

# 2013 Community Health Needs Assessment Report

CareLink of Jackson  
Jackson, Michigan

**CareLink** *of Jackson*  
A community-owned specialty hospital

Created in collaboration with



# Table of Contents

- Executive Summary..... 2**
- Process, Methods and Collaborative Partners..... 3**
  - Health Improvement Organization (HIO)..... 3
  - Survey Methodology ..... 4
  - Focus Groups..... 4
  - Collaborating Partners..... 5
- Description of Population..... 6**
- Priority Results ..... 9**
- Obesity, Physical Activity and Nutrition..... 11**
  - Obesity..... 11
  - Physical Activity ..... 13
  - Nutrition ..... 14
- Smoking..... 15**
- Emotional Health ..... 16**
  - Diagnosis..... 16
  - Symptoms of Poor Behavioral Health..... 16
  - Stigma and Social Support ..... 17
- Contributing Factors ..... 18**
  - ..... 18
- Community Resources ..... 19**
- Contact Us ..... 21**

# Executive Summary

CareLink of Jackson (CareLink) is a 64-bed long-term acute care hospital under Allegiance Health System located in Jackson, Michigan. CareLink provides services for medically complex patients needing specialized care and a longer length of stay than traditional acute care hospitals can offer. Specialty service emphases include Cardiopulmonary Care, Renal/Dialysis, Wound Care, and a Ventilator Weaning program.

The Health Improvement Organization (HIO) Coordinating Council, founded by Jackson County's health system Allegiance Health, is a collaborative of community stakeholders, of which CareLink is a member, committed to improving the health status of the community through an integrated health improvement infrastructure that addresses Jackson's priority health issues. The second HIO Community Health Assessment was conducted in order to get information on the health status of Jackson County and monitor progress toward objectives established in our 2008 Community Action Plan. As part of the assessment process, a total of 1150 Jackson County residents 18 and older responded to a 180 question survey asking about their health status, insurance coverage, personal health habits and health care experiences. Other local data including vital statistics, youth health risk data, and hospital discharge data was also reviewed. Focus groups were also conducted with members of various target populations.

The HIO Coordinating Council reviewed the data from the assessment and prioritized results based on consideration magnitude and severity of health issues, prevalence among vulnerable populations, feasibility of correcting, resource availability, and acceptability of potential interventions. After completing prioritization, the HIO Coordinating Council went through a rigorous planning process to update our Community Action Plan detailing ways organizations, agencies and community members can address the main health issues to better the overall health of Jackson County residents.

## Priority Results

According to the Community Health Needs Assessment:

- Only 12% of Jackson County residents understand the guidelines for physical activity and nutrition.
- Approximately 35% of residents within the City of Jackson reported smoking compared to 22% of Jackson County residents. Both of which are higher than the State of Michigan rate (2009) of 20%. Among those less than or equal to 60, 27% smoke as compared to 9.9% of those over 60.
- Only 54% would 'definitely' seek help for a serious emotional health problem, and recognition of the symptoms of depression in those over the age of 60 decreased when compared to recognition of symptoms among those age 60.
- Among Jackson County residents, 37% are classified as obese, which is higher than the State of Michigan rate of 32%. However, asked to describe their own weight only 22% of residents stated that they were "very overweight." Those 60 and older reported similar percentages.
- Among Jackson County residents, only 54% meet the guidelines for physical activity and 31% meet the guidelines for fruit and vegetable consumption. A greater proportion of those 60 and older consume at least five fruits and vegetables a day.

## Contributing factors

From the Community Health Assessment, the HIO Coordinating Council was able to identify some factors that could be contributing to these health problems:

- Lack of health insurance

- Difficulty accessing affordable health services
- Poor communication between health care providers and patients about health risks
- Inaccurate personal view of health risks
- Lack of social and emotional support

The HIO Community Action Plan focuses on how these contributing factors can be changed in order to address the main health issues noted from the Community Health Assessment.

## Process, Methods and Collaborative Partners

### Health Improvement Organization (HIO)

The Health Improvement Organization Coordinating Council, founded by Allegiance Health, is a collaborative of community stakeholders, of which CareLink is a member, committed to improving the health status of the community through an integrated health improvement infrastructure that addresses Jackson’s priority health issues. The HIO Coordinating Council serves as the stakeholder planning committee for Allegiance Health’s Board HIO Committee, Jackson County’s Healthy Community initiative, the United Way of Jackson County’s Community Solutions Team on Health, and the ‘Health Strand’ of the Jackson 2020 initiative. The scope of the HIO’s responsibility includes monitoring community level indicators, identifying specific health priorities and developing community action plans to address common goals.

In this model, community stakeholders work with public health experts to develop and complete a community health assessment for Jackson County. This assessment provides a data collection mechanism that better aligns efforts among community partners and creates a more strategic framework for local health improvement activities.

The Community Health Assessment process is designed to:

- Define Jackson County as the target population
- Collect and analyze health information for Jackson County (and subpopulations within our county)
- Benchmark our health status against other communities, the state and nation
- Prioritize health issues within the community
- Create a system for disseminating data to community organizations and residents
- Initiate strategic planning to address these issues through collaborative activities
- Monitor impact of health initiatives on community health outcomes

The first HIO Community Health Assessment was completed in 2008 and led to the creation of the first HIO Community Action Plan, aimed to reduce obesity and smoking and improve emotional health among Jackson County residents. The results from this most recent assessment are being used to update our strategic plan for 2013-2020. As part of the assessment process a total of 1150 Jackson County residents 18 and older responded to a 180 question survey asking about their health status, insurance coverage, personal health habits and health care experiences. Other local data including vital statistics, youth health risk data, and

hospital discharge data was also reviewed. Focus groups were also conducted with members of various target populations.

As the collaboration has built a strategic plan to address health issues in Jackson County as a whole, CareLink worked with the HIO's backbone staff within Allegiance Health to develop a Community Health Needs Assessment (CHNA) that aligns with the Internal Revenue Code 501(r) requirements. This process was similar to the process used by the HIO to conduct their Community Health Assessment, and included a review of existing telephone survey data from the most recent HIO Community Health Assessment, vital statistics data for Jackson County, and discharge data for CareLink. While the CHNA addresses priority areas for the defined 'community' of Jackson County as a whole, emphasis will be placed on those 60 years and older to capture the primary demographic served by CareLink of Jackson. The age-specific information in the assessment was pulled from the county-wide telephone survey.

## Survey Methodology

### Survey administration

The HIO contracted with Michigan Public Health Institute (MPHI) to administer the Community Health Assessment survey in Jackson County. MPHI boast a staff of over 100 masters and doctoral level researchers, data analysts, evaluators, and scientists. Their expertise and rigor provided the HIO with a wealth of community level data.

### Survey sampling strategy

Similar to other state and national surveys of health behaviors, the method used for the Community Health Assessment survey was a random digit dial telephone survey of Jackson County residents. The sample was stratified by census tract, meaning the population was sampled evenly throughout all census tracts (with the prison census tract being omitted) in the county. Telephone numbers of Jackson County residents in each census tract were randomly dialed until the target number of surveys was completed for each tract.

### Data weighting

Similar to state and national survey results, the sample was then weighted to reflect the actual age, gender and race of the community based on Census data for Jackson County.

### Distribution of respondents

A total of 1150 adults in Jackson County completed the telephone survey. Within Jackson County, 22% of respondents lived in the City of Jackson and the remaining 78% lived outside of the city. The state and national comparison data included in this report are drawn from the Behavioral Risk Factor Surveillance System (BRFSS) and Michigan Profile for Healthy Youth (MIPHY).

