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Healthy!CapitalCounties℠

a community approach to better health

2015 Community Health Profile & Health Needs Assessment

Acknowledgements

A project such as this, conducted at such scope and swiftness, could not have been possible without the support and meaningful participation of many people and organizations across Clinton, Eaton, and Ingham counties. Sincere thanks go to the members of the Healthy! Capital Counties Workgroup — representing hospital systems and local health departments across the three counties. Your continued support is welcomed as we transition from the assessment to the planning stage of this endeavor. Additional thanks go to those throughout the community who gave their input via focus groups, input walls, and surveys.

Project Support

Support for this project was provided by:

HOSPITALS

- Eaton Rapids Medical Center
- Hayes Green Beach Memorial Hospital
- McLaren Greater Lansing
- Sparrow Health System

LOCAL HEALTH DEPARTMENTS

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

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Version 4
Published 3/17/2016

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Photo credit for front cover: Lauren, Grand Ledge, Youth Photo Project

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 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

About The Project

PURPOSE

The purpose of this Community Health Profile is to describe the health status of the population, key health behaviors, describe determinants of health outcomes and behaviors, and examine root causes of ill health and health inequalities. A community health assessment and improvement plan is a collaborative, systemic process of collecting and analyzing data and information, mobilizing communities, developing priorities, garnering resources, and planning actions to improve the population's health.

DEFINITIONS*

Community Health Improvement Process: A comprehensive approach to assessing community health and 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**.

Community Health Assessment (CHA): A process that engages with community members 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 community decision-making, the prioritization of health problems and the development and implementation of community health improvement plans.

Community Health Improvement Plan (CHIP): An **action-oriented plan** outlining the priority community health issues (based on the community health assessment findings and community member and partner input) and how these issues will be addressed, including strategies and measures, to ultimately improve the health of a community. The CHIP is developed through the community health improvement process.

*from the NACCHO Demonstration Site Project Requirements, Required CHA/CHIP Characteristics

PROCESS

The Healthy! Capital Counties project began as a partnership between the four hospital systems and the three local health departments serving Ingham, Eaton, and Clinton counties in December of 2010. 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 to 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 conduct a high-quality Community Health Assessment and Community Health Improvement Plan as a prerequisites to apply for voluntary national accreditation through the Public Health Accreditation Board. Building on a regional history of cross-hospital system and cross-health department collaboration, the entities decided to partner collaboratively 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 October 2014, which resulted in this document.

COMMUNITY ENGAGEMENT

The Healthy! Capital Counties project is unique in its multi-agency, collaborative structure and it philosophical promise to integrate

and apply a health equity perspective to its processes and data interpretations. Health equity is defined as the economic and social conditions that influence the health of individuals, communities, and jurisdictions as a whole. [1]

The project included one main workgroup, 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, identification of key focus group populations, promotion, communications, and media.

Input from the community was sought through several mechanisms. First, suggestions and comments on the proposed indicator table for the quantitative data were solicited through the Healthy! Capital Counties email listserve. Second, seven focus groups were held in various locations across the three counties to gather input from traditionally underserved populations. Online surveys were also distributed to both the community at large and the health care providers of the participating hospital systems to obtain perspective on the health issues and needs currently existing in the tri-county area. Finally, a specific effort was made to engage local youth through the Youth Photo Project.

The next task for the project includes promotion and participation in an event to determine the community health priorities, consisting of numerous representatives, such as: community members, elected officials, cross-sector agency representatives, and leaders from each of the three counties, in addition to members of the workgroup. Development of the Community Health Improvement Plan will then be based on the priorities selected.

1. Dennis Raphael, Social Determinants of Health; Toronto: Scholars Press, 2004

JURISDICTION

Many persons living in Clinton, Eaton, and Ingham counties view themselves as residents of a greater "Capital Area", which is centered around the urban core of Lansing/East Lansing. 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 small community hospitals to large tertiary care centers. The need to establish a process that would simultaneously look broadly at the region as a whole and at the county level, while also viewing smaller communities more closely, was essential. The jurisdiction covered by this Community Health Profile includes all of the residents living in Clinton, Eaton, and Ingham counties.

MODEL

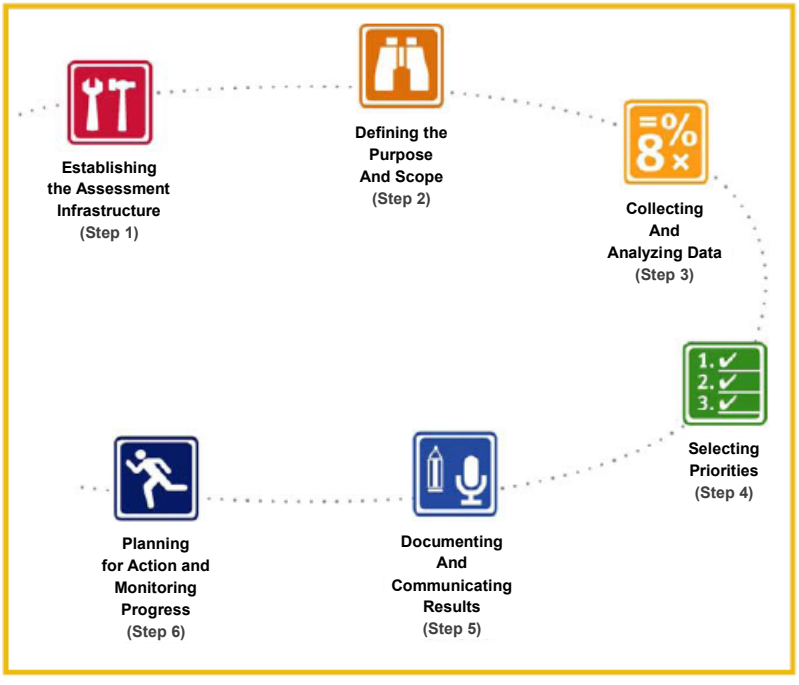
We used the Association for Community Health Improvement's model for our Community Health Assessment and Improvement Planning project. Constructed by a team of professionals working in both hospital and public health settings, this model fit both the nature of our project as well as the timeframe. The website for the model is www.assesstoolkit.org.

Steps in this model were modified in order to meet the NACCHO grant CHA/CHIP specifications, to meet PHAB accreditation standards, and to enhance community engagement.

Health equity principles were also applied in the framing of the project. Utilizing specific expertise garnered through NACCHO, the workgroup and project staff outlined a plan that would allow for:

- the inclusion of social determinants of health - defined as the physical, economic, and social environment in which people live;
- the participation of communities that are traditionally marginalized; and
- the application of facilitated dialogue to bring equity and balance to the community engagement process.

The Association for Community Health Improvement Model



DATA COLLECTION

The data presented in this report was compiled from a variety of sources and include both primary (collected for local health assessment purposes) and secondary data sources (collected for another purpose, usually by another organization/institution). Portions of the data collected for the Healthy! Capital Counties project were quantitative (information are described in terms of quantity of an item), while the data from the focus groups, community input walls and youth photo project were qualitative (information is described in terms of attributes, characteristics, properties).

Primary Data Sources

Several primary data sources were used in the development of this report: the Healthy! Capital Counties focus groups, the Healthy! Capital Counties Community and Health Care Provider surveys, the Youth Photo Project, and the Capital Area Behavioral Risk Factor and Social Capital survey.

Healthy! Capital Counties Focus Groups In order to gather information from traditionally hard to survey populations and to document the experiences, thoughts, beliefs, and stories of the community, a series of focus groups were conducted for the project. Seven focus groups were held in March-May of 2015 and took place in various locations throughout the three counties. Groups that were actively solicited for input were:

- Persons with disabilities
- Persons recovering from substance addiction
- Persons who are uninsured
- Persons who have low incomes
- Persons who identify as Hispanic or Latino (including those who speak Spanish and those who speak English)
- Persons who identify as Black or African American
- Persons who are unemployed

Capital Area Behavioral Risk Factor & Social Capital Survey Since 2000, the Capital Area United Way, Barry-Eaton District Health Department, Ingham County Health Department, and Mid-Michigan Health Department have conducted a telephone health survey of the adult population 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 uses questions from 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 2011-2013, a total of 3,617 adults in Clinton, Eaton, and Ingham counties responded to the telephone survey and the overall survey response rate was 44%.

Community and Health Care Provider Surveys In order to gather input about the community's health needs from stakeholders, two online surveys were administered during July and August 2015. One survey was for any community resident who lived and/or worked in the tri-county area, and the second survey was for health care providers associated with the project hospital systems.

Youth Photo Project Ten local high school students participated in a photo project during June-July 2015. The goal of the project was to encourage the students to consider their own health status and contributing factors, the health status of their families and contributing factors, and their school, home, and community environments, and to then express those thoughts through photographs and accompanying captions.

Secondary Data Sources

In addition to primary data sources, secondary sources were also used. These included:

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.

County Clerks Records of voter participation in the 2014 general election, available down to the city and township level, are maintained by county clerks.

Centers for Disease Control and Prevention (CDC) The CDC's Modified Retail Food Environment Index measures the number of healthy and less healthy food retailers within census tracts across each state. The maps can identify census tracts that either lack access to health food retailers such as supermarkets or contain very high densities of fast food restaurants and convenience stores relative to the number of healthy food retailers.

Michigan Department of Health and Human Services (MDHHS) The Michigan Department of Health and Human Services is responsible for the collection of information on a range of health related issues including monitoring Michigan's general health and well-being, health program development, targeting and evaluation of program progress, and identification of emerging health issues and trends.

Michigan State Police Uniform Crime Report Statistical reports including crime statistics, financial information, traffic crash statistics, and traffic safety research reports are kept by the Michigan State Police from participating law enforcement agencies throughout the state.

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.

GEOGRAPHIC AREA GROUPS METHODOLOGY

Counties are typically not homogenous areas. One part of a county maybe very urban, meanwhile another part can be very rural. Nevertheless, the lowest geography for which health data is usually reported is at the county level. While accurate, this way of presenting the data mask variations that maybe present at the sub-county level. To the extent possible, this project sought to give

a more nuanced view of health in the capital area.

What usually prevents health professionals from reporting sub-county statistics is population size. A city/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, we divided the tri-county area into small geographic units and then assembled similar geographic units together into groups with sufficient population sizes for reporting health statistics. For the purposes of this project, sub-county geographic areas were grouped using either:

population density and median home value, or

median home value

Both these characteristics were calculated using data from the U.S. Census Bureau. While not the only characteristics of sub-county geographic areas, we feel they are accurate risk markers that describe the lived experience of the majority of the population.

URBAN GROUPS

The City of Lansing, the City of East Lansing, and Lansing Charter Township were separated into urban groups based on existing municipal boundaries.

SUBURBAN and RURAL GROUPS (median home value and population density)

The remaining areas of the capital area were divided into their individual cities and townships. Using the population density of each municipality (calculated as person per square mile) and its median home value, the cities and township were sorted and grouped into four groups:

GROUP NAME	POPULATION DENSITY	Median Home Value
Farms & Fields	< 419 persons/square mile	< $167,000
Countryside Suburbs	< 419 persons/square mile	> $167,000
Small Cities	1000-2500 persons/square mile	
Mixed Suburban	419-999 persons/square mile	

Farms & Fields are townships with a population density less than 419 people per square mile, and median home values less than or equal to $167,000

Countryside Suburbs are townships with a population density less than 419 people per square mile, and median home values of more than $167,000

Small Cities are exurban cities (and one township) with high population density of 1,000-2,500 people per square mile

Mixed Suburban are townships that are immediately adjacent to the urban areas, with population density of 419-999 people per square mile. These communities have a mix of urban, suburban, and rural characteristics due to their location in between the tri-county regional urban center and rural communities.

UNDERSTANDING the MAPS

The maps displayed in this report are visual representations of the rates across each of the geographic area groups, and are not interpretable as "the rate" for a particular location. For example, the rate of adults aged 18-64 without health insurance in the "Small Cities" area is 12.8%. This means that across the group of municipalities that make up the Small Cities group, the overall rate is 12.8%. Does this mean that the rate of child poverty in Charlotte, or Mason, or St. Johns is 12.8%? Absolutely not. The rate in the municipalities making up the groups may vary — and **the specific rate for a specific location cannot be found by consulting the map**. Data is available by municipality for the American Community Survey — however, most data are not reportable to the municipal or census tract level, which is why the data are grouped by the geographic areas when possible.

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.

How does health happen?

Health can seem like a very fragile thing — one minute you have it, the next minute it is gone. Some people look to their genetics to explain their ill health, others think of their bad behaviors. Some feel that their very neighborhood makes it hard to be healthy. On an individual level, most people work very hard to stay healthy, or get healthy again.

This report is concerned with the *changeable* aspects of health, and therefore does not address genetics or heritable diseases. While personal responsibility plays a role in each person's individual health, it's important to also consider other factors of social and collective responsibility to improve health. **This report is designed to tell us the patterns of ill health across populations or groups of people, rather than examining health at an individual level.** In this report, we examine **health outcomes** to determine patterns of disease and death across populations.

Some of what influences health outcomes are **health behaviors**, or ways of living which protect from or contribute to health problems. These behaviors are what people usually think of as causing ill health, things like smoking, drinking, or not having a primary care doctor. Also included are things that reflect someone's **physical or mental condition**, such as obesity or poor mental health — these are often linked to poor health outcomes.

Over the past 30 years, researchers have found that **social, economic, and environmental factors** (the social determinants of health) predict which groups are more likely to have poor health outcomes and poor health behaviors. These can be thought of as characteristics that can either constrain (hurt) or support (help) healthy living. These factors examine concepts like lack of access to healthy foods, educational achievement, and exposure to childhood poverty. These disadvantages often pile up on each other to make healthy living more challenging for some populations than for others.

The final level of health includes those things 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 — factors which predict which groups will be challenged with poor social, economic, and environmental conditions. Understanding opportunity measures is a key aspect of a **health equity** perspective. The opportunity measures presented in this report are those that have been shown to result in poor health outcomes. To put it bluntly, there is increasing evidence that income inequality and housing segregation is making us sick.

Healthy! Capital Counties Model for How Health Happens

Adapted from D. Bloss and R. Canady, Ingham County Social Justice and Health Equity Project, and R. Hofrichter, *Tackling Health Inequities Through Public Health Practice, 2010*

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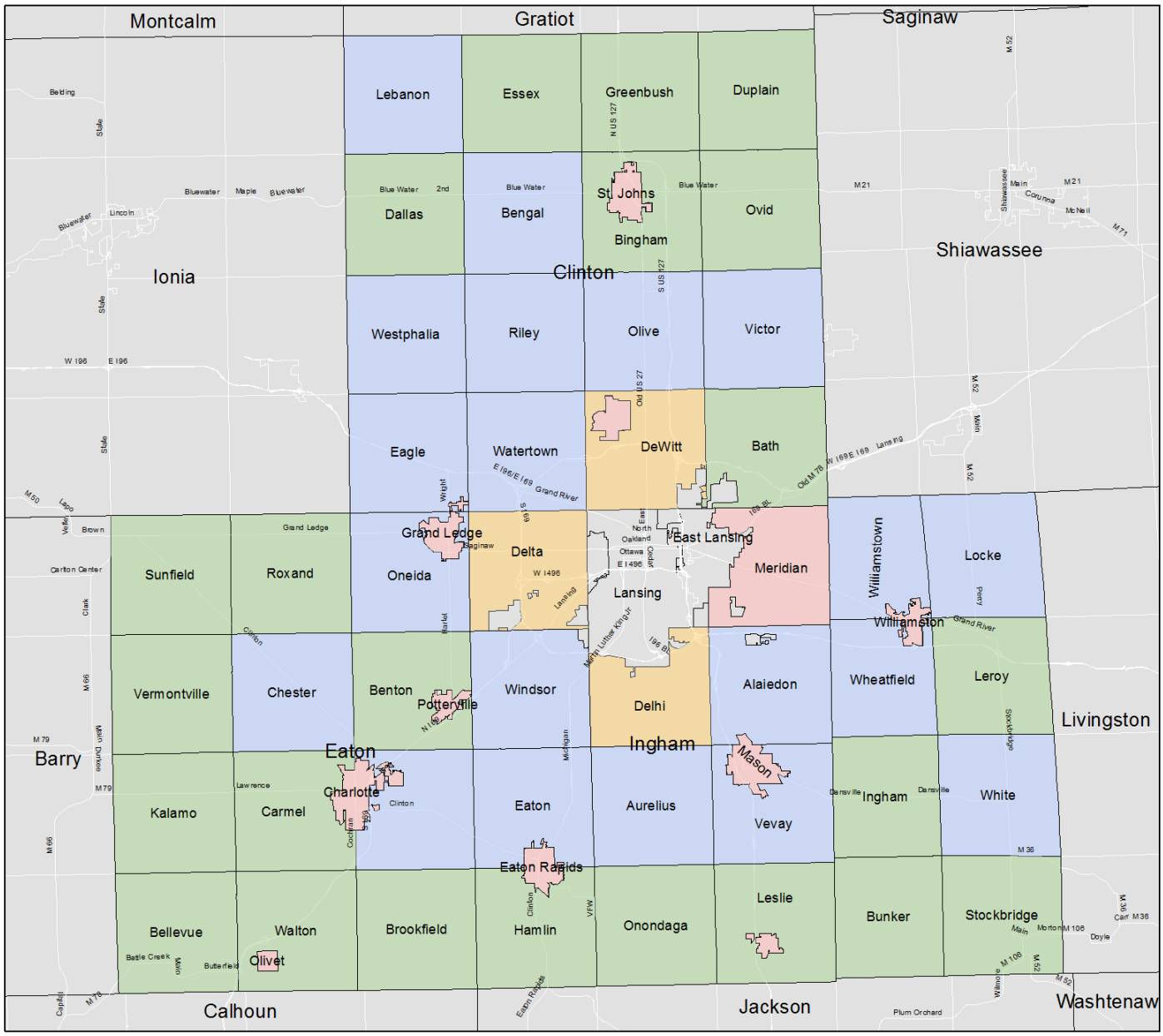
2015 Indicators

DOMAIN	INDICATOR GROUP	INDICATOR	MEASURES	SOURCE
Opportunity Measures	Income	Income Distribution	Gini coefficient of income inequality	ACS
Social, Economic, and Environmental Factors	Social and Economic Factors	Income	% of individuals at or below 200% federal poverty level	ACS
		Education	Education distribution in adults older than 25	ACS
		Social Connection & Social Capital	Voter Participation	County Clerks
		Community Safety	Rate of violent crimes per person	MSP
		Affordable Housing	% of households who spend more than 30% of income on housing	ACS
		Quality of Primary Care	Rate of Ambulatory-Care Sensitive Hospitalizations (Preventable)	MDHHS Vital Statistics
	Environmental Factors	Environmental Quality	Rate of Elevated Blood Lead Levels	MDHHS
		Built Environment	Modified Retail Food Environment Index	CDC
Behaviors, Stress, and Physical Condition	Health Behaviors and Physical Condition	Obesity	Obesity in adults	BRFS
			Obesity in adolescents	MiPHY
		Tobacco Use	Current Smoking in adults	BRFS
			Current Smoking in adolescents	MiPHY
		Alcohol Use	Binge Drinking in adults	BRFS
			Binge Drinking in adolescents	MiPHY
		Physical Activity	% of adults with no leisure time physical activity	BRFS
			Adolescent recommended physical activity	MiPHY
		Nutrition	% of adults who consume recommended fruits and vegetables	BRFS
			Adolescent recommended fruits and vegetables	MiPHY
	Clinical Care	Access to Care	Persons with a primary medical provider	BRFS
			% of adults aged 18-64 without health insurance	ACS
		Communicable Disease Prevention	% children 19-35 months who receive recommended immunizations	MCIR
	Stress	Mental Health	Poor mental health days in adults	BRFS
			Adolescents with symptoms of depression in past year	MiPHY
Health Outcomes	Illness (Morbidity)	Child Health	Preventable Asthma Hospitalization Rate in children 0-18	MDHHS Vital Records
		Chronic Disease	Percentage of Adults with 2 or more chronic diseases	BRFS
		Adult Health	Preventable Diabetes-related Hospitalization Rate in adults 18+	MDHHS
	Deaths (Mortality)	Mortality	Life Expectancy	MDHHS Vital Records / ACS
		Maternal & Child Health	Infant Mortality Rate	MDHHS Vital Records
		Chronic Disease	Deaths due to cardiovascular disease	MDHHS Vital Records
		Safety Policies and Practices	Deaths due to accidental Injury	MDHHS Vital Records

ACS = American Community Survey, conducted by the U.S. Census Bureau
BRFS = Behavioral Risk Factor Survey, conducted by local health departments
CDC = Centers for Disease Control and Prevention
MCIR = Michigan Care Improvement Registry
MDHHS = Michigan Department of Health and Human Services
MiPHY = Michigan Profile for Healthy Youth Survey
MSP = Michigan State Police

Municipality Groupings for Healthy! Capital Counties

Non-Urban Areas



Legend

Tri-county Geographic Groups

- Countryside Suburban
- Farms & Fields
- Mixed Suburban
- Small Cities

0 2.5 5 10 15 20 Miles

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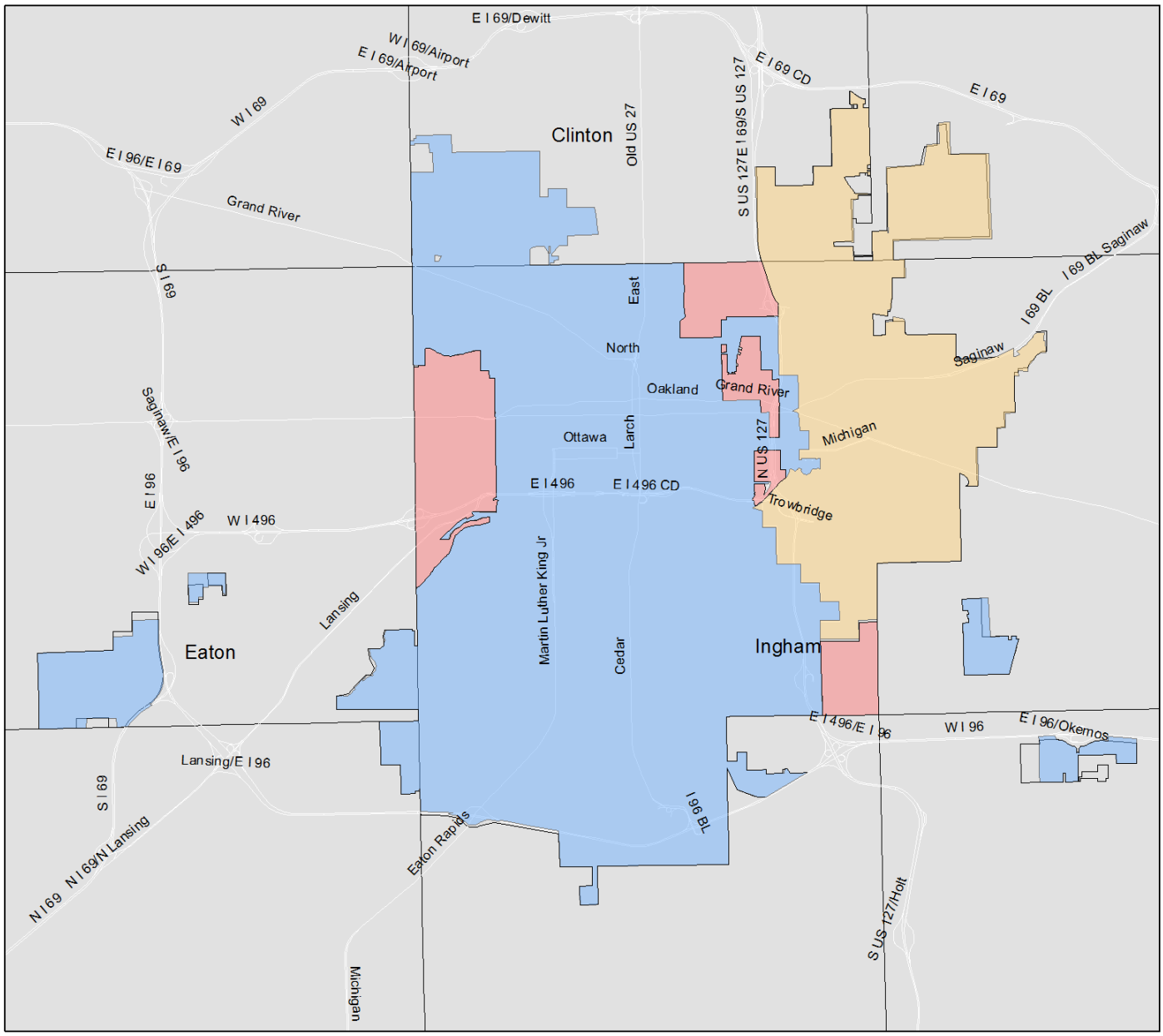
Urban Groupings for Healthy! Capital Counties

(includes Lansing, East Lansing, and Lansing Charter Township)



Legend

Urban Geographic Groups

- **Lansing**
- **East Lansing**
- **Lansing Charter Twp**

0 0.5 1 2 3 4 Miles

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Lauren, Grand Ledge,
Youth Photo Project

Indicator Section

This section presents data indicator-by-indicator, with all of the available data for a given topic presented together.

Income Distribution

MEASURE: Gini coefficent 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, all income is owned by one family 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

YEAR: 2008-2013

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.

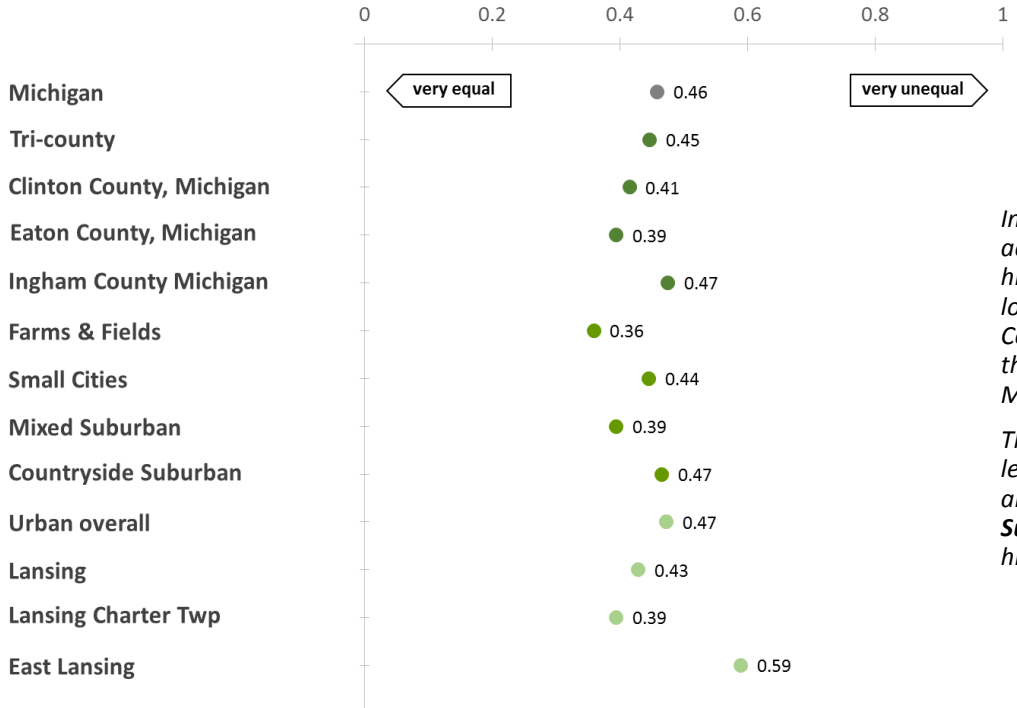
speaking of health

Focus Group Participants:

"That is just something that I'm struggling with and I really want to get out of there so that I can try to save up some money to not live month to month, but I can't even save money because it's month to month and literally we pay the bills and the daycare and that's it, you're stuck."

"But I don't have a car, I haven't been able to afford to buy one. "

Gini Coefficent for Income Inequality

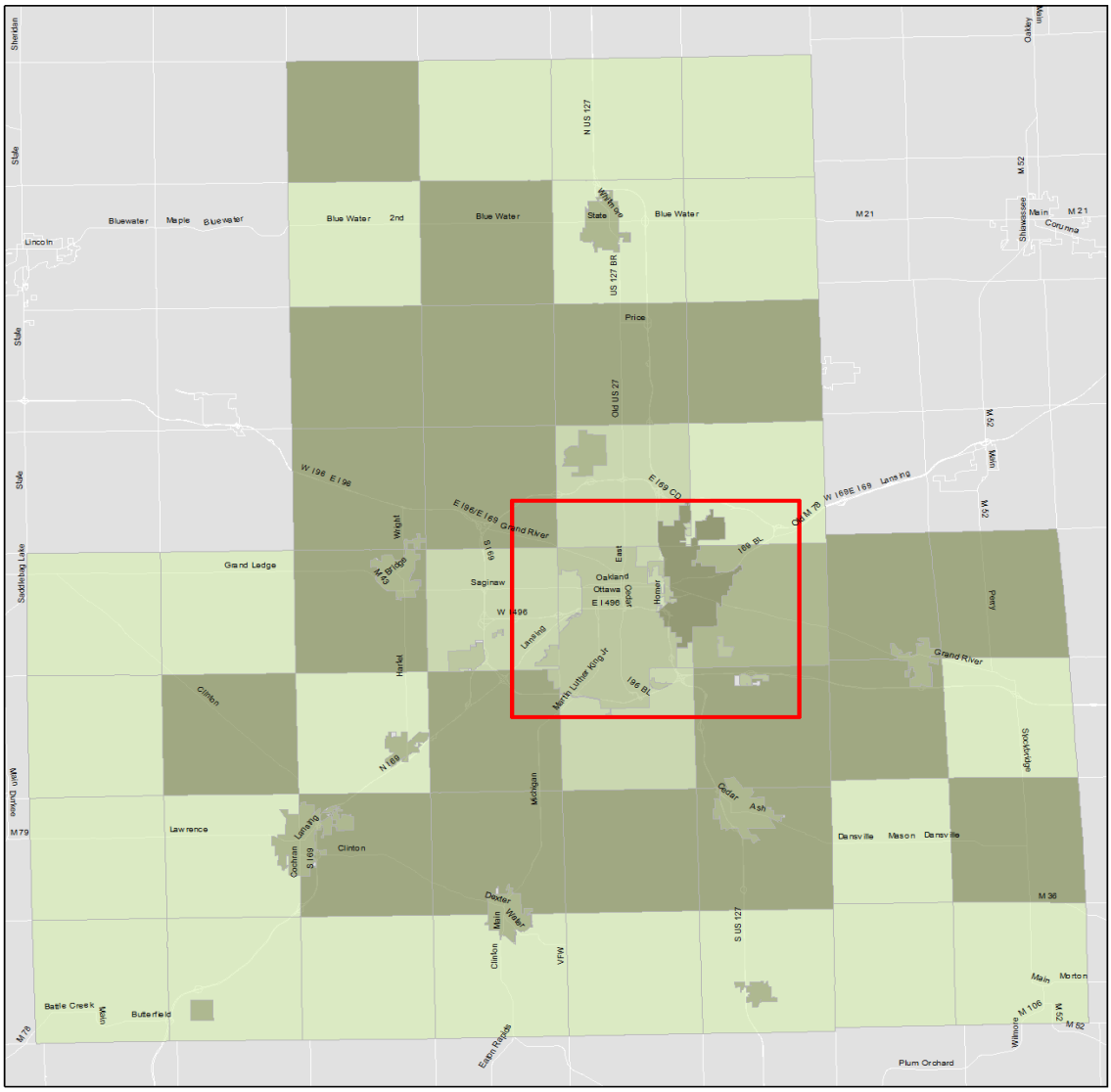


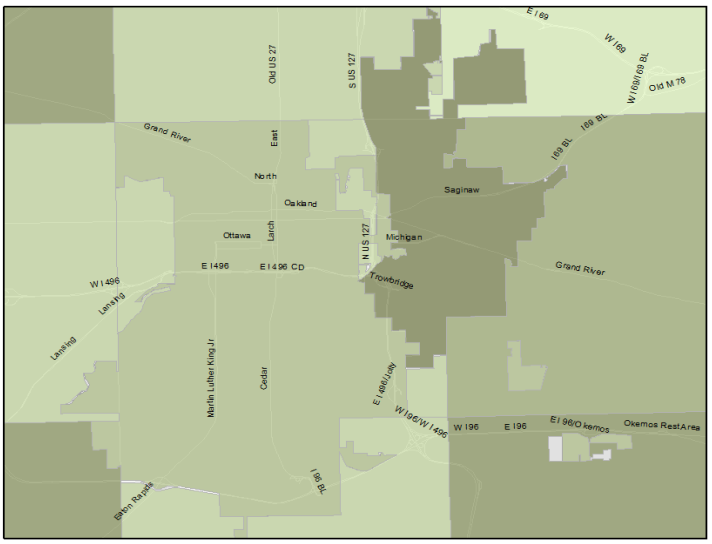
*Income inequality is not uniform across counties. Income inequity is higher in **Ingham County** and is the lower in Eaton County. Ingham County's income inequality is higher than the value for the state of Michigan.*

*The **Farms & Fields** area has a lower level of income inequality than other areas, meanwhile **Countryside Suburban and East Lansing city** has a higher measure of income inequality.*

Income Inequality

Maps showing the Gini income inequality index by Geographic Area Groups





Income

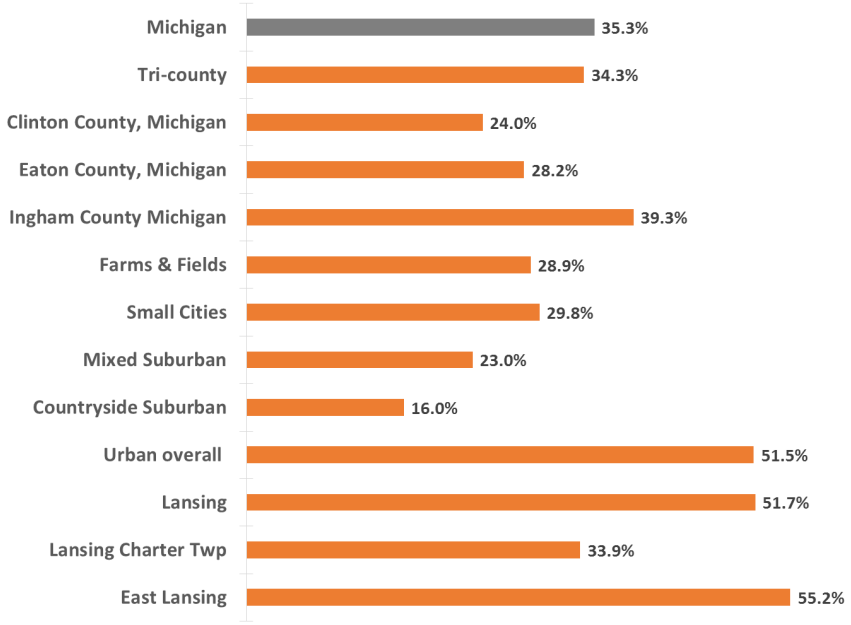
MEASURE:
The percentage of individuals at or below 200% of the federal poverty level. In 2015, the Federal Poverty Level was $31,860 for a family of two and $48,500 for a family of four.

DATA SOURCE: American Community Survey

YEAR: 2008-2013

REASON FOR MEASURE:
Poverty can result in a variety of adverse health consequences (increased risk of mortality, increased prevalence of medical conditions and disease incidence, depression, intimate partner violence, and poor health behaviors). These challenges are also faced by the near/working poor. While not in abject poverty, working poor families don't generate enough income to weather emergencies and unexpected event that could plunge them into poverty.

Individuals with Incomes Below 200% of the Federal Poverty Level



The proportion of the population that is poor or near poor in the capital area is slightly lower than the state. Within the county, the percentage of persons who are poor or near poor ranges from 16.0% to 55.2%. The highest percentages are observed in the urban areas, especially the city of Lansing and the city of East Lansing.

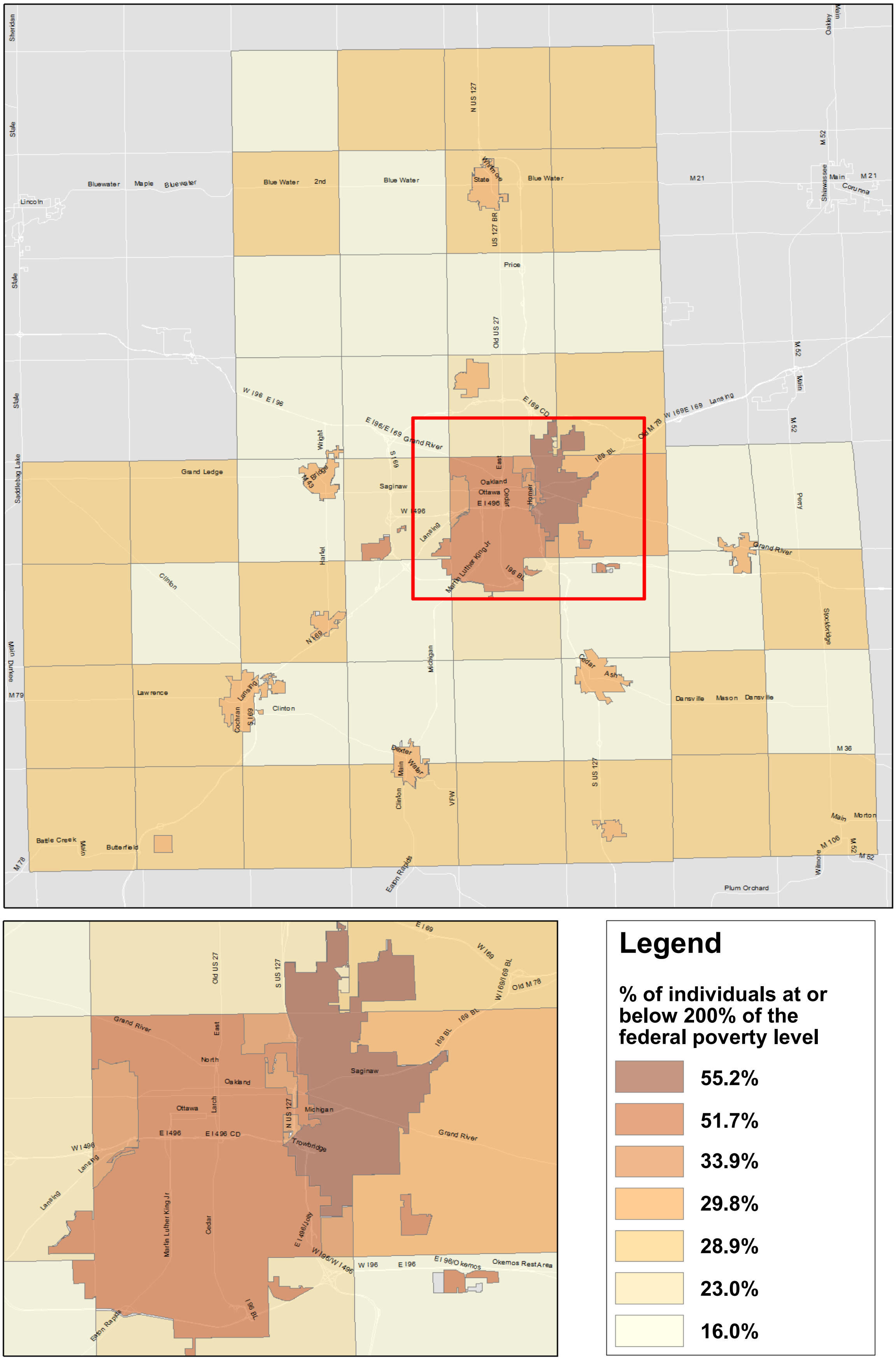
speaking of health

Focus Group Participants:

"We lived in our camper for five and a half years."

"I lost my job, I went into long term disability, which was lost."

Income


Legend
% of individuals at or below 200% of the federal poverty level
55.2%
51.7%
33.9%
29.8%
28.9%
23.0%
16.0%

Education

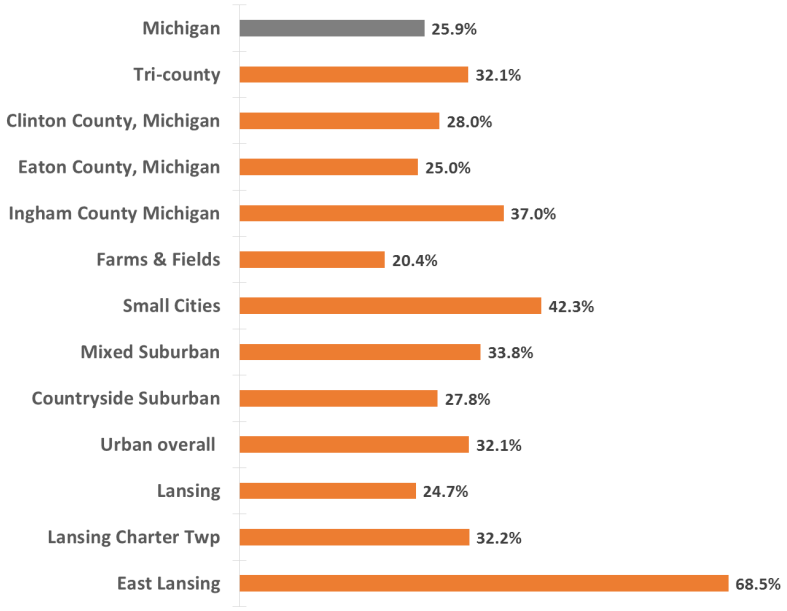
MEASURE:
The percent of adults 25 years or older who have a Bachelor's degree or higher.

DATA SOURCE: American Community Survey

YEAR: 2008-2013

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.[CHR] In other words, persons with more education have healthier lives than those with less education.

Adults ≥25 Years Old with at Least a Bachelor's Degree



Approximately one in three adults in the capital area have a bachelor's degree or higher. That is higher than the state's ratio of one in four. Most areas within the three counties have proportions ranging from approximately 25% to 40%. The extremes within the county are found in Farms & Fields (where one in five adults has bachelor's degree or higher) and East Lansing city (where over half of adults have bachelor's degree or higher).

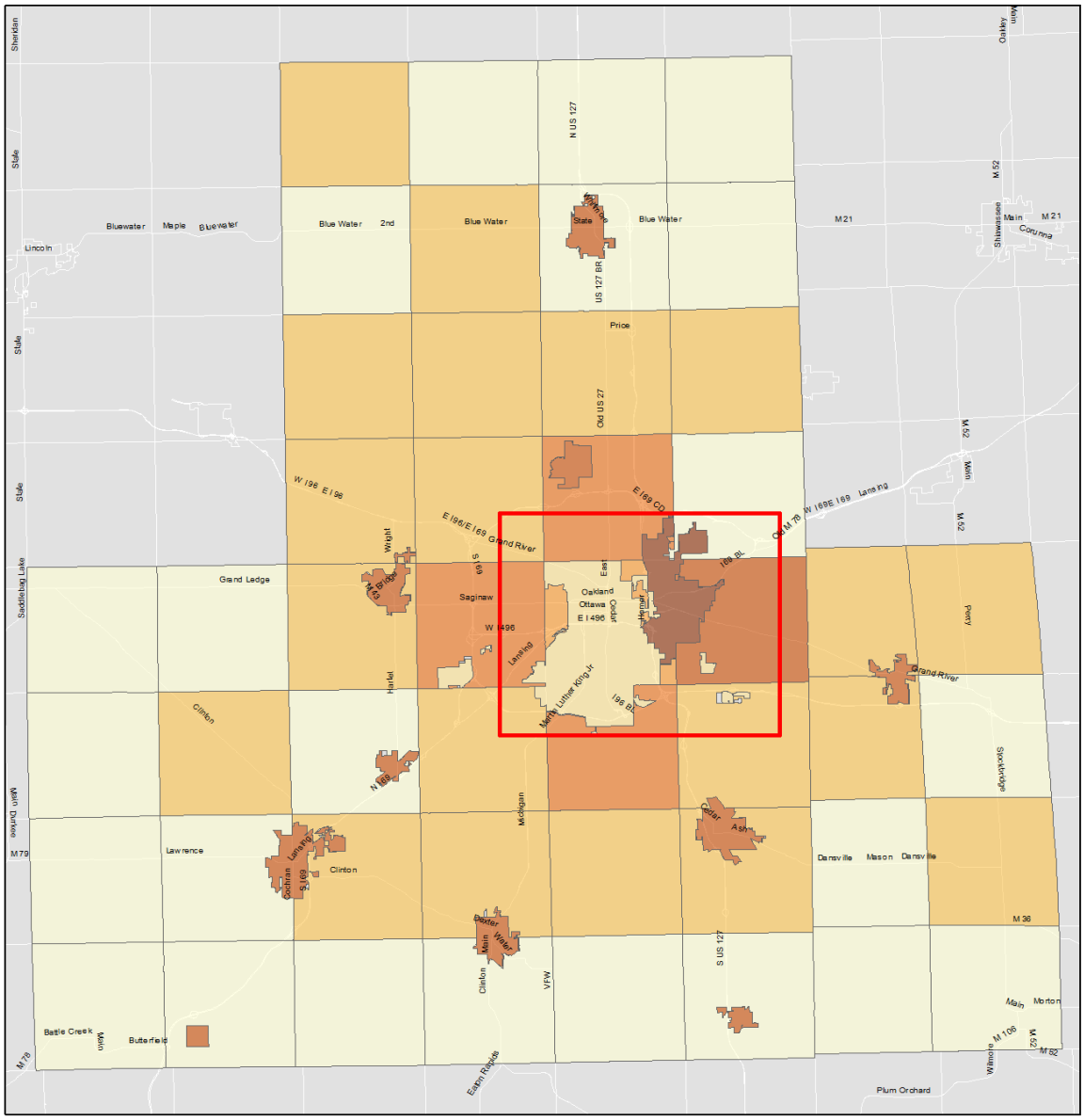
speaking of health

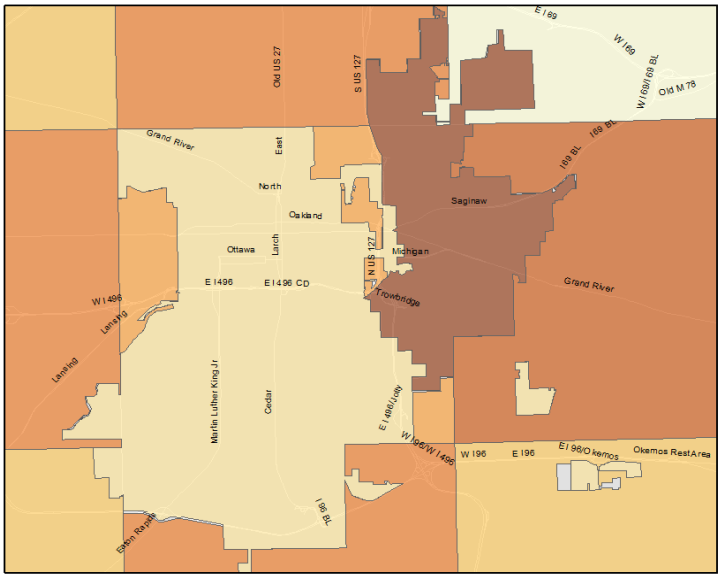
Focus Group Participants:

"I got my son into school before 18 months with Early Head Start. So, now that I'm in the program with the school, you really see how important the schools are with early education and stuff."

