

H.C. Watkins Memorial Hospital

CHNA Report

November 2019

Approved by
The H.C. Watkins Memorial Hospital Community Board of Directors
November 7, 2019



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EXECUTIVE SUMMARY

The purpose of this Community Health Needs Assessment (CHNA) report is to provide H.C. Watkins Memorial Hospital (HCWMH) with a functioning tool to guide the hospital as it works to improve the health of the community it serves. In addition, the report meets the guidelines of the Internal Revenue Service.

The results of the CHNA will guide the development of H.C. Watkin Memorial's community health improvement initiatives and implementation strategies. This is a report that may be used by many of the hospital's collaborative partners in the community.

The assessment was performed, and the implementation strategies were created by the Community Health Needs Assessment Steering Committee with assistance from HORNE LLP. The assessment was conducted in September and October 2019.

The main input was provided by previous patients, employees and community representatives. An opportunity to offer input was made available to the entire community through word of mouth and paid public notice. Additional information came from public databases, reports, and publications by state and national agencies.

The implementation describes the programs and activities that will address these health priorities over the next three years. The CHNA report is available on the hospital's website www.rushhealthsystems.org or a printed copy may be obtained from the hospital's administrative office.

We sincerely thank those who provided input for this assessment. We look forward to working closely with our community to help improve the overall health of those we serve.

Michael Nester, Administrator
H.C. Watkins Hospital

ABOUT THE HOSPITAL

H.C. WATKINS MEMORIAL HOSPITAL

H.C. Watkins Memorial Hospital is a 25-bed critical access hospital, located in Quitman, Mississippi, that provides a wide range of inpatient, outpatient and emergency services. Patients can be admitted to the hospital if their medical needs make that the best option. A variety of other services are available on an inpatient and outpatient basis through the hospital's wound care program, imaging, laboratory, and rehabilitative services, including physical, occupational and speech therapy.

Patients are cared for under the direction of their physician by a licensed health care team including registered nurses, physical therapists, social workers, dietitians, pharmacists and other ancillary staff, depending on the patient's medical needs.

A 24-hour emergency department is staffed with qualified emergency room physicians/hospitalists (MD and DO), Nurse Practitioners (NP), and Physician Assistants (PA). As hospitalists these practitioners can admit and care for patients who do not have a physician who regularly admits patients to the hospital.

Skilled nursing and rehabilitative care are available at H.C. Watkins Memorial Hospital through the Swing Bed Program. Those recovering from surgery, a stroke, a fracture or an extended medical illness and hospitalization can choose to rehabilitate at H.C. Watkins Memorial Hospital, whether a direct admit or transfer from another location.

The hospital is a trusted member of the Quitman community. The citizens depend on the hospital to not only provide for their needs when they are ill, but also turn to the hospital as a source of health and wellness information. The hospital's full-service dining room is a favorite dining destination for many of the community's citizens.



THE COMMUNITY HEALTH NEEDS ASSESSMENT

The Community Health Needs Assessment (CHNA) defines opportunities for healthcare improvement, creates a collaborative community environment to engage multiple change agents, and is an open and transparent process to listen and truly understand the health needs of Clarke County. It also provides an opportunity for the hospital to identify valuable collaborative partners as we try to better serve the community and improve the health of our citizens.

The federal government now requires that non-profit hospitals conduct a community health assessment. These collaborative studies help healthcare providers build stronger relationships with their communities, identify needs, and dedicate funding and other resources toward programs that clearly benefit local residents.

COMMUNITY ENGAGEMENT AND TRANSPARENCY

We are pleased to share with our community the results of our Community Health Needs Assessment. The following pages offer a review of the strategic activities we have undertaken, over the last three years, as we responded to specific health needs, we identified in our community. The report also highlights the updated key findings of the assessment. We hope you will take time to review the health needs of our community as the findings impact each and every citizen of our rural Mississippi community. Also, review our activities that were in response to the needs identified in 2016. Hopefully, you will find ways you can personally improve your own health and contribute to creating a healthier community.

DATA COLLECTION

Primary and secondary data was gathered, reviewed, and analyzed so that the most accurate information was available in determining the community's health needs and appropriate implementation process.

Primary Data: collected by the assessment team directly from the community through conversations, telephone interviews, focus groups and community forums; the most current information available.

Secondary Data: collected from sources outside the community and from sources other than the assessment team; information that has already been collected, collated, and analyzed; provides an accurate look at the overall status of the community

Secondary Data Sources

- | | |
|--|--|
| • The United States Census Bureau | • H.C. Watkins Memorial Hospital Medical Records Department |
| • US Department of Health & Human Services | • Mississippi State Department of Health |
| • Centers for Disease Control and Prevention | • Mississippi Center for Obesity Research |
| • American Heart Association | • University of Mississippi Medical Center |
| • Trust for America's Health | • Mississippi State Department of Health, Office of Health Data and Research |

ABOUT THE COMMUNITY

DEMOGRAPHICS

SERVICE AREA

Primary: Clarke County

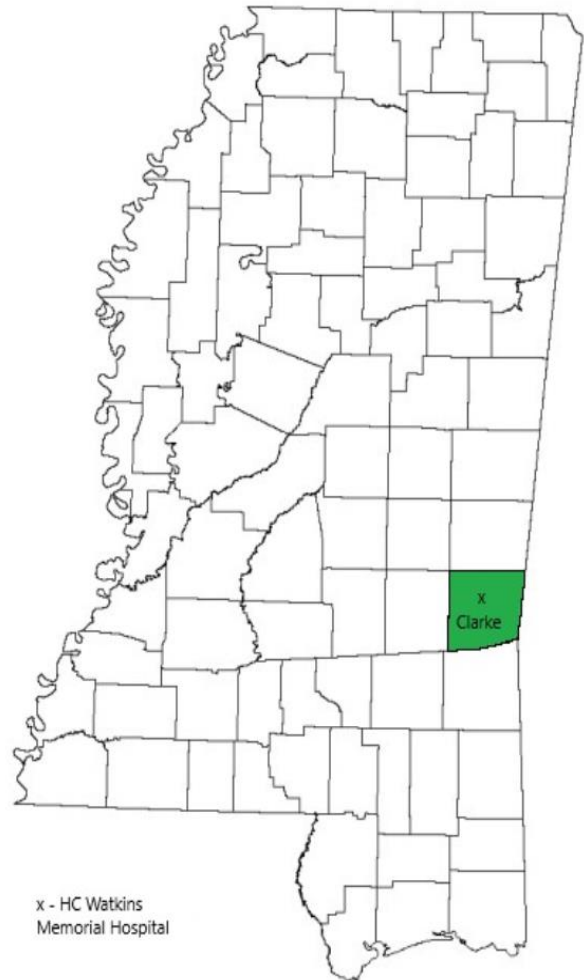
ABOUT THE SERVICE AREA

Clarke County is a county located in the southern half of Mississippi on the eastern border of the state, adjacent to the state of Alabama. The county seat is Quitman. The county is part of the Meridian, Mississippi Micropolitan Statistical Area.

