Kent County

Community Health Needs Assessment

2023

Contents

Acknowledgements

The 2023 Community Health Needs Assessment would not have been possible without the collaboration, dedication, and meaningful participation of many individuals and organizations across Kent County.

Thank you to our healthcare system partners who helped fund this assessment, and to members of the Kent County Health Equity Council, whose involvement and guidance has ensured this work is truly community driven. We would also like to thank all the community partners who shared their time and expertise throughout the assessment process and led data collection efforts in their communities. Most importantly, we would like to thank the residents of Kent County who shared their experiences and insights; their participation has been vital to understanding the unique health needs and challenges and how we can work towards improving community health outcomes.

Finally, we extend our appreciation to all who have contributed to the dissemination and utilization of the findings from this assessment, fostering a collective effort towards enhancing the health and well-being of our community.

KENT COUNTY Health Department

KENT COUNTY Health Equity Council

Corewell Health™

Mary Free Bed® Rehabilitation

PINE REST Christian Mental Health Services

Trinity Health

UNIVERSITY OF MICHIGAN HEALTH-WEST
MICHIGAN MEDICINE

Collaborating Community Partner Organizations

Access of West Michigan
A Glimpse of Africa
Area Agency on Aging of Western Michigan
Bethany Christian Services
Black Impact Collaborative
Boys and Girls Club of Grand Rapids
Cherry Health
City of Grand Rapids
Creston Neighborhood Association
Cultivating Futures
Disability Advocates of Kent County
Duncan Lake Speech Therapy
Family Futures
Family Network of Wyoming
Flat River Outreach Ministries
Grand Rapids African American Health Institute
Grand Rapids for Affordable Housing Coalition
Grand Rapids LGBTQ+ Healthcare Consortium
Grand Rapids NAACP
Grand Rapids Public Schools
Grand Rapids Urban League
Grand Valley State University
Health Net of West Michigan
Hispanic Center of Western Michigan
Hope Network
Johnson Center for Philanthropy
Junior League of Grand Rapids
KConnect
Kent County Essential Needs Task Force (ENTF)
Kent County Oral Health Coalition
Kent County Welcome Plan
Kent District Library
Kids Food Basket
LINC UP
Literacy Center of West Michigan
Michigan League for Public Policy
Michigan State University
Network180
New City Neighbors
North End Wellness Coalition
Nottawaseppi Huron Band of the Potawatomi
Proactive Project
Project GREEN
Puertas Abiertas
Puerto Rican Cultural Committee of West Michigan
Save A Life A Day Outreach
Seeds of Promise
Sparta Chamber of Commerce
The Diatribe
The Other Way Ministries
Together in Faith Ministries
Treetops Collective
West Grand Neighborhood Association
West Michigan Asian American Association
West Michigan Sustainable Business Forum
Western Michigan University
Women's Resource Center
West Michigan Center for Arts & Technology (WMCAT)
YMCA of Greater Grand Rapids

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Your feedback regarding this report or its contents is welcomed.
Please send written comments or requests for additional data to
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Executive Summary

Background

A Community Health Needs Assessment (CHNA) is part of an ongoing, collaborative health improvement process. The CHNA aims to identify, understand, and prioritize the health-related needs of residents.

Results from the CHNA are used as a guide to develop a Community Health Improvement Plan (CHIP) to address the priorities. In addition, community leaders, organizations, policymakers, and others who serve Kent County are encouraged to use the CHNA findings to inform and adapt their work. 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 Kent County.

The 2023 CHNA was conducted by the Kent County Health Department (KCHD), local health systems, and over 60 community-based organizations and dedicated partners.

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) Provide updated local-level data to describe the current state of population health in Kent County, including the economic, social, environmental, and behavioral factors and conditions that impact health outcomes.
2) Highlight trends, comparisons, and disparities in the data.
3) Address gaps in data from previous CHNAs and ensure priority populations are reflected in disaggregated data.
4) Summarize themes from qualitative community input data and community-identified solutions to key issues.
5) Report findings from the Collective Impact Assessment survey to describe the current work Kent County organizations are doing and the strengths and challenges they face in community improvement efforts.
6) Describe the process used to collect community input and prioritize health-related needs.
7) Use findings to engage community members and partners in the next step of developing a CHIP to collaboratively address the identified priorities and align resources across sectors.

Data Collection

The CHNA findings detailed throughout this report are based on data collected through a variety of primary (new data 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.

2023 CHNA DATA:

3,881 Community Surveys

10 Focus Groups

76 Collective Impact Assessment Surveys

1,338 Behavioral Risk Factor Survey (BRFS) Phone Interviews

3 Community Prioritization Sessions

Prioritization

Following analysis of community-input data, the top 10 health-related needs were identified:

- Access to healthy foods
- Access to medical care
- Chronic health conditions
- Community safety
- Dental care
- Health insurance
- Housing
- Mental health
- Sexual and reproductive health
- Substance use

Key findings on each of the 10 topics were presented during three prioritization meetings to community partners, leaders, and residents that attended. After participants reviewed the data, they completed a multi-step process to determine the top priorities. Based on results from all three sessions, the following topics emerged as priorities:

HOUSING

HEALTH INSURANCE

ACCESS TO MEDICAL CARE

ACCESS TO HEALTHY FOOD

The one-page data briefs provide an overview of each priority, along with key issues and potential solutions identified from community input. Additional data for each priority can be found in the corresponding report sections.

Conclusion and Next Steps

The CHNA is a resource for all members of the Kent County community and local public health system. Community members can use this information when talking with public officials about their neighborhood's needs. Healthcare providers, community leaders, nonprofits, policymakers, funders, government leaders, and other service providers can use these findings to inform their work and help advance health equity.

This report serves as a foundation for collaboration, priority setting, planning, program development, funding applications, coordination of resources, and new ways to collaboratively use assets and resources to improve population health in Kent County.

The next step in the community health improvement cycle is to use CHNA findings to develop a collaborative CHIP. Following the release of the CHNA report, community members, organization leaders, and cross-sector partners are encouraged to coordinate resources and align efforts to address areas of need highlighted throughout this report.

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2023 PRIORITIES

HOUSING

Importance and Impact

Safe, stable, and affordable housing is a basic need that provides a foundation for achieving and maintaining good health.

Housing is considered "affordable" when rental or ownership expenses are less than 30% of a household's income.

The more people pay in housing costs, the less they have to spend on other basic needs that impact health, like healthy food, recreation, and health care.

In Kent County, **1 in 3 people live in housing that is unaffordable for them** – in other words, they spend more than 30% of their income on housing costs.[1]

About **1 in 5 homeowners** spend more than 30% of their income on housing.

Nearly **half of all renters** in Kent County spend more than 30% of their income on housing. **1 in 5 spend more than 50% on housing**.

Community-Identified Issues

Increasing housing costs

People who rent their home are disproportionately impacted. From 2017 to 2022, median housing costs for homeowners in Kent County increased by 15% and median housing costs for renters increased by 36%.[2]

According to community input, increasing costs and gentrification are causing residents to be priced out of neighborhoods due to people buying multiple properties to flip and sell or rent out at higher prices.

Limited availability of affordable housing

More than 7,000 people applied for Grand Rapids Section 8 housing during a 5-day open enrollment period in October 2023. Applicants for Section 8 housing in Grand Rapids and Wyoming may be on a waiting list for up to 5 years before being contacted.[3]

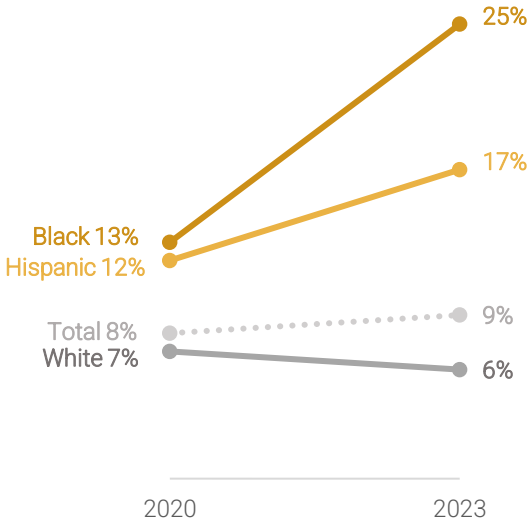
Homelessness

Homelessness increased by 70% from 2019 to 2023 and Black residents are disproportionately impacted.[4]

Housing for aging adults

The top housing concern among all CHNA survey respondents was cost of rent or mortgage, except for adults aged 65 and older, where accessibility and independent living were two most frequently reported concerns.

Since 2020, more **Black** and **Hispanic** adults in Kent County are struggling to pay for housing expenses, while slightly fewer White adults report being unable to pay for housing in 2023.



Change in the percent of Kent County adults who were unable to pay their mortgage, rent, or utility bills in the past year, from 2020 to 2023.

Potential Solutions

- Expanded **eviction prevention** services and navigation to help residents access services.
- Better **local housing policies** to help protect renters from housing cost burden.
- Addressing **barriers to homeownership** (such as credit scores).

(1) U.S. Census Bureau, American Community Survey 5-year estimates (2018-2022). (2) U.S. Census Bureau, American Community Survey 1-year estimates (2017; 2022).
(3) Grand Rapids Housing Commission, 2023; City of Wyoming Housing Commission, 2023. (4) Grand Rapids Area Coalition to End Homelessness, 2023 Point in Time Count.

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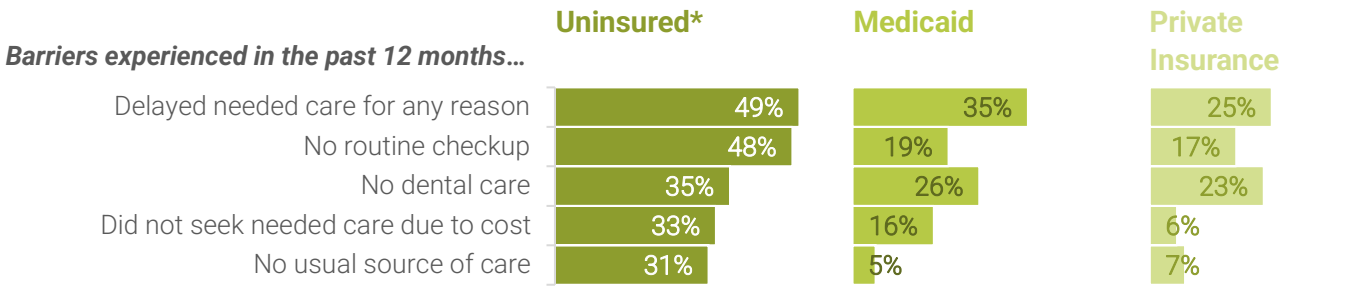
2023 PRIORITIES

HEALTH INSURANCE

Importance and Impact

Health insurance impacts access to all types of care including dental, medical, mental health care, and prescription medications.

Compared to adults with private insurance, **those who were uninsured in the past year were 5 times more likely not to seek needed care because of cost**. Those with Medicaid were nearly 3 times more likely than those with private insurance not to seek needed care due to cost.



*Uninsured includes those who currently do not have insurance or did not have insurance at some point in the past year.
Data includes Kent County adults ages 18-64.
Source: Kent County Behavioral Risk Factor Survey (BRFS), 2023.

Community-Identified Issues

Navigating health insurance systems

- Signing up for health insurance and reapplying to maintain coverage.
- Finding dental, mental health, and medical providers that accept specific types of insurance.
- Understanding patient cost sharing and which services are covered.
- Finding low-cost care that is affordable for those who are uninsured or underinsured.

Lack of health insurance

- No access to employer-sponsored private insurance or cannot afford insurance offered through employer.
- Income is too high to qualify for Medicaid, but too low to afford coverage through the Affordable Care Act (ACA) Marketplace.
- Undocumented immigrants are ineligible for federally funded coverage, including Medicaid and Marketplace coverage.

Being underinsured

- Lack of care options and providers that accept public insurance
- Cost sharing (such as deductibles and copays) can be unaffordable.
- Lack of transparent pricing and stress regarding unexpected medical bills.

WHAT ARE THE BIGGEST ISSUES IN YOUR COMMUNITY THAT IMPACT HEALTH AND WELLBEING?

"Most places won't take my insurance. Medical is the easiest but still narrow group of choices. Dental is near impossible and mental health is absolutely impossible. Can't find a provider."

"I have insurance but will not seek medical attention as I should because my deductible is so high."

"We don't want to go to the hospital because we don't have insurance and we cannot pay what they're asking."

"Self-employed couldn't afford health insurance and didn't qualify for Medicaid."

"Insurance company denied payment for MRI."

Potential Solutions

- More providers (dental, mental health, medical) that **accept public health insurance**.
- Expanding **low-cost care** options for people who are uninsured or underinsured.
- Education and resources to **navigate health insurance systems**, including finding and enrolling in health insurance plans, accessing care based on insurance type (or lack of insurance), and understanding cost of care based on insurance.

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2023 PRIORITIES

ACCESS TO MEDICAL CARE

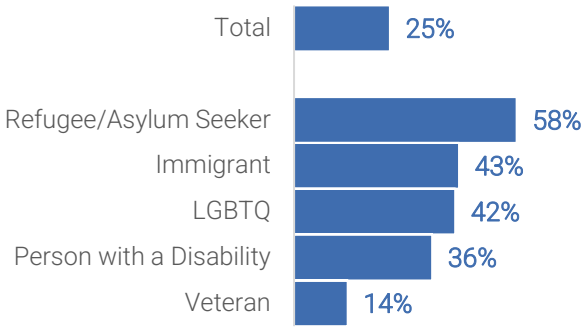
Importance and Impact

Access to medical 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.

Although access to medical care was prioritized, it's important to note that many of the issues identified by residents also impact access to mental health and dental care.

1 in 4 survey respondents **faced barriers** when trying to access health care in the past year.

Refugees, immigrants, and LGBTQ adults were the most likely to report barriers to care.



Community-Identified Issues

Cost of care

High cost of medical care was the top challenge when it comes to access to care. Cost was a barrier for about 10% of survey respondents who had health insurance all year, and about 40% who were uninsured at some point in the past year.

Proximity and physical access to care

Getting to care was an issue among older adults, people who do not drive or have transportation barriers, and people who live in rural communities.

Navigation of the health care system

For many new Americans (refugees, asylum seekers, and immigrants), a different environment with new systems and many steps to navigate contributes to avoidance of health care; language barriers compound these challenges.

Relying on technology (e.g., phone/internet) for navigation assistance can create additional barriers.

Negative interactions

People of color and LGBTQ adults reported experiencing discrimination or stigmatizing interactions with providers or other health care staff.

LGBTQ adults were the most likely group to report being dissatisfied with the healthcare they received, and the most likely to delay needed care for any reason.

1 in 3 Black residents and 1 in 6 Hispanic/Latinx residents said they were treated worse than people of other races when receiving health care in the past year.

WHAT ARE THE BIGGEST ISSUES IN YOUR COMMUNITY THAT IMPACT HEALTH AND WELLBEING?

"By the time you pay your co-pays and deductibles and everything else, you're broke."

"Providers not friendly to transgender patients."

"Healthcare is too expensive with ridiculous hoops for people to jump through. Many of our patients refuse to go to the doctor [...] because of both cost, and rude staff."

"Doctor offices not using translation services so things are not being understood properly."

"I was referred by two doctors to see a specialist. The specialists scheduling refused to make the appointment."

Potential Solutions

- **Mobile health units** that provide free preventive health care (such as mammograms, immunizations, etc.) directly in communities.
- Expanding and improving **transportation** options to/from appointments.
- More medical **interpreters** and bilingual providers and staff.
- **Health navigators** that can provide direct, one-on-one assistance to help address unique or complex challenges people face when accessing care.
- Ongoing **cultural humility and sensitivity training**/education for providers, care teams, and other health care staff, including implicit bias training and greater willingness to listen and learn from patients of marginalized communities.

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2023 PRIORITIES

ACCESS TO HEALTHY FOOD

Importance and Impact

Food is accessible when it is affordable and community members can readily grow or raise it, find it, obtain it, transport it, prepare it, and eat it.[1]

Lack of access to healthy, whole foods (i.e., unprocessed, or minimally processed foods) is a root cause of poor health outcomes and chronic diseases such as obesity, diabetes, hypertension, and heart disease.

> "Only one store to buy groceries from and that makes it very expensive [...and] difficult to buy enough to eat during the month even using the food pantry."

> "Healthy food is too expensive, so people go with cheap food and cheap food causes the diseases that people can't afford to take care of."

Community-Identified Issues

Dietary patterns and food choice are largely based on proximity and cost:

Proximity: Some communities have poor food environments, with easy access to food that is less nutritious and highly processed, and limited access to fresh or whole food choices.

Cost: Residents reported compromising nutrition and purchasing less healthy food due to increasing prices of groceries or needing to meet other basic needs such as housing or childcare.

Transportation barriers (such as not having a personal vehicle and/or inadequate public transportation) limit residents' ability to travel to other areas with better food options or with healthy food that is less expensive.

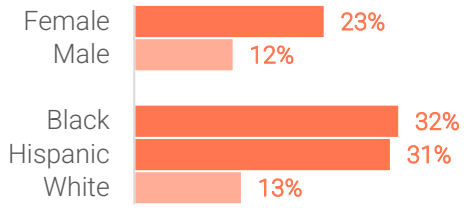
Gaps in food assistance

Income limits for food assistance prevent some people (e.g., ALICE households) from accessing or buying healthy foods.

Food pantries lack healthy food options and culturally appropriate food options.

18% of adults in Kent County reported that they ran out of food and couldn't buy more or couldn't afford balanced meals in the past year.

Females, Black, and Hispanic/Latinx adults were **twice** as likely to experience food insecurity than males and White adults.



1 in 3 people who face food insecurity in Kent County **make too much to qualify for food assistance benefits** like SNAP (Supplemental Nutrition Assistance Program).[2]

Potential Solutions

- **Mobile food pantries** or **mobile farmers markets** that bring healthy food options into communities most impacted by healthy food insecurity and/or have a larger number of residents with transportation barriers.
- Increase the **availability of fresh foods and culturally appropriate food** items at food pantries.
- **Expanding food assistance** programs (such as food pantry eligibility limits) to people who currently don't quality but still face food insecurity.
- Nutrition **education and resources** for healthy eating on a budget – including shopping, meal planning, and meal prepping low-cost healthy meals.
- **Improved school nutrition** in communities most impacted by low access to healthy foods.

(1) Healthy Food Policy Project
(2) Feeding America West Michigan, 2021.

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 2023 CHNA and subsequent 2024-2026 CHIP will be Kent County's fifth community health improvement cycle.

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 partner together to fund and conduct a joint CHNA for all of Kent County. This collaborative approach to population health aims to more effectively serve the community by strengthening cross-sector partnerships, leveraging expertise and existing resources, and reducing duplication of effort.

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 widely used evidence-based framework for community health improvement that was developed by the National Association of County and City Health Officials (NAACHO) and the Centers for Disease Control and Prevention (CDC).

In 2022, NACCHO released an updated MAPP framework that centers on health equity and simplifies the ongoing, continuous process into three phases. Broad stakeholder and community engagement is vital in each phase.[1]

PHASE 1: BUILD THE COMMUNITY HEALTH IMPROVEMENT FOUNDATION

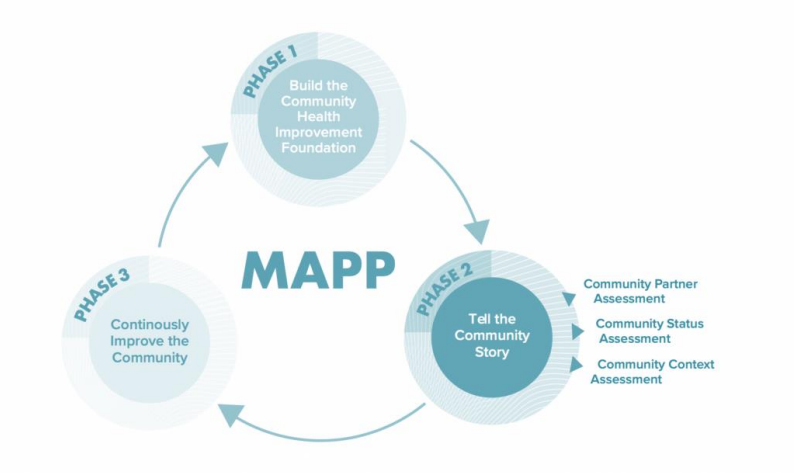
- Reflection and evaluation from previous cycles
- Assess existing partnerships and engage new sectors or community members
- Plan for data collection

PHASE 2: TELL THE COMMUNITY STORY

- CHNA data collection:
  - Community Partner Assessment
  - Community Status Assessment
  - Community Context Assessment
- Prioritize top health-related needs based on CHNA data

PHASE 3: CONTINUOUSLY IMPROVE THE COMMUNITY

- Develop a collaborative CHIP to address the priorities identified in the CHNA
- Implement goals and strategies through collective action



[1] National Association of City and County Officials (NACCHO), 2023. *MAPP 2.0 User's Handbook.*

Reflection & Evaluation

Changes to the CHNA

Community health improvement is an ongoing process with reflection and evaluation occurring at multiple points throughout the cycle. KCHD staff (a "core team" that managed CHNA planning and data collection logistics) reviewed the 2020 assessment to identify which elements worked well, and what could be done differently to improve the next CHNA.

Members of the core team also conducted evaluation conversations with 14 different community partner organizations – some of which had experience or knowledge of past Kent County CHNAs, and others who have never been involved in the process before. The purpose of these conversations was to 1) understand how the CHNA can be more accessible to and reflective of the broader community; and 2) improve the CHNA process, including ways for partners to be meaningfully involved, how to best engage different communities, and what data would be most beneficial to both partners and residents.

Based on these evaluation efforts, the following elements were key areas of focus for the 2023 CHNA process:

FOCUS ON HEALTH EQUITY + HEALTH EQUITY COUNCIL PARTNERSHIP

Community engagement was an area for improvement identified in past Kent County CHNAs. Due to resource constraints, ongoing involvement in the CHNA process has been limited to those who are able to volunteer their own time and resources. This is a barrier to participation for many community members and smaller grassroots organizations whose expertise, input, and partnership is critical to understanding the needs of various communities and co-creating solutions.

The Kent County Health Equity Council (HEC) was established in October 2022, aiming to prioritize community voices in decision-making for health equity. The HEC's Community Voice group includes representatives from community-based organizations (CBOs) and community members who are compensated for their time, knowledge, and participation. Regular monthly meetings have helped foster long-term trusted relationships necessary for authentic collaboration.

Aligning the 2023 CHNA efforts with the HEC's work has allowed for more people to be meaningfully involved, resulting in a CHNA process that is more inclusive and reflective of the diverse communities within Kent County. Members of the HEC Community Voice group represent the following communities:

Population-based communities:

- Asian American
- Black/African American
- Hispanic/Latinx
- Indigenous
- People with disabilities
- Immigrants and refugees
- People who identify as LGBTQ+
- Women and children

Geographic-based communities:

- Baxter Neighborhood
- Roosevelt Park Neighborhood
- Heartside Neighborhood
- Madison/Hall Neighborhood
- West Grand Neighborhood
- City of Wyoming
- City of Kentwood

PRIORITY POPULATIONS AND ADDRESSING DATA GAPS THROUGH COMMUNITY-LED DATA COLLECTION

One point of feedback received during the evaluation conversations was that "we keep hearing from the same people; we need to identify the missing voices and address issues with data gaps."

Disaggregating data is a critical method for measuring and addressing the specific needs of different communities and taking action to improve health equity. However, data cannot always be disaggregated to reflect historically underrepresented groups, resulting in data gaps, which fail to highlight the needs in underserved communities and therefore perpetuate inequities. In past CHNA data collection efforts, there have been a number of limitations that have resulted in some groups not being represented in the disaggregated data, including: low response rates, certain demographic information not being collected, and data collection materials only available in English and Spanish.

One of the goals for the 2023 CHNA was to identify priority populations whose voices and health status are not always reflected in existing data sources (including past CHNAs) and improve equity in data. To address data gaps among the priority populations, changes were made to the community survey tool, including new demographic questions that allowed respondents to identify as an immigrant or refugee, and paper versions of the survey that were available in Vietnamese, Arabic, Kinyarwanda, and Swahili.

Another point of feedback from the evaluation conversations was that "community engagement is not a one-size-fits-all approach, and that trusted community leaders are best suited to lead their own engagement efforts with members of their community."

In 2020, seven community partners were paid to host and facilitate focus groups with members of their community. They were provided with facilitation training to host virtual focus groups, and additional funds to compensate participants. This new approach to qualitative data collection was successful, in part because trusted community leaders were recruiting participants and facilitating the conversation.

For the 2023 CHNA, community-led data collection was expanded to include surveying. In addition to conducting 10 community-led focus groups, 12 community partners were compensated to lead surveying efforts in their communities. This included engaging with residents, educating people on the CHNA and how their community input data would be used, encouraging them to complete the survey, and assisting them in survey completion if they encountered any barriers to participation. Eight of the 12 community partners who led surveying efforts were members of the HEC Community Voice group. With funding and flexibility to lead their own engagement efforts, survey responses among priority populations increased considerably which resulted in a diverse sample and the ability disaggregate data for people with disabilities, LGBTQ, refugees and immigrants, Asian, and American Indian Alaska Native (AIAN) groups. For community input demographics from 2020 and 2023, see Appendix A.

Reporting Back: CHIP Progress

In response to the priorities identified in the 2020 CHNA, stakeholders and partners from multiple sectors came together to provide direct assistance to residents, advocate for policy change, and build new partnerships. Highlights of what the workgroups have accomplished are included below. A complete evaluation of the 2021-2023 CHIP will be included in the 2024-2026 CHIP report.

ECONOMIC SECURITY

Workgroup Co-Chairs:
Michelle Bryk, Women's Resource Center
Dallas Lenear, Project Green

Rent Reporting: Enrolled over 200 tenants in rent reporting to help increase renters' credit scores and ability to buy housing. This was done by CHIP workgroup members in partnership with ICCF and Dwelling Place. Project Green is continuing to expand the rent reporting initiative to private landlords and have developed a recruitment kit. They have also established a partnership with Grand Valley State University and are in the final stages of developing a research tool to gather data about how rent reporting increases credit scores and can help improve an individual's or household's financial wellbeing.

Community Tax Prep Day: Added a Saturday option to this existing series, giving more than 100 residents who couldn't attend weekday events an opportunity to receive free tax preparation.

Childcare Convening: Brought together local childcare providers and social service organizations working in the early childhood space (representing over 20 groups and organizations) to brainstorm and collaborate around childcare initiatives.

MENTAL/BEHAVIORAL HEALTH

Workgroup Co-Chairs:
Raymond Higbea, Grand Valley State University
Regina Salmi, Network180

Translation of Community Mental Health Resources: Updated the Mental Health Crisis Brochure and worked with community leaders to develop a Community Mental Health Resource card. Both resources were translated into Spanish and distributed in the community. Development of these documents in an additional six languages (Arabic, Burmese, Kinyarwanda, Nepali, Swahili, and Vietnamese) is in progress. Network180 also expanded their current website resources page to include the resources suggested by community partners.

Policy and Advocacy for Medicaid Telehealth Coverage: CHIP Workgroup members and other community mental health advocates were sent background information on the policy and asked to review the suggested changes and provide input to the State. The State Medicaid system is allowing the telehealth (phone) policy to continue for another year.

Professional Development: Offered continuing education to mental/behavioral health providers on trauma-informed care and working with special populations. The CHIP Workgroup partnered with Samaritas of Grand Rapids and Forest View Hospital to host two no-cost training series on refugee mental health (each training included five sessions with two hours of free social work CEUs per session). More than 100 people attended and there is continued interest among mental health professionals in the community. As a result, a third series has been planned for early 2024.

Workforce Development: CHIP Workgroup members attended two career fairs at local high schools to talk with Juniors and Seniors about careers in mental or behavioral health. The Grand Rapids African American Health Institute is currently spearheading work related to diversifying the mental and behavioral health workforce through their Pathways to Healthcare Careers program. Their goal is to increase racial diversity in the West Michigan healthcare workforce through partnership with Grand Rapids Public Schools and key stakeholders in the healthcare systems, colleges/universities, and mental health organizations.

ACCESS TO CARE

Workgroup Co-Chair:
Coleen Davis, Renew Mobility

The Access to Care Workgroup sought to develop and distribute educational materials related to the following topics: understanding insurance, when and where to access care, different portals of care, and overcoming barriers to care. Unfortunately, these efforts stalled due to limited capacity and other organizational obligations of workgroup members.

DISCRIMINATION AND RACIAL INEQUITY

While a workgroup was not formed specific to this priority, the CHNA workgroups developed strategies to combat disparities in their respective priority areas using a health equity lens to ensure that the impacts of discrimination and racial inequity were considered. In addition, the Kent County Health Equity Council was formed to embed diverse community representation in the process of identifying health priorities and developing strategies to address them moving forward.

HEALTH EQUITY

The Kent County Health Equity Council (HEC) was started in October 2022 and continues to meet regularly with convening support from the Kent County Health Department, the Hispanic Center of Western Michigan, and the Grand Rapids African American Health Institute.

The Health Equity Council is a collaborative group of diverse partners focused on collective impact, mutual learning, listening to communities facing the greatest inequities, and aligning actions to advance health equity. The Community Voice group plays a pivotal role within the HEC, actively driving the work of the overall council. Community Voice is comprised of representatives from community-based organizations and community members who gather monthly to bring the voices of the populations they represent to the decision-making processes.

- Ongoing relationship building. Trusted relationships take time to develop but are necessary to create shared goals and sustain action. The Community Voice group has met monthly for 18 months and continues to meet regularly. Members of the Community Voice group are compensated for their time and expertise in this work.
- Increased representation in CHNA data through community-led data collection efforts. With the help of Community Voice members and other organizational partners, the 2023 CHNA data includes disaggregated data for immigrants and refugees, people with disabilities, LGBTQ+ individuals, and other groups that have not been well represented in past CHNAs.
- Funding for community-led efforts related to priorities through two rounds of mini grants. To date, the HEC has allocated $332,000 in mini grants to CBOs selected through a participatory grantmaking process to support implementation of strategies to address the public health priorities identified by the HEC and the 2023 CHNA.

- Created an Advisory Board with representatives from local health and behavioral health systems, healthcare payor organizations, local government, academia, community-based organizations, and the Community Voice group.
- Hosted 3 systems-level meetings to foster relationships and allow for public health stakeholders to hear the voice of the community. Currently planning a larger Health Equity Conference to advance health equity and continue collective impact work.
- Established Action Teams around emerging community priorities (including community safety and mental health). Action Teams meet monthly with the goal of Community Voice members and health systems partners to co-create solutions for the identified priorities.
- Received funding from the Michigan Department of Health and Human Services, the WK Kellogg Foundation and the Michigan Health Endowment Fund to sustain and expand the work through October 2025.

Data Collection Methods

Quantitative and qualitative data were collected using a variety of methods and sources. Data collection activities were guided by following three MAPP assessments to get a more complete understanding of population health in Kent County.

COMMUNITY PARTNER ASSESSMENT

The Community Partner Assessment (CPA) collects information on the landscape of the county's local public health system, which includes any organization or entity that contributes to the health or well-being of the community, including:

- Organizational strengths and challenges.
- The collective capacity (as a network) to improve community health and advance health equity.
- Work that is already being done, and areas where there are gaps.

COMMUNITY STATUS ASSESSMENT

The Community Status Assessment (CSA) collects quantitative data to describe the population and current state of health in Kent County, including information on:

- Demographics
- Health status and outcomes
- Risk factor prevalence
- Social determinants of health
- Root causes of health needs or health outcomes
- Health inequities between different population groups or geographic areas

COMMUNITY CONTEXT ASSESSMENT

The Community Context Assessment (CCA) is a qualitative data assessment aimed at gathering community input to better understand:

- Lived experiences of residents
- Strengths and assets in different communities
- The built environment and how the conditions in which people live, work, learn, and play affect their health.
- Historical context and forces of change – in other words, what has happened recently that is impacting health in a specific community.

Collective Impact Assessment Survey

This survey was a new component of the Kent County CHNA and based off the MAPP Community Partner Assessment (CPA). The KCHD core team reviewed the original MAPP CPA survey tool and received input from community partners to modify the survey questions to align with context and goals of the Kent County CHNA.

The goal of this survey was to hear from the organizations and systems that serve Kent County to better understand what is currently being done and how the county's local public health system can collectively work towards meeting the needs of residents.

A sample list of 112 organizations was created with 1-3 contacts at each organization. The CHNA team emailed the listed contacts, inviting their organization to participate in the survey. Contacts were instructed to answer questions on behalf of their organization (rather than their personal program or role) and only submit one completed survey per organization. Some larger organizations submitted multiple responses for their different divisions. The survey was offered in English via Qualtrics using personalized survey links.

The survey was open from June 26 – August 30, 2023. Reminder emails were sent in the last two weeks of the survey period to those who had not yet completed a survey. There were 76 completed (unduplicated) surveys (a response rate of 68%). For a list of organizations that participated in the survey, see Appendix B.

Limitations to consider include the length and complexity of the survey, which was estimated to take roughly 30 minutes to complete (for a copy of the survey instrument, see Appendix C). The sampling technique also has limitations, as the core team utilized personal survey links to avoid multiple responses from the same organization.

This did not allow for snowball sampling (i.e., sharing the survey link) among networks of organizations included in the initial sample, which could have potentially resulted in a larger sample of respondents. This method also did not allow for the survey to reach organizations that KCHD did not have a formal connection or past partnership with, further limiting the potential sample size.

Behavioral Risk Factor Survey (BRFS)

The BRFS is an ongoing telephone survey that collects information about health behaviors, chronic health conditions, and use of preventive services among adults (ages 18 and older) living in the U.S. The BRFS is conducted annually at the state-level and supported by the CDC to collect nationally representative data. To obtain local-level data, KCHD contracted with the University of Missouri's Health and Behavioral Risk Research Center to collect data for the 2023 Kent County BRFS.

Kent County's 2023 BRFS included questions from the 2022 Michigan BRFS (standard core, rotating core, and emerging core modules). The KCHD team and the health system planning team selected additional modules to collect data on:

- Mental illness and stigma
- Sexual orientation and gender identity
- Pre-diabetes
- Marijuana
- Firearm safety
- Reactions to race
- Healthcare access
- Social determinants of health

Data collection took place from April 6 – May 19, 2023. 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, with targeted response rates of at least 10% of the total sample. Trained interviewers from the University of Missouri's research center made a total of 22,227 calls, resulting in 1,338 completed or mostly completed surveys. Each completed interview lasted, on average, approximately 24 minutes.

The BRFS data included in this report are weighted to adjust for gender, age, race, and ethnicity using the 2020 Kent County Census population estimates. Some statistics were compiled by the University of Missouri's data team and additional analysis of the dataset was completed by KCHD using SPSS statistical software. Due to the large, randomly selected sample and weighted data, BRFS results are likely representative of the Kent County adult population which allows for generalizability of the findings and comparison of trends over time for most indicators.

Although the BRFS data are considered representative and generalizable, there are several factors that limit generalizability for some populations. Adults who speak a language other than English or Spanish are automatically excluded from participating, since interviews are not conduced in other languages. Additionally, disaggregated data is not available for American Indian Alaskan Native (AIAN) or Asian populations due to low sample sizes.

Focus Groups

To get an in-depth understanding of community needs, lived experiences, root causes of health issues, and potential solutions, 10 community-led focus groups were conducted. KCHD contracted with 10 community-based organizations and provided training on focus group recruitment and facilitation. Each organization received a $500 stipend and were responsible for organizing and hosting a 1-1.5 hour virtual or in-person focus group; recruiting 6-10 members of their community to participate; scheduling a date, time and location; and providing other accommodations as necessary (e.g., refreshments, childcare, transportation assistance, etc.). Additional funds were provided to compensate participants for their time and participation in the form of a $50 gift card. Facilitators were asked to also collect demographic information and signed consent forms from participants. Each facilitator was provided with a discussion guide (see Appendix D). If necessary, the facilitator adjusted or omitted questions based on time and group dynamic.

Focus groups were conducted between July 27 and September 29, 2023. Seven were conducted in-person, and three were done virtually. One focus group was conducted in Spanish, and the audio recording was interpreted into English by the hosting organization, the others were conducted in English. Overall, 88 people participated.

There were two youth-only focus groups, which helped incorporate their perspectives and experiences into the CHNA due to limitations of the BRFS and community survey, which were only administered to residents aged 18 and older. Other focus groups also included members of the priority populations, including LGBTQ+, Black or African American, Hispanic or Latinx, older adults, immigrants and refugees, and residents living in rural areas of the county. For a complete list of participant demographics, see Appendix A.

All focus groups were audio recorded and shared with the KCHD core team for analysis. Audio recordings were transcribed, de-identified, and checked for accuracy. Transcripts were coded and analyzed thematically using NVivo (a qualitative data analysis software). Data were analyzed using a team-based approach to improve credibility of the findings and reduce potential bias in the interpretation of qualitative data. The frequency with which a topic was discussed across all 10 focus groups was used to determine key themes and draw conclusions about how they impact the broader community.

Although the focus groups provide valuable insights, the main limitation is that results are not representative of the larger Kent County population. Additionally, since recruitment was conducted by the community organizations that hosted and facilitated focus groups, many who participated may be more deeply involved in community programming and the responses may only provide one perspective on the issues discussed.

Community Survey

A county-wide resident survey has been a component of each Kent County CHNA. This allows for collection of community input from a large number of residents to identify top health needs.

During the evaluation conversations, several barriers to survey participation (specifically among priority populations) were noted, including survey length, lack of translation into languages other than English or Spanish, varying literacy levels, lack of internet to complete electronic surveys, and limited trust between marginalized communities and government entities.

As noted in the evaluation from past cycles, a convenience (non-random) sample has been used in past CHNA surveys. Convenience sampling, along with the barriers to participation has consistently resulted in data with an overrepresentation of those who are white, female, living in urban or suburban areas, and have higher incomes and educational attainment than the overall population of Kent County.

Another limitation of past surveys and opportunity for improvement is the ability to track changes and compare survey data to past years. Historically, a goal of the CHNA survey has been to obtain local level data that is not available through other secondary sources but is needed to better understand the community and inform community health improvement efforts. Because of this, the survey tool has been different with each iteration of the CHNA. This limits the ability to compare survey data to previous years and requires additional resources for new translation each CHNA cycle (as a result, surveys are generally only translated into Spanish).

To address some of these barriers and develop an accessible, sustainable survey tool that could be used in future iterations of the CHNA, KCHD contracted with the Dorothy A. Johnson Center for Philanthropy (The Johnson Center) to conduct the 2023 community survey.

KCHD and The Johnson Center reviewed previous survey instruments and partner input on data needs to create a survey draft. The tool was modeled off the BRFS, with core modules and space to add new questions based on emerging needs with each new CHNA cycle. The Johnson Center and KCHD hosted three sessions open to members of the community to review the survey draft and provide feedback before the instrument was finalized (see Appendix E).

The sample included both a random sample (to increase the generalizability of findings and avoid overrepresentation) and a convenience sample (to reach priority populations and address gaps in data). The random sample included a phone survey and a web-panel survey. The convenience sample included a self-administered web-based and paper survey. To collect survey responses for the convenience sample, the core team worked with the Health Equity Council and community partners to distribute the survey and encourage residents across Kent County to participate. To address the unique barriers faced by different communities, and to expand the community-led data collection model used in focus groups, funding was provided to 12 community partners to lead their own surveying efforts. Funded partners received a $2,000 stipend along with materials to promote the survey (a social media toolkit and postcard-size flyers), and were tasked with engaging residents, educating them on how the data would be used, encouraging them to complete the survey, and assisting them in survey completion if needed.

The total survey period lasted from September 22 – October 31. The survey was offered in an online format via Qualtrics, where respondents could complete the survey in English or Spanish. Paper copies of the survey were also available and were offered in English, Spanish, Vietnamese, Kinyarwanda, Arabic, and Swahili.

During the 5-week survey period, 3,881 responses were collected (933 from the random sample and 2,948 from the convenience sample). Funded partners collected approximately 68% of responses from the random sample, and participant demographics more closely matched Kent County's population for sex, race, ethnicity, and educational attainment (compared to the 2020 CHNA survey). Community-led surveying efforts resulted in sufficient sample sizes to disaggregate data for many of the priority population groups. For a full comparison of demographics, see Appendix A.

Data from the community survey are reported as an unweighted percentage of total responses from both samples and disaggregated by population subgroups when relevant. Since 76% of all survey responses were collected via convenience sampling, findings may not be generalizable to the entire population of Kent County, or to the subgroup populations highlighted throughout. However, data from this survey does provide important insight into the perceptions and experiences of Kent County residents and their greatest needs.

Several limitations to the 2023 CHNA survey include timeline delays and a shorter data collection period than was originally planned, potentially limiting the number of responses. The four new survey languages (Vietnamese, Kinyarwanda, Arabic, and Swahili) were also not available until October 16, about half-way into the survey period and were only available in paper. Although some of the funded partners were able to assist respondents with translation prior to the paper copies being available, these factors likely impacted response rates from residents who speak a language other than English or Spanish. There were also a large number of paper surveys, which KCHD interns manually entered. Due to time constraints and capacity limitations, responses to the three open-ended questions were excluded from data entry for paper surveys completed in languages other than English or Spanish (although this only affected less than 1% of all responses).

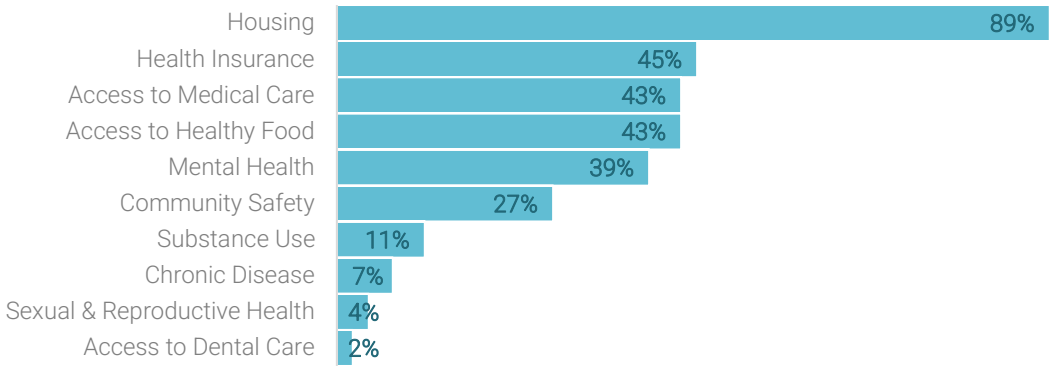
Prioritization

Following data collection and analysis, the top 10 health-related issues were identified based on community input from focus groups and the community survey. Secondary data and local BRFS data were used to describe the magnitude, trends, and disparities related to each topic.

Community members were invited to attend one of three prioritization sessions in November 2023. There were two in-person sessions and one virtual session, each lasting roughly 2 hours. First, data and key findings on each of the 10 topics were presented. After reviewing the data, participants completed a multi-step prioritization process.

First, participants ranked each of the needs based on magnitude or severity, root cause, and ability to impact. Next, participants compared two topics at a time using a comparison matrix, deciding in each case which issue was more important to address, and scoring the level of importance. Although the ranking exercise was not scored or used in the prioritization results, the intention was to highlight the various meanings of "importance" when it comes to health-related needs. For the prioritization exercises used, see Appendix F.

Final priorities were determined based on each participant's top three highest scoring topics from the matrix exercise. Using individual results from all three prioritization sessions, each topic was assigned a value according to the percentage of participants who had the topic among their top three highest scores.



There were 60 people who attended a prioritization session and participated in the exercise, with representation from nearly 40 organizations across Kent County.

Demographics

Population & Geography

Kent County is Michigan's fourth most populous county, with an estimated population of 659,083 as of 2022. [1] From 2017 to 2022, the average population growth of Kent County was 3.3%, surpassing the growth rate of both Michigan (1.3%) and the U.S. (3.1%) during the same time period.[2]

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.

CITIES

Cedar Springs
East Grand Rapids
Grand Rapids
Grandville
Kentwood
Lowell
Rockford
Walker
Wyoming

VILLAGES

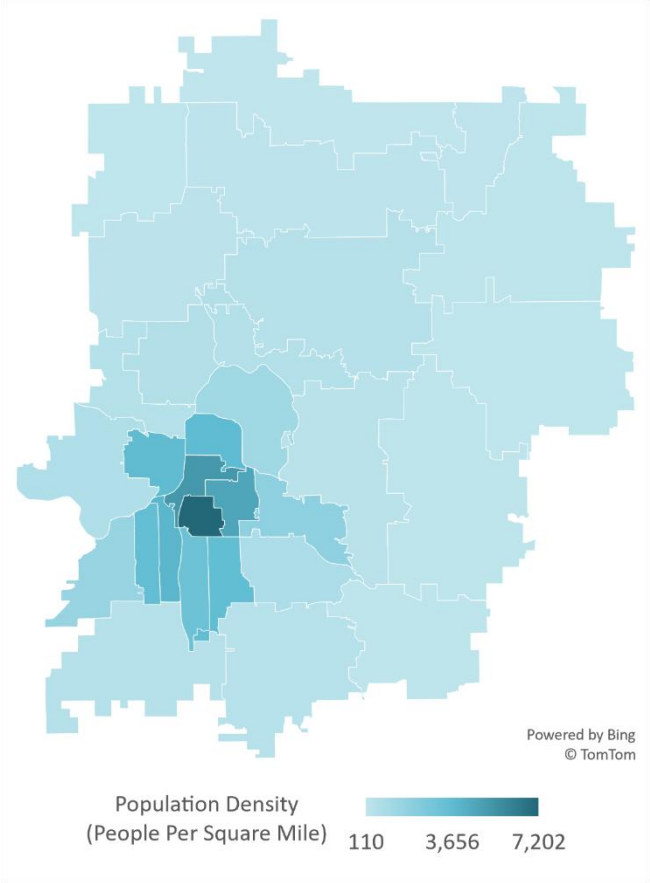
Caledonia
Casnovia
Kent City
Sand Lake
Sparta

TOWNSHIPS

Ada
Algoma
Alpine
Bowne
Byron
Caledonia
Cannon
Cascade
Courtland
Gaines
Grand Rapids
Grattan
Lowell
Nelson
Oakfield
Plainfield
Solon
Sparta
Spencer
Tyrone
Vergennes

FIGURE 1: Population density by zip code

Grand Rapids and surrounding zip codes are the most densely populated in Kent County.



[1] U.S. Census Bureau, ACS 1-year estimates, 2022.
[2] U.S. Census Bureau, ACS 5-year estimates, 2013-2017; 2018-2022.

Demographic Characteristics

TABLE 1: Race and ethnicity

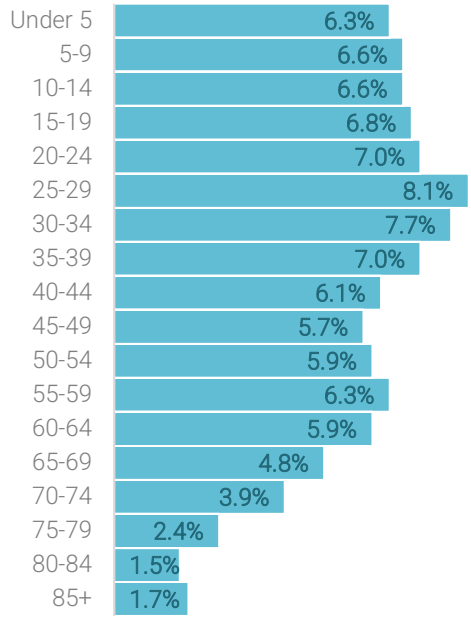
Race	Grand Rapids	Kent County	Michigan	U.S.
American Indian and Alaska Native	0.5%	0.4%	0.5%	0.8%
Asian	2.8%	3.1%	3.3%	5.8%
Black or African American	17.9%	9.7%	13.6%	12.5%
Some Other Race	4.9%	3.3%	1.6%	6.1%
Two or More Races	10.9%	8.0%	5.4%	8.8%
White	63.0%	75.5%	75.7%	65.9%
Ethnicity				
Hispanic or Latino	15.9%	11.1%	5.5%	18.7%
Not Hispanic or Latino	84.1%	88.9%	94.5%	81.3%

Source: U.S. Census Bureau, ACS 5-year estimates, 2018-2022.

FIGURE 2. Age distribution

In Kent County, half the population (49%) is under age 35, and 14% is age 65 or older.

Percent of Kent County population by age group



Source: U.S. Census Bureau, ACS 5-year estimates, 2018-2022.

LANGUAGE

12.4% speak a language other than English

5.4% 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 2017-2022, the immigrant population grew by 18.4%

CITIZENSHIP

4.7% of people living in Kent County do not have U.S. citizenship.

DISABILITY STATUS†

10.7% of residents have at least one disability.

VETERAN STATUS

5.5% of adults are veterans – about half of veterans are age 65 and older.

LGBTQ[1]

7.8% of Kent County's adult population identify as lesbian, gay, bisexual, or another sexual orientation other than straight or heterosexual.

1.0% of adults are transgender or gender non-conforming.

RURAL POPULATION[2]

16.2% of residents live in rural communities.

Source: U.S. Census, ACS 5-year estimates, 2018-2022 (unless otherwise noted)

† Disability includes serious difficulty with one or more of the following: hearing, vision, cognition, mobility, self-care, and/or independent living.
[1] Kent County Behavioral Risk Factor Survey (BRFS), 2023.
[2] U.S. Census Bureau, Decennial Census, 2020.

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Section 1:

Factors Impacting 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 can help prevent disease, detect and treat illness sooner, and manage chronic conditions, enabling individuals to live longer, healthier lives.

INDICATORS

- Delaying needed medical care
- Health insurance coverage
- Cost of care
- Provider availability
- Quality of care

KEY FINDINGS

- Most adults in Kent County have health insurance (93%), have a personal care provider (93%), and have had a routine checkup in the past year (84%). However, 1 in 4 adults still reported that they delayed getting needed medical care in the past year, and 1 in 10 survey respondents reported facing multiple barriers to care.
- Cost was the most common barrier to care – both insured and uninsured people reported experiencing issues related to cost of health care, and about 1 in 5 people (18%) currently have medical debt.
- LGBTQ individuals were the most likely to delay needed care (48%), and the most likely to be dissatisfied with the health care they did receive (11%).
- Hispanic/Latino survey respondents were the most likely to be uninsured all year (26%)

COMMUNITY INPUT

- Immigrants and refugees face multiple barriers to accessing health care, including language barriers, high costs, limited knowledge of available resources, and transportation challenges. They are also the most likely group (for whom data are available) to lack consistent health insurance.
- In-person assistance for navigating various parts of the health care system is needed.
- People of color, LGBTQ, immigrants, and refugees reported experiencing discrimination or stigmatizing interactions, which negatively affects trust and creates barriers for seeking care in the future.
    - Training or education for providers and health care support staff (e.g., front desk staff) to address bias, cultural competency, and issues that affect trust with marginalized communities is needed.

