*“Speaking of health…”*

**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. We conducted a series of eight focus groups with an average of eleven 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

Therefore, the information contained in this report is not necessarily reflective of the entire population of Clinton, Eaton, and Ingham counties, but rather is reflective of some of our most medically underserved residents.

Eight focus groups were held in February and March, 2012. These focus groups took place in various locations throughout the three county area; Charlotte, Lansing (Allen Neighborhood Center), Lasing (Black Child and Family Institute), Lansing (Foster Community Center), Lansing (Gier Community Center), Lansing (Peckham, Inc), Mason, 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 card or an Amazon Kindle. ***Many thanks to the following organizations for their generous assistance in coordinating and recruiting for these focus groups: Allen Neighborhood Center, Black Child and Family Institute, Capital Area Community Services, Clinton-Eaton-Ingham Community Mental Health, Cristo Rey 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:

93 total participants (91 completed registration forms)

Disability Status # participants

(participants may check more than one)

Not Currently Disabled 34

Mental Health Condition 10

Recovering from Substance Addiction 6

Physical, Developmental, or

Sensory Disability 35

Employment Status # participants

(may check more than one)

Not working, looking for work 23

Not working, not looking 13

Working part-time 18

Stay at Home Parent / Homemaker 10

Disabled/Caretaker 11

Working full time 15

Race / Ethnicity (self-identified) # participants

Black or African-American 17

Hispanic/Latino (any race) 34

More than one race 2

Native American 1

White/Caucasian 37

Not recorded 2

Age # participants

18-21 10

25-34 10

35-44 8

45-54 18

55-64 25

65-74 6

75+ 8



Health Care Coverage # participants

Uninsured (total) 32

*Ingham Health Plan 13*

*Barry-Eaton Health Plan 6*

*No program given 13*

Medicaid 26

Medicare 20

Private Insurance 18

TriCare 2

Other 2

Gender # participants

Female 66

Male 26

Not recorded 1

Health Outcomes

Illness and Death

What are the main health problems of the people participating in the groups?

Participants were asked to discuss their experience with chronic diseases. The most frequently mentioned were **chronic pain, diabetes, cancer, heart disease, and asthma**. Others shared that they suffered from injuries sustained while playing sports or in car accidents.

*“Dealing with pain all the time, every day it's a struggle, I'm sure if I went in they'd diagnose me with at least mild depression. There's days when it's tough for me to want to get up and face the day. I enjoy the good days.”*

*“I didn't care about my health my whole life and know I am paying the price for that, I have high blood pressure and diabetes now”*

*“I have diabetes and manage it through medications but also diet and exercise and have lost 30 lbs since I began doing that” AA26*

*“I have a four and a half year old child (with asthma)…it has been a sort of partnership between the doctor and an asthma program that I heard about…it has been like some sort of team, including we, as parents, we have tried to improve and try to avoid giving him so much medicine.”*

FAMILY HISTORY

Many participants discussed health conditions that ‘run in the family’. Participants discussed being vigilant or on the lookout for those conditions. Cancer, heart disease, and diabetes were the conditions most often mentioned. Several participants felt that genetics played a large role in predicting the health of an individual or a group.

Behaviors, Stress, and Physical Condition

Ways of living which protect from or contribute to health outcomes

DIET / EXERCISE / WEIGHT STATUS

*“If I lived a healthy life and made good choices I would be healthier now.”*

EXERCISE

Exercise was commonly discussed as a way to get and/or stay healthy. People with chronic diseases discussed the paradox that they know they need to exercise more, but now that they have a chronic disease it’s much more difficult to do so. Children were perceived as being less physically active than in the past. Many cited **walking** as an enjoyable exercise. Gyms were perceived as out of reach and expensive, however the YMCA and Alive! Center were discussed as having **scholarships or free programs** or facilities based on need. Many community attributes were seen as helping to encourage people to exercise, including **walkable neighborhoods, living in the country, parks, walking to school, and walking hallways at schools**. Ideas to encourage more people to exercise included more exercise facilities at worksites, places for families to go together to exercise, equipment loans, more low-cost fitness classes, and utilize the schools more to allow public to use gyms and pools.

