



South Central
Regional Medical Center

COMMUNITY HEALTH NEEDS ASSESSMENT 2024

Prepared By

Carr, Riggs & Ingram



Table of Contents

Our Commitment to Community Health	4
Message From Our President and CEO	4
About Us	4
2024 CHNA Executive Summary	7
CHNA Leadership	7
Our Research Partner	7
Methodology and Community Engagement	8
Community Health Priorities	8
Board Approval	8
Primary Service Area Description	10
Social Determinates of Health	11
Background	11
Understanding Health Equity	11
Area Deprivation Index	11
Social Vulnerability Index	12
Distressed Communities Index	13
Vizient Vulnerability Index	13
Priority Health Needs	15
Community Overview and Trends	15
Priority #1: Heart Disease	16
Priority #2: Cancer	16
Priority #3: Drug Abuse	17
Priority #4: Community Awareness & Education	17
Service Area Population Trends	19
Demographics	19
Income and Work	21
Food Insecurity	23
Education	23
Housing	24
A Closer Look at Health Statistics	27
Access to Healthcare	27



Uncompensated Care Cost	28
Health Risk Factors and Chronic Diseases	29
Heart Disease	30
Cancer	31
COPD / Emphysema	33
Stroke.....	34
Diabetes.....	35
Substance Use Disorder	36
Community Health Needs Assessment.....	38
Background.....	38
Community Health Needs Assessment Distribution Methods.....	38
Survey Findings	39
2021 Community Health Improvement Plan Progress.....	42
Priority #1: Heart Disease and Obesity	42
Plan of Action	42
Response to Stated Strategies.....	42
Priority #2: Cancer and Preventable Risk Factors	43
Plan of Action	43
Response to Stated Strategies.....	43
Priority #3: Mental Health and Lack of Resources	43
Plan of Action	43
Response to Stated Strategies.....	43
2024-2027 Community Health Improvement Plan	45
Priority #1: Heart Disease	45
Plan of Action	45
Priority #2: Cancer.....	45
Plan of Action	45
Priority #3: Drug Abuse	45
Plan of Action	45
Priority #4: Community Awareness & Education	46
Plan of Action	46
References	47



Our Commitment to Community Health

Message From Our President and CEO

At South Central Regional Medical Center, we are profoundly dedicated to improving health and advancing equity in our surrounding communities, extending our passion far beyond our physical facilities. This commitment is particularly evident in our Community Health Needs Assessment, where we join forces with community stakeholders to tackle the unmet needs of our region's most vulnerable and underserved populations. Together, we have achieved remarkable progress in breaking down barriers to care and providing essential support, empowering individuals and families to embrace their healthiest lives.

We genuinely cherish the opportunity to be woven into the fabric of this community, and your voices resonate deeply with us. As you explore this report, we invite you to reflect on how you can contribute to enhancing health and medical services in our area. We all share this beautiful community—living, working, and enjoying it together. United, we can foster a healthier environment for everyone and fulfill our mission. We eagerly anticipate collaborating with you to uplift the overall health of those we serve.

Gregg Gibbes
President and CEO

About Us

Established in 1952 as Jones County Community Hospital, South Central Regional Medical Center (SCRMC) started as a 105-bed hospital that employed 58 Jones County residents. The name was

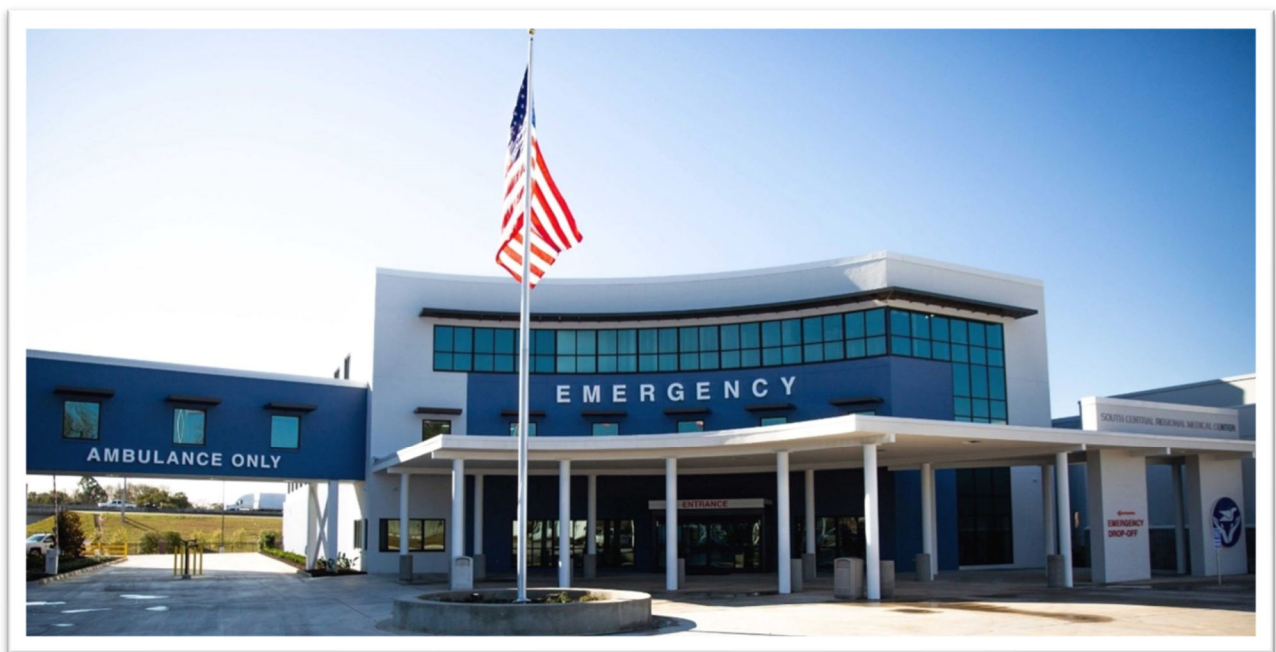


changed in 1989 to reflect the facility's commitment to changing the face of healthcare through excellent care and service, not only for residents in Jones County but also for those in the surrounding region. Since 1952, SCRMC has evolved into a 285-bed regional medical center with a workforce of over 2,100 employees and 120 healthcare professionals. SCRMC is dedicated to serving patients in the region by offering cutting-edge healthcare services, creating employment opportunities, and boosting the local economy with an annual economic impact of nearly \$444 million.



Today, SCRMC offers the following for the region:

- 285-bed hospital, including a 30-bed emergency department
- Over 80 physicians on staff
- Over 40 mid-level providers on staff
- Over 25 medical specialties
- 2,100 employees
- 24 medical clinics
- 2 nursing homes
- Wellness and Outpatient Rehabilitation Division
- Ambulance Service
- Outpatient Behavioral Health
- Cancer Center
- Children's Learning Center
- Home Health and Hospice Division
- 2 Joint Ventures – including Laurel Surgery & Endoscopy Center and Open Air MRI, LLC



In conjunction with the hiring of Gregg Gibbes as President and CEO in 2023, SCRMC entered into partnerships with multiple rural community hospitals in the state's south-central region. As the CEO of Covington County Hospital (CCH), Magee General Hospital (MGH), and Simpson General Hospital (SGH), Gibbes had already spearheaded a consortium among the three hospitals. This collaboration improved resources and increased the pool of expertise for all hospitals involved, ultimately benefiting each hospital's individual community. With SCRMC now included each of the small rural hospitals anticipates an even greater ability to remain independent and thrive in a tremendously challenging industry environment.



CCH and SCRMC have announced a partnership to reopen a hospital in Raleigh that will serve residents of Smith County and the surrounding areas. The facility previously operated as Patients' Choice Medical Center and will reopen as Smith County Emergency Hospital in Fall 2024. This new Rural Emergency Hospital will be a lifesaver for Raleigh, Smith County, and surrounding communities. This continues an already successful partnership; adding another hospital to the mix will address a significant need in the Smith County area and strengthen the existing affiliations.

SCRMC is committed to advancing medical education and enhancing patient care through forward-thinking partnerships. On July 23, 2024, ten third-year medical students from William Carey University's College of Osteopathic Medicine program began their mentored clinical rotations at SCRMC. During their time here, they will gain invaluable hands-on experience while helping to uphold the high standards of patient care for which the medical center is renowned. The introduction of these medical students into SCRMC's clinical environment, along with the hospital's plans to start a physician residency program on July 1, 2025, aligns perfectly with our mission to deliver exceptional healthcare while nurturing the next generation of dedicated medical professionals.



SCRMC completes a community health needs assessment (CHNA) every three years. Through this work, we identify the unmet needs in the community and strategically plan how we can best address those needs. The purpose of this CHNA report is to provide SCRMC with a functional tool to guide us as we work to improve the health of the community we serve and adhere to our mission: *Excellent Care and Service. Every Patient. Every Interaction. Every Time.*



2024 CHNA Executive Summary

CHNA Leadership

The 2024 CHNA was supervised by a steering committee comprising representatives from SCRMC, with input from community stakeholders. These individuals acted as liaisons between the hospital and the communities it serves.

CHNA Steering Committee Members:

- Katie Townsend, Creative Director & Brand Strategist
- Lane Staines, General Counsel & Compliance Officer
- Samantha Andrus, Administrative Chief of Staff
- Jeremy Rogers, ED Medical Director & Physician
- Dean Nickens, Home Health & Hospice Director
- Jan Bates, Clinic Director (Urology, General Surgery, Pain Center, Podiatry)
- Sherry Brewer, Chief Nursing Officer
- Becky Brewer, SCRMC Board of Trustees

Our Research Partner

SCRMC had assistance in conducting the CHNA from Carr, Riggs & Ingram (CRI). Stretching from New Mexico to North Carolina, CRI is a nationally ranked full-service accounting and advisory firm among the top 25, offering innovative tax, accounting, audit, consulting, and advisory services to more than 100,000 clients in the U.S., Canada, Mexico, Puerto Rico, and overseas military installations. From traditional accounting services to cutting-edge business support, technology resources, and assurance offerings, CRI's breadth and depth of expertise have helped our clients in over 20 industries transition from compliance to competitive advantage for more than 25 years.



CRI's Healthcare Advisory team serves hundreds of hospitals and health systems across the South in various capacities, including independent financial statement audits, cost reporting, value-added reimbursement engagements, and nearly everything in between. We collaborate with and support numerous hospital associations and advocacy groups to contribute to the success of hospitals and health systems throughout our firm's expansive footprint. CRI's Healthcare Advisory offers the following services to our clients:

- Accounting
- Agreed Upon Procedures (AUPs)
- Audit and Single Audit
- Compilation
- Cost Reporting
- Cybersecurity
- DSH and Supplemental Payment Programs (Medicare and Medicaid)
- Employee Benefit Plans
- Fraud & Forensics
- HIPAA & IT Risk Assessment
- HITRUST Certification
- Review
- Strategic Advisory Services, **including CHNAs for dozens of hospitals and health systems**
- Transaction Advisory Services
- Valuations



As we look to the horizon, we at CRI are poised to redefine what's possible, and we invite our clients, old and new, to join us in shaping the future. Learn more about our work at www.cricpa.com.

Methodology and Community Engagement

The 2024 CHNA utilized quantitative research and community discussions to identify health trends and disparities in Jones County. By analyzing statistical health indicators and gathering input from community stakeholders, priority areas were established. These findings will inform healthcare services, health improvement initiatives, and serve as a resource for various health and social service programs.

Community engagement was central to the 2024 CHNA. Input was gathered from individuals representing the community's diverse interests, including underserved, low-income, and minority populations. They shared perspectives on health trends, information on existing community resources, and insights into service delivery gaps that contribute to health disparities and inequities.

The following research methods were used to determine community health needs:

- Statistical analysis of demographic, socioeconomic, and health indicators
- An online Community Health Needs Assessment disseminated to the community to solicit information about local health needs and opportunities for improvement
- Interviews with community members, including those representing underserved areas, to better understand barriers to healthcare access and preferences

Community Health Priorities

To promote health equity, it is crucial to allocate resources and efforts towards the most pressing health needs within the community. With input from community partners and an assessment of the hospital's strengths and resources, the leadership at SCRMC has identified the following community health priorities to focus on in the 2024-2027 Community Health Implementation Plan:

1. Heart disease
2. Cancer (trachea, bronchus, lung, female breast, prostate)
3. Drug abuse
4. Community awareness & education

Board Approval

Section 501(r)(3)(A) requires tax-exempt hospitals to conduct a CHNA every three years with the communities they serve. The hospitals then must develop an implementation strategy to meet the needs identified through the CHNA.



