013, 2014-2016, 2017-2019, & 2020-2022



In the tri-county region (and its constituent counties), the percent of adults who experienced poor mental health reduced from 2017-2019 to 2020-2022. No other comparisons should be made due to intersecting confidence intervals.

Percent of Adults Experiencing Poor Mental Health,
2020-2022 (by Race/Ethnicity: White, Black, & Hispanic)



In the State of Michigan, the percent of Hispanic adults who experienced poor mental health is higher than white adults. No other comparisons should be made due to intersecting confidence intervals.

**Percentage not calculated due to inadequate total count (<20 responses).

ADULT - PREVENTABLE DIABETES HOSPITALIZATIONS

MEASURE:

Age-specific preventable hospitalization rate per 10,000 persons related to diabetes among adults

DATA SOURCE:

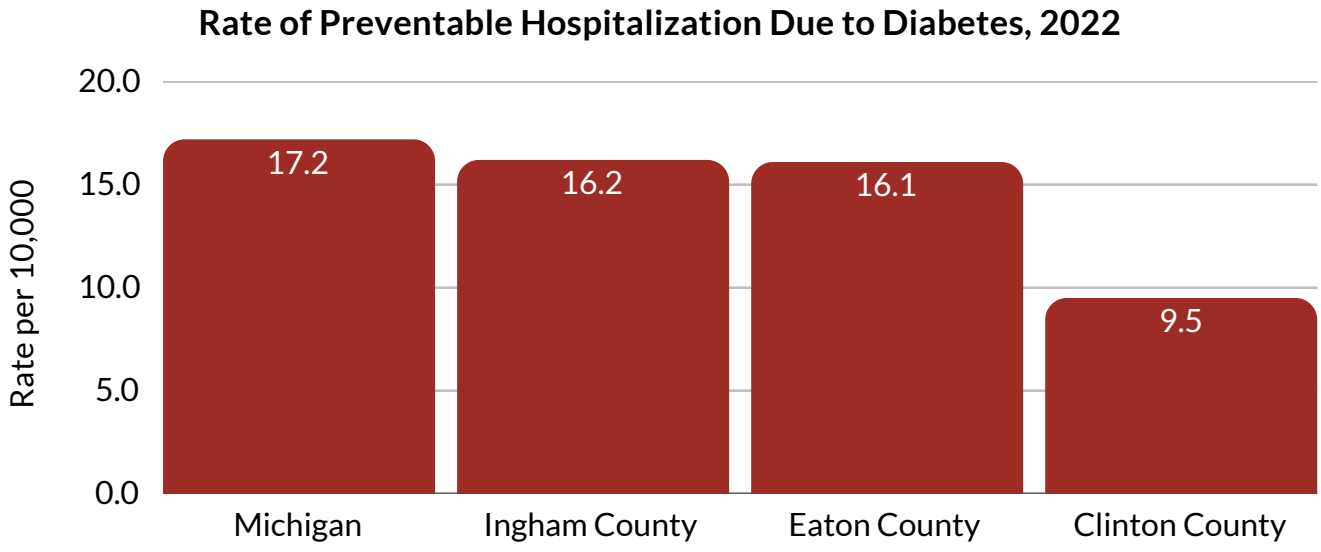
- Michigan Resident Inpatient Files (via Michigan Department of Health and Human Services)

YEARS

- 2020, 2021, 2022

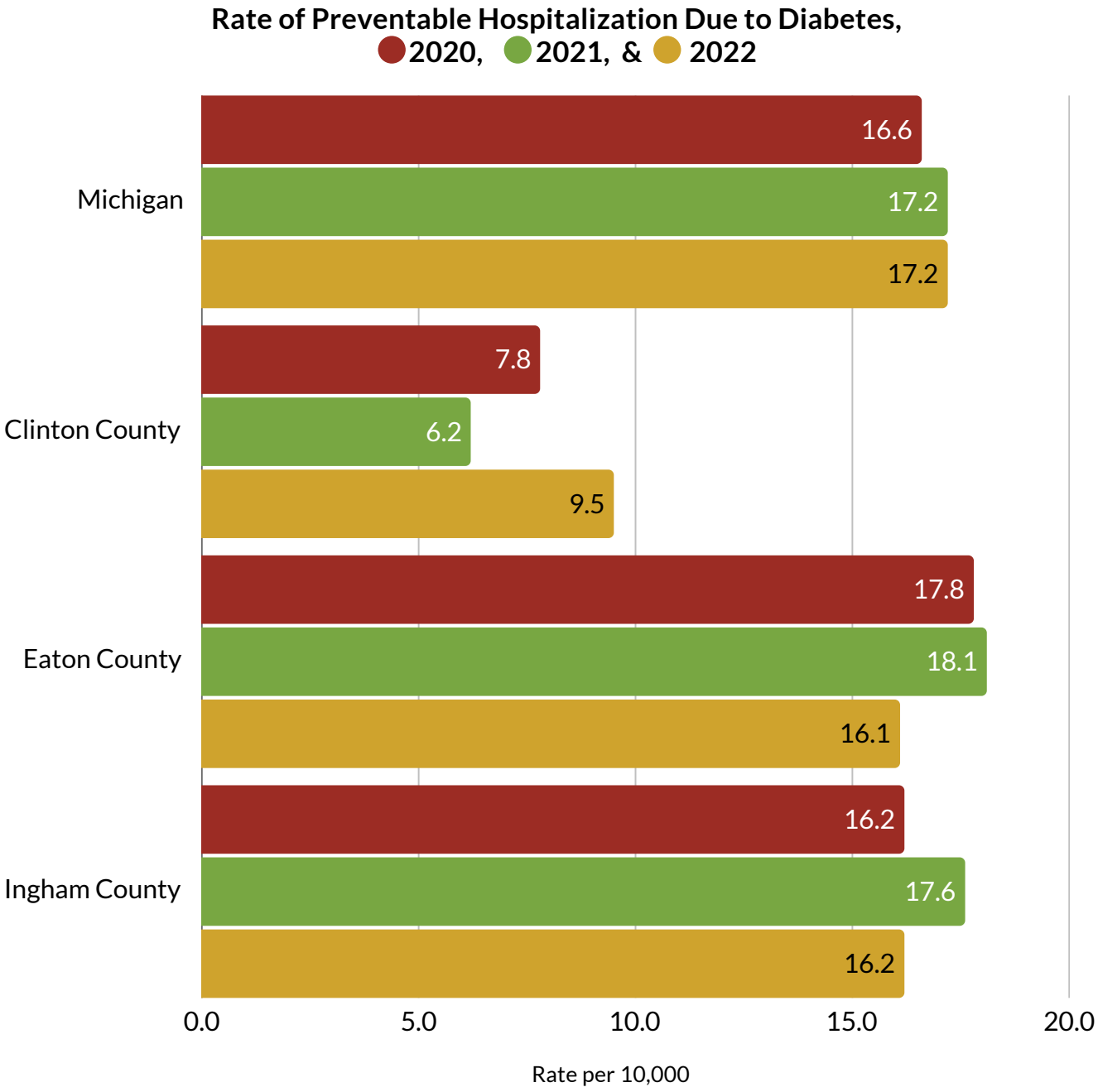
REASON FOR MEASURE:

As rates of overweight and obese individuals increase, diabetes also continues to become more prevalent in the U.S. Diabetes presents as one of three types: Type 1, Type 2, and gestational diabetes. Diabetes is a chronic disease and is a large cause of morbidity and mortality in the U.S. Complications from diabetes can include stroke, kidney failure, nerve damage, blindness, and lower limb amputations.



Michigan had the highest rate of preventable hospitalizations due to diabetes at 17.2 per 10,000 people, followed by Eaton County at 16.1, and Ingham County at 16.2. Clinton County had the lowest rate at 9.5 per 10,000 people.

ADULT - PREVENTABLE DIABETES HOSPITALIZATIONS (CONTINUED)



Compared to Eaton and Ingham Counties, Clinton County has had the lowest preventable hospitalization rates due to diabetes from 2020 to 2022.

ADULT - SMOKING

MEASURE:

Adult smoking prevalence represents the estimated percentage of the adult population that currently smokes every day or "most days" and has smoked at least 100 cigarettes in their lifetime.

DATA SOURCE:

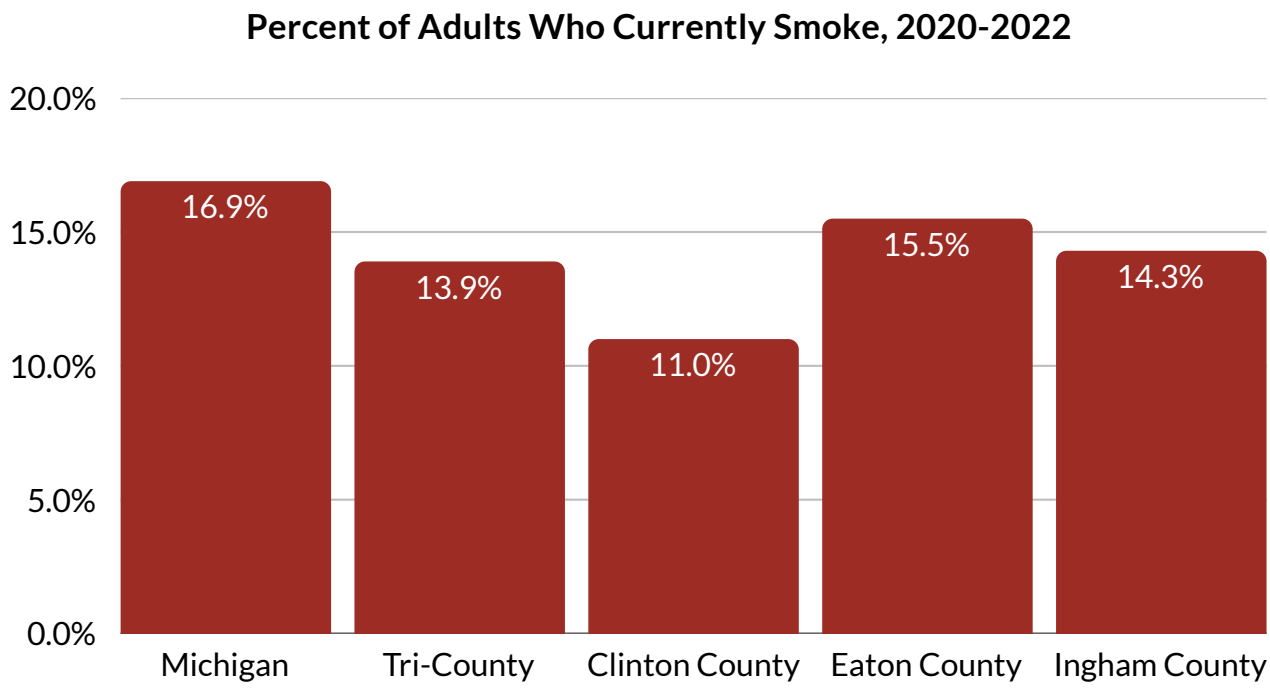
- Capital Area Behavioral Risk Factor Survey

YEARS

- 2014-2016, 2017-2019, 2020-2022

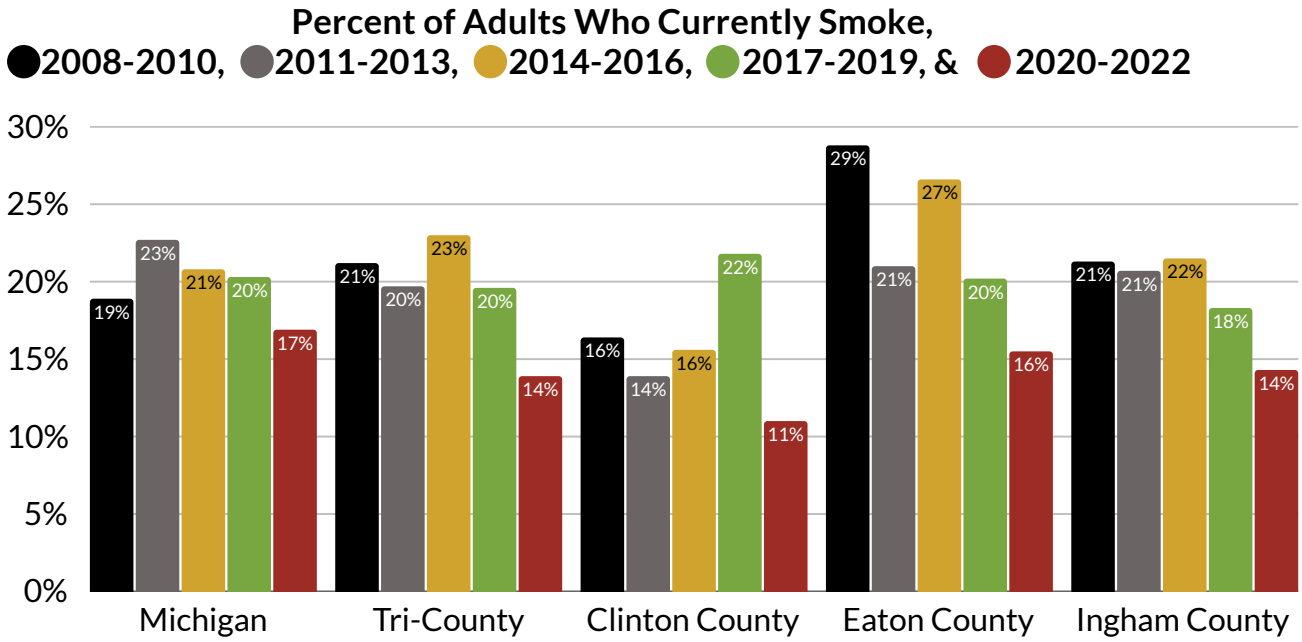
REASON FOR MEASURE:

Each year, approximately 443,000 premature deaths occur in the United States primarily due to smoking. Cigarette smoking is identified as a cause in multiple diseases, including various cancers, cardiovascular disease, respiratory conditions, low birth weight, and other adverse health outcomes. Measuring the prevalence of tobacco use in the population can alert communities to potential adverse health outcomes and can be valuable for assessing the need for cessation programs or the electiveness of existing programs. [from County Health Rankings]

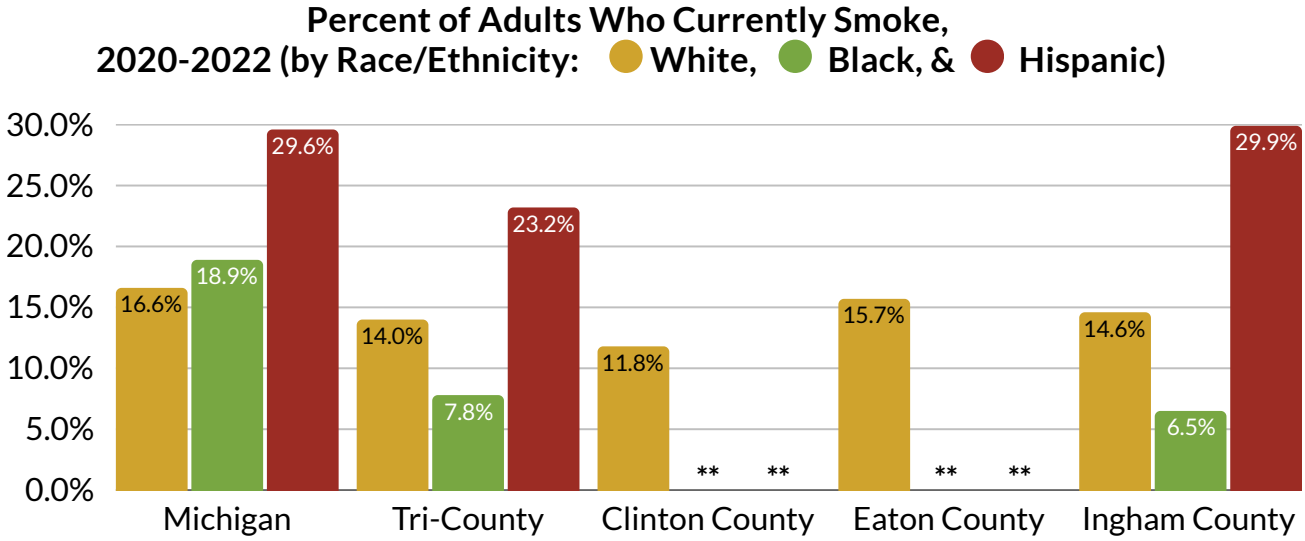


The point estimate for percent of adults who currently smoke in the tri-county region is lower than the estimate for the State of Michigan. No other comparison should be made due to intersecting confidence intervals.

ADULT - SMOKING (CONTINUED)



As compared to the 2017-2019 cycle, the percent of adults in the State of Michigan, tri-county region, and Clinton County who smoke was lower in this cycle. No other comparison should be made due to intersecting confidence intervals.



In the State of Michigan, a higher percentage of Hispanic individuals currently smoke, as compared to white and Black individuals. Furthermore, in the tri-county region, a lower percent of Black individuals smoke as compare to white individuals. No other comparisons can be made due to intersecting confidence intervals.

**Percentages calculated from fewer than 20 responses are considered statistically unreliable and therefore not reported.

ADULT - VAPING

MEASURE:

Estimated percentage of the adult population that currently vapes nicotine every day or "some days".

DATA SOURCE:

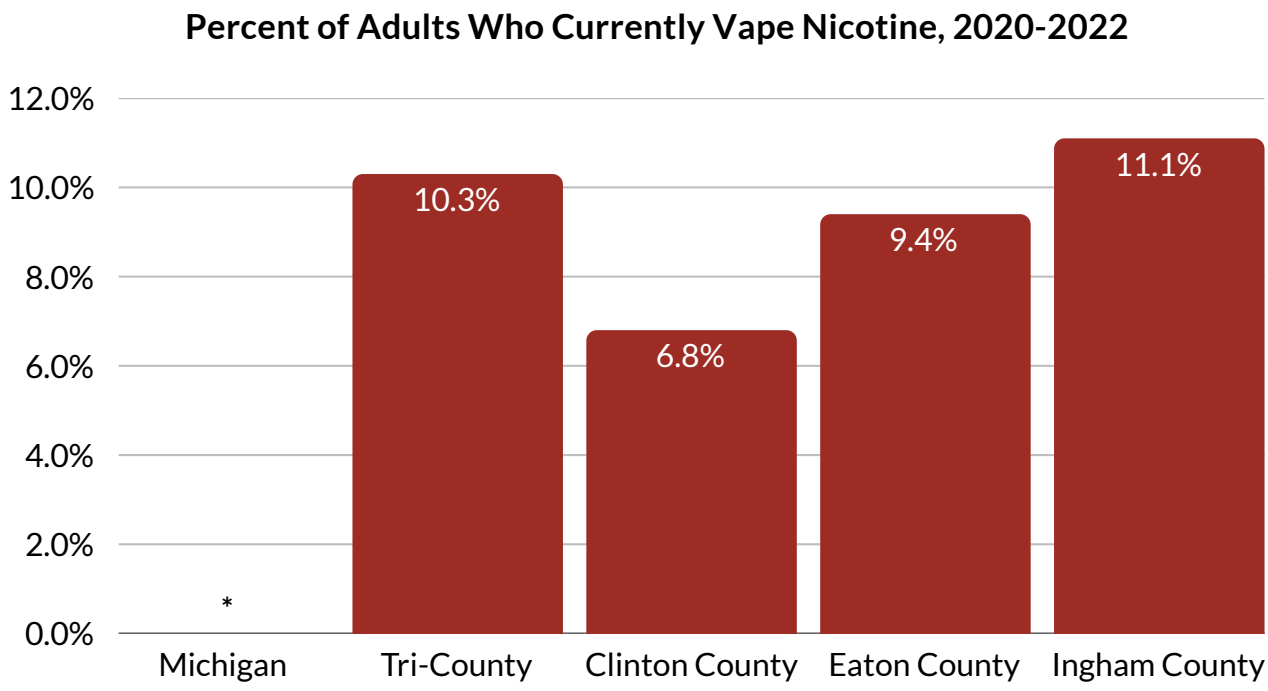
- Capital Area Behavioral Risk Factor Survey

YEARS

- 2017-2019, 2020-2022

REASON FOR MEASURE:

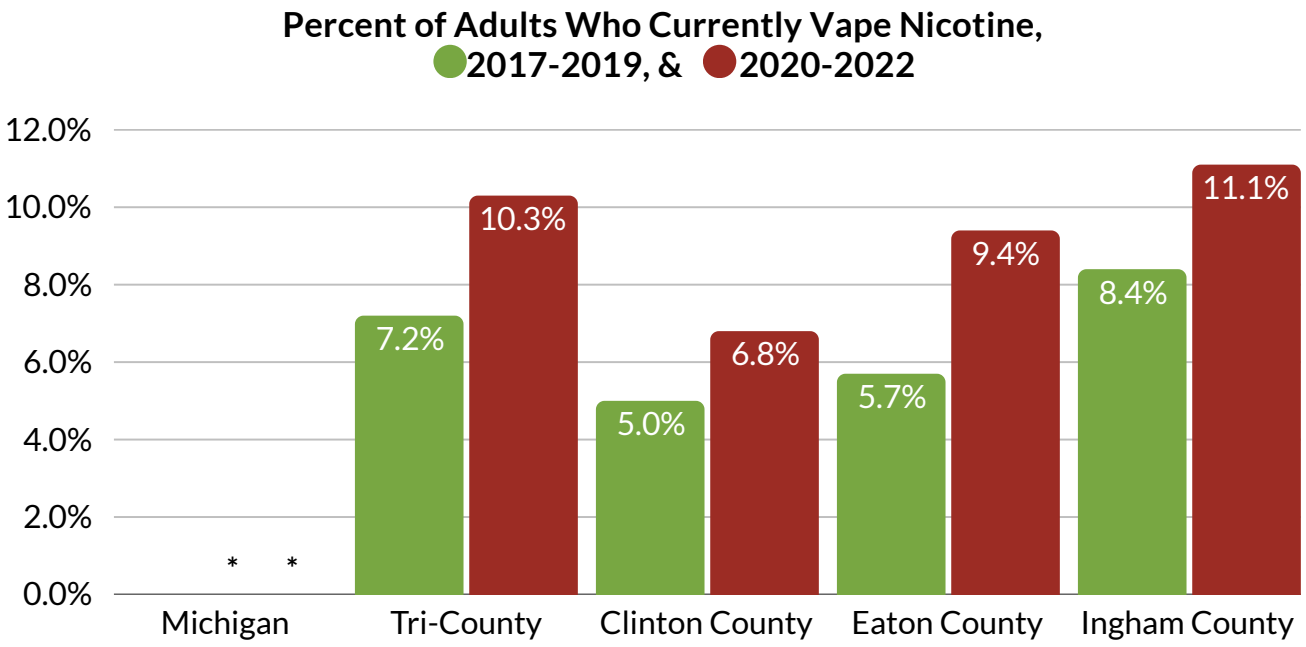
E-cigarette use among adults is a growing public health concern. While often perceived as less harmful than traditional cigarettes, e-cigarettes contain nicotine, a highly addictive substance, and can expose users to harmful chemicals. These chemicals can lead to a range of health problems, including lung disease, heart disease, and increased risk of cancer. Moreover, e-cigarettes can serve as a gateway to traditional cigarette smoking. Measuring the prevalence of e-cigarette use among adults is essential to monitor trends, inform public health interventions, and assess the effectiveness of policies aimed at reducing e-cigarette use and promoting public health.



The point estimate of percent of adults in the tri-county region who currently vape is 10.3%. No other comparison should be made due to intersecting confidence intervals.

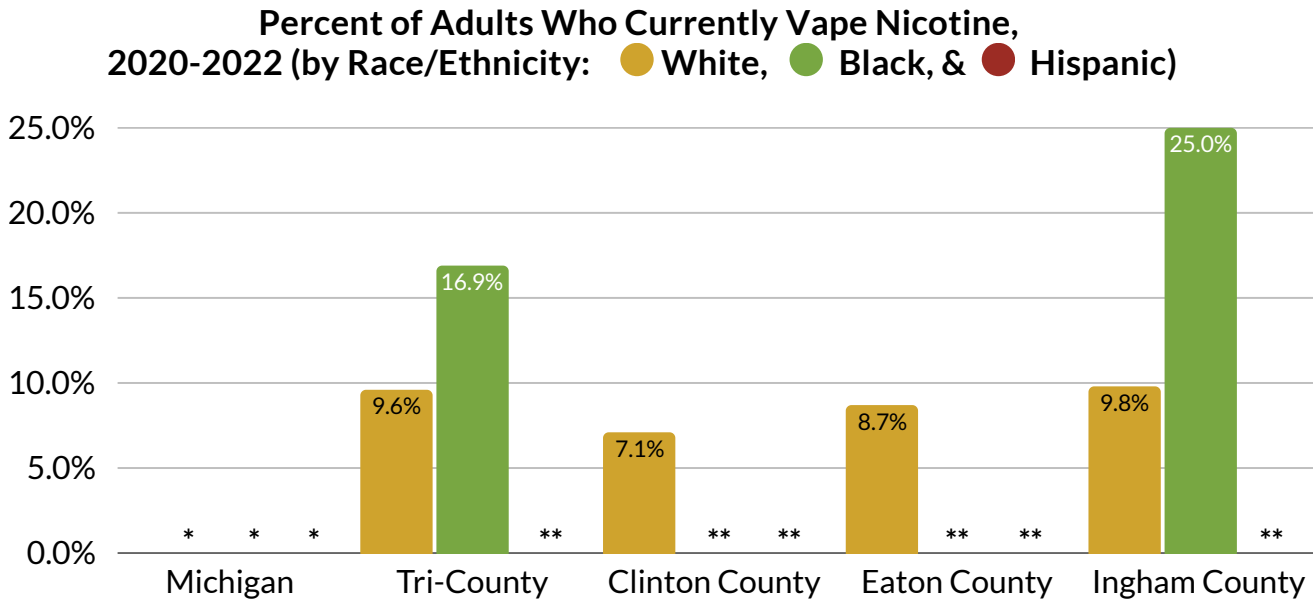
*The State of Michigan does not report percent of adults who currently vape.

ADULT - VAPING (CONTINUED)



No comparisons should be made due to intersecting confidence intervals.

*The State of Michigan does not report percent of adults who currently vape.



Within the tri-county region, the point estimate for percent of Black adults who currently vape is higher than white individuals. No other comparison should be made due to intersecting confidence intervals.

*The State of Michigan does not report percent of adults who currently vape.

**Percentages calculated from fewer than 20 responses are considered statistically unreliable and therefore not reported.

CHRONIC DISEASE - CARDIOVASCULAR

MEASURE:

The age-adjusted death rate due to diseases of the heart per 100,000 residents.

DATA SOURCE:

- Michigan Department of Health & Human Services Resident Death File

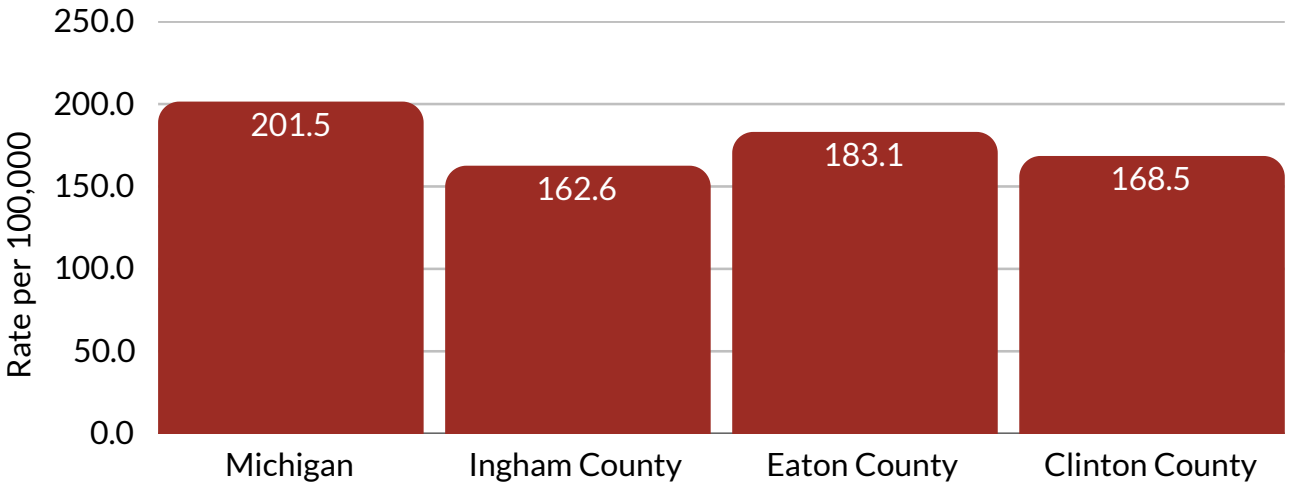
YEARS

- 2016-2020, 2017-2021, 2018-2022

REASON FOR MEASURE:

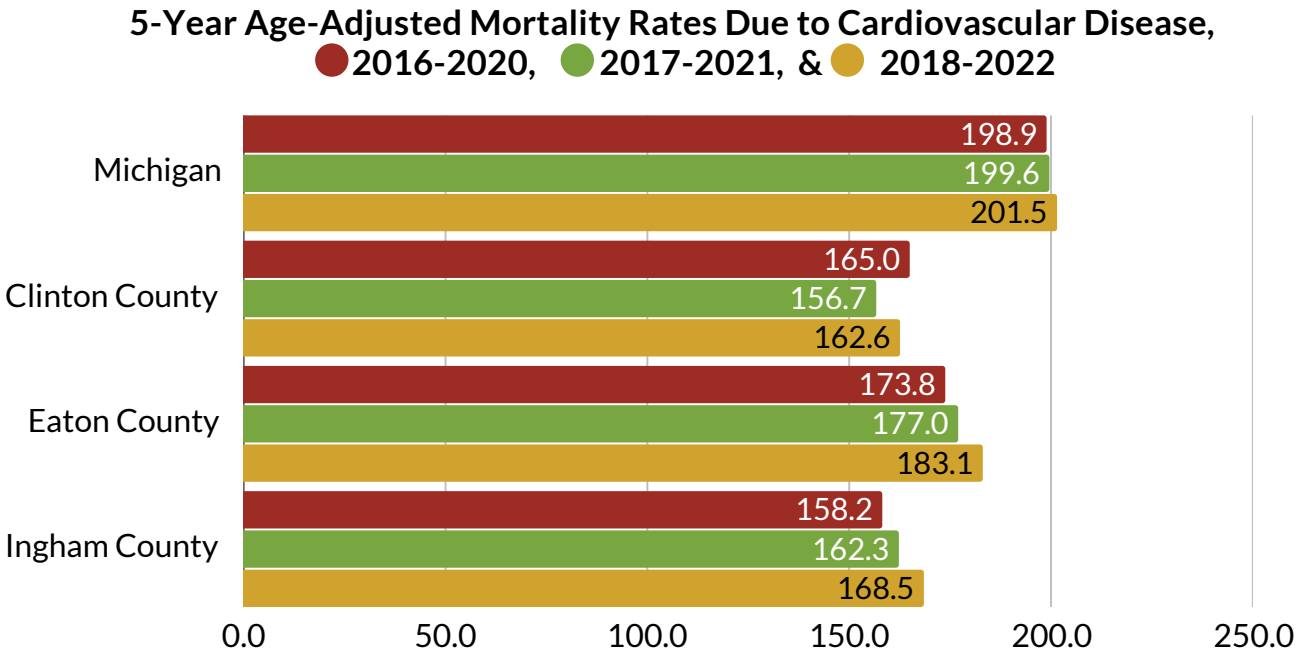
Cardiovascular disease is the most common cause of death in Michigan. Cardiovascular disease includes diseases of the heart and blood vessels in the body. Examples of such diseases are coronary heart disease, heart failure, sudden cardiac death, and hypertensive heart disease. Cardiovascular disease is an important indicator to track due to the risk of chronic morbidity and mortality that accompany it. Cardiovascular disease is often linked to other factors that can influence health; low education, low income, and low socioeconomic status have all been associated with increased cardiovascular disease and cardiac arrests.

5-Year Age-Adjusted Mortality Rates Due to Cardiovascular Disease, 2018-2022

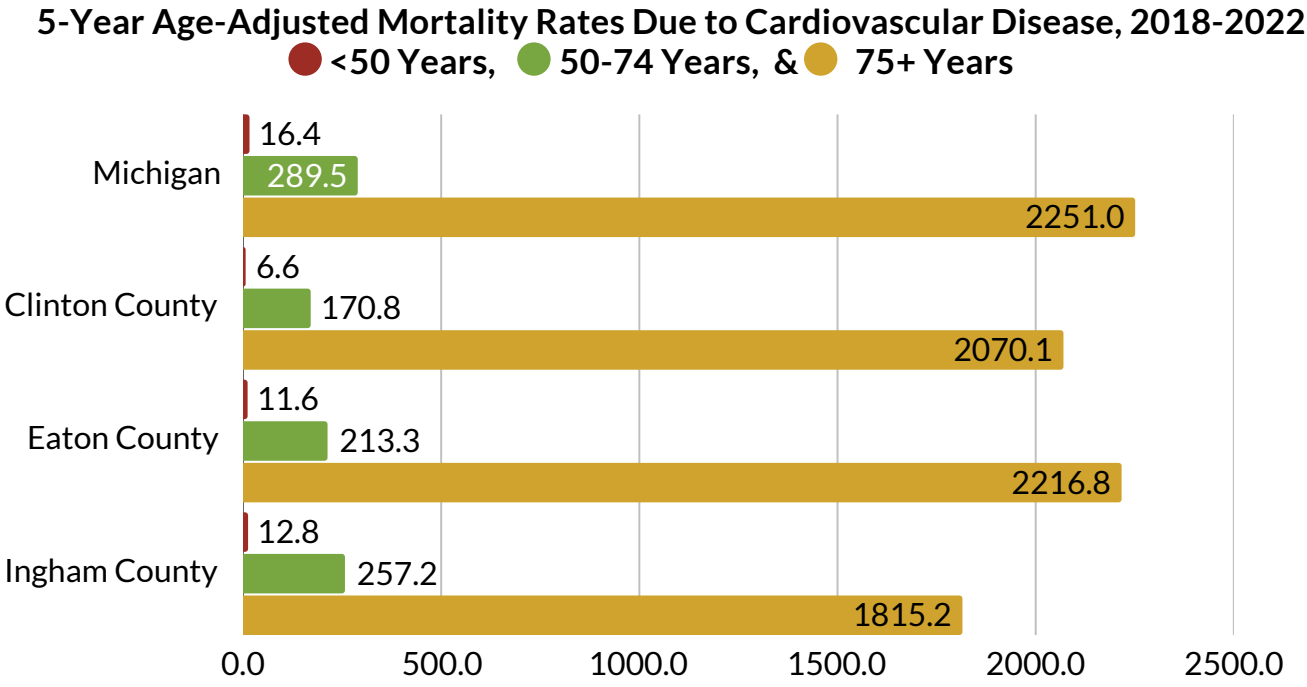


In 2022, the 5-year age-adjusted mortality rate due to cardiovascular disease was 201.5 per 100,000 in Michigan. Locally the rates were 162.6 in Clinton County, 168.5 in Ingham County, and 183.1 in Eaton County.

CHRONIC DISEASE - CARDIOVASCULAR (CONTINUED)



The 5-year age-adjusted mortality rates due to cardiovascular disease increased between the 2016-2020 and 2018-2022 periods across Michigan, Eaton County, and Ingham County. Michigan experienced the highest rates, rising from 198.9 to 201.5 per 100,000. Eaton County rose from 173.8 to 183.1 per 100,000. Ingham County's rates rose from 158.2 to 168.5 per 100,000.



In Michigan, Clinton County, Eaton County, and Ingham County, the highest mortality rates due to cardiovascular disease are observed among individuals aged 75 and older.

INFANT MORTALITY

MEASURE:

The number of live born infants who die before their first birthday, per every 1,000 live births.

DATA SOURCE:

- Resident Birth & Death Files, MDHHS Division of Vital Records & Health Statistics

YEARS

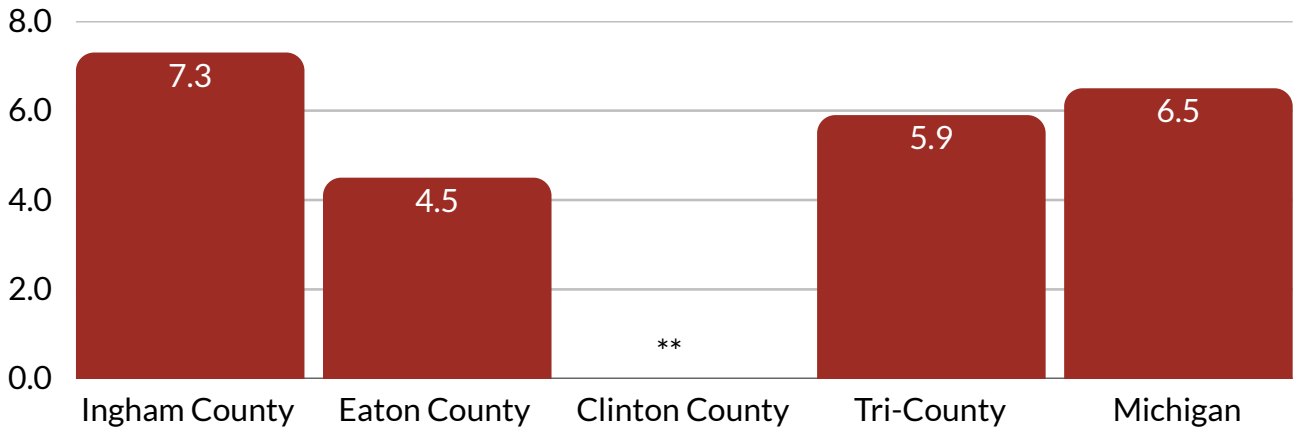
- 2016-2020, 2017-2021, 2018-2022

REASON FOR MEASURE:

Infant mortality rates are an important indicator of the health of a community, as they are associated with maternal health, quality of and access to medical care, socioeconomic conditions, public health practices, and power and wealth inequities.