### Comparison Data

Where state and national comparisons are noted, data were obtained from equivalent state and national survey results with identical or very similar survey questions. Most state data were obtained from the most recent results of the Behavioral Risk Factor Surveillance System (BRFSS) for Michigan conducted by the Centers for Disease Control and Prevention.

## Focus Groups

In order to address potential gaps in survey data (including input from hard-to-reach populations), from June – July 2012 the Health Improvement Organization conducted focus groups with five target populations: parents of school children, government workers, health care providers, churches, and the general population (both

city and rural and including at-risk neighborhoods). The results of these focus groups were utilized in identifying gaps and barriers within the community, while contributing to the development of new goals for the HIO Action Plan.

## Other Data Sources

CareLink of Jackson's discharge data from the last fiscal year was reviewed to identify the most pertinent health issues in addition to vital statistics for Jackson County.

## Collaborating Partners

The Health Improvement Organization is a voluntary partnership of local organizations and agencies working to improve the health of the community. The knowledge and insights of this diverse group of community members and leaders were applied to the information obtained from the survey, focus groups and other data sources. The technical skills of the HIO's members, in addition to their local understanding of Jackson County, resulted in a thorough analysis of the raw data.

### HIO Coordinating Council Membership

Adam Brown, Jackson County Administration	Marilyn Bell, Michigan Purchaser's Health Alliance
Amy Pelletier, Marriage Matters	Mark Fall, CareLink
Amy Schultz, Allegiance Health	Megan Albertson, Allegiance Health
Andrew Farmer, AARP of Michigan	Monica Moser, Jackson Community Foundation
Cindy Bruner, Meridian Health Plan	Pamela McCrum, Catholic Charities of Jackson
Dani Meier, Jackson Public Schools	Ray King, Allegiance Health
David King, LifeWays	Rebecca Mayer, AWARE
David R. Kirk, Allegiance Health	Rhonda Rudolph, Jackson County Health Department
Erin Norton, United Way	Sara Benedetto, Center for Family Health
Irene LeCrone, United Way	Scott Schmidt, United Way of Jackson County
Jennifer Johnson, Great Lakes Industry	Scott TenBrink, Fitness Council of Jackson
Julie Weisbrod, Jackson County Health Department	Shaina Tinsey, Allegiance Health
Katherine Martin, Community Action Agency	Shelly Bullinger, Jackson County Health Department
Kathleen Clark, YMCA Storer Camps	Steve Sukta, Intermediate School District
Katie Luke, Partnership Park Neighborhood Assoc.	Ted Hilleary, Community Member
Kellie Baker, LifeWays	Ted Westmeier, Jackson County Health Department
Kevin Ford, MSU	Wendy Murdock, United Way of Jackson County
Margaret Comstock, Jackson Community College	Wynn Hazen, Jackson Health Network
Kathy Sowle, CareLink of Jackson	

Many thanks to the Health Improvement Organization Coordinating Council members for their time and energy in the development and analysis of the assessment, to the many community members and partners that participated in information collection and to Allegiance Health and the Jackson County Health Department for providing funding for this project.

A special thank you to other organizations and community members that participated in planning, hosting, and participating in focus groups, including:

- Dr. Kevin Ford, Michigan State University
- Consumers Energy
- St. Johns United Church of Christ

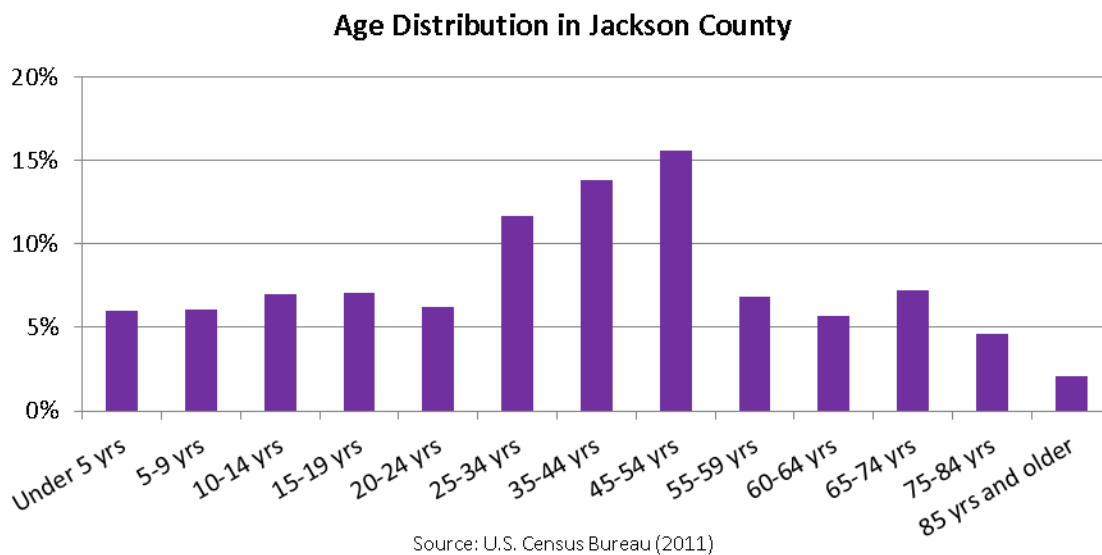
- Concord United Methodist Church
- 52 Focus Group Participants
- Michigan Public Health Institute
- University of Michigan

## Description of Population

CareLink of Jackson’s ‘community’ is determined geographically by the boundaries of Jackson County. As a community based long-term acute care hospital, CareLink serves the health needs of medically complex patients in a county of the more than 160,000 residents. However, the majority of CareLink’s patient population are 60 years of age and older.

The gender distribution of Jackson County residents is 49% female and 51% male. Those 60 years and older have a similar distribution of female and male residents at 46.6% and 53.4%, respectively.

The age distribution of Jackson County is 26% of residents 19 years and under, 18% between 20 and 34 years, 29% between 35 and 54 years, 13% between 55 and 64 years, and 14% of residents are 65 years and older. Those 60 years and older make up 26.6% of Jackson County residents.



Racial distribution of Jackson County residents according to the 2011 Census Data is 88.0% as white, 7.9% as African American, 0.7% as Asian, 0.4% as American Indian or Alaska Native, and 3.0% as some other race or two or more races. The distribution in those 60 years and older is as follows: 95.4% white, 3.2% African American, and 0.4% reporting as American Indian or Alaska Native, Hispanic or Latino, and ‘Other’.

Of males aged 15 years and over, 33.0% have never married, 50.4% are married, 1.5% are separated, 2.9% are widowed, and 12.3% are divorced. Of females aged 15 and over, 25.0% have never married, 50.4% are married, 1.7% are separated, 9.8% are widowed, and 13.2% are divorced.

According to the Bureau of Labor Statistics (2013), Jackson County also experiences a high unemployment rate of 8.8%. With 69,400 individuals in the civilian labor force, 6,100 residents are currently unemployed. Of those employed, major industries represented include educational services, health care, and social assistance (23.9%); manufacturing (18.7%); retail trade (12.1%); professional, scientific, management, administrative, and waste management services (7.7%); and arts, entertainment, recreation, accommodation, and food services (7.5%).

