

Health Equity in Grand Rapids’ “Neighborhoods of Focus”

Executive Summary & Key Observations

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Dorothy A. Johnson Center for Philanthropy

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Executive Summary

Asian, Black, Indigenous, and Latina/o/x people have higher infant mortality rates, experience more chronic conditions and disability, and die earlier than most white Americans (Williams et al., 2019). These disparities have been well researched and documented in the literature, but why do they persist?

Beyond individual physiology and health-related behaviors, there are environmental, economic, and social factors that influence health. We commonly refer to these features as the **social determinants of health**. These determinants are experienced uniquely and often unequally, shaping health care encounters and contributing to health inequities. The opportunity to achieve and maintain good health is the consequence of these life factors and influences.

This report investigates how many health-promoting resources — like education, transportation, and homeownership — are unevenly distributed within 17 census tracts identified by the W.K. Kellogg Foundation as the Neighborhoods of Focus (NOF) in Grand Rapids, Michigan. For NOF residents, this is especially true for the many poor children of color and their families living here.

A key decision made in this effort was to be explicit about race and structural racism, specifically the relationship of race to the structural inequities that contribute to health disparities. What we suggest here is that eliminating disparities requires moving away from health disparities as the focus of interventions and toward an agenda centered on achieving racial equity by dismantling the structural racism that influences our equitable access to the social determinants of health.

As you navigate this document, we want to draw your attention to several key equity themes:

- The social determinants are complex, integrated, and overlapping. Their interconnectedness serves as a cause and consequence. Where

there are deficits in experience or access in one determinant, so is access to another determinant or consequences later in one's life. This cycle not only fuels health inequity, but also a constant feedback loop of poor health.

- Embedded within the social domains we examined are structures and systems that have historically impacted and continue to negatively impact and disadvantage communities of color. Understood this way, racism and its impact are inextricably linked with all facets of life and, unfortunately, one's race and ethnicity continue to be predictive factors in life outcomes.
- History has revealed to us that pandemics can amplify health inequities, and COVID-19 is no exception. This virus has disproportionately affected socially disadvantaged groups, especially racial and ethnic minorities and low-income populations. Our research highlights pre-pandemic findings, yet presents a snapshot of the NOF's social infrastructure and the opportunity to positively impact health.

The findings and suggestions included in this report are not offered to settle discourse, but to deepen it. We aim for these baseline data to be used as a launching pad for sustained community conversation and action aimed at moving the Neighborhoods of Focus away from disparity and toward equitable opportunity and health.

Recommendations for Action

- Recognize and map community assets.
- Collect more data by race/ethnicity.
- Break down silos and consolidate resources.
- Actualize a health in all policies approach.
- Adopt and institutionalize racial equity impact assessments.

Economic Stability

Before COVID-19: Context

Economic stability lays the foundation for many of the social determinants of health. This stability provides people with the ability to consistently afford things such as health care, safe housing, and healthy foods (Office of Disease Prevention and Health Promotion, 2030). Wealth and income, cost of living, and other factors of socioeconomic status together determine economic stability. These factors are directly impacted by systemic racism, which results in a persistent racial wealth gap at both national and local levels (McIntosh et al., 2020; Sommeiller et al., 2016). To explore economic stability in the Neighborhoods of Focus (NOF) prior to the COVID-19 pandemic, we addressed the following questions:

- How has **poverty** impacted the NOF?
- Were people **employed**?
- Did households have enough **income** to sustain themselves?

2019 Key Observations

The chance of being born into poverty is higher in the Neighborhoods of Focus.

- Children living in the NOF were almost three times more likely to live in poverty than children across Kent County (44% versus 16%) and two times more likely than children across Michigan (20%). Hispanic or Latino/a/x children and Black/African American children were the most likely to live in poverty in the NOF compared to white children (49% and 48%, respectively, compared to 25%).

Economic inequity persists in the NOF.

- More than four out of five households (82%) in the NOF had income below the Grand Rapids median household income of \$50,103.
- The median household income for a household of four is equal to or below the ALICE Household Survival budget in over 80% of households in census tracts in the NOF, indicating that the majority of households did not have sufficient means to afford basic necessities. While less than 10% of all households in the NOF lived below the federal poverty level, the rate of poverty for people living in the NOF (31%), was twice as high as Kent County (12%) and Michigan (14%). The proportion of NOF residents in poverty was also 50% higher than the City of Grand Rapids average (31% compared to 20%).

Unemployment is a major factor in economic disparities.

- The unemployment rate was two times higher in the NOF (8%) than in the city of Grand Rapids (4%), Michigan (4%), and nationally (4%). Black/African American people aged 16 and older in the labor force living in the NOF were almost four times more likely to be unemployed than white people aged 16 and older in the labor force (17% versus 4%).

