DEARBORN
COMMUNITY HEALTH ASSESSMENT AND IMPROVEMENT PLAN
APPENDICES

2025

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COMMUNITY STATUS ASSESSMENT

Community Health Assessment Survey

General Demographics

The following section asks some general demographic related questions.

Please select your age range:
- a. 17 or under
  - i. If under 17, participants will not complete the survey. (Redirect)
- b. 18 - 24 years old
- c. 25 - 34 years old
- d. 35 - 44 years old
- e. 45 - 54 years old
- f. 55 - 64 years old
- g. 65 - 74 years old
- h. 75+ years old
- i. Prefer not to answer

Zip Code
- a. Fill In Blank

What is your gender identity? (Select all that apply)
- a. Man
- b. Woman
- c. Transgender
- d. Non-binary/non-conforming
- e. Two Spirit
- f. Prefer to self-describe:
- g. Prefer not to answer

What is your sexual orientation?
- a. Asexual
- b. Bisexual
- c. Gay or Lesbian
- d. Queer
- e. Questioning
- f. Straight/Heterosexual
- g. Other:
- h. Prefer not to answer

What is your current relationship status?
    a. Married
    b. Domestic Partnership
    c. Separated
    d. Divorced
    e. Widowed
    f. Single
    g. Prefer not to answer

If you have children in your household, please indicate what type of school they attend.
    a. Local public school
    b. Charter school
    c. Private school
    d. Vocational School
    e. Not applicable

When thinking about physical attributes usually ascribed to race, which of the following general labels describe how you would describe yourself racially (Select all that apply):
    a. Asian
    b. Black
    c. Indigenous, Aboriginal, or First Nations
    d. Latino or Hispanic
    e. Middle Eastern
    f. White
    g. Other, please specify:
    h. Prefer not to answer

Ethnicity reflects the cultural traditions, values, and practices that are shared by people across generations. When you consider your personal and familial cultural values, traditions, and practices, what labels best describe your ethnicity? (Select all that apply)

    a. Arab, Middle Eastern, or North African—For example, Algerian, Egyptian, Iraqi, Jordanian, Sudanese, Syrian, Yemeni
    b. Asian or Asian American—For example, Asian Indian, Chinese, Filipino, Japanese, Korean, Nepalese, Vietnamese
    c. Black or African American—For example, Ethiopian, Haitian, Jamaican, Nigerian, Somalian
    d. Hispanic or Latino—For example, Colombian, Cuban, Dominican, Mexican or Mexican American, Puerto Rican, Salvadoran
    e. Native American or Alaska Native—For example, Arapaho, Blackfeet Tribe, Mayan, Native Village of Barrow Inupiat Traditional Government, Navajo Nation, Nome Eskimo Community
    f. Native Hawaiian or Other Pacific Islander—For example, Chamorro, Fijian, Marshallese, Native Hawaiian, Samoan, Tongan
    g. White or European American—For example, English, French, German, Irish, Italian, Polish
    h. Some other race, ethnicity, or origin (Please Specify:)
    i. Prefer not to answer

What religious family do you belong to or identify yourself closest to, if any?

    a. Hindu
    b. Jewish
    c. Muslim
    d. Christian (Catholic Protestant or any other Christian denomination)
    e. Atheist
    f. Other:
    g. Prefer not to answer

How large of a role does religion play in making decisions regarding your health?

    a. Not at all
    b. Somewhat
    c. Fairly
    d. Often
    e. Always

What is your citizenship status?
   a. U.S. citizen
      i. [If yes]: Are you the first person in your immediate family to be born in the United States (first-generation American)?
         1. Yes
         2. No
         3. Prefer not to answer
   b. Permanent resident (Green Card Holder)
   c. Asylum seeker/refugee
   d. Prefer not to answer

Is English your primary language?
   a. Yes
   b. No (If no, please specify)
   c. Prefer not to answer

What is the highest level of education you have completed?
   a. No formal education
   b. Some high school
   c. High school / GED
   d. Some College
   e. Associate's Degree
   f. Bachelor's Degree
   g. Master's Degree
   h. PhD
   i. Trade School
   j. Prefer not to answer

What is your current employment status? (Select all that apply)
   a. Full-time
   b. Part-time
   c. Retired
   d. Student
   e. Self-employed
   f. Not employed and seeking employment
   g. Not employed
   h. Prefer not to answer

What is your annual household income?
- a. Less than $25,000
- b. $26,000 - $40,000
- c. $41,000 - $60,000
- d. $61,000 - $80,000
- e. $81,000-$100,000
- f. More than $101,000
- g. Do not know
- h. Prefer not to answer

What is the number of people living in your current household?
- a. 1
- b. 2-4
- c. 5-8
- d. More than 9

Which best describes your home?
- a. Mobile Home
- b. Single-family house detached from any other house
- c. Single-family house attached to one or more other houses (for example: duplex, row house, or townhome)
- d. Apartment in a building with 2 to 4 units
- e. Apartment in a building with 5 or more units
- f. Prefer not to answer

Is your home…
- a. Owned by you or someone in your household
- b. Rented
- c. Occupied without payment of rent
- d. Prefer not to answer

Have you ever served in the military?
- a. Yes
    - i. If yes, specify the branch/time:
- b. No

Please select your agreement to the following statements:

Statement	No difficulty	Some difficulty	A lot of difficulty	Unable to do
Do you have any difficulty seeing even if wearing glasses?				
Do you have difficulty hearing even if using a hearing aid?				
Do you have difficulty walking or climbing steps?				
Do you have difficulty remembering or concentrating?				
Do you have difficulty with self-care such as washing all over or dressing?				

Healthcare Access and Utilization
The following section asks questions related to access to healthcare and utilization.

Do you currently have health insurance?
　　a. Yes
　　　　i.　[If yes]: What type of health insurance do you have?
　　　　　　1.　Private Insurance – Employer-Sponsored Health Plan
　　　　　　2.　Private Insurance – Self Paid / Marketplace
　　　　　　3.　Medicaid
　　　　　　4.　Medicare
　　　　　　5.　Short-Term/Gap Plan
　　　　　　6.　Military – such as TRICARE, VA (Veterans Affairs), CHAMP-VA, etc.
　　b. No
　　c. Prefer not to answer

Do you have one person or group you think of as your doctor or healthcare provider?
　　○ Yes
　　○ No

When you are in need of healthcare, where do you receive it MOST often?
- a. Family Doctor
- b. Emergency Room
- c. Urgent Care
- d. Health Department
- e. VA Hospital
- f. Community Health Center
- g. Free Clinic
- h. Telemedicine/Virtual Care
- i. Other (please specify)

When you are in need of healthcare, where do you typically receive care?
- a. Dearborn (if yes, skip to Q5)
- b. Detroit
- c. Within Wayne County (excluding Dearborn and Detroit)
- d. Outside of Wayne County

You indicated that you receive healthcare services outside of the City of Dearborn. What reasons did you consider when deciding on where you receive care? Please select all that apply:
- a. No in-network providers/local providers do not take my health insurance
- b. Out of pocket costs
- c. Concerns about quality of care
- d. Lack of trust for local providers
- e. Local providers do not speak my language or offer translation services
- f. Unhappy with the services previously received in Dearborn
- g. Experienced stigma, biases, or discrimination through a local provider based on my race, immigration status, sex, gender and sexual orientation, etc.
- h. Unable to find the healthcare services needed within Dearborn
- i. Too long of a wait time
- j. Hours of operation do not meet my needs
- k. Other (please specify) _____
- l. Prefer not to answer

Overall Health

The following section asks questions related to your overall health.

Has a healthcare professional (such as a doctor, nurse, or other health professional) informed you that you currently have any of the following conditions? (Select all that apply)
- a. Heart Attack/Myocardial Infarction
- b. Angina/Coronary Heart Disease
- c. Stroke
- d. Asthma
- e. Cancer
- f. COPD/Chronic Bronchitis
- g. Kidney Disease
- h. Diabetes
- i. Depression
- j. Arthritis
- k. High Blood Pressure
- l. High Cholesterol

Do you currently consume tobacco-containing products like cigarettes, hookah, chewing tobacco, etc?
- a. Yes
- b. No
- c. Prefer not to answer

Do you currently use any e-cigarettes or other electronic vaping products?
- a. Yes
- b. No
- c. Prefer not to answer

How often do you consume/smoke marijuana/cannabis?
- a. Never
- b. Rarely (less than once a month)
- c. Occasionally (1-3 times a month)
- d. Weekly (1-2 times a week)
- e. Regularly (3-4 times a week)
- f. Daily
- g. Prefer not to answer

How often do you consume/smoke recreational drugs (such as cocaine, methamphetamines, heroin, etc.)?

    a. Never
    b. Rarely (less than once a month)
    c. Occasionally (1-3 times a month)
    d. Weekly (1-2 times a week)
    e. Regularly (3-4 times a week)
    f. Daily
    g. Prefer not to answer

How often do you consume a drink containing alcohol (beer, liquor, wine, spirits, etc.)?

    a. Never
    b. Rarely (less than once a month)
    c. Occasionally (1-3 times a month)
    d. Weekly (1-2 times a week)
    e. Regularly (3-4 times a week)
    f. Daily
    g. Prefer not to answer

Have you ever had COVID-19?

    a. Yes
    b. No
    c. Don't know
    d. Prefer not to answer

During the past 12 months, have you had a COVID-19 vaccine or booster vaccination?

    a. Yes
    b. No
    c. Prefer not to answer

During the past 12 months, have you had a flu vaccination (nasal spray or injection)?

    a. Yes
    b. No
    c. Prefer not to answer

Resource Insecurity
The following section asks questions related to resource availability.

Please select your agreement to the following statements:

Statement	Often	Sometimes	Rarely	Never	Prefer not to answer
In the past 12 months, how often did you or your household experience a situation where you were out of food, and you didn't have enough money to purchase more?					
In the past 12 months, how often has it been true for you or your household that you couldn't afford to eat balanced meals?					

Please select your agreement to the following statements:

Statement	Yes	No	Prefer not to answer
In the last 12 months, did you or other adults in your household ever cut the size of your meals or skip meals because there wasn't enough money for food?			
Do you face any physical barriers (language, transportation, and distance barrier) that prevent you from accessing nutritious food?			
Have you ever encountered a situation where you were unable to obtain the medication you needed?			
Do you face any financial barriers that prevent you from accessing the medication you need?			
Do you face any physical barriers (language, transportation, and distance barrier) that prevent you from accessing the medication you need?			
Are you living in stable housing?			
Do you currently anticipate being at risk of homelessness within the next two months?			
Do you face any financial barriers that prevent you from accessing or maintaining stable housing?			
Do you face any financial barriers that prevent you from accessing or maintaining stable housing?			

Mental Health and Emotional Wellbeing
The following section asks questions related to your mental health.

Please select your agreement to the following statements:

Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I believe social media and technology play a role in influencing mental health outcomes in our community.					
I believe cultural beliefs and practices affect mental health perceptions and treatment-seeking behaviors in our community.					
I believe the stigma surrounding mental health impacts help-seeking behavior in our community.					
I believe community members are aware of the warning signs of suicidal ideation and how to seek help.					
I believe I am aware of the warning signs of suicidal ideation and how to seek help.					
I believe there are sufficient resources and support services available for children with mental health concerns in our community.					
I believe there are gaps in mental health services for children that need to be addressed.					
I believe there are adequate mental health services and resources available for community members.					
I believe that community members are aware of the importance of mental health and seeking help when needed.					
I believe that the community can better support mental health and well- being for all residents.					

How would you rate your mental health?

   a. Excellent
   b. Very Good
   c. Good
   d. Fair
   e. Bad
   f. Prefer not to answer

Have you experienced any recent stressful or traumatic events that have contributed to suicidal ideation?

   a. Yes
   b. No
   c. Prefer not to answer

Have you ever experienced thoughts of suicide or self-harm?

   a. Yes
      i. If yes, how often have you experienced thoughts of suicide or self-harm?
         • Every day
         • At least one time per week
         • At least one time per month
         • At least one time in the last 3 months
         • At least one time in the last 6 months
         • At least one time in the last year
   b. No
   c. Prefer not to answer

Are you currently experiencing feelings of hopelessness or despair?

   a. Yes
   b. No
   c. Prefer not to answer

Are you currently receiving mental health support or treatment (i.e. therapy, counselor, community groups, etc.)?

   a. Yes
   b. No
   c. Prefer not to answer

Please select your agreement to the following statements:

Statement	All the time	Most of the time	Some of the Time	A little of the time	None of the time
How often have you felt calm and peaceful this past month?					
How often have you felt stressed this past month?					
How often have you felt down, depressed, and/or hopeless?					
During the past month, how often did you feel that others would be better off if you were dead?					
During the past month, how often did you feel isolated from others?					
During the past month, how often did you feel anxious or worried?					

Please select your agreement to the following statements:

Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I feel like I have control over my own life.					
I am pleased with the way I am.					
I am pleased with how I approach problems.					
I am satisfied with what I have.					
I am satisfied with my social life.					
I feel motivated in what I do every day.					
I feel joy in my daily life.					

Please select how often you do the following in a typical week:

Statement	Never	Less than monthly	Once a month	Once every 2 or 3 weeks	Once a week	Several times a week	Everyday
Talk on the telephone with family, friends, or neighbors.							
Get together with friends or relatives.							
Attend church or religious services.							
Attend meetings of the clubs or organizations you belong to.							

Please select how often do you feel the following:

Statement	Never	Rarely	Sometimes	Often
I lack companionship				
I feel left out				
I feel isolated from others				

Screentime
The following section asks questions related to your electronic use and screen time.

How many hours a day do you spend on electronic gadgets?
- a. 1-2 hours
- b. 3-4 hours
- c. >5 hours
- d. Prefer not to answer

Which activities do you usually do on your gadgets? (select all that apply)
- a. Social Media
    - i. If yes, what social media platforms do you typically use:
        1. Facebook
        2. Instagram
        3. Snapchat
        4. X (Twitter)
        5. LinkedIn
        6. TikTok
        7. YouTube
        8. Other:_____
- b. Gaming
- c. Watching Videos
- d. Reading
- e. Work Tasks
- f. School Tasks
- g. Prefer not to answer

Do you limit your daily screen time amount?
- a. Yes
- b. No
- c. Prefer not to answer

If you have child(ren), do you set screen limits for your child(ren)?
- a. Yes
- b. No
- c. Not applicable
- d. Prefer not to answer

Nutrition and Physical Activity

The following section asks questions related to nutrition and physical activity.

In the past 30 days, how often did you eat fast food?
- a. More than once a day
- b. Once a day
- c. A few times a week
- d. A few times a month
- e. Don't know (Skip to Q3)

Select your top three reasons for choosing fast food:
- a. Price
- b. Quality of food
- c. Atmosphere
- d. Location
- e. Convenience
- f. Reputation
- g. Drive-Thru
- h. Service
- i. Other

Where do you typically buy your food from? (Select all that apply)
- a. Supermarket (Meijer, Aldi, Whole foods, Wal-Mart, Trader Joe's)
- b. Corner store
- c. Dollar store
- d. Farmer's market
- e. Community/neighborhood garden
- f. Other:

If you don't buy your food at local stores (within your neighborhood), why not?

    a. Poor quality/Freshness of food
    b. Stigma/shame (afraid that people might view you negatively if you shop at local stores)
    c. Poor customer service
    d. Lack of variety
    e. High prices
    f. Safety concerns
    g. Lack of information about the store
    h. Store doesn't accept food assistance programs
    i. Stores are hard to get to (transportation, roads, walking, etc.)
    j. Other reasons:

Is it difficult for you to get to places where you can purchase groceries?

    a. Yes
    b. No

Are there fruits or vegetables you like, but cannot buy in your neighborhood?

    a. No
    b. Yes
        i. What fruits or vegetables can't you buy in the neighborhood that you would like to:

How concerned are you regarding water quality in your community?

    a. Not at all Concerned
    b. Somewhat Concerned
    c. Fairly Concerned
    d. Very Concerned
    e. Always Concerned

During a week, how often do you participate in a physical activity in your free time?

    a. Almost every day
    b. 4-5 days per week
    c. 3 days per week
    d. 1-2 days per week
    e. Sometimes

Why do you engage in physical activity? (Select all that apply)
    a. Physical health
    b. Weight management
    c. Mental well-being
    d. Social interaction
    e. Recreation
    f. Other (please specify):
    g. Prefer not to answer

Of the items below, in which ways did your household learn about recreation programs and park activities. (Select all that apply)
    a. Conversations with City Staff
    b. Email notifications
    c. Newspaper articles
    d. Public Meetings
    e. Word of Mouth
    f. City Website
    g. Social Media
    h. Online Town Hall Meetings
    i. Zoom meetings or other online meeting platforms
    j. Other:

Risk Behaviors

The following section ask questions related to risk behavior:

In the past month, how often did you engage in texting or emailing while driving a vehicle?
- a. I did not drive a car or other vehicle during the past 30 days
- b. 0 days
- c. 1 or 2 days
- d. 3 to 5 days
- e. 6 to 9 days
- f. 10 to 19 days
- g. 20 to 29 days
- h. All 30 days

Have you been sexually active in the past year?
- a. Yes
- b. No
- c. Prefer not to answer

Have you used barrier methods, such as condoms, during sexual activity in the past year?
- a. Yes
- b. No
- c. Sometimes
- d. I have not been sexually active
- e. Prefer not to answer

What types of contraceptive methods did you and your partner use?
- a. I am not sexually active
- b. Birth control pills (excluding Plan B/Emergency Contraception)
- c. Condoms
- d. Intrauterine Device (IUD)
- e. Injections, Patch, Ring
- f. Withdrawal
- g. None
- h. Other:
- i. Prefer not to answer

Do you get tested for Sexually Transmitted Infections (STI/STD) regularly?
- Yes
- No
- Unsure
- Prefer not to answer

Older Adult Health

The following section asks questions related to older and aging adults. (Note: these questions appear based on age selected in Demographic section – age 65 and older)

I live
- a. Alone
- b. With family
- c. In an assisted living building
- d. In an independent living building
- e. Prefer not to answer

Do you need regular caregiver support?
- a. Yes, but I do not currently receive caregiver support.
- b. Yes and I currently receive caregiver support from a family member or friend.
- c. Yes and I currently receive caregiver support from a home healthcare organization.
- d. No, I do not need caregiver support.

How much difficulty do you have with lifting objects, doing housework (such as scrubbing floors), and kneeling?
- a. None
- b. A little difficulty
- c. Moderate difficulty
- d. A lot of difficulty
- e. Unable to do

Do you use a cane or walker to aid in your mobility?
- a. Yes
- b. No
- c. Prefer not to answer

Do you require help with managing money (paying bills, tracking expenses) due to your health?
    a. Yes
    b. No
    c. Prefer not to answer

Caregiver Support
The following section asks questions related to caregiver supports.

Are you responsible for providing regular care or assistance to any of the following? Please select all that apply.
    a. Multiple Children
    b. Children with behavioral issues
    c. An adult child
    d. A friend, family member, or spouse who has a health problem
    e. A friend, family member, or spouse who has a mental health issue
    f. Someone with special needs
    g. A friend, family member, or spouse with dementia
    h. An elderly parent or loved one
    i. Grandchildren
    j. Foster children
    k. No, I am not responsible for providing caregiver support to anyone (skip to next section)

(This question will pop up for each of the responses above) Which of these resources or supports would you find helpful in your role of caregiver, and which ones have you been able to access in your community?

Statement	Would find helpful	Have been able to access	I don't know
Information or educational resources for yourself as a caregiver			
Information, advice, or support to meet your loved one's needs			
Respite services (paid or unpaid) or having someone care for the person needing assistance so you can take a break			
Individual counseling, peer support, or support groups			

Maternal and Infant Health

The following section asks questions related to maternal and infant health.

Are you currently pregnant, trying to get pregnant, breastfeeding, or have been pregnant within the last 5 years?
   a. Currently pregnant
      i. [If yes]: Q2
   b. Trying to get pregnant
   c. Breastfeeding
      i. [If yes]: Q2
   d. Been pregnant within the last 5 years
      i. [If yes]: Q2

[If yes]: When did you receive prenatal care during your pregnancy?
   a. First trimester (conception to 12 weeks)
   b. Second trimester (13-27 weeks)
   c. Third trimester (28-40 weeks)
   d. I did not/am not receiving prenatal care

I am satisfied with the maternal healthcare I received during my pregnancy.
   a. Strongly Disagree
   b. Disagree
   c. Neutral
   d. Agree
   e. Strongly Agree

I am satisfied with the maternal healthcare I received after my pregnancy.
(this Q is skipped if person is currently pregnant)
   a. Strongly Disagree
   b. Disagree
   c. Neutral
   d. Agree
   e. Strongly Agree

In the past 12 months, have you experienced any of the following barriers to receiving medical care? Please select all that apply.

    a. Cost/No insurance
    b. Provider does not take my insurance
    c. Distance
    d. No transportation
    e. No childcare
    f. Too long of a wait to get an appointment
    g. Too long of a wait in the waiting room
    h. Office was not open when I could get there
    i. Inconvenient appointment time
    j. I couldn't take time off from work or school
    k. Concerned about privacy
    l. Discrimination
    m. Too embarrassed

During your most recent pregnancy, did you experience discrimination or were you made to feel inferior while getting any type of health or medical care because of the things listed below? For each item, choose No if you did not experience these things, or Yes if you did experience them.

Statement	No	Yes
My race, ethnicity, or culture		
My insurance or Medicaid status		
My weight		
My marital status		
Other (Please tell us)		

I have access to adequate childcare.

    a. Strongly Disagree
    b. Disagree
    c. Neutral
    d. Agree
    e. Strongly Agree

I have experienced postpartum depression.
      a. Strongly Disagree
      b. Disagree
      c. Neutral
      d. Agree
      e. Strongly Agree

[If they select neutral, agree, or strongly agree]:
      a. Were you diagnosed?
          i. Yes
          ii. No
          iii. Prefer not to answer
      b. Did you receive follow-up care?
          i. Yes
          ii. No
          iii. Prefer not to answer

If you are currently pregnant, or have been pregnant within the last 5 years, please select all of the activities you engage(d) in during your pregnancy:
      a. Taking a multivitamin
      b. Taking folic acid
      c. Utilizing tobacco products such as cigarettes, e-cigarettes/vaping products, etc.
      d. Consuming alcoholic beverages
      e. Using marijuana
      f. Using any prescription drugs not prescribed
      g. Using opioids or other recreational drugs (excluding marijuana)
      h. Receiving opiate replacement therapy

If you are currently pregnant, or have been pregnant within the last 5 years, did you experience any of the following during your pregnancy:
      a. Feeling down or depressed
      b. Anxiety
      c. Access to social supports (such as family or friends)
      d. Domestic violence (If you feel you are unsafe or need assistance relating to an abusive relationship, please call: Call 800-799-7233 or Text BEGIN to 88788)

Before or after your new baby was born, did you receive information about breastfeeding from any of the following sources? For each one, choose No if you did not receive information from this source, or Yes if you did

Statement	No	Yes
My doctor		
A nurse, midwife, or doula		
A breastfeeding or lactation specialist		
My baby's doctor or health care provider		
A breastfeeding support group		
A breastfeeding hotline or toll-free number		
Family or friends		
Other (Please tell us)		

Did you ever breastfeed or pump breast milk to feed your new baby, even for a short period of time?

a. Yes

    i. [If yes]: How long did you breastfeed or pump breast milk to feed your baby?
1. Less than a week
2. Less than a month
3. 1 month
4. 2-3 months
5. 4-6 months
6. 6-9 months
7. 9-12 months
8. 1+ year

    ii. What were your reasons for stopping breastfeeding? Choose ALL that apply.
1. My baby had difficulty latching or nursing
2. Breast milk alone did not satisfy my baby
3. I thought my baby was not gaining enough weight
4. My nipples were sore, cracked, or bleeding, or it was too painful
5. I thought I was not producing enough milk, or my milk dried up
6. I had too many other household duties
7. I felt it was the right time to stop breastfeeding
8. I got sick or I had to stop for medical reasons
9. I went back to work
10. I went back to school
11. My partner did not support breastfeeding
12. My baby was jaundiced (yellowing of the skin or whites of the eyes)
13. Other (Please tell us)

b. No

Community Environment
The following section asks questions related to your community environment.

Please select your agreement to the following statements:

My community…	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Is safe					
Has clean air					
Has clean roads					
Is handicap accessible					
Is walkable/bikeable					
Has enough parks and playgrounds					
Has enough street lighting					

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 Dearborn. The following key health indicators were reviewed:

HEALTH STATUS

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

HEALTH BEHAVIORS

- Binge Drinking
- Physical Inactivity
- Smoking and Vaping
- Health Screenings (Colorectal Cancer, Breast Cancer, Dental Health)
- Nutrition (Fruit and Vegetable Consumption)
- Teen Births
- Drug Overdoses

DISEASE AND INJURY

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

MORTALITY

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

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.)

SOCIAL DETERMINANTS OF HEALTH

- 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)

ECONOMIC STABILITY

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

SOCIAL AND COMMUNITY CONTEXT

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

POWER, PRIVILEGE, AND OPPRESSION

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

EDUCATION ACCESS AND QUALITY

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

HEALTHCARE ACCESS AND QUALITY

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

CCA

COMMUNITY CONTEXT ASSESSMENT

APPENDIX B

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 Dearborn 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 Dearborn. 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)

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?**

COMMUNITY PARTNER ASSESSMENT

Community Partner Assessment

Introduction

Hello and thank you for taking the Dearborn Public Health Community Partner Assessment (CPA)! This assessment is part of the overall Dearborn Public Health 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 Dearborn Public Health 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 Dearborn Public Health 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 Dearborn Public Health 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):*

- <u>Inform:</u> Provide the community with relevant information.
- <u>Consult:</u> Gather input from the community.
- <u>Involve:</u> Ensure community needs and assets are integrated into process and inform planning.
- <u>Collaborate:</u> Ensure community capacity to play a leadership role in implementation of decisions.
- <u>Defer to:</u> 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)

STRATEGIC ISSUE DATA SUMMARY

Strategic Issue 1: Mental and Behavioral Health Support & Services

There is an urgent need for mental and behavioral health supports and services that address barriers such as cultural and social stigma.

Poor Mental Health

Dearborn residents experiencing poor mental health (on at least 14 days in the past month)
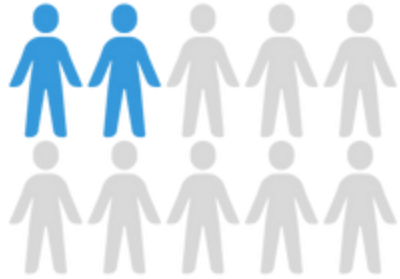
19.4%

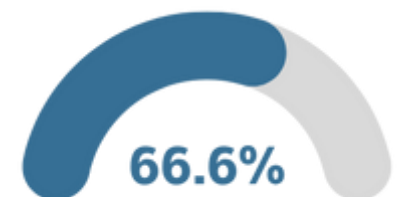**Compared to 16.9% of Out-Wayne County and 16% of Michigan.**

(Dearborn 2021, Out-Wayne and Michigan 2020-2022)

Need for Support*

76.9%
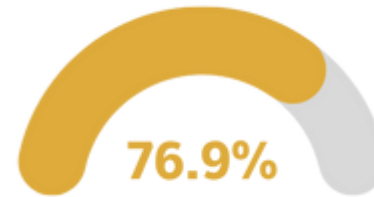
Of survey respondents "Agreed" or "Strongly Agreed" that the Dearborn Community can better support mental health and well-being for all residents (n=1,112)

Stigma*

66.6%

Of survey respondents "Agreed" or "Strongly Agreed" that the stigma surrounding mental health impacts help-seeking behaviors in the Dearborn Community (n=1,124)

Cultural Beliefs*

70.9%

Of survey respondents "Agreed" or "Strongly Agreed" that cultural beliefs and practices affect mental health perceptions and treatment-seeking behaviors in the Dearborn Community. (n=1,126)

Social Media*

79.9% of survey respondents "Agreed" or "Strongly Agreed" that social media and technology play a role in influencing mental health outcomes in the Dearborn Community. (n=1,124)
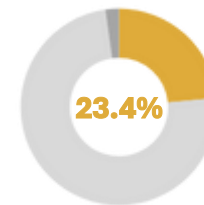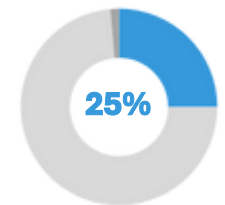
Experiences*
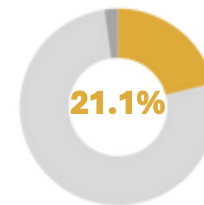
21.1% Have experienced a recent stressful or traumatic event that has contributed to suicidal ideation (n=1,114)
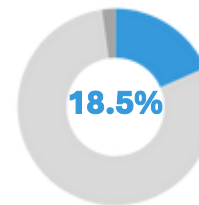
18.5% Have ever experienced thoughts of suicide or self-harm (n=1,119)

23.4% Currently experiencing feelings of hopelessness or despair (n=1,120)

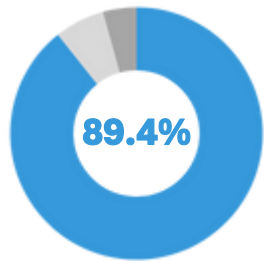**25%** Currently receiving mental health support or treatment (n=1,124)

*Data from the 2024 Dearborn Community Survey

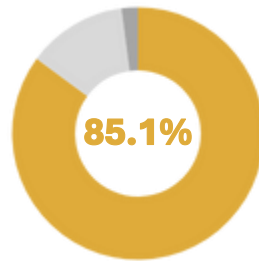# Strategic Issue Data Summary

Strategic Issue 1: Mental and Behavioral Health Support & Services

Co-Occurrences*

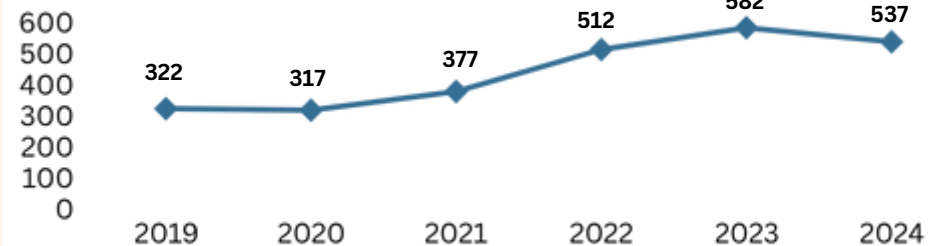Of the survey respondents that rated their mental health as "bad"…

89.4%

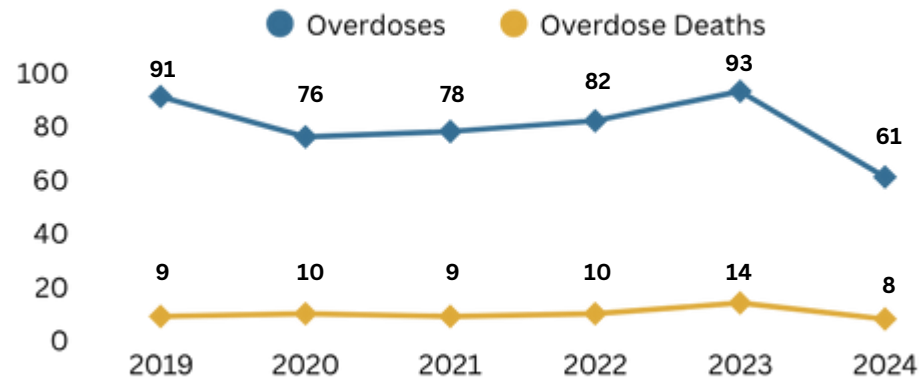Had experienced a recent stressful or traumatic event that contributed to suicidal ideation.

85.1%

Had at some point experienced thoughts of suicide or self-harm.

Mental Health Calls in Dearborn (2019-2024)

- 2019: 322
- 2020: 317
- 2021: 377
- 2022: 512
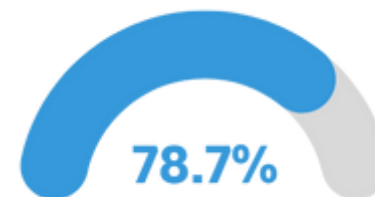- 2023: 582
- 2024: 537

Community Focus Groups

Participants elevated mental health as a priority community concern. During discussions, participants raised awareness of high levels of stress among residents, stigma surrounding mental health, access to and affordability of mental health care, and special concerns regarding first generation immigrants.
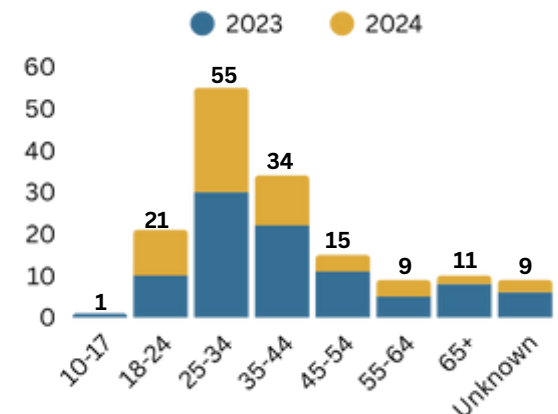
Drug Overdoses and Related Deaths in Dearborn

● Overdoses ● Overdose Deaths

Overdoses:
- 2019: 91
- 2020: 76
- 2021: 78
- 2022: 82
- 2023: 93
- 2024: 61

Overdose Deaths:
- 2019: 9
- 2020: 10
- 2021: 9
- 2022: 10
- 2023: 14
- 2024: 8

Narcan Administration

59% of reported overdoses were administered Narcan in 2024

Overdoses by Sex

78.7%

Of overdoses in 2024 were male

Overdoses by Age

● 2023 ● 2024

- 10-17: 1
- 18-24: 21
- 25-34: 55
- 35-44: 34
- 45-54: 15
- 55-64: 9
- 65+: 11
- Unknown: 9

*Data from the 2024 Dearborn Community Survey

Strategic Issue Data Summary
2025

Strategic Issue 1: Mental & Behavioral Health Support & Services

There is an urgent need for mental and behavioral health supports and services that address barriers such as cultural and social stigma.

Community Status Assessment (Primary Community Survey Data)	- Percent of survey respondents who believe that the community can better support mental health and well-being for all residents (n=1,112): Strongly agreed-27.3%; Agree-49.6% - Percent of survey respondents who believe that there are gaps in mental health services for children that need to be addressed (n=1,116): Strongly agreed-18.1%; Agree-43.7% - Percent of survey respondents who believe that stigma surrounding mental health impacts help-seeking behavior in our community (n=1,124): Strongly agree-22.1%; Agree-44.5% - Percent of survey respondents who believe that cultural beliefs and practices affect mental health perceptions and treatment-seeking behaviors in our community (n=1,126): Strongly Agree-28.5%; Agree-42.4% - Percent of survey respondents who believe that social media and technology play a role in influencing mental health outcomes in our community (n=1,124): Strongly agreed-21.3%; Agree-58.6% - Percent of survey respondents who rated their mental health (n=1,124): Bad 4.2%; Fair 9.9%; Good-30.8%; Very Good-37.8%, Excellent-16.8% - Percent of survey respondents who have recently experienced a stressful or traumatic event that have contributed to suicidal ideation: 21.1% (n=1,114). - Percent of survey respondents who have ever experienced thoughts of suicide or self-harm: 18.5% (n=1,119) - Percent of survey respondents who are currently experiencing feelings of hopelessness or despair: 23.4% (n=1,120) - Percent of survey respondents who are currently receiving mental health support or treatment (i.e. therapy, counselor, community groups, etc.): 25% (n=1,124) - Percent of survey respondents who experienced thoughts of suicide or self-harm (n=208): Everyday: 20.2%; At least one time per week: 11.5%; At least one time per month: 18.8% - Percent of survey respondents that felt stressed during the past month (n=1,121): All the time-4.5%; Most of the time-20.8%; Some of the time-30.5%; A little of the time-35.9%

	• Percent of survey respondents that felt down, depressed, and/or hopeless in the past month (n=1,120): All the time-4.4%; Most of the time-14.3%; Some of the time-20.8%; A little of the time-36.4% • Percent of survey respondents that felt that others would be better off if you were dead in the past month (n=1,119): All the time-3.3%; Most of the time-12.7%; Some of the time-15%; A little of the time-16.6% • Percent of survey respondents that felt isolated from others in the past month (n=1,122): All the time-4.5%; Most of the time-12.7%; Some of the time-20.6%; A little of the time-27.5% • Percent of survey respondents that felt anxious or worried in the past month (n=1,118): All the time-6%; Most of the time-16.2%; Some of the time-24.7%; A little of the time-36.9% • Comparison Tables: 89.4% of respondents who rated their mental health as bad have experienced a stressful or traumatic event that contributed to suicidal ideation • Comparison Tables: 85.1% of respondents who rated their mental health as bad have experienced thoughts of suicide or self-harm. • Percent of survey respondents who have been informed that they have Depression: 17.4% (n=1,108).
Community Status Assessment (Secondary Health Indicators)	• Percent of adults who experience poor mental health on at least 14 days in the past month in Dearborn (2021): 19.4% • Percent of adults who experience poor mental health on at least 14 days in the past month (2020-2022): Out-Wayne-16.9%; Michigan-16% • Five-year age-adjusted suicide rate per 100,000 (2018-2022): Out-Wayne:13.5; Wayne County-12.6; Michigan-14.4 • Five-year age-adjusted suicide rate per 100,000 by Age (2018-2022): Less than 25-6.7; 25-74-16.8; 75 and over-18.9 • Mental health care provider ratio (2023) (ratio per 1 provider): Wayne County-290:1; Michigan 300:1 • Drug Overdoses in Dearborn (2019-2024): 61 overdoses in 2024 (down from previous 5 years) • Drug Overdose Deaths (2019-2024): percent of overdoses resulting in death has remained consistent; 13.1% in 2024. • Narcan Administration (2023-2024): Narcan only administered in 59% of reported overdoses in 2024 • Drug Overdose Suicide Attempts (2023-2024): 13.1% of overdoses in 2024 were the result of a suicide attempt (correlation of mental and behavioral health) • Mental Health Calls (2019-2024): Mental health calls have consistently and drastically risen since 2019 (322 to 537) • Drug Overdoses by Sex (2023-2024): Men make up the majority of overdoses; 78.7% in 2024 • Drug Overdoses by Age (2023-2024): majority of overdoses occurring in the ages of 25-34 (35.7%

	avg for 2023-2024) and 35-44 (22.1% avg for 2023-2024)

Community Context Assessment (Focus Groups)	Mental Health: Participants elevated mental health as a priority community concern. During discussions, participants raised awareness of high levels of stress among residents, stigma surrounding mental health, access to and affordability of mental health care, and special concerns regarding first generation immigrants.
	
	• <u>Stress</u>: High levels of stress among residents
	• <u>Stigma</u>: There is a stigma surrounding mental health, asking for help, and receiving care that stems from a lack of understanding
	    o Participants noted that mental health is particularly stigmatized and taboo within the MENA population
	    o Participants also noted that there is a stigma around aging, and a need to focus on positive and person-centered language
	• <u>Access and Affordability</u>: There are limited mental health services in the community; and those that are available are expensive
	• Participants identified first generation families and children of immigrants as a priority population in this area; mentioning the added pressure and responsibility children have with helping their parents (i.e., translating for them – sometimes very important information, supporting them with tasks such as driving to the store or doctors appointments), as well as the high standards and expectations parents hold their children (i.e., high professional expectations, supporting the family from a young age, etc.)
	• <u>Behavioral Health</u>: Lack of understanding and support for behavioral health and substance use within the community
	• <u>Diversity</u>: Lack of seeing people that look like them in positions of power is damaging

Community Partner Assessment	• 80% (n=10) of the organizations that responded plan to focus on mental or behavioral health within the next 5 years.

Strategic Issue Data Summary
2025

DEARBORN PUBLIC HEALTH

Strategic Issue 2: Healthcare Quality, Access, and Affordability

Access to high quality, affordable healthcare is inequitably distributed among community residents. This issue is exacerbated by the limited health insurance accepted by providers, the need for assistance in obtaining coverage, restricted access to specialty care, low screening rates, and transportation challenges in various neighborhoods.

Seeking Care*

Survey respondents' reasons for seeking care outside of Dearborn include...

34%
were unhappy with the services previously received in Dearborn

39%
have concerns about quality of care

26.6%
experienced stigma, biases, or discrimination through a local provider based on their race, immigration status, sex, gender and sexual orientation

Provider Ratios

1,430 Wayne County residents
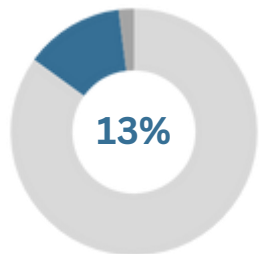
to **1** Primary Care Physician

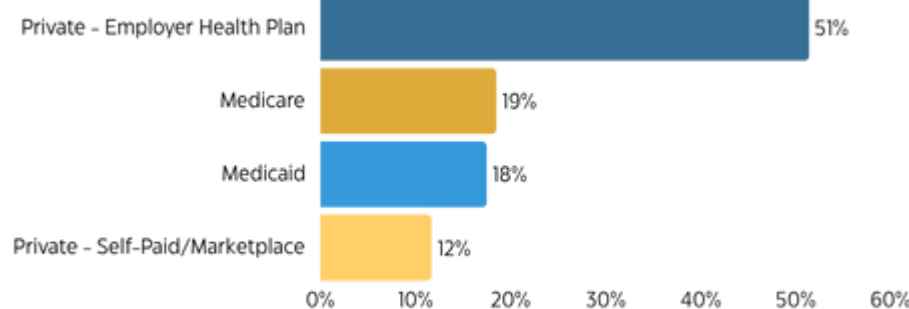**1,300** Wayne County residents

to **1** Dentist

Health Insurance*

13%

Of survey respondents are currently without health insurance. (n=1,222)

Type of Health Insurance*
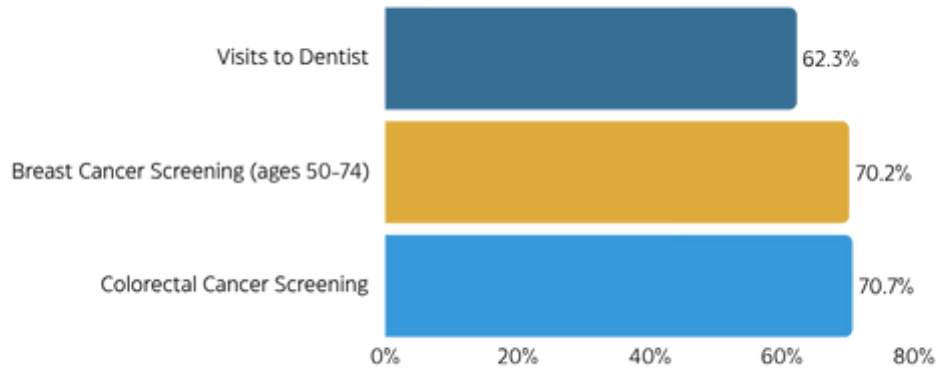
Survey respondents' type of health insurance (n=951)

Type	Percentage
Private – Employer Health Plan	51%
Medicare	19%
Medicaid	18%
Private – Self-Paid/Marketplace	12%

Poverty

24.3%

of Dearborn residents are living below the poverty level, compared to 20.1% in Wayne County and 13.1% in Michigan.

*Data from the 2024 Dearborn Community Survey

Strategic Issue Data Summary

Strategic Issue 2: Healthcare Quality, Access, and Affordability

Screenings

Dearborn Health Behaviors, CDC Places, Age-Adjusted, 2020

- Visits to Dentist: 62.3%
- Breast Cancer Screening (ages 50-74): 70.2%
- Colorectal Cancer Screening: 70.7%

Location of Care*

Where survey respondents receive care the most

- 57.6% Family Doctor
- 49.2% Community Health Center
- 24.2% Health Department
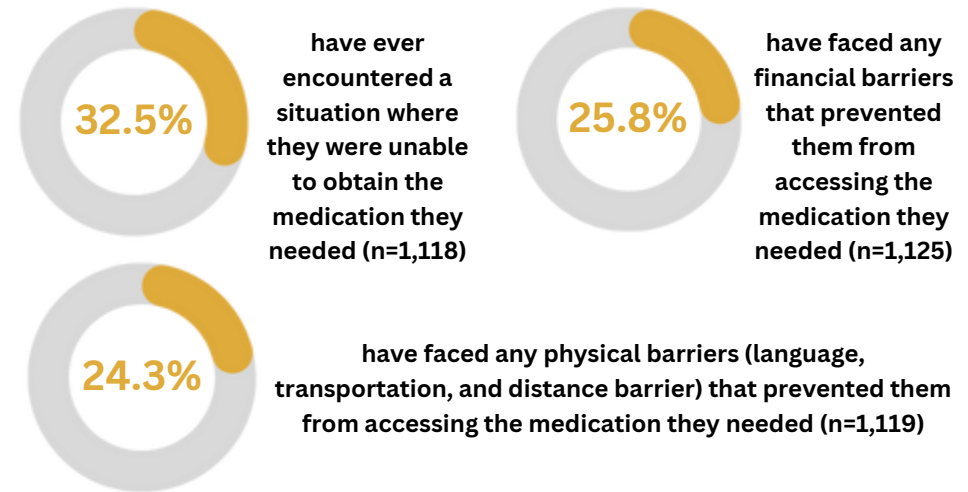- 17.6% Free Clinic
- 16.4% Urgent Care
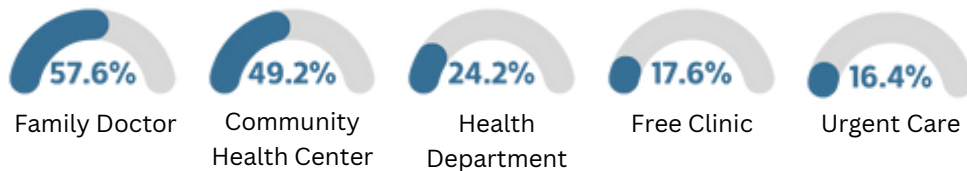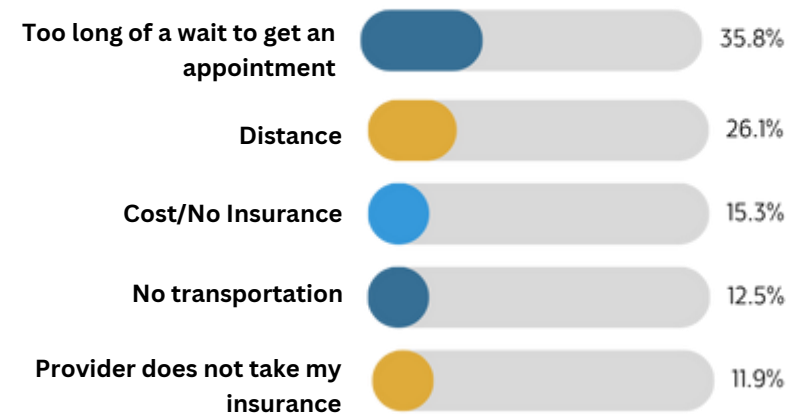
Community Focus Groups

Residents identified there is limited access to healthcare within the area, and the options that are available don't always provide quality care and services. Participants elevated insurance barriers, the cost of healthcare, lack of specialists or chronic condition care in the area, and concerns of Arabic clinics being overwhelmed and overworked.

Barriers to Care*

Of survey respondents...

- 32.5% have ever encountered a situation where they were unable to obtain the medication they needed (n=1,118)
- 25.8% have faced any financial barriers that prevented them from accessing the medication they needed (n=1,125)
- 24.3% have faced any physical barriers (language, transportation, and distance barrier) that prevented them from accessing the medication they needed (n=1,119)

Of survey respondents who responded to maternal infant health questions experienced the following barriers to receiving medical care in the past 12 months (n=888)

- Too long of a wait to get an appointment: 35.8%
- Distance: 26.1%
- Cost/No Insurance: 15.3%
- No transportation: 12.5%
- Provider does not take my insurance: 11.9%

*Data from the 2024 Dearborn Community Survey

Strategic Issue 2: Healthcare Quality, Access, and Affordability

Access to high quality, affordable healthcare is inequitably distributed among community residents. This issue is exacerbated by the limited health insurance accepted by providers, the need for assistance in obtaining coverage, restricted access to specialty care, low screening rates, and transportation challenges in various neighborhoods.

Community Status Assessment (Primary Community Survey Data)	• Percent of survey respondents that currently have health insurance (n=1,122): Yes-85%; No-13% • Percent of type of health insurance (n=951): Medicaid-17.5%; Medicare-18.5% • Percent of survey respondents that have one person or group that they think of as a doctor or healthcare provider (n=1,104): Yes-84.7%; No-15.3% • Percent of where respondents receive the care most (n=1,121): Family Doctor-57.6%; Community Health Center- 49.2%; Health Department-24.2%; Free Clinic- 17.5%; Urgent Care-16.4% • Percent of respondents who receive care outside of Dearborn (n=1,119): Within Wayne County (excluding Dearborn and Detroit)-4.6%; Detroit-3.0%; Outside of Wayne County-1.4%. • Percent of survey respondents who decided to receive healthcare services outside of Dearborn have concerns about quality of care: 39.4% (n=94) • Percent of survey respondents who decided to receive healthcare services outside of Dearborn have a lack of trust with local providers: 38.3% (n=94) • Percent of survey respondents who decided to receive healthcare services outside of Dearborn were unhappy with the services previously received in Dearborn: 34% (n=94) • Percent of survey respondents who decided to receive healthcare services outside of Dearborn experienced stigma, biases, or discrimination through a local provider based on my race, immigration status, sex, gender and sexual orientation, etc.: 26.6% (n=94) • Percent of survey respondents who decided to receive healthcare services outside of Dearborn selected that local providers did not speak their language or offer translation services: 12.8% (n=94) • Percent of survey respondents who decided to receive healthcare services outside of Dearborn selected that they were unable to find the healthcare services needed within Dearborn: 12.8% (n=94) • Percent of survey respondents that were informed they had the following conditions (n=1,108): High Blood Pressure-20.3%; Diabetes-13.5%; Arthritis-10%; High Cholesterol-9.5%; Asthma-9.2%

	- Percent of survey respondents that have had a COVID-19 vaccine or booster vaccination (n=1,122): Yes-60.7%; No-38.3%
- Percent of survey respondents that have had a flu vaccination (nasal spray or injection) (n=1,122): Yes-54%; No-44.6%
- Percent of survey respondents that have ever encountered a situation where they were unable to obtain the medication they needed (n=1,118): Yes-32.5%; No-64.6%
- Percent of survey respondents that have faced any financial barriers that prevented them from accessing the medication they needed (n=1,125): Yes-25.8%; No-71%
- Percent of survey respondents that have faced any physical barriers (language, transportation, and distance barrier) that prevented them from accessing the medication they needed (n=1,119): Yes-24.3%; No-72.3%
- Percent of survey respondents (who responded to the maternal infant health questions) experienced the following barriers to receiving medical care in the past 12 months (n=888): Too long of a wait to get an appointment-35.8%; Distance-26.1%; Cost/No Insurance-15.3%; No transportation-12.5%; Provider does not take my insurance-11.9%

Community Status Assessment
 	
(Secondary Health Indicators)
	- Percent of adults who have ever been told they had the following:
	    o Heart attack: Dearborn-6.6%; Out-Wayne-5.5%; Michigan-4.8%
	    o Diabetes: Dearborn-10.2%; Out-Wayne-12.9%; Michigan-11.6%
	    o Cancer: Dearborn-6.6%; Out-Wayne-12.1%; Michigan-12.4%
	- Percent of adults who self-reported obesity (2020-2022): Dearborn-34.2%; Out-Wayne-36.9%; Michigan-34.7%
	- Five-year percent of population with no health insurance (2018-2022): Dearborn-4.8%; Wayne County:5.8%; Michigan-4.2%
	- Primary care physician ratio (2021) (ratio per 1 provider): Wayne County-1430:1; Michigan 1280:1
	- Dentist ratio (2021) (ratio per 1 provider): Wayne County-1300:1; Michigan 1250:1
	- Estimated hourly wage needed to cover basic family needs (2022): Wayne County-$54.64; Michigan-$50.92
	- Five-year estimated median household income (2019-2023): Dearborn $65,192; Wayne County $59,521; Michigan $71,149
	- Fiver-year age-adjusted rates per 100,000 (2018-2022):
	    o Heart Disease: Out-Wayne-221.4; Wayne-252.9; Michigan-201.5
	    o Cancer: Out-Wayne-162.1; Wayne-164.2; Michigan-157.8
	- Percent of people living below poverty (2019-2023): Dearborn: 24.3%; Wayne County: 20.1%;

	Michigan: 13.1%
	• Percent of children in poverty (2019-2023): Dearborn: 35.5%; Wayne County: 29.7%; Michigan: 17.5%
	• Percent of screenings in Dearborn (2020):
	    ○ Dental health (visits to dentist)-62.3%
	    ○ Breast cancer screenings (among women aged 50-74 years)-70.2%
	    ○ Colorectal screening (among adults 50 years and over)-70.7

Community Context Assessment (Focus Groups)	• Access to Quality Healthcare Services: Residents identified there is limited access to healthcare within the area, and the options that are available don't always provide quality care and services. Participants elevated insurance barriers, the cost of healthcare, lack of specialists or chronic condition care in the area, and concerns of Arabic clinics being overwhelmed and overworked.
	• Access to healthcare is exacerbated by insurance barriers, ability to pay, and a lack of specialists in the area.
	    ○ High level of residents struggling to get or keep their health insurance
	    ○ Lack of community assistance to help residents obtain insurance
	    ○ Healthcare costs are expensive, and residents often have to prioritize other needs (food, housing, bills, etc.) over receiving necessary healthcare
	    ○ Residents noted that many community members travel outside of the United States for medical services (such as surgeries, dental care, Lasik, etc.) due to the high costs
	    ○ Access to specialized care is hard to receive, especially for chronic conditions, which leads to residents needing to travel far distances to access specialized healthcare services
	• Local hospitals and healthcare providers aren't always providing quality care
	• Arabic clinics are overwhelmed with patients; doctors are overworked; and the quality of care is not good
	• Participants noted that there is a lack of accessibility and affordability for vaccines and immunizations, as well as widespread miscommunication and mistrust in vaccines.

Community Partner Assessment	• 78% (n=9) of organizations who responded focus "a lot" on healthcare access and quality. • 80% (n=10) of organizations who responded work on/with healthcare access and utilization. • 80% (n=10) of organizations who responded plan to focus on healthcare access/utilization within the next 5 years. • 60% (n=10) of organizations who responded plan to focus on health insurance/Medicare/Medicaid within the next 5 years. • 60% (n=10) of organizations who responded plan to focus on immunizations and screenings within

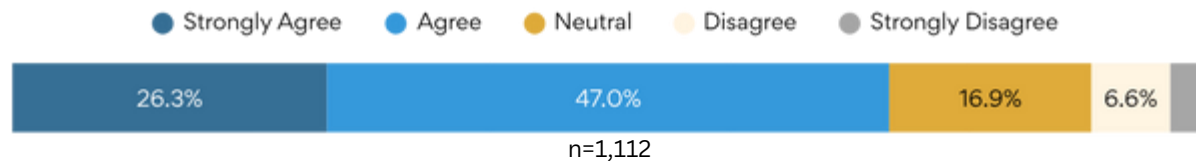|	the next 5 years.
	• 70% (n=10) of organizations who responded plan to focus on chronic disease within the next 5 years.
	• 70% (n=10) of the organizations who responded regularly engage in access to care activities.

Strategic Issue 3: Community Accessibility (Transportation)

Inaccessible and unreliable transportation has created barriers in accessing essential resources within the community that support an individual's ability to be healthy. Unsafe roadways further discourage alternative modes of active transportation, such as walking and biking, thereby impacting community connectedness.
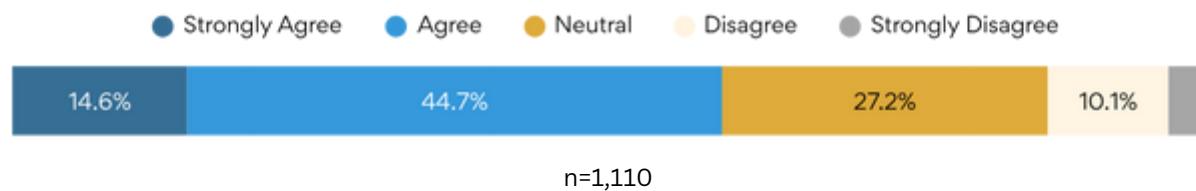
Community Environment Agreement*

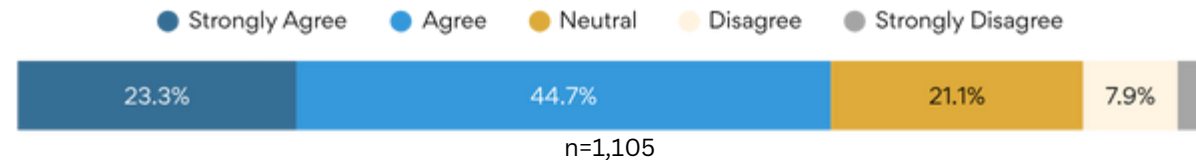Survey respondents identified their level of agreement about Dearborn:
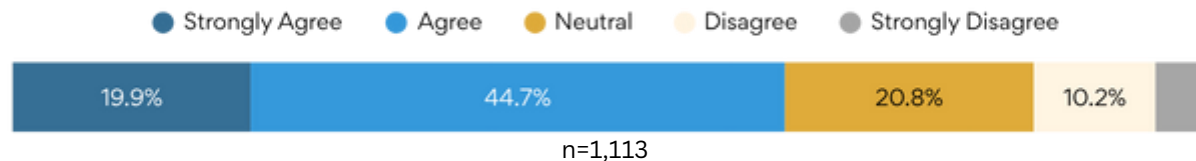
Walkable/bikeable?

Legend: Strongly Agree · Agree · Neutral · Disagree · Strongly Disagree

| 26.3% | 47.0% | 16.9% | 6.6% | |

n=1,112

Handicap Accessible?

Legend: Strongly Agree · Agree · Neutral · Disagree · Strongly Disagree

| 14.6% | 44.7% | 27.2% | 10.1% | |

n=1,110

Has enough street lighting?

Legend: Strongly Agree · Agree · Neutral · Disagree · Strongly Disagree

| 23.3% | 44.7% | 21.1% | 7.9% | |

n=1,105

Has clean roads?

Legend: Strongly Agree · Agree · Neutral · Disagree · Strongly Disagree

| 19.9% | 44.7% | 20.8% | 10.2% | |

n=1,113

Access to Local Stores*

Of survey respondents who provided why they don't buy food at their local stores

6.9%

of Dearborn residents identified that stores are hard to get due to transportation, roads, walking, etc.

Community Focus Groups

Concerns regarding transportation and the built environment were a top priority across all focus groups conducted. Participants elevated the need for accessible public transportation, increased walkability and bike ability, and special considerations to the built environment to ensure resources are accessible to all subcommunities and by all modes of transportation. The most common concern discussed in this area was roadway safety.
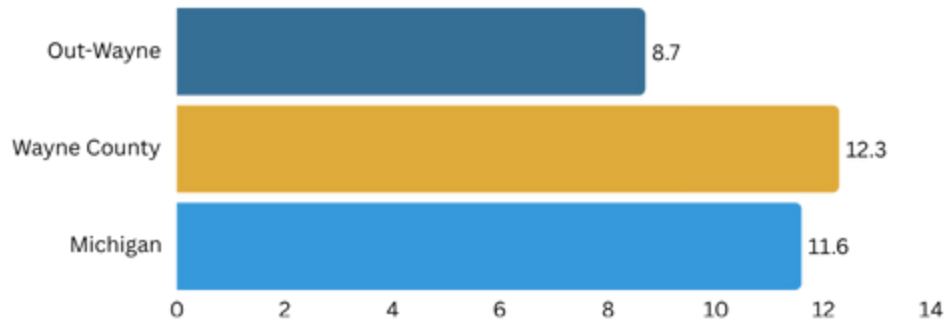
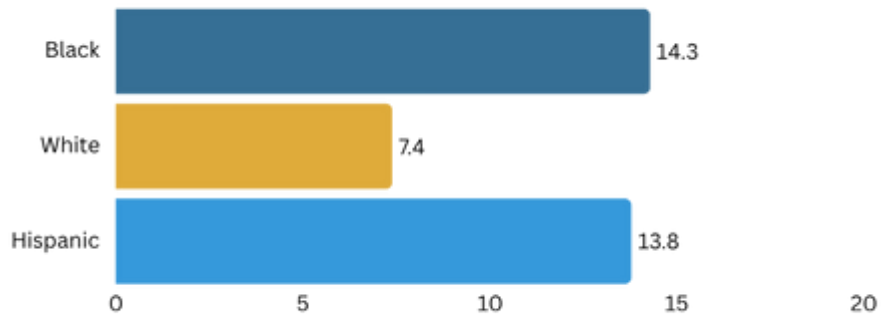*Data from the 2024 Dearborn Community Survey
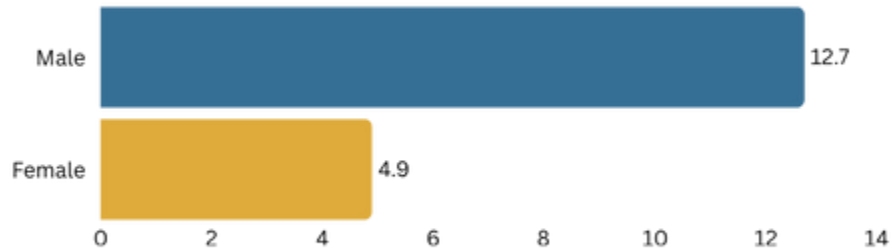
Strategic Issue Data Summary

Transportation Deaths

Five-year average age-adjusted rate for transportation deaths overall and by race/ethnicity and gender in Out-Wayne County
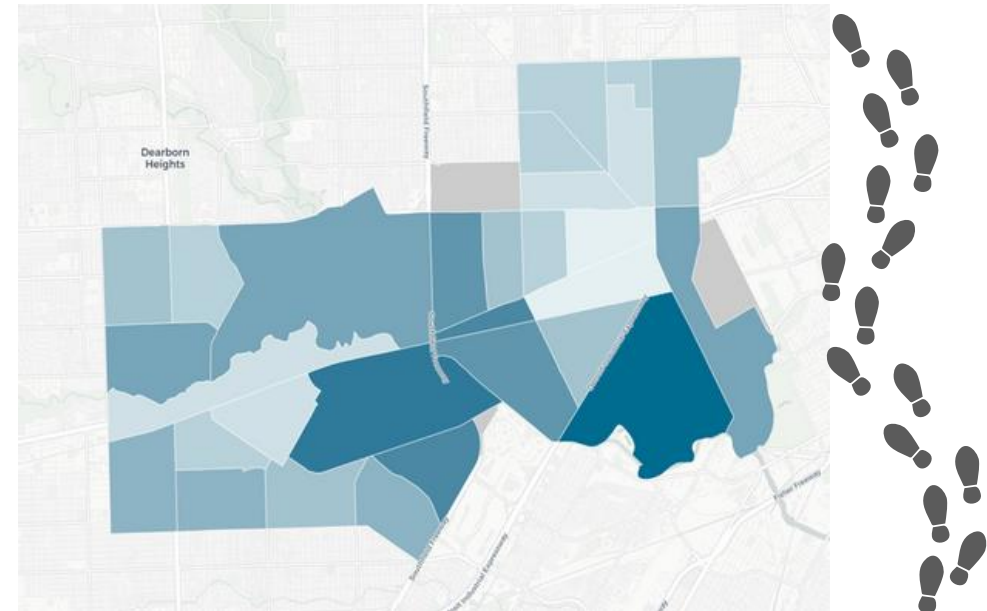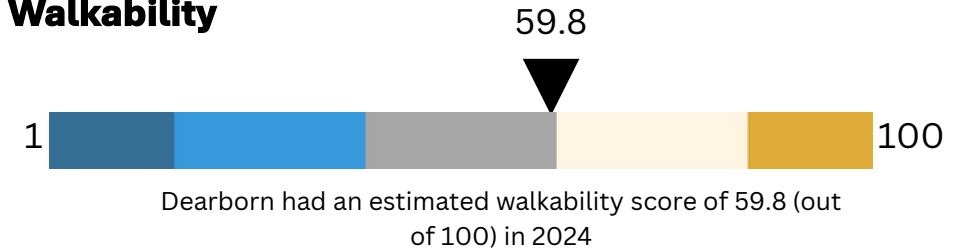
Region	Rate
Out-Wayne	8.7
Wayne County	12.3
Michigan	11.6

By Race/Ethnicity

Group	Rate
Black	14.3
White	7.4
Hispanic	13.8

By Gender

Gender	Rate
Male	12.7
Female	4.9

Walkability

59.8

1 — 100

Dearborn had an estimated walkability score of 59.8 (out of 100) in 2024

Score	Category	Description
90-100	Walker's Paradise:	Daily errands do not require a car
70-89	Very Walkable:	Daily errands do not require a car
50-69	Somewhat Walkable:	Some errands can be accomplished on foot
25-49	Car-Dependent:	Most errands require a car
0-24	Car-Dependent:	Almost all errands require a car

Darker shades of blue indicate least walkable census tracts

Strategic Issue 3: Community Accessibility (Transportation)

Inaccessible and unreliable transportation has created barriers in accessing essential resources within the community that support an individual's ability to be healthy. Unsafe roadways further discourage alternative modes of active transportation, such as walking and biking, thereby impacting community connectedness.

Community Status Assessment (Primary Community Survey Data)	• Percent of survey respondents that shared agreement when asked if the community has enough street lighting (n=1,105): Strongly Agree-23.3%; Agree-44.7%; Neutral-21.1%; Disagree-7.9%; Strongly Disagree-3% • Percent of survey respondents that shared agreement when asked if the community is walkable/bikeable n=1,112): Strongly Agree-26.3%; Agree-47%; Neutral-16.9%; Disagree-6.6%; Strongly Disagree-3.2% • Percent of survey respondents that shared agreement when asked if the community has clean roads (n=1,113): Strongly Agree-19.9%; Agree-44.7%; Neutral-20.8%; Disagree-10.2%; Strongly Disagree-4.5% • Percent of survey respondents that shared agreement when asked if the community is safe (n=1,114): Strongly Agree-21.5%; Agree-55.7%; Neutral-13.7%; Disagree-4.8%; Strongly Disagree-4.1% • Percent of survey respondents who provided reasons why don't buy food at their local stores: Stores are hard to get to (transportation, roads, walking, etc.)-6.9%
Community Status Assessment (Secondary Health Indicators)	• Five-year average age-adjusted rate for transportation deaths (per 100,000) (2018-2022): Out-Wayne-8.7%; Wayne County-12.3; Michigan-11.6 • Five-year average age-adjusted rate for transportation deaths (per 100,000) by Race/Ethnicity (2018-2022): Black-14.3; White-7.4; Hispanic-13.8 • Five-year average age-adjusted rate for transportation deaths (per 100,000) by Gender in Out-Wayne (2018-2022): Male-12.7; Female-4.9 • Estimated walkability index score for Dearborn (2024): 59.8 (out of 100). This means that it is considered somewhat walkable, meaning that some errands can be accomplished on foot. • Number of parks in Dearborn: 17 (1,005 total park acres)- 6% of its land is used for parks and recreation (national median 15%). • Percent of Dearborn's population living within half mile of a park by income: Low-income-61%; Middle income-69%; High income-65% • Percent of Dearborn's population living within half mile of a park by Race/Ethnicity: White-64%;

	Black-61%; Asian-54%; Native American-58%; Pacific Islander-75%; Hispanic-66% • Social Vulnerability Index (2022) for Wayne County (A score of 1 indicates a high level of vulnerability): Housing Type & Transportation-0.79

Community Context Assessment (Focus Groups)	• Transportation and Built Environment: Concerns regarding transportation and the built environment were a top priority across all focus groups conducted. Participants elevated the need for accessible public transportation, increased walkability and bike ability, and special considerations to the built environment to ensure resources are accessible to all subcommunities and by all modes of transportation. The most common concern discussed in this area was roadway safety.
	• Public Transportation
	    o Access to public transportation is limited and varies based on where you are/need to go
	    o Public transportation options in the community are unsafe and unsanitary
	    o Patrons have to walk far to get to where they need to go from the bus stop
	    o Public transportation for non-English speakers can be more challenging
	• Walkability/Bike-ability
	    o Having walkable destinations that can bring people together and create a sense of community are needed
	    o There is a need for more and improved sidewalks that are maintained through all seasons to support those whose main mode of transportation is walking
	    o Roads are not bike-friendly and further deter people that have interest in biking
	• Public Safety/Traffic
	    o Community members expressed major concerns about roadway safety / safety when driving, biking, and walking, especially in high traffic areas
	    o A lot of speeding and aggressive driving on the roadways – leading to high volumes of car/traffic accidents
	    o More street lighting is needed for safety
	    o Provide more handicap accessible parking options for individuals with disabilities or limited mobility
	• Built Environment
	    o Healthy food is not within an accessible distance; must have transportation
	    o Concentration of needed goods/services – more strip malls or places where needs can be met all in one spot is necessary

Community Partner Assessment	• 60% (n=10) of organizations who responded work on/with transportation.

Strategic Issue Data Summary
2025

DEARBORN PUBLIC HEALTH

Strategic Issue 4: Access to Healthy Food

Inequitable access to healthy foods, due to affordability, proximity to grocery stores, and high concentration of unhealthy food options, has led to increased rates of nutrition-related chronic condition morbidity and mortality.
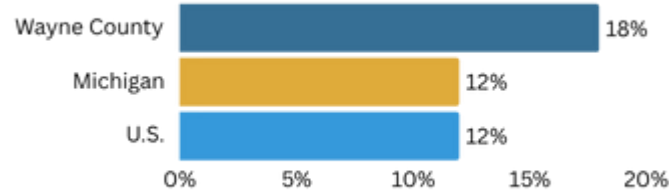
Food Insecurity

21%

of the Dearborn population was estimated to be food insecure in 2018

Lack of Access to Food

Estimated percentage of households that lack adequate access to food (2020)

Wayne County	18%
Michigan	12%
U.S.	12%

(scale: 0%, 5%, 10%, 15%, 20%)

### Cost*

In the last 12 months, nearly

1/4

households cut the size of their meals or skips meals due to lack of money for food (n=1,121)

Food Insecurity*

In the past 12 months, how often did you or your household experience a situation where you were out of food, and you didn't have enough money to purchase more? (n=1,126)

Legend: ● Often ● Sometimes ● Rarely ● Never ● Prefer not to answer

Often 7.0% | Sometimes 16.6% | Rarely 22.1% | Never 52.9%

In the past 12 months, how often has it been true for you or your household that you couldn't afford to eat balanced meals? (n=1,124)

Often 7.6% | Sometimes 17.0% | Rarely 23.0% | Never 51.3%
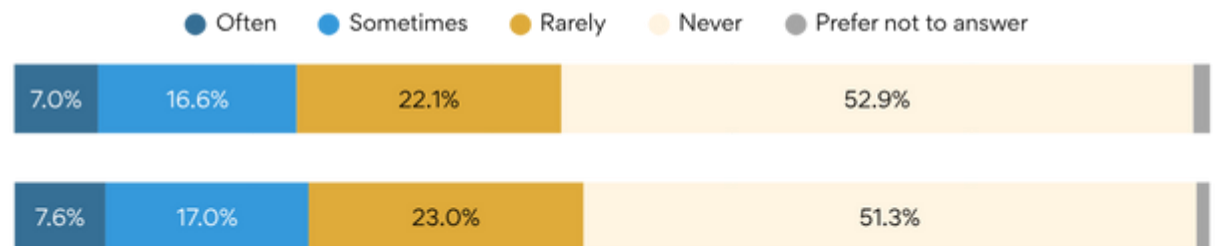
Barriers*

1/5 of survey respondents face physical barriers (language, transportation, and distance barrier) that prevent them from accessing nutritious food (n=1,124)

Fruits and Vegetables*

8.3%

of survey respondents said that there are fruits and vegetables they like that they cannot buy in their neighborhood

*Data from the 2024 Dearborn Community Survey
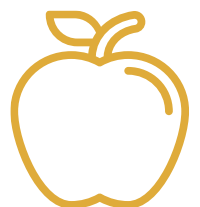
Strategic Issue Data Summary

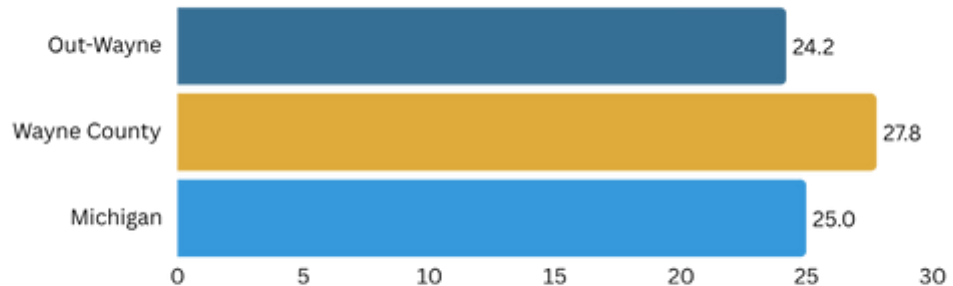## Strategic Issue 4: Access to Healthy Food

Community Focus Groups

Participants raised awareness of the lack of accessibility of healthy food in Dearborn. Many community members consider Dearborn to be a food desert due to limited access to healthy foods, lack of affordable options, inability to access healthy food without transportation, and the high concentration of unhealthy food options.

Nutrition-Related Mortality

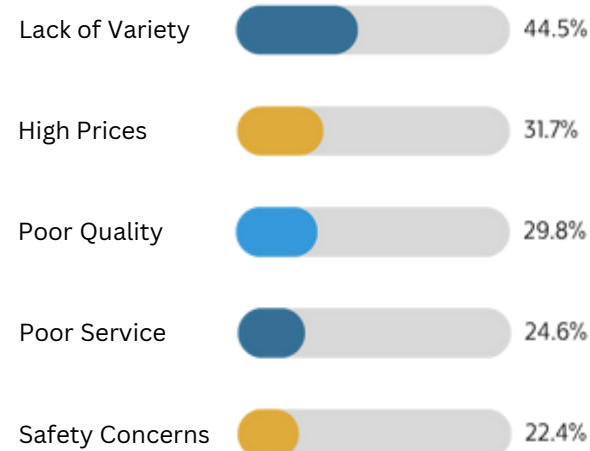5-Year Age-Adjusted **Heart Disease** Mortality Rates (2019-2023)**

Out-Wayne	214.8
Wayne County	250.8
Michigan	205.3
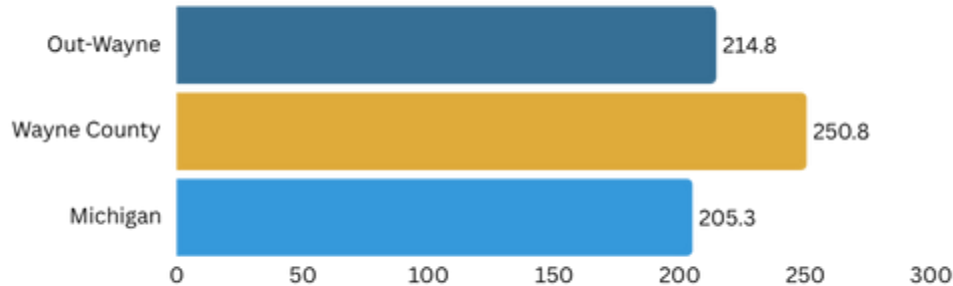
5-Year Age-Adjusted **Diabetes** Mortality Rates (2019-2023)**

Out-Wayne	24.2
Wayne County	27.8
Michigan	25.0

Barriers to Local Food*

Reasons for not buying food at local stores (within their neighborhood)

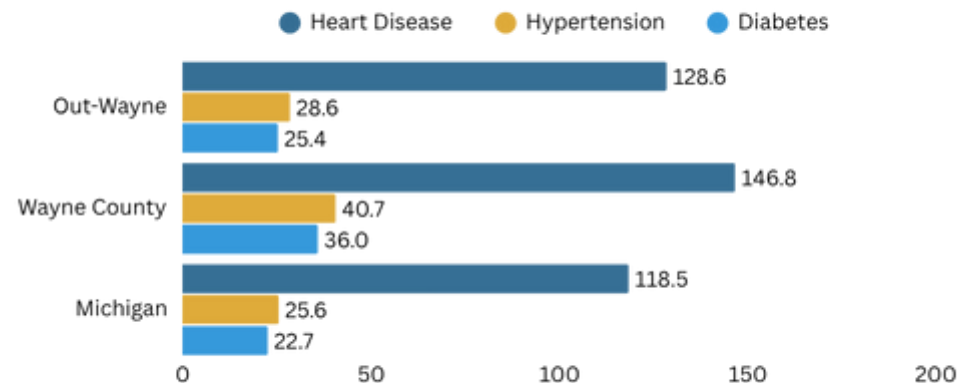|	
Lack of Variety	44.5%
High Prices	31.7%
Poor Quality	29.8%
Poor Service	24.6%
Safety Concerns	22.4%

Fast Food*
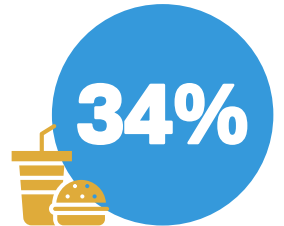
34% of survey respondents ate food a **"few times a week"** in the last 30 days, with the main reasons being:

- **Convenience**
- **Quality**
- **Location**
- **Price**

Nutrition-Related Morbidity

Hospitalization Rates (per 10,000 people; 2022)

Legend: ● Heart Disease ● Hypertension ● Diabetes

	Heart Disease	Hypertension	Diabetes
Out-Wayne	128.6	28.6	25.4
Wayne County	146.8	40.7	36.0
Michigan	118.5	25.6	22.7

**Mortality (death) rates are per 100,000 people

*Data from the 2024 Dearborn Community Survey

Strategic Issue 4: Access to Healthy Food

Inequitable access to healthy foods, due to affordability, proximity to grocery stores, and high concentration of unhealthy food options, has led to increased rates of nutrition-related chronic condition morbidity and mortality.

Community Status Assessment (Primary Community Survey Data)	- Percent of survey respondents who eat fast food within the past 30 days (n=1,117): A few times a week-33.8%; A few times a week-30.5%; Once a day-8.5%; More than once a day-8.1% - Percent of top three reasons for selecting fast food (n=900): Convenience-63%; Quality of food-40.6%; Location-34.7% - Comparison Table: 23.9% of respondents who eat fast food once a day choose to do so because of the quality of food and 23% do so because of the convenience. 26.4% of respondents who eat fast food more than once a day choose to do so because of the quality of food and 18.5% do so because of the convenience. - Percent of survey respondents who selected where they typically buy food from (n=1,119): Supermarket-82.4%; Farmers market-43%; Corner store-39.9%; Dollar store-28.2% - Percent of survey respondents who provided reasons why don't buy food at their local stores (n=942): Lack of variety-44.5%; High prices-31.7%; Poor Quality/Freshness of food-29.8%; Poor customer service-24.6%; Safety concerns-22.4%; Stigma/shame-16.8%; Store doesn't accept food assistance programs-8.5%; Stores are hard to get to-6.9% - Percent of survey respondents that felt it is difficult for them to get to places where they can purchase groceries (n=1,120): Yes-22.9%; No-77.1% - Percent of survey respondents felt there were fruits and vegetables that they liked but could not buy in their neighborhood (n=1,110): Yes-8.3%; No-91.7% - Percent of survey respondents who have experienced a situation where they were out of food and didn't have enough money to purchase more in the past 12 months (n-1,126): Strongly agreed-7.0%; Agree-16.6%; Neutral-22.1%; Agree-52.8%; Strongly Agree-1.4% - Percent of survey respondents who have not been able to afford to eat balanced meals in the past 12 months (n=1,124): Strongly Agree-7.6%; Agree-16.7%; Neutral-23.3%; Agree-51.3%; Strongly Agree-1.1% - Percent of survey respondents who cut the size of meals or skipped meals because there wasn't enough money or food (n=1,121): Yes-24.3%; No-73.1%

	• Percent of survey respondents who faced physical barriers (language, transportation, and distance barriers) that prevented them from accessing nutritious food (n=1,124): Yes-20.4%; No-76%
Community Status Assessment (Secondary Health Indicators)	• Percent of youth who have had 5 or more servings of fruits and vegetables in the past 7 days (Wayne County) (2023-2024): Middle School (7th Grade): 32.3%; High School (9th-11th)-20.2% • Percent the population who are low income and do not live close to a grocery store (2019): Wayne County-5%; Michigan 6% • Index of factors contributing to a healthy food environment (0-worst to 10-best) (2019-2021): Wayne County-7.5; Michigan-7.2 • Five-year household income at 20th percentile ($10,000-$14,999) (2018-2022): Dearborn-5.1%; Wayne County-6%; Michigan-3.9% • Five-year household income at 80th percentile ($100,00-149,000) (2018-2022): Dearborn-15.8%; Wayne County-14.4%; Michigan-16.9% • Percent (estimated) of households within Wayne County that lack adequate access to food (2020): Wayne County-18%; Michigan-12% • Percent of people who are food insecure in Dearborn (2018): 21% • Percent of children who are food insecure in Dearborn (2018): 20% • Percent of children who are eligible for free and reduced-price lunch in Dearborn (2016-2017): 60%

Community Context Assessment (Focus Groups)	• Access to Healthy Food: Participants raised awareness of the lack of accessibility of healthy food in Dearborn. Many community members consider Dearborn to be a food desert due to limited access to healthy foods, lack of affordable options, inability to access healthy food without transportation, and the high concentration of unhealthy food options.
	• Access
	  o There is a lack of access/availability of healthy food throughout the community
	  o Some areas do not have access to grocery stores, which leads residents to traveling further distances to obtain healthy food, shopping at convenience stores, or resorting to unhealthy options
	  o Accessing foods for certain diets or sensitivities can be particularly challenging (i.e., gluten free)
	  o Many foods available in stores contain harmful ingredients/additives
	• Price/Affordability
	  o Healthier and organic foods are more expensive
	  o Convenience stores have inflated prices for healthy food or have limited access

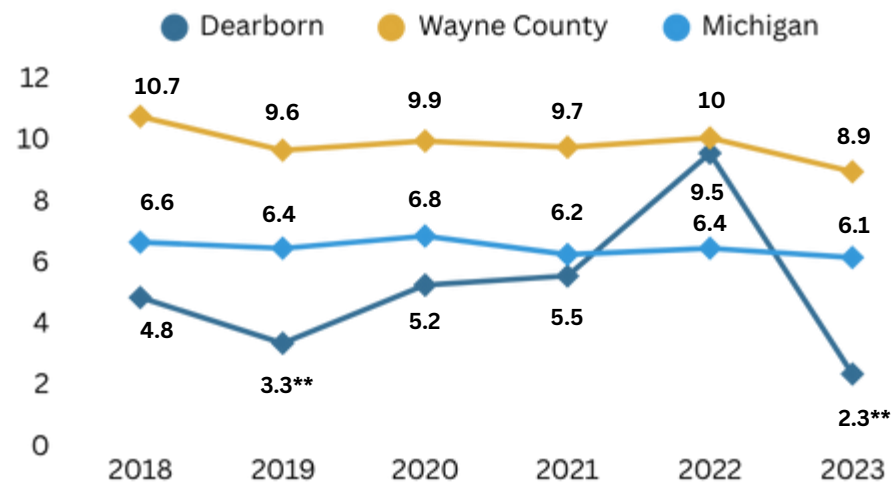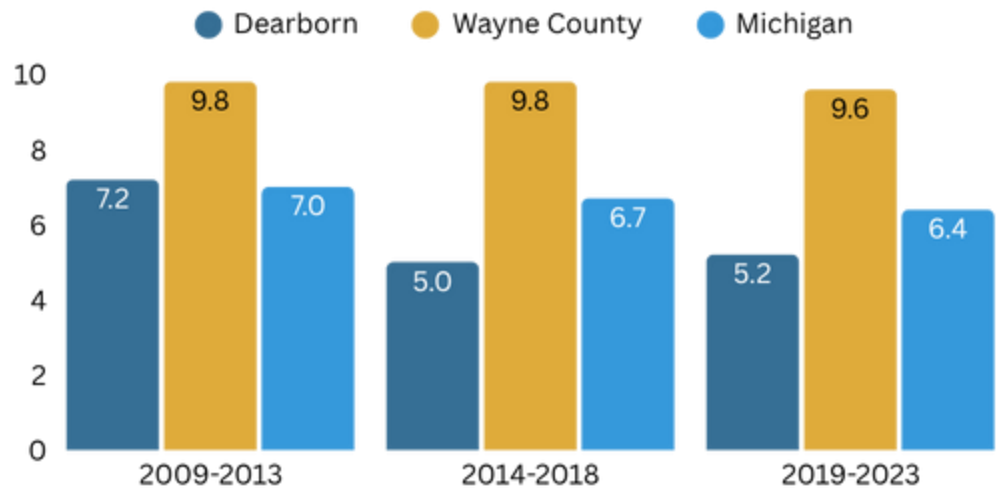|	
	○ High concentration of unhealthy options ○ There is an abundance of fast/fried food ○ Unhealthy foods are cheaper/more affordable ○ Schools serve unhealthy food - Knowledge ○ Grocery stores don't promote/advertise healthy foods well ○ Making the change to healthier foods/eating clean can feel very overwhelming
Community Partner Assessment	70% (n=10) of organizations who responded work on/with food access and affordability. 50% (n=10) of organizations who responded plan to focus on WIC/food stamps within the next 5 years.

Strategic Issue 5: Maternal & Child Health

Maternal and child health outcomes highlight the need for comprehensive support throughout all stages of pregnancy and early childhood, which is essential for fostering a healthier future generation.

Infant Death Rate Comparison (2018-2022)

● Dearborn ● Wayne County ● Michigan

Year	Dearborn	Wayne County	Michigan
2018	4.8	10.7	6.6
2019	3.3**	9.6	6.4
2020	5.2	9.9	6.8
2021	5.5	9.7	6.2
2022	9.5	10	6.4
2023	2.3**	8.9	6.1

Infant Death Rate 5-Year Comparison

● Dearborn ● Wayne County ● Michigan

	Dearborn	Wayne County	Michigan
2009-2013	7.2	9.8	7.0
2014-2018	5.0	9.8	6.7
2019-2023	5.2	9.6	6.4

5 Year Estimated Percent Living Below Poverty

35.5%

percent of children in Dearborn live in households with incomes below the federal poverty level

Total 2023 Medicaid Paid Births in Dearborn

63.5%

Of births were paid for by Medicaid, compared to **38.5%** in Michigan

Infant Data

7.9% of infants who had low birth weight (less than 2,500 grams)

1.2% of infants who had very low birth weight (less than 1,500 grams)

**The infant death rate is the number of resident infant deaths divided by total resident live births X 1,000. Typically, an infant death rate is not calculated if the number of total infant deaths was below 6, however, rates were calculated in this chart for comparative and trend purposes.

Strategic Issue Data Summary

Strategic Issue 5: Maternal & Child Health

Activities Engaged in During Pregnancy* (n=350)

20.9%
Of respondents utilized tobacco products such as cigarettes, e-cigarettes/ vaping products, etc. during pregnancy

19.1%
Of respondents consumed alcoholic beverages during pregnancy

16.0%
Of respondents utilized any prescription drugs not prescribed during pregnancy

14.0%
Of respondents utilized opioids or other recreational drugs during pregnancy

11.1%
Of respondents utilized marijuana during pregnancy

Did You Receive Information About Breastfeeding From These Sources*

Yes / No

Source	Yes	No
My baby's doctor or health care provider (n=846)	52.8%	47.2%
A breastfeeding or lactation specialist (n=854)	52.5%	47.5%
A nurse, midwife, or doula (n=853)	63.1%	36.9%
My doctor (n=858)	60.4%	39.6%

Pre and Postnatal Satisfaction With Care*

Strongly Agree / Agree / Neutral / Disagree / Strongly Disagree

Statement	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I am satisfied with the maternal healthcare I received during my pregnancy (n=358)	19.3%	54.7%	14.5%	5.9%	5.6%
I am satisfied with the maternal healthcare I received after my pregnancy (n=292)	21.9%	50.4%	14.7%	5.5%	7.5%

Postpartum Depression*

26.2%
Of respondents strongly agreed/agreed to experiencing postpartum depression (n=870)

62.9%
Of respondents who experienced postpartum depression were diagnosed (n=307)

*Data from the 2024 Dearborn Community Survey

2023 Dearborn Maternal Characteristics

16.4% Of birthing persons were not a high school graduate at the time of birth, compared to **9.8%** in Michigan

10.6% Of birthing persons were diagnosed with gestational diabetes during their pregnancy, compared to **7.6%** in Michigan

7.3% Of birthing persons had chronic hypertension or gestational hypertension, compared to **13.1%** in Michigan

Community Focus Groups

- Need for increased knowledge and awareness of the resources available, where and how to find them, etc. (especially for non-English speakers)
- Health education for all populations (i.e., new mothers needing education on what to do after birth)
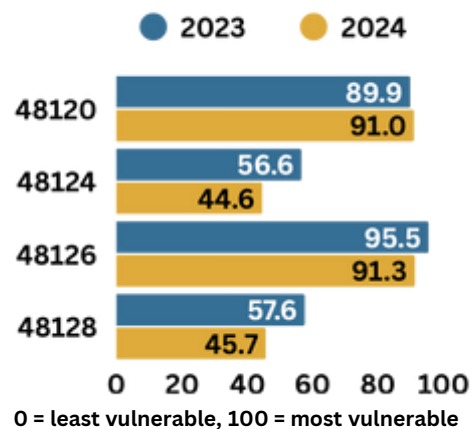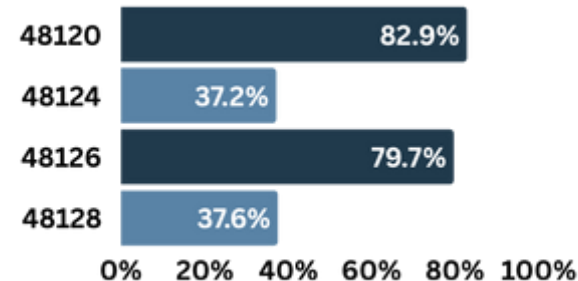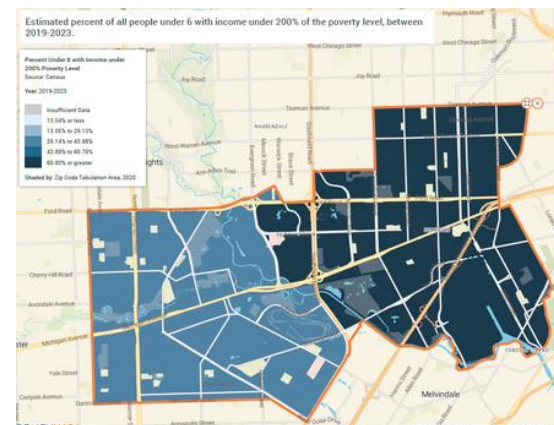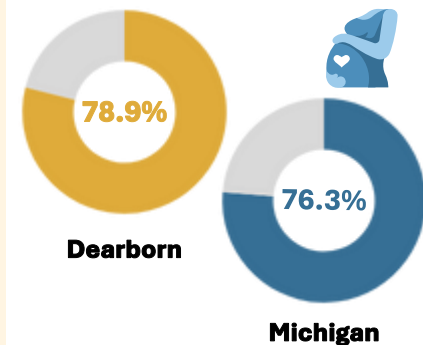
WIC During Pregnancy (2022)

50.3%

of pregnant persons utilized WIC for nutrition assistance during pregnancy

Maternal Vulnerability Index Score by Zip Code

● 2023 ● 2024

Zip Code	2023	2024
48120	89.9	91.0
48124	56.6	44.6
48126	95.5	91.3
48128	57.6	45.7

0 = least vulnerable, 100 = most vulnerable

Estimated Percent of Childhood Poverty 2019-2023

Children Under 6 with Income Lower than 200% of the Federal Poverty Level

Estimated percent of all people under 6 with income under 200% of the poverty level, between 2019-2023.

Percent Under 6 with income under 200% Poverty Level
Source: Census
Year: 2019-2023

Insufficient Data
13.04% or less
13.05% to 29.13%
29.14% to 43.68%
43.69% to 60.79%
60.80% or greater

Shaded by: Zip Code Tabulation Area, 2020

Zip Code	Percent
48120	82.9%
48124	37.2%
48126	79.7%
48128	37.6%

Maternal Data

Percent of women who received prenatal care during first trimester

Dearborn **78.9%**

Michigan **76.3%**

Percent of women where breastfeeding was initiated

Dearborn **50.7%**

Michigan **52.5%**
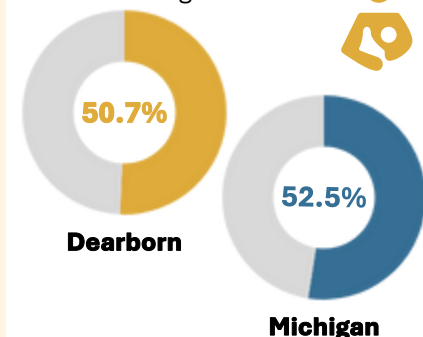
Strategic Issue 5: Maternal & Child Health

Maternal and child health outcomes highlight the need for comprehensive support throughout all stages of pregnancy and early childhood, which is essential for fostering a healthier future generation.

Community Status Assessment (Primary Community Survey Data)	• Percent of participants who received prenatal care during their pregnancy (n=356): First trimester (conception to 12 weeks)-29.5%; Second trimester (13-27 weeks)-40.4%; Third trimester (28-40 weeks)-23%; I did not/am not receiving prenatal care-7%. • Percent of survey respondents (who received the maternal infant question) who are satisfied with maternal healthcare they received during pregnancy (n=358): Strongly Agree-19.3%; Agree-54.7%; Neutral-14.5%; Disagree-5.9%; Strongly Disagree-5.6% • Percent of survey respondents (who received the maternal infant question) who are satisfied with maternal healthcare they received after pregnancy (n=292): Strongly Agree-21.9%; Agree-50.3%; Neutral-14.7%; Disagree-5.5%; Strongly Disagree-7.5% • Percent of survey respondents who experienced discrimination or were made to feel inferior while getting any type of health or medical care because of the following: My race, ethnicity, or culture-20.7% (n=890); My insurance or Medicaid status-23.6% (n=889); My weight-20.9% (n=882); My marital status-16.7% (n=885) • Percent of survey respondents who have access to adequate childcare (n=902): Strongly agree-12.2%; Agree-42.9%; Neutral-30.5%; Disagree-7.8%; Strongly disagree-6.7% • Percent of survey respondents who experienced postpartum depression (n=870): Strongly agree-5.6%; Agree-20.6%; Neutral-11%; Disagree-24.3%; Strongly disagree-38.5% • Percent of survey respondents who experienced postpartum depression and were diagnosed (n=307): Yes-62.9%; No-30.3% • Percent survey respondents who engaged in the following activities during pregnancy (n=350): Utilizing tobacco products such as cigarettes, e-cigarettes/vaping products-20.9% Consuming alcoholic beverages-19.1%; Using any prescription drugs not prescribed-16%; Using opioids or other recreational drugs-14%; Receiving opiate replacement therapy-12%; Using marijuana-11.1% • Percent survey respondents who experienced the following (n=343): Anxiety-54.2%; Access to social supports-51.9%; Feeling down or depressed-49.3%; Domestic violence-14.6% • Percent survey respondents who received information about breast feeding from the following sources: My

	doctor-60.4% (n=858); A nurse, midwife, or doula-63.1% (n=853); A breastfeeding or lactation specialist-52.5% (n=854); My baby's doctor or health care provider-52.8% (n=846); A breastfeeding support group-45.8% (n=848); A breastfeeding hotline or toll-free number-38.2% (n=845); Family or friends-65.8% (n=850) • Percent survey respondents who breastfeed or pump breast milk to feed new baby (n=870): Yes-46.6%; No-53.4% • Percent survey respondents who selected reasons for stopping breast feeding (n=395): Felt it was right time to stop breastfeeding-38.7%; Breast milk alone did not satisfy my baby-36.2%; I went back to work-19%; I had too many other household duties-15.2%; My partner did not support breastfeeding-4.8%; I went back to school-4.6%
Community Status Assessment (Secondary Health Indicators)	• Infant Death Rates Trend from 2018-2022 Per 1,000 Live Births: 9.5 (2022); 5.5 (2021); 5.2 (2020); 3.3 (2019); 4.8 (2018) • Percent of pregnant women who received prenatal care during first trimester: Dearborn-78.9%; Michigan 76.3% • Percent of women who smoked while pregnant (2022): Dearborn-1.5%; Michigan-8.4% • Percent of women where breast feeding was not planned (2022): Dearborn-7.6%; Michigan-11.8% • Percent of women where breastfeeding was initiated (2022): Dearborn-50.7%; Michigan-52.5% • Percent of women where breastfeeding was planned (2022): Dearborn-38.7%; Michigan-33.9% • Percent of when who had WIC food during pregnancy (2022): Dearborn-50.3%; Michign-30.4% • Percent of infants who had low birth weight (less than 2,500 grams): Dearborn-7.9%; Michigan-9.2% • Percent of infants who had very low birth weight (less than 1,500 grams): Dearborn-1.2%; Michigan-1.5% • Percent of infants who were preterm (infants born prior to 37 completed weeks of gestation): Dearborn-6.7%; Michigan-10.5% • Percent of infants who were very preterm (infants born prior to 32 completed weeks of gestation): Dearborn-0.9%; Michigan-1.7% • Percent of infants whose 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: Dearborn-2.4%; Michigan-2.4%

Community Context Assessment
(Focus Groups)
	• Education/Knowledge/Awareness/Communication
	  o Need for increased knowledge and awareness of the resources available, where and how to find them, etc. (especially for non-English speakers)
	  o General lack of awareness of the resources available

|	
	○ Health education for all populations (i.e., new mothers needing education on what to do after birth) ○ Abundance of misinformation on social media and the internet, which translates to individuals sharing misinformation
Community Partner Assessment	80% of organizations that responded work on/with family well-being. 60% of organizations that responded plan to focus on family/maternal health in the next 5 years. 50% of organizations that responded plan to focus on WIC/food stamps. - Among all respondents, 60% (n=6) percent of respondents indicated that their organization conducts assessments, while one organization (10%) does not, and 30% (n=3) are unsure. Organizations conducting assessments focus on areas such as community health, maternal and infant health, behavioral health, substance use disorder (SUD) prevention and treatment resources, basic needs, neighborhoods, and student wellbeing.

Strategic Issue 6: Equitable Opportunities for Health

While Dearborn is a culturally and ethnically rich community, it faces challenges with generational and cultural gaps, as well as stigma and discrimination against oppressed and marginalized populations.

Area of Deprivation Score in Dearborn (2021)

113.8

| 40 Most Affluent | 100 National Average | 160 Most Deprived |
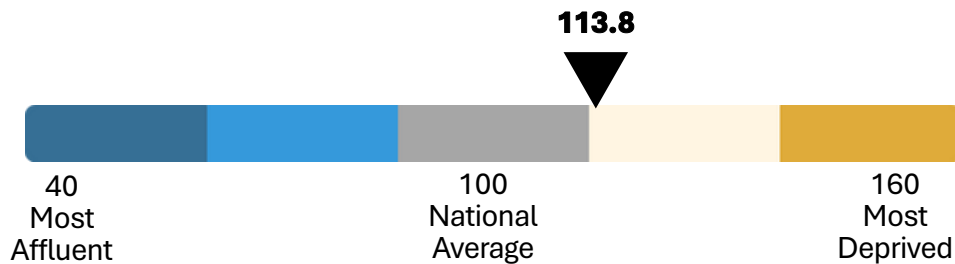
Percent of People in Dearborn Living Below the Poverty Level (2019-2023)
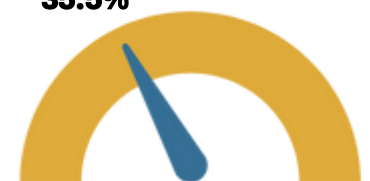
24.3%

Compared to 20.1% in Wayne County and 13.1% in Michigan

Percent of Children in Poverty (2019-2023)

35.5%

Compared to 29.7% in Wayne County and 17.5% in Michigan

Life Expectancy for Dearborn (2010-2015)

77.6 Years

Compared to 74.5 in Wayne County and 78.2 in Michigan

Gini Index Income Inequality (2019-2023)

Dearborn 0.47

On a scale of 0-1, with 1 representing the highest level of income inequality

Compared to 0.49 in Wayne County and 0.46 in Michigan

Dearborn Unemployment Rate Estimates (2019-2023)

6.8%

Compared to 8.7% in Wayne County and 5.8% in Michigan

Community Focus Groups

Participants highlighted the diversity of the Dearborn community and the many benefits this generates, however, concerns regarding health equity were still a top priority for focus group participants. Community members identified several marginalized communities (first generation families, Black and African American community single mothers, low income, LGBTQ+, individuals without health insurance, refugees, non-English speakers, older adults, individuals with disabilities, and Southend residents), stigma in regard to specific populations, and several needs to help increase health equity in the community.

Strategic Issue Data Summary

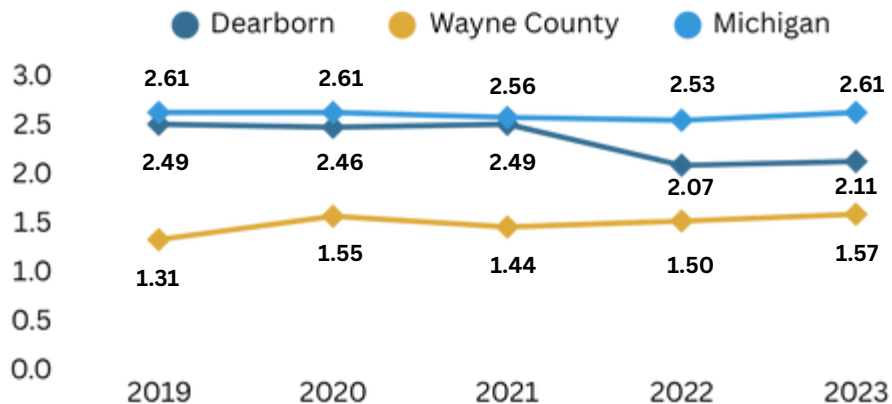## Strategic Issue 6: Equitable Opportunities for Health

Average Annual Eviction Filings (2014-2018)

18%

Compared to 23.5% in Wayne County and 17% in Michigan.

Law Enforcement Employees per 1,000 People (2019-2023)

Legend: ● Dearborn ● Wayne County ● Michigan

Year	Dearborn	Wayne County	Michigan
2019	2.49	1.31	2.61
2020	2.46	1.55	2.61
2021	2.49	1.44	2.56
2022	2.07	1.50	2.53
2023	2.11	1.57	2.61

26% Of respondents are the first person in their immediate family to be born in the United States (first-generation American) (n=974)*
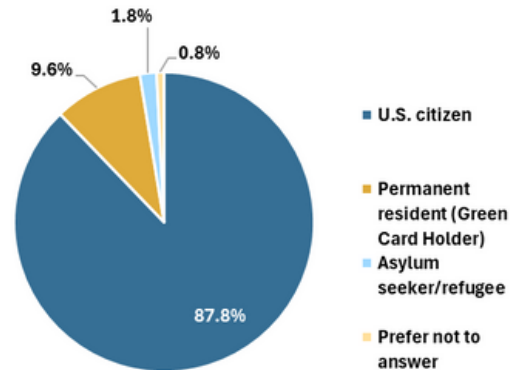
2.4% Of respondents stated that English was not their primary language (n=1,112)*

For those who selected no to English being their primary language, the following languages were identified: Arabic, Chinese, Gujarati, Korean, Spanish, or French.

Citizenship Status* (n=1,117)

Pie chart:
- U.S. citizen: 87.8%
- Permanent resident (Green Card Holder): 9.6%
- Asylum seeker/refugee: 1.8%
- Prefer not to answer: 0.8%

Religious Family*

Percent of respondents who belong to or identify closest with the following religious families.

- Christian: 60%
- Muslim: 16%
- Atheist: 15%
- Jewish: 5%
- Hindu: 1%

Reason for Determining Where You Receive Care Outside of Dearborn*

26.6%

of respondents experienced stigma, biases, or discrimination through a local provider based on their race, immigration status, sex, gender, and/or sexual orientation (n=94)

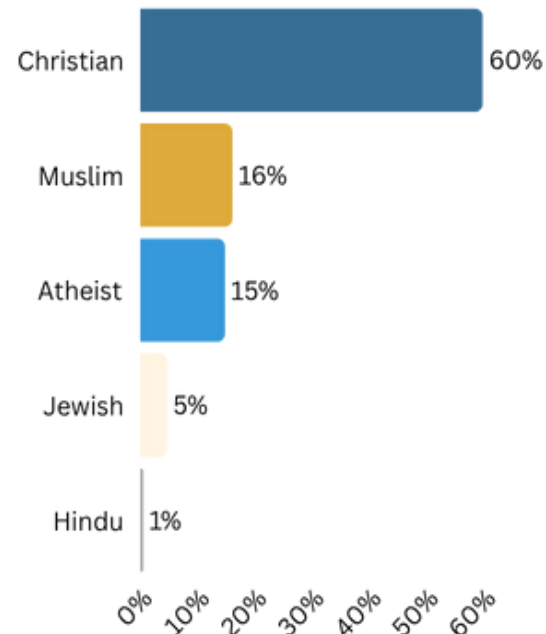### Reason for Determining Where You Receive Care Outside of Dearborn*

12.8%

Local providers do not speak my language or offer translation services (n=94)

*Data from the 2024 Dearborn Community Survey

Strategic Issue 6: Equitable Opportunities for Health

While Dearborn is a culturally and ethnically rich community, it faces challenges with generational and cultural gaps, as well as stigma and discrimination against oppressed and marginalized populations.

Community Status Assessment (Primary Community Survey Data)	- Percent of survey respondent age range (n=1,127): 18-24 years old-14.1%; 25-34 years old-43.1%; 35-44 years old-28.5%; 45-54 years old-6.9%; 55-64 years old-3.1%; 65-74 years old-2.5%; 75+ years old-0.9% - Percent of survey respondent gender identity (n=1,117): Man-31.3%; Woman-67.4%; Tansgender-0.6%; Non-binary/non-conforming-0.4%; Two spirit-0.2% - Percent of survey respondent sexual orientation (n=1,097): Straight/heterosexual-85.1%; Bisexual-7.8%; Gay or Lisbian-2.8%; Asexual-2.4%; Prefer not to answer-2.0%; Queer-1.0%; Questioning-0.4% - Percent of survey respondent race (n=1,116): White-62.6%; Black-17.4%; Middle Eastern-10.4%; Latino or Hispanic-6.2%; Asian-4.9%; Indigenous, Aboriginal, or First Nations-1.9% - Percent of survey respondent ethnicity (n=1,107): White or European American-56.3%; Black or African American-17.4%; Arab, Middle Eastern, or North African-11.9%; Hispanic or Latino-7.6%; Asian or Asian American-4.4%; Native American or Alaska Native-2.7%; Native Hawaiian or Other Pacific Islander-0.5% - Percent of survey respondent who selected a religious family (n=1,123): Atheist-14.8%; Christian-59.8%; Muslim-16.1%; Jewish 4.7%; Hindu-0.5% - Percent of survey respondent citizenship status (n=1,117): U.S Citizen-87.8%; Permanent Resident (Green Card Holder)-9.6%; Asylum Seeker/Refugee-1.8% - Percent of survey respondent where English is primary language (n=1,112): Yes-96.2%; No-2.4%. For those who selected no to English being their primary language, the following languages were identified: Arabic, Chinese, Gujarati, Korean, Spanish, or French. - Percent of survey respondent annual household income (n=1,121):$60,000 or less-27.5%; $61,000-$80,000-20.2%; $81,000-$100,000-23.7%; More than 101,000-18.6% - Percent of people living in current household (n=1,117): 1 Person-7.2%; 2-4 People-74.6%; 5-8 People-17.8%; More than 9-0.4%. - Percent of survey respondents that shared agreement when asked if the community was handicap accessible (n=1,110): Strongly Agree-14.6%; Agree-44.7%; Neutral-27.2%; Agree-10.1%; Strongly Agree-3.4%

	• Percent of survey respondents who decided to receive healthcare services outside of Dearborn experienced stigma, biases, or discrimination through a local provider based on my race, immigration status, sex, gender and sexual orientation, etc.: 26.6% (n=94) • Percent of survey respondents who decided to receive healthcare services outside of Dearborn selected that local providers did not speak their language or offer translation services: 12.8% (n=94)

Community Status Assessment
(Secondary Health Indicators)
	• Life Expectancy by Years (2010-2015): Dearborn-77.6; Wayne County-74.5; Michigan-78.2
	• Social Vulnerability Index (2022) for Wayne County (A score of 1 indicates a high level of vulnerability):
	   o Socioeconomic status-0.98
	   o Household Characteristics-0.88
	   o Racial & Ethnic Minority Status-1.00
	   o Housing Type & Transportation-0.79
	• Five Year Average Education Access (2018-2022)-High school dropout rate: Dearborn-6.7%; Wayne County-8.3%; Michigan-5.6%
	• Five Year Average Education Access (2018-2022)-Education attainment (high school graduate or higher for 25 years and over): Dearborn-85.1%; Wayne County-87.8%; Michigan-91.8%
	• Five-year estimated Gini Index Income Inequality (2019-2023)-On a scale of 0-1, with 1 representing the highest level of income inequality: Dearborn-0.47; Wayne County: 0.49; Michigan: 0.46
	• Five-year annual average eviction filings (2014-2018): Dearborn-18%; Wayne County-23.5%; Michigan 17%
	• Ratio of law enforcement employees to population (officers per 1,000 people) 2023: Dearborn-2.11; Wayne County-1.57; Michigan-2.61
	• Number of people incarcerated per 100,000 residents ages 15 to 64 (2019): Wayne County-1,130; Michigan-828; U.S.-963.
	• Dearborn Area Deprivation Score 2021: 113.8 (compared to the national average 100)
	• Percent of people living below poverty (2019-2023): Dearborn:24.3%; Wayne County;-20.1%; Michigan-13.1%
	• Percent of children in poverty (2019-2023): Dearborn:35.5%; Wayne County;-29.7%; Michigan-17.5%
	• Five-year unemployment rate estimates (2019-2023): Dearborn-6.8%; Wayne County-8.7%; Michigan-5.8%

Community Context	• Health Equity: Participants highlighted the diversity of the Dearborn community and the many benefits this generates, however, concerns regarding health equity were still a top priority for focus

Assessment (Focus Groups)	group participants. Community members identified several marginalized communities (first generation families, Black and African American community single mothers, low income, LGBTQ+, individuals without health insurance, refugees, non-English speakers, older adults, individuals with disabilities, and Southend residents), stigma in regard to specific populations, and several needs to help increase health equity in the community.

- Even with such a diverse community, racism is seen/felt throughout the community and there is a lot of segregation between minority groups (cultural differences/beliefs often cause rifts)
- Participants highlighted several marginalized/priority populations:
    - First generation families
    - African Americans/Black population
    - Single mothers
    - Low income/socioeconomic status
    - Individuals without health insurance or access to healthcare
    - LGBTQ+
    - Refugees/Immigrants
    - Non-English speakers
    - Older Adults
    - Individuals with disabilities
    - Southend Residents
- Participants noted high stigma surrounding the LGBTQ+ community, as well as refugee and immigrant populations
- Lack of ADA compliance within the community
- Non-English-speaking individuals in the community need translator support
- Inflation is increasing the cost of everything and making it harder to access needed resources
- Programs more accessible to individuals who are: English speaking, have reliable transportation/cars, those not in the Southend
- Dearborn does a good job of translating resources to Arabic, but not other languages to assist minority communities
- Example of the flooding that happened in East Dearborn earlier this year – only one spillway in east Dearborn, while the west side has been more spillways and didn't experience any flooding
- Wealthier areas/neighborhoods in Dearborn have better access to resources in the community (better policed, cleaner environment, friendly community, healthier foods, more recreational

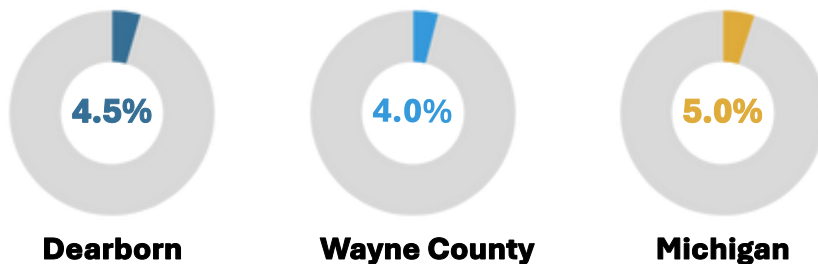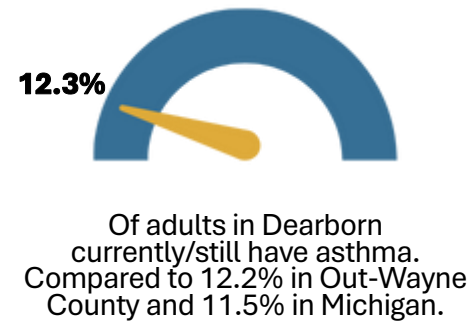|	activities, etc.)
Community Partner Assessment	• 60% (n=10) of organizations that responded provide services specifically for the LGBTQIA+ community. • 80% (n=10) of organizations that responded provide services specifically for people with disabilities. • 90% (n=10) of organizations that responded work closely with community organization from their target population. • 90% (n=10) of organizations that responded their organization is physically located in neighborhoods of their target population. • 60% (n=10) of organizations that responded are transparent about organizational decisions that may impact our target population. • 60% (n=10) of organizations that responded have leadership who speak the language/s of their target population. • 50% (n=10) of organizations that responded hire staff/interpreters who speak the language/s of their target populations. • 50% (n=10) of organizations that responded have target population personas to help staff understand their target population. • 50% (n=10) of organizations that responded work on/with disability/independent living. • 50% (n=10) of organizations that responded work on/with racial justice. • 50% (n=10) of organizations that responded work on/with immigration. • 40% (n=10) of organizations that responded work on/with LGBTQIA+ discrimination/equity • 40% (n=10) of organizations that responded work on/with gender discrimination/equity. • 90% (n=10) of organizations that responded have at least one person in our organization dedicated to addressing inequities externally in our community. • 70% (n=10) of organizations that responded are accountable to community members. • Fifty percent (n=5) of respondents indicated that their organization has sufficient capacity to meet the needs of their clients or members. However, 30% (n=3) reported insufficient capacity, citing limited funding and being under-resourced as key challenges. • One respondent (10%) shared that all of their publicly available materials are translated into other languages. However, 60% (n=6) of respondents indicated that most of their publicly available materials are translated into other languages, 20% (n=2) reported that only a few materials are translated, and one organization (10%, n=1) stated that their materials are not translated at all.

Strategic Issue 7: Environmental Health

Proximity of industrial plants has led to environmental concerns, including water quality, air quality, and rates of asthma and respiratory diseases.
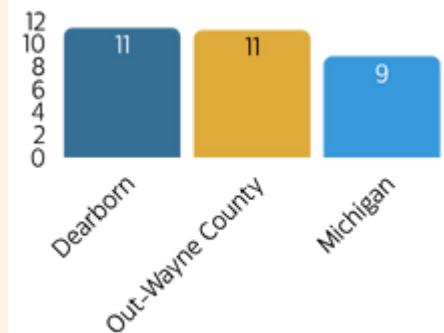
5th Leading Cause of Death (2023)

Percent of deaths due to Chronic Lower Respiratory Diseases (COPD, Chronic Bronchitis, Emphysema, Asthma)
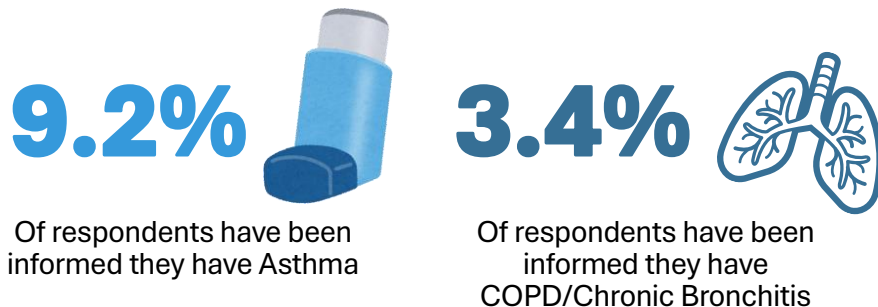
4.5% Dearborn

4.0% Wayne County

5.0% Michigan

Asthma (2020-2022)

12.3%

Of adults in Dearborn currently/still have asthma. Compared to 12.2% in Out-Wayne County and 11.5% in Michigan.

Average Daily Density of Fine Particulate Matter (PM 2.5) (2020)

Dearborn	11
Out-Wayne County	11
Michigan	9

Community Survey: Respondents Informed That they have the Following Conditions* (n=1,108)

9.2% Of respondents have been informed they have Asthma

**3.4%** Of respondents have been informed they have COPD/Chronic Bronchitis

Community Focus Groups

Community members shared environmental concerns regarding air quality, pollution, and cleanliness, as well as the impacts these factors have on their health. Participants elevated awareness of the health impacts affecting children and residents living in the Southend and East side of Dearborn.

*Data from the 2024 Dearborn Community Survey

Strategic Issue Data Summary

Strategic Issue 7: Environmental Health

Estimated Percent of Tree Canopy Coverage in Dearborn (2023)
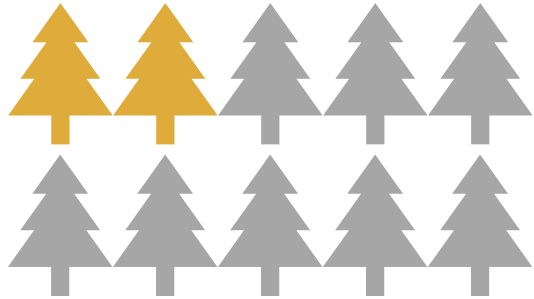
21.6%

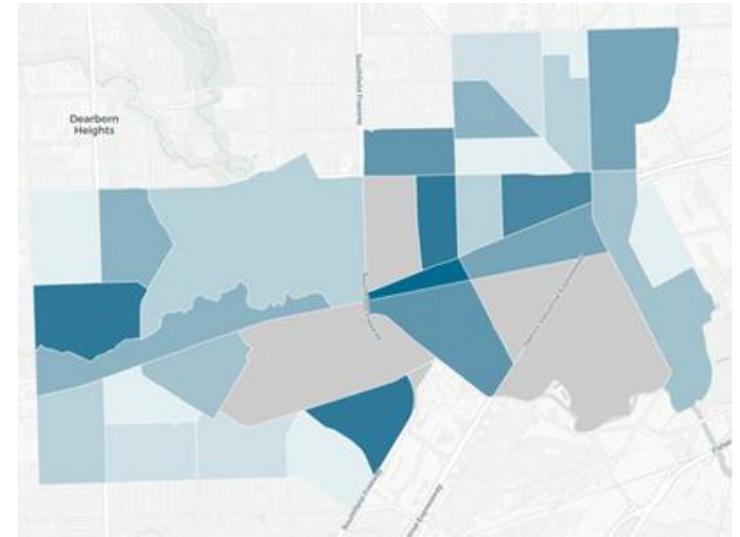Compared to 29.4% in Wayne County and 35.4% in Michigan.

Concern With Water Quality*

56.5%

Of respondents are always/very/fairly concerned with the water quality in the community

Park Access in Dearborn

Dearborn had an estimated

63.4% of residents

with park access in 2023

Darker shades of blue indicate census tracts with lower access to parks within a half mile walking distance

Community Environment Agreement*

Legend: ● Strongly Agree ● Agree ● Neutral ● Disagree ● Strongly Disagree

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Has Clean Air (n=1,118)	25.3%	42.5%	20.6%	7.1%	4.6%
Has Clean Roads (n=1,113)	19.9%	44.7%	20.8%	10.2%	4.5%

*Data from the 2024 Dearborn Community Survey

DEARBORN PUBLIC HEALTH

Strategic Issue 7: Environmental Health

Proximity of industrial plants has led to environmental concerns, including water quality, air quality, and rates of asthma and respiratory diseases.

Community Status Assessment (Primary Community Survey Data)	• Percent of survey respondents that shared agreement when asked if the community has clean roads (n=1,113): Strongly Agree-19.9%; Agree-44.7%; Neutral-20.8%; Disagree-10.2%; Strongly Disagree-4.5% • Percent of survey respondents that shared agreement when asked if the community has clean air (n=1,118): Strongly Agree-25.3%; Agree-42.5%; Neutral-20.6%; Disagree-7.1%; Strongly Agree-4.6% • Percent of survey respondents who were concerned about water quality in the community (n=1,114): Always concerned-14.9%; Very concerned-20.8%; Fairly concerned-20.8%; Somewhat concerned-21.2%; Not at all concerned-22.3% • Percent of survey respondents that were informed they had the following conditions (n=1,108): Asthma-9.2%; COPD/Chronic Bronchitis-3.4%
Community Status Assessment (Secondary Health Indicators)	• Percent of adults who currently/still have Asthma (2020-2022): Dearborn 12.3%; Out-Wayne-12.2%; Michigan-11.5% • Percent of deaths due to Chronic Lower Respiratory Diseases (COPD, chronic bronchitis, emphysema, asthma): Dearborn (6th leading cause of death)-6.3%; Wayne County (6th leading cause of death)-3.5%; Michigan (6th leading cause of death)-4.8% • Percent of residents with park access within a half mile in Dearborn (2023): 63.4% • Percent of Dearborn's population living within half mile of a park by age: Less than 20 years-63%; 20-64 years-64%; 65 and over-62% • Percent (estimated) of tree canopy coverage (2023): Dearborn 21.6%; Wayne County-29.4%; Michigan-35.4% • Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5) (2020): Dearborn-11.4; Out-Wayne-11.2; Michigan-8.9 • Number of days with maximum 8-hour average ozone concentration over the National Ambient Air Quality Standard (NAAQS), Wayne County: 5(2022); 3 (2021); 5 (2020)
Community	• Environment: Community members shared environmental concerns regarding air quality, pollution,

Context Assessment (Focus Groups)	and cleanliness, as well as the impacts these factors have on their health. Participants elevated awareness of the health impacts affecting children and residents living in the Southend and East side of Dearborn. • Air Quality/Pollution ○ Major concerns of air quality/pollution (especially the Southend) ○ No air quality report is available ○ No clear steps/process in place to get help or address air quality concerns ○ There are a lot of factories in Dearborn ○ Reference to situation with the Canada fires – no one was able to assist or offer crisis support • Respiratory Issues ○ Participants noted that rates of asthma and respiratory problems are high ○ Many young children are suffering from asthma (especially in East Dearborn and the Southend) • Enforcement/Public Health Code ○ Lack of inspection and enforcement of health-related laws and the public health code ○ Need for more green spaces ○ Need for zoning laws so the city cannot sell specific land/build there
Community Partner Assessment	• 70% of organizations who responded focus on neighborhoods and built environment. • 50% of organizations who responded work on/with recreation and open space. • 40% of organizations who responded work on/with land use planning/development. • 30% of organizations who responded work on/with environmental justice/climate change.

Strategic Issue 8: Community Health Resources, Education, and Literacy

Challenges with locating and obtaining information has led to an elevated need for direct navigation support, education, and awareness of available community services and resources.

Community Focus Groups

There is a great need for increased knowledge and awareness of the resources available in the community, where and how to find them, general health education, and dismantling harmful misinformation.

Focus Group participants noted:

- **Need for increased knowledge and awareness of the resources available, where and how to find them, etc. (especially for non-English speakers)**

- **General lack of awareness of the resources available**

- **Need for health education for all populations (i.e., new mothers needing education on what to do after birth)**

- **There is an abundance of misinformation on social media and the internet, which translates to individuals sharing misinformation**

- **Often times it is difficult to communicate with the health department; calls going to voicemail**

- **Communication is an issue across the city – information is not passed out well to residents**

- **There is a need to provide different modes/channels of communication to meet the needs of all residents**

Social Vulnerability Index (Wayne County, 2022)

Social vulnerability is a term describing how resilient a community is when confronted by external stresses on human health. These stresses can range from natural or human-caused disasters to disease outbreaks. Social vulnerability index (SVI) is a tool through the CDC that uses 16 U.S. Census variables to identify communities that may need support before, during, or after disasters. **(A score of 1 indicates a high level of vulnerability)**

Socioeconomic Status
0   0.98   1.0
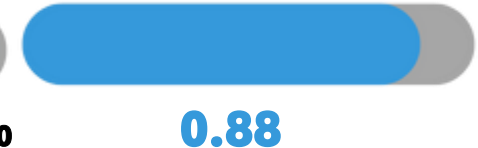
Household Characteristics
0.88

Racial & Ethnic Minority Status
1.00

Housing Type & Transportation
0.79

Caregiver Resources and Supports*

Percent of survey respondents who would find resources or supports helpful in their role of caregiver for:

	Need information or educational resources for themselves as a caregiver	Need information, advice, or support to meet loved one's needs		Need information or educational resources for themselves as a caregiver	Need information, advice, or support to meet loved one's needs
Multiple Children (n=249)	50.4%	44.2%	**Someone with Special Needs** (n=114)	61.4%	52.2%
Children with Behavioral Issues (n=123)	65%	57.7%	**Friend/Family/ Spouse with Dementia** (n=100)	68%	57%
Adult Child (n=84)	48.8%	58%	**Elderly Parent or Loved One** (n=184)	61.4%	60.4%
Friend/Family/ Spouse with a Health Problem (n=176)	60.2%	57.6%	**Grandchildren** (n=50)	66%	57.1%
Friend/Family/ Spouse with a Mental Health Issue (n=170)	62.4%	65.9%	**Foster Children** (n=44)	70.5%	43.2%

*Data from the 2024 Dearborn Community Survey

Strategic Issue 8: Community Health Resources, Education, and Literacy

Challenges with locating and obtaining information has led to an elevated need for direct navigation support, education, and awareness of available community services and resources.

Community Status Assessment (Primary Community Survey Data)	- Percent of survey respondents who would find resources or supports helpful in their role of caregiver for multiple children: Information or educational resources for yourself as a caregiver-50.4% (n=248); Information, advice, or support to meet loved one's need- 44.2% (n=249); Respite services (paid or unpaid) or having someone care for the person needing assistance so you can take a break-53.8% (n=249); Individual counseling, peer support, or support groups-54.8% (n=248) - Percent of survey respondents who would find resources or supports helpful in their role of caregiver for children with behavioral issues: Information or educational resources for yourself as a caregiver-65% (n=123); Information, advice, or support to meet loved one's need- 57.7% (n=123); Respite services (paid or unpaid) or having someone care for the person needing assistance so you can take a break-56.6% (n=122); Individual counseling, peer support, or support groups-57.7% (n=123) - Percent of survey respondents who would find resources or supports helpful in their role of caregiver for an adult child: Information or educational resources for yourself as a caregiver-48.8% (n=84); Information, advice, or support to meet loved one's need- 58% (n=81); Respite services (paid or unpaid) or having someone care for the person needing assistance so you can take a break-53.7% (n=82); Individual counseling, peer support, or support groups-57.3% (n=82) - Percent of survey respondents who would find resources or supports helpful in their role of caregiver for a friend/family member/spouse who has a health problem: Information or educational resources for yourself as a caregiver-60.2% (n=176); Information, advice, or support to meet loved one's need- 57.6% (n=177); Respite services (paid or unpaid) or having someone care for the person needing assistance so you can take a break-55.4% (n=177); Individual counseling, peer support, or support groups-52% (n=175) - Percent of survey respondents who would find resources or supports helpful in their role of caregiver for a friend/family member/spouse who has a mental health issue: Information or educational resources for yourself as a caregiver-62.4% (n=170); Information, advice, or support to meet loved one's need- 65.9% (n=170); Respite services (paid or unpaid) or having someone care for the person needing assistance so you can take a break-50% (n=172); Individual counseling, peer support, or support groups-63.9% (n=169) - Percent of survey respondents who would find resources or supports helpful in their role of caregiver for

	someone with special needs: Information or educational resources for yourself as a caregiver-61.4% (n=114); Information, advice, or support to meet loved one's need- 52.2% (n=113); Respite services (paid or unpaid) or having someone care for the person needing assistance so you can take a break-45.1% (n=113); Individual counseling, peer support, or support groups-61.1% (n=113)
	• Percent of survey respondents who would find resources or supports helpful in their role of caregiver for a friend/family member/spouse with dementia: Information or educational resources for yourself as a caregiver-68% (n=100); Information, advice, or support to meet loved one's need- 57% (n=100); Respite services (paid or unpaid) or having someone care for the person needing assistance so you can take a break- 46% (n=100); Individual counseling, peer support, or support groups-63% (n=100)
	• Percent of survey respondents who would find resources or supports helpful in their role of caregiver for an elderly parent or loved one: Information or educational resources for yourself as a caregiver-61.4% (n=184); Information, advice, or support to meet loved one's need- 60.4% (n=182); Respite services (paid or unpaid) or having someone care for the person needing assistance so you can take a break-58.8% (n=182); Individual counseling, peer support, or support groups-52.2% (n=184)
	• Percent of survey respondents who would find resources or supports helpful in their role of caregiver for grandchildren: Information or educational resources for yourself as a caregiver-66% (n=50); Information, advice, or support to meet loved one's need- 57.1% (n=49); Respite services (paid or unpaid) or having someone care for the person needing assistance so you can take a break-51% (n=49); Individual counseling, peer support, or support groups-61.7% (n=47)
	• Percent of survey respondents who would find resources or supports helpful in their role of caregiver foster children: Information or educational resources for yourself as a caregiver-70.5% (n=44); Information, advice, or support to meet loved one's need- 43.2% (n=44); Respite services (paid or unpaid) or having someone care for the person needing assistance so you can take a break-59.1% (n=44); Individual counseling, peer support, or support groups-65.9% (n=44)
	• Percent of survey respondents who selected ways in which their household learn about recreation programs and park activities (n=1,108): Social media-65.3%; Word of mouth-53.4%; City website-40.3%; Email notifications-40.3%; Newspaper articles-33%; Public Meetings-29.6%; Conversations with city staff-17.6%; Online town hall meetings-13.7%; Zoom meetings or other online meeting platform-11.6%
	• Percent survey respondents (who responded to the maternal infant questions) who received information about breast feeding from the following sources: My doctor-60.4% (n=858); A nurse, midwife, or doula-63.1% (n=853); A breastfeeding or lactation specialist-52.5% (n=854); My baby's doctor or health care provider- 52.8% (n=846); A breastfeeding support group-45.8% (n=848); A breastfeeding hotline or toll-free number- 38.2% (n=845); Family or friends-65.8% (n=850)
Community Status Assessment	• Social Vulnerability Index (2022) for Wayne County (A score of 1 indicates a high level of vulnerability):

(Secondary Health Indicators)	○ Socioeconomic status-0.98 ○ Household Characteristics-0.88 ○ Racial & Ethnic Minority Status-1.00 ○ Housing Type & Transportation-0.79

Community Context Assessment (Focus Groups)	• Education, Knowledge, Awareness, and Communication: There is a great need for increased knowledge and awareness of the resources available in the community, where and how to find them, general health education, and dismantling harmful misinformation.
	  ○ Need for increased knowledge and awareness of the resources available, where and how to find them, etc. (especially for non-English speakers)
	  ○ General lack of awareness of the resources available
	  ○ Health education for all populations (i.e., new mothers needing education on what to do after birth)
	  ○ Abundance of misinformation on social media and the internet, which translates to individuals sharing misinformation
	  ○ Often times it is difficult to communicate with the health department; calls going to voicemail
	  ○ Communication is an issue across the city – information is not passed out well to residents
	    ▪ Some participants noted a need for updates to be made to the City's website (i.e., it's disorganized, hard to find what they're looking for, and many things are out of date)
	  ○ Provide different modes/channels of communication to meet the needs of all residents

Community Partner Assessment	• 71.4% (n=7) of organizations that responded utilize Arabic interpretation and translation services. • 57.1% (n=7) of organizations that responded utilize Spanish interpretation and translation services. • 80% (n=10) of organizations that responded have done extensive outreach to target populations. • 60% (n=10) of organizations that responded distribute organizational reports and/or data analyses to their target populations. • 90% (n=10) of organizations that responded regularly engage in community engagement and partnerships. • 80% (n=10) of organizations that responded regularly engage in communication and education. • 50% (n=10) of organizations that responded inform/provide the community with relevant information. • 30% (n=10) of organizations that responded collaborate/ensure community capacity to play a leadership role in implementation of decisions.

- 20% (n=10) of organizations that responded involve/ensure community needs and assets are integrated into process and inform planning.
- 80% (n=10) of organizations that responded use community forums/events for community engagement.
- 70% (n=10) of organizations that responded use community social media for community engagement.
- 70% (n=10) of organizations that responded use community fact sheets for community engagement.
- 20% (n=10) of organizations that responded use community-driven planning for community engagement.
- 90% (n=10) of organizations that responded use social media outreach most often.