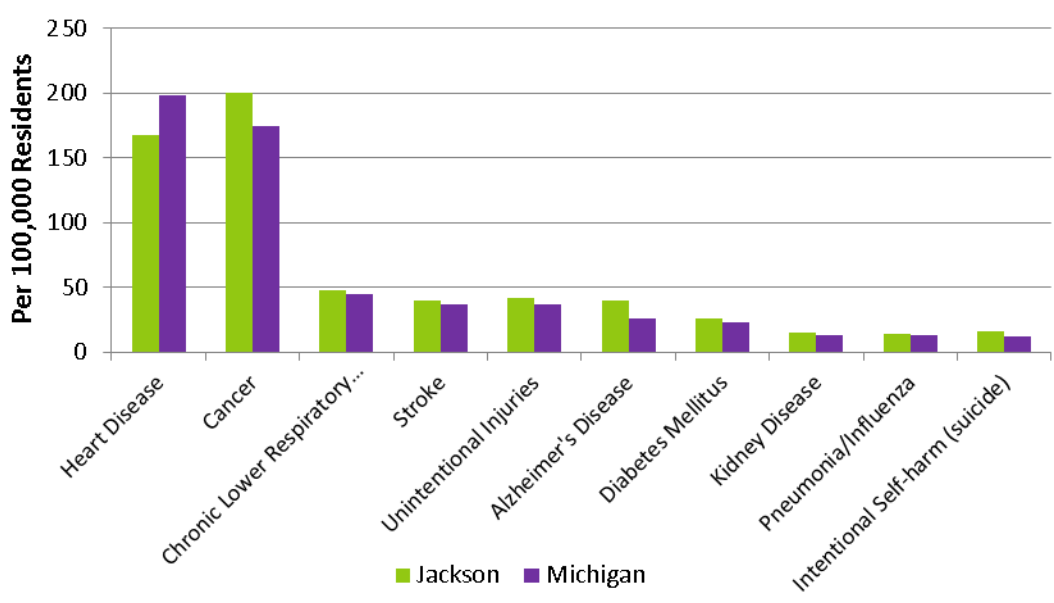
### Annual Household Income in Jackson County



Source: American Community Survey (2008, 2010)

According to the Michigan Department of Community Health (MDCH), Jackson County’s leading causes of death is cancer, followed by heart disease. Many of the top ten leading causes of death in the county are higher than the state rate, including cancer, Alzheimer’s disease, and diabetes.

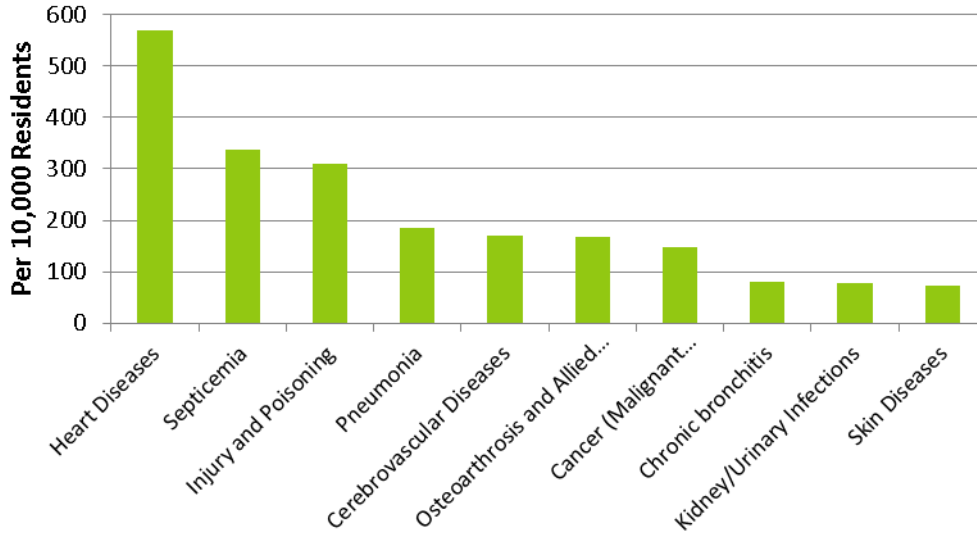
### Age-Adjusted Top 10 Leading Causes of Death in Jackson County and Michigan, 2012 (All Ages)





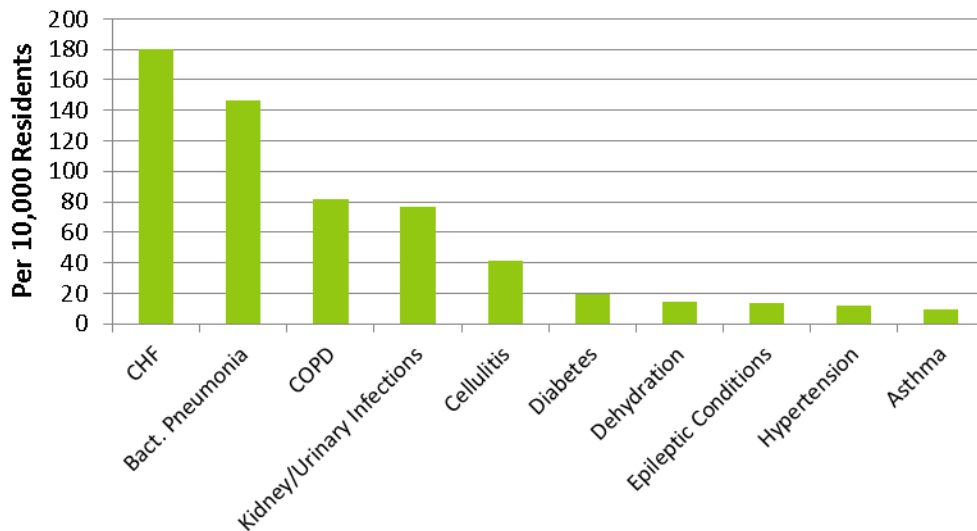
The MDCH database reports that heart disease as the most common reason for hospitalization among Jackson County residents. The second and third most common reasons, septicemia and injury and poisoning, are much less prevalent. Respiratory maladies and cancer are also among the top 10 reasons for hospitalization.

**Top 10 Hospitalization Rates in Jackson County in 2011 (>65 years)**



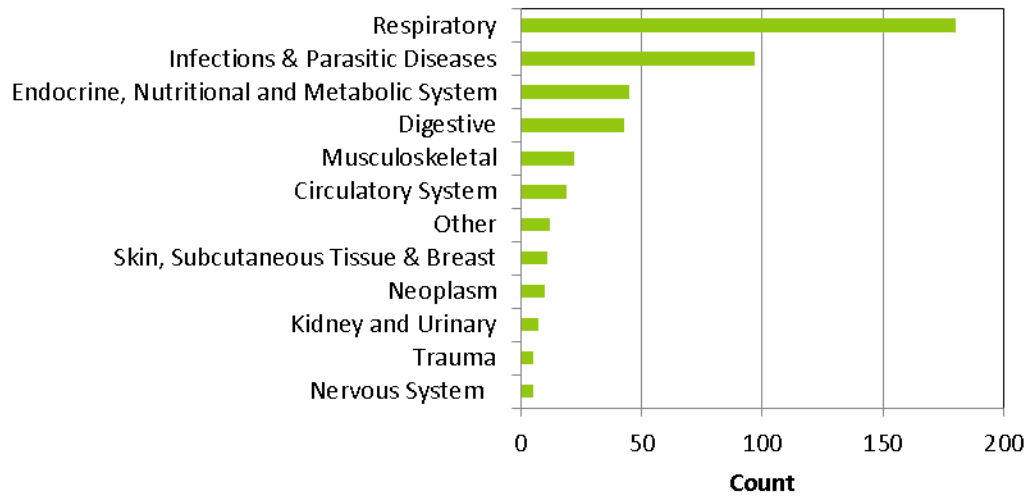
According to a Michigan Department of Community Health 2011 report, chronic heart failure (CHF) is the most common condition in which hospitalizations could be prevented among Jackson County residents age 65 and over. These rates align with the top 10 reasons for hospitalization in many areas, including heart disease and respiratory conditions.

