

# COMMUNITY HEALTH NEEDS ASSESSMENT AND ACTION PLAN

October, 2017

## Purpose

South Central Regional Medical Center undertook assessment of the health needs of Jones County, MS in support of SCRMC's mission to serve the health needs of its community and to meet statutory requirements:

- 1. Conduct a Community Health Needs Assessment (CHNA) with input from persons representing the broad interests of the community served.
- 2. Adopt an implementation strategy to address the needs identified in the CHNA.
- Make the assessment and implementation strategy readily available to the community via the hospital's web site and other vehicles, as needed to inform the public.

## CHNA Content Requirements

- Findings and Action Plan
- Description of the community served and how that was determined
- Description of the process and methods used to conduct the CHNA
- Description of information gaps that may impact ability to assess needs
- Identity of any collaborating partners
- Identity and qualifications of any third party assisting with the CHNA
- Description of how input from the community was gathered and used
- Prioritized description of the health needs identified in CHNA
- Description of existing health care facilities and services within the community available to meet the needs identified.

## Defining the "Community" Served

- Generally defined by a geographic area (county, group of zip codes, etc.)
- May target populations (e.g., aging, children, women, teens, young adult, etc.)
- May focus on a particular chronic disease, health risk factor, etc.

#### The "community" is defined as:

- Jones County, Mississippi
- Significant Health Issues of Jones County

# JONES COUNTY HEALTH STATUS INDICATORS

## Jones County Mortality Statistics 2012-2015

CAUSE OF DEATH	2012 Jones Co.	2012 Mississippi	2012 US	2013 Jones Co.	2013 Mississippi	2013 US	2014 Jones Co.	2014 Mississippi	2014 US	Jones Co 3 Yr Avg	MS 3 Yr Avg	US 3 Yr Avg	Jones Co % Diff w/US (3 Yr Avg)
Heart Diseases	250.6	242.8	191	259.6	258.1	193.3	289.9	251.8	192.7	266.7	250.9	192.3	32%
Cancer	201	216.7	185.6	204.5	218.6	185	209.4	218.1	185.6				
Cerebrovascular Disease	51	50.6	40.9	45	50	40.8	63	53	41.7	205.0	217.8	185.4	10%
	JI	30.0	40.5	43	30	40.8	03	33	41.7	53.0	51.2	41.1	25%
Hypertension/Hypertensive Renal Disease	13.1	17.5	9.3	18.9	16.8	9.7	17.6	15.9	9.5	16.5	16.7	9.5	54%
Emphysema and Other Chronic Lower Respiratory											-		
Diseases	48.1	57.8	45.7	37.7	58.7	47.2	45.4	58	46.1	43.7	58.2	46.3	6%
Diabetes Mellitus	27.7	34.8	23.6	30.5	35.7	23.9	39.5	33.9	24	32.6	34.8	23.8	31%
HIV Disease	1.4	3.8		2.9	4			4.2					
Accidents	62.6	53.5	40.7	71.1	56.2	41.3	57.1	57.3	42.6	63.6	55.7	41.5	43%
OTHER LEADING CAUSES													
Alzheimer's Disease	26.2	30.8	26.8	39.2	30.9	26.8	38.1	36.7	29.3	34.5	32.8	27.6	22%
Influenza & Pneumonia	35	18.7	16.1	26.1	25.7	18	33.7	25.5	17.3	31.6	23.3	17.1	60%
Nephritis, Nephrotic													
Syndrome, & Nephrosis	13.1	23.9	14.5	26.1	24.5	14.9	20.5	23.4	15.1	19.9	23.9	14.8	29%
Septicemia	27.7	20	11.4	45	22.7	12.1	26.4	21.4	12.2	33.0	21.4	11.9	94%
Suicide	18.9	13.5	12.9	13.1	13	13	11.7	12.7	13.4	14.6	13.1	13.1	23%
Parkinson's Disease	5.8	5.7	7.6	5.8	6.8	8	16.1	11.3	8.2	9.2	7.9	7.9	15%

SOURCES: CDC and Mississippi Department of Health crude mortality rates

## Jones County Health Rankings 2016

Health Outcomes	Jones County	Mississippi	US Median
Mortality (Premature Death Before Age 75)	10,186	10,100	7,700

#### **Take Aways:**

- Premature Death Jones County rate is
  27% higher than US rate
- Morbidity Measures Jones County rates are consistently higher than US rates

SOURCE: County Health Rankings & Roadmaps, collaboration of Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute

## Jones County Health Rankings 2016

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Health Outcomes	Weight	Jones Co	Natl Benchmark	MS State	Rank (of 82)
<b>Health Factors</b>					32
Health Behaviors	30%				26
Adult Smoking	10%	20%	18%	23%	
Adult Obesity	7.5%	38%	31%	35%	
Physical Inactivity	2.5%	36%	28%	33%	
Excessive Drinking	2.5%	13%	17%	14%	
Alcohol-impaired Driving Deaths	2.5%	13%	31%	24%	
Sexually Transmitted Infections	2.5%	288	287.7	585.1	
Teen Birth Rate	2.5%	71	40	56	
Clinical Care	20%				
Uninsured Adults	5%	21%	17%	20%	
PCP Ratio	5%	1,864:1	1,990:1	1,860:1	
Preventable Hospital Stays	5%	77	60	74	
Diabetic Monitoring	2.5%	85%	85%	84%	
Mammography Screening	2.5%	55%	61%	57%	

#### Take Aways:

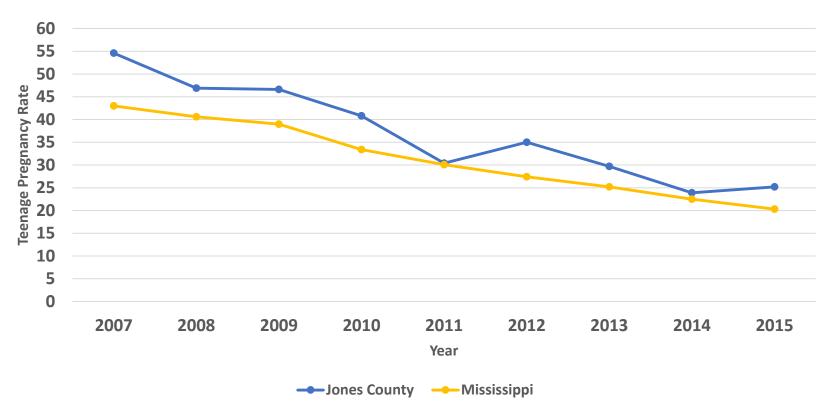
- Jones County's rankings are close to the national benchmarks in most categories.
- Teen birth rate is very high
- PCP ratio shows underserved market
- Mammography screening is low

