

# H.C. WATKINS MEMORIAL HOSPITAL

## CHNA REPORT

2016

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## EXECUTIVE SUMMARY

The purpose of this Community Health Needs Assessment (CHNA) report is to provide H.C. Watkins Memorial Hospital 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. Watkins' 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 2016.

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, plus a published and publicly available survey. Additional information came from public databases, reports, and publications by state and national agencies.

The response section of this report describes how the hospital and its collaborative partners worked together to address identified health needs in our community during the past three years. In this report, we also discuss the health priorities that we will focus on over the next three years. The CHNA report is available on the hospital's website [www.watkinsmemorialhospital.com](http://www.watkinsmemorialhospital.com), or a printed copy may be obtained from the hospital's administrative office.

We sincerely appreciate the opportunity to continue to be a part of this community. We look forward to working with you to improve the overall health of those we serve in Quitman and Clarke County.

Michael Nester, Administrator  
H.C. Watkins Hospital

## ABOUT THE HOSPITAL



**H.C. Watkins Memorial Hospital** is a 25-bed acute-care 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 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. As hospitalists, these physicians 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 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 citizens of the community.

# THE COMMUNITY HEALTH NEEDS ASSESSMENT

The Community Health Needs Assessment defines opportunities for health care 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 health care providers build stronger relationships with their communities, identify needs, and dedicate funding and other resources toward programs that clearly benefit local residents.

## 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.

Michael Nester - Administrator  
Lauren Hill, MS, RD - Dietitian  
Jamie Hodges, RN - Director of Nursing  
LeNan Holloway, FNP - Inpatient Services  
Sherri Clark, RN - Director of Emergency Services  
Rishona Denham-Lamar, LPN - Utilization Review  
Dianne Smith, RN - Director of Case Management  
Sissy Greene, RN - Director of IOP Senior Care



# THE COMMUNITY HEALTH NEEDS ASSESSMENT

## 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 2013. 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** Primary data is that which is collected by the assessment team. It is data collected through conversations, telephone interviews, focus groups and community forums. This data was collected directly from the community and is the most current information available.

**Secondary Data** Secondary data is that which is collected from sources outside the community and from sources other than the assessment team. This information has already been collected, collated, and analyzed. It provides an accurate look at the overall status of the community.

Secondary data sources included:

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

# COMMUNITY INPUT

## COMMUNITY FOCUS GROUP

A community focus group was held at H.C. Watkins Memorial Hospital on Thursday October 27, 2016. 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 a healthcare consultant 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.

Eddie Fulton – Mayor of Quitman  
Bro. Dennis Coats – Local Pastor  
Mickey Long – Clarke County Supervisor  
Ben Moore – Enterprise Alderman  
Ann Potuk – Clarke County Chamber of Commerce  
Brenda McCormick RN – Former Clarke County Vo-Tech Allied Health Teacher



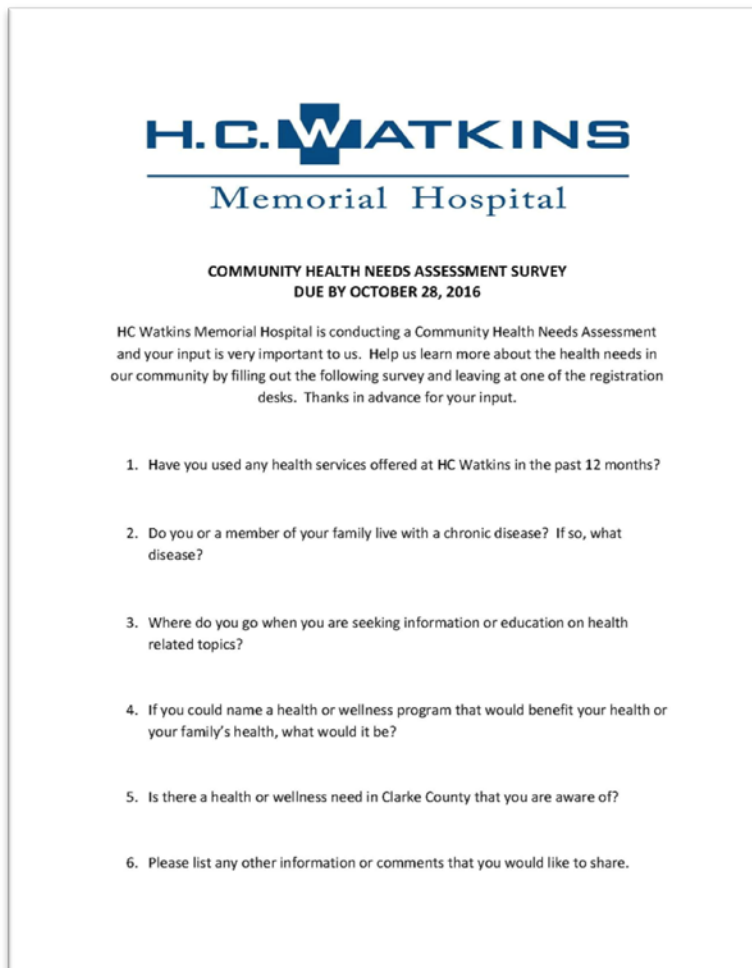
## COMMUNITY SURVEY

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.

