



**DEARBORN  
PUBLIC  
HEALTH**

# DEARBORN COMMUNITY HEALTH ASSESSMENT AND IMPROVEMENT PLAN



2025

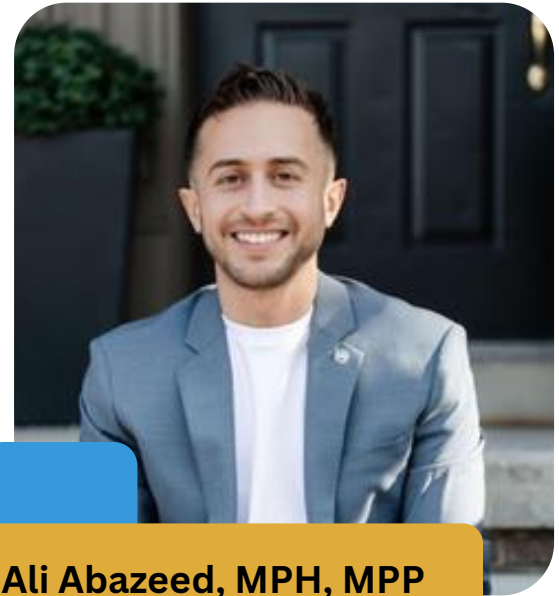
# TABLE OF CONTENTS

<b>03</b>	<b>Letter from the Director</b>
<b>04</b>	<b>Acknowledgements</b>
<b>06</b>	<b>Community Overview</b>
<b>08</b>	<b>Dearborn Demographics</b>
<b>09</b>	<b>Definitions</b>
<b>10</b>	<b>Community Health Improvement (CHI) Framework and Process</b> <ul style="list-style-type: none"><li>• <b>Phase 1: Build the CHI Foundation</b></li><li>• <b>Phase 2: Tell the Community Story</b></li><li>• <b>Phase 3: Continuously Improve the Community</b></li></ul>
<b>17</b>	<b>Community Health Improvement Plan</b> <ul style="list-style-type: none"><li>• <b>Mental and Behavioral Health Services &amp; Supports</b></li><li>• <b>Maternal and Child Health</b></li><li>• <b>Environmental Health</b></li><li>• <b>Community Health Resources, Education, and Literacy</b></li></ul>
<b>40</b>	<b>Monitoring and Evaluating the Plan</b>
<b>41</b>	<b>References</b>

# LETTER FROM THE DIRECTOR

Dear Community,

It is with great pride and a profound sense of responsibility that I present to you Dearborn's first-ever Community Health Needs Assessment (CHNA). This document marks a major milestone in our city's commitment to understanding and improving the health and well-being of all who call Dearborn home, as well as those who pass through, work in, or take part in the life of our city.



**Ali Abazeed, MPH, MPP**

Founded in 2022, Dearborn Public Health (DPH) is just the second city-led health department in Michigan and the first to be created voluntarily. We were created from a bold vision: to reimagine public health in a way that returns us to our defiant, justice-driven roots. Public health has never been neutral. It was founded on the idea that disease is not random, that systems produce risk, and that collective action can shift those risks.

This CHNA is braided by one part data, one part narrative. This is Dearborn telling Dearborn's story—of what harms us, what heals us, and what becomes possible when community, science, and government move in concert. It is a mirror held to our collective life, reflecting not only our challenges, but also illuminating our strengths: the histories we inherit, the culture we carry, and the resolve we show as a city unafraid to pioneer new ways of caring for one another.

At every turn, we've worked to embed care across city government through a health-in-all-policies approach. That includes expanding culturally responsive mental health programming, and ensuring our work reflects the full humanity and lived experiences of our people.

This assessment is more than a report—it is a living blueprint. Shaped by community voices, grounded in data, and forged in partnership, the CHNA will guide our next chapter. And it extends an invitation to each of you—residents, advocates, workers, students, and visitors—to be part of the work ahead.

Thank you to all who contributed your insights, your time, and your trust. Together, we are building a healthier, more just Dearborn.

A handwritten signature in dark ink, appearing to read 'Ali Abazeed'.

Ali Abazeed

Founding Director and Chief Public Health Officer  
Dearborn Department of Public Health

# ACKNOWLEDGEMENTS

We would like to thank the residents of the City of Dearborn who participated in the data collection process through the online survey and focus groups. Community engagement in the Community Health Assessment (CHA) process is instrumental to the work we do in public health, and provides the planning committee a better sense of the health status of our community, along with the greatest health concerns residents face. A special thank you to our CHA Steering Committee members who helped guide this entire process and provided valuable feedback along the way. We extend our heartfelt appreciation to the DMC Foundation for their generous support, which made it possible to launch Dearborn's first ever Community Health Needs Assessment. We also thank Dearborn Public Health's inaugural Fellow Class for laying the groundwork for this milestone effort. Their contributions helped shape a project that will guide our city's priorities for years to come.

## CORE TEAM

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



**Photos by:** Like the Planet Photography



# STEERING COMMITTEE MEMBERS

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# COMMUNITY OVERVIEW

Long known as the birthplace of industrial automobile manufacturing and the home of Ford Motor Company's global headquarters, Dearborn, the city that put the world on wheels, has undergone a remarkable transformation. Today, it stands as a dynamic and diverse city—a nationally recognized hub for immigration, innovation, and civic engagement. With Michigan's only K–14 public education system and a tradition of bold governance under the leadership of Mayor Abdullah H. Hammoud, Dearborn is reshaping what local government can look like in the 21st century.

Located along a critical corridor that links Detroit to the broader Downriver and western Wayne County regions, Dearborn is one of Metro Detroit's fastest-growing cities. Its population of approximately 110,000 has grown in recent years, bucking regional trends, and remains notably younger than most neighboring communities—a factor that carries distinct implications for health policy, service design, and infrastructure.

These demographic dynamics—combined with legacies of disinvestment, industrial burden, and structural inequality—have shaped the unique health profile of the city's residents. In response, the City of Dearborn established its first-ever Department of Public Health (DPH) in 2022, a milestone that redefined the city's approach to governance. DPH was launched with a bold mandate: to build a data-driven, community-rooted public health infrastructure from the ground up. Just three years later, this inaugural Community Health Needs Assessment (CHNA) stands as a major achievement of that vision—a foundational document that reflects the voices, challenges, and aspirations of the community.



