CITY OF DETROIT
HEALTH Department

CITY OF DETROIT

COMMUNITY HEALTH ASSESSMENT AND IMPROVEMENT PLAN

2025

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LETTER FROM THE HEALTH OFFICER

Ali Abazeed, MPH, MPP

Dear Community,

Detroit does not need to be told that it is resilient. It has earned that through generations of survival, struggle, and self-determination. What this Community Health Assessment offers is not a reminder of what Detroiters already know, but a clear-eyed look at what remains possible, and what this department intends to pursue.

This document is braided by two threads: data and lived experience. The data is stark—a life expectancy of 69 years, infant mortality rates among the highest in the state, and a city where nearly one in three residents live below the poverty line. The lived experience is equally clear, spoken plainly by Detroiters in surveys, focus groups, and neighborhood conversations. Together, they tell a story that demands both honesty and ambition.

Four priorities emerged from that process: maternal and infant health, access to healthy food, access to healthcare, and chronic conditions including mental and behavioral health. These are not abstractions. They are the conditions that shape whether a child born in Detroit has the same chance at a full life as a child born anywhere else in this state, or the systems that either hold people up or let them fall.

The Detroit Health Department is ready for this moment, not just to respond to illness, but to address its roots. Under the leadership of Mayor Sheffield, that work has already begun through investments like Rx Kids and a “Health in All Policies” approach that meets health where Detroiters actually experience it: in their neighborhoods, their schools, their commutes, and their kitchen tables.

This assessment is a living document, shaped by the voices of Detroiters, grounded in evidence, and designed to guide real action. None of it would exist without the residents who gave their time, the community partners who opened doors, and the Detroit Health Department team whose dedication made this process possible. It is an invitation to our partners, our providers, and to the community itself, to hold us to the work ahead.

Detroit's health is Detroit's future. That work begins now.

Ali Abazeed, MPH, MPP
Chief Public Health Officer
City of Detroit

DETROIT HEALTH DEPARTMENT

ABOUT US

MISSION

To protect and promote the health of Detroiters by addressing priority public and population health needs through data-driven, community-centered action.

VISION

A Detroit where every resident has a fair and full opportunity to live a healthy life.

VALUES

- Quality Service
- Transparency
- Accountability
- Respect

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.

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COMMUNITY OVERVIEW

Detroit is a city defined by its rich industrial heritage, vibrant music scene, and remarkable story of resilience and revitalization. Situated along the bank of the Detroit River across from the Canadian city of Windsor, Ontario, the city covers 139 square miles and is home to 645,700 residents, approximately 7% of Michigan's total population, according to 2024 U.S. Census estimates. Detroit is made up of 220-plus neighborhoods across the primary residential areas of Downtown, Midtown, New Center, North End, East Side, West Side and Southwest representing a unique blend of cultural and ethnic diversity.

Detroit's health landscape has been shaped by redlining and other discriminatory practices, like the construction of the Birwood Wall, fostering deep segregation in the city. Redlined communities often become sites for industrial pollution, facing a higher risk of asthma and other health issues that contribute to the lower life expectancy for a Detroit resident at 69 years, compared to Michigan's statewide average of 76 years.

Understanding how these factors impact our health and well-being is critical for developing the best strategies to address them. The 2025 Community Health Assessment captures the perspectives of residents from across all districts centering community voices alongside quantitative data.

HOW TO USE THE PLAN

The Community Health Improvement Plan (CHIP) is intended to be a living document, one that evolves as new data, partnerships, and funding opportunities emerge. The strategies outlined in this plan are anchored by the Detroit Health Department and carried out in partnership with the community. Here's how you can use this plan:

Educate Yourself and Others

Share this CHIP with people who live, work, play and worship in Detroit. Help others better understand public health issues Detroiters face—and how these issues impact our quality of life. Use this plan as a starting point for important conversations in your community.

Identify Priority Issues

Learn what priorities are most pressing in your community and use this information to guide your local efforts and initiatives.

Support Community Action

Encourage your community and partners to collaborate on strategies outlined in the CHIP.

Inform Policy and Advocacy

Use the data and findings in this report to advocate for policy changes. Mobilize your peers to support initiatives that enhance overall health and well-being.

Promote Accountability

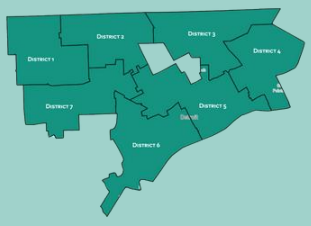
Hold your local health department and community-based organizations accountable by ensuring they are following through on the actions and goals outlined in this plan.

Get Involved!

Think about ways you can be part of the solution! If the strategic issues interest you, reach out to get involved. As a community-based organization, think about resources and/or funding opportunities you have available to invest in improving the health of our shared community. For information on the work being done or to join a priority workgroup, e-mail us at quality@detroitmi.gov.

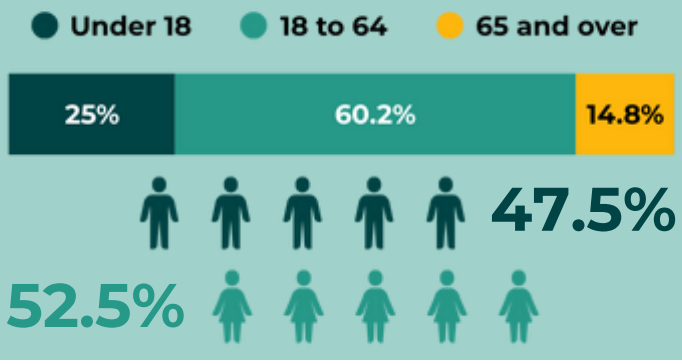
DETROIT DEMOGRAPHICS

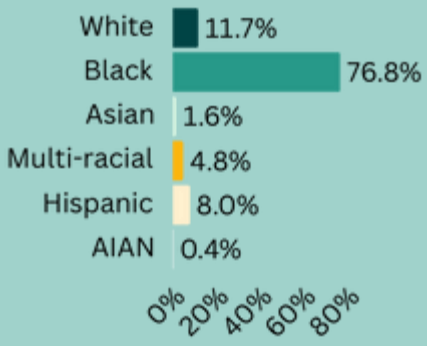
Population



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

DEFINITIONS

Community Health Improvement (CHI) Process:

A long-term (three- to five-year), community-wide strategic planning process to improve a community's health outcomes. It engages community members and organizations that contribute to public health in a comprehensive assessment, identification of priority issues, development of action steps to address issues, and implementation and evaluation of those steps.

Community Health Assessment (CHA):

An evaluation of a community's health needs and issues at the state, Tribal, local, or territorial level based on systematic, comprehensive data collection and analysis.

Community Health Improvement Plan (CHIP):

A strategy that a community develops to describe how it will work together to address the public health problems highlighted in the community health [needs] assessment. It is typically updated every three to five years.

Health Equity:

When everyone has a fair and just opportunity to achieve optimal health.

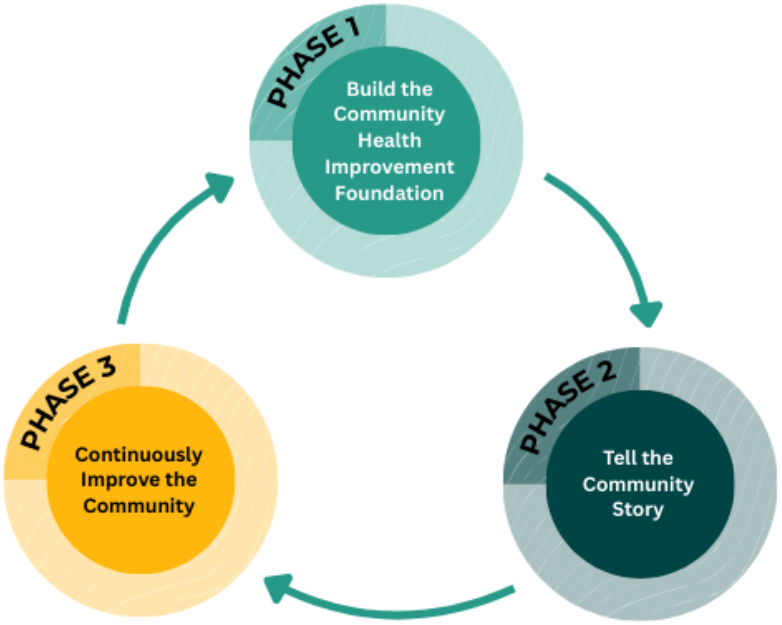
Source: Mobilizing for Action Through Planning and Partnerships 2.0 (MAPP 2.0), User's Handbook, National Association of County and City Health Officials.

COMMUNITY HEALTH IMPROVEMENT (CHI) FRAMEWORK AND PROCESS

DHD engaged in CHI efforts aligning with the Mobilizing for Action through Planning and Partnerships 2.0 (MAPP 2.0) Framework, designed by the National Association of County and City Health Officials (NACCHO). Recognized as one of the most established and respected CHI frameworks, MAPP 2.0 offers a systematic approach for evaluating the most critical population health challenges within a community.

The fundamental goal of MAPP 2.0 is to facilitate strategic, collaborative efforts that ensure optimal conditions for every individual to attain their highest possible level of health. As a community-led, cross-sector strategic planning process, it enables communities to identify public health priorities and available resources, prioritize health concerns, and develop targeted interventions to enhance population health and wellness. Central to this methodology is the active inclusion of diverse stakeholders and sector representatives, alongside robust community engagement, emphasizing necessary changes in policy, systems, and environmental factors that reinforce social inequities and lead to health disparities.

Figure 1: MAPP 2.0 Process



These components, along with the coordination of community resources, allow communities to establish and work toward achieving common objectives and strategies. This approach fosters ongoing awareness of community needs and the flexibility to adapt strategies as those needs evolve. The process concludes with the development of a comprehensive community health assessment (CHA) and a community health improvement plan (CHIP). Figure 1 provides an overview of the MAPP 2.0 process.

PHASE 1: BUILD THE CHI FOUNDATION

Phase 1, *Build the CHI Foundation*, establishes a foundation for the health improvement process by bringing together partner organizations and individuals. In this phase, DHD:

- Developed strategic relationships with both new and established partners to support the CHI process.
- Engaged community representatives from populations experiencing inequities to actively guide and participate in MAPP planning.
- Formed a dedicated Core Team and Steering Committee.
- Fostered a shared understanding of the CHI process and articulated a collective vision for the community's future.
- Assessed available and required resources to effectively achieve identified goals.

The Core Team provided leadership for the CHI process, offering direction, making final decisions regarding assessments, and strengthening relationships with public health partners. To support these efforts, the Core Team established a Steering Committee comprised of representatives from healthcare, private and non-profit community organizations, educational institutions, social service agencies, local government, organizations serving marginalized communities, and community members. The Steering Committee was tasked with guiding assessment processes, communicating ongoing efforts to external stakeholders, connecting the project with essential resources, and participating in scheduled meetings.

Once these committees were in place, they engaged in a collaborative process to establish a vision for the CHI initiative. Through a facilitated discussion, participants addressed the question: **"As a result of the work we're doing now, in the next five years, we hope to see..."**. The following vision statement was developed from this process:

> ***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.***

PHASE 2: TELL THE COMMUNITY STORY

Phase 2, *Tell the Community Story*, is also known as the Community Health Assessment (CHA) phase, focuses on establishing a comprehensive and accurate understanding of community health. This is achieved through the systematic implementation and analysis of three assessments.

1. Community Status Assessment

The community status assessment (CSA) consisted of three main forms of data collection, through both primary and secondary quantitative methods. The CSA aimed to collect data to identify gaps in services/resources, health issues, and inequities.

Community Survey

Primary data was collected through a community-wide survey, with over 6,258 resident responses. The community survey allowed us to glean key demographic data, top community and health concerns, access and barriers to care, and what community members feel is most important to their quality of life.

Health Indicators

The City of Detroit Core Team and Steering Committee helped to identify key health indicators for the CSA. Indicators are measures that describe both current community conditions and conditions over time, which allows us to identify important public health trends. The secondary indicator data came from a variety of public health sources and was categorized into health status, behaviors, and outcomes; social determinants of health; and systems of power, privilege, and oppression. This step of the process allowed the City of Detroit to identify what data currently exists within the community, and what data still needs to be collected to provide a wholistic view of what health looks like in Detroit.

Asset Map

MPHI staff developed an asset map for the City of Detroit to identify and showcase resources, services, and strengths within the community that support health and wellbeing. The asset map includes locations of healthcare facilities, schools, parks, grocery stores and accessible food sources, as well as public transit and bus routes. By highlighting these assets, the map helps partners understand existing support systems, identify gaps, and guide improvement planning processes.

See Appendix A for more information surrounding the Community Status Assessment, including survey questions, health indicators, the asset map, and data findings.

2. Community Context Assessment

The community context assessment (CCA) involved primary qualitative data collection through community focus groups. This method supported discussion around current needs, existing challenges, and exploring potential strategies for improving community health outcomes. Both committees played a critical role in refining the focus group protocol, determining priority populations for inclusion, and assisting with the recruitment of participants. In total, eight focus groups were conducted by MPHI staff—five held in person and three virtually. Each focus group was dedicated to the perspectives and experiences of a specific priority population:

- Women of Childbearing Ages
- LGBTQ+
- Individuals with Chronic Conditions
- Black Men, Ages 18-39
- Mental and Behavioral Health
- Southwest Detroit - Air and Water Quality
- Unhoused Population
- Department of Neighborhoods Block Club Leaders

A total of 62 individuals participated across all focus groups (see the Community Context Assessment focus group protocol and themes in Appendix B).

3. Community Partner Assessment

The *Community Partners Assessment (CPA)* gathered quantitative data to evaluate organizational and collective capacities within the public health system for addressing health inequities. MPHI was responsible for the survey's programming and distribution using the REDCap data capture system. The survey was distributed to 41 organizations within the Detroit local public health system, resulting in responses from eight agencies. For detailed survey items and data, refer to Appendix C: Community Partner Assessment.

PHASE 3: CONTINUOUSLY IMPROVE THE COMMUNITY

Phase 3, *Continuously Improve the Community*, is the final phase of the CHI process and focuses on developing the Community Health Improvement Plan (CHIP). The CHIP is a coordinated, multi-year strategy—typically spanning three to five years—that addresses public health concerns identified in the Community Health Assessment (Phase 1 and 2). This community-driven process establishes key priorities, aligns resources, and organizes actions to address those priorities effectively.

This phase incorporates Continuous Quality Improvement, applying rapid-cycle improvement techniques that support data-informed action planning directed at strategic issues. Through an analysis of the community's current state, aspirations for the future, and concrete pathways to reach those goals, Phase 3 emphasizes priorities that address underlying causes of inequity and the social determinants of health (SDOH). By fostering transformational strategies and strengthening strategic partnerships, this phase is designed to generate sustainable, impactful improvements in community health.

Identifying Strategic Issues

The MPHI team analyzed the Community Health Assessment data, identifying health indicators that exceeded local, state, or national benchmarks, along with key themes emerging from community focus groups. Next, the team evaluated cross-cutting themes and patterns using a data triangulation approach, which strengthened both the credibility and validity of the findings through verification from multiple perspectives. Through this process, seven topic areas were identified:

- Environmental Justice
- Mental and Behavioral Health
- Housing and Homelessness
- Access to Healthcare
- Maternal and Infant Health
- Access to Healthy Food
- Chronic Conditions

Based on the data, MPHI developed strategic issue statements for each topic area listed above, which outlined the concerns and challenges faced by the community. These statements described the populations affected, the scope and magnitude of each issue, contributing factors, and the contexts in which the issues are most prevalent. Supporting data from all three assessments was compiled into comprehensive data briefs to provide a thorough understanding of these findings. The briefs were distributed to the Core Team for individual review, and consensus was reached regarding MPHI's conclusions, reinforcing the reliability of the data triangulation process (refer to Appendix D for the complete data brief). Subsequently, the data briefs were presented to the Steering Committee, enabling further review and feedback opportunities.

Strategic Issue Prioritization

After reviewing the seven strategic issues, the Core Team engaged both the Steering Committee and the community in the prioritization process. During a Steering Committee meeting, the comprehensive data briefs for each strategic issue were presented. Committee members were given the opportunity to ask questions and provide their insight into the findings. Using a prioritization survey, the Steering Committee evaluated each strategic issue according to the established criteria outlined below:

- Urgency to Address
- Impact on Disparities
- Available and Feasible Solutions
- Availability of Resources
- Opportunity to Address with Upstream Strategies

Steering Committee members utilized the criteria to rate each of the seven strategic issues on a scale of one (1) to four (4), with one representing low [urgency, impact, feasible solutions, available resources, and upstream strategies] and four representing high.

Additionally, a virtual community townhall was held to give community members the opportunity to weigh in on the findings. The townhall was open to the community, including those individuals who attended the CHA focus groups to ensure data analysis accurately reflected the findings from the community. DHD and MPHI staff presented the data briefs and asked the community members to identify which strategic issues they felt were most important to prioritize in the upcoming CHIP via a survey. The survey also gave participants the opportunity to provide suggestions for potential strategies to address the strategic issues. Responses were analyzed from both the steering committee and the community, resulting in the identification of four primary strategic priorities to guide DHD's focus over the next five years:

1. **Maternal and Infant Health**
2. **Access to Healthy Food**
3. **Access to Healthcare** (including Mental and Behavioral Health)
4. **Chronic Conditions**

Developing Goals, Objectives, and Strategies

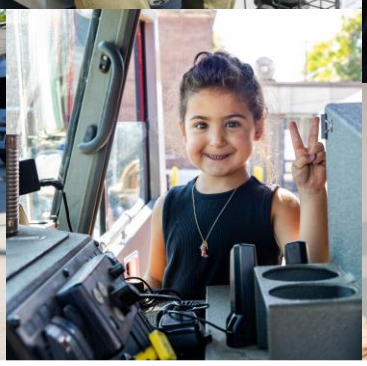
MPHI facilitated discussions, with the Core Team and Steering Committee members, to develop goals, objectives, strategies, and identify relevant community organizations to support implementation. The initial brainstorming process was guided by targeted questions including:

- What is the desired status or outcomes for this strategic issue?
- What do we need to do related to this strategic issue to significantly change the current status and move toward a desired status?
- What are the current barriers to achieving these potential goals?
- What measurements can we use to track progress on the strategic issue?
- What resources are available to address the issue, if any?

Steering Committee members had the opportunity to share their thoughts and perspectives on the brainstorming questions. Responses were reviewed and used to craft goals, objectives, and strategies.








COMMUNITY HEALTH IMPROVEMENT PLAN




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 the high infant mortality rates.

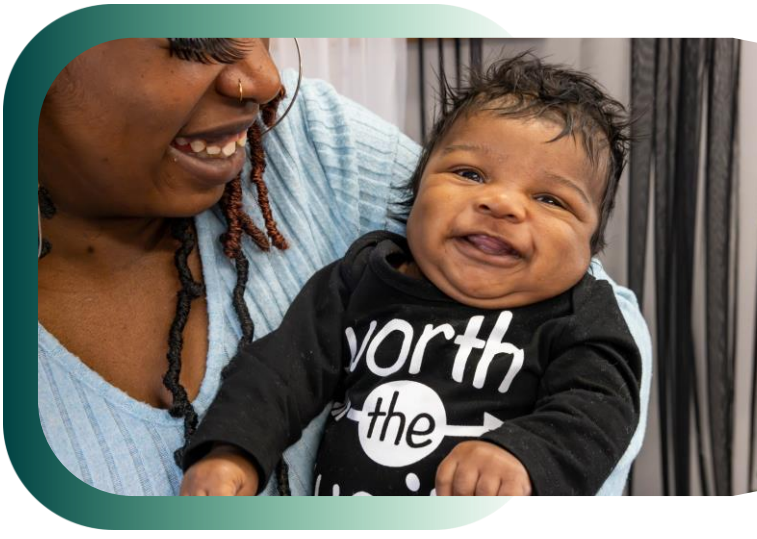
What is Maternal and Infant Health?

Maternal and infant health focuses on the promotion of healthy pregnancies, safe childbirth, and postpartum recovery, while ensuring optimal growth and development for infants during their first year of life (WHO, 2025). Together, these areas form a continuum of care that is critical for ensuring healthy outcomes for both mother and child. This domain of public health is foundational to the well-being of families, communities, and future generations. Despite advancements in healthcare, maternal and infant mortality rates remain alarmingly high in many parts of the world, including the United States.

Why is this Important?

Maternal and infant health is a vital indicator of a society's overall health and development. It reflects the effectiveness of healthcare systems, social support structures, and public health policies. Prioritizing maternal and infant health is essential to ensuring safer pregnancies and healthier early childhood outcomes, while addressing the underlying factors contributing to of preventable death.

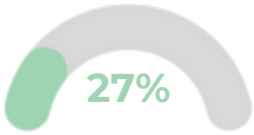
In 2020, approximately 287,000 women worldwide died from complications associated with pregnancy and childbirth, most of which were preventable with timely, quality care (World Health Organization, 2025.). In the United States, infant mortality remains a pressing concern, with over 20,000 infant deaths reported in 2022, disproportionately affecting Black and Indigenous communities (Centers for Disease Control and Prevention, 2024.). These outcomes highlight not only individual health challenges but also the broader systemic issues that shape health outcomes, including access to care economic disparities, and other social determinants of health. Investing in maternal and infant health enables organizations and systems to support stronger families, reduce long-term healthcare costs, and enhance well-being across generations.



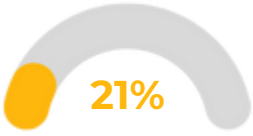
Below are key data points, specific to Detroit, that are relevant to *Maternal and Infant Health*. For this full breakdown, see Appendix D.

Maternal and Infant Health

Access to Care and Support*



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



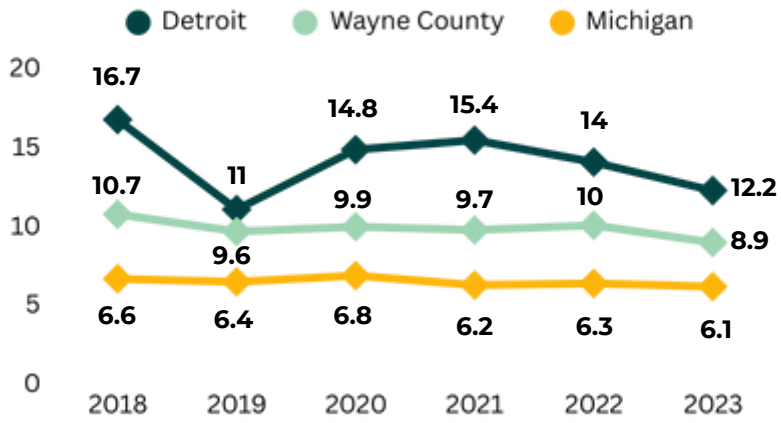
Of respondents indicated that they had access to pregnancy support (n=6,258)[1]

Community Focus Groups

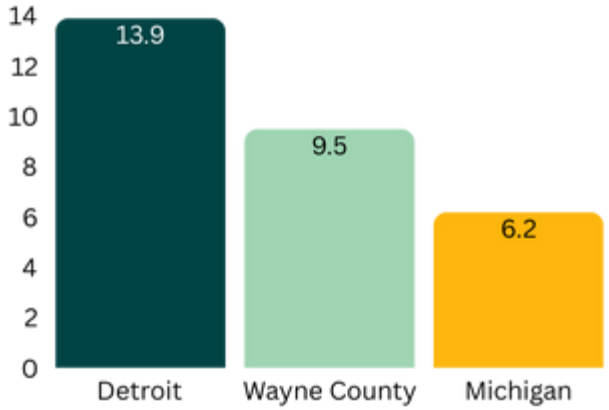
Participants from the Women of Childbearing Ages focus group highlighted barriers and concerns with childcare, family and social support, built environment, and transportation.[7]

Infant Death Rate[27]

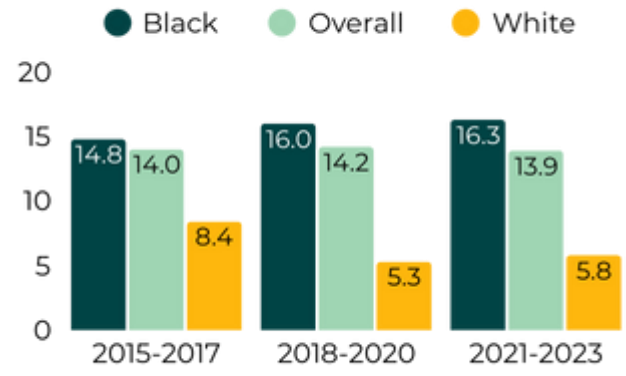
Yearly Comparison



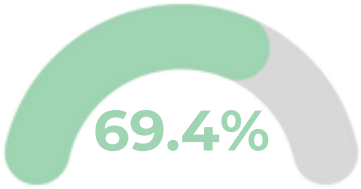
3-Year Comparison (2021-2023)



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

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.

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 nutrition-related health issues and poorer health outcomes.

What is Access to Healthy Food?

Access to healthy food refers to the consistent availability, affordability, and cultural appropriateness of nutritious food options within a community. According to the CDC, healthy food environments are those in which individuals can easily obtain foods that support dietary guidelines, such as fruits, vegetables, whole grains, lean proteins, and low-fat dairy while limiting added sugars, sodium, and saturated fats (Centers for Disease Control and Prevention, 2025). Food access also involves the ability to prepare and consume these foods in a way that supports health and well-being. In urban communities like Detroit, challenges including inadequate access to grocery stores, limited transportation options, and financial hardship, can hinder residents from regularly obtaining nutritious food. Addressing access to healthy food involves improving supply chains,. supporting local food systems, and implementing nutrition standards and education throughout the community

Why is this Important?

Access to healthy food plays a critical role in preventing chronic disease and promoting overall well-being, particularly in underserved communities.

When people lack access to healthy food, they often rely on cheaper, calorie-dense, nutrient-poor options, elevating their risk of illnesses such as obesity, cardiovascular disease, and type 2 diabetes (Ziso et al., 2022). Access to healthy food is shaped by a complex web of barriers—economic instability, geographic location, inadequate transportation, and systemic discrimination. These barriers are especially pronounced in Black, Hispanic, and Indigenous communities, where food insecurity rates are significantly higher than the national average. To address this issue, a multi-faceted and community-driven approach is needed to support efforts at every level. This includes expanding local food resources, sharing knowledge about nutrition, and advocating for policy, system, and environmental changes that improve access to healthy options.

Below are key data points, specific to Detroit, that are relevant to *Access to Healthy Food*. For this full breakdown, see Appendix D.

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]

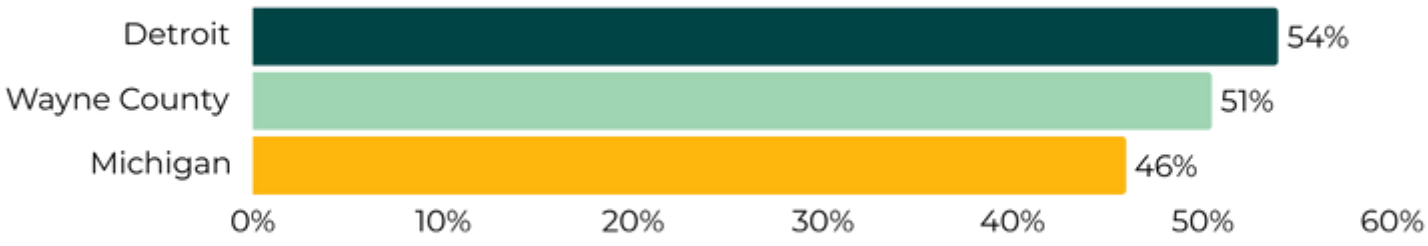
64 Full-line grocery stores

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 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 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.

What is Access to Healthcare?

Access to healthcare is more than just the ability to see a doctor—it is a fundamental human right and a critical pillar of public health. Access to healthcare is defined as "the timely use of personal health services to achieve the best health outcomes" (Institute of Medicine, 1993). When people can obtain the care they need, when they need it, they are more likely to live longer, healthier, and more productive lives.

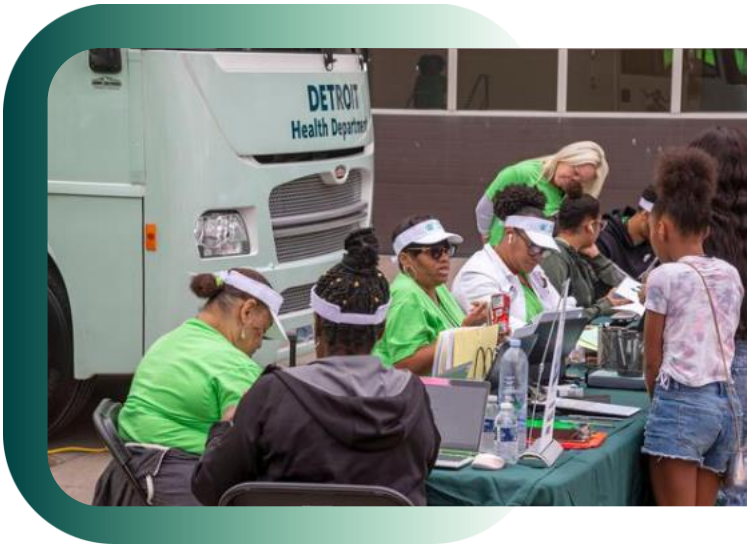
Access to healthcare includes several elements;

- Availability: Are healthcare services and providers present in the community?
- Affordability: Can individuals afford the care they need without financial hardship?
- Accessibility: Are services physically reachable, especially for rural or underserved populations?
- Acceptability: Do services respect cultural, social, and linguistic needs?
- Accommodation: Are services organized in a way that meets the needs of patients?

Why is this Important?

Access to comprehensive, quality healthcare services is necessary for promoting and maintaining health, preventing and managing disease, reducing unnecessary disability and premature death, and achieving health equity for all (Agency for Healthcare Research and Quality, 2021). Despite its importance, many individuals face obstacles preventing them from accessing necessary healthcare services and supports, including lack of or insufficient insurance coverage, shortages of healthcare providers, transportation challenges, stigma and biases, and language and health literacy barriers.

Addressing access to healthcare at a systemic level will help ensure that all people can receive the care they need (Schmidt, 2016). By making it possible for everyone—regardless of income, geography, or background—to access the care they need, we build a healthier, more just society.



Below are key data points, specific to Detroit, that are relevant to *Access to Healthcare*. For this full breakdown, see Appendix D.

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)

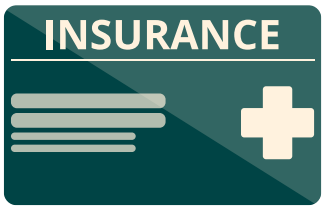
32,523

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)

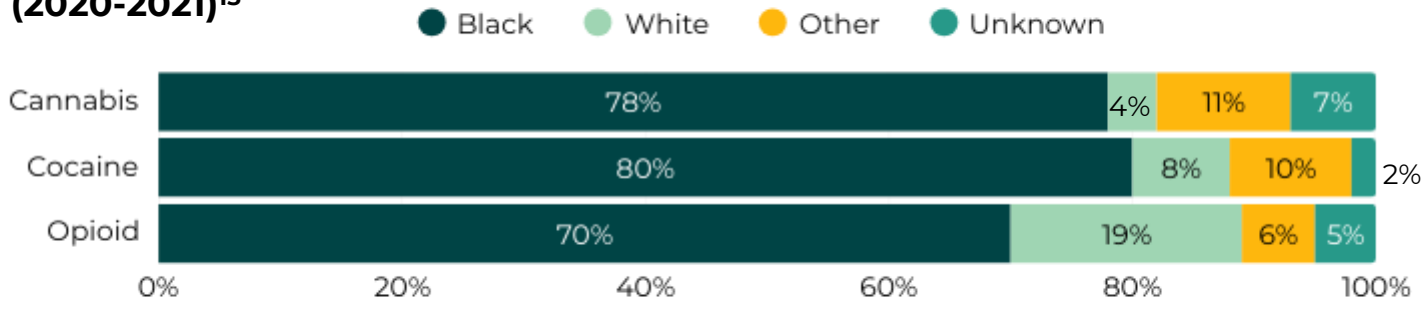
290 **Wayne County** residents to **1** Mental Health Care Provider[9]

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

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

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.

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.

What are Chronic Conditions?

Chronic Conditions are persistent, long-lasting health issues that typically last for one year or more, requiring ongoing medical attention or limiting daily activities. Common examples include diabetes, heart disease, high blood pressure, cancer, chronic obstructive pulmonary disease (COPD), or asthma. These conditions can be life-long and are caused by both lifestyle and external environment (Schmidt, 2016). Chronic health issues can typically be treated by medication or lifestyle changes, and continuous medical care is needed to manage the disease over time. Built environmental factors such as poor air and water quality, lack of access to healthy foods, lack of access to recreation for physical activity, or excessive tobacco or alcohol use can have negative effects on chronic conditions. (Bernell, 2016). Individual lifestyle changes such as diet or exercise can help combat the onset of chronic conditions.

Why is this Important?

Chronic conditions are the leading cause of death and disability in the United States—with approximately 60% of adults having at least one chronic condition, and 40% having two or more chronic conditions (CDC, 2024). Additionally, chronic conditions are the leading drivers of the nation's annual health care costs, and cause significant economic burdens to individuals, employers, and governments.

Lack of sufficient management of chronic conditions over time can lead to onset of additional diseases or other poor health outcomes. It is important to address chronic conditions at a systemic level in order to create positive changes within an individual's lifestyle and the built environment. Additionally, a multifaceted approach to prevent the onset of chronic conditions, as well as assist in treating and managing existing chronic conditions at a population health level is vital to create healthier communities.

Below are key data points, specific to Detroit, that are relevant to *Chronic Conditions*. For this full breakdown, see Appendix D.

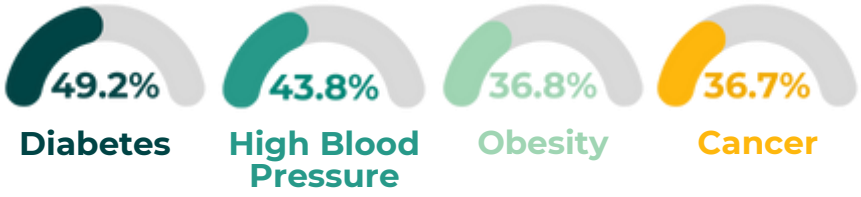
Chronic Conditions

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]

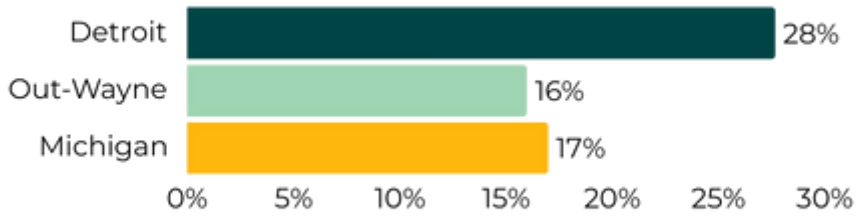


Life Expectancy for Detroit (2024)

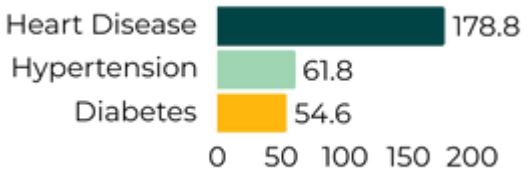
69 Years

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

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

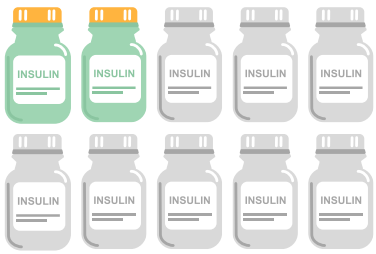


Hospitalization Rates[39]



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

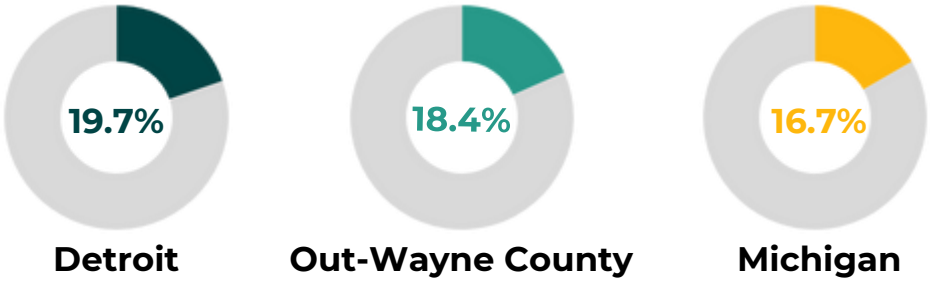
Community Concern*

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]

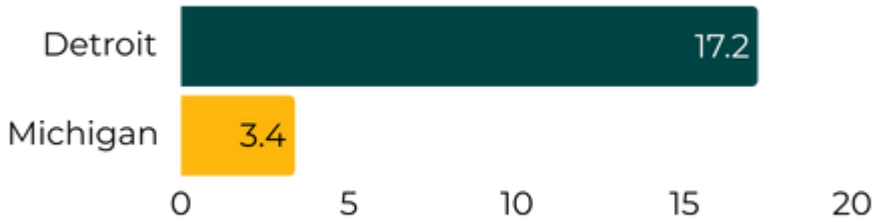


Detroit **Out-Wayne County** **Michigan**

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

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.

MONITORING AND EVALUATING THE PLAN

The strategic priorities that emerged through the Community Health Assessment and Community Health Improvement Plan processes reflect areas of shared importance across Detroit's seven districts. The components included in this report represent the strategic framework for a data-driven, community informed CHIP. The Detroit Health Department, in partnership with the Steering Committee, will continue to provide executive oversight for the CHIP's process and progress by prioritizing strategies, developing specific action steps, assigning workgroup leads and identifying resources for each priority area, resulting in a multi-year implementation plan.

As implementation evolves, specific workgroups will be created to address each priority area. Community-wide engagement opportunities will also occur through interactive public forums to share progress and to solicit additional feedback. These channels will help to ensure continued transparency and connection with partners and residents, while also opening space for any new collaborations and funding opportunities that align with the CHIP's guiding themes.

Each priority workgroup will meet to establish an implementation plan of goals and activities for the year. There will be a period of documenting, monitoring, and continuous improvement, where all future CHIP activities are adjusted based on the previous year of reflection and shared learning. The steering committee will meet quarterly, while the workgroups will meet more frequently.

The CHIP is a living document. Revisions and updates will be shared with community members and stakeholders throughout the implementation phase in the annual CHIP reports to further support cross-sector alignment and sustained focus on health equity, and well-being for all Detroiter residents.
The Detroit Health Department serves as the lead organization to schedule and manage meetings to ensure progress is made towards CHIP objectives. However, it is important to note that this is a collaborative action plan with the basis of "serving the community, by the community".

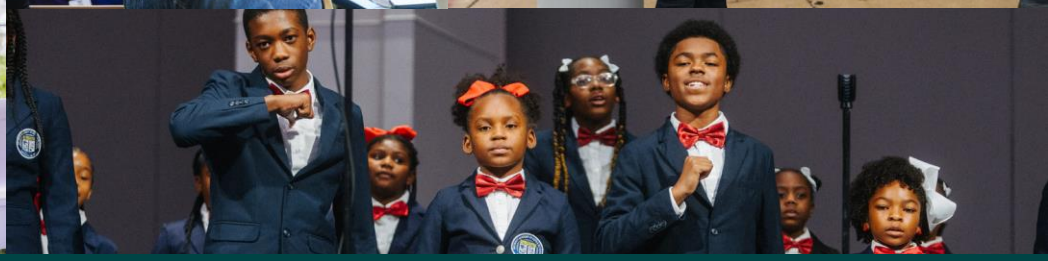
If you would like to be involved in any of these workgroups, please email quality@detroitmi.gov.

CSA

APPENDIX A





COMMUNITY STATUS ASSESSMENT REPORT









Community Health Assessment Survey

General Demographics

The following section asks some general demographic related questions.

How old are you?

How do you identify yourself?

a. Male
b. Female
c. Non-Binary
d. Gender Fluid
e. Other or not listed

Are you Hispanic or Latino?

a. Hispanic or Latino
b. Not Hispanic or Latino

What is your ethnicity or race?

a. American Native or Alaskan Native
b. Arab or Middle Eastern descendant
c. Asian
d. Black or African American
e. Hawaiian Native or other Pacific Islander
f. White
g. Other or not listed

What is your primary language spoken at home?

a. English
b. Spanish
c. Arabic
d. Bengali
e. Chaldean
f. Polish
g. Mandarin
h. Other

Do you currently have health insurance?

a. Private insurance or through an employer
b. Medicare
c. Medicaid
d. Uninsured

What is the highest level of education you have received?

a. Less than high school
b. High school or GED
c. 2-year college
d. 4-year college
e. Graduate school or another professional program

What is your yearly household income?

a. %0-$49,999
b. $50,000-$79,999
c. $80,000-$120,000
d. More than $120,000

What is your zip code?

What district do you live in?

a. District 1
b. District 2
c. District 3
d. District 4
e. District 5
f. District 6
g. District 7
h. Not Applicable/Unsure

Health-Related Questions

The following section asks health-related questions.

Do you have someone? (Select all that apply)

a. To confide in, talk about myself, or my problems
b. Someone to take me to the doctor or other appointments
c. Someone to help me with my daily chores if I were sick
d. Someone to loan me a small amount of money if needed
e. Not applicable

Which of the following are most important to your quality of life? (Please select up to 3)

a. Community Organizations
b. Parks and Recreation Centers
c. Places of Worship
d. Affordable and Accessible Grocery Stores
e. Affordable Childcare
f. Art and Cultural Institutions
g. Accessible Education Opportunities
h. Affordable Health Care

Do you have access to the following health services? (select all that apply)

a. Preventative Care Services (cancer screening, mammograms, etc)
b. Dental Care
c. Mental Health Services (therapy, psychiatrist)
d. Flu Shots/Vaccines
e. Pregnancy Support
f. Children's Healthcare

How do you receive most of your health information?

a. TV/News Stations
b. Radio
c. Social Media
d. Family/Friends
e. Other

What additional community concerns do you feel are important to address? Select up to 3 options.

a. Air and Water pollution
b. Car and traffic accidents
c. Crime
d. Opioid and narcotic misuse
e. Suicide
f. Domestic and sexual violence
g. Vaping and e-cigarette use

Which of these medical issues do you feel are important and need to be addressed in your community? Select up to 3 options.

a. Diabetes
b. HIV/STIs
c. Cancer
d. Mental Health Disorders
e. Substance Abuse
f. Alzheimer/Dementia
g. Kidney/Liver Disease
h. Obesity
i. High blood pressure
j. Chronic Lower Respiratory (Asthma)

What is your biggest barrier to receiving healthcare? Select up to 3

a. Lack of transportation
b. Cost
c. Lack of health insurance/ not accepting my health insurance
d. Difficulty getting an appointment
e. Prescription cost
f. Not enough time
g. Not enough providers
h. Not applicable

Health Indicators

MPHI collected and analyzed secondary data from a variety of public health sources to add to the body of data and further depict a more holistic view of what health looks like in the City of Detroit. The following key health indicators were reviewed:

HEALTH STATUS, BEHAVIORS, AND OUTCOMES

HEALTH STATUS

- Life Expectancy
- Poor Mental Health
- Poor Physical Health
- Self-Reported General Health Status

MATERNAL AND INFANT HEALTH

- Infant Mortality Rates
- Maternal Characteristics (age, number of births, education, prenatal care, breastfeeding, WIC usage, etc.)
- Infant Characteristics (low birthweight, preterm, APGAR, etc.)

DISEASE AND INJURY

- Self-Reported Chronic Diseases
- Hospitalization Rates for Heart Disease, Hypertension, Diabetes, and Asthma
- Chronic Lower Respiratory Deaths
- Asthma in Detroit
- Intimate Partner Violence
- Sexually Transmitted Infection Rates
- Deaths due to Injuries, Firearms, and Transportation

HEALTH BEHAVIORS

- Binge Drinking
- Physical Inactivity
- Smoking and Vaping
- Health Screenings (Colorectal Cancer, Breast Cancer, Dental Health)
- Vaping/E-Cigarette Use
- Nutrition (Fruit and Vegetable Consumption)

MORTALITY

- Heart Disease Deaths
- Suicides
- Cancer Deaths
- Drug Overdose Deaths
- Diabetes Deaths

SOCIAL DETERMINANTS OF HEALTH

NEIGHBORBOOD AND BUILT ENVIRONMENT

- Housing
- Broadband Internet Access
- Food Access
- Walkability
- Access to Parks
- Tree Canopy and Tree Equity
- Air Quality (PM2.5, Ozone concentration over the National Ambient Air Quality Standard)
- Lead and Drinking Water

ECONOMIC STABILITY

- Poverty Rates
- Estimated Hourly Wage to Cover Basic Family Needs
- Unemployment Rates
- Median Household Income
- Income Inequality Ratio
- Food Insecurity

HEALTHCARE ACCESS AND QUALITY

- Access to Care (Primary Care, Mental Health, and Dental Provider Rates)
- Health Insurance Coverage

EDUCATION ACCESS AND QUALITY

- Educational Attainment
- High School Drop-Out Rate
- Preschool Enrollment

SOCIAL AND COMMUNITY CONTEXT

- Social Vulnerability Index
- Violent Crime (Aggravated Assault, Homicide, Rape, Robbery)

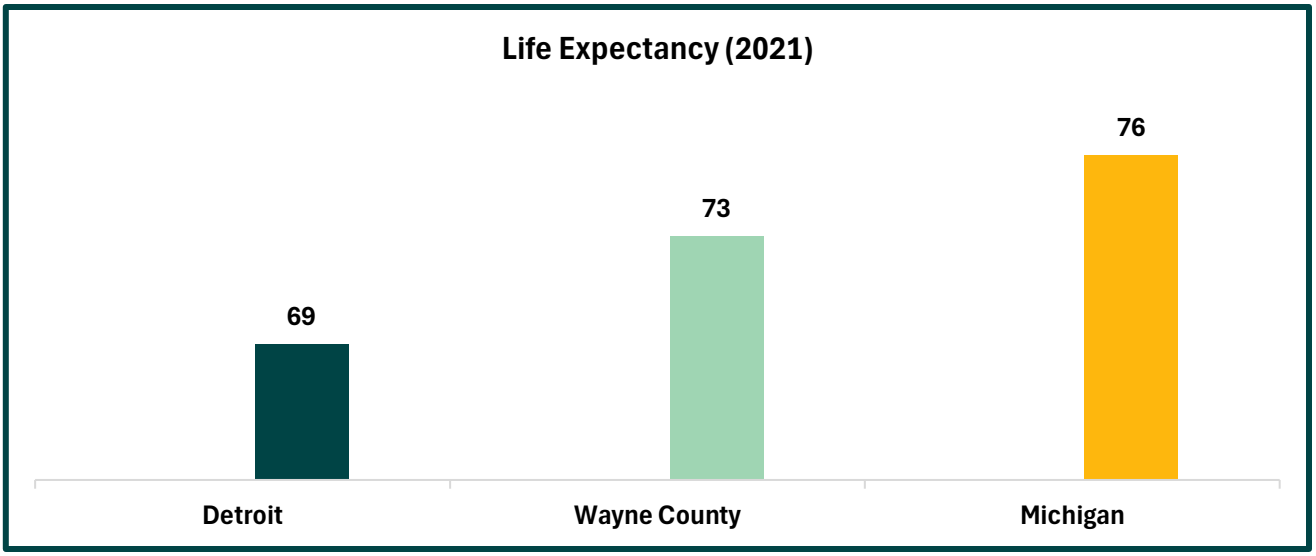
SYSTEMS OF POWER, PRIVILEGE, AND OPPRESSION

POWER, PRIVILEGE, AND OPPRESSION

- Gini Index Income Inequality
- Eviction Rates
- Employment/Population Ratio
- Ratio of Law Enforcement to Population
- Incarceration Rates
- Area Deprivation Score

Health Status, Behaviors, and Outcomes

Health Status



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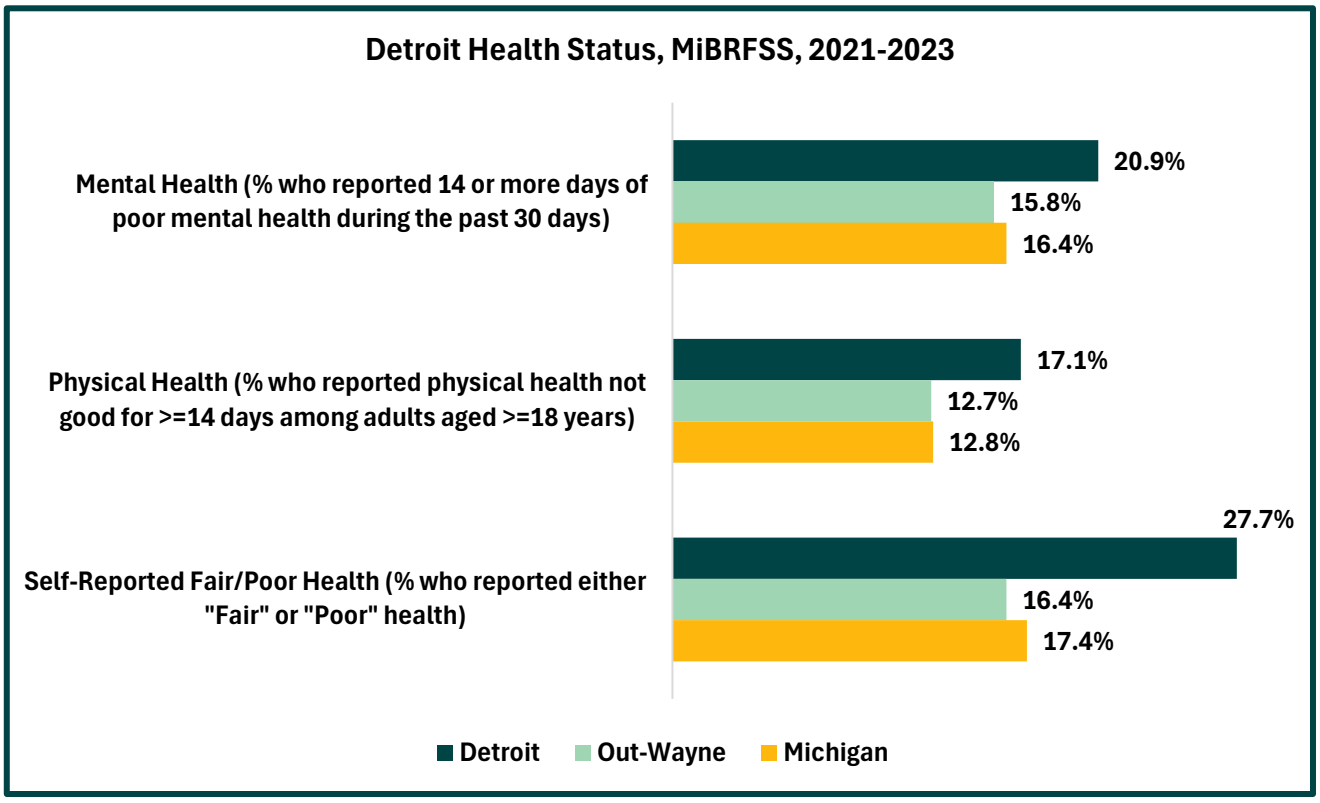

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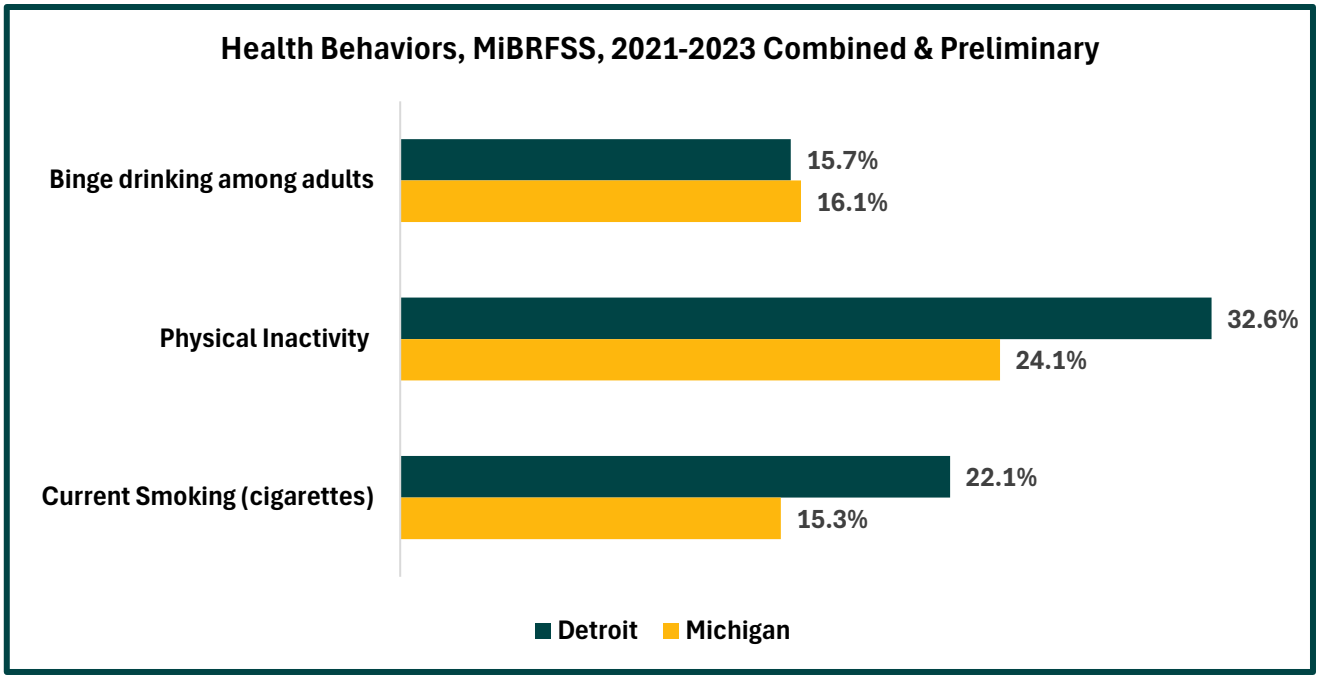
Health Behaviors



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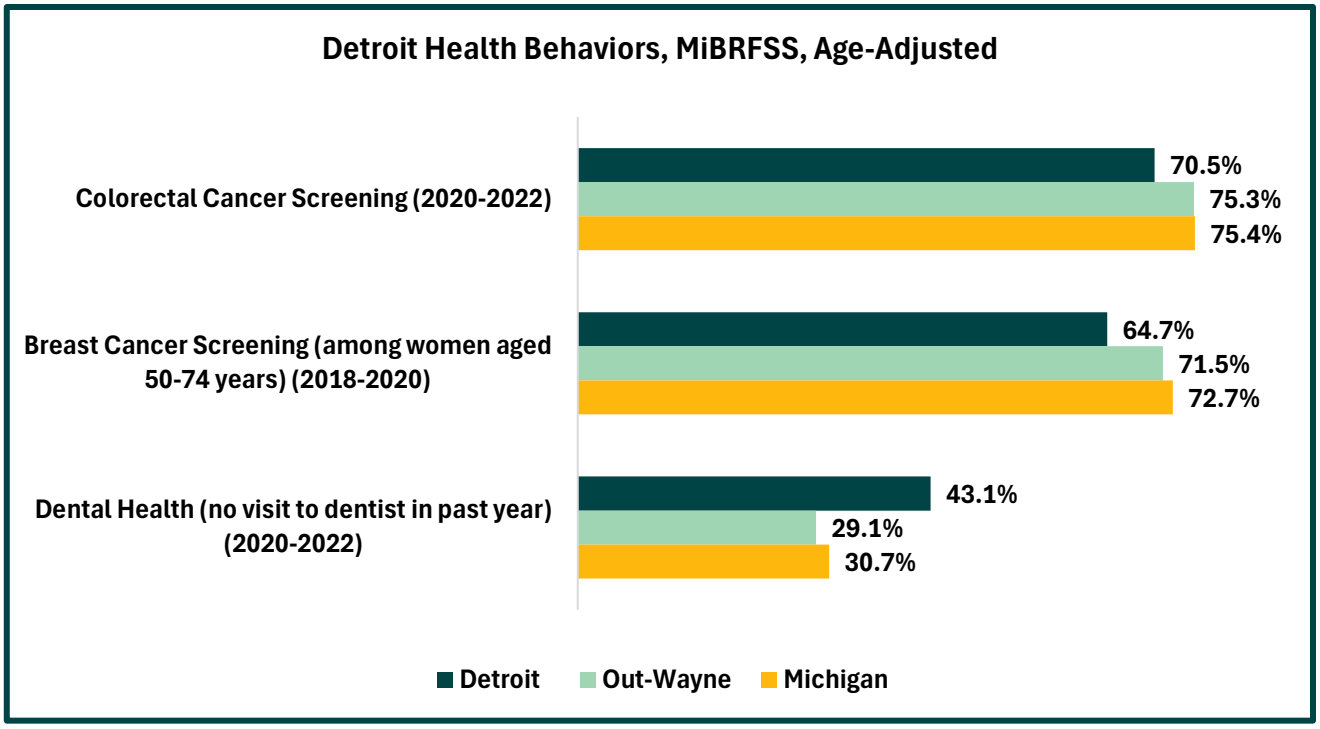

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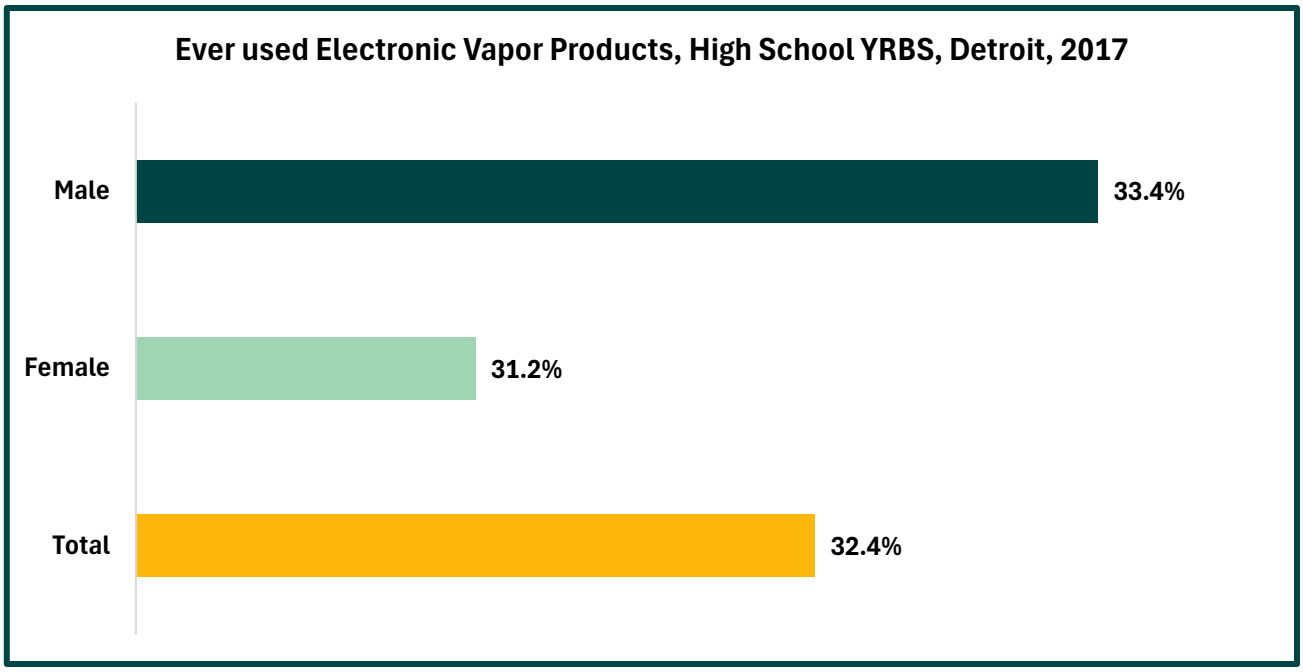
Health Behaviors



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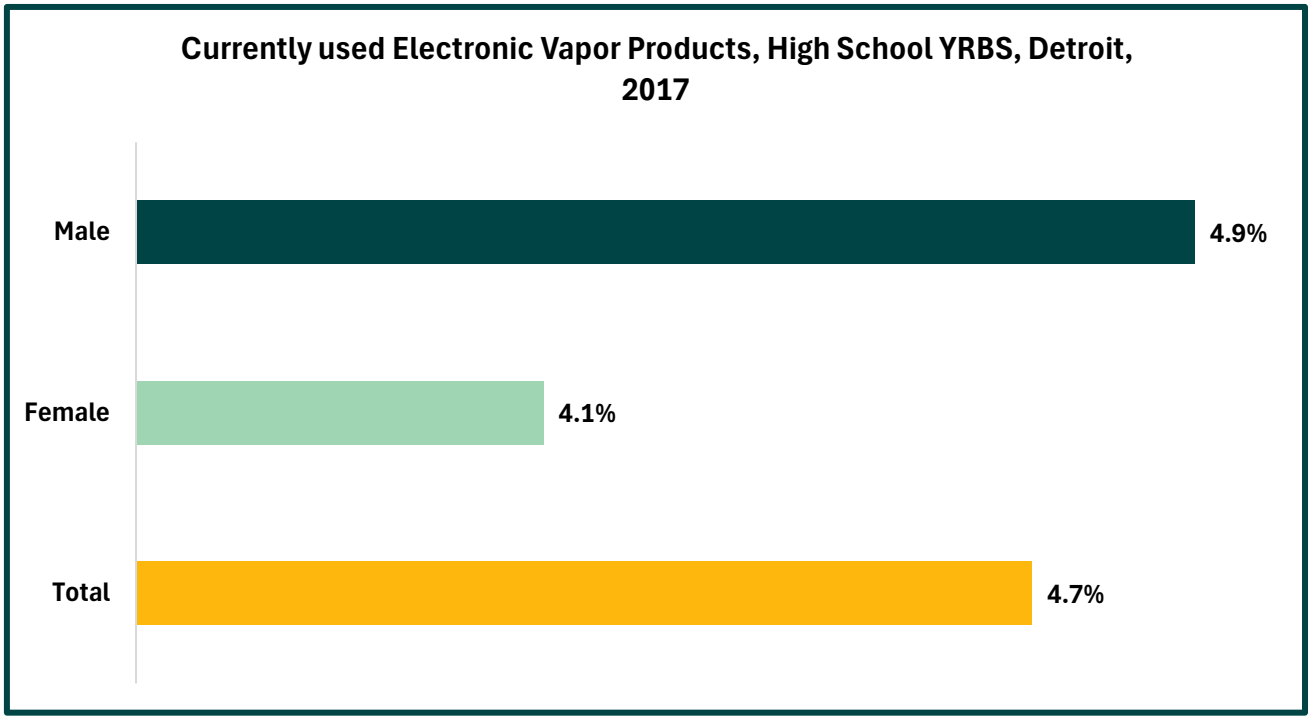

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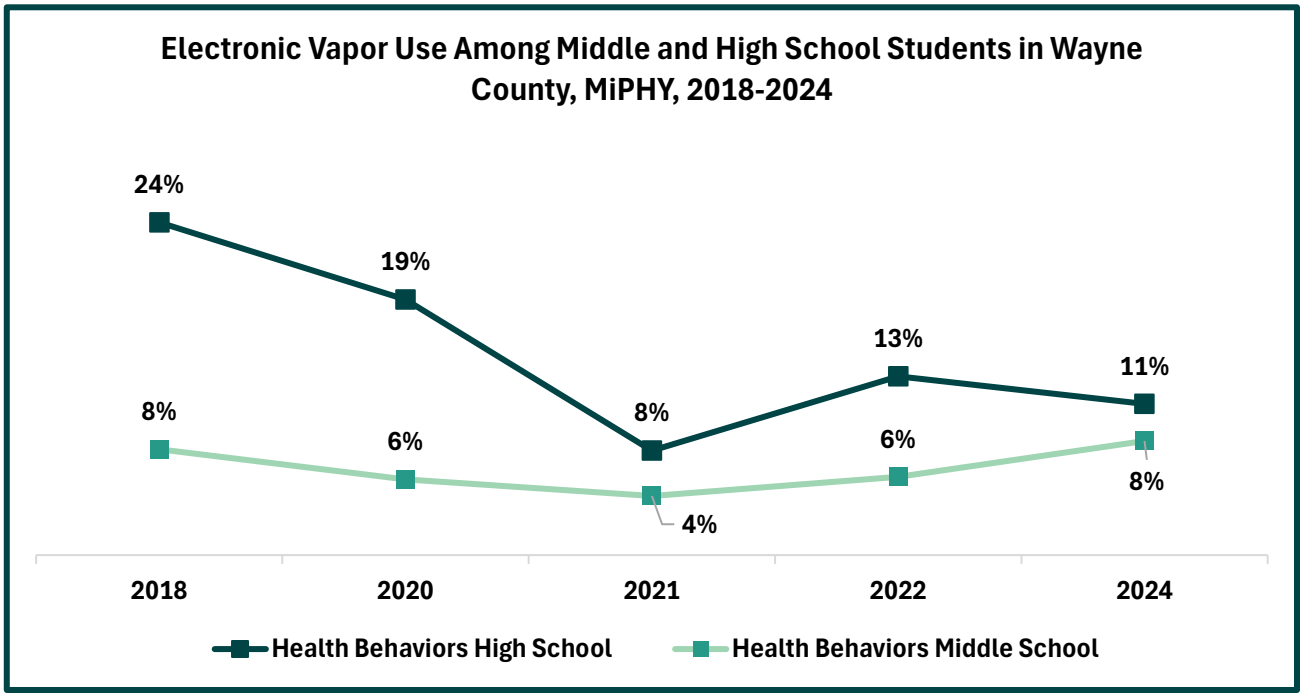
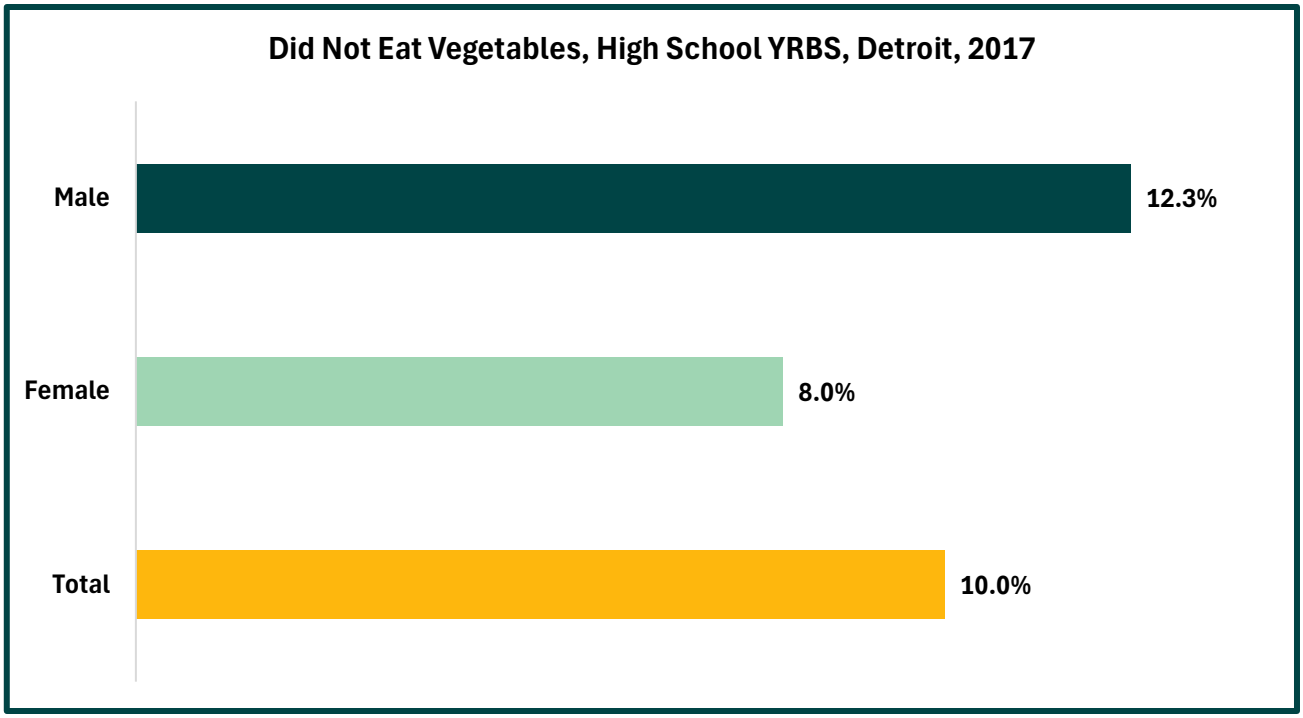
Health Behaviors