The Internal Revenue Service outlines the steps a hospital must complete in order to conduct a CHNA:

1. Define the community it serves.
2. Assess the health needs of that community.
3. In assessing the community's health needs, solicit and take into account input received from persons who represent the broad interests of that community, including those with special knowledge of or expertise in public health.
4. Document the CHNA in a written report (CHNA report) that is adopted for the hospital facility by an authorized body of the hospital facility.
5. Make the CHNA report widely available to the public.

Failure to comply with these guidelines could result in a fine by the IRS of \$50,000, and the possibility of losing the organization's tax-exempt status. Based on these guidelines, SCRMC's CHNA report would be due to be completed and board approved by their fiscal year end of September 30, 2024.

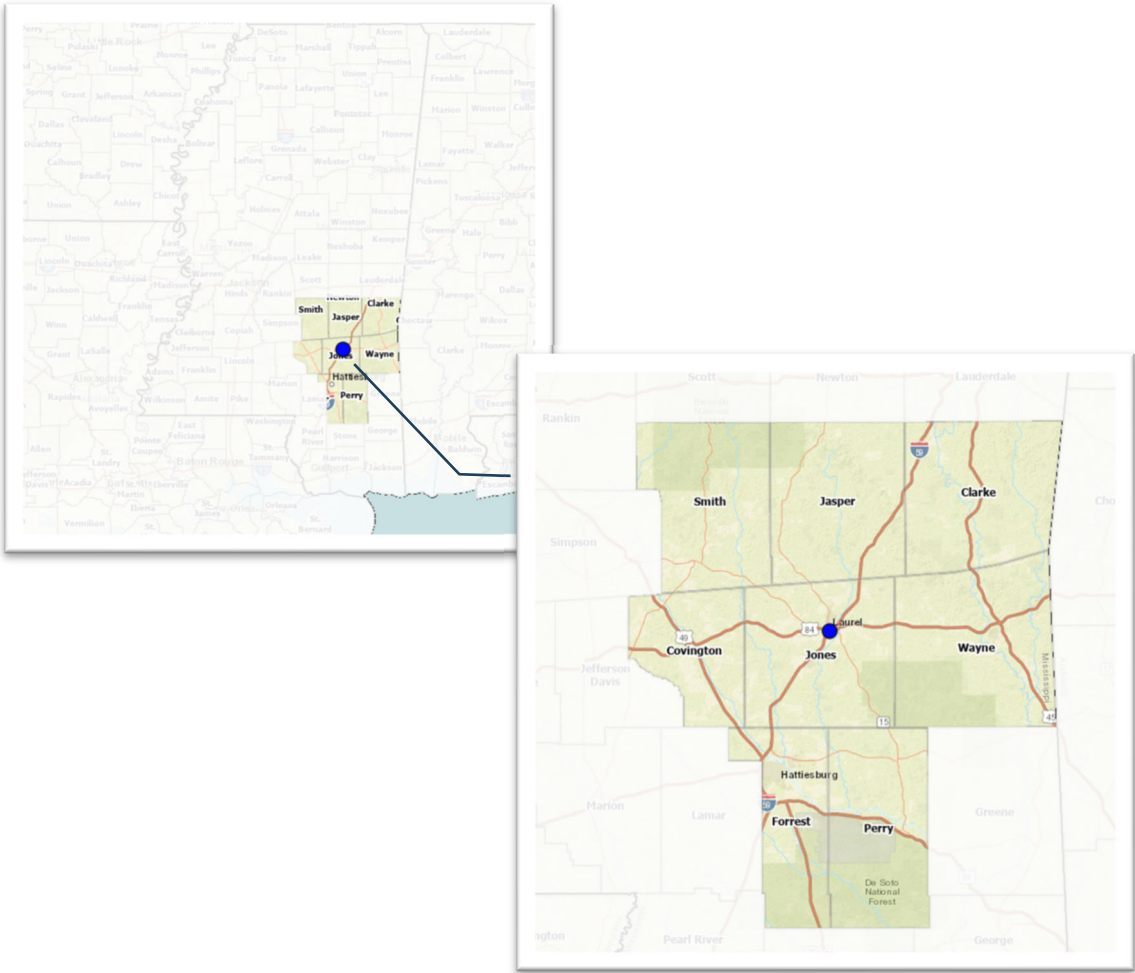
The 2024 CHNA report and Community Health Improvement Plan (CHIP) were presented to the SCRMC Board of Directors and received approval on August 27, 2024. Following the Board's endorsement, both the CHNA and CHIP reports have been made accessible electronically on SCRMC's website (www.scrmc.com). Additionally, a printed copy can be obtained from the hospital's administrative office.



Primary Service Area Description

Based on the data from CMS's 2022 Medicare Hospital Market Service Area File, Jones County is the main geographic area served by the facility, accounting for 72.2% of the facility's Medicare cases. Additional counties served by the facility include Jasper, Smith, Wayne, Clarke, Covington, Perry, and Forrest.

Jones County, located in southern Mississippi, was established in 1826 and named after American patriot John Paul Jones. In its formative years, the county encountered economic challenges marked by a small population and limited agricultural output. As time passed, the county's population grew steadily, and a thriving industrial sector began taking shape. The discovery of oil in the early 20th century bolstered the local economy, propelling Jones County into a period of economic prosperity. Jones County has become a showcase of history rich with significant events and influential figures in Mississippi's diverse narrative.



Social Determinates of Health

Background

Social determinants of health (SDOH) refer to the conditions in the places where people are born, live, learn, work, play, worship, and grow older that influence their health, daily functioning, and overall quality of life. These factors and systems affect everyday life, including economic policies, social norms, and political structures. In simpler terms, these are the areas where investing resources and focusing on public health can make a significant difference.

SDOH can be grouped into 5 domains:

1. Economic stability
2. Education access and quality
3. Health care access and quality
4. Neighborhood and built environment
5. Social and community context

Addressing disparities in SDOH accelerates the path toward health equity, ensuring that everyone has the opportunity to achieve their optimal level of health. Research indicates that SDOH influence health more significantly than genetic factors or access to healthcare. The impacts of SDOH are extensive and deeply embedded in our society, resulting in unequal access to a variety of social and economic resources, such as housing, education, income, and employment. These inequalities elevate the risk of poor health for individuals.

Promoting healthy choices alone will not address the health disparities caused by SDOH. Instead, public health organizations, along with their partners in sectors such as education, transportation, and housing, need to collaborate to create social, physical, and economic conditions that enable all individuals to attain good health and well-being.



Understanding Health Equity

Area Deprivation Index

Living in disadvantaged neighborhoods is associated with health issues such as higher rates of diabetes and heart disease, increased use of health services, and reduced lifespans. Health initiatives that overlook neighborhood disadvantages may prove ineffective.



The Area Deprivation Index (ADI), developed by the Health Resources and Services Administration (HRSA) more than thirty years ago, has been refined by Amy Kind, MD, PhD, and her team at the University of Wisconsin-Madison. This index ranks neighborhoods based on socioeconomic disadvantage, considering factors such as income, education, employment, and housing quality, and aids in healthcare delivery and policy formulation for the most challenged areas.

ADI scores from within this state alone are ranked from lowest to highest, then divided into deciles with 1 being the least disadvantaged block groups and 10 being the most disadvantaged block groups. **Jones County's 2022 ADI Score was 6.00, indicating that the neighborhoods in Jones County are slightly more disadvantaged than usual, but the discrepancy is not significant.**

Area Deprivation Index (ADI) 2022

	Jones County, MS
Overall	6.00

Social Vulnerability Index

Social vulnerability refers to the social and economic factors that make certain communities more susceptible to difficulties during public health emergencies and other challenging situations that can result in illness or injury. Issues such as poverty, limited access to transportation, and overcrowded housing can diminish a community's capacity to cope with and adapt to these public health challenges.

The CDC/ATSDR Social Vulnerability Index (SVI) is a tool that helps identify communities that may be at risk and in need of assistance before, during, or after disasters. It includes data and maps that display various factors related to social vulnerability. These factors are organized into four main themes, which are subsequently combined to yield an overall score of social vulnerability for each community.

SVI is a percentile ranking with possible scores ranging from 0 (indicating the lowest vulnerability) to 1 (indicating the highest vulnerability). **Jones County's overall SVI was 0.2716, which indicates a low to medium level of vulnerability. All sub-indicators fall below "low to medium," except for household characteristics, which indicate a high level of vulnerability (0.7654).** The following elements comprise this sub-indicator:

- Individuals aged 65 and older
- Individuals aged 17 and younger
- Civilians with a disability
- Single-parent households
- Proficiency in the English language



Social Vulnerability Index (SVI) 2022

	Jones County, MS
Overall	0.2716
Socioeconomic Status	0.0988
Household Characteristics	0.7654
Racial and Ethnic Minority Status	0.2716
Housing Type/Transportation	0.4198

Distressed Communities Index

The Distressed Communities Index (DCI) highlights significant disparities in economic health across various communities in the U.S. Utilizing seven socioeconomic characteristics from the latest Census data, areas are categorized into five groups based on their well-being: prosperous, comfortable, mid-tier, at risk, and distressed.

This index is equivalent to percentiles, allowing us to examine the inequalities both within and among different cities and states. Distress Scores range from 0 (most prosperous) to 100 (most distressed). **Jones County is at risk with a distress score of 77.1 and ranks 41 out of 82 counties in Mississippi.**

Distressed Communities Index (DCI) 2024

	Jones County, MS
Overall	77.10
No high school diploma	14.0%
Poverty rate	21.7%
Adults not working	27.2%
Housing vacancy rate	14.4%
Median income ratio	88.9%
Change in employment	-0.5%
Change in establishments	-3.1%

Vizient Vulnerability Index

The Vizient Vulnerability Index (VVI) serves to identify the social needs and challenges that pertain to the accessibility of healthcare services within diverse neighborhoods, which may influence an individual's overall health. The data derived from the VVI file empowers users to address nine distinct domains of vulnerability, encompassing all five categories of SDOH.

VVI scores span from -3.000, denoting a lower degree of vulnerability, to 3.000, indicating a higher degree of vulnerability. An overall vulnerability score that exceeds 1 signifies an area classified as "high vulnerability," thereby indicating that these neighborhoods face challenges that are considerably more serious than the national average.



The overall VVI score for Jones County is 0.850, which signifies that the county is on the cusp of high vulnerability. The sub-indicator in which Jones County exhibited the greatest degree of vulnerability is Neighborhood Resources, with a score of 2.397. The following elements comprise this sub-indicator:

- Lack of access to parks
- Existence of food deserts
- Availability of broadband services and corresponding household broadband subscriptions
- Sales of alcoholic beverages
- Dispensing of opioid medications

Vizient Vulnerability Index (VVI) 2020

	Jones County, MS
Overall	0.850
Economic	0.687
Education	0.591
Health Care Access	0.719
Neighborhood	2.397
Housing	-0.342
Clean Environment	-0.273
Social	0.284
Transportation	-0.228
Public Safety	-0.621



Priority Health Needs

As illustrated in the previous section, Jones County has several areas of vulnerability and socioeconomic challenges that we need to consider. However, it is important to focus our resources and activities on the most pressing health needs in our community. To decide which issues to prioritize in the next three years, SCRMC collected input from community partners and stakeholders to identify three key health needs. Based on this feedback, SCRMC will direct its efforts towards these priorities for 2024-2027:

1. Heart disease
2. Cancer (trachea, bronchus, lung, female breast, prostate)
3. Drug abuse
4. Community awareness & education

Strategies to address the priority areas will reflect community population trends and stakeholder feedback, as highlighted in the following subsections.

Community Overview and Trends

While SCRMC serves multiple counties in the heart of southern Mississippi, its principal service area is the vibrant community of Jones County. With few exceptions, Jones County mirrors the demographic, socioeconomic, and public health trends of the broader state of Mississippi, indicating that residents in the surrounding counties face similar issues to those in Jones County.

