HENRY FORD HEALTH℠

Community Health Needs Assessment

2025

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Community Health Needs Assessment 2025

Henry Ford Brighton Center for Recovery
Henry Ford Genesys Hospital
Henry Ford Hospital Detroit
Henry Ford Jackson Hospital
Henry Ford Macomb Hospital
Henry Ford Madison Heights Hospital
Henry Ford Providence Novi Hospital
Henry Ford Providence Southfield Hospital
Henry Ford River District Hospital
Henry Ford Rochester Hospital
Henry Ford St. John Hospital
Henry Ford West Bloomfield Hospital
Henry Ford Wyandotte Hospital
Henry Ford Warren Hospital

HENRY FORD HEALTH

December 2025

Greetings,

Henry Ford Health's strategic vision is: "We will shape the future of health — fueled by science, guided by compassion, inspiring hope."

Thus, partnership is at the core of our organization's values and a guiding principle in our pursuit of innovation and stronger, healthier communities. We find partners in our patients, community organizations, and other public institutions that call our service area home. We understand that strong partnerships boost outcomes, build trust, and most importantly, improve care.

We understand that factors outside of the clinic and hospital impact individuals' and families' ability to thrive. It is imperative that Henry Ford Health includes these elements, called "non-medical determinants of health," in our assessment of the community's health and wellbeing.

Henry Ford Health, now spanning a seven-county area within southeast and southcentral Michigan, is serious in its commitment to understanding and listening to the communities we serve. The Community Health Needs Assessment (CHNA) is an important way in which we embody this commitment. Using several different sources, this CHNA compiles secondary data - key population and community health statistics; and primary data – interviews and surveys with community members, into a synthesized snapshot of the needs of our region. You will find this information in the report that follows.

The CHNA process and subsequent implementation planning for each hospital assures that Henry Ford Health acts upon its CHNA findings through programming and partnership. New to the 2025 CHNA cycle is Henry Ford Health's participation in the Michigan Health & Hospital Association's Community Benefit Initiative to align implementation planning efforts among its members. By leveraging collective action across the state as well as local partners, Henry Ford Health aims to make sustainable, demonstrable improvements in the communities we serve.

The 2025 CHNA was a significantly more robust effort than in the past, as our organization recently underwent a joint venture with Ascension's southeast Michigan facilities in October 2024, adding seven new hospitals to the Henry Ford Health enterprise.

On behalf of the over 50,000 physicians, researchers, nurses, support staff, administrators and health professionals that make up our system, as well as the Henry Ford Health Quality & Culture

Committee, we are proud to present this *2025 Henry Ford Health Community Health Needs Assessment*. In compliance with regulatory guidelines, the Quality & Culture Committee reviewed and approved this report at its meeting on December 18, 2025. We hope that this report will highlight your community's needs and that we will find ways to collaborate on these critical health issues.

Sincerely,

Robert G. Riney
President
Chief Executive Officer
Henry Ford Health

Frederiek Toney
Chair
Henry Ford Health Quality & Culture Committee

Kimberlydawn Wisdom, MD, MS, FACEP
Senior Vice President, Community Health & Education
Chief Wellness Officer
Henry Ford Health

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Executive Summary

Henry Ford Health (Henry Ford) is a leading health care company dedicated to providing exceptional care and services to community members across southeastern and southcentral Michigan. Our primary service area includes Genesee, Jackson, Livingston, Macomb, Oakland, St. Clair and Wayne Counties. Henry Ford Health provides primary, preventative, urgent, and specialty care, as well as home health and virtual care services. Alongside our clinical operations, Henry Ford Health is a leading academic institution, innovating care through clinical trials, translational research, and training future healthcare professionals.

As of October 1, 2024, Henry Ford Health went through a joint venture with Ascension healthcare facilities in southeast Michigan and the Greater Flint area. Prior to the joint venture, Henry Ford Health consisted of five hospitals within a four-county area; now, Henry Ford Health consists of thirteen hospitals in a seven-county area. Within this report, the term "Legacy Asencion" refers to the seven hospitals added to Henry Ford Health through this joint venture. Since the joint venture, our network of hospitals, ambulatory medicals centers, and specialty, retail and community outreach centers have grown significantly. In 2024, Henry Ford saw 201,978 patients and 3,963,412 patient encounters. In addition, Henry Ford services more than 428,354 members through its operation of the Health Alliance Plan, a nonprofit managed care organization. These figures are inclusive of facilities that became part of Henry Ford Health after the October 2024 joint venture with Ascension.

For some 110 years, Henry Ford Health has provided essential healthcare services to the community. As a nonprofit institution, any revenue generated by our work is reinvested to uphold our standard of clinical and operational excellence. This ensures that our medical teams deliver state-of-the-art care to all people, regardless of their circumstances. We respond to the needs of our community through a growing suite of community health programming, which is informed by utilizing the data presented within this report.

In this Community Health Needs Assessment (CHNA), we include a comprehensive secondary data overview of major health concerns in the seven-county area of Genesee, Jackson, Livingston, Macomb, Oakland, St. Clair and Wayne Counties. Following this summary, we included findings from our primary data collection, conducted via interview and surveys. Lastly, we set forth organization-wide priorities that will guide our forthcoming CHNA Implementation Plans from 2026-2028.

Henry Ford Health also took part in the development of the Greater Flint Health Coalition's 2025 Community Health Needs Assessment, which details health and social needs, community input, and implementation strategies in Genesee County, where Henry Ford Genesys Hospital is located. The Coalition's report is a collaborative effort across healthcare institutions, local government, social service agencies, and non-profits. The Coalition's 2025 CHNA can be found on their website. Additionally, the Jackson Collaborative Network conducts a Collaborative Community Assessment, of which Henry Ford Health is a part and where Henry Ford Jackson Hospital is located. The report outlines Jackson County's health and social priorities and qualitative and quantitative data on community needs. The 2025 report can be found here. These reports have been approved by the necessary local entities.

Section 1: Commitment to Community Health

Purpose and Process for the Community Health Needs Assessment

At Henry Ford Health, our vision is to shape the future of health – fueled by science, guided by compassion, inspiring hope. This goal necessitates that our organization continues to listen and learn from those we serve.

To achieve this vision of trust and transformative change, Henry Ford Health has prioritized building relationships with patients and community members. These relationships ensure that their needs are centered within our organization's practices, policies, and allocation of resources. Assessing and responding to the evolving needs of the communities we serve is critical to reaching our long-term outcomes – health of community, large scale impact, and innovation.

As a growing healthcare provider, we are challenged to use our resources to achieve the best possible outcomes for our patients. By engaging in a comprehensive assessment of community needs, Henry Ford Health can be assured that our commensurate resources are used effectively on the programs and services that provide the greatest benefit to the communities we serve.

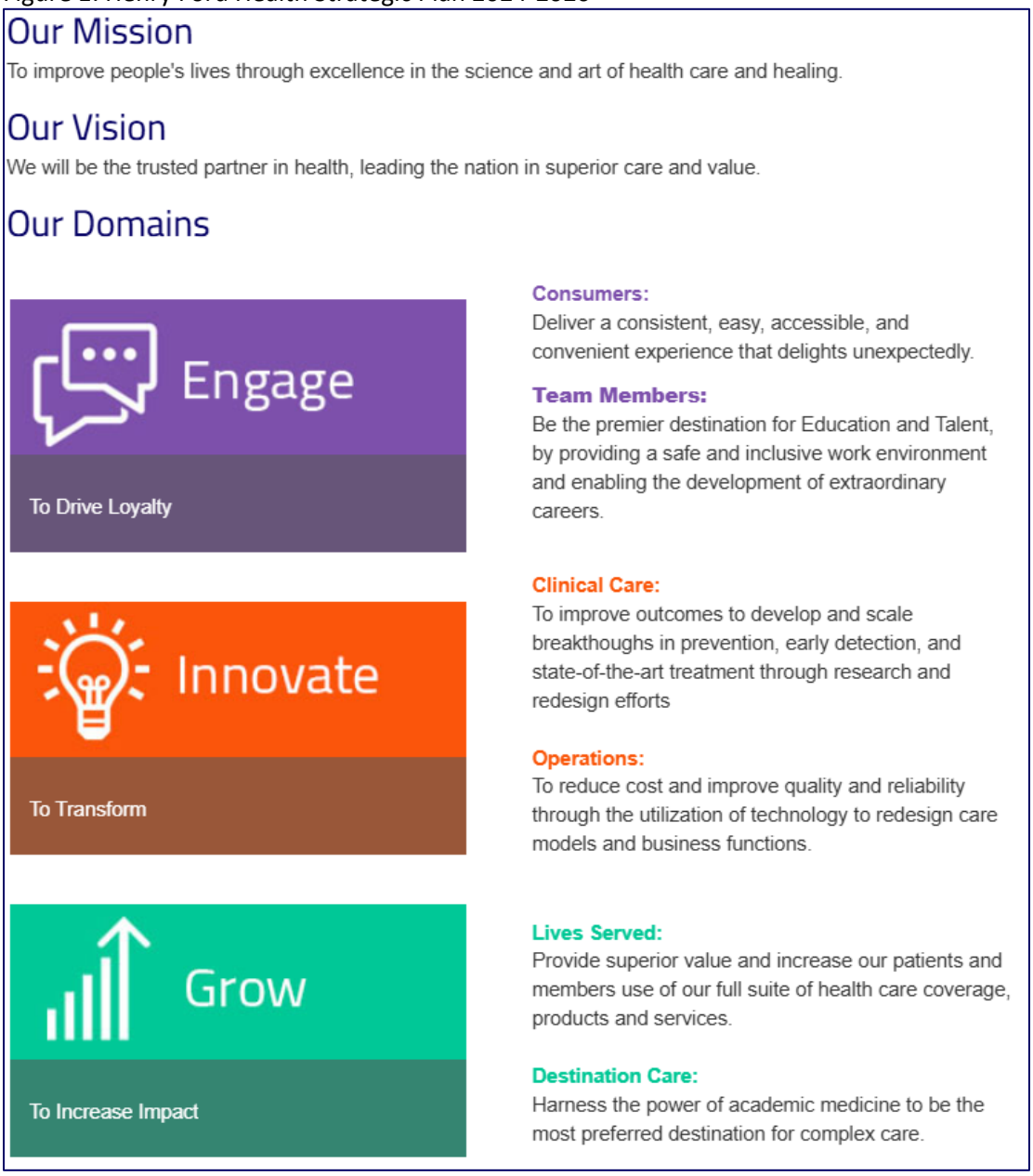
As such, the purpose of the 2025 Community Health Needs Assessment is to:

- Gauge the health needs of the community and determine if previously identified priorities should continue to be prioritized
- Identify resources and opportunities to address the identified priorities through the CHNA processes
- Gather insights that can be utilized to develop Implementation Plans, which outline specific goals, strategies, and metrics related to the priority areas
- Build capacity to address priority areas within existing programs, strategic plans, and partnerships

Henry Ford Health contracted two organizations to assist in gathering data for this CHNA: the Southeastern Michigan Health Association (SEMHA) and Oakland University School of Health Sciences. SEMHA, a regional leader in advancing community health practice, provided secondary data collection and analysis. Oakland University School of Health Sciences faculty assisted in the development of our community survey and conducted key informant interviews to inform and justify the priorities identified in this report.

This report was prepared by Henry Ford Health's Office of Community Health, Education and Wellness (CHEW). Our findings are the foundation for planning, developing, and implementing Henry Ford Health's community health services. Results of this assessment have been reviewed with Henry Ford Health leadership and will guide strategic planning and corresponding implementation plans to align with identified needs.

Figure 1: Henry Ford Health Strategic Plan 2024-2026



In pursuit of our strategic vision to engage, innovate, and grow, we are committed to leading the local market and supporting sustainable growth. To achieve these goals, it is imperative for our patients and various stakeholders to view Henry Ford Health not only as a healthcare provider, but also as a partner in community health. Thus, Henry Ford Health champions community health improvement and the CHNA process as an avenue to achieve our strategic vision – to shape the future of health – fueled by science, guided by compassion, inspiring hope.

Notably, partnerships are an essential underpinning to our vision of health and excellence. The CHNA process informs both ongoing and burgeoning partnerships. We value the important role community partners play in assessing our community's needs, expanding the impact of Henry Ford's programs, and

pushing us to constantly improve and innovate the ways we can support the wellbeing of our patients.

Partner organizations helped us gather stakeholder input and affirm the health and social needs identified in community surveys. A full list of partner organizations can be found in Section 5.

Retrospective Review of 2022-2025 CHNA and Implementation Plan Progress

In 2022, Henry Ford Health conducted a CHNA of its main service areas – Jackson, Macomb, Oakland, and Jackson Counties. Across Henry Ford Health, health needs were identified and prioritized, using health and social need data alongside community input received from community members and stakeholders. Shared enterprise-wide priorities included chronic disease prevention & management and behavioral health & substance use disorder. Each hospital had the opportunity to select a hospital-specific priority, which included infant mortality and cancer prevention & screening.

Figure 2: Henry Ford Health Identified Priorities in 2022 CHNA

Location	Enterprise-Wide: Chronic Disease Prevention & Management	Enterprise-Wide: Behavioral Health & Substance Use Disorder	Hospital-Specific Priority
Henry Ford Detroit Hospital	X	X	Infant Mortality
Henry Ford Jackson Hospital	X	X	Infant Mortality
Henry Ford Macomb Hospital	X	X	Cancer Prevention & Screening
Henry Ford West Bloomfield Hospital	X	X	Cancer Prevention & Screening
Henry Ford Wyandotte Hospital	X	X	Cancer Prevention & Screening

The hospitals which joined Henry Ford Health from Ascension as part of the 2024 joint venture conducted CHNAs in 2022 as well. These hospitals' service areas included the City of Flint, and Genessee, Lapeer, Livingston, Macomb, Oakland, St. Clair, and Wayne Counties. Genesys Hospital conducted their CHNA in partnership with the Greater Flint Health Coalition. Like Henry Ford Health's process, secondary data on health and social needs was collected and stakeholder and community member input were solicited. From there, health needs were identified and selected as priorities for each service area.

Figure 3: Legacy Ascension Identified Priorities in 2022 CHNA

Location	Priorities Identified and Prioritized
Henry Ford Genesys Hospital	• Addictions (including the opioid epidemic) • Mental Health (including stress, anxiety, and depression) • Chronic Disease

	• Maternal & Child Health
Ascension Southeast Michigan Hospitals (St. John, Macomb-Oakland, Providence, River District, & Brighton Center for Recovery)	• Mental Health (including stress, anxiety, and depression) • Healthy Behaviors & Chronic Disease Issues • Access to Care (with emphasis on maternal and infant health)
Henry Ford Rochester Hospital	• Chronic Disease • Access to Care • Mental Health

The 2022-2024 Community Health Needs Assessment Implementation Plans determined strategies to address these health need priorities. A summary of progress on these Implementation Plans from 2023 through mid-year 2025 is described below. Figures from 2025 represent progress through Quarter 2.

Henry Ford Health 2022 CHNA Implementation Plan Review

Figure 4: Chronic Disease Prevention & Management Strategies in 2023-2025 Implementation Plan

Priority 1: Chronic Disease Prevention and Management					
Goal/Activity	**Progress at each Henry Ford Health Hospital**				
	Detroit	**Jackson**	**Macomb**	**West Bloomfield**	**Wyanndotte**
Increase Diabetes Self Management Education (DSME) Program Engagements by 5% annually.	2023: 30% 2024: 60.4% 2025: 58.7%	2023: 40% 2024: 41.5% 2025: 20.8%	2023: 33% 2024: 85% 2025: 62.9%	2023: 95% 2024: 84% 2025: 48.7%	2023: 52% 2024: 60% 2025: 55.6%
Increase volume of Black participants completing DSME by 5% annually.	2023: not tracked by race 2024: 272 2025: 97	2023: 18 2024: 10 2025: 0	2023: not tracked by race 2024: 72 2025: 18	2023: 105 2024: 110 2025: 30	2023: 3 2024: 24 2025: 7
In Diabetes Prevention Program (DPP), achieve 40% of participants that complete DPP and achieve at least one outcome of: 5% weight loss, 4% weight loss and 150 minutes/week	2023: 40% 2024: 67% 2025: 76%	2023: 0% 2024: 0% 2025: No DPP Cohorts	2023: 43% 2024: 67% 2025: 76%	2023: 40% 2024: 67% 2025: 76%	2023: 0% 2024: 67% 2025: 76%

of physical activity.					
Increase DPP completion rates among Black participants by 10% by 2025.	2023: 40% 2024: 67% 2025: 42%	2023: 0% 2024: 0% 2025: No DPP Cohorts	2023: 9% 2024: 67% 2025: 42%	2023: 40% 2024: 67% 2025: 42%	2023: 0% 2024: 67% 2025: 42%
Complete at least 1 activity annually directed at identifying, tracking, communicating, educating or otherwise engaging providers to reduce racial disparities in HTN and/or HA1c control.	2023: 1 activity 2024: 3 activities 2025: 1 activity	2023: 1 activity 2024: 5 activities 2025: 1 activity	2023: 1 activity 2024: 3 activities 2025: 1 activity	2023: 1 activity 2024: 3 activities 2025: 1 activity	2023: 1 activity 2024: 3 activities 2025: 1 activity
Achieve 30% closure rate for NMDOH referrals by 2023, 40% by 2024, 50% by 2025.	2023: 38.6% 2024: 67.8% 2025: 60.2%				
Invest $15M through intermediaries into projects that positively impact SDOH.	The Community Development Financial Institution Request for Proposal was issued in September 2025 and in progress, with the timeline structured to have the CDFI(s) selected fall 2025 and ~$15 million placed by year-end 2025				

Figure 5: Behavioral Health and Substance Use Disorder Strategies in 2023-2025 Implementation Plan

Priority 2: Behavioral Health and Substance Use Disorder					
Goal/Activity	**Progress at each Henry Ford Health Hospital**				
	Detroit	**Jackson**	**Macomb**	**West Bloomfield**	**Wyandotte**
90% of patients seen in BHS will have depression screening as defined by the PHQ-9.	2023: 71.90% 2024: 84.57% 2025: 90.80%	2023: 36.07% 2024: 100% 2025: 100%	2023: 71.90% 2024: 84.58% 2025: 90.80%	2023: 71.90% 2024: 84.60% 2025: 90.80%	2023: 71.90% 2024: 84.58% 2025: 90.80%
35% of non-cancerous patients receiving treatment with an opioid Rx with high-risk conditions prescribed Naloxone in last 365 days.	2023: 28.60% 2024: 33.30% 2025: 30.9%	2023: 29.10% 2024: 25/60% 2025:29%	2023: 24.40% 2024: 23.07% 2025:28.10%	2023: 21.70% 2024: 18.10% 2025: 31%	2023: 34.50% 2024: 33.30% 2025: 36.90%

Specialty Clinics: 25% of patients seen within 10 days.	2023: 21.6% 2024: 32.12% 2025: 54.25%	2023: 29% 2024: 27.97% 2025: 25.02%	2023: 33.3% 2024: 64.6% 2025: 50.0%	2023: 29.4% 2024: 41.24% 2025: 48.9%	2023: 17.45% 2024: 32.12% 2025: 46.78%
Adult Collaborative Care: 42% of patients seen within 10 days.	2023: 32.93% 2024: 35.69% 2025: 86%	2023: 38.69% 2024: 22.55% 2025: 32.11%	2023: 32.93% 2024: 31.99% 2025: 86%	2023:32.93% 2024: 31.99% 2025: 86%	2023: 32.93% 2024: 35.69% 2025: 86%
Adult Collaborative Care: 4% of patients seen within same day.	2023: 2.25% 2024: 2.06% 2025: 3.49%	2023: 10.78% 2024: 10.78% 2025: 7.57%	2023: 2.25% 2024: 2.06% 2025: 3.49%	2023: 2.25% 2024: 2.06% 2025: 3.49%	2023: 2.25% 2024: 2.06% 2025: 3.49%

Figure 6: Infant Mortality & Cancer Strategies in 2023-2025 Implementation Plan

Priority 3: Infant Mortality		
Goal/Activity	**Detroit Hospital**	**Jackson Hospital**
Increase SDOH screening volume in Women's Health and Pediatrics by 5% annually.	2023: Data collection dashboard built 2024: 43.35% 2025: 43.10%	2023: Data collection dashboard built 2024: 90.9% 2025: 91.3%
Scale WIN Network: Detroit enhanced group prenatal care to two additional sites by 2025.	Replicated at CHASS Center in Southwest Detroit in 2024.	Replicated at FQHC in Jackson (Center for Family Health) in 2024.
Provide follow up services and referrals for at least 30% of Medicaid infants born preterm that deliver at Henry Ford Hospital.	1452 mothers have been provided follow up and referral services by a Postpartum Nurse Navigator since 2023	N/A
Increase % of patients reporting their provider treated them with respect (Consumer Assessment of Healthcare Providers and Systems (CAHPS)) by 5%.	2023: 83.04% 2024: 80.56% 2025: 84.91%	2023: 90.70% 2024: 81.63% 2025: 81.63%
Provide infrastructure for maternal-child team members to track hospital's infant mortality rate by 2025.	Data infrastructure being investigated	Data infrastructure being investigated

Priority 3: Cancer			
Goal/Activity	**Macomb Hospital**	**West Bloomfield Hospital**	**Wyandotte Hospital**
Increase total prostate cancer screening volume by 1.5% and for Black patients by 1.5% annually.	2023: All 9775 Black 967 2024: All 10,267 Black 1182 2025: All 4904 Black 553	2023: All 8666 Black 1456 2024: All 9364 Black 1573 2025: All 4816 Black 836	2023: All 4454 Black 371 2024: All 4620 Black 367 2025: All 2403 Black 178
Increase total	2023: All 2772	2023: All 22,984	2023: All 14,247

breast cancer screening volume by 3.8% and for Black patients by 3.8% annually.	Black 3121 2024: All 25,893 Black 3152 2025: All 13,296 Black 1658	Black 5442 2024: All 23,441 Black 5464 2025: All 11,829 Black 2836	Black 1273 2024: All 14,081 Black 1255 2025: All 7194 Black 611
Increase total lung cancer screening volume by 4.6% and for Black patients by 4.6% annually.	2023: All 2820 Black 193 2024: All 2904 Black 198 2025: All 1468 Black 122	2023: All 1165 Black 153 2024: All 1412 Black 216 2025: All 799 Black 116	2023: All 1825 Black 70 2024: All 1981 Black 102 2025: All 996 Black 44
Increase total colorectal cancer screening volume by 6.3% and for Black patients by 6.3% annually.	2023: All 4355 Black 400 2024: All 3682 Black 368 2025: All 1679 Black 164	2023: All 8813 Black 1680 2024: All 9053 Black 2109 2025: All 4931 Black 1151	2023: All 1716 Black 165 2024: All 1952 Black 205 2025: All 1021 Black 92
Hold events to increase awareness and education around cancer screening for breast, lung, colon, prostate cancer – 1 event per region per year.	2023: Sterling Heights Senior Center Health Fair; distributed Fit Kits and screening education materials 2024: Saturday November 9, 2024 National Lung Cancer Screening Day Q2 2025: GM Global Health Fair week; cancer prevention & screening materials	2023: 3.16.23 Colon cancer prevention and screeding education and fit kits at West Bloomfield 5.24.23 Health Fair Sterling Heights Sr Center 2024: Saturday Nov9 2024 National Lung Cancer Screening Day: opened for lung cancer screenings; did 13 lung cancer screenings Q2 2025: Mobile Mamm bus at The Wellness Plan Pontiac	2023: -6/11/2023, 6/16/2023 Community health events -8/5/2023 Detroit Lions training camp festivities - Prostate screening education -9/24/2023 Community event in SW Detroit (Woodmere Cemetery leadership health fair for their community which is Hispanic, Arab American and Black) -9/30/2023 MIU Men's Health Event at Ford Field (1,300+ attendees; distributed 80 fit kits and other educational info) 2024: Saturday National Lung Cancer Screening Day; opened for lung cancer screenings; did 13 screens 2025: Colon Cancer Awareness display featuring inflatable colon; distribution of prevention & screening materials and free Fit tests

Henry Ford Health 2022-2025 Narrative Implementation Plan Strategy Highlights

To supplement the data tables above, we have included additional narrative around some of the programs that implemented activities related to our prioritized health needs.

Enterprise-Wide Priority 1: Chronic Disease Prevention & Management

The Henry Ford Health Diabetes Prevention Program (DPP) is a vital initiative focused on reducing the risk of type 2 diabetes through prevention, education, and community-centered support. With a strong commitment to reducing disparities, the program intentionally prioritizes delivery in high-need areas. Program accessibility has expanded through virtual and in-person formats offered at varied times. DPP goes above and beyond clinical care to provide education and wraparound support for patients in a group setting. In Detroit, Macomb, West Bloomfield, and Wyandotte, at least 40% of DPP participants have achieved standard DPP weight loss and physical activity goals. In this Implementation Plan, DPP aimed to improve the rates at which our Black participants complete the program to great success – in all markets where DPP is available, completion improved in 2024 to 67%, up from at most 40% in 2023. One DPP participant shared how the encouragement to monitor blood pressure in class led to a life-saving diagnosis. Others have reported better health outcomes, discovering new ways to stay active, and inspiring their families to adopt healthier habits, all because of the consistent engagement with health professionals during the program. Through innovation, collaboration, and a people-centered approach, the DPP at Henry Ford Health is creating a healthier future for communities across southeast Michigan.

Henry Ford Health ensures patients not only have their clinical needs addressed by their providers, but also needs such as housing, transportation, and food security. In this Implementation Plan we set out to achieve a 50% closure rate for non-medical needs referrals made at Henry Ford Health in 2025. Currently over 60% of these referrals are closed-loop referrals, meaning patients are being provided referrals to resources when they screen positively for a non-medical need.

In 2022 a goal was set to invest 15 million dollars through intermediaries into projects that positively impact our community members' non-medical needs by 2025. We are excited to report that this goal is on track to be achieved by 2025 year end, as the request for proposals was issued in September 2025 and awardees aim to be selected, and funding placed by the end of the year.

Enterprise-Wide Priority 2: Behavioral Health & Substance Use Disorder

Henry Ford Health has seen success in scaling depression screening to all Behavioral Health Services patients – all hospitals have achieved at least 90% of patients screened in 2025 thus far, with Jackson Hospital achieving 100%.

The Collaborative Care Model (COCM) program expands access to behavioral health care by embedding services within the patient's Primary Care clinic. This allows for higher acuity patients to see a provider more quickly. A major accomplishment of COCM includes hiring an additional case manager to keep up with the high demand for services and large volume of requests. In addition to improving access, innovative collaborations with the Primary Care and outpatient Behavioral Health departments have boosted the success of COCM. Primary Care providers refer their patients to COCM and continue to implement treatment recommendations. Outpatient behavioral health allows COCM to share two of their

psychiatrists to serve as psychiatric consultants for the program. As result of COCM's efforts, wait times for accessing behavioral health treatment have improved for both high-acuity patients and mild to moderate patients managed by COCM team members. In Detroit, Macomb, West Bloomfield, and Wyandotte, 86% of Adult Collaborative Care patients are seen within 10 days. In Jackson 32% of patients are currently seen within 10 days, an improvement of 10% from 2024. While an initial goal was set for 4% of these patients systemwide to be seen same-day, the Behavioral Health Services team members find that most patients do not desire to be seen same-day. Despite this, at least 3.5% of Adult Collaborative Care patients are seen systemwide same-day, with an impressive 7.5% in Jackson. Additionally, the goal of 25% of Specialty Clinic patients seen within 10 days was reached systemwide.

Hospital-Specific Priority: Maternal & Infant Health

A great success of this Implementation Plan has been in expanding enhanced group prenatal care to additional community sites. Henry Ford Health's Women-Inspired Neighborhood (WIN) Network's model of enhanced group prenatal has been transformative in improving birth outcomes for Henry Ford Health patients since 2016. In group prenatal care, 8-12 mothers due to deliver around the same time receive their prenatal care in a group which allows for more time with the provider, and 1:1 support is provided from a Community Health Worker until the baby's first birthday. In 2024, WIN Network expanded its enhanced group prenatal care (GPC) model to the federally qualified health center, Community Health and Social Services (CHASS) Center in Southwest Detroit, bringing this program to community members. This effort aims to reduce maternal and infant health disparities and expand access to care for a high-need population. CHASS staff report that the partnership has been especially impactful during challenging times in the community. The added support from Community Health Workers (CHWs) has helped mothers overcome barriers and connect with essential resources. Participants consistently share how meaningful it is to receive care and encouragement from providers, peers, and CHWs together. Additionally, through WIN Network's partnership with The Heat and Warmth Fund (THAW), some mothers have received utility assistance, reduced financial stress, and allowed them to focus on their health and pregnancies.

WIN Network began replicating its group prenatal care model at another federally qualified health center, Center for Family Health in Jackson in 2024, with classes and sessions beginning in November 2024. Since then, five cohorts have been completed. From May to October 2025, 25 babies have been born to participants. Among these births, 17 out of 25 delivered vaginally and 4 were born preterm. 22 of 25 mothers initiated breastfeeding. This early data demonstrates promising maternal and infant health outcomes, reflecting the potential of the Group Prenatal Care model to improve engagement, support, and clinical results for pregnant individuals in the Jackson community.

Beyond clinical results, the program has strengthened community and connection among moms. Through home visits, regular check-ins, and peer support, participants receive personalized guidance and encouragement. Many report increased confidence in breastfeeding—with most participants reporting feeling more confident and equipped to begin and continue breastfeeding, thanks to the hands-on assistance and reassurance provided by their WIN Network team—and ongoing support from fellow moms, fostering lasting relationships and healthier beginnings for families in Jackson.
In Jackson, efforts have been made to increase screenings for non-medical determinants of health (NMDOH) for pregnant women and then assist patients in meeting unmet needs, such as a lack of primary care provider, unmanaged chronic and mental health conditions, and lack of transportation. Jackson staff and clinical providers have worked closely with Primary Care to connect them to chronic disease care and

procured transportation vouchers to ensure that patients could travel to their appointments. Nurses went above and beyond to ensure that patients would be able to come for their appointments through persistent follow-ups. They also connected patients with a case manager based in Primary Care to provide ongoing connections to resources.

Infant health is addressed with a similar approach. Each family within the Pediatrics department is screened for non-medical determinants of health (NMDOH) at every visit. If a need is identified, the family is connected to the department's case manager, who can provide resources related to housing, transportation, and other needs.

Hospital-Specific Priority: Cancer Prevention & Screening

Henry Ford Health partnered with community partners such as the Sterling Heights Senior Center to provide not only educational information, but also free test kits for colon cancer screening to eligible patients. The Henry Ford Cancer team also partnered with Exact Science to have a large inflatable colon at community events to further increase awareness and provide detailed information about colon cancer screening. Henry Ford Health staff who are present at outreach events help to facilitate referrals and/or scheduling for various cancer screenings.

Henry Ford Health provided educational materials outlining the American Cancer Society recommended screenings for Breast, Colon, Lung, and Prostate Cancer. This information details the gender, age range, frequency, and any ethnic group specifics regarding cancer screenings. The goal is to educate the community, particularly those most at risk for developing cancer during their lifetime.

In Macomb, over 400 community members were reached at cancer screening outreach events in 2024. Partner organizations were engaged to increase reach including the American Cancer Society and Clinton Township Senior Expo. From 2023 to 2024, the volume of lung and prostate cancer screenings increased and the percentage of eligible patients' compliance with screening trended upwards.

In West Bloomfield, 560 community members were reached at cancer screening outreach events in 2024. Partners in this outreach included The Wellness Plan in Pontiac. Colorectal, lung, and prostate cancer screenings increased from 2023 to 2024 and more patients became compliant with screening recommendations.

In Wyandotte, nearly 300 community members were reached at cancer screening outreach events in 2024. Wyandotte Hospital partnered with the City of Wyandotte to put on Wellness Wednesdays in the park, where prevention and screening materials were distributed. Colorectal, lung, and prostate cancer screenings increased from 2023 to 2025 and more patients became compliant with screening recommendations.

Legacy Ascension 2022-2025 Narrative Implementation Plan Strategy Highlights

Overarching Goal in Community Investment & Engagement:

Ascension Southeast Michigan Community Health created Community Advisory Committees (CAC) at three of its primary hospital locations: Ascension Macomb, Ascension Providence, and Ascension St. John. The purpose of the CACs is to enhance the hospital and health system's relationship with the community. The community stakeholders represented on the CAC are a diverse body of individuals representing the faith community, education, business and industry, nonprofit and public agencies, seniors and law enforcement. Hospital leadership, along with Community Health staff and community leaders, meet three times a year to discuss issues affecting the community, such as vaccine hesitancy and the mental health crisis; hospital activities, improvements or expansions; and identify potential partnership opportunities.

Prioritized Health Needs Addressed: Mental Health

Southeastern Michigan Hospitals and Genesys Hospital
Ascension expanded the use of Screening Brief Intervention and Referral to Treatment (SBIRT), PHQ-9, Adverse Childhood Experiences to identify mental health patients in various primary and specialty care settings. Screening forms for behavioral health/substance use disorders were standardized, and a designated unit for geriatric patient population maximized inpatient bed utilization. Ascension Michigan effectively established electronic health record platforms in primary care settings for case management of behavioral health patients.

Ascension's School-Based Health initiative made a significant contribution to meeting the mental health needs of youth across their service area, with telehealth and in-person mental health services in eight school-based health centers. 1,023 students were screened for depression and suicide and referred to care as needed.

Ascension's Community Health team also addressed mental health through their Open Arms program. Open Arms aims to help domestic violence and human trafficking victims and their families process intense emotions, navigate through the criminal justice system, and obtain support services after experiencing any acts of violence. Open Arms counselors host peer support groups for survivors and their families as well as conduct individual counseling. Open Arms also provides advocacy services, including assistance filing for personal protection orders, victim compensation, safe housing, and information and resources to help them in the healing process. From 2023 to 2025 thus far, there have been 8,053 Open Arms participant encounters across the Macomb-Oakland, Providence Novi, Providence Southfield, River District, and St. John Hospitals.

Further, the Community Health team led human trafficking trainings across the Macomb-Oakland, Providence Novi, Providence Southfield, River District, and St. John Hospitals. From 2023 to 2025 thus far, 1,007 employees took part in human trafficking trainings to ensure they are able to recognize signs of human trafficking and respond accordingly to protect patients.

Prioritized Health Needs Addressed: Addiction

Genesys Hospital

A multidisciplinary substance use disorder inpatient consult/rounding team was established in 2021. Since then, more than 50 Internal Medicine and Emergency Medicine medical residents have completed the 2–4-week patient care rotation and have learned about substance use disorders, with a focus on opioid use disorders to better serve patients. Trainees learned how to diagnose the disorder, manage acute withdrawal symptoms, and initiate treatment with medications approved to treat opioid use disorder. These patients are provided with resources to continue treatment in the outpatient setting upon discharge and offered a prescription as they transition to the outpatient setting for intranasal naloxone to treat accidental overdose. The outpatient/retail pharmacy at Henry Ford Genesys Hospital assists patients in need with the cost of the medication.

