



Mid-Michigan Health In All Project

EXECUTIVE SUMMARY

Health Impact Assessment of a Regional Fair
and Affordable Housing Plan in Mid-Michigan

Janine Sinno Janoudi, PhD
Kathryn Lowerre, MPH, PhD
Susan Paulson, PhD

Correspondence: Please direct correspondence regarding this Health Impact Assessment to Dr. Janine Sinno Janoudi at jsinno@ingham.org.

ACKNOWLEDGEMENT AND DISCLAIMER

The report is the result of a team effort developed at the Ingham County Health Department by the Community Health Assessment and Improvement Team. The Land Use and Health Resource Team members involved include: Tri-County Regional Planning Commission, Michigan State University, Greater Lansing Housing Coalition, Ingham County Land Bank, and others listed on page 3.

Funding for this study has been provided by the Health Impact Project, collaboration between the Robert

Wood Johnson Foundation and The Pew Charitable Trusts and Tri-County Regional Planning Commission.

The opinions expressed in this document are those of the authors and do not necessarily reflect the views of the Health Impact Project, the Robert Wood Johnson Foundation or The Pew Charitable Trusts.

The report does not reflect the views of the agencies that may have participated in the Health Impact Assessment (HIA) process, including reviewing drafts of

the report and/or providing data for the analysis in the report.

The authors are solely responsible for the accuracy of the statements and interpretations contained in this publication. The authors have no involvements or conflicts of interest that might raise questions of bias in the study results reported.

HIA WORKGROUP

Harmony Gmazel, Senior Planner, Tri-County Regional Planning Commission

Cassandre Larrieux, Senior Community Epidemiologist, Ingham County Health Department

Katheryn Lowerre, Evaluator, New Mexico Department of Health

Roderick McNeill, Director of Environmental Health, Ingham County Health Department

Susan Moriarty, Planner III, Delaware State Housing Authority

Susan Paulson, Health Analyst, Ingham County Health Department

Janine Sinno Janoudi, Health Analyst, HIA Program Manager, Ingham County Health Department

Michael Thomas, HIA toolkit Project Coordinator, MSU School of Planning, Design and Construction

Jessica Yorke, Environmental Justice Coordinator, Ingham County Health Department

SUGGESTED CITATION

Janoudi J, S; Lowerre K; Paulson S. (2015) Health Impact Assessment of a Regional Fair and Affordable Housing Plan in Mid-Michigan. Ingham County Health Department and Tri-County Regional Planning Commission, Lansing, Michigan.



HEALTH IMPACT ASSESSMENT STAKEHOLDERS AND PARTNERS

Jon W. Addiss, Board Member,
Landlords of Mid-Michigan

Anne Kline Barna, Health Analyst
Barry-Eaton District Health Department

Randy Bell, Educator, Michigan State University
Extension Chair, Food Systems Workgroup

Jeff Burdick, Executive Director,
Ingham County Land Bank

Gary Calkins, Board Member,
Landlords of Mid-Michigan

Katherine Draper, Executive Director,
Greater Lansing Housing Coalition (retired)

Denise Dunn, Executive Director,
Housing Services for Eaton County

Claudine Hannold Williams, Eaton County
Community and Housing Development Director

Suk-Kyung Kim, Associate Professor,
School of Planning Design and Construction,
Michigan State University

Abed Janoudi, Executive Director
Family & Community Development Services-
Refugees Healthy Transitions

Karen Jennings, Prevention Programs
Coordinator, Ingham County Health Department
(Retired)

Renee Jones, Executive Director,
Volunteers of America

Judi Harris, Director, St. Vincent Catholic
Charities-Refugee Services

Denise Keiser, Executive Director,
Center for Financial Health

Debby Kloosterman, Coordinator
Housing Services of Clinton County

Lynne Martinez, Activist,
Potter/Walsh, Baker-Donora and Fabulous Acres
Neighborhoods

Randy Marwede, Director, Department of
Veterans Affairs, Ingham County

Jaechoon Lee, Ph.D., Research Associate, Greater
Lansing Housing Coalition

Susan M.C. Pigg, CECD, Executive Director, Tri-
County Regional Planning Commission

Julie Powers, Executive Director,
Greater Lansing Housing Coalition

Eric Schertzing, Land Bank Board Member &
Treasurer, Ingham County

Keller Williams, Board Member,
Landlords of Mid-Michigan



BACKGROUND (SCREENING)

Housing plays an important role in individual and community health. It provides shelter, enables food storage and preparation, affects access to clean air and water and it impacts household budgets, family dynamics and access to healthy food, transportation, schools, jobs and services such as healthcare.

