2017 Community Health Needs Assessment Report
Henry Ford Allegiance CareLink
Jackson, Michigan

Created in collaboration with
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Executive Summary

Henry Ford Allegiance CareLink (CareLink) is a 64-bed long-term acute care hospital under 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. 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 issues. Every three years 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. The HIO’s third Community Health Assessment was conducted 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.

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 10% of Jackson County residents understand the guidelines for physical activity and nutrition.
- Approximately 30% of all Jackson County residents smoke cigarettes. Among residents who live in the City of Jackson, the percent increases to 36%. Both rates are higher than the State of Michigan rate of 21%. Among those 60 years or older, the smoking rate is 17%.
- About 59% of residents report feeling worried, tense, or anxious within the past 30 days.
- Among Jackson County residents, 40% are classified as obese, which is higher than the Michigan rate of 32%.
- Only 28% of Jackson County residents meet the national guidelines for physical activity. Just 10% meet the national guidelines for fruit and vegetable consumption. This proportion is the same for Jackson county residents 60 years or older.

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 problems. 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

The HIO Coordinating Council will be looking at how these and many other contributing factors can be addressed in order to affect 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 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.

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 our first HIO Community Action Plan, aimed to reduce obesity and smoking and improve emotional health among Jackson
County residents. The results from our second survey, completed in 2011, informed the development of the HIO Community Action Plan for 2013-2020. The results of the most recent assessment 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. 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 and available secondary data sources.

**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). 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.

**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.
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

AARP Michigan
Big Brothers/Big Sisters of Jackson
Center for Family Health
City of Jackson
Community Action Agency
Community Members
Great Start Collaborative
Henry Ford Allegiance CareLink
Henry Ford Allegiance Health
Jackson Collaborative Network
Jackson Community Foundation

Jackson County Cradle to Career Network
Jackson County Financial Stability Network
Jackson County Health Department
Jackson County Intermediate School District
Jackson District Library
Jackson Health Network
Jackson YMCA
LifeWays Community Mental Health
Marriage Matters Jackson
Region Two Area Agency on Aging
United Way of Jackson County

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. 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 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 (14.1). 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.

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 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, 2011, and 2014 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

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.

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
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:

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