



STRATEGIC ISSUE DATA BRIEFS





Strategic Issue Data Brief
2025

Strategic Issue 1: Environmental Justice

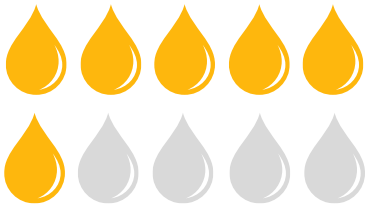
Poor air quality and environmental conditions in Detroit, particularly in the Southwest region, contribute to elevated rates of asthma and other respiratory issues.

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*

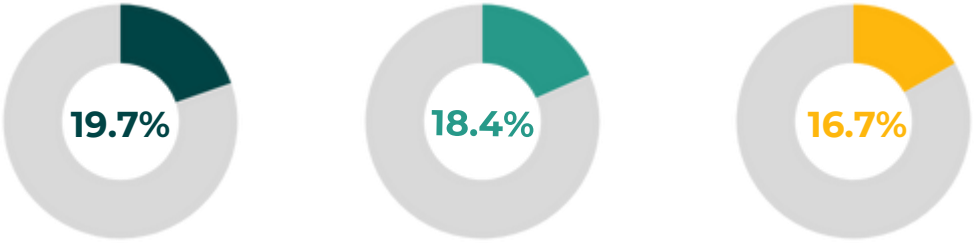
60%



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]

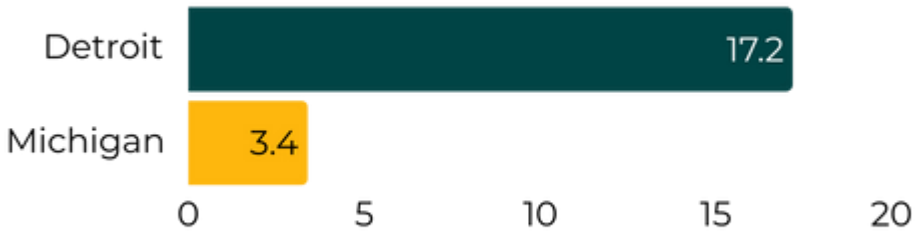


Detroit | **Out-Wayne County** | **Michigan**

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)

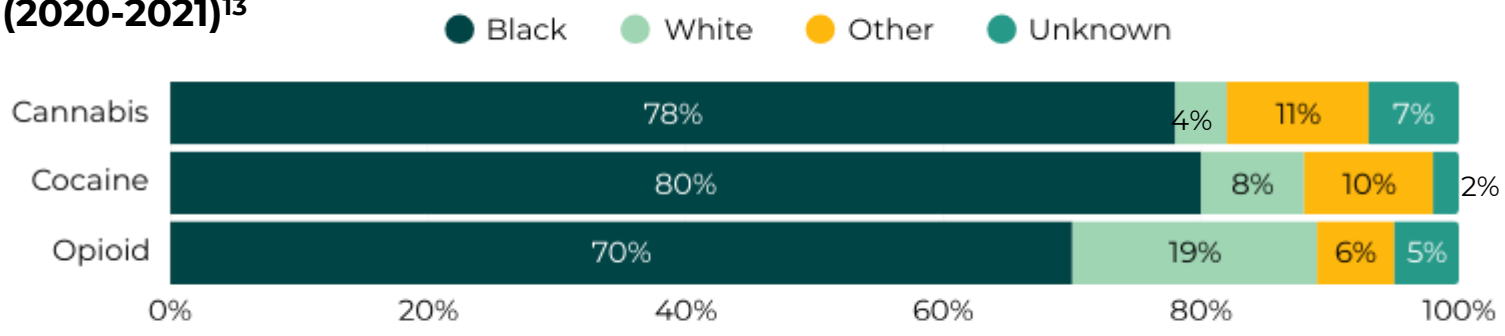
290 **Wayne County** residents to **1** Mental Health Care Provider[9]

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)

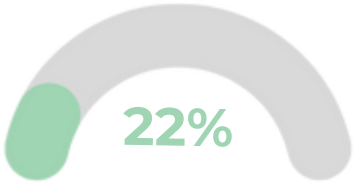
40,344

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

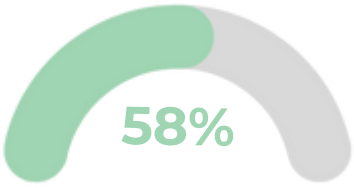
987

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

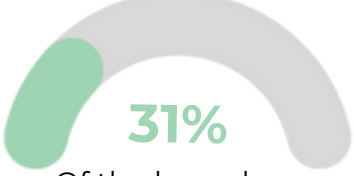
Detroit Homeless Population (2022)[16]