According to the 2022 Census, Jones County boasts a population of 66,569. The county's population has seen a 3.0% decline since the 2012 Census, a trend that aligns with Mississippi's overall population shifts. Approximately two out of three residents in Jones County identify as white; however, it is worth noting that the community has experienced a remarkable surge in the growth of non-white residents, with the multi-racial population nearly doubling since 2012.

The region is characterized by an aging community, where 17.3% of its residents are aged 65 and older, surpassing the national average of 16.5%. This segment has grown by an astonishing 84.7% since 2012, largely driven by the aging baby boomer generation. In contrast, the younger population has seen a decline of 13.9%; however, it is important to note that one in four residents of Jones County are under 18. This demographic mix requires healthcare providers to thoughtfully navigate the delicate balance between reactive care for the elderly and proactive strategies for the youth.

About one in four residents of Jones County face poverty, compared to one in eight residents nationwide. Furthermore, approximately one in five individuals in Jones County grapples with the challenge of food insecurity. This struggle is not confined to Jones County alone but is part of a wider crisis in the southern United States, where food insecurity is often intertwined with poverty levels. Despite this, there is a glimmer of hope: Over the past decade, Jones County has experienced a significant reduction of approximately 13.0% in the poverty rate, including a commendable 26.4% decrease in the number of children living in poverty.

Residents in Jones County are more likely to be homeowners than their peers in other regions. About three out of four residents live in owner-occupied housing, surpassing both state and



national averages. Although fewer residents live in rental properties compared to state and national figures, it is crucial to acknowledge that over half of the renters face cost burdens, spending more than 30% of their income on rent. Furthermore, residents in Jones County are less likely than their peers in Mississippi and across the nation to enjoy the benefits of an internet subscription, highlighting the disparities that still exist in accessing essential services.

Priority #1: Heart Disease

Heart disease is the leading cause of death in Jones County, a sobering reality that reflects the same crisis in Mississippi and across the nation, underscoring the urgency of this widespread issue. Ischemic heart disease, a largely preventable condition, tragically contributes to a significant portion of these deaths (16.7% in Jones County). This stark reality presents a vital opportunity for the medical center to step up, implement preventive measures, and genuinely improve health outcomes for the residents of Jones County.

The CDC has identified three main controllable risk factors for heart disease: high blood pressure, high cholesterol, and smoking. In Jones County, nearly half of the residents' struggle with high blood pressure, one in three faces high cholesterol, and one in five are current smokers. In response, the medical center is determined to take action by offering blood pressure screenings, sponsoring heart walks, and encouraging employees and patients to participate in Go Red for Women. Additionally, they aim to raise awareness about the important cardiac rehab programs and cardiac PET services already available. These initiatives become even more crucial considering that an alarming 56.4% of survey respondents report a lack of understanding regarding the services available in their community.

Priority #2: Cancer

Cancer is the third leading cause of death in Jones County. While some risk factors are beyond our control, adopting healthier lifestyle choices can significantly reduce the risk of many common cancers. For this reason, SCRMC is passionately committed to developing strategies for preventing select types of cancer, and we wholeheartedly encourage communities, organizations, families, and individuals to join us in this crucial fight. SCRMC will place a strong emphasis on trachea, bronchus, lung, female breast, and prostate cancer.

Trachea, bronchus, and lung cancer are the leading causes of death in Jones County, a somber reality that we must confront. According to the CDC, cigarette smoking accounts for an alarming 80% to 90% of lung cancer deaths nationwide; troublingly, one in five residents of Jones County identifies as a smoker. In response, our medical center is dedicated to promoting smoking cessation programs and raising awareness among patients about the low-dose radiation CT scans available to detect cancerous cells in their very earliest stages among older historical smokers.

Female breast cancer ranks as the third leading cause of cancer deaths in Jones County. Regular mammograms are our best defense, capable of detecting the disease early—sometimes as much as three years before symptoms appear. Yet, dishearteningly, only one in three senior women in Jones County has undergone a mammogram in the past year. With a 1-in-8 chance of developing invasive breast cancer in their lifetime, the importance of regular screenings cannot be overstated; very early-stage breast cancers have a remarkable 97 to 100 percent chance of being cured. Thus,



SCRMC is fervently committed to raising awareness about breast cancer and informing residents about essential screening options, including 3D Mammography and Dense Breast Screening. We are proud to offer a comprehensive cancer program at the South Central Cancer Center in Laurel.

Prostate cancer is the fourth leading cause of cancer deaths in Jones County, affecting men indiscriminately; however, older men, Black or African American men, and those with a family history are at greater risk. If you have concerns about your risk for prostate cancer, please don't hesitate to discuss screening options with your doctor. SCRMC is dedicated to highlighting the importance of screenings for men at higher risk and promoting its Cancer Care Center, which specializes in prostate cancer care.

Priority #3: Drug Abuse

Mortality data for Jones County in 2022 was obtained from the Mississippi State Department of Health, Office of Vital Records and Public Health Statistics. Unintentional injury ranked sixth; however, we excluded unintentional injuries as a primary cause of death to focus on issues where we can make the most significant impact as a medical center. Unintentional injury has multiple sub-causes over which we felt we had minimal influence, such as railway accidents, accidents involving animals, and allergic reactions. Overdoses are categorized under unintentional injury within the "poisoning-drugs" subcategories; however, this sub-category also includes poisoning by non-narcotics and hallucinogens.

Following an analysis of responses to our community health needs assessment survey, along with conversations with key stakeholders representing disadvantaged areas of the community, SCRMC concluded that drug abuse was a pressing health need in our community, even if the data did not readily reflect this due to sub-category restrictions. When asked to identify the behaviors they were most concerned about in their community, 79% of survey respondents stated drug abuse, making it the top area of concern. Additionally, when asked to provide any other comments they had about health issues in their community, multiple respondents mentioned drug abuse to some degree. Accordingly, the medical center plans to increase awareness of its medication-assisted treatment with Suboxone and its hospital-based alcohol and drug dependency facility as well as increase outreach to local school systems.

Priority #4: Community Awareness & Education

As discussed in the "Health Risk Factors and Chronic Diseases" section, the five leading causes of death in Jones County are largely preventable. By adopting healthier lifestyle choices, we can significantly reduce the risk of many of these diseases. At SCRMC, we are deeply committed to providing a range of services that empower residents to make these healthier choices; however, it pains us to know that many in our community may not be aware of these valuable resources.

It is concerning to note that 56.4% of survey respondents feel they lack an understanding of the services available to them. This sentiment is echoed in additional comments from survey participants, many of whom expressed a desire for SCRMC to implement services that are already offered. For instance, several individuals mentioned mental health resources, yet SCRMC already provides an outpatient psychiatric clinic that delivers individual and family counseling through qualified healthcare providers.



As a result of this apparent miscommunication, the medical center is passionately prioritizing community awareness and education. We aim to achieve this by focusing not only on risk factors but also on promoting the essential services we provide through engaging health fairs, on-demand webinars called HealthBreaks, and an increased distribution of educational materials.

A complete summary of the CHNA data findings for the SCRMC service area, along with state and national comparisons, follows in the next sections.



Service Area Population Trends

Demographics

Despite a nationwide population increase of +6.2%, both Mississippi and Jones County have experienced declines in population. Mississippi has seen a decrease of -1.5% since 2012, whereas Jones County has experienced a decline of -3.0%.

2022 Total Population

	Total Population	% Change Since 2012
Jones County	66,569	-3.0%
Mississippi	2,940,057	-1.5%
United States	333,287,562	6.2%

Jones County demonstrates a slightly lower level of racial diversity compared to Mississippi, with 64.2% of residents identifying as White, contrasted with the state's percentage of 55.7%. It is worth mentioning that Jones County's level of racial diversity is more in line with the national average of 60.9%. On the other hand, Jones County has a higher level of ethnic diversity than the state, with 4.9% of residents identifying as Hispanic or Latino, as opposed to the state average of 3.3%. When compared to the 2012 5-Year Estimates, all three - Jones County, Mississippi, and the nation - have experienced slight decreases in their White populations, ranging from -4.0% to -5.0%. Population growth in Jones County occurred exclusively among non-White residents. Notable changes include a slight increase in the Black or African American population in Jones County, as well as a significant 348.8% increase in the American Indian and Alaska Native population.

2022 Population by Race and Ethnicity

	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian and Other Pacific Islander	Some Other Race	Two or More Races	Hispanic or Latino (of any race)
Jones County	64.2%	28.5%	0.6%	0.5%	0.0%	3.3%	2.9%	4.9%
Mississippi	55.7%	36.6%	0.5%	0.9%	0.0%	1.7%	4.6%	3.3%
United States	60.9%	12.2%	1.0%	5.9%	0.2%	7.3%	12.5%	19.1%



Population Change by Race and Ethnicity, 2012 to 2022

	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian and Other Pacific Islander	Some Other Race	Two or More Races	Hispanic or Latino (of any race)
Jones County	-4.0%	2.4%	348.8%	-40.2%	0.0%	-17.1%	94.3%	0.4%
Mississippi	-4.7%	0.0%	-4.2%	10.0%	247.8%	76.6%	160.3%	23.5%
United States	-4.9%	6.3%	10.2%	28.6%	21.5%	35.1%	251.3%	22.2%

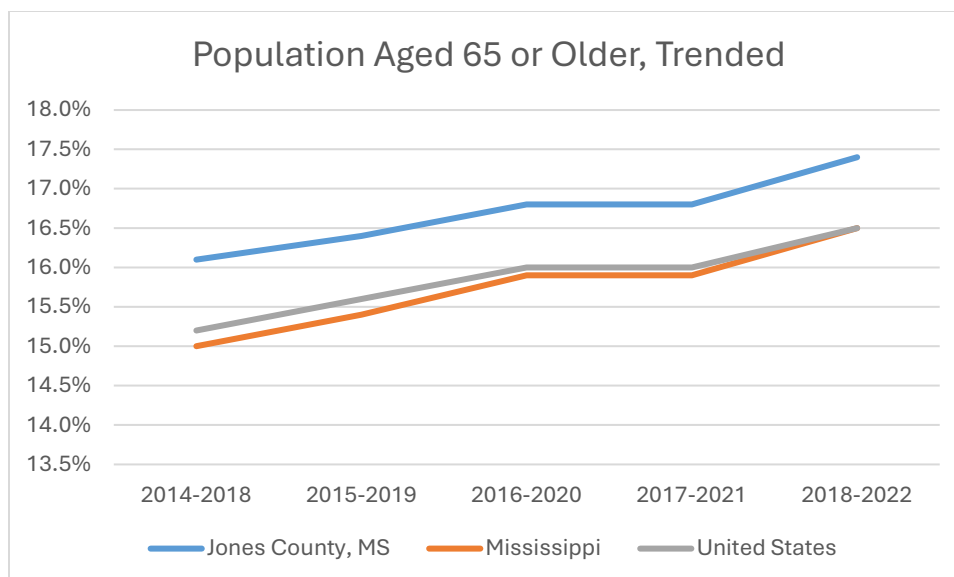
Jones County, Mississippi, and the United States have a similar age distribution, with Jones County having a slightly younger population (37.7 median age compared to Mississippi's 38.1 and the nation's 38.5). Nearly half of residents in Jones County are either under 18 years old (24.8%) or 65 years and over (17.3%). This demographic makeup necessitates healthcare providers to strike a balance between reactive care for the aging population and preventative care for the younger population. This presents an exciting opportunity for SCRMC to focus on preventative care for long-term benefits.

In recent years, there has been a significant increase in the population of individuals aged 65 and older in Jones County, Mississippi, and across the United States. This trend can largely be attributed to the aging of the baby boomer generation. Conversely, there has been a decline in the population under 18 years of age for all three. The rise in the older demographic in Jones County mirrors the national trend (84.7% compared to 86.1%), while the decrease in the younger population is more pronounced in Jones County (-13.9% versus -3.9%).

