

2016 Community Health Needs Assessment Report

Henry Ford Allegiance Health CareLink
Jackson, Michigan



Created in collaboration with



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Executive Summary

Henry Ford Allegiance Health CareLink (CareLink) is the 64-bed long-term acute care hospital of Henry Ford 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. The team at Henry Ford Allegiance CareLink works together closely to ensure the best possible outcomes. Services include:

- Daily doctor visits
- 24-hour professional nursing care
- Occupational therapy
- Physical therapy
- Respiratory therapy
- Speech therapy
- Case managers
- Patient and family education
- Discharge planning and care coordination
- Pharmacy services
- Nutrition services
- Pastoral care

Specialty service emphases include Cardiopulmonary Care, Renal/Dialysis, Wound Care, and a Ventilator Weaning program.

The Health Improvement Organization (HIO) Coordinating Council 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 needs. Every three years CareLink partners with the HIO conducts a Community Health Assessment in order to get information on the health status of Jackson County and monitor progress toward objectives established in our 2008 Community Action Plan. CareLink's third Community Health Assessment collected data from a variety of sources including a survey conducted in partnership with the HIO from May 2014-August 2014. As part of the assessment process, a total of 1,205 Jackson County residents 18 and older responded to a 177 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.

Leadership from CareLink reviewed the data from the assessment and prioritized results in partnership with the HIO Coordinating Council based on consideration of magnitude and severity of health needs, prevalence among vulnerable populations, feasibility of correcting, resource availability, and acceptability of potential interventions. After completing prioritization, CareLink participated in a rigorous planning process to update our Community Action Plan detailing ways we can address the main health needs affecting our population in order to better the overall health of Jackson County residents. Priority was also assigned to planning integration with local organizations, agencies and community members that support our population.

Priority Health Needs

The Community Health Needs Assessment revealed the following statistics about the population within Jackson County that is at least 60 years of age. These statistics identified the priority health needs facing our population as: obesity and substance abuse prevention with emphasis on tobacco and second-hand smoke reduction.

These health issues contribute significantly to the chronic diseases prevalent among CareLink patients.

- Approximately 17% smoke cigarettes
- 25% report having used illegal prescription drugs within the past 30 days
- 19% report that they have used heroin within the past 30 days
- 36% are classified as obese, which is higher than the Michigan rate of 32%
- An additional 38% are classified as overweight

Contributing factors

From the Jackson County Community Health Assessment, the HIO Coordinating Council was able to identify some factors that could be contributing to these health needs. Some of these factors include:

- Lack of health insurance
- Difficulty accessing affordable health services
- Poor communication between health care providers and patients about health risks

- Inaccurate personal view and understanding of health risks
- Unemployment
- Achieved educational level
- Lower annual household incomes and poverty levels Lack of social and emotional support
- Lack of community health policy development
- Need for coordinated environmental and systems change efforts

CareLink will be working with the HIO Coordinating Council to study how these and many other contributing factors can be addressed in order to affect the priority health needs noted from the Community Health Assessment.

Progress from 2013-2016 Community Health Assessment

In 2013 as part of the collaborative Health Improvement Organization process (www.myhio.org), Henry Ford Allegiance Carelink (Carelink) completed a Community Health Needs Assessment with partners across Jackson County. After surveying community stakeholders and analyzing local health data, the following indicates the priority areas of focus for Carelink.

2013 CHNA Identified Priorities/Goals

- Improve the knowledge, attitudes and behaviors of residents of Jackson County
- Reduce the obesity rate amongst Jackson County residents
- Reduce smoking rate and secondhand smoke exposure in Jackson County
- Improve the behavioral health and emotional wellness of Jackson County residents
- Enhance collaborative action planning, resource alignment, and linkages among clinical and social systems to achieve collective population health impact

While not every priority on the list is measurable, updated data indicates local improvement in a number of areas.

- Proportion of Jackson County residents that received advice about their weight from a health care provider increased from 27% in 2010 CHNA to 39% in 2013 CHNA and 42% in 2016 CHNA.
- Number of Jackson residents with low access to fresh food decreased from 19,000 to 12,000 and percent of % of Jackson Adults who Perceived Challenges to Engaging in Physical Activity improved from 2013 CHNA to 2016 CHNA.
- Proportion of smokers who report receiving advice from their provider to quit increased from 61% to 68% from 2013 CHNA to 2016 CHNA.

In order to contribute to those improvements, Carelink championed several programs to make progress possible. Below is a description of the programs established/enhanced to achieve outcomes.

Priority Area	Carelink Strategy Implemented
Obesity/ Nutrition	Support worksites in implementing physical activity friendly policies and practices
	Promote healthy lifestyle support and self management programs
Tobacco/ Substance Use	Work with providers to implement evidence based tobacco use treatment model policies that support consistent screening and effective referrals for patients and families in need of services for prevention/lifestyle management

Process, Methods and Collaborative Partners

Health Improvement Organization (HIO)

The Health Improvement Organization Coordinating Council, founded by Henry Ford Allegiance Health (HFAH), is a collaborative of community stakeholders, of which Henry Ford Allegiance 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 Henry Ford Allegiance’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 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. Additionally, as raw data is owned by the community, all partners are able to analyze specific subsets of data that align with their specific mission and population.

The Community Health Assessment process follows the bellow steps to collect population level data that is analyzed by the HIO Coordinating Council. The data is also available to all community partners. From the overall target population of Jackson County, CareLink analyzed the subset of Jackson County residents that are 60 years of age or older.

The geographical area of Jackson County was chosen as the target population for the Community Health Needs Assessment. This physical area not only represents the majority of patients that are treated across all Henry Ford Allegiance Health facilities, but it is also explicitly identified in the Allegiance Health vision to establish Jackson County as Michigan’s healthiest community. Additionally, CareLink identified our specific population as all residents of Jackson County that are 60 years of age or older. This distinction is based on CareLink’s unique mission to serve medically complex patients needing specialized care and a longer length of stay than traditional acute care hospitals can offer.

- 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

CareLink was partner in the first HIO Community Health Assessment that was completed from 2008-2010 and led to the creation of our first HIO Community Action Plan, aimed to reduce obesity and smoking and improve emotional health among Jackson County residents. The results from CareLink’s second collaborative assessment, completed from 2011-2013, informed the development of the HIO Community Action Plan for 2013-2020. The results of the most recent assessment in 2016 are being used to update the 2013–2020 plan as needed.

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 Henry Ford 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. The CHNA addresses priority areas for the defined ‘community’ of Jackson County as a whole. For CareLink, emphasis is placed on those residents 60 years and older in order 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 and available secondary data sources.

The results of the CareLink CHNA revealed various health needs. CareLink reviewed the results and determined the priority health needs that would be incorporated into the strategic plan. The prioritization of health needs was based on assessing each need for magnitude/burden to the community, severity, prevalence among underserved populations and feasibility. The prioritization process also incorporated the perceptions and opinions of the target population as pertained to the importance and acceptability of each health need.

The strategic plans that emerged from the CHNA were formally adopted by the CareLink Board.

Survey Methodology

Survey sampling strategy

Similar to other state and national surveys of health behaviors, the method used for this 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 in the county (with the prison census tract being omitted). Since this sample was stratified by census tract, traditionally underrepresented populations

such as low-income or minority populations were adequately represented. Cellular and landline telephone numbers of Jackson County residents in each census tract were randomly dialed until the target number of surveys was completed for each tract. Being a random sample, the ability of a respondent to pay for any type of health care service was not taken into account. This ensured that our data was not biased in favor of ability to pay.

Data weighting

Similar to state and national survey results, the survey sample was weighted to reflect the actual age, gender, race, marital status, educational attainment, and home dwelling status of the community based on Census data for Jackson County.