The inpatient pharmacy team's focus is to target patients who have high daily opioid requirements; admitted patients receiving either transdermal fentanyl patches or 50 morphine milligram equivalents per day of around-the-clock opioid treatments are identified using electronic clinical decision support tools because such patients are at increased risk of accidental overdose. The inpatient pharmacists received training from both the Michigan Opioid Prescribing Engagement Network and the local clinical pharmacy specialist with substance use disorder expertise on how to engage such patients in stigma-reducing conversation and education about safe storage and disposal of opioids, and signs and symptoms of accidental overdose. The patients are offered free locking prescription vials for safe medication storage as they transition to the outpatient setting. They are also taught how to use intranasal naloxone. If they wish to obtain intranasal naloxone, the inpatient and outpatient pharmacy team work to deliver the medication to the bedside prior to discharge. The inpatient pharmacy team has provided education to more than 200 patients since the inception of this program. Locking prescription vials have been provided to more than 40 patients. Intranasal naloxone has been provided to more than 100 patients.

The emergency department team focused on the provision of medications and supplies to patients with OUD. The primary initiative was the distribution of naloxone to at risk patients in the emergency department. Through partnership with the Michigan Opioid Prescribing Engagement Network, naloxone kits were obtained and distributed through the emergency department. Naloxone kits were distributed to more than 80 emergency department patients from 2022-2024. In the latter half of 2024, a free naloxone distribution box was made available in the emergency department lobby with unrestricted access to naloxone for the members of the community and patients. The distribution box provides ongoing access to naloxone to the community. The inpatient pharmacy team has led four multidisciplinary Medication Take Back Days either on the hospital campus or at locations in the community; these are open to the public to offer safe disposal of unneeded medications.

One Henry Ford Genesys inpatient clinical pharmacy specialist participates in the Greater Flint Health Coalition Mental Health and Substance Use Task Force. One of the inpatient clinical pharmacy specialists hosted an "International Overdose Awareness Day" event in the hospital lobby and dispersed postage-prepaid envelopes to the public to facilitate mailing of unneeded/unused medications to an incinerator for safe disposal. The pharmacist also dispersed packages containing a drug deactivation system (Deterra) to allow safer at-home medication disposal.

Prioritized Health Needs Addressed: Chronic Disease & Access to Care

Genesys Hospital

The Henry Ford Genesys stroke program participates in regular stroke screening events in collaboration with the Greater Flint Health Coalition. These screenings are hosted at the Genesee County Free Medical Clinic. The screening is free to the public and includes cholesterol, hemoglobin A1c, and blood pressure monitoring, assessment of stroke risk factors, nutrition and smoking cessation education (if applicable), and instruction on activating the 911 system for suspected stroke. In addition, Henry Ford Genesys provided blood pressure monitoring, stroke risk factor screening, and stroke recognition education during the Flint Feed the City event on June 11, 2024.

On March 27, 2024, Ascension Oncology Services held a colorectal screening event at Genesys Hospital. Participants were invited to join an informational meeting with educational presentations from a registered dietitian and a gastroenterology fellow. Education was provided on the benefits of screening, risk factors of colon cancer, prevention of colorectal cancer, including timely screening, nutrition, and more. Applicable participants received a free colorectal cancer screening test provided by the Genesys Laboratory. There were eight attendees to the presentation with eight applicable people taking home the free screening test. The GI/Colorectal cancer nurse navigator at Genesys Hospital monitored submission of screening tests and followed up with patients as needed.

A heart screening event reaching 136 people was hosted on April 27, 2024, including a health screening of vital signs, blood sugar, BMI, stroke assessment, and 1:1 consultation with a physician.

Genesee Health Plan emPOWER provides a Community Health Worker via a Henry Ford Genesys-supported grant to our clinics to assist in addressing the socio-economic needs of our community members, including diabetic patients.

Southeastern Michigan Hospitals

Legacy Ascension hospitals have continued to drive impact on chronic disease and increasing access to care. In 2023, 53 health fairs/screening events were held at School-Based Health Centers across the service area to address youth chronic disease prevention. For adults, the Bridges to HOPE program aims to support participants in resource connection, goal-setting, and chronic disease prevention. The Diabetes Prevention Program ran cohorts, graduating 46 program participants across the Legacy Ascension SEM sites. Notably, the Rochester Community Health team enrolled 556 community members in Diabetes and Nutrition education programs in 2023.

Seniors were a particular focus during the Implementation Plan reporting period. The Community Health team hosted more than 1,400 senior-focused health programs, screenings, and lectures. Programs included RN health and wellness consultations, “Ask a Resident” in-person consultations, educational lectures such as a Matter of Balance, Fall Risk Assessments and more. At the Rochester hospital, the Community Health team implemented the Age-Friendly Health System 4Ms framework to improve prevention and management of chronic disease in adults age 65+.

Prioritized Health Needs Addressed: Maternal & Child Health

Genesys Hospital

The Women's Health Service Line, in collaboration with the Genesys Maternal Health Department, has been working diligently to reduce the complications associated with Severe Maternal Morbidity (SMM) and to improve access to prenatal care. Several initiatives have been implemented during the last two years that have led to improvement in both critical areas.

The reduction of the SMM rate is largely dependent on reducing the need for blood transfusions following delivery. The key tactics to address this issue have been the use of IV Iron in both the prenatal care setting and in the immediate post-partum setting. For patients who are clinically stable, an iron transfusion is a viable option to improve outcomes while reducing the risk. A systemwide policy was created and implemented at each site to provide guidance for the management of the stable postpartum patient. This policy addresses the importance of considering an iron transfusion as opposed to a blood transfusion, when appropriate. Along with this policy, a transfusion tracker has been developed to assist healthcare professionals in tracking the number and appropriateness of blood transfusions given. These two initiatives, along with the diligent efforts of the Genesys team, have resulted in a 25% improvement in the SMM rate and a 35% reduction in avoidable blood transfusions.

Improving rates of prenatal care is largely based on understanding the reasons why a patient may miss or be unable to attend their prenatal care visit. To assist with this effort, a non-medical determinants of health (NMDOH) screening is completed on patients receiving care at Ascension Medical Group practices. These screenings provided valuable insight into patient needs that could be addressed with referrals to community support services. Providing patients with the resources they need to optimize care has allowed the Ascension Medical Group to report that 98% of their patients have attended 8 or more prenatal visits prior to delivery.

Southeastern Michigan Hospitals

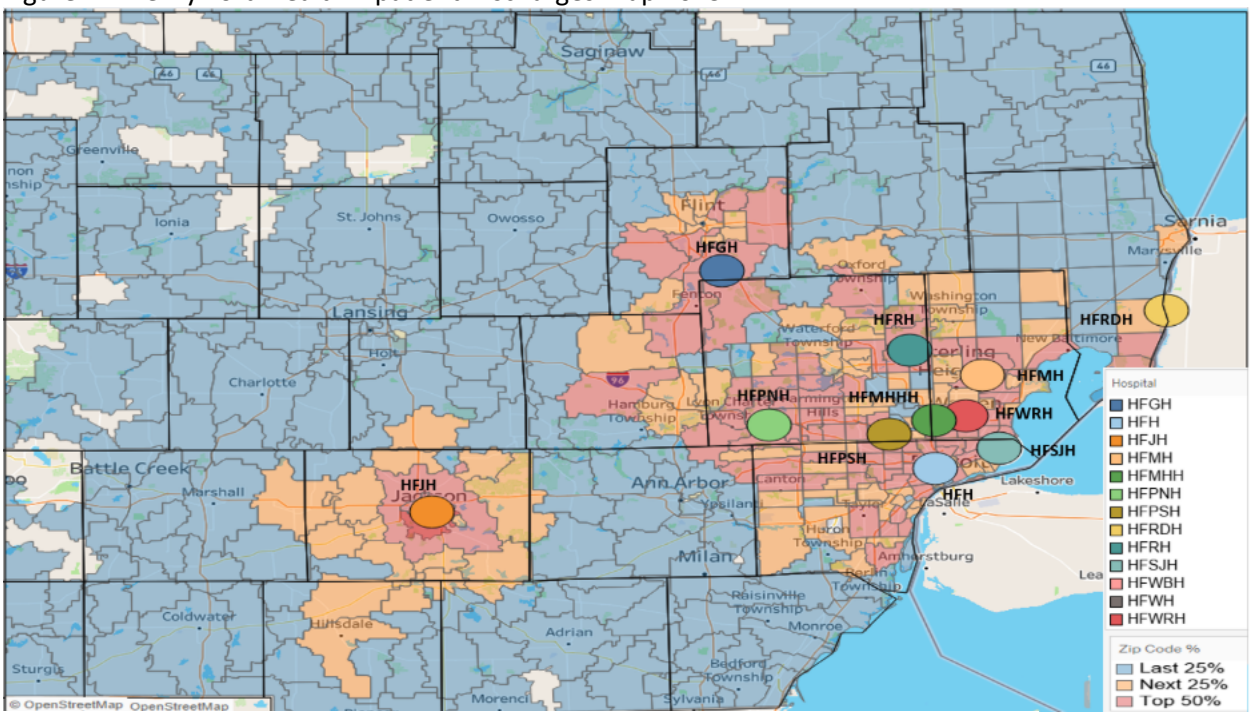
The Legacy Ascension Community Health team is a part of the state network of Maternal Infant Health Program providers. Initiated by the Michigan Department of Health and Human Services, the Maternal Infant Health Program connects pregnant women with home-visiting services delivered by a team staffed by a nurse, social worker, and community health worker, who provide resources and support throughout the pre- and post-partum period. From 2023 to 2025 thus far, 2,447 mother and infant encounters have taken place. In addition to the MIHP, the Legacy Ascension Community Health team facilitated numerous education, health, and safety programs on topics such as birthing, breastfeeding and child safety.

Section 2: Communities Served by Henry Ford Health

Definition and Description of Communities Served

For purposes of this needs assessment, the Henry Ford Health (Henry Ford) service area is defined as the population of Genesee, Jackson, Livingston, Macomb, Oakland, St. Clair, and Wayne Counties. Throughout this report, the City of Detroit, located in Wayne County, is often analyzed on its own due to its size and unique demographic characteristics. Figure 7 shows a map of the communities where Henry Ford receives most of its inpatient volume, along with our thirteen hospital locations. The variable of inpatient volume provides a good geographic indication of what communities Henry Ford significantly interacts with, and likewise, where Henry Ford targets its limited resources to make the greatest impact on the community.

Figure 7 – Henry Ford Health Inpatient Discharges Map 2023



HFGH – Henry Ford Genesys Hospital
HFH – Henry Ford Hospital Detroit
HFJH – Henry Ford Jackson Hospital
HFMH – Henry Ford Macomb Hospital
HFMHH – Henry Ford Madison Heights Hospital
HFPNH – Henry Ford Providence Novi Hospital
HFPSH – Henry Ford Providence Southfield Hospital
HFRDH – Henry Ford River District Hospital
HFRH – Henry Ford Rochester Hospital
HFSJH – Henry Ford St. John Hospital
HFWBH – Henry Ford West Bloomfield Hospital
HFWH – Henry Ford Wyandotte Hospital
HFWRH – Henry Ford Warren Hospital
DataKoala

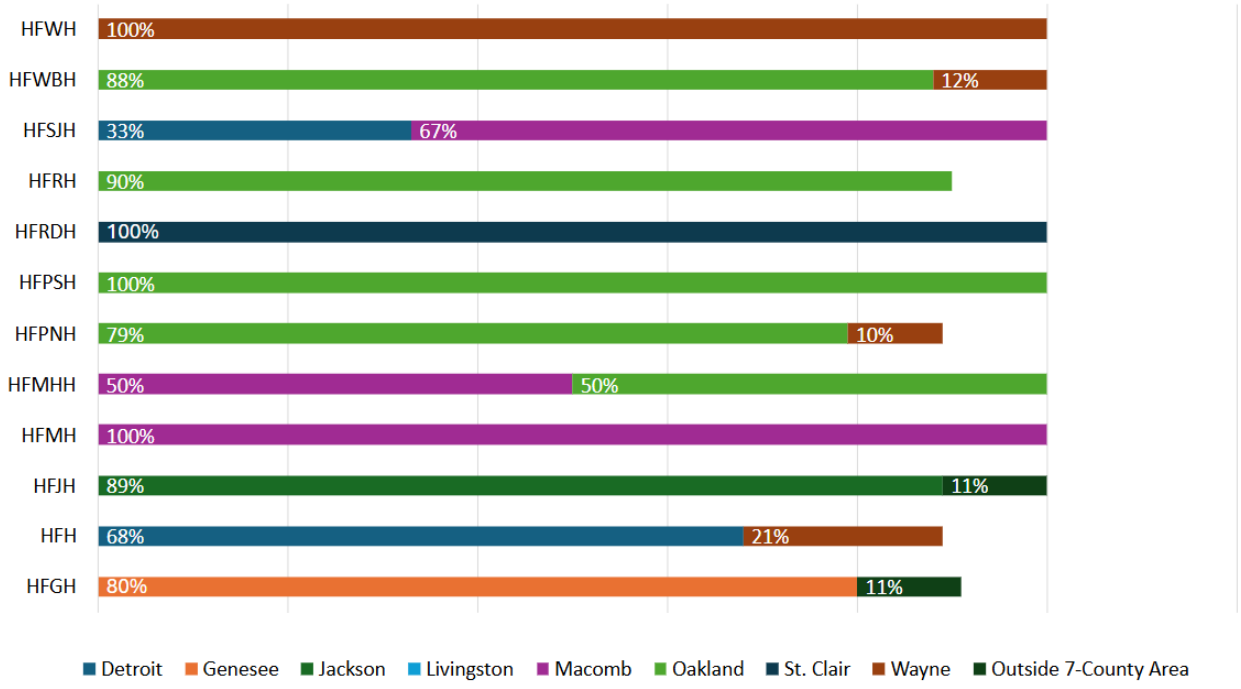
Although Henry Ford Health sees patients from counties throughout Michigan and beyond, as well as patients outside of Michigan, most of the patient volume comes from the seven-county area of Genesee, Jackson, Livingston, Macomb, Oakland, St. Clair, and Wayne (including Detroit) as depicted in Figure 7 and Figure 8. The seven-county area was chosen as the most appropriate geographical area for assessing and impacting community health needs and is the focus of this assessment. The total 2023 estimated populations of the seven counties are as follows:

- Detroit – 633,221

- Genesee – 401,522
- Jackson – 159,424
- Livingston - 196,757
- Macomb – 875,101
- Oakland – 1,270,426
- St. Clair –159,874
- Wayne – 1,751,169

Within the seven counties, each of Henry Ford Health's hospitals has been assigned to a specific county or city based on the location from which most of each hospital's inpatient discharges originate (Figure 8).

Figure 8 – 2023 Percentage of Inpatient Discharges by Hospital and County
Data Koala



DataKoala
HFGH – Henry Ford Genesys Hospital
HFH – Henry Ford Hospital Detroit
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HFRH – Henry Ford Rochester Hospital
HFSJH – Henry Ford St. John Hospital
HFWBH – Henry Ford West Bloomfield Hospital
HFWH – Henry Ford Wyandotte Hospital
HFWRH – Henry Ford Warren Hospital

Figure 8 illustrates what percentage of Henry Ford Health inpatient discharges originate from each region within the seven-county area including the City of Detroit, as well as outside this region. For each hospital, the region that represents the largest proportion of patient volume has been highlighted. Overall, Henry Ford Health had 107,176 inpatient discharges in 2023 (from the five hospitals part of Henry Ford Health prior to the joint venture) with 95% originating from the seven-county area residents.

Demographic Profile of Communities Served

The seven-county area comprises Genesee, Jackson, Livingston, Macomb, Oakland, St. Clair, and Wayne Counties, which are in southeastern and southcentral Michigan and account for 40% of the Michigan population. Wayne (includes Detroit), Oakland, and Macomb, respectively, are the most populous counties in Michigan; Genesee, Jackson, Livingston, and St. Clair Counties are much smaller areas. Of the over 4 million residents in the seven-county area, approximately 51% of the population is female. The seven-county area is 69% white, 14% Black, and 5% Hispanic.

Population in the seven-county area is expected to remain flat by 2030. When examining age distribution, the seven-county area has a comparable population to that of the country with 20% of the population above the age of 65. Of interest to healthcare providers is the aging population of the seven-county area, with the 65-year-old and above population expected to rise by 12% from 2025 to 2030. The "Percent Change" columns in Figure 9 represent predicted population changes from 2025 to 2030.

Figure 9 - Demographic Snapshot of Seven-County Area

Average Age and Income	Market 2025 Population	National 2025 Population	Market 2030 Population	National 2030 Population
Average Age	41.3	40.6	42.3	41.6
Average Household Income	$99,984	$113,182	$105,459	$122,965

Population and Gender	Market 2025 Population	Market 2025 % of Total	Market 2030 Population	Market 2030 % of Total	Market Population % Change	National 2025 % of Total
Female Population	2,412,647	50.91%	2,404,377	50.89%	-0.34%	50.43%
Male Population	2,326,530	49.09%	2,320,015	49.11%	-0.28%	49.57%
Total	4,739,177	100.00%	4,724,392	100.00%	-0.31%	100.00%

Age Groups	Market 2025 Population	Market 2025 % of Total	Market 2030 Population	Market 2030 % of Total	Market Population % Change	National 2025 % of Total
00-17	987,787	20.84%	951,745	20.15%	-3.65%	21.04%
18-44	1,625,845	34.31%	1,603,964	33.95%	-1.35%	36.02%
45-64	1,208,289	25.50%	1,142,285	24.18%	-5.46%	24.38%
65-UP	917,256	19.35%	1,026,398	21.73%	11.90%	18.56%
Total	4,739,177	100.00%	4,724,392	100.00%	-0.31%	100.00%

Ethnicity/Race	Market 2025 Population	Market 2025 % of Total	Market 2030 Population	Market 2030 % of Total	Market Population % Change	National 2025 % of Total
Asian & Pacific Is. Non-Hispanic	235,525	4.97%	257,625	5.45%	9.38%	6.47%
Black Non-Hispanic	1,016,148	21.44%	1,003,284	21.24%	-1.27%	12.12%
Hispanic	269,686	5.69%	307,475	6.51%	14.01%	20.28%
White Non-Hispanic	2,965,854	62.58%	2,881,777	61.00%	-2.83%	55.47%
All Others	251,964	5.32%	274,231	5.80%	8.84%	5.65%
Total	4,739,177	100.00%	4,724,392	100.00%	-0.31%	100.00%

Language*	Market 2025 Population	Market 2025 % of Total	Market 2030 Population	Market 2030 % of Total	Market Population % Change	National 2025 % of Total
Arabic at Home	150,174	3.35%	151,029	3.38%	0.57%	0.44%
Only English at Home	3,894,216	86.96%	3,882,754	86.90%	-0.29%	78.49%
Other Asian-Pacific Lang at Home	43,916	0.98%	43,600	0.98%	-0.72%	1.05%
Other Indo-European Lang at Home	126,071	2.82%	126,664	2.83%	0.47%	1.95%
Spanish at Home	122,244	2.73%	121,484	2.72%	-0.62%	13.35%
All Others	141,441	3.16%	142,464	3.19%	0.72%	4.71%
Total	4,478,062	100.00%	4,467,995	100.00%	-0.22%	100.00%

Household Income	Market 2025 Households	Market 2025 % of Total	Market 2030 Households	Market 2030 % of Total	Market Households % Change	National 2025 % of Total
<$15K	194,262	10.12%	185,918	9.67%	-4.30%	8.49%
$15-25K	140,639	7.33%	134,644	7.00%	-4.26%	6.62%
$25-50K	367,475	19.14%	355,098	18.47%	-3.37%	17.34%
$50-75K	314,594	16.39%	304,401	15.83%	-3.24%	15.65%
$75-100K	237,056	12.35%	235,273	12.24%	-0.75%	12.57%
$100K-200K	473,423	24.66%	486,500	25.30%	2.76%	26.36%
>$200K	192,043	10.00%	221,052	11.50%	15.11%	12.97%
Total	1,919,492	100.00%	1,922,886	100.00%	0.18%	100.00%

Education Level**	Market 2025 Population	Market 2025 % of Total	Market 2030 Population	Market 2030 % of Total	Market Population % Change	National 2025 % of Total
Less than High School	95,636	2.86%	96,296	2.86%	0.69%	4.70%
Some High School	203,895	6.10%	205,288	6.10%	0.68%	5.89%
High School Degree	892,993	26.70%	898,785	26.70%	0.65%	26.25%
Some College/Assoc. Degree	1,113,616	33.30%	1,121,192	33.30%	0.68%	30.35%
Bachelor's Degree or Greater	1,037,854	31.04%	1,045,144	31.04%	0.70%	32.82%
Total	3,343,994	100.00%	3,366,705	100.00%	0.68%	100.00%

*Excludes population age<5,
**Excludes population age<25
DataKoala

Regarding education, the seven-county area has approximately 8% of residents who have some high school education or less, which is similar to the national average. Further, 33% of residents have a bachelor's degree or greater, which is comparable to the national average. The seven-county area is

diverse in population, race/ethnicity, and economic growth and development. The automotive industry remains the largest employer in the region, but the healthcare sector is represented among the top employers in the region as well.[1]

Within the seven-county area, the median household income in Oakland County ($92,105) and Livingston County ($102,508) are significantly higher than the City of Detroit ($38,080), Wayne County ($57,281), Genesee ($60,027), Jackson County ($63,027), St. Clair County ($68,513) and Macomb County ($73,807). The United Way ALICE (Asset Limited, Income Constrained, Employed) report shows the number of households whose average income is insufficient to afford basic expenses, including housing, childcare, health care and transportation, by county and city.

Figure 10 – Households Living Below and Above ALICE Threshold and Below Poverty Level for Seven-County Area

	Households Living Below ALICE Threshold	Households Living Below Poverty Level	Households Living Above ALICE Threshold
Michigan	28%	13%	59%
Wayne	32%	20%	48%
City of Detroit	67%	31%	33%
Oakland	24%	9%	67%
Macomb	28%	10%	62%
Genesee	28%	16%	56%
St. Clair	28%	14%	59%
Jackson	33%	12%	55%
Livingston	23%	5%	72%

ALICE Report United Way
Worse than state average

Lower household incomes negatively impact purchasing power, health insurance coverage, and ability to afford necessities. The seven-county area's safety nets, including healthcare systems, are being increasingly stretched. As of 2024, Michigan ranks 39th in the country for children under 18 in families below poverty level, at 18%. This figure has slightly increased since 2019 (0.7%).[2]

To increase the utility of the Community Health Needs Assessment, it is important to analyze the profile(s) of each of these counties at a more detailed level, such as zip codes, so that certain differences within the area become evident. One community in particular need of attention is the City of Detroit (Figure 11), where the average household income is $38,080, significantly less than average household income of the overall seven-county area ($105,706). 18% of Detroit residents have less than a high school education and only 17% have a bachelor's degree or higher. The data in Figure 11 are inclusive of the entire population of each zip code which enters Detroit's city limits, resulting in the inclusion of about 70,000 people who live in a zip code which is split between the City of Detroit and a neighboring jurisdiction, but who do not live in Detroit's geography. As of a result of this limitation of the Data Koala platform, Figure 11's population numbers are slightly larger than the census' numbers.

[1] Jackson, MI | Data USA, The Detroit Region's Top Industries – Detroit Regional Partnership
[2] Kids Count Data Center, Annie E. Casey Foundation. 2024. https://datacenter.aecf.org/data/tables/43-children-in-poverty

Figure 11 – City of Detroit Demographics

Average Age and Income	Market 2025 Population	National 2025 Population	Market 2030 Population	National 2030 Population
Average Age	38.3	40.6	39.2	41.6
Average Household Income	$59,652	$113,182	$61,428	$122,965

Population and Gender	Market 2025 Population	Market 2025 % of Total	Market 2030 Population	Market 2030 % of Total	Market Population % Change	National 2025 % of Total
Female Population	366,761	51.83%	357,457	51.71%	-2.54%	50.43%
Male Population	340,799	48.17%	333,753	48.29%	-2.07%	49.57%
Total	707,560	100.00%	691,210	100.00%	-2.31%	100.00%

Age Groups	Market 2025 Population	Market 2025 % of Total	Market 2030 Population	Market 2030 % of Total	Market Population % Change	National 2025 % of Total
00-17	172,026	24.31%	162,601	23.52%	-5.48%	21.04%
18-44	258,000	36.46%	251,855	36.44%	-2.38%	36.02%
45-64	163,144	23.06%	153,069	22.15%	-6.18%	24.38%
65-UP	114,390	16.17%	123,685	17.89%	8.13%	18.56%
Total	707,560	100.00%	691,210	100.00%	-2.31%	100.00%

Ethnicity/Race	Market 2025 Population	Market 2025 % of Total	Market 2030 Population	Market 2030 % of Total	Market Population % Change	National 2025 % of Total
Asian & Pacific Is. Non-Hispanic	19,026	2.69%	19,343	2.80%	1.67%	6.47%
Black Non-Hispanic	485,524	68.62%	459,496	66.48%	-5.36%	12.12%
Hispanic	57,365	8.11%	62,245	9.01%	8.51%	20.28%
White Non-Hispanic	114,645	16.20%	115,954	16.78%	1.14%	55.47%
All Others	31,000	4.38%	34,172	4.94%	10.23%	5.65%
Total	707,560	100.00%	691,210	100.00%	-2.31%	100.00%

Language*	Market 2025 Population	Market 2025 % of Total	Market 2030 Population	Market 2030 % of Total	Market Population % Change	National 2025 % of Total
Arabic at Home	22,768	3.45%	22,778	3.52%	0.04%	0.44%
Only English at Home	577,528	87.40%	564,785	87.28%	-2.21%	78.49%
Other Indo-European Lang at Home	14,838	2.25%	14,748	2.28%	-0.61%	1.95%
Slavic Lang at Home	2,736	0.41%	2,735	0.42%	-0.04%	0.67%
Spanish at Home	37,316	5.65%	36,510	5.64%	-2.16%	13.35%
All Others	5,638	0.85%	5,528	0.85%	-1.95%	5.09%
Total	660,824	100.00%	647,084	100.00%	-2.08%	100.00%

Household Income	Market 2025 Households	Market 2025 % of Total	Market 2030 Households	Market 2030 % of Total	Market Households % Change	National 2025 % of Total
<$15K	62,666	22.19%	59,695	21.47%	-4.74%	8.49%
$15-25K	34,960	12.38%	34,209	12.30%	-2.15%	6.62%
$25-50K	70,192	24.85%	68,462	24.62%	-2.46%	17.34%
$50-75K	44,265	15.67%	43,524	15.65%	-1.67%	15.65%
$75-100K	25,713	9.10%	25,619	9.21%	-0.37%	12.57%
$100K-200K	34,915	12.36%	36,264	13.04%	3.86%	26.36%
>$200K	9,710	3.44%	10,290	3.70%	5.97%	12.97%
Total	282,421	100.00%	278,063	100.00%	-1.54%	100.00%

Education Level**	Market 2025 Population	Market 2025 % of Total	Market 2030 Population	Market 2030 % of Total	Market Population % Change	National 2025 % of Total
Less than High School	22,309	4.74%	22,072	4.77%	-1.06%	4.70%
Some High School	54,586	11.61%	53,837	11.63%	-1.37%	5.89%
High School Degree	151,454	32.21%	149,235	32.23%	-1.47%	26.25%
Some College/Assoc. Degree	152,646	32.46%	150,073	32.41%	-1.69%	30.35%
Bachelor's Degree or Greater	89,242	18.98%	87,802	18.96%	-1.61%	32.82%
Total	470,237	100.00%	463,019	100.00%	-1.53%	100.00%

*Excludes population age<5,
**Excludes population age<25

DataKoala

In addition to the City of Detroit, there are other zip codes in the seven-county area with lower incomes and lower educational attainment. Figure 12a displays the zip codes in Genesee, Jackson, Livingston, Macomb, Oakland, St. Clair, and Wayne (excluding Detroit) Counties ranking in the top 35 zip codes for both lowest average household income and highest proportion of the population without a high school diploma in the seven-county area. The average household income of these zip codes ranges from $27,380-$65,690, lower than the seven-county service area average. Overall, 13% of residents in these zip codes have less than a high school education, compared to 9% for the seven-county area.

Figure 12a – Top 35 Zip Codes outside City of Detroit with Lowest Average Income and Lowest Education

Genesee County		Jackson County		Macomb County		Oakland County		St. Clair County		Wayne County		Livingston County	
48505	Flint	49202	Jackson	48089	Warren	48342	Pontiac	48060	Port Huron	48208	South Lyon	48836	Fowlerville
48502	Flint	49203	Jackson	48043	Mount Clemens	48341	Pontiac	48097	Yale	48201	South Lyon	48137	Gregory
48503	Flint	49254	Michigan Center	48015	Center Line	48340	Pontiac	48074	Smiths Creek	48218	South Lyon	48843	Howell
48529	Burton	49237	Concord	48091	Warren	48033	Southfield	48001	Algonac	48238	Oak Park	48855	Howell
48504	Flint	49201	Jackson	48066	Roseville	48034	Southfield	48014	Capac	48204	South Lyon	48353	Hartland

DataKoala

Demographic data for these zip codes is highlighted in Figure 12b. The populations in these zip codes are more racially and ethnically diverse compared to the seven-county area as a whole. 53% of the residents of these top 35 zip codes are racial minorities compared to 29% of residents in the entire seven-county area.

Figure 12b – Demographic Snapshot Top 25 Zip Codes

Average Age and Income	Market 2025 Population	National 2025 Population	Market 2030 Population	National 2030 Population
Average Age	40.5	40.6	41.5	41.6
Average Household Income	$71,239	$113,182	$76,082	$122,965

Population and Gender	Market 2025 Population	Market 2025 % of Total	Market 2030 Population	Market 2030 % of Total	Market Population % Change	National 2025 % of Total
Female Population	324,797	50.31%	324,833	50.29%	0.01%	50.43%
Male Population	320,829	49.69%	321,096	49.71%	0.08%	49.57%
Total	645,626	100.00 %	645,929	100.00 %	0.05 %	100.00 %

Age Groups	Market 2025 Population	Market 2025 % of Total	Market 2030 Population	Market 2030 % of Total	Market Population % Change	National 2025 % of Total
00-17	138,140	21.40%	133,239	20.63%	(3.55 %)	21.04%
18-44	229,550	35.55%	228,320	35.35%	(0.54 %)	36.02%
45-64	160,805	24.91%	151,283	23.42%	(5.92 %)	24.38%
65-UP	117,131	18.14%	133,087	20.60%	13.62%	18.56%
Total	645,626	100.00 %	645,929	100.00 %	0.05 %	100.00 %

Ethnicity/Race	Market 2025 Population	Market 2025 % of Total	Market 2030 Population	Market 2030 % of Total	Market Population % Change	National 2025 % of Total
Asian & Pacific Is. Non-Hispanic	17,167	2.66%	19,683	3.05%	14.66%	6.47%
Black Non-Hispanic	202,688	31.39%	202,156	31.30%	(0.26 %)	12.12%
Hispanic	41,000	6.35%	47,366	7.33%	15.53%	20.28%
White Non-Hispanic	345,985	53.59%	335,320	51.91%	(3.08 %)	55.47%
All Others	38,786	6.01%	41,404	6.41%	6.75%	5.65%
Total	645,626	100.00 %	645,929	100.00 %	0.05 %	100.00 %

Language*	Market 2025 Population	Market 2025 % of Total	Market 2030 Population	Market 2030 % of Total	Market Population % Change	National 2025 % of Total
Arabic at Home	2,876	0.47%	2,926	0.48%	1.74%	0.44%
Only English at Home	568,630	93.33%	569,524	93.31%	0.16%	78.49%
Other Asian-Pacific Lang at Home	3,276	0.54%	3,226	0.53%	(1.53 %)	1.05%
Other Indo-European Lang at Home	7,869	1.29%	7,873	1.29%	0.05%	1.95%
Spanish at Home	18,239	2.99%	18,314	3.00%	0.41%	13.35%
All Others	8,399	1.38%	8,471	1.39%	0.86%	4.71%
Total	609,289	100.00 %	610,334	100.00 %	0.17 %	100.00 %

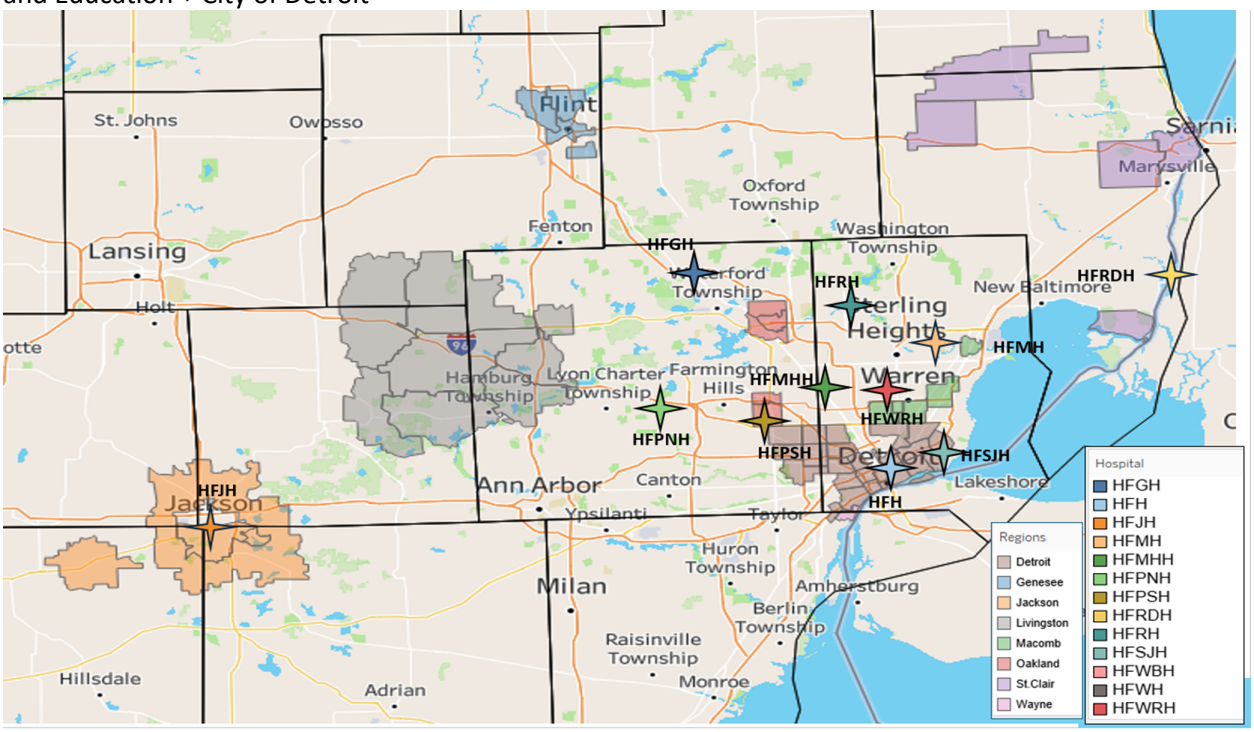
Household Income	Market 2025 Households	Market 2025 % of Total	Market 2030 Households	Market 2030 % of Total	Market Households % Change	National 2025 % of Total
<$15K	39,510	14.83%	37,507	14.00%	(5.07 %)	8.49%
$15-25K	26,748	10.04%	25,809	9.64%	(3.51 %)	6.62%
$25-50K	64,212	24.11%	62,581	23.36%	(2.54 %)	17.34%
$50-75K	45,966	17.26%	45,175	16.87%	(1.72 %)	15.65%
$75-100K	30,208	11.34%	30,690	11.46%	1.60%	12.57%
$100K-200K	48,504	18.21%	51,696	19.30%	6.58%	26.36%
>$200K	11,223	4.21%	14,402	5.38%	28.33%	12.97%
Total	266,371	100.00 %	267,860	100.00 %	0.56 %	100.00 %

Education Level**	Market 2025 Population	Market 2025 % of Total	Market 2030 Population	Market 2030 % of Total	Market Population % Change	National 2025 % of Total
Less than High School	14,103	3.12%	14,156	3.10%	0.38%	4.70%
Some High School	38,900	8.60%	39,077	8.57%	0.46%	5.89%
High School Degree	151,810	33.57%	153,063	33.55%	0.83%	26.25%
Some College/Assoc. Degree	160,258	35.43%	161,569	35.42%	0.82%	30.35%
Bachelor's Degree or Greater	87,208	19.28%	88,348	19.37%	1.31%	32.82%
Total	452,279	100.00 %	456,213	100.00 %	0.87 %	100.00 %

*Excludes population age<5, **Excludes population age<25
DataKoala

The City of Detroit and aforementioned35 zip codes are of particular interest in planning community needs initiatives within the seven-county area. Figure 13 depicts the top 35 zip codes and City of Detroit graphically.