"You can't get a job because why? There is no job, because your education skills are lacking. Okay, you don't get the education you need, you cannot get a job. And most of us do not have that education that it takes, to get a job."

Education





Legend

% of population with a Bachelor's degree or higher

- 68.5%
- 42.3%
- 33.8%
- 32.2%
- 27.8%
- 24.7%
- 20.4%

Social Connection & Social Capital

MEASURE:
The percentage of registered voters who voted in an election

DATA SOURCE: County Clerks

YEAR: 2008-2014

REASON FOR MEASURE:
Research has demonstrated a link between social capital (which includes the concepts of 'reciprocity', 'trust', and 'civic participation') and mortality rates. The more social capital a population has, the more likely they are to have good health outcomes. The measure of 'voter participation' was selected because it illustrates the most tangible and ubiquitous element of social capital.

speaking of health

Focus Group Participants:

"I moved to Lansing about a year ago. And I would say, the thing I've enjoyed about Lansing the most is, I've been fortunate to meet friendly people. And they've kinda carried me through the hard times, since I've been down here."

"Try to speak for the ones that can't speak for themselves…We need somebody to really advocate for us."

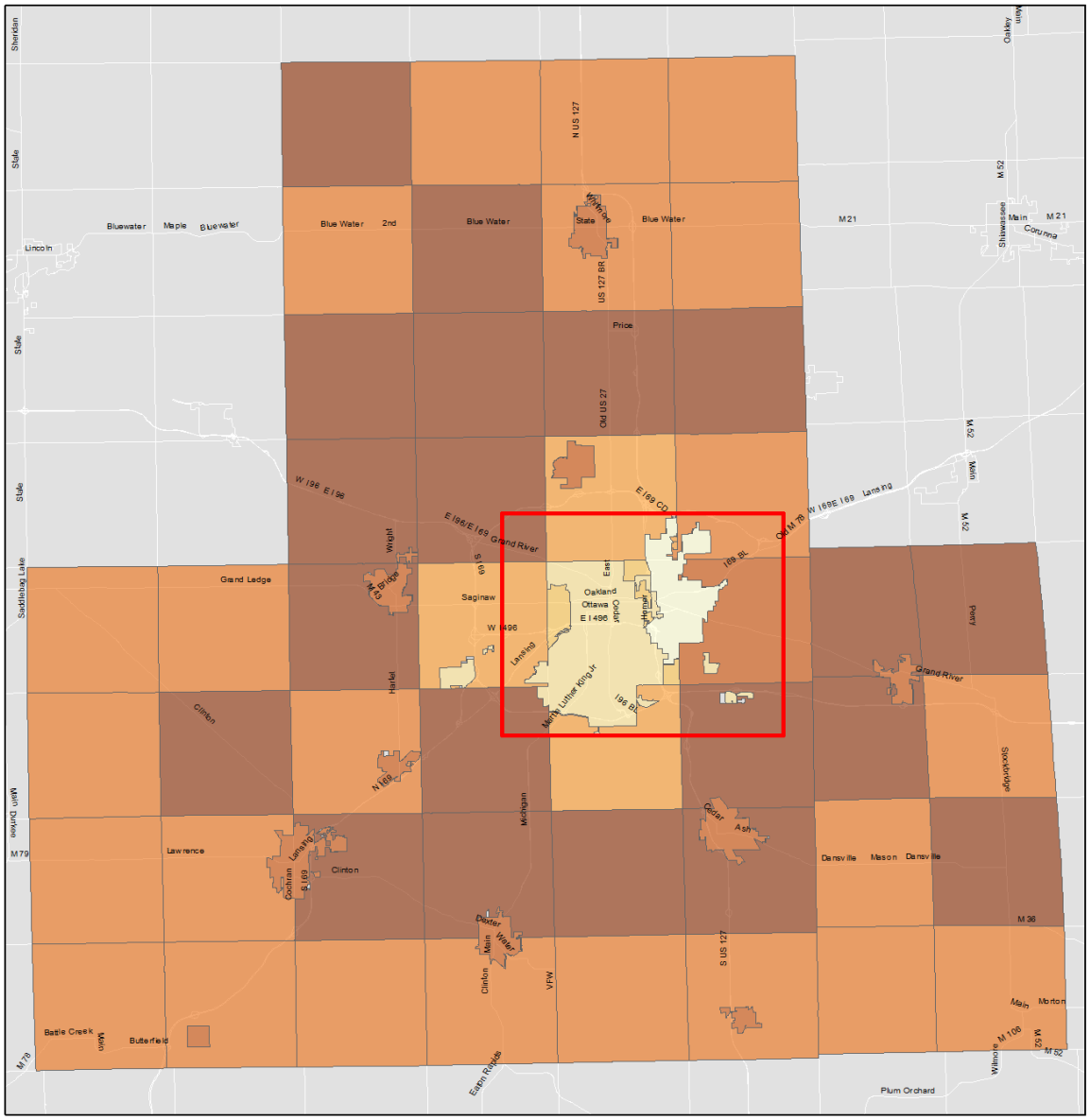
Voter Participation

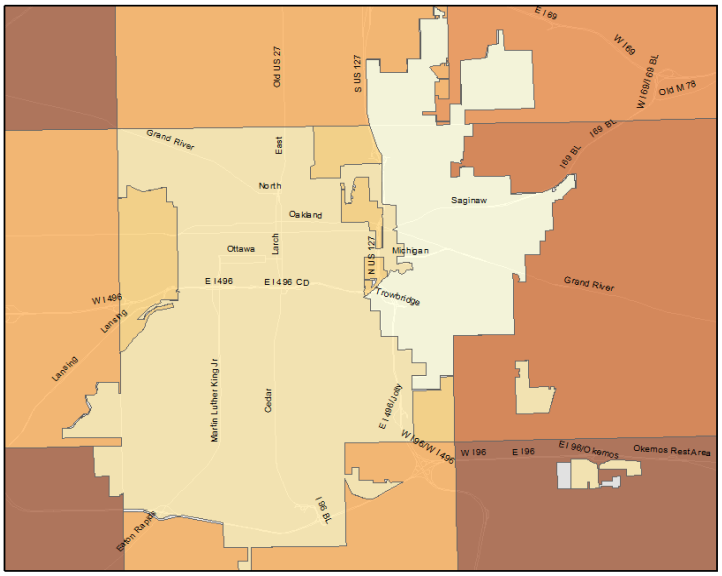
	2008 presidental	2010 mid-term	2012 presidential	2014 mid-term
Michigan	66.2%	42.9%	63.0%	41.6%
Tri-county	73.7%	44.4%	62.4%	44.2%
Clinton County, Michigan	86.7%	49.5%	69.1%	51.7%
Eaton County, Michigan	75.7%	51.0%	66.9%	50.0%
Ingham County, Michigan	68.6%	40.6%	59.1%	40.2%
Farms & Fields	78.4%	48.9%	65.6%	48.2%
Small Cities	70.7%	47.3%	65.5%	48.4%
Mixed Suburban	62.7%	39.2%	62.9%	46.9%
Countryside Suburban	83.0%	60.4%	77.4%	60.4%
Urban overall	61.1%	32.3%	51.1%	32.0%
Lansing	63.2%	37.0%	56.7%	37.3%
Lansing Charter Twp	63.7%	41.5%	60.1%	40.3%
East Lansing	56.4%	21.8%	39.2%	20.5%

Voter participation is higher during presidential election years than during mid-term election years. For both presidential and mid-term elections, voter participation varied significantly. For the most recent presidential election, voter participation ranged from 39.2% to 77.4% and for the most recent mid-term it ranged from 20.5% to 60.4%.

Social Connection & Social Capital

Note: Results below are for 2014 mid-term elections





Legend

Voter Participation (%)

- 60.4%
- 48.4%
- 48.2%
- 46.9%
- 40.3%
- 37.3%
- 20.5%

Quality of Primary Care

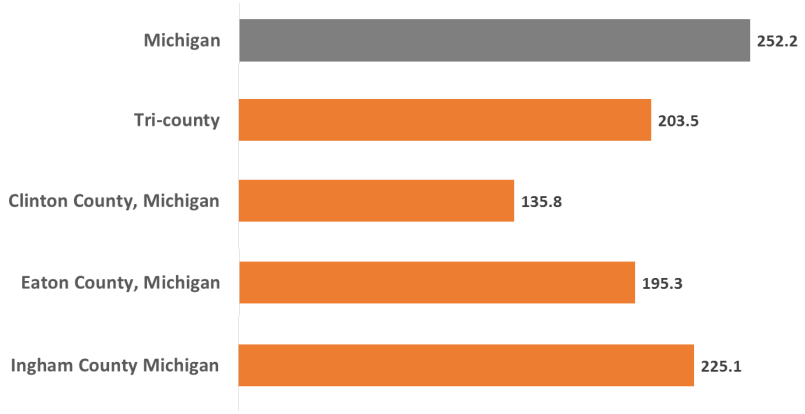
MEASURE:
The number of Ambulatory Care Sensitive (ACS) hospitalizations per 10,000 people per year. Ambulatory Care Sensitive hospitalizations such as asthma, diabetes or dehydration are hospitalizations for conditions where timely and effective ambulatory care can decrease hospitalizations by preventing the onset of an illness or condition, controlling an acute episode of an illness, or managing a chronic disease or condition. Ambulatory care is care provided in a primary care setting, such as a doctor's office, rather than a hospital.

DATA SOURCE: Michigan Resident inpatient data (via MDHHS)

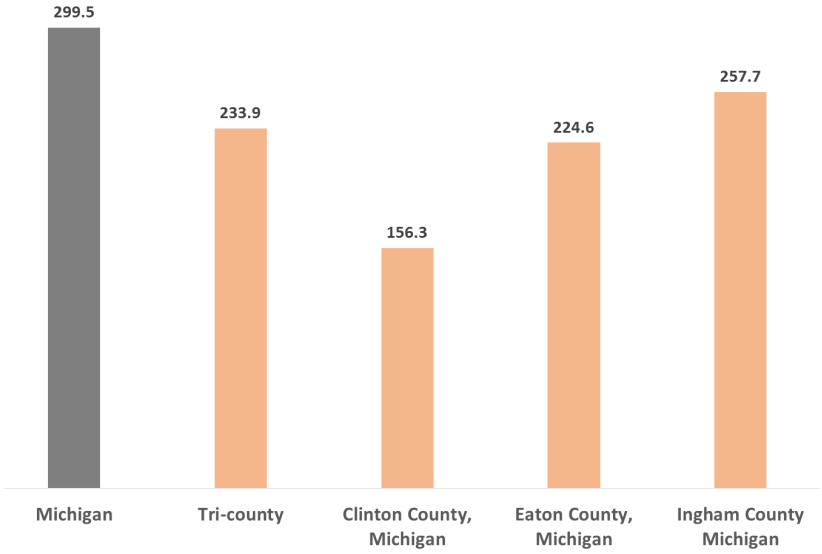
YEAR: 2013

REASON FOR MEASURE:
High rates of Ambulatory Care Sensitive hospitalizations in a community are an indicator of a lack of (or failure of) prevention efforts, a primary care resource shortage, poor performance of primary health care delivery systems, or other factors that create barriers to obtaining timely and effective ambulatory care.[MDHHS]

ACS Hospitalizations Rates (All Ages)



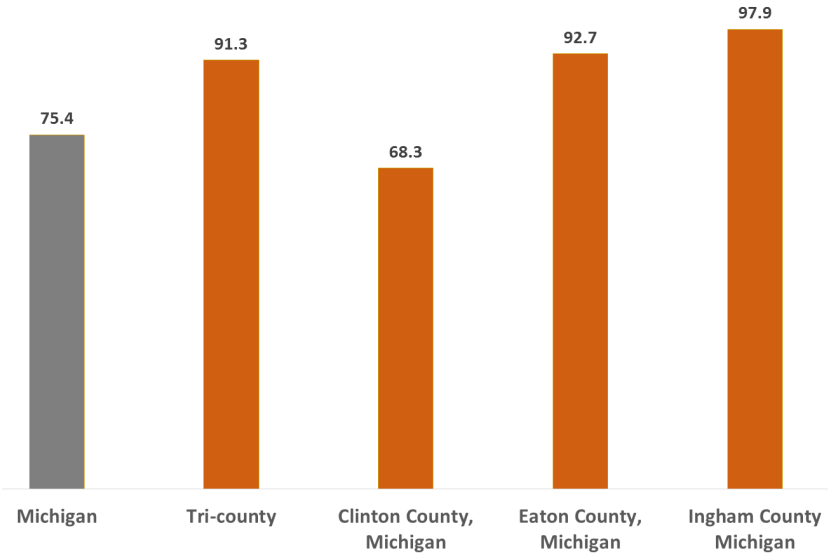
ACS Hospitalizations Rates among Adults



All three counties have lower rates of ACS hospitalizations than the state. When stratified by age, the region's ACS hospitalization rate is higher than the state's for children and lower than the state's for adults. Within the region and across all the age categories, Clinton Counties had the lowest ACS hospitalization rates followed by Eaton and Ingham counties.

ACS hospitalization rates are not available at the sub-county level.

ACS Hospitalizations Rates among Children <18 Years Old



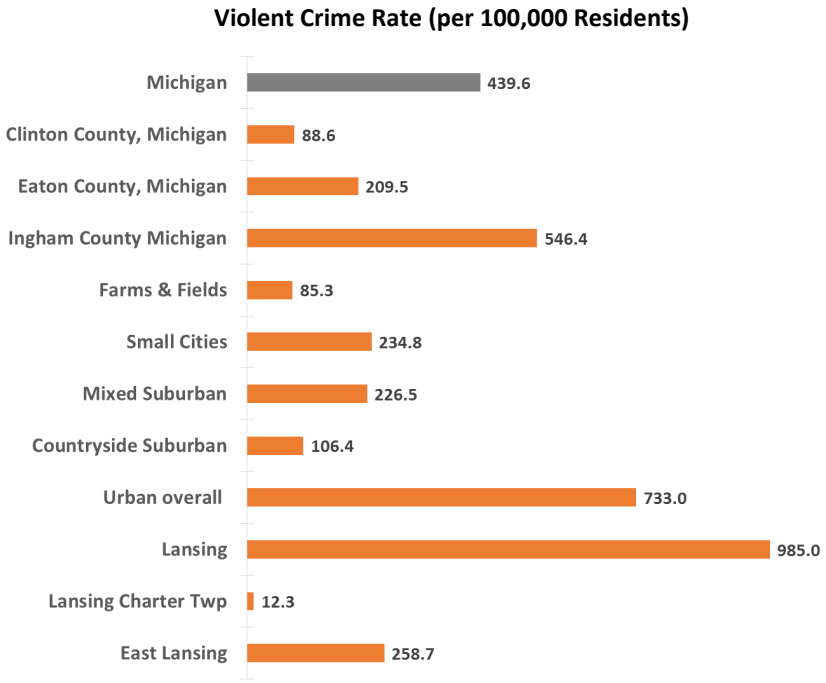
Community Safety

MEASURE:
The rate of violent crimes per 100,000 people. Violent crimes are defined as offenses that involve face-to-face confrontation between the victim and the perpetrator, including homicide, forcible rape, robbery, and aggravated assault.

DATA SOURCE: Michigan Uniform Crime Report

YEAR: 2013

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 such as exercising out-of-doors. Additionally, some evidence indicates that increased stress levels may contribute to obesity prevalence, even after controlling for diet and physical activity levels.[CHR]



The violent crime rate is highest in the urban areas, with a rate nearly twice as high as Ingham County as a whole, and more than twice as high as the tri-county as a whole. Meanwhile, Lansing Charter Township, Clinton County, Farms & Fields, and Countryside Suburban areas had the lowest violent crime in the region.

Sub-county level geographic area group breakouts are not available for this indicator.

speaking of health

Focus Group Participants:

"I don't wanna get caught out there and get shot. Because I look like somebody, or they think I just came from the wrong building."

"I'm originally from Lansing, but I live here in St. Johns. I like it because it's quiet and you don't have to worry about anything. I leave my car unlocked at night most of the time and don't have to worry about anybody messing with it. I just like it because it's quiet."

"I can't go outside to walk where I live because they have pit bulls and I'm afraid because I've been bitten when I'm walking where I live."

Affordable Housing

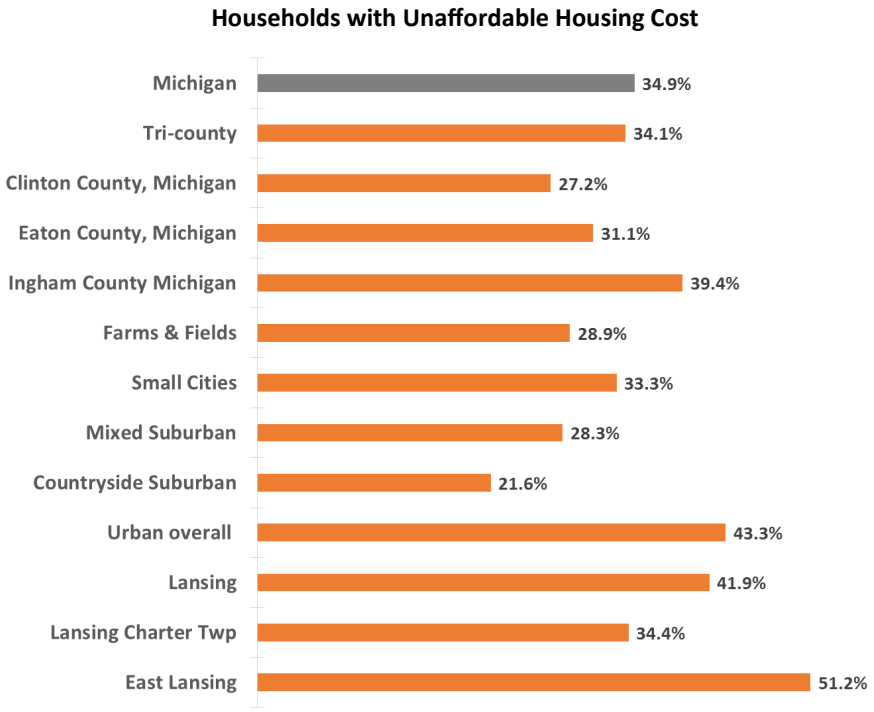
MEASURE:
The percent of households that pay 30 percent or more of their household income on housing costs.

DATA SOURCE: American Community Survey

YEAR: 2008-2015

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



Approximately one-third of households in the capital area and the state of Michigan spend more on housing than they can afford. Within the region the percentage of households in unaffordable housing is highest in the urban areas, especially in the City of East Lansing, where half of households spend more than a third of their income on housing.

speaking of health

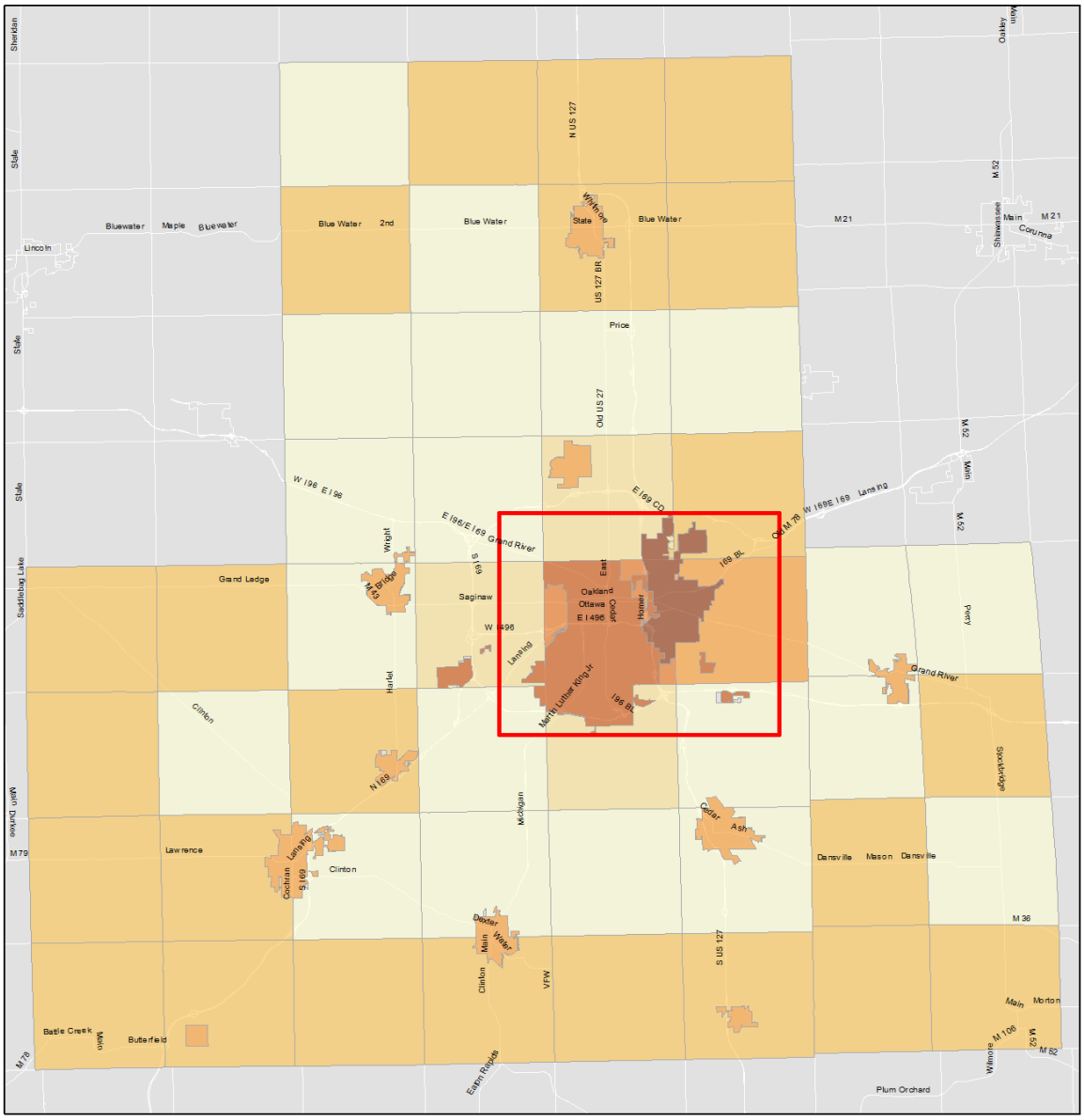
Focus Group Participants:

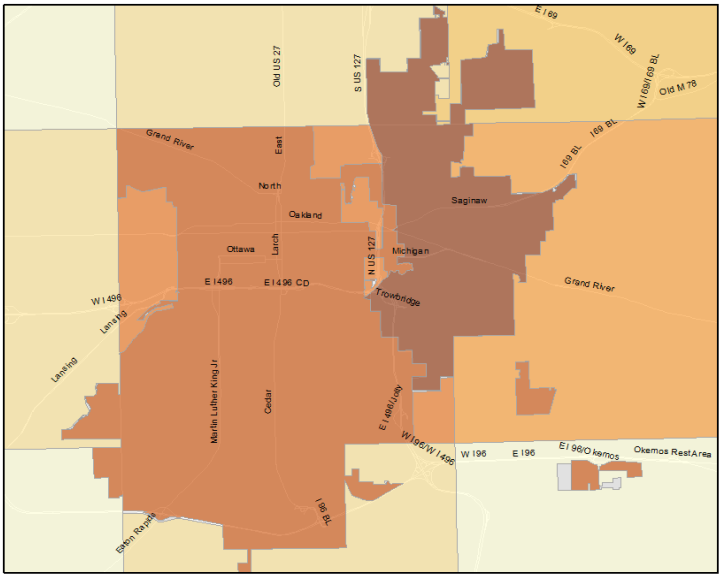
"And we have a trailer, in a trailer park, not really my ideal thing, but I mean, it's a roof over my head. We really wanna have a house with the big yard, and let the dog free, let him run….We found the trailer and they worked with us."

"I live…in income based housing. I swear that since I moved there I feel like I'm kind of stuck. I feel like living there is only allowing me to live month to month."

"But, the taxes are so high and I don't think they want apartments, they want more privately owed. I see a housing issue too. Housing is too expensive here for what we have."

Affordable Housing





Legend

% of households who spend more than 30% of income on housing

- 51.2%
- 41.9%
- 34.4%
- 33.3%
- 28.9%
- 28.3%
- 21.6%

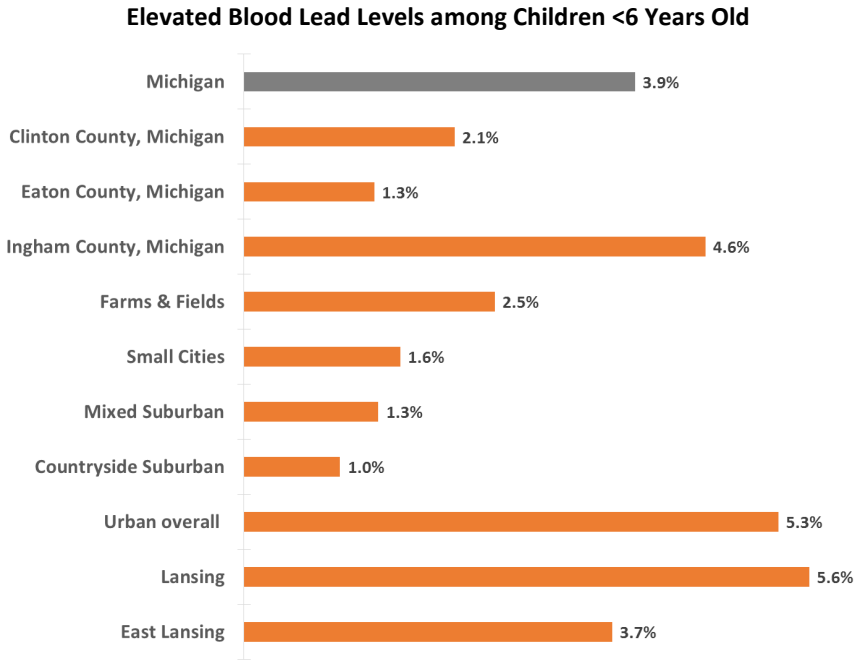
Environmental Quality

MEASURE:
The percentage of children less than six years of age with elevated blood lead levels (EBLL) >=5ug/dL (highest venous or capillary blood lead level).

DATA SOURCE:
Michigan Department of Health and Human Services, Childhood Lead Poisoning and Prevention Program

YEAR: 2013

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.



Ingham County has a higher prevalence of children with elevated blood lead levels compared to the state and the other two counties in the region. Driving that prevalence is the high percentage of children in urban areas with elevated blood lead levels. Lead exposure is strongly correlated with age of housing stock in an area. In the tri-county area, the oldest homes are located un the urban areas.

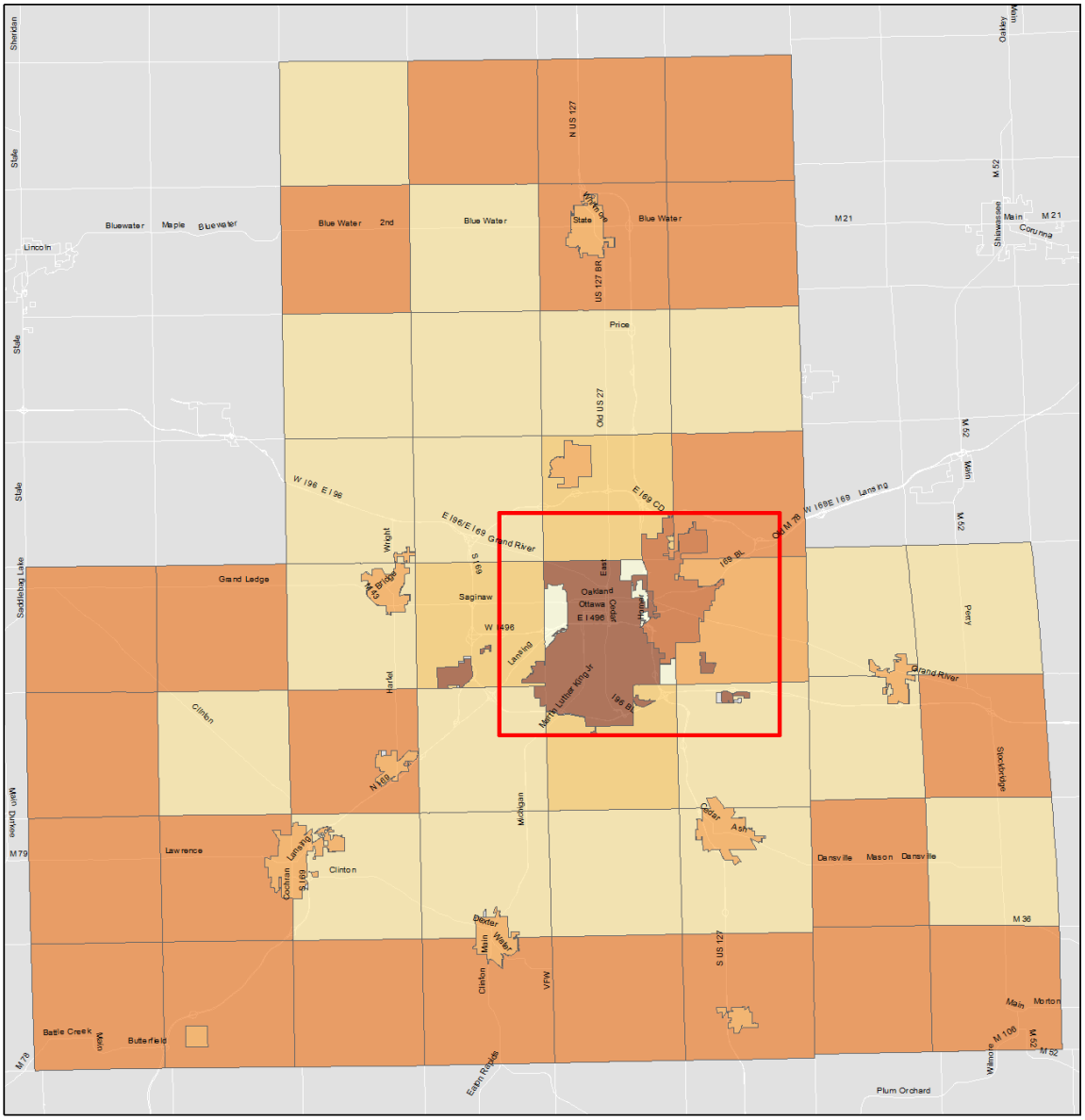
speaking of health

Focus Group Participants:

"I was a line striper, so I painted, I also asphalt, and I filled potholes and that kinda thing. But I also sprayed chemicals, I was a gardener. So, you dealt with pesticide and herbicide. It happened that I was at the wrong place at the wrong time, spraying, and it was too long, and it induced a scleroderma in my lungs."

"I think [the health department] should give out free carbon monoxide detectors too. Because we need one, and they're expensive. And radon. Radon and fire."

Environmental Quality



Built Environment

MEASURE:
modified Retail Food Environment Index (mRFEI)

The modified Retail Food Environment Index (mRFEI) is a way of measuring the number of healthy and less healthy food retailers in an area using a single number. Out of the total number of food retailers in that area considered either healthy or less healthy, the mRFEI represents the percentage that are healthy. Therefore, lower scores indicate that census tracts contain many convenience stores and/or fast food restaurants compared to the number of healthy food retailers. A zero score indicates that no healthy food retailers (supermarkets, large grocery stores, produce stores or supercenters) are located in the census tract.

DATA SOURCE:
Compilation of :

- Supermarkets, Small and Large Groceries, Produce Stores, Supercenters - InfoUSA 2009
- Convenience stores - Homeland Security Infrastructure Program Database 2008
- Fast-food restaurants - NAVTEQ 2009

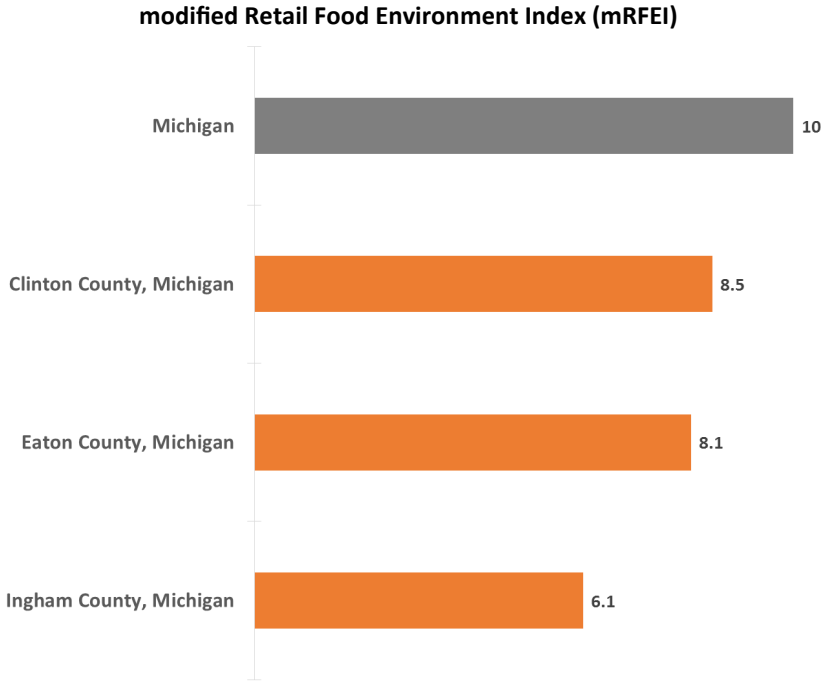
Calculated by the Centers for Disease Control and Prevention

YEAR: 2008-2009 (most recent year available)

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 reduced risk of obesity and better access to convenience stores is associated with 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 BMI and obesity than "food deserts." Increasing access to specific foods like fruits and vegetables, whole grains, and low-fat milk alone may not make a dent in the obesity problem. Any of the stores that carry these nutritious foods at low prices also carry all the less healthy foods and beverages as well.

Source: http://www.ers.usda.gov/Publications/AP/AP036/AP036d.pdf



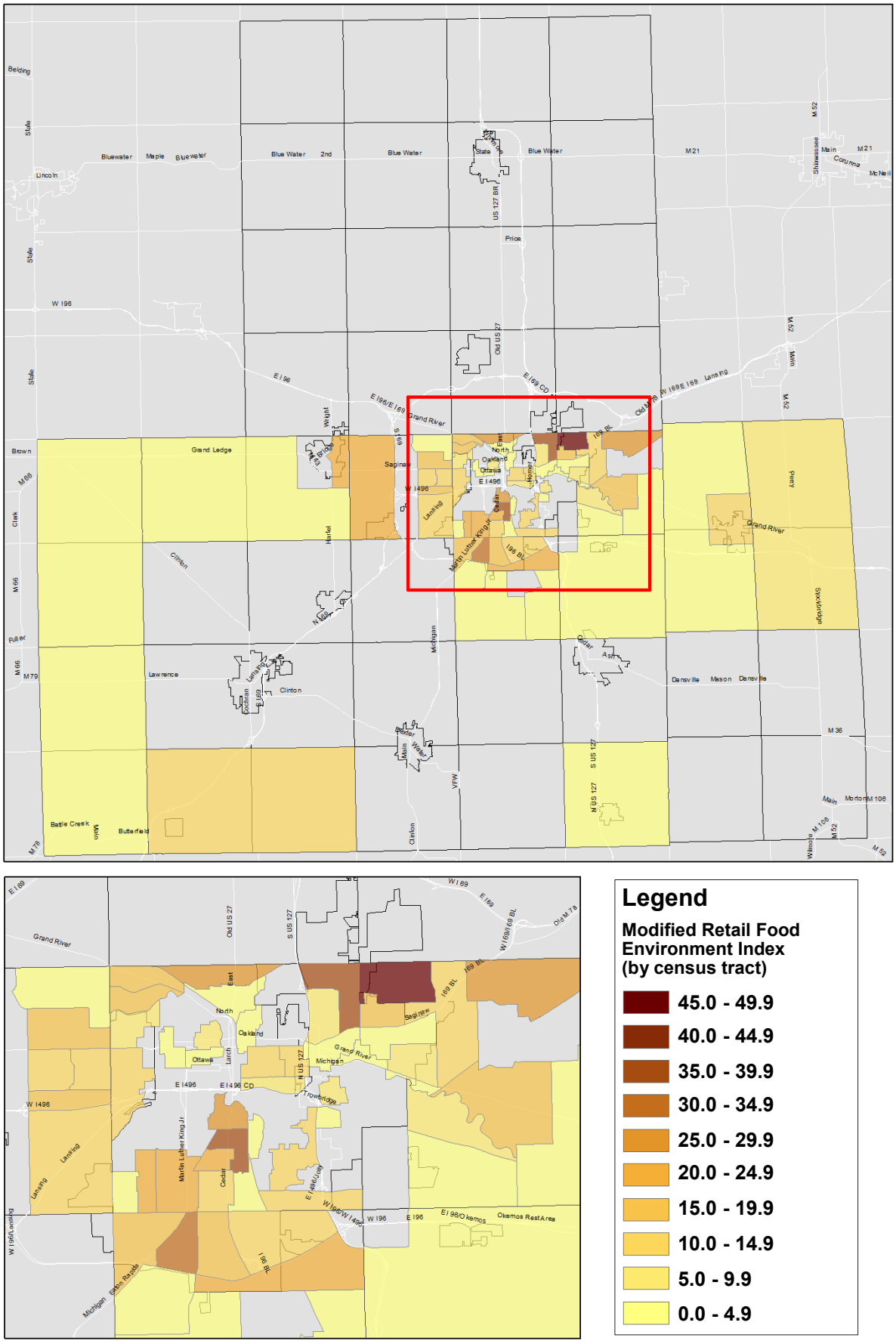
A low mRFEI corresponds to a low proportion of healthy food retailers. All three counties in the capital area have mRFEI values lower than that of the state. Clinton and Eaton counties have numbers similar to each other (8.5 and 8.1, respectively), while Ingham County's mRFEI is two points lower.

speaking of health

Focus Group Participants:

"Sometimes it's not as easily accessible for everybody to get healthy food like it's not farmer markets and there's probably a corner store, a grocery store so far away, if you don't have a vehicle."

Built Environment



Obesity (adults)

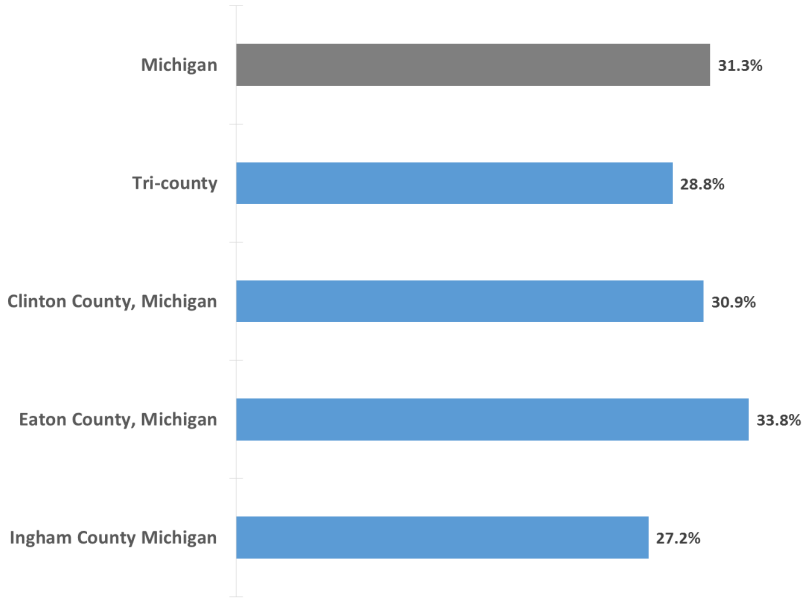
MEASURE:
Adult obesity prevalence represents the percentage of the adult population (age 18 and older) with a body mass index (BMI) greater than or equal to 30 kg/m^2. BMI is calculated from the individual's self-reported height and weight. BMI is defined as weight in kg divided by height in meters, squared.

DATA SOURCES:
Michigan Behavioral Risk Factor Surveillance System
Capital Area Behavioral Risk Factor Surveillance System

YEAR: 2011-2013

REASON FOR MEASURE:
Obesity is often the end 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.[CHR]

Percentage of Adults who are Obese (≥ 30 kg/m^2)



The tri-county region has a lower prevalence of adult obesity than Michigan, as is true for each of the Capital area counties. Differences between individual counties in the capital area are not statistically significant.

Sub-county level geographic area group breakouts are not available for this indicator.

speaking of health

Focus Group Participants:

"So we don't eat healthy; and the always been running; from the house to the job, and if the kid has an activity. So you don't have that time to cook at home and we go to a restaurant or to eat fast food. What do we eat in the fast food? They don't give us small portions, they give us big portions."

"Because now I'm obese and I wasn't before…my doctor have told me to lose the weight, and I try for a day or two, and I do good and then when you get hungry I forget about it."

Obesity (adolescents)

MEASURE:
Adolescent obesity prevalence represents the percentage of 7th, 9th, and 11th grade students who are obese (at or above the 95th percentile for BMI by age and sex).

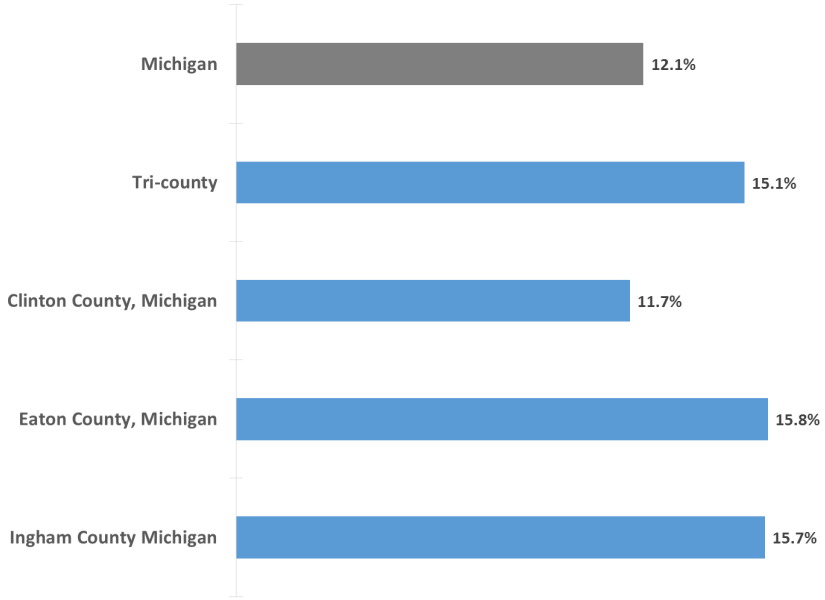
DATA SOURCE:
Michigan Profile for Healthy Youth Survey (MiPHY)
Michigan Youth Risk Behavior Survey (Mi YRBS)

YEAR:
2011 (Mi YRBS) *latest available at the time of publication*
2013-2014 (MiPHY)

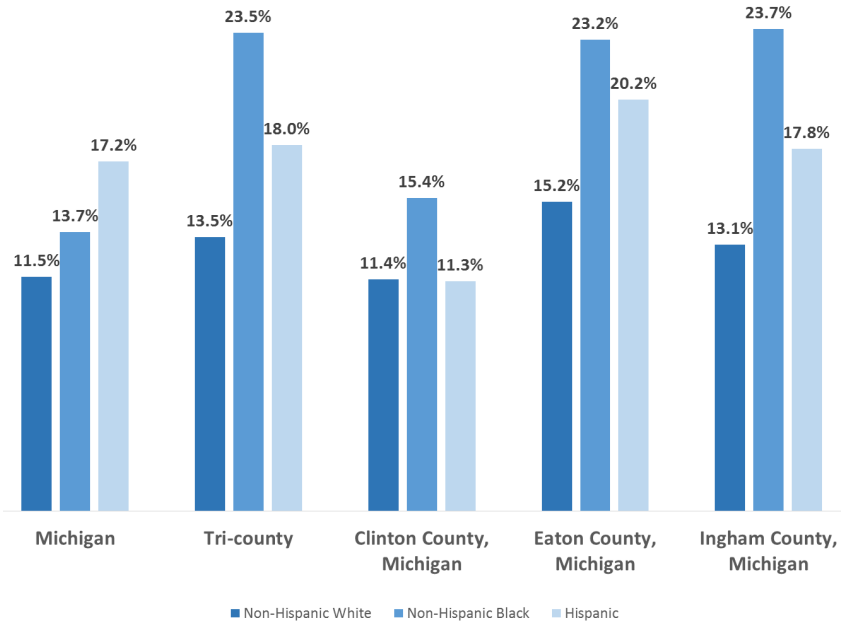
REASON FOR MEASURE:
Some of the immediate health effects of obese youth are that they are more likely to have risk factors for cardiovascular disease, such as high cholesterol or high blood pressure. In a population-based sample of 5- to 17-year-olds, 70% of obese youth had at least one risk factor for cardiovascular disease. Obese adolescents are more likely to have prediabetes, 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.