Distribution of respondents

A total of 1,205 adults in Jackson County completed the telephone survey. Within Jackson County, 32% of respondents lived in the City of Jackson and the remaining 68% lived outside of the city.

Comparison Data

Where state and national comparisons are noted, data was obtained from equivalent state and national survey results with identical or very similar survey questions. 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.

Other Data Sources

State and local data, including the US Census Bureau and Michigan Department of Community Health were used as secondary data sources.

In addition to the phone survey, qualitative information was also gathered through focus groups and system scans held throughout the community. This method of going into the community to gather input allowed us to ensure that the perspectives and opinions of traditionally marginalized populations were included in our analysis. Focus groups were held in areas of Jackson County that are defined as low-income in which residents are at high-risk for negative health outcomes. Populations that are traditionally underserved by formal healthcare systems were prioritized for sessions.

Jackson County has many resources to support the needs of the community. In addition to identifying priority health needs, CareLink has also mapped the current resources in Jackson County. A list of related resources can be found at the end of this report.

Continued Support

The first Community Health Assessment was completed from 2008-2011 and led to the creation of our first shared Community Action Plan, aimed to reduce obesity and smoking and improve emotional health among Jackson County residents. The results from our second assessment, completed from 2011-2013, informed the development of the Community Action Plan for 2013-2020. The results of the most recent assessment are being used to update the 2013–2020 plan as needed.

Due to strong alignment of community health goals based on a collaborative process, leadership across

Jackson County is committed to the successful implementation of our community health plan. CareLink’s strategic plan is component of the community’s efforts to support all populations. CareLink, Henry Ford Allegiance Health, the Jackson County Health Department and the United Way of Jackson County have each devoted significant human and/or financial resources to this process to date and are committed to sustenance of these efforts over the long term. Implementation of the plan is meant to be achieved through the cumulative activities of our various stakeholder groups working on specific strategic facets of the plan depending on their various strengths, resources, areas of expertise and target populations.

In addition to leveraging existing community assets, collaborative grant seeking will be a key focus in implementation the activities of partners. The selection of Jackson County as a State Innovation Model (SIM) test site speaks to efficacy of our communities work together.

Collaborating Partners

CareLink is closely aligned with the Health Improvement Organization, 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 Country, resulted in a thorough analysis of the raw data.

HIO Coordinating Council Membership

AARP Michigan	Jackson County Cradle to Career Network
Big Brothers/Big Sisters of Jackson	Jackson County Financial Stability Network
Center for Family Health	Jackson County Health Department
City of Jackson	Jackson County Intermediate School District
Community Action Agency	Jackson District Library
Community Members	Jackson Health Network
Great Start Collaborative	Jackson YMCA
Henry Ford Allegiance CareLink	LifeWays Community Mental Health
Henry Ford Allegiance Health	Marriage Matters Jackson
Jackson Collaborative Network	Region Two Area Agency on Aging
Jackson Community Foundation	United Way of Jackson County

The Jackson County Health Department (JCHD) is a key member of the HIO Coordinate Council and a partner of CareLink. The work of the JCHD gives the organization unique access to high-risk populations, many of which have been identified as priority populations for CareLink’s strategic plan. The priority needs identified in the CareLink CHNA will be addressed through numerous collaborative strategies (as outlined in the CareLink Community Action Plan). The ability of CareLink to lead strategies that improve the health of the target population is dependent on collaboration with community partners. The JCHD has formally adopted the priority health needs of the CHNA and is an active partner in supporting and leading strategies that address these needs.

The Jackson County Community Health Assessment includes multiple sources of data including the Community Health Assessment survey conducted from May 2014 to August 2014. This information was obtained to gain a better understanding of the health status of residents in Jackson County.

The Health Improvement Organization is a voluntary partnership of local organizations and agencies working to improve the health of the community. Collaborating partners offered support to the creation of the CHNA in various ways including:

- Spending time during working hours to attend planning and analysis meetings
- Providing logistical support for after-hours activities like focus groups and community meetings
- Allocating staff resources to support extensive research and analysis needs
- Providing offices and physical space for planning meetings and working sessions
- Supporting collaboration by maintaining consensus decision making and cooperation
- Working offline to review and edit many data output tables and numerous draft document
- Donating marketing support to create final formatting and printing documents
- Accessing existing stakeholder networks to disseminate the CNHA and Community Action Plan

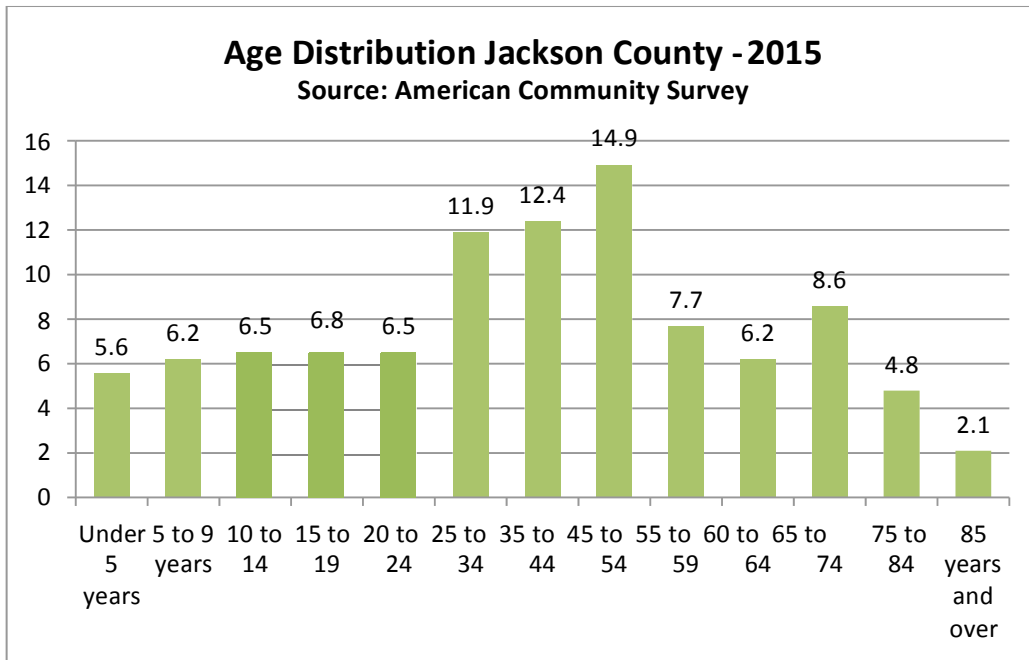
Many thanks to our Health Improvement Organization Coordinating Council CHA Ad Hoc Committee members for their time and energy in the development and analysis of the assessment, to the many community members and partners that participated in information collection and to Allegiance Health and the Jackson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

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 geographical area of Jackson County was chosen as the target population for the Community Health Needs Assessment. This physical area not only represents the majority of patients that are treated across all Henry Ford Allegiance Health facilities, but it is also explicitly identified in the Allegiance Health vision to establish Jackson County as Michigan's healthiest community. Additionally, CareLink identified our specific population as all residents of Jackson County that are 60 years of age or older. This distinction is based on CareLink's unique mission to serve medically complex patients needing specialized care and a longer length of stay than traditional acute care hospitals can offer.