2018-2022 Population by Age

	Under 18	18-24	25-34	35-44	45-54	55-64	65+ years	Median Age
Jones County	24.8%	9.5%	11.9%	12.3%	11.3%	12.7%	17.3%	37.7
Mississippi	23.4%	10.1%	12.6%	12.5%	12.1%	12.8%	16.5%	38.1
United States	22.1%	9.4%	13.7%	12.9%	12.4%	12.9%	16.5%	38.5





Income and Work

The median household income in Jones County is comparable to that of the state; however, Jones County has a higher percentage of people in poverty in all categories except older adults. Over the past decade, Jones County has seen a significant decrease of approximately -13.0% in the percentage of residents living in poverty, including a notable -26.4% decrease in children living in poverty. While Mississippi has also experienced reductions in poverty rates, they are not as substantial as those seen in Jones County. Nonetheless, roughly 1 in 3 children living in Jones County continues to live in poverty.

A 5-year trend analysis reveals that Jones County saw an uptick in poverty percentages around the time of the COVID pandemic. However, data from 2022 indicates that the poverty level has returned to pre-COVID levels (21.4% in 2018 compared to 21.3% in 2022). It is important to acknowledge that individuals who are of non-White or Hispanic/Latino descent in Jones County are twice as likely to be in poverty, while only 12.4% of White residents are in poverty. While similar disparities among racial groups exist in both Mississippi and the nation, they are not as pronounced as those observed in Jones County.

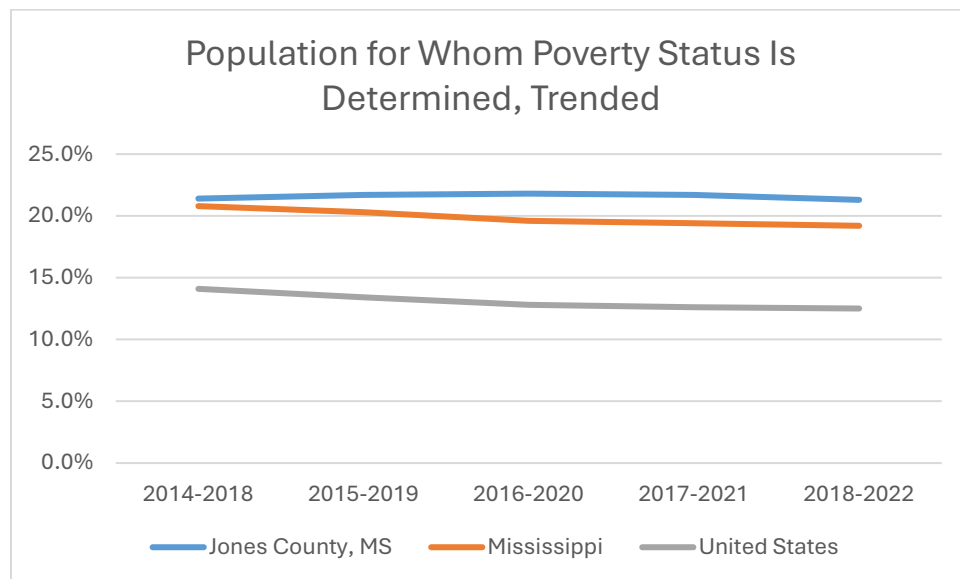


Economic Indicators

	Jones County	Mississippi	United States
Income and Poverty (2018-2022)			
Median household income	49,451	52,985	75,149
People in poverty	21.30%	19.20%	12.50%
Children in poverty	32.90%	26.80%	16.70%
Older adults (65+) in poverty	12.50%	13.40%	10.00%
Unemployment			
2008 - 2012	6.70%	10.60%	9.30%
2018 - 2022	3.70%	6.40%	5.30%

2018-2022 People in Poverty by Race and Ethnicity

	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian and Other Pacific Islander	Some Other Race	Two or More Races	Hispanic or Latino (of any race)
Jones County	12.4%	40.7%	48.2%	1.5%	0.0%	38.1%	18.7%	47.2%
Mississippi	11.9%	30.0%	31.8%	13.3%	33.2%	25.8%	21.6%	24.4%
United States	10.1%	21.5%	22.6%	10.1%	17.0%	18.6%	14.8%	17.2%



Food Insecurity

After the onset of economic challenges due to the COVID-19 pandemic, there was a significant increase in federal and local support programs. This helped stabilize or reduce food insecurity rates for a period of two years. However, as pandemic-related assistance programs ended and household expenses, including food costs, rose, food insecurity levels have subsequently increased.

When looking at 2021, it is evident that Jones County, Mississippi, and the United States all experienced their lowest food insecurity percentage in a five-year period thanks to federal and local support programs. However, all three entities are now facing their highest food insecurity percentage in 2022 due to the expiration of these programs after a two-year window. Alarmingly, approximately 1 in 5 residents in Jones County are experiencing food insecurity. It is important to note that this issue is not exclusive to Jones County, but rather a larger problem in the southern United States where food insecurity is closely tied to poverty levels. According to national data from the USDA, individual food insecurity rates are highest in the South (15.6% compared to 13.0% in the Midwest, 11.7% in the West, and 11.7% in the Northeast).

2018-2022 Food Insecurity

	Jones County	Mississippi	United States
Food Insecurity among the Overall Population			
2022	19.0%	18.8%	13.5%
2021	16.5%	16.3%	10.4%
2020	17.2%	16.2%	11.8%
2019	18.5%	18.5%	10.9%
2018	17.5%	18.7%	11.5%
Food Insecurity among the Child Population			
2022	22.5%	23.6%	18.5%
2021	17.7%	18.8%	12.8%
2020	20.7%	20.4%	16.1%
2019	21.8%	22.4%	14.6%
2018	21.6%	23.0%	15.2%

Education

When comparing Jones County to Mississippi, the educational attainment is fairly similar through associate's degree data, but Jones County slightly lags behind in terms of bachelor's degrees or higher (20.7% compared to Mississippi's 23.9%). Nonetheless, both areas fall behind the national average in higher education and consequently have higher percentages of the population with an educational attainment below a high school graduate level or equivalency.

In all three areas, individuals who are not of White or Hispanic/Latino descent (excluding Asians) face a higher educational disparity compared to White residents. In Jones County, White and Asian



residents make up 81.0% of residents holding a bachelor's degree or higher. While all three areas experience these educational barriers, the contrast is more pronounced in Jones County, particularly when examining data for Black or African American and Hispanic or Latino residents. Alarming, Hispanic or Latino residents represent only 3.0% of residents holding a bachelor's degree or higher, compared to 16.0% for the state.

2018-2022 Educational Attainment

	Less than 9th grade	9th to 12th grade, no diploma	High school graduate (includes equivalency)	Some college, no degree	Associate's degree	Bachelor's degree	Graduate or professional degree
Jones County	6.1%	7.8%	31.6%	23.2%	10.6%	12.5%	8.2%
Mississippi	4.6%	9.1%	29.8%	21.9%	10.6%	14.5%	9.3%
United States	4.7%	6.1%	26.4%	19.7%	8.7%	20.9%	13.4%

2018-2022 Population with a Bachelor's Degree or Higher by Race and Ethnicity

	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian and Other Pacific Islander	Some Other Race	Two or More Races	Hispanic or Latino (of any race)
Jones County	24.3%	12.9%	0.0%	56.7%	0.0%	5.0%	4.3%	3.0%
Mississippi	27.5%	17.5%	9.8%	45.8%	30.7%	16.0%	22.5%	16.0%
United States	36.5%	24.0%	15.8%	56.3%	18.7%	14.8%	28.3%	19.1%

Housing

Residents of Jones County exhibit a higher rate of homeownership compared to both state and national averages, with approximately 3 in 4 residents residing in owner-occupied housing. Additionally, homeowners in Jones County experience lower monthly ownership costs, leading to a reduced proportion of residents classified as cost-burdened. In comparison to the state and national figures, a smaller percentage of Jones County residents inhabit rental properties. While these renters benefit from lower monthly rents relative to similar demographics elsewhere, it is noteworthy that over half of renters in Jones County are considered cost-burdened.



2018 - 2022 Housing Indicators

	Owners			Renters		
	Occupied Units	Median Monthly Owner Costs	Cost-Burdened*	Occupied Units	Median Rent	Cost-Burdened*
Jones County	74.6%	1,183	22.7%	25.4%	779	51.7%
Mississippi	69.2%	1,311	25.9%	30.8%	896	50.3%
United States	64.8%	1,828	27.3%	35.2%	1,268	49.9%

* Residents whose monthly housing costs exceed 30% of their household income are considered cost-burdened.

Although lead has been banned from paint intended for residential purposes in the United States since 1978, older houses with lead paint still exist. These homes can expose children to lead, which can damage their kidneys, blood, and brains; at high levels, lead exposure can lead to coma, seizures, and even death. Children of minority races or ethnicities and those from low-income families are much more likely to be exposed to lead in their homes. Analyzing data from 2018 to 2022, Jones County's percentage of housing built before 1980 is in line with the national average but slightly higher than that of the state.

2018-2022 Housing by Year Built

	Before 1980	1980 to 1989	1990 to 1999	2000 to 2009	2010 to 2019	2020 or later
Jones County	49.0%	15.2%	12.7%	13.1%	9.8%	0.3%
Mississippi	43.0%	14.2%	16.5%	16.7%	9.2%	0.4%
United States	51.3%	13.2%	13.2%	13.5%	8.2%	0.6%

Individuals living in low-income neighborhoods and older homes throughout the United States often face challenges related to allergens, dampness, and mold. It is estimated that dampness and mold in these residences contribute to approximately 21% of current asthma cases. Excess moisture creates an optimal environment for the proliferation of dust mites and mold, which can also lead to infestations of cockroaches, rats, and mice. These pests produce allergens that can worsen asthma and other respiratory problems. The percentage of adults currently diagnosed with asthma in Jones County and Mississippi is slightly higher than that of the United States, but the difference is not significant.

2021 Current Asthma among Adults, Age-Adjusted

Jones County	Mississippi	United States
10.6%	10.0%	7.7%

The majority of adults in the United States use the internet; however, a significant number do not have access to broadband services at home. There are notable disparities in broadband access based on factors such as race or ethnicity, age, geographic location, education, and income. With an increasing number of hospitals and health systems adopting internet-based communication



and healthcare tools, it is essential to implement strategies that enhance broadband internet access in order to improve health outcomes. While the percentage of residents with access to a computer in Jones County is within 5 percentage points of that in Mississippi and the nation, 1 in 3 residents in Jones County lacks broadband access, compared to 1 in 5 in Mississippi and 1 in 9 in the nation.

2018 - 2022 Households with Digital Access

	With a computer	With an Internet subscription
Jones County	89.1%	67.3%
Mississippi	90.0%	80.0%
United States	94.0%	88.3%



A Closer Look at Health Statistics

Access to Healthcare

Access to preventive health care can prevent both disease and early death. Four out of five residents in Jones County have seen a doctor in the past year; however, many older adults are behind on crucial preventive services, including flu shots, PPV shots, colorectal cancer screenings, and mammograms. Oral diseases, which affect millions and can be linked to conditions like diabetes and heart disease, also plague the population. Regular dental visits can prevent these issues, yet half of Jones County's residents have not seen a dentist in the last year. This trend reflects a broader national health concern, not just a local one.