SOURCE: County Health Rankings & Roadmaps, collaboration of Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute

## Teenage Pregnancy Rate 2007-2015

The Mississippi State Department of Health defines teen pregnancy rate as the number of pregnancies of women ages 10 to 19 per 1,000 women in this age group. The following are the teen pregnancy rates as determined and reported by the Mississippi State Department of Health for the years 2007 to 2015:

Year	Jones County	Mississippi
2007	54.6	43
2008	46.9	40.6
2009	46.6	39
2010	40.8	33.4
2011	30.4	30.1
2012	35	27.4
2013	29.7	25.2
2014	23.9	22.5
2015	25.2	20.3



## Teenage Pregnancy Rate Analysis

- During the 5 year period from 2011-2015, Jones County has experienced a 17% decrease in the number of teenage pregnancies.
  - During the 5 year period from 2011-2015, Mississippi has experienced a 32.5% decrease in the number of teenage pregnancies.
- Although Jones County has not seen a larger decrease in the number of teen pregnancies than Mississippi has from 2011-2015, the numbers do continue to decline each year.
- South Central's goal is to continue to contribute to the reduction in the teen pregnancy rate through abstinence education in the programs South Central provides to local schools.

## Teenage Fertility Statistics 2012-2015

	2012		2013		2014		2015	
	Jones Co	2012 MS	Jones Co	2013 MS	Jones Co	2014 MS	Jones Co	2015 MS
Total Births	995	38,618	989	38,611	969	38,735	995	28,398
Teenage Births	152	4,868	129	4,417	101	3,923	110	3,611
Teenage Fertility Rate	32.6	23.6	28.2	21.8	22	19.5	23.7	18
Teenage Pregnancy Rate	35	27.4	29.7	25.2	23.9	22.5	25.2	20.3
Ages 10-14	1	90	3	74	2	72	3	74
Ages 15-17	39	1,349	32	1,161	24	1,050	35	981
Ages 18-19	112	3,429	94	3,182	75	2,801	72	2,556
Teenage Low Birthweight Births	23	637	20	524	9	509	13	443
Teenage Premature Births	21	932	25	528	9	490	10	423
Births to Unmarried Teenage								
Mothers	123	4,392	117	3,970	83	3,506	99	3,274
Teens Who Had Previous Live								
Births	30	885	27	777	26	700	17	596
Teens Who Had Previous								
Pregnancies	35	1,127	37	971	29	885	21	786
Teens with Inadequate Prenatal								
Care	23	294	13	429	11	381	10	371
Teenage Induced Terminations	10	721	7	651	7	574	7	430

## Jones County Cancer Statistics

	Jones County, Mississippi 2010-2014							
	Incidence		Mortality					
Cancer Site	Incidence Rate (2)	Average Annual Count	Met Healthy People Objective (1)	Annual Death Rate	Average Deaths per Year	Trend	Avg. Annual Percent Change	
Lung & Bronchus	67.2	55	No	50.8	41	Falling	-10.8	
Breast	115.8	50	Yes	18.1	8	Falling	-2	
Prostate	148.7	58	No	25.1	9	Falling	-2.5	
Colon & Rectal	45.2	36	Yes	13.9	11	Stable	-0.1	
Oral Cavity & Pharynx	12	10	*	*	3 or fewer	**	**	
Uterus	16.4	7	*	*	3 or fewer	**	**	
Ovary	9.8	4	*	*	3 or fewer	**	**	
Melanoma of the Skin	21.3	16	*	*	3 or fewer	**	**	
Cervix	*	*	*	*	3 or fewer	**	**	

<sup>\*</sup> Data has been suppressed to ensure confidentiality and stability of rate estimates. Counts are suppressed if fewer than 16 records were reported in a specific area-sex-race category. If an average count of 3 is shown, the total number of cases for the time period is 16 or more which exceeds suppression threshold (but is rounded to 3).

- (1) Healthy People 2020 Objectives provided by the Centers for Disease Control and Prevention
- (2) Incidence Rates (cases per 100,000 per year) are age-adjusted. Rates are for invasive cancer only.

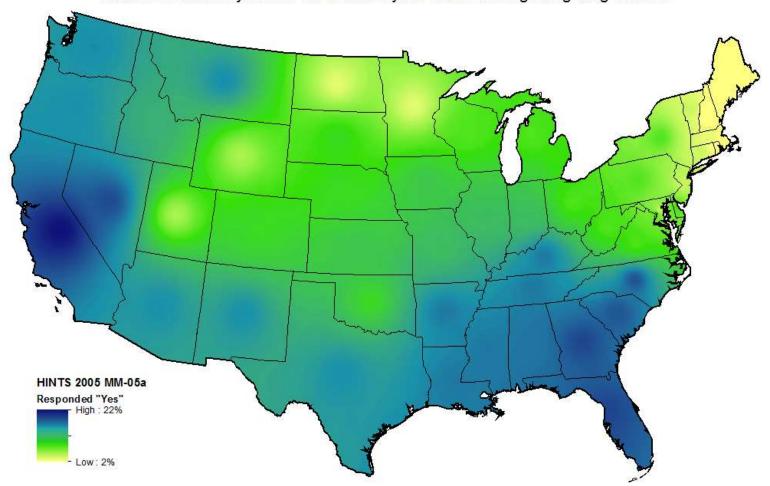
SOURCE: National Cancer Institute State Cancer Profiles, State Cancer Registry, CDC National Program of Cancer Registry