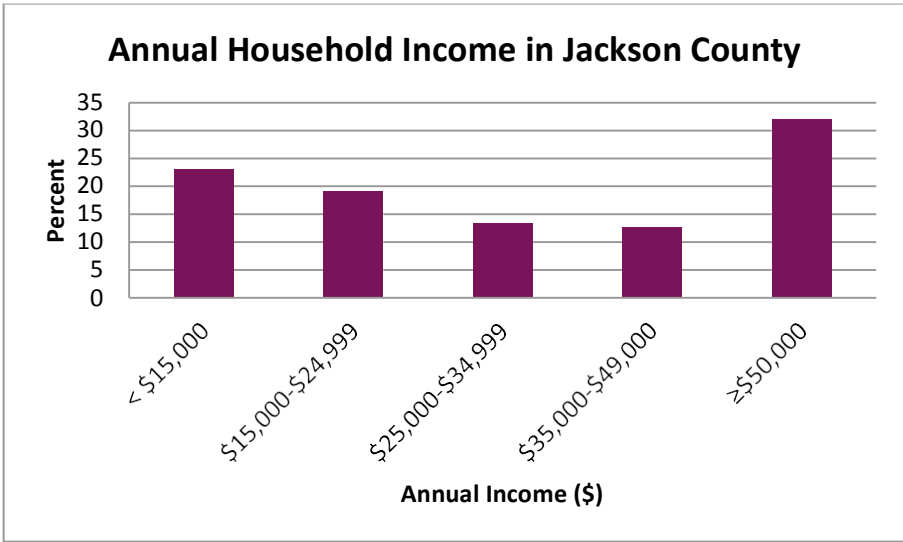
The gender distribution of Jackson County residents is 49% female and 51% male. Those 60 years and older make up 21.7% of Jackson County residents.



Data on the ethnic background of Jackson County residents according to the 2010 Census shows a distribution of white (88%), African American (8%), Hispanic or Latino (3%), Asian (1%), and less than 1% as American Indian or Alaska Native. 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'.

Marital status as collected from 2008–2012 American Community Survey data reports 51% of Jackson County residents as currently married, 35% never married, 10% divorced, 1% separated, and 3% are widowed. Sexual orientation as reported by Jackson County residents show 98% identifying as straight, 1% as gay, and less than 1% as bisexual or something else; 6% of residents reported being part of an unmarried couple or in a domestic partnership.

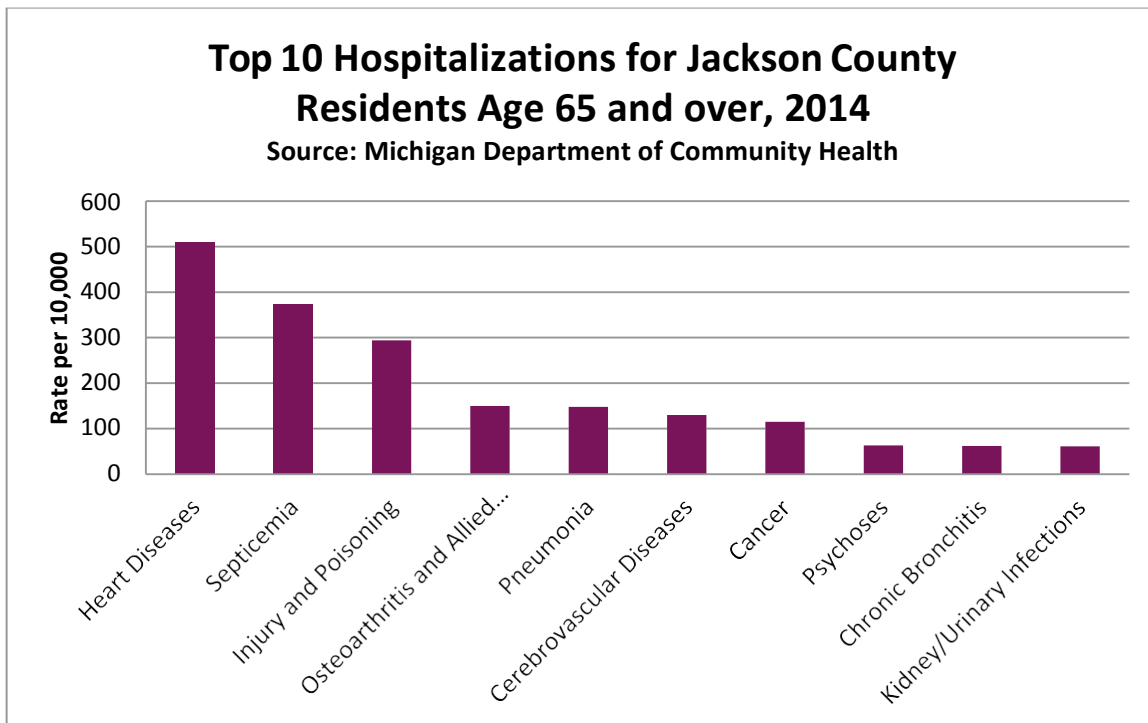
Based on CHA responses, about 40% of Jackson County residents are employed. Of those currently employed, 30% reported being employed full time and 9% reported being employed part time. Of those currently unemployed, 6% have been employed for more than 1 year and 4% have been unemployed for less than 1 year. Based on US Census data from 2012, about 13% of adults and 25% of children in Jackson County live in poverty. The table below represents annual household income of Jackson County residents based on 2014 CHA data.



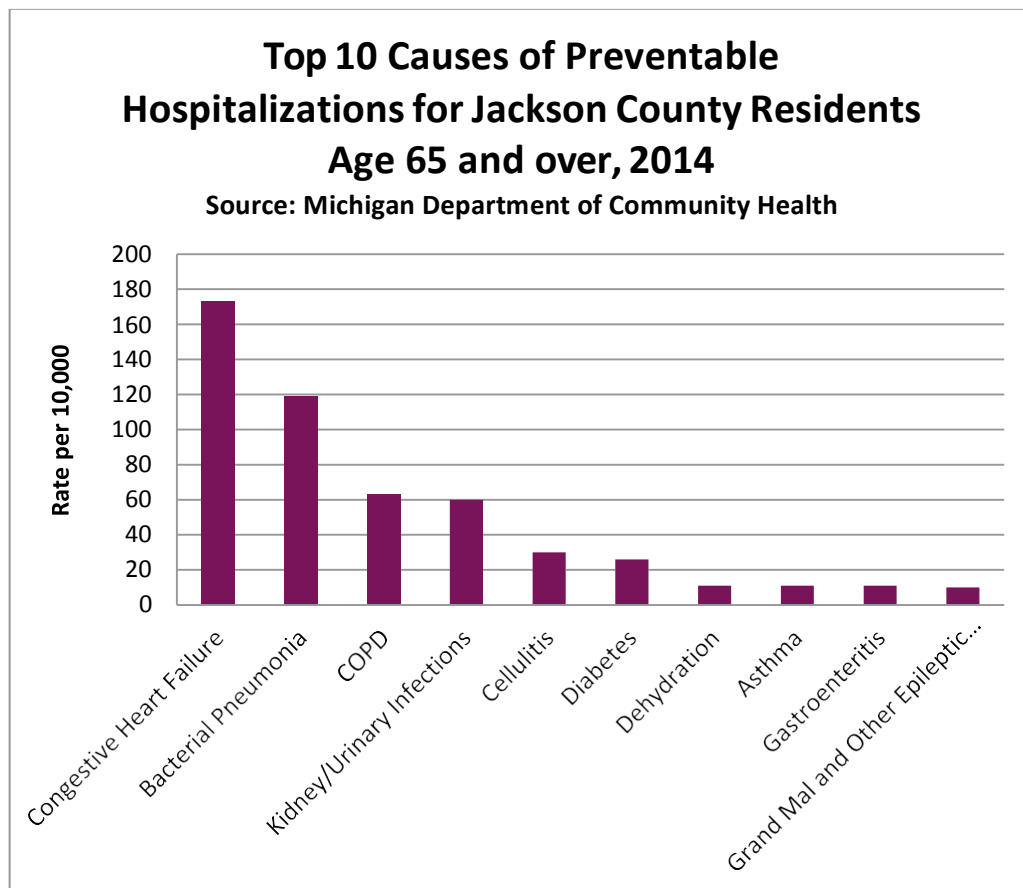
Based on State of Michigan Vital Statistics from 2012, the leading cause of death in Jackson County per 100,000 deaths was cancer (200.6). Heart disease was the second leading cause of death (168.7), followed by Alzheimer’s (49.5), Chronic Lower Respiratory Disease (48.0), unintentional injuries (41.8), stroke (40.4), Diabetes Mellitus (25.7), kidney disease (14.8) and pneumonia/flu (4.1). Among residents 65 years of age and older, the leading causes of death are also heart disease and cancer. The rate of suicide is calculated as a five-year moving average. The 2007-2011 suicide rate for Jackson County is 16.7 deaths per 100,000.