**Top 10 Rates of Preventable Hospitalizations in Jackson County in 2011, age >65**



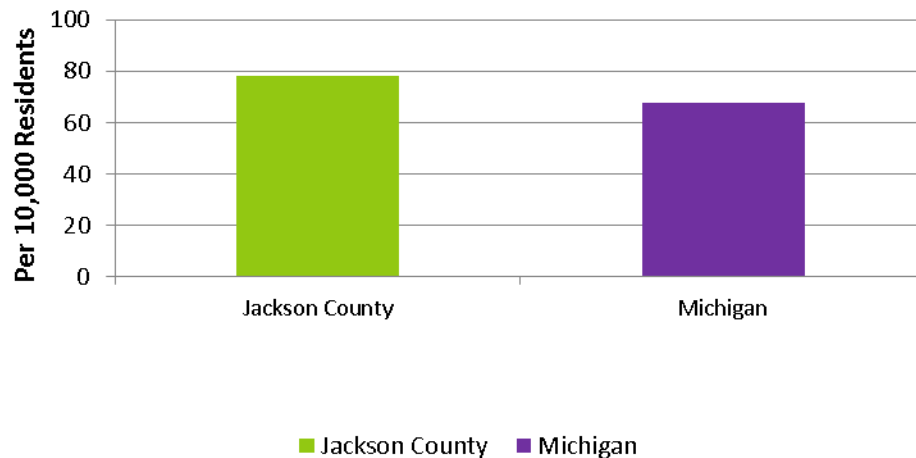
The majority of Carelink’s discharges in fiscal year 2013 were due to respiratory-related issues, followed by infections and parasitic diseases. The next largest-occurring group of discharges was associated with the endocrine, nutritional and metabolic systems, digestive, and musculoskeletal categories. Subsequent groups by diagnostic category were all fewer than 20 discharges per category.

### Discharges by Major Diagnostic Category

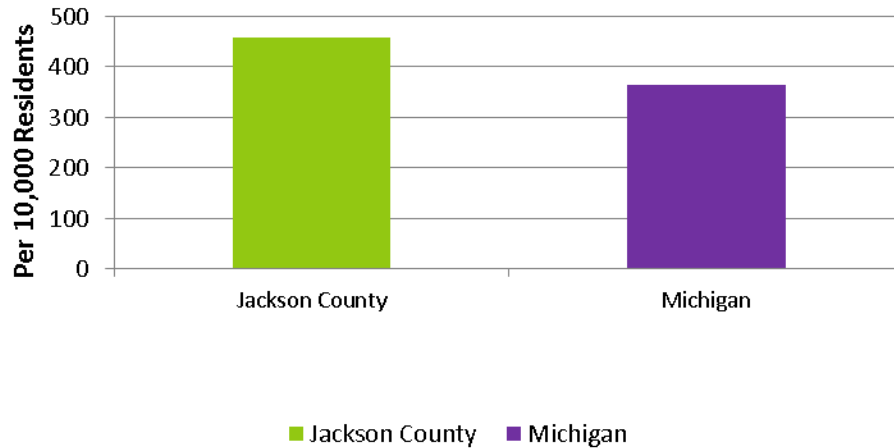


The Chronic Lower Respiratory Disease rate among Jackson County residents ages 50-74 is substantially higher than the state rate, according to MDCH. It is also one of the top 10 leading causes of death among all Jackson County residents. The prevalence of cancer among those ages 50-74 in Jackson County is also much higher than the state rate, in addition to being one of the leading causes of death in the county.

### Age-Specific Rates of Chronic Lower Respiratory Disease in Jackson County and Michigan in 2012, ages 50-74

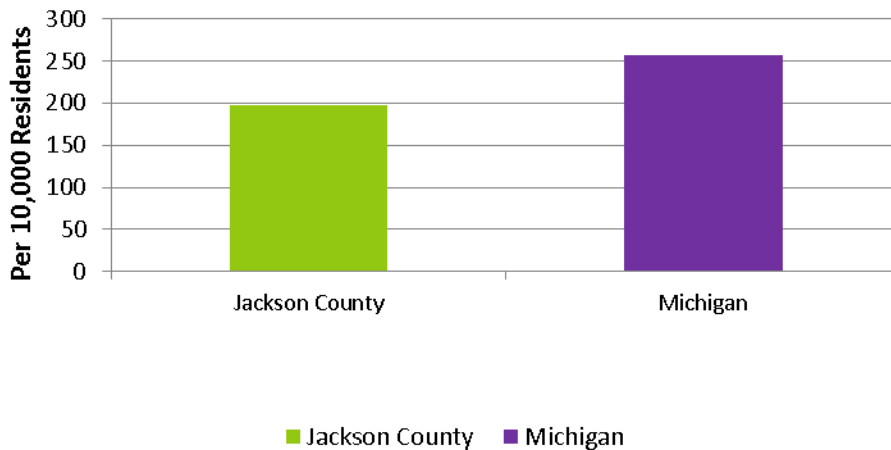


**Age-Specific Rates of Cancer Death in Jackson County and Michigan in 2012, ages 50-74**



According to MDCH, heart disease has a lower rate when compared to the state among those age 50 and older. However, heart disease is the second leading cause of death among Jackson County residents and heart related conditions are also the most common reasons for hospitalizations.

**Age-Specific Rates of Heart Disease Death in Jackson County and Michigan in 2012, ages 50-74**



## Priority Results

Priority results from the Community Health Assessment were determined through a collaborative process involving stakeholders and representatives from more than 30 community organizations. The Health Improvement Organization Coordinating Council collected and analyzed data from many sources including the Community Health Assessment, state and national statistics, and local data sources. This included feedback from several community-based focus groups that targeted parents, government officials, employers and other community residents.

After reviewing the data, the Coordinating Council conducted a structured and rigorous process to prioritize needs based on the breadth of information available. This process took into consideration magnitude and severity of health issues, prevalence among vulnerable populations, feasibility of correcting, resource availability, and acceptability of potential interventions. The Health Improvement Organization’s work culminated in the creation of a new HIO Community Action Plan, which includes goals, objectives and strategies to address the needs in Jackson County based on the following data-driven processes:

- Collection and review of data on local disease and risk prevalence, access barriers, health experience and disparities
- Collection and review of data from the 2008 and 2011 Community Health Assessments
- Evaluation of existing strategies, gaps and best practice approaches
- Input from target populations on the usefulness of proposed strategies

The Community Action Plan’s detailed strategies are built on evidence-based activities and input from experts within each respective field. In an effort to combine resources and promote collaboration, these experts were brought together into groups respective to their fields of practice or interests. Identifying local experts and involving them in the prioritization process allowed for a thorough evaluation of key issues.