Good, stable neighborhoods that meet these basic needs improve community wellbeing. In this study, we examined the planning process and recommendations that resulted from a regional housing plan development. We undertook a systematic process to determine the health impacts of a proposed plan for housing in the tri-county region.

To ensure that future land use planning in this region includes fair, affordable and sustainable housing development, the Tri-County Regional Planning Commission (TCRPC) contracted with the Greater Lansing Housing Coalition (GLHC), to develop a regional housing plan. GLHC named the plan as the Innovative,

Collaborative, Empowering Fair and Affordable Housing Initiatives: The Next Five Years for Ingham, Clinton and Eaton counties (thereon referred to in this study as *ICE Housing Plan*) (1). The GLHC adopted the finished plan in late 2014 and has oriented their organization to implement it. The *ICE Housing Plan* is a 5-year, comprehensive strategy for improving housing access and quality of life. It analyzes the housing conditions; identifies current regional needs and desires; and recommends actions that will lead to more housing options that are both fair and affordable.

ICE Housing Plan is based on findings from the Regional Affordable Housing Study (RAH study) (2). Aside from demographic, housing and economic analysis, the RAH study used community input from 18 focus groups in the region, over 750 surveys, and several expert interviews with lenders, developers, property managers, and realtors to highlight major housing concerns and suggests actions to be taken by municipalities and other stakeholders. The study provides important background information about current demographics, housing

affordability, and housing quality conditions in this region. With a population of 464,036 persons, this region has experienced a mix of declining populations in urban centers, and growth in suburbs and some traditionally small, rural towns. The study produced was recognized as the Region's Fair Housing Equity Assessment (FHEA) by HUD, meeting federal requirements to have a FHEA in place for this region. The study concludes that there are significant affordability concerns in this region for the low-moderate income households. The study also found that the senior population will greatly increase in the near future requiring a variety of more affordable and accessible rental units. Most of the housing quality concerns are in the urban core resulting from inconsistencies in code compliance for proper maintenance of old housing structures. Discriminatory practices related to fair housing may be underreported in the region due to the community's lack of capacity to educate citizens and address complaints related to fair housing, both of which could be resolved with the presence of a local fair housing center.



The Healthy! Capital Counties (H!CC) (3), a regional health assessment project conducted in 2013 in partnership with major hospitals and health departments in Mid-Michigan, provided significant information regarding key health indicators and measures. The assessment concluded that: 1) Child poverty is not equally distributed in the region; 2) On average racial segregation in this region is higher than it is for the State of Michigan as a whole, with Clinton and Eaton counties experiencing higher segregation levels than Ingham County; 3) Urban centers have the highest proportions of children living below poverty compared to suburban and rural areas; 4) Food deserts are particularly concentrated in low income urban areas; 5) The tri-county region fares better than Michigan in obesity, with 25% of adults obese compared to 31.5% statewide. Obesity is a health behavior that potentially leads to chronic diseases such as diabetes; and 6) The region fares worse in preventable childhood asthma hospitalizations (21%) compared to the state (14%).

To intentionally and systematically understand health benefits and opportunities associated with the *ICE Housing Plan*, a workgroup led by the Ingham County Health Department (ICHHD) and the Land Use and Health Resource Team (LUHRT) was formed early in 2013 to conduct a Health Impact Assessment (HIA). A health impact assessment is “a systematic process that uses an array of data sources and analytic methods and considers input from stakeholders to determine the potential effects of a proposed policy, plan, program, or project on the health of a population and the distribution of those effects within the population. HIA provides recommendations on monitoring and managing those effects.” (4) There are several steps involved in an HIA process. These are identified and described in Figure 1.