The county has a total area of 693.41 square miles, of which 691.27 square miles (or 99.69%) is land and 2.14 square miles (or 0.31%) is water. *

PATIENT ORIGIN

Approximately 86% of Medicare inpatients seen over the past twelve months reside in Clarke County, Mississippi. Almost 70% of those patients in Clarke County (59% of the total Medicare inpatients seen last year) reside in Quitman. An additional 15.9% & 7.7% of total Medicare inpatients seen reside in the towns of Shubuta & Stonewall also located in Clarke County. Of the remaining patient population, 8% resided in adjacent Lauderdale County, MS while 5% resided in adjacent Jasper County, MS. The remaining population represents a variety of locations mostly outside of the primary service area.



*CLARKE COUNTY, MISSISSIPPI (2017 Census Publications State and County Profiles Mississippi. USDA Census of Agriculture, 2017).

POPULATION AND RACIAL MIX DATA*

CLARKE COUNTY		
Population	16,089	
Racial Mix	White	10,197
	African American	5,650
	Hispanic	138
	Other	104
Median Household Income	\$37,626	



* Sources: U.S. Census Bureau, 2017 estimates and U.S. Census Bureau, 2013-2017 American Community Survey

COMMUNITY INPUT

COMMUNITY SURVEY

Community health needs were identified by collecting and analyzing data and information from multiple quantitative and qualitative sources. Considering information from a variety of sources is important when assessing community health needs, to ensure the assessment captures a wide range of facts and perspectives and to assist in identifying the highest-priority health needs. One of the most important sources is to seek input directly from those we serve.

A community survey was developed by the hospital. Members of the general public were encouraged to participate in the following online survey. The data collected from the survey was part of the input used by the Steering Committee in establishing priorities.



Community Health Needs Assessment - H.C. Watkins Memorial Hospital

H.C. Watkins Memorial Hospital is conducting a Community Health Needs Assessment and your input is very important to us. Help us learn more about the health needs in our community by filling out this survey. Thanks for your input.

1. Have you used any health services offered at H.C. Watkins Memorial Hospital in the past 12 months?

2. Do you or a member of your family live with a chronic disease? If so, what disease?

3. Where do you go when you are seeking information or education on health related topics?

4. If you could name a health or wellness program that would benefit your health or your family's health, what would it be?

5. Is there a health or wellness need in Clarke County that you are aware of?

6. Have you participated in any of H.C. Watkins Memorial Hospital's wellness events (in-services, health fairs, lunch & learns, etc.)?

7. Please list any other information or comments that you would like to share.

COMMUNITY HEALTH NEEDS ASSESSMENT STEERING COMMITTEE

The committee is responsible for the oversight, design, and implementation of the CHNA. It will continue to collect information, establish community relationships and oversee the budget and funding sources. Adhering to an agreed upon timeline, the committee will generate, prioritize, and select approaches to address community health needs.

The hospital's administrator developed a hospital steering committee. The appointed members are listed below. Other members may serve on the steering committee as the committee's work progresses.



HOSPITAL STEERING COMMITTEE

- Michael Nester - Administrator
- Tonya Culpepper, RN – Director of Nursing
- Rishona Denham – Lamar, LPN – Utilization Review
- Sissy Greene, RN – Director of IOP Senior Care
- Lauren Hill, MS, RD – Dietitian
- Eddie Ivy, Director – Clarke County Emergency Management
- Dianne Smith, RN – Director of Case Management
- Bethany Sullins, RN – Emergency Services

COMMUNITY FOCUS GROUP

A community focus group was held at H.C. Watkins Memorial Hospital on Monday, November 4, 2019. The participants in the group were carefully selected because they each represented a specific segment of the populations served. In addition, they can act as a continuous conduit between the community and the leadership of the hospital. These participants contributed to a structured discussion which was impartially facilitated by healthcare consultants from HORNE LLP of Ridgeland, Mississippi.



This focus group provided a deliberative venue for learning, trust-building, creative problem solving, and information gathering which ultimately served as a valuable resource for the CHNA Steering Committee as it developed the hospital's health priorities for the next three years. Since the focus group was based on open communication and critical deliberation, it will hopefully lead to improved community relations, trust and collaborative partnerships as the hospital strives to improve the overall health of the community.

PARTICIPANTS IN THE COMMUNITY FORUM

Michael Nester – H.C. Watkins Memorial Hospital Administrator
Tonya Culpepper – Director of Nursing
Eddie Fulton – Mayor of Quitman*
Eddie Ivy – Clarke County Emergency Management Director
Todd Kemp – Clarke County Sheriff
Mickey Long – Clarke County Supervisor*
Fabrizzio Salazar – Clarke County Department of Health Representative
Bethany Sullins – ED Manager/Infection Control/Employee Health
Derrick Mason – Consultant, HORNE LLP
Barry Plunkett – Consultant, HORNE LLP

INVITED BUT UNABLE TO ATTEND*

The hospital made a deliberate effort to include in the Community Focus Group a diverse cross section of the community served. Those who were unable to attend the meeting on November 4, were made aware of the purpose of the gathering and the importance of the input from the businesses, civic groups, or population segments they represent. Open dialogue remains fluid with the hospital's administration and the Focus Group members.



RURAL HEALTH DISPARITIES

Rural Americans are a population group that experiences significant health disparities. Health disparities are differences in health status when compared to the population overall, often characterized by indicators such as higher incidence of disease and/or disability, increased mortality rates, lower life expectancies, and higher rates of pain and suffering. Rural risk factors for health disparities include geographic isolation, lower socioeconomic status, higher rates of health risk behaviors, limited access to healthcare specialists and subspecialists, and limited job opportunities. This inequality is intensified as rural residents are less likely to have employer-provided health insurance coverage, and if they are poor, often are not covered by Medicaid.