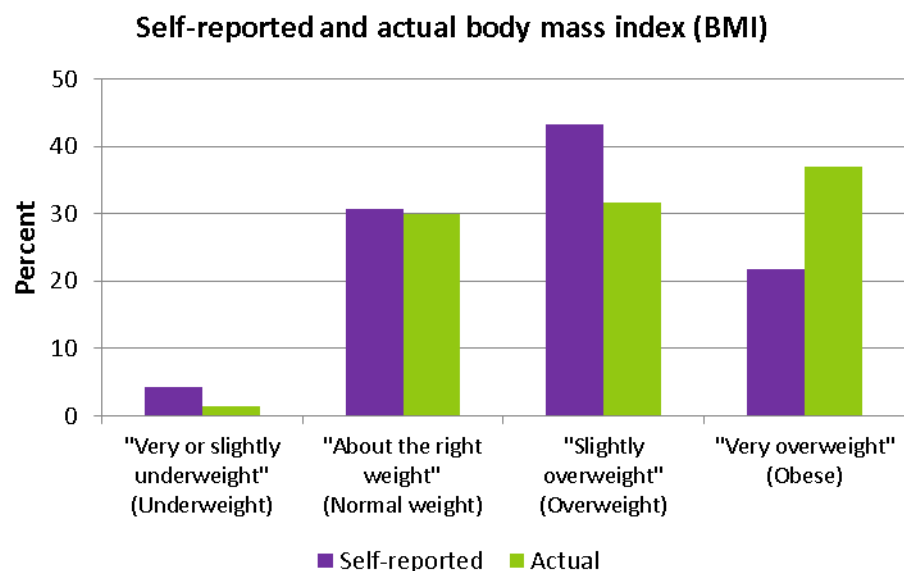
Community stakeholders work together to create the comprehensive action plan, electing champions from various stakeholder organizations to spearhead health improvement efforts. In this framework, a commitment to the data-driven methods and local information aligns efforts among community partners and creates a more strategic framework for local health improvement activities, reducing siloed efforts and increasing continuity along the service continuum.

In the CHNA process, CareLink worked with the HIO backbone staff to identify where their efforts could be most beneficial in addressing needs among community members within the existing Community Action Plan in keeping with the HIO framework.

## Obesity, Physical Activity and Nutrition

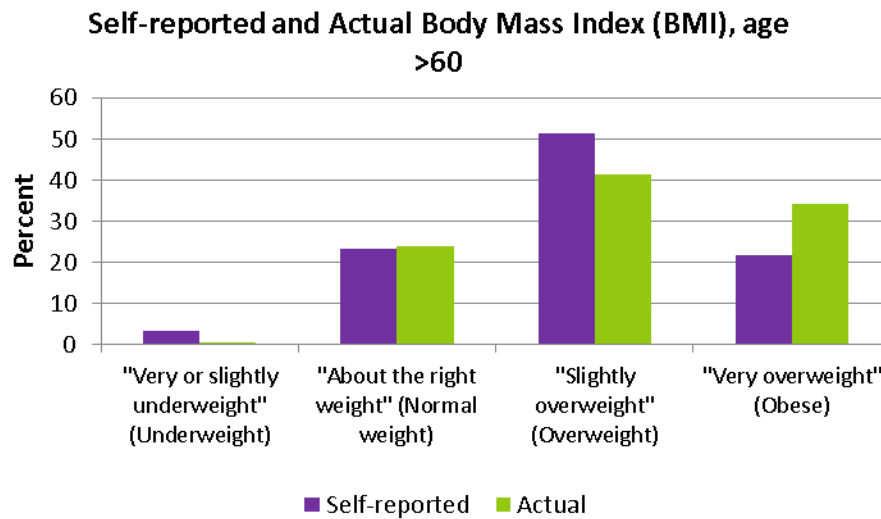
### Obesity

The Jackson County Community Health Assessment was used to gain a better understanding of body weight and related perceptions. To do this, residents were asked to report their height and describe their weight, which was used to calculate actual body mass index (BMI). According to the results, 32% of residents are overweight and an additional 37% qualify as obese. Only 1% of residents are underweight and 30% are classified as having a normal weight. The obesity rate for Jackson County is greater than the State of Michigan rate where 32% are obese. Although 37% of Jackson County residents are obese, when asked to

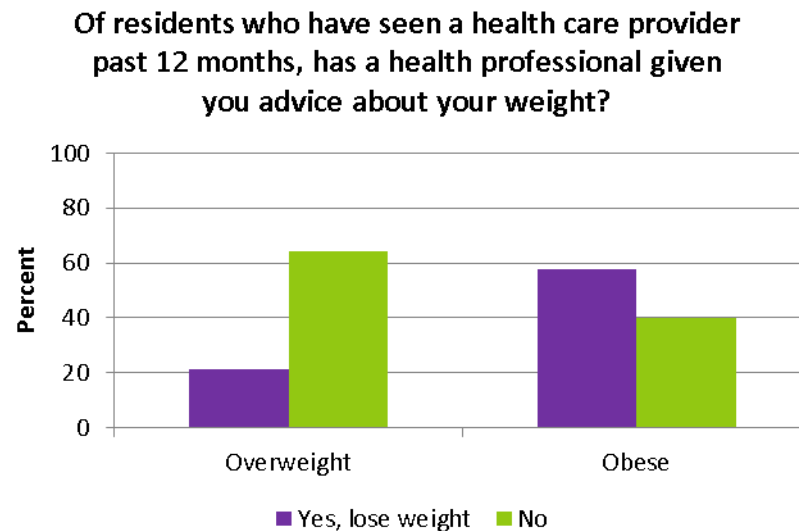


describe their weight only 22% stated that they were “very overweight.” An additional 43% identified themselves as “slightly overweight,” 31% as “about the right weight,” and 4% “very or slightly underweight.”

For Jackson residents over the age of 60, a similar relationship between self-reported and actual BMI was observed, when compared to the general population. According to the results, 34.2% of residents over the age of 60 are overweight and 41.4% are obese. When compared to the general population, a larger proportion of adults over 60 are obese (41.4% vs. 32 %). Additionally, a smaller proportion of adults over 60 are normal weight when compared to the general population (23.8% vs. 29.6%).

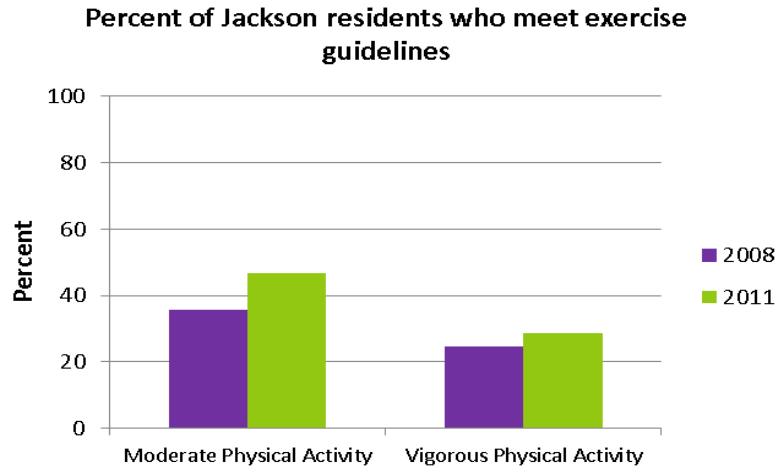


When asked about advice from their health care provider related to body weight, 61% did not receive any advice. Among residents who have seen a health care provider in the past 12 months and categorized as overweight, only 21% were advised to lose weight and 64% received no advice about their weight. Additionally among residents categorized as obese, 58% were advised to lose weight and 40% received no advice about their weight from a health professional.