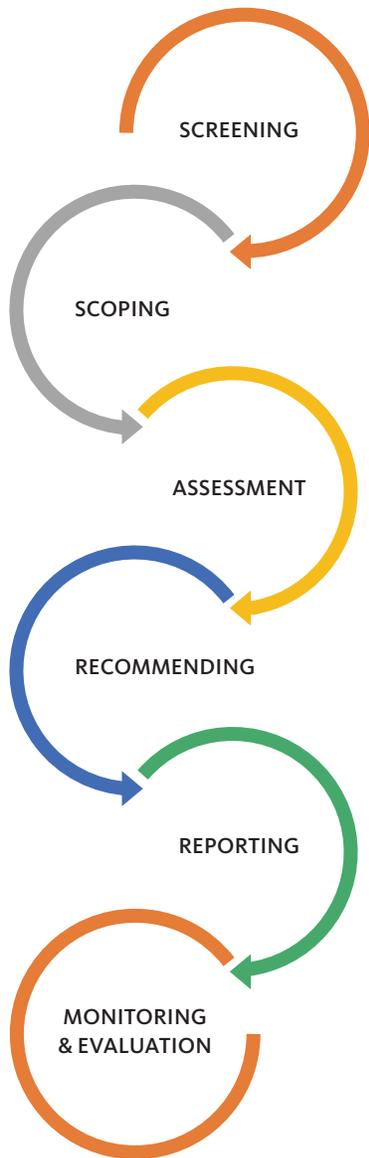
THE GOALS OF THIS HIA WERE TO:

- Elevate health considerations in relation to housing issues among stakeholders participating in the *ICE Housing Plan*.

- Engage diverse stakeholders in discussions focused on health issues related to housing, including marginalized groups. The HIA workgroup reached out to senior center residents, a homeless coalition advocacy group, refugee support agencies, an advocacy group for persons with disability, in addition to other for profit and non profit organizations.
- Research literature and current status of local data, to maximize potential health benefits and mitigate identified risks of four proposed recommendations in the *ICE Housing Plan* and,
- Inform the *ICE Housing Plan* regarding health and housing concerns during its development phase in the RAH and in the writing of the ICE Plan recommendations.

FIGURE 1.

STEPS IN AN HIA PROCESS



- Determine whether an HIA is needed or likely to be
- Determine main HIA investigators and major partners
- Summarize information in a project background description section
- In consultation with stakeholders, develop a plan for the HIA and assess the potential impacts of the decision
- Develop pathways diagrams, research questions and methods
- Describe the baseline health of affected communities and potential impacts of the decision
- Use local data as well as literature to demonstrate evidence
- Develop practical solutions that can be implemented within the political, economic and technical limitations of the project or plan or policy being assessed
- Disseminate the findings to decision makers, affected communities and other stakeholders
- Monitor the changes in the level of dialogues between sectors, in this case health and housing planners
- Monitor the implementation of recommendations
- Monitor changes in health outcomes or health risk factors over time

SCOPING

In the Development of the Ice Housing Plan and the RAH Study, groups most likely to experience housing concerns were engaged.

At the initiation of the screening phase of this HIA, a similar demographic was engaged with special effort made to include groups more likely to experience health issues related to housing.

The meetings with stakeholders highlighted major concerns residents have about their housing situation and how they felt their health could be affected. Anecdotal information was compiled and condensed to develop an online scoping survey. Affordable housing, housing maintenance, fair housing, access to community services, and the need for a variety of housing options were the top five priority housing issues in the scoping survey.

Qualitative anecdotal summary of statements from scoping phase meetings and focus groups:

- There is not enough affordable housing. Multiple generations living in the same house creates stress to the host and other dwellers. The scarcity of affordable housing results in families “doubling up” or “couch-surfing” which also causes stress to the owner/tenant of the dwelling.