> "Just simply for them to be better educated on the LGBTQ community. They don't always know what people are talking about. They don't always respect pronouns. It really depends on the doctor, and I feel like that's something they should focus on more."
>
> *—Focus group participant*

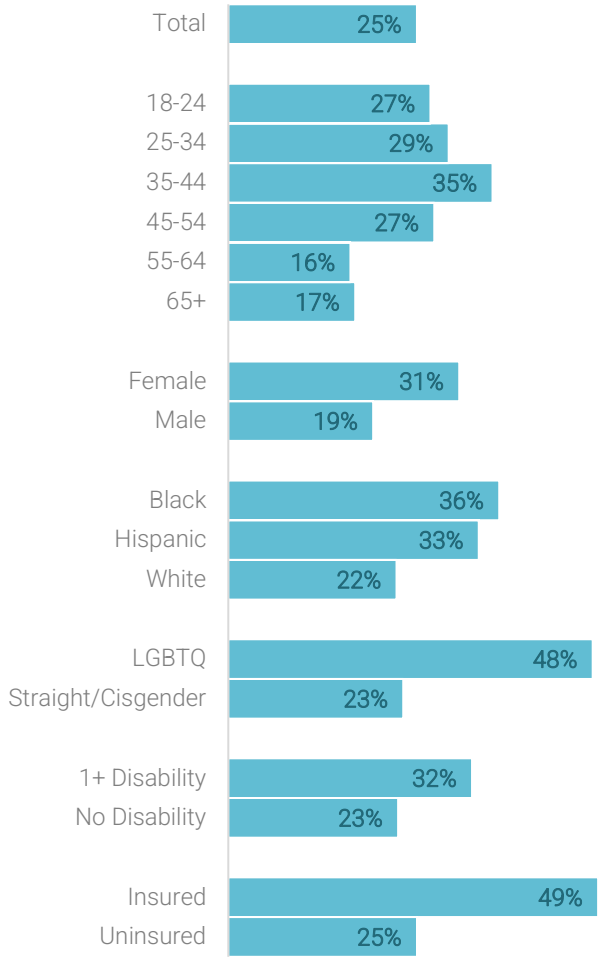
> **"Low income = low access to anything health related."**
>
> *—Survey respondent*

Delaying Medical Care

FIGURE 3. Delays in needed medical care

1 in 4 people delayed getting needed medical care in the past year.

Percent of Kent County adults who delayed getting needed medical care for any reason in the past 12 months.



Source: Kent County Behavioral Risk Factor Survey (BRFS), 2023.

Based on community input, Kent County residents delay getting needed medical care for many reasons. The most frequently mentioned reasons include:

Cost

High cost and fear of debt, regardless of insurance status.

> "The copays for the care [my spouse] needs could bankrupt us, so he won't get help. It's scary"
>
> *—Survey respondent*

Insurance

Lack of insurance, inadequate insurance, or disruptions in coverage.

> "I don't have health insurance anymore so I can no longer see my therapist, visit my doctors or renew my medications."
>
> *—Survey respondent*

Negative interactions

Discrimination, stigmatizing language, environments, and interactions with providers.

> "I feel these prejudices always limit LGBTQI people to go seek for services. And this normally leads to a delayed diagnosis of illnesses. And may end up, creating more complications of health issues."
>
> *—Focus group participant*

Navigating a complex system

Understanding insurance, finding providers that accept new patients.

> "It's just difficult to navigate health care, so people just throw their hands in the air and say 'Forget it,' and don't even tend to their needs because there's just, there's no direction and there's no place to go or person to ask."
>
> *—Focus group participant*

Health Insurance

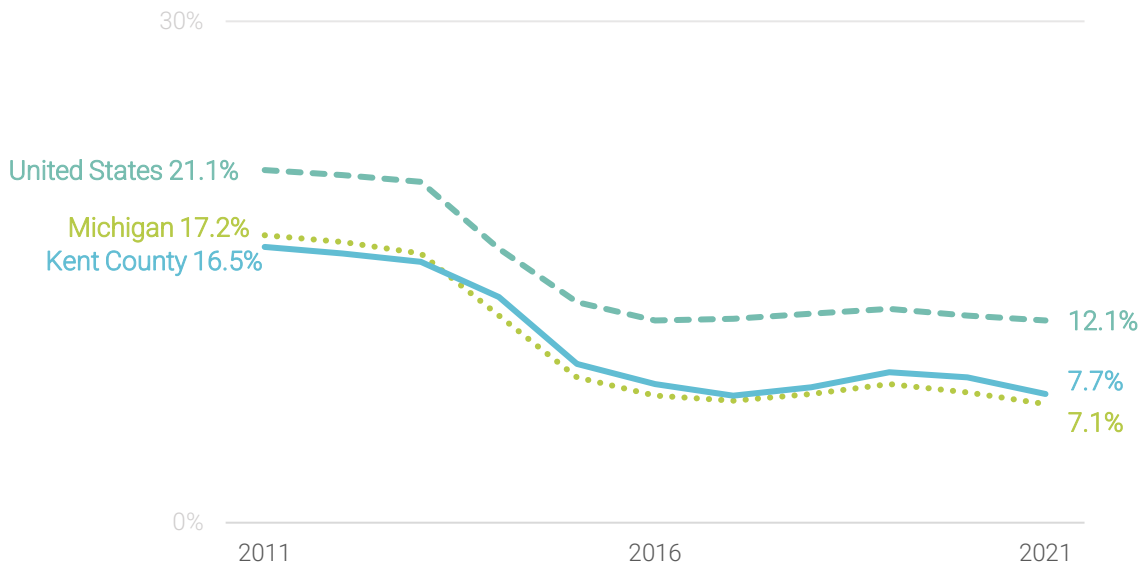
Health insurance helps people access needed primary care, specialists, and emergency care. It also provides financial protection in case of a serious accident or illness.

People without health insurance are less likely to receive preventive care and more likely to delay needed medical care due to cost. As a result, people who are uninsured are often diagnosed at later, less treatable disease stages than those with insurance and, overall, have worse health outcomes, lower quality of life, and higher mortality rates.[1] People who are underinsured—meaning their coverage does not allow access to affordable health care—may face the same negative health consequences because of delaying needed care.

FIGURE 4. Uninsured adults

In Kent County, the percentage of adults without health insurance has decreased over the past 10 years from 16.5% in 2011 to 7.1% in 2021, mirroring similar trends at the state and national levels.

Percent of uninsured adults aged 18-64 in Kent County, Michigan, and the U.S. from 2011 – 2021.



Source: U.S. Census Bureau, Small Area Health Insurance Estimates, 2023

Along with being uninsured or underinsured, the type of insurance can also impact ability to access care. Medicaid patients, for example, experience access issues when living in areas where few physicians accept Medicaid due to its reduced reimbursement rate.[2]

Although residents who did not have health insurance at some point in the past year were 2.5 times more likely to encounter barriers to receiving health care than those who were insured all year, 1 in 5 survey respondents who were insured all year still encountered barriers to care. Survey respondents with public insurance described challenges finding providers (including dental and mental health providers) that accept Medicare and/or Medicaid.

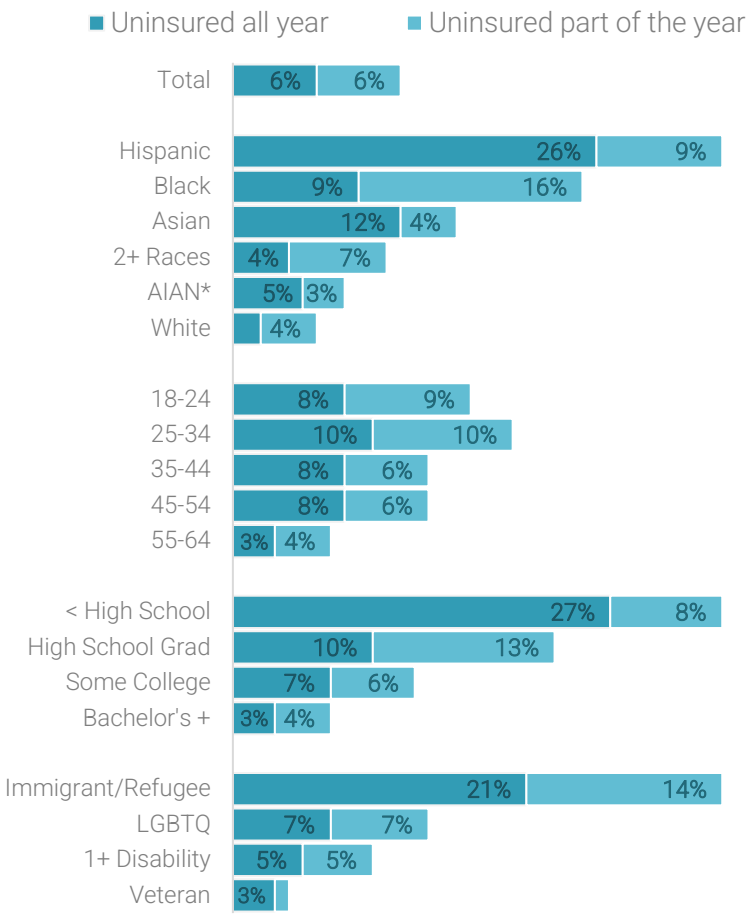
> "Access to mental health. Therapists who take my insurance. They should all take all insurance. More dental options**. I feel it's discrimination to not take Medicaid or Medicare**."
>
> *—Survey respondent*

[1] County Health Rankings
[2] Healthy People 2030

FIGURE 5. Lack of health insurance, by demographics

Although most adults in Kent County are insured, there are significant disparities. Hispanic/Latinx survey respondents and those who identified as an immigrant or refugee are much more likely than others to report not having any insurance in the past year.

Percent of community survey respondents aged 18-64 who were uninsured for all or part of the last year.



> "There is no accessibility to health insurance for those who are undocumented."
>
> *—Survey respondent*

Notes: *fewer than 50 respondents who identified as American Indian or Alaska Native (AIAN), interpret with caution. Percentages less than 3% are not labeled.
Source: 2023 Kent County CHNA Community Survey

Health insurance gaps

Some residents explained that employer-sponsored health insurance and plans offered through the Marketplace are unaffordable, but their income is too high to qualify for public health insurance (Medicare or Medicaid).

Needing to make tradeoffs and decide which basic needs to cover was a recurring theme throughout community input.

> "My husband works and he can have insurance but the cost [...] is very high. **We prefer not to have insurance and use the money for basic needs.** That is a big problem."
>
> *—Focus group participant*

> "Insurance is way too expensive through employer (my rent is half of my income) and I make too much money (according to the government) to receive medical assistance, especially mental health."
>
> *—Survey respondent*

> "Those who don't qualify for Medicaid yet can't afford the ACA insurance **fall through the cracks**."
>
> *—Survey respondent*

Cost of Care

Even with insurance, the high cost of health services is a barrier to getting needed health care for many residents.

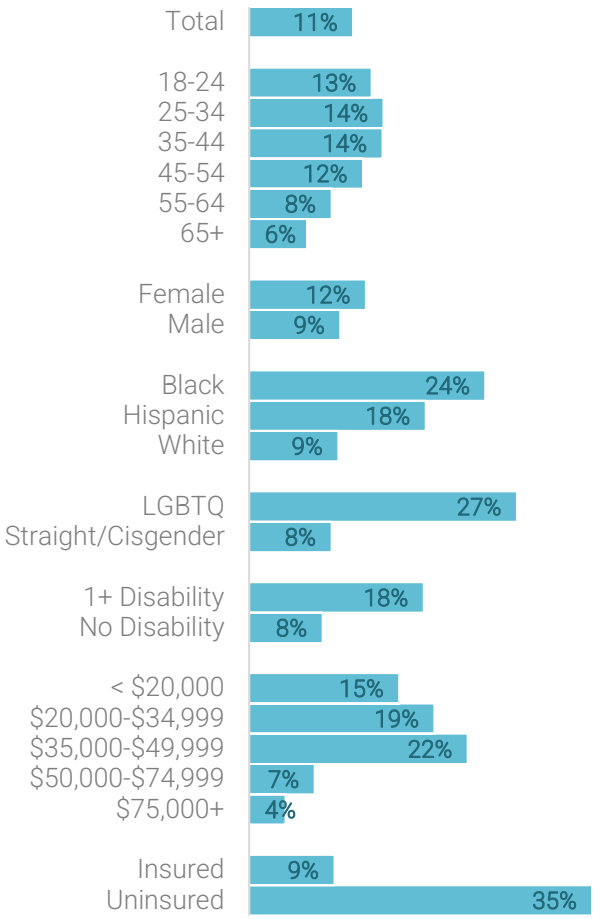
Unaffordable medical bills can quickly translate into debt. In Kent County, 18% of adults currently have medical bills they are paying off over time, regardless of whether or not they had health insurance in the past year.

Although medical debt affects both insured and uninsured adults, uninsured adults are three times more likely to skip needed care due to cost.

FIGURE 6. Cost as a barrier to health care

1 in 10 adults skipped needed medical care because of cost. Those without insurance were nearly 4 times more likely to not get needed care due to cost.

Percent of Kent County adults who needed to see a doctor but did not due to cost, or who did not take prescribed medication due to cost in the past year.



Source: Kent County Behavioral Risk Factor Survey (BRFS), 2023.

Insured and uninsured people have trouble affording health care.

For people without insurance, healthcare is largely unaffordable.

Even with insurance, premiums, deductibles, and copays can be unaffordable.

> "Education/resources at a reasonable price for those with insurance. **I have insurance, but will not seek medical attention as I should because my deductible is so high**. I see people without insurance getting resources I would love, but because I have to pay, I am hesitant to utilize them. The system is very mixed up!"
>
> *—Survey respondent*

Fear of medical bills is a major source of stress.

Deciding whether to seek care because of what it might cost causes stress.

For people who do seek care, they worry about being able to afford the bills when they come.

> "There is always a debate of: **do I go to a hospital and then I am left with a lot of money to pay back, how will I pay that?**"
>
> *—Survey respondent*

Unaffordable prescriptions.

High cost of medication—particularly for managing chronic conditions.

> "I went to some doctor the other day and he put me on this new inhaler. Yesterday, I was looking at the thing, **$649**. […] and you only get 60 sprays so then you've got to go back again and if you don't have insurance, another $649. But the doctor wants you to stay on it."
>
> *—Focus group participant*

> "A lot of people have diabetes and can't afford insulin because of their insurance or they don't have insurance. So that's really impacted a lot of people in the community where they can't afford a prescription."
>
> *—Focus group participant*

Provider Availability

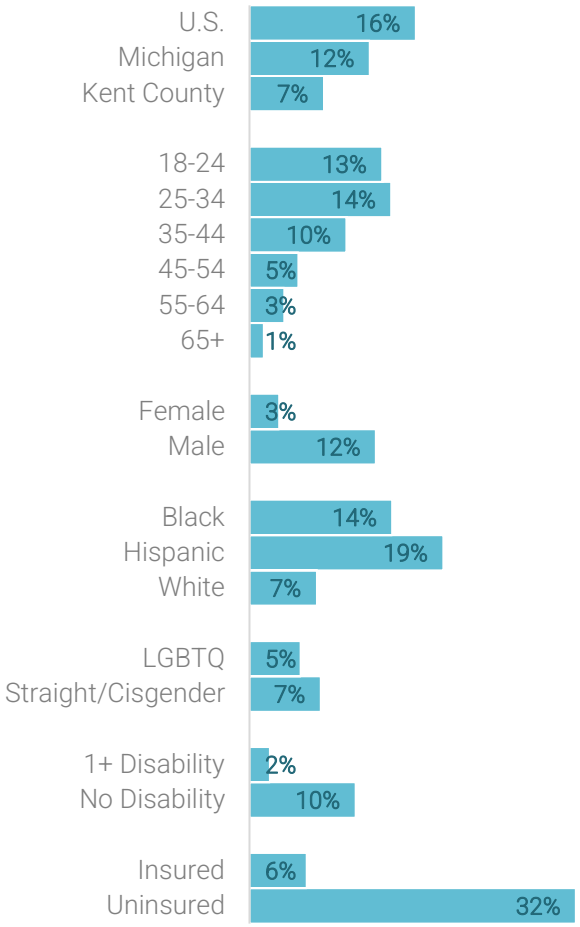
Having a usual source of care (either a provider or facility where one regularly receives care) is an important factor for accessing timely, quality services and better managing personal health. Having a primary care provider who serves as the usual source of care enables the patient and provider to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

Younger adults are less likely to have an established source of care compared to older age groups. Males are three times more likely not to have a usual source of care than females. Black and Hispanic adults are also more likely to not have a usual source of care than White adults, however since 2020 rates have improved slightly for both groups (down from 17% among Black adults in 2020 and 27% among Hispanic adults).

FIGURE 7. Personal care provider

The proportion of adults in Kent County who do not have a primary care provider has decreased from 12.7% in 2020 to 7.3% in 2023.

Percent of Kent County adults who do not have an established source of care (or someone they consider their personal health care provider).



Source: Kent County Behavioral Risk Factor Survey (BRFS), 2023. Michigan and United States, D.C and Territories BRFS, 2022.

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

Overall, Kent County has a larger proportion of residents who have an established source of care compared to Michigan and the U.S. (Figure 7). The ratio of primary care physicians and other providers is also higher in Kent County than the state. There are 119 primary care physicians per 100,000 people in Kent County compared to 100 per 100,000 people for the state of Michigan. For other primary care providers, such as physician assistants and nurse practitioners, there are 282 per 100,000 people in Kent County and 166 per 100,000 in Michigan.[1]

Despite the number of medical resources in Kent County, residents still face capacity-related issues that make it more challenging to access health care.

TABLE 2. Healthcare facilities

Number of healthcare facilities in Kent County

Non-Hospital Facilities	
Ambulatory Surgery Centers	8
Community Health Centers	27
Federally Qualified Health Centers	23
Home Health Agencies	16
Hospices	11
Rural Health Clinics	1
Skilled Nursing Facilities	27
Hospital Facilities	
Short-Term Hospitals	3
Acute Long-Term Care Hospitals	1
Psychiatric Hospitals	2
Rehabilitation Hospitals	1

Source: Area Health Resource Files, 2022-2023.

Long wait times or limited appointment availability.

Among survey respondents who faced barriers to receiving health care, one in three cited not being able to get an appointment or there being too long of a wait for an appointment as the reason. This was the second most common barrier behind high cost.

> "**Most people work, yet most businesses are only open during "office hours"** making it difficult for the average person to not only get things done that are needed to maintain good health, but also impossible to be seen for necessary preventative and non-preventative health appointments and screenings. It seems most of Grand Rapids caters to those with wealth or households with one person at home."
>
> *—Survey respondent*

> "I work in an emergency department and believe another huge issue stems from poor transitions of care, both between and within healthcare systems. **Healthcare workers are stretched thin and forced to rush from patient to patient and I often witness suboptimal care because of this**, and that's not right."
>
> *—Survey respondent*

Healthcare deserts

Healthcare deserts were noted as a concern among residents living in rural areas. Proximity is also an issue for people who do not have access to reliable transportation.

> "**The medical care [in Kent City] is severely lacking** for my students: no access to a pharmacy, no fresh food available in town, no medical facilities that are close (many parents work extremely late and they're far away) I have students with no eyeglasses due to cost/drive/availability."
>
> *—Survey respondent*

> "We need **more & better transportation to medical appointments**, especially for folks who don't drive or may need more assistance getting around."
>
> *—Survey respondent*

[1] Area Health Resources Files (AHRF) 2023-2023. US Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Workforce, Rockville, MD.

Quality of Care

According to the National Academy of Medicine, quality health care is care that is safe, effective, patient-centered, timely, efficient, and equitable. Integration—meaning the extent to which care and services are coordinated across providers—and navigation of health care systems are also critical characteristics of access and quality. The ability of physician groups and health care systems to deliver on these elements goes a long way in determining the likelihood of positive outcomes and satisfactory care experiences for patients.[1]

LGBTQ adults are most likely to be dissatisfied with the healthcare they receive.

Most Kent County adults who received health care in the past year reported being very satisfied with the care they received (62%). LGBTQ adults are the least likely demographic group (out of those for which disaggregated data are available) to report being very satisfied with the care they received (41%). About one in 10 who identify as LGBTQ report being not at all satisfied (11%, compared to 2% of Kent County's total adult population).[2]

> "Just being queer in general, it **can be hard to go to a very vulnerable place like a therapist or a doctor** just because you don't know how they'll react or what kind of environment you will put yourself in."
>
> *—Focus group participant*

Discrimination and stigma

Discrimination in healthcare settings and stigmatizing environments or interactions with providers and other staff negatively impact patient-provider relationships and can cause people to avoid health care altogether.

> "**The provider themself may feel like they're a safe space, but every step along the way to get to them is unsafe**. Where people are being misgendered, or they have gendered intake forms, or even religious symbols around the area... I think that that immediately creates a barrier to building the trust necessary between the patient and the provider."
>
> *—Focus group participant*

> **"Not given the same quality of care as East Grand Rapids."**
>
> *—Survey respondent + 49507 resident*

Survey respondents indicated that lack of diversity among providers and other healthcare staff, along with a lack of cultural competency negatively impacts patient care. Increasing diversity in the healthcare workforce and improving education around bias would help address some of the barriers many people of color and LGBTQ patients experience.

> "When I was at the doctor's once, **someone had a little pride pin on their badge and I immediately felt more relaxed and safe** there because I knew there was someone I could go to in case I felt nervous or something bad had happened."
>
> *—Youth focus group participant*

Language barriers

Language barriers make it difficult for people who speak a language other than English to access care; everything from calling to make an appointment, to signage trying to access emergency care. Lack of professional interpreters or translators affect quality of care. Residents noted that language services—especially in medical settings—need to be culturally sensitive and trauma-informed.

> "More interpreters or bilingual staff, **so I can feel understood, not just tolerated**."
>
> *—Survey respondent*

[1] Kaiser Permanente, *What is quality health care and why it matters.*
[2] Kent County Behavior Risk Factor Survey (BRFS), 2023.

Navigating healthcare systems

Navigating and understanding complex healthcare systems (e.g., insurance, specialty care, etc.) is challenging for many residents. Navigation includes finding and obtaining care, communicating with providers, and understanding insurance and medical information.

For many new Americans (i.e., immigrants and refugees), a different environment with new systems and many steps to navigate contribute to avoidance of healthcare.

Residents noted that in-person navigation assistance is crucial for helping people overcome some of these barriers.

> "**We live in a city with 3 hospitals.** Large healthcare networks. Research Institutes. University affiliations. A well-known "Medical Mile". Yet there is a 10 month wait to see a neurologist to determine if you have dementia. Longer to see a gastroenterologist. Extremely difficult to find a new Primary Care Physician or an Internist. **No two search engines/medical websites agree on information regarding who is accepting new patients, which insurances they will accept, locations, etc.** We have excellent insurance, transportation, smartphones and internet. We are financially secure. Are without hearing, speech, or visual disabilities. If we occasionally face challenges finding medical help in a timely manner, what do those less fortunate encounter?"
>
> *—Survey respondent*

> **"You have to be your own advocate to be able to get care, but if you're not your own advocate you just get left behind."**
>
> *—Focus group participant*

Preventive Care

Access to and use of preventive health care services is important for people of all ages. Preventive health services include immunizations, screening tests for common chronic and infectious diseases, clinical and behavioral interventions to manage chronic conditions; and counseling to support healthy living and self-management of chronic disease.

The Affordable Care Act requires almost all public and private insurance plans to cover certain preventive services without patient cost-sharing (such as copays, deductibles, or co-insurance payments).[1] However, even with reduced financial barriers, there are a variety of reasons many people do not get the preventive care they need. Barriers include not having a primary care provider, location and transportation challenges, lack of awareness about recommended preventive services, and cost of potential follow-up or additional care.[2]

INDICATORS

- Routine checkup in the past 12 months
- Immunization rates
- Cancer screening

COMMUNITY INPUT

Mobile health units that provide vaccinations, mammograms, and other preventive services are extremely helpful, especially for people who are uninsured or do not have regular access to transportation. Free or low-cost clinics are also an asset, but mobile health units or vaccine campaigns that bring care into communities remove additional barriers related to physically accessing care. School-based clinics are also an important asset for ensuring children get recommended screenings and care.

> "They have the mobile mammogram through Cherry Health that [you can go to] if you don't have insurance. That's where I used to get my mammogram from [...] before I got insurance through my job."
>
> *—Focus group participant*

There are cultural differences and health literacy barriers that impact access to things like routine screenings and other preventive services – language barriers also contribute to this. Interpreters and health navigators are an important asset for facilitating patient-provider conversations and ensuring health information is understood (by both patient and provider).

> "[In Vietnamese communities] **you don't go see a doctor unless you have a problem**."
>
> "Same for the Africans."
>
> *—Focus group participants*

> "We have a lot of families who come in and then maybe they're diagnosed with diabetes. It's like, nobody has ever had diabetes in my family, why should I have diabetes? Nobody has ever had high blood pressure, why should I have high blood pressure? So, you know, **there's always that denial [that] you've been diagnosed because before, nobody took any of these tests, or nobody was checking those things** [...] These are things that a lot of people never experienced. They are new concepts."
>
> *—Focus group participant*

[1] U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. (2022). *Access to preventive services without cost-sharing: Evidence from the Affordable Care Act*. Issue Brief No. HP-2022- 01.
[2] Healthy People 2030.

Routine Checkup

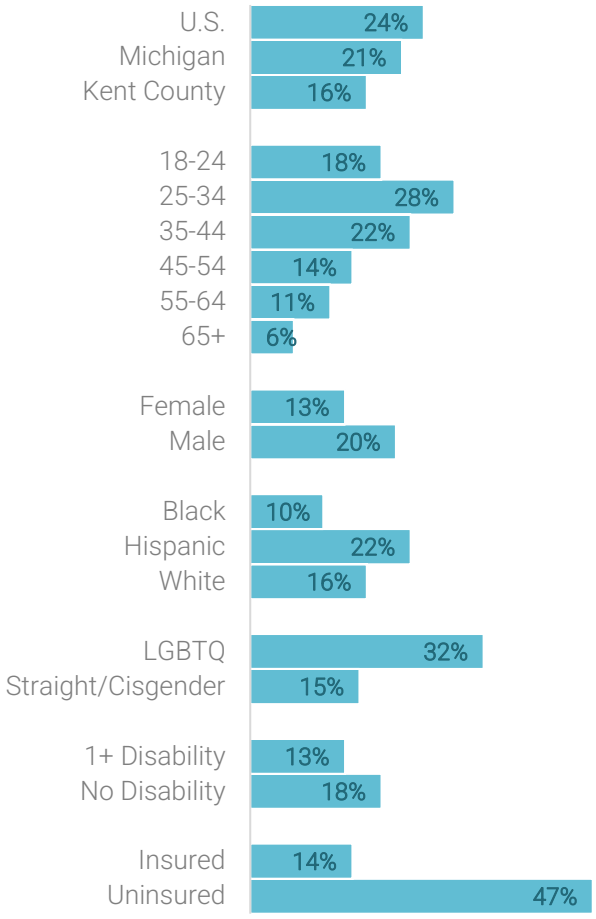
Annual wellness visits with a primary care provider can improve access to preventive services such as appropriate screening tests (based on different factors like age, risk, and family history) and help monitor changes in health metrics over time, such as cholesterol and blood pressure levels. They can also be an opportunity to discuss specific health concerns or needs and receive health education to help prevent illness or manage chronic conditions.

> "I have my insurance, but sometimes I don't go to checkup[s] after two years or three years, because I don't have any health concerns."
>
> *—Focus group participant*

FIGURE 8: No routine checkup

LGBTQ adults and those who were uninsured at some point in the past year were the most likely not to have had a routine checkup in the past year.

Percent of adults who have not had a routine checkup visit in the past 12 months.



Source: Kent County Behavioral Risk Factor Survey (BRFS), 2023; Michigan & United States, DC, and Territories BRFS, 2022.

Immunizations

Vaccinations are an important public health measure to prevent the spread of some communicable diseases and protect individuals from becoming infected. Most vaccinations are recommended in infancy and childhood, with occasional boosters in adulthood. Some vaccines, including those for influenza (flu) and COVID-19, are recommended annually.

PEDIATRIC AND TEEN VACCINATION RATES

Vaccination recommendations start just after birth and continue through adolescence and into adulthood. For pediatric immunization rates (ages 19-35 months), Kent County had the highest pediatric coverage rate out of 84 Michigan counties in 2023, with 77.8% of all children in that age group receiving the recommended vaccinations. The adolescent immunization rate in Kent County (for ages 13-18 years) is 76.2%, ranking 40th out of all counties in Michigan in 2023. However, Kent County ranks 3rd out of all Michigan counties for percentage of teens who have received all recommended vaccines plus two or three doses of the HPV (human papillomavirus) vaccine, with 53.7% of all teens immunized.†[1]

FLU AND COVID VACCINATION RATES

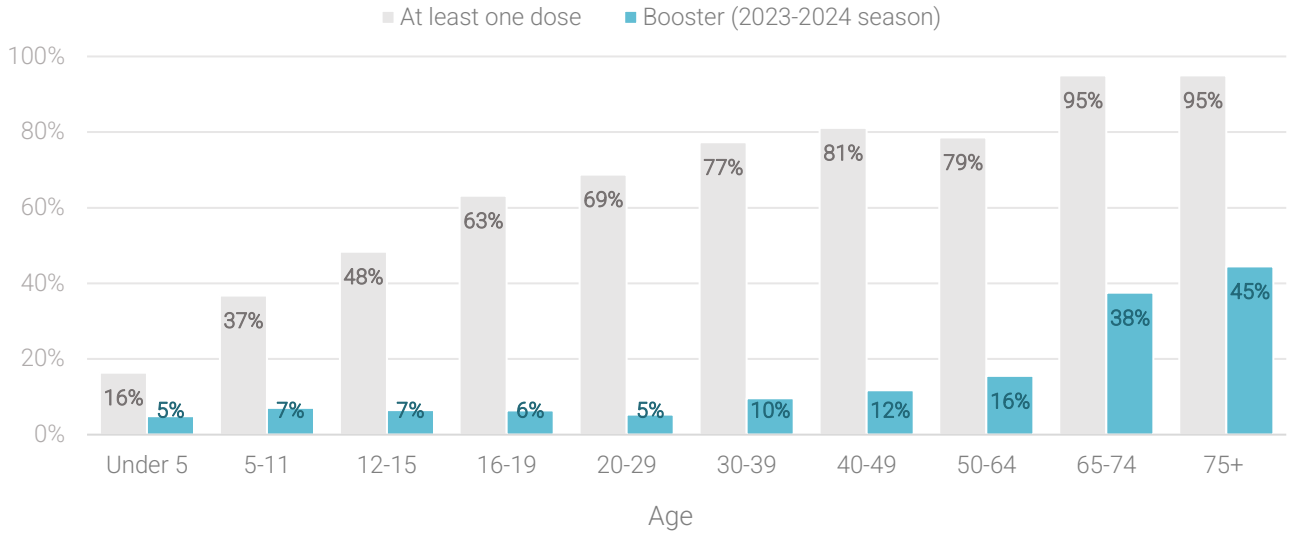
In the 2022-2023 influenza season, 39.9% of residents age 18+ in Kent County received a flu shot – an increase from 30.8% in the 2021-2022 influenza season. For children (aged 6 months-17 years) in Kent County, 32.6% received a flu shot, an increase from 30.2% during the 2021-2022 influenza season. Both children and adults in Kent County have higher influenza immunization rates than the state (23.0% and 32.1% vaccinated, respectively)[1].

More than two-thirds of Kent County residents have received at least one dose of the COVID-19 vaccine (70.3%). However, only 13.7% are up to date on their COVID-19 vaccine for the 2023 season (i.e., received a booster).

FIGURE 9. COVID-19 vaccination coverage, by age

Adults over age 65 are most likely to have received a COVID booster shot in 2023, although less than half did.

Percent of Kent County residents who have gotten at least one dose of a COVID-19 vaccination, and who have up-to-date coverage (i.e., received a booster dose) for the 2023-2024 season.



Source: Michigan Department of Health and Human Services, COVID-19 dashboard

†Complete pediatric immunization is based on Schedule 4313314; Complete adolescent immunization is based on Schedule 132321.

[1] Michigan Department of Health and Human Services, Michigan Care Improvement Registry. *County Quarterly Immunization Report Card, September 2023.*

Cancer Screening

Getting recommended screenings for common types of cancer is an effective way to help reduce mortality by detecting cancer early when it is easier and less expensive to treat.

After lung cancer, breast cancer and colorectal cancer are the second- and third-leading causes of cancer death among women in the U.S. Among men, prostate and colorectal cancer are the second- and third-leading cancer deaths. Mammograms and colorectal cancer screening are both cost-effective ways of reducing deaths from breast and colorectal cancer.[1]

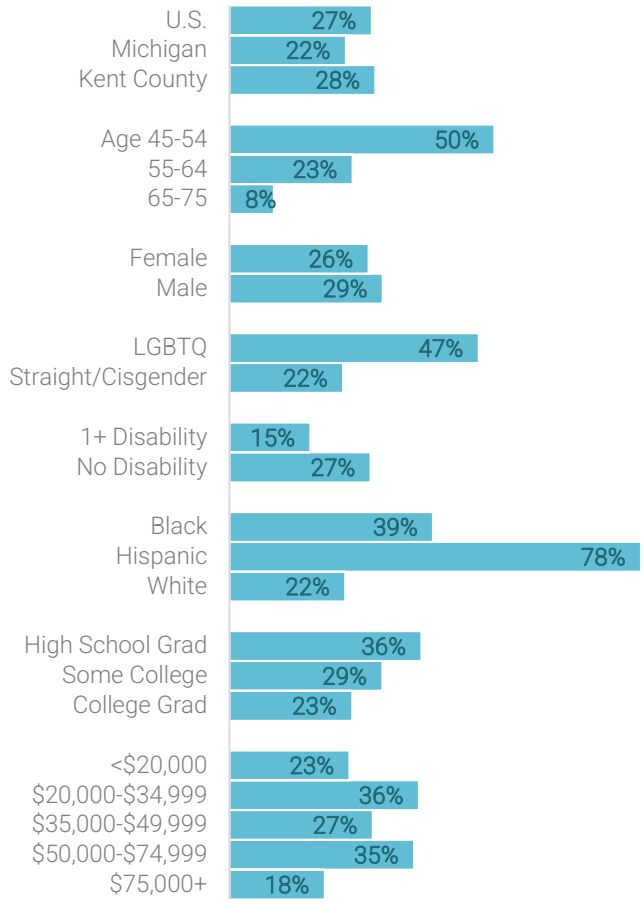
The United States Preventive Services Task Force (USPSTF) recommends different cancer screening frequencies based on type of test, age, and other factors like family history.[2] A physician's recommendation or referral—as well as satisfaction with physicians—are major factors facilitating cancer screening, so access to healthcare, having an established primary care provider, and quality of healthcare are important determinants in screening rates.[3]

The USPSTF recommends women who are 50 to 74 years old and are at average risk for breast cancer get a mammogram every two years. In 2023, most women of screening age in Kent County reported having had a mammogram in the past two years (85.8%), which is higher than Michigan (77.7%) the US (76.3%).[4,5]

FIGURE 10. No colorectal cancer screening

3 out of 4 Hispanic adults of screening age have never received a colorectal cancer screening test.

Percent of adults aged 45-75 who have never received any of the USPSTF recommended tests to screen for colorectal cancer.



Note: Less than high school education was excluded due to small sample size and unreliable estimate
Source: Kent County Behavioral Risk Factor Survey (BRFS), 2023; Michigan & United States, DC, and Territories BRFS, 2022.

[1] America's Health Rankings, United Health Foundation.
[2] United States Preventive Services Task Force (USPSTF). Published Recommendations.
[3] County Health Rankings.
[4] Kent County BRFS, 2023.
[5] Michigan and U.S. (All States, DC, and Territories) BRFS, 2022.

Economic Security

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

- Employment
- Income
- Ability to make ends meet
- Benefits cliff

KEY FINDINGS

- Unemployment rates have returned to pre-pandemic levels, however there are still disparities based on race/ethnicity, disability status, and educational attainment.
- Over half of all job sectors in Kent County have median wages below $20 an hour.
- Income inequality disproportionately impacts women and people of color, regardless of educational attainment.

COMMUNITY INPUT

- Paying for basic needs was the most frequently selected area of need for improving health among survey respondents. Qualitative data revealed that this applied to nearly every topic as a root cause or contributing factor.
- The concept of a benefits cliff and the ALICE Threshold (i.e., making too much to qualify for assistance programs, but struggling to afford necessities) was mentioned across various topics, including:
    - Housing and housing assistance
    - Accessing healthy food and food assistance programs
    - Health care and health insurance

> "The stress of people living paycheck to paycheck due to incomes not keeping up with inflation. **People with low incomes are penalized with late fees, fines, etc. for not being able to pay their bills which just adds to stress**."
>
> *—Survey respondent*

> "Having to worry about when you'll be able to afford soap because you just paid your mortgage feels incredibly humiliating and depressing. As a low-income individual, I often get budgeted out of social support systems. We often can't afford to go out due to lack of transportation, childcare, and lack of funds. We are often working multiple jobs and have busy schedules just to keep the bills paid. **It's very isolating, stressful, and depressing being a low-income individual**."
>
> *—Community survey respondent*

[1] American Academy of Family Physicians, 2015. *Poverty and health: The family medicine perspective.*

Employment

Multiple aspects of employment — including job security, the work environment, wages, and job demands — can affect both physical and mental health. Jobs that include repetitive lifting, pulling, or pushing heavy loads; poor-quality office equipment; long-term exposure to harmful chemicals such as lead, pesticides, and asbestos; or loud work environments all increase the risk of injuries and illness. In addition, social and economic job stressors such as low wages or benefits; working long shifts or multiple jobs; interpersonal conflict; and highly demanding jobs can affect stress levels, family relationships, and contribute to unhealthy coping skills such as smoking or alcohol use.

Unemployment can also have negative health consequences. Those who are unemployed report feelings of depression, anxiety, low self-esteem, demoralization, worry, and physical pain. Unemployed individuals tend to suffer more from stress-related illnesses such as high blood pressure, stroke, heart attack, heart disease, and arthritis.

Underemployment can have similar effects on health as unemployment. Underemployment includes involuntary part-time employment, poverty-wage employment, and insecure employment (i.e., intermittent unemployment).[1]

TABLE 3.

Disparities in unemployment

5-year average unemployment rate in Kent County by select demographics, 2022

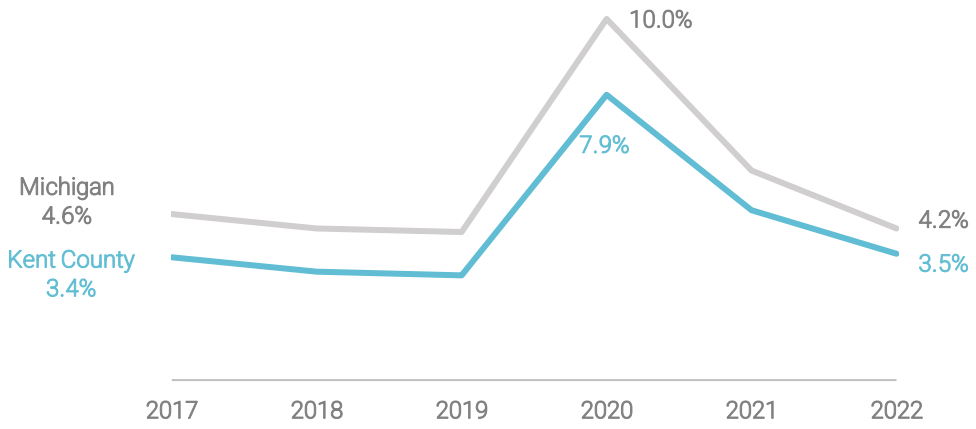
Total Unemployment Rate	4.5%
Sex	
Female	4.4%
Male	4.6%
Race/Ethnicity	
AIAN	3.5%
Asian	4.5%
Black or African American	9.0%
Some Other Race	7.2%
Two or More Races	6.2%
Hispanic or Latino	5.8%
Non-Hispanic White	3.7%
Disability Status	
With a Disability	8.4%
No Disability	4.2%
Educational Attainment*	
Less than High School	8.6%
High School Graduate	5.4%
Some College or Associate Degree	3.9%
Bachelor's Degree or Higher	1.9%

Notes: *Total number of unemployed persons as a percentage of the total civilian labor force age 25-64
Source: U.S. Census Bureau, ACS 5-year estimates, 2018-2022.

FIGURE 11. Unemployment rate

Unemployment in Kent County has returned to pre-pandemic levels and remains slightly lower than the state average unemployment rate.

Average annual unemployment rate in Kent County and Michigan, 2017-2022.



Notes: Unemployment rate reflects the total number of unemployed persons as a percentage of the total civilian labor force age 16 and over.
Source: U.S. Bureau of Labor Statistics, 2023. Local Area Unemployment Statistics

[1] Healthy People 2030. *Literature summaries: Employment.*

According to Kent County residents who provided community input, there are many work-related stressors that make it difficult to live a healthy lifestyle and negatively impact health.

Low Wages

Wages are not keeping up with cost-of-living increases and lack of good paying jobs result in people needing to work multiple jobs to make ends meet.

> "Another thing that's going on is depression and anxiety. We have many problems because we work two jobs and we don't have time to take care of ourselves."
>
> *—Focus group participant*

> "Better wages that would eliminate the need for many families to have multiple jobs – just to pay for basics."
>
> *—Survey respondent*

> "Stress. Over worked and under paid employees. People stretched too thin."
>
> *—Survey respondent*

Benefits

Not all jobs offer benefits, including health insurance and paid sick days, which directly impacts health. Some residents reported working multiple jobs without benefits, significantly adding to their stress.

> "Employers not offering paid sick time, so co-workers come to work ill."
>
> *—Survey respondent*

Upward Mobility

Residents described a lack of equitable opportunity for upward mobility, and a need for more job training and business opportunities.

> **"Lack of economic business opportunities for minorities, lack of skills and training in 3rd Ward to be ready for lucrative jobs in future."**
>
> *—Survey respondent*

> "Access to help low-income people to be able to get educated and have help with job placement."
>
> *—Survey respondent*

> "I feel that one of the biggest issues is people not being upwardly mobile- folks are not able to get themselves into a stable life due to costs of living, barriers to employment, and lack of affordable housing."
>
> *—Survey respondent*

Discrimination in the Workplace

> "I work in a factory and all of the Hispanics, **we have double the jobs than the other people only because we are Hispanic**."
>
> *—Focus group participant*

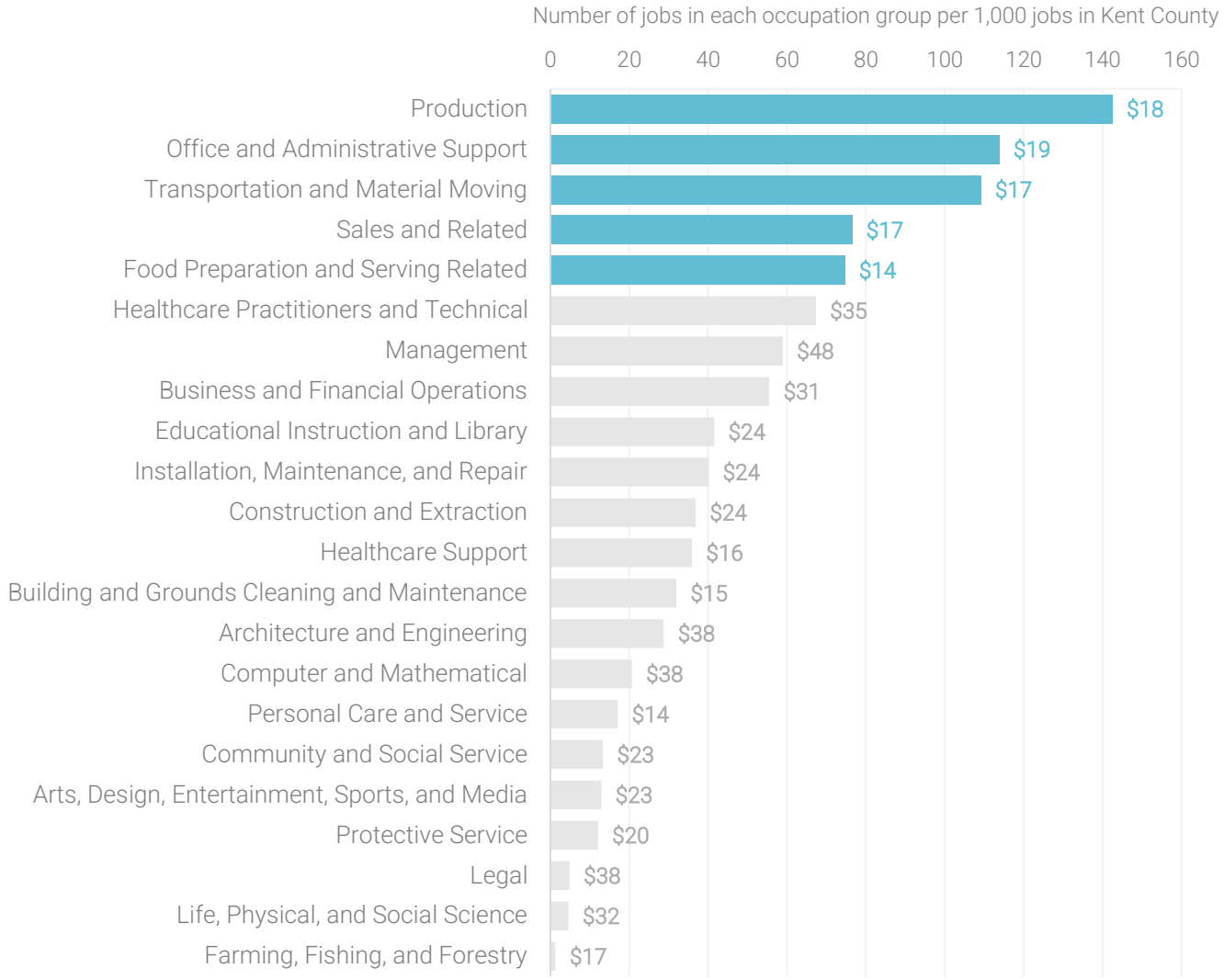
> "LGBTQ+ related mistreatment and discrimination. I do not feel safe being out to my providers or my boss. I feel like I have to cover and cannot be authentic. I wish more leaders and health centers knew how to take care of me and use my name and pronouns."
>
> *—Survey respondent*

Wages and Income

FIGURE 12. Occupation and wages

The top 5 occupation groups account for over half of all jobs in Kent County* and have median wages below $20 per hour (about $40,000 per year).

Share of jobs in each major occupation group and median hourly wages, Grand Rapids-Wyoming MSA, 2022



Note: *Based on data from the Grand Rapids-Wyoming Metropolitan Statistical Area (MSA)
Source: Bureau of Labor Statistics, Occupational Employment and Wage Statistics (OEWS) Survey. May 2022 OEWS Estimates.

Income Inequality

Income inequality disproportionately impacts women and people of color, regardless of educational attainment.

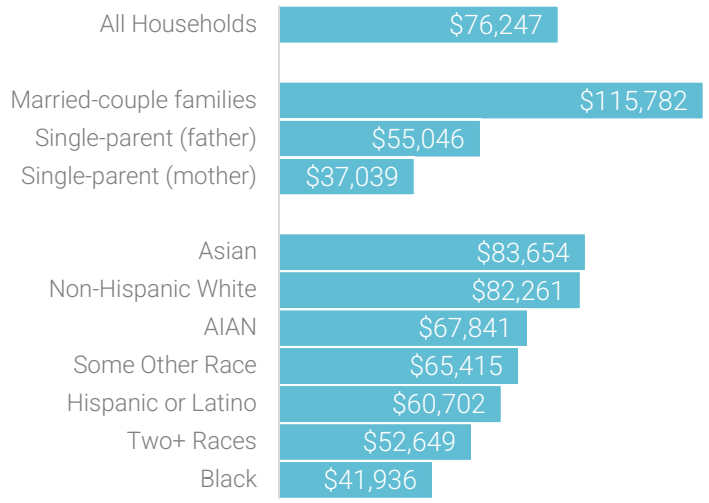
Higher educational attainment is associated with increased earnings and often other employment-related benefits that impact economic security such as opportunities for advancement, better job security, and benefits like paid parental leave and health insurance.

Historical practices, such as racial segregation and policies that banned women and people of color from accessing education and higher paid professions played a role in shaping these inequities. Ongoing factors, including biased hiring practices, inadequate childcare support, and disparities in wealth have contributed to perpetuate these inequities.[1]

FIGURE 13. Median household income

Among households with children, single female-headed household income is one-third that of married couple households.

Median household income by family composition (for households with children under 18) and race/ethnicity of householder, Kent County 5-year average 2018-2022



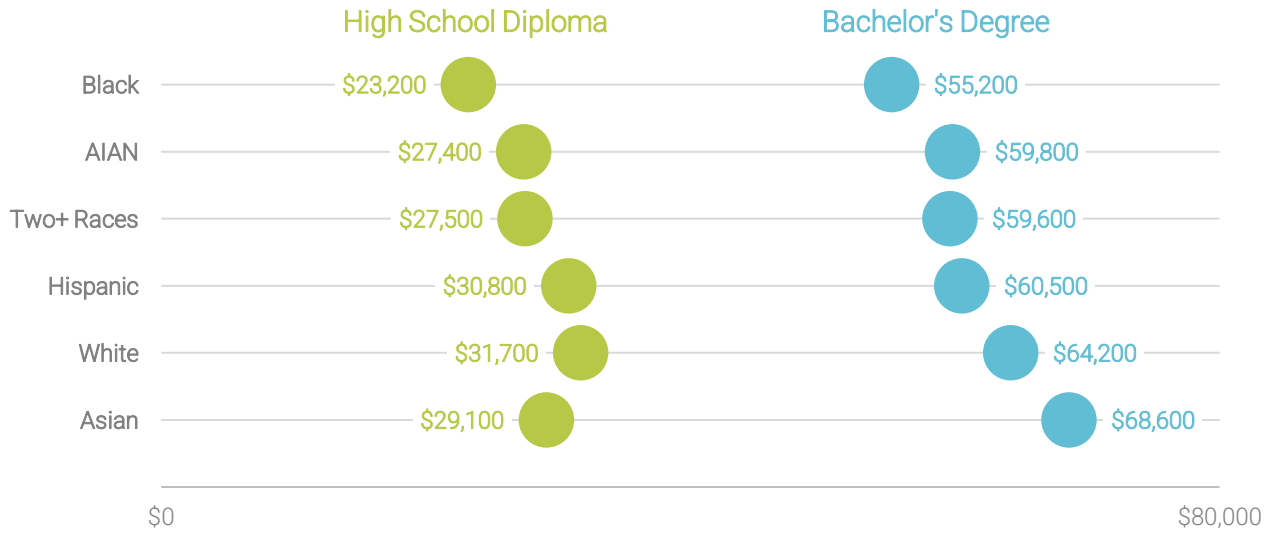
Source: U.S. Census Bureau, ACS 5-year estimates, 2018-2022.