Black infants consistently fare worse compared to white infants, even when comparing mothers with similar income and educational levels. Prevention of preterm birth is critical to lowering the overall infant mortality rate and reducing racial/ ethnic disparities in infant mortality. Substantial racial/ethnic disparities in income and access to healthcare may also contribute to differences in infant mortality.

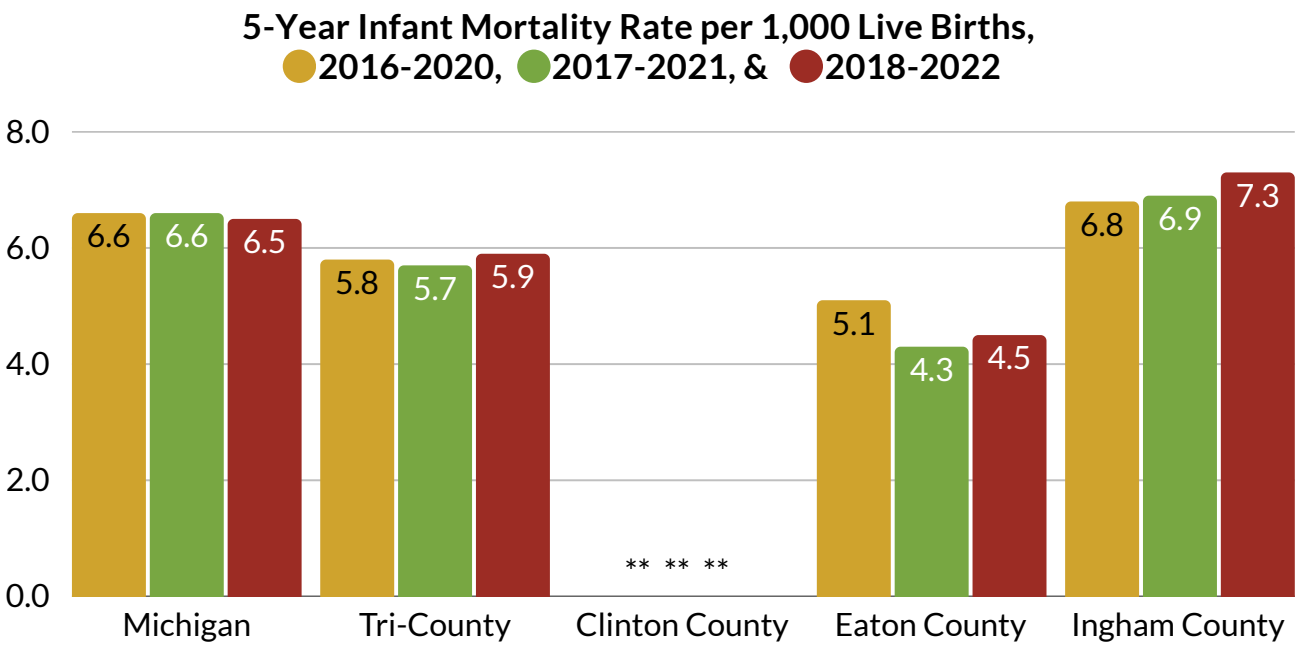
5-Year Infant Mortality Rate per 1,000 Live Births, 2018-2022



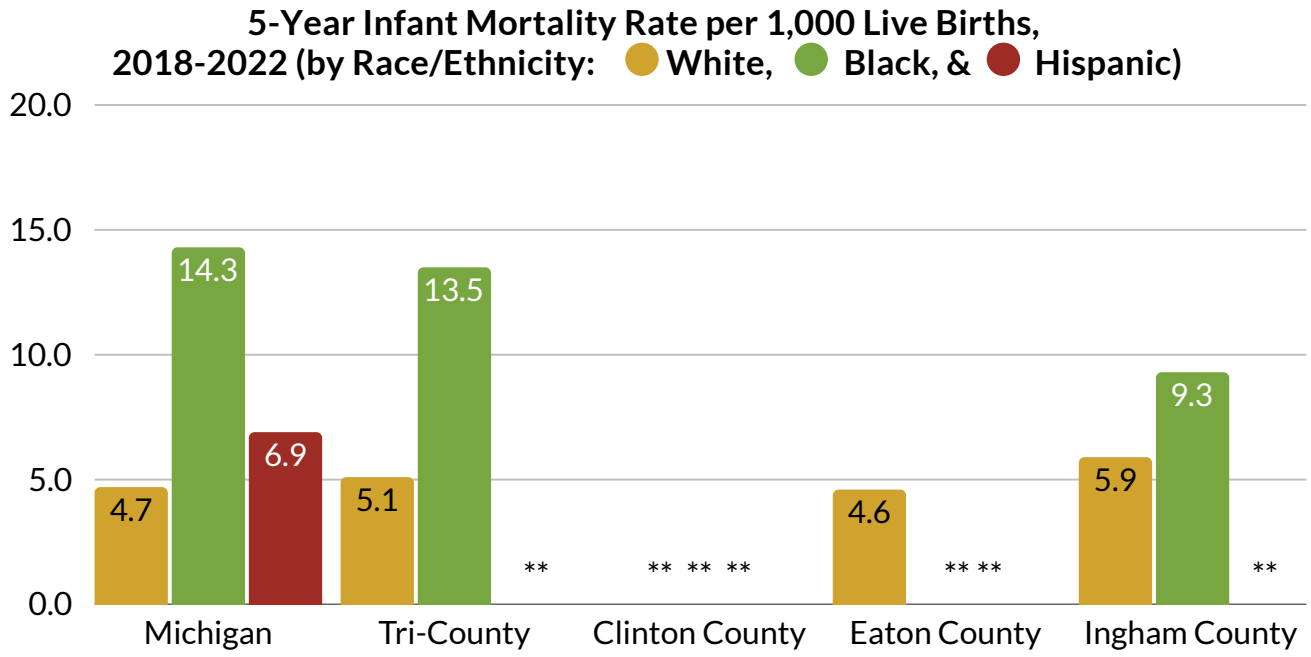
Ingham County's 5-year infant mortality rate for 2018-2022 was higher than the total rate for Michigan, while the Eaton and Tri-county rates were lower than that of Michigan overall.

** Rates calculated from fewer than 20 deaths are considered statistically unreliable and therefore not reported.

INFANT MORTALITY (CONTINUED)



5-year infant mortality rates were similar across time periods for all geographies.



5-year infant mortality rates were higher for infants of Black mothers than those of white mothers across all geographies.

** Rates calculated from fewer than 20 deaths are considered statistically unreliable and therefore not reported.

MORTALITY

MEASURE:

All ages, age-adjusted death rate per 100,000 persons

DATA SOURCE:

- Michigan Department of Health & Human Services Resident Death File

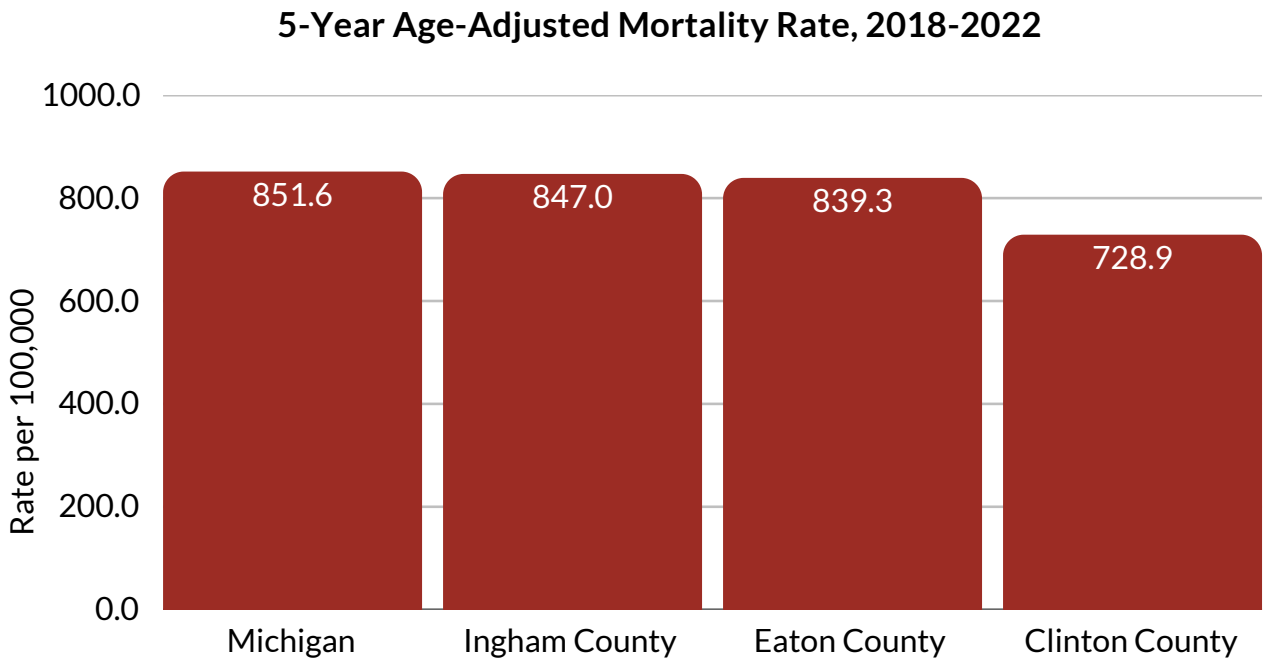
YEARS

- 2016-2020, 2017-2021, 2018-2022

REASON FOR MEASURE:

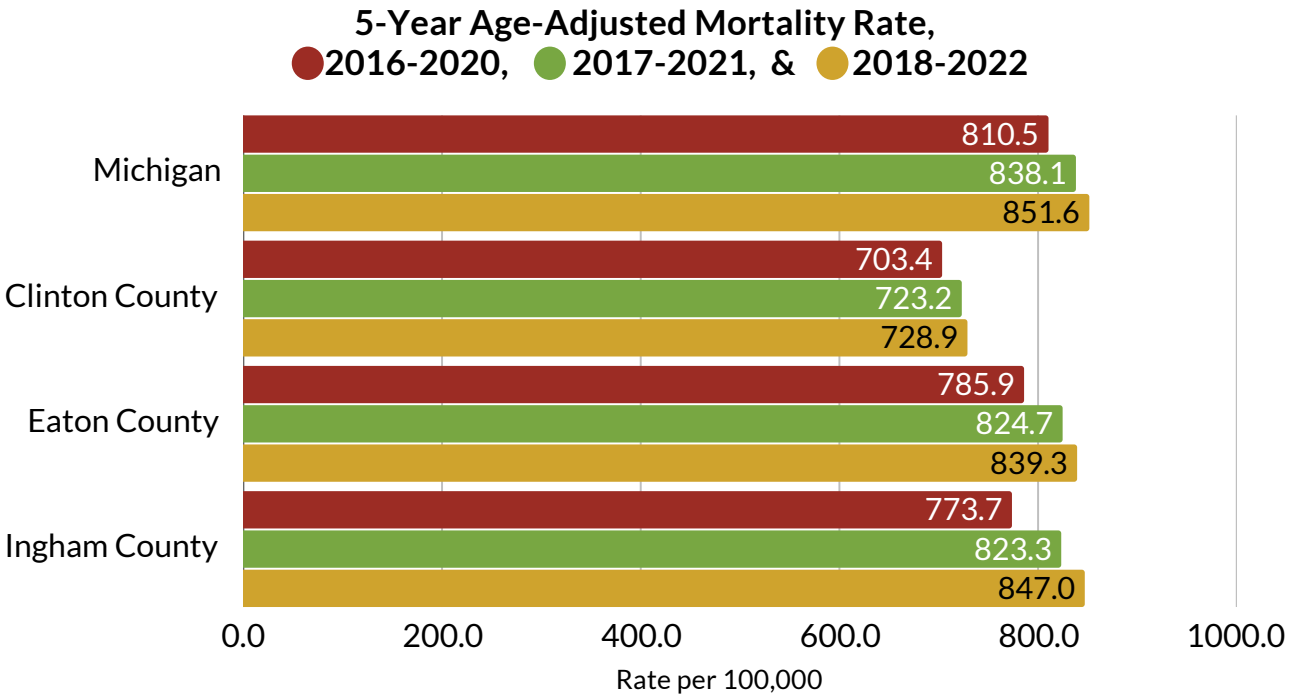
Age-adjusted death rates are useful when comparing different populations because they remove the potential bias that can occur when the populations being compared have different age structures.

Source: https://www.cdc.gov/nchs/products/databriefs/db355.htm

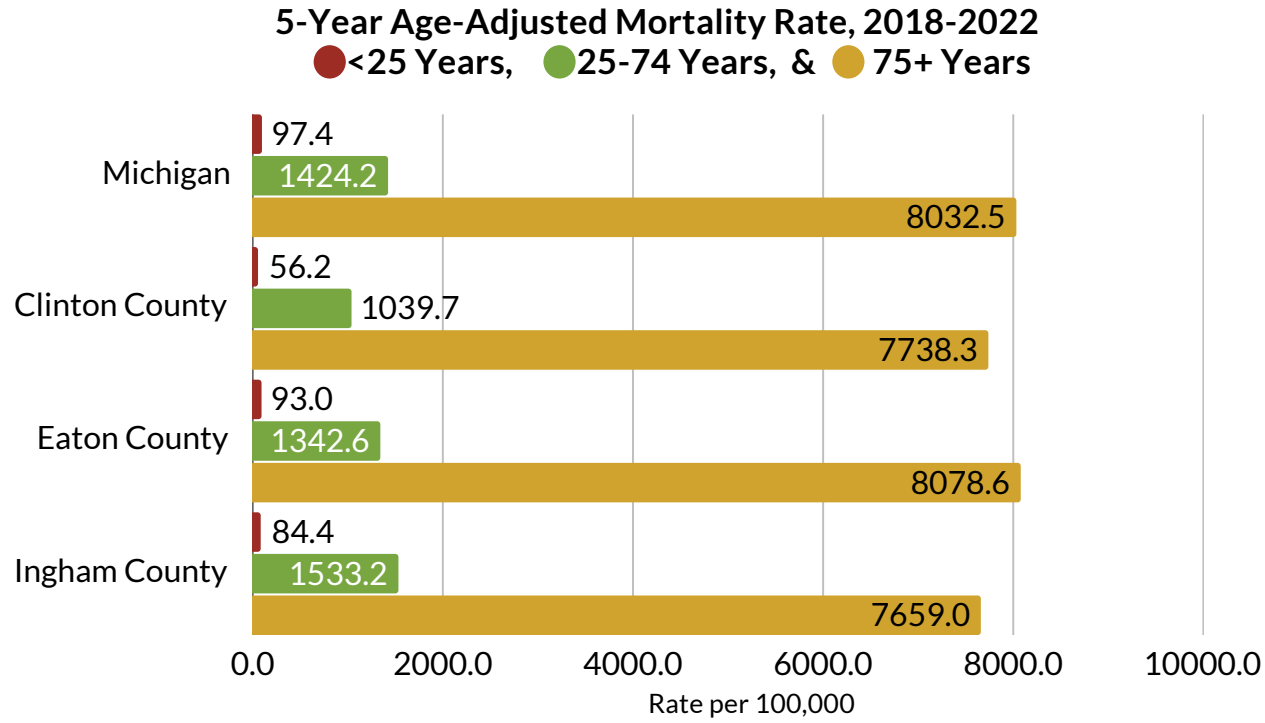


In comparison to statewide, Eaton County, and Ingham County, Clinton County had the lowest 5-year age-adjusted mortality rate in 2022 at 728.9 per 100,000 people.

MORTALITY (CONTINUED)



Statewide and locally in Clinton, Eaton, and Ingham Counties, there has been an increase in the 5-year age-adjusted mortality rate in 2021 and 2022.



The highest 5-year age-adjusted mortality rate is among persons 75 years and older statewide and locally in Clinton, Eaton, and Ingham Counties.

MORTALITY & SAFETY - SUICIDE

MEASURE:

The age-adjusted death rate due to suicide per 100,000 persons.

DATA SOURCE:

- Michigan Department of Health & Human Services Resident Death File

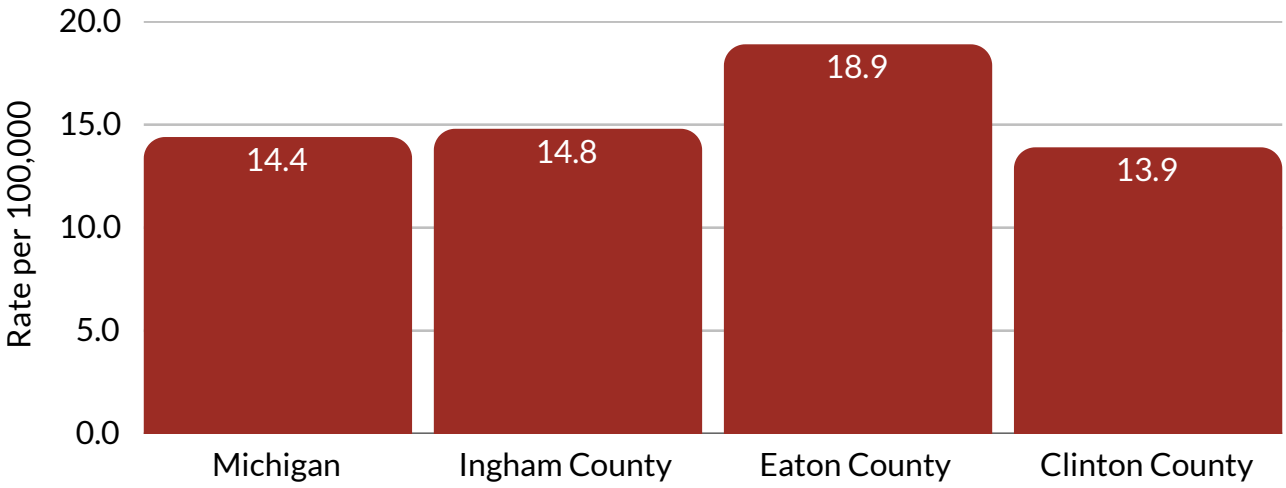
YEARS

- 2016-2020, 2017-2021, 2018-2022

REASON FOR MEASURE:

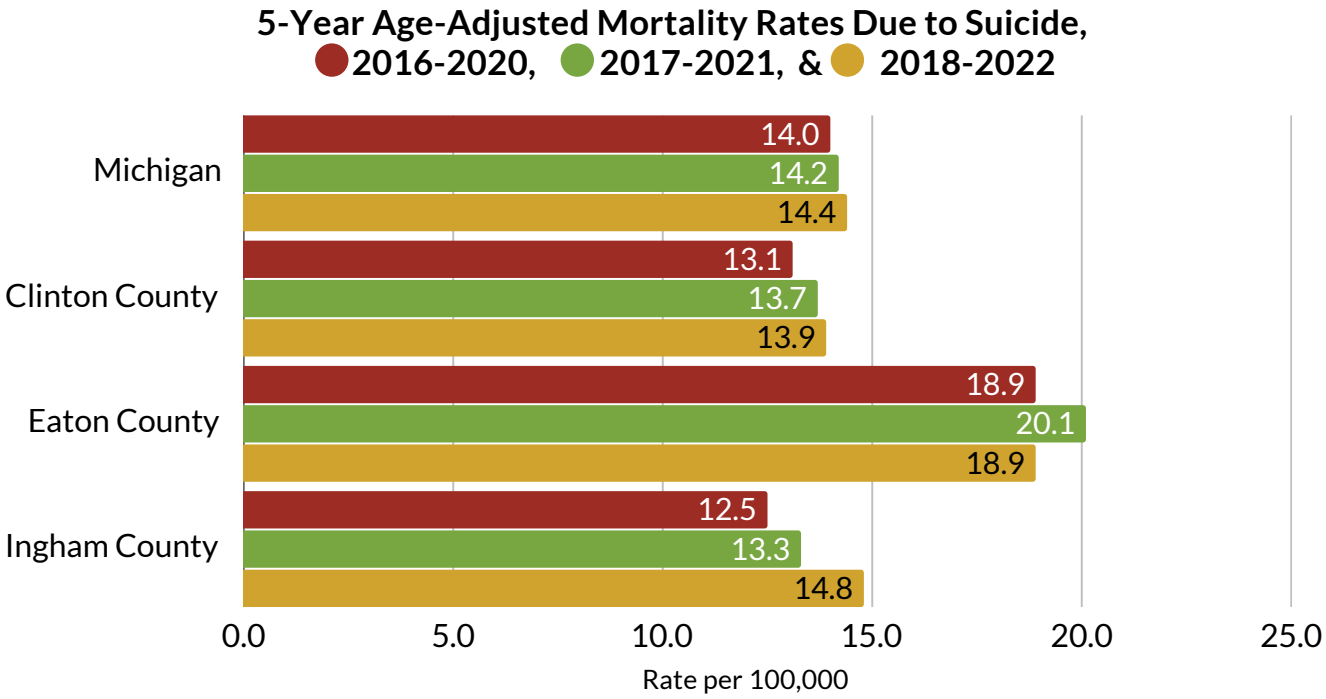
Suicide is a critical public health issue, reflecting the overall mental health and well-being of a population. Tracking the suicide mortality rate provides insight into mental health challenges and can help identify populations at risk. Suicide is often linked to underlying mental health conditions such as depression, anxiety, and substance use disorders, and it can be exacerbated by social determinants of health, including economic stress, trauma, and lack of access to mental health care. Understanding this rate supports efforts to develop prevention strategies, allocate resources effectively, and improve access to mental health services.

5-Year Age-Adjusted Mortality Rates Due to Suicide, 2018-2022

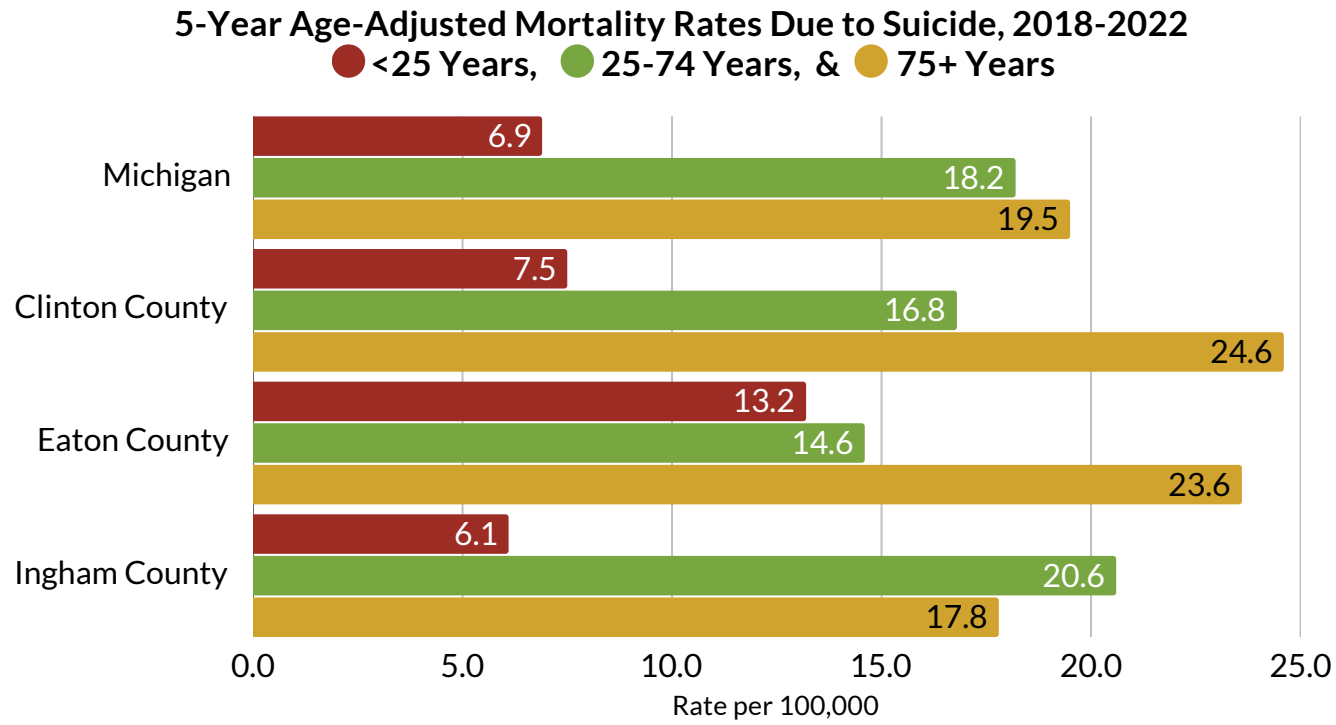


The 5-year age-adjusted mortality rate due to suicide was highest in Eaton County in 2022 at 18.9 per 100,000 people. Michigan overall, Clinton County, and Ingham County had fairly similar rates at 14.4, 13.9, and 14.8, respectively.

MORTALITY & SAFETY - SUICIDE (CONTINUED)



Over the past two years (2021 and 2022), the 5-year age-adjusted mortality rate due to suicide has steadily increased in Michigan, Clinton County, and Ingham County, as shown below. In contrast, Eaton County's rates have fluctuated slightly, ranging between 18.9 and 20.1 deaths per 100,000 people from 2020 to 2022.



In Michigan, Clinton County, and Eaton County, the highest mortality rates due to suicide are observed among individuals aged 75 and older. In contrast, Ingham County reports the highest rates among individuals aged 25 to 74.

MORTALITY & SAFETY - UNINTENTIONAL INJURY

MEASURE:

The age-adjusted death rate due to unintentional (accidental) injury per 100,000 persons. Accidental injury deaths (sometimes called unintentional injury) include transportation accidents, burns, suffocation, drowning, falls, exposure, accidental poisonings, and other unintentional injuries. It does not include homicide or suicide deaths.

DATA SOURCE:

- Michigan Department of Health & Human Services Resident Death File

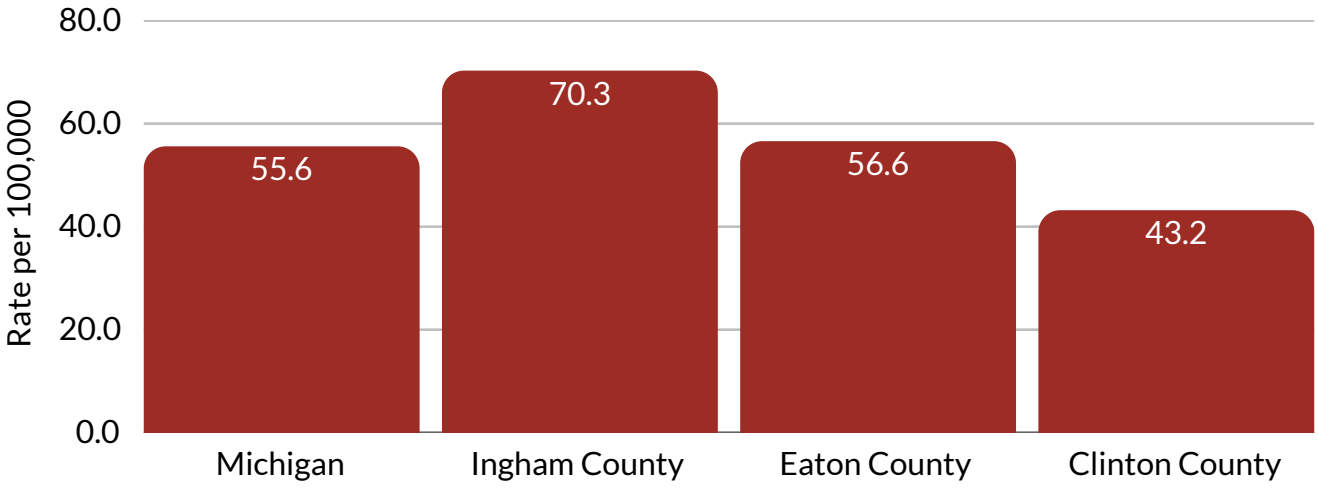
YEARS

- 2016-2020, 2017-2021, 2018-2022

REASON FOR MEASURE:

The unintentional injury mortality rate reflects preventable causes of death that impact communities. Tracking this rate helps identify high-risk populations and underlying risk factors. Public health initiatives can focus on prevention strategies, education, and resource allocation to reduce avoidable deaths and improve overall safety.

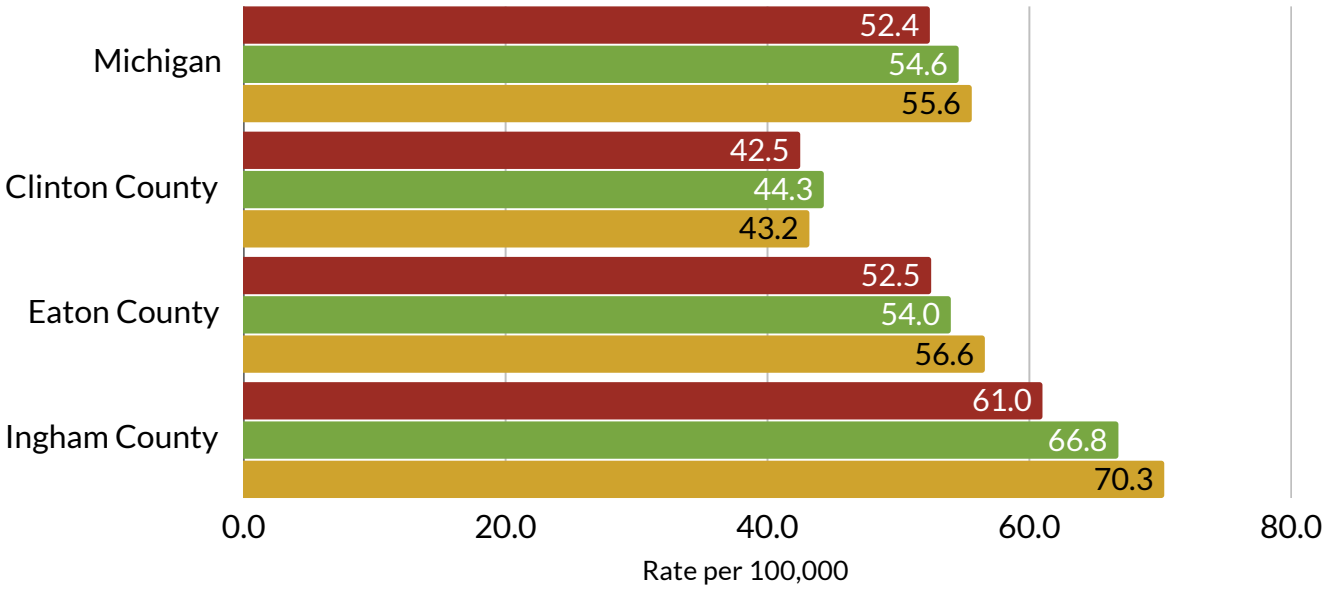
5-Year Age-Adjusted Mortality Rates Due to Unintentional Injury, 2018-2022



The 5-year age-adjusted mortality rate due to unintentional injuries varied across Michigan and local counties. Statewide, Michigan reported a rate of 55.6 deaths per 100,000 people. Comparatively, Clinton County had a lower rate at 43.2 per 100,000, Eaton County aligned closely with the state average at 56.6 per 100,000, and Ingham County reported the highest rate at 70.3 per 100,000 people.

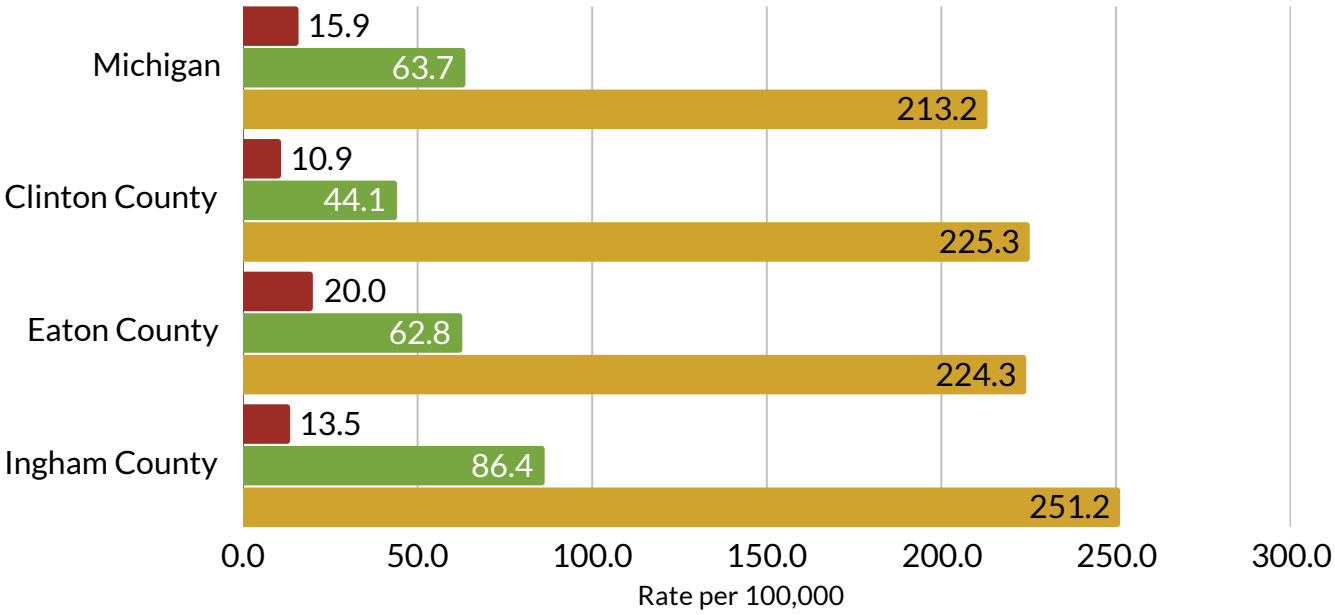
MORTALITY & SAFETY - UNINTENTIONAL INJURY (CONTINUED)

5-Year Age-Adjusted Mortality Rates Due to Unintentional Injury, 2016-2020, 2017-2021, & 2018-2022



Between 2020 and 2022, the 5-year age-adjusted mortality rates due to unintentional injury remained relatively stable in Clinton County, ranging from 43.2 to 44.3 per 100,000 people. In contrast, the rates in Michigan, Eaton County, and Ingham County showed a slight increase each year. Notably, Ingham County experienced the largest change, rising from 61.0 per 100,000 in 2020 to 66.8 per 100,000 in 2021, and reaching 70.3 per 100,000 in 2022.

5-Year Age-Adjusted Mortality Rates Due to Unintentional Injury, 2018-2022
<25 Years, 25-74 Years, & 75+ Years



When comparing age groups for the 5-year age-adjusted mortality rates due to unintentional injuries, the highest rate is observed in the 75+ age group, both statewide in Michigan and locally in Clinton, Eaton, and Ingham Counties.

NON-MEDICAL IMMUNIZATION WAIVERS

MEASURE:

Rate of of non-medical immunization waivers claimed per 1,000 school children.