Federal and state agencies, membership organizations, and foundations are working to reduce these disparities and improve the health and overall well-being of rural Americans. Some organizations provide funding, information, and technical assistance to be used at the state, regional, and local level, while others work with policymakers to help them understand the issues affecting population health and healthcare in rural America.

WHAT ARE THE CAUSES OF RURAL HEALTH DISPARITIES?

The origins of health disparities in rural America are numerous and vary by region. Some frequently cited factors underlying rural health disparities include healthcare access, socioeconomic status, health-related behaviors, and chronic conditions.

ACCESS TO HEALTHCARE

Rural populations can experience many barriers to healthcare access, which can contribute to health disparities. A 2019 *JAMA Internal Medicine* article, "Association of Primary Care Physician Supply with Population Mortality in the United States, 2005-2015," found lower mortality was associated with an increase of 10 primary care physicians per 100,000 population. The following factors create challenges or barriers to accessing healthcare services for rural Americans:

- There are higher rates of uninsured individuals residing in rural or nonmetro counties compared to their counterparts in urban or metro counties, as reported by a 2018 CDC report "Health, United States, 2017: With Special Feature on Mortality."
- Healthcare workforce shortages are prevalent throughout rural America. The 2014 National Center for Health Workforce Analysis report, "Distribution of U.S. Health Care Providers Residing in Rural and Urban Areas," found a greater representation of workers with less education and training living in rural areas and highlights data showing less than 8% of all physicians and surgeons choose to practice in rural settings.
- Specialty and subspecialty healthcare services are less likely to be available in rural areas and are less likely to include specialized and highly sophisticated or high-intensity care. This exacerbates problems for rural patients seeking specialized care who are faced with traveling significant distances for treatment.
- Reliable transportation to care can also be a barrier for rural residents due to long distances, poor road conditions, and the limited availability of public transportation options in rural areas. For more information on rural transportation programs and the impact on health of not having transport available in rural communities, see RHIhub's Transportation to Support Rural Healthcare topic guide.

- For additional information regarding healthcare access in rural areas and other barriers rural populations face related to access to care, see RHIhub's "Healthcare Access in Rural Communities topic guide."

SOCIOECONOMIC STATUS

According to a 2014 Kaiser Commission on Medicaid and the Uninsured issue brief, "The Affordable Care Act and Insurance Coverage in Rural Areas," rural populations have higher rates of low to moderate income, are less likely to have employer-sponsored health insurance coverage and are more likely to be a beneficiary of Medicaid or another form of public health insurance. The brief found that rural residents are more likely to be unemployed, have less post-secondary education, and have lower median household incomes compared to urban residents.

HEALTH BEHAVIORS

Whether or not populations adopt positive health behaviors can have an impact on the rates of disparities in their health status and mortality. A 2017 CDC MMWR, "Health-Related Behaviors by Urban-Rural County Classification – United States, 2013," examined the prevalence of 5 key health-related behaviors by urban-rural status. Urban residents were more likely to report 4 or 5 of the positive health behaviors.

With all-cause mortality rates higher in rural areas, it is no surprise that mortality related to certain causes are also higher in rural areas. The table below compares several cause-specific mortality rates for rural and urban counties.

Age-Adjusted Death Rates for the Five Leading Causes of Death per 100,000 Population: United States, 2014

Cause of Death	Nonmetro Areas	Metro Areas
Heart Disease	193.5	161.7
Cancer	176.2	158.3
Unintentional injury	54.3	38.2
Chronic lower respiratory disease	54.3	38.0
Stroke	41.5	35.4

Source: Leading Causes of Death in Nonmetropolitan and Metropolitan Areas – United States, 1999–2014, [Supplemental Tables](#), *Morbidity and Mortality Weekly Report*, 66(1), 1-8, January 2017

THE UNHEALTHIEST STATE IN THE UNITED STATES

A list of the top ten unhealthiest states was created. It is based on data compiled by the American Public Health Association and the United Health Foundation, which rank U.S. states on their per-capita rates of obesity, child poverty, smoking, cancer-related deaths, cardiovascular disease, and other risk factors. Read on to see how your state ranks.

MISSISSIPPI IS NUMBER ONE

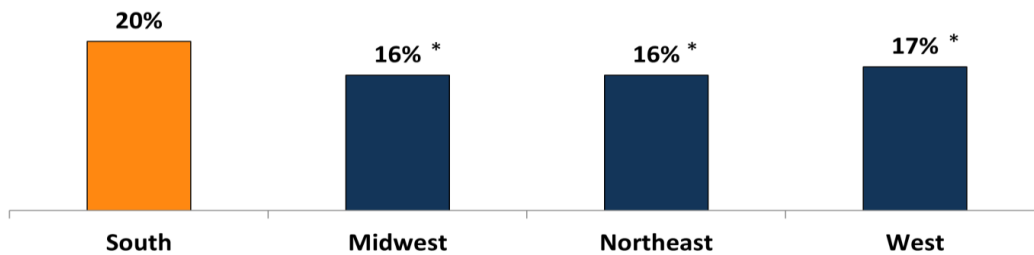
Unfortunately, that is not a ranking that we as a state can be proud. Along with having among the highest rates of cardiovascular disease, smoking, and obesity in America, the Magnolia State unfortunately touts the nation's largest percentage (25 percent) of youths living in poverty. All of these factors combined to put Mississippi at the number-one spot fighting an uphill battle against obesity, cancer, and cardiovascular-related deaths.

Being aware of this lifestyle disparity, the Steering Committee was diligent in addressing these chronic illnesses which lead to a disproportionate number of deaths. Also, the quality of life in our state is negatively impacted by these conditions that rob our citizens of the ability to enjoy good health daily.