> "**I feel like I'm going to work until I die or like I have to have a side hustle or something to be able to survive.** I'm a single mom of two, so like, I've had to do things to come up with other ways of money just to be able to provide. But **I feel like I'm working all the time and not enjoying life**."
>
> *—Focus group participant*

FIGURE 14. Median earnings by highest educational attainment

Black residents earn less than other racial/ethnic groups with the same levels of education.

Median annual wages earned in 2022 for students who obtained their high school diploma or bachelor's degree in 2017.



Source: MI School Data. Median annual wages by educational attainment, 2023.

[1] National Equity Atlas. *Income inequality.*

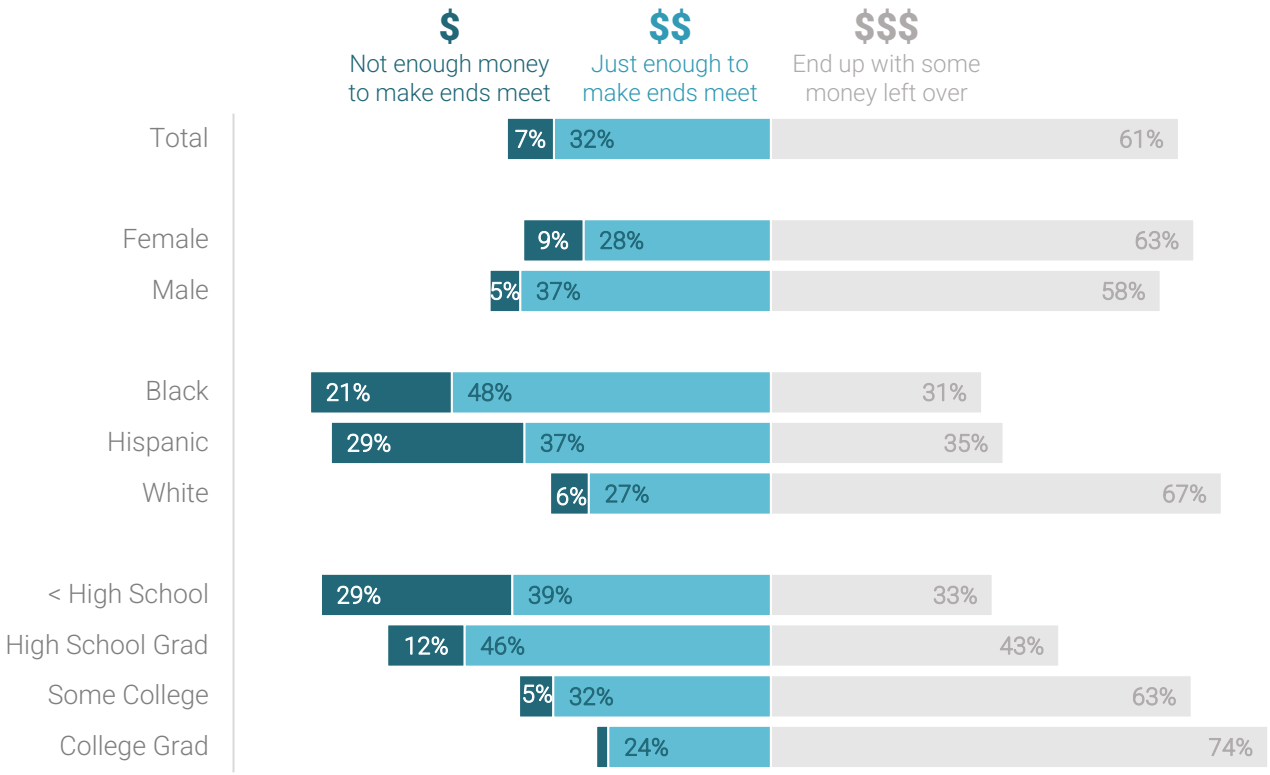
Ability to Make Ends Meet

Households that cannot afford to meet all their basic needs consistently have to make difficult spending tradeoffs. For example, paying a utility bill instead of purchasing healthy foods. Those who do struggle to make ends meet were much more likely to experience 14 or more days of poor mental health a month.

FIGURE 15. Monthly finances

Since 2020, the percentage of Black and Hispanic adults who usually do not have enough to make ends meet increased from 7% to 21% and 6% to 29%, respectively.

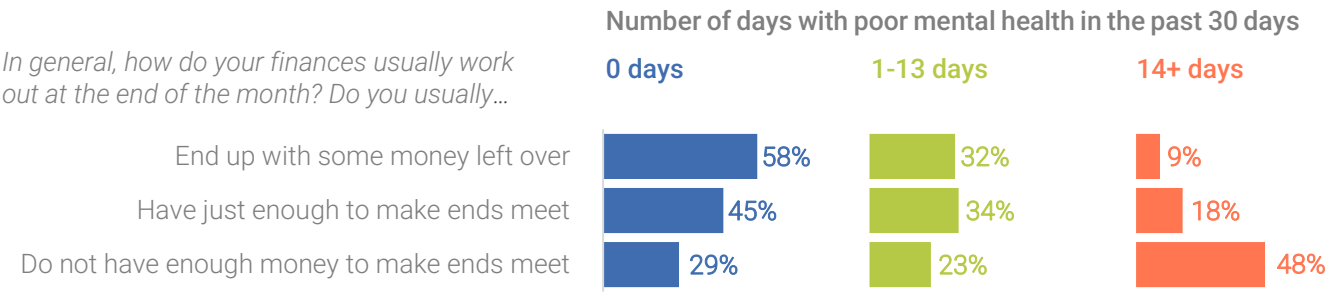
Percent of Kent County adults' response to: *"In general, how do your finances usually work out at the end of the month?"*



Source: Kent County Behavioral Risk Factor Survey (BRFS), 2023.

FIGURE 16. Income and mental health

Adults who do not have enough money to make ends meet at the end of the month are 5 times more likely to have poor mental health.



Source: 2023 Kent County CHNA Community Survey

ALICE

ALICE stands for Asset Limited, Income Constrained, Employed. It is a more accurate measure of financial hardship because it includes households that are above the Federal Poverty Level (FPL), meaning they earn too much to qualify as "poor," but still struggle to afford basic household necessities.†

In 2021, one third of all households in Kent County were below the ALICE Threshold – 10% were below the FPL and another 23% were ALICE. However, were significant geographic disparities (Table 4), with 53% of households in the city of Cedar Springs below the ALICE Threshold (poverty level and ALICE households combined) compared to only 10% of households in Ada Township.[1]

FINANCIAL HARDSHIP HAS CHANGED OVER TIME IN KENT COUNTY

From 2019 to 2021, there was a decrease in the number of households below the ALICE Threshold, from 87,427 to 83,826. This positive trend may be attributable to the financial pandemic relief measures and expanded public assistance programs, which ended in 2023.[1] Anecdotally, more people in Kent County are struggling to make ends meet now due to inflation, stagnating wages, and not qualifying for public assistance programs.

> "People are making hard decisions with high cost of everything, **more help is needed for middle class people** who aren't low income but are struggling to make ends meet."
>
> *—Community survey respondent*

> "Everything is so expensive, so all our resources are going towards basic needs like food and housing. **Everything else gets pushed to the back because the cost of the basics is so high**."
>
> *—Community survey respondent*

TABLE 4.

ALICE households by county sub-division

Percent of households below the ALICE Threshold, which includes households below the Federal Poverty Level and ALICE households.

Place	Total Households	% Below ALICE Threshold
City of Cedar Springs	1,566	53%
Alpine Township	5,886	47%
City of Grand Rapids	76,961	45%
City of Kentwood	21,720	41%
City of Wyoming	28,527	41%
City of Lowell	1,585	40%
Spencer Township	1,564	38%
Tyrone Township	1,604	37%
Sparta Township	3,319	35%
Nelson Township	1,923	34%
City of Walker	10,426	34%
City of Grandville	6,591	32%
Solon Township	2,534	32%
Plainfield Charter Township	13,319	30%
Byron Township	9,204	29%
City of Rockford	2,542	29%
Gaines Charter Township	10,559	27%
Grattan Township	1,575	24%
Oakfield Township	2,336	22%
Lowell charter Township	2,332	21%
Caledonia Township	5,346	20%
Algoma Township	4,396	19%
Cannon Township	5,123	18%
Grand Rapids Charter Township	6,809	18%
Bowne Township	1,036	16%
Cascade Charter Township	7,312	16%
Vergennes Township	1,749	15%
Courtland Township	3,128	14%
City of East Grand Rapids	3,910	11%
Ada Township	4,939	10%

Source: Michigan Association of United Ways, 2023 Michigan ALICE Report.

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

[1] Michigan Association of United Ways, 2023 Michigan ALICE Report.

Benefits Cliff

Public assistance programs are designed to help low-income families meet their basic needs. However, due to income and asset limits, most ALICE households are not able to participate in public assistance; and additional barriers such as strict program requirements and stigma, prevent even households in poverty from participating. Income and asset limits for public assistance can also create "benefits cliffs" that limit economic mobility.[1]

A benefits cliff refers to the sudden and often unexpected decrease in public benefits that can occur with a small increase in earnings. This happens when families receive benefits through a public assistance program, earn a raise and then become ineligible to continue receiving benefits despite being unable to sustain their household.[2] As a result, wage gains and career advancement opportunities can make a family worse off financially and be a significant barrier to economic mobility.[3]

While minimum wages differ from state to state, the risk of falling off a "benefits cliff" is particularly likely for people making between $13 and $17 per hour.

> "The cost of living is so high and I don't qualify for any support from the government, which makes it hard to pay medical bills, house bills, etc."
>
> *—Community survey respondent*

> "The cost of living/essential needs going way up faster than pay rates are going. **We are just over the "maximum income" to receive any help**. But as a family of 6 with 4 little kids and rent and utility bills, there's hardly enough money left for anything else."
>
> *—Community survey respondent*

> "Income requirements and **cut offs that limit or prohibit from people receiving the help that they need**."
>
> *—Community survey respondent*

> "No Jobs, an **investment in keeping people in cycles, but no investment in people thriving** and becoming independent."
>
> *—Community survey respondent*

[1] Michigan Association of United Ways, 2023 Michigan ALICE Report.
[2] National Conference of State Legislatures (NCSL). (2023). *Introduction to benefits cliffs and public assistance programs*. https://www.ncsl.org/human-services/introduction-to-benefits-cliffs-and-public-assistance-programs
[3] Ilin, E., & Ellyn, T. (2021). The Policy Rules Database. Federal Reserve Bank of Atlanta. Available at: frbatlanta.org/economic-mobility-and-resilience/advancing-careers-forlow-income-families/policy-rules-database.aspx.

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
- Chronic absenteeism
- High school graduation rates
- Educational attainment

KEY FINDINGS

- Half of all Kent ISD students are considered "economically disadvantaged," however only 21% of young children in Kent County are enrolled in an early childhood education program intended to promote school readiness in children from low-income families (such as Head Start).
- The disparity in graduation rates between public school districts has decreased over the past 10 years, however disruptions in education due to the pandemic had a larger impact on graduation rates in low-income districts with fewer resources.
- Over half (57%) of students who graduated in 2023 were enrolled in community college or a 4-year college or university within 6 months of graduating.

COMMUNITY INPUT THEMES

- There are inequities between school districts in Kent County and not all schools have the same resources and educational opportunities for students. This theme was also identified by residents in the 2020 CHNA.
- Free or low-cost afterschool programs (e.g., tutoring, education enrichment programs) would help address learning loss and educational gaps.
- More opportunities are needed for people who do not attend college, such as trade school.

"There is very unequal school opportunities across the county. The suburban schools versus urban school opportunities highly impact thousands of students daily."

—Survey respondent

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

Early Childhood Education

Early childhood, particularly the first 5 years of life, impacts long-term social, cognitive, emotional, and physical development. Early childhood education (ECE) programs help children develop critical social and cognitive skills that are a foundation for future learning and school readiness. ECE programs can also help reduce educational gaps and improve health equity.[1,2] 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.

On average, half of children aged 3-4 in Kent County were enrolled in a preschool program. This is a slight improvement from the previous 5-year average (2013-2017), where just under half (46%) were enrolled in preschool.[3]

During the 2021-2022 school year, 20.6% of children under age five were enrolled in an ECE program (including Great Start Readiness Program, Early Childhood Special Education, EarlyOn, and Head Start). These programs are geared towards children from low-income families or children who have developmental delays or disabilities.[4]

[1] America's Health Rankings, United Health Foundation.
[2] Healthy People 2030. *Social determinants of health literature summaries: Early childhood development and education.*
[3] Annie E. Casey Foundation, 2023. Kids Count Data Center.
[4] MI School Data. Early Childhood: Early childhood education program participation, 2021-2022.

Chronic Absenteeism

Irregular attendance can be a better predictor of student outcomes than test scores. Chronic absenteeism—defined as the percentage of students who miss 10% or more of a given school year—significantly increases the risk of falling behind in school and can negatively affect outcomes later in life.

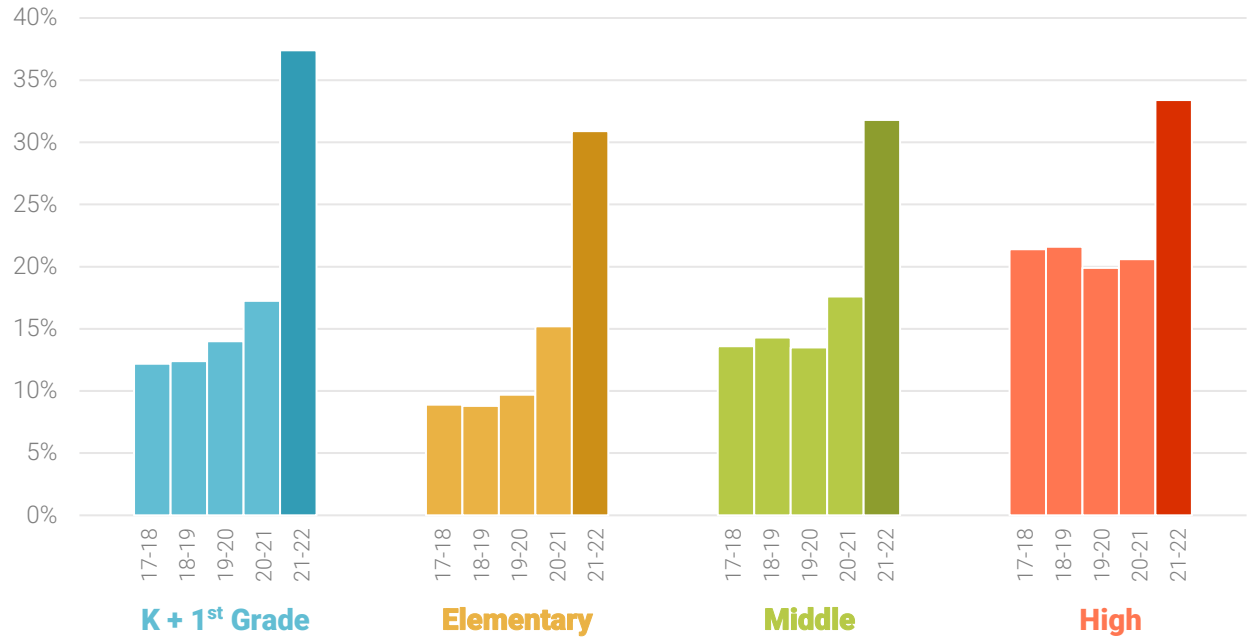
Children who are chronically absent in preschool, kindergarten, and first grade are much less likely to reach early learning milestones (such as third grade reading proficiency). In high school, students who are chronically absent have a much higher risk of dropping out; high school dropout has been linked to poor outcomes later in life including poverty, diminished health, and involvement in the criminal justice system.

Reasons for chronic absenteeism vary, but often include poor health, limited transportation, and a lack of safety—all of which can be more severe in disadvantaged communities and areas of poverty.[1]

FIGURE 17. Chronic absenteeism

Most students returned to in-person learning for the fall of 2021. During this school year, chronic absenteeism rates increased for all grades in Kent County.

Percent of students (by grade) who missed 10% or more of a given school year (by academic year, 2017 – 2022).



Notes: Elementary includes grades 2-5; Middle includes grades 6-8; and high school includes grades 9-12.
Source: MI School Data. K-12 Grade: Attendance, 2017-2023.

[1] U.S. Department of Education. *Chronic absenteeism in the nation's schools.* https://www2.ed.gov/datastory/chronicabsenteeism.html#four

High School Graduation Rates

Since 2010, the overall high school graduation rate in Kent County has increased from 75% to 84% in 2022.[1] Among the 20 public school districts in Kent County, graduation rates varied in the 2021-2022 school year, ranging from 69% in Kelloggsville Public Schools to 97% in Byron Center Public Schools.[2] In general, graduation rates in Kent County are correlated with socioeconomic status and student-to-teacher ratios. Those with lower graduation rates have a higher proportion of economically disadvantaged† students and higher student-to-teacher ratios (i.e., more students per one teacher).

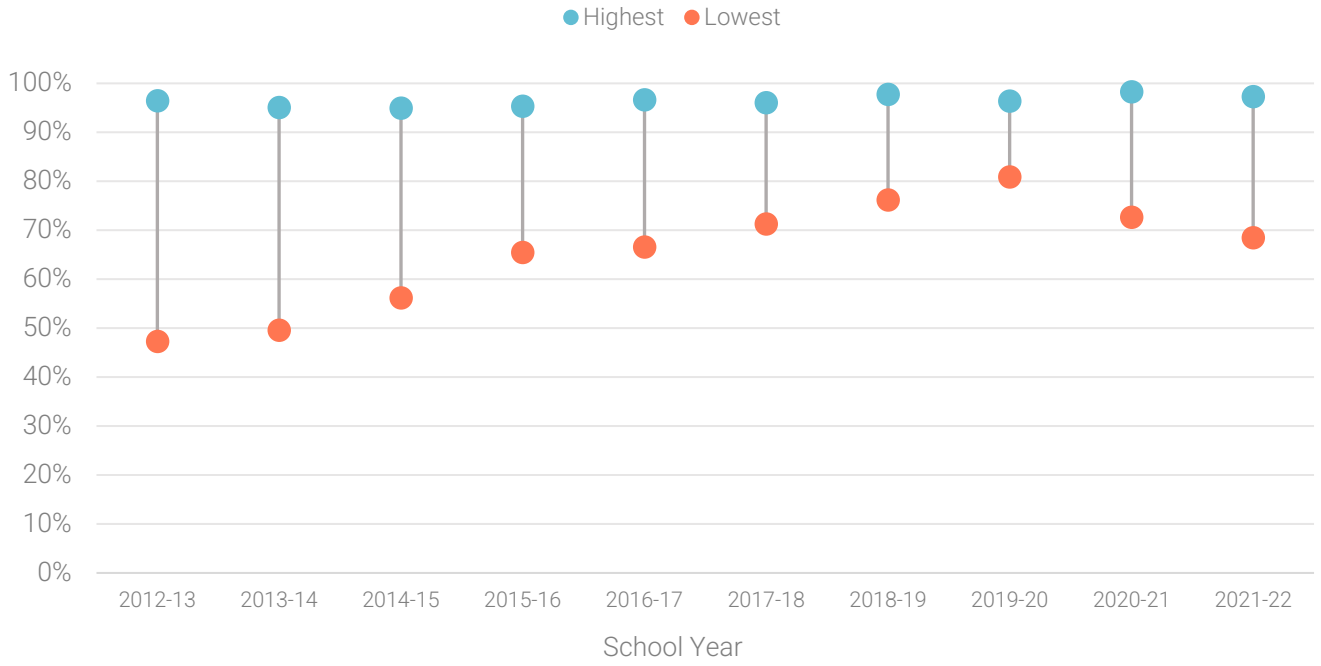
Although the disparity in graduation rates between the districts with the highest and lowest graduation rates has decreased over the past 10 years, the gap increased again in the school years following the COVID-19 pandemic.

> "All schools and neighborhoods should have the same resources to support children and families."
>
> *—Survey respondent*

FIGURE 18. Changes in high school graduation rates

The pandemic had little impact on graduation rates for the highest-performing districts. However, the graduation rate fell among the lowest performing districts.

Difference in graduation rates between Kent County public school districts with the highest graduation rate and lowest graduation rate, by academic year.



Notes: Reflects 4-year graduation rates – total number of students who completed high school with a regular diploma in four years or less.
Source: MI School Data. K-12 Grade: Graduation/Dropout Rate

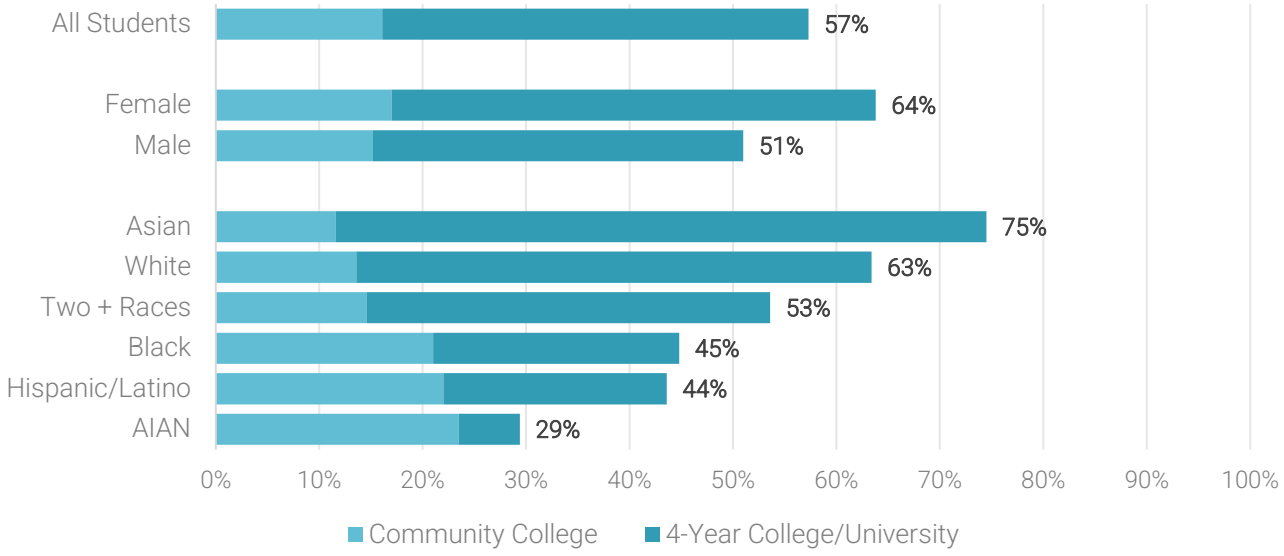
[1] Michigan Department of Education, Center for Educational Performance and Information, 2019. On-Time High School Graduation in Kent. Retrieved from Annie E. Casey Foundation Kids Count Data Center.
[2] MI School Data. K-12 Grade: Graduation/dropout rate 2021-2022.
†Economically disadvantaged students include those who have been determined to be eligible for free or reduced-price school meals, are in households receiving food or cash assistance, are homeless, are migrant, are in foster care, or certain Medicaid-eligible children. When any of these conditions are present, a student is considered economically disadvantaged.

Educational Attainment

FIGURE 19. College enrollment

More than half of students who graduated in 2023 were enrolled in college within 6 months of graduating, however enrollment rates differed by sex and race/ethnicity.

Percent of 2023 high school graduates who were enrolled in college within 6 months of graduating, with the proportion who were enrolled in community college versus 4-year college/university.



Source: MI School Data. Postsecondary: College enrollment by high school, 2022-2023.

Just over half of high school graduates enroll in college right after high school, and more than one-third of adults have a bachelor's degree or higher. The community survey identified a need for more college-alternative opportunities for people who do not pursue higher education:

> **"More skills and trades training for people who don't go to college."**
>
> *—Survey respondent*

> **"Teach skills and trades in middle and high school."**
>
> *—Survey respondent*

TABLE 5. Highest educational attainment

38% of adults in Kent County have a bachelor's degree or higher – more than the state of Michigan (31%) and the U.S. (34%).

Highest level of education for the population 25 years and older.

	Kent County	Michigan	United States
Less than High School	7.6%	8.3%	10.9%
High School Graduate (Includes Equivalency)	24.0%	28.4%	26.4%
Some College	29.9%	32.2%	28.5%
Bachelor's Degree	24.9%	18.9%	20.9%
Master's Degree	10.1%	9.0%	9.6%
Professional School Degree	2.2%	1.9%	2.3%
Doctorate Degree	1.4%	1.3%	1.6%

Source: U.S. Census Bureau, ACS 5-year estimates, 2018-2022.

Neighborhood & Built Environment

Built environments (if adequately and equitably invested in) can support health and overall community wellness in many ways.

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.

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 infrastructure
- Parks & greenspaces
- Transportation

COMMUNITY INPUT

- The concentration of liquor stores and marijuana dispensaries in some communities contributes to unhealthy environments and negatively impacts health and quality of life for residents who live in those communities.
- Transportation is a cross-cutting issue. Residents mentioned transportation as a barrier to accessing healthy food, getting needed medical care, etc.
- Pedestrian-friendly neighborhoods with access to public transportation are a community strength.
- Many areas of Kent County lack accessible, reliable public transportation, or lack pedestrian-focused infrastructure to safely walk, roll, or bike in their communities.
- Parks are another form of infrastructure that—when accessible, safe, and properly maintained—are a community asset that makes it easier to exercise and improves mental health.

> "I think we need to renovate our parks […] Because **if our parks look better and have more attractions, the kids will be wanting to go out there more often and be outside** […] it would be more inviting for good and positive behavior, versus them kind of finding an alternative, which might not always be a good…"
>
> *—Youth focus group participant*

> "**I love [my community] because I can walk to work and I can walk home**. You know, like I was saying, it's safe. And the bus route—everywhere I need to go pretty much, the bus line is right off of it. So, yeah, I just feel good. I feel safe."
>
> *—Focus group participant*

> "Transportation. This is a major issue in Grand Rapids and the surrounding area. It's incredibly difficult, if not impossible, to live here without a car. But of course cars are incredibly expensive to buy and maintain."
>
> *—Survey respondent*

> "There is a lack of sidewalks and culture of walking/biking safely in neighborhoods to access groceries/services/stores. **If there was a way to incorporate walking and movement into everyone's daily life our community would be in better cardiovascular health**. Please fix car dependent zoning! There has to be better ways to expand communities."
>
> *—Survey respondent*

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

Infrastructure & Community Layout

Community infrastructure is a complex system of facilities, structures, and the environment of a neighborhood that contribute to the quality of life and overall safety and health of a community. Strong community infrastructure not only improves the physical aesthetic of a neighborhood but impacts the health behavior (such as physical activity), social connections, and exposure to health risks of its members—tying directly to measurements of quality of life. When looking across factors such as socio-economic status (SES) and race, a lack of community infrastructure is found to be associated with low SES and in communities of color. This inequity is directly linked to disinvestment in these communities, creating even more disparate health realities.[1]

LIQUOR STORE DENSITY

Neighborhoods with a higher density of alcohol outlets also have higher rates of violence, regardless of other community characteristics such as poverty and age of residents. High alcohol outlet density is also related to increased rates of drinking and driving, motor vehicle-related pedestrian injuries, and child abuse and neglect.[2]

In Kent County, the liquor store density is slightly lower than the state of Michigan. In 2021, there were 12.8 liquor stores† per 100,000 people in Kent County, compared to 15.8 in the state.[3] However, the liquor store density in Kent County increased from 9.3 in 2018.

In addition to a high concentration of liquor stores in certain neighborhoods, residents who provided community input also identified a high number of marijuana dispensaries as an issue that's impacting health and wellbeing where they live.

> "You can go to the gas station now and get a bottle of vodka. **It's liquor everywhere. It's drugs everywhere**."
>
> *—Focus group participant*

> "Less bars... **I don't think we need five on the same street less than three buildings from each other**. Less marijuana shops, again don't need three on the same street. Parks are just littered in needles, loose marijuana left where kids can get it, and people getting high at a child's playground."
>
> *—Survey respondent*

> "Alcohol stores on every corner and sold at every store in our community."
>
> *—Survey respondent*

> "Lowell has eleven weed shops and people are high everywhere you go."
>
> *—Survey respondent*

[1] The Praxis Project. *Community infrastructure.*
[2] Michigan Health Improvement Alliance, 2021.
† A liquor store is defined as a business that primarily sells packaged alcoholic beverages such as beer, wine, and liquor (NAICS code 445320).
[3] US Census Bureau, County Business Patterns, 2021.

PEDESTRIAN-FOCUSED INFRASTRUCTURE

Residents described concerns about a lack of infrastructure or poorly maintained infrastructure to safely walk, roll, or bike. Some of the key needs mentioned include crosswalks, lighting, sidewalk maintenance, walking paths, and protected bike lanes.

The absence of these structures limit opportunities for active commuting and contribute to the car-dependent culture. Other residents noted that while they may have bike lanes or sidewalks in their community, lack of traffic safety enforcement makes them feel unsafe and deters them from using these resources.

Infrastructure quality

Sidewalk maintenance—including repairing large cracks and removing snow and ice in the winter—is needed, especially for people who use wheelchairs and older adults. Adequate lighting and protected bus stops are also needed to help improve safety and accessibility.

> "**Lack of curb cuts on sidewalks and lack of snow shoveling** on sidewalks, especially where not in front of houses. This makes the city much less wheelchair accessible."
>
> *—Survey respondent*

> "The **intersections need more lighting where people stand**. The current concept of lights on the road lend no help to people at the crosswalks and sidewalks."
>
> *—Survey respondent*

> "Many bus stops are not shaded and don't have benches, bike lanes should be separate from the road not just a line, and fixing sidewalk cracks for the disabled/elderly."
>
> *—Survey respondent*

Traffic safety

Speeding, distracted driving, and drivers who do not follow right-of-way rules make pedestrians feel unsafe.

> "**Excessive speeds on roads and in neighborhoods that go unchecked**. Drivers that don't watch for pedestrians in cross walks and don't understand that they must give way for people in the crosswalk."
>
> *—Survey respondent*

> "Difficult to walk outside due to little enforcement of traffic law and disregard for pedestrians. Makes simple exercise difficult which is critical for mental and physical health."
>
> *—Survey respondent*

Protected bike lanes

Residents indicated that if they had the opportunity to safely walk or bike places instead of driving, they would. More protected bike lanes would help address traffic safety issues that currently prevent people from engaging in forms of active commuting.

> **"I have to drive to get there safely, when it's close enough to ride my bicycle."**
>
> *—Survey respondent*

> "[Need] more **bicycle friendly driving culture** (you get screamed at to get on the sidewalk or run off the road fairly often by drivers)"
>
> *—Survey respondent*

> "[What impacts health is] **the need to drive everywhere rather than bike or walk**."
>
> *—Survey respondent*

Parks and Greenspace

Parks and green spaces are essential public infrastructure that offer significant health benefits for users. They play a critical role in supporting mental and physical health and provide essential space for social gatherings and community events.

Parks also have a substantial impact on health equity. Parks are often the only free, publicly accessible areas for physical activity. In communities with limited access to amenities such as gyms or private green spaces, many of the health benefits associated with physical activity are only accessible through parks and public green spaces.[1]

However, not every household has equal access to quality green spaces. Formerly redlined communities have the least access to green space, and parks in Black and Brown neighborhoods are smaller in size and more crowded.[2,3] Lack of economic resources, racism encountered in park space, policing of park spaces, and current segregation patterns have all limited access to park space for people of color.[1]

Most Kent County residents live within a mile of a park (85%), and nearly two-thirds of residents (64%) live within a half mile of a park.[4] However, not all parks have large amounts of green space and based on community input, park quality and amenities differed depending on where residents lived.

> "I love that Wittenbach is available [...] It's very nice to have that here in town where **I can take my kids out on the trails, there's places they can play on the trails**. I do absolutely love that part of Lowell [that] there is a lot of outdoor things that you can do, which, you know, kids need that. It's really necessary in today's world that they have outdoors that they can spend time in. And my kids love it."
>
> *—Focus group participant*

> Participant 1: "**A lot of basketball nets are broke. We need new ones.** I'm for real. Like almost every park..."
>
> Participant 2: "Yeah [...] **This is the park where kids come the most and enjoy coming together. That's like teaching life skills in the game of basketball. We should put more emphasis on that** versus putting new wood chips on the playground."
>
> Participant 1: "Yeah like fix our nets, they put new woodchips over there like five times [and **we have] these big old cracks in the ground, we can't even run** [...] Yeah, that's the hood park right there."
>
> *—Conversation between youth focus group participants*

[1] Cohen, M., Burrowes, K., & Gwam, P. (2022). The health benefits of parks and their economic impact. *The Urban Institute.*
[2] Nardone, A., Rudolph, K.E., Morello-Frosch, R., & Casey, J.A. (2021). Redlines and greenspace: The relationship between historical redlining and 2010 greenspace across the United States. *Environmental Health Perspectives*, 129, no. 1 (2021): 017006.
[3] Trust for Public Land. (2020). The heat is on: With temperatures rising and quality parks too few and far between, communities of color face a dangerous disparity.
[4] Centers for Disease Control and Prevention. (2020). Healthy Community Design Initiative and Geospatial Research Analysis and Services Program.

Transportation

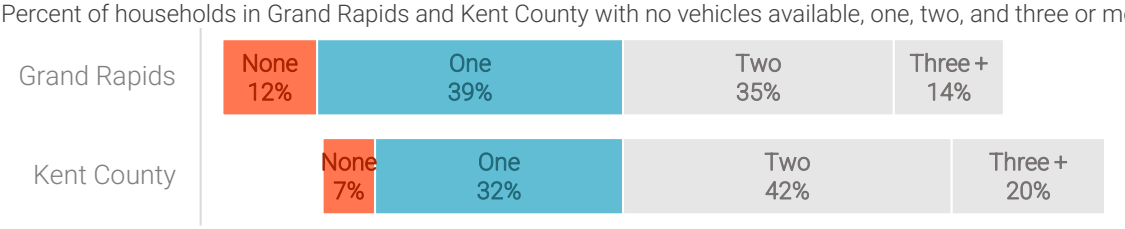
Everyone needs reliable transportation access, and, in most Kent County communities, that means a car. Reliable and affordable transportation is critical for meeting daily needs, accessing educational and employment opportunities, and getting needed health care. For households living in areas without robust public transit systems, access to a car is critical.[1]

In Kent County, 7% of households do not have a vehicle available. In Grand Rapids, 12% of households do not have a vehicle. Among households with only one vehicle available, about 1 in 5 are households with three or more people. These households may also face transportation barriers due to limited vehicle access.

FIGURE 20. Vehicle access

Half of Grand Rapids households have no vehicle or only one vehicle available.

Percent of households in Grand Rapids and Kent County with no vehicles available, one, two, and three or more vehicles available.



Source: U.S. Census Bureau, ACS 5-year estimates, 2018-2022.

Public transportation is lacking

Personal vehicles are expensive, but often necessary in Kent County due to a lack of public transportation in areas outside of Grand Rapids. For residents in Grand Rapids, the public transportation system can be time consuming and confusing to navigate.

> "I live in an immediate suburb of Grand Rapids (my town borders the city line) and there is no access to any public transportation services that would take me downtown, a trip that is less than 15 minutes by private vehicle. **Having suitable public transport would greatly improve my health and wellbeing as I will be able to access more services** and healthcare providers without incurring significant transportation costs."
>
> *—Survey respondent*

> "PUBLIC transportation – even in [Grand Rapids it's] virtually impossible to take a bus most places, **unless you have all day**."
>
> *—Survey respondent*

Additional transportation barriers

Barriers to transportation are not limited to not having a personal vehicle. Some residents do not drive or are not able to drive and face additional challenges related to transportation.

> "Not being able to drive because of our legal status, **we have anxiety all the time when we must go out and get our basic needs**."
>
> *—Focus group participant*

> "Access to transportation that isn't Uber/Lyft to medical appointments for people with disabilities and other reasons that make bus travel hard."
>
> *—Survey respondent*

> "Transportation is tough for people who are not driving anymore and people my age and older. **It's hard to get rides**. [There is Ride Link and Go-Bus] but you have to call, and you have to call ahead, and sometimes you have to wait two hours. But they'll only wait five minutes."
>
> *—Focus group participant*

[1] National Equity Atlas.

Community Safety

High levels of 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]

INDICATORS

- Crime rates
- Feelings of safety
- Gun ownership

KEY FINDINGS

- Crime rates in Kent County were higher in 2022 than they were in 2019, and Kent County had higher crime rates than the state of Michigan.
- 1 in 4 gun owners keep their firearms loaded, and 1 in 8 keep their firearms loaded and unlocked.
- Gun violence disproportionately affects Black residents – gun-related mortality rates are 5 times higher for Black residents than White residents in Kent County.

COMMUNITY INPUT

- Community cohesion helps people feel safe.
- Increase in non-violent crime as well as gun violence are concerns among residents.
- Relationships between law enforcement and communities differed –slow police response and over-policing were both mentioned as contributing factors to feeling unsafe.
- For residents of color, fear of situations escalating, language barriers, and mistrust were all reasons people were hesitant to call the police.

COMMUNITY-IDENTIFIED SOLUTIONS

- Gun safety programs
- Police being more involved in positive ways with the community; more officers that are representative of the population they serve.
- Social workers on staff with police to help with non-violent de-escalation and provide victim services.

> "The community I live in, in Kent County I like living in because I'm familiar with a lot of the people and I know their backgrounds and their history, and it gives me a sense of safety."
>
> *—Focus group participant*

> **"Shooting nightly and daily can't let kids go outside alone or for very long."**
>
> *—Survey respondent*

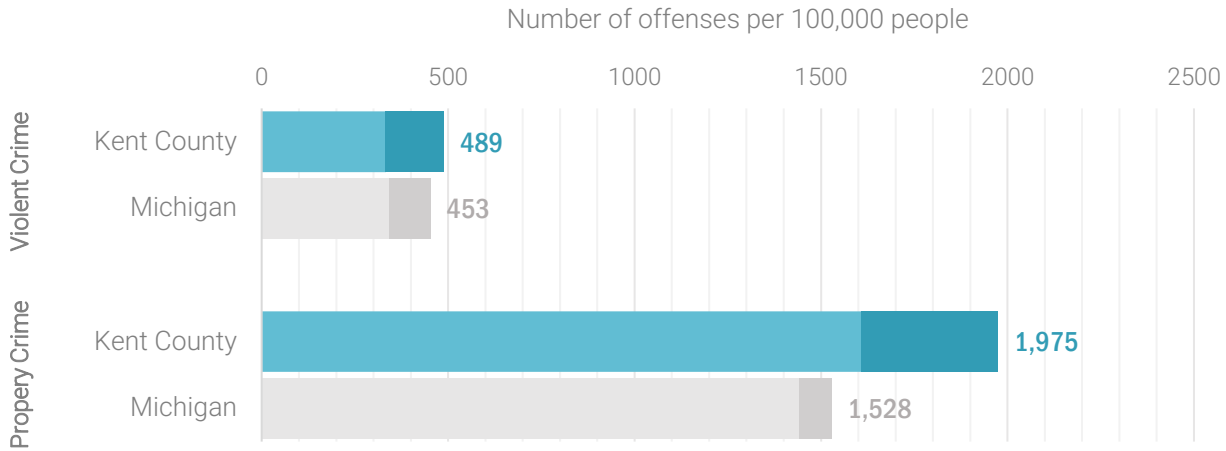
[1] County Health Rankings, 2020. *Health factors: Violent crime.*

Crime Rates

FIGURE 21. Crime rates

In 2022, crime rates in Kent County were higher than the state average. Since 2019, property crime and violent crime rates increased for both Kent County and Michigan.

Rate of violent and property crimes (per 100,000 population) in Kent County and Michigan
The darker shaded bars represent the increase in crime rate since 2019



Note: Violent crime rate includes murder, rape, robbery, and aggravated assault
Property crime rate includes burglary, larceny, motor vehicle theft, and arson.

Source: Michigan State Police Criminal Justice Information Center, 2022. Violent and Property Crimes by County and City/Township

> "Theft is an issue still. This type of crime emotionally and financially hurts people."
>
> *—Survey respondent*

> "Ensuring **the safety of our children is also a concern, especially when they start walking to school**. We're worried about the increased risk of kidnappings, drug dealers, and shootings in our area."
>
> *—Focus group participant*

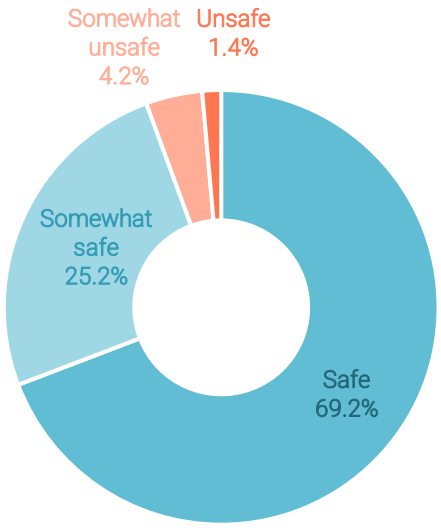
> "There's violence more increasingly now as far as thefts, the cars and burglary."
>
> *—Focus group participant*

Feelings of Safety

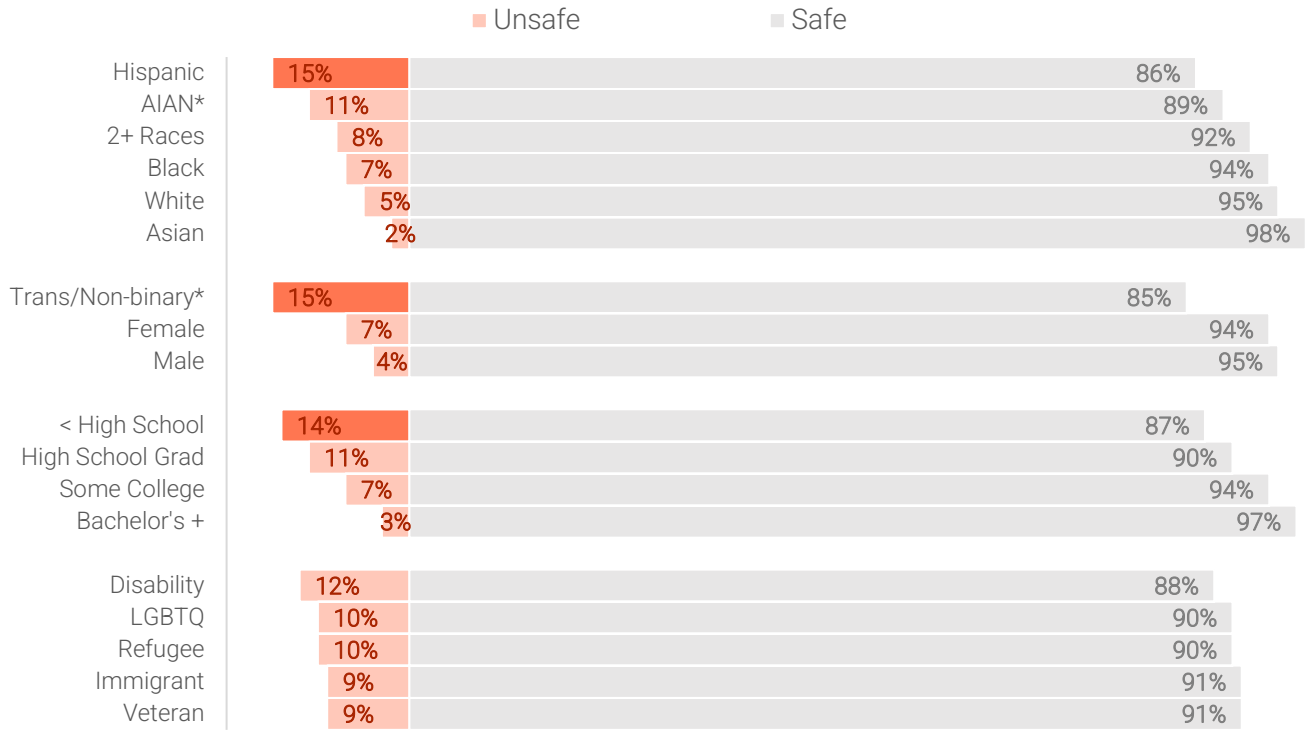
Regardless of actual crime rates, feeling unsafe can compromise psychological well-being and be a deterrent to pursuing healthy behaviors, such as exercising outdoors.

FIGURE 22. Perceived safety

Most survey respondents reported feeling safe or somewhat safe where they currently live.



Respondents who identified as Hispanic or Latino, transgender or non-binary, and those with less than a high school education were the most likely to report feeling unsafe or somewhat unsafe where they live.



Notes: *Based on fewer than 50 respondents, interpret with caution.
Source: Kent County CHNA Community Survey, 2023

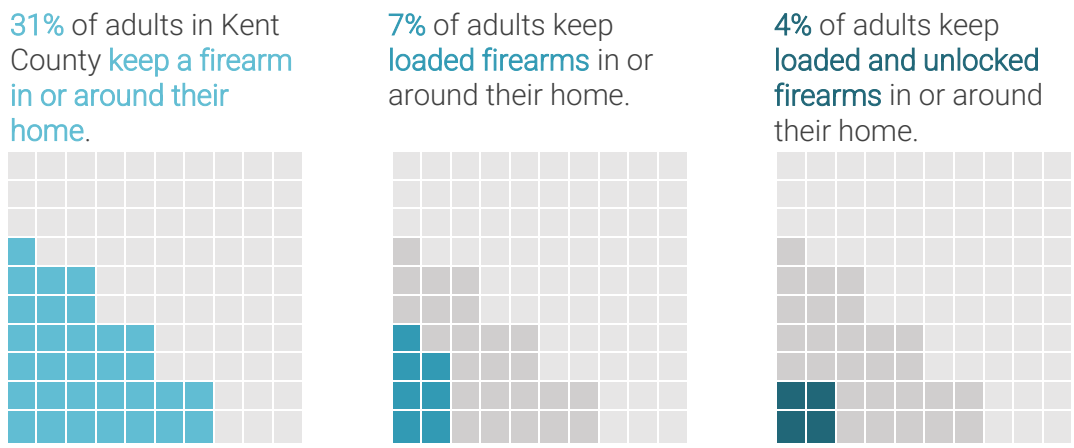
Gun Ownership

Gun violence is a leading contributor to premature death in the United States. Firearm fatalities are a critical public health issue as they are largely preventable.[1]

About a third of Kent County adults reported owning a gun that they keep at home. Nearly 1 in 4 people who own guns keep them loaded (7% of the total population), and about half of all people who keep their guns loaded also reported keeping them unlocked (4% of the total population).

FIGURE 23. Firearm safety

Percent of Kent County adults who reported owning a gun, and how it's stored.



Source: Kent County Behavioral Risk Factor Survey (BRFS), 2023.

In one focus group, residents described gun ownership as a cause of fear and anxiety, and attributed fear and feeling unsafe as a reason for gun ownership.

> "Back to the day when I was a kid, I'd knock on the neighbor's door if I was lost. Nowadays, you don't do that for fear of being shot."
>
> *—Focus group participant*

> "Now, with all the crime and everything, I mean, a few years ago, I never kept loaded guns in my house, now I keep them where I can reach them."
>
> *—Focus group participant*

[1] County Health Rankings, 2023.

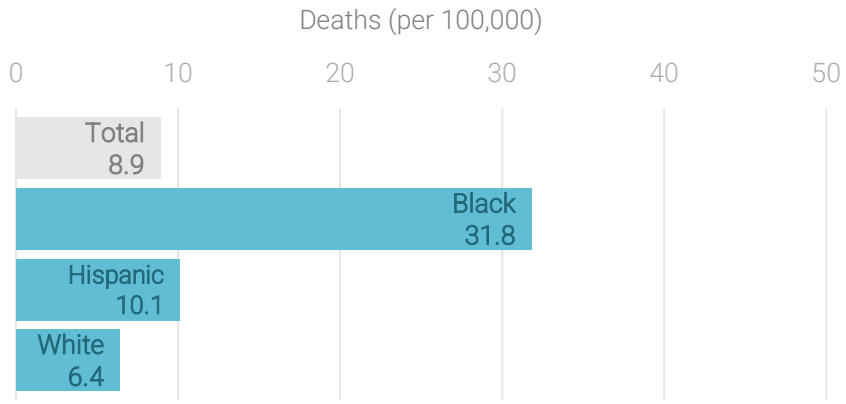
GUN VIOLENCE

In Kent County, 14.2% of all fatal injuries are gun related. Most homicides in Kent County are gun related (84%) and about half of suicides (49%) involve guns.[1] Black residents are disproportionately impacted by gun violence; despite making up about 9% of Kent County's total population, Black residents account for 38% of all firearm-related deaths.

FIGURE 24. Firearm mortality

Black residents in Kent County are 5 times more likely to die of gun violence than white residents.

3-year average mortality rate for firearm-related deaths, by race/ethnicity (2019-2021)



Source: Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Mortality 2018-2021 on CDC WONDER Online Database.

Gun violence impacts residents' sense of safety whether they experience it directly or indirectly. For example, some described how hearing gunshots in their neighborhood makes them feel unsafe. Others mentioned how hearing about increased gun violence on the news contributes to feelings of stress and anxiety, even if they consider their community safe. Concerns for children's safety when it comes to gun violence was consistent, regardless of whether it was happening in their community or other communities.

> "Your mental health has you thinking about, **'is there going to be a shooting today or is somebody going to die?"**
>
> *—Youth focus group participant*

> "Threat of random and targeted violence, **especially in schools**."
>
> *—Survey respondent*

> "Gun violence (guns or fake reporting of guns at the high school)."
>
> *—Survey respondent*

> "Not being safe in our community because **there are always shootings, and it is like no one does anything**."
>
> *—Focus group participant*

> "If I keep seeing killings on the news, I won't want to go outside."
>
> *—Youth focus group participant*

[1] Michigan Department of Health and Human Services. (2023). Geocoded Michigan Death Certificate Registries, 2020-2022.

COMMUNITY-IDENTIFIED ISSUES:

Community-police relations

Residents (specifically people of color) described various reasons for not wanting to call the police and having poor relationships between their communities and law enforcement, including the potential for situations to escalate, inability to communicate (due to language barriers), and deeply rooted mistrust.

> "People getting killed. Police too. You are scared to call the police sometimes too. It's like, dang. They pull up with guns, the police pull up with guns too. It's like, **who are you supposed to call?**"
>
> *—Youth focus group participant, in response to "what has happened locally that has affected the health of your community?"*

> "**If there is no police that speak Spanish, it's very hard for us to communicate**. We cannot do anything because the police come and we don't speak English and they don't speak Spanish and we cannot communicate."
>
> *—Focus group participant*

> "We are just very scared because we don't feel safe... So **we're scared of the police, we're scared of immigration**. So that is stopping us for getting help."
>
> *—Focus group participant*

> **"We have a lack of respect for the police department. They have a lack of respect for the minorities."**
>
> *—Focus group participant*

Police response and safety

In some communities, slow police response impacted feelings of safety, for others over-policing caused residents to feel unsafe. For non-violent situations or mental health-related crises where help is needed, many people expressed a need for mental health-focused responses as opposed to officer-only responses.