DATA SOURCE:

- Michigan Care Improvement Registry

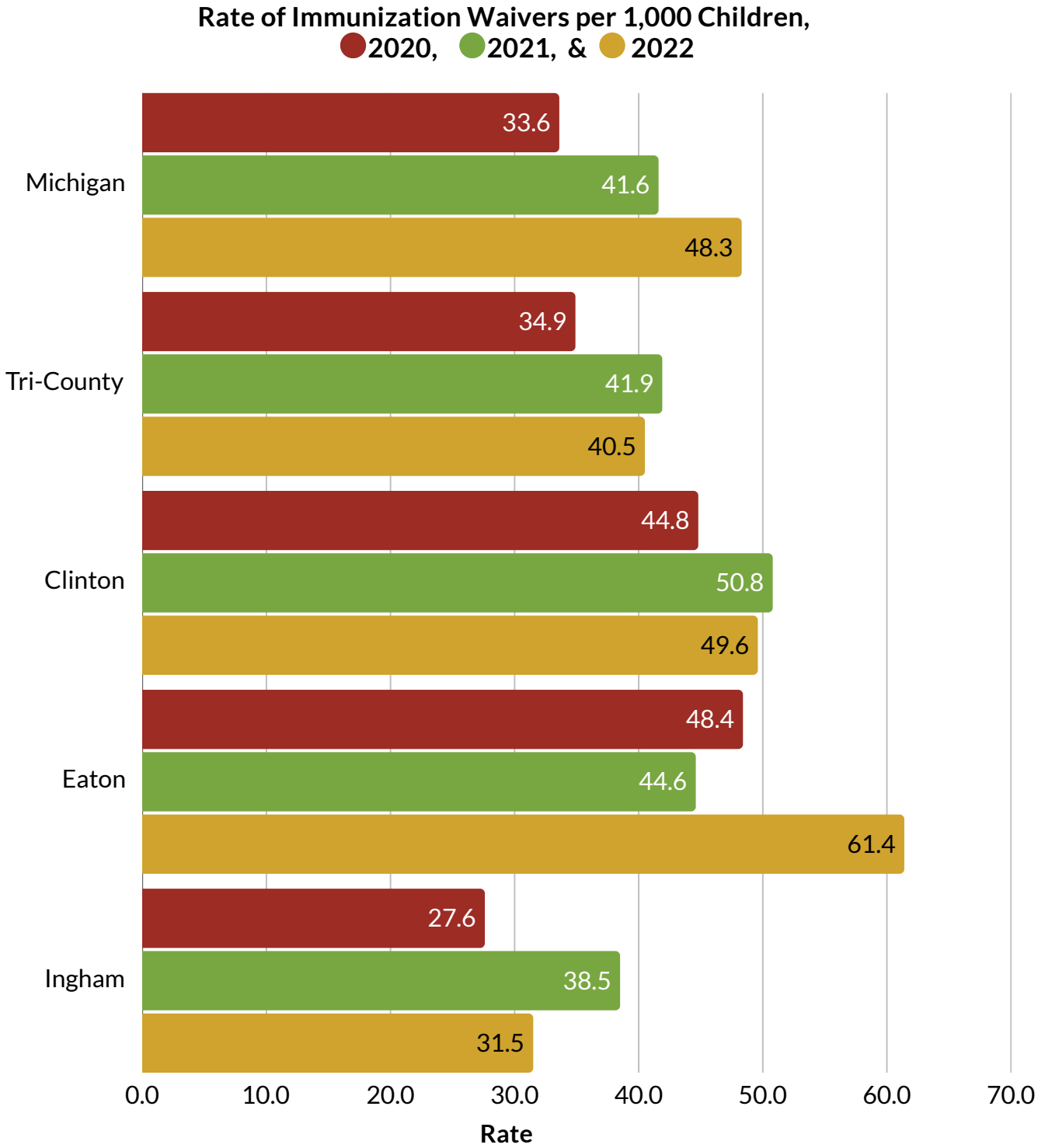
YEARS

- 2020, 2021, 2022

REASON FOR MEASURE:

Many infectious diseases thought to be eliminated from the United States, e.g. pertussis, mumps, measles, have reemerged in recent years. Outbreaks related to these and other vaccine-preventable diseases threaten the lives and well-being of the most vulnerable populations: children under age one, those who are too young to be vaccinated, and children and adults who are immunosuppressed due to other medical conditions. For this reason, it is important that contacts of these people be vaccinated. However, parents in many states may opt out of vaccinating their children by seeking legal exemptions to public school immunization requirements. Fear over certain vaccine components and perceived risk of side effects or complications result in some parents opting to forego vaccination for their children. This puts unvaccinated children and adults at risk, because it increases the number of unvaccinated people to whom they are exposed and facilitates disease spread.

NON-MEDICAL IMMUNIZATION WAIVERS (CONTINUED)



The rate of immunization waivers per 1,000 children in the tri-county area was higher compared to Michigan in 2020, similar in 2021, and lower in 2022. The highest rates of immunization waivers in the tri-county area were in Clinton and Eaton County. The waiver rate increased in Eaton County from 2021 to 2022 by about 37.7%.

OLDER ADULT HEALTH

MEASURE:

Age-specific preventable hospitalization rate per 10,000 persons related to congestive heart failure among adults 65 years old or older

DATA SOURCE:

- Michigan Resident Inpatient Files (via MDHHS)

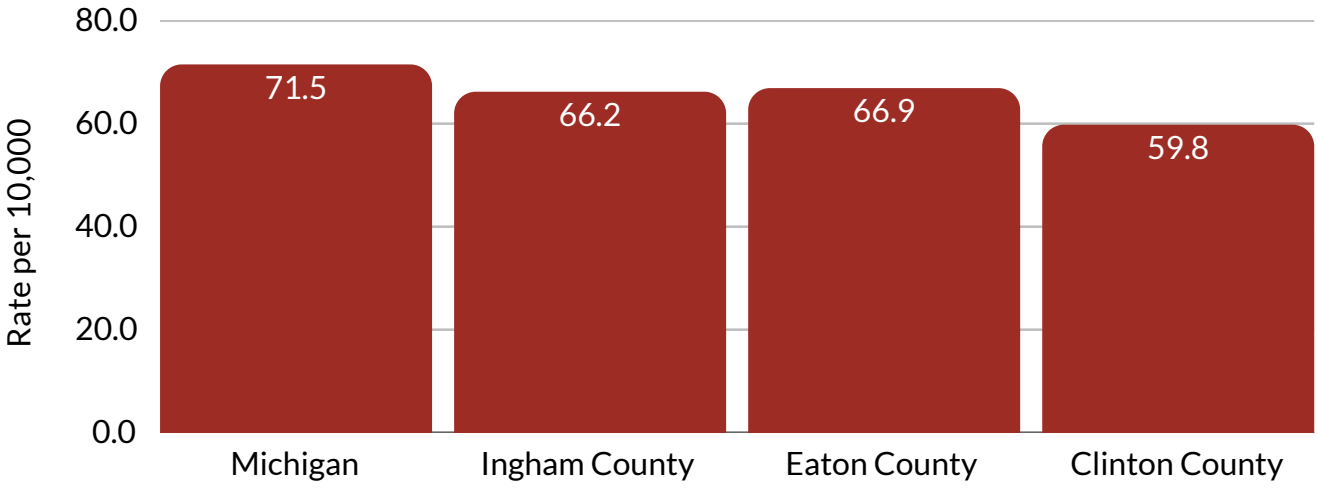
YEARS

- 2020, 2021, 2022

REASON FOR MEASURE:

Congestive heart failure (CHF) is a chronic long-term condition in which the heart becomes increasingly incapable of pumping efficiently and therefore distributing a sufficient amount of blood throughout the body. It is primarily associated with high blood pressure (hypertension) and/or heart attacks, but it is also associated with a variety of chronic diseases. CHF is associated with disability and poor quality of life among older adults. CHF is also an ambulatory care sensitive condition, meaning that, if properly managed, acute episodes and hospitalization should be rare.

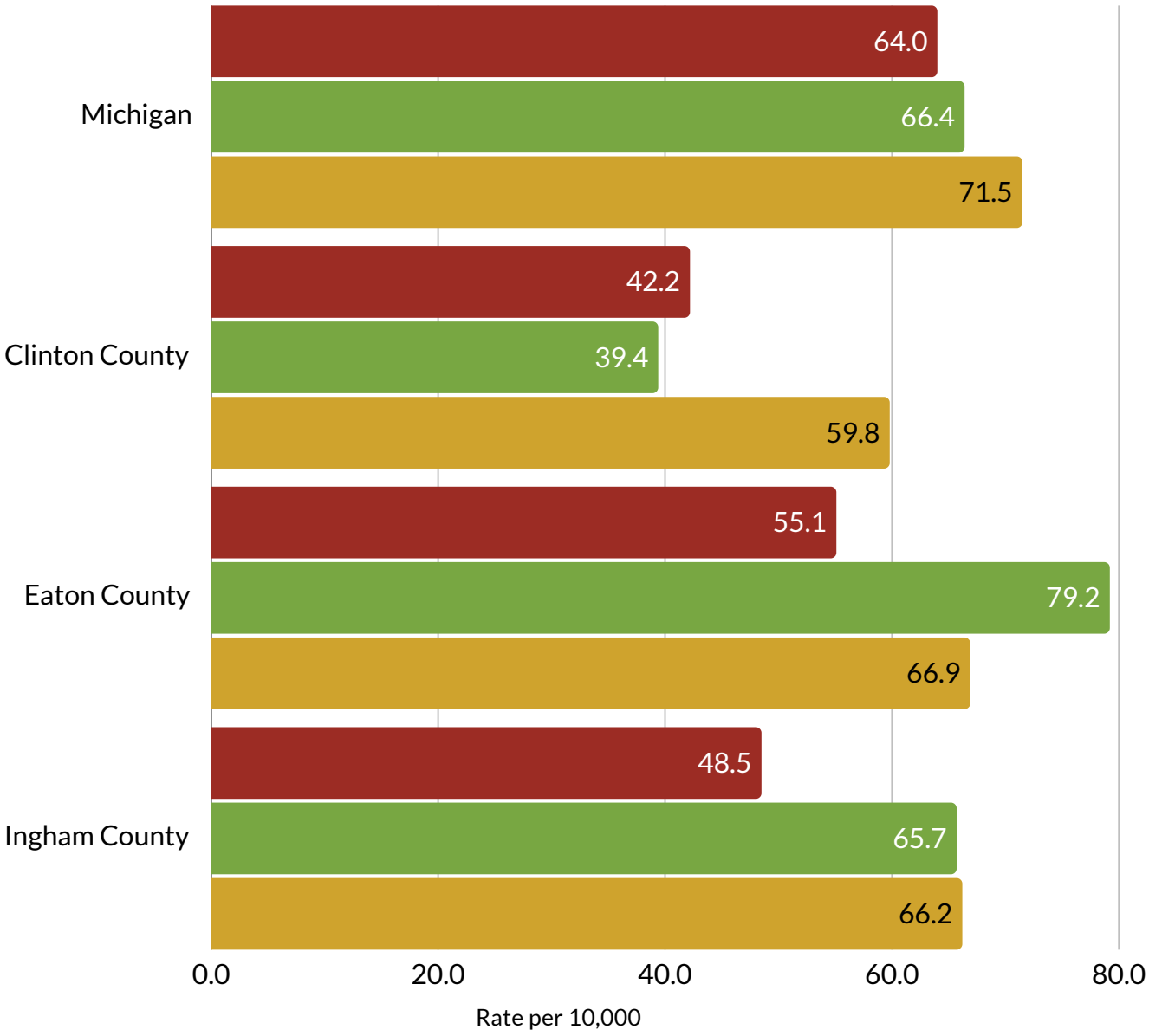
Rate of Preventable Hospitalization Due to Congestive Heart Failure for Patients 65 Years or Older, 2022



The rate of preventable hospitalizations due to congestive heart failure among individuals aged 65 and older was 71.5 per 10,000 people statewide. Locally, the rates were lower, with Clinton County at 59.8 per 10,000, Eaton County at 66.9 per 10,000, and Ingham County at 66.2 per 10,000.

OLDER ADULT HEALTH (CONTINUED)

Rate of Preventable Hospitalization Due to Congestive Heart Failure for Patients 65+, 2020, 2021, & 2022



The rate of preventable hospitalization due to congestive heart failure was higher in 2022 versus 2020, both statewide and locally in Clinton, Eaton, and Ingham Counties. The greatest change was observed in Clinton County, where the rate rose from 42.2 per 10,000 in 2020 to 59.8 per 10,000 in 2022.

OVERDOSE DEATH

MEASURE:

Age-Adjusted rate of drug poisoning/overdose deaths per 100,000 residents

DATA SOURCE:

- Michigan Resident Death Files via MiTracking online portal

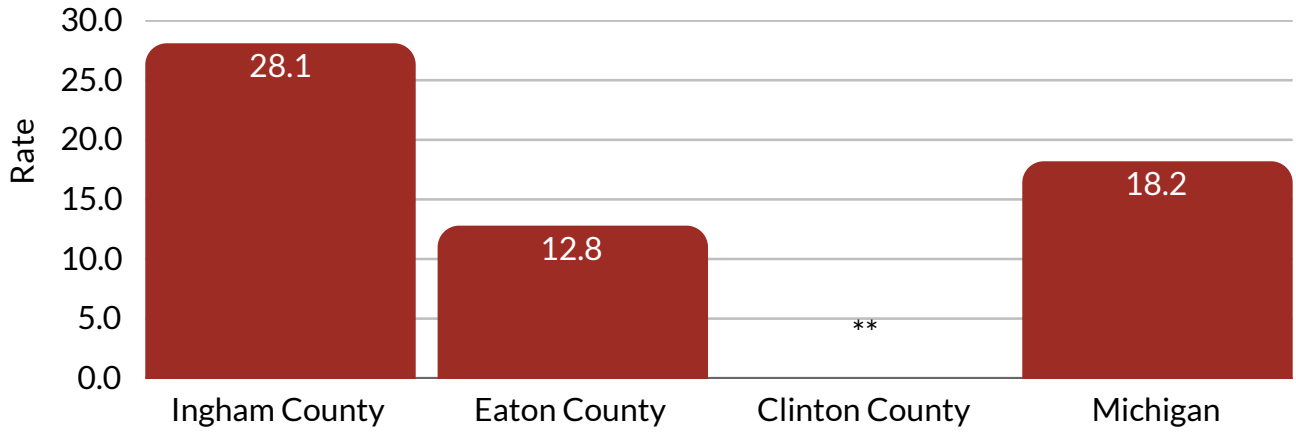
YEARS

- 2019, 2020, 2021

REASON FOR MEASURE:

Drug overdose deaths are a leading contributor to premature death and are largely preventable. Currently, the United States is experiencing an epidemic of drug overdose deaths. In 2021, the number of people who died of a drug overdose was six times the number who died in 1999. Overall, between 1999 and 2021, more than one million people died of a drug overdose. Both prescribed opioids (e.g., methadone, oxycodone, and hydrocodone) and illicit opioids (e.g., fentanyl and heroin) contribute largely to drug overdose deaths; in 2021, 75% of drug overdose deaths involved opioids. Between 1999 and 2021, more than 640,000 people died from an opioid overdose. [from County Health Rankings]

Age-Adjusted Rate Drug Poisoning/Overdose Deaths per 100,000 Residents, 2022

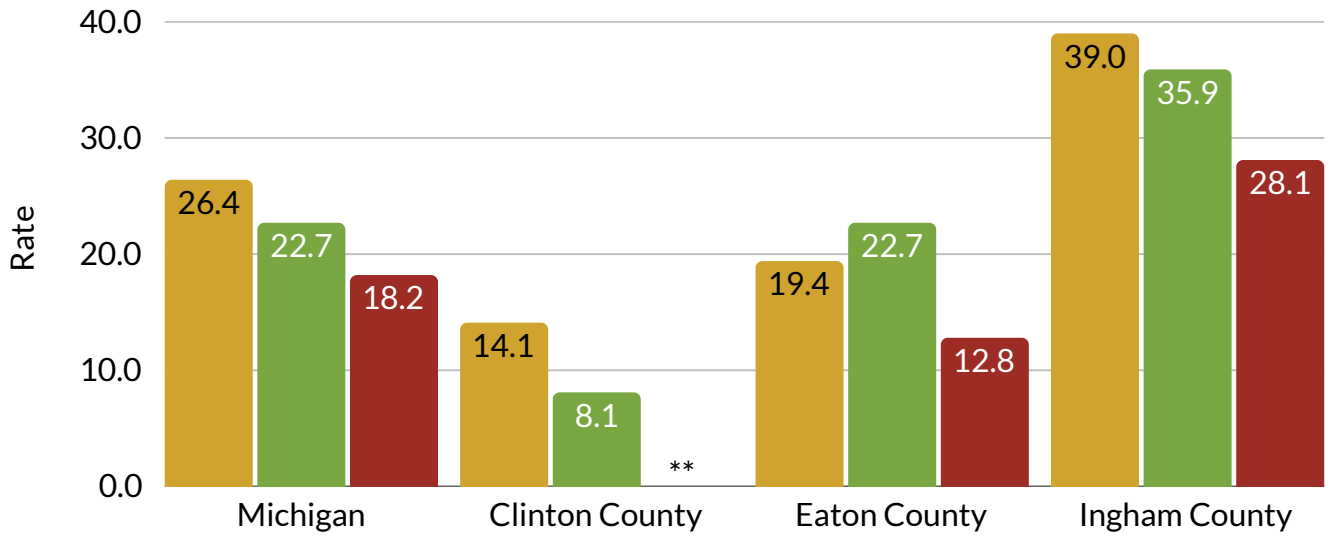


Ingham County's rate is hgher than Eaton County and Michigan overall.

**Rate not calculated due to inadequate total count (<20 deaths).

OVERDOSE DEATH (CONTINUED)

Age-Adjusted Rate Drug Poisoning/Overdose Deaths per 100,000 Residents, 2020, 2021, & 2022



Consistently, Ingham County's rate is higher than Eaton and Clinton Counties, as well as the state overall.

**Rate not calculated due to inadequate total count (<20 deaths).

** Rates calculated from fewer than 20 deaths are considered statistically unreliable and therefore not reported.

PRETERM BIRTH

MEASURE:

Percent of live births born before 37 weeks gestation.

DATA SOURCE:

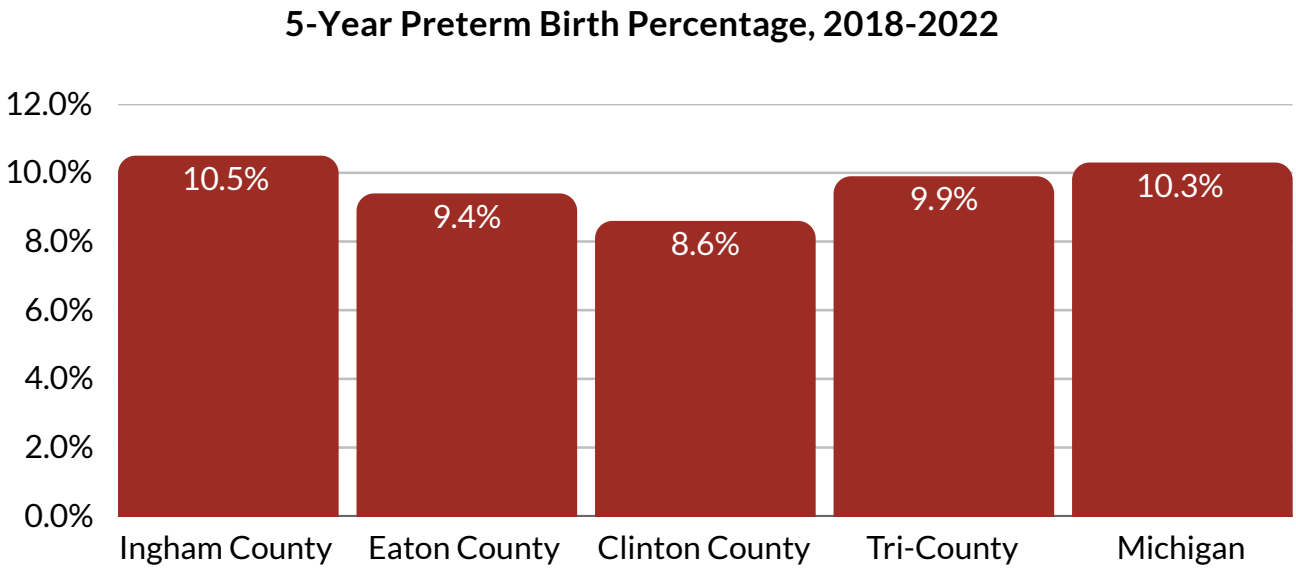
- Resident Birth Files, MDHHS Division of Vital Records & Health Statistics

YEARS

- 2016-2020, 2017-2021, 2018-2022

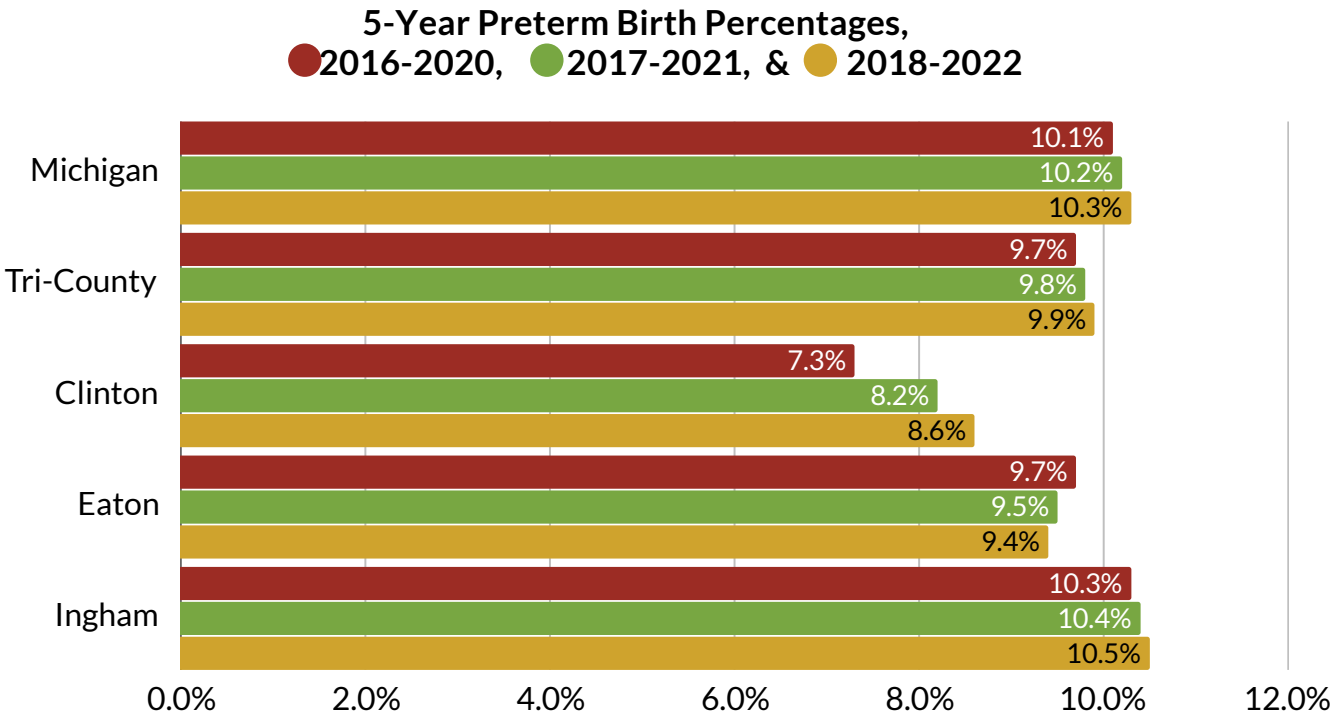
REASON FOR MEASURE:

"Infants born before 37 weeks of gestation have a higher risk of infections, developmental problems, breathing problems, and even death. Preterm births are more common in some racial/ethnic groups. Strategies to reduce preterm births include promoting adequate birth spacing, helping women quit smoking, and providing high-quality medical care for women during pregnancy." [from Healthy People 2030]

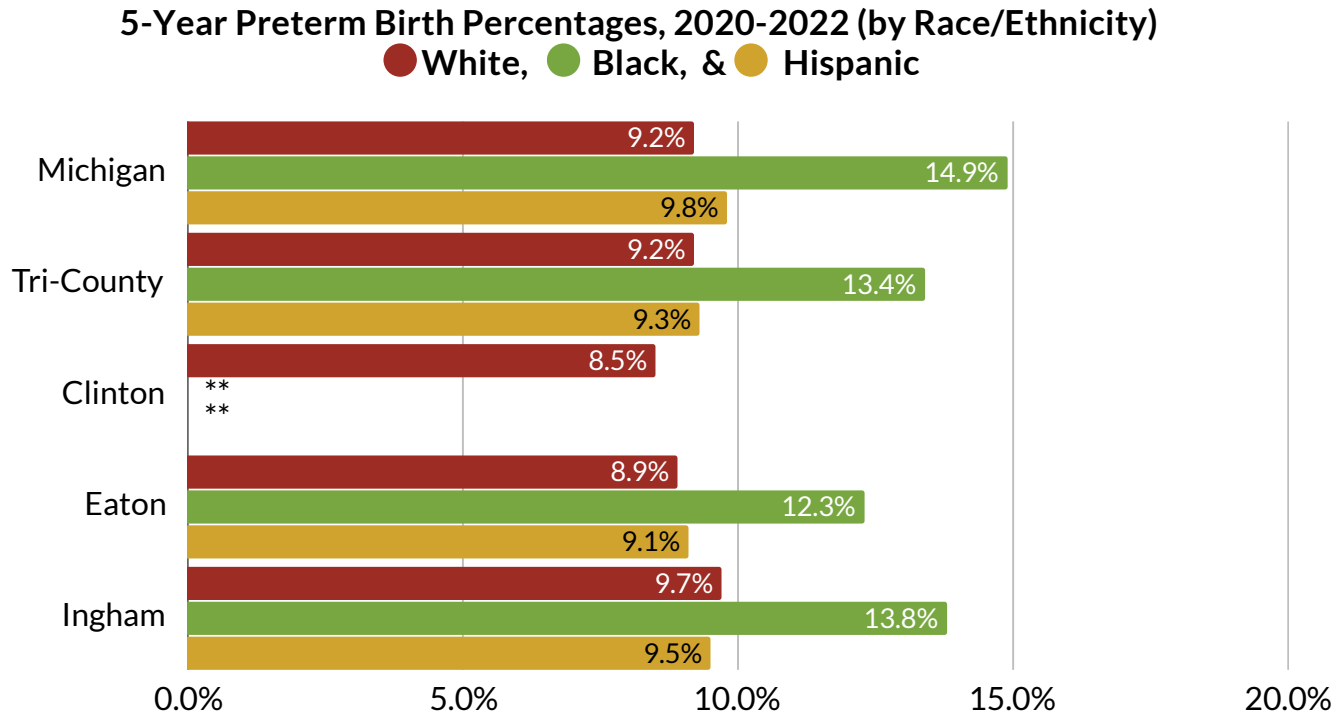


Ingham County's 5-year preterm birth percentage for 2018-2022 was higher than the total rate for Michigan, while Clinton and Eaton were lower, making the Tri-county rate similar to that of Michigan overall.

PRETERM BIRTH (CONTINUED)



5-year preterm birth percentages were similar across time periods for most geographies, except Clinton County which saw lower rates of pre-term birth.



5-year preterm birth percentages were higher for infants of Black mothers than those of white and Hispanic mothers across all geographies.

** Percentages calculated from fewer than 20 births are considered statistically unreliable and therefore not reported.

SEXUALLY TRANSMITTED INFECTIONS

MEASURE:

The combined rate of chlamydia, gonorrhea, and primary and secondary syphilis cases per 100,00 popululion

DATA SOURCE:

- Michigan Disease Surveillance System

YEARS

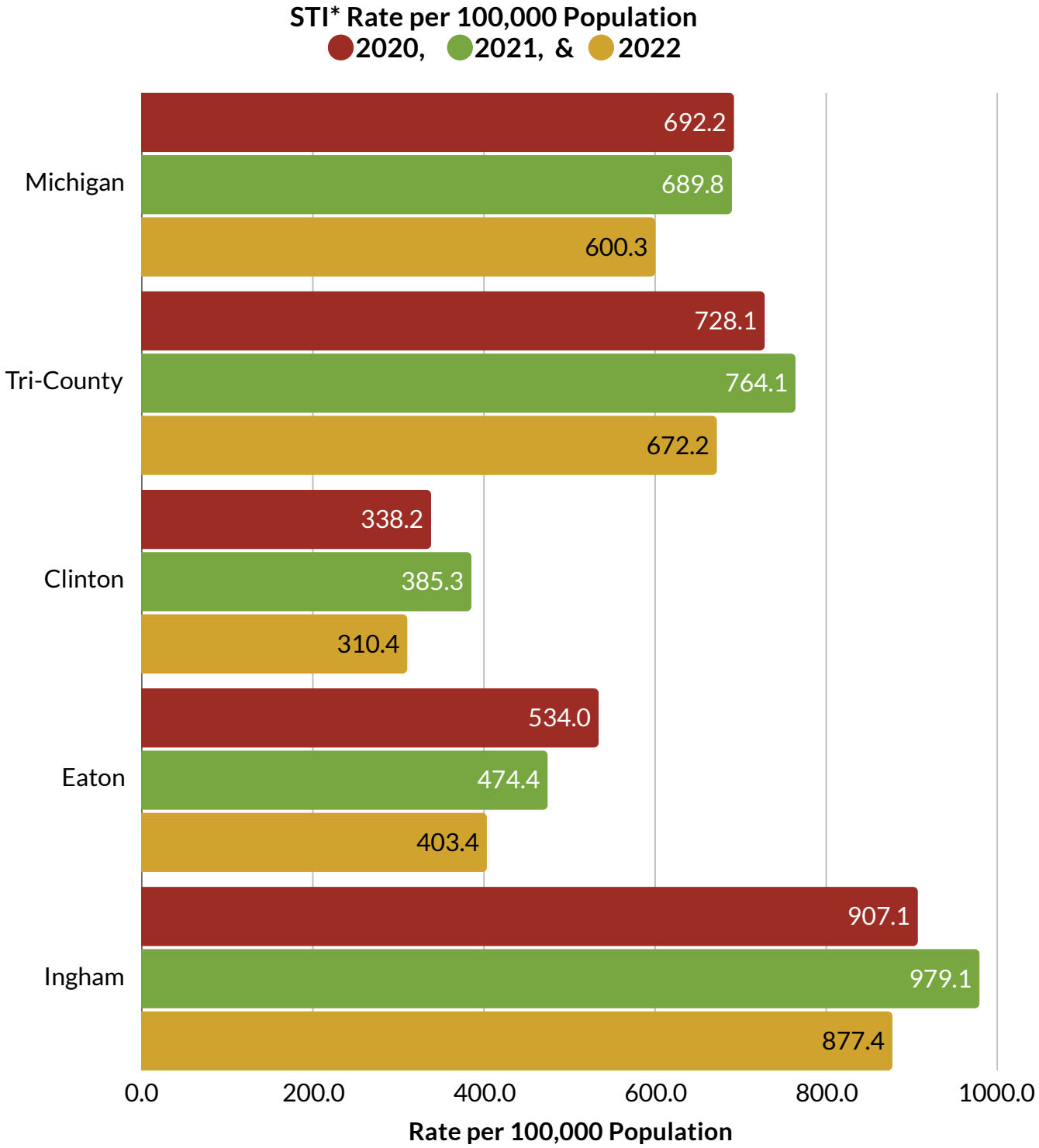
- 2020, 2021, 2022

REASON FOR MEASURE:

Chlamydia, gonorrhea, and syphillis are sexually transmitted bacterial infectious that are treatable with antibiotics. Chlamydia and gonorrhea are of public health significance because of the impacts of untreated disease on reproductive outcomes, transmission of other sexually acquired infections, and the costs to health systems. Untreated primary and secondary syphilis can progress to the tertiary stage, which can affect many organ systems, such as the heart and blood vessels and brain and nervous system. All three infections can be transmitted congenitally during pregnancy and/or delivery and are particularly dangerous for fetuses and newborns.

Source: https://www.cdc.gov/sti/?CDC_AAref_Val=https://www.cdc.gov/std/hiv/stdfact-std-hiv.htm

SEXUALLY TRANSMITTED INFECTIONS (CONTINUED)



Ingham County had the highest rate of STIs in the tri-county area in 2022, more than double that of Clinton or Eaton Counties.

*Sexually transmitted infections included chlamydia, gonorrhea, and primary and secondary syphilis.

VIOLENT CRIME

MEASURE:

Rate of violent crimes per 100,000 population.

DATA SOURCE:

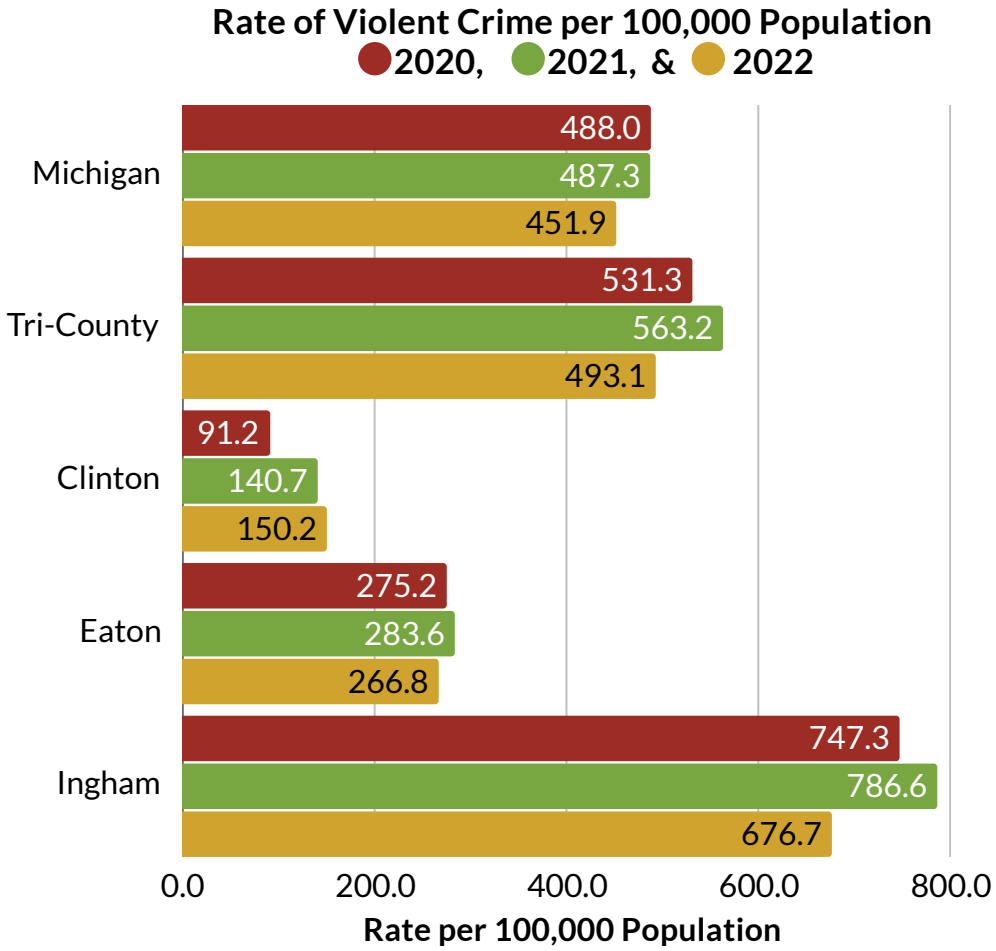
- Michigan Incident Crime Reporting Annual Reports

YEARS

- 2020, 2021, 2022

REASON FOR MEASURE:

High levels of violent crime compromise physical safety and psychological well-being. Crime rates can also deter residents from pursuing healthy behaviors like exercising out-of-doors. Additionally, some evidence indicates that increased stress levels may contribute to obesity, even after controlling for diet and physical activity levels.



Violent crime rates per 100,000 population were higher in the tri-county area compared to Michigan. Ingham County had the highest violent crime rates in the tri-county area. The violent crime rate was more than twice that of Clinton and Eaton Counties across all three years.

A.L.I.C.E.