Figure 4

Percent of Adults Reporting Fair or Poor Health Status by Region, 2014



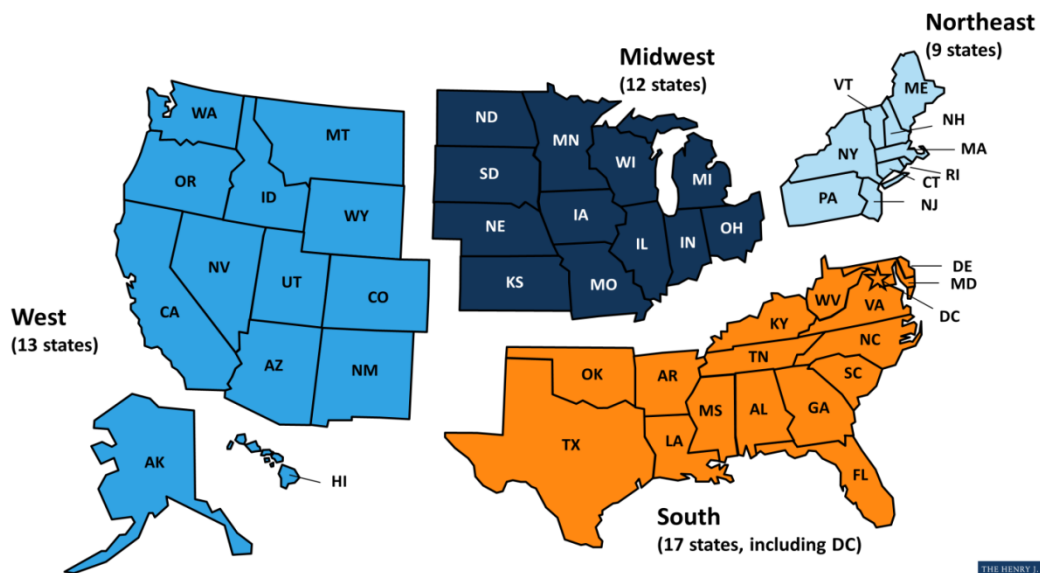
* Indicates a statistically significant difference from the South at $p < .05$ level.

Source: KCMU analysis of the Centers for Disease Control and Prevention (CDC)'s Behavioral Risk Factor Surveillance System (BRFSS) 2014 Survey Results.



Figure 1

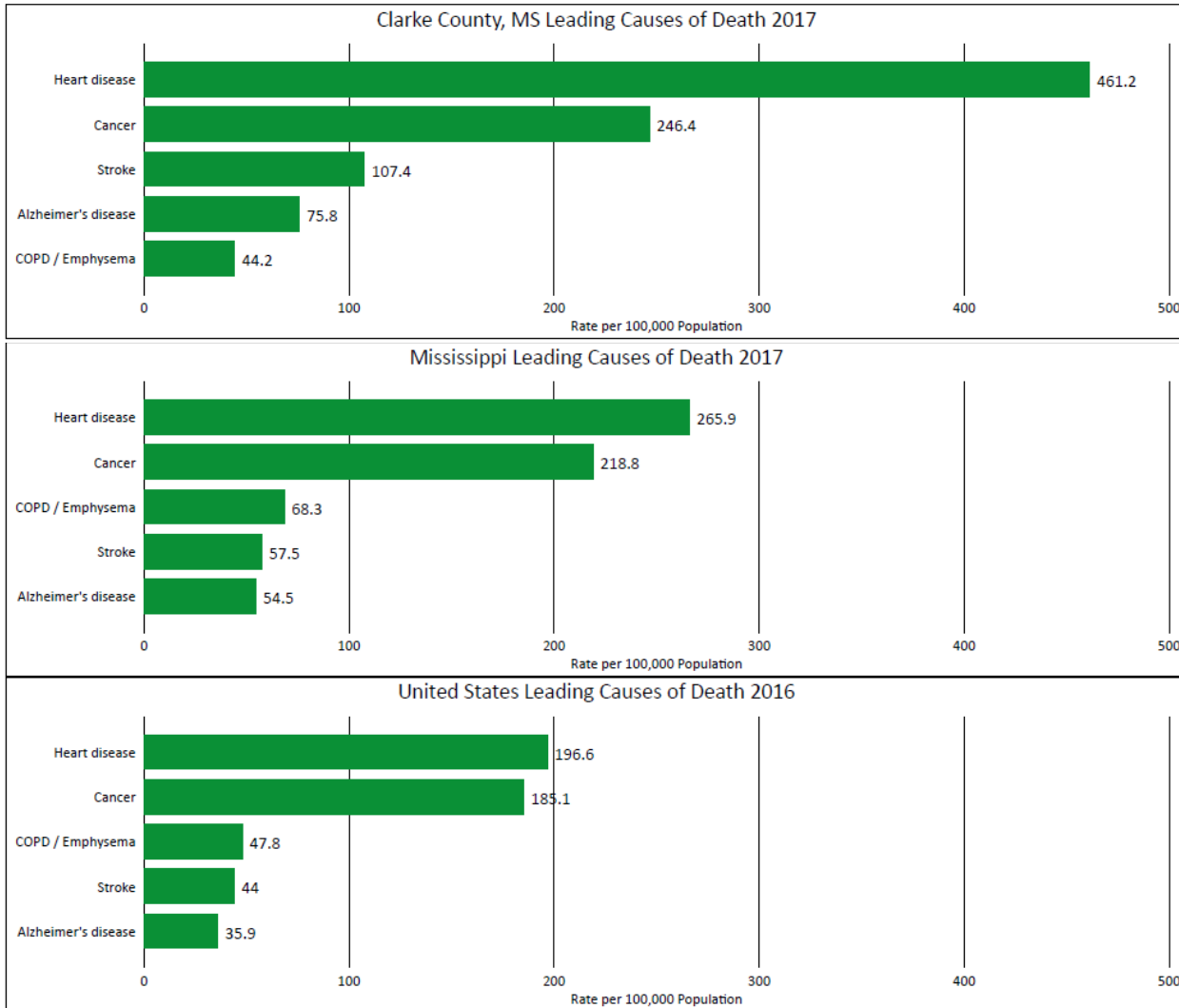
Census Regions and Divisions of the United States