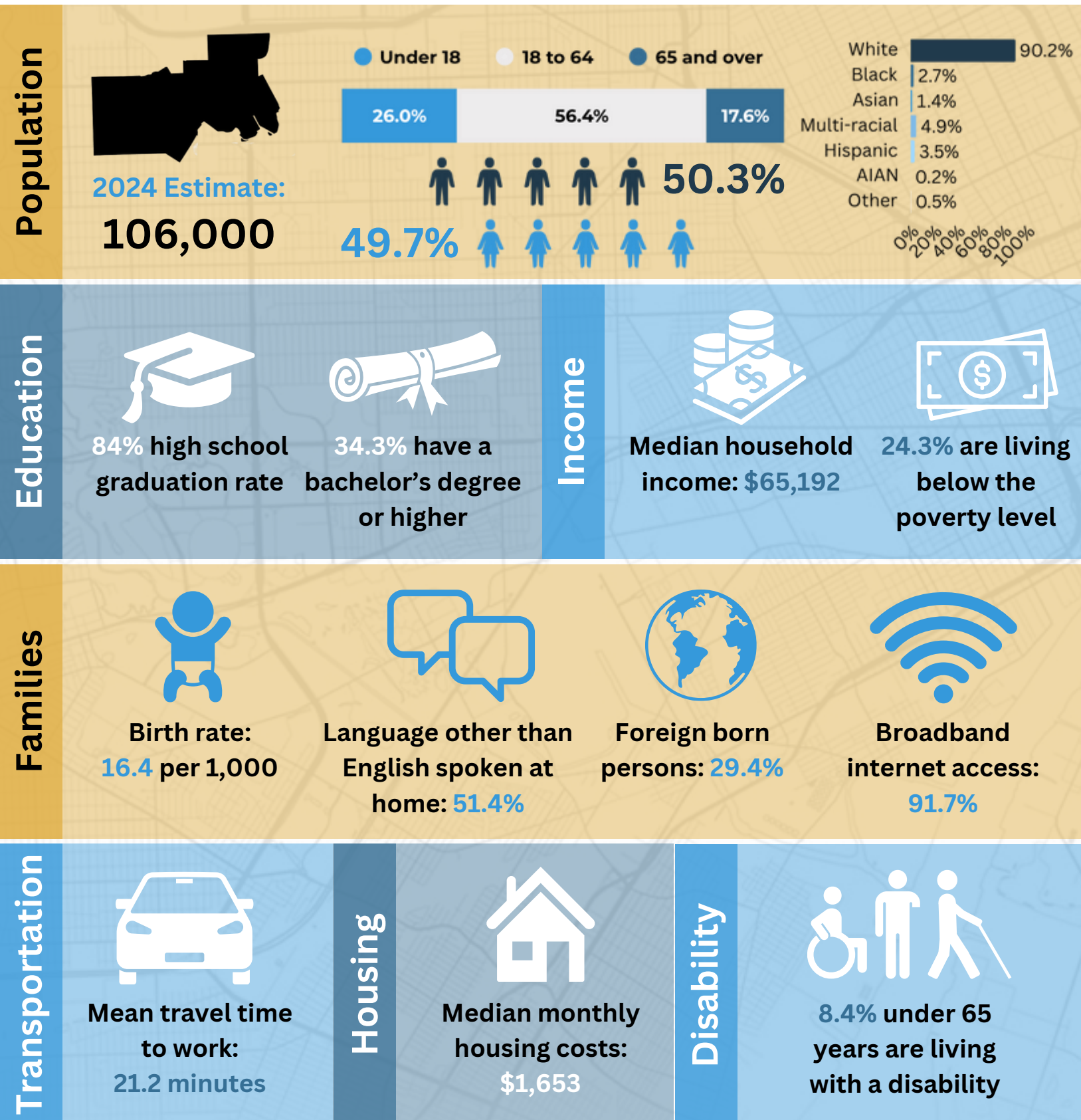


While data and evidence remain guiding principles, DPH has paired analytics with action. In its first years, the department has rolled out a range of responsive interventions: launching the city's first real-time air quality monitoring network; organizing a rapid baby formula drive amid a national shortage; distributing more than 10,000 units of free, anonymous Narcan while leading public conversations to destigmatize addiction; and piloting Rx Kids, an innovative guaranteed income program for new and expectant mothers. It has also championed a health-in-all-policies framework, embedding equity and well-being across government operations.

DPH is also a national leader in the push to ensure Arab Americans—who represent a significant portion of Dearborn's population—are recognized as a distinct group in federal public health and demographic data, a critical step toward addressing decades of erasure in health research and policy. By foregrounding the social, cultural, environmental, and economic determinants of health, Dearborn is building a more equitable future—one rooted in justice, shaped by community, and informed by the lived realities of all who call this city home.



# DEARBORN DEMOGRAPHICS





# DEFINITIONS

## **Community Health Improvement (CHI) Process:**

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

## **Community Health Assessment (CHA):**

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

## **Community Health Improvement Plan (CHIP):**

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

## **Health Equity:**

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

*Source: Mobilizing for Action Through Planning and Partnerships 2.0 (MAPP 2.0), User's Handbook, National Association of County and City Health Officials.<sup>1</sup>*



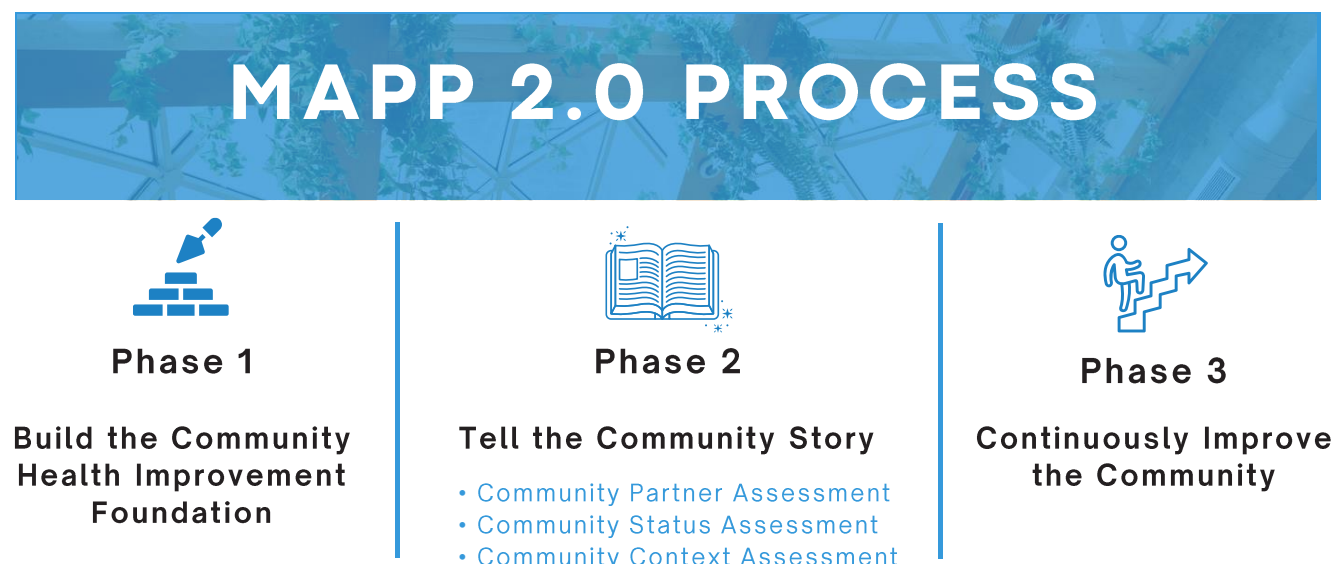
# COMMUNITY HEALTH IMPROVEMENT (CHI) FRAMEWORK AND PROCESS

DPH conducted CHI activities aligning with the Mobilizing for Action through Planning and Partnerships 2.0 (MAPP 2.0) Framework, developed by the National Association of County and City Health Officials (NACCHO). MAPP 2.0 is one of the most widely used and reputable CHI frameworks and provides structure to assess a community's most pressing population health issues.

The ultimate goal of MAPP 2.0 is to strategically and collectively assure optimal conditions for all people to achieve their best possible health. It is a community-driven, multi-sector strategic planning process that helps communities identify public health needs and resources, prioritize health issues, and develop strategies to improve the health and well-being of their populations. It highlights the crucial importance of involving diverse partners or key sector representatives and engaging the community to emphasize the necessity for changes in policy, systems, and the environment, which provide the platform for social inequities that inevitably lead to health disparities.

These components along with the coordination of community resources allow communities to establish and work toward achieving common objectives and strategies. This process promotes the continuous understanding of the community's needs and how strategies may need to shift over time to effectively address them. This process culminates in a community health assessment (CHA) and a community health improvement plan (CHIP). *Figure 1* displays an overview of the MAPP 2.0 process.

*Figure 1: MAPP 2.0 Process*






# PHASE 1: BUILD THE CHI FOUNDATION

Phase 1, *Build the CHI Foundation*, helps to set the stage for the rest of the health improvement process, uniting many partner organizations and people together. During this phase, DPH:


- Built strategic relationships with new and existing partners to engage throughout the CHI process.
- Involved community members who represent populations experiencing inequities to guide and participate in MAPP planning.
- Established their Core Team and Steering Committee.
- Developed a shared understanding of the CHI process and the community's vision for the future.
- Evaluated what resources were available and needed to achieve their goals effectively.

DPH's Core Team lead the CHI process, providing guidance and final decisions on assessments and building relationships with public health partners. The Core Team formed a Steering Committee to support the CHI process, including representatives from healthcare, private and non-profit community organizations, schools and colleges, faith-based organizations, social services, local government, foundations and philanthropists, and community members. For a full list of organizations, please see the Steering Committee list on *page 5*. The Steering Committee's responsibilities included providing direction for the assessment, liaising with external stakeholders about ongoing work, connecting the project with necessary resources, and routinely attending scheduled meetings.

Once the committees were established, they collaborated to create a “community-owned” vision for the CHI process, answering the question: **“As a result of the work we're doing now, in the next 5 years, we hope to see...”** The following vision statement resulted from a facilitated discussion of this question:



***A vibrant community that embraces diversity and reduces health disparities by providing equitable access to opportunities and resources that improve the health and well-being of all Dearborn residents.***



# PHASE 2: TELL THE COMMUNITY STORY

## Community Health Assessment

Phase 2, *Tell the Community Story*, is also known as the Community Health Assessment phase, and emphasizes the need for a robust and accurate understanding of community health through implementation and analysis of three assessments.

### **1. Community Status Assessment**

The community status assessment (CSA) collected both primary and secondary quantitative data to identify gaps in services/resources, health issues, and inequities. Primary data was collected through a community-wide survey, with over 1,000 resident responses. Secondary data came from various public health sources and were categorized into health status, behaviors and outcomes; social determinants of health; and systems of power, privilege, and oppression. Both committees played key roles in selecting questions, indicators, and data sources, and MPHI compiled the data (*see the Community Status Assessment survey questions and health indicators in Appendix A*).

### **2. Community Context Assessment**

The community context assessment (CCA) involved primary qualitative data, gathered through community focus groups, to identify current needs, existing challenges, and potential solutions to enhance community health. Both committees were instrumental in finalizing the focus group protocol, identifying priority populations for participation, and recruiting attendees. A total of seven in-person focus groups were conducted. MPHI staff conducted six focus groups, two of which were open to the general population, while the remaining four centered around the following populations: Middle Eastern and North African, Older Adults/Aging, Young/Emerging Adults, and Caregivers. Additionally, partners at the Arab Community Center for Economic and Social Services (ACCESS), conducted a focus group in Arabic for Dearborn residents whose second language is English. A total of 47 individuals participated across all focus groups (*see the Community Context Assessment focus group protocol in Appendix B*).