Figure 13 – Top 5 Zip Codes Surrounding Each Henry Ford Health Hospital with Lowest Median Income and Education + City of Detroit



DataKoala

Figure 14: 5-Year Average Live Births by Race/Ethnicity 2019-2023

	% of Live Births by Race/Ethnicity								
	Michigan	Genesee	Jackson	Livingston	Macomb	Oakland	St. Clair	Wayne	Detroit
White	72.5%	68.3%	84.7%	95.5%	69.9%	70.5%	93.0%	67.8%	12.8%
Black	18.7%	28.0%	11.8%	1.0%	20.3%	15.4%	4.4%	20.0%	78.0%
American Indian	0.8%	0.5%	0.5%	0.4%	0.5%	0.3%	0.8%	0.5%	0.3%
Asian & Pacific Islander	4.2%	1.2%	1.2%	1.5%	6.8%	11.0%	0.9%	5.3%	1.8%
Hispanic Ancestry	7.0%	4.6%	4.7%	3.0%	3.6%	5.9%	4.7%	6.7%	9.4%
Arab Ancestry	4.4%	1.3%	0.2%	0.6%	8.9%	6.1%	0.6%	16.9%	3.4%

Michigan Vital Records and Statistics, MDHHS

The live birth rate by race/ethnicity in each of our seven-county areas is presented in Figure 14. Notable differences are visible across racial and ethnic groups. All regions except Detroit have a high percentage of white live births. Detroit's live births were majority Black infants, reflecting Detroit's majority Black population overall. Notably, Detroit also has the highest proportion of Hispanic Ancestry live births compared to the other regions and Michigan overall. Wayne County has the highest proportion of Arab Ancestry live births compared to other regions and Michigan overall. Oakland County has the highest proportion of Asian and Pacific Islander live births among the regions analyzed. Differences in birth rates reflect variations in age distribution, socioeconomic conditions, access to health care, and cultural preferences across populations.

Section 3: Social Wellbeing and Environmental Health in the Seven-County Area

We know that our health and health outcomes are affected by much more than our genetics and the quality of healthcare that we receive. Henry Ford Health is a champion of addressing non-medical drivers of health (NMDOH) to help improve population health and achieve community wellness. To improve the health of the communities we serve, we understand the importance of looking at all factors that contribute to a person's health, going beyond the walls of our organization and into the communities in which our patients and their families live, work, and play. Healthcare experts have long known that the delivery of healthcare services alone does not drive health and health outcomes; medical care is just one factor in a person's overall health.

The non-medical determinants of health (NMDOH) describe the conditions in which people live, learn, work, and play, and these conditions have enormous impacts on our health status. Non-medical determinants of health can include housing, education level, income, transportation, neighborhood quality and safety, access to food, social support, the environment (e.g. access to clean water, air and soil quality, exposure to extreme weather conditions) and more.[3] Poverty and lower income are almost always associated with poorer non-medical determinants of health such as unstable housing, unsafe neighborhoods, worse access to transportation, less access to healthy foods, underfunded education systems, and more. Facing these conditions makes accessing and navigating healthcare systems more difficult and puts constraints on the ability of people to practice healthy behaviors that prevent chronic

[3] Social Determinants of Health (SDOH) | About CDC | CDC

diseases. Many of the communities in the seven-county area served by Henry Ford Health face profound barriers relating to the non-medical determinants of health, directly contributing to poor health outcomes in comparison to state averages and averages in communities with higher incomes. Despite our efforts to provide the highest quality clinical care possible to those we serve, many of our patients leave our hospitals and clinics and return to neighborhoods and socioeconomic conditions that oftentimes undermine opportunities for good health.

Poverty, Income, Unemployment, and Education

At particular risk for poor health outcomes in the seven-county area are those with lower income and/or education. As income and education increase, the prevalence of preventive health practices increases, prevalence of chronic conditions decreases, and general health improves. For example, according to the results of the 2024 Michigan Behavioral Risk Factor Survey:

- 41.0% of people with incomes less than $20,000 rated their health as fair or poor while just 8.1% of people with incomes of greater than $75,000 rated their health as fair or poor.
- 31.3% of people with incomes less than $20,000 smoke cigarettes, compared to 6.5% of people with incomes greater than $75,000.
- 67.6% of women making less than $20,000 had a breast cancer screening in the past two years, compared to 82.0% of women who make more than $75,000.
- 19.8% of children living in households making less than $20,000 have had asthma in their lifetime, compared to just 8.4% of children in households making greater than $75,000.

This correlation is also seen in health care access, cardiovascular disease, depression, disability, physical activity, oral health, diabetes, and more. Due to these trends, it is important to prioritize efforts to improve health for communities with households having lower income and education.

Many communities with lower income and education exist throughout the seven-county area. The largest is the City of Detroit, located in Wayne County. The median household income in the City of Detroit is $39,209 which is 45.8% lower than the median household income in Michigan of $72,389. In Detroit, 18.8% of the population 25 years and older has a bachelor's degree or higher, versus 33.3% in Michigan.

Another community with lower average income and education is the City of Pontiac, in Oakland County, in the zip codes 48340, 48341, and 48342. In Pontiac, the median household income is 56% lower than the Oakland County median household income and 47.5% lower than the U.S median household income. 16.2% of Pontiac adults 25 years and older have a bachelor's degree or higher versus 52.2% for Oakland County overall. In Macomb County's City of Warren (48091), the median household income is 31.2% lower than the Macomb County average household income and 18% of residents of this community have no high school diploma versus 9% for Macomb County overall. In Jackson County, Jackson City (48201-204) has a median household income 34% lower than the Jackson County median household income and 11% of Jackson City's residents have less than a high school diploma, compared to 6% of Jackson County. In Genesee County, the City of Flint has a median household income 44% lower than the Genesee County median household income and 16% of Flint's residents do not have a high school diploma, compared to 9% of Genesee County. In St. Clair County, the City of Port Huron (48060 and 48061) has a median household income 28.7% lower than the St. Clair County median household income and 11% of Port Huron's residents do not have a high school diploma, compared to 8% in St. Clair County.

Figure 15 – Minority Status in the Seven-County Area

	Michigan	Genesee	Jackson	Livingston	Macomb	Oakland	St. Clair	Wayne	Detroit
Percent minority (race other than white, alone)	21.6%	25.1%	14.3%	4.8%	23.3%	26.4%	7.3%	45.1%	81.3%

2023 American Community Survey 1-Year Estimates

Figure 16 – Socioeconomics in the Seven-County Area

	Michigan	Genesee	Jackson	Livingston	Macomb	Oakland	St. Clair	Wayne	Detroit	Trends since 2022 CHNA
Percent below poverty*	13.6%	18.0%	13.6%	5.4%	10.5%	8.1%	11.6%	20.5%	31.9%	● In Michigan, Wayne, Macomb, and Detroit. ● In Jackson and Oakland.
Unemployment rate**	5.3%	7.9%	6.5%	4.1%	5.6%	4.5%	5.6%	6.9%	8.9%	● In Michigan, Wayne, and Detroit. ● In Jackson and Oakland.
Median household income*	$69,183	$60,027	$63,338	$102,508	$73,807	$92,105	$68,513	$57,281	$38,080	● In Michigan, Jackson, Macomb, Oakland, Wayne and Detroit.
Percent of adults age 25+ with no high school diploma*	8.0%	9.5%	5.8%	4.0%	9.3%	4.9%	8.6%	12.1%	15.5%	● In Michigan, Jackson, Macomb, Oakland, Wayne and Detroit.

*American Community Survey 2023 1-Year Estimates
**Bureau of Labor Statistics, July 2025
● Improved; ● Worsened; ● No Change
Worse than state average

Figure 15 shows the percentage of the population in each region that are a racial minority, meaning any race other than white alone. Figure 16 summarizes important socioeconomic characteristics in the seven-county area, with the red highlighted figures indicating those regions facing worse socioeconomics than the Michigan state average. Whenever available, we aim to analyze Detroit as a separate entity, as its population characteristics and subsequent health outcomes are unique from Wayne County as a whole.

Here, the relationship between race and poverty is evident, as the two regions with the largest percentage of minorities (Detroit and Wayne County) have the greatest percentage of their populations living below poverty. Detroit and Wayne County see the greatest struggles in these non-medical determinants compared to the Michigan average in each category.

Poverty and unemployment are major barriers facing a great number of people in our service area. Six of these eight regions (Detroit, Genesee, Jackson, Macomb, St. Clair, and Wayne) have a higher unemployment rate than the state of Michigan average, and these same regions, except Macomb, consequently, have lower median household incomes than the state average. Detroit, Genesee, Macomb, St. Clair, and Wayne exceed the state average in percent of adults aged 25+ who have no high school diploma. The lack of a high school diploma not only affects these residents' earning potential and ability to secure quality, stable jobs, but also may impact health literacy and ability to navigate the complex healthcare system.

Figure 17 – Vulnerable Residents in the Seven-County Area

	Michigan	Genesee	Jackson	Livingston	Macomb	Oakland	St. Clair	Wayne	Detroit	Trends since 2022 CHNA
Percent aged 65 and older*	19.2%	19.4%	19.6%	20.5%	18.8%	19.1%	20.9%	17.1%	15.7%	Increased in Michigan, Jackson, Oakland, Wayne and Detroit by about 1-2%
Percent civilian noninstitutionalized population with a disability**	14.7%	18.2%	15.0%	12.1%	13.8%	11.6%	16.2%	17.1%	20.3%	Increased in Michigan, Macomb, Wayne and Detroit; Deceased in Jackson, Oakland

*Michigan Vital Statistics, July 2024
**American Community Survey 2023 1-Year Estimates
Greater than state average

Figure 17 summarizes the percentage of Michigan residents or households in three vulnerable categories. 19.2% of Michigan residents are aged 65 or older, and most of the seven-county area have a similar percentage of residents over aged 65. The exception is the City of Detroit, which has 3.5% fewer residents over aged 65, likely a result of lower life expectancy in Detroit. In all seven-county area regions, the percentage of residents over aged 65 has increased in the past three years by 1-2% as the Baby Boomer generation ages. The City of Detroit, Genesee County, Jackson County, St. Clair County, and Wayne County have more noninstitutionalized disabled residents than state average.

Housing, Transportation, Technology

Figure 18 - Housing Type, Transportation, and Technology in the Seven-County Area

	Michigan	Genesee	Jackson	Livingston	Macomb	Oakland	St. Clair	Wayne	Detroit
No Vehicles Available per occupied housing unit	7.09%	7.96%	6.91%	2.91%	5.96%	5.29%	5.87%	11.77%	20.68%
Percent of workers 16+ taking public transportation	1.03%	1.15%	0.33%	0.18%	0.58%	0.34%	0.82%	2.15%	5.99%
Percent Renter Occupied Housing Units	23.78%	26.40%	22.37%	12.74%	24.01%	26.28%	17.89%	30.94%	39.04%
Percent of renters paying 30% or more of household income on rent	45.77%	47.56%	44.11%	43.68%	47.62%	41.36%	50.78%	48.67%	53.09%
Percent households with Broadband Internet Subscription	72.03%	74.29%	66.27%	80.22%	78.40%	82.39%	67.33%	71.96%	61.58%

US Census Bureau ACS 5-year 2019-2023

Greater than state average

The data highlights significant disparities across Michigan counties in transportation access, housing vulnerability, and internet connectivity. Statewide, about 7% of households lack a vehicle, but in Detroit this figure rises dramatically to over 20%, with Wayne County also above average at nearly 12%. Combined with Detroit's higher reliance on public transit (6% compared to the state's 1%), this underscores how limited transportation options create barriers to jobs, healthcare, and daily needs in urban areas.

Access to reliable internet—a critical tool for education, employment, and healthcare—remains uneven. While over 72% of Michigan households have broadband subscriptions, only 62% of Detroit households do, compared to over 80% in Oakland and Livingston Counties. Notably, rates in the City of Detroit, Jackson County, and Wayne County have dropped by at least 9-10% since the 2022 CHNA. This may be due to the ending of some programs available during the COVID-19 pandemic which supported internet access for low-income households.

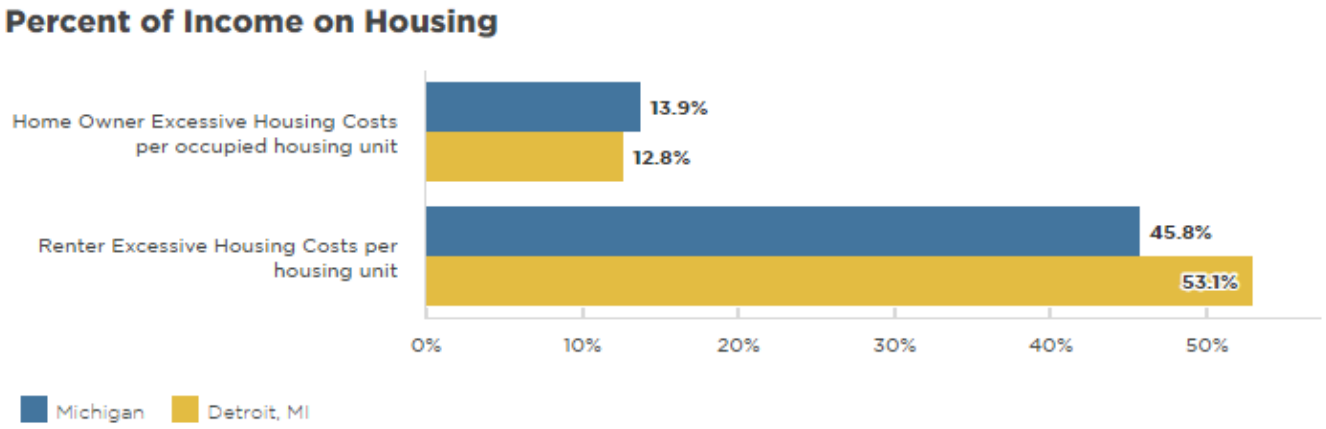
Housing is a very important non-medical determinant of health as it affects personal safety, stability, financial security, and wealth. Housing challenges are also evident in Figure 18, with nearly 24% of Michigan households renting. In Detroit, almost 40% of households are renters, down from 52% reported in our 2022 assessment. Home ownership in the United States is many families' primary method of incurring and building wealth, and the lack of home ownership in these communities, especially African American communities, holds these residents back from building wealth, financial security, and the improved health outcomes that accompany wealth.

For renters, the cost burden of this expense is often a high percentage of their household income. Nearly half (45.7%) of Michigan renters spend greater than 30% of their income on that rent, which is exceeded by Genesee County (47.6%), Macomb County (47.6%), Wayne County (48.8%), St. Clair County (50.8%), and Detroit (53.1%). Spending more than 30% of household income on rent is considered a significant cost

burden according to the U.S. Government, and these renters have difficulty affording other necessities such as food, clothing, transportation, and medical care. However, spending 30% or more of your household income on housing is far more detrimental to a low-income household than a high-income household. Wayne County and Detroit have far lower median household incomes than state average, making housing affordability an issue severely limiting the ability of these residents to attain good health.[4]

Taken together, the data shows that Detroit and parts of Wayne County face the greatest vulnerabilities, with transportation gaps, high housing burdens, and a digital divide, reinforcing cycles of disadvantage. In contrast, counties like Livingston and Oakland show more resilience, with stronger access to vehicles, higher internet connectivity, and lower renter shares.

Figure 19 - Detroiters' Housing Cost Burden



US Census Bureau ACS 5-year 2019-2023
US HUD & DOT LAI V3.0 2016

The housing cost data underscores the challenges Detroit residents face, particularly renters and vulnerable households. Statewide, about 14% of homeowners spend an excessive share of their income on housing, while in Detroit this figure is slightly lower at 13%. However, the picture is very different for renters. Across Michigan, nearly 46% of renters face excessive housing costs, but in Detroit this rises to over 53%, showing that more than half of renter households are financially stretched by rent. Looking at specific populations, the burden is even clearer.

Taken together, the data shows that while Detroit homeowners face similar or slightly lighter burdens than the state average, renters, single-parent families, and low-income individuals in Detroit carry significantly heavier housing cost pressures.

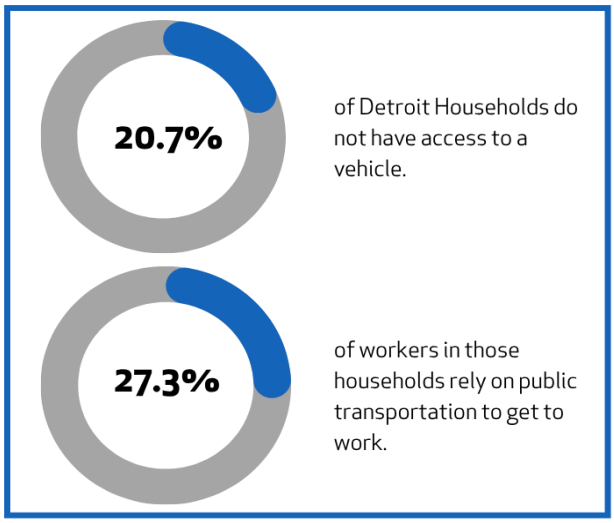
Figure 20 – Type of Transportation to Work for Workers in Households with No Vehicle

	Michigan	Genesee	Jackson	Livingston	Macomb	Oakland	St. Clair	Wayne	Detroit
Car, truck, or van	59.1%	59.4%	75.2%	85.3%	73.5%	73.4%	63.0%	51.3%	37.1%
Public transportation	12.9%	22.4%	2.3%	0.0%	3.5%	3.6%	11.9%	17.0%	27.3%

[4] Rental Burdens: Rethinking Affordability Measures
https://www.huduser.gov/portal/pdredge/pdr_edge_featd_article_092214.html

Walk	9.7%	4.4%	12.1%	8.8%	2.6%	10.9%	8.5%	6.3%	8.1%
Taxi, bicycle, motorcycle, other	8.8%	0.5%	6.8%	1.9%	10.1%	3.7%	16.5%	13.5%	13.4%
Worked from home	9.4%	13.2%	3.5%	4.0%	10.2%	8.4%	0.0%	11.9%	14.0%

American Community Survey 2013 1-Year Estimates



The commuting data shows clear differences in how people across Michigan counties travel to work, with Detroit again standing out as the most vulnerable. Statewide, more than 59.1% of workers without a car available at their household take a car, truck or van to get to work (presumably through carpooling and receiving a ride from another person), but in Detroit this drops significantly to 37.1%, while Wayne County is also below average at 51.2%. This means a much larger share of Detroit's workforce relies on alternatives outside of cars. In fact, nearly 63% of Detroit residents without a car commute by means other than driving a vehicle, compared to just 31% statewide. Public transit use among those without a car in Detroit (27.3%), Genesee (22.4%) and Wayne (17%) is far higher than the state average of less than 13%, and bicycling or other small modes of transport also show higher-than-average use in Detroit, St. Clair, and Wayne Counties. These patterns reflect a heavier dependence on transit and shared travel, making reliability and affordability of these systems crucial. Walking to work is another indicator of vulnerability, with Jackson far above the state average at 12.1%, underscoring the limited transportation options for some residents.

Overall, Detroit, Genesee County and Wayne County stand out for their reduced reliance on driving alone, higher dependence on public transit, walking, and other alternatives. These patterns highlight systemic inequities in access to reliable transportation and flexible work opportunities. Meanwhile, suburban counties like Livingston and Oakland benefit from higher rates of remote work and greater reliance on personal vehicles.

Food Access

Figure 21 - Percentage of Population That is Food Insecure

Michigan	Genesee	Jackson	Livingston	Macomb	Oakland	St. Clair	Wayne
15.4%	17.2%	15.2%	10.7%	13.7%	12.2%	14.9%	17.6%

Feeding America 2023
Worse than state average

Food insecurity is represented in Figure 21 and is defined as a household-level economic and social condition of limited or uncertain access to adequate food. The defining characteristic of very low food

security is that "at times during the year, food intake of household members is reduced, and their normal eating patterns are disrupted because the household lacks money and other resources for food." Food insecurity is impacted by income, cost of living, access (or lack thereof), and chronic conditions. As such, Genesee and Wayne Counties, where the median income is lower than the state average, and population-level rates of chronic disease are high, also see higher percentages of food insecurity. Since the previous examination of the food insecurity data in 2022, a higher proportion of people in Michigan are experiencing food insecurity, including in Jackson, Macomb, Oakland, and Wayne Counties as previously measured.

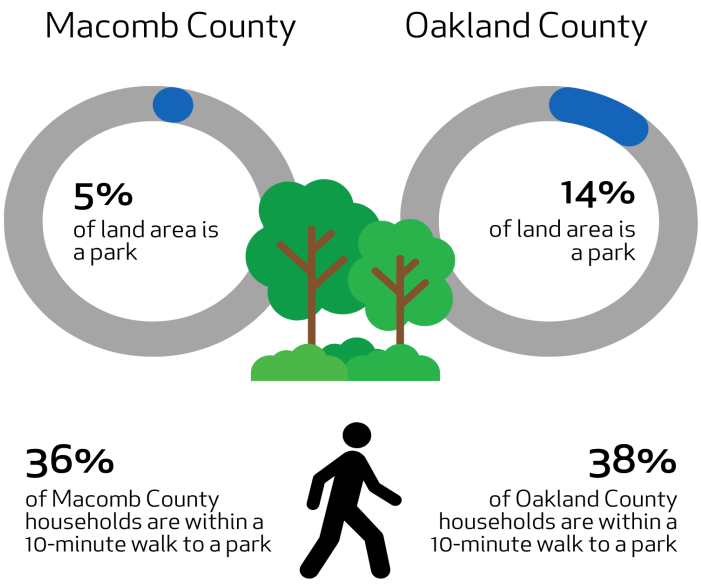
The Environment & Built Environment

The environment also affects our health. Our patients are impacted by climate events such as extreme hot and cold temperatures, poor air quality, flooding, power outages, and more. Additionally, the "built environment" – things like parks, green spaces, sidewalks, bike infrastructure, and safe areas to be active – impacts health as well.

Improving the Built Environment

Studies show improved rates of patient healing, improved employee satisfaction, and improved wellbeing at facilities that have green spaces outside windows.[5] Beyond the beneficial health impacts, green spaces also provide many environmental impacts by cleaning the air and soil, buffering noise pollution, reducing flooding, and lowering temperatures, especially in urban environments.

From a mental health and wellbeing perspective, it is critical that we support the preservation and development of greenspace within our communities. There is a large body of evidence demonstrating the myriad benefits of access and exposure to nature and tree canopy. For example, studies have suggested there are "beneficial associations between green space exposure and reduced stress, positive mood, less depressive symptoms, better emotional wellbeing, improved mental health and behavior, and decreased psychological distress in adolescents."[6] Green spaces also promote movement and exercise which can reduce several chronic diseases and obesity, in addition to the reduction in crime.



Making positive updates to our built environments (building design and

[5] Green Spaces (psychiatrictimes.com)
[6] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7557737/

infrastructure, walkable/bikeable streets, green spaces, clean water, etc.) could help reduce health disparities, improve mental and physical health and increase access to health care services. For example, building more walkable and bikeable cities with greater access to reliable public transportation will not only reduce environmental pollution by reducing the number of individual drivers, but it could also improve patient no-show rates to appointments by making healthcare facilities easier to access without a car. Figure 22 represents important aspects of the built environment. This information, provided by the Southeast Michigan Council of Governments (SEMCOG), was not available for Genesee or Jackson Counties.

Figure 22 – Parks in the Seven-County Area

	Total Park Space - Acres / % of Land Area	Park Space per 1,000 Residents (acres)	10-minute walk to a park - All households / %
Livingston	7%	134.6	25%
Macomb	5%	15.8	36%
Oakland	14%	59.7	38%
St. Clair	5%	148.1	43%
Wayne*	7%	22.1	44%
Detroit	6%	7.8	47%

SEMCOG, 2023
*Excluding City of Detroit

Trees

Patients we serve are also impacted by tree cover (Figure 23). According to American Forestry which developed the tree score, trees are critical infrastructure that are vital to the health, wealth and well-being of communities.

- Trees across the U.S. absorb 17.4 million tons of air pollutants, preventing 670,000 cases of asthma and other acute respiratory symptoms annually.
- In cities nationwide, trees prevent approximately 1,200 heat-related deaths and countless heat-related illnesses annually by lowering surface and air temperatures. The ability of trees to reduce peak temperatures is significant, given that a 10-fold increase in heat-related deaths is expected in the Eastern U.S. by 2050.
- On average, trees in the U.S. reduce energy demand for heating and cooling by 7.2%.
- Trees are a source of income—such as jobs related to tree maintenance and making products out of reclaimed wood. For every $1 million invested in forest restoration, approximately 39 forest-related jobs are created in rural U.S. areas alone.[7]

Figure 23 – Total Tree Canopy for Seven-County Region

Genesee	Jackson	Livingston	Macomb	Oakland	St. Clair	Wayne	Detroit
40%	35%	38%	24%	38%	27%	29%	26%

TreeEquityScore.com, 2023

[7] FAQ | Tree Equity Score

Air Quality & Exposures

The environmental quality of the air around us has additional effects on our health outcomes. Poor air quality in the seven-county area contributes to high rates of asthma. Toxic air pollutants, or air toxics, are those pollutants known or suspected of causing cancer or other serious health problems, such as birth defects.

Cancer risk is expressed as a number in a million, e.g., 16 in a million chance of getting cancer due to air pollution. In 2020, the total Michigan inhalation cancer risk per million was 20 according to the Air Toxics Screening Assessment.[8] In Genesee County, Jackson County, Livingston County and St. Clair County, the total cancer risk is also at 20. In Macomb County, Oakland County, and Wayne County, the total cancer risk per million is 30.

In the American Lung Association's "The State of Air" report, released in 2025, Genesee, Macomb, Oakland, Wayne, and St. Clair Counties were all given a grade of "F" for ground-level ozone levels (also known as smog).[9] Jackson and Livingston Counties do not have ozone data available.

Particle pollution, generated by industrial sources, is a significant contributor to poor health as well. In the same "State of the Air" report, St. Clair and Wayne Counties were given a "F" grade for levels of particle pollution in the air on an average day. Genesee and Macomb Counties were also given a poor grade, with "D" grades for each. Oakland received a "B". Jackson and Livingston Counties do not have particle data available.

Lead exposure poses a significant environmental threat to children in the City of Detroit and Jackson County, where the percent of children tested with confirmed blood lead levels of 5 µg/dL or greater was higher than the Michigan average in 2024 (2.3%).[10] In the City of Detroit, 5.9% of children tested had elevated lead levels. In Jackson County, 3.2% of children tested had elevated lead levels. No level of lead exposure is considered safe for children.

Three of the seven counties in the seven-county area (Genesee, Macomb, and Wayne) exceed state average in percent of the population living within 150 meters of a highway, which has negative health effects due to both air and noise pollution.[11]

[8] AirToxScreen Mapping Tool | US EPA
[9] The State of Air Report https://www.lung.org/research/sota/city-rankings/states/michigan
[10] CDC National Environmental Public Health Tracking Network
[11] National Environmental Public Health Tracking Network, 2020

Henry Ford Health Patient Non-Medical Needs Screenings

Figure 24 – Henry Ford Health Non-Medical Needs Screening – Top Needs by Patient Race, 2024

	2024 Percentage of Positive Response by Race/Ethnicity				
	All Races	White Non-Hispanic	Black Non-Hispanic	Asian/Middle Eastern/Multi Racial/Other	Hispanic
Unable to do things because of my physical/mental health	7.5%	8.2%	7.5%	4.5%	6.3%
Education	4.7%	3.5%	8.1%	4.4%	6.2%
Struggle to get together with Friends/Family	3.2%	3.3%	3.7%	1.9%	3.0%
Food	3.0%	2.4%	4.9%	2.0%	3.4%
Utilities	2.0%	1.5%	3.8%	1.2%	2.4%
Difficulty Reading	1.8%	1.9%	1.8%	1.2%	2.4%
Transportation	1.6%	1.3%	3.0%	0.9%	1.7%
Unable to afford healthcare	1.6%	1.5%	2.0%	1.1%	2.2%
Housing	1.6%	1.1%	3.2%	0.9%	1.7%
Help Finding Job	1.3%	0.8%	2.6%	1.1%	1.8%
Legal Concerns	0.8%	0.7%	1.4%	0.5%	0.9%
Help with Care for Loved Ones	0.6%	0.4%	1.2%	0.6%	0.8%
Afraid of Being Hurt In Living Situation	0.6%	0.5%	0.8%	0.4%	0.6%

Henry Ford Health

Figure 24 shows thirteen social needs identified in Henry Ford Health NMDOH screenings with patients during 2024 stratified by patient race. The non-medical needs most exhibited by patients were “unable to do things because of my physical/mental health,” education, “struggle to get together with friends/family,” and food. Among white, Hispanic, and Asian/Middle Eastern/Multiracial/other patients, inability to do things due to their health was the most highly endorsed NMDOH. Notably, among Black patients, education was the most highly endorsed NMDOH.

The Community Health Needs Assessment presents an important opportunity to analyze and understand non-medical drivers of health and their effects on communities. Those with lower incomes and education are negatively affected by their social and economic needs, which is demonstrated in the data of the seven-county service area. To provide holistic health care that truly serves the needs of our patients, programs must understand and address the social, environmental, and economic factors at play in their lives. These conditions often impact our community’s health much more than any clinical or policy intervention is designed to address.

Section 4: Assessment of Significant Health Issues in the Seven-County Area

To get a comprehensive picture of the health of the communities we serve, our CHNA process included an in-depth review of state and local data, from which many common health issues and trends emerged. These data were gathered largely from the Michigan Department of Health and Human Services (MDHHS) Vital Statistics, the Michigan Behavioral Risk Factor (BRFS) Survey, and the American Communities Survey. The most updated data were generally collected from 2021 to 2023. We also examined trends in these data since completing our last Community Health Needs Assessment in 2022, from which data were mostly collected during 2018-2020.

Secondary Data Collection Methodology

Henry Ford Health engaged a regional public health agency, Southeastern Michigan Health Association (SEMHA), to collect and analyze secondary data for the 2025 CHNA. SEMHA is uniquely positioned to conduct CHNA data collection; the organization hosts an expert team of analysts who are knowledgeable of CHNA processes, regional community health trends, and local datasets.

SEMHA and the Henry Ford Health CHNA team collaborated to identify focal indicators for the CHNA. The following criteria guided the prioritization and decision-making process:

1. Indicators reflect community needs as identified through surveys and stakeholder interviews.
2. Indicators that highlight disparities between different population groups.
3. Indicators that show worsening trends over time.
4. Indicators that show the Henry Ford service area performing below state or national averages.
5. Indicators that did not meet goals for performance, such as those outlined in Healthy People 2030.
6. Indicators' current performance based on the priorities established by the previous CHNA.

After indicators were chosen, the SEMHA team utilized available datasets and reports to craft a comprehensive view of the Henry Ford Health service area's health. Data is presented by county, with the City of Detroit broken out wherever possible. Sources include:

- MySidewalk (MyS) - Data exploration, visualization, and publishing tool
- ACS Census Data 1 year and 5-year averages
- MDHHS Community Data and Reports/Vital Statistics
- Michigan BRFS - Local Health Department Tables
- Michigan Profile for Healthy Youth (MiPHY)
- MI Tracking Data Portal
- Michigan Substance Use Disorder Data Repository
- CDC- PLACES, 500 Cities
- Kids Count Report
- Feeding America- Map the Gap
- County Health Rankings
- United Way – Alice Report
- MCIR Immunization Data
- Michigan State Police- Crimes Report, Crash Facts
- LHD Website Reports
- Health Resources and Services Administration (HRSA)
- National Survey on Drug Use and Health
- CARES HQ – Center for Applied Research and Engagement Systems

- Environmental Protection Agency Community Reports
- Salud America
- Living Wage Cost – MIT
- National Low Income Housing Coalition
- Economic Policy Institute
- Economic Innovation Group

Healthcare Coverage and Access

Figure 25a - Health Care Coverage & Access

	% Estimated Prevalence									
	Michigan	Genesee	Jackson	Livingston	Macomb	Oakland	St. Clair	Wayne*	Detroit	Trends since 2022 CHNA
No Health Care Coverage (aged 18-64)	5.9%	4.1%	8.8%	**	3.7%	3.9%	**	4.9%	5.9%	● In Jackson; ● Everywhere else
No Personal Health Provider	11.6%	12.4%	12.8%	8.0%	8.9%	8.7%	9.3%	9.0%	14.4%	● In all regions
No Health Care Access in Past 12 Months Due to Cost	8.3%	10.1%	9.3%	5.0%	8.9%	6.2%	5.5%	6.8%	10.1%	● In Jackson; ● Everywhere else

Michigan BRFS 2021-2023 Combined Estimates
*Excludes Detroit
**Some data points and trend data suppressed due to a denominator < 50 and/or a relative standard error > 30%
● Improved; ● Worsened; ● No Change
Worse than state average

Figure 25a summarizes healthcare coverage and access. Since the 2022 CHNA, the percentage of Michiganders aged 18-64 who do not have health care coverage has improved from 9.50% to 5.9%, and largely these indicators improved since the previous assessment in our service area, with some exceptions. Health care coverage improved for all regions since the previous assessment, except in Jackson County, which saw an increase from 6.9% to 8.8% having no health care coverage. Likewise, Jackson County experienced worsening access to health care due to cost, while other regions improved. The City of Detroit improved health care coverage significantly, with 8% more residents aged 18-64 with healthcare coverage compared to the 2022 assessment. Finally, since the previous assessment, people reported not having a health provider at lower proportions in all regions – an improvement across the board for Henry Ford Health's service area. Notably, 6% more people in Detroit have a personal health provider (PCP) compared to the 2022 assessment. Although trends for most regions showed improvements since the previous assessment, there are still areas that are experiencing lack of access to health care coverage at higher proportions for some indicators compared to the state average including Genesee, Jackson, and Macomb Counties, and the City of Detroit.