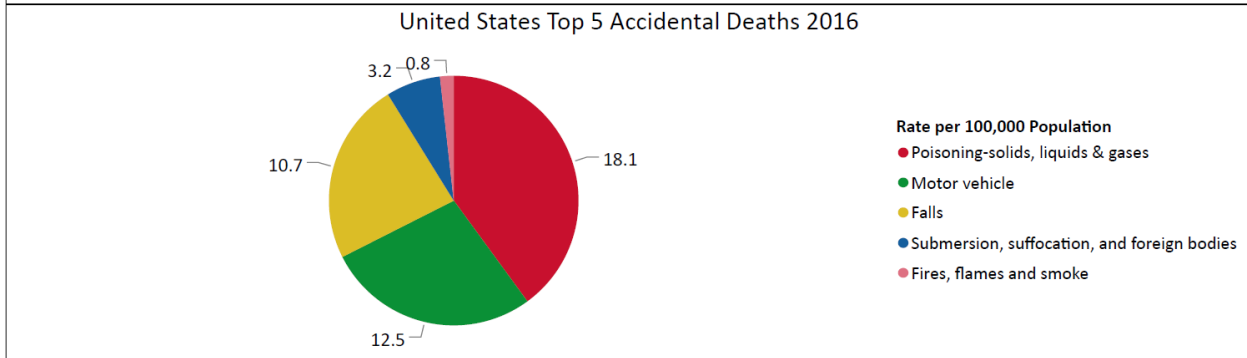
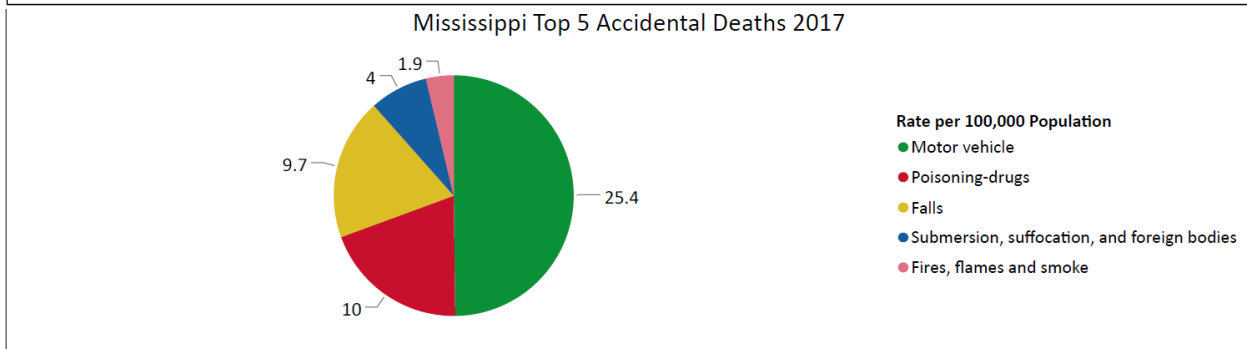
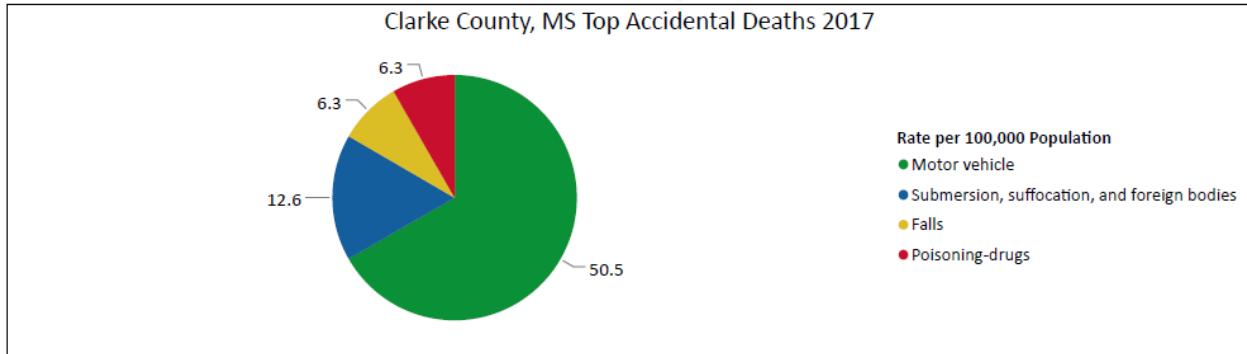
Source: http://www2.census.gov/geo/pdfs/maps-data/maps/reference/us_regdiv.pdf