Source Link: https://mdoe.state.mi.us/schoolhealthsurveys/ExternalReports/CountyReportGeneration.aspx



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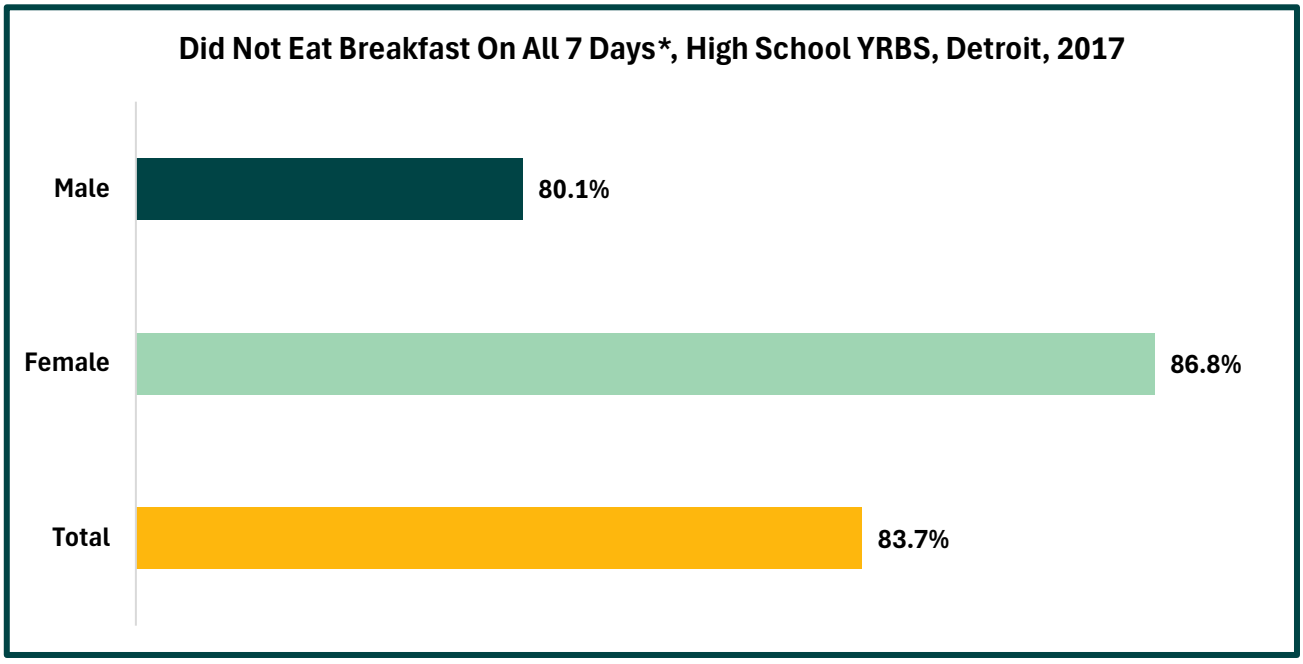
Health Behaviors



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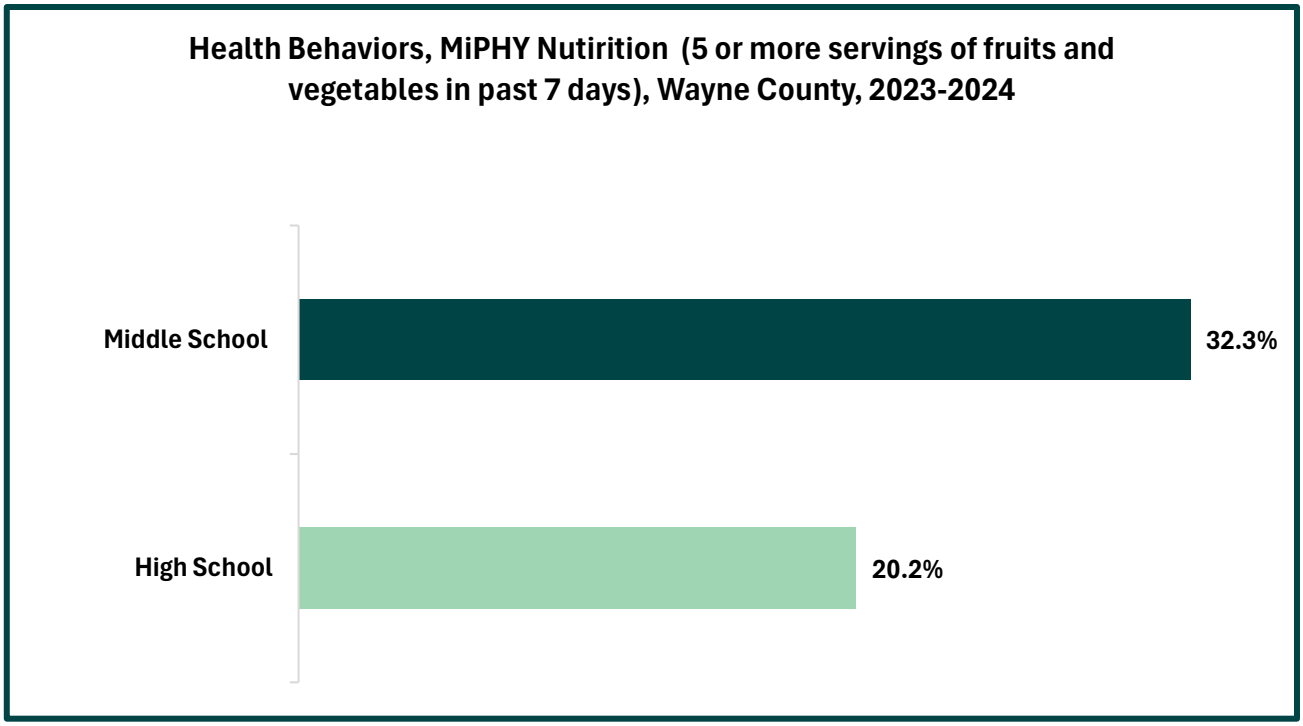

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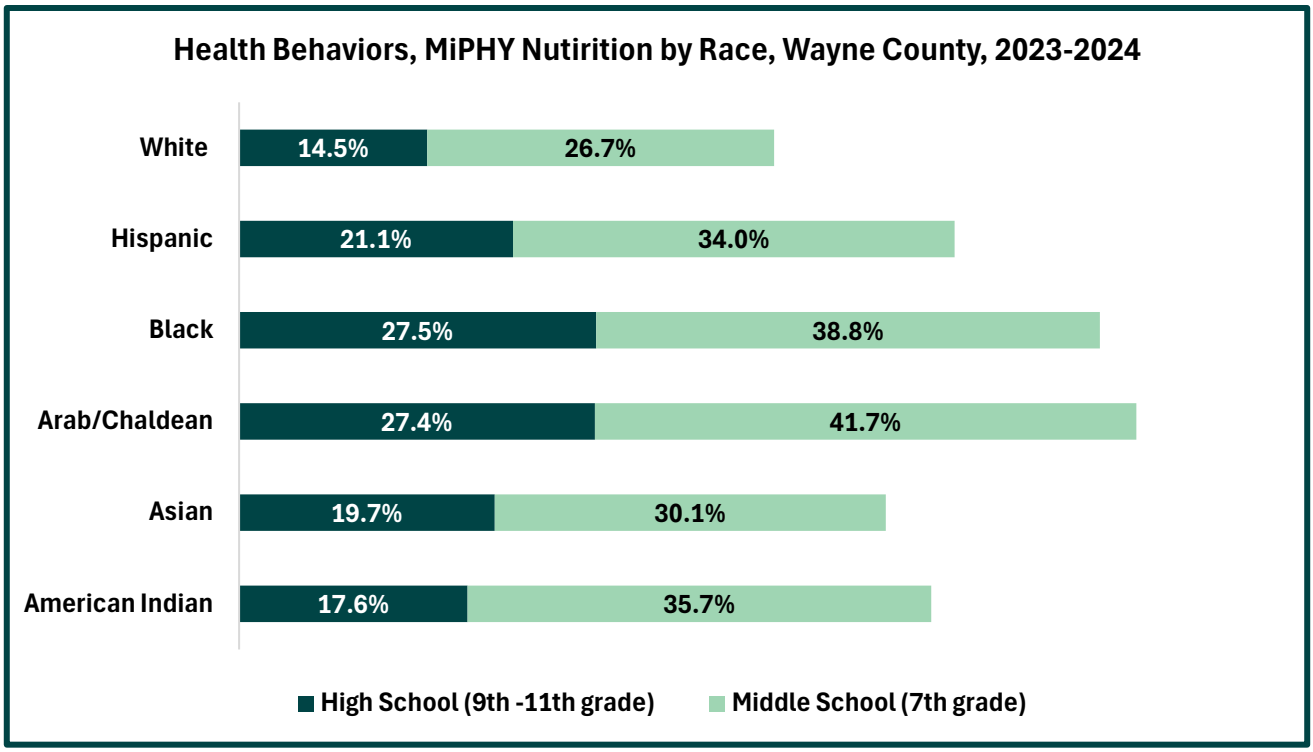
Health Behaviors



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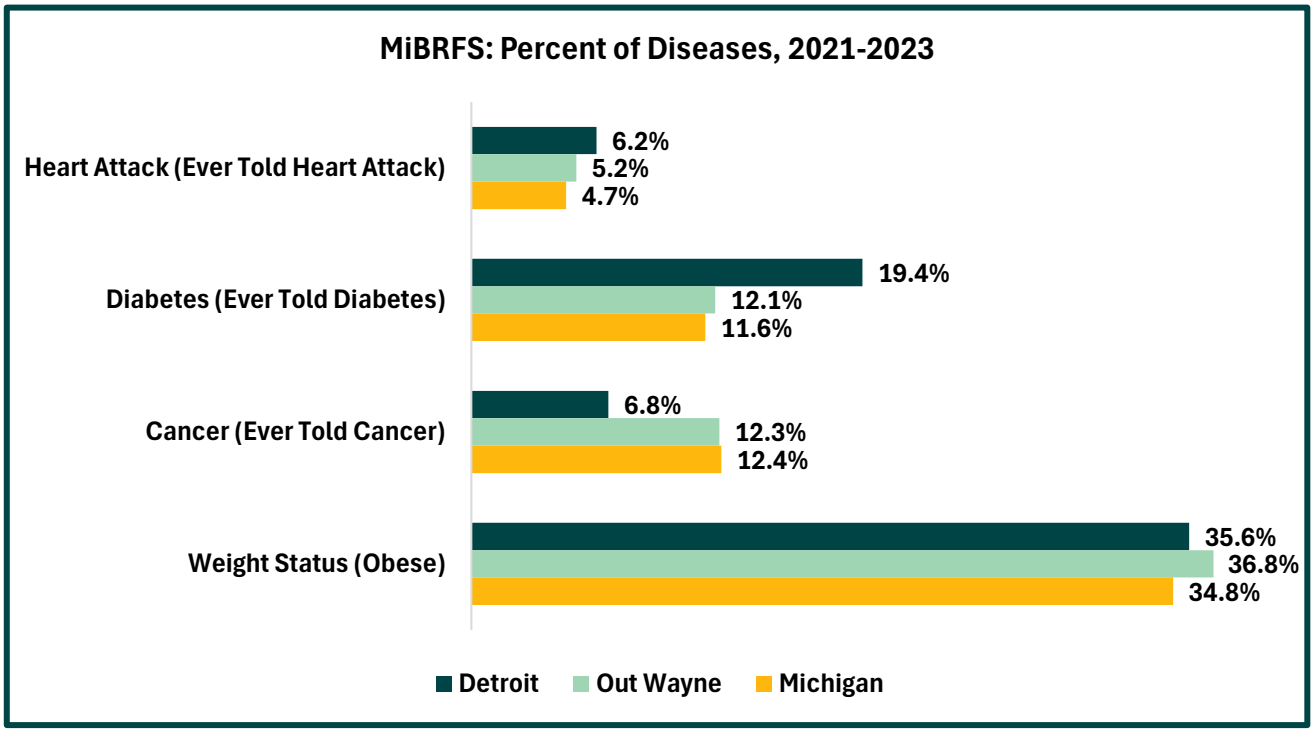
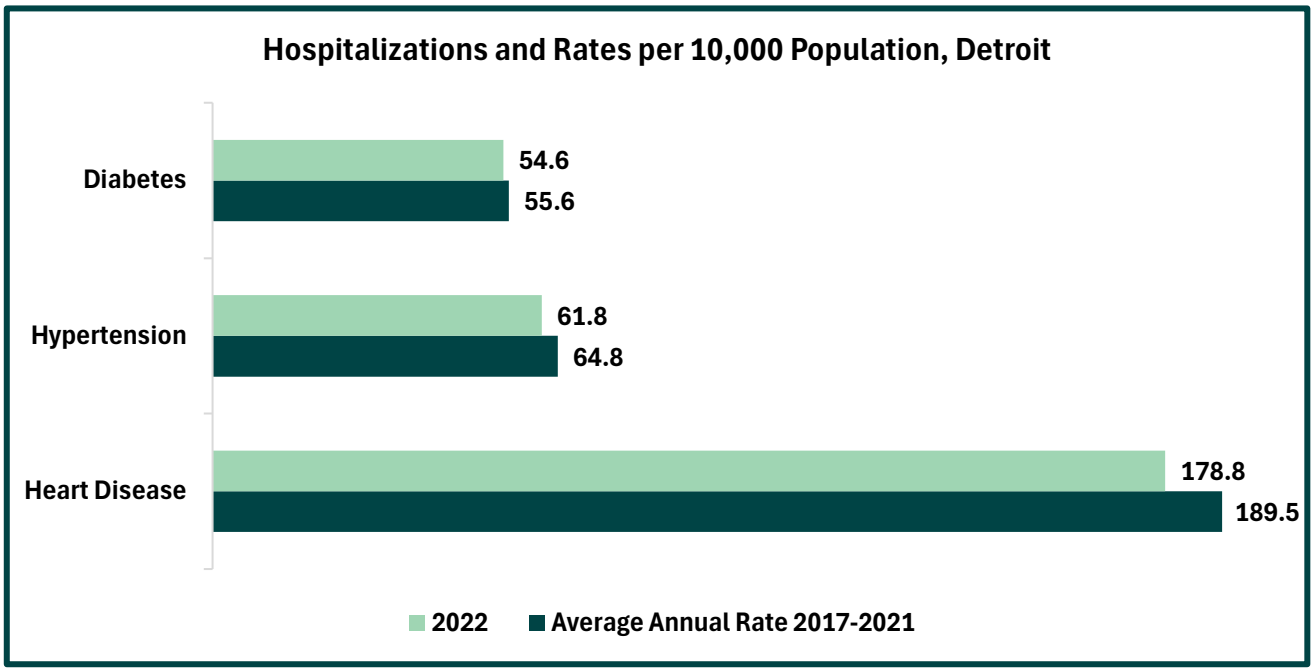
Disease and Injury



Source link: https://www.michigan.gov/mdhhs/-/media/Project/Websites/mdhhs/Keeping-Michigan-Healthy/Communicable-and-Chronic-Diseases/Epidemiology-Services/2021-2023_MiBRFSS_Reg-LHD_Tables.pdf



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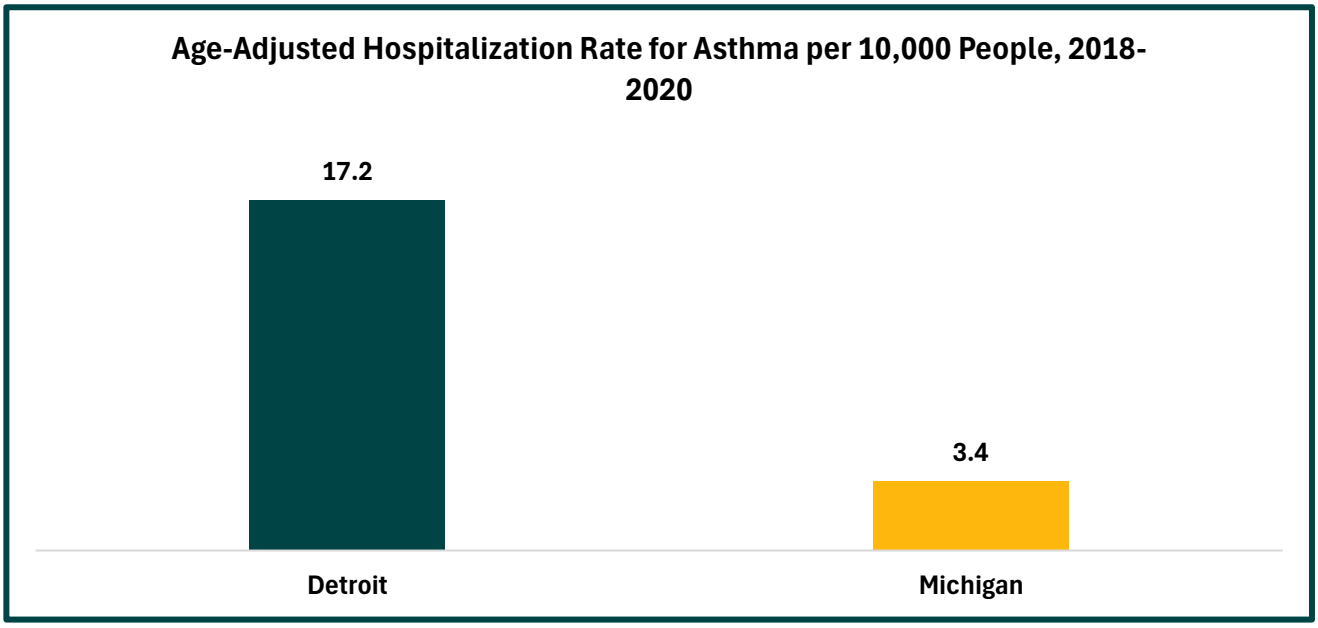
Disease and Injury



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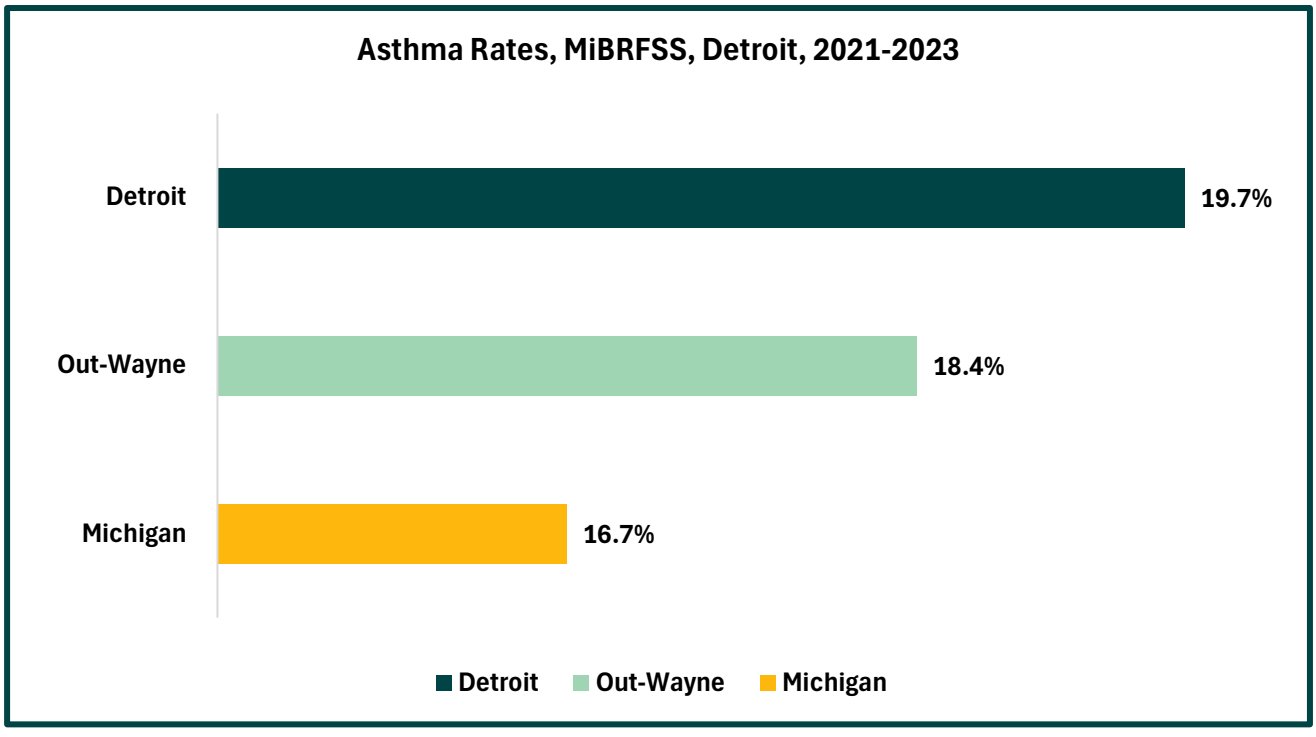

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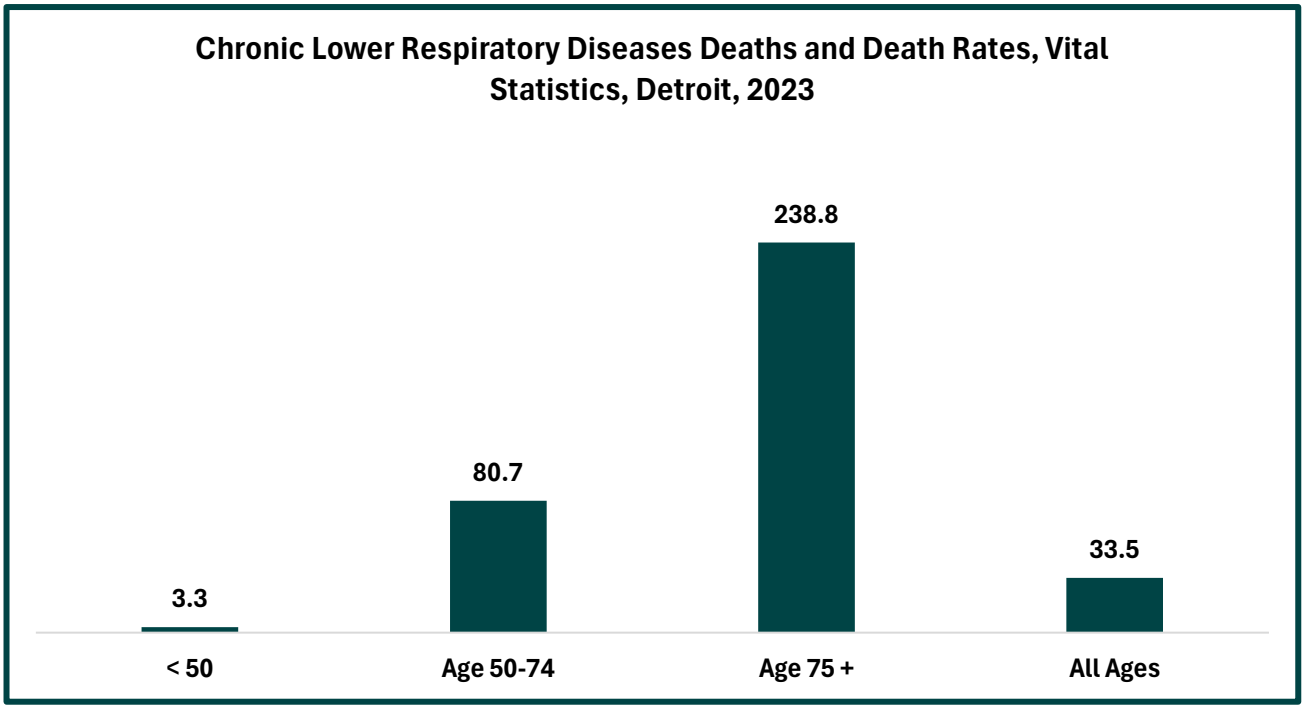
Disease and Injury



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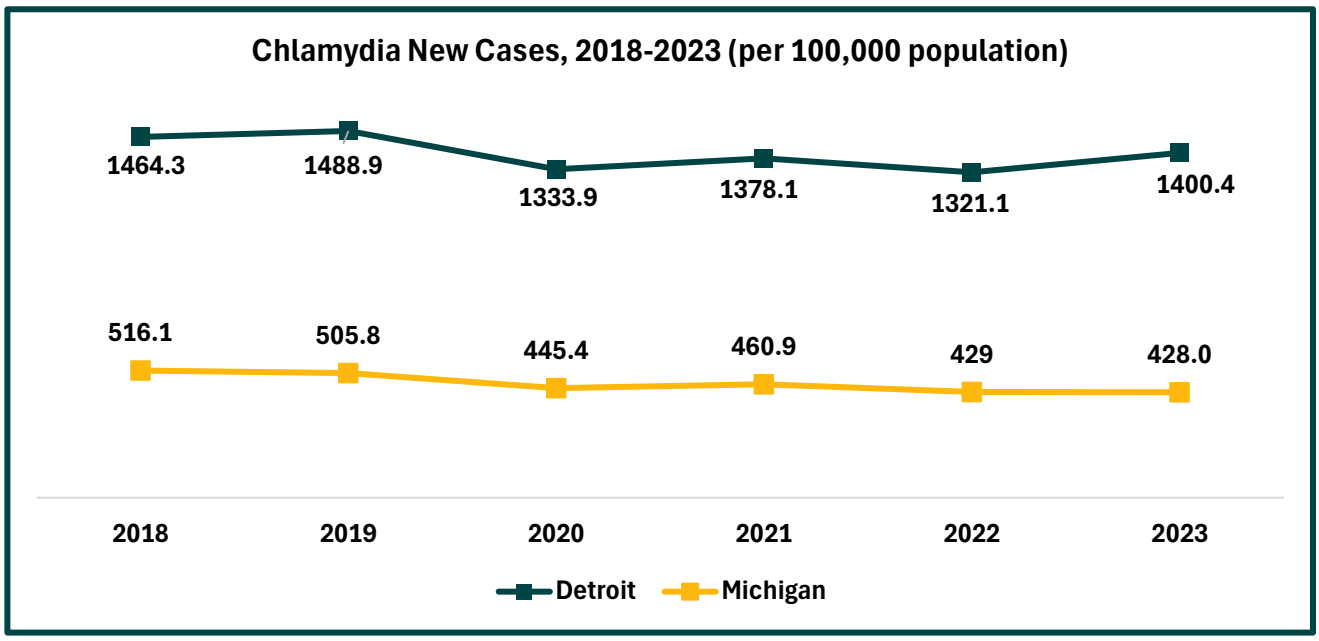
Asthma in Detroit
Out of the Top 20 most challenging places to live with Asthma in 2024, the City of Detroit ranked #3.
Detroit has an overall worse than average total score for Asthma, with 88.8 out of 100.
Detroit has the third highest prevalence of Asthma in the country for 2024.
When looking at risk factors that increase the likelihood of developing Asthma, Detroit ranked #7 for Poverty.
Detroit received an F rating from the American Lung Association's 2024 State of the Air Report for high ozone and particle pollution.
Detroit ranked #3 for most Asthma quick-relief medication use. Quick-relief medicines include rescue inhalers like albuterol.
Detroit ranked #7 for most Asthma control medication use. Control medications include inhaled corticosteroids (ICS) and biologics. Asthma control medicines are prescribed for persistent cases of asthma.
In 2019, 35.9% of Detroit Children ages 0-14 had been hospitalized for Asthma.
In 2022, Detroit, MI, was the #1 Asthma Capital. It came in at #3 the following year. Since 2022, Asthma and Allergy Foundation of America (AAFA) has been funding a local health equity program in Detroit and nearby areas—led by the AAFA Michigan Chapter.

Source link: https://aafa.org/asthma-allergy-research/our-research/asthma-capitals/

Disease and Injury



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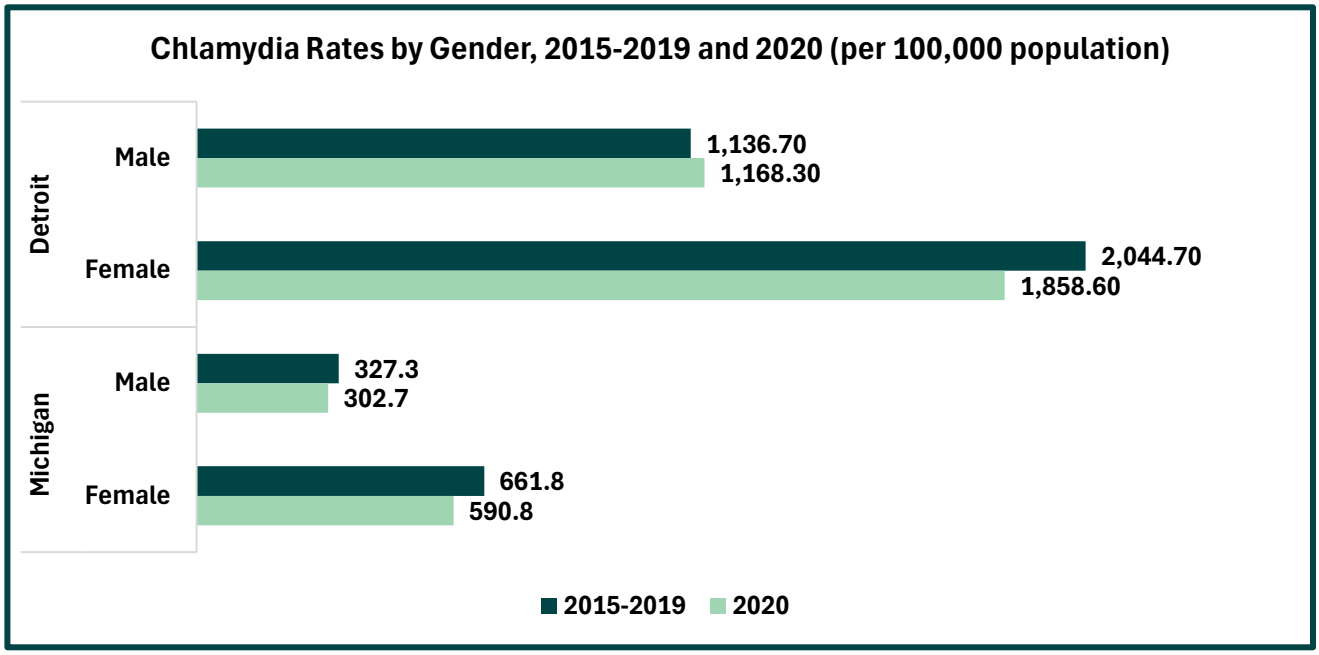

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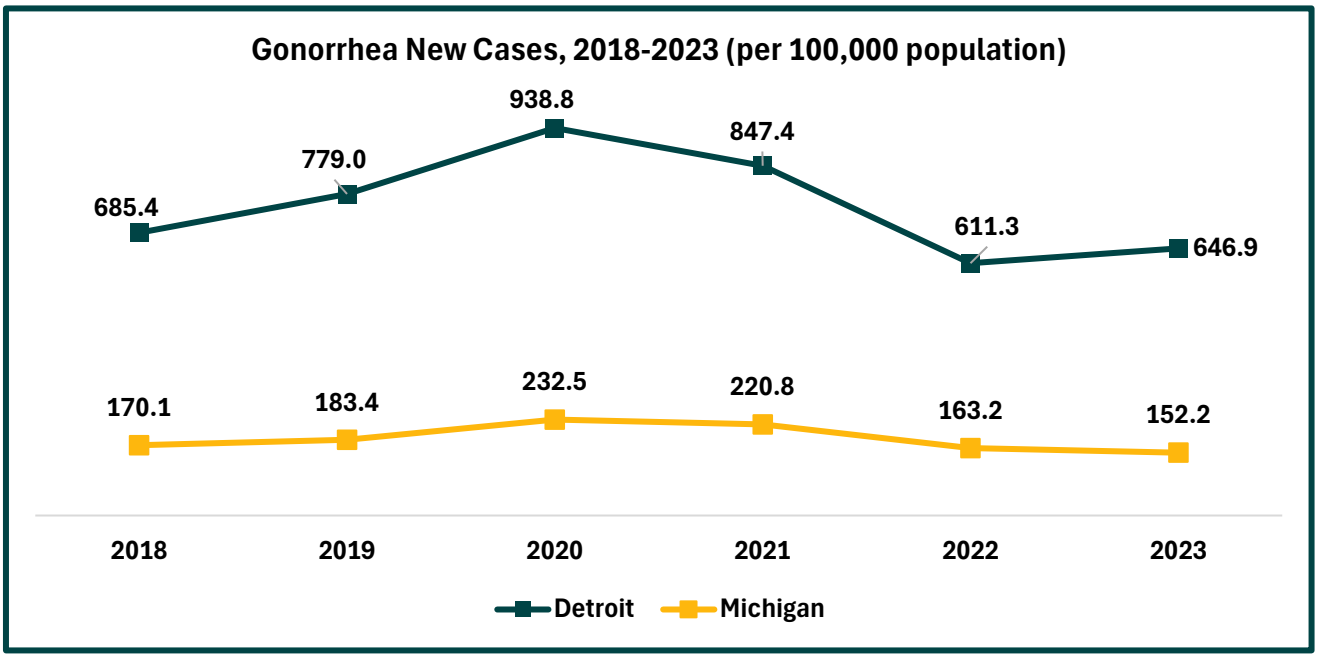
Disease and Injury



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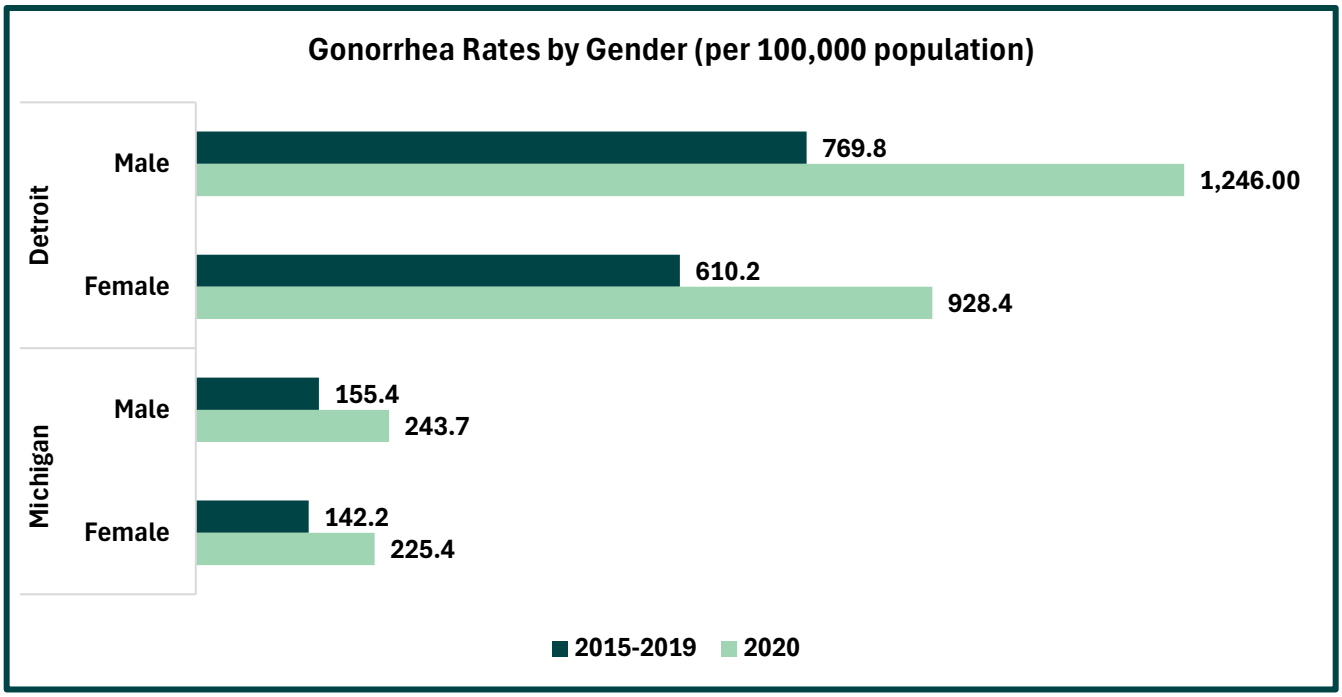

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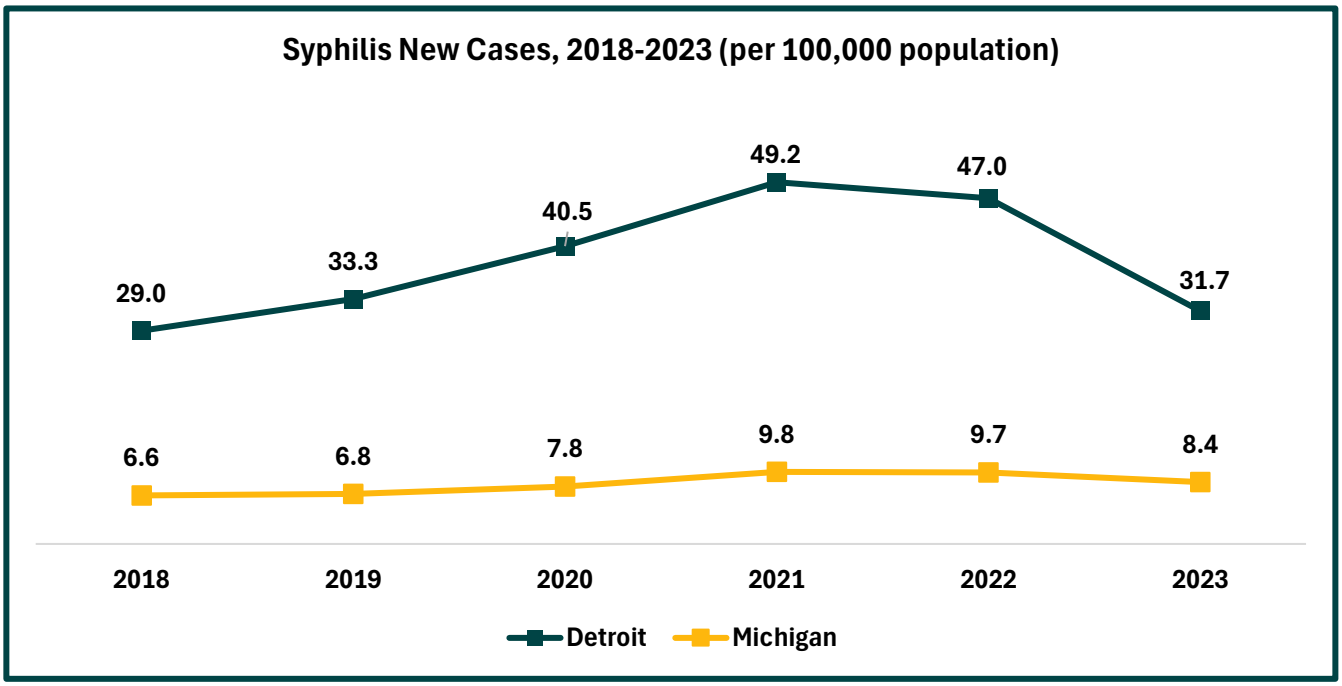
Disease and Injury



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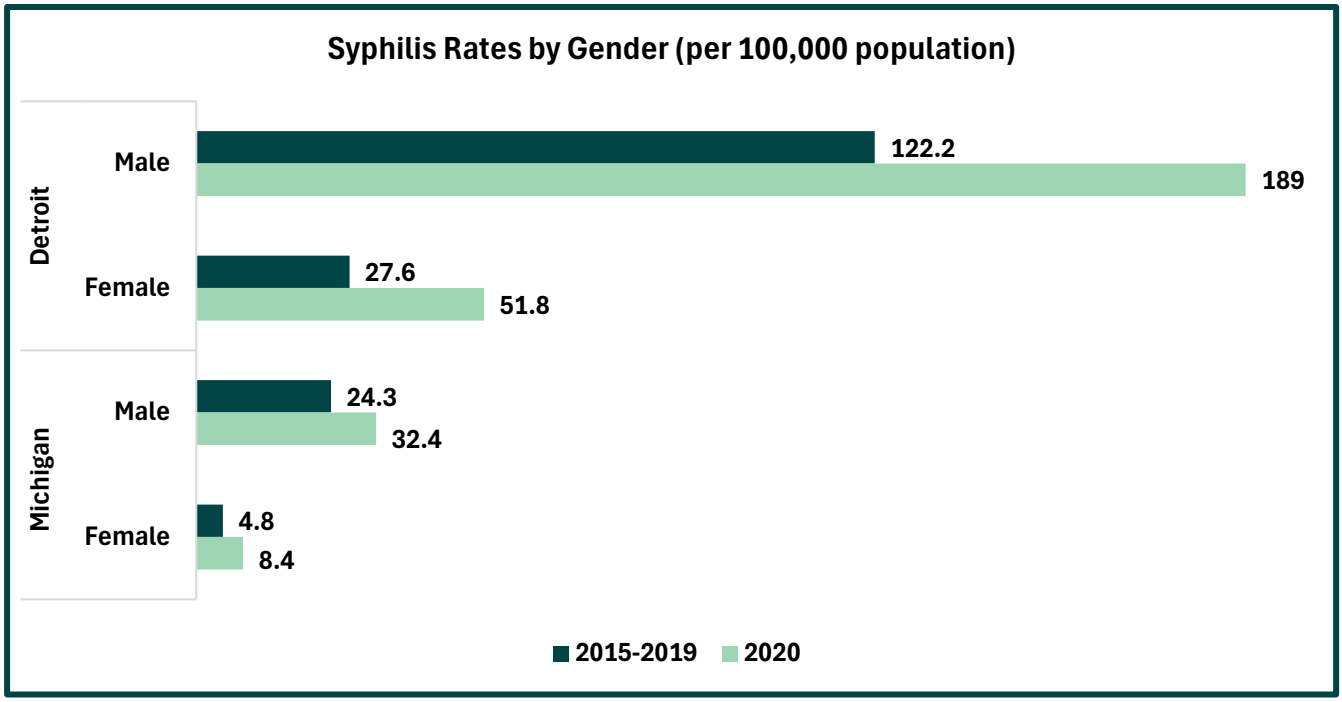

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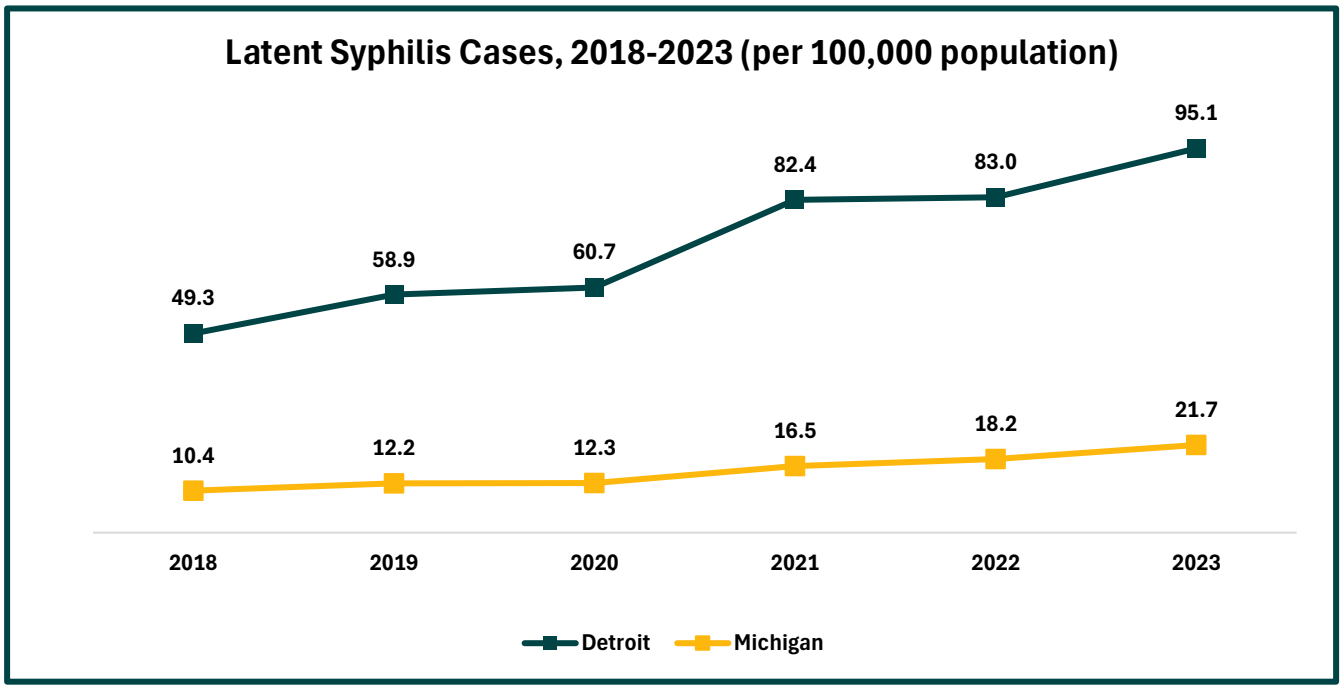
Disease and Injury



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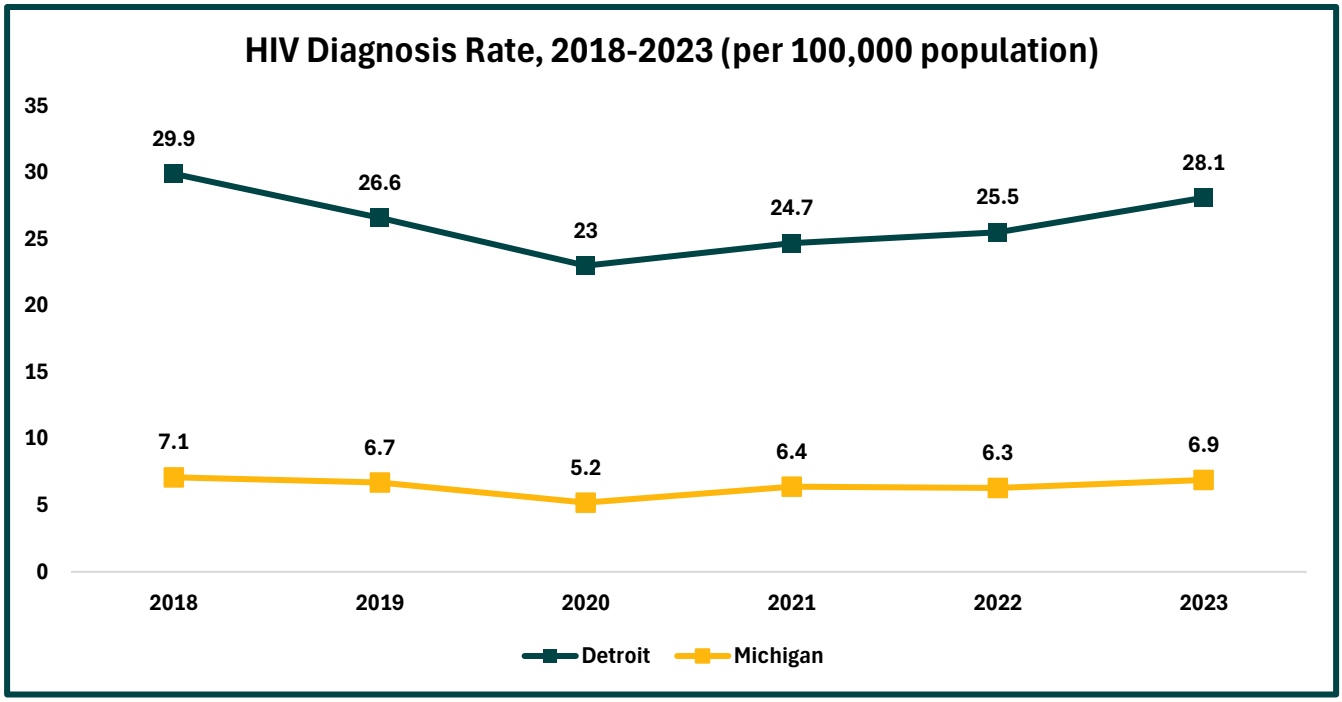
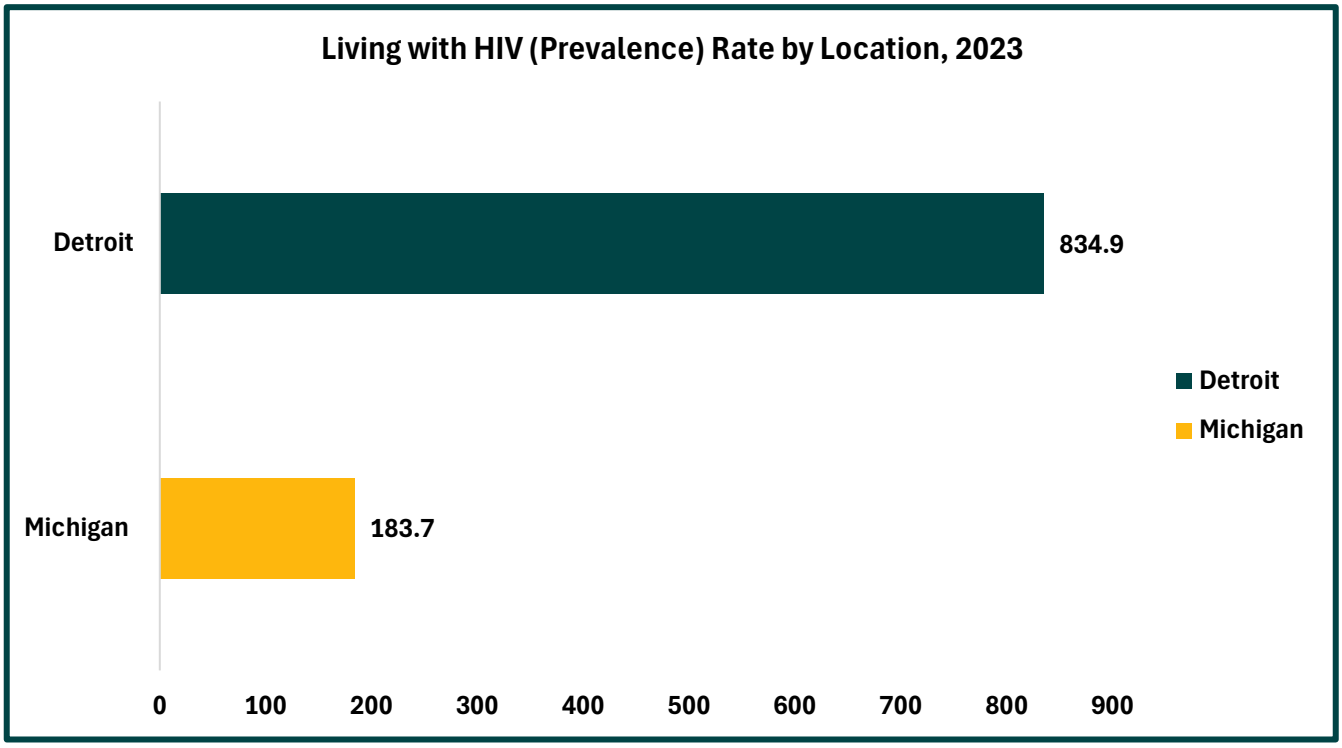


Source link: AIDSVu: https://map.aidsvu.org/prev/zip/rate/none/none/detroit-metro-area-zip-code-48126?geoContext=national

MDHHS: https://www.michigan.gov/mdhhs/-/media/Project/Websites/mdhhs/Keeping-Michigan-Healthy/HIVSTI/Data-and-Statistics/2022/HIV-Diagnosis-Trends-Slides-20132022.pdf?rev=1d2d19ffb2f24aa59d390cbd01580d80&hash=57E8CE25025921C54EF0DCF29E3264FE

Disease and Injury



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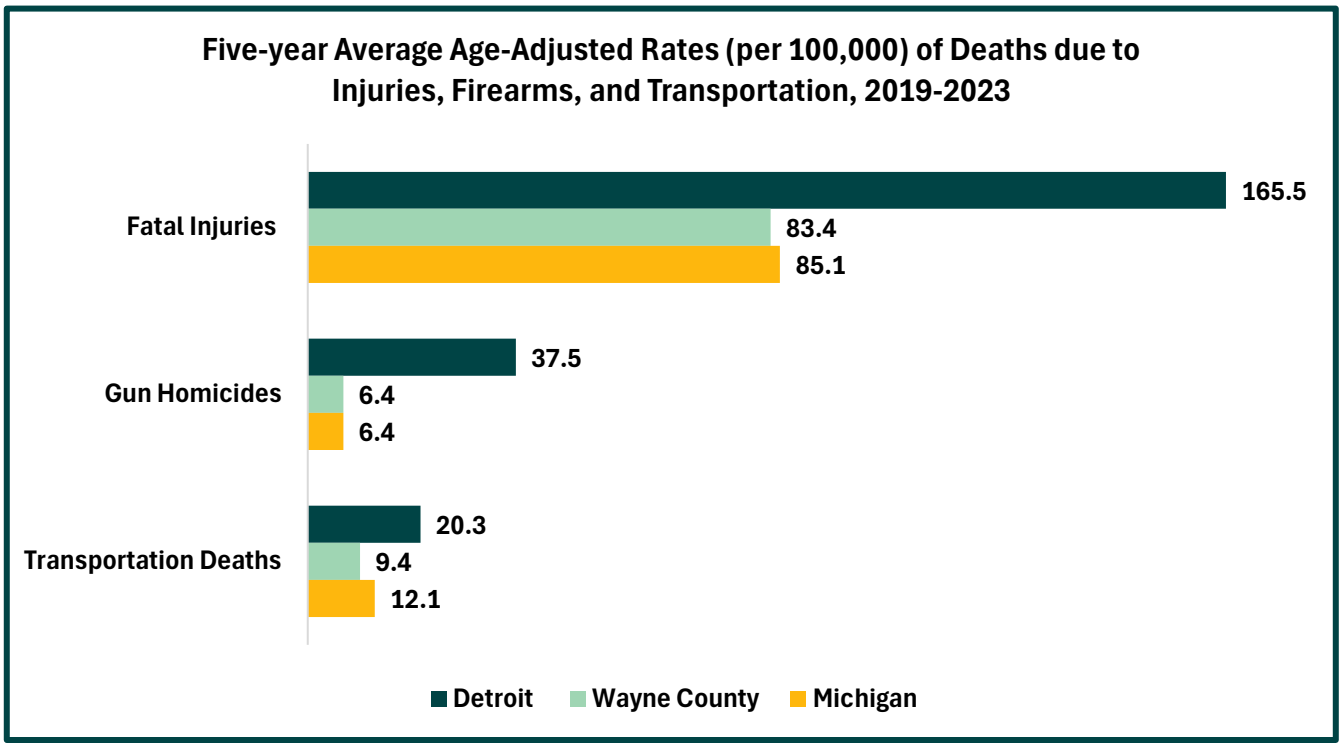
Disease and Injury



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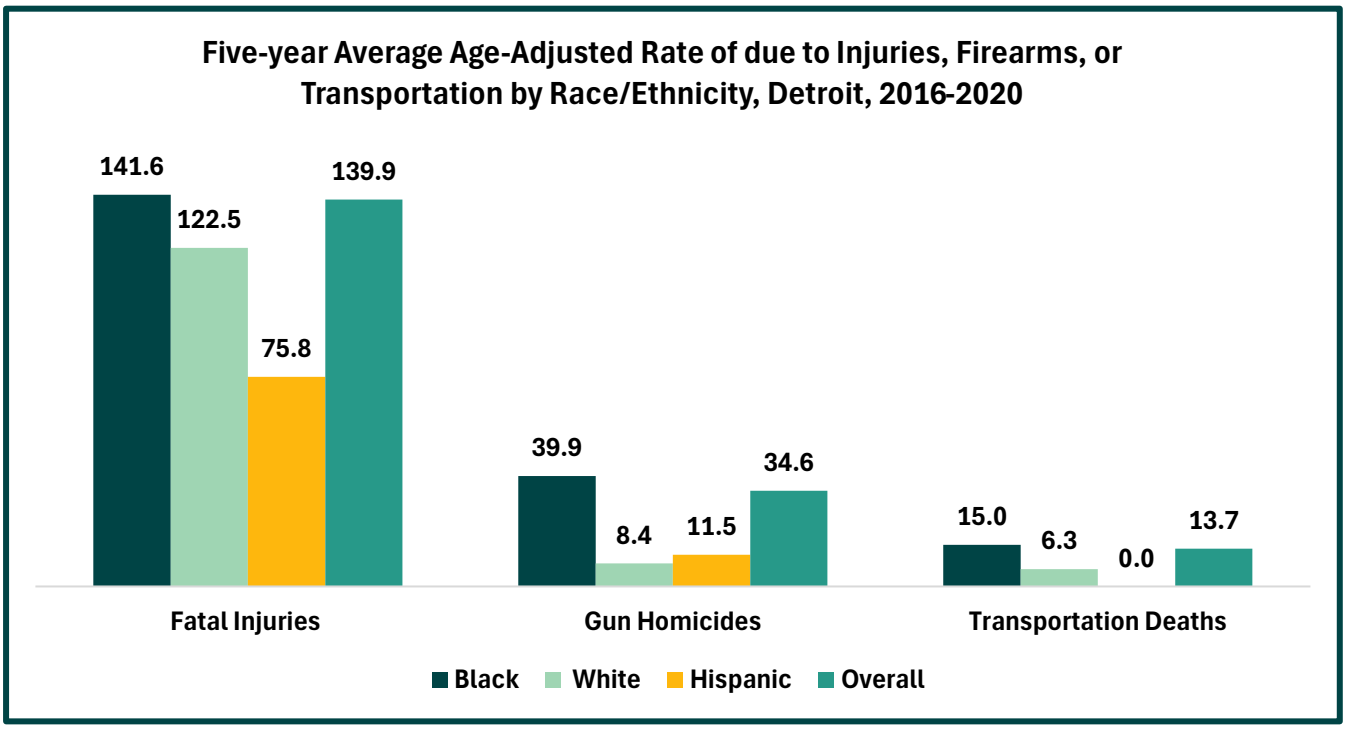

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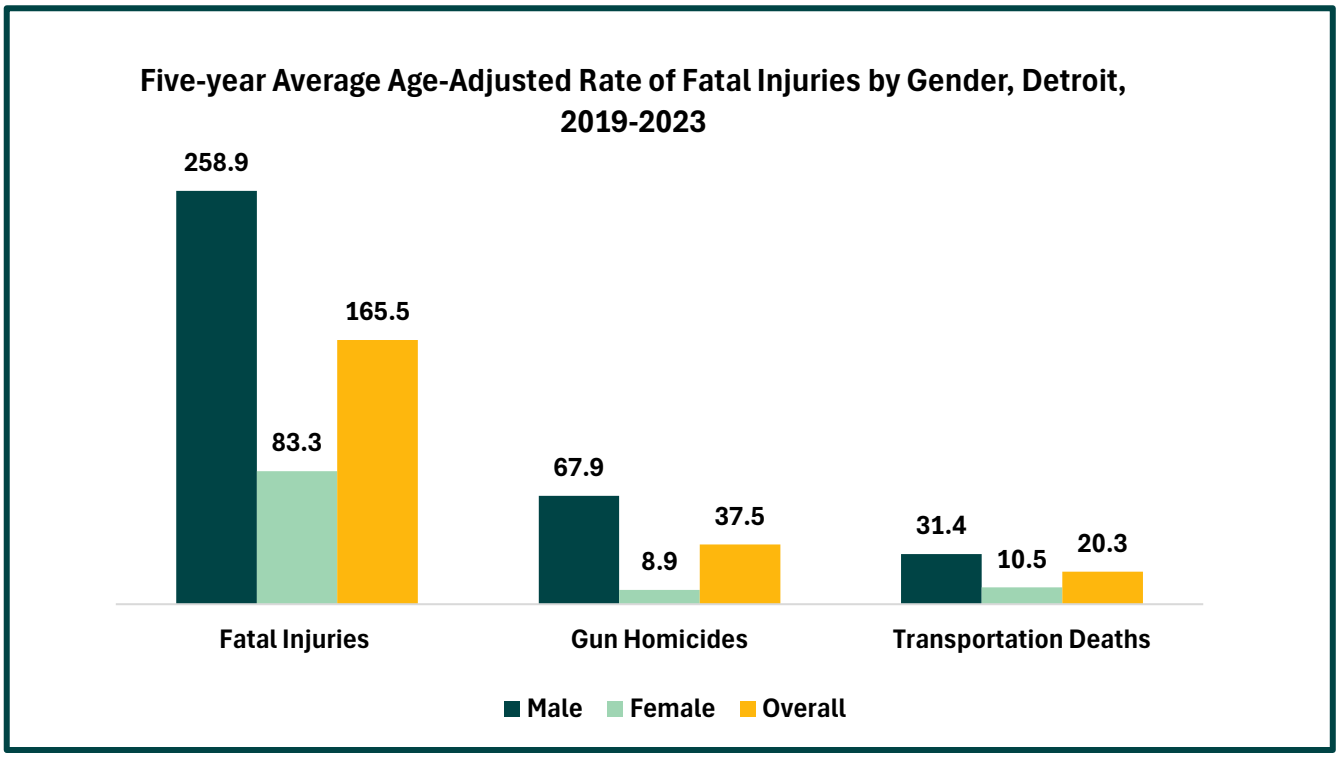
Disease and Injury



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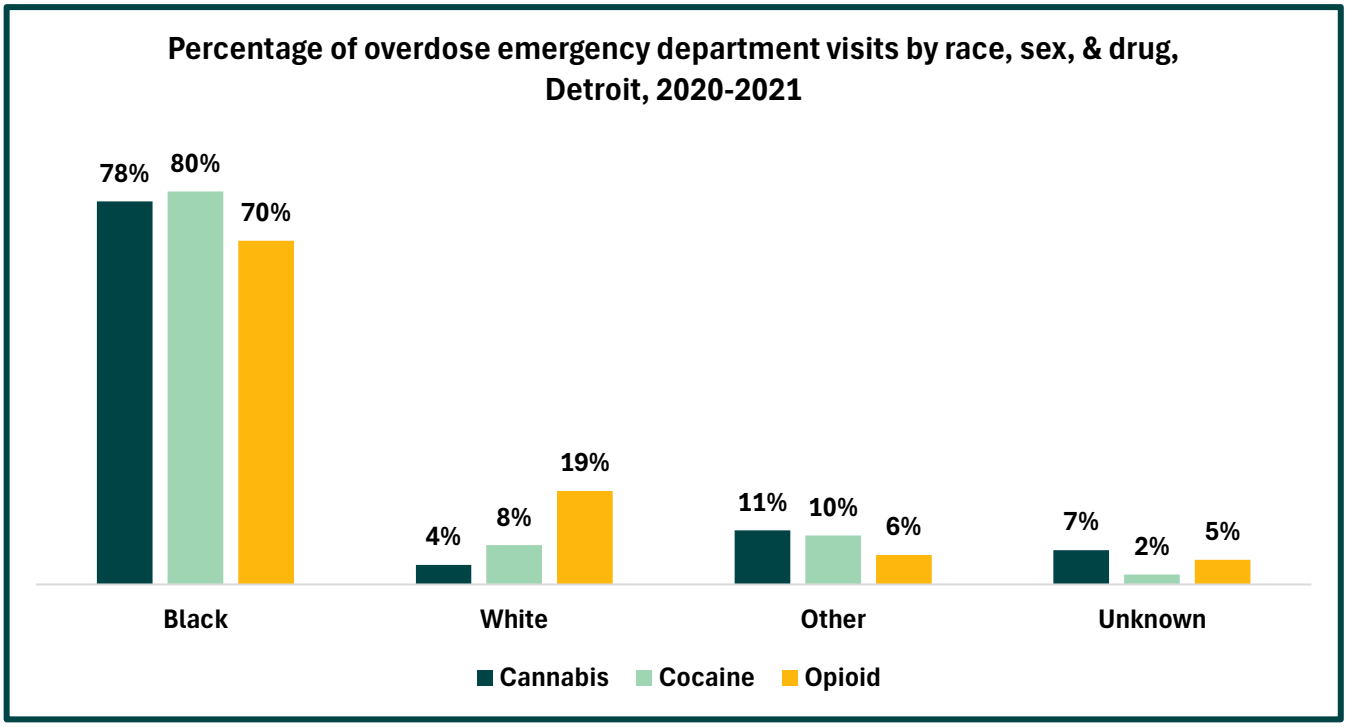
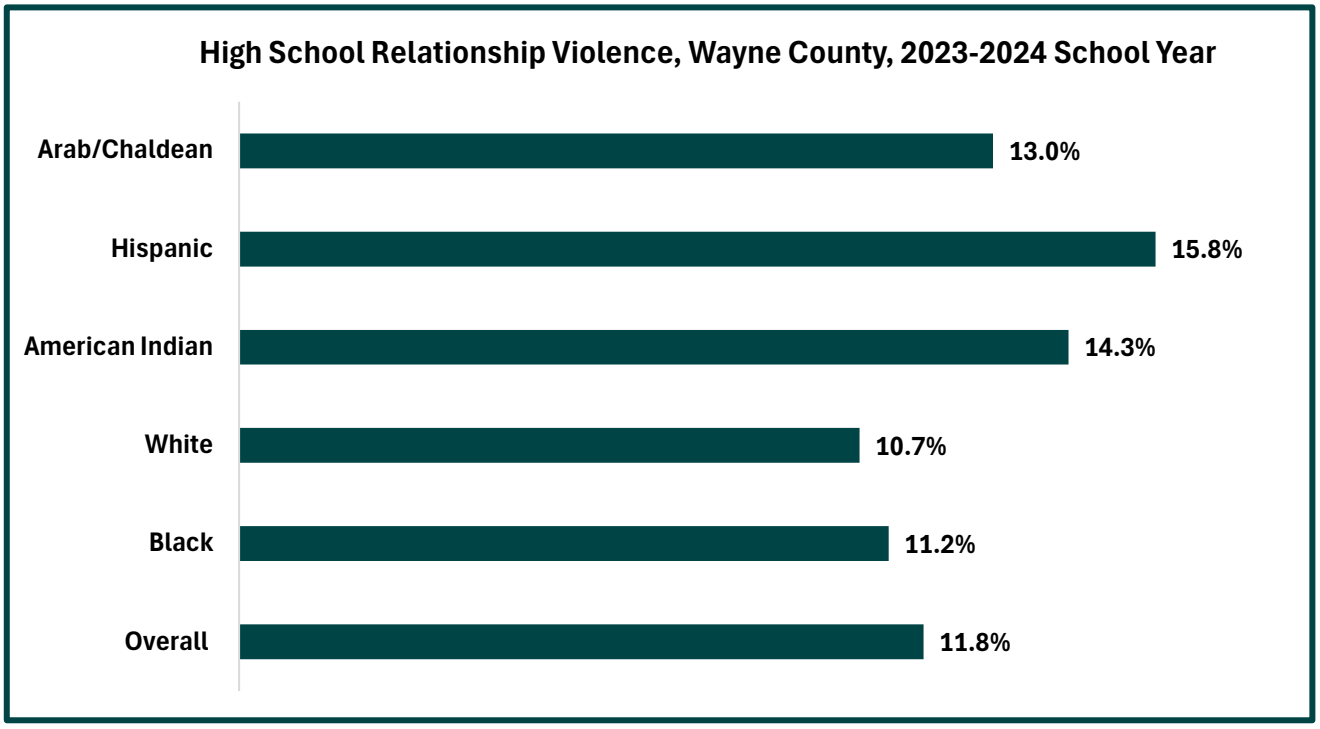


Source link: https://detroitmi.gov/sites/detroitmi.localhost/files/2023-03/2021%20Report%20%28Detroit%20Overdose%20Surveillance%202012-2020%29.pdf

