MERCY HEALTH

# Mercy Health Saint Mary's

*Community Health Needs Assessment*

*June 2021*

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Mercy Health Saint Mary's
A Regional Health Ministry of Trinity Health
Kent County, MI

**2021 Kent County Community Health Needs Assessment Summary**

Approved by the Mercy Health Saint Mary's Board of Trustees on June 23, 2021

For further information please contact: Stevi Riel
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The complete 2021 Kent County Community Health Needs Assessment along with additional information about community needs and Mercy Health Saint Mary's community health and well-being work is available to the public at: https://www.mercyhealth.com/about-us/community-benefit/community-health-needs-assessment

For paper copies, please contact our Community Health & Well-Being Office at 616.685.3350

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**About Mercy Health Saint Mary's**

Mercy Health Saint Mary's is a non-profit health care system and a ministry of Trinity Health, Michigan's largest and one of the nation's largest Catholic Health Systems. As a member of Trinity Health, Mercy Health Saint Mary's mission statement asserts,

**We serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities.**

Serving the people of greater Grand Rapids in Kent County, Michigan, Mercy Health Saint Mary's is directed by the core values of **reverence, a commitment to those who are poor, justice, stewardship and integrity.**

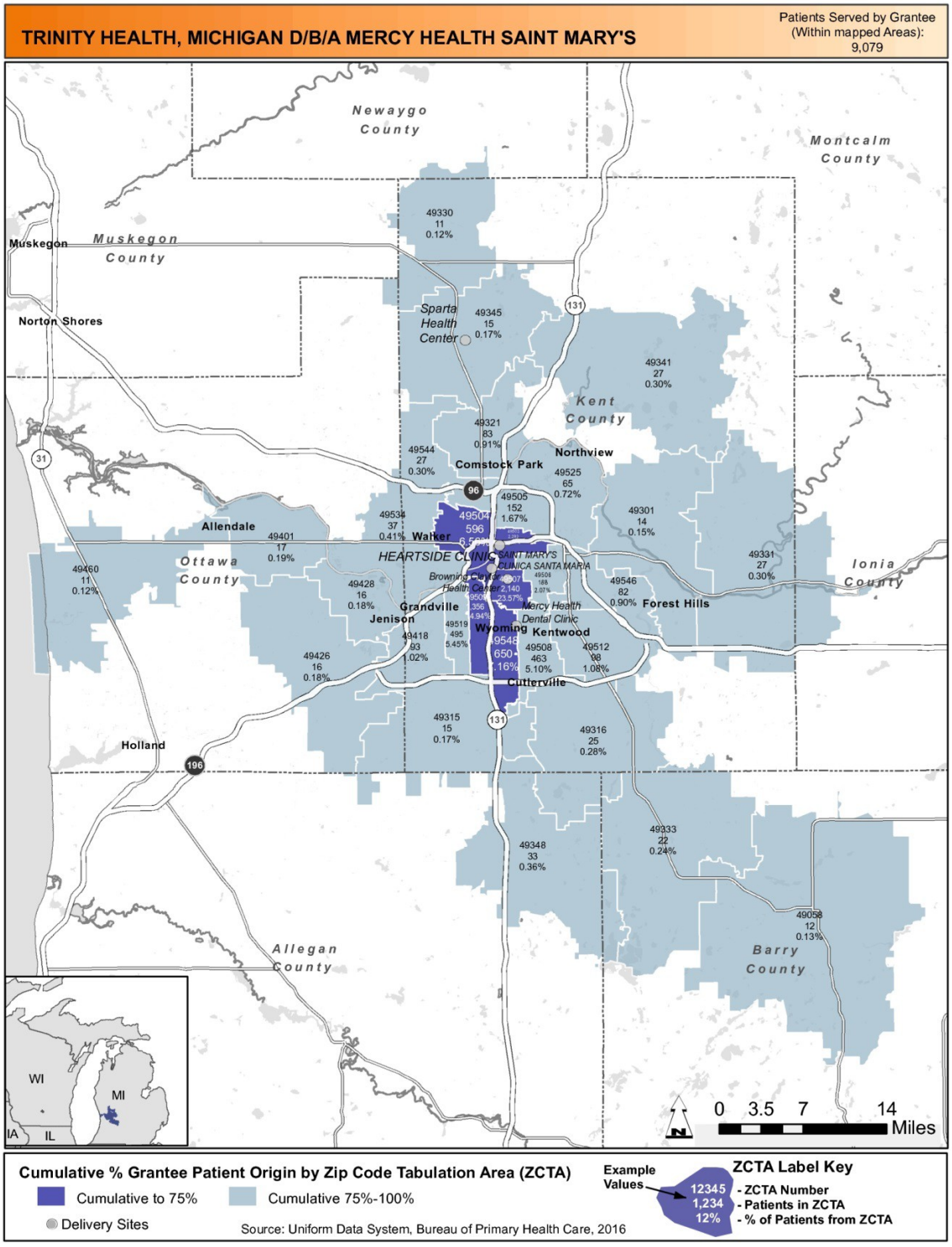
Mercy Health Saint Mary's operates under a health care model of patient-centered care that offers a seamless system of comprehensive and continuous service including the integration of complementary therapies into traditional allopathic medicine. Over the past century health care has changed dramatically and Mercy Health Saint Mary's has innovatively responded to those changes. However, one thing that has remained constant and that is, Mercy Health Saint Mary's dedication to it's mission to administer care, compassion, and healing, with reverence, dignity and respect, to all who need it. From its origins in 1893 as a small 15-bed hospital located in downtown Grand Rapids, today Mercy Health Saint Mary's maintains a vibrant campus in the inner city. It operates as a safety net for all persons in need of medical care with an extraordinary commitment to excellence and compassion.

Each Mercy Health entity has a Board of Trustees that retains at its organization oversight of community health needs assessment, quality, budget and physician credentialing. Mercy Health Saint Mary's is comprised of a 283-bed hospital, two emergency departments, two urgent care facilities, a 28-bed inpatient medical psychiatric unit, an affiliated 139-bed long-term care and rehabilitation facility (Sanctuary at Saint Mary's), Hauenstein Neuroscience Center, Lacks Cancer Center, and the Wege Institute for Mind, Body and Spirit. In addition, Mercy Health Saint Mary's has two physician practices that were formally Federally Qualified Health Centers (FQHCs) that continue to provide primary care, preventative and social support services in our Roosevelt Park neighborhood that predominately serving communities of color that face amplified economic and racial disparities. The impending loss of Federal funding and formal FQHC designation caused the leadership of Mercy Health Saint Mary's to decide to integrate care for poor and vulnerable communities with that of our larger patient-centered care model. This included the conversion of Browning Claytor, Clinica Santa Maria and Sparta Family Health Center into primary care practices within Mercy Health Physician Partners and closing the Dental Clinic and the Heartside Health Center (located at 359 Division Ave S, Grand Rapids MI 49503).

Mercy Health Saint Mary's is also a teaching hospital with residency programs in Family Medicine, Internal Medicine, General Surgery, and Neurology, with fellowships in Palliative Care and Geriatrics. The hospital is also a collaborative partner with Michigan State University College of Human Medicine, serving as a teaching site for medical students. We also have multiple teaching relationships with five different schools of nursing, and multiple allied health fields through academic partners including

Michigan State University, Grand Valley State University, Ferris State University, Grand Rapids Community College, University of Detroit Mercy School of Nursing, Calvin College, and Aquinas College, among others. Mercy Health Saint Mary's is also a Magnet© designated facility through the American Nurses Credentialing Center. Fewer than 400 hospitals worldwide have received this recognition.

The primary service area of Mercy Health Saint Mary's principally encompasses Kent County and surrounding counties such as Ottawa, Ionia, Allegan and Barry, as shown on the map, below. The county-wide findings of the collaborative Community Health Needs Assessment (CHNA) are directly applicable to this broad service area. While portions of contiguous counties are included in the map below, Mercy Health Saint Mary's primary service area is included and represented in the comprehensive county-wide CHNA which is supported and used by all health systems serving West Michigan (Mercy Health, Metro Health, Spectrum Health, Pine Rest Christian Mental Health Services, and Mary Free Bed Rehabilitation Hospital) in both Kent and surrounding counties. Mercy Health Saint Mary's uses the Kent County CHNA and adds information specific to Grand Rapids, our impact and the vulnerable populations served by Mercy Health Saint Mary's, Mercy Health Physician Partners and Affinia Health Network. Mercy Health Saint Mary's chose greater Kent County as the primary service for the purposes of this CHNA due to the fact that the majority of attributed lives and patients served reside in this geographical area.


TRINITY HEALTH, MICHIGAN D/B/A MERCY HEALTH SAINT MARY'S
Patients Served by Grantee (Within mapped Areas): 9,079
Newaygo County
Montcalm County
Muskegon
Muskegon County
Norton Shores
Sparta Health Center
Kent County
Comstock Park
Northview
Allendale
Walker
HEARTSIDE CLINIC
SAINT MARY'S CLINICA SANTA MARIA
Ottawa County
Ionia County
Grandville
Jenison
Wyoming
Kentwood
Forest Hills
Mercy Health Dental Clinic
Cutlerville
Holland
Allegan County
Barry County
WI
MI
IA
IL
0 3.5 7 14 Miles
Cumulative % Grantee Patient Origin by Zip Code Tabulation Area (ZCTA)
Cumulative to 75%
Cumulative 75%-100%
Delivery Sites
Source: Uniform Data System, Bureau of Primary Health Care, 2016
Example Values
12345
1,234
12%
ZCTA Label Key
- ZCTA Number
- Patients in ZCTA
- % of Patients from ZCTA

**2021 Kent County Community Health Needs Assessment (CHNA) Introduction**

This 2021 Mercy Health Saint Mary's Community Health Needs Assessment Summary builds on and incorporates by reference the full 2021 Kent County CHNA under the auspices of the Kent County Health Department to identify and prioritize significant health issues affecting Kent County, Michigan. The population surveyed was identified to include all Kent County residents in both urban and rural settings. Mercy Health Saint Mary's and additional collaborative stakeholders service regions include all of Kent County.

The current CHNA process for Mercy Health Saint Mary's was initiated by the Kent County Health Department (KCHD) in summer 2020 and concluded in February 2021. In Kent County, three health systems (Mercy Health Saint Mary's, Spectrum Health and Metro Health) all joined KCHD as stakeholders for the CHNA process and leadership (usually the CEO) sit on the community governance/advisory panel. Additionally MHSM leadership participated in the process by attending focus groups, cascading the consumer survey to hospital colleagues and supporting the development of the final report. This process is an extension of the previous CHNA, developed and published in 2017. The process used a compilation of surveys, video interviews, photos of environmental concerns (Photovoice), community input cards, community health surveys (VoiceKent), and data collected from a number of local, state, and national information sources such as the Michigan Behavioral Risk Factor Surveys. More detailed information on the methods, data and sources can be found in the full Kent County CHNA beginning on page 14.

The process for identifying strategic issues in Kent County began with a consumer survey asking participants to identify the health problems that most affect their neighborhood or community. The most frequently reported health concerns from the survey included:

- Access to Care
- Arthritis
- Chronic Pain
- Diabetes
- Discrimination & Racial Inequity
- Economic Security
- Food & Nutrition
- Housing
- Mental Health
- Obesity
- Stress & Social Support

The most frequently reported health concerns from the consumer survey were then listed in an electronic survey, in which stakeholders and community members were asked to vote for the four health concerns the community should develop strategies to address in the July 2021 through June 2023 Community Health Implementation Strategy (CHIP). The link to this survey was distributed through partner networks including promotion through local radio and television. The survey was open for three weeks, and garnered 1695 responses. The entire process of this prioritization and timeline can be found in the Kent County CHNA beginning on page 16.

Kent County Health Department then presented results from both the consumer survey and prioritization survey to key stakeholders. The top four priorities for the 2021 Kent County Community Health Needs Assessment are: Access to Care, Discrimination and Racial Inequity, Economic Security, and Mental Health (**CHNA P. 8-11**).

### ACCESS TO HEALTH CARE

Affordable health care for those who need it and information sharing of available resources to live a healthy life.

### DISCRIMINATION AND RACIAL INEQUITY

The policies and practices that create a culture of inclusivity and belonging, and advance health equity.

### ECONOMIC SECURITY

The ability of individuals and families to afford their basic needs and have an equal opportunity to save and build wealth.

### MENTAL HEALTH

Prevention and treatment of psychological, emotional, and relational issues that lead to higher quality of life.

These four community priorities were then socialized within key governance groups within Mercy Health Saint Mary's (CHWB Steering Council, SLT) in preparation of presentation for adoption by the Mercy Health Saint Mary's Board of Trustees on May 24, 2021. Mercy Health Saint Mary's agreed that it would prioritize the four health priorities for July 2021 to June 2024. On June 23, 2021 the Mercy Health Saint Mary's Board of Trustees adopted the 2021 Kent County Community Health Needs Assessment.

**2017 CHNA Review and Impacts**

Beginning in 2017, Mercy Health Saint Mary's conducted a CHNA, under the leadership of Kent County, that identified the following four priorities that MHSM adopted on June 27, 2018. Comments were solicited within the published 2017 CHNA and no comments were received.

1. Mental Health (including stress as it pertains to mental health)
2. Substance use (including nicotine products)
3. Obesity (including poor nutrition)
4. Diabetes (including food insecurity as it relates to diabetes)

As part of the regulatory guidelines and adherence to our published implementation plan, the following updates are meant to illustrate the impact and outcomes of the commitment to the 2017 prioritized needs (as stated above).

Mental Health was addressed and continues to be addressed in multiple ways including:

- Increasing access to screening, early intervention, and referral for appropriate mental health treatment as needed, especially for racial and ethnic minorities and those affected by poverty with 2,715 patients being screened during FY21 the addition of several Social Workers embedded in the primary care setting. Work to further expand the behavioral health services embedded within the primary care setting is ongoing with the goal of having it in each practice and available to all patients.
- Revised eligibility for the regional Pharmaceutical Access Program formulary to ensure that affordability barriers to prescribed treatment for behavioral health diagnosis are eliminated. This also included expanding the formulary to ensure that the type of medications available matched that of commercial or non-financially limited patients' access. Approximately 1,500 unique patients are served with our pharmaceutical access program annually by providing 2,500-3,000 prescriptions a month at the cost to the organization of just over $1million a year.
- The Complex Care model developed by Mercy Health Saint Mary's to address "high need, high cost" patients with complicated medical conditions and social service needs continues and has screened and served, on average, 3,000 patients per year. During the previous CHNA cycle, this Complex Care Team was expanded to include patients with complex psycho/social behavior, lack of engagement with CareManagement or an established medical home, frequent Emergency Department utilization, and significant safety issues (suicidality, threats to staff, etc.).
- Continued use of the depression screening tools PHQ-2/PHQ-9 across the ambulatory and emergency room setting with referral for treatment being established as a result of these screenings.
- Mercy Health and Universal Health Services ("UHS") have been assessing the opportunity to create a regional mental health strategy for the Mercy Health West Michigan service area by forming a joint venture entity to construct and operate a freestanding inpatient psychiatric

hospital. Market analysis indicates need for increased inpatient psychiatric capacity for all populations and analytic results support a new psychiatric hospital and Certificate of Need (CON) available for adult and geriatric psychiatric inpatient beds. This will be part of Mercy Health Saint May's implementation strategy.

Substance Abuse Disorder was and is being addressed in the following ways:

- Mercy Health Saint Mary's has increased access points to substance abuse disorder (SUD) services for patients (averaging an increase of 36% of patients served over the last fiscal year) by establishing a series of new and enhanced services for patients and families
- Implementing the Michigan Opioid Use Disorder Partnership program, which is to encourage emergency departments to adopt buprenorphine treatment pathways with linkage to ongoing care at the point of engagement in the ED to extend support and services to a patient while also getting them reestablished with preventative and primary care. This pilot is currently in place and on track to serve 90 patients by the end of 2021.
- Establishing two specialty office "hubs" to support primary care office "spokes" for ambulatory SUD treatment for patients in the primary care network
- Establishment of a Narcan to-go kit for all patients receiving SUD treatments and at risk for overdose (at no cost if unable to pay), with anticipation of providing on average 10-20 kits each month to patients.
- Working on community coalitions to reduce stigma and reduce other barriers to treatment for patients with SUD
- Supporting public health education and legislative advocacy to reduce stigma and to reduce other barriers to treatment for patients with SUD.

Obesity (including poor nutrition and food insecurity) and the sub-priority of diabetes were addressed in the following ways:

- MHSM has enhanced the access to prevention programming by 10% for patients and their families who could benefit from obesity related interventions, including: chronic disease education classes, diabetes prevention and self-management education
- Increased the number of women with access to the Maternal Infant Health Program (MIHP), which serves low-income pregnant women and infants. Focus is on breastfeeding education, child nutrition, and weight management. As available evidence indicates that breastfeeding appears to provide some level of protection against childhood obesity, this work is designed to further support MHSM's work to address obesity. MIHP served 412 patients and is on target to enroll 525 by June 2021.
- Two additional community health workers were trained in the Strong Beginnings Program and as lactation support peers. The Strong Beginnings Program serves approximately 115 unique patients each month.
- Increase the number of breastfeeding support groups (many of which went online para COVID-19), on average four separate groups are held monthly with 8-12 participants.

- Continue to increase the proportion of primary care physicians who regularly measure BMI for children and adults and promote interventions related to nutritious or weight management. MHSM has identified 136,451 patients aged 18-64 over an 18 months period (through Jan 2021) and who have a BMI greater than 25 and made a referral to treatment or intervention.
- Offered education on bariatric surgery in the form of educational seminars as a method to address obesity. MHSM held 39 seminars (in person and then virtually) serving 451 patients with education.
- Continued engagement with community coalitions such as the Obesity and Poor Nutrition Work Group and the Essential Needs Task force in an effort to identify and address systemic causes of obesity related to poverty and access.

**Collaborative Partners**

Mercy Health Saint Mary's is deeply indebted to all who participated in this CHNA process. The Kent County Health Department, who served as convener, coordinator and data resource was a particularly helpful collaborator throughout the county-wide process.

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For questions or comments please contact:

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2020

Kent County

# Community Health Needs Assessment

# Report Publication

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This report was reviewed and approved by:
The Kent County Health Department Material Review Committee

Your feedback on this report or its contents is welcomed.
Please send written comments or requests for additional data to:
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# Acknowledgements

**The 2020 Community Health Needs Assessment is the product of ongoing dedication and collaboration of over 50 community-based organizations, coalitions, and agencies serving Kent County.**

Thank you to our funders for supporting this important work, to those who shared their time and expertise throughout this process, and to the Kent County community. The diversity of voices that shared their experiences and informed this community health assessment is invaluable.

Alternatives in Motion
American Heart Association
Arbor Circle
Area Agency on Aging of West Michigan
Bethlehem Intergenerational Center
Calvin University
Calvin University Center for Social Research
Cherry Health
Community Food Club
Community Members-At-Large
Deaf and Hard of Hearing Services
Disability Advocates of Kent County
Double Up Food Bucks
Family Futures
Family Outreach Center
First Steps Kent
Flat River Outreach Ministries
Garfield Park Neighborhood Association
Godfrey Lee Public Schools
Grand Rapids LGBTQIA+ Healthcare Consortium
Grand Rapids Pride Center
Grand Rapids Public Schools
Grand Valley State University
Great Start Collaborative
Health Net of West Michigan
Healthy Homes of West Michigan
Heart of West Michigan United Way
Heartside Ministries
Kent County Essential Needs Task Force (ENTF)
Kent County Health Department
Kent School Services Network
Kid's Food Basket
Lakeshore Regional Entity
Mary Free Bed Rehabilitation Hospital
Mel Trotter Ministries
Mending Hearts Ministries
Mercy Health
Metro Health: University of Michigan
Michigan Department of Health and Human Services
Michigan State University
North Kent Connect
Our Community's Children
Pine Rest Christian Mental Health Services
Priority Health
Roosevelt Park Neighborhood Association
SarahCare Adult Day Care Centers
Senior Neighbors
Spectrum Health
Spectrum Health Healthier Communities
United Church Outreach Ministries
West Michigan Sustainable Business Forum
YMCA of Greater Grand Rapids

# Contents

# Executive Summary

## INTRODUCTION

A Community Health Needs Assessment (CHNA) is part of an ongoing, collaborative health improvement process. Through community engagement and participation, the CHNA identifies and prioritizes health-related needs and analyzes a broad range of social, economic, environmental, and behavioral factors that may contribute to health needs or influence health outcomes of residents.

Information from the CHNA is used as a guide to develop a Community Health Improvement Plan (CHIP) which aims to address the prioritized needs. The CHNA/CHIP cycle ensures that strategies to improve population health are data-driven and focused on the current needs of those who live, learn, work, and play in the community.

Kent County's 2020 CHNA was conducted by the Kent County Health Department (KCHD), local health systems, and over 50 community-based organizations and dedicated partners.

## REPORT GOALS & OBJECTIVES

The purpose of this report is to serve as a foundation for community decision making and health improvement efforts. Key objectives of this report include:

1. Describe the process used to collect community input and prioritize health-related needs
2. Highlight community voices and their experiences
3. Describe the current state of health and well-being in Kent County using recent data on the demographic and socioeconomic characteristics, health outcomes, health risks, and social determinants of health, with a specific focus on how these factors differ by race, ethnicity, age, sex, and income.
4. Identify community strengths, resources, forces of change, and service gaps
5. Consider how the COVID-19 pandemic has impacted Kent County residents and systems

## DATA COLLECTION

The CHNA findings detailed throughout this report are based on data collected through a variety of primary (collected for this assessment) and secondary (existing data) sources.

To accurately identify, understand, and prioritize the health-related needs in Kent County, this assessment combines quantitative data (such as the number of people affected, changes over time, and differences between groups) and qualitative data (such as community input, perspectives, and experiences). Together, both types of data help to describe the current state of health and ensure the CHNA results are community-driven—ultimately providing a more complete view of health and quality of life in Kent County.

**CHNA Data Sources**

- **1,695** COMMUNITY SURVEYS
- **7** COMMUNITY-LED FOCUS GROUPS
- **1,375** BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS) TELEPHONE INTERVIEWS
- **25** LOCAL, STATE, AND NATIONAL SECONDARY SOURCES
- **3** PRIORITIZATION MEETINGS WITH **54** STAKEHOLDERS

## KEY FINDINGS

Following analysis of community input data, 11 top health-related needs were identified:

- Access to Care
- Arthritis
- Chronic Pain
- Diabetes
- Discrimination & Racial Inequity
- Economic Security
- Food & Nutrition
- Housing
- Mental Health
- Obesity
- Stress & Social Support

"Many of these have an impact on the others. If we could fix X, then it would address Y."

*—Local public health system partner*

After considering the qualitative and quantitative data surrounding each health need, local leaders and community partners participated in a multi-step process to prioritize which issues should be addressed through health improvement plans. Using criteria-based ranking, stakeholders scored each health need according to 1) importance in the community; 2) if there are disparities or inequities in who is most impacted, and 3) our ability to address the need. Based on the total ranking scores, the following four topics were prioritized as the most significant health-related needs:

### ACCESS TO HEALTH CARE

Affordable health care for those who need it and information sharing of available resources to live a healthy life.

### DISCRIMINATION AND RACIAL INEQUITY

The policies and practices that create a culture of inclusivity and belonging, and advance health equity.

### ECONOMIC SECURITY

The ability of individuals and families to afford their basic needs and have an equal opportunity to save and build wealth.

### MENTAL HEALTH

Prevention and treatment of psychological, emotional, and relational issues that lead to higher quality of life.

## NEXT STEPS

These four health priorities reflect the importance of addressing some of the upstream factors that contribute to poor health outcomes in Kent County. Over the next few months, KCHD will begin the three-year CHIP cycle and develop goals and strategies to address the health priorities—either by supporting existing community initiatives or working with partners to create new initiatives. This process will require continuing community engagement, forming new partnerships, and expanding cross-sector collaboration. KCHD is dedicated to working with and listening to the community to best address these needs, improve health outcomes, and advance health equity in Kent County.

If you are interested in joining the community-wide heath improvement planning effort, please visit www.AccessKent.com.

**"It's one thing to go to community meetings and voice your opinion, but if doing that doesn't result in some sort of provable change, what's the point?"**

*– Focus group participant*

# Community Identified Priorities: Data Briefs

## Access to Health Care

## Discrimination & Racial Inequity

## Economic Security

## Mental Health

2020 KENT COUNTY HEALTH PRIORITIES

# Access to Health Care

## Definition

Access to care refers to the timely use of personal health services (such as preventive, diagnostic, treatment, and follow-up care) to achieve the best possible health outcomes.[1]

KEY INDICATORS:

*Health Insurance*

Percent of uninsured adults age 18-64

*Affordability*

Percent of adults who needed to see a doctor in the past year but did not due to cost

*Utilization*

Percent of adults who have had a routine checkup in the past year

## Importance

Access to health services affects a person's health and well-being. Regular and reliable access to health services can:[2]

- Prevent disease and disability
- Detect and treat illnesses or other health conditions
- Increase quality of life
- Reduce the likelihood of premature (early) death
- Increase life expectancy

## COMMUNITY-IDENTIFIED ISSUES:

Difficulty navigating the healthcare system & health insurance

Shortage of home health care workers for aging population

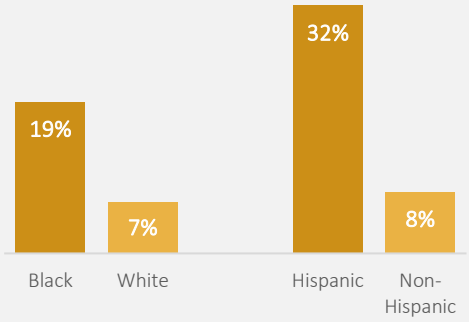
Access to and use of technology as a barrier to telehealth

## Health Insurance

The percentage of uninsured adults **increased** for the first time since 2008.

**11%**

of adults age 18-64 in Kent County **do not have health insurance**




### PEOPLE OF COLOR ARE MORE LIKLEY TO BE UNINSURED

Hispanic and Latino adults are **4 times more likely** to be uninsured than non-Hispanic adults

Black adults are **3 times more likely** to be uninsured than White adults

## Affordability & Utilization

**9%** of adults needed to see a doctor in the past 12 months but did not due to cost

**69%** of those who could not afford needed care were insured

**1 in 5**

adults have not had a routine checkup in the past year

## WHAT BARRIERS PREVENTED YOU FROM ACCESSING NEEDED HEALTH RELATED SERVICES?

I can't afford to add additional costs to my budget **I can't pay the resulting bills**. And I don t have days available to take time off of work.

**"Unsure which providers take my insurance."**

[1] Agency for Healthcare Research and Quality, 2018. *Elements of access to health care.*
[2] Healthy People 2020. *Access to health services: Overview & impact.*

2020 KENT COUNTY HEALTH PRIORITIES

# Discrimination & Racial Inequity

## Definition

Discrimination refers to policies, practices, and behaviors that unfairly advantage some and disadvantage others based on socially defined characteristics such as race (racism), gender, age, ability, or sexual orientation.

Racial inequities refer to unfair or unjust differences in health outcomes and factors influencing health (such as education, housing, employment, environment, etc.) along racial or ethnic lines.

## Importance

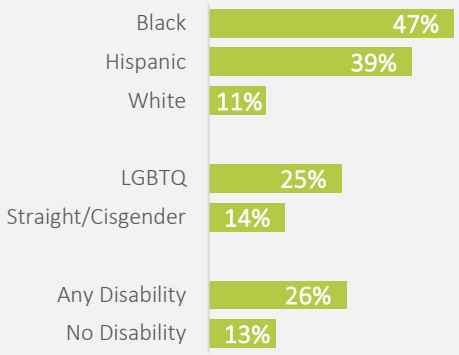
Discrimination has been linked to health problems such as anxiety, depression, obesity, high blood pressure, and substance abuse. [2] It may also cause people to not participate in health-promoting behaviors such as cancer screening, diabetes management, and condom use.[3]

At the systems-level, discriminatory policies and institutional practices create unhealthy living environments and restrict access to social and economic opportunities. This structural discrimination—particularly racism—is a driving force of the social determinants of health and an additional barrier to health equity.[4]

**"This community is not inviting for African-Americans, for black and brown people. It just is not our community. And our systems here are not reflective of black and brown communities."**

## Discrimination and Stress

High stress levels can contribute to a variety of physical and mental health problems. According to community survey respondents, discrimination was more often reported as a frequent or constant stressor among people of color, people who identify as LGBTQ, and people with disabilities.




## Discrimination and Health Care

Discrimination was described as a barrier to receiving quality, affordable care, particularly among:

People who have a disability (physical, hearing, and vision), who are transgender, or who speak a language other than English.

## RACIAL INEQUITIES IN KENT COUNTY

On average, when compared to their White counterparts, Black residents in Kent County are more likely to have:

### Lower household incomes

For every $100 in income earned by White households, Black households earn $52.29

### Higher unemployment rates

Black adults are 3x more likely to be unemployed

### Lower homeownership rates

Black residents are 45% less likely to be homeowners

### Increased risk of chronic disease and mortality

2 times as likely to have diabetes or prediabetes
1.7 times as likely to have high blood pressure
1.5 times more likely to die of cardiovascular disease

"It's an excellent community to raise family. It's a good place to live. But it all goes back to who you are, what color you are. There is not a lot of opportunities for people of color."

*Focus Group Participant*

[1] Gulliford, M. (2019). Discrimination and public health. *Lancet Public Health, 4*(4): E173-E174.
[2] American Public Health Association, 2020. *Racism and health.*
[3] Healthy People, 2020. *Social determinants of health: Discrimination.*

2020 KENT COUNTY HEALTH PRIORITIES

# Economic Security

## Definition

Economic security refers to the ability of individuals or households to cover their essential needs (such as housing, food, clothing and hygiene, and education) sustainably and with dignity.[1]

### KEY INDICATORS:

*General Finances*

How finances usually work out at the end of the month (some money left, just enough money, or not enough to make ends meet)

*Wages*

Average weekly wages

*Material Hardship*

Percent of adults who were unable to pay for housing, food, or medical care in the past year

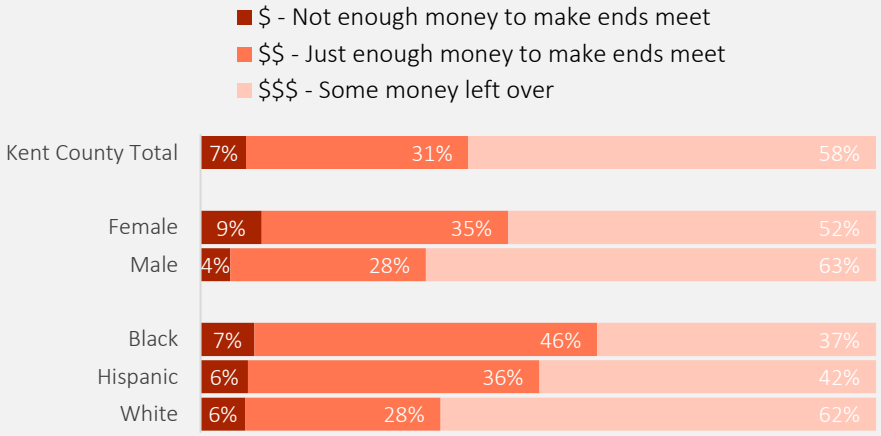
## Importance

Health and wealth are closely linked. Economic disadvantage affects health by limiting choice and access to things like proper nutrition, safe neighborhoods, transportation, and other elements that define an individual's standard of living. Whereas economic prosperity provides people with resources that can be used to avoid or buffer exposure to health risks and protect people from chronic stress.[2]

IN KENT COUNTY, ADULTS WITH LOWER HOUSEHOLD INCOMES ARE MORE LIKELY TO REPORT poor physical and mental health, frequent stress, low access to health care, tobacco use, physical inactivity, and higher rates of chronic disease (such as asthma, diabetes, and cardiovascular disease) compared to those with higher household incomes.

## Monthly Finances

In general, how do your finances usually work out at the end of the month?