- Although most landlords are aware of allergen causing agents that can be found in homes, local housing regulations do not adequately incentivize some landlords to maintain their property as much as they could.
- There is a need to educate tenants about pet care as it relates to indoor environmental quality and healthy home maintenance.
- Inspection frequency and fees are inconsistent between the various communities in the tri-county region, leading to the disproportional distribution of rental housing.
- There is a lack of adequate resources for seniors or residents with disabilities who want to age in place, but cannot renovate or maintain their property as needed.
- There is a data gap regarding the depth of housing quality issues in this region. Insufficient resources are allocated in local communities to do housing inspections of all the stocks in each community.
- While building codes exist for rental property maintenance, some tenants such as seniors may not have the ability to properly maintain the rental units at times. Concurrently the fear of displacing tenants limits enforcement of housing code.
- When asked if they had ever heard of fair housing, groups needed more explanation as to what fair housing means. This implies a lack of understanding in the community about the concept of fair housing and its implications.

Stakeholders’ engagement meetings and survey prioritized major housing factors and related health indicators; these are summarized in Table 1. The table lists the major housing factors identified during HIA scoping phase and some of the *ICE Housing Plan* recommendations, as well as related health conditions that the HIA would focus on.

1. For a list of the stakeholders involved in the process, please refer to page ii of the full HIA report and pages

TABLE 1 SCOPING SUMMARY TABLE

ICE Housing Plan Recommendations	Health Outcomes related to the ICE Housing Plan Recommendations (based on scoping engagement sessions and survey)
<p>Invest in affordable housing for all</p> <ul style="list-style-type: none"> • Maintain and increase funding for multi-family housing subsidies and Section 8 Housing Choice Vouchers. • Seek and support additional low income housing tax credits 	<ul style="list-style-type: none"> • Chronic diseases: Diabetes, disability • Child health (Lead exposure) • Respiratory conditions (Asthma) • Mental health (Poor mental health days) • Health behaviors: Smoking, obesity and consumption of fruits and vegetables • Social determinants of health (Other social and economic conditions affecting health outcomes) such as food and transit access
<p>Improve rental housing quantity and quality</p> <ul style="list-style-type: none"> • Continue rigorous enforcement of rental codes in urban neighborhoods • Develop simple rental codes in rural communities • Actively address rental home contaminants such as lead, mold, tobacco smoke. • Develop and implement a “Preferred tenant/model manager” program to encourage rental best practices. 	<ul style="list-style-type: none"> • Indoor air quality complaints • Child health (Lead exposure) • Respiratory conditions (Asthma) • Mental health (Poor mental health days) • Health behaviors (Smoking, obesity and consumption of fruits and vegetables) • Social determinants of health (Other social and economic conditions affecting health outcomes) such as access to food and transit. • Chronic diseases: Diabetes, disability
<p>Improve housing law compliance</p> <ul style="list-style-type: none"> • Develop a local Fair Housing Center • Provide education about fair housing. • Offer fair housing rights training program specific to senior tenants. • Establish a Fair Housing Advocates training program 	<ul style="list-style-type: none"> • Chronic diseases: Diabetes, disability • Child health (Lead exposure) • Respiratory conditions (Asthma) • Mental health (Poor mental health days) • Health behaviors: Smoking, obesity and consumption of fruits and vegetables • Housing related health disparities • Residential segregation • Determinants of health (Food access)



KEY FINDINGS

Housing Conditions

KEY HOUSING CONDITIONS FINDINGS

- According to the definition of housing affordability from the Department of Housing and Urban Development (HUD) “Families who pay more than 30 percent of their income for housing are considered cost burdened and may have difficulty affording necessities such as food, clothing, transportation and medical care.” More than half of the tri-county region households suffer from a housing cost burden; with an aging population there will be an increased need for a variety of affordable housing options; renters, low income residents, younger adults and students are the most likely to cut back on health care needs in order to set aside money for housing costs.
- More attention should be given to Clinton and Eaton counties in planning for affordable housing for more proportional allocation of affordable housing compared to population size.
- In Ingham County addressing housing foreclosure rates should remain a priority to maintain safe and viable neighborhoods.
- Balancing the need for affordable housing while maintaining older properties is a major struggle for this region, particularly in the City of Lansing and surrounding small older farm area cities. This would prevent health conditions leading to lead poisoning and asthma.
- Deteriorated housing quality leading to poor health is a complex problem that involves multiple factors and solutions would require the cooperation of a myriad of stakeholders. There is a need for a coordinating regional organization to encourage continuous communication among stakeholders, and to address the factors leading to poor housing quality.
- About two thirds of the residents surveyed in this region answered that they were not informed about the fair housing concept. While the perception remains that fair housing is not an issue, the aging population may soon start to experience the limited housing maintenance resources for aging in place and that might result in increasing fair housing issues for this target group.