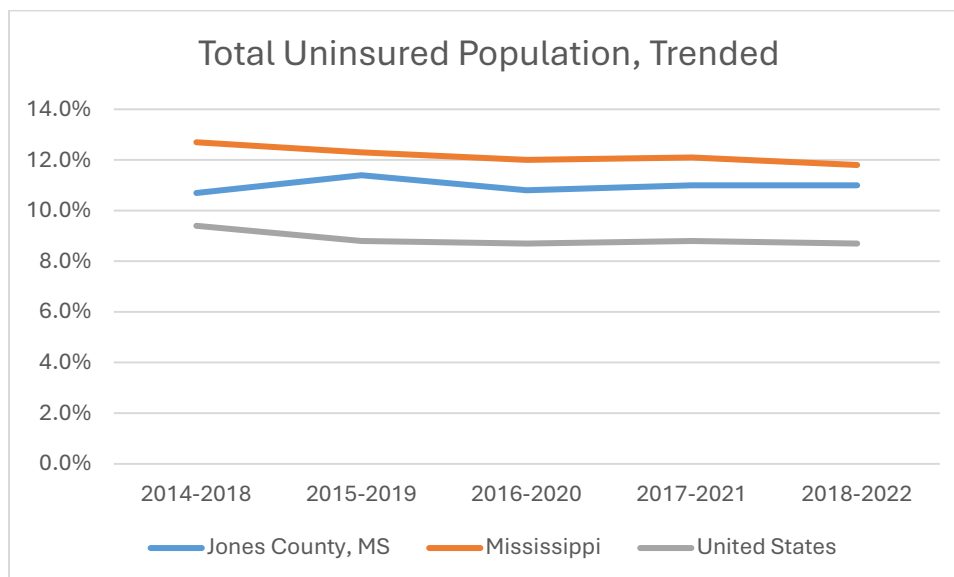
Rates of Preventative Healthcare Visits in the Past Year, Age-Adjusted

	Visits to Doctor	Visits to Dentist
Jones County, MS	79.1%	54.5%
Mississippi	78.1%	58.3%

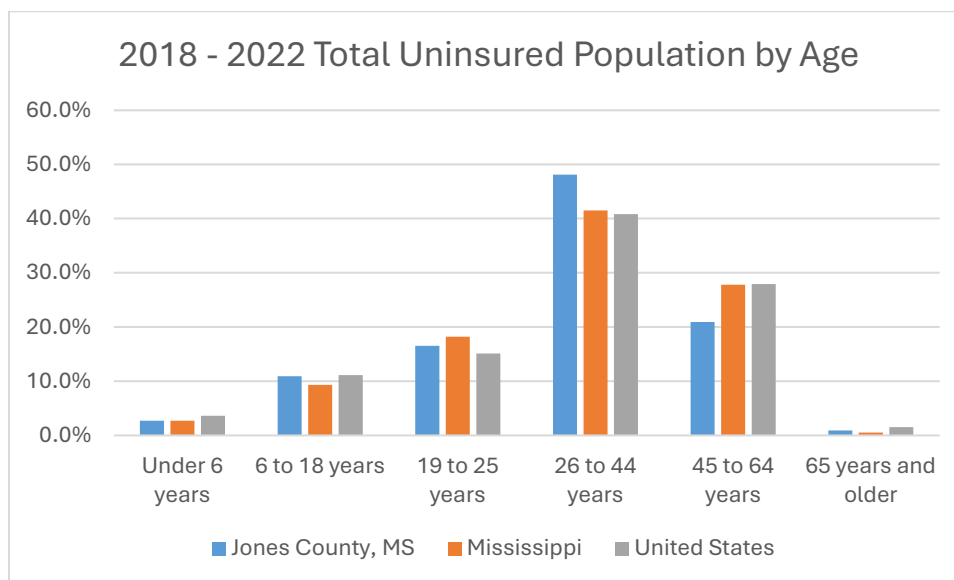
2020 Adults Aged 65+ Current on Essential Preventive Services

	Men	Women
Jones County, MS	42.5%	35.4%
Mississippi	64.3%	67.5%

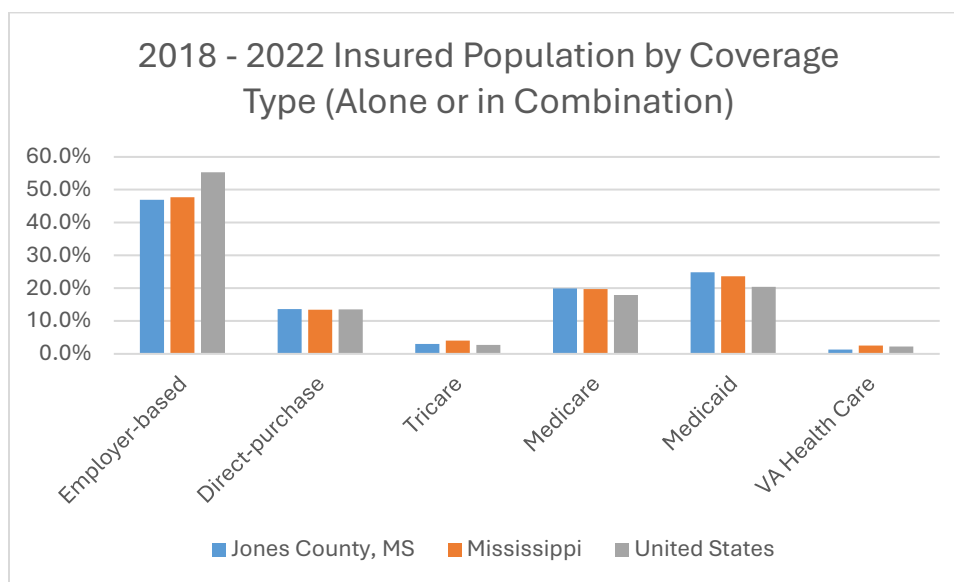
Without health insurance, individuals are less likely to have a regular healthcare provider and are more likely to skip routine care, thereby heightening their risk for serious health issues. Jones County's uninsured rate has remained steady at approximately 11.0%, with a slight increase from 2015 to 2019. While Mississippi's unemployment rate has gradually decreased since 2014, Jones County's unemployment rate continues to remain lower.



Approximately half of the uninsured population in Jones County falls within the age range of 26 to 44, which is higher than both state and national averages. Conversely, the uninsured rates among residents aged 45 to 64 are lower than the corresponding state and national rates.



In Jones County, nearly half of the insured population relies on employer-based insurance, while the remaining insured individuals primarily utilize Medicare (19.9%) and Medicaid (24.8%). In alignment with age and socioeconomic factors, the rates of Medicare and Medicaid in this county exceed those of both the state (19.7% and 23.6%) and the nation (17.9% and 20.4%).



Uncompensated Care Cost

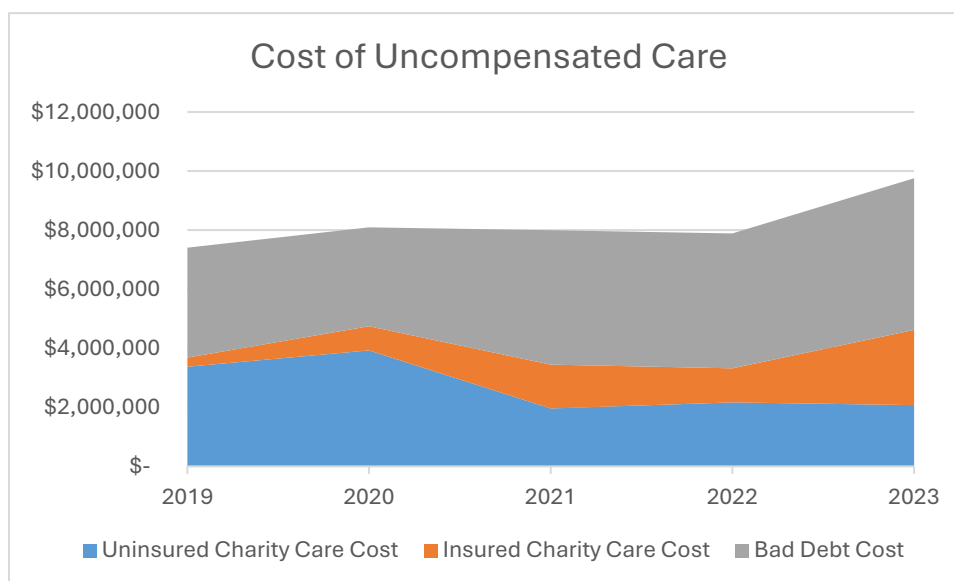
Uncompensated care is an overall measure of hospital care provided for which no payment was received from the patient or insurer. It is the sum of a hospital's bad debt and the financial assistance it provides. Financial assistance includes care for which hospitals never expected to be reimbursed and care provided at a reduced cost for those in need. A hospital incurs bad debt when



it cannot obtain reimbursement for care provided; this happens when patients are unable to pay their bills, but do not apply for financial assistance, or are unwilling to pay their bills.

Uncompensated care excludes other unfunded costs of care, such as underpayment from Medicaid and Medicare. **Over the past five fiscal years, SCRMC has incurred over forty million dollars in uncompensated care costs for services provided without payment from either the patient or the insurer.**

According to SCRMC's Financial Aid Policy (FAP), patients may be eligible for partial or full financial assistance for emergency care and medically necessary services. For patients whose annual family incomes are less than 150% of the Federal Poverty Guidelines, a discount ranging from 20% to 100% of the Amounts Generally Billed (AGB) may be offered in writing to the patient. Patients with annual family incomes exceeding 150% of the Federal Poverty Guidelines will be considered on a case-by-case basis. **Over the past five fiscal years, SCRMC has incurred approximately 20 million dollars in charity care costs, with 68.1% of these costs relating to uninsured patients.**



Health Risk Factors and Chronic Diseases

Mortality data for Jones County in 2022 was obtained from the Mississippi State Department of Health, Office of Vital Records and Public Health Statistics. After excluding "Other diseases and conditions" (Rank 2) and "Unintentional injury" (Rank 6), we have identified the following five primary causes as our focus areas:

1. Heart Disease
2. Cancer
3. COPD / Emphysema
4. Stroke
5. Diabetes



Heart Disease

Heart disease is the leading cause of death in Jones County, Mississippi, and across the United States. Various health conditions, along with lifestyle choices, age, and family history, can increase your risk. While some factors, such as age and family history, are unavoidable, you can manage controllable risks. The CDC reports that about 47% of Americans have at least one of the three controllable risk factors for heart disease. Notably, ischemic heart disease, the leading sub-cause of death, is largely preventable.

Comparing Jones County to Mississippi, both show similar percentages of residents with risk factors. Notably, Mississippi ranks second nationally for heart disease-related deaths. In Jones County, nearly half of residents have high blood pressure, one in three have high cholesterol, and one in five are current smokers.

2021 Age-Adjusted Heart Disease Risk Factors

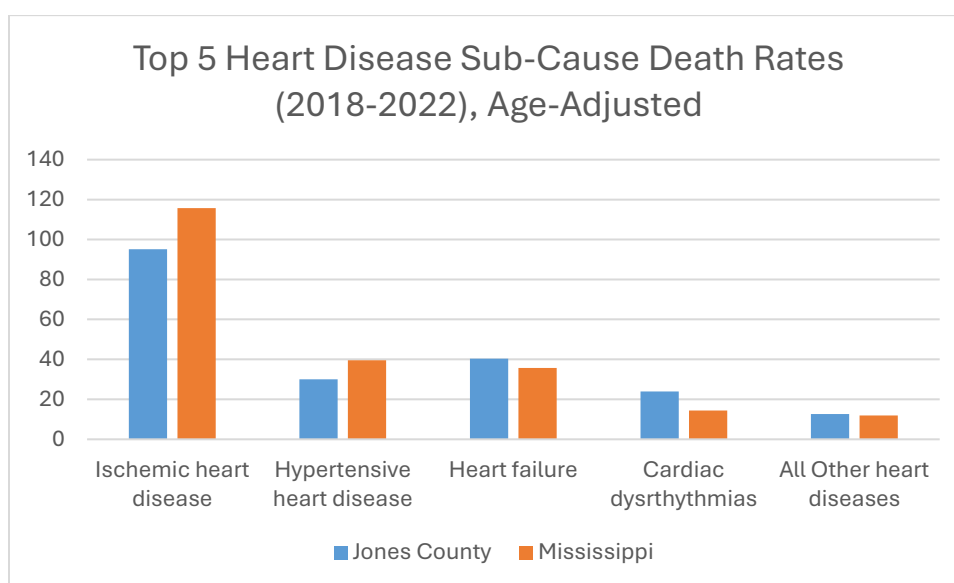
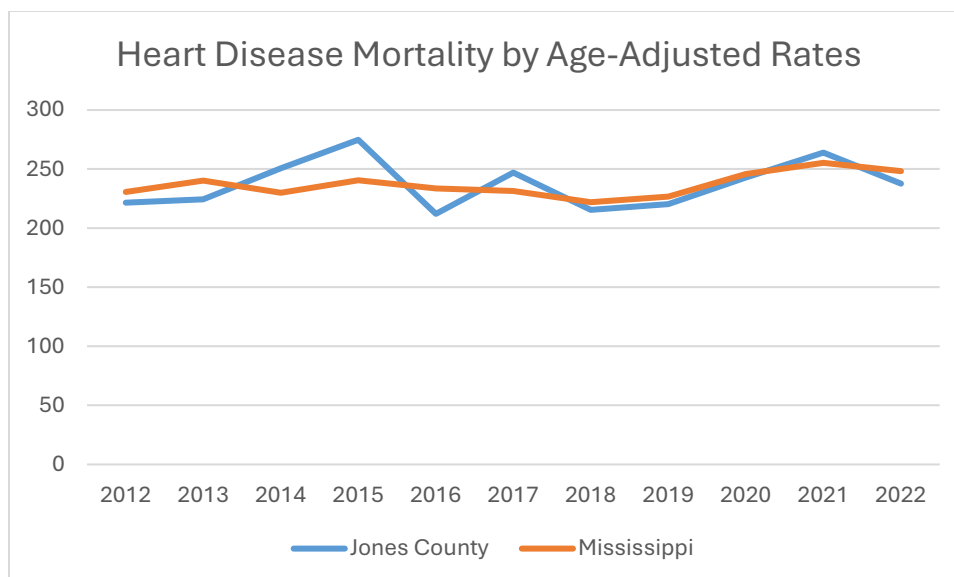
	High blood pressure	High cholesterol	Smoking
Jones County, MS	41.9%	30.8%	21.0%
Mississippi	40.2%	33.0%	19.9%