MEASURE:

Percent of households below the ALICE Threshold

DATA SOURCE:

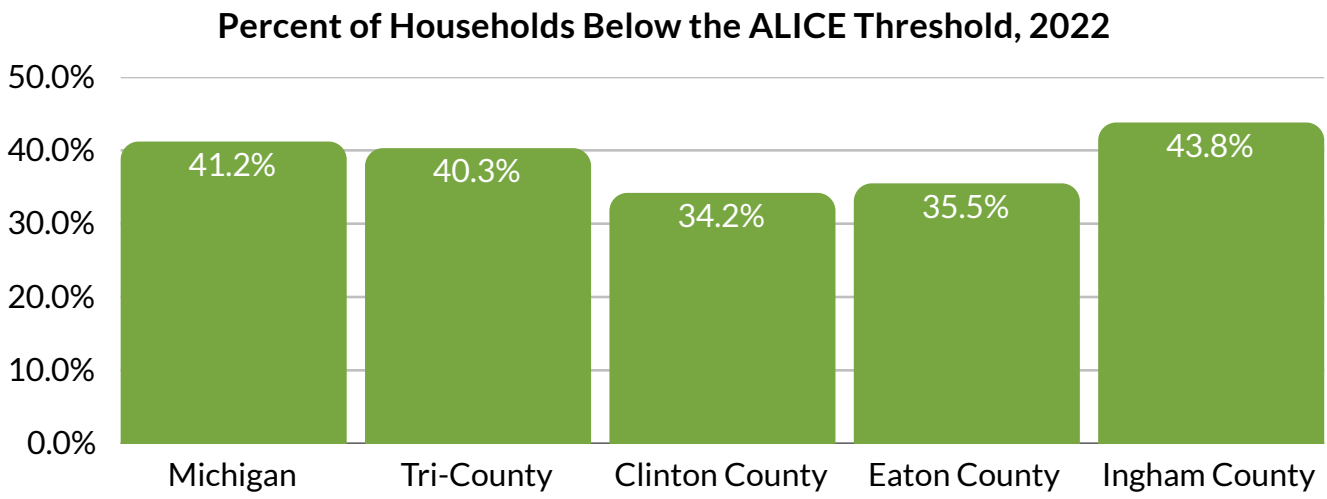
- 2024 Michigan United Way ALICE Report

YEARS

- 2010-2024

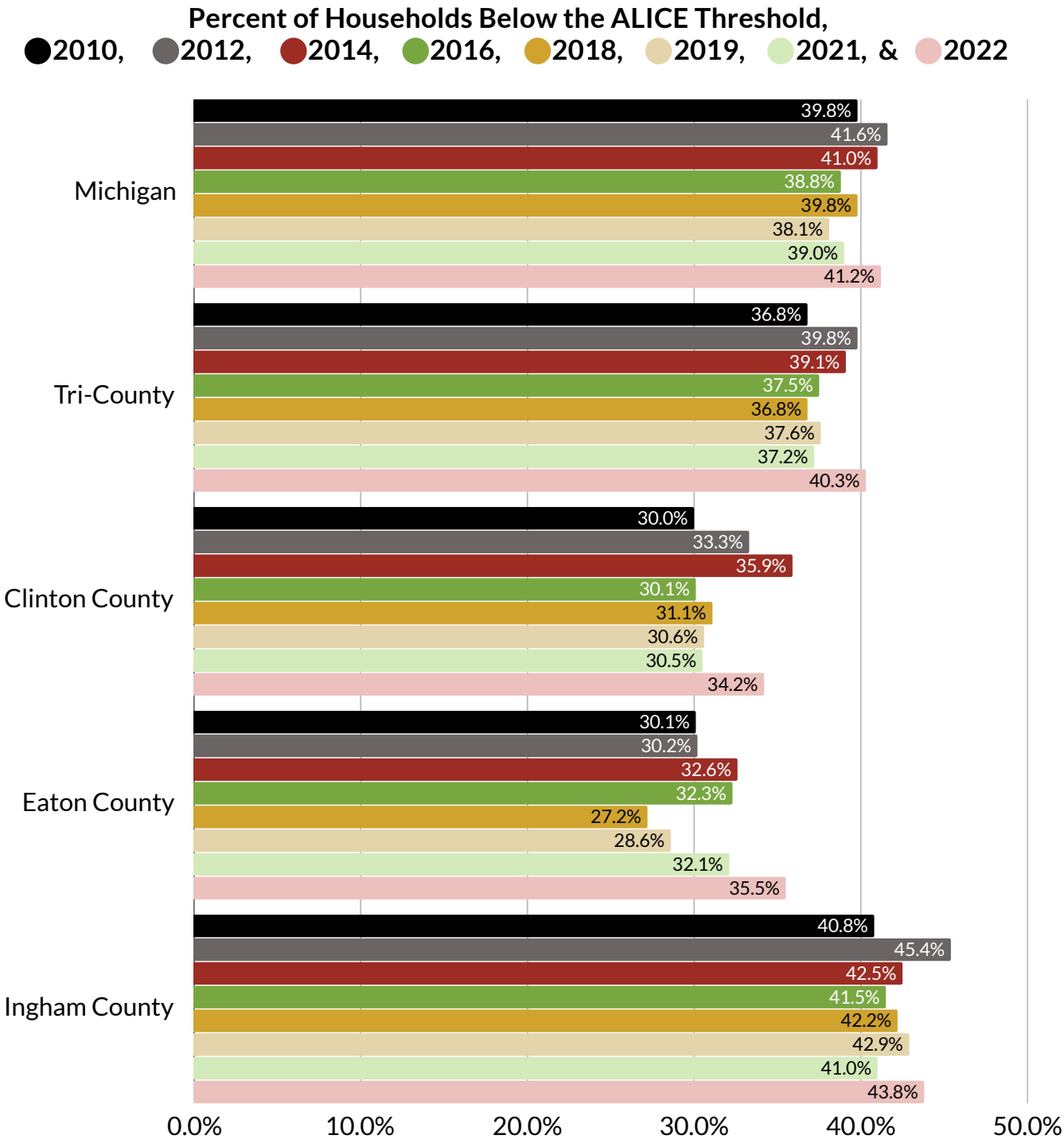
REASON FOR MEASURE:

ALICE stands for Asset Limited, Income Constrained, and Employed. ALICE households have incomes above the Federal Poverty Level, but below the basic cost of living for their area. The basic cost of living includes necessities like housing, childcare, food, healthcare, and transportation. It does not include savings, entertainment, dining out, or leisure activities. ALICE households may appear to be middle-class and have members who have a college education and are steadily employed. However, because they are making just enough to meet their expenses, they are at risk of financial difficulties and poverty if they experience an unforeseen financial expense (e.g. a major car repair). Calculating the percent of households that are below the ALICE Threshold is an attempt to more accurately capture the proportion of households that are at risk of financial ruin or are already impoverished.



The tri-county area has a slightly lower percentage of ALICE households as compared to Michigan with Clinton and Eaton Counties being lower still. Ingham County is slightly higher than the rest of the region and the state.

A.L.I.C.E. (CONTINUED)



Percentages of ALICE household have varied over time.

ACCESS TO HEALTH INSURANCE

MEASURE:

Percentage of adults 18-64 years old without health insurance.

DATA SOURCE:

- American Community Survey

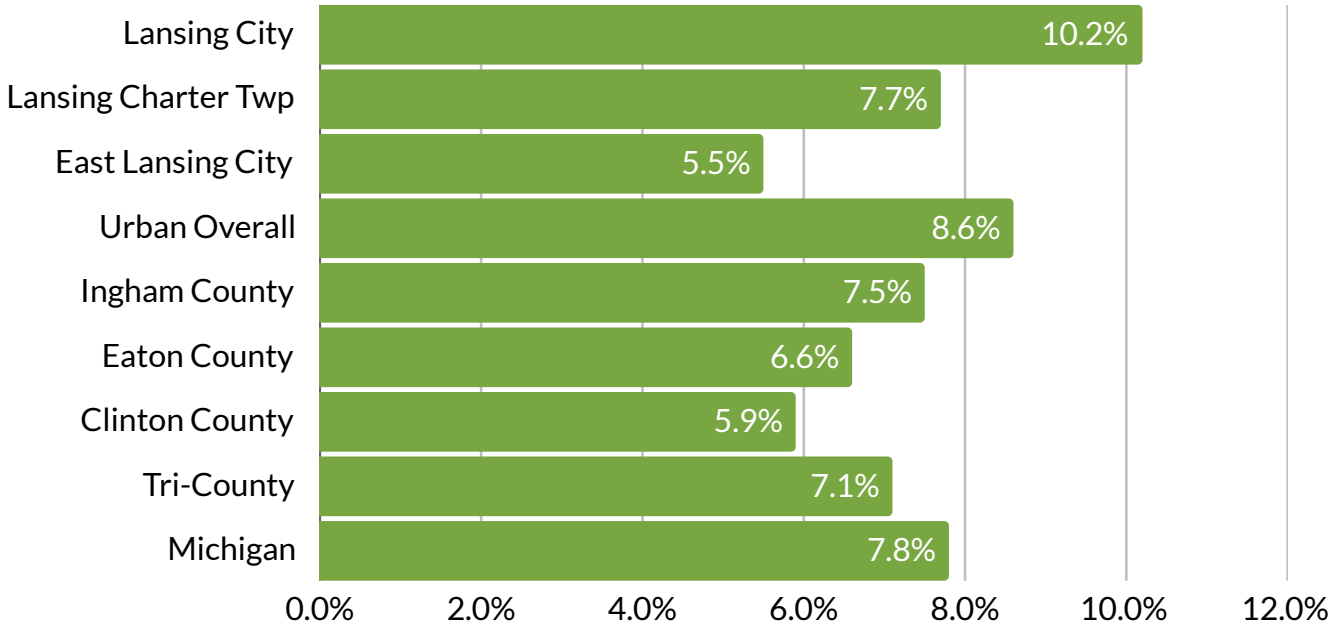
YEARS

- 2017-2019

REASON FOR MEASURE:

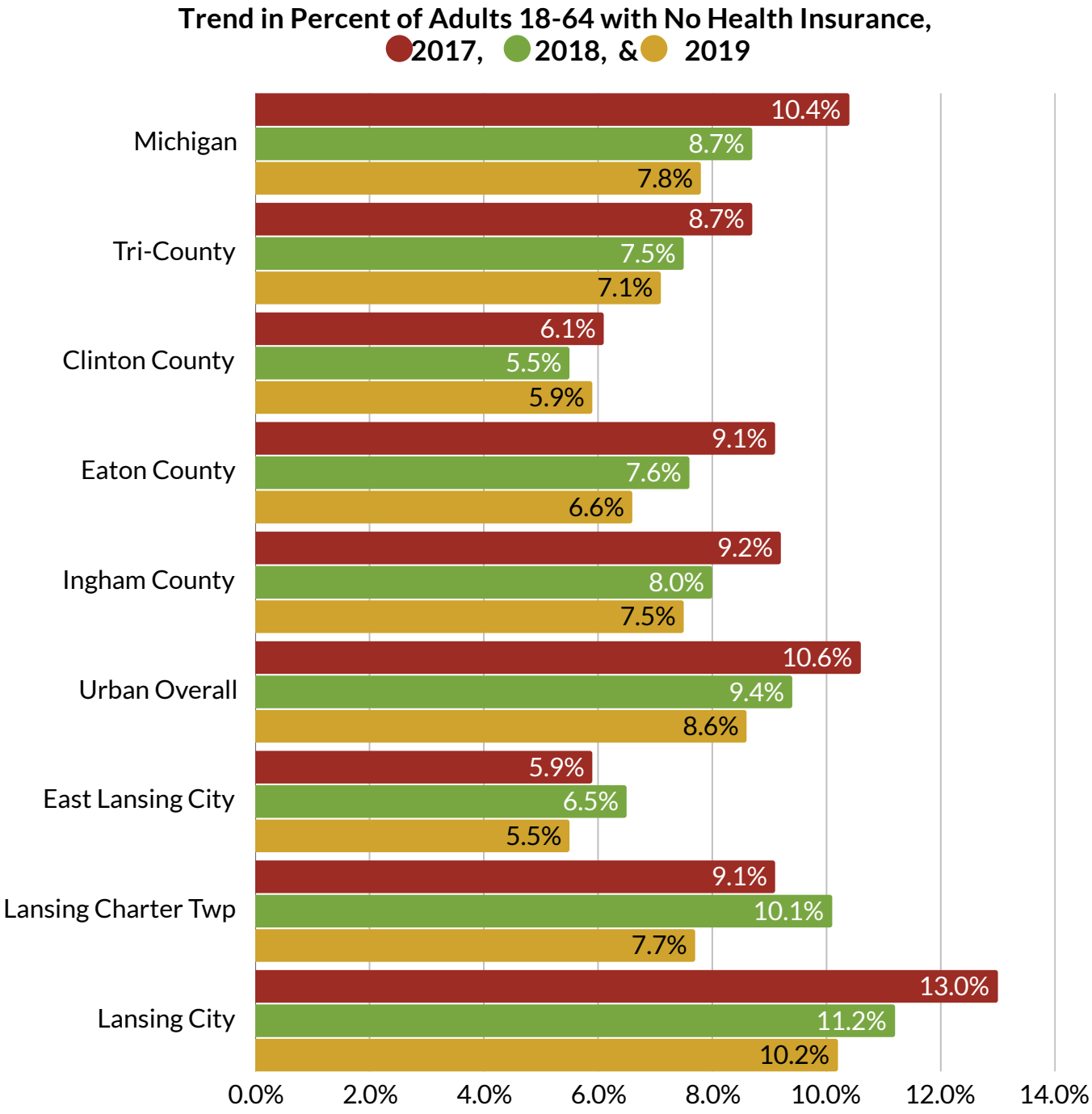
Health insurance coverage helps patients gain entry into the health care system. Lack of adequate coverage makes it difficult for people to get the health care they need and,when they do get care, burdens them with large medical bills. Uninsured people are more likely to have poor health status; less likely to receive medical care; more likely to be diagnosed later; and more likely to die prematurely. The Patient Protection and Affordable Care Act (ACA), a comprehensive law passed in 2010, provided new strategies to reduce the number of uninsured and to improve the organization and delivery of
health care.

Percent of Adults 18 to 64 Years Old with No Health Insurance, 2019



Despite the increased access to health insurance resulting from the implementation of the ACA, there are still adults with no health insurance. Overall, the proportion of adults 18-64 years old without health insurance is lower in the Capital Area than for the state, but that is not true for certain areas within the tri-county region. Urban areas in general, and specifically the City of Lansing, have a slightly higher proportion of adults with no health insurance than the state.

ACCESS TO HEALTH INSURANCE (CONTINUED)



Based on the 2017-2019 five-year estimates from the American Community Survey, the percentage of adults 18-64 years old without health insurance has decreased in all geographic areas within the tri-county area. steady. Decreases of two percentage points or greater were noted for Clinton County, Eaton County, the Inner Suburbs, and Lansing Charter Township.

ADOLESCENT - OBESITY

MEASURE:

Percent of 9th and 11th grade student respondents who are obese.

BMI is calculated from the individual's self-reported height and weight. BMI is defined as weight in kg divided by height in meters, squared. For children 2 to 17 years old, obesity is defined as at or above the 95th percentile for BMI by age and sex.

DATA SOURCE:

- Michigan Profile for Healthy Youth Survey (MiPHY)

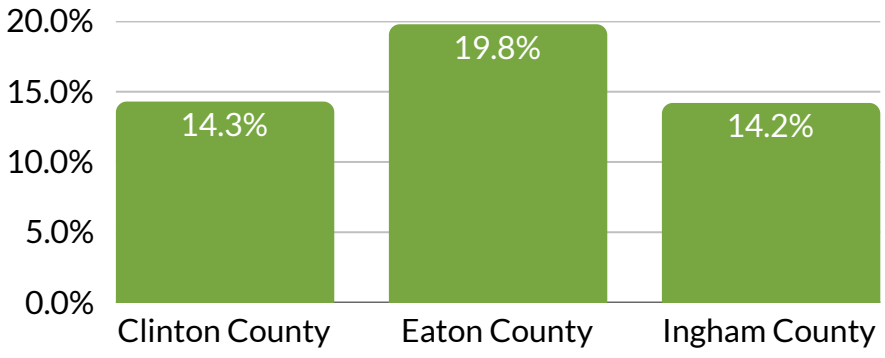
YEARS

- 2019-2020, 2021-2022, 2023-2024

REASON FOR MEASURE:

Some of the immediate health effects of obese youth are that they are more likely to have risk factors for cardiovascular disease, such as high cholesterol or high blood pressure. Obese adolescents are more likely to have pre-diabetes, a condition in which blood glucose levels indicate a high risk for development of diabetes. Children and adolescents who are obese are at greater risk for bone and joint problems, sleep apnea, and social and psychological problems, such as stigmatization and poor self-esteem. Potential long-term health effects for obese children and adolescents include a high probability of adult obesity, heart disease, type 2 diabetes, stroke, several types of cancer, and osteoarthritis. One study showed that children who became obese as early as age two were more likely to be obese as adults. Being overweight or obese is associated with increased risk for many types of cancer, including cancer of the breast, colon, endometrium, esophagus, kidney, pancreas, gallbladder, thyroid, ovary, cervix, and prostate, as well as multiple myeloma and Hodgkin's lymphoma.

Percent of 9th and 11th Grade Survey Respondents Who are Obese, 2023-2024

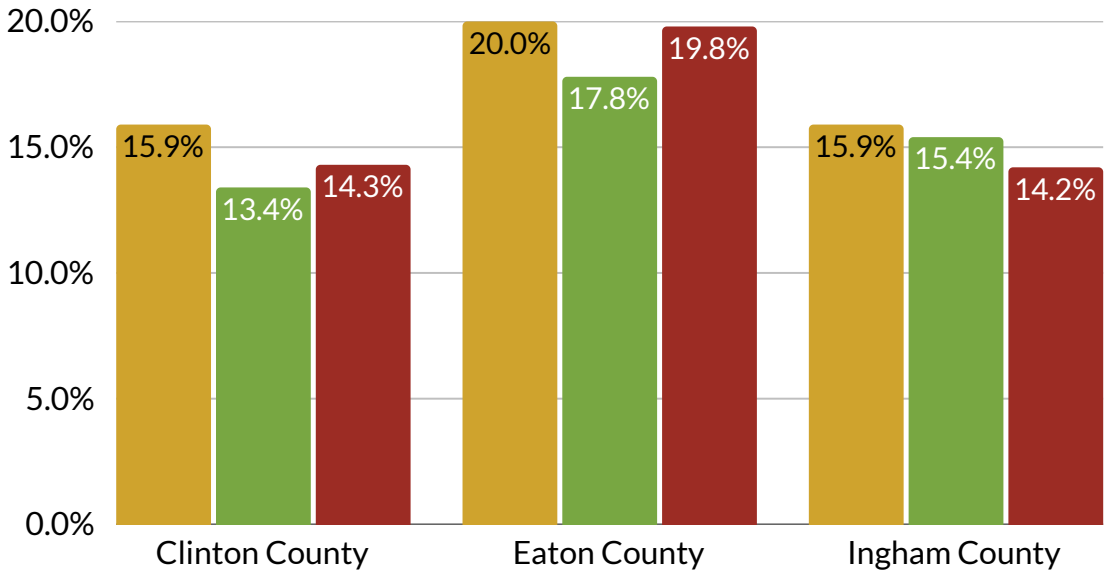


A higher percentage of survey respondents from Eaton County are obese, compared to Clinton and Ingham Counties during the 2023-2024 school year.

Source: Michigan Profile for Healthy Youth Survey (MiPHY); County percentages are representative of the combined unweighted responses as reported by 9th and 11th graders in participating buildings.

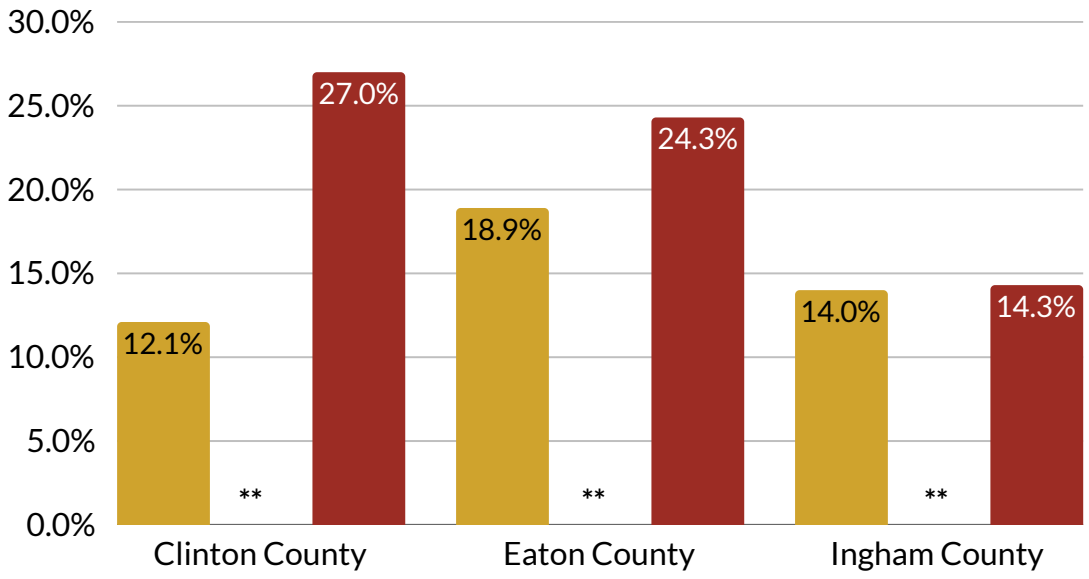
ADOLESCENT - OBESITY (CONTINUED)

Percent of 9th and 11th Grade Survey Respondents Who are Obese, 2019-2020, 2021-2022, & 2023-2024



A higher percentage of survey respondents from Eaton County were obese, compared to Clinton and Ingham Counties, in each school year.

Percent of 9th and 11th Grade Survey Respondents Who are Obese, 2023-2024 (by Race/Ethnicity: White, Black, & Hispanic)



A higher percentage of Hispanic 9th and 11th grade survey respondents were obese, compared to their white counterparts, in Clinton and Eaton Counties.

**Percentages calculated from fewer than 20 responses are considered statistically unreliable and therefore not reported.

Source: Michigan Profile for Healthy Youth Survey (MiPHY); County percentages are representative of the combined unweighted responses as reported by 9th and 11th graders in participating buildings.

ADULT - OBESITY

MEASURE:

Percentage of the adult population (age 18 and older) with a body mass index greater than or equal to 30 kg/m.

DATA SOURCE:

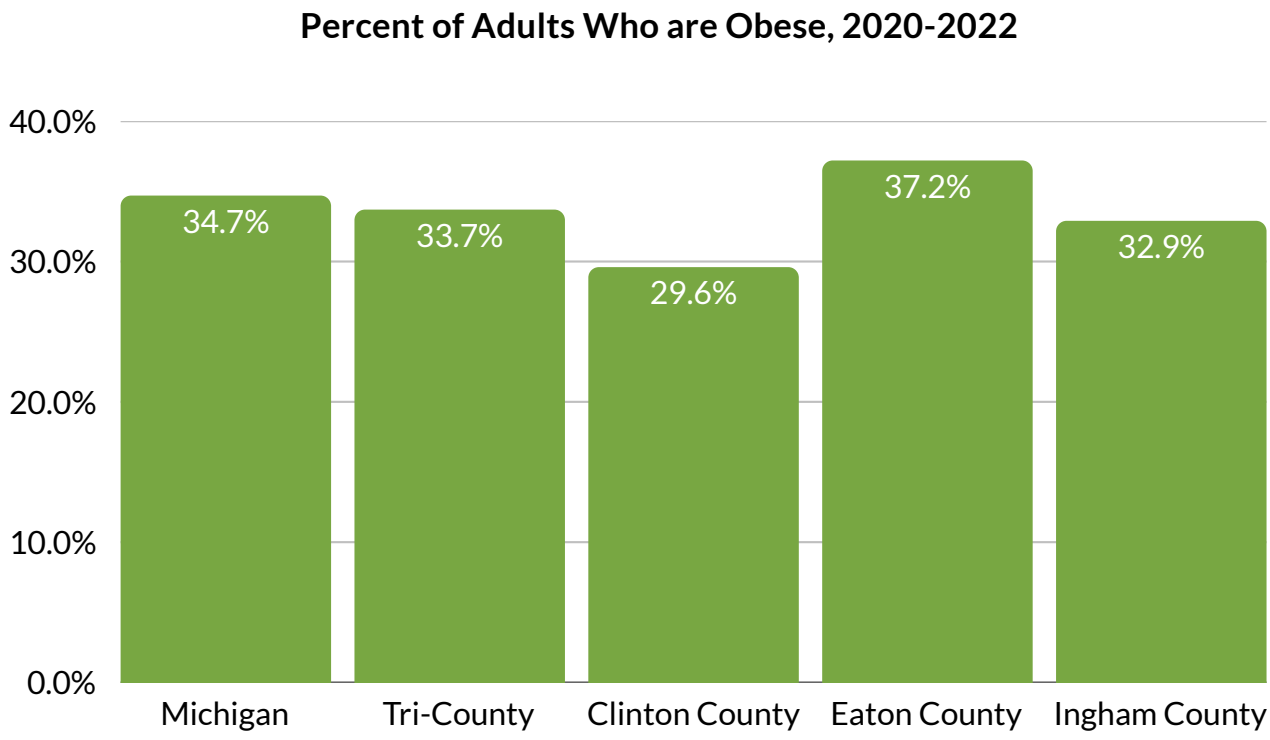
- Capital Area Behavioral Risk Factor Survey

YEARS

- 2008-2010, 2011-2013, 2014-2016, 2017-2019, 2020-2022

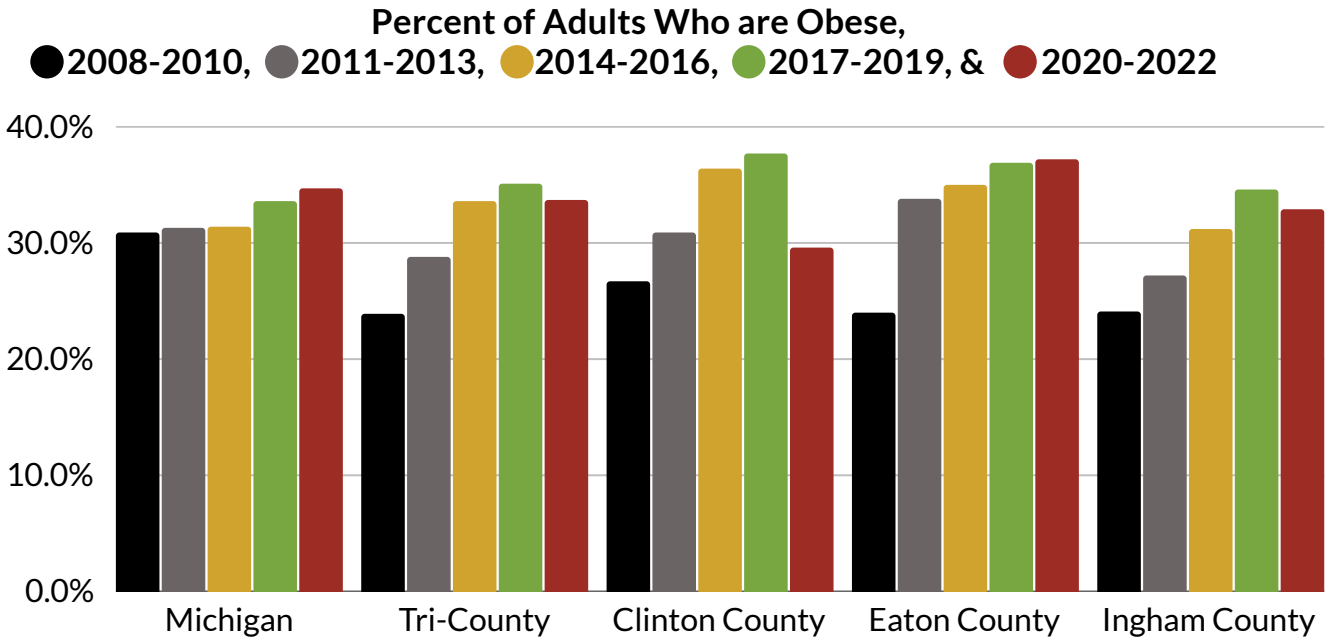
REASON FOR MEASURE:

Obesity is often the result of an overall energy imbalance due to poor diet and limited physical activity. Obesity increases the risk for health conditions such as coronary heart disease, type 2 diabetes, cancer, hypertension, dyslipidemia, stroke, liver and gallbladder disease, sleep apnea and respiratory problems, and osteoarthritis.

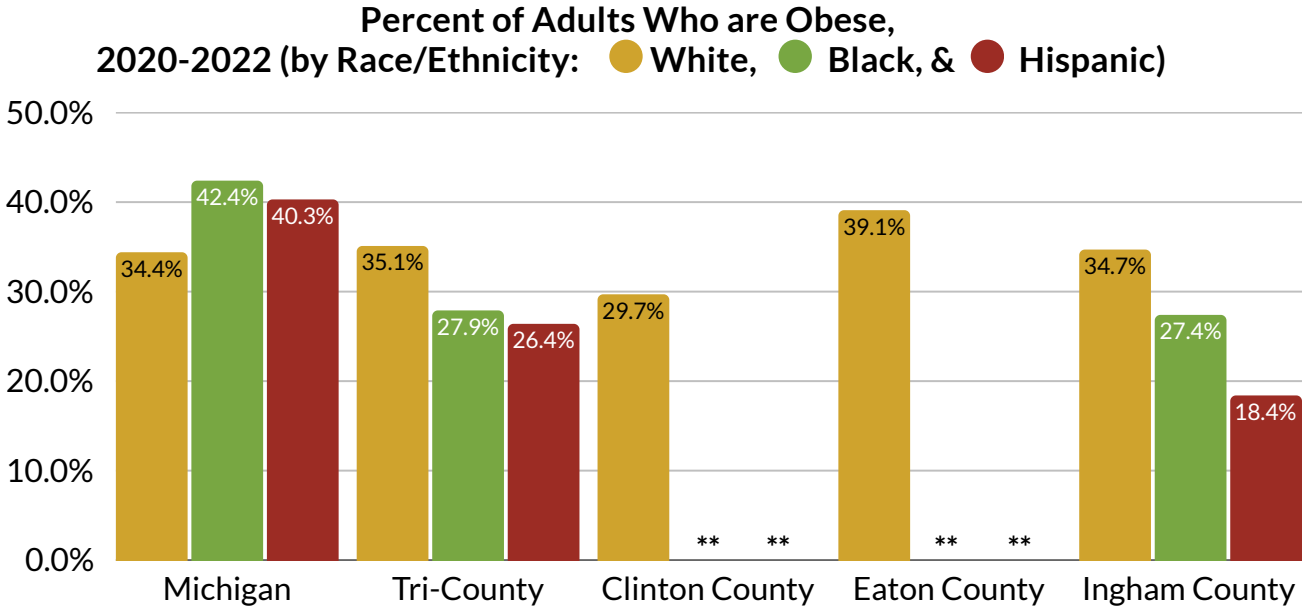


Just over a third of tri-county adults are obese. No other comparisons should be made due to intersecting confidence intervals.

ADULT - OBESITY (CONTINUED)



No comparisons should be made due to intersecting confidence intervals.



With the State of Michigan, the percent of Hispanic and Black adults who are obese is higher than in white adults. No other comparison should be made due to intersecting confidence intervals.

**Percentage not calculated due to inadequate total count (<20 responses).

ADULT - PRIMARY CARE PROVIDER

MEASURE:

Estimated percent of adults without someone that they consider to be their personal doctor or primary care provider.

DATA SOURCE:

- Capital Area Behavioral Risk Factor Survey

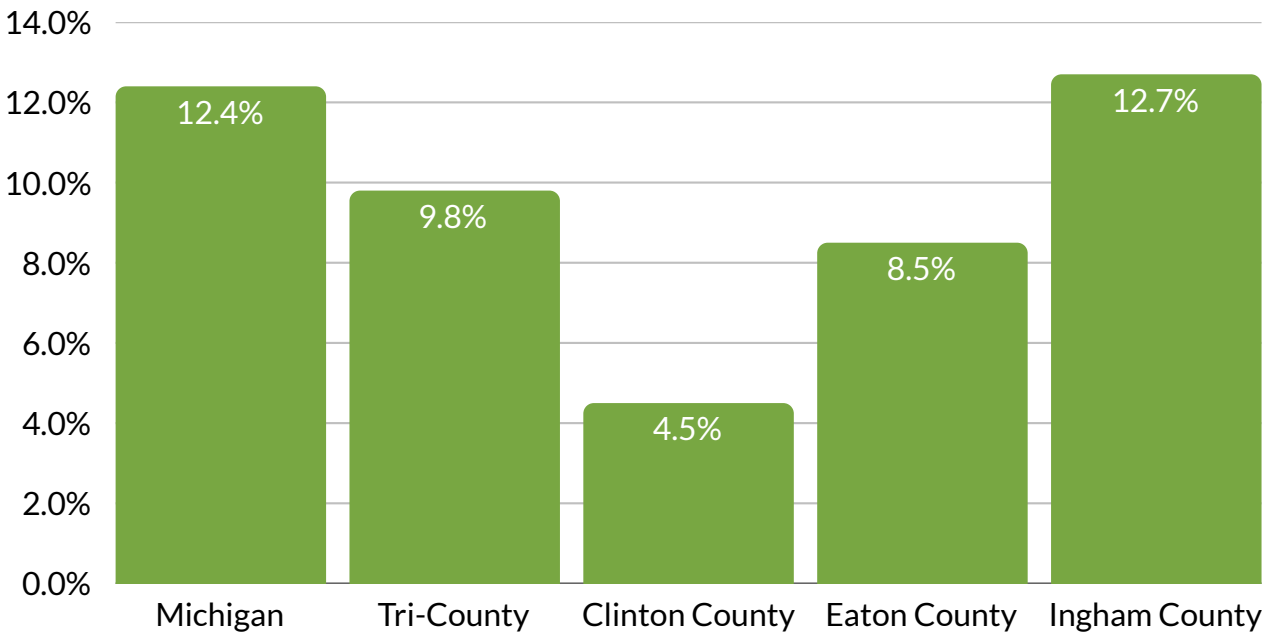
YEARS

- 2008-2010, 2011-2013, 2014-2016, 2017-2019, 2020-2022

REASON FOR MEASURE:

Having access to care requires not only having financial coverage but also access to providers. While high rates of specialist physicians has been shown to be associated with higher, and perhaps unnecessary, utilization, having sufficient availability of primary care physicians (i.e. a physician practicing in a primary care specialty such as general medicine, family medicine, internal medicine, pediatrics, or gynecology) is essential so that people can get preventive and primary care, and when needed, referrals to appropriate specialty care. [from County Health Rankings]

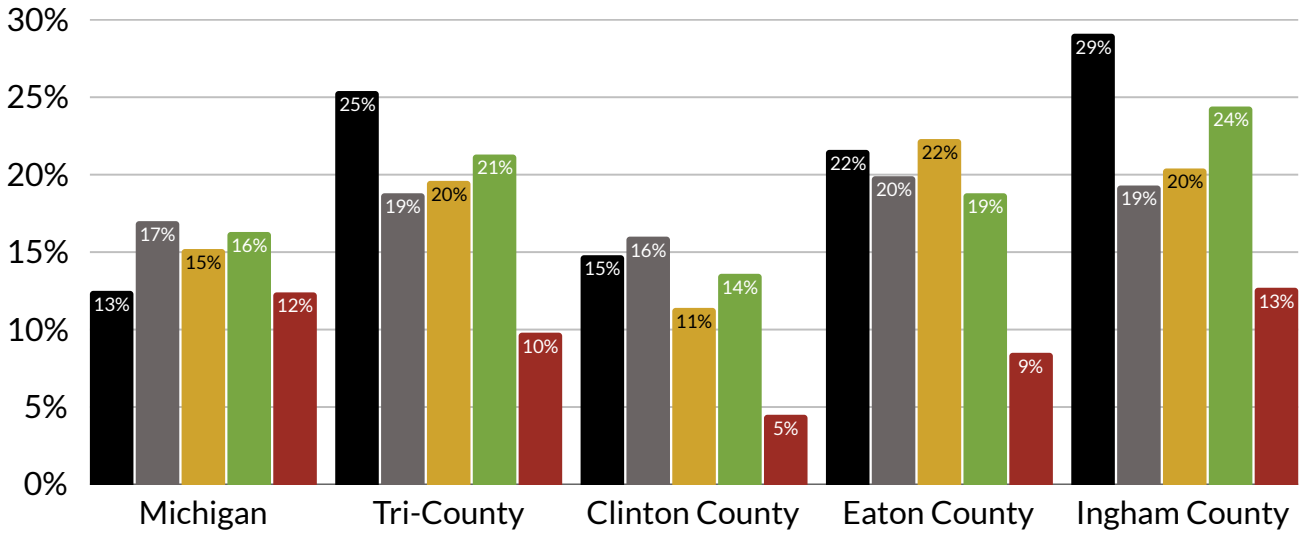
Percent of Adults Without a Personal Doctor/Health Care Provider, 2020-2022



The percent of adults who reported not having a personal doctor/health care provider is lower in the tri-county region versus the State of Michigan overall. Furthermore, this percentage is lower in Clinton County as compared to Ingham County. No other comparisons should be made due to intersecting confidence intervals.

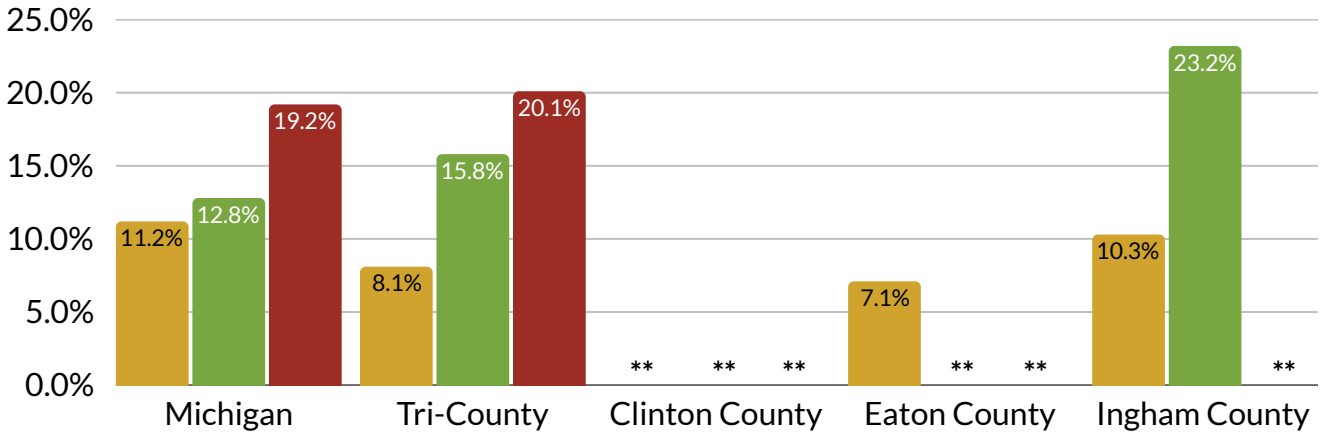
ADULT - PRIMARY CARE PROVIDER (CONTINUED)

Percent of Adults Without a Personal Doctor/Health Care Provider, 2008-2010, 2011-2013, 2014-2016, 2017-2019, & 2020-2022



In comparison to the 2017-2019 cycle, the percent of adults who reported not having a personal doctor/health care provider in 2020-2022 was lower. No other comparisons should be made due to intersecting confidence intervals.