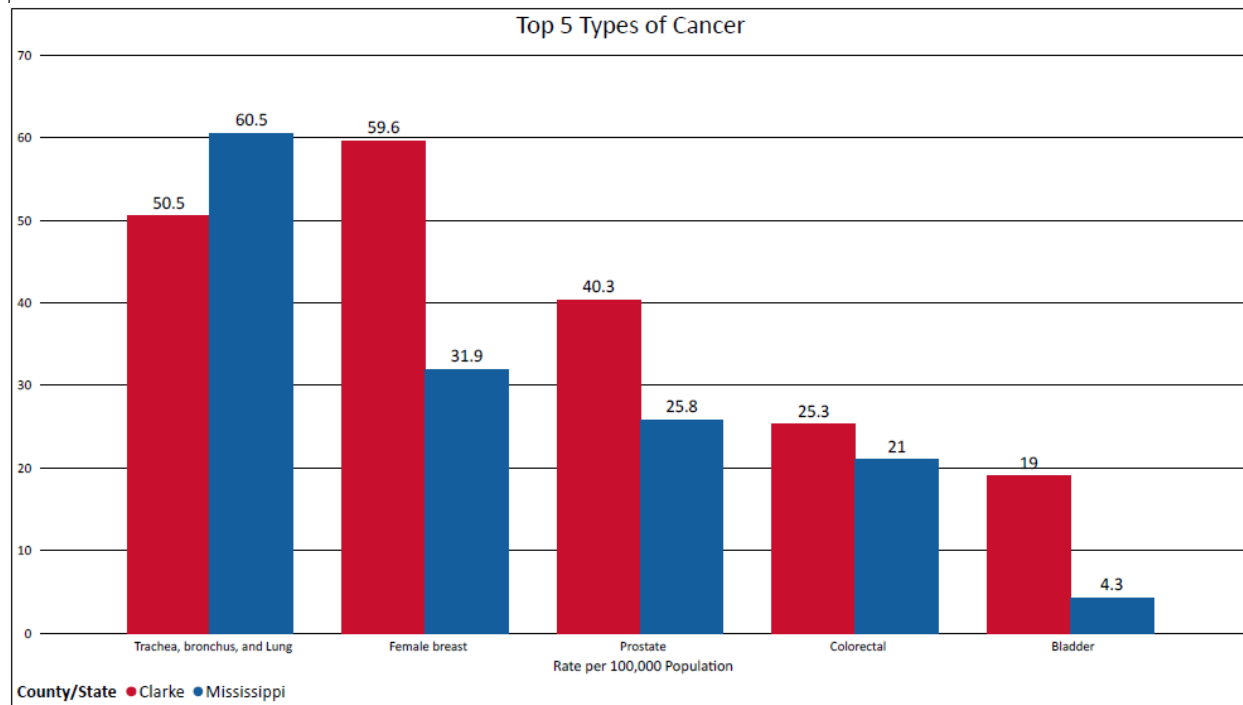
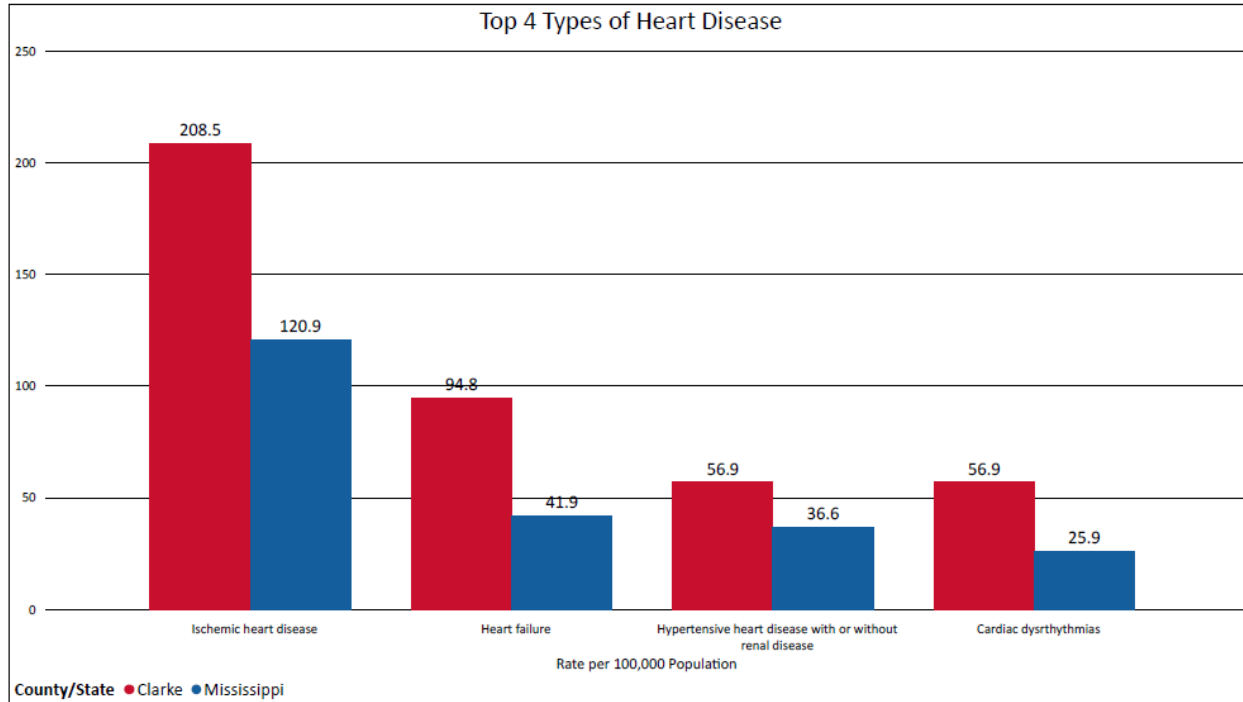
CAUSES OF DEATH



ACCIDENTAL DEATHS



HEART AND CANCER STATISTICS



2016 CHNA STRATEGIC ACTIONS

H.C. Watkins Memorial Hospital identified the following four initiatives in 2016, in concert with its many community partners to focus its energy towards:

INITIATIVE 1: SENIOR HEALTH

With emphasis on Lifestyle Improvement:

- Nutrition Education
- Physical Activities and Events
- Mental Health and Wellness
 - Education about benefits of IOP
 - Intensive Outpatient Program
- Fall Prevention and Home Safety for Senior Population

INITIATIVE 2: HEALTHIER LIFESTYLES FOR YOUTH

Educating young people on how to live healthier in the rural South. This is not only a way to improve their health but an opportunity to use them as influencers of other members of the community. Watkins, working collaboratively with the towns, local laws officials, schools and churches, will place emphasis on Healthy Lifestyles Education with a concentration on:

- Sound Nutrition
- Dangers of Obesity
 - Participating in Aerobic Activities
- Drug Use/Abuse Education

INITIATIVE 3: SAFETY AND ACCIDENT PREVENTION

With emphasis on:

- Motor Vehicle Safety
 - Education and Interventions Activities
 - Texting
 - Seat Belts
- House/Street Address Campaign
 - Education regarding necessity of visible addresses for emergency responders
 - Conduct activity to assist residents with posting their street numbers
- Fall Prevention and Home Safety for Senior Population

INITIATIVE 4: HEALTHCARE – CHANGES IN DELIVERY – KEEPING THE COMMUNITY INFORMED

H.C. Watkins will act as the catalyst to involved area healthcare providers in a coordinated effort to help the populations served to have a better understanding of the changes in today’s healthcare delivery system and be better prepare them to adapt to the new delivery models.

Through community education, this effort will:

- Help the community better understand the federal emphasis on cost, efficiency, outcomes, and quality.
- Make information that is relevant to patient and consumer concerns more widely and easily available.
 - Demonstrate sensitivity to Medicare beneficiaries’ vulnerability and lack of understanding of traditional Medicare and Medigap insurance



2016 CHNA STRATEGIC ACTION RESPONSES

The Hospital addressed all four of the 2016 initiatives in the years 2016-2019 as described in the following tables:

H.C. Watkins Memorial Hospital
Community Health Needs Assessment



Organization	Date	Function/Topic	Hours Attended	Names of Staff Involved	Event Type
Enterprise Senior Citizen Center	1/15/2016	Depression & Anxiety presentation/education with Q&A	2	Mary Mosley, RN; Jaynice Neely, RN; Carol Ragen, LPC (IOP)	ED
Quitman Public Library	3/15/2016	Mental Health Awareness, slide-show with Q&A	2	Mary Mosley, RN; Jaynice Neely, RN; Carol Ragen, LPC (IOP)	ED
Clarke County Community Awareness Day	4/15/16	Education r/t services of IOP via brochures and answer questions	3.5	Mary Mosley, RN/Jaynice Neely, RN; Dianne Smith, RN (IOP)	E/ED
Clarke County Forestry & Wildlife Festival	9/22/2016	IOP Education, Sleep Lab Education	7	Sissy Greene, Jaynice Neely, Connie Daniels, Judy Boykin, Gloria Graham, Janice Edwards, Michael Nester	CE/ED /SD
Multi County Extension Office	1/8/2016	Community Assessment Needs Meeting	1	Curtis Jones, Debra Williams, RN (IOP)	ED
Multi County Extension Office	1/26/2016	Health Fair coming up	1	Curtis Jones, Debra Williams, RN (IOP)	ED
Multi County Extension Office	2/1/2016	Community Assessment Needs Meeting	1	Curtis Jones, Debra Williams, RN (IOP)	ED
Multi County Extension Office	2/29/2016	Health fair plans finalized	1	Curtis Jones, Debra Williams, RN (IOP)	ED
Multi County Extension Office	3/17/2016	Community Assessment Needs Meeting	1	Curtis Jones, Debra Williams, RN (IOP)	ED
Multi County Extension Office	4/15/2016	Wayne County Health Fair	6	Curtis Jones, Debra Williams, RN (IOP)	CE/ED
Multi County Extension Office	5/09/2016	Community Assessment Needs Meeting	1	Curtis Jones, Debra Williams, RN (IOP)	ED
Multi County Extension Office	7/11/2016	Community Assessment Needs Meeting	1.5	Curtis Jones, Debra Williams, RN (IOP)	ED
Multi County Extension Office	8/01/2016	Advisory Board Meeting: Multicounty Extension Services	1	Curtis Jones, Debra Williams, RN (IOP)	ED
Multi County Extension Office	8/08/2016	Community Assessment Needs Meeting	1	Curtis Jones, Debra Williams, RN (IOP)	ED
Multi County Extension Office	8/08/2016	Health Awareness/Fair Shubuta	2	Curtis Jones, Debra Williams, RN (IOP)	ED
Multi County Extension Office	9/12/2016	Community Assessment Needs Meeting	1	Curtis Jones, Debra Williams, RN (IOP)	ED
Multi County Extension Office	10/24/2016	Community Assessment Needs Meeting	1	Curtis Jones, Debra Williams, RN (IOP)	ED
Multi County Extension Office	12/19/2016	Community Assessment Needs Meeting	1	Curtis Jones, Debra Williams, RN (IOP)	ED
Dart Container	5/11/2016	Dart Container's Health & Benefits Fair	10	Gloria Graham, Judy Boykin, Sherri Clark, Amy Holmes, Jamie Hodges, Tracey Webb, Kristy Ivy, Heather Daniels, Dianne Smith	HS
Clarke County Relay for Life	4/30/2016	Clarke County Relay for Life	9	Tracey Webb, Amanda Fleming, Kristy Ivy, Amy Holmes, Gloria Graham	CE/SD /VS
Quitman School District	2/2016	Supplied items to help with making First-Aid Kits for QLE, QUE, QJH, QHS	*NO HOURS. BUT, COST \$55. 95	Michael Nester, Judy Boykin, Gloria Graham, Donniss Harris, Heather Sumrall	SD

***CE= Community Event; ED= Education/Workshop Provided to Community; HS= Health Screenings; VS= Volunteer Services; SD = Sponsorships/Donations*

Organization	Date	Function/Topic	Hours Attended	Names of Staff Involved	Event Type
Multi County Community Awareness Day	5/5/2017	Education r/t IOP services of IOP via brochures, Q & A.	3	Katina Thomas, Sharonica Hill, Mary Mosley & Jaynice Neely, RN (IOP)	CE/ED
Clarke County Nutrition Ctr Lunch & Share	6/9/2017	IOP Services education, Q&A, brochures given.	1.5	Jaynice Neely, RN	CE/ED
Clarke County Nutrition Ctr Lunch & Share	8/29/2017	IOP Services education, Q&A, brochures.	1.5	Jaynice Neely, RN	CE/ED
Pachuta Sr. Nutrition Center, Lunch & Share	10/17/2017	IOP Services education, Q&A, brochures.	2.5	Jaynice Neely, RN	CE/ED
Pachuta Sr. Nutrition Center, Lunch & Share	12/5/2017	IOP Services education, Q&A, brochures.	2.5	Jaynice Neely, RN	CE/ED
MSUES/Community Services	1/9/2017	Neighborhood Services Presentation, IOP education	1	C. Jones, D. Williams	ED
MSUES/Community Services	2/13/2017	Neighborhood Services Presentation, IOP education	1	C. Jones, D. Williams	ED
MSUES/Community Services	4/5/2017	Wayne County Health Advisory Meeting Agenda: Health Fair	1	C. Jones, D. Williams	ED
MSUES/Community Services	4/17/2017	Neighborhood Services Presentation, IOP education/education to public	1	C. Jones, D. Williams	ED
MSUES/Community Services	5/1/2017	Wayne County Extension Advisory Council Meeting	1	C. Jones, D. Williams	ED
MSUES/Community Services	5/15/2017	Neighborhood Services Presentation, IOP education	1	C. Jones, D. Williams	ED
Waynesboro Housing Authority	7/13/2017	Presentation to educate residents about IOP services	1	C. Jones, D. Williams	ED
MSUES/Community Services	8/21/2017	Neighborhood Services Presentation, IOP education/education to public	1	C. Jones, D. Williams	ED
MSUES/Community Services	11/6/2017	Wayne County Extension Advisory Council Meeting	1	C. Jones, D. Williams	ED
MSUES/Community Services	11/13/2017	Neighborhood Services Presentation, IOP education/education to public	1	C. Jones, D. Williams	ED
Waynesboro IOP	7/13/2017	IOP Education Presentation	1	C. Jones, D. Williams	ED
Waynesboro IOP	9/25/2017	IOP Awareness/Education to Public, Open House Event	6.5	C. Jones, D. Williams	ED
Waynesboro IOP	12/11/2017	IOP Awareness/Education: Fieldcrest Apartments	1.5	C. Jones, D. Williams	ED
Clarke County Forestry & Wildlife Festival	9/30/2017	IOP Services Education, Q&A, brochures given	8	Gloria Graham, Sissy Greene	ED