# COMMUNITY INPUT

In order to provide citizens of our services area with an opportunity to provide us their valuable insight, a Community Survey was published in the local paper. The survey ran in the *Clarke County Tribune*. It was published on Wednesday, October 19, 2016. *The Tribune* has a readership that covers Clarke County and surrounding areas.

In addition, the survey was made available in public areas of the hospital and distributed through members of the CHNA Focus Group. Collection boxes were available in the hospital's lobbies.



**H.C. WATKINS**  
Memorial Hospital

**COMMUNITY HEALTH NEEDS ASSESSMENT SURVEY  
DUE BY OCTOBER 28, 2016**

HC 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 the following survey and leaving at one of the registration desks. Thanks in advance for your input.

1. Have you used any health services offered at HC Watkins 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. Please list any other information or comments that you would like to share.



# COMMUNITY INPUT

## INPUT FROM THE COMMUNITY

Through internal conversations at the hospital, one-on-one interviews with community leaders, and a hospital focus group, much information was gathered which was influential as the CHNA Steering Committee developed the hospital's implementation plan.

There were health needs identified that can be addressed and met by the hospital and others that must be referred to other local organizations or health agencies. Several health improvement opportunities were identified where the hospital will try to act as a community catalyst for action but are not part of the hospital's implementation plan.

The community felt that the adult population of the county was the segment that had the greatest health risks in regards to lifestyle impacted diseases such as heart disease and diabetes. Poor nutritional habits are prevalent in the South, especially in rural communities.

It was felt that the communities in the service area could benefit from educational opportunities emphasizing healthy eating.

The senior population was also recognized as an "at risk" population due to lack of transportation, few senior health opportunities, poor nutritional habits plus limited access to fresh produce, and minimal physical activities.

Suggestions included:

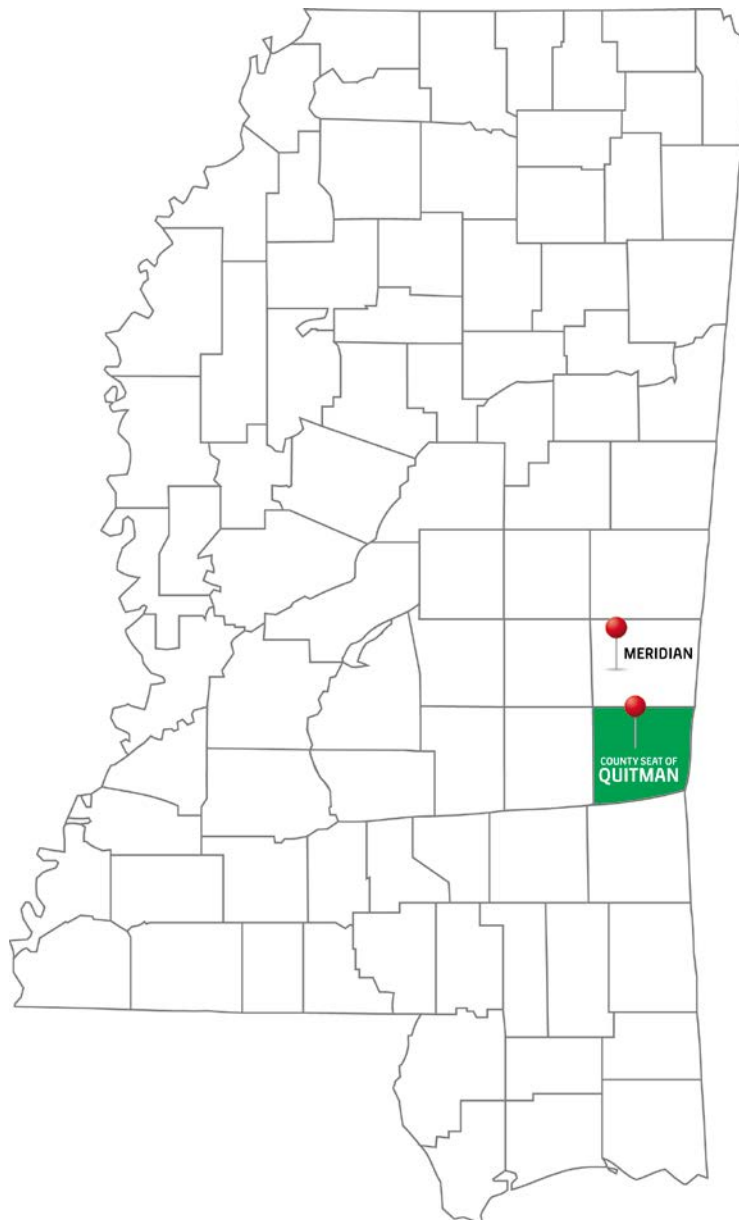
- Coordinating group-led health education classes with the local churches, school systems and other local health agencies
- Having more visible health and wellness activities in various locations throughout the county
- Creating a culture of community health and responsibility
- Developing an initiative with all county health providers to empower the community to take individual ownership in his or her health.

## ABOUT THE COMMUNITY

**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.

**CLARKE COUNTY, MISSISSIPPI** (2007 Census Publications State and County Profiles Mississippi. *USDA Census of Agriculture, 2007*).