COOKING FOOD

Generally, participants felt that today, people eat too much processed or convenience foods, and that in the past, people made healthier food from scratch. People cited **convenience** and **time** constraints as reasons for this change.

SCREEN TIME

Children spend too much time inside playing video games, watching TV, and playing on the computer. They spend **less time outside** and less time **being physically active**, which will make them unhealthy.

WEIGHT

Many participants discussed their weight as a personal health-related challenge. While some discussed successful weight loss, others struggled with gaining weight as they got older. People that were limited in their physical activity by chronic pain or disease felt that their weight was difficult to address. Some participants discussed their weight changing due to positive or negative lifestyle changes, including diet, exercise, and stress.

ACCESS TO MEDICAL CARE

*“If you can’t afford medical care, you suffer till you can’t take it anymore and you wind up in an emergency room, where it you could’ve seen a doctor earlier, you wouldn’t be there today.” SJ174*

PREVENTIVE CARE

Many participants valued preventive care but did not feel that the health insurance or health care system did enough to promote it or to pay for it.

DENTAL

Many participants do not have dental insurance, and can’t afford to pay for private dental care. Those who are on Medicaid report that they c**annot find a private dentist** who will accept them as a patient. Some went to low-cost clinics like a health department dental clinic or LCC clinic for cleaning. Other strategies for managing without adequate access to dental care included asking family to pay for dental treatment, going to the Emergency Room to get pain medicine and antibiotics, and traveling back to their country of origin to get dental work done.

HOSPITALS and HOSPITAL BILLS

There was broad agreement that hospital care is incredibly **expensive**. Persons described being charged high prices for medicines while at the hospital, as well as receiving bills totaling hundreds of thousands of dollars. **Bills from hospitals were overwhelming financially.** Charity policies are not transparent. Even paying part of a bill under a charity policy is difficult for many people. People have no idea what they will owe when they go to a hospital for services. It was seen as **unfair** that while people who have nothing and don’t work don’t owe anything for their hospital care, people who work and have homes and families do not get any help to afford the high cost of hospital care.

HEALTH DEPARTMENTS

Primary care delivered at the health departments was mixed –participants complemented doctors who offered **alternatives to medicines** for treatment, but some felt that often **doctors were rushed** and don’t care about them personally. Other beneficial programs discussed included the **WIC** program, **Children’s Special Health Care Services**, immunization programs, and dental clinics.

MEDICAL CARE

Only a few participants felt it was difficult to find a primary care physician. Access to pain treatment specialists locally was a concern. Participants with children with a serious medical condition reported the need to take their child out of the Capital area for treatment.

MEDICAID

While Medicaid recipients agreed that it was better than nothing, there were many problems with the coverage. Getting and maintaining Medicaid coverage is difficult due to caseworker turnover, changes in work hours, and miscommunication with DHS caseworkers. **Finding a physician** or a dentist who is accepting new Medicaid patients is very difficult. Several cited problems with medications or injections not being covered, and physicians who don’t understand what’s not covered under Medicaid. Many felt that the quality of care provided to Medicaid patients was inferior, both at the doctor’s office and at the hospital.

*“You can’t get healthcare if you have Medicaid, and if you do the quality of care is not good.” C54*

*“I have seen people with good insurance and those on Medicare/Medicaid go to the same hospital with the same condition and they are treated completely different.” M30*

MEDICINES and PRESCRIPTIONS

Many participants felt that there needed to be access to more low-cost prescription medicines. Several mentioned that they ration their own medicine to save on cost. Some get free prescriptions through drug company programs or use discount cards.

Commonly discussed was a feeling that their doctor prescribed them too many pills, and that those had too many side effects. Some people want to use more natural methods like herbs, supplements, or vitamins to manage those conditions, others want to use methods like exercise and diet to reduce their pills.