## Wages

Average weekly wages in

KENT COUNTY **$947**
MICHIGAN **$1,057**
UNITED STATES **$1,139**

## 1 in 4

people were unable to pay for housing, utilities, food, or medical care in the past year

## WHAT DO YOU THINK IS THE BIGGEST PROBLEM IN YOUR NEIGHBORHOOD OR COMMUNITY?

Limited livable wage jobs for those without dependable transportation.

"**Pockets of poverty.** An overabundance of low wage retail or service industry jobs."

"There needs to be more businesses and economic opportunities for racial minorities."

**Lack of investment in lower income neighborhoods."**

Being so close to the Medical Mile some of the corporate changes are being catered mostly to the higher income people."

"**Gentrification** leaves out poor people and people of color.

[1] International Committee of the Red Cross (IRC), 2015. *What is economic security?*
[2] American Academy of Family Physicians, 2015. *Poverty and health: The family medicine perspective.*
*Grand Rapids-Wyoming MSA includes Kent, Ionia, Montcalm, and Ottawa counties

2020 KENT COUNTY
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# Mental Health

## Definition

Mental health is a state of emotional, psychological, and social well-being resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenges.

Mental illness refers collectively to all diagnoseable mental disorders. Mental disorders are health conditions that significantly affect mood, emotion, thinking or behavior, and often impact day-to-day living or ability to function. [2]

## Importance

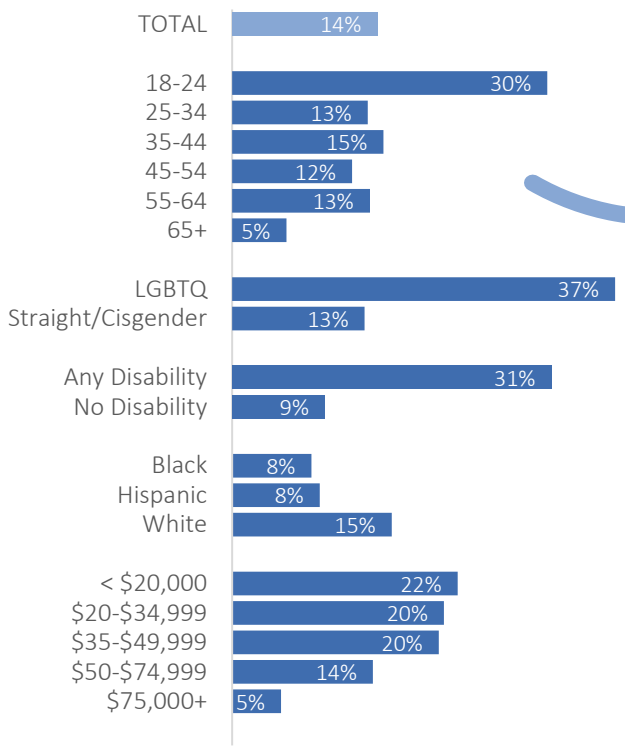
Mental health is essential to a person's well-being, healthy family and interpersonal relationships, and the ability to live a full and productive life. Mental health also plays a major role in people's ability to maintain good physical health. People, including children and adolescents, with untreated mental health disorders are at high risk for many unhealthy and unsafe behaviors, including alcohol or drug abuse, violent or self-destructive behavior, and suicide. Mental illness also increases the risk for many chronic health conditions including diabetes, hypertension, stroke, heart disease,

**1 in 4**
adults have some form of
diagnosed depression

**1 in 3**
young adults age 18-24

**1 in 2**
adults with a disability
and 1 in 2 LGBTQ adults

Percent of adults who reported 14+ days of poor mental health in the past 30 days




There are significant differences in self-reported poor mental health status based on age, sexual orientation or gender identity, race, and household income.

## Of those who reported 14+ poor mental health days:

**44%** experienced work or activity limitations due to a mental health condition

**40%** are not currently receiving any mental health treatment

## Community Input: Key Issues

- Mental health among youth
- Limited care options for mental health crises
- Unsure of where to go for mental health care
- Insurance and high cost of services
- Stigma

I don't want any kind of mental health **labels** like depression" or anxiety" or anything else left in my permanent medical record. You never know what can happen with those labels down the road. **So even if that's what s happening, I'm not telling them**."

*Community Survey Respondent*

[1] American Psychiatric Association, 2018. *What is mental illness?*
[2] Centers for Disease Control and Prevention, 2018.
[3] Healthy People 2020. *Leading health indicators: Mental health.*

# Introduction

As part of an ongoing community health improvement process, local public health system partners in Kent County conduct a Community Health Needs Assessment (CHNA) every three years, followed by a Community Health Improvement Plan (CHIP). The 2020 CHNA and subsequent 2021-2024 CHIP will be Kent County's fourth community health improvement cycle.

A CHNA is a systematic method of collecting and analyzing community input and health-related data from a variety of sources. The goal of the CHNA process is to engage residents and community partners to better understand the current state of health and well-being in the community and identify key problems and assets. CHNA findings are used to guide community decision-making, prioritize public health issues, and develop a health improvement plan to address identified needs.

## Purpose

Nationally accredited public health departments are required to conduct a comprehensive CHNA every five years, and the Affordable Care Act requires non-profit hospital systems to conduct a CHNA every three years (both followed by a CHIP or action plan to address the identified health needs). These requirements ensure that health systems are investing in population health and that efforts are community-driven and based on the most recent data.

As with past CHNAs, the Kent County Health Department (KCHD), five local health systems, and dozens of community organizations and coalitions partner together to fund and conduct a joint CHNA that is reflective of the entire Kent County community. This collaborative approach to population health helps strengthen cross-sector partnerships, leverage expertise and existing resources, and reduce duplicate efforts to better serve the community.

## Framework

Since the first Kent County CHNA in 2011, KCHD has used the Mobilizing for Action through Planning and Partnerships (MAPP) framework to guide the process. MAPP is a nationally recognized, best-practice framework for community health needs assessment and improvement planning processes that was developed by the National Association of County and City Health Officials (NAACHO) and the Centers for Disease Control and Prevention (CDC). It's intended to be an ongoing, continuous cycle of maintaining and expanding partnerships and regularly conducting assessments, so improvement efforts are based on the current needs of the community.[1]

The key CHNA phases of MAPP include partner engagement, collecting and compiling data, and identifying strategic issues.

**Social & Structural Determinants of Health**

The 2020 Kent County CHNA is based on the principle that health is not determined by individual behaviors and genetics alone. A key focus of this report is on non-clinical factors—such as income, race, ethnicity, and geography—as well as the economic, social, and built environments that make it easier or harder to be healthy, and the systems that shape these opportunities and environments.

### PARTNER ENGAGEMENT

The MAPP framework relies on a participatory process and includes stakeholders in every step (assessment, planning, and implementation) to ensure that the CHNA process is inclusive and representative of the community.

[1] Community Toolbox, 2020. *Section 12. MAPP: Mobilizing for Action through Planning and Partnerships.*

## DATA COLLECTION – THE FOUR MAPP ASSESSMENTS

MAPP includes four different assessments, each providing unique insights into population health within a community. Although all four assessments are not required to identify the most pressing health needs, combining the results of multiple assessments helps to paint the clearest picture of community health issues and systems.

*Community Health Status Assessment*

The CHSA is a compilation of quantitative data to describe the population and overall state of health in the community, including the factors and conditions that impact long-term health outcomes and quality of life.

*Community Themes & Strengths Assessment*

The CTSA identifies assets in the community and issues that are important to residents. This assessment relies on public participation to collect information on the opinions and experiences of community members and helps to ensure they are the primary source of input used to identify the top health needs.

*Forces of Change Assessment*

The FOCA identifies forces, trends, or events that may impact health in the community. It also examines the opportunities and threats associated with those forces.

*Local Public Health System Assessment*

The LPHSA measures how well different local public health system partners work together to deliver the 10 Essential Public Health Services.

## IDENTIFYING STRATEGIC ISSUES

This phase of MAPP involves reviewing the assessment data to identify key issues and prioritize the most pressing health needs in the community.

The CHIP process addresses the last two phases of the MAPP framework: develop goals and strategies, and the action cycle. Using the CHNA data as a guide, goals and strategies are created to address the prioritized health needs through collective action and continued partnership development. In the action cycle, these strategies are implemented and evaluated over a three-year period.

# Methods

## Partner Engagement

Multi-sector engagement and community participation throughout the CHNA help to ensure the process is community-driven and that a broad range of expertise and input is included. Staff at KCHD facilitated the overall assessment process and convened community partners, including individuals and agencies who have historically participated in Kent County's CHNA and/or CHIP process, as well as new partners and community sectors that were missing from previous assessments. Individuals from more than 50 organizations participated in the 2020 CHNA process. These community partners serve or represent several populations of interest (i.e., who generally face greater health challenges or inequities) including people with disabilities, aging adults, people of color, people experiencing homelessness, low-income, LGBTQ, and rural communities; and a broad range of sectors within the local public health system such as neighborhood associations, hospitals, schools, mental health organizations, non-profits, and social service agencies. A complete list of organizations that participated in the development of the CHNA is provided in the Acknowledgements section of this report.

Community partners were involved in various capacities. The CHNA Committee designed the community survey and dissemination plan; identified and invited new community partners to join the CHNA process; and provided subject matter expertise throughout the assessment period. Additional agencies and partners participated in assessment activities such as conducting focus groups, survey promotion, and prioritization.

## Data Collection

Primary and secondary data were collected using mixed methods from a variety of sources to get a more complete understanding of the issues that affect health and quality of life in Kent County. Data collection activities were guided by the MAPP assessment objectives.

### COMMUNITY HEALTH STATUS ASSESSMENT

The CHSA includes more than 55 indicators of health using primary data from the Behavioral Risk Factor Surveillance System (BRFSS) survey and secondary data from over 25 sources. Indicators were selected to broadly describe the population and socioeconomic characteristics of Kent County; the social and structural determinants of health (such as poverty, housing, and built environments); and common health risk behaviors. Morbidity and mortality indicators were selected based on the leading causes of death and hospitalizations in Kent County.

#### *Behavioral Risk Factor Surveillance System (BRFSS) Survey*

The BRFSS is an ongoing telephone survey that collects information about health-related risk behaviors, chronic health conditions, and use of preventive services. The BRFSS is conducted at the state-level and supported by the CDC to collect nationally representative data. To obtain local-level data, KCHD contracted with Issues & Answers Network, a marketing research firm, to conduct a BRFSS in Kent County. There were 14 core sections and eight additional modules included in the questionnaire.

Data collection took place from February 3 to March 22, 2020. Surveys were conducted via telephone interview (landline and cell phone) and offered in English and Spanish. Adults were randomly selected to participate based on a sample of households in Kent County. To provide population-specific results, Hispanic/Latino and African American residents were oversampled. Trained interviewers from Issues & Answers conducted a total of 1,375 telephone interviews (37% via landline and 63% via cell phone). The response rate was 15% and the refusal rate was 1.7%. Each completed interview lasted, on average, approximately 24 minutes.

The BRFSS data included in this report are weighted to adjust for gender, age, race, and ethnicity using the 2010 Kent County Census population estimates. Some statistics were compiled by Issues & Answers and additional analysis of the

dataset was completed by KCHD using SPSS statistical software. Due to the large, randomly selected sample, BRFSS results are likely representative of the Kent County population which allows for generalizability of the findings and comparison of trends over time.

### *Secondary Data Collection*

Data synthesis and secondary analysis were conducted using a variety of existing local, state, and national sources. Frequently used data sources (abbreviated throughout the report) include:

- ACS 1-year and 5-year estimates: American Community Survey, conducted by the U.S. Census Bureau
- CDC WONDER: Database of the Centers for Disease Control and Prevention's National Center for Health Statistics
- MDHHS: Michigan Department of Health and Human Services, Division for Vital Records and Health Statistics; Michigan Disease Surveillance System; and Michigan Resident Inpatient Files
- MiPHY: Michigan Profile for Healthy Youth survey, conducted by the Michigan Department of Education

Additional information from the CDC, Healthy People 2020 and 2030, County Health Rankings, and America's Health Rankings was used to describe the importance of each topic and its relation to health. Specific citations are included throughout the report.

## COMMUNITY THEMES AND STRENGTHS ASSESSMENT

Community input data was collected through a community survey and focus groups. Both were designed and conducted after the COVID-19 state-wide shutdown.

### *Community Survey*

One form of community input collected was through a self-administered survey. The survey was developed by the CHNA committee and contained 54 questions on a variety of topics including: COVID 19, stress and social support, neighborhood characteristics, and barriers to health services. It also asked respondents to identify the top five health conditions and social determinants of health that have the greatest impact on them, their household, or their community (see Appendix C for survey instrument).

Surveys were administered electronically through Qualtrics (an online survey collection tool) in both English and Spanish. Paper surveys were also made available upon request for community partners to distribute. The survey was open for approximately nine weeks, from August 4 to October 9. Partner organizations assisted with survey promotion via social media and community outreach. Overall, 1,695 people responded to the survey (however, N-values differ since not all respondents answered each question). See Appendix B for survey respondent demographics.

### *Focus Groups*

To ensure a wide range of public input was collected, additional qualitative data was collected via community-led virtual focus groups. KCHD contracted with seven organizations and provided training on focus group facilitation. Representatives from partner organizations recruited five to eight participants and hosted virtual conversations using Zoom or other web-based meeting platforms. Facilitators were given a discussion guide with questions asking participants about:

- Key characteristics of a healthy community
- Strengths and assets for health where they live, and things that are lacking
- The most important issues that need to be addressed to improve quality of life and overall health
- How these issues could be addressed

**Community Led Data Collection:**
**Participating Organizations**

Arbor Circle
Area Agency on Aging
Cherry Health
Deaf and Hard of Hearing Services
Family Outreach Center
Garfield Park Neighborhood Association
West Michigan Sustainable Business Forum

Focus groups were conducted in September 2020 and each lasted between 60-90 minutes. Each group discussion was recorded and sent to KCHD for analysis. The de-identified audio recordings were transcribed, checked for accuracy, then coded and analyzed thematically using NVivo (a qualitative data analysis software). The frequency with which a topic or theme was discussed across all seven focus groups was used to identify health-related needs and draw conclusions about how they impact the broader community. Selected quotes from the focus groups are presented throughout this report to support some of the key findings.

## FORCES OF CHANGE ASSESSMENT

The FOCA was conducted in partnership with Grand Valley State University. Data collection was completed by graduate students in the Master of Public Administration program as part of the Community Benefits and Assessment Management course in July 2020.

Students engaged 30 local leaders and professionals who are knowledgeable of the political, economic, technological, environmental, or social issues affecting Kent County or general public health. Current events, long-standing existing factors, and emerging issues were included in the initial forces identified. Forces were prioritized based on stakeholder input and the direct relation to community health. Qualitative data analysis was conducted by KCHD using NVivo qualitative analysis software. The top forces, along with general themes identified across the dataset are included in the report.

**FOCA Data Collection**

Input was collected from representatives at the following organizations:

- Blue Cross Blue Shield of Michigan
- Bright Horizons
- Bronson Health Care
- Community members
- Department of Infrastructure Management, Washtenaw County
- Dutton Elementary School
- Federal Emergency Management Agency
- Geers Law
- Greater Grand Rapids NAACP
- Helen DeVos Children's Hospital
- Heritage Homes, Inc.
- Holland Hospital
- Hope Network
- Judson Group
- Kent County Health Department
- Keurig Dr Pepper
- Kids' Food Basket
- Mary Free Bed Rehabilitation Hospital
- Michigan State University
- Mission Point Healthcare
- Network180
- Orthopedic Associates of Michigan
- Spectrum Health
- St. Joseph Mercy Oakland Hospital

## LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT

The LPHSA was planned for September 2020. However, due to the COVID-19 pandemic and the significant impact it has had on the local public health system and stakeholders, the assessment was not conducted for this iteration of the CHNA.

# Identifying and Prioritizing Health Needs

Based on analysis of community input data, 11 topics were identified as top health needs. These were determined based on how many survey respondents selected it as an issue that greatly affects them, their household, or community; and/or if the topic emerged as theme across multiple focus groups. Secondary data and local BRFSS data were used to describe the magnitude, trends, and public health implications of each significant health need identified by the community.

The 11 health needs were then prioritized by local public health leaders and community partners to determine the most significant health needs the county should focus improvement efforts on. Three different prioritization meetings were held virtually in December 2020. During each two-hour meeting, primary and secondary data were presented to stakeholders before working through a multi-step prioritization process and facilitated group discussion. Using criteria-based ranking, participants scored each of the 11 health topics based on 1) importance in the community; 2) if there are disparities or inequities in who is most impacted, and 3) our ability to address the need (see Appendix A for prioritization tool). Final priorities were determined based on total ranking scores from 54 community partners across all three sessions and stakeholder input from group discussions.

Based on the prioritization activities, the following health needs will be addressed through formal improvement plans and implementation strategies during the 2021-2024 fiscal years: access to health care, discrimination and racial inequity, economic security, and mental health.

# Limitations & Data Gaps

This assessment was designed to provide a broad overview of health and well-being and identify critical issues related to community health in Kent County. However, it is not inclusive of every health-related issue that residents face and does not represent all possible populations of interest.

## COVID-19 LIMITATIONS

Data in this report represent the most current, county-level sources at the time of publication. However, it's important to note the source of data in relation to the COVID-19 timeline (see Figure 1). Many indicators reflect the state of health prior to the pandemic; however, community input data was collected during the pandemic.

Gathering community input data on long-term health needs during the pandemic may have increased the likelihood of bias and/or measurement error. Committee members tried to account for this by strategically phrasing survey questions so the direct and indirect effects of the pandemic would not skew the responses. For example, "fear or closure due to COVID-19" was a response option included when asking about barriers to accessing health care, so these could be filtered out during analysis to get a more accurate and reliable determination of barriers that exist beyond the pandemic. In consideration of some of these limitations, the process of prioritizing health needs was based on both quantitative data collected prior to the state shutdown in Michigan, and qualitative data collected amidst the pandemic.

## COMMUNITY SURVEY

Another limitation is the convenience sampling methodology used to conduct the community survey (dissemination online and via community organizations). Because the sample of survey respondents was not randomly selected, generalizability of the findings to the broader population is limited. Compared to the population of Kent County, people of color, men, and younger adults (age 25 and younger) were underrepresented among survey respondents, and those with a bachelor's degree or higher were overrepresented (see Appendix B). Due to the pandemic restrictions and cancelation of community events, in-person surveying techniques could not be used purposively sample underrepresented populations. Additionally, dissemination was primarily conducted through social media and partner networks which may have further limited the scope of potential respondents and increased the likelihood for selection bias.

## FOCUS GROUPS

The goal of the focus groups was to obtain additional community input from populations that were underrepresented in the survey responses and get an in-depth perspective on issues from specific sub-populations. Although the focus groups provide valuable insights, results are not statistically representative of the larger Kent County population due to non-random recruiting of participants and a small sample size. Additionally, since recruitment was conducted by the community organizations that hosted and facilitated focus groups, many who participated were already involved in community programming and the responses may only provide one perspective on the issues discussed.

## GAPS IN DATA

For secondary data, the most recent year of data available differs depending on the source and health topic. Additionally, some data in this report cannot be stratified by race, ethnicity, income, education level, zip code, etc., limiting the ability to explore differences or disparities among some sub-populations. Not all comparisons between groups could be tested for statistical significance (e.g., some secondary data); however, significance is noted when applicable and all significant differences are based on the 95% confidence interval.

In effort to consolidate findings, data have been disaggregated to highlight disparities between groups and not every demographic group for which data is available is presented in the report. To request additional data that is not included in this report, see the report publication page.

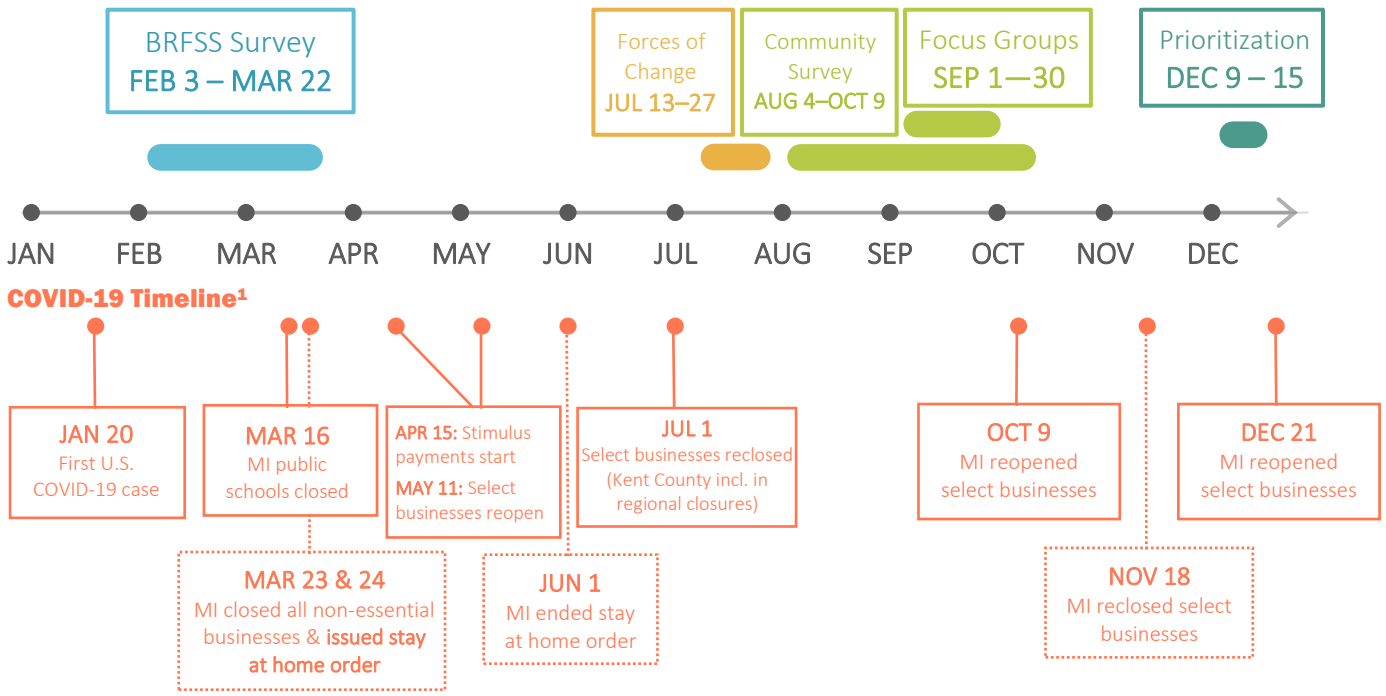
# Report Structure & Timeline

Data from the health status assessment (BRFSS and secondary data), community themes and strengths assessment (survey and focus group data), and forces of change assessment have been synthesized and integrated into this report. As previously noted in the limitations, most data were collected prior to the COVID-19 pandemic and statewide shutdown, however community input and forces of change were collected after. This consideration may be useful when interpreting the findings.

Throughout the report, community input is highlighted in green (i.e., collected after the pandemic affected Michigan) to differentiate from all other data collected before the pandemic (presented in blue). Community input, forces of change, and other data related to COVID-19 and its impact are highlighted in red. Other forces of change not related to the pandemic are presented in gold.

FIGURE 1

**Data collection timeline**




## DEMOGRAPHIC DESCRIPTIONS

Throughout the report, data are disaggregated by different demographic characteristics to highlight disparities and inequities. The characteristics include:

*Age*

**Adults**: age 18 years and older
**Youth**: includes middle school-age youth (Grade 7) and high school-age youth (Grades 9 and 11), unless otherwise specified

*Sexual Orientation and Gender Identity*

**LGBTQ:** adults who identify as lesbian, gay, bisexual, transgender, gender non-conforming, or queer

[1] Opportunity Insights, 2020. *Economic Tracker.*

**Straight/Cisgender:** adults who identify as straight or heterosexual, and as the gender that corresponds with their sex at birth

*Disability Status*

**Any disability:** includes adults who have one or more of the following impairments: hearing, vision, cognitive (serious difficulty concentrating, remembering, or making decisions), or mobility (serious difficulty walking or climbing stairs)
**No disability:** adults who do not have any of the impairments listed above

*Race and Ethnicity—race and ethnicity categories are mutually exclusive unless otherwise noted*

**American Indian or Alaska Native:** abbreviated AIAN
**Asian or Pacific Islander**
**Black or African American**
**White**
**Hispanic or Latino:** includes adults of any race who are Mexican, Mexican American, Chicano/a, Puerto Rican, Cuban, or another Hispanic, Lainto/a or Spanish origin
**Non-Hispanic:** includes adults of any race who are not of Hispanic, Latino/a, or Spanish origin

*Educational Attainment—refers to the highest grade or year of school completed*

**<High School:** completed any level of school but did not graduate high school or earn a GED
**High School Grad:** graduated high school or equivalent (i.e., GED)
**Some College:** completed 1-3 years of college or technical school
**College Grad:** completed 4 or more years of college (i.e., has a bachelor's degree or higher)

*Household Income*

Total annual household income from all sources

# Section 1: Demographics

## Population & Geography

Kent County is Michigan's fourth most populous county, with an estimated population of 656,955 as of 2019.[1] The average population growth rate is 5.3%, and the county's population is growing at a faster rate than Michigan (0.8%) and the U.S. (3.4%).[†]

The county's geographic footprint is roughly 872 square miles and is comprised of 21 townships, five villages, and nine cities. The population density in Kent County is 775 persons per square mile. Grand Rapids is the largest city in Kent County and accounts for one-third of the total population. Grand Rapids is Michigan's second most populous city next to Detroit.

TABLE 1

**Townships, villages, and cities in Kent County**

| Townships | |
|---|---|
| Ada Twp. | Grattan Twp. |
| Algoma Twp. | Lowell Twp. |
| Alpine Twp. | Nelson Twp. |
| Bowne Twp. | Oakfield Twp. |
| Byron Twp. | Plainfield Twp. |
| Caledonia Twp. | Solon Twp. |
| Cannon Twp. | Sparta Twp. |
| Cascade Twp. | Spencer Twp. |
| Courtland Twp. | Tyrone Twp. |
| Gaines Twp. | Vergennes Twp. |
| Grand Rapids Twp. | |
| **Villages** | |
| Village of Caledonia | Village of Sand Lake |
| Village of Casnovia | Village of Sparta |
| Village of Kent City | |
| **Cities** | |
| City of Cedar Springs | City of Lowell |
| City of East Grand Rapids | City of Rockford |
| City of Grand Rapids | City of Walker |
| City of Grandville | City of Wyoming |
| City of Kentwood | |

*Source: Access Kent, 2017. City, township, and village directory.*


[1] ACS 1-Year Estimates, 2019.

[†] 5-year to 5-year average change in population (5-year ACS estimates from 2010-2014 to 2015-2019)

# Demographic Characteristics

TABLE 2

## Race and ethnicity

Demographic characteristics: Race and ethnicity by place

| Race | Grand Rapids | Kent County | Michigan | U.S. |
|---|---|---|---|---|
| American Indian and Alaska Native | 0.4% | 0.4% | 0.5% | 0.9% |
| Asian | 2.4% | 3.0% | 3.1% | 5.5% |
| Black or African American | 18.6% | 9.6% | 13.8% | 12.7% |
| Some Other Race | 5.8% | 3.4% | 1.2% | 5.1% |
| Two or More Races | 5.6% | 4.1% | 2.9% | 3.3% |
| White | 67.2% | 79.6% | 78.4% | 72.5% |
| **Ethnicity** | | | | |
| Hispanic or Latino (of any race) | 16.1% | 10.6% | 5.1% | 18.0% |
| Not Hispanic or Latino | 83.9% | 89.4% | 94.9% | 82.0% |

*Source: ACS 5-year estimates, 2015-2019*

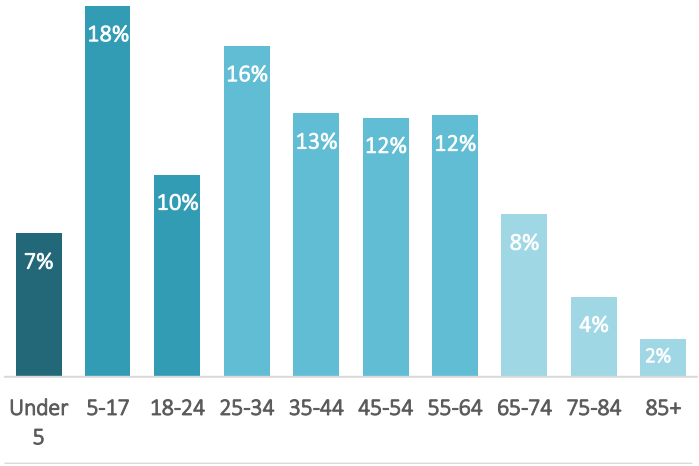
### Kent County is becoming more diverse.

Among children under 18 in Kent County, a higher proportion are Black or African American (11.5%), Hispanic or Latino (17.1%), and Multiracial (8.9%) compared to the current racial/ethnic distribution.

FIGURE 2

## Age

Demographic characteristics: Percent of Kent County population by age group




*Source: ACS 5-year estimates, 2015-2019*

*source*[1] **Forces of Change: Aging Population**

The stress of aging baby boomers will begin to be felt by communities as soon as 2030, when one out of every five Americans will be retirement age and, for the first time in our country's history, there will be more resident over 65 than children under 18.

### THREATS

- Workforce shortage and large number of retirees
- Increased strain on healthcare system
- Labor shortage of home health aides
- Lack of age-friendly homes and public spaces
- Disparities in who can afford to retire
- Cost and financial requirements of care facilities

### OPPORTUNITIES

- Caregiver recruitment and retention support
- Increase in volunteer workforce
- Telehealth serving at home populations and remote patient monitoring

[1] Meola, A. (2019). The aging population in the US is causing problems for our healthcare costs. Retrieved from https://www.businessinsider.com/aging-population-healthcare.

# Population & Socioeconomic Characteristics[1]

## CITIZENSHIP

5.1% of people living in Kent County are not U.S. citizens

## LANGUAGE

12.5% speak a language other than English

5.5% of the population age 5+ have limited English proficiency

## FOREIGN-BORN

8.4% of Kent County's population was born outside of the U.S.

From 2014 – 2019†, the immigrant population grew by 16.6%, compared to the overall population in Kent County which increased by 5.3%

## DISABILITY*

11.2% of Kent County residents have at least one disability

5.2% have two or more disabilities

## HOMELESS††

1.4% of the population experienced at least one episode of homelessness in 2019 (a **52% increase** since 2016)[2]

## VETERANS

5.9% of adults are veterans—most of whom are age 65 and older (3.2%)

## LGBTQ

4.8% of Kent County's adult population identify as lesbian, gay, bisexual, or another sexual orientation other than straight or heterosexual. 0.7% of adults are transgender (male-to-female, female-to-male, or gender non-conforming)[4]

Among youth in Kent County, 5.6% of middle schoolers and 7.7% of high schoolers identify as lesbian, gay, or bisexual[5]

## MEDIAN HOUSEHOLD INCOME

$63,053

## PERCENT LIVING IN POVERTY

11.7%

Children: 15.4%

Adults over age 65: 7.3%

## UNEMPLOYMENT RATE

4.4%

## HOMEOWNERSHIP RATE

69.8%

## MEDIAN HOME VALUE

$173,700

## EDUCATIONAL ATTAINMENT

35.7% of adults have a bachelor's degree or higher

## VOTER PARTICIPATION[3]

72.6% of all registered voters in Kent County participated in the 2020 general election and 61.8% participated in the 2018 gubernatorial election

[1] Unless otherwise specified all data are from ACS 5-year estimates, 2015-2019.
†Represents the average change between 5-year periods (2010-2014 to 2015-2019)
* Disability includes serious difficulty with one or more of the following: hearing, vision, cognition, mobility, self-care, and/or independent living.
††HUD defines homeless as an "individual or family who lacks a fixed, regular, and adequate nighttime residence."
[2] Grand Rapids Area Coalition to End Homelessness, 2019. *Annual count data.*
[3] Access Kent, 2020. *Election Results.*
[4] Kent County BRFSS, 2020.
[5] Michigan Profile for Healthy Youth, 2017-2020.