Heart disease is the leading cause of death among most racial and ethnic groups in the United States. Statewide data indicates that Black or African American individuals account for 39.8% of total heart disease deaths, compared to 34.5% for White individuals. In Jones County, the distribution of heart disease-related deaths is relatively equal between the two groups (38.2% Black or African American vs. 38.2% White). Since 2018, there has been an upward trend in heart disease mortality in both Jones County and the state; however, data from 2022 suggest that these numbers may be declining.

Heart Disease Death Rates (2018-2022) by Race and Ethnicity, Age-Adjusted

	White	Black or African American	Other	Hispanic or Latino (of any race)
Jones County, MS	237.4	232.7	99.6	39.8
Mississippi	228.4	263.3	93.9	76.2





Cancer

Cancer is the third leading cause of death in Jones County and Mississippi. Recognized risk factors include alcohol consumption, family history, HPV, obesity, and tobacco use. While some risk factors cannot be altered, adopting healthier lifestyle choices can reduce the risk of many common cancers.

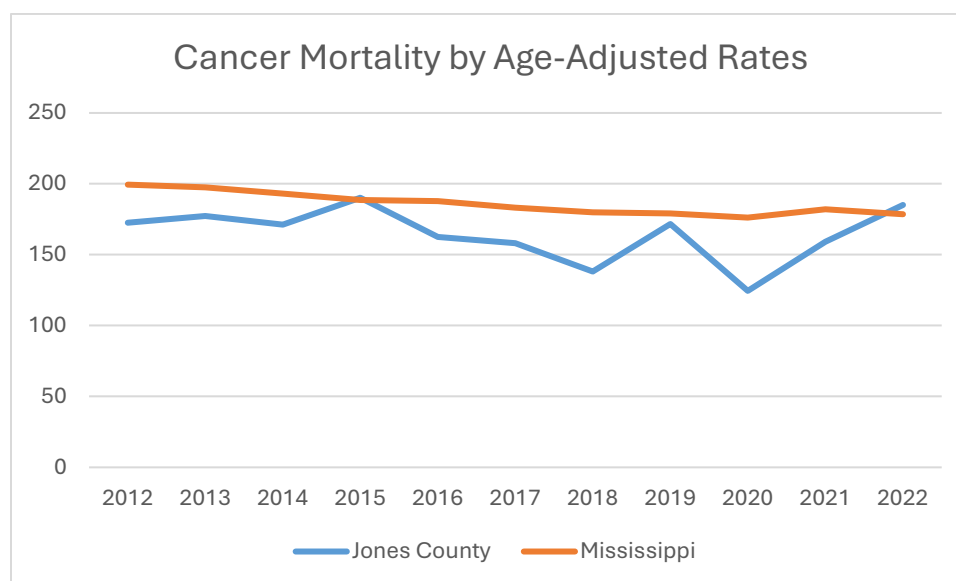
In the past decade, the age-adjusted rate of cancer deaths in Mississippi has generally decreased, despite some fluctuations in 2015 and 2019. Up to 2022, Jones County's rates were slightly below the state average, but recent data shows an alarming rise, now surpassing state rates. Black or African American residents in both Jones County and Mississippi have a higher risk of cancer-



related mortality compared to other racial groups. However, the disparity in cancer death rates between White and Black or African American individuals in Jones County is less significant than the statewide averages.

Cancer Death Rates (2018-2022) by Race and Ethnicity, Age-Adjusted

	White	Black or African American	Other	Hispanic or Latino (of any race)
Jones County, MS	155.2	166.2	56.8	31.7
Mississippi	173.3	197.4	69.2	61.1



Trachea, bronchus, and lung cancer are the leading causes of cancer-related deaths in Jones County, despite being highly preventable. According to the CDC, cigarette smoking contributes to approximately 80% to 90% of lung cancer deaths nationwide. Notably, one in five residents of Jones County is a current smoker. The best way to reduce the risk of lung cancer is to avoid starting to smoke or to quit if you currently smoke.

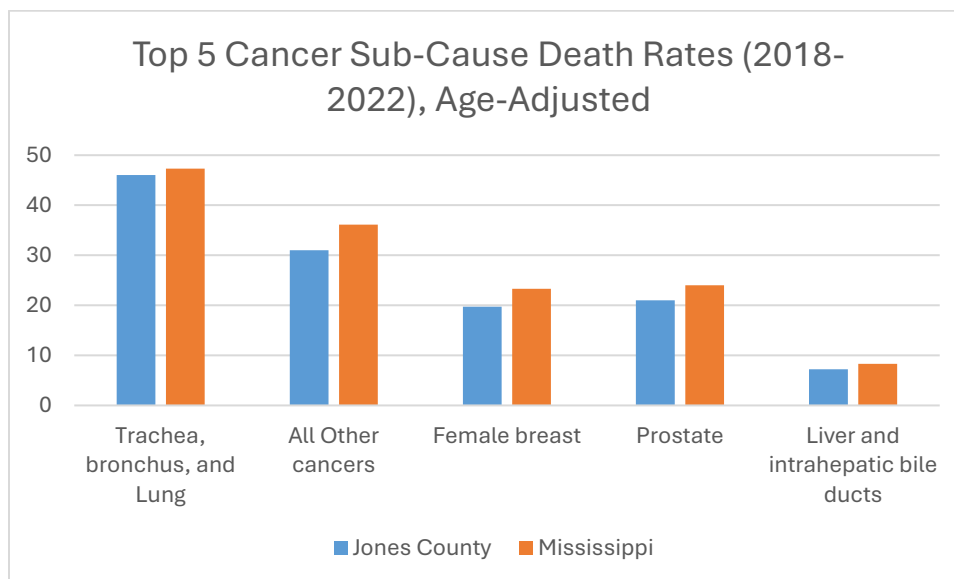
The third leading cause of cancer deaths in Jones County is female breast cancer. Regular mammograms can detect it early, sometimes up to three years before symptoms appear; only one in three senior women in Jones County has undergone a mammogram in the past year.

Prostate cancer is the fourth leading cause of cancer deaths in Jones County. All men can develop it, but older men, Black or African American men, and those with a family history are at greater risk. If you're concerned about your risk for prostate cancer, consult your doctor regarding screening options.

The fifth leading cause of cancer deaths in Jones County is liver and intrahepatic bile duct cancer. You can reduce your risk by maintaining a healthy weight and being physically active, getting



vaccinated for hepatitis B, testing for hepatitis C and seeking treatment if positive, avoiding or quitting smoking, and limiting alcohol intake.



COPD / Emphysema

COPD is the fourth leading cause of death in Jones County and a significant cause of mortality both statewide and nationwide. Those who smoke or have smoked are at a higher risk of developing COPD, as smoking is the primary cause. The best prevention is to avoid smoking entirely. For smokers already diagnosed with COPD, quitting smoking is the most crucial step in their treatment.

COPD mortality rates in Mississippi have been stable over the past decade; however, in Jones County, they have fluctuated significantly, with a sharp rise from 2021 to 2022. By 2022, COPD mortality rates in Jones County exceeded the state average by almost 50%.

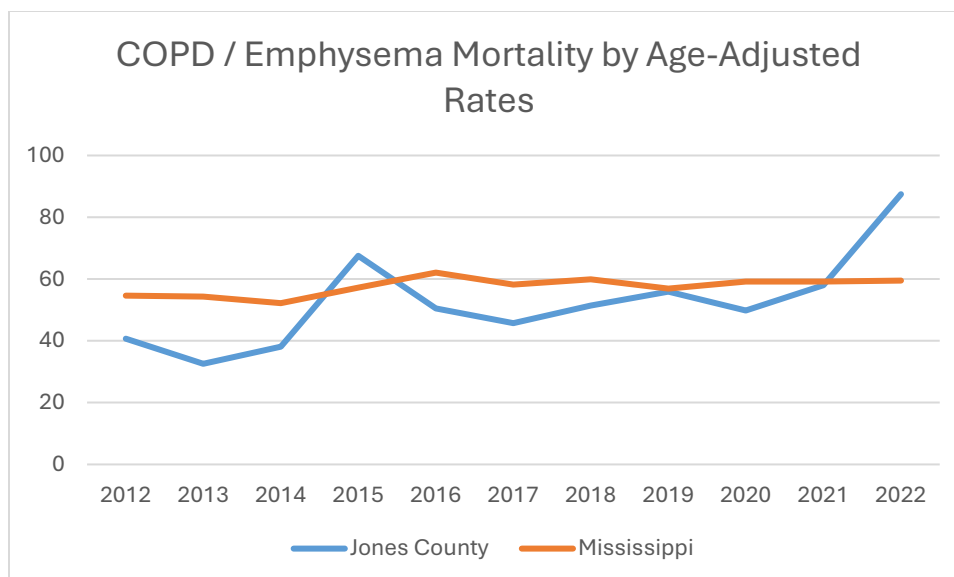
2022 Percentage of Residents with COPD, Age-Adjusted

	Total Population
Jones County, MS	8.0%
Mississippi	9.7%

COPD / Emphysema Death Rates (2018-2022) by Race and Ethnicity, Age-Adjusted

	White	Black or African American	Other	Hispanic or Latino (of any race)
Jones County, MS	67.2	38.9	17.5	0
Mississippi	68.1	37.7	12.7	13.3





Stroke

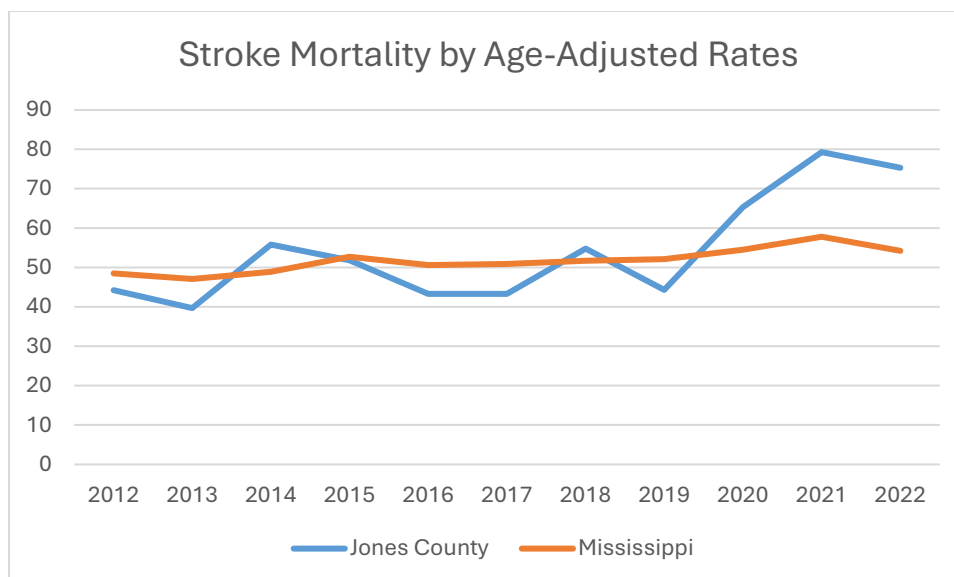
Stroke is the fifth leading cause of death in Jones County. Anyone can have a stroke at any age, but certain factors increase your risk. Understanding and managing these risks is the best way to protect yourself and your loved ones. While age and family history are uncontrollable, you can take steps to lower your chances of having a stroke. Preventable risk factors include obesity, smoking, high cholesterol, high blood pressure, and heart disease.

