

John C. Stennis Memorial Hospital

CHNA Report

November 2019

Approved by
John C. Stennis Memorial Hospital Board of Directors
November 15, 2019



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TABLE OF CONTENTS

EXECUTIVE SUMMARY.....	2
ABOUT THE HOSPITAL	3
John C. Stennis Memorial Hospital	3
THE COMMUNITY HEALTH NEEDS ASSESSMENT	4
Community Engagement and Transparency.....	4
Data Collection	4
ABOUT THE COMMUNITY.....	5
Demographics.....	5
COMMUNITY INPUT	7
Community Survey.....	7
Community Health Needs Assessment Steering Committee.....	9
Community Focus Group.....	10
RURAL HEALTH DISPARITIES	12
What Are the Causes of Rural Health Disparities.....	12
Access to Healthcare.....	12
Socioeconomic Status.....	13
Health Behaviors	13
The Unhealthiest State in the United States.....	13
Mississippi Is Number One	14
CAUSES OF DEATH	16
ACCIDENTAL DEATHS.....	16
HEART AND CANCER STATISTICS	18
2016 CHNA STRATEGIC ACTION RESPONSES.....	19
Initiative 1: Lifestyle Improvements	19
Initiative 2: Community Health Education and Awareness.....	19
Initiative 3: Heart Health Awareness.....	19
Initiative 4: Community Collaboration	20
RESPONDING TO THE COMMUNITY	23
Closing the Gap.....	23
Prioritization	23
Implementation Plans.....	24
2019 CHNA STRATEGIC ACTION INITIATIVES	25
Initiative 1: Cancer Screening and Education Initiatives.....	25
Initiative 2: Flu Vaccines for Community and School Children	25
Initiative 3: Heart Health Awareness	26
Initiative 4: Creating a Healthy Southern Lifestyle.....	26
THANK YOU	27
REFERENCES	28

EXECUTIVE SUMMARY

The purpose of this Community Health Needs Assessment (CHNA) report is to provide John C. Stennis Memorial Hospital (JCSMH) 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 as outlined in The Patient Protection and Affordable Care Act.

The results of the CHNA will guide the development of John C. Stennis'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 social media. Additional information came from public databases, reports, and publications by state and national agencies.

The strategic initiatives describe the programs and activities that will address these health priorities over the next three years. An implementation plan will be developed which will afford JCSMH a variety of opportunities to partner with health and civic organizations to concentrate on identified health challenges in Kemper County. 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.

Scott Vincent, Administrator
John C. Stennis Memorial Hospital

ABOUT THE HOSPITAL

JOHN C. STENNIS MEMORIAL HOSPITAL

John C. Stennis Memorial Hospital is a 25-bed critical access hospital located in DeKalb, 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 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.

An emergency department is staffed with qualified emergency room hospitalists and family nurse practitioners and is open 24 hours a day, seven days a week. The hospitalists also act as hospital physicians, which means they can admit and care for patients who do not have a physician who regularly admits patients at the hospital.

Skilled nursing and rehabilitative care are available at John C. Stennis 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 Stennis, whether or not they were hospitalized in another location.

Services:

- Acute Care (Inpatient)
- Cardiac Monitoring
- Case Management
- Community Education
- Dietary Consultations
- Dietary Consultations
- Emergency Room (24 Hours a Day)
- Full-Service Dining Room
- Hospitalist Program
- Laboratory
- Medical Surgical Care
- Nursing
- Outpatient Infusion
- Outpatient Surgery
- Pharmacy
- Radiology
 - CT Scans
 - Inpatient and Outpatient Services
 - Ultrasound
 - X-ray
- Respiratory Therapy
- Senior Care Programs
- Skilled Rehab Inpatient and Outpatient Services
 - Occupational Therapy
 - Physical Therapy
 - Speech Therapy
- Swing Bed Program
- Telemedicine
- Wound Care



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 Kemper 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 | • John C. Stennis 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: Kemper County