# ABOUT THE COMMUNITY

## DEMOGRAPHICS

As of the 2015 population estimates, there were 16,006 people, which is a decrease of 4.3% since the 2010 United States census. There are 7,876 households and 4,524 families residing in the county. The population density is 24 people per square mile. There are 6,454 occupied housing units at an average density of 11.4 per square mile. The racial makeup of the county is 64.2% White, 35.6% Black or African-American, and .2% Asian (Community Facts, United States Population, 2010).

There are 7,876 households out of which 32.5% have children under the age of 18 living with them, 46.7% are married couples living together, 19.1% have a female householder with no husband present, and 29.2% are non-families. 27.2% of all households are made up of individuals and 14.2% have someone living alone who was 65 years of age or older. The average household size is 2.48, and the average family size was 3.00 (Community Facts, United States Population, 2010).

In the county, the population is spread out with 26.20% under the age of 19, 5.5% from 20 to 24, 23.1% from 25 to 44, 27.8% from 45 to 64, and 17.3% who are 65 years of age or older. The median age is 40.7 years. For every 100 females in the county there were 90.08 males (Community Facts, United States Population, 2010).

The median income for a household in the county is \$31,478, while the family median income is \$42,264. Males had a median income of \$38,214 versus \$25,909 for females. About 20.2% of families and 22.4% of the population were below the poverty line, including 35.0% of those under age 18 and 18.9% of those age 65 or over (Community Facts, United States Population, 2010).

The county's residents are under the state average for educational attainment. In Clarke County, 77.2% of the population have a high school diploma compared to 81.9% for the state, and 12% have a four-year college degree while the state average is 20.4% (Community Facts, United States Population, 2010).

## PATIENT ORIGIN

Approximately 79% of the inpatients seen over the past twelve months reside in Clarke County, Mississippi. Almost 70% of those patients in Clarke County (55% of the total inpatients seen last year) reside in Quitman. An additional 15% is split between two counties, Wayne and Jasper County. The remaining patient population (7%) represents a variety of locations outside of the primary service area.

## ABOUT THE COMMUNITY



### SERVICE AREA

Since the majority of the inpatients reside in Clarke County and almost 55% of those residents live in the county seat, Quitman, the county is considered the primary service area. The county includes the towns of Quitman, Enterprise, Pachuta, Shubuta, and Stonewall. In addition, there is the unincorporated community of There are two additional counties, Jasper and

Lauderdale, from which 15% of the inpatients originated. Lauderdale County is home to three acute care hospitals and one psychiatric hospital. Therefore it is not considered part of the secondary service area for Watkins. Jasper County is the only county in the secondary service area.

H.C. Watkins Memorial Hospital, as part of its rural community outreach, has two additional Intensive Outpatient Program locations outside its primary service area, in Meridian and Waynesboro.

# CHARACTERISTICS OF THE HEALTH OF THE SOUTHERN RURAL COMMUNITY

All rural areas in the U.S. are unique with extensive geographic and economic variations. When compared to urban populations however, rural populations are often characterized as being older and less educated; more likely to be covered by public health insurance; having higher rates of poverty, chronic disease, suicide, deaths from unintentional injuries and motor vehicle accidents; having little or no access to transportation; and having limited economic diversity. All of these issues create challenges and opportunities to improve the health of those living in the rural South, and they play a role in understanding some of the underlying causes associated with issues related to the rural health workforce, health services, and special populations. These unique population and health issues were taken into consideration as the Steering Committee evaluated health and wellness opportunities to address. Some can be approached through initiatives of the hospital and others will best be approached through a cooperative effort of local government, state agencies, churches, volunteer programs and the hospital.

## OBESITY IN MISSISSIPPI

The cost to the state of Mississippi due to obesity in terms of our heart health, quality of life, healthcare costs and life spans is astronomical. Obesity contributes to heart disease, stroke, diabetes and a myriad of orthopedic conditions.

Over the past few decades, obesity has become a serious health care issue in the United States. The obesity rate for adults was 13 percent in 1962; it now stands at over two and half times that. Today, 17 percent of children are obese.

As a health condition, it costs the country nearly \$150 billion every year. But obesity is not just a health condition anymore, at least according to the American Medical Association. The nation's largest group of doctors voted in June 2013 to classify obesity as a disease.

Obesity has become the greatest threat to the health of Mississippians and if left unchecked will overwhelm our health-care system. Without action, what is now a ripple effect of negative health consequences will become a tidal wave of disease, disability and premature death.

The uncontrolled epidemic of obesity is wreaking havoc on our state. One out of every three adults in Mississippi is considered obese. Obesity predisposes to a whole host of chronic diseases, and it produces a ripple effect of negative health consequences: hypertension, heart disease, stroke, kidney disease, neurodegenerative disease, diabetes and even cancer. These conditions contribute to the death of many Mississippians each year and, at a minimum, decrease our quality of life.