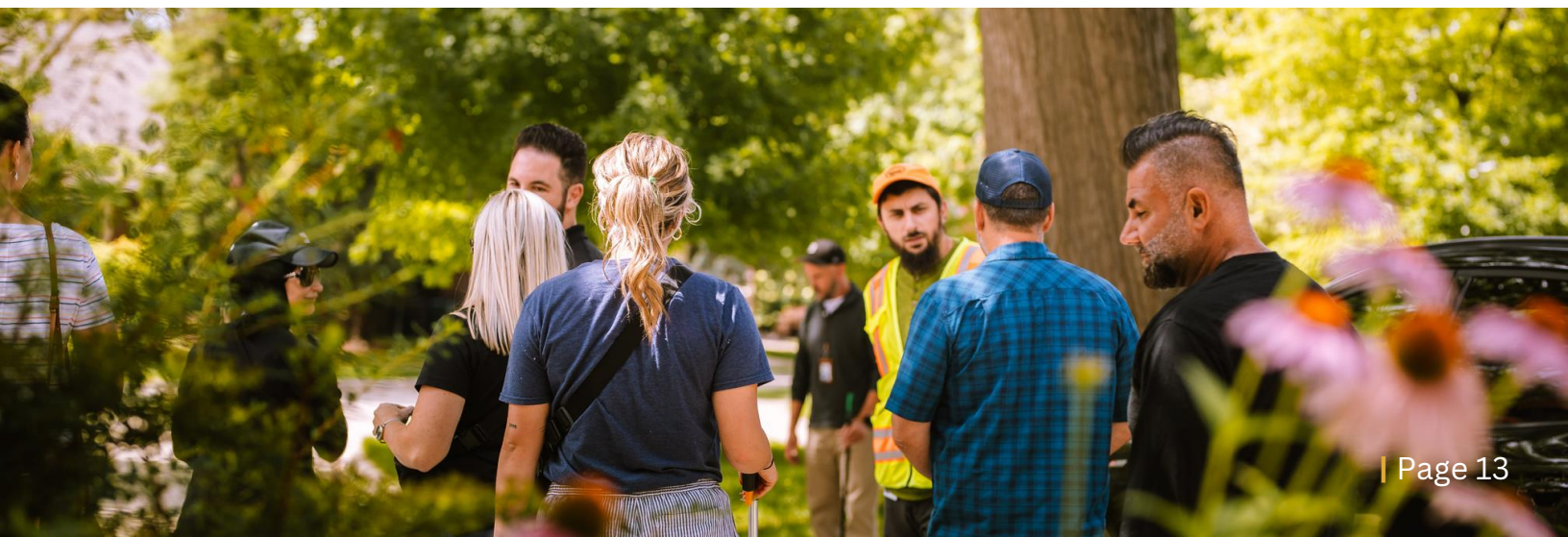
### **3. Community Partner Assessment**

The community partners assessment (CPA) collected quantitative data on individual, organizational, and collective capacity within the public health system to tackle health inequities. MPHI programmed and distributed the survey using the REDCap data capture system. The survey was sent out to 23 organizations within the Dearborn local public health system and a total of 10 agencies responded (*see the Community Partner Assessment questions in Appendix C*).

## **PHASE 3: CONTINUOUSLY IMPROVE THE COMMUNITY**

Phase 3, *Continuously Improve the Community*, is the final phase of the CHI process and involves the development of the Community Health Improvement Plan. A CHIP is a systematic effort spanning three to five years and tackles public health issues based on the findings from the Community Health Assessment conducted in Phases 1 and 2. This community-owned collaborative plan sets priorities, coordinates actions, and determines or allocates resources appropriately.

Utilizing Continuous Quality Improvement, a process of rapid cycle improvement that fosters data-driven action planning to address strategic issues, Phase 3 employs examination of the community's current state, desired future, and a path to achieve it. It focuses on priorities that target root causes of inequity and the social determinants of health (SDOH) by encouraging transformational approaches that lean into strategic partnerships to achieve sustainable impact.



### ***Identifying Strategic Issues***

The MPH team individually analyzed the data from the Community Health Assessment, identifying health indicators that were above local, state, and/or national levels and high-level themes from the community focus groups. Next, cross-cutting themes or patterns were identified collectively as a team using a data triangulation approach. This approach enhances the credibility and validity of the findings by cross-verifying information from different perspectives to gain a comprehensive understanding. As a result, eight topic areas were identified and include the following:

- Mental and Behavioral Health Support and Services
- Healthcare Quality, Access, and Affordability
- Community Accessibility (Transportation)
- Access to Healthy Food
- Maternal and Child Health
- Equitable Opportunities for Health
- Environmental Health
- Community Health Resources, Education, and Literacy

Based on the data findings, MPH developed strategic issue statements that described and reflected the concerns or barriers faced by the community, for each topic area listed above. Issue statements answer who is being affected, how big the issue is, what is contributing, and when and where is the issue most likely to occur. Relevant data that supported each of the strategic issue statements were gathered from all three assessments and included in a data summary to help develop a full understanding of the findings. These data summaries were shared with the Core Team for their individual review. Consensus was reached among the Core Team about MPH's findings, further enhancing the credibility and validity of the data triangulation process. (*See Appendix D for full data summary*). The data summaries were then presented and reviewed with the Steering Committee, allowing opportunities for feedback.



### ***Strategic Issue Prioritization***

After reviewing the eight strategic issues, the core team and steering committee began the process of prioritization. Utilizing a survey, Steering Committee members assessed each of the strategic issues based on the criteria below:

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

Steering Committee members utilized the criteria to rate each of the eight strategic issues on a scale of one (1) to four (4), with one representing low [urgency, impact, feasible solutions, available resources, and upstream strategies] and four representing high. Responses were tallied and the top four strategic issues that the Steering Committee voted to focus on over the next five years included:

- Mental and Behavioral Health Services and Supports
- Maternal and Child Health
- Environmental Health
- Community Health Resources, Education, and Literacy





### ***Developing Goals, Objectives, and Strategies***

MPHI created a virtual space for the Core Team and Steering Committee members to use as they developed goals, objectives, strategies, and identified community organizations that can help achieve them. The questions utilized to begin brainstorming included:

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

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





# COMMUNITY HEALTH IMPROVEMENT PLAN





# MENTAL AND BEHAVIORAL HEALTH SUPPORTS AND SERVICES



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

Mental and behavioral health are integral components of overall well-being, influencing how individuals think, feel, and act. These aspects of health are not only crucial for personal fulfillment and productivity but also play a significant role in the broader context of public health.

## What is Mental Health?

Mental health refers to a state of well-being that enables us to cope with the stresses of life, realize our abilities, learn well and work well, and contribute to our community (CDC, 2024)<sup>2</sup>. Mental health encompasses emotional, psychological, and social well-being, and affects how we handle stress, relate to others, and make decisions. Conditions such as depression, anxiety, bipolar disorder, schizophrenia, and eating disorders are examples of mental health disorders that can significantly impact an individual's life.

## What is Behavioral Health?

Behavioral health is an umbrella term that refers to a state of mental, emotional, and social well-being or behaviors and actions that affect wellness, and often encompasses mental health, suicide, and substance use (CDC, 2024)<sup>3</sup>. Behavioral health plays a crucial role in our overall health, often impacting our physical health, relationships, and social interactions.

## Why is this Important?

Mental and behavioral health are critical to the well-being of individuals and communities. Throughout our lives, multiple individual, social, and structural determinants (such as genetics, environments, poverty, violence, inequities) may combine to protect or undermine our mental and behavioral health (WHO, 2022)<sup>4</sup>. Public health initiatives that prioritize mental and behavioral health are essential for fostering a society where everyone has the opportunity to thrive.

Below are key data points, specific to Dearborn, that are relevant to **Mental and Behavioral Health Supports and Services**. For this full breakdown, see *Appendix D*.

**Poor Mental Health**

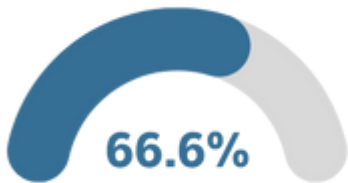
Dearborn residents experiencing poor mental health (on at least 14 days in the past month)<sup>5,6</sup>



**19.4%** Compared to 16.9% of Out-Wayne County and 16% of Michigan.

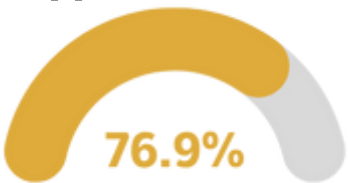
*(Dearborn 2021, Out-Wayne and Michigan 2020-2022)*

**Stigma**



Of survey respondents “Agreed” or “Strongly Agreed” that the stigma surrounding mental health impacts help-seeking behaviors in the Dearborn Community (n=1,124)<sup>7</sup>

**Need for Support**



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)<sup>7</sup>

**Cultural Beliefs**

**70.9%**

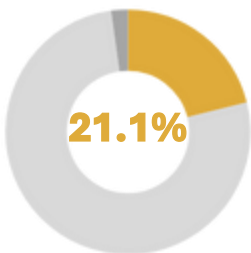
Of survey respondents “Agreed” or “Strongly Agreed” that cultural beliefs and practices affect mental health perceptions and treatment-seeking behaviors in the Dearborn Community. (n=1,126)<sup>7</sup>