Leading Cause of Death						
Age Adjusted Mortality Rate – Per 100,000						
Year	Jackson County			Michigan		
	2008	2011	2012	2008	2011	2012
Heart Disease	206.5	185.3	168.7	220.2	201.6	197.9
Cancer	197.9	193.2	200.6	183.9	177.2	174.9
Chronic Lower Respiratory Disease	55.7	59.0	48.0	47.6	46.0	45.2
Stroke	43.9	35.7	40.4	42.2	38.7	37.2
Unintentional Injuries	25.4	26.0	41.8	35.3	37.5	36.6
Diabetes Mellitus	27.6	28.1	25.7	25.2	24.6	21.5
Alzheimer’s	36.5	47.2	49.5	24.7	24.2	24.6
Pneumonia/Flu	18.4	16.3	14.1	17.0	15.0	15.7
Kidney Disease	13.1	22.1	14.8	15.1	14.1	13.4
Suicide	14.3	16.1	N/A	11.6	12.2	12.4

The Michigan Department of Community Health 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.



The Michigan Department of Community Health also reports that congestive heart failure (CHF) is the most common condition in which hospitalizations could be prevented among Jackson County residents age 65 and over. Bacterial pneumonia is the second leading cause of preventable hospitalization.



Priority Health Needs

CareLink identified the priority health needs from the Community Health Assessment in collaboration with stakeholders and representatives from more than 30 community organizations. The Health Improvement Organization (HIO) 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. CareLink used the subset of Jackson County data defined by people 60 years of age and older.

After reviewing the data, the CareLink conducted a structured and rigorous process to prioritize needs based on the breadth of information available with the HIO Coordinating Council. 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 work of CareLink and its our partners culminated in the creation of a new CareLink strategic plan: CareLink's Community Action Plan (CAP), which includes goals, objectives and strategies to address the priority health 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 2008-2010, 2011-2013, and 2014-2016 Community Health Assessments
- Evaluation of existing strategies, gaps and best practice approaches
- Input from target populations on the usefulness of proposed strategies

The CareLink CAP'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

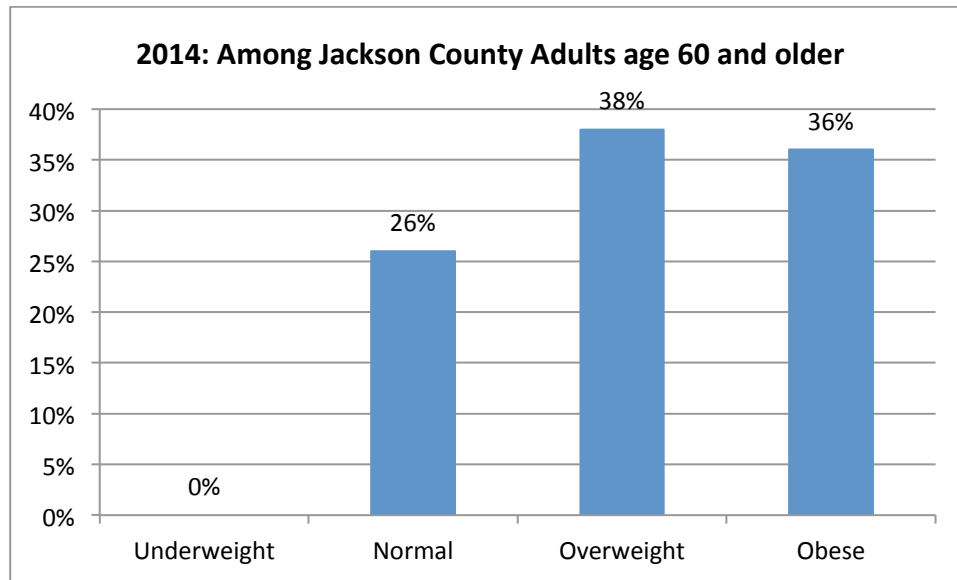
Obesity

Jackson residents have a significant burden of overweight and obesity.

- 30% of Jackson residents fall into the body mass index (BMI) category of overweight, a decrease from

the 2011 rate of 32% and the 2008 rate of 37%

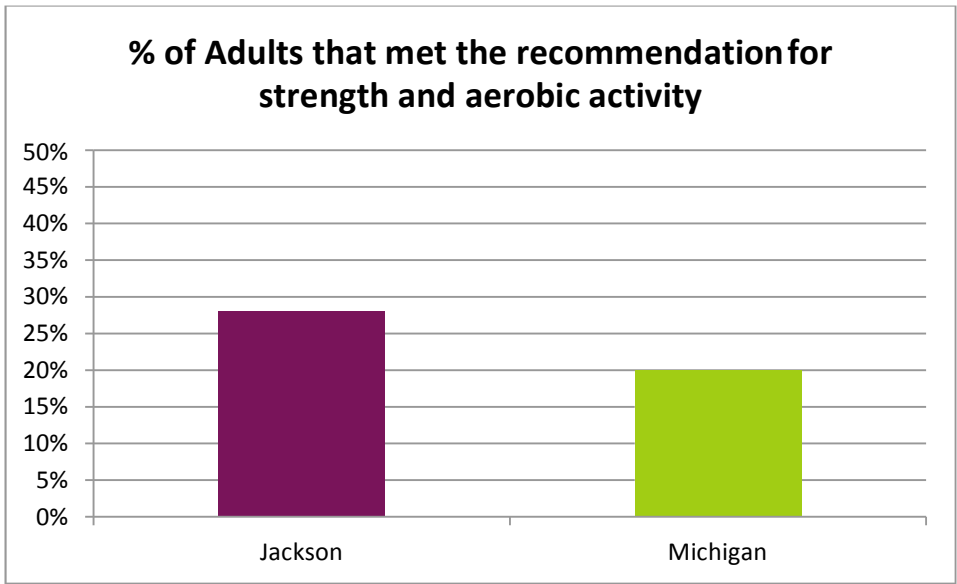
- The obesity rate increased to 40% in 2014 compared to 37% in 2011 and 33% in 2008
- For residents over the age of 60, 38% fall into the category of overweight, and 36% fall into the category of obese
-