KEY FINDINGS

Health Conditions

- In this tri-county region, based on the “2012 Annual Data Report on Blood Lead Levels” from the Michigan Department of Health and Human Services, most of the high blood lead level (BLL) concentration happens to be at the intersections where the three counties meet (the northwest corner of Ingham County, the northeast corner of Eaton County, and the southern portion of Clinton County). Local efforts to protect children from lead exposure through blood lead testing and remediation and abatement activities of homes with lead paint are important to ensuring healthy brain development of children in our communities.

According to the 2013 Capital Area Behavior Risk Factor and Social Capital Survey (5), the following is a list of health conditions possibly linked to housing:

- In this region, a higher proportion of tri-county adults reported a mental health status that was “not good” as compared to Michigan adults.
- Ingham has diabetes rates higher than both Clinton and Eaton Counties.
- About a fifth (19.9%) of the adult population in the tri-county region suffers from being limited in their activities because of physical, mental or emotional disabilities.
- Asthma prevalence is higher among children compared to adults, females compared to males, and Blacks compared to Whites in this region. Black residents were three times more likely to be hospitalized for asthma than White residents in 2010. Addressing home air quality could alleviate these health concerns.
- In 2012 about a fifth of adults reported smoking in Ingham County and Eaton County while only 13% smoked in Clinton County. The good news with regard to smoking is that over half (55.8%) of the adults living in the tri-county region reported they have never smoked. Aside from second hand smoking concerns, smoking in homes affects housing quality and maintenance costs.
- Across the tri-county region, about one in every three adults is considered obese (29%). Obesity increases risks for poor health outcomes, disabilities, and potentially increases the need for special accessible housing.
- Over 81% of residents in the tri-county region responded that they consumed less than five servings of fruits and vegetables per day. Among the reasons for low consumptions are transportation and proximity concerns to access food outlets.



KEY FINDINGS

Health Impacts²

- The evidence for the direct effect of lead poisoning on child health is strong and based upon numerous studies; and the likelihood of positive health impacts resulting from addressing housing quality concerns through lead abatement is also well substantiated by the literature.
- Evidence linking unaffordable housing to high stress and poor mental health is strong based on multiple supportive literatures; and the likelihood of positive change in mental health resulting from addressing housing affordability concerns is also well substantiated by the literature. Similarly, the likely positive impacts that improved housing quality and neighborhood safety have on mental health are substantial.
- Evidence linking affordable housing directly to diabetes is mixed. Evidence supports a direct link between lifestyle changes such as physical activity and physical health. Indirectly, physical health is linked to healthy and safe neighborhoods that facilitate physical activity. A more direct link can be found between the availability of affordable housing and diabetes management. The impact of changes in affordable housing on diabetes prevention is likely but not strong.
- The impact of housing quality on respiratory health such as asthma is direct and strongly supported by the literature. The impact of addressing housing air quality triggers on asthma conditions is positive and well substantiated.
- Evidence strongly supports smoke-free housing policies as having positive impact on smoking behavior.
- Literature evidence supports programs that address obesity by increasing access to resources such as healthy food; literature also supports social networks that encourage health promoting behaviors to decrease obesity. The health impact is positive, strong and well substantiated by literature.