Some of the long-term health effects are children and adolescents who are obese are likely to be obese as adults and are therefore more at risk for adult health problems such as 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. Overweight and obesity are associated with increased risk for many types of cancer, including cancer of the breast, colon, endometrium, esophagus, kidney, pancreas, gall bladder, thyroid, ovary, cervix, and prostate, as well as multiple myeloma and Hodgkin's lymphoma.[CDC]

Percentage of Students who are Obese



Percentage of Students who are Obese by Race/Ethnicity
(BMI above the 95th percentile for age- and sex-specific BMI)



The tri-county region has a higher prevalence of adolescent obesity than Michigan. Clinton County's adolescent obesity prevalence below the regional and state's statistics.

Across all the geographic areas, youths who are racial/ethnic minorities have an obesity prevalence higher than their non-Hispanic White peers. Nearly one in five Hispanic youths and one in four non-Hispanic black youths are obese.

Sub-county level geographic area group breakouts are not available for this indicator.

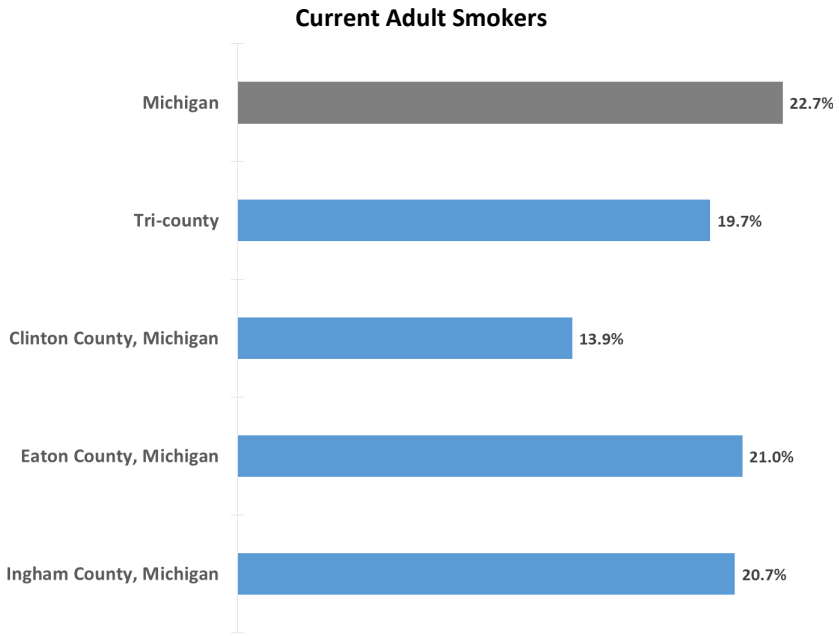
Tobacco Use (adults)

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:
Michigan Behavioral Risk Factor Surveillance System
Capital Area Behavioral Risk Factor Surveillance System

YEAR: 2011-2013

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 effectiveness of existing programs.[CHR]



The capital area has a lower proportion of adults who are current smokers than the state. Clinton County had the lowest proportion of smokers, meanwhile, in Eaton and Ingham Counties, one in five adults currently smoke.

Sub-county level geographic area group breakouts are not available for this indicator.

speaking of health

Focus Group Participants:

"He smoked so he could deal with the stress that he was dealing with at home, to keep him focused at school, so he could keep concentrating on his books and his education."

Tobacco Use (adolescents)

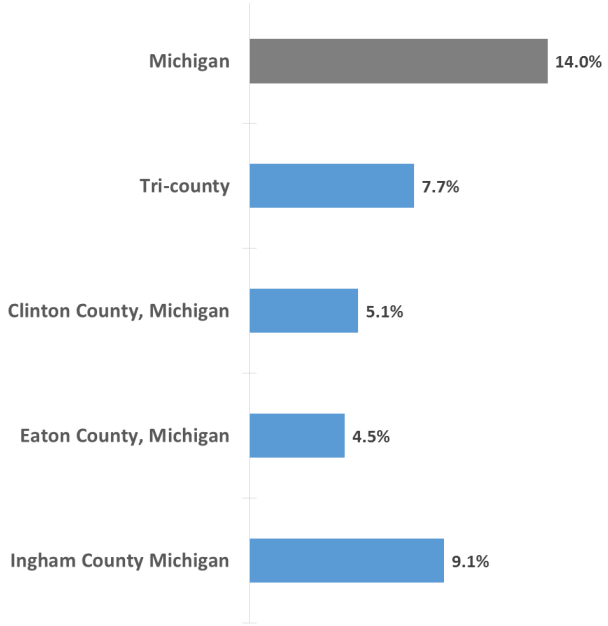
MEASURE:
Adolescent smoking prevalence represents the percentage of students who smoked cigarettes on one or more of the past 30 days (recent).

DATA SOURCE:
Michigan Profile for Healthy Youth Survey (MiPHY)
Michigan Youth Risk Behavior Survey (Mi YRBS)

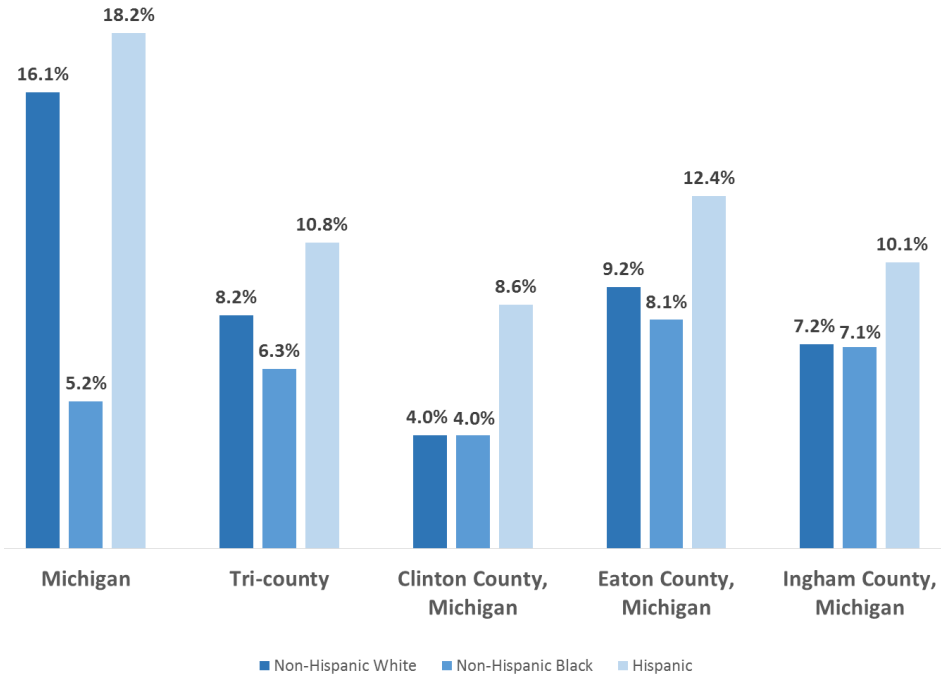
YEAR:
2011 (Mi YRBS) *latest available at the time of publication*
2013-2014 (MiPHY)

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 effectiveness of existing programs.[CHR]

Adolescents who Smoked Cigarettes in the Past 30 Days



Adolescents who Smoked Cigarettes in the Past 30 Days by Race/Ethnicity



The tri-county region has a lower self-reported adolescent smoking prevalence than the state of Michigan. Approximately one in twenty adolescents in Clinton and Eaton counties smoked recently, whereas in Ingham County the proportion is higher (approximately one in ten). Smoking is least common among non-Hispanic Blacks youths across the various geographies, but it is much more prevalent among Hispanic youths.

Sub-county level geographic area group breakouts are not available for this indicator.

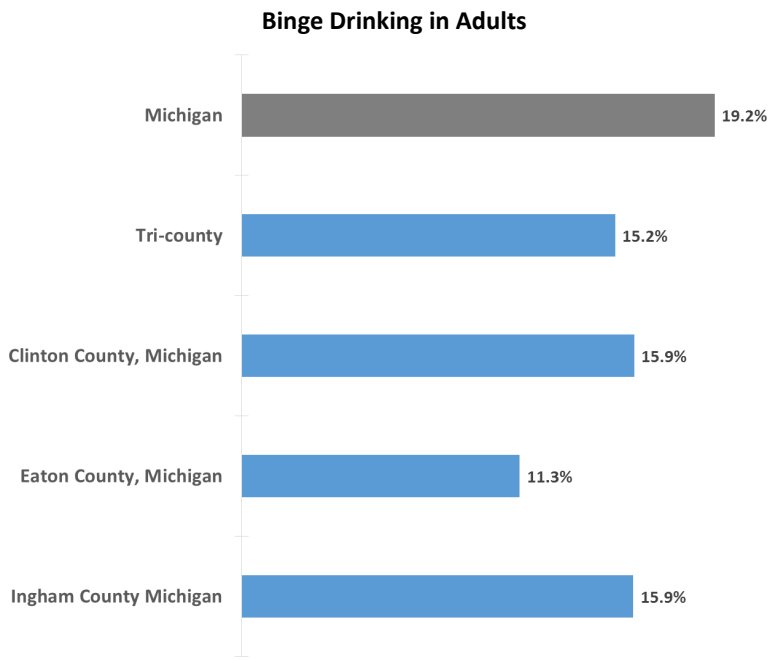
Alcohol Use (adults)

MEASURE:
Binge drinking is defined as consuming more than 4 (women) or 5 (men) alcoholic beverages on a single occasion within the past 30 days. Heavy drinking is defined as drinking more than 1 (women) or 2 (men) drinks per day on average.

DATA SOURCES:
Michigan Behavioral Risk Factor Surveillance System
Capital Area Behavioral Risk Factor Surveillance System

YEAR: 2011-2013

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.[CHR]



One in five adults in Michigan binge drink. A slightly lower proportion of adults in the region reported that they binge drink. During the reporting period, Clinton and Ingham counties had the same binge drinking prevalence among adults (15.9%). Eaton County had the lowest proportion in the region.

Sub-county level geographic area group breakouts are not available for this indicator.

speaking of health

Focus Group Participants:

"When I was drinking, I didn't wanna see healthy people."

"One dollar spent on treatment is gonna save ten dollars on incarceration for somebody that just needs a little help at that moment."

Alcohol Use (adolescents)

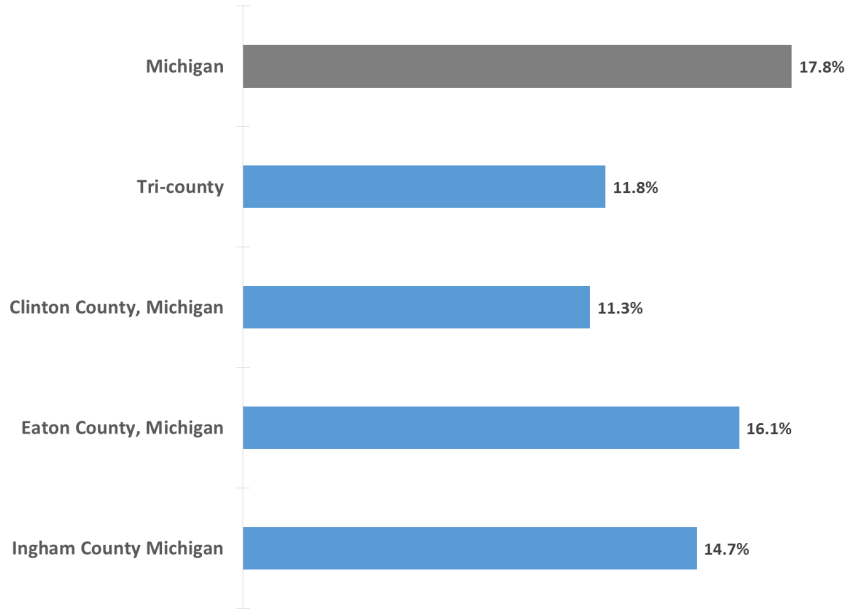
MEASURE:
Adolescent binge drinking prevalence represents the percentage of 7th, 9th, and 11th grade students who had five or more drinks of alcohol in a row, that is, within a couple of hours, during the past 30 days (binge).

DATA SOURCE:
Michigan Profile for Healthy Youth Survey (MiPHY)
Michigan Youth Risk Behavior Survey (Mi YRBS)

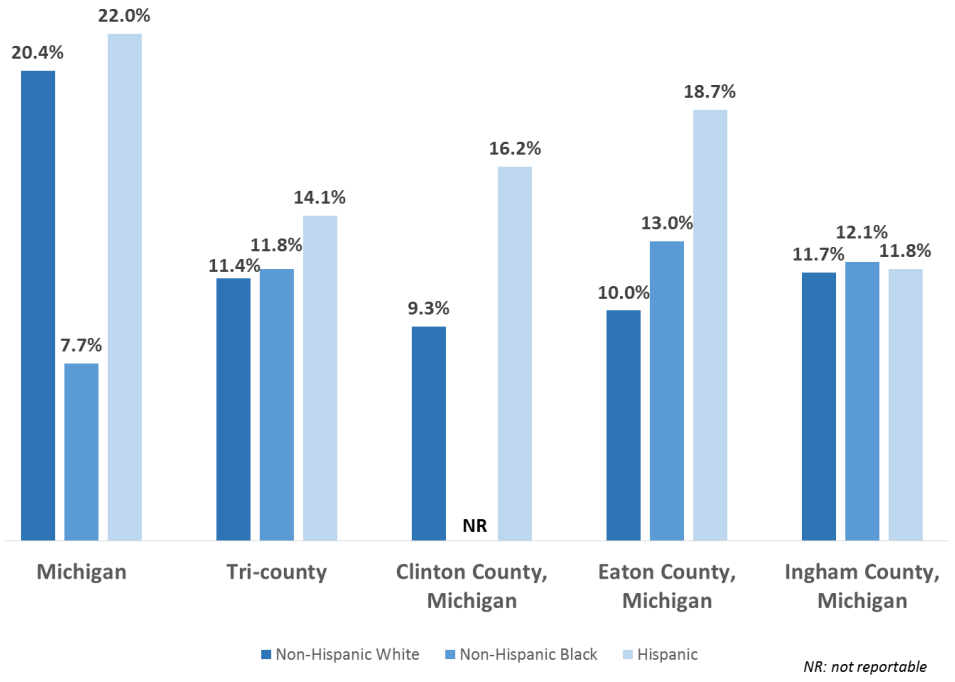
YEAR:
2011 (Mi YRBS) *latest available at the time of publication*
2013-2014 (MiPHY)

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.[CHR]

Adolescent Binge Drinking



Adolescent Binge Drinking by Race/Ethnicity



A significantly lower proportion of tri-county region adolescents reported at least one incidence of recent binge drinking compared to adolescents throughout the state. Within the tri-county region, binge drinking rates varied from a low of 11.3% in Clinton County to 16.1% in Eaton County.

In the state, the proportion of adolescents who binge drink is highest among non-Hispanic White and Hispanic youths, but in the capital area it is highest among racial/ethnic minorities.

Sub-county level geographic area group breakouts are not available for this indicator.

Physical Activity (adult)

MEASURE:
The percentage of adults with no leisure time physical activity

DATA SOURCE:
Michigan Behavioral Risk Factor Surveillance System
Capital Area Behavioral Risk Factor Surveillance System

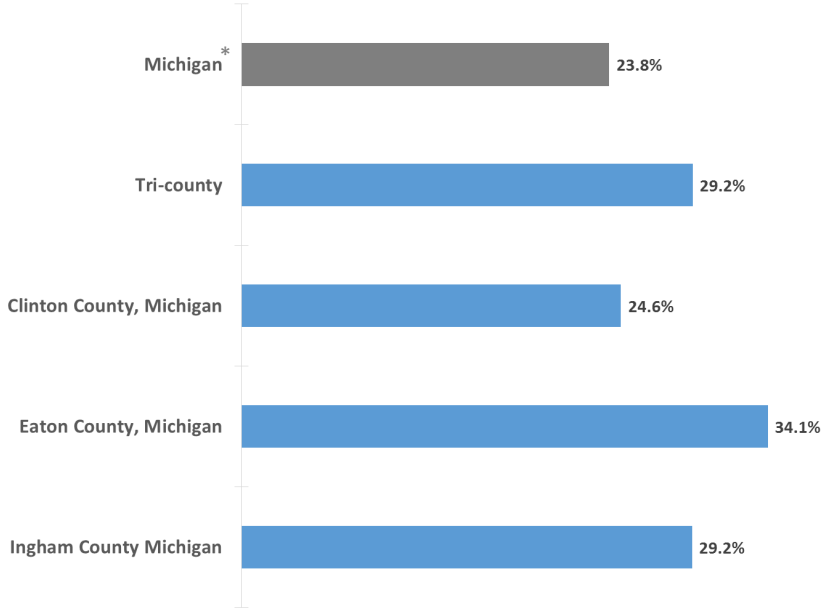
YEAR: 2011-2013

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 CVD, CHD, 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
- 20-30% lower risk for depression, distress/ well-being, and dementia

***NOTES ABOUT MEASURE:**
Physical activity statistics from the MI BRFS may not be comparable to physical activity statistics in the Capital Area BRFS because the questions for physical activity were different in both survey instruments.

Adults with No Leisure Time Physical Activity



The capital area has a higher proportion of adults who reported not leisure time physical activity that the state. Within the region, the proportion varies from approximately one in three adults with no leisure time physical activity in Eaton County to one in four in Clinton County.

Sub-county level geographic area group breakouts are not available for this indicator.

speaking of health

Focus Group Participants:

"Recently about three weeks ago, I joined a gym to work out and I feel really good. It has seemed to help more than anything."

"I can't get out and exercise in the winter and I can't go walk because it hurts too much. I've gone to Curves and I've done the gym. I've done this and I've done that and yeah, I'm really good for a couple of weeks and then I decided to take a break today and today never stops."

Physical Activity (adolescent)

MEASURE:
Percentage of adolescents achieving the recommended level of physical activity. Recommended physical activity is defined as being physically active for a total of at least 60 minutes per day on five or more of the past seven days.

DATA SOURCE:
Michigan Profile for Healthy Youth Survey (MiPHY)
Michigan Youth Risk Behavior Survey (Mi YRBS)

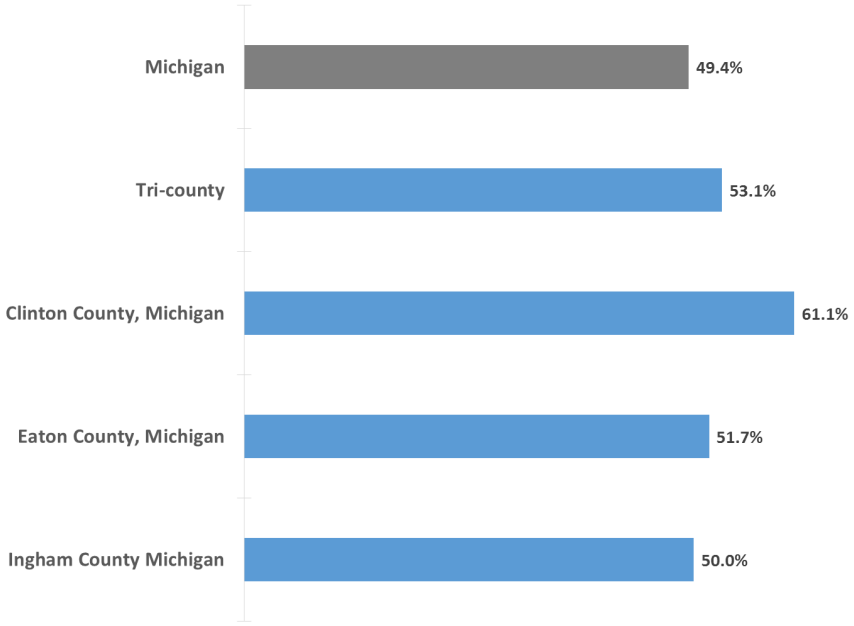
YEAR:
2011 (Mi YRBS) *latest available at the time of publication*
2013-2014 (MiPHY)

REASON FOR MEASURE:
As important as physical activity is for adults, it is even more important for children and adolescents because they are still developing. Appropriate practice of physical activity assists young people to:

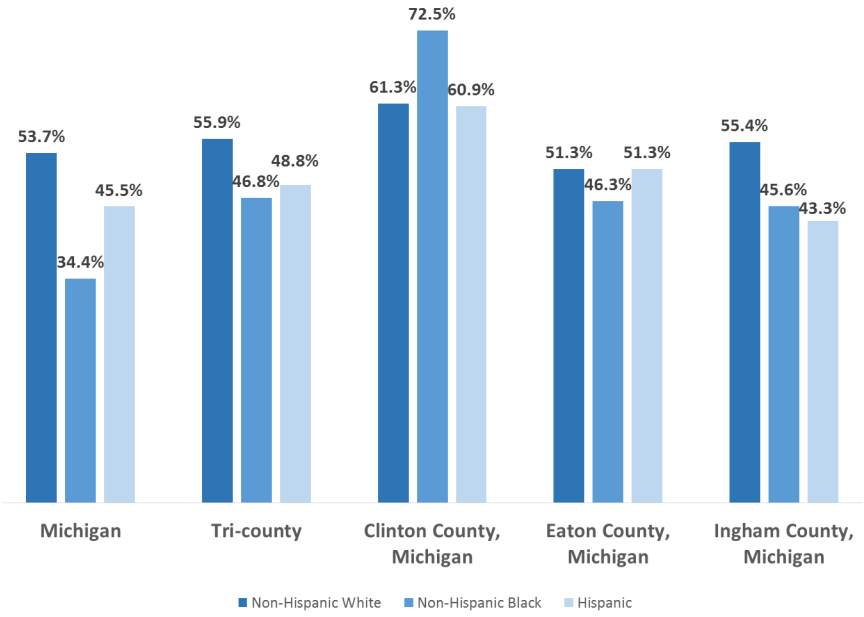
- develop healthy musculoskeletal tissues (i.e. bones, muscles and joints)
- develop a healthy cardiovascular system (i.e. heart and lungs)
- develop neuromuscular awareness (i.e. coordination and movement control)
- maintain a healthy body weight

Physical activity has also been associated with psychological benefits in young people by improving their control over symptoms of anxiety and depression. Similarly, participation in physical activity can assist in the social development of young people by providing opportunities for self-expression, building self-confidence, social interaction and integration. It has also been suggested that physically active young people more readily adopt other healthy behaviors (e.g. avoidance of tobacco, alcohol and drug use) and demonstrate higher academic performance at school.

Percentage of Adolescents Achieving the Recommended Level of Physical Activity



Percentage of Adolescents Achieving the Recommended Level of Physical Activity by Race/Ethnicity



Throughout the state and the capital area about half of adolescents achieve the recommended levels physical activity. Within the local region there is considerable variation among the different racial/ethnic groups. Among non-Hispanic White youths, the proportion who achieve the recommended levels of physical activity ranges from 51.3% in Eaton County to 61.3% in Clinton County. Among racial/ethnic minorities, the proportion ranges from 43.3% in Ingham County to 72.5% in Clinton County.

Sub-county level geographic area group breakouts are not available for this indicator.

Nutrition (adult)

MEASURE:
Percentage of adults who consume ≥5 servings (or times) of fruits and vegetables per day

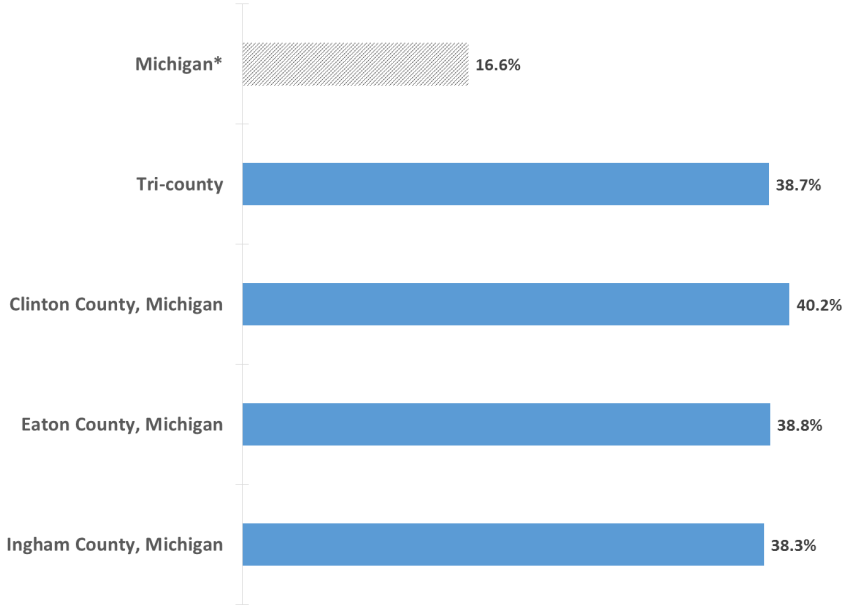
DATA SOURCES:
Michigan Behavioral Risk Factor Surveillance System
Capital Area Behavioral Risk Factor Surveillance System

YEAR: 2011-2013

REASON FOR MEASURE:
Most adults consume a diet heavy in carbohydrates and fats, but have limited (both in amount and 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 are necessary to consume the whole spectrum of nutrients necessary for optimum health.

***NOTES ABOUT MEASURE:**
Nutrition statistics from the MI BRFS may not be comparable to nutrition statistics in the Capital Area BRFS because the questions were worded slightly different in both survey instruments. The Capital Area BRFS asked about the number of servings of fruits and vegetable consumed, while the MI BRFS asked about the number of times fruits and vegetables were consumed.

Percentage of Adults who Consume ≥5 Servings (or Times) of Fruits and Vegetables per Day



Across the capital area, fewer than half of adults consumed five or more servings of fruits and vegetables per day. Variations between individual counties in the region is minimal.

Sub-county level geographic area group breakouts are not available for this indicator.

speaking of health

Focus Group Participants:

"We are trying to grow a garden this year and I only really eat meat once a week, whereas a lot of people we know eat meat every day and I feel like that might not be the best thing. I'm really like enthusiastic about eating vegetables and fruit and super foods and a lot of different things that people may not have ever heard of that may benefit their health."

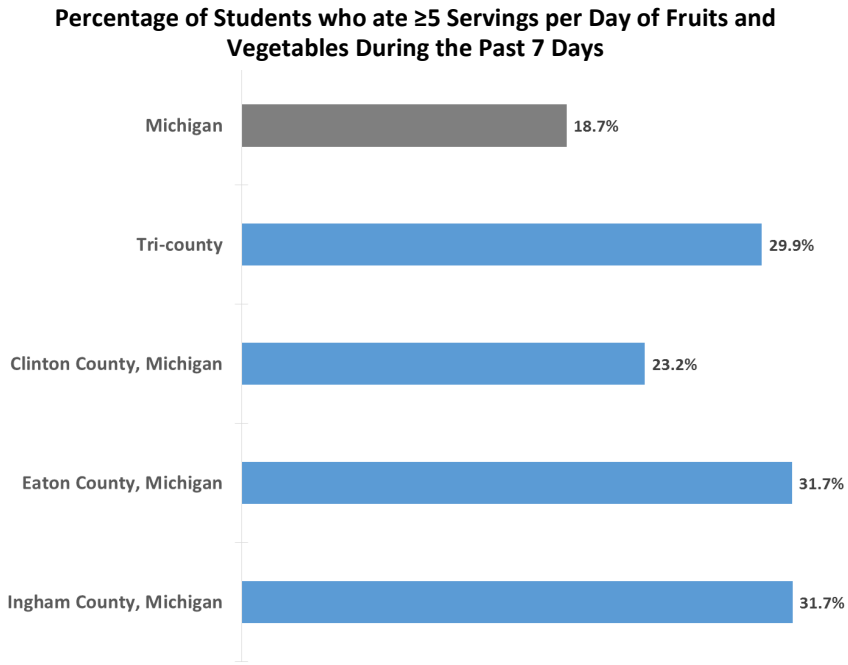
Nutrition (adolescent)

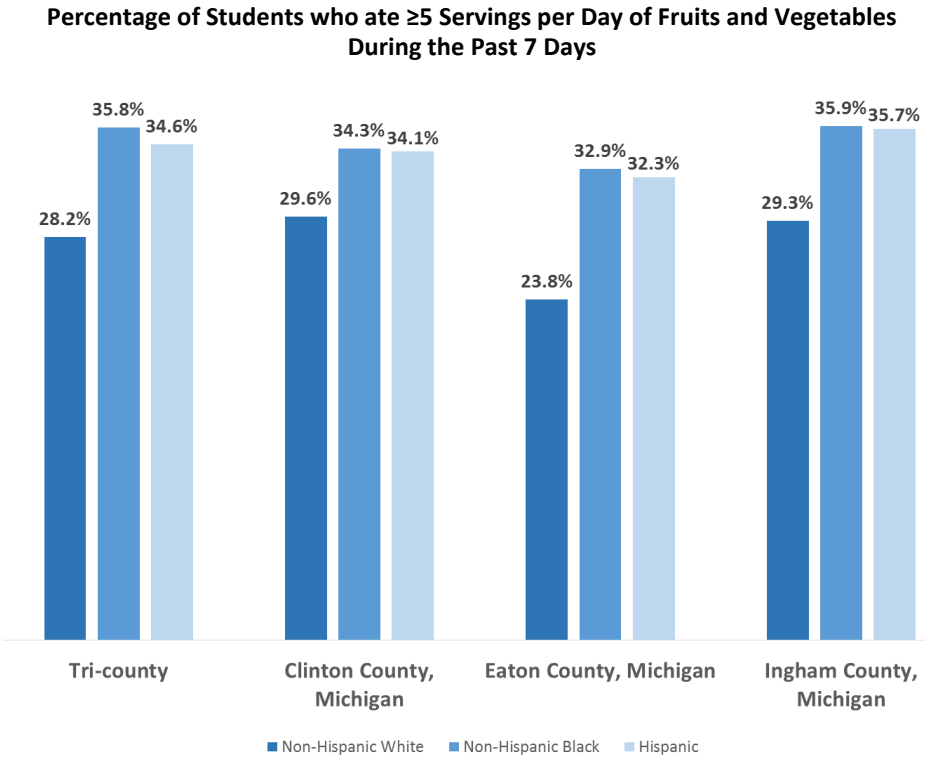
MEASURE:
Percentage of students who ate five or more servings per day of fruits and vegetables during the past seven days

DATA SOURCE:
Michigan Profile for Healthy Youth Survey (MiPHY)
Michigan Youth Risk Behavior Survey (Mi YRBS)

YEAR:
2011 (Mi YRBS) *latest available at the time of publication*
2013-2014 (MiPHY)

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





Although the proportion of adolescents who consume five or more servings of fruits and vegetables a day in the local region is higher than the state, it still unacceptably low. The proportion of youths consuming the recommended amount of fruits and vegetables is similar to that of adults (approximately one in three), but there is more variation by county among youths. Throughout the capital area, slightly more racial/ ethnic minority youths consumed the recommended amount of fruits and vegetables compared to their non-Hispanic white peers.

Sub-county level geographic area group breakouts are not available for this indicator.

Access to Care

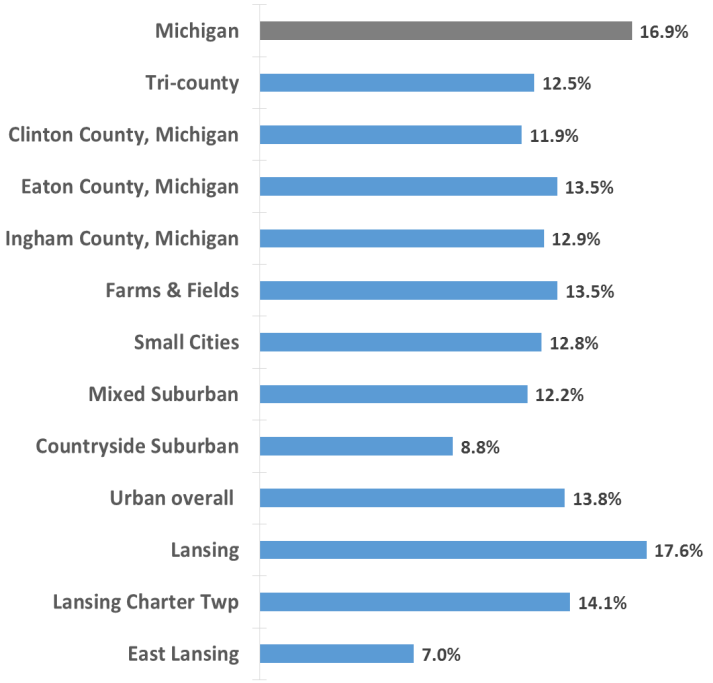
MEASURE:
Percentage of adults 18-64 years old without health insurance

DATA SOURCE: American Community Survey

YEAR: 2008-2013

REASON FOR MEASURE:
Evidence suggests that access to effective and timely primary care has the potential to improve the overall quality of care and help reduce costs. One analysis found that primary care physician supply was associated with improved health outcomes ranging from reduced all-cause, cancer, heart disease, stroke, and infant mortality; a lower prevalence of low birth weight; greater life expectancy; and improved self-rated health. The same analysis also found that each increase of one primary care physician per 10,000 population is associated with a reduction in the average mortality by 5.3%. Another study found that states with a higher ratio of primary care physicians compared to specialists had improved quality and effectiveness of care, as well as lower health care spending than states with a higher ratio of specialists.[CHR]

Adults 18-64 Years Old without Health Insurance



Despite the increased access to health insurance resulting from the implementation of the Affordable Care Act, 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 in the state, but that is not true for certain areas within the capital area. The city of Lansing has a slightly higher proportion of adults with no health insurance than the state.

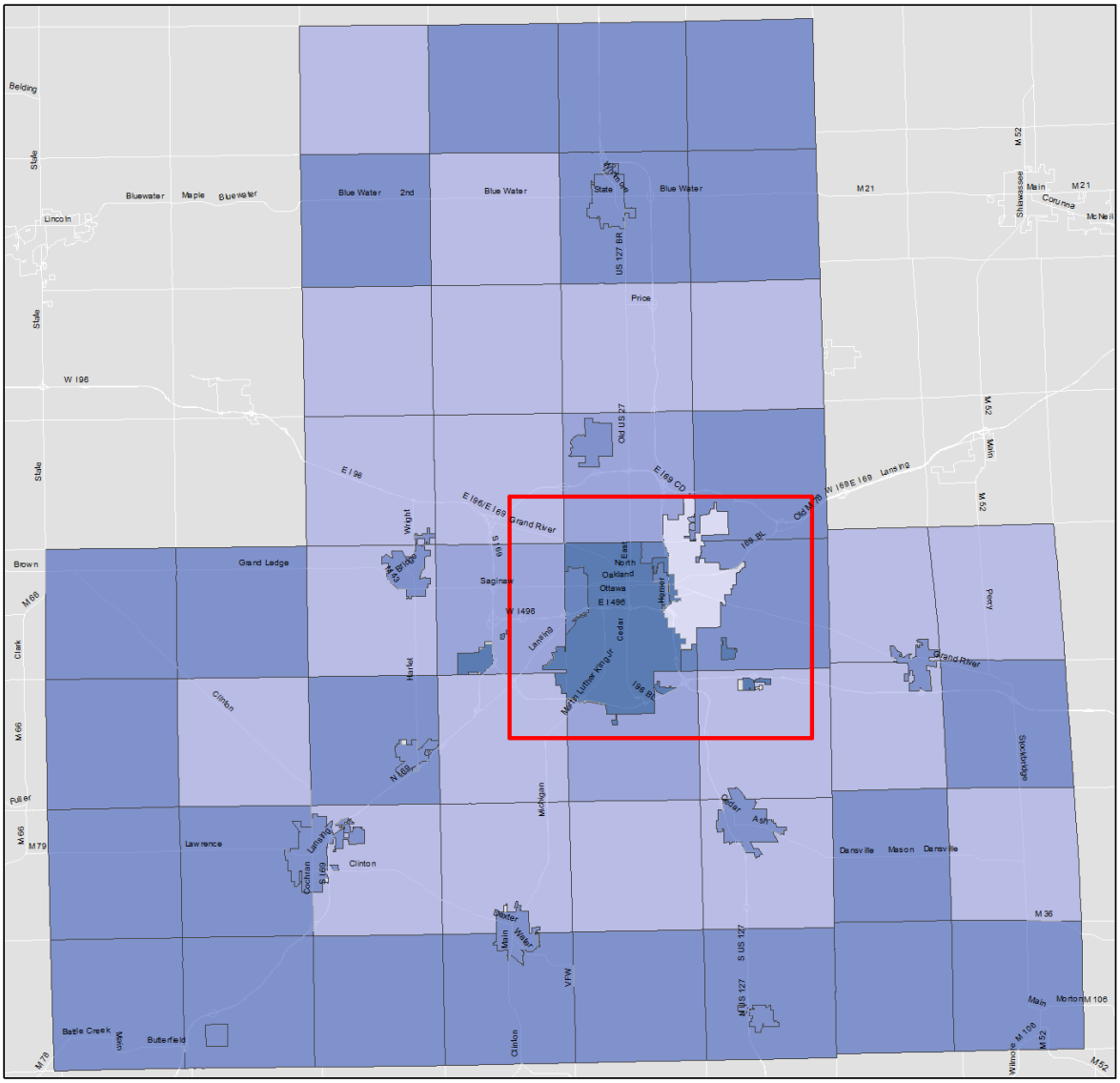
speaking of health

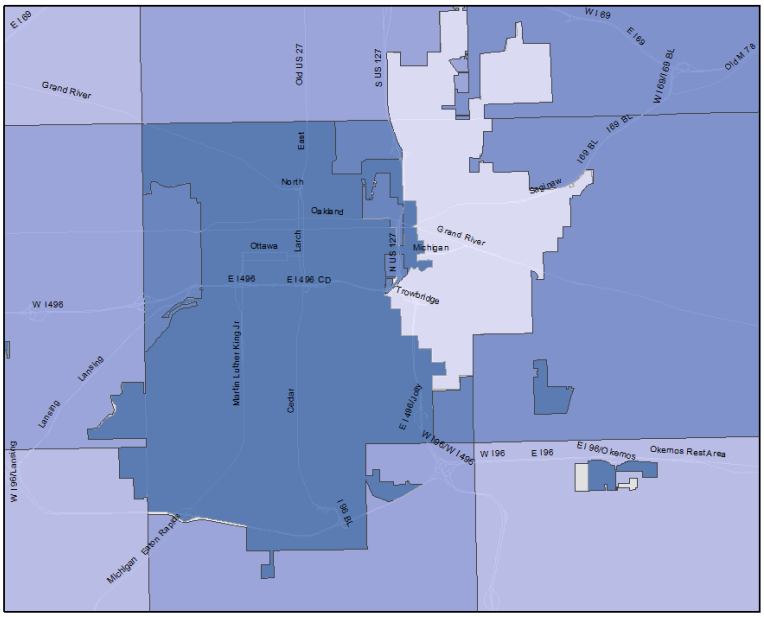
Focus Group Participants:

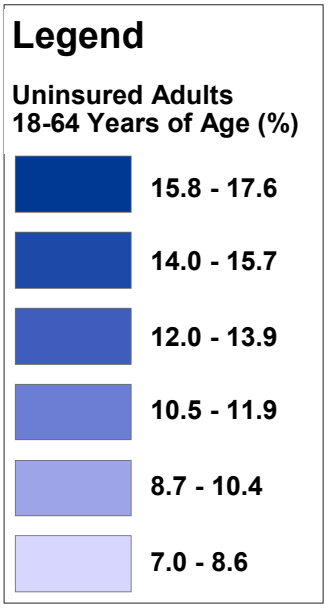
"It's better going to the doctor than to the emergency room. "

"And the people in their 20s aren't going to take that time to go search to figure out how to get health care, because they're only 20. Where the 40 year olds, they're gonna find something to do so they have the health care coverage, because they need it."

Access to Care







Mental Health (adults)

MEASURE:
Percentage of adults with poor mental health

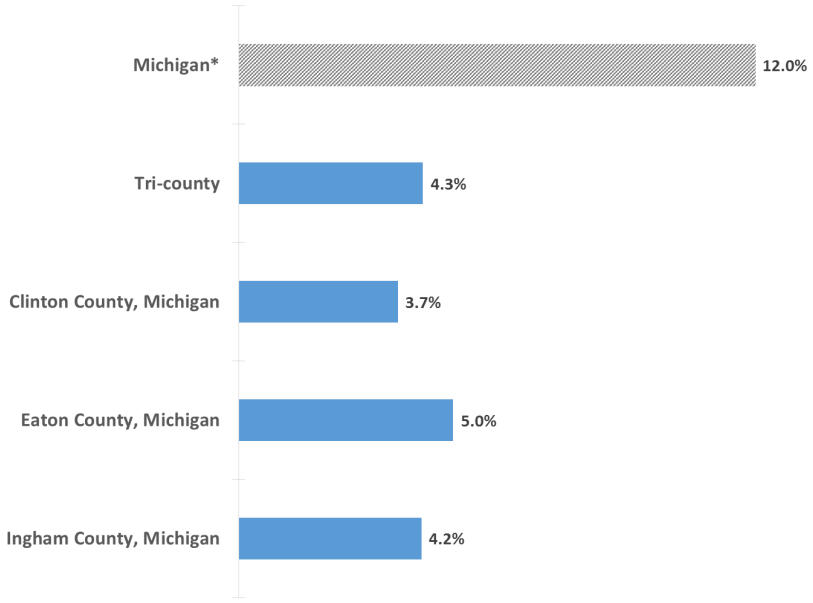
DATA SOURCE: Behavioral Risk Factor Survey

YEAR: 2011-2013

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, represent an important facet of health-related quality of life. [CHR]

***NOTES ABOUT MEASURE:**
Mental health statistics from the MI BRFS may not be comparable to mental health statistics in the Capital Area BRFS because the questions for mental health were different in both survey instruments. In the state survey the question "*Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?"*, whereas in the local survey the question was "*During the past 30 days, for about how many days did a mental health condition or emotional problem keep you from doing your work or other usual activities?* ".

Adults with Poor Mental Health



Approximately one in twenty-five adults in the tri-county area reported have a mental health or emotional problem that severe enough to affect normal activity. Within the tri-county area, the prevalence varied slightly between the counties. Clinton County had the lowest proportion of adults with poor mental health. Eaton County had the highest.

Sub-county level geographic area group breakouts are not available for this indicator.

speaking of health

Focus Group Participants:

"It's really hard to get mental healthcare."

"When I arrived here I had a big depression and I wanted to go to a psychiatrist or psychologist because I really thought that I'd not stand living here for more time. After 6 months I couldn't even sleep, it was horrible…"

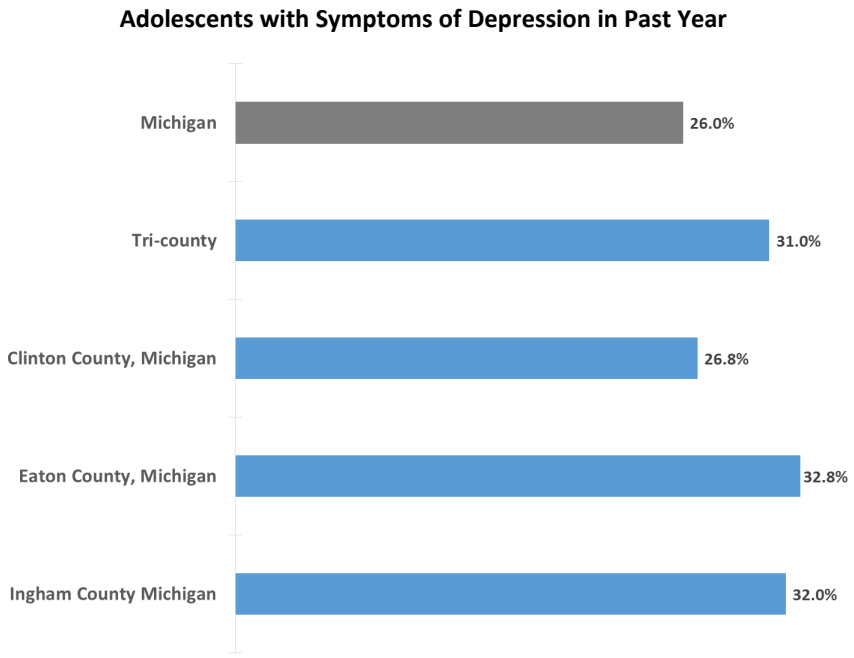
Mental Health (adolescents)

MEASURE:
This indicator represents the percentage of 7th, 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. The term mental health in this context includes, but is not limited to, stress, depression, and problems with emotions.

DATA SOURCE:
Michigan Profile for Healthy Youth Survey (MiPHY)
Michigan Youth Risk Behavior Survey (Mi YRBS)

YEAR:
2011 (Mi YRBS) *latest available at the time of publication*
2013-2014 (MiPHY)

REASON FOR MEASURE:
Overall health depends on both physical and mental well-being. Measuring the number of days when people report feeling depressed represents an important facet of health-related quality of life.[CHR]



A higher proportion of adolescents in the capital area reported "symptoms of depression" as compared to Michigan adolescents (31.0% compared to 26.0%). The proportion of adolescents who reported "symptoms of depression" varied between counties within the local region, most notably Clinton County (26.8%) and Eaton County (32.8%).

Sub-county level geographic area group breakouts are not available for this indicator.

speaking of health

Focus Group Participants:

"I have the ability to get good medicine, my son does not. My son gets the dregs of people that don't seem to care. His treatment is...a revolving door. There's no recovery, there is no way out, there's nothing. The only thing that's available for my son is hospitalization, from time to time, to adjust his medications. Then they will discharge him back home to my care. And we will continue..."