Disease and Injury



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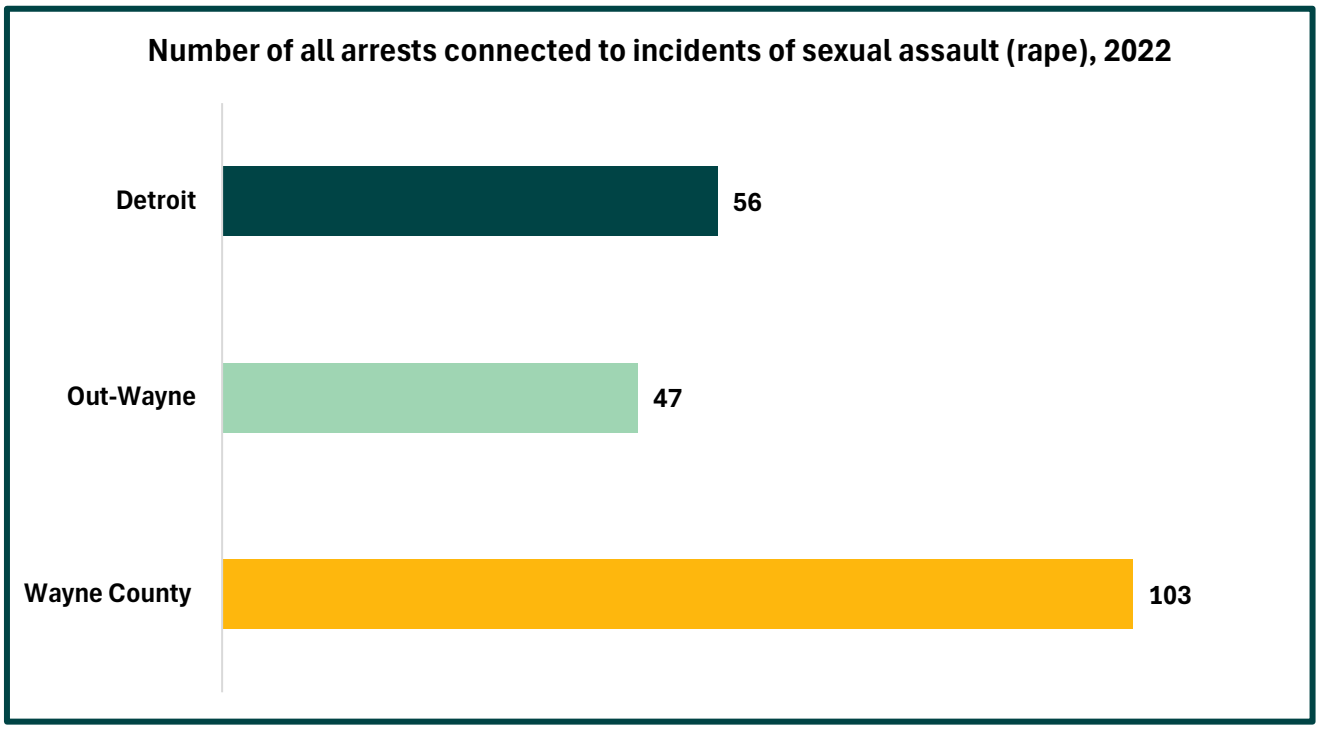
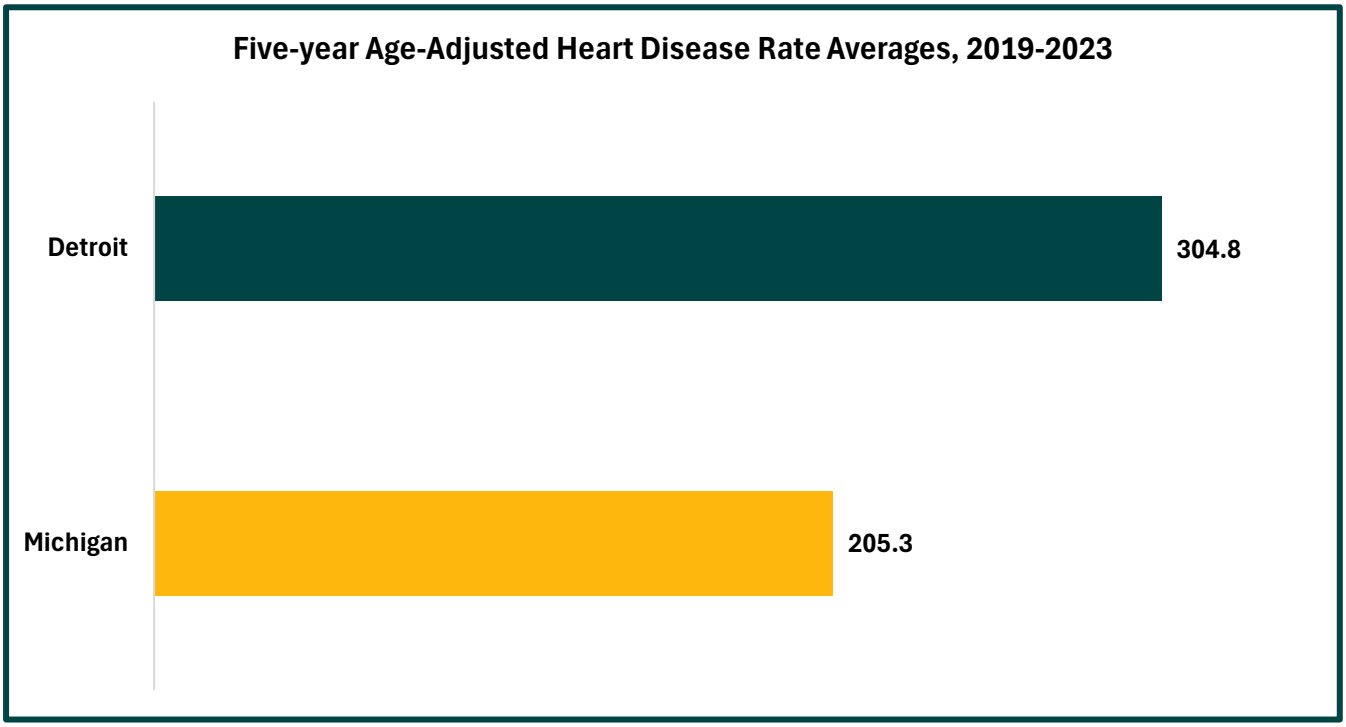


Source link: https://www.michigan.gov/msp/divisions/cjic/micr/annual-reports/2022-crime-in-michigan-annual-report

Mortality



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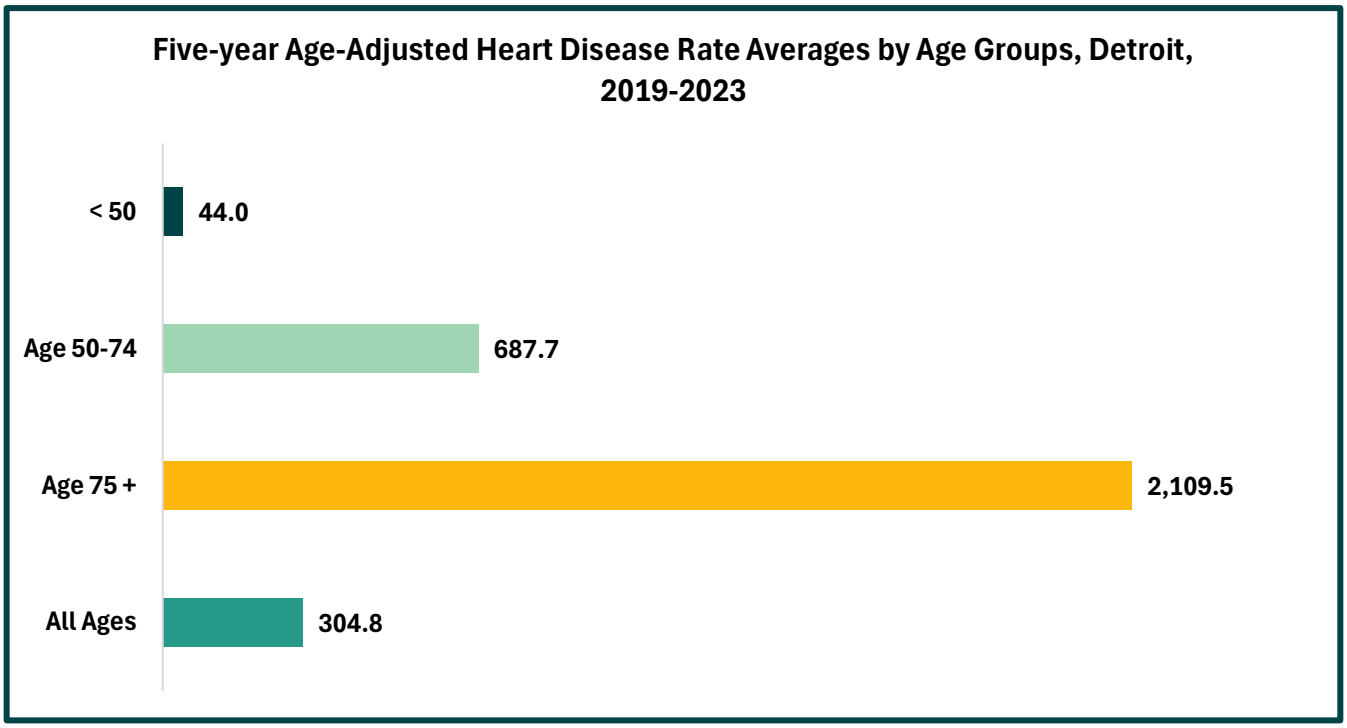

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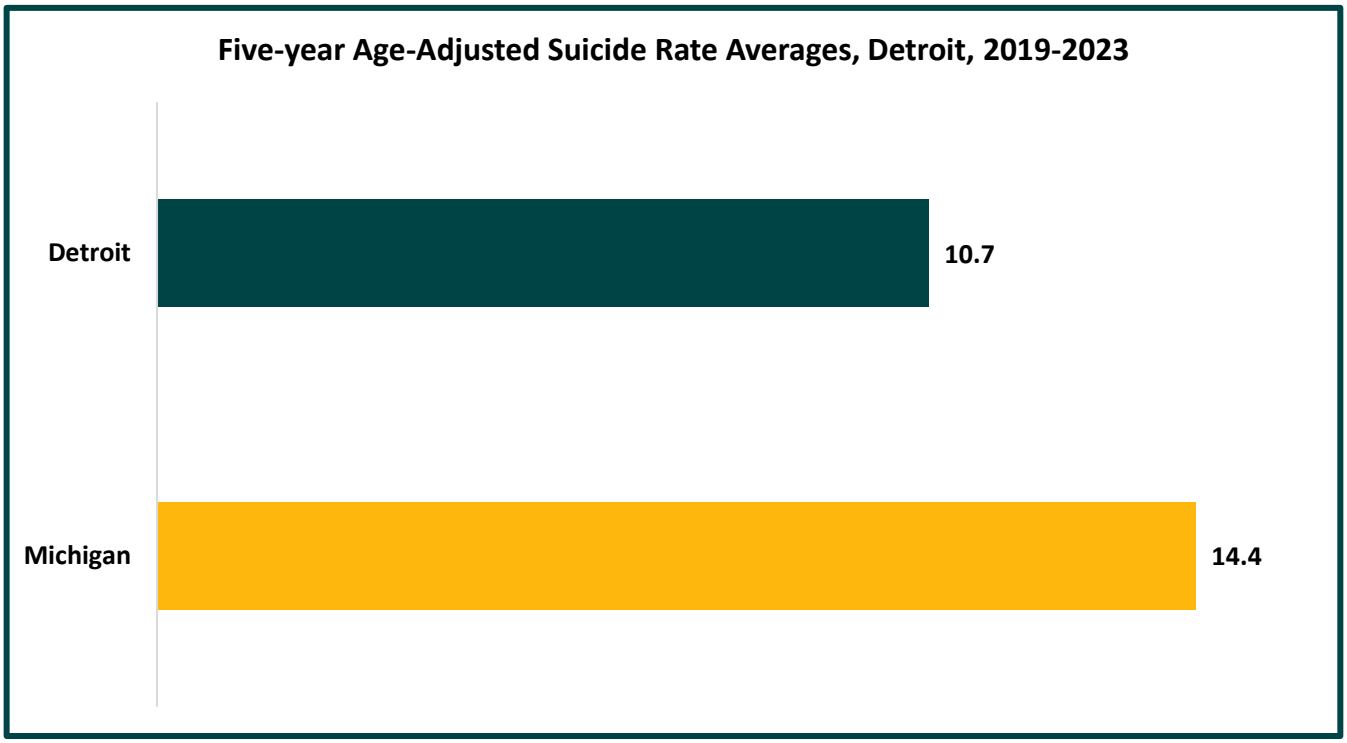
Mortality



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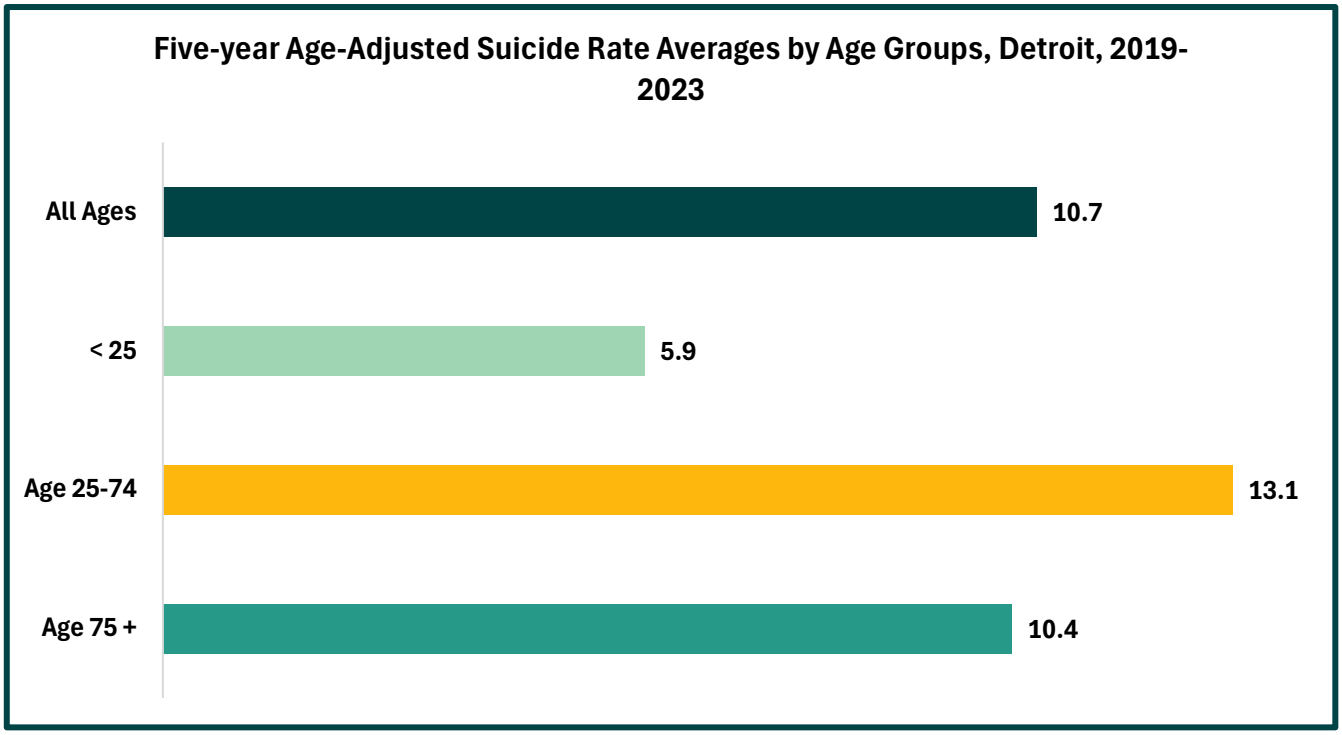

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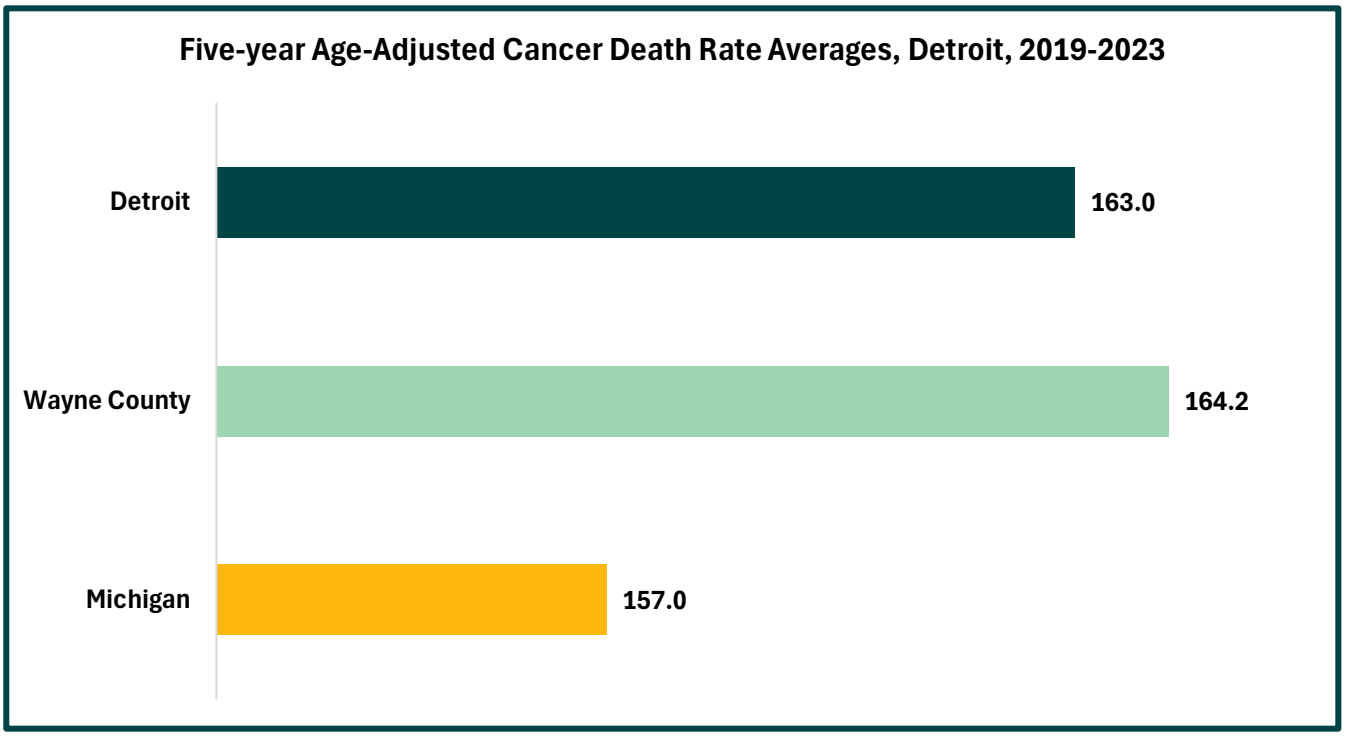
Mortality



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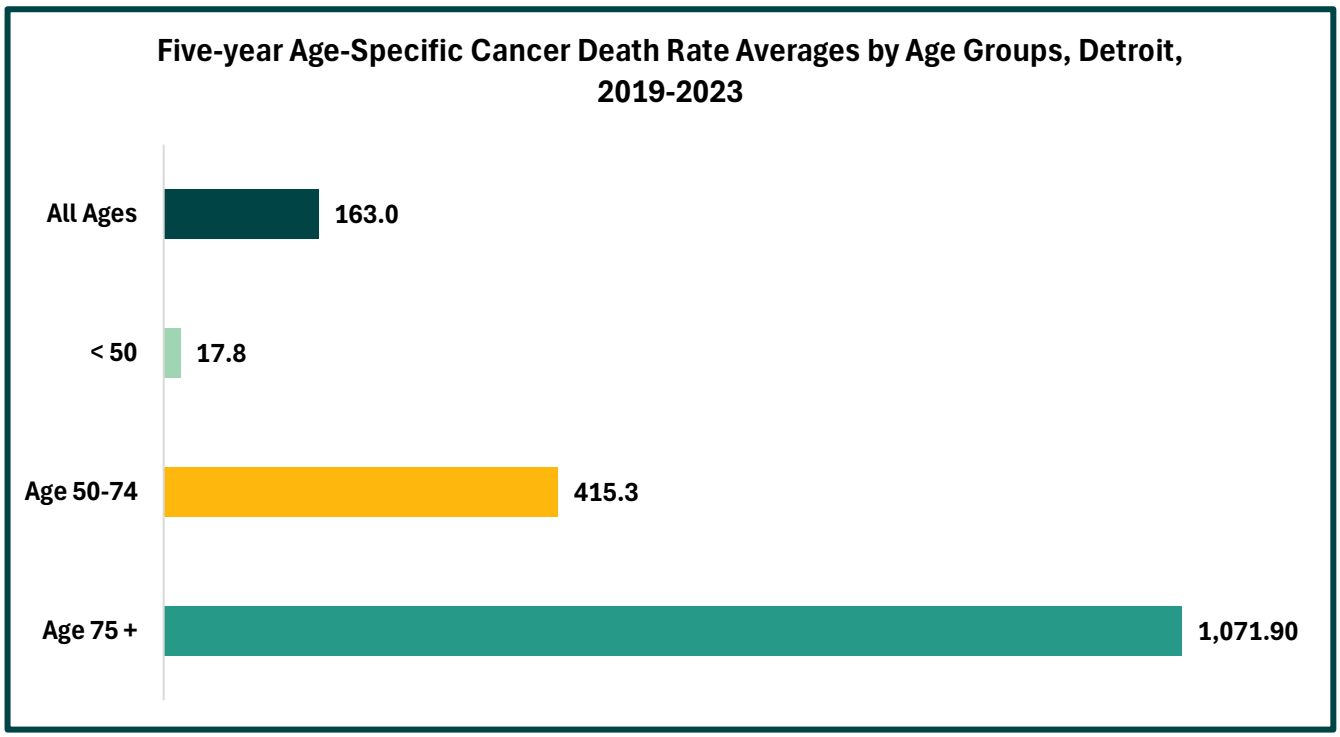

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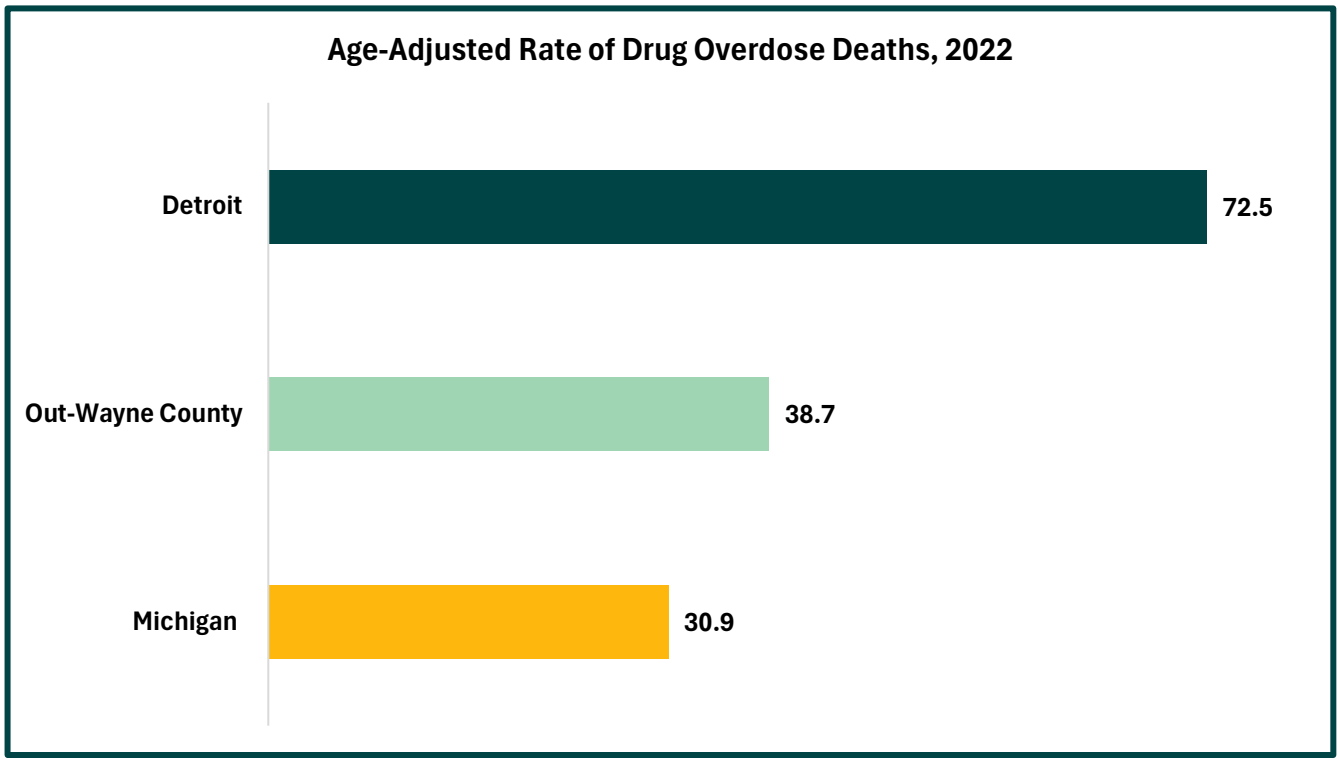
Mortality



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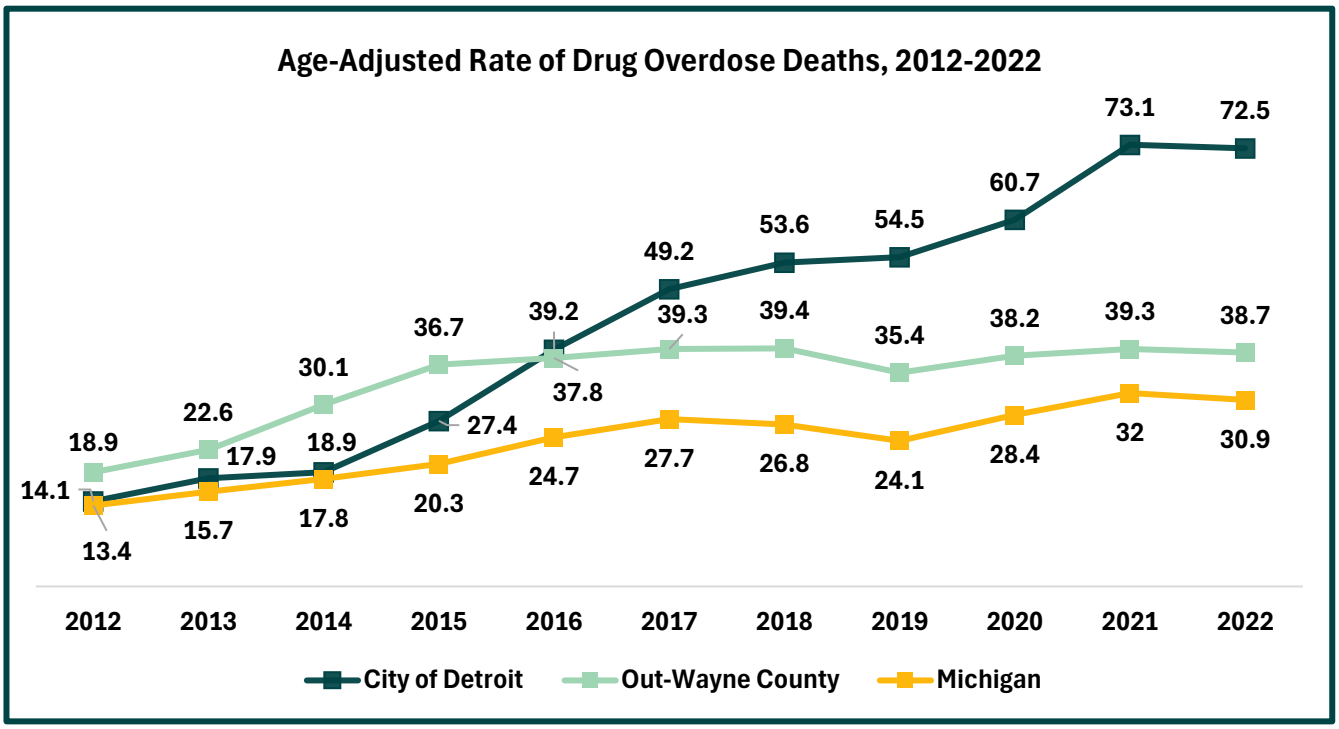

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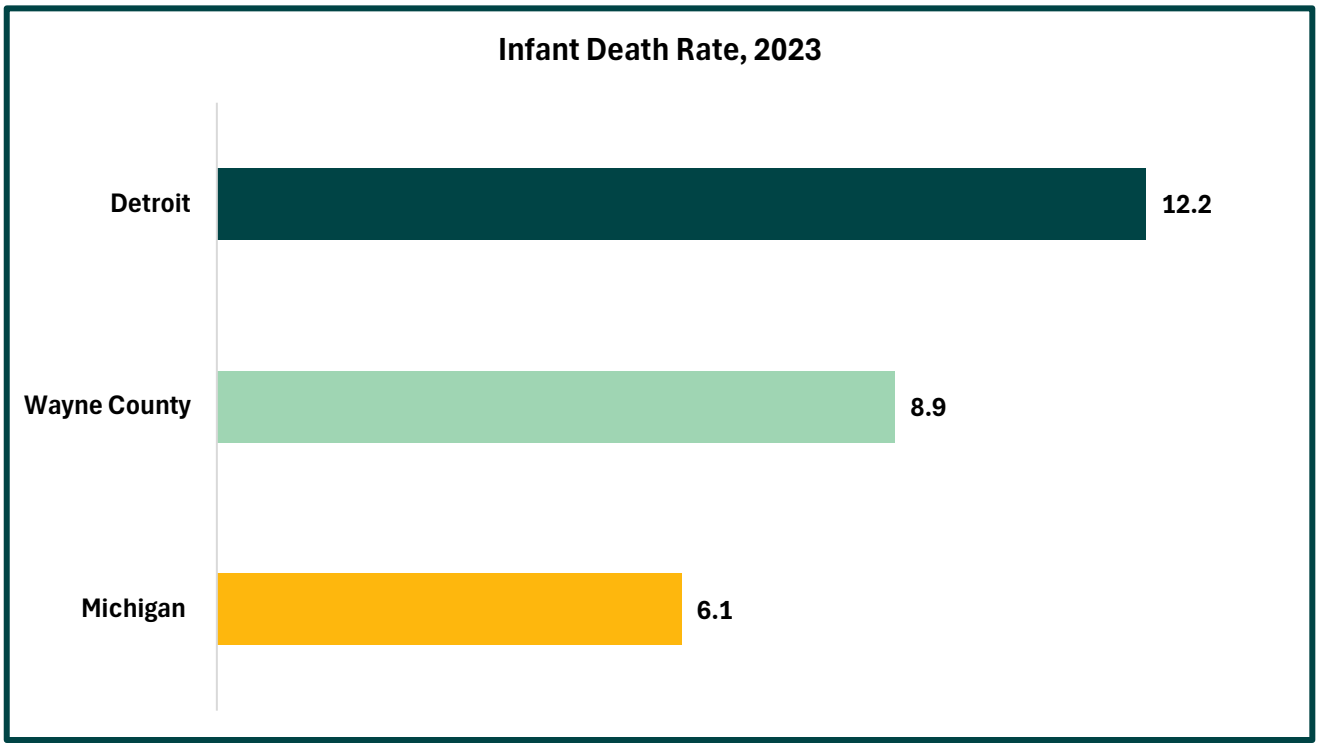
Maternal and Infant Health



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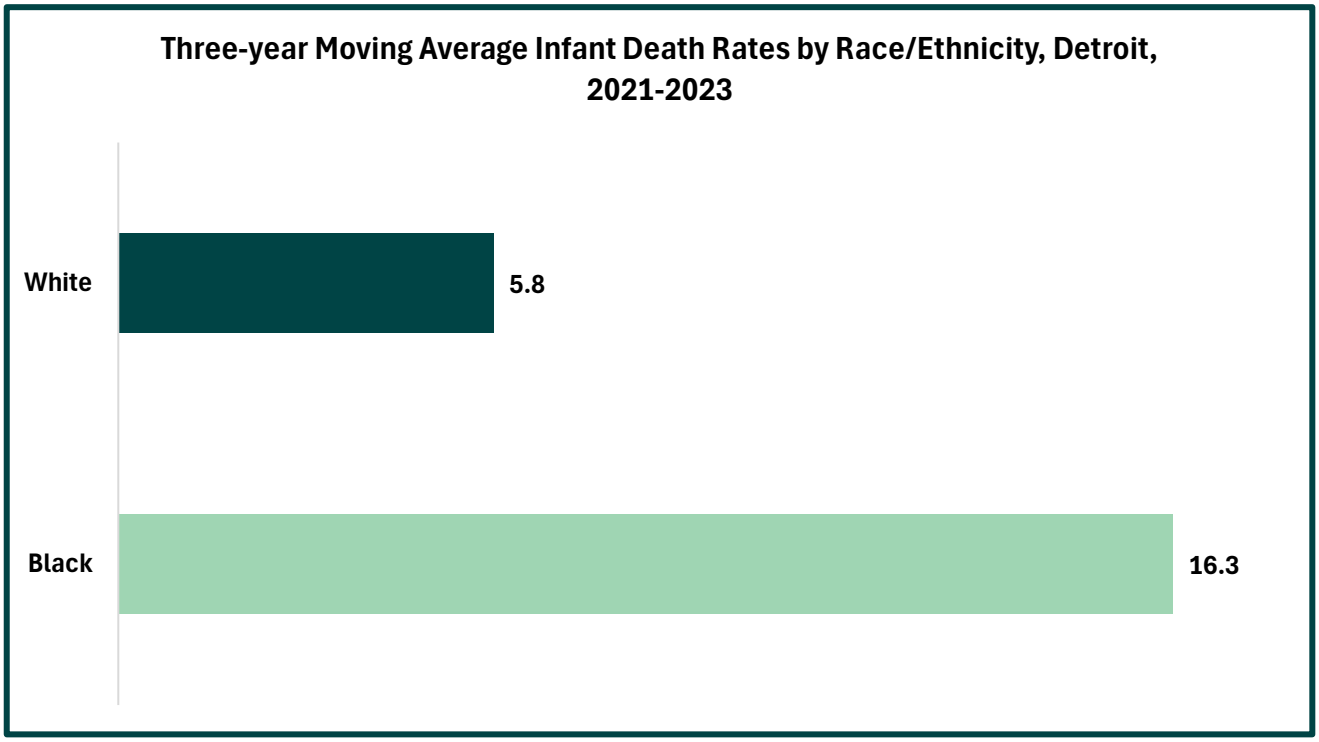

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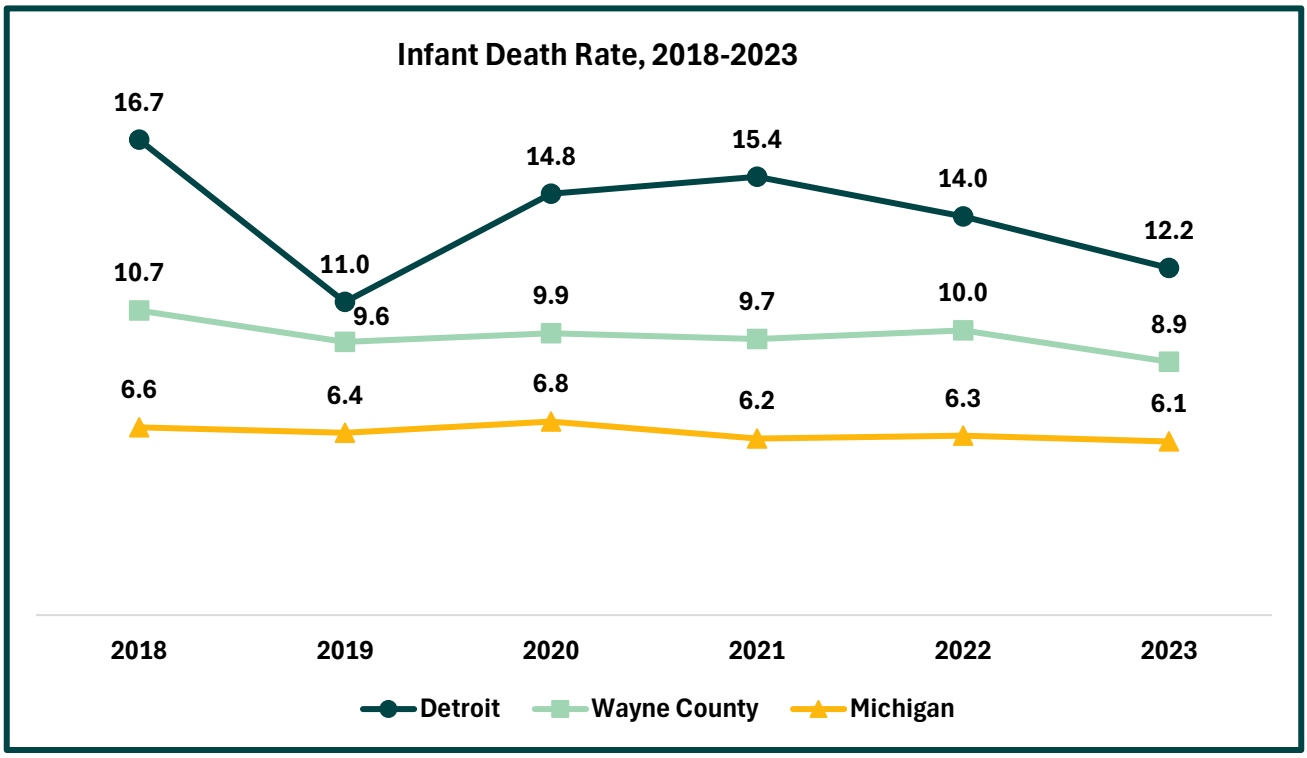
Maternal and Infant Health



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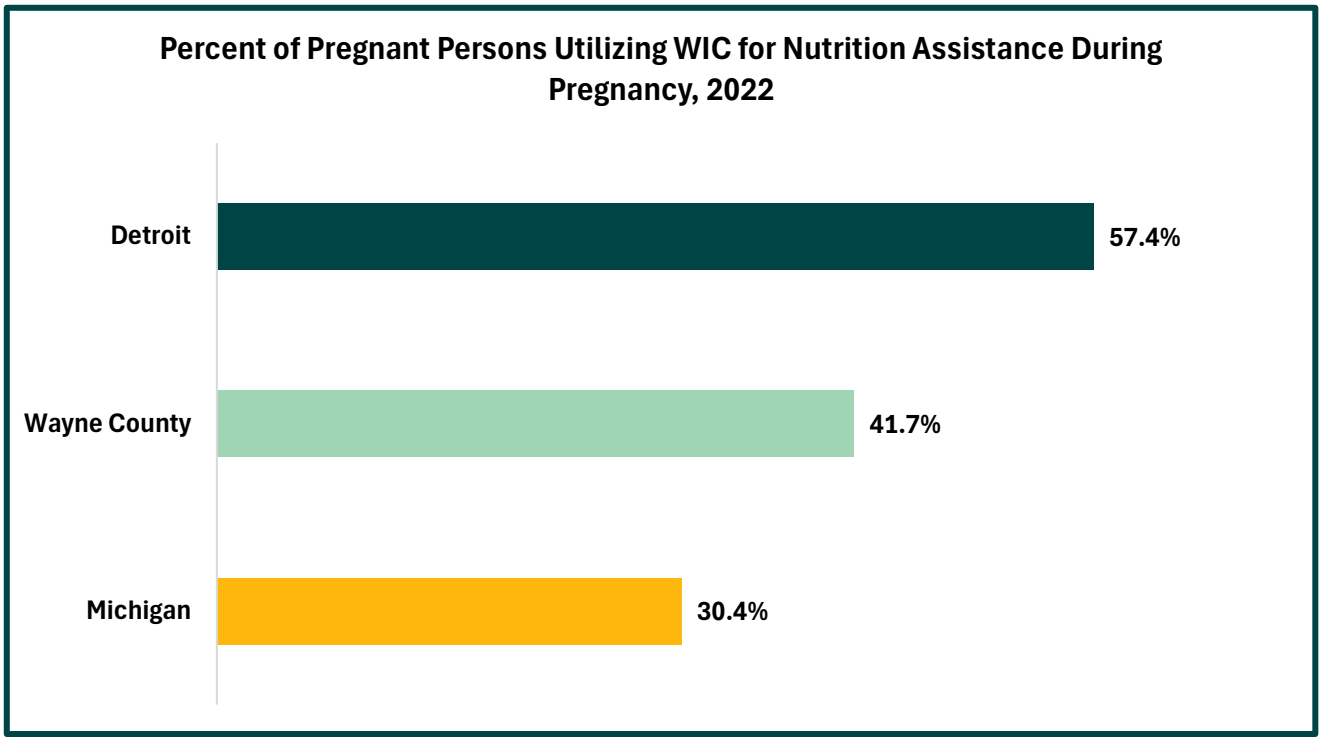
Maternal and Infant Health

	2022			2021			2020			2019			2018		
Maternal Characteristics	**Detroit**	**Wayne County**	**MI**	**Detroit**	**Wayne County**	**MI**	**Detroit**	**Wayne County**	**MI**	**Detroit**	**Wayne County**	**MI**	**Detroit**	**Wayne County**	**MI**
% Under 20 years	7.6%	4.5%	3.6%	7.7%	4.6%	3.7%	8.1%	5.1%	4.1%	8.3%	5.3%	4.5%	8.4%	5.5%	4.6%
% First births	32.3%	35.8%	37.9%	32.2%	35.6%	37.5%	31.8%	35.2%	37.9%	32.3%	35.5%	37.2%	31.3%	34.7%	37.0%
% Fourth and higher order births	24.1%	18.0%	13.6%	23.7%	17.4%	13.3%	23.4%	17.6%	13.4%	23.4%	17.8%	13.7%	22.4%	17.2%	13.4%
% Less than 12 years of education	20.6%	14.0%	9.6%	18.5%	13.5%	9.5%	20.3%	14.9%	10.3%	20.3%	14.8%	10.5%	21.2%	15.7%	10.8%
% Unmarried	76.6%	50.4%	39.3%	77.9%	51.9%	40.5%	79.0%	54.0%	41.6%	79.6%	54.2%	41.5%	79.5%	54.2%	41.2%
% Received prenatal care during first trimester†	73.4%	76.9%	76.3%	64.9%	71.6%	74.1%	62.1%	70.3%	74.6%	58.2%	69.0%	74.2%	58.3%	69.2%	73.4%
% of Women delivering a live birth who had a healthy weight prior to pregnancy†	30.9%	34.6%	37.4%	29.3%	35.3%	38.2%	30.5%	34.8%	38.4%	29.3%	34.2%	37.5%	28.3%	34.0%	38.3%
% Smoked while pregnant	7.0%	6.2%	8.4%	8.2%	8.0%	10.6%	12.5%	11.4%	14.5%	10.8%	10.7%	13.6%	10.5%	10.8%	14.3%
% Breast feeding not planned	25.9%	17.8%	11.8%	31.5%	21.9%	15.6%	34.4%	23.4%	16.1%	30.3%	21.5%	15.4%	29.0%	20.6%	15.5%
% Breast feeding initiated	23.0%	35.6%	52.5%	22.0%	35.1%	51.6%	19.5%	33.3%	51.1%	23.2%	35.2%	49.4%	32.3%	41.0%	48.4%
% Breast feeding planned	48.5%	43.6%	33.9%	42.4%	39.1%	30.8%	43.6%	40.7%	31.4%	45.5%	42.1%	34.2%	37.3%	37.1%	35.0%
% Breast feeding planned or initiated	71.5%	79.1%	86.4%	64.4%	74.2%	82.5%	63.0%	74.0%	82.5%	68.7%	77.3%	83.6%	69.4%	78.1%	83.4%
% WIC food during pregnancy	57.4%	41.7%	30.4%	57.0%	40.9%	30.2%	58.0%	42.4%	32.5%	62.0%	44.5%	35.0%	63.5%	46.0%	35.2%

	2022			2021			2020			2019			2018		
Infant Characteristics	**Detroit**	**Wayne County**	**MI**	**Detroit**	**Wayne County**	**MI**	**Detroit**	**Wayne County**	**MI**	**Detroit**	**Wayne County**	**MI**	**Detroit**	**Wayne County**	**MI**
% Low birthweight	15.0%	11.5%	9.2%	16.2%	12.0%	9.2%	15.1%	11.5%	9.0%	14.9%	11.1%	8.8%	14.6%	11.2%	8.5%
% Very low birthweight	3.0%	2.0%	1.5%	3.3%	2.2%	1.5%	2.9%	2.0%	1.5%	3.0%	2.1%	1.5%	2.9%	2.0%	1.4%
% Very preterm	3.2%	2.2%	1.7%	3.4%	2.3%	1.7%	3.1%	2.2%	1.7%	3.3%	2.3%	1.7%	3.1%	2.2%	1.5%
% Live births 32 to 33 weeks gestation	3.0%	1.6%	1.3%	1.7%	1.2%	1.2%	2.0%	1.6%	1.2%	2.2%	1.6%	1.3%	1.9%	1.5%	1.2%
% Late preterm	9.4%	7.8%	7.5%	10.0%	8.5%	7.7%	9.3%	7.9%	7.4%	9.1%	7.6%	7.3%	10.3%	8.4%	7.3%
% Preterm	14.6%	11.6%	10.5%	15.1%	12.0%	10.6%	14.4%	11.6%	10.2%	14.6%	11.5%	10.3%	15.3%	12.1%	10.0%
% APGAR score < 7 in first 5 minutes of life	3.0%	3.0%	2.4%	3.8%	3.3%	2.5%	3.0%	2.8%	2.5%	2.9%	2.6%	2.3%	3.3%	2.9%	2.3%

Source link: https://vitalstats.michigan.gov/osr/Chi/births14/frameBxChar.html

Maternal and Infant Health



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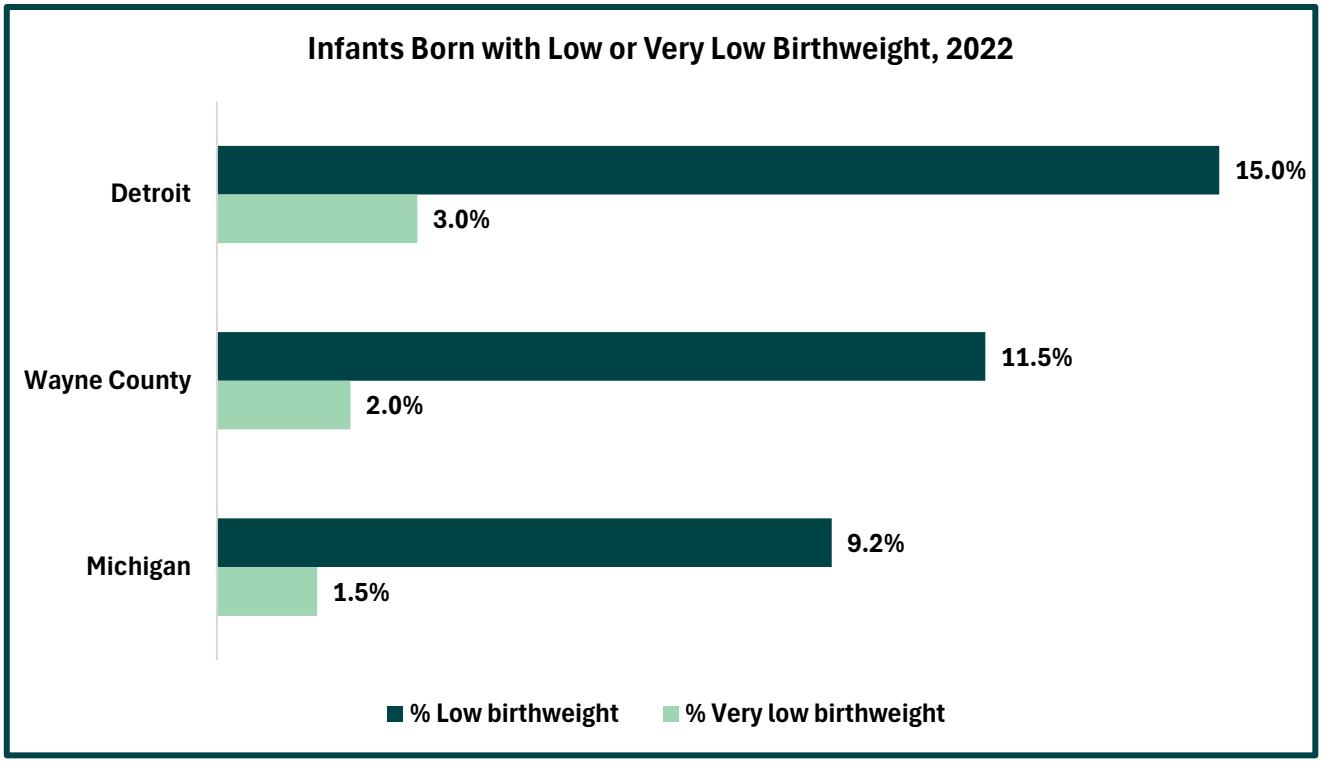

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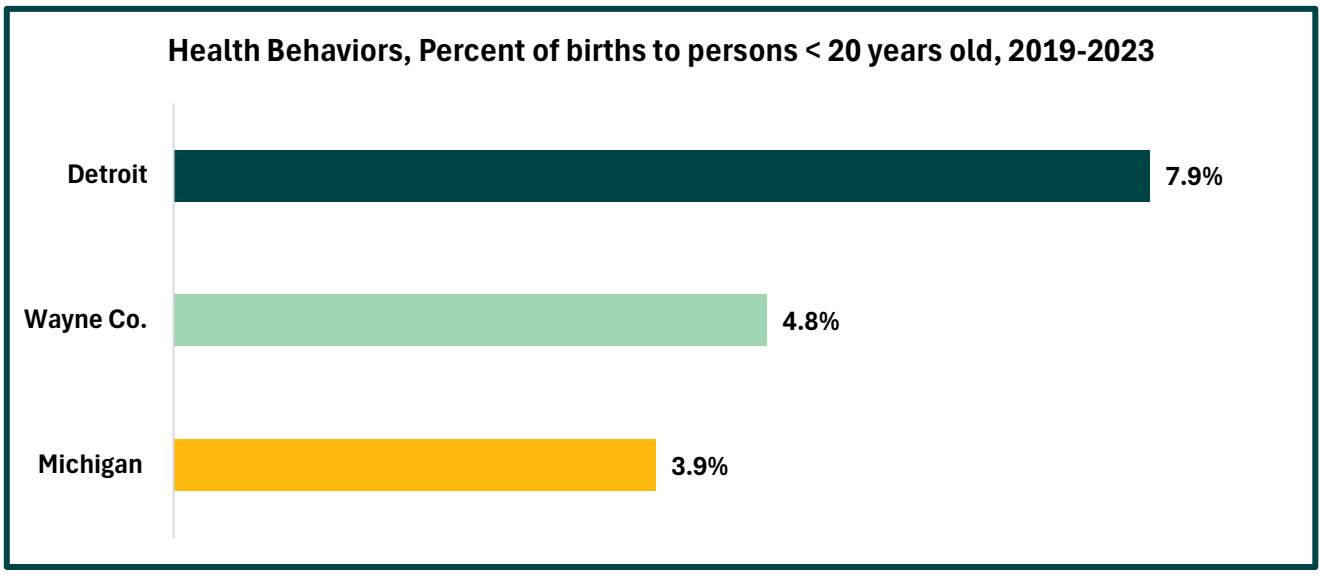
Maternal and Infant Health



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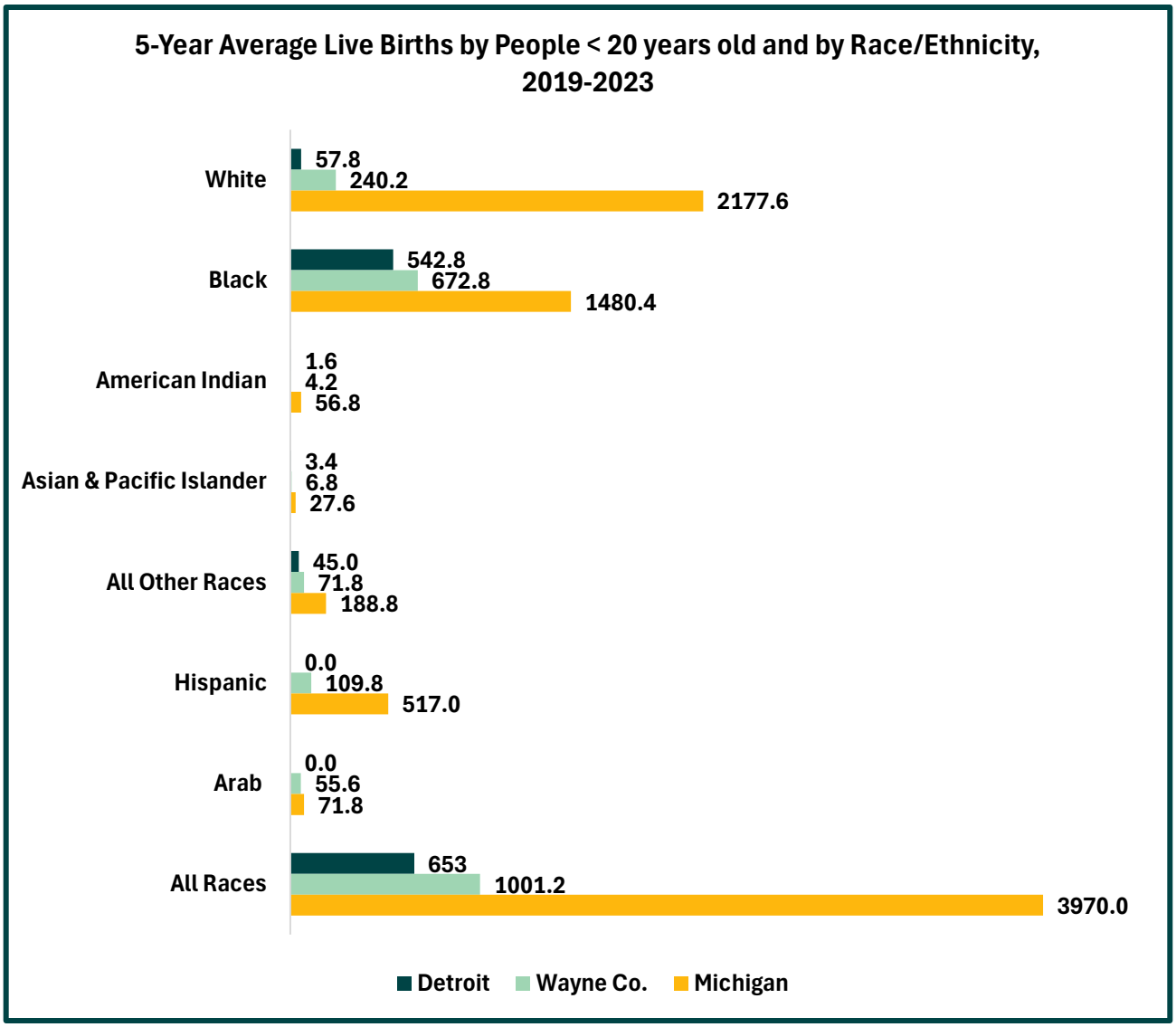
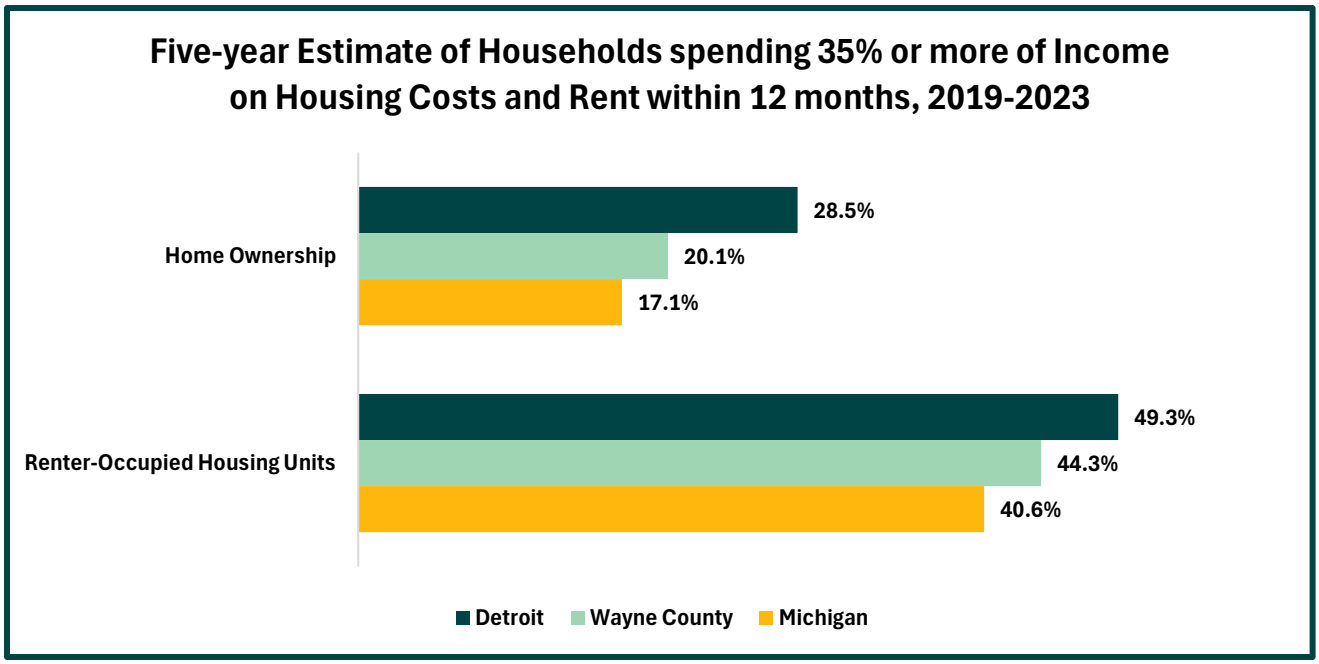


Source link: https://vitalstats.michigan.gov/osr/Chi/InDx/frame.html

Social Determinants of Health

Neighborhood and Built Environment



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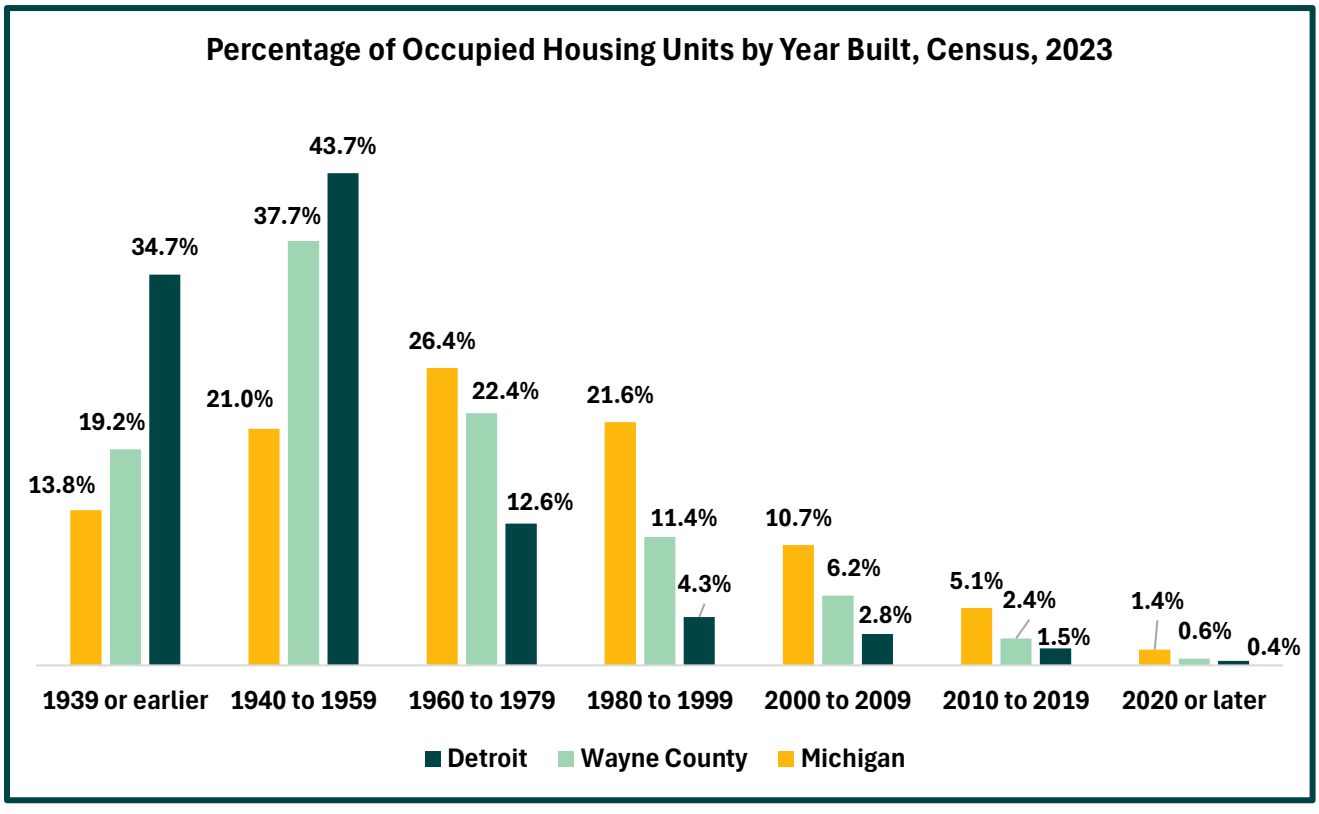

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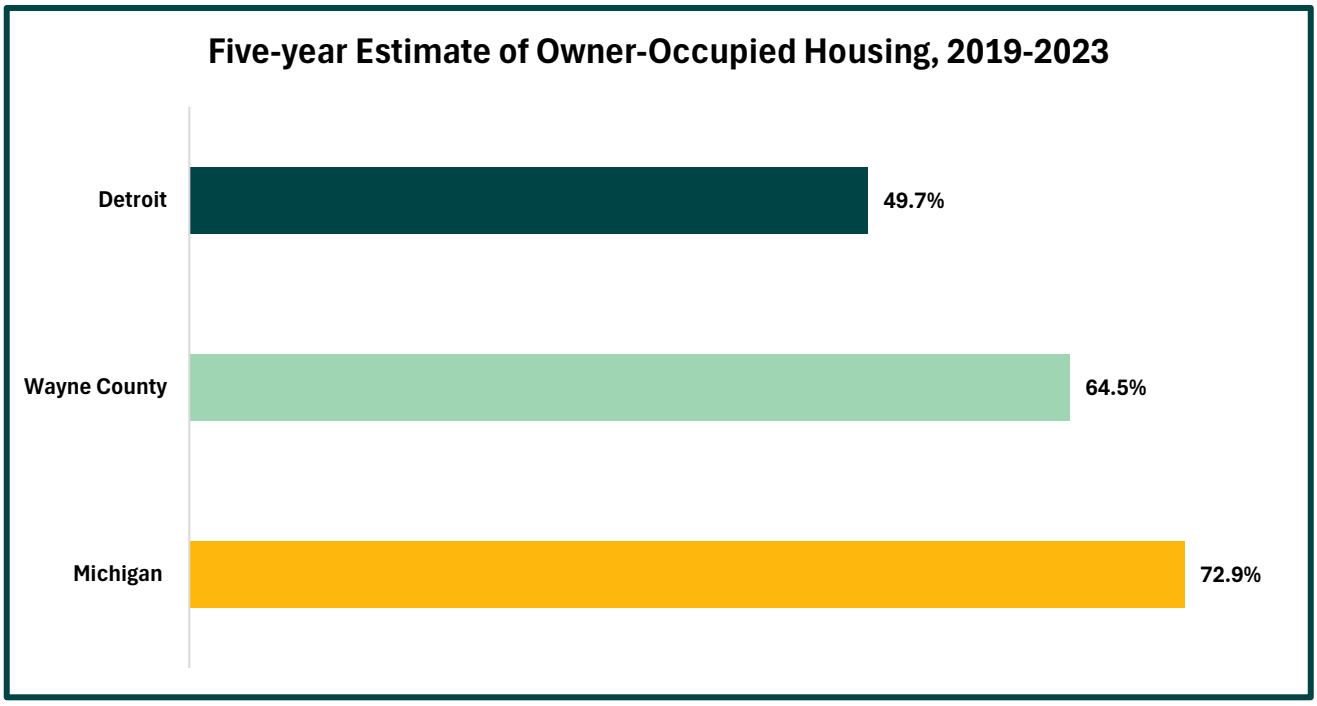
Neighborhood and Built Environment



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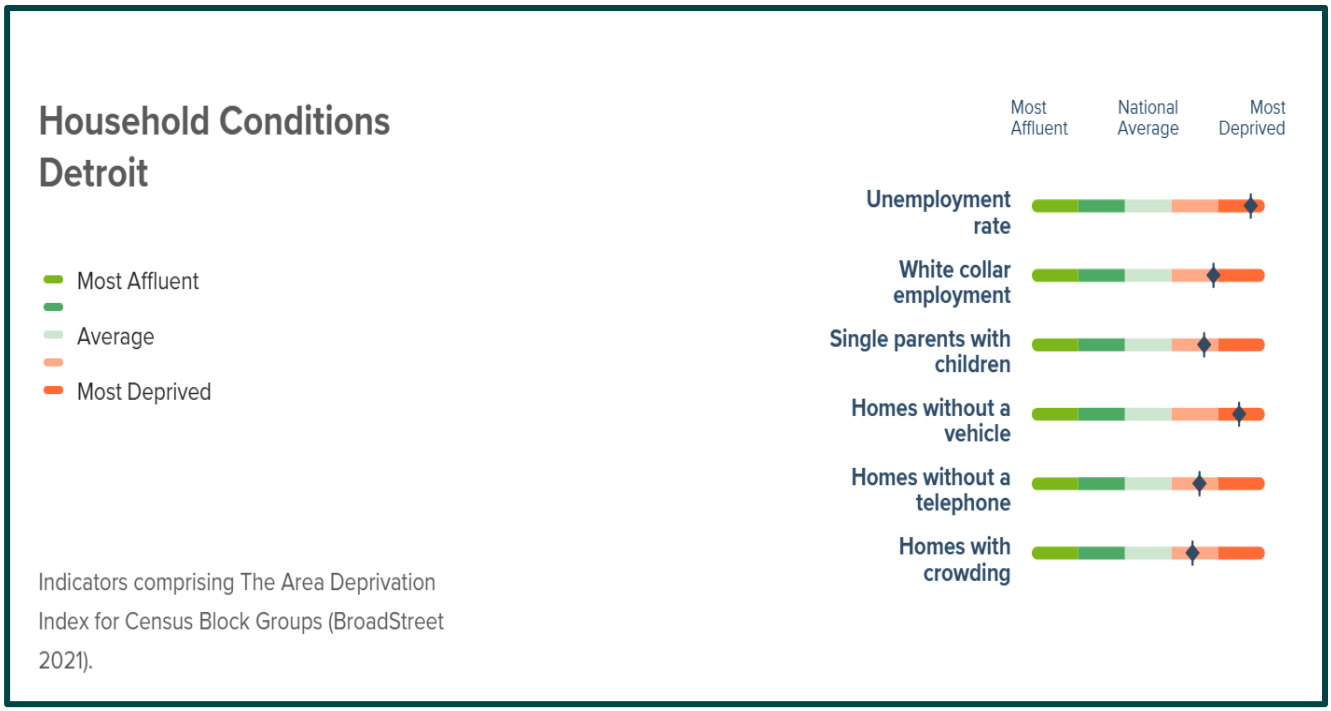

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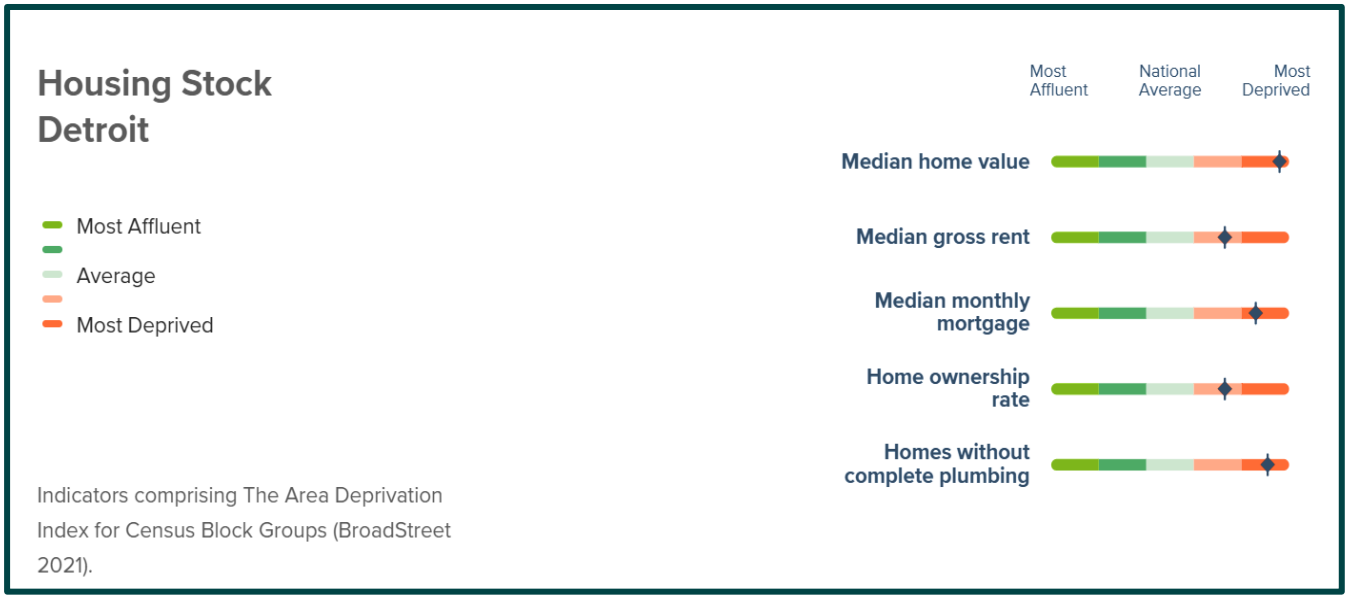
Neighborhood and Built Environment



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Neighborhood and Built Environment

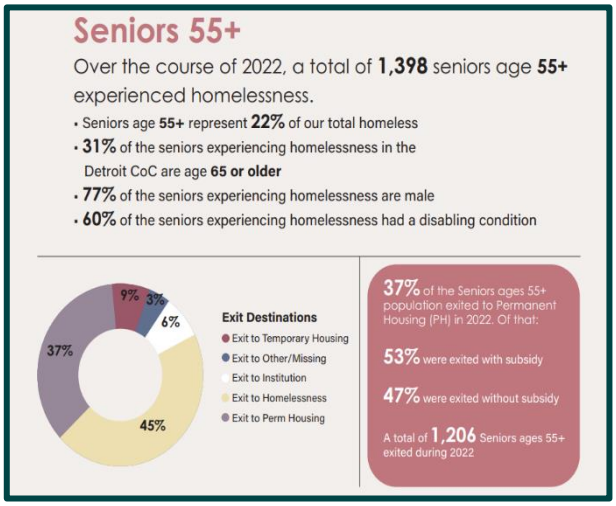
The data contained within this report was collected during the 2022 calendar year through the Michigan Statewide Homeless Information System (MSHMIS).

