

Health Zones Report

Michigan State University Center for Community and Economic Development

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Abstract

Over the course of July 2024-2025, the Michigan State University Center for Community & Economic Development examined factors affecting low-income senior populations within Ingham County utilizing AmeriCorps*Volunteer in Service to America support. Whittling down county boundaries, the service member focused on nine opportunity zones, or low-income census tracts, as identified by the U.S. Department of Treasury and overlaid concepts derived from the work of American author Dan Buettner summarized in the Netflix documentary, *Live to 100: Secrets of the Blue Zones*. These included focus areas such as: movement, purpose, stress, bodily intake including both diet and nutrition, socialization, community, sense of belonging and relationships. Following, student researchers developed a layered ecosystem map of resources that helps illuminate seniors' accessibility to resources such as: housing, affordable healthcare, mental health, transportation, nutrition, connectivity, and greenspace. The study wrapped up with a Lansing-area focus group hosted by the Allen Neighborhood Center bringing to light additional topics of concern for elderly, low-income residents that included: public safety, responsiveness of elected officials, services for unhoused populations and home improvement aid. Due to 2025-2026 funding constraints this project was not funded for another AmeriCorps term of service.

Background

Within Ingham County, MI, about 16.5% of the population are estimated to be living at or below the poverty line (Datausa.io, 2025). This totals about 43,800 people striving to make ends meet on a \$30,000 annual income for a single individual and about \$60,000 for a family of four. The Capital Region consists of nine opportunity zones, or “economically distressed

communities,” as identified by the U.S. Department of Treasury (2018). In these areas, the rate of poverty is almost 20% greater than the national average according to Census.gov (2025), ranging from 21%-35%. Of this, nearly a quarter of all individuals in the county earn more than the federal poverty baseline, but less than the basic cost of living for the county (<https://unitedforscmi.org/the-state-of-alice-in-uwscmi-2025-report/>). This at-risk population, otherwise known as the Asset-Limited, Income-Constrained, Employed (ALICE), according to the United Way of South Central MI (2025), faces a great number of environmental, health and socio-economic challenges.

The hot spot of low-income census tracts also scores medium to high on the Agency for Toxic Substances and Disease Registry (2020) Health and Place Index. Additionally, the Lansing region scores particularly high on the [Michigan Environmental Justice Screening Tool](#), with multiple negative exposures, such as rates of asthma and cardiovascular disease as well as environmental exposure and effects such as air toxins and proximity to cleanup sites, as reflected within sensitive populations (2024).

Within the domain of public health, “vulnerable populations” are commonly termed “groups of individuals that are at a higher risk of poor physical, psychological or social health due to societal, economic, environmental or inherent factors” (ncbi.him.nih.gov, 2025). Utilizing the above tool, researchers are able to gain a better understanding of community characteristics informing environmental stewardship and their relationship to public health for decision-making within a specified region by target population. Combined, such socioeconomic factors suggest critical levels of vulnerability to pollution and related climate change for the most vulnerable, including the elderly within Ingham County, with emphasis on highly distressed areas, such as opportunity zones.

Within this lens, the Michigan State University Center for Community & Economic Development (CCED) undertook new research focused on vulnerable senior living and overall quality of life. Utilizing National Service programming through Campus Compact and AmeriCorps*Volunteers in Service to America (otherwise known as “VISTA” support) from July 2024-2025 and with plans to continue that research into a year two and three of a multi-year grant award for National Service support, the Center assessed factors affecting vulnerable senior populations and longevity within the nine county opportunity zones.

Methodology

This work began by conducting an environmental scan of communities seemingly thriving by the VISTA member utilizing framework support from related studies of “Blue Zones,” or those communities and regions where individuals were regularly reported to be living 10-12 years longer than their counterparts in other areas of the world of the same age as first highlighted by National Geographic (<https://www.ebsco.com/research-starters/anthropology/blue-zones2>, 2025) over the previous two decades.

Blue Zones Overview

In 2005, American author Dan Buettner and Belgian demographer Michael Poulain teamed up to discover the secrets to living a longer life, studying regions where an exceptional number of people live beyond 100. Interviewing centenarians in Okinawa Prefecture in Japan, the Ogliastris province of Sardinia in Italy, the Nicoya Peninsula in Costa Rica, and the island of Icaria in Greece, Buettner and Poulain labeled these regions “Blue Zones” and identified nine different “lifestyle habits” that may contribute to a longer and healthier life. These included:

1. “Move naturally” in reference to how these communities typically engaged in physical activity, living in an environment that “constantly nudges them into moving without thinking about it.”
2. “Knowing your purpose” or having a clear, meaningful goal to strive towards in life.
3. “Downshift” describing the methods and routines adopted by longer-lived people to shed stress, like prayer, napping, and drinking.
4. The “80% rule” referring to the eating habits of longer-living communities, specifically that they will only eat until their stomach is 80% full.
5. “Plant slant” describing the diets of centenarians, who favor fresh fruits, vegetables, and beans over large amounts of meat.
6. “Wine at 5,” or “Friends at 5,” emphasizing the benefits of social time with friends and family.
7. “Positive pack,” or “right tribe,” describing the tight-knit, healthy social circles maintained by longer-lived people.
8. “Belong” referring to the importance of civic- or faith-based organizations in living a longer life, with 258 of the original 263 centenarians interviewed belonging to a faith-based community.
9. “Loved ones first” or putting family first, whether it’s parents, grandparents, or relationships.

Blue Zones Scrutiny

In the years since, the concept of Blue Zones and the nine habits associated with them have become subjects of scrutiny. One public health expert described Buettner and Poulain’s

work as “standard public health promotion 101,” and indicated that they missed the mark on key areas like alcohol consumption and smoking (Amigo, 2024). Other critics point out that many Blue Zones are poor, rural areas and that their high numbers of centenarians may be caused by unreliable recordkeeping. In fact, with improved data collection, life expectancy has declined in many Blue Zones.