**Social Media**

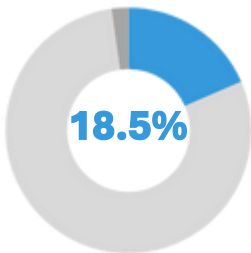


**79.9%** of survey respondents “Agreed” or “Strongly Agreed” that social media and technology play a role in influencing mental health outcomes in the Dearborn Community. (n=1,124)<sup>7</sup>

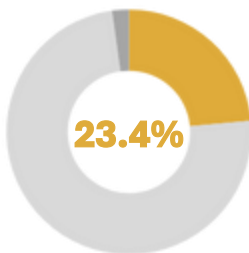
**Experiences**



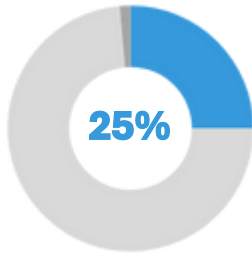
Have experienced a recent stressful or traumatic event that has contributed to suicidal ideation (n=1,114)<sup>7</sup>



Have ever experienced thoughts of suicide or self-harm (n=1,119)



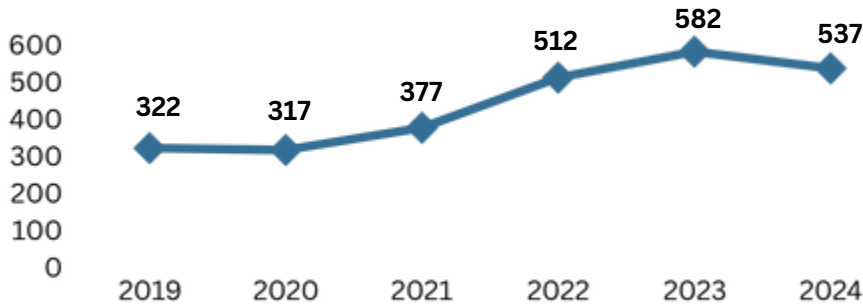
Currently experiencing feelings of hopelessness or despair (n=1,120)



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



## Mental Health Calls in Dearborn (2019-2024)<sup>8</sup>

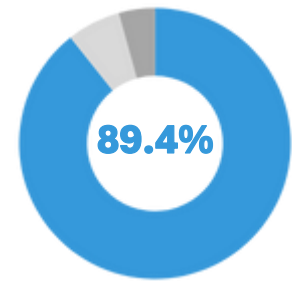


## Community Focus Groups

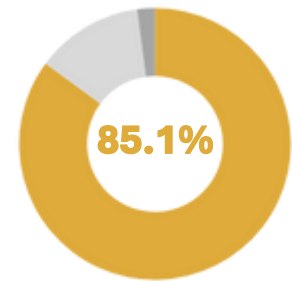
Participants elevated mental health as a priority community concern. During discussions, participants raised awareness of high levels of stress among residents, stigma surrounding mental health, access to and affordability of mental health care, and special concerns regarding first generation immigrants.<sup>9</sup>

## Co-Occurrences

Of the survey respondents that rated their mental health as “bad”...<sup>7</sup>

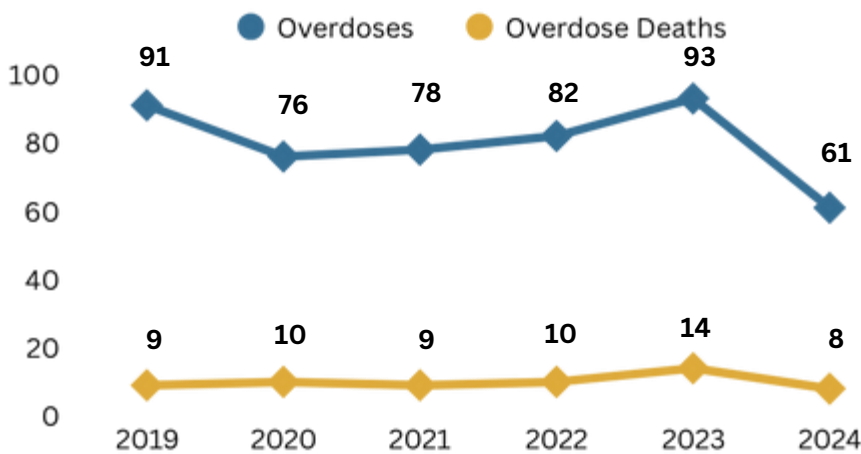


Had experienced a recent stressful or traumatic event that contributed to suicidal ideation.



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

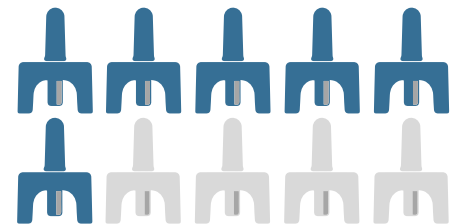
## Drug Overdoses & Related Deaths in Dearborn<sup>10</sup>



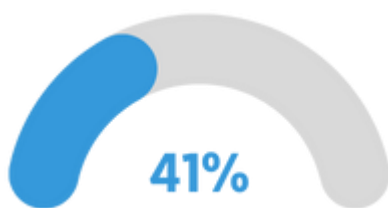
## Narcan Administration

59%

of reported overdoses were administered Narcan in 2024<sup>10</sup>

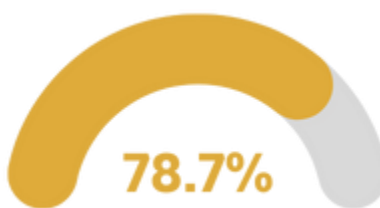


## Overdoses by Age



Of overdoses in 2024 were individuals aged 25-34<sup>10</sup>

## Overdoses by Sex



Of overdoses in 2024 were male<sup>10</sup>

## Narcan Distribution

10,000+

Narcan units have been distributed to community members since November 2022<sup>10</sup>



# MENTAL AND BEHAVIORAL HEALTH SUPPORTS AND SERVICES

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



**Goal 1:** Reduce cultural and social stigmas around talking about and receiving mental and behavioral health services/supports.

## Objective 1:

Identify and create opportunities for Dearborn residents to engage with and support one another around mental/behavioral health challenges.

## Strategies:

- Intercultural/inter-faith outreach
- Intergenerational sharing
- Host intergenerational coffee hours
- Create a space for individuals to share their diverse stories to reduce stigma (stories from people who are reflective of the community)
- Identify mental health champions within the community

## Objective 2:

Increase awareness and education of the importance of mental and behavioral health.

## Strategies:

- Develop culturally and educationally appropriate resources that educate the person about the importance of mental and behavioral health
- Develop a campaign to share information on mental and behavioral health
- Conduct focus groups or listening sessions with the Dearborn community to gather insights on stigma-reduction strategies
- Increase visibility of mental health stories, conversations, and resources in the community
- Collaborate with Community Health Workers (CHWs) to better understand the mental and behavioral health needs of the community
- Generate conversations and public service announcements through social media
- Use person-first language when talking about mental and behavioral health topic

### **Objective 3:**

Increase resources to support a strong mental health foundation early in childhood.

### **Strategies:**

- Educate parents and caregivers on the importance of mental health in raising healthy children
- Identify and implement resources, programs, and initiatives that support mental health in early childhood
- Utilize parent cafes to support awareness of mental health and reduce stigma
- Increase access to and awareness of Infant Mental Health and Early Head Start Home Visiting programs in Dearborn (DWIHN)
- Increase awareness of Adverse Childhood Experiences (ACEs) and how they impact mental and behavioral health
- Equip parents and teachers with the knowledge and tools necessary to promote social and emotional (i.e., emotional regulation) skills to their child(ren)
- Create an educational series or handouts on early childhood mental health



**Goal 2:** Increase accessibility to mental and behavioral health services and supports.

### **Objective 1:**

Increase the number of professionals and community members that feel confident and competent in supporting the mental health system.

### **Strategies:**

- Provide mental health first aid and/or trauma informed care trainings in the community
- Equip professionals in a variety of roles (coaches, teachers, etc.) with training to help fill the gap in mental health providers
- Drug Overdose Response Team (DORT)/ Quick Response Team (QRT) – alerted by first responders of an overdose, provide Narcan, education resources, and assist in referrals/support



**Objective 2:**

Increase awareness of available mental and behavioral health resources.

**Strategies:**

- Promote crisis hotline (988)
- Collect relevant information on current mental and behavioral health services (conduct an environmental scan)
- Update City of Dearborn Department of Public Health's resource page to include up to date information on mental and behavioral health resources
- Increase access to and awareness of harm reduction programs in the community
  - Narcan/Naloxone education campaign
  - Expand Narcan vending machines
  - Analyze overdose trends to identify hot spots in the community that could be ideal places for Narcan distribution
  - Equip law enforcement, first responders/EMTs, and jails with Narcan

**Objective 3:**

Develop a systematic Health in All Policies (HiAP) approach to support community mental and behavioral health needs.