> "More security and the police being more punctual, **sometimes they arrive very late, things happen in seconds**."
>
> *—Survey respondent*

> "Lack of meaningful intervention by police department (long wait times for response to a call, **no social workers on staff available for nonviolent de-escalation**)."
>
> *—Survey respondent*

> "A police force that runs rampant and **shows active signs of discrimination**. This causes stress that triggers health issues."
>
> *—Survey respondent*

> "Police "reform" (something isn't working, I feel generally unsafe in my neighborhood and surrounding neighborhoods despite a well-funded police force)."
>
> *—Survey respondent*

> **"Mental health emergency response as opposed to police response."**
>
> *—Survey respondent*

Housing

Safe, stable, and affordable housing is a necessity for achieving and maintaining good health.

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 and changes in housing costs
- Housing stability: home ownership and homelessness
- Quality: overcrowding and lead exposure

KEY FINDINGS

- Renters are disproportionately impacted by housing cost burden, overcrowding, and reported more concerns about the quality of housing.
- Homelessness has increased significantly since 2019 and there are persistent racial inequities impacting Black residents.
- Housing cost was the number one housing-related concern among survey respondents, except for adults aged 65 and older, where accessibility and independent living were two most frequently reported concerns.

COMMUNITY INPUT

- The increasing cost of rent is a top concern among residents; people described being priced out of communities in urban, suburban, and rural areas of Kent County.
- Many people face housing insecurity and do not enough access to eviction prevention services, adding to stress and risk of experiencing homelessness.
- Housing concerns among older adults include cost of nursing homes or assisted living facilities, and ability to age in place with caregiving services.

> "I think **I was paying less than a quarter of my income** when I bought my first house years ago, and **kids can't do that anymore**."
>
> *—Focus group participant*

> "Housing is increasingly an issue. It's expensive and **it can be cumbersome to even obtain "affordable" housing."**
>
> *—Survey respondent*

> "Lack of affordable housing. **It is a basic safety net in so many ways**. If all of your income is paying for housing, you have nothing left over for proper, nutritional groceries, insurance or healthcare."
>
> *—Survey respondent*

> "Discrimination and segregation. **In order to live in a safe neighborhood my rent is twice as expensive than other areas in town** and most of the people in the neighborhood do not look like me or have similar values."
>
> *—Survey respondent*

Affordability

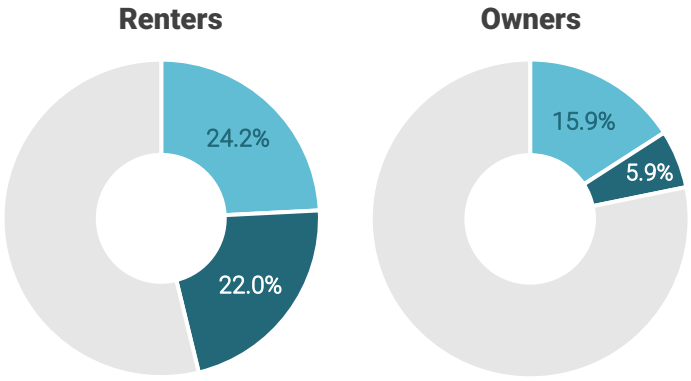
Housing is the single largest expense for households. Housing is considered "affordable" when rental or ownership expenses are less than 30% of income. Households experiencing housing cost burden (paying more than 30% of income) and severe housing cost burden (paying more than 50% of income), often make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

In Kent County, 1 in 3 people spend 30% or more of their income on housing costs.

FIGURE 25. Housing cost burden

Almost half of renters in Kent County are housing cost burdened, and renters are 3.7 times more likely than owners to be severely cost burdened.

Percent of renters and homeowners paying **at least 30%** or **more than 50%** of their income on housing costs.

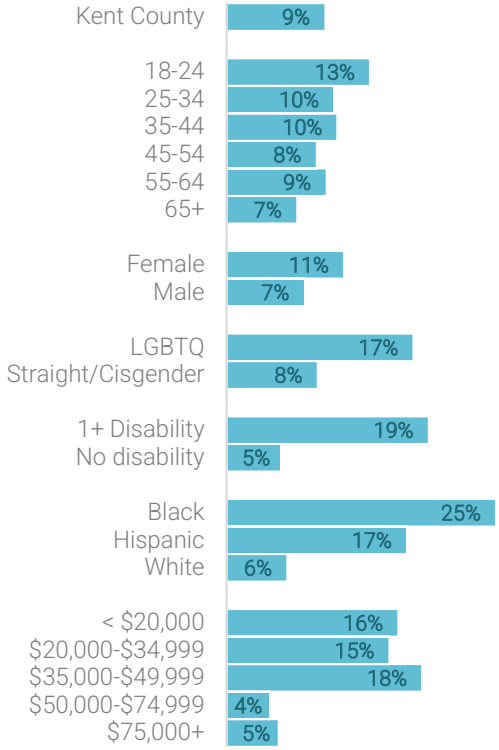


Source: U.S. Census Bureau, ACS 5-year estimates, 2018-2022.

FIGURE 26. Unable to pay housing costs.

1 in 10 residents were unable to pay their housing costs in the past year, however this varies significantly based on demographics.

Percent of Kent County adults who were unable to pay their mortgage, rent, or utility bills in the past 12 months.



Source: Kent County Behavioral Risk Factor Survey (BRFS), 2023.

CHANGE IN HOUSING COSTS

In Michigan, to afford a 2-bedroom rental home, someone earning minimum wage ($10.33 an hour) would need to work 86 hours a week.[1]

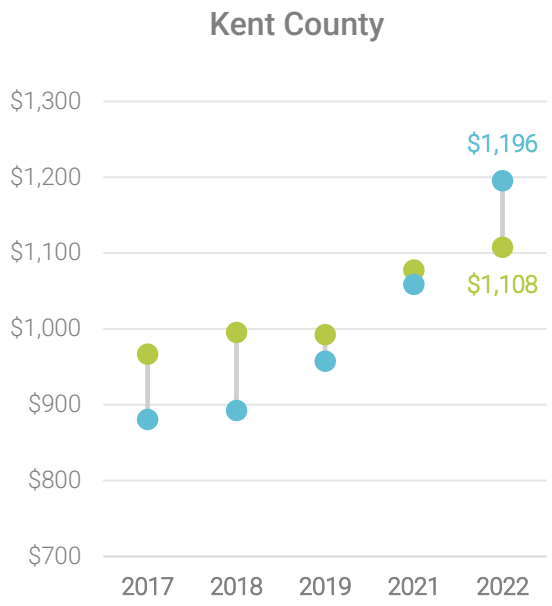
> "[We need] **affordable housing that reflects the $11.00 - 20.00 an hour most people in the communities make**."
>
> *—Survey respondent*

FIGURE 27.

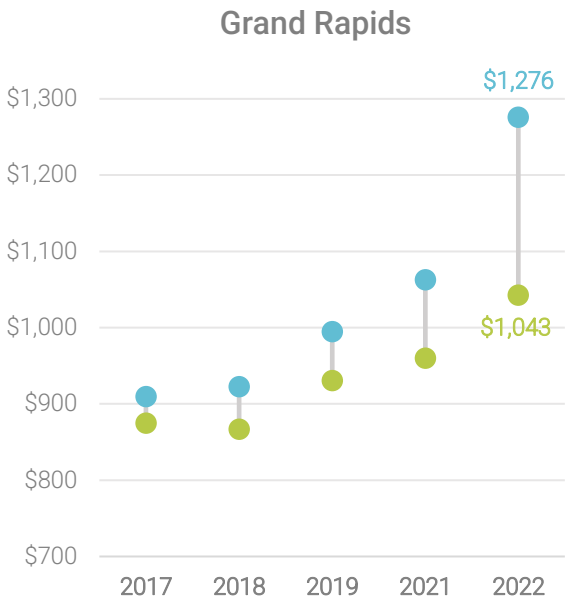
The median housing cost for renters is higher than housing cost for homeowners in Grand Rapids and Kent County. In Grand Rapids, median housing costs for renters increased by $213 (or 20%) from 2021 to 2022.

Median monthly housing costs by tenure in Kent County and Grand Rapids, 2017-2022.

In 2022, housing costs for **renters** in Kent County surpassed housing costs for **owners**.



In Grand Rapids, the difference in housing costs between **renters** and **owners** increased significantly in 2022.



Note: 2020 not included due to unreliable single year estimates.
Source: U.S. Census Bureau, ACS 1-year estimates, 2017-2022.

In addition to renters paying more in housing costs than homeowners, there is also a large difference in median household income between renters and homeowners, which contributes to the cost burden that nearly half of all renters experience.

In Grand Rapids, the median household income for homeowners is 80% higher than median income for renters ($85,648 per year versus $47,680, respectively). In Kent County, median household income for homeowners is 88% higher than that of renters ($94,168 versus $50,203).[2]

[1] National Low Income Housing Coalition. *Out of reach: The high cost of housing.*
[2] U.S. Census Bureau, ACS 5-year estimates, 2018-2022.

Housing Stability

Stable housing is a foundation for successful education and employment and a necessity for achieving and maintaining good health. People who lack housing stability are at a higher risk of experiencing homelessness.

> "There are resources for many other needs, but transportation, job training, food pantries, etc. mean very little when you don't have a safe and stable place to live at the end of the day."
>
> *—Community survey respondent*

HOMEOWNERSHIP

Homeownership can provide a sense of stability and safety by preventing frequent moves and minimizing the financial burdens associated with renting. High levels of homeownership are associated with more tightly knit, less transient communities which can help improve social support and community cohesion. Owning a home also plays an important role in wealth accumulation and financial stability by allowing individuals and families to build savings for education or other opportunities that are important for health and future family wealth.[1,2]

The rate of homeownership in Kent County is 70.0%. Homeownership in Kent County is slightly lower than the state of Michigan (72.5%) and significantly higher than in Grand Rapids (54.5%).

Across Grand Rapids, Kent County, and Michigan, homeowners are disproportionately non-Hispanic White.

In Kent County, 85% of all homeowners are non-Hispanic White, despite making up only 72% of the population. In Grand Rapids, this gap is even larger: 75% of homeowners are non-Hispanic White but make up only 58% of the Grand Rapids population.[3] The rate of homeownership among people of color in Kent County has increased slightly, from 11.8% in 2017 to 15.2% in 2022.

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.[4]

In the past year, 2.8% of Kent County adults moved two or more times. Young adults aged 18-24 (10.4%) and those who identify as LGBTQ (6.7%) or who have a disability (8.0%) were more likely to have moved two or more times in the past year.[5]

> "I think something that doesn't get enough attention in our community is **the need for safe housing for LGBT plus individuals. Discrimination still does happen**. And Grand Rapids has such a tight housing market that sometimes it's not even possible to address how commonly that happens. And depending on what part of the community you inhabit, there can be very different issues and different barriers to finding safe housing and affordable housing for all of us."
>
> *—Focus group participant*

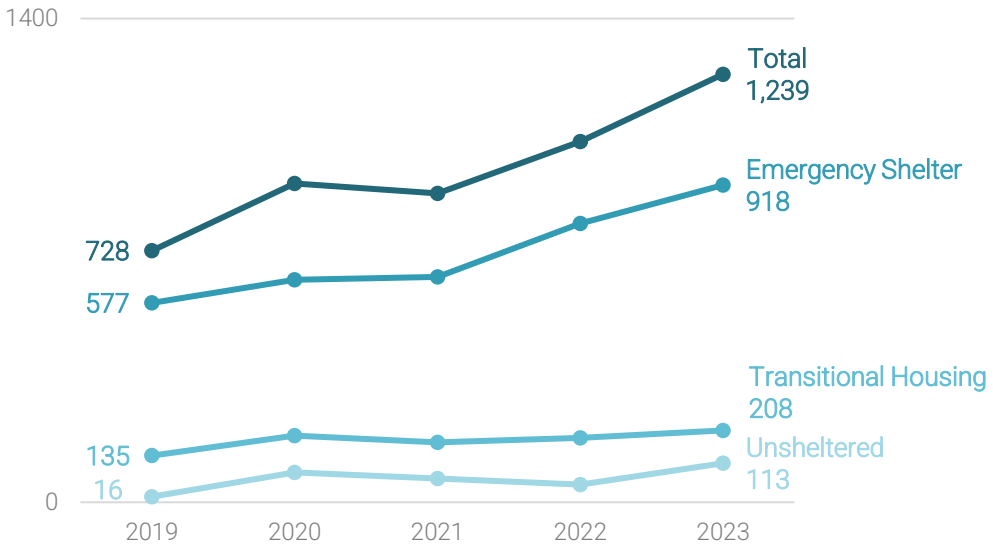
[1] County Health Rankings, 2019. *Homeownership.*
[2] America's Health Rankings, United Health Foundation, 2023.
[3] ACS 5-year estimates, 2018-2022.
[4] Oishi, S., & Schimmack, U. (2010). Residential mobility, well-being, and mortality. *Journal of Personality and Social Psychology, 98*(6), 980-994. Doi: 10.1037/a0019389.
[5] Kent County Behavioral Risk Factor Survey (BRFS), 2023.

HOMELESSNESS

FIGURE 28. Homelessness by year

From 2019 to 2023, homelessness in Kent County has increased by 70%.

Number of unhoused people during the annual Point in Time count in Kent County, 2019-2023.



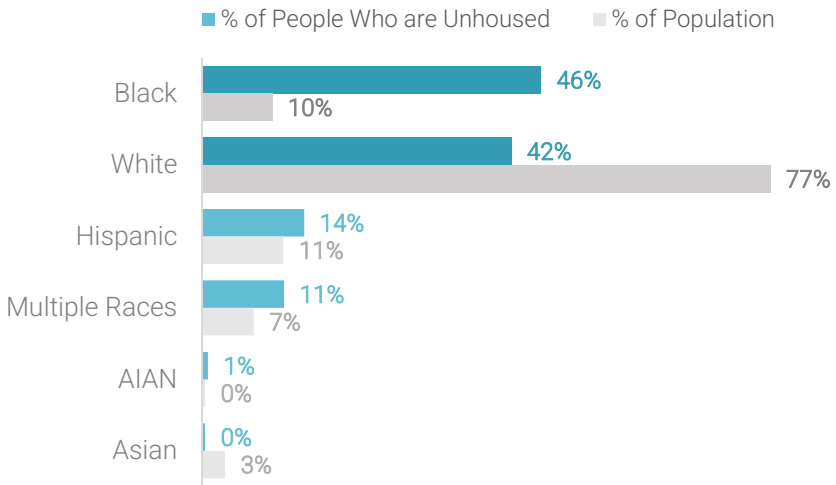
Source: Grand Rapids Area Coalition to End Homelessness, 2023 Point in Time Count.

> "Parents and guardians can really contribute to anxiety and depression [if] they're not accepting. And this is kind of connected with homelessness. **Youth homelessness among queer people is very high because their home is not safe and they have nowhere else to go**."
>
> *—Youth focus group participant*

FIGURE 29. Homelessness by race/ethnicity

Almost half of all people who were unhoused in 2023 were Black, despite Black residents making up only 10% of the total population.

Percent of people who were unhoused compared to the Kent County population.



Source: Grand Rapids Area Coalition to End Homelessness, 2023 Point in Time Count; ACS 5-year estimates, 2018-2022

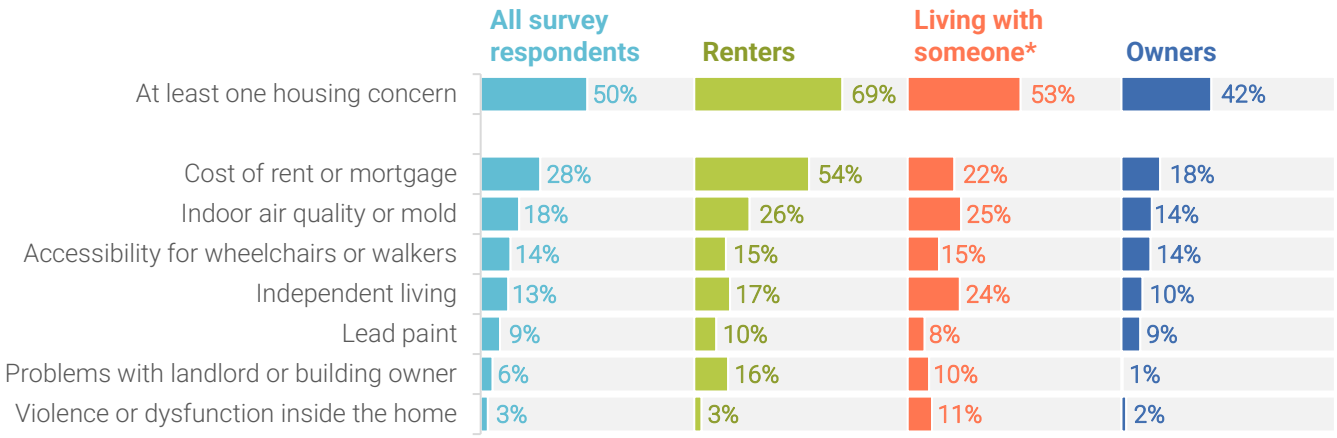
Housing Quality

Safe housing is an important determinant of health. There are social and environmental aspects of housing safety, such as overcrowded living conditions, exploitation by landlords, and residence in lower-quality housing with environmental hazards such as lead paint, allergens, and mold.[1]

FIGURE 30. Housing problems

Renters are more likely to have housing concerns than people who live with someone and people who own their home, but housing issues differ by living situation.

Percent of community survey respondents who had concerns about their current housing situation.



Notes: *Living with someone and not paying rent
Source: 2023 Kent County CHNA Community Survey

OVERCROWDING

Overcrowding is defined as having more than one person per room in a home. The health risks associated with overcrowding—including poor mental health and increased risk of spreading infectious illnesses—were apparent during the peak of the COVID-19 pandemic. If people are unable to isolate when they were sick, they are much more likely to spread the disease to other members of their household.

In Kent County, 4,749 households are overcrowded (2% of all occupied housing units). Overcrowding is more common among people who rent their home and people of color.[2]

> "[Refugees] tend to come in groups. And sometimes it's a family comprised of a father and children and some of the children are married also. So, you're given this little room. All of you... In-laws and whatever. And **you are just crammed in. Talk of an unhealthy situation**."
>
> *—Focus group participant*

[1] America's Health Rankings, United Health Foundation.
[2] U.S. Census Bureau, ACS 5-year estimates, 2018-2022.

LEAD EXPOSURE

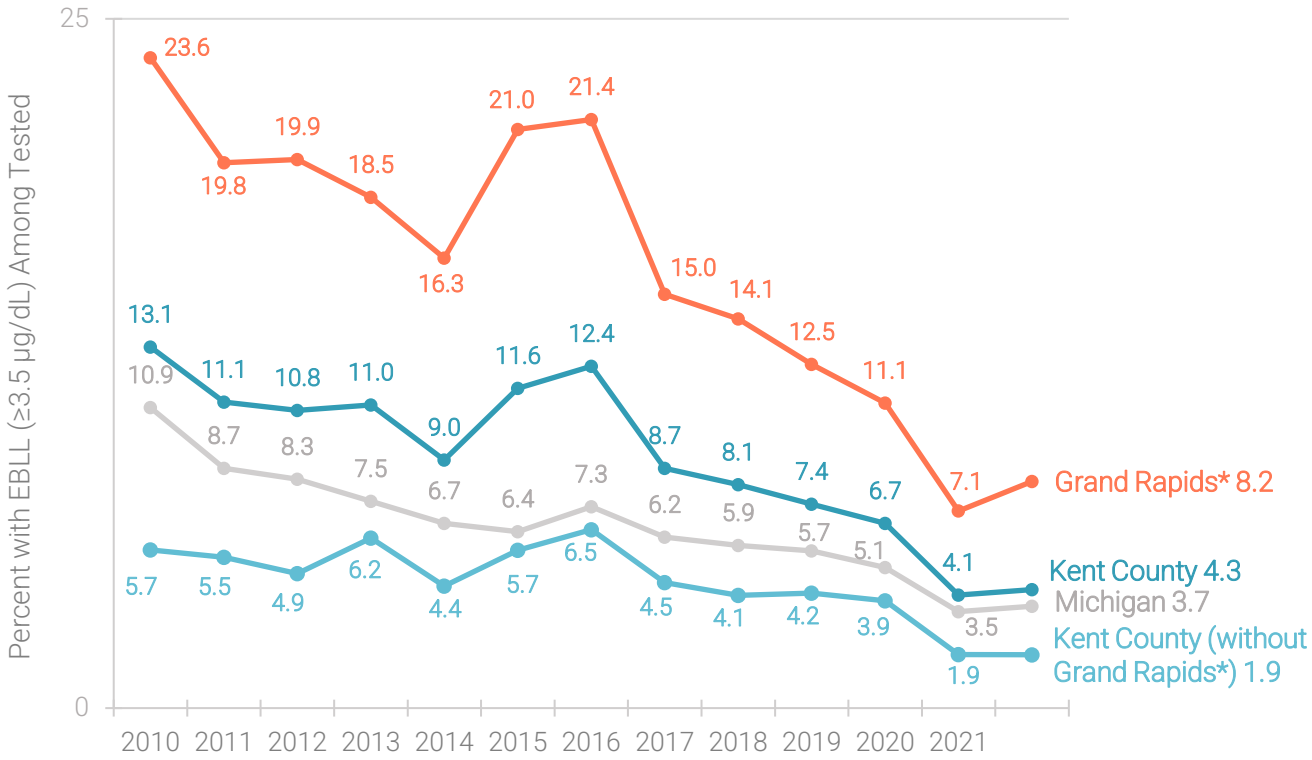
Lead exposure (even at low levels) is highly toxic, especially for young children and pregnant women. One of the most common sources of lead exposure is deteriorating lead-based paint in homes, which is the main contributing factor in about 90% of all childhood lead poisoning cases in Kent County.[1] There is an elevated risk for lead exposure for residents living in homes built before 1978, which is the year lead was banned from paint. Just over half of homes in Kent County (55%) and three-quarters of homes in Grand Rapids (77%) were built before 1980.[2]

There are typically no observable symptoms of lead poisoning, but it can have long-term health effects including developmental delays, poor school performance or behavior problems, hearing loss, and damage to the kidneys, heart, or nervous system.

FIGURE 31. Lead exposure

Among Kent County children under age 6 who were tested for lead in 2022, 8.2% of children in Grand Rapids had elevated blood lead levels (EBLLs), compared to 1.9% of children in the rest of Kent County.

Percentage of children† < 6 years old with elevated blood lead levels (EBLLs) at 3.5 micrograms per deciliter (µg/dL) for Michigan, Kent County, and Grand Rapids*, 2010-2022.



Notes: †Each child is represented by one test result per year. If there was more than one test per child per year, the test with the highest venous BLL was kept. If there was no venous BLL, the test with the highest capillary BLL was kept.

*Grand Rapids is defined as Census Tracts 1-46 in Kent County.

Source: MDHHS Data Warehouse

> **"We live in a house with lead and cannot look for something different because everything is very expensive."**
>
> *—Focus group participant*

[1] Kent County Health Department, Lead Exposure in Kent County.
[2] U.S. Census Bureau, ACS 5-year estimates, 2018-2022.

COMMUNITY INPUT

Increasing cost and limited availability of affordable housing

The current market rate for housing is unaffordable for many residents, especially for people who do not qualify for income-based housing programs. Housing assistance programs can be difficult to navigate and the process to qualify for, then secure income-based housing is cumbersome.

> **"Houses and apartments are getting too expensive to rent. Houses too expensive to buy."**
>
> *—Survey respondent*

> "Lack of affordable housing for working families that are NOT eligible for subsidy."
>
> *—Survey respondent*

> "Affordable housing for people who are being pushed out by gentrification. The ICCF waitlist for housing was closed after 1 hour of being open. **Clearly, the need is astronomic**."
>
> *—Survey respondent*

Protection for renters

People who provided community input wanted to see rent control enacted, or other policies that help protect tenants and hold landlords accountable. However, Michigan law prohibits local governments from enacting any type of rent regulation, such as limiting how much landlords can charge or capping the rate of rent increases.[1]

> "Better rent control, and significantly higher taxes for landlords owning multiple properties, more financial punishment for landlords that do not properly maintain their homes/yards."
>
> *—Survey respondent*

Gentrification

Residents described how there are an increasing number of homes being bought just to be flipped and sold for a profit, and more rentals that are owned by non-local landlords or large rental companies. These factors are contributing to increased cost of housing in the area and people are being priced out of communities as a result, changing the social and economic landscape of neighborhoods.

> **"Both of my neighbors have been forced out and flippers bought their houses. Now instead of my children having neighbors to play with, I have an Airbnb on one side and mid-flip house on the other."**
>
> *—Survey respondent*

> "Landlords would rather rent to college student than to families, meaning they up their rent prices to push families out. At the same time, filling a neighborhood with college students creates a more transient community that is not dedicated to the place that they may only live in for a year or two."
>
> *—Survey respondent*

> "Heavy gentrification, along with **the wealthy buying multiple properties for expensive rentals or cheap flips to sell at the top price, are making it near impossible for those of middle to lower class to live in and around Grand Rapids**. So many people I know have had to move farther and farther out to afford a place to live and are still paying far more than half their income to afford it."
>
> *—Survey respondent*

[1] Khan, N., & Hulett, S. (2023). An abridged history of Michigan's rent control ban. *Michigan Public.*

Housing for aging adults

There are concerns about affordable housing for older adults. The top housing concern among survey respondents was cost of rent or mortgage, except for adults age 65 and older, where accessibility and independent living were two most frequently reported concerns. Based on community input, nursing homes and in-home care can be cost prohibitive for many families. There is a need for more resources and services for older adults to age in their homes and/or more affordable supportive housing options.

> "[aging] definitely and then the idea that the cost of living, the idea of nursing homes, **how can anybody even afford to age anymore?**"
>
> *—Focus group participant*

> "The older community wanting to age in place, wanting to stay in their homes and what the challenges are to face that. **You don't think of things like lighting, and space to maneuver around**, you know. People bought homes that were built the 50s and 60s, those homes aren't adaptable anymore to people who want to stay in them."
>
> *—Focus group participant*

> **"Services for older adults so they can age in their home."**
>
> *—Survey respondent*

> "AFFORDABLE senior housing with elevators for walkers or ramps."
>
> *—Survey respondent*

Homelessness and eviction prevention

Many people mentioned homelessness as an issue in their community and the need to address the root cause of homelessness rather than criminalizing it. Others described facing housing instability due to increasing costs, and the significant amount of stress they experience being at risk of homelessness. More housing assistance programs such as eviction prevention and wrap-around services to address complex social needs were identified as community needs to help prevent homelessness.

> "A lack of affordable housing is a major problem in my area. I work in the mental health field, and **it is difficult to help people make progress in their mental wellbeing when they have the chronic stress of homelessness and housing insecurity**."
>
> *—Survey respondent*

> "Stress from rent going up faster than our incomes/fear of being homeless."
>
> *—Survey respondent*

> "**A broken system!** I recently found myself in need of emergency funding through DHHS for past rent because I'm facing eviction. I was denied because I was told this was not substantial housing, basically telling me I need to move which will cost me 3x as much as I owe in back rent! [...] Even Salvation Army said they had "no funds available" to help me keep from being evicted. And this is a program that advertises they are there to help "prevent renter evictions" program, but they can't help!"
>
> *—Survey respondent*

Diet & Exercise

Balanced nutrition and regular physical activity are essential for health. Diet and exercise are considered "modifiable" (i.e., controllable – unlike things like genetics or age) risk factors for a number of chronic diseases including heart disease, stroke, certain cancers, and type two diabetes. However, what we eat and how much exercise we get is often a reflection of larger societal factors such as environment, education, and economic resources that individuals cannot always control or modify.

Based on community input, diet and exercise are largely dependent on neighborhood conditions and resources available where people live – particularly for those who are restricted by income or transportation barriers, which further limit their ability to access healthy food that is affordable and safely exercise.

INDICATORS

- Food insecurity
- Physical inactivity

COMMUNITY INPUT

- Engaging in healthy behaviors is time consuming and expensive – and diet and exercise are overwhelmingly dependent on environment and economic resources.
- Residents described how sometimes the only food available to them is unhealthy – for example heavily processed foods or fast food – and they lack access to healthier options either because of proximity to larger grocery stores or high cost. People in urban and rural areas mentioned "food deserts" as a community issue.
- Some communities in Kent County lack safe, convenient places to be physically active and other options for exercising (e.g., fitness classes, indoor gyms) are expensive and cost prohibitive for many.

COMMUNITY-IDENTIFIED SOLUTIONS

- Residents want to see more community programs (low cost or free) that are focused on healthy eating and active living, such as cooking classes or sports and recreation leagues. They described how there is also an opportunity to address other areas of need with these kinds of programs, like social connection, mental health, or safe places for youth during out-of-school time.
- Bringing healthy food to communities. Residents suggested smaller "pop-up" farmer's markets, or expanding mobile food pantries that offer fresh fruits and vegetables (which were noted as an important asset), particularly in areas where more people face transportation barriers and fresh food is limited.
- Using health insurance to access lower-cost gym memberships.

Access to Healthy Foods

Food environment factors—such as grocery store/restaurant proximity, food prices, food and nutrition assistance programs, and community characteristics—interact to influence food choices and diet quality.[1]

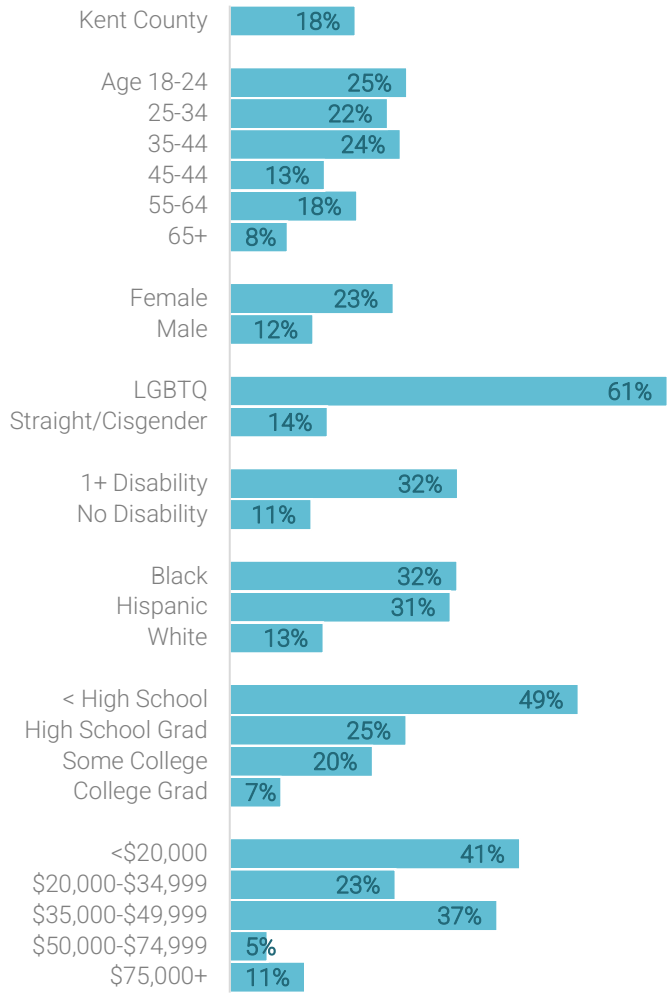
FOOD INSECURITY

Food insecurity is when regular access to food or balanced meals is limited or uncertain. Food insecurity has many effects on health due to the mental and physical stress it puts on the body and is associated with an increased risk of many chronic conditions.[2]

FIGURE 32. Food insecurity

Nearly 1 in 5 adults experienced food insecurity in the past year, but there are significant disparities.

Percent of Kent County adults who ran out of food and could not buy more, or could not afford to eat balanced meals in the past year.



Note: includes respondents who reported they "sometimes" or "often" experienced one of the above situations

Source: Kent County Behavioral Risk Factor Survey (BRFS), 2023.

Food assistance programs, such as the National School Lunch Program (NSLP); the Women, Infants, and Children (WIC) program; and the Supplemental Nutrition Assistance Program (SNAP), address barriers to accessing healthy food and can help reduce food insecurity.[3]

At the beginning of the pandemic, the federal government expanded food assistance programs. Michigan households who were eligible for food assistance benefits received an extra $90 per month per household (on average), regardless of income level. The expanded food assistance program ended in February 2023.[4,5]

Reduction in food assistance benefits and income eligibility limits to food assistance programs are contributing to food insecurity according to Kent County residents.

> "We get government help too, and we get a decent amount because we're a big family. But even that doesn't take us as far as we need to, and the last time I went grocery shopping, I brought my groceries out to the car—half what I would usually get—and I just cried because, you know, **I know it's not going to last**."
>
> *–Focus group participant*

> "Help for the middle – **too much income for food assistance, too little income to be able to have food security**."
>
> *—Survey respondent*

[1] U.S. Department of Agriculture, Economic Research Service. *Food Environment Atlas*.
[2] America's Health Rankings. United Health Foundation.
[3] Healthy People 2030. *Social determinants of health literature summaries: Food insecurity.*
[4] Michigan Association of United Ways. (2023). *Covid and financial hardship in Michigan.*
[5] Michigan Department of Health and Human Services. (2023). *Public health emergency 2023 benefit changes.*

COMMUNITY INPUT

Hard-to-access grocery stores and easy-to-access fast food.

In many areas, especially low-income and rural communities, there is an over-abundance of fast food restaurants and convenience stores, but few stores that sell fresh produce.

If fresh fruits and vegetables and other healthier items are available at small food markets or convenience stores, they are often more expensive than they would be in larger chain supermarkets and grocery stores. As a result, people who cannot access larger stores and have to shop for food in their neighborhoods may end up paying more for produce, or may only have unhealthy processed food options available to them.

When people have to travel farther to access affordable healthy foods, transportation becomes a significant barrier.

> "Too many food deserts where families **cannot find grocery items but have too many fast food options**."
>
> *—Survey respondent*

> "People want to eat their fruits and vegetables, they just can't get to it."
>
> *–Youth focus group participant*

> "Major grocery options in our area are either **Meijer on Alpine (requires a car to get there or a lengthy bus trip) or Bridge Street Market (priced too high for average-income families).** There are beer/liquor stores and gas stations, but they don't carry much healthy or fresh food. Farmers markets are on the other side of town."
>
> *—Survey respondent*

Cost is a major factor in food choice.

Kent County residents described the general increases in cost of living, including food prices, as a something that negatively impacts their health. For people who are struggling to make ends meet, they often have to make difficult tradeoffs which could mean buying less food or buying whatever food is least expensive.

> "Food prices seem to have absolutely skyrocketed, [and] **people are having to go without food or the only food that they can get their hands on is extraordinarily unhealthy food**. But hey, it's all you can afford because the healthy stuff has all gone through the roof and you can't afford it anymore, and that's really hard on people's health. You have people who are diabetic and whatnot and they can't have certain things, but guess what? **That's all they can afford so they have to chance they might go into a diabetic coma**, but I've got to eat today."
>
> *–Focus group participant*

> "Stores are charging so much for everything nowadays. So that's kind of hard for them to go and buy healthy food [...] that's going to help like vegetables, so **we end up with all these carbs and all these fats and all this stuff that we have to make into a big meal for all of us big families.** So, you have to do what you got to do... And a lot of that is not always healthy."
>
> *–Focus group participant*

Schools are a helpful community resource for food access.

However, unhealthy school meals and inequities between school districts mean it is not necessarily increasing access to *healthy* food for kids.

> "The school food... like, if you go to U Prep or something, their food is good. But like, if it's the hood school, we [always] get the same food [...] **Why can't we have like a salad bar, a fruit bar, stuff like that?** And then like multiple options of food, not just burgers and burritos and stuff like that **because for some they go to school and eat and that's their only meal**."
>
> *–Youth focus group participant*

> "Too many people are sedentary and don't eat properly. **School breakfast and lunch is so unbelievably unhealthy**. As a former educator, I would see my students served a granola bar, a Poptart, grape juice, fruit snacks, and maybe a piece of string cheese for breakfast. Lunch isn't much different."
>
> *—Survey respondent*

More education and resources are needed.

Residents noted that there is a general lack of knowledge around nutrition and want to see more resources available that would make it easier to eat healthy.

> "Lack of knowledge regarding healthy grocery shopping and cooking and meal planning"
>
> *—Survey respondent*

> "Better information about **meal preparation/ Wise shopping/ Budgeting**."
>
> *—Survey respondent*

> "Lack of resources and support for making vegetable heavy whole food meals at home."
>
> *—Survey respondent*

> "**Both parents working** = eating out more/making pre-packaged meals. Lack of motivation/desire to put together healthy meals for family... takes time and effort."
>
> *—Survey respondent*

Access to Exercise Opportunities

Regular physical activity helps the body function better and lowers the risk of heart disease, diabetes, stroke, high blood pressure, osteoporosis, and certain cancers. It can also help control stress, improve sleep, boost mood, keep weight in check, and reduce the risk of falling and improve cognitive function in older adults.[1]

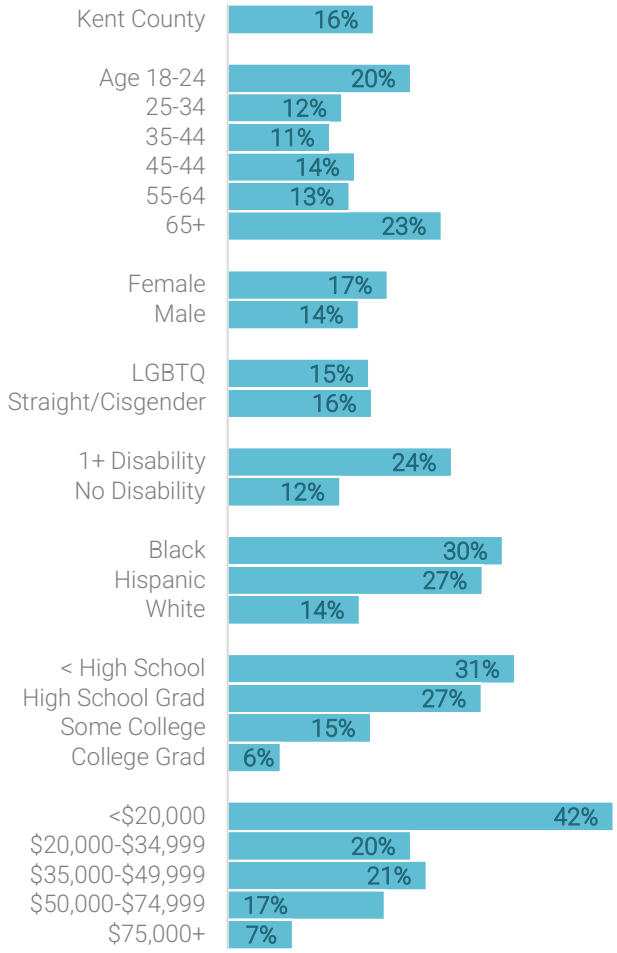
> "I think physical activity to me has been key to my spiritual, to my physical, my emotional well-being, to everything it's kind of attached to that happiness."
>
> *—Focus group participant*

PHYSICAL INACTIVITY

FIGURE 33. Physical inactivity

People with a disability, Black and Hispanic adults, and those with lower education and income are most likely to report no physical activity in the past month. These groups also reported high rates of food insecurity.

Percent of Kent County adults who reported no leisure time physical activity in the past month.



Source: Kent County Behavioral Risk Factor Survey (BRFS), 2023.

[1] Harvard T.H. Chan School of Public Health. *The nutrition source: Physical activity.*

COMMUNITY INPUT

In Kent County, 94% of people live close to a park or recreation facility, however, proximity does not guarantee accessibility.[1,†]

Many of the same themes emerged around access to recreation and exercise opportunities as access to healthy food. Environment and cost are major determinants of physical activity.

Not everyone feels safe being active outside.

Parks, trails, sidewalks, and greenspaces provide no-cost opportunities for exercising. However, crime and traffic-pedestrian safety are top concerns among residents that prevent them from feeling safe to exercise where they live. Park quality and cleanliness also impact people's likelihood of using available public greenspaces.

> "**Wyoming is virtually unwalkable/unbikeable**. Speed limits are higher than neighboring communities and drivers exceed them. Lack of walkable destinations. City plows sidewalks but so poorly they are unwalkable in winter."
>
> *—Survey respondent*

> "Violence in neighborhoods that prevents residents from getting outside for physical activity or to enjoy green spaces."
>
> *—Survey respondent*

> "**Feeling unsafe to exercise outside** due to shooting and crimes."
>
> *—Survey respondent*

Cost limits opportunities to exercise indoors.

Access to recreation or exercise facilities is often dependent on cost, as membership or class fees can be expensive and cost prohibitive for many residents. Residents noted that access to indoor facilities is especially important for staying active during the winter months.

> **"Going outside is free... going to a gym is not. It can be expensive to go to a gym."**
>
> *—Survey respondent*

> "Even just like kids sports, **getting them registered into leagues and stuff like that. I mean, all really adds up cost wise**. So, I think there is a little bit of that, but you know, a lot of opportunity if you could break down the financial barrier to accessing some of the recreational opportunities."
>
> *—Focus group participant*

> **"Lack of movement classes that are both inclusive and cheap."**
>
> *—Survey respondent*

[1] County Health Rankings. (2022).

[†]Individuals are considered to have adequate access to exercise opportunities if they: reside in a census block that is within a half mile of a park; or reside in a census block that is within one mile of a recreational facility in an urban area; or reside in a census block that is within three miles of a recreational facility in a rural area.

Social & Community Context

The strength of our social networks and sense of belonging in community play an important role in quality of life and health outcomes. When people are socially connected and have stable and supportive relationships, they are more likely to make healthy choices and to have better mental and physical health outcomes. They are also better able to cope with hard times, stress, anxiety, and depression.[1]

The importance of social connectedness also extends to the broader community. A sense of inclusion and belonging in our neighborhoods, schools, places of worship, workplaces, and other settings can help people feel more connected to their community.[2] Living in a supportive, cohesive community makes it easier for people to share resources and increases civic engagement.

INDICATORS

- Social support
- Childcare and afterschool care
- Discrimination
- Access to resources

KEY FINDINGS

- 10% of households in Kent County are adults aged 65 and older who live alone.
- The estimated average cost of childcare for one child accounts for roughly half of the annual income earned from a full-time minimum wage job in Kent County
- 35% of survey respondents reported experiencing discrimination in their daily life based on their race, ethnicity, language, disability status, sexual orientation, or gender – most often while shopping or while at work.
- 65% of Black adults and 25% of Hispanic adults said that in general, they are treated worse than people of other races.

COMMUNITY INPUT

- Community cohesion and knowing your neighbors is a strength and contributes to a sense of safety and overall wellbeing.
- There is a need for more places in the community that offer healthy social connection, and low-cost or no-cost social opportunities that can help bring neighbors together.
- Community centers have an opportunity to facilitate social connections in neighborhoods and help residents access resources.

> "I believe that people's social support network is not as strong as it used to be, including mine. That can cause stress and many other things that affect health."
>
> *—Survey respondent*

[1] National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. (2023). *How does social connectedness affect health?*

[2] Michalski, C.A., Diemert, L.M., Helliwell, J.F., Goel, V., & Rosella, L.C. (2020). Relationship between sense of community belonging and self-rated health across life stages. *SSM Population Health*. 12:100676.

Social Support

Social networks, whether formal (such as a faith-based group or social club), or informal (such as meeting with friends) can provide a sense of belonging, security, and community.

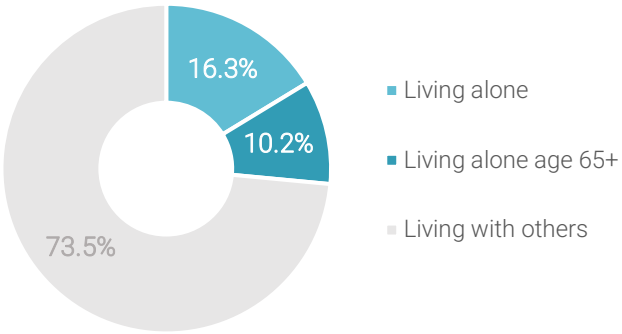
Different types of social support include:[1,2]

- **Emotional support**, for example: feeling loved, cared for, valued, and appreciated by others.
- **Physical support,** such as getting a ride to the doctor or grocery store, getting help with childcare on short notice, or getting help with tasks.
- **Informational support** includes things like getting help solving problems and sharing information or resources.

FIGURE 34. Adults living alone

A quarter of households in Kent County are adults who live alone. One in 10 households are adults aged 65 and older who are living alone.

Percent of Kent County householders who live alone, as a percentage of total households.



Source: U.S. Census Bureau, ACS 5-year estimates, 2018-2022.

In the U.S., social isolation (defined as lacking meaningful social relationships) affects about 1 in 4 adults over the age of 65.[3] Older adults who live alone are more likely to feel isolated or lonely. Life events such as retirement, loss of loved ones and age-related mental and physical decline can make it difficult for older adults to maintain social connectedness.[4]

Social support was identified as a need, especially among seniors in Kent County

Older adults primarily described needing more physical forms of social support, including help with shoveling and yard work and in-home support services.

Some people depend on family/friends, faith communities or neighborhood groups for help – but for aging adults who do not have an extensive social support network, this is really challenging; and asking for help can also be a barrier.

> "I cannot get neighbors to help me with things like shoveling and moving trash containers and mowing. **I feel invisible**."
>
> *—75-year-old survey respondent*

> "Many elderly with **not enough support for caregivers and not enough low-cost caregiving help**."
>
> *—Survey respondent*

> "It's tough. I'm terrible. **I'd rather die out there**, you know, on my own sidewalks **than ask somebody else to do something for me**."
>
> *—Focus group participant*

Potential solutions include direct and intentional community outreach to older adults and volunteer groups to help with yard work and other needs.

> "A service day that **volunteers donate time to seniors and people who are disabled** doing yard work, minor maintenance jobs."
>
> *—Survey respondent*

> "More follow up with the people who live in the community to **ask how things are going with us**."
>
> *—Survey respondent*

[1] Primary Health Care, The Project, 2017. T*he importance of social support.*
[2] National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. (2023). *How does social connectedness affect health?*
[3] National Academies of Sciences. (2020). Social isolation and loneliness in older adults: Opportunities for the health care system. *National Academies Press.*
[4] America's Health Rankings, United Health Foundation.

COMMUNITY INPUT

Closely connected communities are an asset and beneficial for well-being.

> "**What contributes to my health** in my community **is interacting with people**. [...] Most people just want you to acknowledge them, and talk to them, and know them. That goes a long way for me."
>
> *—Focus group participant*

> "All my neighbors are nice and **they all seem to look out for one another**. And just the whole environment is nice and that means a lot to me, like how you are treated in your community."
>
> *—Focus group participant*

> "Another thing I like about my community is when you go to the mailroom, there's other residents in there that have put up their cards or a note saying if you need your lawn mowed, or if you need your home power washed or something like that, because there's a lot of elderly people."
>
> *—Focus group participant*

Strengthening community connections

Neighborhood associations and community-based organizations can play a direct role in strengthening social connections between people, and ultimately improving community cohesion and resilience.

Residents expressed a desire for more facilitated social interactions at the neighborhood level, and more non-religious spaces that provide opportunities for healthy social connection and gathering.

> "A true community center built around the idea of bringing neighbors together (not just providing services)."
>
> *—Survey respondent*

> "Loneliness and disconnectedness. **Not knowing your neighbors or interacting with your community**. [We need] more shared spaces and community areas for low to no cost interactions with your neighbors."
>
> *—Survey respondent*

> **"Non-religious community spaces (especially indoor)"**
>
> *—Survey respondent*

> "For mental health and social connection**, it would be nice to be able to meet people and form connections outside of bars in Grand Rapids**. Some kind of multigenerational way to gather."
>
> *—Survey respondent*

> "Not many opportunities to socially interact outside of consumerism or eating/drinking."
>
> *—Survey respondent*

Childcare and Afterschool Care

Childcare is a form of social and economic support for parents and families. Affordable childcare is an important factor in supporting and increasing economic security for families by allowing parents to participate in paid work or further their education. Access to high-quality childcare also contributes positively to a child's health and development, especially for children from low-income households or communities that have been socially marginalized.[1]

FIGURE 35. Cost of childcare

Cost of childcare for one infant or toddler can range from $8,524 to $12,860 per year for home-based care or center-based care, which is roughly half of the annual income earned from a full-time minimum wage job.

Estimated annual average cost of full-time center-based and home-based childcare for one child in Kent County (2023 estimates).

Note: cost estimates are based on 2018 data from the Michigan childcare Market Rate Survey and were adjusted to show 2023 prices based on the Consumer Price Index.

Source: U.S. Department of Labor, Women's Bureau. (2023). National Database of Childcare Prices 2016-2018.

Afterschool and youth summer programs can help strengthen communities by keeping kids safe, giving working parents peace of mind, helping build life skills, and offering opportunities for physical activity and socialization outside of school. Afterschool programs have also been shown to reduce juvenile crime rates and chronic absenteeism.[2]

"A lot of kids are artists, you know athletes, and scholars and just a lot of kids don't have the opportunity to showcase that."

—Youth focus group participant

Cost and availability of childcare is an issue in Kent County

> "**Even if a parent can find a nanny or a center opening for a child, that doesn't mean they could even afford to send their child to that daycare.** Childcare access is limited, and costs are outrageous."
>
> *—Survey respondent*

High cost of childcare can be a deterrent for parents to participate in the labor force, but it is also necessity for economic security. In addition to affordable care, another issue mentioned was a lack of care and other supportive resources (outside of schools) for children with developmental disabilities.

> "Childcare options. If there is no reliable childcare, then I can't work, then I can't support my family."
>
> *—Survey respondent*

Parental support outside of traditional childcare was also identified as an important need for social connectedness.

> "Parents, mothers feeling isolated while raising young children. Needing more connection and support from community that is affordable and trustworthy."
>
> *—Survey respondent*

> "Programs for single parents and or stay at home parents to get together and create the "village" we all need to raise our kids."
>
> *—Survey respondent*

Lack of activities for kids and teens when they are not in school

Having more afterschool programs would help increase community safety and provide childcare solutions for parents with older children.

