FINDINGS

**From the**

**2012 Community Health Profile**

**& Health Needs Assessment Report**

*The goal of this document is to synthesize all of the data from the report to arrive at a set of major Community Health Assessment findings. Because the Community Health Profile and Health Needs Assessment Report is a comprehensive 90-page document, it is impossible to include all of the salient data, concepts, and needs discussed within – this document aims to provide a summary of findings only.*

**Opportunity Measures (p. 13-16)**

Opportunity Measures include the indicators Housing Segregation and Income Inequality. Income Inequality is the level in which income is distributed spatially among a given community. High levels of Income Inequality are often associated with poor health outcomes, particularly for low-income families. Housing Segregation is the measure of how segregated a community is with white headed households and minority headed households. High levels of segregation can reduce access to resources encouraging healthier behaviors.

FINDINGS:

* The tri-county area is more equal in terms of income distribution than the State of Michigan -- but there is more housing segregation of minority residents.
* Of the three counties, Ingham is most unequal in terms of income distribution but the least segregated in terms of minority housing.
* Eaton is the most equal in terms of income distribution, but is most segregated in terms of minority housing.
* Income inequality is greatest in the Countryside Suburbs area and the Urban Upscale area – areas where median home values are highest in both urban and non-urban areas.
* Housing segregation doesn’t follow the same pattern – it is highest in the Urban Mid Price area, followed by the Urban Upscale and Farms & Fields area

**Social, Economic, and Environmental Factors (p.17-28)**

The Social, Economic and Environmental Factors are known as the Social Determinants of Health. These factors can either help or hinder attempts at healthy living by the members of a given community. Example indicators include Income, Education, Affordable Housing, and the Built Environment.

FINDINGS:

* The tri-county area compares favorably or similarly to the State of Michigan on all indicators (where comparisons were possible) for Social, Economic and Environmental factors.
* At a smaller geographic level, there are wide differences in the rates of child poverty, educational achievement, violent crime rates, affordable housing, preventable hospitalizations, nitrate contamination, and the built environment (living in a food desert).
* The Urban areas have the highest rates of child poverty, high violent crime; and have a large percent living in unaffordable housing.
* The Urban Low Price area additionally has the highest percentage of its population that lives in a food desert.
* The Farms & Fields area (rural with low median home values) has the lowest percent of adults with a bachelors’ degree or higher, and has the highest percent of water wells contaminated by nitrates.
* Preventable, or ambulatory care sensitive hospitalizations, are higher in Eaton and Ingham counties.

**Behaviors, Stress, and Physical Condition (p. 29-39)**

Behaviors, Stress, and Physical Condition indicators are the different factors that can protect from or contribute to certain health outcomes. Good health behaviors, a lack of stress, and a healthy weight can lead to good health, and the reverse is also true. Examples include Obesity, Tobacco and Alcohol use, Access to Care and Mental Health.

FINDINGS:

* The tri-county area fares better than the state of Michigan on a few indicators, including adult obesity, adolescent smoking, adolescent binge drinking, and fully immunized children.
* The area as a region fares worse than the state in adolescent obesity, adults with a primary care provider, primary care provider rate, and adolescents with symptoms of depression.
* At a smaller geographic level, there are significant differences in the county rates of many of the measures. These measures are only available at the county-level.
* Adolescent obesity rates are higher than the state rate in Ingham County.
* Tobacco Use (smoking) rates are high in Eaton County adults and adolescents, Ingham County adults, and Clinton County adolescents.
* Alcohol Use is higher in Eaton County adults and adolescents.
* While Ingham County has the most doctors per person among the three counties, they also have the lowest percent of adults who say they have a primary care provider – and the exact reverse is true for Clinton County.
* Mental Health is worse in Eaton County and Ingham County adults and adolescents.

**Health Outcomes (p. 40-50)**

Health Outcomes are the end results from the combination of Opportunity Measures, Social, Economic and Environmental factors and Behaviors, Stress and Physical Condition. These are often measured in quality of life (illness/morbidity) or quantity of life (deaths/mortality). Example indicators include Child Health, Quality of life, Premature Death, Chronic Disease, and Injuries.

