



FINDINGS

From the Healthy! Capital Counties 2015 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 over 100 pages, 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. 13-14)

The Opportunity Measure in this report is Income Inequality. Opportunity measures do not impact health directly. They typically influence the physical, economic, social environment of a community (the social determinants of health (SDoH)) which, in turn, influence health behaviors and outcomes. Income inequality is the level in which income is distributed spatially among a given community. High levels of income inequality are associated with a variety of adverse outcomes like higher crime,^{i,ii} low levels of representative democracy,ⁱⁱⁱ and poor economic growth. Income inequity also adversely effects health.^{iv} Although the health poor and near poor are disproportionately affected by income inequity, the health of other members of society are also adversely impacted by income inequity.^{v,vi}

FINDINGS:

- Income inequity is similar between the state and the overall tri-county area, but there are variations in the tri-county area.
- Among counties in the region, Ingham is most unequal in terms of income distribution, meanwhile, Eaton is the most equal.
- The city of East Lansing has the highest level of income inequity in the region. Farms & Fields had the lowest.

Social, Economic, and Environmental Factors (p.15-28)

The indicators and measures in the ‘Social, Economic and Environmental Factors’ section are indicators and measures of the social determinants of health (SDoH). SDoH are factors that are not controllable by an individual, but affect the individual's environment and thus provide the context in which health behaviors, either harmful or helpful, and health outcomes arise. Examples of SDoH or ‘Social, Economic, and Environmental Factors’ are Income, Education, Affordable Housing, and Built Environment.

FINDINGS:

- The tri-county area compares favorably or similarly to the state of Michigan on all indicators (when comparisons were possible) for most of the Social, Economic and Environmental factors.
- At a smaller geographic level, there are wide differences in the rates of poverty, educational achievement, violent crime rates, affordable housing, preventable hospitalizations, and elevated blood lead levels in young children.
- The Urban areas have the highest rates of child poverty and violent crime; they also have a large percentage of people living in unaffordable housing.

- The Urban Low Price area additionally has the highest percentage of its population that lives in a food desert. Farms & Fields and some Countryside Suburban townships in Eaton and Ingham counties have low proportions of healthy food retailers.
- The Farms & Fields area (rural with low median home values) has the lowest percent of adults with a bachelor's degree or higher.
- Preventable, or ambulatory care sensitive, hospitalizations are higher in Eaton and Ingham counties than in Clinton County.

Behaviors, Stress, and Physical Condition (p. 29-44)

Behaviors, Stress, and Physical Conditions are different factors that contribute to the way people live that can protect from or contribute to certain health outcomes. Good behaviors, lack of stress, and good physical conditions can lead to good health and vice versa. Examples of 'Behaviors, Stress and Physical Conditions' are 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, adult and adolescent smoking, adult and adolescent binge drinking, and the number of adults without health insurance.
- Measures in which the tri-county area fared worse than the state are adult physical activity, adolescent mental health, and access to primary care.
- At a smaller geographic level, there are sizable differences in the county rates of many of the measures:
 - Adult obesity ranges from 27.2% in Ingham County to 33.8% in Eaton County;
 - The percentage of adult smokers range from 13.9% in Clinton County to 21.0% in Eaton County;
 - Adolescent tobacco use ranges from 4.5% in Eaton County to 9.1% in Ingham County;
 - The percentages of adults who do no leisure time physical activity ranges from 24.6% in Clinton County to 34.4% in Eaton County; and
 - The percentage of adolescents achieving the recommended level of physical activity ranged from 50.0% in Ingham County to 61.1% in Clinton County.
- Compared to the other counties in the region, Eaton County has a slightly higher percentage of adults 18-64 years of age with no health insurance and who did not report having a primary care provider.

Health Outcomes (p. 45-54)

Health Outcomes are the end results from the combination of opportunity measures, SDoH, behaviors, stress and physical conditions. These are often measured in quality of life (illness/morbidity) or quantity of life (deaths/mortality). Example indicators of 'Health Outcomes' are Child/Adult Health, Quality of Life, Premature Death, Chronic Disease, and Safety Policies and Practices.

FINDINGS:

- The tri-county area fares better than the state of Michigan on a few measures, including preventable diabetes hospitalizations and adults with multiple chronic conditions.
- The area as a region fares worse in preventable childhood asthma hospitalizations compared to the state – primarily because both Eaton and Ingham counties have high rates.
- Life expectancy in the overall region is nearly equivalent to that of the state, but it varies when you compare the urban areas and the Healthy! Capital Counties areas. There is a 12 years difference between the group with the highest life expectancy (Small Cities) and the area with the lowest (City of Lansing).
- The Small Cities and Mixed Suburban areas had the lowest rate of cardiovascular disease deaths.
- Infant mortality rates are highest in Ingham County and, although there is a decline in African American infant deaths, recent statistics show an upward trend among deaths in White infants.
- Accidental injury deaths are lowest in the Mixed Suburban areas, but highest in the urban areas.