# CHARACTERISTICS OF THE HEALTH OF THE SOUTHERN RURAL COMMUNITY

## OBESITY IN MISSISSIPPI (continued)

Obesity is hurting Mississippi's economy. An obese person generates 40 percent more in medical costs per year than a non-obese person. In 2008, Mississippi spent \$925 million in health-care costs directly related to obesity. If the trend continues, obesity related health-care costs will be \$3.9 billion by 2018. Obese adults miss work more often than other workers, impacting productivity. As a result, obesity hurts Mississippi's business competitiveness and ability to attract new industry.

Obesity is harming Mississippi's children. Mississippi has the highest rate of childhood obesity in the nation. Nearly half of Mississippi children are overweight or obese, and children as young as eight years old are being treated for Type II diabetes and high cholesterol. This was unheard of just a decade ago. The idea that children will be sick and die younger than their parents is not acceptable.

While the obesity rate for Mississippi's children has stabilized, the same cannot be said of adults. A recent study shows that by 2030, 67 percent of Mississippi's adults are projected to be obese. Overweight and obesity are prevalent among all races, all adult age groups and both genders in Mississippi. Although data is not available to determine the number of overweight children living in Mississippi, national data suggests that overweight in children is pervasive and has nearly doubled in the last 30 years.

Overweight and obesity increase the risk of developing coronary heart disease, hypertension, high cholesterol, Type 2 diabetes, and stroke. The relationship between increasing BMI above 25 has been shown to be especially strong for hypertension and Type 2 diabetes (Coakley, Must, Spadano, 1999). Obesity is clearly an independent risk factor for coronary heart disease. For persons with a BMI of 30 or more, mortality from cardiovascular disease is increased by 50-100 percent. Weight loss in overweight and obese adults has been shown to reduce blood pressure levels, improve cholesterol levels, and lower blood glucose levels in those with Type 2 diabetes.

Dietary factors contribute substantially to the burden of cardiovascular disease (CVD) in the nation and in Mississippi. Food and nutrient consumption patterns affect multiple CVD risk factors including high blood cholesterol, hypertension, diabetes, and obesity. Excessive calorie intake coupled with physical inactivity leads to obesity. Excessive total fat, saturated fat, and cholesterol intake can raise blood cholesterol levels, and a high sodium intake can aggravate hypertension in susceptible persons. Finally, inadequate consumption of fresh fruits, vegetables, and whole grains reduces intake of fiber, potassium and numerous vitamins and minerals associated with reduced risk of heart disease.

# CHARACTERISTICS OF THE HEALTH OF THE SOUTHERN RURAL COMMUNITY

## HEART DISEASE AND STROKE IN MISSISSIPPI

Mississippi has the highest death rate from cardiovascular disease (CVD) in the country and heart disease is the No. 1 killer in Mississippi. In 2014, 7,539 people in Mississippi died of heart disease. Unfortunately, CVD kills more Mississippians than all forms of cancer combined.

Stroke is the No. 5 killer in Mississippi. In Mississippi, 1,587 people died of stroke in 2014.

### Heart Disease and Stroke Risk Factors in Mississippi

In Mississippi	In America
22.5% Adults are current smokers	21.1%
37.4% Adults participate in 150+ min of aerobic physical activity per week	51.6%
70.7% Adults who are overweight or obese (Up from the last CHNA)	63.5%
5.4% Adults who have been told that they have had a heart attack	4.4%
4.0% Adults who have been told that they have had a stroke	2.9%
4.6% Adults who have been told that they have angina or coronary heart disease	4.1%
69.3% Population of adults (18-64) who have some kind of health care coverage	78.9%
15.4% High school students who are obese	13.1%

Disability and death from CVD are related to a number of modifiable risk factors, including high blood pressure, high blood cholesterol, smoking, lack of regular physical activity, diabetes, and being overweight. While it affects persons of all ages in Mississippi, CVD is the leading cause of death for persons age 75 and over.

Seventy-three percent of the population ages 60 to 79 have CVD compared to 40 percent of the population ages 40 to 59 (Older Americans & Cardiovascular Diseases, 2016).

The No. 5 killer in Mississippi and the No. 4 killer in Clarke County is stroke, another disease greatly impacted by lifestyle. Hypertension, obesity, smoking and lack of exercise are typically associated with the health status of the stroke victim. Unfortunately, these lifestyle habits are prevalent in the rural south.

# CHARACTERISTICS OF THE HEALTH OF THE SOUTHERN RURAL COMMUNITY

There are nine areas of lifestyle and disease related problems that are significant factors in the higher levels of heart disease and stroke in Mississippi. They are:

Physical Inactivity	Obesity
Improper Nutrition	Abnormal Cholesterol
Tobacco Use	Diabetes
Socio-cultural Factors	Acute Event
Hypertension	

## LIFESTYLE AND DISEASE

Modified lifestyle diseases are illnesses that can potentially be prevented by changes in diet, environment, physical activity and other lifestyle factors. These diseases include heart disease, stroke, obesity, diabetes and some types of cancer.

In Clarke County, the three major diseases that result in the most deaths are lifestyle diseases. They are heart disease, cancer and stroke.

This is why the CHNA Committee has chosen to address educational and lifestyle initiatives to assist in lowering the incidence of these diseases. The initiatives are outlined later in the report under the implementation plan.