Figures 25b-25i show healthcare coverage and access data stratified by race for each of the seven-county area regions. These data exhibit the existence of disparities between racial groups that are important to understand. Throughout this report, some data points have been suppressed due to a denominator under 50 or a high relative standard error.

Figure 25b – Genesee County Health Care Coverage & Access by Race/Ethnicity

	All	White Non-Hispanic	Black Non-Hispanic	Other & Multi Non-Hispanic	Hispanic
No Health Care Coverage (aged 18-64)	4.1%	4.1%	**	**	**
No Personal Health Provider	12.4%	10.6%	16.6%	**	**
No Health Care Access in Past 12 Months Due to Cost	10.1%	10.4%	**	**	**

Michigan BRFS 2021-2023 Combined Estimates

Worse than state average

**Some data points suppressed due to a denominator < 50 and/or a relative standard error > 30%

Figure 25c – Jackson County Health Care Coverage & Access by Race/Ethnicity

	All	White Non-Hispanic	Black Non-Hispanic	Other & Multi Non-Hispanic	Hispanic
No Health Care Coverage (aged 18-64)	8.8%	7.6%	**	0.0%	**
No Personal Health Provider	12.8%	11.7%	**	**	**
No Health Care Access in Past 12 Months Due to Cost	9.3%	7.7%	**	**	**

Michigan BRFS 2021-2023 Combined Estimates

Worse than state average

**Some data points suppressed due to a denominator < 50 and/or a relative standard error > 30%

Figure 25d – Livingston County Health Care Coverage & Access by Race/Ethnicity

	All	White Non-Hispanic	Black Non-Hispanic	Other & Multi Non-Hispanic	Hispanic
No Health Care Coverage (aged 18-64)	**	**	**	0.0%	0.0%
No Personal Health Provider	8.0%	8.1%	**	**	**
No Health Care Access in Past 12 Months Due to Cost	5.0%	5.1%	0.0%	**	0.0%

Michigan BRFS 2021-2023 Combined Estimates

Worse than state average

** Some data points suppressed due to a denominator < 50 and/or a relative standard error > 30%

Figure 25e – Macomb County Health Care Coverage & Access by Race/Ethnicity

	All	White Non-Hispanic	Black Non-Hispanic	Other & Multi Non-Hispanic	Hispanic
No Health Care Coverage (aged 18-64)	3.7%	3.6%	**	**	0.0%
No Personal Health Provider	8.9%	7.6%	**	**	**
No Health Care Access in Past 12 Months Due to Cost	8.9%	7.9%	**	**	**

Michigan BRFS 2021-2023 Combined Estimates

Worse than state average

** Some data points suppressed due to a denominator < 50 and/or a relative standard error > 30%

Figure 25f – Oakland County Health Care Coverage & Access by Race/Ethnicity

	All	White Non-Hispanic	Black Non-Hispanic	Other & Multi Non-Hispanic	Hispanic
No Health Care Coverage (aged 18-64)	3.9%	3.6%	**	**	**
No Personal Health Provider	8.7%	8.1%	7.4%	10.9%	17.4%
No Health Care Access in Past 12 Months Due to Cost	6.2%	5.7%	7.4%	**	18.5%

Michigan BRFS 2021-2023 Combined Estimates

Worse than state average

** Some data points suppressed due to a denominator < 50 and/or a relative standard error > 30%

Figure 25g – St. Clair County Health Care Coverage & Access by Race/Ethnicity

	All	White Non-Hispanic	Black Non-Hispanic	Other & Multi Non-Hispanic	Hispanic
No Health Care Coverage (aged 18-64)	**	**	0.0%	0.0%	0.0%
No Personal Health Provider	9.3%	9.0%	0.0%	**	0.0%
No Health Care Access in Past 12 Months Due to Cost	5.5%	5.1%	**	**	0.0%

Michigan BRFS 2021-2023 Combined Estimates

Worse than state average

** Some data points suppressed due to a denominator < 50 and/or a relative standard error > 30%

Figure 25h – Wayne County* Health Care Coverage & Access by Race/Ethnicity

	All	White Non-Hispanic	Black Non-Hispanic	Other & Multi Non-Hispanic	Hispanic
No Health Care Coverage (aged 18-64)	4.9%	3.7%	**	**	**
No Personal Health Provider	9.0%	8.2%	10.2%	11.6%	**
No Health Care Access in Past 12 Months Due to Cost	6.8%	6.0%	6.8%	**	**

Michigan BRFS 2021-2023 Combined Estimates
*Excludes Detroit
Worse than state average
** Some data points suppressed due to a denominator < 50 and/or a relative standard error > 30%

Figure 25i – City of Detroit Health Care Coverage & Access by Race/Ethnicity

	All	White Non-Hispanic	Black Non-Hispanic	Other & Multi Non-Hispanic	Hispanic
No Health Care Coverage (aged 18-64)	6.1%	**	7.0%	**	**
No Personal Health Provider	14.4%	24.0%	12.7%	**	**
No Health Care Access in Past 12 Months Due to Cost	10.1%	**	10.1%	**	**

Michigan BRFS 2021-2023 Combined Estimates
Worse than state average
** Some data points suppressed due to a denominator < 50 and/or a relative standard error > 30%

Figure 25j – Seven-County Area Combined Health Care Coverage & Access by Race/Ethnicity

	All	White Non-Hispanic	Black Non-Hispanic	Other & Multi Non-Hispanic	Hispanic
No Health Care Coverage (aged 18-64)	4.6%	3.9%	5.8%	3.5%	9.4%
No Personal Health Provider	10.2%	9.1%	11.2%	13.4%	17.8%
No Health Care Access in Past 12 Months Due to Cost	7.8%	6.9%	8.6%	8.5%	16.5%

Michigan BRFS 2021-2023 Combined Estimates
Worse than state average
Some data points suppressed due to a denominator < 50 and/or a relative standard error > 30%

Figure 25j shows healthcare coverage and access for the entire seven-county area combined and stratified by race. These data give a high-level understanding of the healthcare coverage and access of the entire Henry Ford Health service area. Disparities are shown across the area most severely among the Hispanic population, who had a higher percentage of people without coverage, no PCP and no access to health care due to cost. 17.8% of the Hispanic population has no Personal Health Provider, compared to 9.1% of the white population, 11.2% of the Black population, and 13.4% of the Other & Multi-Racial population.

Health Behaviors, Lifestyle Factors, and Preventive Health Practices

Health behaviors and lifestyle factors such as alcohol and drug use, smoking, lack of physical activity, poor nutrition, and obesity are known to greatly impact onset of disease and chronic illness. Preventive practices such as regular health screenings, physicals, vaccinations, and dental care are known to positively impact these health outcomes. As noted earlier, as income and education increase, people are often able to practice health behaviors and lifestyles that contribute to good health outcomes.

Weight & Health Behaviors

Figure 26a – Weight & Health Behaviors

	% Estimated Prevalence									
	Michigan	Genesee	Jackson	Livingston	Macomb	Oakland	St. Clair	Wayne*	Detroit	Trends since 2022 CHNA
Obese (Adults 18+)	34.8%	40.8%	38.1%	30.7%	36.6%	29.6%	38.7%	36.8%	35.6%	● In Detroit; ● Everywhere else
Overweight (Adults 18+)	33.5%	31.5%	29.9%	38.1%	33.9%	34.7%	31.4%	31.2%	33.2%	● In Genesee, Livingston and Detroit; ● Everywhere else
No Leisure-Time Physical Activity (Adults 18+)	24.1%	29.3%	26.6%	20.2%	24.7%	18.9%	27.0%	22.6%	32.6%	● In Genesee, Wayne and Detroit; ● Everywhere else
Current Cigarette Smoking (Adults 18+)	15.3%	17.9%	18.7%	10.6%	18.6%	10.5%	17.0%	13.4%	22.1%	● In Genesee and Macomb; ● Everywhere else
Current e-Cigarette Smoking (Adults 18+)	8.2%	10.3%	9.3%	6.9%	8.0%	6.1%	8.4%	8.9%	6.4%	● In Michigan, Jackson, Wayne and Detroit; ● Everywhere else
Heavy Drinking (Adults 18+)	6.5%	5.8%	5.2%	6.1%	5.5%	6.3%	8.0%	5.9%	5.9%	● In Jackson and Livingston; ● In Genesee, Oakland, St. Clair, Wayne and Detroit; ● In Michigan and Macomb
Binge Drinking (Adults 18+)	16.1%	16.3%	14.4%	19.3%	17.0%	15.2%	17.4%	14.5%	15.7%	● In Genesee and Livingston; ● Everywhere else

Michigan BRFS 2021-2023 Combined Estimates
*Excludes Detroit
● Improved; ● Worsened; ● No Change
Worse than state average

Figure 26a outlines the prevalence of specific lifestyle factors that impact health for residents of the seven-county area. Obesity has increased in all regions except Detroit since the previous assessment. Detroit's obesity prevalence decreased by nearly 4%. Jackson and Macomb Counties' prevalence of obesity has increased by 3%. Meanwhile, the percentage of those who are overweight worsened for Genesee and

Livingston Counties and in Detroit, while numbers in the other regions improved. This is an area of particular concern, as obesity is linked with many adverse health outcomes such as hypertension, type 2 diabetes, coronary heart disease, stroke, and sleep apnea.

Likely contributing to the high obesity rates in the seven-county area is the lack of physical activity among residents. Figure 26a shows that a quarter of all Michiganders get no leisure-time physical activity. Since the 2022 CHNA, physical activity only improved in Genesee County, Wayne County, and Detroit, while worsening in the other regions. Notably, Jackson County physical activity worsened by 4.9%.

Cigarette smoking increased in Genesee and Macomb Counties; all other regions saw a decrease. Wayne County saw a decrease in cigarette smoking of 5.3% and Jackson saw a decrease of 3% since the 2022 assessment. The use of e-cigarettes increased in Michigan overall by just under 2%, along with Jackson and Wayne Counties, and the City of Detroit. Jackson's e-cigarette use prevalence increased by nearly 4%. While only 8.2% of all adults in Michigan currently use e-cigarettes, the prevalence of current e-cigarette use among 18-24 year olds is much higher, at 20.2%.

Heavy drinking (drinking more than two alcoholic drinks per day) worsened in Genesee, Oakland, St. Clair and Wayne Counties and in Detroit, while binge drinking (drinking more than five alcoholic drinks per occasion) improved in all regions, except in Genesee and Livingston Counties. In Michigan, binge drinking differs most significantly by gender, with 19.3% of adult men reporting binge drinking on at least one occasion in the last month, compared to 11.2% of women. Figures 26b-j show weight and health behaviors data by race for each of the seven-county area regions.

Figure 26b – Genesee County Weight & Health Behaviors by Race

	All	White Non-Hispanic	Black Non-Hispanic	Other & Multi Non-Hispanic	Hispanic
Obese (Adults 18+)	40.8%	39.8%	51.4%	**	**
Overweight (Adults 18+)	31.5%	34.1%	21.8%	**	**
No Leisure-Time Physical Activity (Adults 18+)	29.3%	27.6%	38.1%	**	**
Current Cigarette Smoking (Adults 18+)	17.9%	16.6%	20.2%	**	**
Current e-Cigarette Smoking (Adults 18+)	10.3%	9.1%	15.1%	**	**
Heavy Drinking (Adults 18+)	5.8%	6.0%	**	0.0%	**
Binge Drinking (Adults 18+)	16.3%	16.3%	15.5%	**	**

Michigan BRFS 2021-2023 Combined Estimates

Worse than state average

** Some data points suppressed due to a denominator < 50 and/or a relative standard error > 30%

Figure 26c – Jackson County Weight & Health Behaviors by Race

	All	White Non-Hispanic	Black Non-Hispanic	Other & Multi Non-Hispanic	Hispanic
Obese (Adults 18+)	38.1%	37.6%	**	34.4%	**
Overweight (Adults 18+)	29.9%	30.7%	**	0.0%	**
No Leisure-Time Physical Activity (Adults 18+)	26.6%	23.9%	**	**	**
Current Cigarette Smoking (Adults 18+)	18.7%	17.3%	**	**	**
Current e-Cigarette Smoking (Adults 18+)	9.3%	8.5%	**	**	**
Heavy Drinking (Adults 18+)	5.2%	5.1%	**	0.0%	0.0%
Binge Drinking (Adults 18+)	14.4%	12.2%	**	**	**

Michigan BRFS 2021-2023 Combined Estimates

Worse than state average

** Some data points suppressed due to a denominator < 50 and/or a relative standard error > 30%

Figure 26d – Livingston County Weight & Health Behaviors by Race

	All	White Non-Hispanic	Black Non-Hispanic	Other & Multi Non-Hispanic	Hispanic
Obese (Adults 18+)	30.7%	31.3%	**	**	**
Overweight (Adults 18+)	38.1%	37.6%	**	**	**
No Leisure-Time Physical Activity (Adults 18+)	20.2%	19.6%	**	**	**
Current Cigarette Smoking (Adults 18+)	10.6%	10.4%	0.0%	**	**
Current e-Cigarette Smoking (Adults 18+)	6.9%	6.0%	0.0%	**	**
Heavy Drinking (Adults 18+)	6.1%	6.6%	0.0%	**	0.0%
Binge Drinking (Adults 18+)	19.3%	19.4%	**	**	**

Michigan BRFS 2021-2023 Combined Estimates

Worse than state average

** Some data points suppressed due to a denominator < 50 and/or a relative standard error > 30%

Figure 26e – Macomb County Weight & Health Behaviors by Race

	All	White Non-Hispanic	Black Non-Hispanic	Other & Multi Non-Hispanic	Hispanic
Obese (Adults 18+)	36.6%	36.2%	49.9%	31.7%	**
Overweight (Adults 18+)	33.9%	33.3%	32.2%	38.8%	**
No Leisure-Time Physical Activity (Adults 18+)	24.7%	24.0%	31.3%	24.4%	**
Current Cigarette Smoking (Adults 18+)	18.6%	18.4%	16.9%	**	**
Current e-Cigarette Smoking (Adults 18+)	8.0%	7.2%	**	**	**
Heavy Drinking (Adults 18+)	5.5%	5.6%	**	**	**
Binge Drinking (Adults 18+)	17.0%	16.9%	**	**	**

Michigan BRFS 2021-2023 Combined Estimates

Worse than state average

** Some data points suppressed due to a denominator < 50 and/or a relative standard error > 30%

Figure 26f – Oakland County Weight & Health Behaviors by Race

	All	White Non-Hispanic	Black Non-Hispanic	Other & Multi Non-Hispanic	Hispanic
Obese (Adults 18+)	29.6%	29.9%	38.2%	15.8%	37.6%
Overweight (Adults 18+)	34.7%	33.7%	37.4%	38.3%	34.3%
No Leisure-Time Physical Activity (Adults 18+)	18.9%	18.9%	20.2%	19.0%	15.2%
Current Cigarette Smoking (Adults 18+)	10.5%	10.8%	11.6%	**	**
Current e-Cigarette Smoking (Adults 18+)	6.1%	6.1%	**	**	**
Heavy Drinking (Adults 18+)	6.3%	7.2%	**	**	**
Binge Drinking (Adults 18+)	15.2%	17.2%	9.3%	**	**

Michigan BRFS 2021-2023 Combined Estimates

Worse than state average

** Some data points suppressed due to a denominator < 50 and/or a relative standard error > 30%

Figure 26g – St. Clair County Weight & Health Behaviors by Race

	All	White Non-Hispanic	Black Non-Hispanic	Other & Multi Non-Hispanic	Hispanic
Obese (Adults 18+)	38.7%	37.8%	**	**	0.0%
Overweight (Adults 18+)	31.4%	33.0%	**	**	0.0%
No Leisure-Time Physical Activity (Adults 18+)	27.0%	26.8%	**	**	0.0%
Current Cigarette Smoking (Adults 18+)	17.0%	16.0%	**	**	0.0%
Current e-Cigarette Smoking (Adults 18+)	8.4%	9.2%	0.0%	0.0%	0.0%
Heavy Drinking (Adults 18+)	8.0%	8.0%	**	0.0%	0.0%
Binge Drinking (Adults 18+)	17.4%	15.9%	**	**	0.0%

Michigan BRFS 2021-2023 Combined Estimates

Worse than state average

** Some data points suppressed due to a denominator < 50 and/or a relative standard error > 30%

Figure 26h – Wayne County* Weight & Health Behaviors by Race

	All	White Non-Hispanic	Black Non-Hispanic	Other & Multi Non-Hispanic	Hispanic
Obese (Adults 18+)	36.8%	36.9%	46.5%	17.8%	39.0%
Overweight (Adults 18+)	31.2%	31.7%	29.4%	30.9%	24.2%
No Leisure-Time Physical Activity (Adults 18+)	22.6%	21.9%	26.3%	19.6%	28.3%
Current Cigarette Smoking (Adults 18+)	13.4%	14.3%	9.3%	**	**
Current e-Cigarette Smoking (Adults 18+)	8.9%	7.9%	**	**	**
Heavy Drinking (Adults 18+)	5.9%	6.3%	**	**	**
Binge Drinking (Adults 18+)	14.5%	15.5%	12.4%	13.9%	**

Michigan BRFS 2021-2023 Combined Estimates
*Excludes Detroit
Worse than state average
** Some data points suppressed due to a denominator < 50 and/or a relative standard error > 30%

Figure 26i – City of Detroit Weight & Health Behaviors by Race

	All	White Non-Hispanic	Black Non-Hispanic	Other & Multi Non-Hispanic	Hispanic
Obese (Adults 18+)	35.6%	18.9%	38.4%	23.7%	**
Overweight (Adults 18+)	33.2%	34.6%	34.4%	28.2%	**
No Leisure-Time Physical Activity (Adults 18+)	32.6%	26.2%	33.3%	29.1%	**
Current Cigarette Smoking (Adults 18+)	22.1%	20.5%	22.5%	21.2%	**
Current e-Cigarette Smoking (Adults 18+)	6.4%	**	5.8%	**	**
Heavy Drinking (Adults 18+)	5.9%		5.1%	**	**
Binge Drinking (Adults 18+)	15.7%	17.8%	14.1%	28.8%	**

Michigan BRFS 2021-2023 Combined Estimates
Worse than state average
** Some data points suppressed due to a denominator < 50 and/or a relative standard error > 30%

Figure 26j – Seven-County Weight & Health Behaviors by Race

	All	White Non-Hispanic	Black Non-Hispanic	Other & Multi Non-Hispanic	Hispanic
Obese (Adults 18+)	34.9%	34.1%	42.7%	22.7%	35.3%
Overweight (Adults 18+)	33.2%	33.4%	32.5%	34.7%	31.6%
No Leisure-Time Physical Activity (Adults 18+)	24.4%	22.5%	31.1%	21.9%	24.8%
Current Cigarette Smoking (Adults 18+)	15.5%	14.6%	18.2%	13.5%	16.0%
Current e-Cigarette Smoking (Adults 18+)	7.8%	7.3%	7.5%	9.8%	14.8%
Heavy Drinking (Adults 18+)	5.9%	6.3%	4.9%	4.4%	5.4%

Binge Drinking (Adults 18+)	15.6%	16.5%	13.0%	15.6%	13.6%

Michigan BRFS 2021-2023 Combined Estimates

Worse than state average

Some data points suppressed due to a denominator < 50 and/or a relative standard error > 30%

Highlighting Racial Disparities

14.7% of Hispanic adults use e-cigarettes, compared to 9.8% of Black and 7.5% of white adults.

Figure 26j shows weight and health behavior data stratified by race for the combined seven-county area. Obesity is 8.6% more prevalent amongst Black residents than white. White residents are most likely to get leisure-time physical activity with only 23% reporting none, compared to 31.1% of Black and 24.8% of Hispanic residents. Black and Hispanic residents are the most likely to smoke cigarettes at 18.2% and 16.0% respectively, which is slightly higher than a prevalence of 15.5% amongst white residents. Hispanic residents are most likely to use e-cigarettes. Prevalence of heavy drinking is 1.4% more prevalent among white than Black. Binge drinking prevalence is highest amongst other/multi-racial (15.6%) and white (16.5%) residents, while Black and Hispanic residents binge drink less than state average.

Preventive Health Practices

Figure 27a – Preventive Health Practices

	% Estimated Prevalence									
	Michigan	Genesee	Jackson	Livingston	Macomb	Oakland	St. Clair	Wayne*	Detroit	Trends since 2022 CHNA
Had Flu Vaccine in Past Year (Adults 65+)	69.3%	69.0%	64.0%	69.9%	72.9%	75.1%	63.5%	73.6%	60.6%	● In St. Clair; ● Everywhere else
No Routine Checkup in Past Year (Adults 18+)	20.6%	22.8%	26.2%	20.0%	18.7%	19.8%	19.0%	19.0%	16.8%	● In Genesee, Jackson and Wayne; ● Everywhere else
Breast Cancer Screening (Women 40+) in Past 2 Years†	73.8%	73.3%	74.2%	77.6%	74.8%	76.3%	66.6%	74.2%	71.7%	● In Genesee and Macomb; ● In Michigan, Jackson, Livingston, Oakland, Wayne and Detroit
Cervical Cancer Screening (Women 18+) in Past 3 Years^	61.7%	48.2%	69.4%	71.6%	63.3%	67.3%	**	62.6%	54.8%	● In Michigan, Genesee, Jackson, Livingston, Macomb, Oakland, Wayne and Detroit
Prostate Cancer Screening (Men 50+) in Past Year #	41.7%	44.2%	40.3%	43.9%	42.2%	54.5%	**	42.9%	26.8%	● In Macomb; ● In Michigan, Livingston, Macomb, Wayne, and Detroit
Colorectal Cancer Screening (50+)†	76.0%	79.0%	80.1%	79.2%	72.1%	79.8%	80.9%	76.6%	70.4%	● In Jackson, Macomb, and Detroit; ● Everywhere else
No Dental Visit in Past Year (Adults 18+)†	30.6%	31.3%	38.3%	19.6%	28.3%	24.3%	34.3%	27.6%	42.7%	● In Jackson, Livingston, Oakland, and St. Clair; ● Everywhere else
Ever Had an HIV Test (Adults 18-64)	43.6%	45.4%	48.3%	43.3%	44.6%	45.1%	45.0%	43.9%	63.7%	● In Michigan, Genesee, Jackson, Oakland, Wayne and Detroit; ● Everywhere else
Always uses seatbelt (Adults 18+)#	92.3%	89.7%	95.5%	**	93.1%	95.0%	83.7%	93.8%	90.7%	● In Michigan, Genesee, Jackson, Macomb, Oakland, St. Clair, Wayne and Detroit

† 2021 – 2023 Michigan BRFS Combined Estimates
^ 2022 & 2024 Michigan BRFS Combined Estimates
# 2023 & 2024 Michigan BRFS Combined Estimates
° 2020 & 2023 Michigan BRFS Combined Estimates
*Excludes Detroit
● Improved; ● Worsened; ● No Change
Worse than state average
** Some data points and trend data suppressed due to a denominator < 50 and/or a relative standard error > 30%

Figure 27a outlines the prevalence of several preventative health practices in the seven-county area. These actions we encourage, as they can help prevent chronic disease, catch serious illnesses earlier in the disease progression, and promote safety. Each region in the seven-county area exhibits worse-than-state-average prevalence of at least one of these preventive health practices.

Prevalence of annual flu vaccines for people older than 65 improved in all regions since the 2022 assessment, except St. Clair County, where it decreased slightly. Notably, Wayne County saw a 12.6% jump in flu vaccinations among adults 65 or older. Detroit and Oakland County also exhibited large increases, 9.5% and 10.3%, respectively. Detroit (60.6%), Genesee (69.0%), Jackson (64.0%), and St. Clair (63.5%) have elderly populations that are less vaccinated against the flu than state average (69.3%).

Routine checkups improved in all regions except for Genesee, Jackson and Wayne Counties since the previous assessment. 5.9% fewer adults in Jackson County had no routine checkup in the last year compared to the 2022 CHNA. We see that in areas that struggle with a lower percentage of the population with health coverage – Detroit, Jackson County, and Wayne County– there is also a lower percentage of people having dental visits in the past year. Rates of HIV testing have worsened statewide, and in Genesee, Jackson, Oakland, and Wayne Counties and Detroit since the 2022 CHNA. The area where HIV tests are most accessed is in Detroit, where 63.7% of adults have been tested compared to 43.6% statewide.

Since the 2022 CHNA, prostate cancer screening among men age 50+ in the past year increased by:

30.7% in the City of Detroit

57.7% in Wayne County excluding Detroit

25.3% in Oakland County

Breast cancer screenings improved in all regions except in Genesee and Macomb Counties, while screenings for cervical cancer declined across all regions since the previous assessment. Prostate cancer screening rates in Macomb County worsened, but improvement was seen in Livingston, Macomb, and Wayne Counties and in Detroit. Trend data for prostate cancer was not available for Jackson and St. Clair Counties due to data being suppressed. Colorectal cancer screening only worsened in Jackson and Macomb Counties and in Detroit but improved in all other regions. The percentage of people who did not have a dental visit in the past year worsened in Jackson, Livingston, Oakland and St. Clair Counties but improved in all other areas. The percentage of people who have been tested for HIV increased in Livingston and St. Clair Counties while decreasing in the remaining regions.

Figures 27b-j show these preventive health practices for each county stratified by race and ethnicity.

Figure 27b – Genesee County Preventive Health Practices

	All	White Non-Hispanic	Black Non-Hispanic	Other & Multi Non-Hispanic	Hispanic
Had Flu Vaccine in Past Year (Adults 65+)	69.0%	75.0%	44.1%	**	**
No Routine Checkup in Past Year (Adults 18+)	22.8%	21.7%	21.5%	**	**
Breast Cancer Screening (Women 40+) in Past 2 Years†	78.6%	78.0%	**	**	**

Cervical Cancer Screening (Women 18+) in Past 3 Years^	43.5%	52.0%	**	**	**
Prostate Cancer Screening (Men 50+) in Past Year #	**	39.8%	**	**	**
Colorectal Cancer Screening (50+)†	75.8%	76.2%	**	**	**
No Dental Visit in Past Year (Adults 18+)†	35.0%	30.5%	45.6%	**	**
Ever Had an HIV Test (Adults 18-64)	45.4%	37.4%	70.6%	**	**
Always uses seatbelt (Adults 18+)#	87.2%	**	**	**	**

† 2021 – 2023 Michigan BRFS Combined Estimates
^ 2022 & 2024 Michigan BRFS Combined Estimates
# 2023 & 2024 Michigan BRFS Combined Estimates
° 2020 & 2023 Michigan BRFS Combined Estimates
Worse than state average
** Some data points suppressed due to a denominator < 50 and/or a relative standard error > 30%

Figure 27c – Jackson County Preventive Health Practices

	All	White Non-Hispanic	Black Non-Hispanic	Other & Multi Non-Hispanic	Hispanic
Had Flu Vaccine in Past Year (Adults 65+)	64.0%	64.1%	**	**	100.0%
No Routine Checkup in Past Year (Adults 18+)	26.2%	25.2%	**	**	**
Breast Cancer Screening (Women 40+) in Past 2 Years†	72.8%	73.6%	**	**	**
Cervical Cancer Screening (Women 18+) in Past 3 Years^	54.7%	67.7%	**	100.0%	100.0%
Prostate Cancer Screening (Men 50+) in Past Year #	**	34.3%	**	**	0.0%
Colorectal Cancer Screening (50+)†	82.8%	83.8%	**	**	100.0%
No Dental Visit in Past Year (Adults 18+)†	32.8%	30.8%	**	**	**

Ever Had an HIV Test (Adults 18-64)	48.3%	44.8%	**	**	**
Always uses seatbelt (Adults 18+)[#]	91.9%	**	**	**	**

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^ 2022 & 2024 Michigan BRFS Combined Estimates
# 2023 & 2024 Michigan BRFS Combined Estimates
° 2020 & 2023 Michigan BRFS Combined Estimates
Worse than state average
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Figure 27d – Livingston County Preventive Health Practices

	All	White Non-Hispanic	Black Non-Hispanic	Other & Multi Non-Hispanic	Hispanic
Had Flu Vaccine in Past Year (Adults 65+)	69.9%	70.3%	**	**	**
No Routine Checkup in Past Year (Adults 18+)	20.0%	19.8%	0.0%	**	**
Breast Cancer Screening (Women 40+) in Past 2 Years[†]	72.3%	**	**	**	**
Cervical Cancer Screening (Women 18+) in Past 3 Years[^]	65.1%	**	**	**	**
Prostate Cancer Screening (Men 50+) in Past Year[#]	34.3%	**	**	**	**
Colorectal Cancer Screening (50+)[†]	73.9%	**	**	**	**
No Dental Visit in Past Year (Adults 18+)[†]	20.7%	**	**	**	**
Ever Had an HIV Test (Adults 18-64)	43.3%	42.7%	**	**	**
Always uses seatbelt (Adults 18+)[#]	94.7%	**	**	**	**

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^ 2022 & 2024 Michigan BRFS Combined Estimates
# 2023 & 2024 Michigan BRFS Combined Estimates
° 2020 & 2023 Michigan BRFS Combined Estimates
Worse than state average
** Some data points suppressed due to a denominator < 50 and/or a relative standard error > 30%

Figure 27e – Macomb County Preventive Health Practices

	All	White Non-Hispanic	Black Non-Hispanic	Other & Multi Non-Hispanic	Hispanic
Had Flu Vaccine in Past Year (Adults 65+)	72.9%	74.7%	**	**	**
No Routine Checkup in Past Year (Adults 18+)	18.7%	18.1%	17.7%	23.9%	**
Breast Cancer Screening (Women 40+) in Past 2 Years †	74.2%	**	**	**	**
Cervical Cancer Screening (Women 18+) in Past 3 Years ^	57.6%	**	**	**	**
Prostate Cancer Screening (Men 50+) in Past Year #	45.0%	**	**	**	**
Colorectal Cancer Screening (50+) †	72.7%	**	**	**	**
No Dental Visit in Past Year (Adults 18+) †	28.5%	**	**	**	**
Ever Had an HIV Test (Adults 18-64)	44.6%	39.8%	71.2%	32.7%	**
Always uses seatbelt (Adults 18+) #	91.1%	**	**	**	**

† 2021 – 2023 Michigan BRFS Combined Estimates
^ 2022 & 2024 Michigan BRFS Combined Estimates
# 2023 & 2024 Michigan BRFS Combined Estimates
° 2020 & 2023 Michigan BRFS Combined Estimates
Worse than state average
** Some data points suppressed due to a denominator < 50 and/or a relative standard error > 30%

Figure 27f – Oakland County Preventive Health Practices

	All	White Non-Hispanic	Black Non-Hispanic	Other & Multi Non-Hispanic	Hispanic
Had Flu Vaccine in Past Year (Adults 65+)	75.1%	77.2%	64.1%	**	**
No Routine Checkup in Past Year (Adults 18+)	19.8%	20.0%	11.6%	24.0%	32.7%
Breast Cancer Screening (Women 40+) in Past 2 Years †	73.9%	**	**	**	**
Cervical Cancer Screening (Women 18+) in	59.7%	**	**	**	**

Past 3 Years^					
Prostate Cancer Screening (Men 50+) in Past Year#	43.4%	**	**	**	**
Colorectal Cancer Screening (50+)†	77.9%	**	**	**	**
No Dental Visit in Past Year (Adults 18+)†	24.4%	**	**	**	**
Ever Had an HIV Test (Adults 18-64)	45.1%	43.1%	69.4%	65.9%	62.2%
Always uses seatbelt (Adults 18+)#	91.5%	**	**	**	**

† 2021 – 2023 Michigan BRFS Combined Estimates
^ 2022 & 2024 Michigan BRFS Combined Estimates
# 2023 & 2024 Michigan BRFS Combined Estimates
° 2020 & 2023 Michigan BRFS Combined Estimates
Worse than state average
** Some data points suppressed due to a denominator < 50 and/or a relative standard error > 30%

Figure 27g – St. Clair County Preventive Health Practices

	All	White Non-Hispanic	Black Non-Hispanic	Other & Multi Non-Hispanic	Hispanic
Had Flu Vaccine in Past Year (Adults 65+)	65.5%	66.7%	**	**	**
No Routine Checkup in Past Year (Adults 18+)	19.0%	19.5%	0.0%	**	0.0%
Breast Cancer Screening (Women 40+) in Past 2 Years†	74.2%	**	**	**	**
Cervical Cancer Screening (Women 18+) in Past 3 Years^	**	**	**	**	**
Prostate Cancer Screening (Men 50+) in Past Year#	**	**	**	**	**
Colorectal Cancer Screening (50+)†	77.8%	**	**	**	**
No Dental Visit in Past Year (Adults 18+)†	23.4%	**	**	**	**
Ever Had an HIV Test (Adults 18-	45.0%	45.4%	100.0%	**	100.0%

64)					
Always uses seatbelt (Adults 18+)[#]	79.8%	**	**	**	**

† 2021 – 2023 Michigan BRFS Combined Estimates
^ 2022 & 2024 Michigan BRFS Combined Estimates
# 2023 & 2024 Michigan BRFS Combined Estimates
° 2020 & 2023 Michigan BRFS Combined Estimates
Worse than state average
** Some data points suppressed due to a denominator < 50 and/or a relative standard error > 30%

Figure 27h – Wayne County* Preventive Health Practices

	All	White Non-Hispanic	Black Non-Hispanic	Other & Multi Non-Hispanic	Hispanic
Had Flu Vaccine in Past Year (Adults 65+)	73.6%	75.3%	61.7%	**	**
No Routine Checkup in Past Year (Adults 18+)	19.0%	18.8%	15.0%	22.8%	25.7%
Breast Cancer Screening (Women 40+) in Past 2 Years[†]	71.5%	**	**	**	**
Cervical Cancer Screening (Women 18+) in Past 3 Years[^]	57.2%	**	**	**	**
Prostate Cancer Screening (Men 50+) in Past Year[#]	27.2%	**	**	**	**
Colorectal Cancer Screening (50+)[†]	75.3%	**	**	**	**
No Dental Visit in Past Year (Adults 18+)[†]	29.1%	**	**	**	**
Ever Had an HIV Test (Adults 18-64)	43.9%	40.3%	68.0%	42.1%	38.8%
Always uses seatbelt (Adults 18+)[#]	90.1%	**	**	**	**

† 2021 – 2023 Michigan BRFS Combined Estimates
^ 2022 & 2024 Michigan BRFS Combined Estimates
# 2023 & 2024 Michigan BRFS Combined Estimates
° 2020 & 2023 Michigan BRFS Combined Estimates
Worse than state average
** Some data points suppressed due to a denominator < 50 and/or a relative standard error > 30%

Figure 27i – City of Detroit Preventive Health Practices

	All	White Non-Hispanic	Black Non-Hispanic	Other & Multi Non-Hispanic	Hispanic
Had Flu Vaccine in Past Year (Adults 65+)	60.6%	57.8%	61.9%	**	**
No Routine Checkup in Past Year (Adults 18+)	16.8%	27.3%	13.1%	36.5%	**
Breast Cancer Screening (Women 40+) in Past 2 Years †	64.7%	**	**	**	**
Cervical Cancer Screening (Women 18+) in Past 3 Years ^	42.3%	**	**	**	**
Prostate Cancer Screening (Men 50+) in Past Year #	20.5%	**	**	**	**
Colorectal Cancer Screening (50+) †	70.5%	**	**	**	**
No Dental Visit in Past Year (Adults 18+) †	43.1%	**	**	**	**
Ever Had an HIV Test (Adults 18-64)	63.7%	56.4%	66.3%	52.7%	**
Always uses seatbelt (Adults 18+) #	87.0%	**	**	**	**

† 2021 – 2023 Michigan BRFS Combined Estimates
^ 2022 & 2024 Michigan BRFS Combined Estimates
# 2023 & 2024 Michigan BRFS Combined Estimates
° 2020 & 2023 Michigan BRFS Combined Estimates
Worse than state average
Some data points suppressed due to a denominator < 50 and/or a relative standard error > 30%

Figure 27j – Seven-County Area Combined Preventive Health Practices

	% Estimated Prevalence				
	All	White Non-Hispanic	Black Non-Hispanic	Other & Multi Non-Hispanic	Hispanic
Had Flu Vaccine in Past Year (Adults 65+)	72.3%	74.2%	59.6%	62.1%	**
No Routine Checkup in Past Year (Adults 18+)	19.6%	**	**	**	**
Breast Cancer Screening (Women 40+) in Past 2 Years †	72.8%	73.0%	74.0%	70.0%	70.7%
Cervical Cancer Screening (Women 18+) in Past 3 Years ^	63.2%	63.3%	63.5%	53.9%	70.5%
Prostate Cancer Screening (Men 50+) in Past Year #	39.5%	43.7%	29.0%	32.3%	**

Colorectal Cancer Screening (50+)†	75.3%	75.9%	76.5%	64.5%	72.0%
No Dental Visit in Past Year (Adults 18+)†	29.8%	25.3%	38.3%	38.6%	36.1%
Ever Had an HIV Test (Adults 18-64)	47.7%	41.7%	68.8%	39.3%	47.7%
Always uses seatbelt (Adults 18+)#					

† 2021 – 2023 Michigan BRFS Combined Estimates
^ 2022 & 2024 Michigan BRFS Combined Estimates
# 2023 & 2024 Michigan BRFS Combined Estimates
° 2020 & 2023 Michigan BRFS Combined Estimates
Worse than state average
Some data points suppressed due to a denominator < 50 and/or a relative standard error > 30%

Highlighting Racial Disparities

29.0% of Black men age 50+ in Henry Ford Health's service area got a prostate cancer screening in the last year.