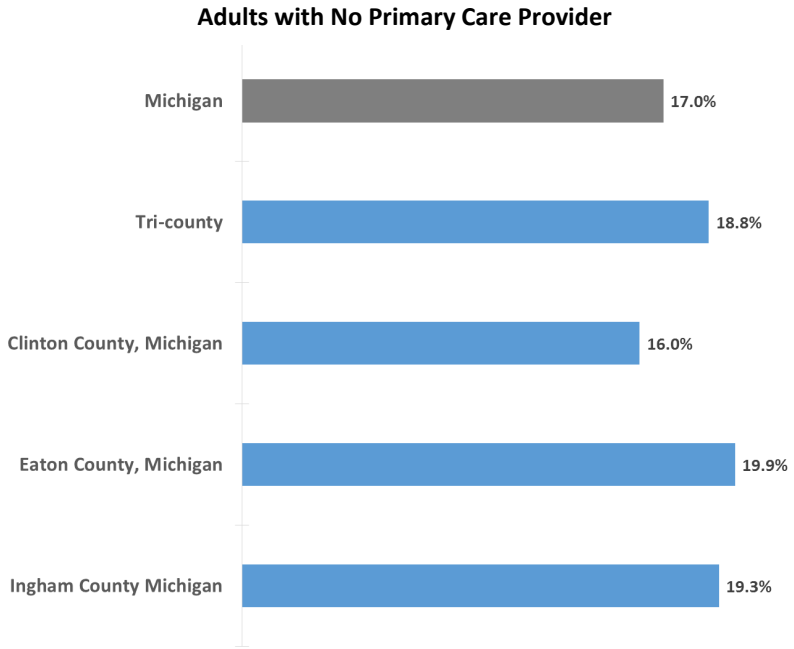
Access to Primary Care

MEASURE:
Access to a Personal Health Care Provider represents the percentage of adults who report they have regular access to someone they consider to be their personal doctor or primary care provider. This would generally be a physician practicing in a primary care specialty such as general medicine, family medicine, internal medicine, pediatrics or gynecology.

DATA SOURCES:
Michigan Behavioral Risk Factor Surveillance System
Capital Area Behavioral Risk Factor Surveillance System

YEAR: 2011-2013

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 is essential so that people can get preventive and primary care, and when needed, referrals to appropriate specialty care.[CHR]



A slightly higher proportion of tri-county area adults, compared to Michigan adults, reported that they have no regular access to a health care provider. Access to a health care provider varies considerably at the county level, with Clinton County faring better than both Eaton and Ingham counties.

Sub-county level geographic area group breakouts are not available for this indicator.

speaking of health

Focus Group Participants:

"They [primary care doctors] schedule you way far out."

"Sometimes it's a problem to get a doctor; we didn't have a general doctor…not all of them accept the insurance or the ones that accept it don't take the patients and they put you in a waiting list."

Communicable Disease

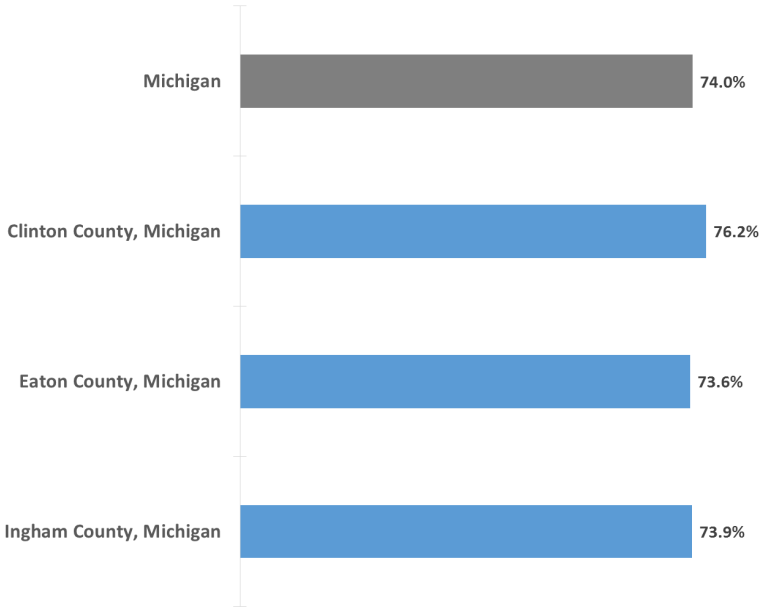
MEASURE:
The percentage of children 19-35 months of age who receive recommended immunizations. Adequate immunization coverage represents the percentage of children age 19-35 months who have received the recommended immunizations (4:3:1:3:3:1 series). The completion of this series means that these children have received 4 doses of diphtheria/tetanus/pertussis vaccine (DTaP), 3 doses of inactivated poliovirus vaccine (IPV), 1 dose of measles/mumps/rubella vaccine (MMR), 3 doses of Haemophilus influenzae type B vaccine (Hib), 3 doses of hepatitis B vaccine (HepB), and 1 dose of varicella vaccine (VAR).

DATA SOURCE:
Michigan Care Improvement Registry

YEAR: as of Spring 2015

REASON FOR MEASURE:
Most of the vaccinations a child receives in the first few years of life provide lifelong protection (immunity) against deadly childhood diseases. This measure highlights one of the preventative aspects of healthcare that markedly reduces morbidity and improves long-term health for the individual and the community. High rates of immunization are important across the community in order to protect individuals who are not able to be vaccinated, such as immune-compromised persons. Healthy People 2020 has set a goal to achieve a 90% immunization rate for children in this age group.

Children 19-35 Months of Age Who Receive Recommended Immunizations



As the chart illustrates, all three counties have similar immunization rates as compared to the state of Michigan, with Clinton County having a slightly higher rate than Eaton or Ingham counties.

Sub-county level geographic area group breakouts are not available for this indicator. Immunization rates are only available at the county level, so there is no information for the additional geographic subgroups or a breakdown by racial/ethnic group.

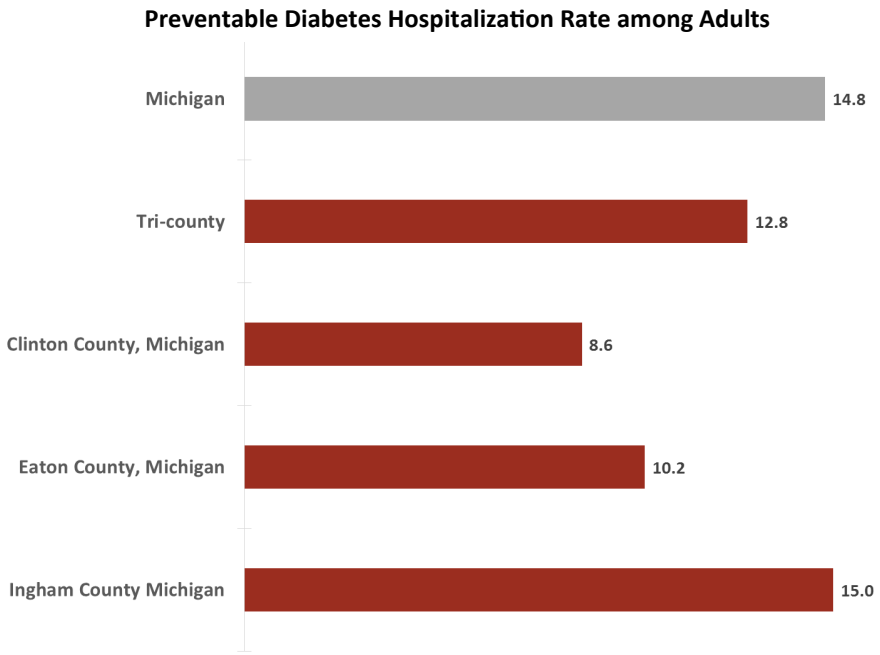
Adult Health

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

DATA SOURCE:
Michigan Resident Inpatient Files (via MDHHS)

YEAR: 2013

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.



The rate of preventable diabetes hospitalizations in the tri-county area is lower than the rate across the state as a whole (12.8 hospitalizations per 10,000 population compared to 14.8 hospitalizations per 10,000 population). While all three counties have rates lower than Michigan, Ingham County has a much higher rate than Eaton or Clinton counties.

Sub-county level geographic area group breakouts are not available for this indicator.

speaking of health

Focus Group Participants:

"I have anemia and diabetes… There are times when I'm just exhausted."

"That disease will kill you quick. First they start on your toes then they take your knees and they take your legs and then you're dead. I've seen a couple of my family members die from that stuff and it's nothing nice but it's all preventable because of their diet."

Chronic Disease

MEASURE:
The percent of adults with two or more chronic health conditions

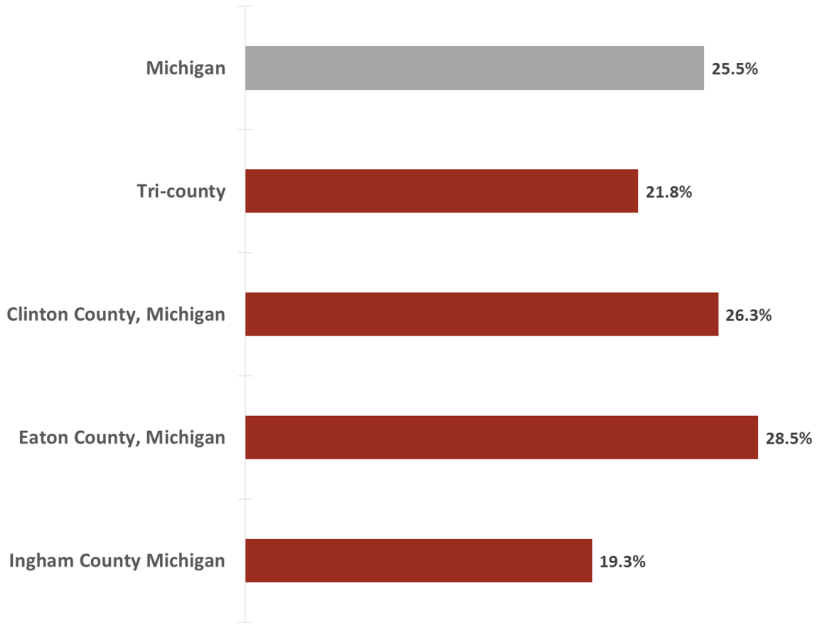
DATA SOURCES:
Michigan Behavioral Risk Factor Surveillance System
Capital Area Behavioral Risk Factor Surveillance System

YEAR: 2011-2013

REASON FOR MEASURE:
Chronic conditions and their complications account for a substantial portion of health cost, both direct and indirect. Chronic diseases account for $3 out of every $4 spent on health care.

NOTES ABOUT MEASURE:
This measure is a proxy based on the prevalence of four chronic conditions (asthma, diabetes, high cholesterol, and high blood pressure), as measured by the local versions of the state behavioral risk factor survey. The true prevalence of adults with multiple chronic conditions may differ. The age of the population may influence this measure since chronic conditions typically manifest later in life.

Adults with Two or More Chronic Conditions



Approximately one in four adults in Michigan live with multiple chronic conditions. The prevalence is slightly less in the overall tri-county region. Within the region, Ingham County has the lowest prevalence of adults with multiple chronic conditions, while Eaton County has the highest.

Sub-county level geographic area group breakouts are not available for this indicator.

speaking of health

Focus Group Participants:

"Well my mom had kidney cancer, so that was something, dealing with her. She has blood pressure. My father had diabetes, I have asthma and arthritis, diabetes. So, I think is just constantly readjusting to your lifestyle, to whatever is happening. Either caring for somebody who has it, or caring for yourself, or trying to!"

"I have a lot of energy, but I also am tired a lot. I have scoliosis, spina bifida, degenerative disc disease, arthritis, fibromyalgia, PTSD, bipolar and depression and I just stopped at that point because I thought that would be enough."

Chronic Disease Deaths

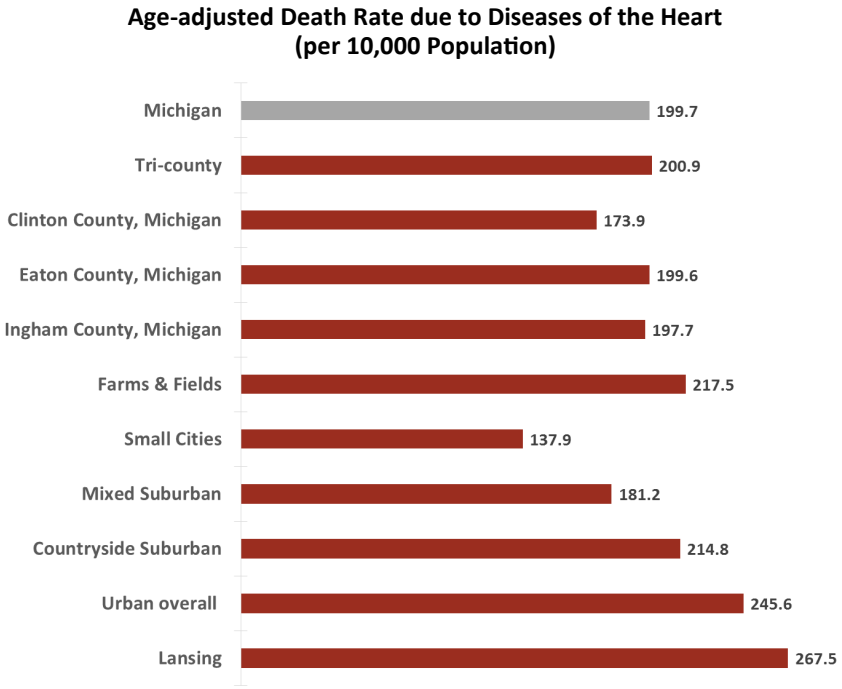
MEASURE:
The age-adjusted death rate due to diseases of the heart per 10,000 residents.

DATA SOURCE:
Michigan Department of Health & Human Services Resident Death File

YEAR: 2013

REASON FOR MEASURE:
Cardiovascular disease is the largest 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.[MDHHS]



The age-adjusted death rate due to diseases of the heart for the region is similar to that of the state. The Farms & Fields area and the Urban area have the highest death rates due to cardiovascular disease, meanwhile the Small Cities area has the lowest.

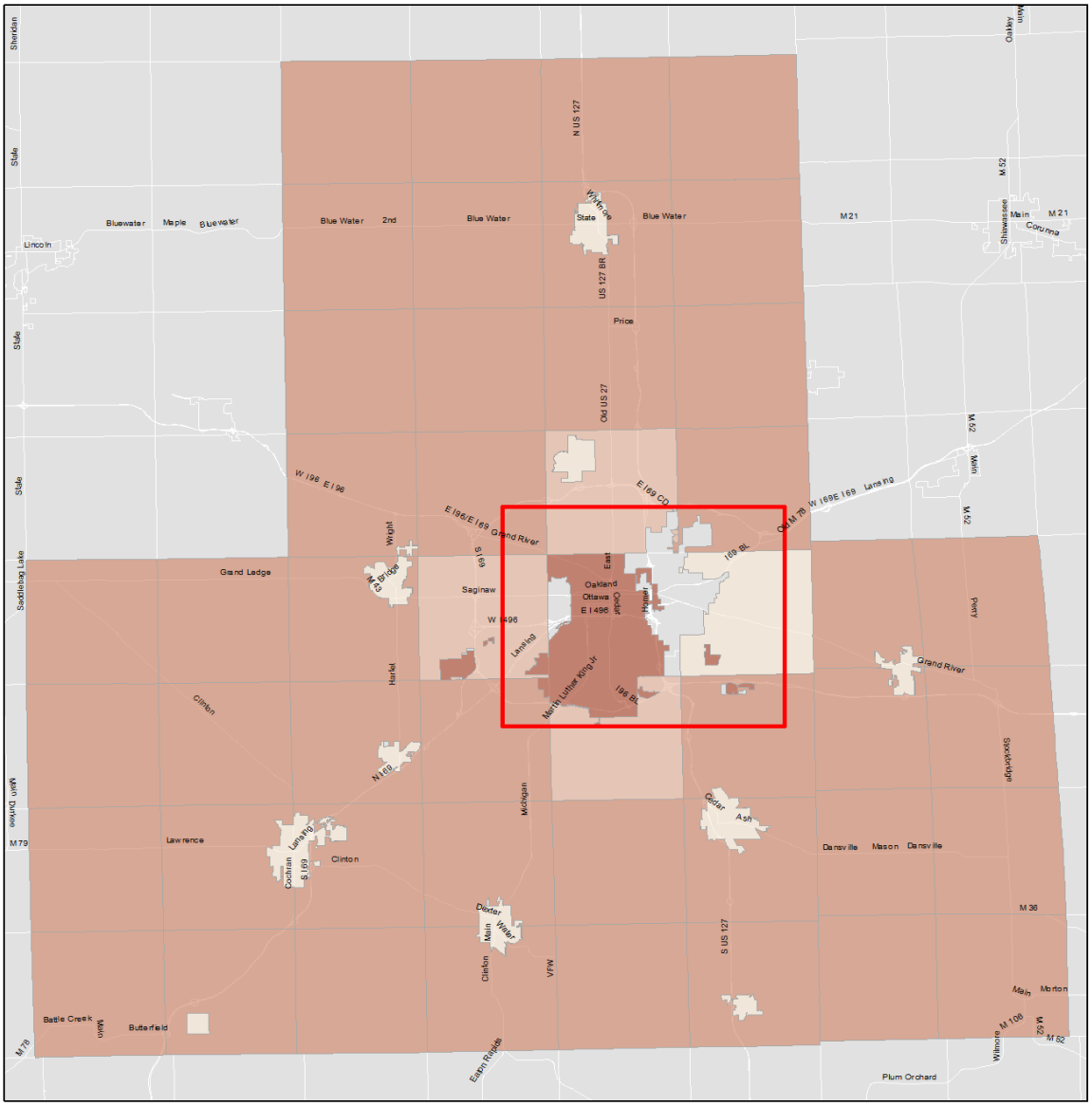
speaking of health

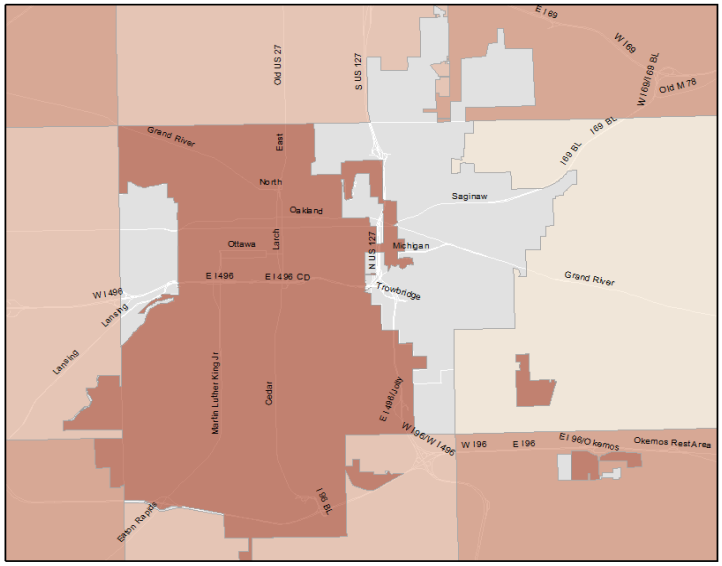
Focus Group Participants:

"...My dad died because of heart issues and my mom has approximately 6 months we had to took her to the hospital because the biggest tube we have in the heart was going to explode..."

"My son's gaining too much weight and he's got a heart condition."

Chronic Disease Deaths





Legend

Rate of deaths due to cardiovascular disease

- 251.0 - 268.9
- 235.0 - 250.9
- 219.0 - 234.9
- 203.0 - 218.9
- 186.0 - 202.9
- 170.0 - 185.9
- 154.0 - 169.9
- 137.9 - 153.9

Child Health

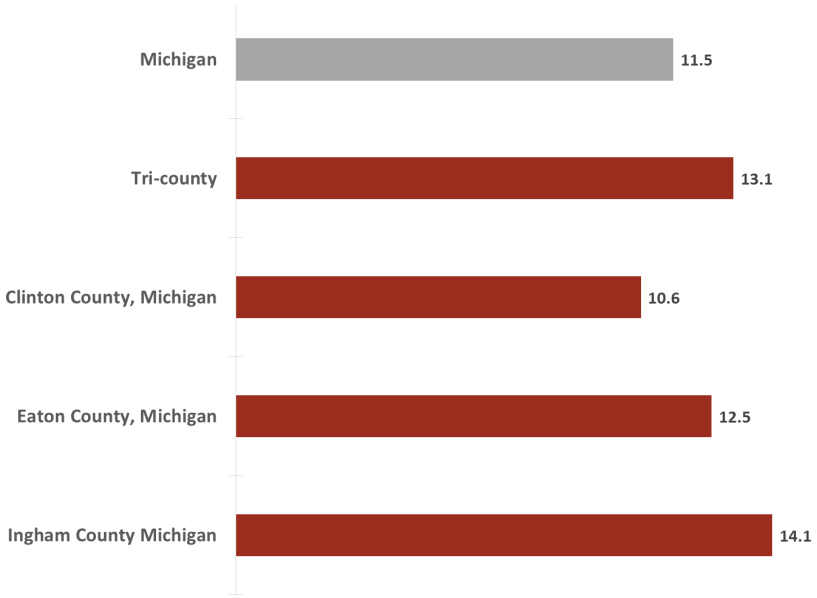
MEASURE:
Age-specific preventable hospitalization rate per 10,000 persons related to asthma among children 18 years old or younger

DATA SOURCE:
Michigan Resident Inpatient Files (via MDHHS)

YEAR: 2013

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. [MDHHS]

Preventable Asthma Hospitalizations among Children <18 Years Old



The preventable child asthma hospitalization rate in the tri-county area is higher than the rate for the state of Michigan. Ingham and Eaton counties have higher preventable asthma hospitalization rates than the state as a whole.

Asthma hospitalizations can be prevented by decreasing the overall prevalence of asthma in the population — through improvements to air quality and home environments — and through assuring that children who already have asthma have appropriate comprehensive treatment plans with adequate medication, trained care providers, and supportive environments.

Sub-county level geographic area group breakouts are not available for this indicator.

speaking of health

Focus Group Participants:

"The only ones I have to deal are with the kids with the asthma…The breathing machine, and all this stuff that I gotta do on my own. Which is not fixing anything, you know. It is still going on."

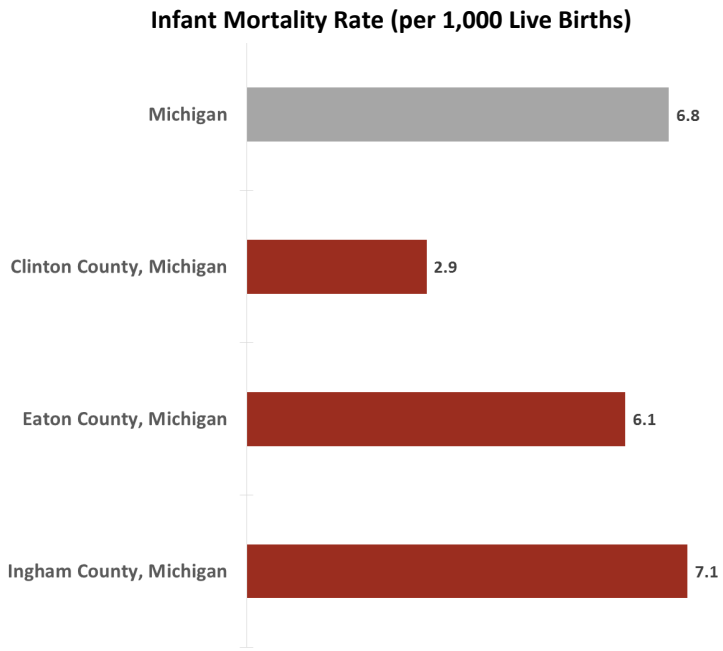
Maternal & Child Health

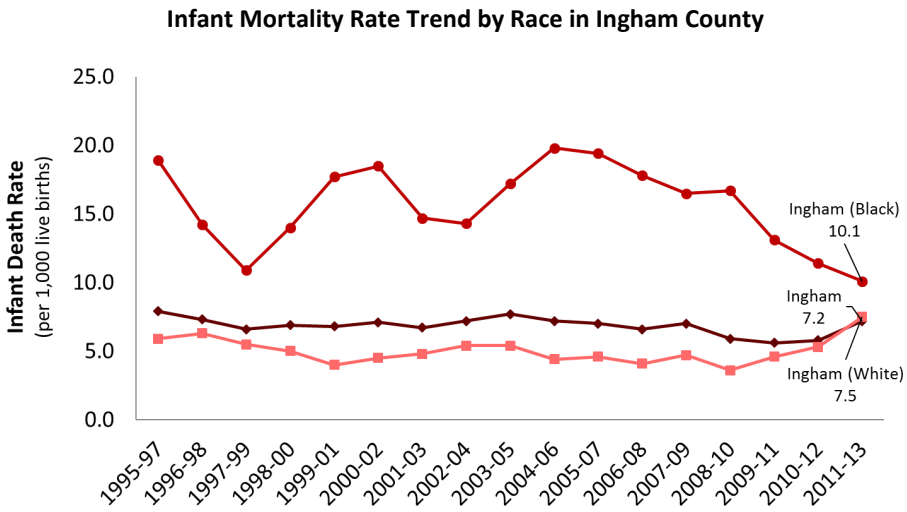
MEASURE:
The number of infants who are born alive but die before age one year, per every 1000 live births

DATA SOURCE:
Michigan Department of Health & Human Services Resident Birth File
Michigan Department of Health & Human Services Resident Linked Birth and Death File

YEAR: 1995-2013

REASON FOR MEASURE:
Infant mortality rates are an important indicator of health of a community because 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 than 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. Infant mortality rates are highest among infants born to mothers who are adolescents, unmarried, smokers, have lower educational levels, had a fourth or higher order birth, and those who did not obtain adequate prenatal care. Substantial racial/ethnic disparities in income and access to health care may also contribute to differences in infant mortality.





Ingham and Eaton counties have infant mortality rates higher than the state's rate. However, the problem of infant mortality is best observed when the race-specific rates are calculated. Within the tri-county area, only Ingham County has sufficient number of infant deaths to calculate infant mortality rates by race. When this is done we see, traditionally, a huge disparity between White infant mortality rates and Black infant mortality rates. Recently, this disparity has narrowed. The reduction of the disparity is being driven by a decrease in the infant mortality rate among Black infants and an increase in the infant mortality rate among White infants.

Infant mortality rate is not reportable at many of the sub-county group levels as there are too few events to report reliable rates.

Mortality

MEASURE:
Life expectancy (in years)

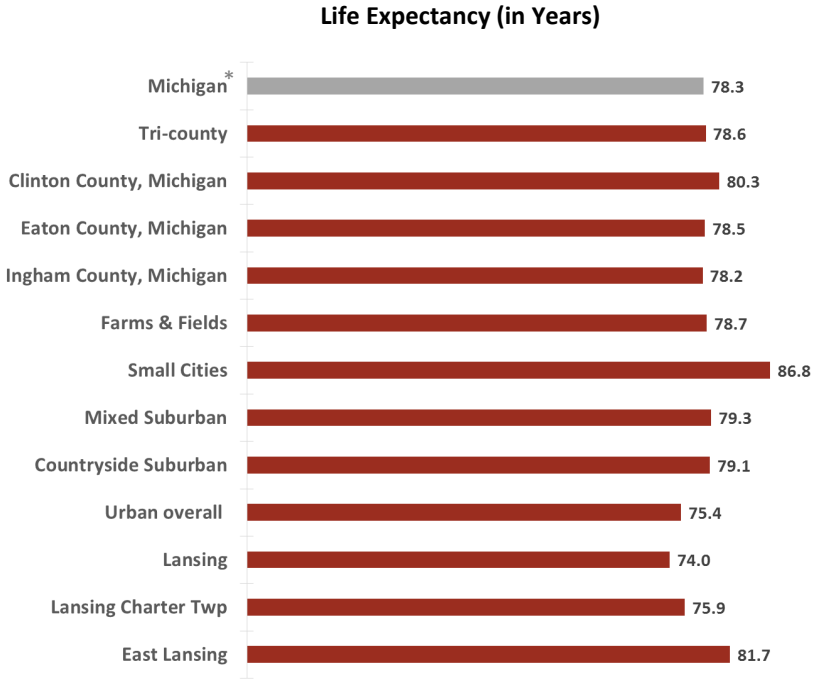
DATA SOURCE:
Michigan Department of Health & Human Services Resident Death File (MI Death File)
Census Annual Estimates of the Resident Population (Census Pop. Estimate)
American Community Survey (ACS)

YEAR:
2013 (MI Death File)
2013 (Census Pop. Estimate)
2013 (ACS)

REASON FOR MEASURE:
Life expectancy refers to the number of years a person is expected to live based on the statistical average. The life expectancy for a particular person or population group depends on several variables such as their lifestyle, access to healthcare, diet, economical status, and relevant mortality and morbidity data.

***NOTES ABOUT MEASURE:**
Since life expectancy is calculated based on averages, an individual person may live for many years more or less than expected. Also, life expectancy cannot speak to the quality of the years lived.

Our estimates for life expectancy for the state of Michigan is close, but not identical to what is calculated by MDHHS because different methodologies were used. The state traditionally uses Greville's method. We used Chiang's method, which is more appropriate for small areas



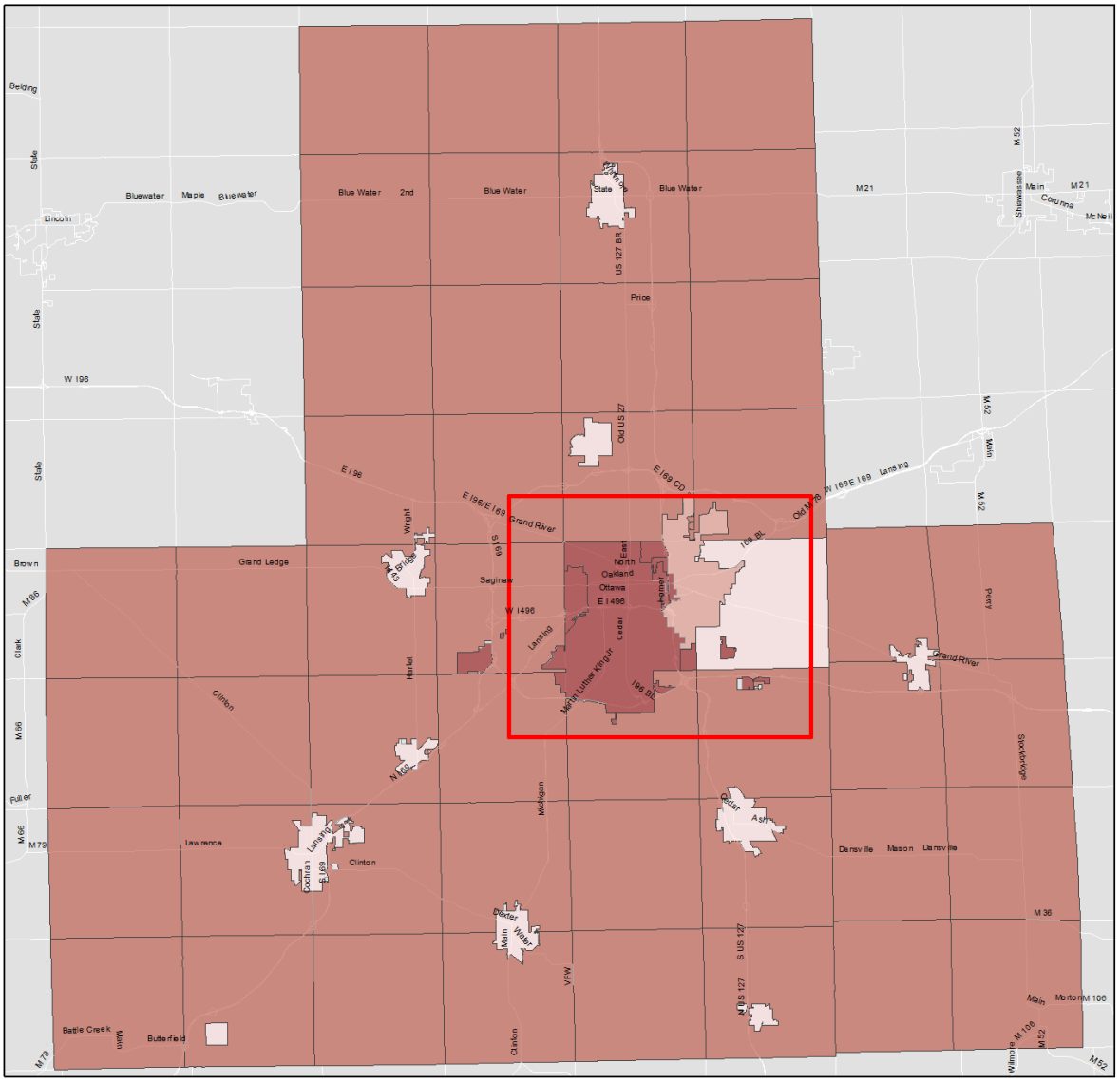
The overall statewide life expectancy is 78.3 years. The tri-county region has a negligibly higher expectancy of 78.6 years. Life expectancy in the within the tri-county area ranges from 74.0 years among residents of Lansing and 86.8 years for Small Cities.

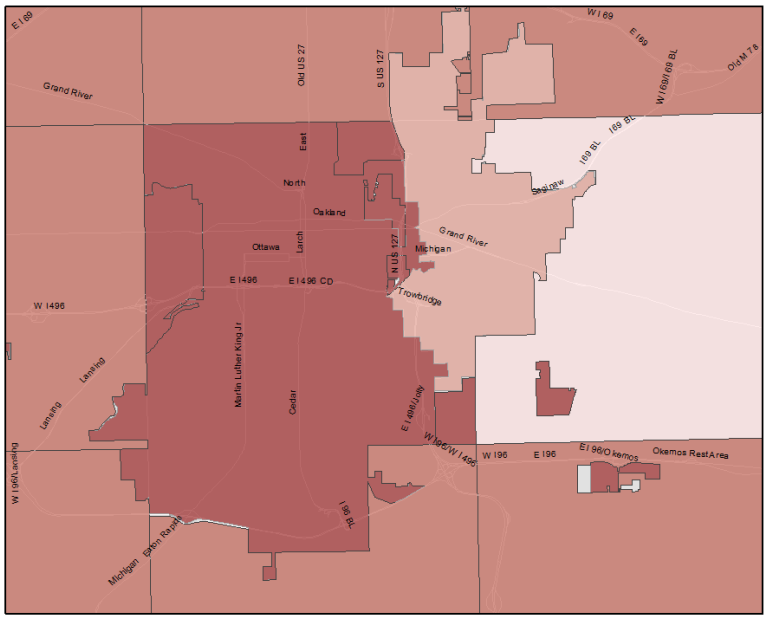
speaking of health

Focus Group Participants:

"They never found the cirrhosis of the liver, until I was transferred to Ann Arbor with a specialist…and he told me, "Your cirrhosis is more or less but you won't have a lot of suffering; now medicine is so advanced that just a pill below your tongue will help you. So I feel comfortable now; I know that [my death could] happen at any moment because no one is forever. We only need to be ready to die."

Mortality





Legend

Life Expectancy

- 83.6 - 86.8
- 80.3 - 83.5
- 77.2 - 80.3
- 74.0 - 77.1

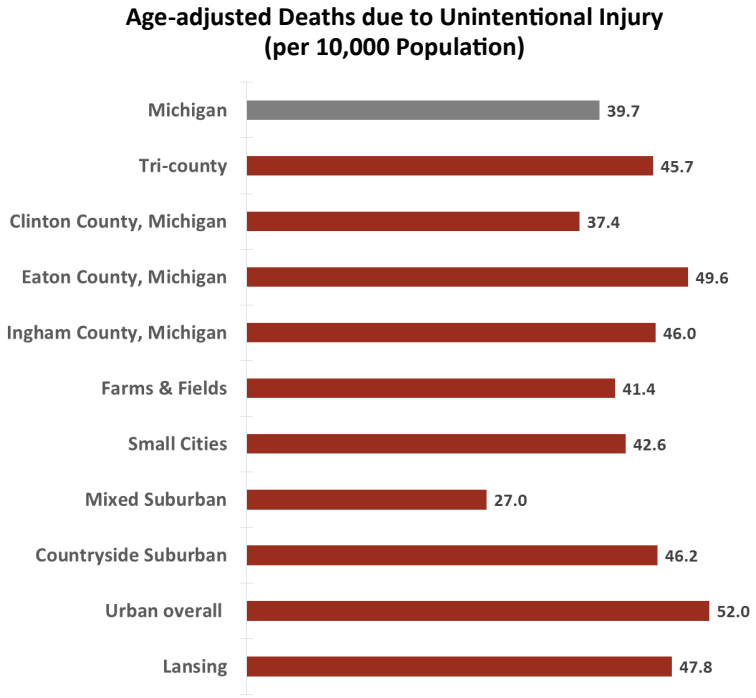
Safety Policies & Practices

MEASURE:
The age-adjusted death rate due to unintentional (accidental) injury per 10,000 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

YEAR: 2013

REASON FOR MEASURE:
Deaths due to accidents are often the largest cause of death for children and young adults. Poor socioeconomic environments can lead to increased deaths from accidental injury. Deaths due to accidental injury can be reduced with through policy efforts to reduce hazards as well as individual and family safety precautions.



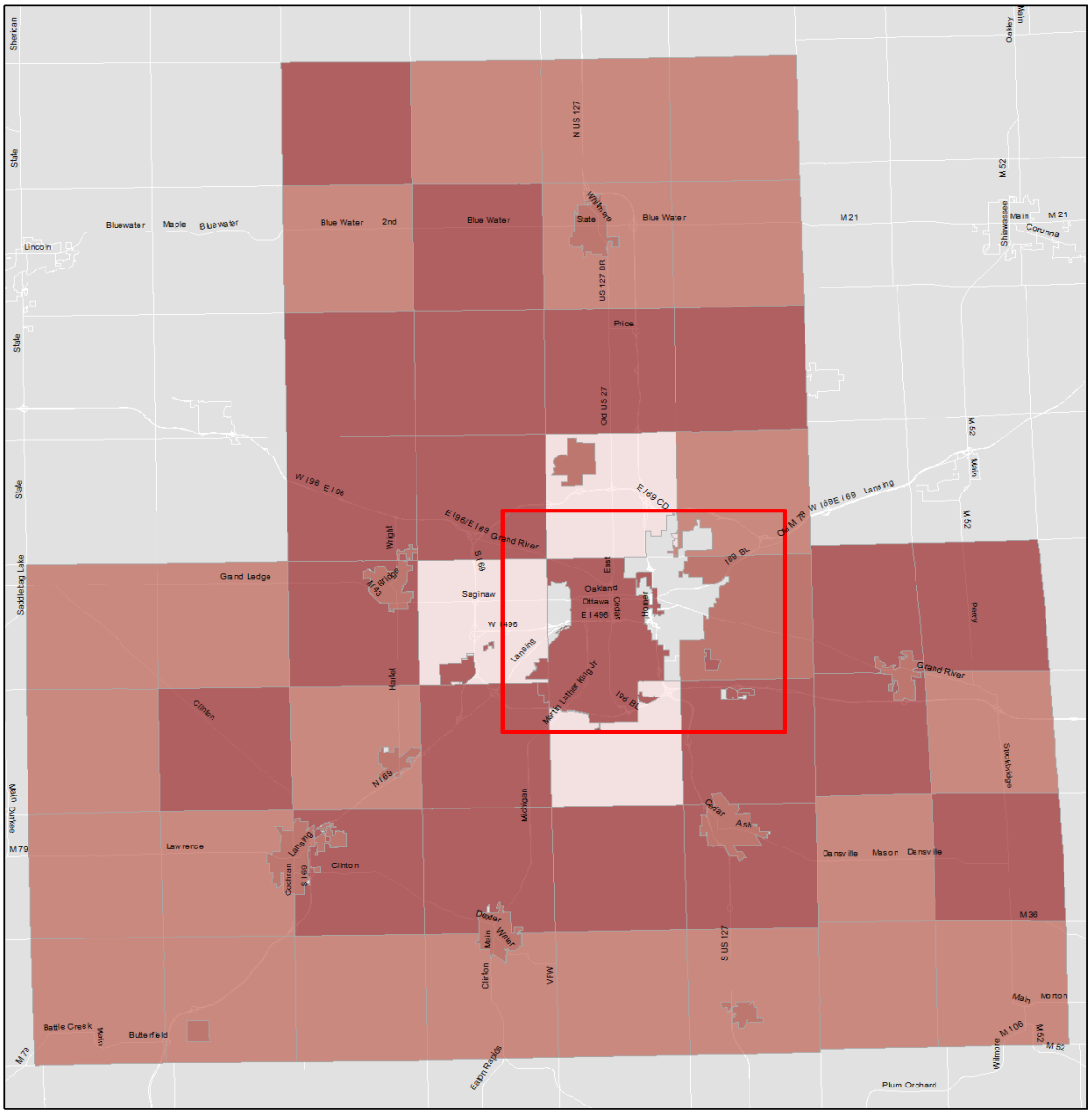
The age-adjusted death rate due to unintentional (accidental) injury is higher in the tri-county area compared to the state. Within the region, it is lowest in Clinton County and the Mixed Suburban areas and highest in Eaton County and the urban areas.

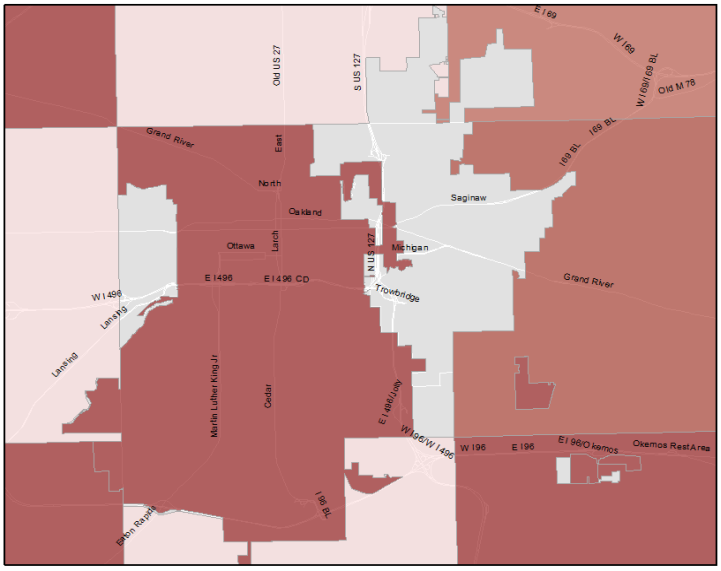
speaking of health

Focus Group Participants:

"That's what we have done, janitorial. And there was no insurance for us. When we hurt, we fell. We just hurt and we fell. That's all there was, there was no insurance for us."

Safety Policies & Practices





Legend

Deaths due to accidental injury

- 45.0 - 47.9
- 42.0 - 44.9
- 39.0 - 41.9
- 36.0 - 38.9
- 33.0 - 35.9
- 30.0 - 32.9
- 27.0 - 29.9

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"Nature is the biggest part of our community. It provides us with many key elements of life. We need to invest in more places so many more generations can experience this."

- Maya, Grand Ledge, Youth Photo Project

Photo Location: Hawk Island, Lansing

CLINTON * EATON * INGHAM

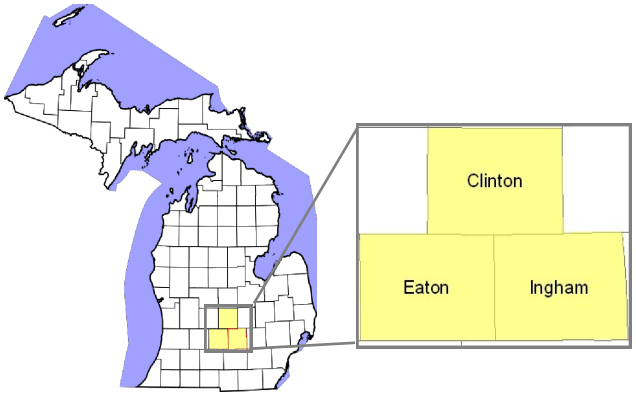
Healthy!CapitalCounties℠
a community approach to better health

Geographic Section

This section presents data by geographic group, with all of the data on available indicators for a given area presented together.