# Section 2: Factors Influencing Health

# Access to Health Care

Access to affordable medical, dental, and mental health care is an important factor that contributes to length and quality of life. Timely access to regular health services and treatment can help prevent disease, detect and treat illness sooner, and manage chronic conditions, enabling individuals to live longer, healthier lives.

## INDICATORS

- Health insurance coverage
- Utilization of emergency and preventive services
- Capacity of health facilities
- Availability of providers

## KEY FINDINGS

- The percentage of adults age 18-64 who are uninsured has increased for the first time since 2008.
- Since 2017, there have been improvements in (i.e., an overall decrease in the percentage of adults who report):
  - Not having a primary care provider
  - Not going to the doctor due to cost
  - Not getting a routine checkup
- Adults with household incomes between $35,000-$49,999 were the only group to have worse access to care across all four indicators.
- Even with insurance, health care is still unaffordable for many in Kent County. Two out of three people who could not see a doctor when they needed to because of cost were insured.

## COMMUNITY INPUT

- In general, the health care resources, and quality of care are major strengths of Kent County, however access to these resources is not equitable.
- The top barriers for accessing care include health insurance (navigating a complex system) and high cost of services.
- Community input revealed several challenges and emerging issues related to access to health care:
  - Lack of caregivers and home healthcare workers is an emerging issue for the aging population
  - Access to and use of technology is a barrier for telehealth services, especially as telehealth use increases
  - Lack of awareness of existing resources and health literacy (i.e., knowing the right questions to ask and advocating for yourself in healthcare settings) are also barriers for some community members.

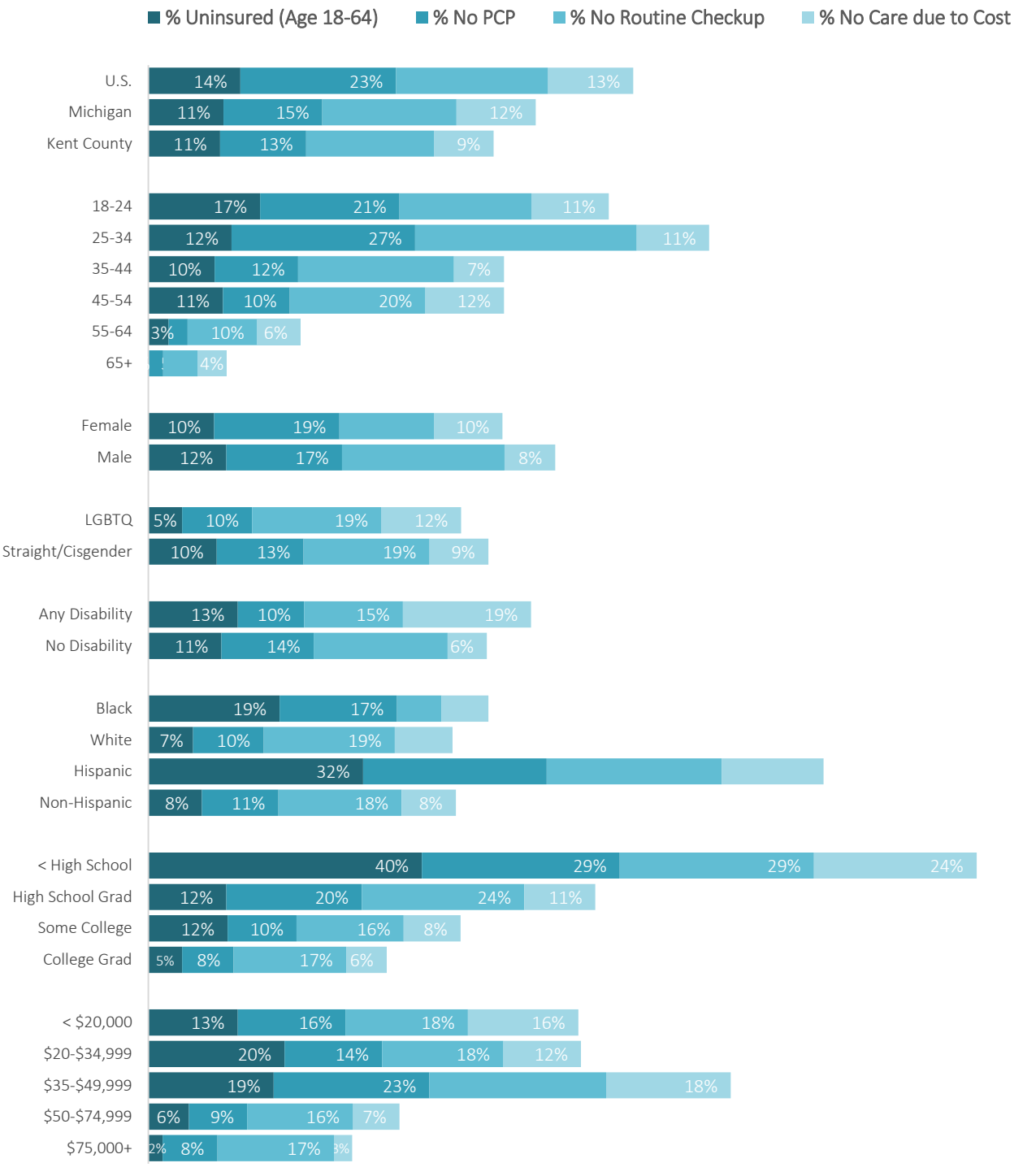
> "If you have access, the care you can receive is pretty excellent, again, you have to know what to look for and where to go."
>
> *– Focus group participant*

> **"[…] people don't know the right questions to ask when they go."**
>
> *– Focus group participant*

FIGURE 3

## Low access to health care indicators

Indicators of low access to health care among Kent County adults, by select demographic characteristics, 2020




*Source: Kent County BRFSS, 2020; Michigan and U.S. BRFSS, 2019*

# Health Insurance

Health insurance can facilitate entry into and navigation of the healthcare system. Having coverage increases utilization of preventive care and allows for easier access to needed specialty care and emergency services. It also provides financial protection in case of a serious accident or illness.[1]

Uninsured people are less likely to have a regular source of medical care, and more likely to delay routine medical care due to costs, have poor health status, receive late diagnoses, and die prematurely.[2]

In 2020, the rate of uninsured adults increased at the local, state, and national levels for the first time since the Affordable Care Act was passed in 2010 (Figure 4). In Kent County, the increase in uninsured adults from 2017 to 2020 was most significant among adults who are younger, Hispanic or Latino, and who have a household income between $20,000-$49,999 (Figure 3). Among those who are insured, over half have coverage through their employer and a quarter have Medicare or Medicaid as their primary insurance.

**Community Input**

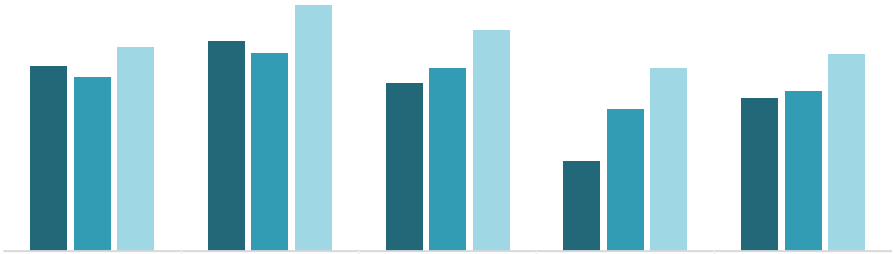
**"Lack of health insurance. I make slightly too much to qualify for Medicaid, but too little to be able to afford a decent health insurance plan. This situation creates constant stress regarding struggling to afford mental health care and fearing that any type of physical health emergency will lead to medical bankruptcy."**

*– Survey respondent describing barriers to care*

FIGURE 4

**Uninsured adults**

Percent of uninsured adults (age 18-64) in Kent County, Michigan, and the U.S. from 2002-2020



| | 2002 | 2008 | 2014 | 2017 | 2020 |
|---|---|---|---|---|---|
| Kent County | 12.8% | 14.5% | 11.6% | 6.2% | 10.6% |
| Michigan | 12.0% | 13.7% | 12.7% | 9.8% | 11.1% |
| United States | 14.1% | 17.0% | 15.3% | 12.7% | 13.6% |

*Source: Kent County BRFSS, 2020; Michigan and U.S. BRFSS, 2019*

[1] HealthCare.gov. (2018). *3 reasons to enroll in 2019 Marketplace coverage.*
[2] Healthy People 2020. *Access to health services: Overview*.

# Affordability

Even with insurance, the cost of health services can be prohibitive for many. In the past 12 months, 8.8% of Kent County residents could not see a doctor when they needed to because of cost. This represents a sustained downward trend in cost barriers to care from 12.7% in 2008. Of those who reported cost as a barrier to seeing a doctor, 69.1% were insured. Among those who are uninsured, nearly one in three (28.1%) reported that they needed to see a doctor in the past 12 months but could not because of cost.[2]

For those who are uninsured and do seek care, there are often financial implications. Unaffordable medical bills can quickly translate into debt since many who are uninsured have low or moderate incomes and have little, if any, savings.[1] In Kent County, 18% of people have past-due medical debt.[2] The rate of medical debt in communities of color is more than twice that of white communities.[†]

# Utilization

Utilization of preventive health care services, such as mammograms, pap tests, prostate exams, influenza vaccinations, blood sugar tests, and cholesterol tests could reduce the prevalence and severity of diseases and chronic conditions. An annual visit with a primary care provider is an indicator of preventive health care access and utilization.

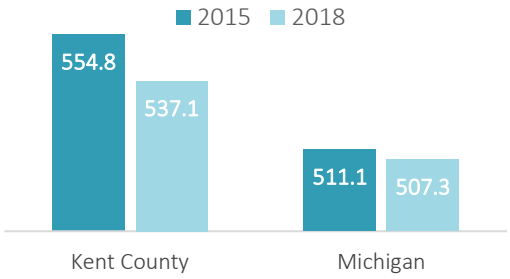
In Kent County, most adults (79.5%) have received a routine checkup within the past year. Females are significantly more likely to have had a recent checkup (84.8%) than males (74.0%). Black residents are also more likely to have had a recent checkup (91.8%) than White (79.0%) and Hispanic or Latino (71.7%) residents. Approximately two out of three adolescents (63.1%) also had a routine checkup within the past year.[3]

Emergency department (ED) visits for certain conditions may indicate lack of access to more appropriate sources of medical care, such as primary care providers or specialists.[4] In Kent County and Michigan, the rate of ED visits decreased from 2015 to 2018.

FIGURE 5

**Emergency department visit rate**

Rate of emergency department visits per 1,000 people




*Source: Area Health Resource Files. 2019-2020*

**Forces of Change:**
**COVID 19 & Health Care Utilization**

One of the FOCA threats identified was long-term health consequences due to reduced health care utilization throughout the pandemic, particularly during the two-month statewide closure. Although residents could still access necessary health care, COVID-19 was the most frequently selected barrier to accessing needed health services in the past year, according to survey respondents. Delays in chronic disease care, elective procedures, and preventive screenings could have long-term consequences.

## PREVENTABLE HOSPITALIZATIONS

Ambulatory care sensitive (ACS) hospitalizations are inpatient hospital stays that could be prevented through timely and effective primary care. In Kent County, 18.7% of all hospital admissions in 2018 were for ACS conditions. Approximately four out of five ACS hospitalizations were for adults age 45 and older.[5]

ACS hospitalization rate, per 10,000 people (2018):

Kent County: 185.6
Michigan: 287.8

[1] Tolbert, J., Orgera, K., & Damico, A. (2020). Key facts about the uninsured population. *Kaiser Family Foundation Issue Brief.*
[2] The Urban Institute, 2019. *Debt in America.*
[†] White communities and communities of color are based on zip codes where most residents are white (at least 60 percent of the population is white) or most residents are people of color (at least 60 percent of the population is of color).
[3] Michigan Profile for Healthy Youth, 2019-2020.
[4] Centers for Medicare & Medicaid Services (CMS), 2020. *Ambulatory care: Emergency department visits: Ages 0-19.*
[5] MDHHS, Division for Vital Records and Health Statistics, 2018. *Michigan resident inpatient files*.

# Provider Availability & Capacity

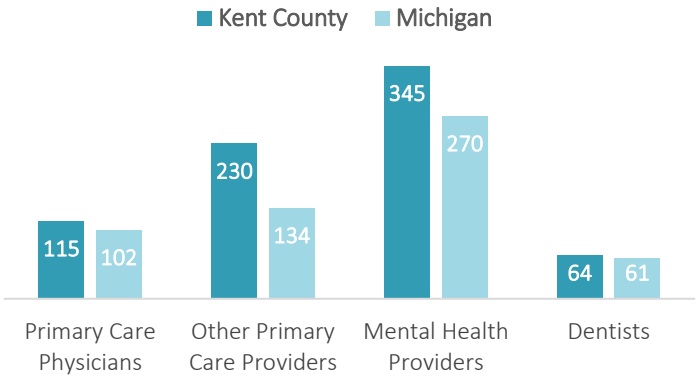
Having a usual source of care (either a provider or facility where one regularly receives care) is an important factor for accessing timely, quality services and better managing personal health. Having a primary care provider who serves as the usual source of care enables the patient and provider build a stable, long term relationship that is associated with numerous health benefits, such as receiving appropriate preventive care, lower health care costs, fewer ED visits, and improved management of chronic conditions:[1]

Approximately 1 in 8 adults (12.7%) in Kent County do not have a personal health care provider. The rates are higher among Hispanic or Latino and Black adults compared to non-Hispanic and White adults. Socioeconomic status (household income and educational attainment) is also associated with the likelihood of having a personal health care provider.[2]

FIGURE 6

## Provider rate

Rate of health care providers per 100,000 population




**Notes:** Primary care physicians include General Family Medicine, General Practice, General Internal Medicine and General Pediatrics.
Other primary care providers include Nurse Practitioners, Physician Assistants, and Clinical Nurse Specialists
*Source: Area Health Resource Files, 2019-2020*
*County Health Rankings, 2019. Mental health providers.*

TABLE 3

## Healthcare facilities

Number of healthcare facilities in Kent County

| Non Hospital Facilities | |
|---|---|
| Community Health Centers | 20 |
| Home Health Agencies | 18 |
| | 9 |
| Rural Health Clinics | 1 |
| **Hospital Facilities** | |
| Short-Term Hospitals | 3 |
| Acute Long-Term Care Hospitals | 1 |
| Psychiatric Hospitals | 2 |
| Rehabilitation Hospitals | 1 |

*Source: Area Health Resource Files, 2019-2020.*

**Community Identified Need**

CAREGIVERS, SUPPORT STAFF, AND HOME HEALTH CARE PROVIDERS FOR AGING ADULTS.

In Kent County, there are 6.5 home health care/ personal care aides per 100 adults over age 65[3]

[1] America's Health Rankings, United Health Foundation.
[2] Kent County BRFSS, 2020.
[3] U.S. Bureau of Labor Statistics, 2019. *Occupational Employment Statistics Query System.*

# Economic Status

Health and wealth are closely linked. Economic disadvantage affects health by limiting choice and access to things like proper nutrition, safe neighborhoods, transportation, and other elements that define an individual's standard of living; whereas economic prosperity provides people with resources that can be used to avoid or buffer exposure to health risks and protect people from chronic stress.[1]

There are consistent income gradients in health outcomes (also often reflected in racial/ethnic differences) among adults in Kent County. Those with lower household income are more likely to report poor physical and mental health, food insecurity, frequent stress, low access to health care, and higher rates of chronic disease (such as asthma, diabetes, and cardiovascular disease) compared to those with higher household incomes.

## INDICATORS

- Unemployment
- Income inequality
- Ability to afford basic needs
- Opportunity for upward mobility

## KEY FINDINGS

- Unemployment in Kent County was at the lowest point since 2010 before the COVID-19 pandemic. At the peak of unemployment during 2020, one in five adults were unemployed.
- Black residents in Kent County face significant socioeconomic disparities compared to their White counterparts—they are three times more likely to be unemployed and the median household income for Black adults is roughly half what it is for Whites.
- Kent County ranks high in the U.S. and Michigan for income inequality. The top 1% in Kent County make 28.7 times more than the bottom 99%.
- Wealth and health: those who usually did not have enough money to make ends meet at the end of the month were more likely to rate their health as fair or poor, and more likely to report being stressed most or all of the time in the past 30 days.

## COMMUNITY INPUT

Key community-identified challenges related to economic security include:

- Wealth disparities and "pockets of poverty" across Kent County
- Not enough jobs that pay a livable wage
- Stigma associated with low-income status
- Lack of minority-owned businesses
- Lack of investment in communities of color and low-income neighborhoods
- Lack of opportunities to create generational wealth

### Forces of Change: Economic Recession

Amid the COVID-19 pandemic, with higher than average unemployment and plunging economic output, the country has officially entered an economic recession, according to the National Bureau of Economic Research.[2] Although there has been some recovery in economic activity, the preliminary unemployment rate for Kent County in December 2020 (4.3%) was still above the 2019 average of 2.9%.

### THREATS

Some sectors are experiencing longer lengths of unemployment than others and some businesses have permanently closed.

Differing abilities to work from home could worsen economic and health inequities.

Increase in financial hardship and loss of benefits (such as retirement, health insurance, etc.) because of job loss.

### OPPORTUNITIES

The increase in unemployment wages (i.e., additional $600 per week) during the pandemic brought attention to what is considered a "livable wage."

Impetus for new business innovation

[1] American Academy of Family Physicians, 2015. *Poverty and health: The family medicine perspective.*
[2] Horsley, S. (2020). It's official: U.S. economy is in a recession. *NPR News.*

# Unemployment

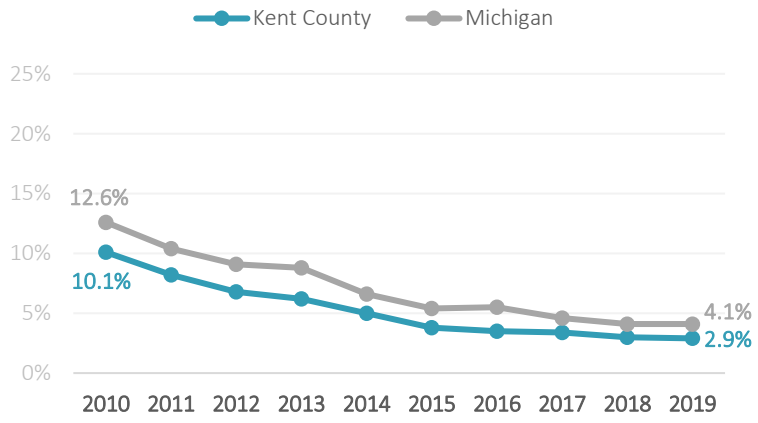
There is a strong relationship between employment status and mental and physical health. A stable, safe, and well-paying job makes it easier for people life in healthier neighborhoods, provide quality childcare and education for their families, afford nutritious food, and access health care—all critical factors to maintaining good health that are jeopardized by unemployment.[1] Unemployment is also associated with an increase in unhealthy behaviors (such as alcohol and tobacco use, diet, and exercise), higher levels of depression, and strained relationships with family and friends.[2]

Before the COVID-19 pandemic, average unemployment in Kent County has been steadily declining since 2010, with a low of 2.9% in 2019 (Figure 7). After the statewide shutdown in late March 2020, unemployment peaked at 21.3% (Figure 8). Black or African American, Hispanic or Latino, people with disabilities, and those with lower educational attainment are more likely to be unemployed (Table 4).

FIGURE 7

## Unemployment rate

Annual unemployment rate* in Kent County and Michigan, 2010-2019

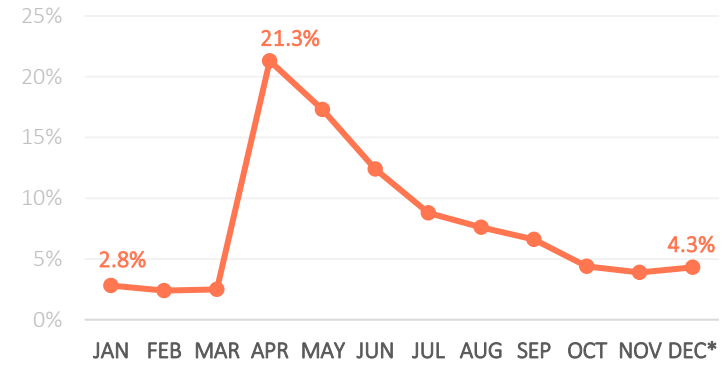



**Notes:** Unemployment rate reflects the total number of unemployed persons as a percentage of the total civilian labor force age 16 and over.
Unemployment rates are not seasonally adjusted.
*Source: U.S. Bureau of Labor Statistics, 2019. Local Area Unemployment Statistics*

FIGURE 8

## Unemployment rate & COVID-19

Monthly unemployment rate in Kent County, 2020




**Notes:** *Preliminary rate
*Source: U.S. Bureau of Labor Statistics, 2020. Local Area Unemployment Statistics*

TABLE 4

## Disparities in Unemployment

5-year average unemployment rate in Kent County by select demographics, 2019

| | |
|---|---|
| **Total Unemployment Rate** | **4.4%** |
| **Gender** | |
| Male | 4.3% |
| Female | 4.5% |
| **Race/Ethnicity** | |
| Black or African American | 11.1% |
| Hispanic or Latino | 6.4% |
| White | 3.5% |
| **Disability Status** | |
| With a Disability | 10.4% |
| No Disability | 3.9% |
| **Educational Attainment**** | |
| Less than High School | 5.9% |
| High School Graduate | 4.4% |
| Some College or Associate Degree | 3.8% |
| Bachelor's Degree or Higher | 2.0% |

**Notes:** **Total number of unemployed persons as a percentage of the total civilian labor force age 25-64.
*Source: ACS 5-year estimates 2015-2019.*

During August and September 2020, when the unemployment rate was around 7%, layoffs, reduced hours, pay cuts, uncertainty about job security, and business closures were some of the most frequently mentioned employment concerns and challenges survey respondents reported.

The temporary increase in employment wages and stimulus check provided some short-term relief for those who lost their job; however, it is not sustainable for those who are still unemployed and struggling to make ends meet.

[1] America's Health Rankings, United Health Foundation.
[2] County Health Rankings, 2020. *Health factors: Unemployment.*

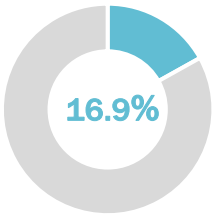
# Income

## WAGES

In Kent County, 81.2% of households have earnings from wage, salary, and/or self-employment income. Average weekly wages in Kent County are $947, which is lower than Michigan ($1,057) and the U.S. ($1,139).[1] The amount of a living wage depends on family size and cost-of-living. The current state minimum wage is $9.65 per hour and the federal minimum wage is $7.25 per hour;[2] however, many advocates and economists agree it should be raised to $15 per hour. Higher wages improve living standards, provide greater workforce stability, reduce reliance on social safety-net services, and increase the tax base. Minimum-wage increases have shown to be manageable for businesses and beneficial for workers and the economy.[3]

In the Grand Rapids-Wyoming Metropolitan Statistical Area (MSA), 18 of the 22 major occupational groups (accounting for 72.7% of all employment in the area) have average hourly wages that are significantly lower than their respective national averages. None of the occupational groups have higher wages.[†4]

Occupational groups with **average hourly wages below $15 per hour** account for one sixth of all employment in the Grand Rapids-Wyoming MSA




Five of the 22 major occupational groups have average hourly wages below $15 per hour (compared to only two groups nationally with average wages below $15). In the Grand Rapids-Wyoming MSA, these five groups account for 16.9% of total employment.

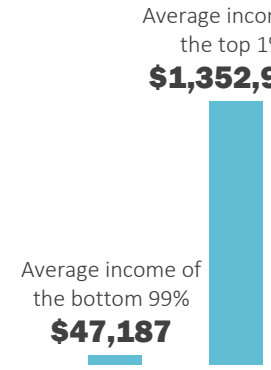
## INCOME INEQUALITY

Economic hardship and its indicators tend to be distributed geographically, reflecting pockets of poverty and contrasting areas of concentrated wealth, often along racial and ethnic lines. Structural racism and unfair treatment historically built into institutions, policies, and practices—such as residential segregation in impoverished neighborhoods; discrimination in bank lending to residents of largely minority neighborhoods; and discriminatory policing and sentencing practices—continue to play a major role in wealth inequality between people of color and white people in the United States.[5]

THE DISTRIBUTION OF WEALTH IN THE UNITED STATES HAS BECOME INCREASINGLY UNEQUAL.

Out of 3,061 U.S. counties, Kent County ranks 100th for income inequality (and ranks 3rd out of all counties in Michigan). The top 1% in Kent County make 28.7 times more than the bottom 99%.

**Income inequality in Kent County**




*Source: Economic Policy Institute, 2015.*

In Kent County, there are clear inequities in household income based on race, sex, and neighborhood. African American householders have a much lower median income than any other racial group in Kent County and roughly half that of White householders (Table 5). Although this same disparity is evident at the state and national level, the gap between African American and White householder incomes is larger in Kent County. Despite similar educational attainment, the median income for females (who worked full-time, year-round in the past 12 months)

[1] U.S. Bureau of Labor Statistics: State and county wages, 2020.
[2] State of Michigan. (2020). *Minimum wage increase unlikely to take effect on Jan. 1.* Retrieved from https://www.michigan.gov/som/0,4669,7-192-47796-547303--,00.html.
[3] National Equity Atlas, 2020. *Indicators: wages $15/hr.*
[4] U.S. Bureau of Labor Statistics: Occupational employment and wages in Grand Rapids-Wyoming, May 2019.
[†] After testing for statistical significance, none of the occupational groups have higher wages.
[5] Braveman, P., Acker, J., Arkin, E., Proctor, D., Gillman, A., McGeary, K.A., & Mallya, G. (2018). Wealth matters for health equity. *Robert Wood Johnson Foundation.*

is $41,273 while the median income for males is $52,531. The same disparity (by roughly the same amount) is also observed at the state and national level.[1]

TABLE 5

**Median household income**

Median household income by race/ethnicity for Kent County and Michigan, 2019

| Race/Ethnicity | Kent County | Michigan |
|---|---|---|
| AIAN | $53,684 | $43,453 |
| Asian | $62,732 | $86,611 |
| Black or African American | $35,203 | $35,322 |
| Hispanic or Latino | $46,458 | $48,256 |
| Other | $47,390 | $44,286 |
| Two or More Races | $45,076 | $45,242 |
| White | $67,324 | $61,400 |
| Total Median | $63,053 | $57,144 |

*Source: ACS 5-year estimates, 2015-2019.*

# Ability to Meet Basic Needs

Measuring a family's ability to meet basic needs can provide a broader understanding of well-being than income-based poverty indicators alone.

## ALICE

Increased cost of living and minimal increases in wages means many people with steady employment still don't earn enough through work to meet their basic needs. ALICE (Asset Limited, Income Constrained, Employed) households include those that have incomes above the Federal Poverty Level (FPL) but struggle to afford basic household necessities†. For a single adult, the basic cost of household necessities is $1,914 per month, or $23,880 per year—compared to the FPL income limit for a single adult, which is $12,140 or below.[2,3] For a family of four (two adults and two children) monthly household expenses range from $4,498 to $5,382, depending on the age of children and childcare needs. The total annual budget for a family of four is $56,700 to $68,808, while the FPL income limit for a household of this size is less than half of annual expenses ($25,100).

From 2010 to 2017, the total cost of basic household necessities increased by 26% for a single adult and 27% for a family of four.[2] During that same time period, average hourly wages in Michigan increased by 18% and in Kent County by 15%.[4]

In Kent County, 10% of households are below the FPL and another 24% are ALICE. However, there are significant geographic disparities within Kent County (Figure 9), with 47% of households in Grand Rapids below the ALICE Threshold (poverty level and ALICE households combined) compared to only 11% of households in Ada township and the city of East Grand Rapids.

[1] ACS 5-year estimates, 2015-2019.

† Basic expenses include housing, childcare, food, transportation, health care, miscellaneous, technology, and taxes. It does not include savings for emergencies or future goals like college.

[2] Michigan Association of United Ways, 2019. *ALICE in Michigan: A financial hardship study, 2019 Michigan report.*

[3] U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, 2018.

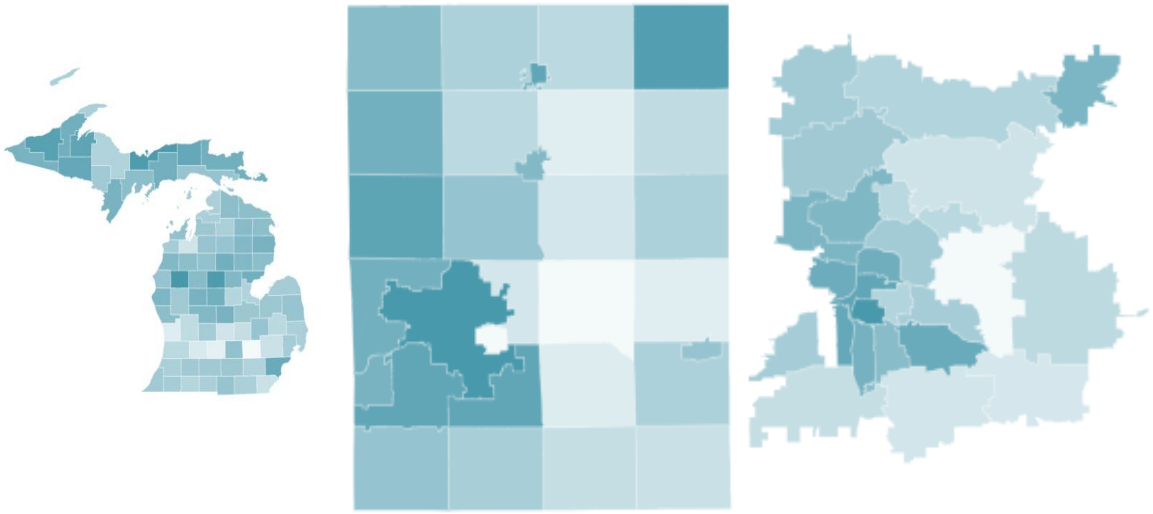
[4] U.S. Bureau of Labor Statistics, 2021. Quarterly census of employment and wages.

FIGURE 9

**Geographical disparities in ALICE households**

Households below the ALICE Threshold (including below the federal poverty level). From left to right, by state/county; Kent County sub-divisions; and Kent County zip codes.

The darker shades represent higher percentages of households below the ALICE Threshold



*Source:* Michigan Association of United Ways. (2019). *ALICE in Michigan: A financial hardship study, 2019 Michigan report.*

## MATERIAL HARDSHIP

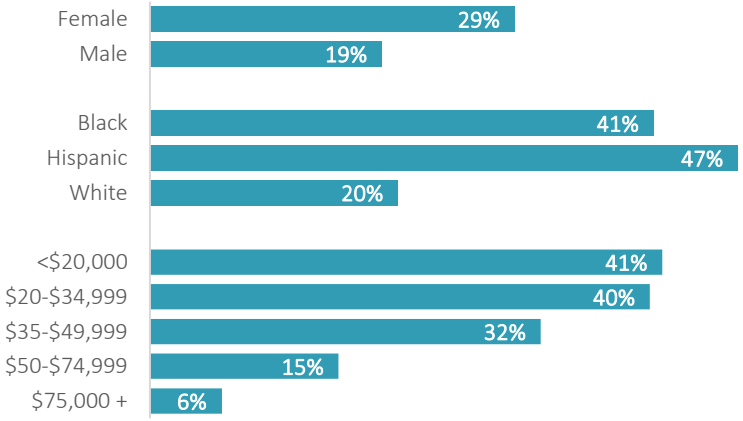
Households that cannot afford to meet all their basic needs consistently often have to make difficult spending tradeoffs. For example, paying a utility bill instead of purchasing healthy foods. In Kent County, 24.2% of adults experienced at least one material hardship in the past year. Those who did experience a material hardship were nearly four times more likely to report fair or poor health compared to those who did not experience a hardship.