Access to Health Care

Before COVID-19: Context

Access to quality and reliable health care services is the core of a healthy community. Access to health care is impacted by a variety of factors, such as whether one is insured or underinsured, and whether one has access to quality relationships with providers and a network of support (Brummel, 2020). During the COVID-19 pandemic, inequitable access to health care became highly visible across the United States, both during the onset of the pandemic as well as during vaccine distribution. However, even prior to the pandemic, racially inequitable access to care was an ongoing concern. In Grand Rapids, Michigan, a Black/African American infant was more than twice as likely to die than a white infant (Radford and Myers, 2020). Meanwhile, in Kent County, Michigan, a Black/African American resident was twice as likely to have diabetes or prediabetes (Brummel, 2020).

To explore access to health care in the NOF prior to the COVID-19 pandemic, we answered the following questions:

- Did people have **health insurance**?
- Could people **access health care providers** to care for their health needs?

2019 Key Observations

Access to health insurance is a vital entry point to receive care, but remained out of reach for many.

- The uninsured rate in the NOF (13%) was twice as high as in Kent County (6%) and in Michigan (6%).
- Nearly 1,000 children under age 18 (5% of all children) were uninsured in the NOF in 2019.
- People who reported they were “Some other race” or Hispanic or Latino/a/x were most likely to be uninsured. More than a quarter of people who reported being “Some other race” had no health insur-

ance, while 23% of Hispanic or Latino/a/x people reported the same. Both of these rates were approximately three times higher than the share of uninsured white people (8%).

- Medicaid is an important resource for many. More than one in three people living in the NOF (35%) were enrolled in Medicaid in 2019. This is more than twice as high as the Medicaid enrollment rate in Michigan (16%). While Medicaid provides important coverage, it is directly correlated with poverty, and recipients face limited options for health care.
- Almost one in six people — approximately 15% — living in the NOF and working full time did not have health insurance. This is compared to 9% in Grand Rapids, and 6% each in Kent County and Michigan overall.
- Whether someone was working full time, less than full time, or not working, there were disparities in health insurance coverage between the NOF and the city of Grand Rapids, Kent County, and Michigan overall.

A shortage of health care providers indicated disparities for people of color.

- In July 2018, Grand Rapids received an Index of Medical Underservice score of 59.5 on a scale of 0 to 100. This low-index score indicates that people who have low incomes have a shortage of primary health care services and face economic, cultural, or linguistic barriers to health care (Health Resources & Services Administration, 2021). Because people of color are more likely to have lower incomes in the NOF, this designation points to disparate access for many people of color living in the NOF.
- Areas in Kent County were designated Health Professional Shortage Areas, including portions of the NOF.

Housing

Before COVID-19: Context

Access to housing fosters the security and wealth-building that come with safe, affordable shelter and real estate. Housing has long been recognized as one of the social determinants of health, and existing research classifies stability, quality and safety, and affordability as major pathways between housing and health (Taylor, 2018). Without stable housing, people tend to suffer both physically and mentally. Black/African American people and other people of color are more likely to experience housing instability as an enduring legacy of redlining as well as both historic and current discriminatory rental and home ownership practices and structures.

The population without housing has been growing since the 1970s with clear racial disparities (Perl et al., 2018). In Kent County, prior to the COVID-19 pandemic approximately one in six Black children accessed the homeless system in 2019, compared to one in 130 white children (KConnect, 2020). Concurrently, neighborhood environmental factors such as substandard housing conditions affected the quality and safety of houses, impacting the health of those living in the Neighborhoods of Focus (NOF). A clear example is childhood lead exposure. Continuing a historical pattern of having one of the highest numbers across all Michigan counties, Kent County had 222 children under six years old with an elevated blood lead level in 2019. Lack of affordable housing is at the heart of unstable housing. High prices for shelter can lead to tradeoff decisions between health care, food security, and other important necessities. To better explore how these affected conditions in the NOF prior to the COVID-19 pandemic, we examined the following:

- Did people have opportunities for safe, affordable, and quality **housing**?
- What were the opportunities for **homeownership** in the NOF?
- To what extent were **affordable rental opportunities** available in the NOF?
- What was the extent of **shared occupancy** in the NOF?
- What was the extent of **exposure to lead for children under six** in the NOF?

2019 Key Observations

Housing was disproportionately unaffordable in the NOF.