According to the CDC, Black or African American individuals face nearly double the risk of a first stroke compared to White individuals and are also more likely to die from a stroke. While this disparity is less pronounced in Jones County, Mississippi's data reflects this trend more clearly. Conversely, stroke deaths among all other races in Jones County significantly exceed state averages, with total stroke mortality rates surpassing those of Mississippi since 2020.

Stroke Death Rates (2018-2022) by Race and Ethnicity, Age-Adjusted

	White	Black or African American	Other	Hispanic or Latino (of any race)
Jones County, MS	62.1	66.5	61.7	23.8
Mississippi	47.3	69.4	27.1	17.2





Diabetes

Prediabetes and type 2 diabetes share similar risk factors, and having prediabetes increases your chances of developing type 2 diabetes. You may be at risk for both conditions if you are overweight or obese, 45 or older, have a parent or sibling with type 2 diabetes, exercise less than three times a week, have non-alcoholic fatty liver disease (NAFLD), experienced gestational diabetes, had a baby weighing over nine pounds, or are Black or African American, Hispanic or Latino, American Indian, or Alaska Native.

While factors like age and family history are unchangeable, obesity and physical inactivity are controllable risk factors. In Jones County, one in eight residents is diagnosed with type 2 diabetes; two in five residents have a BMI that places them in the obese category, and one in three residents self-identify as not physically active.

Diabetes is the seventh leading cause of death in Jones County, surpassing state rates since 2019. Both the state and Jones County saw decreases in age-adjusted mortality rates in 2022; however, Jones County's decrease was not as significant as the state's (-2.4% vs -17.6%). Alarming, Jones County's death rate is nearly double that of the state despite having similar risk factors and percentages of residents diagnosed with type 2 diabetes.

2021 Age-Adjusted Diabetes Risk Factors

	Obese	Not Physically Active
Jones County, MS	39.6%	30.4%
Mississippi	39.2%	30.1%



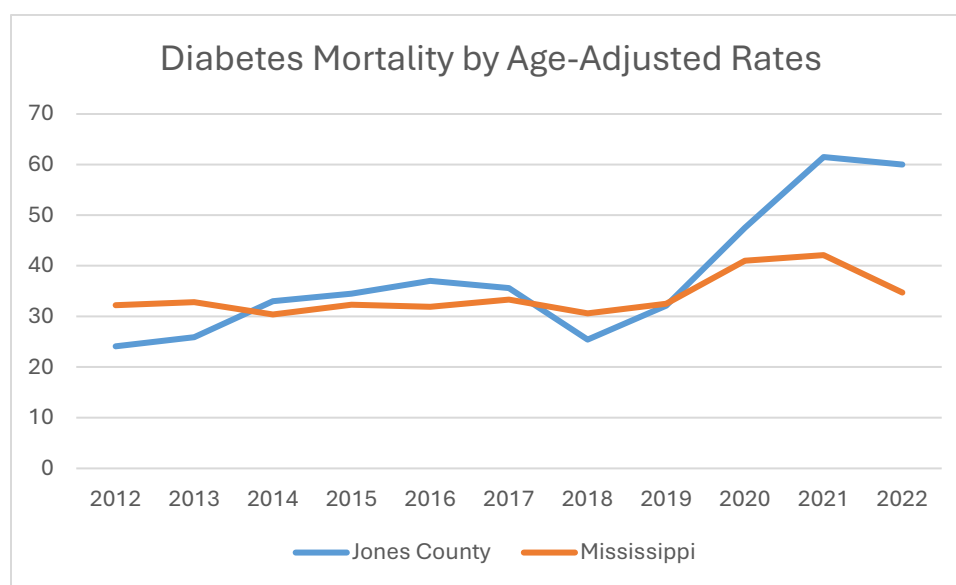
2022 Percentage of Residents with Diabetes, Age-Adjusted

	Population with Diabetes *	Population with Pre-diabetes or Borderline Diabetes
Jones County, MS	12.8%	Not Available
Mississippi	13.8%	2.5%

* Does not include pregnancy-related diabetes

Diabetes Death Rates (2018-2022) by Race and Ethnicity, Age-Adjusted

	White	Black or African American	Other	Hispanic or Latino (of any race)
Jones County, MS	41.6	52.8	96.2	22.7
Mississippi	24.8	62.5	31.3	16.1



Substance Use Disorder

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), **one in six residents of Mississippi self-reported experiencing a substance use disorder (SUD) in 2022. Of these individuals, 6.19% indicated that they needed treatment for substance use at a specialty facility but were not receiving it.** Addiction is complex and multifaceted; it is not driven by a single factor. For some, drugs may serve as a desperate escape from stress, trauma, or mental health issues. Others may find themselves trapped in opioid use disorder after misusing prescribed medications. In any case, the longer someone engages in drug use, the more likely they are to fall under addiction's grip.



When individuals turn to drugs, their brains become inundated with chemicals that alter the reward system, causing them to repeat behaviors that, while temporarily pleasurable, are profoundly detrimental. As drug use continues, the brain adapts, resulting in painful tolerance, where increasingly larger amounts are needed to achieve the same effects. This not only weakens the brain's capacity to resist powerful urges to use drugs but also diminishes the joy that one can derive from healthier pleasures in life, such as delicious food or the warmth of companionship.

A SUD is characterized by a troubling pattern of use that leads to significant impairment or distress. Raising awareness about the dangers of substance use can play a vital role in preventing SUDs. Overcoming a SUD is not merely a matter of willpower to resist drug temptation; it can involve medical treatments to alleviate cravings and withdrawal symptoms, along with various forms of therapy. In some cases, a stay in a rehabilitation facility may be necessary. While the process of recovery can be challenging, compassionate support from friends, parents, and caregivers can help individuals recover.



Community Health Needs Assessment

Background

An online Community Health Needs Assessment survey was made available to residents and employees in Jones County, Wayne County, Jasper County, and Smith County from June 14 to August 13. The medical center aimed to receive 200 survey responses and created multiple links to track which distribution methods were most effective. As of August 13, a total of 440 survey responses had been received.

While the survey was primarily distributed through online channels, paper surveys and collection boxes were placed at Laurel and Ellisville libraries, South Central Family Medicine and Urgent Care, and South Central Clinics (which consist of 24 medical facilities), resulting in 10 responses.

Individuals at SCRMC also conducted phone interviews with a select group of conversations about certain survey questions. These discussions assisted SCRMC representatives in identifying initiatives that directly impact residents in the region.

SCRMC developed Spanish-specific flyers and a Spanish version of the survey; however, we did not receive any responses in Spanish, either digitally or in print.

In an effort to increase responses from residents and employees outside of Jones County, SCRMC contacted several entities in Wayne County, Jasper County, and Smith County. These entities included:

- Health Departments
- Senior Health Fair Coordinators
- Departments of Human Services
- Library Systems
- School Districts
- Chambers of Commerce
- Boards of Supervisors
- Local Newspaper Publishers

Trackable Survey Distribution Methods

	Number of Participants	Percent of Total
Chamber & Jones School District	300	68.2%
SCRMC Email	44	10.0%
Partner Email	21	4.8%
General	19	4.3%
Social Media	19	4.3%
City Employees	17	3.9%
Paper Surveys	10	2.3%
SCRMC Website	9	2.0%
Library Email	1	0.2%

Community Health Needs Assessment Distribution Methods

- Jones County School District distributed surveys to employees and families.
- Flyers were shared with South Central clinics and organizational directors.



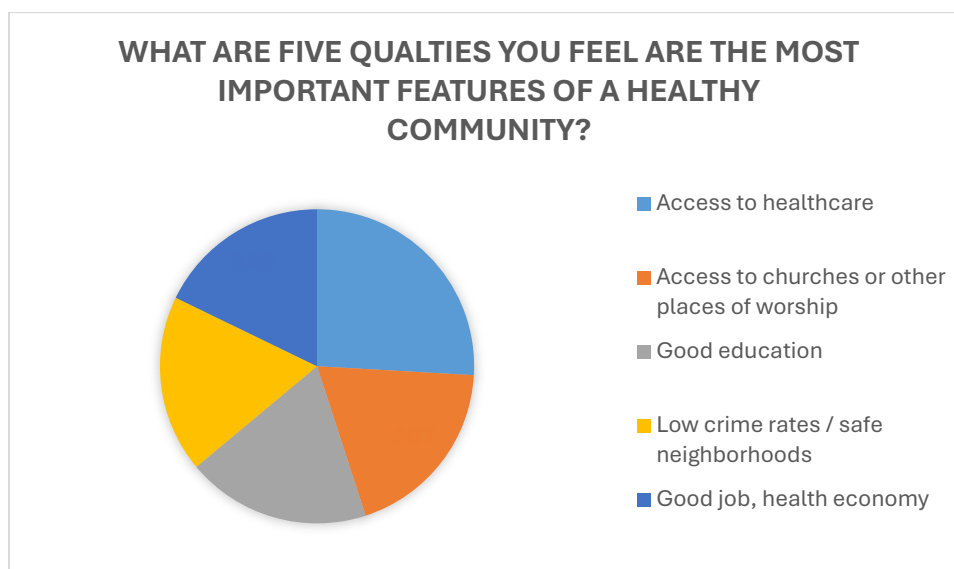


- The survey was posted on the SCRMC website on June 27.
- Survey information appeared on South Central Vision boards in waiting areas.
- SCRMC requested local and regional media distribution on June 28.
- SCRMC ran print ads in the Laurel Leader Call twice in July.
- SCRMC posted on social media on August 6, July 31, July 2, and June 26.
- Spanish flyers and a Spanish version of the survey were created.
- SCRMC utilized its public email distribution list.
- Jones County Chamber of Commerce shared information with members via email and social media.

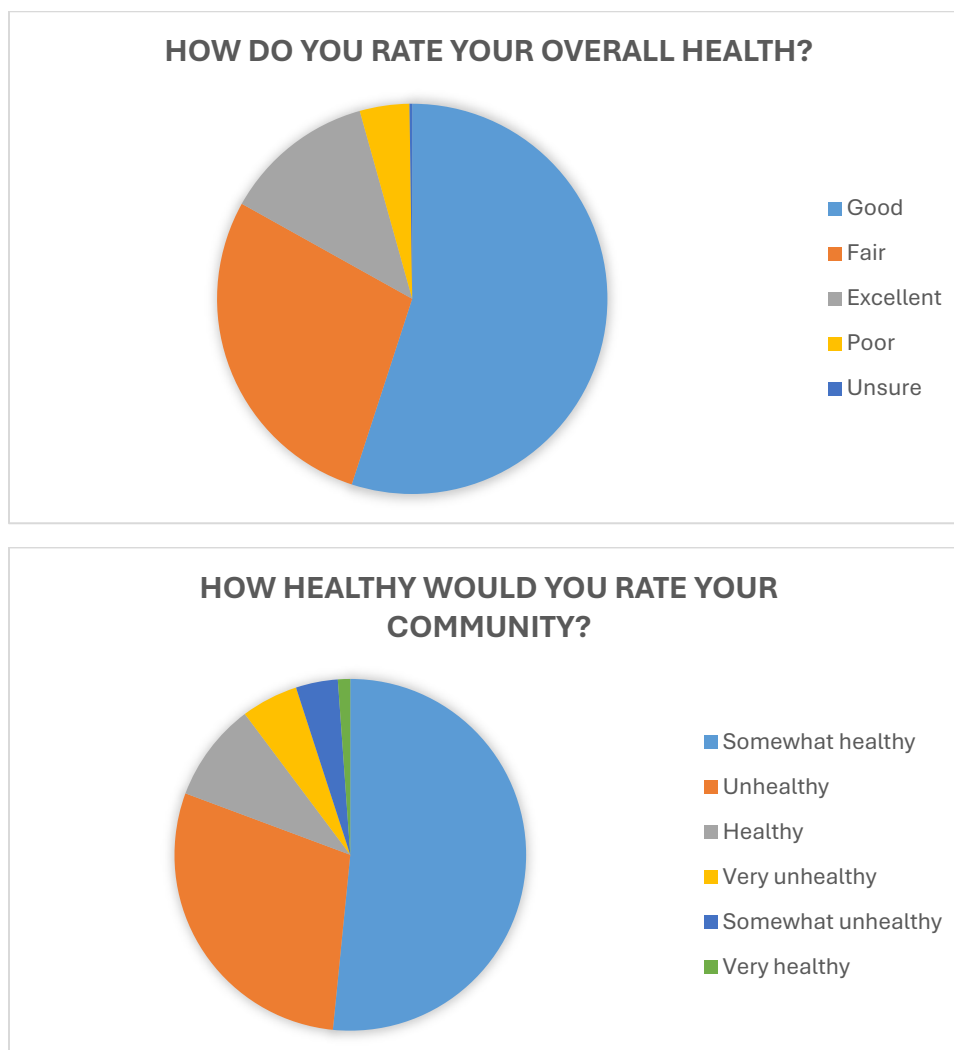
- Paper surveys and collection boxes were placed in the Laurel and Ellisville libraries.
- Paper surveys and boxes were also distributed at the Family Medicine/Urgent Care office and South Central Clinics.
- The City of Laurel distributed surveys to employees.
- Betsy Ivey from the United Way reached out to partner agencies.
- Requests were made to local churches.

Survey Findings

When asked about the qualities they believe are the most important features of a healthy community, 82.3% of survey respondents indicated access to healthcare. To representatives of SCRMC, this illustrates the critical role we as healthcare providers play in the communities we serve.



When asked to rate their overall health, a remarkable two-thirds of survey respondents described it as "Good" or "Excellent." In stark contrast, however, only one in nine felt compelled to describe their community's overall health as "Healthy" or "Very Healthy."

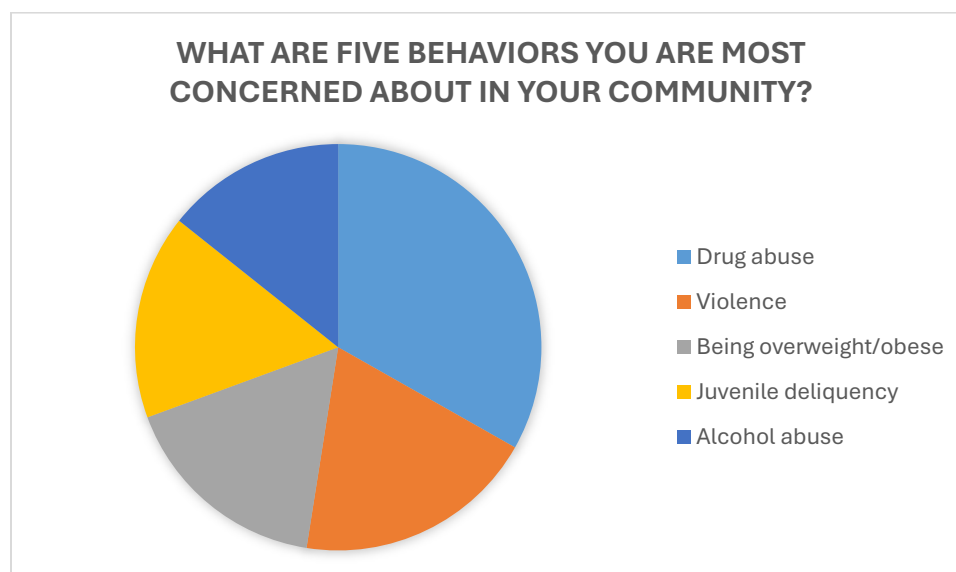


A notable "Other" comment states that the most important feature of a healthy community is "Recovery 12 Step Based Programs." This sentiment is mirrored in the reverse question... When asked about behaviors they are most concerned about in their community, 78.4% of survey respondents cited drug abuse, while 33.9% mentioned alcohol abuse. Multiple survey participants focused on substance abuse in Jones County when asked for additional comments. Comments regarding substance abuse included:

- "Drug use is the main downfall of our communities in Jones County and Mississippi as a whole."
- "More education is needed for drug addiction that people face"
- "I believe the biggest issue we are facing is access to illegal drugs"
- "I am concerned that there is lack of drug and alcohol awareness"



The third-leading behavior residents found concerning was individuals being overweight or obese; roughly 40% chose this quality. One survey participant stated "I feel like there are inadequate resources for teaching people about obesity and diet." SCRMC aims to inform residents about available resources, as weight is a risk factor for several health issues, including blood pressure, diabetes, and cholesterol. South Central Weight Loss Management provides a variety of treatments and services, including chronic healthcare management, medication management, nutrition counseling, lifestyle counseling, and more. Our providers are committed to helping patients identify and utilize tools and techniques to sustain their weight loss.



When asked for additional comments, one survey participant notably stated that people need to be more informed about the medications they are prescribed and taking. SCRMC hopes to raise awareness among residents about its "Brown Bag Review" event offered at its community health fair. Residents are encouraged to bring their current medications so that a South Central Pharmacist can review them and inform the patient of any concerns.



2021 Community Health Improvement Plan Progress

Priority #1: Heart Disease and Obesity

Plan of Action

1. Develop a HealthBreak feature to educate the public about the relationship between obesity and heart disease.
2. Provide incentives for those who are obese to join our wellness center.
3. Evaluate offering a surgical weight loss program.
4. Conduct a community health fair (post COVID) with a primary emphasis on heart disease and invite the Jones County Health Department to participate as well as other agencies that can educate the public about the issues related to heart disease and obesity.
5. Develop articles for local publications to educate the public about the impact obesity has on heart disease.

Response to Stated Strategies

Developed two HealthBreak videos discussing the signs and symptoms of heart disease. Cardiologist Norrapol Watt, MD, discussed the symptoms of heart disease and various treatment plans. Secondly, Cardiac Rehab services, which is an outpatient service provided to patients who have had a cardiac event such as a heart attack, informed the public about the 12-week program that meets 3 days a week that helps return the individuals to an active, healthy lifestyle.

South Central Wellness Center is open 7-days a week. Our facility offers classes in aerobics, water aerobics and indoor cycling, aiding our patients in maintaining a healthy lifestyle which helps prevent heart disease and obesity, along with specialized exercise plans. SCRMC also had a “Biggest Loser” Competition to incentivize the community to lose weight.

South Central offers a lap-band procedure. Gastric banding is a minimally invasive weight loss procedure that will aid in weight loss and many other benefits. There are three HealthBreak videos discussing the benefits to Gastric banding on our website, including information about our free lap-band seminars.

South Central continues to provide our community with free health fairs, where individuals can get tested for a variety of ailments including depression/anxiety, balance, blood typing, body mass index, bone mineral density, blood pressure, facial sun damage, glaucoma, hepatitis, cholesterol/glucose, cataracts, and many more.

South Central published a feature for February, National Heart month. Cardiologist Norrapol Watt, MD, discussed how the local medical community is working to provide treatment and increase awareness for heart disease. “In the United States, we have increased incidents of diabetes, high blood pressure and obesity,” said Dr. Watt. “With these conditions, heart disease becomes more common. Prevention of diseases and advocating healthy living to the community is my goal as a physician.”



Priority #2: Cancer and Preventable Risk Factors

Plan of Action

1. Feature physicians on HealthBreak addressing the key contributors to cancer.
2. Conduct cancer screenings at annual community health fairs (post COVID) including prostate cancer and skin cancer.
3. Provide community education at the community health fairs about risk factors for cancer.
4. Set up speaking engagements for our cancer specialist to talk about key factors that cause cancer.
5. Offer smoking cessation classes. Offer them first to SCRMC employees and then to the general community.

Response to Stated Strategies

We featured Sandeep Singh, MD, a Medical Hematologist/Oncologist for a Healthbreak video about pancreatic cancer. South Central Cancer Center offers a comprehensive cancer center, and there are many different types of treatment available for patients who have been diagnosed with cancer.

We offered various cancer screenings at our health fairs over the past few years including skin, colorectal and prostate cancer.

We provided a plethora of community education at our health fairs for various health conditions including cancer and facial sun damage screenings.

We provided several articles on our website between October 2021 and February 2023 from our cancer specialists about the key factors and signs/symptoms of cancer. This includes skin, breast and colon cancers.

SCRMC offers smoking cessation counseling to our employees and their insured spouses for free. The program runs for six weeks and lasts approximately one hour.

Priority #3: Mental Health and Lack of Resources

Plan of Action

1. Continue to recruit psychiatrists, NPs or PAs to improve access to mental health services.
2. Consider offering tele-health services for the clinic.
3. Expand behavioral health therapy services.

Response to Stated Strategies

We welcomed Angela Jones, LPC-S, NCC, to our Behavioral Health clinic in 2022.

We now offer telehealth visits for our Behavioral Health clinic as well as many others. “A Telehealth visit will allow you to be seen by a provider in the safety of your home,” said W. Mark Horne, MD, Chief Medical Officer at SCRMC.



Our current Behavioral Health Services include ADHD, Alzheimer's, anxiety, OCD, schizophrenia, opioid treatment, substance abuse, bipolar, dementia, depression and medication management.



2024-2027 Community Health Improvement Plan

South Central Regional Medical Center has strategically formulated a comprehensive three-year Community Health Improvement Plan (CHIP) to enhance vital health and wellness initiatives within the community it serves. This plan builds upon previous health improvement efforts and responds to new health needs highlighted in the 2024 Community Health Needs Assessment (CHNA), as well as evolving dynamics in healthcare. With a strong commitment to equity and accessibility to health services for all, this board approved plan aspires to advance overall health outcomes for everyone in our community.

Priority #1: Heart Disease

Plan of Action

1. Continue to educate residents about the damage caused by high blood pressure, known as the "silent killer," and offer free blood pressure screenings at our community health fair.
2. Reinstate the annual South Central Classic 5K Run/Walk to benefit the American Heart Association.
3. Participate in National Wear Red Day to raise awareness about heart disease, the leading cause of death among women.
4. Enhance awareness of our 12-week Cardiac Rehab program.
5. Promote our cardiac PET service that utilizes state-of-the-art equipment.

Priority #2: Cancer

Plan of Action

1. Feature physicians on HealthBreak discussing the key contributors to cancer, with an emphasis on trachea, bronchus, lung, female breast, and prostate cancer.
2. Increase residents' understanding of the various preventative screening services provided by the medical center and offer certain screenings during our annual community health fair.
3. Organize speaking engagements for our cancer specialist to discuss preventable risks that contribute to cancer.
4. Continue to provide our smoking cessation classes to employees and their families and expand these classes to the public.

Priority #3: Drug Abuse

Plan of Action

1. Increase residents' awareness of the South Central Alcohol & Drug Detox, our hospital-based facility for alcohol and drug dependency.
2. Enhance residents' awareness of South Central Behavioral Health's outpatient Medication-Assisted Treatment, which utilizes Buprenorphine and Naloxone.
3. Provide community education at community health fairs and in local school systems.



Priority #4: Community Awareness & Education

Plan of Action

1. Continue hosting our annual community health fair, where we provide free health screenings, interactive health education booths, healthy snacks, and much more.
2. Continue publishing HealthBreak videos, on-demand webinars that provide information on services, new practitioners, patient testimonials, and more.
3. Increase the distribution of marketing materials for the services offered, with an emphasis on non-digital communication pathways, such as library tables and rack cards.

South Central Regional Medical Center was lovingly built by the community for the community. The hospital is wholeheartedly committed to providing compassionate, community-oriented healthcare and to partnering with local stakeholders to empower residents in maintaining and enhancing their health. South Central Regional Medical Center will continuously assess the needs of our community members, striving to focus health improvement efforts where they can create the most meaningful impact in our service area.

We warmly invite our community partners to explore the CHNA and discover opportunities for collaboration to address the health needs we have identified together. Please visit our website to learn more: www.scrmc.com



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