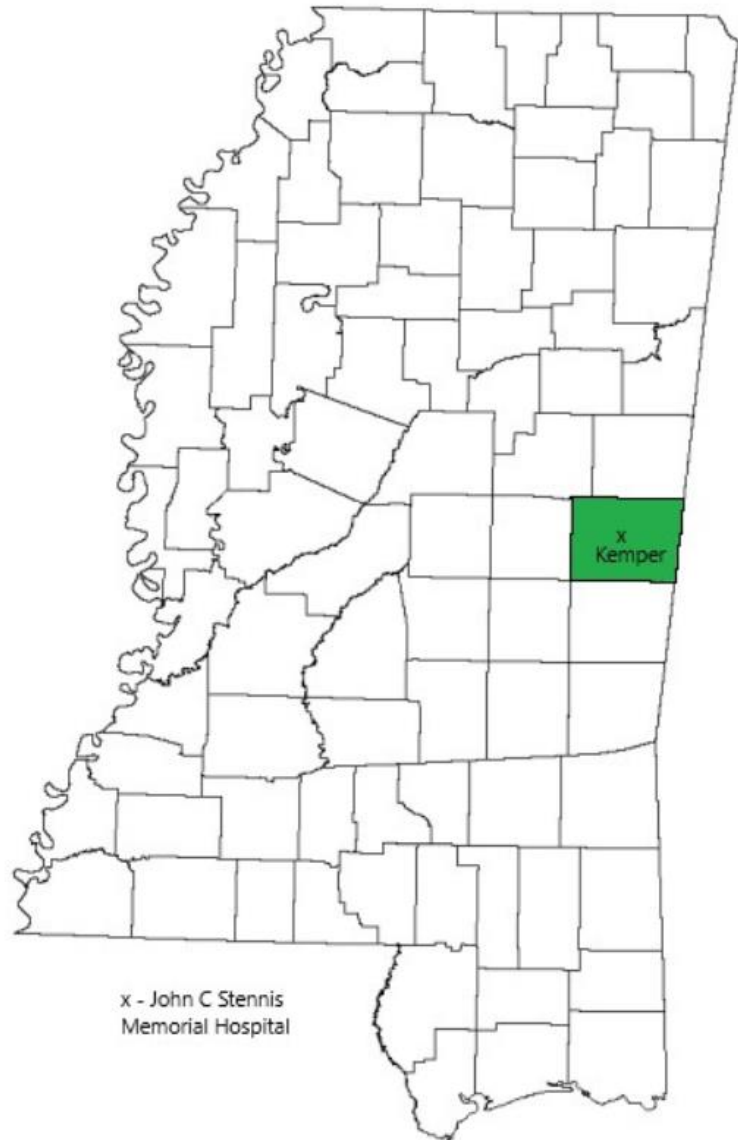
ABOUT THE SERVICE AREA

Kemper County is a county located in the central eastern border of the state. The county seat is DeKalb. The county is part of the Meridian, Mississippi Micropolitan Statistical Area.

The county has a total area of 767 square miles, of which 766.2 square miles (or 99.69%) is land and 2.14 square miles (or 0.31%) is water. *

PATIENT ORIGIN

Approximately 86.92% of Medicare inpatients seen over the past twelve months reside in Kemper County, Mississippi. Almost 73% of those patients in Kemper County (63.3% of the total Medicare inpatients seen last year) reside in DeKalb. An additional 14.56% of total Medicare inpatients seen reside in the town of Preston also located in Kemper County. Of the remaining patient population, 12.62% resided in other areas of Kemper County, while 5.06% resided in adjacent Lauderdale County, MS while 2.53% resided in adjacent Noxubee County, MS. The remaining population represents a variety of locations mostly outside of the primary service area.



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

POPULATION AND RACIAL MIX DATA*

KEMPER COUNTY		
Population	10,082	
Racial Mix	White	3,446
	African American	6,078
	Hispanic	171
	Other	9
Median Household Income	\$27,016	



* 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 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 - John C. Stennis Memorial Hospital

John C. Stennis 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 John C. Stennis 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 Kemper County that you are aware of?

6. Have you participated in any of John C. Stennis 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

Kim Clemons – Director of Laboratory
Candi Cook – Swing-bed Coordinator/Case Manager
Cindy Cumberland – Kemper County Economic Development/Board Member
Jessie Hardy – Director of Nursing
Carol Hunnicutt – Senior Executive Assistant
Malikaha Jones – MS State Extension
Robert Joyner – Kemper County Deputy
Sue Nester – Clinic Manager
Scott Vincent – Administrator
Mary Ellen Waters – Kemper Academy Headmaster

COMMUNITY FOCUS GROUP

A community focus group was held at John C. Stennis Memorial Hospital on Wednesday, October 23, 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

Kim Clemons – Director of Laboratory
Candi Cook – Swing-bed Coordinator/Case Manager
Cindy Cumberland – Kemper County Economic Development/Board Member
Jessie Hardy – Director of Nursing
Carol Hunnicutt – Senior Executive Assistant
Malikaha Jones – MS State Extension
Robert Joyner – Kemper County Deputy
Sue Nester – Clinic Manager
Scott Vincent – Administrator
Mary Ellen Waters – Kemper Academy Headmaster
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 October 23, 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.