Of the homeless population were age 55+



Of the homeless population were single adults aged 25+



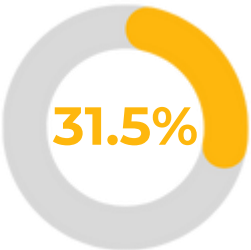
Of the homeless population were families

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)

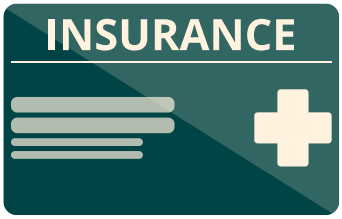
32,523

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

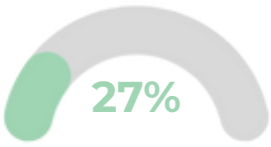
	○ Providers uneducated about diverse communities ○ Lack of education on services ○ Technology barriers (telehealth) ○ Access to pharmacies ○ Participants noted that hours of operation were a barrier ○ Participants noted they were denied medication due to stigma (Black Men FG)
Community Partner Assessment	• 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

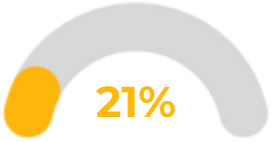
Strategic Issue 5: Maternal and Infant Health

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]



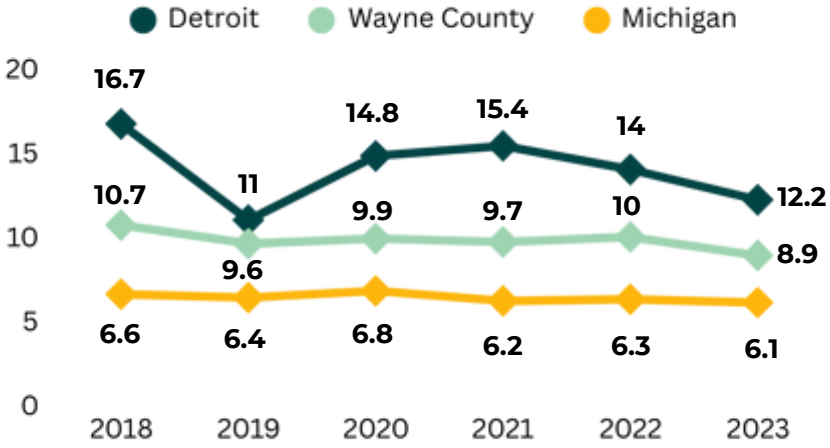
Of respondents indicated that they had access to pregnancy support (n=6,258)[1]

Community Focus Groups

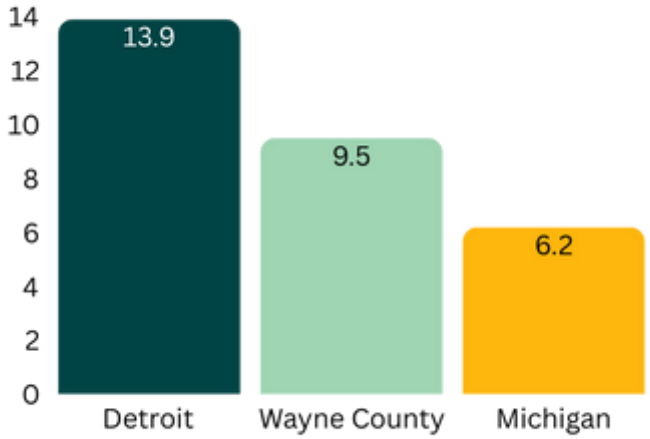
Participants from the Women of Childbearing Ages focus group highlighted barriers and concerns with childcare, family and social support, built environment, and transportation.[7]

Infant Death Rate[27]

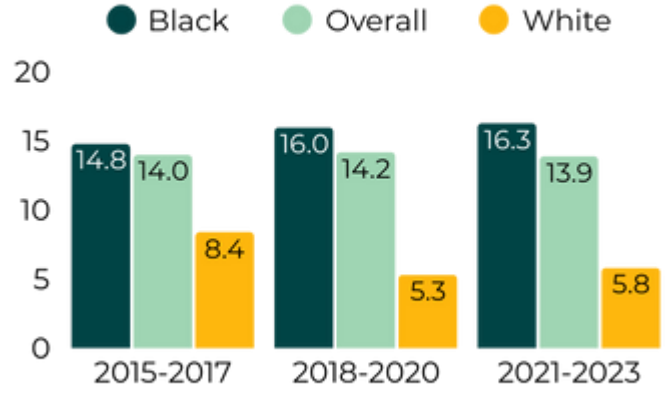
Yearly Comparison



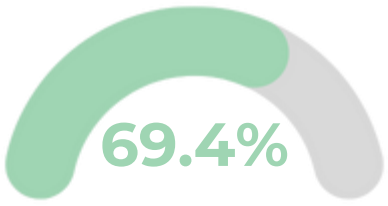
3-Year Comparison (2021-2023)