FINDINGS:

* The three-county area fares better than the state of Michigan on many indicators, including preventable diabetes hospitalizations, premature deaths, infant mortality, cardiovascular disease deaths, and accidental injury deaths.
* The area as a region fares worse in preventable childhood asthma hospitalizations compared to the state – primarily because both Eaton and Ingham counties have a high rate, as well as perceived health status – all three counties have a worse rate than the State.
* At a smaller geographic level, there are wide differences in the rates of premature death, infant mortality rates, cardiovascular disease deaths, and accidental injury deaths.
* Areas with lower median home values in both urban and non-urban areas have higher rates of premature deaths and cardiovascular disease deaths.
* Infant mortality rates are high only in the Urban Low Price area, and are so low elsewhere as to be unreportable (can’t calculate a rate).
* Accidental injury deaths are highest in the rural area with lower median home values (Farms & Fields) – but also fairly high in the Urban Low Price area as well.

**Health Inequity**

Beyond the differences by geographic area, measures were analyzed by racial and ethnic groups when available. Eight (8) % of the population of the three-county area identifies themselves as Black or African American, and six (6) % identify themselves as Hispanic or Latino, of any race. The Black /African American population in the three-county area has ‘worse’ rates of child poverty, civic participation, adolescent obesity, having a primary care provider, mental health in adults, perceived health, premature death, and infant mortality. Blacks have ‘better’ rates of adolescent smoking and adult alcohol use. Blacks have lower rates of possessing bachelors’ degrees in Ingham County, but higher rates than whites in Clinton and Eaton Counties. The Hispanic or Latino population in the three-county area has ‘worse’ rates of child poverty, adults with a bachelor’s degree, adolescent obesity, adolescent smoking, adolescent alcohol use, adolescent depression, and premature death.

**SUMMARY TABLE.**

Indicator areas of concern for each geographic area or racial/ethnic minority group, signified by ●.

Areas with white fill indicate that the measures were not available for that indicator area.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Injury | Chronic Disease | Maternal & Infant Health | Premature Death | Quality of Life | Child Health | Mental Health  | Access to Care  | Alcohol Use  | Tobacco Use  | Obesity  | Built Environment (healthy food access) | Environmental Quality | Quality of Primary Care (prev. hosp) | Affordable Housing | Community Safety | Social Connection & Support | Education | Income (child poverty) | Housing Segregation | Income Distribution |
| Tri-County |  |  |  |  | ● | ● | ● | ● |  |  | ● |  |  |  |  |  |  |  |  | ● |  |
| Clinton County |  |  |  |  |  |  |  | ● |  | ● | ● |  |  |  |  |  |  |  |  |  |  |
| Eaton County | ● |  |  |  |  | ● | ● | ● | ● | ● | ● |  |  | ● |  |  |  | ● |  | ● |  |
| Ingham County |  | ● | ● |  | ● | ● | ● | ● |  | ● | ● |  |  | ● |  | ● |  |  |  |  | ● |
| Urban Low Price | ● | ● | ● | ● |  |  |  |  |  |  |  | ● |  |  | ● | ● |  |  | ● |  |  |
| Farms & Fields | ● | ● |  | ● |  |  |  |  |  |  |  |  | ● |  |  |  |  | ● |  |  |  |
| Black/Afr. American |  |  | ● | ● | ● |  | ● | ● |  |  | ● |  |  |  |  |  | ● |  | ● |  |  |
| Hispanic/Latino |  |  |  | ● |  |  | ● |  | ● | ● | ● |  |  |  |  |  |  | ● |  |  |  |

**We conducted focus groups with persons who were uninsured, low-income, Black or African-American, Hispanic, in recovery, or disabled. We identified these main issues:**

1. affording health care and health insurance
2. affording and accessing healthy food
3. coping with stress and depression
4. neighborhoods that support healthy choices
5. transportation, especially for persons with disabilities
6. improving the human services system to enable people to get help as needed

**How did we arrive at these findings?**

The above findings were drafted by project staff to summarize the 2012 Community Health Profile and Health Needs Assessment Document, and validated through discussion at the August 2nd, 2012 meeting of the Community Advisory Committee.