*“Before I would take the medicine every day, and now – I know I shouldn’t do it but I take it every other day, so it’ll last me”*

*“People are not getting their children vaccinated now because they believe it leads to other health issues and I think it will be a major problem in the future with people not being vaccinated.” C109*

SUBSTANCE USE / MENTAL HEALTH

SMOKING

Many participants described being **raised by smoking parents** or being exposed to smoking while young through friends or celebrities. Some attributed present health conditions to this secondhand exposure. Some participants **started smoking at very young ages**, as early as 9 years old. A few smokers described their feelings when their children pretended to smoke in imitation of them. Many participants shared the story of **how they quit smoking**; often several times. Quit methods varied widely. Some felt that there should be programs to **help people deal with stres**s as it’s a trigger for smoking. Participants described family experiences with the serious health effects of smoking. While one participant felt that smoke-free policies were unfair, others stated that they enjoyed smoke-free restaurants.

MENTAL HEALTH

Participants suffered from mild to severe mental health problems. Several also had experienced a traumatic event, such as abuse, violence, or sudden death. Several were in recovery from substance addiction to drugs or alcohol. Some felt that their mental health treatment included too much medicine or too many pills. Some participants discussed a time when the mental health emergency or crisis system did not react appropriately.

Many persons with **chronic illnesses** discussed the intimate relationship between chronic disease and depression. When someone can no longer do what they’ve done previously, they become depressed. Many participants shared a belief in a **connection between their physical health and their mental health**.

Some participants discussed **stress** as a factor that limited their health. Stress from moving, from being a student, from work, or from life events makes it difficult to be healthy.

*“I think that stress really ruins your health…I was much younger years ago, more energetic…but I had this stress because I had to keep moving forward with my home, my children, so they can be educated…And so, I was working day and night, and if you would have seen what I looked like, it seemed like I had more years than I do now.”*

PERSONAL ACTION

MOTIVATION

Many people cited **personal experience**s with family, particularly parents, as motivation for them to get or stay healthy. Also important to motivate was will power, incentives, and enjoyment of the activity.

VITAMINS

Many people discussed taking vitamins, supplements, herbs, or other holistic treatments. Some participants felt their doctor was not knowledgeable about vitamins or supplements.

FEAR

Many participants explained that they are very **fearful** of what will happen to them if they get sick or injured without health insurance. Others cited fear from seeing others in their family who have health problems as motivation to take positive actions. Many people shared their **fear for their personal safety**, and fear of crime.

CHILDREN

Most participants felt that children were likely to be **less healthy** than they are, because of obesity, poor diet, lack of exercise, and staying inside. However, many were hopeful that by living a good example or by **teaching children to make good choices**, their own children would be healthier than they are. Several participants mentioned the importance of their children getting a college education.

Parents are seen as **models** for their children’s behavior. Kids who saw their parents doing healthy things are more likely to be healthy. Celebrities were seen as influencing what behavior was ‘cool’.

*“Kids do as they see, not as we say.” SJ43*

INFORMATION

Most participants felt **overwhelmed** by all of the information about health that they are being exposed to. They feel it’s difficult to wade through it all to find what they need to know, and that **health advice is contradictory** and changes over time. They also feel like they and their children are overexposed to unhealthy choices through **advertising**.

Most participants were unaware of what health reform would mean for them or their family. Participants suggested a variety of ways they would **prefer to learn more about health reform**: billboards, 2-1-1, internet, via Capital Area Community Services agency, at neighborhood or community centers, meetings open to the community, at church, on the Secretary of State televisions, and in conversations with people.

Many people felt that finding out about what programs or resources are available was difficult. Not everyone had heard about the **2-1-1** information and referral service offered by the United Way. People felt that getting information at the Department of Human Services and other human service agencies was time-consuming and **frustrating** – and that you have to ask the right questions of the right people to get told about programs that might help you.