The prevalence is 14.7% lower than white men.

Figure 27j shows prevalence of preventive health practices for the seven-county area combined stratified by race. White residents generally show greater adherence to preventive practices than non-white residents, which is reflective of the positive impact that higher income, education, and fewer social barriers have on ability to commit to these practices. There are large disparities in people aged 65+ having had a flu vaccine in the past year between white (74.2%), Black (59.6%), and other/multi-racial non-Hispanic (62.1%) residents. There are racial disparities in cancer screening prevalence, but the most significant appear to be between prostate cancer screening for Black (29.0%) vs. white (43.7%), and for colorectal cancer screening for other/multi-racial non-Hispanic (64.5%) vs. white (75.9%). Disparities in dental visits are large, with 13.0% more Black residents, 13.3% more other/multi-racial non-Hispanic residents, and 10.8% more Hispanic residents not having had a dental visit than white residents.

Drugs and Opioids

Figure 28a – Drug and Opioid Overdose Deaths 2022

	Michigan	Genesee	Jackson^	Livingston	Macomb	Oakland	St. Clair	Wayne*	Detroit
Opioid Crude Death Rate per 100K	24.3	46.7	23.6	15.1	30.2	14.9	19.5	32.2	64.0

All Drugs Crude Death Rate per 100K	30.1	59.5	28.0	17.2	35.7	18.5	25.1	38.1	72.7
Percent of all Drug Overdose Deaths Caused by Opioids	80.8%	78.4%	84.2%	87.8%	84.6%	80.6%	77.5%	84.5%	88.1%

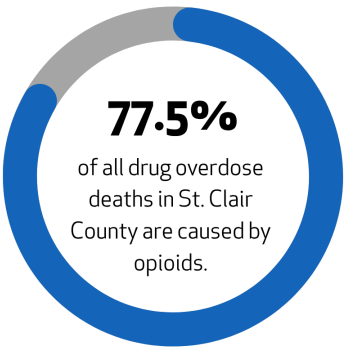
Michigan Environmental Public Health Tracking, MDHHS
^Jackson County data sourced from Michigan Overdose Data to Action Dashboard, MDHHS
*Excludes Detroit
Worse than state average

Figure 28b – Change in Drug and Opioid Overdose Deaths 2022

	Michigan	Genesee	Jackson^	Livingston	Macomb	Oakland	St. Clair	Wayne*	Detroit
Percent change in opioid drug overdose deaths	11.6%	34.0%	-22.9%	-6.5%	-2.2%	**	-16.2%	4.4%	15.3%
Percent change in all drug overdose deaths	9.5%	28.2%	-21.4%	-0.3%	-5.8%	12.6%	-29.8%	4.2%	20.5%

Michigan Environmental Public Health Tracking, MDHHS
^Jackson County data sourced from Michigan Overdose Data to Action Dashboard, MDHHS
*Excludes Detroit
Worse than state average
**Some data points and trend data suppressed due to < 6 events

Figure 28a shows drug and opioid overdose death rates as well as the percent of drug overdose deaths caused by opioids. Genesee, Macomb, and Wayne Counties and the City of Detroit all had death rates higher than the state average for drug deaths that involved opioids. These same areas also had higher than average death rates from all drugs with each county and the City of Detroit seeing higher than average percentage changes in opioid overdose deaths compared to the state average. Figure 28b shows the percent change in drug and opioid overdose death rates from 2021 to 2022. Some counties saw marked increases in drug overdose deaths while others saw strong decreases from the previous year of measurement. Genesee County saw a 28.2% percent increase in drug overdose deaths, exhibiting a great need to focus on mental and behavioral health in Jackson County to slow the increase in these deaths. Jackson, Macomb and St. Clair experienced decreases in the percent changes in opioid and all drug overdose deaths. Detroit and Oakland saw higher than average percent changes in at least one of the categories presented.



However, St. Clair County saw a 16.2% decrease in opioid overdose deaths from 2021 to 2022.

Maternal and Infant Mortality

Infant Mortality

Figure 29 – Infant Mortality Rates by Region and Race (Deaths Per 1,000 Live Births 2021-2023)

	Michigan	Genesee	Jackson	Livingston	Macomb	Oakland	St. Clair	Wayne*	Detroit	Trends since 2022 CHNA
All Races	6.3	8.6	7.5	3.9	5.3	3.8	6.5	6.8	14.1	● In Michigan, Oakland, St. Clair and Wayne; ● In Genesee, Jackson, Livingston and Macomb; ● In Detroit
White	4.2	5.6	5.9	5.9	3.5	2.3	5.0	5.3	5.8	● In Michigan, Macomb, Oakland, St. Clair, and Wayne; ● In Genesee, Jackson, Livingston, and Detroit
Black	13.2	15.2	16.4	**	9.5	10.0	**	12.0	13.2	● In Jackson; ● In Michigan, Genesee, Macomb, Oakland, Wayne and Detroit

Michigan Vital Records and Statistics, MDHHS
*Excludes Detroit
● Improved; ● Worsened; ● No Change
Worse than state average
**Some data points and trend data suppressed due to < 6 events

The infant mortality rate is the number of deaths of infants one year or younger per 1,000 live births. Figure 29 summarizes infant mortality rates in the seven-county area by race. The Michigan all-race infant mortality rate of 6.3 deaths per 1,000 live births is exceeded by Detroit (14.1), Genesee County (8.6), Jackson County (7.5), St. Clair County (6.5), and Wayne County (6.8). Infant mortality rates have worsened in Genesee, Livingston, Jackson, and Macomb Counties. On the other hand, Wayne County's infant mortality rate has decreased by 3.2 since the 2018=2020 combined rates. Michigan, Oakland County, and St. Clair County also saw improvements in the last few years.

Highlighting Racial Disparities

In Detroit, Black infant mortality is 2x higher than white infant mortality.

In Jackson, Black infant mortality is nearly 3x higher than white infant mortality.

Black infant mortality has generally improved in the seven-county region and statewide. In particular, Wayne County's Black infant mortality rate has improved by 3.6. In Detroit, the Black infant mortality rate improved by 2.6. The only county in which the Black infant mortality rate has worsened is Jackson County; Jackson's Black infant mortality rate is also higher than the state average. Genesee County also has a higher rate of Black infant mortality compared to Michigan. White infant mortality has worsened in Detroit, Genesee, Jackson, and Livingston. These same areas, along with Wayne and St. Clair, have higher infant mortality rates compared to Michigan overall. In Genesee and Jackson Counties, the infant mortality rate of Black infants is 3 times that of white infants.

Maternal Mortality

Figure 30 – Pregnancy-Related Maternal Mortality Ratio (Deaths per 100k Live Births 2017-2021)

	All Races	White	Black
Michigan	23.9	18.9	48.2
Genesee	31.1	39.5	**
Jackson	**	**	**
Livingston	**	**	**
Macomb	28.8	27.9	**
Oakland	21.7	22.2	**
St. Clair	**	**	**
Wayne*	22.7	20.0	54.0
Detroit	50.4	**	58.0

Michigan Maternal Mortality Surveillance System, MDHHS
*Excludes Detroit
Worse than state average
**Some data points suppressed due to sample size limitations

A pregnancy-related death is any death of a person during pregnancy or within 365 days of end of pregnancy that is directly related to or aggravated by pregnancy. The pregnancy-related maternal mortality ratio represents pregnancy-related deaths per 100,00 live births. Figure 30 shows the pregnancy-related maternal mortality ratios for the seven-county area. Jackson, Livingston, and St. Clair Counties do not have data available due to sample size limitations. All-race maternal mortality rates in Genesee and Macomb Counties are higher than the state average. In Detroit, all-race maternal mortality is more than double the state average. Black maternal mortality is more than double white maternal mortality both statewide and in Wayne County. Detroit also has a higher than state average maternal mortality rate among Black women. These data demonstrate a marked difference among Black and White mothers across the seven-county region. It also indicates that an increased focus on mothers' health and wellbeing during and after pregnancy is warranted.

Figure 31 – 5-Year Average Live Birth Characteristics 2019-2023

	Michigan	Genesee	Jackson	Livingston	Macomb	Oakland	St. Clair	Wayne*	Detroit
Total Teen Births	19,850	1,139	471	98	971	1,037	94	1,739	3,267
Live Teen Births per 100k	13	19	20	3	8	6	13	10	30
% Low Birthweight	9.0%	10.6%	9.6%	6.8%	9.3%	8.2%	7.4%	9.1%	15.4%
% Very Low Birthweight	1.5%	1.8%	1.3%	4.3%	1.5%	1.3%	1.3%	1.5%	3.0%
% Preterm	10.4%	12.1%	10.8%	9.6%	10.9%	9.7%	10.0%	9.8%	14.8%
% Very Preterm	1.6%	1.9%	1.6%	1.0%	1.7%	1.4%	1.1%	1.6%	3.2%
% Live Births in Poverty	28.9%	38.4%	24.7%	3.8%	16.1%	12.0%	21.2%	26.4%	88.3%
% Live Births paid by Medicaid	39.5%	54.8%	44.3%	12.5%	32.7%	21.9%	39.6%	44.0%	72.1%

Michigan Vital Records and Statistics, MDHHS
*Excludes Detroit
Worse than state average

Figure 31 provides data on several birth characteristics that can indicate increased risk for mother and baby. These risk factors are physiological and social. Teen births, births in poverty, and births paid by Medicaid can indicate that mother and baby may encounter poorer health outcomes due to non-medical determinants of health such as access to income, healthcare access, housing, transportation, and education. Teen births occur at a higher rate in Genesee County, Jackson County, and the City of Detroit. There is a higher percentage of babies born in poverty (per the national definition of poverty) in the City of Detroit and Genesee County. Notably, the City of Detroit has 3x more babies born in poverty than state average. The City of Detroit, Genesee, Jackson, St. Clair, and Wayne Counties had higher than state average births paid by Medicaid. Teen mothers and mothers in poverty may need connections to resources to address non-medical needs and improve their quality of life moving forward.

Low weight births are less than 2,500 grams. Very low birth weight is considered less than 1,500 grams. Genesee, Jackson, Macomb, and Wayne Counties, as well as Detroit, have higher than state average percentages of low weight births. Detroit and Livingston County are the only areas with higher than state average very low birth weight rates. Preterm births are infants born between 34 to 36 completed weeks of gestation. Very preterm births are infants born prior to 32 completed weeks of gestation. Detroit, Genesee County, and Macomb County, see higher percentages of very preterm births compared to Michigan overall. Genesee, Jackson, and Macomb Counties have slightly higher than state average preterm births. Detroit's preterm birth rate is 4 percentage points higher than the state average and is the highest out of all regions in Henry Ford Health's service area. Low birthweight and pre-term births may indicate inadequate prenatal or perinatal care for mothers.

Figure 32 – Prenatal and Perinatal Care

	Michigan	Genesee	Jackson	Livingston	Macomb	Oakland	St. Clair	Wayne*	Detroit
Adequate Prenatal Care (Kessner Index)	67.9%	60.9%	73.9%	79.7%	72.2%	80.5%	73.3%	70.6%	57.1%
Less than Adequate Prenatal Care	32.1%	39.1%	26.1%	20.4%	27.8%	19.6%	26.6%	29.4%	42.8%
No Prenatal Care in 1st Trimester	24.0%	31.3%	21.1%	14.9%	18.9%	15.6%	20.8%	21.5%	29.8%
Smoked While Pregnant	10.8%	17.0%	19.6%	6.7%	8.4%	4.6%	20.2%	7.9%	8.9%
Low Weight Gain	20.9%	19.9%	23.2%	17.3%	19.3%	18.3%	22.4%	22.3%	24.9%
Excessive Weight Gain	48.0%	51.8%	46.9%	50.9%	48.8%	48.6%	48.8%	46.8%	43.4%
Breastfeeding Initiated	51.0%	59.9%	54.9%	62.8%	48.4%	58.7%	54.6%	43.5%	22.8%
Gestational Diabetes	7.1%	6.9%	8.3%	8.4%	8.1%	7.0%	7.5%	8.0%	4.8%
Hypertension – Gestational or Pre-pregnancy	11.7%	14.2%	13.5%	14.9%	13.5%	11.8%	10.5%	10.3%	11.6%

Michigan Vital Records and Statistics, MDHHS
*Excludes Detroit
Worse than state average

Figure 32 outlines metrics related to prenatal and perinatal care. The Kessner Index is a classification system used to measure the adequacy of prenatal care based on the month of pregnancy in which prenatal care began, the number of prenatal visits, and the length of pregnancy. "Adequate" is defined as care that began within the first trimester of pregnancy and included an average of at least one or two additional prenatal visits per month of gestation. Detroit and Genesee County both saw a higher-than-

average percentage of mothers who received less than adequate prenatal care and a higher-than-average percentage of mothers who did not receive prenatal care during their first trimester of pregnancy.

"Smoking while pregnant" is defined as a history of smoking by never quitting as well as quitting at some point between conception and birth. Smoking while pregnant was higher on average in Genesee, Jackson and St. Clair Counties. Smoking increases the likelihood of premature or low weight babies and increases the risk of abnormal bleeding during labor.[12]

Low and high weight gain is determined per the National Academy of Medicine recommended range of weight gain during pregnancy.[13] Low weight gain during pregnancy was higher for pregnant women in Jackson, St. Clair and Wayne Counties and in Detroit while high numbers of women who gained weight excessively during pregnancy showed up in Genesee, Livingston, Macomb, Oakland, and St. Clair Counties. Both conditions can negatively impact the health of mother and baby.

High blood sugar during pregnancy is referred to as gestational diabetes. The condition can cause complications for both mother and baby, prenatally and during labor. Hypertension during pregnancy similarly causes complications, such as pre-eclampsia, preterm birth, or low birth weight. It involves high blood pressure that occurs in the latter half of gestation. Both conditions can be managed through medical intervention. Gestational diabetes showed up at higher percentages for women in Jackson, Livingston, Macomb, St. Clair and Wayne Counties while hypertension was found at higher proportions for pregnant women in Genesee, Jackson, Livingston, Macomb and Oakland Counties.

Breastfeeding is widely encouraged due to its benefit for both mothers and babies. Breastfeeding can lower risk of disease in infants and lower risk of postpartum depression, certain cancers, and cardiovascular diseases in mothers.[14] Women in Genesee, Jackson, Livingston, Oakland, and St. Clair Counties initiated breastfeeding at a higher percentage than the state average. Breastfeeding is not always possible for all women, due to physical or social constraints.

Chronic Disease

Certain behaviors such as lack of physical activity, poor nutrition, tobacco use, and not seeking appropriate preventive care can result in developing chronic disease and illness. In addition, the aging of the population coupled with longer life expectancies contributes to increases in the prevalence of chronic disease. Figure 33a outlines the prevalence of several chronic conditions for the seven-county area and Michigan.

[12] https://www.cdc.gov/tobacco/campaign/tips/diseases/pregnancy.html
[13] Weight Gain During Pregnancy: Reexamining the Guidelines - PubMed
[14] Benefits of Breastfeeding for You & Baby - Cleveland Clinic

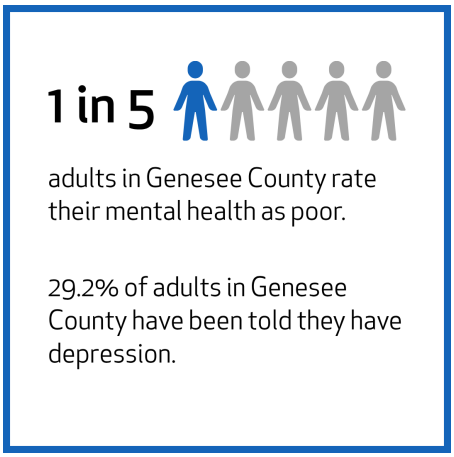
Figure 33a – Prevalence of Chronic Disease and Illness

	% Estimated Prevalence Among Adults 18+									
	Michigan	Genesee	Jackson	Livingston	Macomb	Oakland	St. Clair	Wayne*	Detroit	Trends since 2022 CHNA
General Health, Fair or Poor	17.4%	23.3%	21.5%	11.8%	17.1%	11.6%	17.4%	16.4%	27.7%	● In Genesee, Jackson, and Livingston; ● Everywhere else
Poor Physical Health	12.8%	17.8%	13.4%	10.4%	12.4%	9.9%	18.0%	12.7%	17.1%	● In Genesee, Jackson, Livingston, Macomb, and St. Clair; ● Everywhere else
Poor Mental Health	16.4%	20.5%	19.6%	13.3%	14.8%	12.6%	19.1%	15.8%	20.9%	● In Michigan, Jackson, Livingston, St. Clair, and Detroit; ● Everywhere else
Ever Told Depression	23.2%	29.2%	23.6%	23.3%	22.7%	18.2%	25.7%	23.0%	22.1%	● In Jackson; ● Everywhere else
Ever Told Arthritis	29.8%	35.8%	35.5%	28.6%	31.1%	26.8%	33.2%	29.7%	32.6%	● In Jackson, Macomb, and Detroit; ● Everywhere else
Ever Told Asthma	16.7%	17.1%	14.9%	13.9%	17.2%	16.3%	19.8%	18.4%	19.7%	● In Michigan, Macomb, Oakland and Wayne; ● Everywhere else
Ever Told Any Cardiovascular Disease	9.7%	10.8%	13.9%	9.4%	9.7%	8.2%	12.4%	10.0%	14.0%	● In Jackson, Livingston, St. Clair, and Detroit; ● In Genesee, Macomb, Oakland, and Wayne; ● In Michigan
Ever Told Heart Attack	4.7%	5.0%	8.1%	4.3%	4.9%	3.5%	5.9%	5.2%	6.2%	● In Jackson, Livingston, Macomb, St. Clair, and Detroit; ● In Michigan, Genesee, Oakland, and Wayne
Ever Told Angina/Coronary Heart Disease	4.5%	5.1%	6.1%	5.2%	5.0%	4.2%	5.3%	4.3%	5.4%	● In Livingston and Detroit; ● in Michigan, Macomb, Oakland, St. Clair, and Wayne; ● In Genesee and Jackson
Ever Told Diabetes	11.6%	13.6%	14.7%	7.5%	10.2%	9.2%	11.7%	12.1%	19.4%	● In Jackson and Detroit; ● Everywhere else
Ever Told Stroke	3.7%	4.4%	4.0%	2.9%	2.9%	2.7%	5.0%	4.0%	6.9%	● In Michigan, Livingston, St. Clair, Wayne, and Detroit; ● In Genesee, Jackson, Macomb, and Oakland

Michigan BRFS 2021-2023 Combined Estimates
● Improved; ● Worsened; ● No Change
Worse than state average
Some data points and trend data suppressed due to a denominator < 50 and/or a relative standard error > 30%

There is significant need to improve prevalence of chronic diseases. People who reported being in fair or poor general health improved after the last report for all regions, except Jackson County. In fact, Jackson County's reports of fair or poor general health increased by 3.7% since the 2022 CHNA. Similarly, Jackson and Macomb Counties both worsened in reports of poor physical health among residents, while the remaining areas improved.

Poor mental health has increased in Detroit, Jackson County, Livingston County, and St. Clair County since



the 2022 CHNA, with each area seeing about 1 in 5 people reporting poor mental health. Detroit has seen a 3.1% increase in poor mental health reports since the 2022 CHNA. Prevalence of depression has increased in all areas except Jackson County. Macomb County's depression prevalence has increased by 5.6% since the last assessment. Both metrics demonstrate a need for mental health services on a community and individual level.

Asthma persists as a health issue for a large portion of the general population. Prevalence has increased statewide and in Macomb and Wayne Counties. Wayne County worsened by 3.3% since the 2022 CHNA, the largest increase of all regions.

Cardiovascular disease, heart attack, coronary heart disease, diabetes, and stroke all pose threats to the health of the seven-county area. Jackson, Livingston, and St. Clair Counties, along with Detroit, increased in prevalence of "any cardiovascular disease." Detroit's prevalence of any cardiovascular disease has increased by 3.4% since the 2022 CHNA. All areas, except Livingston and Oakland, have a higher prevalence of heart attacks compared to the state average. Detroit and Livingston County have seen an increase in coronary heart disease prevalence, whereas the rest of the areas have either improved or held steady in this metric. For diabetes, Genesee, Jackson, St. Clair, and Wayne Counties, as well as Detroit, have higher prevalence than the state average. Detroit's prevalence of diabetes increased since the 2022 assessment by 6.4%. For stroke, the same areas see high prevalence, with Detroit nearly doubling the state average.

Figures 33b-j show prevalence of chronic disease and illness data stratified by race and ethnicity for each geographic area.

Figure 33b – Genesee County Prevalence of Chronic Disease and Illness by Race/Ethnicity

	% Estimated Prevalence				
	All	White Non-Hispanic	Black Non-Hispanic	Other & Multi Non-Hispanic	Hispanic
General Health Fair or Poor	23.3%	20.5%	27.5%	**	**
Poor Physical Health	17.8%	16.6%	18.6%	**	**
Poor Mental Health	20.5%	19.4%	18.4%	**	**
Ever Told Depression	29.2%	29.9%	22.7%	**	**
Ever Told Arthritis	35.8%	38.3%	29.6%	**	**
Ever Told Asthma	17.1%	16.6%	16.2%	**	**
Ever Told Any Cardiovascular Disease	10.8%	10.4%	11.8%	**	**
Ever Told Heart Attack	5.0%	5.0%	**	**	**
Ever Told Angina/Coronary Heart Disease	5.1%	5.5%	**	**	**
Ever Told Diabetes	13.6%	13.8%	15.9%	**	**
Ever Told Stroke	4.4%	3.6%	6.5%	**	**

Michigan BRFS 2021-2023 Combined Estimates
Worse than state average
**Some data points suppressed due to a denominator < 50 and/or a relative standard error > 30%

Figure 33c – Jackson County Prevalence of Chronic Disease and Illness by Race/Ethnicity

	% Estimated Prevalence				
	All	White Non-Hispanic	Black Non-Hispanic	Other & Multi Non-Hispanic	Hispanic
General Health Fair or Poor	21.5%	19.8%	**	**	**
Poor Physical Health	13.4%	11.6%	**	**	**
Poor Mental Health	19.6%	18.6%	**	**	**
Ever Told Depression	23.6%	24.4%	**	**	**
Ever Told Arthritis	35.5%	34.9%	**	**	**
Ever Told Asthma	14.9%	14.3%	**	**	**
Ever Told Any Cardiovascular Disease	13.9%	13.8%	**	**	**
Ever Told Heart Attack	8.1%	8.1%	**	**	**
Ever Told Angina/Coronary Heart Disease	6.1%	5.9%	**	**	**
Ever Told Diabetes	14.7%	15.4%	**	**	**
Ever Told Stroke	4.0%	4.4%	**	**	0.0%

Michigan BRFS 2021-2023 Combined Estimates
Worse than state average
**Some data points suppressed due to a denominator < 50 and/or a relative standard error > 30%

Figure 33d – Livingston County Prevalence of Chronic Disease and Illness by Race/Ethnicity

	% Estimated Prevalence				
	All	White Non-Hispanic	Black Non-Hispanic	Other & Multi Non-Hispanic	Hispanic
General Health Fair or Poor	11.8%	12.3%	0.0%	**	**
Poor Physical Health	10.4%	11.2%	0.0%	**	**
Poor Mental Health	13.3%	13.6%	0.0%	**	**
Ever Told Depression	23.3%	24.5%	0.0%	**	**
Ever Told Arthritis	28.6%	29.9%	0.0%	**	**
Ever Told Asthma	13.9%	13.9%	**	**	**
Ever Told Any Cardiovascular Disease	9.4%	9.8%	0.0%	**	**
Ever Told Heart Attack	4.3%	4.3%	0.0%	**	**
Ever Told Angina/Coronary Heart Disease	5.2%	5.5%	0.0%	**	**
Ever Told Diabetes	7.5%	7.5%	0.0%	**	**
Ever Told Stroke	2.9%	3.1%	0.0%	**	0.0%

Michigan BRFS 2021-2023 Combined Estimates
Worse than state average
**Some data points suppressed due to a denominator < 50 and/or a relative standard error > 30%

Figure 33e – Macomb County Prevalence of Chronic Disease and Illness by Race/Ethnicity

	% Estimated Prevalence				
	All	White Non-Hispanic	Black Non-Hispanic	Other & Multi Non-Hispanic	Hispanic
General Health Fair or Poor	17.1%	17.2%	20.3%	**	**
Poor Physical Health	12.4%	13.0%	10.2%	**	**
Poor Mental Health	14.8%	14.8%	15.2%	**	**
Ever Told Depression	22.7%	23.1%	21.5%	**	**
Ever Told Arthritis	31.1%	34.5%	26.8%	**	**

Ever Told Asthma	17.2%	17.4%	20.7%	**	**
Ever Told Any Cardiovascular Disease	9.7%	10.6%	**	**	**
Ever Told Heart Attack	4.9%	5.2%	**	**	0.0%
Ever Told Angina/Coronary Heart Disease	5.0%	6.0%	**	**	**
Ever Told Diabetes	10.2%	10.1%	12.0%	**	**
Ever Told Stroke	2.9%	3.1%	**	**	0.0%

Michigan BRFS 2021-2023 Combined Estimates
Worse than state average
**Some data points suppressed due to a denominator < 50 and/or a relative standard error > 30%

Figure 33f – Oakland County Prevalence of Chronic Disease and Illness by Race/Ethnicity

	% Estimated Prevalence				
	All	White Non-Hispanic	Black Non-Hispanic	Other & Multi Non-Hispanic	Hispanic
General Health Fair or Poor	11.6%	11.6%	15.4%	9.1%	**
Poor Physical Health	9.9%	10.6%	10.3%	**	**
Poor Mental Health	12.6%	13.3%	14.4%		17.1%
Ever Told Depression	18.2%	20.4%	12.3%	9.5%	24.7%
Ever Told Arthritis	26.8%	30.0%	26.8%	9.0%	17.9%
Ever Told Asthma	16.3%	16.8%	17.7%	11.0%	19.8%
Ever Told Any Cardiovascular Disease	8.2%	9.5%	7.8%	**	**
Ever Told Heart Attack	3.5%	4.0%	**	**	**
Ever Told Angina/Coronary Heart Disease	4.2%	5.0%	3.4%	**	**
Ever Told Diabetes	9.2%	8.5%	13.7%	8.9%	**
Ever Told Stroke	2.7%	3.1%	**	**	**

Michigan BRFS 2021-2023 Combined Estimates
Worse than state average
**Some data points suppressed due to a denominator < 50 and/or a relative standard error > 30%

Figure 33g – St. Clair County Prevalence of Chronic Disease and Illness by Race/Ethnicity

	% Estimated Prevalence				
	All	White Non-Hispanic	Black Non-Hispanic	Other & Multi Non-Hispanic	Hispanic
General Health Fair or Poor	17.4%	16.5%	**	**	100.0%
Poor Physical Health	18.0%	17.4%	**	**	100.0%
Poor Mental Health	19.1%	19.1%	**	0.0%	100.0%
Ever Told Depression	25.7%	24.8%	**	**	0.0%
Ever Told Arthritis	33.2%	34.0%	0.0%	**	100.0%
Ever Told Asthma	19.8%	17.9%	0.0%	**	0.0%
Ever Told Any Cardiovascular Disease	12.4%	12.7%	**	**	100.0%
Ever Told Heart Attack	5.9%	6.0%	**	**	0.0%
Ever Told Angina/Coronary Heart Disease	5.3%	5.6%	**	0.0%	0.0%
Ever Told Diabetes	11.7%	10.5%	**	**	0.0%
Ever Told Stroke	5.0%	4.9%	**	**	100.0%

Michigan BRFS 2021-2023 Combined Estimates
Worse than state average

**Some data points suppressed due to a denominator < 50 and/or a relative standard error > 30%

Figure 33h – Wayne County* Prevalence of Chronic Disease and Illness by Race/Ethnicity

	% Estimated Prevalence				
	All	White Non-Hispanic	Black Non-Hispanic	Other & Multi Non-Hispanic	Hispanic
General Health Fair or Poor	16.4%	15.0%	21.9%	18.4%	15.7%
Poor Physical Health	12.7%	14.0%	8.4%	8.1%	**
Poor Mental Health	15.8%	16.1%	14.5%	12.9%	16.5%
Ever Told Depression	23.0%	24.5%	16.4%	20.7%	26.5%
Ever Told Arthritis	29.7%	32.8%	24.9%	13.5%	21.2%
Ever Told Asthma	18.4%	17.9%	21.8%	16.7%	17.3%
Ever Told Any Cardiovascular Disease	10.0%	10.7%	11.0%	**	**
Ever Told Heart Attack	5.2%	5.8%	5.1%	**	**
Ever Told Angina/Coronary Heart Disease	4.3%	4.6%		**	**
Ever Told Diabetes	12.1%	11.8%	17.1%	**	**
Ever Told Stroke	4.0%	4.2%	4.8%	**	**

Michigan BRFS 2021-2023 Combined Estimates
*Excludes Detroit
Worse than state average
**Some data points suppressed due to a denominator < 50 and/or a relative standard error > 30%

Figure 33i – City of Detroit Prevalence of Chronic Disease and Illness by Race/Ethnicity

	% Estimated Prevalence				
	All	White Non-Hispanic	Black Non-Hispanic	Other & Multi Non-Hispanic	Hispanic
General Health Fair or Poor	27.7%	21.5%	31.0%	**	**
Poor Physical Health	17.1%	20.9%	17.3%	**	**
Poor Mental Health	20.9%	24.1%	20.7%	22.0%	**
Ever Told Depression	22.1%	37.7%	19.8%	**	**
Ever Told Arthritis	32.6%	26.7%	34.7%	18.8%	**
Ever Told Asthma	19.7%	26.2%	18.6%	**	**
Ever Told Any Cardiovascular Disease	14.0%	**	15.1%	**	**
Ever Told Heart Attack	6.2%	**	6.4%	**	**
Ever Told Angina/Coronary Heart Disease	5.4%	**	5.9%	**	**
Ever Told Diabetes	19.4%	14.6%	21.3%	**	**
Ever Told Stroke	6.9%	**	7.8%	**	**

Michigan BRFS 2021-2023 Combined Estimates
Worse than state average
**Some data points suppressed due to a denominator < 50 and/or a relative standard error > 30%

Figure 33j – Seven-County Area Combined Prevalence of Chronic Disease and Illness by Race/Ethnicity

	% Estimated Prevalence				
	All	White Non-Hispanic	Black Non-Hispanic	Other & Multi Non-Hispanic	Hispanic
General Health Fair or Poor	17.6%	15.6%	25.8%	13.2%	14.1%
Poor Physical Health	13.1%	13.1%	14.4%	8.4%	10.6%
Poor Mental Health	16.1%	15.8%	17.6%	12.3%	19.3%

Ever Told Depression	22.0%	23.8%	18.0%	17.4%	26.4%
Ever Told Arthritis	30.1%	32.6%	30.2%	13.7%	18.4%
Ever Told Asthma	17.4%	17.1%	18.7%	15.7%	17.9%
Ever Told Any Cardiovascular Disease	10.2%	10.5%	11.7%	4.9%	5.4%
Ever Told Heart Attack	4.9%	5.2%	5.1%	**	**
Ever Told Angina/Coronary Heart Disease	4.7%	5.3%	4.5%	1.7%	**
Ever Told Diabetes	12.0%	10.6%	18.2%	8.9%	7.5%
Ever Told Stroke	3.8%	3.5%	5.7%	1.8%	**

Michigan BRFS 2021-2023 Combined Estimates

Worse than state average

**Some data points suppressed due to a denominator < 50 and/or a relative standard error > 30%

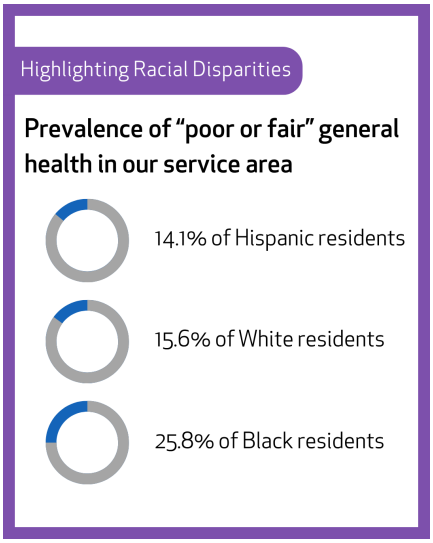


Figure 33j shows chronic disease prevalence by race/ethnic group for the entire seven-county area. Significant racial disparities exist in chronic disease prevalence. Other/multi-racial non-Hispanic residents have the lowest prevalence of chronic disease. Importantly, many prevalence figures are based on whether a person has been told by a medical provider that they have a certain illness. Thus, people who have less access to healthcare may be more likely to have an undiagnosed illness that would not appear in these data. This factor could play into some of these disparities. 10% more Black respondents report fair or poor health, compared to white. 26.4% of Hispanic respondents have been told they have depression, compared to only 18% of Black. Nearly 20% more white respondents have been told they have arthritis compared to other/multiracial. 18.2% of Black respondents have been told they have diabetes, whereas only 10.2% of white respondents report the same. All metrics, except for prevalence of depression and coronary heart disease, are higher for Black compared to other racial/ethnic groups.

