Health Equity in Grand Rapids' "Neighborhoods of Focus"

Social Determinants of Health Report

MARCH 2022

Dorothy A. Johnson Center FOR PHILANTHROPY
Grand Valley State University
Just Solutions
W.K. KELLOGG FOUNDATION

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.

Introduction

Social Determinants of Health

When we think about health and what it takes to be healthy, many individual behaviors come to mind, such as going to the doctor and the dentist, eating a healthy diet and exercising, quitting smoking, and not abusing alcohol or other substances. We may also think about access to and the quality of care provided by our doctor, dentist, or therapist. These factors contribute to what makes us healthy, and are dependent on the choices we make and the options available to us. What we often miss is that these person-level variables make up, at best, half of what it takes to reach our physical and mental health goals (Bipartisan Policy Center, 2012). We must also consider the impact of our environment and the social, economic, and political factors that collectively contribute to how individuals, their families, and their communities thrive. These societal factors are described within the field of public health and other health-centered fields as social determinants of health.

The World Health Organization (2021) defines social determinants of health as:

> the non-medical factors that influence health outcomes. They are conditions in which people are born, work, live and age and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems. (para. 1)

Across our country, there is a wide range of conditions in which people are born, work, live, and age. Healthy People 2030 — a set of public health priorities developed through the U.S. Department of Health and Human Services — groups social determinants of health into five domains: economic stability, education access and quality, health care access and quality, transportation and the built environment, and social and community context (Office of Disease Prevention and Health Promotion, 2020). Social determinants of health conditions often include the common elements of daily living, such as a job that pays a livable wage, reliable transportation, safe drinking water and nutritious, affordable food, and neighborhood green spaces. These elements that impact health directly and indirectly — shaping healthy behaviors.

Health Equity

The most widely adopted definitions of health equity include common themes such as attaining the highest level of health possible, eliminating disparities between different groups, and removing the barriers that prevent good health. Braveman et al. (2017) assert that:

> health equity can be viewed both as a *process* (the process of reducing disparities in health and its determinants) and as an *outcome* (the ultimate goal: the elimination of social disparities in health and its determinants). (p. 3)

This notion of health equity, or equal opportunity to reach optimal health, captures the idea that people should not be hindered from achieving their full health potential due to their social position or socially determined circumstances. Exclusionary social and economic policies and practices based on race and/or ethnicity, gender, and income level cause social determinants of health conditions to vary across different communities and groups of people. These inequalities result in health disparities such as high infant mortality rates among Black people, higher rates of chronic illness among people of color, and disproportionate levels of severe illness and death from COVID-19.

Perhaps more than any other factor, racism impacts social determinants of health conditions. Indeed, racism is a key driver in determining an individual's health, and that of their family and community. The differences in health outcomes are not caused by inherent deficiencies in individual racial/ethnic identities, but rather by systemic racism and other forms of discrimination. In other words, our systems for delivering health in this country paid scant attention to racial equity during their creation. At best, the systems did little to address existing racial disparities during

their formation; at worst, emerging health systems and structures exploited existing racial divides through intentionally unequal treatment. Moreover, decades of research indicate that systemic racism negatively affects health in the United States (Feagin & Bennefield, 2014). By understanding the many pathways through which racism can permeate our communities, we can create solutions that reduce or eliminate racial inequities. By addressing the root causes of these social challenges, interventions have the power to strengthen and protect communities, individuals, children, and families.

Therefore, this report "leads with race" and focuses on racial equity as a framework that can be applied to other areas of difference and marginalization. This report highlights how racial/ethnic groups fared across social determinants of health in the W.K. Kellogg Foundation's Neighborhoods of Focus (NOF) area in Grand Rapids, Michigan. (See Figure I-1.) In most instances, people of color were disproportionately negatively impacted by the area's current conditions. By understanding the social determinants of health and conditions in these neighborhoods, leaders in all sectors can be better equipped to transform the systems that continue to marginalize individuals, children, and families of color.

Neighborhoods of Focus

This report investigates the social determinants of health disparities in the area the W.K. Kellogg Foundation (WKKF) has identified as Neighborhoods of Focus (NOF) in Grand Rapids, Michigan. WKKF partnered with Dr. Mark White of the Center for Regional Analysis at George Mason University and the Center for Regional Economic Competitiveness to publish the report, *Addressing Economic Inclusion in Grand Rapids* (2016), and with the Dorothy A. Johnson Center for Philanthropy at Grand Valley State University to publish a follow-up report, *Economic Inclusion in Grand Rapids Data Update* (Borashko & Tsai O'Brien, 2020). Despite the region's economic growth and recovery from the Great Recession, disaggregated data in the two reports shined a light on the disparities and concentrated poverty that persist in the city's south and west neighborhoods — encompassing 17 census tracts — which include many of the city's children and communities of color.

A Note About Race/Ethnicity Classifications in This Report

The U.S. Census Bureau collects data on race and ethnicity in two separate questions: 1) "What is this person's race?" and 2) "Is this person of Hispanic, Latino, or Spanish origin?"[a] We recognize these two questions do not fully capture the diversity of racial and ethnic identities of people living in the Neighborhoods of Focus. In an attempt to more inclusively represent the identities of people living in the Neighborhoods of Focus, the following race/ethnicity categories — adapted and derived from a combination of data from these two questions — appear in this report as follows:

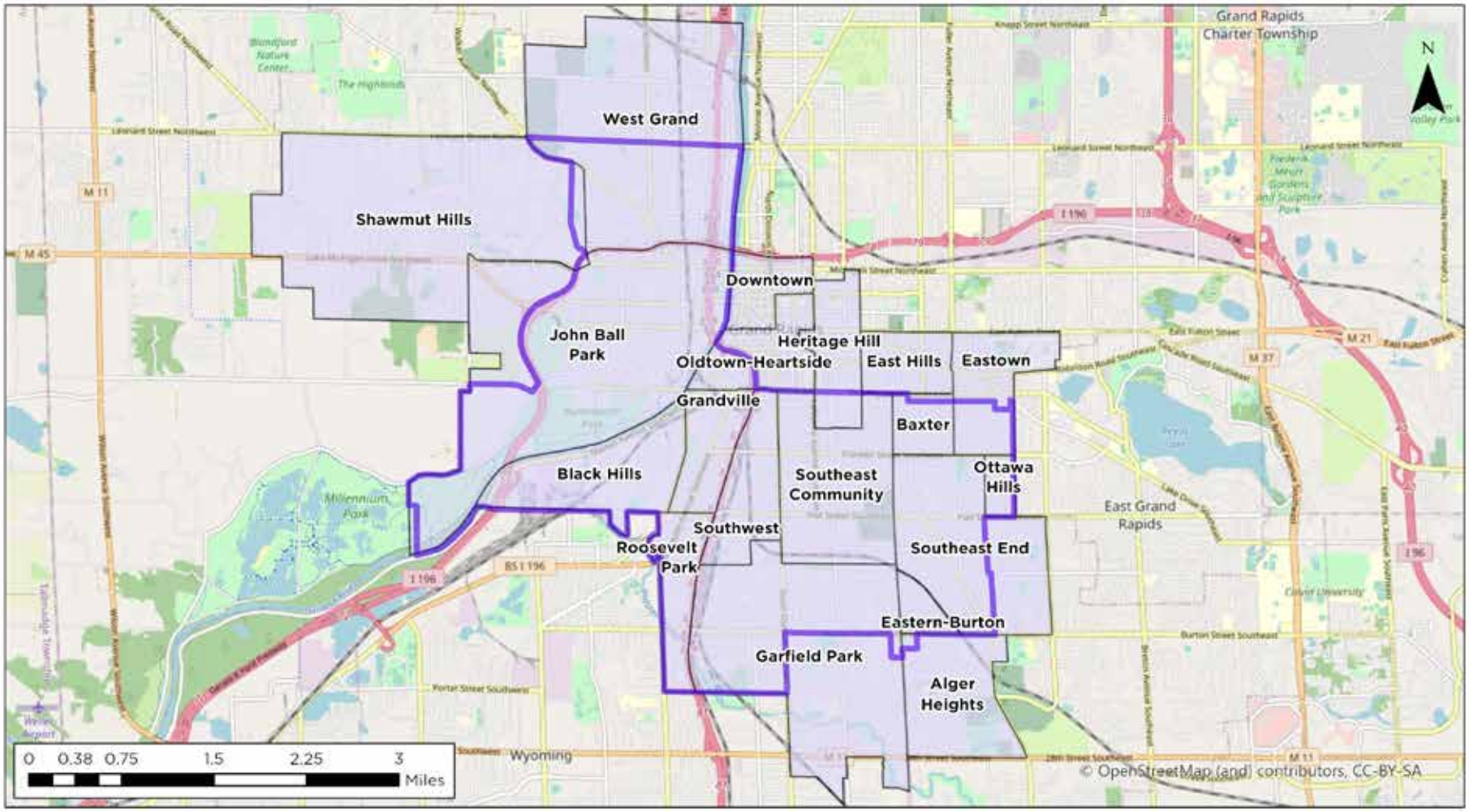
- Asian/Asian American
- Biracial/Multiracial
- Black/African American
- Hispanic or Latino/a/x
- Indigenous, American Indian, or Alaska Native
- Native Hawaiian or Other Pacific Islander
- Some other race
- White, non-Hispanic or Latino/a/x (referred to as white)[b]

People identifying as Asian/Asian American; Indigenous, American Indian, or Alaska Native; or Native Hawaiian or Other Pacific Islander each made up approximately 1% or less of the population living within the Neighborhoods of Focus, as described in the next section. Limited data appear in sections of the report because of data suppression due to privacy concerns. Local data sources and the lived experiences of diverse residents could supplement the data provided in this report to more fully represent the state of health equity in the Neighborhoods of Focus, especially for Native communities who face deep challenges and barriers to inclusion due to the attempted genocide of Native peoples.

[a] For more information on the U.S. Census Bureau's (2021) classification of race and ethnicity, please see: https://www.census.gov/topics/population/race/about.html and https://www.census.gov/topics/population/hispanic-origin/about.html; the questions can be found in the official questionnaire: https://www2.census.gov/programs-surveys/decennial/2020/technical-documentation/questionnaires-and-instructions/questionnaires/2020-informational-questionnaire-english_DI-Q1.pdf

[b] Where the data source was not the U.S. Census Bureau, we applied these same race/ethnic categories as appropriate.

Figure I-1. Neighborhoods of Focus: Grand Rapids Neighborhoods



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Source: City of Grand Rapids. Retrieved from https://grdata-grandrapids.opendata.arcgis.com/datasets/city-of-grand-rapids-neighborhood-areas.

The NOF include parts of the 17 neighborhoods of Alger Heights, Baxter, Black Hills, Downtown, East Hills, Eastern-Burton, Grandville, Heritage Hill, John Ball Park, Oldtown-Heartside, Ottawa Hills, Roosevelt Park, Shawmut Hills, Southeast Community, Southeast End, Southwest, and West Grand.

In 2019, prior to the COVID-19 pandemic, the NOF were home to more than one-third of Grand Rapids' population with approximately 66,000 people, including 19,343 children and youth under 18 years of age (U.S. Census Bureau, 2019a). More than 13,100 families resided here, more than half of them with children under 18 years of age (U.S. Census Bureau, 2019). Nearly 8,000 children lived in households at or below the federal poverty level, with a notable disparity between white children and children of color (U.S. Census Bureau, 2019). More than 2,600 children in the NOF were English-language learners (Center for Educational Performance and Information, 2019). Approximately 2,300 Black children and 4,280 Hispanic or Latinx children lived in poverty, compared to 780 white children (U.S. Census Bureau, 2019). Historically, higher proportions of younger people lived in the NOF than in the city of Grand Rapids and Kent County as a whole (Borashko & Tsai O'Brien, 2020).

From 2014 to 2019, the percentage of white people living in the NOF increased from 30% to 35% (U.S. Census Bureau, 2019; Borashko & Tsai, 2020). Meanwhile, the percentage of Black/African American people living in the NOF decreased from 33% to 25% (U.S. Census Bureau, 2019; Borashko & Tsai O'Brien, 2020). As these shifts in race/ethnicity occurred, the NOF also became more expensive places to live. The median housing sale price in the NOF "more than doubled from $61,000 in 2014 to $127,700 in 2019" (Borashko & Tsai O'Brien, 2020, p. ii). Changing demographics and increasing housing prices point toward gentrification and displacement of Black and brown residents in the NOF (Sutton, 2018).

(For data tables and additional maps, please refer to Appendix A: Neighborhood of Focus Demographic Characteristics, 2019.)

Purpose of the Report

This report presents a deeper dive into many of the trends that were observed over time in the NOF in the 2016 and 2020 investigations and reports. It begins with foundational statistics typically used to describe communities and aligns with the Healthy People 2030 social determinants of health domains. Specifically, the report explores economic stability, including employment and income levels, access to health care, housing, access to healthy food and nutrition, education access and quality, and transportation and the built environment.

Communities of color and low-income communities have been disproportionately impacted by the coronavirus across a full range of life circumstances — e.g., illness, death, unemployment, food insecurity, and housing instability, to name a few — compounding long-standing disparities in access to resources, health and well-being (Centers for Disease Control and Prevention, 2020a). The different social conditions in which individuals live can function as either a shield against the virus, or a catalyst for its worst effects.

This report provides a baseline of social determinants of health factors and conditions for children and families in the NOF **prior to the COVID-19 pandemic.** Data indicators are presented:

- at the neighborhood/census tract level and compared to the city of Grand Rapids, Kent County, the state of Michigan, and/or the United States, where possible. This presentation places the micro-level data in the context of larger geographies to compare how well residents of each area are doing relative to those in the surrounding region;
- for the year 2019 prior to the COVID-19 pandemic;[1] and
- disaggregated by race/ethnicity, age, and other demographic characteristics where possible. This disaggregation allows for comparison between groups.

[1] Data from prior years were used if data from 2019 were unavailable. In only a few cases, data were used from 2020 based on the lack of available data from 2019 or prior years.

Guided by these data indicators, we have built awareness of the interdependence of these structural and social differences, identified the factors that contribute to health inequities, and recommended solutions. We showed that these solutions must come from a variety of partners and sectors, including state government, nonprofits, academic, and community groups. There is a plethora of one-size-fits-all strategies that are rarely successful. This report highlights a need for understanding the broad nature of health and a multi-sector/cross-sector approach to implementing systems change strategies, policies, and programs for resources and services that meet the health needs of children and families.

Social Determinants of Health Indicators Framework

Each chapter in this report highlights a different social determinant of health. (See Figure I-2.) Within each chapter, a section titled, *Before COVID-19: Context,* outlines the significance of that social determinant of health. (See page 9 for list of guiding questions.) The *Key Observations* section highlights the principal social conditions in the NOF before the COVID-19 pandemic that could contribute to the disproportionate impact during the COVID-19 pandemic. The *Data Discussion* section presents all of the data indicators with an accompanying discussion. (See pages 11 and 12 for a list of data indicators.) Lastly, the *Summary* section contextualizes the main points from each chapter.

Figure I-2. Social Determinants of Health Indicators Framework

Social Determinants of Health Guiding Questions

Economic Stability

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

Access to Health Care

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

Housing

- 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?

Access to Healthy Food and Nutrition

- 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?

Access to Quality Education

- 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** opportunities?

Transportation and the Built Environment

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

Social Determinants of Health Data Indicators List

Economic Stability

- Poverty rates for people living in NOF by geography and race/ethnicity
- Poverty rates for children (under 18) living in the NOF by geography and race/ethnicity
- Poverty rates by race/ethnicity by family type
- Median household income by race/ethnicity and geography
- Median household income for a household of four in the NOF compared to federal poverty level, ALICE (Asset-Limited, Income-Constrained, Employed) threshold,[2] and median household income of Grand Rapids)
- Unemployment rates for people aged 16 and over in the labor force by geography and race/ethnicity

Access to Health Care

- Health insurance status by geography, age, and race/ethnicity
- Public and private health enrollment by geography
- Health insurance type by employment status and geography
- Medical Underservice Index
- Health Professional Shortage Areas Score

Housing

- Homeownership rates by geography
- Homeowner housing burden by geography
- Homeownership rates by race/ethnicity
- Median sales price of houses by geography
- Share of renters by geography
- Rental housing burden by geography
- Household occupancy by geography and race/ethnicity
- Elevated blood lead levels in children by geography

Access to Healthy Food and Nutrition

- Low access to healthy food by race/ethnicity
- Average distance to food stores
- Average distance to convenience stores
- SNAP (Supplemental Nutrition Assistance Program) participation rates for households with children by geography
- SNAP participation rates by race/ethnicity and geography
- Average distance to SNAP retailers
- Students from households with eligibility for National School Lunch Program (free or reduced-cost lunch)

[2] The ALICE Threshold is the "average [annual] income that a household needs to afford the necessities defined by the Household Survival Budget for each county in Michigan" (Michigan Association of United Ways, 2021). The Household Survival Budget does not include savings for emergencies or future planning, such as college or retirement.

Social Determinants of Health Data Indicators List (continued)

Access to Quality Education

- Registered early child care and education providers by geography
- Registered early child care and education providers with three-star quality rating or above by geography
- Quality early child care and education program access
- Third-grade reading level (English language arts proficiency) by geography
- Third-grade math proficiency by geography
- Sixth-grade reading level (English language arts proficiency) by geography
- Sixth-grade math proficiency by geography
- Retention by geography
- Graduation rate by geography
- High school graduates by geography
- Education attainment by geography

Transportation and the Built Environment

- Mean travel time to work
- Number of bus stops
- Percentage of Grand Rapids employers within a quarter of a mile of a bus stop
- Percentage of NOF workers whose employers are within a quarter of a mile of a bus stop
- Percentage of NOF workers working within the NOF
- Percentage of health care service locations within a quarter of a mile of a bus stop
- Percentage of households without a vehicle
- Owner-occupied households without a vehicle by geography
- Park acreage per 1,000 people by geography
- Walkability of neighborhoods located in the NOF

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%).

Data Discussion

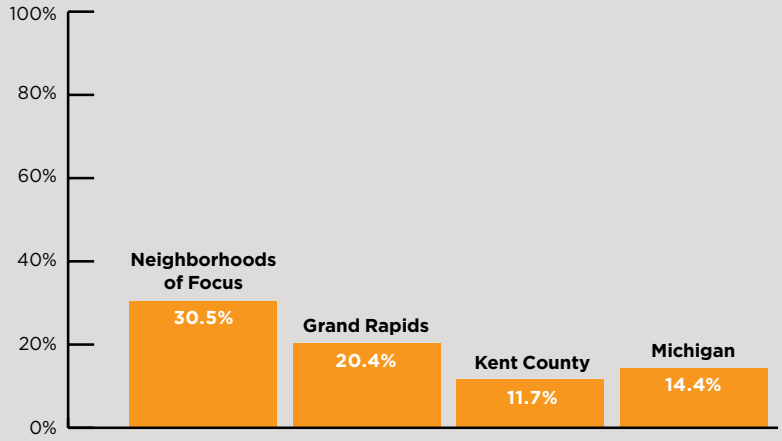
Poverty Level

Poverty is the single most significant element of a social determinant of health (World Health Organization, 2008). Though poverty rates declined from 2014 to 2019 in the NOF, the city of Grand Rapids, and Kent County, the poverty rate in the NOF was still higher than that of the city, county, and state of Michigan overall in 2019 (Borashko & Tsai O'Brien, 2020). Furthermore, although Kent County is home to many of Michigan's wealthiest people, the NOF are home to those with the fewest resources (Mack, 2019). 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 is also 50% higher than the City of Grand Rapids average (31% compared to 20%). (See Figure ES-1.)

Racism, discrimination, and marginalization are common threats to upward mobility and can be barriers to reducing poverty. Among Hispanic or Latino/a/x people in the NOF, 35% were living in poverty compared to 33% of Black/African American people, 31% of Asian/Asian American people, and 23% of white people. All non-white-identifying racial groups reflected in the NOF experienced greater poverty rates than their white counterparts across the city of Grand Rapids, Kent County, and Michigan. As these figures show, racism plays a role in determining economic stability in these communities. (See Appendix B, Table ES-2.)

Poverty rates were higher among children in the NOF (44%) compared to the city of Grand Rapids (29.8%), Kent County (15.7%), and Michigan (20.3%). (See Appendix B, Table ES-4.) Exposure to poverty during childhood has been shown to impede brain growth and may contribute to long-term behavioral, social, and emotional challenges (The Annie E. Casey Foundation, 2014a). (See Table ES-3.) Poverty rates in the NOF were 49% for Hispanic or Latino/a/x children and 48% for Black/African American children, compared to 25% of white children. Across all races and ethnicities, poverty especially affected single mothers the most out of other family types. While the data is limited, it appears that the impact of poverty is

Figure ES-1. Poverty Rates (Below 100% Federal Poverty Level) for People Living in Neighborhoods of Focus, Grand Rapids, Kent County, and Michigan, 2019



Source: U.S. Census Bureau, American Community Survey, 5-year estimates, 2019 [Table B17001]

Table ES-3. Poverty Rates by Race/Ethnicity

	NOF	Grand Rapids	Kent Co	Mich
All	30.5%	20.4%	11.7%	14.4%
Asian/Asian American	30.6%	22.2%	10.7%	13.1%
Biracial/Multiracial	36.5%	23.2%	22.6%	33.1%
Black/African American	33.3%	29.5%	25.9%	28.9%
Hispanic or Latino/a/x	35.3%	22.2%	23.3%	33.3%
Indigenous, American Indian, or Alaska Native	NA	32.5%	21.8%	22.4%
Native Hawaiian or Pacific Islander	NA	8.2%	17.6%	30.2%
Some other race	33.8%	23.7%	22.9%	32.5%
White, non-Hispanic or Latino/a/x	23.2%	11.0%	8.0%	13.5%

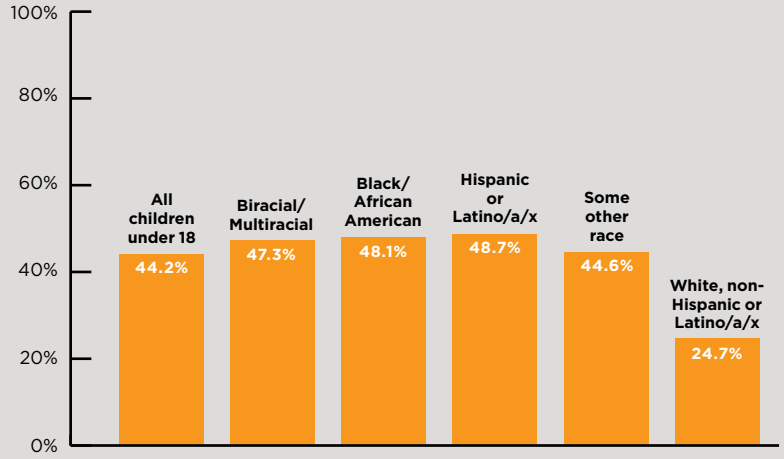
Source: U.S. Census Bureau, American Community Survey, 5-year estimates, 2019 [Table B17001]

especially greater for Indigenous, American Indian, or Alaska Native single mothers. (See Figure ES-2 and Appendix B, Table ES-5.)

Median Household Income

Median household income[3] can help us better understand the most common financial resources available to a household to purchase goods and services or save money. More than four out of five households (82%) in the NOF had a median household income below the Grand Rapids median household income of $50,103 in 2019, showing an uneven distribution of income in the city. (See Table ES-6.)

Figure ES-2. Poverty Rates by Race/Ethnicity[a] for Children (under 18) Living in Neighborhoods of Focus



Source: U.S. Census Bureau, American Community Survey, 5-year estimates, 2019 [Table B17001]

[a] Sample size was fewer than 10 and the data were suppressed for privacy for the following indicators: Asian/Asian American; Indigenous, American Indian, or Alaska Native. Data were not available for the Native Hawaiian or Other Pacific Islander indicator. The count for this population was zero for this indicator.

Table ES-6. Median Household Income by Race/Ethnicity Equal to or Below Grand Rapids Median Household Income ($50,103)[a] in the Neighborhoods of Focus, 2019

	Number of Census Tracts	Percentage of Census Tracts[b]
All Households[c]	14	82.4%
Asian/Asian American	NA	NA
Biracial/Multiracial	11	92.3%
Black/African American	11	91.7%
Hispanic or Latino/a/x	12	100.0%
Indigenous, American Indian, or Alaska Native[d]	2	100.0%
Native Hawaiian or Pacific Islander	NA	NA
Some other race	8	80.0%
White, non-Hispanic or Latino/a/x	7	52.9%

Source: U.S. Census Bureau, American Community Survey, 5-year estimates, 2019 [Table S1903]

[a] "The median divides the income distribution into two equal parts: one-half of the cases falling below the median income and one-half above the median" (U.S. Census Bureau, 2019, p. 86).