Percent of Adults Without a Personal Doctor/Health Care Provider, 2020-2022 (by Race/Ethnicity: White, Black, & Hispanic)



The percent of Hispanic adults in the State of Michigan who reported not having a personal doctor/health care provider is higher than that of white and Black adults. In the tri-county region and Ingham County, the percent of Hispanic and Black adults who reported not having a personal doctor/health care provider is higher than that of white adults.

Lastly, in Ingham County, the percent of Black adults who reported not having a personal doctor/health care provider is higher than that of white adults. No other comparisons should be made due to intersecting confidence intervals.

**Percentages calculated from fewer than 20 responses are considered statistically unreliable and therefore not reported.

AFFORDABLE HOUSING

MEASURE:

The percent of households that pay 30 percent or more of their household income on housing costs.

DATA SOURCE:

- American Community Survey

YEARS

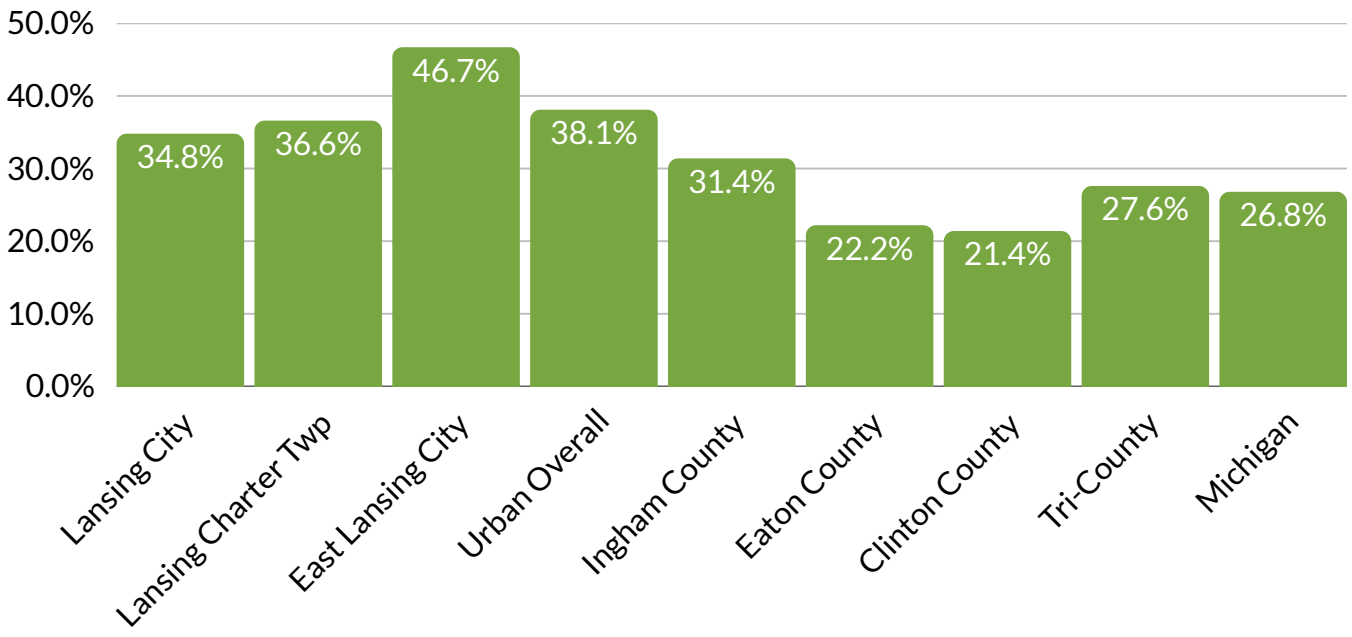
- 2020-2022

REASON FOR MEASURE:

Affordable housing may improve health outcomes by freeing up family resources for nutritious food and health care expenditures. Quality housing can reduce exposure to mental health stressors, infectious disease, allergens, neurotoxins, and other dangers. Families who can only find affordable housing in very high poverty areas may be prone to greater psychological distress and exposure to violent or traumatic events. Stable, affordable housing may improve health outcomes for individuals with chronic illnesses and disabilities and seniors by providing a stable and efficient platform for the ongoing delivery of health care and other necessary services.

Source: http://www.nhc.org/media/documents/HousingandHealth1.pdf

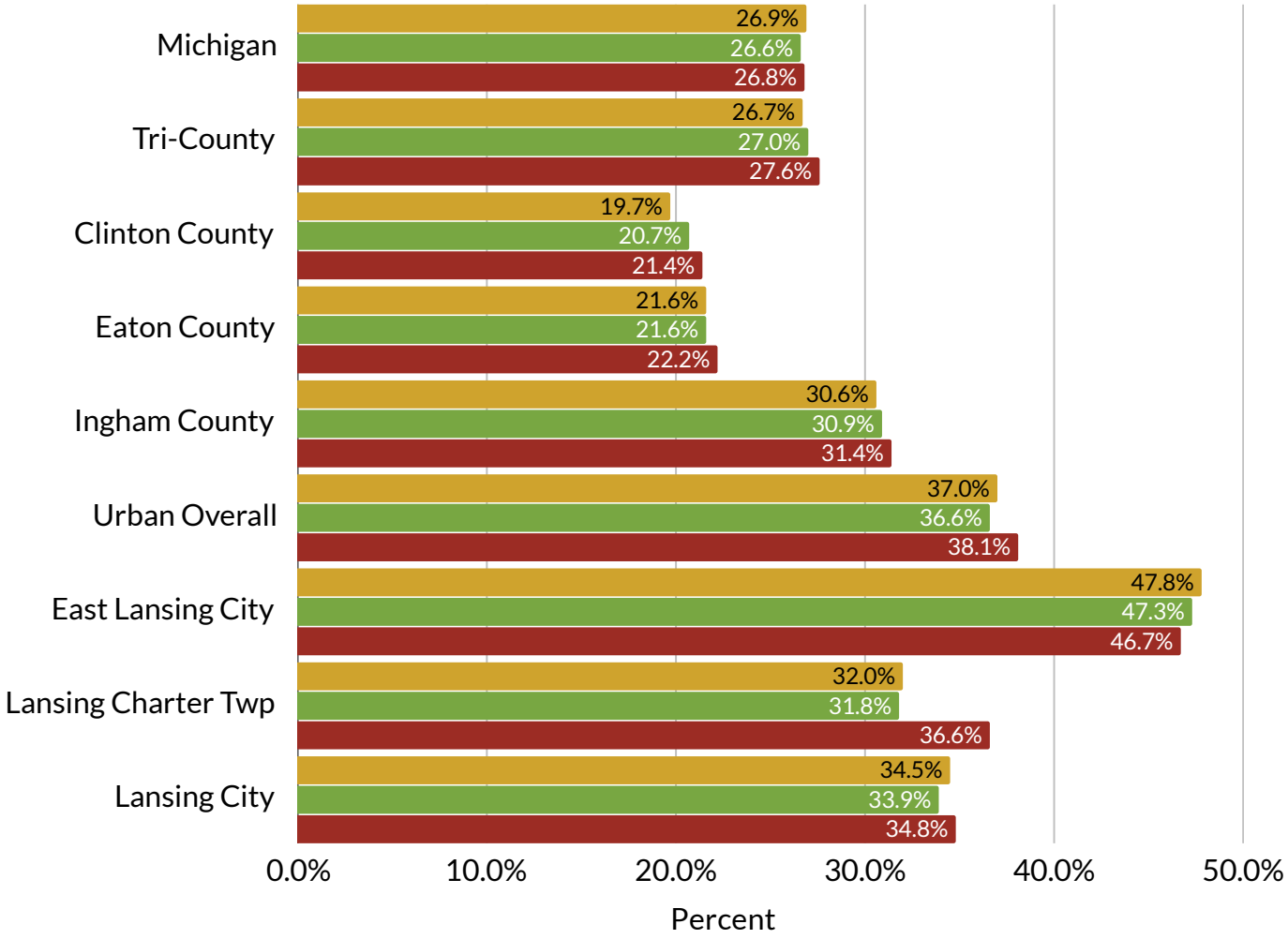
Percent of Households Spending >30% of Their Income on Housing Costs, 2022



Just over one quarter of households in the state of Michigan, and in the tri-county area, spend more than 30 percent of their income on housing.

AFFORDABLE HOUSING (CONTINUED)

Percent of Households Spending >30% of Their Income on Housing Costs, 2020, 2021, & 2022



Within the region, the percentage of households in unaffordable housing is highest in the urban areas, especially in the City of East Lansing, where just under half of households spend more than 30 percent of their income on housing.

BLOOD LEAD LEVEL

MEASURE:

The percentage of children less than six years of age with elevated blood lead levels (EBLL).

DATA SOURCE:

- Childhood Lead Poisoning and Prevention Program, Michigan Department of Health and Human Services

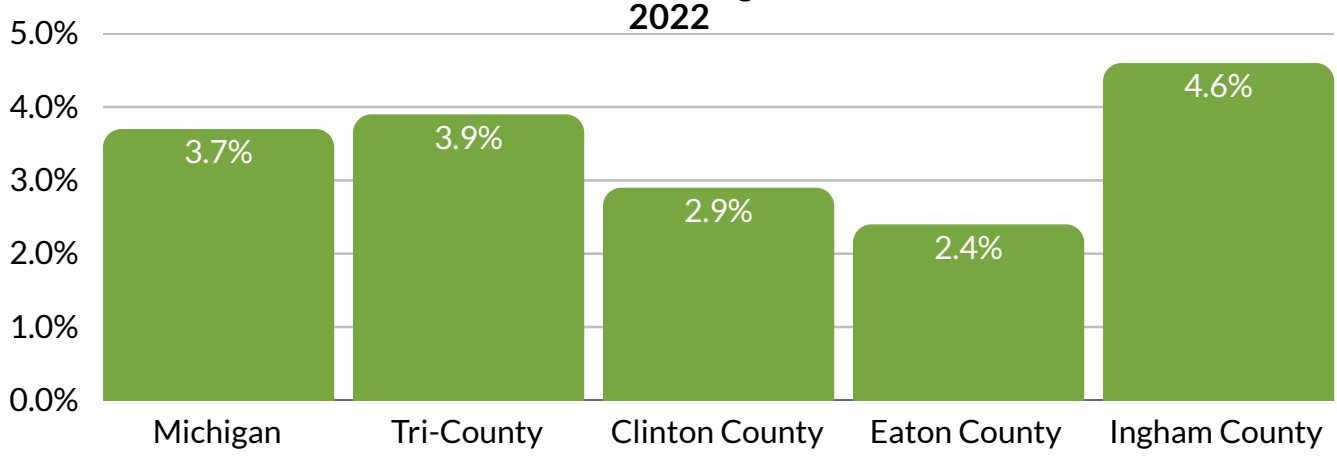
YEARS

- 2018-2022

REASON FOR MEASURE:

Lead exposure among children continues to be an important public health problem. At highest risk are children living in older housing that may still contain lead-based paint. The adverse health effects of lead exposure in children are numerous and well-documented, including cognitive impairment, low bone density, and poor childhood growth and development.

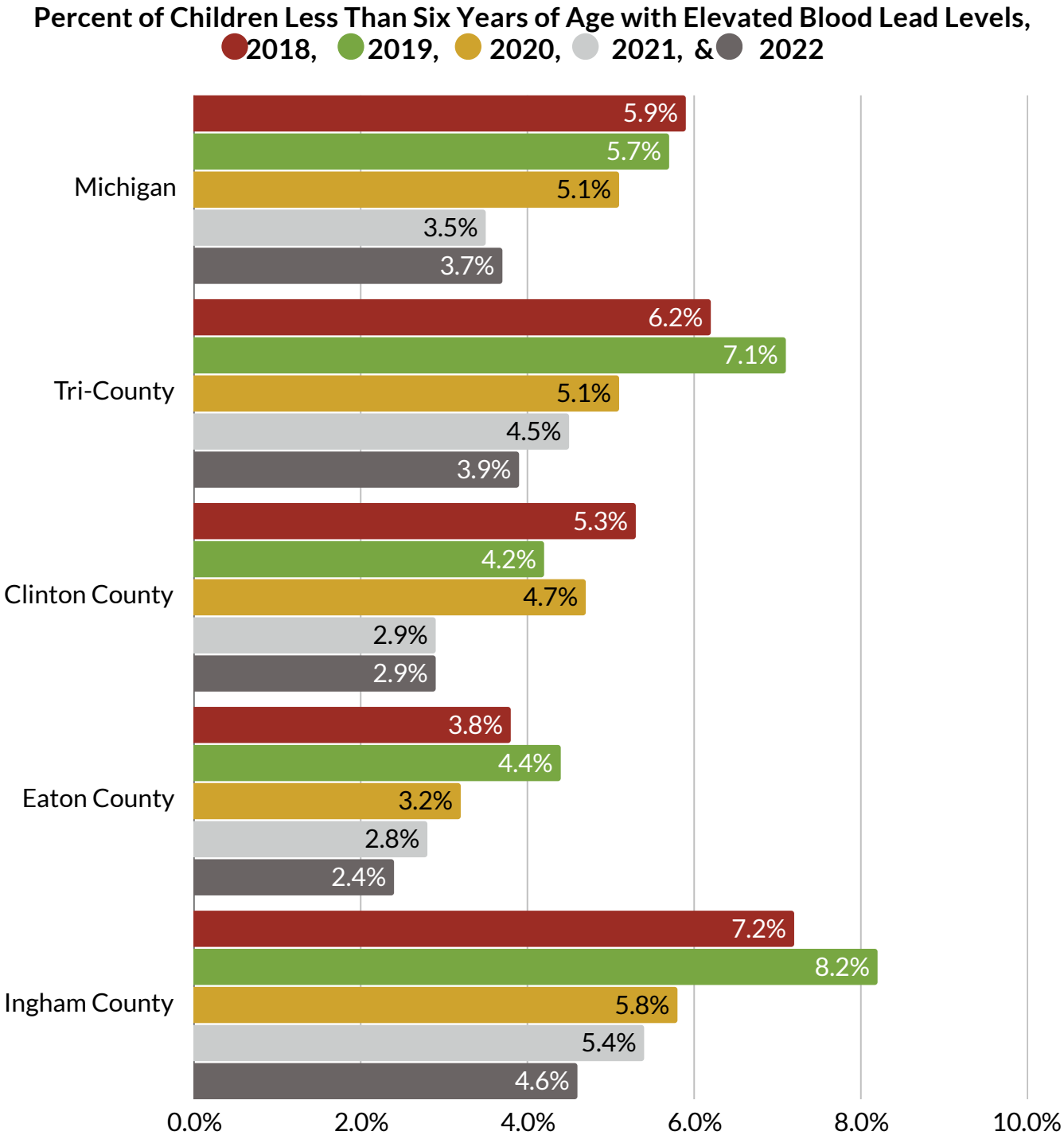
Percent of Children Less Than Six Years of Age with Elevated Blood Lead Levels, 2022



The tri-county region has slightly higher percentage of kids tested with blood lead levels ≥ 3.5ug/dL; however, this is due to Ingham County's slightly higher percentage versus Clinton and Eaton Counties.

Elevated blood lead level is calculated for children under the age of 6 years old who were tested for lead poisoning.

BLOOD LEAD LEVEL (CONTINUED)



In the tri-county region and its constituent counties, the percentage of tested children with an EBLL has declined slightly from 2020 to 2022. Ingham County has a higher percentage than Clinton and Eaton Counties.

EDUCATION

MEASURE:

The percent of adults 25 years or older who have a Bachelor's degree or higher.

DATA SOURCE:

- American Community Survey

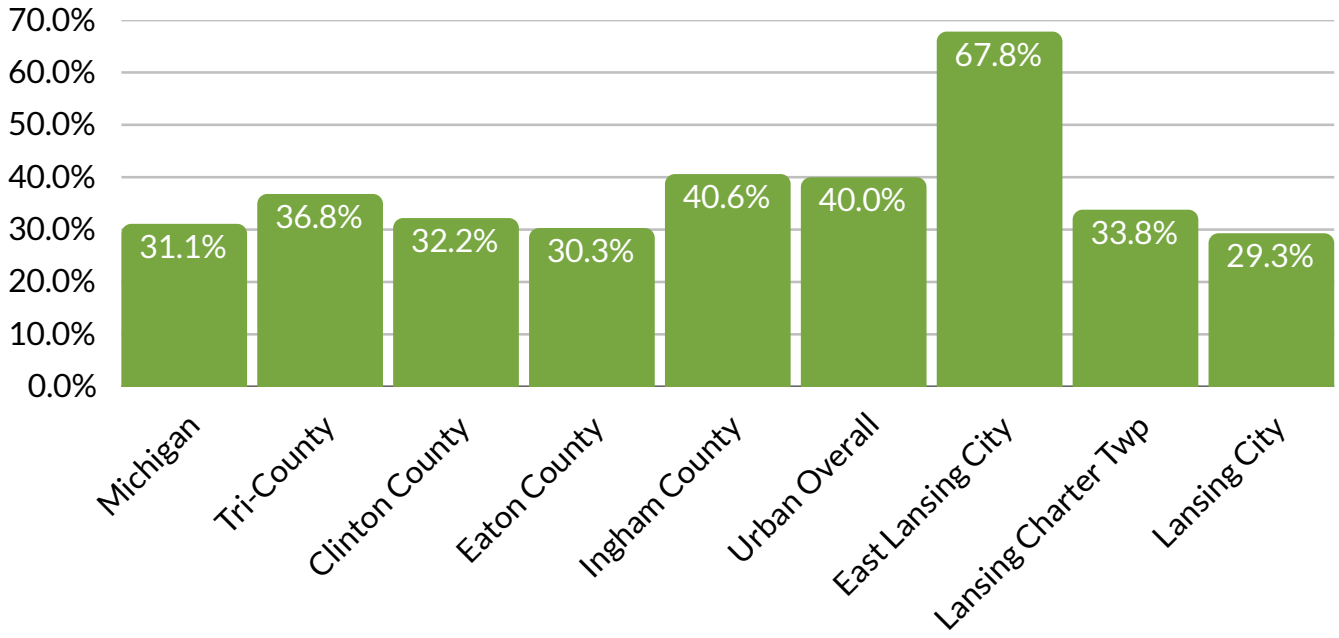
YEARS

- 2020-2022

REASON FOR MEASURE:

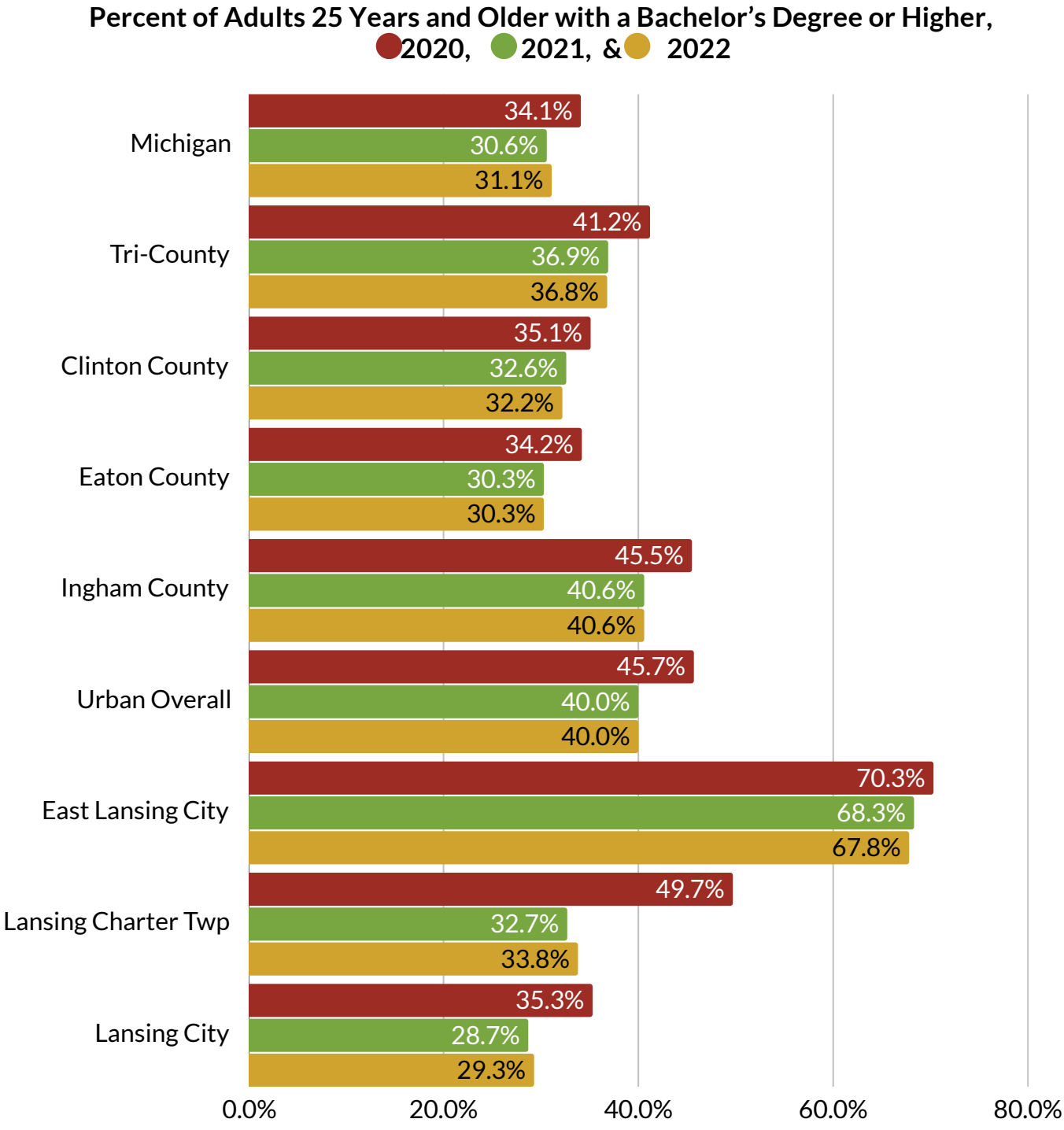
The relationship between higher education and improved health outcomes is well-known, with years of formal education correlating strongly with improved work and economic opportunities, reduced psychosocial stress, and healthier lifestyles. In other words, persons with more education - in general - have healthier lives than those with less education.

Percent of Adults 25 Years and Older with a Bachelor's Degree or Higher, 2022



Approximately one in three adults in the Capital Area have a bachelor's degree or higher. Most areas within the three counties have proportions ranging from approximately 29% to 40%. One outlier in the region is the City of East Lansing (where almost three-quarters of adults have bachelor's degree or higher).

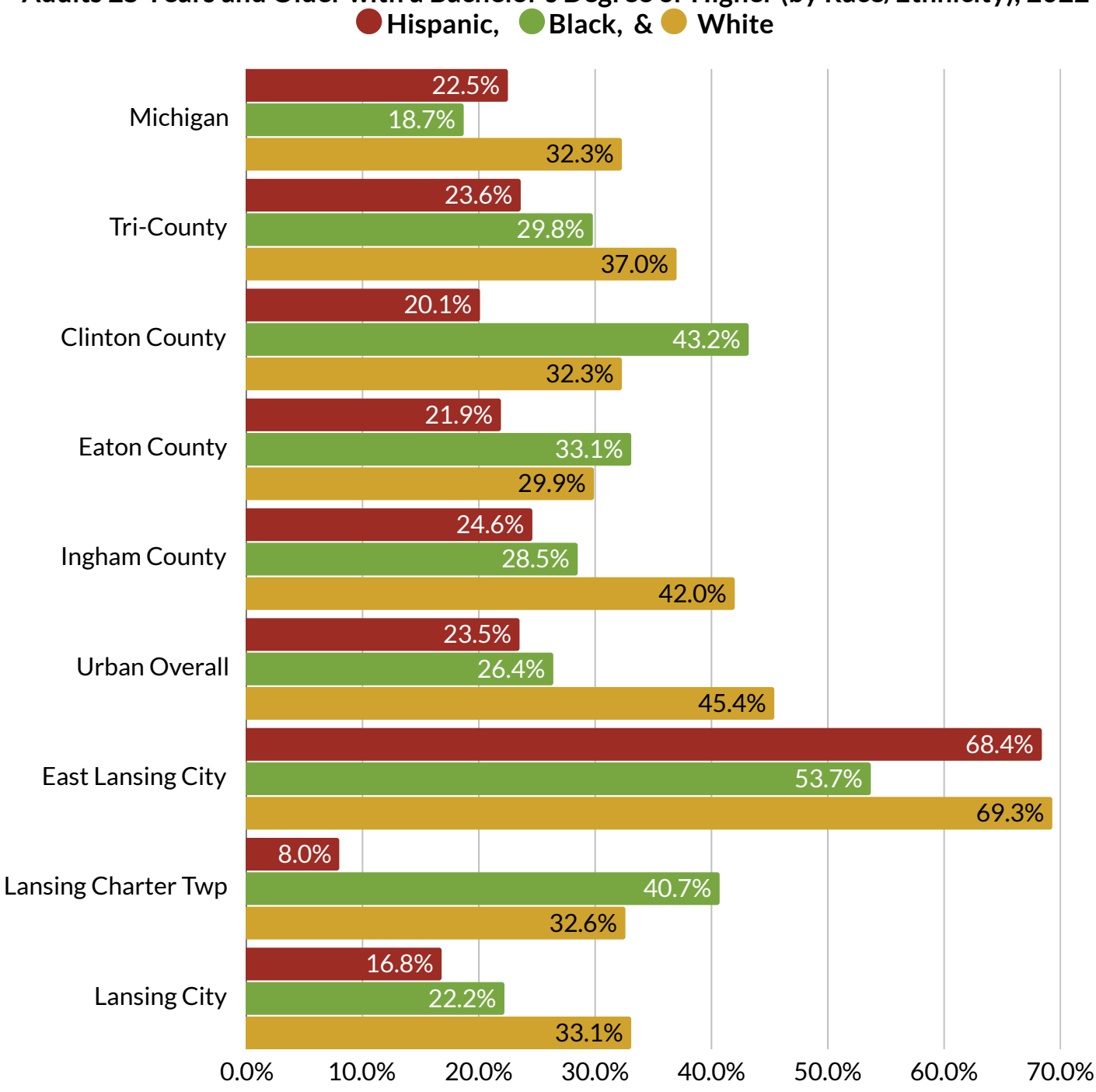
EDUCATION (CONTINUED)



Ingham County has slightly higher levels of educational attainment versus the other counties with especially high levels in East Lansing City compared to the rest of the region.

EDUCATION (CONTINUED)

Adults 25 Years and Older with a Bachelor's Degree or Higher (by Race/Ethnicity), 2022



Across the region, in most geographies, a smaller proportion of Hispanic adults have a Bachelor's degree compared to their white and Black peers.

FOOD DESERT

MEASURE:

The percent of the population that lives in an USDA-defined 'food desert.' A USDA 'food desert' is a census tract that is low-income (poverty >20 percent or median income <80 percent of statewide median income) and where a substantial number or share of people have low access to food, defined as living more than one mile (urban) or more than 10 miles (rural) away from a census tract that is low-income.

DATA SOURCE:

- United States Department of Agriculture (USDA)

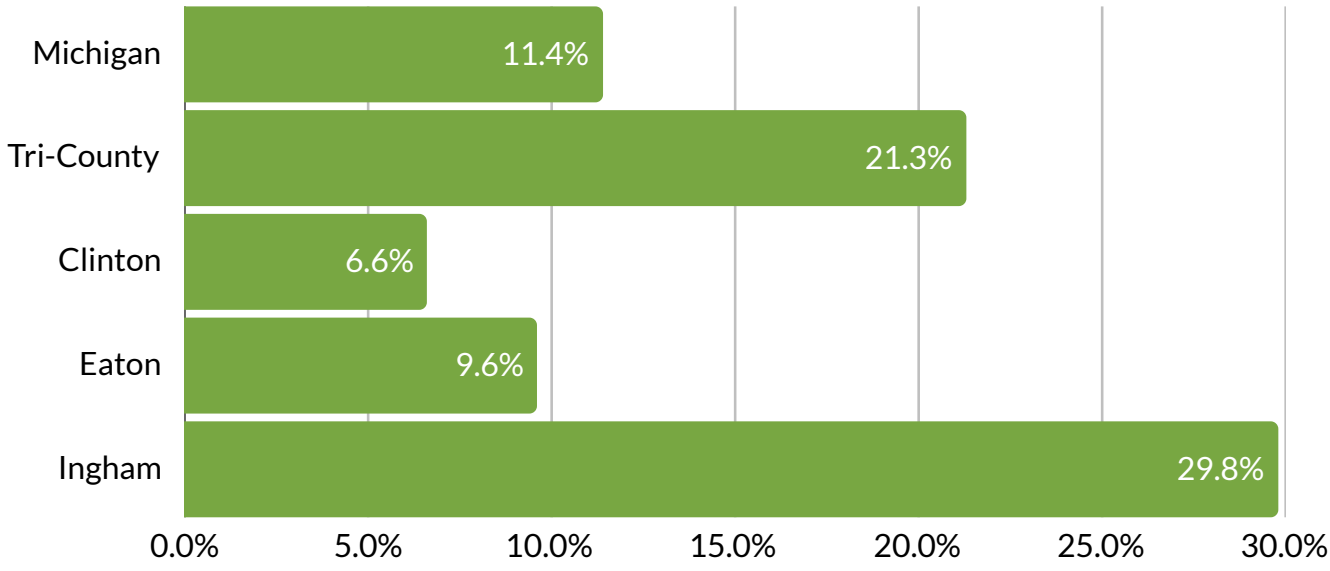
YEARS

- 2010, 2015, 2019

REASON FOR MEASURE:

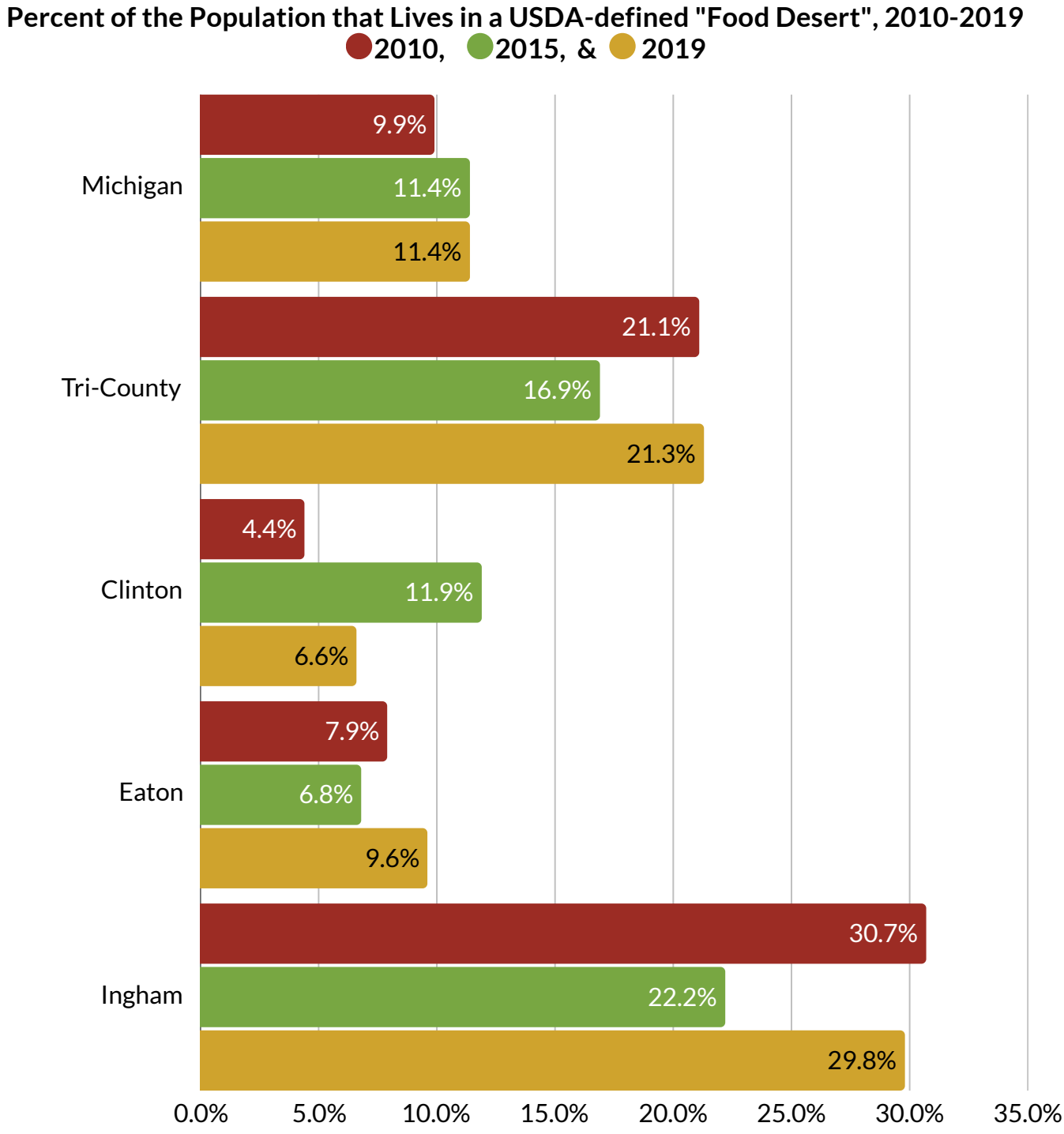
The majority of studies that have examined the relationship between store access and dietary intake find that better access to a supermarket or large grocery store is associated with eating healthier food. Better access to a supermarket is associated with a reduced risk of obesity, and better access to convenience stores is associated with an increased risk of obesity. Recent research suggests that lack of access to specific nutritious foods may be less important than relatively easy access to all other foods. 'Food swamps' may better explain increases in body mass index and obesity than 'food deserts.' Increasing access to specific foods like fruits and vegetables, whole grains, and low-fat milk alone may not affect the obesity problem, as most stores that carry these nutritious foods at low prices also carry the less healthy foods.

Percent of the Population that Lives in a USDA-defined "Food Desert", 2019



Ingham County has a higher percentage of residents living in a food desert than the state overall, and this difference is reflected in the tri-county percentage.

FOOD DESERT (CONTINUED)



The percentage of residents living in a food desert in 2019 was comparable to the percentage in 2010 across the tri-county region and for the state overall.

MENTAL HEALTH PROVIDER RATIO

MEASURE:

Ratio of Population to Mental Health Providers.