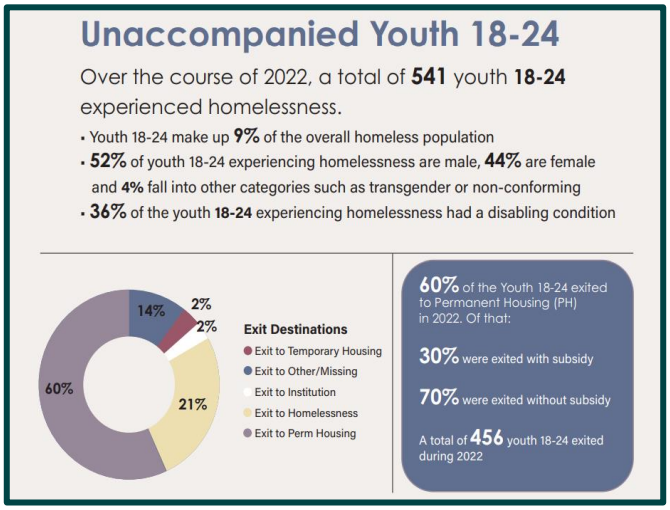
Client Characteristics	*Overall Homeless	Single Adults (25+)	Unaccomp. Youth (Singles 18-24)	Unaccomp. Youth (under 18)	Parenting Youth	Adults in Families	Children in Families	Seniors
	6,221	3,579	541	15	146	564	1,363	1,398
Male	60%	73%	52%	13%	7%	16%	49%	77%
Female	40%	27%	44%	87%	92%	83%	51%	23%
Other (Transgender/Non-binary or No single gender, (including questioning, transgender, genderfluid, agender, culturally specific gender)	<1%	<1%	4%	-	1%	1%	<1%	<1%
Age 0-4	9%	-	-	-	-	-	40%	-
Age 5-10	8%	-	-	-	-	-	36%	-
Age 11-14	4%	-	-	-	-		17%	-
Age 15-17	2%	-	-	93%	-	-	7%	-
Age 18-24	11%	-	100%	7%	100%	-	-	-
Age 25-34	17%	21%	-	-	-	56%	-	
Age 35-44	14%	20%	-	-	-	30%	-	-
Age 45-54	13%	20%	-	-	-	12%	-	-
Age 55-64	15%	27%	-	-	-	2%	-	69%
Age 65+	7%	12%	-	-	-	<1%	-	31%
Average Age	44	48	20	16	21	35	6	62
African American	85%	81%	84%	80%	98%	90%	93%	84%
White	10%	14%	9%	13%	2%	6%	3%	13%
Other	5%	5%	7%	7%	-	4%	4%	3%
Disabling Conditions	38%	53%	36%	47%	28%	32%	5%	60%

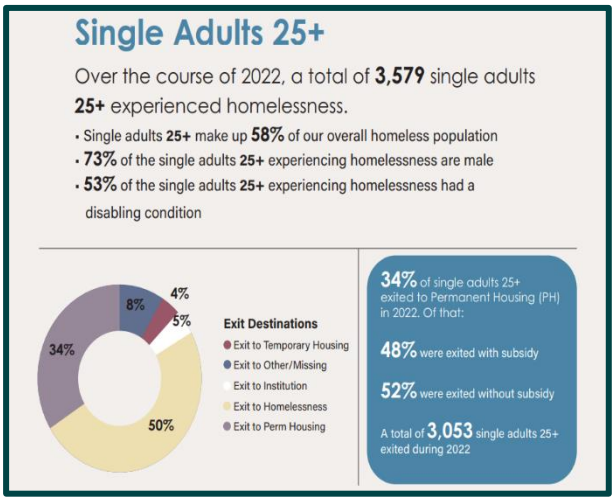
*Overall numbers are unduplicated numbers. 13 persons were reported in more than one sub-population category during the year.

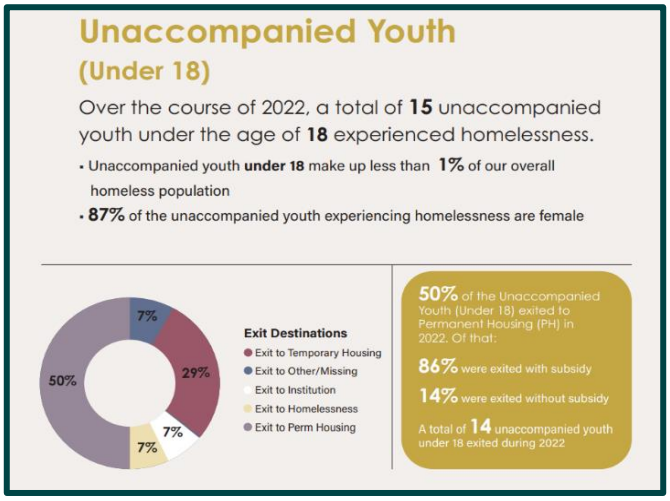
Source link:
https://static1.squarespace.com/static/5344557fe4b0323896c3c519/t/66a0fb8da7d0504a148cd870/1721826193165/2022+STATE+OF+HOMELESSNESS_071924+SPREADS-low+res.pdf

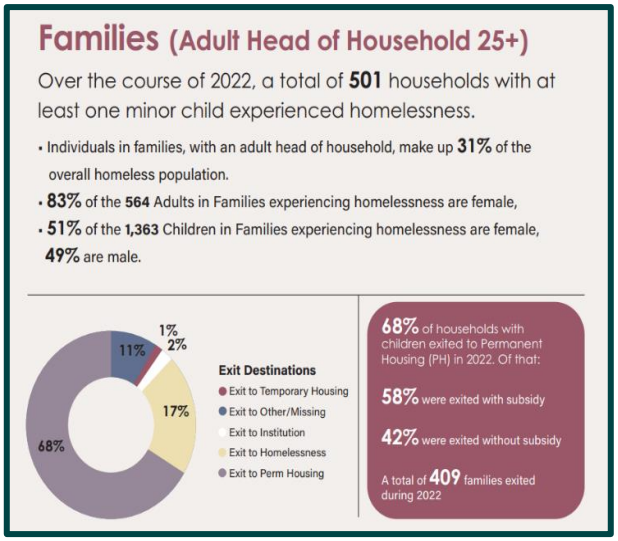
Neighborhood and Built Environment

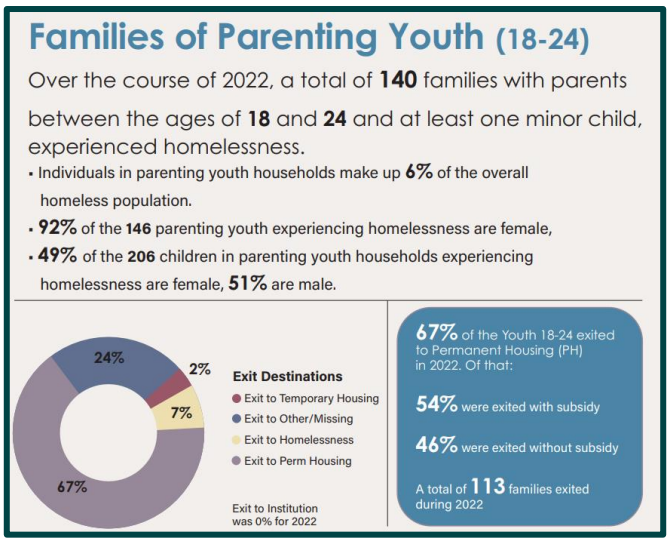












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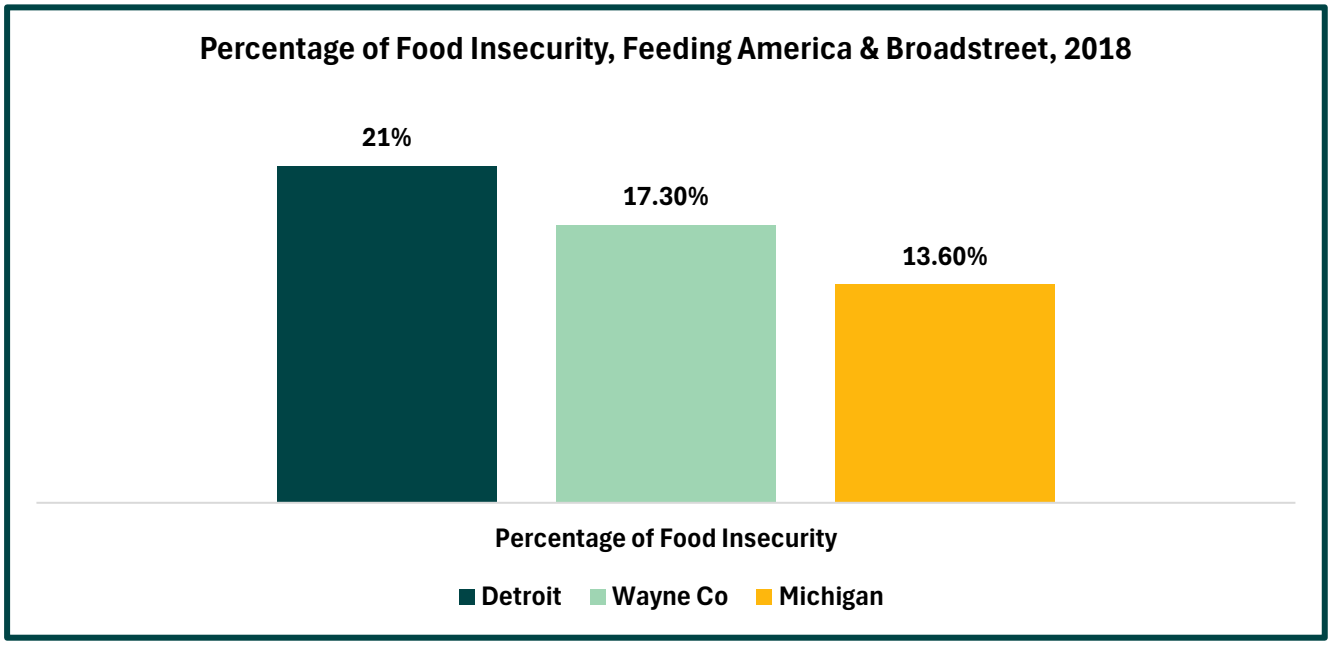
Neighborhood and Built Environment



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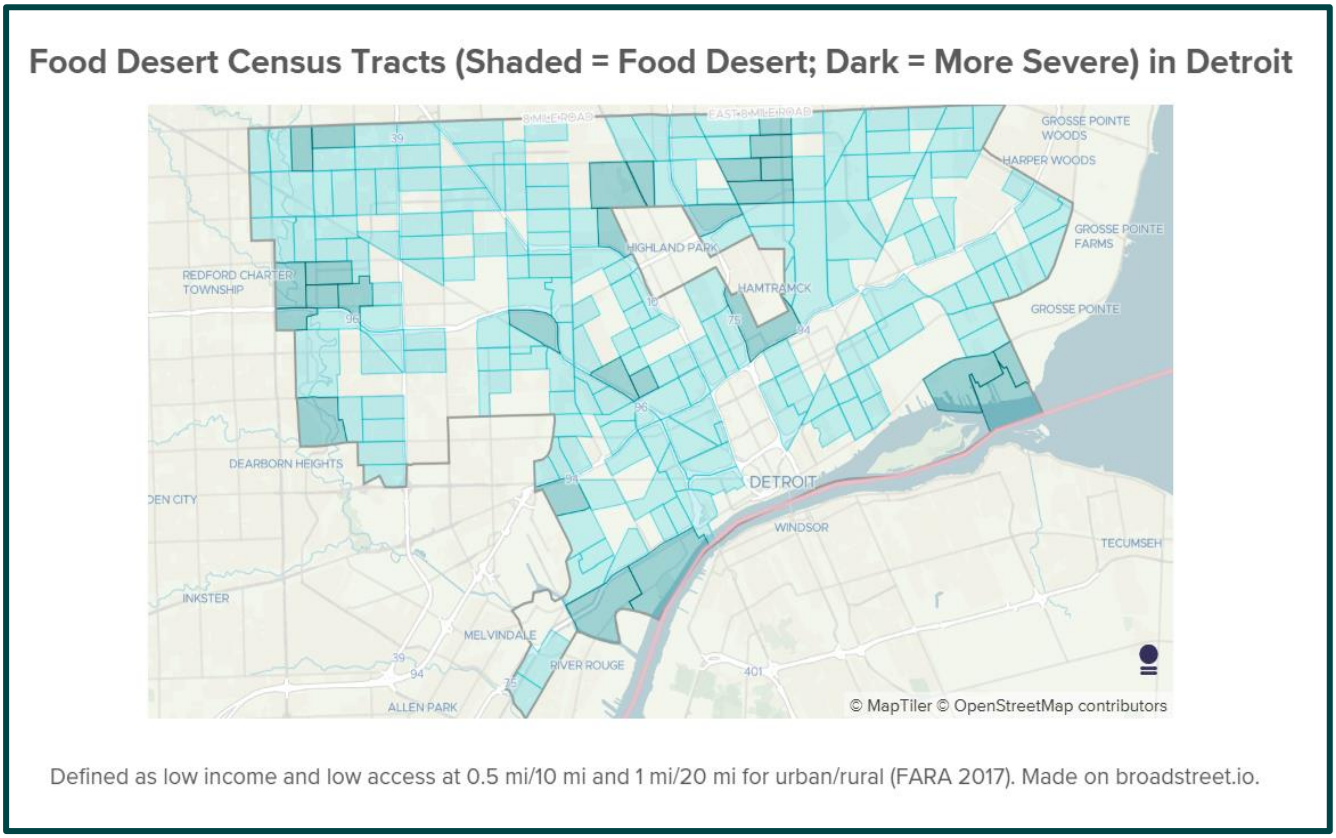
https://www.broadstreet.io/board/BOARD/collection/Qm9hcmROb2RlOjEyOTgwOQ==
Feeding America: https://map.feedingamerica.org/county/2018/overall/michigan



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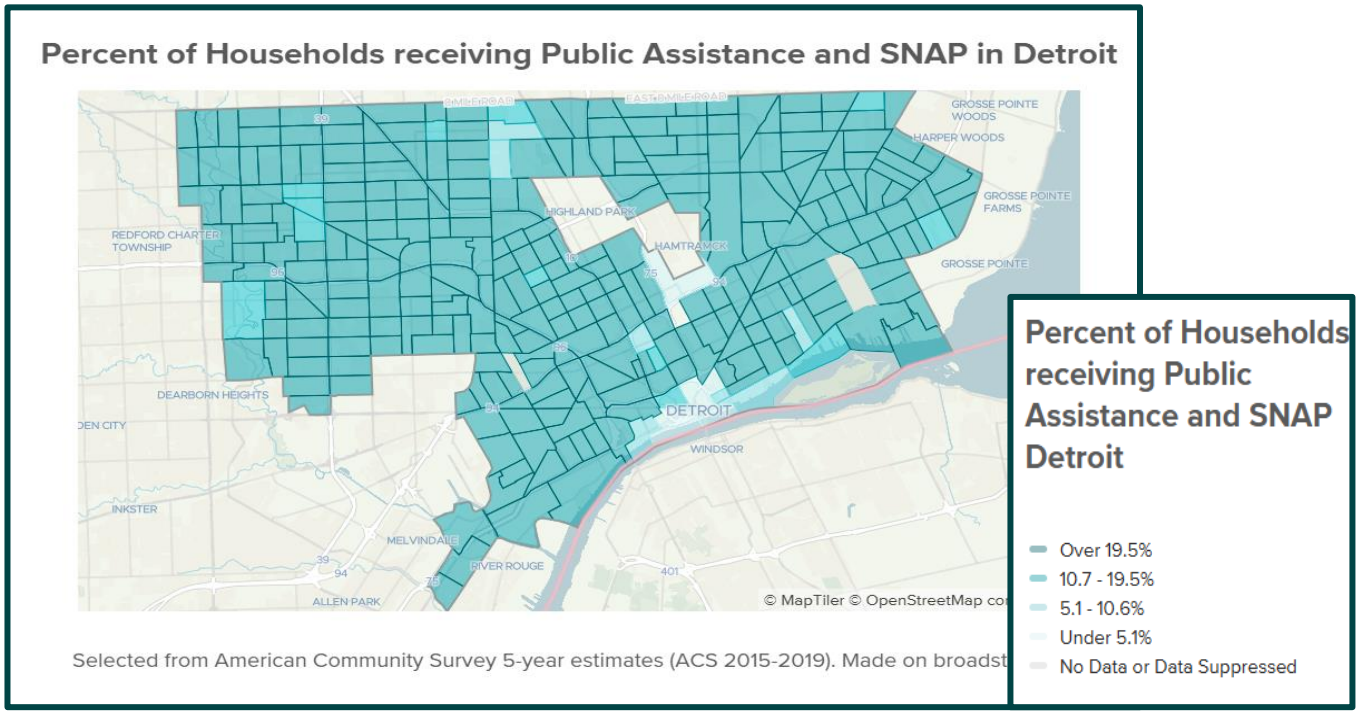
Neighborhood and Built Environment



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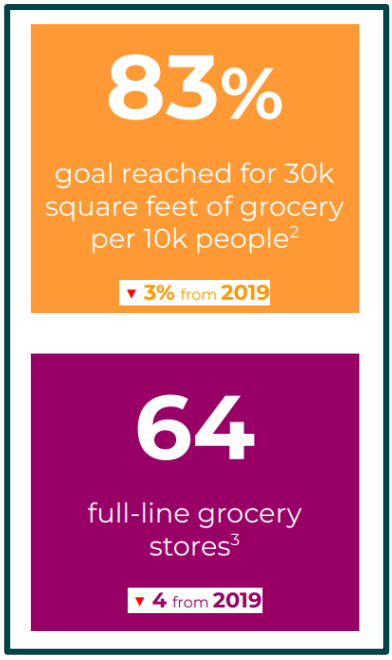
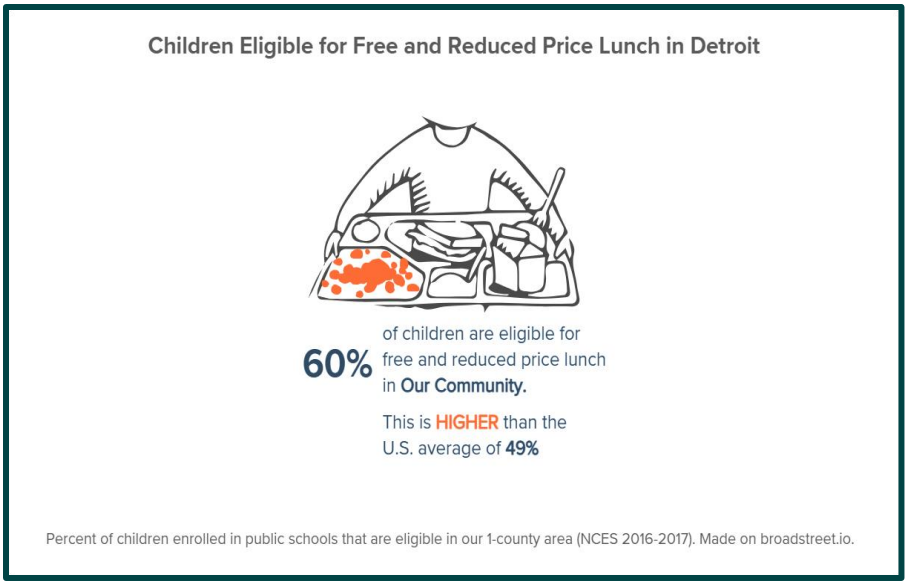


Source link: https://www.detroitfoodpc.org/sites/default/files/pdfs/DFMR20-Report-20220929-FINAL.pdf



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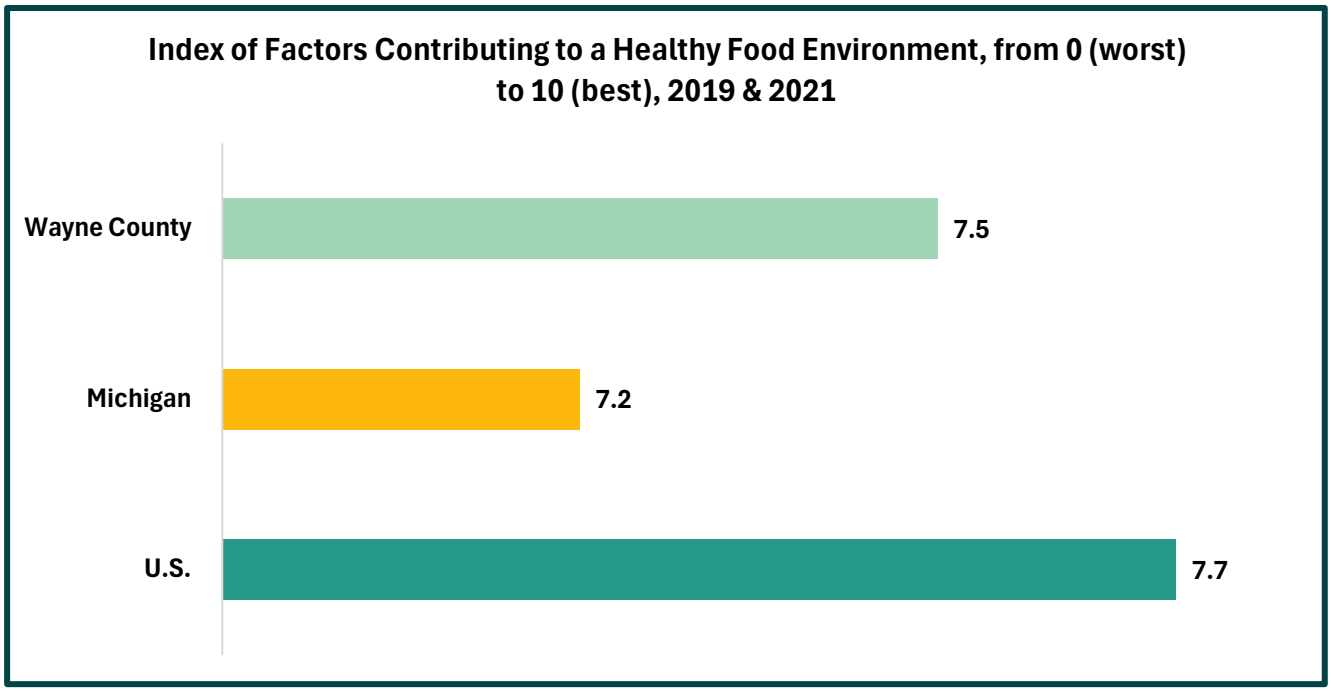
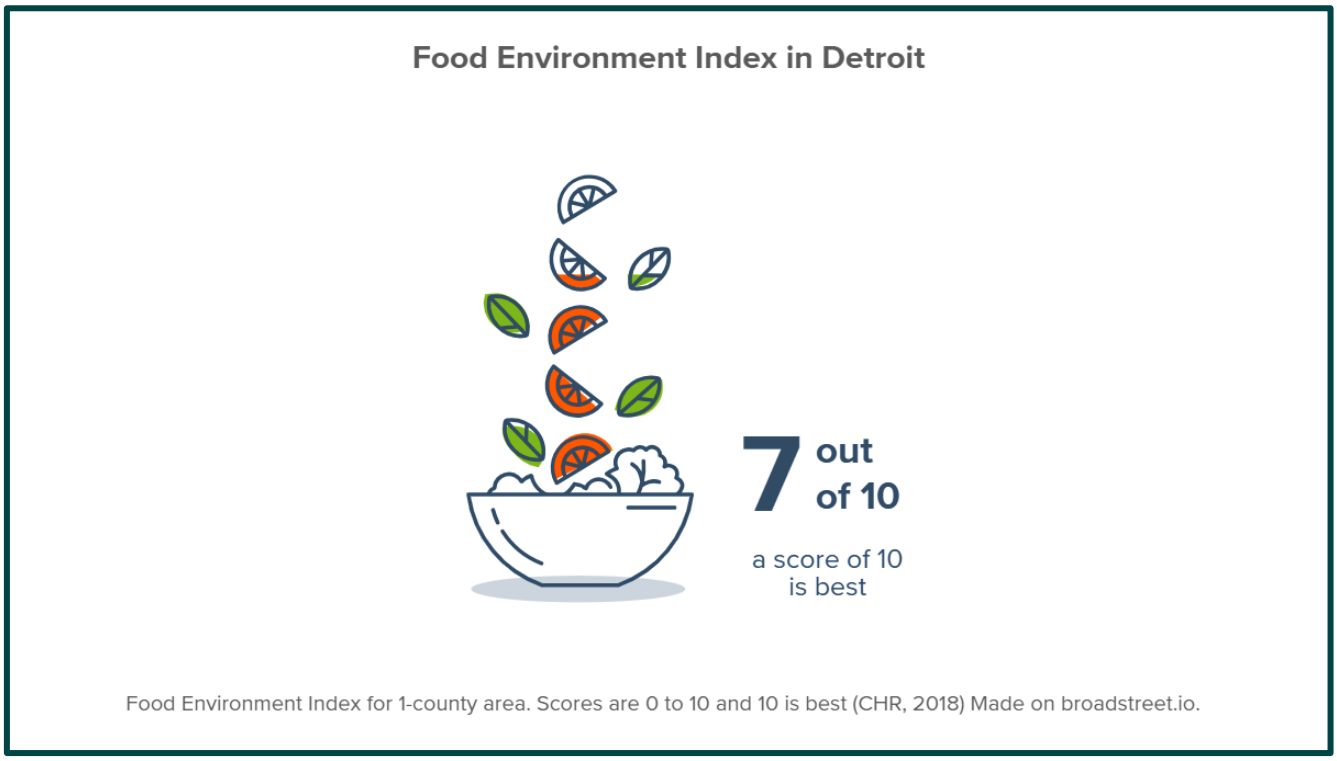
Neighborhood and Built Environment



Source link: CHR: https://www.countyhealthrankings.org/health-data/health-factors/health-behaviors/diet-and-exercise/food-environment-index?year=2024&county=26163
HD Pulse (NIH): https://hdpulse.nimhd.nih.gov/data-portal/physical/map?physicaltopic=030&physicaltopic_options=physical_2&demo=01007&demo_options=foodenvironment_1&race=00&race_options=raceall_1&sex=0&sex_options=sexboth_1&age=001&age_options=ageall_1&statefips=26&statefips_options=area_states

Neighborhood and Built Environment



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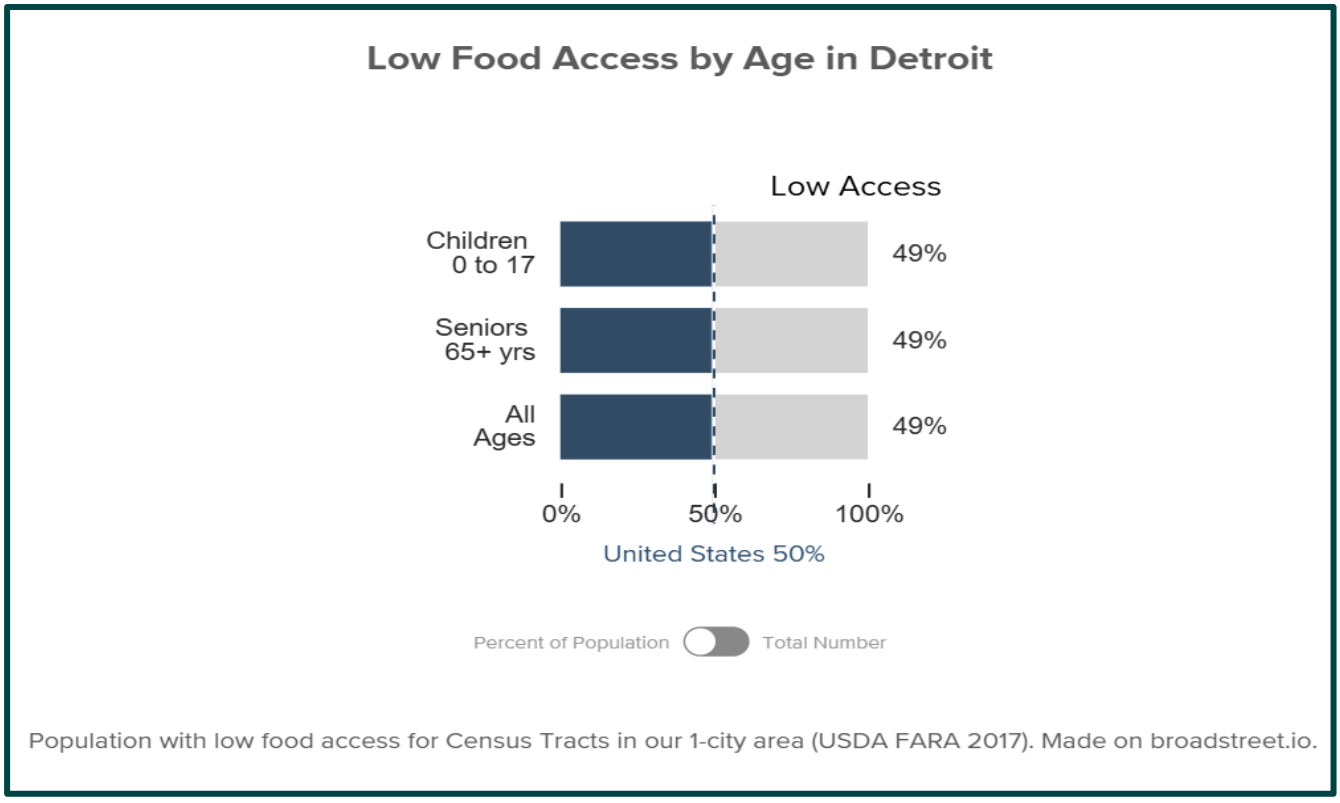

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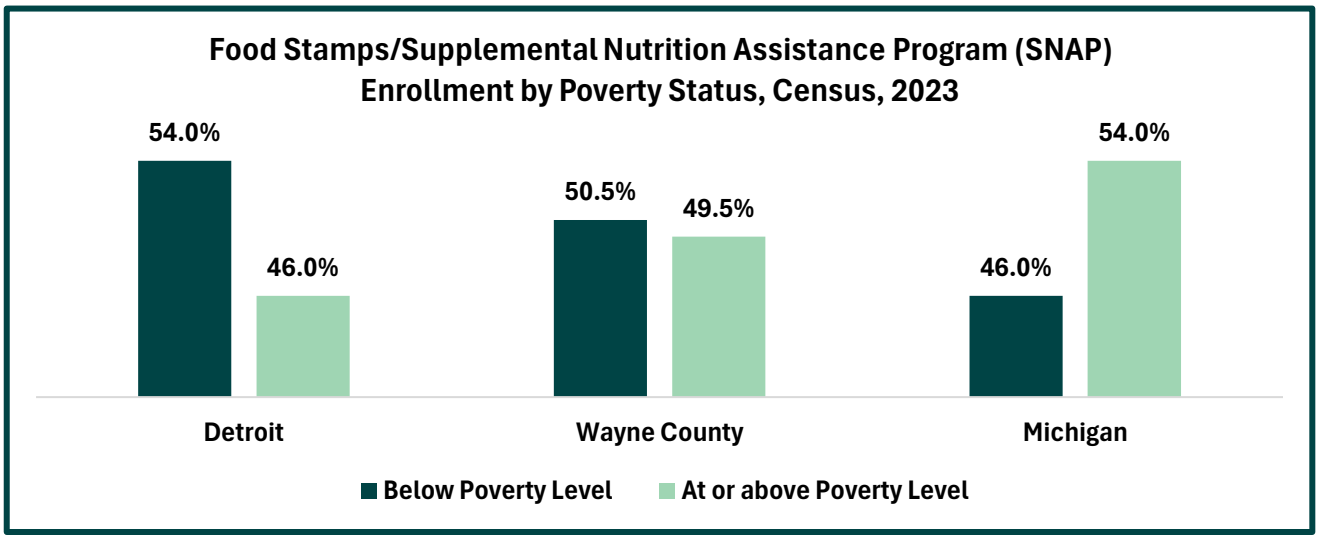
Neighborhood and Built Environment



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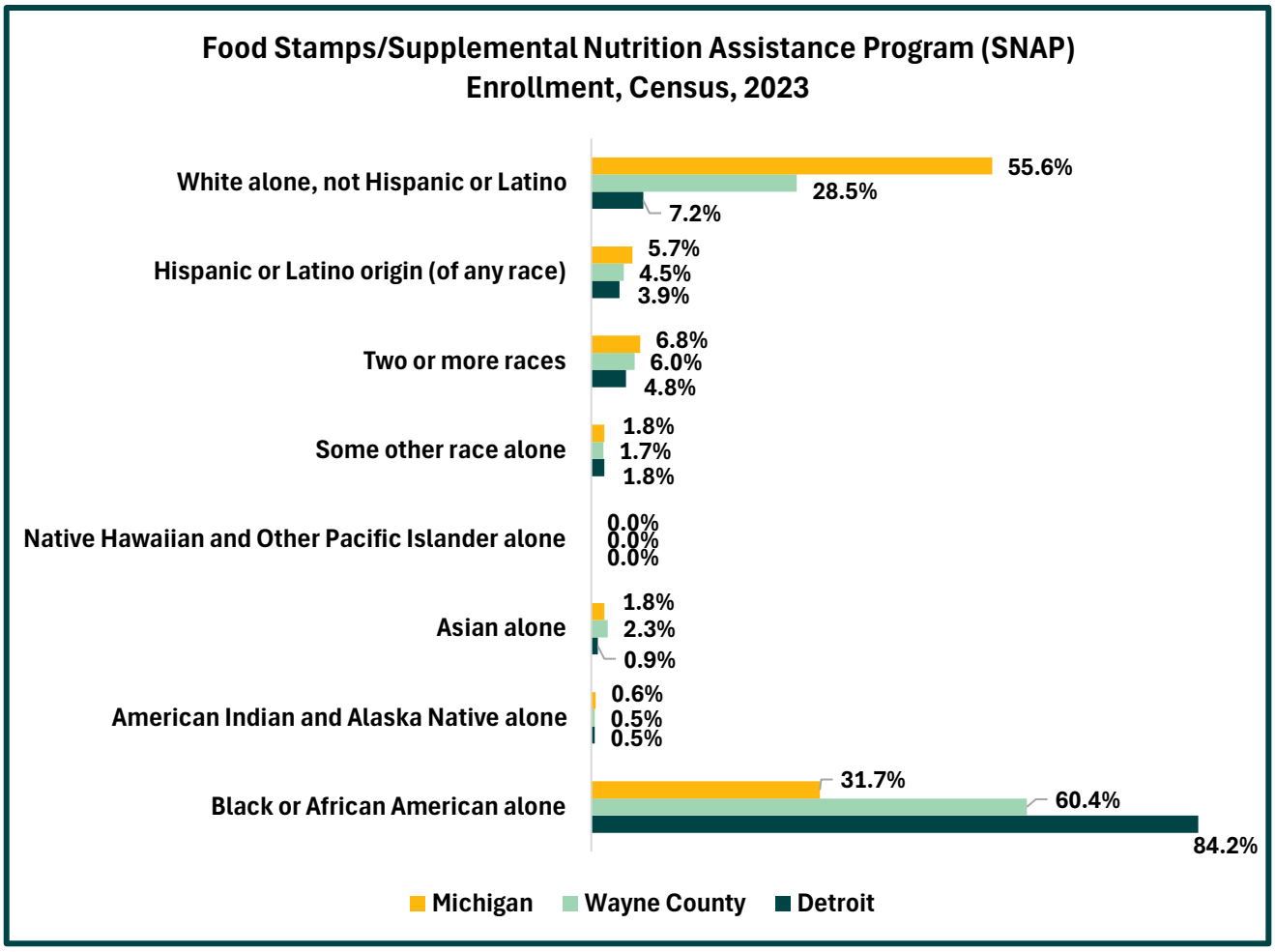

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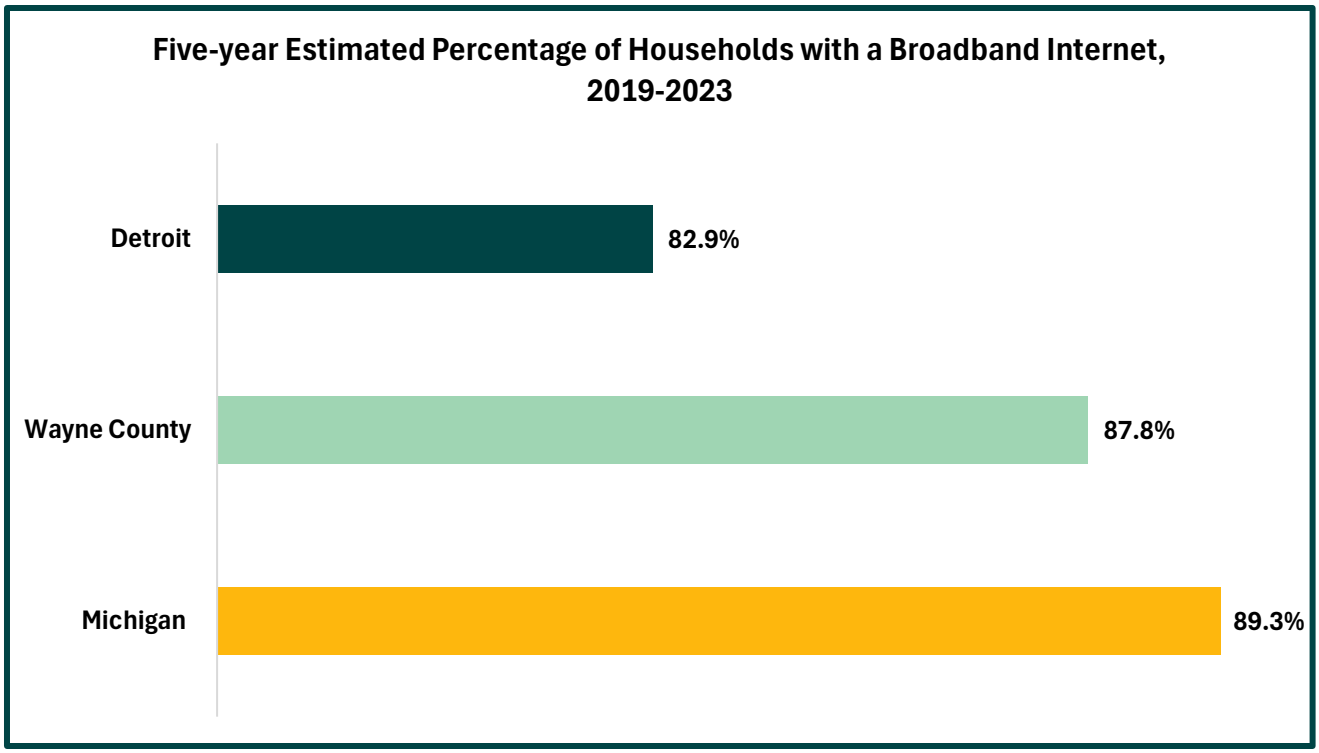
Neighborhood and Built Environment



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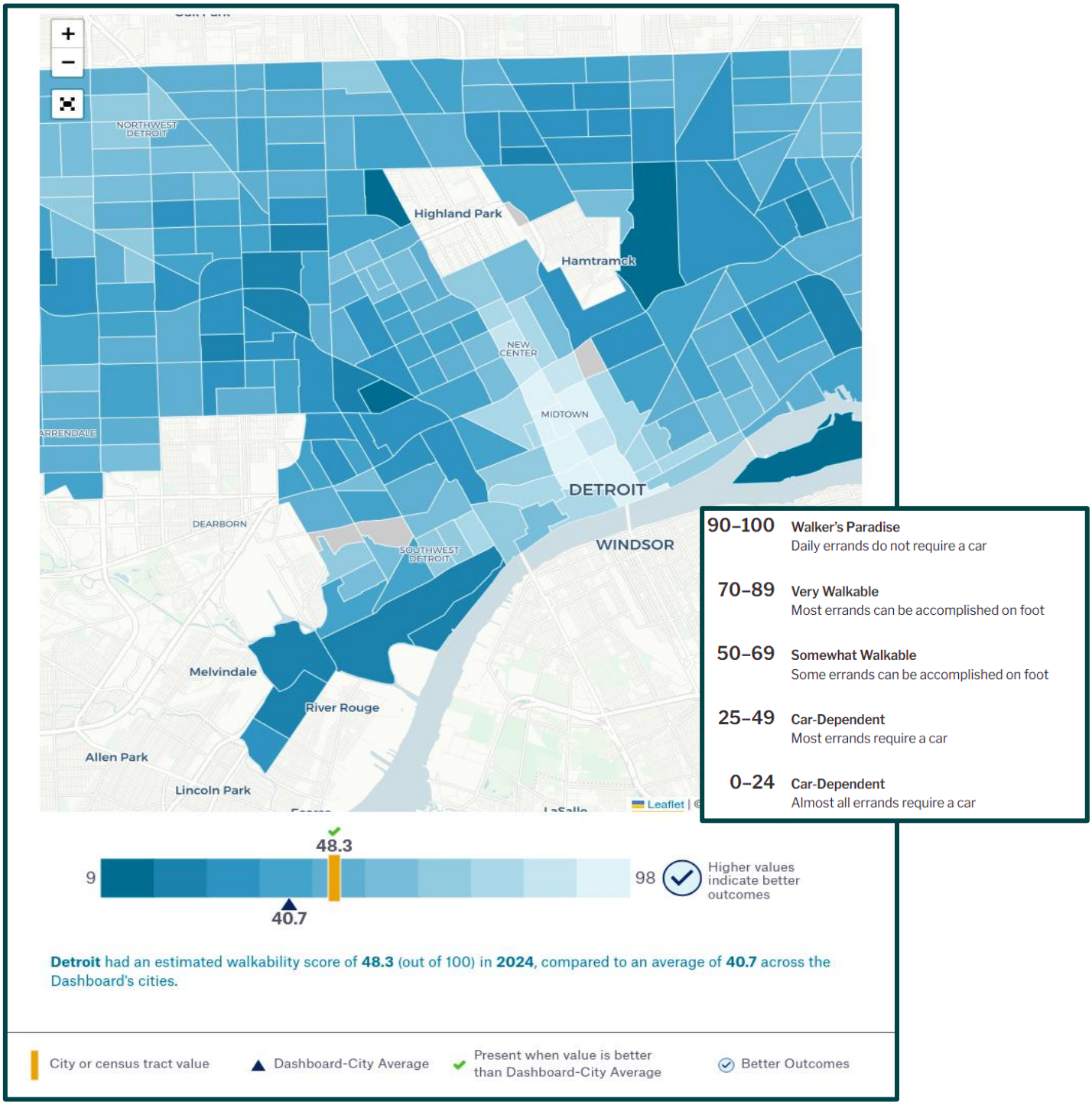
Neighborhood and Built Environment

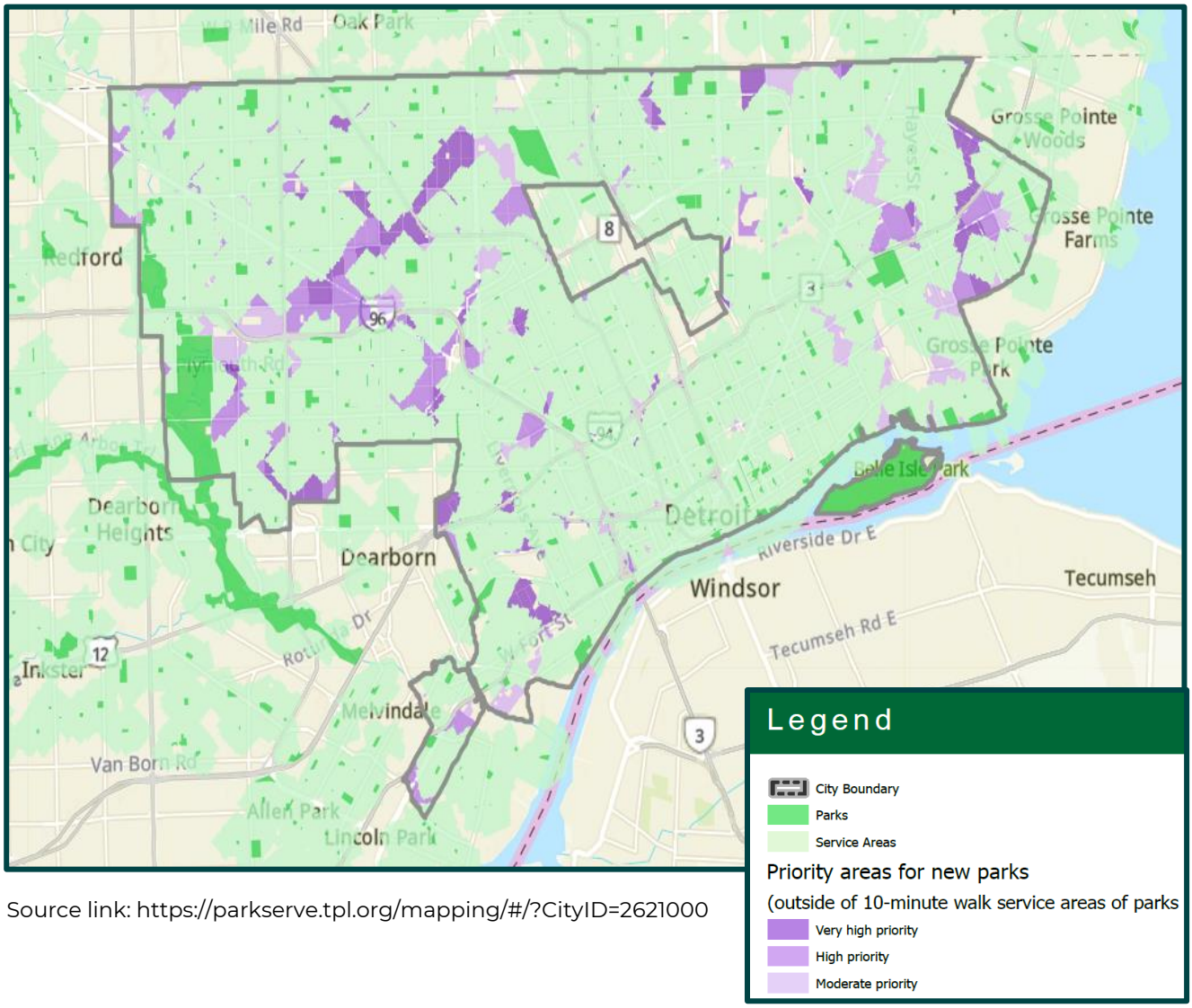
Walkability and Tree Coverage



Source link: https://www.cityhealthdashboard.com/MI/Detroit/metric-detail?metricId=27&dataPeriod=2024

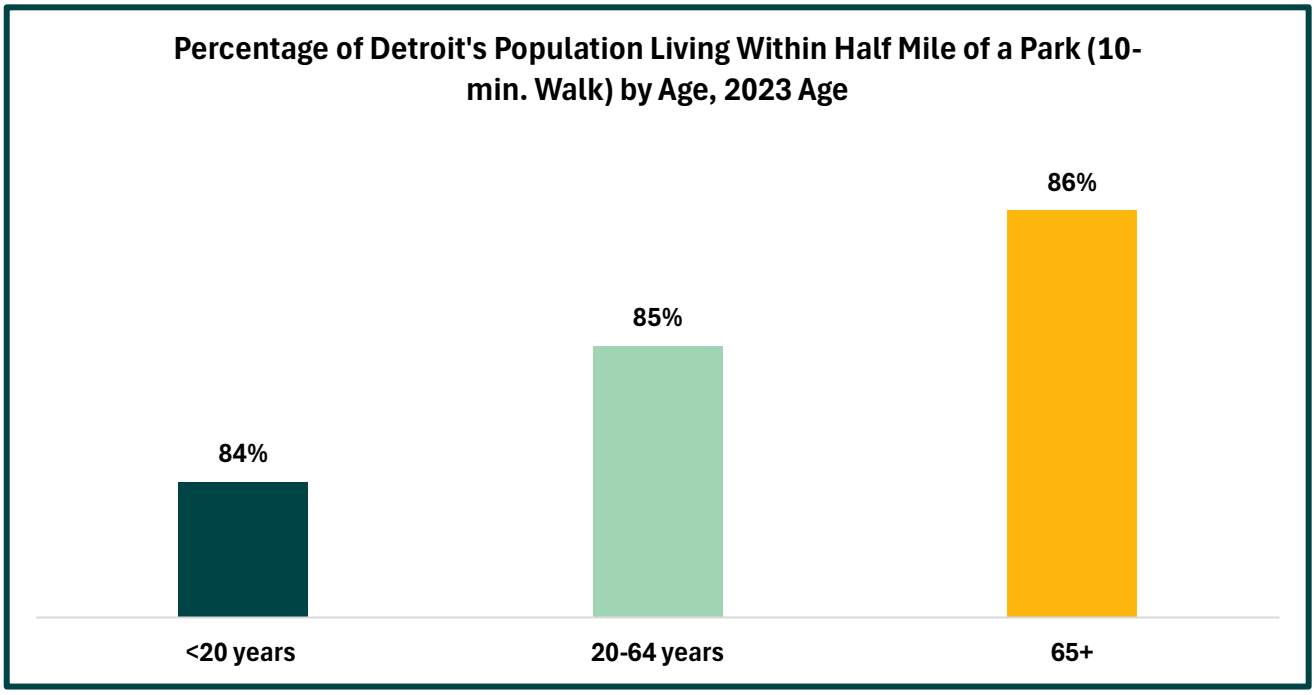
Neighborhood and Built Environment

Walkability and Tree Coverage



Source link: https://parkserve.tpl.org/mapping/#/?CityID=2621000

Neighborhood and Built Environment



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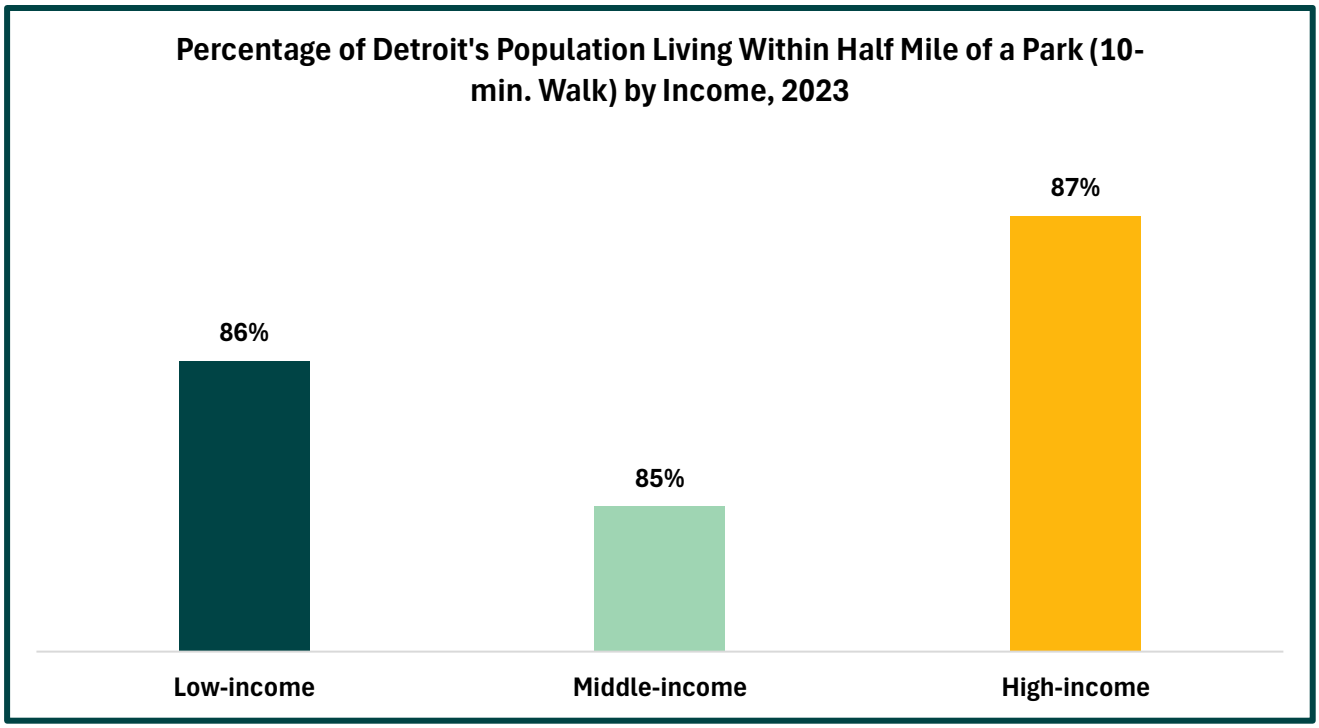

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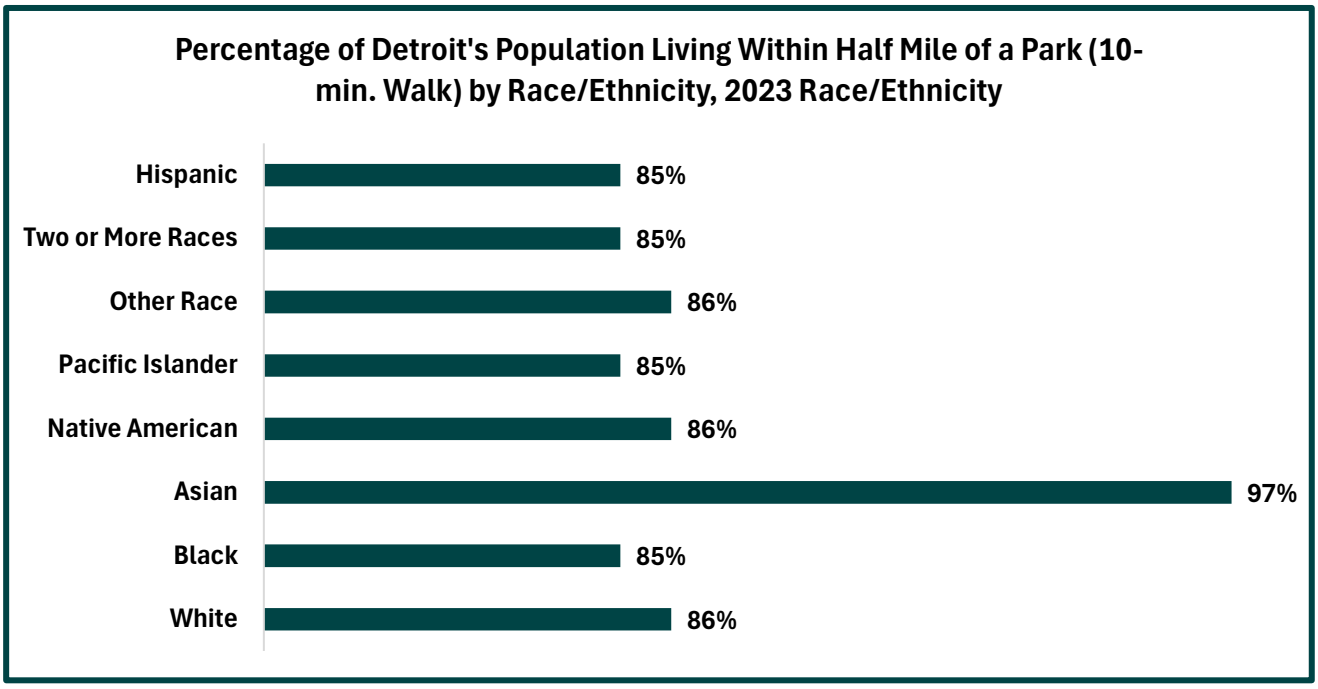
Neighborhood and Built Environment



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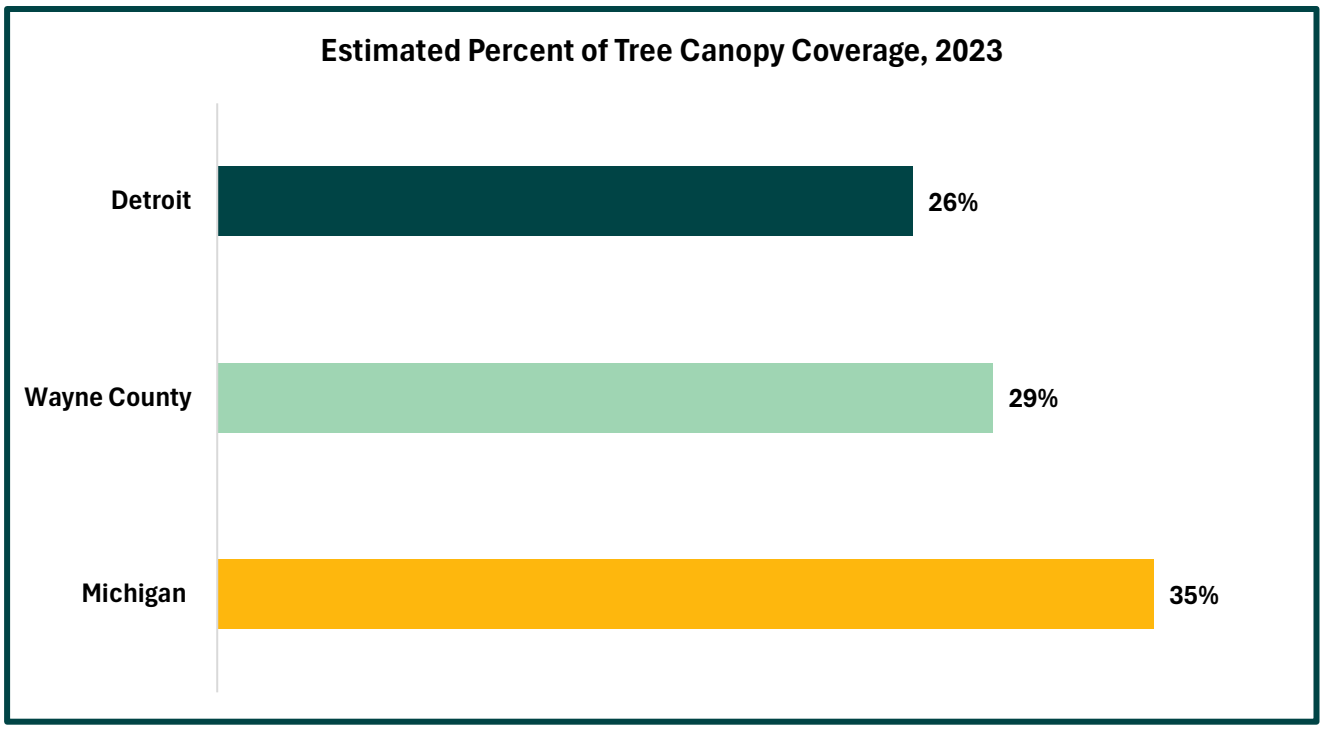
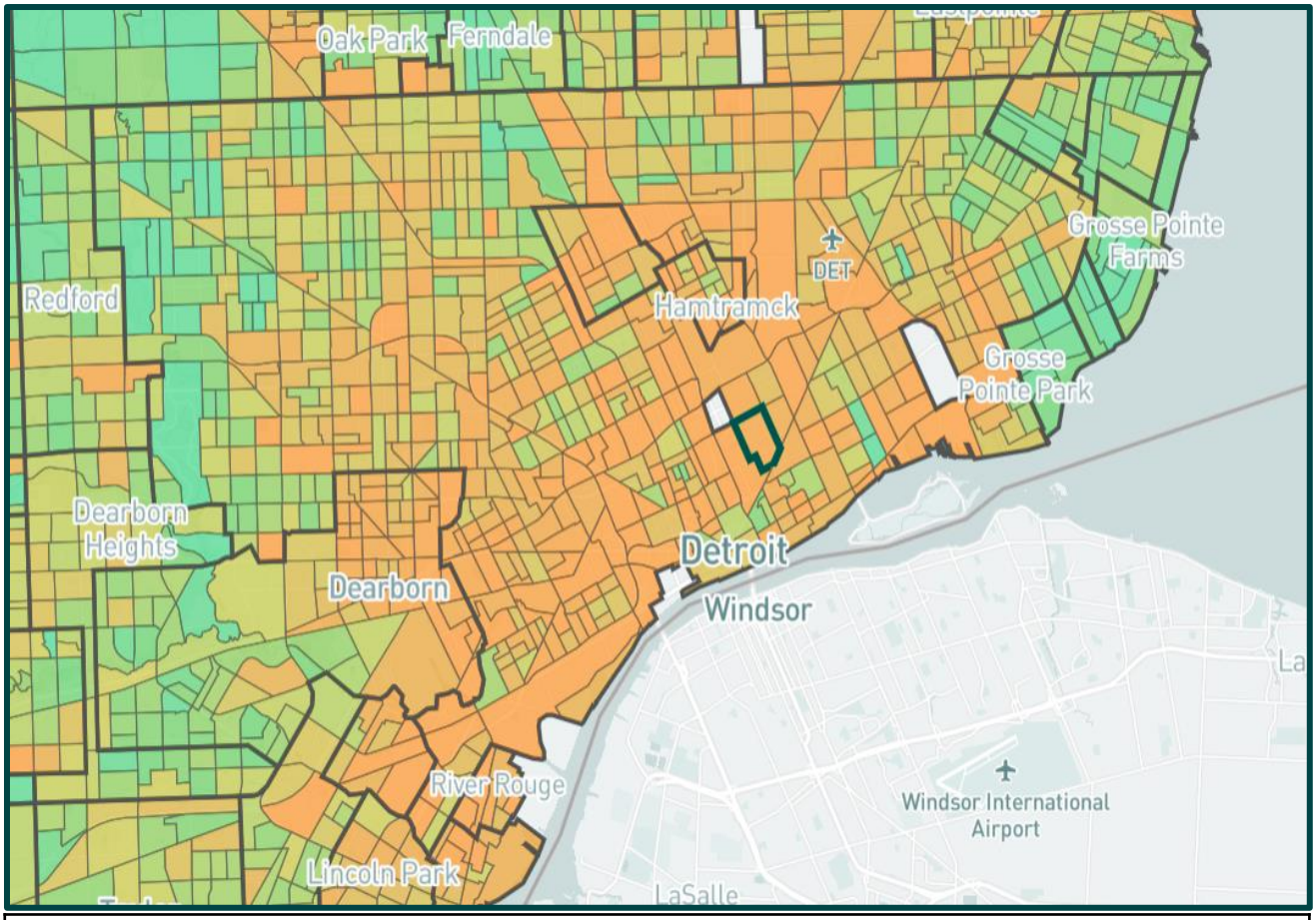


Source link: https://www.treeequityscore.org/map#9/42.3127/-83.213 and https://www.treeequityscore.org/insights/place/city-of-detroit-mi

Neighborhood and Built Environment

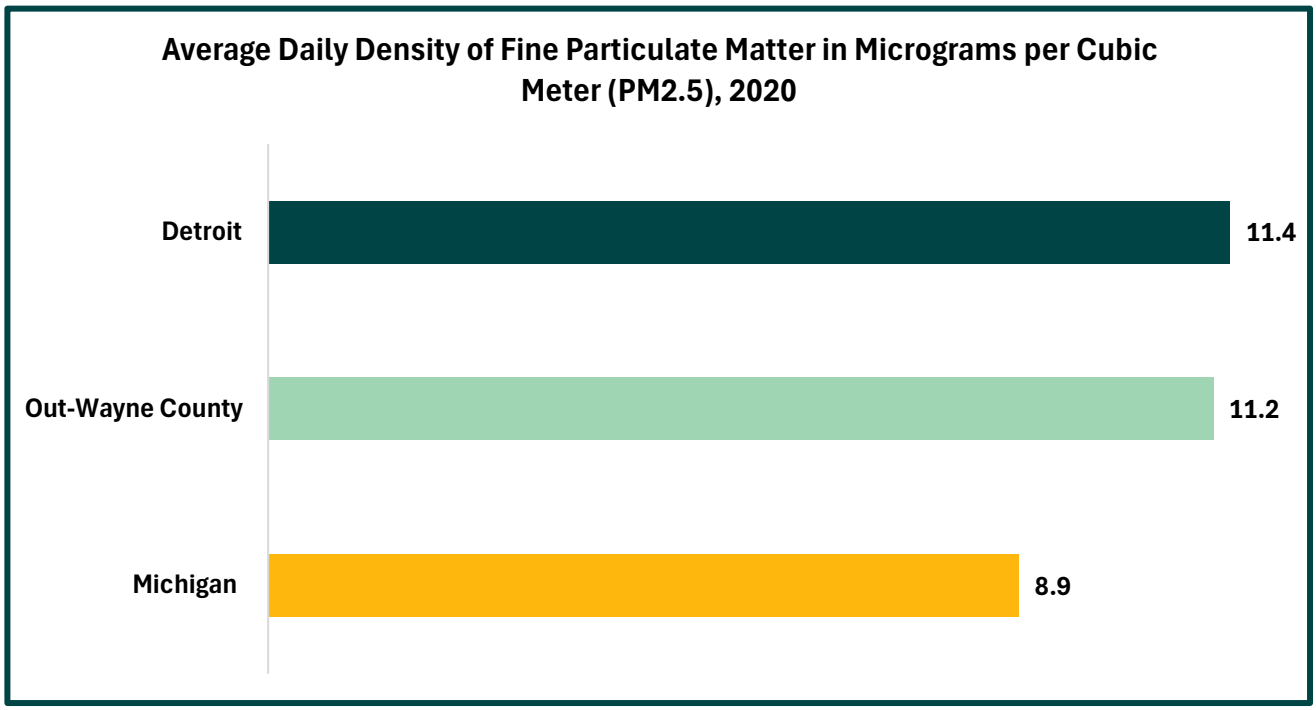
Walkability and Tree Coverage



Tree Equity Insights	
	Detroit
Tree Equity Score (out of 100)	80

Source link: https://www.treeequityscore.org/map#9/42.3127/-83.213 and https://www.treeequityscore.org/insights/place/city-of-detroit-mi