Jeri Cawthorne – KCSA Administrator, Director Of Assessment And Technology
Mary Lee Bennoman – Ms State Extension
James Granger – Board Member
Craig Hitt – Kemper County Economic Development
Beverly Knox – Ms Tobacco Coalition For Neshoba, Kemper And Noxubee County
Helen Mccoy – Head Start And Friends Of Children
James Moore – Kemper County Sherriff
Jackie Pollock – Superintendent Of Kemper County Schools
Faye Wilson – Chamber Of Commerce
Margaret Womble – Board Member

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 Communitiestopic 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

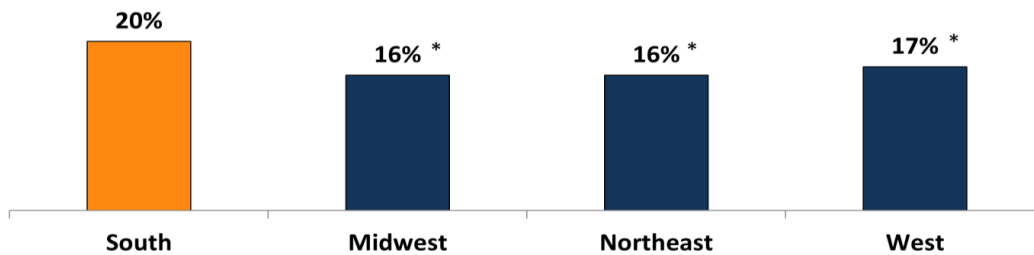
Unfortunately, that is not a ranking that we as a state can be proud. Along with having among the highest rates of cardiovascular disease, smoking, and obesity in America, the Magnolia State unfortunately touts the nation's largest percentage (25 percent) of youths living in poverty. All of these factors 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



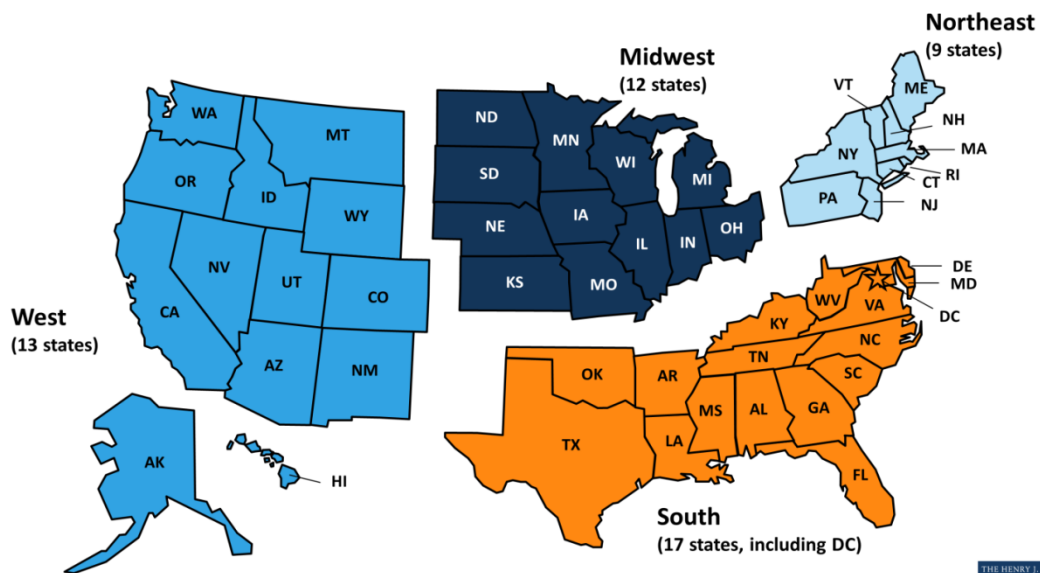
* Indicates a statistically significant difference from the South at $p < .05$ level.