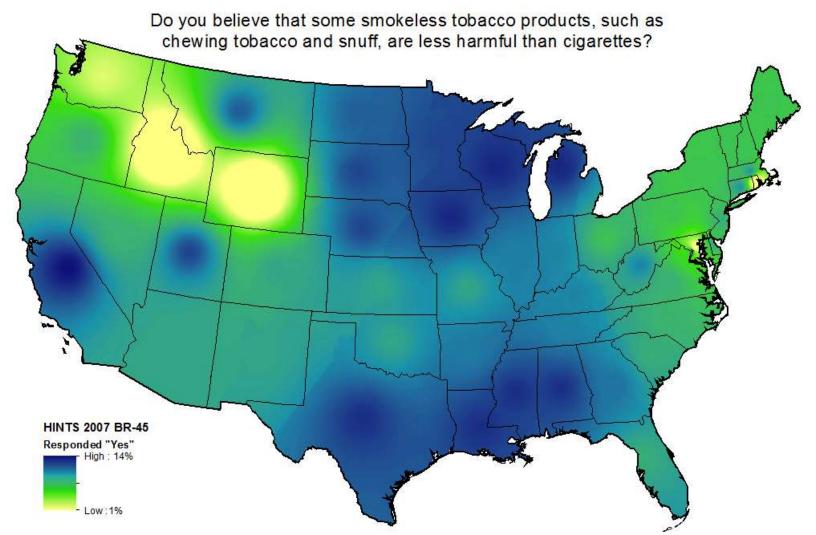
<sup>\*\*</sup> Data too sparse to provide stable estimates of annual rates needed to calculate trend

The following maps provide population estimates for variables that represent knowledge about certain cancer risk factors, screening tests, and resources. The data are sourced from the Health Information National Trends Survey (HINTS). The HINTS data collection program was created to monitor changes in the rapidly evolving field of health communication. Survey researchers are using the data to understand how adults 18 years and older use different communication channels, including the Internet, to obtain vital health information for themselves and their loved ones. Program planners are using the data to overcome barriers to health information usage across populations, and obtaining the data they need to create more effective communication strategies. Finally, social scientists are using the data to refine their theories of health communication in the information age and to offer new and better recommendations for reducing the burden of cancer throughout the population. HINTS data are available for public use.

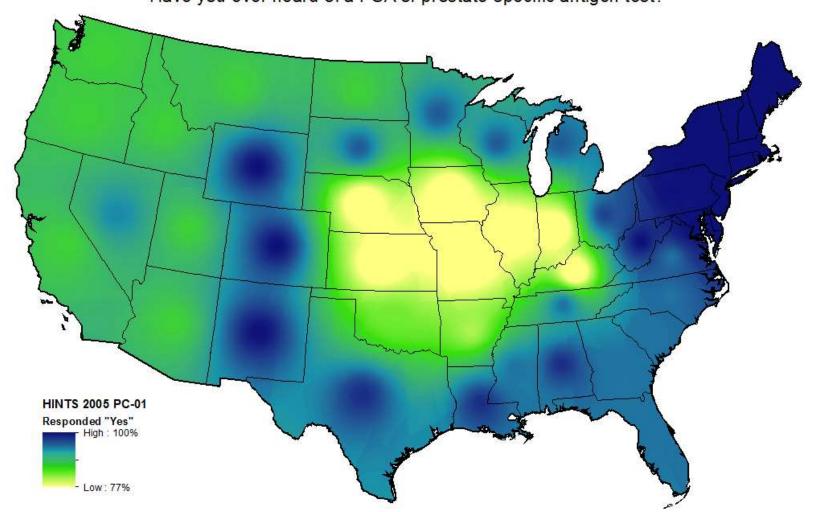
HINTS was developed by the <u>Health Communication and Informatics Research Branch (HCIRB)</u> of the <u>Division of Cancer Control and Population</u>
Sciences (DCCPS) as an outcome of the National Cancer Institute's Extraordinary Opportunity in Cancer Communications.

There's not much you can do to lower your chances of getting lung cancer.

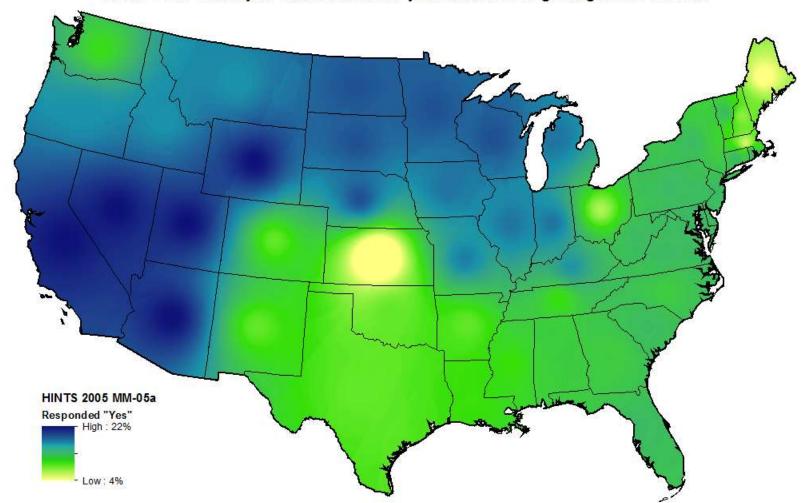




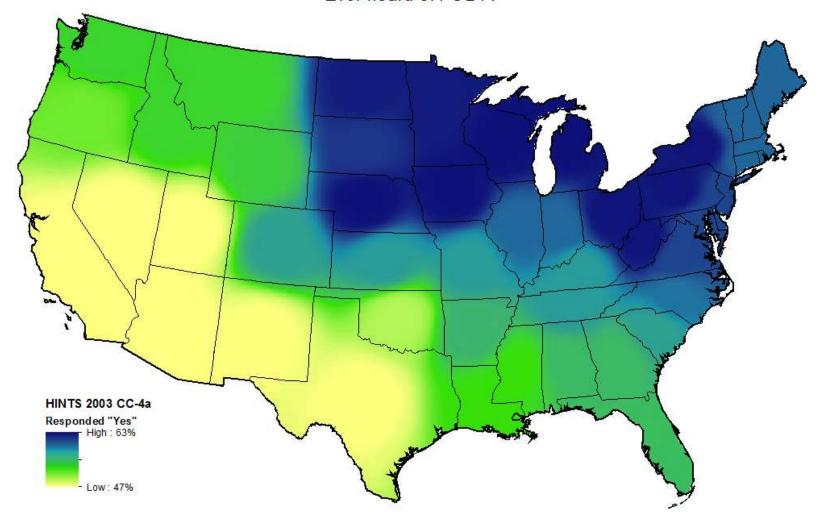
Have you ever heard of a PSA or prostate-specific antigen test?