**1 in 4 Kent County adults were unable to pay for housing, utilities, food, or medical care in the past year**

FIGURE 10

**Material hardship**

Percentage of adults in Kent County who were unable to pay for housing, utilities, food, or medical care in the past year.




*Source: Kent County BRFSS, 2020.*

# Economic Opportunity

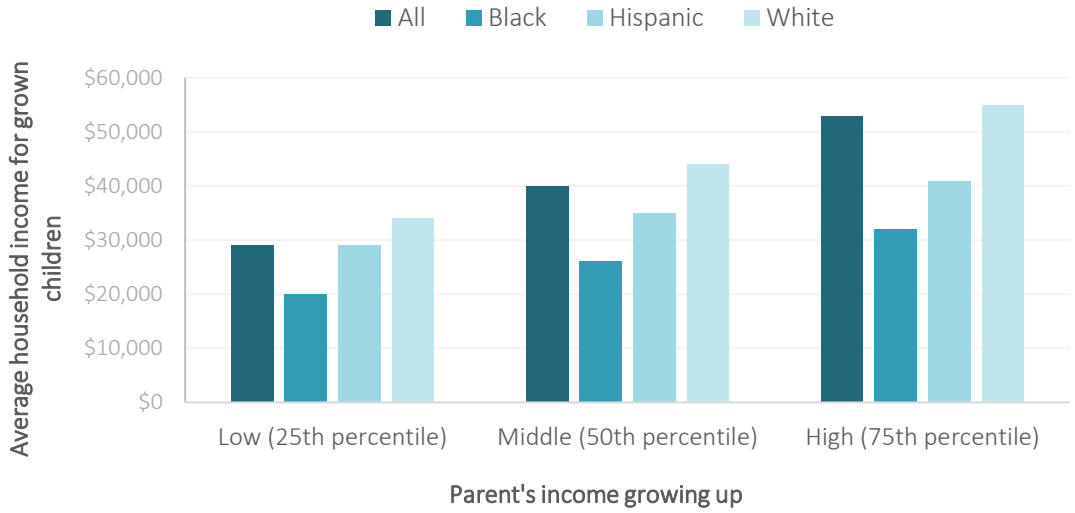
**Parents' wealth shapes their children's educational, economic, and social opportunities, which in turn shape their children's health throughout life.** Both poor health and economic disadvantage can compound over a person's lifetime and across generations. Challenges young children face today—and into adulthood—can reflect their parents' lack of opportunities.[1]

Children in Kent County who were raised at the bottom, middle, and top of the income distribution are likely to have very different incomes as adults. White adults who were raised in the lowest income families now make slightly more on average than Black adults who were raised in the highest income families (Figure 11).

FIGURE 11

**Average household income for adults by parent's income**

Shows the average annual household income in 2014-2015 for children (now in their mid-30's) who grew up in Kent County, based on their parent's income growing up.




*Source: Opportunity Insights, 2020. The Opportunity Atlas; 2014-2015 Federal income tax records.*

## GENERAL FINANCES & DEBT

Financial health—defined as ability to manage expenses, prepare for and recover from financial shocks, have minimal debt, and build wealth—is both a root cause and effect of various forms of economic insecurity (e.g., housing or food insecurity).[2] When most or all of a household's budget is spent on necessities, unplanned expenses can result in debt and prospects for building wealth are diminished.

> "If you don't have your basic needs fulfilled, how are you going to start moving up?"
>
> *– Focus group participant*

In Kent County, nearly 40% of residents have just enough money or not enough at the end of the month to make ends meet. White adults and males are more likely to have some money left over at the end of the month compared to their Black, Hispanic, and female counterparts (Figure 12). Communities of color are twice as likely to have debt in collections than White communities (Figure 13). Higher rates of debt and less disposable income make it significantly harder to advance economic equity.

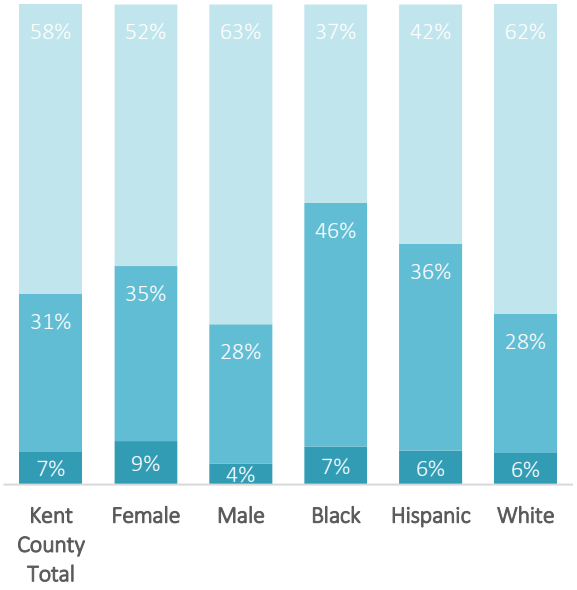
[1] Braveman, P., Acker, J., Arkin, E., Proctor, D., Gillman, A., McGeary, K.A., & Mallya, G. (2018). Wealth matters for health equity. *Robert Wood Johnson Foundation.*

[2] Drexel University, Center for Hunger-Free Communities, 2020. *Financial health: The root of economic security.*

FIGURE 12

## Monthly finances

How general finances usually work out at the end of the month among adults in Kent County, by sex and race/ethnicity




$$$ - Some money left over

$$ - Just enough money to make ends meet

$ - Not enough money to make ends meet

**5% reported being stressed** most or all of the time in the past 30 days, and **6% reported fair or poor health** status

**53% reported being stressed** most or all of the time in the past 30 days, and **37% reported fair or poor health** status

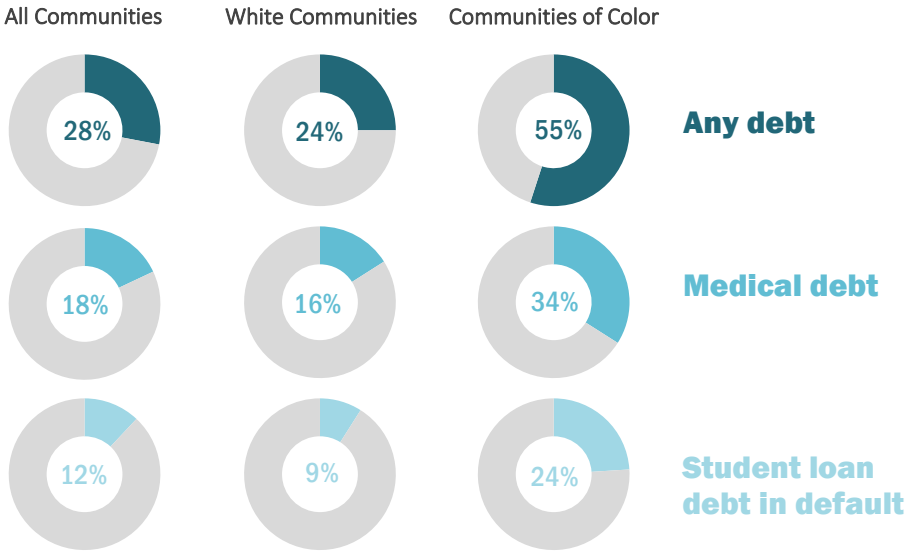
**Note:** "Don't know" and refused answers were excluded, so percentages for some groups may not add up to 100%

*Source: Kent County BRFSS, 2020.*

FIGURE 13

## Debt

Share of Kent County communities* with debt in collections




Credit can be a lifeline during emergencies and a bridge to education and homeownership. But debt, which can result from credit or unpaid bills, often burdens the financial well-being of families and communities.

In Kent County, there are differences in debt accumulation between communities of color and white communities, which can **reinforce the wealth gap**.

**Notes:** *White communities and communities of color are based on zip codes where most residents are white (at least 60 percent of the population is white) or most residents are people of color (at least 60 percent of the population is of color).

*Source: The Urban Institute, 2019.*

# Education

Level of education is an important indicator of social and economic status and a strong predictor of health outcomes. Higher educational attainment is associated with better jobs, higher earnings, increased health knowledge, better self-reported health and fewer chronic conditions.[1]

## INDICATORS

- Early childhood education enrollment
- Percent of 3rd and 8th Grade students at or above proficiency for English and Math
- High school graduation rates
- Highest educational attainment among adults

## KEY FINDINGS

- Disparities in educational performance (i.e., 3rd and 8th Graders meeting proficiency standards) and high school graduation rates between school districts in Kent County reflect the socioeconomic disadvantages between communities and geographically align with poverty rates.
- More than half of high school seniors are enrolled in college within six months of graduation.
- Educational attainment among adults is higher in Kent County than the state of Michigan.

## COMMUNITY INPUT

- Lack of activities for youth outside of school hours was a challenge identified through surveys and focus groups.
- Disparities in educational quality between public schools in Kent County is another issue, and the potential for the learning gap to increase because of differences in educational settings (i.e., in-person or virtual) due to the COVID-19 pandemic.

> "We have some educational problems, like **there's a very clear divide between education opportunity for our children**, and all children should have access to high quality learning. And that is not the case currently."
>
> *–Focus group participant*

### Forces of Change: Virtual Schooling

Educational settings provide more than just learning and development for children and adolescents. It's also a source of one or more daily meals for students in low-income families, a place to develop social skills and healthy relationships with peers and teachers, and a safe place to be outside and exercise, and a resource for mental health services.

When school resumed in the Fall of 2020, students returned to either in-person, virtual, or hybrid learning settings; However, among Kent ISD public schools, student enrollment dropped by about 3,000 students in the Fall. Decreased Kindergarten enrollment and increase in home-schooling are likely two major factors in the decline.[2]

### THREATS

- Gaps in education and lost progress.
- Reduced access to support, counseling, and other services provided by the school system.
- Increased food insecurity among children
- Lack of access to computers, webcams, and wireless internet leading to unequal educational opportunities.
- Increased screen time for children.

### OPPORTUNITIES

- Increased independent learning skills.
- Ability to learn from home without distractions of classroom environments may be a better learning model for some students.
- Creation of effective hybrid learning models.

[1] America's Health Rankings, United Health Foundation.
[2] Honey, C. (2021). Districts on the hunt for 3,000 missing students. *Kent ISD School News Network.*

# Early Childhood Education

Early childhood education (ECE) can include childcare settings and early learning programs for children from birth to kindergarten. ECE helps children develop critical social, emotional, and cognitive skills that act as a foundation for future learning and school readiness. In Michigan, several state and federally funded programs are available specifically for low-income families and children who may be at a greater risk of educational or developmental delays. In Kent County, 22.4% of children under age five are enrolled in an ECE program such as Great Start Readiness, Early Childhood Special Education, Early On, and Head Start.[1] In 2019, just under half (47.1%) of children age three to four were enrolled in preschool.[2]

Among survey respondents, one of the top challenges related to the pandemic was navigating virtual schooling, particularly for parents who worked outside of the house during that time, parents who had children with special learning needs, and parents of young children. Both parents and teachers reported concerns of children falling behind due to lack of consistency between virtual and in-person learning from district to district, as well as the mental health impacts for students who are not getting enough social interaction, can't play sports, or do routine activities associated with school settings.

# 3rd and 8th Grade Proficiency

Children who are not reading proficiently by the end of third grade are much less likely to graduate from high school. In Kent County, students who are economically disadvantaged, have a disability, or are Black or African American are much less likely to have test scores at or above proficiency in English and Math at both the third and eighth grade levels (Table 6).

The school districts with the lowest percentage of 3rd and 8th Grade students at or above proficiency (Kelloggsville, Godfrey Lee, and Godwin Heights) correspond to areas of Kent County with some of the highest poverty rates. Conversely, school districts with the highest percentage of students at or above proficiency (Byron Center and East Grand Rapids, and Forest Hills) have the lowest poverty rates in Kent County.

"The disparity that exists within the school systems is huge and it is reflected in the community."

*—Focus group participant*

TABLE 6

**English & Math proficiency**

Percent of Kent ISD students at or above proficiency standards, 2018-2019 school year

| Student Demographic Characteristics | 3rd Grade Proficiency | | 8th Grade Proficiency | |
|---|---|---|---|---|
| | English | Math | English | Math |
| *Gender* | | | | |
| Female | 53.8% | 49.9% | 71.4% | 45.2% |
| *Race/Ethnicity* | | | | |
| AIAN | 54.5% | 54.5% | 56.8% | N/A |
| Black or African American | 23.4% | 20.6% | 34.9% | 13.9% |
| Hispanic (of any race) | | | | |
| Two or More Races | 51.2% | 50.2% | 61.5% | 36.2% |
| *Economic Status* | | | | |
| Economically Disadvantaged | 36.3% | 36.6% | 47.4% | 24.5% |
| *Disability Status* | | | | |
| Students with disabilities | 21.0% | 25.4% | 25.1% | 8.4% |
| | | | 69.4% | |
| Total KISD | 50.5% | 52.0% | 65.5% | 44.5% |
| Total Michigan ISDs | 45.1% | 46.7% | 61.9% | 41.4% |

**Notes:** 3rd Grade proficiency is based on M-STEP; 8th Grade proficiency is based on PSAT
**Economically Disadvantaged:** Students who have been determined to be eligible for free or reduced-price meals, are in households receiving food or cash assistance, are homeless, are migrant, are in foster care, or certain Medicaid-eligible children.
**Students with Disabilities:** Students with one or more specific impairments who require special education or related services and have an Individual Education Plan
*Source: MI School Data: Grades 3-8 state testing performance, 2018-2019.*

[1] MI School Data: Early childhood education program participation, 2018-2019.
[2] Annie E. Casey Foundation, 2019. Kids Count Data Center.

# High School & College

Since 2010, the high school graduation rate† in Kent County has increased from 74.5% to 82.9% in 2019.[1] Among the 20 public school districts in Kent County, graduation rates vary from 76.2% in Grand Rapids Public Schools (which is the largest public school district, with a cohort of 832 high school seniors in 2018-2019) to 96.7% in Forest Hills Public Schools* (second largest district with a cohort of 783) and East Grand Rapids Public Schools, both neighboring districts to GRPS.[2]

More than half of students who graduated in the 2018-2019 school year were enrolled in a two- or four-year college or university within six months of graduating (Figure 14). For the adult population overall, two-thirds (66.7%) have some college education. Kent County has a higher percentage of adults with a bachelor's degree or higher than the state of Michigan (Table 7).

FIGURE 14

**College enrollment**

Percentage of students enrolled within 6 months of graduating high school


*Source: MI School Data, 2018-2019.*

**Community Identified Need: Youth Activities and Guidance**

The community is lacking in guidance, mentorship, and positive activities for youth, particularly teens, when they're not in school. Cost was also noted as a barrier to participation in some youth programs.

**"We don't have a lot of activities for our youth. They have to kind of find their own way."**

*– Focus group participant*

6.2% of youth age 16-19 in Kent County are not enrolled in school and not working—an increase from 5.4% in 2018.[3]

TABLE 7

**Educational attainment**

Highest educational attainment among Kent County adults age 25 years and over

| | Kent County | Michigan |
|---|---|---|
| | | |
| High School Graduate (Includes Equivalency) | 24.1% | 28.9% |
| | 30.9% | 32.8% |
| Bachelor's Degree | 23.7% | 17.7% |
| Master's Degree | 8.9% | 8.5% |
| Professional School Degree | 2.0% | 1.8% |
| Doctorate Degree | 1.2% | 1.2% |

*Source: ACS 5-year estimates, 2015-2019*

[1] Michigan Department of Education, Center for Educational Performance and Information, 2019. On-Time High School Graduation in Kent. Retrieved from Annie E. Casey Foundation Kids Count Data Center.
[2] MI School Data: Graduation/dropout rate 2018-2019.
*Kent City Community Schools have a slightly higher graduation rate (97.8%) but a cohort of fewer than 100 students.
†Reflects the share of the cohort that graduated in four years with a standard high school diploma
[3] ACS 5-Year Estimates, 2015-2019.

# Housing

Safe, stable, affordable housing was identified as a community need. Particularly among those who are low-income, aging adults, and those living in the Grand Rapids area.

Stable housing is a foundation for successful education and employment and a necessity for achieving and maintaining good health. Substandard or unsafe housing increases the risk for unintentional injuries, asthma, lead poisoning, and poor childhood development. Housing costs can also be a significant source of stress and poor mental health.

## INDICATORS

- Affordability: housing cost burden; change in costs over time
- Stability: home ownership and relocation
- Quality and safety: substandard housing; lead exposure

## KEY FINDINGS

- Renters in Kent County are two times more likely to experience housing cost burden than homeowners.
- Homeowners are disproportionately non-Hispanic White—Kent County has a higher percentage of homeowners who are non-Hispanic White (87.3%) than both Michigan (85.6%) and the US (76.0%).
- Hispanic/Latino households are seven times more likely to be overcrowded than White households.
- The percentage of children with elevated blood lead levels (EBLLs) in Kent County has been decreasing since 2010 and continues to do so; however, children living in the City of Grand Rapids are 4.5 times more likely to have EBLLs than children living in the rest of Kent County.

## COMMUNITY INPUT

- The most frequently mentioned housing issue is lack of affordable and adequate housing, particularly for renters and aging adults
- Themes from community members include:
  - Gentrification of Grand Rapids neighborhoods
  - Increasing rent prices
  - Rental process is burdensome, competitive, and expensive when having to apply for multiple rental units
  - Racial inequities in home ownership

"A lot of people who should be in assisted living or nursing cannot afford it, [so they] choose to be independent. And consequently, we find that when they get into a facility like this, where it's supposed to be independent, they're stunned to find out they don't have the help they need. They can't do the cooking, the cleaning, all of that kind of thing themselves."

*—Focus group participant*

**"It's going to get increasingly less affordable to live here for people who live on a limited income."**

*—Focus group participant*

"**In early stages of gentrification**, and all of the issues that come with that, including income-disparity, the introduction of new luxury rental units, among long-ignored, sub-standard homes and rental properties. New local shops and stores that are very clearly intended for the 'new' white residents, and too expensive or impractical for the residents that have lived in the neighborhood for the last 10, 20, 30 years."

*—Survey respondent describing community challenges*

# Affordability

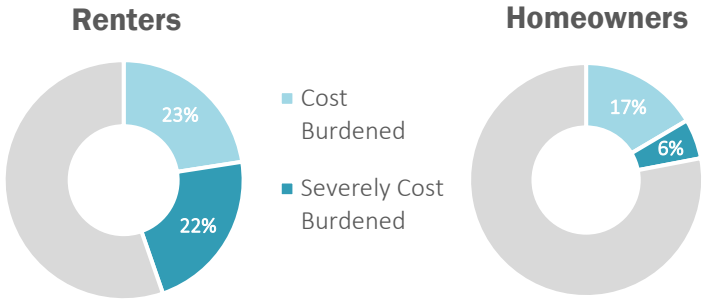
Housing is considered "affordable" when rental or ownership expenses are less than 30% of income. Households experiencing housing cost burden (paying more than 30% of income) and severe housing cost burden (paying more than 50% of income), often have to make difficult trade-offs in meeting other basic needs.

Nearly half of all renters in Kent County experience housing cost burden, and roughly one in four experience severe housing cost burden. Renters are 3.5 times more likely to be severely cost burdened than homeowners (Figure 15).

FIGURE 15

**Housing cost burden**

Percent of renters and homeowners paying more than 30% (cost burdened) and more than 50% (severely cost burdened) of their income on housing




*Source: ACS 5-year estimates, 2015-2019.*

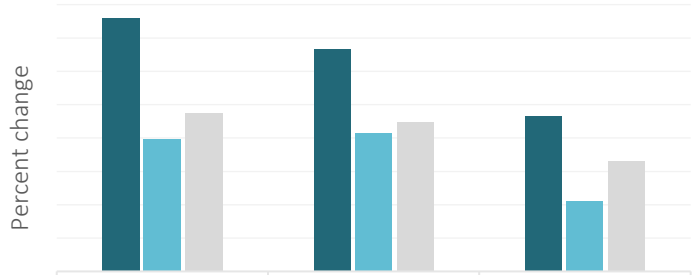
## CHANGE IN HOUSING COSTS

In the past five years, median home value has increased more than median household income in Grand Rapids, Kent County, and Michigan (Figure 16). Median gross rent has increased by roughly 20% in Grand Rapids and Kent County compared to about 10% in Michigan. While the median rent in Grand Rapids is just slightly higher than in Kent County, the median income for Grand Rapids residents is approximately 30% lower than the county average.

FIGURE 16

**Change in housing costs**

Increase in median housing value and median gross rent, compared to household income, 2015-2019




| | Grand Rapids | Kent County | Michigan |
|---|---|---|---|
| Home Value | 38.0% | 33.3% | 23.3% |
| Rent Price | 19.9% | 20.7% | 10.6% |
| Household Income | 23.8% | 22.4% | 16.6% |

Housing Cost Estimates & Household Income, 2019:[2]

**Median Home Value**

Grand Rapids: $168,300
Kent County: $201,500
Michigan: $169,600

**Median Gross Rent**

Grand Rapids: $995
Kent County: $958
Michigan: $888

**Median Household Income**

Grand Rapids: $51,817
Kent County: $66,532
Michigan: $59,584

*Sources: ACS 5-year estimates, 2015-2019; (2) ACS 1-year estimates, 2015 and 2019.*

# Housing Stability

High levels of homeownership are associated with more stable housing and more tightly knit communities. Owning a home over time can also be an indicator of economic security by allowing individuals and families to build savings for education or other opportunities that are important for health and future family wealth.[1]

## HOMEOWNERSHIP

The rate of homeownership in Kent County is 69.8%. Homeownership in Kent County is slightly lower than the state of Michigan (71.2%) and significantly higher than in Grand Rapids, where nearly half of all housing is rented (44.6%). Across Grand Rapids, Kent County, and Michigan, homeowners are disproportionately non-Hispanic White. In Kent County, non-Hispanic Whites make up 87.3% of all homeowners and 73.8% of the population. In Grand Rapids, this gap is even larger, despite a higher proportion of non-White homeowners in the city (21.6%), 78.4% of homeowners are non-Hispanic White compared to just 59.0% of the population. [2]

## RELOCATION

An indicator of housing instability is moving frequently, which is associated with negative health outcomes in children and adolescents such as poor academic performance, behavioral problems, and increased risk of engaging in harmful health behaviors.[3] In the past year, 3.5% of Kent County adults moved two or more times. Young adults (13.2%) and those with lower educational attainment (12.9%) and low household income (8.2%) were significantly more likely to have moved frequently.

# Quality and Safety

## SUBSTANDARD AND OVERCROWDED HOUSING

More than 2,300 occupied housing units in Kent County are considered "substandard" and lack full indoor plumbing or kitchens. Three out of four substandard housing units are renter-occupied.[4]

Over 5,000 occupied housing units are also overcrowded (2.2%), with more than one person per room. Hispanic and Latino households are more likely to be overcrowded (10.2%) compared to African American (3.7%) and White (1.5%) households.[2]

## LEAD EXPOSURE

One of the most common sources of lead exposure is from paint, dust, soil, and water in homes. There is an elevated risk for lead exposure in homes built before 1978, and the highest risk of exposure in homes built before 1950. Much of the housing in Kent County is relatively new construction with 42.0% of homes built in 1980 or later. In contrast, homes in Grand Rapids are older, with 80.2% built before 1980.[2] There are typically no observable symptoms of lead exposure and even low levels are highly toxic, especially to young children and pregnant women. Elevated blood lead levels (EBLLs) are greater than or equal to 4.5 micrograms per deciliter of blood. In Grand Rapids, 6.3% of children under age six who were tested had EBLLs compared to only 1.4% of children in the rest of Kent County. Overall, the proportion of children with EBLLs in Grand Rapids and Kent County has decreased since 2010.[5]

**Community Voices**

"**Healthy homes are the start to healthier neighborhoods.** We can't stay in a position where we have lead poisoning in all these old homes and our children are suffering as a result of it. So […] whatever we can do to build strong neighborhoods and provide healthy homes, then we'll have greater collective impact that will have a greater lasting effect for generations to come."

*– Focus group participant*

[1] County Health Rankings, 2019. *Homeownership.*
[2] ACS 5-year estimates, 2015-2019.
[3] Oishi, S., & Schimmack, U. (2010). Residential mobility, well-being, and mortality. *Journal of Personality and Social Psychology, 98*(6), 980-994. Doi: 10.1037/a0019389.
[4] U.S. Department of Housing and Urban Development, 2020. *Comprehensive Housing Affordability Strategy data, 2013-2017.*
[5] Kent County Health Department, 2020. *Lead action team report.*

# Neighborhood & Built Environment

The characteristics of the neighborhoods where we live and the built environment (i.e., human-made surroundings) can have major effects on our health and opportunities to be healthy. Health can be adversely affected by exposure to pollution, violence and crime, high density of convenience and liquor stores, and lack of access to healthy foods. Conversely, the presence of sidewalks and playgrounds, after-school programs for children, and affordable nutritious food encourage healthy behaviors and make it easier to achieve and maintain good health. Social and economic conditions in neighborhoods may improve health through access to employment opportunities and public resources including efficient transportation, an effective police force and good schools.

Housing costs largely determine where people can afford to live, and growing income inequality has created concentrated areas of wealth and poverty. These neighborhood differences can create and reinforce social and economic disadvantages that contribute to health inequities along socioeconomic, racial or ethnic lines, due to disproportionate access to resources and exposures to conditions that are harmful to health. [1]

## INDICATORS

- Community safety: crime and perceived safety
- Infrastructure and community layout
- Transportation

## KEY FINDINGS

- The total number of crimes in Kent County has decreased since 2015 and is likely attributable (in part) to the legalization of marijuana in 2018.
- Adults with lower household incomes are more likely to think their neighborhood is unsafe.
- Black and Hispanic youth are twice as likely to miss school because they feel unsafe at school or on their way to/from school.
- There are five times as many fast-food outlets in Kent County as grocery stores

## COMMUNITY INPUT

- Some survey respondents noted an increase in crime in their neighborhoods (such as car break-ins, theft, and gun violence); however, respondents also described poor community-police relations and lack of trust.
- For rural residents, police response and proximity to emergency services was a challenge.
- The public transportation system in the Urban Core (i.e., in and around Grand Rapids) was a strength noted by community members. Although, transportation was described as a challenge for those living outside of the city and for those without a personal vehicle.

**"Being rural, emergency support (fire, police, ambulance, etc.) are all far away."**

*– Survey respondent describing community challenges*

"Gunshots are frequent in the area, some petty crime, but nothing really happens to improve it because no one wants to call the police."

*– Survey respondent describing community challenges*

"Lack of transportation, I have to walk at least 3 miles to get to the nearest bus stop."

*– Survey respondent describing community challenges*

[1] Braveman, P., Cubbin, C., Egerter, S., & Pedregron, V. (2011). Neighborhoods and health. *Robert Wood Johnson Foundation*.

# Community Safety

## CRIME

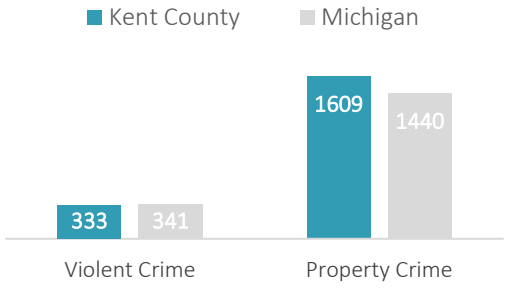
High levels of violent crime compromise physical safety and psychological well-being. Exposure to crime and violence also increases stress, which may exacerbate hypertension and other stress-related disorders. Exposure to chronic stress, particularly among children, contributes to increased risk for certain chronic diseases.[1]

There is a slightly lower violent crime rate in Kent County than the State average; however, the property crime rate in Kent County is about 12% higher than in Michigan (Figure 17). Since 2015, the total number of annual offenses (that are reported) has decreased in Kent County by about 10%. A reduction in property crimes was the main driver of this decrease—accounting for 52% of the total reduction out of four crime categories. This is likely attributable to the statewide legalization of marijuana in November 2018, as the number of offenses for violation of a controlled substance was cut in half between 2018 and 2019.

FIGURE 17

### Crime rate

Rate of violent and property crimes (number of offenses per 100,000 people), Kent County and Michigan, 2019




**Notes: Violent crime rate** include murder, rape, robbery, and aggravated assault; **Property crime rate** include burglary, larceny, motor vehicle theft, and arson

*Source: Michigan State Police, Michigan Incident Crime Reporting, 2019*

## PERCEIVED SAFETY

Regardless of actual crime rates, feeling unsafe can compromise psychological well-being and be a deterrent to pursuing healthy behaviors, such as exercising outdoors. Overall, 4.1% of youth and 5.0% of adults consider their neighborhood unsafe. Those with lower household incomes are more likely to consider their neighborhood unsafe – particularly among the lowest income earners (i.e., a household income below $20,000 per year), with 12.3% believing their neighborhood is unsafe.[2,3]

Among middle and high school-aged youth, 5.6% reported feeling unsafe or very unsafe at school and 10.4% did not go to school on one or more of the past 30 days because they felt unsafe. Middle schoolers were more likely to report missing school due to feeling unsafe (15.1%) compared to high schoolers (7.5%). African American and Hispanic or Latino youth were almost twice as likely to miss school due to feeling unsafe than White students for both middle and high school ages.

**Community Voices:**

**What is important in a healthy community?**

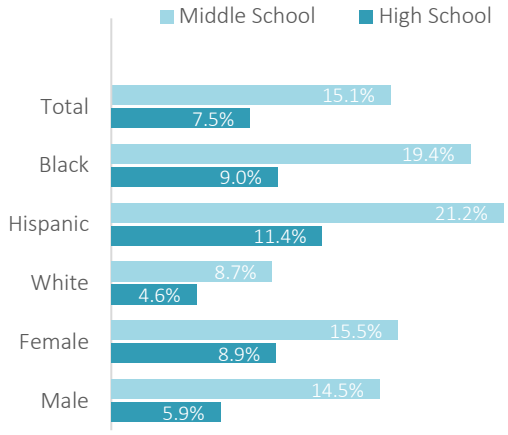
"I would say safety would be number one. People can thrive when they feel safe and secure."

*– Focus group participant*

FIGURE 18

### Youth safety

Percentage of students who missed school because they felt unsafe at school or on their way to or from school




**Notes:** Reflects the 2-year average for the 2018-19 and 2019-20 school years.

*Source: MiPHY 2018-2020.*

[1] County Health Rankings, 2020. *Health factors: Violent crime.*
[2] Kent County BRFSS, 2020.
[3] Michigan Profile for Healthy Youth, 2018-2020.

# Infrastructure & Community Layout

There are strong correlations between the density of grocery stores in an area and residents' diets. Healthy and fresh food options that are affordable and in close proximity makes it easier to have a balanced and nutritious diet. In Kent County, there are five times as many fast-food outlets as grocery stores.[1] In 2015, 21.1% of the population was considered to have low access to a grocery store – 5.3% were low income and low access.[2]

**15.5**
grocery stores
per 100,000 people

## PARKS & GREENSPACES

Almost half (46%) of residents live within half a mile of a park. There are 42 parks, green spaces, and regional trails in Kent County totaling 7,354 acres. Approximately two-thirds of Kent County parks have accessible (i.e., barrier-free) accommodations of some sort.[5] The City of Grand Rapids has an additional 82 parks and green spaces.[6]

## TRANSPORTATION

In areas with low walkability, lack of transportation can be a barrier for accessing needed services and resources. In Kent County, 6.9% of households do not have a vehicle. Among renter-occupied households, 17.5% do not have a vehicle. The majority of workers in Kent County commute. The average commute time is 21 minutes, but 3.6% of commuters drive more than 60 minutes to work.[3]

Overall, the public transportation system is accessible within the Grand Rapids area. However, for those who live outside of the city and who do not have a personal vehicle, transportation options are extremely limited. African Americans are more likely to use public transportation as a means of getting to work (5.6%) than Hispanic or Latino (3.4%) and non-Hispanic White (1.1%) residents.[4]

### Community Identified Need:
### Safe Sidewalks & Improved Walkability

Nearly a quarter of survey respondents (23.4%) do not think sidewalks are accessible where they live. The lack of safe, properly maintained sidewalks—particularly in high-traffic or high-speed areas—is dangerous for pedestrians and can be a deterrent to physical activity or spending time outdoors.