***CE= Community Event; ED= Education/Workshop Provided to Community; HS= Health Screenings; VS= Volunteer Services; SD = Sponsorships/Donations*

Organization	Date	Function/Topic	Hours Attended	Names of Staff Involved	Event Type
Lauderdale County Council on Aging	5/25/2018	Senior Services Fair	2.75	Mary Mosley, RN Jaynice Neely, RN	CE
Clarke County Nutrition Center Lunch & Share	1/18/18	Education r/t IOP services with a brief verbal explanation of services with brochures/flyers and Q&A	1.25.	Jaynice Neely, RN	CE/ED
Clarke County Nutrition Center Lunch & Share	2/22/18	Education r/t IOP services with a brief verbal explanation of services with brochures/flyers and Q&A	1.25	Jaynice Neely, RN	CE/ED
Clarke County Nutrition Center Lunch & Share	5/18/18	Education r/t IOP services with a brief verbal explanation of services with brochures/flyers and Q&A	1.25	Jaynice Neely, RN	CE/ED
Clarke County Nutrition Center Lunch & Share	5/24/18	Education r/t IOP services with a brief verbal explanation of services with brochures/flyers and Q&A	1.25	Jaynice Neely, RN	CE/ED
Lauderdale County Council on Aging	5/25/18	Senior Services Fair	2.75	Mary Mosley, RN/Jaynice Neely, RN	
Clarke County Nutrition Center Lunch & Share	10/18/18	Education r/t IOP services with a brief verbal explanation of services with brochures/flyers and Q&A	1.25	Jaynice Neely, RN	CE/ED
MSUES	1/24/2019	Wayne County Advisory Meeting	1	C. Jones	ED/CE
MSUES	2/7/2019	WCES: update on Health Fair	1	C. Jones , D. Williams	ED/CE
MSUES	5/6/2019	Wayne County Advisory Meeting	1	C. Jones	ED/CE
Countywide	4/5/2019	Health Fair	4	C. Jones LCSW, D. Williams RN	ED/CE
Cans for Kids	6/1/19	Collecting 12oz drink cans	weekly	T.Frapp/R. Scarbrough	SD
Cans for Kids	11/18/19	Collecting 12oz drink cans	weekly	T.Frapp/R. Scarbrough	SD

***CE= Community Event; ED= Education/Workshop Provided to Community; HS= Health Screenings; VS= Volunteer Services; SD = Sponsorships/Donations*

RESPONDING TO THE COMMUNITY

CLOSING THE GAP

The information gathered from the community was very uniform and was also consistent with the quantitative data. The most common needs mentioned by the community members were related to chronic diseases, health education, and lifestyle improvement.

Hypertension, heart disease, diabetes, weight loss/obesity and nutrition were all health needs identified by both the community members and the healthcare professionals. Members saw a need for increased education and preventive care in order to eliminate the path to chronic disease. There was much discussion about creating a more nurturing and healthful environment for the young people in the area, especially those who come from low income households. In addition, there was much discussion about the mental health challenges that the community faces. It is not only a health issue but a social and economic issue that must be addressed as a community, not just by the hospital. However, the hospital will continue to share the expressed concerns with the appropriate agencies and civic officials.

Prevention is very cost effective compared to the catastrophic treatment needed when a chronic disease is unmanaged and leads to major health problems. Education related to nutrition was emphasized because of the link between obesity and so many chronic health conditions prevalent in rural Mississippi. Other community health needs that were expressed included a need for increased health literacy, and decreased health disparities among socio-economic groups.

PRIORITIZATION

The Steering Committee understood the facts the primary and secondary data communicated in reference to the health of the citizens of the primary focus area of Clarke County.

IMPLEMENTATION PLANS

To be successful in creating a true sense of health in our community, it will be necessary to have collaborative partnerships which will bring together all of the care providers, the citizens, governments, plus business and industry, around an effective plan. Many needs have been identified through this process. H.C. Watkins Memorial Hospital is proud to have been the catalyst in this effort. However, to address some of the needs identified will require expertise and financial resources far beyond what the local community hospital can provide by itself.

Many of the lifestyle habits negatively impact the overall health of our community and are major contributors to several of the leading causes of death in our service area. HCWMH has identified three significant initiatives it will undertake over the next three years. Each of these initiatives has multiple components. These collaborative projects should help improve the health and overall quality of life in our community. Each project is described in detail in the following section of this report. There are other health and wellness opportunities identified during the research portion of the CHNA. These possibilities will be considered as we develop our strategic action plans over the next three year.

2019 CHNA STRATEGIC ACTION INITIATIVES

INITIATIVE 1: SAFETY

With emphasis on:

- Fall prevention with emphasis on senior population.
- Motor vehicle safety education at dangerous intersections as well as distraction i.e. texting, talking on phone and driving under the influence, for all age groups.
- 911 campaign for visible address signage throughout Clarke County.

INITIATIVE 2: LIFESTYLES

Educating and encouraging healthier lifestyles in the rural south by incorporating better nutrition, as well as increasing daily exercise and activities. Watkins in collaboration with the local schools, fire departments, churches, law enforcement and the MSDH will place emphasis on:

- Education on nutrition and proper label reading.
- Blood pressure, resting pulse, and blood glucose screening.
- Proper warm ups and stretching to prevent injuries.
- Participate in community events while providing screenings and education.

INITIATIVE 3: CANCER AWARENESS

Providing education and awareness for breast, bronchial/tracheal and prostate cancer in coalition with the American Cancer Society, the American Urological Association, and the Tobacco Coalition.

- Provide awareness on the dangers of vaping/smoking.
- Bring awareness to the life-saving potential of early prostate screening.
- Community outreach and education on early detection by implementing and promoting monthly self-breast exams and yearly mammograms.



THANK YOU

This comprehensive assessment will allow us to better understand the needs and concerns of our community. H.C. Watkins Memorial Hospital is proud to be a part of the Rush Health System where we truly believe we are “our brother’s keeper.” As always, through this commitment to compassionate and mission-focused healthcare, we are honored to work closely with our collaborative partners in our community to provide outstanding healthcare and create a healthier world for the residents of Clarke County and surrounding area.

Thanks to each of you who provided valuable insight into this report. Your participation in the data gathering, discussions and decision-making process helped make this a true community effort which will better serve all segments of our population.

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