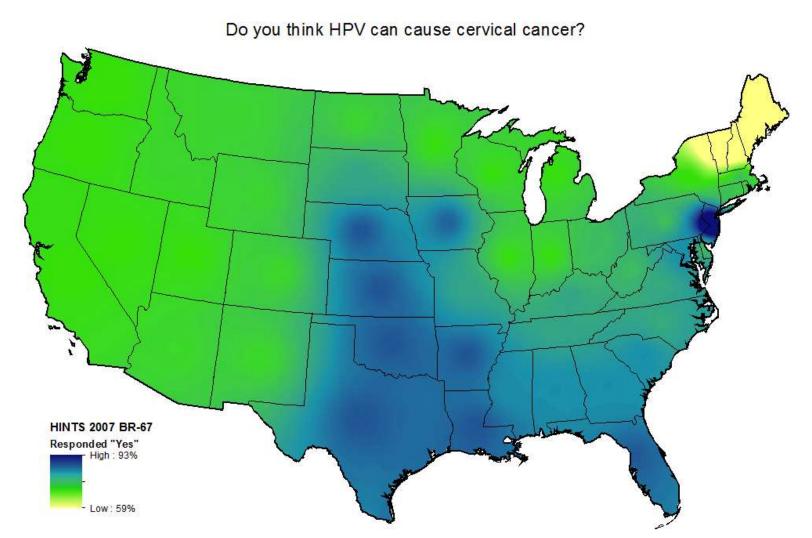


There's not much you can do to lower your chances of getting colon cancer.

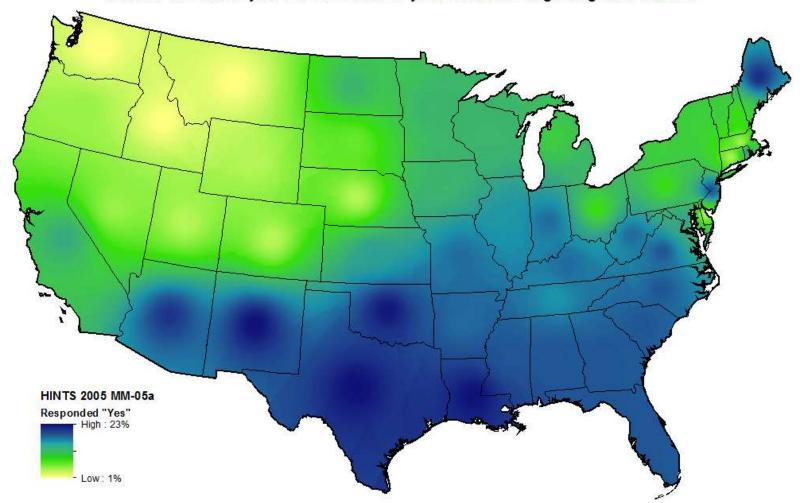


Ever heard of FOBT?





There's not much you can do to lower your chances of getting skin cancer.



## Jones County Poverty Statistics

	Jones County	United States
Poverty Category	% Total	% Total
	Households	Households
Overall	23.00%	16.00%
All Families	17.10%	11.70%
w/Related children under 18 years	28.00%	22.20%
w/Related children under 5 years only	19.60%	
Married couple families	9.50%	
w/Related child under 18 yrs	15.90%	
w/Related child under 5 only	12.70%	
Female householder, no husband present	41.30%	31.40%
w/Related children under 18 years	52.60%	
w/Related children under 5 only	60.40%	

#### Take Aways

Of Jones County Female householder families, over half of these families with children under age 18 are living in poverty, and that number grows to 60% with children under age 5.

Source: 2010 US Census

Most recent data. Next census to be conducted in 2020.

## Jones County Household Types

Hayrahald Tymaa	Jones	Jones County			
Household Types	Number	% Total	% Total		
Family households	17,809	70.5	66.4		
w/Own children under 18 yrs	7,535	29.8	29.8		
Husband-wife family	12,215	48.4	48.4		
w/Own children under 18 yrs	4,643	18.4	20.2		
Male householder (no wife)	1,351	5.4	5		
w/Own children under 18 yrs	636	2.5	2.4		
Female householder (no husband)	4,243	16.8	13.1		
w/Own children under 18 yrs	2,256	8.9	7.2		
Householder living alone	6,467	25.6	26.7		
Male 65 and over living alone	748	3	2.7		
Female 65 and over living alone	1,976	7.8	6.7		

SOURCE: 2010 US Census

Most recent data. Next census to be conducted in 2020.

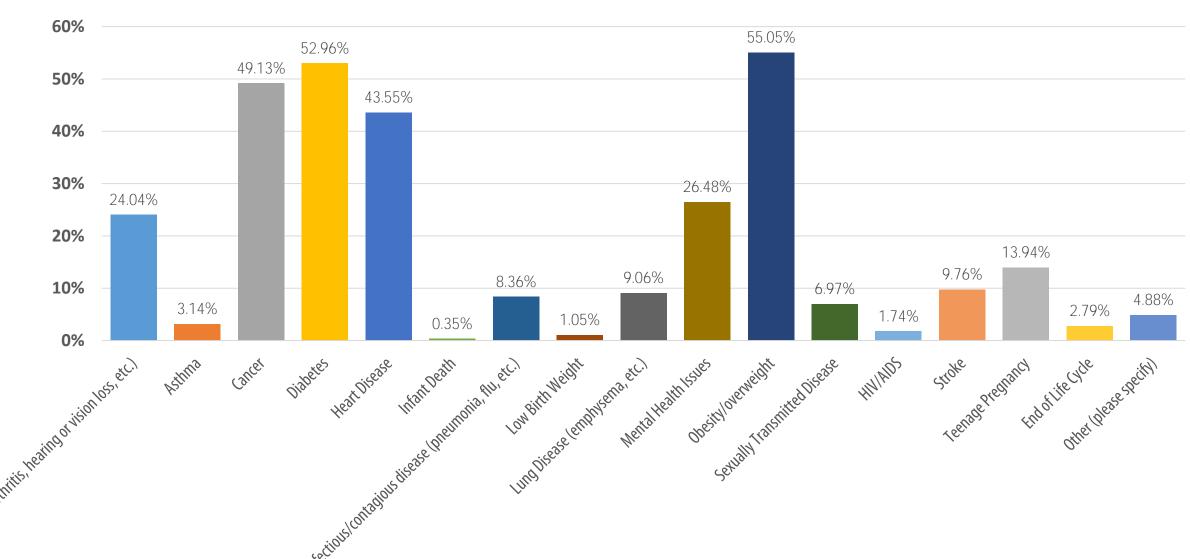
# COMMUNITY OPINIONS REGARDING HEALTH ISSUES AND CONTRIBUTORS

## Community Input

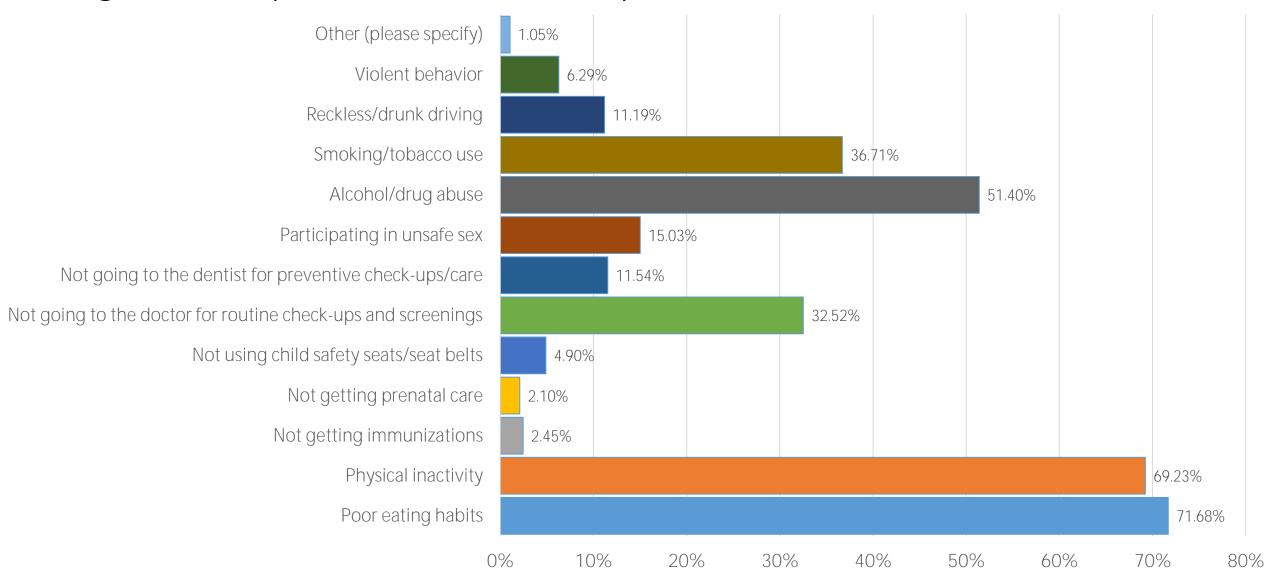
South Central Regional Medical Center surveyed 287 community members for their input regarding the following:

- Significant community health problems
- Contributors to community health problems
  - Personal behaviors
  - Community issues that impact health
  - Provider issues
  - Access to Care issues
- Underserved population groups
  - In what ways underserved
- Opinion on priority needs to address

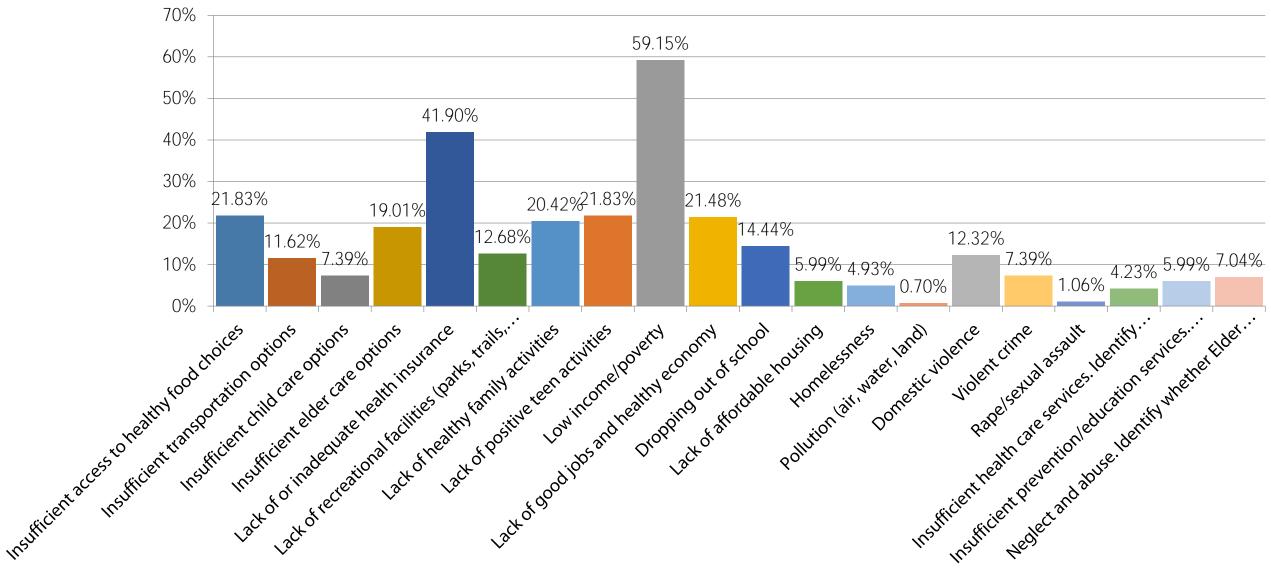
Q1: Select the 2-3 HEALTH problems that you feel have the greatest impact on our community.



## Q2: Select the 2-3 UNHEALTHY BEHAVIORS that you feel have the greatest impact on our community.

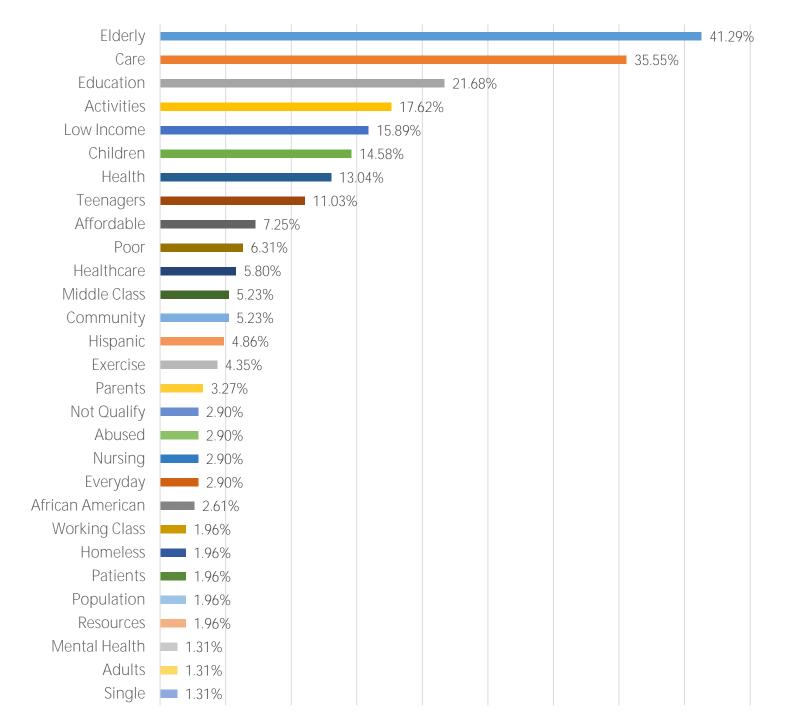


Q3: Select the 2-3 COMMUNITY ISSUES THAT IMPACT HEALTH that you feel have the greatest impact on our community.

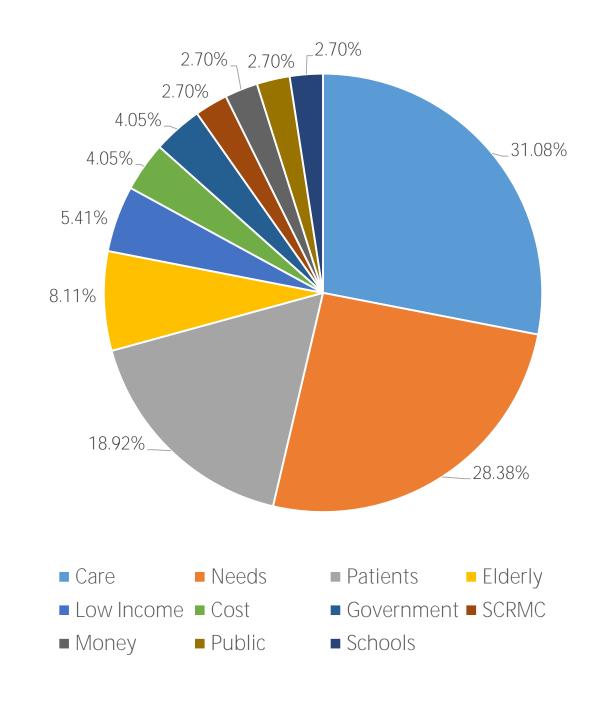


Q4: Are there population groups that you believe are underserved in the community? If so, which group(s) and in what way are they underserved?

\*Graph represents the top reported issues from respondents.



Q5: If you would like to express an opinion about patient access and/or health resource needs, please mention it here. Also, please use this space for any comments you would like to make regarding this survey.



<sup>\*</sup>Graph represents the top reported opinions from respondents. Sample of actual respondents can be found on the following pages.

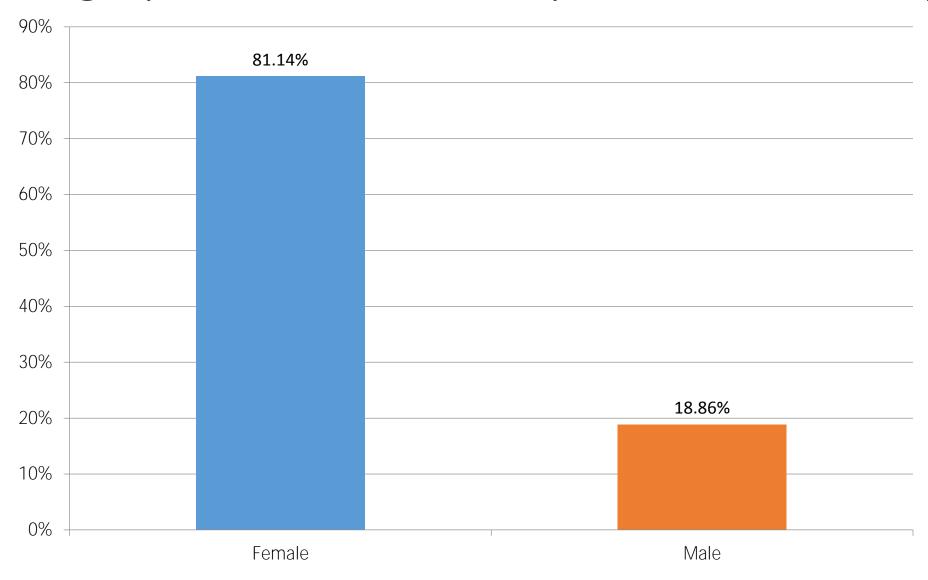
#### Sample responses to question 5.

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	Responses
1	Post discharge follow-up creates gaps in care. This leads to readmits. I would like to see our Care mgt department grow so a greater population of patients can receive the care they need from home
2	Services are available in many cases, however, people do not take responsibility for their health.
3	I do believe pts need a disease/diet informational kiosk in clinics and it would be great if grocery stores would put up a kiosk with diet information for people who are supposed to watch their sugar, cholesterol, calories etc.
4	While South Central has good resources access is still the greatest issue along with cost.
5	Our hospital could educate more on how to use our patient portal to access patient information
6	Patient access is readily available. It is those that abuse the system because they have insurance(Medicaid) that do not have them pay for their visit. They use the emergency room as their personal doctor's office
7	Our community is mostly poor that get Medicaid and low income that doesn't qualify for any medical and dental care. The group that falls through the cracks. Also a large group of people that have mental health issues and a lack of care. Also in our area we have an increase in drug use and if a family is middle class it cost so much for rehab and care.
8	More caring physicians - not so "in a rush" to be done with you type of care More thorough patient care
9	more health resource for middle class
1(	We need more community awareness events. One community health fair a year is not enough to address the community we serve.
11	In some instances there is not an healthcare coverage that is affordable for some and not eligible for others who would gladly pay to have an adequate amount of health care coverage. There needs to be more information to those who are willing to pay a portion of the cost to get the coverage and help that they need in order to comply with health care issues.
12	2 Some patients have access to resources but do not use them.
13	Low income families tend to have more difficult time buying healthy foods such as fresh fruits/vegetables. They usually have to go for cheaper options such as can items which contain salt and preservatives. Also exercise seems to be an issue or lack of. I'm not sure if its lack of education of the benefits or the draw of electronics. Wish there could be more free community walks, yoga classes, or pilates for example that are free and open to the public.

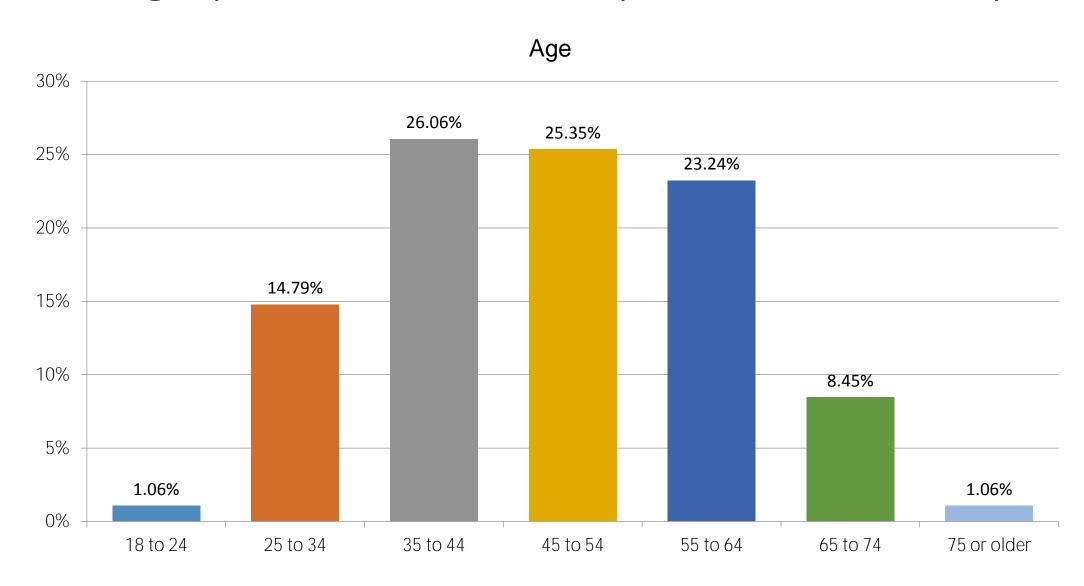
#### Sample responses to question 5, continued.

	Responses
14	Health care needs resources are adequate for a community of this size. Our community needs to do a better job of education our community on good nutrition and exercise as well as preventative healthcare measures.
15	We are very PROUD of SCRMC here in Laurel, Ms. We have great Dr. and Nurses that are caring and are some of the finest and most educated and compassionate people out there!
16	Obesity education in schools and for parents might be useful.
17	Make information, educational programs more available for the working public often these education programs are during the time when these people are at work and unable to take off to attend
	MANY MEDICARE PATIENTS ARE UNAWARE OF CERTAIN HEALTH BENEFITS SUCH AS SCREENINGS THAT ARE COVERED AT 100% BY THEIR INSURANCE. THESE PATIENTS ARE IGNORED AND DONT UNDERSTAND HALF OF WHAT'S PRESENTED TO THEM. THERE SHOULD BE SOMEONE IN PLACE TO NOT ONLY GIVE THEM THE RESPECT AND ATTENTION TO THEM BUT EXPLAIN IN DETAIL ABOUT THE FOREVER CHANGING HEALTH CARE SYSTEM.
19	I feel that SCRMC does a great job providing proper access to quality healthcare.
20	Far too many patients leaving our area for certain types of care: Cardiology, Urology, OB GYN, as well as family practice or internal medicine
21	I think the Hospital serves the needs of our community withing the limits of its resources and expertise.
22	Community Health Centers provide care to the poor and underserved. However, many do not know about this facility.
23	Support Groups needed at Behavioral Health Clinic. Access to exercise equipment outside of Wellness Center.
	There is a lack of transportation for patients who have commercial insurance and elderly patients whose family members work or do not own vehicles. There is also a lack of outreach and education for elderly patients who are home bound without family members to assist. Our area also has limited access to healthy foods and lack of education regarding food choices and how they affect different diseases/illnesses.
25	We really need more transportation options for patients and better meal options for patients in the community.
26	Access to health care services, chronic care education, is key. Continue to provide your teen pregnancy prevention program in the schools.

## Demographics of Community Members Surveyed

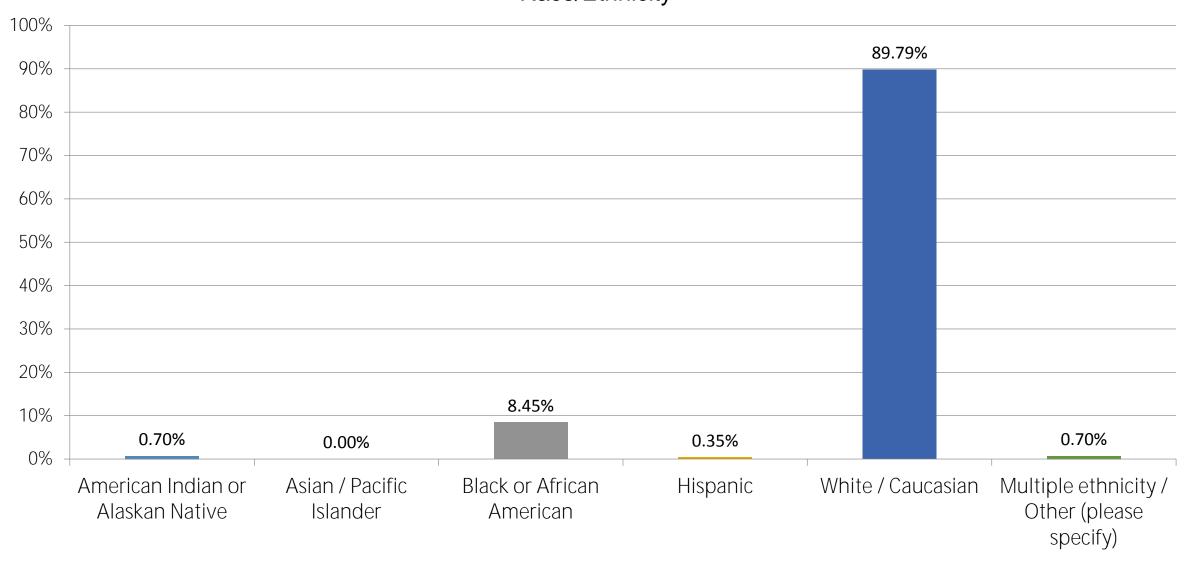


### Demographics of Community Members Surveyed



## Demographics of Community Members Surveyed

#### Race/Ethnicity



# Summary of Health Issues In Jones County, MS

## Significant Health Issues

Significant Health Issues	Significant Contributors
Heart Disease/Obesity	Obesity
Cancer Teen Pregnancy	Physical Inactivity Drug & Alcohol Abuse/Health Education
Teen regnancy	Drug & Alcohol Abuse/Flediti Education
HIV	Drug & Alcohol Abuse
MVA fatalities	Lack of car seat and belt restraint use
Premature death (before age 75)	Lack of resources for Low Income
Low Birth Weight	Insufficient primary care providers
Sexually Transmitted Disease	Unprotected Sex
Cerebrovascular Disease	Unhealthy diets

## **Current Local Resources**

Health Issue	Local Resource	Resource Sufficiency
Obesity	Health Department	
Obesity	Laurel Surgery Clinic	
Obesity	South Central Wellness Center	
Obesity	South Central Nutritional Services Department	
Obesity for employees at SCRMC	South Central Human Resources Department	
at service	Department	
Teen Pregnancy	TGIF	

#### SCRMC LEADING THE REGION

South Central Regional Medical Center has been a leader in Health Education and Outreach Programs since 1990. The South Central Health System is Committed to a healthier Jones County.

## Key Health Issues Targeted by SCRMC

In the following section of this document, you will see the community health issues targeted in this Community Health Needs Assessment and South Central Regional Medical Center's action plans to address each issue.

### Issue 1: Teen Pregnancy Contributor: Unprotected Sex

Plan of Action: Promote abstinence campaign in the public schools. Include the negative impact of alcohol and drugs on the body.

- Conduct the TGIF (Teens Getting Involved for the Future) retreat. (11<sup>th</sup> & 12<sup>th</sup> grade students)
- Teach the student instructors the complete abstinence based curriculum/campaign
- Include the negative impact of drugs & alcohol in the curriculum.
- Conduct practice sessions where the student instructors teach each other the curriculum.
- Schedule the dates the student teachers will provide training in the classrooms with school counselors.
- Assign student teachers to each instruction session.
- Pre-test students before training begins.
- Provide post-test to students at the conclusion of training.
- Evaluate results or program.
- Monitor teen pregnancy rate.

Issue 1: Teen Pregnancy (Continued)
Contributor: Unprotected Sex

Plan of Action: Promote abstinence campaign in the public schools. Include the negative impact of alcohol and drugs on the body.

- OB-GYN providers scheduled to speak to high school students
- Conduct an educational luncheon about teen pregnancy for representatives from Jones County and Laurel City Schools. TGIF Coordinator, Choices Clinic, and State Department of Health will provide education.
- Provide assistance to Choices Clinic of Laurel, including advertisement through HealthBreak, a 2 minute news segment.

Issue 2: Obesity

Contributor: Lack of Education and Exercise

Plan of Action: Develop a health program focusing on healthy eating and exercise for SCRMC employees, then promote in the community.

- Promote the importance of a well balanced diet & exercise.
- Provide portion information so employees will understand the correct amount of food that should be eaten.
- Enhance the salad bar, but educate about the appropriate portion size & calories in dressing.
- Encourage people to drink eight 8 oz. glasses of water a day.
- Explain the benefits of drinking water instead of soft drinks.
- Generalize community education regarding healthy eating
- Maintain nutrition and exercise program for children at South Central Wellness Center
- Build a new Wellness Center
- Add new exercise program, Les Mills, to the Wellness Center
- Conduct bi-annual Children's Health Fair

## Issue 2: Obesity (Continued) Contributor: Lack of Education and Exercise

Plan of Action: Develop a health program focusing on healthy eating and exercise for SCRMC employees, then promote in the community.

- Provide television segments, articles, and Community Education about healthy living topics
- Continue to host 5K and Fun Run
- Provide educational material regarding healthy living to clinics for distribution to patients
- Continue to sponsor area sports programs to support exercise
- Continue to provide weight loss surgery
- Continue Diabetes Education Classes and Support Group
- Healthy living social media campaign
- Continue to provide Sports Performance+ classes to ages 8 and up

Issue 3: Cancer

Contributor: Poor Nutrition, Tobacco Use, Sun Exposure, Lack of Screenings, and Lack of Regular Health Check-Ups

Plan of Action: Develop programs which will promote prevention and early detection of cancer.

- Include the following topics in HealthBreak segments, on South Central Vision, at Health Fairs, in Articles, social media, and in Community Electronic Newsletter:
  - Breast Cancer
  - Prostate Cancer
  - Lung Cancer
  - Skin Cancer
- Screen for cancer during the year at Health Fairs, and Industrial events.
- Document the number of individuals diagnosed with cancer during the screenings. Monitor cancer death rates by diagnosis.
- 2017 Colon Cancer Awareness Campaign
- Develop a reminder program with Radiology Department for mammograms
- Revisit preventative referrals from clinics
- Maintain advanced technology in Radiology Department CAD systems & 3D ultrasound

## SCRMC Anticipated Annual Monetary Contribution Toward a Healthier Jones County

Program	Annual SCRMC Contribution
Anticipated Annual Cost Of Uncompensated Care for One Fiscal Year	\$13,900,000
Anticipated Health Education/Screening Costs for One Fiscal Year	\$52,000
Anticipated Cost to Promote Healthy Eating for One Fiscal Year	\$15,000
TOTAL	\$13,967,000

## Issues Not Addressed and Why

Most all of the health problems identified through South Central Regional Medical Center's Community Health Needs Assessment occur due to poor nutrition and exercise, and the lack of community education. To be effective, we are targeting 3 key areas in the upcoming years. The areas we will be targeting are cancer, poor health and nutrition, and teen pregnancy. Others will be selected later.