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



Figure 1

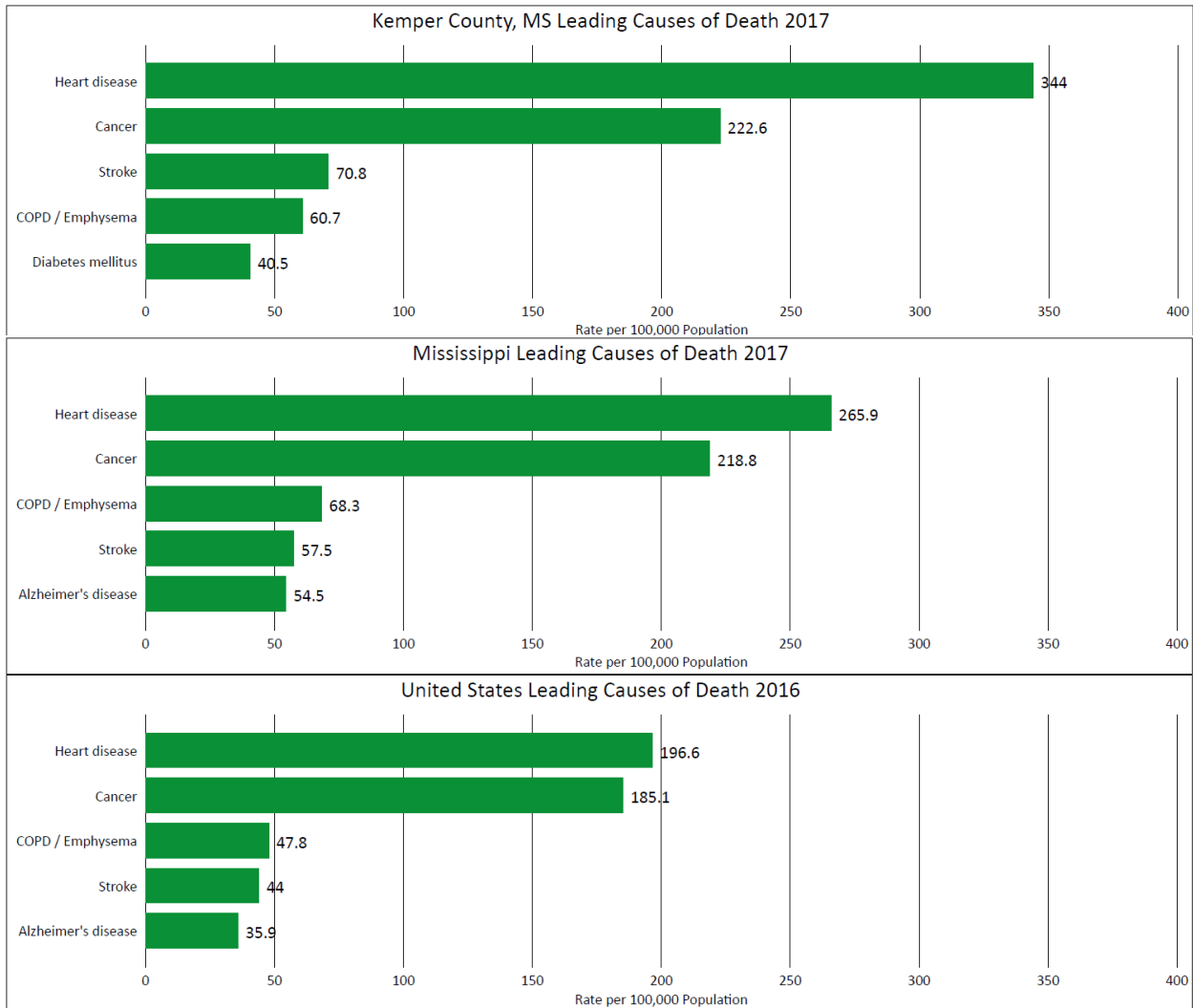
Census Regions and Divisions of the United States