**Strategies:**

- Create a coalition that focuses on mental and behavioral health in Dearborn
- Increase mental and behavioral health partnerships throughout the community (providers, advocates, schools, community organizations, etc.)
- Collaborate with the Wayne County Health Department to identify gaps in mental and behavioral health services and supports
- Develop data sharing agreements with local organizations collecting mental/behavioral health data
- Educate community members and organizations on the impacts of a health in all policies approach
- Develop a guide that outlines steps the community can take to achieve a HiAP approach

# MATERNAL AND CHILD HEALTH



**Strategic Issue: 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.**

## **What is Maternal and Child Health?**

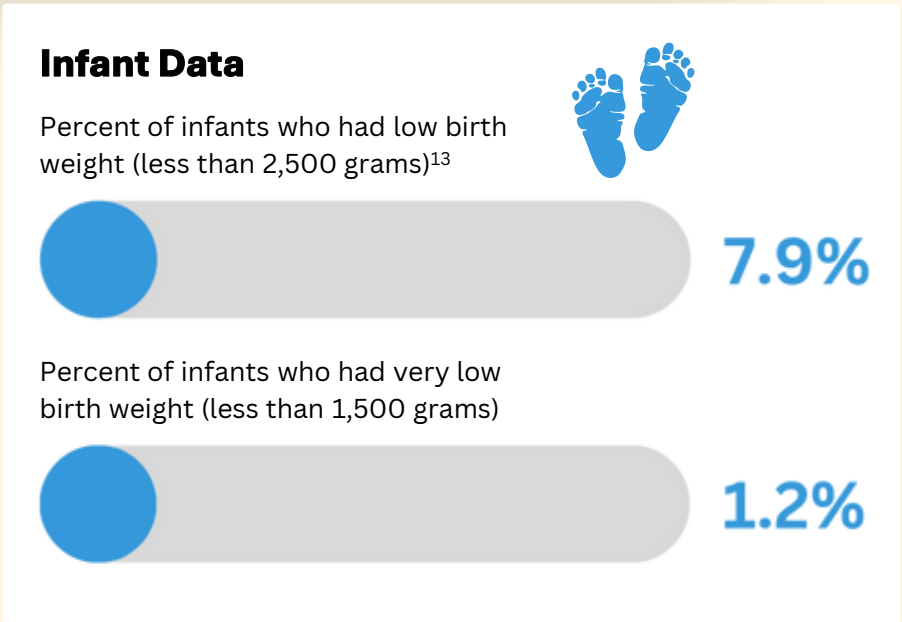
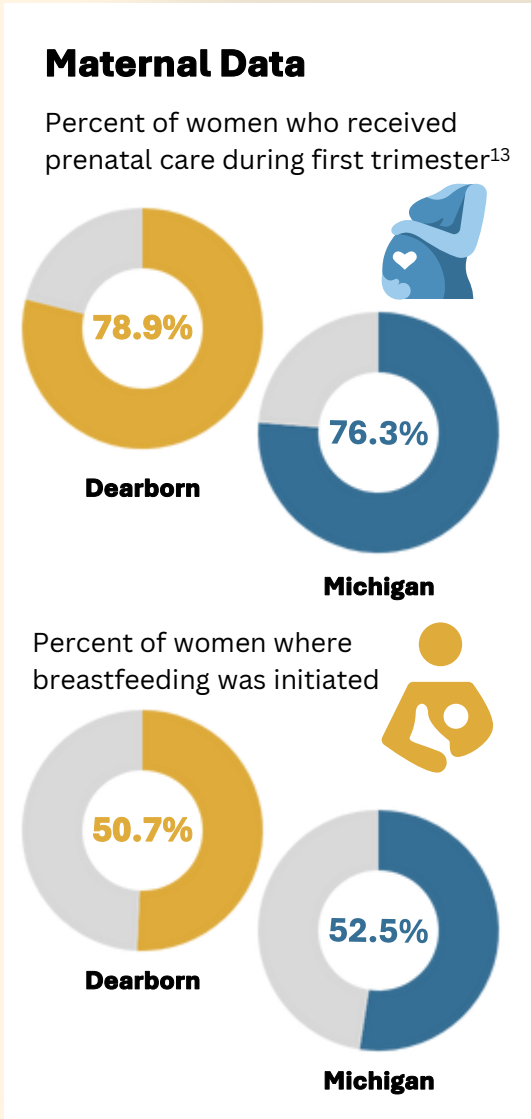
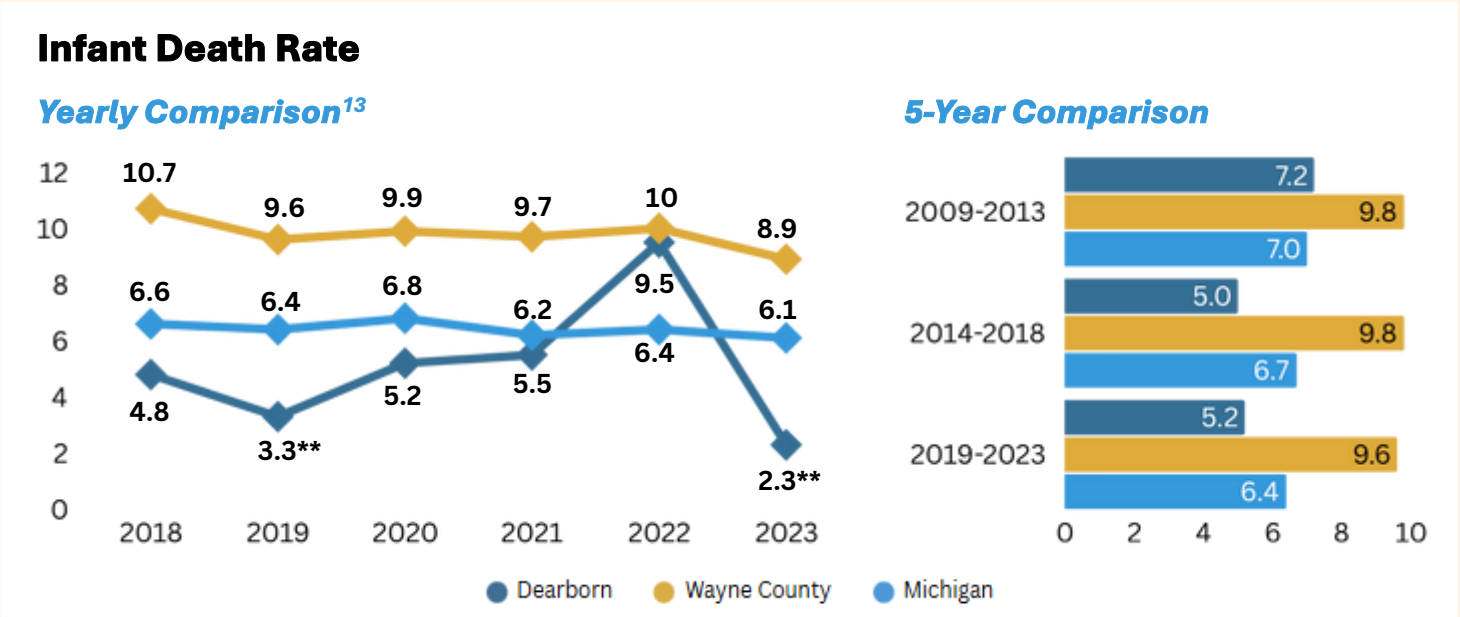
Maternal and child health (MCH) are essential for the health and prosperity of a community. MCH focuses on the health and well-being during pregnancy, after delivery, as well as the health of infants and young children, up to 4 years of age.

## **Why is it important?**

When pregnant persons have access and receive proper care before, during, and after pregnancy, they are more likely to give birth to healthy babies who can thrive. This reduces death rates and prevents complications, ensuring better long-term health outcomes for both the pregnant person and children. Moreover, the health of pregnant persons, infants, and children are a key indicator of the overall well-being of a community, reflecting the quality of healthcare systems and support networks in place.

Unfair and avoidable systematic differences, known as health inequities, lead to disparities that are often an underlying cause of poor MCH outcomes. Health inequities arise from the social, economic, and environmental conditions that lead to advantages and disadvantages that certain populations, especially people of color, face at higher rates compared to others (Braveman, 2006)<sup>11</sup>. MCH inequities can include delayed or missed prenatal visits, higher stress levels, proper nutrition, and low access to childhood vaccinations that prevent serious illness, among others that contribute to health disparities. These disparities have persisted for decades, regardless of one's education or income level, indicating that systemic issues such as racism and discrimination play a significant role in poor birth outcomes (e.g., preterm birth) and infant death (Hill, 2024)<sup>12</sup>. Poor birth outcomes can have lasting effects on children, including chronic health issues and developmental delays.