# CHARACTERISTICS OF THE HEALTH OF THE SOUTHERN RURAL COMMUNITY

## RURAL HEALTH DISPARITIES

Although the term *disparities* is often interpreted to mean racial or ethnic disparities, many dimensions of disparity exist in the United States, particularly in health. If a health outcome is seen to a greater or lesser extent between populations, there is disparity. Race or ethnicity, sex, sexual identity, age, disability, socioeconomic status, and geographic location all contribute to an individual's ability to achieve good health. It is important to recognize the impact that social determinants have on health outcomes of specific populations. *Healthy People 2020*, a federal project of the Office of Disease Prevention and Health Promotion, strives to improve the health of all groups.

*Healthy People 2020* defines a *health disparity* as “a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.”

Over the years, efforts to eliminate disparities and achieve health equity have focused primarily on diseases or illnesses and on health care services. However, the absence of disease does not automatically equate to good health.

Powerful, complex relationships exist between health and biology, genetics, and individual behavior, and between health and health services, socioeconomic status, the physical environment, discrimination, racism, literacy levels, and legislative policies. These factors, which influence an individual's or population's health, are known as *determinants of health*.

For all Americans, other influences on health include the availability of and access to:

- High-quality education
- Nutritious food
- Decent and safe housing
- Affordable, reliable public transportation
- Culturally sensitive health care providers
- Health insurance
- Clean water and non-polluted air

# CHARACTERISTICS OF THE HEALTH OF THE SOUTHERN RURAL COMMUNITY

According to an article published in December 2014, by Business Insider (Friedman, L., 2014), for the third year in a row, America's Health Rankings, an annual accounting of Americans' health, has found that Mississippi is the least healthy state in the US.

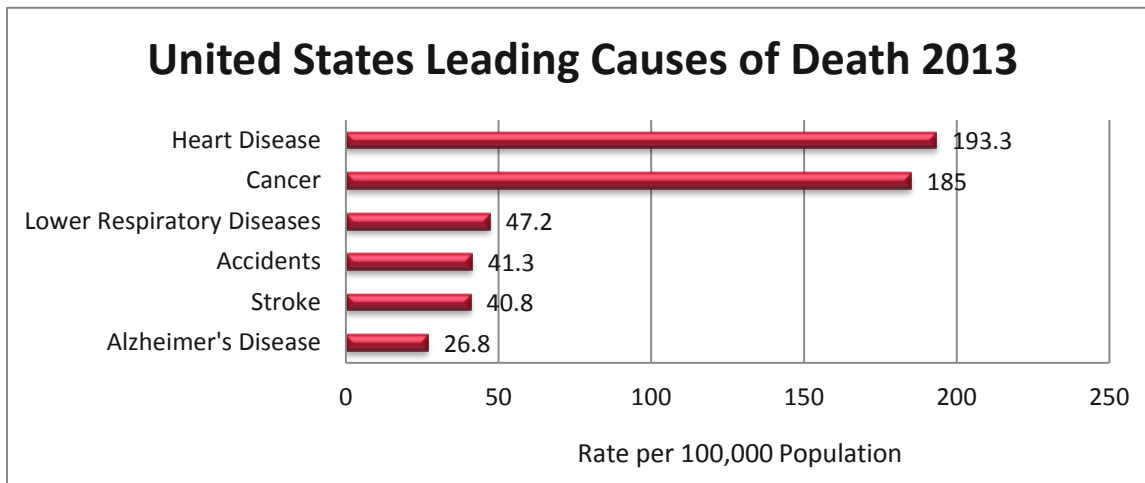
Since the rankings began in 1990, Mississippi – which has high rates of obesity and diabetes, low availability of primary care, and high incidence of infectious disease – has always ranked among the bottom three. Hawaii – which has low rates of obesity, smoking, cancer deaths, and preventable hospitalizations – has always been among the top six.

The rankings are funded by the United Health Foundation and are based on data from the Centers for Disease Control and Prevention, the American Medical Association, the Census Bureau, and other sources. They take into account 27 distinct measures including rates of smoking, obesity, drug deaths, education, violent crime, pollution, childhood poverty, infectious disease, and infant mortality.

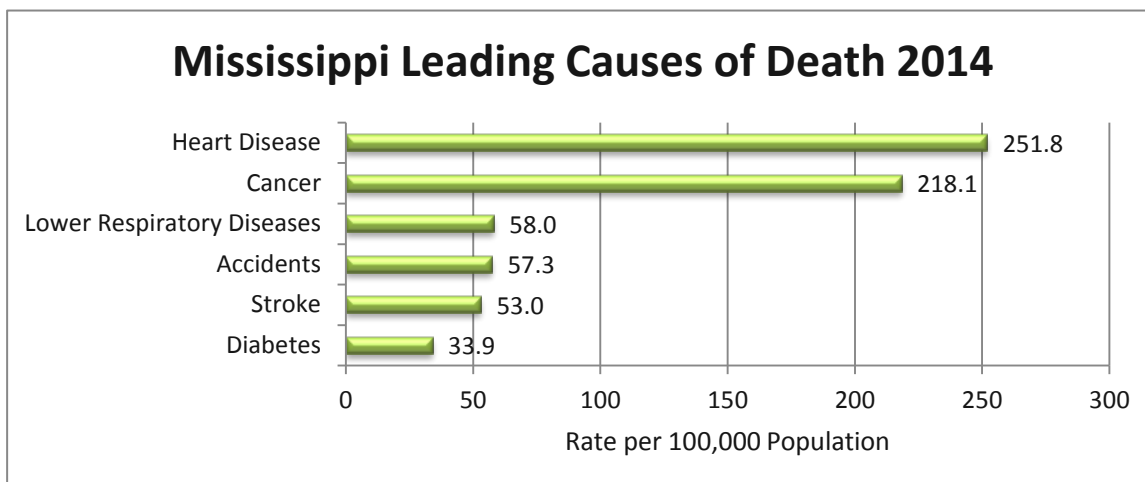
Overall, the rankings showed progress in some areas and not in others. The 2014 analysis found increases from the previous year in obesity and physical inactivity and decreases in infant mortality and smoking rates.