Tri-County

Population Characteristics	
population (2013 estimate)	468,348
% non-Hispanic White in population	78.0%
% non-Hispanic Black in population	8.2%
% Hispanic in population	6.3%
% population <5 years old	5.6%
% population <18 years old	21.7%
% population ≥65 years old	12.2%
median income	---
% of the population at or below poverty	17.4%
home ownership	63.2%
% of persons living at the same address for at least 1 year	80.0%
language other than English spoken at home	9.3%



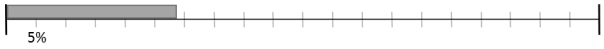
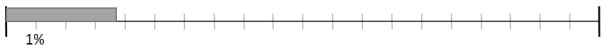
Opportunity Measures

Indicator	Measure	Value	Graph	Comparison to State
Income Distribution	Gini coefficient of income inequality	0.45	0 very equal — 1 very unequal	

Social, Economic, and Environmental Factors

Indicator	Measure	Value	Graph	Comparison to State
Income	% of individuals at or below 200% federal poverty level	34.3%	5%	
Education	% of adults 25 yrs old or older with a Bachelor's degree or higher	32.1%	5%	
Social Connection & Social Capital	% of eligible voters who voted in November 2014 election (mid-term election)	44.2%	5%	
Community Safety	Rate of violent crimes (rate per 100,000 persons)	—-		
Affordable Housing	% of households who spend more than 30% of income on housing	34.1%	5%	
Quality of Primary Care	Ambulatory-Care Sensitive (Preventable) Hospitalizations (rate per 10,000 persons)	203.5	50	
Environmental Quality	% of Children < 6 yrs of Age with elevated blood lead level (EBLL) >=5ug/dL (highest venous or capillary blood lead level)	—-		
Built Environment	Modified Retail Food Environment Index	—-		

Behaviors, Stress, and Physical Condition

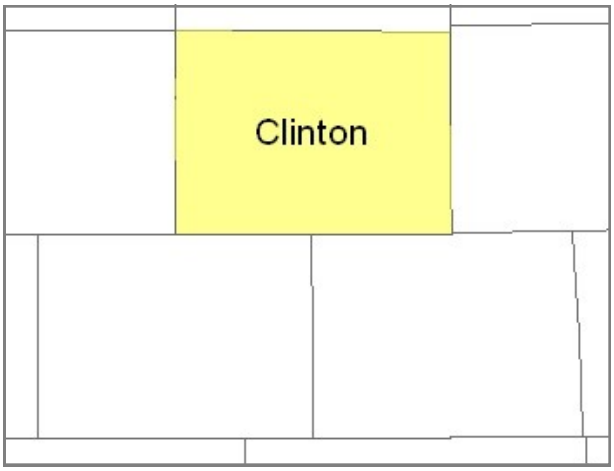
Indicator	Measure	Value	Graph	Comparison to State
Obesity	% of adults who are obese	28.8%		▲
	% of adolescents who are obese	15.1%		▼
Tobacco Use	% of adults who currently smoke	19.7%		▲
	% of adolescents who recently smoked	7.7%		▲
Alcohol Use	% of adults who binge drink	15.2%		▲
	% of adolescents who binge drink	11.8%		▲
Physical Activity	% of adults with no leisure time physical activity	29.2%		N/A
	% of adolescents who achieve recommended level of physical activity	53.1%		▲
Nutrition	% of adults who consume recommended fruits and vegetables	38.7%		N/A
	% of adolescents who consume recommended fruits and vegetables	29.9%		▲
Access to Care	% of adults with no primary medical provider	18.8%		▲
	% of adults aged 18-64 yrs without health insurance	12.5%		▲
Communicable Disease Prevention	% children 19-35 months who receive recommended immunizations	—-		
Mental Health	% adults with poor mental health	4.3%		N/A
	% of adolescent with symptoms of depression in past year	31.0%		▼

Health Outcomes

Indicator	Measure	Value	Graph	Comparison to State
Child Health	Preventable Asthma Hospitalization Rate in children 0-18 yrs (rate per 10,000 persons)	13.1		▼
Chronic Disease	Estimated % of adults with two or more chronic diseases	21.8%		▲
Adult Health	Preventable Diabetes-related Hospitalization Rate in adults ≥18 yrs (rate per 10,000 persons)	12.8		▲
Premature Death	Life Expectancy (years)	78.6		▬
Maternal & Child Health	Infant Mortality (rate per 1,000 live births)	—-		
Chronic Disease	Deaths due to cardiovascular disease (Age-Adjusted Death Rate per 100,000 persons)	200.9		▬
Safety Policies and Practices	Deaths due to accidental Injury (Age-Adjusted Death Rate per 100,000 persons)	45.7		▼

Clinton County

Population Characteristics	
population (2013 estimate)	77,106
% non-Hispanic White in population	94.2%
% non-Hispanic Black in population	1.9%
% Hispanic in population	4.3%
% population <5 years old	5.3%
% population <18 years old	23.3%
% population ≥65 years old	14.8%
median income	$60,466
% of the population at or below poverty	11.1%
home ownership	80.8%
% of persons living at the same address for at least 1 year	88.1%
language other than English spoken at home	4.6%



Opportunity Measures

Indicator	Measure	Value	Graph	Comparison to State
Income Distribution	Gini coefficient of income inequality	0.41	0 very equal — 1 very unequal	

Social, Economic, and Environmental Factors

Indicator	Measure	Value	Graph	Comparison to State
Income	% of individuals at or below 200% federal poverty level	24.0%	5%	
Education	% of adults 25 yrs old or older with a Bachelor's degree or higher	28.0%	5%	
Social Connection & Social Capital	% of eligible voters who voted in November 2014 election (mid-term election)	51.7%	5%	
Community Safety	Rate of violent crimes (rate per 100,000 persons)	88.6	50	
Affordable Housing	% of households who spend more than 30% of income on housing	27.2%	5%	
Quality of Primary Care	Ambulatory-Care Sensitive (Preventable) Hospitalizations (rate per 10,000 persons)	436.5	50	
Environmental Quality	% of Children < 6 yrs of Age with elevated blood lead level (EBLL) >=5ug/dL (highest venous or capillary blood lead level)	2.1%	1%	
Built Environment	Modified Retail Food Environment Index	8.5	1 few healthy food retailers — many healthy food retailers	

Behaviors, Stress, and Physical Condition

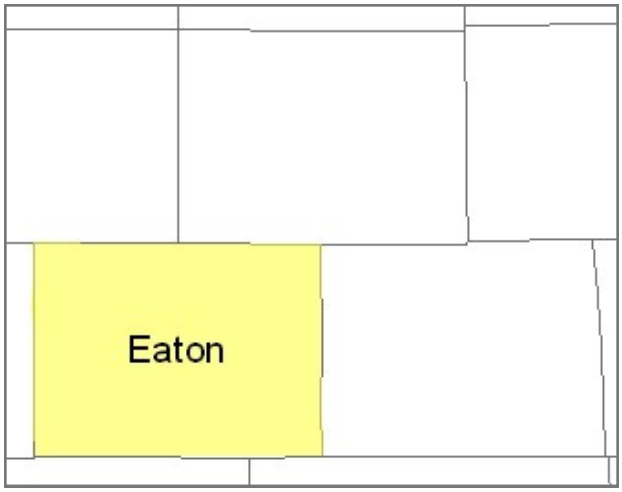
Indicator	Measure	Value	Graph	Comparison to State
Obesity	% of adults who are obese	30.9%	5%	▲
	% of adolescents who are obese	11.7%	2%	▲
Tobacco Use	% of adults who currently smoke	13.9%	2%	▲
	% of adolescents who recently smoked	5.1%	2%	▲
Alcohol Use	% of adults who binge drink	15.9%	2%	▲
	% of adolescents who binge drink	11.3%	2%	▲
Physical Activity	% of adults with no leisure time physical activity	24.6%	5%	N/A
	% of adolescents who achieve recommended level of physical activity	61.1%	5%	▲
Nutrition	% of adults who consume recommended fruits and vegetables	40.2%	5%	N/A
	% of adolescents who consume recommended fruits and vegetables	23.2%	5%	▲
Access to Care	% of adults with no primary medical provider	16.0%	2%	▲
	% of adults aged 18-64 yrs without health insurance	11.9%	2%	▲
Communicable Disease Prevention	% children 19-35 months who receive recommended immunizations	76.2%	5%	▲
Mental Health	% adults with poor mental health	3.7%	1%	N/A
	% of adolescent with symptoms of depression in past year	26.8%	5%	▬

Health Outcomes

Indicator	Measure	Value	Graph	Comparison to State
Child Health	Preventable Asthma Hospitalization Rate in children 0-18 yrs (rate per 10,000 persons)	10.6	5	▲
Chronic Disease	Estimated % of adults with two or more chronic diseases	26.3%	5%	▼
Adult Health	Preventable Diabetes-related Hospitalization Rate in adults ≥18 yrs (rate per 10,000 persons)	8.6	2	▲
Premature Death	Life Expectancy (years)	80.3	5	▲
Maternal & Child Health	Infant Mortality (rate per 1,000 live births)	2.9	1	▲
Chronic Disease	Deaths due to cardiovascular disease (Age-Adjusted Death Rate per 100,000 persons)	173.9	50	▲
Safety Policies and Practices	Deaths due to accidental Injury (Age-Adjusted Death Rate per 100,000 persons)	37.4	5	▲

Eaton County

Population Characteristics	
population (2013 estimate)	108,243
% non-Hispanic White in population	88.3%
% non-Hispanic Black in population	7.0%
% Hispanic in population	5.2%
% population <5 years old	5.5%
% population <18 years old	22.2%
% population ≥65 years old	15.8%
median income	$54,115
% of the population at or below poverty	10.8%
home ownership	72.6%
% of persons living at the same address for at least 1 year	85.2%
language other than English spoken at home	6.1%



Opportunity Measures

Indicator	Measure	Value	Graph	Comparison to State
Income Distribution	Gini coefficient of income inequality	0.39	0 very equal — 1 very unequal	▲

Social, Economic, and Environmental Factors

Indicator	Measure	Value	Graph	Comparison to State
Income	% of individuals at or below 200% federal poverty level	28.2%	5%	▲
Education	% of adults 25 yrs old or older with a Bachelor's degree or higher	25.0%	5%	▬
Social Connection & Social Capital	% of eligible voters who voted in November 2014 election (mid-term election)	50.0%	5%	▲
Community Safety	Rate of violent crimes (rate per 100,000 persons)	209.5	50	▲
Affordable Housing	% of households who spend more than 30% of income on housing	31.1%	5%	▲
Quality of Primary Care	Ambulatory-Care Sensitive (Preventable) Hospitalizations (rate per 10,000 persons)	612.5	50	▼
Environmental Quality	% of Children < 6 yrs of Age with elevated blood lead level (EBLL) >=5ug/dL (highest venous or capillary blood lead level)	1.3%	1%	▲
Built Environment	Modified Retail Food Environment Index	8.1	1 few healthy food retailers — many healthy food retailers	▼

Behaviors, Stress, and Physical Condition

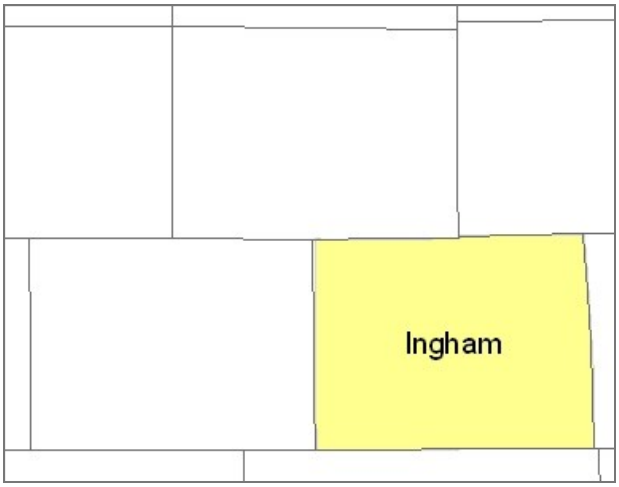
Indicator	Measure	Value	Graph	Comparison to State
Obesity	% of adults who are obese	33.8%	5%	▼
	% of adolescents who are obese	15.8%	2%	▼
Tobacco Use	% of adults who currently smoke	21.0%	2%	▼
	% of adolescents who recently smoked	4.5%	2%	▲
Alcohol Use	% of adults who binge drink	11.3%	2%	▲
	% of adolescents who binge drink	16.1%	2%	▲
Physical Activity	% of adults with no leisure time physical activity	34.1%	5%	N/A
	% of adolescents who achieve recommended level of physical activity	51.7%	5%	▲
Nutrition	% of adults who consume recommended fruits and vegetables	38.8%	5%	▲
	% of adolescents who consume recommended fruits and vegetables	31.7%	5%	N/A
Access to Care	% of adults with no primary medical provider	19.9%	2%	▼
	% of adults aged 18-64 yrs without health insurance	13.5%	2%	▲
Communicable Disease Prevention	% children 19-35 months who receive recommended immunizations	73.6%	5%	▬
Mental Health	% adults with poor mental health	4.9%	1%	N/A
	% of adolescent with symptoms of depression in past year	32.8%	5%	▼

Health Outcomes

Indicator	Measure	Value	Graph	Comparison to State
Child Health	Preventable Asthma Hospitalization Rate in children 0-18 yrs (rate per 10,000 persons)	12.5	5	▼
Chronic Disease	Estimated % of adults with two or more chronic diseases	28.5%	5%	▼
Adult Health	Preventable Diabetes-related Hospitalization Rate in adults ≥18 yrs (rate per 10,000 persons)	10.2	2	▲
Premature Death	Life Expectancy (years)	78.5	5	▬
Maternal & Child Health	Infant Mortality (rate per 1,000 live births)	6.1	1	▬
Chronic Disease	Deaths due to cardiovascular disease (Age-Adjusted Death Rate per 100,000 persons)	199.6	50	▬
Safety Policies and Practices	Deaths due to accidental Injury (Age-Adjusted Death Rate per 100,000 persons)	49.6	5	▼

Ingham County

Population Characteristics	
population (2013 estimate)	282,999
% non-Hispanic White in population	77.9%
% non-Hispanic Black in population	12.2%
% Hispanic in population	7.6%
% population <5 years old	5.7%
% population <18 years old	20.4%
% population ≥65 years old	11.6%
median income	$45,321
% of the population at or below poverty	21.9%
home ownership	59.5%
% of persons living at the same address for at least 1 year	75.7%
language other than English spoken at home	11.8%



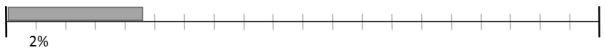
Opportunity Measures

Indicator	Measure	Value	Graph	Comparison to State
Income Distribution	Gini coefficient of income inequality	0.47	0 very equal — 1 very unequal	

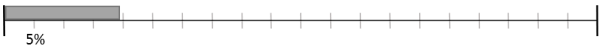
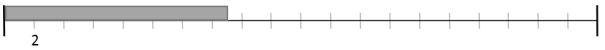
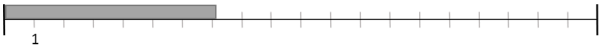
Social, Economic, and Environmental Factors

Indicator	Measure	Value	Graph	Comparison to State
Income	% of individuals at or below 200% federal poverty level	39.3%	5%	
Education	% of adults 25 yrs old or older with a Bachelor's degree or higher	37.0%	5%	
Social Connection & Social Capital	% of eligible voters who voted in November 2014 election (mid-term election)	40.2%	5%	
Community Safety	Rate of violent crimes (rate per 100,000 persons)	546.4	50	
Affordable Housing	% of households who spend more than 30% of income on housing	39.4%	5%	
Quality of Primary Care	Ambulatory-Care Sensitive (Preventable) Hospitalizations (rate per 10,000 persons)	653.8	50	
Environmental Quality	% of Children < 6 yrs of Age with elevated blood lead level (EBLL) >=5ug/dL (highest venous or capillary blood lead level)	4.6%	1%	
Built Environment	Modified Retail Food Environment Index	6.1	1 few healthy food retailers — many healthy food retailers	

Behaviors, Stress, and Physical Condition

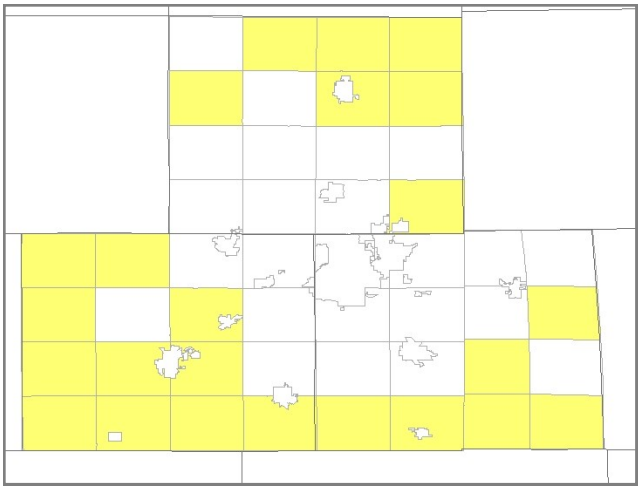
Indicator	Measure	Value	Graph	Comparison to State
Obesity	% of adults who are obese	27.2%		▲
	% of adolescents who are obese	15.7%		▲
Tobacco Use	% of adults who currently smoke	20.7%		▲
	% of adolescents who recently smoked	9.1%		▲
Alcohol Use	% of adults who binge drink	15.9%		▲
	% of adolescents who binge drink	14.7%		▲
Physical Activity	% of adults with no leisure time physical activity	29.2%		N/A
	% of adolescents who achieve recommended level of physical activity	50.0%		▬
Nutrition	% of adults who consume recommended fruits and vegetables	38.3%		N/A
	% of adolescents who consume recommended fruits and vegetables	31.7%		▲
Access to Care	% of adults with no primary medical provider	19.3%		▼
	% of adults aged 18-64 yrs without health insurance	12.9%		▲
Communicable Disease Prevention	% children 19-35 months who receive recommended immunizations	73.9%		▬
Mental Health	% adults with poor mental health	4.2%		N/A
	% of adolescent with symptoms of depression in past year	32.0%		▼

Health Outcomes

Indicator	Measure	Value	Graph	Comparison to State
Child Health	Preventable Asthma Hospitalization Rate in children 0-18 yrs (rate per 10,000 persons)	14.1		▼
Chronic Disease	Estimated % of adults with two or more chronic diseases	19.3%		▲
Adult Health	Preventable Diabetes-related Hospitalization Rate in adults ≥18 yrs (rate per 10,000 persons)	15.0		▬
Premature Death	Life Expectancy (years)	78.2		▬
Maternal & Child Health	Infant Mortality (rate per 1,000 live births)	7.1		▼
Chronic Disease	Deaths due to cardiovascular disease (Age-Adjusted Death Rate per 100,000 persons)	197.7		▲
Safety Policies and Practices	Deaths due to accidental Injury (Age-Adjusted Death Rate per 100,000 persons)	46.0		▼

Farms & Fields

Population Characteristics	
population	72602
% non-Hispanic White in population	92.7%
% non-Hispanic Black in population	0.8%
% Hispanic in population	3.6%
% population <5 years old	5.5%
% population <18 years old	24.4%
% population ≥65 years old	13.0%
median income	---
% of the population at or below poverty	12.5%
home ownership	84.0%
% of persons living at the same address for at least 1 year	88.1%
language other than English spoken at home	4.0%



This group includes

Townships in Clinton County:
Bath Charter, Bingham, Dallas, Duplain, Essex, Greenbush, Ovid

Townships in Eaton County:
Bellevue, Benton, Brookfield, Carmel, Hamlin, Kalamo, Eaton, Sunfield, Roxand, Vermontville, Walton

Townships in Ingham County:
Bunker Hill, Ingham, Leroy, Leslie, Onondaga, Stockbridge

Opportunity Measures

Indicator	Measure	Value	Graph	Comparison to State
Income Distribution	Gini coefficient of income inequality	0.36	0 very equal — 1 very unequal	▲

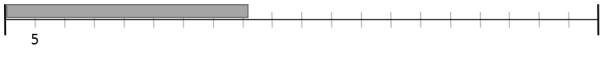
Social, Economic, and Environmental Factors

Indicator	Measure	Value	Graph	Comparison to State
Income	% of individuals at or below 200% federal poverty level	28.9%	5%	▲
Education	% of adults 25 yrs old or older with a Bachelor's degree or higher	20.4%	5%	▼
Social Connection & Social Capital	% of eligible voters who voted in November 2014 election (mid-term election)	48.2%	5%	▲
Community Safety	Rate of violent crimes (rate per 100,000 persons)	85.3	50	▲
Affordable Housing	% of households who spend more than 30% of income on housing	28.9%	5%	▲
Quality of Primary Care	Ambulatory-Care Sensitive (Preventable) Hospitalizations (rate per 10,000 persons)	—-		
Environmental Quality	% of Children < 6 yrs of Age with elevated blood lead level (EBLL) >=5ug/dL (highest venous or capillary blood lead level)	2.5%	1%	▲
Built Environment	Modified Retail Food Environment Index	—-		

Behaviors, Stress, and Physical Condition

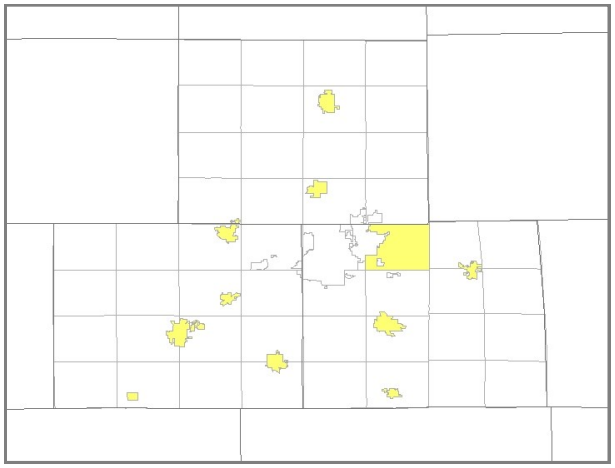
Indicator	Measure	Value	Graph	Comparison to State
Obesity	% of adults who are obese	—-		
	% of adolescents who are obese	—-		
Tobacco Use	% of adults who currently smoke	—-		
	% of adolescents who recently smoked	—-		
Alcohol Use	% of adults who binge drink	—-		
	% of adolescents who binge drink	—-		
Physical Activity	% of adults with no leisure time physical activity	—-		
	% of adolescents who achieve recommended level of physical activity	—-		
Nutrition	% of adults who consume recommended fruits and vegetables	—-		
	% of adolescents who consume recommended fruits and vegetables	—-		
Access to Care	% of adults with no primary medical provider	—-		
	% of adults aged 18-64 yrs without health insurance	13.5%		
Communicable Disease Prevention	% children 19-35 months who receive recommended immunizations	—-		
Mental Health	% adults with poor mental health	—-		
	% of adolescent with symptoms of depression in past year	—-		

Health Outcomes

Indicator	Measure	Value	Graph	Comparison to State
Child Health	Preventable Asthma Hospitalization Rate in children 0-18 yrs (rate per 10,000 persons)	—-		
Chronic Disease	Estimated % of adults with two or more chronic diseases	—-		
Adult Health	Preventable Diabetes-related Hospitalization Rate in adults ≥18 yrs (rate per 10,000 persons)	—-		
Premature Death	Life Expectancy (years)	78.7		
Maternal & Child Health	Infant Mortality (rate per 1,000 live births)	—-		
Chronic Disease	Deaths due to cardiovascular disease (Age-Adjusted Death Rate per 100,000 persons)	217.5		
Safety Policies and Practices	Deaths due to accidental Injury (Age-Adjusted Death Rate per 100,000 persons)	41.4		

Small Cities

Population Characteristics	
population	92856
% non-Hispanic White in population	86.4%
% non-Hispanic Black in population	2.5%
% Hispanic in population	3.6%
% population <5 years old	5.5%
% population <18 years old	21.7%
% population ≥65 years old	14.1%
median income	---
% of the population at or below poverty	13.8%
home ownership	64.4%
% of persons living at the same address for at least 1 year	82.2%
language other than English spoken at home	8.5%



This group includes

Cities in Clinton County:
DeWitt, St. Johns

Cities in Eaton County:
Charlotte, Eaton Rapids, Grand Ledge, Olivet, Potterville

Cities in Ingham County:
Leslie, Mason, Williamston, Meridian Township

Opportunity Measures

Indicator	Measure	Value	Graph	Comparison to State
Income Distribution	Gini coefficient of income inequality	0.44	0 very equal — 1 very unequal	

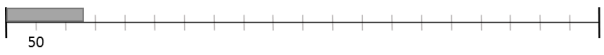
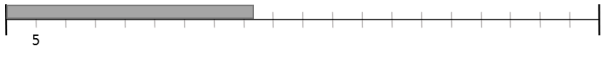
Social, Economic, and Environmental Factors

Indicator	Measure	Value	Graph	Comparison to State
Income	% of individuals at or below 200% federal poverty level	29.8%	5%	
Education	% of adults 25 yrs old or older with a Bachelor's degree or higher	42.3%	5%	
Social Connection & Social Capital	% of eligible voters who voted in November 2014 election (mid-term election)	48.4%	5%	
Community Safety	Rate of violent crimes (rate per 100,000 persons)	234.8	50	
Affordable Housing	% of households who spend more than 30% of income on housing	33.3%	5%	
Quality of Primary Care	Ambulatory-Care Sensitive (Preventable) Hospitalizations (rate per 10,000 persons)	—-		
Environmental Quality	% of Children < 6 yrs of Age with elevated blood lead level (EBLL) >=5ug/dL (highest venous or capillary blood lead level)	1.6%	1%	
Built Environment	Modified Retail Food Environment Index	—-		

Behaviors, Stress, and Physical Condition

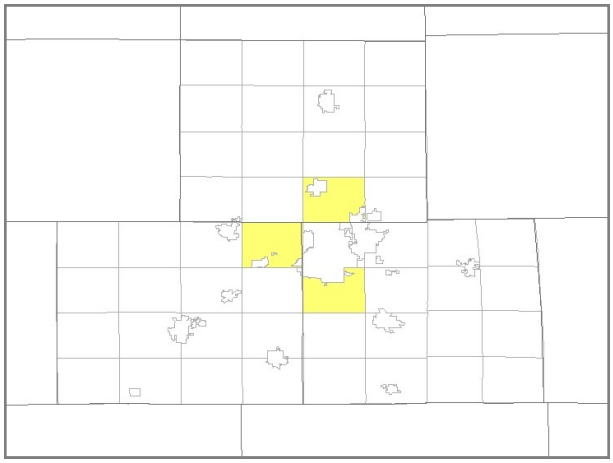
Indicator	Measure	Value	Graph	Comparison to State
Obesity	% of adults who are obese	—-		
	% of adolescents who are obese	—-		
Tobacco Use	% of adults who currently smoke	—-		
	% of adolescents who recently smoked	—-		
Alcohol Use	% of adults who binge drink	—-		
	% of adolescents who binge drink	—-		
Physical Activity	% of adults with no leisure time physical activity	—-		
	% of adolescents who achieve recommended level of physical activity	—-		
Nutrition	% of adults who consume recommended fruits and vegetables	—-		
	% of adolescents who consume recommended fruits and vegetables	—-		
Access to Care	% of adults with no primary medical provider	—-		
	% of adults aged 18-64 yrs without health insurance	12.8%		
Communicable Disease Prevention	% children 19-35 months who receive recommended immunizations	—-		
Mental Health	% adults with poor mental health	—-		
	% of adolescent with symptoms of depression in past year	—-		

Health Outcomes

Indicator	Measure	Value	Graph	Comparison to State
Child Health	Preventable Asthma Hospitalization Rate in children 0-18 yrs (rate per 10,000 persons)	—-		
Chronic Disease	Estimated % of adults with two or more chronic diseases	—-		
Adult Health	Preventable Diabetes-related Hospitalization Rate in adults ≥18 yrs (rate per 10,000 persons)	—-		
Premature Death	Life Expectancy (years)	86.8		
Maternal & Child Health	Infant Mortality (rate per 1,000 live births)	—-		
Chronic Disease	Deaths due to cardiovascular disease (Age-Adjusted Death Rate per 100,000 persons)	137.9		
Safety Policies and Practices	Deaths due to accidental Injury (Age-Adjusted Death Rate per 100,000 persons)	42.6		

Mixed Suburban

Population Characteristics	
population	72830
% non-Hispanic White in population	80.4%
% non-Hispanic Black in population	6.8%
% Hispanic in population	6.0%
% population <5 years old	5.1%
% population <18 years old	22.3%
% population ≥65 years old	14.5%
median income	---
% of the population at or below poverty	8.6%
home ownership	70.7%
% of persons living at the same address for at least 1 year	86.9%
language other than English spoken at home	8.5%



This group includes

Townships in Clinton County :
DeWitt

Townships in Eaton County:
Delta

Townships in Ingham County:
Delhi

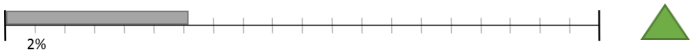
Opportunity Measures

Indicator	Measure	Value	Graph	Comparison to State
Income Distribution	Gini coefficient of income inequality	0.39	0 very equal — 1 very unequal	

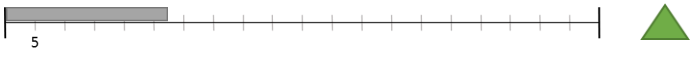
Social, Economic, and Environmental Factors

Indicator	Measure	Value	Graph	Comparison to State
Income	% of individuals at or below 200% federal poverty level	23.0%	5%	
Education	% of adults 25 yrs old or older with a Bachelor's degree or higher	33.8%	5%	
Social Connection & Social Capital	% of eligible voters who voted in November 2014 election (mid-term election)	46.9%	5%	
Community Safety	Rate of violent crimes (rate per 100,000 persons)	226.5	50	
Affordable Housing	% of households who spend more than 30% of income on housing	28.3%	5%	
Quality of Primary Care	Ambulatory-Care Sensitive (Preventable) Hospitalizations (rate per 10,000 persons)	—-		
Environmental Quality	% of Children < 6 yrs of Age with elevated blood lead level (EBLL) >=5ug/dL (highest venous or capillary blood lead level)	1.3%	1%	
Built Environment	Modified Retail Food Environment Index	—-		

Behaviors, Stress, and Physical Condition

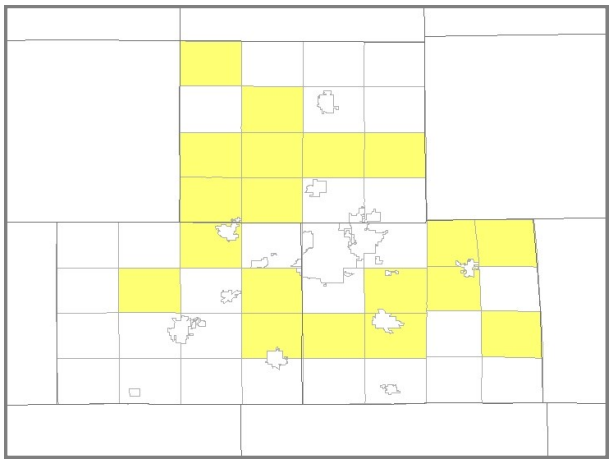
Indicator	Measure	Value	Graph	Comparison to State
Obesity	% of adults who are obese	—-		
	% of adolescents who are obese	—-		
Tobacco Use	% of adults who currently smoke	—-		
	% of adolescents who recently smoked	—-		
Alcohol Use	% of adults who binge drink	—-		
	% of adolescents who binge drink	—-		
Physical Activity	% of adults with no leisure time physical activity	—-		
	% of adolescents who achieve recommended level of physical activity	—-		
Nutrition	% of adults who consume recommended fruits and vegetables	—-		
	% of adolescents who consume recommended fruits and vegetables	—-		
Access to Care	% of adults with no primary medical provider	—-		
	% of adults aged 18-64 yrs without health insurance	12.2%		
Communicable Disease Prevention	% children 19-35 months who receive recommended immunizations	—-		
Mental Health	% adults with poor mental health	—-		
	% of adolescent with symptoms of depression in past year	—-		

Health Outcomes

Indicator	Measure	Value	Graph	Comparison to State
Child Health	Preventable Asthma Hospitalization Rate in children 0-18 yrs (rate per 10,000 persons)	—-		
Chronic Disease	Estimated % of adults with two or more chronic diseases	—-		
Adult Health	Preventable Diabetes-related Hospitalization Rate in adults ≥18 yrs (rate per 10,000 persons)	—-		
Premature Death	Life Expectancy (years)	79.3		
Maternal & Child Health	Infant Mortality (rate per 1,000 live births)	—-		
Chronic Disease	Deaths due to cardiovascular disease (Age-Adjusted Death Rate per 100,000 persons)	181.2		
Safety Policies and Practices	Deaths due to accidental Injury (Age-Adjusted Death Rate per 100,000 persons)	27.0		

Countryside Suburban

Population Characteristics	
population	56037
% non-Hispanic White in population	93.5%
% non-Hispanic Black in population	1.0%
% Hispanic in population	3.4%
% population <5 years old	4.6%
% population <18 years old	23.0%
% population ≥65 years old	15.1%
median income	---
% of the population at or below poverty	4.7%
home ownership	90.6%
% of persons living at the same address for at least 1 year	92.5%
language other than English spoken at home	3.8%



This group includes

Townships in Clinton County :
Bengal, Eagle, Lebanon, Olive, Riley, Victor, Watertown, Westphalia

Townships in Eaton County:
Chester, Eaton Rapids, Onieda, Windsor

Townships in Ingham County:
Alaiedon, Aurelius, Locke, Vevay, Wheatfield, White Oak, Williamston

Opportunity Measures

Indicator	Measure	Value	Graph	Comparison to State
Income Distribution	Gini coefficient of income inequality	0.47	0 very equal — 1 very unequal	

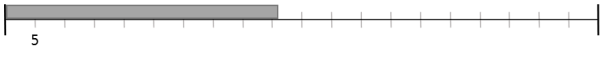
Social, Economic, and Environmental Factors

Indicator	Measure	Value	Graph	Comparison to State
Income	% of individuals at or below 200% federal poverty level	16.0%	5%	
Education	% of adults 25 yrs old or older with a Bachelor's degree or higher	27.8%	5%	
Social Connection & Social Capital	% of eligible voters who voted in November 2014 election (mid-term election)	60.4%	5%	
Community Safety	Rate of violent crimes (rate per 100,000 persons)	106.4	50	
Affordable Housing	% of households who spend more than 30% of income on housing	21.6%	5%	
Quality of Primary Care	Ambulatory-Care Sensitive (Preventable) Hospitalizations (rate per 10,000 persons)	—-		
Environmental Quality	% of Children < 6 yrs of Age with elevated blood lead level (EBLL) >=5ug/dL (highest venous or capillary blood lead level)	1.0%	1%	
Built Environment	Modified Retail Food Environment Index	—-		

Behaviors, Stress, and Physical Condition

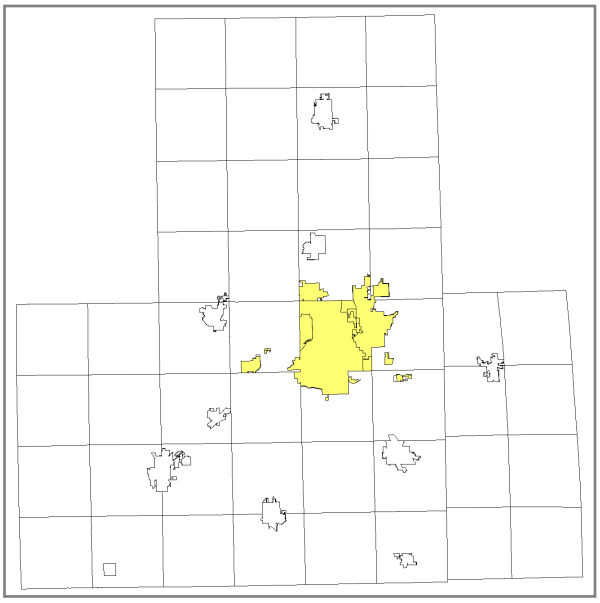
Indicator	Measure	Value	Graph	Comparison to State
Obesity	% of adults who are obese	—-		
	% of adolescents who are obese	—-		
Tobacco Use	% of adults who currently smoke	—-		
	% of adolescents who recently smoked	—-		
Alcohol Use	% of adults who binge drink	—-		
	% of adolescents who binge drink	—-		
Physical Activity	% of adults with no leisure time physical activity	—-		
	% of adolescents who achieve recommended level of physical activity	—-		
Nutrition	% of adults who consume recommended fruits and vegetables	—-		
	% of adolescents who consume recommended fruits and vegetables	—-		
Access to Care	% of adults with no primary medical provider	—-		
	% of adults aged 18-64 yrs without health insurance	8.8%		
Communicable Disease Prevention	% children 19-35 months who receive recommended immunizations	—-		
Mental Health	% adults with poor mental health	—-		
	% of adolescent with symptoms of depression in past year	—-		

Health Outcomes

Indicator	Measure	Value	Graph	Comparison to State
Child Health	Preventable Asthma Hospitalization Rate in children 0-18 yrs (rate per 10,000 persons)	—-		
Chronic Disease	Estimated % of adults with two or more chronic diseases	—-		
Adult Health	Preventable Diabetes-related Hospitalization Rate in adults ≥18 yrs (rate per 10,000 persons)	—-		
Premature Death	Life Expectancy (years)	79.1		
Maternal & Child Health	Infant Mortality (rate per 1,000 live births)	—-		
Chronic Disease	Deaths due to cardiovascular disease (Age-Adjusted Death Rate per 100,000 persons)	214.8		
Safety Policies and Practices	Deaths due to accidental Injury (Age-Adjusted Death Rate per 100,000 persons)	46.2		

Urban Area

Population Characteristics	
population	171,009
% non-Hispanic White in population	61.2%
% non-Hispanic Black in population	17.3%
% Hispanic in population	10.0%
% population <5 years old	6.3%
% population <18 years old	19.2%
% population ≥65 years old	8.8%
median income	---
% of the population at or below poverty	30.7%
home ownership	49.3%
% of persons living at the same address for at least 1 year	68.2%
language other than English spoken at home	14.2%



This group includes

Lansing City, Lansing Charter Township, East Lansing City

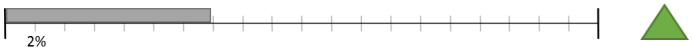
Opportunity Measures

Indicator	Measure	Value	Graph	Comparison to State
Income Distribution	Gini coefficient of income inequality	0.47	0 very equal — 1 very unequal	

Social, Economic, and Environmental Factors

Indicator	Measure	Value	Graph	Comparison to State
Income	% of individuals at or below 200% federal poverty level	51.5%	5%	
Education	% of adults 25 yrs old or older with a Bachelor's degree or higher	32.1%	5%	
Social Connection & Social Capital	% of eligible voters who voted in November 2014 election (mid-term election)	32.0%	5%	
Community Safety	Rate of violent crimes (rate per 100,000 persons)	733.0	50	
Affordable Housing	% of households who spend more than 30% of income on housing	43.3%	5%	
Quality of Primary Care	Ambulatory-Care Sensitive (Preventable) Hospitalizations (rate per 10,000 persons)	—-		
Environmental Quality	% of Children < 6 yrs of Age with elevated blood lead level (EBLL) >=5ug/dL (highest venous or capillary blood lead level)	5.3%	1%	
Built Environment	Modified Retail Food Environment Index	—-		

Behaviors, Stress, and Physical Condition

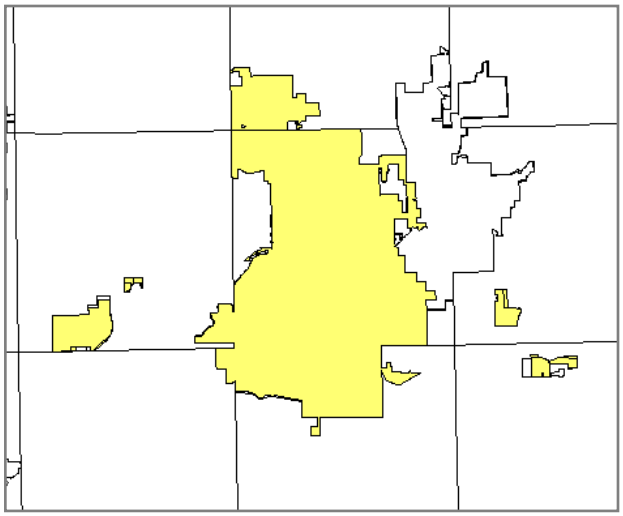
Indicator	Measure	Value	Graph	Comparison to State
Obesity	% of adults who are obese	—-		
	% of adolescents who are obese	—-		
Tobacco Use	% of adults who currently smoke	—-		
	% of adolescents who recently smoked	—-		
Alcohol Use	% of adults who binge drink	—-		
	% of adolescents who binge drink	—-		
Physical Activity	% of adults with no leisure time physical activity	—-		
	% of adolescents who achieve recommended level of physical activity	—-		
Nutrition	% of adults who consume recommended fruits and vegetables	—-		
	% of adolescents who consume recommended fruits and vegetables	—-		
Access to Care	% of adults with no primary medical provider	—-		
	% of adults aged 18-64 yrs without health insurance	13.8%		
Communicable Disease Prevention	% children 19-35 months who receive recommended immunizations	—-		
Mental Health	% adults with poor mental health	—-		
	% of adolescent with symptoms of depression in past year	—-		

Health Outcomes

Indicator	Measure	Value	Graph	Comparison to State
Child Health	Preventable Asthma Hospitalization Rate in children 0-18 yrs (rate per 10,000 persons)	—-		
Chronic Disease	Estimated % of adults with two or more chronic diseases	—-		
Adult Health	Preventable Diabetes-related Hospitalization Rate in adults ≥18 yrs (rate per 10,000 persons)	—-		
Premature Death	Life Expectancy (years)	75.4		
Maternal & Child Health	Infant Mortality (rate per 1,000 live births)	—-		
Chronic Disease	Deaths due to cardiovascular disease (Age-Adjusted Death Rate per 100,000 persons)	245.6		
Safety Policies and Practices	Deaths due to accidental Injury (Age-Adjusted Death Rate per 100,000 persons)	52.0		

Lansing City

Population Characteristics	
population (2013 estimate)	114,282
% non-Hispanic White in population	61.20%
% non-Hispanic Black in population	23.70%
% Hispanic in population	12.50%
% population <5 years old	7.70%
% population <18 years old	24.20%
% population ≥65 years old	9.70%
median income	$36,054
% of the population at or below poverty	28.70%
home ownership	52.60%
% of persons living at the same address for at least 1 year	77.50%
language other than English spoken at home	13.00%



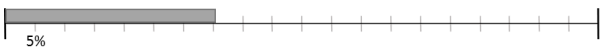
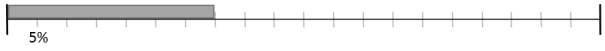
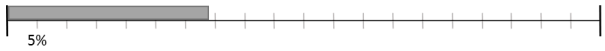
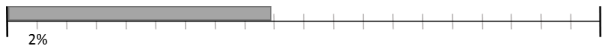
Opportunity Measures

Indicator	Measure	Value	Graph	Comparison to State
Income Distribution	Gini coefficient of income inequality	0.43	0 very equal — 1 very unequal	▲

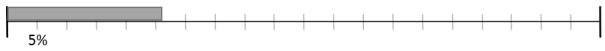
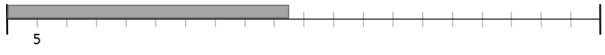
Social, Economic, and Environmental Factors

Indicator	Measure	Value	Graph	Comparison to State
Income	% of individuals at or below 200% federal poverty level	51.7%	5%	▼
Education	% of adults 25 yrs old or older with a Bachelor's degree or higher	24.7%	5%	▼
Social Connection & Social Capital	% of eligible voters who voted in November 2014 election (mid-term election)	37.3%	5%	▲
Community Safety	Rate of violent crimes (rate per 100,000 persons)	985.0	50	▼
Affordable Housing	% of households who spend more than 30% of income on housing	41.9%	5%	▼
Quality of Primary Care	Ambulatory-Care Sensitive (Preventable) Hospitalizations (rate per 10,000 persons)	—-		
Environmental Quality	% of Children < 6 yrs of Age with elevated blood lead level (EBLL) >=5ug/dL (highest venous or capillary blood lead level)	5.6%	1%	▼
Built Environment	Modified Retail Food Environment Index	—-		

Behaviors, Stress, and Physical Condition

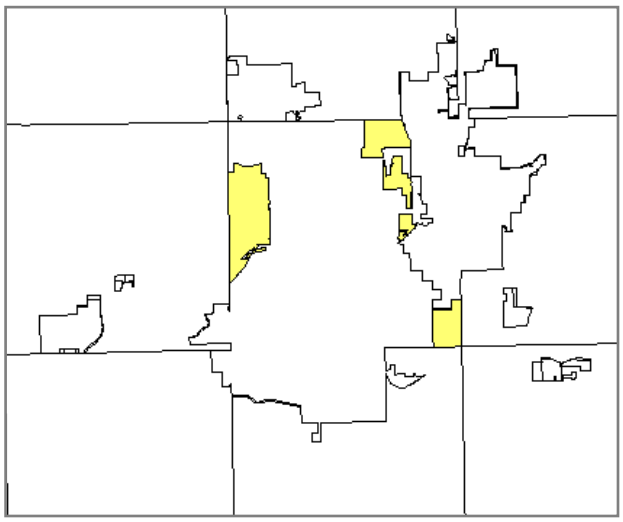
Indicator	Measure	Value	Graph	Comparison to State
Obesity	% of adults who are obese	35.5%		
	% of adolescents who are obese	—-		
Tobacco Use	% of adults who currently smoke	25.1%		
	% of adolescents who recently smoked	—-		
Alcohol Use	% of adults who binge drink	16.4%		
	% of adolescents who binge drink	—-		
Physical Activity	% of adults with no leisure time physical activity	34.9%		N/A
	% of adolescents who achieve recommended level of physical activity	—-		
Nutrition	% of adults who consume recommended fruits and vegetables	33.9%		N/A
	% of adolescents who consume recommended fruits and vegetables	—-		
Access to Care	% of adults with no primary medical provider	20.3%		
	% of adults aged 18-64 yrs without health insurance	17.6%		
Communicable Disease Prevention	% children 19-35 months who receive recommended immunizations	—-		
Mental Health	% adults with poor mental health	—-		
	% of adolescent with symptoms of depression in past year	—-		

Health Outcomes

Indicator	Measure	Value	Graph	Comparison to State
Child Health	Preventable Asthma Hospitalization Rate in children 0-18 yrs (rate per 10,000 persons)	—-		
Chronic Disease	Estimated % of adults with two or more chronic diseases	26.2%		
Adult Health	Preventable Diabetes-related Hospitalization Rate in adults ≥18 yrs (rate per 10,000 persons)	—-		
Premature Death	Life Expectancy (years)	74.0		
Maternal & Child Health	Infant Mortality (rate per 1,000 live births)	—-		
Chronic Disease	Deaths due to cardiovascular disease (Age-Adjusted Death Rate per 100,000 persons)	267.5		
Safety Policies and Practices	Deaths due to accidental Injury (Age-Adjusted Death Rate per 100,000 persons)	47.8		

Lansing Charter Twp

Population Characteristics	
population (2013 estimate)	8,098
% non-Hispanic White in population	69.9%
% non-Hispanic Black in population	16.0%
% Hispanic in population	16.8%
% population <5 years old	9.7%
% population <18 years old	23.2%
% population ≥65 years old	10.5%
median income	$26,099
% of the population at or below poverty	17.0%
home ownership	50.6%
% of persons living at the same address for at least 1 year	72.7%
language other than English spoken at home	12.4%