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



- ### 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)<sup>9</sup>



## Activities Engaged in During Pregnancy (n=350)

20.9%



Of respondents utilized tobacco products such as cigarettes, e-cigarettes/ vaping products, etc. during pregnancy<sup>7</sup>

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

My baby's doctor or health care provider (n=846)<sup>7</sup>

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%

## Postpartum Depression



26.2%

Of respondents strongly agreed/agreed to experiencing postpartum depression (n=870)<sup>7</sup>



62.9%

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

## WIC Use During Pregnancy

50.3%

Of pregnant persons utilized WIC for nutrition assistance during pregnancy in 2022<sup>13</sup>



## Pre and Postnatal Satisfaction With Care

I am satisfied with the maternal healthcare I received during my pregnancy (n=358)<sup>7</sup>

● Strongly Agree ● Agree ● Neutral ● Disagree ● Strongly Disagree

19.3%

54.7%

14.5%

5.9%

5.6%

I am satisfied with the maternal healthcare I received after my pregnancy (n=292)<sup>7</sup>

21.9%

50.4%

14.7%

5.5%

7.5%

## 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<sup>7</sup>

10.6%



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

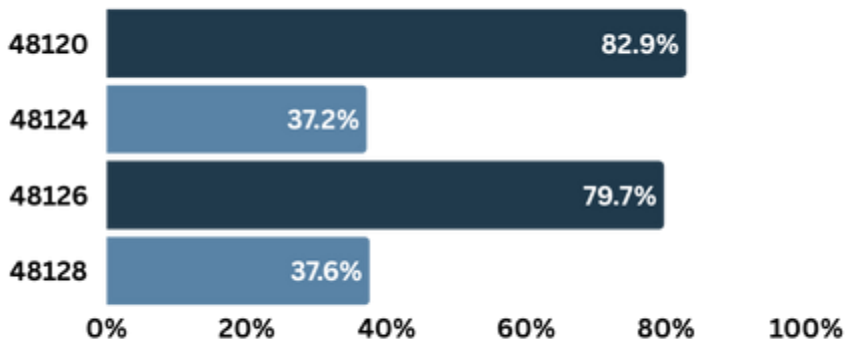
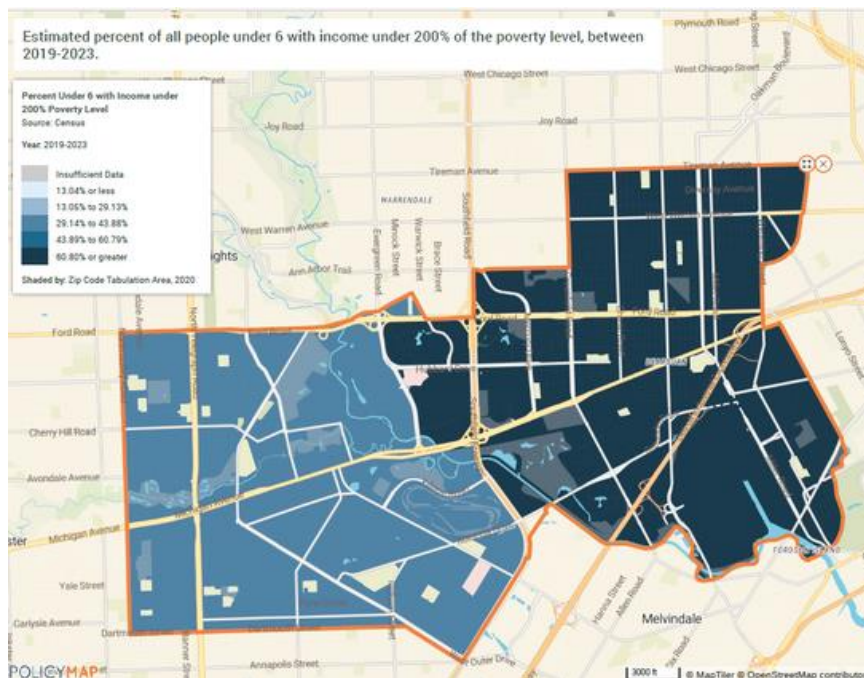
7.3%



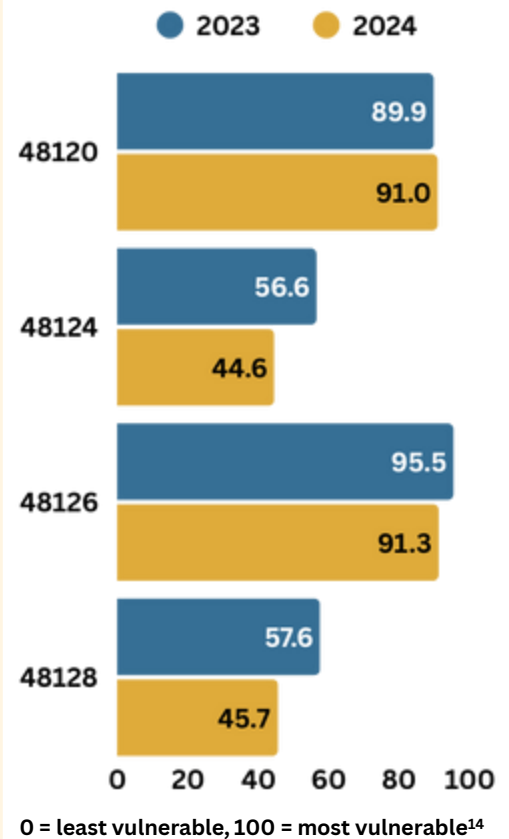
Of birthing persons had chronic hypertension or gestational hypertension, compared to **13.1%** in Michigan

## Estimated Percent of Childhood Poverty 2019-2023

Children Under 6 with Income Lower than 200% of the Federal Poverty Level<sup>14</sup>



## Maternal Vulnerability Index Score by Zip Code



## 5 Year Estimated Percent Living Below Poverty

35.5%



Of children in Dearborn live in households with incomes below the federal poverty level<sup>14</sup>

## Total 2023 Medicaid Paid Births in Dearborn

63.5%

Of births were paid for by Medicaid, compared to **38.5%** in Michigan<sup>13</sup>





# MATERNAL AND CHILD HEALTH

**Strategic Issue:** 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.



**Goal 1:** Provide support to achieve successful and healthy pregnancies and positive maternal outcomes.

## Objective 1:

Increase access to pregnancy and post-partum resources.

## Strategies:

- Promote existing programs like home visiting
- Promote enrollment in Rx Kids Program
- Prenatal screenings (gestational diabetes, pre-eclampsia, etc.)
- Promote providers or services that offer pre/postnatal mental health screenings and resources
- Identify organizations that provide transportation services and accommodate car seats

## Objective 2:

Increase knowledge and educational materials available that support healthy pregnancies and maternal outcomes.

## Strategies:

- Utilize City of Dearborn Public Health website to house maternal and child health resources
- Breastfeeding education
- Access to free, educational sessions
- Education prior to conception (health of the mom prior to pregnancy impacts the pregnancy and healthy birth outcomes)
- Utilize prenatal appointments to increase education and knowledge
- Campaign to promote post-natal screenings and other services for parents
- Develop partnerships or foster a coalition for organizations working on maternal and child issues to collaborate
- Host events in the community that foster collaboration to impact maternal health outcomes
- Work with hospital to support urgent maternal warning signs follow-up.
- Raise awareness around National Maternal Mental Health Hotline: 1-833-TLC-MAMA





**Goal 2:** Increase positive health outcomes for infants and children.

**Objective 1:**

Increase access to and awareness of community resources that promote healthy infants and children.

**Strategies:**

- Promote enrollment in Rx Kids Program
- Promote enrollment in existing programs like Home Visiting, Early Head Start, and play groups
- Promote guidance on the importance of social and emotional learning
- Provide information on the importance of proper medical care
  - Well-Child Visits
  - Immunizations
  - Oral care
  - Transportation to medical care
- Provide information on healthy nutrition
  - Breastfeeding educations and resources
  - WIC
- Develop a space for intergenerational female support
- Ensure services, supports, and resources are available to families with limited English proficiency
- Increase awareness of proper birth-spacing
- Promote safe sleep initiatives

# ENVIRONMENTAL HEALTH



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

## **What is Environmental Health?**

The environment around us affects our health and well-being, including the air we breathe, the food we eat, the water we drink and the physical places we live and work.

Environmental health is about how these elements affect us and how much of an impact they have. If these elements are polluted or unsafe, they can cause health problems.

## **Why is this Important?**

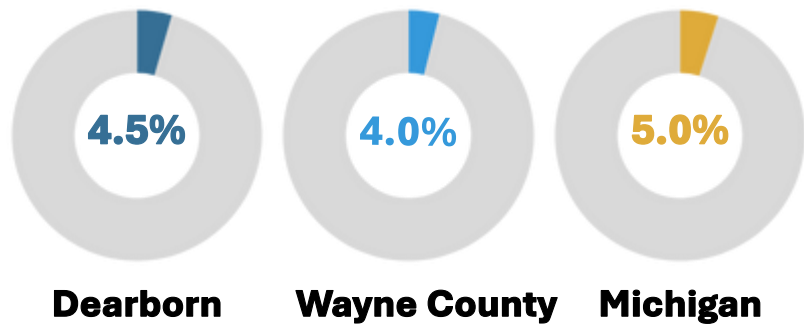
Environmental health is crucial because it directly impacts disease prevention and overall health promotion. Poor environmental conditions, such as exposure to hazardous substances and pollution, can lead to serious health issues like asthma, heart disease, cancer, and dementia (APHA, 2025)<sup>15</sup>.