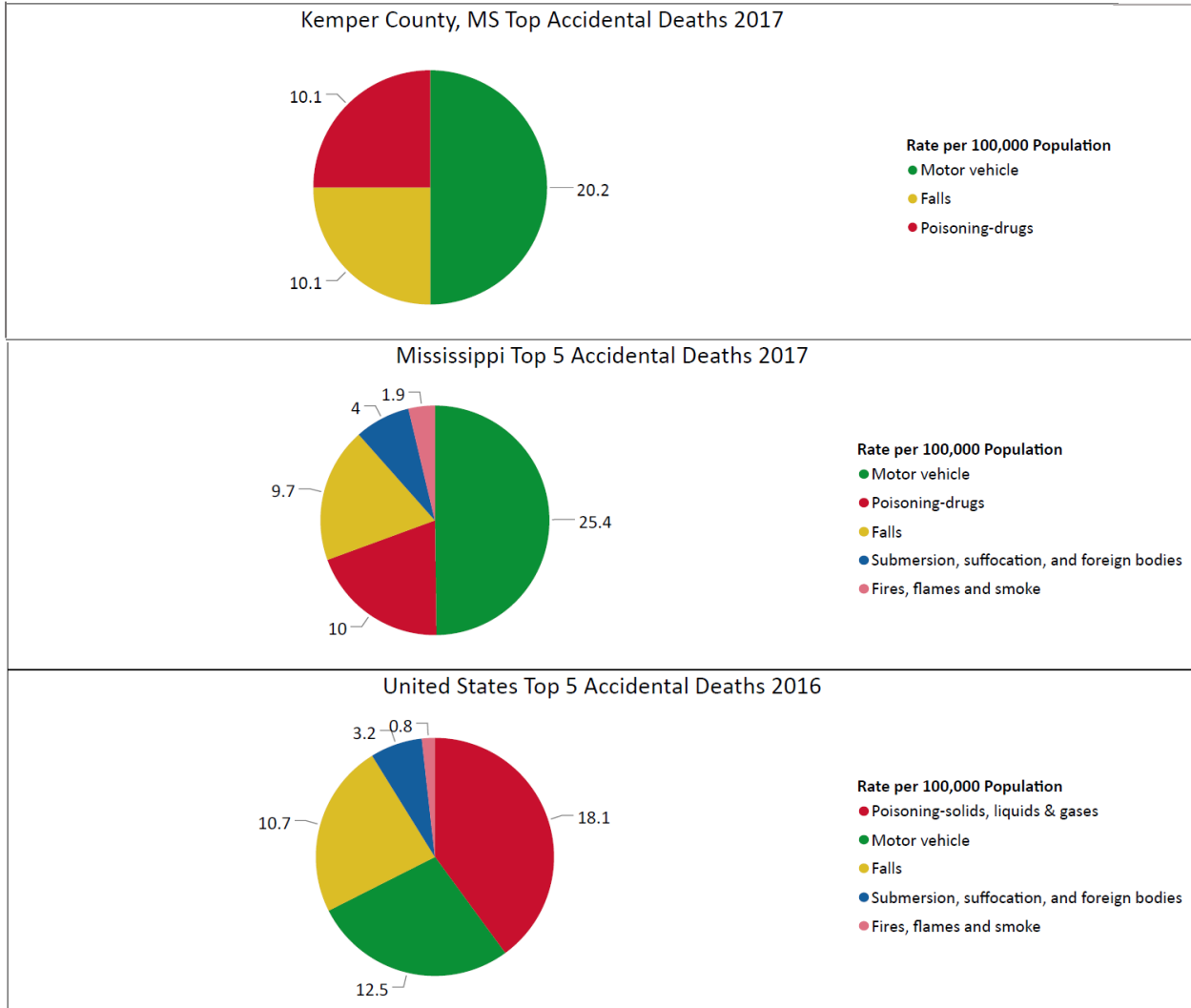
Source: http://www2.census.gov/geo/pdfs/maps-data/maps/reference/us_regdiv.pdf