[b] The denominator includes census tracts with households with available data; the denominator for percentages excludes census tracts where data were not available.

[c] "A household includes all the people who occupy a housing unit" (U.S. Census Bureau, 2019, p.78). Not all households contain families" (U.S. Census Bureau, 2019, p. 81). (See Appendix A for full definition.)

[d] Available data was limited for Indigenous, American Indian, or Alaska Native households with only two census tracts.

[3] "The median divides the income distribution into two equal parts: one-half of the cases falling below the median income and one-half above the median" (U.S. Census Bureau, 2019, p. 86).

Most Black/African American households in the NOF had a median income that was equal to or below the median household income of Grand Rapids in 92% of NOF census tracts, compared to white households with a median household income that was equal to or below the median household income of Grand Rapids in 50% of NOF census tracts.[4] In all available NOF census tracts, Hispanic or Latino/a/x/ households and Indigenous, American Indian, or Alaska Native households fell below the median household income of Grand Rapids.[5] (See Appendix B, Table ES-6.)

In addition, the median household income, when compared to benchmarks such as the federal poverty level or the ALICE Threshold, can point to the well-being of the NOF as a whole. The ALICE Threshold is the "average [annual] income that a household needs to afford the necessities defined by the Household Survival Budget for each county in Michigan" (Michigan Association of United Ways, 2021).[6] In 2019, the average ALICE Household Survival Budget in Michigan was $64,116 for a family of four.[7] While the median household income for a household of four was equal to or below the federal poverty level in only 8.3% of census tracts in the NOF, median household income was equal to or below the ALICE Household Survival budget in 83% of census tracts in the NOF. (See Table ES-7.) This indicates that although the majority of households in the NOF were not living in poverty as defined by the federal government, they did not have sufficient means to afford basic necessities.

Living Wage and Unemployment

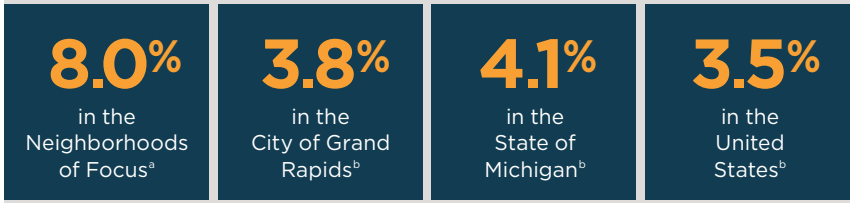
Having a low-wage job and/or being unemployed can be detrimental to one's health because of the importance of income in supporting other social determinants of health. Earning a living wage is instrumental to preventing housing insecurity or homelessness and impacts every facet of an individual's quality of life. A living wage is the income needed to cover

Table ES-7. Comparison of Median Household Income for a Household of Four in the Neighborhoods of Focus to Federal Poverty Level, ALICE Threshold, or Median Income of Grand Rapids, 2019

Percentage of Census Tracts where Median Household Income for a Household of Four in the NOF is Equal to or Below…	
100% Federal Poverty Level ($25,750 for Household of Four)[a]	8.3%
ALICE Threshold ($64,116 for Household of Four)[a]	83.3%
Median Household Income of Grand Rapids ($62,202 for Household of Four)[b]	75.0%

Sources:
[a] Michigan Association of United Ways, p. 4, 2021
[b] U.S. Census Bureau, American Community Survey, 5-year estimates, 2019 [Table S1903]

Figure ES-3. Unemployment Rate for People Aged 16 and Over in the Labor Force, 2019



Sources:
[a] U.S. Census Bureau, American Community Survey, 5-year estimates, 2019 [Table C23002]
[b] Michigan Department of Technology, Management, and Budget, 2019

[4] The denominator includes census tracts with households with available data; the denominator for percentages excludes census tracts where data were not available.
[5] Available data was limited for Indigenous, American Indian, or Alaska Native households with only two census tracts.
[6] The Household Survival Budget does not include savings for emergencies or future planning, such as college or retirement.
[7] The United Way calculates a budget for many different combinations, including a single senior — these household sizes were chosen based on available data and budget calculations.

the annual cost of a family's minimum food, child care, health insurance, housing, transportation, internet access, and all relevant taxes (Nadeau, 2021). In Michigan, the 2019 minimum wage for adults 18 years and older was $9.45 an hour, which was greater than the federal minimum wage of $7.25. In Grand Rapids, a living wage for two working adults with two children in 2019 was $21.92 per hour, while for one adult with two children it was $40.06 (Glasmeier, 2021).

Since the U.S. Bureau of Labor Statistics started collecting African American unemployment rate data in January 1972, the rate has nearly always been twice as high as the white unemployment rate (Ajilore, 2020).

The unemployment rate was two times higher in the NOF (8%) than in the city of Grand Rapids (4%), Michigan (4%), and nationally (4%). (See Figure ES-3.) In the NOF, Black/African American people aged 16 and over in the labor force[8] were almost four times more likely to be unemployed than white people aged 16 and over in the labor force. Hispanic or Latino/a/x people aged 16 and over in the labor force were almost twice as likely to be unemployed than white people aged 16 and over in the labor force. (See Table ES-10.)

Table ES-10. Unemployment Rate for People Aged 16 and Over in the Labor Force by Race/Ethnicity in Neighborhoods of Focus, 2019

	Number	Percentage
Asian/Asian American	21	4.8%
Biracial/Multiracial	116	6.3%
Black/African American	1,345	16.5%
Hispanic or Latino/a/x	739	7.5%
Indigenous, American Indian, or Alaska Native	NA	NA
Native Hawaiian or Pacific Islander	NA	NA
Some other race	254	6.0%
White, non-Hispanic or Latino/a/x	642	4.4%

Source: U.S. Census Bureau, American Community Survey, 5-year estimates, 2019 [Table C23002 A-I]

NA: Data were not available: the count for this population was zero for this indicator.

Summary

Economic hardship is the longstanding status quo in the NOF. In 2019, more than 80% of households in these neighborhoods had a median household income equal to or below the ALICE Household Survival Budget in Michigan of $64,116 for a household of four people. Economic inequity, too, characterized the NOF, as more than four out of five households (82%) in the NOF had income below the Grand Rapids median household income of $50,103 in 2019. The possibility of living in poverty was higher in the NOF, with negative impacts on children. More than 40% of children in the NOF are living in poverty, and were almost three times more likely to live in poverty than children living in Kent County (16%), and two times more likely to live in poverty than children living in Michigan (20%). Hispanic or Latino/a/x children and Black/African American children were most likely to live in poverty in the NOF (49% and 48%, respectively). Unemployment is a major factor in these disparities, with clear racial disparities for Black/African American neighbors — part of long-rooted, systemic racial inequities in wealth and income. These economic disparities multiply the barriers to accessing the other social determinants of health we explore in this report, including health insurance coverage, health services, stable housing, healthy food, and other basic necessities that contribute to health and well-being.

[8] For employed, unemployed, unemployment rate, and labor force definitions, see https://www2.census.gov/programs-surveys/acs/tech_docs/subject_definitions/2019_ACSSubjectDefinitions.pdf, pages 66–67.

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 insurance, 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.

Data Discussion

Health Insurance Status

Health insurance is the primary vehicle for covering health care expenses in the United States. Being uninsured — whether due to unaffordable health insurance plans, lapses in health insurance, or lack of quality coverage — may impede access to care, and research broadly documents the serious health consequences associated with being uninsured. Uninsured adults are less likely to receive preventative services for diabetes, cancer, cardiovascular disease and other chronic conditions (Office of Disease Prevention and Health Promotion, 2021). They are also at greater risk for having unmet medical care needs, or postponing necessary care.

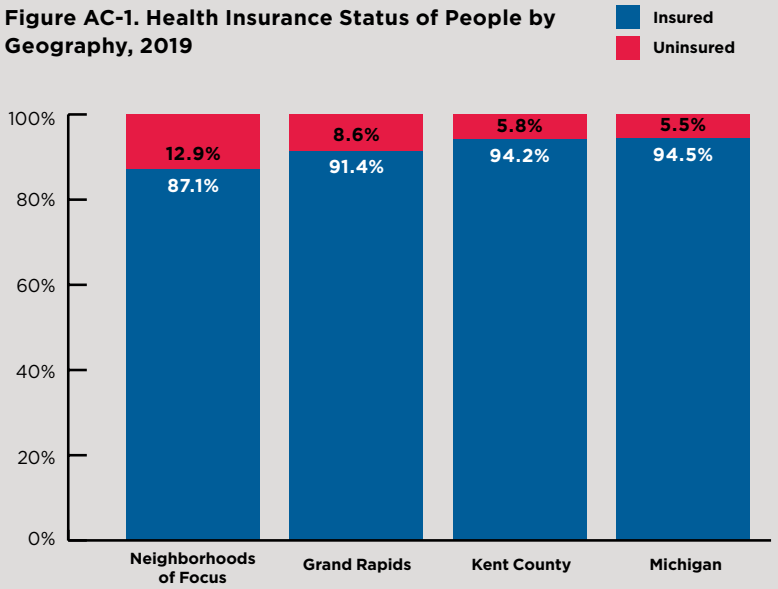
The uninsured rate in the NOF (13%) was twice as high as in Kent County (6%) and in Michigan (6%). (See Figure AC-1.)

> Among those who were **uninsured** in the Neighborhoods of Focus in 2019, **nearly 1,000 were children** under age 18.

Among those who were uninsured in the NOF in 2019, nearly 1,000 were children under age 18 (5% of all children in the NOF). Gaps in insurance coverage puts children at risk for missing out on preventative treatments or the tracking of developmental milestones, both of which are especially important for young children (Office of Disease Prevention and Health Promotion, 2021). (See Appendix B, Table AC-2). This particularly impacts children living in immigrant families who face unique barriers to eligibility and families considered low income (Marshall-Shah, 2021).[9]

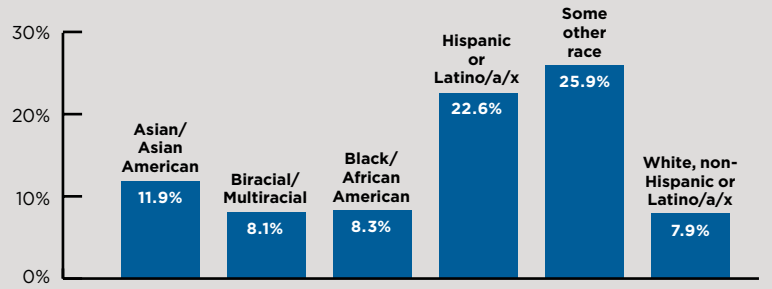
More than a quarter of people living in the NOF who reported being "Some other race" had no health insurance — the highest of all racial/ethnic

Figure AC-1. Health Insurance Status of People by Geography, 2019



Source: U.S. Census Bureau, American Community Survey, 5-year estimates, 2019 [Table S2701]

Figure AC-2. Percentage of People Uninsured Living in Neighborhoods of Focus by Race/Ethnicity, 2019



Source: U.S. Census Bureau, American Community Survey, 5-year estimates, 2019 [Table S2701]

[9] Immigrant families include "mixed immigration status" households, where at least one parent is a noncitizen (Marshall-Shah, 2021).

identities. (See Figure AC-2.) In addition, nearly a quarter of Hispanic or Latino/a/x people living in the NOF reported being uninsured, which was about three times the rate of uninsured white people living in the NOF (8%). This trend is reflected at the national level as well. The lack of access to health insurance and health care is a long-standing challenge for Hispanic or Latino/a/x people and particularly for recent immigrants (U.S. Department of Health and Human Services, 2021; Velasco-Mondragon et al., 2016). Barriers to health coverage range from being less likely to receive health insurance through their employer (despite being more likely to be in the workforce than non-Hispanic or Latino/a/x people), to procedural barriers to enrollment and eligibility, to sociocultural factors (Rodrigeuz-Alcalá, Qin, & Jeanetta, 2019).

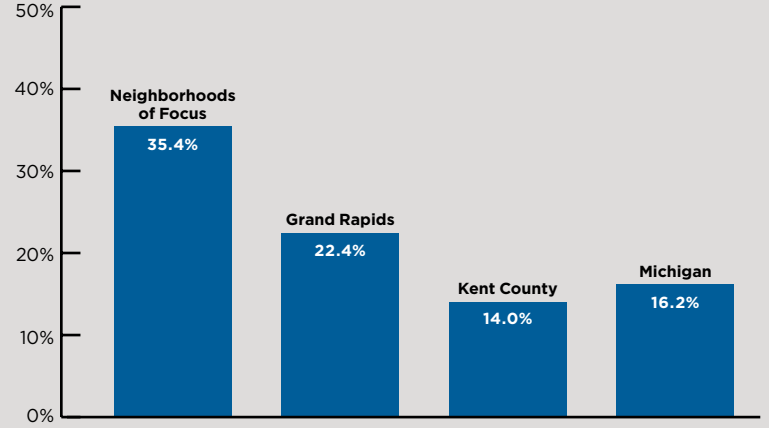
People of color have experienced long-standing disparities in health coverage that contribute to ongoing disparities in health. Because historically marginalized populations tend to be poorer than other demographic groups on average, quality public health insurance programs are vital to ensure affordable health care access and healthier outcomes. This is also important as almost two in five (38%) people living in the NOF relied on public health insurance for their medical coverage. (See Figure AC-3.)

The Medicaid system provided health insurance for 44% of those working part time and for 15% of those working full time living in the NOF. Notably, approximately 15% of people living in the NOF working full time had no health insurance. For those working part-time job(s), just under half had health insurance through their employer. (See Figure AC-4.)

Provider Shortages

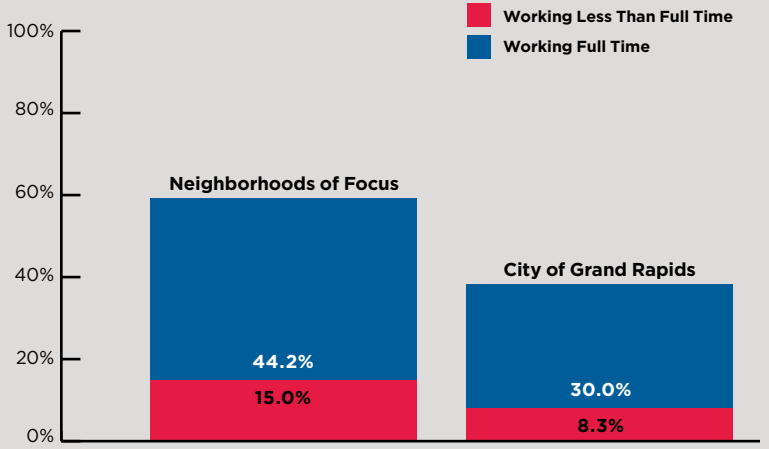
A community's capacity to provide primary, mental health, and dental care is important. When there is a shortage of physicians to provide health care services, there are significant consequences including lower-quality care, limited time for doctor-patient interactions, and prolonged wait times before consultations (Association of American Medical Colleges, 2020).

Figure AC-3. Percentage of People Enrolled in Medicaid by Geography, 2019



Source: U.S. Census Bureau, American Community Survey, 5-year estimates, 2019 [Tables S2703, S2704] [Table S2701]

Figure AC-4. Percentage of People Enrolled in Medicaid by Employment Status, 2019



Source: U.S. Census Bureau, American Community Survey, 5-year estimates, 2019 [Table S2701]

Different populations are identified by the Health Resources and Services Administration (HRSA) as medically underserved, such as people experiencing homelessness, migrant farmworkers, or those eligible for Medicaid. In July 2018, Grand Rapids received an Index of Medical Underservice score of 59.5 on a scale of 0 to 100.[10] 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).

In addition, HRSA designated areas of Kent County, including portions of the NOF, as Health Professional Shortage Areas (HPSA) with a score of 16 to 19 for primary care sites, on a scale of 0 to 26, where the higher the score, the greater the priority for assignment of clinicians.[11] (See Table AC-7.) Pre-pandemic estimates projected by the U.S. Department of Health and Human Services showed that the average ratio of physicians was 203 per 100,000 population nationally and project a growing shortage. The Midwest, when compared to other regions, was positioned relatively well but is still projected to have a shortage of 41 per 100,000 population by 2030 (Zhang et al., 2020).

Table AC-7. Provider Shortages for Grand Rapids, 2018

Medical Underservice Index	59.5
Health Professional Shortage Areas (HPSA) Score	16 to 19

Source: Health Resources & Services Administration, 2021

Summary

Access to health insurance is a vital entry point to receive care, but remained out of reach for 13% of people living in the Neighborhoods of Focus, including 5% of children, 26% of people identifying as "Some other race," and 23% of people identifying as Hispanic or Latino/a/x. One in three people living in the NOF were enrolled in Medicaid, and notably, Medicaid provided health insurance for 44% of those working part time and 15% of those working full time in the NOF. There was also a shortage of health care providers in Grand Rapids. Lack of access to reliable health care services hinders a community's ability to be healthy.

[10] "This attribute represents the Index of Medical Underservice (IMU) score. The lowest score (highest need) is 0; the highest score (lowest need) is 100. In order to qualify for designation, the IMU score must be less than or equal to 62.0, except for a Governor designation, which does not receive an IMU score. The score applies to the MUA or MUP as a whole, and not to individual portions of it." https://data.hrsa.gov/tools/shortage-area/mua-find

[11] https://data.hrsa.gov/tools/shortage-area/hpsa-find

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.

Data Discussion

Homeownership and Housing Sales

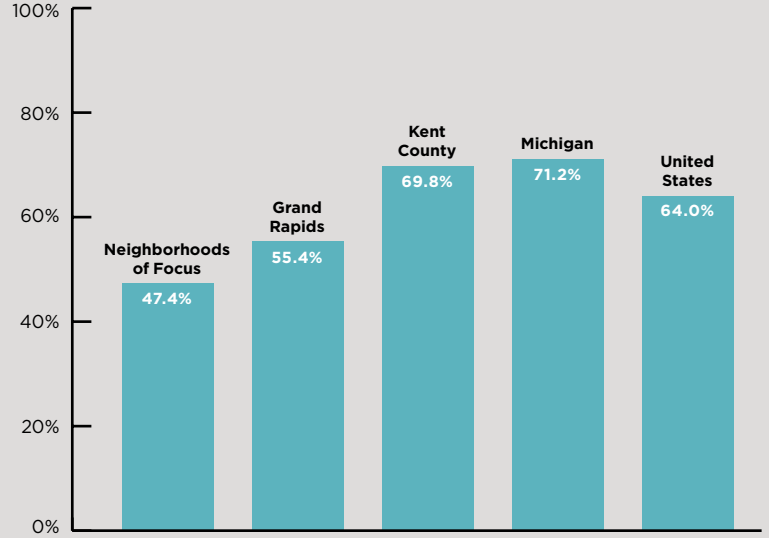
Homeownership is a key component of wealth-building and, subsequently, bolsters individuals' and families' ability to afford the necessities needed for good health (Hilovsky et al, 2020). However, the homeownership rate in the NOF is lower than the city, county, state, and national rates. One in four homeowners in the NOF were by their household expenses, defined as spending 30% or more of their income on housing (Herbert et al., 2018). White people living in the NOF most frequently owned their home; indeed, they owned their homes at a rate more than two times higher than Black/African American or Hispanic/Latino/a/x people living in the NOF. (See Figure H-1 and Table H-2.)

> **One in four** homeowners in the Neighborhoods of Focus reported being **overburdened by housing costs**.

Furthermore, older housing stock and unaffordable housing hinders the overall ability to pay for the things that support good health and exacerbates uneven wealth distribution (Hilovsky et al, 2020). The median sale price of houses in the Neighborhoods of Focus more than doubled from $61,000 in 2014 to $127,700 in 2019, while the median sale price of houses across Grand Rapids increased about one-and-a-half times from $130,900 to $197,000. The median sale price of houses in Kent County overall increased nearly one-and-a-half times from $150,000 to $216,000 during the same time.

This jump in housing prices in the NOF is paired with increased sales and decreasing diversity of potential homebuyers. Housing sales increased about 88% in the NOF from 2014 to 2019, compared to an increase of about 12% in Grand Rapids and 18% in Kent County overall. Meanwhile, the

Figure H-1. Homeownership Rates by Geography, 2019



Source: U.S. Census Bureau, American Community Survey, 5-year estimates [Table DP04]

Table H-2. Homeownership by Race/Ethnicity in Neighborhoods of Focus, 2019

	Percentage
Asian/Asian American	0.3%
Biracial/Multiracial	1.3%
Black/African American	12.0%
Hispanic or Latino/a/x	10.3%
Indigenous, American Indian, or Alaska Native	0.4%
Native Hawaiian and Other Pacific Islander	0.0%
Some other race	4.6%
White, non-Hispanic or Latino/a/x	23.5%

Source: U.S. Census Bureau, American Community Survey, 5-year estimates [Table S2502]

number of Black/African American people living in the NOF decreased suggesting the housing crisis is contributing to displacement (Borashko & Tsai O'Brien, 2020). (See Appendix B, Table H-3).

Renting

The share of renters in the NOF was higher than across the city, county, and state. (See Figure H-2.) In addition, two in every five renters in the NOF reported being overburdened with housing costs, spending 30% or more of their income on housing (Herbert et al., 2018). High costs of renting position neighbors to be more at risk of eviction and housing instability, as well as potentially struggle to afford other necessities.

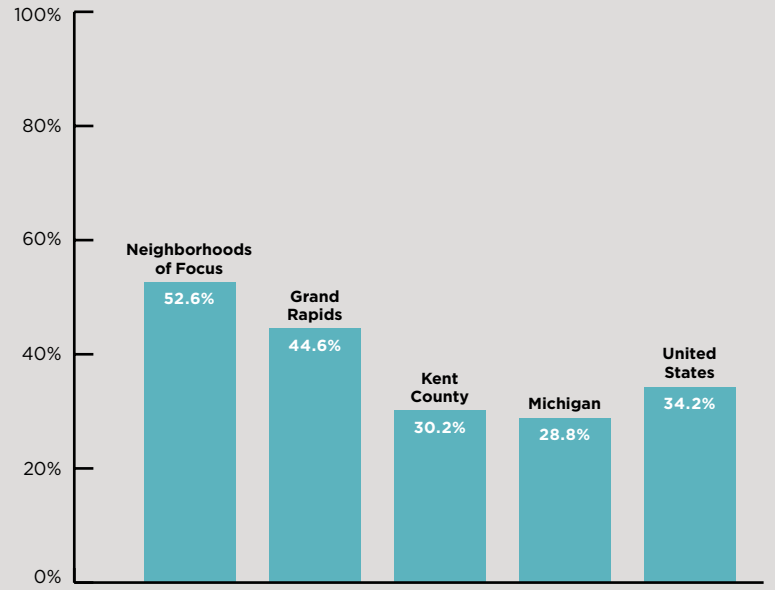
Shared Occupancy

The NOF also had higher proportions of households with more than one occupant per room than the city, county, and state overall, although the causes and effects of this higher occupancy rate are unclear. (See Table H-5.) While this could point to potential overcrowding, for example, it must be noted that this may instead be due to cultural differences in intergenerational housing or communal approaches of living (Muennig et al., 2018). Roughly 6% of households in the NOF had more than one occupant per room; the percentage was higher for Indigenous, American Indian, or Alaska Native; Asian/Asian American; and Hispanic or Latino/a/x households, as well as for households of "Some other race." (See Table H-6.) Furthermore, some researchers have found that residential crowding may cause physical illness, including infectious diseases, poor sleep, or psychological distress (Braveman & Egerter, 2008; Chambers et al., 2016). Overall, shared occupancy rates in the NOF have varying causes and indeterminant effects on overall health.

Childhood Lead Exposure

Prior to 1978, when lead-based paints were banned for residential use, lead was a common additive to paint in order to expedite drying, improve the finish, and resist moisture. However, exposure to lead is especially damaging to fetuses and young children. "Houses built before 1978 and houses in low-income areas, many of which have homes built before 1978, are more

Figure H-2. Renter-Occupied Households by Geography, 2019



Source: U.S. Census Bureau, American Community Survey, 5-year estimates [Table DP04]

Table H-5. Households With More Than One Occupant per Room by Geography, 2019

	Neighborhoods of Focus	Grand Rapids	Kent County	Michigan
1.00 or fewer occupants	94.5%	97.2%	97.8%	98.3%
More than 1 occupant	5.5%	2.8%	2.2%	1.7%
1.01 to 1.50 occupants	3.1%	1.7%	1.4%	1.2%
1.51 or more occupants	2.4%	1.1%	0.8%	0.4%

Source: U.S. Census Bureau, American Community Survey, 5-year estimates [Table DP04]

likely to contain lead-based paint and have pipes, faucets, and plumbing fixtures containing lead" (Centers for Disease Control and Prevention, 2021, para. 2). While no safe blood lead level in children has been identified, elevated blood lead levels are described as being greater than or equal to 34.5 micrograms per deciliter of blood (≥ 4.5 µg/dl) (Michigan Department of Health and Human Services, 2019).

Children living in households at or below the federal poverty level are often considered to be at greatest risk for lead exposure. Connected to socioeconomic status, communities of color are at a higher risk of lead exposure due to discrimination and affordability when trying to find a place to live. In 2019, 159 children (2% of children) under age six tested with an elevated blood lead level across Kent County (Michigan Department of Health and Human Services, 2020). In comparison, in Grand Rapids, 6% of children under age six tested with an elevated blood lead level according to the 2020 Kent County Community Health Needs Assessment (Brummel, 2020). Additionally, ZIP codes 49507 and 49503, located within the NOF, had the highest proportions of children under age six with an elevated blood lead level (6% and 5% respectively — or 61 children total) (Michigan Department of Health and Human Services, 2019). (See Table H-7.)

Summary

Housing was disproportionately unaffordable in the NOF, whether neighbors were homeowners or renting. Shared occupancy, whether due to overcrowding or cultural lifestyle differences, was higher for the NOF than the city, county, state, and nation. Toxicity from lead exposure continued to be an ongoing concern, affecting some of the most vulnerable. Children in the city of Grand Rapids (6%) tested with elevated blood lead levels three times the rate of children across Kent County (2%) and twice as high as Michigan overall (3%).

Table H-6. Households With More Than One Occupant per Room by Race/Ethnicity, 2019

	NOF	GR	Kent Co	Mich
Asian /Asian American	19.7%	12.6%	7.4%	5.1%
Biracial/Multiracial	3.8%	5.2%	4.3%	2.9%
Black/African American	2.9%	4.0%	3.7%	2.3%
Hispanic or Latino/a/x	14.9%	10.1%	10.2%	5.8%
Indigenous, American Indian, or Alaska Native	9.1%	4.4%	9.8%	3.3%
Native Hawaiian or Other Pacific Islander	0.0%	0.0%	0.0%	6.9%
Some other race	15.3%	12.9%	12.8%	7.3%
White, non-Hispanic or Latino/a/x	2.1%	1.0%	1.1%	1.2%

Source: U.S. Census Bureau, American Community Survey, 5-year estimates [Table DP04]

Table H-7. Percentage of Children Tested With Elevated Blood Lead Levels by Geography, Children Under the Age of Six, 2019

Geography/ZIP Code	Percentage
Grand Rapids	6.3%[a]
Kent County	2.4%[b]
49503	4.5%[c]
49504	3.4%[c]
49506	3.5%[c]
49507	6.3%[c]
49509	1.4%[c]
49519	S*[c]
49534	S*[c]
49548	0.9%[c]

[a] Source: Kent County Community Health Needs Assessment 2020 (Brummel, 2020).

[b] Source: Michigan Department of Health and Human Services Childhood Lead Poisoning Prevention Program, 2019.

[c] Source: Michigan Department of Health and Human Services Childhood Lead Poisoning Prevention Program, 2019.

S* indicates data suppressed due to privacy concerns.

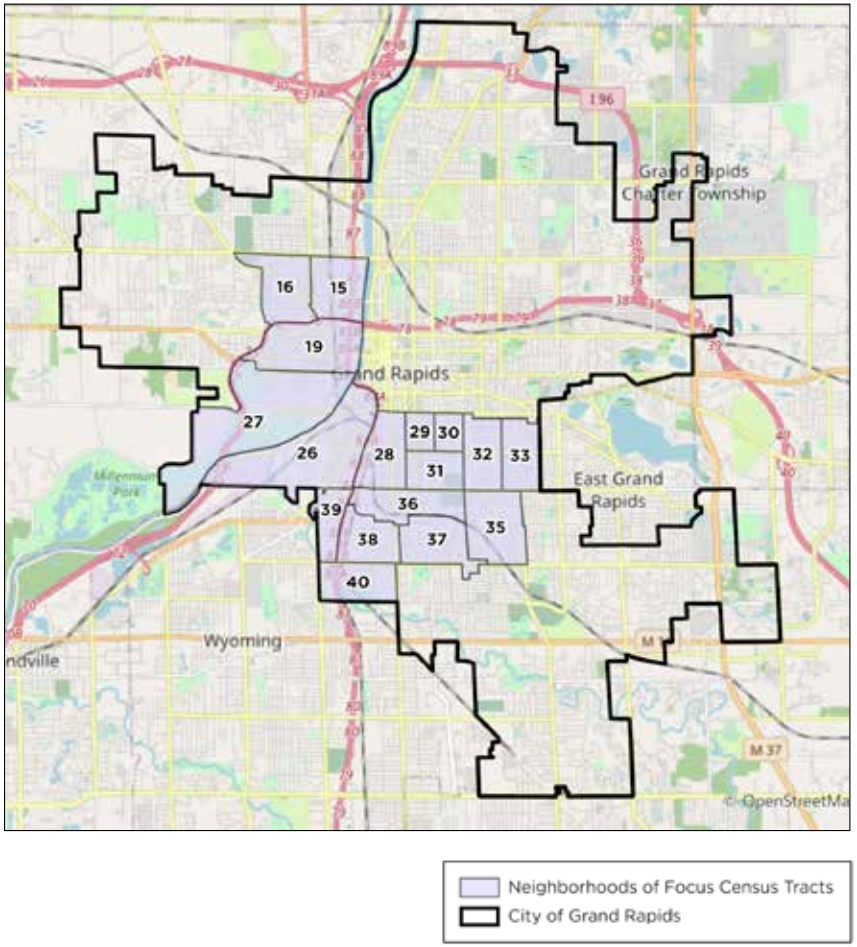
Access to Healthy Food and Nutrition

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



[12] The 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.

Data Discussion

Distance to Food and Convenience Stores

How far someone lives from quality food stores and how the shopper travels to a grocery store are important components of access to healthy food. In almost half of the NOF census tracts (41%), a third of the population (at least 33%) had low access to healthy food and were greater than half a mile from the nearest supermarket, supercenter, or large grocery store. 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 communities living in tract 28 (38%), Hispanic or Latino/a/x communities living in tract 26 (64%), and white communities living in tract 16 (48%). In addition, access to at least one grocery store in any of the census tracts in the NOF on average ranged from a little more than a tenth of a mile to half a mile. By contrast, small convenience stores, liquor stores, and gas stations could be found within one-third of a mile on average. (See Appendix C.)

Limited access to supermarkets often drives people to shop at convenience stores, but these locations typically have fewer healthy food and beverage options than their larger counterparts. U.S. Department of Agriculture data from 2015 indicated that 40% of the U.S. population lived more than one mile from a supermarket, supercenter, or larger grocery store, while 30% lived within half a mile (Rhone, et al, 2019). (See Table FN-1.)

SNAP Benefits Enrollment and Use

Another key strategy to evaluate access to healthy food is participation in the Supplemental Nutrition Assistance Program (SNAP). SNAP is the nation's largest food and nutrition assistance program for low-income Americans, providing nutrition benefits to use at stores to purchase food and beverages (U.S. Department of Agriculture, 2021b). SNAP-authorized retailers include grocery stores, supermarkets, farmers markets, and superstores, as well as convenience stores. Nationally, in 2019 there were 35.7 million participants in the program, with an average monthly benefit of $258.03 for households

Table FN-1. Low Access to Healthy Food by Race/Ethnicity in the Neighborhoods of Focus, 2019

Census Tract	Significant low food access[a]	Percentage of Population by Race/Ethnicity With Significant Low Food Access[a]: Asian/Asian American	Black/African American	Hispanic or Latino/a/x	Indigenous, American Indian, or Alaska Native	Native Hawaiian or Other Pacific Islander	Some other race[b]	White
NOF	7 census tracts total	0.2%	9.1%	10.6%	0.6%	0.0%	6.8%	13.9%
15	No	NA	NA	NA	NA	NA	NA	NA
16	Yes	0.4%	4.2%	10.7%	0.6%	0.1%	7.7%	48.4%
19	No	0.0%	0.9%	2.5%	0.2%	0.0%	1.7%	6.9%
26	Yes	0.3%	16.9%	63.6%	4.7%	0.2%	32.4%	40.7%
27	No	0.1%	1.4%	0.8%	0.02%	0.0%	0.5%	7.3%
28	Yes	0.8%	38.4%	29.7%	0.8%	0.0%	23.8%	12.4%
29	No	NA	NA	NA	NA	NA	NA	NA
30	No	NA	NA	NA	NA	NA	NA	NA
31	No	NA	NA	NA	NA	NA	NA	NA
32	Yes	0.0%	31.9%	3.8%	0.1%	0.0%	3.5%	5.0%
33	Yes	0.5%	15.1%	0.8%	0.1%	0.0%	1.6%	21.8%
35	Yes	0.5%	35.8%	5.9%	0.3%	0.0%	5.2%	21.7%
36	No	0.0%	1.6%	0.2%	0.0%	0.0%	0.20%	0.6%
37	No	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
38	No	0.0%	0.1%	0.9%	0.0%	0.0%	0.6%	0.4%
39	No	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
40	Yes	0.1%	2.4%	19.2%	0.5%	0.1%	11.7%	15.6%

Source: U.S. Department of Agriculture. (2019b). Food Access Research Atlas. https://www.ers.usda.gov/data-products/food-access-research-atlas/

NA: The USDA reported NULL for these data.

[a] The U.S. Department of Agriculture defines significance as "low-income census tracts where a significant number (at least 500 people) or share (at least 33 percent) of the population is greater than one-half mile from the nearest supermarket, supercenter, or large grocery store for an urban area or greater than 10 miles for a rural area" (2019).

[b] The U.S. Department of Agriculture combines data for the groups "Some other race" and "Biracial/Multiracial."

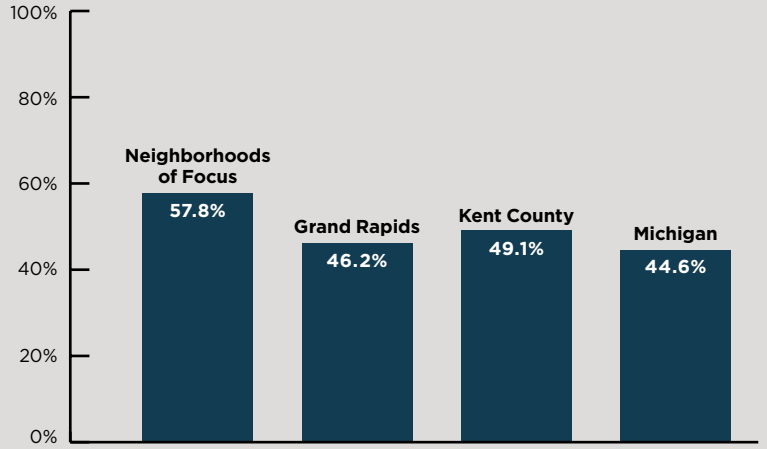
and $129.83 for individuals (U.S. Department of Agriculture, 2021b). In Michigan, the average SNAP benefit for all households was $215 per month, while households with children received $398 per month (Center for Budget and Policy Priorities, 2021). For individuals in Michigan, the average monthly benefit was $119.96 (U.S. Department of Agriculture, 2021b).

The U.S. Census Bureau (2019) reported that nationally, 68% of individual SNAP participants were white, 12% were Black/African American, and 13% were Hispanic or Latino/a/x. However, in the Neighborhoods of Focus, these proportions were reversed: 44% of SNAP participants were Black/African American; 43% were Biracial/Multiracial; 35% were Indigenous, American Indian, or Alaska Native; 30% were Hispanic or Latino/a/x, and only 17% were white. The percentage of SNAP participants was greater in the NOF for all racial and ethnic demographic groups than across Grand Rapids, Kent County, and Michigan as a whole, with the exception of the Asian/Asian American population. (See Figure FN-2 and Table FN-3.)

The SNAP program has proven to be one of the most effective ways to combat food insecurity, and is the nation's most important anti-hunger program (Eltigani, 2020). SNAP participation improves health outcomes and helps to prevent chronic health diseases that disproportionately affect Black and brown communities (Eltigani, 2020).

Nevertheless, some researchers have pointed out that the SNAP benefit amount is not enough for participants to cover the cost of a healthy, adequate diet (Carlson et al, 2021). In 2019, the average monthly U.S. household spending on food ranged from $366 for low-income households to $1,165 for higher-income households (U.S. Department of Agriculture, 2019a). For low-income households (regardless if they are on SNAP or not), spending on food represented a much higher proportion of their overall monthly spending — 36% compared to 8% of spending for higher-income families. While SNAP is an important anti-poverty program, this disparity indicates there are still significant divides in affordability because low-income households spend a greater proportion of their income on food than higher income households.

Figure FN-2. SNAP Participation Rates for Households With Children by Geography, 2019[a]



Source: U.S. Census Bureau, American Community Survey 5-year estimates 2019 [Table S2201]

[a] Research indicates that survey response to SNAP program participation undercounts the participation rate.

Table FN-3. SNAP Participation Rates by Race/Ethnicity and Geography, 2019[a]

	NOF	Grand Rapids	Kent County	Michigan
Asian/Asian American	5.6%	5.6%	8.6%	6.0%
Biracial/Multiracial	42.8%	34.2%	26.5%	23.3%
Black/African American	43.8%	42.4%	33.0%	33.3%
Hispanic or Latino/a/x	30.4%	27.3%	20.2%	19.5%
Indigenous, American Indian, or Alaska Native	34.7%	27.9%	21.2%	22.3%
Some other race	35.5%	32.2%	24.7%	21.9%
White, non-Hispanic or Latino/a/x	17.0%	9.4%	6.7%	9.6%

Source: U.S. Census Bureau, American Community Survey 5-year estimates 2019 [Table S2201]

[a] Research indicates that survey response to SNAP program participation undercounts the participation rate.

Within the NOF, the average distance to SNAP-authorized retailers ranged from a tenth of a mile to a quarter of a mile. (See Figure FN-3.) While SNAP retailers may be accessible, such retailers range from supermarkets to convenience stores. The latter, as described above, may offer relatively limited healthy food options.

> Roughly **85% of children** attending school in the Neighborhoods of Focus were eligible for a **free/reduced-cost lunch**.

Free or Reduced-Cost Lunch Enrollment

SNAP participation grants access to additional federal programs, such as the National School Lunch Program (NSLP). The NSLP provides nutritionally balanced, free/reduced-price lunches to children each school day and, in FY 2019, schools served more than 4.8 billion lunches to children nationwide (U.S. Department of Agriculture, 2021c). 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 to participate in the federal program and receive a free/reduced-price lunch. (See Appendix B, Table FN-4.)

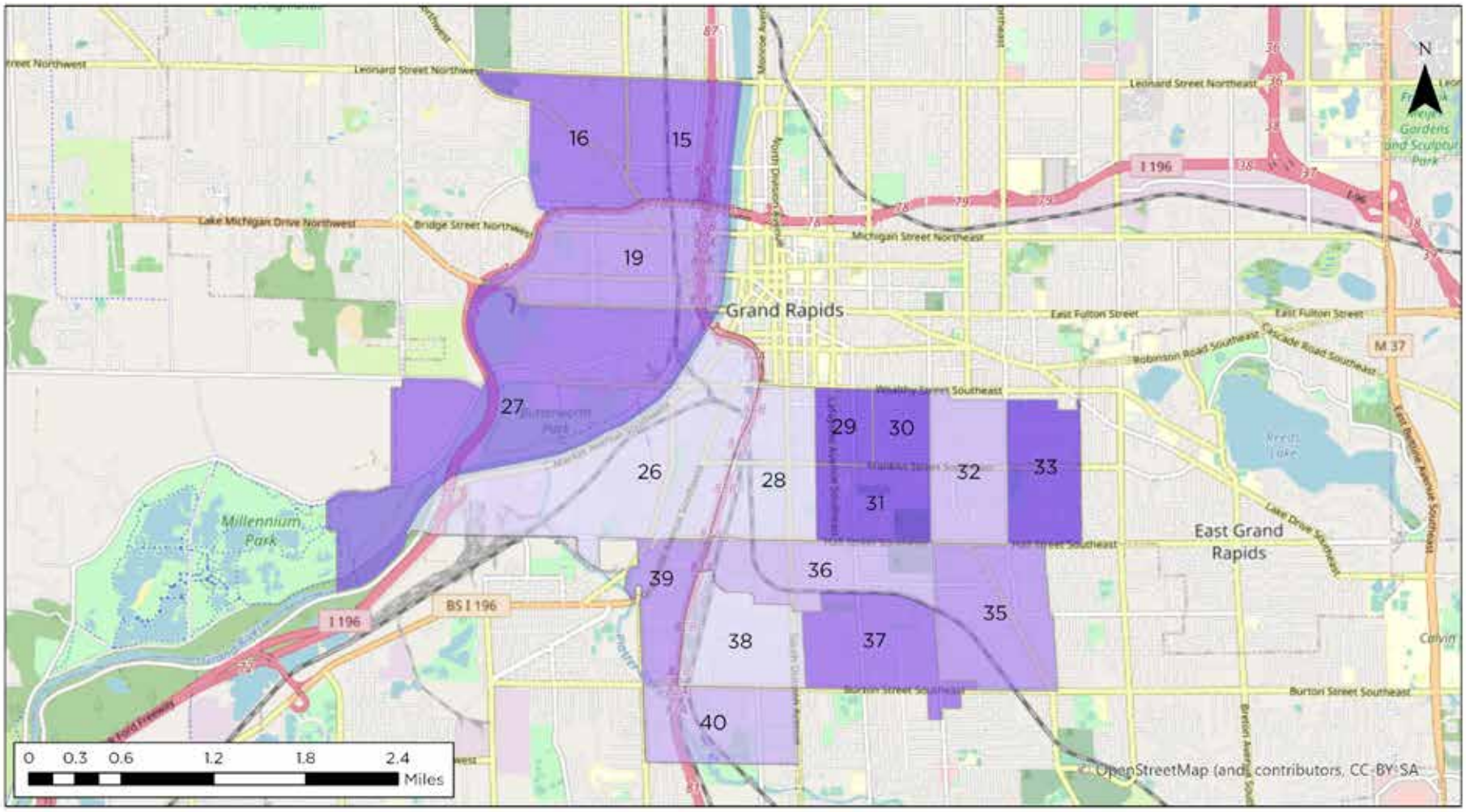
Summary

Supermarket access varies along racial/ethnic lines in the NOF. A significant share (at least 33%) of the population in almost half of the NOF census tracts (41%) had low access to healthy food and lived more than half a mile from the nearest supermarket, supercenter, or large grocery store. By contrast, small convenience stores, liquor stores, and gas stations, whose "good food" offerings may be little to none, could be found within one-third of a mile on average across the NOF.

While the population in nearly 70% of Grand Rapids census tracts 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. Federal programs such as SNAP and NSLP are important resources for the NOF. Out of all households participating in SNAP in these neighborhoods, 58% have children under 18 years old.

The vast majority of children in the NOF are from households with incomes eligible for the free/reduced-price lunch program. More than 85% of children in grades K–12 who attend 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. Having access to nutritious and culturally diverse food sets children up for success in school.

Figure FN-3. Average Distance to SNAP Retailers in the Neighborhoods of Focus, 2019



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Source: USDA Food and Nutrition Service SNAP Retailer Locator Data. Retrieved from https://www.fns.usda.gov/snap/retailer-locator

Distance (miles)

- 0.10 - 0.12
- 0.13 - 0.15
- 0.16 - 0.16
- 0.17 - 0.18
- 0.19 - 0.24

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%).

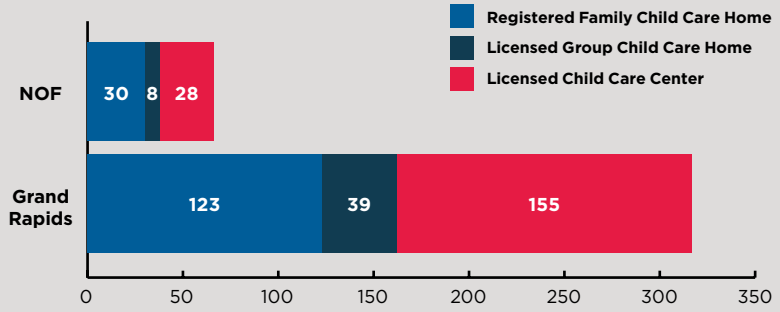
Data Discussion

Early Child Care and Education Access

Access to early child care and education (ECE) for low-income families helps reduce later-in-life achievement gaps and improves the health of students (Bustamante et al., 2021). Access to ECE services in the NOF was calculated using the IFF Access Index, and a majority of the census tracts had a high level of access to ECE services in 2019.[14] (See Figure E-3.) This may be due to the shorter distance from their homes to a licensed facility with a greater capacity of providers, or fewer children in need of early child care outside of home.[15] However, ECE access is complex and parents face many barriers to access including cost, alignment of hours, transportation, and discouraging long wait lists to name a few.

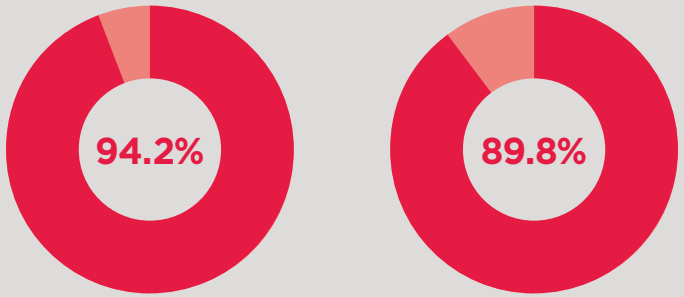
In 2019, the NOF had a total capacity of 3,199 slots for the 6,685 children 5 years and younger living within the boundaries of the NOF, resulting in a total gap of 3,486 slots between the neighborhoods' need for child care and providers' capacity. The picture of ECE access is complicated by the gap between ECE demand and supply and barriers to access. According to a study in 2018, IFF reported that more than two-thirds of the service gap between ECE demand and supply in the City of Grand Rapids was concentrated largely in areas within the NOF, including West Garfield Park, Black Hills-Grandville, West Grand (East), West Grand (West), Baxter and Ottawa Hills, East Garfield Park, and the Southeast Community. While some families may be able to access surplus slots in other neighborhoods, transportation can be a barrier, especially for single parents. Access is also influenced by barriers to receiving childcare subsidies for low-income families and the administrative capacity of providers to accept subsidies. (See Figures E-1 and E-2.)

Figure E-1. Number of Registered Early Child Care and Education Providers, 2019



Source: Great Start to Quality, Early Childhood Investment Corporation License Rating Data, 2019.

Figure E-2. Registered Early Child Care and Education Providers With Three-Star Quality Rating or Above by Geography, 2019



Neighborhoods of Focus (n=48)

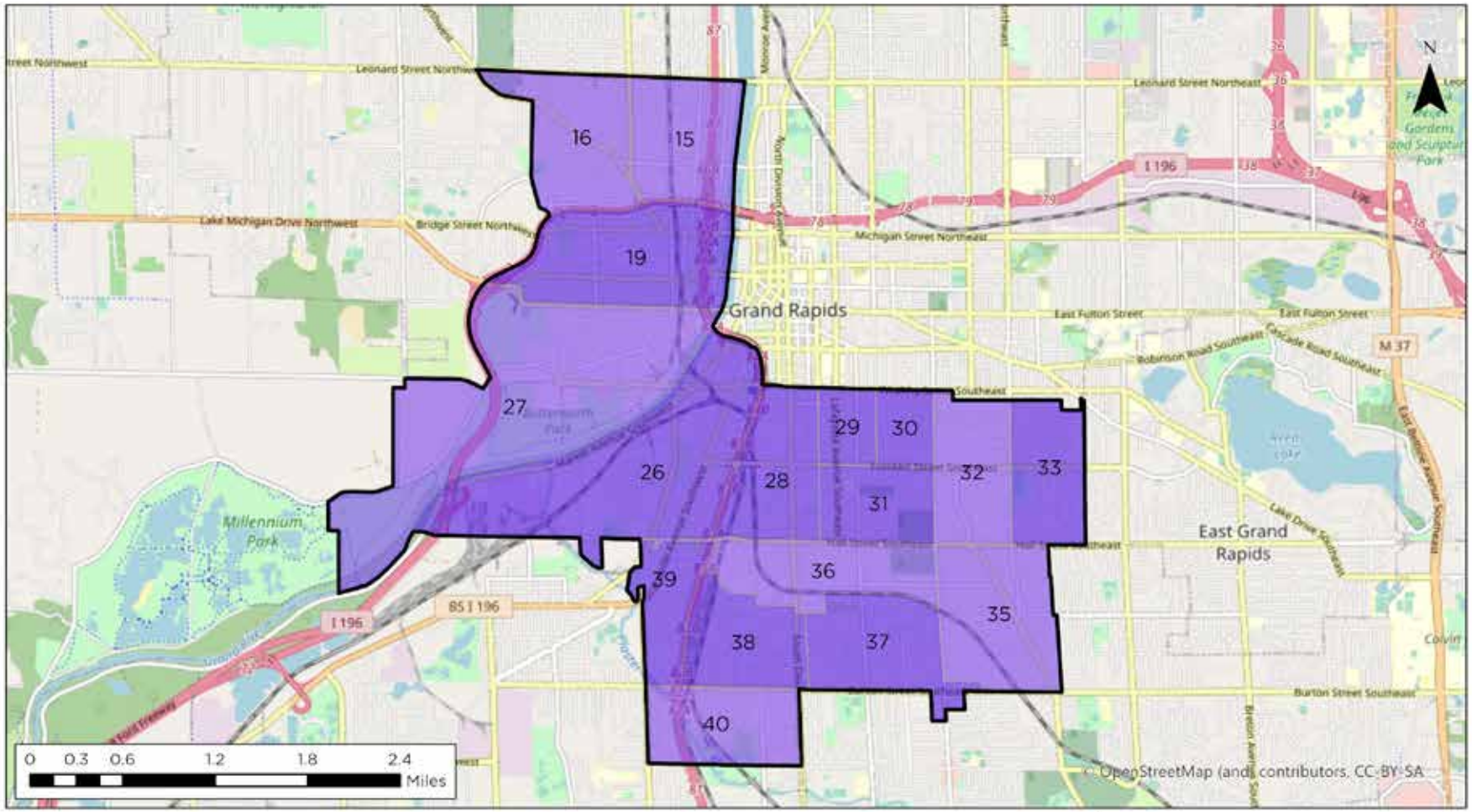
City of Grand Rapids (n=166)

Source: Great Start to Quality, Early Childhood Investment Corporation License Rating Data, 2019

[14] The access share of ECE providers (the distance from children's homes to provider locations and the provider's capacity) and the need share (the total number of children under 6 years old) within a geographic area were calculated using the IFF Access Index and the results visualized in a map.

[15] The darker shaded census tracts in Appendix B, Figure E-2 highlights the number of families with higher access to ECE. Low access would be characterized by a greater distance from their homes to a licensed facility, a lower capacity of providers, or more children in need of ECE services.

Figure E-3. Quality Early Child Care and Education Program Access, 2019



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July 2021

Source: American Community Survey, 2019, Table S0101, Retrieved from https://data.census.gov/cedsci/. Early Childhood Investment Corporation, 2020.

Access Level
- Lower Access
- Higher Access
- Neighborhoods of Focus

Early Child Care and Education Quality

Research consistently tells us that high-quality early education can have lasting impacts in and outside of the classroom. Parents who place their children in high-quality programs expose their children to broader learning opportunities, and parents create the flexibility to take on employment or further their own career prospects (The Center for High Impact Philanthropy, 2015). A recent study showed that high-quality ECE programs narrowed the achievement gap by half (Ansari et al., 2020). In addition, sustained high-quality ECE can have long-lasting impacts, such as improved health, (Bustamante et al., 2021) and can help provide children the opportunities to reach their full potential.

In 2019, a quarter of the licensed ECE providers in Grand Rapids were located in the NOF (66 of 271, or 24%), and the NOF had similar access to licensed and registered ECE slots for 0- to 5-year-olds across each census tract, according to an analysis of IFF's Early Childhood Education Access Index. However, of the 66 licensed ECE providers in the NOF, only three-quarters participated in the Great Start to Quality program (51 of 66, or 77%). Of participating licensed ECE providers, 94% were rated as 3 stars or above, yet the quality of one-quarter of the licensed ECE providers was indeterminant because they did not participate in the Great Start to Quality program (19 of 66, or 29%). Historically, there has been a mix of quality ECE options in the NOF — either licensed or registered without a rating or ranging from two stars to five stars (IFF, 2018).[16]

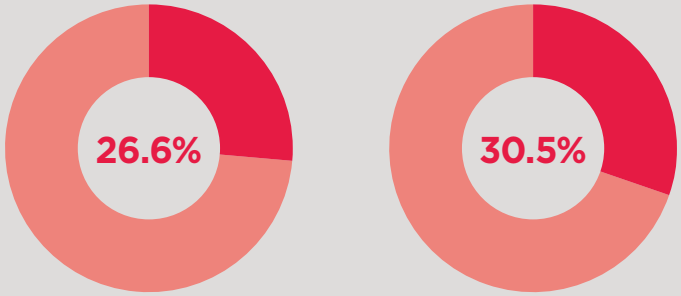
Standardized Testing

One indication of educational access and quality is standardized testing, which is intended to measure how students perform against expectations from the past year of learning, and is used for advancing educational equity and identifying student needs (Cwiek, 2021). According to this measure, early grade proficiency continues to be unacceptably low for students from low-income families and among children of color across the country (The Annie E. Casey Foundation, 2014b).

The data are mixed in the NOF, however. On one hand, third grade students attending public or charter schools located in the NOF appear to be in line with students attending public or charter schools located in the city of Grand Rapids for both reading and math. On the other hand, by sixth grade, a disparity has appeared in reading and math proficiency. (See Figures E-4, E-5, E-6, and E-7.) Disparities in students this young tend to compound as they progress in school, which is a cause for concern in the NOF. Though reading and math proficiency data were not available to be disaggregated by race/ethnicity, "children of color are less likely to be reading proficiently by third grade, are more likely to be retained in grade, change schools more frequently and miss more school. Ultimately, children of color and those from families with low incomes are less likely to graduate from high school or be college- and career-ready" (Sorenson, 2018, para. 3).

[16] In their 2018 report "A System for All Children: An Early Childhood Education Needs Assessment in Grand Rapids," (IFF) found that the majority (88%) of providers in Grand Rapids received a rating of 3 to 5 stars. The report suggested that there are barriers for providers to participate in Great Start to Quality program at all.

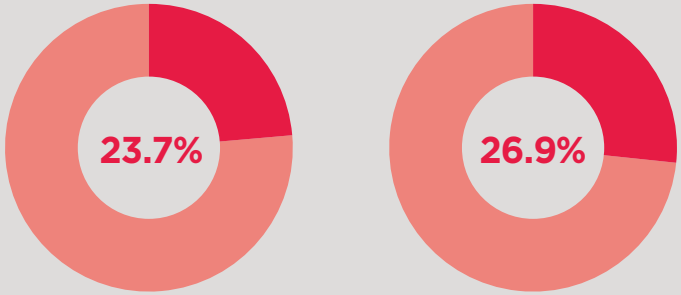
Figure E-4. Third-Grade Reading Level (English Language Arts Proficiency, "Advanced" or "Proficient") in Schools by Geography, 2018-2019 School Year[a]



Neighborhoods of Focus (n=147)

City of Grand Rapids (n=370)

Figure E-5. Third-Grade Math Proficiency ("Advanced" or "Proficient") in Schools by Geography, 2018-2019 School Year[a]



Neighborhoods of Focus (n=139)

City of Grand Rapids (n=341)

Figure E-6. Sixth-Grade Reading Level (English Language Arts Proficiency, "Advanced" or "Proficient") in Schools by Geography, 2018-2019 School Year[a]

Neighborhoods of Focus (n=66)

City of Grand Rapids (n=217)

Figure E-7. Sixth-Grade Math Proficiency ("Advanced" or "Proficient") in Schools by Geography, 2018-2019 School Year[a]

Neighborhoods of Focus (n=57)

City of Grand Rapids (n=175)

Source for all figures on this page: Center for Educational Performance and Innovation

[a] There were 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.

Educational Attainment

Postsecondary education is quickly becoming a minimum requirement for securing employment that can afford people the resources needed for better health. Lower educational attainment limits an individual's employment opportunities, earning capacity, and ability to secure resources that would improve health otherwise (American Public Health Association, 2018). Findings from the 2021 America's Health Rankings Health Disparities Report suggest adults with less than a high school education are more likely to have multiple chronic conditions and experience more frequent distress than college graduates (United Health Foundation, 2021).

> Nearly **26%** of people living in the Neighborhoods of Focus **did not have a high school diploma** or equivalent.

Lower educational attainment among NOF residents puts them at risk for these negative health effects. The average retention rate, or the percentage of students who continue to the next grade, was 65% in NOF high schools compared to 88% in high schools across the city of Grand Rapids. (See Table E-1.) In addition, about a quarter of all adults in the NOF (26%) did not have a high school diploma or equivalent compared to 13% in the city of Grand Rapids.

Furthermore, graduation rates among students attending public and charter schools located in the NOF were considerably lower than for their peers attending public and charter schools located across the city of Grand Rapids and state of Michigan. While the 2018-19 graduation rate for Michigan and Grand Rapids as a whole were 81% and 70% respectively, the rate for students attending public and charter schools located in the NOF lagged significantly behind at 51%. (See Figure E-1.)

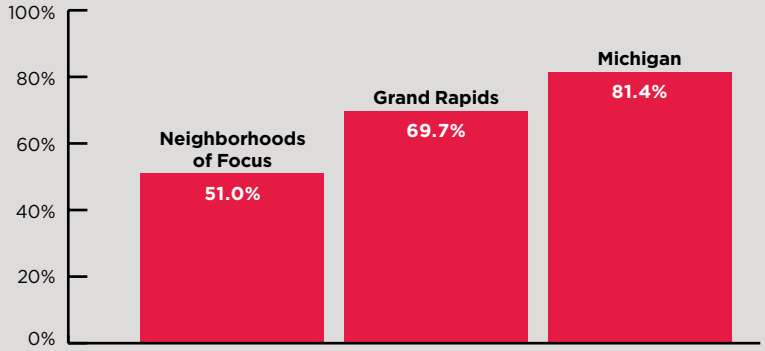
Table E-1. Retention in Schools by Geography, 2018-2019 School Year

	NOF		Grand Rapids	
	Percentage Held Back in Grade	Percentage Moving on to Next Grade (Retention Rate)	Percentage Held Back in Grade	Percentage Moving on to Next Grade (Retention Rate)
Public and Charter Schools (All Grades)	4.6%	95.4%	4.4%	95.6%
Elementary Schools	2.0%	98.0%	1.6%	98.4%
Middle Schools	0.4%	99.6%	0.4%	99.6%
High Schools	35.1%	64.9%	12.1%	87.9%
Combined Elementary and Middle Schools	1.9%	98.1%	2.1%	97.9%
Combined Middle and High Schools	2.0%	98.0%	1.2%	98.8%
Combined Elementary through High Schools[a]	3.8%	96.2%	11.1%	88.9%

Source: Center for Educational Performance and Innovation

[a] Michigan Virtual Charter Academy was excluded as the statewide data could not be disaggregated for students living in the NOF.

Figure E-1. Graduation Rate in Public Schools by Geography, 2018-2019 School Year



Source: Center for Educational Performance and Innovation

Summary

The ECE landscape in the NOF is complicated and quality ECE programs and access to those programs remains an issue. While 94% of participating licensed ECE providers in the NOF were rated as three stars or above, a quarter of licensed ECE providers in the NOF did not participate in the Great Start to Quality program, leaving the quality of their programs unknown. Furthermore, though some quality ECE options exist within the NOF, there remains a total gap of 3,486 slots between the neighborhoods' need for child care and providers' capacity.

In early grade primary and secondary education, standardized testing indicates students attending public or charter schools located in the NOF and in students attending public or charter schools located across Grand Rapids as a whole performed similarly in third grade reading and math, but disparity had grown by sixth grade. Only 13% of sixth graders attending public and charter schools located in the NOF were proficient or advanced in reading, compared to nearly 20% across the city. A similar comparison was shown in math, where 11% of sixth graders in the NOF were proficient or advanced in math compared to 18% across the city.

Overall postsecondary attainment disparities remained for NOF. Students here graduated at lower rates (51%) than overall in Grand Rapids. Additionally, three-quarters of all adults aged 25 years or older living in the NOF (74%) graduated from high school or equivalent compared to 86% in Grand Rapids overall.

With lower educational attainment linked to increased chronic conditions, decreased well-being, and lower life expectancy, access to quality educational opportunities and resources is essential for children living in the NOF in order for them to have the chance to secure jobs, income, and resources that would, ultimately, help to improve health.

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%.

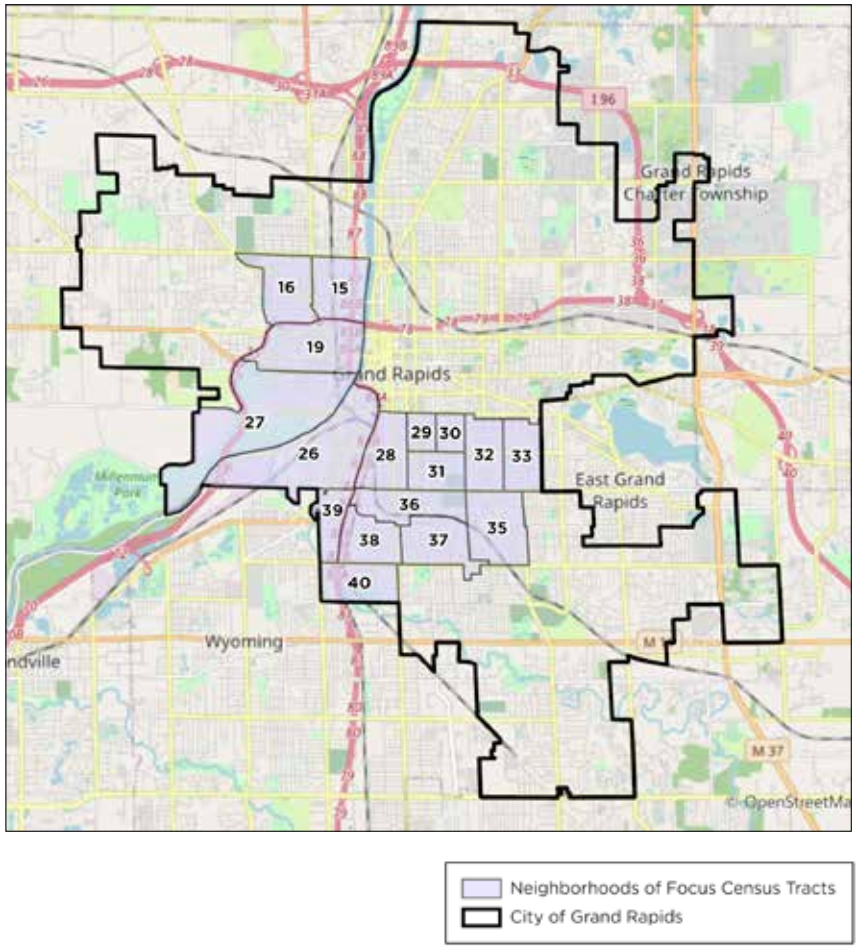
Neighborhoods in the NOF are moderately walkable, but disparities still exist between these neighborhoods and the city as a whole.

- 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



Data Discussion

Adequate and reliable transportation are fundamental to healthy communities. A lack of transportation can have a significant impact on health and the ability to make healthy lifestyle choices, access employment, seek out and receive health care, and the ability to purchase healthy foods.

The differences within the NOF, and between these neighborhoods and the city of Grand Rapids, demonstrate a need for transportation equity. As defined by the Urban Institute, "Transportation equity means that transportation decisions are made with deep and meaningful community input that leads to transportation networks and land use structures that support health and well-being, environmental sustainability, and equitable access to resources and opportunities" (Stacy et al., 2020, p. 1). Transportation issues include lack of vehicle access, unaffordable vehicle insurance and maintenance costs, inflexible or few public transportation options, as well as long travel times to reach necessary resources. (See Figure TBE-7 and Table TBE-2.)

Ease of Commuting

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% of people living in Grand Rapids, Kent County, and Michigan. (See Table TBE-1.)

Table TBE-1. Mean Travel Time to Work, by Percentage of Population, 2019

Travel Time to Work	NOF	Grand Rapids	Kent Co	Mich
Mean Travel Time to Work (minutes)	20.2	20.0	21.5	25.1
Less than 10 minutes	14.5%	12.7%	13.0%	13.3%
10 to 14 minutes	19.0%	19.0%	16.7%	14.0%
15 to 19 minutes	21.2%	24.3%	19.1%	15.7%
20 to 24 minutes	19.0%	18.4%	19.5%	15.3%
25 to 29 minutes	5.3%	6.7%	8.0%	7.5%
30 to 34 minutes	8.5%	8.0%	10.5%	12.7%
35 to 44 minutes	5.0%	3.5%	4.8%	7.3%
45 to 59 minutes	4.0%	3.8%	4.6%	7.3%
60 or more minutes	3.5%	3.5%	3.8%	6.8%

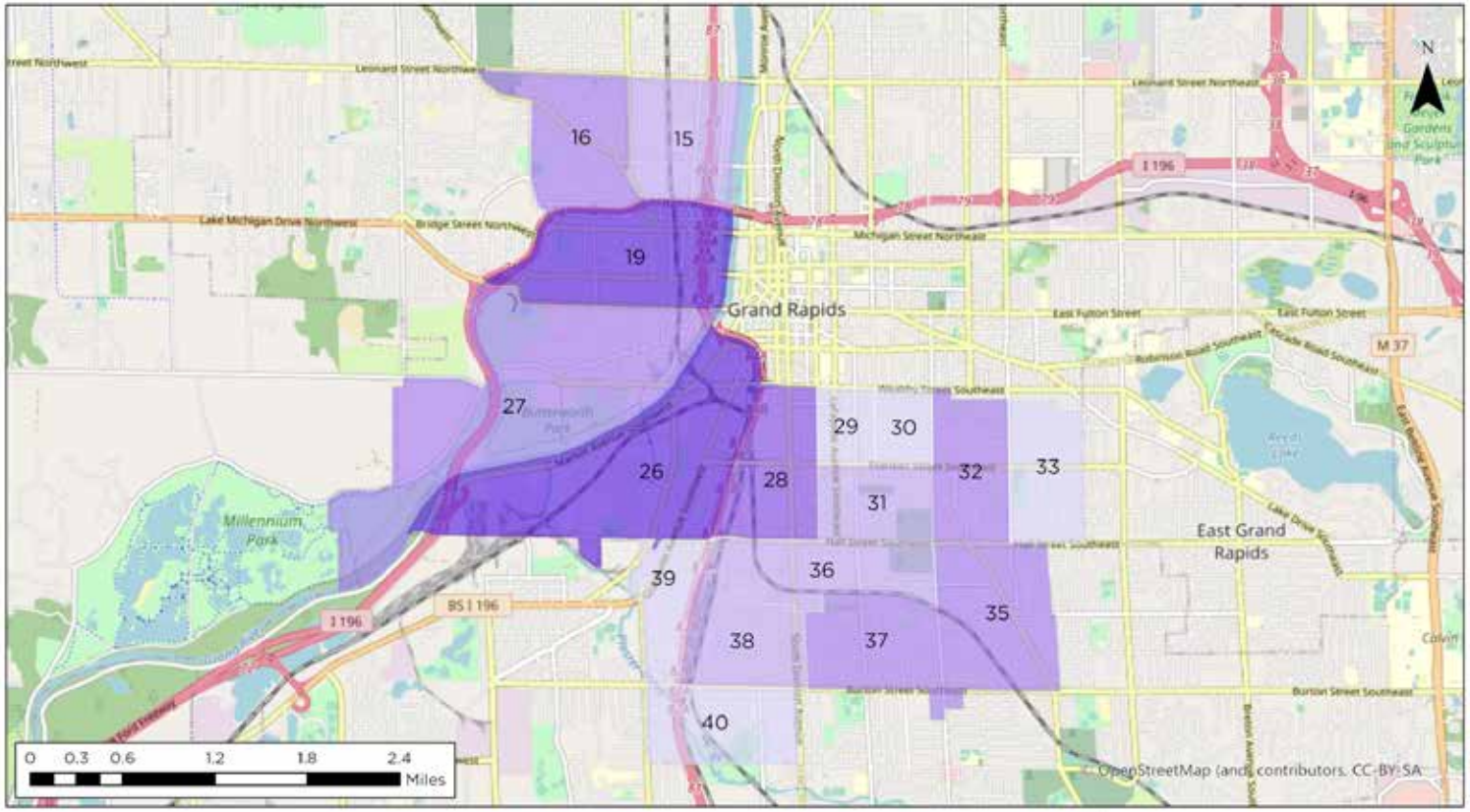
Source: U.S. Census Bureau, American Community Survey, 5-Year Estimates, 2019 [Table S0801]

Bus Stops and Ease of Public Access to Employers, Work, and Health Care Services

Many factors impact transit performance, including bus stop spacing, location, and design (Federal Transit Administration, 2015). Bus stops are an important access point for people using public transit, and the more walkable those stops are within neighborhoods, the easier it is to affordably travel long distances. Urban planners broadly find that people will walk to reach a transit stop between a quarter of a mile to a half a mile from their home (Jaffe, 2015). Ideally, then, any resident living in the NOF should be able leave their residence, walk a quarter of a mile in any direction, and reach a bus stop.[17] (See Figures TBE-2, TBE-3, TBE-4, TBE-5, and TBE-6.)

[17] This is an especially important consideration during the winter, when snow and severe weather conditions can make even a quarter mile to a half mile difficult or nearly impossible to travel on foot. The city of Grand Rapids maintains a policy that places responsibility for snow removal on individual businesses and homeowners, with possible delays in removal that may affect travelers.

Figure TBE-2. Number of Bus Stops by Census Tract in the Neighborhoods of Focus, 2019



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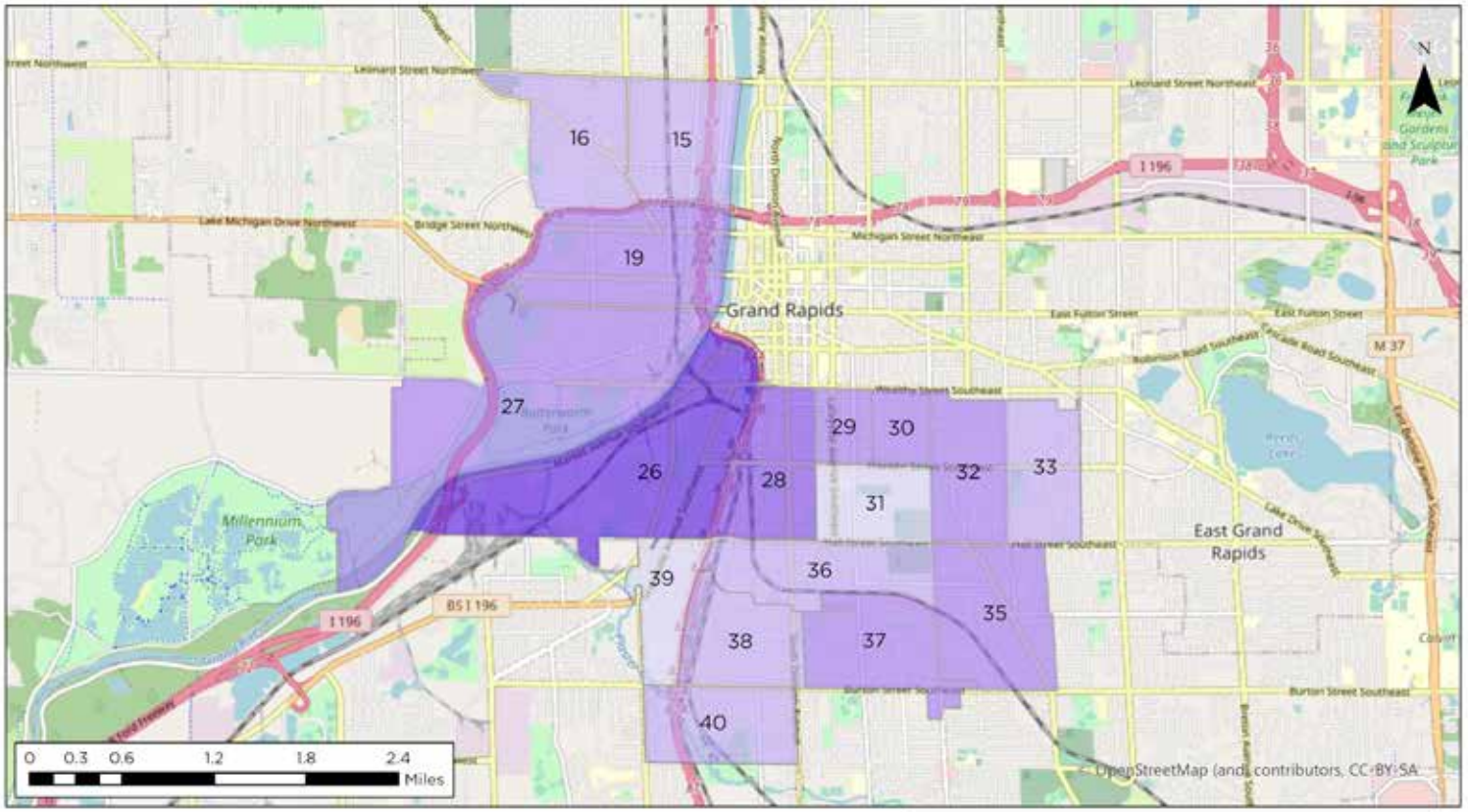
Source: The Rapid, 2019.

This map illustrates how many bus stops were within a quarter mile or any given residence within each census tract.

Figure TBE-3. Percentage of Grand Rapids Employers Within a Quarter of a Mile of a Bus Stop, by Census Tract in the Neighborhoods of Focus, 2018



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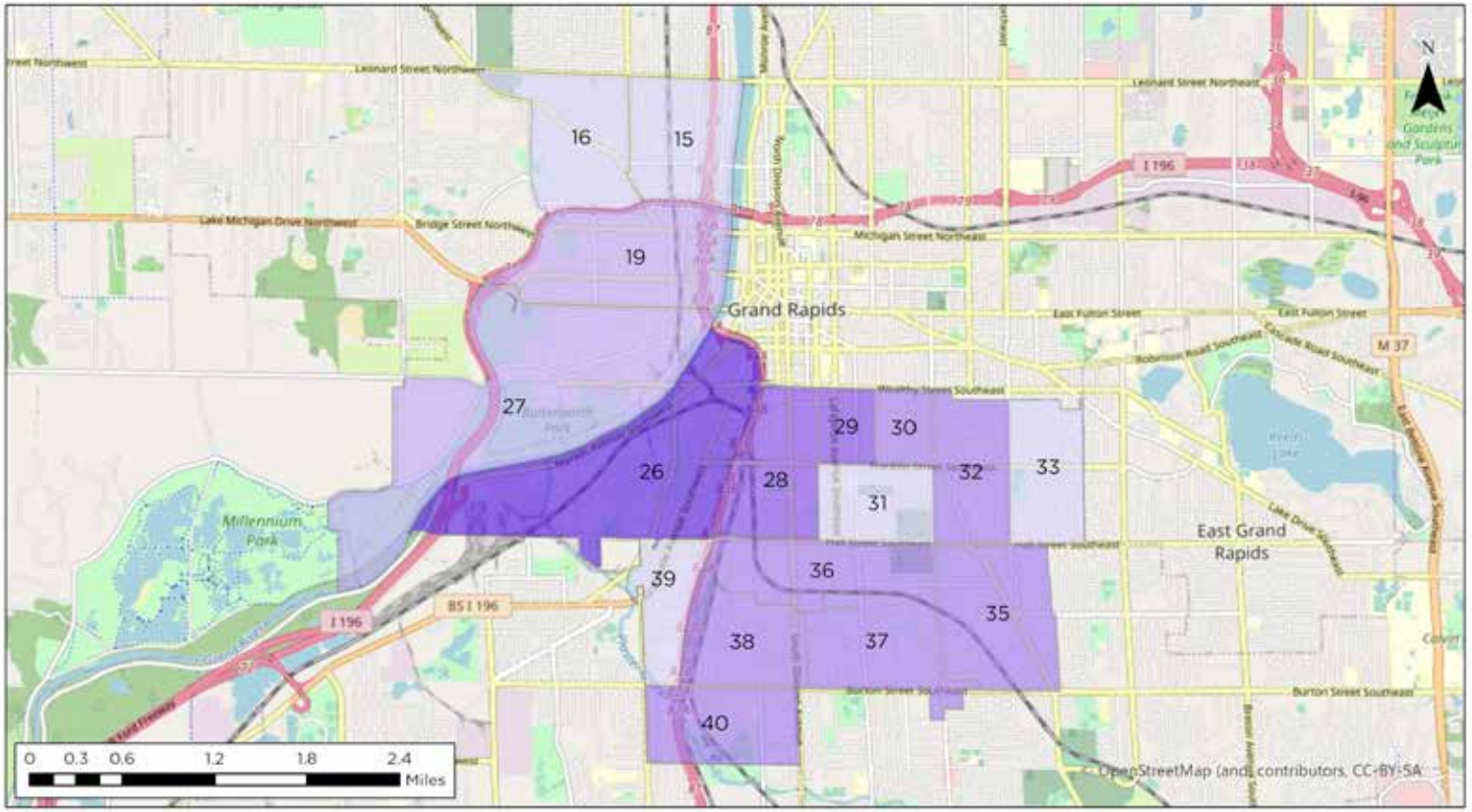
Sources: The Rapid, 2019.
LEHD Origin-Destination Employment Statistics (LODES). 2018. Retrieved from https://lehd.ces.census.gov/data/

Percentage of Employer Locations
- 17.6 - 19.8
- 19.9 - 26.2
- 26.3 - 32.5
- 39.1
- 84.1

This map illustrates the opportunities to access any employer in Grand Rapids by bus from the NOF.[18] The central NOF had the most opportunities to access any employer in Grand Rapids by bus (census tracts 26 and 28).

[18] This map considers a bus and work schedule using first shift hours, but the bus schedule typically does not account for people working the second shift (who may be able to get to work, but not home) and/or the third shift (who may be able to get home, but not to work).

Figure TBE-4. Percentages of NOF Workers Whose Employers are Within a Quarter of a Mile of a Bus Stop, by Census Tract in the Neighborhoods of Focus, 2018



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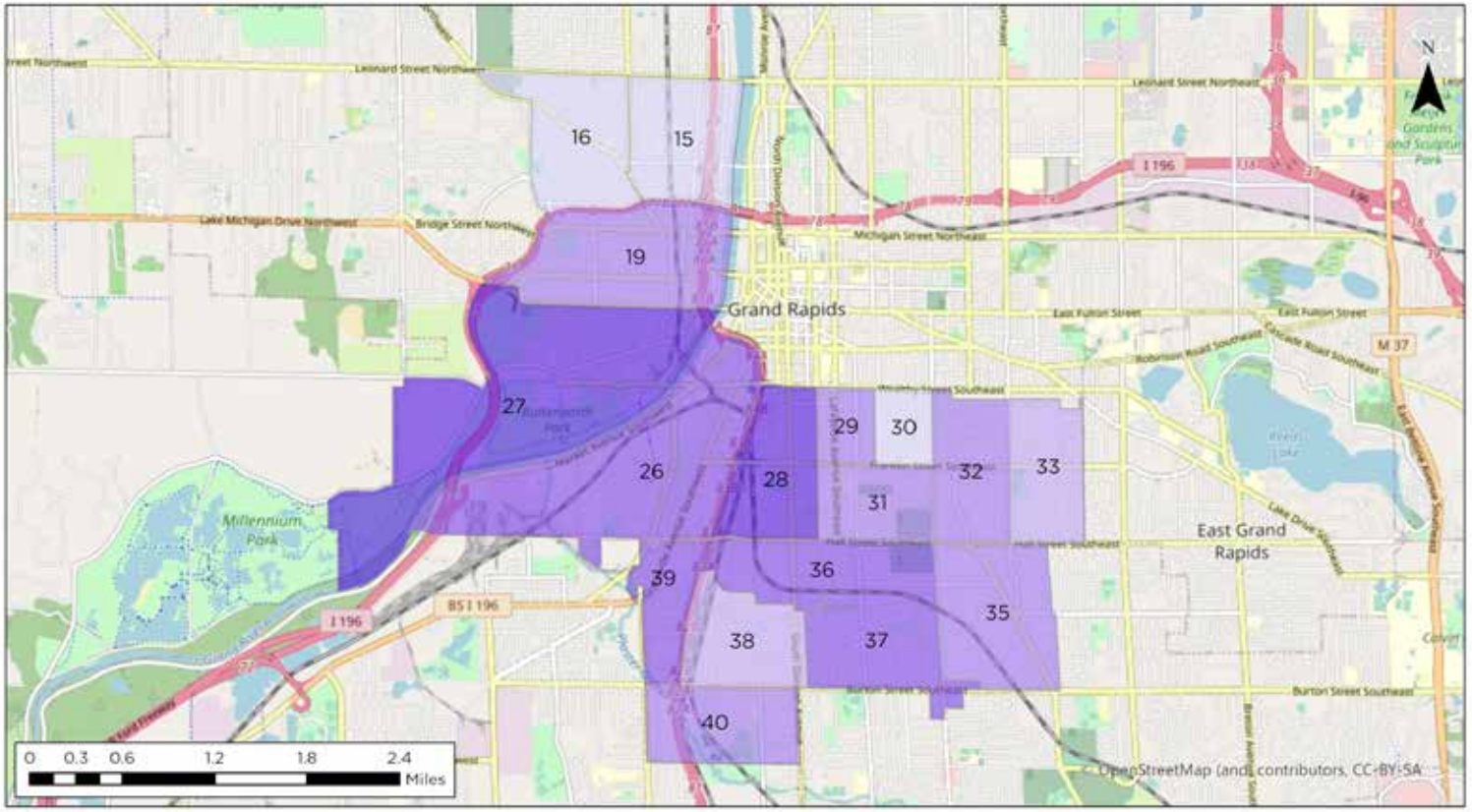
Sources: The Rapid, 2019.
LEHD Origin-Destination Employment Statistics (LODES), 2018. Retrieved from https://lehd.ces.census.gov/data/

Percentage of Workers
- 11.1 - 13.9
- 14.0 - 16.9
- 17.0 - 22.1
- 22.2 - 29.2
- 47.3

This map illustrates how easy it would be to get to one's workplace by bus from the NOF. People living in the central NOF (census tracts 26, 28, and 29) had the greatest accessibility to their workplace by bus. In contrast, census tracts 15, 16, 31, 33, and 39 had the lowest accessibility to their place of work by bus.

Figure TBE-5. Percentage of NOF Workers Working Within the Neighborhoods of Focus by Census Tract, 2018



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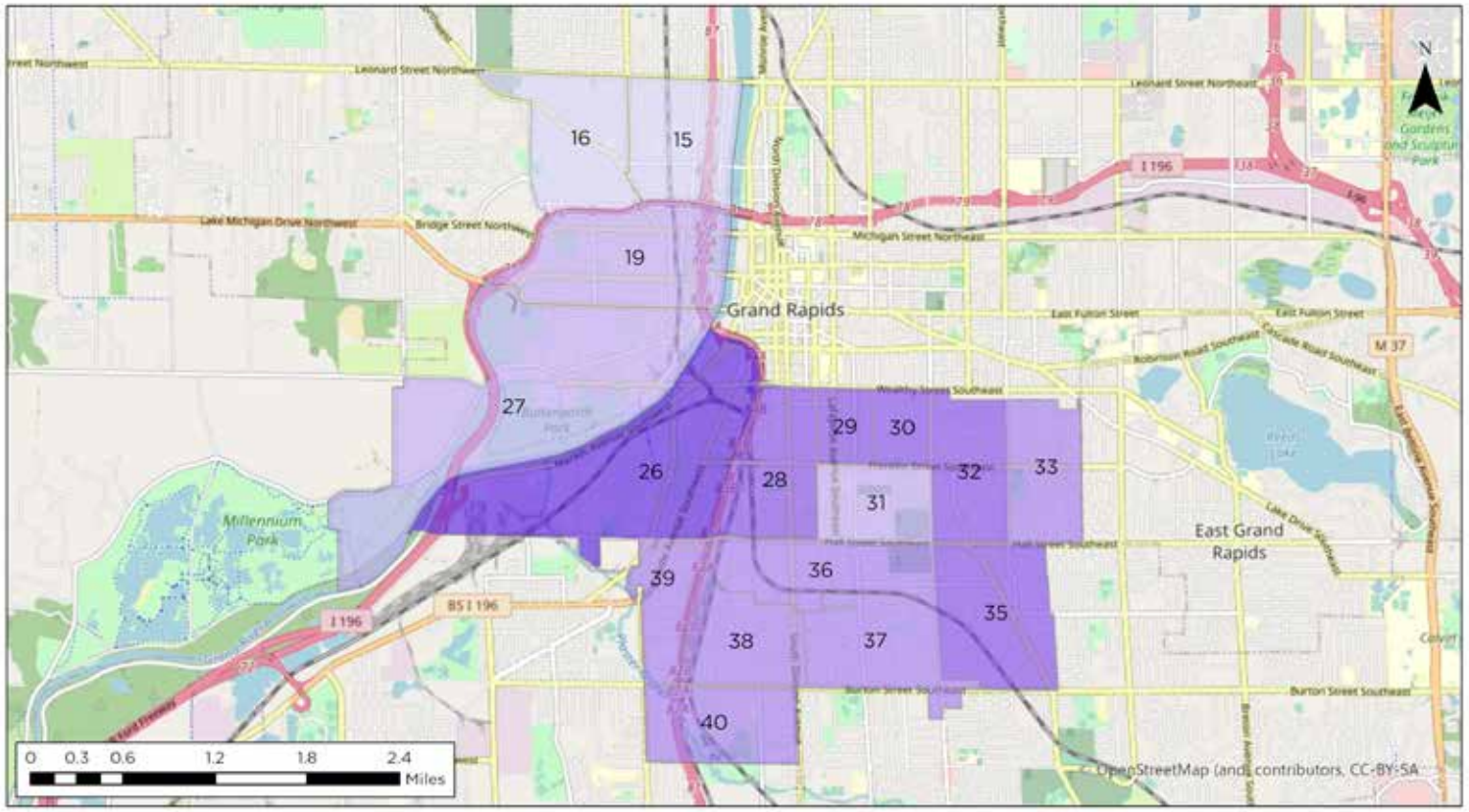
Source: LEHD Origin-Destination Employment Statistics (LODES), 2018, Retrieved from https://lehd.ces.census.gov/data/

Percentage of Workers
- 8.2
- 8.3 - 9.3
- 9.4 - 10.6
- 10.7 - 12.2
- 12.3 - 13.3

This map illustrates how many people living in the NOF also worked within the NOF. Census tracts 15, 16, and 30 had the smallest proportions of residents working within the NOF, yet also had low numbers of bus stops. This may pose challenges to commuting by bus outside the NOF.

Figure TBE-6. Percentage of Health Care Service Locations Within a Quarter of a Mile of a Bus Stop, by Census Tract in the Neighborhoods of Focus, 2020



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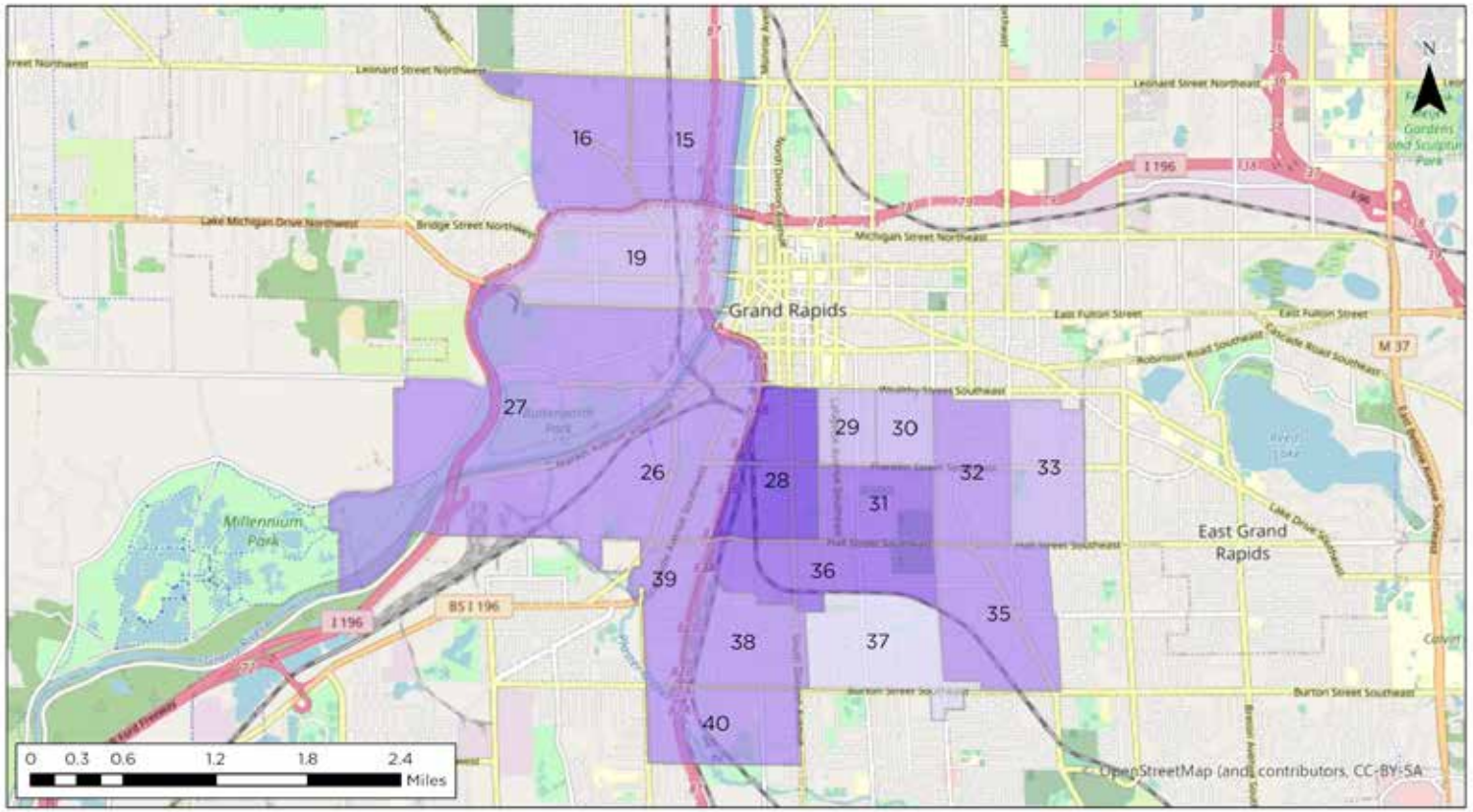
Sources: The Rapid, 2019. Michigan Department of Licensing and Regulatory Affairs, Bureau of Community and Health Systems, 2019. Spectrum Health, Healthier Communities, Ed Jados, 2020. Health Resources and Services Administration (HRSA), 2021, Retrieved from https://findahealthcenter.hrsa.gov/. The National Association of Free and Charitable Clinics (NAFCC), 2021. Retrieved from https://www.nafcclinics.org/find-clinic.

This map illustrates how easy it would be to get to a primary care provider, dentist, or federally qualified health center by bus within the NOF. Of health care service locations in and around the NOF, the census tract that houses the Rapid Central Station (tract 26) had the highest proportion of locations accessible by bus and within reasonable walking distance.

Figure TBE-7. Percentage of Households Without a Vehicle by Census Tract in the Neighborhoods of Focus, 2019



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American Community Survey (ACS) 5-year estimates, 2015-2019, Table S2504, Retrieved from https://data.census.gov/cedsci/

This map illustrates how many people own a vehicle in the NOF. 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 Grand Rapids (12%) and 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 41.1%.

Availability and Access to Public Parks

Parks and recreation have a significant role to play in shaping neighborhoods and the built environment. Parks and green space improve air, water, and environmental conditions in communities. The NOF had access to six acres of parkland per 1,000 people, which is roughly half of the 10 acres typically offered by park and recreation agencies (National Recreation and Park Association, 2021). (See Table TBE-3.)

Walkability

Walkability is a multi-dimensional concept (Forsyth, 2015). Some well-recognized factors of walkability include the concentration of buildings and people, the mix of activities and attractions, and the ways to access and navigate the area (Dovey & Pafka, 2019). For this report, we examine walkability as possible walking routes to nearby amenities in the NOF measured by the National Walkability Index (U.S. Environmental Protection Agency, 2021).[19] This also considers density, diversity of land uses, and proximity to transit (U.S. Environmental Protection Agency, 2021). Based on National Walkability Indices, the NOF appears to be Above Average Walkable or Most Walkable. However, most of the census tracts in the NOF (14 of 17) scored less than the city as a whole. Other factors, including safety, absence or quality of footpaths, and road conditions, should also be considered when understanding the walkability of the NOF. (See Table TBE-4.)

Table TBE-2. Owner-Occupied Households Without a Vehicle by Geography, 2019

	NOF	Grand Rapids	Kent Co	Mich	United States
Owner-occupied households without a vehicle	14.2%	11.8%	6.9%	11.8%	8.6%

Source: U.S. Census Bureau, American Community Survey, 5-Year Estimates, 2019 [Table DP04]

Table TBE-3. Park Acreage per 1,000 People by Geography, 2019

	NOF	Grand Rapids	Kent Co	Mich	Typical offering by parks and recreations agencies
Park Acres per 1,000 People	6.0	7.1	11.3	—	9.9

Source: City of Grand Rapids, Department of Parks and Recreation; Kent County Parks; National Recreation and Park Association.

Table TBE-4. Walkability of Neighborhoods located in the NOF, 2019

Census Tract	National Walkability Index	Description
15	15.4	Most Walkable
16	13.8	Above Average Walkable
19	16.1	Most Walkable
26	14.9	Above Average Walkable
27	13.2	Above Average Walkable
28	15.8	Most Walkable
29	13.5	Above Average Walkable
30	14.0	Above Average Walkable
31	12.7	Above Average Walkable
32	13.3	Above Average Walkable
33	13.4	Above Average Walkable
35	14.2	Above Average Walkable
36	13.4	Above Average Walkable
37	14.2	Above Average Walkable
38	13.6	Above Average Walkable
39	13.3	Above Average Walkable
40	11.2	Above Average Walkable

Source: National Walkability Index, 2017-2020

Note: Scale is from 1 to 20, where 1-5.7 is Least Walkable, 5.8-10.5 is Below Average Walkable, 10.5 to 15.2 is Above Average Walkable, and 15.2-20 is Most Walkable.

[19] The National Walkability Index is a composite index using four measures. One of those measures uses data collected from July to Sep 2020. For additional information about this dataset, refer to https://www.epa.gov/sites/default/files/2021-06/documents/epa_sld_3.0_technicaldocumentationuserguide_may2021.pdf

Summary

The overall travel time to work was fairly equitable between the NOF and surrounding regions. However, some areas of the NOF face transportation challenges. For example, some census tracts with the smallest proportions of residents working within the NOF also had low numbers of bus stops. This may pose a challenge to commuting by bus to one's workplace outside the NOF. Also, while the National Walkability Index designated the NOF as Above Average Walkable or Most Walkable, the neighborhoods were less walkable than the city as a whole. Parkland disparities may also indicate inequitable access to recreation, as the NOF's six acres of parkland per 1,000 people is considerably less than the 10 acres typically offered nationally.

Making the Connection

As captured by this report, the social determinants of health have a major impact on health-outcomes. Factors such as education, income level, and environment must be considered when designing and providing treatment and care. Stated simply, disparate access to the social determinants of health can create undesirable health outcomes. Further, it is the **intersection and interconnectedness of the social determinants of health** that causes health outcomes to shift and change over time and across the lifespan of individuals, groups and communities. The data presented throughout this report highlights a persistent theme — significant race-based disparities in poverty rates and educational access and attainment lead to inequitable access to the social determinants of health which leads to poor health and well-being outcomes for people of color. We have highlighted six social domains below and how their interactions can disproportionately impact the individuals, children and families living in the Neighborhoods of Focus (NOF).

Education Access and Quality, Economic Stability, and Food Access and Nutrition

Education offers a unique opportunity to address the social determinants and reduce health disparities. Often described as the most important modifiable social determinant, access to quality education has been linked to increased healthy behaviors and improved health outcomes across the lifespan (McGill, 2016). Education then becomes more than what is learned in the classroom, but also what doors can be unlocked to future well-being.

For instance, a wide body of research indicates the consequences of poor food access and nutrition follow children into the classroom, often resulting in poor academic performance and limiting educational attainment (Hickson et al., 2013). With more than 7,800 children in grades K–12 attending a school within the NOF from households with incomes eligible for free/reduced-price lunch programs, with nearly all of them from households with incomes eligible for free lunch, it is critically important to understand the relationship between food access and education. Children from homes with ongoing challenges accessing food have been found to make smaller gains in both reading and math than more food secure children (Cook & Jeng, 2009). The availability and quality of food both affect children's health, as well as their brain development.

Growing up with limited food options also has consequences beyond K–12 education as employees who have experienced hunger as children are not physically or emotionally able to perform in the workforce (Cook & Jeng, 2009).

More educated individuals are also more likely to have higher incomes, meaning more resources are available to buy food, and have better access to nutritious foods. Only 50% of the residents in the NOF have a high school diploma (or less). This threatens this community's ability to afford nutrient-rich foods and creates a cycle challenging students and families to reach their full potential.

This is circular as well, with economic stability shaping access to education early in life. While access to early childhood education was relatively similar across the NOF, these communities experienced a lack of access to early childhood education slots for infants and toddlers. While the NOF may have 70 registered and licensed childcare providers located within its boundaries, access is still shaped by whether or not parents can afford to reach the care, limited subsidy access for low income families and lack of access to transportation.

Economic Stability & Housing

Economic and housing stability go hand-in-hand and economic status is a powerful social determinant of health. About one in three (30.5%) residents of the NOF live in poverty causing potential tradeoffs for housing, healthcare, food access and other health needs. People with steady employment are also less likely to live in poverty and have more choices when it comes to housing options. People living in the NOF are burdened by an unemployment rate that is two times greater than the national average. This unemployment rate demonstrates potential barriers to health, further exacerbated through challenges with housing.

When individuals and families are overburdened by housing costs, it is difficult if not impossible to save and build wealth. This is further compounded by racist policies and practices that have shaped a financial system that disadvantages people of color; shutting out wealth building opportunities such as investing in real estate, owning homes and creating greater threats for displacement (Ray et al., 2021). High housing costs threaten economic stability and financial security, and put homeownership out of reach for many. This is further revealed as about two of every five renters and one of every four homeowners in the NOF indicated being overburdened by their household expenses defined as spending 30% or more of their income on housing. Cost-burdened families are financially insecure in other aspects of their lives — having trouble meeting basic needs such as food, transportation and health care (The Pew Charitable Trusts, 2018).

Housing stability gives people an opportunity to invest in social relationships, their communities and their health. Instability can lead to stress and job loss. The threat of eviction is stressful with negative health effects and even if housing is maintained, the eviction process can have negative effects on the health of household members (Merrefield, 2021). Considering the 31% of NOF residents living in poverty and the lower median income compared to surrounding communities, the looming anticipation of housing instability will certainly impact one's health and well-being.

Built Environment & Transportation and Access to Care

In recent years it has become increasingly apparent that the design of the built environment can have a major impact on the health of the public (Fedorowicz et al., 2020). For example, one can expect more physical activity and healthier diets among people in communities with safe, convenient walking paths and access to fresh fruits and vegetables.

Thinking specifically about the ease of access to healthcare services, only one census tract (26) had a significant percentage of health care locations accessible by bus and within walking distance. Three tracts (15, 16, and 31) had the smallest proportion of accessible healthcare locations. Combined with 15% of people living in the NOF not having a vehicle, transportation challenges are touching many lives in this community. Developing appropriate transportation options, taking advantage of the relative walkability of these communities, and ensuring equitable transit options can help boost health. Built environment interventions that promote health focus on improving streets for safer travel, adding crosswalks and sidewalks in addition to building trails, parks and parks (Fedorowicz et al., 2020).

Poor health outcomes are often associated with those living in poverty due to lower rates of health insurance and greater barriers to care (The Pew Charitable Trusts, 2013). The built environment can present barriers that prevent physical access to health because of quality and location (Fedorowicz et al.,2020). For example, using outpatient health services requires mobility and navigating the surrounding landscape through public and private transportation. Walkability and access to transportation will in many cases dictate how, when and whether individuals will choose to engage with the healthcare system.

Putting It All Together

Education, economic stability, built environment and other social domains are the foundational building blocks needed for leading a healthy life. When one building block is unstable, neglected, or missing, the ability to successfully grow, live, work and age is hindered. **The interconnectedness among the social determinants of health create a feedback loop either enabling or limiting opportunity for good health.** As we look to correct the disparities created by inequitable access to the social determinants of health, we must consider the role of racism. Racism limits access to the social determinants and further shapes one's social determinants experience. Thus, programs, initiatives, and policies meant to address the root causes of health disparities must consider the race equity implications of decision-making and keep in mind that given the interconnectedness of the social determinants of health, any solution to disrupt disparities in one social domain should consider implications to others.

COVID-19 and Beyond

This report asks what was the baseline level of access to the social determinants of health for children and families in the Neighborhoods of Focus (NOF) before the COVID-19 pandemic? Since the onset of the pandemic, more than 162,000 residents of Kent County have been infected and 1,400 have died from COVID-19 (Kent County Health Department, 2021).[20] The virus and its impacts have further illuminated the different conditions in which individuals live because of inequitable social structures. The NOF communities had strengths and challenges that have been a buffering asset for some and served to deepen inequality for others. The data analyzed here tells the story of the NOF before the coronavirus and underscores the need for an equity-focused understanding of our social infrastructure.

Impacts to the Social Determinants

The pandemic laid bare what many already knew. Many social determinants of health, including economic stability, built environment, and transportation, can have a considerable effect on COVID-19 outcomes, including morbidity and mortality. Policies and systems that disadvantage racial and ethnic minorities, and low-income communities are likely to increase transmission risk and vulnerability for the same populations. This section gives some examples as to how the COVID-19 pandemic has exacerbated various social determinants of health and also serves as a guide to the needs, opportunities, and responsibilities for all of us invested in the health and success of the NOF children and families.

Healthcare Insurance and Access to Care

Prior to the pandemic, many communities of color and low-income communities faced the challenge of gaps in access to affordable, high-quality health coverage and care. With the highest unemployment rates since the Great Depression, as many as 1 million Michigan residents lost insurance during the pandemic (Shamus, 2020).

The existing difficulty of healthcare access was only worsened by the many social consequences associated with shut downs and employer instability. A third of NOF residents (33.4%) were enrolled in employer-based health insurance and certainly a percentage of those individuals were impacted. With the additional financial strain of losing their jobs, the pandemic also made it more difficult for people to purchase replacement coverage. For those who maintained some form of coverage, many did not get needed medical care due to cancelled appointments, reduced transportation, or fear of going to the emergency room (Centers for Disease Control and Prevention, 2020).

For the remaining uninsured, or the 8,453 people in the NOF; they were encouraged to take advantage of low or no cost health care coverage options through the Health Insurance Marketplace. Fortunately, federal law required that private insurance, Medicare and Medicaid cover medically necessary COVID-19 tests without any out of pocket costs for patients.

Housing

Given the highly contagious nature of the COVID-19 virus and the recommendations around social distancing, there is a need to understand why dense urban environments are more susceptible to the spread of disease. Research suggests individuals living in more crowded housing units are more likely to contract the virus (NYU Furman Center, 2020). Recognizing the barriers to affordable housing might contribute to higher rates of crowding.

Stark differences in housing conditions also contributed to the unequal impact the pandemic has had on different groups in the state. Black and other ethnic minority households are more likely than white households to be multigenerational and have more occupants (Schuetz, 2020). The Neighborhoods of Focus had higher proportions of households with greater than one occupant per room, pointing to potential overcrowding. In the midst of a public health crisis such as the COVID-19 pandemic, this is also

[20] Data as of 2/15/2022. Case data continue to increase as the pandemic evolves.

a potential route for transmission of infection. For individuals who did contract the virus, living in an overcrowded space presented challenges for those trying to self-isolate.

Even before the onset of the pandemic, there were not enough affordable homes in the state of Michigan. According to the Michigan Statewide Housing Needs Assessment (2019), 50% of renters and 25% of homeowners were housing cost overburdened (Allen). Similar trends were found in the NOF threatening opportunities for housing security and housing stability. Recognizing the disproportionate unemployment rate in the NOF (8%) in addition to the greater likelihood of living in poverty, home loss is a reasonable threat for many NOF residents.

Childhood Lead Exposure

Similar to the challenges faced by patients seeking care during the onset of the COVID-19 pandemic, many children missed recommended blood lead level testing. When COVID-19 cases spiked last spring, stay at home orders and day care closures restricted many young children to their home, potentially leading to greater exposure to lead. There are an estimated 83,000 housing units (a third of all Kent County housing units) that are considered at risk for lead paint hazards (Kent County Lead task Force, 2018). The poisonous metal is frequently found in older, deteriorating housing - typically in low-income communities and communities of color.

There has been a significant drop in well-child visits; resulting in delayed screenings and referrals and delays in guidance to assure optimal health. Local Women, Infants, and Children (WIC) programs were shifted to telemedicine and virtual visits, limiting options for blood lead level testing. Lead testing rates saw a drastic decrease during the ongoing coronavirus pandemic. The implications are huge, potentially leaving hundreds of children across the state unknowingly exposed to the dangerous metal. Blood lead level testing declined by 61% statewide in March, April and May 2020, compared to the same testing period in 2019 (Michigan Department of Health and Human Services, 2020). With no safe level of lead in blood, early intervention for lead exposure is essential.

Food Insecurity

Rising unemployment and school closures brought new economic challenges to many Michigan households. Individuals were no longer able to purchase food, and children who participated in free and reduced lunch programs were no longer able to access this resource. Since the onset of the pandemic, food banks nationwide have distributed an estimated 4.2 billion meals to people facing hunger in the U.S. From March through June 2020, 40% of people visiting food banks were there for the first time (Morello, 2021). The number of SNAP applications in Michigan more than tripled between March 2020 and April 2021 (Food Security, Counsel, 2020), and a permanent increase in benefits went into effect in October 2021.

In Michigan an estimated 1.9 million individuals have been identified as food insecure and nearly a third of those individuals represent children (Food Security, Counsel, 2020). The pandemic disrupted health, economies, and food systems globally increasing food access worries, food assistance use, and purchasing behaviors (Clay & Rogus, 2021). Many of the vulnerable populations explored in this report likely were disproportionately unable to access food during the pandemic. School closures meant many children did not have access to the free or reduced-price meals they relied on to meet their nutritional needs (Kinsey et al., 2020) Those already compromised by low income suffered loss of housing and inability to pay for utilities and transportation, further affecting their ability to access food. Looking forward, experts predict an eviction and displacement crisis due to the expired eviction moratorium with greater impacts for Black renters who face higher eviction rates than any other racial group (Benton et al., 2021). For the NOF, individuals and families would be more likely to experience fear and worry about food, safety of going to stores and experience challenges with food access.

What the Future Holds

The COVID-19 pandemic is occurring in the context of a broader global economic crisis, both of which highlight the health and social inequities for the most vulnerable in our communities. Low-income families and communities were already on the edge economically and it will take many years for them to recover from the impact of the pandemic. Weathering the pandemic and its recovery will require us to understand beyond individual health, but also understanding social needs. **Collectively, we can build an infrastructure that elevates equitable solutions in the years to come.** Moving forward, as lessons from the COVID-19 pandemic are considered, the social determinants of health must be included as part of policy and program implementation. This can be accomplished by addressing the harms of racism and leveling the playing field for all NOF residents.

Recommendations

Policymakers, local and state agencies, healthcare providers and community partners can use the data in this report to collaborate across sectors to address barriers to health and advance health equity. Each of the indicators in these social domains reflect systems and policies that affect the ability of every member of the Neighborhood of Focus (NOF) to live a healthy life and achieve their full potential. The data available for each domain is intended to help establish a baseline, identify gaps, determine policy priorities, and assess the impact of future initiatives.

Recommendations for Action

Many inequities emerge when we look at the social determinants of health by race/ethnicity, including educational attainment, employment status, healthcare insurance and access, and housing. When we consider the relationship between those social determinants and health outcomes, it is no surprise those with less access to the social determinants of health or have negative experiences with them, are more likely to have poor health. We are reminded that eliminating systemic racism and other forms of oppression would narrow health inequities and improve health outcomes for *all*.

In order to do this, we could begin by answering the question: **How can we make the Neighborhoods of Focus (NOF) a community in which everyone has a chance to live a long, healthy life?** The data revealed how social structures play a key role in accessing resources and have profound effects on health outcomes. Health care providers screening for the social determinants of health and underlying basic needs are one tool in addressing this complex problem.

For large scale, impactful, and collaborative solutions, we must think upstream and with intentionality. Upstream interventions consider the role of policies, laws and large institutions that cause inequity and prevent these harms from occurring in the first place (Williams et al., 2008). For example, in the NOF, expanding investment in parks and recreation has the potential to catalyze health and address many of the existing environmental, public health and social challenges this community is facing. And while making these improvements to access to the social determinants of health would be beneficial, we still must explicitly tend to racism as a barrier to health equity.

Here are four recommendations for action to consider:

Recognize and Map Community Assets

We often focus immediately on the needs or deficits in communities. These concerns need to be attended to, but there is value in acknowledging assets and strengths. This emphasizes what the community has and leveraging those strengths can be used to meet community needs. Community assets are broadly defined but are typically individuals, institutions, physical environments and other social conditions that serve as positive resources (Johnson & Kauffman, 2016). With this perspective shift, it becomes easier to incorporate a strengths-based approach into all of our work. And approaching individuals and communities from an asset-based perspective creates pathways for authentic community engagement.

Authentic community engagement surpasses attending meetings to generate ideas and having mutually beneficial outcomes. This form of engagement supports the community's desire and capacity to act. As we learn more about the NOF and their goals, community engagement can be used to create opportunities for the community and our institutions to collectively act.

This report is intended to start the conversation of what is working well and what could be improved upon. One social determinants of health to consider here would be the built environment. The NOF overall are somewhat walkable — meaning residents are at less risk for some chronic conditions than their counterparts in more sprawling neighborhoods (Rundle & Heymsfield, 2018). Knowing the built environment may be an asset, stakeholders can then develop more opportunities to incorporate activity into everyday life. This can be done by bringing employers closer, presenting more local grocery stores, making errands more feasible by foot, and ensuring it is safe to walk (and/or bike) around the neighborhoods.

Collect More Data by Race/Ethnicity

With widespread interest in the role of social determinants of health at the local-level, federal, state, local government agencies; academic institutions; and community organizations are increasingly recognizing the need to understand and address the socioeconomic context. Data can be a catalyst for improving community health and understanding social determinants of health data can help to focus efforts.

There is no single approach that will work for all organizations when collecting race and ethnicity data but we know improving how we create, understand and handle disaggregated data is central to our pursuit of health equity. Building on centering community assets, community voices should be integrated into the research design process — providing ideas, consulting, offering feedback on design, purpose and intent. **Community-based participatory research** has been found to be adaptable and work well with small sample sizes. It can be used to inform policy making and planning and guide knowledge and capacity building among communities (PolicyLink, 2018). As a systems change effort, community ownership of these data places value on the perspectives of those most impacted by disparities and can be used to best inform the solution.

Break Down Silos and Consolidate Resources

Much of the burden of health response has traditionally fallen on public health, hospitals and health systems. The data illuminated in this study emphasize the importance of all stakeholders realizing social needs, but also the value of cross-sectoral partnerships to address complex problems. Given the interconnectedness of the social determinants of health and health outcomes, all sectors will need to recognize their role in improving social conditions to maintain health.

The Strong Beginnings Partnership[21] is a community-driven partnership dedicated to improving the health of African American and Hispanic/Latinx families in Kent County (Association of State and Territorial Health Officials, 2020). This collaboration pulled together community residents, government officials, social service and healthcare providers to address the infant mortality rate for Black babies. With attention to the social determinants of health, the group sought community-level change that improved the whole system of care and promoted racial equity. By catalyzing across sectors, this intervention was able to **move resources and actions upstream** to disrupt health inequities. By catalyzing across sectors and implementing community-driven partnerships, interventions can move resources and actions upstream to disrupt health inequities.

Efforts to move the needle on health equity will require intentionality and integration. Partnerships will need to align the practices and perspectives of the NOF under a shared vision of good health while creating roles and adjusting resources that build on strengths. So, when an individual from the NOF appears with a concern regarding food access, it will be imperative to assess for transportation or economic stability. Or for more upstream solutions, different sectors could bring together their funding in new ways to foster collaboration. Partnering with the entire health ecosystem will allow members of the community and other stakeholders to co-identify barriers to health and propose solutions.

Actualize a Health in All Policies Approach

To help communities advance health equity, actions to influence the social determinants must come from both within and outside of the health sector. Health in all policies (HiAP) is typically described as a collaborative strategy for addressing the complex factors that influence health and equity (Rudolph et al., 2013). It does not refer to a specific set of policies but acknowledges the important factors that influence health typically fall outside the jurisdiction of a health department or health system. It builds on the notion of breaking down the barriers to collaboration by considering how policy decisions in one sector can impact health outcomes in another.

[21] https://www.strongbeginningskent.org/

Michigan's Public Health Advisory Commission released its final report in 2017, and one of its highest priorities was to ensure all state departments utilized a HiAP approach when implementing policies and programs (Public Health Advisory Commission, 2017). The Kent County Health Department has adopted this model, and created the HiAP Learning Lab, emphasizing the importance of successful collaboration and shared vision to bring about equity in the development and implementation of policies and programs (Kent County Health Department, 2018). The research lags on whether health in all policies achieves health equity in practice but creates an environment where partners are engaged, collaborative, and raising policy concerns at an appropriate level for change (Hall & Jacobson, 2018). While the phrase "health in all policies" is aspirational, it can guide everyday practice while reminding those in power of what health is all about.

HiAP lays a framework for identifying the ways decisions in multiple sectors affect health and how better health can support the goals of multiple sectors. For instance, as the NOF and the state of Michigan continue their recovery from COVID-19, policy areas like housing and utilities, employer protections, and education should be front of mind for policymakers and community-based organizations. A ripe position to start these discussions would be in broadening the safety net for the unemployed/underemployed. Economic stability has been found to be a powerful predictor of health, and by lifting families out of poverty, they have a better chance of thriving.

Adopt and Institutionalize Racial Equity Impact Assessments

As we've identified throughout this report, children and families of color typically experience poorer outcomes across a variety of social domains within the NOF. There is an important role for policymakers to understand these disparities and consider strategies that would take into account disparate opportunities and outcomes. An emerging approach for developing equitable policy is known as the Racial Equity Impact Assessment (REIA). This process systematically examines how different racial and ethnic groups will experience proposed policy decisions (Keleher, 2009). Further, REIAs are designed to minimize unintended consequences and prevent inequities by confronting institutional racism.

These tools are designed to guide decision making by asking:

1. Who is the most impacted?
2. What disparity is being addressed?
3. How would the proposed policy change the situation?
4. Are there potential negative impacts?
5. Can the policy be sustainably successful?

REIAs are aligned with the other recommendations we have outlined — authentic community engagement, acknowledging health in all policies, and creating cross-sector relationships. Many different levels of government across the nation have used these tools to inform their decision-making process and resolve the disparate impacts by race of decision making. For instance, the Board of Education for Minneapolis Public Schools conducted an assessment to determine whether increased funding from local taxes would have a positive effect on communities of color. After concluding the assessment, it wasn't clear revenues would benefit communities, but cutbacks would disproportionately affect communities of color, therefore energy was placed into supporting this initiative (The Annie E. Casey Foundation, 2016). And recently, the Michigan Department of Health and Human Services (MDHHS) has outlined an equity impact review process that would be used to decrease disparities and inequities in policies, programs and budgets (Michigan Department of Health and Human Services, 2020).

Recognizing racial inequity isn't accidental; government and other key decision-makers can reverse the many systems and structures that enforce inequity. There is an opportunity to transform culture and practice at a systemic level, and by having an explicit focus on racial equity we can create conditions where all people can reach their full health potential.

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Appendix A:

Neighborhoods of Focus Demographic and Geographic Characteristics, 2019

Table A-1. Selected Demographics, Neighborhoods of Focus, 2019

Characteristic	Number	%
Population Estimate	66,012	—
Households[a]	20,878	—
Families[b]	13,146	—
Families with children under 18	7,207	54.8%
Families with children under 6 years only	1,587	22.0%
Families with both children under 6 years and 6–17 years	2,227	30.9%
Families with children 6–17 years only	3,393	47.1%
Children Living Below Poverty[c]		
All	7,985	—
Asian/Asian American	NA	NA
Biracial/multiracial	1,112	47.3%
Black/African American	2,311	48.1%
Hispanic or Latino/a/x	4,280	48.7%
Indigenous, American Indian, or Alaska Native	NA	NA
Native Hawaiian or Other Pacific Islander	NA	NA
Some other race	1,632	44.6%
White, not Hispanic or Latino/a/x	787	24.7%

Characteristic	Number	%
Educational Attainment (population 25 years and older n=36,700)		
Less than 9th Grade	5,381	14.7%
9th to 12th Grade, No Diploma	4,068	11.1%
High School Diploma or Equivalent	9,635	26.3%
Some College	7,515	20.5%
Associate's Degree	2,413	6.6%
Bachelor's Degree	5,530	15.1%
Graduate or Professional Degree	2,158	5.9%
Race/Ethnicity		
Asian/Asian American	711	1.1%
Biracial/multiracial	3,155	4.8%
Black/African American	16,479	25.0%
Hispanic or Latino/a/x	22,363	33.9%
Indigenous, American Indian, or Alaska Native	158	0.0%
Native Hawaiian or Other Pacific Islander	2	0.0%
Some other race	166	0.3%
White, not Hispanic or Latino/a/x	22,978	34.8%

Characteristic	Number	%
Age		
Persons under 5 years old	5,786	8.8%
Persons 5 to 9 years	5,349	8.1%
Persons 10 to 14 years	5,334	8.1%
Persons 15 to 17 years	2,874	4.4%
Persons 18 to 24 years	9,969	15.1%
Persons 25 to 34 years	12,204	18.5%
Persons 35 to 49 years	11,360	17.2%
Persons 50 to 64 years	8,542	12.9%
Persons 65 to 74 years	2,580	3.9%
Persons 75 to 84 years	1,353	2.0%
Persons 85 years and older	661	1.0%
Sex		
Female	32,940	49.9%
Male	33,072	50.1%

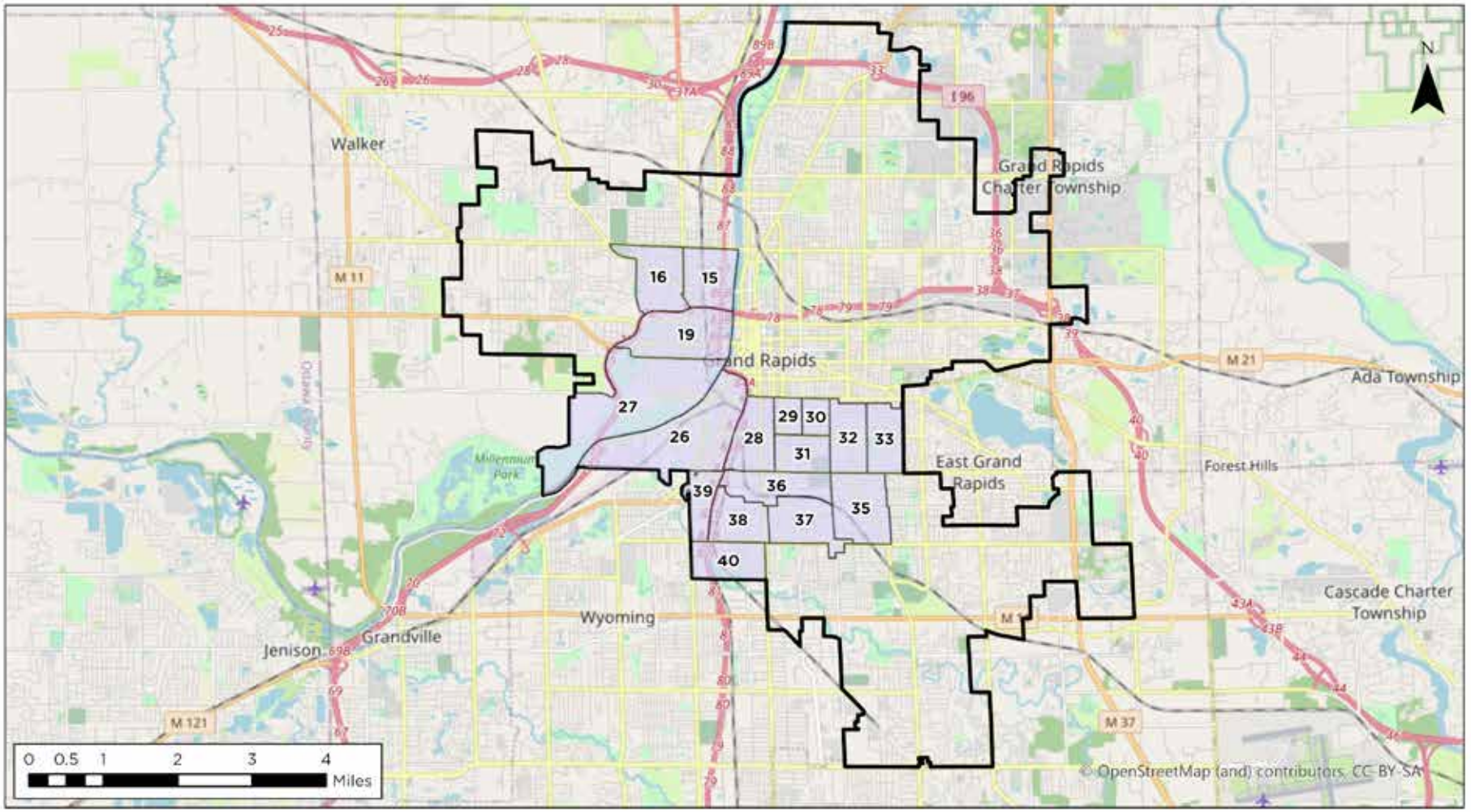
Source: U.S. Census Bureau, American Community Survey, 5-year estimates, 2019 [Table B01001]

[a] "Household – A household includes all the people who occupy a housing unit. (People not living in households are classified as living in group quarters.) A housing unit is a house, an apartment, a mobile home, a group of rooms, or a single room that is occupied (or if vacant, is intended for occupancy) as separate living quarters. Separate living quarters are those in which the occupants live separately from any other people in the building and which have direct access from the outside of the building or through a common hall. The occupants may be a single family, one person living alone, two or more families living together, or any other group of related or unrelated people who share living arrangements." (U.S. Census Bureau, 2019b, p.78) The total number of households includes both family and nonfamily households; in other words, the total number of family households are included in the total number of households.

[b] "Family Households – A family consists of a householder and one or more other people living in the same household who are related to the householder by birth, marriage, or adoption. All people in a household who are related to the householder are regarded as members of his or her family. A family household may contain people not related to the householder, but those people are not included as part of the householder's family in tabulations. Thus, the number of family households is equal to the number of families, but family households may include more members than do families. A household can contain only one family for purposes of tabulations. Not all households contain families since a household may be comprised of a group of unrelated people or of one person living alone — these are called nonfamily households. Families are classified by type as either a "married couple family" or "other family" according to the sex of the householder and the presence of relatives. The data on family type are based on answers to questions on sex and relationship that were asked of all people." (U.S. Census Bureau, 2019b p. 81)

[c] "Poverty status of households – The data on poverty status of households were derived from answers to the income questions. Since poverty is defined at the family level and not the household level, the poverty status of the household is determined by the poverty status of the householder. Households are classified as poor when the total income of the householder's family is below the appropriate poverty threshold. (For nonfamily householders, their own income is compared with the appropriate threshold.) The income of people living in the household who are unrelated to the householder is not considered when determining the poverty status of a household, nor does their presence affect the family size in determining the appropriate threshold. The poverty thresholds vary depending on three criteria: size of family, number of related children, and, for 1- and 2-person families, age of householder." (U.S. Census Bureau, 2019b, p. 30)

Figure A-1. Neighborhoods of Focus: Census Tracts



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Source: US Census Bureau. Retrieved from https://www.census.gov/geographies/mapping-files/time-series/geo/cartographic-boundary.html.

Table A-2: Neighborhoods of Focus Census Tracts Associated With Grand Rapids Neighborhoods[a]

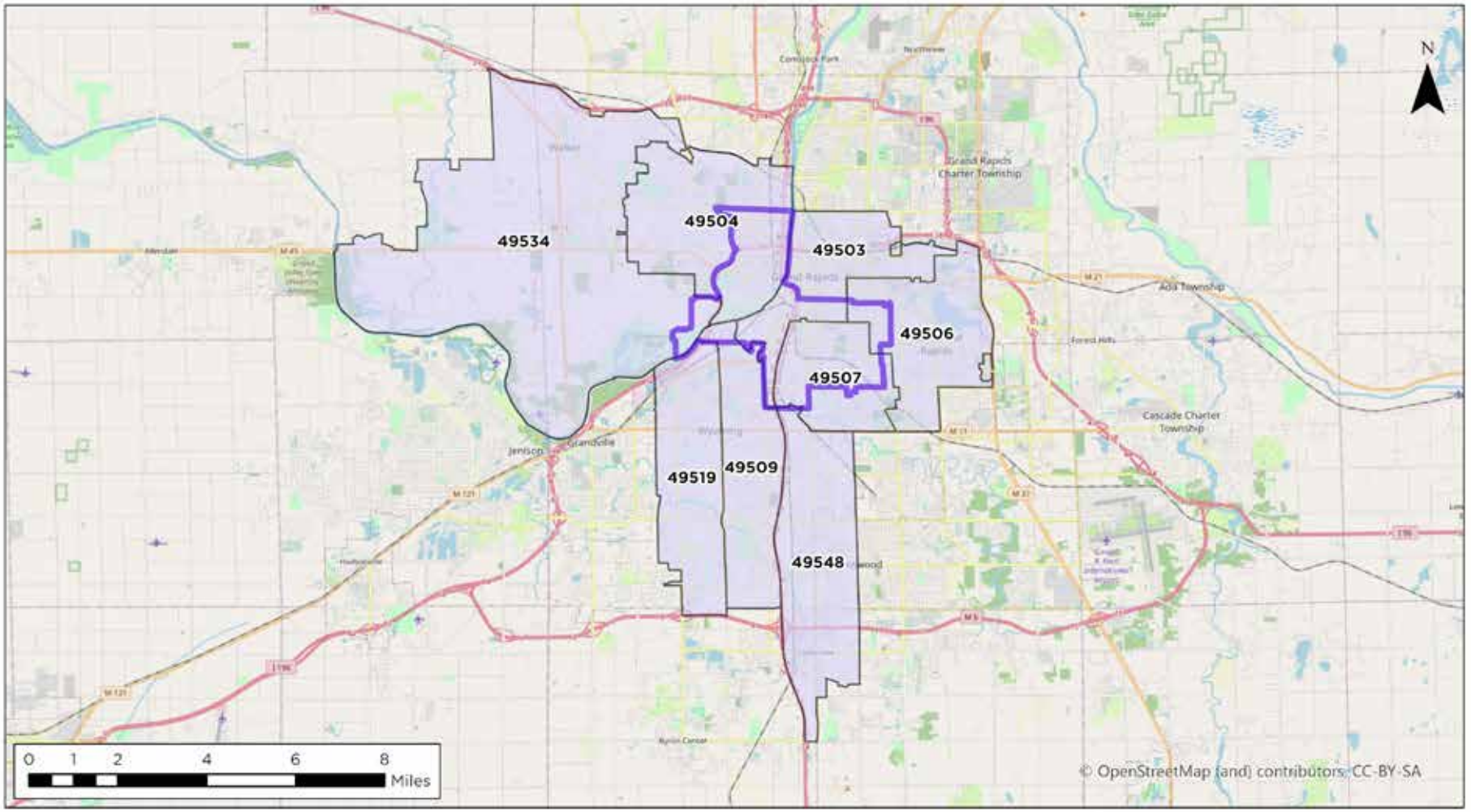
Neighborhood	Census Tract
Alger Heights	26081003700 (37)
Baxter	26081003200 (32)
Black Hills	26081002600 (26)
Eastern-Burton	26081003500 (35)
	26081003700 (37)
Eastown	26081003300 (33)
Garfield Park	26081003600 (36)
	26081003700 (37)
	26081003800 (38)
	26081004000 (40)
Grandville	26081002600 (26)
Heritage Hill	26081002900 (29)
	26081003000 (30)
John Ball Park	26081001900 (19)
	26081002700 (27)
Oldtown-Heartside	26081002600 (26)
Ottawa Hills	26081003300 (33)

Neighborhood	Census Tract
Roosevelt Park	26081003900 (39)
	26081004000 (40)
Shawmut Hills	26081001600 (16)
Southeast Community	26081002800 (28)
	26081002900 (29)
	26081003000 (30)
	26081003100 (31)
	26081003600 (36)
	26081003700 (37)
Southeast End	26081003200 (32)
	26081003300 (33)
	26081003500 (35)
Southwest	26081002800 (28)
	26081003600 (36)
	26081003800 (38)
West Grand	26081001500 (15)[b]
	26081001600 (16)

[a] The boundaries of the Neighborhoods of Focus census tracts do not match the boundaries of Grand Rapids' neighborhoods. This table shows the Neighborhoods of Focus census tracts that are represented in each Grand Rapids' neighborhood, which ranges from 0.1% to 100.0%.

[b] 100.0% of the census tract falls within that Grand Rapids neighborhood.

Figure A-2. Neighborhoods of Focus: ZIP Codes



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Source: US Census Bureau. Retrieved from https://www.census.gov/geographies/mapping-files/time-series/geo/cartographic-boundary.html.

Appendix B: Data Tables

Table ES-1. Poverty Rates (Below 100% Federal Poverty Level) for People Living in Neighborhoods of Focus, Grand Rapids, Kent County, and Michigan, 2019

NOF		Grand Rapids		Kent County		Michigan	
No.	%	No.	%	No.	%	No.	%
19,881	30.5%	39,049	20.4%	74,720	11.7%	1,398,527	14.4%

Source: U.S. Census Bureau, American Community Survey, 5-year estimates [Table DP04]

Table ES-2. Poverty Rates for People Living in Neighborhoods of Focus, 2019

Below 100% Federal Poverty Level	Below 150% FPL	Below 200% FPL	Above 200% FPL
30.5%	46.5%	61.1%	38.9%

Source: U.S. Census Bureau, American Community Survey, 5-year estimates, 2019 [Table B17001]

Table ES-3. Poverty Rates by Race/Ethnicity for People Living in Neighborhoods of Focus, Grand Rapids, Kent County, and Michigan, 2019

	NOF	Grand Rapids	Kent County	Michigan
All	**30.5%**	**20.4%**	**11.7%**	**14.4%**
Asian/Asian American	30.6%	22.2%	10.69%	13.1%
Biracial/Multiracial	36.5%	23.2%	22.6%	33.1%
Black/African American	33.3%	29.5%	25.9%	28.9%
Hispanic or Latino/a/x	35.3%	22.2%	23.3%	33.3%
Indigenous, American Indian, or Alaska Native	NA	32.5%	21.8%	22.4%
Native Hawaiian or Pacific Islander	NA	8.2%	17.6%	30.2%
Some other race	33.8%	23.7%	22.9%	32.5%
White, non-Hispanic or Latino/a/x	23.2%	11.0%	8.0%	13.5%

Source: U.S. Census Bureau, American Community Survey, 5-year estimates, 2019 [Table B17001]

Table ES-4. Poverty Rates by Race/Ethnicity for Children (under 18) Living in Neighborhoods of Focus, Grand Rapids, Kent County, and Michigan, 2019

	NOF	Grand Rapids	Kent County	Michigan
All children under 18	**44.2%**	**29.8%**	**15.7%**	**20.3%**
Asian/Asian American	*	21.7%	12.3%	13.0%
Biracial/Multiracial	47.3%	40.5%	26.2%	27.0%
Black/African American	48.1%	40.6%	35.4%	43.0%
Hispanic or Latino/a/x	48.7%	46.9%	32.1%	30.1%
Indigenous, American Indian, or Alaska Native	*	68.5%	47.7%	30.9%
Native Hawaiian or Other Pacific Islander	NA	NA	NA	NA
Some other race	44.6%	45.8%	32.0%	33.9%
White, non-Hispanic or Latino/a/x	24.7%	10.7%	7.5%	13.8%

Source: U.S. Census Bureau, American Community Survey, 5-year estimates, 2019 [Table B17001]
*Sample size was fewer than 10 and the data were suppressed for privacy.
NA: Data were not available; the count for this population was zero for this indicator.

Table ES-5. Poverty Rates by Family Type and Race/Ethnicity in Neighborhoods of Focus, 2019

	Families	Married Couples	Female-Headed Families	Families w/ Children	Female-Headed Families w/ Children
All	**25.6%**	**9.4%**	**44.1%**	**36.0%**	**54.6%**
Asian/Asian American	10.1%	5.4%	41.2%	—	—
Biracial/Multiracial	36.1%	10.4%	44.7%	—	—
Black/African American	26.4%	5.4%	43.2%	—	—
Hispanic or Latino/a/x	29.6%	18.0%	44.1%	—	—
Indigenous, American Indian, or Alaska Native	39.3%	22.7%	100.0%	—	—
Native Hawaiian and Other Pacific Islander	NA	NA	NA	—	—
Some other race	30.8%	15.9%	45.3%	—	—
White, non-Hispanic or Latino/a/x	17.9%	9.1%	44.7%	—	—

Source: U.S. Census Bureau, American Community Survey, 5-year estimates, 2019 [Table B17001]

Table ES-6. Median Household Income by Race/Ethnicity Equal to or Below Grand Rapids Median Household Income ($50,103)[a] in the Neighborhoods of Focus, 2019

	Number of Census Tracts	Percentage of Census Tracts[b]
All Households[c]	14	82.4%
Asian/Asian American	NA	NA
Biracial/Multiracial	11	92.3%
Black/African American	11	91.7%
Hispanic or Latino/a/x	12	100.0%
Indigenous, American Indian, or Alaska Native[d]	2	100.0%
Native Hawaiian or Pacific Islander	NA	NA
Some other race	8	80.0%
White, non-Hispanic or Latino/a/x	7	52.9%

Source: U.S. Census Bureau, American Community Survey, 5-year estimates, 2019 [Table S1903]

[a] "The median divides the income distribution into two equal parts: one-half of the cases falling below the median income and one-half above the median" (U.S. Census Bureau, 2019, p. 86).

[b] The denominator includes census tracts with households with available data; the denominator for percentages excludes census tracts where data were not available.

[c] "A household includes all the people who occupy a housing unit" (U.S. Census Bureau, 2019, p.78). Not all households contain families" (U.S. Census Bureau, 2019, p. 81). (See Appendix A for full definition.)

[d] Available data was limited for Indigenous, American Indian, or Alaska Native households with only two census tracts.

Table ES-7. Comparison of Median Household Income for a Household of Four in the Neighborhoods of Focus to Federal Poverty Level, ALICE Threshold, or Median Income of Grand Rapids, 2019

Percentage of Census Tracts where Median Household Income for a Household of Four in the NOF is Equal to or Below...	
100% Federal Poverty Level ($25,750 for Household of Four)[a]	8.3%
ALICE Threshold ($64,116 for Household of Four)[a]	83.3%
Median Household Income of Grand Rapids ($62,202 for Household of Four)[b]	75.0%

[a] Source: Michigan Association of United Ways, p. 4, 2021

[b] Source: U.S. Census Bureau, American Community Survey, 5-year estimates, 2019 [Table S1903]

Table ES-8. Median Household Income by Census Tract for a Household of Four in the Neighborhoods of Focus, 2019

Census Tract	Median Household Income for a Household of Four[a]	Equal or Below 100% Federal Poverty Level for a Household of Four ($25,750)	Equal or Below ALICE Threshold for a Household of Four ($64,116)[b]	Equal or Below Median Household Income of Grand Rapids for a Household of Four ($62,202)[a]
15	NA	NA	NA	NA
16	$95,505	No	No	No
19	$60,208	No	Yes	No
26	$39,526	No	Yes	Yes
27	$34,844	No	Yes	Yes
28	NA	NA	NA	NA
29	NA	NA	NA	NA
30	NA	NA	NA	NA
31	NA	NA	NA	NA
32	$49,676	No	Yes	Yes
33	$80,893	No	No	No
35	$36,051	No	Yes	Yes
36	$20,563	Yes	Yes	Yes
37	$26,215	No	Yes	Yes
38	$41,484	No	Yes	Yes
39	$36,429	No	Yes	Yes
40	$43,056	No	Yes	Yes

Source: U.S. Census Bureau, American Community Survey, 5-year estimates, 2019 [Table S1903]

NA: Data is not available.

[a] "A household includes all the people who occupy a housing unit" (U.S. Census Bureau, 2019, p.78). Not all households contain families" (U.S. Census Bureau, 2019, p. 81). (See Appendix A for full definition.)

[b] The ALICE threshold is listed for a family of four, and comes from the Michigan Association of United Ways *ALICE in Michigan: A Financial Hardship Study.*

Table ES-9. Unemployment Rate for People Aged 16 and Over in the Labor Force in Neighborhoods of Focus, Grand Rapids, Kent County, Michigan, and United States, 2019

NOF	Grand Rapids	Kent County	Michigan		United States
	Not Seasonally Adjusted			Seasonally Adjusted	
8.0%[a]	3.8%[a]	2.9%[b]	4.1%[b]	4.1%[b]	3.5%[b]

[a] Source: U.S. Census Bureau, American Community Survey, 5-year estimates, 2019 [Table C23002]

[b] Source: Michigan Department of Technology, Management, and Budget, 2019

Table ES-10. Unemployment Rate for People Aged 16 and Over in the Labor Force by Race/Ethnicity in Neighborhoods of Focus, 2019

	Number	Percentage
Asian/Asian American	21	4.8%
Biracial/Multiracial	116	6.3%
Black/African American	1,345	16.5%
Hispanic or Latino/a/x	739	7.5%
Indigenous, American Indian, or Alaska Native	NA	NA
Native Hawaiian or Pacific Islander	NA	NA
Some other race	254	6.0%
White, non-Hispanic or Latino/a/x	642	4.4%

Source: U.S. Census Bureau, American Community Survey, 5-year estimates, 2019 [Table C23002 A-I]
NA: Data were not available; the count for this population was zero for this indicator.

Table AC-1. Health Insurance Status of People Living in the Neighborhoods of Focus, Grand Rapids, Kent County, and Michigan, 2019

	NOF		Grand Rapids		Kent County		Michigan	
	No.	%	No.	%	No.	%	No.	%
Insured	57,224	87.1%	178,443	91.4%	606,137	94.2%	9,313,111	94.5%
Uninsured	8,453	12.9%	16,740	8.6%	37,509	5.8%	542,855	5.5%

Source: U.S. Census Bureau, American Community Survey, 5-year estimates, 2019 [Table S2701]

Table AC-2. Health Insurance Status by Age in the Neighborhoods of Focus, 2019

	Insured		Uninsured	
	No.	%	No.	%
Civilian noninstitutionalized population	57,224	87.1%	8,453	12.9%
Under 19 years old	19,262	95.4%	920	4.6%
Under 6 years	6,415	96.0%	270	4.0%
6 to 18 years	12,847	95.2%	650	4.8%
19 to 64 years	33,587	81.9%	7,421	18.1%
65 years and older	4,375	97.5%	112	2.5%

Source: U.S. Census Bureau, American Community Survey, 5-year estimates, 2019 [Table S2701]

Table AC-3. Health Insurance Status by Race/Ethnicity in the Neighborhoods of Focus, 2019

	Insured		Uninsured	
	No.	%	No.	%
Asian /Asian American	634	88.1%	86	11.9%
Biracial/Multiracial	4,542	91.9%	401	8.1%
Black/African American	15,738	91.7%	1,431	8.3%
Hispanic or Latino/a/x	17,274	77.4%	5,057	22.6%
Some other race	7,038	74.1%	2,459	25.9%
White, non-Hispanic or Latino/a/x	20,990	92.1%	1,794	7.9%

Source: U.S. Census Bureau, American Community Survey, 5-year estimates, 2019 [Table S2701]

Table AC-4. Public and Private Health Enrollment in the Neighborhoods of Focus, Grand Rapids, Kent County, and Michigan, 2019

	NOF		Grand Rapids		Kent County		Michigan	
	No.	%	No.	%	No.	%	No.	%
Public Health Insurance Alone	25,191	38.4%	51,547	26.4%	118,787	18.5%	2,009,069	20.4%
Medicaid	23,225	35.4%	43,657	22.4%	90,243	14.0%	1,598,669	16.2%
Medicare	1890	2.9%	7,478	3.8%	27,444	4.3%	390,409	4.0%
Private Health Insurance Alone	24,301	37.0%	98,540	50.5%	391,002	60.7%	5,386,146	54.6%
Employer-Based Health Insurance	21,902	33.4%	88,084	45.1%	351,360	54.6%	4,808,658	48.8%
Direct-Purchase Health	2,259	3.4%	10,262	5.3%	38,142	5.9%	546,831	5.5%

Source: U.S. Census Bureau, American Community Survey, 5-year estimates, 2019 [Tables S2703, S2704]

Table AC-5. Health Insurance Type by Employment Status in the Neighborhoods of Focus, 2019

	Work Full Time		Work Less Than Full Time		Currently Not Working	
	No.	%	No.	%	No.	%
Have Health Insurance	15,528	84.9%	11,784	77.7%	6,275	83.1%
Employer-Based	12,473	80.3%	5,856	49.7%	1,338	21.3%
Direct Purchase	1,263	8.1%	1,339	11.4%	423	6.7%
Medicaid	2,333	15.0%	5,212	44.2%	4,470	71.2%
Medicare	70	0.5%	337	2.9%	1,531	24.4%
Do Not Have Health Insurance	2,760	15.1%	3,385	22.3%	1,276	16.9%

Source: U.S. Census Bureau, American Community Survey, 5-year estimates, 2019 [Table S2701]

Table AC-6. Health Insurance Enrollment by Employment Status in the City of Grand Rapids, Kent County, and Michigan, 2019

	Work Full Time			Work Less Than Full Time			Currently Not Working		
	NOF	GR	Mich	NOF	GR	Mich	NOF	GR	Mich
Have Health Insurance	91.4%	94.0%	93.9%	83.8%	87.7%	88.9%	88.7%	92.3%	92.2%
Employer-Based	85.3%	88.3%	86.7%	60.2%	66.2%	62.9%	29.8%	42.0%	40.8%
Direct Purchase	9.5%	9.3%	9.4%	13.5%	13.5%	14.1%	11.3%	15.3%	12.7%
Medicaid	8.3%	5.2%	7.0%	30.0%	23.1%	26.1%	58.6%	43.0%	46.8%
Medicare	0.5%	0.3%	0.5%	2.8%	2.9%	2.6%	23.0%	19.6%	20.9%
Do Not Have Health Insurance	8.6%	6.0%	6.1%	19.3%	14.0%	12.5%	11.3%	8.4%	8.4%

Source: U.S. Census Bureau, American Community Survey, 5-year estimates, 2019 [Table S2701]

Table AC-7. Provider Shortages for Grand Rapids, 2018

Medical Underservice Index	59.5
Health Professional Shortage Areas (HPSA) Score	16 to 19

Source: Health Resources & Services Administration, 2021.