Neighborhood and Built Environment



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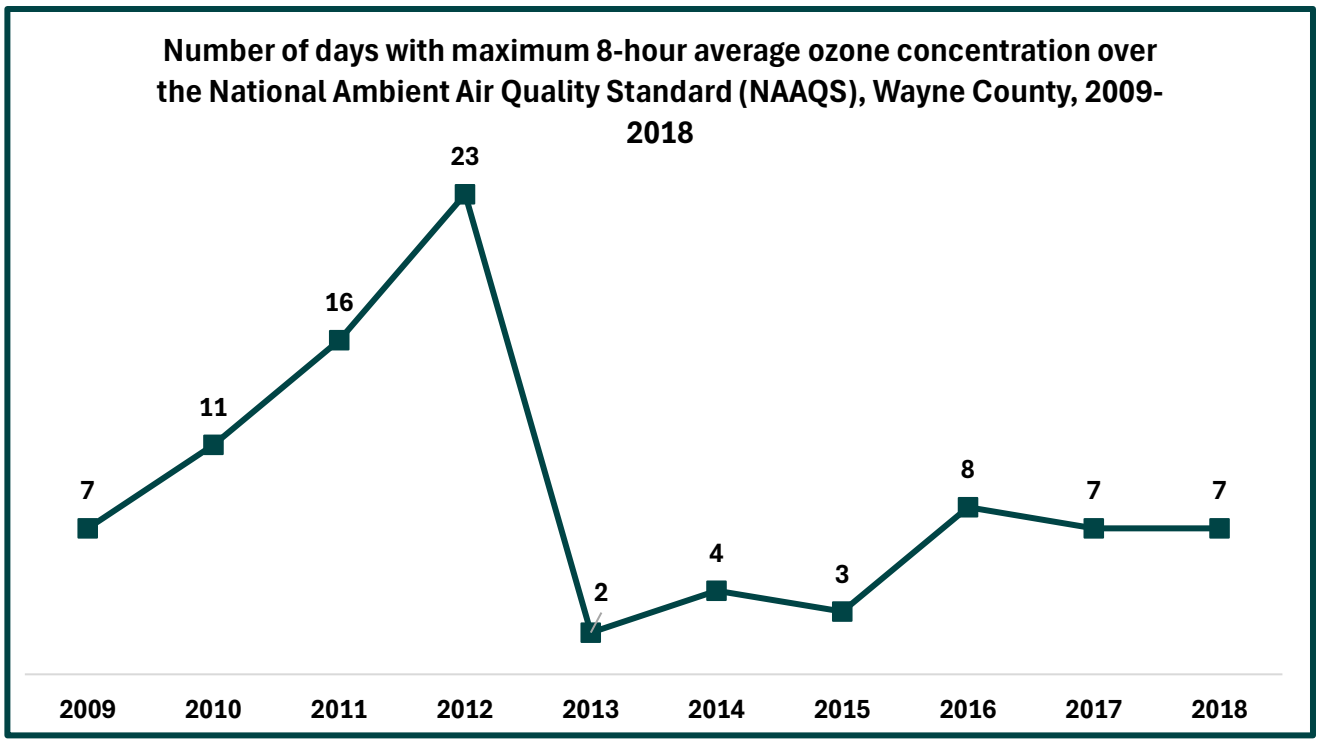
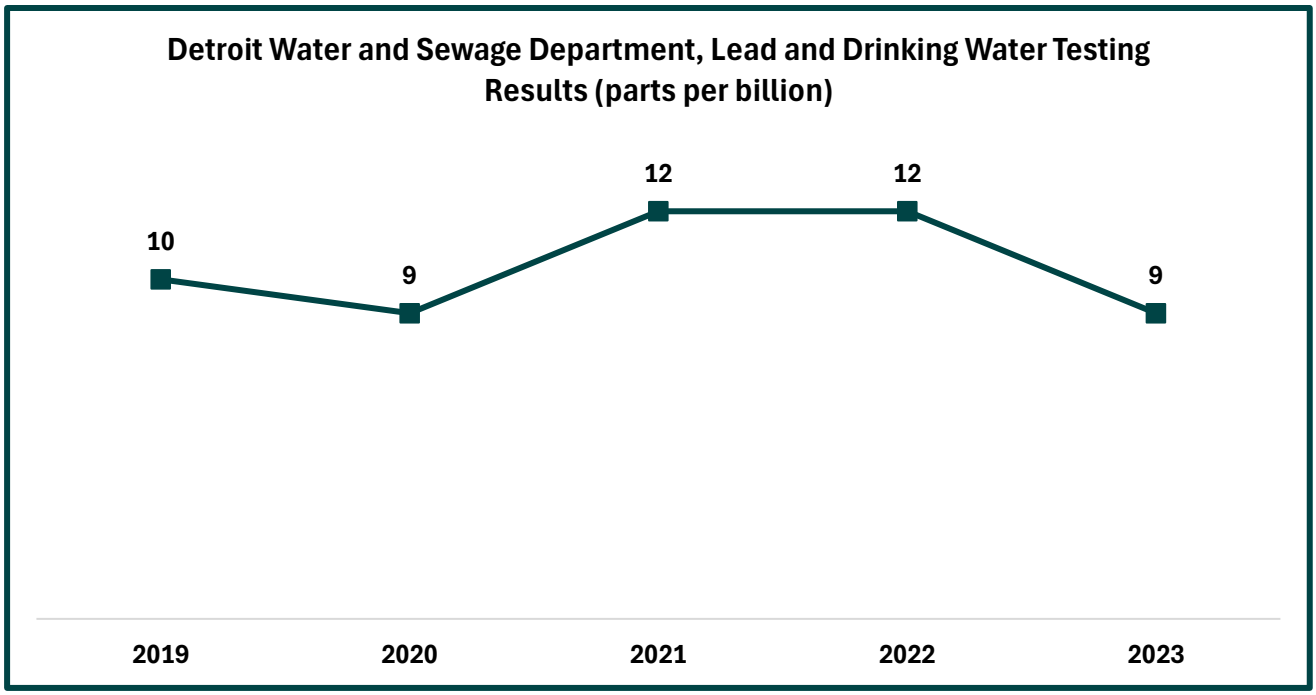


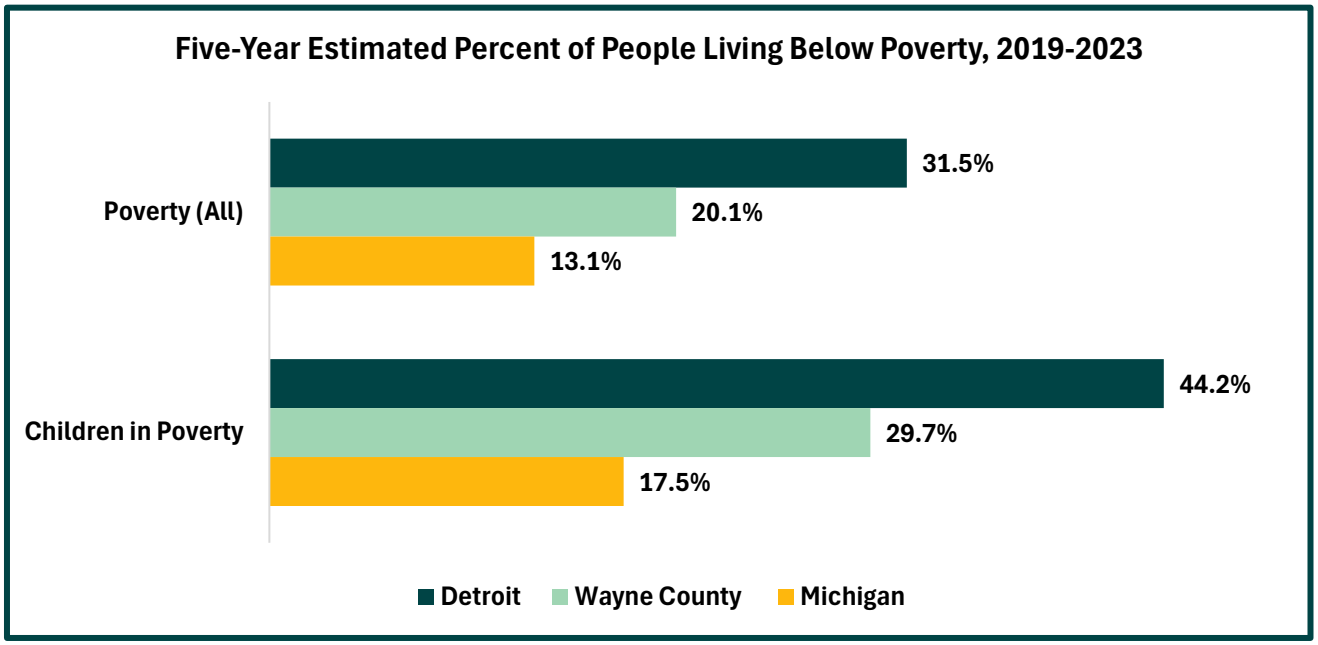
Source link: https://mitracking.state.mi.us/

Neighborhood and Built Environment



Source link: https://detroitmi.gov/sites/detroitmi.localhost/files/2024-06/DWSD%202023%20Water%20Quality%20Report.pdf

Economic Stability

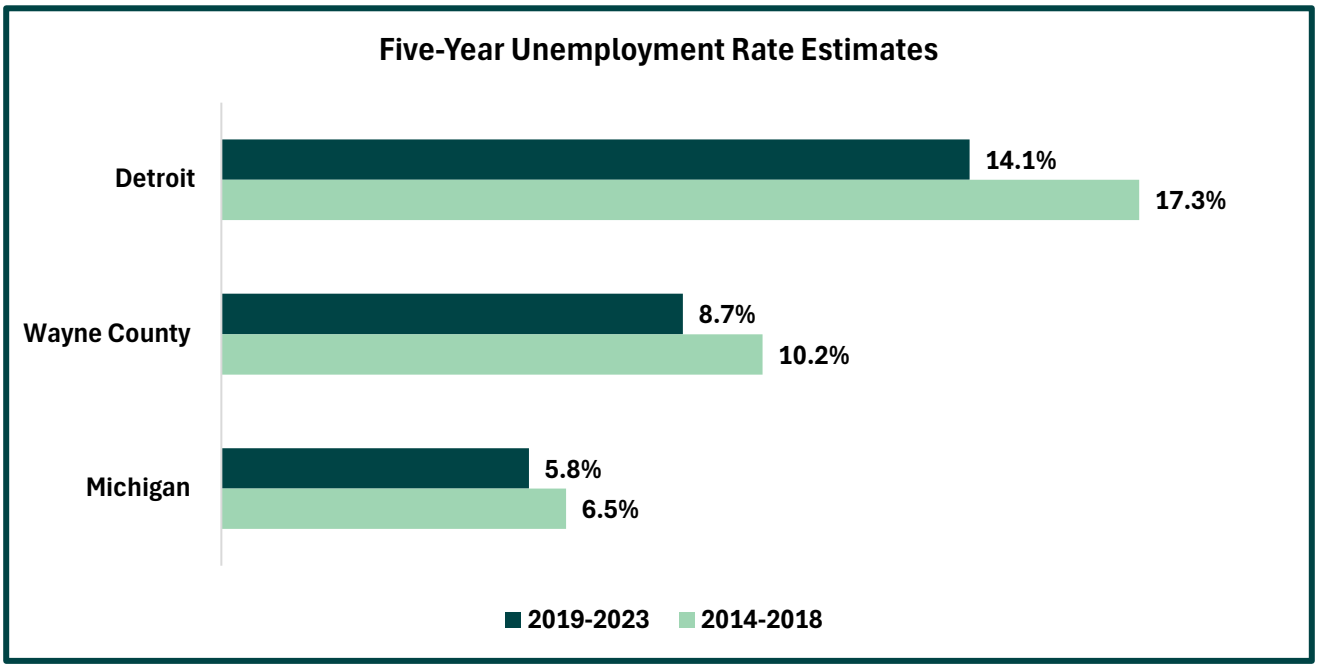


Source link:
https://data.census.gov/table/ACSCP5Y2023.CP03?g=040XX00US26_050XX00US26163_160XX00US2622000&d=ACS+5-Year+Estimates+Comparison+Profiles9

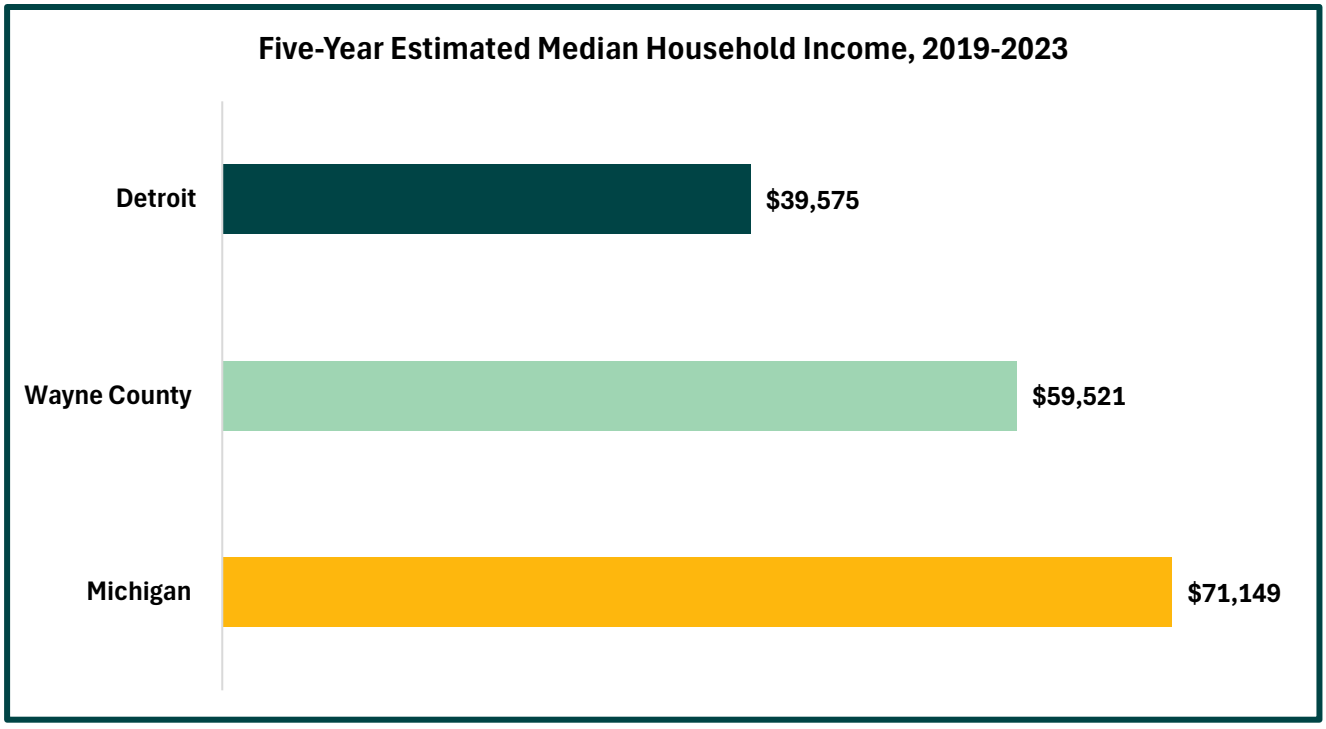
Detroit												
	1 Adult				2 Adults (1 Working)				2 Adults (Both Working)			
	0 Children	1 Child	2 Children	3 Children	0 Children	1 Child	2 Children	3 Children	0 Children	1 Child	2 Children	3 Children
Living Wage	$21.23	$37.05	$46.10	$57.47	$30.06	$36.10	$39.94	$45.22	$15.03	$21.09	$25.73	$30.41
Poverty Wage	$7.52	$10.17	$12.81	$15.46	$10.17	$12.81	$15.46	$18.10	$5.08	$6.41	$7.73	$9.05
Minimum Wage	$12.48	$12.48	$12.48	$12.48	$12.48	$12.48	$12.48	$12.48	$12.48	$12.48	$12.48	$12.48
Wayne County												
	1 Adult				2 Adults (1 Working)				2 Adults (Both Working)			
	0 Children	1 Child	2 Children	3 Children	0 Children	1 Child	2 Children	3 Children	0 Children	1 Child	2 Children	3 Children
Living Wage	$20.39	$35.59	$44.21	$54.98	$29.04	$34.69	$38.49	$43.42	$14.52	$20.32	$24.79	$29.16
Poverty Wage	$7.52	$10.17	$12.81	$15.46	$10.17	$12.81	$15.46	$18.10	$5.08	$6.41	$7.73	$9.05
Minimum Wage	$12.48	$12.48	$12.48	$12.48	$12.48	$12.48	$12.48	$12.48	$12.48	$12.48	$12.48	$12.48
Michigan												
	1 Adult				2 Adults (1 Working)				2 Adults (Both Working)			
	0 Children	1 Child	2 Children	3 Children	0 Children	1 Child	2 Children	3 Children	0 Children	1 Child	2 Children	3 Children
Living Wage	$20.97	$35.97	$44.41	$55.41	$29.84	$35.66	$39.53	$44.81	$14.92	$20.59	$24.95	$29.46
Poverty Wage	$7.52	$10.17	$12.81	$15.46	$10.17	$12.81	$15.46	$18.10	$5.08	$6.41	$7.73	$9.05
Minimum Wage	$12.48	$12.48	$12.48	$12.48	$12.48	$12.48	$12.48	$12.48	$12.48	$12.48	$12.48	$12.48

Source link: https://livingwage.mit.edu/counties/26163

Economic Stability

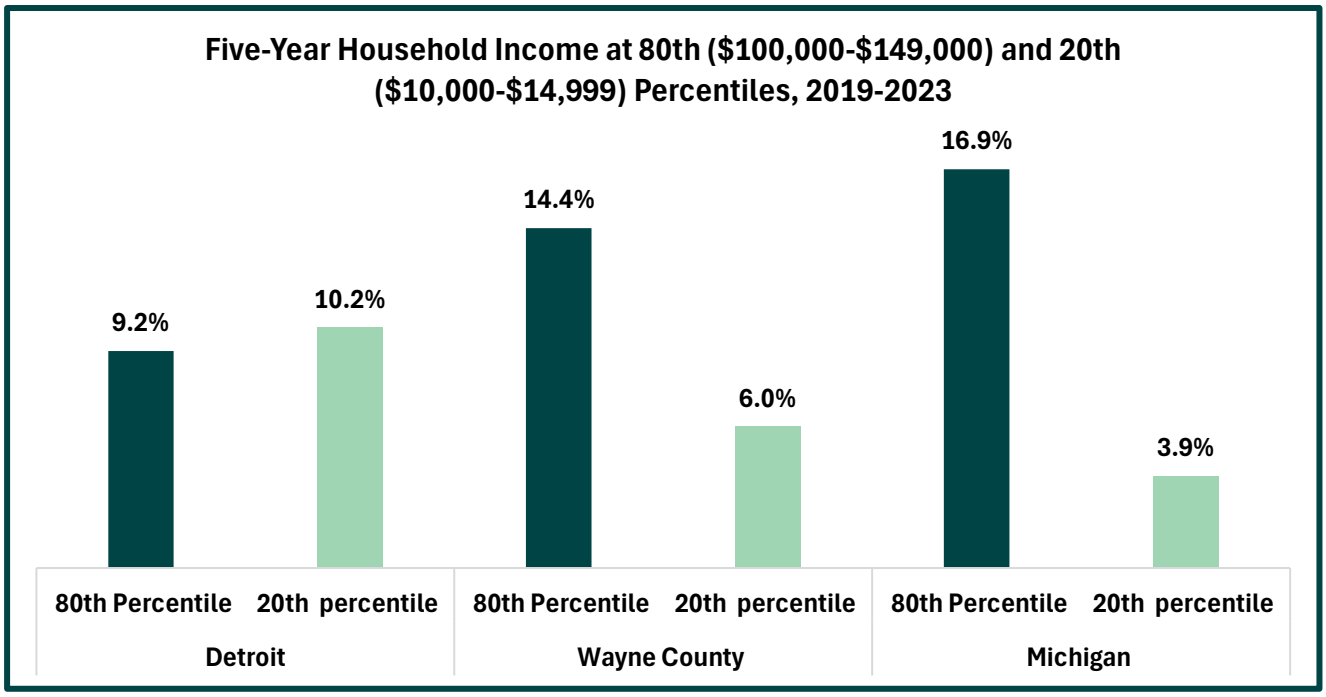


Source link:
https://data.census.gov/table/ACSCP5Y2023.CP03?g=040XX00US26_050XX00US26163_160XX00US2622000&d=ACS+5-Year+Estimates+Comparison+Profiles



Source link:
https://data.census.gov/table?q=median+household+income&g=040XX00US26_050XX00US26163_160XX00US2622000&d=ACS+5-Year+Estimates+Comparison+Profiles

Economic Stability



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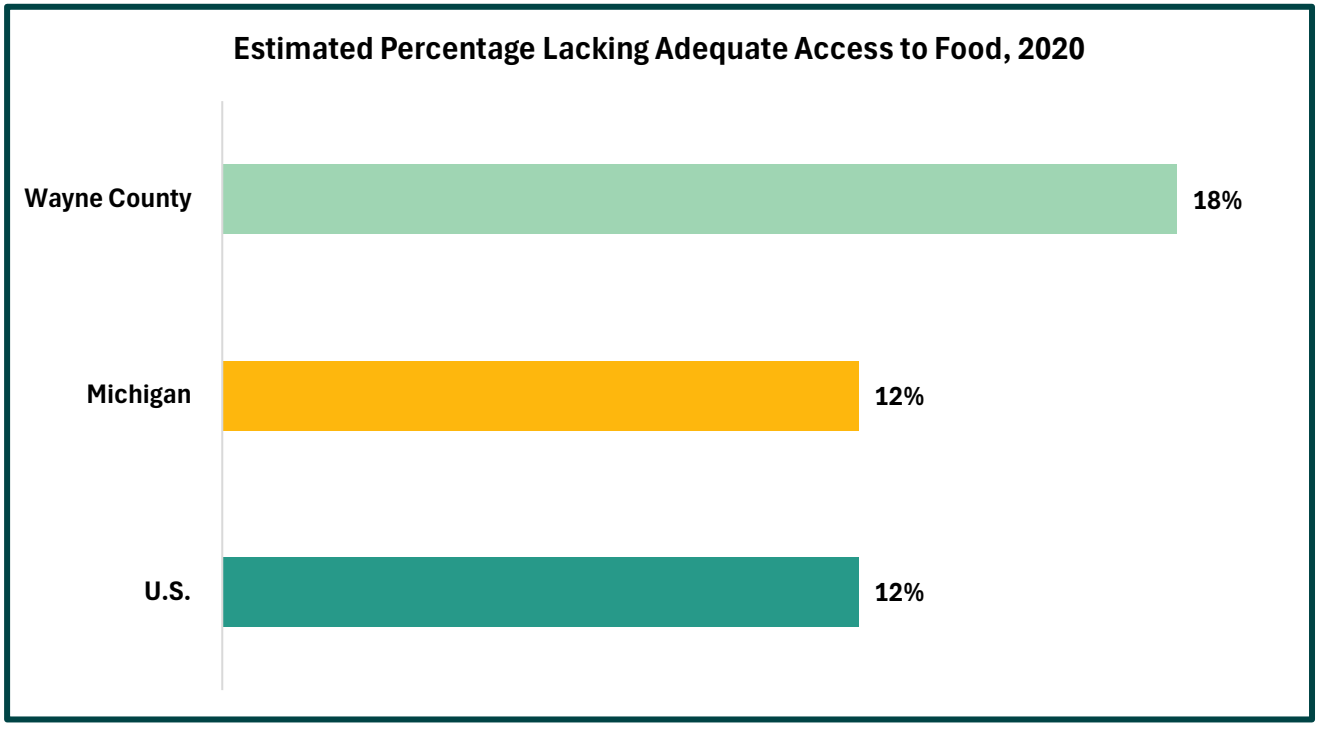
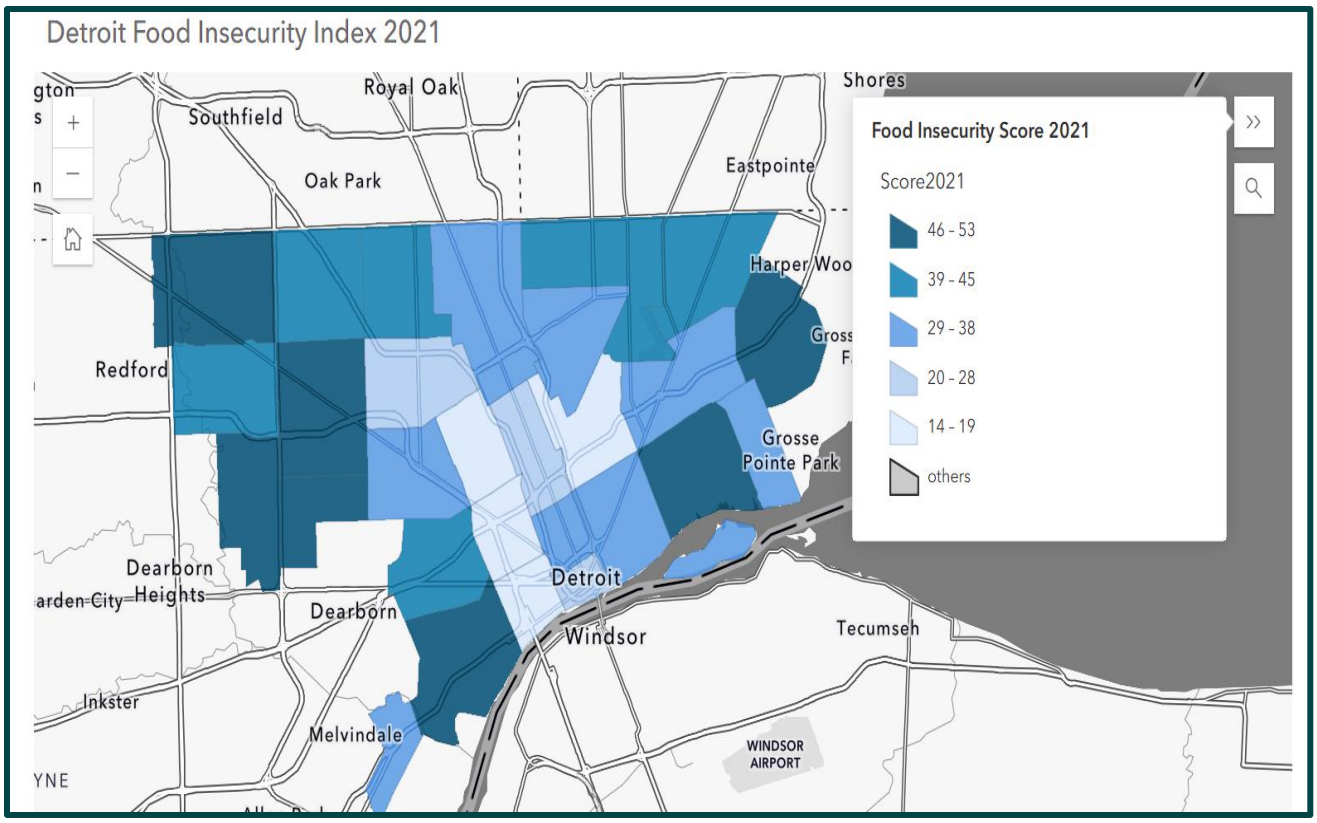


Source link:
https://map.feedingamerica.org/county/2018/overall/michiganhttps://www.broadstreet.io/board/BOARD/collection/Qm9hcmROb2RlOjEyOTgwOQ==

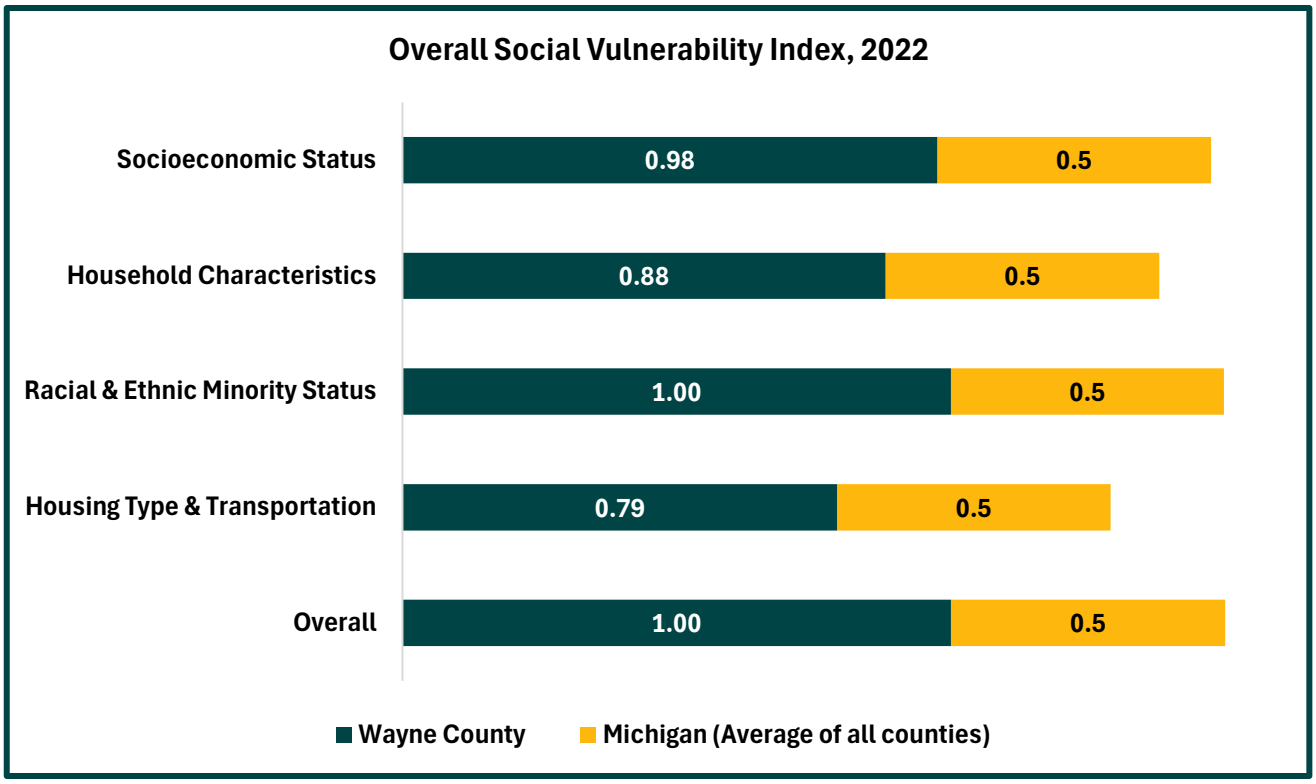
Economic Stability



In the map above, the darker-shaded zip code regions represent areas where residents face significant challenges with food insecurity.

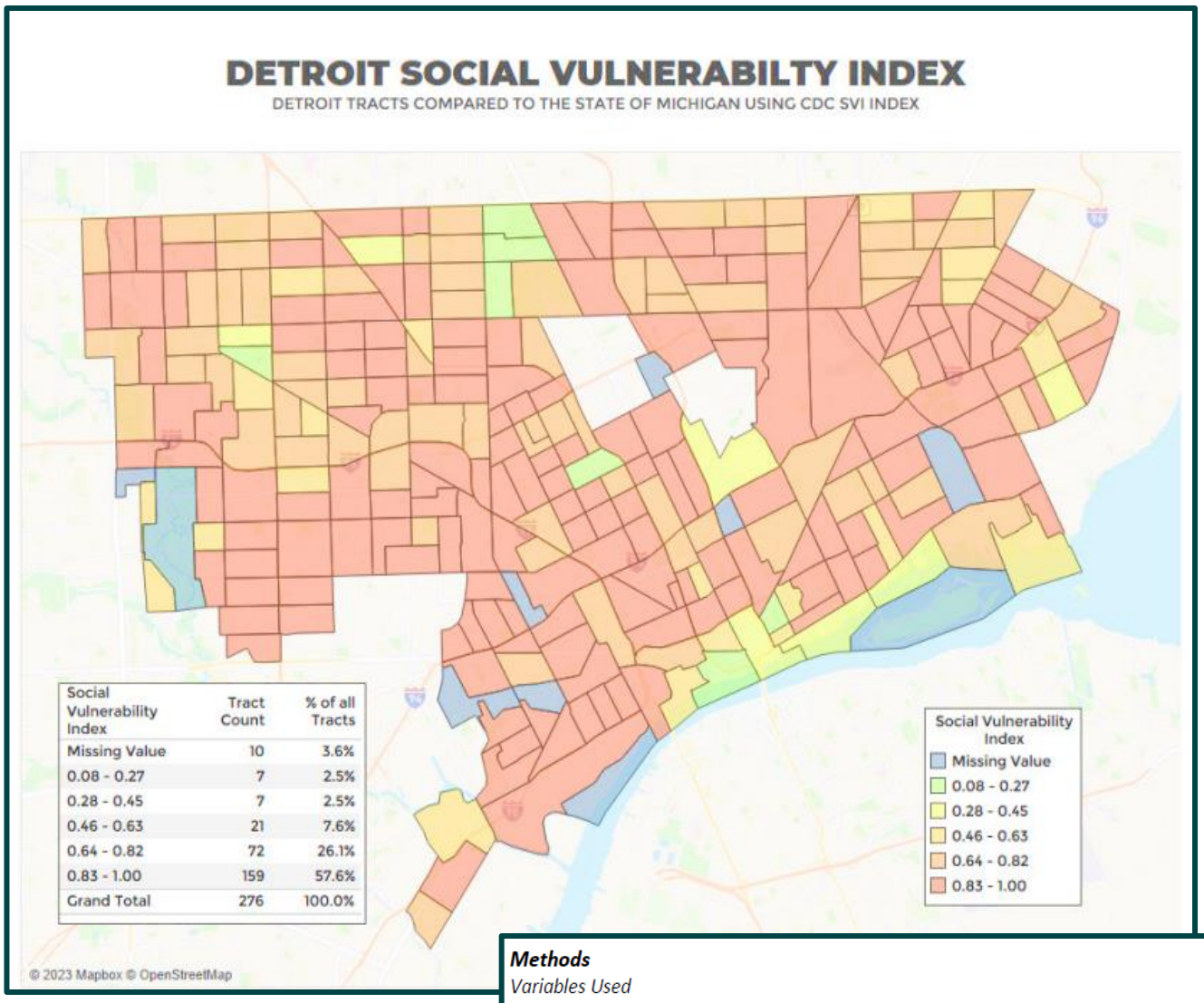
Source link: https://datadrivendetroit.org/blog/2023/11/08/an-updated-measure-of-food-insecurity/

Social and Community Context



Source link: https://www.atsdr.cdc.gov/place-health/php/svi/svi-interactive-map.html?CDC_AAref_Val=https://www.atsdr.cdc.gov/placeandhealth/svi/interactive_map.html

Social and Community Context



Source link: https://detroitmi.gov/sites/detroitmi.localhost/files/2023-08/ARPA_Book2_081823%20%28002%29.pdf

Methods

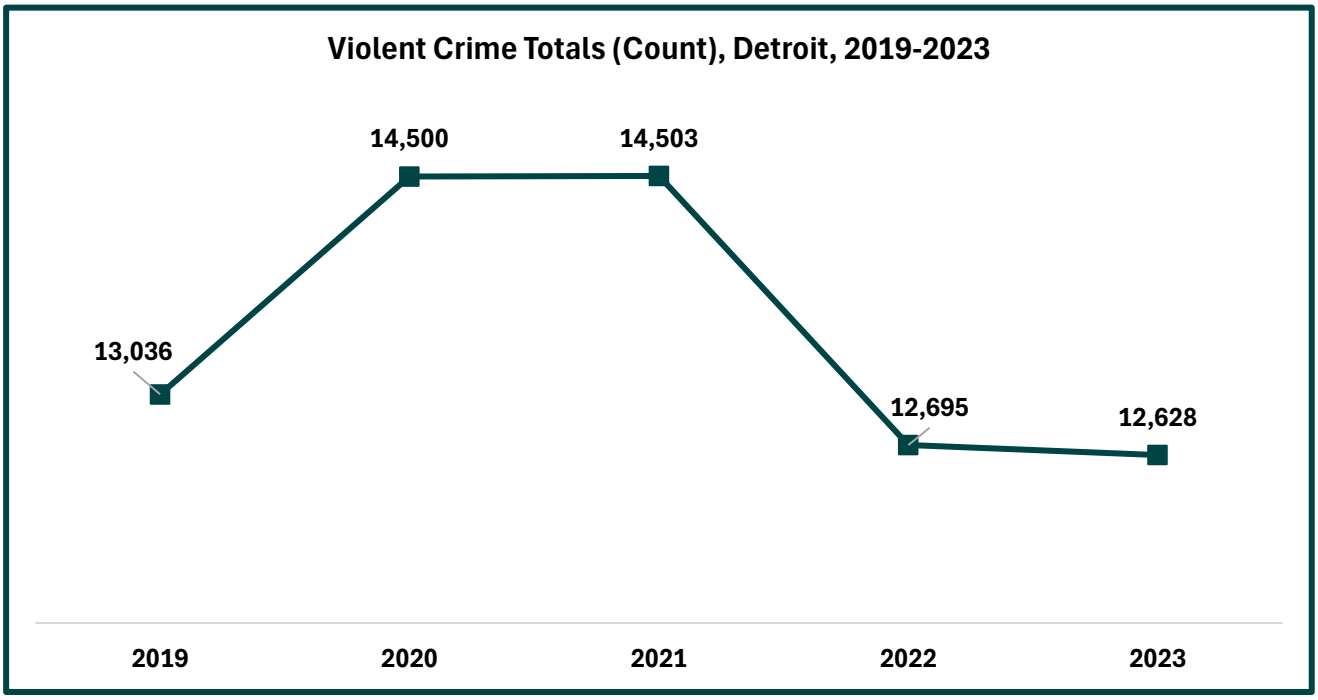
Variables Used

American Community Survey (ACS), 2018-2022 (5-year) data for the following estimates:

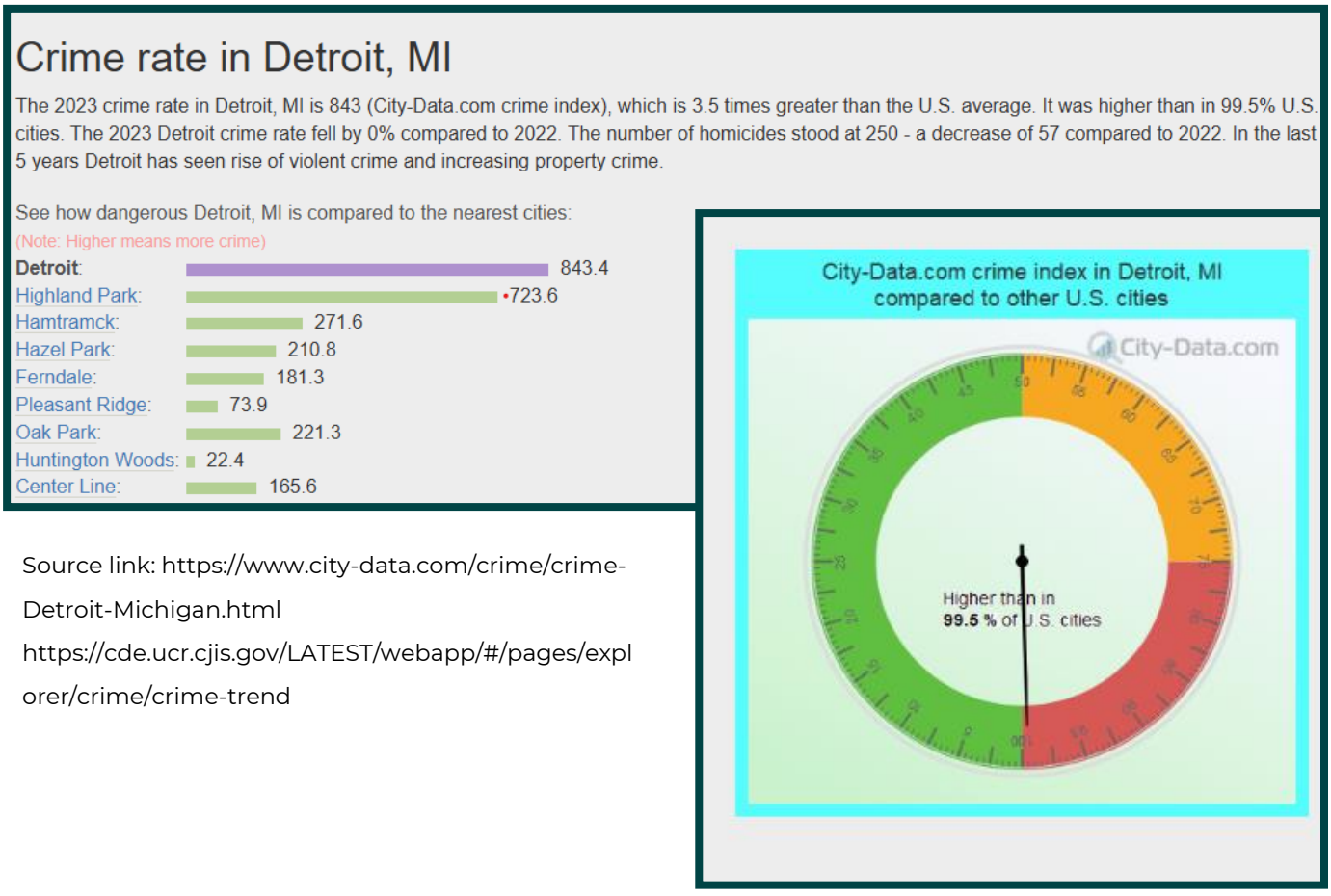
Overall Vulnerability

Socioeconomic Status	**Below 150% Poverty** **Unemployed** **Housing Cost Burden** **No High School Diploma** **No Health Insurance**
Household Characteristics	**Aged 65 & Older** **Aged 17 & Younger** **Civilian with a Disability** **Single-Parent Households** **English Language Proficiency**
Racial & Ethnic Minority Status	**Hispanic or Latino (of any race)** **Black or African American, Not Hispanic or Latino** **Asian, Not Hispanic or Latino** **American Indian or Alaska Native, Not Hispanic or Latino** **Native Hawaiian or Pacific Islander, Not Hispanic or Latino** **Two or More Races, Not Hispanic or Latino** **Other Races, Not Hispanic or Latino**
Housing Type & Transportation	**Multi-Unit Structures** **Mobile Homes** **Crowding** **No Vehicle** **Group Quarters**

Social and Community Context



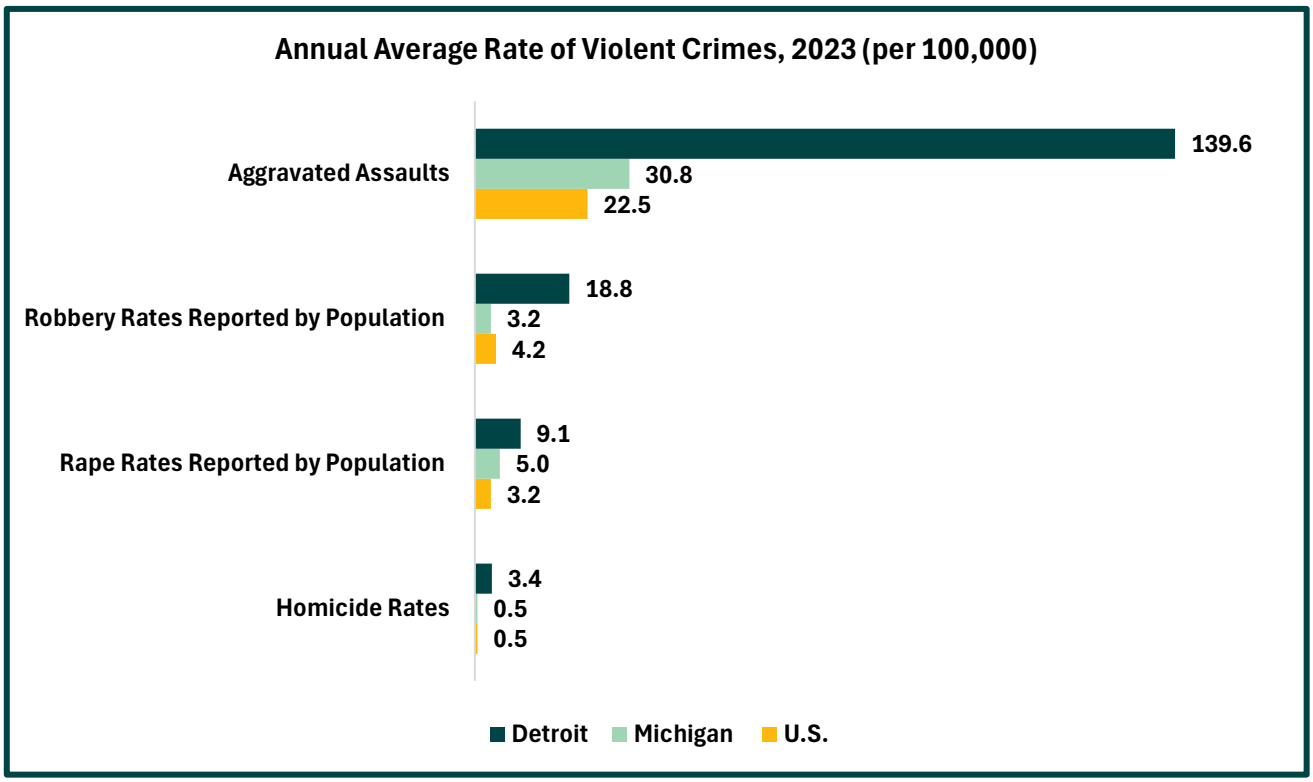
Source link: https://cde.ucr.cjis.gov/LATEST/webapp/#/pages/explorer/crime/query



Source link: https://www.city-data.com/crime/crime-Detroit-Michigan.html

https://cde.ucr.cjis.gov/LATEST/webapp/#/pages/explorer/crime/crime-trend

Social and Community Context



Source link: https://cde.ucr.cjis.gov/LATEST/webapp/#/pages/explorer/crime/crime-trend

Social and Community Context

Aggravated Assaults Rates Reported by Population	2020												Average Rates	2021												Average Rates	2022												Average Rates	2023												Average Rates
series	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20		Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21		Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22		Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	
Michigan	24.22	21.43	25.92	23.8	31.71	37.32	40.17	40.46	34.74	34.27	32.3	29.6	31.3	28.88	24.01	29.32	29.52	35.75	35.93	39.62	37.13	33.29	34.43	27.06	26.96	31.8	25.52	33.35	28.1	29.5	33.4	38	34.5	36.39	33.44	33.1	31.23	30.52	30.3	26.23	24.55	27	30.7	43	34.52	33.52	37.37	34.73	31.95	30.56	28.73	29.1	30.8
United States	18.09	16.56	19.08	18.63	23.19	24.4	25.37	25.34	22.74	23.24	20.78	20.19	23.1	19.86	17.25	19.92	21.51	24.51	23.6	24.88	23.6	22.25	22.84	20.04	20.57	21.7	20.48	19.13	22.64	29.62	25.23	24.25	25.48	24.22	23.48	23.31	20.45	26.89	23.2	21.87	18.71	21.31	22.52	24.49	23.41	24.83	23.44	22.61	23.49	19.8	23.45	22.5
Michigan Clearances	13.25	11.89	13.44	12.03	14.79	15.58	16.22	17.2	15.81	15.02	12.97	13.94		13.75	12.25	13.92	13.5	15.22	16.49	17.31	16.76	14.38	15.74	13.36	14.3		13.32	13.31	14.34	14.72	16.15	16.02	16.66	15.83	14.61	14.4	13.73	12.69		14.09	12.31	13.7	13.54	16.27	15.54	16.6	16	15.52	14.66	14.33	14.32			
United States Clearances	9.21	8.41	9.41	9.13	10.65	10.23	11.02	11.03	10.12	10.01	8.79	19.31		8.73	8.06	9.17	9.31	10.33	10.26	10.45	10.12	9.48	9.63	8.56	8.77		8.7	8.27	9.79	9.56	10.45	10.29	10.65	10.65	10.06	9.75	8.85	8.91		10.04	8.96	10.23	10.27	11.2	10.79	11.35	11.23	10.63	10.71	9.56	9.65			
Detroit Police Department	97.78	92.02	106.73	99	155.02	202.5	189.6	199.2	160.7	163.8	155.2			124.3	109.5	146.0	136.8	166.1	167.1	181.9	166.2	160.7	163.4	141.9	147.0	146.6	110.09	90.31	113.2	134.6	148.8	169.7	172.7	152.3	146.3	141.3	130.3	129.5	136.2	117.3	103.8	123.3	154.5	160.3	156.4	168.3	158.5	133.7	133.0	135.9	129.9	139.6
Detroit Police Department Clearances	51.39	48.66	47.76	41.99	63.52	56.09	50.48	65.04	71.41	55.18	42.15	50.94		51.06	40.08	53.58	47.65	55.96	58.63	58.19	58.78	50.91	58.06	53.14	59.82		49.3	50.9	47.71	50.1	57.44	69.56	54.89	53.61	58.08	52.81	42.76	40.53		47.93	39.97	45	51.02	57.19	53.61	52.32	56.7	59.63	51.99	57.19	51.02			

Homicide Rates Reported by Population	2020													2021													2022													2023												
series	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20		Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21		Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22		Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	
Michigan	0.48	0.32	0.49	0.46	0.62	0.86	0.84	0.68	0.8	0.77	0.76	0.71	0.6	0.62	0.52	0.51	0.76	0.64	0.69	0.8	0.72	0.66	0.62	0.6	0.58	0.6	0.57	0.53	0.61	0.46	0.67	0.69	0.78	0.68	0.46	0.72	0.47	0.6	0.6	0.41	0.48	0.47	0.46	0.57	0.6	0.77	0.66	0.43	0.42	0.39	0.51	0.5
United States	0.42	0.35	0.42	0.44	0.51	0.58	0.62	0.59	0.55	0.6	0.55	1.13	0.6	0.55	0.47	0.47	0.52	0.61	0.58	0.66	0.59	0.61	0.62	0.56	0.78	0.6	0.53	0.47	0.52	0.54	0.6	0.58	0.64	0.59	0.53	0.56	0.48	0.79	0.6	0.51	0.43	0.48	0.48	0.51	0.52	0.56	0.5	0.48	0.42	0.64		0.5
Michigan Clearances	0.29	0.13	0.21	0.25	0.24	0.33	0.36	0.34	0.41	0.31	0.29	0.27		0.41	0.28	0.27	0.3	0.36	0.29	0.35	0.31	0.36	0.27	0.37	0.26		0.31	0.43	0.48	0.25	0.29	0.4	0.23	0.45	0.36	0.29	0.26	0.34		0.21	0.16	0.29	0.22	0.26	0.26	0.3	0.29	0.27	0.26	0.28	0.28		
United States Clearances	0.26	0.21	0.23	0.27	0.27	0.27	0.3	0.29	0.27	0.3	0.26	0.55		0.27	0.27	0.29	0.29	0.29	0.3	0.32	0.29	0.3	0.31	0.28	0.28		0.27	0.26	0.31	0.27	0.3	0.27	0.29	0.31	0.33	0.28	0.27	0.26	0.36		0.31	0.27	0.3	0.27	0.29	0.29	0.3	0.27	0.26	0.26	0.25	0.29		
Detroit Police Department	3.79	3.03	2.27	2.73	3.79	6.22	5.15	3.79	4.09	4.4	5.46	3.94	4.1	3.41	3.41	2.97	5.2	3.71	3.71	4.9	3.41	4.01	2.67	2.67	5.34	3.8	2.71	3.03	3.67	2.55	4.15	4.79	6.7	5.27	2.87	5.11	3.35	4.79	4.1	3.09	3.25	2.6	3.9	4.22	3.25	5.04	4.55	2.76	2.6	1.95	3.41	3.4
Detroit Police Department Clearances	1.82	1.21	1.67	0.61	1.67	2.12	2.43	2.12	2.58	1.06	2.43	1.06		2.82	0.59	2.23	2.37	2.52	1.34	2.23	1.48	1.48	1.48	1.48	2.23		1.91	2.23	2.87	1.6	1.6	2.23	1.28	3.99	2.23	1.76	1.44	2.71		2.11	1.46	1.46	1.46	1.46	1.62	1.14	2.44	2.76	1.79	1.46	0.97		1.7	

Rape Rates Reported by Population	2020													2021													2022													2023												
series	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20		Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21		Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22		Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	
Michigan	6.51	6.03	5.14	3.32	4.98	5.92	6.59	6.25	5.88	5.34	4.91	4.3	5.4	5.42	5.15	6.38	5.64	5.8	6.07	6.24	5.92	5.29	6	5.81	4.77	5.7	5.8	5.3	5.93	5.27	6.27	6.3	5.92	5.77	5.75	5.55	4.67	4.14	5.6	4.9	5	4.97	4.86	5.57	5.32	6.2	5.36	4.96	4.79	4.13	3.96	5.0
United States	3.76	3.28	3.01	2.29	2.96	3.33	3.53	3.5	3.34	3.28	2.95	5.22	3.4	3.65	3.09	3.8	3.66	3.86	3.76	3.84	3.85	3.66	3.89	3.51	3.26	3.7	3.49	3.29	3.7	3.51	3.65	3.54	3.56	3.62	3.67	3.55	3.06	3.79	3.5	3.45	3.11	3.4	3.26	3.43	3.23	3.29	3.33	3.16	3.12	2.69	2.96	3.2
Michigan Clearances	1.98	1.76	1.52	1.3	1.37	1.48	1.9	2.05	2.34	1.79	1.52	1.39		1.53	1.63	2.48	1.96	1.69	1.78	1.76	2.23	1.72	1.85	2.02	2.07		2.1	1.83	2.23	1.88	1.99	2.03	1.91	2.46	1.86	1.98	1.58	1.32		1.95	1.62	1.75	1.83	1.42	1.64	1.79	1.9	1.61	1.6	1.54	1.54		
United States Clearances	1.05	0.97	0.94	0.76	0.84	0.86	0.97	0.96	0.98	0.95	0.78	1.83		0.85	0.84	1.03	0.93	0.91	1	0.98	0.98	0.95	0.94	0.89	0.89		0.88	0.88	1	0.9	0.92	0.91	0.88	0.97	0.96	0.89	0.79	1.07		0.95	0.88	0.98	0.85	0.89	0.83	0.84	0.91	0.82	0.81	0.75	0.88		
Detroit Police Department	10.61	8.49	9.85	6.67	9.4	9.55	8.19	10.46	9.7	8.94	7.88	5.61	8.8	10.09	8.61	13.51	10.24	10.98	12.17	10.69	10.69	6.98	12.17	9.05	7.72	10.2	7.66	8.62	9.73	7.98	11.65	12.76	11.17	9.89	9.89	9.41	8.14	6.54	9.5	6.99	7.64	8.94	7.96	12.84	10.4	10.89	10.24	10.72	7.47	6.34	9.1	9.1
Detroit Police Department Clearances	2.27	1.21	1.36	1.06	1.82	1.82	1.36	2.73	2.27	2.12	0.91	1.52		2.08	1.34	2.67	1.78	1.34	1.04	0.59	2.52	1.48	1.04	3.41	1.78		1.28	2.07	3.67	0.96	2.07	0.96	1.6	2.07	4.31	0.8	2.39	0.8		1.3	0.81	2.11	2.6	0.97	1.3	2.27	2.6	2.11	2.44	2.27	2.27		

Robbery Rates Reported by Population	2020													2021													2022													2023												
series	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20		Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21		Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22		Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	
Michigan	5.05	3.75	3.52	3.22	3.67	3.57	3.6	4.35	3.88	4.03	3.95	4.26	3.9	3.73	2.58	2.93	2.97	3.7	3.06	3.4	3.62	4.1	3.84	3.73	3.32	3.4	2.87	2.42	2.7	2.71	3.5	3.68	3.66	3.4	3.55	3.34	3.16	3.14	3.2	3.15	2.64	2.63	2.98	3.76	3.33	3.79	3.5	3.09	3.27	2.97	3.66	3.2
United States	6.68	5.73	5.59	4.74	5.18	5.59	5.75	6.02	5.73	6.25	6.03	10.78	6.2	4.68	3.76	3.71	3.67	4.35	4.08	4.78	4.8	4.97	5.36	5.04	5.31	4.5	5.95	5.29	5.42	5.43	5.88	5.92	6.26	5.99	5.82	5.94	5.42	6.69	5.8	5.52	4.78	5.16	5.25	5.85	5.78	6.25	6.08	5.95	6.09	5.56	6.33	5.7
Michigan Clearances	1.37	1.12	1.04	0.79	1.03	0.64	0.74	0.96	0.84	1.15	0.97	1.04		0.94	0.84	0.79	0.8	0.73	0.62	0.73	0.82	1.07	1.02	1	0.93		0.96	0.75	1.06	0.76	0.88	0.86	0.95	0.93	0.91	0.98	0.91	0.79		1.08	0.72	0.8	0.8	0.99	0.97	0.89	1.07	0.78	0.96	0.92	1		
United States Clearances	1.97	1.76	1.79	1.57	1.6	1.39	1.61	1.63	1.57	1.61	1.41	3.42		1.12	1.07	1.11	1.03	1.09	1.08	1.13	1.17	1.21	1.18	1.17	1.17		1.35	1.24	1.43	1.38	1.4	1.39	1.44	1.49	1.39	1.36	1.24	1.24		1.63	1.42	1.56	1.47	1.62	1.62	1.63	1.7	1.63	1.65	1.51	1.53		
Detroit Police Department	31.23	23.5	21.68	19.71	24.1	21.68	24.41	23.8	23.8	22.59	20.16	22.89	23.3	19.59	12.32	18.55	13.8	20.93	20.19	19.15	20.04	23.75	21.97	19.44	14.4	18.7	14.84	15.32	17.87	22.02	23.29	21.06	18.19	19.47	20.74	18.99	16.43	18.6	20.47	14.46	16.41	16.9	24.53	19.82	23.23	22.26	17.87	14.46	15.43	20.15		18.8
Detroit Police Department Clearances	6.22	5.61	3.64	3.64	6.06	3.18	4.4	3.94	3.18	4.09	4.24	3.49		3.86	3.12	3.56	3.71	2.37	2.97	3.41	3.27	3.56	5.94	4.6	4.6		4.15	4.47	4.31	4.63	3.35	4.63	4.95	4.63	4.47	4.31	5.42	3.19		5.04	4.55	3.9	3.57	4.87	3.57	3.9	5.04	4.71	4.06	4.39	4.55		

Source link: https://cde.ucr.cjis.gov/LATEST/webapp/#/pages/explorer/crime/crime-trend

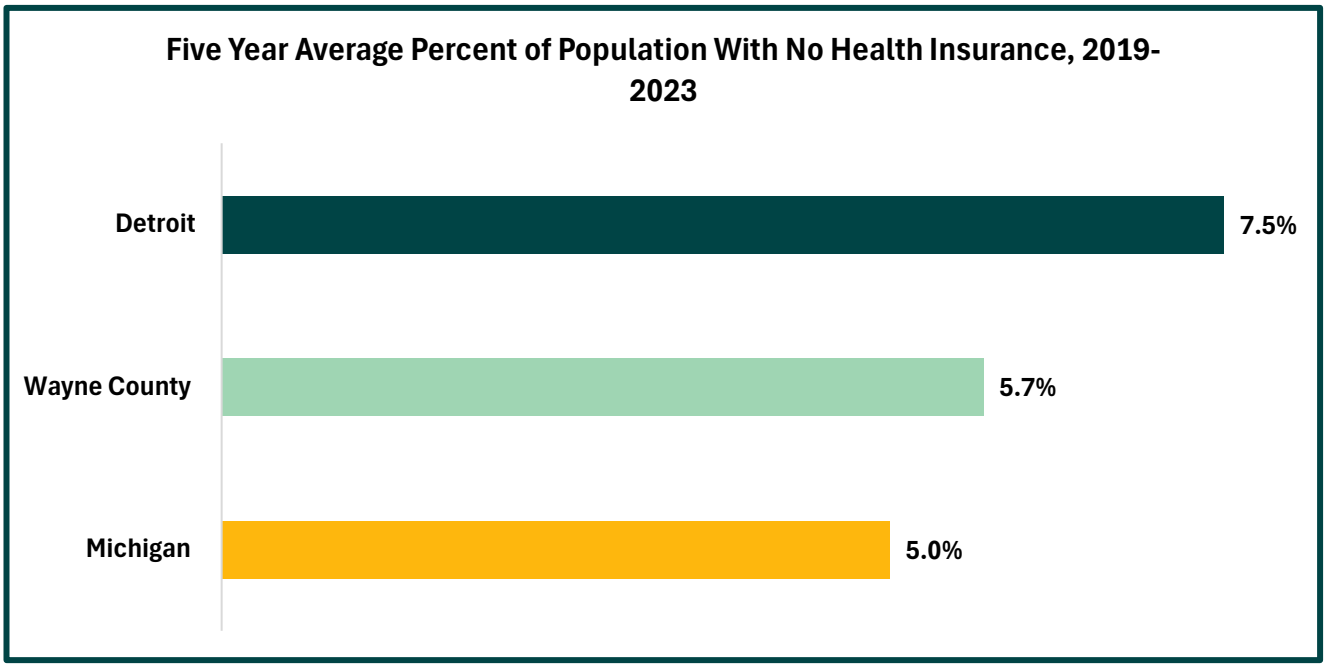
Healthcare Access and Quality

Healthcare Provider Ratios			
	Wayne County	Michigan	U.S.
Primary Care Physician (2021)	1430:1	1280:1	1330:1
Mental Health (2023)	290:1	300:1	320:1
Dentists (2022)	1300:1	1250:1	1360:1

Source link: https://www.countyhealthrankings.org/health-data/michigan/wayne?year=2024

2021 Michigan Certificate of Need Annual Survey Number of Licensed Beds in Hospitals	Acute Care Beds			Total Acute Care Beds	Psych (Adult & Minors)	Total Liscenced Beds	Certified NICU Beds
	Med/Surg	Pediatrics	Obstetrics				
Detroit (13 Facilities)	2669	407	187	3263	310	3573	171

Source link: https://www.michigan.gov/mdhhs/-/media/Project/Websites/mdhhs/Doing-Business-with-MDHHS/Health-Care-Providers/Certificate-of-Need/CON-Eval/Survey-Reports/2021/Beds/2021-Report-011-Hospital-Beds-by-County.pdf?rev=fc7cdb2385fd4cf39deab45ef440aa1c&hash=52B5BEC9F29CDD330655E05579B8ABEB



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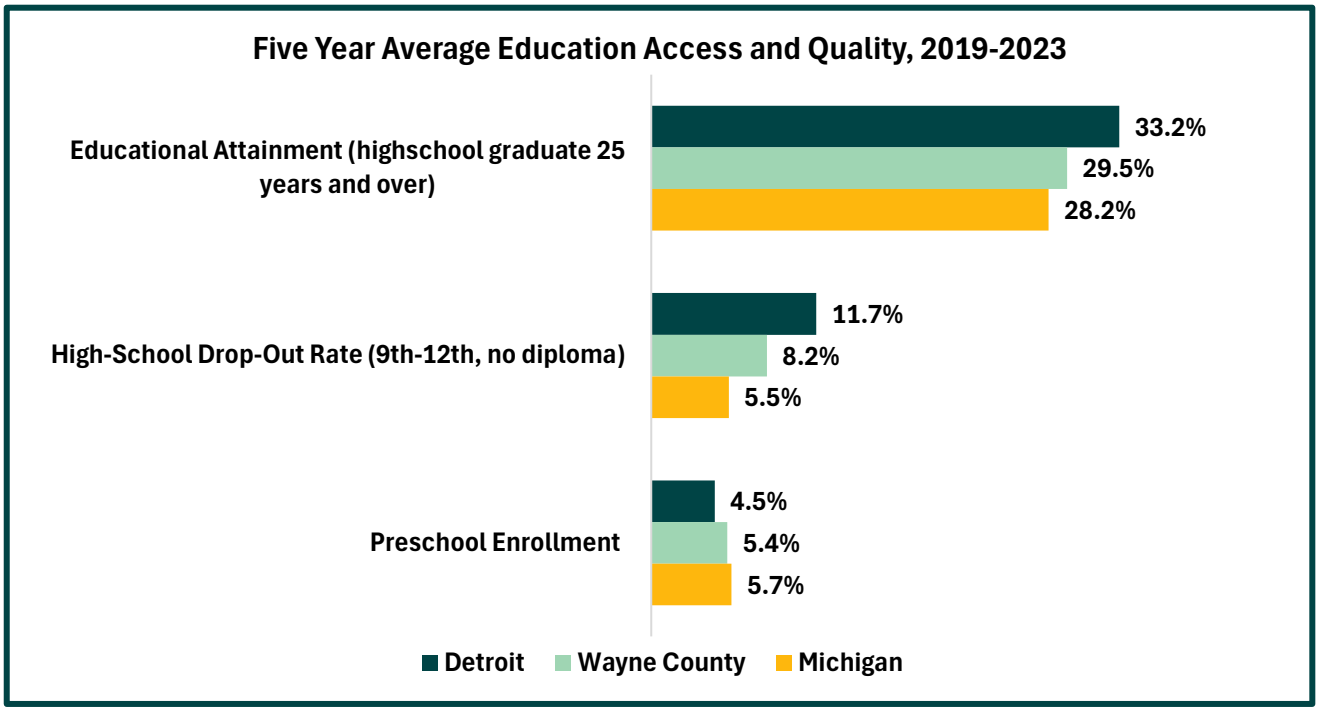
Education Access and Quality



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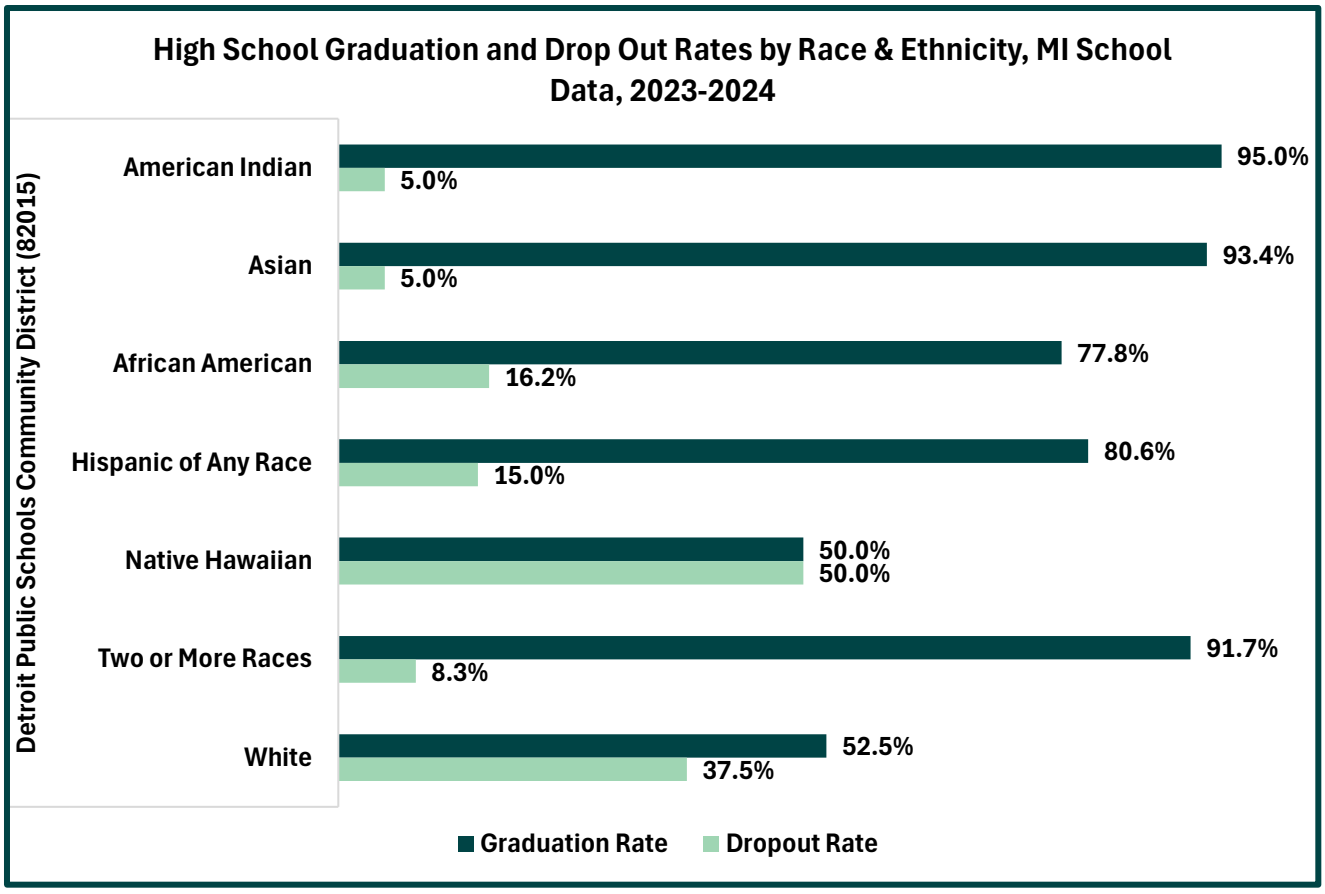
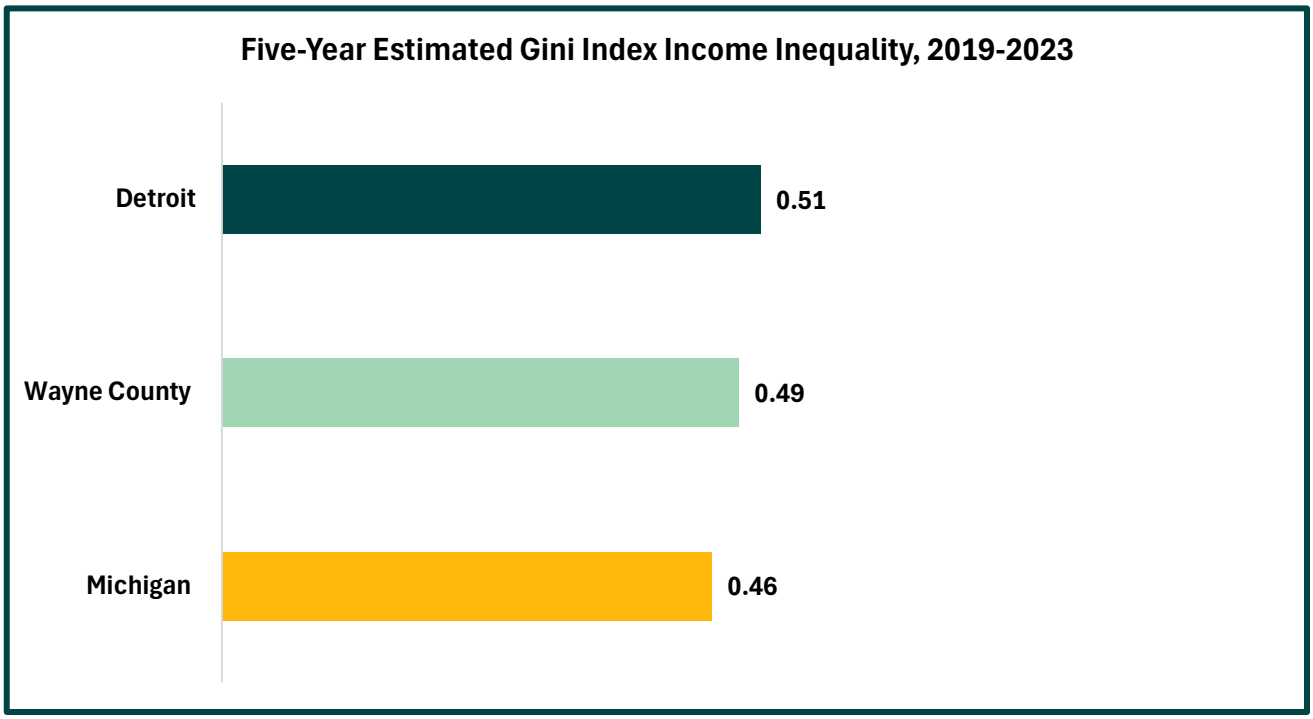