Social, Economic, and Environmental Factors

Factors that can constrain or support healthy living

SOCIAL / ECONOMIC

SOCIAL CONNECTION

Having social connections was one way participants discussed that they feel their community helps them to be healthier.

*“The way we are today with this economy, there are more people joining together, there is much more contact with neighbors, they are sharing different things. Because they find that sharing more is sort of a relief and it improves your mental health when you have contact with other people, and in the neighborhood. I love where I am…in the group for older people, we have one every Wednesday for 2 hours, and I love it. Because you can go there and talk, and share a joke.”*

*“In the area where I live there are so many robberies...but there is a Neighborhood Center, the Allen Street Neighborhood Center, where they seek solutions to problems, and they introduce one person to another. And they try to meet the needs that they can and they're always with the idea “well, let’s do this thing.” And I think; it's like an umbrella that opens up and covers many things.”*

RELIGION/CHURCH

In the course of the focus groups, many people mentioned the importance of **God or religious belief** in reference to their health or healing. A few discussed their church as a place where one can learn about **resources** available in the community as well as participate in **healthy activities**.

*“As for health, I think about our great God who gives us health throughout life. God, if you pray to Him, if you fear Him, He gives you the great health that you need.”*

*“I’ve had good health, because I’ve had three cancer operations, I thank God for saving me from death.”*

*“At church we are going to start doing Richard Simmons (exercise)!”*

*“Our church is working on a resource center on the Northside (Lansing).”*

WORK

Many participants viewed the worksite as a place where **healthy choices can be encouraged**. Others shared that the nature of their work negatively affected their health – through exposure to secondhand smoke and physical toil.

Many felt that there should be more **incentives at work** for being healthy, as well as facilities that encourage physical activity such as a gym and showers.

Employment was seen as something that should help people get insurance, but many participants’ employers either **didn’t offer health insurance** or the cost was too high to be affordable.

Some people discussed that if they work hard and get a better paying job or more hours, they **will no longer qualify** for programs that provide health coverage, such as the county health plans.

MIGRATION

*“When I moved up here I thought I would be able to find a job quickly because I have always had a job. But there are none here that pay decent wages.” AA57*

COST of FOOD and FOOD STAMPS

Many participants found that food that was ‘good for you’ or ‘healthy’ was the food that was most expensive. Many felt that they did not have enough money to purchase healthy foods.

*“I am on a tight budget and cannot always purchase the foods that are the healthiest because they are more expensive”*

Many participants **rely on food stamps to purchase food**; many felt that they did not receive enough to be able to afford healthy food items. Project Fresh program and WIC program were mentioned as helpful. Some felt that ‘who got how much’ in food stamps was not transparent or fair.

One participant suggested that an incentive program to purchase fruits and vegetables might work.

*“If you buy so many percent of good food, you get so much off your bill. Give people an incentive and they’ll do it.”*

AFFORD WEIGHT/ EXERCISE

Many programs or exercise facilities are **too expensive** for these participants to afford. The **YMCA** was mentioned as offering scholarships, some school-based programs for children have scholarships available, and one participant enjoyed visiting the **Alive! Center** at no cost. Weight Watchers and Curves were two programs mentioned that participants would have liked to do but could not afford.

EDUCATION

Teaching children good health habits, both at home and at school, is important. Additionally, **policies at schools** that reinforce healthy habits were also cited positively. Addressing **violence** in Lansing through teaching children better ways to solve problems was suggested.

A person’s educational achievement and health were seen as linked by several participants.

*“We don’t know which of the two comes first: health or education opportunities.”*

*“What would have prevented me from being in chronic pain? Education and a better job that was less physical. My problem was caused by wear and tear on my body. I know a lot of other construction workers in the same condition.”*

*“The less educated you are… you don’t live as long or have as healthy a life”*

Participants identified a link between the educational opportunities or achievement in the community and the health of the community.