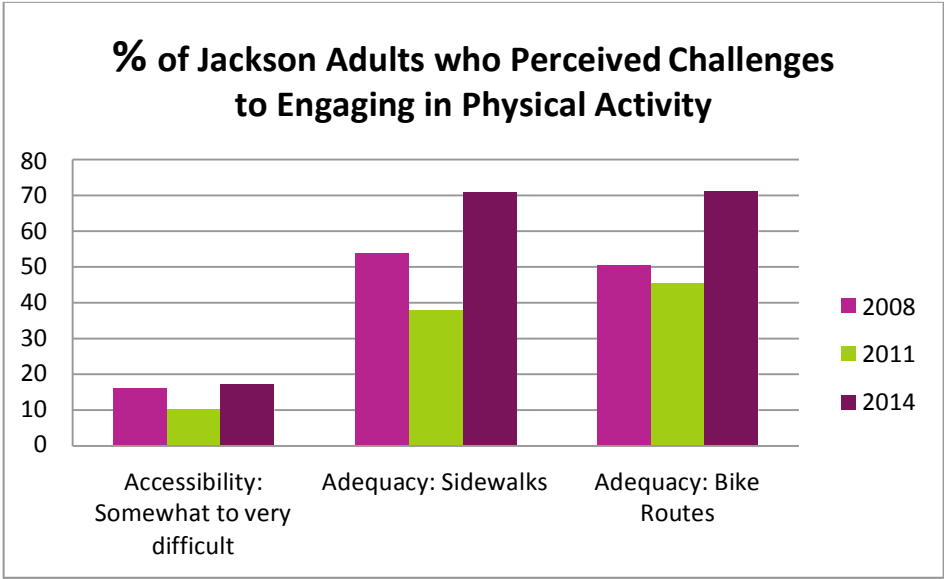
Among the general population, respondents were also asked to report their perceived weight status. About 7% reported being underweight, 35% reported being normal weight, 43% reported being overweight, and 15% reported being obese. It should be noted that there is a difference between perceived obese weight status and actual BMI. Most survey respondents (58%) reported receiving no advice about their weight from a healthcare provider, 32% being advised to lose weight, 3% were advised to gain weight, and 8% were advised to maintain their current weight.

Physical Activity

Participating in regular physical activity may protect against a wide range of chronic diseases. In 2014, only 28% of Jackson County adults met recommendations for strength and aerobic activity which, for the calculation of this indicator, is defined as 150+ minutes of aerobic activity per week and 2 or more times of strength training per week. This is higher than the state rate of 20%. Trend data is not available based on 2008 and 2011 CHA data as BRFSS changed the formula used to calculate adults meeting physical activity recommendations prior to the 2014 survey.



Barriers can create challenges for residents wanting to be physically active. Some of these challenges include neighborhood safety, adequacy of bike routes and sidewalks, and location of areas to be physically active. From 2008 to 2014, there has been an increase in perceived adequacy of sidewalks and bike routes.



To better understand physical activity behaviors, respondents were asked about sedentary behaviors. In 2014, approximately 25% of Jackson residents report watching 5 or more hours of television daily, 10% reported watching 4 hours daily and 17% report watching 3 hours daily. In addition, 10% of respondents state that they spend 5 or more hours on average each day using a computer or playing computer games outside of work.

Healthy Eating

A well balanced diet provides health benefits – people who eat more vegetables and fruits as part of an overall healthy diet are likely to have a reduced risk of some chronic diseases. The Community Health Assessment also assessed nutrition related behaviors among residents.

- 10% of residents met the recommended 5 or more servings of fruit and vegetables, with an average of 2.71 servings among all respondents. This rate is the same for all adults and adults greater than 60 years of age.

Food security is defined as including both physical and economic access to food that meets people’s dietary needs as well as their food preferences. Access to a grocery store that sells fruits and vegetables is sometimes a challenge for urban and rural communities.

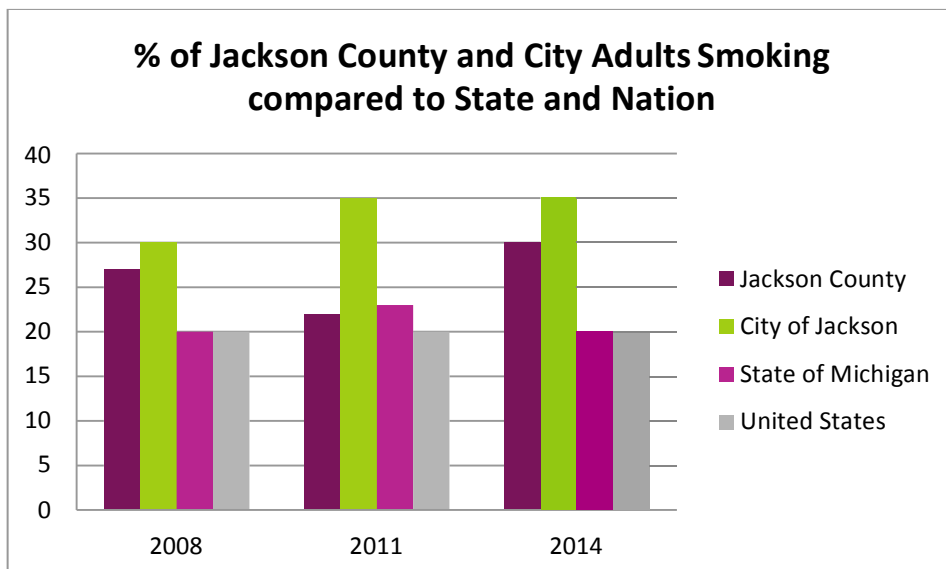
- 12% of CHA respondents stated they had a lot or some difficulty accessing a grocery store that sells fruits and vegetables
- About 40% of respondents indicated that the closest convenience store or small grocery store is more than a 30 minute walk away
- 42% of respondents reported they were always, usually, or sometimes worried about having enough money to buy nutritious meals in the past year; this was an increase from 24% in 2011

Smoking

Lung cancer was the leading cause of death by cancer in Jackson County in 2012. The age adjusted rate of lung cancer deaths was 69.0 per 100,000 deaths, compared to the State of Michigan rate of 49.6 per 100,000 deaths.

Cigarette smoking is the leading cause of lung cancer. According to the 2014 CHA, 30% of Jackson residents smoke, with a higher percentage of 36% within the city limits. This is higher than the 2011 CHA reported rate of 22% and the 2013 Michigan rate of 21%. The rate among adults 60 years of age and older is much lower, at only 17%.

Those residents reporting smoking cigars, cigarillos, or very small cigars in the past 30 days is at 3%, and 3% of residents reported using smokeless tobacco products including chewing tobacco, snuff, or dip in the last 30 days.



Exposure to secondhand smoke can also increase one’s risk of a wide range of health problems, including lung cancer and heart disease. 39% of CHA respondents indicated being exposed to secondhand smoke within the past 7 days.

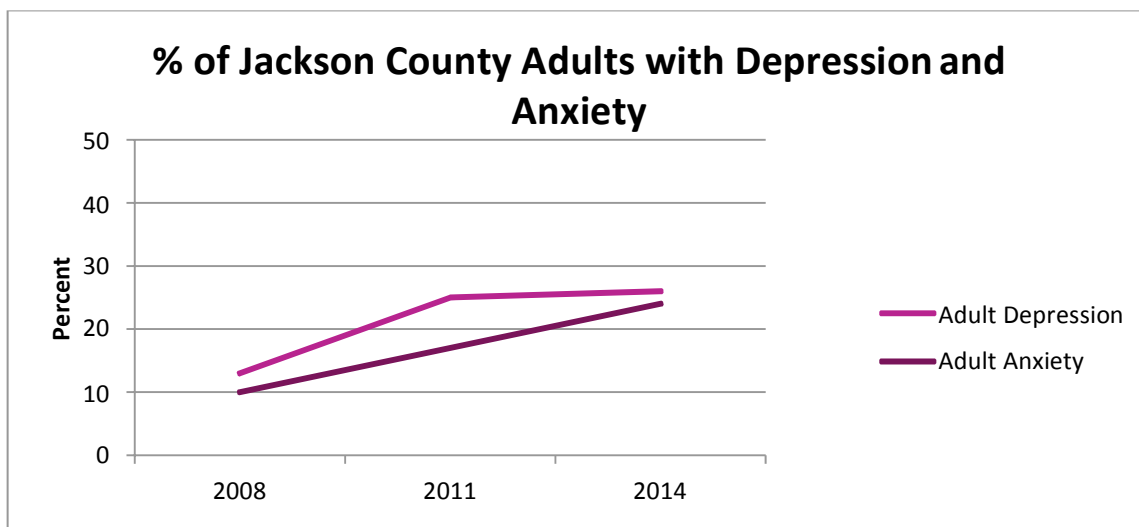
The percentage of adults in the Jackson Community aware of resources available to assist them in quitting tobacco use such as telephone quit lines, local health clinic services and cessation classes is 50%. The rate of Jackson County adults reporting they stopped smoking for one day or longer in the past 12 months in an attempt to quit smoking (63%) is at the same level as adults surveyed in the Michigan Behavioral Risk Factor Surveillance System.