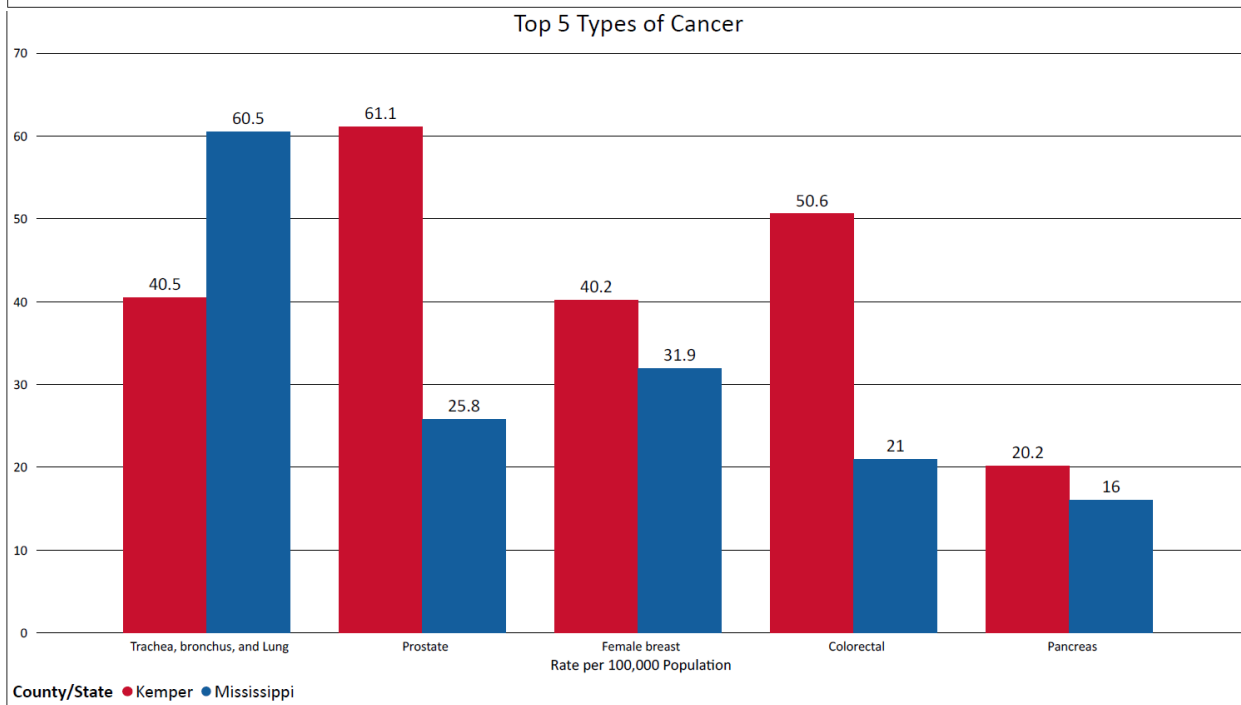
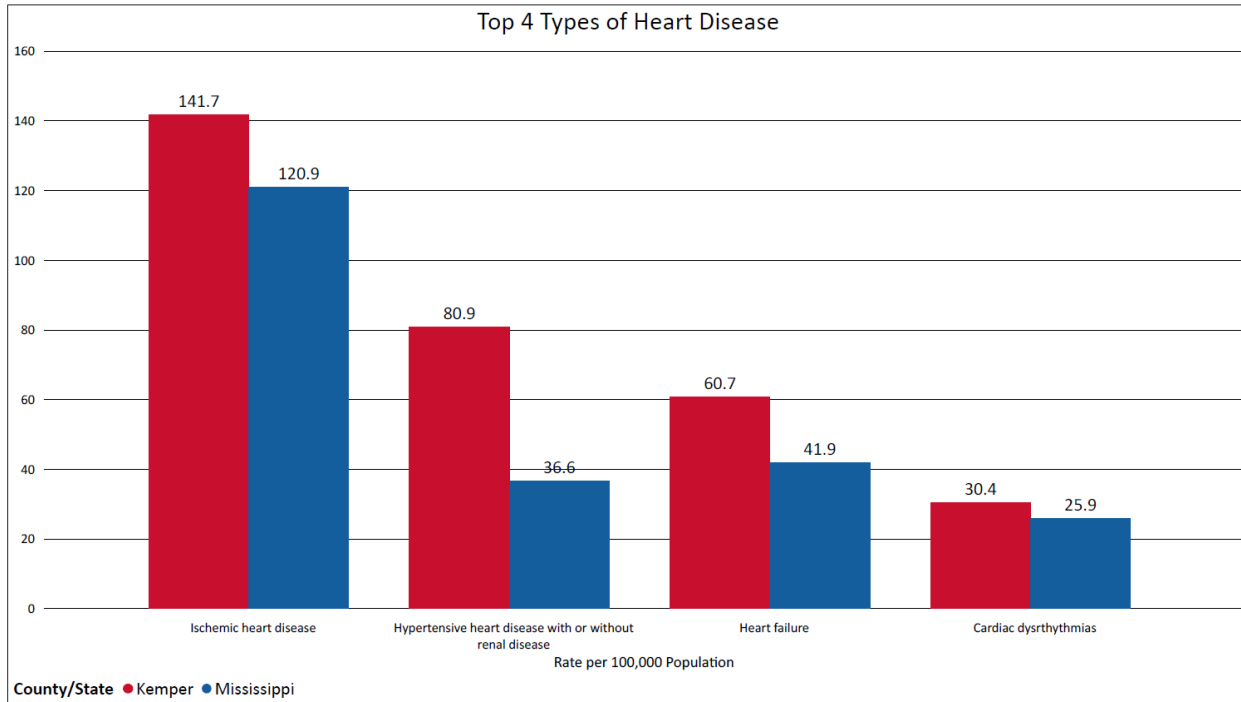
CAUSES OF DEATH