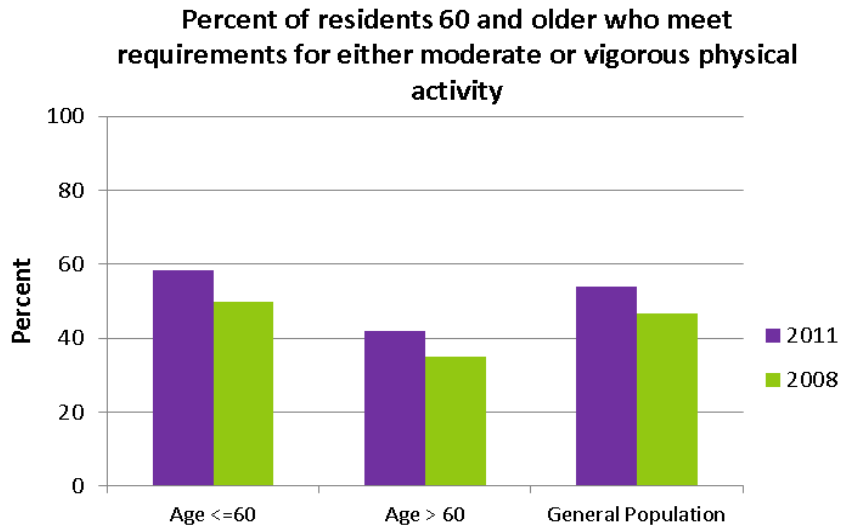
## Physical Activity

Participating in regular physical activity may protect against a host of chronic diseases. Recommendations of adequate exercise include being active either 30 minutes a day for 5 or more days a week of moderate exercise, or 20 minutes a day for 3 or more days a week of vigorous activity.

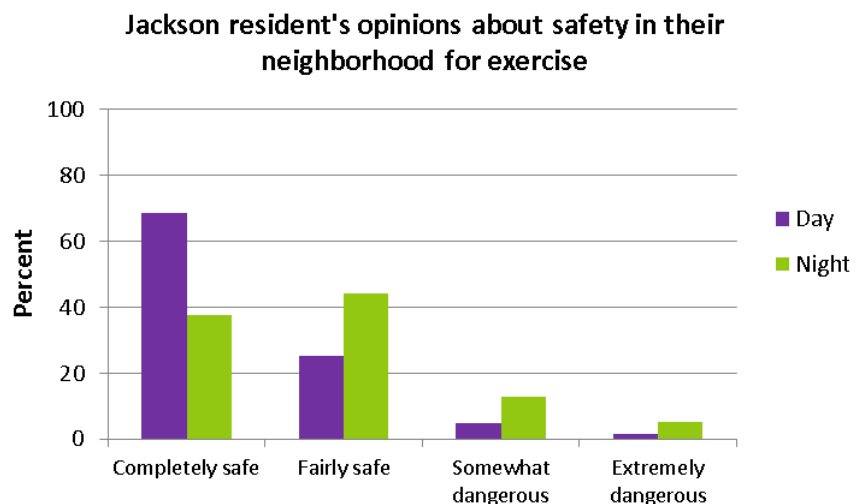


In 2008, only 36% of Jackson residents met the guidelines for moderate physical activity, which increased to 47% in 2011. Similarly, the number of Jackson residents that met the guidelines for vigorous physical activity increased from 25% in 2008 to 29% in 2011. However, it is important to note that in 2008 data collection was conducted during winter months (November – March) and 2011 data collection was conducted during summer months (May – July). Therefore increases in those meeting the guidelines for physical activity could be the result of seasonality.

A smaller proportion of adults over the age of 60 meet exercise requirements for either “moderate” or “vigorous” physical activity (41.8%), than either adults over age 60 (58.3%), or the general population (54 %).



Approximately 10% of Jackson residents report some sort of difficulty finding a place to exercise, a 6% decrease since 2008. Potential barriers to exercise include perception of neighborhood safety and adequacy of sidewalks and bike routes. About 69% of residents feel their neighborhoods are completely safe during the day and about 38% at night. When asked about the adequacy of sidewalks and bike routes, approximately 38% report adequate sidewalks and 45% report



adequate bike routes, a 16% and 5% decrease respectively since 2008.

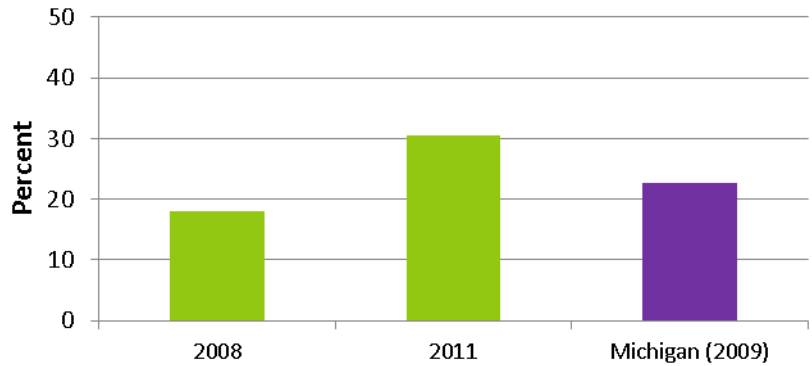
### Nutrition

The community health assessment also looked at nutrition related behaviors among residents. According to the assessment, 31% of residents are consuming the recommended 5 fruits and vegetables per day. This is higher than the State of Michigan (2009) rate where 23% are meeting this guideline. For Jackson County, this represents a 14% increase in those consuming the recommended 5 fruits and vegetable per day. However, it is important to note the seasonal difference between the 2008 and 2011 assessment. Since the 2011 health assessment was conducted during summer months (May – July), availability and access to fresh produce was greater which may contribute to the increase in those meeting this guideline.

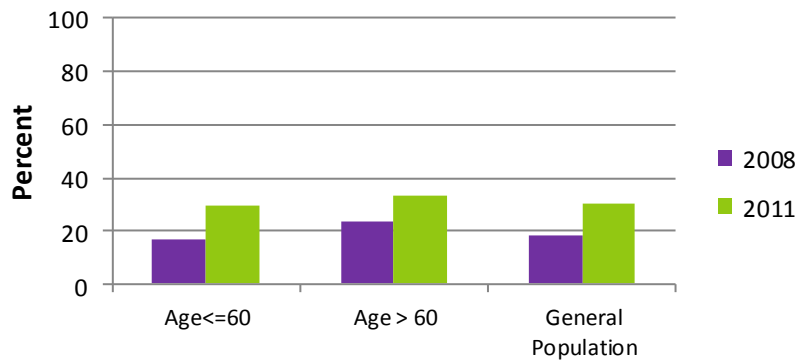
A larger proportion of adults greater than age 60 consume at least five fruits and vegetable a day (33%) than adults less than age 60 (29.5%). A greater proportion of adults over 60 also consume the recommended amount of fruits and vegetables than the general population (30.5%)

About 82% of respondents report no difficulty at all accessing a grocery store that sells fruits and vegetables. When asked about the walking distance to the nearest convenience or small grocery store, 40% implied it would take 30 minutes or more to arrive at their destination. Walking distance to the nearest fruit and vegetable market or supermarket affected even more residents with 62% saying it would take 30 minutes or more to arrive at their destination. While ease of access to fresh produce is important, so is the affordability. Approximately, 42% of respondents feel that fruits and vegetables are affordable, 14% feel they are very affordable, and 5% of respondents feel they are not affordable at all.