*“Your community plays a role in what you have access to, specifically children and their education, opportunities offered to them and the stigmas attached to those communities.” HE38*

*“Latinos…have the highest dropout rate and the lowest graduation rate and this needs to be addressed in our community”*

INSURANCE & HEALTH CARE SYSTEM

HEALTHCARE COST

Most participants agreed that the cost of healthcare was a barrier in a number of ways. Many people without any extra income have to **make difficult choices** when it comes to paying for healthcare services.

*“The way the economy is right now you have to choose between your health and paying your living expenses.” ANC26*

Also discussed was the **lack of cost transparency** of healthcare. Many participants were surprised and shocked at the high cost of care, and that they do not have the knowledge ahead of time of what the service will cost.

*“Healthcare is one of the only industries that you walk in blindly not knowing what to expect as it pertains to what you will be billed. I would like estimates or other options available.” M29*

AFFORD INSURANCE

Many participants discussed the **high cost** of health insurance. Most commonly, people wanted to purchase health insurance, but found that the price of the plan (premium) was too high given their income and their other expenses. For others, they could budget the premium into their household budget, but the cost sharing (deductibles and co-pays) were too high if they actually had to use healthcare services. Some were offered insurance through their employer but declined it as paying for insurance would mean a significant reduction in their take-home pay (up to 2/3 for one participant). Several participants mentioned that they were covered through a parent’s insurance plan but weren’t sure how they would afford to purchase insurance one they turned 26.

*“Even if I don’t use my insurance I still have to pay my fees but they never pay 100% of anything, I always have additional fees.” ANC50*

Solutions identified by participants included developing a plan similar to MiChild that adults can pay into and have nearly no cost-sharing, offer a low-cost plan for hospitalization coverage, offer affordable rates for people with pre-existing conditions, and making insurance offered by employers more affordable. Several participants mentioned that they delayed or skipped getting care because they could not afford it.

*“The moment I canceled my insurance I’ve had this fear. If I go to a doctor, it’s a bundle of money. So I do agree that if Obama gets insurance for all, because I really need it. I think if we weren’t so afraid, we would be happier. So if we don’t have insurance, we walk around in fear, and fear brings emotional problems, problems of all kinds.”*

UNINSURED

*“You cross your fingers and hope you don’t get sick.”*

*“As far as insurance, I don’t have any, because I worked as a child care, I watched children at home, and I was independent, and so I didn’t have any insurance. And after I closed my daycare, I have been without insurance and without anything. I’ve been to the hospital, and I’ve gotten some hospital bills that I really could not afford.”*

One of the serious consequences of being uninsured discussed by participants was that **debt** caused by medical treatment could be devastating and overwhelming. One participant filed bankruptcy at age 26 because of medical bills. Some were able to get their bills reduced through charity care; however this was not always the case.

Several participants discussed the **working poor paradox** that those who did not work and who had nothing, were given free healthcare, while people who work and support themselves did not have affordable care available to them. Many felt that access to healthcare was a basic right.

*“Medical care should be for everyone.”*

Being uninsured affected the medical care that was sought (people who are uninsured said they had **avoided or delayed** seeking care) and the uninsured perceived that the quality of care provided once they did seek it was of **lower quality**.

Many coverage programs for the poor, such as Medicaid and the County Health Plans, have large **coverage gaps** which makes it difficult to get the appropriate care. Some participants reported that they **deceived** medical providers in order to get medical treatment that they needed.

*“I have asthma but no insurance, so I had to take my child to the doctor and act like he had asthma so I could get medications I needed.” C64*

HEALTHCARE LOCATION

Proximity to healthcare services was important to many people – however when some people felt they couldn’t get the care they needed locally, they were willing to travel. A few reported that they **traveled a long distance** to reach a clinic that let them pay on a sliding scale according to their income.

ACCESS NETWORK

Participants identified a number of shortfalls with the healthcare safety net providers, including a lack of urgent appointments at health department clinics, the viability of Cristo Rey Health Clinic, the lack of providers willing to take Medicaid or accept cash for payment by the uninsured, and frustrations with DHS eligibility caseworkers. A few participants shared that not being fluent in English limited the healthcare options available.