- Higher proportions of homeowners and renters in the NOF reported being overburdened with housing costs compared to the city of Grand Rapids, Kent County, and Michigan overall. Specifically, two in five renters and one in four homeowners in the NOF reported being overburdened with housing costs, spending 30% or more of their income on housing.
- Fewer than half of all NOF households (47%) owned their own home. The homeownership rate in the NOF was lower than the city of Grand Rapids (55%), Kent County (70%), Michigan (71%), and the United States (64%) as a whole.
- Conversely, more than half of all NOF households (53%) rented their home. The share of renters was higher in the NOF than across the city of Grand Rapids (45%), Kent County (30%), and Michigan (29%).
- The median sale price of houses in the NOF more than doubled from \$61,000 in 2014 to \$127,700 in 2019, rising at a higher rate than across Grand Rapids and Kent County.

Shared occupancy is higher in the NOF.

- The NOF had a higher proportion of households with more than one occupant per room (6%) than the city of Grand Rapids (2.8%), Kent County (2.2%), and Michigan (1.7%) overall.

Safety from lead exposure continues to be an ongoing struggle, debilitating some of the most vulnerable.

- Children under age 6 across the city of Grand Rapids suffered elevated blood lead levels at a rate three times higher than children in Kent County (2%) and twice as high as in Michigan (3%) overall.

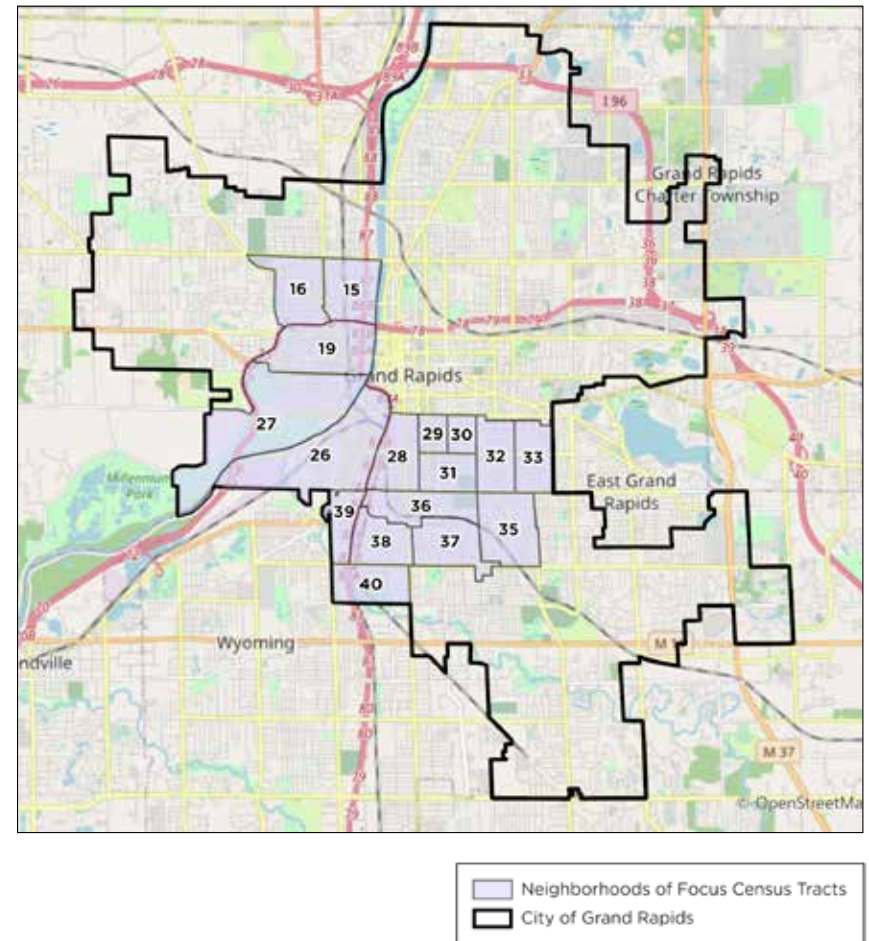
Access to Healthy Food and Nutrition

Before COVID-19 Context

Affordable access to quality, nutritious, and culturally diverse food is essential for the equitable health of communities. “Good food” should be “healthy, green, fair, and affordable” (Michigan State University Center for Regional Food Systems, 2021).¹² Limited access can have a domino effect on other social determinants of health or medical conditions. Food environments — determined by the types of food and their availability in a particular community — and the variety of cultural approaches to food have important implications for a community’s diet and prevention of chronic disease. Food environments also influence food insecurity, defined as the limitations or problems with accessing food (U.S. Department of Agriculture, 2021a). To explore access to “good food” and nutrition in the NOF prior to the COVID-19 pandemic, we looked at the following:

- Did people have **access to food stores**?
- How were people **accessing federal nutrition assistance programs**, such as the Supplemental Nutrition Access Program (SNAP), and the National School Lunch Program’s free/reduced-cost school lunch?