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 satisfied with their role in society. Behavioral health disorders can cause serious problems within relationships, physical health and job functions.

Residents of Jackson were asked about their basic behavioral health:

- The rate of those reporting being diagnosed by their provider with depression (26%) has stayed relatively stable since 2011(25%), but still represents a significant increase since 2008 (13%)
- The rate of anxiety diagnosis has increased since 2008 (10%) and 2011 (17%) to 24% in 2014
- About 59% of residents reported feeling worried, tense, or anxious in the past 30 days; this rate has stayed relatively stable since 2011 (60%)
- On average, residents reported 20 days of feeling healthy and full of energy in the past 30 days
- About 19% of residents reported limitation in the past 30 days due to a behavioral health condition
- Approximately 31% of residents report little pleasure or interest in doing things in the past 2 weeks
- About 29% of residents reported feeling down, depressed or hopeless within the past 2 weeks



Behavioral Health Services

The following statistics from the CHA and secondary data sources represent the state of behavioral health services in Jackson County:

- Among residents that reported having a mental health problem in the past year, 89% sought help for the problem; this is an increase from 78% in 2011
- 80% of those that had a mental health problem in the past year reported receiving help for the problem; this is an increase from 77% in 2011
- 17% of all residents reported receiving medication or treatment for a mental health problem, compared to 15% in 2008 and 18% in 2011
- 59% of patients age 18 and older visiting Jackson Health Network, Jackson's clinically integrated network, were screened for depression using the PHQ-2 questionnaire in 2014

Knowledge and Beliefs

Several questions were asked regarding knowledge and beliefs around mental health issues.

- As a measure of stigma around mental health, respondents were asked whether they agree or disagree that people are generally caring and sympathetic to people with mental illness; 17% of respondents strongly agreed and 30% agreed slightly
- 63% of respondents indicated that they would definitely seek help for a behavioral health problem and 28% indicated that they would probably seek help; this is a positive increase compared to 2008 and 2011, in which respondents indicated 52% and 54%, respectively, for definitely seeking help
- 62% of residents strongly agreed that treatment can help people with mental illness lead normal lives, compared to 72% in 2011
- About 79% indicated that they would not be embarrassed at all to seek mental health services, 16% somewhat embarrassed, 2% embarrassed, and 2% extremely embarrassed
- Approximately 71% of residents recognized at least 7 symptoms of depression

Social Support

In order to better understand the level of social support among Jackson residents, respondents were asked about their social and emotional support.

- 52% of residents reported always and 23% usually receiving the social and emotional support they need; for residents responding 'always' this represents a 13% increase compared to 39% of respondents in 2011
- 81% of residents indicated awareness of local programs or services that are available to help with behavioral, mental or emotional problems

Clinical Services

Due to recent changes in the national healthcare landscape, preventative services have recently become the focus of many community health initiatives. These services provided by health care providers allow people to identify risk factors and illnesses before they reach a level that could cause irreparable damage. CHA respondents were asked a series of questions regarding use of clinical services and preventive screening and ability to access recommended services.

Preventive Screening

Based on the 2016 CHA findings, 82% of Jackson County residents have had an annual physical in the past year. This marks an increase from 2008 and 2011 rates of 77% and 71%, respectively. The 2013 Michigan rate was 70%.

- 92% of respondents in 2014 reported having their blood pressure checked within the past year
- 85% report having their cholesterol checked within the past five years
- 65% of residents reported receiving a diabetes screening within the past year (56% in 2011)

Women over the age of 40 were asked to indicate when they last received a mammogram. In 2014 about 73% of women reported receiving a mammogram within the past two years. In 2008 the rate was 83% and in 2011 the rate was 81%. It should be noted that between the 2008 and 2011 CHA reports, national guidelines for mammograms changed; new recommendations state women should initiate regular screening at age 50, repeating every two years. The drop in the 2014 rate could reflect this change, as the question was still asked of women over 40.

Men over the age of 39 were asked if they have ever discussed with their doctor the disadvantages and advantages of Prostate Specific Antigen testing. About 50% reported they have not discussed the advantages or disadvantages with their doctor, 25% discussed the advantages and disadvantages, 24% discussed only the advantages, and 1% discussed only the disadvantages.

All respondents over the age of 50 were asked when they last received a colorectal cancer screening and blood stool test using a home kit. About 55% of residents received a colorectal cancer screening within the past five years, and 44% reported using a home blood stool test ever.

Many factors can affect a woman's pregnancy and the health of her future newborn. Therefore, it is important that both women and men complete regular, scheduled visits with their physician. Among Community Health Assessment respondents that identified as being sexually active:

- 40% of women aged 18-44 received reproductive health services in the past 12 months. Of

those, 35% with health insurance received a method of birth control or prescription for a method within the past 12 months

- Of respondents 24 years old or younger, 79% received a method of birth control or prescription for a method within the past 12 months
- Only 4% of sexually active males aged 18-44 reported receiving reproductive health services in the past 12 months

Immunizations

The Michigan Department of Health and Human Services (MDHHS) provides detailed information regarding the rates of vaccination for residents of all ages who are reported through the Michigan Care Improvement Registry (MCIR) in the form of a County Quarterly Immunization Report Card. The table below highlights Jackson County's immunization status compared to the Michigan average for vaccinations recommended by age group.

- Jackson County ranks 22nd out of 84 Michigan counties (including the City of Detroit) for children ages 19-35 months who have received all recommended vaccinations

Influenza and Pneumonia

The Healthy People (HP) 2020 goal for children (above 6 months) and adults is 70% vaccination for influenza on an annual basis. Adults responding to the CHA were asked about influenza vaccination.

- 39% of respondents indicated receiving a flu vaccine by injection or nose spray in the past year
- MCIR reports indicate that for the 2013-2014 Flu season, 33% of children (6 months-17 years) and 23% of adults received 1 dose of influenza vaccine in Jackson County
- Additionally, 41% of respondents indicate receiving a pneumococcal vaccine ever

Human Papillomavirus

While above the Michigan average, Jackson County continues to lag below HP 2020 goals for HPV vaccination in adolescents aged 13-17 years. Currently the completion rate of the 3 recommended doses of HPV vaccine in Jackson County for females of this age group is 35.9% and 20.5% for males.