In the past 25 years, there have been some notable changes. Since 1990, there have been major reductions in infant mortality (down 41%), death from heart disease (down 38%), and premature death (down 20%). In 1990, 29.5% of Americans smoked; in 2014, 19% smoked, though smoking remains "the leading cause of preventable death in the country," a press release noted. Unfortunately, in that same time period, rates of diabetes and obesity have more than doubled.

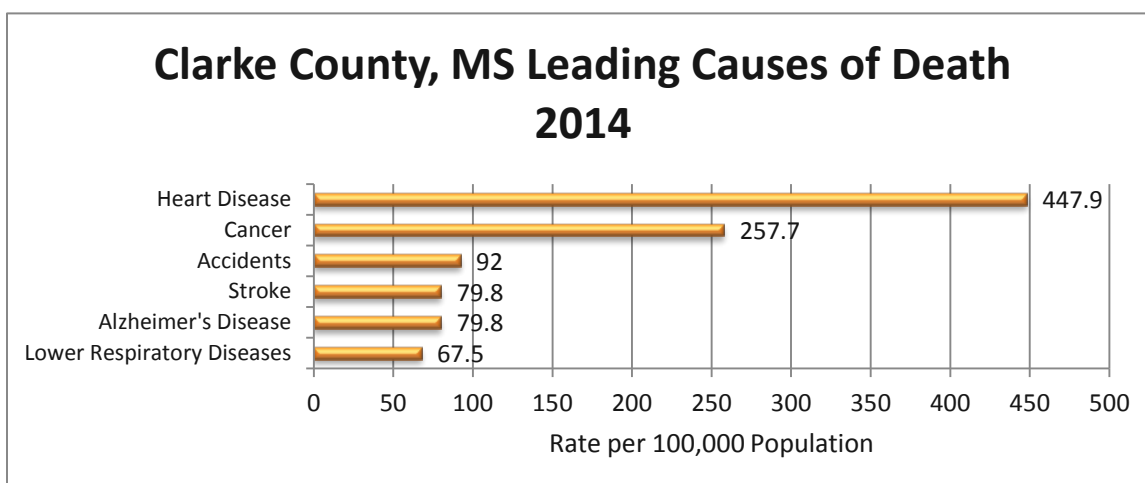
There has also been an 8% decline in cancer mortality since its peak in 1996. Cancer is the second leading cause of death in the US (heart disease is number one), and 2014 saw an estimated 1.6 million new diagnoses.



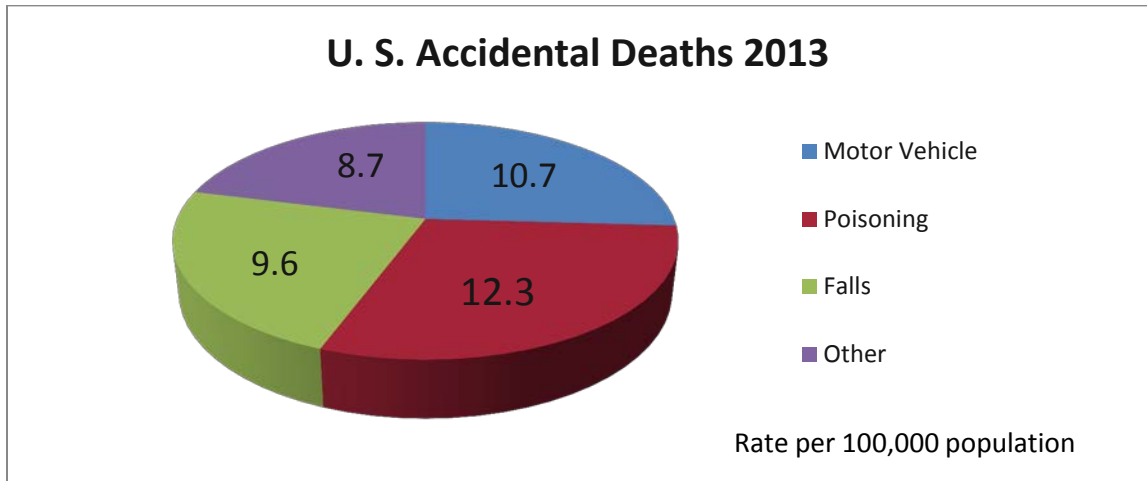
(Heron, M., 2016)