Opportunity Measures

Indicator	Measure	Value	Graph	Comparison to State
Income Distribution	Gini coefficient of income inequality	0.39	0 very equal — 1 very unequal	

Social, Economic, and Environmental Factors

Indicator	Measure	Value	Graph	Comparison to State
Income	% of individuals at or below 200% federal poverty level	33.9%	5%	
Education	% of adults 25 yrs old or older with a Bachelor's degree or higher	32.2%	5%	
Social Connection & Social Capital	% of eligible voters who voted in November 2014 election (mid-term election)	40.3%	5%	
Community Safety	Rate of violent crimes (rate per 100,000 persons)	258.7	50	
Affordable Housing	% of households who spend more than 30% of income on housing	34.4%	5%	
Quality of Primary Care	Ambulatory-Care Sensitive (Preventable) Hospitalizations (rate per 10,000 persons)	—-		
Environmental Quality	% of Children < 6 yrs of Age with elevated blood lead level (EBLL) >=5ug/dL (highest venous or capillary blood lead level)	—-		
Built Environment	Modified Retail Food Environment Index	—-		

Behaviors, Stress, and Physical Condition

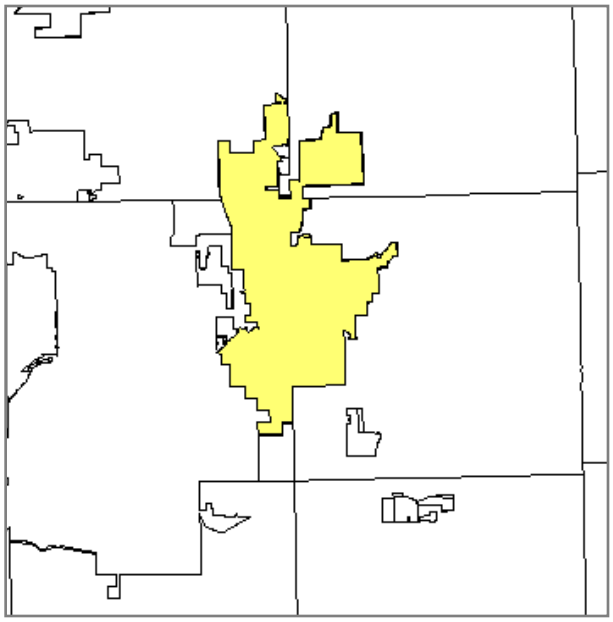
Indicator	Measure	Value	Graph	Comparison to State
Obesity	% of adults who are obese	—-		
	% of adolescents who are obese	—-		
Tobacco Use	% of adults who currently smoke	—-		
	% of adolescents who recently smoked	—-		
Alcohol Use	% of adults who binge drink	—-		
	% of adolescents who binge drink	—-		
Physical Activity	% of adults with no leisure time physical activity	—-		
	% of adolescents who achieve recommended level of physical activity	—-		
Nutrition	% of adults who consume recommended fruits and vegetables	—-		
	% of adolescents who consume recommended fruits and vegetables	—-		
Access to Care	% of adults with no primary medical provider	—-		
	% of adults aged 18-64 yrs without health insurance	14.1%		
Communicable Disease Prevention	% children 19-35 months who receive recommended immunizations	—-		
Mental Health	% adults with poor mental health	—-		
	% of adolescent with symptoms of depression in past year	—-		

Health Outcomes

Indicator	Measure	Value	Graph	Comparison to State
Child Health	Preventable Asthma Hospitalization Rate in children 0-18 yrs (rate per 10,000 persons)	—-		
Chronic Disease	Estimated % of adults with two or more chronic diseases	—-		
Adult Health	Preventable Diabetes-related Hospitalization Rate in adults ≥18 yrs (rate per 10,000 persons)	—-		
Premature Death	Life Expectancy (years)	75.9		
Maternal & Child Health	Infant Mortality (rate per 1,000 live births)	—-		
Chronic Disease	Deaths due to cardiovascular disease (Age-Adjusted Death Rate per 100,000 persons)	—-		
Safety Policies and Practices	Deaths due to accidental Injury (Age-Adjusted Death Rate per 100,000 persons)	—-		

East Lansing City

Population Characteristics	
population (2013 estimate)	48,629
% non-Hispanic White in population	78.4%
% non-Hispanic Black in population	6.8%
% Hispanic in population	3.4%
% population <5 years old	2.4%
% population <18 years old	7.5%
% population ≥65 years old	6.4%
median income	$32,953
% of the population at or below poverty	41.1%
home ownership	37.1%
% of persons living at the same address for at least 1 year	45.6%
language other than English spoken at home	17.2%



Opportunity Measures

Indicator	Measure	Value	Graph	Comparison to State
Income Distribution	Gini coefficient of income inequality	0.56	0 very equal — 1 very unequal	▼

Social, Economic, and Environmental Factors

Indicator	Measure	Value	Graph	Comparison to State
Income	% of individuals at or below 200% federal poverty level	55.2%	5%	▼
Education	% of adults 25 yrs old or older with a Bachelor's degree or higher	68.5%	5%	▲
Social Connection & Social Capital	% of eligible voters who voted in November 2014 election (mid-term election)	20.5%	5%	▼
Community Safety	Rate of violent crimes (rate per 100,000 persons)	258.7	50	▲
Affordable Housing	% of households who spend more than 30% of income on housing	51.2%	5%	▼
Quality of Primary Care	Ambulatory-Care Sensitive (Preventable) Hospitalizations (rate per 10,000 persons)	—-		
Environmental Quality	% of Children < 6 yrs of Age with elevated blood lead level (EBLL) >=5ug/dL (highest venous or capillary blood lead level)	3.7%	1%	▬
Built Environment	Modified Retail Food Environment Index	—-		

Behaviors, Stress, and Physical Condition

Indicator	Measure	Value	Graph	Comparison to State
Obesity	% of adults who are obese	—-		
	% of adolescents who are obese	—-		
Tobacco Use	% of adults who currently smoke	—-		
	% of adolescents who recently smoked	—-		
Alcohol Use	% of adults who binge drink	—-		
	% of adolescents who binge drink	—-		
Physical Activity	% of adults with no leisure time physical activity	—-		
	% of adolescents who achieve recommended level of physical activity	—-		
Nutrition	% of adults who consume recommended fruits and vegetables	—-		
	% of adolescents who consume recommended fruits and vegetables	—-		
Access to Care	% of adults with no primary medical provider	—-		
	% of adults aged 18-64 yrs without health insurance	7.0%		
Communicable Disease Prevention	% children 19-35 months who receive recommended immunizations	—-		
Mental Health	% adults with poor mental health	—-		
	% of adolescent with symptoms of depression in past year	—-		

Health Outcomes

Indicator	Measure	Value	Graph	Comparison to State
Child Health	Preventable Asthma Hospitalization Rate in children 0-18 yrs (rate per 10,000 persons)	—-		
Chronic Disease	Estimated % of adults with two or more chronic diseases	—-		
Adult Health	Preventable Diabetes-related Hospitalization Rate in adults ≥18 yrs (rate per 10,000 persons)	—-		
Premature Death	Life Expectancy (years)	81.7		
Maternal & Child Health	Infant Mortality (rate per 1,000 live births)	—-		
Chronic Disease	Deaths due to cardiovascular disease (Age-Adjusted Death Rate per 100,000 persons)	—-		
Safety Policies and Practices	Deaths due to accidental Injury (Age-Adjusted Death Rate per 100,000 persons)	—-		

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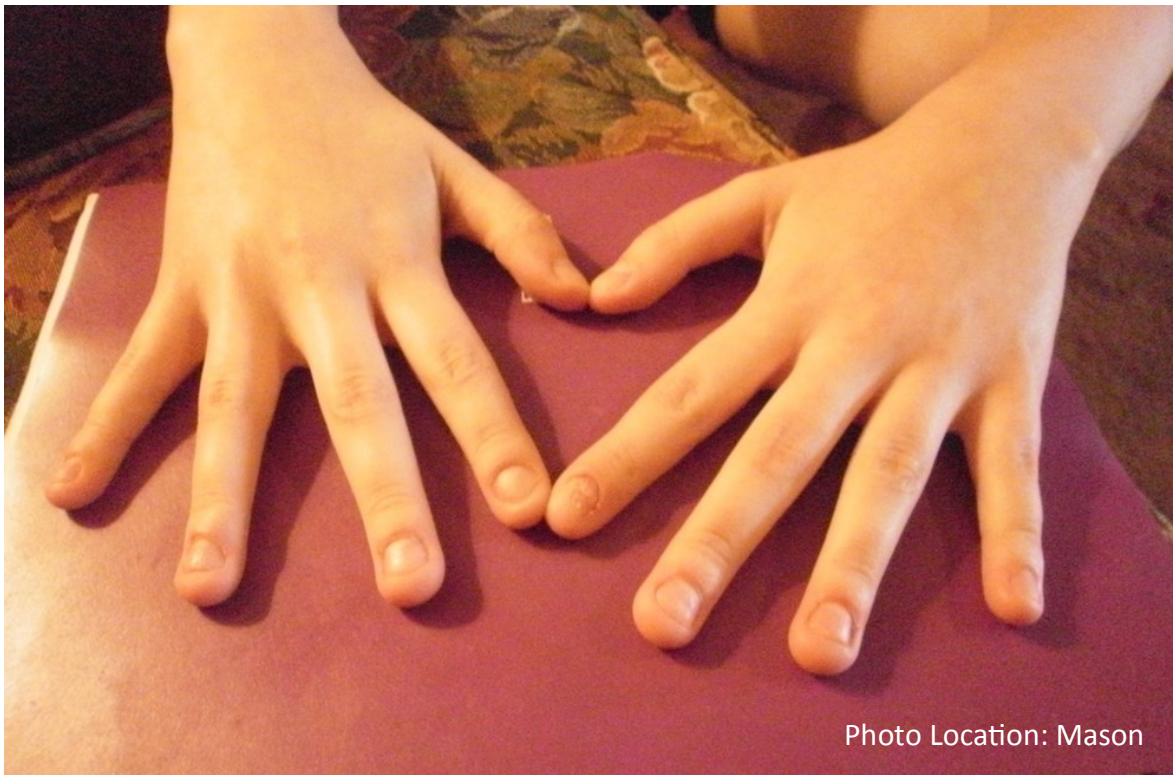

"Have you ever chewed more than you could handle? Teens need to learn ways to decrease their stress and how to prioritize."

- Ashley, Mason, Youth Photo Project

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

"In Our Own Words…"

RESULTS FROM THE HEALTHY! CAPITAL COUNTIES FOCUS GROUPS

While quantitative (numbers) data presented elsewhere in the Community Health Profile is important, so too are the **experiences, thoughts, beliefs, and stories** from real people in our community – particularly from persons who tend to have the most significant health needs or belong to groups that have the greatest health disparities. These groups, unfortunately, also tend to be underrepresented in conventional surveys. In keeping with our health equity paradigm, Healthy! Capital Counties deliberately sought out information about the health experiences and stories of traditionally hard to survey populations. To that end, we conducted a series of seven focus groups with an average of ten people per group.

For our counties, the focus groups were designed to include the following groups:

- Persons with disabilities
- Persons recovering from substance addiction
- Persons who are uninsured
- Persons who have low incomes
- Persons who identify as Hispanic or Latino (including those who speak Spanish and those who speak English)
- Persons who identify as Black or African American
- Persons who are unemployed

Seven focus groups were held in March, April, and May 2015. These focus groups took place in various locations throughout the three county area; Charlotte (AL!VE), Lansing (Peckham, Inc.), Lansing (Ingham County Health Department), Lansing (Cristo Rey Church), Lansing (Cristo Rey Community Center), Lansing (Advent House), and St. Johns. Each participant was awarded a $25 Meijer gift card upon completion of the group, and one person in each group was randomly selected to receive their choice of an additional $75 Meijer gift card or a Fitbit activity tracker. ***Many thanks to the following organizations for their generous assistance in coordinating and recruiting for these focus groups: Advent House, AL!VE, Cristo Rey Church and Community Center, Lansing Latino Health Alliance, and Peckham, Inc.***

Note about Spanish language focus group:
While most of the focus groups were conducted in English, one of the focus groups was conducted in Spanish. The audio file was transcribed first into Spanish language text, then professionally translated into English. The English translation is what is quoted in this document.

PARTICIPANT DEMOGRAPHICS:

72 total participants (70 completed registration forms)

Employment Status (may check more than one)	# participants
Not working, looking for work	21
Not working, not looking	10
Working part-time	9
Working full time	12
Stay at Home Parent / Homemaker	2
Retired	17

Housing Status (may check more than one)	# participants
Current have permanent housing	42
Do not currently have permanent housing	5
Currently living in temporary housing (shelter, transitional housing)	8
Living with a friend or relative	8
Have been homeless in the past	15
Past use of housing services	13

Health Care Coverage (participants may list more than one)	# participants
Uninsured (total)	3
Ingham Health Plan	*1*
No program given	*2*
Medicaid	33
Medicare	16
Private Insurance	13
Healthy Michigan Plan	1
Other	1

Disability Status (participants may check more than one)	# participants
Mental Health Condition	19
Recovering from Substance Addiction	10
Physical, Developmental, or Sensory Disability	34
Caretaker for a Disabled Person	8

Race / Ethnicity (self-identified)	# participants
Black or African-American	19
Hispanic/Latino (any race)	9
More than one race	1
Native American	1
Mexican	6
Bolivian	1
White/Caucasian	37
Not recorded	4

Age	# participants
18-24	7
25-34	11
35-44	14
45-54	16
55-64	16
65-74	7
75+	0

Summary of Key Issues:

What were the **common concerns**?

Many people suffer from chronic diseases, often several at a time. This limits what they are physically able to do. Many blame genetics and their own personal behavior for their condition. People shared that affording healthy food was a common challenge. While persons might like to purchase fruits and vegetables, those with budgets that depend on food stamps cannot afford them. Some programs were praised that helped make produce affordable – community gardens, farmers' markets and the Double Up Food Bucks program. Many people felt that their children were likely to be less healthy than they are, due to screen time and lack of outdoor play.

What did these participants believe help to **make their health better**?

+ Eating healthy
+ Time, skills, and money to prepare unprocessed food
+ Exercising
+ Access to primary care
+ Access to better mental health care
+ Sidewalks and paths
+ Social and neighborhood connection

What did these participants believe **make it harder to be healthy**?

- Genetics & family history
- Too many prescription medicines
- Violence
- Lack of medical and mental care access
- Stress
- Affording food and medical care
- Exposure to unhealthy food
- Not enough help finding community resources
- Manual labor jobs
- Exposure to chemicals

What were suggestions for **making the community healthier**? (not ranked)

- Increase availability of healthy foods and community gardens
- Make insurance, co-pays, and prescription medications affordable
- Increase access to primary medical care providers
- Improve communication between health care providers and with their patients
- Increase the access and quality of mental health care providers
- Increase the frequency and consistency of health education programs
- Increase free or low-cost opportunities for children to be active and engaged in sports, including at school
- Reduce violence
- Improve educational achievement

Health Outcomes

Illness and Death

ASTHMA

Debbie: The only ones I have to deal are with the kids with the asthma…The breathing machine, and all this stuff that I gotta do on my own. Which is not fixing anything, you know. It is still going on.

DIABETES

Jessica: My dad's a diabetic…I see my dad taking all these shots, and my aunt has to do it in her stomach…It's hard to see my family become a diabetic and have to do all those shots, and have to go to the doctor, and get all these pills, and you've gotta watch what you eat. **It's just really hard.**

Emily: I'm diabetic, and I just recently started taking insulin… And I work every day on planning what I eat, and when I eat it, and **keeping track of everything**. So, trying to get more exercise in, you know, around our crazy work schedule right now, so it's a lot to do.

Lamar: That disease will kill you quick. **First they start on your toes then they take your knees and they take your legs and then you're dead.** I've seen a couple of my family members die from that stuff and it's nothing nice but it's all preventable because of their diet.

CHRONIC DISEASE

Patricia: Obviously I'm overweight. Thank God I don't have diabetes or any of that. I do have **rheumatoid arthritis and carpal tunnel and it comes with the job**…I don't know if I really feel unhealthy, but I know I am in many ways. I can't get out and exercise in the winter and I can't go walk because it hurts too much.

Lisa: I have a lot of energy, but I also am tired a lot. I have **scoliosis, spina bifida, degenerative disc disease, arthritis, fibromyalgia, PTSD, bipolar and depression** and I just stopped at that point because I thought that would be enough.

Angela: You name it, and I think I know somebody that have it, or that… Well my mom had kidney cancer, so that was something, dealing with her. She has blood pressure. My father had diabetes, I have asthma and arthritis, diabetes. So, I think is just constantly readjusting to your lifestyle, to whatever is happening. **Either caring for somebody who has it, or caring for yourself, or trying to!**

Vanessa: I have a [Pathways to] Better Health nurse that comes to my home twice a month, helps me out with a lot of different resources and things. **I finally was able to break through this loop, with this medical stuff that's going on in my life.** And, I think I like Sparrow – because they are opening up a lot of different medical things, like for diabetes and things like that, that I'm interested in.

Bill: They just piled me up with a bunch of medicines, and I don't agree with some of the medicine, but I've been taking it. …**they didn't help me, they just gave me pills**.

CHRONIC PAIN

Kasey: You see, with me, I don't have insurance…I recently cut my wrist open on accident and I must have cut a tendon or a nerve or something in there and it hurts to move my finger…but what kind of help am I going to get with no insurance? So, **I'm stuck in pain because of this, but what can I do?**

TJ: I have to go and sit down. Because of my hip. **I never knew that your body could hurt that bad.** I mean, I know we can go through some severe pain, but this right here? That was something different for me. We were in the grocery store, and I had to sit down. "Mama, I'm gonna be over here sitting down. Go ahead and finish grocery shopping,"

George: I think of the places that hurt in my body and the parts, the kind of work that I used to do, and the hours that I did. From 11 years old to twenty something, you are **working ten or twelve hours a day, in very poor conditions**, often times crawling on your hands and knees, dragging a bucket… we are out in the fields like four o'clock in the morning, and then it will be cleaning like for several hours, and then when the sun came up, we will be picking, and then when the sun went down we were in the warehouse sorting. So, it didn't bother me then, but I think that it really had an impact.

Tony: After the surgery that I had, **everyday there is something that hurts**. My doctor gave me pills and well the pain goes away, but after three years **I am sick of taking pain pills** and I'm gonna tell him tomorrow that I am not going to take pain pills anymore because they are not doing anything!

Margaret: I have a lot of issues. I was in a severe car accident and have chronic pain and a whole lot of things are wrong with me.

COMMUNICABLE DISEASE

The only participants that discussed feeling threatened from communicable diseases were those who were homeless or had recently been homeless. They felt a sense of contagion from the other people in places they received services or shelter.

AGING

Eduardo: I never took care of myself when I was young. I drank too much, I smoked a lot. And when we're young we think we're invincible and through years you get to an age where **I'm now facing the consequences of my past** and the life style I had when I was young, and never took care of myself.

HEALTH STATUS OVERALL

Kasey: On a scale of one to ten, I would consider my health an eight or nine. **I consider my health really healthy**; I don't have any health problems really…I'm really like enthusiastic about eating vegetables and fruit and super foods and a lot of different things that people may not have ever heard of that may benefit their health.

Theresa: I have anemia and diabetes…**There are times when I'm just exhausted**.

Joan: I feel like I have – **I feel tired all the time. And I think it's emotional as well as physical**.

FAMILY HISTORY

Christina: And **I'm scared of that**. I come from a diabetic family; two of my siblings have died of diabetes and my father and his family have problems with cancer in the stomach. In my family too, I had colon cancer and **I'm always worried** about [it].

Elena: I feel well and I do exercise and I eat healthy but I have my family history and in my family we have five members who had cancer and one of them died, so I have that record; and also in heart; my dad died because of heart issues and my mom has approximately 6 months we had to took her to the hospital because the biggest tube we have in the heart was going to explode, but they took care of her and put something inside. So I know that I'm not 10 because of the history I have but I'm doing things to avoid having issues with the heart. We all have family records.

Behaviors, Stress, and Physical Condition

Ways of living which protect from or contribute to health outcomes

DIET / EXERCISE / WEIGHT STATUS

EXERCISE

Theresa: We lived in our camper for five and a half years and let me tell you, **I have scoliosis of the spine, I've got a heart murmur and I have asthma, but shoot, I get out and I walk**. Yeah, it's hard for me, but you know.

Margaret: Recently about three weeks ago, I joined a gym to work out and I feel really good. **It has seemed to help** more than anything

Sue: I can't get out and exercise in the winter and **I can't go walk because it hurts too much**. I've gone to Curves and I've done the gym. I've done this and I've done that and yeah, I'm really good for a couple of weeks and then I decided to take a break today and today never stops. It sucks and my sister is always like, **come on and lets go for a walk and I'm just so tired**. I'm raising my 3-year-old granddaughter…so, it takes a lot out of you, but I'll never quit, that's for sure. I just keep going every day and try something different.

Chris: I gave [cigarettes] up and you know, **I started walking a little bit every day**. I started jogging and I started running and before you know it, you know what, I could run 10 miles. It took me about a year to get to that point but I could do it.

Ellen: [I would like] more affordable ways to do things, be more active.

Joe: If you wanna be healthy, it's a choice, you know what I mean? It doesn't cost money to be healthy. I mean that, simple things as in your diet and little bit of outside exercise is a big difference. **You don't have to spend hundreds of dollars a month to be healthy.**

Dorothy: Then I went to see the [gym] that cost $10 a month, but you have to pay $10 a month for a year weather you use it or not, you still have to pay! …That is something I don't do faithfully. **I don't work out, I hate it, I do! That's why I'm overweight.**

Marilyn: The best exercise that there really is and that it doesn't cost anything, I think is walking. But I can't walk very far. I mean that was something I would look forward to. I know people that walk 5 miles a day with no problem, but now just walking to the bathroom, there are sometimes that it's an issue.

Debbie: My **kids are able to go to the life boxing gym** around the corner for free, and they exercise there, and they do that, but and I'm sure anybody could go there, because is just around the neighborhood. But for me like to walk around by myself, just depends**, I don't think I would be able to go very far**. I don't think!

Dorothy: I mean when I was a teen, I was still climbing trees, so I thing I felt very healthy, I was involved in sports, I was you know, roll skating, playing softball, basketball, I mean, all kind of things and then probably in my 30's, I started having trouble with my left knee and ever since then, thing got deteriorating, I was like **I couldn't do all the things I used to do**, and I ended having arthroscopy thing, which put me out for probably about a year, they told me it was a six week recovery and was really more like a year. And now, both my knees are shot. I feel like it's been a very difficult process, because I was very active. I was constantly you know active, and not been able to be active like I was, it gets kind of hard.

Daniela: Maybe **add more sports at the school**. The only sport they have at the school is jumping the rope and the hula hoop; that's the only sport they have, oh my God…

Rosa: And someone else, about the schools and the physical education; it has changed because kids previously had the right to play volleyball, tennis, basketball, football; and the parent didn't have to pay for those things; but now it's a privilege, they have to pay, the **parent has to buy the uniform, it's a lot of money**. That has changed a lot because they've reduced the budget, who does pay for that change? The kids.

Joe: I go to **gym every day like five days a week** I work out and all just to stay, it's more of a structured thing and positive reinforcement because I have general anxieties disorder so I get too much time in my hands.

Tim: Yeah, we live three blocks off of that walking trail. That's actually nice and we are close to downtown so, **we do a lot of walking**, at least I do. Because everything is pretty close right there and I like walking through downtown and going to the library and things like that.

Sarah: I live in Olivet and…it's a small community so you can walk. When you live downtown, **you can walk all through downtown** and get to the elementary school to the high school/middle school.

DIET

Kasey: A lot of people [say] they would never be able to switch over to organic because of the fact that it's so much more expensive and they can't afford that, but I disagree. I feel like when you start eating healthier, you focus on only eating healthier and **you kick out the bad foods out of your diet**. So you start being more self-sustainable and self-reliant and your budget doesn't really change and you don't spend any more money eating healthy, I think.

Anna: So we don't eat healthy; and the always been running; from the house to the job, and if the kid has an activity. **So you don't have that time to cook at home and we go to a restaurant or to eat fast food.** What do we eat in the fast food? They don't give us small portions, they give us big portions.

Christina: We eat very badly; that's why I previously said it's very difficult to maintain it. **My son doesn't want to eat the fresh vegetables** and I have to cook them and they lose the quality, even if I boil them he doesn't want them; he wants them to be very cooked. My daughter eats fruits and vegetables and I feel sorry that I'm giving her that healthy and he doesn't eat fruits either. My husband doesn't eat fresh fruits and vegetables; and I feel sorry that my daughter and I are eating healthy and they want to eat snacks and we have discussions because I don't want to cook with so much oil. So it's difficult to maintain the food in my family and we get into arguments and, "No, I don't want to eat that." **And it's very difficult to maintain it.**

Rosa: The **mothers with kids at the school can make that change in the food**. They can request they eat pizza once by week or by month; or hot dog or chicken nuggets once by month; have fresh fruits and vegetables instead from the cans; but that's up to the community, if the parents get together and say, "Let's change this."

Kasey: We are trying to grow a garden this year and I only really eat meat once a week, whereas a lot of people we know eat meat every day and I feel like that might not be the best thing. **I'm really like enthusiastic about eating vegetables and fruit** and super foods and a lot of different things that people may not have ever heard of that may benefit their health.

Kelly: I like to keep healthy foods in the house and we'll have like I call it a relish tray mixed in a big Tupperware with the slots. I fill those up with fruits or vegetables and we have two of those things so we can do both at the same time and then **it's easier when its already cut up and made for you**. But I just know that I'm overweight and the fast food things in town here is my major problem. Until you look at the amounts on the credit card or your bank statements, since November $577.00 in fast food and you think, my God, if you could just go to the gym and then put that money away.

Kasey: I mainly like to avoid city water just because of, like you guys said, the chemical and disinfectant byproducts. I feel like that is definitely unhealthy. **I've seen how plants grow in city water and they don't grow.** But then I see how plants grow in well water and they grow prolifically and that is how I think humans should treat themselves too.

Christina: I think that the food has changed a lot. Now everything has sugar; if you buy a bottle of water it has sugar inside, so…

COOKING FOOD

Amber: Sometimes it's not as easily accessible for everybody to get healthy food like it's not farmer markets and there's probably a corner store, a grocery store so far away, **if you don't have a vehicle, you end up eating noodle bowls and burritos**.

Jennifer: **We need less fast food restaurants.** Like there's no reason for Potterville to have a McDonald's for any reason.

Lilith: Yeah, it's convenient. I work and grab lunch, and there are very few choices for me to grab lunch, just have something that's halfway decent so **usually I stop at Speedway and I buy a pop** and there are two for one things, when I buy two pops and then the same thing with the chocolate. When I get to the counter, it's ready anytime so I haven't had water or I haven't had fresh fruits and veggies…

Sharon: **For four years I didn't have a working oven.** I just, like I had a stove range, I had you know, the electric plug that in, plug that and I never knew until about four months ago, not even that long, how easy cooking in the oven makes my life.

Arturo: I think that all the generation in general will decrease because there's less culture in the aspect that **mothers and father cook less every time, so everything goes more to buy prepared food.**

SCREEN TIME

Kasey: My daughter alone is 7 months old and grabs for my phone. Now granted it's colorful and it's interesting, but I don't even have a tablet and **it's bad that a 4 year old has a tablet.** I mean, kids just don't know how to play anymore and I feel that there is going to a lot of obesity and health problems and I don't feel that they are going to be healthy at all.

Elizabeth: See when I had my kids and I had seven of them, we had swings, we had trampoline. **We had outdoor stuff to play with.** We didn't have this computer. **We didn't have cellphones.** We didn't have any of these games and I think the day these kids are too wired up. I got grandkids I can't even read to.

Dorothy: All the kids do is the fingers (imitating playing with a cellphone) and the computers. I worry about their eyes, and I worry about their hands. And I tell them, it's too many hours doing that. I which you can go in the fields and work, like we used to. So you get something else to do, besides that little screen.

Josephina: At the schools in Lansing the physical education teachers were fired and the teacher [now] has to do that. So the teacher doesn't know what to do. As you say, hula hoop; they just run, but **it's not the same thing as having a physical education teacher**. And they get home and they watch TV or with the machines…And my mom said, "Come here when you're going to eat but you can play outside." And they were sent out, "And don't come back until you see the light on at the street, right?

WEIGHT

Kasey: I feel overweight and I'm fat. I don't like it, but I'm

trying to do something about it.

Sue: I've gone to Curves and I've done the gym. I've done this and I've done that and yeah, I'm really good for a couple of weeks and **then I decided to take a break today and today never stops.**

Kelly: But I just know that I'm overweight and the fast food things in town here is my major problem.

Jennifer: My son's gaining too much weight and he's got a heart condition.

Joe: I mean the obesity rate in the United States is ridiculous because we're fricking lazy.

Dorothy: Because now I'm obese and I wasn't before…my doctor have told me to lose the weight, and I try for a day or two, and I do good and **then when you get hungry I forget about it.** But I was doing a workout three times a week, and also in therapy my doctor put in therapy to exercise three times a week…but **then the insurance stop paying for it.**

Melanie: Physically, **I'm pretty much obese, but I try not to get more obese**, go out in the yard and work and stuff. But, they wanna fuse my ankle together, so I can't walk around very well. But mentally, I feel great.

Tammy: Except for the fact I'm near obese. I got perfect blood pressure. My cholesterol's good, my blood sugar's perfect. I don't know how the heck all that happened, but so be it. I'm just happy working out in the yard, but my COPD doesn't help that either. But, I smoke, a lot.

ACCESS TO MEDICAL CARE

MEDICAID/MEDICARE

Kristen: I have Medicaid and Medicare and there is something that takes care of the prescriptions and stuff. I never pay more than $2.20 per prescription, but 90 percent of the time, both Medicare and Medicaid, **when I go to the doctor, I never have a problem and never have to pay anything out of my pocket**. Each month my mom has to pay two hundred and some odd dollars and she don't even go to the doctor and that is just to have that insurance.

Kelly: **I'm also on Medicaid, but I have to pay a copay every time.** I don't like to complain because it could change. So, since I'm 21-years old now and I'm no longer pregnant, so now I have a copay on mine and I'm not going to complain.

Jennifer: Lisa [at the health department] is reason you know, that he has Medicare, McLaren's and Delta. If you go over and sign up at the health department and still pay that penalty for tax…you can get a Medicare B if you have no insurance and low income. You can also get McLaren's which is good. My son doesn't pay a penny for his – he doesn't pay a penny for his medicine, doctor's office, nothing. **That's the best thing that happened.**

John: I've never had a doctor. **As far as finding a doctor on Medicaid, it's really rough.**

Latisha: I think the Medicaid should be more different, too. Say like a person needs to go in and get their eyes checked out. **Certain medications and PHP and all that, they don't pay for all that.** Your eyes. Me, myself, I need to go by these doctors for eyes.

Sarah: Well, my doctor wouldn't take me because I have Medicare and I've been going to him for years. **I had to find a new doctor because I turned 65.**

IMPROPER CARE

Roger: I see that the individuals might get some health care, but it's not the same quality of healthcare **it's like a generic brand**, and that it's unfortunate, because I feel **people should get the same quality of healthcare regardless**!

Debbie: I think sometimes **you get treated different if they know what kind of insurance you have**.

Margaret: And like I said, **you have to stick up for yourself** and if you want your health issues addressed then go find another doctor. I will go into Lansing where I do feel they are more professional, but under my situation, I don't want to have to be driving that far right now. I'm on disability and I have 15-year-old I'm trying to take care of, to get health care.

Janie: Doctors used to make house calls, and I know that is not feasible anymore, but the idea behind it is good, because they went the extra miles for the patient and I don't feel that a lot of doctors, not all, but **a lot of them are just going through the motions and not going that extra mile for the patient.**

Margaret: When [the doctor] told me that I was using tax payers money, I've worked hard and have over 21 years of experience in the healthcare field as a nurse's aide and I've had other employment, **for him to tell me that I was using taxpayers money and he could not do certain tests on me, that's wrong**. I've paid taxes too.

Donna: Well, one of the things [I would like] is **a better system of communication between all the different health agencies**, so that we are not getting multiple medications. It seems that with all the technology that we have nowadays, that there will be way to have some central health thingy on us, so that I don't have to keep saying to what am allergic to….it seems that it could be a system of communication.

MEDICAL CARE

Natalie: It's easier for them to write a script and go on to the next patient than it is to sit there and actually figure out the problem.

Michelle: I just stopped taking my children to [practice in Clinton County] recently because I don't like the fact that they see different people every time. You know, because **you want a family doctor, somebody who knows what is going on with your children every time that you are in there and these doctors don't communicate.** They don't talk about you and your children, you know, they just know what was going on the last time you were there and try to do the best they can.

Tim: [My doctor] was willing to do what I felt I needed to deal with this and you don't have a lot of doctors like that anymore. **It became an assembly line.** Part of the

Hippocratic Oath that they take is to do no harm, but to treat people like slabs of meat on a line that is going to get cut up, that is doing harm, it really is.

Kim: Sometimes their communication is kind of horrible. You will be getting x-rays done and then you go to another, **they expect you to pay for an extra x-ray when you know some things can be faxed over**, or you know, the communication could just be better between the two practices.

PREVENTIVE & PRIMARY CARE

Kim: They [primary care doctors] schedule you way far out.

Theresa: I mean what if I had something wrong with me like cancer or something and I didn't know it**. It's going to take three weeks of me being sick as a dog, to see a doctor who is probably going to take another month or three to find out what is wrong with me.** I think that is pretty ridiculous.

Debbie: The doctors seems to [have] more patients now, because, you know, of more people being accessible, but it's like more impersonal, you're more like a number, and it just seems…**your wait is longer, just seems like it's harder**.

Kaitlyn: I also have a complaint about that because I had a strong infection of sinusitis and I couldn't get an appointment and I had to **go twice to emergency because I couldn't get an appointment.** And when they could give an appointment I went so they could follow up but I was already better; there was nothing to follow up. So it's always difficult getting immediate appointments when you're sick. The solution for them is, "No, go to the emergency room."

Elena: Sometimes it's a problem to get a doctor; **we didn't have a general doctor**…not all of them accept the insurance or the ones that accept it don't take the patients and they put you in a waiting list. So we had to be with one that was a resident. And the doctors don't explain anything to you…and it seems like the one who know more is the nurse because the doctors are there for only 3 minutes. They are like divas and just come to check what the nurse did and honestly I don't trust them. I had the idea that doctors here were very good and better than in Mexico but I realized it's not the truth.

Emily: But, I found **it's really hard to try to get a new doctor** that hasn't seen you before.

Debbie: **The doctor is not telling me things that I can do to prevent having to take the medicine.** They just want to make sure I have all the medicine!

Rosa: When I was 40 years old I said, "Okay, it's time that I have my mammogram and Pap smear every year." So **I did that every year and it helped me** because the first time I got cancer it was in the first stage.

SPECIALTY

Anna: They never found the cirrhosis of the liver, until I was transferred to Ann Arbor with a specialist…and he told me, "Your cirrhosis is more or less but you won't have a lot of suffering; now medicine is so advanced that just a pill below your tongue will help you. So I feel comfortable now; I know that [my death could] happen at any moment because no one is forever. We only need to be ready to die.

Marilyn: Now that you go to a specialist where a general practitioner used to…do everything. Now is, everybody is specialized, and **they say, I'm gonna send you to a specialist, and it's more expensive.**

MEDICINES and PRESCRIPTIONS

Dorothy: We have insurance, but we still have to pay **prescriptions that are very expensive every month**, because I take like 9 pills every day! And I told my doctor if I don't take them what's gonna happen? And he says your system will shut down and then you will have to say good bye to your kids.

Olivia: Because they put you on all this unnecessary medication, that **you probably don't even need**. [My doctor] kept giving me a prescription, but I stopped taking them. Because I know when I first went there, there was nothing ever said to me about high blood pressure.

Sarah: My son has autism and he had to have his meds changed and I couldn't do it because he kept running off and he had to be hospitalized. **It took me a month again in a hospital to get his meds changed because nobody would listen** and the doctor kept telling me you know, just tell them to call and that she would let him know and they would call her and she was about to drop him. I couldn't find another doctor. It was just a big fiasco. It's ridiculous.

Dorothy: **There are some medicines that I don't get, because they are not covered by the insurance and the over the counter medicine is just very expensive.**

Debbie: When I was working in the factory, you keep [doing] repetitive motions. I would take Tylenol all night and all day, but they don't know what is gonna do to their kidneys later.

Natalie: **The doctors push these drugs onto us. Then they get upset with us when we become dependent on it.**

DENTAL

Dorothy: **I have been out of work 7 years, and I have not gone to see an eye doctor or dentist**, because I cannot afford to. So I use toothpicks.

Ashley: There is no dentist accepting even the insurance through McLaren or Medicaid or whatever my son is on.

Olivia: The money that I'm making, it barely is enough to help pay the bills that I'm living today. So, **I can't even afford to go get my teeth pulled.** That could have been helped, if when I was working [the company would have provided dental insurance].

SUBSTANCE USE / MENTAL HEALTH

ADDICTION & RECOVERY

Kevin: My favorite thing is that, for people with substance abuses, **there's over 350 meetings a week, 12-step meetings** in this community.

Joe: I come from a family that has chronic alcoholism and severe drug abuse, I don't know if it's the bloodline or whatever it is. They say it's a fatal disease because I lost, my grandfather died from emphysema and cirrhosis of the liver from alcoholism. My mother died from lung cancer from

smoking cigarettes and alcoholism and my Aunt Cindy died. My mother's sister died from detox from alcohol so it was all preventable. I mean **I got 200 years of alcoholism on both sides of the family.**

Kevin: When I was drinking, I didn't wanna see healthy people.

Jenna: I thought I was a good alcoholic. I could function. I could do things and take care of my kids. Well, as a matter of fact, **I left my first husband because he was abusive** and I don't want my children to live that way so I left and then I started drinking.

Kevin: That any hospital with an emergency room that's open overnight, should have, at all times, a substance abuse person to be able to steer anybody coming in. Because those are the deaths we don't hear about. **One dollar spent on treatment is gonna save ten dollars on incarceration** for somebody that just needs a little help at that moment.

Natalie: I don't know the solution for it, I'm just saying, they tell you this is wrong and this is wrong and this is wrong, and you need these several different pills to make you feel better. **And it makes you become an addict**, I've watched it happen firsthand, that it's that easy to become addicted.

Mike: My drug of choice was methamphetamine for 21 years. I've done everything under the sun. I think that it's because of where I grew up was a big part of why I got into that because it was just everywhere. I don't know if it's a chronic disease or whatever, if it's a lifestyle but once you become involved in that, once you get past that chemical synapse or whatever it's called in your brain, you become addicted. It's rough.

Rachel: When we were younger, **we lived in a bar** from the time he went, to the time he went home, whether it be midnight or 2:00 in the morning, we spent our time with our dad at the bar.

Ashley: I've seen the abusive attitude my father had. He beat me. He broke my bone. That's where I learned to crawl, couldn't walk, I crawled. He beat my mother but **my brother don't remember so my brother got into his drugs and alcohol**.

Eduardo: If I'd had known all the damage alcohol and smoking would cause me I'd not started but I also come from an alcoholic family. It's different when you come from an alcoholic family and my father and grandfather and great -grandfather; all of them were alcoholic. That's **caused by the bad decisions** and the life style you want to have.

Jessica: I found out [a houseguest] stole my lockbox, she got into everything. I found marijuana, cigarette butts, needles, drug needles in my closet. **They were shooting up drugs**, while their child was sleeping in my room. It's hard to see – You're trying to help them, but they do all that stuff to you.

Shirley: I'd never even had a speeding ticket. And, 57 years old, **because I had some marijuana in my purse, they took me to jail**. I knew more about drugs when I came out of there.

SMOKING TOBACCO

Chris: I probably was on my way [to getting COPD], smoked cigarettes forever you know, I mean it was a long time. I gave them up and you know, I started walking a little bit every day.

Eduardo: I never took care of myself when I was young. I drank too much, **I smoked a lot**. And when we're young we think we're invincible and through years you get to an age where I'm now facing the consequences of my past and the life style I had when I was young, and never took care of myself.

Denise: My husband was a painter by profession so he had all of those paint fumes, **smoking when he was in the service**. He worked on airplane engines so there was that, too. So I can't really blame all of it on smoking. It was his whole life that was what caused a lot of his, because of the lifestyle but smoking is usually the biggest factor to lung problems. That's what they told me.

TJ: **He smoked so he could deal with the stress** that he was dealing with at home, to keep him focused at school, so he could keep concentrating on his books and his education.

COPING

Denise: I can look around and see somebody worse than I. **I'd rather be out helping somebody else than sitting home going oh, me, oh, me, I'm hurting.** No, I'll get up and put one foot in front of the other, get going and I'm fine.

Emily: I have a positive outlook on life. You can ask anybody…Joan here works with me, and I just I look at everything like, you know, the best of everything. And **I work hard and strive hard to keep everything under control.**

Kristen: People get ornery. I feel depressed and ornery. When you look in the mirror and it's time you have to go out in public, **you know kind of worried about what other people think.**

Tammy: It seems to have a ripple effect, when you're in the household, how the mood of one person is – **the mood of one person directly affects the mood of everyone else.**

STRESS

Rosa: In the family is a big concern; in my case I have a daughter and I'm not from this country, I'm from Bolivia and I've seen that it's a lot of stress for the whole family. I have breast cancer and my daughter isn't happy with the situation. Sometimes she tries to give me comfort and to have the best face she can have but it's not like that, it's stress. **The situation destroys the family**. So I think that the disease we have isn't just for us but it affects our community and our family.

Shanice**: Why do [we] have to be so stressed out?**

Amber: I just have days when I'm super tired and I don't eat as well because you know, I'm too tired you know, I'm pregnant, too, so I know I need to get my health better and you know**, just dealing with stress too, a lot of things kind of going through a recent situation with my husband and having to leave.**

Floyd: **When you ain't got your own place, that makes it hard for you to be healthy because you worrying.**

Latisha: That stress is gonna kill you.

Jennifer: Unnecessary stress. You're already dealing, day by day, so how do we, as a community, **how do we protect from that?** How do we not have to go to those

circumstances? How does the medical field – how do we become more united than not, you know?

MENTAL HEALTH CARE

Margaret: I don't think there is a place to house people [with mental illness] in Clinton County anymore.

Margaret: I feel **there is a huge misconception of mental illnesses** in people that even your police officers don't understand it, which is happening all over the world. I think they are aware of that and are trying to do thing, but the brain is one thing and there are a lot of misconceptions with mental illness and how to treat people with it.

Melanie: [Community Mental Health] don't care anymore. And **they are overwhelmed. They don't have the funding. They have no place to put people, our system is sick.**

Floyd: A lot of it's shell shock and different stuff like this. **Traumatized in all types of ways.**

Latisha: I have to say when I was for eight months when I was homeless back here; I wanted to just give up on where I'm going at. I went to the park, just sitting there. I didn't even wanna be bothered with nobody no more. When you homeless, **you don't wanna be bothered with nobody.**

Natalie: I went to CMH about a year and a half ago. **I tried to commit suicide. They hospitalized me for a couple weeks, then released me to a man who was abusing me,** and I ran again, from this man, to CMH, and cried suicide once again. And the doctor asked me how I would do that, and I said I would use a – preferably a gun. And he says, well, do you have access to a gun? And sent me out. So, I was on my way out. So, well, you don't have no access to a gun, so you're suicidal, so what?

Melanie: I don't think we have enough [mental health care]. **I know we don't have enough psychiatrists in Lansing**…My son is stuck, at CMH with a psychiatrist. Because there's nobody else to take him to. So, he's never gonna get better. He's just gonna be stuck. I would really love to see more access.

Daniela: When I arrived here **I had a big depression and I wanted to go to a psychiatrist or psychologist** because I really thought that I'd not stand living here for more time. After 6 months I couldn't even sleep, it was horrible; … my son was crying because I was also crying; I was crying the whole day and it was very difficult because we couldn't find a psychologist or someone who could help us but in Spanish because I don't speak English. So it was very difficult because of the language.

Melanie: I have the ability to get good medicine, my son does not. My son gets the dregs of people that don't seem to care. **His treatment is at Community Mental Health, a revolving door. There's no recovery, there is no way out, there's nothing.** The only thing that's available for my son is hospitalization, from time to time, to adjust his medications. Then they will discharge him back home to my care. And we will continue…Two weeks ago, they put him on the street with no cellphone, no ride, no nothing, with a psychiatric emergency. Our system is failing, and that's why I came here today. And I advocate, and I am at CMH all day long. And I scream at them, I've changed psychiatrists, I've begged to get out, I've begged for treatment for him. And I can't even get medication to treat his anxiety, to keep him out of emergency.

PERSONAL ACTION and ATTITUDE

BALANCE

Arturo: I think that **health is to balance everything**; food, exercise, work; everything.

DETERMINATION

Karen: About three months back, we met a guy out in the back because we go out there and get our food and stuff; **he lived in his shed for ten and a half years and lives off his land**. I asked him how do you do it and he said I just did it. I said, what about your health and he's said he's got great health.

Marilyn: You do the best you can, and as long as you don't lose hope. There is, I know there is no cure for diabetes, and there is no cure for arthritis, but **you still face every day with a great deal of hope!**

Margaret: Some people, like I do, have chronic pain, like I can be in pain and you wouldn't even know it because I use denial and stuff and I just work through it. **I'm not the type to complain** or say "I'm in pain", I push myself and I don't like people to wait on me.

Paul: I don't like to hold me back**. I rode bikes from Cristo Rey and back, a pedal bike.** A lot of the cops are really nice when they see you out riding in the winter. They will pick you up and take you right home.

Mike: Just that little bit of change in my life, the routine, I start getting over the depression. I started getting over the self-destructive behavior. I start being able to sleep at night. I started feeling better about myself. **I started getting goals.** I started wanting to live and I didn't wanna be destructive anymore and it's like it took a long time.