Table H-1. Homeownership and Housing Burden in Neighborhoods of Focus, 2019

	NOF		Grand Rapids		Kent County		Michigan		United States
	No.	%	No.	%	No.	%	No.	%	%
Owner-Occupied (Homeownership Rate)	9,886	47.4%	41,807	55.4%	168,688	69.8%	2,802,699	71.2%	64.0%
Homeowners Reporting Housing Burden	1,537	25.2%	5,870	21.6%	21,049	19.2%	387,415	23.1%	27.8%

Source: U.S. Census Bureau, American Community Survey, 5-year estimates [Table DP04]

Table H-2. Homeownership by Race/Ethnicity in Neighborhoods of Focus, 2019

	Homeowners	
	No.	%
Asian/Asian American	64	0.3%
Biracial/Multiracial	277	1.3%
Black/African American	2,511	12.0%
Hispanic or Latino/a/x	2,150	10.3%
Indigenous, American Indian, or Alaska Native	74	0.4%
Native Hawaiian and Other Pacific Islander	0	0.0%
Some other race	955	4.6%
White, non-Hispanic or Latino/a/x	4,897	23.5%

Source: U.S. Census Bureau, American Community Survey, 5-year estimates [Table S2502]

Table H-3. Median Sales Price of Houses in the Neighborhoods of Focus, Grand Rapids, and Kent County, 2014 and 2019

	NOF		Grand Rapids		Kent County	
	2014	2019	2014	2019	2014	2019
Median Sale Price for Houses	$61,000	$127,000	$130,900	$197,000	$150,000	$216,000
Percentage Increase in Sales for Houses	87.6%		11.8%		18.8%	

Source: Borashko & Tsai O'Brien, 2020

Table H-4. Share of Renters and Rental Housing Burden in the Neighborhoods of Focus, 2019

	NOF		Grand Rapids		Kent County		Michigan		United States
	No.	%	No.	%	No.	%	No.	%	%
Renter-Occupied (Share of renters)	10,992	52.6%	33,615	44.6%	73,058	30.2%	1,132,342	28.8%	34.2%
Renters Reporting Housing Burden	8,158	39.1%	23,954	31.8%	60,389	25.0%	1,052,604	26.7%	49.6%

Source: U.S. Census Bureau, American Community Survey, 5-year estimates [Table DP04]

Table H-5. Households With More Than One Occupant per Room in Neighborhoods of Focus, Grand Rapids, Kent County, and Michigan, 2019

	NOF		Grand Rapids		Kent County		Michigan	
	No.	%	No.	%	No.	%	No.	%
Occupied Housing Units	20,878	—	75,422	—	241,746	—	3,935,041	—
1.00 or fewer occupants	19,725	94.5%	73,326	97.2%	236,393	97.8%	3,869,258	98.3%
More than 1 occupant	1,153	5.5%	2,096	2.8%	5,353	2.2%	65,783	1.7%
1.01 to 1.50 occupants	650	3.1%	1,245	1.7%	3,494	1.4%	48,911	1.2%
1.51 or more occupants	503	2.4%	851	1.1%	1,859	0.8%	16,872	0.4%

Source: U.S. Census Bureau, American Community Survey, 5-year estimates [Table DP04]

Table H-6. Households With More Than One Occupant per Room by Race/ Ethnicity in Neighborhoods of Focus, Grand Rapids, Kent County, and Michigan, 2019

	NOF		GR	Kent Co	Michigan
	No.	%	%	%	%
Asian /Asian American	39	19.7%	12.6%	7.4%	5.1%
Biracial/Multiracial	38	3.8%	5.2%	4.3%	2.9%
Black/African American	170	2.9%	4.0%	3.7%	2.3%
Hispanic or Latino/a/x	765	14.9%	10.1%	10.2%	5.8%
Indigenous, American Indian, or Alaska Native	11	9.1%	4.4%	9.8%	3.3%
Native Hawaiian or Other Pacific Islander	0	0.0%	0.0%	0.0%	6.9%
Some other race	332	15.3%	12.9%	12.8%	7.3%
White, non-Hispanic or Latino/a/x	187	2.1%	1.0%	1.1%	1.2%

Source: U.S. Census Bureau, American Community Survey, 5-year estimates [Table DP04]

Table H-7. Percentage of Children Tested With Elevated Blood Lead Levels, Children Under the Age of Six, ZIP Codes in the Neighborhoods of Focus, Grand Rapids, and Kent County, 2019

Elevated Blood Lead Levels	%
Grand Rapids	6.3%[a]
Kent County	2.4%[b]
49503	4.5%[c]
49504	3.4%[c]
49506	3.5%[c]
49507	6.3%[c]
49509	1.4%[c]
49519	S*[c]
49534	S*[c]
49548	0.9%[c]

[a] Source: Kent County Community Health Needs Assessment 2020 (Brummel, 2020).

[b] Source: Michigan Department of Health and Human Services Childhood Lead Poisoning Prevention Program, 2019.

[c] Source: Michigan Department of Health and Human Services Childhood Lead Poisoning Prevention Program, 2019.

S* indicates data suppressed due to privacy concerns.

Table FN-1. Low Access to Healthy Food by Race/Ethnicity in the Neighborhoods of Focus, 2019

Census Tract	Significant low food access[a]	Percentage of Population by Race/Ethnicity With Significant Low Food Access[a]						
		American Indian or Alaska Native	Asian/Asian American	Black/African American	Hispanic or Latino/a/x	Native Hawaiian or Other Pacific Islander	Some other race[b]	White
NOF	7 census tracts total	0.6%	0.2%	9.1%	10.6%	0.0%	6.8%	13.9%
15	No	NA	NA	NA	NA	NA	NA	NA
16	Yes	0.6%	0.4%	4.2%	10.7%	0.1%	7.7%	48.4%
19	No	0.2%	0.0%	0.9%	2.5%	0.0%	1.7%	6.9%
26	Yes	4.7%	0.3%	16.9%	63.6%	0.2%	32.4%	40.7%
27	No	0.02%	0.1%	1.4%	0.8%	0.0%	0.5%	7.3%
28	Yes	0.8%	0.8%	38.4%	29.7%	0.0%	23.8%	12.4%
29	No	NA	NA	NA	NA	NA	NA	NA
30	No	NA	NA	NA	NA	NA	NA	NA
31	No	NA	NA	NA	NA	NA	NA	NA
32	Yes	0.1%	0.0%	31.9%	3.8%	0.0%	3.5%	5.0%
33	Yes	0.1%	0.5%	15.1%	0.8%	0.0%	1.6%	21.8%
35	Yes	0.3%	0.5%	35.8%	5.9%	0.0%	5.2%	21.7%
36	No	0.0%	0.0%	1.6%	0.2%	0.0%	0.20%	0.6%
37	No	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
38	No	0.0%	0.0%	0.1%	0.9%	0.0%	0.6%	0.4%
39	No	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
40	Yes	0.5%	0.1%	2.4%	19.2%	0.1%	11.7%	15.6%

Source: U.S. Department of Agriculture. (2019b). Food Access Research Atlas. https://www.ers.usda.gov/data-products/food-access-research-atlas/

NA: The USDA reported NULL for these data.

[a] The U.S. Department of Agriculture defines significance as "low-income census tracts where a significant number (at least 500 people) or share (at least 33 percent) of the population is greater than one-half mile from the nearest supermarket, supercenter, or large grocery store for an urban area or greater than 10 miles for a rural area" (2019).

[b] The U.S. Department of Agriculture combines data for the groups "Some other race" and "Biracial/Multiracial."

Table FN-2. SNAP Participation Rates for Households With Children in the Neighborhoods of Focus, Grand Rapids, Kent County, and Michigan, 2019[a]

	NOF	Grand Rapids	Kent County	Michigan
Households with children	57.8%	46.2%	49.1%	44.6%

Source: U.S. Census Bureau, American Community Survey 5-year estimates 2019 [Table S2201]

[a] Research indicates that survey response to SNAP program participation undercounts the participation rate.

Table FN-3. SNAP Participation Rates by Race/Ethnicity in the Neighborhoods of Focus, Grand Rapids, Kent County, and Michigan, 2019[a]

	NOF	Grand Rapids	Kent County	Michigan
American Indian and Alaska Native	34.7%	27.9%	21.2%	22.3%
Asian	5.6%	5.6%	8.6%	6.0%
Black or African American	43.8%	42.4%	33.0%	33.3%
Hispanic or Latinx	30.4%	27.3%	20.2%	19.5%
Other Race	35.5%	32.2%	24.7%	21.9%
Two or More Races	42.8%	34.2%	26.5%	23.3%
White, non-Hispanic or Latino/a/x	17.0%	9.4%	6.7%	9.6%

Source: U.S. Census Bureau, American Community Survey 5-year estimates 2019 [Table S2201]

[a] Research indicates that survey response to SNAP program participation undercounts the participation rate.

Table FN-4. Number and Percentage of Students from Households With Incomes Eligible for National School Lunch Program in the Neighborhoods of Focus, 2019

	NOF
Number of Children in Grades K–12 from Households with Incomes Eligible for Free or Reduced-Cost Lunch	7,812
Percentage of Children in Grades K–12 from Households with Incomes Eligible for Free Lunch	91.7%

Source: Center for Educational Performance and Innovation

Table E-1. Registered Early Child Care and Education Providers in Neighborhoods of Focus and Grand Rapids, 2019

	NOF			Grand Rapids		
	Number of Providers	Number of Slots	Percentage of Providers	Number of Providers	Number of Slots	Percentage of Providers
Total	66	3,199	—	317	16,028	—
Registered Family Child Care Home[a]	30	178	45.7%	123	735	4.6%
Licensed Group Child Care Home[b]	8	96	12.9%	39	463	2.9%
Licensed Child Care Center[c]	28	2,925	41.4%	155	14,830	92.5%

Source: Great Start to Quality, Early Childhood Investment Corporation License Rating Data, 2019.

[a] A "registered family child care home" is any person who provides care for up to six unrelated children in their home for more than four weeks for more than $600 (IFF, 2018).

[b] A "licensed group child care home" is any person who provides care for seven to 12 months (IFF, 2018).

[c] A licensed child care center is a facility other than a private residence that cares for one or more children, and where parents or guardians are not immediately available to the children (IFF, 2018). Notable examples include day care centers, nursery schools, preschools, play groups, and drop-in centers (IFF, 2018).

Table E-2. Registered Early Child Care and Education Providers With Three-Star Quality Rating or Above in Neighborhoods of Focus and Grand Rapids, 2019

	NOF		Grand Rapids	
Rating	No.	%	No.	%
Total participating in Michigan's Great Start to Quality program	51	—	185	—
Three Stars or Above	48	94.2%	166	89.8%
One Star	2	0.4%	9	4.9%
Two Stars	1	0.2%	10	5.4%
Three Stars	26	51.0%	98	53.0%
Four Stars	16	31.4%	49	26.5%
Five Stars	6	11.8%	19	10.3%

Source: Great Start to Quality, Early Childhood Investment Corporation License Rating Data, 2019.

Table E-3. Third-Grade Reading Level (English Language Arts Proficiency) in Schools in Neighborhoods of Focus and Grand Rapids, 2018-2019 School Year[a]

	NOF		Grand Rapids	
	No.	%	No.	%
Advanced	68	12.3%	189	15.6%
Proficient	79	14.3%	181	14.9%
Partially Proficient	155	28.1%	330	27.2%
Not Proficient	249	45.2%	513	42.3%

[a] There were 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.

Table E-4. Third-Grade Math Proficiency in Schools in Neighborhoods of Focus and Grand Rapids, 2018-2019 School Year[a]

	NOF		Grand Rapids	
	No.	%	No.	%
Advanced	53	9.0%	158	12.5%
Proficient	86	14.7%	183	14.4%
Partially Proficient	173	29.5%	371	29.2%
Not Proficient	274	46.8%	557	43.9%

[a] There were 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.

Table E-5. Sixth-Grade Reading Level (ELA Proficiency) in Schools in Neighborhoods of Focus and Grand Rapids, 2018-2019 School Year[a]

	NOF		Grand Rapids	
	No.	%	No.	%
Advanced	30	6.0%	87	7.4%
Proficient	36	7.2%	130	11.1%
Partially Proficient	139	27.9%	311	26.5%
Not Proficient	293	58.8%	644	54.9%

[a] There were 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.

Table E-6. Sixth-Grade Math Proficiency in Schools in Neighborhoods of Focus and Grand Rapids, 2018-2019 School Year[a]

	NOF		Grand Rapids	
	No.	%	No.	%
Advanced	30	5.8%	90	9.4%
Proficient	27	5.2%	85	8.9%
Partially Proficient	156	29.9%	292	30.6%
Not Proficient	308	59.1%	487	51.0%

[a] There were 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.

Table E-7. Retention in Schools in Neighborhoods of Focus and the City of Grand Rapids, 2018-2019 School Year

	NOF		Grand Rapids	
	Percentage Held Back in Grade	Percentage Moving on to Next Grade (Retention Rate)	Percentage Held Back in Grade	Percentage Moving on to Next Grade (Retention Rate)
Public and Charter Schools (All Grades)	4.6%	95.4%	4.4%	95.6%
Elementary Schools	2.0%	98.0%	1.6%	98.4%
Middle Schools	0.4%	99.6%	0.4%	99.6%
High Schools	35.1%	64.9%	12.1%	87.9%
Combined Elementary and Middle Schools	1.9%	98.1%	2.1%	97.9%
Combined Middle and High Schools	2.0%	98.0%	1.2%	98.8%
Combined Elementary through High Schools[a]	3.8%	96.2%	11.1%	88.9%

Source: Center for Educational Performance and Innovation

[a] Michigan Virtual Charter Academy was excluded as the statewide data could not be disaggregated for students living in the NOF.

Table E-8. Educational Attainment Overview in Neighborhoods of Focus and the City of Grand Rapids, 2019

	NOF	Grand Rapids
High School Graduate or Higher	74.4%	86.7%
Did Not Have a High School Diploma or Equivalent	25.8%	13.3%

Source: U.S. Census Bureau, American Community Survey 5-year estimates [Tables C15002, S1501]

Table E-9. Graduation Rate in Public Schools in Neighborhoods of Focus and the City of Grand Rapids, 2018-2019 School Year

	NOF	Grand Rapids	Michigan
Graduation Rate	51.0%	69.7%	81.4%

Source: Center for Educational Performance and Innovation

Table E-10. Educational Attainment in Neighborhoods of Focus, 2019

Educational Attainment (population 25 years and older, n=36,700)	NOF	Grand Rapids
Less than 9th Grade	5,381	14.7%
9th to 12th Grade, No Diploma	4,068	11.1%
High School Diploma or Equivalent	9,635	26.3%
Some College	7,515	20.5%
Associate Degree	2,413	6.6%
Bachelor's Degree	5,530	15.1%
Graduate or Professional Degree	2,158	5.9%

Source: U.S. Census Bureau, American Community Survey 5-year estimates [Tables C15002, S1501]

Table TBE-1. Mean Travel Time to Work, by Percentage of Population, in the Neighborhoods of Focus, 2019

Travel Time to Work	NOF	Grand Rapids	Kent County	Michigan
Mean Travel Time to Work (minutes)	20.2	20.0	21.5	25.1
Less than 10 minutes	14.5%	12.7%	13.0%	13.3%
10 to 14 minutes	19.0%	19.0%	16.7%	14.0%
15 to 19 minutes	21.2%	24.3%	19.1%	15.7%
20 to 24 minutes	19.0%	18.4%	19.5%	15.3%
25 to 29 minutes	5.3%	6.7%	8.0%	7.5%
30 to 34 minutes	8.5%	8.0%	10.5%	12.7%
35 to 44 minutes	5.0%	3.5%	4.8%	7.3%
45 to 59 minutes	4.0%	3.8%	4.6%	7.3%
60 or more minutes	3.5%	3.5%	3.8%	6.8%

Source: U.S. Census Bureau, American Community Survey, 5-Year Estimates, 2019 [Table S0801]

Table TBE-2. Owner-Occupied Households Without a Vehicle, Grand Rapids, Kent County, Michigan, and United States, 2019

	NOF	Grand Rapids	Kent County	Michigan	United States
Owner-occupied households without a vehicle	14.2%	11.8%	6.9%	11.8%	8.6%

Source: U.S. Census Bureau, American Community Survey, 5-Year Estimates, 2019 [Table DP04]

Table TBE-3. Park Acreage per 1,000 People in the Neighborhoods of Focus, Grand Rapids, Kent County, Michigan, and United States, 2019

	NOF	Grand Rapids	Kent County	Michigan	Typical offering by parks and recreations agencies
Park Acres per 1,000 People	6.0	7.1	11.3	—	9.9

Source: City of Grand Rapids, Department of Parks and Recreation; Kent County Parks; National Recreation and Park Association.

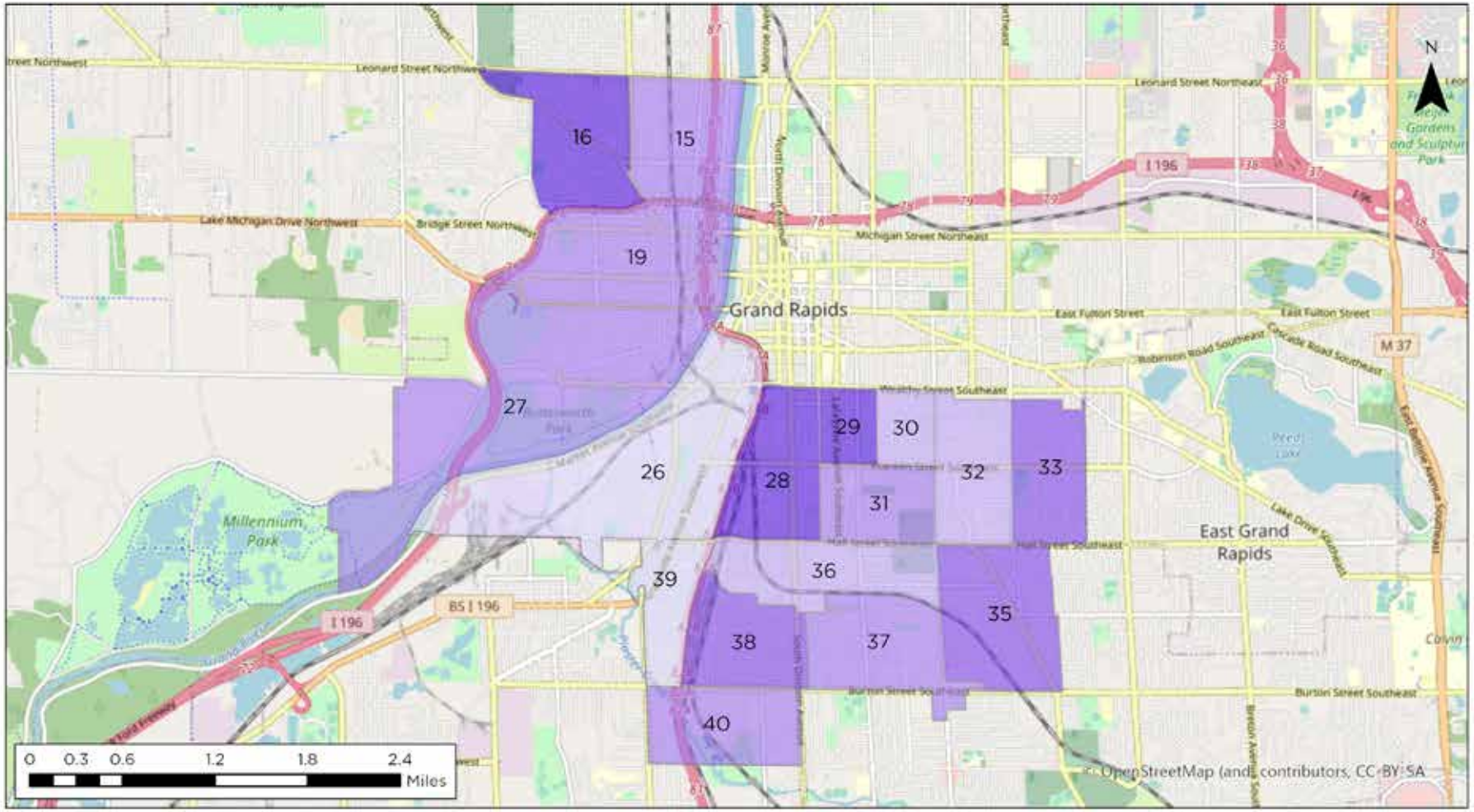
Table TBE-4. Walkability of Neighborhoods located in the Neighborhoods of Focus, 2019

Census Tract	National Walkability Index	Description
15	15.4	Most Walkable
16	13.8	Above Average Walkable
19	16.1	Most Walkable
26	14.9	Above Average Walkable
27	13.2	Above Average Walkable
28	15.8	Most Walkable
29	13.5	Above Average Walkable
30	14.0	Above Average Walkable
31	12.7	Above Average Walkable
32	13.3	Above Average Walkable
33	13.4	Above Average Walkable
35	14.2	Above Average Walkable
36	13.4	Above Average Walkable
37	14.2	Above Average Walkable
38	13.6	Above Average Walkable
39	13.3	Above Average Walkable
40	11.2	Above Average Walkable

Source: National Walkability Index, 2017-2020

Note: Scale is from 1 to 20, where 1-5.7 is Least Walkable, 5.8-10.5 is Below Average Walkable, 10.5 to 15.2 is Above Average Walkable, and 15.2-20 is Most Walkable. The National Walkability Index is a composite index using four measures. One of those measures uses data collected from July to Sep 2020. For additional information about this dataset, refer to https://www.epa.gov/sites/default/files/2021-06/documents/epa_sld_3.0_technicaldocumentationuserguide_may2021.pdf

Average Distance to Food Stores in the Neighborhoods of Focus, 2019



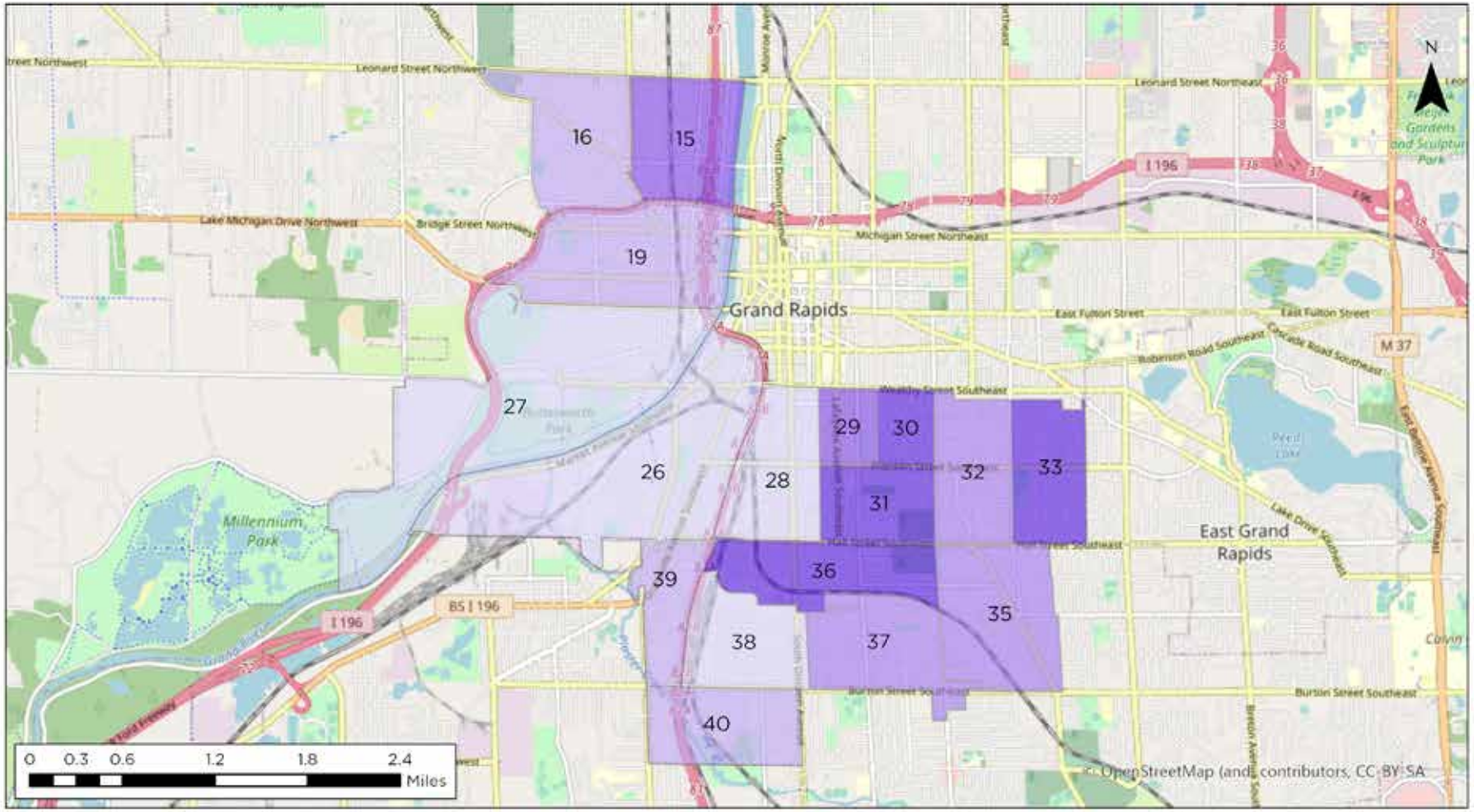
Community Data & Research Lab
Dorothy A. Johnson Center for Philanthropy
Grand Valley State University
Brian Herron
April 2021

Source: Michigan Department of Licensing and Regulatory Affairs. Retrieved from https://www.michigan.gov/documents/lara/2019county_680065_7.pdf

Distance (miles)

- 0.13 - 0.17
- 0.18 - 0.23
- 0.24 - 0.32
- 0.33 - 0.41
- 0.42 - 0.58

Average Distance to Convenience Stores in the Neighborhoods of Focus, 2019



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Source: Michigan Department of Licensing and Regulatory Affairs. Retrieved from https://www.michigan.gov/documents/lara/2019county_680065_7.pdf

Distance (miles)

- 0.12 - 0.15
- 0.16 - 0.19
- 0.20 - 0.22
- 0.23 - 0.25
- 0.26 - 0.29