2. Refer to the full report for details and complete list of citations.

HIA RECOMMENDATIONS

Implementing the following recommendations will improve the health impact of housing in the Tri-County Area

HOUSING AND CHILDREN'S HEALTH (LEAD POISONING)

- Local health departments that don't already do so can provide information to housing organizations, residents, property owners and managers about the dangers of lead paint and how to prevent childhood lead poisoning. Activities include testing, interim controls and/or abatement of lead in homes, increasing awareness of lead-safe repair, renovation and lead-safe cleaning.
- Local health departments can start or continue utilizing the statewide lead result reporting database to identify children with elevated blood lead levels (EBLLs) and provide information and assistance to parents to reduce their child's blood lead level.
- Local health departments should continue to partner with the Michigan Alliance for Lead Safe Housing, which provides technical assistance for EBLL investigation and lead clearance in rental property occupied by children with an EBLL at or above 5 mg/DL.

HOUSING AFFORDABILITY AND REDUCE STRESS LEADING TO POOR MENTAL HEALTH

- Local community partnerships for fair and affordable housing should work on identifying and addressing policy and practice concerns in the assignment and use of housing assistance programs in this region, such as rental voucher, that provide families with a stable source of funding for rent, thus alleviating financial stress or poor mental health related to potentially being displaced.

IMPROVE HOUSING QUALITY AND REDUCE STRESS LEADING TO POOR MENTAL HEALTH

- The LUHRT could discuss, strategize and possibly collaborate with other community partners to advocate for rental inspection reporting through local governments' websites. Public reporting can provide details on the number of rental units inspected in each area, the number of complaint-based inspections, average timeframe for response to complaints, number of violations found and corrected, number of rental properties registered, transferred to new ownership and other metrics.

- Local governments could consider offering an incentive/reduction in rental property registration fees for landlords who participate in educational sessions and demonstrate exemplary compliance with state, local and federal laws.
- Local health departments can start or continue providing outreach and education on health-related housing issues and when necessary, connecting residents to housing counseling organizations, legal advocacy organizations and/or environmental health specialists.
- The City of Lansing and local health departments can explore ways to provide better education and information to residents and landlords about preventing and treating bedbugs.

HOUSING AND CHRONIC DISEASE PREVENTION SUCH AS DIABETES

- Local public health officials can invest in neighborhood organizations or programs that encourage safe access to services by walking, biking or transit.



HOUSING AND ASTHMA

- Local health departments could explore potential models for partnerships between health plans and healthcare providers to offer targeted case management for higher-risk asthma patients.
- Local health departments could explore partnerships with coalitions such as the Green and Healthy Homes Initiative in Lansing (GHHI) to educate residents on removing home-based asthma triggers and implement a home-based environmental interventions program.
- Local governments can request technical assistance from the National Center for Healthy Housing (NHCC) to learn how to integrate components of the National Healthy Housing Standards into their Housing Code sections.
- Local non-profit organizations and/or public health departments can hire or train Healthy Homes Specialist credentialed staff to offer healthy homes assessments.
- Public health leadership could explore developing collaborations

between local legal-aid organizations and healthcare providers. Hundreds of health care, law school, legal aid and other partners across the U.S. have created formal partnerships called “Medical-Legal Partnerships” that feature a screening process whereby doctors, nurses and other clinicians assess potential “health-harming legal needs” of their patients as part of routine medical treatment, and connect patients with free legal information and assistance as needed.

- Financial empowerment, housing counseling, legal advocacy, and healthy homes partners can offer a regular renter resource fair to help address asthma issues in high renter-occupied neighborhoods; the logistics and content of the event would reflect the expertise of partners involved.

HOUSING AND OBESITY

- The LUHRT can continue to advocate for the full implementation of the Design Lansing master plan which promotes the development of neighborhoods with non-motorized accessibility and mixed use to promote physical activity leading to reductions in obesity levels.

- The LUHRT or the county’s human service collaborative can work collaboratively with other partners such as the Community Economic Development Network to find resources that could help implement the Design Lansing master plan which gives special attention to mixed use development, a proven land use strategy to promote more physical activity thus curbing obesity.

- The LUHRT can continue to support TCRPC’s efforts to expand the regional partnership around Complete Streets ordinances adoption and implementation as a way to promote physical activity and reduce obesity.