Black, Indigenous, and People of Color are disproportionately affected, often living in areas with outdated housing infrastructure or near industrial and agricultural facilities with poor safety practices (Berberian, 2022)<sup>16</sup>. These environments can expose residents to toxic materials, such as lead pipes in water systems, asbestos in building insulation, and pollution, with children being especially vulnerable. Additionally, these communities frequently lack safe recreational spaces and have limited access to healthy foods. These socio-structural determinants of health contribute to health disparities, as systemic inequalities make it more likely for these populations to experience adverse health outcomes (Yearby, 2022)<sup>17</sup>. It is essential for public health officials and environmental health experts to collaborate in addressing emerging environmental health needs. This collaboration is vital for reducing health disparities and ensuring equitable health outcomes for all community members.

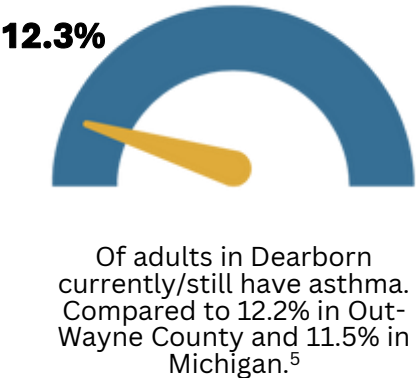
Below are key data points, specific to Dearborn, that are relevant to **Environmental Health**. For this full breakdown, see *Appendix D*.

**5th Leading Cause of Death (2023)**

Percent of deaths due to Chronic Lower Respiratory Diseases (COPD, Chronic Bronchitis, Emphysema, Asthma)<sup>18</sup>



**Asthma (2020-2022)**



**Community Survey: Respondents informed that they have the following conditions (n=1,108)**

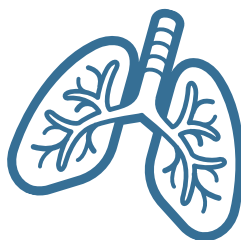
**9.2%**

Of respondents have been informed they have Asthma<sup>7</sup>

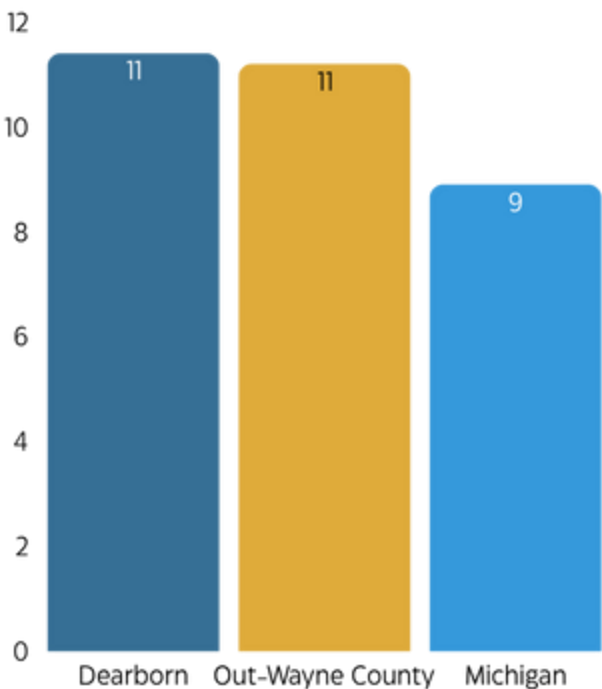


**3.4%**

Of respondents have been informed they have COPD/Chronic Bronchitis



**Average Daily Density of Fine Particulate Matter (PM 2.5) (2020)<sup>19</sup>**

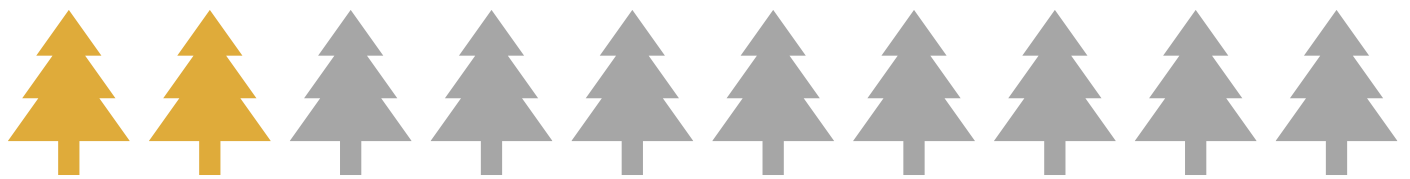


**Community Focus Groups**

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.<sup>9</sup>



## Estimated Percent of Tree Canopy Coverage in Dearborn (2023)



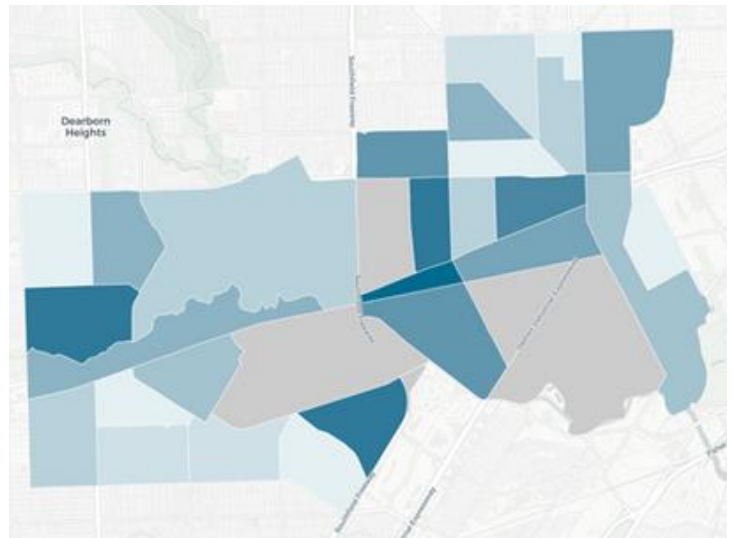
Compared to 29.4% in Wayne County and 35.4% in Michigan.<sup>20</sup>

## Concern With Water Quality



Of respondents are always/  
very/fairly concerned with the water  
quality in the community<sup>7</sup>

## Park Access in Dearborn



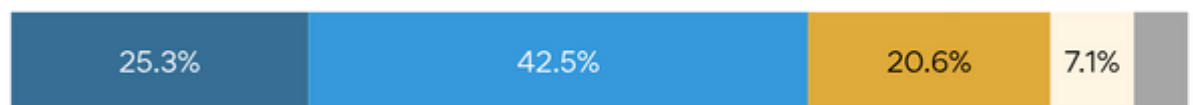
Dearborn has an estimated  
**63.4% of residents**  
with park access in 2023<sup>21</sup>

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

## Community Environment Agreement

● Strongly Agree ● Agree ● Neutral ● Disagree ● Strongly Disagree

Has Clean  
Air (n=1,118)<sup>7</sup>



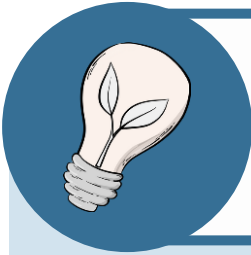
Has Clean  
Roads (n=1,113)





# ENVIRONMENTAL HEALTH

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



**Goal 1:** Increase awareness and education of the cause and effects of environmental health.

## Objective 1:

Develop an emergency preparedness plan to include environmental health factors.

## Strategies:

- Weatherization and flood management
- Continue to step up air quality monitoring and make info accessible and actionable for residents
- Prepare for climate change, emergencies, and disasters

## Objective 2:

Provide a central location for residents to access educational information and resources related to their impact on the environment.

## Strategies:

- Maintain strong relationships with Universities and teaching programs.
- Partner with community organizations to support disseminating information:
  - Rotary
  - Friends of the Rouge
  - City Beautiful
  - Environmental Board
  - Local schools
- Develop educational and easy to understand materials on the environment, and the impact individuals and communities have on it (i.e., air quality, AQI, tree equity, clean environment, recycling, single use plastic/waste, composting, actionable steps, etc.)
- Share educational materials via website and social media



## **Goal 2:** Improve environmental health conditions and related outcomes for all Dearborn residents.

### **Objective 1:**

Establish environmental health policies at the City level to support improved conditions.

### **Strategies:**

- Research and have discussions about how to implement a HiAP approach to environmental health issues.
- Continue to work with industry to provide a clean environment and use greener materials
- Continue to develop/enforce local ordinances related to fugitive dust, truck routes, etc.
- Support zoning and planning regulations that separate emission sources from people (i.e., requiring new homes, medical facilities, daycare centers, schools, and playgrounds to be 500 or more feet from highways and busy roads)

### **Objective 2:**

Increase access to green and clean spaces.

### **Strategies:**

- Create and/or revitalize green spaces and parks in Dearborn, especially in low-income or marginalized neighborhoods
  - Ensure spaces are designed for all ages and abilities
- Advocate to integrate green spaces into zoning laws
- Access to free planting seeds
- Support chemically free and safe play areas
- Research and apply for grant opportunities that support clean-ups
- Activate students for volunteering and community education

### **Objective 3:**

Reduce emergency department/urgent care visits related to asthma and other respiratory conditions.