DATA SOURCE:

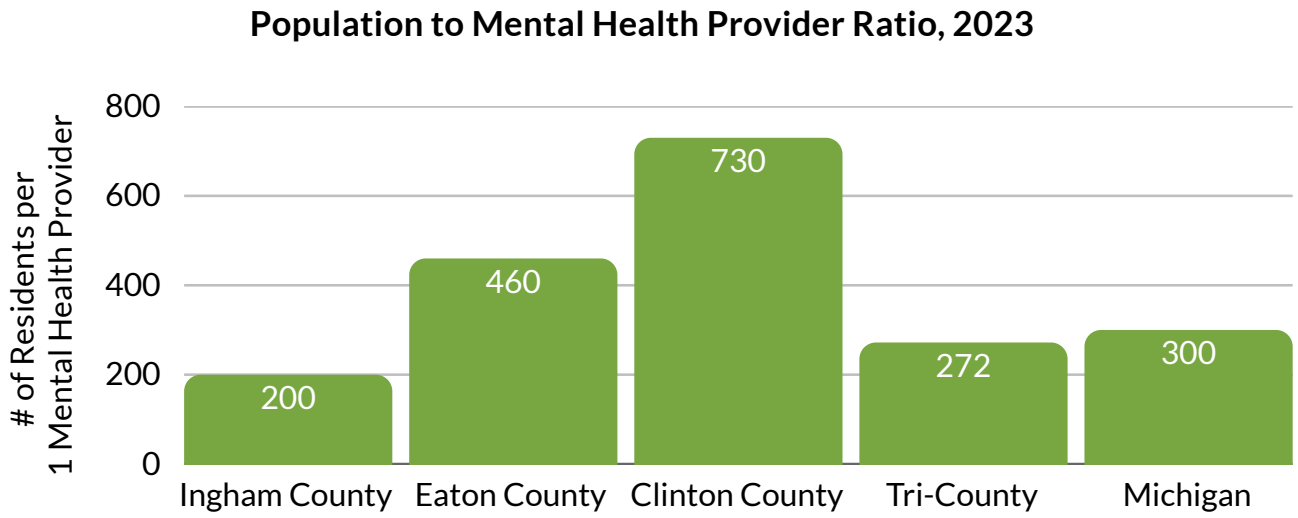
- US Centers for Medicare & Medicaid Services National Provider Identification Registry; accessed via County Health Rankings website

YEARS

- 2021-2023

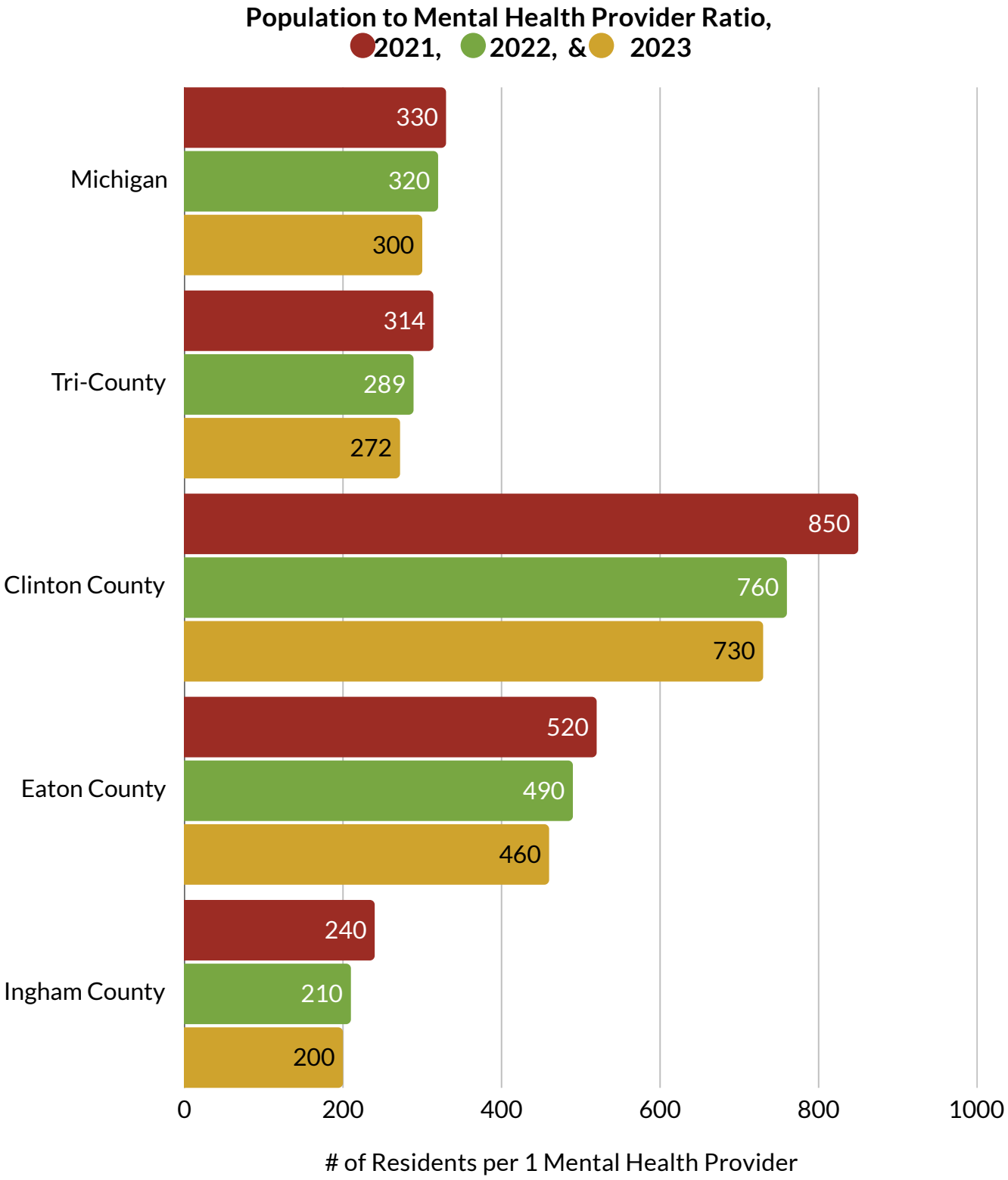
REASON FOR MEASURE:

"Access to healthcare requires not only financial coverage, but also access to providers. More than 168 million people lived in a Mental Health Professional Shortage Area as of December 2023. While the mental health parity aspects of the Affordable Care Act create increased coverage for mental health services, concerns such as difficulties in finding in-network providers and differences in the amount of cost-sharing between primary care and mental health care add to the issue of the mental health provider shortages, preventing many people from receiving care." [from County Health Rankings]



The tri-county region has a comparable population to primary care provider ratio to that of Michigan as a whole. Ingham County's ratio is lower than those of Clinton and Eaton Counties.

MENTAL HEALTH PROVIDER RATIO (CONTINUED)



All three counties saw a slight decrease in the population to mental health provider ratio from 2021 to 2023, which translates into an improvement in the tri-county region as a whole.

PRIMARY CARE PROVIDER RATIO

MEASURE:

Ratio of Population to Primary Care Providers.

DATA SOURCE:

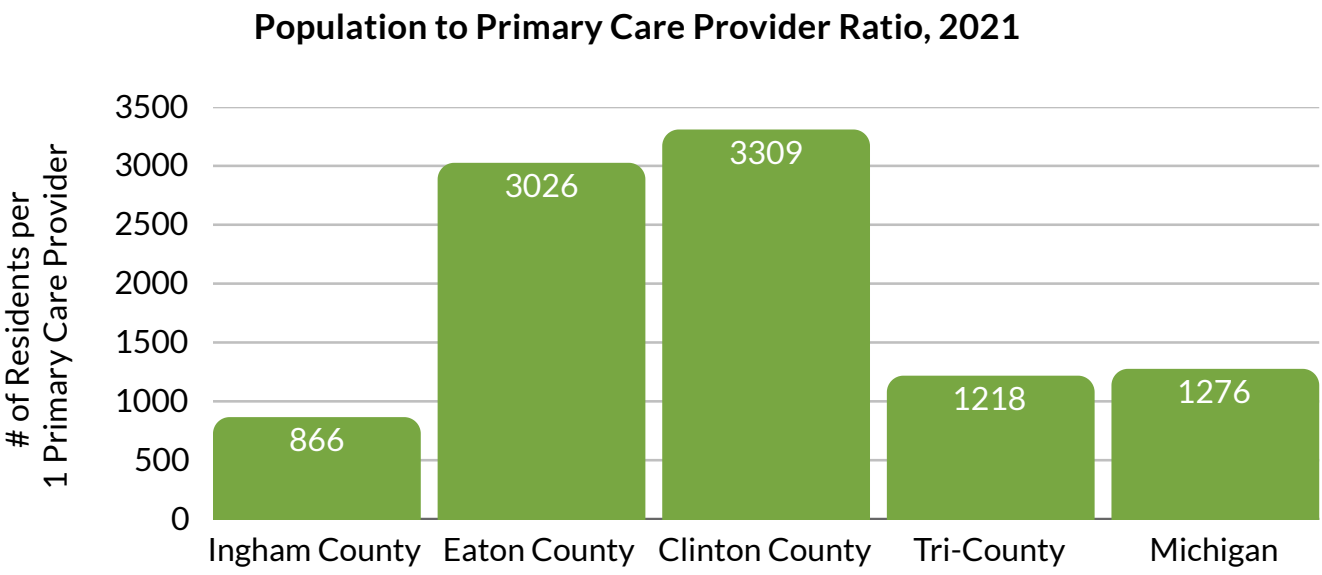
- US Health Resources & Services Administration Area Health Resource Files; accessed via County Health Rankings website

YEARS

- 2019-2021

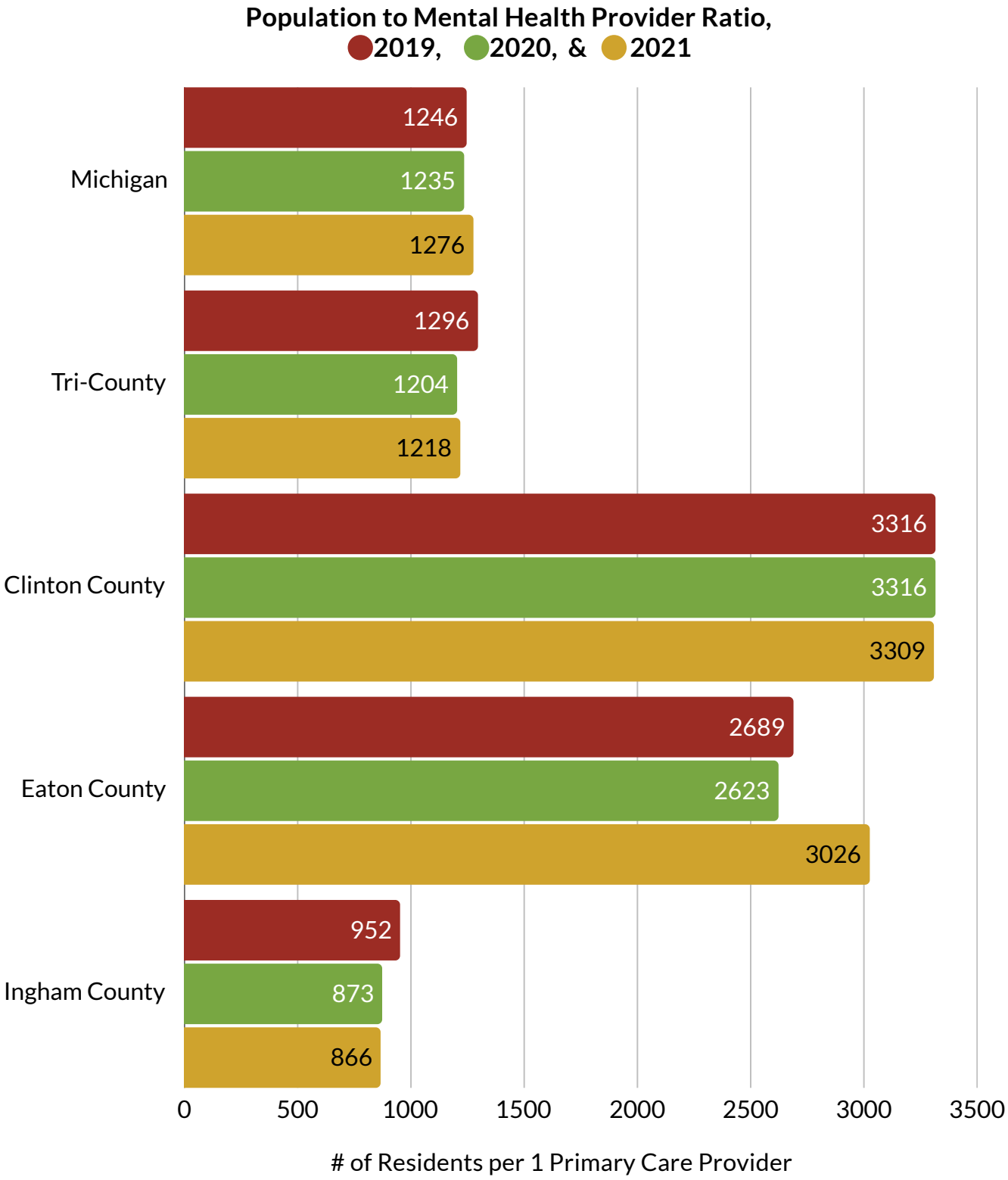
REASON FOR MEASURE:

"Access to health care requires not only financial coverage, but also access to providers. While high rates of specialist physicians have been shown to be associated with higher (and perhaps unnecessary) utilization, sufficient availability of primary care physicians is essential for preventive and primary care and, when needed, referrals to appropriate specialty care." [from County Health Rankings]



The tri-county region has a comparable population to primary care provider ratio to that of Michigan as a whole. Ingham County's ratio is lower than those of Clinton and Eaton Counties.

PRIMARY CARE PROVIDER RATIO (CONTINUED)



The tri-county region has a comparable population to primary care provider ratio to that of Michigan as a whole. Ingham County's ratio is lower than those of Clinton and Eaton Counties.

INCOME DISTRIBUTION

MEASURE:

Gini coefficient for income inequality. This measure ranges from 0.0 to 1.0. When the index is at 0, total income is shared equally between all families; when it is at 1.0, one family owns all income and all others have none. Here, income is defined as new revenues and economic resources received by individuals and families during the course of a year.

DATA SOURCE:

- American Community Survey

YEARS

- 2020-2022

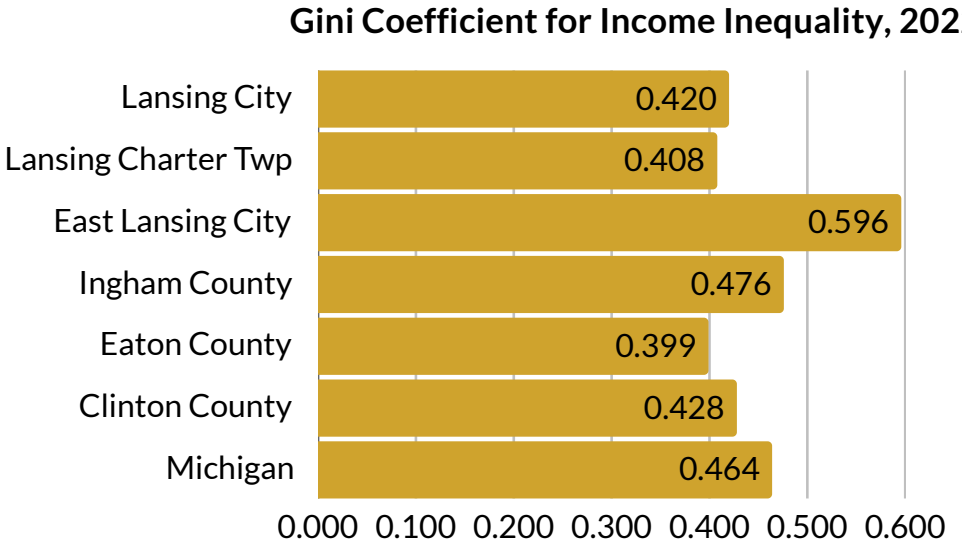
REASON FOR MEASURE:

In general, this measure is used to examine the extent of inequality, and the number itself does not imply value — neither 0 or 1 would be "ideal." However, places with high income inequality (Gini coefficients ranging from 0.5 and above) such as countries in southern Africa and many South American countries, have generally poorer health outcomes than places with relatively low income inequality (Gini coefficients less than 0.35), such as Europe, Australia, Canada, and Scandinavia.

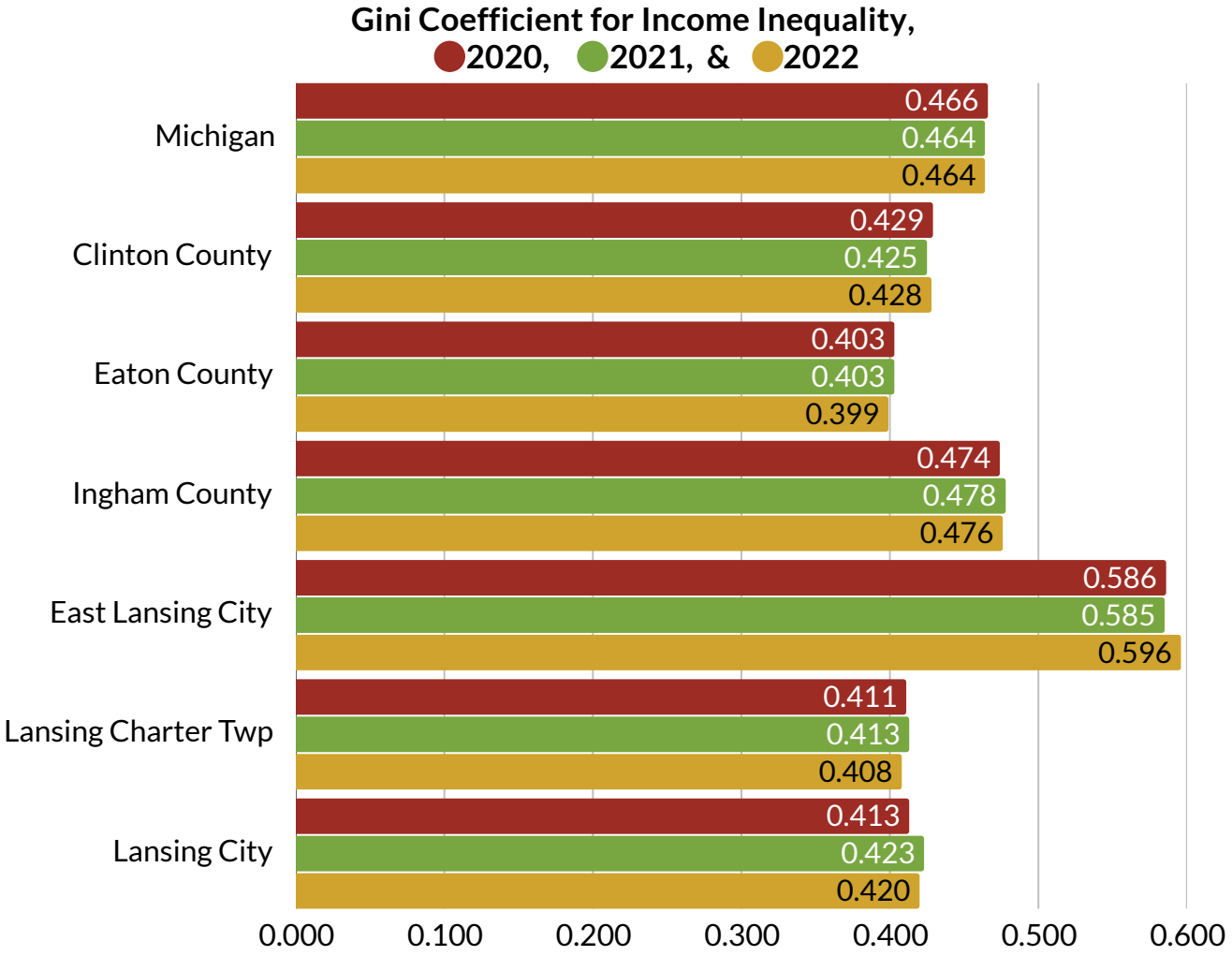
At the neighborhood level, spatial income inequality is neither intrinsically bad nor good. There is not much income inequality in neighborhoods consisting of new high-priced houses; nor is there much in neighborhoods consisting of low-rent private or public housing. However, across a region or community, high levels of income inequality may affect health outcomes.

Income inequality may have negative consequences for the poor. The movement of high-income earners away from the low income earners, for example, may leave low income earners with relatively few jobs or reduce the extent to which the middle class and the rich confer positive effects on the poor, such as tax revenue, charitable and cultural investment, and business investment. Diversity in incomes among neighbors can enhance the social environment by improving distribution of role models, and providing positive social networking opportunities.

INCOME DISTRIBUTION (CONTINUED)



Income inequality is similar throughout the majority of the tri-county area, with a Gini coefficient ranging from 0.399 to 0.428 for most geographic areas, below the state. However, there is more income inequality in household incomes for Ingham County and East Lansing, both of which are above the state level.



Income inequality is typically stable in our region. Over the previous three years, most areas experienced nearly unmeasurable changes in income inequality.

SPEAKING OF HEALTH

This section presents the data collected through eight focus groups conducted with traditionally hard-to-survey populations.

FOCUS GROUPS: (54 PARTICIPANTS)

When presented alongside quantitative (numerical) data, qualitative data enriches information by revealing the thoughts and beliefs of community members using their own words. Qualitative data is especially beneficial when gaining the perspective of traditionally vulnerable groups who are often underrepresented when using quantitative survey methodology. This allows researchers to uncover powerful narratives and results in more inclusive storytelling.

Eight focus groups were conducted from March to May 2024. The Project Staff emphasized the importance of gathering feedback from participants representing groups that experience greater health disparities, have greater health needs, or are traditionally hard to survey as well as groups that have been historically - and often strategically - left out of the data collection process

These groups included:

- Individuals Who Are Uninsured or Utilize Medicaid
- Persons with Lived Experience with Substance Use
- Refugee and Newcomer Persons
- Spanish Speakers
- Unhoused Persons
- Persons under 18
- BIPOC (Black, Indigenous, Person of Color)
- Persons with Disabilities

Focus groups were conducted in all three counties in the capital area. Each focus group was tailored to a specific demographic experiencing health disparities, and participants were encouraged to sign up for the focus group that best fit their identity. In Clinton County, focus groups of Unhoused Persons and Persons under 18 were held at DeWitt Township Community Center and Briggs District Library, respectively. In Eaton County, focus groups of Persons with Lived Experience with Substance Use and Individuals Who Are Uninsured or Utilize Medicaid were both held at the Delta Township Library. In Ingham County, focus groups were held at various community centers: Refugee and Newcomer Persons at the Refugee Development Center, Spanish Speakers and BIPOC at Allen Neighborhood Center, and Persons with Disabilities at Capital Area Disability Network. A focus group over Zoom was attempted but discontinued due to a lack of local interest.

Group size ranged in size from 1 to 15 participants. Focus groups were offered in Spanish, Arabic, and Kinyarwanda. The format of the groups was that of an informal discussion where the facilitator asked questions revolving around certain topics, and participants were able to join the conversation as they desired. Participants were encouraged to either write down their answers on a piece of paper (that was later collected and included in the data research) or to answer out loud. All focus group participants were compensated with a $50 gift card to Meijer and provided with either breakfast or dinner.

We are deeply grateful to the organizations and individuals who generously assisted us in coordinating and recruiting participants for these focus groups. Their support has been instrumental in amplifying the voices of our community.

Focus groups were recorded and transcribed through the Zoom videotelephony software program. Thematic analysis performed on these data by the Project Staff's qualitative team. Thematic analysis is a qualitative data analysis method that involves reading through a data set (in this case, transcripts of the focus group discussions) and identifying patterns in meaning across the data to derive overarching themes.

The focus groups were analyzed by both NVivo Qualitative Data Analysis Software and by qualitative team members. Thematic analysis was completed by each member of the qualitative team by following the steps below. Each focus group was assigned a qualitative team member and was reviewed by a different team member. Throughout the following process, relevant quotations were pulled out to support identified themes:

- Initial reading of data
- Generation of initial codes
  - Coding involves assigning labels to segments of data that capture specific ideas
  - Identify codes that represent key elements of the data
- Creation of themes by grouping similar codes together based on underlying concepts
- Peer (other qualitative team members) Review of initial codes and themes identified by initial reviewer
- Define and name themes

TRANSLATED FOCUS GROUPS:

While most of the focus groups were conducted in English, three were offered in other languages: Spanish, Arabic, and Kinyarwanda. The Spanish Speakers focus group was held with an interpreter - who was not needed as participants spoke English (as a first language) as well as Spanish fluently. Thus, the discussion was held in English. Focus groups were also offered in Arabic and Kinyarwanda and were translated and transcribed to English by the translators after the focus groups. The English translation is what is quoted in this document.

THEMATIC SUMMARY BY QUESTION:

Note: Questions may have been adapted or probed further based on participant responses.

Has there been a time recently when you or someone you know needed care, but could not get it? What barriers prevented this?	
Theme	**Quotes**
Long Wait Times	"We've been on the waiting list for over a year." "We'll drive an hour, we'll drive down or whatever it's going to take to get my son an appointment."
Cost of Services	"But we can't even get in the door because we just don't even have $55 to cover the appointment copay." "I'll miss physical therapy for, you know, however long we have to so my husband can get his medicine. But this is stressful."
Transportation	"Well, there was one doctor, in like a 150 mile radius." "I looked for someone who will give me a ride there and to translate for me, but I couldn't find the person and that day my appointment was canceled because it didn't have anyone who would take me there and translate for me."
Barriers to Healthcare	"But once we left one state to another state, everything stopped. We had to restart everything. They didn't care that we had a diagnosis. They didn't care that we were going through services already. To this day, my son is not receiving any services in Michigan." "But I think... allowing regular accommodations for people with disabilities like a private room in either hospital or a doctor's office so that they don't get overwhelmed or overstimulated by the environment around them and everything."
Insurance	"They don't take the Medicaid I had and they'll tell me to call somewhere else. And my son still had a big problem and we did not get help."
Substance Use Recovery	"There aren't many [recovery] options for women." "I feel like our systems are oriented in a way that we push certain people away, and I don't think that individuals who are transgender or non-binary are going to even seek out those kinds of services."

What are some important health issue(s) that you or people in your community have experienced?	
Theme	**Quotes**
Mental Health	"Sometimes people's biases will affect their [recovery] treatment - obviously it does. They think that mental health isn't as important." "Well, coming into the jail, about 65 to 70% are co-occurring disorders between mental health and substance abuse." "And now I have to see therapy because it's like it's a real strain on us parents and we're trying to stay strong and trying to get help. But when you have people that really don't understand the special needs community and the resources that they need, they really take a toll on one's family." "That [being unhoused] makes me depressed because now I have to sleep in my vehicle because I can't get a bed, and be warm, and not get frostbite." "No mental health support or anything like that [in the schools]."
Discrimination	"I think they're doing this to me because I'm African American [not taking pain seriously]." "I mean like it, it's sad but true that people believe that Black people can handle pain better." "They'll ask me questions like they're [person with disabilities] not even there. I had some guy take a card out of her hand and start swiping it for her. He really thought he was helping, but like, we want to do that." "There's the idea that unhoused people are not a part of our community, not our neighbors, and that they're not a part of society. It's like a huge health crisis."
Housing	"I have severe depression, so not being able to have my own place and having to jump from house to house, couch to couch, or even from Walmart parking lot to Walmart parking lot in my vehicle. It just adds to the depression and then it gets traumatizing." "The entire experience of being unhoused and the longer it goes on, the more traumatizing, the more it really beats you down. It can really turn someone into a shell of a person because just the amount of obstacles that arise the moment you lose housing is enormous."

What are some examples of strengths and resources that exist in your community?	
Theme	**Quotes**
Cost of Services	“Community Mental Health has a sliding scale fee”
Resources	"211 is great. I call them for anything. If I hear about an agency paying bills and utilities, I'm going to call 211." "The VA actually has an ideal model for assisting unhoused people because they have total wraparound services. There's clinical services for your health, for your mental health services. It's all housed in one building. They're your caseworkers, your doctors, your therapists, they're everywhere." "So it's really exciting to see that the Capital Area District Library is very inclusive and very welcoming." "There's an actual [group] called Third Place for LGBTQ people, every Friday, for youth... I think it's a hangout type of thing and safe space. I know a therapist is there and she's open, talking to anybody if they need to talk."

What larger forces of change (i.e. things outside of your control) are happening in the community that is contributing to the health issue(s), particularly among those who are most impacted?	
Theme	**Quotes**
Transportation	"Why can't there be a pain clinic that I can go to that's within 15-20 minutes of my house? But they're trying to send me to Jackson or Okemos. Like there's got to be something around here that I can go to." "Even when I was with DHS, the transportation was just, it is still a huge barrier. Even with Eatran, it's still a pretty sizable barrier [in rural areas] because their service area within Eaton doesn't encapsulate the whole thing [county].”
Access to Care	"A lot of us are struggling with getting specific medication that we have been on for years or we rely heavily. "
Barriers to Housing	"All of these are development companies buying up land or strip malls that are already there that have absolutely nothing, where the city or county could take that over and then turn it into something useful." "There's red tag houses all throughout Ingham County. Let's convert some of them into duplexes. Let's get some of those ready for family rentals." "There's not enough money, not enough housing."

How can the strengths and resources discussed earlier be used to help improve the health issue(s)?	
Theme	**Quotes**
Transportation	"Now, I can take myself grocery shopping, go to work, and take my kids to their appointments. Learning to drive has been a big help to me." "Some programs offer coupons to use Lyft as an option to get to the social security office or like other appointments, but then that leads into, well, will they still have their phone on the day of their appointment so they can schedule their pickup?"
Healthcare Barriers	"I think sometimes or more often, I guess I should say, the coordination of care with inside agencies, there are problems and I feel like agencies sometimes can make barriers to treatment because of the way this process is set up or we're only here until 5:00 or, "Oh, I can't do that," and they transfer you to somebody else and now that potential client has to start over and share everything." “I don't really know where to go [for healthcare], a lot of times, and maybe this is something to work on, if we [patients] had a better relationship with those services [hospitals and doctors], it would make it easier.”
Education	"We need to do a better job of teaching someone how to be a parent in those 1st couple weeks to months and how important it is to have follow up at your pediatrician. A lot of times they don't know how important that is."
Housing	"The Housing First model has a significant impact on health outcomes all the way down the road. So we always take the standpoint of if we get that very basic level, ... it's easier for other things [higher needs] to fall into place. Someone will start eating more and if they have a place to prepare food. They may not be cooking, maybe they're still at the campsite, but we start preparing it somewhere. It's like the beginning of new habits, a new way to live differently, better than what you're used to living like." "Statistically speaking, when someone participates in a permanent supportive housing type of program, three years after they've been housed, roughly 88% of any given cohort will still be in housing. They saw like a 90% reduction in interactions with the police. There was a significant drop in visits to emergency rooms and urgent cares. People were utilizing preventative services more, like seeing primary care providers."
Substance Use Recovery	“The way housing impacts people's recovery. I mean there's just not really a great housing option [for individuals in recovery], it feels like, anymore.” “I think that's [education of substance use recovery] going to be the biggest way to reduce stigma, in all honesty. That's going to be the education of everyone, and what kind of education they need might look different.”
Food Security	"They'll tell you about the food banks. And I was like, okay, even those things don't have grain for your gluten free things that really that makes my son sick."

OVERARCHING FOCUS GROUP SUMMARY

Refugees and Newcomers Focus Group:

The Arabic focus group participants highlighted several significant challenges within the community. Language barriers posed a major obstacle, hindering effective communication with healthcare providers and leading to misdiagnosis and delayed treatments. Long wait times for appointments, particularly urgent care, and limited access to mental health services, especially culturally competent therapists, were identified as critical concerns. The impact of past trauma and ongoing stress on mental health was also a prominent theme, with many participants sharing their experiences in refugee camps and the difficulty of adapting to a new way of life. Participants expressed frustration with housing issues, such as delayed maintenance and repairs, and financial strain due to low income and high living costs.

The Kinyarwanda focus group highlighted several significant challenges faced by the community, primarily related to language barriers, healthcare access, and financial constraints. Participants reported difficulties accessing healthcare services due to language barriers as many expressed being unable to communicate effectively with healthcare providers. This often led to miscommunication, delayed appointments, and inadequate care. Additionally, financial constraints, such as high healthcare costs and limited insurance coverage, prevented many from seeking necessary medical attention. The focus group also discussed the impact of COVID-19 on the community including job losses, school closures, and increased stress. Despite these challenges, participants expressed gratitude for community resources like Medicaid and the RDC, both of which provided essential support and assistance.

Youth Focus Group:

The focus group highlighted several key issues related to health and well-being for those under 18. They emphasized the importance of privacy and autonomy in healthcare decisions, particularly for adolescents. Language barriers, transportation challenges, and fear of parental repercussions were identified as significant barriers to accessing healthcare services. The youth also discussed the need for increased mental health support, including counseling and therapy services, as well as improved school climate and bullying prevention programs. They expressed concerns about the lack of consequences for bullying behavior and the need for more effective disciplinary measures. Additionally, the focus group highlighted the importance of community resources and support systems, such as after-school programs, mentorship programs, and youth-friendly spaces. They emphasized the role of social media in disseminating information and reaching young people, and suggested that youth-led organizations could be effective channels for community engagement and feedback.

BIPOC Focus Group:

The focus group participants identified several significant barriers to health and well-being, including systemic issues such as housing affordability, healthcare access, and income inequality. They emphasized the impact of social determinants of health, such as racial discrimination, poverty, and lack of access to healthy food, on overall health outcomes. The participants highlighted the importance of community-based resources and partnerships in addressing these challenges. They emphasized the need for increased collaboration between community organizations, healthcare providers, and government agencies to improve access to care, reduce health disparities, and promote health equity. Participants also discussed the role of individual empowerment and advocacy in improving health outcomes. They stressed the importance of education, literacy, and critical thinking skills in navigating complex healthcare systems and making informed decisions about health.

Individuals who are Uninsured or use Medicaid:

The focus group participants identified several significant barriers to accessing healthcare and social services, including long wait times for appointments, difficulty navigating complex healthcare systems, inadequate insurance coverage, and systemic issues such as housing instability and food insecurity. They also highlighted the challenges faced by individuals with disabilities, particularly in accessing appropriate education and support services. The participants emphasized the need for increased mental health support and reduced stigma associated with mental illness. Furthermore, the group discussed the impact of systemic racism and socioeconomic disparities on health outcomes. They highlighted the importance of addressing these underlying issues to improve overall health and well-being. Participants also emphasized the need for greater awareness and understanding of the social determinants of health.

Persons with Lived Experience of Substance Use:

The focus group participants highlighted several needs within the community including increased access to peer recovery coaching, affordable housing, mental health services, and transportation. They also emphasized the importance of addressing stigma surrounding substance use disorders and improving coordination between different service providers. Additionally, participants called for more education and awareness about substance use disorders and recovery, particularly for family members and loved ones.

Spanish Speakers:

The focus group highlighted several key challenges faced by Spanish-speaking patients in the Tri-county area. These include limited access to Spanish-speaking providers, language barriers, cultural misunderstandings, and insurance limitations. Additionally, the influx of new immigrants has placed further strain on healthcare resources. To address these challenges, participants suggested increasing the number of bilingual providers, improving translation services, and providing cultural competency training for healthcare professionals. Finally, the group highlighted the need for increased focus on preventative care, particularly for newborn health and addressing social determinants of health such as housing and food security.

Unhoused Persons:

The focus group participants discussed the numerous challenges faced by individuals experiencing homelessness. One significant barrier is the difficulty in obtaining essential identification documents, which are necessary for accessing healthcare, housing, and other vital services. Additionally, participants highlighted the challenges of navigating complex healthcare systems and the stigma associated with homelessness, which can lead to discrimination and limited access to care. Housing instability was another major concern; participants discussed the constant struggle to find safe and affordable housing. This instability can have a significant impact on mental health, leading to increased stress, anxiety, and depression. Systemic barriers like inefficient bureaucracies and limited resources can hinder access to essential services and support. The participants emphasized the importance of community support and collaboration in addressing homelessness. They called for increased funding for housing and social services, as well as greater awareness and understanding of the challenges faced by individuals experiencing homelessness.

Persons with Disabilities:

This focus group's participants discussed how living with a disability of any kind can impact your day-to-day life, how people treat you, and the care that you receive. Participants shared personal experiences highlighting challenges in accessing healthcare and support services. Key issues included long wait times for appointments and services, difficulties with transportation, lack of provider understanding and accommodation for diverse disabilities, and discrimination in employment opportunities. Participants also identified strengths such as the development of inclusive playgrounds and improved ADA compliance in certain areas. The discussion underscored the need for greater accessibility, understanding, and support for people with disabilities in the community.

COMMUNITY INPUT

This section provides perspectives on health gathered from various community outreach activities.

COMMUNITY SURVEY:

The Healthy! Capital Counties Workgroup sought to provide an opportunity for the community to give their input about the state of health in the tri-county area. To make participation as easy as possible, both an online and hard-copy of the survey were created; questions asked pertained to the defining characteristics of a healthy community, the most important health problems in their county of residence and county of employment, what residents want to see improved, access to health resources, social needs, and health care barriers.

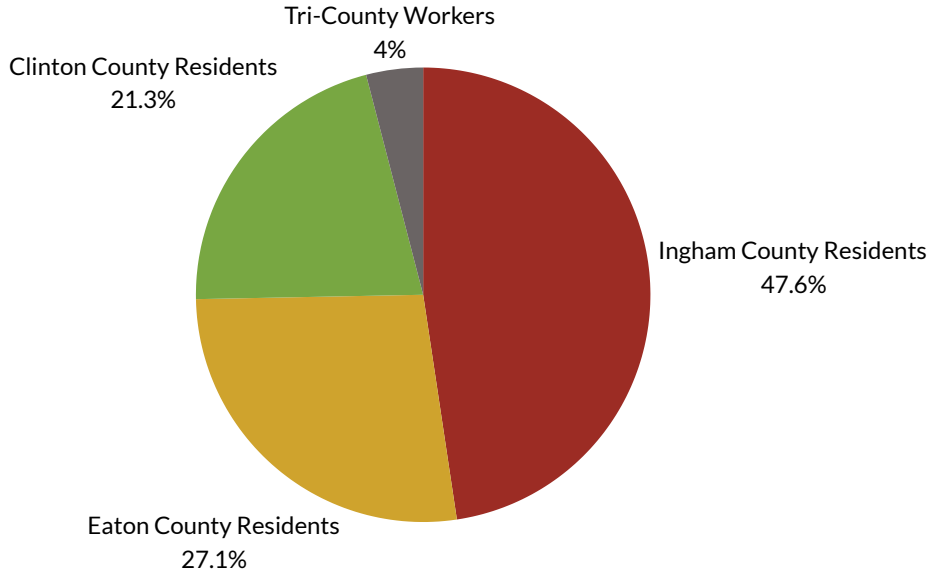
The community survey was available from April 15th, 2024 to May 31st, 2024 to people who lived or worked in the tri-county area. The 18-question survey asked participants about what they thought are the characteristics of a healthy community; what are the substantial health problems in their community; how to address social needs in health care; barriers to receiving quality healthcare; and their ability to access health-related and other community resources. Participation was solicited via the following methods:

- Posting on the Healthy! Capital Counties website – www.healthycapitalcounties.org
- Email invitation to the Healthy! Capital Counties Listserv
- Email and personal invitations to various partner agencies and coalitions within Clinton, Eaton, and Ingham Counties
- Press releases published by each of the 3 partner health departments
- Social media posts on health department and hospital partner websites
- Boosted Facebook advertisements within the tri-county area
- Printed flyers at various coalition meetings, popular community spaces (like coffee shops, community centers, and colleges) community events, and health department locations
- Promoted in-person at a Lansing Lugnuts baseball game
- Text message blast to Ingham County Community Health Center patients
- Spanish surveys given to Cristo-Rey clinic for Spanish-speaking clients

PARTICIPANT DEMOGRAPHICS:

569 responses were collected from those who lived or worked in Clinton, Eaton, and Ingham Counties. Ingham County residents made up 47.6% (271) of respondents, 27.1% (154) of respondents reported living in Eaton County, and 21.3% (121) of respondents live in Clinton County.