Source link: https://www.mischooldata.org/graddropout-rate/

Systems of Power, Privilege, and Oppression



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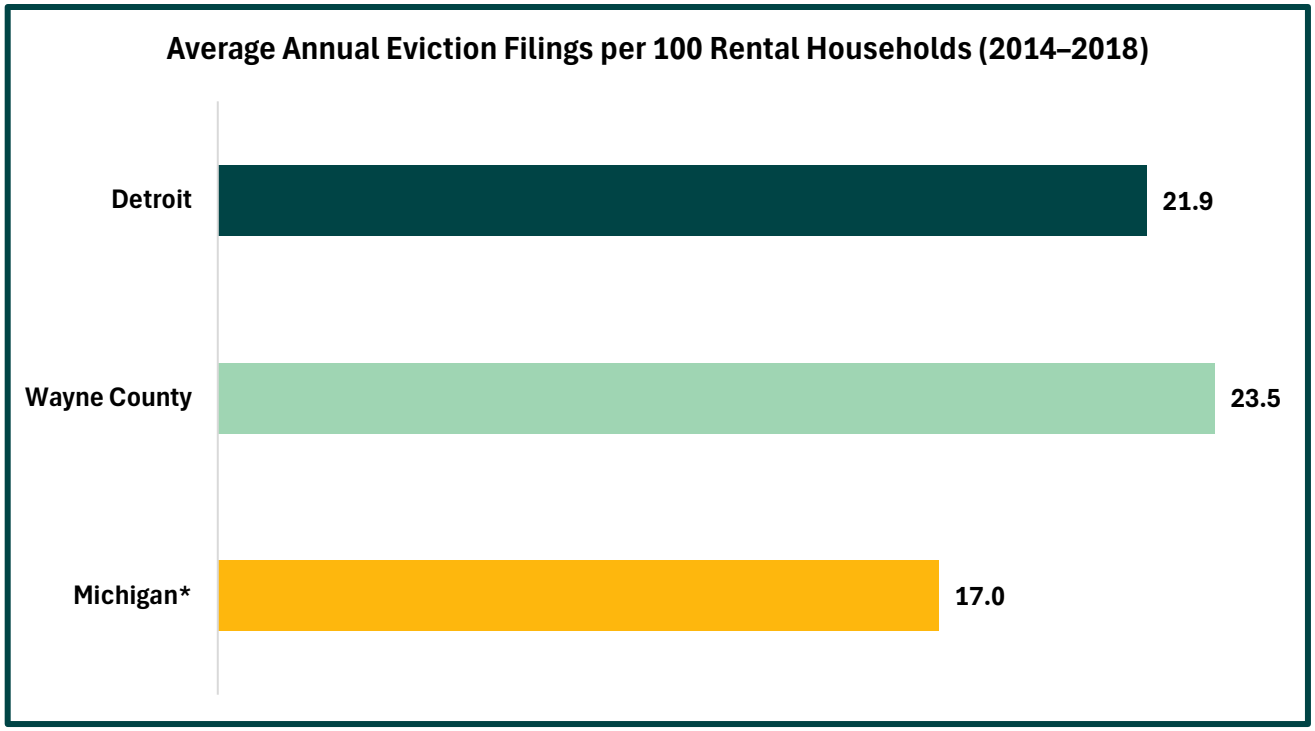
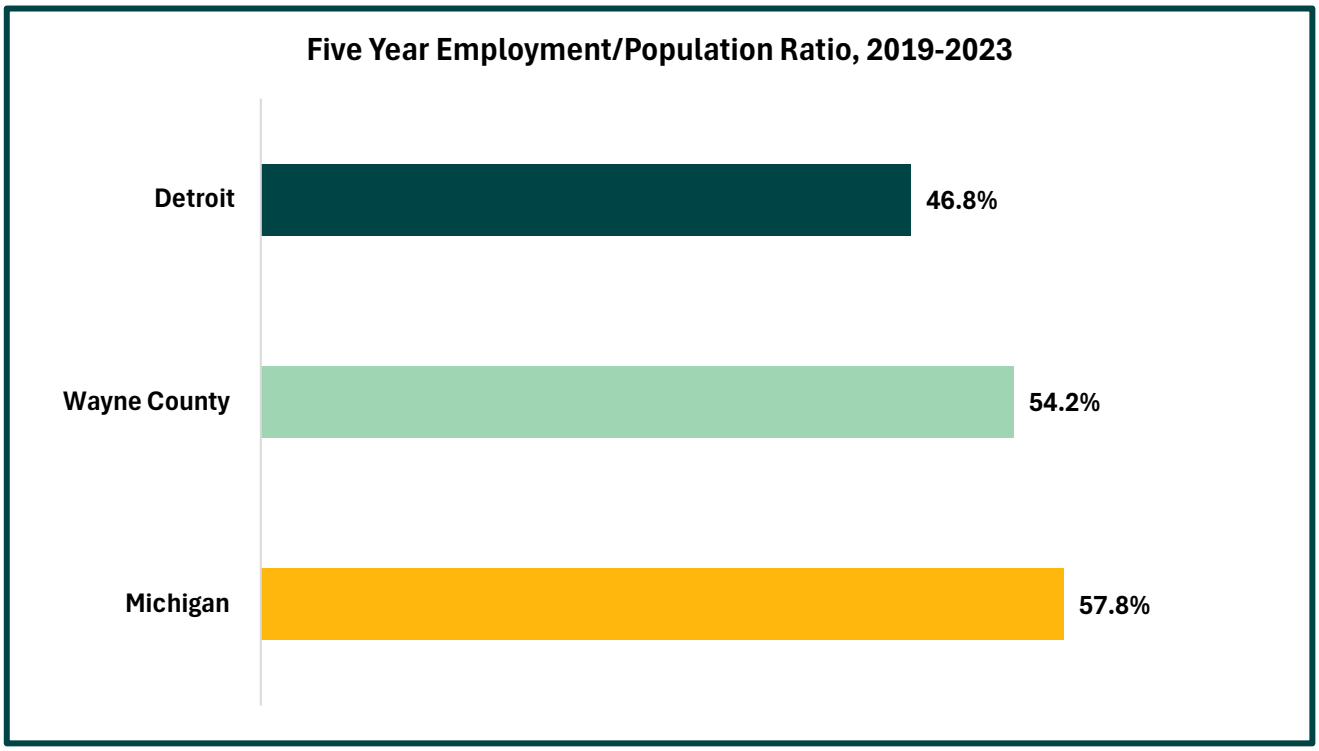


*Michigan data only available for 2018

Source link: https://sites.fordschool.umich.edu/poverty2021/files/2021/03/Michigan-Eviction-Project-working-paper-1.pdf



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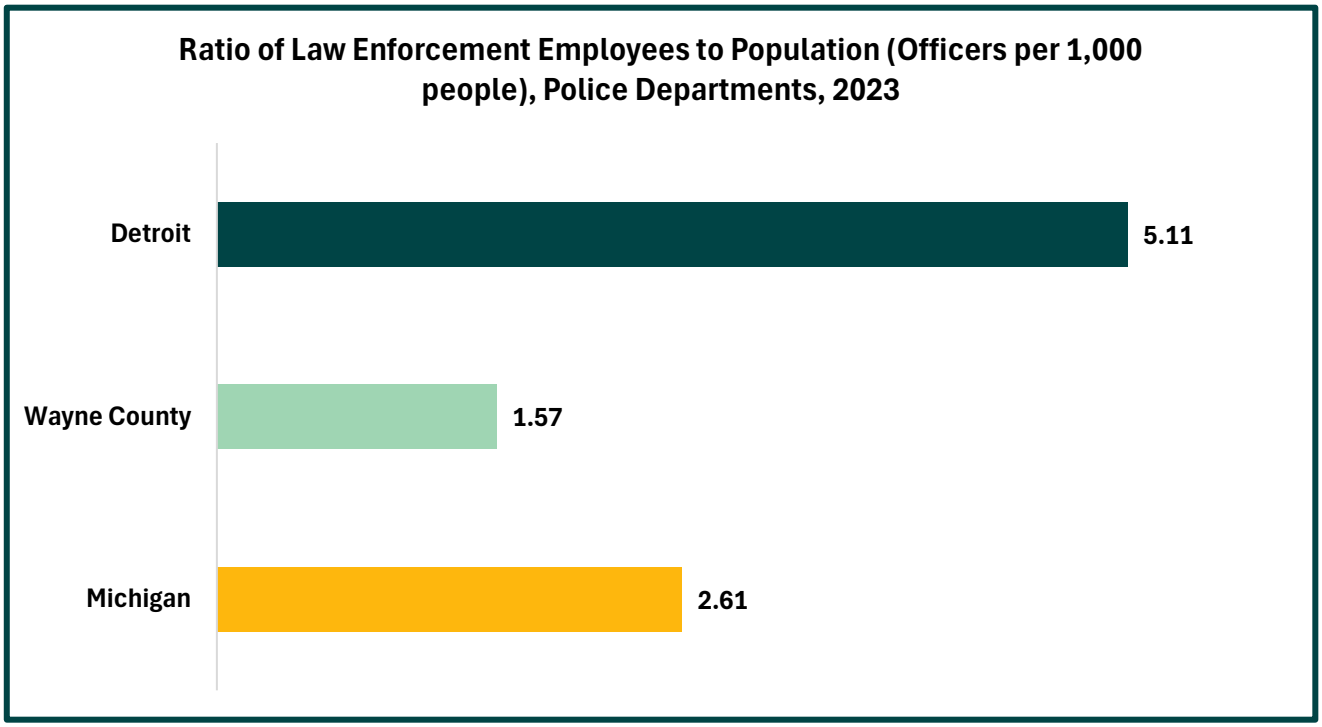

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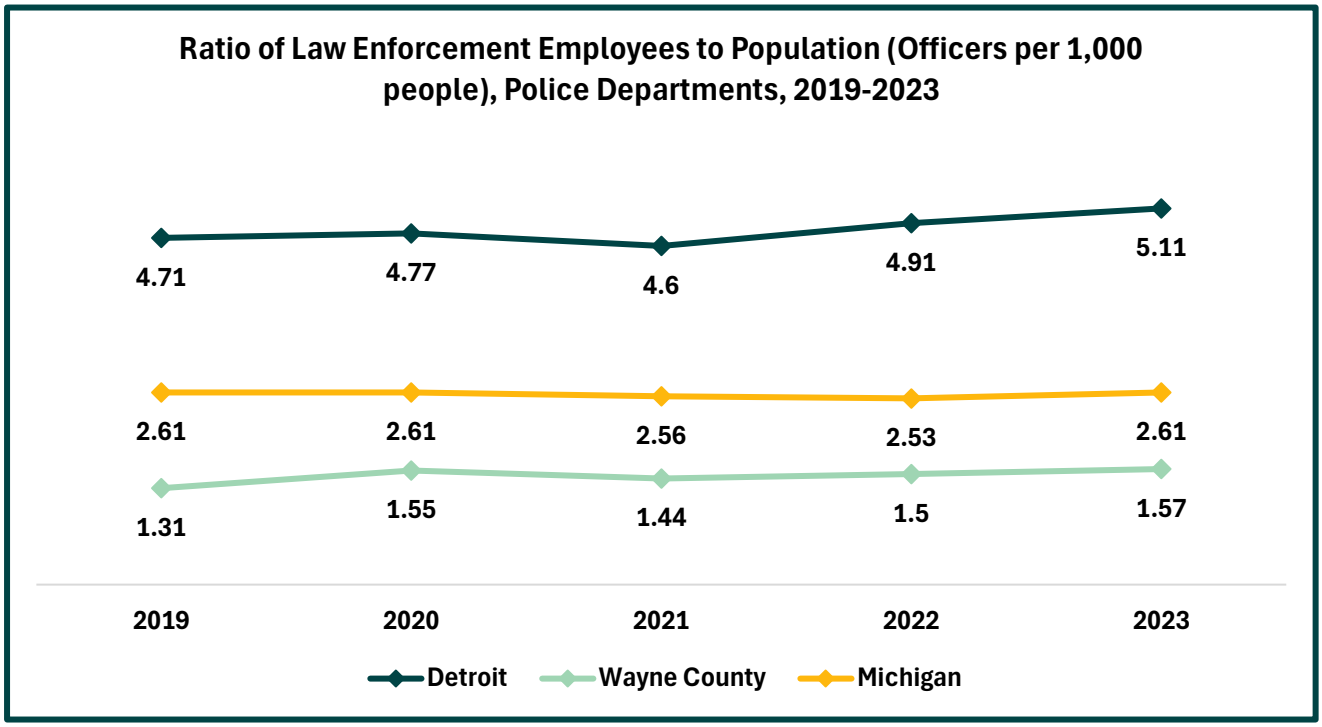

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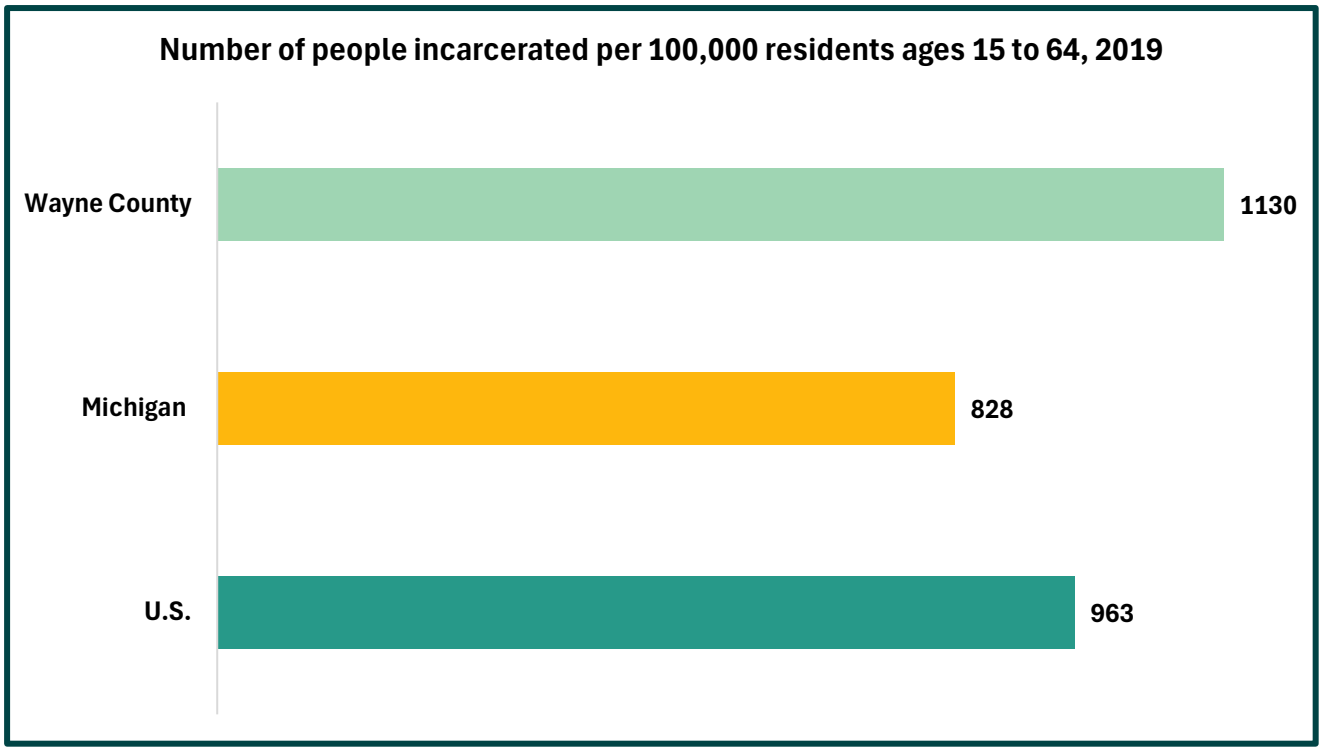

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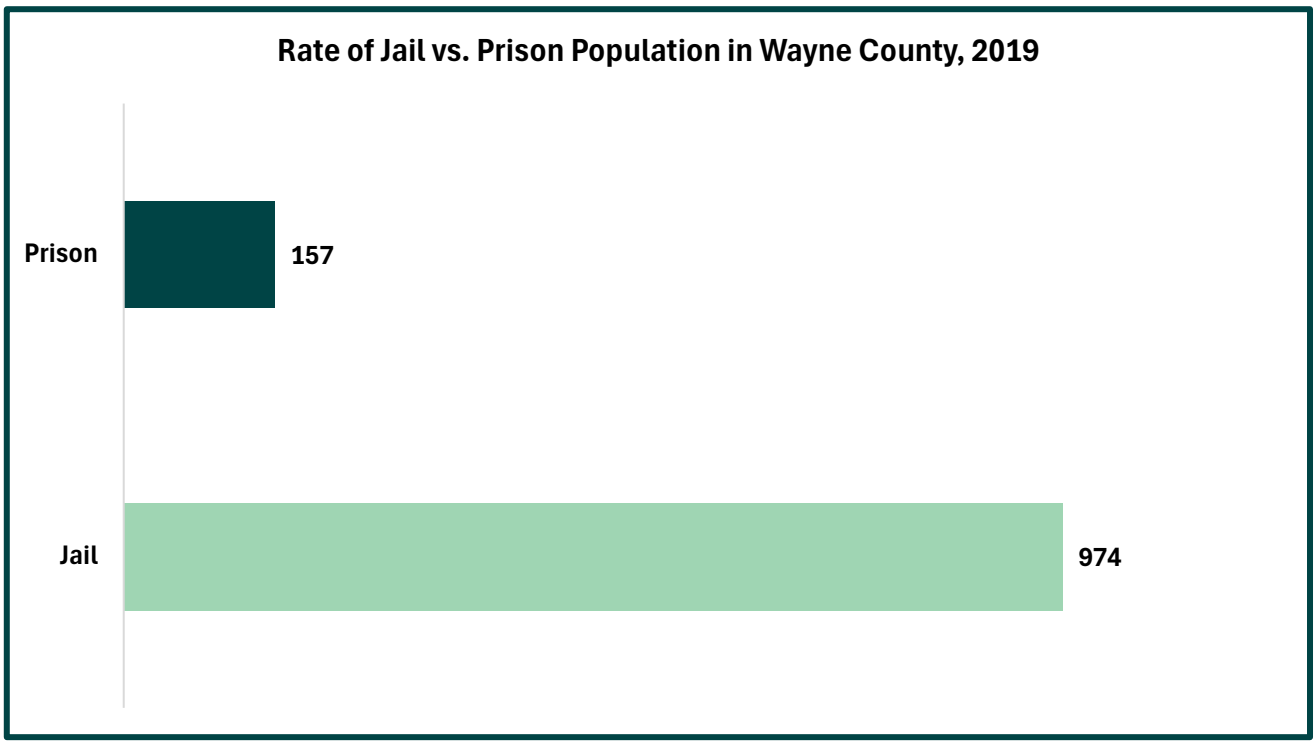

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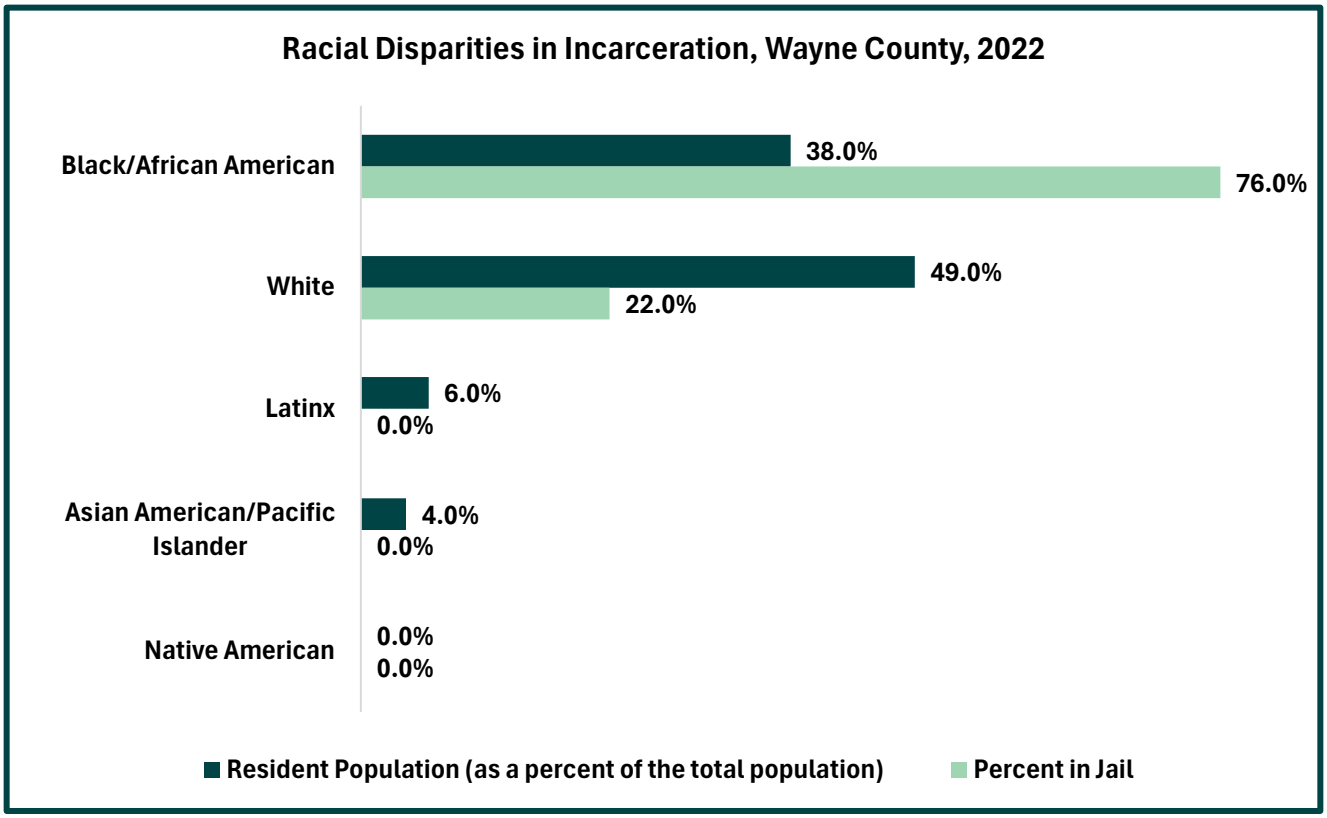

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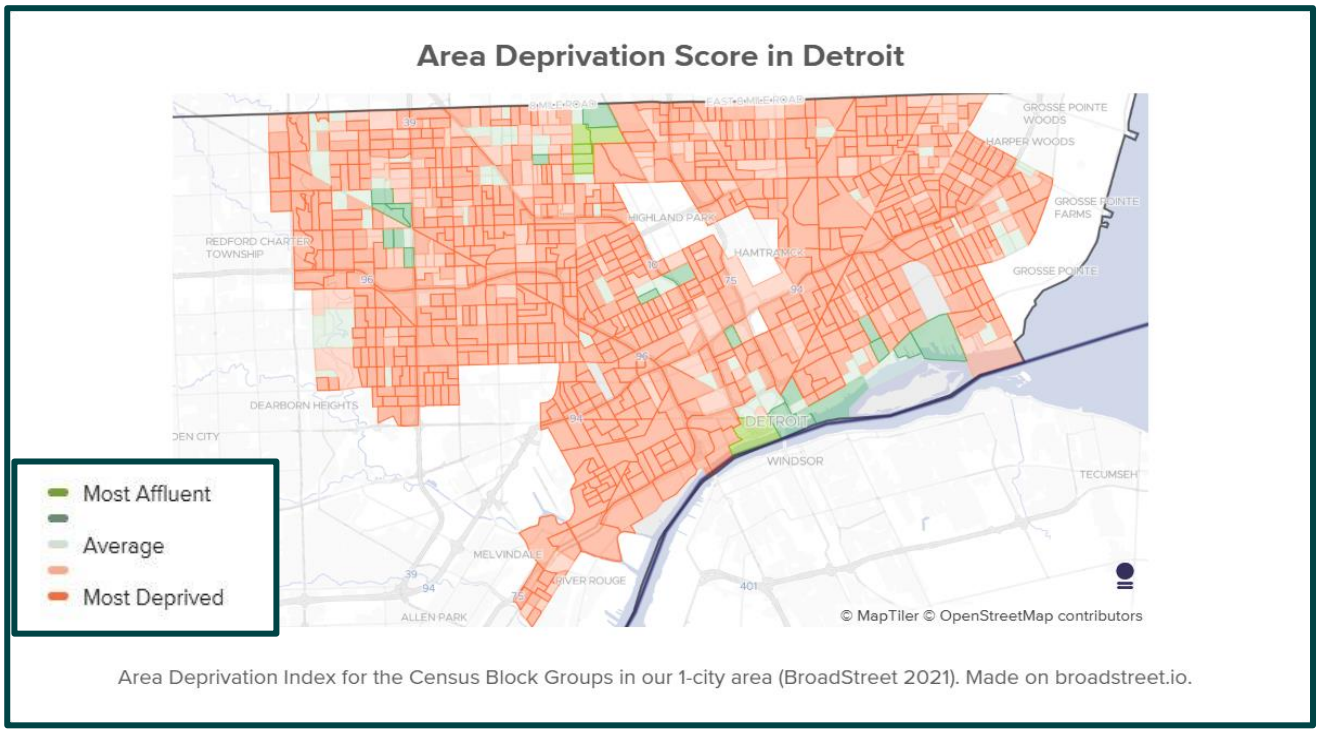
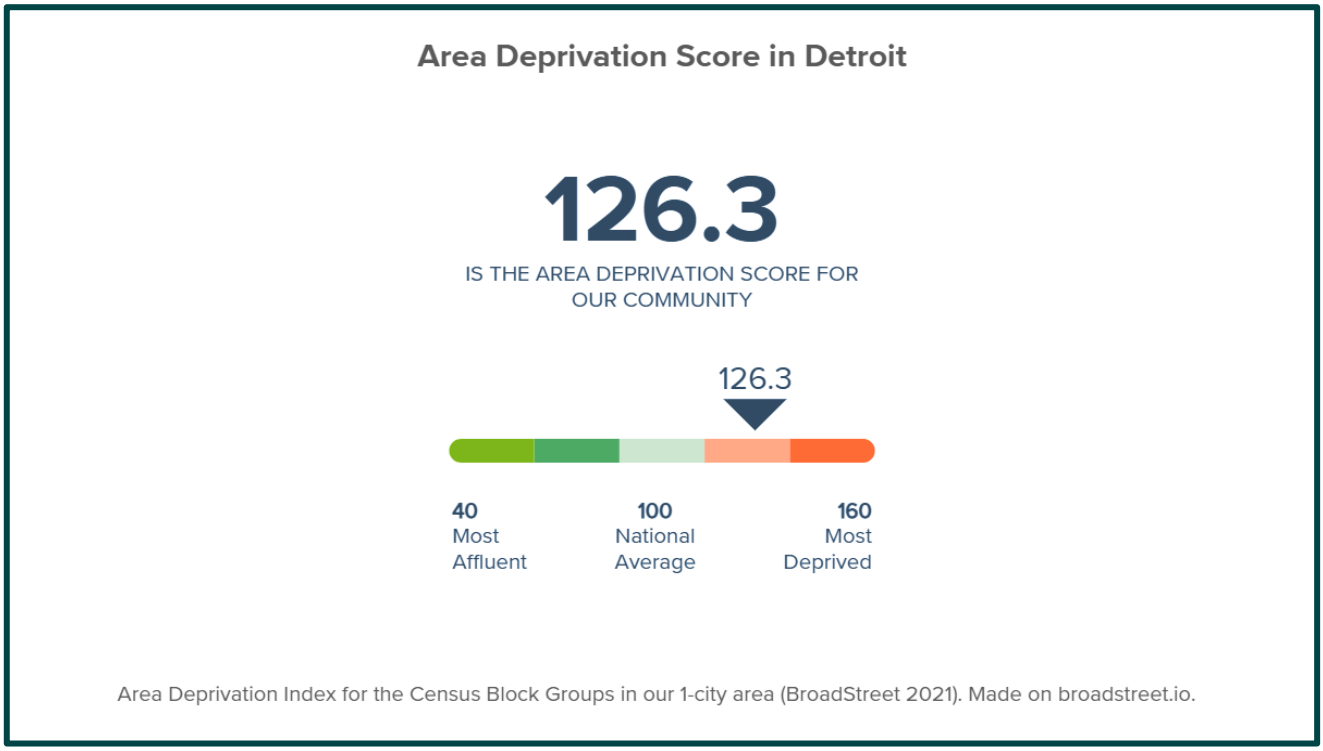


Source link: https://www.neighborhoodatlas.medicine.wisc.edu/

https://www.broadstreet.io/board/BOARD/collection/Qm9hcmROb2RlOjEzMDU2Ng==



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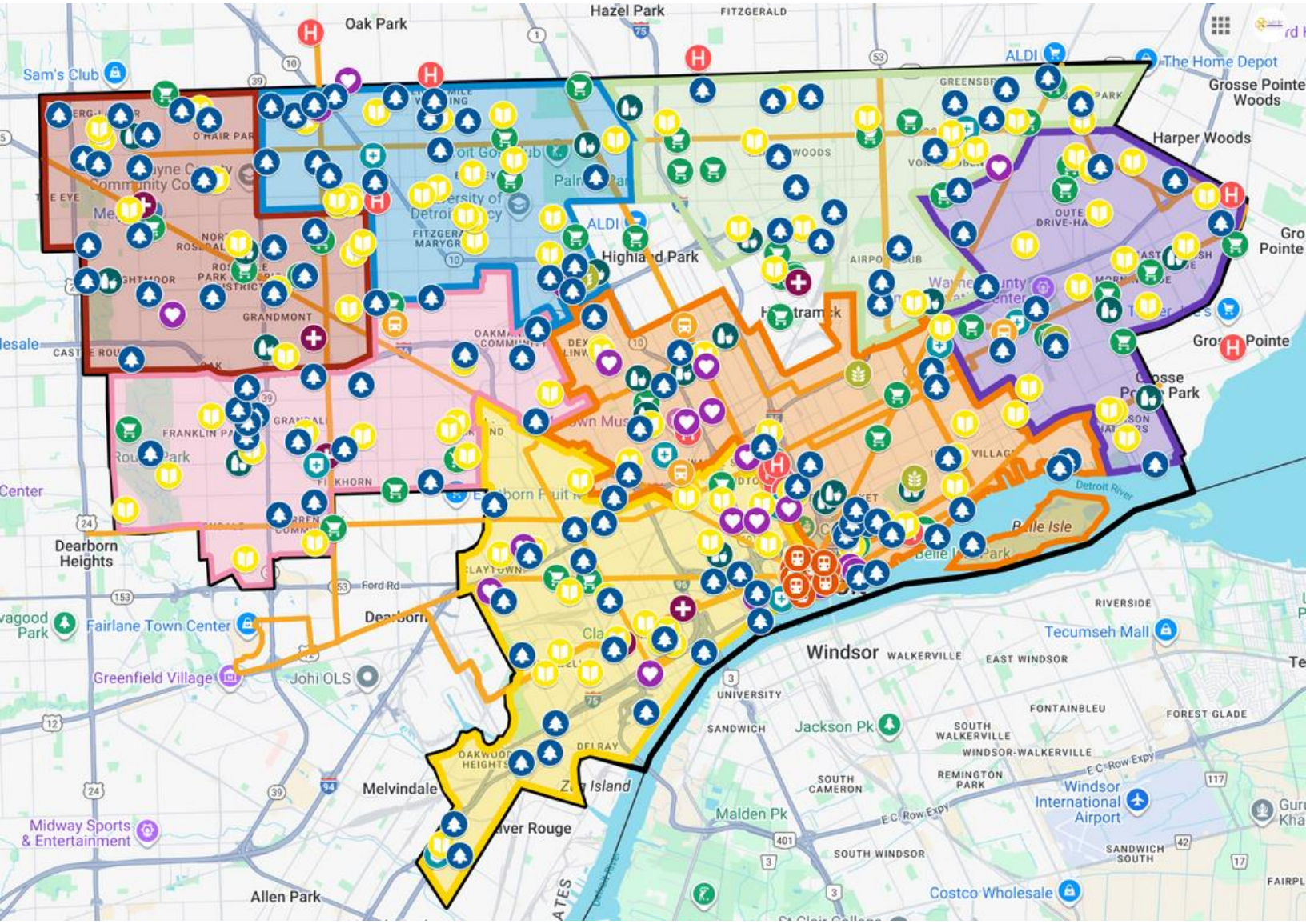
City of Detroit Asset Map

MPHI staff developed an asset map for the City of Detroit to identify and showcase resources, services, and strengths within the community that support health and wellbeing. The asset map includes locations of healthcare facilities, schools, parks, grocery stores and accessible food sources, as well as public transit and bus routes. By highlighting these assets, the map helps partners understand existing support systems, identify gaps, and guide improvement planning processes.

The interactive asset map can be accessed at: https://www.google.com/maps/d/edit?mid=1gwNRVHmXHJ59lmf3EW0N63qL8xGK7lo&usp=sharing



APPENDIX B




COMMUNITY CONTEXT ASSESSMENT REPORT






Focus Group Protocol

Below is the protocol that was followed for each of the focus groups conducted as part of the Community Context Assessment for the Detroit Community Health Assessment. At the start of each focus group, the facilitator outlined the following information:

- Welcome and Introductions
- Consent Form Review
- Purpose and Ground Rules of the Focus Group
- Expected Length of Time
- How the Qualitative Data will be Used

Defining a Healthy Community

- **What makes a community healthy?**
  - **What are some important parts of a healthy community for all who work, learn, live, and play here?** (probe: Access to affordable healthy food, affordable housing for everyone, access to parks and recreation, access to public transportation, access to quality healthcare, childcare people can afford, cleaner and healthier environment, less violence/crime, etc.)

Problems/Concerns in the Community

DEFINE HEALTH: *A state of complete physical, mental, and social well-being and not merely the absence of disease (NAS, Communities in Action).*

- **Picture the community you live, work, play, learn, and/or worship in within the City of Detroit. What are the greatest health-related needs or concerns in your community?** (Probe: For example: lack of access to parks, lack of fresh produce, or specific health conditions, etc.)
- **What are the gaps or barriers in your community that keep you from being healthier?** (Probe: this might look like a direct care worker shortage, transportation, lack of services in less populated areas, insurance coverage or acceptance, or affordable housing)
  - **What are the gaps or barriers in your community that keep you from making healthy choices?**
- **What barriers (if any) exist in your community when it comes to getting health services?** (Probe: built environment (sidewalks that connect), childcare, inflation (high cost of gas and food), inability to find doctor who understands your culture, racial identity, disability, and/or gender identity)

Mental and Behavioral Health Supplement

(For Mental/Behavioral Heath Focus Group Only)

As this focus group is specific to individuals mental and behavioral health conditions, we'd like to ask you some targeted questions to uplift key concerns within this population.

DEFINE MENTAL AND BEHAVIORAL HEALTH:

- *Mental Health: Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make healthy choices.*
- *Behavioral Health: Behavioral health is the scientific study of the emotions, behaviors and biology relating to a person's mental well-being, their ability to function in every day life and their concept of self.*
- *Mental health covers many of the same issues as behavioral health, but this term only encompasses the biological component of this aspect of wellness. The term, "behavioral health" encompasses all contributions to mental wellness including substance use, behavior, habits, and other external forces.*

- **What do you think are the most important mental and behavioral health issues impacting your community?**
- **What barriers exist for individuals living with mental and/or behavioral health issues?**
  - **What actions have been taken to address these barriers?**
  - **What actions still need to be taken to address these barriers?**

Air and Water Quality Supplement: *(For Southwest Detroit Focus Group Only)*

The Detroit Health Department would like to put a particular focus on air and water quality for the Southwest region of Detroit.

- **What are your perceptions on the air and water quality within your community?**
  - Probe: How do you think air and water quality is in your community now compared to [10 years ago / 5 years ago / a year ago]?
- **Do you believe that the air and water quality in your community have impacted your health?** (i.e., asthma, difficulty breathing and respiratory issues, heart disease, cancer, co-related mental health issues, gastrointestinal issues, nervous system, reproductive health, etc.)
  - **How has the air and water quality within your community impacted your health?**
  - **Have you been able to access and receive needed care, services, and resources in regard to the ways air and water quality have impacted your health?**
- **Do you feel like progress is being made to improve air and water quality in Southwest Detroit?** (probe: air pollution under the bridge, air filter distribution in SW Detroit, etc.)
- **What improvements or interventions would you like to see made to improve air and water quality in your community?** (i.e., zoning policies to limit and reduce heavy industry being too close to residential areas, policies/laws regarding trucks on residential streets, etc.)

Health Equity in the Community

DEFINE HEALTH EQUITY: *Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as systemic racism, poverty, discrimination, and other consequences. These can include powerlessness, lack of access to good jobs with fair pay, quality education, housing, safe environments, and health care.*

- **Think about the people living in your community. Are there certain groups of people who have different experiences accessing resources/services than others, based on their social identities (e.g., race, gender, sexuality, etc.)? Why do you think this may occur?**
- **What are your experiences like as [community of identity]? What contributes to these experiences?**
  - **How do you view and interact with the built environment, which are people-made structures and spaces?**
  - **What strengths and assets do you have access to?**
- **How do resources differ across neighborhoods, particularly in those experiencing the greatest health differences?**

Community Resources

- **What resources or physical spaces (building, organizations, greenspace, etc.) exist in your community that support you to live a healthy life?**
  - **Are these resources or spaces accessible to all groups of people, including those living with disabilities, people who speak other languages than English, individuals experiencing poverty, and more?**
  - **How do they support health?**
- **What programs or activities exist in your community that support you to live a healthy life?**
  - **Are the programs or activities accessible?**
  - **How do they support health?**

Solutions

- **What ideas do you have for solutions to the problems that we have discussed today?**
  - **What ideas or solutions do you have to improve health equity, so everyone has what they need to be healthy and thrive?**
- **What specific actions or resources would have the greatest impact on the health of your community?** (Probe: Think about the greatest needs of your community and the gaps or barriers that exist.)

Conclusion

- **Ask participants if they have any final thoughts or input.**
  - **Is there anything else anyone would like to add about the issues we've already discussed that you feel you've not had a chance to say?**
  - **Is there anything else anyone would like to add about any issue we've not really covered which you feel reflects an important aspect of community health and services?**

Focus Group Overarching Themes

Strengths

- The City of Detroit is a vibrant community with numerous strengths that contribute to the well-being and engagement of its residents. Some of the most notable improvements are the extensive park updates throughout the city, which provided beautiful and accessible green spaces for residents. These parks, and the development of bike lanes and outdoor spaces like the Detroit Riverwalk, support healthy lifestyles by encouraging physical activity.

- Detroit's commitment to health is further demonstrated through the availability of virtual healthcare options and fitness clubs offering free events, community events, and programs. Community resources are abundant, with physical spaces and programs dedicated to youth, seniors, and those needing food and nutrition support.

    - **Resources:** Detroit Wayne Integrated Health Network (DWIHN) mobile crisis hotline, Detroit Police Department Crisis Intervention Team (CIT), Detroit Riverwalk, Belle Isle, bike lanes, recreation centers, and green spaces.

    - **Organizations:** LGBTQ Detroit, The Brotherhood Mentorship program, the Limitless Program for LGBTQ+ individuals with disabilities, Focus Hope, WERUN313, Salvation Army, Eastside Community Network, Detroit Association of Black Organizations (DABO), St. Patrick Senior Center, Forgotten Harvest, Detroit at Work, Force Detroit, Black Family Development, faith-based organizations

- Detroit's neighborhoods benefit from various support programs, including those focused on youth and environmental initiatives. Community advisory panels and partnerships with EGLE work towards creating more green spaces and addressing environmental issues. The reopening of the Clark Park Recreation Center and the presence of community gardens highlight the city's dedication to providing recreational and sustainable resources.

When asked, “What makes a community healthy?”

1. Sense of Community

- Community collaboration
- Creating community hubs for social connection
- Relationships with the community and leaders
- Relationships with law enforcement
- Family support

2. Access to Mental Health Services

- Education and awareness
- Reduced stigma

3. Access to Healthcare

- Culturally competent providers
- Insurance
- Low proximity to care

4. Transportation

- Affordable transportation
- Safe public transportation (i.e., bus)

5. Healthy Food Options

- Access to grocery stores
- Education on nutrition

6. Environment

- Clean air
- Safe drinking water

7. Opportunities to Improve Physical Health

- Access to outdoor spaces
- Sidewalks
- Safe parks
- Recreation centers and gyms

Greatest Health Needs/Concerns in Detroit

Mental Health:
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.

Access to Healthcare:
Participants highlighted access to healthcare as a priority community concern. Participants identified several key issues contributing to this challenge, including proximity to care, gap 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.

Chronic Disease and Conditions:
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.

Access to Healthy Food:
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.

Housing:
Community residents shared housing as a priority concern in Detroit. Many residents are experiencing displacement, leading to instability and stress that negatively impact their health and well-being. The prevalence of homelessness is a major issue, with many individuals lacking safe and stable housing. The housing market in Detroit is increasingly unaffordable, and the high cost of rent and utility bills is leading to housing insecurity. Participants also highlighted that the housing shelters are overcrowded and in poor condition, providing inadequate living environments that can harm residents' physical and mental health. These factors underscore the urgent need for comprehensive housing solutions to ensure that all Detroit residents can access safe, affordable, and stable housing.

Knowledge and Education:
Participants highlighted a need for increased knowledge and education. Many residents lack awareness of the available resources within their community, which hinders their ability to access essential services and support. Other concerns included resource sharing and the poor quality of education in the school systems. These factors highlight the need for enhanced education and awareness programs to equip Detroit residents with the information and resources necessary for healthier living.

Transportation:
Participants elevated transportation as a priority community concern. Many residents struggle with the high costs associated with transportation, making it difficult to access essential services and maintain a stable livelihood. Other key issues with transportation included limited access to reliable public transportation and expenses related to maintaining private vehicles. These factors highlight the critical need for improved transportation solutions to ensure that all Detroit residents can access affordable and reliable means of travel.

Environment:
Residents identified the environment as a priority community issue. The city's air quality is a major concern, with high pollution levels negatively impacting residents' respiratory health and overall well-being. Other environmental challenges included the presence of lead in drinking water and ineffective waste management practices contributing to environmental degradation and health hazards. These factors highlight the urgent need for environmental initiatives to create a healthier and safer living environment for all Detroit residents.

Financial Stress:
Participants highlighted general financial stress as a concern. The rising cost of living in Detroit puts a substantial financial burden on residents, making it difficult for many to afford basic necessities. Other financial burdens included the high costs of daycare services, housing expenses, low wages, and high unemployment rates. These key issues highlight the urgent need for initiatives to alleviate financial stress and support economic stability for all Detroit residents.

Sense of Community:
A sense of community emerged as a significant health concern. Participants identified several key issues contributing to this challenge. Social issues, such as crime and poverty, create barriers to building strong, supportive networks. There was a noticeable lack of community engagement, with residents feeling disconnected and less involved in communal activities and initiatives. Participants elevated the use of social media has led to a sense of disconnection among residents, differences between generations contribute to a lack of cohesion, and language barriers hinder effective communication and integration. These factors underscore the urgent need for initiatives to strengthen community bonds, promote engagement and inclusivity, and foster connections among all Detroit residents.

Health Equity

Participants highlighted several marginalized/priority populations:

- Black queer/LGBTQ+ people
- Black men and women
- Senior population
- Persons with disability
- Persons with mental health issues
- Persons with chronic illness/diseases
- Refugees/Immigrants
- Non-English speakers
- Homeless population
- Single mothers
- Unemployed population
- Youth

Stigma

- Barriers to minority success/opportunities in Detroit
- Stigma for marginalized populations

Housing Inequities

- Issues for first-time home buyers

Equitable Access

- Access to education and skill trade programs
- Access to grocery stores and community resources
- Equitable pay and job opportunities
- Access to healthcare and services for marginalized populations

Built Environment

- Discrimination in public spaces

Ideas/Solutions

1. Youth Programs

- Mentorship for youth
- Summer job opportunities
- Health education programs (i.e., sex education)

2. Mental Health & Healthcare

- More services and resources
- Increase communication around mental health
- More mobile clinics in communities
- Free/low-cost healthcare clinics
- Therapy and support in the community

3. Community Resources and Engagement

- Knowledge/awareness of existing resources
- Affordable membership fees for community centers
- Health campaigns
- One-stop shops for resources
- Increase community involvement/outreach
- Relationships with law enforcement

4. Collaboration and Partnerships

- Partner with the city health department
- Local officials increase involvement in the community
- Increase police presence in the community
- Eliminate siloes
- Funding/grant opportunities to enhance resources

Women of Childbearing Ages Focus Group

Overall Strengths

- Parks and recreation centers
  - Many parks have been updated throughout the City of Detroit
- Resources/physical spaces exist in the community to support healthy lifestyles
  - Bike lanes throughout the city
    - Neighborhood bike clubs for kids
- Focus Hope offers free non-perishable food items/fresh produce to seniors
- Riverfront Conservancy

What makes a community healthy?

- Effective communication
- Strong morals (values and ethics)
- Equitable access to services for all modes of transportation (safe walking/driving)
- Family support

Needs/Barriers

Childcare

- Access to safe, affordable, stable, and quality childcare
- Quality/stable childcare

Family & Social Support

- Seniors do not have support and access to services
- Lack of caregiver supports and resources
- Lack of support in raising children
- Need support getting children to school – lack of transportation in certain areas

Transportation and Built Environment

- **Built Environment**
  - Access to parks and opportunities for physical activity
- **Housing**
  - Housing is a key issue – there are many displaced people in the community

Access to Healthy Foods

- Affordability – food options in the city are expensive
- No healthy food options in neighborhoods
- Access to grocery stores
- Food deserts in specific areas of Detroit
- Increased crime due to unaffordable food options

Mental Health

- Lack of services available
- Lack of support

Access to Healthcare

- Lack of knowledge about medical services/insurance
- Lack of education on social security & benefits
- There is a fear of unknown medical services
- Employment preventing access to medical care (taking time off)
- Need to uplift the importance of prioritizing your health

Health Equity

- Stigma around Black (women) and Detroit natives when trying to purchase a home
- Barriers to minority success/opportunities in Detroit
- Stigma around persons with chronic illness
  - Persons living with HIV/AIDs lack family and social support
  - Lack of access to food and healthcare
- Persons living with cancer do not have access to services and support
- Mental Health
  - Stigma around young black men
  - Lack of resources
  - Reduced mental health sources for 18+

Ideas/Solutions

- More programs for youth (i.e., sex education)
- Increase health education campaigns for children/youths
- More mental health services/programs/institutions
- Increase residents' knowledge of resources in the community

LGBTQ+ Focus Group

Overall Strengths

- Virtual options for healthcare
- Community events
  - Community engagement
  - Resource sharing
- Community organizations
  - LGBTQ Detroit
  - The Brotherhood (mentorship program)
  - One Church Detroit
  - WERUN313
  - Limitless program (support LGBTQ+ people with disabilities)
- HIV/AIDs work
- Governor Whitmer is an ally and friend to the community
- Rise in fitness clubs (free fitness events)
- Belle Isle
- Detroit Wayne Integrated Health Network - Crisis Network
- Detroit DPD crisis unit

What makes a community healthy?

- Accessible health services and resources
- Relationships with the community
- Engaging people that need support
- Culturally competent providers
- Opportunities to improve physical health
- Mental Health Services and supports:
  - Mentally stable Individuals
  - Available/accessible mental health services

Needs/Barriers

Access to Healthcare

- Access to medication
  - Barriers specific to the senior population
  - Long distance to pharmacies
  - Poor advertising for pharmacies

Access to Healthcare Continued…

- Access to specialty medical care
  - Proximity to care is a barrier
  - Lack of representation
  - Stigma and shame in accessing care
  - Providers are not educated on LGBTQ+ care, services, and resources (i.e., PrEP)
  - Providers lack competence in full health screenings (i.e., HIV resources)
- Barriers to receiving care:
  - Hours of operation
  - Need options for both physical and virtual access to healthcare
  - Technology is a barrier
    - Telehealth services are difficult to access without a computer
    - Technology is a barrier to the senior population
    - Virtual healthcare can cause barriers to confidentiality
- Affordability and lack of insurance
- Location of health services (proximity) - health professionals located in inaccessible places
- Healthcare providers lack community engagement
  - Dismissive of older adults
  - Providers do not spend enough time with patients during visits

Violence/Safety

- Violence in the community (i.e., domestic violence, substance abuse, and the interconnectedness of key issues)

Communication

- Poor communication with the public through media channels

Transportation

- Limited to downtown or suburban areas
- Access to transportation is difficult
- People are uncomfortable with public transportation

Health Equity

- Marginalized/priority populations:
  - Emerging black queer people
  - Black LGBTQ+ individuals
  - Black women
  - Senior population
- LGBTQ+ individuals unaware of available resources
- LGTBQ+ people don't often prioritize health or feel comfortable in health care related settings
- Housing issues with queer people
- Mental health struggles
- Black queer women feeling unsafe

Ideas/Solutions

- Affordable membership fees for community centers
- Competent healthcare providers
- Reduce stigma about sexuality
- Hiring more black and brown people
- Free access to museums and other attractions
- Physical Activity
  - Offer free and easily accessible gyms (all physical levels)
  - Integrate workout equipment into parks
  - More bike lanes
- Communication/Awareness
  - Hearing stories from people with lived experiences
  - Seeing the focus group data in action
  - Intergenerational conversations within the community
  - Health campaigns to motivate people to be healthy
- Collaboration/Partnerships
  - Partner with organizations throughout the community to promote health
  - Local officials being involved in the community

Southwest Detroit - Air & Water Quality Focus Group

Overall Strengths

- MALENA health insurance helped with mold in homes
- Support from local colleges
- Government/police speak about safety issues
- Community events that provide education for the community
- Some state support

Needs/Barriers

Access to Healthcare

- Lack of preventative care services in the community
- Case workers not supportive in the community
- Case management not supportive

Safety

- Unsafe environment (lack of policing)

Transportation

- Lack of transportation available

Economic Stability

- High cost of internet
- Energy bills
- Low reimbursements for outages

Environmental Health

- **Poor Air/Water Quality in Southwest Detroit**
  - Air Quality
    - High level of vehicle traffic
    - High number of trucks
    - Air quality is amplifying chronic issues such as asthma
    - Triggering allergies
  - Water Quality
    - Water is unsafe to drink and poor quality due to lead pipes
    - Water pipes not replaced
    - Poor waste management
    - Sewage back-ups – terrible smells and flooding

Environmental Health Continued…

- Neighborhoods destroyed due to construction
- Sinkholes in the streets
- Mold in the community
- Noise pollution from trucks, trains, construction, etc.
- No accountability from the community or state
- Same issues exist (2007-present)
- Safety concerns due to unfixed issues from DTE Energy

Poor Communication

- Multiple languages in the community
  - Lack of translators in the community
  - Children of non-English speakers are often used to translate
- Issues with information sharing
- Digital divide due to access
- Lack of translators in the community

Housing

- Housing inequities
  - Local realtors and investors buying properties to flip for a profit – this impacts the costs of housing
  - Homes not up to code
  - Affordability issues
  - Lack of support for first-time home buyers

Health Equity

- Non-English-speaking residents
- Undocumented residents are afraid of the police and accessing services
- Language discrimination

Ideas/Solutions

- Increase police presence in the community
- Enforce traffic laws
- More accountability in the community
- More community engagement

Department of Neighborhoods Block Club Leaders Focus Group

Overall Strengths

- Development of local parks
- Neighborhood support (programs for the youth)
- Community advisory panels to monitor environmental issues and community initiatives
- Collaboration with EGLE for more green spaces
- City council members working with the community members
- Recreation Center reopened (The Clark Park Center) – provides programming for kids
- Community listserv – assist with finding solutions to issues
- Several organizations in the community that provide utility assistance
- Indoor health centers

What makes a community healthy?

Environment

- Clean air and water
- Clean spaces
- Clean environment
- Snow removal on sidewalks
- Remove abandoned buildings

Collaboration

- Residents and community members collaborating
- Equal opportunities for everyone in the area
- A hub or gathering space for people to connect
- Respectful communication

Access to Resources

- Resources available to meet the needs of residents
- Commutable resources (closer to the neighborhoods)
- Information sharing with residents
- Available outreach programs in the area

Transportation and Built Environment

- Access to public transportation
- Walkable sidewalks
- More parks and physical assets

Healthy Food Options

- Access to grocery stores

Needs/Barriers

Chronic Diseases and Conditions

- High blood pressure
- Diabetes
- Asthma (not only in SW Detroit)
- High rates of cancer

Education/Knowledge

- General knowledge and understanding of the environment and how it impacts health
- Accessible Education
- Generational gaps when it comes to information sharing

Mental Health

- High prevalence of mental health issues, especially in the Black communities
- Children with trauma and PTSD
- Lack of awareness of mental health issues (stigma)
- Unaddressed mental health issues leading to gun violence or self-harm

Access to Healthcare

- No urgent cares in the community
- Healthcare services are not accessible (too far)
- Lack of insurance
- Affordability of services
- Lack of community clinics

Political Landscape

- Programs and services are being dismantled
- Bureaucracy, red tape, and roadblocks

Housing

- Homelessness
- Affordable rent and bills
- Unaffordable housing market

Collaboration

- Lack of collaboration to reduce challenges

Awareness of and Access to Community Resources

- Residents experience barriers to accessing available community resources
  - Education about community resources
  - Awareness of what resources exist
  - Fear about accessing resources
- Equitable access to education and skill trade programs
- Equitable access to grocery stores and community resources
- Equitable pay and job opportunities
- Lack of community events (i.e., health fairs)

Transportation and Built Environment

- Access to public transportation
- Unreliable private transportation
- Abandoned recreation centers
- Land bank homes

Health Equity

Marginalized Populations

- Homeless
  - Affordable housing options
  - High costs
- Individuals with mental illness
- Unemployed population
- Single Mothers
- Younger generation (age 20-30)
  - Not taking advantage of available resources
  - No insurance
  - Not making doctors appointments

Ideas/Solutions

- Implement outdoor exercise equipment
- Create temporary housing from the rehabbed houses
- Rehab and utilize old buildings for community spaces
- Social workers joining recreation centers
- Funding opportunities to enhance community resources for kids
- Resources for individuals who are addicts
- Substance abuse facilities are needed
- Increase community involvement
- Collaboration and partnerships (connect community members to each other as well as investors and local politicians)
- Eliminate siloes and share efforts

Unhoused Population Focus Group

Overall Strengths

- Community gardens
- Churches/Faith-based organizations are a great resource for the community (distributing meals throughout the community)
- Built Environment/Infrastructure
    - The Detroit Riverwalk
    - Outdoor spaces for physical activity
    - Recreation centers (pools, exercise resources, and educational classes)

What makes a community healthy?

- Addressing homelessness
- Addressing mental health issues
- Environment
    - Low violence and crime rates
    - Clean spaces with the absence of littering and vacant homes
    - Safe roads and crosswalks
- Protection of vulnerable populations (children, older adults, etc.)

Needs/Barriers

Transportation and Built Environment

- Lack of access to transportation
- Housing
    - Cost of housing is high
    - Shelters/housing for homeless
        - Housing shelter conditions (COVID, flu, etc.)
        - Overcrowding in shelters
        - Long waitlists for transitional housing
        - Lack of resources/support to find housing and employment
        - Unhealthy food options
        - Poor treatment and lack of empathy for unhoused individuals impacts mental, physical, and emotional health

Mental Health

- High prevalence of mental health especially for youth population
- Lack of care/treatment for mental health

Access to Healthcare

- Long waitlists for care
- Access to care (proximity)
- Lack of trust in healthcare and with providers
- Lack of awareness of mobile clinics
- Insurance Barriers
  - Lack of education about insurance and how to apply
  - Awareness of what resources are available

Employment

- Access to job opportunities
- Requirements for employment
  - Physicals
  - Vaccination requirements

Health Education

- Proper hygiene for youths
- Need more sex-ed classes in schools
- Generational knowledge (especially older adults)

Health Equity

Marginalized Populations

- LGBTQ+ population
- Youth
  - Lack of resources for the younger population
- Black community
  - Lack of access to resources
  - Financial barriers due to credit scores
  - Discrimination
- Homeless population
  - Lack of empathy/support from shelter staff
  - Stigma and unfair treatment

Economic Barriers

- Unfair pay wages
- Housing costs

Ideas/Solutions

Access to Healthcare

- More mobile clinics in the communities
- Free/low costs healthcare clinics

Homeless Population Support

- More competent and trained staff working in unhoused shelters
- Support groups for the homeless population
- Health resources in homeless shelter
  - Exercise classes
  - Access to mental health resources/support
- Better housing resources for the homeless population

Economics and Funding

- Public knowledge about state funding
- Access to funding for community resources
- More job fairs for employment opportunities
- Increase teacher's salary

Education

- More parenting classes
- Increase the number of schools in the community
- Higher education opportunities
- GED course/classes

Youth Resources

- Mentorship for youth
- Summer job opportunities
- Community programs (i.e., art programs)

Education/Knowledge/Awareness

- Increase knowledge/awareness of resources in the community
- Better advertising of resources across messaging streams (i.e., fliers, social media, etc.)
- Information sharing within the community
- Resource guide on how and where to access community resources

Mental and Behavioral Health Focus Group

Overall Strengths

- Detroit PD is trained to recognize mental health crisis
- Detroit PD: Crisis Intervention Team (CIT)
- Detroit Wayne Integrated Health Network (DWIHN) – mobile crisis hotline

What makes a community healthy?

- Accessibility to outdoor spaces (i.e., parks activities, etc.)
- Collaboration between community, leadership, and government
- Stress-free – low financial stress
- Sense of community
  - Neighbors and community members look out for each other
  - Family values
  - Interconnected community
  - Resource sharing within the community
  - Feeling of autonomy in the community
  - Addressing community violations
- Mental Health
  - A community that prioritizes both physical and mental health
  - Resources and support for mental health – addressing addiction
  - Transitioning support for those with mental health issues and addiction

Needs/Barriers

Mental and Behavioral Health

- Education/Awareness
  - Lack of education on how to support individuals with mental/behavioral issues
  - Awareness of where to go for help and support
  - Recognizing someone needs help
  - Lack of community support
  - Miseducation and treatment/modifications for mental/behavioral issues
  - Need to be cognizant and stay on top of treatment
  - Lack of awareness and support
  - Lack of education in schools
- Access to resources
  - Closing of mental health facilities within the state
  - Lack of proper mental/behavioral health services
  - Lack of behavioral health clinics and resources
- Stigma
  - General mistrust
  - Stigma on mental health in the community
- Violence and abuse against elders by individuals with mental health issues

Access to Healthcare

- Community members are experiencing technology barriers when trying to access virtual health services
- Long waitlists
- Affordability issues
- Lack of transportation (barriers getting to appointments)
- Trust and Respect
  - Lack of trust with healthcare providers in the community
  - Difficulty trusting the healthcare providers
  - Healthcare providers are unreliable
  - Lack of respect and privacy among providers

Community Connectedness

- Access to social media (disconnected)
- Generational issues (disrespect between age groups)
- Disconnection between the community and neighbors

Economic Wellbeing and Safety

- Drugs deteriorating the community
- Loss of businesses
- Concerns about safety within the community
  - Violence in neighborhoods

Environment

- Cleanliness
  - Trash collectors are negligent
  - Pests in the community (rats, mice, etc.)

Access to Healthy Foods

- Healthy food is not accessible in stores
- Poor access to quality and nutritious foods (proximity)
- Lack of education about healthy lifestyles and healthy eating

Access to Resources

- Lack of education on physical activities
- Lack of access to health resources

Communication Barriers

- Providers lack education when communicating with patients
- Healthcare providers do not return calls or follow up with patients

Health Equity

Marginalized Populations

- Homeless population
  - Lack of awareness of how to access healthcare
- Latinx community
- Young black men
  - Lack of advocacy
  - Low priority for mental health
  - Racism from healthcare providers
- Black women
  - Lack of advocacy
  - No support from healthcare providers
- Senior population
  - Low access to care due to isolation
  - No communication with doctors
  - Disrespect from healthcare providers

Ideas/Solutions

- Provide a resource line that supports those looking for resources and support
- Increase housing options for the homeless population
  - Temporary transitional housing (i.e., domestic violence victims, homelessness, crisis, etc.)
- Increase communications/conversations around mental health
- Streamline funding and resources to improve the community
- Eliminate red tape and political barriers
- One-stop shops for resources

Chronic Conditions Focus Group

Overall Strengths

Community Resources

- Youth Resources
  - Children's Center
- East Side Community Network
- Social Service Resources
  - Matrix (employment services)
  - Salvation Army
- Non-profit Resources
  - The Detroit Association of Black Organizations (DABO)
  - North Project of Detroit (warming center, housing shelter, food services)
- Senior Resources
  - St. Patrick Senior Center
- Food Resources
  - Forgotten Harvest (food services and redistribution)
- Physical Health Resources
  - Silver Sneakers (exercise & nutrition program)

What makes a community healthy?

- Education and knowledge about chronic conditions
- Access to healthy foods
- Access to affordable transportation
- Diverse health options
- Physical health opportunities

Needs/Barriers

Healthcare Quality and Access

- Clinics not available within communities
- Need more quality physicians and healthcare providers
- Need for advocates for those living with chronic conditions (like a community health worker or resource navigator)
- High need for support for those experiencing a lifechanging medical event
  - This tends to have a "snowball" effect in which can lead to worsening health outcomes
  - Personal story: family member experienced a serious medical issue, didn't have insurance, and was hospitalized for two months. Without insurance the hospital wouldn't provide him with the physical therapy he needed, and due to the extended time in the hospital, he lost his job and ended up getting evicted

Transportation and Built Environment

- Lack of transportation available within communities
- Housing
  - Need for access to more affordable housing options
  - "It is an easy step to have a hardship and end up homeless."
  - While there are resources in the community to assist those experiencing challenges with housing and homelessness, more resources are needed to combat this key issue

Access to Resources

- Knowledge about resources for individuals with chronic conditions
- Sharing resources and knowledge
- Education on available resources
- Difficulty connecting with resources (no follow-up)
- Political changes affecting community resources

Sense of Community

- "Each one, Reach one" (community)
- Community support and connectedness
- Community engagement

Access to Healthy Foods

- Access to fresh food markets (location)
- Lack of knowledge about growing fruits and vegetables
- Knowledge of how to use food as medicine – especially for chronic conditions
- Lack of knowledge on how to prepare healthy foods

Health Equity

Marginalized Populations

- Unhoused population
- Person with mental health issues
- Uninsured population
  - Discrimination based on the type of insurance (i.e., private vs. Medicare/Medicaid)
- Person with chronic illness/condition

Ideas/Solutions

- Address homelessness
  - Repurpose closed schools as shelters
  - Accessible shelters for women and children

Black Men Aged 18-39 Focus Group

Overall Strengths

- Employment Resources
  - Center for Employment Opportunities (CEO)
  - Detroit Training Center (offers language interpreters)
  - Emerging Industries Training Institute (EITI) – skilled trades
  - Goodwill of Greater Detroit (DGI)
- Community Organizations
  - Focus Hope
  - Force Detroit (community violence intervention)
- Education Resources
  - Detroit Works (GED resources)
- National Renewal and Resilience Hub (NRARH)
- Global Empowerment Ministries
- Black Family Development
- Detroit Heals Detroit
- Black Tech Saturdays

What makes a community healthy?

- Healthy Families
- Access to resources
- Re-entry programs for incarcerated individuals returning to society
- Sense of Community
  - Community involvement
  - Safe communities
- Community Engagement
  - Positive relationships with law enforcement
  - Engagement with community leaders

Needs/Barriers

Access to Healthcare

- Insurance barriers
  - Lack of insurance
  - Providers not accepting insurance
  - Uneducated about insurance coverage/access (i.e., mental health services)
- Transportation barriers

Access to Healthy Food

- Grocery stores in the community selling expired/low quality food
- Lack of education on healthy food options
- Unhealthy food options/too many fast-food restaurants

Access to Resources

- Need resources for asset building and maintaining
- Need better resources for house maintenance
- Poor quality of education
- Children not playing outdoors

Mental Health

- Need mental health resources for incarcerated people & those released
- No access to resources

Transportation

- Cars are unaffordable
- Public transportation is unsafe

Safety Concerns

- Unsafe environment/community
- Gun violence in the community

Funding Restrictions

- Caps on grants/funding sources for non-profits
- Difficulty getting personal loans/grants

Health Equity

Marginalized Populations

- Formerly Incarcerated Population
- Access to healthcare
- Lack of re-entry programs
- Lack of support from the system and community
- Inequity for re-entry into society
- Employment challenges
- Lack of resources
- Social stigma
- Black Men
    - Financial barriers (challenging to get loans due to credit scores)
    - Lack of financial literacy
    - Provider negligence (unnecessary drugs prescribed)
- Black community (men and women)
    - Not provided medication due to stigma
    - Racial discrimination
    - Police discrimination
- Low SES population
    - Low access to services
    - High expense for medication

Ideas/Solutions

- Mental Health Resources
    - Therapy/support for children
    - Resources for the previously incarcerated population
- Access to healthy foods
    - Community gardens in every zip code
    - Funding opportunities to improve nutrition options
- Improve transportation resources
- Sense of Community
    - Community outreach
    - Resource sharing
    - Mentorships with young people in the community
    - Better relationships with law enforcement
    - Increase communication
- More funding and grant opportunities

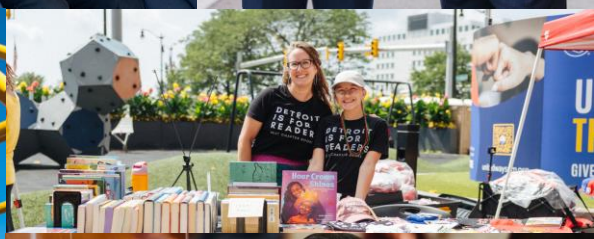
APPENDIX C





COMMUNITY PARTNER ASSESSMENT REPORT




Community Partner Assessment

Introduction

Hello and thank you for taking the Detroit Health Department Community Partner Assessment (CPA)! This assessment is part of the overall Detroit Health Department Community Health Improvement process. The CPA looks at individual organizational and collective capacity across the public health system to address health inequities. Results from this survey will be used to help Detroit Health Department identify strengths as a community, opportunities for greater impact, and inform the development of a Community Health Improvement Plan.