ACCIDENTAL DEATHS



HEART AND CANCER STATISTICS



2016 CHNA STRATEGIC ACTION RESPONSES

At the conclusion of the 2016 Community Health Needs Assessment conducted by John C. Stennis Memorial Hospital, the CHNA Steering Committee identified critical areas of need for the people we serve. The group chose to focus on Health and Wellness education and Lifestyle improvements specific to health needs for the people in our service areas.

In support of the 2016 Community Health Needs Assessment, and ongoing community benefit initiatives, John C. Stennis Memorial Hospital implemented the following strategies to positively impact our community's overall health.

INITIATIVE 1: LIFESTYLE IMPROVEMENTS

Address lifestyle related health problems and chronic disease management through education and cultural change. Focus will be on:

- Obesity
- Adolescent Diabetes

INITIATIVE 2: COMMUNITY HEALTH EDUCATION AND AWARENESS

Create a systematic approach to improving the health of our service area. The approach will include:

- Vaccinations
- Screenings
- Nutrition
- Physical Activities
- Health Education
- Cancer Education with emphasis on:
 - o Breast Cancer
 - o Prostate Cancer

INITIATIVE 3: HEART HEALTH AWARENESS

- Community Education
- CPR
- Awareness of the STEMI program

INITIATIVE 4: COMMUNITY COLLABORATION

Enhance the focus and activities of the CHNA Community Focus Group. Utilize this group to continue dialogue regarding:

- Mental Health Needs with emphasis on youth and elderly
- Mental Health Access and Placement
- Accident Prevention with emphasis on Motor Vehicle Accidents
 - Seat Belt Safety
 - Texting and Driving

Below is a listing of the specific activities that were created to respond to the needs identified in the four health initiatives created in 2016.

SKIN SAFETY SEMINAR LUNCH AND LEARN SEMINAR

August 11, 2018

Target Population – General Public

Process – Seminar Lunch and Learn

Desired Outcome – Awareness of the causes of skin damage, prevention and treatment.

Collaborative Partners - Rush Health Systems and Dermatologist Katie Matthews

FREE SCREENING FOR VENOUS PROBLEMS THE VEIN CENTER

June 20, 2018

Target Population – General Public

Process – Seminar Lunch and Learn

Desired Outcome – Education on the various types and complications of venous disorders as well as the available treatment.

Collaborative Partners - Rush Health Systems and Dr. Farrar, vascular specialist.

OPEN HOUSE REHABILITATIVE SERVICES

December 12, 2017

Target Population – General Public

Process – Seminar Lunch and Learn

Desired Outcome – Education and awareness of the services offered and capabilities of the rehab department at John C. Stennis Hospital

Collaborative Partners – Rehab department of John C. Stennis Hospital

STENNIS HEART DAY

February 2017

Target Population – General Public and those with

Process – Free Cholesterol screening offered at John C. Stennis Hospital. CPR classes taught in the Kemper County School.

Desired Outcome – Education and awareness of heart disease, screening, prevention and treatment.

Collaborative Partners – John C. Stennis Hospital nursing staff and Kemper County Schools

MORA EVENT

2016

Target Population – General Public

Process – Speaker Steve Wilkerson, an organ recipient, spoke to the attendees.

Desired Outcome – Bringing awareness to and encouraging people to become organ donors.

Collaborative Partners – Steve Wilkerson, MORA and John C Stennis Hospital

GENTLE YOGA

July 22, 2017

Target Population – General Public

Process – Free Gentle Yoga class provided for the public.

Desired Outcome – Provide an alternate method of exercise for community members.

Collaborative Partners – Coalition for a Healthier Kemper County and John C. Stennis nurse Sarah Herrington.

John C. Stennis Hospital, over the past three years, incorporated the initiatives above into all of their community outreach health and wellness activities. The hospital approached many of the activities through events with collaborative partnerships with other community organizations. A graph of those community activities follows.