"We need better sidewalks. I take my grandma on walks in her wheelchair, sometimes I have to enter the road because the sidewalks concrete is buckled."

*– Community survey respondent*

**"Lack of sidewalks and road shoulders for running and biking safely."**

*– Community survey respondent*

"28th Street creates a barrier to going out and about beyond immediate neighborhood. Other busy streets such as Eastern and Burton are harder to cross than they should be because crosswalks are not marked, are poorly marked, or are not observed by motorists. Busy streets are too wide or traffic too fast to be pedestrian friendly."

*– Community survey respondent*

[1] U.S. Census Bureau, County Business Patterns, 2018. *Complete ZIP Code Industry Detail File.*
[2] U.S. Department of Agriculture, 2015. *Food Environment Atlas.*
[5] Kent County Parks, 2020. *Kent County parks brochure.*
[6] City of Grand Rapids, 2021. *Parks directory.*
[3] ACS 5-year estimates, 2015-2019.

# Social and Community Context

The quality of living, working, learning, and playing are influenced by inclusion and belonging. When a population or community belongs—in other words, is not marginalized or excluded—it means their voices are heard and they have a say in shaping the conditions in the community that affect their lives and health. Belonging and inclusion affect relationships and how we interact with others, access to resources, resilience, and opportunities for educational and economic success.[1]

## INDICATORS

- Community cohesion and belonging
- Social support
- Racism and discrimination

## KEY FINDINGS

- Just over half of Kent County households are individuals who live alone. More than a third of adults who live alone are age 65 or older.
- More than one in ten African American (13.1%) and Hispanic or Latinos (11.1%) experienced racial discrimination in the workplace or when seeking health care in the past 12 months.

## COMMUNITY INPUT

- The community is not welcoming for people of color and they do not have the same experiences or sense of belonging as white residents.
- West Michigan is a place where social connections are important for accessing opportunities and resources. If you don't already have those connections, they can be difficult to form here.

[1] Minnesota Department of Health, 2018. *HEDA: Conducting a health equity data analysis.*

# Community Cohesion

A sense of belonging and overall community cohesion were identified as something that's important to health. However, many described the community as segregated and lacking diversity. A major theme that emerged from community input was that many people of color do not share the same experiences or sense of belonging as white people living in Kent County.

**Community Conversations:**
**Dialogue between two focus group participants**

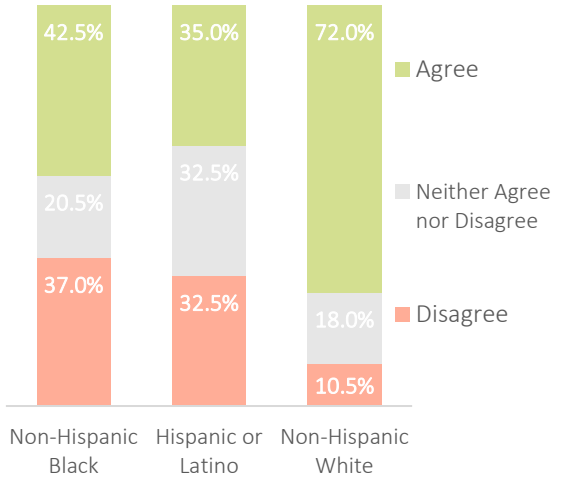
"I can be anywhere in 15 or 20 minutes from where I live. I can be at the airport, I can be out in the woods on a trail, I can be at the lakeshore, yet **I can find plenty of things to do in town**, plenty of great restaurants [...], we've got a symphony, we've got places like Meijer Gardens, we've got St. Cecilia's and so many clubs and just a lot to do."

"As a Mexican immigrant, it just affects me to see my own community [...] the best way I can describe it, **it's two separate worlds**, very separate. And I think that somebody can say, "I love this place" like [participant 1 said]. And it's true. It's true. But somebody can say "this place sucks for me or my family, **I don't have the same opportunities,** I'm not treated right." And that is also true."

FIGURE 19

**Perceptions: Welcoming and positive community**

Survey respondents' level of agreement with the statement: overall, my community is positive for people of my identity or background(s), by race/ethnicity




*Source: Kent County CHNA Survey, 2020.*

Some community members described Kent County as welcoming and inviting, while others found it to be less inclusive. Black and Hispanic residents were about three times more likely to disagree that their community is welcoming and positive for them (Figure 19).

"Downtown is just growing and growing and growing. A lot of it's geared to bring us down and come play and enjoy the new amenities, the people, because they're all walking around downtown. So, **I think it's a pretty inviting city**."

*–Focus group participant*

**"Very few are welcoming and friendly. Especially to people of color."**

*–Survey respondent describing community challenges*

# Social Support

Social connection and support are a determinant of health and can be an important factor in coping with stress and long-term resiliency. Social networks, whether formal (such as a faith-based group or social club), or informal (such as meeting with friends) provide a sense of belonging, security, and community.

Different types of social support include:[1]

- Emotional support, or making someone else feel cared for
- Instrumental or tangible support, such as money or helping with tasks
- Informational support

According to residents who provided community input for the CHNA, social connections are an important asset in West Michigan for accessing information, resources, and opportunities—however, these connections can be hard to establish for some. A lack of systematic communication to the general public about existing resources and how to access them leads many to rely on informal networks, such as faith-based communities, for information on available resources. However, these connections can be hard to establish for some, and without those social connections or larger networks, they do not have access to the same resources.

**1 in 10**

survey respondents did not have people they could rely on for help when needed

**"Social capital is important here. It's very much who you are and who you know."**

*–Focus group participant*

"Accessibility and promotion of resources seems to be exclusive information, lack of knowing how to connect to community/neighborhood."

*–Survey respondent describing community challenges*

People who live alone make up over half of all households in Kent County (Figure 20).

**One in every five Kent County households are adults age 65 and older who live alone.**



Females over age 65 are 2.5 times more likely to live alone than males over age 65.

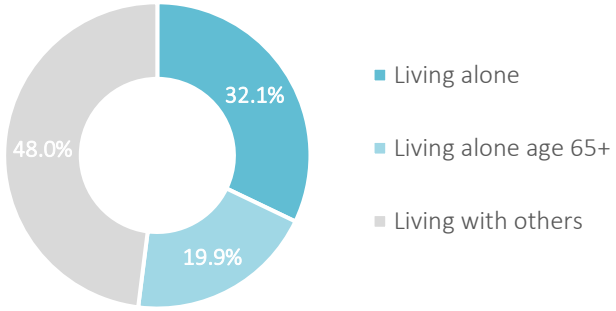
## Social Support & COVID 19

Older adults and those who live alone experienced reduced social support and challenges such as lack of physical, in-person contact and increased feelings of loneliness and isolation because of the pandemic. Some also noted that providing support to loved ones was difficult—particularly for older adults or those who are high-risk—due to fear of exposing them to COVID-19.

FIGURE 20

**Adults living alone**

Kent County adults who live alone, as a percentage of total households




*Source: ACS 5-year estimates, 2015-2019.*

[1] Primary Health Care, The Project, 2017. T*he importance of social support.*

# Discrimination & Racism

Discrimination is the unfair or prejudicial treatment of people and groups based on characteristics such as race (racism), gender, age, ability, or sexual orientation.[1] Discrimination is a social stressor that has physiological effects such as sleep difficulties, anxiety, and hypertension. Not all discrimination is conscious, intentional, or personal. It's often built into institutional policies and practices that unfairly advantage some and disadvantage others. [2, 3] This systematic disadvantage coupled with chronic and compounding stress are driving forces of social determinants of health and inequities in health outcomes.

## Community Input: Discrimination

People who have a disability and who identify as LGBTQ were **more likely to report that discrimination is a frequent or constant source of stress** for them compared to those with no disability and straight/ cisgender survey respondents.

In focus groups, participants also reported facing additional barriers to health care because of these characteristics.

"**There are many times that I actually do not have procedures done because they cannot accommodate me** […] They can't get me on an exam table, or I can't get into a building, or whatever the situation may be."

"What we don't want is to be passing over certain things that you would suggest to an able bodied person and then say, 'Well, that would be really difficult, so I'm not even going to bring that up to somebody who has a physical disability.'"

*–Conversation between focus group participants*

"There's a lot of these different obstacles put in place for trans people when we're just trying to live. We just want health care. **We just want to get the same care as everybody else.** We're not trying to hack the system or anything. We're just trying to get health care."

*–Focus group participant*

## Racism

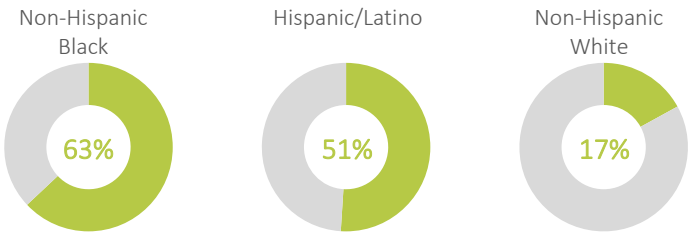
13.1% OF AFRICAN AMERICAN AND 11.1% OF HISPANIC OR LATINO ADULTS EXPERIENCED RACIAL DISCRIMINATION IN THE WORKPLACE OR WHEN SEEKING HEALTH CARE IN THE PAST 12 MONTHS.

7.4% of African American and 5.7% of Hispanic residents **experienced physical symptoms** (such as headache, upset stomach, pounding heart) and 9.4% of African American and 14.3% of Hispanic residents **experienced emotional effects** (such as feeling angry, sad, or frustrated) as a result of how they were treated based on their race.

FIGURE 21

**Racism and stress**

Percent of survey respondents who said racism was a frequent or constant source of stress




*Source: Kent County CHNA Survey, 2020.*

[1] American Psychological Association, 2019. *Discrimination: What it is, and how to cope.*
[2] American Public Health Association, 2020. *Racism and health.*
[3] Williams, D. (2017). Why discrimination is a health issue. *Robert Wood Johnson Foundation.*

# Technology

Internet access is an important social determinant of health and resource for work, education, and communication. It has been especially crucial during the current COVID-19 pandemic as many employers and educators transitioned to remote work and learning. High speed internet (i.e., broadband) also plays a role in accessing healthcare via telehealth, which has become increasingly common due to the pandemic. Common barriers to high speed internet access include cost and deficient infrastructure.[1]

In Kent County, 86.3% of households have a broadband internet subscription and 11% do not have household internet access. Of those with a broadband internet subscription, 10% rely on a cell phone data plan as their source for internet.[2]

TABLE 8

**Internet access**

Percent of households by internet access

| | Kent County | Michigan | US |
|---|---|---|---|
| Internet subscription | 86.6% | 82.0% | 83.0% |
| Internet access without a subscription | 2.5% | 3.4% | 3.0% |
| No Internet access | 11.0% | 14.7% | 13.9% |

*Source: ACS 5-year estimates, 2015-2019.*

Common barriers to high speed internet access include cost and deficient infrastructure. Those with household incomes below $50,000 are about 20% less likely to have a broadband internet subscription (73.9%) compared to those with a household income above $50,000 (94.4%).[2] Areas of the county where internet service gaps persist include: Townships of Tyrone, Sparta, Grattan, Vergennes, Lowell, Bowne, Gaines, Caledonia, Byron, Cascade, Algoma, and Ada.[3]

Age and knowledge of technology use are additional factors to consider with internet accessibility. Older adults in Kent County are less likely to have a computer device (such as a desktop, laptop, smartphone, or tablet) and less likely to have broadband internet. Among those age 65 and older, 17.9% of households do not have a computer device compared to those age 64 and younger—1.9% of which do not have a computer device in their household.[2]

## Technology & COVID 19

**Technology was central to many of the things listed as helpful or providing relief.**

- Maintaining social connections and community networks while remaining physically distant (through video chat, live streamed religious services, group support meetings, etc.)
- Accessing health care services virtually – this was most notable for mental health services and virtual counseling
- "Very slow and sporadic" internet connectivity in rural areas was a challenge for staying connected with others and working virtually.
- Others reported the cost of high-speed internet and new technology as significant challenges for working or learning virtually.

[1] America's Health Rankings, United Health Foundation.
[2] ACS 5-year estimates, 2015-2019.
[3] Kent County Broadband Advisory Committee, 2017. *Community Technology Action Plan.*

# Section 3: Health Outcomes & Behaviors

# Health Status

General health status is a reliable self-rated assessment of one's perceived health status, which may be influenced by all aspects of life, including behaviors, environmental factors, and community. Self-rated general health status is useful in determining unmet health needs, identifying disparities among subpopulations, and characterizing the burden of disease and overall well-being within a population.[1]

**Overall, 12.0% of adults in Kent County reported that their health, in general, was fair or poor.**

## DISPARITIES IN SELF-RATED POOR HEALTH

### RACE

Black adults are twice as likely as their White counterparts to report fair or poor health (Figure 22)

### INCOME

Those with a household income below $50,000 are about seven times more likely to report fair or poor health than those with a household income above $50,000 (Figure 22)

### AGE

Younger adults are more likely to report experiencing frequent mental health problems than older adults—whereas older adults are more likely to report experiencing frequent physical health problems than younger adults (Figure 23).

### ABILITY

People with a disability are more likely to report fair or poor overall health, poor physical, and poor mental health than people with no disabilities.

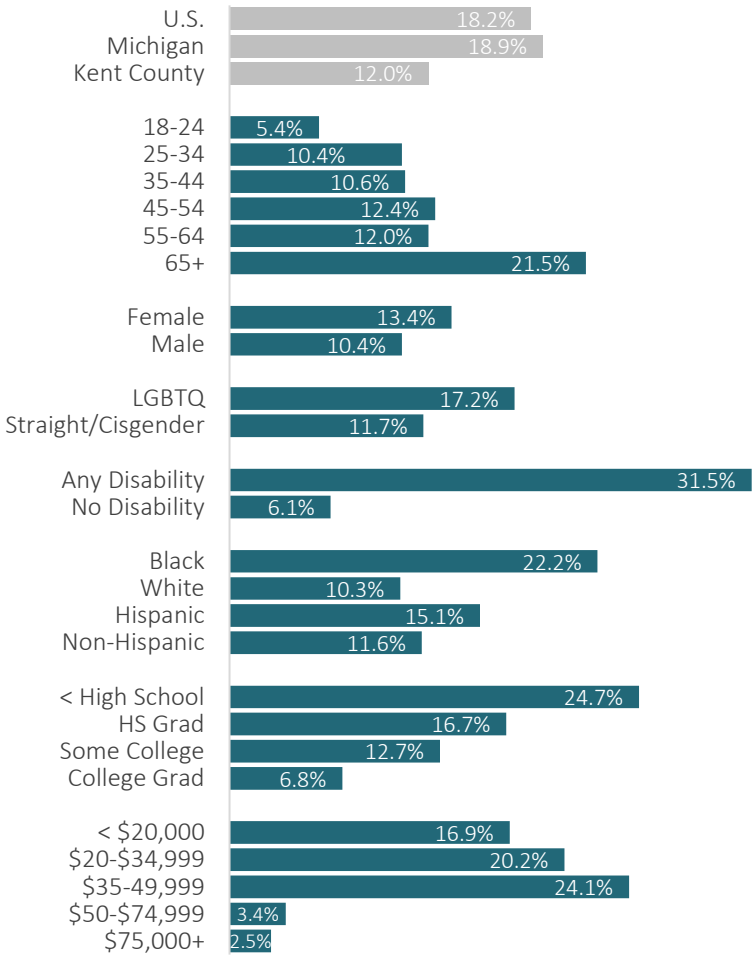
### SEXUAL ORIENTATION & GENDER IDENTITY

LGBTQ adults are two to three times more likely to report poor physical and mental health, respectively than straight or cisgender adults (figure 23).

FIGURE 22

**Fair or poor health status**

Percent of adults in Kent County reporting that their general health is fair or poor, by select demographic characteristics



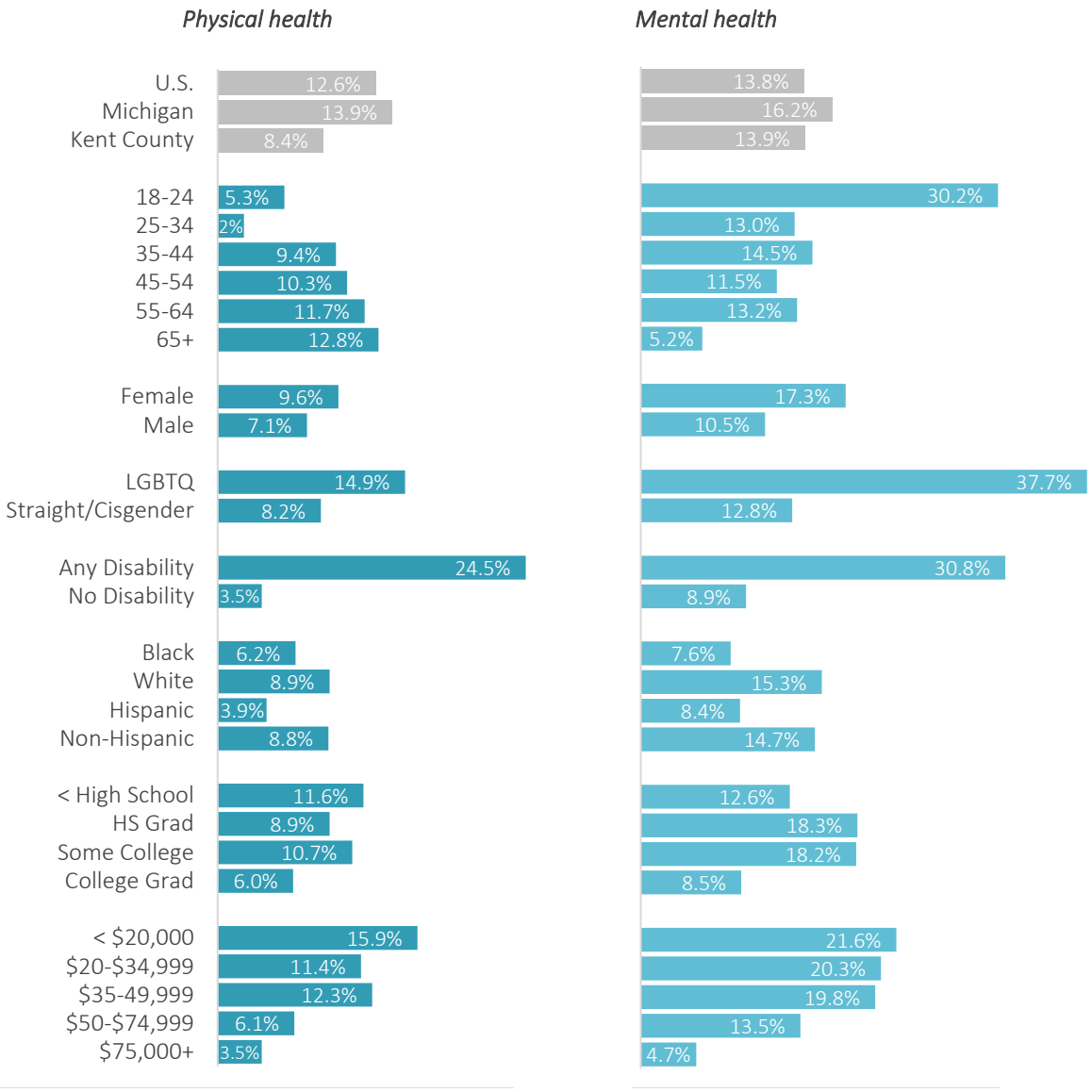

*Source: Kent County BRFSS, 2020; Michigan and U.S. BRFSS, 2019.*

[1] Kent County BRFSS, 2020.

FIGURE 23

## Poor physical and mental health

Percent of adults in Kent County reporting 14 or more days of poor physical and mental health in the past 30 days




*Source: Kent County BRFSS, 2020; Michigan and U.S. BRFSS, 2019.*

## Self Reported Health & COVID 19

**According to community survey respondents, physical health mostly stayed the same while mental health worsened.**

*How does your physical/mental health now compare to before the COVID-19 pandemic?*

65% said their physical health stayed the same and 46% said their mental health stayed the same
24% said their physical health worsened and 47% said their mental health worsened
12% said their physical health improved and 7% said their mental health improved

# Mortality

## Life Expectancy

In Kent County, average life expectancy is 79.9 years overall. Average life expectancy is lower for American Indian/Alaskan Native (74.8) and African American (74.9) residents compared to White (80.3), Hispanic (85.1), and Asian (91.9) residents.[1]

## Leading Causes of Death

Kent County has lower mortality rates for almost all leading causes of death compared to Michigan and the U.S. Alzheimer's disease is the notable exception, with 48.6 deaths per 100,000 people in Kent County and only 34.3 and 31.0 in Michigan and the U.S., respectively (Table 9).

TABLE 9

**Mortality rates for the leading causes of death**

Number of deaths and age-adjusted mortality rates for the ten leading causes of death, Kent County and Michigan 2018, and United States residents, 2017

| Kent County Rank & Cause of Death | Number of Deaths | | | Age Adjusted Mortality Rate per 100,000 Population | | |
|---|---|---|---|---|---|---|
| | Kent County | Michigan | United States | Kent County | Michigan | United States |
| 1. Heart Disease | 1,204 | 25,345 | 647,457 | 168.2 | 194.9 | 165.0 |
| 2. Cancer | 1,028 | 21,025 | 599,108 | 143.6 | 161.1 | 152.5 |
| 3. Alzheimer's Disease | 346 | 4,474 | 121,404 | 48.6 | 34.3 | 31.0 |
| 4. Unintentional Injuries | 303 | 5,564 | 169,936 | 44.8 | 52.1 | 49.4 |
| 5. Chronic Lower Respiratory Diseases | 272 | 5,783 | 160,201 | 38.6 | 44.2 | 40.9 |
| 6. Stroke | 233 | 5,180 | 146,383 | 33.3 | 39.9 | 37.6 |
| 7. Pneumonia/Influenza | 90 | 1,871 | 55,672 | 12.8 | 14.5 | 14.3 |
| 8. Suicide | 86 | 1,547 | 47,173 | 13.2 | 15.0 | 14.0 |
| 9. Diabetes Mellitus | 81 | 2,824 | 83,564 | 11.9 | 21.9 | 21.5 |
| 10. Kidney Disease | 45 | 1,943 | 50,633 | 7.0 | 15.0 | 13.0 |
| All Causes of Death | 4,932 | 98,985 | 2,813,503 | 701.2 | 783.1 | 731.9 |

*Source: MDHHS Division for Vital Records & Health Statistics, Geocoded Michigan Death Certificate Registry data, 2018*

[1] County Health Rankings. (2020). *Additional Measures: Length of life.*
[2] Kent County Health Department, 2020.

## COVID 19 Mortality in Kent County

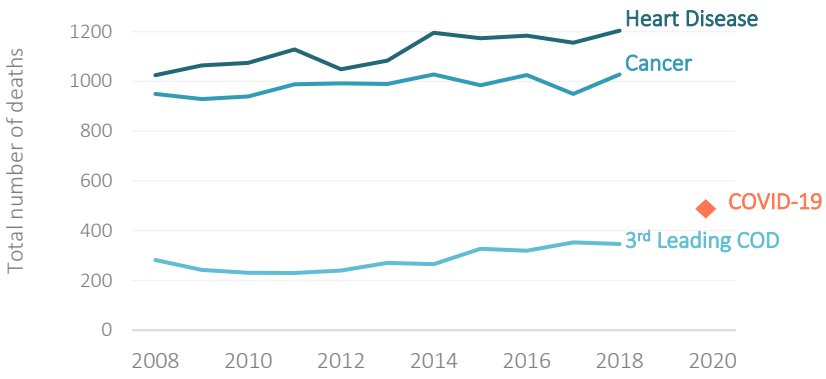
**In 2020, there were 496 deaths due to COVID-19[2] making it the third leading cause of death in Kent County***

*This is based on 2018 mortality statistics in Kent County. However, for the past 10 years the trends have not changed: heart disease and cancer have remained the top two leading causes of death by a wide margin and the third leading cause of death has not exceeded 353 total deaths (Figure 24).

FIGURE 24

### Top three leading causes of death over time

Total number of deaths in Kent County due to heart disease, cancer, and unintentional injury or Alzheimer's (2008-2018) and COVID-19 (2020)



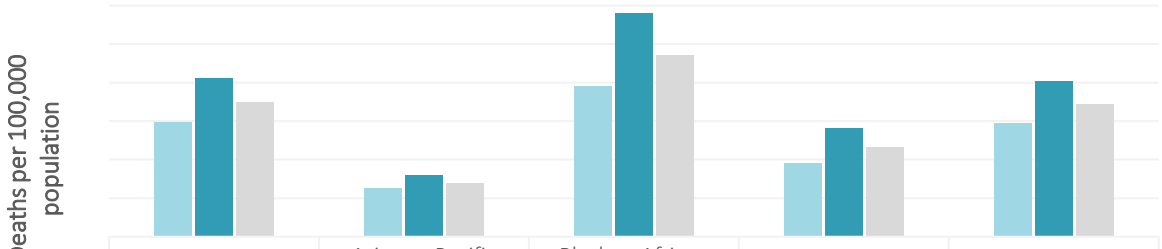

**Notes:** depending on year, the third leading cause of death in Kent County has been unintentional injury or Alzheimer's disease.

Males have higher age-adjusted mortality rates than females across all racial and ethnic groups (Figure 25). On average, African Americans have significantly higher mortality rates than all other racial/ethnic groups, while Asian/Pacific Islanders and Hispanic/Latinos have significantly lower mortality rates.

FIGURE 25

### Mortality rate by race, ethnicity, and sex

Three-year average age-adjusted mortality rate (deaths per 100,000 people) in Kent County, 2017-2019




| | Total | Asian or Pacific Islander | Black or African American | Hispanic or Latino | White |
|---|---|---|---|---|---|
| Female | 593.3 | 249.9 | 779.3 | 384 | 586.3 |
| Male | 821.9 | 318.6 | 1,159.10 | 563.8 | 809.3 |
| Total | 697.1 | 279.9 | 940.9 | 467.6 | 687.9 |

**Notes:** all race categories are non-Hispanic, Hispanic and Latino includes any race.
*Source: CDC WONDER*

# Chronic Disease

Chronic diseases include conditions that last one year or more. They are the leading cause of death and disability in the U.S. and a driver of high annual healthcare costs. According to the CDC, six in 10 adults have a chronic disease and four in 10 have two or more. Chronic conditions may require ongoing medical attention and often negatively impact quality of life, especially if left undiagnosed or unmanaged. Although they are common and costly, many chronic diseases can be prevented or managed through simple lifestyle changes. The four lifestyle risk factors that increase risk for chronic conditions include:[1]

- Tobacco use
- Poor nutrition
- Lack of physical activity
- Excessive alcohol use

Non-modifiable risk factors such as age, sex, and family history, as well as the physical, economic, and social environment also have significant impacts on disease occurrence and outcomes. In Kent County, there are consistent racial, ethnic, and socioeconomic disparities in risk factor prevalence, access to health care, and use of preventive services which contributes to inequities in chronic disease morbidity and mortality.

## INDICATORS

The following chronic conditions were selected as indicators of population health status in Kent County based on whether they were identified as a top health need through community input, or are among the leading causes of death, disability, or hospitalizations.

- Arthritis
- Asthma
- Cancer
- Chronic Pain
- Diabetes
- Heart Disease & Stroke
- Obesity

[1] CDC National Center for Chronic Disease Prevention and Health Promotion, 2020. *Chronic diseases in America.*

# Arthritis

Arthritis is a general term for more than 100 different conditions (including rheumatoid arthritis, gout, lupus, and fibromyalgia) that result in inflammation or swelling of the joints. Arthritis can cause stiffness and severe, chronic joint pain. It's a leading cause of disability in the U.S., affecting both work and daily living activities.[1] The prevalence is expected to increase as the population ages.[2]

## PREVALENCE

- Nearly one in four adults (23.1%) of adults in Kent County have been diagnosed with some form of arthritis.
- Prevalence increases with age – half of adults age 65 and older have been diagnosed with arthritis.

## SEVERITY

- A quarter of adults (26.4%) diagnosed with arthritis experience work limitations and more than a third (37.5%) experience activity limitations due to arthritis.
- Among those who have been diagnosed with arthritis, 88.1% reported having joint pain during the past 30 days.

## DISPARITIES

- Females are more likely to have arthritis (27.0%) compared to males (18.9%). Females are also more likely to report arthritis-attributable work and activity limitations.
- Adults age 35-44 are less likely to have arthritis (14.3%) than older age groups, but more likely to experience work and activity limitations (42.6% and 55.6%, respectively) due to arthritis.
- Those with less than a high school education are significantly more likely to report joint pain in the past 30 days than those with some college or higher.

## DISEASE MANAGEMENT

- Only 19.8% of adults with arthritis have taken an educational course or class to learn how to manage problems or symptoms related to arthritis. Females are significantly more likely to have received education on arthritis management than males.
- Most adults have had a doctor or health professional suggest physical activity or exercise to help with arthritis symptoms (73.8%); 22.1% of adults with arthritis have not received this advice.

[1] America's Health Rankings, United Health Foundation..

[2] Hootman, J.M., Helmick, C.G., Barbour, K.E., Theis, K.A., & Boring, M.A. (2016). Updated projected prevalence of self-reported doctor-diagnosed arthritis and arthritis-attributable activity limitation among US adults, 2015–2040. *Arthritis & Rheumatol.*, 68(7):1582–1587. doi: 10.1002/art.39692. PubMed PMID: 27015600.

# Asthma

Asthma is a chronic disease that affects the lungs and can cause episodes of wheezing, difficulty breathing, chest tightness, and coughing. These symptoms can range in severity from mild to life threatening. Asthma attacks can be triggered by a variety of indoor and outdoor exposures such as tobacco smoke, outdoor air pollution, cold weather, exercise, stress, dust mites, pets, and mold. Asthma is the most chronic condition among children. Living environments, particularly substandard or overcrowded housing can increase the risk of developing asthma and cause more severe asthma—which is why children in low-income families are disproportionately burdened by this condition.[1]

## HOSPITALIZATIONS

- Asthma was the sixth leading cause of preventable hospitalizations in 2018, with 5.4 hospitalizations per 10,000 people. [2]
- Almost half (46.7%) of all asthma-related hospitalizations in 2018 were among children younger than 18 (asthma is the second leading cause of preventable hospitalizations among children in Kent County, with 10.3 hospitalizations per 10,000 children).

## PREVALENCE

- 8.8% of middle and high school-age youth in Kent County reported currently having asthma. There is little difference between Black, Hispanic/Latino, and White students for asthma prevalence rates (i.e., those who have ever had asthma), however Black children are more likely to currently have asthma than Hispanic/Latino and White children.[3]
- 16.8% of adults have ever had asthma, and 10.4% of adults currently have asthma.[4]

## TRENDS

- Adult asthma rates in Kent County have been increasing over the past 20 years. The largest spike in asthma prevalence (those who have ever had asthma) occurred in the past three years—increasing from 12.1% to 16.8% and surpassing the state (16.4%) and national (14.9%) prevalence rates.
- The percentage of those who currently have asthma increased from 7.3% in 2017 to 10.4% in 2020.

## DISPARITIES

- Higher asthma prevalence is associated with lower household income and younger age groups. Females (13.3%) and non-Hispanic adults (11.0%) also have a higher prevalence than males (7.4%) and Hispanic or Latino adults (5.8%).

[1] U.S. Department of Housing and Urban Development.
[2] MDHHS, Division for Vital Records and Health Statistics, 2018. *Kent County health statistics; Michigan resident inpatient files*.
[3] Michigan Profile for Healthy Youth, 2018-2020.
[4] Kent County BRFSS, 2020.