Fewer than 20 people answered the survey who live in a different county but work in the tri-county area, making them still eligible for participation.



PROVIDER SURVEY:

A specific effort was made to garner insight from local health care providers about the health of the community. Health care providers from the tri-county area were encouraged to participate in an online survey that asked about the characteristics of a healthy community, the most important health problems in their community, factors affecting patient health, referrals to other community resources, social needs of patients, and health care barriers. Previously, the Provider Survey had only been promoted to the three hospital systems (UM Health-Sparrow, McLaren, and Eaton County Medical Center), but this year the survey was open to all providers. This included but is not limited to: dentists, emergency room personnel, dieticians, nurses, nurse practitioners, doctors, osteopathic medicine, therapists, and more.

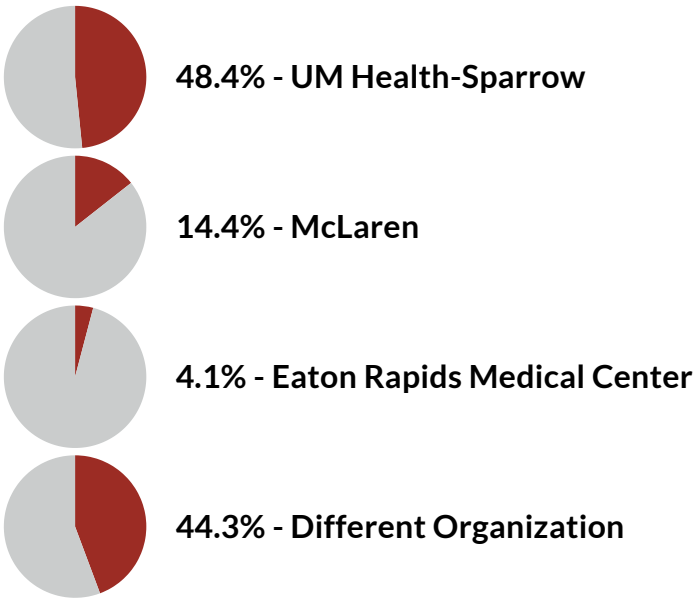
Health care providers were invited to complete the online survey via communication from their hospital system or through promotion of the CHA survey. The provider survey was available from April 15th, 2024 to May 31st, 2024. The 17-question survey asked providers about:

- Characteristics of a health community;
- Observed barriers keeping patients from progressing toward their health goals;
- Observed barriers they see to patients accessing health care;
- Which community resources, if any, to which they refer their patients; and
- Any other specific issues and concerns.

PARTICIPANT DEMOGRAPHICS:

107 responses were collected from Providers. It is common for providers to be affiliated with multiple hospitals, and participants were asked to mark any hospitals with which they were affiliated. A total of 48.4% of respondents were affiliated with UM Health-Sparrow, while 14.4% were affiliated with McLaren, 4.1% were affiliated with Eaton Rapids Medical Center, and 44.3% were affiliated with a different organization (which included private practice, Community Mental Health, all 3 health departments, Michigan State University, and more).

Provider Affiliation:



ASSET INVENTORY

Identifying and utilizing community resources are a crucial part of our comprehensive Community Health Assessment and Improvement Planning process.

OVERVIEW

This asset inventory was originally compiled by the 2012 Community Advisory Committee on March 1, 2012 as part of the 2012 H!CC Community Health Assessment. The asset inventory continues to be reviewed and updated in subsequent Healthy! Capital Counties cycles, with additions as needed.

This cycle, the steering committee updated the food asset map and created a housing resource asset map for the tri-county area. Food and housing resources were chosen to be an asset map because of a high volume of resources available in the tri-county area and high need based on CHA data. Two separate, interactive asset maps have been included as products of this activity. The interactive Google Maps are currently available on the Healthy! Capital Counties website. These maps will not be continually updated and instead will serve as a reference to "point in time" data from November 2024.

This inventory will be used as part of the Community Health Improvement Planning process to explore the breadth and depth of community assets and resources that may be mobilized to address community health needs.

WHAT IS AN ASSET?

An asset is anything that improves the quality of community life. It may be a person, group of people, place, or institution.

INDIVIDUAL ASSETS

Personal assets held by each person residing in the three counties. Often personal assets may be leveraged into citizen and institutional assets through effective community organizing.

CITIZEN ASSETS

Assets held by small groups of people united around a common purpose, often closely tied to place, age, common identity, etc. Grassroots associations, neighborhood associations, cultural organizations, faith-based organizations, parent organizations, and youth organizations all may fit this distinction.

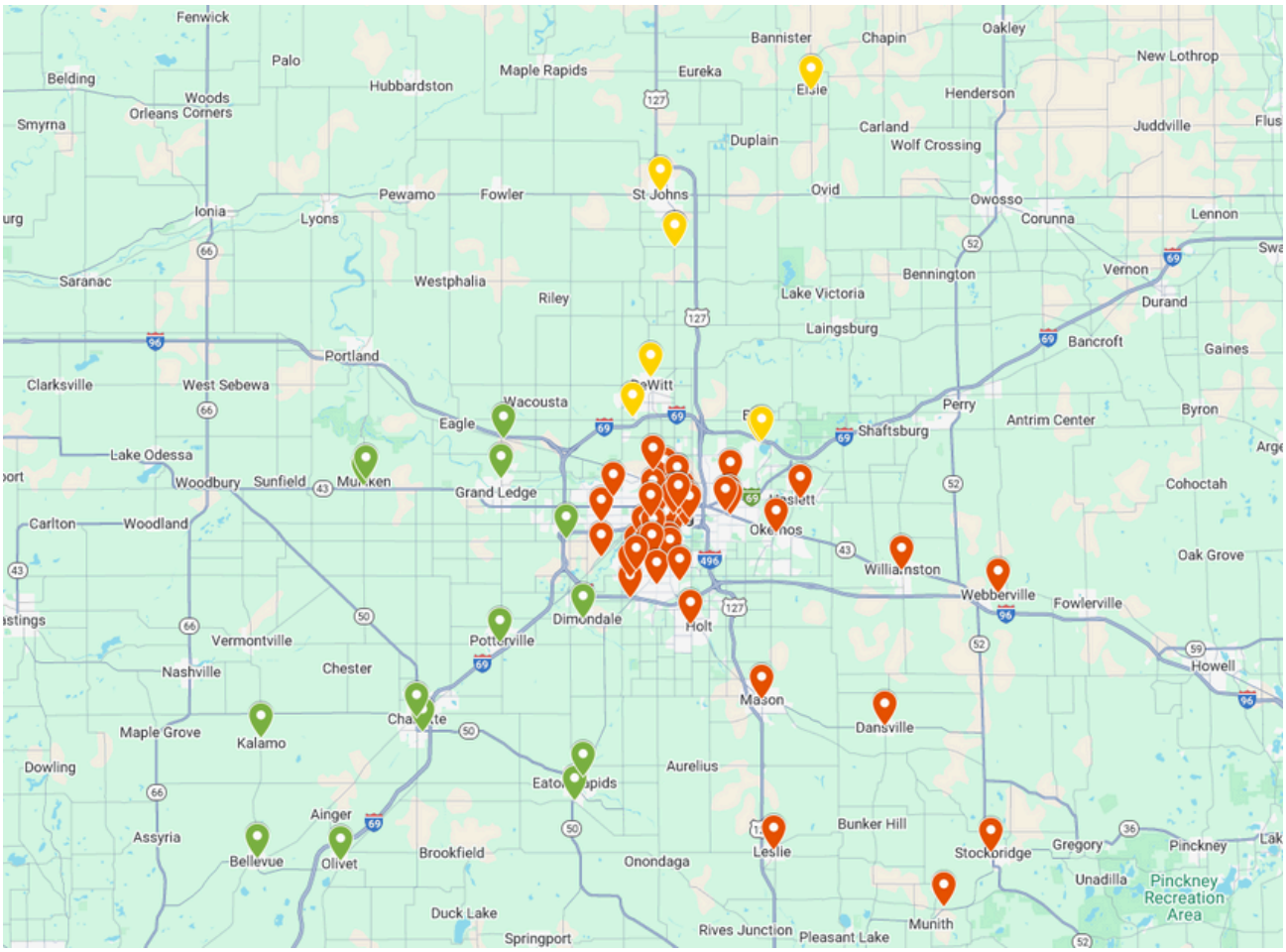
INSTITUTIONAL ASSETS

Assets held by institutions in the community. These institutions are often well-established groups, employers, or governmental entities, and they include both for-profit and not-for-profit organizations. Some institutions under this definition are in fact groups of institutions — assets belonging to these groups are labeled 'organizational' assets.

ASSET INVENTORY PROCESS

Using Asset Inventories established in prior CHA cycles as a baseline, members of the steering committee identified outdated resources to be removed and sought out new assets identified since the last CHA report. This was accomplished in large part through cross-referencing the most recent CHA Inventory with resource guides compiled by partner organizations including the Ingham County Health Department's Housing Resource Guide and Eaton Regional Services Educational Agency's Tri-County Resource Guide. Committee members reviewed historical Inventories' assets for accuracy using a combination of phone calls and internet searches. Assets found to no longer function were removed from the Inventory, and Assets found to be functional yet missing from historical Inventories were added to the Inventory and the Asset Maps.

FOOD RESOURCES



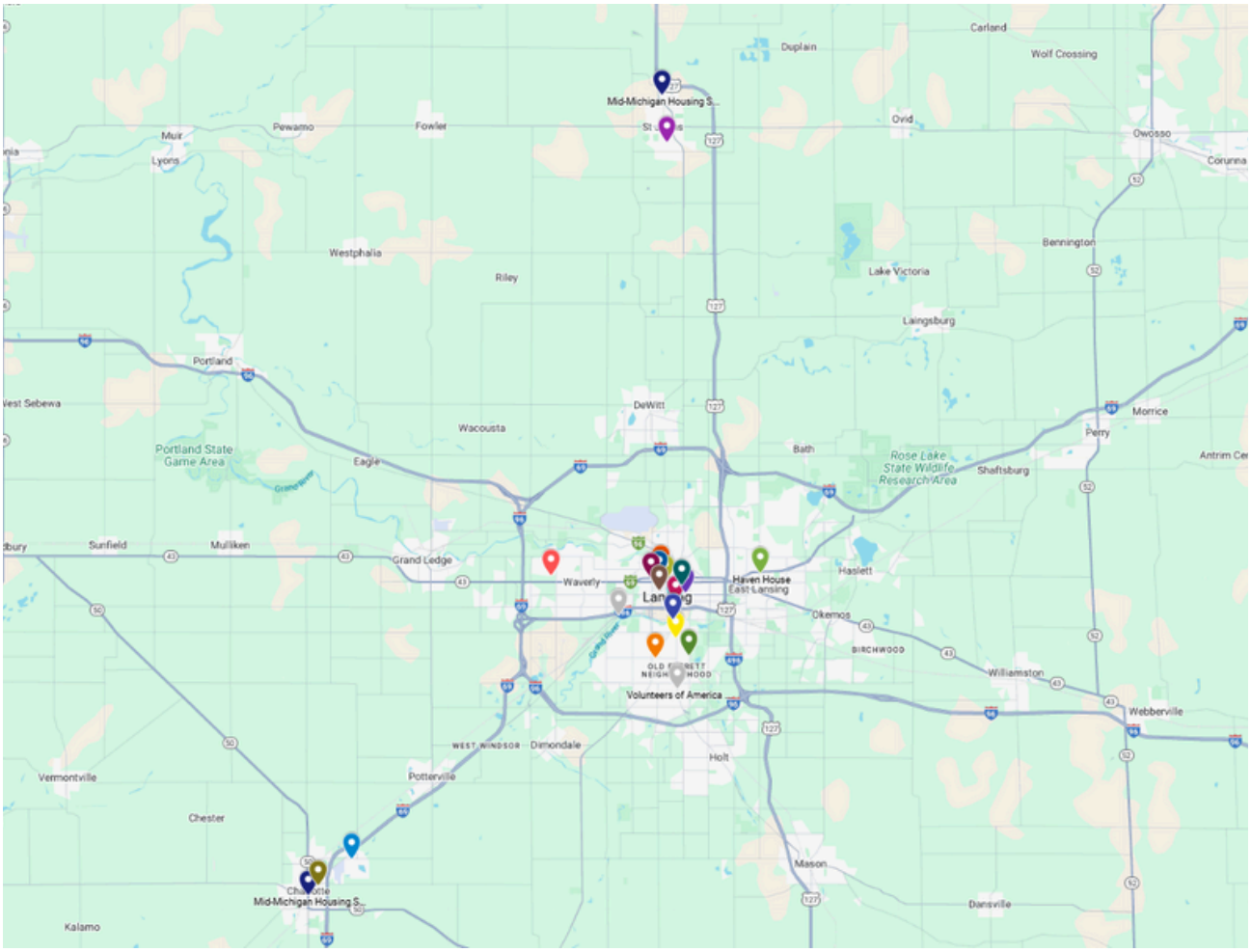
A map of the locations for food pantry and distribution sites in the tri-county area.

The map above is interactive, please scan the QR code or visit the link below to learn more about each location:

bit.ly/HCCFoodResourcesMap

SCAN ME!

HOUSING RESOURCES



A map of housing support resources in the tri-county area.

The map above is interactive, please scan the QR code or visit the link below to learn more about each location:

bit.ly/HCCHousingResourcesMap

SCAN ME!

PRIORITIZATION OF HEALTH NEEDS

The steering committee and project stakeholders went through a process to distinguish the most pressing community health needs based on the data presented.

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The steering committee and project stakeholders went through a process to distinguish the most pressing community health needs based on the data presented.

PRIORITIZATION METHODOLOGY:

The 2024 Healthy! Capital Counties Community Health Assessment produced a variety of data from numerous sources about the health issues affecting the community. The report was used to identify health issues to prioritize by the steering committee and stakeholders. This cycle, a new prioritization method was introduced to make a more equitable choosing of priority areas with a greater focus on what our community stakeholders can and want to work on over the next cycle.

The steering committee first created possible priority areas based on data gathered and previously chosen priority areas to create a wide range of possible priority areas. The goal of prioritization is to narrow down the possible priority areas to a manageable number so the CHIP can address the most critical needs of the community. The project steering committee utilized the Strategy Grids method, as outlined below:

- Identified the criteria of “Impact” and “Feasibility”. Competing priorities were evaluated against how well this set of criteria is met.
- Creation of a grid – A grid was created with four quadrants and assigned “Impact” to one axis and “Feasibility” to the other. Created arrows on each axis to indicate “high” or “low” on the grid.
- Labeled quadrants – Based on the axes, labeled each quadrant as either ‘High Impact/High Feasibility,’ ‘High Impact/Low Feasibility,’ ‘Low Impact/High Feasibility,’ ‘Low Impact/Low Feasibility.’
- Categorize & Prioritize - Place competing priorities in the appropriate quadrant based on the quadrant labels.

IDENTIFYING THE CRITERIA:

The criteria for identifying our priorities are Feasibility and Impact. These were chosen by the H!CC steering committee through consensus. By focusing on the severity and potential impact of health issues, the "Impact" criterion ensures that resources are allocated to the most critical problems. The "Feasibility" criterion, on the other hand, considers practical factors like resource availability and implementation capacity, ensuring that chosen priorities are achievable and sustainable. This combined approach allows for the selection of health interventions that are both impactful and realistic, maximizing the positive impact on community health.

IDENTIFYING THE ISSUES TO BE EVALUATED:

There were 41 quantitative data indicators in the report, which the steering committee agreed was too many to prioritize through Strategy Grids. The workgroup decided to focus on indicators that were brought up during the focus groups as themes, were feasible to work on with our community partners, and would impact our community. Through group discussion and consensus, the steering committee combined the quantitative indicators into 8 possible priorities. This led to the creation of the Data Briefs with the following set of 8 health issues:

- Housing
- Healthcare Access
- Mental Health
- Substance Use
- Access to Healthy Foods
- Social Connection
- Safety
- Child Health

SELECTING PRIORITY AREAS:

H!CC adopted a new approach to priority area selection this cycle to ensure equitable decision-making. All information from the focus groups, surveys, and secondary data was first brought to the steering committee, who collaboratively discussed each possible priority area. This method aimed to mitigate potential biases and ensure a comprehensive selection process. The steering committee employed Strategy Grids and consensus-building to determine priority areas, with unresolved issues to be voted on by the larger stakeholder group. Ultimately, the steering committee unanimously selected two priority areas: Access to Care and Behavioral Health, both of which were also prioritized in the previous cycle. The steering committee was unable to reach a consensus on the final two possible priority areas: Housing and Food Access. This was then brought to the larger stakeholder group at the Data Party for a final vote.

ENGAGING STAKEHOLDERS IN SELECTING PRIORITIES:

All H!CC members were encouraged to attend and invite key stakeholders and community partners to the Data Party. The Data Party's goal was to share and present information and data gathered from the focus groups, community survey, and gathered indicator data along with finalizing the last priority area. Invitees were generally H!CC stakeholders, worked for a community organization, and/or were appointed or elected officials (such as City Council members, Board of Health members, etc.). The meeting was advertised on social media from all three health departments, flyers at community organizations and gathering locations, via email to H!CC email listserv, at local coalition meetings, and press releases.

At the Data Party, steering committee members shared findings from the data through a presentation, data briefs, and printed materials to data party participants. This included focus group findings, results from all three surveys, and secondary data. They were encouraged to evaluate the data using the impact and feasibility criteria, which would later inform prioritization through Strategy Grids.

To finalize the priority areas, participants were presented with two options to choose from: Housing and Food Access. They were asked to review each issue on their own or with other people from their organization and complete a Strategy Grid to aid in their decision. Each organization was given one vote, which could be split among multiple representatives if they chose different priorities. A weighted vote determined the final priority area, which was announced by a steering committee member.
21 total organizations voted at the data party. The final vote was 12.6 votes for Housing and 8.4 votes for Food Access. This informed the decision to choose the final priority area, Housing.

FINAL LIST OF HEALTH PRIORITIES

ACCESS TO CARE
BEHAVIORAL HEALTH
HOUSING

THANK YOU


Barry-Eaton District
Health Department
Be Active • Be Safe • Be Healthy


Eaton Rapids
Medical Center


Ingham County
Health Department


McLaren
GREATER LANSING


Mid-Michigan District
HEALTH DEPARTMENT
CLINTON • GRATIOT • MONTCALM


UNIVERSITY OF MICHIGAN
HEALTH-SPARROW
MICHIGAN MEDICINE

APPENDIX

Community Partner Organizations

Our community partners were involved at various stages of the CHA process, from completing the community partner survey to participating in the Data Party and Prioritization session.

Allen Neighborhood Center
Ambrose Care Management
American Red Cross
AmeriCorps VISTA ICHD
Balanced Health Chiropractic Center, PLC
Barry County Community Mental Health Authority
Barry-Eaton District Health Department
Briggs District Library
Burcham Hills Center for Health and Rehab
Capital Area Community Services
Capital Area Health Alliance
Care Free Medical
Caring & Sharing Family Life Services
Clinton Area Transit System
Clinton County
Clinton County Regional Education Service Agency
Community Mental Health Authority of Clinton, Eaton, and Ingham Counties
Corewell Health Greenville Hospital
Cristo Rey Community Center
Delta Township
East Lansing Public Library
Eaton Rapids Medical Center
Eaton Regional Education Service Agency
Fresenius Medical Care
Get ‘Em and Go Plus More LLC
Grand Ledge Public Schools
Great Start Readiness Program
Hazel I. Findlay
Healthy! Capital Counties Access Group
Holt Public Schools
Ingham County Health Department
Ingham Health Plan Corporation
Lansing Housing Commission
McLaren Greater Lansing Hospital
McLaren Orthopedic Hospital
MediLodge of Campus Area
Michigan Department of Health & Human Services
Michigan Health & Hospital Association
Michigan State University
Michigan State University Institute for Health Policy

Mid-Michigan District Health Department
MyMichigan Medical Center Alma
Next Generation Family Services
North Star Birthing Services
Peace and Prosperity Services LLC
Peckham, Inc.
Rooted Counseling
St. Vincent DePaul Society
St. Vincent Food Pantry
Sugar Smart Coalition
Tri-County Office on Aging
The Reading People / Capital Area Literacy Coalition
Turning Leaf Behavioral Health Services
University of Michigan Health - Sparrow Eaton(formally Sparrow Eaton Hospital)
University of Michigan Health - Sparrow Carson (formally Sparrow Carson Hospital)
University of Michigan Health - Sparrow Clinton (formally Sparrow Clinton Hospital)
University of Michigan Health - Sparrow Ionia (formally Sparrow Ionia Hospital)
University of Michigan Health - Sparrow Lansing (formally Edward W. Sparrow Hospital)
University of Michigan Health - Sparrow Specialty Hospital (formally Sparrow Specialty Hospital)
Veterans Affairs
Windsor Township Emergency Services
Women’s Center of Greater Lansing

Focus Group Discussion Guide

Medicaid-Eligible or Uninsured Persons

Focus Group Title: Medicaid-Eligible or uninsured persons (Eaton)

Date/Time: May 15th from 4:30 - 6:00 pm

Location: Delta Twp. District Library

Discussion Guide

Welcome

Greet people as they enter; invite them to get settled, get name tags, drinks/snacks, sign-in and distribute short demographic survey.

Script

Welcome everyone. Thank you for taking the time to be a part of this focus group for the Healthy! Capital Counties Community Health Needs Assessment. Thank [HOST] for sharing your space with us. My name is [FACILITATOR] and I will be facilitating today's session. My colleague, [NOTE-TAKER], is here to take notes and help the session run smoothly. Our main goal today is to listen and learn from you about strengths that exist in the community, what's happening in the community that is affecting your health, and what other actions are needed to improve health. We are going to ask a series of questions and hope to hear each of your perspectives. Today's session is focused on [POPULATION/COMMUNITY/AREA]. When we say "health," we encourage you to think broadly, not just physical health, but also mental, emotional, and social well-being. Your voices, perspectives and priorities are very important to this process and in taking action to improve the community's health. Your decision to participate is completely voluntary. You can leave the discussion at any time for any reason. During the discussion, we invite you to share as much or little as you feel comfortable. We will be recording the discussion and taking notes, but your names will not be associated with any direct quotes. Your identity will be kept confidential, and the information we gather will be kept in a secure location. This information will be used for our community health needs assessment report, and to help prioritize health issues and focus on important actions needed to improve health. At the end, we will provide a form for you to complete to receive a $50 gift card for your participation.

Consent

Ask if there are any questions, and if anyone has concerns about recording the session. After answering questions, ask participants to verbally confirm whether they would like to participate by verbally saying "yes" or "no."

After consent is given, start recording (zoom and phone).

Guidelines

We ask everyone to please keep the following guidelines in mind during our discussion: 1. What's shared here, stays here. What's learned here, leaves here. 2. We value all points of view and want everyone to be heard. 3. Move up, move back- if you tend to speak a lot, please make sure there is space for others to be heard. If you tend to speak less in groups, we encourage you to look for opportunities to share more. 4. Please listen to and be respectful of each other's opinions and perspectives. 5. Any others that group members would like to add?

Introduction/Icebreaker

We will have a little over an hour and a half for today's discussion. We want to make sure we get through all the questions so we may regroup throughout to help move us along in our discussion at different times. We are here to talk about our personal health, but ALSO about how the community we live in helps people be healthy. Let's go around the room and introduce ourselves by saying our first name (what you prefer to go by) and then saying *what you think is the best thing about living in this community*?

Opening Discussion

To start us off, we'd like to hear your thoughts about resources in our community that connect us to health. When we talk about "health", we're talking about everything in our community that helps us stay healthy. For example, how our schools are doing, the way our neighborhood is built, or how easy it is for people to get to the doctor.

1. **Has there been a time recently when you or someone you know needed care, but could not get it? What barriers prevented this - i.e. insurance, transportation, cost, or another reason?**

What are some important health issue(s) that you or people in your community have experienced? Consider your broad health and specifically around having access to Medicaid or insurance.

[Probe: **<u>If you are uninsured, why are you uninsured?</u>** Access to care, transportation, stigma, access to parks, healthy foods, housing, and education. Are some of these issues more urgent or important than others? If so, why? Are there specific groups of people in your community that are more impacted by the issue(s)? Which groups are these?]

2. **What are some examples of strengths and resources that exist in your community?**

[Probe: What resources are in your community that have helped you to stay healthy regarding insurance? Do you feel comfortable filing for Medicaid or other insurance? If not, what would make you feel more comfortable completing this paperwork? What community services are you aware of and what do you get out of utilizing these services? For example, programs through Habitat for Humanity or Salvation Army? (211 as a backup, health department)]

Transition

The next question is about forces of change and how they are impacting people's health. These can include trends (patterns over time, e.g., decline in affordable housing), events (one-time occurrences, e.g., closure of a clinic), and factors (specific aspects, e.g., presence of a major university.

3. **What larger forces of change (i.e. things outside of your control) are happening in the community that is contributing to the health issue(s), particularly among those who are most impacted?**

[Probe: What has happened historically that has shaped your community today? Have you faced any stigma around not having insurance or having medicaid? How has COVID-19 changed conditions in your community? Have you noticed specific changes or trends recently (e.g., resulting from the pandemic)?

4. **How can the strengths and resources discussed earlier be used to help improve the health issue(s)?**

[Probe: Can you describe an experience you have had with someone or with an organization that helped to improve your health?]

Closing

5. **Can you think of any other ways we can improve the health of our community that we have not already talked about today?**

[Probe: Is there anything else you would like to add that we haven't discussed? Is there anything else we should know?]

If time allows:

What prevents you from getting the help that you need?

End Recording

Wrap-up

Thank everyone again for sharing their time and perspectives.

We will be taking time to look at the notes and listen carefully to what was shared. This information will be used for our community health needs assessment report, and to help prioritize health issues and focus on important actions needed to improve health. Please remember, your name will not be connected to any of the comments you made today. Please let us know if you have any questions or concerns about this.

Share survey QR flyer and code.

Provide the incentive and/or gather information needed to mail/distribute gift cards.

Spanish Speaking Persons

Focus Group Title: Spanish Speaking Persons (Ingham)

Date/Time: April 30th from 6:00 - 8:00 pm

Location: Allen Neighborhood Center

Discussion Guide

Welcome

Greet people as they enter; invite them to get settled, get name tags, drinks/snacks, sign-in and distribute short demographic survey.

Script

Welcome everyone. Thank you for taking the time to be a part of this focus group for the Healthy! Capital Counties Community Health Needs Assessment. Thank [HOST] for sharing your space with us. My name is [FACILITATOR] and I will be facilitating today's session. My colleague, [NOTE-TAKER], is here to take notes and help the session run smoothly. Our main goal today is to listen and learn from you about strengths that exist in the community, what's happening in the community that is affecting your health, and what other actions are needed to improve health. We are going to ask a series of questions and hope to hear each of your perspectives. Today's session is focused on [POPULATION/COMMUNITY/AREA]. When we say "health," we encourage you to think broadly, not just physical health, but also mental, emotional, and social well-being. Your voices, perspectives and priorities are very important to this process and in taking action to improve the community's health. Your decision to participate is completely voluntary. You can leave the discussion at any time for any reason. During the discussion, we invite you to share as much or little as you feel comfortable. We will be recording the discussion and taking notes, but your names will not be associated with any direct quotes. Your identity will be kept confidential, and the information we gather will be kept in a secure location. This information will be used for our community health needs assessment report, and to help prioritize health issues and focus on important actions needed to improve health. At the end, we will provide a form for you to complete to receive a $50 gift card for your participation.

Consent

Ask if there are any questions, and if anyone has concerns about recording the session. After answering questions, ask participants to verbally confirm whether they would like to participate by verbally saying "yes" or "no."

After consent is given, start recording (zoom and phone).

Guidelines

We ask everyone to please keep the following guidelines in mind during our discussion: 1. What's shared here, stays here. What's learned here, leaves here. 2. We value all points of view and want everyone to be heard. 3. Move up, move back- if you tend to speak a lot, please make sure there is space for others to be heard. If you tend to speak less in groups, we encourage you to look for opportunities to share more. 4. Please listen to and be respectful of each other's opinions and perspectives. 5. Any others that group members would like to add?

Introduction/Icebreaker

We will have a little over an hour and a half for today's discussion. We want to make sure we get through all the questions so we may regroup throughout to help move us along in our discussion at different times. We are here to talk about our personal health, but ALSO about how the community we live in helps people be healthy. Let's go around the room and introduce ourselves by saying our first name (what you prefer to go by) and then saying *what you think is the best thing about living in this community*?

Opening Discussion

To start us off, we'd like to hear your thoughts about resources in our community that connect us to health. When we talk about "health", we're talking about everything in our community that helps us stay healthy. For example, how our schools are doing, the way our neighborhood is built, or how easy it is for people to get to the doctor.

1. **What are some important health issue(s) that you or people in your community have experienced?**

[Probe: Where do you go to receive healthcare currently? Access to care, transportation, stigma, access to parks, healthy foods, housing, and education. Are some of these issues more urgent or important than others? If so, why? Are there specific groups of people in your community that are more impacted by the issue(s)? Which groups are these?]

2. **Has there been a time recently when you or someone you know needed care, but could not get it? What barriers prevented this - i.e. translation or language barrier, discrimination, insurance, transportation, cost, or another reason?**

[Probe: If you use a translator, do you feel you are getting the same quality of care as a first language? Do you choose to visit or not visit certain places because of a lack of translator or use of a specific type of translation?]

3. **What are some examples of strengths and resources that exist in your community?**

[Probe: What resources are in your community that have helped you to stay healthy? What community services are you aware of and what do you get out of utilizing these services? For example, programs through Habitat for Humanity or Salvation Army? (211 as a backup, health department)]

Transition

The next question is about forces of change and how they are impacting people's health. These can include trends (patterns over time, e.g., decline in affordable housing), events (one-time occurrences, e.g., closure of a clinic), and factors (specific aspects, e.g., presence of a major university.

4. **What larger forces of change (i.e. things outside of your control) are happening in the community that is contributing to the health issue(s), particularly among those who are most impacted?**

[Probe: What has happened historically that has shaped your community today? How has COVID-19 changed conditions in your community? Have you noticed specific changes or trends recently (e.g., resulting from the pandemic)?

5. **How can the strengths and resources discussed earlier be used to help improve the health issue(s)?**

[Probe: Can you describe an experience you have had with someone or with an organization that helped to improve your health?]

Closing

6. **Can you think of any other ways we can improve the health of our community that we have not already talked about today?**

[Probe: Is there anything else you would like to add that we haven't discussed? Is there anything else we should know?]

End Recording

Wrap-up

Thank everyone again for sharing their time and perspectives.

We will be taking time to look at the notes and listen carefully to what was shared. This information will be used for our community health needs assessment report, and to help prioritize health issues and focus on important actions needed to improve health. Please remember, your name will not be connected to any of the comments you made today. Please let us know if you have any questions or concerns about this.

Share survey QR flyer and code.

Provide the incentive and/or gather information needed to mail/distribute gift cards.

Persons With Disabilities

Focus Group Title: Persons with Disabilities (Ingham)

Date/Time: May 7th from 6:00 - 7:30 pm

Location: Disability Network

Discussion Guide

Welcome

Greet people as they enter; invite them to get settled, get name tags, drinks/snacks, sign-in and distribute short demographic survey.

Script

Welcome everyone. Thank you for taking the time to be a part of this focus group for the Healthy! Capital Counties Community Health Needs Assessment. Thank [HOST] for sharing your space with us. My name is [FACILITATOR] and I will be facilitating today's session. My colleague, [NOTE-TAKER], is here to take notes and help the session run smoothly. Our main goal today is to listen and learn from you about strengths that exist in the community, what's happening in the community that is affecting your health, and what other actions are needed to improve health. We are going to ask a series of questions and hope to hear each of your perspectives. Today's session is focused on [POPULATION/COMMUNITY/AREA]. When we say "health," we encourage you to think broadly, not just physical health, but also mental, emotional, and social well-being. Your voices, perspectives and priorities are very important to this process and in taking action to improve the community's health. Your decision to participate is completely voluntary. You can leave the discussion at any time for any reason. During the discussion, we invite you to share as much or little as you feel comfortable. We will be recording the discussion and taking notes, but your names will not be associated with any direct quotes. Your identity will be kept confidential, and the information we gather will be kept in a secure location. This information will be used for our community health needs assessment report, and to help prioritize health issues and focus on important actions needed to improve health. At the end, we will provide a form for you to complete to receive a $50 gift card for your participation.

Consent

Ask if there are any questions, and if anyone has concerns about recording the session. After answering questions, ask participants to verbally confirm whether they would like to participate by verbally saying "yes" or "no."

After consent is given, start recording (zoom and phone).

Guidelines

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Introduction/Icebreaker

We will have a little over an hour and a half for today's discussion. We want to make sure we get through all the questions so we may regroup throughout to help move us along in our discussion at different times. We are here to talk about our personal health, but ALSO about how the community we live in helps people be healthy. Let's go around the room and introduce ourselves by saying our first name (what you prefer to go by) and then saying *what you think is the best thing about living in this community*?

Opening Discussion

To start us off, we'd like to hear your thoughts about resources in our community that connect us to health. When we talk about "health", we're talking about everything in our community that helps us stay healthy. For example, how our schools are doing, the way our neighborhood is built, or how easy it is for people to get to the doctor.

1. **Has there been a time recently when you or someone you know needed care, but could not get it? What barriers prevented this - i.e. accessibility, discrimination, insurance, transportation, cost, or another reason?**

[Probe: Access to care, transportation, stigma, access to parks, healthy foods, housing, and education. Do you choose to visit certain places based on their ability to accommodate your needs?]

2. **What are some examples of strengths and resources that exist in your community?**

[Probe: What resources are in your community that have helped you to stay healthy? What would make it easier for you to access community resources? What community services are you aware of and what do you get out of utilizing these services? For example, programs through Habitat for Humanity or Salvation Army? (211 as a backup, health department)]

Transition

The next question is about forces of change and how they are impacting people's health. These can include trends (patterns over time, e.g., decline in affordable housing), events (one-time occurrences, e.g., closure of a clinic), and factors (specific aspects, e.g., presence of a major university.

3. **What larger forces of change (i.e. things outside of your control) are happening in the community that is contributing to the health issue(s), particularly among those who are most impacted?**

[Probe: Do you feel like you receive the same quality of care as someone without disabilities? Have you noticed specific changes or trends recently (e.g., resulting from the pandemic)?What are your biggest concerns for the next five years?

4. **How can the strengths and resources discussed earlier be used to help improve the health issue(s)?**

[Probe: Can you describe an experience you have had with someone or with an organization that helped to improve your health?]

Closing

5. **Can you think of any other ways we can improve the health of our community that we have not already talked about today?**

[Probe: Do you feel comfortable requesting accommodations? Is there anything else you would like to add that we haven't discussed? Is there anything else we should know?]

End Recording

Wrap-up

Thank everyone again for sharing their time and perspectives.

We will be taking time to look at the notes and listen carefully to what was shared. This information will be used for our community health needs assessment report, and to help prioritize health issues and focus on important actions needed to improve health. Please remember, your name will not be connected to any of the comments you made today. Please let us know if you have any questions or concerns about this.

Share survey QR flyer and code.

Provide the incentive and/or gather information needed to mail/distribute gift cards.

Black, Indigenous, and Other People Of Color (BIPOC)

Focus Group Title: Black, Indigenous, and Other People of Color (BIPOC) (Ingham)

Date/Time: April 23rd from 6:00 - 7:30 pm

Location: Allen Neighborhood Center

Discussion Guide

Welcome

Greet people as they enter; invite them to get settled, get name tags, drinks/snacks, sign-in and distribute short demographic survey.

Script

Welcome everyone. Thank you for taking the time to be a part of this focus group for the Healthy! Capital Counties Community Health Needs Assessment. Thank [HOST] for sharing your space with us. My name is [FACILITATOR] and I will be facilitating today's session. My colleague, [NOTE-TAKER], is here to take notes and help the session run smoothly. Our main goal today is to listen and learn from you about strengths that exist in the community, what's happening in the community that is affecting your health, and what other actions are needed to improve health. We are going to ask a series of questions and hope to hear each of your perspectives. Today's session is focused on [POPULATION/COMMUNITY/AREA]. When we say "health," we encourage you to think broadly, not just physical health, but also mental, emotional, and social well-being. Your voices, perspectives and priorities are very important to this process and in taking action to improve the community's health. Your decision to participate is completely voluntary. You can leave the discussion at any time for any reason. During the discussion, we invite you to share as much or little as you feel comfortable. We will be recording the discussion and taking notes, but your names will not be associated with any direct quotes. Your identity will be kept confidential, and the information we gather will be kept in a secure location. This information will be used for our community health needs assessment report, and to help prioritize health issues and focus on important actions needed to improve health. At the end, we will provide a form for you to complete to receive a $50 gift card for your participation.