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]

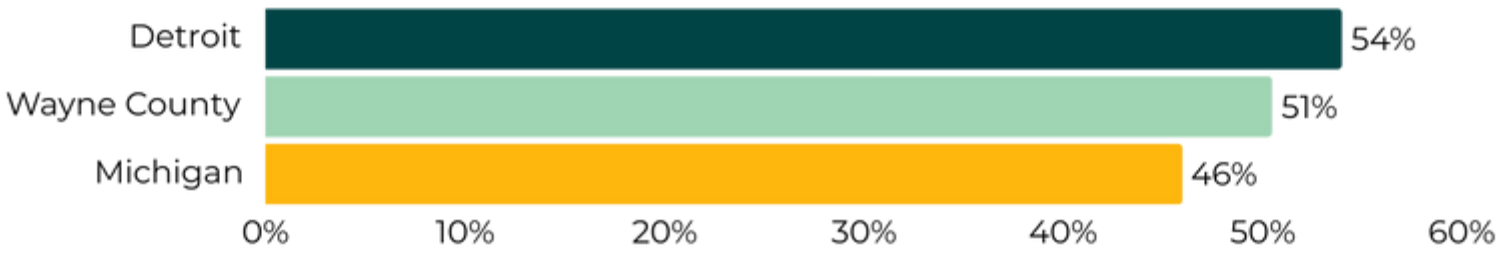
64 Full-line grocery stores

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]

Strategic Issue Data Brief
2025

Strategic Issue 7: Chronic Conditions

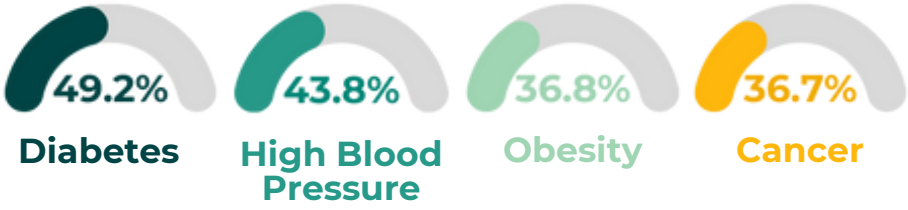
The prevalence of chronic conditions, coupled with systemic barriers such as inadequate trust in healthcare providers and insufficient prevention and management of care, contributes to the lower life expectancy rates in Detroit.

Community 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]

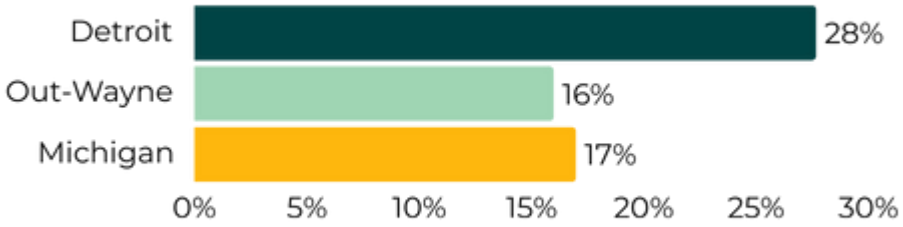


Life Expectancy for Detroit (2024)

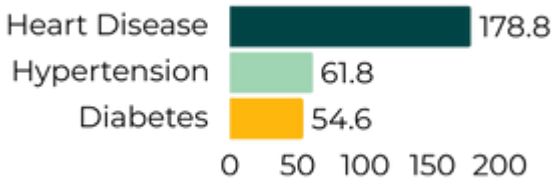
69 Years

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

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

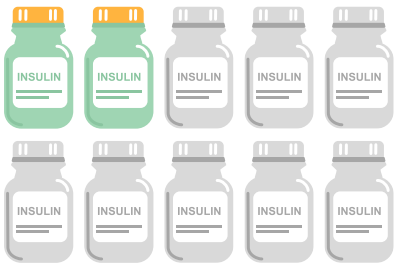


Hospitalization Rates[39]



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]

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