> "Not having any programs for youth to safely engage with one another."
>
> *—Survey respondent*

> *"After school and summer programs to help with childcare."*
>
> *—Survey respondent*

[1] County Health Rankings.
[2] Afterschool Alliance. (2023). *Afterschool in Michigan.*

Discrimination

Discrimination is the unfair or prejudicial treatment of people and groups based on characteristics such as race, ethnicity, gender, age, ability, or sexual orientation.[1] Discrimination occurs at both structural and individual levels. Structural discrimination refers to the policies and practices embedded in our systems that limit opportunities, resources, and well-being of certain groups. Individual discrimination refers to the conscious or unconscious biases that influence interactions with or perceptions of other people.[2]

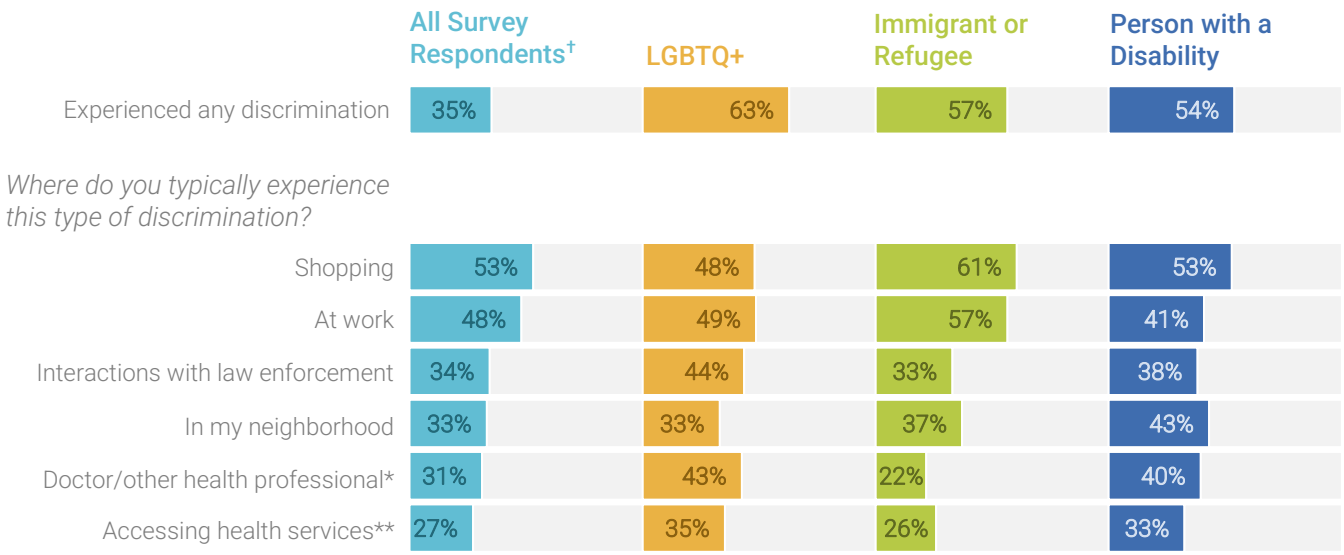
Experiencing discrimination on an individual level—such as insensitive comments, slurs, microaggressions, threats or violence—impacts health similarly to other highly stressful or traumatic experiences. Structural discrimination can create other stressful experiences such as unemployment, exposure to poor quality housing and environments, and incarceration.[3] Although occasional stress is a normal part of life, experiencing persistent, chronic stress significantly increases the risk of many health problems, including heart disease, high blood pressure, and stroke.

The effects of discrimination—systematic disadvantage coupled with chronic and compounding stress—are root causes of health inequities.

FIGURE 36. Discrimination

Overall, survey respondents who experienced discrimination in their daily life were most likely to experience it while shopping or at work.

Among survey respondents who experience discrimination in their daily life based on race/ethnicity, language, disability, sexual orientation, or gender identity – percent who say they typically experience it while _____.



Notes:
*When I am talking with or receiving care from a doctor or other health care professional
**When I am accessing health care services, like at the front desk of a doctor or a pharmacy counter

Source: 2023 Kent County CHNA Community Survey

Survey respondents who identified as LGBTQ+ were most likely to report experiencing discrimination in their daily life (63%), most often based on their gender (44%) or sexual orientation (41%). Respondents who identified as an immigrant or refugee most often reported experiencing discrimination based on their language (44%) or their race/ethnicity (38%). And people with a disability most often reported experiencing discrimination based on their disability status (35%) or their gender (27%).

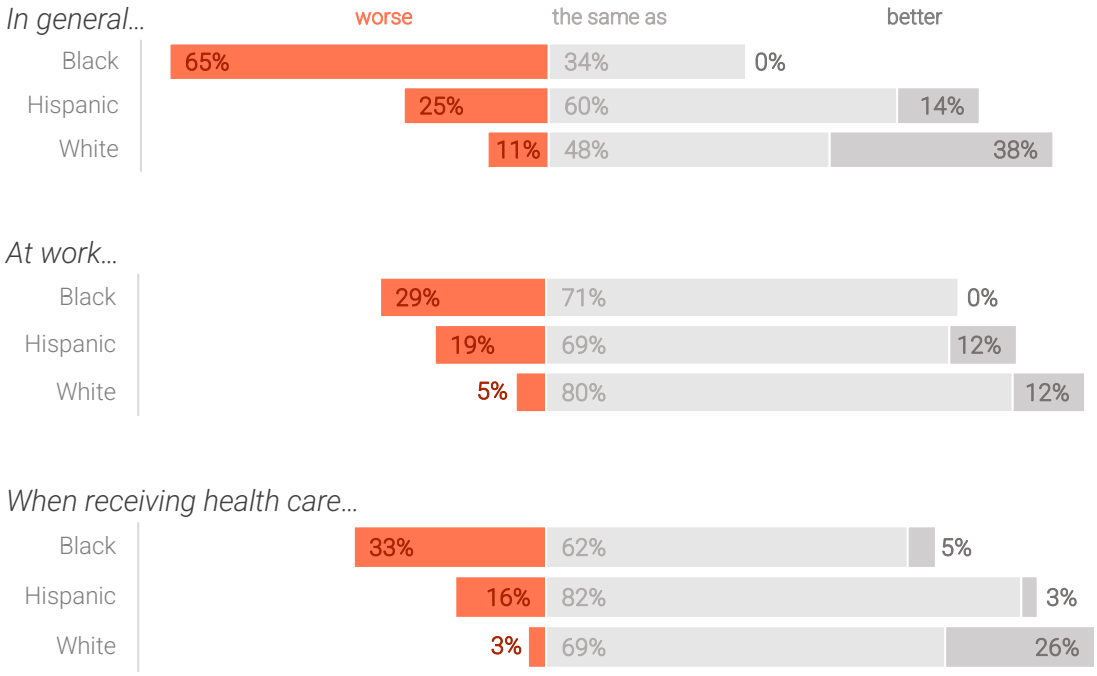
> **"Not a welcoming community** for people who are new, people of color, not Christian."
>
> *—Survey respondent*

[1] American Psychological Association. (2019). *Discrimination: What it is, and how to cope.*
[2] Healthy People 2030. *Social Determinants of Health Literature Summaries: Discrimination.*
[3] Davis, B. (2020). Discrimination: A social determinant of health inequities. *Health Affairs.* DOI: 10.1377/forefront.20200220.518458

FIGURE 37. Treatment based on race.

65% of Black adults in Kent County say in general, they are treated worse than people of other races.

Percent of Kent County adults who say they were treated worse than, the same as, or better than people of other races in the past 12 months (by respondent's race/ethnicity).



Source: Kent County Behavioral Risk Factor Survey (BRFS), 2023.

About 1 in 10 Black and Hispanic adults (10% and 9%, respectively) said they have experienced physical symptoms—such as a headache, upset stomach, muscle tension, or a pounding heart—as a result of how they were treated based on their race in the past 30 days.

> "We just want to stop the discrimination. We are Latinos. We are immigrants. But we are here, and it is difficult for us." […] "Yeah, we feel discriminated [against] and that is affecting our health. **I want them to look at us, to see that we are humans**. That we have rights. We want to be listened to. We want to be here. We want to be able to stay and to feel safe. **We want to feel equal**."
>
> *—Focus group participants*

> "The system fails African Americans, man. They just do. They just do... And it's so unfair that you kind of really say, "Wow."
>
> *—Focus group participant*

> "Lack of diversity is a mental health stressor, but as [a person of color], no place feels safe. **We trade one need for the other, as urban communities lack resources and essential health needs**, such as grocery stores and health/fresh food markets; hospitals and health care facilities; safe and quality schools, police support, etc.... **but suburban communities lack the essential needs of social and cultural support**."
>
> *—Survey respondent*

Access to Resources

Community resources such as healthcare clinics, parks, and libraries can help people live healthier lives. They can also be essential for helping people access beneficial services and other outlets of support to meet their needs. However, access to resources and services—including information on what resources are available—is something that many people struggle with.[1]

What prevents people from getting the help they need?

Focus group participants mentioned the following barriers to getting help when they need it.

"Limited resources."

"People don't want to be judged."

"Shame."

"Guilt."

"Pride."

"It's embarrassing to ask for help."

"Too many hoops to jump through."

"Being turned down."

"Fear of rejection."

"Not knowing technology."

"Language barriers."

"A lot of people don't know what to ask for."

"Lack of knowledge. Not knowing what resources are available."

Kent County has a lot of resources available,

but there are gaps in awareness of resources and knowledge of how to access them.

> "I feel like our community has great services – we just need to let people know they are available."
>
> *—Survey respondent*

Social networks are important for sharing information.

Connections are important when it comes to spreading awareness about resources (e.g., hearing about things from others), however, this can also contribute to the problem of uneven access to resources.

> "We've got a lot of help out here but you've got to know that right person to get that help."
>
> *—Focus group participant*

[1] Simon, N.J.E., Menker, C., Bendelow, A., Day, K., Casale, M., Smith, T.L., Sheehan, K., Davis, M.M., & Heffernan, M.E. (2023). *Voices of child health in Chicago*. Report vol 5(4).

Language and technology barriers

prevent some people from accessing resources, especially when information is primarily shared through printed materials that are only available in one or two languages and/or online through social media or websites.

> "Access to information is difficult for some. And I don't have a problem accessing the Internet or anything, but I can imagine a lot of people my age and older people do, and **it's not easy to find out what's available**. [...] So not knowing about those kinds of resources is contributing to some of the health issues."
>
> *—Focus group participant*

Navigating various systems is complicated and challenging.

When there are multiple steps required to get help, people can feel overwhelmed, give up, or avoid it altogether.

> "There are too many different nonprofit and governmental organizations offering varying support services, supplies and financial aid that do not collaborate or merge to collectively support those who have various needs. Being piecemeal is such a significant barrier to our neighbors."
>
> *—Survey respondent*

> "**You don't want to ask for the help until you know that you cannot do it yourself**. I think people in general do their best to take care of themselves as much as they can, you ask for help as a last resort. **So if you're asking for help, it's because there's no time left for you to come up with it on your own**, you need that help and you need it now. And there's too many hoops that people have to jump through to get that help. Nine times out of ten, they're told they don't qualify for one stupid reason or another."
>
> *—Focus group participant*

> "I think being turned down too, because you tried it before and you might have tried it a couple of times and they said you didn't qualify. So now when they say, 'Oh, you could qualify for a health program or food to eat better,' you like 'No, no, **I don't want to go through all that because they're going to just tell me no.' They make it so hard for me, forget it**."
>
> *—Focus group participant*

In-person assistance is helpful for navigating and connecting people to services.

A recurring theme that applies to various systems mentioned throughout this report – in-person navigation assistance helps people access needed services and programs. Individual assistance can also help address specific barriers people face that are unique to their circumstances. Navigators can also be a "one-stop-shop" for resources, which is helpful for people who have multiple needs (or complex needs).

> "DHS or social workers in neighborhoods. If there was one for every neighborhood association that has an office that could sit with neighbors and help them, **work one-on-one with them on filling out paperwork for services, having casework done with a more personal touch, rather than relying on an overburdened system** to handle hundreds of cases from all over the city in one location, by phone or on a computer. The current system increases barriers for people who do not have transportation, access to technology or literacy issues. **It is overwhelming when you are in survival mode to try and navigate alone**."
>
> *—Survey respondent*

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Section 2:

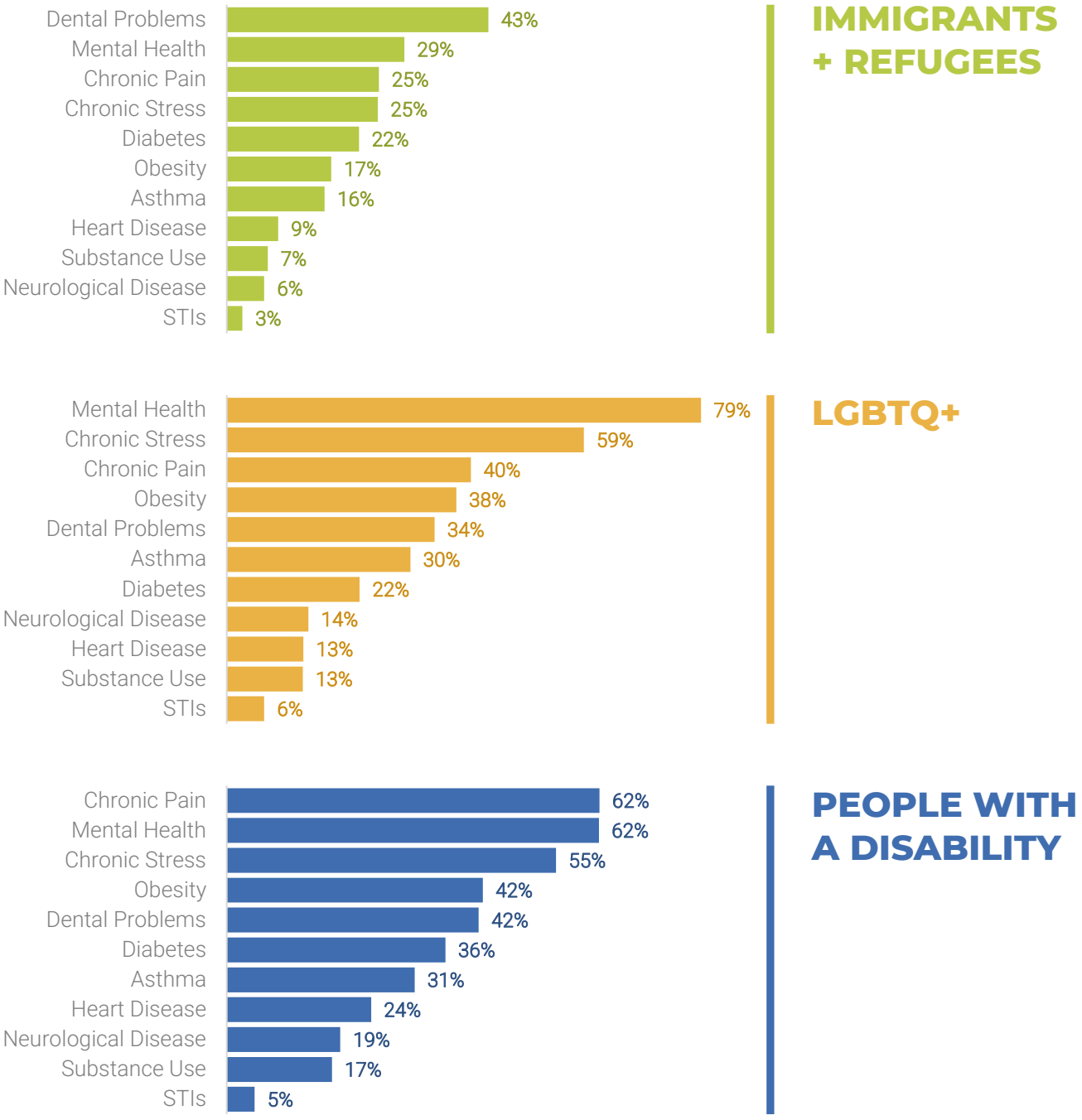
Health Status & Outcomes

Priority Populations

FIGURE 38. Health challenges among communities of focus.

Mental health, chronic stress, and chronic pain were among the most common health conditions reported by survey respondents who identified as one of the priority populations.

Percent of survey respondents who answered "yes" to: *Has this condition been an issue for you or someone in your family in the past 12 months?*



Source: Kent County CHNA Community Survey, 2023.

Oral Health

Oral health is an important part of overall health, wellbeing, and quality of life. Oral diseases such as tooth decay, dental caries (cavities) and periodontal (gum) disease are common and can cause pain, tooth loss and infection if left undiagnosed and untreated. Regular preventive dental care is important to catch problems early when they're usually easier to treat, but cost is a significant barrier to accessing necessary prevention and treatment services. Inadequate access to dental services can result in overuse of emergency departments as a primary or only source of care.[1,2]

COMMUNITY INPUT

Residents described similar barriers to accessing dental care as they did to accessing medical care, including insurance, navigating systems, and high cost. Solutions to address these issues were also similar, including more low-cost dental services, assistance to navigate the systems (including specialty dental care), and access to dental care for kids through schools.

Cost of care and insurance

Cost was an issue particularly for those with private insurance or no insurance, particularly for those whose income is just over the limit to qualify for Medicaid or other low-cost services.

> "Access to dental care (and insurance that covers dental care well. My family has Delta Dental and their practices mean that we now have much less affordable dental care than we used to)"
>
> *—Survey respondent*

> "Sometimes your insurance will pay you know, just a little bit, or just to get your teeth cleaned. **Then [you] get this huge bill that you can't pay** and so, that is true, **you might have insurance but it might not be enough to cover what you need**."
>
> *—Focus group participant*

Capacity

Capacity-related barriers that residents noted include a lack of dental providers that accept Medicaid, and long wait times to be seen by a dental provider.

> **"There are not enough doctors/dental providers willing to take Medicaid. Making Medicaid basically useless as health insurance."**
>
> *—Survey respondent*

> "There is a huge lack of dental care for those on Medicaid."
>
> *—Survey respondent*

> "Not having available appointment for months on end for dental."
>
> *—Survey respondent*

Language barriers

> "Dental care is so hard to access due to language barrier."
>
> *—Survey respondent*

[1] America's Health Rankings, United Health Foundation.
[2] Healthy People 2030

Access to Dental Care

Nearly one-quarter of Kent County adults (22.3%) have not seen a dentist or visited a dental clinic in the past 12 months, which is better than the rate of oral health care access reported in Michigan and the U.S., and a slight improvement from 25.9% of adults in 2017.

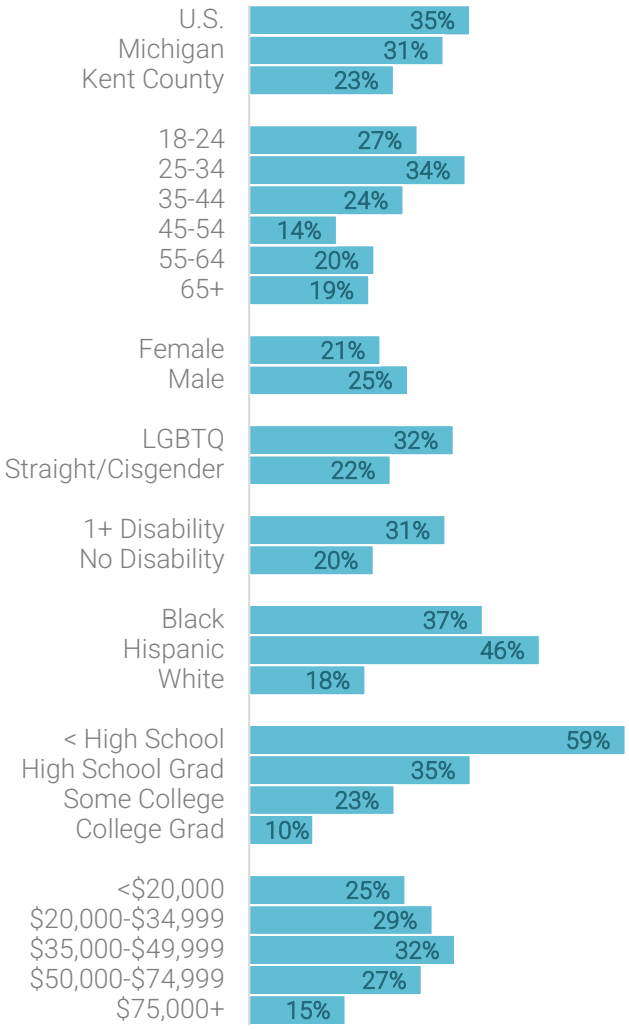
In Kent County, there are significant disparities in access to and utilization of preventive dental care. Black and Hispanic adults are 2 to 2.5 times more likely than White adults **not** to have had a recent dental visit, and the percentage among Hispanic adults has increased from 30.5% in 2017 to 45.8% in 2023. The largest disparity is related to socioeconomic status, and this gap has increased since 2017. Those with less than a high school education are 6 times more likely not to have had a recent dental visit than those with a college degree, compared to 2017 when people with less than a high school education were twice as likely not to have had a recent dental visit compared to college graduates (39.1% and 19.6%, respectively).

Access has improved among low-income households and gotten worse among those with incomes between $35,000 and $50,000. The percentage of adults not receiving dental care in the past year decreased from 58.2% in 2017 to 24.6% in 2023 among low-income households (less than $20,000) and increased from 15.1% to 32.4% among those with household incomes between $35,000 and $50,000.

FIGURE 39. No dental visit in the past year

Nearly one quarter of Kent County adults have not been to a dentist in the past year, and 1 in 10 have not been to a dentist in the past 2 years (11%).

Percent of adults who have not had a routine dental visit in the past year.



Source: Kent County Behavioral Risk Factor Survey (BRFS), 2023; Michigan and U.S., DC and Territories BRFS, 2022.

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.

INDICATORS

- Diagnosed depression and mental health treatment
- Mental health challenges
- Suicide rates

KEY FINDINGS

- 1 in 4 adults have been diagnosed with depression.
- LGBTQ adults have higher rates of poor mental health across multiple indicators; however, half of all LGBTQ adults are currently receiving mental health treatment.
- Black adults were one of the only demographic groups to have a higher rate of diagnosed depression and lower rate of people currently receiving mental health treatment.

COMMUNITY INPUT

Specific needs for improving mental health and access to mental health care:

- More options for non-faith-based mental health services, including emergency services.
- Increased diversity among mental health providers, including more bilingual providers.
- Cultural shifts – creating opportunities to talk about mental health/reduce stigma.
- Mental health resources and support in schools, including mental health education, more school social workers and/or school-based mental health counseling.
- Affordable mental health services in communities outside of Grand Rapids (to help remove transportation and time barriers that prevent some people from accessing services)
- More resources and support for people (and their loved ones) who are experiencing mental health crises
    - Improved suicide prevention
    - Alternative options (besides police) for people to call if someone else is experiencing a crisis

> "Access to high quality mental health supports in northern Kent County would be an improvement. Many families here lack reliable transportation and would benefit from close mental health supports."
>
> *—Survey respondent*

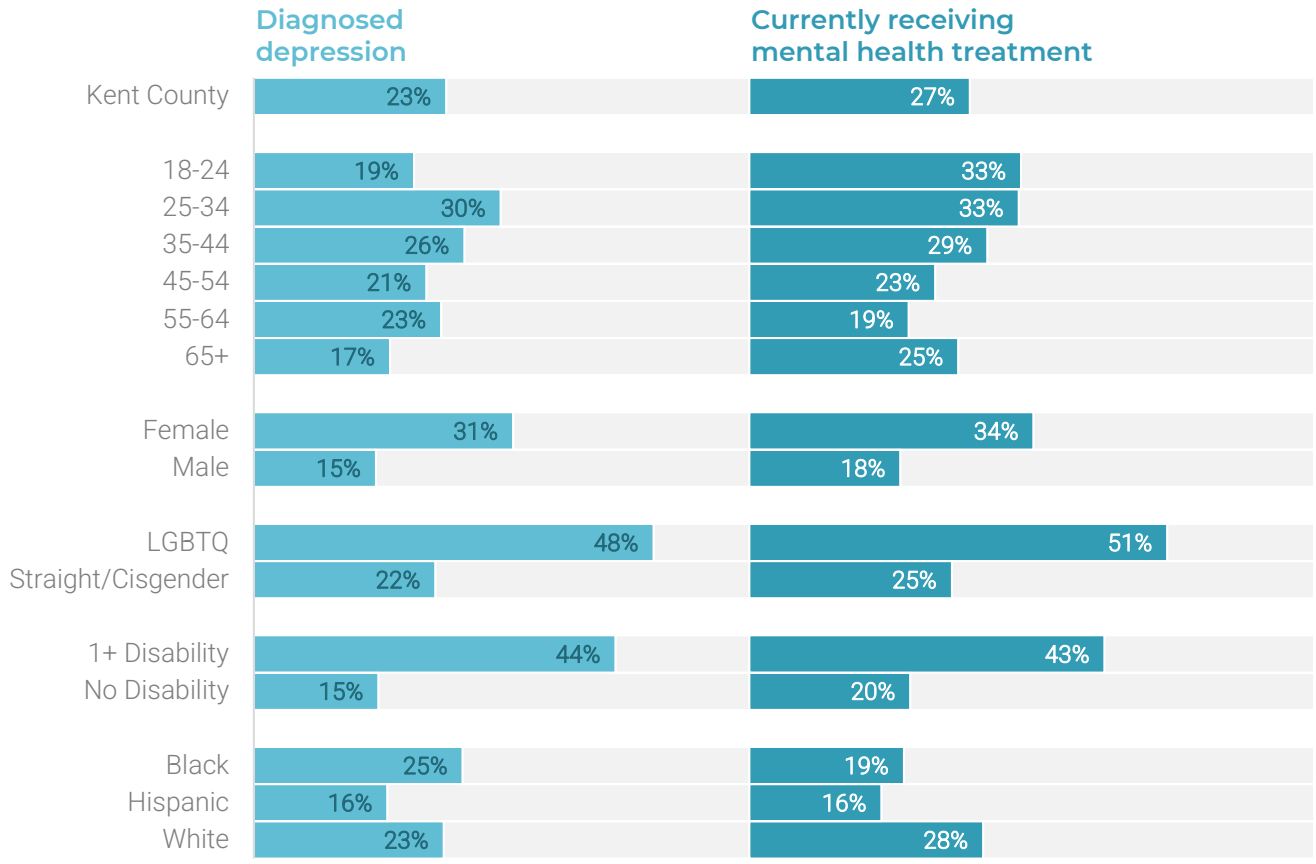
> **"More conversations to make mental health normal and acceptable."**
>
> *—Survey respondent*

Depression and Mental Health Treatment

Depression, also called major depressive disorder or clinical depression, is a common mood disorder. It's a complex disorder that is caused by a combination of genetic, biological, environmental, and physiological factors. Commonly known risk factors for depression include chronic pain, major life changes or stressors, certain medications, and family history of depression. The symptoms of depression — such as hopelessness, loss of interest and fatigue — can impact all aspects of a person's life, including how they think, feel, and handle daily activities. Around 80% of adults with depression report at least some difficulty performing work, home, or social activities. Depression is a risk factor for attempting suicide.[1]

FIGURE 40. Diagnosed depression and current mental health treatment.

The rates for people who are currently receiving treatment for a mental health condition are similar to the rates of diagnosed depression for nearly all groups except Black adults, where the rate of diagnosed depression is higher than the rate of people currently receiving mental health treatment.



Notes: Diagnosed depression is based on the question "Has a doctor or other health provider ever diagnosed you with a depressive disorder (including depression, major depression, dysthymia, or minor depression)?"

Mental health treatment includes adults who are currently taking medication or receiving treatment from a doctor or health professional for any type of mental health condition or emotional problem.

Source: Kent County Behavioral Risk Factor Survey (BRFS), 2023.

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

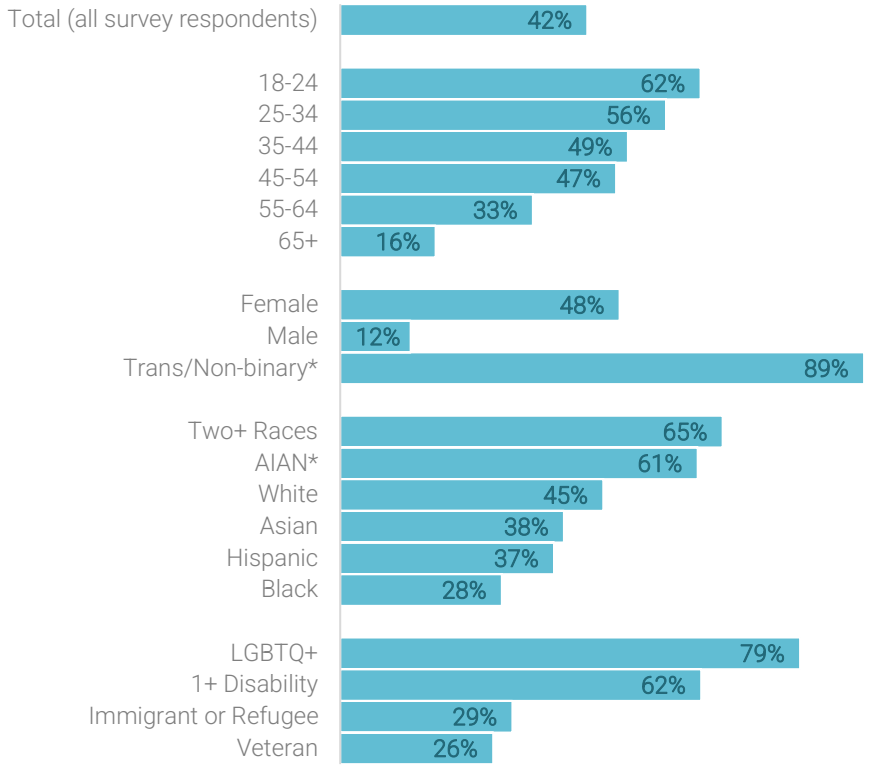
Self-Reported Mental Health Challenges

Diagnosed depression and mental health treatment are both indicators of access to health care and mental health care. Self-reported mental health may be a better indicator of how many people are impacted by poor mental health.

FIGURE 41. Mental health challenges.

Just under half of all survey respondents said mental health has been a problem for them or someone in their family in the past year.

Percent of survey respondents who said mental health has been a problem for them or their family in the past year.



Notes: *based on fewer than 50 respondents; interpret with caution
Source: Kent County CHNA Community Survey, 2023.

MENTAL HEALTH STATUS AMONG LGBTQ ADULTS

LGBTQ adults in Kent County are more likely than other demographic groups (for which data are available) to report poor mental health across a range of indicators. Nearly half of LGBTQ adults have ever been diagnosed with depression—twice the average rate for Kent County (Figure 40); and 36% reported 14 or more days of poor mental health in the past month, also more than twice the county average of 14%. LGBTQ adults also had the highest reported rate of mental health treatment (Figure 40), which is a positive indication that many who need mental health care are accessing it. However, many LGBTQ individuals who provided community input described experiencing discrimination or stigmatizing environments, particularly in health care settings, which can be a deterrent for seeking needed mental health care.

> "I think that **it's known that depression is a wide-reaching issue within the LGBTQ population. I think here in West Michigan it's compounded by the fact that there is significant religious trauma in our community.** […] I know that the church has significantly harmed my mental health throughout the years and the time I've grown up here. And I think that another issue with this is the amount of religious symbols within health care offices. […] They need to keep that out of health care practices, whether it's PCP, behavioral health, mental health therapist […] And I think that not acknowledging the trauma that [a] simple cross inflicts upon portions of their population shows their ignorance and their lack of willingness to grow."
>
> *—Focus group participant*

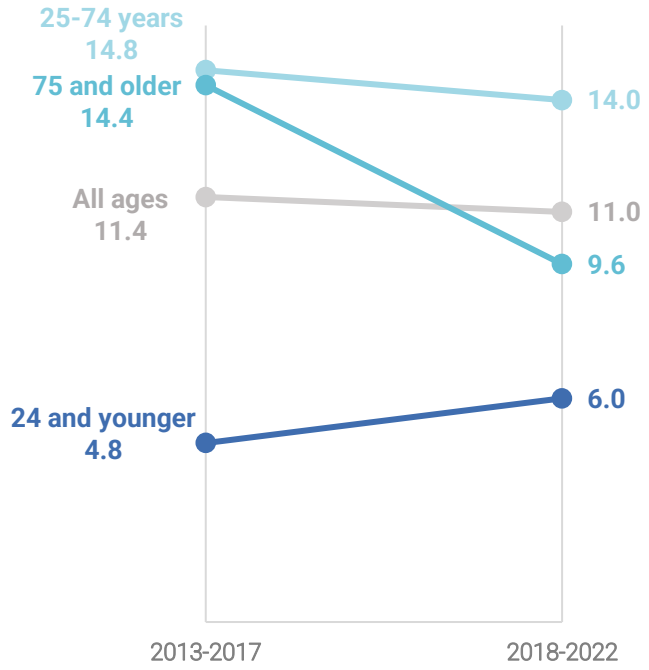
Suicide

In Kent County, the suicide rate is highest among people aged 25-74, with an average of 14.0 deaths per 100,000 people each year.

FIGURE 42. Average suicide rate.

Compared to the previous 5-year period, suicide rates declined for the oldest age group (75 and older) and increased for the youngest age group (24 and younger).

Age-adjusted death rates (per 100,000 population) due to suicide, Kent County 5-year averages, 2017-2022.



Source: Michigan Resident Death Files. Division for Vital Records & Health Statistics, Michigan Department of Health & Human Services

More services (or more awareness of existing services and resources) are needed for suicide prevention.

Residents described challenges they experienced when it comes to navigating multiple systems during a mental health crisis.

> **"Stop waiting for someone to attempt suicide before we provide support."**
>
> *—Survey respondent*

> "Less wait times at 988 for those in a mental health crisis [...] **more suicide resources, that are more easily accessible**."
>
> *—Survey respondent*

> "More mental health care, especially for youth. Wait lists averaging about a year for counseling, 6-12 months for psychiatric or psychological evaluation. Absolutely nowhere to go with privately insured teens in crisis unless they actually attempt or succeed in harming themselves or others."
>
> *—Survey respondent*

> "There was no help for us when bi-polar adult son was having legal issues due to mental health issues. Courts and police don't help. Can't find therapist who takes his insurance. Turned away more than once when seeking inpatient care because he wasn't suicidal enough. **We were on our own to try to figure it out during a frightening time**."
>
> *—Survey respondent*

> "I had a friend that committed suicide and I never knew anybody so young to take their own life, it's sad, and it worries you as a mother like, gosh, is that going to be my child? **What signs do I look for?** What do I [do]? It's tough."
>
> *—Focus group participant*

Substance Use

Substance use refers to the use of selected substances, including alcohol, tobacco products, drugs, inhalants, and other substances that can be consumed, inhaled, injected, or otherwise absorbed into the body with possible dependence and other detrimental effects.[1]

Substance use disorders occur when the recurrent use of alcohol and/or drugs causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home.[2]

INDICATORS

- Tobacco, e-cigarette, and marijuana use
- Alcohol use
- Drug overdose deaths

KEY FINDINGS

- Tobacco use continues to decrease in Kent County while e-cigarette and frequent marijuana use have increased.
- Since 2020, frequent marijuana use has doubled among adults between the ages of 25-64, and tripled among Hispanic/Latino adults.
- Heavy drinking in Kent County is at the highest rate since local-level data was first collected in 2014, and alcohol-induced mortality rates peaked in 2021 for Kent County.
- In general, as education and income increase, so does alcohol use. The opposite is true for smoking, where lower socioeconomic groups report higher rates of e-cigarette, tobacco, and frequent marijuana use.
- Drug-related mortality rates are lower in Kent County compared to Michigan, however there are significant disparities in Kent County – Black residents are 3 times more likely to die of opioid-related overdoses than White residents, and males are 4 times more likely to die than females.

COMMUNITY INPUT

- Smoking, vaping, and drug use is a problem among youth.
  - Peer pressure and influence is a contributing factor
  - Substance use is a coping mechanism for some youth who struggle with mental health issues
- Adults who provided community input were concerned about marijuana, drugs, and tobacco being easy for youth to access.

COMMUNITY-IDENTIFIED SOLUTIONS

- Drug- and alcohol-free places to socialize.
- In-person assistance to help people navigate substance use treatment services and systems.
- Education on substance use, including prevention, harm reduction, and available resources.

> "Greater education around and access to substance use services – harm reduction, Narcan availability, education around marijuana use and addiction."
>
> *—Survey respondent*

> "**We have a huge mental health and substance abuse crisis.** We need more support when someone is in a crisis — more than a flier or a phone number to call, but recovery coaches, on-site people who can ensure the individual gets to the next step in whatever process they are navigating."
>
> *—Survey respondent*

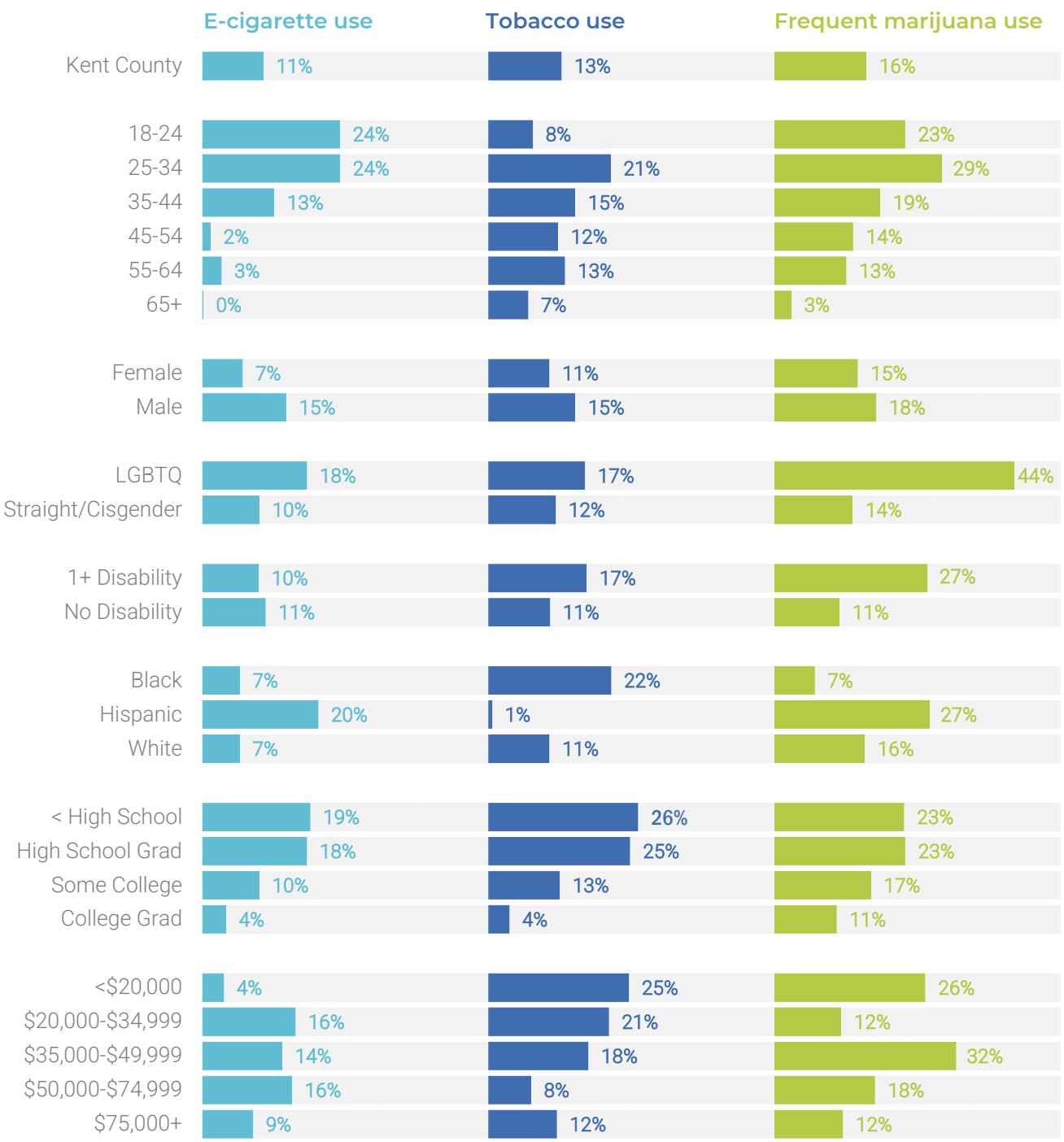
[1] CDC, National Center for Health Statistics. (2023). *Health, United States, 2020-2021.*
[2] Substance Abuse and Mental Health Services Administration. (2023). *Mental health and substance use disorders.*

E-Cigarette, Tobacco, and Marijuana Use

FIGURE 43.

E-cigarette, tobacco, and marijuana use among Kent County adults, by demographics.

Percent of Kent County adults who currently use e-cigarettes or tobacco (some days or every day), or frequently use marijuana (14 or more of the past 30 days).



Source: Kent County Behavioral Risk Factor Survey (BRFS), 2023.

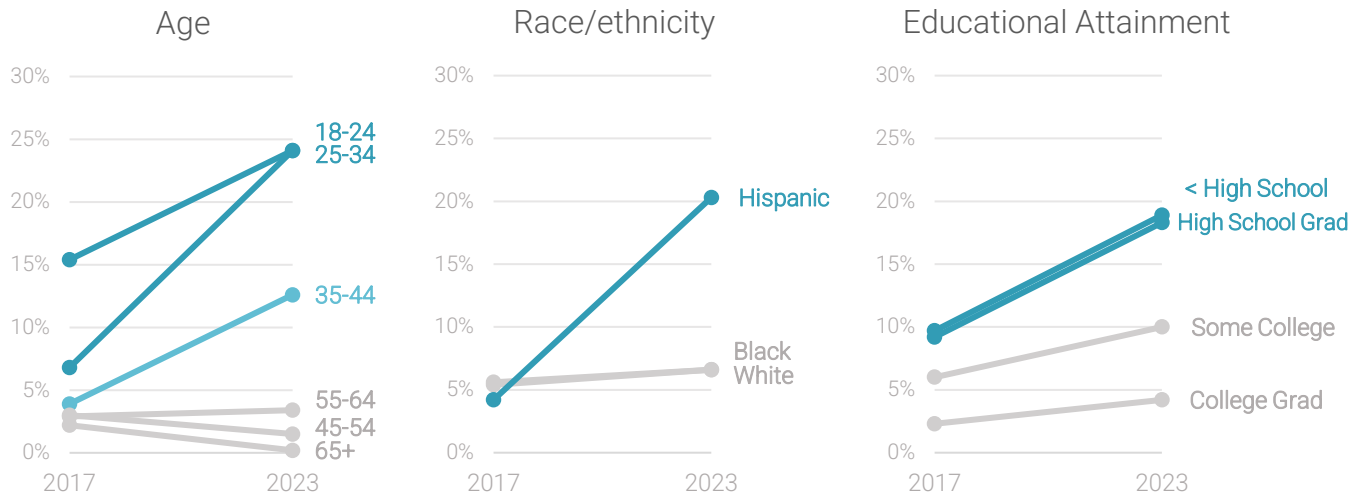
E-CIGARETTE USE

Since 2017, e-cigarette use has doubled among Kent County adults – from 5.5% to 10.7%. Like 2017, e-cigarette use in Kent County remains higher than state and national levels (8.4% and 7.6%, respectively).[1]

FIGURE 44. Changes in e-cigarette use from 2017-2023.

E-cigarette use in Kent County increased for nearly all adults. The largest increases were among adults younger than 45, Hispanic/Latino adults, and those with a high school diploma or less education.

Percent of Kent County adults who reported currently using e-cigarettes every day or some days, 2017 and 2023.



Source: Kent County Behavioral Risk Factor Survey (BRFS), 2017, 2023.

> "I think that generally **the issue of like vaping and smoking and drugs, I think that that is also a big issue for people our age**. And like I said, that could also boil down to it being like a mental health... Maybe they're fighting one thing or the other and they're finding solace in all that."
>
> *—Youth focus group participant*

> "I struggle with telling people no because I want to make everybody happy. [...] **I hit a vape one time because they peer pressured me into it.** [...] It was because they were like, "Come on please. It will be quick. It will taste good. It will be quick and fast. Nothing is going to happen to you. You are not going to die, like you will be fine. You will be alright. Come on please, just hit it with me.'"
>
> *—Youth focus group participant*

[1] Michigan and U.S. (All States, DC, and Territories) BRFS, 2022.

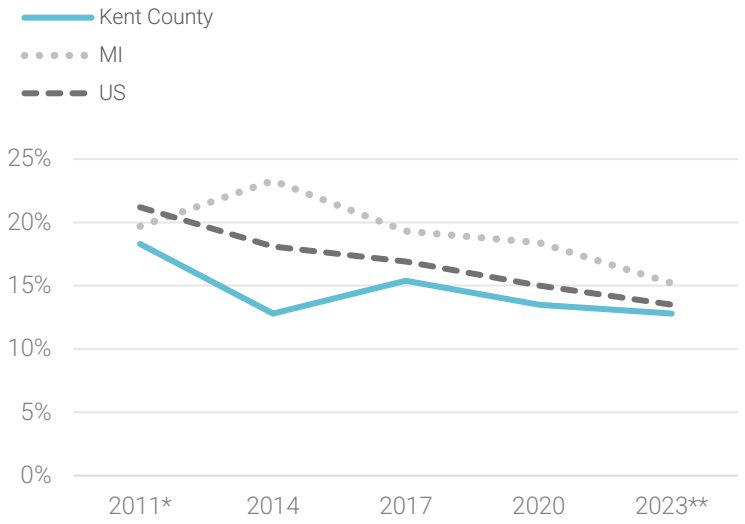
TOBACCO USE

Since 2020, all age groups reported slightly lower rates of current smoking, except the 25-34 age group, which increased from 12% to 21%. Cigarette use among Hispanic adults has continued to decrease from 17% in 2017, to 10% in 2020, and less than 1% in 2023. Smoking among Black adults has increased slightly, from 17% in 2020 to 22% in 2023.

FIGURE 45. Cigarette use over time.

Cigarette smoking continues to decrease among Kent County adults.

Percent of adults who reported smoking cigarettes every day or some days, by year.



Notes: *2011 estimates for Kent County are an average of 2008-2010 data from the Michigan BRFS
**2023 estimates for Michigan and the U.S. are from 2022

Source: Kent County BRFS, 2023; Michigan and the U.S., DC, and Territories BRFS, 2022.

MARIJUANA USE

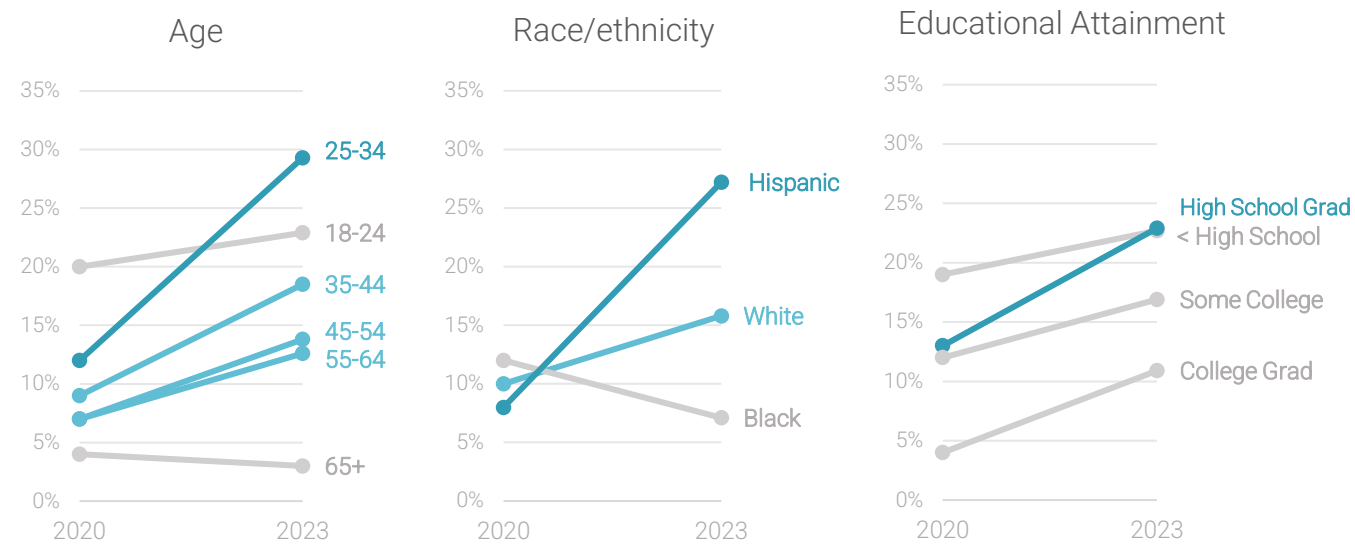
In Kent County, most adults who use marijuana do so frequently, and reported use has increased since 2020.

In 2023, 23% of adults reported using marijuana at least one day in the past month – an increase from 16% in 2020. About two-thirds of people who use marijuana reported using it on 14 or more days in the past month (16% of all Kent County adults – an increase from 9% in 2020).

FIGURE 46. Changes in frequent marijuana use from 2020-2023.

Frequent marijuana use in Kent County increased for nearly all adults from 2020 to 2023. The largest increases were among adults between the ages of 25 and 34, Hispanic/Latino adults, and those with a high school diploma.

Percent of Kent County adults who reported using marijuana on 14 or more days out of the past 30 days.



Source: Kent County Behavioral Risk Factor Survey (BRFS), 2020; 2023.

In 2023, LGBTQ adults had the highest rate of frequent marijuana use (out of all the demographic groups analyzed). People who identify as LGBTQ are three times more likely to report frequent marijuana use than straight, cisgender adults (Figure 42). This was also a significant increase from 2020, where 29% of LGBTQ adults reported frequent marijuana use, to 2023 where 44% reported frequent use.

Compared to 2020, fewer adults are smoking marijuana (down from 76% to 60%) and more are consuming edibles (up from 10% to 20%) or vaping it (7% to 14%).

Most people in Kent County report using marijuana recreationally – i.e., for non-medical reasons (38%), or for both medical and non-medical reasons (36%). Only 1 in 4 (26%) reported using marijuana for medical reasons only.

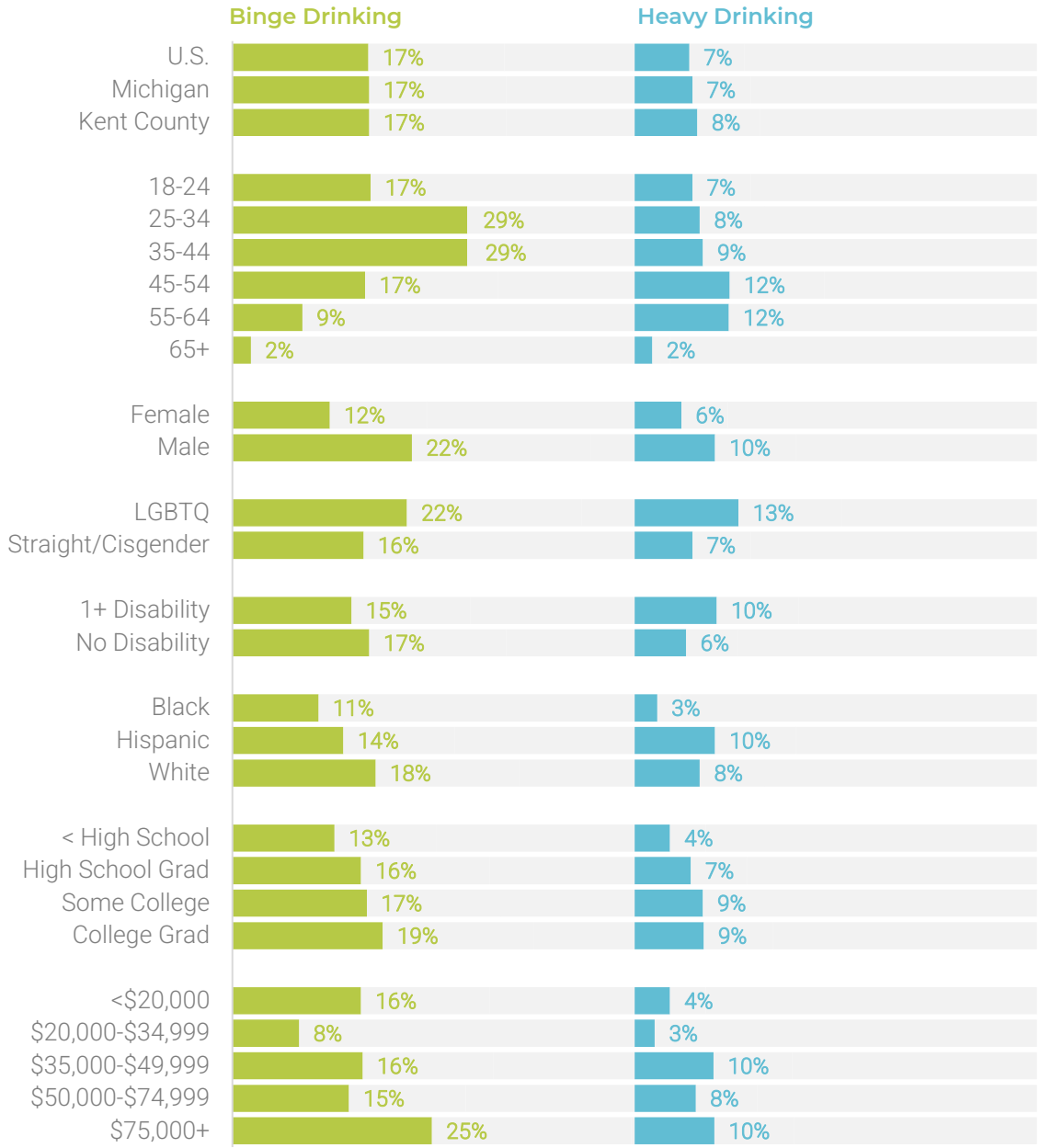
Alcohol Use

Excessive alcohol use includes binge drinking (defined as four or more drinks on any occasion for women or five or more for men) and heavy drinking (more than seven drinks per week for women, and more than 14 drinks per week for men).