TJ: I think each area of Lansing, each community, I mean. **We've got to take some action, some actions, that's going to benefit these people.** And get these people back up to power where they need to be at, and stop keeping us in the gutter. Everybody for themselves. There's enough for everybody, but who's gonna step up? Nobody. Who've we got to speak for us? Nobody but ourselves.

Marilyn: Despite of that, the hardest thing is that I am dealing with a lot of things, but I still say that **I am happy to face every day with you know, with joy**. It's not gonna get me now.

PERSONAL RESPONSIBILITY

Eduardo: Everything is on me**, it was my fault**.

Cherly: It's our fault. It's not the community's fault or the world's fault, it's our choice. **We have choices every day with what we do in our lives.**

Patty: You making that choice to be homeless.

Social, Economic, and Environmental Factors

Factors that can constrain or support healthy living

SOCIAL / ECONOMIC

SOCIAL CONNECTION

Pam: I think that it would be nice to **have intergenerational activities**. They can be hosted even by the schools, the churches, the community centers. A lot of the activities that they do are either focus on only the kids or the seniors, instead of having something that is for everybody to participate in. Have the kids have a drama for the seniors, and have the seniors read a book to the kids. Intergenerational activities that can have a sense of community, because often times the kids don't have maybe their grandparents living close by, they are too far away, and often times the grandparents maybe they don't see their grandchildren as often as they would like.

Pam: I would want some other activities, some younger people around that I can learn from. You know, teach me some computer skills. Teach me how to do one of their little games thingies. And I think that **it's important for the kids to learn how to have that respect for their elders.** I think that we don't want to lose that value.

Shanice: I'm going to a lot of these resource groups and things that they have, but sometimes people look at me weird, because sometimes I'm out with a mask on my face, or they see me with the oxygen, and they know I have a chronic cough. Sometimes, I just can't be around them, because **sometimes it's not healthy enough for me to be in there**. Like, I used to go down to the VOA a lot, and try to get in some of their little groups and little meetings, but I started getting way more sicker, because it was just too unsanitized for me.

Kelsey: I also live in St. Johns. I just enjoy living here because **everyone is really nice when you are in the store or out in public,** everyone is really welcoming to say hi to you. It's really nice versus a lot of other places.

Ed: I don't talk about nobody else because I can easily do the same thing and get caught right back up. Everybody is cool with me. I'm cool with everybody, and **I'm always keep coming down here because I like having a house to play cards. I like my kids to play with everybody else's kids.** It's a good place to get away from the house for me when you're with three kids seven days a week.

Debbie: I don't think there is a sense of community as much. I just think, like I just have myself, you know. I don't talk to the neighbor, I don't. I wouldn't look for them for help, and **I definitely like to keep my kids away just for safety, just because I don't know what is gonna happen.** So, I don't think of it as community. I think it is where we live, really!

Arturo: What I've seen here, and not just in a town but in most of the people; for example, **many times you don't know your neighbor but you know the one living on the other side of the city.** So I think that many times you don't have enough confidence in your community.

Dawn: I moved to Lansing about a year ago. And I would say, the thing I've enjoyed about Lansing the most is, I've been fortunate to meet friendly people. And **they've kinda carried me through the hard times**, since I've been down here.

CHILDREN

Amber: The people who live in town don't have a place to go with the kids. They need to find someplace where they could take them so they can play and exercise and do whatever.

Floyd: **You need little kids to be able to play in the yard** without them running out into the middle of the street getting hit by somebody coming down through with loud music and 29s on their car and they doing 100 miles an hour in a public zone. They shouldn't do that.

Gloria: The activities need to be more intergenerational, and not. I think we get too specialized, you know! It's to the point where it's for this toe, and for this toe, instead of treating the whole foot or the whole body. And some of the solutions that we need, need to be that way too. Can't just be so specialized.

Eduardo: All of my children will be healthier than me because **they take care of themselves because they've seen what happened to me and the experience**. They take care of themselves and they have education and I think that they love themselves more that I loved myself.

Rosa: Previously we could go outside to play, we could stay with the door or a window open but now you have to close the doors. **You can't leave your child playing alone outside because we don't know what could happen.**

April: We have to teach them. We played outside as kids and didn't have this garbage and we can't sit on the couch and watch T.V. we have to get up and take them outside to play. Show them what it's like and get some fresh air into your lungs and quit doing this all the time.

FAMILY

Patty: I was gonna say that another reason with these kids that health is being affected because you got these parents out here giving birth to kids and expecting the state to take care of them. It's because **they have no morals, no home training.** That's what people fail to realize.

Latisha: I wanna keep it real. I gave up more times when I was 22 years old. I didn't have no family. **I didn't have anybody to support me.**

Marilyn: If we don't **trust any family values**, is not going to work in the community, because the community itself is a bigger family, and remove the fear from the community.

Debbie: I am a mother and I have to put my children first, so like me going to the doctor or somethings I have to put last, so it takes longer to get over things, I think as you get older and **you always put yourself to the side**.

Melanie: **It's harder to get healthy when your roommate or your significant other, or, in this case, whoever you live with, does not wanna get healthy.** Next to impossible.

Arturo: What I see here, we're worried about our children but they opt for the easiest way, sending [their parents] to a nursing home instead of taking care of them. **Here the people get out of the problems**; they try to send us to a nursing home so they don't bother with them.

RELIGION/SPIRITUALITY

Floyd: **You can talk about God all day long, but he ain't gonna put it in your hand in front of your face.** You gotta work with that, man. You know that commercial do your fingers walking through the Yellow Pages? Life is the same way.

Latisha: I been going through a lot of – you know, tumors run in my family and stuff. So at the office I just got some bad news, but God is so good, right? So I just thought about it, you know what? **I'm a child of God. How lucky in there, and I just put this stuff back on God. See, I don't even worry about it.** I try not to let a lot of stress get ahold of me like I used to because I could've been dead, woo, a long time ago.

CRIMINAL JUSTICE SYSTEM

Jennifer: I found out that her boyfriend **had a warrant out for his arrest**. I'm thinking that's why she came and got her [child]. Like, not even a minute later, she was at the door. Because she knew if she got her kid taken, her husband or boyfriend, or whatever he is, would've gotten arrested.

Natalie: Yeah, **I did things while I was out of my mind that were against the law**, and instead of saying, "This girl needs some mental help", well they just threw me in a jail cell.

Shirley: You wouldn't have recognized this girl (another participant) if you would have seen her, two years ago is where I met her. She was there then and I can remember when she came in [to jail], because her abductor had shaven her head, she had two black eyes. She had, looked like strangulation marks around her neck. And the people there, they don't do anything. They stuck her in a room full of people that done nothing but talk about her. And she's a whole different person now, so. Of course, when she got out, they don't help people. She doesn't have no children, she's having to go through CPS now for all she's getting – she sees them twice a week. But, to get housing. We took her in because we love her, she's a good girl, and I seen what she went through. And she worked out great, she cleans house for us and everything, but **she's an example of many people that get out of jail and [do well].**

WORK

Olivia: All you got in your pocket is a food stamp card. You can't get a job because why? **There is no job, because your education skills are lacking.** Okay, you don't get the education you need, you cannot get a job. And most of us do not have that education that it takes, to get a job.

George: You know, we are out in the fields like four o'clock in the morning, and then it will be cleaning like for several hours, and then **when the sun came up, we will be picking, and then when the sun went down we were in the warehouse sorting**. So, you know like I said it didn't bother me then, but I think that it really had an impact because the ground was all wet, was constantly wet, so. Actually, my knees, and my hands, because those are too, were always in the wet kind of conditions, and when you are young, you know, you just keep on, and, but I mean, those are the parts that hurt right now, and I think so, I kind of blame that.

Emily: I started working first part time, and then my supervisor liked my work, and asked me if I wanted to go full time. Well, they didn't tell me anything about, "Oh, by the way, if you do that, you're gonna lose all your money." Because [disability payments] was what I was using to live on.

Shanice: [My children] gotta work **three or four fast food jobs**, and they still wanna go to school, and that's a lot of stress that wears on the body. So, the first thing they grab, they ain't got time to cook no meal, is a McDonald burger.

Latisha: When a person get out of prison, prison or jail or whatever, they got felons, just give them a chance. View their cases more better and go from there. **Place them in some kinda job.** They don't have to be in no state building, but just do they case with what they situation was. Because when people don't have a job, you be lost.

Carmen: I was a line striper, so I painted, I also asphalt, and I filled potholes and that kinda thing. **But I also sprayed chemicals, I was a gardener. So, you dealt with pesticide and herbicide.** It happened that I was at the wrong place at the wrong time, spraying, and it was too long, and it induced a scleroderma in my lungs. So, I have a systemic scleroderma. I drove tractors that had carbon coming in. Maybe somebody with a healthier immune system at that time it may not have happened to. But there are just things, as employees, or an employer, whether it's a big entity or small, really need [to do to protect their workers]– you know, it's preventive.

Dorothy: We were kids! But that was life and we had to work. And then, **go to Traverse City to pick cherries** and going, you know, picking up all those cherries and they will put us on those "escaleras" to go to the top. And I think that is why this shoulders hurts so much, and the backs. But they, my parents didn't know any better. That's all they had! By the time we grow up and we were adults my dad had a job as a truck driver. So, you know, we didn't had to worry about going to work to the fields.

Olivia: **That's what we have done, janitorial. And there was no insurance for us. When we hurt, we fell. We just hurt and we fell.** That's all there was, there was no insurance for us.

COST of FOOD and FOOD STAMPS

Kasey: There is a definite price difference for each individual item that you buy, like a loaf of bread that is not organic would be like a dollar or two and organic bread would be like three or four dollars. A lot of people are like, they would never be able to switch over to organic because of the fact that it's so much more expensive and they can't afford that, but I disagree**. I feel like when you start eating healthier, you focus on only eating healthier and you kick out the bad foods out of your diet.**

Dorothy: I love healthy food, but I can't afford it!

Debbie: You can get a cheese burger for dollar, but a salad is like $5, you know! **It's cheaper to make bad decisions.**

Brenda: Yes, I'm trying to say getting some ramen noodles is cheaper for feeding more people than buying some fresh fruit or something like that.

Eduardo: Some people don't have transportation and they walk to the dollar store or anything in the corner, but as Rosa said, the fresh fruits and vegetables are expensive but also everything else; the junk food is expensive too**. It depends on the habits of the person because I've offered an apple or an orange with the same value of a Cheetos bag and people choose Cheetos.**

Linda: We have the produce on every, well, the second Thursday of the month that comes to Real Life Church and a lot of us are from there and sometimes you get good produce and you get all that and sometimes you get weird stuff.

OTHER LIVING COSTS

Heather: With my two children I have to find daycare for work and when you're working, DHS only pays so much of your daycare, so your money is going out to daycare for you to work. Then I got my utility bills and we live on a cement slab, so it's so cold in there and we have a slider door in the living room, plus our heater vents are on the ceiling, so it's $200.00 per month for my utility bill, so then I have all this money going out of pocket and I feel like I can only live and I can't get out of there.

Erica: That is just something that I'm struggling with and I really want to get out of there so that I can try to save up some money to not live month to month, but **I can't even save money because it's month to month and literally we pay the bills and the daycare and that's it, you're stuck.**

Dorothy: But like my daughter was telling me, she goes—mom is so expensive this is the school district kids and they are playing for the school, and she gotta pay for the uniform, and the gloves and the shoes, and the clocks over a hundred dollars for a baseball uniform, and over a hundred dollars for a basketball uniform, you know and this is the school. You know they have the kids playing sports, but they are not helping the single parents.

EDUCATION

Michelle: I got my son into school before 18 months with Early Head Start. So, now that I'm in the program with the school**, you really see how important the schools are with early education** and stuff.

Eduardo: The hope is that kids in elementary, high school, and middle school is that when they're young adults make a change; that's the hope because **many people start at the school eating what they give you, but educate them so when they're 20 or 21 years old and they're young adults they change.** We still have a hope, they're still young.

Olivia: You can't get a job because why? There is no job, because your education skills are lacking. Okay, you don't get the education you need, you cannot get a job. And most of us do not have that education that it takes, to get a job.

Jessica: All of his records from Mason disappeared…Yeah, his resource classes, he got A's but the others he got F's. He was bullied in school and they said oh, no, he wasn't.

Kevin: I would say [we need to provide] the information and education in grade school. Informing people of the effects of narcotics and alcohol, and even marijuana.

Rosa: About the schools and the physical education; it has changed **because kids previously had the right to play volleyball, tennis, basketball, football; and the parent didn't have to pay for those things; but now it's a privilege, they have to pay, the parent has to buy the uniform, it's a lot of money.** That has changed a lot because they've reduced the budget, who does pay for that change? The kids.

HEALTH PROMOTION AND COMMUNICATION

Edward: Is it possible that you could have like an open truck outside [to provide health information]?

Melanie: **[You need to] bring this stuff to the community on a consistent basis.** There's a special event this one day only. If you're lucky enough to catch that.

Emily: I took training, I took the [health] classes first, and they said is anyone interested in teaching, you know, learning how to. And I said, yeah, I would like to do that. So, I took the training, and I'm able to teach and facilitate the courses. They have a specific one that's just for diabetes. And **I can help myself, keep myself accountable with what's going on, and help other people.**

Olivia: Starting to like Sparrow, because they are opening up a lot of different medical [programs], like for diabetes and things like that, that I'm interested in.

INSURANCE & HEALTH CARE SYSTEM

HEALTHCARE COST

Debbie: **Because for my children, you know [dental] cleaning is $47 each, when before it was nothing, so I feel, like I have seen a lot of changes.** Instead of doing every 6 months, you wanna do it every year, but they are kids, they are eating more and more bad stuff. So you only want to reserve that you go when you needed, which makes it even worse!

Melanie: It was enough for me to scrape up $40 to be able to go have a physical, and then she prescribed – she wanted a mammogram, she wanted blood work, she wanted cholesterol. They put me on hypertension medication, I can't afford any of it. I don't have any of it**. I can't do any of the tests, and I'm not taking hypertension medication, because I don't have the money.** So, as far as, how affordable is health care, even for a working poor person? Not very.

Anna: It's better going to the doctor than to the emergency room.

AFFORD INSURANCE

Marilyn: **50% of our income goes to health insurances.**

TJ: We're not in a position to pick our own health coverage.

Debbie: It's different based on your age, because like my two sisters they're 21 and 22 … It costs a lot of money for

they to pay for insurance from their job…and then they have copays and stuff and they are in the working age, but if they are sick they have to…figure out something to help them, because they cannot afford that, I mean it is more than 60% of their income. And then they don't have any dependents so they are getting taxed like crazy out of their check, and they cannot afford insurance.

UNINSURED

Amy: You're not the only one that resorts to urgent care because they can't get into a doctor. Two thirds of the people that go to urgent care have no insurance.

Floyd: But if you got a real emergency, they really won't deny you healthcare.

Rosa: **What happens with the people without the insurance card? They always make this difference; I show my insurance and they say, "Hold on a moment."** And they make me wait for hours; but if I had a more important [insurance] I'm sure they'd attend me at that moment.

Josephina: If they don't treat the people with Medicare as well as the other ones, because my husband has been in the hospital and he has a good insurance because he worked for the State but the one in the next room they didn't have anything and they didn't treat him as well as my husband. **So I think they treat people differently because of the insurance**; that's what I think.

Dorothy: I took my grandson because a bee stung him on the lip and his lip got really big, and got scared so I took him to Redi Care and they [wouldn't] take care of him, because we had no insurance. I told the receptionist if anything happens to him; because I was afraid, he was getting swelled up and everything. I said I'm gonna come back with a lawyer and the lady, she didn't care because if you don't have any insurance you can pay cash, but I don't have the money! My poor baby suffered for two days.

HEALTHCARE LOCATION

Margaret: And then in Lansing, **when you try to switch, because I think so many people try getting out of here, it's hard to be seen somewhere else.** They have openings here because a lot of people don't want to go there.

ACCESS NETWORK

Shanice: We don't get to pick our insurance. **They automatically pick what insurance they want us on, and tell us what doctor.** Then a year goes by, you're about ready to try to change your insurance, oh no, it's too late. You gotta stick with them for another year.

Amy: Well, my doctor wouldn't take me because I have Medicare and I've been going to him for years**. I had to find a new doctor because I turned 65.**

Joanna: **Or finding people who take your insurance who are taking new patients, is hard.**

Emily: Yeah, because my doctor's in Charlotte, and I moved to Holt, and I thought, well, the doctor was leaving anyway. I'll try to get one around this area. I can't find one anywhere who's taking patients.

Shanice: I feel like I'm begging to get the proper medical treatment that I need.

Amy: **It's really hard to get mental healthcare.**

Joe: **As far as finding a doctor on Medicaid, it's really rough.**

HEALTH REFORM

Debbie: I have to pay two hundred and some dollars a month to have something that I can't use, because of my age, I am not gonna incur six hundred dollars' worth of medical stuff, and they won't paid until I pay six thousand dollars out of pocket for year, so now I am getting send back for two hundred dollars a month that I can have towards my kids, and I have to pay now, because of the law. **So, I think that it didn't help us, it's kind of set us back a little.** Or otherwise, I will get penalized when I do my taxes.

Kevin: I have a Facebook friend that posted, **"Yay! I just got insurance for the first time in my life!"** and they were elated, and that's all I know.

Tammy: I just became illegal, and subject to prosecution [for not having insurance]. **Under Obamacare, I now have to put him under my employer's health plan, Blue Cross. And there's no money to pay for it.** Just couldn't pay for it.

Carmen: And the people in their 20s aren't going to take that time to go search to figure out how to get health care, because they're only 20. Where the 40 year olds, they're gonna find something to do so they have the health care coverage, because they need it.

Brandy: [Health reform] didn't affect anything.

Josephina: I worked for Obamacare and we went to help many persons to the churches, to the soldiers, many of the soldiers who came back from Iraq; and they're good, they're receiving… the ones who don't want to go to… and they need the insurance. So it helped them. And for my mom… there's something called Donut Hole, when you use all the insurance the prices in the medication increase and if you get in that Donut Hole you don't have to pay the full price, your debt; and not with the insurance, you don't have to and you have to pay that. And Obama Care changed that, no more the Donut Hole.

Patty: **Some people with Obamacare, they don't thoroughly read into it. You have a co-pay with that.** The regular Medicaid that they got going right now, I know a lot of adults that don't have no co-pay with it, but that Obamacare. My cousin got Obamacare, and she has a co-pay.

COMMUNITY ENVIRONMENT

FOOD SYSTEM

Brenda: [I would like food that's] more affordable and accessible, healthier, not having to travel so far….with your kids and the food, have a healthy farmers market you can use.

Amber: **Sometimes it's not as easily accessible for everybody to get healthy food like it's not farmer markets and there's probably a corner store, a grocery store so far away, if you don't have a vehicle.**

Heather: I feel like our own government or somebody puts stuff in our foods that is bad for us and we don't know.

Tim: I remember it as a kid is the community garden. I was living on a low income apartment complex…I still remember tending that garden plot when I was a kid. **That is something we have gotten away from too, is growing our own food.**

Denise: I'm in the country. I raise chickens to keep me busy. I think [kids] ought to go to farms because we have babies all the time. Every year we have baby calves and we walk out [to check on them]. The first thing [my granddaughter] did was ask to go feed the baby. It was good for her. We walked out in the fields and checked the babies.

Shanice: I'm happy about the Garden Project. I love to garden.

Brenda: We used to [garden]. When the kids grew up and they all went in different directions and you got grandkids and **you need to go see your grandkids, when do you have the time to do your garden?** If you work all week and you only have the weekends, you can't go this direction, this direction, this direction or this direction.

Shirley: I live out in Sunfield. **And my favorite thing is that I can have chickens and a garden, and it's serene. It keeps me sane.**

Susan: But, I know the east side was brought up, they have a lot more gardens in there, a lot more community gardens, but in Riverside, where I'm at, back in my hood, we don't have that, we have vacant lots there, so that would be one community that I'm hoping can start some gardens.

Olivia: But you notice, they keep saying, all the chicken is being imported, okay? And it is pumped with what? Steroids. And our a**** are getting what? Fat. Think about it.

TRANSPORTATION

Melanie: But I don't have a car, I haven't been able to afford to buy one.

Eduardo: Some people don't have transportation and they walk to the dollar store or anything in the corner, but as Rosa said, the fresh fruits and vegetables are expensive but also everything else; the junk food is expensive too.

Rosa: **If you don't have a car you don't know how you'll move because our public transportation isn't good.**

Olivia: I don't venture outside my door, unless I'm walking up to the Dairy, like she said, or walking down to the gas station to get a pack of cigarettes. And I walk with the press. To do this, because **I don't wanna get caught out there and get shot.** Because I look like somebody, or they think I just came from the wrong building. Okay, so I, basically, I'm like a hermit. I stay to myself. You won't see me unless you see me on the bus getting ready to go somewhere. And half the time, you see so many paranoid people on the bus, you're one of the paranoid people on the bus. So, I can't say there's so many paranoid people on the bus, but I'm one of them.

Calista: **CATA helps provide for my transportation.**

Mary: [Where I live], five cars a day go down the road but the winter it sucks. It's hard to get out. **I can't do a lot of walking because I had hip replacement.**

Tammy: **Just recently, we didn't have a car, so we had to depend on other people. Which is no fun.** I hate interrupting people's lives to give me rides here and there, you know? People had to give me rides down to Henry Ford. It's just – I hated it. But we do have a car now.

NEIGHBORHOOD CONDITIONS

Arturo: What I've seen here, and not just in a town but in most of the people; for example, many times you don't know your neighbor but you know the one living on the other side of the city. **So I think that many times you don't have enough confidence in your community.**

TJ: **Where we stay at, it's very violent**…The Lansing precinct is on the corner, then Sparrow hospital, so I'm right between a duck and run. And that's it – I'm serious. I look out this window, it's the police department, I look this way, it's the hospital.

Scott**: I've been here 27, 28 years now. I like how much better it's got.** Downtown Lansing was rank when I first got here. The corridor – Michigan Avenue, up to the Capital was just nasty. And it's been up and down, but they keep bringing things, more good things, more businesses, and all that. And I come from Flint, so it's good to see a place where things are on the up, you know.

HOUSING

Theresa: **We lived in our camper for five and a half years.**

Margaret: Years ago, they had the county caught in the middle where they would house people and they don't house them in Clinton County anymore.

Tim: **Right now, for me to get this place that we got on the 4th of this month, I have the SSVF, which, is a Veterans program paying my rent, I had to get DHS to pay part of the deposit and St. Vincent's to pay the other part.** I mean, I'm running on three programs and there needs to be a way to bring like a CACS, they have a lot of services and do the Section 8. We need to get these people talking to each other. Maybe a program for taking these houses and getting them in the hands of someone who can fix them and do something with them.

Heather: I live…in income based housing. I swear that since I moved there I feel like I'm kind of stuck**. I feel like living there is only allowing me to live month to month.** When you have a job, you pay 30 percent of your income and if you're making minimum wage it's about $130.00 to $200.00 which is pretty good for rent... It is income based, but they keep you there because they know that you are going to be stuck there.

Margaret: But, **the taxes are so high and I don't think they want apartments, they want more privately owed.** I see a housing issue too. Housing is too expensive here for what we have. You have a lot of slumlords and a lot of issues.

Tracy: I have court on the 27th to get the baby back, and they just came to the house and **approved the house, but they [Child Protective Services] don't like the location. It's all I can afford right now.**

Shanice: It took me 30 years to get Section 8, too.

Carmen: I lost my house. And it took forever…Well, you can have the house back, after 15 years, it's yours. And I left. But that house stayed vacant for over a year. Crack heads got into it, broke down, burned it.

Emily: And **we have a trailer, in a trailer park, not really my ideal thing, but I mean, it's a roof over my head.** We really wanna have a house with the big yard, and let the dog free, let him run….We found the trailer and they worked with us.

Floyd: Yeah, but a lot of people that get these homes, they get these little aggressive. They get these apartments, and they get these guys or these girls with these attitudes. Everybody get kicked out of their house because the police got to keep coming over there so many times.

Tammy: **We live in a 100-year-old house, the windows are falling apart, it's really drafty**, we have a wood burner in the winter. That's why Mom's got COPD now, that's why mine's got worse. It just – but I love where it's at. I've got a huge – 1000 square foot garden, I've got flower beds everywhere. I love it.

Kevin: So they closed [the Life O'Riley Trailer Park], and those people are moved out. There is one gentleman, he took his trailer with him…they didn't hook it up right. So, he turned on his gas stove, and it blew him and his two dogs right out of the trailer, the whole trailer blew up, the cat killed... On the same day that our Mayor – this is not a dig at him – was standing in front of the stadium, announcing this wonderful project, for Lansing, these condominiums by the baseball stadium, which God knows how much they're going to be costing. But, I see that, and I'm like, where are our priorities as a community? Is it towards more expensive condominiums that do get tax breaks from the taxpayers, you know? Or, **are we gonna try and force some of these people that own all these houses that are standing around, buttoned up, that are perfect places for somebody to go get some affordable rent?**

HOMELESSNESS

Thomas: I am a diabetic. **The only way I had to make money the last three months, was donating plasma and they don't take diabetics, so I had to get off all my meds and everything and I have been trying to control it with diet only.** It was just terrible because we were staying in the truck and gas was heat. We had to have gas for heat so; I had to give up my meds so that we could survive. I tried to find help with gas and I found that so many people have taken advantage of the system. You know, it's kind of sad that we can't just take everybody at face value, but the bottom line is, people are being hurt because other things are not in place to screen them or whatever. I'm not really one for big government, but there has got to be a way that something can be figured out so, be it health or gas or whatever for someone in need, they can get it. **Just a little thing like being unable to get gas to heat the car because we are homeless while we are waiting to get a place, which we got thank God, but that is such a small little thing, but yet it has a very big impact.**

Catherine: There is an old school building in Lansing that has been there for years and they are not doing anything with it, but they are complaining that they don't have any more room in the VOA or there is no more room because there is so much homelessness. **There are so many empty buildings that people could donate beds to and people could donate food to and help these homeless people.**

Tim: No, **there is no homeless shelter in Clinton County.**

Lauren: Before I moved here, I lived at a shelter that was called Gateway in Lansing. It's supposed to be kind of a secret where it is at, but what they did, you had a program to follow or you were not leaving that house. You could stay there for 18 months and you had a program. They made you get a job and you had to learn the CATA bus system. They help you get a job and do your resume. I'm thankful for it and I found Sun Tree and that is where I live now. I moved into that apartment out of the shelter and I finished my program. I think we should have more places like that, not just in Lansing, but you know **where they are going to help you on your feet and not just throw you out in traffic and throw you out there.**

Brandy: **[Medical Providers] still treat you bad when you come from a shelter.**

ENVIRONMENTAL HAZARDS

Tammy: **I think [the health department] should give out free carbon monoxide detectors too. Because we need one, and they're expensive.** And radon. Radon and fire.

George: We ate pesticide. **The cherries, would be white, because the plane will come on or they will spray them.** We ate often times in the field. I'm surprised I don't have a mental disorder.

Carmen: From my experience at Michigan State University, I worked on the Grounds Department for 15 years…I was a line striper, so I painted, I also asphalt, and I filled potholes and that kinda thing. But I also sprayed chemicals, I was a gardener**. So, you dealt with pesticide and herbicide….And so, my body's decaying, decaying**…So, as I'm decaying, and I'm still in these equipment, that was not healthy…I think, we're a green place here. It's supposed to be green. When you're saying green, how much are you doing green? How much are you really aware of what you're exposing – this is the preventive. **What are you exposing your employees to?**

PARKS/RECREATION FACILITIES

Amber: More recreational stuff for the kids especially in the summer when they're out of school, you know, **places like this you could afford to send the kids to that they would wanna do activities.**

Kelly: Yeah, there are lots of parks in this town.

Patty: I'd rather that my son's got a recreational center than be out here in the streets, period.

Mary: Well, in our area right now, there is no place other than the park to go to, Fox Park, to do any type of exercise and you got to buy a permit to walk in the park.

Amber: Well, my daughter takes them [to the park]. They go to the park a lot but she works a lot so sometimes she works double shifts and **it's really hard to get them out when it's daylight.**

PATHS/TRAILS/SIDEWALKS

Bill: I like the trails myself. They made it real nice.

Michelle: **[I like] the new trail [in St. Johns] that you can go walking and feel safe wherever you go.** They have different activities throughout the year.

Tim: Yeah, we live three blocks off of that walking trail. That's actually nice and we are close to downtown so, we do a lot of walking, at least I do. Because everything is pretty close right there and **I like walking through downtown and**

going to the library and things like that. So, that is nice.

Joe: You maybe want better sidewalks in Charlotte. They used to be horrible. They're a lot better.

Josephina: **[I walk] five miles from Pennsylvania and it has helped me they did those walkways.**

SAFETY

TJ: **You can't sit on the porch where I'm at, because you've got to worry about the people** off South Washington Street, then they jumped the fence and came through here and all you hear is keys and chk, chk, chk, come on man. They're coming, you've got to look and see which way they, you know, basically, in my condition, I ain't in the best health. **I stay at home with a remote.**

Olivia: **I don't wanna get caught out there and get shot. Because I look like somebody, or they think I just came from the wrong building.**

Nancy: I don't gotta be ducking or watching my back before I go out the door.

Margaret: I grew up here, but I moved away and then came back. **I like it because it's quiet and a good place to raise my daughter, safely.**

Theresa: Put signs where there should be stop signs guys. I run across that all the place. He gets mad at me because I'll be going down the road and there is a yield sign at a four way stop should be and I'm saying this is just ridiculous. Because that should have been a stop sign, not yield signs.

Margaret: **I think the community is scared that if it brings in a homeless shelter that it will up the crime rate and bring in the riff raff.** They are trying to keep the community safe and that is what they are geared on with safe schools and being a safe community.

Josh: I'm originally from Lansing, but I live here in St. Johns**. I like it because it's quiet and you don't have to worry about anything.** I leave my car unlocked at night most of the time and don't have to worry about anybody messing with it. I just like it because it's quiet.

Amber: You know out where I live it's really quiet. I mean we're on Main Rd. between 50 and Olivet so there's a lot of traffic but it's quiet there. **My neighbors are all quiet and if you need help, they're always right there to help you.** They watch out, everybody watches out for everybody else. You're free to go out in your yard. You can do what you want. You can exercise.

Floyd: They didn't give him a chance. I mean, when he didn't comply with what they was asking him to do, which is something a lot of us need to keep in mind**. When the police pull up on you, they already afraid.** All right, when you pulled up on me, I'm scared because I don't know if you a police or an impostor. All I'm asking you to do is give me a chance, man, to get myself together so I can go with you or whatever it is you wanna do. But a lot of times you don't get a chance to say it.

Dorothy: [They] entertain themselves at home so they are not out in the street because you can't trust the neighborhood where they live…can't even trust the police officers, they told me, so! **You know it's scary, so they rather having them in the house, playing games than for them to be outside playing ball, or climbing trees…They don't even have trees where they can play anymore.**

Marilyn: **I don't feel safe going out myself either, because I don't think I can't defend myself if I have to**…I like to walk and even if I can, but you see people out in the street, and you kind of get paranoid without thinking bad about it, but you know. Situations that we have seen lately, things happen and I don't know why!

Josephina: I can't go outside to walk where I live because they have pit bulls and I'm afraid because **I've been bitten when I'm walking where I live.**

Opportunity Measures

Evidence of power and wealth inequities

STIGMA

Tim: I find that it is so easy to put the label on somebody.

Margaret: I think the community is scared that if it brings in a homeless shelter that it will up the crime rate and bring in the riff raff. I know they don't even like the carnival to come here because they don't want carnival people here. They are trying to keep the community safe and that is what they are geared on with safe schools and being a safe community… **Just because someone is homeless does not mean that they are going to commit crime**…I feel they almost run them out of here, personally. They don't want poor people in this community and they don't want people to help them with their issues.

Brandy: **They knew I came from the VOA, and I was watching how they treated me.** I take 200mg of Topamax, which is seizure medicine. They only gave me 100mg. I went before 4:30 p.m., which is the time dinner is served. I woke up during the middle of the night, 1:30 a.m., 2:00 a.m. They gave me the Toprol and patched my heart up to watch my heartbeat. They didn't release me until 9:30 a.m. that morning, but they treated me like dirt. I have Medicaid and Medicare.

HELP

Latisha: **A lot of people get these grants, and what they do, when they mess up, it's hard for the next person who really needs that.**

Olivia: There's no trust among people. Period. There's no trust among people.

Dawn: I think she said it best, it causes trust issues. If we can't trust the people that we're supposed to turn to for help, then…

Calista: **You can't trust your community.**

Diane: I don't think that [help] should be that difficult to find. It should be accessible! For anybody to be able to access it. We can put billboard about McDonalds and all that other stuff, you known. It seems like we have billboards

about things that are available in our community, so everybody can have access to [them].

Paul: I was told I am a survivor of many tricks and trades. I never looked at myself like that, I just survived…A lot of times I didn't get the help that I needed…I was always told by different people, that if you don't want to earn the help, you won't get the help. I told them it's hard to find that help. That is why my sister came all the way from Tennessee and made a few phone calls for me and that is how I got the help. I've been getting a little bit of help each day, sometimes, but a lot of the time I just want to be quiet.

Tim: We need to get these people talking to each other. But if…people have to run here and there, you know, how can they get anything done? **They are spending all of their time trying to figure out who is where and what they may be able to help with, instead of going in and it's there.** Or they will tell them that we can do this, this and this, you know, because I had to go around on my own and figure it out. I didn't have any of these agencies kicking me to other places and I was just lost.

Ed: We've had more information among ourselves than we get from them.

Ruth: I have a problem with – starting with social services. We go there to get help. I could write a book on social services. I could be rich right now, but you know what? What I don't like about it, you can go in there happy and everything. It depends on – not all caseworkers – but I'm gonna say the majority of them, they always have a problem with you, talk to you any kinda way.

Floyd: **Some of these do need a lot more help. They need to be taught management skills with their money.** They need to learn how to just get off of all this being enabled to do stuff all the time. You go and run to some of these shelters every week. That's not the answer because then you get to the point where you kinda caught up on that.

Patty: And then when it's ones that's really out here who really need it, the back get turned on us. Why? Because they ain't got time for us who really need it. They got time to help the ones that they show favoritism to.

RACISM

Patty: I'm saying it. I'm racist, but I've seen a set of Caucasian felons, and I've seen a set of African American felons, and **I've seen more Caucasian felons get more jobs than African American felons. What makes his felon different from his?**

Olivia: The black man. It's not about that, it's about your fear. It's about us being afraid of what we can do, and what will happen to us if we get this. Because we're gonna speak out.

ADVOCACY & COLLECTIVE ACTION

Pam: It will be nice to have like a mini community grants, like just little grants. I know sometimes are this huge grants for 100,000 dollars, but what if there were a way for people to apply for a 200 or 250 dollar grant to start a project, and then share that with the media about what you're doing, and inspire the other people. **If everybody were able to get $200 imagine the various projects that they can do to help the community.** I don't think that all the money should come to a center or a church. You get $200 just give us an explanation of what you want to do with the money, and come back in a month and let us know what you did. Ok, yeah, maybe some of the money might be lost, but I think people would have fun doing little mini projects! And what better way to empower the community, instead of having it all going to one source, and spread it out.

Melanie: More offices, more choices, more partnerships. **More community programs, to bring the gardening stuff to us.** To bring us Sparrow Weight Management, to teach these kids how to manage their weight, and not be obese.

Shanice: Try to speak for the ones that can't speak for themselves…**We need somebody to really advocate for us.** You know what I'm saying? That can take the time, say, a group of five women come into each community on each side of town.

Margaret: You know what they told me, we are busy and this area is busy. Come on, you are not that busy and no they are not treated the issues correctly here at all. And like I said, **you have to stick up for yourself and if you want your health issues addressed then go find another doctor.** I have even told them that if they are going to be unprofessional, there is HIPAA now and stuff, you know. I will go into Lansing where I do feel they are more professional, but under my situation, I don't want to have to be driving that far right now. I'm on disability and I have 15-year-old I'm trying to take care of, to get health care. But if they don't act right, I even tell them right to their face that I have an issue with this.

Latisha: If more parents worked together in the neighborhood.

Chris: I think y'all should have more stuff like this for us grown-ups in here. It's quiet, and we talking, having fun at the same time. **This is what y'all really need, more programs like this [focus group].** Don't come in here once every two years.

Patty: I was gonna say I think we could be more reliable instead of just resources, more reliable resources and for the community to stand up to that term "equal opportunity" because they don't stand up to equal opportunity.

Catherine: I think I may get better, as far as what we are discussing, if people do more things like this [focus group], or where people can speak the things that matter and voice it.

RESPECT/DIGNITY

TJ: We are human beings. It ain't nothing about no piece of paper.

Tim: I went the extra mile. And I guess that is true of everything, be it healthcare, be it people working, be it people voting or be it whatever. **If you are going to go the extra mile for someone else, they are going to go an extra mile.** People have just gotten too closed in on themselves I guess, in healthcare and whatever, it doesn't matter. A little bit more of the let's do it right if we are going to do it, is needed in a lot of different things.

Cheryl: We do all have a choice and are we going to use these doctors that treat us with a rude bedside manner or are we going to get a new one, but that's a problem to me also. If my sister doesn't like that doctor because they are rude, I'm not going to get her to go back. I am absolutely

not. Then I have to go through the whole routine again, okay, we'll find another doctor and get all this paperwork that puts her and the doctor on the same page. It is very frustrating.

Tim: People caring more, in a nutshell, I have to say it that way.

Ruth: Don't treat me like I'm a child. **Treat me like I'm an adult.** You want respect? You give me respect, I give you respect. We both are grown.

Latisha: They treat you real disrespectful, and I got to crying, right? I'm just like totally get to crying when my feelings get hurt. I said, "I don't mean no disrespect. I'm homeless up in here, but you're not gonna talk to me any kinda way. I am human, too, though. So you go get the head director, whoever the head director is." That's what they did. Sure did. You're not gonna talk to me any kinda way**. You already homeless, and they trying to make you feel more bad about it.**

DISCRIMINATION

Patty: You know what I'm gonna say and I believe everybody in here can agree with me. Some people pick and choose who they wanna help.

Eduardo: Yes, a lot of discrimination**. I know many persons who had those obstacles because of the language, the culture, and the legal status; and it's difficult for that people.** And they're sick with toothache and abscesses and no one wants to give them attention because they don't have money and they're very poor.

Josephina: That's a question for everybody. If they don't treat the people with Medicare as well as the other ones, because my husband has been in the hospital and he has a good insurance because he worked for the State but the one in the next room they didn't have anything and they didn't treat him as well as my husband. So I think they treat different to the people because of the insurance; that's what I think.

LANGUAGE and CULTURE

Daniela: **We couldn't find a psychologist or someone who could help us but in Spanish because I don't speak English**… So it was very difficult but because of the language.

Eduardo: I've seen many persons who have obstacles of language and legal status; **they don't go [to get healthcare] because they're afraid they'll be deported or they don't go because they don't know the language.** And when they go they discriminate them because they don't know the language and their legal status and they don't give them attention.

Daniela: Because of the language [problem] I try not going to the doctor unless it's something I can't stand.

Anna: And I asked [my regular doctor], "Why my [specialist] doctor doesn't attend me? He doesn't touch me or nothing." And she says, "Americans are that way, you want them to touch you everywhere. They're not like that." And I said, "He only touched my belly to inject me."

Kaitlyn: **So I think that we need more because if we go to the hospital they give us an interpreter in person or by phone but that's what we need here.** If there's no someone in person at least by phone.

DISABILITY

Tiffany: I took my sister there and she is developmentally disabled and she's maybe between a 6-year –old and a 9-year- old and it is, their bedside manner is gone. **They have no bedside manner. It's like, I don't know, we are sheep or something.**

Margaret: Before they will give it to you, you visit a psychiatrist and you see doctors and if they felt that you were not to be on disability then they would take her off. You look at somebody and you judge them and you think why does she get it, there's nothing wrong with her. I mean a lot of people can say that about me. There are a lot of things you don't always know. I don't wish to share everything that is wrong with me.

Tammy: **He's had SSA, SSI, SSA, SSI. It goes back and forth.** Between his father's disability, I went out on disability briefly, I went back to work, he went on his Dad's, when he got to be an adult, they tried to qualify him on his own right as an adult…said there's nothing wrong with him, denied his disability. Turned him on, turned him off, turned him on, turned him off. They overpaid him. When they found – when we were both found disabled because of a major traumatic event, and then he became ill, and life went to hell, we both got disability. It took them eight months to give us money. When they did, the money hit the account, I had just lost two houses, I had lost a job. We got the money, we bought a car, we kinda spent it, and six months later, Social Security writes to us and says "We overpaid you." We need money back. There was no money to give back to them.

Carmen: I lost my job, I went into long term disability, which was lost. I had a lawyer who was fighting Workman's Comp.

Jennifer: My son has been fighting for his benefits from Social Security because of his disability. **It's not a mental issue. It's a learning disability. He's slow to comprehend. They pushed him through high school.**

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"Everyone an has an inner rainbow. They just have to let it shine. Surround yourself with people who help you shine."

-Harmonie, Holt,
Youth Photo Project

Photo Location: Lansing

Community Input

This section provides perspectives on health gathered from various community outreach activities, including surveys, input walls, and a Youth Photo Project.

Community Survey

It was important to the Healthy! Capital Counties Workgroup to provide an opportunity for anyone from the community to give their input about the health of the tri-county area. To facilitate this participation, we created an online survey that asked about the defining characteristics of a healthy community, the most important health problems in their county of residence and county of employment, access to health resources, social needs, and health care barriers.

The Community Survey was available from July 21, 2015 to August 18, 2015. Participation was solicited via the following methods:

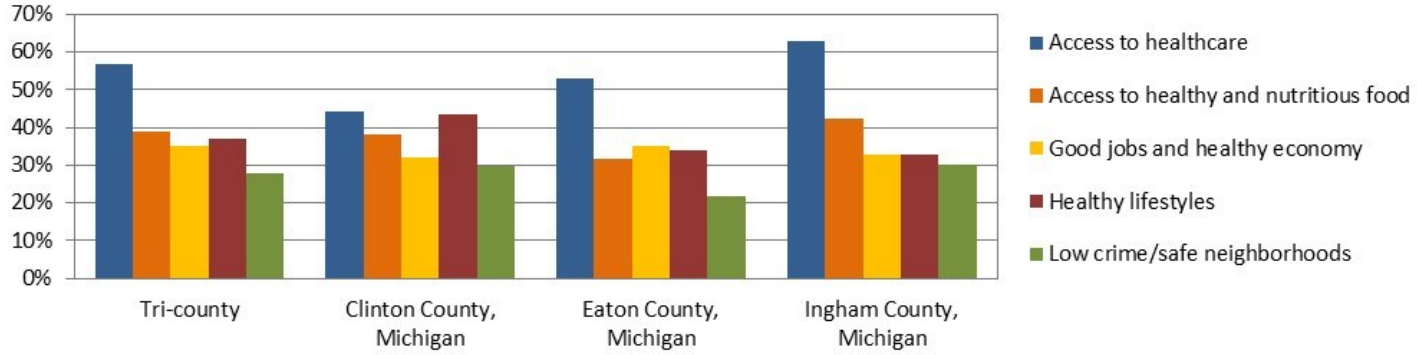
- Posting on the Healthy! Capital Counties website
- Email invitation to the Healthy! Capital Counties list serve
- Email and personal invitations to various partner agencies and coalitions within Clinton, Eaton, and Ingham counties
- Facebook posts on health department and hospital partner websites
- Boosted Facebook advertising within the tri-county area
- Press release

PARTICIPANT DEMOGRAPHICS:

406 participants resided within Clinton, Eaton and Ingham counties; other results were excluded from this analysis.

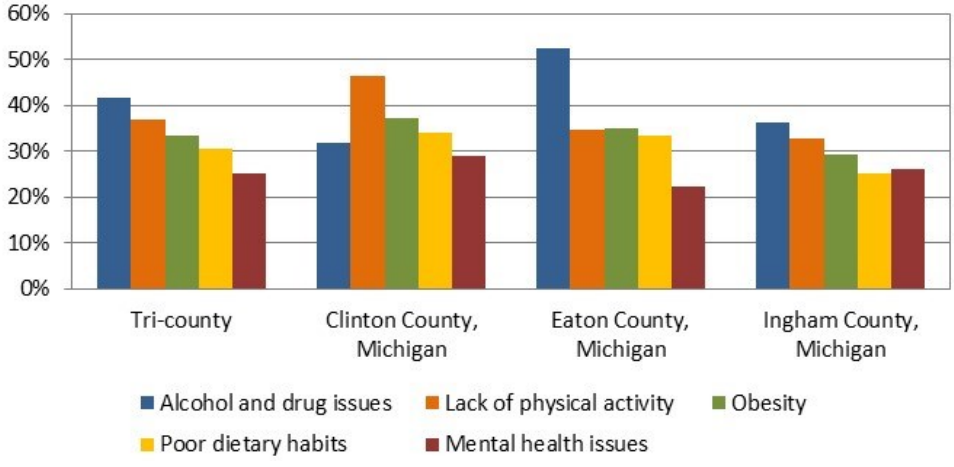
County of Residence	# participants
Clinton	97
Eaton	162
Ingham	146
Other	17

What do you think are the three most important factors that define a "healthy community"?