This survey is voluntary, and data will be reported in aggregate. When completing this survey, we ask that you only submit one response per organization/program. We encourage you to bring together staff from across your organization/program to help collectively answer the questions below.

Your Organization

What is the full name of your organization?

Which of the following best describe(s) your organization? *(check all that apply)*

- City health department
- County health department
- State health department
- Tribal health department
- Other city government agency
- Other county government agency
- Other state government agency
- Other Tribal government agency
- Veteran Agency
- Private hospital
- Public hospital
- Private clinic
- Public clinic
- Emergency response
- Schools/education (PK–12)
- College/university
- Library
- Non-profit organization
  - Federally Qualified Health Center (FQHC)
  - Community Action Agency
  - Other:
- Grassroots community organizing group/organization
- Tenants' association
- Social service provider
- Housing provider
- Mental health provider
- Neighborhood association
- Foundation/philanthropy
- For-profit organization/private business
- Faith-based organization
- Center for Independent Living
- Serves individuals impacted by the criminal justice system
- Other:

Demographics and Characteristics of Clients/Members Served/Engaged

What racial/ethnic populations does your organization work with? *(check all that apply)*

- Black/African American
- African
- Native American/Indigenous/Alaska Native
- Latinx/Hispanic
- Asian
- Asian American
- Pacific Islander/Native Hawaiian
- Middle Eastern/North African
- White/European
- All
- Other:

Does your organization work with immigrants, refugees, asylum seekers, or populations who speak English as a second language?

- Yes
- No
- Unsure

Does your organization offer services for transgender, nonbinary, and other members of the LGBTQIA+ community?

- Yes—we provide services specifically for the LGBTQIA+ community
- Somewhat—we provide general services and LGBTQIA+ individuals could use those services
- No—our organization is not explicitly designed to serve the LGBTQIA+ population
- Unsure

Does your organization offer services specifically for people with disabilities?

- Yes—we provide services specifically for people with disabilities
- Somewhat—we are wheelchair accessible and compliant with the American Disabilities Act but are not specifically designed to serve people with disabilities
- No—our organization is not explicitly designed to serve people with disabilities
- Unsure

Does your organization work with other populations or groups who are not addressed in the previous questions? For example, groups identifiable by gender, socioeconomic status, education, disability, immigration status, religion, insurance status, housing status, occupation, age, neighborhood, and involvement in the criminal legal system.

- Yes
  - If yes, please list these groups:
- No
- Unsure

Does your organization have access to interpretation and translation services?

- Yes
  - If yes, what languages are utilized most often?
- No
- Unsure
- Not applicable

What do you do to reach/engage/work with your clientele or community? *(check all that apply)*

- We hire staff from specific racial/ethnic groups that mirror our target populations
- We hire staff/interpreters who speak the language/s of our target populations
- We support leadership development in our target populations
- We have community members on our Board
- We have at least one advisory committee with community members
- We have leadership who speak the language/s of our target populations
- Our organization is physically located in neighborhood/s of our target populations
- We receive many clients from our target populations
- We receive many referrals from our target populations
- We work closely with community organizations from our target populations
- We have done extensive outreach to our target populations
- We have target population personas to help our staff understand our target population
- We distribute organizational reports and/or data analyses to our target populations
- We are transparent about organizational decisions that may impact our target population
- Other:
- Not applicable

Topic Area Focus

How much does your organization focus on each of these topics?

Topic	Not at all	A Little	A Lot	Unsure
Economic Stability: The connection between people's financial resources—income, cost of living, and socioeconomic status—and their health. This includes issues such as poverty, employment, food security, and housing stability.				
Education Access and Services: The connection of education to health and well-being. This includes issues such as graduating from high school, educational or training attainment in general, language and health literacy, and early childhood education and development.				
Healthcare Access and Quality: The connection between people's access to and understanding of health services and their own health. This includes issues such as access to healthcare, access to primary care, health insurance coverage, and health literacy.				
Neighborhood and Built Environment: The connection between where a person lives—housing, neighborhood, and environment—and their health and well-being. This includes topics like quality of housing, access to transportation, availability of healthy foods, air and water quality, and public safety.				
Social and Community Context: The connection between characteristics of the contexts within which people live, learn, work, and play, and their health and well-being. This includes topics like cohesion within a community, civic participation, discrimination, conditions in the workplace, violence, and incarceration.				

Which of the following sectors does your organization work on/with? *(check all that apply)*

- Arts and culture
- Businesses and for-profit organizations
- Criminal legal system
- Disability/independent living
- Early childhood development/ childcare
- Education
- Community economic development
- Economic security
- Environmental justice/climate change
- Faith communities
- Family well-being
- Financial institutions (e.g., banks, credit unions)
- Food access and affordability (e.g., food bank)
- Food service/restaurants
- Gender discrimination/equity
- Government accountability
- Healthcare access/utilization
- Housing
- Human services
- Immigration
- Jobs/labor conditions/wages and income
- Land use planning/development
- LGBTQIA+ discrimination/equity
- Parks, recreation, and open space
- Public health
- Public safety/violence
- Racial Justice
- Seniors/elder care
- Transportation
- Utilities
- Veterans Issues
- Violence
- Youth development and leadership
- Other:

Which of the following health topics does your organization plan to focus on within the next 5 years? *(check all that apply)*

- Cancer
- Chronic disease (e.g., asthma, diabetes/obesity, cardiovascular disease)
- Family/maternal health
- Immunizations and screenings
- Infectious disease
- Injury and violence prevention
- HIV/STD prevention
- Healthcare access/utilization
- Health equity
- Health insurance/Medicare/Medicaid
- Mental or behavioral health (e.g., PTSD, anxiety, trauma)
- Physical activity
- Tobacco and Substance use and prevention
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)/food stamps
- None of the above/Not applicable
- Other:

Organizational Commitment to Equity

Please review the following statements. For each one, select a) Agree, b) Disagree, or c) Unsure.

Statement	Disagree	Agree	Unsure
We have at least one person in our organization responsible for coordinating efforts that address diversity, equity, and inclusion internally within our organization.			
We have at least one person in our organization dedicated to addressing inequities externally in our community.			
We have a team dedicated to advancing equity/addressing inequities in our organization.			
Advancing equity/addressing inequities is included in all or most staff job requirements.			

Organizational Accountability

To whom is your organization accountable? By accountable we mean whom your organization must report to because they determine or oversee your funding as an organization, determine your priorities, etc. For example, city government agencies may be accountable to the mayor or city council; a business may be accountable to its shareholders; and an organizing group may be accountable to its members. (check all that apply)

- Mayor, governor, or other elected executive official
- City council, board of supervisors/commissioners, or other elected legislative officials
- State government
- Federal government
- Tribal government
- Foundation
- Community members
- Members of the organization/association
- Customers/clients
- Board of directors/trustees
- Shareholders
- Voters
- Voting members
- National/parent organization
- Other government agencies
- Other:

Organizational Capacities

Organizational Capacities Related to the 10 Essential Public Health Services

Please select whether your organization regularly does the following activities. *(check all that apply)*

- Assessment: My organization conducts assessments of living and working conditions and community needs and assets.
- Investigation of Hazards: My organization investigates, diagnoses, and addresses health problems and hazards affecting the population.
- Communication and Education: My organization works to communicate effectively to inform and educate people about health or well-being, factors that influence well-being, and how to improve it.
- Community Engagement and Partnerships: My organization works to strengthen, support, and mobilize communities and partnerships to improve health and well-being.
- Policies, Plans, Laws: My organization works to create, champion, and apply policies, plans, and laws that impact health and well-being.
- Legal and Regulatory Authority: My organization has legal or regulatory authority to protect health and well-being and uses legal and regulatory actions to improve and protect the public's health and well-being.
- Access to Care: My organization provides healthcare and social services to individuals or works to ensure equitable access and an effective system of care and services.
- Workforce: My organization supports workforce development and can help build and support a diverse, skilled workforce.
- Evaluation And Research: My organization conducts evaluation, research, and continuous quality improvement and can help improve or innovate functions.
- Organizational Infrastructure: My organization is helping build and maintain a strong organizational infrastructure for health and well-being.
- Other:
- Unsure

Does your organization have sufficient capacity to meet the needs of your clients/ members? For example, do you have enough staff/funding/support to do your work?

- Yes
- No
  - Please elaborate:
- Unsure

General Capacities and Strategies

Which of the following strategies does your organization use to do your work? *(check all that apply)*

- Research and Policy Analysis: Gathering and analyzing data to create credibility and inform policies, projects, programs, or coalitions.
- Social and Health Services: Providing services that reach clients and meet their needs (including clinical and healthcare services).
- Organizing: Involving people in efforts to change their circumstances by changing the underlying structures, decision-making processes, policies, and priorities that produce inequities.
- Communications: Messaging that resonates with communities, connects them to an issue, or inspires them to act.
- Leadership Development: Equipping leaders with the skills, knowledge, and experiences to play a greater role within their organization or movement.
- Litigation: Using legal resources to reach outcomes that further long-term goals.
- Advocacy and Grassroots Lobbying: Targeting public officials either by speaking to them or mobilizing constituents to influence legislative or executive policy decisions.
- Alliance and Coalition-Building: Building collaboration among groups with shared values and interest.
- Arts and Culture: Nurturing the multiple skills of an individual through the arts and encouraging connection through shared experiences.
- Campaigns: Using organized actions that address a specific purpose, policy, or change.
- Healing: Addressing personal and community trauma and how they connect to larger social and economic inequalities.
- Inside-Outside Strategies: Coordinating support from organizations on the "outside" with a team of like-minded policymakers on the "inside" to achieve common goals.
- Integrated Voter Engagement: Connecting, organizing, and voter-engagement strategies to build a strong base over multiple election cycles.
- Movement-Building: Scaling up from single organizations and issues to long-term initiatives, perspectives, and narratives that seek to change systems.
- Narrative Change: Harnessing arts and expression to replace dominant assumptions about a community or issue with dignified narratives and values.
- Other:

One goal of a Community Health Assessment is to help build relations and create partnerships to further support community growth, which of the areas above would your organization like to grow in?

Capacities to Support Community Health Improvement

The following questions ask about your organization's experience collecting data, engaging community members, advocating for policy change, and communicating with the public. Please let us know if your organization does the following tasks and whether your organization could support the Community Health Assessment process by doing that task. Following the set of questions is space for comments or questions.

Data Access and Systems

Does your organization conduct assessments (e.g., of basic needs, community health, neighborhood)?

- Yes
  - If yes, please describe what they assess.
- No
- Unsure

Can you share the assessments you described above with the Detroit Health Department Steering Committee?

- Yes
- No
- Unsure
- Not applicable—My organization does not conduct assessments.

What data does your organization collect? (check all that apply)

- Demographic information about clients or members
- Access and utilization data about services provided and to whom
- Evaluation, performance management, or quality improvement information about services and programs offered
- Data about health status
- Data about health behaviors
- Data about conditions and social determinants of health (e.g., housing, education, or other conditions)
- Data about systems of power, privilege, and oppression
- We don't collect data
- Other:

Can you share any of that data with the Detroit Health Department Steering Committee?

- Yes, already being shared
- Yes, can share
- No
- Unsure
- Not applicable – My organization does not collect data.

What data skills does your organization have? (check all that apply)

- Survey design and analysis
- Secondary data analysis
- Needs assessment
- Focus group facilitation
- Interviewing
- Detailed note-taking or transcription
- Participatory research
- Facilitators of community or town hall meetings
- Asset mapping
- Mapping/visualization skills
- Not applicable

Community-Engagement Practices

What type of community-engagement practices does your organization do most often *(check one):*

- Inform: Provide the community with relevant information.
- Consult: Gather input from the community.
- Involve: Ensure community needs and assets are integrated into process and inform planning.
- Collaborate: Ensure community capacity to play a leadership role in implementation of decisions.
- Defer to: Foster democratic participation and equity through community-driven decision-making. Bridge divide between community and governance.
- Unsure

Which of the following methods of community engagement does your organization use most often? *(check all that apply):*

- Customer/patient satisfaction surveys
- Fact sheets
- Open houses
- Presentations
- Billboards
- Videos
- Public comment
- Focus groups
- Community forums/events
- Surveys
- Community organizing
- Advocacy
- House meetings
- Interactive workshops
- Polling
- Memorandums of understanding (MOUs) with community-based organizations
- Citizen advisory committees
- Open planning forums with citizen polling
- Community-driven planning
- Consensus building
- Participatory action research
- Participatory budgeting
- Social media
- Other:

When you host community meetings, do you offer: *(check all that apply)*

- Stipends or gift cards for participation
- Interpretation/translation to other languages including sign language
- Food/snacks
- Transportation vouchers if needed
- Childcare if needed
- Accessible materials for low literacy populations
- American Disabilities Act compliant facilities
- Virtual ways to participate
- Not applicable
- Other:

Policy, Advocacy, and Communications

What policy/advocacy work is your organization able to do? *(check all that apply)*

- Develop close relationships with elected officials
- Educate decision-makers and respond to their questions
- Respond to requests from decision-makers
- Use relationships to access decision-makers
- Write or develop policies
- Advocate for policy change
- Build capacity of impacted individuals/communities to advocate for policy change
- Lobby for policy change
- Mobilize public opinion on policies via media/communications
- Contribute to political campaigns/political action committees (PACs)
- Voter outreach and education
- Legal advocacy
- Not applicable
- Unsure
- Other:

Please review the following statements.

Statement	Strongly Disagree	Disagree	Agree	Strongly Agree	Unsure
Our organization has a strong presence in local earned media (print/radio/TV).					
Our organization has strong communications infrastructure and capacity.					
Our organization has a clear communications strategy.					
Our organization has good relationships with other organizations who can help share information.					
Our organization has a clear equity lens that we use for our external communications and engagement work.					

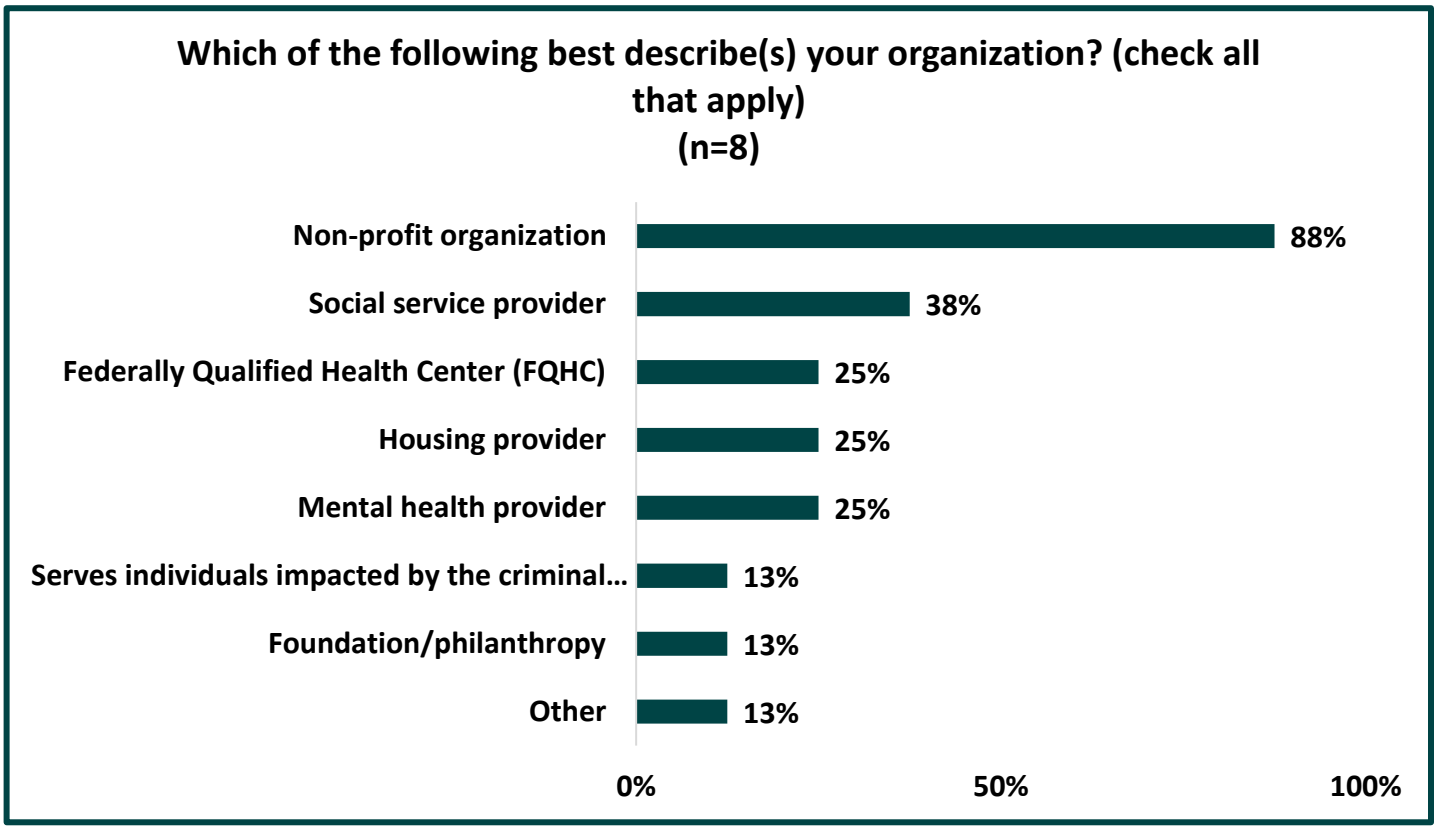
What communications work does your organization do most often? *(check all that apply)*

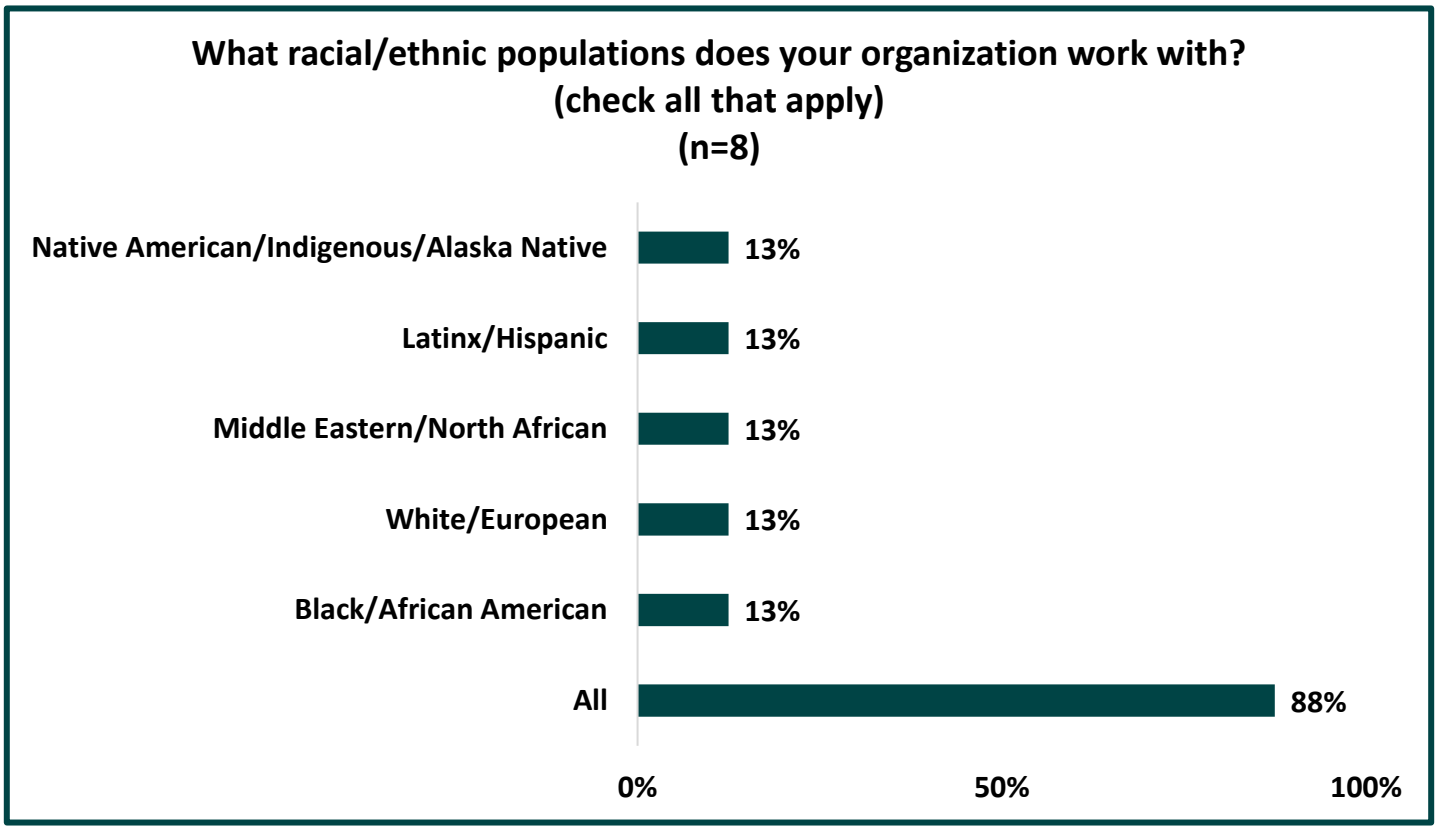
- Internal newsletters to staff
- External newsletters to members/the public
- Ongoing and active relationships with local journalists and earned media organizations
- Media contact list for press advisories/releases
- Social media outreach (e.g., on Facebook, Twitter, Instagram)
- Ethnicity-specific outreach in non-English language
- Press releases/press conferences
- Data dashboard
- Meet to discuss narrative and messaging to the public
- Other:

If your organization has publicly available materials, are they translated into other languages?

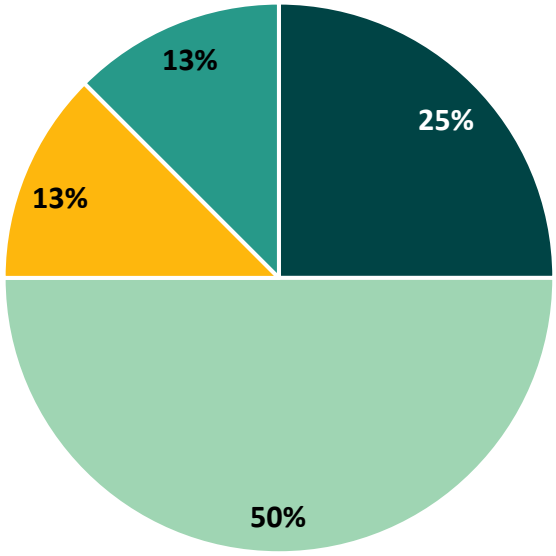
- All publicly available materials are translated into other languages
- Most publicly available materials are translated into other languages (e.g., when conducting outreach to various populations or when hosting events for various populations)
- Few publicly available materials are translated into other languages (e.g., only when requested)
- No publicly available materials are translated into other languages
- Not applicable (we do not have publicly available materials)

Community Partner Assessment Data



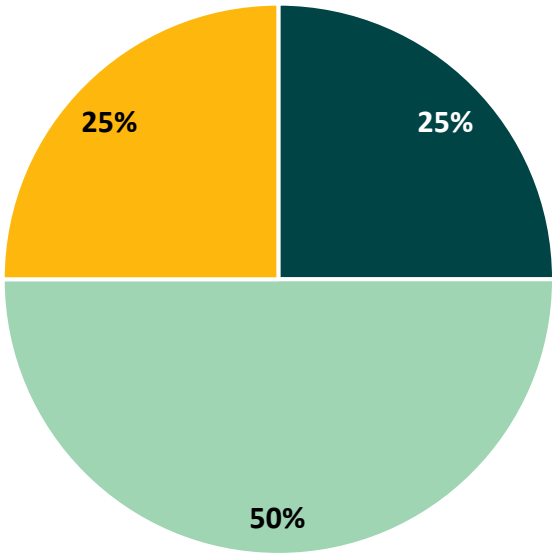


Does your organization offer services for transgender, nonbinary, and other members of the LGBTQIA+ community? (n=8)



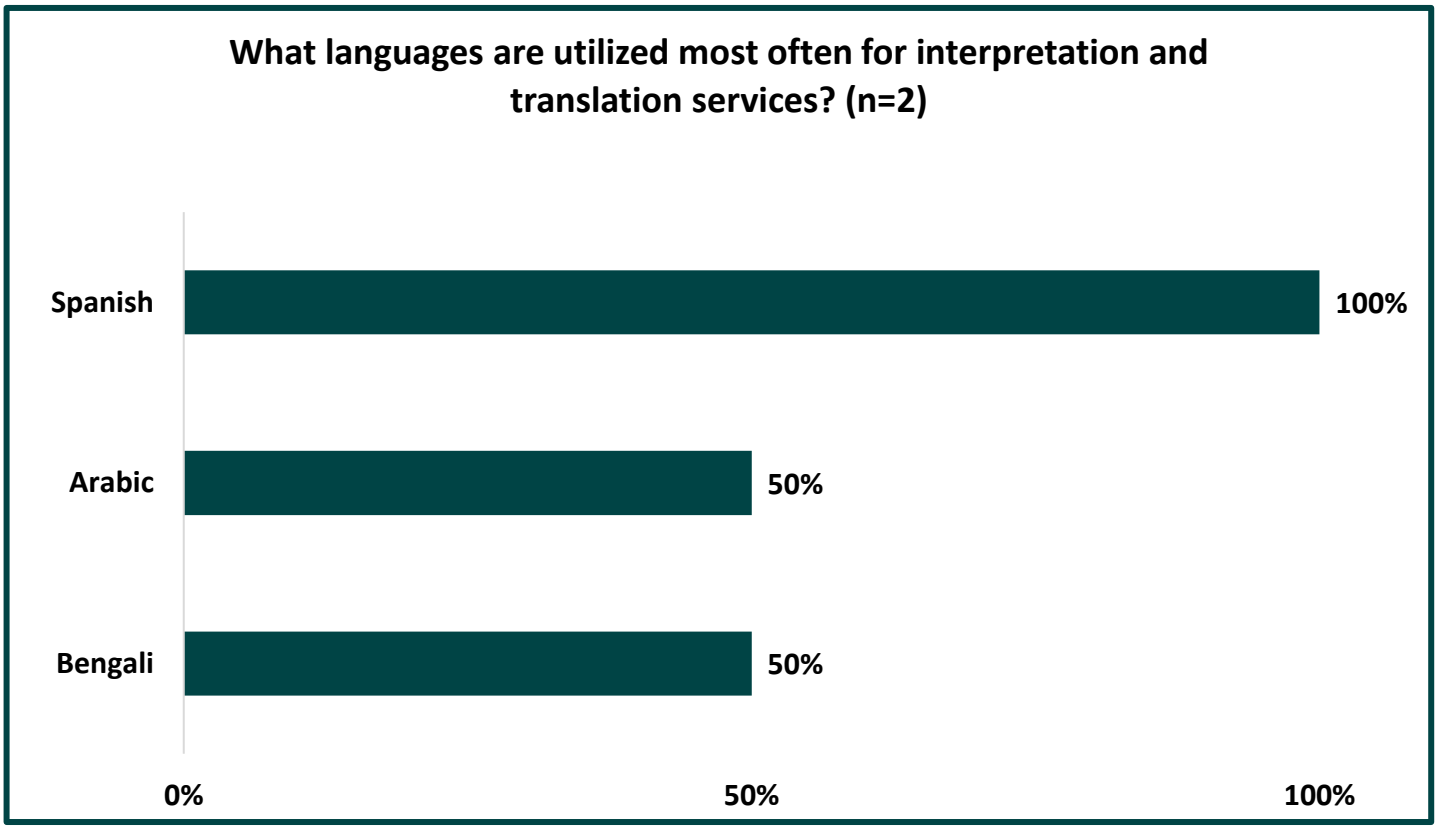
- Yes-we provide services specifically for the LGBTQIA+ community
- Somewhat-we provide general services and LGBTQIA+ individuals could use those services
- No-our organization is not explicitly designed to serve the LGBTQIA+ population
- Unsure

Does your organization offer services specifically for people with disabilities? (n=8)

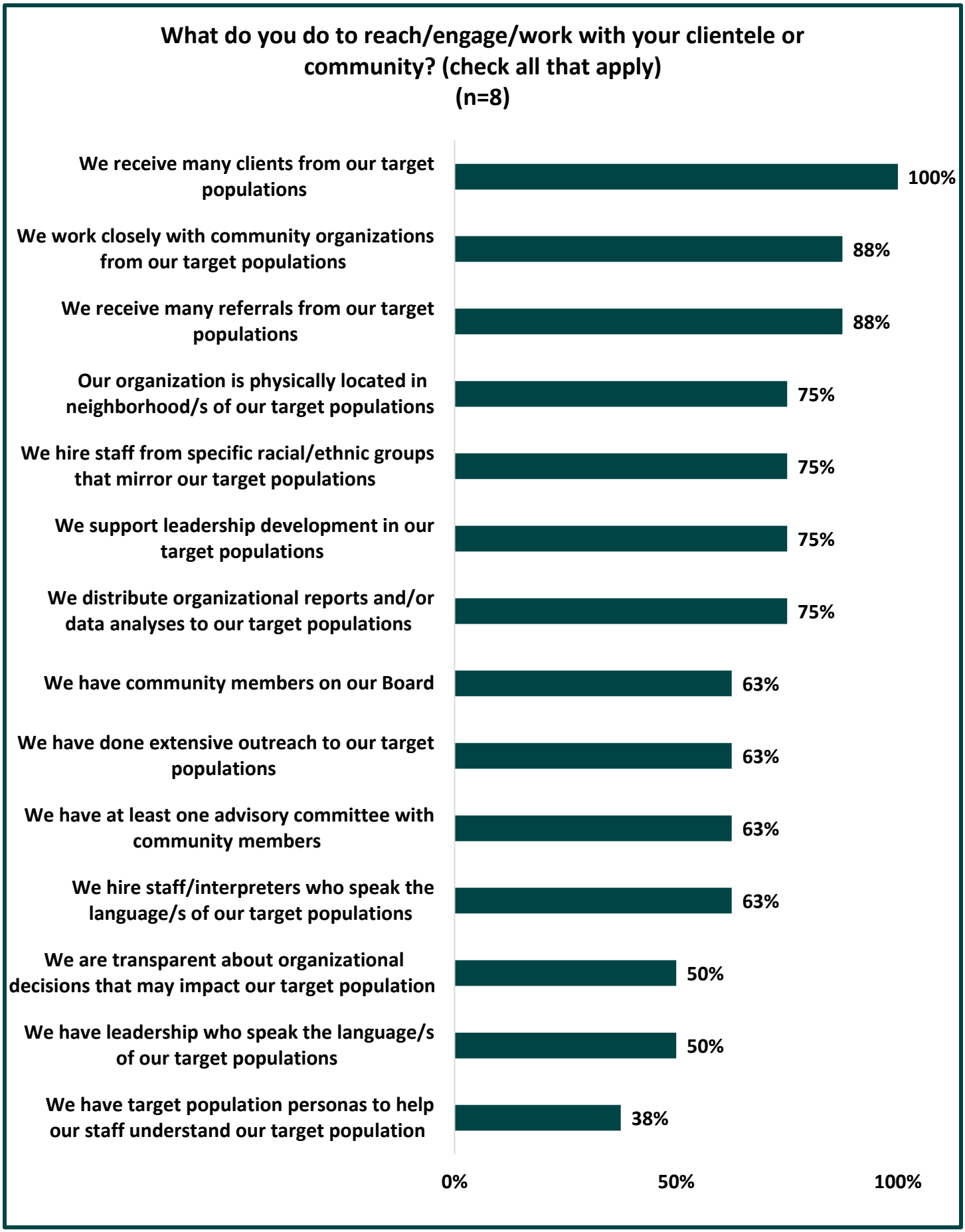


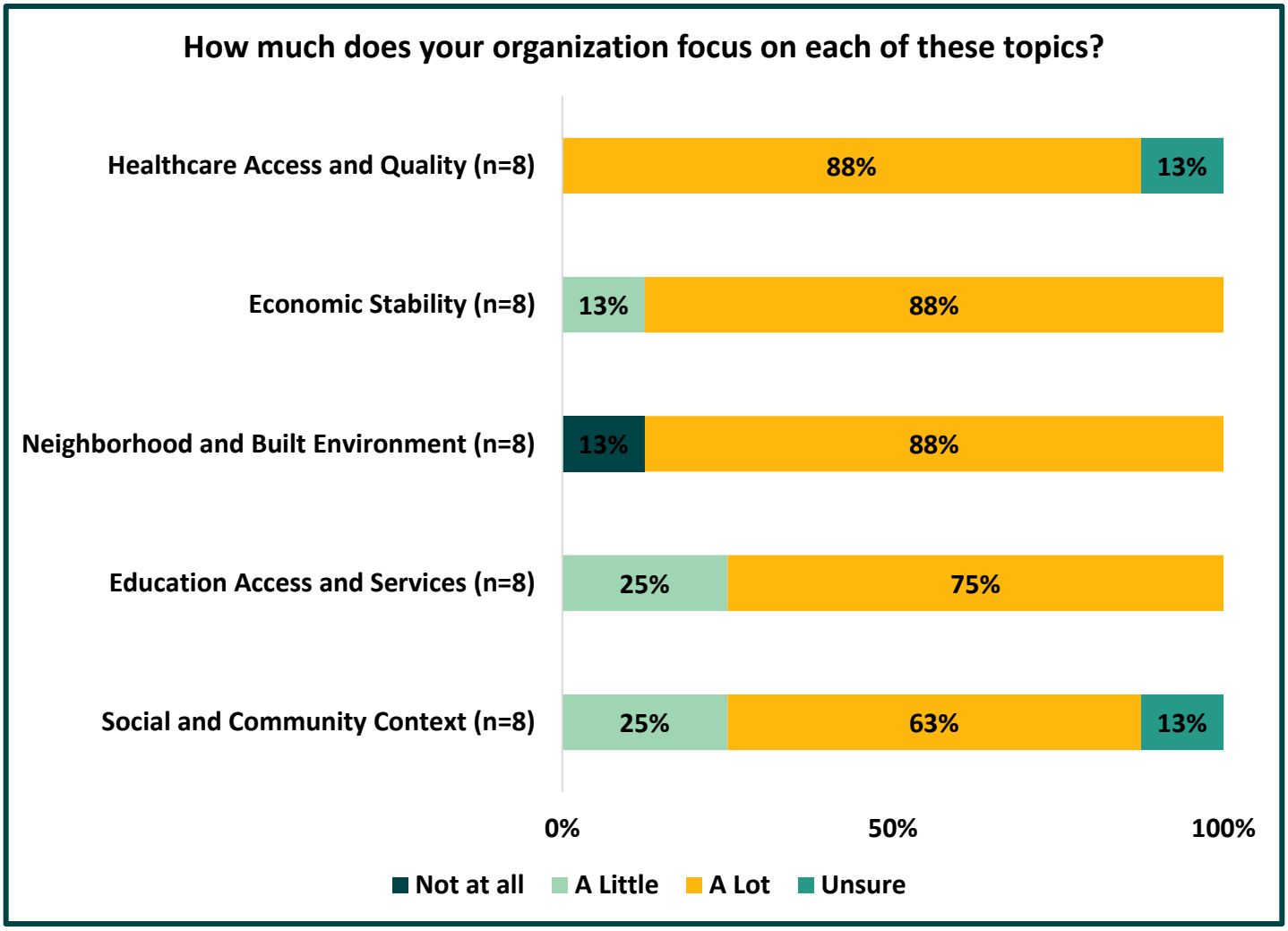
- Yes-we provide services specifically for people with disabilities
- Somewhat-we are wheelchair accessible and compliant with the American Disabilities Act but are not specifically designed to serve people with disabilities
- No-our organization is not explicitly designed to serve people with disabilities

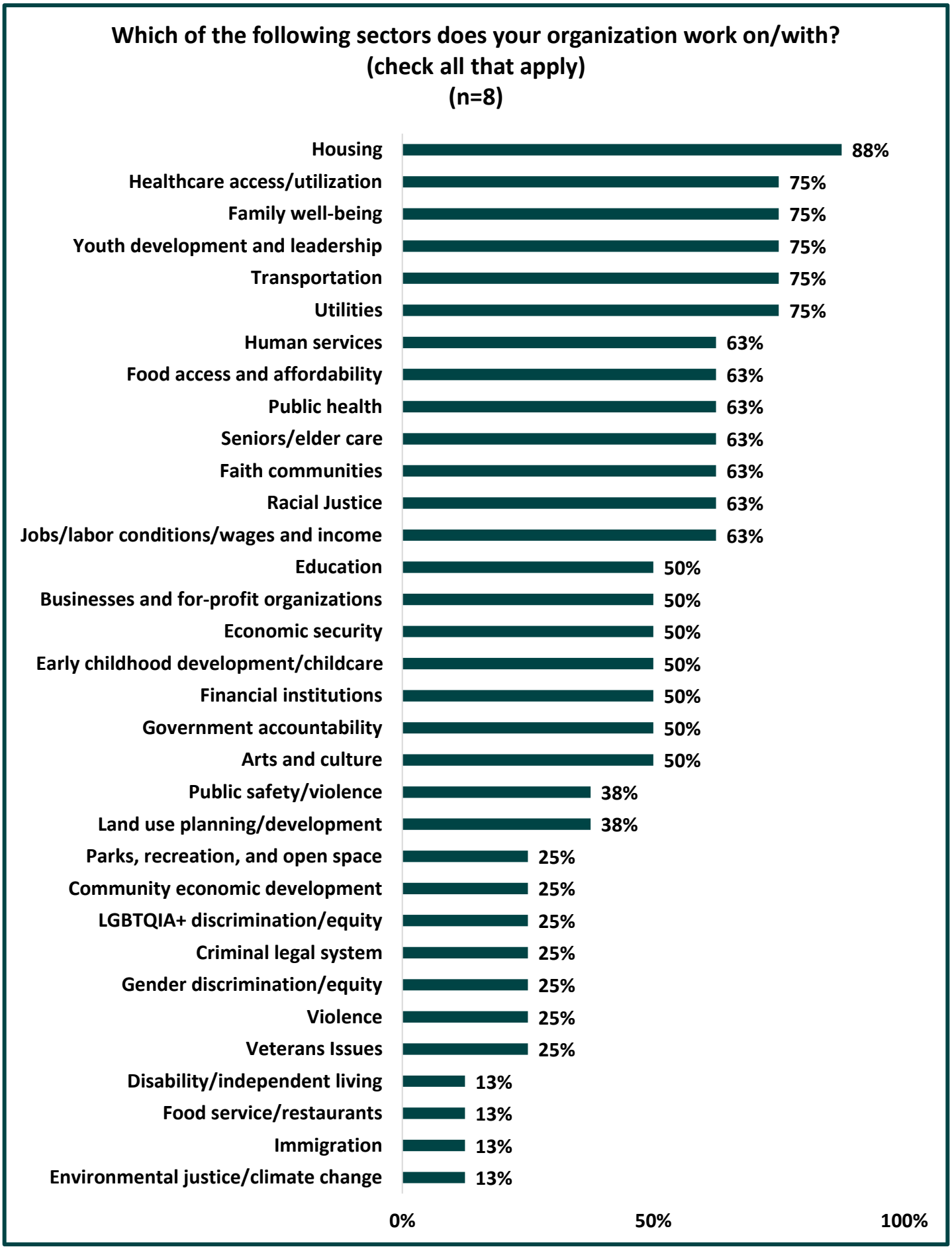
Among all respondents, 71.4% (n=5) indicated that their organizations serve additional populations beyond those previously mentioned, focusing on groups with economic disparities, such as low-income individuals, those experiencing homelessness or are uninsured. They also provide support to older adults, justice-involved individuals, veterans, and those with substance use disorders.



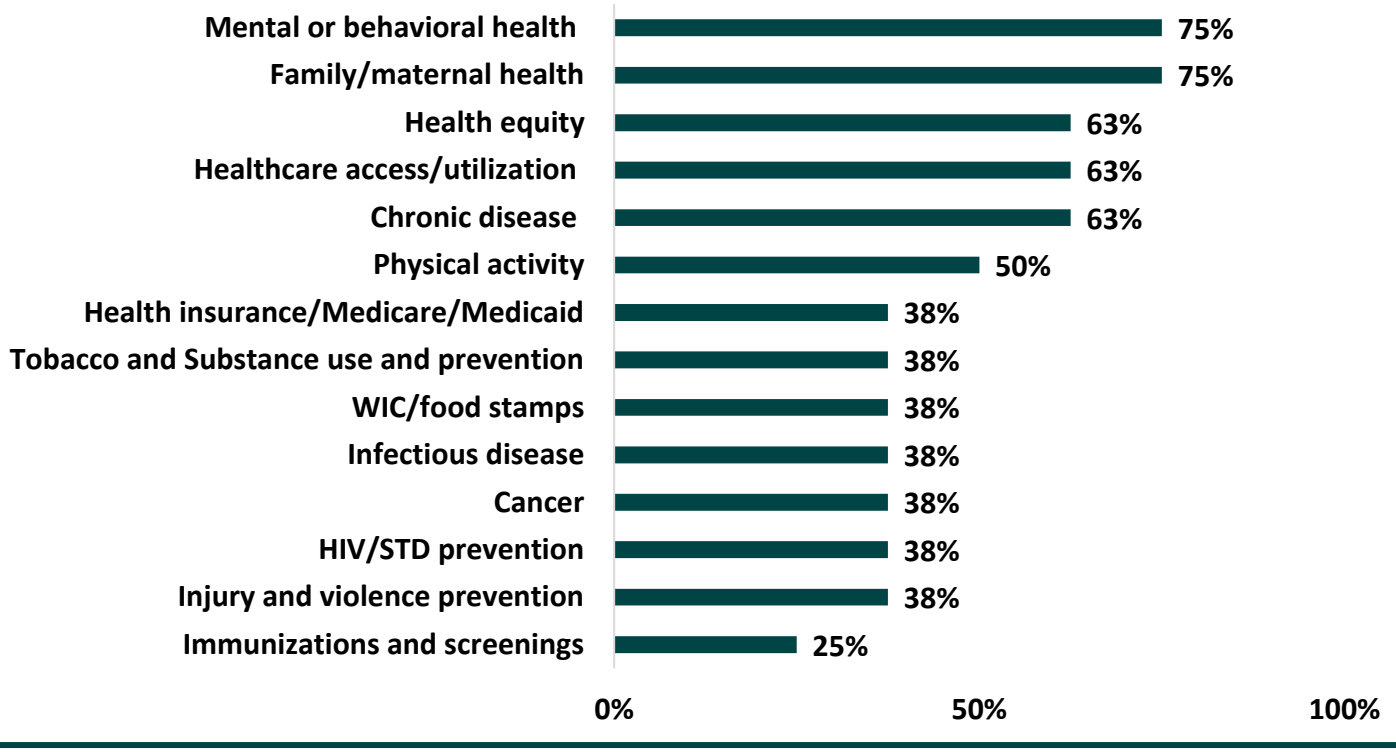
Majority of respondents (75%, n=6) confirmed that their organizations have access to interpretation and translation services. Of those with access, only two specified the languages they use, with Spanish being the most commonly reported, along with Arabic and Bengali.


What do you do to reach/engage/work with your clientele or community? (check all that apply)
(n=8)
We receive many clients from our target populations
100%
We work closely with community organizations from our target populations
88%
We receive many referrals from our target populations
88%
Our organization is physically located in neighborhood/s of our target populations
75%
We hire staff from specific racial/ethnic groups that mirror our target populations
75%
We support leadership development in our target populations
75%
We distribute organizational reports and/or data analyses to our target populations
75%
We have community members on our Board
63%
We have done extensive outreach to our target populations
63%
We have at least one advisory committee with community members
63%
We hire staff/interpreters who speak the language/s of our target populations
63%
We are transparent about organizational decisions that may impact our target population
50%
We have leadership who speak the language/s of our target populations
50%
We have target population personas to help our staff understand our target population
38%
0%
50%
100%

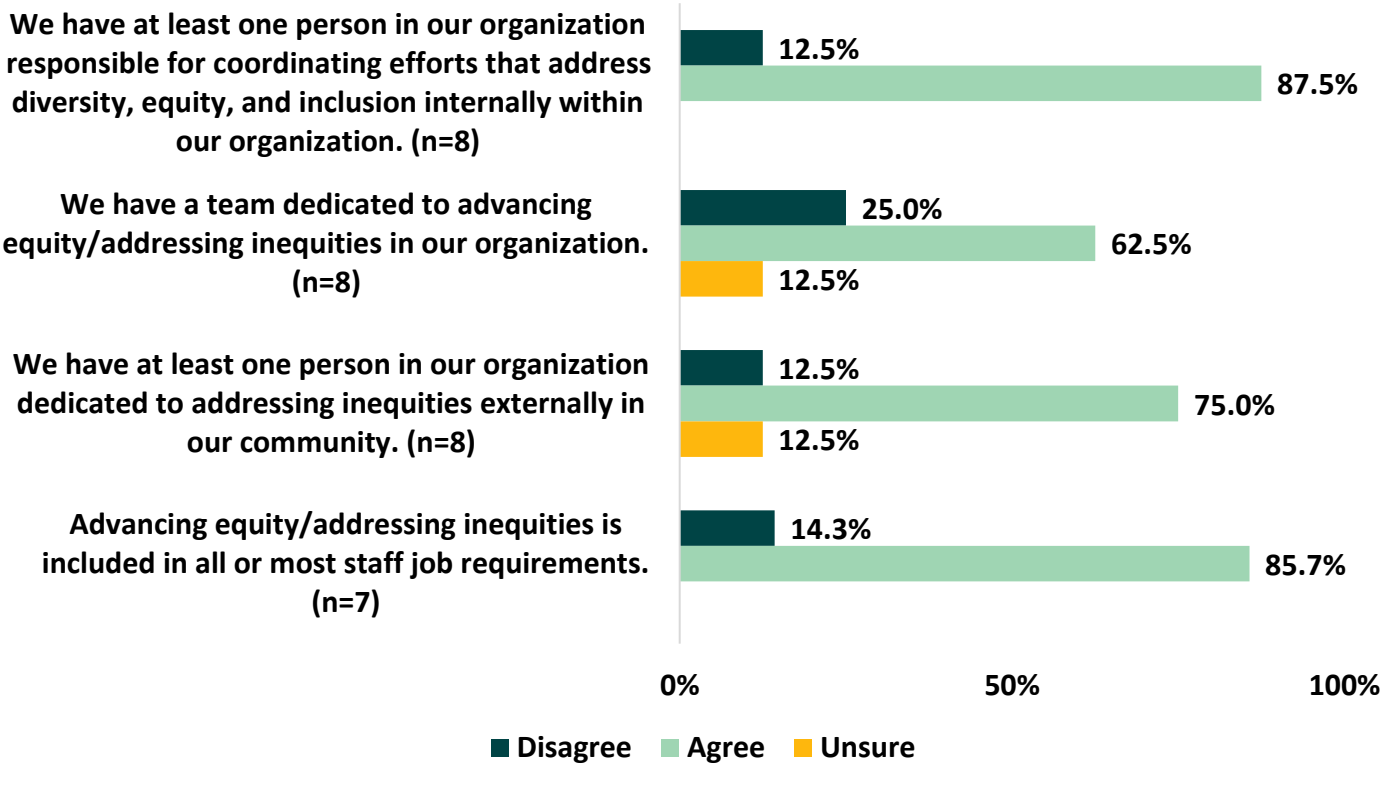

How much does your organization focus on each of these topics?
Healthcare Access and Quality (n=8)
88%
13%
Economic Stability (n=8)
13%
88%
Neighborhood and Built Environment (n=8)
13%
88%
Education Access and Services (n=8)
25%
75%
Social and Community Context (n=8)
25%
63%
13%
0%
50%
100%
Not at all
A Little
A Lot
Unsure

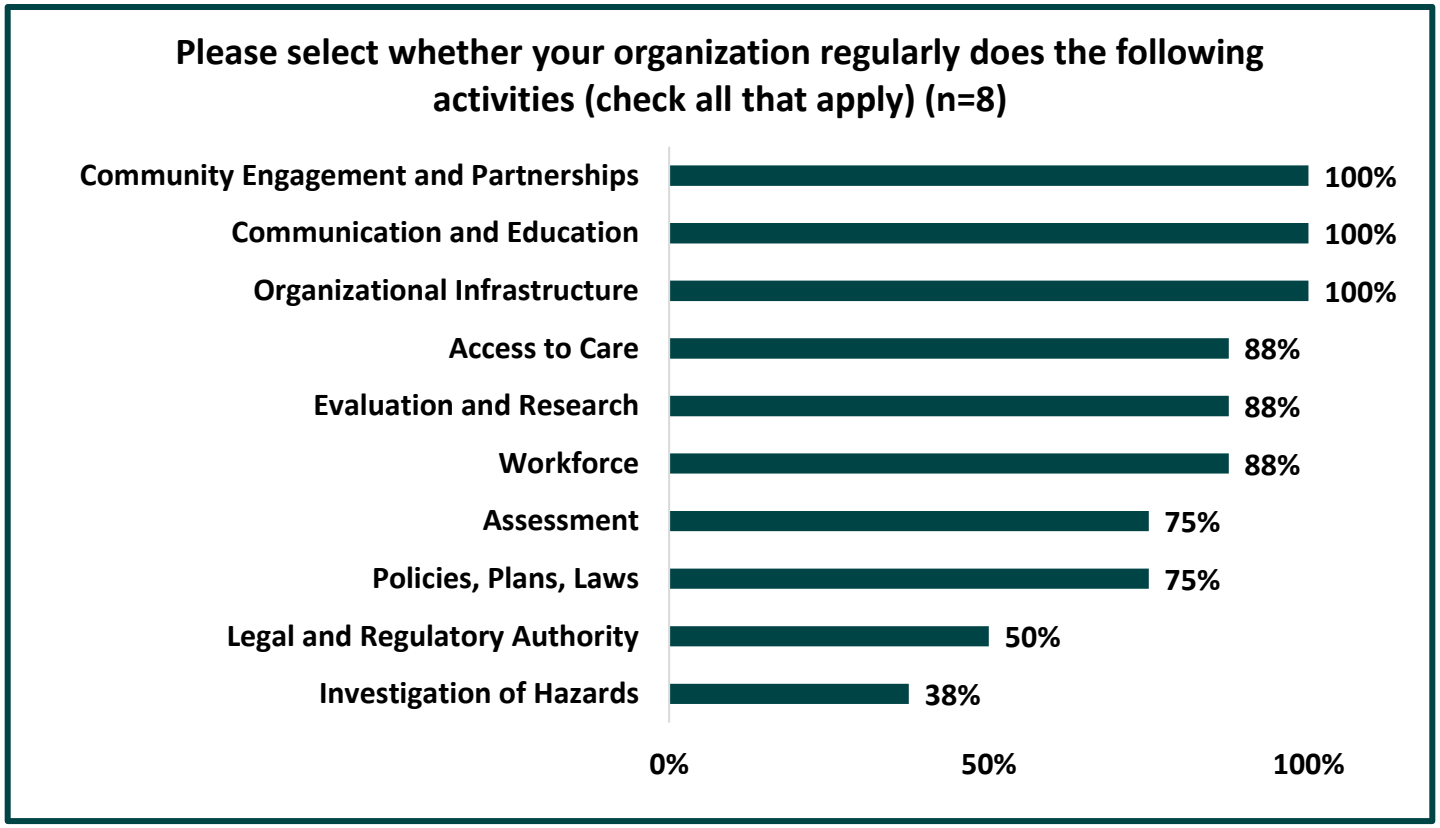

Which of the following sectors does your organization work on/with?
(check all that apply)
(n=8)
Housing 88%
Healthcare access/utilization 75%
Family well-being 75%
Youth development and leadership 75%
Transportation 75%
Utilities 75%
Human services 63%
Food access and affordability 63%
Public health 63%
Seniors/elder care 63%
Faith communities 63%
Racial Justice 63%
Jobs/labor conditions/wages and income 63%
Education 50%
Businesses and for-profit organizations 50%
Economic security 50%
Early childhood development/childcare 50%
Financial institutions 50%
Government accountability 50%
Arts and culture 50%
Public safety/violence 38%
Land use planning/development 38%
Parks, recreation, and open space 25%
Community economic development 25%
LGBTQIA+ discrimination/equity 25%
Criminal legal system 25%
Gender discrimination/equity 25%
Violence 25%
Veterans Issues 25%
Disability/independent living 13%
Food service/restaurants 13%
Immigration 13%
Environmental justice/climate change 13%
0%
50%
100%

Which of the following health topics does your organization plan to focus on within the next 5 years? (check all that apply) (n=8)

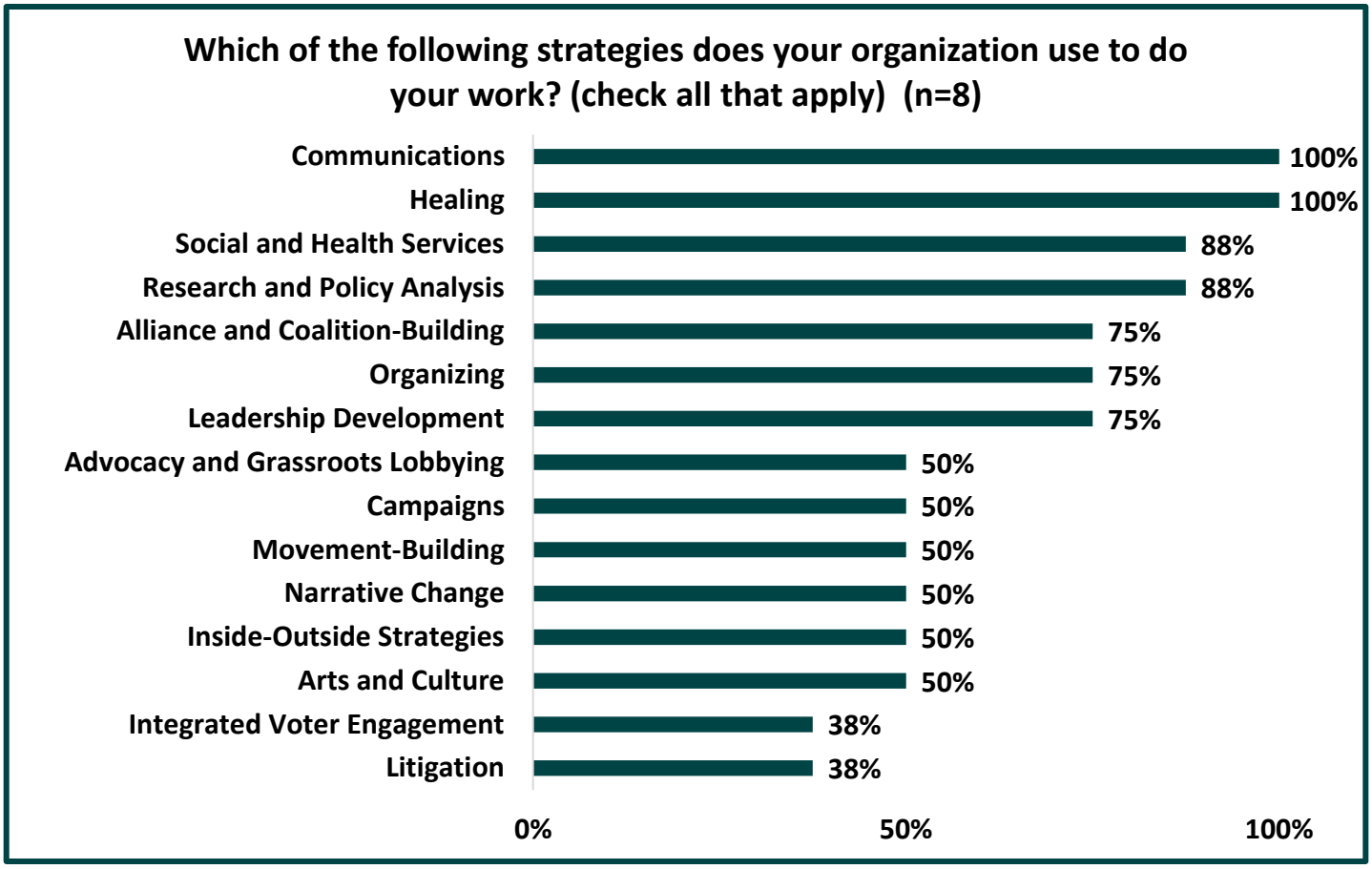


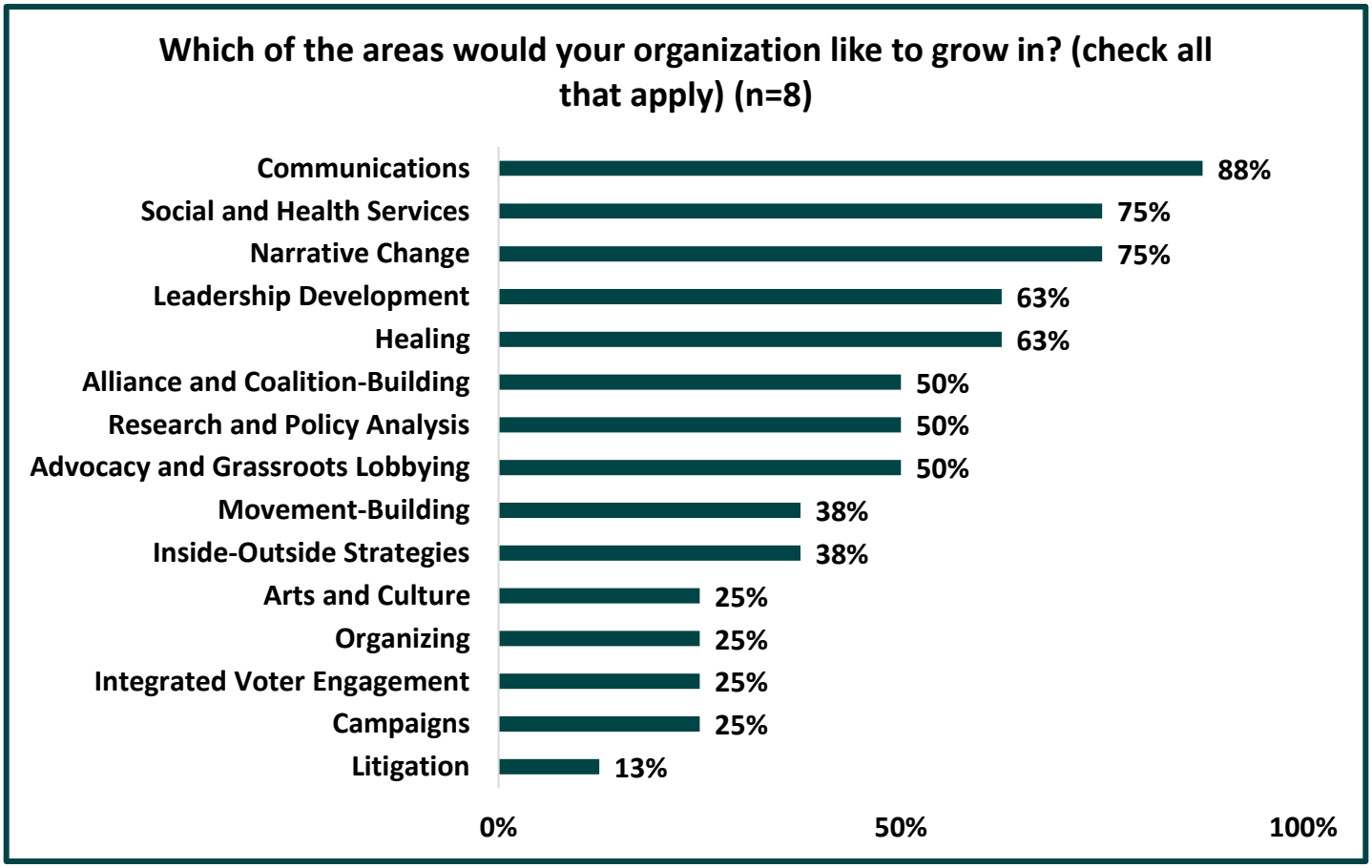
Organizational Commitment to Equity





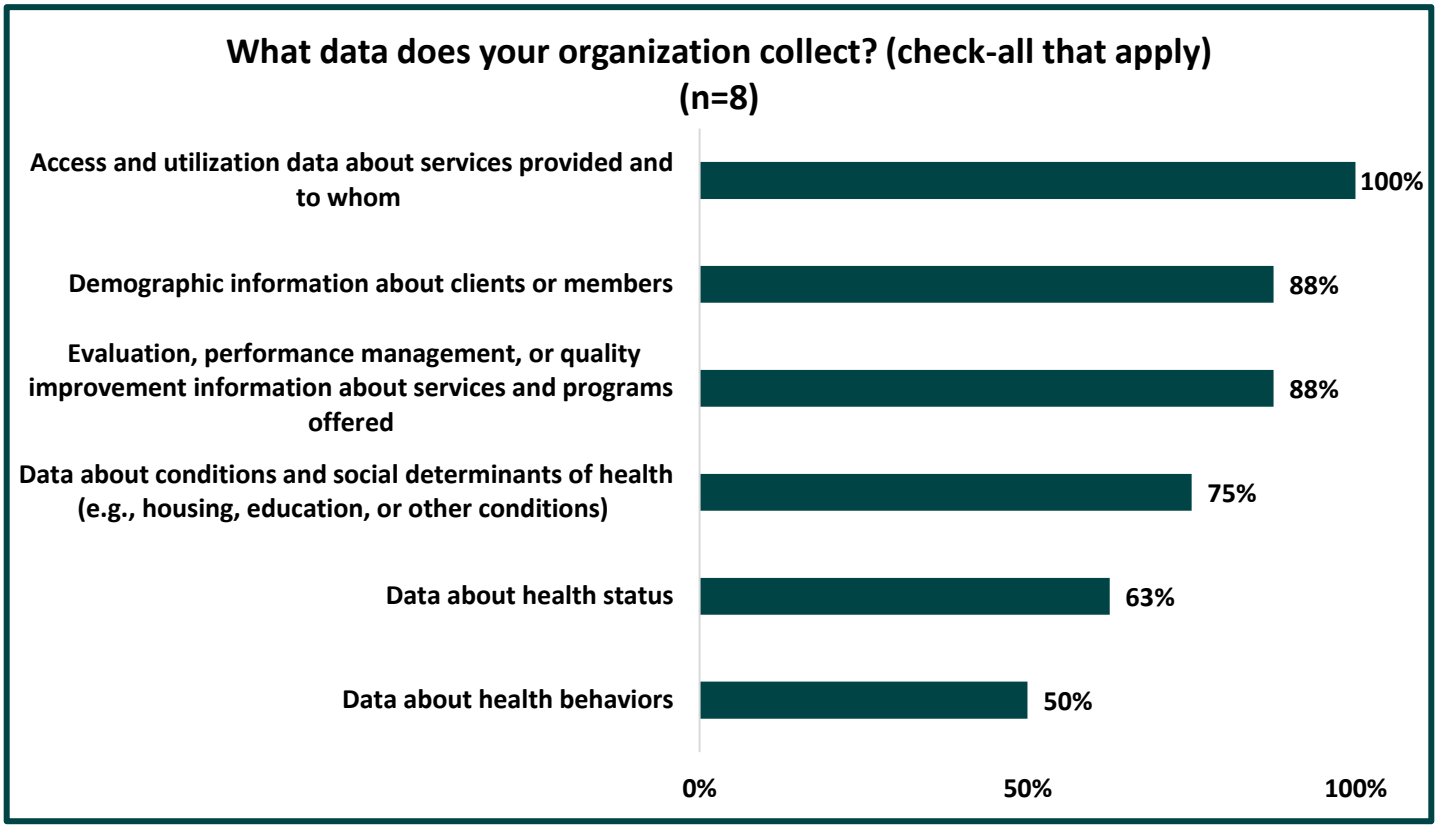
Twenty-five percent (n=2) of organizations reported having sufficient capacity to meet the needs of their clients/members, while the majority (62.5%, n=5) reported that they do not, and one organization (12.5%) was unsure. Those who indicated that their organization does not have sufficient capacity to meet the needs of their clients/members cited a range of challenges, including limited funding, staffing shortages, and inability to keep up with increasing community needs. Specific concerns included rising costs due to inflation, transportation, food insecurity, and housing instability.


Which of the following strategies does your organization use to do your work? (check all that apply) (n=8)
Communications 100%
Healing 100%
Social and Health Services 88%
Research and Policy Analysis 88%
Alliance and Coalition-Building 75%
Organizing 75%
Leadership Development 75%
Advocacy and Grassroots Lobbying 50%
Campaigns 50%
Movement-Building 50%
Narrative Change 50%
Inside-Outside Strategies 50%
Arts and Culture 50%
Integrated Voter Engagement 38%
Litigation 38%
0%
50%
100%


Which of the areas would your organization like to grow in? (check all that apply) (n=8)
Communications 88%
Social and Health Services 75%
Narrative Change 75%
Leadership Development 63%
Healing 63%
Alliance and Coalition-Building 50%
Research and Policy Analysis 50%
Advocacy and Grassroots Lobbying 50%
Movement-Building 38%
Inside-Outside Strategies 38%
Arts and Culture 25%
Organizing 25%
Integrated Voter Engagement 25%
Campaigns 25%
Litigation 13%
0%
50%
100%

Among all respondents, 87.5% (n=7) indicated that their organization conducts assessments while 12.5% (n=1) was unsure. Organizations conducting assessments focus on areas such as community health, basic needs, housing vulnerability and other social determinants of health.

Half of respondents (50.0%, n=4) indicated that they can share their assessments with the Detroit Health Department Steering Committee. One respondent (12.5%) indicated that they cannot share the assessments, while 25% (n=2) were unsure. Additionally, one respondent (12.5%) noted that the question was not applicable to them as their organization does not conduct assessments.

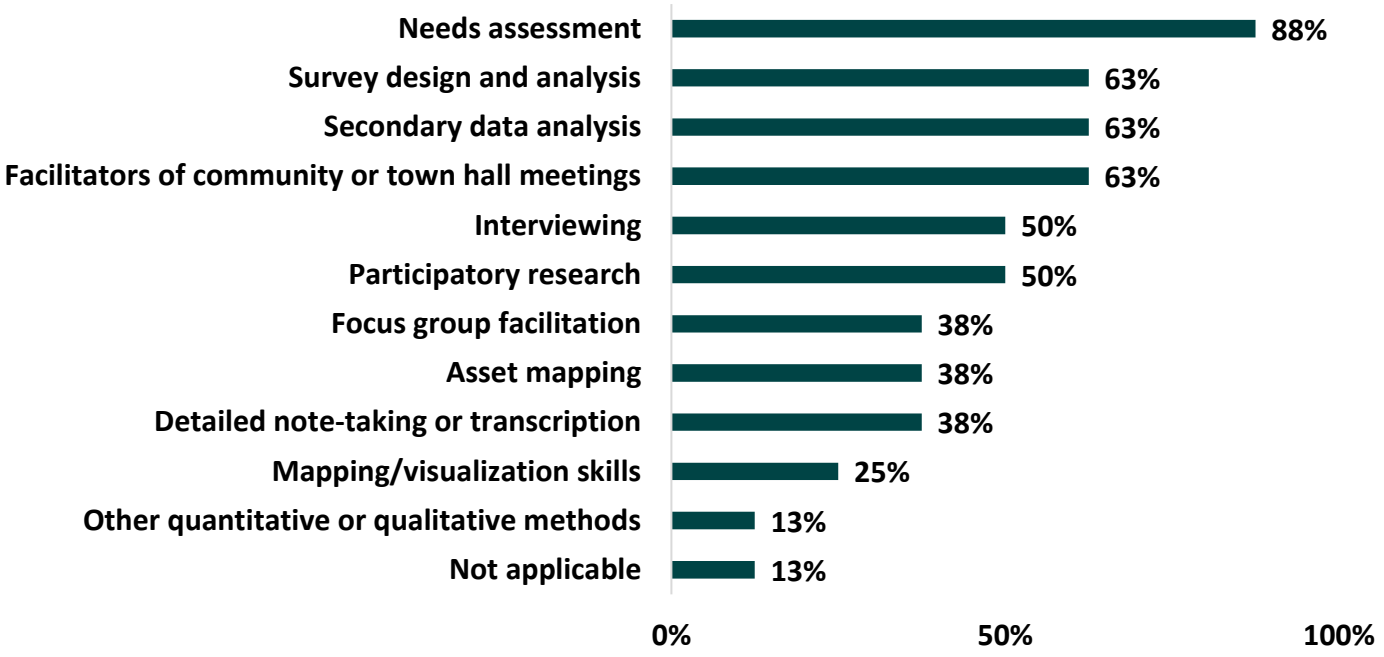


One organizations (14.3%, n=1) is already sharing data with the Detroit Health Department Steering Committee. Some (28.6%, n=2) indicated that they can share data. Meanwhile, 57.1% (n=4) are unsure whether they can share data.