Health Inequity by Race/Ethnicity

Beyond the differences by geographic area, where possible, measures were analyzed by racial and ethnic groups. An estimated 8.2% of the population of the region identifies themselves as Black or African American, and an additional 6.3% identify themselves as Hispanic or Latino, of any race. The racial-ethnic minority adolescent population in the tri-county area has high proportions of obesity, smoking, and binge drinking.

FOCUS GROUP FINDINGS

We conducted focus groups with persons who were uninsured or underinsured, low-income utilizing social services such as WIC, housing services, or food banks/pantries, Hispanic, in recovery, or disabled. The following issues were commonly identified by the participants:

- a. affording health care and health insurance
- b. affording and accessing healthy food
- c. coping with stress and depression
- d. neighborhoods that support healthy choices
- e. transportation, especially for persons with disabilities
- f. improving the human services system to enable people to get help as needed

COMMUNITY AND HEALTH CARE PROVIDER SURVEY FINDINGS

We hosted two online surveys, one for community residents and one for local health care providers, which asked about defining characteristics of a healthy community, important health problems in their county of residence and county of employment, factors affecting patient health, access to health resources, social needs, and health care barriers.

Residents and health care providers 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. Alcohol and drug issues, poor dietary habits, lack of physical activity, obesity, and mental health issues were chosen by residents in all three counties as the most important health problems, while health care providers concentrated on mental health issues, obesity, chronic disease, poor dietary habits, and tobacco use. Cost was the number one resident-reported health care barrier across all counties.

COMMUNITY INPUT WALLS

Input walls were posted at seven locations throughout the three counties during May-July 2015 to collect perceptions on important health issues, information about community assets, and ideas about the desired future for the community. Community support, exercise, staying active, and having a healthy diet were most commonly listed as the defining characteristics of a community. Healthy eating, exercise, staying active, obesity and weight management, and chronic disease management were the health issues most often cited as important. When asked to list assets and resources that help our community to be healthy right now, the most mentions were exercise, healthy eating, recreation and fitness facilities, and education and resources.

How did we arrive at these findings?

The above findings were drafted by project staff to summarize the 2015 Community Health Profile and Health Needs Assessment Document.

ⁱ Elgar, Frank J., and Nicole Aitken. "Income inequality, trust and homicide in 33 countries." *European Journal of Public Health* 21.2 (2011): 241-246.

ⁱⁱ Eckenrode, John, et al. "Income inequality and child maltreatment in the United States." *Pediatrics* 133.3 (2014): 454-461.

ⁱⁱⁱ Acemoglu, Daron, et al. *Democracy, redistribution and inequality*. No. w19746. National Bureau of Economic Research, 2013.

^{iv} Pickett, Kate E., and Richard G. Wilkinson. "Income inequality and health: a causal review." *Social Science & Medicine* 128 (2015): 316-326.

^v Marmot, Michael, and R. Bell. "Fair society, healthy lives." *Public Health* 126 (2012): S4-S10.

^{vi} Marmot, Michael, et al. "Social inequalities in health: next questions and converging evidence." *Social science & medicine* 44.6 (1997): 901-910.

Table 1. Indicators of concern for each geographic area.

	Income Distribution	Income	Education	Social Connection & Social Capital	Quality of Primary Care	Community Safety	Affordable Housing	Environmental Quality	Built Environment	Obesity (adult)	Obesity (adolescent)	Smoking (adult)	Smoking (adolescent)	Binge Drinking (adult)	Binge Drinking (adolescent)	Physical Activity (adult)	Physical Activity (adolescent)	Nutrition (adult)	Nutrition (adolescent)	Access to Care (% of pop. with PCP)	Access to Care (uninsured adults 18-64)	Communicable Disease Prevention	Mental Health (adult)	Mental Health (adolescent)	Child Health	Chronic Disease (Morbidity)	Adult Health	Mortality	Maternal & Child Health	Chronic Disease (Mortality)	Safety Policies and Practices
Tri-county					●		●			●	●	●		●		●				●					●	●	●			●	●
Clinton County										●				●		●			●							●	●				
Eaton County			●		●					●	●	●			●	●					●	●	●	●	●	●	●				●
Ingham County	●	●			●	●	●	●	●	●	●	●	●	●	●	●	●				●		●	●	●	●			●		
Farms & Fields			●																											●	
Small Cities																															
Mixed Suburban																															
Countryside Suburban	●																													●	
Overall Urban	●	●		●		●	●	●														●								●	●
City of Lansing		●	●	●		●	●	●														●					●		●	●	
Lansing Charter Twp																						●					●				
City of East Lansing	●	●		●			●	●																							