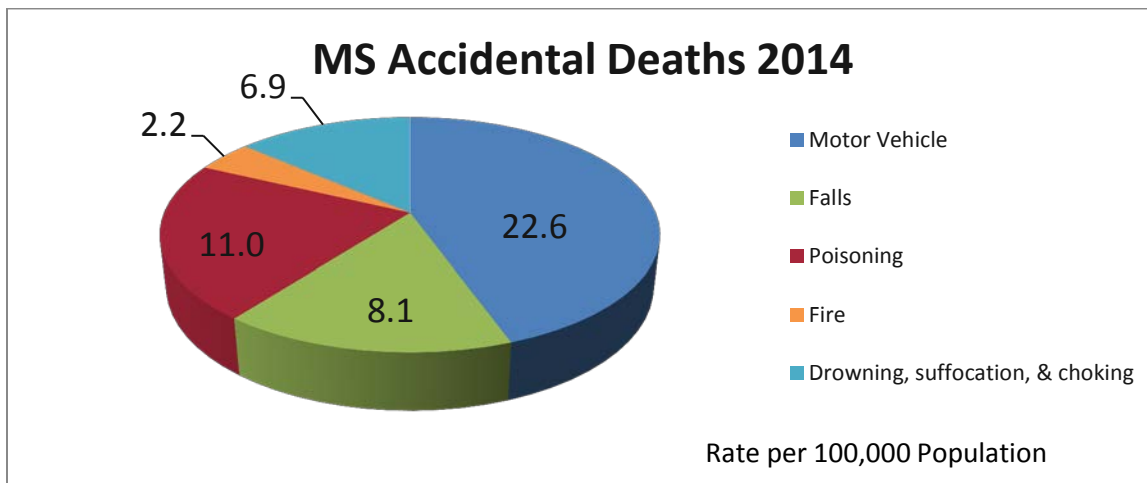
(Generated Statistical Table-MSTAHRs, Mississippi, Cause of Death, 2016)



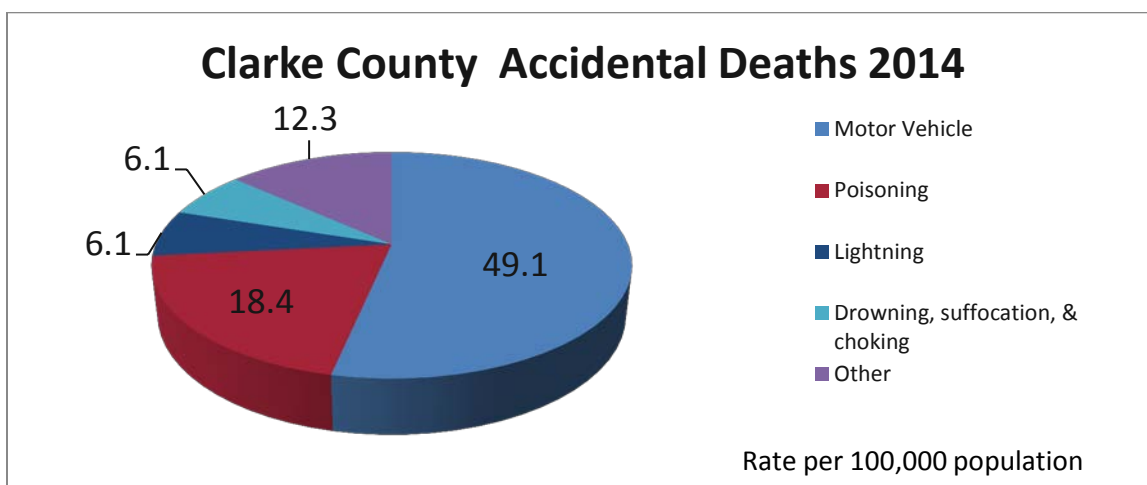
(Generated Statistical Table -MSTAHRs. Clarke, Cause of Death, 2016)



(Heron, M., 2016)



(Generated Statistical Table-MSTAHRs, Mississippi, Unintentional Injury, 2016)



(Generated Statistical Table-MSTAHRs, Clarke, Unintentional Injury, 2016)

# CHNA STRATEGIC ACTION RESPONSES

## STRATEGIC ACTION RESPONSES

Access, affordable care, a lack of knowledge about healthy lifestyles and the relationship to chronic diseases, plus a lack of awareness of available health and wellness services contribute to a wide range of health care needs among rural communities in Mississippi.

At the conclusion of the 2013 Community Health Needs Assessment conducted by H.C. Watkins Memorial Hospital, the CHNA Steering Committee identified critical areas of health needs for the people in our service areas. The group's vision was to improve population health in the area by addressing gaps that prevent access to quality, integrated health care and improving access to resources that support a healthy lifestyle.

In support of the 2013 Community Health Needs Assessment, and ongoing community benefit initiatives, H.C. Watkins Memorial Hospital implemented the following strategies to positively impact and measure community health improvement.