Leading Causes of Death

Figure 34a – Age-Adjusted Death Rates for Leading Causes (Sorted by Michigan Rate) 2023

	Rate per 100,000 population									
Cause of Death	Michigan	Genesee	Jackson	Livingston	Macomb	Oakland	St. Clair	Wayne*	Detroit	Trends since 2022 CHNA
Heart Disease	199.2	259.1	201.5	191.8	199.4	186.1	211.9	193.6	266.2	● In Macomb; ● In Michigan, Jackson, Oakland, Wayne, and Detroit
Cancer	151.9	157.3	172.3	144.3	150.7	129.4	163.5	149.2	154.5	● In Jackson; ● In Michigan, Macomb, Oakland, Wayne, and Detroit
Unintentional Injuries	56.7	87.6	26.6	31.8	45.9	29.1	57.7	54.5	110.9	● In Michigan, Oakland and Detroit; ● In Jackson, Macomb,

										and Wayne
Stroke	44.5	48.9	48.6	46.1	40.7	41.8	42.7	41.8	50	● In Jackson and Detroit; ● In Michigan, Macomb, Oakland and Wayne,
Chronic Lower Respiratory Diseases	37.1	44.1	57.5	23.3	33.8	26.8	46.1	31.4	33.5	● In Detroit; ● In Michigan, Macomb, Oakland, Wayne, and Jackson
Alzheimer's Disease	32.1	40.7	46.3	25.7	25.2	20.5	37.7	23.2	16.3	● In Michigan, Jackson, Macomb, Oakland, Wayne, and Detroit
Diabetes Mellitus	23.4	34.5	24.5	12.9	26.9	21.7	44.6	20.3	29.4	● In Jackson, ● In Michigan, Macomb, Oakland, Wayne, and Detroit
Kidney Disease	14.3	30	16.7	9.4	16.6	13.6	12.4	14.3	23.5	● In Macomb; ● In Michigan, Jackson, Oakland, Wayne, and Detroit
COVID-19	12.5	11.1	14.3	10.8	13.2	10.2	18.8	14	10.4	● In Michigan, Jackson, Oakland, Wayne, and Detroit
Chronic Liver Disease and Cirrhosis	13.1	15.7	17.1	16.3	11.6	10.2	17.3	11.3	10.8	New to leading causes of death
All Other Causes	216.2	241.3	233.1	159.1	220.7	186.9	210.4	212	288	● In Michigan, Jackson, Oakland, Wayne, and Detroit

Michigan Vital Records and Statistics, MDHHS
*Excludes Detroit
● Improved; ● Worsened; ● No Change
Worse than state average
**Some data points suppressed due to a denominator < 50 and/or a relative standard error > 30%

Each geographic area experienced varying increases and decreases in death rates from each of the top 10 leading causes of death in Michigan since last assessment. Genesee, Jackson, St. Clair and Wayne Counties each have higher than average deaths rates for the top leading causes of death in Michigan for at least nine out of 10 causes. In the 2022 CHNA, COVID-19 was the third-leading cause of death in all regions; in this assessment it is the ninth-leading cause. Chronic Liver Disease and Cirrhosis comes in at the 10th-leading cause of death in this assessment, yet in the previous assessment it was not in the top 10 causes. This death rate is worse than state average in many of our service regions, most notably Jackson and St. Clair Counties.

Improvements have been made in death rates due to heart disease, the number one cause, since the 2022 assessment. Significant decreases include a 21.7% decrease in Detroit, 5.0% decrease in Jackson County and 29.4% decrease in Wayne County, and. However, Detroit remains the most affected by heart disease deaths – they are 33.6% more prevalent in Detroit than statewide. Genessee County also endures a severe

heart disease burden with a death rate 30.1% higher than state average.

Death due to cancer poses a serious threat to the longevity of those living in the seven-county area, with Genessee, Jackson, St. Clair Counties and Detroit all exceeding the state average death rate due to cancer. Cancer has remained the second-leading cause of death, but the rate has improved in Michigan, Macomb County, Oakland County, Wayne County, and the City of Detroit. Additionally, Jackson County has the highest cancer death rate in the seven-county area at 172.3, which is 13.4% higher than state average. In Detroit, the cancer death rate decreased 10.7% since last assessment, but is still higher than state average.

Unintentional injury rose from the fourth-leading to the third-leading cause of death across all seven-county regions due to the reduction in COVID-19 deaths from last assessment, which previously held the third-leading spot. Important context for this indicator is that drug overdose deaths are included in unintentional injuries, driving much of its high placement in the top 10 leading causes of death. Macomb County saw a significant decrease in the unintentional injury death rate, down nearly 20% from 57 to 45.9. Jackson and Wayne Counties also improved their rates of unintentional injury deaths.

Deaths due to diabetes affect all populations of the seven-county area at higher rates than state average except in Livingston, Oakland and Wayne Counties, making it an important area of focus for Henry Ford Health's efforts. Diabetes rose from being the eighth-leading cause to the seventh-leading cause of death since last assessment.

Figures 34b-j show age-adjusted death rates for the leading causes of death in 2023 by race.

Figure 34b – Genesee County Age-Adjusted Death Rates for 10 Leading Causes 2023

	Rate per 100,000 population		
Cause of Death	All Races	White	Black
Heart Disease	259.1	251.7	308.5
Cancer	157.3	157.5	167.2
Unintentional Injuries	87.6	78.4	131.9
Stroke	48.9	48.3	55.3
Chronic Lower Respiratory Diseases	44.1	49.6	**
Alzheimer's Disease	40.7	40.7	45.9
Diabetes Mellitus	34.5	31.9	51.1
Kidney Disease	30	28	43.1
COVID-19	11.1	10.8	**
Chronic Liver Disease and Cirrhosis	15.7	17.5	**
Other Causes	241.3	221.8	334.8
All Causes	970.2	936.1	1,181.9

Michigan Vital Records and Statistics, MDHHS

Worse than state average

**Some data points suppressed due to a denominator < 50 and/or a relative standard error > 30%

Figure 34c – Jackson County Age-Adjusted Death Rates for 10 Leading Causes 2023

	Rate per 100,000 population		
Cause of Death	All Races	White	Black
Heart Disease	201.5	194.2	342.3
Cancer	172.3	168.5	334.0
Unintentional Injuries	26.6	24.3	**
Stroke	48.6	49.7	**
Chronic Lower Respiratory Diseases	57.5	58.6	**

Alzheimer's Disease	46.3	46.5	**
Diabetes Mellitus	24.5	25.2	**
Kidney Disease	16.7	15.8	**
COVID-19	14.3	15	**
Chronic Liver Disease and Cirrhosis	17.1	18.5	**
Other Causes	233.1	232.6	285.4
All Causes	858.6	849	1,201.3

Michigan Vital Records and Statistics, MDHHS

Worse than state average

**Some data points suppressed due to a denominator < 50 and/or a relative standard error > 30%

Figure 34d – Livingston County Age-Adjusted Death Rates for 10 Leading Causes 2023

	Rate per 100,000 population		
Cause of Death	All Races	White	Black
Heart Disease	191.8	**	**
Cancer	144.3	**	**
Unintentional Injuries	31.8	**	**
Stroke	46.1	**	**
Chronic Lower Respiratory Diseases	23.3	**	**
Alzheimer's Disease	25.7	**	**
Diabetes Mellitus	12.9	**	**
Kidney Disease	9.4	**	**
COVID-19	10.8	**	**
Chronic Liver Disease and Cirrhosis	16.3	**	**
Other Causes	159.1	**	**
All Causes	671.6	**	**

Michigan Vital Records and Statistics, MDHHS

Worse than state average

**Data not available on MDHHS Vital Records and Statistics

Figure 34e – Macomb County Age-Adjusted Death Rates for 10 Leading Causes 2023

	Rate per 100,000 population		
Cause of Death	All Races	White	Black
Heart Disease	199.4	202.5	194.5
Cancer	150.7	153.4	151.7
Unintentional Injuries	45.9	44.4	58.6
Stroke	40.7	39.2	54.3
Chronic Lower Respiratory Diseases	33.8	34	38.2
Alzheimer's Disease	25.2	25.3	**
Diabetes Mellitus	26.9	26.3	28.5
Kidney Disease	16.6	15.9	29
COVID-19	13.2	13.5	**
Chronic Liver Disease and Cirrhosis	11.6	12.3	**
Other Causes	220.7	214.5	284.3
All Causes	784.8	781.3	891.9

Michigan Vital Records and Statistics, MDHHS

Worse than state average

**Some data points suppressed due to a denominator < 50 and/or a relative standard error > 30%

Figure 34f – Oakland County Age-Adjusted Death Rates for 10 Leading Causes 2023

	Rate per 100,000 population		
Cause of Death	All Races	White	Black
Heart Disease	186.1	186.4	229.8
Cancer	129.4	130.4	158.9
Unintentional Injuries	29.1	28	38.8
Stroke	41.8	41.4	54.3
Chronic Lower Respiratory Diseases	26.8	28.4	24.3
Alzheimer's Disease	20.5	20.7	26.5
Diabetes Mellitus	21.7	20.5	37.1
Kidney Disease	13.6	11.2	26.5
COVID-19	10.2	10.4	10
Chronic Liver Disease and Cirrhosis	10.2	12	**
Other Causes	186.9	187.3	232.1
All Causes	676.3	676.6	846.2

Michigan Vital Records and Statistics, MDHHS

Worse than state average

**Some data points suppressed due to a denominator < 50 and/or a relative standard error > 30%

Figure 34g – St. Clair County Age-Adjusted Death Rates for 10 Leading Causes 2023

	Rate per 100,000 population		
Cause of Death	All Races	White	Black
Heart Disease	211.9	213.4	**
Cancer	163.5	161.6	**
Unintentional Injuries	57.7	57.2	**
Stroke	42.7	43.2	**
Chronic Lower Respiratory Diseases	46.1	47	**
Alzheimer's Disease	37.7	38.5	**
Diabetes Mellitus	44.6	43.9	**
Kidney Disease	12.4	12.2	**
COVID-19	18.8	19.2	**
Chronic Liver Disease and Cirrhosis	17.3	18.1	**
Other Causes	210.4	212.8	**
All Causes	863.2	867.1	1,016.0

Michigan Vital Records and Statistics, MDHHS

Worse than state average

**Some data points suppressed due to a denominator < 50 and/or a relative standard error > 30%

Figure 34h – Wayne County* Age-Adjusted Death Rates for 10 Leading Causes 2023

	Rate per 100,000 population		
Cause of Death	All Races	White	Black
Heart Disease	193.6	**	**
Cancer	149.2	**	**
Unintentional Injuries	54.5	**	**
Stroke	41.8	**	**
Chronic Lower Respiratory Diseases	31.4	**	**
Alzheimer's Disease	23.2	**	**
Diabetes Mellitus	20.3	**	**
Kidney Disease	14.3	**	**
COVID-19	14	**	**
Chronic Liver Disease and Cirrhosis	11.3	**	**
Other Causes	212	**	**
All Causes	765.6	**	**

Michigan Vital Records and Statistics, MDHHS
*Excludes Detroit
Worse than state average
**Data not available on MDHHS Vital Records and Statistics

Figure 34i – City of Detroit Age-Adjusted Death Rates for 10 Leading Causes 2023

	Rate per 100,000 population		
Cause of Death	All Races	White	Black
Heart Disease	266.2	**	**
Cancer	154.5	**	**
Unintentional Injuries	110.9	**	**
Stroke	50	**	**
Chronic Lower Respiratory Diseases	33.5	**	**
Alzheimer's Disease	16.3	**	**
Diabetes Mellitus	29.4	**	**
Kidney Disease	23.5	**	**
COVID-19	10.4	**	**
Chronic Liver Disease and Cirrhosis	10.8	**	**
Other Causes	288	**	**
All Causes	993.6	**	**

Michigan Vital Records and Statistics, MDHHS
Worse than state average
** Data not available on MDHHS Vital Records and Statistics

The largest disparities in Genesee County are in unintentional injuries, where Black people died at a rate 68% higher than white, and in diabetes mellitus, were Black people died at a rate 60% higher than white. In Jackson County, there are many missing data points, but the largest disparities apparent in the data listed are a 98% higher rate of death from cancer amongst Black people and a 76% higher death rate from heart disease amongst Black people. In Macomb County, Black people died from kidney disease at a rate 82.4% higher than white people and from diabetes mellitus at a rate 38.8% higher than white people. In Oakland County, Black people died from kidney disease at a rate 136.6% higher than white people. In St. Clair County, many data points are missing, but Black people died from any cause at a rate 17.2% higher than white people.

Preventable Hospitalizations

Preventable hospitalizations are hospitalizations for conditions where timely and effective ambulatory care could have decreased or prevented these hospitalizations, summarized in Figure 35. Diabetes remained the top cause of these preventable hospitalizations since the last assessment and the number of diabetes hospitalizations increased in all regions. In the 2022 CHNA, we noted that most categories of preventable hospitalizations decreased compared to the 2019 CHNA – which could have in part been due to COVID-19 hospitalizations leaving little capacity for admitting patients for other issues. In this assessment, we see many increases across all regions in preventable hospitalizations – notably in diabetes, congestive heart failure, asthma, dehydration, gastroenteritis, and convulsions. These increases could be due, in part, to a return to normal levels of admitting patients now that COVID-19 is not limiting our capacity and making people weary of going to the hospital. Regardless, preventable hospitalizations demonstrate many areas of need for improvement.

Increases in diabetes preventable hospitalizations since 2022 CHNA

12.5% In Oakland County

4.9% In Macomb County

4.7% In Wayne County

2.1% In the City of Detroit

Figure 35 – Ten Leading Causes of Preventable (ACS) Hospitalizations (Sorted by Michigan Discharges)

Causes of Preventable Hospitalization	Michigan	Genesee	Jackson	Livingston	Macomb	Oakland	St. Clair	Wayne*	Detroit
All Ambulatory Care Sensitive Conditions	249,180	10,525	3,717	3,977	27,742	33,777	5,350	65,993	33,131
Diabetes	46,198	2,351	767	797	4,948	5,510	880	12,037	6,146
Congestive Heart Failure	18,815	1,006	307	324	1,990	2,127	355	4,713	2,386
Bacterial Pneumonia	14,139	637	334	208	1,405	1,521	227	3,014	1,158
Chronic Obstructive Pulmonary	11,199	452	102	151	1,095	1,230	296	3,153	1,561
Grand Mal & Other Epileptic Conditions	8,432	409	110	99	855	1,204	189	2,490	1,493
Cellulitis	6,328	221	85	119	783	945	150	1,463	550
Asthma	4,585	206	55	37	499	597	52	1,690	1,124
Dehydration	2,274	95	38	43	324	523	80	845	384
Gastroenteritis	3,041	91	35	28	385	396	63	686	288
Convulsions	2,508	95	32	32	249	340	60	577	282
All Other ACS Conditions	131,661	4,962	1,852	2,139	15,209	19,384	2,998	17,566	17,759

Michigan Vital Records and Statistics, MDHHS 2022
*Excludes Detroit
● Improved; ● Worsened; ● No Change

Figure 36 – Proportion of Preventable (ACS) Hospitalizations to all Hospitalizations 2022

Geographic Area	Preventable Hospitalizations	All Hospitalizations	% Total	Trends since 2022 CHNA
Michigan	249,180	1,062,807	23.4%	● By 0.8%
Genesee	10,525	47,326	22.2%	*
Jackson	3,717	17,891	20.8%	● By 0.6%
Livingston	3,977	18,596	21.4%	*
Macomb	27,742	106,766	26.0%	● By 0.6%
Oakland	33,777	137,254	24.6%	● By 0.6%
St. Clair	5,350	19.382	27.6%	*
Wayne	65,993	237,240	27.8%	● By 0.8%
Detroit	33,131	104,439	31.7%	● By 0.5%

Michigan Vital Records and Statistics, MDHHS 2022

● Improved; ● Worsened; ● No Change

*Historical data not available at time of publication to determine trends

Figure 36 summarizes the proportion of all hospitalizations in Michigan and in the seven-county area that are preventable hospitalizations. We can see that 23.4% of all hospitalizations in Michigan are preventable, up from 22.6% at last assessment. Preventable hospitalizations present a significant opportunity for improvement in the seven-county area, as 5 of the 7 regions (Detroit, Macomb County, Oakland County, St. Clair County, Wayne County) see proportions of preventable hospitalizations that are higher than state average. Preventable hospitalizations are a significant issue in Detroit, where they account for 31.7% of all hospitalizations. Jackson County sees the lowest rate of preventable hospitalizations at 20.8%. In all regions that were included in our last CHNA, the percentage of preventable hospitalizations worsened in the past three years. This poses a significant barrier to effective use of healthcare resources and ability to best serve all patients.

Cancer

Figure 37 – Age-Adjusted Cancer Death Rates from Invasive Cancers per 100,000 residents

	Age-Adjusted Death Rates from Invasive Cancers per 100,000 residents									
	Michigan	Genesee	Jackson	Livingston	Macomb	Oakland	St. Clair	Wayne	Detroit	Trends since 2022 CHNA
All Types	159.7	165.2	188.5	150.2	159.6	143.5	175.2	163.6	163.6	● In Macomb, Wayne and Detroit; ● Everywhere else
Breast Cancer	20.2	19.1	23.0		22.4	18.4	21.4	21.1	20.4	● In Michigan; ● In Genesee, Macomb, Oakland, St. Clair, Wayne and Detroit
Colorectal Cancer	14.4	14.2	17.7	17.0	12.1	14.4	12.5	15.5	16.7	● In Macomb and St. Clair; ● Everywhere else
Lung Cancer	37.5	40.3	48.5	33.3	39.1	28.1	42.8	39.8	36.4	● In Jackson; ● Everywhere else
Prostate Cancer	19.3	19.2	34.2		18.8	17.5	21.6	19.9	26.8	● In Michigan and Macomb; ● In Genesee, Oakland, Wayne, and Detroit

Michigan Vital Statistics, MDHHS, 2022
*Excludes Detroit
● Improved; ● Worsened; ● No Change
A rate is not calculated when there are fewer than 20 events
Some trend data unavailable
Worse than state average

Figure 37 summarizes age-adjusted death rates from various invasive cancers, including breast, colorectal, lung, and prostate. Statewide, the death rate from all cancers increased from 156.4 to 159.7 since last assessment. However, significant improvements have been seen in certain cancer type death rates. For breast cancer, we saw significant death rates decreases by 23.3% in Detroit, 8.4% in Oakland, and 9.4% in Wayne, since the previous assessment. In our service area, breast cancer is still a serious issue despite these improvements. Genessee and Oakland Counties are the only seven-county regions which do not exceed the state average in their breast cancer death rate. In the 2022 CHNA, Detroit was the region with the highest breast cancer death rate, now Macomb County.

In colorectal cancer, the trends are more negative, where we saw a 30.15% increase in Jackson and 19% increase in Oakland Counties. Macomb County did see an improvement in colorectal cancer death rates of 21.4%. Statewide, colorectal cancer death rates increased 7.4% to 14.4%. Jackson County has the highest colorectal cancer death rate in our service area at 17.7.

The trends in lung cancer improved everywhere except Jackson County, which experienced a significant increase in the death rate of 9.4%. Statewide, the lung cancer death rate decreased modestly by 3.3% and significantly in Detroit by 13.3% and in Oakland by 9.9%. In most regions, the lung cancer death rate is double that of the breast cancer, prostate cancer, or colorectal cancer death rate.

Prostate cancer death rates improved in Detroit, Genessee, Oakland, and Wayne, while worsening in Macomb and statewide. Prostate cancer death rates decreased in Detroit by 10.3%, in Oakland County by

8.8%, and in Wayne County by 5.6%. The burden of cancer is felt deeply in the seven-county area. These figures represent the serious need to improve preventative cancer screening rates in the seven-county area and address the health behaviors that contribute to these death rates, such as smoking, physical activity and nutrition.

Section 5: Community and Stakeholder Input into Needs Assessment

Survey and key informant interviews were used to gather input from a variety of stakeholders and community members in the seven-county area. These methods of primary data collection were developed in partnership with Oakland University School of Health Sciences and aimed to solicit feedback on the needs of the communities Henry Ford Health serves. Primary data collection focused heavily on community member thoughts and experiences around chronic disease, behavioral health and maternal-infant health to better understand how Henry Ford Health can be impactful in these areas, as they are longstanding priorities of past Community Health Needs Assessments and repeatedly highlighted as high need areas in community data. Feedback was collected from community residents and those who work in public service.

Organizations providing input into the Community Health Needs Assessment via Interview:

- Advancing Macomb
- Alliance Coalition for Healthy Communities
- American Cancer Society
- The Baldwin Center / Campfire SE Michigan
- Bowen Senior Center
- Catholic Charities of Genesee and Shiawassee
- Catholic Charities of Southeast Michigan La Casa Amiga
- Chaldean Community Foundation
- City of Detroit Health Department
- City of Port Huron
- Community Catalyst
- Detroit Rescue Mission
- Detroit Wayne Integrated Network
- The Family Center
- Genesee County Health Department
- Genesee Health System
- Greater Flint Health Coalition
- Hazel Park Schools
- Institute for Population Health (IPH): Project Fatherhood
- Involved Dad
- Jackson County Health Department
- Jewish Family Services
- LETS Transportation - Livingston County Health Department
- Livingston County Health Department
- Livingston Family Center
- Macomb County Community Mental Health
- Macomb County Health Department

- Micah 6 Community
- National Kidney Foundation
- New Hope Center for Grief Support
- Oakland Community Health Network
- Oakland County Health Division
- OPC Social and Activity Center
- The Recovery Collective
- Rochester Area Chamber of Commerce
- Rochester Hills Fire Department
- Society of St. Vincent De Paul
- Southfield Public Schools
- St. Clair County Community Mental Health
- St. Clair Health Department
- United Community Family Services - Chaldean American Ladies of Charity
- United Way of Genesee County
- Vista Maria
- Wayne County Department of Health
- The Youth Connection
- Zaman International

Findings from Community and Stakeholder Input

Survey

The Community Input Survey was created by the Henry Ford Health and Oakland University teams. The goal of the survey was to gather community input into important community health needs and priorities. The survey was distributed using two platforms, SurveyMonkey and the Henry Ford Health Insights platform, an internal survey system with an audience of patients who opt-in to respond to Henry Ford Health surveys. Distribution methods included snowball sampling via community partner connections and Henry Ford Health community events, as well as utilizing the Insights platform's panel of survey respondents.

As a result of the dual-pronged distribution approach, the Community Input Survey was completed by 1,344 community members between August –September 2025. Upon closing the survey, the Henry Ford Health team engaged a biostatistician to combine the two data sets and provide summary statistics.

Survey respondents in the City of Detroit, Genesee, Jackson, Livingston, Macomb, Oakland, St. Clair and Wayne (excluding the City of Detroit) Counties were asked to rank the most urgent needs within the areas of chronic disease, behavioral health, and maternal-infant health. They were also asked to choose the most important thing that would improve each of the priority areas as well as specific services that would address the priority areas.

Demographics

Given our convenience sample, our respondents are not necessarily representative of the larger, southeast Michigan community. Most respondents were aged 65+, female, and white (Figure 38).

Figure 38 – Community Input Survey Demographics

Age (N=1,344)	
Under 18	2 (0.1%)
18-24	9 (0.7%)
25-34	65 (4.8%)
35-44	167 (12.4%)
45-54	171 (12.7%)
55-64	240 (17.9%)
65+	664 (49.4%)
Unknown	26 (1.9%)
Gender (N=1,344)	
Female	991 (73.7%)
Male	310 (23.1%)
Non-binary or other	10 (0.7%)
Prefer not to say	7 (0.5%)
Unknown	26 (1.9%)
Race (N=1,344)	
American Indian or Alaska Native	4 (0.3%)
Asian or Asian American	23 (1.7%)
Black or African American	196 (14.6%)
Hispanic, Latino or Spanish origin	23 (1.7%)
Middle Eastern or North African	14 (1.0%)
Multi-racial	11 (0.8%)
Native Hawaiian or Other Pacific Islander	1 (0.1%)
Prefer not to answer	16 (1.2%)
Unknown	59 (4.4%)
White or Caucasian	997 (74.2%)

The distribution of respondents across Henry Ford Health's service area reflects our CHNA team's community partner network (Figure 39). Given that Legacy Ascension sites are new to Henry Ford Health, the CHNA team does not have as many established relationships to aid in survey distribution in Genesee, Livingston, and St. Clair Counties. We recognize this as a weakness in our data and are working to build connections in these areas. On the other hand, the sample has strong participation from the City of Detroit, Macomb, Oakland, and Wayne Counties. This is important as Henry Ford Health has several hospitals within each of these counties. In key informant interviews, Genessee, Livingston, and St. Clair County residents are represented.

Figure 39 – Location of Community Input Survey Respondents

City/County (N=1,344)	
City of Detroit	175 (13.0%)
Genessee County	9 (0.7%)
Jackson County	79 (5.9%)
Livingston County	41 (3.1%)
Macomb County	282 (21.0%)

Oakland County	377 (28.1%)
Other (please specify)	22 (1.6%)
St. Clair County	31 (2.3%)
Wayne County excluding Detroit	328 (24.4%)

Behavioral Health

Within the realm of behavioral health, survey respondents were asked to identify their top three ranked issues. Depression and anxiety disorders were chosen as the top ranked issue in all seven-county areas except Jackson County, where substance use was ranked #1. In Genesee and St. Clair Counties, depression and anxiety disorders tied substance abuse for the #1 ranked issues (Figure 40).

Figure 40 – All Counties – Ranked #1 – Behavioral Health Issues

	Genesee (N=9)	Jackson (N=77)	Livingston (N=40)	Macomb (N=269)	Oakland (N=372)	St. Clair (N=31)	Wayne excluding Detroit (N=311)	City of Detroit (N=165)
Alcohol Use	11%	9%	18%	16%	15%	19%	10%	13%
Attention Deficit/ Hyperactivity Disorder	11%	5%	3%	4%	4%	3%	5%	4%
Depression and anxiety disorders	33%	26%	35%	26%	36%	26%	31%	28%
Other mental health conditions (bipolar disorder, schizophrenia, etc.)	11%	18%	8%	14%	7%	16%	13%	14%
Stress	0%	3%	18%	15%	19%	6%	17%	16%
Substance Use	33%	32%	13%	17%	10%	26%	16%	12%
Suicide Prevention	0%	6%	5%	6%	6%	0%	5%	2%
Trauma and post-traumatic stress disorder	0%	0%	1%	2%	2%	3%	3%	10%

#1-ranked behavioral health issue in each seven-county area

Figure 41 – Depression & Anxiety Disorders – Percent Who Ranked as #1

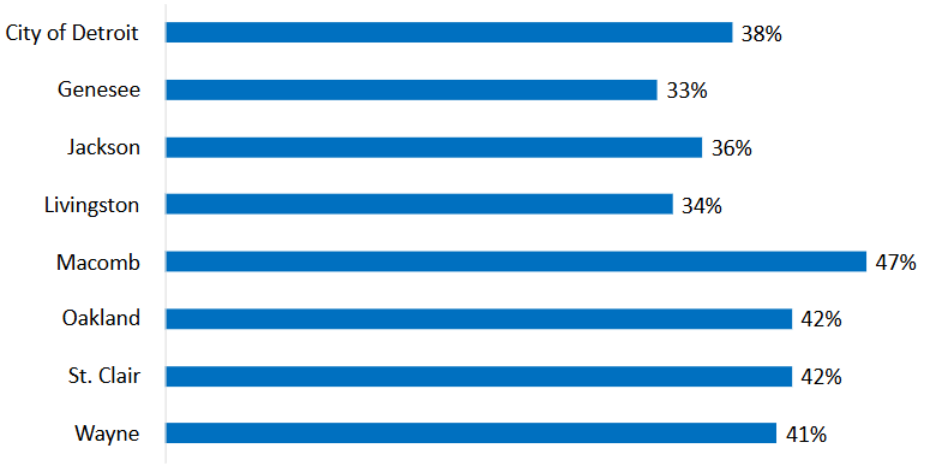
Figure 41 shows what percentage of respondents in each region ranked Depression & Anxiety Disorders as the number one issue in behavioral health. After identifying issues within their community, respondents were then asked to rank different methods for addressing behavioral health issues. Again, we see that counties consistently chose the same method across the board – improving access to behavioral health care (Figure 42). Notably, overdose prevention training & preparedness and behavioral health screenings were identified as additional important ways to address behavioral health problems in their communities.

Figure 42 – All Counties – Ranked 1 – Ways to Address Behavioral Health Issues

	Genesee (N=9)	Jackson (N=77)	Livingston (N=41)	Macomb (N=273)	Oakland (N=371)	St. Clair (N=31)	Wayne excluding Detroit (N=316)	City of Detroit (N=166)
Improving access to behavioral health care	33%	36%	34%	47%	42%	42%	41%	38%
Improving children's mental health	11%	18%	17%	15%	12%	16%	13%	13%
Overdose prevention training and preparedness (Narcan, safe sharing sites, etc.)	11%	25%	32%	15%	21%	23%	17%	27%
Improving people's economic and social wellbeing	22%	1%	2%	2%	2%	0%	2%	3%
Screenings for earlier diagnosis of mental and behavioral health conditions	0%	13%	5%	13%	18%	10%	18%	12%
Substance use prevention efforts and education	22%	6%	10%	8%	6%	10%	8%	7%

#1-ranked behavioral health solution in each seven-county area

Figure 43 – Improving Access to Behavioral Health – Percent Who Ranked as #1



Shown in Figure 43 is the percentage of respondents in each region who ranked Improving Access to Behavioral Health as the number one priority for ways to address behavioral health. Lastly, community members were asked to rank the importance of different behavioral health programs and services to their communities (Figure 44). Across the counties, children's mental and behavioral health care and emergency behavioral health care had the most "very important" responses. Other programs and services were more important to some counties compared to others. For example, mental health counseling was considered "very important" to the City of Detroit, Genesee, Macomb, Oakland and Wayne Counties. Support for caregivers was also endorsed in every county but Genesee.

Figure 44 – All Counties – "Very Important" to their Community - Behavioral Health Programs/Services

	Genesee (N=9)	Jackson (N=78)	Livingston (N=40)	Macomb (N=279)	Oakland (N=375)	St. Clair (N=31)	Wayne excluding Detroit	City of Detroit (N=174)
Children's mental and behavioral health care	78%	76%	83%	80%	79%	77%	77%	87%
Emergency care for mental and behavioral health	89%	74%	78%	81%	81%	74%	81%	81%
Mental health counseling or therapy	100%	71%	68%	78%	76%	68%	75%	83%
Medical treatment for substance use disorders	67%	60%	45%	68%	62%	61%	67%	71%

Overdose prevention and Narcan education	67%	51%	38%	53%	50%	52%	53%	61%
Support groups for substance use disorders	78%	56%	33%	58%	50%	65%	56%	66%
Support for providing care to someone with mental or behavioral illnesses	56%	74%	78%	79%	76%	74%	77%	80%

Top three ranked as "very important" to their community in each seven-county area

Chronic Disease

Survey respondents were asked what chronic disease issues are important to their communities (Figure 45). Due to a programming error with the Insights platform, data was only captured from community members who completed the survey via SurveyMonkey. Thus, response rates are lower for this survey item. Obesity was ranked highly across several regions, along with cancer. Alzheimer's Disease was highly ranked for Livingston, Macomb, Oakland, St. Clair, and Wayne (excluding Detroit) Counties. The City of Detroit and Jackson County ranked diabetes highly.

Table 45 – All Counties – Ranked 1 – Chronic Disease Issues

	Genesee (N=4)	Jackson (N=34)	Livingston (N=24)	Macomb (N=73)	Oakland (N=141)	St. Clair (N=22)	Wayne excluding Detroit (N=64)	City of Detroit (N=78)
Alzheimer's Disease	**	9%	38%	27%	24%	18%	19%	13%
Arthritis	**	6%	0%	0%	3%	5%	8%	5%
Cancer	**	29%	38%	21%	25%	23%	13%	17%
Cardiovascular Disease (heart disease, stroke)	**	9%	8%	15%	15%	9%	22%	10%
Chronic Respiratory Diseases (asthma, chronic obstructive pulmonary disease or COPD)	**	3%	4%	1%	1%	5%	2%	6%
Diabetes	**	15%	0%	7%	11%	14%	6%	17%
Hypertension	**	0%	0%	10%	4%	0%	3%	15%
Kidney Disease	**	0%	0%	0%	1%	0%	0%	0%
Obesity	**	29%	13%	19%	17%	27%	28%	17%

** Not reported due to low response rate

#1-ranked chronic disease issue in each seven-county area

Respondents were asked to rank the potential ways to improve chronic disease issues in their communities (Figure 46). Across all counties, access to preventative healthcare was a top response, and it was the highest ranked response in all seven counties except City of Detroit and Livingston County. Access to nutritious foods and nutrition education was ranked number one in Detroit, and was identified as important in Genesee, Macomb, Oakland, and St. Clair Counties. Jackson and Livingston Counties endorsed improving people's economic and social wellbeing as the top ranked choice.

Figure 46 – All Counties – Ranked 1 – Ways to Address Chronic Disease Issues

	Genesee (N=9)	Jackson (N=77)	Livingston (N=41)	Macomb (N=277)	Oakland (N=374)	St. Clair (N=31)	Wayne excluding Detroit (N=316)	City of Detroit (N=166)
Access to nutritious foods and nutrition education	33%	17%	17%	23%	25%	29%	19%	32%
Access to preventative healthcare	56%	31%	24%	29%	30%	39%	34%	24%
Help for caregivers to those with chronic illnesses	0%	6%	5%	10%	10%	0%	10%	7%
Improving people's economic and social wellbeing	11%	31%	34%	17%	18%	16%	17%	22%
Opportunities for healthy lifestyles and physical activity	0%	8%	7%	11%	8%	0%	9%	7%
Reducing alcohol, smoking, and substance use	0%	6%	12%	10%	10%	16%	11%	7%

#1-ranked chronic disease solution in each seven-county area

The importance of chronic disease programs and services differed across the region (Figure 47). In the City of Detroit, affordable nutritious food, diabetes care, and primary care were considered the most important. In Oakland and Wayne (excluding Detroit) Counties, emergency care, primary care, and cancer screening were the most endorsed. In Macomb County, respondents prioritized affordable nutritious food and emergency care. In Jackson and St. Clair Counties, affordable nutritious food, emergency care, and primary care were the most endorsed. Livingston County community members reported that affordable, nutritious food and emergency care were the most important. Genesee County residents identified four priorities: cancer screening, chronic disease prevention, diabetes care, and emergency care.