Jackson County Quarterly Immunization Report Card, March 31, 2015				
Age	Vaccine Measure	Jackson %	MI Ave %	HP 2020 Goal
19 - 35 months	Birth Dose Hep B coverage	81.8	79.3	85%
	43133142* series	76.9	74	80%
13-17 years	132321**series	79.6	66.4	n/a
	3+ HPV (females)	35.9	27.5	80%
	3+ HPV (males)	20.5	15	n/a
	Mening. Up-to-date (17 years)	50.2	36.8	n/a
Adult	1+ Tdap (19-64 yrs)	39.5	32.5	n/a
	1+PPSV (65+yrs)	33.1	27.7	90%
	1+ PCV13 (65+yrs)	4.2	3.6	n/a
	1+ Zoster (60+yrs)	22.2	17.9	30%
2013-2014 Flu Season	1+ Flu (6months-17 yrs)	32.5	32.6	70%
	1+ Flu (18+ yrs)	23.2	18	70%
Note:	* 4 Dtap, 3 Polio, 1 MMR, 3 Hib, 3 HepB, 1 Varicella, 4 PCV, 2 HepA			
	** 1 Tdap, 3 Polio, 2 MMR, 3 HepB, 2 Var, 1 MCV4			
	Source: 3/31/15 Jackson County Quarterly Immunization Report Card			

Oral Health

CHA respondents were asked a series of questions about oral health behaviors.

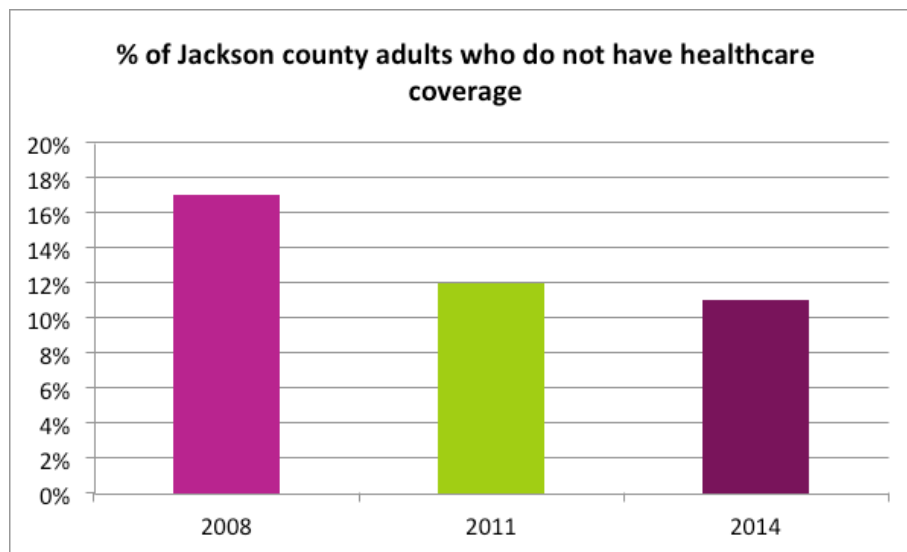
- 92% of respondents indicated brushing their teeth daily, 4% some days, 1% rarely, and 4% not at all
- 34% of residents reported flossing daily, 36% some days, 16% rarely and 15% not at all
- 33% reported having one to five teeth extracted, 12% six or more but not all, 7% all teeth, and 48% none
- On average, children in Jackson County brush their teeth 1.95 times per day and use dental floss 2.51 times per week
- 19% of residents reported difficulty accessing dental care, with 9% of these residents reporting cost as a barrier to accessing dental care for a child within the past year
- 68% of adults in Jackson County have visited the dentist for any reason in the past year, and about 60% have had their teeth cleaned by a dentist or dental hygienist in the past year
- 92% of respondents indicated that all children under the age of 18 had been to a dentist in the past 12 months, an increase from 81% in 2008 and 2011
- 89% of children visited a dentist for preventive care in the past year, and about 18% of children had a toothache, decayed teeth, or unfilled cavities in the past year

Access to Care and Utilization

Access to Care

The percentage of residents in Jackson County that do not have healthcare coverage is on the decline. In 2008 the rate of uninsured residents in Jackson County was 17 %, in 2011 it was 12% and in 2014 it was 11%. About 4% of children in Jackson County are without health insurance.

- In 2014, the average monthly enrollment in Medicaid among Jackson residents was 23,497, the 2013 average was 20,527 enrollees (2014 average excludes April as data were not reported by the State)
- Among residents that reported not having insurance coverage, the reasons reported were: cannot afford it (50%), chose not to get it (15%), not available (2%), not employed (12%), and other reason (22%). Only 3% of veterans in Jackson County report not having health care coverage
- 8% of respondents reported transportation as a barrier to accessing health care services, a small increase from 7% in 2008 and 5% in 2011
- Cost was a barrier for 17% of residents needing basic health care services, 19% needing prescriptions, and 27% needing dental care
- Cost was a barrier for only 1% of children needing a doctor's visit in the past 12 months, this remains relatively unchanged since 2008 (2%) and 2011 (2%)



Based on the 2016 CHA findings, 63% of residents indicated having one personal doctor or health care provider. An additional 20% reported having more than one personal provider and 17% reported having none. About 42% of respondents strongly agreed that they receive exactly what they wanted and needed for their health care, and 36% somewhat agreed. About 27% of residents reported ever using a form of alternative or

complimentary therapy including chiropractic manipulation, massage and acupuncture.

Healthcare Utilization

In 2014, 26% of residents reported going outside of the Jackson community for any healthcare within the past 12 months. This is a small decrease from the 2011 rates of 30% and 2008 rate of 28%.

Emergency Department Utilization

The average number of times that residents have visited a hospital emergency room for their own health in the past 12 months has increased since 2008. In 2008 the average was 0.63 times, in 2011 an average of 0.73 times, and in 2014 an average of 0.98 times. In 2014, 68% of residents reported visiting the emergency room for their own health within the past 12 months, a rate that has stayed steady since 2008. The average number of times that residents have visited a hospital emergency room for their children's health in the past 12 months was 0.69 times, down from 1.47 times in 2011 (2008 data not available). In 2014, 65% of residents reported visiting the emergency room for their children's health within the past 12 months, a rate that has increased from 51% in both 2008 and 2011.

Urgent Care Utilization

The average number of times during the past 12 months that Jackson County residents have gone to an urgent care facility due to their own health was 0.32 times. The average number of times that residents have visited an urgent care facility for their children's health in the past 12 months was 0.75 times. In 2014, 37% of residents had visited an urgent care facility due to their children's health.

Hospitalizations

In 2012 there were 22,673 hospitalizations in Jackson County due to all causes. In 2008 the Allegiance Health acute care readmission rate was 12.1, in 2011 the rate was 11.8, and in 2014 the rate was 11.9.

In 2014, Allegiance Health recorded 20 cases of MRSA infection. In the same year, Allegiance recorded 12 cases of C. difficile infection.

Ambulatory care sensitive (ACS) conditions are illnesses that can often be managed effectively on an outpatient basis and generally do not result in hospitalization if managed properly. In 2012, the Jackson County rate of ACS hospitalizations per 100,000 individuals was 258.1. The table below represents the rates of hospitalization for the leading ACS diagnoses.

2008 -2012 - Michigan Vital Statistics				
Rate – Per 100,000				
Year	Annual avg. 2007-2011		2012	
	Jackson	MI	Jackson	MI
Total ACS	255.3	268.6	258.1	259.1
Congestive Heart Failure	31.6	37.7	36.9	33.1
Bacterial Pneumonia	42.1	31.9	38.7	27.6
Chronic Obstructive Pulmonary	25.2	25.9	19.8	25.4
Kidney/Urinary Infections	16.4	17.3	15.5	18.3
Cellulitis	14.1	15.9	14.3	16.8
Diabetes	14.0	13.3	13.5	14.6
Asthma	13.5	15.8	8.1	13.7
Grand Mal & Other Epileptic Conditions	7.7	7.0	7.4	8.2
Dehydration	7.3	7.8	5.4	5.7
Gastroenteritis	5.6	3.9	6.0	4.1
All Other ACS	77.8	92.2	92.6	91.5

Healthcare Decisions

The most referenced sources that residents reported obtaining their most recent health information from include health care providers (47%), followed by the Internet (32%), and family (12%).