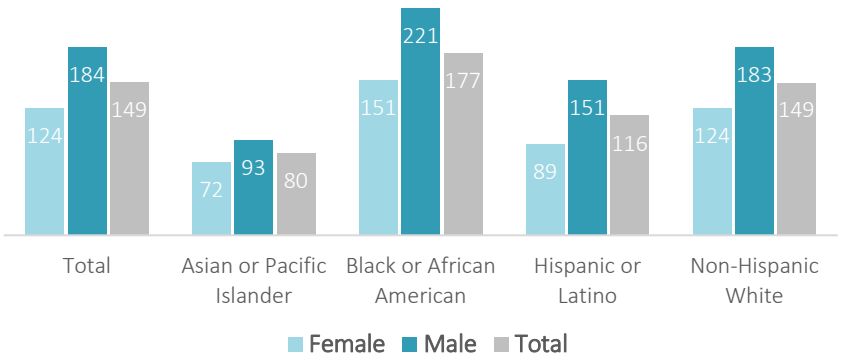
# Cancer

Cancer is the second leading cause of death after heart disease in Kent County, Michigan, and the U.S. The biggest risk factor for cancer is age. Half of all new cancer diagnoses occur in adults age 65 and older. Other risk factors for cancer include tobacco use, obesity, exposure to ultraviolet light, environmental carcinogens, and family history. Getting routine recommended screenings such as mammograms, colonoscopies, and prostate exams can improve outcomes by detecting and treating cancer in its earlier stages. [1]

FIGURE 26

**All cancer mortality by race, ethnicity, and sex**

Five-year average age-adjusted cancer mortality rate (deaths per 100,000 people) in Kent County, 2014-2018




*Source: National Cancer Institute, State Cancer Profiles, 2020.*

TABLE 11

**Cancer incidence and mortality rates for common cancers**

5-Year average age-adjusted incidence and mortality rates (per 100,000 population) for the three most common types of cancer, by race/ethnicity, Kent County

| | Age Adjusted Incidence Rate (2013 2017) | | Age Adjusted Mortality Rate (2014 2018) |
|---|---|---|---|
| **Lung Cancer** | | | |
| *Black/African American* | 73.3 | | 43.4 |
| *Non-Hispanic White* | 53.8 | | 37.2 |
| **Prostate Cancer (males)** | | | |
| *Black/African American* | 124.6 | | 42.1 |
| *Non-Hispanic White* | 80.1 | | 16.8 |
| **Breast Cancer (females)** | | Late Stage Diagnosis | |
| *Black/African American* | 121.1 | 50.7 | 22.4 |
| *Hispanic/Latino* | 62.6 | N/A | N/A |
| *Non-Hispanic White* | 132.7 | 40.5 | 17.0 |
| **Total** | **127.9** | **40.3** | **17.0** |

*Source: National Cancer Institute, State Cancer Profiles, 2020*

## CANCER INCIDENCE, MORTALITY, AND DISPARITIES

The age-adjusted death rate for all three types of cancer is lower in Kent County than Michigan and the U.S.

Breast cancer is the most common type, followed by prostate and lung cancer; however, lung cancer kills more people on average than breast and prostate cancer combined. Racial, ethnic, and gender disparities exist in incidence and mortality rates and are often linked to social determinants of health including education, economic status, and access to health care.

African Americans are significantly more likely to be diagnosed with lung cancer than Whites.

Black males are 1.5 times more likely to be diagnosed with prostate cancer and 2.5 times more likely to die of prostate cancer than non-Hispanic White males.

Non-Hispanic White females are slightly more likely to be diagnosed with breast cancer than Black females, however Black females are more likely to receive a late stage diagnosis and more likely to die from breast cancer than White females.

[1] United Health Foundation, America's Health Rankings.

# Chronic Pain

Chronic pain is defined as pain that lasts for three months or more but can sometimes last for years. It's one of the most common reasons people seek medical care and has a significant impact on overall well-being. Chronic pain is linked to restrictions in mobility and daily activities, anxiety, depression, poor perceived health, reduced quality of life, and several other health conditions including arthritis, cancer, and back pain.[1,2]

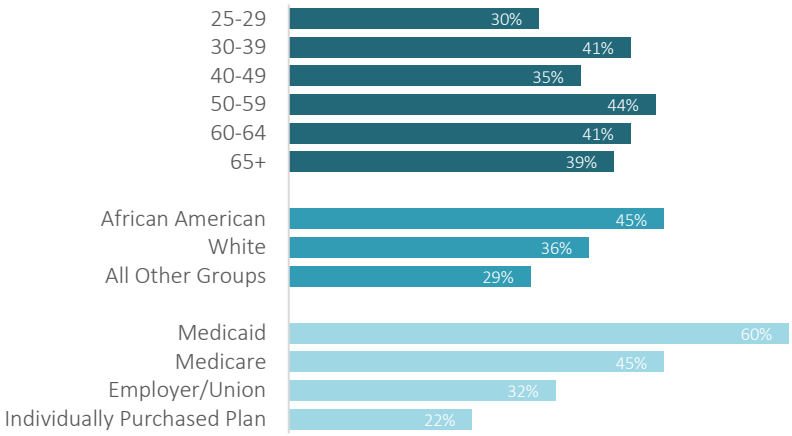
Both non-opioid and opioid medications are used to treat chronic pain. People who take opioids are at risk for many adverse effects, including opioid misuse. Improving opioid prescribing practices, increasing the use of non-opioid medications, and managing chronic pain with physical therapy can all help reduce opioid misuse—one of the major public health challenges associated with chronic pain amid the opioid pandemic.[3]

- State-wide, 37% of Michigan residents have experienced chronic pain in the past year that limits their lives or work–most of whom (four out of five) had pain on some or most days[4]
  - Only one in five people with chronic pain were prescribed pain medication
- The opioid prescribing rate in Kent County has decreased; from a peak of 90.2 prescriptions per 100 persons in 2012 to 67.7 prescriptions per 100 persons in 2018.[5]

FIGURE 27

**Chronic pain among Michigan residents**

Percent of adults who reported experiencing chronic pain in the past year, by age, race, and insurance type, 2018




*Source: Center for Health and Research Transformation at the University of Michigan. (2018). Cover Michigan Survey.*

[1] Dahlhamer, J., Lucas, J., Zelaya, C., et al. Prevalence of chronic pain and high-impact chronic pain among adults — United States, 2016. *Morbidity and Mortality Weekly Report,* 2018;67:1001–1006. DOI: http://dx.doi.org/10.15585/mmwr.mm6736a2external icon.
[2] Cleveland Clinic, 2021. *Acute vs. chronic pain.*
[3] Healthy People 2030 Objectives. *Chronic pain.*
[4] Center for Health and Research Transformation at the University of Michigan. (2018). *Cover Michigan Survey*.
[5] CDC, Opioid Overdose. U.S. County Prescribing Rates, 2017-2018.

# Diabetes

Diabetes occurs when the body cannot produce or respond appropriately to insulin, resulting in high blood glucose levels. The three major types of diabetes include Type 1, Type 2, and Gestational. Type 2 diabetes, also referred to as adult onset diabetes, accounts for 90-95% of all cases. Type 2 diabetes can be prevented or delayed with healthy lifestyle changes, unlike Type 1 which is caused by an autoimmune reaction and not known to be preventable. Gestational diabetes develops during pregnancy and usually goes away after birth but can be a risk factor for childhood obesity and for developing Type 2 diabetes later in life (for both the mother and child).

Prediabetes, or borderline diabetes occurs when blood sugar levels are higher than normal but not high enough to be diagnosed as Type 2 diabetes. It is a risk factor for developing Type 2 diabetes as well as heart disease and stroke. Prediabetes is reversable, however, there may not be any symptoms and many adults don't know they have it, so blood sugar tests and healthy lifestyle habits are key to prevention.[1]

## HOSPITALIZATIONS

- Diabetes is the ninth leading cause of death in Kent County and the leading cause for preventable hospitalizations.[2]
- 15.4% of all preventable hospitalizations in 2018 were for diabetes
- In 2018, the hospitalization rate for diabetes was twice the annual average from 2012-2016 (14.2 per 10,000 annual average from 2012-2016, and 28.8 per 10,000 in 2018).

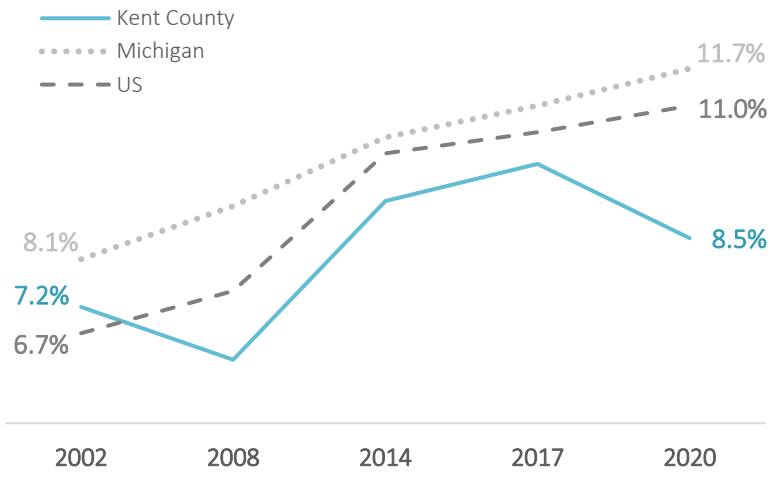
## PREVALENCE

The prevalence of adults diagnosed with diabetes has decreased for the first time since 2008, compared to state and national diagnoses which have slowly increased.

FIGURE 28

**Trends in diabetes prevalence**

Local, state, and national diabetes prevalence, 2002-2020




*Source: Kent County BRFSS, 2020.*

THE LARGEST DISPARITIES FOR BOTH DIABETES AND PREDIABETES ARE SEEN IN AGE, RACE, AND HOUSEHOLD INCOME.

One in four adults over 65 have diabetes.

African American adults are roughly two times as likely to have diabetes and prediabetes (15.9% and 17.4%) than White adults (7.6% and 9.1%). African Americans are also more likely to have had a diabetes test within the past 3 years (61.4%) compared to White (45.5%) and Hispanic (47.5%) adults.

The rate of diabetes and prediabetes decreases as household income increases.

[1] Centers for Disease Control and Prevention. (2020). Diabetes.
[2] MDHHS, Division for Vital Records and Health Statistics. (2018). Michigan resident inpatient files.

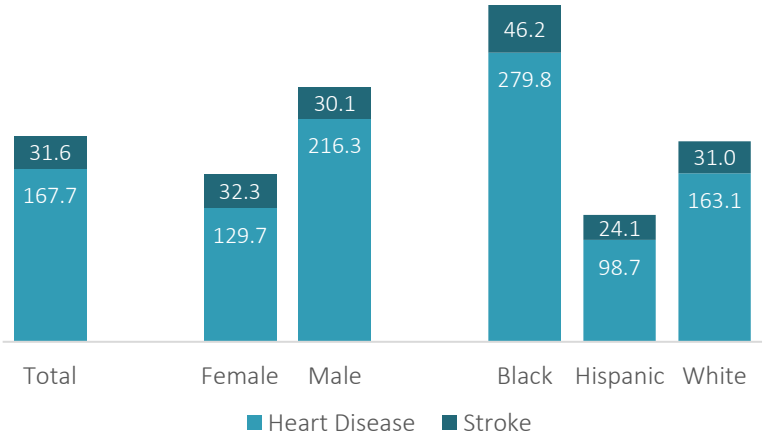
# Heart Disease and Stroke

Heart disease and stroke are both cardiovascular diseases (CVD) that affect blood flow to the heart and brain. In 2018, 30% of all deaths in Kent County were attributable to heart disease and stroke and there are significant disparities in CVD mortality rates based on sex and race (Figure 29). Many of the risk factors associated with CVD are modifiable and addressing them early in life can prevent disease and disability related to CVD. Key risk factors include high blood pressure, high cholesterol, and cigarette smoking. **Nearly half of Americans (47%) have at least one of these three risk factors.** Other medical conditions and lifestyle choices can also increase the risk for heart disease and stroke, including diabetes, obesity, unhealthy diet, physical inactivity, and excessive alcohol use:[1]

FIGURE 29

**Cardiovascular disease mortality rates**

Age-adjusted mortality rates (per 100,000 people) for heart disease and stroke in Kent County, by sex and race/ethnicity, 2017-2019




**Notes:** Hispanic mortality rates for stroke are a 5-year average (2015-2019) due to unreliable 3-year average

*Source: CDC WONDER Database*

## RISK FACTOR PREVALENCE

- One in four adults in reported no physical activity in the past 30 days
- Almost two in three (62.5%) adults are overweight or obese
- 13.5% of adults currently smoke cigarettes
- one in three have high blood pressure
- one in four have high cholesterol

## DISPARITIES IN HYPERTENSION AND CHOLESTEROL AMONG KENT COUNTY ADULTS

### RACE

Nearly half of all Black adults have high blood pressure, compared to one-third of White adults.

### ETHNICITY

Hispanic and Latino adults are more than twice as likely not to have had their cholesterol checked within the past five years.

### INCOME

Rates of hypertension are correlated with socioeconomic status (higher rates among those with lower educational attainment and household income). Cholesterol, however, is more evenly distributed with similar rates across socioeconomic groups.

### AGE

Both hypertension and high cholesterol prevalence increase with age. Among adults age 65 and older, 61.8% have high blood pressure and 45.3% have high cholesterol.

### SEX

Despite similar prevalence of high blood pressure among males (29.7%) and females (28.8%), females were significantly more likely to be currently taking medication (80.6%) for high blood pressure than males (71.1%).

## HYPERTENSION & CHOLESTEROL

Hypertension (high blood pressure) and high cholesterol are both risk factors for heart disease and stroke. Nearly a third (29.2%) of all adults in Kent County were told by a doctor that they have high blood pressure, and a quarter (25.7%) have been told they have had high cholesterol. The American Heart Association recommends that adults have their cholesterol checked with a blood test every four to six years. In Kent County, only 10.3% of adults reported not having their cholesterol checked in the past five years. For hypertension management, about three quarters of adults who have had high blood pressure are currently taking medication.

[1] Centers for Disease Control and Prevention, 2020. *About heart disease.*

# Obesity

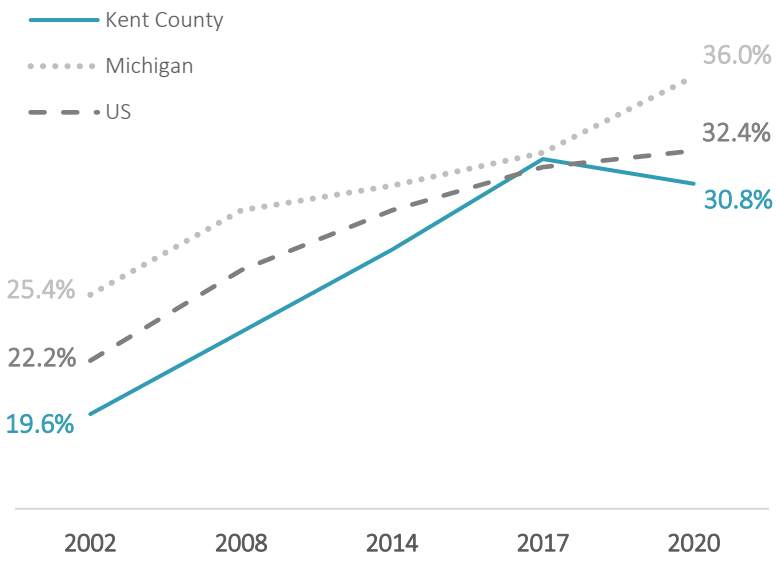
Obesity is a complex condition and a major risk factor for other preventable chronic diseases and leading causes of death including heart disease, stroke, hypertension, Type 2 diabetes, and certain types of cancer. Obesity and being overweight are also associated with other serious health conditions like osteoarthritis, breathing problems, sleep apnea, depression, and anxiety.

The fundamental cause of obesity is poor diet and physical inactivity, however dietary and physical activity patterns are often determined by environmental and societal factors and reflect the lack of supportive policies in sectors such as health, transportation, urban planning, food processing, marketing, and education. [1]

FIGURE 30

**Adult obesity rates**

Percent of adults in Kent County, Michigan, and the U.S. with a body mass index (BMI) of 30.0 or above, 2002-2020




*Source: Kent County BRFSS, 2020; Michigan and All States, D.C., and Territories BRFSS, 2019.*

Obesity rates continue to rise in Michigan and the U.S.

In Kent County, adult obesity rates have decreased slightly from a high of 32.0% in 2017 to 30.8% in 2020.

Obesity rates among middle and high school-age youth in Kent County have increased—from 9.7% and 11.4%, respectively, in the 2013-2014 school year to 15.8% and 14.9% in the 2019-2020 school year.[2] **Youth obesity has increased at a faster rate than adult obesity in the same period.**

[1] World Health Organization, 2020. *Obesity and overweight.*
[2] Michigan Profile for Healthy Youth, 2013-2014; 2019-2020.

# Maternal and Infant Health

Pregnancy, childbirth, and the first years of life are a determinant of health. A mother's health-related behaviors as well as mental, physical, and socioeconomic well-being—before, during, and after pregnancy—can affect cognitive and physical development in infancy, and impact long-term outcomes into childhood and adulthood.[1]

TABLE 12

**Predictors of infant health**

Maternal and infant health characteristics that impact pregnancy, birth, and child health outcomes

| Maternal Characteristics | Percent of All Live Births | |
|---|---|---|
| | Kent County | Michigan |
| Under 20 years old | 4.4% | 4.5% |
| Less than 12 years of education | 12.5% | 10.5% |
| Unmarried | 36.9% | 41.5% |
| Received prenatal care during first trimester | 75.9% | 74.2% |
| Smoked while pregnant | 7.0% | 13.6% |
| Breast feeding planned | 47.3% | 34.2% |
| Breast feeding initiated | 39.7% | 49.4% |
| **Infant Characteristics** | | |
| Low birthweight | 9.1% | 8.8% |
| Very low birthweight | 1.4% | 1.5% |
| Preterm births | 10.9% | 10.3% |

In Kent County, women who reported smoking while pregnant was about half the average for the state of Michigan. Pregnant women in Kent County are also more likely to plan on breast feeding after birth, however the breast-feeding initiation rate is lower than the state average (Table 12).

**Notes:**
Low birthweight – infants born weighing less than 2,500 grams
Very low birthweight – infants born weighing less than 1,500 grams
Preterm births – infants born prior to 37 completed weeks of gestation
*Source: MDHHS, Division for Vital Records & Health Statistics, 2019*

## LOW BIRTHWEIGHT

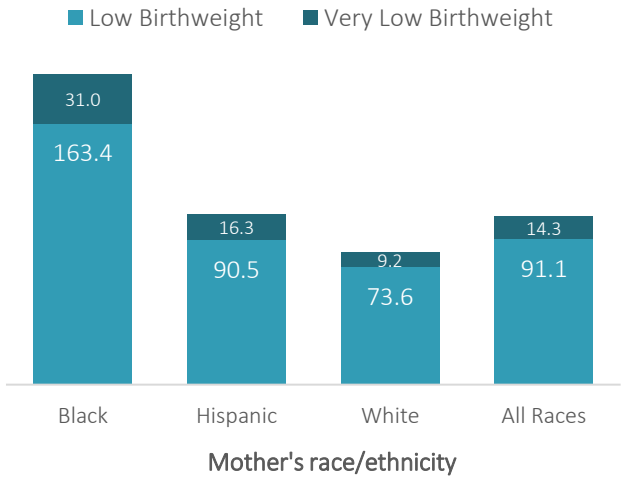
Birthweight is a significant predictor for infant health. Low birthweight infants (weighing less than 2,500 grams at birth) have the highest risk of infant mortality. There are also short- and long-term health complications associated with low birthweight including breathing and heart problems during infancy, and Type 2 diabetes, heart disease, obesity, and developmental delays during child and adulthood.

Black mothers in Kent County are about twice as likely to have infants born with low birthweight than White mothers, and about three times more likely to have infants born with very low birthweight (Figure 31).

FIGURE 31

**Low birthweight rates**

Rate of low and very low birthweight infants (per 1,000 births) in Kent County by mother's race/ethnicity, 2019




*Source: MDHHS, Division for Vital Records & Health Statistics, 2019*

[1] Healthy People, 2020: Maternal, infant, and child health.

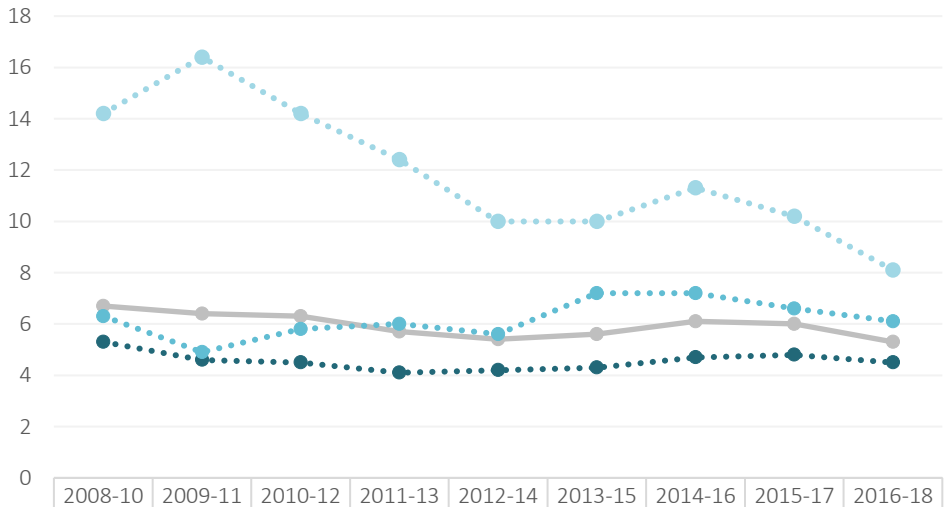
# INFANT MORTALITY

Infant mortality rate (IMR) is defined as the number of deaths of children before one year of age. It is an important measure of community health because it reflects the health of the mother and infant during pregnancy and the year thereafter. Factors impacting maternal and infant health—and IMR—include access to prenatal care, prevalence of prenatal health behaviors (such as alcohol or tobacco use and proper nutrition during pregnancy), postnatal care and behaviors (such as childhood immunizations and nutrition), sanitation, and infection control.[1] Persistent racial disparities in IMR are also indicative of health and socioeconomic inequities within communities. In Kent County the African American IMR is roughly twice that of the non-Hispanic White IMR. This disparity is also observed at the national level.

FIGURE 32

**Infant mortality rate**

Rate of infant deaths (per 1,000 live births) in Kent County race/ethnicity, 2008-2018




| | 2008-10 | 2009-11 | 2010-12 | 2011-13 | 2012-14 | 2013-15 | 2014-16 | 2015-17 | 2016-18 |
|---|---|---|---|---|---|---|---|---|---|
| Kent County Overall | 6.7 | 6.4 | 6.3 | 5.7 | 5.4 | 5.6 | 6.1 | 6.0 | 5.3 |
| Non-Hispanic Black | 14.2 | 16.4 | 14.2 | 12.4 | 10.0 | 10.0 | 11.3 | 10.2 | 8.1 |
| Non-Hispanic White | 5.3 | 4.6 | 4.5 | 4.1 | 4.2 | 4.3 | 4.7 | 4.8 | 4.5 |
| Hispanic | 6.3 | 4.9 | 5.8 | 6.0 | 5.6 | 7.2 | 7.2 | 6.6 | 6.1 |

*Source: CDC WONDER*

[1] Centers for Disease Control and Prevention. (2012). *Mortality Frequency Measures.*

# Mental Health

Mental health is a state of emotional, psychological, and social well-being resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenges. Mental illness refers collectively to all diagnosable mental disorders, or health conditions that significantly affect mood, emotion, thinking or behavior, and often impact day-to-day living or ability to function. Examples of mental illnesses include depression, anxiety disorders, eating disorders, and posttraumatic stress disorder.[1] As with many diseases, mental illness can be mild or severe. There are multiple factors that contribute to poor mental health and mental illness. Genetics, environment, and lifestyle often influence whether someone develops a mental health condition and things like stress and traumatic life events make some people more susceptible.[2]

Mental health and physical health are closely connected. Mental health plays a major role in people's ability to maintain good physical health. People, including children and adolescents, with untreated mental health disorders are at high risk for many unhealthy and unsafe behaviors, including alcohol or drug abuse, violent or self-destructive behavior, and suicide. Mental illness also increases the risk for many chronic health conditions including diabetes, hypertension, stroke, heart disease, and cancer.[3] Similarly, the presence of chronic conditions can increase the risk for mental illness.

## INDICATORS

- Self-reported poor mental health days per month
- Diagnosed depression
- Stress
- Disability due to mental health condition
- Percent of adults receiving mental health treatment

## KEY FINDINGS

- There are persistent disparities in poor mental health based on age, sex, sexual orientation and gender identity, disability status, race, and household income. Groups who consistently report higher rates of poor mental health, diagnosed depression, and stress include:
  - Younger adults (age 18-24)
  - Females
  - LGBTQ adults
  - People who have one or more disability
  - Non-Hispanic/White adults
  - Those with a lower household income
- 14.3% of adults experienced work or activity limitations in the past 30 days due to a mental health condition
- 37% are not currently receiving mental health treatment

## COMMUNITY INPUT

- Stress and mental health were the two most frequently selected factors that have the greatest impact on health and well-being.
- Access to mental health care remains a top need in the community and the COVID-19 pandemic has negatively impacted mental health across all ages.
- Limited options for mental health care for adolescents, especially during times of crisis

[1] Centers for Disease Control and Prevention, 2018. *Mental health: Learn about mental health.*
[2] National Alliance on Mental Illness (NAMI), 2020. *Mental health conditions.*
[3] Healthy People 2020. *Leading health indicators: Mental health.*

# Mental Health & COVID 19

**When asked about the greatest challenges individuals and households experienced due to the pandemic, nearly every theme identified tied back to mental health.**

**Survey respondents frequently mentioned feelings of stress, anxiety, fear, uncertainty, hopelessness, helplessness, frustration, and emotional exhaustion.**

Many described experiencing new stressors such as job loss, risk of exposure to COVID-19, and navigating virtual learning with children; and trying to manage or cope with existing stressors that were exacerbated by the pandemic like financial stability, isolation, and parenting or caregiving.

Secondary stress—also referred to as compassion fatigue—is a by-product of working with or caring for someone else who is experiencing significant stress or trauma. Many comments from survey respondents described their own mental health challenges because of what others are going through.

Access to mental health care is critical for maintaining good mental health and managing and treating mental illness, especially during times of extreme stress. Many noted the importance of being able to continue or begin mental health treatment (e.g., virtual counseling or therapy, obtaining necessary prescriptions, etc.) and how impactful it has been for their overall well-being. However, not all who wanted or needed mental health care could get it.

**One in five survey respondents were unable to access needed mental health care and the number one barrier was high cost of services.**

"Borrowing other people's stress. Coping when other people are angry, stressed out, etc. and are looking for support when we have a limited capacity to give."

"Dealing with depression and anxiety. My Husband and I are both front line and essential workers, so we had trauma and anxiety surrounding work."

**"Watching my child experience depression and anxiety"**

"We were challenged because many of our loved ones could not make rent payments and were stressed about being able to survive the pandemic as they were forced to work in conditions that exposed them to the virus."

# Self-Reported Poor Mental Health

In Kent County, one in seven adults reported 14 or more days of poor mental health in the past 30 days—a similar rate to that of the U.S. and slightly lower than Michigan (see Figure 23). Young adults are six times more likely to report 14 or more poor mental health days than older adults. From 2017 to 2020, young adults were the only age group to experience a significant increase in poor self-rated mental health, from 17.7% to 31.2%. Household income is also associated with self-reported poor mental health. Those with lower household incomes are 5 times more likely than those with higher household incomes to report 14 or more days of poor mental health, and the likelihood decreases as household income increases. LGBTQ adults and those with a disability are also more likely to have 14 or more days of poor mental health—with rates three times higher than their straight or cisgender and able-bodied counterparts.

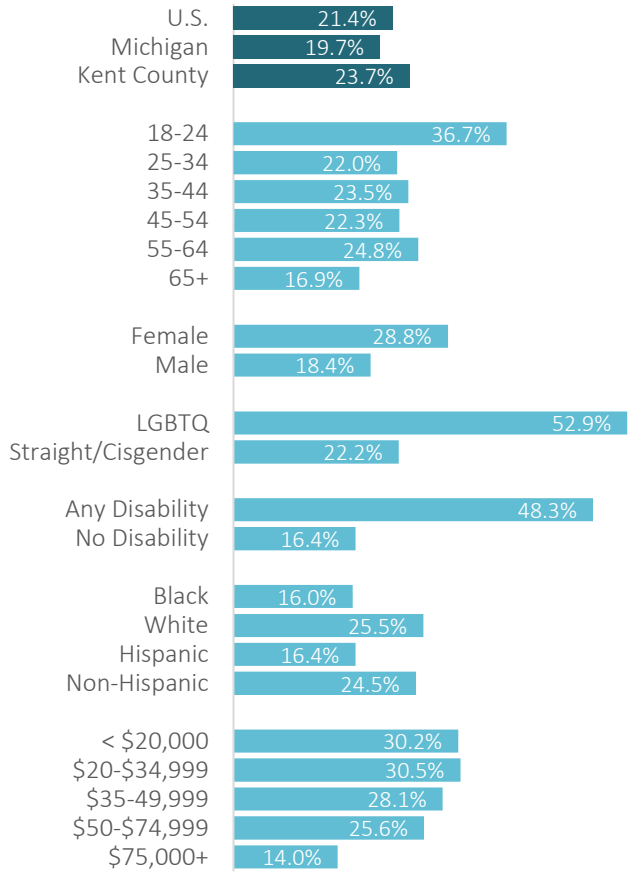
# Diagnosed Depression

Diagnosed depression is more common in Kent County compared to Michigan and the U.S. (Figure 33). Rates of diagnosed depression are highest among LGBTQ adults, people with disabilities, young adults, females, and White residents. There is also a relationship between depression and household income. The likelihood of being diagnosed with depression decreases as household income increases—those with a household income of less than $35,000 a year are twice as likely to have a depressive disorder than those with a household income above $75,000.

FIGURE 33

**Depression among adults**

Percent of Kent County adults who have ever been told by a doctor that they have a depressive disorder




**Notes:** depressive disorders include depression, major depression, dysthymia, and minor depression

*Source: Kent County BRFSS, 2020; Michigan and U.S. BRFSS, 2019*

# Stress

Stress affects everyone from time to time, but experiencing persistent, daily stress puts continued strain on the body and overwhelms the physiological systems designed to mitigate stress. The compounding effects of chronic stress leads to an increased risk of health problems such as heart disease, hypertension, diabetes, and depression.[1]

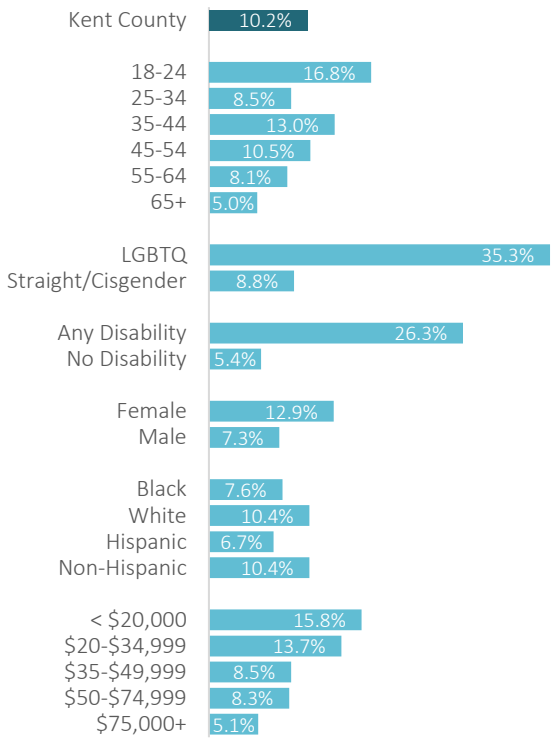
People with greater socioeconomic advantage (e.g., with more education, higher incomes and/or greater wealth) may be more likely to experience stress in ways that have beneficial effects on their health, like being able to adapt to changes and cope with challenges. Conversely, those with less education and lower incomes typically face more frequent and numerous stressors in many aspects of their lives, while at the same time having more limited social and material resources for coping.[2]

One in 10 adults in Kent County reported being stressed all or most of the time during the past 30 days. High rates of stress are reported most frequently among those who are LGBTQ or have a disability. The likelihood of being stressed all or most of the time is inversely proportional to both age and income, with younger and lower income groups reporting stress more often than their counterparts (Figure 34).