FIGURE 47. Alcohol use.

Binge drinking (drinking large amounts) is more common among Kent County adults than heavy drinking (drinking often). However, heavy drinking rates have increased in Kent County, and in 2023 rates were at the highest point since local BRFS data was first collected in 2014.

Percent of Kent County adults who reported binge drinking (4+ drinks on any occasion for women, and 5+ for men) or heavy drinking (8+ drinks per week for women, and 15+ drinks per week for men) in the past 30 days.

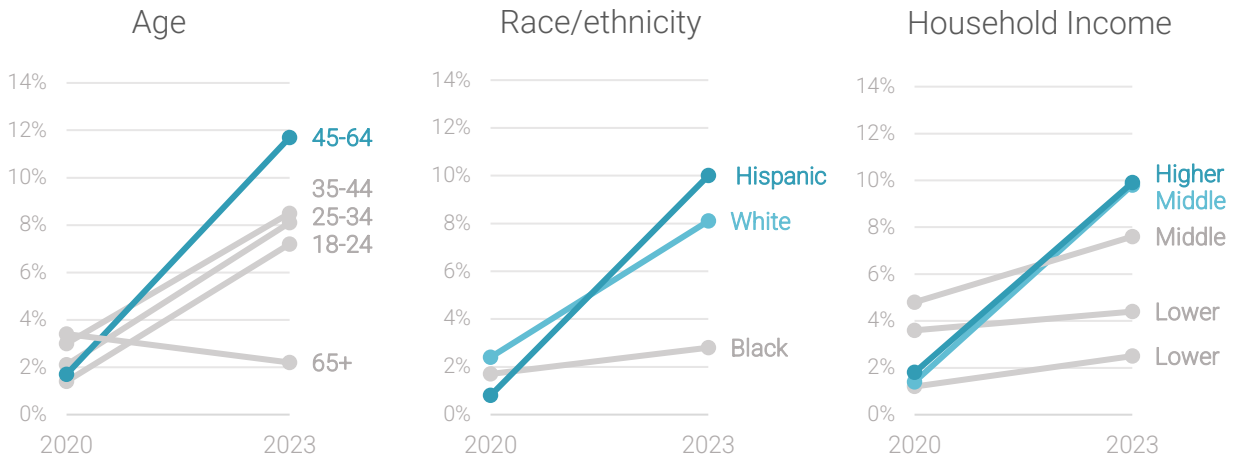


Source: Kent County Behavioral Risk Factor Survey (BRFS), 2023.

FIGURE 48. Changes in heavy drinking rates from 2020-2023.

Heavy drinking rates in Kent County increased for nearly all adults. The largest increases were among adults between the ages of 45-64, Hispanic, White, and mid-higher income households.

Percent of Kent County adults who reported having 8+ drinks per week for women, and 15+ drinks per week for men in the past 30 days.



Notes: household income categories include:
Lower: less than $35,000
Middle: between $35,000 and $74,999
Higher: $75,000 or more

Source: Kent County Behavioral Risk Factor Survey (BRFS), 2020; 2023.

Alcohol use is higher among males compared to females. While there was little to no change in binge drinking rates from 2020 to 2023, both groups saw an increase in heavy drinking rates. Among males, heavy drinking increased from 3% to 10%, and from 1% to 6% among females.

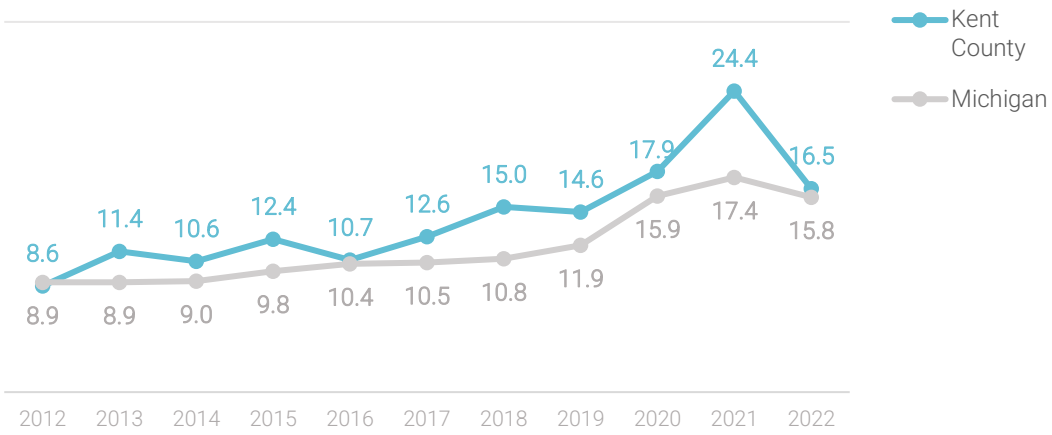
LGBTQ adults also reported higher-than-average rates of alcohol use in 2023. About 1 in 8 reported heavy drinking and 1 in 5 reported binge drinking in the past 30 days.

> "What would be helpful is a sort of meeting place or places to get together that don't involve alcohol or drugs. **I think a lot of social settings for queer folks happen in the bar or have alcohol and drugs involved** and just a safe place to hang out where you don't have to worry about alcohol and drugs."
>
> *—Focus group participant*

FIGURE 49. Alcohol-induced mortality rates.

In 2021, the mortality rate for alcohol-induced deaths in Kent County peaked at 24.4. During the same year, there were 3,225 years of potential life lost among Kent County residents due to alcohol.

Number of alcohol-related deaths (per 100,000 population) in Kent County and Michigan (2012-2022).



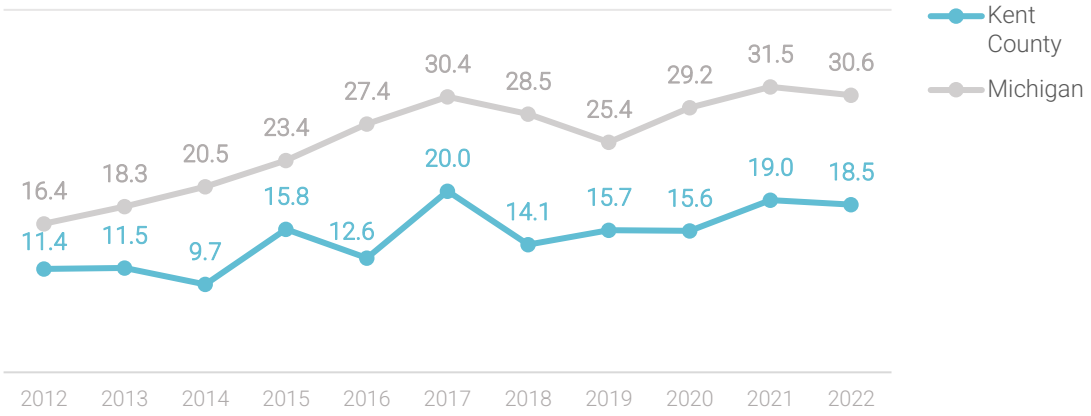
Source: 2012 - 2022 Michigan Resident Death Files. Division for Vital Records & Health Statistics, Michigan Department of Health & Human Services.

Drug Overdose Deaths

FIGURE 50. Drug-related mortality rates.

Overall, drug-related mortality rates in Kent County have remained lower than the state mortality rate.

Number of drug-induced deaths (per 100,000 population) in Kent County and Michigan (2012-2022).



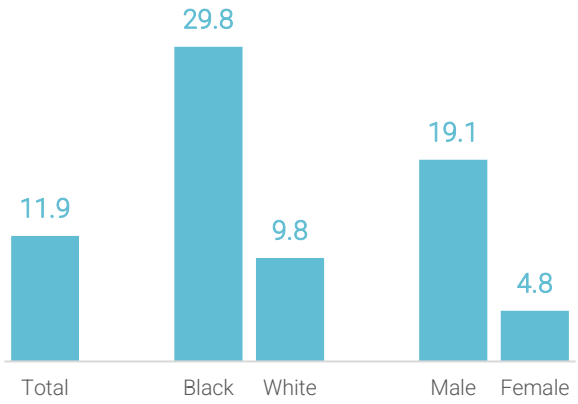
Source: 2012 - 2022 Michigan Resident Death Files. Division for Vital Records & Health Statistics, Michigan Department of Health & Human Services

Between January 2022 and October 2023, there were 182 drug overdose deaths, 77% of which were opioid-related.[1]

FIGURE 51. Opioid overdose death rate, by race and sex.

There are significant disparities in overdose rates in Kent County: Black residents are 3 times more likely to die from an opioid overdose than White residents, and males are 4 times more likely to die than females.

Number of opioid-involved overdose deaths (per 100,000 population) in Kent County (2022-2023).



Note: rates include deaths from January 2022–October 2023.
Source: Kent County Health Department, Kent County Opioid Task Force (2023). Monthly Surveillance Report - December.

Easy access to naloxone (a medication designed to rapidly reverse opioid overdose, also known as Narcan) is an important community asset.

Residents also emphasized that there is still a need to increase awareness of available harm reduction resources, and to improve access to substance use disorder treatment – particularly in Black communities and for those who do not have insurance.

> **"Now they have Narcan everywhere, so I think that's helpful for people."**
>
> *—Focus group participant*

> "We got drugs that's being brought into our community that's really **killing our community. And nobody's doing nothing about it.** […] There's programs to stop the opioid epidemic but nothing, [for] crack cocaine, heroin, just to name a few… there's nothing. **There's no programs that I've heard of to try to rid our community of that**."
>
> *—Focus group participant*

[1] Kent County Health Department, Kent County Opioid Task Force (2023). Monthly Surveillance Report - December.

Sexual Health

Sexual health is a broad concept and defined by the World Health Organization as 'a state of physical, emotional, mental and social well-being related to sexuality'. Public health challenges relating to sexual health include sexually transmitted infections (STIs), HIV/AIDS, sexual violence, coercion and discrimination, sexual dysfunction, and unintended pregnancies.[1]

INDICATORS

- Teen pregnancy
- Sexually transmitted infections (STIs)

KEY FINDINGS

- In the past 10 years, teen pregnancy rates in Kent County have gone down by more than half.
- Since 2017, average teen birth rates have decreased for all racial and ethnic groups, however Black and Hispanic teen birth rates remain disproportionately high.
- STI rates for chlamydia and gonorrhea are higher in Kent County than the state of Michigan.
- STI rates are highest among teens and young adults (under age 25) in Kent County.

COMMUNITY INPUT

- Key issues identified through community input include STIs, and availability and accessibility of STI testing.
- Teen pregnancy was mentioned as a concern in the community, as well as the need for easier access to birth control and STI prevention for teens.
- According to community input, there is a lack of comprehensive sex-ed in schools and the broader community.
    - Sexual health education should be non-abstinence-based and information needs to be inclusive of LGBTQ+ populations.

> "If schools have sex ed at all, it usually **doesn't include LGBTQ sex ed, which is just incredibly dangerous**."
>
> *—Youth focus group participant*

> "What's the little place called where they hand out the condoms? [Planned Parenthood?] Yeah, **we need one of those**."
>
> *—Youth focus group participant*

> "**Easier access to birth control for teens** (change of laws that prevents the medical clinicians on site at the school-based health centers from prescribing birth control while they repeatedly treat STIs)."
>
> *—Survey respondent*

[1] Schnitzler, L., Paulus, A., Roberts, T.E., Evers, S., & Jackson, L. (2023). Exploring the wider societal impacts of sexual health issues and interventions to build a framework for research and policy: a qualitative study based on in-depth semi-structured interviews with experts in OECD member countries. *BMJ Open,* 13(1). DOI: 10.1136/bmjopen-2022-066663.

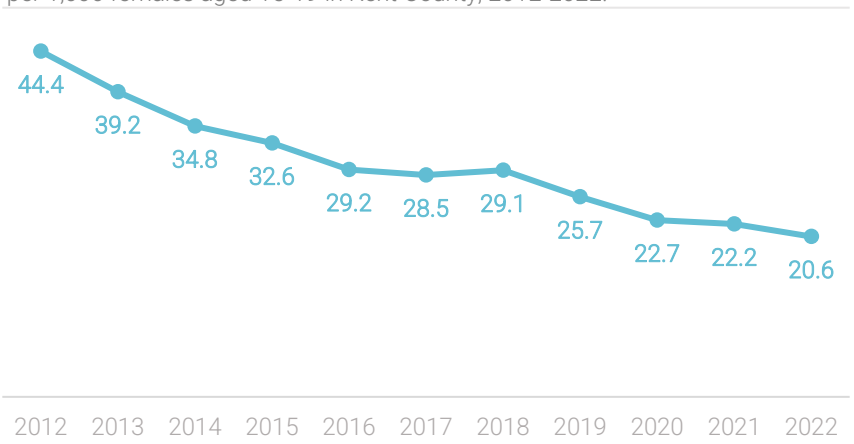
Teen Pregnancy

Early childbearing during teenage years has been associated with adverse health outcomes and social disadvantage for both the mother and child. The impacts of teen pregnancy can also extend to partners, other family members, and the community. Mothers who give birth during teen years face barriers to attaining an education at or above high school completion and face additional mental and physical stress as well as chronic lack of community support. Young parents may struggle to find affordable, quality childcare, and suitable transportation, further hampering options for education or employment.[1] Babies born to teen mothers are also more likely to be born prematurely or with low birthweight. Later in life, the children of teen mothers also have a higher risk of dropping out of school and becoming teen mothers themselves.[2]

FIGURE 52. Teen pregnancy rates.

Teen pregnancy rates in Michigan have been consistently declining since 1990. In the past 10 years, teen pregnancy rates in Kent County have gone down by half.

Number of pregnancies per 1,000 females aged 15-19 in Kent County, 2012-2022.

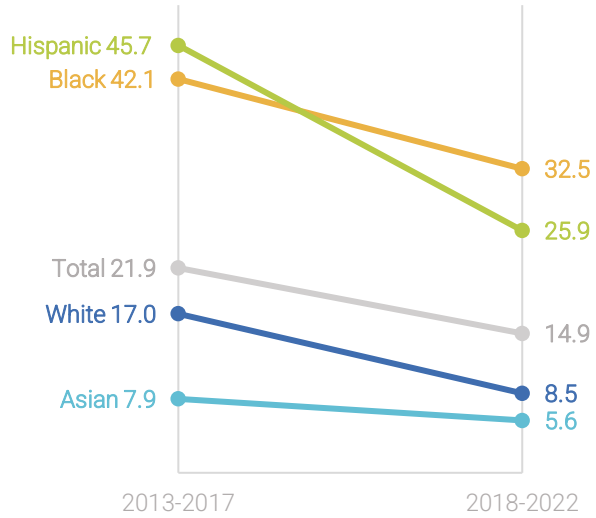


Notes: Estimated pregnancies are the sum of live births, induced abortions and estimated miscarriages.
Source: Michigan Department of Health and Human Services, Division for Vital Records & Health Statistics. (2022). Michigan Abortion File.

FIGURE 53. Changes in teen birth rates, by race/ethnicity.

Since 2017, teen birth rates have decreased for every group, however birth rates among Black and Hispanic teens remains disproportionately high.

Number of live births per 1,000 females aged 15-19. Kent County, 5-year averages 2013-2022.



Source: Michigan Department of Health & Human Services, Division for Vital Records & Health Statistics. (2022). Geocoded Michigan Birth Certificate Registries, 2013-2022.

[1] County Health Rankings (2023). *Teen births.*
[2] America's Health Rankings, United Health Foundation.

Sexually Transmitted Infections (STIs)

A sexually transmitted infection (STI) is a virus, bacteria, or parasite people can get through vaginal, anal and oral sex. Some of the most common STIs—including chlamydia, syphilis, and gonorrhea—can be treated and cured with antibiotics. Others, such as HIV and human papillomavirus (HPV) are not curable, but symptoms can be treated.[1] If left untreated, STIs can cause long-term health complications such as increased risk of cancer, infertility, ectopic pregnancy, pelvic inflammatory disease, and an increased risk of HIV infection.

STIs do not always cause symptoms, so people can have an infection but not know it. Without noticeable symptoms, people are less likely to get tested and STIs are left undiagnosed and untreated.[2]

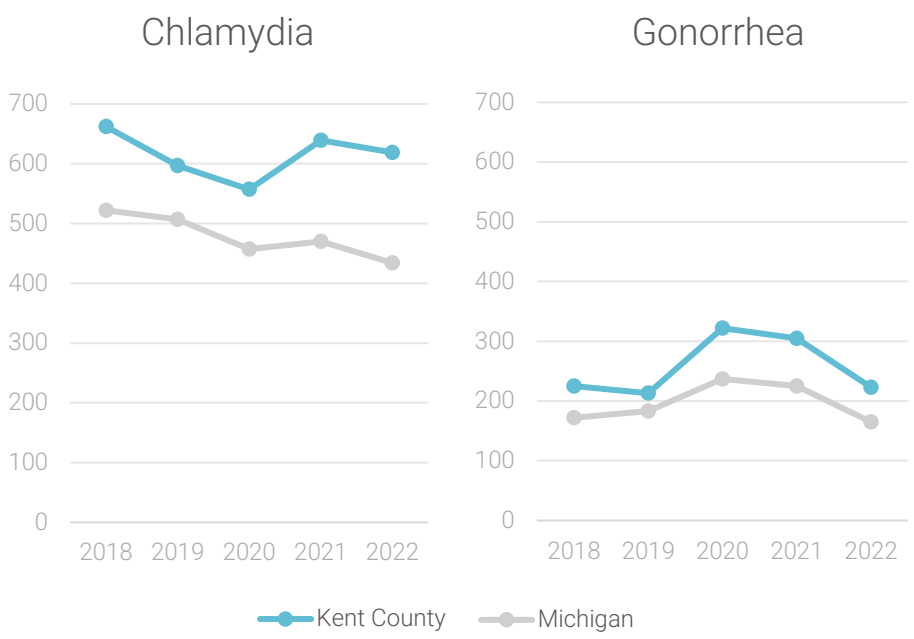
Education and awareness of STIs and safe sex practices can help prevent STIs, but consistent testing is the best way to reduce the spread of STIs. However, there are several barriers that limit the effectiveness of these prevention efforts, particularly for teens, young adults, and men who have sex with men, who are at a higher risk of getting STIs.[3] Barriers include lack of appropriate education on sexual health, stigma around STIs, and lack of access to health care.

In Kent County, chlamydia and gonorrhea are the two most common STIs. Each year, there is an average of 615 new cases of chlamydia per 100,000 people, and 258 new cases of gonorrhea per 100,000 people.

FIGURE 54. STI rates, Kent County and Michigan.

Incidence rates for both are higher in Kent County than the state of Michigan.

Number of new cases diagnosed (per 100,000 population) in Kent County and Michigan, 2022.



Note: rates calculated using decennial census estimates
Source: Michigan Disease Surveillance System, 2023.

[1] World Health Organization. (2023). *Sexually transmitted infections.*
[2] Bishop, C. (2022). The dangers of undiagnosed sexually transmitted infections. *American Society for Microbiology.*
[3] Healthy People 2030.

DISPARITIES IN STI RATES

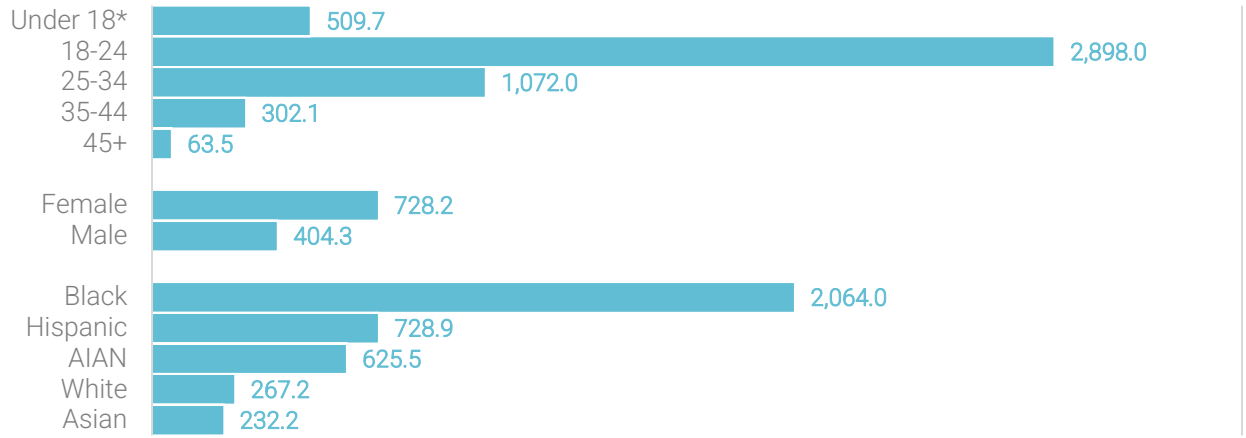
In 2022, more than half of all reported chlamydia cases were among teens and young adults (under age 25). Chlamydia rates are much higher among females, whereas gonorrhea rates are slightly higher among males. There are also significant racial disparities in incidence rates. In 2022, chlamydia rates among Black residents were 3 to 8 times higher than all other groups, and gonorrhea rates were 5 to 10 times higher.

It is important to note that these disparities are unlikely explained by differences in sexual behavior and rather reflect inequities in access to quality sexual and reproductive health care.[1]

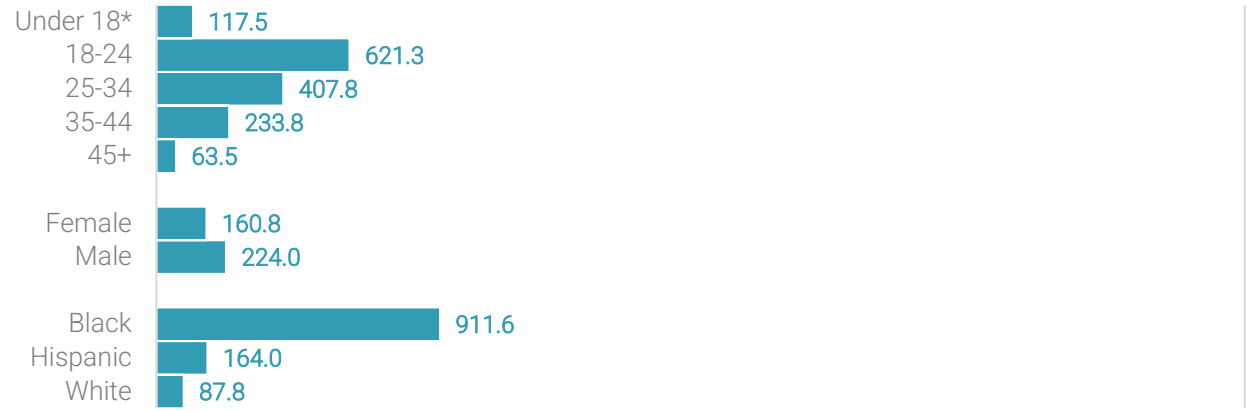
FIGURE 55. Chlamydia and gonorrhea incidence rates, by age, sex, and race/ethnicity.

Number of new cases diagnosed per 100,000 people, Kent County 2022.

Chlamydia Incidence



Gonorrhea Incidence



Note: *incidence rate for <18 was calculated based on total population ages 10-17.
Gonorrhea incidence data not available for AIAN or Asian populations (data do not meet standards of reliability or precision)

Source: Michigan Disease Surveillance System, 2023; ACS 1-year population estimates, 2022.

> **"Lack of information for teens about STIs and safe sex that is not abstinence centered."**
>
> *—Survey respondent*

[1] Centers for Disease Control and Prevention. *Sexually transmitted infections surveillance, 2022*.

Mortality

TABLE 56. Leading causes of death

Kent County has lower mortality rates for almost all leading causes of death compared to Michigan and the U.S., except for Alzheimer's disease, with 47.1 deaths per 100,000 people in Kent County and 32.4 and 31.1 in Michigan and the U.S., respectively.

Number of deaths and age-adjusted mortality rates for the 10 leading causes of death in Kent County, Michigan, and the United States in 2022.

Kent County Rank & Cause of Death	Number of Deaths			Age-adjusted Mortality Rate (per 100,000)		
	Kent County	Michigan	United States	Kent County	Michigan	United States
1. Heart Disease	1,240	27,146	703,004	172.8	205.4	175.8
2. Cancer	1,071	20,970	608,339	144.7	153.9	147.6
3. Unintentional Injuries	350	6,431	227,494	51.6	59.2	65.2
4. Alzheimer's Disease	322	4,193	120,109	47.1	32.4	31.1
5. Stroke	267	5,775	165,388	38.3	44.0	41.8
6. COVID-19	214	5,948	385,257	29.0	45.0	91.5
7. Chronic Lower Respiratory Diseases	199	5,273	147,636	27.1	38.3	36.0
8. Diabetes Mellitus	80	3,410	101,196	10.7	25.6	25.0
9. Chronic Liver Disease and Cirrhosis	74	1,662	54,816	10.3	13.7	14.0
10. Kidney Disease	67	2,091	57,931	9.2	15.8	14.5
All Causes of Death	5,322	110,149	3,279,528	747.3	852.8	834.3

Source: Michigan Department of Health & Human Services, Division for Vital Records & Health Statistics. 2022 Geocoded Michigan Death Certificate Registry.

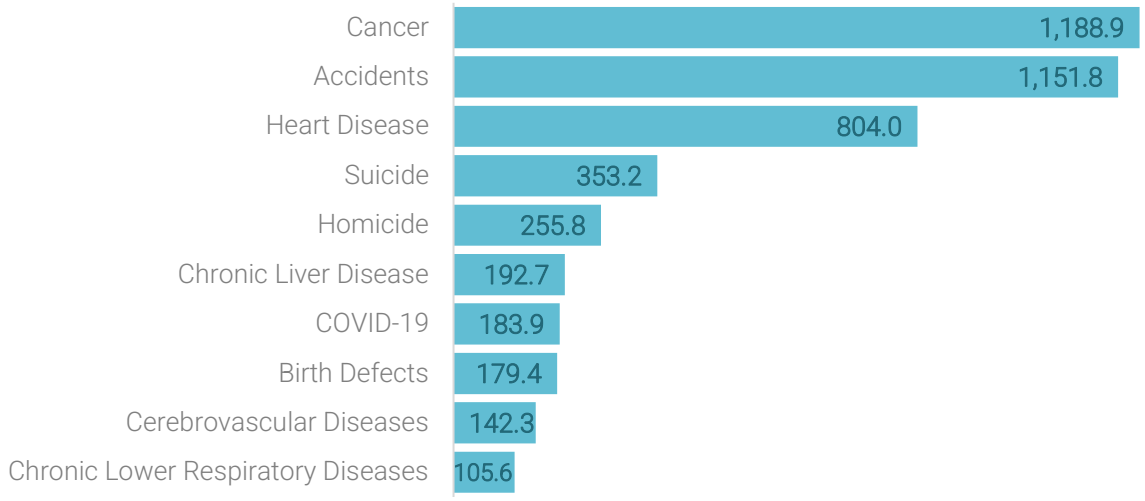
Premature Death

Measuring premature mortality, rather than overall mortality, focuses attention on deaths that might have been prevented.[1] Years of Potential Life Lost (YPLL) is a widely used measure of premature mortality that emphasizes deaths occurring before the age of 75. Deaths at younger ages contribute more to the premature death rate than deaths occurring closer to age 75. For example, a person dying at age 70 would lose five years of potential life, whereas a child dying at age five would lose 70 years of potential life.[2]

FIGURE 57. Leading causes of premature mortality.

Heart disease is the leading cause of death in Kent County, but cancer and accidents are leading causes of premature death.

Years of Potential Life Lost (YPLL) rate per 100,000 people (under 75 years of age) by cause of death, Kent County, 2022.



Notes: Accidents include: motor vehicle accidents, falls, drownings, smoke/fire-related accidents, poisonings, and other unspecified accidents.
Source: Michigan Department of Health & Human Services, Division for Vital Records & Health Statistics. 2022 Geocoded Michigan Death Certificate Registry.

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

Chronic Conditions

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. Tobacco use, poor nutrition, lack of physical activity, and excessive alcohol use are the four behavioral risk factors that can increase risk of developing many chronic diseases.[1]

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.

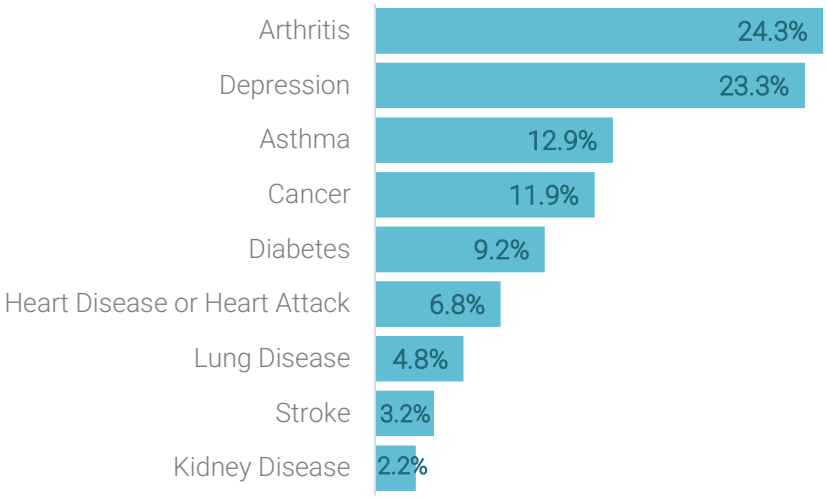
INDICATORS

- Heart Disease
- Cancer
- Asthma
- Diabetes
- Obesity

FIGURE 58. Chronic disease prevalence.

In Kent County, 42% of adults have been diagnosed with at least one of the following chronic health conditions, and 18% have two or more chronic conditions.

Percent of Kent County adults who have ever been told by a doctor or other health professional that they have _____ .



Source: Kent County Behavioral Risk Factor System (BRFS), 2023.

Likelihood of having at least one chronic disease decreases with higher socioeconomic status – in other words, adults with less than a high school education or household income less than $20,000 were about twice as likely to have one or more chronic diseases than those with a college degree or household income over $75,000.

Chronic disease prevalence also increases with age. Nearly 80% of adults aged 65 and older have at least one and 52% have two or more chronic conditions.

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

Heart Disease

The term "heart disease" refers to several types of heart conditions, the most common one is coronary artery disease (CAD). Heart disease is the leading cause of death in Kent County, Michigan, and the United States. In 2021, it was the number one cause of all inpatient hospitalizations among adults over 45 in Kent County.[1]

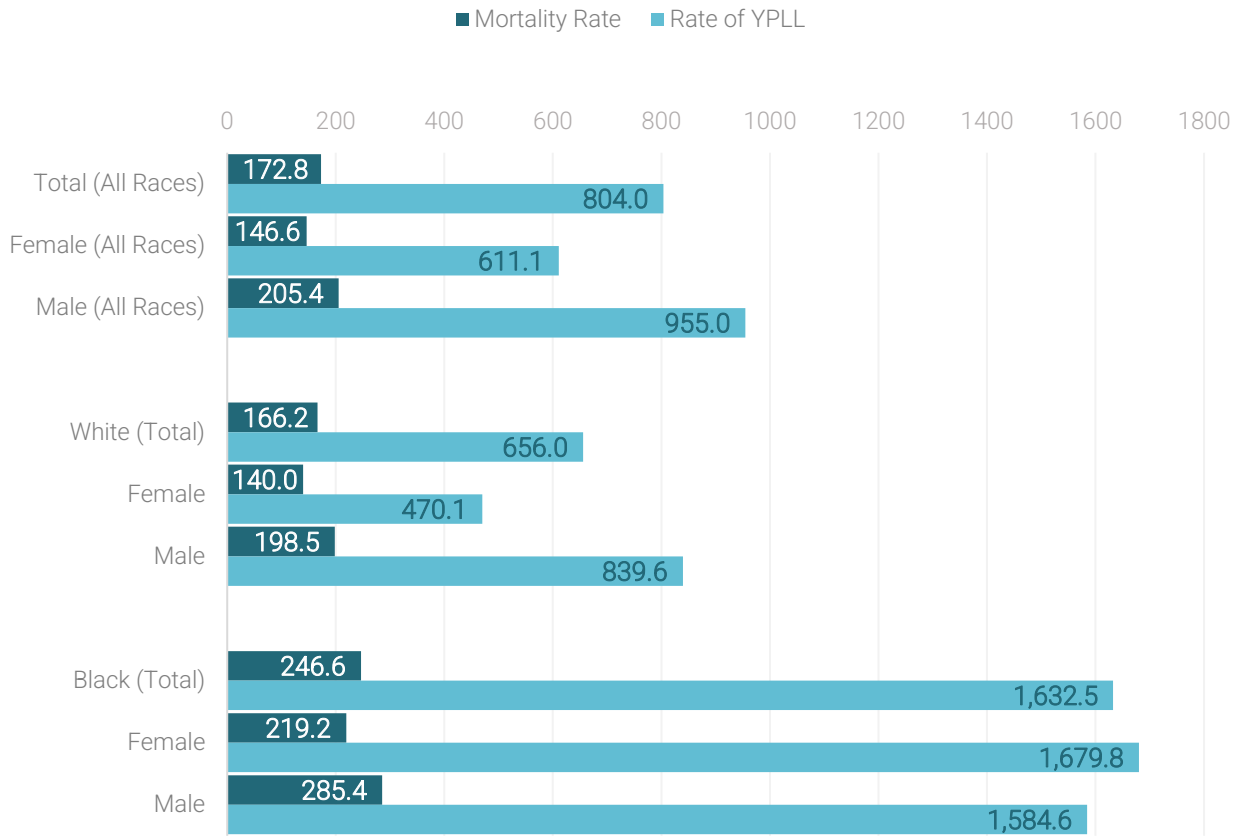
In Kent County, 6.8% of adults reported that they have been diagnosed with heart disease or have experienced a heart attack (Figure 57), and 10% of community survey respondents said heart disease has been a problem for them or someone in their family in the past year. However, the prevalence is likely much higher, as heart disease can be "silent" and not diagnosed until a person experiences signs or symptoms of a heart attack, heart failure, or an arrhythmia.[2]

In 2022, nearly a quarter of all deaths in Kent County were attributable to heart disease (23%). However, there are significant disparities in heart disease mortality rates and premature death rates by race and sex. In general, males have a higher mortality rate than females (205.4 deaths per 100,000 males compared to 146.6 deaths per 100,000 females); however, when disaggregated by race, the rate among Black females is higher than White males.

FIGURE 59. Mortality and premature death rates due to heart disease.

The rate of years of potential life lost due to heart disease is about twice as high among Black males and females compared to White, meaning Black people in Kent County are more likely to die of heart disease at younger ages.

Age-adjusted mortality rate and rate of years of potential life lost (YPLL) due to heart disease, by race and sex, Kent County (2022).



Source: Michigan Department of Health & Human Services, Division for Vital Records & Health Statistics. 2022 Geocoded Michigan Death Certificate Registry.

[1] Michigan Resident Inpatient Files created by the Division for Vital Records and Health Statistics, Michigan Department of Health & Human Services, using data from the Michigan Inpatient Database obtained with permission from the Michigan Health & Hospital Association Service Corporation (MHASC).
[2] Centers for Disease Control and Prevention, 2023. *About heart disease.*

Cancer

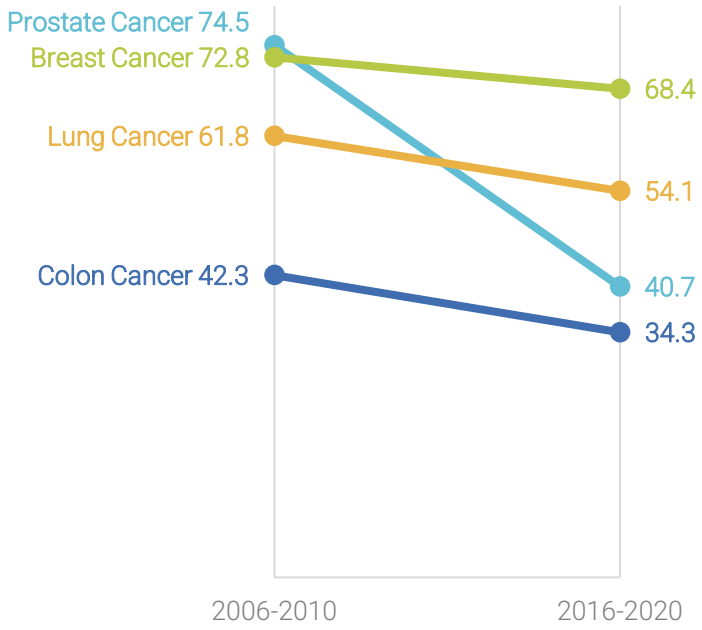
Cancer is the second leading cause of death after heart disease in Kent County, Michigan, and the U.S. The biggest risk factor for cancer is age. Half of all new cancer diagnoses occur in adults 65 and older. Other risk factors for cancer include tobacco use, obesity, exposure to ultraviolet light, environmental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

In Kent County, 11.9% of all adults have ever been diagnosed with cancer. A third of adults over age 65 (34.7%) and nearly a quarter of adults aged 55-64 (23.2%) have been diagnosed with cancer.

FIGURE 60. Change in cancer incidence rates.

The average rate of new cancer diagnoses continues to decrease in Kent County.

Age-adjusted incidence rates (per 100,000 population) for the four most common types of cancer, 5-year averages, 2010-2020.



Note: Prostate cancer rates are among males only.

Source: Michigan Department of Health & Human Services, Division for Vital Records & Health Statistics. Michigan Resident Cancer Incidence File. Updated with cases processed through November 30, 2022.

From 2006-2010, there was an average of 492 new cancer cases (per 100,000 people) diagnosed each year in Kent County. That number dropped to 416 per 100,000 people from 2016-2020.

Although incidence rates from 2020 may be lower in part due to the pandemic (because of delayed screening and diagnoses), the average incidence rates from the 2011-2015 period also fit the trend seen in Figure 59, indicating a sustained decline regardless of potential bias in 2020 estimates.

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

FIGURE 61. Total prostate cancer incidence.

Black males are 1.6 times more likely to be diagnosed with prostate cancer than White males. The mortality rate for prostate cancer is 2.6 times higher among Black males than White males (39.9 deaths per 100,000 people, compared to 15.3).

Average number of males (per 100,000) diagnosed with prostate cancer each year in Kent County, and average number of cases that were diagnosed in a late stage (5-year average, 2016-2020).

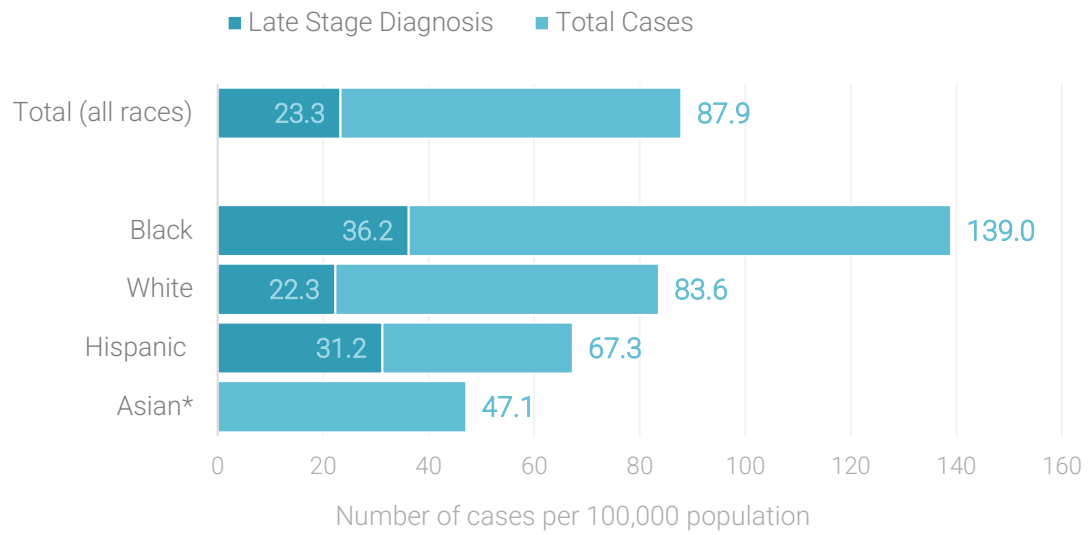
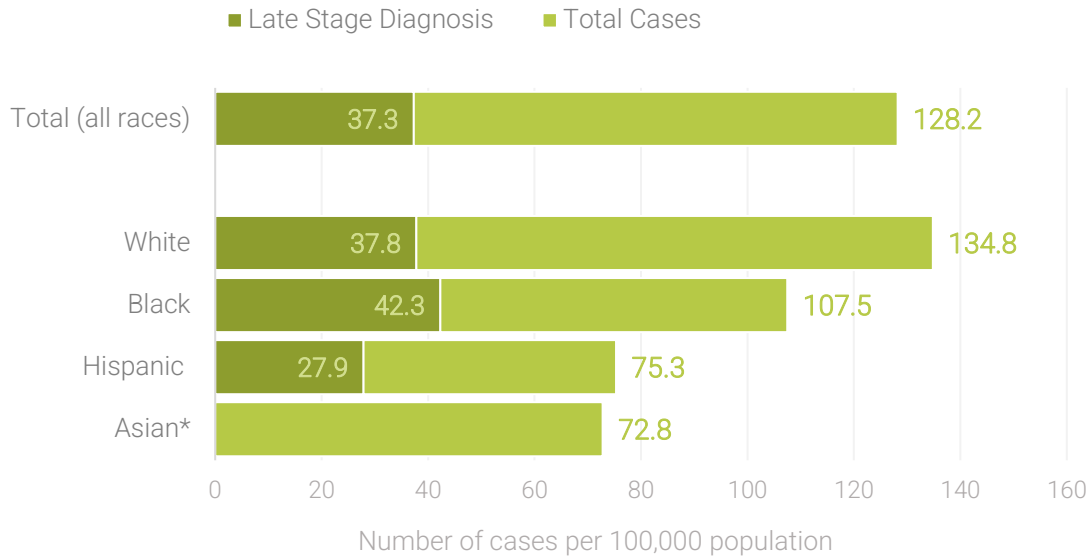


FIGURE 62. Total breast cancer incidence.

White females have the highest rates of breast cancer, however Black females are more likely to be diagnosed at later stages and have higher mortality rates than White females (23.6 deaths per 100,000 compared to 17.4).

Average number of females (per 100,000) diagnosed with breast cancer each year in Kent County, and average number of cases that were diagnosed in a late stage (5-year average, 2016-2020)



Notes: Figures 60 and 61: *late-stage diagnosis data is not available at the county-level (data suppressed to ensure confidentiality and stability of rate estimates).
Race categories are non-Hispanic.

Source: National Cancer Institute, State Cancer Profiles (2016-2020)

Asthma

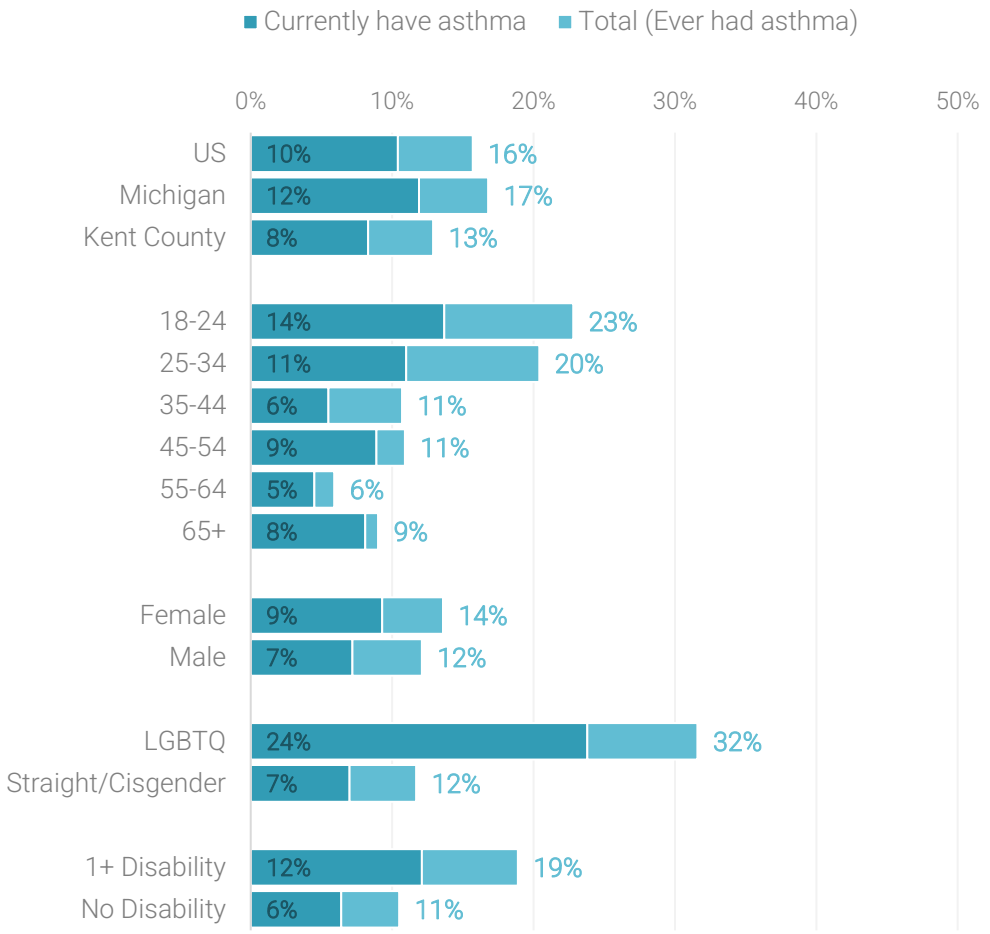
Asthma is a chronic disease that affects the lungs and can cause episodes of wheezing, difficulty breathing, chest tightness, and coughing. These symptoms can range in severity from mild to life threatening. Asthma attacks can be triggered by a variety of indoor and outdoor exposures such as tobacco smoke, outdoor air pollution, cold weather, exercise, stress, dust mites, pets, and mold. 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]

Although asthma is a chronic, lifelong condition and there is no cure, some people (especially children) may see a noticeable decrease in breathing issues or asthma symptoms over time. For this reason, current asthma rates may be a better indicator of disease burden in the population.

FIGURE 63. Current and lifetime asthma prevalence.

13% of Kent County adults have ever been diagnosed with asthma, and 8% currently have asthma.

Percent of Kent County adults who have ever been diagnosed with asthma (lifetime prevalence), and proportion who still have asthma (current prevalence).



Source: Kent County Behavioral Risk Factor Survey (BRFS), 2023.

[1] U.S. Department of Housing and Urban Development.

Diabetes

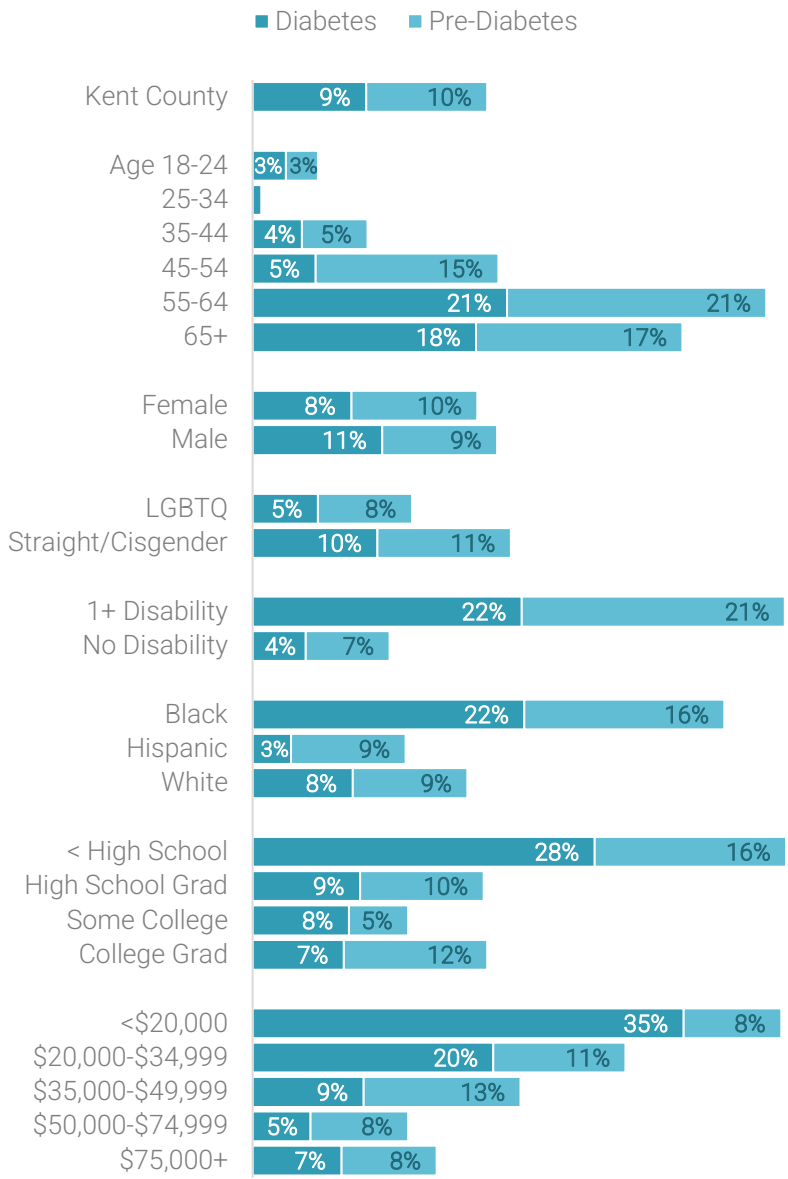
Diabetes occurs when the body cannot produce or respond appropriately to insulin, resulting in high blood glucose levels. Type 2 diabetes, also referred to as adult-onset diabetes, accounts for 90-95% of all cases. Type 2 diabetes can be prevented or delayed with healthy lifestyle changes, unlike Type 1 which is caused by an autoimmune reaction and not known to be preventable.[1]

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 reversible, however, there may not be any symptoms and many adults do not know they have it, so blood sugar tests and healthy lifestyle habits are key to prevention.