In 2017, Poulain and Buettner ended their partnership. However, since, Buettner has monetized the concept of Blue Zones, founding “Blue Zones LLC,” as a planning firm offering their services to municipalities, employers, and other organizations, promising to reshape communities in accordance with Blue Zones’ healthy lifestyle attributes. As an example, to create a plan for Fort Worth, Texas, in 2017, the city paid Blue Zones, LLC over \$50 million (Roca, 2017). While there may be a level of disconnect between accurate reporting as well as lifestyle attributions and their influencing factors, researchers at the Center desired to see if any of the nine related factors could be assessed and positively influenced for those very vulnerable seniors living within the identified Ingham County opportunity zones.

Defining Social Well-being and Quality of Life

To help build a methodological framework, the Michigan State University (MSU) Center for Community & Economic Development (CCED) team established a community advisory board drawing on the expertise of leaders from organizations including the MSU College of Human Medicine, MSU Age Alive, MSU Office of Public Engagement and Scholarship, MSU Computational Math, Science and Engineering, MSU Outreach & Engagement, University of Michigan Health-Sparrow, the Greater Lansing Food Bank, Community Mental Health Authority, East Lansing Prime Time, City of Lansing, Ingham County Health Department,

Ingham County Land Bank and the Ingham County Office of the Treasurer as well as Tri-County Office on Aging, Capital Area District Libraries and Kiwanis Club.

Additionally, the team consulted government officials from Fort Worth, Texas and Barry County, Michigan who had previously undertaken efforts to improve their community well-being utilizing the Blue Zones model with related non-profit partners. In Fort Worth, Texas, a Blue Zones Project team was contracted to support helping the community connect, inspiring and reinforcing healthy habits as well as to help develop a new focus on people, places and policy including international researchers from universities such as Oxford.

In Barry County, Michigan, a team from the Blue Zones Project was also contracted to support the development of community gardens as the beginning to a more localized food system that also positively influenced movement and socializing. From these informal municipal representative interviews, it was found that many of the same purposes were already being pursued (though by many means) in Ingham County such as overlapping projects that were not necessarily collectively tracked for impact analysis. It was also found that the price was unaffordable (for example Fort Worth's total project cost was valued at more than \$50 million) yet many tools and resources, such as Tier 1 research institute support, were already "in the backyard" at Michigan State University.

Based on these conversations, CCED researchers set out to examine the ecosystem of vulnerable seniors within opportunity zones of Ingham County. To begin, the advisory board helped develop contextually-specific and community-identified definitions of social well-being and quality of life. These were formed using the United National Sustainable Development Goals (sdgs.un.org/goals, 2025) as starting points and conducting significant conversation amongst advisory board members to reach consensus. The working definitions are reflected below.

1. Social Well-Being: the measurement of feeling connected and finding purpose within an individual's social environment and relationships with others
2. Quality of Life: an individual's perception of their life when thinking about their surroundings, culture, and social determinants of health in relation to their aspirations and goals

Health Zone Areas of Assessment

Recognizing some of the limitations and unaffordability of working with Blue Zones, LLC, the research team, with support and input of the community advisory board, also set out to create a refined list of *seven* focus areas and potential variables tailored to the unique needs of seniors in Ingham County utilizing the Blue Zones focus areas as a starting point. These include:

1. Accessible housing and indicators such as rates of homelessness, eviction, and overcrowding; cost-burdened households, rental/homeownership affordability, and availability/utilization of housing assistance.
2. Affordable healthcare and indicators such as rates of under/uninsured, out-of-pocket healthcare expenses, healthcare delayed or foregone due to cost, prescription drug affordability, medical debt, provider availability, and health facility distance and travel time.
3. Mental health and indicators such as days of poor mental health, self-reported mental health, prevalence of mental disorders, mental health provider availability, mental health treatment utilization, suicide rates, and emergency department hospitalizations for mental health disorders.

4. Access to transportation with indicators such as percentage of populations living within a quarter mile of a transit stop, walkability and bikeability scores, affordability of transit fares, and availability of subsidies.
5. Food and nutrition with indicators including household food security status, proximity to grocery stores and farmers markets, availability of fresh produce, fruit and vegetable consumption, overweight/obesity rates, and prevalence of diabetes and diet-related diseases.
6. Connectivity with indicators including frequency of social contacts, living alone, civic engagement and volunteering, membership in social organizations, and access to and use of social media.
7. Access to parks and recreation centers with indicators such as distance to, and affordability of, local parks and recreation centers and their perceived safety.

These seven health focus areas and associated indicators served as a guide for the Health Zones team to then begin to identify health disparities through ecosystem mapping, or spatial and relationship mapping of key entities and interconnections, and focus group data, and also helped inform study recommendations. In narrowing down their foci, the Health Zones team worked with the VISTA member to map “opportunity zones” and their related ecosystems of area resources lending themselves at low or no cost to seniors within these zones. For ease of reading, each map layer is individually presented within Appendix A of this report. Of the original nine areas measured through the Blue Zones Project, the CCED team and community advisory board whittled it down to seven eliminating “wine at 5pm” and “plant slant” as they were beyond the scope of population assessment.

Mapping Ingham County Opportunity Zones

“Opportunity zones” are an economic development tool created under the Tax Cuts and Jobs Act of 2017 to promote investment and job growth in distressed communities. The designation provided tax incentives for private and community investors to support designated properties through “opportunity funds.” More relevant to the Health Zones team’s research, however, was their selection process.

To be designated as an opportunity zone, a census tract must meet certain criteria as to their income level, poverty rate, and ALICE threshold. As the team worked to understand health disparities in vulnerable and low-income communities within Ingham County, Opportunity Zones were one tool utilized to bound this research and then census data helped focus a lens on senior populations making up their respective and unique micro-regions. There are currently nine opportunity zones in Ingham County with a percentage of households in poverty ranging from 11 percent to 41 percent and according to censusreporter.org (2025) about 20 percent of this population is 65+ years old. The Opportunity Zone census tracts are listed below with corresponding levels of household poverty rates.

- Holt (54.02) - 11% households in poverty
- Airport District (33.01) - 25% of households in poverty
- Downtown Business District (67.00) - 27% of households in poverty
- Retail District (53.03) - 28% of households in poverty
- Southwest District (36.02) - 28% of households in poverty
- Southwest District (37.00) - 29% of households in poverty
- Southwest District (51.00) - 35% of households in poverty

- Urban Playzone (66.00) - 37% of households in poverty
- East Lansing (43.01) - 41% of households in poverty

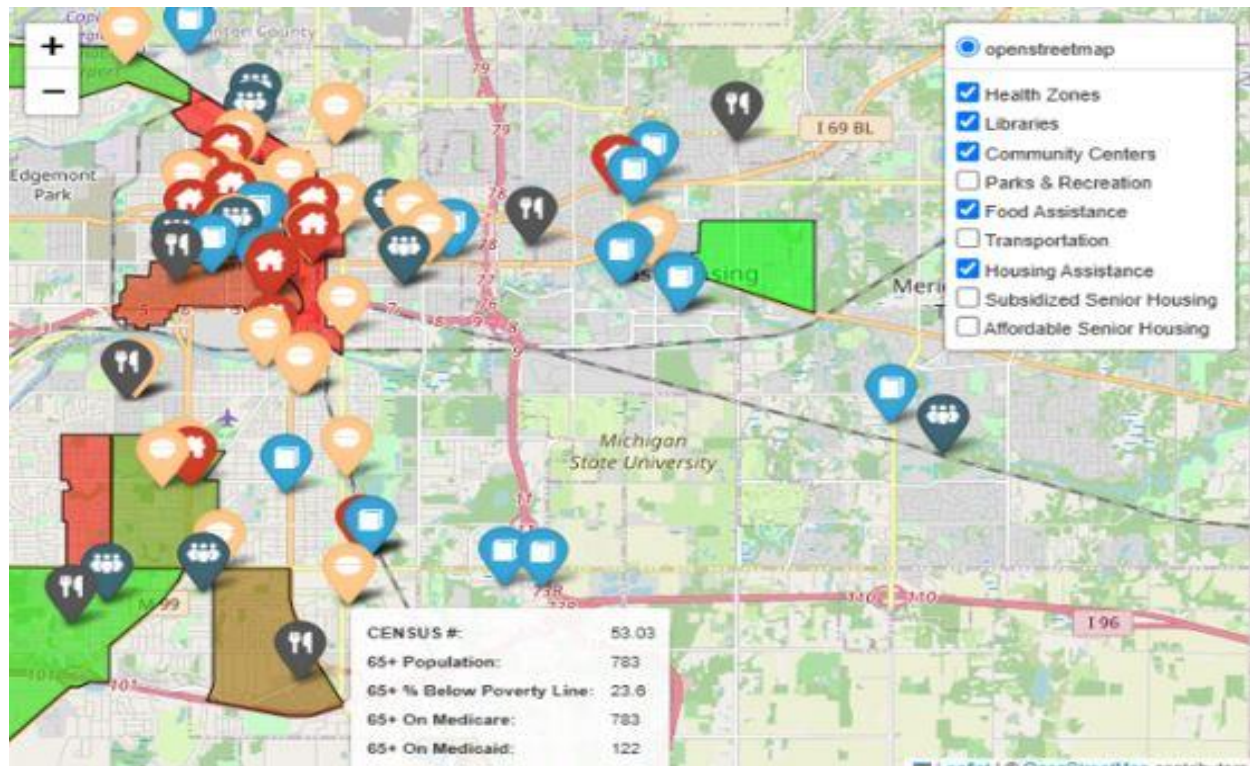
Ecosystem Mapping

To help identify the gaps and barriers within the seven health foci, the Health Zones team worked with an MSU Computational, Mathematics, Science, and Engineering senior capstone team of students to develop an ecosystem map. The ecosystem map is a grouping of layered map slices that viewers may choose to turn on and off based on the legend. For layout purposes within this report, each layer is offered independently in the Appendix and Figure 1 below provides an example of what the map might look like when multiple items in the legend are turned on simultaneously for real-time viewing.

Jointly utilizing publicly available datasets and Python-based data processing libraries, the team cleaned, analyzed, and mapped key health-related access points on a geographic level. The final product included the map in Figure 1 that enables users, such as public health officials and policymakers, to explore spatial trends in access to health-related services or tools to help inform social and physical determinants of health outcomes. This tool aimed to provide insights for data-driven decision-making and resource allocation in the Ingham County area.

Figure 1: MSU Healthy City Assessment Map Example

Developed by Noah Mueller, Amaan Thasin, Frank Luginbill, and Jun Han, 2025



Focus Group: Allen Neighborhood Center Senior Discovery

Lastly, the VISTA member began to connect through the community advisory board member from the Tri-County Office on Aging to “Senior Congregate Dining Sites” in hopes of scheduling focus group sessions with attending seniors. These sites are typically housed within senior centers or apartments, assisted living facilities, faith-based organizations or other community outlets for at-risk seniors who are living at or below the income threshold. They provide reduced-cost or free, hot meals in a social setting with scheduled activities and some also offer carry-out for those 59 years and up with spouses welcome for those over 60. At these locations seniors may eat a meal on most days of the week throughout Ingham County’s six sites.

The VISTA member also reached out to other senior congregate sites, such as the non-profit Allen Neighborhood Center (ANC), to additionally schedule focus groups. ANC immediately invited the CCED team to join their Senior Discovery Coffee Hour on Wednesday mornings. On May 14, 2025 at 10am, the CCED research team attended the Coffee Hour and conducted a focus group with 12 seniors with attendees indicating they resided within the Eastside of Lansing including the North Cedar/Larch Corridor and Downtown Lansing Opportunity Zones.

Prior to meeting, the Health Zones community advisory board helped prepare a list of topical area questions related to the seven health indicators with the CCED research team. These questions were formulated to seek feedback from vulnerable seniors living in Ingham County specifically for the focus group series. Utilizing the “Ground Rules” of: 1) be present, 2) it’s ok to disagree, 3) practice both/and thinking, 4) listen to understand, 5) start and end on time, 6) come prepared, and 7) practice empathy (MSU Extension and Purdue University Extension, 2023) the team utilized facilitative leadership practices to convene the focus group as a community consultation amongst those with shared living experience.

Then, pulling from “Critical Participatory Inquiry: An Interdisciplinary Guide” (Call-Cummings, et.al, 2024) the participants were invited to brainstorm ideas to help ultimately co-create strategies for each indicators’ improvement. This veered from a traditional focus group and became hybrid in the sense that the CCED team did not interrupt or steer the conversation but rather invited an open and conversational method. Researchers began by setting the tone and explaining the concept of Blue Zones with request for participants’ feedback in the seven indicator areas. Large, white sticky notes were taped on walls of the community meeting room and the research team had recorders stationed at each segment to capture free-flow ideas from

the group regarding the indicators of: housing, nutrition, transportation, healthcare, connectivity, mental health services, and parks and recreation. Additionally, a “parking lot” space was included with extra sticky note pads taped to the walls for those ideas that were inspired or related to the indicators.

Findings

Focus Group: Allen Neighborhood Center Senior Discovery Group

To gain a better understanding of the senior population in Ingham County, Michigan, and the ways in which the seven health indicators fit within their daily lives, the Health Zones team conducted a focus group session with 12 seniors at Allen Neighborhood Center through their Senior Discovery Group programming in May of 2025. Below, the following indicator areas are discussed with related brainstorming such as areas of improvement. This information is transcribed from whiteboard notes as dictated by participants and recorded by the CCED team.

Housing: Seniors of this focus group session expressed a strong interest in affordable and accessible housing. As background, in 2018 social security beneficiaries 70 and older spent around one-third of their income on rent and mortgage payments alike. As housing costs have inflated in the years since COVID, this population has struggled to keep up. Monthly payments are well below the amount needed to sustainably afford housing and other daily expenses. The limited funds and housing options for seniors have left them vulnerable to a host of substandard living conditions. Seniors recounted how they have been forced into living situations with unfair, profiteering landlords that prey on their financial vulnerability.

In response to the housing crisis among the senior population, many participants in the focus group session also conveyed interest in the idea of senior housing co-operatives. Often registered as nonprofit organizations, co-ops are a democratic form of property ownership or occupancy in which each resident receives an equal vote to participate in collective management and decision-making. Following established co-operative methods of selection, seniors said that they would like to see an event where they could meet and socialize with their prospective co-tenants to evaluate how well they live with others. They imagine a collaborative environment where multiple seniors and members of other age groups work to complement each other's skills and knowledge to foster a more mutually beneficial living situation.

Nutrition: The emphasis on nutrition in the seven health indicators resonated strongly with the seniors at the Allen Neighborhood Center Senior Discovery Coffee Hour focus group session. Many vulnerable seniors in Ingham County receive meals from local services, such as Meals on Wheels and congregate dining sites. The Meals on Wheels program provides meals to homebound seniors and adults, distributing one meal a day that provides one-third of the United States Department of Agriculture and Health and Human Services' Dietary Guidelines for Americans (DGA). For men and women ages 60 and older, the DGA emphasizes the importance of nutrient-dense and protein-rich foods, recommending that seniors consume meals ranging from 530 to 860 calories depending on their height, weight, gender, and level of physical activity (USDA, 2025).

Many seniors conveyed dissatisfaction with these requirements, the Meals on Wheels program, and the food it provides. First, participants reported that Meals on Wheels' packaging, and food packaging in general, is not accessible to them and that they were often forced to rely on others for support to consume their meals. Second, it was noted that this is some seniors' only meal of the day, and with only one-third of their daily nutritional value, the food provided by the program is not sufficient to sustain a healthy lifestyle. Third, seniors cited a lack of nutrition, flavor, and vegetarian and vegan options that make the program's selection unenjoyable.

There is an expressed need to improve nutrition for vulnerable seniors so that they can lead healthier and longer lives. To address their nutritional needs, participants recommended the expansion of meal delivery programs to include three meals a day, including additional options and information. They also expressed a desire for the distribution of pamphlets and flyers informing them of various services and events where they can eat in the area. They want more opportunities to socialize with other seniors, and suggested having more shared spaces and events to come together and eat a meal.

Transportation: Accessible public transportation is a necessity for vulnerable seniors, especially as they lose the ability to drive. Focus group participants disclosed that they feel unsafe using Ingham County public transportation. They do not want to travel downtown or use public transportation as they feel it is connected to areas where drugs and sex work are common in their experience. Many seniors stated that they do not feel safe walking on sidewalks as drugs, sex workers, and the unhoused population have

crowded around abandoned spaces and parks near their homes, making them feel unsafe to leave their homes. They also reported that the sidewalks are in poor condition, making it difficult for them to walk to bus stops or their desired location.

To solve the perceived issues of drugs, sex work, and the unhoused populations, the focus group participants advocated for more reform efforts and practices to aid the community. They suggested harm reduction programs and services, such as installing sharps' containers, providing laundry services, and hygiene care for the unhoused. One participant had researched a program where color-coded bags were distributed in one city to collect different forms of hazardous waste. The senior attendees had hope and suggestions to help rehabilitate these micro-communities and foster a more welcoming and safer environment in Ingham County. In addition to harm reduction, the seniors said they also desired new bus station centers removed from the downtown area to avoid environments they feel are unsafe.

Healthcare: The participants in the focus group noted that Ingham County, Sparrow and McLaren hospitals have removed their geriatric departments, leaving the senior population without accessible or adequate care. In addition to the removal of these departments, focus group participants voiced concern with current limited primary care physicians in the area and long wait times to see their doctors. As a result, many vulnerable seniors are going without the necessary care they need.

To overcome these gaps, many seniors in the focus group said they utilized the Ingham County Health Plan, a program that provides basic health coverage to low-income Ingham County residents who do not have health insurance. While the health plan was voiced to be helpful, seniors noted it is still unable to meet everyone's needs, and many vulnerable seniors continue to go without the necessary care they need because either they can not access it, afford it or it does not run along the location or schedule necessary for them to travel to appointments.

Connectivity: In the digital world, technology has become an imperative part of communication with the surrounding community. Focus group participants stated that they lack the knowledge and skills necessary to navigate technology and find themselves struggling to be included in the happenings of their communities. To address this, seniors would like to see more physical information and advertisements in community spaces, such as brochures. They also expressed a desire for meal services such as Meals on Wheels to include information pamphlets and flyers within their meal packages. There is a strong desire among the focus group participants for socialization and connectivity to be embedded in their daily lives but they felt hard copy information about opportunities was lacking.

Mental Health Services: Through some of the above discussion, some seniors felt trapped in their homes, isolated from connection and essential resources. This reality has left some vulnerable to mental health challenges. Participants noted that there are not many resources for mental health available to them. The CCED team also found that the

National Library of Medicine published a study on the use of mental health services among older Americans with mood and anxiety disorders and found that approximately 70% of adults age 55 and older with mood and/or anxiety disorders did not use mental health services (Buyers et.al, 2012). They also found that those from minority race/ethnic groups tended to feel uncomfortable discussing their mental health and, as a result, used fewer mental health services.

Parks and Recreation: Focus group seniors voiced several concerns about the safety and accessibility of public spaces. In particular, they noted that local sidewalks are cracked and uneven from the growth of tree roots and a lack of maintenance. For seniors who use walkers or other mobility aids, it was found to be very difficult to navigate these obstructions. This issue is compounded by the fact that property owners must pay for repairs themselves, share costs with the city, or prove that the city is responsible for the damage. Additionally, many seniors expressed feeling unsafe due to the strong presence of people experiencing homelessness and drug addiction in local parks. The previously mentioned discarded needles, glass vials, and other drug paraphernalia that litter the streets pose an additional hazard to seniors looking to spend time outside.

Beyond the seven health indicators: Throughout the focus group session, senior's interests aligned with all seven health indicators identified. The discussion around these indicators also revealed related areas of concern and/or interest beyond the indicators identified. One concern among this focus group's participants remains with local government, and noted lack of communication and attention from local officials. Focus

group participants expressed frustrations with the Lansing City Council and their seeming unwillingness to address concerns via unreturned phone calls and ignored inquiries.

Participants desired a better line of communication with the city council, specifically.

In addition to the accessible and affordable housing challenges identified in the health indicators, seniors also shared the difficulties of taking care of their homes. They suggested a community cleaning service as a strategy to meet this where volunteers could enter a senior residence to tidy up and check for any repairs required. As discussed above, seniors also communicated concerns with public safety and desired more reform efforts to support the unhoused population. These reform efforts, along with improved governance and housing maintenance, were not identified in the seven health indicators, but should also be given consideration.

Limitations

Though many metrics exist, there are no truly objective measures of social well-being and overall quality of life. Although the Health Zones seven indicators and their respective discussion were able to provide an overview of the social and physical well-being of Lansing's vulnerable senior population, in the first year of this research the CCED team and community advisory board were not able to capture every dynamic at play. Additionally, the one and only senior focus group that was conducted brought up many relevant and related points including safety, affordability and access as additional aspects to be included.

The Health Zones project, though approved to benefit from a year two and year three National Service member through Campus Compact, will not be funded for year two due to

budget constraints. Therefore, additional focus group data collection and related community collaboration is not estimated to be feasible. Lastly, the MSU capstone team was unable to include the MI Environmental Justice Screening Tool map slice as an overlay within the Appendix of this report.

Conclusion and Recommendations

In the first year of the Health Zones project, the research team and advisory board worked together to conduct research, outreach, and engagement regarding the different issues contributing to disparate health outcomes and differing qualities of life throughout Lansing and Ingham County Opportunity Zones for vulnerable senior populations. The Health Zones research, built off of the successes and shortcomings of Bruettner and Poulain's Blue Zones Project, that originally identified nine variables contributing to social and physical wellbeing and was whittled down to seven. In combination with the Opportunity Zones identification as bounded areas of research within Ingham County, the reduced foci of accessible housing, affordable healthcare, mental health, access to transportation, food and nutrition, connectivity, and access to parks and recreation centers served as the basis for the ecosystem project resource map. This visual representation of data was a crucial tool for the research team as they worked to identify spatial, social, and economic focus areas for the Health Zones project. However, the ease of useability and access are difficult to navigate with limited software and file access.

When the research team spoke with a focus group to learn how these issues manifested themselves in the lives of community seniors, a focused snapshot of Lansing's health disparities became to varying degrees clearer and simultaneously murkier. Seniors referenced many of the

same issues identified in the Health Zones' seven foci, but tied them together as symptoms of crime, homelessness, and a passive local government. It is unknown if these trends are merely perceived, or if the challenges faced by vulnerable seniors really stem from a public safety crisis and less responsive local government.

To learn which areas can be targeted to most effectively achieve better health outcomes and quality of life for seniors in Lansing, it is recommended that the study continues into year two and three for additional focus group assessment, and the AmeriCorps*VISTA project be funded for member cost-share to support these efforts. Continued research into social well-being and quality of life through the seven indicators will also help lay the foundation for future efforts that forge further partnerships supporting more reciprocal dialogue between leaders in healthcare, housing, nutrition, and local communities for positive outcomes.

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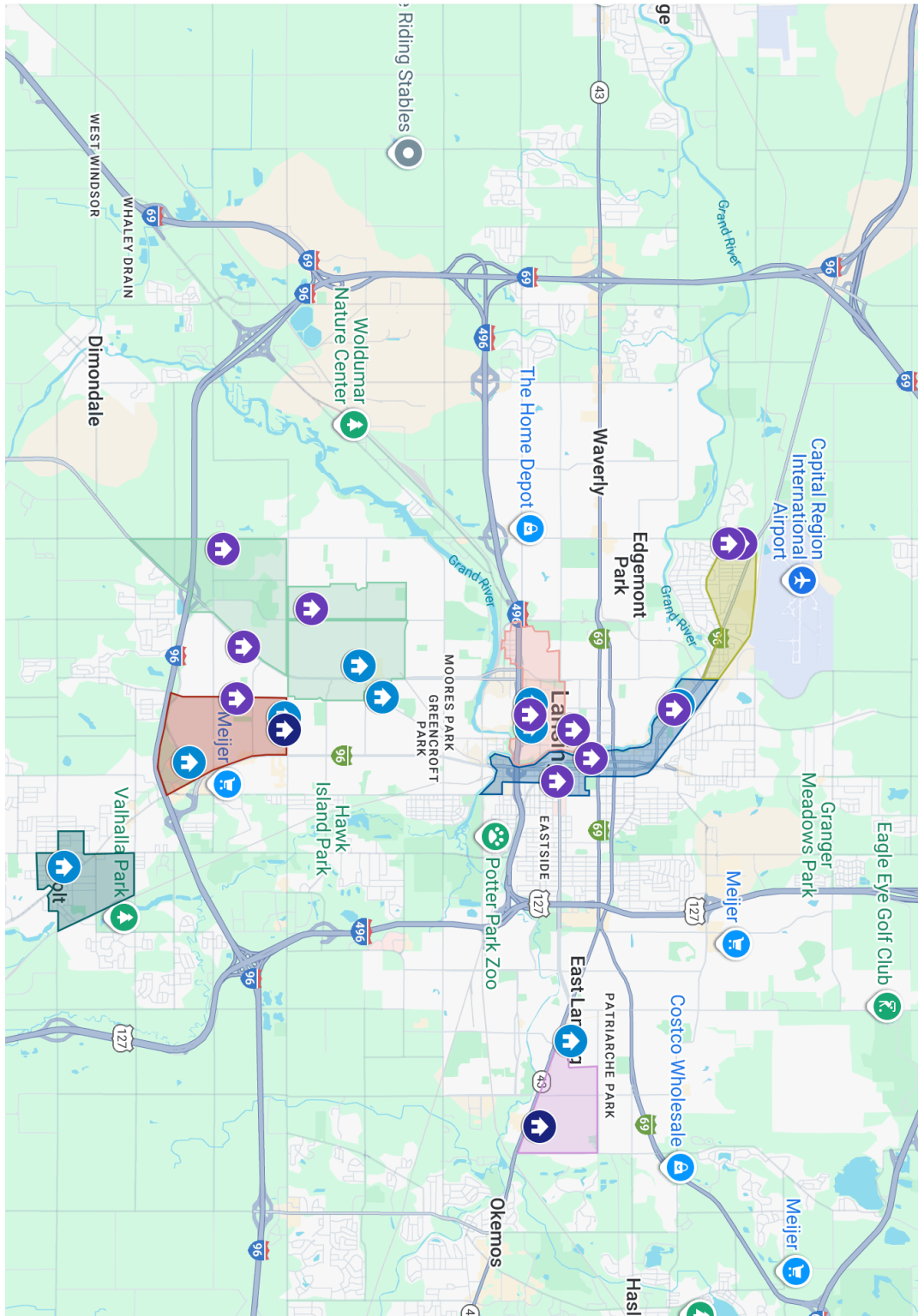
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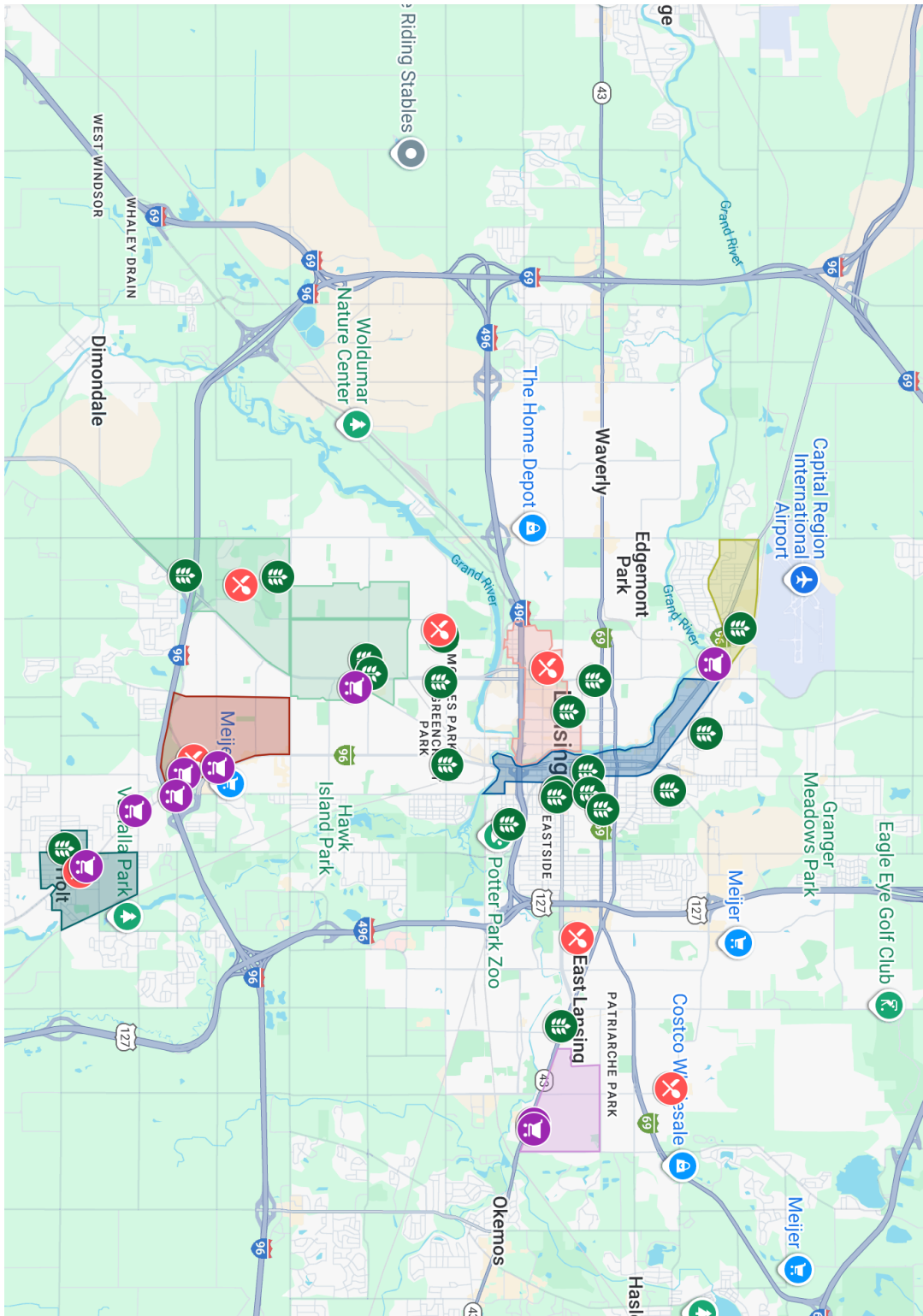
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Appendix: Maps

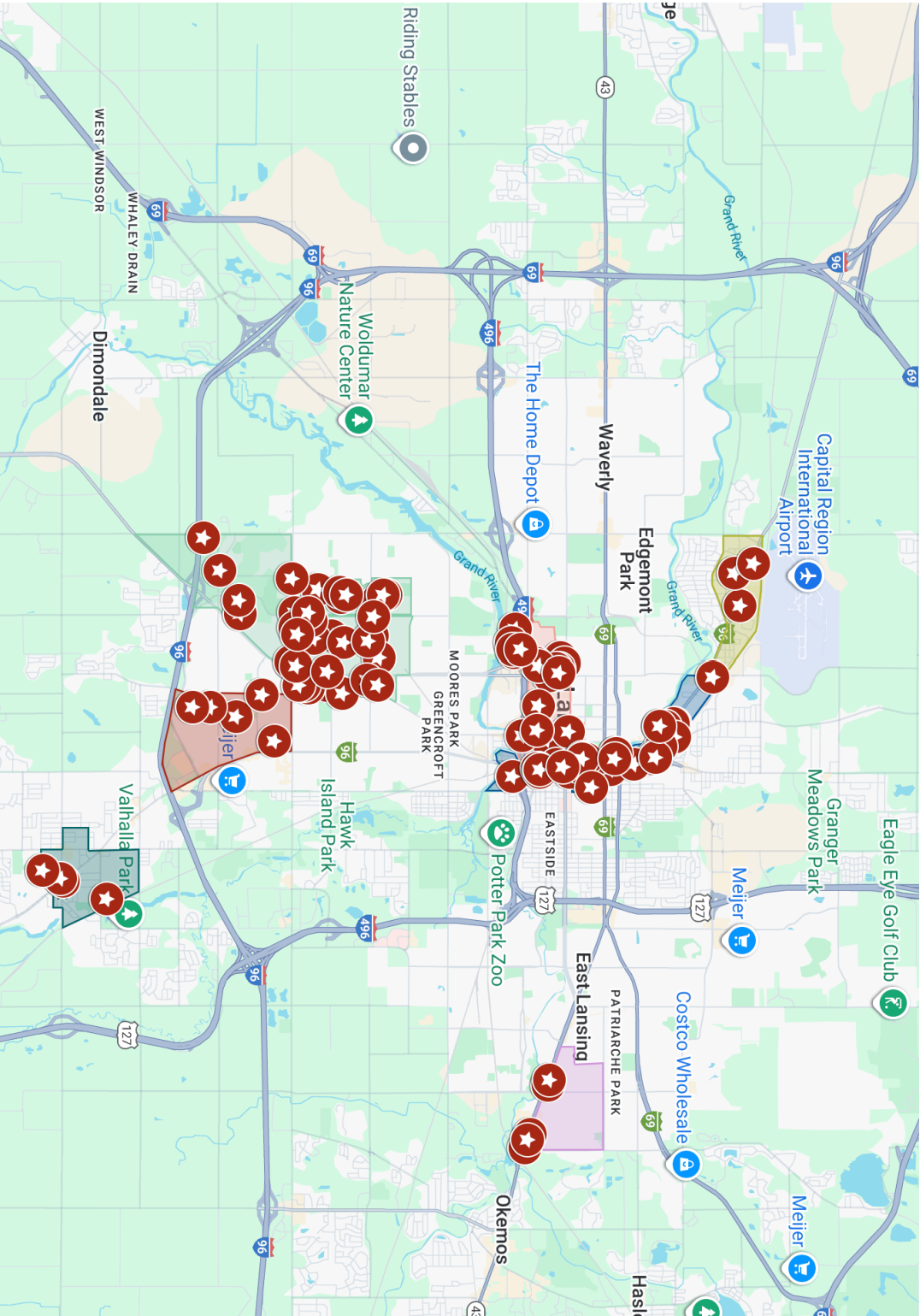
Subsidized and Affordable Housing



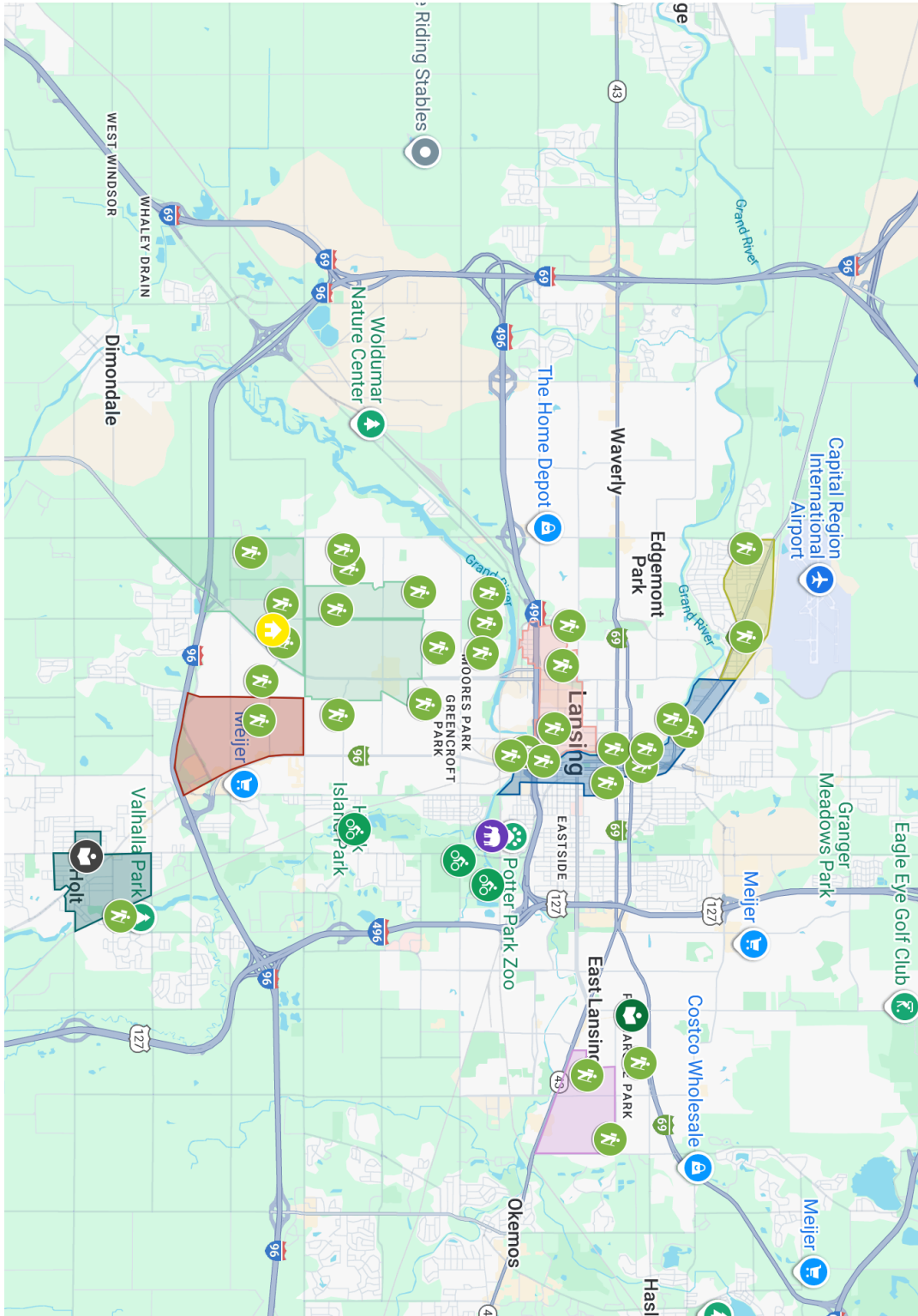
Food and Nutrition Sites



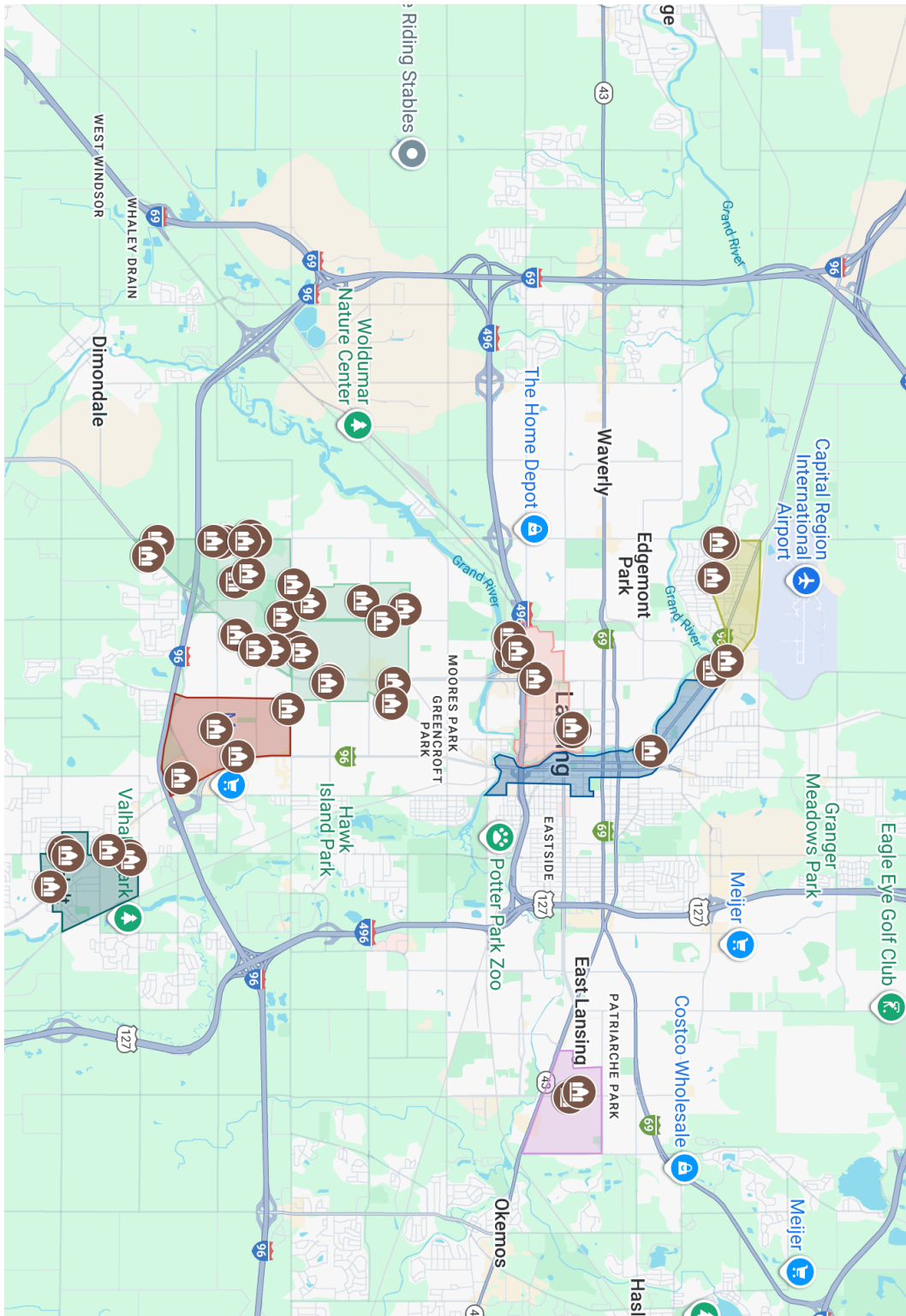
Transportation Outlets



Parks and Recreation Centers



Faith-Based Centers



Designated Health Sites and Urgent Care Access