Figure 34

**Stress**

Percent of Kent County adults reporting being stressed most or all of the time in the past 30 days

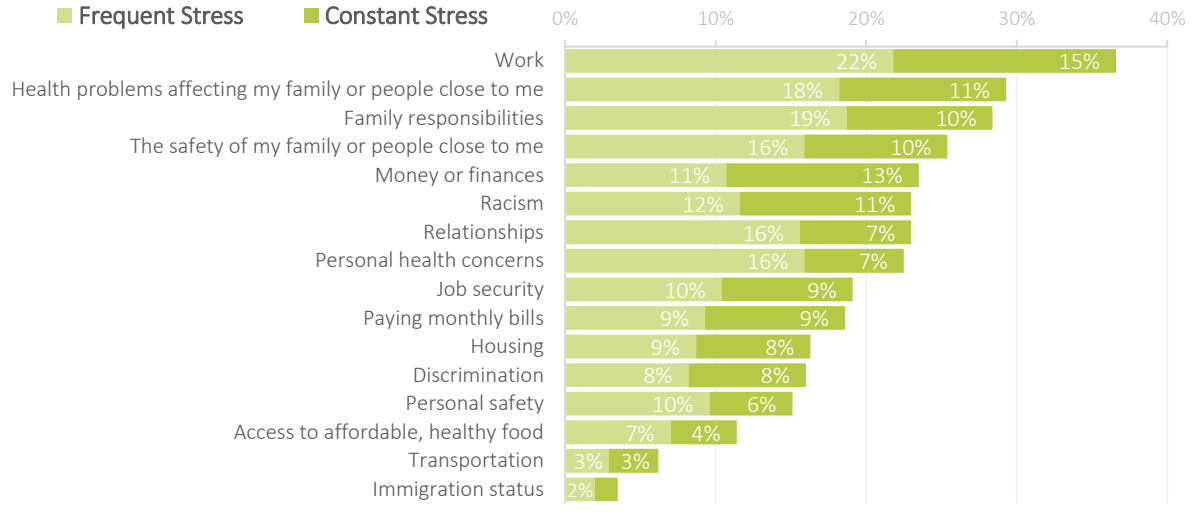



*Source: Kent County BRFSS, 2020.*

FIGURE 35

**Community input: Causes of stress**

Community survey respondents who ranked their stress as a 7 or higher (on a scale of 1—no stress at all, to 10—constantly stressed)




*Source: Kent County CHNA Survey, 2020.*

[1] National Institute of Mental Health, 2020. *5 things you should know about stress*. NIH Publication No. 19-MH-8109.

[2] Robert Wood Johnson Foundation, 2011. *How social factors shape health: The role of stress.* RWJF Issue Brief Series: Exploring the Social Determinants of Health.

# Disability

Mental health-related disability reflects the percentage of adults who had a mental health or emotional problem that kept them from doing work or other activities during the past 30 days. This can be an indicator of the severity of mental health conditions in a population.

In Kent County, 14.3% of adults experienced work or activity limitations in the past 30 days due to a mental health condition and more than one third of those who did are not receiving any mental health treatment (37.2%). Among adults who reported 14 or more days of poor mental health, 43.5% experienced work or activity limitations as a result of poor mental health.

# Young Adults and Adolescents

Young adults (age 18-24) reported higher rates of poor mental health, diagnosed depression, and work or activity limitations due to mental health than any other age group. When asked about specific symptoms, they most commonly experienced feelings of nervousness, restlessness, and like everything was an effort (Figure 36). In Kent County, adults age 18-29 accounted for 30% of all suicides in 2020.[1]

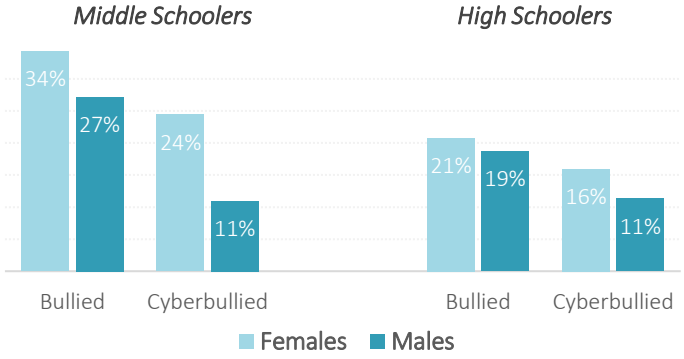
Youth with poor mental health may struggle with school and grades, decision making, and their overall health. Mental health problems in adolescence are often coupled with other health and behavioral risks such as increased risk of drug use, experiencing violence, and higher risk sexual behaviors.[2]

One in three middle schoolers and one in five high schoolers have been bullied at school in the past year. Female middle schoolers are two times more likely to be cyberbullied than their male counterparts (Figure 37).

FIGURE 37

**Bullying and cyberbullying among youth**

Percentage of middle and high school-age youth who have been bullied at school or electronically bullied in the past year, by sex



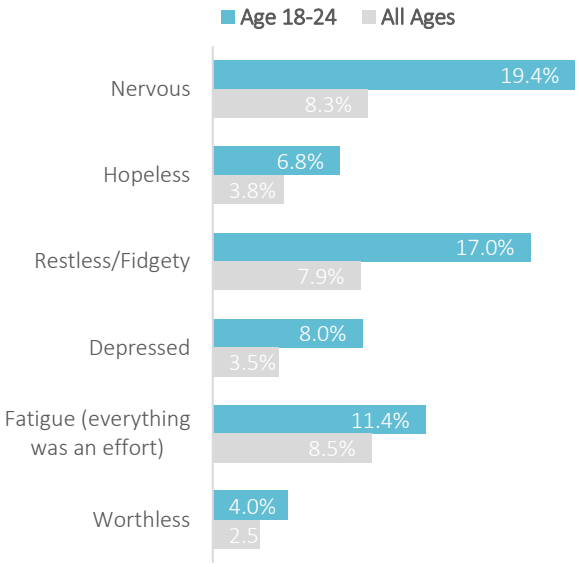

**Notes:** Two-year averages

*Source: Michigan Profile for Healthy Youth, 2018-2020*

FIGURE 36

**Mental illness symptoms**

Percentage of young adults (age 18-24) and all Kent County adults who experienced common symptoms of mental health disorders all or most of the time during the past 30 days




*Source: Kent County BRFSS, 2020.*

23.7% of middle school students and 31.4% of high school students had persistent feelings of sadness or hopelessness during the past year.

17.4% of middle school students and 15.4% of high school students have seriously considered attempting suicide.

Females and Hispanic youth experienced higher rates of sadness, hopelessness, and suicidal ideation.

[1] Kent County Medical Examiner, 2020.

[2] Centers for Disease Control and Prevention, 2020. Adolescent and school health.

# Treatment

Mental health conditions can be treated or successfully managed. In Kent County, high cost of services, lack of access to appropriate services (e.g., crisis services for adolescents), insurance navigation, and stigma have all been identified as barriers to mental health care.

There are two psychiatric hospitals in Kent County, with a total of 306 beds. Roughly one in five beds are available for patients under 18.[1] In 2018, the hospitalization rate for affective disorders (i.e., mood disorders—depression and bipolar disorder are the most common) was 6.7 hospitalizations per 10,000 people, with an average length of stay of 5.8 days. Males accounted for just over half (54.6%) of hospitalizations. Young adults (age 18-24) had a higher hospitalization rate for mood disorders, with 10.9 per 10,000.[2]

**Community Input**

According to community survey respondents who were unable to access mental health care in the past year, the top barrier was high cost of services.

**Of adults who reported 14 or more days of poor mental health, 40.1% are not currently receiving any treatment.**

In Kent County, those who have higher rates of poor mental health (LGBTQ, disabled, young adults, females, White, and lower income) all have significantly higher rates of treatment (i.e., currently taking medication or receiving other treatment for a mental health condition) – with the exception of household income (the lowest household income earners have slightly higher rates of treatment, 25.9%, compared to the highest income earners, 17.9%, but the difference is not significant).

## STIGMA

Most adults (89.8%) agreed that treatment can help people with mental illness lead normal lives. Just over half of adults in Kent County (53.6%) agree that people are generally caring and sympathetic to people with mental illness, and about one in three (35.1%) disagree.

**Community Input**

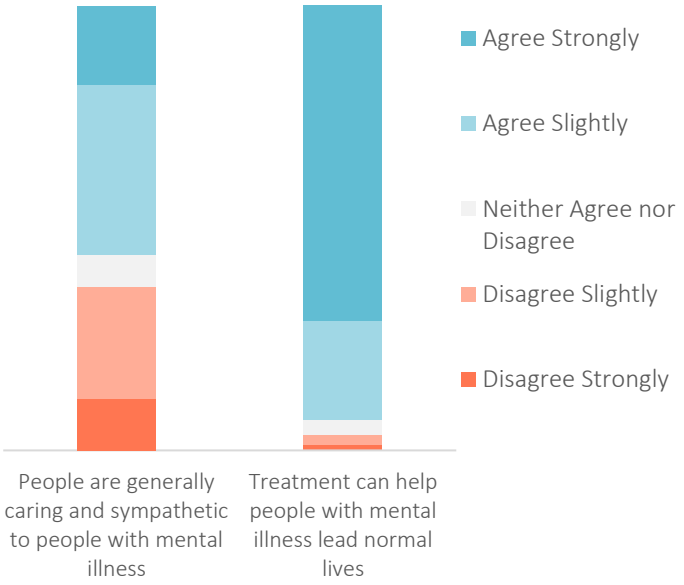
"I don't want any kind of mental health labels like "depression" or "anxiety" or the anything else left in my permanent medical record. You never know what can happen with those labels down the road. So even if that's what's happening, I'm not telling them."

*–Survey respondent describing barriers to accessing health services*

FIGURE 38

**Perceptions of mental illness and stigma**

Percentage of Kent County adults who agree or disagree that others are caring and sympathetic towards those with mental illness, and that treatment can help




*Source: Kent County BRFSS, 2020*

[1] American Hospital Directory, 2020. *Hospital Profiles.*
[2] MDHHS, Division for Vital Records and Health Statistics, 2018. *Michigan resident inpatient files.*

# Health Behaviors

The following are considered "modifiable" (i.e., controllable) risk factors for disease. However, health-related behaviors are not always a matter of personal decisions and lifestyle choices. They are often a reflection of larger societal factors such as environment, education, and economic resources, that individuals cannot always control or modify. In Kent County, there are clear patterns across most of the health behavior indicators based on age, race, ethnicity, and socioeconomic status (education and income).

Healthy behaviors have been shown to reduce premature mortality (i.e., early death), and a number of chronic diseases such as cancer, cardiovascular disease, and diabetes. Individuals who engage in unhealthy behavior may also be more likely to have multiple unhealthy habits. For example, adults and adolescents who smoke, don't get enough sleep, don't get enough exercise, eat fast food often and do not eat fruit regularly are more likely to consume sugar-sweetened beverages frequently. Adolescents who frequently consume sugar-sweetened beverages also have more screen time (such as television, cell phones, computers, video games, etc.). These further compounds the negative effects and increases the risk for disease, disability, and death.[1]

## INDICATORS

- Nutrition
- Physical activity
- Alcohol, tobacco, and marijuana use
- Sexual risk behaviors
- Vaccinations

## KEY FINDINGS

- One in 10 adults eat the recommended five servings of fruits and vegetables per day
- One in five adults drink sugar-sweetened beverages at least once per day
- Physical inactivity among adults and youth has increased
- White adults and those with higher household incomes are more likely to report binge drinking, and Black adults and those with lower household incomes are more likely to report smoking cigarettes
- The prevalence of adults who currently smoke cigarettes has decreased since 2017
- About one in six adults and one in eight high school-age youth reported using marijuana at least once in the past 30 days
- Significant racial and ethnic disparities in sexually transmitted infection (STI) rates – compared to their White counterparts, Black residents have:
  - 13 times higher rates of gonorrhea
  - Eight times higher rates of chlamydia
  - Four times higher rates of syphilis
- From 2017 to 2020 there has been a 10% increase in adults who have gotten an annual flu vaccine
- Kent County ranks 11$^{th}$ in Michigan for pediatric immunization rate and 5$^{th}$ for adolescent immunization rate

[1] Centers for Disease Control and Prevention, 2020. *Nutrition.*

# Nutrition

Balanced nutrition includes getting enough fats, proteins, carbohydrates, vitamins, and minerals. Imbalances in nutrition can include undernutrition (i.e., not eating enough, or not getting enough nutrients through healthy foods), and overnutrition (i.e., consuming too many calories or too much fat, salt, or sugar).

Barriers to healthy eating include limited availability and access to healthy foods, high cost, and perceived lack of cooking knowledge or preparation time. Kent County residents also noted that cost and convenience are two major factors when making decisions about food, and that transportation is a significant barrier for those without a personal vehicle.

## Community Voices

"There's a Burger King, a Pizza Hut, a Hungry Howie's, a Taco Bell all within two blocks of my apartment. But if you don't have a vehicle, it's going to take you 40 minutes to get to the closest grocery store. So if you're trying to live a healthier lifestyle and not live off of fast food, but [don't] have a vehicle, it's like, 'Okay, do I want to make my dinner arrangements and take three hours just to go grocery shopping, or I can go walk to KFC and be back in 20 minutes.'"

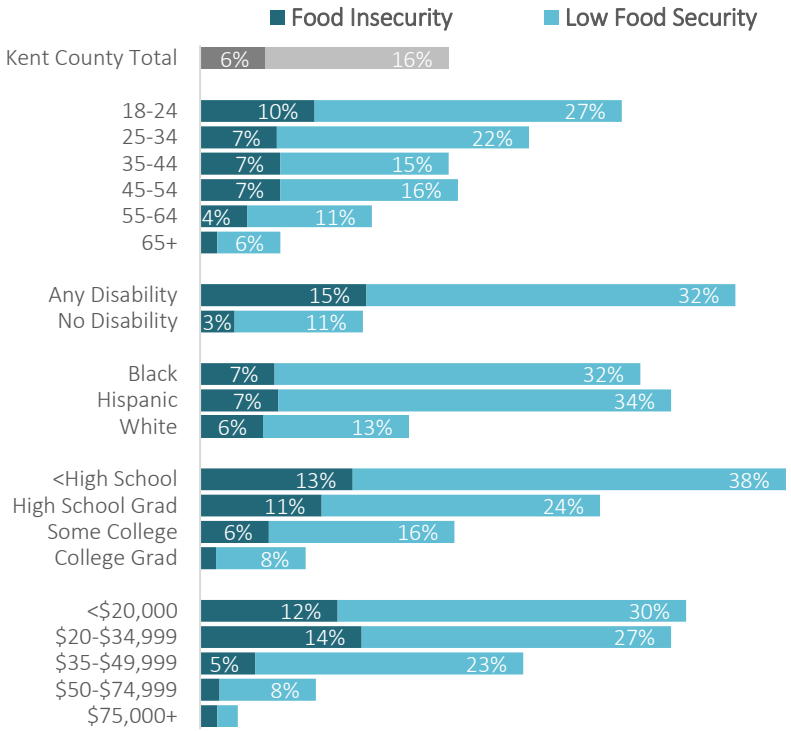
*–Focus group participant*

The largest disparities in food insecurity are among young adults, people with disabilities, those with lower educational attainment, and lower household income. Although there is little difference in food insecurity by race/ethnicity, Black or African American and Hispanic or Latino adults are 2.5 times more likely to experience low food security (Figure 39).

FIGURE 39

### Food insecurity and low food security

Percentage of Kent County adults who often or sometimes ran out of food and did not have money to buy more, or could not afford balanced meals in the past 12 months




**Notes:**
**Food insecurity** is defined as "often" running out of food and not having money to buy more, or not being able to afford balanced meals in the past 12 months
**Low food security** is defined as "sometimes" running out of food and not having money to buy more, or not being able to afford balanced meals in the past 12 months
*Source: Kent County BRFSS, 2020*

## FRUIT AND VEGETABLE CONSUMPTION

Depending on age and sex, the U.S. Department of Agriculture recommends eating approximately five servings of fruits and vegetables per day (1.5-2 cups of fruits and 2-3 cups of vegetables). In Kent County, only about one in ten adults (11.3%) reported meeting these recommendations in 2020 (Figure 40). Among youth, about one in four (24.5%) reported eating five or more servings of fruits and vegetables per day. [1]

Those with a high school degree or less educational attainment are less likely to meet the nutritional recommendations and more likely to report low fruit and vegetable consumption than those with some college or higher educational attainment. Education level was also correlated with healthy food insecurity—38.1% of those with less than a high school education were sometimes or often not able to afford balanced meals in the past year, which decreased as education level increased, to 7.8% of college graduates reporting healthy food insecurity.

**Community Voices**

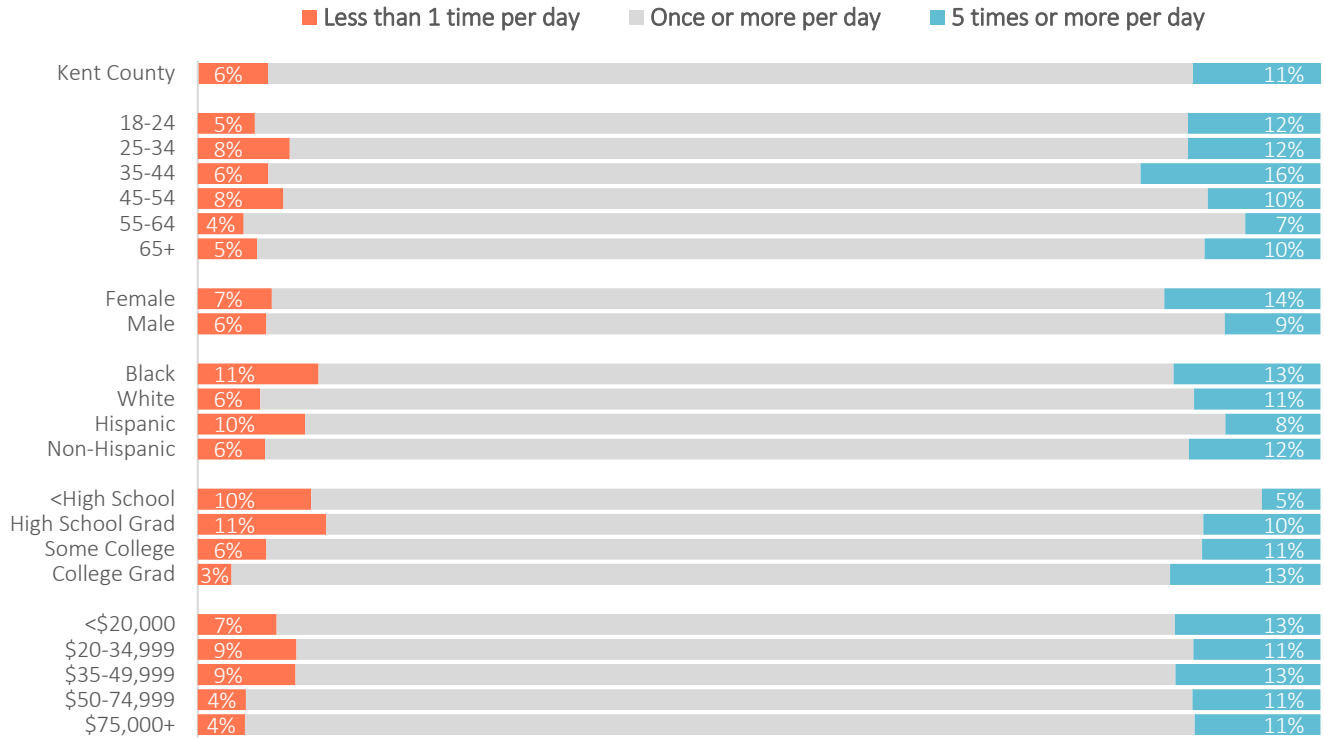
**"Food deserts, without reliable transportation, the only place for easy food access is a Dollar General that doesn't offer healthy food items or fresh food."**

*—Survey respondent on biggest challenges in the community*

FIGURE 40

### Fruit and vegetable consumption

Percentage of Kent County adults with very low fruit and vegetable consumption (less than one time per day) and who are meeting the USDA recommendations of 5 or more per day, by select demographic characteristics, 2020.




*Source: Kent County BRFSS, 2020*

[1] Michigan Profile for Healthy Youth, 2018-2020.

# SUGAR-SWEETENED BEVERAGE CONSUMPTION

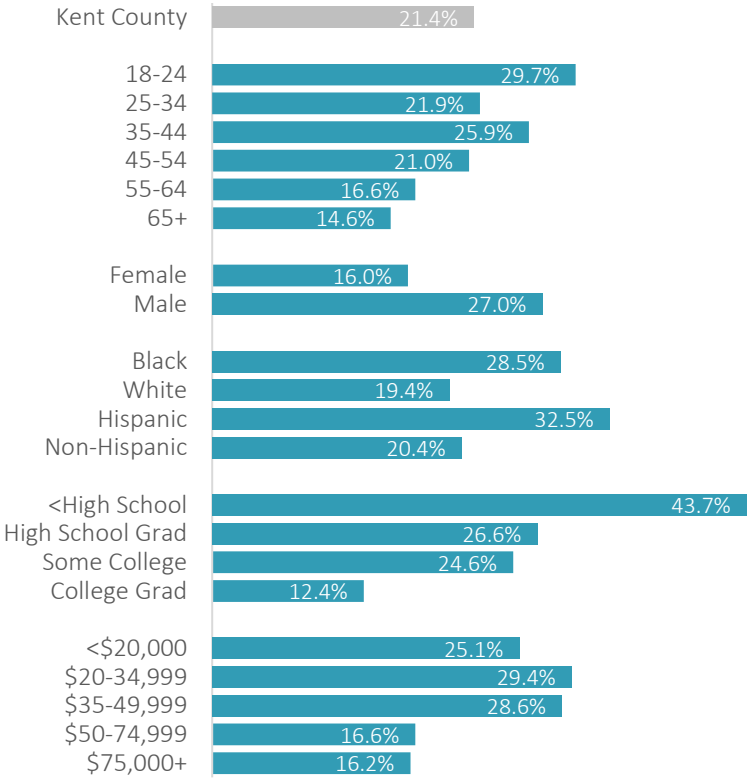
Sugar-sweetened beverages, or sugary drinks, include any beverage with added sugar or other sweeteners. This includes soda, pop, fruit punch, sweet tea, sweetened powdered drinks, sports drinks, and energy drinks. Sugar-sweetened beverages are the largest source of calories and added sugar in the American diet; frequent consumption is associated with weight gain and obesity, Type 2 diabetes, heart disease, tooth decay and cavities, and gout (a type of arthritis).[1]

In Kent County, one in five adults consume at least one sugary drink per day. Younger adults, males, Black and Hispanic adults, and those with lower educational attainment and lower household incomes are most likely to report high sugar-sweetened beverage consumption (Figure 41). Among youth, about one in six (17.0%) middle and high school-age students drank soda or pop once or more per day.[2]

FIGURE 41

**Sugar-sweetened beverage consumption**

Percentage of Kent County adults who drink sugar-sweetened beverages (regular soda and/or sugar-sweetened fruit drinks, sweet tea, and sports/energy drinks) once or more per day




*Source: Kent County BRFSS, 2020*

[1] Harvard T.H. Chan School of Public Health, The Nutrition Source.
[2] Michigan Profile for Healthy Youth, 2018-2020.

# Physical Activity

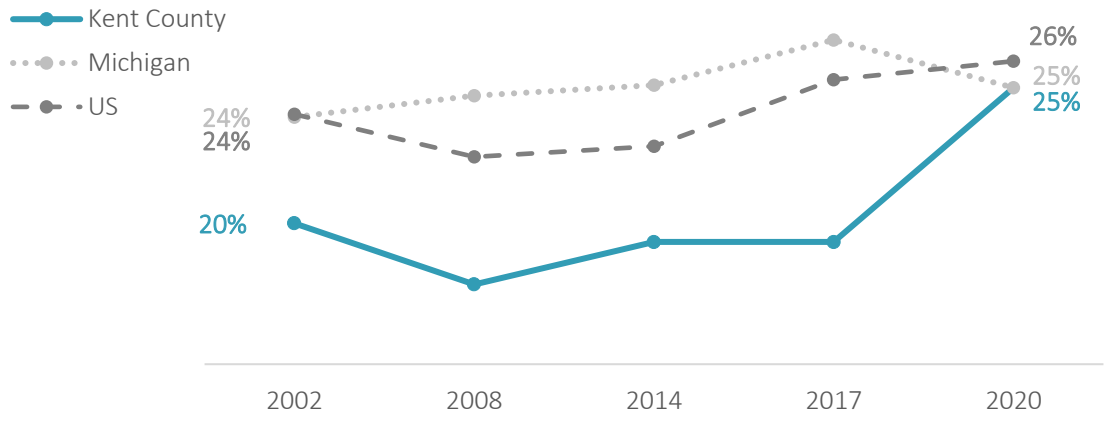
Regular physical activity helps maintain a healthy body weight and normal muscle strength, bone mass, and joint function. It has been shown to prevent chronic disease, help manage conditions such as arthritis, and effectively treat chronic pain. Physical activity can also improve mental health, relieve symptoms of anxiety and depression, and improve cognitive function.[1]

In Kent County, walking is the most common physical activity residents reported, followed by running and weightlifting. However, physical inactivity rates among adults have been increasing and are at the highest point since 2002. In 2020, one quarter of Kent County residents reported no leisure-time physical activity in the past 30 days (Figure 42). Hispanic or Latino adults are significantly more likely to report physical inactivity (41.9%) compared to Black (24.4%) and White (23.8%) adults. Physical inactivity is also correlated with socioeconomic status (higher rates of physical inactivity among those with lower educational attainment and lower household incomes).

FIGURE 42

**Physical inactivity rates**

Percentage of adults in Kent County, Michigan, and the U.S. who reported no leisure-time physical activity in the past 30 days, 2008-2020




*Source: Kent County BRFSS, 2020; Michigan and U.S. (All States, DC, and Territories) BRFSS, 2019*

## Community Identified Need: Exercise Opportunities

Community input data revealed a need for affordable, safe exercise and recreation opportunities in the winter months, particularly for youth and older adults. Lack of activities for youth and the availability, quality, and maintenance of sidewalks in some areas were both issues that prevented some residents from getting daily exercise.

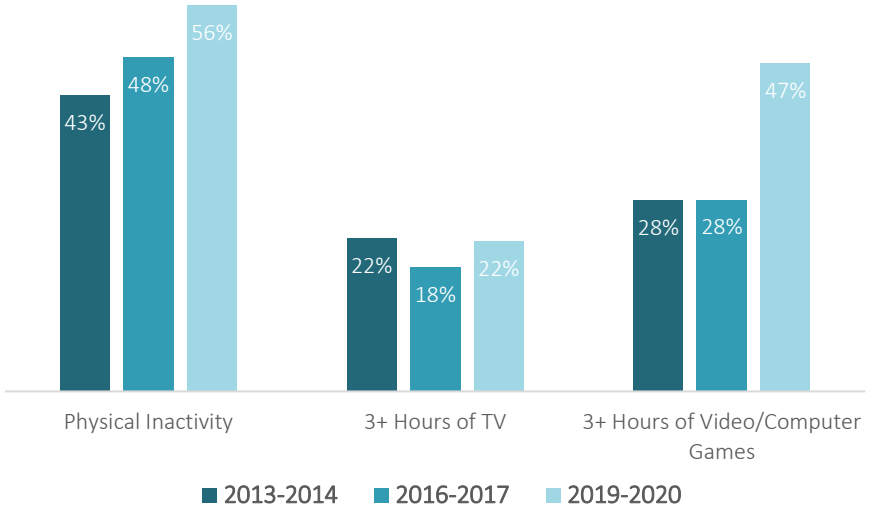
Community members who participated in the survey or focus groups also described the importance of the social aspect of physical activity, and how exercising with or around other people is motivational and makes exercise more enjoyable. However, the cost of gym memberships and group fitness classes was a significant barrier for many.

[1] Centers for Disease Control and Prevention. (2020). Physical activity.

FIGURE 43

## Physical inactivity and daily screen time among youth

Percentage of middle and high school-age youth who are not meeting physical activity recommendations and who report high levels of screen time outside of school, 2014-2020




Among middle and high school-age youth, fewer are meeting physical activity recommendations for adolescents and more are spending over 3 hours a day on the computer or playing video games.

**Notes:**

**Physical inactivity** reflects the percentage of students who do not meet physical activity recommendations for youth (physically active for a total of 60 minutes per day on 5 or more of the past 7 days)

**Screen time** reflects the percentage of students who watched 3 or more hours of TV, or played video games or used a computer for something that is not school work for 3 or more hours per day on an average school day

*Source: MiPHY, 2013-2014 - 2019-2020*

# Alcohol, Tobacco, and Marijuana Use

## ALCOHOL USE

Excessive alcohol use includes binge drinking (four or more drinks on any occasion for women or five or more for men) and heavy drinking (eight or more drinks per week for women or 15 or more for men). Over time, excessive alcohol use can lead to health problems such as chronic disease, alcohol use disorder or dependency, and problems with learning, memory, and mental health. In Kent County, the rate of heavy drinking (2.1%) is well below the state (6.2%) and national (6.5%) average. The rate of binge drinking in Kent County (15.8%) is slightly lower than the rate in Michigan (17.9%) and the U.S. (16.8%).[1] The prevalence of binge drinking is higher among Kent County adults under age 55, males, Whites, and those with higher household incomes (above $35,000).

Adults under age 55, males, Whites, and those with a household income below $35,000 are significantly more likely to binge drink than those over age 55, females, Blacks and Hispanics, and lower household incomes (Figure 45).

## TOBACCO USE

Tobacco use is the leading cause of preventable disease, disability, and death in the U.S. The prevalence of current smokers in Kent County (13.5%) has decreased since 2017 (down from 15.4%) and is lower than the state and national average (18.7% and 16.0%, respectively). Approximately two-thirds of current smokers in Kent County have tried to quit in the past year (60.3%).

Unlike excessive alcohol use, the rate of current smokers is higher among Black adults, and those with lower educational attainment and household income. Since 2017, the most significant decreases in smoking prevalence has been among adults age 25-34 (22.6% to 12.2%), Hispanics and Latinos (16.5% to 9.9%), and those with a household income less than $20,000 (28.8% to 14.3%).

Among youth, less than two percent of middle and high school-age students reported smoking cigarettes in the past 30 days. However, 6.7% of middle schoolers and 15.0% of high schoolers reported using e-cigarettes or vape products in the past 30 days (Figure 46).

## MARIJUANA USE

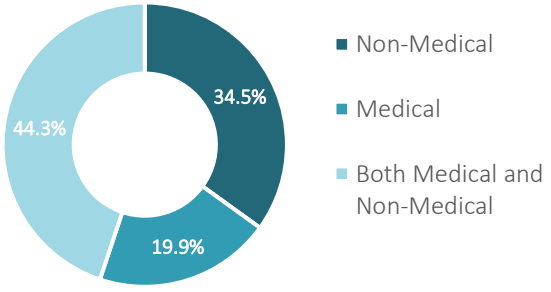
Recreational marijuana use was legalized in the state of Michigan in 2018, although it remains illegal at the federal level. Use is increasing while the perception of how harmful marijuana use can be is declining. According to the Substance Abuse and Mental Health Services Administration (SAMHSA), one in 10 adults who use marijuana can become addicted. This rate is even higher for adolescents, for which one in six who start using before age 18 can become addicted.[2] In Kent County, 12.7% of high school students and 3.5% of middle school student reported using marijuana in the past 30 days (Figure 46).

Among adults, 16.1% reported using marijuana in the past 30 days, and 9.4% reported using marijuana on 14 or more days. Young adults are significantly more likely to report recent use (31.7%) and frequent use (19.7%) compared to older age groups. Just under half of those who used marijuana in the past 30 days reported using it for both medical and non-medical reasons (44.3%) and most reported smoking it (75.5%), eating it (10.4%), or vaporizing (6.9%).

FIGURE 44

**Reasons for marijuana use**

Reported reasons for marijuana use among Kent County adults who have used marijuana once or more in the past 30 days



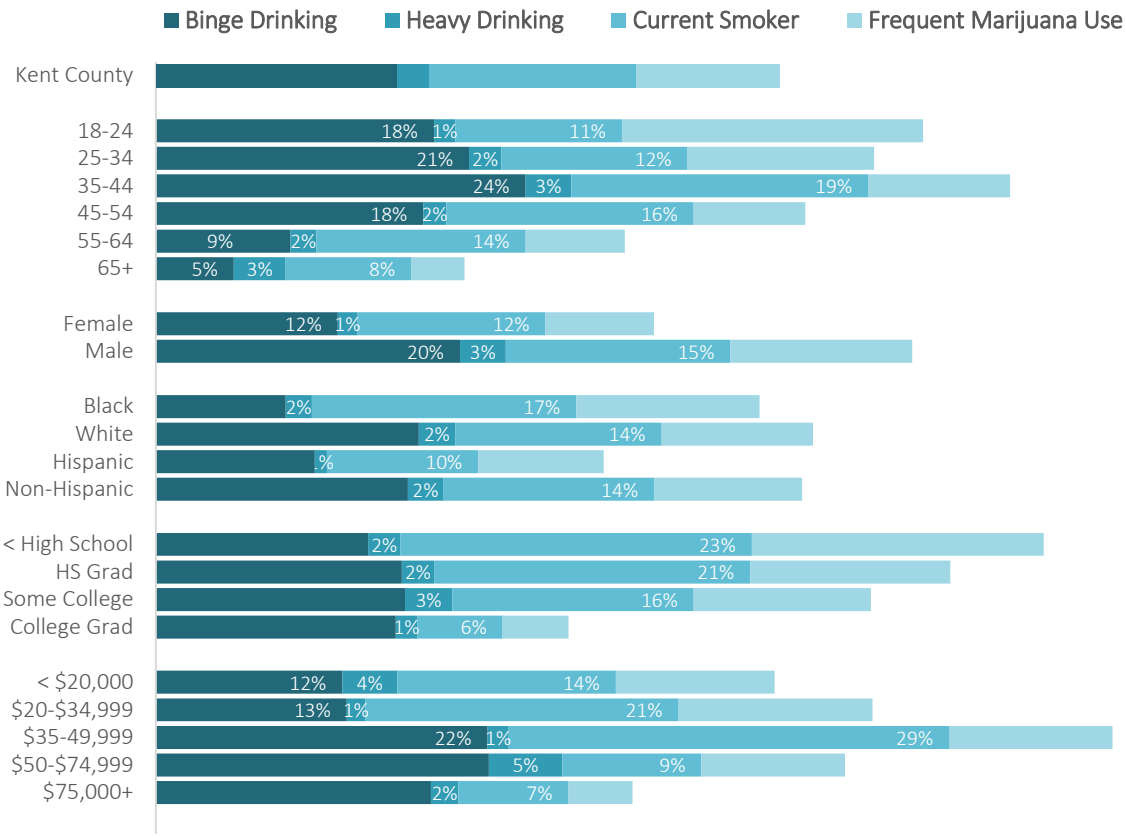

*Source: Kent County BRFSS, 2020*

[1] Kent County BRFSS, 2020; Michigan and U.S. (All States, DC, and Territories) BRFSS, 2019
[2] Substance Abuse and Mental Health Services Administration, 2019

FIGURE 45

## Alcohol, tobacco, and marijuana use

Percentage of Kent County adults who reported excessive drinking, current tobacco use, and frequent marijuana use in the past 30 days



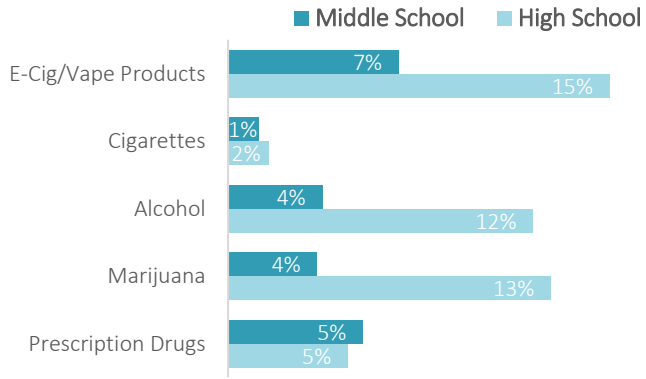

**Notes:** frequent marijuana use includes 14 or more days of use in the past 30

*Source: Kent County BRFSS, 2020; Michigan and U.S. (All States, DC, and Territories) BRFSS, 2019*

FIGURE 46

## Substance use among youth

Reflects the percentage of middle and high school-age youth in Kent County who reported using any of the following in the past 30 days




**Notes:** Prescription drugs refers to use without a doctor's prescription

*Source: Michigan Profile for Healthy Youth, 2018-2020*

### PERCEIVED ACCESS TO DRUGS & ALCOHOL AMONG YOUTH

One in three high school students reported that it was sort of easy or very easy to get cigarettes (31.9%) or marijuana (38.8%), and half thought it was easy to get alcohol (47.9%).

Among middle school-age students, one in five thought it was easy to get cigarettes (19.6%), one in seven thought it was easy to get marijuana (13.9%), and one in three thought it was easy to get alcohol (27.7%)

# Sexual Risk Behaviors

Risky sexual behaviors can result in unintended health problems such as HIV infection and other sexually transmitted infections, and unplanned pregnancy. Promoting a positive approach to sexuality and sexual relationships is an important public health goal.[1]

## HIGH-RISK HIV BEHAVIORS

Human immunodeficiency virus (HIV) is a preventable disease. People who get tested for HIV and learn they are infected can make significant behavior changes to improve their health and reduce the risk of transmitting HIV to their sex or drug-using partners.[2] High-risk HIV behaviors includes any of the following situations: injected any drug other than those prescribed; been treated for a sexually transmitted disease or STD; or given or received money or drugs in exchange for sex. Among adults age 18-64 in Kent County, 7.8% have engaged in at least one high-risk behavior in the past year that increases the risk for HIV infection. The highest prevalence of HIV risk behaviors is among LGBTQ adults (22.1%) and young adults age 18-24 (20.4%). This younger age group is also the most likely age group not to have been tested for HIV (68.8% have never been tested, compared to 56.2% for the county); whereas LGBTQ adults are much less likely to never have been tested for HIV (only 33.8% have never been tested).

## SEXUALLY TRANSMITTED INFECTIONS

Sexually transmitted infections (STIs) are transmitted from person to person through sexual intercourse or sexual contact with an infected person. There are more than 20 different types of STIs, which can be caused by bacteria, viruses, and parasites. Common STIs include chlamydia, gonorrhea, genital herpes, HIV/AIDS, human papillomavirus (HPV), and syphilis. STIs are common – according to the CDC, about one in five people in the U.S. have an STI but many people don't have any symptoms. Most STIs or the symptoms they cause can be treated, but without treatment they can lead to serious health problems.

In Kent County, rates of chlamydia and gonorrhea are higher than the state of Michigan average. Syphilis and gonorrhea rates in 2019 were higher (16.0 and 195.9 per 100,000, respectively) than the previous five-year averages (12.2 and 151.8 per 100,000, respectively). The rate of new chlamydia infections in Kent County decreased slightly, from an average of 597.9 per 100,000 in 2014-2018, to 551.8 per 100,000 in 2019.

There are significant racial and ethnic disparities in STI rates. The rate of syphilis, chlamydia, and gonorrhea is about 2.5 to 13 times higher among Hispanic and Black residents in Kent County compared to their White counterparts (Table 13).

TABLE 13

**Sexually transmitted infection rates**

Reflects the number of cases of chlamydia, gonorrhea, and syphilis per 100,000 people in Kent County and Michigan, by race and ethnicity, 2019

| | Kent County Rate (per 100,000) | Michigan Rate (per 100,000) |
|---|---|---|
| **Chlamydia** | **551.8** | **504.4** |
| *Non-Hispanic White* | 209.4 | 198.3 |
| *Non-Hispanic Black* | 1,687.4 | 1,482.2 |
| *Hispanic* | 553.1 | 392.8 |
| **Gonorrhea** | **195.9** | **182.9** |
| *Non-Hispanic White* | 66.6 | 49.3 |
| *Non-Hispanic Black* | 859.0 | 769.8 |
| *Hispanic* | 165.6 | 107.8 |
| **Syphilis (All)** | **16.0** | **19.0** |
| *Non-Hispanic White* | 12.1 | 8.6 |
| *Non-Hispanic Black* | 49.4 | 78.7 |
| *Hispanic* | 22.5 | 24.3 |

*Source: MDHHS, Michigan disease surveillance system, 2019*

[1] America's Health Ranking, United Health Foundation.
[2] Healthy People, 2020.

# Vaccinations

Vaccinations are an important public health measure to prevent the spread of some communicable diseases and protect individuals from becoming infected. Currently, the Advisory Committee on Immunization Practices recommends immunizing adults against 15 infectious diseases, including influenza and pneumonia.[1] However, just over half of adults in Kent County got an annual flu shot (51.7%) and about three-quarters of adults over the age of 65 have ever gotten a pneumonia shot (72.7%). Together, influenza and pneumonia are the seventh leading cause of death in Kent County (Table 9).

Since 2017, there has been an increase in the proportion of adults in Kent County who have gotten an annual flu shot, from 41.5% to 51.7%. The most notable increase was among adults age 65 and older—from 58.9% in 2017 to 78.7% in 2020. This age group was also the most likely to have gotten a flu shot compared to all other age groups. Among Kent County adults, there are some educational, racial, and ethnic disparities in annual flu vaccination rates. Those with a college degree are twice as likely (59.5%) to have gotten a flu shot in the past 12 months compared to those who have less than a high school education (30.3%). White and non-Hispanic adults (53.6%) are also more likely than Black (44.2%) and Hispanic (33.3%) adults to be vaccinated.[2]

Vaccination recommendations start just after birth and continue through adolescence and into adulthood. For pediatric immunization rates (ages 19-35 months), Kent County ranks 11$^{th}$ out of 84 Michigan counties, with 64.8% of all children in that age group receiving the recommended vaccinations. The adolescent immunization rate in Kent County (for ages 13-17 years) is 53.3%, ranking fifth out of all counties in Michigan.[3]

[1] Tan, L. (2015). Adult vaccination: Now is the time to realize an unfulfilled potential. *Human Vaccines & Immunotherapeutics, 11*(9), 2158-2166. DOI: 10.4161/21645515.2014.982998.
[2] Kent County BRFSS, 2020
[3] Michigan Department of Health and Human Services. (2020). *County Quarterly Immunization Report Card, September 2020.*

END OF REPORT

# Appendices

## Appendix A: Prioritization Matrix

## Appendix B: Community Survey Respondent Demographics

## Appendix C: Community Survey Instrument

# Appendix A. Prioritization Matrix

## Step 1. Rate Key Health Issues using Criteria

Rate each health issue on a scale of 1 – 5 based on the criteria below. Add your three ratings together for each health issue and enter it in the Total Score column.

**Importance**

How important is this health-related need in Kent County? Consider the impact this topic has on health outcomes, health care costs, quality of life, etc.
(1 = not important, 5 = most important)

**Disparities/Inequities**

Does this health-related need affect some groups of people more than others? Consider if these differences between groups are avoidable, unfair, or unjust (i.e., inequities)
(1 = no disparities or inequities, 5 = persistent/high disparities or inequities)

**Ability to Impact**

What is the likelihood of being able to make a measurable impact in this area? Consider existing work and resources in the community that could potentially respond to the problem, if there are significant barriers to addressing the issue, etc.
(1 = impact not likely; 5 = likely to make an impact)

## Step 2: Rank Health Issues

Based on the Total Score, rank each health need with "1" being the health need with the highest total score, "2" being the health need with the second highest total score, etc.

In the case of identical total scores, use your best judgment to assign a unique rank number to each health issue to break the tie.

| Health-Related Need/Topic | Selection Criteria | | | Total Score | → | Rank Order of Health Issues |
|---|---|---|---|---|---|---|
| | Importance | Disparities/ Inequities | Ability to Impact | | | |
| Access to Health Services | | | | | | |
| Arthritis | | | | | | |
| Chronic Pain | | | | | | |
| Diabetes | | | | | | |
| Discrimination & Racial Inequity | | | | | | |
| Economic Security | | | | | | |
| Food & Nutrition | | | | | | |
| Housing | | | | | | |
| Mental Health | | | | | | |
| Obesity | | | | | | |
| Stress & Social Support | | | | | | |

# Appendix B: Community Survey Respondent Demographics

| | Kent County | CHNA Survey Respondents |
|---|---|---|
| AGE | | |
| 18-24 | 9.7% | 4.0% |
| 35-44 | 12.4% | 21.5% |
| 55-64 | 12.3% | 16.4% |
| 75+ | 5.6% | 6.1% |
| GENDER/SEX† | | |
| Man/Male | 49.3% | 19.9% |
| Woman/Female | 50.7% | 79.0% |
| Non-binary or Third gender | N/A | 1.1% |
| RACE/ETHNICITY | | |
| Not Hispanic or Latino | 89.4% | 93.5% |
| Asian | 3.0% | 0.8% |
| Two or More Races | 3.1% | 2.8% |
| Hispanic or Latino | 10.6% | 6.5% |
| EDUCATION†† | | |
| Less than High School | 9.3% | 2.2% |
| High School Graduate/GED | 24.1% | 7.5% |
| Some College | 30.9% | 26.3% |
| Bachelor's Degree | 23.7% | 34.1% |
| Graduate Degree or Higher | 12.0% | 29.2% |
| HOUSEHOLD INCOME | | |
| Less than $20,000 | 12.3% | 12.7% |
| $20,000-$34,999 | 13.7% | 12.8% |
| $35,000-$49,999 | 13.5% | 12.2% |
| $50,000-$74,999 | 19.3% | 23.7%* |
| $75,000-$99,999 | 14.0% | 10.6%** |
| $100,000-$124,999 | 9.8% | 10.0%*** |
| $125,000 or More | 17.5% | 18.0%**** |

Notes:

†Census data only includes information about sex; survey asked about gender identity.

††Census category includes educational attainment for adults age 25 and older; survey category includes all respondents age 18 and older.

*Survey category = $50,000-$79,999

**Survey category = $80,000-$99,999

***Survey category = $100,000-$119,999

****Survey category = $120,000 or more

*Source: ACS 5-year estimates, 2015-2019*

# Appendix C: Community Survey Instrument

## 2020 Kent County Community Survey

### *Introduction*

Every three years, Kent County conducts a community health needs assessment (CHNA). The CHNA helps communities, organizations, and local health systems identify the major health-related challenges residents are facing. The issues identified will be the focus of health improvement efforts in the county for the next three years.

We need to hear from you! We rely on voices and input from all over Kent County to learn about the different communities, their strengths, and the things that need improvement. This survey asks questions about you, your opinions and experiences related to general health and well-being. Some questions require only one answer, and other questions allow you to select multiple answers. **The survey will take about 15 minutes to complete.**

Your participation is voluntary and your responses are anonymous. No identifying information is required to complete the survey. However, if you would like to enter a drawing for a chance to win a $50 Visa gift card, we will ask for your contact information at the end of the survey. This will be stored separately from your survey answers and will be kept confidential and will not be shared.

Results from this survey will be summarized and included in the 2020 CHNA report, which will be publicly available in the spring of 2021 on the Kent County Health Department's website (www.accesskent.com) and through participating community organizations.

# General Health Status

| In the past year (roughly July 2019 – July 2020), how would you rate your… | Failing | Poor | Fair | Good | Excellent | Don't know / Not sure |
|---|---|---|---|---|---|---|
| 1) Physical health? This includes physical illness, injury, and overall functioning. | O | O | O | O | O | O |
| 2) Mental health? This includes stress, depression, and problems with emotions. | O | O | O | O | O | O |

# COVID-19

Thinking about the coronavirus (COVID-19) pandemic or the stay-at-home order, please answer the following questions to the best of your ability.

3) How does your physical health now compare to before the COVID-19 pandemic? *Choose only one:*
   - O My physical health is worse now
   - O My physical health is the same as it was before the pandemic
   - O My physical health is better now

4) How does your mental health now compare to before the COVID-19 pandemic? *Choose only one:*
   - O My mental health is worse now
   - O My mental health is the same as it was before the pandemic
   - O My mental health is better now

5) What kinds of things were helpful or provided relief for you or your household during the COVID-19 pandemic?
   _____
   _____
   _____

6) What were the greatest challenges you or your household experienced as a result of the COVID-19 pandemic?
   _____
   _____
   _____

# Stress

Below is a list of some things that may cause stress in people's lives. For each one, please rate your **general** level of stress on a scale of 1 (no stress at all) to 10 (constantly stressed).

7) **Family responsibilities (for example: childcare, elder care, etc.)**

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|
| No stress at all | | | | | | | | | Constantly stressed |

Comments (optional) _____

8) **Relationships (for example: spouse/partner, kids, friends, etc.)**

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|
| No stress at all | | | | | | | | | Constantly stressed |

Comments (optional) _____

9) **Housing (for example: housing condition, paying mortgage or rent)**

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|
| No stress at all | | | | | | | | | Constantly stressed |

Comments (optional) _____

10) **Money or finances**

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|
| No stress at all | | | | | | | | | Constantly stressed |

Comments (optional) _____

11) **Paying monthly bills (for example: utilities, phone, or internet bills)**

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|
| No stress at all | | | | | | | | | Constantly stressed |

Comments (optional) _____

12) **Work**

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|
| No stress at all | | | | | | | | | Constantly stressed |

Comments (optional) _____

13) **Job security (finding or keeping a job)**

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|
| No stress at all | | | | | | | | | Constantly stressed |

Comments (optional) _____

14) **Personal health concerns**

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|
| No stress at all | | | | | | | | | Constantly stressed |

Comments (optional) _____

15) **Health problems affecting my family or people close to me**

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|
| No stress at all | | | | | | | | | Constantly stressed |

Comments (optional) _____

16) **Personal safety**

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|
| No stress at all | | | | | | | | | Constantly stressed |

Comments (optional) _____

17) **The safety of my family or people close to me**

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|
| No stress at all | | | | | | | | | Constantly stressed |

Comments (optional) _____

18) **Transportation**

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|
| No stress at all | | | | | | | | | Constantly stressed |

Comments (optional) _____

19) **Immigration status of myself or someone close to me**

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|
| No stress at all | | | | | | | | | Constantly stressed |

Comments (optional) _____

20) **Discrimination**

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|
| No stress at all | | | | | | | | | Constantly stressed |

Comments (optional) _____

21) **Racism**

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|

No stress at all — Constantly stressed

Comments (optional) _____

22) **Access to affordable, healthy food**

1 2 3 4 5 6 7 8 9 10

No stress at all — Constantly stressed

Comments (optional) _____

23) Are there any other factors that greatly contribute to stress in your life that are not mentioned above?

- O No
- O Yes (please describe) _____
  _____

# Social

| How often do you feel… | Never | Rarely | Sometimes | Often | Always |
|---|---|---|---|---|---|
| 24) That you lack social connection? | O | O | O | O | O |
| 25) Left out? | O | O | O | O | O |
| 26) Isolated from others? | O | O | O | O | O |

| Please rate your level of agreement or disagreement with the following statements: | Strongly Disagree | Somewhat Disagree | Neither Agree nor Disagree | Somewhat Agree | Strongly Agree |
|---|---|---|---|---|---|
| 27) Residents in my community can count on each other for help. | O | O | O | O | O |
| 28) I have people I can rely on for help when I need it. | O | O | O | O | O |
| 29) Overall, my community is positive for people of my identity or background(s). | O | O | O | O | O |

# Economic

30) Are you currently employed? *Choose only one:*

- O Yes
- O No (skip to question 33)
- O No, I was laid off or lost my job due to COVID-19 (skip to question 33)

31) How long have you been at your current job? *Choose only one:*

- O Less than 1 year
- O 1 – 3 years

- O 4 – 6 years
- O 7 – 9 years
- O 10 years or more

32) Is there a potential for job growth (i.e., promotion or wage increase) in your current position or at your place of employment? *Choose only one:*

- O Yes
- O No
- O Unsure

33) If you were to lose your main source of income (e.g., job, government benefits), how confident are you that you could cover your expenses for 3 months by borrowing money, using savings, selling assets, or borrowing from friends/family? *Choose only one:*

- O Not at all confident (I could **not** cover my expenses for 3 months)
- O Not very confident
- O Unsure
- O Somewhat confident
- O Very confident (I could cover my expenses for 3 months)

# Transportation, Housing & Neighborhood

34) What form(s) of transportation do you primarily use? *Select all that apply:*

- ☐ Personal vehicle
- ☐ Friend, relative, or neighbor
- ☐ Public transit (bus, the Rapid, etc.)
- ☐ Uber, Lyft, taxi, or another ride-share program
- ☐ Volunteer driver (such as Medicaid transportation, senior center van, etc.)
- ☐ Other (please specify): _____

35) How often does transportation interfere with your daily activities? (for example, getting to work, the grocery store, or medical appointments) *Choose only one:*

- O Every day
- O Most days
- O Some days
- O A few days
- O Never

36) Do you face any barriers in accessing transportation?

- O No
- O Yes (please describe) _____

37) What is your housing status right now? *Choose only one:*

- O Homeless (skip to question 39)
- O Living with someone (friend, relative, etc.) and **not** paying rent
- O Own, no mortgage
- O Own, paying mortgage
- O Rent, including home, apartment, subsidized housing or college housing (contract or lease)
- O Other (please describe) _____

38) In the past **two** years, how many times have you moved? *Choose only one:*

- O Zero
- O Once
- O Twice
- O Three times
- O Four times or more

39) How would you describe your neighborhood to someone who has never visited?

_____
_____
_____

| Please rate your level of agreement or disagreement with the following statements: | Strongly Disagree | Somewhat Disagree | Neither Agree nor Disagree | Somewhat Agree | Strongly Agree |
|---|---|---|---|---|---|
| 40) I feel safe being alone in my neighborhood during daylight. | O | O | O | O | O |
| 41) I feel safe being alone in my neighborhood after dark. | O | O | O | O | O |
| 42) I feel safe in my home or place where I stay. | O | O | O | O | O |
| 43) I am comfortable interacting with police officers or other public safety officials. | O | O | O | O | O |
| 44) I believe the police serve and protect my community. | O | O | O | O | O |
| 45) I can easily access parks. | O | O | O | O | O |
| 46) Sidewalks are accessible. | O | O | O | O | O |

47) What do you think is the biggest strength of your neighborhood or community?

_____
_____
_____

48) What do you think is the biggest problem in your neighborhood or community?

_____

_____

_____

# Accessibility

49) At the place you stay or live, do you have access to the internet? *Choose only one:*

- O Yes, with a subscription to an internet service (skip to question 51)
- O Yes, without a subscription to an internet service (skip to question 51)
- O No, I do not have access to the internet at my home

50) For what reason(s) do you not have internet access? *Select all that apply:*

- ☐ Personal choice (e.g., do not use internet often, do not need to access the internet)
- ☐ I do not have a computer or device to access the internet
- ☐ It's too expensive
- ☐ Internet service is not available where I live
- ☐ I access the internet elsewhere (e.g., public library)
- ☐ Other (please describe) _____

51) In the past year, was there a time when you needed to access any of the following health-related services (for yourself or someone else) but did not get it for any reason? *Select all that apply:*

- ☐ Dental/oral health care
- ☐ Emergency health care
- ☐ Mental health care or counseling
- ☐ Personal caregiving services (e.g., in-home care related to old age, chronic disease, etc.)
- ☐ Primary care (e.g., seeing a doctor for a check-up, health screening, or minor health concern)
- ☐ Prescription medication
- ☐ Specialty health services (e.g., surgery)
- ☐ Substance use treatment or support services
- ☐ Traditional healing or alternative medicine (e.g., acupuncture, naturopathic care, etc.)
- ☐ Other (please describe) _____
- ☐ No, I was able to access needed health services (skip to question 53)

52) What barriers prevented you from accessing these services? *Select all that apply:*

- ☐ Transportation
- ☐ Lack of insurance
- ☐ High cost of services
- ☐ Hours of operation or appointment times did not fit my schedule
- ☐ Unsure where to go
- ☐ Fear or distrust of the health care system
- ☐ Fear or closure due to the COVID-19 pandemic

- ☐ Services were not available in my preferred language
- ☐ Services did not meet my mobility needs
- ☐ Provider was not sensitive to my needs
- ☐ I could not find a provider that offered services
- ☐ Did not have childcare
- ☐ Other (please describe) _____ _____

# Community and Health Challenges

53) Below is a list of some common health conditions. Please select the **five** conditions that have the greatest impact on the overall health and well-being of you, your family, or your community. This is not a complete list. You may write in answers that are not included on this list.

**Rank your selections in order of importance** from one to five, with one (1) having the greatest impact on overall health and wellbeing.
**Select and rank only five:**

- ☐ ___ Arthritis
- ☐ ___ Asthma
- ☐ ___ Behavioral/Mental health
- ☐ ___ Cancer
- ☐ ___ Cardiovascular/heart disease
- ☐ ___ Chronic kidney disease
- ☐ ___ Chronic lung disease
- ☐ ___ Chronic pain
- ☐ ___ Diabetes or pre-diabetes
- ☐ ___ Dental problems
- ☐ ___ HIV/AIDS
- ☐ ___ Neurological disease (e.g., dementia, Parkinson's)
- ☐ ___ Obesity
- ☐ ___ Sexually transmitted infections
- ☐ ___ Stress
- ☐ ___ Stroke
- ☐ ___ Substance use
- ☐ ___ Unintentional injury (e.g., falls, accidents)
- ☐ ___ Other (please describe) _____

# Community and Health Challenges (Continued)

54) Our health is impacted by our surroundings and the conditions of the places where we work, live, and spend time. For example, it is harder to be healthy if you do not have a safe place to sleep, access to healthy food, or if the air in your neighborhood is poor quality. We call these "social determinants" of health.

Below is a list of social determinants of health. Please select the **five** that have the greatest impact on health and well-being for you, your family, or your community.

**Rank your selections in order of importance** from one to five, with one (1) having the greatest impact on overall health and wellbeing.
**Select and rank only five:**

- ☐ ___ Access to care (medical, dental, mental health services, etc.)
- ☐ ___ Discrimination (based on sexual orientation, gender identity, ethnicity, ability, age, etc.)
- ☐ ___ Economic security (finding and keeping a job that pays a living wage)
- ☐ ___ Education
- ☐ ___ Food security (access to and affordability of fresh, healthy food)
- ☐ ___ Health insurance
- ☐ ___ Homelessness
- ☐ ___ Housing instability (finding and maintaining affordable, safe housing)
- ☐ ___ Immigration status
- ☐ ___ Poverty
- ☐ ___ Racism
- ☐ ___ Safety in community or neighborhood
- ☐ ___ Safety in home
- ☐ ___ Social support (connection to family members, having someone to talk to)
- ☐ ___ Technology (access to internet, computers, or cell phones)
- ☐ ___ Transportation
- ☐ ___ Other (please describe) _____

# Demographics

We want to hear from a wide range of people around Kent County through this survey. The following questions about you and your household will help us make sure we are not leaving out important perspectives. You can skip any questions you do not want to answer. As a reminder, this survey is confidential. None of this information can be used to personally identify you, and your answers will not be shared.

55) What is your zip code? _____

56) How old are you? *Choose only one:*

- O Under 18
- O 18 – 24
- O 25 – 34
- O 35 – 44
- O 45 – 54
- O 55 – 64
- O 65 – 74
- O 75 – 84
- O 85 or older

57) Which of the following racial/ethnic categories best describes you? *Select all that apply:*

- ☐ American Indian or Alaska Native
- ☐ Asian/Asian American
- ☐ Black or African American
- ☐ Hispanic
- ☐ Latinx
- ☐ Middle Eastern or North African
- ☐ Multiracial
- ☐ Native Hawaiian or Pacific Islander
- ☐ White
- ☐ Not listed above (please describe) _____

58) Which term best describes your gender? *Choose only one:*

- O Woman
- O Man
- O Non-binary/Third Gender
- O Prefer not to say
- O Prefer to self-describe

59) Transgender is a term that refers to people who identify different from their sex at birth. Do you identify as transgender? *Choose only one:*

- O Yes
- O No
- O Prefer not to say

60) Which term(s) best describes your sexual orientation? *Select all that apply:*

- ☐ Asexual
- ☐ Bisexual
- ☐ Gay or Lesbian
- ☐ Questioning
- ☐ Straight or Heterosexual
- ☐ Pansexual
- ☐ Prefer not to say
- ☐ Prefer to self-describe

61) What is the highest level of education you have completed? *Choose only one:*

- O Some high school or less (no diploma)
- O High school graduate or GED
- O Some college (no degree)
- O Associate degree or Technical certification
- O Bachelor's degree
- O Graduate degree or higher

62) What is your current employment status? *Select all that apply:*

- ☐ Employed, full-time
- ☐ Employed, part-time
- ☐ Homemaker or stay-at-home parent
- ☐ On disability
- ☐ Retired
- ☐ Self-employed
- ☐ Student
- ☐ Unable to work
- ☐ Unemployed and currently job searching
- ☐ Unemployed and not currently job searching
- ☐ Not listed above (please describe) _____

63) What was your total household income in the past year, before taxes? *Choose only one:*

- O Less than $20,000
- O $20,000 - $34,999
- O $35,000 - $49,999
- O $50,000 - $64,999
- O $65,000 - $79,999
- O $80,000 - $99,999
- O $100,000 - $119,999
- O $120,000 - $139,999
- O $140,000 or more

64) What is your marital/relationship status? *Choose only one:*

- O Single, never married
- O In a domestic partnership or civil union (cohabiting with a significant other, but not married)
- O Engaged
- O Married
- O Separated
- O Divorced
- O Widowed
- O Not listed above (please describe) _____

65) What is your parent or guardian status? *Select all that apply:*

- ☐ No children
- ☐ Child/children under 18 years of age
- ☐ Child/children over 18 years of age, but still legally dependent (in college, disabled, etc.)
- ☐ Independent adult child/children over 18 years of age
- ☐ Pregnant, expectant partner, adoption pending
- ☐ Other (please describe) _____

66) How many adults live in your household? _____

67) How many children (under age 18) live in your household? _____

68) Are you, or have you ever been, a member of the US Armed Forces?

- O No
- O Yes, active-duty military
- O Yes, member of the Reserves or National Guard
- O Yes, I am a veteran

69) Do you have a disability or impairment? Select all that apply:

- O No
- O Yes, a sensory impairment (vision or hearing)
- O Yes, a mobility impairment
- O Yes, a learning disability (e.g., ADHD, dyslexia, etc.)
- O Yes, a mental health disorder
- O Yes, a disability or impairment not listed above (please describe) _____

70) What is your primary language? Choose only one:

- O English
- O Spanish
- O Vietnamese

O Other (please describe) _____

71) How did you find out about this survey? _____

*END OF SURVEY.*

Thank you for sharing your voice!

To show our appreciation for your time and effort in answering these questions, we will do weekly drawings for survey participants to receive a $50 Visa gift card. If you would like to be entered into the drawing, please fill out your name and contact information below and return it with your completed survey.

If you do not want to enter the drawing for a gift card, leave this section blank. Please return your completed survey using the prepaid mail envelope attached or return at the location you picked it up.

Yes, I would like to enter a drawing for a chance to win a $50 Visa gift card!

Name: _____

Phone Number:

_____

Email: _____

This information will be stored separately from your survey responses and will not be shared.

*Please return this sheet with your completed survey.*