COUNTY HEALTH PLANS

Many focus group participants were or had been members of one of the county health plans that cover those that live in Ingham, Clinton, or Eaton County **(Ingham Health Plan, Mid-Michigan Health Plan, Barry-Eaton Health Plan**). While the county health plans provided basic health care services, such as the ability to see a doctor, many participants mentioned things that the county health plans **did not cover** for them, such as emergency treatment, hospital services, specialty services, and pain services. For the Mid-Michigan and Barry-Eaton county health plans, several participants discussed how difficult it was (and is) to get enrolled in the plans because they take so few new people each month.

*“I have Ingham Health Plan and now I can actually go see a doctor and that wasn’t available to me before I joined the plan.” ANC45*

*“I’ve been on the waiting list for a spinal clinic for a year, have Mid-Michigan Health Plan, Plan B , getting nowhere.” SJ26*

*“My husband is not covered yet (through Barry-Eaton Health Plan, Plan B), he has to be one of the ones who calls at the beginning of the month, and he needs his blood pressure medicine.” SHN51*

HEALTH REFORM

Most participants were **unsure** what the health reform law would mean for them personally. Some felt that they **didn’t want to know** what the new law would mean for them. Some guessed that they **still wouldn’t be able to afford** purchasing health insurance even under the new law. Some had doubts about the quality of care available to people who are newly covered, and about having access to care.

*“I have no idea how the health reform law will affect me.”*

*“Health reform is hidden from us.”*

*“What do they expect us to live on if we are forced to pay for insurance?”*

*“In 2014 I’ll pay the fines cause it’ll be cheaper than getting insurance.”*

*“I don’t know what this is going to mean for my daughter and her husband, if they have to pay $500 a month for them to have health insurance, they just wouldn’t have it.”*

*“It’s going to hurt the guy who is working and chooses not to have health care and force him to buy it.”*

*“I don’t think the quality of care will be there for these people who use the new care being provided to them.”*

*“It’ll take even longer till we get in to see a doctor.”*

When asked specifically how they would like to receive information or help with the health reform law, people replied with a wide variety of answers. Generally, **people agreed that they did NOT want to get information from the Department of Human Services** office. Many suggested going to a community or neighborhood center for information and help. Other suggestions included: mass mailing, computer/internet, at the doctor’s office, churches, Secretary of State televisions, or community meetings. Information must be **written in everyday language** and accessible to those with different learning styles and disabilities.

COMMUNITY ENVIRONMENT

FOOD SYSTEM

**Farmer’s markets** were repeatedly mentioned as positive additions to the food system, especially when they offer programs catering to low-income persons like Double Up Food Bucks and Project Fresh. Also listed as a benefit was the Salvation Army’s **produce distribution** program. Some said they couldn’t afford to shop at some Farmer’s Markets as they were expensive or overpriced.

*“Farmer’s markets are great especially if you have food stamps because they double your buying power (Double Up Food Bucks Program)” ANC77*

People desired to eat healthfully, but less healthy food was seen as both cheaper and more **convenient**.

*“Because it is cheaper you are going to feed your family something out of a box instead of cooking something fresh for them.” ANC81*

Having a **neighborhood grocery store** was desirable, but not everyone had access to one.

*“It’d be nice if there was a grocery store downtown by the capital. I have to walk to the Kroger in Frandor, it’s closer than all the way out to Meijers. “ SHN131*

*“Horrock’s is affordable but there are not enough of them around to have good access.” M78*

Many people appreciated access to **community gardens** and mentioned gardening as a strategy to get more fruits and vegetables and to teach children about good food.

Several people discussed their concern with the quality of food available; particularly of concern were **additives, preservatives, and processed foods**.