ORGANIZATION	EVENT	DATE
American Cancer Society	Relay for Life	3/31/17
Coalition for Health Kemper	Community Health Fair	4/20/17
Ms Organ Recovery Agency	Spero Awards	5/13/17
MS State Extension Office		5/17/17
Smarter Choices Coalition		5/17/17
JCSMH	Think Pink- Dr. Hailey Sharp	10/??/17
JCSMH	Stennis Safety Week	??/??/17
MS Tobacco Free Coalition	Coalition Meeting	2/9/18
Coalition for a Health Kemper County	Community Wide Health Fair	3/1/18
MS Tobacco Free Coalition	2nd Qtr Tobacco Free Coalition	11/14/18
MS Tobacco Free Coalition		2/8/19
East Central Community College	Healthcare Advisory Meeting	2/8/19
Coalition for a Health Kemper County	Health Fair	3/1/19
MS Tobacco Free Coalition		5/10/19
Healthier Kemper	Gentle Yoga Chair Exercises	7/22/19
MS Tobacco Free Coalition	Great American Smokeout	8/9/19
Rankin County Uniform	Uniform Sale	9/17/19
County Wide Disaster Drill	Disaster Drill	9/26/??
MS Tobacco Free Coalition	Great American Smokeout	11/16/??

THE HIGHLIGHTED DATES ARE MISSING PIECES

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. Other community health needs that were expressed included a need for increased health literacy, and decreased health disparities among socio-economic groups.



JOHN C. STENNIS
MEMORIAL HOSPITAL
A Division of Rush

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 Kemper 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. John C. Stennis 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. John C. Stennis Memorial Hospital has identified four 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: CANCER SCREENING AND EDUCATION INITIATIVES

OBJECTIVE

To educate and bring awareness about the most prevalent cancers in DeKalb and Kemper County, which are Prostate, Colorectal, Breast and Tracheal/bronchial/Lung cancers.

STRATEGY

1. To start a campaign spreading awareness of the top four cancers in DeKalb and Kemper County.
2. To provide screening opportunities convenient for community members.
3. To host “Lunch and Learn” sessions to educate our community on these cancers and the importance of early detection.
4. To work with businesses in the community to help reach the male population that may be reluctant to seek proper screening. Take the information to them and make screening easily accessible.

INITIATIVE 2: FLU VACCINES FOR COMMUNITY AND SCHOOL CHILDREN

OBJECTIVE

To help provide access and availability to flu vaccines for the community.

STRATEGY

1. To screen all patients on admission to JCSMH for Flu and Pneumonia vaccine.
2. To conduct Medicaid EPSDT (Early Periodic Screening Diagnostic Treatment) screening in the DeKalb clinic.
3. **Vaccine for Children.** Work with The State of MS to obtain the vaccines for the DeKalb clinic to administer to the children. Investigate the possibility of hospital nurses going to the schools to vaccinate.
4. To assist in the search and recruitment of a pharmacy to replace the only one in the county that closed. This effort would drastically increase available vaccines for the community.

INITIATIVE 3: HEART HEALTH AWARENESS

OBJECTIVE

To bring awareness and education to the community by promoting healthy lifestyle choices including the importance of screening and treatment.

STRATEGY

1. To participate in community health fair(s), providing education on Ischemic and hypertensive heart disease due to the prevalence in Kemper County.
2. To provide free Heart Health Info and free Cholesterol Screenings along with free Blood Pressure Checks to JCSMH employees.
3. To offer a free lunch for community members to come hear from a Cardiologist about heart disease and how lifestyle has an impact.

INITIATIVE 4: CREATING A HEALTHY SOUTHERN LIFESTYLE

OBJECTIVE

Provide healthy alternatives to traditional southern food, by changing how it is prepared and/or how it is cooked. We will also provide overall healthy lifestyle tips.

STRATEGY

1. To have a nutritionist available several times each year for the community come in and visit with and learn.
2. To provide healthy living tips in the local paper each week or month.
3. To provide more healthy options in our facility and cafeteria for staff and community.

THANKYOU

This comprehensive assessment will allow us to better understand the needs and concerns of our community. John C. Stennis Memorial Hospital is proud to be coming back stronger to even better serve our community. As always, through our 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 Kemper County and surrounding area. Dedication to our values of performance, accountability, service, stewardship, integrity and teamwork has allowed us to continue, during these challenging months, to proudly serve our community.

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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