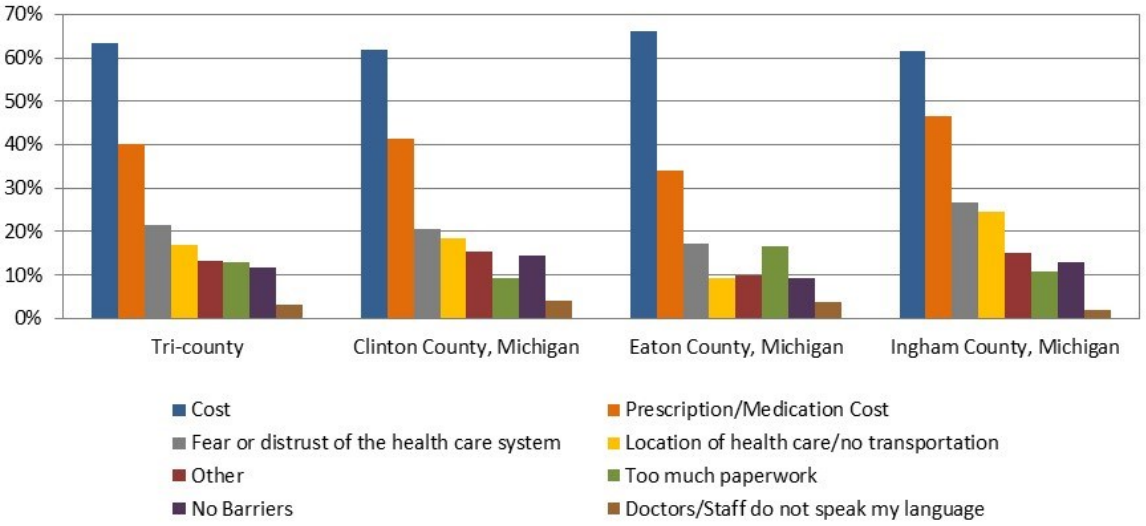
Residents of all three counties agreed that access to health care was the most important factor in defining a "healthy community." In addition, they also all chose access to healthy and nutritious food, good jobs and healthy economy, healthy lifestyles, and low crime/safe neighborhoods to be included in the top five factors.

In the county you live in, what do you think are the three most important health problems?



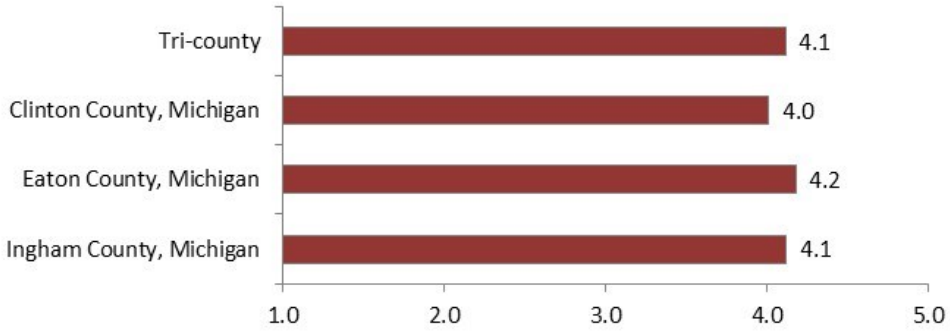
For the tri-county area, alcohol and drug issues was identified as the most important health problem. Residents of all three counties identified the same top five health concerns, in varying order of importance.

What do you feel are barriers to getting health care in the community in which you live? (Multiple responses allowed)



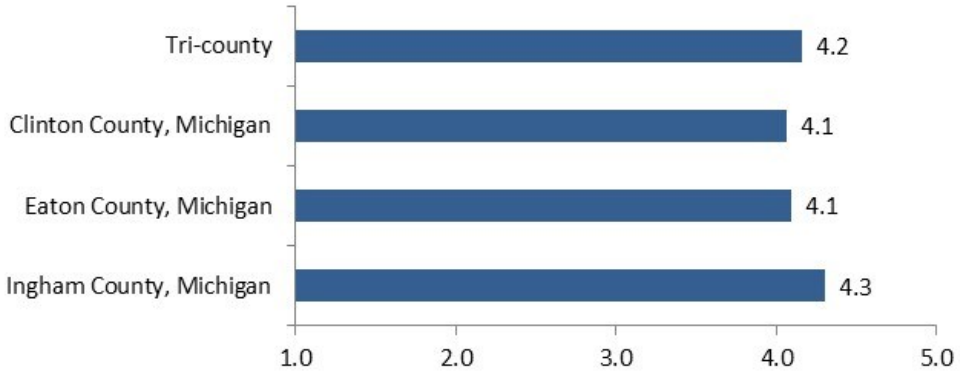
Cost was the number one reported health care barrier across all counties, ranging from 61.6% of Ingham County residents to 66.0% of Eaton County residents. The cost of medications, fear or distrust of the health care system, and location of health care services or lack of transportation were also identified across all counties as significant barriers.

Indicate your level of agreement with the following statement: I have access to the resources I need to stay healthy (1=Strongly Disagree, 5=Strongly Agree)



Overall, individuals who live in the tri-county area have the resources they need to stay healthy. Out of all respondents, 11.9% indicated that they slightly or strongly disagreed with this statement.

Indicate your level of agreement with the following statement: Addressing social needs is as important as addressing medical needs (1=Strongly Disagree, 5=Strongly Agree)



Individuals who live in the tri-county area tended to agree with the statement that addressing social needs is as important as addressing medical needs (72.2% slightly or strongly agreed).

Capital area residents use these methods most frequently to obtain information about available health resources within the community:

Health professionals

Family and friends

Internet

Health Care Provider Survey

In addition to the community survey, a specific effort was made to gain insight from local health care providers about the health of the community. Health care providers within the four hospital systems were encouraged to participate in an online survey that asked about the characteristics of a healthy community, the most important health problems in their county of employment, factors affecting patient health, referrals to other community resources, social needs of patients, and health care barriers.

The Community Survey was available from August 5-21, 2015. Health care providers were invited to complete the survey via communication from their hospital system.

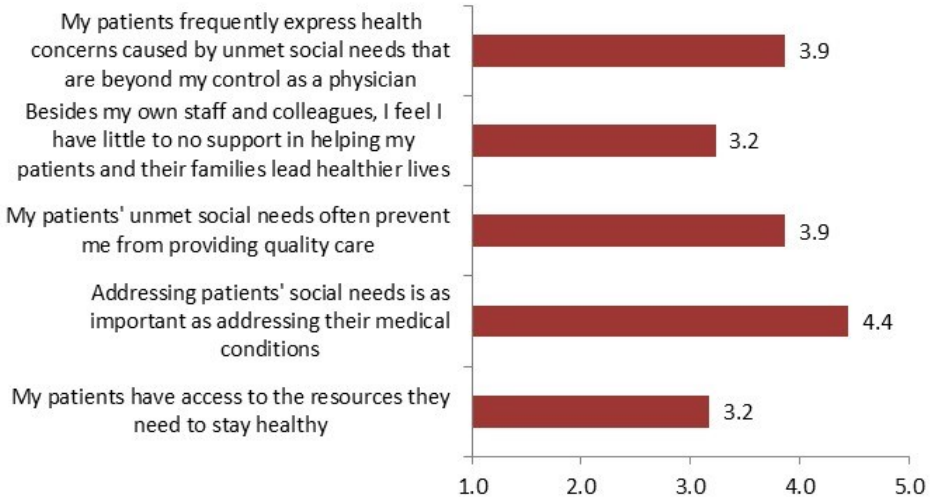
PARTICIPANT DEMOGRAPHICS:

59 total participants (52 fully completed the survey)

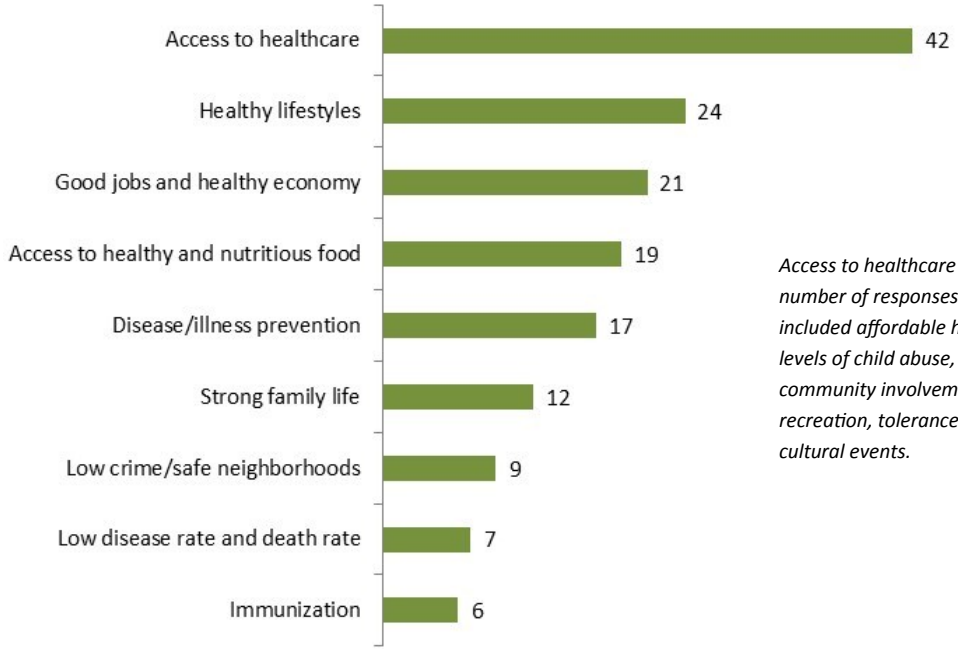
County of Practice (may check more than one)	# participants
Clinton	11
Eaton	17
Gratiot	3
Ingham	35
Ionia	12
Isabella	2
Montcalm	11
Shiawassee	3
Other	2

Primary County of Practice	# participants
Clinton	4
Eaton	7
Gratiot	0
Ingham	33
Ionia	5
Montcalm	9
Shiawassee	0
Other	0

Indicate your level of agreement with the following statements (1=Strongly Disagree, 5=Strongly Agree)

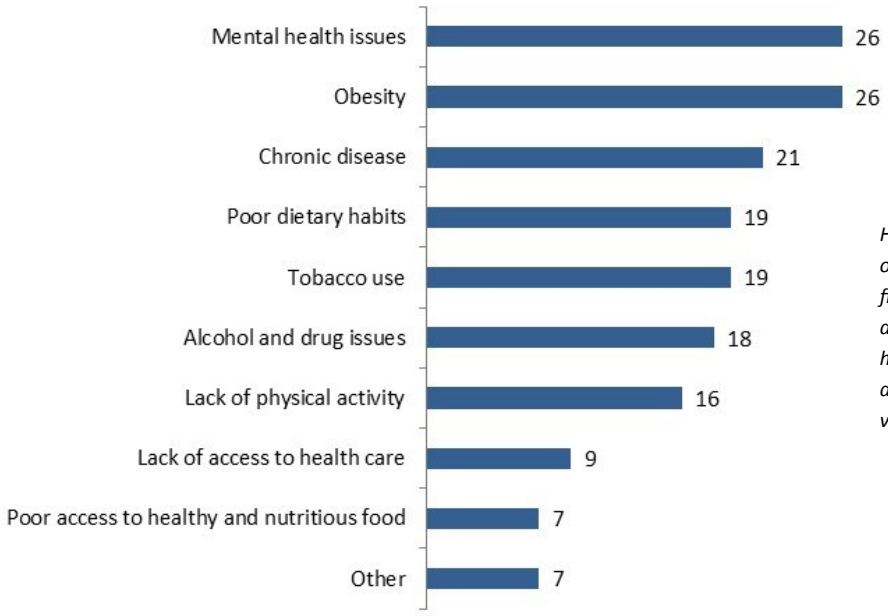


What do you think are the three most important factors that define a "healthy community"? (number of responses)



Access to healthcare was the factor receiving the most number of responses. Topics with five responses or fewer included affordable housing, clean environment, low levels of child abuse, religious or spiritual values, community involvement, good schools, parks and recreation, tolerance for diversity, other, and arts and cultural events.

In the county you work in the most, what do you think are the three most important health problems? (number of responses)

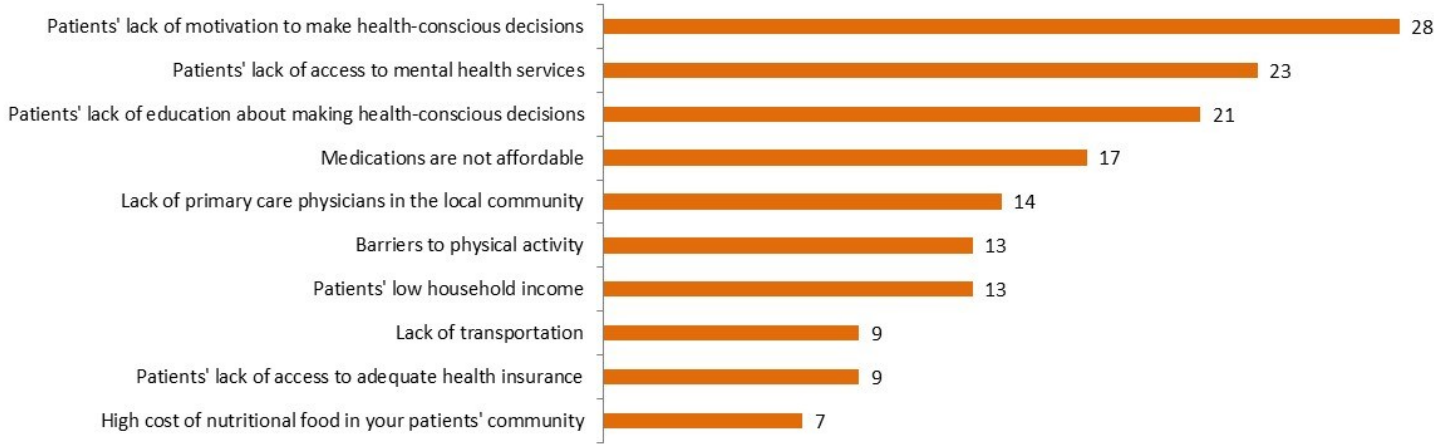


Health care providers identified mental health issues and obesity as the most important health problems. Topics with five responses or fewer included aging problems, child abuse and neglect, homelessness, teen pregnancy, homicides, housing risks and hazards, infectious disease, rape/sexual assault, sexually transmitted infections, suicide, domestic violence, and motor vehicle crashes.

Health care providers routinely refer patients to the following community resources (in descending order of referrals):

- Community mental health services
- Home care and/or hospice services
- Public health services
- Substance abuse treatment services
- Community health clinics
- Department of Human Services
- Domestic abuse services and resources
- Intermediate school district services
- Religious organizations
- Food bank/pantry
- Other services
- Resident clinic
- Community health workers
- Community organizations (e.g. Salvation Army or United Way)
- Women's resource center
- Police department

What do you think are the top three factors that negatively impact your patients' health? (number of responses)



Patient's lack of motivation to make health-conscious decisions was identified as the top factor that negatively impacts patient health. Topics with five responses or fewer included communication barriers, lack of available nutritional food in your patients' community, patients' living conditions, other, poor environmental conditions, patients' lack of access to adequate child care, lack of senior services in the local community, and crime rate in your patients' local community.

Youth Photo Project

When deciding on the components of the 2015 Healthy! Capital Counties Health Needs Assessment, it was identified that a youth perspective needed to be added. We chose to engage youth through a community photo project using a modified Photovoice method. Photovoice is a group analysis method combining photography with grassroots social action, and is commonly used in the fields of community development, public health, and education. Participants are asked to represent their communities or express their points of view by photographing scenes that highlight research themes. These photographs are collaboratively interpreted, and narratives can be developed that explain how the photos highlight a particular research theme. These narratives are used to better understand the community and help plan health or social programs that are address community needs.

Volunteers who participated in the Healthy! Capital Counties Youth Photo Project were recruited through several local venues: the Peer Assistance and Leadership (PAL) program at tri-county area high schools, the Letts Community Center teen volunteer network, and social media postings. Ten youth in total completed the program between the daytime and evening cohorts.

Demographic information about the youth participants:

- 7 females and 3 males
- 6 Caucasian and 4 African American youth
- Participants were freshman through senior high school students
- Students attended the following schools:
  - 3 students from Mason High School
  - 1 student from Holt High School
  - 1 student from Leslie High School
  - 2 students from Lansing Everett High School
  - 3 students from Grand Ledge High School

Youth in each cohort completed a total of three two-hour sessions with photographic homework between each session. During the first session, teens were given an overview of Photovoice's origins, purpose and methodology. They also watched a video about the social determinants of health and participated in a focus group about their own community's health. After receiving digital cameras and a lesson on Photovoice ethics, students were charged to take photographs before the next session exploring the following project themes:

- How healthy are you and your friends?
- How healthy is your family? Your community, your school?
- What is needed to create more health on individual, family, school and community levels?
- What causes lack of health at each of these levels?
- How does stress play into your health and that of your community?

During session two, students were given a lesson in basic photography to help give more depth to their pictures. The teens then learned the Photovoice SHOWeD method for writing captions. Project facilitators helped the students to add captions to the pictures they had taken already and gave them opportunities to take more photographs.

During session three, students reviewed all of the photographs taken throughout the program and selected their final photographs to caption. Students also had the opportunity to view the photographs of their peers.

Photographs for the Healthy! Capital Counties Photo Project were selected based on their clarity and power to represent the project themes. The students, project facilitators, and health department staff narrowed down the 100 plus photo entries to be representative of the major health themes that emerged from the students. Photos from this project can be found on the following pages, as well as throughout this report.

A special thank you to Holly MaKimaa with Eaton Regional Education Service Agency and Erin Madden, Barry-Eaton District Health Department Intern, for their leadership with this project.

hcc.photovoice2015
Grand Ledge
2w

miaamaya Soup cannot be soup with out the ingredients. Without one the whole thing would fall apart. The same goes for the community we all play a vital role and need to set up.

#communityengagement

#equality

hcc.photovoice2015
Charlotte
2w

miaamaya Women and men play a vital role in society and neither one should be slighted for it. Equality is something that needs to be worked on diligently in today's society

hcc.photovoice2015
Lansing
2w

hcc.photovoice2015 Easy access for all. Understanding and awareness of predispositions are vital in a community. - Sawyer

hcc.photovoice2015
Lansing
2w

hcc.photovoice2015 Everybody wants to spend less money on the things that they buy. In school vending machines, the cost of an unhealthy snack choice is more than the cost of a healthy snack. This results in students spending only one dollar on chips when what their body actually needs is a $1.25. Like water, more healthy food options should contain a lower price so students would more likely choose the healthier option. -Erin

#food

hcc.photovoice2015
Grand Ledge
3w

hcc.photovoice2015 It's much cheaper to buy processed food than organic food. Why is that? -Brooke

hcc.photovoice2015
Mason
2w

aswhit16 These sweet treats will ruin that sweet tooth.

#beverages

hcc.photovoice2015
Lansing
2w

lauren_richardson11

hcc.photovoice2015 The drink that is best for you is the one you never want to drink: water. -Damerius

hcc.photovoice2015
Lansing
2w

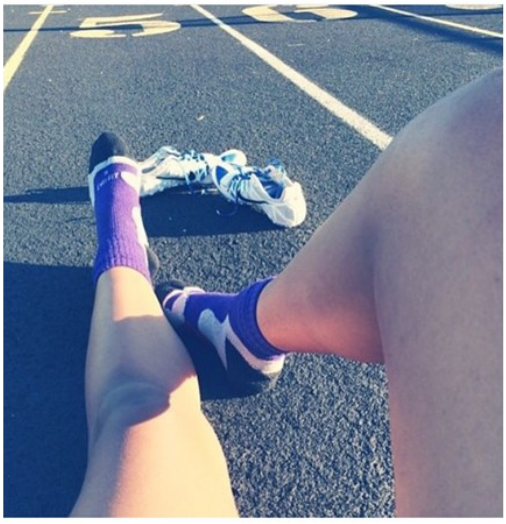
hcc.photovoice2015 Don't allow your mind, heart, or body to take more than what it can take. Give your body boundaries to follow. Allow your mind to control you when it's time to stop. Students should take the time to realize what is good for themselves emotionally, physically, and mentally. The best way is to teach students at an early age, at home and at school. -Erin

#balance_stress

hcc.photovoice2015
Mason
2w

hcc.photovoice2015 Sometimes when someone is feeling overwhelmed, they turn to unhealthy habits to cope. Ice cream is a "go to" for many stress eaters out there, and this often leads to very large amounts consumed at once. Turning to unhealthy habits to cope stems from the inability to find release elsewhere. Teaching healthy ways to cope with stress and feelings of anxiety would ultimately benefit the community by making everyone happier and healthier. -Corbin

hcc.photovoice2015
waverly
2w



miaamaya Community tracks are free and very accessible. It's a judgement free and you can exercise your way.

#exercise

hcc.photovoice2015
Lansing
3w

lauren_richardson11

hcc.photovoice2015 Getting in shape is easier if it is something you love to do. - Damerius

#nature

hcc.photovoice2015 2w
Hawk Island County Park

miaamaya Nature is the biggest part of our community. It provides us with many key elements of life. We need to invest in more places so many more generations can experience this.

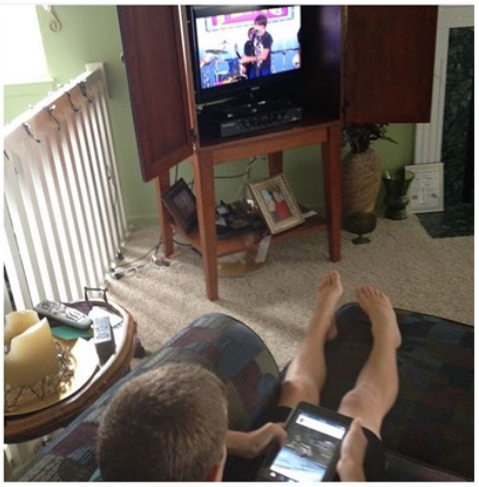
hcc.photovoice2015 3w
Grand Ledge

lauren_richardson11 The paths are there and ready to be explored. Go for a walk and see for yourself!

#litter

#technology_laziness

hcc.photovoice2015 3w
Grand Ledge



♥ lauren_richardson11

brookewarder_ This is a 12 year old boy sitting inside on a beautiful summer day instead of playing outside

hcc.photovoice2015 2w
Lansing

hcc.photovoice2015 Sawyer

hcc.photovoice2015
Charlotte
3w

#alcohol_parties

hcc.photovoice2015 There's more important things in life than partying. Teens have their whole lives ahead of them without having to worry about what could be in this cooler. - Brooke

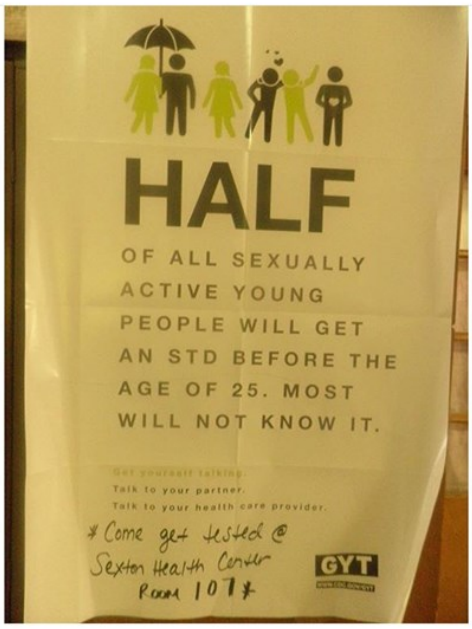
hcc.photovoice2015
Holt
3w

lauren_richardson11

hcc.photovoice2015 This picture is of a little boy looking down at a random ash tray of cigarettes on the ground. We can make a difference by letting people know that smoking around children is very harmful. Creating laws and putting up signs can help at least a few. #ilovemylungs -Harmonie

#sexualhealth

hcc.photovoice2015
Lansing
2w



hcc.photovoice2015 You never know how your body is harming you until you start to see and feel bad changes. Having signs like this in schools allows students to stop and think about their choices, and going to get tested. More schools should have this type of support for students. -Erin

#tobacco

hcc.photovoice2015
Lansing
2w

sydneyleatherberry Even though this no smoking sign is small it still enforces the policy of no smoking. Something this small can make such a big difference.

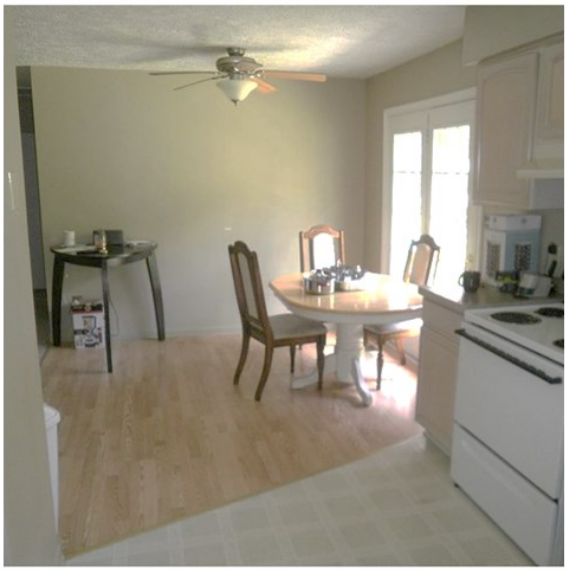
#neighborhood_quality

hcc.photovoice2015

hcc.photovoice2015 Abandoned buildings decrease the overall health of a community by dampening its beauty, as well as fostering criminal activity. When the economy is bad and lots of homes are left to rot, they quickly turn into a venue for any activity that needs to be hidden. This creates a dangerous yet enticing place for drug use and other dangerous criminal activity. Abandoned buildings should be either supervised or destroyed, not left to fall into the hands of criminals. -Corbin

#housing_quality

hcc.photovoice2015 3w
Lansing



lauren_richardson11

hcc.photovoice2015 A healthy and "clean" living environment is good for your brain. - Damerius

#accessto healthcare

hcc.photovoice2015 3w
Grand Ledge

sydneyleatherberry 2w

Medical visits and care is so expensive. Many people don't even have access to it anymore because they can't afford it. It's not healthy for people to be taunted with the idea of top notch care if they can only afford a first aid kit.

#transportation

hcc.photovoice2015 2w
Leslie

sydneyleatherberry Reducing your carbon footprint on the environment by biking or walking rather than driving, can improve environmental health greatly It might not seem like a big change, but in reality it is.

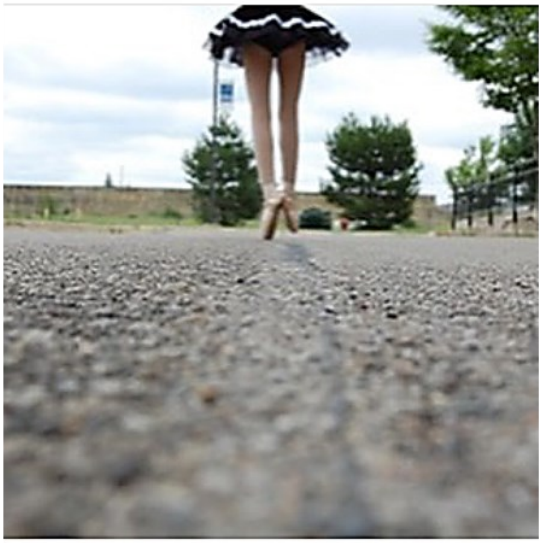
hcc.photovoice2015
Charlotte
3w

lauren_richardson11 3w

Gossip and rumors make people feel like they are less than they truly are. If our community doesn't accept us for who we are, why should we? How can you live a healthy life if you and the people around you can't accept each other?

#self-perception

hcc.photovoice2015
Leslie
2w



sydneyleatherberry 2w

The road that you walk on may be long, but if you are doing something that you enjoy, it's easier to walk. By walking your road enjoying life and maintaining your happiness, you'll be healthy.

hcc.photovoice2015
Mason
2w

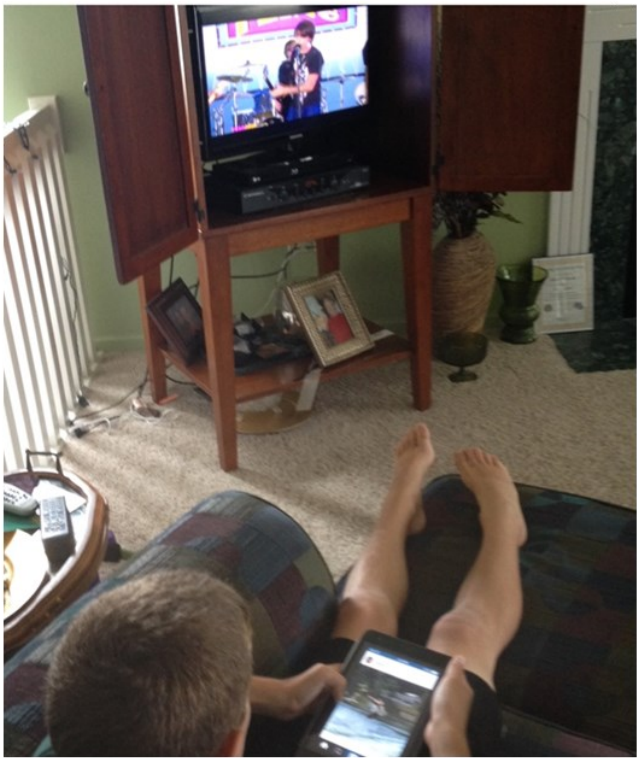
lauren_richardson11

hcc.photovoice2015 Hard work is inevitable, but it'll lead to a healthier world. Stay cognizant, stay fit. -Sawyer

#positivity_happiness

#motivation

hcc.photovoice2015
Grand Ledge
3w



hcc.photovoice2015 This is a 12-year old boy sitting inside on a beautiful summer day instead of playing outside. -Brooke

Community Input Walls

One of the ways we assured that we had input from community members in our health assessment was to offer interactive opportunities for them to do so. The **Community Input Wall** provided people who may not ordinarily be inclined to read a report, visit a website, or take an online survey to participate.

The objectives of the input wall was to collect perceptions of important health issues, information about community assets, and ideas about the desired future for the community.

Input walls were posted at the following locations:

- Olivet Community Wellness Fair, Olivet, May 5, 2015
- Sparrow Health Systems Children's Miracle Network Telethon, Lansing, May 29-30, 2015
- Eaton Rapids Medical Center, Eaton Rapids, June 16-18, 2015
- Eaton Rapids Farmers Market, Eaton Rapids, June 19, 2015
- AL!VE, Charlotte, June 25-July 2, 2015
- Sparrow Clinton Hospital, St Johns, July 20-24, 2015
- McLaren Greater Lansing, Lansing, July 27-31, 2015

Results from the input walls were grouped into categories and visualized by creating word clouds from the responses. Categories receiving two or more mentions were included in the word clouds; those with only one mention are described below each word cloud. The size of each category corresponds to the number of times it was mentioned. Each category was multiplied by four to create a specific font size and then displayed in the word cloud. For instance, if the category of community support received 12 responses, then 12 was multiplied by four to create a size 48 font.

A Healthy Community is One That...

When asked to define the characteristics of a healthy community, 131 individual answers were posted on the input walls. Several responses touched on different topics and thus were placed into multiple categories. The categories with the most responses included community support (12), exercise (12), staying active (11), and having a healthy diet (9). Topics that were only mentioned once but are of important consideration included being smoke-free, having evidence-based health care, having health care involvement in the community, the impact of social media, housing, health stores, workplace support, optimism, and no drinking and driving.

The Most Important Health Issues to Me Are...

Photo credit: Sydney, Leslie, Youth Photo Project

The input walls received 154 individual responses related to important health issues. Several responses touched on different topics and thus were placed into multiple categories.

Healthy eating (19), exercise (17), staying active (12), obesity and weight management (12), and chronic disease management (11) were the categories with the most responses.

Topics that were only mentioned once but are of important consideration included end of life care, health education, special needs, religion, eating meals with family, sleep, strong bones, environmental conditions, and electronics and technology.

When asked to list assets and resources that help our community to be healthy right now, 111 responses were received. Several responses touched on different topics and thus were placed into multiple categories.

The responses receiving the most mentions were exercise (14), healthy eating (13), recreation and fitness facilities (12) and education and resources (10).

Topics that were only mentioned once but are of important consideration included personal responsibility, religion, and addressing income inequality.

Photo credit: Lauren, Grand Ledge, Youth Photo Project

What Helps Our Community Be Healthy Right Now?

Asset Inventory

CLINTON * EATON * INGHAM

Healthy!CapitalCounties℠
a community approach to better health

This asset inventory was originally compiled by the 2012 Community Advisory Committee on March 1, 2012, and was reviewed and updated for this 2015 version on September 10, 2015. Assets identified from the Community Input Walls were also added to the inventory. 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, youth organizations.

Institutional Assets

Assets held by institutions in the community. These are often well-established groups, employers, or governmental entities, and are both for-profit and not-for-profit organizations. Some institutions are comprised of groups of institutions — these are labeled 'organizational' assets.

HEALTH CARE SYSTEM ASSETS

Alternative Medicine Providers
College Student Health Centers
Community Health Centers
Community Mental Health
County Health Plans
Dentists & Dental Clinics
Disease-based Support Groups
Emergency Medical Transportation
Eye & Ear Care Providers
Free Clinics
Health Insurance Plans (including Medicaid/Medicare)
Health Professions Schools
Hospitals
Medical Schools
Mental Health Providers
Nursing Homes
Pharmacies
Physical and Occupational Therapists
Private Physicians
Public Health Departments
Rehabilitation, Home Health & Hospice Providers
School Counselors/Psychologists
School/Parish Nurses
School-based/linked Health Centers
Substance Abuse Treatment and Recovery Providers
Urgent Care Centers

RECREATIONAL ASSETS

4H and County Fairs
Bicycle Courses (BMX)
Bicycling Clubs
Canoe/Kayak Rental
Community Centers
Community Dances
Community Education Programs
Conservation Activities (Stream Clean)
Golf Courses
Horseback Riding/Stables
Lugnuts Minor League Baseball Team
Parks and Public Recreation Programs
Potter Park Zoo
Private Membership Fitness Clubs
Riverboat
School-based athletics
Swimming Locations
Walking/biking trails & Sidewalks
YMCA & Non-profit Recreation and Fitness Orgs

FOOD SYSTEM ASSETS

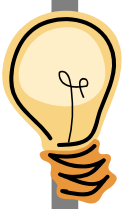
Community Gardens
Community Supported Agriculture Farms
Congregate Meal Sites (summer kids/senior)
Corner Stores with produce
Double Up Food Bucks Program
Farmer's Markets
Food Pantry/Bank/Commodities
Food Policy & System Groups
Food Purchasing Programs (SNAP/WIC)
Full-service Grocery Stores
Garden Supply Centers
Home-delivered Meal Services (Meals On Wheels)
MSU Extension Service
Project Fresh (WIC/Seniors)
Restaurants with healthy food choices
School Lunch Program

CULTURAL ASSETS

Community Events and Festivals
Crafts and Enrichment Classes/Resources
Historical Organizations
Media Organizations
Michigan State University
Museums
Nature Centers
Neighborhood Identities (i.e. Old Town)
Performing Arts Organizations
Public Spaces

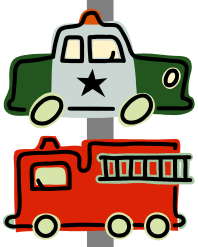
EDUCATION ASSETS

Charter & Private Schools
Childcare and Preschool Providers (0-5)
Colleges and Universities
Community Centers
Homeschool Organizations
Infancy to Innovation Collaborative
Intermediate School Districts
K-12 School Districts
Michigan Works!
MSU Extension Service
Nature Centers
Public Libraries
Refugee Development Center
Senior Centers
Truancy Intervention
Tutoring/Mentoring Orgs
Virtual & Online Learning
Vocational/Trade Schools



ORGANIZATIONAL ASSETS

12-step Organizations (AA)
Crisis Intervention
Chambers of Commerce
Economic Development (LEAP, Prima Civitas)
Faith-based Organizations
Human Services Collaboratives
Informal groups and meetings
Local Charities, Grant-makers, & Foundations
Multi-sector Coalitions (i.e. Substance Abuse Prevention, Great Start, etc)
Non-Governmental Orgs
Service Orgs (Lions, Kiwanis)



PUBLIC SAFETY ASSETS

Anti-bullying Organizations
Domestic Violence & Crisis Response Orgs
Emergency Operations Centers
Emergency Preparedness Coalitions
Environmental Protection Organizations
Jails
Law Enforcement Training Centers
Local Public Health Departments
National Guard
Neighborhood Watch
Police and Fire departments
Probation and Parole Officers
School Liaison Officers
State Police / Federal Agencies

HOUSING ASSETS

Aging In Place Efforts
Assisted Living Facilities
Foster Care Homes (Adult/Child)
Homeless Prevention and Housing Organizations
Home-building Charities (Habitat)
Rehab Programs
Subsidized Housing Developments
Rental Housing Landlords and Developments
Weatherization, Home Improvement, and Home Safety Programs

TRANSPORTATION ASSETS

Airport
Ambulances
Bicycle Infrastructure
Complete Streets Policies
Health & Senior Visit Transportation Providers
Long Distance Bus Services
Mobility Managers
Public Transportation Providers
Park n' Ride & Carpool Services
Regional Transportation and Land Use Planning
Roads/Road Commissions
Taxis
Trail System
Train Service

EMPLOYMENT ASSETS

Americorps/VISTA/Service Corps
Chambers of Commerce
Business Associations
Economic Development Departments
Farmers & Rural Employers
Labor Organizations
Major Employers
Peckham, Inc.
Public Employers (State of MI, local)
Rehabilitation Services
School Co-op & Internships
Self-Employed & Startups
Small Employers
Unemployment and Job-placement Services
Volunteer Organizations

"Taking the stairs may seem like a small task, but it can be the first step in being a healthier person."

- Ashley, Mason, Youth Photo Project

Photo location: Lansing

Next Steps

This report is only one step in our comprehensive Community Health Assessment and Community Health Improvement Planning process.

Prioritization: Setting a Shared Course

Prioritization Methodology

The Healthy! Capital Counties Community Health Profile and Health Needs Assessment produced a variety of data from a variety of sources about the health issues in the tri-county area. The report was used to identify the health issues to be prioritized. The work group and project staff utilized the consensus criteria method, as outlined below:

- Identifying the criteria to be considered when evaluating the issues;
- Selecting weights for each criteria;
- Identifying the issues to be evaluated, based upon the community profile and health needs assessment report;
- Engaging stakeholders in selecting the most important issues for each criteria; and
- Applying the weights to the stakeholder feedback

Identifying the criteria

Based upon the experience garnered from the methods used in the 2012 assessment work, the decision was made to use the same four criteria for evaluating the issues to be prioritized. Those criteria are:

- Seriousness (how serious is the health issue)
- Control (how much control do we have to affect the issue)
- Capacity (what is our capability, as a community, to address an issue)
- Catalytic (how much does this issue affect other health issues)

Selecting the weights of the criteria

In order to identify a broad spectrum of priorities that speak to the spheres of influence for all the project partners and that reflect the broad constellation of factors that influence health, the weighting scale was adjusted in this cycle of the project. Further analysis and study indicated that the weight assigned to the Catalytic criterion contributed significantly to those priorities. For the 2015 process, the work group discussed this weighting process at length with project staff to identify a strategy that would reveal both upstream and downstream priorities. The consensus of the group was that one weighting scheme was not sufficient to identify a broad range of priorities. The work group agreed to identify two sets of weight to the voting results and to combine the results of the two weighting schemes into one list of priorities. Below are the weights agreed upon by the workgroup:

Criteria and Definition	Upstream weights	Downstream weights
a. Seriousness (how serious is the health issue)	4	4
b. Control (how much control do we have to affect the health issue)	2	3
c. Capacity (what is our ability, as a community to act on a particular health issue)	1	2
d. Catalytic (how much does this issue affect other health issues)	3	1

Identifying the issues to be evaluated

The complete report, along with an executive summary, was provided to the Work Group members in preparation for prioritizing the issues. All members were polled, via email, by project staff to identify the issues that would be put before the community stakeholders. This step produced the following set of issues:

Access to Quality Healthcare
Access to Affordable Housing
Access to Healthy Food
Access to opportunities for physical activity, adults
Access to opportunities for physical activity, children and teens
Access to Primary Healthcare Providers
Access to programs/services in the community
Child Health (incl. asthma, diabetes, accidents)
Chronic Disease (incl. cardiovascular, diabetes, multiple chronic illnesses)
Communicable Disease, adults (incl. STDs, influenza, pneumonia, vaccinations for preventable diseases)
Communicable Disease, children and teens (incl. STDs, influenza, pneumonia, vaccinations for preventable diseases)
Environmental Quality (clean air, clean water, toxic exposures)
Financial stability (incl. poverty, living wage, income)
Mental Health, adults (incl. stress, depression, access to services)
Mental Health, children and teens (incl. stress, depression, bullying)
Obesity, adults
Obesity, children and teens
Safe and connected neighborhoods and communities (incl., safety, feeling connected, support for healthy choices)
Substance Abuse (adults) (incl. alcohol, narcotics, illegal drugs)
Substance Abuse, teens (incl. alcohol, binge drinking, narcotics, illegal drugs)
Tobacco use (adults) (incl. smoking, chewing tobacco)
Tobacco use, teens (incl. Smoking, chewing tobacco)

Engaging stakeholders in selecting priorities

All project partners were encouraged to invite key stakeholders to the meeting where the health issues would be prioritized. The meeting was held on October 21, 2015, and was attended by 68 participants. Project staff presented an overview of the Healthy! Capital Counties project as well as the project's community profile and health needs assessment report. The list of issues to be prioritized was also provided and participants were encouraged to review these and ask questions prior to the selection process.

Using the program "Poll Everywhere," participants were asked to use the issues list and respond to each of the following questions:

- Which three issues are most serious?
- Which three issues do we have enough control to affect?
- Which three issues do we have the greatest capacity to address?
- Which three issues affect other health issues?

Staff were available throughout the polling process to assist with using the text program and their cell phones to vote. Alternate voting methods were used for participants without cell phones.

Applying the weights

Upstream

Two sets of weights were applied to the votes received. The first set of weights, where the catalytic criteria was weighted high, produced the scoring matrix on the following page. The top five priorities that emerged were:

- ◊ Access to primary healthcare providers
- ◊ Mental health, adults
- ◊ Financial stability
- ◊ Access to quality health care
- ◊ Chronic disease

Downstream

The second set of weights is based upon the catalytic criteria being set low. This approach produced the second scoring matrix below. The top priorities that emerged were:

- ◊ Access to primary healthcare providers
- ◊ Mental health, adults
- ◊ Access to quality healthcare
- ◊ Chronic disease
- ◊ Financial stability

Putting both sets of results together generated the following list of priorities:

- ♦ Access to primary healthcare providers
- ♦ Access to quality healthcare
- ♦ Financial stability (incl. poverty, living wage, income)
- ♦ Mental health, adults (incl. stress, depression, access to services)
- ♦ Chronic disease (incl. cardiovascular, diabetes, multiple chronic illnesses)

Results with Catalytic Criteria Set High (Upstream)

Issue to Assess	Seriousness	Control	Capacity	Catalytic	Weighted Score
Weight	4	2	1	3	
Access to Quality Healthcare	60	24	9	39	**132**
Access to Affordable Housing	20	8	9	30	67
Access to Healthy Food	12	36	14	21	83
Access to opportunities for physical activity, adults	8	22	3	3	36
Access to opportunities for physical activity, children and	12	20	7	0	39
Access to Primary Healthcare Providers	100	34	11	42	**187**
Access to programs/services in the community	0	40	20	33	93
Child Health	28	6	6	3	43
Chronic Disease	68	22	8	27	**125**
Communicable Disease, adults	4	2	6	0	12
Communicable Disease, children and teens	16	14	8	3	41
E**nvironmental Quality**	12	14	6	15	47
Financial stability	60	6	7	93	**166**
Mental Health, adults	100	16	6	51	**173**
Mental Health, children and teens	72	14	6	21	113
Obesity, adults	28	12	6	21	67
Obesity, children and teens	36	8	6	15	65
Safe and connected neighborhoods and communities	8	10	16	42	76
Substance Abuse, adults	20	0	3	9	32
Substance Abuse, teens	16	4	3	0	23
Tobacco use, adults	28	18	2	12	60
Tobacco use, teens	4	8	4	6	22

Results with Catalytic Criteria Set Low (Downstream)

Issue to Assess	Seriousness	Control	Capacity	Catalytic	Weighted Score
Weight	4	3	2	1	
Access to Quality Healthcare	60	36	18	13	**127**
Access to Affordable Housing	20	12	18	10	60
Access to Healthy Food	12	54	28	7	101
Access to opportunities for physical activity, adults	8	33	6	1	48
Access to opportunities for physical activity, children and	12	30	14	0	56
Access to Primary Healthcare Providers	100	51	22	14	**187**
Access to programs/services in the community	0	60	40	11	111
Child Health	28	9	12	1	50
Chronic Disease	68	33	16	9	**126**
Communicable Disease, adults	4	3	12	0	19
Communicable Disease, children and teens	16	21	16	1	54
E**nvironmental Quality**	12	21	12	5	50
Financial stability	60	9	14	31	**114**
Mental Health, adults	100	24	12	17	**153**
Mental Health, children and teens	72	21	12	7	112
Obesity, adults	28	18	12	7	65
Obesity, children and teens	36	12	12	5	65
Safe and connected neighborhoods and communities	8	15	32	14	69
Substance Abuse, adults	20	0	6	3	29
Substance Abuse, teens	16	6	6	0	28
Tobacco use, adults	28	27	4	4	63
Tobacco use, teens	4	12	8	2	26

After the prioritization meeting, two members of the Work Group asked what the list would look like if those issues that were labeled for adults and children were aggregated. When this analysis was conducted, the list of priorities was as follows:

- ◊ Access to quality healthcare
- ◊ Access to primary healthcare providers
- ◊ Financial stability
- ◊ Mental health
- ◊ Obesity

This new list was sent to all Work Group members asking if the original list of priorities should be revised. All who responded indicated the original list should be the final list.

The final list of priorities:

- **Access to Primary Healthcare Providers**
- **Access to Quality Healthcare**
- **Financial Stability**
  includes poverty, living wage, income inequality, and other economic factors
- **Mental Health**
  includes stress, depression, access to services, safety
- **Chronic Disease**
  includes cardiovascular disease, diabetes, asthma, cancer, multiple chronic illnesses

2015 Healthy! Capital Counties Project Partners: