CITY OF DETROIT
HEALTH Department

CITY OF DETROIT

COMMUNITY HEALTH ASSESSMENT AND IMPROVEMENT PLAN

EXECUTIVE SUMMARY

2025

LETTER FROM THE HEALTH OFFICER

Denise Fair Razo, MBA, MPH, FACHE

Dear Detroit Partners,

I am excited to present you with the 2025 Detroit Community Health Assessment. This effort was driven by the core belief that Detroiters are the best experts on the health of our city. Those surveyed didn't just point out the health priorities in this report, they gave us solutions. The assessment presents a portrait of Detroit as seen through the lens of diversity. It showcases the strength, talent, and resilience of our residents who are at the forefront of tackling critical health issues.

I want to acknowledge my team for their efforts in gathering nearly 6,300 responses throughout 2024 which you find summarized here. This is the first Community Health Assessment since 2018, and we know the world has changed a lot since then. The data collected provides us with an important road map moving forward, as we make decisions regarding how to allocate resources and establish priorities that are vital to the health of Detroiters.

Let's continue this important dialogue and take direct action in our community. I look forward to our continued partnership in building a healthier and more equitable Detroit for all.

Yours in health,

Denise Fair Razo, MBA, MPH, FACHE
Chief Public Health Officer
Detroit Health Department

EXECUTIVE SUMMARY

PURPOSE

The Detroit Health Department (DHD) engaged in a Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) process to better understand and address the most significant health concerns affecting its population. Utilizing the Mobilizing for Action through Planning and Partnerships 2.0 (MAPP 2.0) Framework, created by the National Association of County and City Health Officials (NACCHO), DHD implemented a community-focused, cross-sector strategic planning process.

MAPP 2.0 supports communities in identifying public health needs and resources, prioritizing critical health issues, and formulating strategies to enhance overall health and well-being. The framework highlights the importance of collaborating with a broad range of stakeholders and engaging community members to drive necessary changes in policies, systems, and environments.

A Core Team, comprised of members from DHD and the Michigan Public Health Institute (MPHI), facilitated the process by providing strategic direction and making final decisions, while a Steering Committee offered input and support throughout the CHA and CHIP processes. Together, these groups implemented a three-phase approach to data collection and analysis, resulting in the identification of four key priority areas. This summary provides an overview of the priority areas, highlighting essential data, and outlining strategic issues and corresponding goals for improvement.

VISION

A diverse and resilient community dedicated to empowering and providing Detroiters with culturally appropriate programs and services that equitably address the health needs of all community members.

ACKNOWLEDGEMENTS

We would like to thank the residents of the City of Detroit who participated in the data collection process through the community survey and focus groups. Community engagement in the Community Health Assessment (CHA) process plays a vital role in the work we do in public health and provides the planning committee with a clearer understanding of the health status of our community, along with the most significant health concerns facing residents. A special thank you to our CHA Steering Committee members who helped guide this entire process and provided valuable feedback along the way.

CORE TEAM

TIFFANI STEWART, MS
Director of Quality Management
Detroit Health Department

CESCILY BARNES, MPH
Quality Manager
Detroit Health Department

SRUTHI TALLURI, MPH
Evaluation Coordinator
Detroit Health Department

BETHANY ARCHER, MPH
Quality Associate
Detroit Health Department

JEANETTE BALL, MS
Public Health Improvement Coordinator
Michigan Public Health Institute | CHC

MADELINE STARR
Public Health Improvement Specialist
Michigan Public Health Institute | CHC

RACHEL BAKER, MHA
Public Health Improvement Specialist
Michigan Public Health Institute | CHC

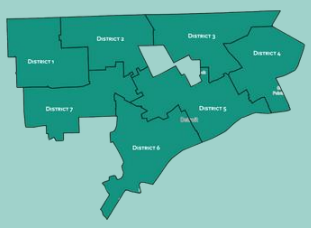
MONIQUE WILLIAMSON, MA
Research Associate
Michigan Public Health Institute | CHC

Report prepared by: *Michigan Public Health Institute - Center for Healthy Communities*

Please **contact us** at: quality@detroitmi.gov

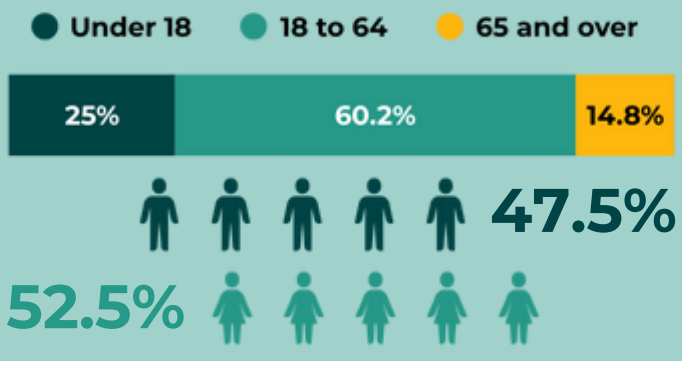
DETROIT DEMOGRAPHICS

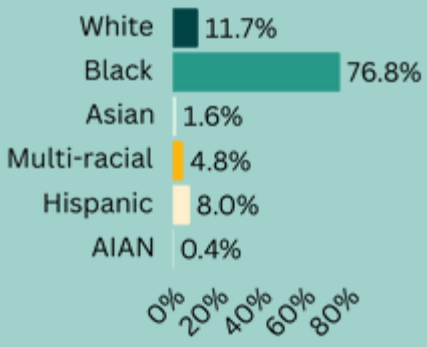
Population



2024 Estimate:

645,700





Education

83.4% high school graduation rate

17.6% have a bachelor's degree or higher

Income

Median household income: $39,575

31.5% are living below the poverty level

Families

Birth rate: 12.0 per 1,000

Language other than English spoken at home: 11.1%

Foreign born persons: 6.0%

Broadband internet access: 82.9%

Transportation

Mean travel time to work: 25.4 minutes

Housing

Median monthly housing costs: $1,220

Disability

15.7% under 65 years are living with a disability

MATERNAL & INFANT HEALTH

Strategic Issue: Detroit faces urgent maternal and infant health issues, driven by racial disparities and insufficient resources, that directly impact key outcomes such as high infant mortality rates.

Goal 1: Increase positive maternal, infant, and child health outcomes.

Objective 1: By December 31, 2026, expand current initiatives that improve maternal and child health, promote family engagement, and positive birth experiences.

Strategies:

- Work with coalition partners to promote health equity within the perinatal system of care.
- Develop policy recommendations to improve birthing outcomes and reduce infant mortality.

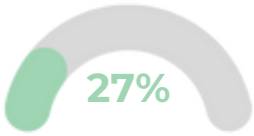
Objective 2: By December 31, 2026, actively address health inequities and social determinants of health.

Strategies:

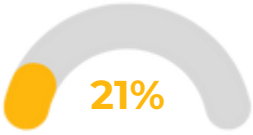
- Reduce transportation barriers for mothers and caregivers throughout their perinatal journey.
- Advance efforts to expand access to healthy foods, nutrition education and breastfeeding support (WIC).
- Increase the number of children and adolescents with special needs connected to a system of care.

Maternal and Infant Health

Access to Care and Support*



Of respondents indicated that they had access to children's healthcare (n=6,258)[1]



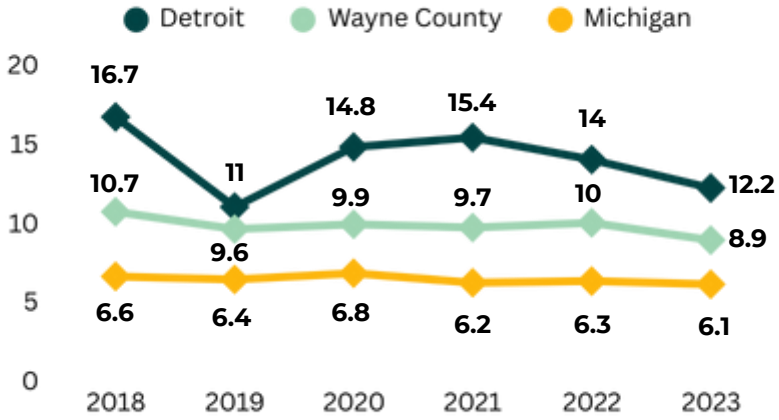
Of respondents indicated that they had access to pregnancy support (n=6,258)[1]

Community Focus Groups

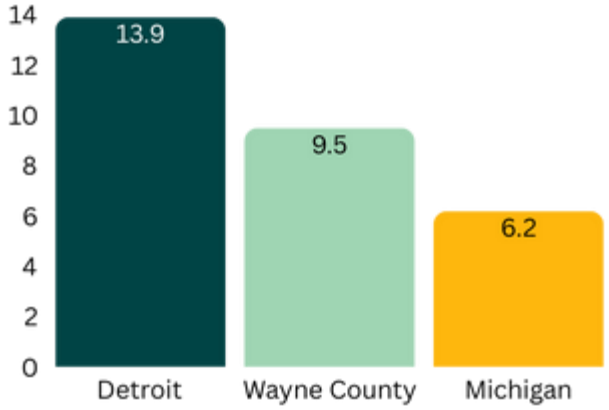
Participants from the Women of Childbearing Ages focus group highlighted barriers and concerns with childcare, family and social support, built environment, and transportation.[7]

Infant Death Rate[27]

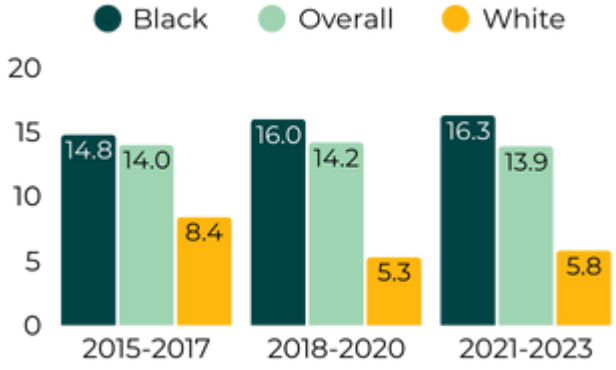
Yearly Comparison



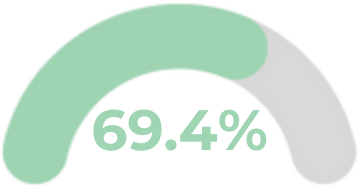
3-Year Comparison (2021-2023)



Detroit 3-Year Infant Death Rate Averages by Race[28]



Maternal Data (2023)



Of births in Detroit were to people receiving prenatal care in the first trimester, while 12% received late or no prenatal care.[29]

WIC During Pregnancy (2022)

57.4%

of pregnant persons utilized WIC for nutrition assistance during pregnancy.[29]

*Data from the 2024 Detroit Community Survey

ACCESS TO HEALTHY FOOD

Strategic Issue: Access to healthy food in Detroit is hindered by various factors including proximity, affordability, lack of nutrition education, and prevalence of unhealthy food options, all of which contribute to poor health outcomes.

Goal 1: Increase equitable access to affordable, high-quality, healthy food across Detroit communities.

Objective 1: By December 31, 2026, promote awareness of citywide food distribution networks.

Strategies:

- Partner with urban farming collectives to connect more residents to locally grown fresh food closer to where they live.
- Join citywide response efforts supporting community and mutual aid efforts for SNAP eligible residents.
- Advocate for sustained funding to prevent food insecurity from rising in existing food desert census tracts.

Goal 2: Increase community knowledge, awareness, and resources related to purchasing, preparing, and consuming healthy food.

Objective 1: By December 31, 2026, distribute education materials to support residents in purchasing healthy food.

Strategies:

- Promote nutrition education for healthy eating on a budget including shopping, meal planning and preparing/storing fresh fruits and vegetables.
- Increase awareness of farmers markets and farm stands that accept SNAP programs such as Double Up Food Bucks and Senior Project Fresh.

Access to Healthy Food

Community Focus Groups

Participants raised awareness of Detroit's lack of healthy food options. Many residents struggle to find affordable healthy food options, which limits their ability to maintain a nutritious diet. Other challenges included the availability of healthy food choices, proximity to grocery stores, food deserts, and a need for better nutrition education to help residents understand the importance of healthy eating. These factors collectively highlight the urgent need for initiatives to improve access to healthy food and nutrition education in Detroit, ensuring that all residents have the opportunity to lead healthier lives.[7]

Top Factor for Quality of Life (2024)*

59%

Of respondents indicated that affordable and accessible grocery stores were most important to their quality of life (n=6,258)[1]

Grocery Retail Access Goal (2020)

Detroit achieved **83%** of the goal of 30,000 square feet of grocery space per 10,000 residents, indicating a shortfall in food retail infrastructure.[35]

Food Retail Landscape (2020)[35]

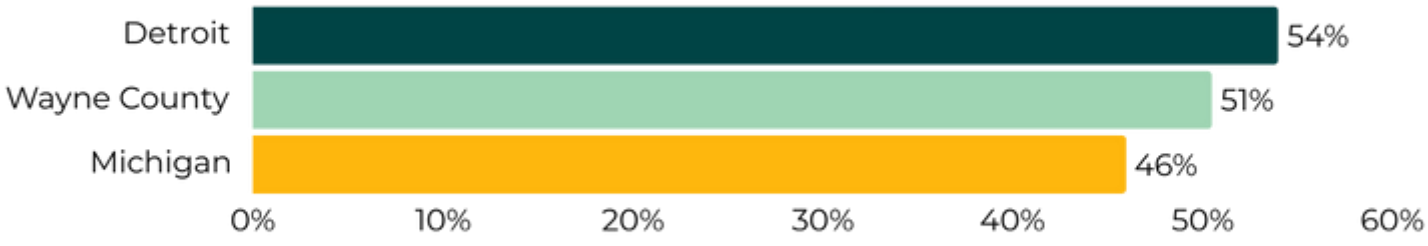
64 Full-line grocery stores

34 Convenience stores

89 Dollar stores

Enrolled in SNAP (2023)

Percentage of people enrolled in SNAP who are below poverty level[32]



*Data from the 2024 Detroit Community Survey

ACCESS TO HEALTHCARE

Strategic Issue: Detroit residents face a variety of social, community, and economic barriers that disproportionately impact their ability to access high quality and affordable healthcare.

Goal 1: Reduce barriers that limit access to preventative healthcare services.

Objective 1: By December 31, 2027, increase the number of residents who can access preventative healthcare services.

Strategies:

- Collaborate with community partners to host health fairs to promote health and well-being.
- Deploy mobile health units in neighborhoods to offer health screenings to residents.
- Leverage existing partnership with Detroit Public Schools Community District Health Hubs to provide essential healthcare services to students and their families.

Goal 2: Increase awareness and accessibility of services that improve mental and behavioral health outcomes.

Objective 1: By December 31, 2027, increase mental health services referrals.

Strategies:

- Expand mental health and harm reduction training, including Narcan distribution and outreach to residents, businesses and organizations.
- Facilitate community-led sharing of linkages to mental health resources and opportunities for residents.

Access to Primary and Preventative Care

Quality of Life*

57%

of survey respondents indicated that affordable health care was the second most important factor to their quality of life. (n=6258)[1]

Barriers to Access*

Survey respondents' highest barriers to medical care (n=6258)[1]

Prescription Costs

25%

Lack of Health Insurance/ Insurance Accepted

23%

Lack of Transportation

20%

Community Focus Groups

Participants highlighted access to healthcare as a priority community concern. Participants identified several key issues contributing to this challenge, including proximity to care, gaps in healthcare providers' understanding of the unique needs of diverse communities, extended wait times for appointments and treatments, lack of trust in healthcare providers, and difficulties navigating insurance. These factors highlight the urgent need for systemic improvements to ensure equitable and accessible healthcare for all Detroit residents.[7]

Provider Ratios

1,430
Wayne County residents

1,280
Michigan residents

to **1** Primary Care Provider[9]

Mobile Health Unit (2020-2021)

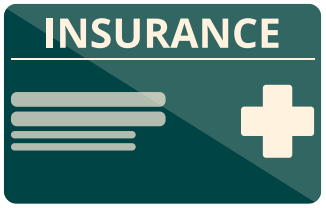
32,523

individuals were served through mobile outreach efforts during this period[26]

Lack of Health Insurance (2019-2023)

7.5%

Of Detroit residents do not have health insurance, compared to **5.7%** in Wayne County and **5%** in Michigan.[17]



*Data from the 2024 Detroit Community Survey

Access to Mental and Behavioral Health Services and Supports

Medical Issues*

63%

Of survey respondents felt that mental health is the most important medical issue to address. (n=6258)[1]

Poor Mental Health (2021-2023)

Detroit residents experiencing poor mental health (on at least 14 days in the past month)

20.9%

Compared to 15.8% of Out-Wayne County and 16.4% of Michigan.[3]

Provider Ratios (2023)

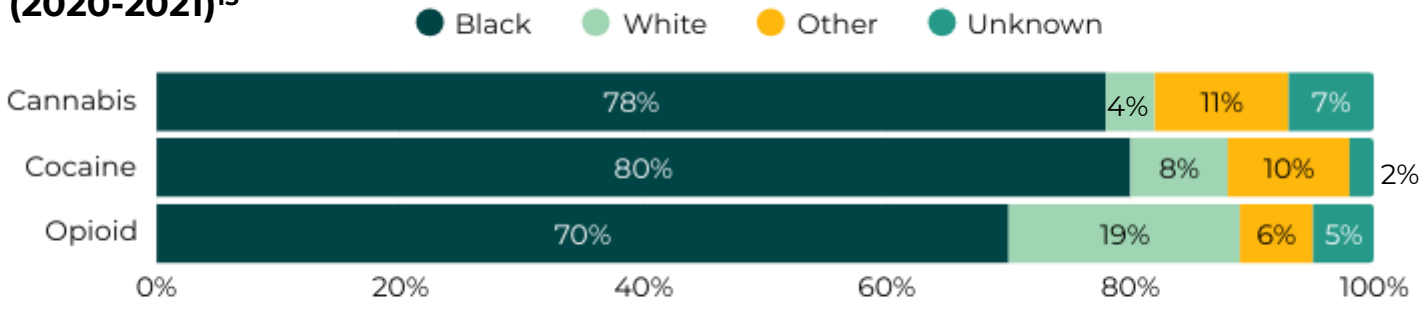
290 residents to **1** Mental Health Care Provider[9] — **Wayne County**

300 residents to **1** Mental Health Care Provider[9] — **Michigan**

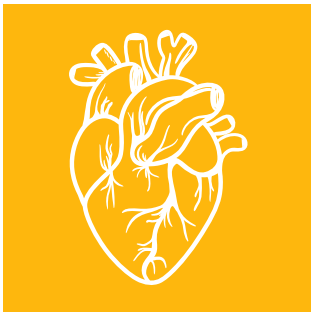
Community Focus Groups

Mental health emerged as a significant concern across all eight focus groups conducted for the City of Detroit. Participants highlighted several critical issues contributing to this concern: a notable shortage of accessible mental health services and resources, stigma and shame, a shortage of qualified mental health providers, and an insufficient number of mental health facilities. Many mental health issues remain unaddressed due to the aforementioned barriers, leading to a cycle of untreated conditions and worsening health outcomes. Mental health issues are particularly prevalent in Black and Brown communities, exacerbated by systemic inequalities and socio-economic challenges.[7]

Overdose Emergency Department Visits by Race and Drug in Detroit (2020-2021)[13]



*Data from the 2024 Detroit Community Survey



CHRONIC CONDITIONS

Strategic Issue: The prevalence of chronic conditions, coupled with systemic barriers such as inadequate trust in healthcare providers and insufficient prevention and management of care, contributes to the lower life expectancy rates in Detroit.

Goal 1: Support chronic disease management related to poor nutrition, physical inactivity, and built environment.

Objective 1: By December 31, 2028, expand community partnerships between recreational pathways, the local food system, and the healthcare system.

Strategies:

- Connect residents to evidence-based fruit and vegetable prescription programs.
- Promote physical activity through the Joe Louis Greenway expansion that links trails, bike paths and green spaces creating new access to parks.

Goal 2: Increase education and access to supportive asthma services for adults and children.

Objective 1: By December 31, 2028, increase community knowledge through increased data accessibility and communication channels.

Strategies:

- Connect residents with education and resources that they can use to reduce asthma triggers.
- Provide asthma education including information about medications and support services needed to manage their condition effectively.
- Partner with community-based organizations to develop a health in all policies approach to improve city ordinances regarding air pollution at the systems level.

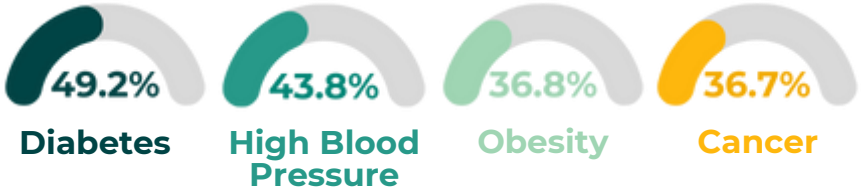
Chronic Conditions

Community Focus Groups

Residents identified chronic diseases and conditions as a significant health concern in Detroit. During discussions, participants raised awareness of the City's air quality issues, which have led to a high prevalence of asthma among residents, particularly affecting vulnerable populations. Other conditions included diabetes, high rates of cancer, and hypertension among residents. These factors collectively underscore the urgent need for targeted interventions and resources to address the chronic health issues affecting Detroit's residents.[7]

Chronic Conditions*

Survey respondents indicated the following as the most important medical issues to address in their community (n=6258)[1]

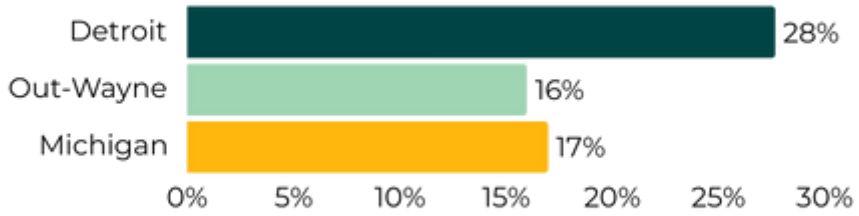


Life Expectancy for Detroit (2024)

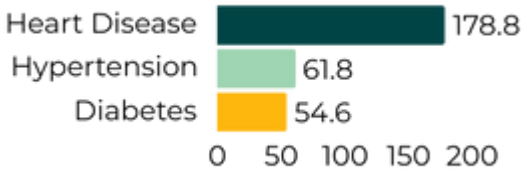
69 Years

Compared to **73** in Wayne County and **76** in Michigan.[37]

Reported "Fair" or "Poor" Health (2021-2023)[23]

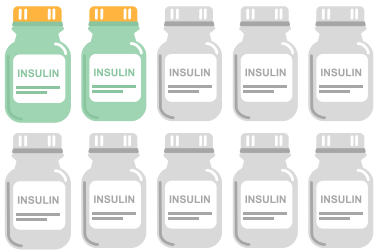


Hospitalization Rates[39]



per 10,000 people in Detroit

Diabetes



19.4%

of adults in Detroit have ever been told they have Diabetes, compared to **12.1%** in Wayne County and **11.6%** in Michigan.[23]

Heart Attack

6.2%

of adults in Detroit have ever been told they had a Heart Attack, compared to **5.2%** in Wayne County and **4.7%** in Michigan.[23]

*Data from the 2024 Detroit Community Survey

Asthma-Related Health Concerns

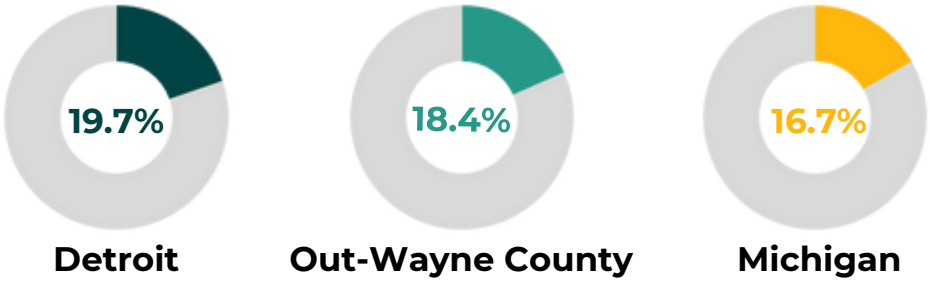
Community Concern*

60%

Of respondents chose **air** and **water** pollution as their top community concern. (n=6258)[1]

Asthma (2021-2023)

Percent of adults who have ever been told they have Asthma[3]

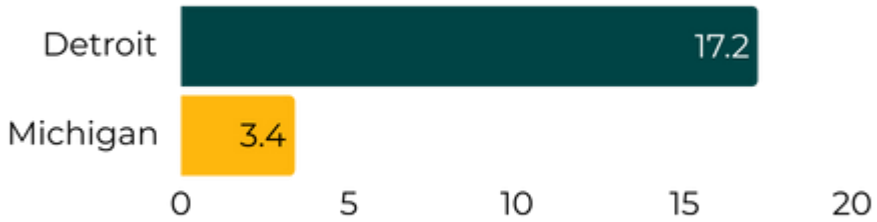


Detroit **Out-Wayne County** **Michigan**

Detroit had the third highest prevalence of Asthma in the country for 2024.

Detroit ranked #1 for Asthma in 2022.[6]

Hospitalization Rates for Asthma in Detroit (2018-2020)



Data shows hospitalization rates per 10,000 people.[4]

Asthma in Children (2019)

Of children ages 0-14 in Detroit had been hospitalized for Asthma.[6]

*Data from the 2024 Detroit Community Survey