FIGURE 64. Diabetes and pre-diabetes prevalence.

There are higher rates of diabetes and pre-diabetes among adults over age 55, people with a disability, Black residents, and those with lower socioeconomic status.

Percent of Kent County adults who have been diagnosed with diabetes or prediabetes.



Source: Kent County Behavioral Risk Factor Survey (BRFS), 2023.

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

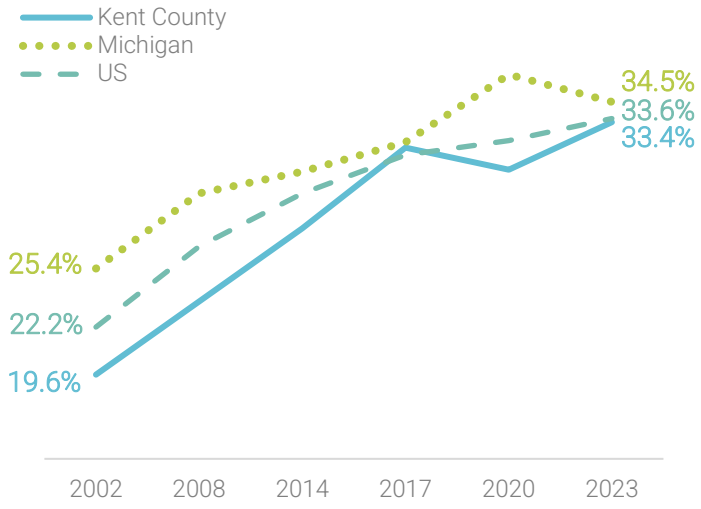
Obesity

Obesity is commonly measured using body mass index (BMI). As a single measure, BMI is not a good indication of current health status but can be useful for predicting future risk of certain chronic conditions. In general, a higher BMI means a higher risk of developing a range of conditions linked with excess weight, including diabetes, arthritis, liver disease, hypertension, high cholesterol, and sleep apnea.[1]

FIGURE 65. Adult obesity rates

Obesity rates among adults in Kent County, Michigan, and the U.S. continue to increase.

Percent of adults in Kent County, Michigan, and the U.S. with a body mass index (BMI) of 30.0 or above, 2002-2023.

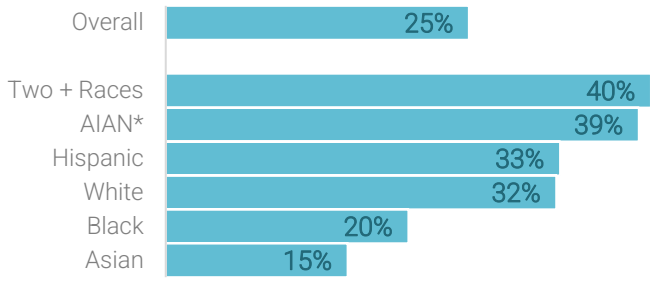


Source: Kent County Behavioral Risk Factor Survey (BRFS), 2023; Michigan and U.S., DC and Territories BRFS, 2022.

FIGURE 66. Obesity as a health concern, by race/ethnicity

1 in 4 survey respondents said obesity was a problem for them or someone in their family.

Percent of survey respondents who said obesity has been a problem for them or someone in their family in the past year.



Note: *based on fewer than 50 respondents, interpret with caution.
Source: Kent County CHNA Survey, 2023.

Poor diet and physical inactivity are contributing factors to obesity, 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.[2]

Residents emphasized these factors as major health concerns that contribute to obesity and prevent them from eating well and exercising.

> "The industrial food system has made Americans obese and unhealthy. Obesity is killing our people prematurely and affecting their quality of life. Obesity is completely avoidable with education and a focus on a preventative healthcare system and a local food web that promotes healthy food as a value."
>
> *—Survey respondent*

> **"Fast food is killing us."**
>
> *—Focus group participant*

> "Not walkable. Not a lot of healthy food options."
>
> *—Survey respondent*

> "Lack of places to exercise or affordable gyms. [High] cost of joining club or school sports for kids to keep them active. Have to drive to a gym that costs less. No free education classes (cooking). No local pool. Not enough walking or bike paths."
>
> *—Survey respondent*

[1] Shmerling, R., 2023. How useful is the body mass index (BMI)? *Harvard Health Publishing, Harvard Medical School.*
[2] World Health Organization, 2020. *Obesity and overweight.*

Maternal & 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]

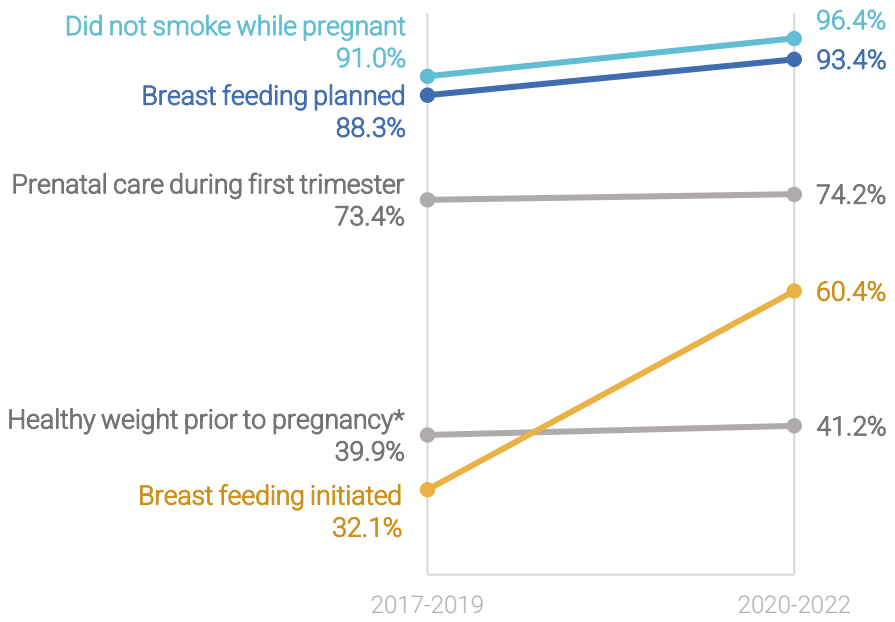
INDICATORS

- Maternal health factors
- Prenatal care
- Low birthweight
- Infant mortality

FIGURE 67. Maternal health predictors of infant health

Since the last Kent County CHNA, there have been positive trends in several maternal health indicators. Most notably: reduced rates of smoking while pregnant, more women planned to breastfeed, and the rate of breastfeeding initiation after birth doubled.

Maternal health factors that impact pregnancy, birth, and child health outcomes (as a percentage of all live births). Kent County 3-year averages, 2019-2022.



Notes: *A healthy weight for a woman prior to pregnancy is defined as a "normal" BMI of 18.5 to 24.9.

Source: Michigan Department of Health & Human Services, Division for Vital Records & Health Statistics. 2022 Geocoded Michigan Birth Certificate Registry.

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

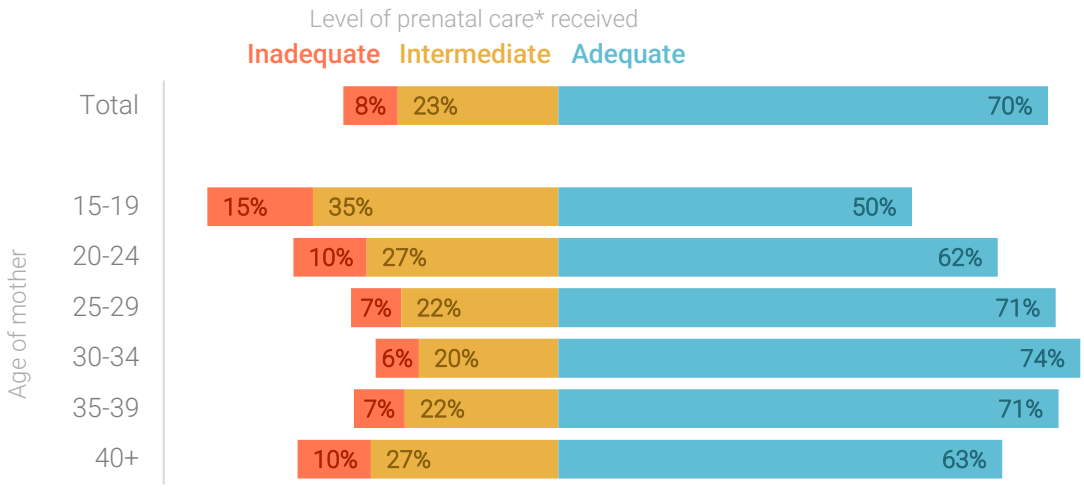
Prenatal Care

Early and regular prenatal care is important for a healthy pregnancy and birth. For pregnancies without complications, prenatal care checkups are recommended at least once a month, starting week four and increasing in frequency throughout the pregnancy. Prenatal checkups can help expectant mothers avoid or treat complications such as infections, gestational diabetes and preeclampsia. It also allows expectant mothers to talk with health professionals about their questions and concerns. The risk of low birthweight and infant mortality are 3 and 5 times higher, respectively, for those who do not receive prenatal care.[1]

FIGURE 68. Level of prenatal care received, by age.

Half of all pregnant teens receive inadequate or intermediate levels of prenatal care in Kent County.

Percent of births by level of prenatal care* received, by age of mother. Kent County 5-year averages, 2018-2022.



* Level of prenatal care is based on the Kessner Index, which classifies prenatal care based on the month of pregnancy in which care began, the number of prenatal visits and the length of pregnancy (i.e., for shorter pregnancies, fewer prenatal visits constitute adequate care).

Kessner Index Measurement Definitions:

Adequate: Care that began within the first trimester and included an average of at least one or two additional prenatal visits per month of gestation, depending on the length of gestation.

Intermediate: Care that began during the second trimester of pregnancy with correspondingly fewer visits, or began during the first trimester but with fewer visits than would be appropriate for the length of gestation.

Inadequate: When no care was received or if care began during the third trimester. It is also inadequate if care began during the first or second trimester but less than five visits occurred, when the length of gestation was 34 weeks or more. When the length of gestation was less than 34 weeks, care is defined as inadequate when care began during the first or second trimester but a number of visits less that four occurred, that number depending on the actual weeks of gestation.

Source: Michigan Department of Health & Human Services, Division for Vital Records & Health Statistics. 2017-2022 Geocoded Michigan Birth Certificate Registries

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

Low Birthweight

Low birthweight is a leading cause of infant mortality and a significant predictor of short- and long-term health. Infants born weighing less than 2,500 grams (5 pounds, 8 ounces) have a higher risk of breathing problems and feeding difficulties during infancy, and almost always require special care in the neonatal intensive care unit (NICU).[1] Long-term health complications include increased risk for chronic disease and developmental delays during child and adulthood.

In Kent County (and nationally), significant and persistent racial and ethnic disparities exist in birth outcomes. Black women are 2.2 times more likely to have infants born with low birthweight, and almost 3 times more likely to have infants born with very low birthweight (weighing less than 1,500 grams, or about 3 pounds, 5 ounces).

Low birthweight is most often caused by being born too early (premature birth – or being born earlier than 37 weeks gestation). In Kent County, 57% of all infants born prematurely have low birthweight. However, 70% infants born prematurely to Black mothers have low birthweight, compared to 54% of infants born prematurely to White mothers and 55% to Hispanic mothers.

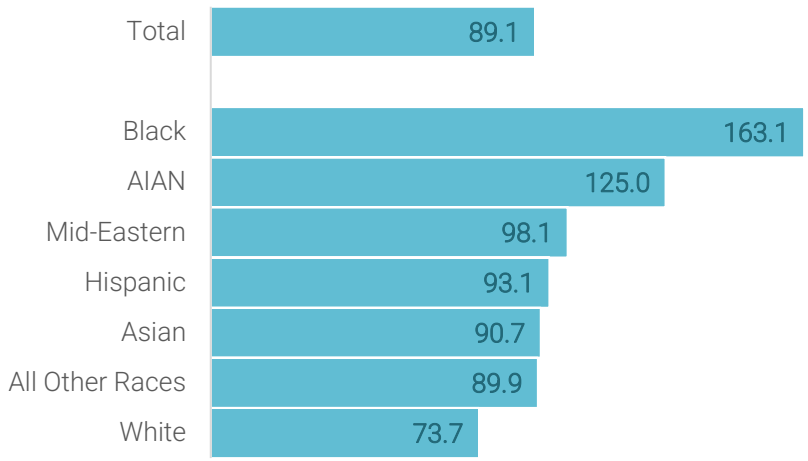
These disparities in low birthweight are persistent even after controlling for other risk factors such as socioeconomic status and tobacco use, and protective factors such as adequate prenatal care.

One contributing (but less measurable) factors contributing to low birthweight is stress. Higher lifetime exposure to chronic stressors, such as interpersonal and institutional racism, increases the risk for poor pregnancy outcomes among Black women. Racial discrimination may reduce access to such protective clinical and social resources as adequate prenatal care, employment and educational opportunities and stable housing. Limited social resources, unsafe and unhealthy environments and psychosocial stress experienced throughout a woman's life leading up to pregnancy may independently or collectively contribute to adverse birth outcomes.[2]

FIGURE 69. Low birthweight rates, by race/ethnicity

Black women are 2.2 times more likely to have infants born with low birthweight compared to White women.

Number of infants born (per 1,000 live births) weighing less than 2,500 grams (5 pounds, 8 ounces), by mother's race/ethnicity. Kent County 5-year averages (2018-2022).



Notes: Mid-Eastern ethnicity includes Arab, Chaldean, Assyrian, and Syriac ancestry.

Source: Michigan Department of Health & Human Services, Division for Vital Records & Health Statistics. 2018-2022 Geocoded Michigan Birth Certificate Registries.

[1] Stanford Children's Health, 2023. *Low birth weight.*
[2] America's Health Rankings, United Health Foundation.

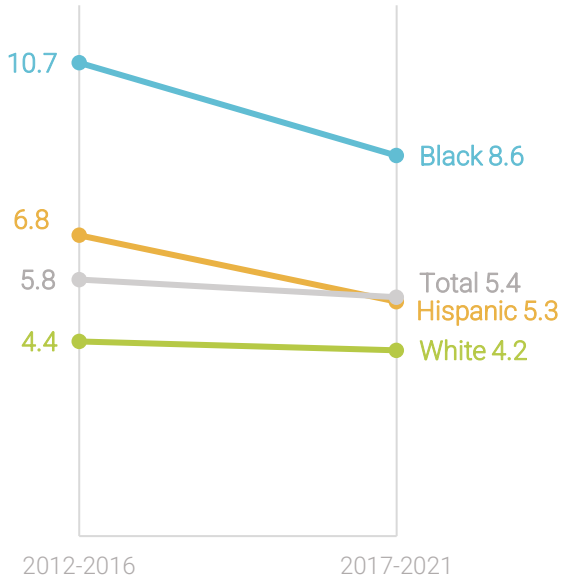
Infant Mortality

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 70. Infant mortality rate

Black infant mortality has decreased in Kent County, but rates are still twice as high as White infant mortality.

Number of infant deaths (per 1,000 live births), Kent County 5-year averages (2012-2016 and 2017-2021).



Source: Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Linked Birth / Infant Deaths on CDC WONDER Online Database. Data are from the Linked Birth / Infant Deaths Records 2007-2021, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program.

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

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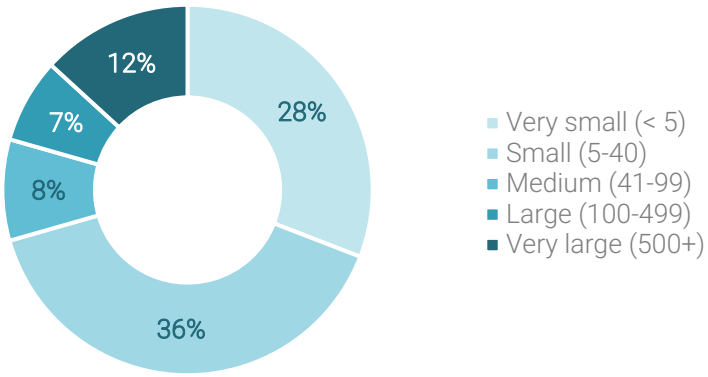
Section 3:

Community Capacity & Resources

Collective Impact Assessment

PARTICIPATING ORGANIZATIONS

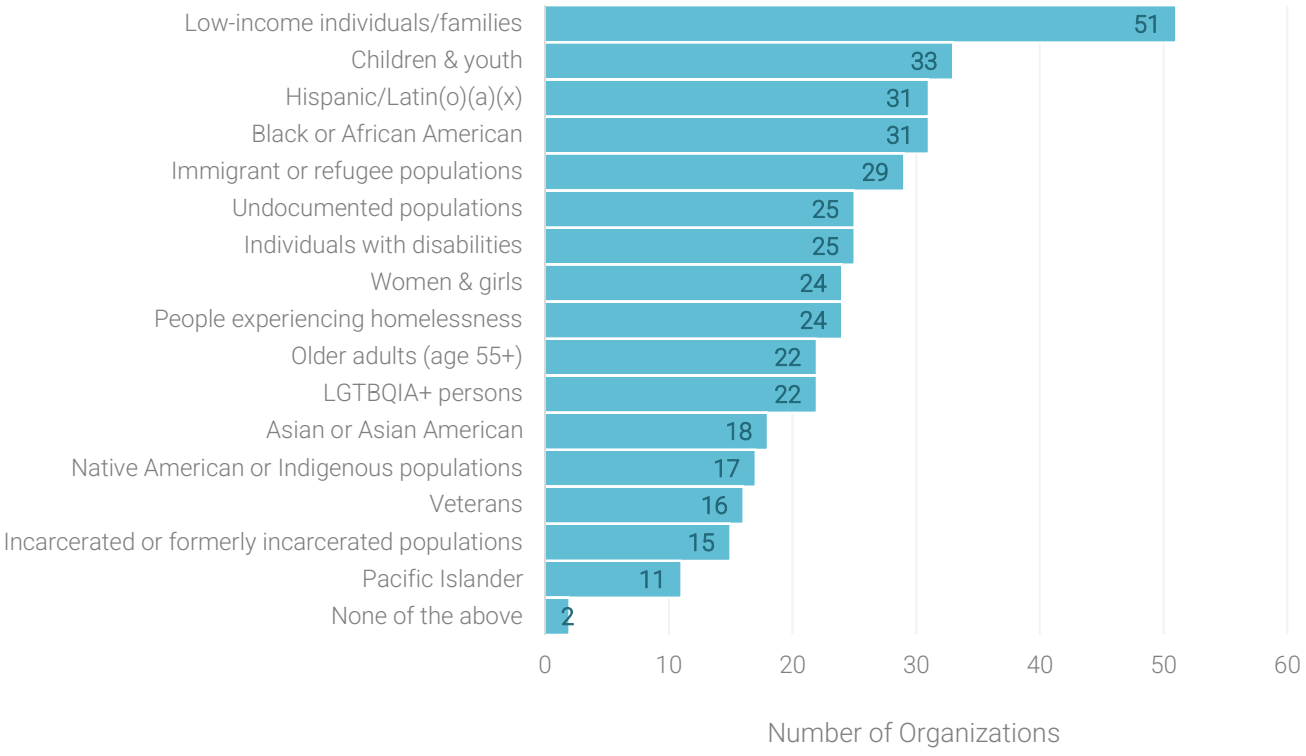
A total of 76 organizations completed the survey, most were small (with fewer than 40 full-time equivalent employees). For a list of participating organizations, see Appendix B.



Communities Served

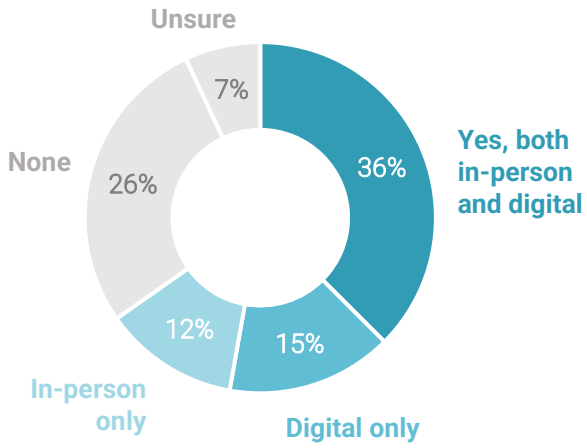
PRIORITY POPULATIONS

Who are your priority populations? In other words, does your organization intentionally focus on serving specific populations?

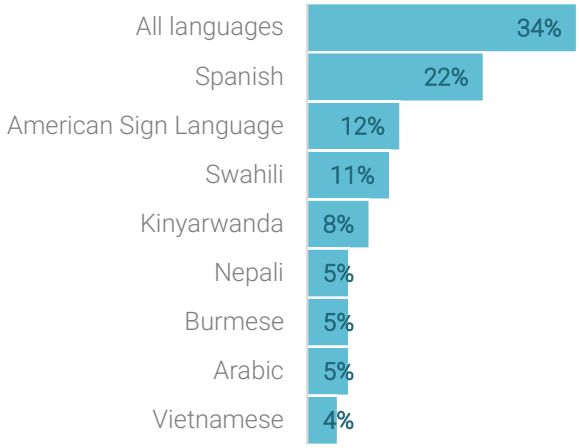


LANGUAGE SERVICES

Does your organization have ready access to live interpretation services – either in-person (onsite) or digital (phone or video)?

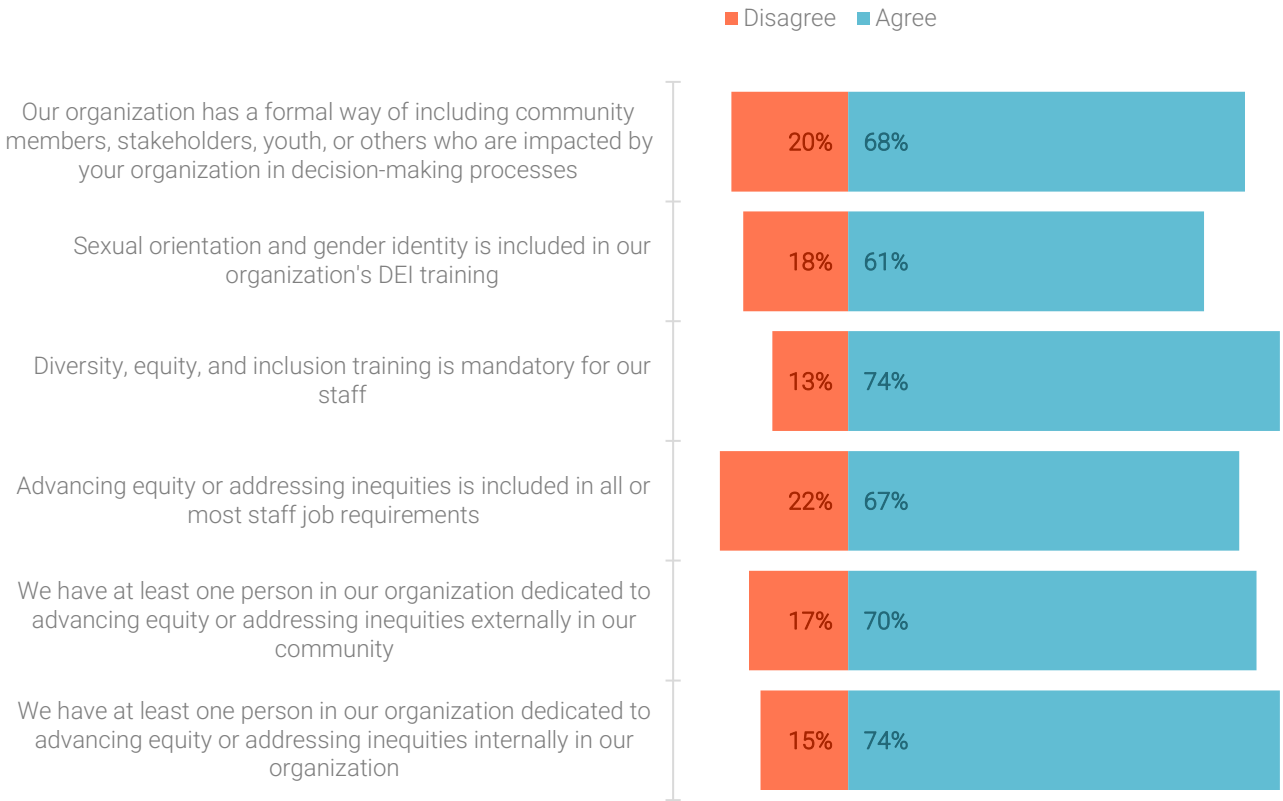


Which languages are interpretation services offered?



EQUITY AND INCLUSION

Organizational equity practices



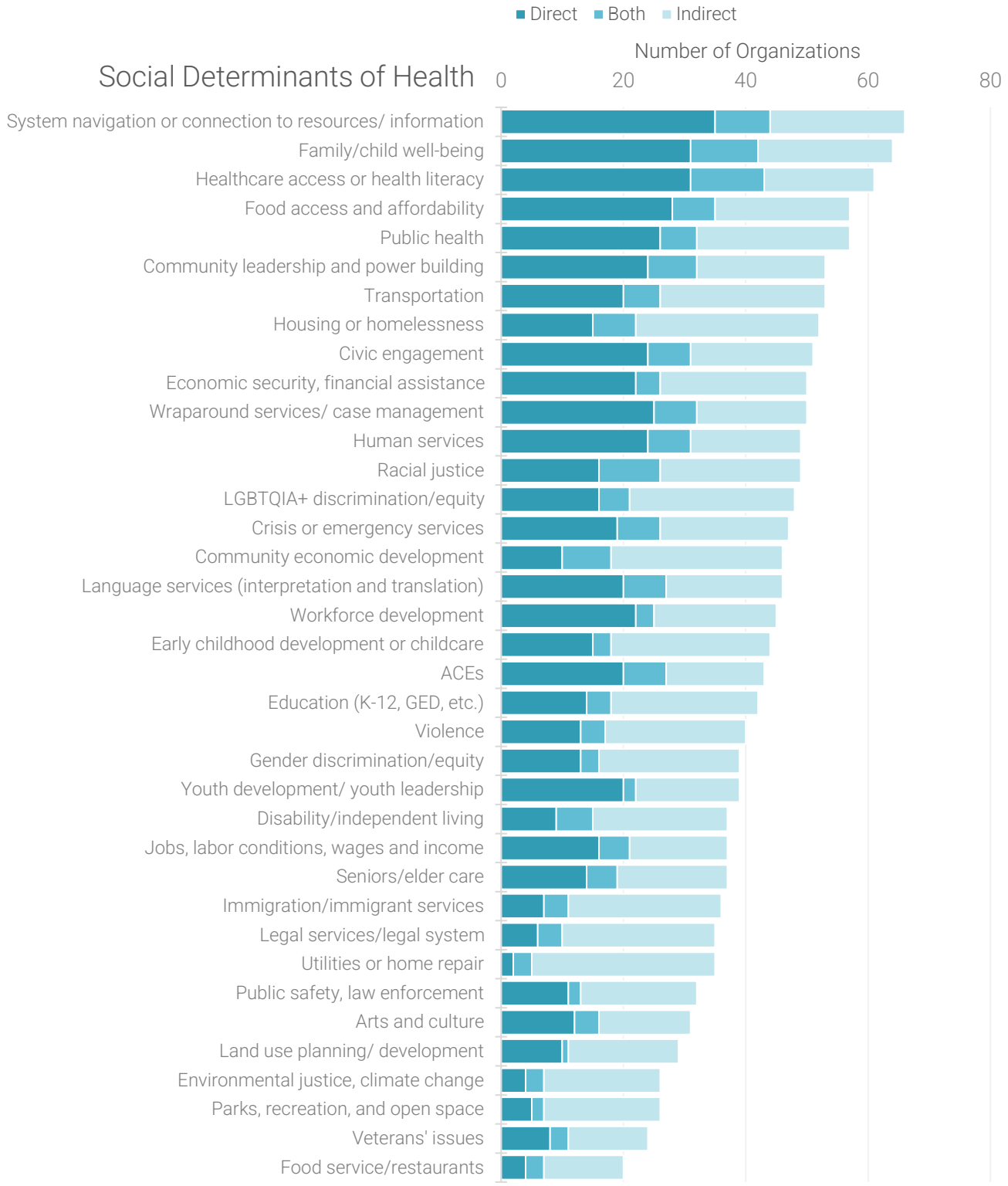
Areas of Focus

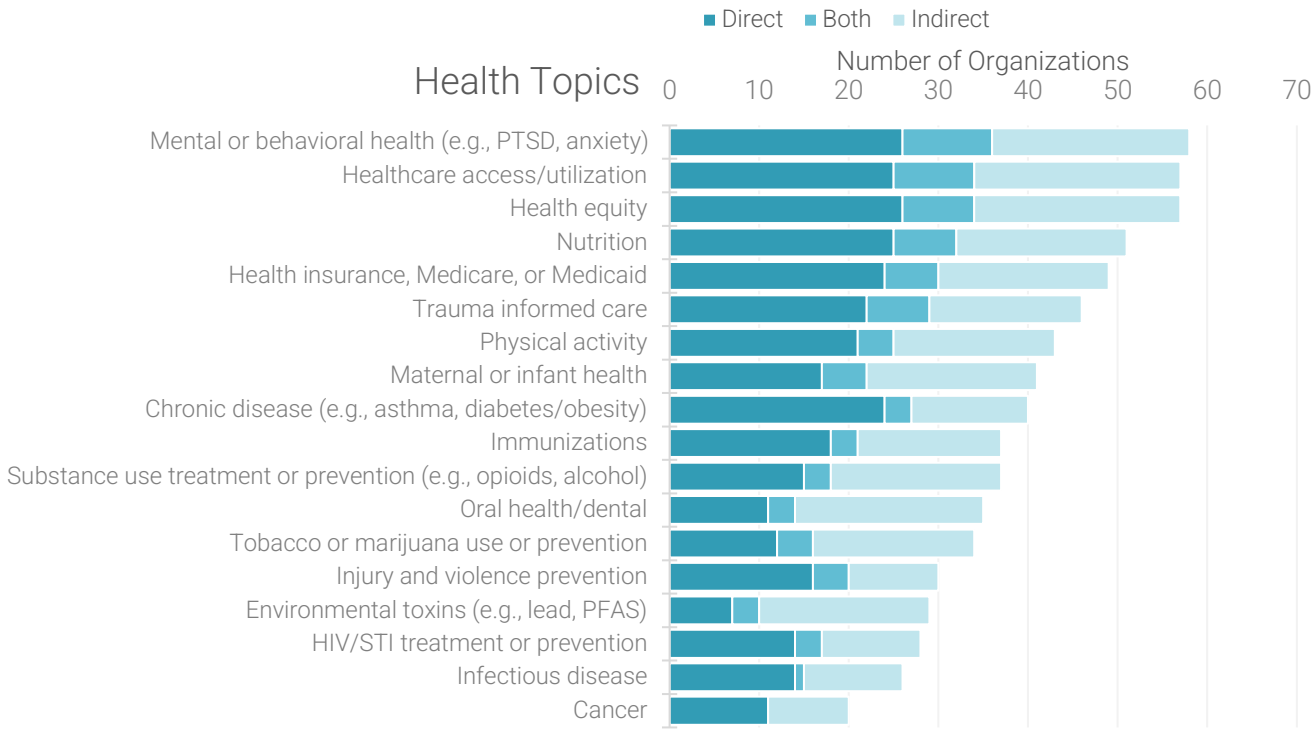
ORGANIZATIONAL AREAS OF FOCUS

Which of the following health topics does your organization work on/with and how?

Direct services: Includes providing services directly to the people who are impacted; involves "face-to-face" interaction.

Indirect services: Includes work that is performed separate from the people you are trying to impact; involves "behind the scenes" or support work.

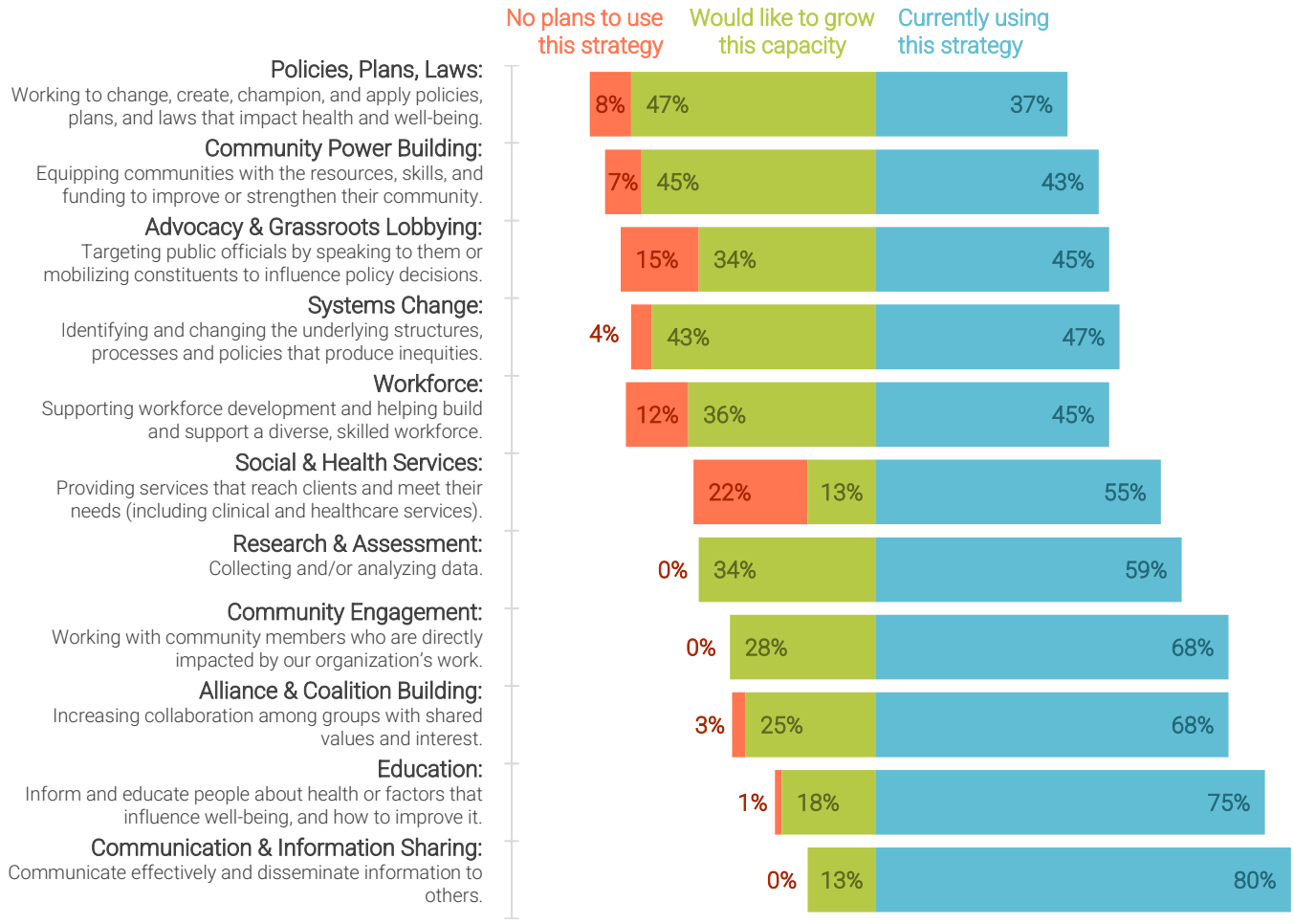




Organizational Capacity

GENERAL ACTIVITIES

For each of the topics your organization is focused on, which of the following strategies does your organization use or have interest in expanding (i.e., your organization would like to use this strategy or grow capacity in this area).



Community Engagement

Which of the following methods of community engagement does your organization use most often?

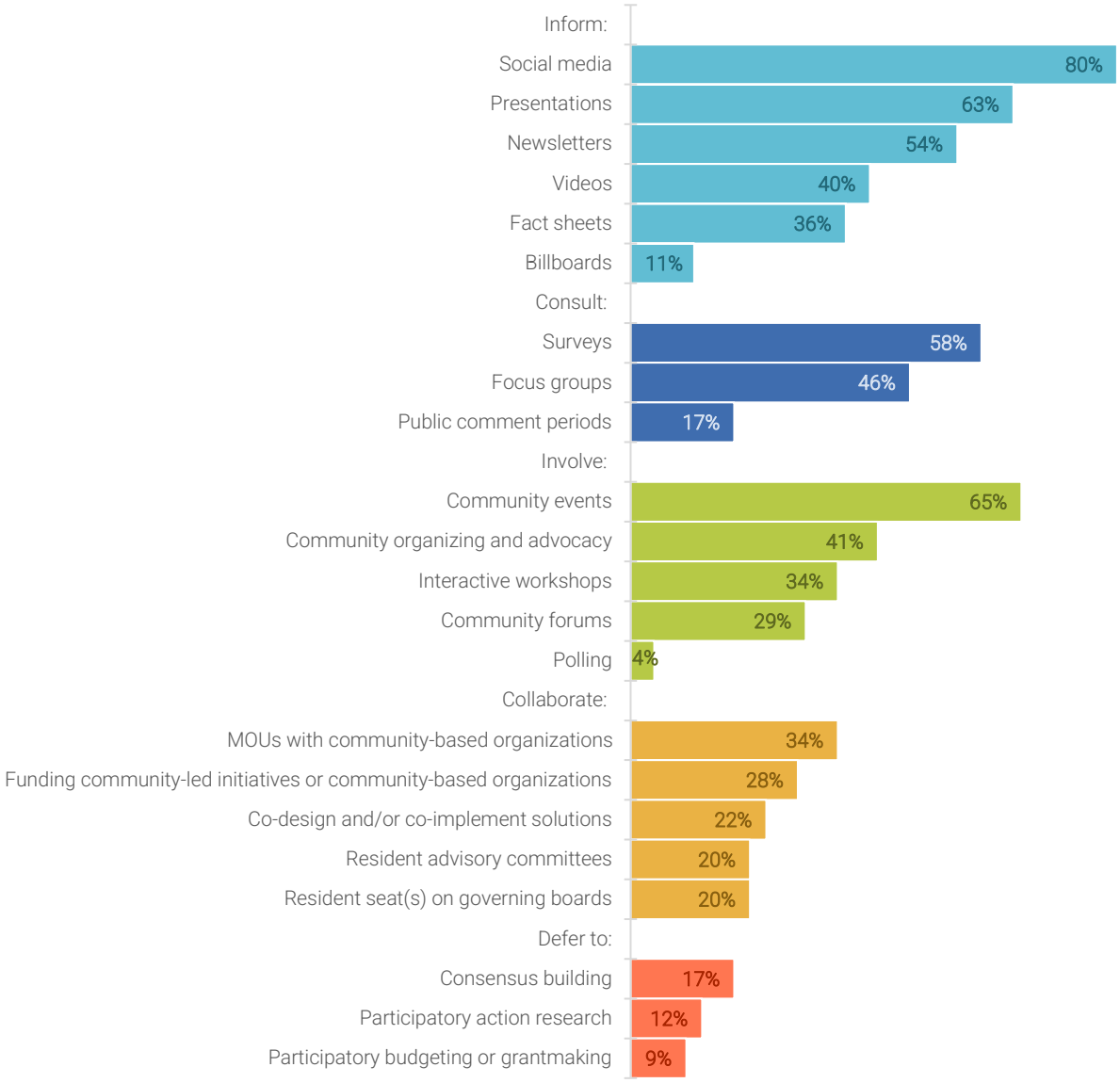
Inform: provide the community with relevant information

Consult: gather input from the community

Involve: ensure community needs and assets are integrated into process and inform planning

Collaborate: ensure community capacity to play a leadership role in decision-making

Defer/Empower: foster democratic participation and equity through community-driven decision making. Bridge divide between community and governance



Asset Mapping

A list of organizations and community resources potentially available to help meet the prioritized health needs in Kent County. These include direct services and collaborative groups doing collective impact work. Due to space and resource limitations, not all the organizations, collaborative efforts, and community assets are included in this list. A more comprehensive and updated list of resources available by zip code is available on the Michigan 2-1-1 website: https://mi211.org/.

Housing Resources

Organizations, programs, and other resources potentially available to address needs related to housing and homelessness in Kent County, including emergency housing/shelter, affordable housing programs, eviction or foreclosure prevention, and housing repair assistance.

Agency Name	Location(s)
Area Agency on Aging of Western Michigan	3215 Eaglecrest Dr. NE, Grand Rapids, 49525
AYA Youth Collective	320 State St SE, Grand Rapids, 49503
Community Rebuilders	1120 Monroe Ave NW, Ste 220, Grand Rapids, 49503
Degage Ministries	139 Sheldon SE, Grand Rapids, 49503
Dwelling Place of Grand Rapids	101 Sheldon Blvd SE, Ste 2, Grand Rapids, 49503
Flat River Outreach Ministries	11535 Fulton St E, Lowell, 49331
Grand Rapids Area Coalition to End Homelessness	118 Commerce SW, Grand Rapids, 49503
Grand Rapids Chamber	250 Monroe Ave NW, Grand Rapids, 49503
Grand Rapids Housing Commission	1420 Fuller Ave SE, Grand Rapids, 49507
Habitat for Humanity of Kent County	425 Pleasant St. SW, Grand Rapids, 49503
Healthy Homes Coalition	1545 Buchanan Ave SW #2, Grand Rapids, 49507
Home Repair Services of Kent County	1100 South Division Ave, Grand Rapids, 49507
Hope Network	375 Orchard Vista Dr. SE, PO Box 890, Grand Rapids 49546
Housing Kent	—
Housing Next	—
ICCF Community Homes	415 Martin Luther King Jr. St. SE, Ste 100, Grand Rapids 49507
Mel Trotter Ministries	225 Commerce Ave SW, Grand Rapids, 49503
North Kent Connect	10075 Northland Dr. NE, Rockford, 49341
Seeds of Promise	1168 Madison Ave SE, Grand Rapids, 49507
The Salvation Army	1215 E. Fulton St., Grand Rapids, 49503
Well House	600 Cass SE, Grand Rapids, 49503
YWCA West Central Michigan	25 Sheldon Blvd SE, Grand Rapids, 49503

Health Insurance & Access to Medical Care

Organizations, programs, and other resources potentially available to address needs related to health insurance and accessing medical care in Kent County, including health insurance enrollment/application assistance, health system navigation (e.g., finding providers), and services that address common barriers to care such as transportation and interpretation.

Agency Name	Location(s)
Area Agency on Aging of Western Michigan	3215 Eaglecrest Dr. NE, Grand Rapids, 49525
AYA Youth Collective	320 State St SE, Grand Rapids, 49503
Black Impact Collaborative	PO Box 68582, Grand Rapids, 49516
Catherine's Health Center	Multiple
Cherry Health	Multiple
Community Rebuilders	1120 Monroe Ave NW, Ste 220, Grand Rapids, 49503
Corewell Health	100 Michigan St. NE, Grand Rapids, 49503
Grand Rapids LGBTQ+ Healthcare Consortium	—
Health Net of West Michigan	1550 Leonard St. NE, Grand Rapids, 49505
Hispanic Center of Western Michigan	1204 Cesar E. Chavez Ave SW, Grand Rapids, 49503
Hope Network	375 Orchard Vista Dr. SE, PO Box 890, Grand Rapids 49546
Kent School Services Network (KSSN)	1633 East Beltline NE, Ste 205, Grand Rapids, 49525
Mary Free Bed Rehabilitation Hospital	235 Wealthy St. SE, Grand Rapids, 49503
Nottawaseppi Huron Band of the Potawatomi	311 State St., Grand Rapids, 49503
Pine Rest Christian Mental Health Services	Multiple
Planned Parenthood	425 Cherry St SE, Grand Rapids, 49503
Priority Health	1231 East Beltline Ave. NE, Grand Rapids, 49525
Renew Mobility	2215 29th St SE, Suite A6, Grand Rapids, 49508
Seeds of Promise	1168 Madison Ave SE, Grand Rapids, 49507
Trinity Health Grand Rapids	200 Jefferson Ave SE, Grand Rapids, 49503
University of Michigan Health-West	5900 Byron Center Ave, Wyoming, 49519
West Michigan Asian American Association	PO Box 230432, Grand Rapids, 49523
YWCA West Central Michigan	25 Sheldon Blvd SE, Grand Rapids, 49503

Access to Medical Care

Organizations, programs, and other resources potentially available to provide direct medical care services for priority populations in Kent County (e.g., those who are un- or underinsured, low-income, have transportation or mobility needs, etc.).

Agency Name	Location(s)
Catherine's Health Center	
Creston	1211 Lafayette Ave NE, Grand Rapids, 49505
Wyoming	950 36th St. SW, Wyoming, 49509
Townline Elementary	100 60th St. SE, Kentwood, 49548
Streams Neighborhood Hub	280 60th St. SE #200, Grand Rapids, 49548
Dental	781 36th St. SE, Ste B, Grand Rapids, 49548
Cherry Health	
Heart of the City Health Center	100 Cherry St. SE, Grand Rapids, 49503
Burton Health Center	2135 Buchanan Ave SW, Grand Rapids, 49507
Cherry Street Health Center	550 Cherry St. SE, Grand Rapids, 49503
Ferguson Dental Center	101 Sheldon Blvd SE, Grand Rapids, 49503
Southside Health Center	2303 Kalamazoo Ave SE, Grand Rapids, 49507
Westside Health Center	669 Stocking Ave NW, Grand Rapids, 49504
Wyoming Community Health Center	2929 Burlingame Ave SW, Grand Rapids, 49509
Cherry Health Mobile Unit	—
Community Partners Medical Clinic at Mel Trotter	225 Commerce Ave SW, Grand Rapids, 49503
Corewell Health Hospitals	
Butterworth Hospital	100 Michigan St. NE, Grand Rapids, 49503
Helen Devos Children's Hospital	101 Michigan St. NE, Grand Rapids, 49503
Blodgett Hospital	1940 Wealthy St. SE, East Grand Rapids, 49506
Exalta Health	2060 Division Ave S, Grand Rapids, 49507
Grand Rapids Public Schools	Multiple
Innovation Central High School Health Center	421 Fountain St. NE, Grand Rapids, 49503
Ottawa Hills High School Health Center	2055 Rosewood Ave SE, Grand Rapids, 49506
Union High School Health Center	1800 Tremon Blvd NW, Grand Rapids, 49504
Mary Free Bed Rehabilitation Hospital	235 Wealthy St. SE, Grand Rapids, 49503
Nottawaseppi Huron Band of the Potawatomi	311 State St., Grand Rapids, 49503
Planned Parenthood	425 Cherry St SE, Grand Rapids, 49503
SarahCare Adult Day Center	2211 E Beltline Ave NE, Grand Rapids, 49525
The Salvation Army	1215 E. Fulton St., Grand Rapids, 49503
Trinity Health Grand Rapids	200 Jefferson Ave SE, Grand Rapids, 49503
University of Michigan Health-West	5900 Byron Center Ave, Wyoming, 49519
Mental Health Resources	
Forest View Hospital	1055 Medical Park Dr. SE, Grand Rapids, 49546
Mental Health Crisis Brochure	—
Network180	790 Fuller Ave NE, Grand Rapids, 49503
Pine Rest Christian Mental Health Services	Multiple

Access to Healthy Food

Organizations, programs, and other resources potentially available to address needs related to healthy food access and food security in Kent County, including food assistance programs, improving access to fresh produce, etc.

In addition to the resources below, there are over 40 community-based organizations that partner with Feeding America West Michigan to operate food pantries. For a regularly updated list of schedules and locations, visit Feeding America's Find Food website.

Agency Name	Location(s)
Access of West Michigan	–
Catholic Charities West Michigan	303 Division Ave, S., Grand Rapids, 49503
Community Food Club	1100 South Division Ave, Grand Rapids, 49507
Feeding America West Michigan Mobile Food Pantry	–
Hand2Hand	–
Healthy Eating Active Living (HEAL) Task Force	–
Kent County Essential Needs Task Force (ENTF) Food & Nutrition Coalition	–
Kids Food Basket	1300 Plymouth Ave, Grand Rapids, 49505
Meals on Wheels	Multiple
New City Neighbors	1115 Leonard St. NE, Grand Rapids, 49503
Nottawaseppi Huron Band of the Potawatomi	311 State St., Grand Rapids, 49503
YMCA of Greater Grand Rapids	Multiple
Farmer's Markets	
Ada Farmers Market	7239 Thornapple River Drive SE, Ada
Blue Tree Market	29 North Main Street, Kent City
Byron Center Farmers Market	82nd Street SW, Byron Center
Caledonia Farmers Market	9957 Cherry Valley Avenue SE, Caledonia
Cesar E. Chavez Farmers Market	546 Rumsey Street SW, Grand Rapids
Fulton Street Farmers Market	1145 Fulton Street East, Grand Rapids
Grandville Farmers Market	4055 Maple St SW, Grandville
Kentwood Farmers Market	4900 Breton Road SE, Kentwood
Lowell Area Farmers Market	11840 Fulton Street East, Lowell
Rockford Farmers Market	54 South Main Street, Rockford
Southeast Area Farmers Market	900 Fuller Avenue SE, Grand Rapids
University of Michigan Health-West Farm Market	5900 Byron Center Avenue SW, Wyoming

Appendices

Appendix A.