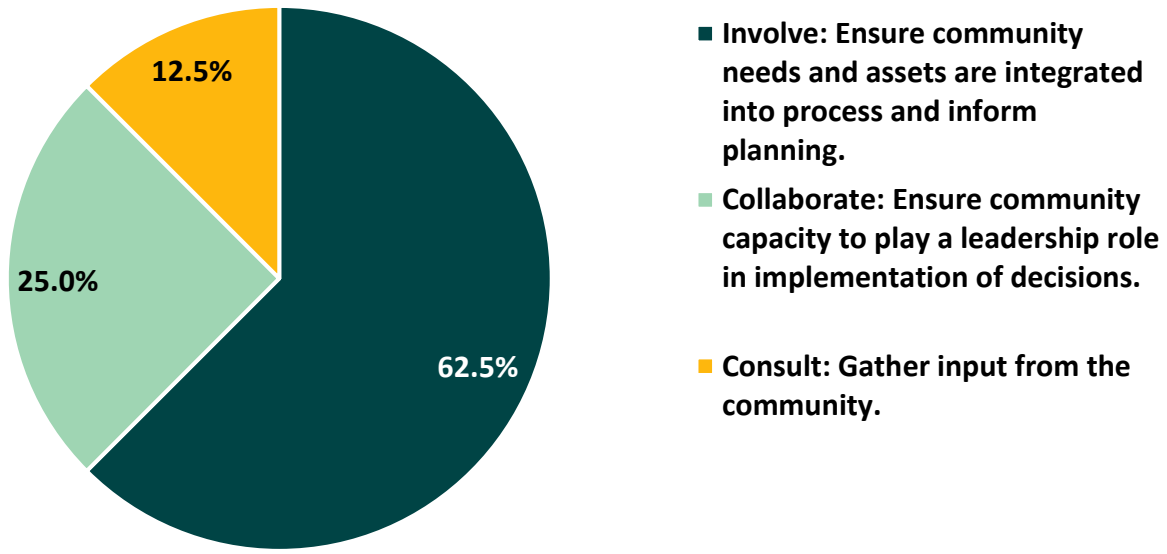
For those who indicated they can share data, the types of data available include:

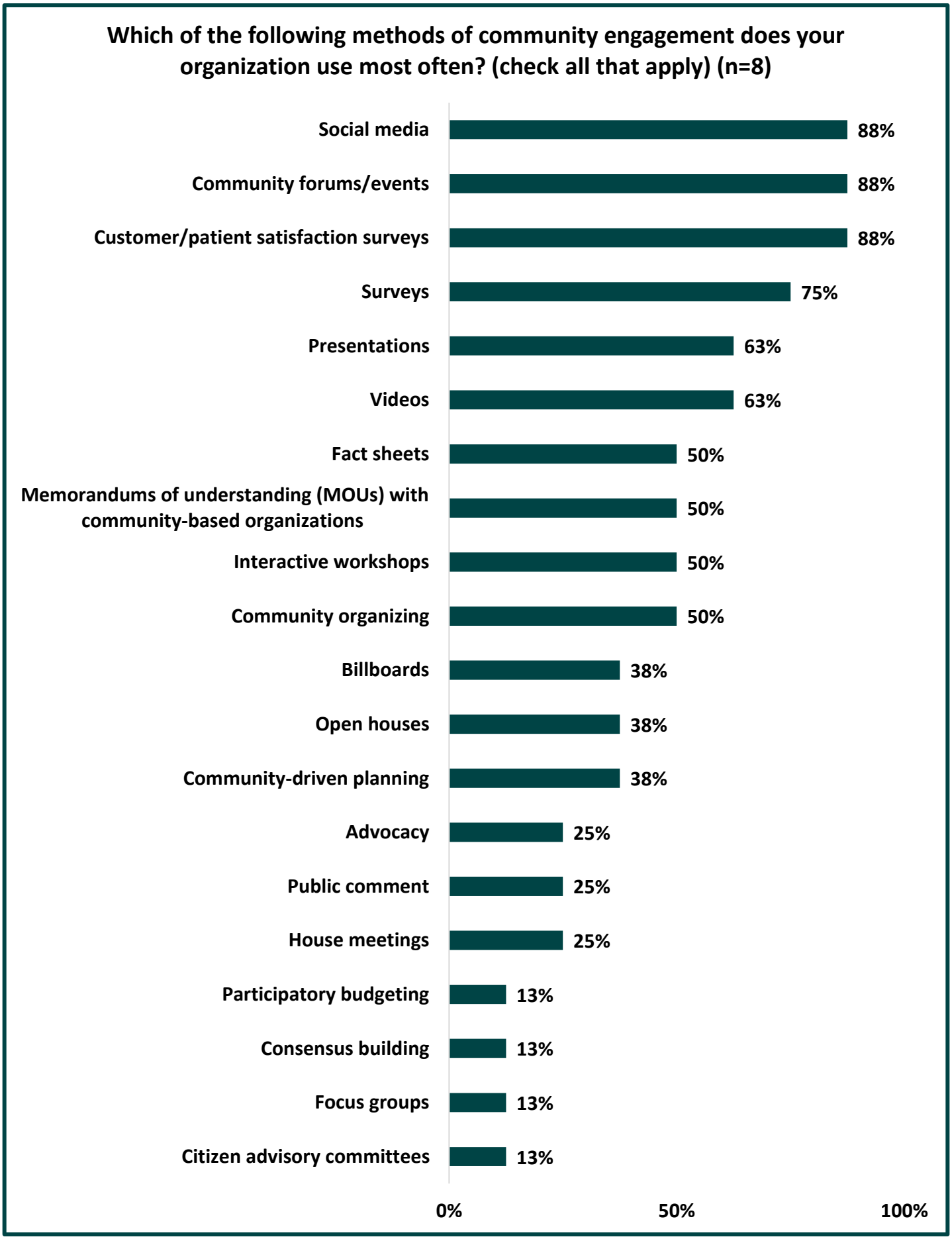
- Demographic information about clients or members
- Access and utilization data about services provided and to whom
- Evaluation, performance management, or quality improvement information about services and programs offered
- Data about health status
- Data about health behaviors
- Data about conditions and social determinants of health (e.g., housing, education, or other conditions)

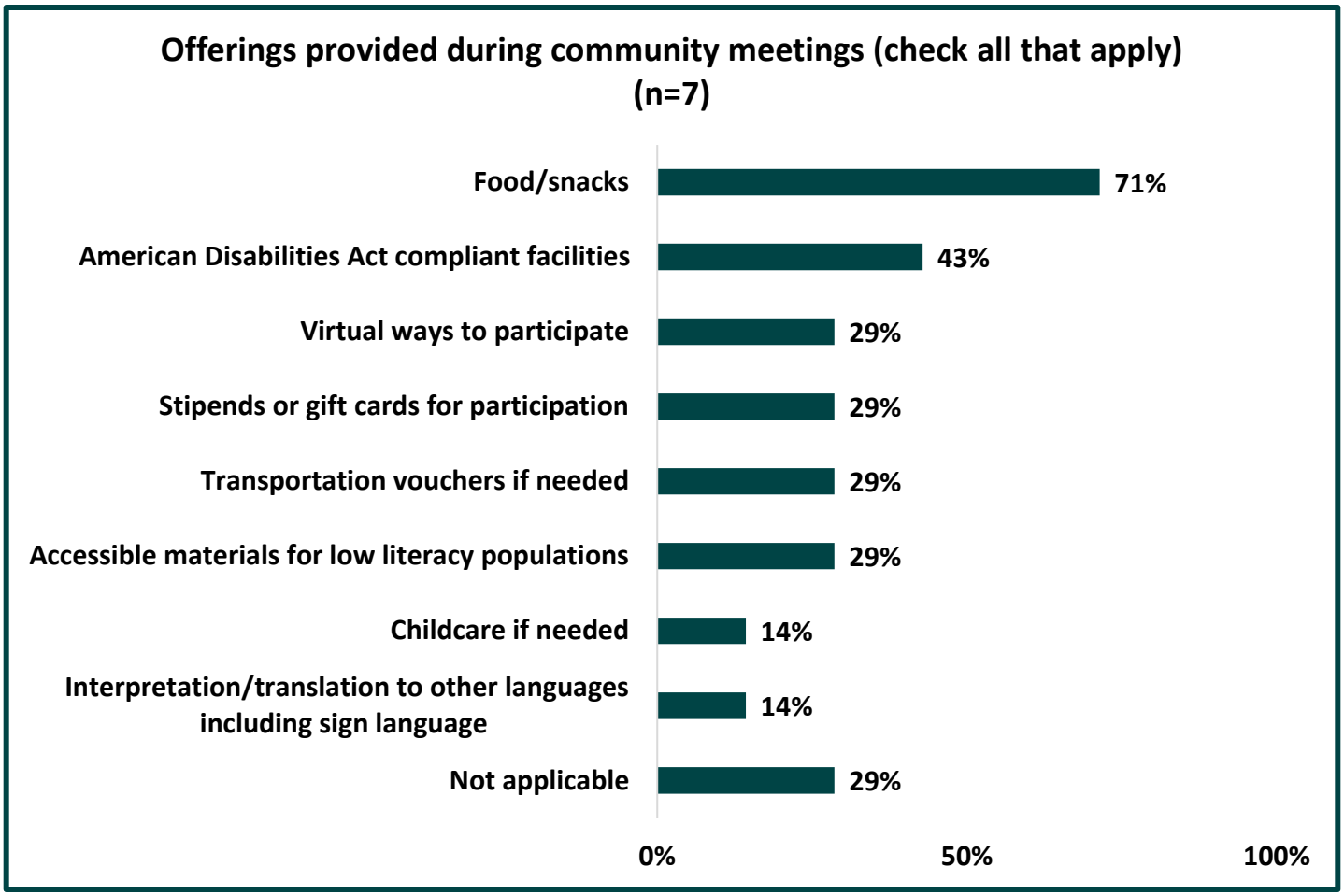
What data skills does your organization have? (check all that apply) (n=8)

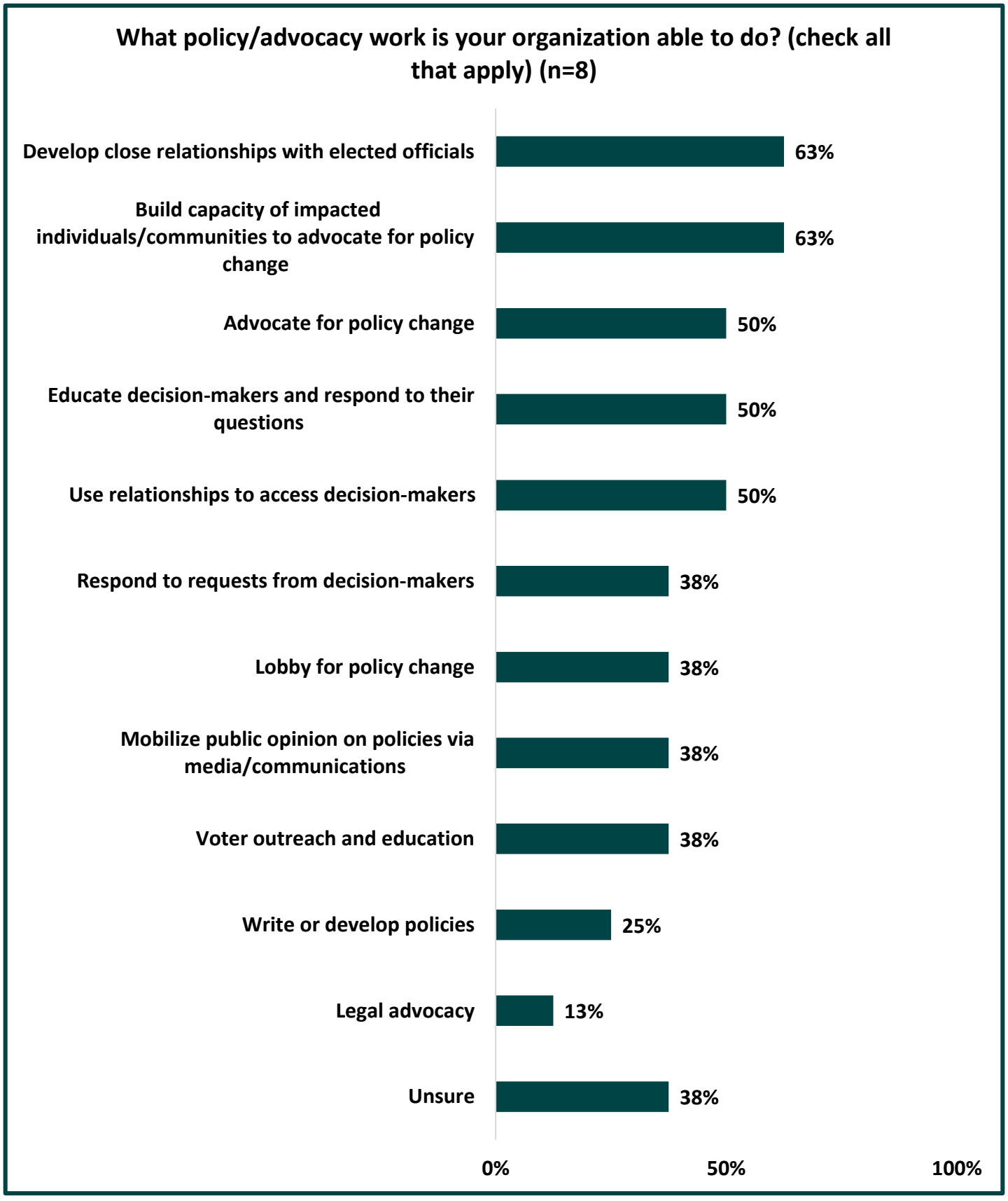


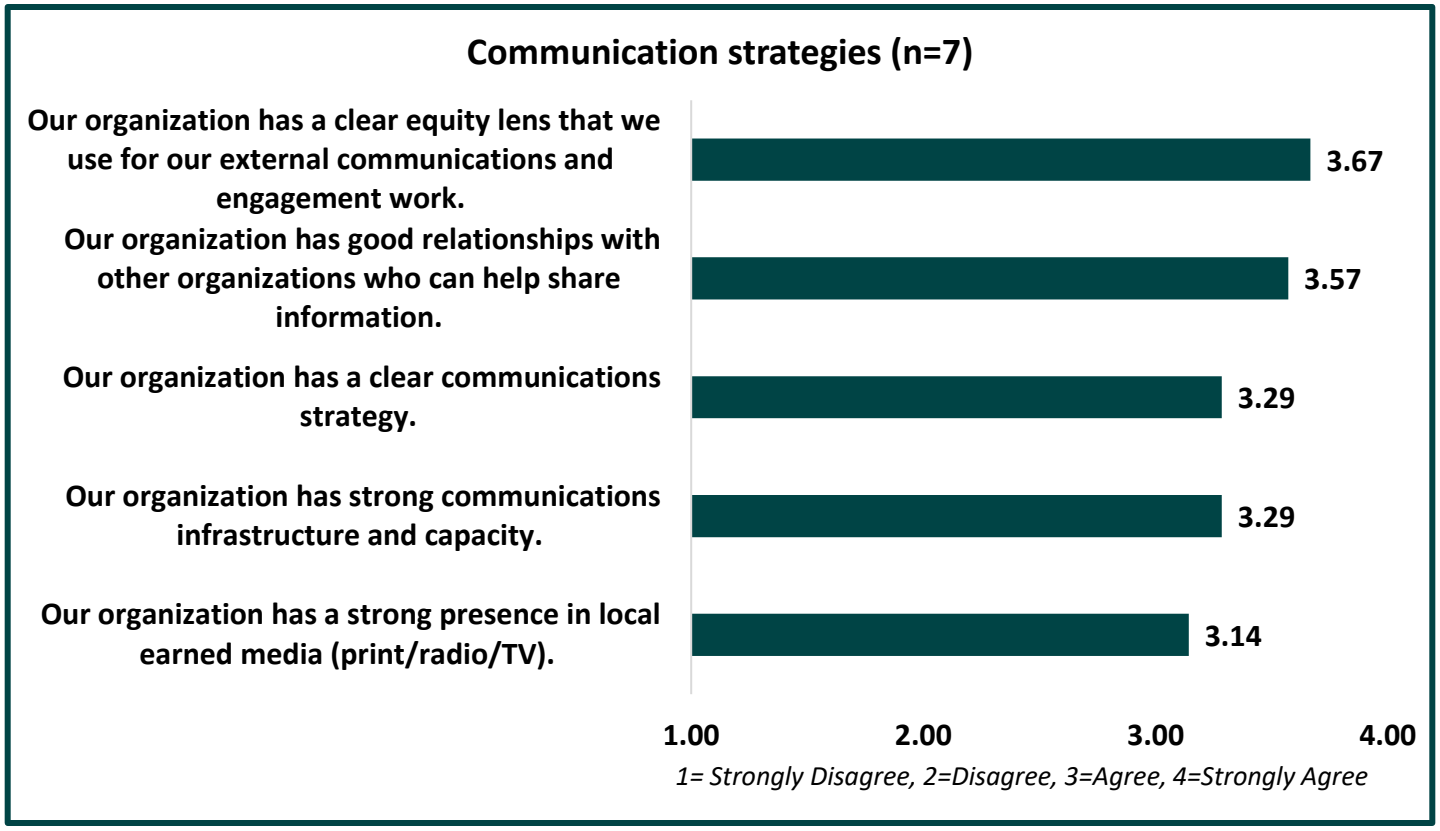
What type of community engagement practices does your organizatino do most often?

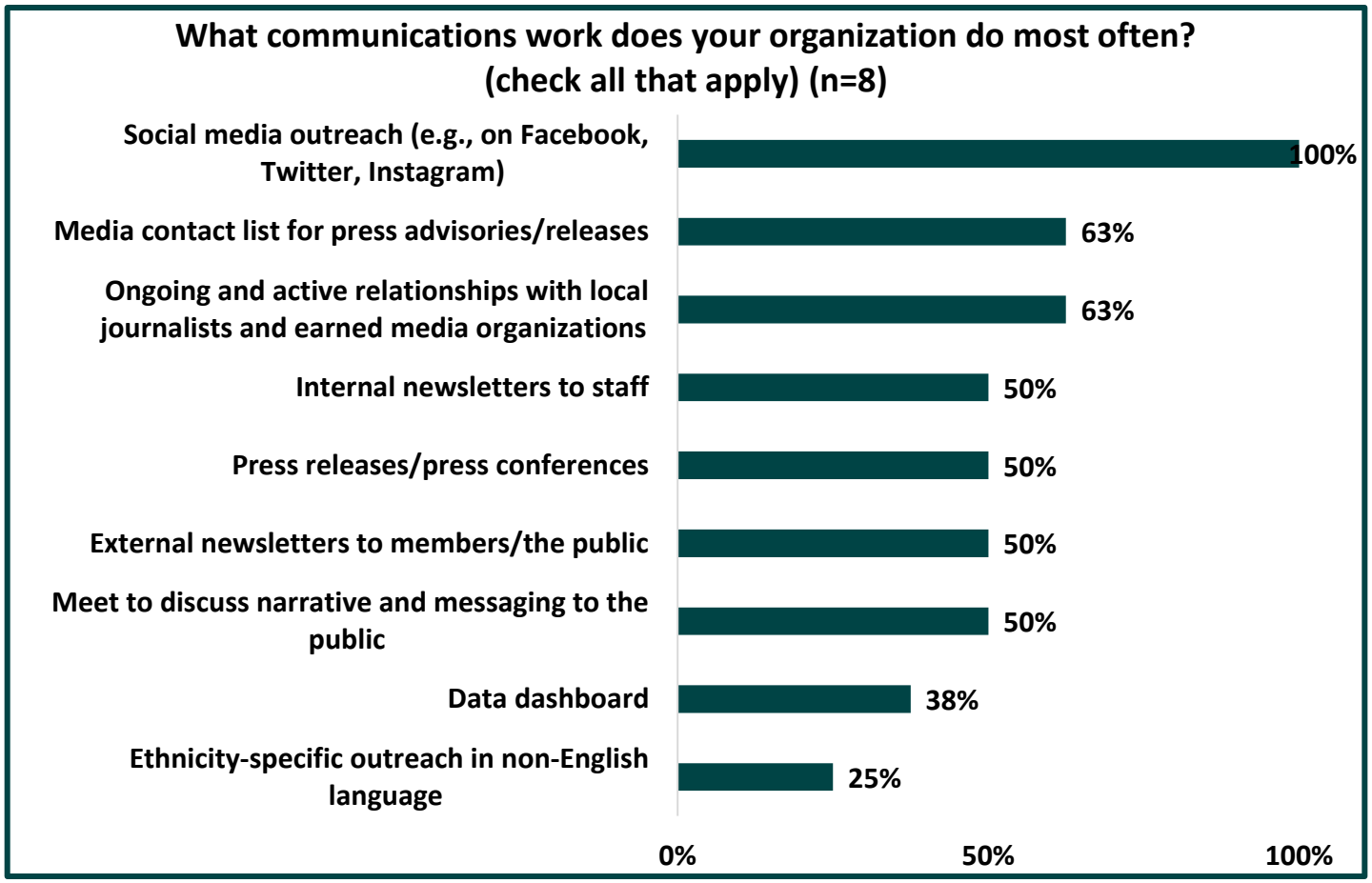



Which of the following methods of community engagement does your organization use most often? (check all that apply) (n=8)
Social media
88%
Community forums/events
88%
Customer/patient satisfaction surveys
88%
Surveys
75%
Presentations
63%
Videos
63%
Fact sheets
50%
Memorandums of understanding (MOUs) with community-based organizations
50%
Interactive workshops
50%
Community organizing
50%
Billboards
38%
Open houses
38%
Community-driven planning
38%
Advocacy
25%
Public comment
25%
House meetings
25%
Participatory budgeting
13%
Consensus building
13%
Focus groups
13%
Citizen advisory committees
13%
0%
50%
100%


Offerings provided during community meetings (check all that apply)
(n=7)
Food/snacks
71%
American Disabilities Act compliant facilities
43%
Virtual ways to participate
29%
Stipends or gift cards for participation
29%
Transportation vouchers if needed
29%
Accessible materials for low literacy populations
29%
Childcare if needed
14%
Interpretation/translation to other languages including sign language
14%
Not applicable
29%
0%
50%
100%


What policy/advocacy work is your organization able to do? (check all that apply) (n=8)
Develop close relationships with elected officials
63%
Build capacity of impacted individuals/communities to advocate for policy change
63%
Advocate for policy change
50%
Educate decision-makers and respond to their questions
50%
Use relationships to access decision-makers
50%
Respond to requests from decision-makers
38%
Lobby for policy change
38%
Mobilize public opinion on policies via media/communications
38%
Voter outreach and education
38%
Write or develop policies
25%
Legal advocacy
13%
Unsure
38%
0%
50%
100%





Two respondent (28.6%) shared that all of their publicly available materials are translated into other languages. Another 28.6% (n=2) of respondents indicated that most of their publicly available materials are translated into other languages, while 42.9% (n=3) reported that only a few materials are translated.

APPENDIX D

STRATEGIC ISSUE DATA BRIEFS

Strategic Issue Data Brief
2025

Strategic Issue 1: Environmental Justice

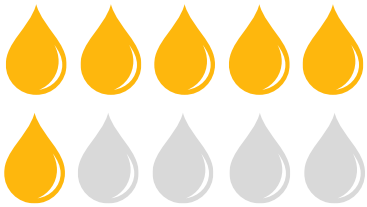
Poor air quality and environmental conditions in Detroit, particularly in the Southwest region, contribute to elevated rates of asthma and other respiratory issues.

Community Focus Groups

Residents identified the environment as a priority community issue. The city's air quality is a major concern, with high pollution levels negatively impacting residents' respiratory health and overall well-being. Other environmental challenges included the presence of lead in drinking water and ineffective waste management practices contributing to environmental degradation and health hazards. These factors highlight the urgent need for environmental initiatives to create a healthier and safer living environment for all Detroit residents.[7]

Community Concern*

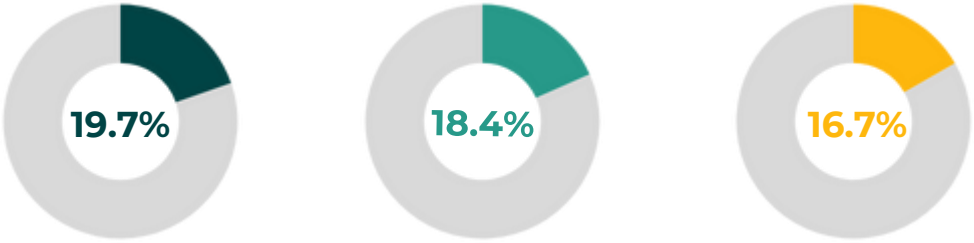
60%



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]

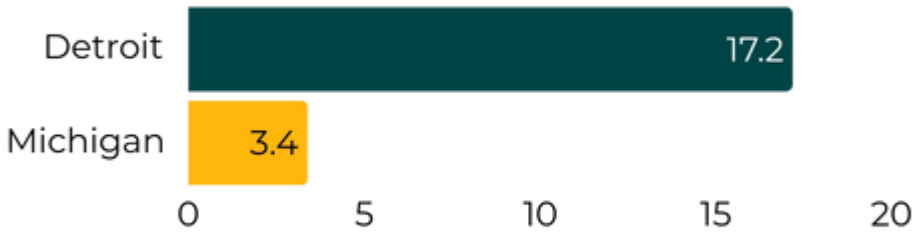


Detroit | **Out-Wayne County** | **Michigan**

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)

35.9%

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

*Data from the 2024 Detroit Community Survey

Strategic Issue Data Brief
2025

Strategic Issue 1: Environmental Justice

Poor air quality and environmental conditions in Detroit, particularly in the Southwest region, contribute to elevated rates of asthma and other respiratory issues.

Community Status Assessment
(Primary Community Survey and Youth Visioning Data)
	• Community Survey: 60% of respondents selected air and water pollution as their top community concern. (n=6258) [1]
	• Youth Visioning: Youth participants envision a healthy Detroit as a place with clean air, safe neighborhoods, and a trash-free environment. They emphasized the need to take care of where we live, reduce pollution, and repair infrastructure, such as fixing potholes. Overall, they felt that a healthy Detroit means a clean city, ample greenspace, and a supportive community. [2]
	  • "There won't be any pollution at all because we're keeping everything clean and healthy."
	  • "Community clean up event."

Community Status Assessment (Secondary Health Indicators)	• Percentage of adults who have ever been told they have Asthma (2021-2023): Detroit - 19.7%, Out-Wayne - 18.4%, Michigan - 16.7% [3] • Rate of Hospitalizations for Asthma per 10,000 people (2018-2020): Detroit - 17.2, Michigan - 3.4 [4] • Average Daily Density of Fine Particulate Matter in Micrograms per Cubic Meter (PM2.5) (2020): Detroit - 11.4, Out-Wayne - 11.2, Michigan - 8.9 [5] • Out of the Top 20 most challenging places to live with Asthma in 2024, the City of Detroit ranked #3. [6] • Detroit has an overall worse than average total score for Asthma, with 88.8 out of 100. [6] • Detroit has the third highest prevalence of Asthma in the country for 2024. [6] • When looking at risk factors that increase the likelihood of developing Asthma, Detroit ranked #7 for Poverty. [6] • Detroit received an F rating from the American Lung Association's 2024 State of the Air Report for high ozone and particle pollution. [6] • Detroit ranked #3 for most Asthma quick-relief medication use. Quick-relief medicines include rescue inhalers like albuterol. [6] • Detroit ranked #7 for most Asthma control medication use. Control medications include inhaled corticosteroids (ICS) and biologics. Asthma control medicines are prescribed for persistent cases of asthma. [6] • In 2019, 35.9% of Detroit Children ages 0-14 had been hospitalized for Asthma. [6]

	• In 2022, Detroit, MI, was the #1 Asthma Capital. It came in at #3 the following year. Since 2022, Asthma and Allergy Foundation of America (AAFA) has been funding a local health equity program in Detroit and nearby areas—led by the AAFA Michigan Chapter. [6]

Community Context Assessment
(Focus Groups)
	Environmental Health: Residents identified the environment as a priority community issue. The city's air quality is a major concern, with high pollution levels negatively impacting residents' respiratory health and overall well-being. Other environmental challenges included the presence of lead in drinking water and ineffective waste management practices contributing to environmental degradation and health hazards. These factors highlight the urgent need for environmental initiatives to create a healthier and safer living environment for all Detroit residents. [7]
	• Air pollution
	  ○ Participants noted a high level of vehicle and truck traffic (SW Detroit FG)
	  ○ Participants noted that poor air quality is amplifying chronic issues such as asthma (SW Detroit FG)
	• Unsafe drinking water due to lead
	  ○ Participants noted that water pipes have not been replaced (SW Detroit FG)
	• Poor waste management

Community Partner Assessment	• 88% (n=8) of organizations who responded focus on neighborhoods and built environment. • 25% (n=8) of organizations who responded work on/with parks, recreation, and open space. • 38% (n=8) of organizations who responded work on/with land use planning/development. • 13% (n=8) of organizations who responded work on/with environmental justice/climate change. [8]

Strategic Issue Data Brief
2025

Strategic Issue 2: Mental and Behavioral Health

High incidence of mental and behavioral health challenges in Detroit are exacerbated by cultural stigma and lack of accessible education, resources, and services, disproportionately impacting Black and Brown communities.

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)

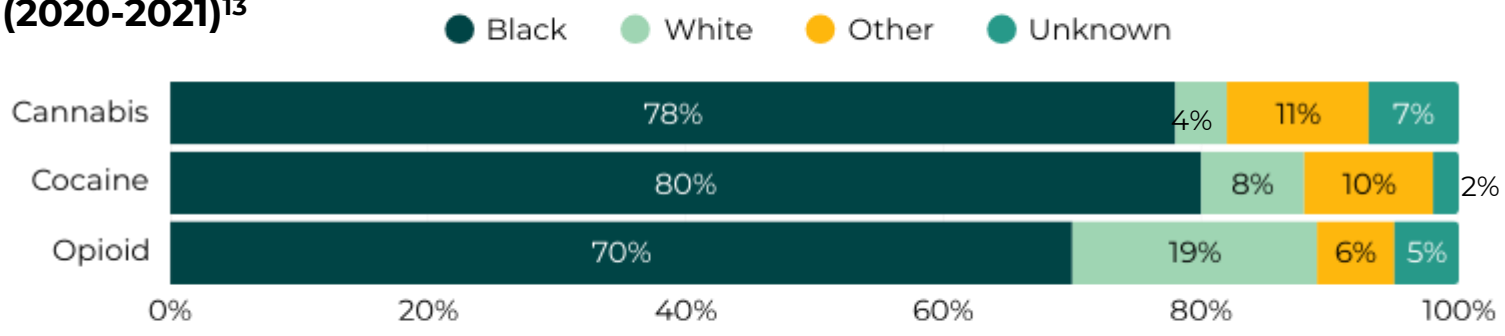
290 **Wayne County** residents to **1** Mental Health Care Provider[9]

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

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

Strategic Issue Data Brief
2025

Strategic Issue 2: Mental and Behavioral Health

High incidence of mental and behavioral health challenges in Detroit are exacerbated by cultural stigma and lack of accessible education, resources, and services, disproportionately impacting Black and Brown communities.

Community Status Assessment (Primary Community Survey and Youth Visioning Data)	• Community Survey: 63% of respondents felt that mental health was the most important medical issue to address. (n=6258) 1 • Youth Visioning: A few Youth participants discussed addressing behavioral health issues in Detroit, highlighting the importance of a drug-free and violence-free environment. [2]
Community Status Assessment (Secondary Health Indicators)	• Percentage of adults who reported 14 or more days of poor mental health during the past 30 days (2021-2023): Detroit - 20.9%, Out-Wayne - 15.8%, Michigan - 16.4% [3] • Ratio of Mental Health Care providers (2023): Wayne County - 290:1, Michigan - 300:1, U.S. - 320:1 [9] • Number of Psych Beds for Adults and Minors within Detroit's 13 hospital facilities (2021): 310 [10] • Rate of Suicide Averages per 100,000 by Age Group in Detroit (2019-2023): Under 25 - 5.9, Age 25-74 - 13.1, Age 75+ - 10.4 [11] • Rate of Drug Overdose Deaths per 100,000 people (2022): Detroit - 72.5, Out-Wayne - 38.7, Michigan - 30.9 [12] • Percentage of overdose emergency department visits by race and drug in Detroit (2020-2021): Cannabis - Black 78%, White 4%, Other 11%, Unknown 7%; Cocaine - Black 80%, White 8%, Other 10%, Unknown 2%; Opioid - Black 70%, White 19%, Other 6%, Unknown 5% [13]

Community Context Assessment (Focus Groups)	Mental and Behavioral Health: 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]
	• <u>Lack of services/resources</u>
	  ○ Participants noted that mental health resources were not accessible.
	  ○ Participants noted a lack of education on how to support individuals with mental/behavioral health issues (Mental/Behavioral FG)

	○ Participants noted a lack of awareness and support ○ Participants noted a lack of awareness of coverage for mental health services (Black Men FG) • Stigma and shame ○ Participants noted a high prevalence of mental health issues in the LGBTQ+ community • High prevalence in Black and Brown communities ○ Participants also noted a high prevalence of youth and aging adults • Lack of providers ○ Participants noted a lack of community mental health and behavioral health providers. • Lack of facilities ○ Participants noted a lack of behavioral health clinics (Mental Health/Behavioral FG) • Unaddressed mental health issues ○ Participants noted that unaddressed mental health issues are leading to violence and self-harm
Community Partner Assessment	• 75% (n=8) of the organizations that responded plan to focus on mental or behavioral health within the next 5 years. [8]

Strategic Issue Data Brief
2025

Strategic Issue 3: Housing and Homelessness

Detroit experiences severe housing disparities and elevated rates of homelessness, disproportionately affecting marginalized populations.

Community Focus Groups

Community residents shared housing as a priority concern in Detroit. Many residents are experiencing displacement, leading to instability and stress that negatively impact their health and well-being. The prevalence of homelessness is a significant issue, with many individuals lacking safe and stable housing. The housing market in Detroit is increasingly unaffordable, and the high cost of rent and utility bills is leading to housing insecurity. Participants also highlighted that the housing shelters are overcrowded and in poor condition, providing inadequate living environments that can harm residents' physical and mental health. These factors underscore the urgent need for comprehensive housing solutions to ensure that all Detroit residents can access safe, affordable, and stable housing.[7]

Homeless Students (2023-2024)

3,182

Students in Detroit Public School Community District (all grades and all students) were identified as living doubled up, in motels, in shelters or unsheltered.[20]

Economically Disadvantaged (2024)

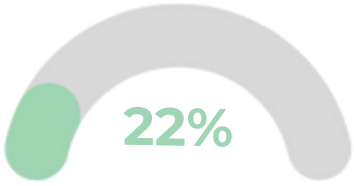
40,344

students in DPSCD were eligible for free lunch, representing approximately **67%** of the district's total enrollment (n= 60,587)[36]

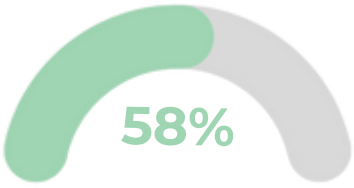
987

students in DPSCD were eligible for reduced-price lunch, representing approximately **1.6%** of the district's total enrollment.[36]

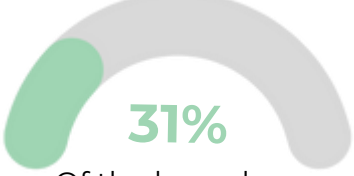
Detroit Homeless Population (2022)[16]



Of the homeless population were age 55+



Of the homeless population were single adults aged 25+



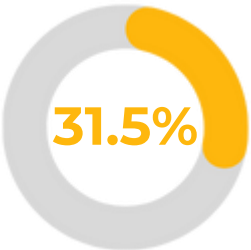
Of the homeless population were families

Detroit Unemployment Rate Estimates (2019-2023)

14.1%

Compared to **8.7%** in Wayne County and **5.8%** in Michigan[17]

Poverty (2019-2023)



of Detroit residents were living below the poverty level, compared to **20.1%** in Wayne County and **13.1%** in Michigan[17]

Permanent Supportive Housing For Families (2023-2024)

Between 2023 and 2024, the number of permanent supportive housing (PSH) beds for families in Detroit **increased from 927 to 964, reflecting a 4% incline**[21]

Strategic Issue Data Brief
2025

Strategic Issue 3: Housing and Homelessness

Detroit experiences severe housing disparities and elevated rates of homelessness, disproportionately affecting marginalized populations.

Community Status Assessment (Primary Community Survey and Youth Visioning Data)	• Youth Visioning: Youth participants shared that a healthier Detroit would mean a reduction in homelessness. The participants noted the difficulty in finding shelters and suggested the City offer jobs and homes to those in need. Healthy citizens are key to a healthy Detroit. When Detroit thrives, so does everyone else. [2]
Community Status Assessment (Secondary Health Indicators)	• Percentage of Households spending 35% or more of Income on Housing Costs and Rent (2019-2023): Owned Homes (Monthly owner costs as a percentage of household income) – Detroit 28.5%, Wayne County 20.1%, Michigan 17.1%; Rented Homes (Gross rent as a percentage of household income) – Detroit 49.3%, Wayne County 44.3%, Michigan 40.6% [14] • Percentage of Owner-Occupied Housing Units (2019-2023): Detroit – 49.7%, Wayne County – 64.5%, Michigan – 72.9% [14] • Percentage of Housing Structures Built before 1980 (2023): Detroit – 91%, Wayne County – 79.3%, Michigan – 61.2% [15] • Percentage of Overall Homeless in Detroit (2022)- African American – 85%, White – 10%, Other – 5% [16] • Percentage of Homeless Population Age 55+ in Detroit (2022): 22% [16] • Percentage of Homeless Population Single Adult Aged 25+ in Detroit (2022): 58% [16] • Percentage of Homeless Population Families in Detroit (2022): 31% [16] • Percentage of Homeless Seniors Age 55+ who exit Shelters back into Homelessness in Detroit (2022): 45% [16] • Percentage of Homeless Single Adults Age 25+ who exit Shelters back into Homelessness in Detroit (2022): 50% [16] • Percentage of People Living Below Poverty (2019-2023): Detroit – 31.5%, Wayne County – 20.1%, Michigan – 13.1% [17] • Percentage of Children in Poverty (2019-2023): Detroit – 44.2%, Wayne County – 29.7%, Michigan – 17.5% [17] • Living Wage Needed for a Family of Four (2 Adults, 2 Children) with Both Adults Working in Detroit (2024): Living Wage - $25.73 per hour, Poverty Wage - $9.05 per hour, Minimum Wage - $12.48 per hour [18] • Median Household Income (2019-2023): Detroit - $39,575, Wayne County - $59,521, Michigan - $71,149 [17] • Percentage of Unemployment (2019-2023): Detroit – 14.1%, Wayne County – 8.7%, Michigan – 5.8% [17]

	• Average Annual Eviction Filings per 100 Rental Households (2014-2018): Detroit – 21.9, Wayne County – 23.5, Michigan – 17.0 [19] • During the 2023-2024 school year, a total of 3,182 students in Detroit Public School Community District (all grades and all students) were identified as living doubled up, in motels, in shelters or unsheltered. [20] • In Fall 2024, 81.59% of enrolled students in Detroit Public Schools Community District were classified as economically disadvantaged. [20] • Between 2023 and 2024, the number of permanent supportive housing (PSH) beds for families in Detroit increased from 927 to 964, reflecting a 4% incline. [21]

Community Context Assessment
(Focus Groups)
	Housing and Homelessness: Community residents shared housing as a priority concern in Detroit. Many residents are experiencing displacement, leading to instability and stress that negatively impact their health and well-being. The prevalence of homelessness is a significant issue, with many individuals 3 lacking safe and stable housing. The housing market in Detroit is increasingly unaffordable, and the high cost of rent and utility bills is leading to housing insecurity. Participants also highlighted that the housing shelters are overcrowded and in poor condition, providing inadequate living environments that can harm residents' physical and mental health. These factors underscore the urgent need for comprehensive housing solutions to ensure that all Detroit residents can access safe, affordable, and stable housing. [7]
	• <u>Displaced individuals in the community</u>
	  ○ Participants noted that many individuals in their community are displaced due to housing barriers
	• <u>High rates of homelessness</u>
	  ○ Participants noted that there are long waitlists for transitional housing (Unhoused FG)
	• <u>Unaffordable rent/bills</u>
	  ○ Participants noted financial stress as a concern (Black Men FG)
	• <u>Unaffordable housing market</u>
	  ○ Participants noted a lack of support for first-time home buyers
	• <u>Unlivable shelter conditions</u>
	  ○ Participants noted that shelters are overcrowded (Unhoused FG)

Community Partner Assessment	• 75% (n=8) of organizations who responded work on/with utilities. • 88% (n=8) of organizations who responded work on/with housing. • 63% (n=8) of organizations who responded work on/with

	jobs/labor conditions/wages and income. • Among all respondents, 71.4% (n=5) indicated that their organizations serve additional populations beyond those previously mentioned, focusing on groups with economic disparities, such as low-income individuals, those experiencing homelessness or are uninsured. They also provide support to older adults, justice-involved individuals, veterans, and those with substance use disorders. [8] • 25% (n=2) of organizations reported having sufficient capacity to meet the needs of their clients/members, while the majority (62.5%, n=5) reported that they do not, and one organization (12.5%) was unsure. Those who indicated that their organization does not have sufficient capacity to meet the needs of their clients/members cited a range of challenges, including limited funding, staffing shortages, and inability to keep up with increasing community needs. Specific concerns included rising costs due to inflation, transportation, food insecurity, and housing instability. [8]

Strategic Issue Data Brief
2025

Strategic Issue 4: Access to Healthcare

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

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)

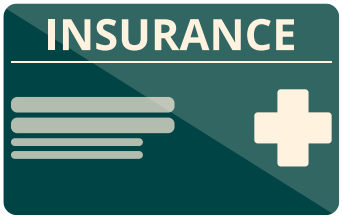
32,523

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

Strategic Issue Data Brief
2025

Strategic Issue 4: Access to Healthcare

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

Community Status Assessment (Primary Community Survey and Youth Visioning Data)	• Community Survey: Over half of respondents (55%) selected an income range of $0 - $49,999. (n=6258). [1] • Community Survey: 57% indicated that affordable health care was the second most important factor to their quality of life (n=6258). [1] • Community Survey: Cost (44%); including prescription cost (25%), lack of health insurance/insurance acceptance (23%) and lack of transportation (20%) were noted as the highest barriers to accessing medical care (n=6258). [1] • Youth Visioning: Participants shared that for Detroit to be considered healthy, its residents should have access to vaccinations and regular medical check-ups, as well as more health centers. [2]
Community Status Assessment (Secondary Health Indicators)	• Percentage of People Without Health Insurance (2019-2023): Detroit – 7.5%, Wayne County – 5.7%, Michigan – 5% [17] • Ratio of Primary Care Providers (2021): Wayne County – 1430:1, Michigan – 1280:1, U.S. – 1330:1 [9] • Total Acute Care Beds across Detroit's 13 Hospital Facilities (2021): 3,263 [22] • Percentage of Adults who Reported Physical Health as Not Good for 14 or more days: Detroit – 17.1%, Out-Wayne – 12.7%, Michigan – 12.8% [23] • Percentage of Adults who Reported their Health as either "Fair" or "Poor": Detroit – 27.7%, Out-Wayne – 16.4%, Michigan – 17.4% [23] • Percentage of Adults who Received a Colorectal Cancer Screening (2020-2022): Detroit – 70.5%, Out-Wayne – 75.3%, Michigan – 75.4% [24] • Percentage of Women Aged 50-74 who Received a Breast Cancer Screening (2018-2020): Detroit – 64.7%, Out-Wayne – 71.5%, Michigan – 72.7% [24] • Percentage of Adults who Did Not Visit a Dentist in the Past Year (2020-2022): Detroit – 43.1%, Out-Wayne – 29.1%, Michigan – 30.7% [24] • Percentage of Adults who were Ever Told They Had Diabetes (2021-2023): Detroit – 19.4%, Out-Wayne – 12.1%, Michigan – 11.6% [23] • Percentage of Adults who were Ever Told They Had a Heart Attack (2021-2023): Detroit – 6.2%, Out-Wayne – 5.2%, Michigan – 4.7% [23] • Median Household Income (2019-2023): Detroit - $39,575, Wayne County - $59,521, Michigan - $71,149 [17]

	• Percentage of People Living Below Poverty (2019-2023): Detroit – 31.5%, Wayne County – 20.1%, Michigan – 13.1% [17] • Percentage of Children in Poverty (2019-2023): Detroit – 44.2%, Wayne County – 29.7%, Michigan – 17.5% [17] • Percentage of Households with a Broadband Internet Subscription (2019-2023): Detroit – 82.9%, Wayne County – 87.8%, Michigan – 89.3% [14] • Detroit had an estimated Walkability Score of 48.3 out of 100, making it Car-Dependent (most errands/appointments require a car to access). [25] • Detroit Health Department Mobile Health Unit Program Data, March 20, 2020 – March 24, 2021. A total of 32,523 individuals were served through mobile outreach efforts during this period. [26]

Community Context Assessment
(Focus Groups)
	Access to Healthcare: 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]
	• <u>Location</u>
	  ○ Proximity to care
	  ○ Location of services
	  ○ Transportation to appointments/visits
	  ○ Participants noted a lack of clinics and urgent cares in their community
	• <u>Cost/Ability to Pay</u>
	  ○ Lack of insurance
	  ○ Knowledge/education about insurance (i.e., coverage)
	  ○ Participants noted discrimination based on the type of insurance (private vs state)
	  ○ Participants noted the high costs of medication
	• <u>Trust and Respect</u>
	  ○ Lack of trust in providers
	  ○ Lack of respect and privacy among providers
	  ○ Fear of medical services
	  ○ Medications/prescriptions
	  ○ Participants noted a stigma when treating the LGBTQ+ community
	• <u>Barriers to Access</u>
	  ○ Long waitlists

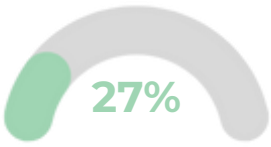
	○ Providers uneducated about diverse communities ○ Lack of education on services ○ Technology barriers (telehealth) ○ Access to pharmacies ○ Participants noted that hours of operation were a barrier ○ Participants noted they were denied medication due to stigma (Black Men FG)
Community Partner Assessment	• 88% (n=8) of organizations who responded focus "a lot" on healthcare access and quality. [8] • 75% (n=8) of organizations who responded work on/with healthcare access and utilization. [8] • 63% (n=8) of organizations who responded plan to focus on healthcare access/utilization within the next 5 years. [8] • 38% (n=8) of organizations who responded plan to focus on health insurance/Medicare/Medicaid within the next 5 years. [8] • 25% (n=8) of organizations who responded plan to focus on immunizations and screenings within the next 5 years. [8] • 63% (n=8) of organizations who responded plan to focus on chronic disease within the next 5 years. [8] • 88% (n=8) of the organizations who responded regularly engage in access to care activities. [8]

Strategic Issue Data Brief
2025

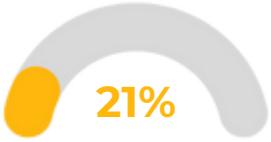
Strategic Issue 5: Maternal and Infant Health

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

Access to Care and Support*



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



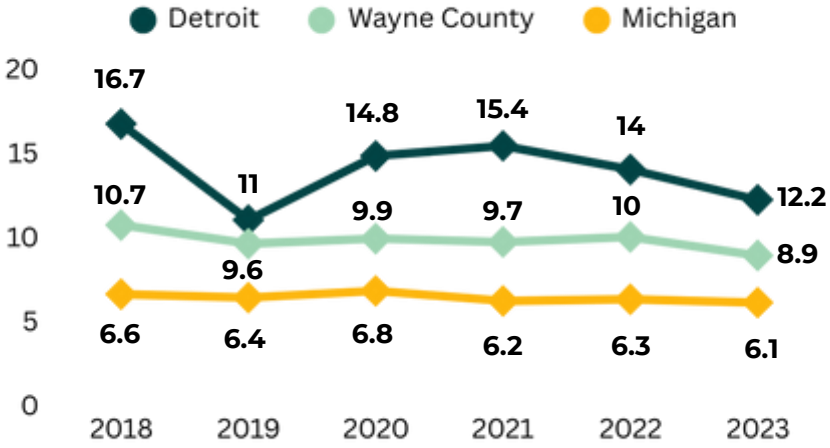
Of respondents indicated that they had access to pregnancy support (n=6,258)[1]

Community Focus Groups

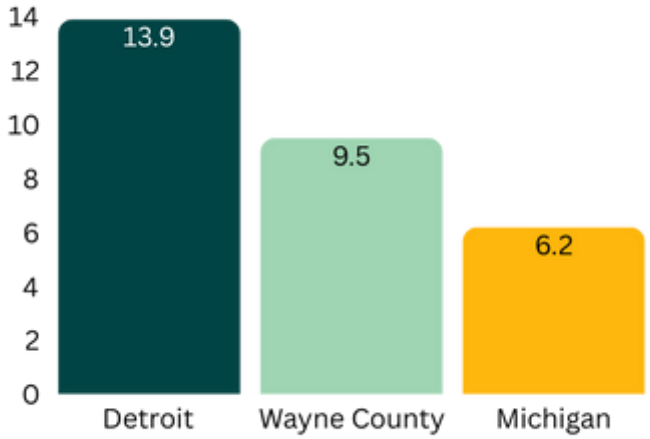
Participants from the Women of Childbearing Ages focus group highlighted barriers and concerns with childcare, family and social support, built environment, and transportation.[7]

Infant Death Rate[27]

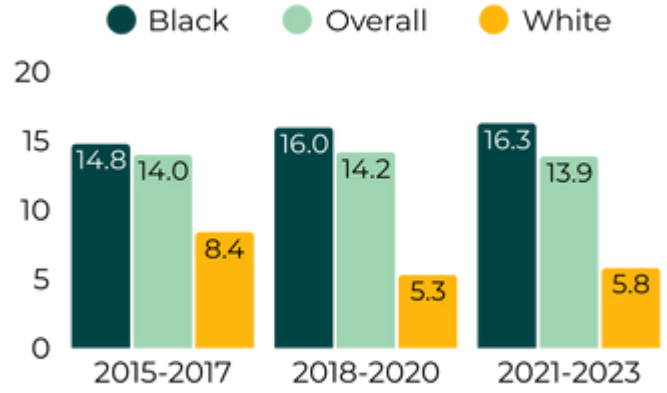
Yearly Comparison



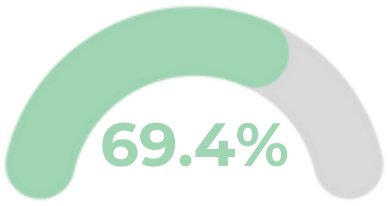
3-Year Comparison (2021-2023)



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

Strategic Issue Data Brief
2025

Strategic Issue 5: Maternal and Infant Health

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

Community Status Assessment (Primary Community Survey and Youth Visioning Data)	• Community Survey: Among all respondents, 27% (n=6258) noted having access to children's healthcare and 21% of respondents indicated that they have access to pregnancy support (n=6258)--the lowest reported access across healthcare services. However, this may reflect the number of respondents without children or those that do not require children's health services rather than a lack of access among those that need it. [1] • Youth Visioning: A few participants shared that for Detroit to be considered healthy, its residents should have access to vaccinations, regular medical check-ups, and women and children should not be afraid of violence. [2]
Community Status Assessment (Secondary Health Indicators)	• Average Infant Death Rate per 1,000 Live Births (2023): Detroit – 12.2, Wayne County – 8.9, Michigan – 6.1 [27] • Average Infant Death Rates per 1,000 Live Births by Race/Ethnicity in Detroit (2021-2023): Overall – 13.9, Black – 16.3, White – 5.8 [28] • Percentage of Live Births to People Under 20 years Old (2019-2023): Detroit – 7.9%, Wayne County – 4.8%, Michigan – 3.9% [29] • Percentage of Pregnant Persons Utilizing WIC for Nutrition Assistance During Pregnancy (2022): Detroit – 57.4%, Wayne County – 41,7%, Michigan – 30.4% [29] • Percentage of Pregnant Persons with Less than 12 Years of Education (2022): Detroit – 20.6%, Wayne County – 14%, Michigan – 9.6% [29] • Percentage of Pregnant Persons who Did Not Plan to Breastfeed (2022): Detroit – 25.9%, Wayne County – 17.8%, Michigan – 11.8% [29] • Percentage of Infants Born with Low Birthweight (2022): Detroit – 15%, Wayne County – 11.5%, Michigan – 9.2% [29] • Percentage of Infant Born Pre-Term (2022): Detroit – 14.6%, Wayne County – 11.6%, Michigan – 10.5% [29] • Percent of infants whose 2022 APGAR (Appearance (skin color), Pulse (heart rate), Grimace (reflex irritability), Activity (muscle tone), and Respiration (breathing)) score is less than 7 in the first 5 minutes of life: Detroit-3.0%; Wayne County-3.0%; Michigan-2.4% [29] • In 2023, 69.4% of births in Detroit were to people receiving prenatal care in the first trimester, while 12.0% received late or no prenatal care. [29]

Community Context Assessment
(Focus Groups)
	Maternal and Infant Health: Participants from the Women of Childbearing Ages focus group highlighted barriers and concerns with childcare, family and social support, built environment, and transportation. [7]
	• Childcare
	  o Safe childcare options
	  o Affordable childcare
	  o Quality and safe childcare options in the community
	• Family & Social Support
	  o Lack of support in raising children
	  o Transportation to get children to school
	• Built Environment
	  o Access to safe parks for children
	  o Need for youth programs

Community Partner Assessment	• 75% (n=8) of organizations that responded work on/with family well-being. [8] • 75% (n=8) of organizations that responded plan to focus on family/maternal health in the next 5 years. [8] • 38% (n=8) of organizations that responded plan to focus on WIC/food stamps. [8]

Strategic Issue Data Brief
2025

Strategic Issue 6: Access to Healthy Food

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 nutrition-related health issues and poorer health outcomes.

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]

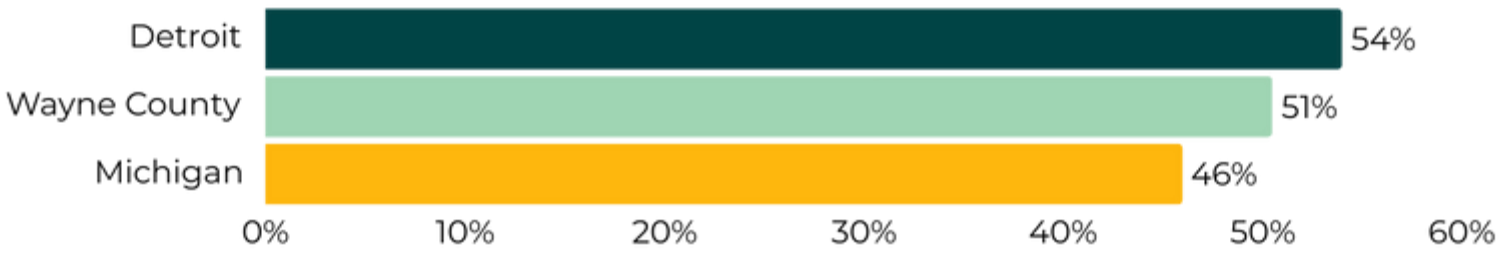
64 Full-line grocery stores

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

Strategic Issue Data Brief
2025

Strategic Issue 6: Access to Healthy Food

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 nutrition-related health issues and poorer health outcomes.

Community Status Assessment (Primary Community Survey and Youth Visioning Data)	• Community Survey: 59% of respondents indicated that affordable and accessible grocery stores was the top factor important to their quality of life. (n=6258) [1] • Youth Visioning: Youth participants shared that a healthy Detroit should include access to fresh produce and limiting the consumption of junk food. [2]
Community Status Assessment (Secondary Health Indicators)	• Percentage of Adults Experiencing Food Insecurity (2018): Detroit – 21%, Wayne County – 17.3%, Michigan – 13.6% [30, 31] • Percentage of People Enrolled in Supplemental Nutrition Assistance Program (SNAP) (Also known as Food Stamps) who are Below Poverty Level (2023): Detroit – 54%, Wayne County – 50.5%, Michigan – 46% [32] • Percentage of People Enrolled in Supplemental Nutrition Assistance Program (SNAP) (Also known as Food Stamps) by Race/Ethnicity in Detroit (2023): Black – 84.2%, American Indian and Alaska Native – 0.5%, Asian – 0.9%, Native Hawaiian or Other Pacific Islander – Data Not Available, Some other race – 1.8%, Two or More Races – 4.8%, Hispanic or Latino Origin – 3.9%, White – 7.2% [32] • Percentage of People Enrolled in Supplemental Nutrition Assistance Program (SNAP) (Also known as Food Stamps) by Race/Ethnicity in Michigan (2023): Black – 31.7%, American Indian and Alaska Native – 0.6%, Asian – 1.8%, Native Hawaiian or Other Pacific Islander – Data Not Available, Some other race – 1.8%, Two or More Races – 6.8%, Hispanic or Latino Origin – 5.7%, White – 55.6% [32] • Percentage of Children Eligible for Free and Reduced-Price Lunch in Detroit (2016-2017): 60% [30] • Detroit had an estimated Walkability Score of 48.3 out of 100, making it Car-Dependent (most errands/appointments require a car to access). [25] • Median Household Income (2019-2023): Detroit - $39,575, Wayne County - $59,521, Michigan - $71,149 [17] • Percentage of People Living Below Poverty (2019-2023): Detroit – 31.5%, Wayne County – 20.1%, Michigan – 13.1% [17] • Percentage of Children in Poverty (2019-2023): Detroit – 44.2%, Wayne County – 29.7%, Michigan – 17.5% [17] • Percentage of Detroit High School Youth Who Did Not Eat Vegetables (2017): Total – 10%, Female – 8%, Male – 12.3% [33] • Percentage of Detroit High School Youth who did not each

	Breakfast on All 7 days (refers to the 7 days prior to survey administration) (2017): Total – 83.7%, Female – 86.8%, Male – 80.1% [33] • Percentage of Wayne County Youth who ate 5 or More Servings of Fruits and Vegetables in the past 7 days (2023-2034): Middle School – 32.3%, High School – 20.2% [34] • Percentage of Pregnant Persons Utilizing WIC for Nutrition Assistance During Pregnancy (2022): Detroit – 57.4%, Wayne County – 41,7%, Michigan – 30.4% [29] • In 2020, Detroit had 64 full-line grocery stores, 34 convenience stores, and 89 dollar stores. [35] • In 2020, Detroit had 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] • In Fall 2024, 987 students in Detroit Public Schools Community District (DPSCD) were eligible for reduced-price lunch, representing approximately 1.6% of the district's total enrollment (60,587 students). [36] • A total of 40,344 students were eligible for free lunch (out of 60,587 students). (Fall 2024) [36]

Community Context Assessment
(Focus Groups)
	Access to Healthy Food: 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]
	• <u>Lack of affordable food in the community</u>
	• <u>Lack of healthy food options</u>
	  ○ Participants noted more fast-food restaurants in their community
	  ○ Participants noted a need for more fresh food markets in their community
	• <u>Access to grocery stores (proximity)</u>
	  ○ Participants noted that equitable access to grocery stores was a barrier
	  ○ Participants noted that grocery stores were selling expired foods
	• <u>Food deserts</u>
	• <u>Lack of nutrition education</u>
	  ○ Participants noted a lack of education about healthy eating
	  ○ Participants noted there is a need for education on

	how to use food as medicine for chronic conditions (Chronic Conditions FG)
Community Partner Assessment	• 63% (n=8) of organizations who responded work on/with food access and affordability. [8] • 38% (n=8) of organizations that responded plan to focus on WIC/food stamps. [8] • 25% (n=2) of organizations reported having sufficient capacity to meet the needs of their clients/members, while the majority (62.5%, n=5) reported that they do not. Those who indicated that their organization does not have sufficient capacity to meet the needs of their clients/members cited a range of challenges, including limited funding, staffing shortages, and inability to keep up with increasing community needs. Specific concerns included rising costs due to inflation, transportation, food insecurity, and housing instability. [8]

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2025

Strategic Issue 7: Chronic Conditions

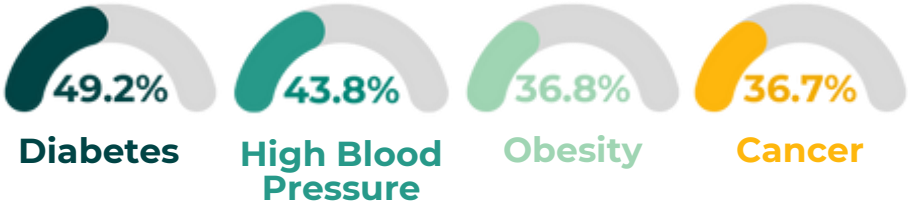
The prevalence of chronic conditions, coupled with systemic barriers such as inadequate trust in healthcare providers and insufficient prevention and management of care, contributes to the lower life expectancy rates in Detroit.

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]

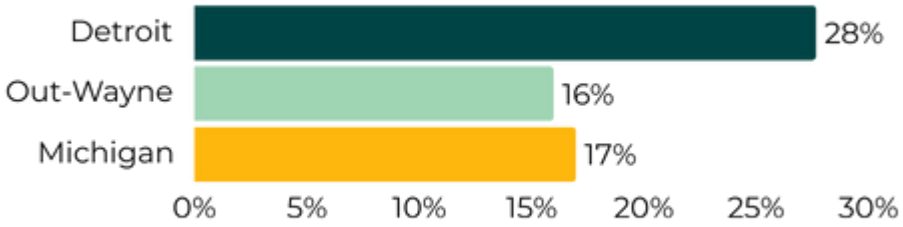


Life Expectancy for Detroit (2024)

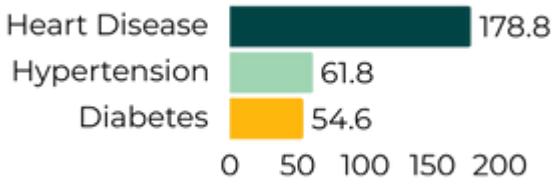
69 Years

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

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

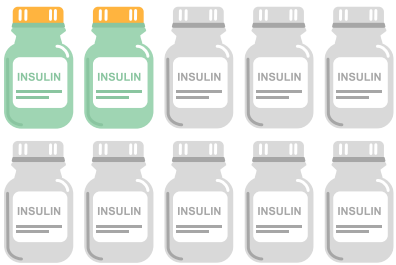


Hospitalization Rates[39]



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

Strategic Issue Data Brief
2025

Strategic Issue 7: Chronic Conditions

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.

Community Status Assessment (Primary Community Survey and Youth Visioning Data)	• Community Survey: Chronic conditions such as diabetes (49%), high blood pressure (44%), cancer (37%) and obesity (37%) were indicated as the most important medical issues to address. (n=6258) [1] • Youth Visioning: A participant shared that for Detroit to be considered healthy, its residents should have access to regular medical check-ups. [2]
Community Status Assessment (Secondary Health Indicators)	• Life Expectancy in Years (2024): Detroit – 69 years, Wayne County – 73 years, Michigan – 76 years [37] • Percentage of Adults who were Ever Told They Had Diabetes (2021-2023): Detroit – 19.4%, Out-Wayne – 12.1%, Michigan – 11.6% [23] • Percentage of Adults who were Ever Told They Were Obese (2021-2023): Detroit – 35.6%, Out-Wayne – 36.8%, Michigan – 34.8% [23] • Percentage of Adults who were Ever Told They Had a Heart Attack (2021-2023): Detroit – 6.2%, Out-Wayne – 5.2%, Michigan – 4.7% [23] • Percentage of Adults who Reported Physical Health as Not Good for 14 or more days: Detroit – 17.1%, Out-Wayne – 12.7%, Michigan – 12.8% [23] • Percentage of Adults who Reported their Health as either “Fair” or “Poor”: Detroit – 27.7%, Out-Wayne – 16.4%, Michigan – 17.4% [23] • Percentage of Adults who Received a Colorectal Cancer Screening (2020-2022): Detroit – 70.5%, Out-Wayne – 75.3%, Michigan – 75.4% [24] • Percentage of Women Aged 50-74 who Received a Breast Cancer Screening (2018-2020): Detroit – 64.7%, Out-Wayne – 71.5%, Michigan – 72.7% [24] • Percentage of Adults who reported Physical Inactivity (2021-2023): Detroit – 32.6%, Michigan – 24.1% [23] • Percentage of Adults who reported Current Smoking (cigarettes) (2021-2023): Detroit – 22.1%, Michigan – 15.3% [23] • Percentage of Detroit High School Youth who reported Ever Using Electronic Vapor Products (2017): Total – 32.4%, Female – 31.2%, Male – 33.4% [33] • Average Death Rate for Cancer per 100,000 people (2019-2023): Detroit – 163.0, Wayne County – 164.2, Michigan – 157.0 [38]

	• Hospitalization Rates for Heart Disease per 10,000 people in Detroit (2022): 178.8 [39] • Hospitalization Rates for Hypertension per 10,000 people in Detroit (2022): 61.8 [39] • Hospitalization Rates for Diabetes per 10,000 people in Detroit (2022): 54.6 [39] • Ratio of Primary Care Providers (2021): Wayne County – 1430:1, Michigan – 1280:1, U.S. – 1330:1 [9]

Community Context Assessment
(Focus Groups)
	Chronic Conditions: 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 noted
	  ○ High rates of asthma due to air quality/pollution
	  ○ High prevalence of diabetes
	  ○ Hypertension
	  ○ High rates of cancer
	• Lack of education on caring for chronic conditions
	  ○ Participants noted a need for advocates for those living with chronic conditions (Chronic Conditions FG)
	  ○ Participants noted there is a need for more resources and education (Chronic Conditions FG)

Community Partner Assessment	• 63% (n=8) of organizations who responded plan to focus on chronic disease within the next 5 years. [8] • 63% (n=8) of organizations who responded plan to focus on healthcare access/utilization within the next 5 years. [8] • 38% (n=8) of organizations who responded plan to focus on cancer within the next 5 years. [8] • 25% (n=8) of organizations who responded plan to focus on immunizations and screenings within the next 5 years. [8] • 38% (n=8) of organizations who responded plan to focus on HIV/STD prevention within the next 5 years. [8] • 88% (n=8) of organizations who responded focus “a lot” on healthcare access and quality. [8] • 75% (n=8) of organizations who responded work on/with healthcare access and utilization. [8]

GLOSSARY & ACRONYMS

APPENDIX E

Glossary

- **Access to Healthcare:** the ability of individuals to obtain needed health services.
- **Chronic Conditions:** conditions that last 1 year or more and require ongoing medical attention or limit activities of daily living or both.
- **Community Health Assessment:** an evaluation of a community's health needs and issues at the state, tribal, local, or territorial level based on systematic, comprehensive data collection and analysis.
- **Community Health Improvement Plan:** a strategy that a community develops to describe how it will work together to address the public health problems highlighted in the community health assessment. It is typically updated every three to five years.
- **Goals:** broad, longer-term outcomes.
- **Health Disparities:** differences in health outcomes among groups of people.
- **Health Equity:** when everyone has a fair and just opportunity to achieve optimal health.
- **Indicators:** measurable data points used to track health status or progress.
- **Objectives:** specific, measurable steps to reach goals.
- **Social Determinants of Health:** the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of life outcomes and risks.
- **Underserved:** populations, communities, or areas that lack adequate access to necessary resources, services, or opportunities due to factors like geographic location, socioeconomic status, language barriers, disability, race, ethnicity, age, or other forms of disadvantage.
- **Vulnerable Populations:** groups of people with a heightened susceptibility to harm or adverse health outcomes due to factors like socioeconomic status, age, gender, race, disability, or health conditions.

Acronyms

AIAN: American Indian and Alaska Native
BIPOC: Black, Indigenous, and People of Color
BRFSS: Behavioral Risk Factor Surveillance System
CHA: Community Health Assessment
CHI: Community Health Improvement
CHIP: Community Health Improvement Plan
CCA: Community Context Assessment
CPA: Community Partner Assessment
CSA: Community Status Assessment
DHD: Detroit Health Department
MAPP: Mobilizing for Action through Planning and Partnerships
MPHI: Michigan Public Health Institute
NACCHO: National Association of County and City Health Officials
PHAB: Public Health Accreditation Board
SDOH: Social Determinants of Health

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