*“I don’t think the food quality is good for them (children) with all of the additives in food now.”*

RESTAURANTS

While some restaurants offer healthier choices, many participants felt that there were **too many fast food restaurants** in their community. Some also mentioned that they felt overexposed to **unhealthy food advertising**.

TRANSPORTATION

Transportation to and from medical appointments was sometimes a barrier, although participants discussed programs that provide medical transportation. Persons with disabilities discussed the lack of **same-day or nighttime public transportation options** which limit their ability to access urgent medical care or participate in other social activities.

HOUSING

People discussed their housing in terms of environmental quality (black mold, asthma control) or **losing their home** and the stress that caused.

ENVIRONMENTAL HAZARDS

A wide variety of hazards in the environment were discussed in the focus groups, including new global diseases, **water quality, pollution, secondhand smoke** exposure, **noise** pollution, **black mold** in homes, and aspects of the **built environment**, including the proposed casino and liquor stores.

PARKS/RECREATION FACILITIES

While parks were often discussed as assets, some felt that fights in parks pose a safety threat.

PATHS/TRAILS/SIDEWALKS

Many participants mentioned trails and paths as assets that make it easier to be healthy in their community. Specifically mentioned were the **Lansing River Trail**, and trails in Mason, Delta Township, and St. Johns. Some were concerned about crimes being committed along the trails. Many felt that **more trails** would be better for their community.

The **walkability** of the community was important to several participants, many of whom lived in small towns. Specific improvements such as curb cuts and other improvements helped to increase access for disabled people, especially.

*“We have sidewalks in our neighborhood (Meridian Township) which makes it easy to walk places.”*

COUNTRY

Living in the countryside was cited by several participants as helping them to be healthy, through being outside or learning to grow and eat healthy foods. Some felt that people who live in the country were less likely to want to travel in to town to take exercise classes.

SAFETY

An important theme was the need to feel safe at home and in your neighborhood. Many participants contrasted their feelings of safety living in different places in the capital area. Generally, people mentioned that they **felt safest in small towns**, but felt afraid living in Lansing. Some people **felt safer in the past living in Lansing** than they do today.

Many discussed the **security measure**s they take to increase their feeling of personal safety, including locking doors and windows, not walking at night, walking with others, and walking with a weapon or dogs. Crime and violence was felt to negatively impact the community’s health. Some people mentioned drive-by shootings, fights in parks, shootings, access to guns, and home break-ins. Medical marijuana abuse and drugs were also seen as things that made the community unhealthy.

**Traffic safety** was also a concern – some pedestrians and bicyclists did not feel safe using the streets and sidewalks.

Opportunity Measures

Evidence of power and wealth inequities

DISABILITY

Participants with disabilities discussed difficulty with **transportation** as well as the lack of appropriate materials and signage at health facilities in **accessible formats**, including Braille and large print.

POLICIES

While some felt that there were too many regulations, some participants mentioned some specific policy changes.

*“I like how you can’t smoke in restaurants or in certain areas.”*

*“I feel that medical marijuana helps people with certain health conditions but it needs more regulation to cut down on people misusing the system.”*

RESPECT/DIGNITY

Many participants voiced a concern that people should be treated with **respect, dignity, and equality**, especially if they do not have health insurance, are from another country, speak another language, or are poor.

*“Everybody needs to care about everyone else, not just themselves.”*

HELP

Getting help through the human services system and the medical system was widely discussed. For many, they did **not know where to start** getting help. Some were aware of the **2-1-1** information and referral phone service, some had used it, but others did not know about the service at all. Many felt that once you got started somewhere, that would lead to find out about more services and programs. Some shared that asking for help was both **humbling and discouraging** when you are denied. When people get denied because they are slightly over the income guideline for a program, they are very upset.

Caseworkers at DHS need to be more knowledgeable about services. There needs to be **more education for everyday people** on services that are available. Create a website for the greater Lansing area that promoted community events and services.

*“People just tell you you’re denied they don’t let you know where you can go for assistance or help.”*