Figure 47 – All Counties – "Very Important" to their Community - Chronic Disease Programs/Services

	Genesee (N=9)	Jackson (N=78)	Livingston (N=40)	Macomb (N=281)	Oakland (N=373)	St. Clair (N=31)	Wayne excluding Detroit (N=327)	City of Detroit (N=174)
Affordable, Nutritious Food	67%	85%	80%	79%	73%	74%	78%	90%
Cancer Screenin	89%	71%	65%	73%	75%	65%	79%	74%

g								
Cancer Prevention Information	44%	49%	55%	59%	62%	48%	65%	66%
Chronic Disease Prevention Information	78%	60%	53%	63%	64%	48%	69%	74%
Diabetes Care	78%	67%	45%	73%	64%	55%	74%	82%
Diabetes support and resources	67%	64%	38%	65%	54%	45%	69%	78%
Emergency Care	78%	82%	75%	82%	77%	71%	82%	76%
Memory Care	56%	64%	53%	63%	61%	48%	64%	52%
Nutrition and weight counseling /service	67%	60%	33%	59%	54%	52%	61%	65%
Opportunities for physical activity	67%	62%	45%	61%	59%	45%	61%	75%
Primary Care	56%	82%	55%	73%	76%	74%	81%	80%
Specialty Care	56%	76%	63%	73%	69%	65%	77%	73%
Wi-Fi or internet access	33%	41%	53%	51%	52%	39%	46%	64%

Top three ranked as "very important" to their community in each seven-county area

Maternal-Infant Health

Survey respondents were asked what maternal-infant health issues are important to their communities (Figure 48). Due to a programming error with the Insights platform, data was only captured from community members who completed the survey via SurveyMonkey. Thus, response rates are lower for this survey item. Breastfeeding and infant nutrition was ranked highly across several regions, along with domestic violence and mothers' safety. Maternal behavioral health, including mental health, postpartum depression, and substance use during pregnancy, were also identified across many of the areas surveyed.

Figure 48 – All Counties – Ranked 1 – Maternal-Infant Health Issues

	Genesee (N=4)	Jackson (N=34)	Livingston (N=24)	Macomb (N=73)	Oakland (N=141)	St. Clair (N=22)	Wayne excluding Detroit (N=64)	City of Detroit (N=78)
Breastfeeding and infant nutrition	**	18%	29%	32%	28%	27%	25%	26%
Cardiovascular problems	**	12%	4%	12%	3%	0%	9%	13%
Domestic violence and mothers' safety	**	15%	29%	25%	28%	27%	27%	17%
Gestational diabetes (diabetes during pregnancy)	**	0%	0%	4%	2%	0%	0%	6%
Hemorrhage (severe or excessive bleeding during pregnancy, delivery, or postpartum)	**	3%	0%	0%	1%	0%	2%	3%
High blood pressure during pregnancy (preeclampsia and eclampsia)	**	9%	0%	3%	5%	0%	13%	12%
Infant safe sleep practices	**	6%	0%	3%	3%	5%	3%	4%
Infertility	**	3%	8%	0%	4%	5%	2%	0%
Maternal mental health and postpartum depression	**	18%	13%	15%	24%	18%	17%	12%
Substance use during pregnancy	**	18%	17%	7%	2%	18%	3%	9%

** Not reported due to low response rate

#1-ranked maternal health issue in each seven-county area

In addition to maternal-infant health issues, methods to improve these problems were also ranked (Figure 49). Family planning education and access to birth control were ranked highly across the board. Improving access to prenatal and postpartum care was ranked highly in all counties except Livingston. Breastfeeding support was endorsed significantly in Genesee and Livingston Counties. Notably, the City of Detroit was the only area in which improving mothers and families' economic and social wellbeing was ranked highly.

Figure 49 – All Counties – Ranked 1 – Ways to Address Maternal-Infant Health Issues

	Genesee (N=9)	Jackson (N=77)	Livingston (N=41)	Macomb (N=273)	Oakland (N=369)	St. Clair (N=31)	Wayne excluding Detroit (N=313)	City of Detroit (N=166)
Breastfeeding support	22%	6%	24%	12%	13%	13%	11%	14%
Ensuring respectful	0%	10%	2%	12%	9%	13%	8%	11%

maternity care								
Family planning education and access to birth control	22%	25%	27%	22%	22%	29%	28%	21%
Improving access to prenatal and postpartum care	22%	18%	10%	16%	21%	23%	20%	19%
Improving mothers and families economic and social wellbeing	11%	12%	17%	12%	14%	10%	8%	20%
Improving pre-conception health (taking care of your physical health before becoming pregnant)	11%	3%	5%	6%	5%	0%	8%	2%
Improving quality of prenatal and postpartum care	0%	6%	7%	7%	5%	10%	7%	5%
Infant safe sleep education and resources	0%	3%	0%	2%	1%	3%	2%	0%
Mental health support services	11%	16%	7%	10%	9%	0%	7%	7%

#1-ranked maternal health solution in each seven-county area

Further, respondents were asked if they/their partner was currently pregnant, planning on becoming pregnant, a parent of an infant 12 months old or younger, or caretaker of an infant 12 months old or younger (Figure 50). Respondents who answered affirmatively were asked a series of questions about specific services to maternal-infant health as well as challenges to receiving maternal-infant care.

Figure 50 – Pregnancy/Infant Status

Status endorsed (N=1,328)	
I (or my partner) am/are currently pregnant	1.4%
I (or my partner) am/are planning on becoming pregnant	2.3%
I am a parent of an infant 12 months old or younger	1.1%
I am a caretaker of an infant 12 months old or younger	1.1%
N/A or No	94.3%

Those with the most "very important" responses (Figure 51) include routine infant care for the first year of life, routine care for mothers during pregnancy, and specialized care for mothers.

Figure 51 – Importance of Programs/Services to the Community for Maternal and Infant Health

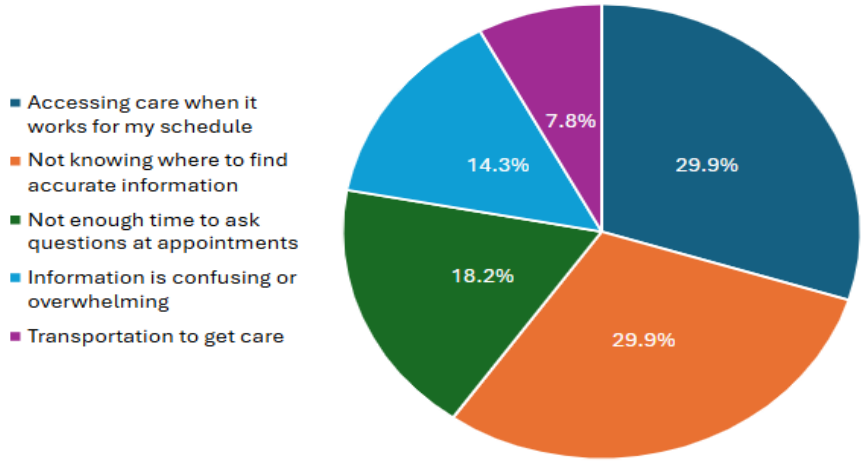
Breastfeeding support (N=75)	
Not Important	1 (1.3%)

Slightly Important	9 (12.0%)
Moderately Important	19 (25.3%)
Very Important	46 (61.3%)
Car seat safety information (N=75)	
Not Important	0 (0.0%)
Slightly Important	4 (5.3%)
Moderately Important	12 (16.0%)
Very Important	59 (78.7%)
Family planning (e.g. choosing when and how to become pregnant) education and support (N=76)	
Not Important	2 (2.6%)
Slightly Important	11 (14.5%)
Moderately Important	17 (22.4%)
Very Important	46 (60.5%)
Infant nutrition and feeding practices (N=75)	
Not Important	1 (1.3%)
Slightly Important	3 (4.0%)
Moderately Important	15 (20.0%)
Very Important	56 (74.7%)
Pregnancy prevention information (e.g., birth control, condoms, sex education) (N=75)	
Not Important	2 (2.7%)
Slightly Important	11 (14.7%)
Moderately Important	17 (22.7%)
Very Important	45 (60.0%)
Routine care for mothers after pregnancy (N=75)	
Not Important	1 (1.3%)
Slightly Important	2 (2.7%)
Moderately Important	11 (14.7%)
Very Important	61 (81.3%)
Routine care for mothers before pregnancy (N=75)	
Not Important	1 (1.3%)
Slightly Important	2 (2.7%)
Moderately Important	16 (21.3%)
Very Important	56 (74.7%)
Routine care for mothers during pregnancy (N=75)	
Not Important	1 (1.3%)
Slightly Important	0 (0.0%)
Moderately Important	11 (14.7%)
Very Important	63 (84.0%)
Routine infant care (regular wellness checks, immunizations) for the first year of life (N=75)	
Not Important	2 (2.7%)
Slightly Important	0 (0.0%)
Moderately Important	9 (12.0%)
Very Important	64 (85.3%)

Safe sleep practices for infants (N=75)	
Not Important	1 (1.3%)
Slightly Important	2 (2.7%)
Moderately Important	14 (18.7%)
Very Important	58 (77.3%)
Specialized care for mothers (e.g., high risk pregnancies, genetic testing/counseling, fetal medicine) (N=75)	
Not Important	0 (0.0%)
Slightly Important	1 (1.3%)
Moderately Important	12 (16.0%)
Very Important	62 (82.7%)
Specialized infant care (e.g., premature birth, disability, failure to thrive, congenital/genetic abnormalities, complications) for the first year of life (N=74)	
Not Important	0 (0.0%)
Slightly Important	2 (2.7%)
Moderately Important	11 (14.9%)
Very Important	61 (82.4%)

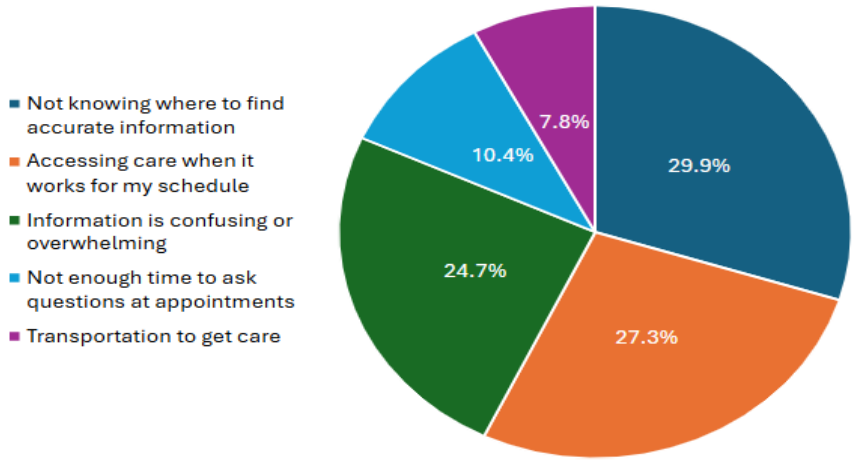
Next, respondents were asked what is challenging about getting healthcare and information related to pregnancy (Figure 52). Accessing care when it works for their schedule and not knowing where to find accurate information were the most endorsed responses, presenting opportunities for improving prenatal care.

Figure 52 – Challenges Related to Pregnancy (N=77)



Lastly, respondents were asked what challenges they experienced related to obtaining healthcare and information on infants (Figure 53). Not knowing where to find accurate information received the most endorsements, followed closely by accessing care when it works for their schedule and information is confusing or overwhelming.

Figure 53 – Challenges Related to Infant Care (N=77)



Non-Medical Drivers of Health

Respondents were asked to gauge the importance of non-medical drivers of health to their communities (Figure 54). The non-medical drivers of health are the social and economic factors that can impact a person's wellbeing. Access to mental and behavioral health services were rated "very important" across all counties. While "access to mental and behavioral health services" is closely related to a medical driver of health, it is heavily influenced by social and economic circumstances, and for that reason is included here. Clean environment, air, and water were rated highly by the City of Detroit, Genesee, Macomb, Oakland, St. Clair, and Wayne Counties. Better access to the internet and Wi-Fi were rated highly in the City of Detroit, Jackson, and St. Clair. The City of Detroit and St. Clair Counties also rated safer and more affordable housing as important to their communities. Relatedly, safer neighborhoods were rated highly in the City of Detroit, Genesee, and Jackson Counties. Substance use/abuse was endorsed in Genesee and St. Clair Counties. Lastly, Genesee County was the only region who rated youth recreation highly, amongst the other factors listed above.

Figure 54 – All Counties – "Very Important" to their Community – Non-Medical Drivers of Health

	Genesee (N=9)	Jackson (N=76)	Livingston (N=39)	Macomb (N=276)	Oakland (N=366)	St. Clair (N=31)	Wayne excluding Detroit (N=325)	City of Detroit (N=170)
Access to mental and behavioral health services	100%	87%	90%	92%	89%	90%	92%	90%
Better access to affordable healthy foods	50%	37%	41%	43%	43%	35%	38%	55%
Better access to the internet & Wi-Fi	63%	86%	62%	69%	67%	84%	68%	91%
Better	38%	55%	54%	51%	48%	45%	55%	72%

public transportation								
Clean environment, air, and water	88%	79%	56%	82%	80%	81%	83%	91%
More community events and activities	25%	29%	18%	33%	28%	29%	32%	55%
More parks and green space	50%	34%	26%	44%	40%	35%	42%	58%
More physical activity opportunities	75%	43%	38%	51%	49%	42%	55%	67%
More safe and affordable housing	75%	83%	77%	70%	66%	77%	64%	99%
Neighborhood deterioration	63%	68%	28%	54%	41%	61%	56%	78%
Safer neighborhoods (e.g., violence, gangs, domestic violence, child abuse)	88%	89%	44%	75%	61%	58%	72%	91%
Social opportunities for seniors	75%	50%	38%	68%	52%	39%	67%	70%
Substance use/abuse (e.g., alcohol, drugs, vaping)	88%	75%	69%	71%	60%	81%	66%	75%
Youth recreation and development opportunities	88%	66%	54%	65%	61%	74%	72%	79%

Top three ranked as “very important” to their community in each seven-county area

Interviews

Overview

The Oakland University Community Health Needs Assessment (CHNA) team conducted interviews with 46 key informants and 23 community members to provide insight based on their lived experiences and expertise related to the three primary focus areas (mental and behavioral health, maternal and infant health, and chronic disease). The following provides a summary of interview processes and key findings. Details of the methodology including interview guides can be found in the appendices.

- Appendix B - Key Informant Interview Guide
- Appendix C - Key Informant Interview Methods/Analysis
- Appendix D - Community Member Interview Guide
- Appendix E - Community Member Interview Methods/Analysis

Community Member interview participant characteristics:

Community members living in one of Henry Ford Health geographic service areas (City of Detroit, Genesee, Livingston, Macomb, Oakland, St. Clair, Wayne) who could provide perspective on one or more of the following focus areas: behavioral health, maternal health, and/or chronic disease. We interviewed multiple community members from each geographic service area, and multiple community members in each focus area to ensure adequate representation of local voices and experiences. It is notable that participants often reported living in one region but receiving health care from multiple regions based on availability and quality of services. Community members who generally met the following criteria were invited to participate:

- Adults living in a Henry Ford Health service area for at least three years
- Adults with experience in at least one of the focus areas
- Adults having experience utilizing multiple health services within at least one focus area

Key Informant interview participant characteristics:

Professionals working at an organization operating in at least one of Henry Ford's geographic service areas (City of Detroit, Genesee, Jackson, Livingston, Macomb, Oakland, St. Clair, Wayne) who could provide perspective on one or more of the following focus areas: behavioral health, maternal health, and/or chronic disease.

Professionals who generally met the following criteria were invited to participate:

- At least three years of experience with the organization
- Comprehensive understanding of the organization's services in at least one focus area
- General knowledge of the organization's resources and funding
- Direct service experience or regular interaction with the population served
- Familiarity with partnering organizations or others working in the same focus area

Interview participants were in roles at the executive leadership or senior/department/program management levels. Interview participants also had non-management specialist roles, governance or advisory roles, and educational administrative roles.

Snapshot of organizations represented:

- County and city public health departments

- Municipal and city
- Mental and behavioral health networks
- Education sector
- National-level foundation and advocacy organizations
- Community coalitions
- Faith-based and secular non-for-profit social service organizations
- Senior and community resource centers

Organizations serve their respective communities and geographic areas in several ways including:

- Public health and prevention services
    - Preventive and environmental health services, disease surveillance, immunizations, maternal and child health (including WIC services), restaurant and water safety inspections, health education and risk reduction, substance use prevention, and chronic disease management
- Mental and behavioral health services
    - Managed Medicaid behavioral healthcare services, intellectual/developmental disability services, community and clinical mental health inpatient psychiatric care, outpatient care, substance use disorder management, addiction and recovery support, criminal justice
- Community and family services
    - Family system supports, immigration assistance, bilingual case management, workforce development, cultural preservation and acculturation, social and community services for specific populations (e.g. seniors, Spanish-speaking, ethnic groups)
- Safety net and basic services
    - Community housing and transitional services, emergency shelters/housing other basic needs for vulnerable populations, grief support, child and youth welfare and trauma services
- Organizational and civic infrastructure
    - Collaborative community development, capacity building, community coalition and convening, community task forces, community education programming, community resources, emergency response and medical services, public transit

Findings

Results from key informant and community member interviews are shown below and organized in the following sections:

- Overview of most significant concerns by focus area
- Interconnectedness across the three focus areas
- Overarching themes across all focus areas
- Focus area themes, geographic-specific information and ideas
    - Mental and behavioral health themes
    - Mental and behavioral health themes by county and ideas for improvement
    - Maternal and infant health themes
    - Maternal and infant health themes by county and ideas for improvement
    - Chronic disease themes
    - Chronic disease themes by county and ideas for improvement

Overview of Most Significant Concerns by Focus Area

Scope of services vary across the Henry Ford geographic service areas. Participants describe the Tri-County/Metro-Detroit area where numerous organizations operate due to high population density. Interview participants describe high-need urban centers (City of Detroit in Wayne County, Flint in Genesee County, Pontiac in Oakland County, and Port Huron in St. Clair County) characterized by high poverty rates, food deserts, high crime and substance abuse rates, and challenges with literacy and unemployment. Additionally, interview participants describe suburban/rural areas (Jackson County, Livingston County, northern and western Oakland County, and St. Clair County outside of Port Huron) as having limited access to services.

Significant concerns emerged across the three focus areas. For mental and behavioral health, participants describe an acute crisis with major access issues for individuals. There is widespread agreement that there is a mental health "crisis" driven by stigma, limited providers and in-patient psychiatric beds, lengthy wait times, economic stress, substance abuse and trauma, and social isolation (particularly among seniors). There are significant barriers around navigating complex health systems, issues of funding and insurance coverage especially for Medicaid and uninsured populations, and lack of coverage for those needing more intensive services. Participants express how mental and behavioral health issues are often tied to co-occurring issues.

Disparities exist within maternal and infant health outcomes and care. Participants describe how African American/Black and Brown communities experience poor outcomes such as high infant mortality and low birth weight rates. Generally, there is a lack of care and providers, with some rural communities experiencing extremely limited access to OB/GYN providers, low maternal and infant health literacy, social and economic factors. Furthermore, co-occurring mental health and substance abuse challenges were noted for some.

Participants describe chronic disease as being highly pervasive across communities. There is widespread prevalence of obesity, diabetes, cardiovascular disease, cancers, asthma, musculoskeletal issues, and other chronic diseases. Management of chronic disease is affected by non-medical determinants of health, such as access to affordable housing, food security, transportation, and lack of physical activity. A need for improved coordination of care was expressed by both community members and key stakeholders.

Interconnectedness Across the Three Focus Areas

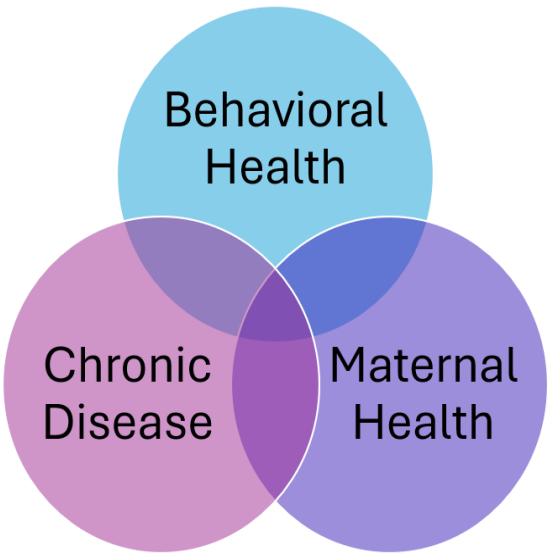
While some individuals experience health concerns that are limited to a singular focus area, it was noted that there was significant cross-over between mental and behavioral health, maternal and infant health, and chronic disease. Understanding the intersectionality between these areas is essential to providing whole-person care within the broader context of their lived experiences and communities.

> *"Chronic disease [is an umbrella], because it includes all the other ones...often maternal health is going to be connected to a chronic condition. Mental health, when it becomes a chronic condition, is also going to be [a] much more challenging situation." (Key Informant)*

Some notable intersections include:

Focus Area	Concern and Description
All =	Limited access to affordable, coordinated care, financial/insurance barriers, NMDOH, racial and economic disparities, need for prevention and early treatment, workforce shortages and infrastructure gaps
Behavioral Health + Maternal Health =	Maternal mental health (postpartum depression, stress), need for integrated mental health screening during pregnancy, lack of awareness and stigma in seeking help
Behavioral Health + Chronic Disease =	Mental health affects chronic disease management (motivation, adherence), co-occurring substance use and depression with chronic illness
Chronic Disease + Maternal Health =	Chronic conditions (obesity, diabetes, hypertension) and medication limitations complicate pregnancies, nutrition insecurity and low physical activity, intergenerational health impacts (maternal health influencing infant outcomes)

Figure 58 - This figure represents the interconnectedness and intersection across and between the three focus areas.



Overarching Themes Across All Topic Areas

Participants in both key informant and community member interviews highlighted broad topics that impact their care across all geographic areas and focus areas, while also offering general suggestions on how to improve care or health in these areas.

Access and availability of care

- Limited access to primary care, standard care, and specialty care
    - Insufficient number of practitioners, leading to long wait times
    - Need to travel long distances in areas with limited services (especially rural areas)
- Desire for home care visits for maternal and infant health and chronic diseases
- Shortage of in-patient psychiatric beds in all geographic regions for mental and behavioral health concerns
- A desire for streamlined access to basic care appointments such as screenings, bloodwork

"But I just wonder if we had gotten him [mental health treatment] help way sooner, how different the trajectory of his life might have been" (Community Member)

"The time you're waiting in the waiting room with no attention, it's horrible, especially... especially if you have kids." (Community Member)

"At first, it was getting ahold of [his surgeon], then the wait time" was challenging (Community Member)

Workforce development need

- A shortage of care providers was noted in most areas of practice (primary care, specialty care, licensed therapists, social workers, and maternal health providers), impacting access to care in a timely fashion, thus the need for workforce development and investment in workforce and education system
- These challenges were more prevalent in rural and urban areas

“There are people out there that could but don't because of the level of certification that are necessary to do that work and the minimal amount of pay that they get to do it. There is a huge imbalance there. Let's just take a social worker, for example. You go to school for 4 years and get an LMSW and you get paid $60K and you have $200K debt so there is a huge imbalance there that we could have more people doing the work if there was equanimity in the system.” (Key Informant)

Financial barriers and insurance coverage

- Lack of covered services and medications
- Expense of out-of-pocket providers (e.g., counseling, inpatient care, doulas)
- Gaps in insurance coverage (including Medicaid), including coverage changes due to inconsistent employment

“I only go [to therapy] sporadically, maybe once every couple weeks, because of the cost (affordability)”. (Community Member)

"A lot of times, you go to the doctor, and they say, here, try this, you get to the pharmacy, and they say, hey, you need $400 for that!" (Community Member)
"If I had unlimited resources, I would make healthcare for free. Cost is a barrier for so many people. If you want a really good physician, he might not take your health insurance, if you have private insurance, you might not be able to meet the deductible. ...healthcare is a right, not a privilege. The cost of health care has refocused priorities to profit instead of prevention.... because prevention doesn't bring in the money. We have created a system of profit over people." (Key Informant)

Patient education

- Proactive prevention and support programs - emphasis on early screenings, counseling, education on specific conditions and general lifestyle and health
- Shorter awareness-style education was popular at community events (e.g. information booths, brief health education delivery)
- More in depth, multi-session education would be helpful for many health concerns, as well as to support caregivers
- Older adults were not receiving proactive information about age-related concerns related to cognitive declines, dementia, etc.
- Limited time with doctor for questions

"I'm taking a pre-diabetic class now through Henry Ford that has been extremely, extremely helpful to me, and it's kept me off medication." (Community Member)

"We so desperately need [postpartum programs for new mothers], so that when they leave the hospital, they're not just leaving with a baby and no education or nowhere to go." (Key Informant)

Information access

- Accessing personal information on electronic health records was repeatedly noted as challenging, especially with ongoing changes of ownership of hospitals and practices in recent years in southeast Michigan
- Streamlining patient access to all their information across multiple providers within different practices
- People regularly use urgent care for immediate health needs, but noted these records are difficult to transfer to primary care practices
- Community members asked for more information about care providers online, including areas of specialization, techniques/procedures practitioners use, to help them find the types of care they are looking for (like therapists that indicate various modalities they utilize in their practice)
- Up-to-date information on providers accepting new patients, types of insurance accepted, wait times for appointments, etc.

"Letting people know where they can go, and navigate it, just make it as easy as possible. It's not like people don't want to take care of their health, it's just overwhelming." and "It was confusing as a patient because the patient portal wasn't set up... I didn't know how to get access to my records and we have all these wonderful EHRs and all these things except for its not available to patients when you need them... it just feels discombobulated... like all these pieces should exist and I know they exist, but I can't find them, and I'm just over 30 and in the health care field and I feel like if I can't figure it out and deal with it, how is anybody else supposed to? (Community Member)

"These resources exist but how do we make sure everybody knows about them, knows how to access them, and feels comfortable?" (Key Informant)

"[Providers] are not clear on who's on whatever, doing whatever, and that's essentially why my father died." (Community Member)

Care model shifts

- Improve continuity of care across complex health care systems and interdisciplinary health care teams through improved care coordination and warm handoffs between providers
- Ensure post-discharge support
- Engage in whole person care
- Caring for a family as a unit, parental training
- Coordination for patients in connection with community resources
- Peer navigation models

“So now here's the big thing. Which of these do I do first if I need to do one of them? Who's gonna tell me this is the wisest thing to do? Do your ankle, because that's a major… issue. Then do your hip. And then we'll fix your back, or whatever, I don't know. I'm very confused about that right now.” (Community Member)

"It's kind of like I was alluding to with not knowing, really, which way to go next. If there was a service that said, okay, you've got a lot of doctors you see, you see a urologist, you see a rheumatologist, you see a cardiologist, you see a gastroenterologist, and your primary care. I think I've just named 5. That can be overwhelming to most people, and knowing how to manage that." (Community Member)

"Letting people know where they can go, and navigate it, just make it as easy as possible. It's not like people don't want to take care of their health, it's just overwhelming." (Community Member)

“No one loves a kid more than their parent, instead of scolding them, we need to empower them to do the best that they can” (Key Informant)

"Someone who's struggling with mental health or behavioral health challenges could very well feel very isolated and alone, also very scared and very confused how to navigate some very complex systems of care that exist" (Key Informant)

"I think it's so important when somebody is like having a psych hospitalization that when they're getting out that the social workers at the hospital are really linking those people up with longer term supports in the community. " (Key Informant)

Health disparities

- Disparities by income and race were noted across all topic areas and geographic areas
- Disparities were noted in both the prevalence of conditions as well as access to care and treatment availability
- Of particular note was the disparities related to maternal and infant health, whereas women of color and low-income experience worse maternal health outcomes and high infant mortality among African American/Black babies

"It doesn't matter what color you are, as long as, you know, that [the healthcare system] is made available for everyone, and that's important." (Community Member)

"...our [Genesee] county health system has always been significantly underfunded compared to other Michigan counties." (Key Informant)

"Its not fair, but because...I have the resources and I can get to Oakland County, a lot of people [from St. Clair] cannot do that" (Key Informant)

Cultural competence/humility

- Focus on culturally competent care for diverse populations (culture, religion, race and ethnicity, gender) to establish trusting relationships
- Ensure access to multilingual services
- Difficulty for immigrants and those with limited English language proficiency to access care and ensure they comprehend

"My faith and what I practice may not be the same as yours. That doesn't mean that it is less valid. It doesn't mean that I don't believe strongly enough in it so that I can get healed, it means that you have to respect what it is that I need in order to facilitate my own wellness" (Key Informant)

"[women] are feeling like doctors aren't hearing them....having access to information that is in their own language or easy to read or comprehend is lifechanging...people say they have better experiences with midwives than OB/GYNs" (Key Informant)

"When they give the results, they are so cold... Because you feel like nothing, you feel like an alien, and you are not an alien." (Community Member)

"Those that we are educating to take care of us in our medical schools, they need to look at stigma, they need to look at their own biases. One of the things we are experiencing may be the implicit bias that a doctor has walking into that room deciding whether or not I am in pain or whether or not I need resources or whether or not I need those services. So making sure that our doctors are prepared to deal with the populations that they serve." (Key Informant)

Trust and the impact of trauma

- Many discuss the role of trauma, both individual or at the community-level and/or early childhood adverse experiences as shaping health and affecting care
- Key informants and community members emphasize building trust in the community and with health care providers
- Older adults in particular noted challenges when their care providers shifted due to retirement or relocation
- Many participants noted distrust in systems and often noted the Flint water crisis as an example of authorities causing harm within their communities as a reason for distrust

  "Another issue really would be trust. I think what is interesting and specific about the city of Flint is the level of mistrust that has arisen via the water crisis and via the COVID pandemic. It makes it hard for individuals to trust the medical system. And there are all these historical things that play a role in that." (Key Informant)

  "There is a lot of medical mistrust" making it difficult to engage/enroll black women. (Key Informant)

  "You gotta find people you can trust and that actually do [services] in your best interest" (Community Member)

  “We all went through a fearful period that impacted us. And many folks had to go outside of their home and deal with the fear, low levels of insurance, and other resources, access, economics, SDOH.” (Key Informant)

Non-medical determinants of health and basic needs

Many key informants identified social economic, environmental, and ecological factors that impacted health at the individual level that are related to non-medical determinants of health. This included:

- Economic instability including poverty and unemployment
- Transportation - Serious geographic and logistic barriers exist around transportation, especially for those needing frequent appointments, there is unreliable and inaccessible transportation systems
- Exposure to environmental pollutants
- Food insecurity and food deserts
- Housing instability
- Social isolation

  "I would house everyone and meet their basic needs...this is so significant, if we can cover basic needs then I think we can stabilize folks to start to give them tools to be successful." (Key Informant)

  “If people had access to food and access to affordable housing, just the elimination of that stress would be very beneficial for them.” (Key Informant)

Invest in partnerships, collaboration, avoid duplication of efforts

- Many key informants noted existing organizations, collaborations and programs that were effective, and that partnering with Henry Ford would strengthen these initiatives and would be mutually beneficial
- Working with established organizations, in particular with smaller locally based organizations, can help Henry Ford access community members who have established trusting relationships with these groups

Advocacy and policy change

- Henry Ford can use its platform to advance policy and engage in advocacy to improve health systems and practices
- Advocate for policies that prioritize minority maternal and infant health
- Work on behalf of patients with insurance providers to ensure access to appropriate care

"My fear is that policies don't reflect the needs of the people that the policies are supposed to impact are having an absolutely horrendous impact on outcomes that we are going to see...we have prepaid health insurance plans, we have ten of them across the state, and the legislation says we are taking them down to three. Alright, how does that then help the people that are in need to get the resources that they need?" (Key Informant)

"The hospitals and law enforcement and these treatment facilities and families, we all need to have a place to talk about what the right way is to deal with these when issues come up." (Key Informant)

Focus Area Themes, Geographic-specific Information and Ideas

The following sections highlight key themes for each of the focus areas, with geographic-specific information, and ideas for improvements. The information, terminology, and suggestions in the following tables come from key informant interviews with community stakeholders.