Figure FN-1. Neighborhoods of Focus: Census Tracts



¹²The Michigan Good Food Charter defines healthy, green, fair, and affordable as follows: Healthy - It provides nourishment and enables people to thrive; Green - It was produced in a manner that is environmentally sustainable; Fair - No one along the supply chain was exploited for its creation; Affordable - All people have access to it. <https://www.canr.msu.edu/michiganfood/index>

2019 Key Observations

Supermarket access varies along racial/ethnic lines in the NOF.

- The population in nearly 70% of the census tracts in Grand Rapids had low access to healthy food. The census tracts with the highest populations of people with low access to healthy food were in the NOF: among Black/African American and Hispanic or Latino/a/x communities living in tracts 26 and 28, and in white communities living in tract 16. (See Figure FN-1.)
- For people living in the NOF, access to at least one grocery store in any of the census tracts on average ranged from a little more than a tenth of a mile to half a mile in the NOF. By contrast, small convenience stores, liquor stores, and gas stations could be found within one-third of a mile on average across the NOF.

SNAP is an important resource within the NOF.

- Out of all households in the NOF who purchased food via the federal Supplemental Nutrition Assistance Program (SNAP) program, 58% had children under 18 years old, compared to 46% across Grand Rapids, 49% in Kent County, and 45% statewide.

- More than one-third of Indigenous, American Indian, or Alaska Native people living in the NOF participated in SNAP, compared to 28% across Grand Rapids, 21% in Kent County, and 22% in Michigan.
- A higher percentage of Black/African American people living in the NOF participated in SNAP (44%) than across Grand Rapids (42%), Kent County (33%), Michigan (33%), and nationally (26%).
- Similarly, more than 40% of people who identify as multiracial in the NOF participated in SNAP, compared to 34% across Grand Rapids, 27% in Kent County, and 23% in Michigan.
- So, too, a higher percentage of white people living in the NOF participated in SNAP (17%), compared to 9% across Grand Rapids, 7% in Kent County, and 10% in Michigan. This percentage was, however, lower than that of white participants nationally (36.5%).

The vast majority of children in the NOF qualify for free lunch.

- Roughly 5,900 out of 6,940 children (85%) in grades K–12 who attended a school within the NOF were from households with incomes eligible for free/reduced-price lunch programs, with nearly all of them from households with incomes eligible for free lunch.

Access to Quality Education

Before COVID-19: Context

A quality education system is essential to the overall health of a community. Across a person's lifetime, access to education ranges from early child care and education (ECE) to high school graduation, and then on to postsecondary education. Students of color have historically experienced less rigorous learning opportunities with more limited access to resources than white students, resulting in gaps in academic achievement and outcomes (Department of Education, 2021). Ultimately, educational attainment affects health in adulthood, including life expectancy, morbidity, and health behaviors because higher educational attainment is associated with better health and well-being (Office of Disease Prevention and Health Promotion, 2020). To explore access to quality education in the NOF prior to the COVID-19 pandemic, we examined the following:

- Did children have access to quality **early child care and education**?
- Did people have access to quality **primary and secondary education** opportunities?
- Could people access quality **postsecondary education** opportunities?

2019 Key Observations

The early child care and education landscape in the NOF is complicated.

- There was a total gap of 3,486 slots between the neighborhoods' need for child care for children 5 years and younger and providers' capacity.
- While 94% of participating licensed early child care and education (ECE) providers in the NOF were rated as three stars or above (demonstrating program quality across standards), a quarter of licensed ECE providers did not participate in the Great Start to Quality program, making the quality of their programs unknown.

Standardized testing indicates disparities in the NOF.

- On one hand, reading and math proficiency among third grade students attending public and charter schools in the NOF was roughly equivalent to proficiency among third grade students attending public and charter schools in Grand Rapids as a whole.¹³ In the NOF, 26% of third graders were proficient or advanced in reading, while about a quarter were proficient or advanced in math. In Grand Rapids, 29% of third graders were proficient or advanced in reading and about a quarter were proficient or advanced in math.
- On the other hand, proficiency among sixth grade students attending public and charter schools in the NOF dropped compared to their peers across the city. Only 13% of sixth graders attending public and charter schools in the NOF were proficient or advanced in reading compared to nearly 20% across Grand Rapids, and 11% of sixth graders attending public and charter schools in the NOF were proficient or advanced in math compared to 18% across the city.