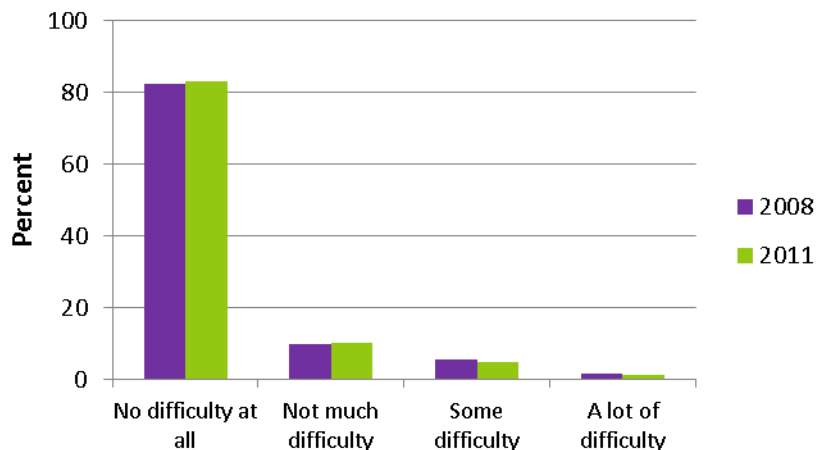
**Percent of Jackson County residents who consume at least 5 fruits and vegetables a day**



**Percent of residents 60 and older who consume at least 5 fruits and vegetables a day**



**Difficulty level accessing a grocery store with fruits and vegetables in Jackson County**



## Smoking

The Jackson County Health Assessment included a series of questions about smoking prevalence. Approximately 35% of city residents reported smoking compared to 22% of Jackson County residents. These rates are higher than the State of Michigan rate (2009), which is 20%. Of those that report smoking, an average of 21 cigarettes is smoked per day. According to the 2011-2012 Michigan Profile for Healthy Youth (MIPHY), approximately 15% of high school students have smoked cigarettes recently.

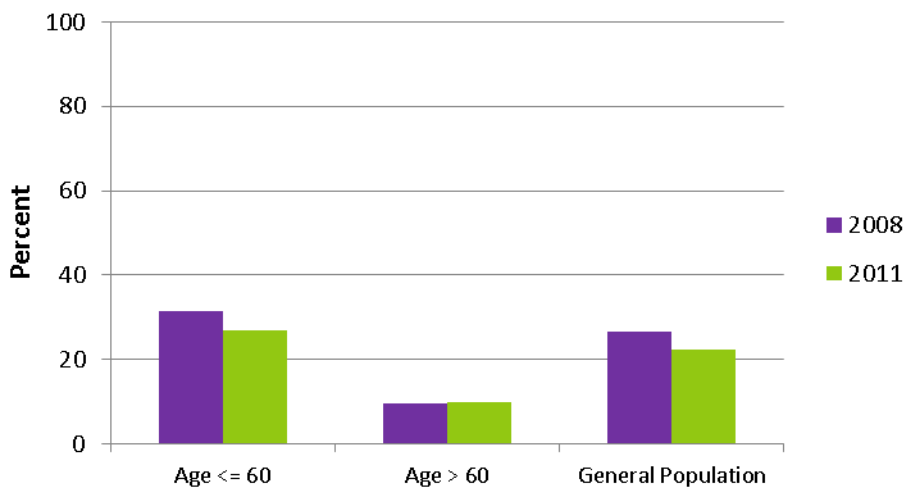
A much smaller proportion of adults over the age of 60 are smokers (9.9%) when compared to adults less than or equal to age 60 (27 %) or the general population (22.3%).

Among residents who do smoke in Jackson, 51% report stopping for one day or longer within the past 12 months in an attempt to quit smoking. In the State of Michigan, the percentage of those who have made quit attempts is higher at 62%. When trying to quit smoking, the most common methods reported were stopping all at once (82%), gradually decreasing the number of cigarettes smoked (71%), and help or support from friends or family (50%). When asked about smoking related advice, only 61% of smokers report being advised to quit smoking by their health care provider.

Smoking prevalence in Jackson County residents



Smoking prevalence in residents 60 and older





## Emotional Health

Behavioral health is used to describe an individual’s level of cognitive or emotional well-being. Maintaining a positive state of mind is known to enable a person to function effectively within society and improve physical health. Individuals who have good behavioral health are well-adjusted to society, are able to relate well to others, and feel satisfactory with their role in society. Breakdown of behavioral health can cause serious problems amongst individuals within their relationships, physical health and job.

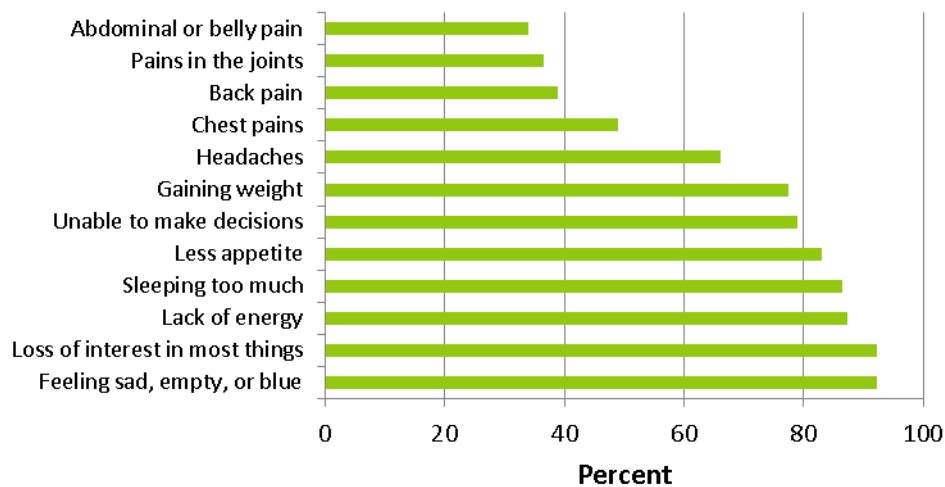
### Diagnosis

Jackson County residents were asked specific questions about behavioral health services and diagnosis. Among Jackson residents, approximately 17% report having had mental health problems within the past 12 months. Of those reporting mental health problems within the past 12 months, 78% sought help and 77% actually received help for this problem. The most prevalent disorders were depression (25%) and anxiety (17%).

### Symptoms of Poor Behavioral Health

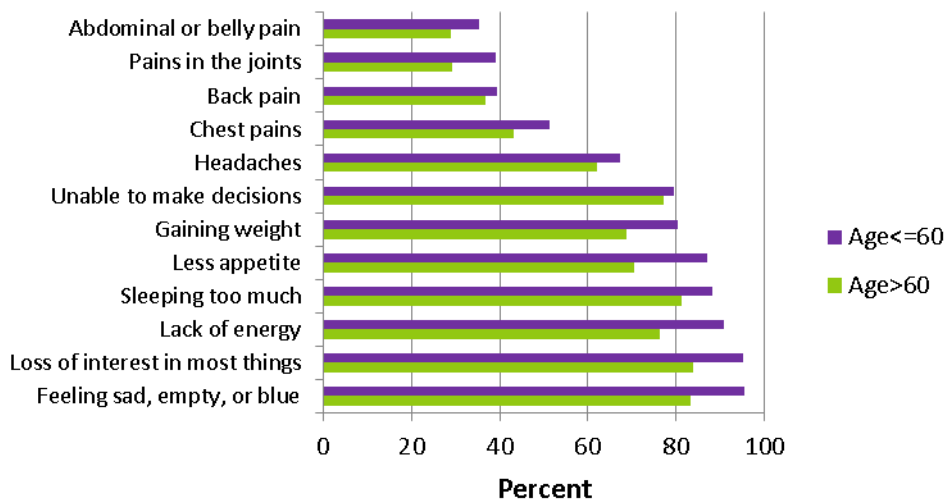
Residents were also asked about the frequency of depressive feelings they have experienced within the past 30 days. Residents reported that their behavioral health was not good an average of 3.3 days and have felt worried, tense, or anxious for an average of 6.3 days. Of those over the age of 60, residents reported their behavioral health as not good an average of 2.23 days. Additionally, a behavioral health condition or emotional problem kept respondents from doing their work or other usual activities for an average of 1.6 days. Residents also reported feeling very healthy and full of energy for an average of 19 days, approximately 63% of the time. Additionally, 30% of respondents replied that they have felt down, depressed or hopeless for an average of 1.5 days and 36% of respondents have had little interest or pleasure in doing things for an average of 2 days. When asked a series of questions concerning the symptoms of depression, only 66% of respondents recognized at least 7 out of 12 symptoms of depression.