Mental and Behavioral Health Themes

Theme	Descriptions
Access to care	Overarching theme of access to care remains challenging, particularly for those requiring significant services such as in-patient treatment.
Staffing and infrastructure deficits	Not enough Medicaid providers and limited access to psychiatric beds (especially for youth), leading to lengthy wait times and utilization of emergency room services, some individuals end up in jail when crisis resources fail or are severely limited

Stigma and shame	Stigma is a significant barrier, particularly among African American/Black community, certain immigrant/refugee communities, men, youth and seniors, stigma is a barrier to seeking care. People suffer in silence due to fear of being judged, some mention provider stigma towards clients contributing to obtaining quality care. *"There's already stigma about mental health, illness, and then you don't know where to go. Get resources. You don't know who to ask, and you might not find somebody safe or trustworthy to ask in your community." (Key Informant)*
Trauma	Community trauma (Flint water crisis, economic decline, high crime or violence rates, COVID-19 pandemic), many issues stemming from unaddressed adverse childhood experiences
Grief and loss	Need for grief counselors as loss leads to a spiral of isolation, income loss, further behavioral health challenges
Youth concerns	Social anxiety, poor sleep habits, issues related to social media
Co-occurring disorders	Substance use and overdose, alcohol consumption
Funding and insurance coverage	Insufficient funding and insurance eligibility as needs increase since COVID *"There is a tsunami coming when it comes to economic issues and increased needs, so the mental health issues will certainly go up as that becomes more apparent with all of the Medicaid cuts and increases to Medicare costs, so as a health issue it will just become huge." (Key Informant)*
Navigating complex health systems	Individuals feel overwhelmed, isolated, scared, confused to navigate the complex mental health care system and are not provided adequate support when needed *"A lot of individuals in need of mental health services that may not know how to get them, not getting medication/taking their meds, so that manifests into situations where they lose housing and jobs." (Key Informant)*

Mental And Behavioral Health Themes by County and Ideas for Improvement

County	Theme	Ideas for Improvements
City of Detroit / Wayne	Lack of access to services, stigma to seeking services, high levels of unaddressed trauma	Invest in community health workers, peer navigators, other navigation assistance for "warm handoffs" between hospitals to long-term community resources

Genesee	Trauma (Flint water crisis, violence), trust of authorities, pushing people to Emergency Department or criminal system for mental health treatment *[Contributing factors to mental health challenges in Flint] "You know, especially with Flint, they have experienced a lot of… trauma, you know, with Flint water crisis, with the loss of a lot of jobs, the crime is definitely, has increased." (Key Informant)*	Partner and collaborate with trusted local community-based organizations to co-deliver mental health services and outreach, join established coalitions in area
Jackson	Accessibility issues with limited services/resources	Provide care beyond emergency services, be present and invest in more homelessness and addiction support services
Livingston	Lengthy wait times, limited providers, low hospital bed availability, lack of services for co-occurring mental health/substance use disorders, transportation	Coordinate with new facilities (e.g. other mental health providers) and add complementary outpatient services to improve access and reduce wait times
Macomb	Access to mental health resources that align with insurance coverage (Medicaid/private)	Invest in community health workers, peer navigators, social workers to guide patients through complex insurance systems to correct resources
Oakland	Insufficient Medicaid funding for high-need services (psychiatric beds, long-term care), social isolation in seniors	Integrate social isolation screeners into senior discharge and partner with senior centers to fund social activities to combat loneliness
St. Clair	Lack of long-term treatment facilities and recovery programs, transportation barriers	Expand services to north area of county, invest in youth mental health services, particularly for those in crisis

Maternal and Infant Health Disease Themes

Theme	Descriptions
Disparities in outcomes	Severe and persistent racial disparities exist, with African American/Black and Brown communities experiencing poor infant health outcomes such as high infant mortality and low birth weight rates
Disparities in care	Many mothers feel that providers don’t spend enough time with them, aren’t listening and lack sensitivity, or are giving limited and dated information

Access to care/ provider shortages	Lack of birthing centers and other OB/GYN services result in traveling long distances for care, lack of postpartum care
Distrusts and bias	Significant distrust of the healthcare system among African American/Black and Brown communities, feelings that providers are biased, lack sensitivity
Lack of culturally competent care	Cultural and linguistic barriers, information is not presented in a culturally sensitive way
Stress and trauma	Outcomes for mothers and babies influenced by personal and community traumas, violence, crime, domestic violence, intersection of postpartum depression/anxiety and poor health outcomes
Non-medical determinants of health	Significant needs around affordable housing, healthy foods, transportation *"When people are forced to make choices between good health and other things, it affects the mother and baby." (Key Informant)*

Maternal and Infant Health Themes by County and Ideas for Improvement

County	Theme	Ideas for Improvements
City of Detroit / Wayne	Racial disparities in health outcomes, including high infant mortality, provider insensitivity, lack of resources and transportation	Fund expansion of doula services to all Henry Ford sites, use Henry Ford platform to advocate for policies that prioritize minority maternal and infant health
Genesee	Racial disparities in health outcomes, including high infant mortality, limited providers accepting Medicaid, delayed prenatal care, lack of culturally competent providers	Fund and offer comprehensive health education services for women and older teens, ensure all patient materials are culturally appropriate and translated, ensure access to bilingual providers, partner and collaborate with trusted local community-based organizations
Jackson	Disparities between geographic areas in access, income, transportation	Expand services and transportation options
Livingston	Lack of local birthing center creating geographical and logistic access barriers	Invest in birthing services in the county
Macomb	Economic disparities in health outcomes, low-income experience poor outcomes	Provide home visiting programs tailored to unique needs of communities, ensure seamless connections between services, invest in community health workers to help bridge cultural, racial, geographic gaps, build trust

Oakland	Racial disparities in health outcomes, limited provider time, lack of shared-decision making between patient-provider, poor provider communication, lack of culturally competent providers, trust *"If you have a multicultural team helping to understand the background of the people in Oakland County, I would say that the information you present is going to be better received or better understood." (Key Informant)*	Ensure all patient materials are culturally appropriate and translated, ensure access to bilingual providers
St. Clair	Critical shortage of OB/GYN care creating geographical and logistic access barriers	Invest in recruitment incentives to attract OB/GYN providers and invest in birthing services in the county

Chronic Disease Themes

Theme	Description
Strong link to non-medical determinants of health as root cause of chronic disease	Across communities, there is widespread prevalence of obesity, diabetes, cardiovascular disease, cancers, asthma, and other illnesses. Management and causes of chronic disease are intrinsically linked to prevention and non-medical determinants of health (transportation, education, food and job security, environmental factors, social isolation, etc.)
Transportation as a critical barrier	Serious geographic and logistic barriers exist around transportation, especially for those needing frequent appointments, there is unreliable and inaccessible transportation systems
Holistic gaps in care	Emotional and mental toll relating to chronic disease not addressed (trauma, adverse childhood events, grief, stress, job loss/unemployment), which can exacerbate physical outcomes
Disproportionate impact	African American/Black men, seniors, and veterans highlighted as being disproportionately affected by chronic disease
Contributing Lifestyle Factors	Choices in physical activity, environment, diet and substance use contribute to chronic disease outcomes
Fragmented Care	Care of multiple specialists for comorbidities is often poorly coordinated. This is especially challenging in provider and health system transitions

Burdens on Caregivers	Supporting those with chronic disease can be demanding and require a lot of resources including time and finances

Chronic Disease Themes by County and Ideas for Improvement

County	Theme	Ideas for Improvements
City of Detroit / Wayne	Uninsured rates (including Medicaid), access to affordable and consistent primary care	Establish low-cost/free walk-in satellite clinics in high-need neighborhoods to offer basic care and screenings for uninsured/underinsured
	"Transportation is always something we identify as a barrier, I think it is especially in outer Wayne County. Having a physical presence in each of our communities, it is a diverse population and diverse community, and we can't be everywhere all at once, but trying to invest more in mobile clinics and really meeting people where they are at, especially when we don't have the transportation or built environment..." (Key Informant)	
Genesee	Obesity/overweight rates, poor environmental factors (Flint water crisis), limited food access	Partner and collaborate with trusted local community-based organizations
Jackson	Disparities between rural and urban, transportation, access, knowledge of disease management	Provide case management, care coordination to navigate health system, offer preventive services, bilingual and culturally appropriate services
Livingston	Obesity/overweight rates, lack of physical activity, transportation	Invest in transportation infrastructure and grants, re-join LETS Public Transportation, invest in Prescription for Health programs
Macomb	Obesity/overweight rates, limited food access, lack of physical activity	Continue to invest and expand evidence-based behavioral change programs around physical activity, healthy eating, and healthy living
Oakland	Transportation barriers for care management, especially among seniors	Invest in transportation infrastructure and partnerships, offer free patient shuttle services for frequent appointments
St. Clair	High rates of smoking, alcohol, substance abuse, environmental exposure (“chemical valley”)	Join the community services collaborative body, offer services in northern part of county, offer mobile mammography

Section 6: Selected Priorities in the 2025 Community Health Needs Assessment

Henry Ford Health has selected the following priorities for the 2025 Community Health Needs Assessment.

Process and Justification for CHNA Priority Selection

Henry Ford Health's CHNA priorities are selected using qualitative and quantitative data sources, input from community members, as well as strategic planning considerations on a state-wide level. Secondary quantitative data on health and social needs across Henry Ford Health's service areas was presented in Sections 3 and 4. Community input was solicited from residents and stakeholders in the relevant counties through key informant interviews and a survey, shown in Section 5. To note, Henry Ford Health is choosing to use the terminology of "Chronic Disease Management & Prevention," "Maternal-Infant Health Improvement," and "Mental Health & Substance Misuse Treatment," but our partner organizations in data collection may use different, more general terminology to describe these priority areas.

The following criteria were considered most important when selecting the priorities:

- Issues significantly contributing to death
- Issues significantly contributing to preventable hospitalizations
- Significant disparities in disease or mortality prevalence
- Issues persistently showing high need and burden of disease in repeated past needs assessments
- Issues that are highly interconnected to each other, such that improving health in one area requires attention to the other simultaneously
- Issues highlighted by community members in primary data collection

During this CHNA cycle, Henry Ford Health also participated in Michigan Health & Hospital Association's (MHA) statewide efforts to align CHNA and Community Benefit priorities and Implementation Plan strategies across MHA member institutions. The intent of this endeavor is to maximize collective impact and move the needle on persistent health issues that are commonly identified during the CHNA process.

Specific programs have been identified and promoted by MHA to be implemented where possible at participating hospitals. Several of the programs are already in place at Henry Ford Health facilities. MHA is focusing on the following multi-year, scalable projects:

- Expanding food access and nutrition education (Cooking Matters)
- Improving perinatal mood disorder screening and support (Reach Out, Stay strong, Essentials – ROSES Program) to prevent postpartum depression
- Enhanced group prenatal care (based on the Women-Inspired Neighborhood [WIN] Network: Detroit model)

More information on how these programs will be integrated into Henry Ford Health's system-wide CHNA Implementation Plan will be available in May 2026.

The priorities outlined were recommended by the CHNA development team to the Regional Presidents of Henry Ford Health (East, West, and Detroit), and the Henry Ford Health Hospital Presidents. CHNA team leadership met with both the Regional Presidents and Hospital Executive Leadership and presented the CHNA findings, priority recommendations, and justifications for selected priorities. Then, the recommendations were presented to the Care Delivery Service Cabinet. The selected priorities were ratified by the Henry Ford Health Quality & Culture Committee on December 18, 2025, per the requirements of both Henry Ford Health and regulatory compliance.

Potential Henry Ford Health Resources for CHNA Priorities

The following section lists Henry Ford Health resources available to address the selected priorities from the 2025 CHNA. This is not an exhaustive list.

Chronic Disease Management & Prevention

- CARES Program
- Community & Worksite Health Fairs & Screenings
- Community Health Worker Hub
- Community Information Exchange ™
- Community Request Hub – health fairs, screenings, community education
- Cooking Matters Program
- Diabetes Prevention Program
- Diabetes Self-Management Education Program
- Eastern Market Farm Stand
- Everybody Cooks Program
- Faith Community Nursing
- Fresh Rx Program
- Game On Cancer
- Health Coaching
- Let's Talk Chronic Kidney Disease Program
- LiveWell Health Education Blog
- Medical Nutrition Therapy
- Mobile Screenings
- Non-Medical Drivers of Health Screenings and referrals
- Pursuing Equity in Patient Care (PEPC)
- School-Based Health Centers
- Stroke Survivor Support Groups
- Tobacco Treatment Services

Mental Health & Substance Misuse Treatment

- Behavioral Health Integration
- Collaborative Care Model
- Digital Cognitive Behavioral Therapy
- Families Against Narcotics Partnership
- Medication Assisted Treatment
- Narcan Distribution and Prescribing
- Open Arms Program

- Opioid Harm Reduction Trainings
- Pain Management Programs
- Reach Out, Stay strong, Essentials – ROSES Program
- Trauma Recovery Initiative

Maternal-Infant Health Improvement

- BLOSSOM Childbirth Education
- Community Baby Showers
- Community Health Worker Hub
- Community Information Exchange ™
- Detroit Regional Infant Mortality Reduction Task Force
- Hope Starts Here: Detroit's Early Childhood Partnership
- Infant Bereavement Program
- Maternal Infant Health Program
- MIRACLE Center
- Perinatal and Obstetric Nurse Navigators
- Women-Inspired Neighborhood (WIN) Network Enhanced Group Prenatal Care Program

Potential Community Resources for CHNA Priorities

This list represents responses to the following key stakeholder interview question: What are key community resources, assets, or partnerships you know of that can help address the significant health needs we talked about today? It is not an exhaustive list.

General:

- Coalitions
- Community forums
- Community health workers
- County justice systems
- Doulas
- Faith-based organizations
- Federally qualified health systems
- First responders
- Food pantries resource fairs
- Health departments
- LGBTQ groups
- Local task forces
- Mobile crisis units
- Non-medical determinants of health organizations
- Schools at all levels
- University partnerships

All Counties:

- Adolescent Health Initiative
- Arab Community Center for Economic and Social Services (ACCESS)

- Easter Seals
- Oral Health Coalition
- Senior Regional Collaborative
- Southeast Michigan Perinatal Quality Improvement Coalition (SEMPQIC)
- Southeast Michigan Regional Collaborative
- United Way

City of Detroit & Wayne:

- 100 Black Men of Greater Detroit, Inc.
- Alpha Kappa Alpha Sorority, Inc.
- Detroit Health Department - Fatherhood Programs
- Detroit Health Department - SisterFriends
- Detroit Parent Network
- Detroit Recovery Project
- Focus: HOPE
- The Information Center
- Wayne County Health Collaborative
- Wayne RESA
- Wayne State Phoenix Project

Genesee:

- Genesee Health Coalition
- Genesee Health System
- Greater Flint Health Coalition
- Hurley Hospital
- Involved Dads
- Motherly Intercession
- Reimagine Collective
- RxKids
- Voices of Children

Jackson:

- Emergency Needs Coalition
- Jackson Collaborative Network

Livingston:

- Behavioral Health 360
- Community Catalyst
- Great Start Livingston Coalition
- Homeless Council
- Human Services Collaborative Body
- Hunger Council
- La Casa Amiga
- LETS Transport
- Salvation Army
- St. Vincent De Paul

Macomb:

- African American Coalition
- Chaldean Community Foundation
- Community Action Agency
- Fair Food Network
- Wilson Foundation

Oakland:

- Affirmations
- Alliance Coalition for Healthy Communities
- Hazel Park Coalition
- Oakland County Health Network
- Oakland Hope
- Pontiac Community Foundation
- Substance Abuse and Mental Health Services Administration (SAMHSA)

St. Clair:

- Community Services Coordinating Body (CSCB)
- Blue Water Recovery Outreach Center
- Michigan Clinical Consultation and Care (MC3)
- The People's Clinic

Identified Needs Not Chosen as CHNA Implementation Plan Priorities

Henry Ford Health understands the importance of all the health needs of the community and are committed to playing an active role in improving the health of the people in the communities it serves. We recognize that in prioritizing needs there will be needs not specifically addressed by Henry Ford Health's CHNA Implementation Plans – though many communities have institutions doing this important work and many Henry Ford Health units improve health in these areas, outside of the focus of the Implementation Plans. These needs are important to improving community health but will not be the focus of the Implementation Plans. They may however be addressed by other community benefit efforts or fall within the scope of the focus on Chronic Disease Management & Prevention, Mental Health & Substance Misuse Treatment, and Maternal-Infant Health Improvement. Identified needs that Henry Ford Health will not specifically be prioritizing in the 2025 CHNA Implementation Plan process include:

- Alzheimer's Disease
- Arthritis
- Asthma
- Basic utilities access
- Built environment and safe neighborhoods
- Cancer
- Caretaking
- Chronic Live Disease and Cirrhosis
- Community and interpersonal violence
- COVID-19
- Dental health
- Education

- Family planning
- Food insecurity
- Healthcare coverage
- Housing
- Infectious Diseases
- Injury prevention
- Kidney Disease
- Literacy and Health literacy
- Sexual health
- Social support
- Technology and Wi-Fi access
- Transportation
- Unemployment and low income
- Vaccination (general population)

Section 7: CHNA Dissemination

The complete CHNA report is available electronically at henryford.com/about/community-health/needs-assessment. To submit written comments on the CHNA or obtain a printed copy of the report, please contact communitybenefit@hfhs.org. No written comments were received on the 2022 CHNA. The next CHNA will be completed by end of calendar year 2028.

Appendix A: Community Input Survey

Introduction

Every three years, Henry Ford completes a Community Health Needs Assessment (CHNA) to better understand the health of the people we serve. This survey is for people who live in Genesee, Jackson, Livingston, Macomb, Oakland, St. Clair, and Wayne Counties. In this year's survey, we want to focus on 3 areas which we know greatly impact our communities: mental and behavioral health, chronic disease, and maternal and infant health.

All information collected is anonymous. This survey is voluntary, meaning you can choose if you want to complete it. In the survey, you will be asked questions about you, your health, and your community. Some of these questions may address sensitive topics. You may decline to answer any question. If you have any questions or concerns about this survey, you may contact Ally Rooker at Henry Ford Health System at arooker1@hfhs.org.

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Please select the community which you most identify with, either because it is where you live, work, or spend significant time. Please answer this entire survey with this community in mind.

a. City of Detroit
b. Genessee County
c. Jackson County
d. Livingston County
e. Macomb County
f. Oakland County
g. St. Clair County
h. Wayne County (not in the City of Detroit)

Mental and Behavioral Health

Please rank the top 3 mental and/or behavioral health issues below that you feel most urgently need to be addressed in your community. You do not need to rank beyond your top 3.

a. Alcohol use
b. Attention-Deficit/Hyperactivity Disorder (ADHD)
c. Depression and anxiety disorders
d. Other mental health conditions (bipolar disorder, schizophrenia, etc.)
e. Stress
f. Substance use (opioids and other substances)
d. Suicide prevention
e. Trauma and post-traumatic stress disorder

Which of the following things are most important to improving mental and behavioral health in your community? Rank the top 3. You do not need to rank beyond your top 3.

a. Improving access to behavioral health care
b. Improving children's mental health

c. Improving people's economic and social wellbeing
d. Overdose prevention training and preparedness (Narcan, safe sharing sites, etc.)
d. Screenings for earlier diagnosis of mental and behavioral health conditions
e. Substance use prevention efforts and education
g. Other ____

How important are the following things for your community? (Response options: Not important – Very important)

a. Children's mental and behavioral health care
b. Emergency care for mental and behavioral health
c. Mental health counseling or therapy
d. Medical treatment for substance use disorders
e. Overdose prevention and Narcan education
f. Support groups for substance use disorders
g. Support for providing care to someone with mental and behavioral illnesses

Chronic Disease

Please rank the top 3 chronic diseases below that you feel most urgently need to be addressed in your community. You do not need to rank beyond your top 3.

a. Alzheimer's Disease
b. Arthritis
c. Cancer
d. Cardiovascular Disease (heart disease, stroke)
e. Chronic Respiratory Diseases (asthma, chronic obstructive pulmonary disease or COPD)
f. Diabetes
g. Hypertension
h. Kidney Disease
i. Obesity

Which of the following things are most important to improving chronic illnesses in your community? Choose up to 3.

a. Access to nutritious foods and nutrition education
b. Access to preventive healthcare
c. Help for caregivers to those with chronic illnesses
d. Improving people's economic and social wellbeing
e. Opportunities for healthy lifestyles and physical activity
f. Reducing alcohol, smoking, and substance use

How important are the following things for your community? (Response options: Not important – Very important)

a. Affordable, nutritious food
b. Cancer prevention information
c. Cancer screenings

d. Chronic disease prevention information
e. Diabetes care
f. Diabetes support and resources
g. Emergency care
h. Memory care
i. Nutrition and weight counseling/services
j. Opportunities for physical activity
k. Primary care (e.g., routine, minor illnesses, chronic disease management, vaccines)
l. Specialty care (e.g., cardiologist, neurologist, internal medicine specialist, orthopedics)
m. Wi-Fi or internet access

Maternal and Infant Health

Please rank the top 3 maternal and infant health issues below that you feel most urgently need to be addressed in your community. You do not need to rank beyond your top 3.

a. Breastfeeding and infant nutrition
b. Cardiovascular problems
c. Domestic violence and mothers' safety
d. Gestational diabetes (diabetes during pregnancy)
e. Hemorrhage (severe or excessive bleeding during pregnancy, delivery or postpartum)
f. High blood pressure (preeclampsia and eclampsia)
g. Infant safe sleep practices
h. Infertility
i. Maternal mental health and postpartum depression
j. Substance use during pregnancy

Which of the following things are most important to improving infant health in your community? Rank the top 3. You do not need to rank beyond your top 3.

a. Breastfeeding support
b. Ensuring respectful maternity care
c. Family planning education and access to birth control
d. Improving access to prenatal and postpartum care
e. Improving mothers' and families' economic and social wellbeing
f. Improving pre-conception health (taking care of your physical health before becoming pregnant)
c. Improving quality of prenatal and postpartum care
f. Infant safe sleep education and resources
g. Mental health support services

Do any of the following apply to you? (select all that apply)

- IF YES, then complete follow-up questions

a. I (or my partner) am/are currently pregnant
b. I (or my partner) am/are planning on becoming pregnant
c. I am a parent of an infant12 months old or younger
d. I am a caretaker of an infant 12 months old or younger

How important are the following things for your community? (Not important – Very Important)

a. Breastfeeding support
b. Car seat safety information
c. Family planning (e.g., choosing when and how to become pregnant) education and support
d. Infant nutrition and feeding practices
e. Pregnancy prevention information (e.g., birth control, condoms, sex education)
f. Routine care for mothers after pregnancy
g. Routine care for mothers before pregnancy
h. Routine care for mothers during pregnancy
i. Routine infant care (regular wellness checks, immunizations) for the first year of life
j. Safe sleep practices for infants
k. Specialized care for mothers (e.g., high risk pregnancies, genetic testing/counseling, fetal medicine)
l. Specialized infant care (e.g., premature birth, disability, failure to thrive, congenital/genetic abnormalities, complications) for the first year of life

What is most challenging about getting health care and information related to **pregnancy**?

a. Accessing care when it works for my schedule
b. Information is confusing or overwhelming
c. Not enough time to ask questions at appointments
d. Not knowing where to find accurate information
e. Transportation to get care

What is most challenging about getting health care and information related to **infants**?

a. Accessing care when it works for my schedule
b. Information is confusing or overwhelming
c. Not enough time to ask questions at appointments
d. Not knowing where to find accurate information
e. Transportation to get care

Community Health Issues

How important is it to address the following issues to improve your community's health?

	Not important	Somewhat important	Very important
Access to mental and behavioral health services			
Better access to affordable healthy foods			
Better access to the internet & Wi-Fi			
Better public transportation			
Clean environment, air, and water			
More community events and activities			

More parks and green space			
More physical activity opportunities			
More safe and affordable housing			
Neighborhood deterioration			
Safer neighborhoods (e.g., violence, gangs, domestic violence, child abuse)			
Social opportunities for seniors			
Substance use/abuse (e.g., alcohol, drugs, vaping)			
Youth recreation and development opportunities			

Non-Medical Determinants of Health

In the past 12 months, how often have you or your household experienced the following?

	Never	Sometimes	Often
Inadequate childcare made it hard to go to work, school, or appointments			
The food we bought just didn't last and we didn't have money to get more			
We couldn't find adequate employment to support our financial needs			
We didn't have reliable transportation to get to work, school, or appointments.			
We didn't have the education or training needed to get a job that would adequately support our financial needs			
We had a hard time paying utility company bills			
We worried that in the next few months, we may not have safe housing			
We worried whether our food would run out before we got money to buy more			

The following questions will help us make sure we have data that represents all community members. They will not be used to identify you.

Demographics

What is the highest level of education you have received?

a. Less than High School
b. Some High School
c. High School Diploma or Equivalent (GED)
d. Some College but no Degree
e. Associate's degree
f. Bachelor's degree
g. Graduate Degree

h. Technical or Trade School

What is your gender?

a. Male
b. Female
c. Prefer not to say
d. Non-binary
e. Other (self-describe):___

What language do you speak at home?

a. English
b. Spanish
c. Arabic
d. Bengali
e. Other (write in text)

Which of the following best describes your race?

a. American Indian or Alaska Native
b. Asian or Asian American
c. Black or African American
d. Hispanic, Latino, or Spanish origin
e. Middle Eastern or North African
f. Native Hawaiian or Pacific Islander
g. White
h. Multi-racial
i. Prefer not to answer
j. Other (write in text)

Which category includes your age?

a. Under 18
b. 18-24
c. 25-34
d. 35-44
e. 45-54
f. 55-64
g. 65 and over

Please type in the 5-digit zip code where you live: _____

What is your housing status?

a. Group home

b. Halfway house
c. Homeless
d. Hotel or motel
e. Nursing, assisted living, or long-term care
f. Own
g. Rent
h. Staying with friends or family

What have we not asked you about that you feel is important to share? _____

Appendix B: Key Informant Interview Methods/Analysis

Overview: Oakland University CHNA team conducted 46 Key Informant Interviews for the Henry Ford Health CHNA. The following provides a summary of interview processes and key findings.

Interview participant characteristics: Professionals working at an organization operating in at least one of Henry Ford geographic service areas (City of Detroit, Genesee, Jackson, Livingston, Macomb, Oakland, St. Clair, Wayne) who could provide perspective on the following focus areas identified by Henry Ford: behavioral health, maternal health, and/or chronic disease. Professionals who generally met the following criteria were invited to participate:

- At least three years of experience with the organization
- Comprehensive understanding of the organization's services in at least one focus area
- General knowledge of the organization's resources and funding
- Direct service experience or regular interaction with the population served
- Familiarity with partnering organizations or others working in the same focus area

Interview participants were in roles at the executive leadership or senior/department/program management levels. Interview participants also had non-management specialist roles, governance or advisory roles, and educational administrative roles.

Interview Guide Description: The interview guide included an introduction to the process, purpose of the interview, information about analysis and how findings will inform the CHNA process, and a section on informed consent and confidentiality. The interview included questions about the interviewee role, mission of the organization or agency, and geographic areas and populations served or represented. Additional questions included:

1. Henry Ford and its hospital partners identified 3 focus areas for their current needs assessment: mental/behavioral health, maternal & infant health, and chronic disease, in [service area/region]. Which focus areas have the most significant health needs for [service area/region]? What does it mean to experience [insert focus area health needs] in [service area/region]?
2. Are there certain demographics or geographic areas that have been affected by these issues we've been talking about more than others? If so, in what ways?
3. What factors do you think contribute to [the health needs mentioned]? What are one or two of the biggest challenges to addressing each of these needs? [Probes based on health needs in mental/behavioral health, maternal & infant health, and chronic disease]
4. How would you like to see Henry Ford Health System address these needs?
5. What are key community resources, assets, or partnerships you know of that can help address the significant health needs we talked about today?
6. If you had nearly unlimited resources, how would you address these health needs?
7. Are there any other thoughts or comments you would like to share that we have not discussed?
8. Can you recommend others we should talk to for this community health needs assessment?

Interview Guide and Analysis: We had two OU team members present during each interview (one to conduct and the other to take notes, clarify responses and ask additional probes). Interviews lasted approximately 30-45 minutes and were recorded via Zoom and transcribed. Each interview was

categorized by focus areas and coded for key themes, and a second review of the interview was conducted by another team member to increase inter-rater reliability.

Snapshot of organizations represented:

- County and city public health departments
- Municipal and city services
- Mental and behavioral health networks
- Education sector
- National-level foundation and advocacy organizations
- Community coalitions
- Faith-based and secular non-for-profit social service organizations
- Senior and community resource centers

Organizations serve their respective communities and geographic areas in a number of ways including:

- Public health and prevention services
    - Preventive and environmental health services, disease surveillance, immunizations, maternal and child health (including WIC services), restaurant and water safety inspections, health education and risk reduction, substance use prevention, and chronic disease management
- Mental and behavioral health services
    - Managed Medicaid behavioral healthcare services, intellectual/developmental disability services, community and clinical mental health inpatient psychiatric care, outpatient care, substance use disorder management, addiction and recovery support, criminal justice
- Community and family services
    - Family system supports, immigration assistance, bilingual case management, workforce development, cultural preservation and acculturation, social and community services for specific populations (e.g. seniors, Spanish-speaking, ethnic groups)
- Safety net and basic services
    - Community housing and transitional services, emergency shelters/housing other basic needs for vulnerable populations, grief support, child and youth welfare and trauma services
- Organizational and civic infrastructure
    - Collaborative community development, capacity building, community coalition and convening, community task forces, community education programming, community resources, emergency response and medical services, public transit

Appendix C: Key Informant Interview Guide

Introduction
Hello, Ms./Mr./Dr. <KEY INFORMANT NAME>, how would you like me to address you <first name, full name, nickname>?

My name is <INTERVIEWER NAME>. I am working with an interdisciplinary health team at Oakland University. We are assisting Henry Ford Health with their Southeast Michigan 2025 Community Health Needs Assessment (CHNA). Thank you for taking your time to meet with me and agreeing to participate in the CHNA. As part of the assessment, we are interviewing community leaders and representatives as a way of understanding and identifying the priority health needs of <COUNTRY/COMMUNITY>.

I anticipate the interview will take approximately 30-40 minutes. You will be asked a set of questions about your experience and the community you live and/or work in. My primary responsibility is to be a good listener, so my feelings will not be hurt by negative comments. Both positive and negative points are valuable.

In addition to me taking notes, our conversation will be recorded to help accurately and completely capture the valuable information you provide. The information will be combined with the responses of the other interview participants. Please note: As required by the federal Community Health Needs Assessment (CHNA) guidelines, the CHNA will be made publicly available and posted on the hospital's website. We will be acknowledging the participation of community leaders and representatives by industry grouping. Your responses will be summarized and aggregated with others and your name will not be linked to specific responses or comments.

Are you ready to begin?

Body
I would appreciate it if you could answer a few questions about yourself/your organization.

1. What is your role at/with [organization/focus area], and how long have you been there?

2. Tell me in a few sentences what [organization/you] does and how it serves the community?

3. How would you describe the geographic areas and populations [organization/you] serve or represent?

Next, I would like to ask a few questions about the health needs and strategies to address them in your community.

4. Henry Ford and its hospital partners identified 3 focus areas for their current needs assessment: mental/behavioral health, maternal & infant health, and chronic disease, in [service area/region]. Which focus areas have the most significant health needs for [service area/region]? What does it mean to experience [insert focus area health needs] in [service area/region]?

***NOTE - IF INTERVIEWING SOMEONE WITH A SPECIFIC FOCUS AREA, START WITH ONLY THAT TOPIC FOR SPECIFIC QUESTIONS.

5. Are there certain demographic or geographic areas that have been affected by these issues we've been talking about more than others? If so, in what ways?

6. What factors do you think contribute to [the health needs mentioned]? What are one or two of the biggest challenges to addressing each of these needs?
Probes based on health needs:

- Mental/Behavioral Health
    - Addiction
    - Loneliness
    - Anxiety
    - Depression
    - etc…
- Chronic Disease
    - Cancer
    - Diabetes
    - Heart Disease
    - Lung Disease
    - etc…
- Maternal & Infant Health
    - Pre-pregnancy
    - Pregnancy
    - Post-partum
    - Infant care
    - Etc…

As a reminder, the Community Health Needs Assessment process helps hospital systems understand the needs of the community so that they can identify strategies to improve community health in these areas.

8. How would you like to see Henry Ford and/or other entities address these needs?

Conclusion
In this next section of questions, I would like to ask you a few questions about encompassing potential solutions.

9. What are key community resources, assets, or partnerships you know of that can help address the significant health needs we talked about today?

10. If you had nearly unlimited resources, how would you address these health needs?

11. Are there any other thoughts or comments you would like to share that we have not discussed?

12. Can you recommend others we should talk to for this community health needs assessment?

Thank you. That is all that I have for you today. Henry Ford and partners will be developing their implementation strategy for investing resources to address critical health needs in your community over the next year. A final report of the community health needs assessment will be made available in 2026.

Possible follow-up questions to all questions:

1. Could you explain your answer again?
2. I am sorry, I don't understand. Could you clarify that?
3. Could you describe that in more detail?
4. When you say…..Can you tell me more about that?
5. You seem to be saying….Can you tell me some other things related to….?

Appendix D: Community Member Interview Methods/Analysis

Overview: Oakland University CHNA team conducted 23 Community Member Interviews for the Henry Ford CHNA. The following provides a summary of interview processes and key findings.

What did we do? We interviewed multiple community members from each location, and multiple community members in each topic area to ensure adequate representation of local voices and experiences. Community member interviews were conducted via zoom. Questions revolved around the three focus areas identified by Henry Ford: Behavioral health, chronic disease, and maternal health.

Community Member Interview Participant Characteristics: Community members living in at least one of Henry Ford geographic service areas (City of Detroit, Genesee, Jackson, Livingston, Macomb, Oakland, St. Clair, Wayne) who could provide perspective on the following focus areas identified by Henry Ford: behavioral health, maternal health, and/or chronic disease.

Interview guide overview, examples of questions: The interview guide included an introduction to the process, purpose of the interview, information about analysis and how findings will inform the CHNA process, and a section on informed consent and confidentiality. The interview included questions about geographic location and duration of time lived there for community member. Additional questions included:

- Can you begin by introducing yourself, and telling me where you live and how long you've lived there?
- What words or phrases come to mind to describe the health services you've experienced?
- Can you tell me about recent experiences you or people you know have had recently related to chronic disease, mental or behavioral health, or pregnancy and infant health? Who has experienced health related issues? What has your/their experience been like? What health care providers have they seen?
- What is it like accessing health services in your area? Can you share some positive experiences that you've had? Do you have any experiences you wished were better? Please describe. What has made it hard for you to get the care you need?
- What would help you or your family members/loved ones better manage needs related to: Chronic disease/Mental health/Maternal and infant health
- What can Henry Ford Health do to improve chronic disease, mental health, and maternal health in your community? When you go see a doctor to address chronic disease, mental health, or maternal health, what do you wish they could do for you that they currently can't? What programs or services would you like to see in your area related to health that don't already exist? What community organizations or other important groups could Henry Ford Health partner with to improve chronic disease, mental health, and maternal health in your area?
- Are there any other things you'd like to share with me today about your experiences related to health services in your community?

Interview Guide and Analysis: We had 1-2 OU team members present during each interview (one to conduct and the other to take notes, clarify responses and ask additional probes if needed). Interviews lasted approximately 20-45 minutes and were recorded via Zoom and transcribed. Each interview was categorized by focus areas and coded for key themes, and a second review of the interview was conducted by another team member to increase inter-rater reliability.

Appendix E: Community Member Interview Guide

Overview – (5 minutes) Welcome and thank you for being here today. I'm ___, and I'm going to be interviewing you today. I'm with Oakland University, and we are working with Henry Ford Health on gathering local input for their Community Health Needs Assessment process. Henry Ford wants to better understand each region that their hospitals serve by talking with people who live in the community.

There are no right or wrong answers. We're here to learn from your experiences and all viewpoints are important.

I'll be recording our conversation today to make it easier for me to take notes accurately, but this recording will not be shared beyond our team. When we report our results, we will only share what was said as a group and will not include any names or other identifying information.

Henry Ford is interested in learning about your experiences related to chronic diseases, mental health, and maternal and infant health. You're welcome to talk about all three if you'd like, but you can also focus on one area that you might be more familiar with. You can also talk about your own personal experiences, or those as a caregiver, friend, or family member of someone who has experience in these areas.

Do you have any questions before we begin?

1. Can you begin by introducing yourself, and telling me where you live and how long you've lived there?
2. What words or phrases come to mind to describe the health services you've experienced?
    a. Can you tell me why you picked some of those words?
3. Can you tell me about recent experiences you or people you know have had recently related to chronic disease, mental or behavioral health, or pregnancy and infant health? (5 minutes)
    a. Who has experienced health related issues?
    b. What has your/their experience been like?
4. What health care providers have they seen?
   What is it like accessing health services in your area? (5 minutes)
    a. Can you share some positive experiences that you've had?
    b. Do you have any experiences you wished were better? Please describe.
    c. What has made it hard for you to get the care you need?
5. What would help you or your family members/loved ones better manage needs related to: (5 minutes)
    a. Chronic disease?
    b. Mental health?
    c. Maternal and infant health?
6. What can Henry Ford Health do to improve chronic disease, mental health, and maternal health in your community? (5 minutes)
    a. When you go see a doctor to address chronic disease, mental health, or maternal health, what do you wish they could do for you that they currently can't?
    b. What programs or services would you like to see in your area related to health that don't already exist?

    c. What community organizations or other important groups could Henry Ford Health partner with to improve chronic disease, mental health, and maternal health in your area?
7. Are there any other things you'd like to share with me today about your experiences related to health services in your community?

Thank you for your time today, your input will help shape the community health needs assessment for Henry Ford Health so that they can better serve the community.

Appendix F: Interview Contributor Acknowledgement

The Henry Ford Health Community Health Needs Assessment - Southeast Michigan Region, primary data collection portion was conducted by:

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