Consent

Ask if there are any questions, and if anyone has concerns about recording the session. After answering questions, ask participants to verbally confirm whether they would like to participate by verbally saying "yes" or "no."

After consent is given, start recording (zoom and phone).

Guidelines

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Introduction/Icebreaker

We will have a little over an hour and a half for today's discussion. We want to make sure we get through all the questions so we may regroup throughout to help move us along in our discussion at different times. We are here to talk about our personal health, but ALSO about how the community we live in helps people be healthy. Let's go around the room and introduce ourselves by saying our first name (what you prefer to go by) and then saying *what you think is the best thing about living in this community*?

Opening Discussion

To start us off, we'd like to hear your thoughts about resources in our community that connect us to health. When we talk about "health", we're talking about everything in our community that helps us stay healthy. For example, how our schools are doing, the way our neighborhood is built, or how easy it is for people to get to the doctor.

1. **Has there been a time recently when you or someone you know needed care, but could not get it? What barriers prevented this - i.e. discrimination, insurance, transportation, cost, or another reason?**

[Probe: Access to care, transportation, stigma, access to parks, healthy foods, housing, and education. Are some of these issues more urgent or important than others? If so, why? Are there specific groups of people in your community that are more impacted by the issue(s)? Which groups are these?]

2. **What are some examples of strengths and resources that exist in your community?**

[Probe: Do you choose to visit certain places based on their ability or inability to treat you equitably? Why do you choose the places you do visit? What resources are in your community that have helped you to stay healthy? What community services are you aware of and what do you get out of utilizing these services? For example, programs through Habitat for Humanity or Salvation Army? (211 as a backup, health department)]

Transition

The next question is about forces of change and how they are impacting people's health. These can include trends (patterns over time, e.g., decline in affordable housing), events (one-time

occurrences, e.g., closure of a clinic), and factors (specific aspects, e.g., presence of a major university.

3. **What larger forces of change (i.e. things outside of your control) are happening in the community that is contributing to the health issue(s), particularly among those who are most impacted?**

[Probe: Do you feel like you get the same quality of care as someone who is not BIPOC? What has happened historically that has shaped your community today? Have you noticed specific changes or trends recently (e.g., resulting from the pandemic)? What are the biggest concerns for you over the next 5 years?

4. **How can the strengths and resources discussed earlier be used to help improve the health issue(s)?**

[Probe: Can you describe an experience you have had with someone or with an organization that helped to improve your health?]

Closing

5. **Can you think of any other ways we can improve the health of our community that we have not already talked about today?**

[Probe: Is there anything else you would like to add that we haven't discussed? Is there anything else we should know?]

End Recording

Wrap-up

Thank everyone again for sharing their time and perspectives.

We will be taking time to look at the notes and listen carefully to what was shared. This information will be used for our community health needs assessment report, and to help prioritize health issues and focus on important actions needed to improve health. Please remember, your name will not be connected to any of the comments you made today. Please let us know if you have any questions or concerns about this.

Share survey QR flyer and code.

Provide the incentive and/or gather information needed to mail/distribute gift cards.

Refugee Persons

Focus Group Title: Refugee Persons (Ingham)

Date/Time: April 25th from 10:00 - 11:30 am

Location: Refugee Development Center

Discussion Guide

Welcome

Greet people as they enter; invite them to get settled, get name tags, drinks/snacks, sign-in and distribute short demographic survey.

Script

Welcome everyone. Thank you for taking the time to be a part of this focus group for the Healthy! Capital Counties Community Health Needs Assessment. Thank [HOST] for sharing your space with us. My name is [FACILITATOR] and I will be facilitating today's session. My colleague, [NOTE-TAKER], is here to take notes and help the session run smoothly. Our main goal today is to listen and learn from you about strengths that exist in the community, what's happening in the community that is affecting your health, and what other actions are needed to improve health. We are going to ask a series of questions and hope to hear each of your perspectives. Today's session is focused on [POPULATION/COMMUNITY/AREA]. When we say "health," we encourage you to think broadly, not just physical health, but also mental, emotional, and social well-being. Your voices, perspectives and priorities are very important to this process and in taking action to improve the community's health. Your decision to participate is completely voluntary. You can leave the discussion at any time for any reason. During the discussion, we invite you to share as much or little as you feel comfortable. We will be recording the discussion and taking notes, but your names will not be associated with any direct quotes. Your identity will be kept confidential, and the information we gather will be kept in a secure location. This information will be used for our community health needs assessment report, and to help prioritize health issues and focus on important actions needed to improve health. At the end, we will provide a form for you to complete to receive a $50 gift card for your participation.

Consent

Ask if there are any questions, and if anyone has concerns about recording the session. After answering questions, ask participants to verbally confirm whether they would like to participate by verbally saying "yes" or "no."

After consent is given, start recording (zoom and phone).

Guidelines

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Introduction/Icebreaker

We will have a little over an hour and a half for today's discussion. We want to make sure we get through all the questions so we may regroup throughout to help move us along in our discussion at different times. We are here to talk about our personal health, but ALSO about how the community we live in helps people be healthy. Let's go around the room and introduce ourselves by saying our first name (what you prefer to go by) and then saying *what you think is the best thing about living in this community*?

Opening Discussion

To start us off, we'd like to hear your thoughts about resources in our community that connect us to health. When we talk about "health", we're talking about everything in our community that helps us stay healthy. For example, how our schools are doing, the way our neighborhood is built, or how easy it is for people to get to the doctor.

1. **Has there been a time recently when you or someone you know needed care, but could not get it? What barriers prevented this - i.e. translation, discrimination, insurance, transportation, cost, or another reason?**

[Probe: Access to care, transportation, stigma, access to parks, healthy foods, housing, and education. Are some of these issues more urgent or important than others? If so, why? Are there specific groups of people in your community that are more impacted by the issue(s)? Which groups are these?]

2. **What are some examples of strengths and resources that exist in your community?**

[Probe: Do you choose to visit certain places based on their ability to treat you equitably? What resources are in your community that have helped you to stay healthy? What community services are you aware of and what do you get out of utilizing these services? For example, programs through Habitat for Humanity or Salvation Army? (211 as a backup, health department)]

Transition

The next question is about forces of change and how they are impacting people's health. These can include trends (patterns over time, e.g., decline in affordable housing), events (one-time occurrences, e.g., closure of a clinic), and factors (specific aspects, e.g., presence of a major university.

3. **What larger forces of change (i.e. things outside of your control) are happening in the community that is contributing to the health issue(s), particularly among those who are most impacted?**

[Probe: Do you feel like you are getting the same quality of care as someone who is not a refugee or newcomer? What has happened historically that has shaped your community today? Have you noticed specific changes or trends recently (e.g., resulting from the pandemic)? What are your biggest concerns over the next 5 years?

4. **How can the strengths and resources discussed earlier be used to help improve the health issue(s)?**

[Probe: Can you describe an experience you have had with someone or with an organization that helped to improve your health?]

Closing

5. **Can you think of any other ways we can improve the health of our community that we have not already talked about today?**

[Probe: How has your sense of community changed since coming here? Is there anything else you would like to add that we haven't discussed? Is there anything else we should know?]

End Recording

Wrap-up

Thank everyone again for sharing their time and perspectives.

We will be taking time to look at the notes and listen carefully to what was shared. This information will be used for our community health needs assessment report, and to help prioritize health issues and focus on important actions needed to improve health. Please remember, your name will not be connected to any of the comments you made today. Please let us know if you have any questions or concerns about this.

Share survey QR flyer and code.

Provide the incentive and/or gather information needed to mail/distribute gift cards.

Persons Under 18 Years of Age

Focus Group Title: Persons Under 18 Years of Age (Clinton)

Date/Time: May 1st from 4:30 - 6:00 pm

Location: Briggs District Library in Saint Johns

Discussion Guide

Welcome

Greet people as they enter; invite them to get settled, get name tags, drinks/snacks, sign-in and distribute short demographic survey.

Script

Welcome everyone. Thank you for taking the time to be a part of this focus group for the Healthy! Capital Counties Community Health Needs Assessment. Thank [HOST] for sharing your space with us. My name is [FACILITATOR] and I will be facilitating today's session. My colleague, [NOTE-TAKER], is here to take notes and help the session run smoothly. Our main goal today is to listen and learn from you about strengths that exist in the community, what's happening in the community that is affecting your health, and what other actions are needed to improve health. We are going to ask a series of questions and hope to hear each of your perspectives. Today's session is focused on [POPULATION/COMMUNITY/AREA]. When we say "health," we encourage you to think broadly, not just physical health, but also mental, emotional, and social well-being. Your voices, perspectives and priorities are very important to this process and in taking action to improve the community's health. Your decision to participate is completely voluntary. You can leave the discussion at any time for any reason. During the discussion, we invite you to share as much or little as you feel comfortable. We will be recording the discussion and taking notes, but your names will not be associated with any direct quotes. Your identity will be kept confidential, and the information we gather will be kept in a secure location. This information will be used for our community health needs assessment report, and to help prioritize health issues and focus on important actions needed to improve health. At the end, we will provide a form for you to complete to receive a $50 gift card for your participation.

Consent

Ask if there are any questions, and if anyone has concerns about recording the session. After answering questions, ask participants to verbally confirm whether they would like to participate by verbally saying "yes" or "no."

After consent is given, start recording (zoom and phone).

Guidelines

We ask everyone to please keep the following guidelines in mind during our discussion: 1. What's shared here, stays here. What's learned here, leaves here. 2. We value all points of view and want everyone to be heard. 3. Move up, move back- if you tend to speak a lot, please make sure there is space for others to be heard. If you tend to speak less in groups, we encourage you to look for opportunities to share more. 4. Please listen to and be respectful of each other's opinions and perspectives. 5. Any others that group members would like to add?

Introduction/Icebreaker

We will have a little over an hour and a half for today's discussion. We want to make sure we get through all the questions so we may regroup throughout to help move us along in our discussion at different times. We are here to talk about our personal health, but ALSO about how the community we live in helps people be healthy. Our goal today is to talk about how health impacts our younger generation, specifically those in high school or under the age of 18. Let's go around the room and introduce ourselves by saying our first name (what you prefer to go by) and then saying *what you think is the best thing about living in this community*?

Opening Discussion

To start us off, we'd like to hear your thoughts about resources in our community that connect us to health. When we talk about "health", we're talking about everything in our community that helps us stay healthy. For example, how our schools are doing, the way our neighborhood is built, or how easy it is for people to get to the doctor.

1. **What barriers do you face as a person under 18? Do you feel like you are able to make your own decisions around your health and/or healthcare? What barriers prevented this - i.e. privacy, parents or guardian, insurance, transportation, cost, or another reason?**

[Probe: Do you feel like you are able to have an honest conversation with your doctor? Trust of medical persons, access to care, transportation, stigma, access to parks, healthy foods, housing, and education.]

2. **What resources are most helpful to you in your community? This could be after school programs, clubs, mentorship, older adults, libraries, or clinics.**

[Probe: Do you choose to visit certain places that do or do not cater to your age group? What community services are you aware of and what do you get out of utilizing these services? For example, programs through Habitat for Humanity or Salvation Army? (211 as a backup, health department)]

3. **Do you have a "third place" to go to - somewhere that is not school or work or home to hang out with friends? Is there a place that you feel the most comfortable at?**

[Probe: Do you have an adult figure in your life that you feel comfortable having difficult conversations with? This could be a parent, relative, friend, or mentor.]

4. **What are your biggest concerns for you over the next five years as a young adult? Do you feel prepared to take the next steps for whatever your plan is after highschool?**

[Probe: Do you think your ability to get and receive health care will change? Do you feel like you will get the support you need? Think about some of your future goals. Are there resources that would help you to achieve your goals in the next five years that you know of?]

Closing

5. **Can you think of any other ways we can improve the health of our community under 18 years of age that we have not already talked about today?**

[Probe: Is there anything else you would like to add that we haven't discussed? Is there anything else we should know?]

End Recording

Wrap-up

Thank everyone again for sharing their time and perspectives.

We will be taking time to look at the notes and listen carefully to what was shared. This information will be used for our community health needs assessment report, and to help prioritize health issues and focus on important actions needed to improve health. Please remember, your name will not be connected to any of the comments you made today. Please let us know if you have any questions or concerns about this.

Provide the incentive and/or gather information needed to mail/distribute gift cards.

Unhoused Persons

Focus Group Title: Unhoused Persons (Clinton)

Date/Time: May 22nd from 6:00 - 7:30 pm

Location: Dewitt Community Center

Discussion Guide

Welcome

Greet people as they enter; invite them to get settled, get name tags, drinks/snacks, sign-in and distribute short demographic survey.

Script

Welcome everyone. Thank you for taking the time to be a part of this focus group for the Healthy! Capital Counties Community Health Needs Assessment. Thank [HOST] for sharing your space with us. My name is [FACILITATOR] and I will be facilitating today's session. My colleague, [NOTE-TAKER], is here to take notes and help the session run smoothly. Our main goal today is to listen and learn from you about strengths that exist in the community, what's happening in the community that is affecting your health, and what other actions are needed to improve health. We are going to ask a series of questions and hope to hear each of your perspectives. Today's session is focused on [POPULATION/COMMUNITY/AREA]. When we say "health," we encourage you to think broadly, not just physical health, but also mental, emotional, and social well-being. Your voices, perspectives and priorities are very important to this process and in taking action to improve the community's health. Your decision to participate is completely voluntary. You can leave the discussion at any time for any reason. During the discussion, we invite you to share as much or little as you feel comfortable. We will be recording the discussion and taking notes, but your names will not be associated with any direct quotes. Your identity will be kept confidential, and the information we gather will be kept in a secure location. This information will be used for our community health needs assessment report, and to help prioritize health issues and focus on important actions needed to improve health. At the end, we will provide a form for you to complete to receive a $50 gift card for your participation.

Consent

Ask if there are any questions, and if anyone has concerns about recording the session. After answering questions, ask participants to verbally confirm whether they would like to participate by verbally saying "yes" or "no."

After consent is given, start recording (zoom and phone).

Guidelines

We ask everyone to please keep the following guidelines in mind during our discussion: 1. What's shared here, stays here. What's learned here, leaves here. 2. We value all points of view and want everyone to be heard. 3. Move up, move back- if you tend to speak a lot, please make sure there is space for others to be heard. If you tend to speak less in groups, we encourage you to look for opportunities to share more. 4. Please listen to and be respectful of each other's opinions and perspectives. 5. Any others that group members would like to add?

Introduction/Icebreaker

We will have a little over an hour and a half for today's discussion. We want to make sure we get through all the questions so we may regroup throughout to help move us along in our discussion at different times. We are here to talk about our personal health, but ALSO about how the community we live in helps people be healthy. Let's go around the room and introduce ourselves by saying our first name (what you prefer to go by) and then saying *what you think is the best thing about living in this community*?

Opening Discussion

To start us off, we'd like to hear your thoughts about resources in our community that connect us to health. When we talk about "health", we're talking about everything in our community that helps us stay healthy. For example, how our schools are doing, the way our neighborhood is built, or how easy it is for people to get to the doctor.

1. **Has there been a time recently when you or someone you know needed care, but could not get it? What barriers prevented this - i.e. accessibility, discrimination, insurance, transportation, cost, or another reason?**

[Probe: Access to care, transportation, stigma, access to parks, healthy foods, housing, and education. Are some of these issues more urgent or important than others? If so, why? Are there specific groups of people in your community that are more impacted by the issue(s)? Which groups are these?]

2. **What are some examples of strengths and resources that exist in your community?**

[Probe: What areas do you choose to visit that may or may not cater to those who are unhoused (shelters, gyms, food banks, warming shelters, etc.). What resources are in your community that have helped you to stay healthy? What community services are you aware of and what do you get out of utilizing these services? For example, programs through Habitat for Humanity or Salvation Army? (211 as a backup, health department)]

Transition

The next question is about forces of change and how they are impacting people's health. These can include trends (patterns over time, e.g., decline in affordable housing), events (one-time

occurrences, e.g., closure of a clinic), and factors (specific aspects, e.g., presence of a major university.

3. **What larger forces of change (i.e. things outside of your control) are happening in the community that is contributing to the health issue(s), particularly among those who are most impacted?**

[Probe: Do you feel like you are getting the same quality of care as someone who is not unhoused? What has happened historically that has shaped your community today? What are your biggest concerns for you over the next 5 years? How has COVID-19 changed conditions in your community? Have you noticed specific changes or trends recently (e.g., resulting from the pandemic)?

4. **How can the strengths and resources discussed earlier be used to help improve the health issue(s)?**

[Probe: Can you describe an experience you have had with someone or with an organization that helped to improve your health?]

Closing

5. **Can you think of any other ways we can improve the health of our community that we have not already talked about today?**

[Probe: How has your sense of community changed since becoming unhoused? What improvements could be made within your community to better accommodate the unhoused population? Is there anything else you would like to add that we haven't discussed? Is there anything else we should know?]

End Recording

Wrap-up

Thank everyone again for sharing their time and perspectives.

We will be taking time to look at the notes and listen carefully to what was shared. This information will be used for our community health needs assessment report, and to help prioritize health issues and focus on important actions needed to improve health. Please remember, your name will not be connected to any of the comments you made today. Please let us know if you have any questions or concerns about this.

Share survey QR flyer and code.

Provide the incentive and/or gather information needed to mail/distribute gift cards.

Eaton County Substance Use Focus Group Discussion Guide

This focus group was used for both the CHA and for Eaton County's Health Assessment regarding people with lived experience of substance use.

People with Lived Experience Focus Group

- How can your community collaborate to fix problems and create a sustainable plan to address problems caused by substance use?
- What opportunities can or would have supported your journey with substance use or recovery?
- What support or resources are helpful for you in your journey with substance use or recovery?
    - Are there any supports or resources you wish you had access to?
- What programs or supports have you tried to access/have accessed?
    - What were the challenges when accessing those services?
    - Were you offered support within your place of work?
- Describe the city in which you live (urban/suburban/rural).
    - Do you face any challenges because of where you live?
- Have you had any issues finding someone to serve you while using substances or while in recovery?
- Are you able to get substance use care in your primary care (PCP) office?
    - Are you able to access medication-assisted treatment in your PCP office?
- What education/information would you like the community (or those without experience) to know about your experience?
- What worked for you and helped you along in your journey?
- What services/support did you want for your loved ones?
    - What supports did you connect your loved ones with?
    - What were the challenges in accessing those services?
- Have encounters with law enforcement led to significant life changes for you or anyone you know?
    - What supports could be helpful during that process?
- What barriers exist around transportation?
    - What could have eased those difficulties?

Community Survey Questions

In this survey, “community” means: *a group of people living in the same place or having a particular characteristic in common.*

33) What county do you live in?
( ) Clinton
( ) Eaton
( ) Ingham
( ) Gratiot
( ) Ionia
( ) Montcalm
( ) Shiawassee
( ) Another county - please specify : _____

34) What county or counties do you work in? Check all that apply.
[ ] Clinton
[ ] Eaton
[ ] Ingham
[ ] Gratiot
[ ] Ionia
[ ] Montcalm
[ ] Shiawassee
[ ] Another county - please specify: _____

35) What is the highest level of education you have completed?
( ) Some high school
( ) High School
( ) Some college
( ) Associate’s Degree
( ) Bachelor’s Degree
( ) Post-Graduate Degree

36) What gender do you consider yourself now? Check all that apply.
[ ] Female
[ ] Male
[ ] Agender
[ ] Genderfluid
[ ] Genderqueer
[ ] Intersex
[ ] Non-binary
[ ] Another identity - please specify : _____

37) Which of the following would you say represents your racial and/or ethnic identity? Check all that apply.

[ ] African
[ ] African American
[ ] Alaskan Native
[ ] Asian
[ ] Black
[ ] Hispanic
[ ] Indigenous
[ ] Latinx
[ ] Middle Eastern
[ ] Native Hawaiian
[ ] Pacific Islander
[ ] White
[ ] Another identity - please specify: _____

38) What is your age?

( ) 18-24
( ) 25-34
( ) 35-44
( ) 45-54
( ) 55-64
( ) 65+

39) Which of the following best represents how you think of yourself? Check all that apply.

[ ] Asexual
[ ] Bisexual
[ ] Gay
[ ] Homosexual
[ ] Lesbian
[ ] Pansexual
[ ] Queer
[ ] Straight or heterosexual
[ ] Another orientation - please specify: _____

40) Do you own or rent your home/apartment? Home is defined as the place where you live the majority of the year.

( ) Own
( ) Rent
( ) Live with extended family or friends
( ) Another arrangement (such as a group home or those who are unhoused)

41) Is the community where you live:
( ) Rural (low levels of people living in one area, often in the countryside, like Ovid, Potterville, or Williamston)
( ) Suburban (locations that build up around the outside of cities, like Grand Ledge, Okemos, or DeWitt)
( ) Urban (cities and towns with high levels of people living in one area, like Lansing)

42) In your opinion, what are the top *three* factors that make a community or neighborhood healthy? Please choose 3.
[ ] Access to healthcare
[ ] Access to healthy and nutritious food
[ ] Affordable healthcare (including dental, vision, and mental)
[ ] Safe and attainable housing
[ ] Arts and cultural events
[ ] Clean environment
[ ] Community connectedness
[ ] Disease/illness prevention
[ ] Financially healthy household
[ ] Good jobs and healthy economy
[ ] Good schools
[ ] Healthy lifestyles
[ ] Immunization
[ ] Low crime/safe neighborhoods
[ ] Safe child environment
[ ] Parks and recreation
[ ] Religious or spiritual wellness
[ ] Strong family life
[ ] Diversity
[ ] Complementary and alternative medicine
[ ] Substance use harm reduction and treatment
[ ] Another factor - please specify: _____

43) In your opinion, what are the top *three* problems that impact your community's health? Please choose only three.
[ ] Challenges related to aging
[ ] Substance use/misuse
[ ] Chronic disease
[ ] Familial violence and/or neglect
[ ] Cost or accessibility of housing
[ ] Firearms
[ ] Unsafe housing

[ ] Infectious disease
[ ] Lack of access to healthcare, including dental, vision, and mental health (i.e. too expensive)
[ ] Lack of physical activity opportunities
[ ] Mental health (anxiety, depression, self-harm, etc.)
[ ] Motor vehicle crashes
[ ] Poor access to healthy and nutritious food (i.e. food is too expensive or the store is too far away)
[ ] Rape / sexual assault
[ ] Teen pregnancy
[ ] Community safety
[ ] Suicide
[ ] Another factor - please specify: _____

44) What do you feel are the top *three* barriers to getting healthcare in the community in which you live? Please choose only three.
[ ] Ability to schedule appointments
[ ] Availability of accessing healthcare
[ ] Cost of healthcare
[ ] Doctors and / or staff do not speak my language
[ ] Fear or distrust in the healthcare system
[ ] Finding a practice that is accepting new patients
[ ] Location of healthcare or transportation issues
[ ] Not knowing where to find resources to pay for care
[ ] Prescription or medication cost
[ ] Finding it hard to understand the healthcare system
[ ] Worry about COVID-19, flu, or other disease
[ ] Another barrier - please specify: _____

45) What are your most trusted sources for health resources or information in your community? Please check all that apply.
[ ] 211
[ ] Church or faith-based organizations
[ ] Community service organizations (food banks, community centers, etc.)
[ ] Community or Senior center
[ ] E-Newsletters
[ ] Family and friends
[ ] Health professional (doctor, nurse, etc.)
[ ] Health department
[ ] Internet
[ ] Library

[ ] Newspaper or magazine
[ ] Radio
[ ] School
[ ] Social media (Facebook, Twitter/X, TikTok, Instagram, etc.)
[ ] TV
[ ] I do not know where to look
[ ] None of the above
[ ] Another source - please specify: _____

46) I have access to the resources I need to stay healthy.
( ) Strongly disagree ( ) Somewhat disagree ( ) Neither agree or disagree (neutral)
( ) Somewhat agree ( ) Strongly agree

47) I can afford to access resources available in my community
( ) Strongly disagree ( ) Somewhat disagree ( ) Neither agree or disagree (neutral)
( ) Somewhat agree ( ) Strongly agree

48) Addressing social needs (like acceptance, relationships, community, etc.) is as important as addressing medical needs.
( ) Strongly disagree ( ) Somewhat disagree ( ) Neither agree or disagree (neutral)
( ) Somewhat agree ( ) Strongly agree

49) I experience cultural / language barriers that prevent me from accessing healthcare or other services.
( ) Strongly disagree ( ) Somewhat disagree ( ) Neither agree or disagree (neutral)
( ) Somewhat agree ( ) Strongly agree

50) Where do you go for information about a disaster or emergency event? Check all that apply. A disaster or emergency can look like a tornado, house fire, wildfire, pandemic, flood, etc.
[ ] 211
[ ] Newspaper
[ ] TV
[ ] Radio
[ ] Internet or online news
[ ] Social Media (Instagram, Facebook, TikTok, etc.)
[ ] Friends/Family/Word of mouth
[ ] Text messages or call alerts
[ ] Church or faith-based organizations
[ ] Health Departments

[ ] Another resource - please specify : _____

51) Please give your agreement on the following questions.

How prepared do you feel to handle the following emergency preparedness situations if they were to happen today?

	Unprepared	Somewhat unprepared	Somewhat prepared	Prepared
For heavy snowfall/blizzard	( )	( )	( )	( )
For extreme heat	( )	( )	( )	( )
Flooding	( )	( )	( )	( )
Tornado	( )	( )	( )	( )
Earthquake	( )	( )	( )	( )
Drought/Lack of water (including city water)	( )	( )	( )	( )
Active shooter and/or violent situations	( )	( )	( )	( )
House fire/Wildfire	( )	( )	( )	( )
Long-term power outage	( )	( )	( )	( )
Pandemic or disease outbreak (like COVID-19 or the bird flu)	( )	( )	( )	( )

Provider Survey Questions

1.) What county do you live in?

a. Clinton
b. Eaton
c. Ingham
d. Gratiot
e. Ionia
f. Montcalm
g. Shiawassee
h. Another county (please specify) – short answer

2.) In what county do you practice most often? Please only check one.

a. Clinton
b. Eaton
c. Ingham
d. Gratiot
e. Ionia
f. Montcalm
g. Shiawassee
h. Another county (please specify) – short answer

3.) What hospitals are you affiliated with? Check all that apply.

a. Eaton Rapids Medical Center
b. McLaren Great Lansing Hospital
c. McLaren Orthopedic Hospital
d. Memorial Healthcare
e. MyMichigan Medical Center Alma
f. Sparrow Carson Hospital
g. Sparrow Eaton Hospital
h. Sparrow Clinton Hospital
i. Edward W Sparrow Hospital (Sparrow Main)
j. Sparrow Ionia Hospital
k. Sparrow Specialty Hospital
l. Another hospital (please specify) *short answer

4.) What gender do you consider yourself now? (answer all that apply) *can check multiple

a. Female
b. Male
c. Agender

d. Genderfluid
e. Genderqueer
f. Intersex
g. Non-binary
h. Another gender (please specify) *short answer

5.) Which of the following would you say represents your racial and/or ethnic identity? (answer all that apply) *can check multiple

a. African
b. African American
c. Alaskan Native
d. Asian
e. Black
f. Hispanic
g. Indigenous
h. Latinx
i. Middle Eastern
j. Native Hawaiian
k. Pacific Islander
l. White
m. Another race/ethnicity (please specify) *short answer

6.) What is your age?

a. 18-24
b. 25-34
c. 35-44
d. 45-54
e. 55-64
f. 65+

7.) Which of the following best represents how you think of yourself? (answer all that apply) *can check multiple

a. Asexual
b. Bisexual
c. Gay
d. Homosexual
e. Lesbian
f. Pansexual
g. Queer
h. Straight or heterosexual

i. Another identity (please explain) *short answer

8.) In your opinion, what are the top <u>three</u> factors that make a community or neighborhood healthy? Please check three. *scramble answers

a. Access to healthcare
b. Access to healthy and nutritious food
c. Affordable healthcare (including dental, vision, and mental)
d. Housing
e. Arts and cultural events
f. Clean environment
g. Community connectiveness
h. Disease/illness prevention
i. Financially healthy household
j. Good jobs and healthy economy
k. Good schools
l. Healthy lifestyles
m. Immunization
n. Low crime/safe neighborhoods
o. Safe child environment
p. Parks and recreation
q. Religious or spiritual wellness
r. Strong family life
s. Diversity
t. Complementary and alternative medicine
u. Substance use harm reduction and treatment
v. Another factor (please specify) *short answer

9.) In your opinion, what are the top <u>three</u> factors that negatively impact your <u>patient's</u> health? *can choose multiple

a. Barriers to physical activity
b. Communication or language barriers
c. Crime rate or violence in your patient's local community
d. Delay in seeking preventative care
e. Unattainable nutritional food in your patients' community
f. Lack of primary care physicians in the local community
g. Lack of senior services in the local community
h. Lack of transportation
i. Medications are not affordable
j. Lack of access to adequate child care
k. Lack of access to adequate health insurance

l. Lack of access to mental health services
m. Lack of knowledge around health
n. Lack or inability to prioritize health conscious decisions
o. Living conditions (unsafe home, overcrowding at home, lead paint, etc.)
p. Unlivable wages
q. Poor environmental conditions (air pollution, water pollution, etc.)
r. Challenges related to aging
s. Substance use and misuse
t. Another reason (please specify) *short answer

10.) To what, if any, community resources do you routinely refer patients to help address unmet needs (please mark all that apply) *can choose multiple

a. 211
b. Community health clinics
c. Community health workers (CHWs)
d. Community mental health services
e. Community organizations (Salvation Army, United Way)
f. MI Department of Health and Human Services (MDHHS)
g. Domestic abuse services and resources
h. Food bank or pantry
i. Home care and/or hospice services
j. Housing services
k. I do not refer patients to community resources
l. Intermediate school district services
m. LGBTQIA+ organizations
n. Neighborhood centers
o. Peer recovery coaches
p. Police department
q. Public health services
r. Religious or spiritual organizations
s. Resident clinic
t. Substance use treatment services
u. Women's resource center
v. Another resource (please specify) *short answer

11.) How strongly do you agree or disagree with the following statements?
From strongly disagree, somewhat disagree, neither agree or disagree, somewhat agree, and strongly agree- (Likert scale)

- Addressing patient's social needs is as important as addressing their medical concerns
- Besides my own staff and colleagues, I feel I have little to no support in helping my patients and their families' lead healthier lives
- My patients have access to the resources they need to stay healthy
- My patients frequently express health concerns caused by unmet social needs that are beyond my control as a physician
- My patient's unmet social needs often prevent me from providing quality care
- Cultural and/or language barriers to patient-provider communication often get in the way of quality service provision
- It would be beneficial for you to have access to your patient's shared medical history data and previous medical records

12.) What are your suggestions for concrete actions that will help our counties better address the health of our community? *long answer

Community Partner Survey Questions

1.) What is the name of your organization? *short answer

2.) In what county or counties does your organization serve? Choose all that apply. *can choose multiple

a. Clinton
b. Eaton
c. Ingham
d. Gratiot
e. Ionia
f. Montcalm
g. Shiawassee
h. Another county (please specify) – short answer

3.) Is the community where you serve: *can choose multiple

a. Rural (low levels of people living in one area, often in the countryside)
b. Suburban (locations that build up around the outside of cities)
c. Urban (cities and towns with high levels of people living in one area)

4.) Which of the following best describes your organization? (answer all that apply) *can check multiple

a. Local, county, tribal, or state health department
b. City, county, tribal, or state government agency
c. Hospital
d. Clinic
e. Emergency response
f. Schools or education (K-12)
g. College or university
h. Library
i. Non-profit organization
j. Grassroots community group or organization
k. Social service provider
l. Housing provider
m. Mental health provider
n. Neighborhood association
o. Foundation/philanthropy
p. For-profit business
q. Faith based organization
r. Center for independent living
s. Another organization *short answer

5.) What gender do you consider yourself now? (answer all that apply) *can check multiple

a. Female
b. Male
c. Agender
d. Genderfluid
e. Genderqueer
f. Intersex
g. Non-binary
h. Another gender (please specify) *short answer

6.) Which of the following would you say represents your racial and/or ethnic identity? (answer all that apply) *can check multiple

a. African
b. African American
c. Alaskan Native
d. Asian
e. Black
f. Hispanic
g. Indigenous
h. Latinx
i. Middle Eastern
j. Native Hawaiian
k. Pacific Islander
l. White
m. Another race/ethnicity (please specify) *short answer

7.) What is your age?

a. 18-24
b. 25-34
c. 35-44
d. 45-54
e. 55-64
f. 65+

8.) Which of the following best represents how you think of yourself? (answer all that apply) *can check multiple

a. Asexual
b. Bisexual

c. Gay
d. Homosexual
e. Lesbian
f. Pansexual
g. Queer
h. Straight or heterosexual
i. Another identity (please explain) *short answer

9.) What resources might your organization contribute to support our Community Health Assessment and/or Community Health Improvement Plan activities?

a. I am unsure
b. Funding to support assessment activities (data collection, analysis)
c. Funding to support community engagement (stipends, gift cards)
d. Food for community meetings
e. Childcare for community meetings
f. Policy or advocacy skills
g. Media or social media connections
h. Physical space to hold meetings
i. Coordination with tribal government
j. Staff time to support community engagement and involvement
k. Staff time to support translation and interpretation
l. Staff time to support focus group facilitation or interviews
m. Staff time to help participate in meetings
n. Staff time to help facilitate or set-up/tear down meetings and activities
o. Staff time to help implement priority areas and goals
p. Another resource: *short answer

10.) Over the next 3 years, what areas can your organization contribute to in making a meaningful impact in our community? Choose as many as applicable. *can check multiple

a. Income and wage issues
b. ALICE population (ALICE means that they earn above poverty level but struggle to cover basic living costs and are ineligible for public assistance)
c. Education (K-12 and beyond)
d. Social connection and social capital
e. Community safety
f. Attainable housing
g. Quality of primary care
h. Environmental quality (indoor)
i. Environmental quality (outdoor)

j. Built environment
k. Food security
l. Tobacco use
m. Substance use and misuse
n. Physical activity
o. Nutrition
p. Access to care
q. Communicable diseases
r. Mental/behavioral health
s. Child health
t. Chronic disease
u. Safety policies and practices
v. Challenges related to aging
w. None or not applicable
x. Another area (please specify) *short answer

11.) In your opinion, what are the top <u>three</u> factors that make a community or neighborhood healthy? Please check three. *scramble answers

a. Access to healthcare
b. Access to healthy and nutritious food
c. Affordable healthcare (including dental, vision, and mental)
d. Safe and attainable housing
e. Arts and cultural events
f. Clean environment
g. Community connectiveness
h. Disease/illness prevention
i. Financially healthy household
j. Good jobs and healthy economy
k. Good schools
l. Healthy lifestyles
m. Immunization
n. Low crime/safe neighborhoods
o. Safe child environment
p. Parks and recreation
q. Religious or spiritual wellness
r. Strong family life
s. Diversity
t. Complementary and alternative medicine
u. Substance use harm reduction and treatment

v. Another factor (please specify) *short answer

12.) In your opinion, what are the top <u>three</u> factors that negatively impact the health of the community in which your organization serves? *can choose multiple

a. Barriers to physical activity
b. Communication or language barriers
c. Crime rate or violence in the local community
d. Delay in seeking preventative care
e. Unattainable nutritional food in the community
f. Lack of primary care physicians in the local community
g. Lack of senior services in the local community
h. Lack of transportation
i. Medications are not affordable
j. Lack of access to adequate child care
k. Lack of access to adequate health insurance
l. Lack of access to mental health services
m. Lack of knowledge around health
n. Lack or inability to prioritize health conscious decisions
o. Living conditions (unsafe home, overcrowding at home, lead paint, etc.)
p. Unlivable wages
q. Poor environmental conditions (air pollution, water pollution, etc.)
r. Challenges related to aging
s. Substance use and misuse
t. Another reason (please specify) *short answer

13.) To what, if any, community resources do you routinely refer people you serve to help address unmet needs (please mark all that apply) *can choose multiple

a. 211
b. Community health clinics
c. Community health workers (CHWs)
d. Community mental health (CMH) services
e. Community organizations (Salvation Army, United Way)
f. Michigan Department of Health and Human Services (MDHHS)
g. Domestic abuse services and resources
h. Food bank or pantry
i. Home care and/or hospice services
j. Housing services
k. Intermediate school district services
l. LGBTQIA+ organizations
m. Neighborhood centers

n. Peer recovery coaches
o. Police department
p. Public health services
q. Religious or spiritual organizations
r. Resident clinic
s. Substance use treatment services
t. Women's resource center
u. I do not refer people to community resources
v. Another resource (please specify) *short answer

14.) How strongly do you agree or disagree with the following statements? From strongly disagree, somewhat disagree, neither agree or disagree, somewhat agree, and strongly agree (Likert scale)

- **Besides my own staff and colleagues, I feel I have little to no support in helping the people my organization serves lead healthier lives**
- **The community has access to the resources they need to stay healthy**
- **The community is often impacted by unmet social needs**
- **Cultural and/or language barriers to communication often get in the way of quality service provision**

15.) What are your suggestions for concrete actions that will help our counties better address the health of our community? *long answer