- 70% of residents reported always having the opportunity to ask questions of their health care providers, 14% usually having the opportunity, 11% sometimes having the opportunity, and 9% never
- 72% of residents reported always feeling that their provider made an effort to make sure they understood everything needed to take care of their health, 12% reported usually, 11% reported sometimes, and 6% reported never

Jackson County Community Resources

Community Health Department

Jackson County Health Department

1715 Lansing Avenue, Suite 221

Jackson, MI 49202

517.788.4420

www.co.jackson.mi.us/HD

Community Services

- Childhood Lead Poisoning Prevention 768.1633
- Healthy Communities Program 768.1650
- Jackson Tobacco Reduction Coalition 768.2131
- Teen Pregnancy Prevention Services 768.2150
- Traffic Safety Programs 768.2131

Individual & Family Services

- Car Seat Safety Program 768.2181
- Children's Special Health Care Services 788.4422
- Communicable Disease 768.1662
- Early On 768.1625
- Health Insurance Programs 768.1656
- Hearing and Vision Screening Services 788.4395
- HIV/AIDS Counseling and Testing 788.4477
- Immunizations 788.4468
- Infant Mortality 768.1672
- Maternal Infant health Program 768.2114
- Sexually Transmitted Disease (STD) Clinic 788.4477
- Tuberculosis (TB) Clinic 768.1664
- WIC Supplemental Food Program for Women, Infants and Children 788.4484

Environmental Services

- 788.4433
- Services and Programs: Food Services, Septic Systems, Soil Erosion Permits, Well Water Program

Family Support

Birthline Pregnancy and Parenting Center

1000 East Porter Street, Suite 1

Jackson, MI 49202

517.784.9187

www.birthlinejackson.org

- Free Pregnancy Tests
- Through the "Earn While you Learn Program" available items: Clothing for Preemie-3T, New Cribs & Mattresses, Other Donated Baby Furniture, Diapers, Formula, Baby Food, and cereal as

available

- Tues. & Thurs. 10a-4p, Sat. 10a-1p

Catholic Charities

3425 Francis

Jackson, MI 49203

517.782.2551

www.ccjlhc.org

- Individual and Family Counseling, Retired Senior Volunteer Program
- Personal Needs/Linen Closet
- 407 S. Mechanic Street, Jackson, MI 49201
- Hours: 2nd and 4th Friday of the Month 9a-12p - One Visit per Month

Center for Women

434 Wildwood Avenue

Jackson, MI 49201

517.787.4673

www.jacksonpregnancy.com

- Free Pregnancy Testing
- Information On: pregnancy, parenting, abortion, adoption, peer support, maternity
- Offers material assistance via the “Learn & Earn” Program, an Ongoing Program Providing Educational Materials and Peer Counseling. Use Vouchers to Use in “store” Stocked With Donated Items.

Disability Connections

409 Linden Avenue

Jackson, MI 49203

517.782.6054

www.disabilityconnect.org

- Provides Services for Children and Adults with Disabilities Living in Jackson County
- Services: Advocacy, Information and Referral, Durable Medical Equipment Loan
- Closet, Parent Education and Resource Center (PERC), etc.
- Mon.-Fri. 8:30a-4:30p.

Family Service & Children’s Aid

330 West Michigan Avenue

Jackson, MI 49201

517.787.7920

www.strong-families.org

- Individual and Family Counseling; Adoption and Pregnancy Counseling, etc.

Jackson County Department on Aging

1715 Lansing Avenue, Suite 672

Jackson, MI 49202

517.788.4363

www.co.jackson.mi.us/619/Department-on-Aging

- Program Services: Meals on Wheels, Information and Assistance, Referrals to Community Resources, Advocacy and Support, Events, etc.
- Mon-Fri 8a-5p

Housing Assistance

AWARE. Inc.

706 West Michigan Avenue
 Jackson, MI 49201
 517.783.2861
www.awareshelter.org

- Domestic Violence Emergency Shelter, 24-hour Crisis Hotline, etc.

Community Action Agency

1214 Greenwood Avenue
 Jackson, MI 49203
 517.784.4800
www.caajlh.org

- Homeless, Homeless Prevention, Foreclosure Prevention, Veteran Supportive Services, etc.

InterFaith Shelter

414 S Blackstone Street
 Jackson, MI 49201
 517. 789.8735
jacksoninterfaith@sbcglobal.net

- Temporary Shelter, Community meals, etc.

Training and Teaching Innovation, Inc. (TTI)

2301 East Michigan Avenue Suite 219
 Jackson, MI 49202
 517.782.0010

- Open Intake Hours Monday at office 10a-2p
- Open Intake Hours Friday at InterFaith Shelter 12-3p
- Assistance with Paying Security Deposit, and Obtaining a New Beds if funding available

Miscellaneous

Central Michigan 2-1-1

Phone: 2-1-1
 Toll Free 866.561.2500
www.centralmichigan211.org

- Central Michigan 2-1-1 is a 24-hour Link to Health and Human Services.
- Links to Information, Referrals, and Access to Over 4,000 Services Available to Central Michigan Area Residents.
- All Calls are Completely Free and Confidential.

Love in the Name of Christ (Love, Inc.)

517.782.9766

- Provides Referrals Within Church Network to Assist With Clothing, Food, Prescriptions, etc.
- Will Provide the Last \$50 Toward One Bill When Funds are Available.
- Mon & Thurs 10a-2p

Substance Abuse Services

Henry Ford Allegiance Addictions Recovery Center

2424 West Washington Avenue

Jackson MI 49203

517.782.4001

<http://www.allegiancehealth.org/locations/henry-ford-allegiance-addiction-recovery-center>

- Substance abuse treatment center helping adults addicted to drugs and/or alcohol
- Services range from chronic to acute detoxification to residential and intensive outpatient programs
- Designed specifically for those also suffering from substance abuse and mental health disorders

Henry Ford Allegiance Substance Abuse Services

2424 West Washington Avenue

Jackson MI 49203

517.783.2732

www.allegiancehealth.org/locations/henry-ford-allegiance-substance-abuse-services

- Specializes in outpatient treatment of substance abuse and chemical dependency. We offer a range of individual, group and family therapies to help you if you're experiencing problems with drugs and/or alcohol.
- Specialized treatment is available if you have both substance abuse and mental health disorders

Born Free

300 West Louis Glick Hwy

Jackson, MI 49201

517.782.9905

www.strong-families.org/born-free

- Provide Intensive Outpatient Treatment and Services for Woman with a Substance Abuse and/or Mental health Diagnosis
- Child Care and Transportation Available to Attend Born Free Appointments
- Provides Case Management, Referrals for Job, Education, Housing, Food, etc.
- Individual & Group Therapy, Peer Support

Home of New Vision

407 W Michigan Avenue

Jackson, MI 49201

517.788.5596

<http://www.homeofnewvision.org/>

- Case Management, Peer Support, and Develop a Support System by Involving You in Recovery Activities Such As: 12-Step Meetings, Celebrate Recovery, Sober Events, SMART Recovery, Picnics and Bonfires
- Referrals for Resources: Jobs/Vocational, Legal/Financial Issues, Education, Housing/Shelter, Health/Wellness, Food

- Group Therapy & Individualized Care

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 Henry Ford Allegiance CareLink Community Health Needs Assessment or to obtain additional data, please contact:

Henry Ford Allegiance CareLink

110 N. Elm Ave · Jackson, MI 49202

Phone: (517) 787-1440

www.carelinkofjackson.org