### **Strategies:**

- Provide residents in overburdened communities or those with respiratory issues with air filtration/purifiers
- Increase education and understanding of asthmatic triggers
- Issuing warnings on high pollution/poor air quality days so people can limit exposure and reduce activities that worsen air quality





# COMMUNITY HEALTH RESOURCES, EDUCATION, AND LITERACY

**Strategic Issue: 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.**

## What is Health Literacy?

Health literacy refers to the ability to understand and use health information to make informed decisions and engage effectively with the healthcare and public health systems. It encompasses both personal and organizational aspects. Personal health literacy is an individual's capacity to find, understand, and use health information to inform health-related decisions, while organizational health literacy refers to how effectively organizations facilitate this process for individuals by communicating clearly, providing information that is accessible to all individuals, and creating supportive environments where individuals feel comfortable asking questions and participating in their care (Healthy People 2030, 2020)<sup>22</sup>.

## Why is this Important?

Health literacy is a critical component of public health. Creating a community where individuals are well-informed and confident in making health-related decisions helps to:

- Empower individuals
- Improve health outcomes
- Reduce health disparities
- Support public health initiatives
- Build trust in healthcare and public health systems



The World Health Organization (WHO, 2024)<sup>23</sup> states that in the United States, health literacy is a stronger predictor of an individual's health status than income, employment status, education level, and racial or ethnic group. This indicates that improving health literacy can lead to better health outcomes across diverse populations, regardless of socioeconomic factors.

Below are key data points, specific to Dearborn, that are relevant to **Community Health Resources, Education and Literacy**. For this full breakdown, see *Appendix D*.



### 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.<sup>9</sup>

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

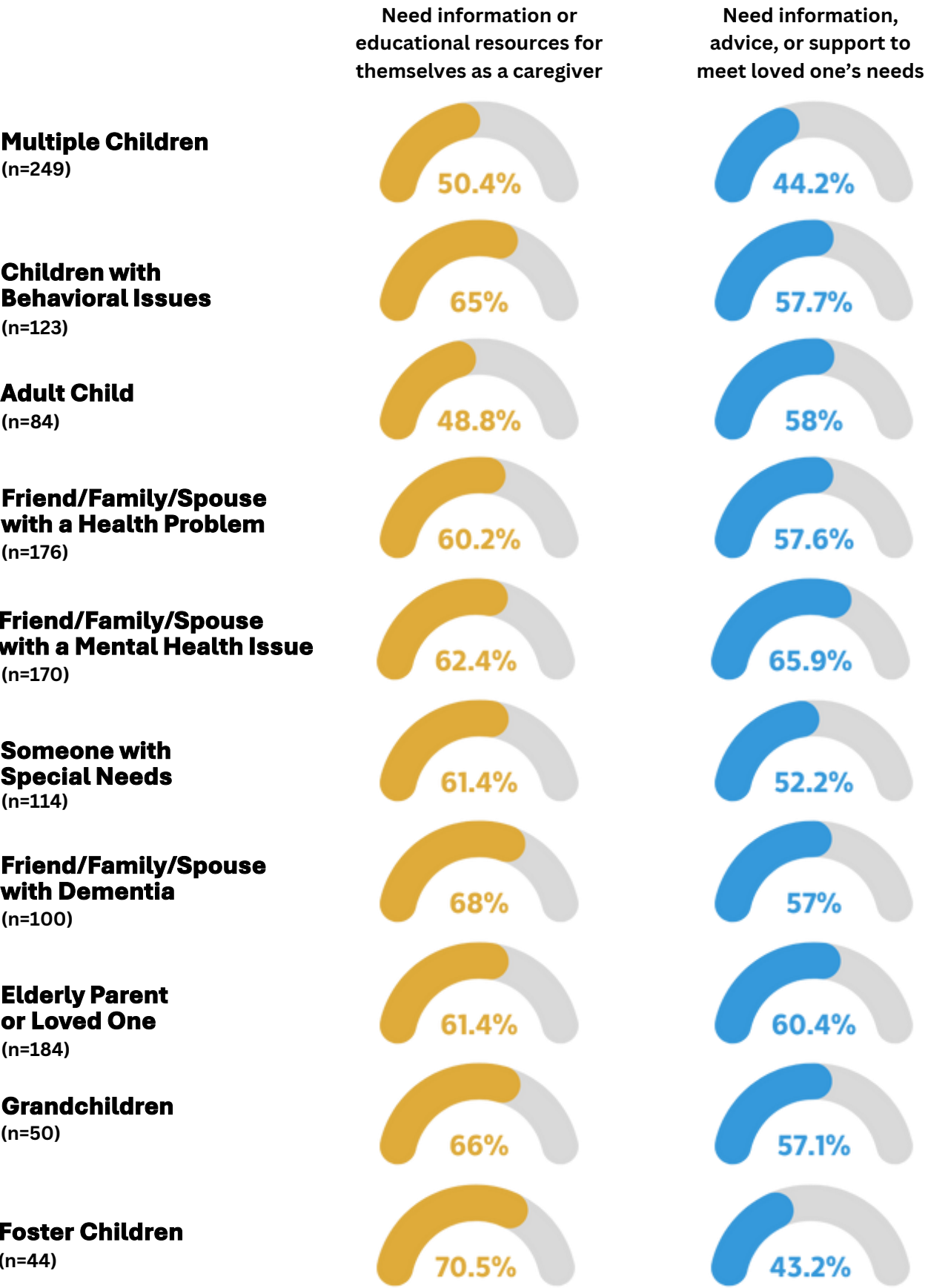
### Social Vulnerability Index (Wayne County, 2022)

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)<sup>24</sup>

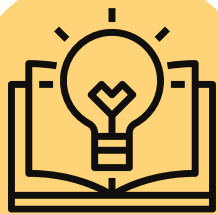
<b>Socioeconomic Status</b>	 0.98	<b>Household Characteristics</b>	 0.88
<b>Racial &amp; Ethnic Minority Status</b>	 1.00	<b>Housing Type &amp; Transportation</b>	 0.79

# Caregiver Resources and Supports

Percent of survey respondents who would find resources or supports helpful in their role of caregiver for: <sup>7</sup>







# COMMUNITY HEALTH RESOURCES, EDUCATION, AND LITERACY

**Strategic Issue:** 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.



**Goal 1:** Provide information and resources that promote and support health through a variety of communication channels, ensuring accessibility to all Dearborn residents.

## Objective 1:

Develop and utilize a broad variety of communication channels to ensure public health information is adequately and equitably distributed throughout the community.

## Strategies:

- Establish public health campaigns on a variety of public health topics (both existing and emerging)
- Develop and share health and safety information that is accurate, accessible, and actionable
- Develop a communication plan that details policies and procedures
- Connect with the City's communication team/internal communications team
- Assess grant or funding opportunities
- Distribute key health information through a variety of communication channels:
  - Social media
  - Physical and digital billboards
  - Infographics with links and QR codes
  - Bulletin boards throughout the community (libraries, grocery stores, recreation centers, community organizations, etc.)
  - Utilize existing communication channels such as community partner's newsletters
  - Websites
  - Physical flyers

## **Objective 2:**

Increase personal and organizational health literacy in Dearborn.

## **Strategies:**

- **Personal Literacy:**
  - Ensure community members know where to find trustworthy and reliable sources of health information
- **Organizational Literacy:**
  - Ensure professionals and organizations are knowledgeable about the resources in the community
  - Develop uniform, reliable resources to share throughout the community
  - Ensure health resources are available to everyone in the community regardless of language barriers
    - Translate materials
    - Incorporate visual aids when possible
    - Provide written materials
    - Community signage with brail
    - Materials are ADA compliant
    - Utilize plain language and avoid jargon
  - Provide cultural competency and humility training

# MONITORING AND EVALUATING THE PLAN

With support from stakeholders across the community, the City of Dearborn Department of Public Health (DPH) has identified a set of strategic priorities to help inform future programming, partnerships, and resource allocation. These priorities emerged through the Community Health Needs Assessment (CHNA) and Community Health Improvement Plan (CHIP) processes and reflect areas of shared importance across Dearborn's diverse communities.

As implementation evolves, DPH may explore opportunities to reflect on progress and elevate community insights through data, stories, and shared learning. While formal monitoring and evaluation are not guaranteed, DPH is committed to fostering transparency and remaining responsive to evolving needs. Periodic updates, informal assessments, and visual summaries may be developed when feasible to help illustrate momentum, support engagement, and strengthen collaboration.

Maintaining open lines of communication—through newsletters, social media platforms, and community-based events—will remain a priority. These channels help ensure continued connection with partners and residents, while also opening space for new collaborations and emerging initiatives that align with the CHIP's guiding themes.

In tandem with the Department of Philanthropy & Grants, DPH will continue identifying funding and partnership opportunities that support capacity-building and long-term impact. Collaborations with academic institutions, public health organizations, and student fellowship programs may offer valuable avenues for innovation, technical support, and deepened community engagement.

While the CHIP is not a static or prescriptive plan, it serves as a living framework to support cross-sector alignment and sustained focus on health, equity, and well-being for all who live, work, and play in Dearborn.



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## ***Community Health Resources, Education, and Literacy***

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