¹³ There was a total of 22 public and charter schools in the Neighborhoods of Focus, and a total of 68 public and charter schools in the city of Grand Rapids during the 2018-2019 school year. These totals included both public schools and charter schools physically located and operating inside the boundaries of the given geography. For each given indicator (standardized testing, retention rate, and graduation rate), the number of schools included in the calculations were dependent on the data available for the 2018-2019 school year.

Overall, educational attainment was lower in the NOF than in Grand Rapids.

- While the average retention rates, or the percentage of students who continue to the next grade, in the NOF were high — above 95% — for public and charter elementary and middle schools, the average retention rates dropped to only 65% for public and charter high schools. Comparatively, the average retention rate in public and charter high schools across the city of Grand Rapids was 88%.
- Further, slightly more than half of all students in the NOF (51%) graduated from high school, while more than two-thirds graduated across all public and charter schools located within the city of Grand Rapids. In other words, approximately seven out of every ten students graduated across Grand Rapids overall, compared to five out of every ten students in the NOF.
- In addition, twice as many adults in the NOF did not have a high school diploma or equivalent (26%) compared to the city of Grand Rapids (13%).

Transportation and the Built Environment

Before COVID-19: Context

Transportation provides a means to accessing resources related to all other social determinants of health. “Accessible and reliable transportation helps connect people to employment, education, health care, social networks, and services” (Fedorowicz et al., 2020, p.3). Communities need transportation — whether walking, driving, bicycling, or taking public transportation — that they can trust to be safe, affordable, sustainable, and dependable. A system of transportation determines how easily one can attend a doctor’s visit and obtain needed medication from a pharmacy, get to school, work, the grocery store, or a local farmer’s market.

Transportation is part of the “built environment” that can foster overall community health. According to the Centers for Disease Control and Prevention (2021b), “the built environment includes the physical makeup of where we live, learn, work, and play — our homes, schools, businesses, streets and sidewalks, open spaces, and transportation options” (para. 2). Having access to parks, sidewalks, and bicycle paths can encourage a physically active lifestyle (Centers for Disease Control and Prevention, 2014). Prior to the COVID-19 pandemic, public disinvestment in key areas of the NOF perpetuated inequities in the built environment (Hicks, 2019). To explore transportation and the built environment prior to the COVID-19 pandemic, we answered the following questions:

- Could people access **public and private transportation** choices?
- Did people have equitable access to **parkland**?

2019 Key Observations

The overall travel time to work was fairly equitable between the NOF and surrounding regions.

- The average travel time to work was similar for people living in the NOF and in Grand Rapids overall, at about 20 minutes. Similarly, 15% of people living in the NOF traveled fewer than 10 minutes to work, compared to 13% each across Grand Rapids, Kent County, and Michigan.

Nevertheless, some areas of the NOF face transportation challenges.

- In the NOF, census tracts 15, 16, and 30 had the smallest proportions of residents working within their own neighborhood, yet also had low numbers of bus stops. This may pose challenges to commuting by bus outside the NOF.
- People living in the central NOF (census tracts 26, 28, and 29) had the most opportunities to access any employer in Grand Rapids by bus and the greatest accessibility to their workplace by bus. In contrast, people living in census tracts 15, 16, 31, 33, and 39 had the lowest accessibility to their place of work by bus.
- As may be expected, the census tract that houses the Rapid Central Station (tract 26) had the highest proportion of health care locations accessible by bus and within a reasonable walking distance.
- The percentage of households without a vehicle in the NOF (14%) was almost twice as high as across the state of Michigan (8%). This lower rate of vehicle ownership also exceeded households in Grand Rapids (12%) and in Kent County (7%) overall. Nationally, 9% of households had no vehicle available. In the NOF, census tract 28 had the highest percentage of households that did not have a vehicle, at 41%.

Neighborhoods in the NOF are moderately walkable, but disparities still exist between these neighborhoods and the city as a whole.

- All neighborhoods in the NOF were assigned National Walkability Index scores of Above Average Walkable or Most Walkable based on “street intersection density, proximity to transit stops, and diversity of land uses” (U.S. Environmental Protection Agency, 2021, p. 4). However, most of the census tracts in the NOF (14 of 17) scored less than the city as a whole.

While minimal, there is some disparity in the amount of parkland between the NOF and the city of Grand Rapids overall. This may discourage recreation in these neighborhoods.

- The NOF had six acres of parkland per 1,000 people, less than Grand Rapids with seven acres per 1,000 people and Kent County with 11 acres per 1,000 people. Best practice suggest parks and recreation agencies should strive to offer 10 acres of parkland per 1,000 people (National Recreation and Park Association (2021).

Figure TBE-1. Neighborhoods of Focus: Census Tracts