Community Input Demographics

	Kent County[1]	2020 CHNA Survey	2023 CHNA Survey	2023 Focus Groups
Age				
<18	23.7%	0.0%	0.0%	14.6%
18-24	9.7%	4.0%	6.8%	6.1%
25-34	15.7%	19.7%	21.8%	8.5%
35-44	13.1%	21.5%	22.2%	13.4%
45-54	11.5%	18.0%	17.8%	21.9%
55-64	12.1%	16.4%	12.3%	13.4%
65-74	8.6%	13.6%	12.8%	18.3%
75+	5.6%	6.1%	6.3%	4.9%
Gender/Sex†				
Man/Male	49.7%	19.9%	29.8%	30.5%
Woman/Female	50.3%	79.0%	68.1%	64.6%
Transgender or Non-binary	n/a	1.1%	1.6%	6.1%
Race/Ethnicity				
Not Hispanic or Latino	88.9%	93.5%	89.5%	69.5%
American Indian Alaska Native (AIAN)	0.2%	0.3%	1.3%	0.0%
Asian	3.1%	0.8%	4.8%	6.1%
Black or African American	9.3%	6.1%	14.8%	39.0%
Other Race	0.4%	1.1%	0.4%	0.0%
Two or More Races	4.1%	2.8%	3.1%	1.2%
White	71.9%	83.5%	65.1%	32.9%
Hispanic or Latino (any race)	11.1%	6.5%	10.5%	23.2%
Education††				
Less than High School	7.6%	2.2%	6.5%	n/a
High School Graduate/GED	24.0%	7.5%	14.5%	n/a
Some College	29.9%	26.3%	27.2%	n/a
Bachelor's Degree	24.9%	34.1%	29.1%	n/a
Graduate Degree or Higher	13.7%	29.2%	22.5%	n/a
Priority Populations				
Immigrant	n/a	n/a	14.5%	24.4%
Refugee or Asylum Seeker	n/a	n/a	7.0%	2.4%
One or More Disability	10.6%	17.2%	16.6%	18.3%
LGBTQ+	n/a	11.7%	9.6%	20.7%
Veteran	5.7%	3.5%	5.5%	1.2%

Notes:
†Census data only includes information about sex; survey asked about gender identity.
††Census category includes educational attainment for adults aged 25 and older; survey category includes all respondents aged 18 and older.

[1] U.S. Census Bureau, ACS 5-year estimates, 2018-2022.

Appendix B.

Collective Impact Assessment Survey: Participating Organizations

A Glimpse of Africa
Access of West Michigan
Area Agency on Aging of Western Michigan
Bethany Christian Services
Bethlehem Intergenerational Center
Black Impact Collaborative
Calvin University
Catherine's Health Center
Cherry Health
Community Food Club
Community Rebuilders
Corewell Health
Corewell Health West Healthier Communities
DataWise Consulting, LLC
Degage Ministries
Dorothy A. Johnson Center for Philanthropy
Duncan Lake Speech Therapy
Early Learning Neighborhood Collaborative (ELNC)
Exalta Health
Family Futures
Family Outreach Center
First Steps Kent
Flat River Outreach Ministries
Frey Foundation
Friends of Grand Rapids Parks
Grand Rapids Chamber
Grand Rapids LGBTQ+ Healthcare Consortium
Grand Rapids Pride Center
Grand Valley State University
Grand Valley State University Public Health Program
Grand Valley State University Family Health Center
Grandville Ave Arts & Humanities
Grand Rapids Public Schools
Health Net of West Michigan
Hispanic Center of Western Michigan
Hope Network
Housing Kent
Junior League of Grand Rapids
KConnect
Kent County Essential Needs Task Force (ENTF)
Kent County Food Policy Council
Kent County Oral Health Coalition
Kent ISD
Kent School Services Network
Mary Free Bed Rehabilitation Hospital
Mel Trotter Ministries
Mental Health Clinicians of Color in Grand Rapids
MomsBloom
Neighbors of Belknap Lookout
Network180 – Kent County Community Mental Health Authority
North End Wellness Coalition
North Kent Connect
Nottawaseppi Huron Band of the Potawatomi
Pine Rest Christian Mental Health Services
Planned Parenthood
Priority Health
Puertas Abiertas
Renew Mobility
Roosevelt Park Neighborhood Association
SarahCare Adult Day Center
Seeds of Promise
Strong Beginnings — Healthy Start
The PROACTIVE Project, Inc
Treetops Collective
Trinity Health Grand Rapids
United Church Outreach Ministry
University of Michigan Health-West
W.K. Kellogg Foundation
Wedgwood Christian Services
Wege Foundation
West MI Harbor Light
West Michigan Asian American Association
West Michigan Sustainable Business Forum
Women's Resource Center
YMCA of Greater Grand Rapids
YWCA West Central Michigan

Appendix C.
Collective Impact Assessment Survey

Introduction

Thank you for participating in this collective impact assessment survey for the 2023 Kent County Community Health Needs Assessment (CHNA). This organizational-level survey is a **new** component of the CHNA and will help to better understand the ecosystem of organizations that serve Kent County residents and the collective impact of our efforts on population health. Information from this survey will serve as an environmental scan and include details on the work that is currently being done, gaps in services, system strengths, and the resources and capacities to support health and well-being in Kent County.

The responses to this survey (along with data from a resident survey, focus groups, etc.) will be analyzed and used to prioritize the top health-related concerns for Kent County in the Fall of 2023. Results will be summarized in the 2023 CHNA report and used to inform community health improvement planning following the CHNA.

Things to Know…

- This survey should take about 30 minutes and includes 3 main sections
- Questions should be answered on behalf of your entire organization (see the FAQ page for more information)
- **Only one completed survey response per organization is required. Please submit your response using the personalized link that was provided to you via email.**
- If you would like to share the survey with other organizational leaders in Kent County, please share this link: https://kentcounty.sjc1.qualtrics.com/jfe/form/SV_8bRX2N293tOfvz8
- If you have any questions or concerns, please review the FAQ document attached to your email, or contact Maris Brummel (Maris.Brummel@kentcountymi.gov)

I. About Your Organization

This section asks about your organization, including type, size, populations served, and general focus of work. Following the set of questions is space for comments or questions.

Your Organization

1. **What is the full name of your organization? _____**

2. **Which best describes your position or role in your organization?**
   - ○ Administrative staff
   - ○ Front line staff
   - ○ Supervisor (not senior management)
   - ○ Senior management level/unit or program lead
   - ○ Leadership team
   - ○ Community member
   - ○ Community leader
   - ○ Other (please describe): _____

3. **How many full-time equivalent employees work at your organization in Kent County?**
   _____

4. **Approximately how many individuals in Kent County does your organization serve annually?**
   - ○ 1-49
   - ○ 50-99
   - ○ 100-499
   - ○ 500-999
   - ○ 1,000-2,499
   - ○ 2,500-4,999
   - ○ 5,000-9,999
   - ○ 10,000 or more
   - ○ Not applicable
   - ○ Unsure

5. **Has your organization ever participated in or facilitated community-led decision-making around policies, actions, or programs?**
   - ○ Yes
   - ○ No
   - ○ Unsure

6. **Which of the following best describe(s) your organization? (check all that apply)**
   - ☐ Hospital
   - ☐ Federally Qualified Health Center (FQHC)
   - ☐ Outpatient (or ambulatory) health care center affiliated with a hospital system
   - ☐ Independent outpatient (or ambulatory) health care center
   - ☐ Mental health provider

- ☐ Emergency response (e.g., Fire, EMS)
- ☐ Law enforcement
- ☐ Schools/education (PK–12)
- ☐ College/university
- ☐ Library
- ☐ Coalition or collaborative group
- ☐ Non-profit organization
- ☐ Grassroots community organizing group/organization
- ☐ Social service provider
- ☐ Neighborhood association
- ☐ Foundation/philanthropic organization
- ☐ Private business/for-profit organization
- ☐ Faith-based organization
- ☐ Government agency (city, county, state)
- ☐ Tribal government agency
- ☐ Other (please describe): _____

7. What Kent County zip code(s) is your organization located in? (Select all that apply)

- ☐ 48809
- ☐ 48838
- ☐ 49301
- ☐ 49302
- ☐ 49306
- ☐ 49315
- ☐ 49316
- ☐ 49318
- ☐ 49319
- ☐ 49321
- ☐ 49326
- ☐ 49330
- ☐ 49331
- ☐ 49341
- ☐ 49343
- ☐ 49345
- ☐ 49418
- ☐ 49503
- ☐ 49504
- ☐ 49505
- ☐ 49506
- ☐ 49507
- ☐ 49508
- ☐ 49509
- ☐ 49512
- ☐ 49519
- ☐ 49525
- ☐ 49534
- ☐ 49544
- ☐ 49546
- ☐ 49548
- ☐ Not listed (please specify) _____ _____ _____

Demographics and Characteristics of Individuals/Communities Served/Engaged

8. Who are your priority populations? In other words, does your organization intentionally focus on serving specific populations? (Select all that apply)

- ☐ Asian American
- ☐ Black or African American
- ☐ Children & youth
- ☐ Immigrant or refugee populations
- ☐ Incarcerated or formerly incarcerated populations
- ☐ Individuals with disabilities
- ☐ Hispanic/Latin(o)(a)(x)
- ☐ LGBTQIA+ persons
- ☐ Low-income individuals/families
- ☐ Native American or Indigenous populations

- ☐ Older adults (age 55+)
- ☐ Pacific Islander
- ☐ People experiencing homelessness
- ☐ Undocumented populations
- ☐ Veterans
- ☐ Women & girls
- ☐ None of the above
- ☐ Other _____
- ☐ Other _____
- ☐ Other _____
- ☐ Other _____

9. **Does your organization offer inclusive and affirming services for transgender, nonbinary, and other members of the LGBTQIA+ community?**

   Inclusive: LGBTQIA+ clients and staff are welcomed and respected

   Affirming: A step beyond inclusion where actions and environment supports a person's sexual orientation/gender identity (e.g., have health brochures specific to LGBTQIA+ health, all staff are trained on affirming care, SOGI data is collected, etc.)

   - ○ Yes— we provide inclusive **and** affirming services for the LGBTQIA+ community
   - ○ Somewhat— we provide inclusive services that LGBTQIA+ individuals could use, but would need to expand efforts to be affirming
   - ○ No— our organization does not provide services that are inclusive of LGBTQIA+ individuals
   - ○ Unsure

10. **Does your organization offer services specifically for youth aged 24 and younger?**
    - ○ Yes
    - ○ No **[skip to question 12]**
    - ○ Unsure **[skip to question 12]**

11. **What age ranges of youth does your organization serve? (Select all that apply)**
    - ☐ Ages 0-5
    - ☐ Ages 6-12
    - ☐ Ages 13-18
    - ☐ Ages 18-24

12. **Does your organization have ready access to live interpretation services?**
    - ☐ Yes, in-person (on-site) interpretation
    - ☐ Yes, digital (i.e., phone or video) interpretation
    - ☐ No **[skip to question 14]**
    - ☐ Unsure **[skip to question 14]**

13. **For which languages are interpretation services offered? (Select all that apply)**
    - ☐ All languages
    - ☐ American Sign Language (ASL)
    - ☐ Arabic

- ☐ Burmese
- ☐ English
- ☐ Kinyarwanda
- ☐ Nepali
- ☐ Spanish
- ☐ Swahili
- ☐ Vietnamese
- ☐ Other (please describe): _____

14. What do you do to reach/engage/work with your clientele or community? (Select all that apply)

- ☐ We hire staff from specific racial/ethnic groups that mirror the population(s) we serve
- ☐ We hire staff/interpreters who speak the language/s of the population(s) we serve
- ☐ We support leadership development in the population(s) we serve
- ☐ We hire staff with similar lived experiences or backgrounds as the population(s) we serve
- ☐ Our organization is physically located in neighborhood/s of our priority population(s)
- ☐ We receive many clients from our priority population(s)
- ☐ We receive many referrals from our priority population(s)
- ☐ We work closely with community organizations from our priority population(s)
- ☐ We have done extensive outreach to the population(s) we serve
- ☐ None of the above
- ☐ Other (please describe): _____

15. How much does your organization focus on each of these topics? For each one, select a) A lot, b) A little, c) Not at all, or d) Unsure.

i. **Economic Stability**: The connection between people's financial resources—income, cost of living, and socioeconomic status—and their health. This includes topics such as poverty, employment, food security, and housing stability.
   - ○ A lot
   - ○ A little
   - ○ Not at all
   - ○ Unsure

ii. **Education Access and Services**: The connection of education to health and well-being. This includes topics such as graduating from high school, educational attainment in general, language and literacy, and early childhood education and development.
   - **O** A lot
   - **O** A little
   - **O** Not at all
   - **O** Unsure

iii. **Healthcare Access and Quality**: The connection between people's access to and understanding of health services and their own health. This includes topics such as access to healthcare, access to primary care, health insurance coverage, and health literacy.
   - ○ A lot
   - ○ A little

- Not at all
- Unsure

iv. **Neighborhood and Built Environment**: The connection between where a person lives—housing, neighborhood, and environment— and their health and well-being. This includes topics like quality of housing, access to transportation, availability of healthy foods, air and water quality, and public safety.
   - A lot
   - A little
   - Not at all
   - Unsure

v. **Social and Community Context**: The connection between characteristics of the contexts within which people live, learn, work, and play, and their health and well-being. This includes topics like cohesion within a community, civic participation, discrimination, conditions in the workplace, violence, and incarceration.
   - A lot
   - A little
   - Not at all
   - Unsure

15. **(Optional) Please add any comments about the items in this section**

_____
_____
_____
_____

II. Organizational Activities & Strategies

This section asks about the work your organization does and how. This information will help to understand "who is doing what" in the community.

Note: we recognize that these are long, potentially time-consuming questions; however, the information from these questions is critical in helping identify gaps in services and understanding existing efforts happening across Kent County.

Following the set of questions is space for comments or questions.

Topic Area Focus

16. **Which of the following categories does your organization work on/with, and how? (Check all that apply)**

Direct services include providing services directly to the people who are impacted; involves "face-to-face" interaction.
Examples:
- provide out of school programs for youth
- help parents enroll their children in out of school programs

Indirect services include work that is performed separate from the people you are trying to impact; involves "behind the scenes" or support work.
Examples:

- provide funding or resources for out of school programs
- create a resource guide with information on local youth programs for parents to use

Unsure if your organization does work related to the category, but you are unsure if they are direct or indirect services.

	Direct Services	Indirect Services	Unsure
a. Adverse childhood experiences (ACEs)			
b. Arts and culture			
c. Civic engagement			
d. Community economic development			
e. Community leadership & power building			
f. Crisis or emergency services			
g. Disability/independent living			
h. Early childhood development/childcare			
i. Education (e.g., K-12, GED, etc.)			
j. Economic security/financial assistance			
k. Environmental justice/climate change			
l. Family/child well-being			
m. Food access and affordability			
n. Food service/restaurants			
o. Gender discrimination/equity			
p. Healthcare access or health literacy			
q. Housing or homelessness			
r. Human services			
s. Immigration/immigrant services			
t. Jobs/labor conditions/wages and income			
u. Land use planning/development			
v. Language services (interpretation and translation)			
w. Legal services/legal system			
x. LGBTQIA+ discrimination/equity			
y. Parks, recreation, and open space			
z. Public health			
aa. Public safety/law enforcement			
bb. Racial justice			
cc. Seniors/elder care			
dd. System navigation or connection to resources/ information			
ee. Transportation			
ff. Utilities or home repair			
gg. Veterans' issues			
hh. Violence (e.g., domestic violence, gun violence, etc.)			

ii. Workforce development			
jj. Wraparound services/case management			
kk. Youth development or youth leadership			
ll. None of the above/Not applicable			
mm. Other (please describe): _____			
nn. Other (please describe): _____			
oo. Other (please describe): _____			

17. Which of the following health topics does your organization work on/with and how? (Check all that apply)

	Direct Services	Indirect Services	Unsure
a. Cancer			
b. Chronic disease (e.g., asthma, diabetes/obesity, cardiovascular disease)			
c. Environmental toxins (e.g., lead, PFAS)			
d. Immunizations			
e. Infectious disease			
f. Injury and violence prevention			
g. HIV/STI treatment/prevention			
h. Healthcare access/utilization			
i. Health equity			
j. Health insurance/Medicare/Medicaid			
k. Maternal/infant health			
l. Mental or behavioral health (e.g., PTSD, anxiety)			
m. Nutrition			
n. Oral health/dental			
o. Physical activity			
p. Tobacco or marijuana use and prevention			
q. Trauma informed care			
r. Substance use treatment/prevention (e.g., opioids, alcohol)			
s. None of the above/Not applicable			
t. Other (please describe): _____			
u. Other (please describe): _____			
v. Other (please describe): _____			

General Activities and Strategies

18. Consider *how* your organization works on the topics from the previous question. For each of the following strategies, please indicate if your organization currently uses, would like to use/expand, or does not use the strategy in its work.

	Currently using this strategy	Would like to use or use more (i.e., would like to grow this capacity)	Does not use, with no plans to use this strategy

a. **Research and Assessment:** collecting and/or analyzing data			
b. **Education**: inform and educate people about health or factors that influence well-being, and how to improve it			
c. **Communication and Information Sharing:** my organization works to effectively communicate and disseminate information to others			
d. **Social and Health Services**: Providing services that reach clients and meet their needs (including clinical and healthcare services).			
e. **Community Engagement:** My organization works with community members who are directly impacted by the work we do			
f. **Alliance and Coalition-Building**: Building collaboration among groups with shared values and interest.			
g. **Workforce**: My organization supports workforce development and can help build and support a diverse, skilled workforce.			
h. **Community Power Building**: Equipping communities with the resources, skills, and funding to improve or strengthen their community			
i. **Advocacy and Grassroots Lobbying**: Targeting public officials either by speaking to them or mobilizing constituents to influence legislative or executive policy decisions.			
j. **Policies, Plans, Laws**: My organization works to change, create, champion, and apply policies, plans, and laws that impact health and well-being.			
k. **Systems Change**: Identifying and changing the underlying structures, decision-making processes, policies, and priorities that produce inequities.			

19. (Optional) Please add any comments about the items in this section

_____

_____

_____

_____

C. Organizational Practices, Resources, and Capacities

This final section asks questions about organizational factors that shape our Community System (or ecosystem of organizations serving the community).

Topics include: barriers faced, equity practices, strengths, challenges, and your organization's experiences related to collecting data, engaging community members, collaborating with other agencies, and communicating with the public.

Following the set of questions is space for comments or questions.

Organizational Barriers

20. On a scale of 1-5, please rate how much of a barrier each of the following are to your organization effectively serving or meeting the needs of your clients/community or achieving its goals:

	Never a barrier 1	2	3	4	Always a barrier 5
i. Funding					
ii. **Capacity** (e.g., time, staff)					
iii. **Connections** (to other organizations or the community)					
iv. Policies, rules, or regulations					

21. (Optional) Are there any other barriers your organization faces that impact your ability to effectively serve or meet the needs of your clients/community or achieve its goals?

_____

_____

_____

Equity Practices

22. Please review the following statements. For each one, select Yes, No, or Unsure

v.	We have at least one person in our organization dedicated to advancing equity/addressing inequities *internally* in our organization.	**Disagree** o	**Agree** o	**Unsure** o
vi.	We have at least one person in our organization dedicated to advancing equity/addressing inequities *externally* in our community.	**Disagree** o	**Agree** o	**Unsure** o
vii.	Advancing equity/addressing inequities is included in all or most staff job requirements.	**Disagree** o	**Agree** o	**Unsure** o
viii.	Diversity, equity, and inclusion training is mandatory for our staff	**Disagree**	**Agree**	**Unsure**

	o	o	o
ix. Sexual orientation and gender identity is included in our organization's diversity, equity, and inclusion training	**Disagree** o	**Agree** o	**Unsure** o

23. (Optional) How does your organization advance equity beyond dedicated staff?

_____

_____

_____

24. Does your organization have a formal way of including community members, stakeholders, youth, or others who are impacted by your organization in decision making processes?

- o Yes (please describe) _____
  _____
- o No
- o Unsure

Data and Assessments

25. Does your organization conduct assessments (e.g., of basic needs, community health, neighborhood)?

- o Yes (please describe what is assessed and how often) _____
  _____
- o No
- o Unsure

26. What data does your organization collect? (Select all that apply)

- ☐ Demographic information about clients or members
- ☐ Access and utilization data about services provided and to whom
- ☐ Evaluation, performance management, or quality improvement information about services and programs offered
- ☐ Data about health status
- ☐ Data about health behaviors
- ☐ Data about conditions and social determinants of health (e.g., housing, education, or other conditions)
- ☐ Data about systems or policy
- ☐ We don't collect data
- ☐ Unsure
- ☐ Other (please describe): _____

Community-Engagement Practices

27. What type of community-engagement practices does your organization do most often?

- o **Inform**: Provide the community with relevant information.
- o **Consult**: Gather input from the community.
- o **Involve**: Ensure community needs and assets are integrated into process and inform planning.
- o **Collaborate**: Ensure community capacity to play a leadership role in decision-making

- ○ **Defer to**: Foster democratic participation and equity through community-driven decision-making. Bridge divide between community and governance.
- ○ **None/Not applicable:** No community engagement ***[skip to question 30]***
- ○ **Unsure**

28. Which of the following methods of community engagement does your organization use most often? (Select all that apply)

- ☐ Billboards
- ☐ Fact sheets
- ☐ Newsletters
- ☐ Videos
- ☐ Presentations
- ☐ Social media
- ☐ Polling
- ☐ Surveys
- ☐ Focus groups
- ☐ Public comment periods
- ☐ Consensus building
- ☐ Community forums
- ☐ Community events
- ☐ Interactive workshops
- ☐ Resident advisory committees
- ☐ Resident seat(s) on governing boards
- ☐ Co-design and/or co-implement solutions
- ☐ Community organizing and advocacy
- ☐ Funding community-led initiatives or community-based organizations
- ☐ Memorandums of understanding (MOUs) with community-based organizations
- ☐ Participatory action research
- ☐ Participatory budgeting or grantmaking
- ☐ Unsure
- ☐ Other (please describe): _____

29. When you engage community, do you offer any of the following? (Select all that apply)

- ☐ Stipends or gift cards for participation
- ☐ Interpretation/translation to other languages including sign language
- ☐ Food/snacks
- ☐ Transportation vouchers if needed
- ☐ Childcare if needed
- ☐ Accessible materials for those with low literacy
- ☐ Accessible materials for those who are visually impaired
- ☐ Lactation areas
- ☐ Facilities that are barrier-free
- ☐ Locations that are easily accessible via public transportation
- ☐ Virtual ways to participate
- ☐ None of the above
- ☐ Unsure
- ☐ Other (please describe): _____

Partnerships and Communications

30. Is your organization part of any collaboratives or partnerships with other Kent County organizations, agencies, or institutions?

- ○ Yes
- ○ No ***[skip to 32]***
- ○ Unsure ***[skip to 32]***

31. What resources does your organization contribute to partnerships or collaborations? (Select all that apply)

- ☐ Direct funding
- ☐ Collaboration to obtain funding for community projects
- ☐ Staff time to attend meetings
- ☐ Staff time to support community engagement and involvement
- ☐ Staff time to help implement strategies or achieve goals
- ☐ Interpretation and/or translation services
- ☐ Research (i.e., data collection) or evaluation support
- ☐ Data sharing
- ☐ Food for community meetings
- ☐ Childcare for community meetings
- ☐ Policy/advocacy skills
- ☐ Media connections
- ☐ Social media capacities
- ☐ Physical space to hold meetings
- ☐ Physical space for large convenings or events
- ☐ None of the above
- ☐ Unsure
- ☐ Other (please describe): _____

32. Our organization has good relationships with other organizations who can help share information.

- ○ Strongly disagree
- ○ Disagree
- ○ Agree
- ○ Strongly agree
- ○ Unsure

33. Our organization has a clear equity lens that we use for our external communications and engagement work.

- ○ Strongly disagree
- ○ Disagree
- ○ Agree
- ○ Strongly agree
- ○ Unsure

34. **What communication strategies does your organization have the most success with? (Select all that apply)**
    - ☐ Internal newsletters to staff
    - ☐ External newsletters to members/the public
    - ☐ Ongoing and active relationships with local journalists and earned media organizations
    - ☐ Media contact list for press advisories/releases
    - ☐ Social media outreach (e.g., on Facebook, Twitter, Instagram)
    - ☐ Culturally competent and inclusive outreach (e.g., considering different identities or background)
    - ☐ Press releases/press conferences
    - ☐ Data dashboard
    - ☐ Meet to discuss narrative and messaging to the public
    - ☐ None of the above
    - ☐ Unsure
    - ☐ Other (please describe): _____

35. **In what language/s do you hold public meetings? (Select all that apply)**
    - ☐ American Sign Language (ASL)
    - ☐ Arabic
    - ☐ Burmese
    - ☐ English
    - ☐ Kinyarwanda
    - ☐ Nepali
    - ☐ Spanish
    - ☐ Swahili
    - ☐ Vietnamese
    - ☐ Other (please describe): _____

36. **If your organization has publicly available materials, are they translated into other languages besides English?**
    - ○ All publicly available materials are translated into other languages
    - ○ Most publicly available materials are translated into other languages (e.g., when conducting outreach to various populations or when hosting events for various populations)
    - ○ Few publicly available materials are translated into other languages (e.g., only when requested)
    - ○ No publicly available materials are translated into other languages
    - ○ Not applicable (we do not have publicly available materials)
    - ○ Unsure

Organizational Strengths and Challenges

36. **What are your organization's top strengths? (Select up to 5)**
    - ☐ Awareness of other programs or initiatives
    - ☐ Ability to meet & exceed goals
    - ☐ Adaptability or ability to adjust to community's changing needs
    - ☐ Bilingual/bicultural staffing

- ☐ Board development
- ☐ Collaborating with other organizations
- ☐ Collecting or acquiring data
- ☐ Communications or information sharing
- ☐ Community engagement or outreach
- ☐ Customer service/patient satisfaction
- ☐ Financial management
- ☐ Fundraising (e.g., applying for grants, securing funding, etc.)
- ☐ Information technology systems
- ☐ Innovation
- ☐ Leadership
- ☐ Organizational culture & policies
- ☐ Organizational reputation
- ☐ Professional development for staff
- ☐ Program development or implementation
- ☐ Quality of services provided
- ☐ Quality of staff benefits (e.g., paid a thriving wage, offered insurance, etc.)
- ☐ Sharing data
- ☐ Skilled management
- ☐ Social justice or anti-racism work
- ☐ Social media
- ☐ Staff capacity (e.g., sufficient number of staff, appropriate skills/knowledge, etc.)
- ☐ Strategic planning
- ☐ Trusted by the community
- ☐ Other (please describe): _____
  _____
  _____

37. What are your organization's challenges? (Select all that apply).

- ☐ Awareness of other programs or initiatives
- ☐ Ability to meet & exceed goals
- ☐ Adaptability or ability to adjust to community's changing needs
- ☐ Bilingual/bicultural staffing
- ☐ Board development
- ☐ Collaborating with other organizations
- ☐ Collecting or acquiring data
- ☐ Communications or information sharing
- ☐ Community engagement or outreach
- ☐ Customer service/patient satisfaction
- ☐ Financial management
- ☐ Fundraising (e.g., applying for grants, securing funding, etc.)
- ☐ Information technology systems
- ☐ Innovation
- ☐ Insufficient resources to meet demand
- ☐ Lack of skilled management
- ☐ Leadership

- ☐ Not trusted by the community
- ☐ Organizational culture & policies
- ☐ Organizational reputation
- ☐ Professional development for staff
- ☐ Program development or implementation
- ☐ Quality of services provided
- ☐ Quality of staff benefits (e.g., paid a thriving wage, offered insurance, etc.)
- ☐ Sharing data
- ☐ Social justice or anti-racism work
- ☐ Social media
- ☐ Strategic planning
- ☐ Staff capacity (e.g., insufficient number of staff, lacking appropriate skills/knowledge, etc.)
- ☐ Other (please describe): _____
  _____
  _____

38. (Optional) Please add any comments about the items in this section

_____
_____
_____
_____

End of Survey.

Please submit your responses using the link that was emailed to you. If you have any questions, contact Maris Brummel (Maris.Brummel@kentcountymi.gov)

Appendix D.
Focus Group Discussion Guide

Kent County Community Health Needs Assessment

Community-Led Focus Groups: Discussion Guide

How to use the discussion guide:

Each question includes additional information or suggested scripts for the facilitator, along with recommended time to spend discussing each question. Below each question are the following:

Purpose of question: Do not read this to the group – the purpose is included to help facilitators ask enough follow-up questions until they feel the group has provided enough relevant information or has sufficiently answered the question.

Prompt (if needed): The list of prompts includes different ways of asking the question to try and generate conversation. These can help clarify what the question is asking if participants don't understand or help the facilitator re-phrase the question if the group isn't talking. Remember, after asking a question, silence is normal and encouraged so that participants have time to think about their answers. If they are silent for more than ~10 seconds, it may help to ask, "would you like me to repeat the question?" or "does everyone understand the question, or would you like me to ask it differently?" If you think the group would relate or respond better to one of the prompts, feel free to start with that instead of the original question. We recommend reading through the prompts and highlighting the one(s) you would like to ask.

Follow-up question (if time allows): There is an estimated time allotment next to each topic – this is a rough estimate of how much time the group should spend on each question (including the facilitator asking or clarifying the question) to get through the whole discussion guide in about one hour. If the group has thoroughly discussed the main question and there is enough time left in that section, you may want to pose one or two of the follow-up questions before moving on to the next section. Remember to use general probes and get more detailed responses to the original question (for example, "can you talk more about that?" or "does anyone in the group have a similar or different experience?") before asking the follow-up question.

Introduction & Ground Rules:

Welcome! Thank you very much for joining us today. I am *[your name]* and this is *[introduce co-facilitator/notetaker if applicable]*, we will be facilitating the discussion today and taking notes.

Our purpose this afternoon/evening is to listen to community members and hear your thoughts and opinions about the strengths, concerns, and solutions when it comes to health and well-being in your community. Today's focus group will be one of 10 conducted for the Kent County community health needs assessment. This assessment is done every 3 years by the Health Department, hospital systems, and community-based organizations to identify which health-related issues are most important to residents. Today's conversation is important because hearing directly from community members about their experiences helps to paint a fuller picture of what health looks like across different communities in Kent County.

Our discussion should run for approximately 50-60 minutes today. I will be asking specific questions, but the focus group should feel conversational and pretty informal. We encourage you to respond to each other throughout the discussion, but please be respectful of others' opinions, and avoid talking over people or having side conversations.

We want everyone to participate and have the chance to explain their opinions and personal experiences. If you're not talking, I may eventually call on you to share. On the other hand, if you're the only one talking, please recognize that and give others a chance to participate.

To help avoid potential distractions we would appreciate it if you would silence your cell phones. If you need to step away, please do so quietly and rejoin as quickly as possible.

If you don't understand a question, please let us know. We are here to help guide the conversation and make sure everyone has a chance to share.

If the group seems to be stuck on a topic or off topic, we may interrupt you. We have a lot to accomplish tonight, and we may have to move on from a question even when there is more to be said. If we end up with extra time at the end, we may circle back to those discussions.

We do ask that you all keep each other's identities, participation, and remarks private. We hope you'll feel free to speak openly and honestly. The questions I will ask do not have right or wrong answers. They are about your experiences and opinions, so do not hesitate to speak.

We will be tape recording the discussion because we don't want to miss any of your comments; everything you share will be kept confidential and your name will not be connected to anything you say.

Finally, we promised to pay you $50 for participating today, so be sure to get your gift card/cash/etc. at the end of the session before you leave.

Does anyone have any questions before we begin?

Begin Recording

Icebreaker Question:		
[Read]:	'Health' is such a large and broad word that lots of things can be related to health. Let's go around the room and introduce ourselves by saying our first name and the first word or phrase we think of when we hear the word 'health'. If someone has already said your word, try to think of another one. If you want to share a bit about why you thought of your word that's fine too. I'll go first. My name is _(name)_ and when I hear the word 'health' I think of "__(word)__" because _____(explanation)____ .	3 minutes
Question 1: Let's start by talking about what "community" means to us. How would you define your community/communities? In other words, what types of communities are you a part of?		
[Optional to read for providing context or examples <u>before</u> asking Question 1]:	Some of the questions today will ask about your community, which can mean different things to different people. Communities are usually centered around shared traits or interests. They can be… • Geographical – so a group of people who live in the same neighborhood or city • Social – groups of people who have shared hobbies or interests • Cultural – groups with shared language, traditions, or norms • Professional – groups who might work in the same field or share common knowledge or skills • Religious or spiritual – groups who share a common faith or belief system For today's discussion, "people in your community" may also include your family or friends.	5 minutes
[Read before moving on to next question]:	Throughout the conversation today, the meaning of community may change depending on the question – if you feel like it's important, it may be helpful to name which community you're talking about when you answer. For example, "people in my neighborhood…" or "I'm a small business owner and other business owners I know also talk about…"	
Question 2: What do you like about living or working here?		
[DO NOT READ] Purpose of question: Trying to understand the strengths/positive attributes and/or what makes people feel connected to their communities.		6-8 minutes
Notes:	*Prompt (if needed):* • What do you like best about your community? *Follow-up question (if time allows):* • Think of a time you felt really connected to your community here – what made that feeling of connection happen?	

Question 3: What do you think are the biggest health concerns for people in your community?		
[DO NOT READ] Purpose of question: To find out people's perception/opinions of top health issues or health needs		
Notes:	*Prompt (if needed):* • What do you, your neighbors, or your friends and family who live here worry about as far as health concerns? • What kind of health concerns do other people your age face? *Follow-up question (if time allows):* • (If not already mentioned) What are the biggest mental health or behavioral issues that people in this community face? Mental health can include things like depression, anxiety, trauma, or stress; and behavioral health can include things like drug or alcohol use, or things related to exercising and eating.	7-9 minutes

Question 4: In your opinion, what are some of the factors that contribute to these health issues?		
[DO NOT READ] Purpose of question: To understand what the root causes of health issues are		
Notes:	*Prompt (if needed):* • What do you think might cause some of these health issues? For example, diet, lifestyle, pollution…	5 minutes

Question 5: There are many non-medical things that affect our health and well-being – these are called the *social determinants of health* and they can include things like where we live, our family, friends, and community, our access to food, water, and healthcare, our education, and our income or money. What are the most significant social determinants of health that impact this community?		
[DO NOT READ] Purpose of question: Trying to understand basic needs or the most pressing social determinants of health.		
Notes:	*Prompt (if needed):* • All people have day to day worries or concerns. What kinds of things do people in your community worry about? • What kind of basic needs do people worry most about? *Follow-up question (if time allows):* • What kind of impact do these things have on you/your community?	10 minutes

Question 6: What kinds of resources or supportive things are available that help you be healthy, or positively contribute to health in your community?

[DO NOT READ] Purpose of question: Trying to understand facilitators of good health and/or community strengths and assets that can be used to improve health in the community.

Notes:	*Prompts (if needed):* • Are there things in this community that impact health in a positive way? • What kinds of things make it easy for you or others in your community to be healthy? *Follow-up question (if time allows):* • Are there any resources or supportive things that you don't currently have but think would help improve health in your community?	6-8 minutes

Question 7: When people need help, what prevents them from getting the help they need?

[DO NOT READ] Purpose of question: Trying to understand what the real or perceived barriers people are experiencing.

Notes:	*Prompts (if needed):* • Are there things around where you live that make it more difficult for you or others to be healthy? • What kind of barriers or obstacles have you (or others in your community) experienced that make it hard to be healthy or stay healthy? *Follow-up question (if time allows):* • Do people know where to go for help?	7-9 minutes

Question 8: What is currently happening locally (or what has happened recently) that affects the health and well-being of people in your community?

[DO NOT READ] Purpose of question: To understand what policies, trends, or recent events have impacted people at the local level. Can be negative (for example, gentrification or a hospital closure), or positive (for example, state ban on holding phones while driving).

Notes:	*Prompts (if needed):* • What has happened in the past 3 years that impacts health? • What have you heard in the news that would impact health where you live? *Follow-up question (if time allows):* • How are people impacted by the things that were mentioned? • Are some people impacted more than others?	6-8 minutes

Question 9: Our last question is about potential solutions. What changes do you think would help the community become healthier?		
[DO NOT READ] Purpose of question: To collect information on community-identified solutions for priorities, or generate ideas for health improvement among specific communities.		
Notes:	*Prompts (if needed):* • What do you need to be healthy where you currently live? • If you could make one wish, what would you change about living in your community (or for your community)? • What advice would you give to healthcare providers (or others) about how they can help improve health in your community? *Follow-up question (if time allows):* • What would you want others to know about your community?	5 minutes
Closing: Before we end our discussion today, is there anything else you would like to say related to what we talked about?		
Notes:	• Thank participants for coming. • Distribute gift cards or other form of compensation.	

Appendix E.
2023 Community Survey

Introduction
Every three years, Kent County conducts a community health needs assessment. This assessment helps communities, organizations, and local health systems identify the major health challenges facing Kent County residents. The results will be the focus of health improvement efforts in Kent County for the next three years.

Do you mind answering a few questions to see if you can take the survey?

1) Do you live in Kent County?
   - ○ Yes
   - ○ No *[End survey if respondent answer = No]*
2) Are you at least 18 years old or older?
   - ○ Yes
   - ○ No *[End survey if respondent answer = No]*

Consent
This year, the Dorothy A. Johnson Center for Philanthropy at Grand Valley State University is conducting the following survey on the County's behalf. Thank you for taking the time to share your thoughts and experiences. This survey will take about eight minutes.

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 your experiences related to general health and well-being. Some questions require only one answer, and other questions allow you to select multiple answers.

Your participation in this survey is completely voluntary. You may choose not to answer any questions. You may ask more questions or quit participating at any time. We will not ask your name, and we are not recording your address, so your answers on this survey are completely anonymous.

Results from this survey will be summarized and included in the 2023 Community Health Needs Assessment report, which will be publicly available in Spring 2024 on the Kent County Health Department's website and through participating community organizations.

If you have any questions about the survey, you may contact the Johnson Center at (616) 331-7585.

Would you like to participate in the survey?

- ○ Yes
- ○ No *[End survey if consent = No]*

General information about the household

First, we'd like to ask you some questions about your household and how long you have lived in Kent County.

5) How many years have you lived in Kent County at your current location? (Please round up to the nearest year.)

_____

6) How many people live with you at your current location? Include yourself in the answer.

_____

7) Do any children or young adults, age 24 or younger, live with you?

- ○ Yes
- ○ No *[skip to question 9]*

8) How many children or young adults live with you in each of the following age groups or grades?

	1	2	3	4	5	6	7	8	9	10
Ages 0-5, or in preschool or kindergarten	○	○	○	○	○	○	○	○	○	○
Ages 6-14, or in elementary or middle school	○	○	○	○	○	○	○	○	○	○
Ages 15-19, or in high school	○	○	○	○	○	○	○	○	○	○

9) Where in Kent County do you live – what city, town, or township?

- ○ Ada Township
- ○ Algoma Township
- ○ Alpine Township
- ○ Bowne Township
- ○ Bryon Township
- ○ Caledonia Township
- ○ Cannon Township
- ○ Cascade Charter Township
- ○ Cedar Springs
- ○ Courtland Township
- ○ East Grand Rapids
- ○ Gaines Charter Township
- ○ Grand Rapids Charter Township
- ○ Grand Rapids
- ○ Grandville
- ○ Grattan Township
- ○ Kentwood
- ○ Lowell Charter Township
- ○ Lowell
- ○ Nelson Township

- ○ Oakfield Township
- ○ Plainfield Township
- ○ Rockford
- ○ Solon Township
- ○ Sparta Township
- ○ Spencer Township
- ○ Tyrone Township
- ○ Vergennes Township
- ○ Walker
- ○ Wyoming

10) *[If you selected Grand Rapids in previous question]* Can you tell me which Grand Rapids neighborhood you call home?

- ○ Alger Heights
- ○ Baxter
- ○ Belknap Lookout
- ○ Black Hills
- ○ Creston
- ○ Downtown
- ○ East Hills
- ○ Eastern-Burton
- ○ Eastgate
- ○ Eastown
- ○ Fulton Heights
- ○ Garfield Park
- ○ Grandville
- ○ Heritage Hill
- ○ Highland Park
- ○ John Ball Park
- ○ Ken-O-Sha Park
- ○ Lake Eastbrook
- ○ Leffingwell-Twin Lakes
- ○ Michigan Oaks
- ○ Midtown
- ○ Millbank
- ○ Millbrook Community Bridgeworks
- ○ North End
- ○ North Park
- ○ Northeast
- ○ Oldtown-Heartside
- ○ Ottawa Hills
- ○ Richmond-Oakleigh
- ○ Ridgemoor
- ○ Ridgemoor Park
- ○ Roosevelt Park
- ○ Seeds of Promise
- ○ Shangrai-La
- ○ Shawmut Hills
- ○ Shawnee Park
- ○ Southeast Community
- ○ Southeast End
- ○ Southwest
- ○ West Grand

Healthcare/Access

Next, we will ask questions about healthcare and health insurance.

11) In the past year, did you have health insurance? (**Select only one**).

- ○ Yes, for all of the year
- ○ Yes, for part of the year
- ○ No, not in the past year

12) In the past year, did you encounter any barriers to receiving health care?

- ○ Yes
- ○ No *[skip to question 14]*

13) What was your largest barrier to getting healthcare in your community? (**Please select all that apply.**)

- ☐ Did not know who to call
- ☐ High cost
- ☐ Did not trust the health care system
- ☐ Transportation to the doctor or clinic
- ☐ Not able to get an appointment/too long of a wait for an appointment
- ☐ Doctor's office or staff do not speak my language
- ☐ I could not leave work/appointment at a bad time for me
- ☐ I could not find childcare
- ☐ Something else (please specify) _____

Housing

Next is a series of questions about where you work, where you live, and how you feel.

14) What is your housing status right now? (**Select only one**).

- ○ Unhoused or homeless *[skip to question 17]*
- ○ Living with someone (friend, relative, etc.) and not paying rent
- ○ Own a house with no mortgage
- ○ Own a house and paying a mortgage
- ○ Rent or lease a home, apartment, dorm room, or similar
- ○ Some other living situation (please describe) _____

15) Now, think about your current living situation. Do you feel safe, somewhat safe, somewhat unsafe, or unsafe in your home?

- ○ Safe
- ○ Somewhat safe
- ○ Somewhat unsafe
- ○ Unsafe

16) Now, think about the place where you live. Do you have any of the following concerns with your current housing situation? Are you concerned about…

	Yes	No
Lead paint	◯	◯
Indoor air quality or mold	◯	◯
Problems with your landlord or building owner	◯	◯
Accessibility for wheelchairs or walkers	◯	◯
Independent living	◯	◯
Violence or dysfunction inside the home	◯	◯
Cost of your rent or mortgage	◯	◯

Food/Nutrition

17) Which of the following ideas are most important to your community? **Please select your top three (3).**

- ◯ Preserve farmland
- ◯ Farming practices that protect the environment
- ◯ Working conditions at farms and food businesses
- ◯ Support for local farmers
- ◯ Support for local food business owners
- ◯ Increase the number of local grocers and farmers' markets
- ◯ Ability to afford fruits and vegetables
- ◯ Access to gardening
- ◯ Food and nutrition education
- ◯ Reduce plastic food packaging
- ◯ Reduce food waste at restaurants and cafeterias
- ◯ Access to recycling and composting
- ◯ Other (please specify) _____

18) What actions could our community take to achieve the ideas you chose above?

_____

_____

_____

_____

Social Support/Community Context & Community Health

19) Please read through the following list of common health conditions. For each, please tell us whether this condition has been an issue for you or your family in the last 12 months.

	Yes	No
Asthma	◯	◯
Mental health	◯	◯
Heart disease or stroke	◯	◯
Chronic pain	◯	◯
Diabetes or pre-diabetes	◯	◯
Dental problems	◯	◯
Neurological disease (e.g., dementia)	◯	◯
Obesity	◯	◯
Sexually transmitted infections	◯	◯
Chronic stress	◯	◯
Substance misuse (for example, drugs, alcohol, or tobacco)	◯	◯
Other (please describe)	◯	◯

20) Do you experience discrimination based on any of the following characteristics in your daily life? *[skip to question 22 if no]*

	Yes	No
Race/ethnicity	◯	◯
Language	◯	◯
Gender	◯	◯
Disability status	◯	◯
Sexual orientation or gender identity	◯	◯

21) *[If answered yes to any part of question 20]* Where do you typically experience this discrimination?

	Yes	No
In my neighborhood	◯	◯
At work	◯	◯
When I am accessing health care services, like at the front desk of a doctor or a pharmacy counter	◯	◯
When I interact with law enforcement	◯	◯
When I am talking with or receiving care from a doctor or other health care professional	◯	◯
When I am shopping	◯	◯
Other (please describe)	◯	◯

22) Do you feel you have a consistent source of social support, such as family or close friends?

- ○ Yes
- ○ No

23) Below is a list of conditions and factors that can impact health. **Please select the top five (5)** areas of need to improve health for you, your family, or your community.

- ◯ Access to medical care
- ◯ Access to dental care
- ◯ Access to mental health services
- ◯ Afterschool and summer programs for youth
- ◯ Better access to childcare
- ◯ Caregiving services for the elderly, ill, or disabled
- ◯ Employment or job training
- ◯ Education
- ◯ Food security (access to food)
- ◯ Health insurance
- ◯ Housing stability (that is, difficulty finding and maintaining affordable, safe housing)
- ◯ Language assistance or translation services
- ◯ Paying for basic needs (housing, utilities, food, etc.)

- ◯ Safety in community or neighborhood
- ◯ Social support (connection to friends or family, having someone to talk to)
- ◯ Technology (access to internet, computers, or cell phones)
- ◯ Transportation
- ◯ Something else (please specify) _____

Community Safety

Next, we'd like to ask how safe you feel in your community.

24) First, think about your neighborhood. Do you feel safe, somewhat safe, somewhat unsafe, or unsafe in your neighborhood?
    - ○ Safe
    - ○ Somewhat safe
    - ○ Somewhat unsafe
    - ○ Unsafe

25) *[if answered yes to question 7: Do any children or young adults, age 24 or younger, live with you?]*
    Now, think about the schools your child attends or attended. Do you think your child feels safe, somewhat safe, somewhat unsafe, or unsafe at school?
    - ○ Safe
    - ○ Somewhat safe
    - ○ Somewhat unsafe
    - ○ Unsafe

26) What would help you feel safer in your neighborhood?

_____

_____

_____

_____

Community Health

Next, we'd like to ask two open-ended questions about health in your community.

27) What are the biggest issues in your community that impact health and wellbeing?

_____

_____

_____

_____

28) What services are needed in your community to improve health and wellbeing?

_____

_____

_____

_____

Demographics

The final questions are for demographic purposes only.

29) Which most closely describes your gender?

- ○ Man
- ○ Woman
- ○ Transgender
- ○ Non-binary
- ○ I use another term (please specify) _____

30) What is your highest level of education?

- ○ Less than or some high school (no diploma)
- ○ High school graduate or GED
- ○ Some college (no degree)
- ○ Trade school graduate
- ○ Associate's degree or technical certification
- ○ Bachelor's degree
- ○ Graduate degree or higher

31) What is your ZIP code? _____

32) What is your race or ethnicity? **Please select all that apply to you.**

- ☐ White
- ☐ Hispanic or Latino
- ☐ Black or African American
- ☐ Asian
- ☐ American Indian or Alaska Native
- ☐ Middle Eastern or North African
- ☐ Native Hawaiian or Pacific Islander

33) In what year were you born? _____

34) As part of its community outreach, the Health Department wants to ensure that the survey results reflect the wide variety of experiences for Kent County residents. Do you identify with any of the following special populations?

	Yes	No
Immigrant	◯	◯
Refugee/asylum seeker	◯	◯
Person with a disability	◯	◯
Veteran	◯	◯
Person who was formerly incarcerated	◯	◯
Member of the LBGTQI community	◯	◯

Appendix F.

Prioritization Exercises

Step 1: Ranking

This step should be completed individually. You will rank the list of 10 issues three different times, using different criteria each time.

Access to healthy food
Access to medical care
Chronic health conditions
Community safety
Dental care
Health insurance
Housing
Mental health
Sexual and reproductive health
Substance use

Severity/Magnitude

Rank the list of issues in order of severity and/or magnitude, **from highest to lowest.**

Severity refers to how minor or serious the consequences of this problem are. For example, to what extent does this issue impact quality of life or contribute to poor health outcomes, disability, or premature death?

Magnitude refers to the size of the problem. For example, the number of people affected by the issue.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Root Cause

Now, rank the list of issues in order of root cause, from highest to lowest impact.

Root cause refers to the extent that this issue affects other health issues (i.e., is this issue a root cause of other problems? Would other problems be reduced if this issue was addressed?)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Ability to Impact

Now, rank the list of issues in order of ability to impact, from highest to lowest.

Ability to impact refers to the likelihood of being able to make a measurable impact or improvements in this area for residents in Kent County.

Consider the “needs / solutions” presented and your own experiences and opinions.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Step 2: Comparison Matrix

For each of the open cells, compare the issue on the top row to the issue on the far-left row. Select which issue (between the two) you would prioritize, and score the difference in importance between the two options from 1-3 using the scale below:

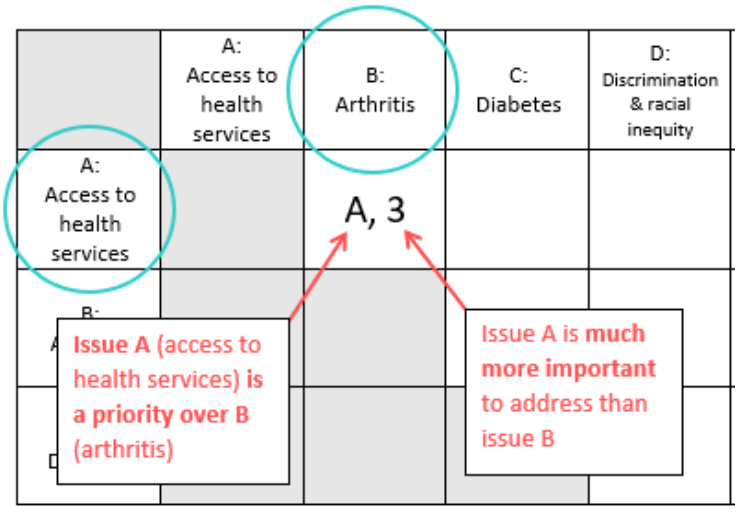
1 = issue chosen is slightly more important than the other

2 = issue chosen is more important than the other

3 = issue chosen is much more important than the other

Example:

- The first blank cell asks you to compare **access to health services** (issue A) to **arthritis** (issue B)
- First, determine which issue is a priority to address. Consider all of the data and community input you heard during the presentation.
- In the cell, write the letter of the issue you think is a priority, along with a score of how much more important (or how different the priorities are, in your opinion) that priority issue is compared to the other.
- So, if I think access to health services **should be prioritized** over arthritis, and I think access to health services is **much more important** than arthritis, my cell would look like this:



Go through each blank cell and enter:
a letter for which issue is more important **+** a number for how much more important.

	A: Access to healthy food	B: Access to medical care	C: Chronic health conditions	D: Community safety	E: Dental care	F: Health insurance	G: Housing	H: Mental health	I: Sexual and reproductive health	J: Substance use
A: Access to healthy food										
B: Access to medical care										
C: Chronic health conditions										
D: Community safety										
E: Dental care										
F: Health insurance										
G: Housing										
H: Mental health										
I: Sexual and reproductive health										
J: Substance use										

Step 3: Scoring

Go down the list and add up the total number of points for each issue. Let your table facilitator know your totals.

Topic/Issue	**Total number of points given to issue**
A: Access to healthy food	
B: Access to medical care	
C: Chronic health conditions	
D: Community safety	
E: Dental care	
F: Health insurance	
G: Housing	
H: Mental health	
I: Sexual and reproductive health	
J: Substance use	
	Add up the total amount of points
TOTAL	