**Percent of Jackson County residents that recognize the symptoms of depression**



Recognition of symptoms of depression decreased in those over the age of 60 when compared to the general population and those age 60.

### Percent of residents 60 and older that recognize the symptoms of depression



### Stigma and Social Support

Stigma and lack of social support have been identified as barriers related to poor mental health. It is important to address both of these issues when planning effective health programs.

In order to better understand the level of social support among Jackson residents, respondents were asked about their social and emotional support. Approximately 38% reported always and 36% reported usually receiving the social and emotional support they need. However, 7% reported rarely and 3% reported never receiving the social and emotional support that they need.

Stigma related to mental health may often inhibit the likelihood to seek treatment. In an effort to measure this, the health assessment asked Jackson residents about how embarrassed they would be to seek mental health services. An estimated 71% report no embarrassment at all and 21% report somewhat embarrassed. Only 7% report being embarrassed and 1% being extremely embarrassed. When asked if people are generally caring and sympathetic to people with mental illness, only 14% strongly agreed whereas the majority slightly agreed (43%) and slightly disagreed (29%).

Residents were also asked about their likelihood to seek treatment if they felt they had an emotional problem. The majority (54%) of respondents reported they would definitely seek help for a serious emotional problem and another 32% reported they would probably seek help.

## Contributing Factors

In addition to the specific priority health areas, the Community Health Assessment process identified some barriers that could be contributing to these health problems and suggested improvements from Jackson County residents.

### **Barriers**

- Cost of healthy options/activities
- Ease of access to unhealthy options
- Unhealthy environment
- Safety concerns
- Lack of time
- Lack of access to services (including social services such as transportation)
- Lack of role models/parenting skills
- Lack of education about risks
- No obvious consequence for unhealthy behaviors

### **Suggested improvements**

- Better sidewalks
- Health education in school for young children
- Teaching kids about healthy interactions/relationships
- Encourage diversity
- Advertise healthy options
- Expansion of bike trails
- Smoke free policies (beaches, parks, campuses)
- Nutritional info for school lunches
- More education about risks
- Limit access to unhealthy options
- Workplace health
- Consistent messaging
- Improving skills among providers to communicate/empower patients
- Insurance coverage/incentives for healthy programs/activities

# Community Resources

CareLink is committed to work collaboratively and efficiently with other organizations in Jackson County. There many resources in Jackson County serving to meet the needs of residents. Through the work of the Jackson 2020 initiative, community leaders are joining together to create a comprehensive asset map of the services and systems that comprise the healthcare sector. This map is a strategy to improve residents' knowledge of and access to local resources. The asset map currently exists as a list of organizations and service groups. The development of this project will grow the map into a fully functional website that filters information and guides users to specific information. The map is also available online at <http://www.jacksonassetmap.com/content/healthcare>.

## **HOSPITALS, SURGERY CENTERS AND EMERGENCY SERVICES**

- \* Allegiance Hospital & Surgery Center
- \* Blake Woods Surgery Center
- \* Care Link
- \* Dermatology Surgery Center
- \* Family Service & Children's Aid (FSCA) - Born Free Center
- \* Gastroenterology Surgery Center
- \* Jackson Community Ambulance
- \* Michigan Heart

## **SUBSTANCE ABUSE CENTERS**

- \* Allegiance Addiction Recovery Services
- \* Allegiance Substance Abuse Services
- \* Family Services & Children's Aid (FSCA)
- \* Mid South Substance Abuse Commission
- \* Victory Clinic

## **SUPPORT LABS/ SERVICES AND PHARMACIES**

- \* Allegiance Diagnostic Centers - 9
- \* ARC Blood Collection System
- \* Browns Advanced Care
- \* Educational Services - JCC
- \* Nursing Clinicals
- \* Neighborhood Pharmacies + 30
- \* Community Action Agency Medical Enrollment
- \* Garcia Clinical Laboratory

## **PROFESSIONAL SERVICES**

- \* 20 Chiropractic Centers
- \* 35 Mental Health Professionals
- \* 394 Physicians and Surgeons
- \* 45 Dental Professionals
- \* 45 Eye/Vision Professionals

## **COMMUNITY HEALTH CENTERS**

- \* 9 Allegiance Family Medical Centers
- \* Behavioral Health Therapy
- \* Case Management
- \* Center for Family Health
- \* Children Dental Care
- \* Dieticians
- \* Discounted Pharmacy
- \* Emergency Dental/Adults
- \* Family & Internal Medicine
- \* Maternal Infant Health
- \* Medicaid Enrollment
- \* Obstetrical & Gynecology
- \* Pediatric Care
- \* Pharmaceutical Assistance
- \* Primary Care
- \* School Based Health Centers
- \* St. Lukes Free Clinic
- \* Translation Services
- \* Transportation Services

**BEHAVIORAL HEALTH SERVICES**

- \* Lifeways Provider Network
- \* Allegiance Health
- \* Catholic Charities of Jackson
- \* Dove Health Alliance
- \* Family Services & Children's Aid
- \* Highfields, Inc.
- \* Hope Network
- \* Integro, LLC
- \* New Passages
- \* Recovery Technology, LLC
- \* Seque, Inc.

**RE-HAB AND HOME HEALTH SERVICES**

- \* Allegiance Home Medical
- \* Allegiance Hospice
- \* Allegiance Rehabilitation - 4 Centers
- \* Arbor Manor Rehabilitation
- \* Community Respite Center
- \* Countryside Rehabilitation
- \* Disability Connections
- \* Global Physical Therapy
- \* Goodwill Industries
- \* Great Lakes Caring
- \* Home Health/Hospice
- \* Home Medical Equipment/Private Care
- \* Lifeline
- \* Palliative Care
- \* Heartland Health Care Center
- \* Helping Hands
- \* Orthopedic Rehabilitation

**LIVING AND CARE SYSTEMS**

- \* Allegiance Hospice Home
- \* Faith Haven Senior Care
- \* Jackson Medical Care Facility
- \* John Ganton Retirement Community
- \* Independent/Semi Independent/Assisted
- \* Skilled Care/Respite/Alzheimer
- \* Home Care
- \* Lifeways
- \* Consumer Services, Inc
- \* Christ Centered Homes
- \* Community Normalization Services
- \* Genesis Home
- \* Golden Year
- \* Lifespan Community Services
- \* Outcomes, Inc
- \* Renaissance Community Homes
- \* Rice Manor
- \* Schweikerts
- \* Twin Maples
- \* Lloyd Ganton Retirement Centers
- \* Independent/Semi Independent/Assisted
- \* Skilled Care/Respite/Alzheimer
- \* Respite Care
- \* Vista Grande Villa
- \* Independent/Assisted/Skilled Care
- \* Rehabilitation/Life Care Contract

**PROSTHETICS**

- \* X - Medical Prosthetics Labs
- \* X- Dental Prosthetics Labs

## Contact Us

The Jackson Community Health Assessment offers a variety of data regarding health status, disease and screening prevalence, access to care, mental health, health-promoting and health-adverse behaviors and access to a healthy environment. For more information on the CareLink of Jackson Community Health Needs Assessment or to obtain additional data, please contact:

### **CareLink of Jackson**

**110 N. Elm Ave · Jackson, MI 49202**

**Phone: (517) 787-1440**

**[www.carelinkofjackson.org](http://www.carelinkofjackson.org)**