HOUSING AND ACCESS TO HEALTHY FOODS

- The City of Lansing can continue to support rental assistance and voucher programs to help families maintain stable, affordable, healthy housing and buffer the effects of food insecurity.
- Other communities should explore the feasibility of offering rental assistance and voucher programs located near major grocers.



- ICHD staff work collaboratively with the Food Systems Workgroup food policy action team to find resources that could help implement the Design Lansing master plan, which gives special attention to mixed use development that may bring local food sources closer to housing units.

HOUSING QUALITY AND HEALTH INDICATORS RELATED DIRECTLY TO POOR INDOOR AIR QUALITY SUCH AS ASTHMA AND LEAD POISONING (ALSO INDIRECTLY RELATED TO STRESS AND MENTAL HEALTH) AND BEHAVIORS SUCH AS SMOKING AND OBESITY.

- Local health officials can help nurture local partnerships that will help develop a common agenda to address landlords/tenant housing related issues by reaching out to stakeholders such as Public Housing authorities and non-profit housing organizations such as GLHC, landlords associations, home owners' associations and County Board of Commissioners.

- Local governments in the tri-county region can utilize technical assistance from the National Center for Healthy Housing to explore integrating provisions of the National Healthy Housing Standards into existing local housing code regulations.
- The LUHRT and county human service collaborative can promote collaboration among government agencies, community organizations and other stakeholders to support *ICE Housing Plan* recommendations.
- Landlords can be encouraged by local advocacy groups to establish discounts for renters who complete a "Rent Well" course.
- Local governments can encourage uniform rental housing registration and inspection frequencies in communities already offering proactive rental inspection.
- Public health officials and staff from the National Center for Healthy

Housing could provide technical assistance to local policy boards regarding options to establish the International Property Maintenance Code with National Healthy Housing Standard provisions as the county building code.

- Policy makers could create a framework that would allow local health department staff to respond to complaints by renters in rental housing in unincorporated areas of the county and inspect the inside and outside of the property for code compliance.

CONCLUSIONS AND NEXT STEPS

The proposed *ICE Housing Plan* recommendations listed for this study can have significant positive effects on health, particularly for low-income families, children, seniors and persons with disabilities. The

HIA has facilitated the initiation of health impact discussions between organizations that have not traditionally worked together in the planning process. Future steps will use successful regional collaboration,

capacity and political will to prioritize recommendations from *ICE Housing Plan* and HIA for implementation. Initial monitoring and evaluation plans of this HIA project are included in the full HIA report.



To Learn More:
midmihealthycommunities.org

Project Partners:



Funding Provided By:



REFERENCES

1. Greater Lansing Housing Coalition. 2014. ICE HOUSING PLAN-Fair and Affordable Housing Initiatives: The Next Five Years. Greater Lansing Housing Coalition. Retrieved from http://www.glhc.org/images/pdfs/housingplans/GLHC-ICE_PLAN.pdf
2. Kim, S.Y. 2014. Housing profile, issues and solutions from housing experts and planners, and residents' opinion on housing affordability in the Tri-County Region-A seminar of the Regional Affordable Housing Study of Mid-Michigan Program for Greater Sustainability. Greater Lansing Housing Coalition-GLHC. Retrieved from http://www.glhc.org/images/pdfs/housingstudies/MSU_HousingStudy_Experts_Planners.pdf
3. Barry Eaton District Health Department, Ingham County Health Department, Mid-Michigan District Health Department. 2012. CLINTON EATON INGHAM Healthy!CapitalCounties, a community approach to better health. Healthy Capital Counties. Retrieved from http://www.healthycapitalcounties.org/uploads/9/1/6/3/9163210/comm_health_profile_findings.pdf
4. The Pew Charitable Trusts-Robert Wood Johnson Foundation. 2014. The HIA Process. Retrieved from <http://www.pewtrusts.org/en/about/newsroom/news/2014/08/28/the-hia-process>
5. Larrieux, C. 2014. Capital Area Behavioral Risk Factor & Social Capital Survey Report: 2011-2013. Ingham County Health Department. (unpublished)