# CHNA STRATEGIC ACTION RESPONSES

## DISEASE AWARENESS

### EMPHASIS ON NUTRITION AND HEART DISEASE

#### TARGET POPULATION

Residents of all ages in Clarke County, MS

#### GOAL, DESIRED OUTCOME

Our main goal is to provide education to those who have diabetes, heart disease, and segment elevation myocardial infarction (STEMI) so that the community understands the disease process to assist on the prevention of future health concerns.

#### PROCESS/TIME FRAME/LOCATION

H.C. Watkins Memorial partners with several various organizations to preform annual health educational events about diabetes, heart disease, and STEMI for each organization.

The organizations consisted of:

- DART
- Relay for Life
- Clarke County Wildlife Extravaganza

#### MEASURE OF SUCCESS

H.C. Watkins Memorial provides well over 200 participants on the educational activities per event. These services are performed largely within the community of Clarke County. With these educational events, several individuals within the screenings discovered that they were “at risk” for heart disease or diabetes.

#### COLLABORATIVE PARTNERS

- Rush
- DART
- Relay for Life of Clarke County
- Clarke County Wildlife & Fisheries

# CHNA STRATEGIC ACTION RESPONSES

## PSYCHIATRIC NEEDS AWARENESS

### TARGET POPULATION

Residents of the service area who were 55 years and above who had a diagnosis which was debilitating but did not require inpatient hospitalization.

### GOAL, DESIRED OUTCOME

The goal of the program was to reflect and replicate life in the greater community.

### PROCESS/TIME FRAME/LOCATION

The treatment program consisted of individual, group, and family therapy session. Groups sessions were provided three days a week. There were three sessions each of attendance. These sessions focused on short and long term goals set by a multidisciplinary team. Individual therapy session were provided for issues or concerns that patients did not feel comfortable talking about in a group environment. These sessions were also made available to the individual patient when the therapist recognized such a need. The treatment team met on a monthly and an as needed basis to review goals set for the problems identified. The team reviewed progress toward goals and discharge plans.

### MEASURE OF SUCCESS

Success was measured by the patients improved scoring on mini-mental tests and anxiety and depression scales. These scales/tests were provided on a monthly basis, alternating the scales as needed to determine progress on each patient. In 2015, the combined Intensive Outpatient Programs provided a total of 11,641 sessions to the patients in the service area. The programs worked to meet the community needs of patients with grief, depression, anxiety, as well as a range of mental health diagnosis. Through this approach much progress was made in increasing the level of community mental health wellness.

### COLLABORATIVE PARTNERS

The Intensive Outpatient Program was supported through collaboration with local physician clinics, both rural and local, tri-county organizations, the State Cooperative Programs, waiver programs, home health agencies, hospice groups plus local civic groups and organizations in the surrounding counties.



# CHNA STRATEGIC ACTION RESPONSES

## 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, lifestyle improvement and access to emergency care.

Hypertension, heart disease, diabetes, weight loss/obesity and nutrition were all health needs identified by both the community members and health care professionals. Community members saw a need for increased education and preventive care in order to eliminate the path to chronic disease.

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 socioeconomic and racial groups.

## PRIORITIZATION

The Steering Committee understood the facts the primary and secondary data communicated in reference to the health of the citizens of primarily Clarke County and secondarily Jasper County:

- The County exceeds the State and U.S. in rate of deaths from heart disease.
- The County exceeds the State and U.S. in rate of deaths from cancer.
- The County exceeds the State and U.S. in rate of deaths from stroke.
- The County exceeds the State and U.S. in rate of deaths from accidents.

A critical access hospital cannot provide the same level of care in the treatment of chronic disease as a hospital tertiary center. The critical access hospital can, however, work with acute care hospitals to assist patients in their access to an appropriate care center. The local hospital can provide emergency care and arrange expedited transportation to nearby tertiary facilities.

The critical access hospital can be the catalyst for community health education, prevention, and enhancement of community wellness activities. The local hospital can be invaluable in providing a community with the health resources for making wiser health and lifestyle decisions, thus being a major player in disease prevention.



# CHNA STRATEGIC ACTION RESPONSES

## PRIORITIZATION (continued)

The Steering Committee used the following process to prioritize the identified needs that the hospital would use when creating strategies to help close the gap:

- All the findings and data were read and analyzed for needs and recurring themes within the identified needs.
- Reference was made to the content of the community input and the identified needs from those sources.
- Comparisons were made between the primary and secondary data and then compared to what was the common knowledge and experience of the clinical staff of the hospital.
- Based on what resources could be made available and what initiatives could have the most immediate and significant impact, the strategic initiatives were developed.

Implementation strategies that will address three major health issues were developed. The strategies will seek to leverage valuable partnerships that currently exist and to identify opportunities for synergy within the community. The outcomes and results of these interventions will be followed and reexamined in preparation for the next CHNA.

## RESPONDING TO THE COMMUNITY

**CARING FOR THE HEART OF THE COMMUNITY:** In responding to the need for expert response to serious cardiac episodes, Rush participates in the STEMI (ST-Elevation Myocardial Infarction) program for early identification of MIs. Rush Foundation Hospital and all 5 of its Critical Access Hospitals were recognized nationally for the quality of their cardiac response program.

H.C. Watkins Memorial Hospital participates in this program by carefully following the protocol established by the American Heart Association and implemented by the skilled clinical staff at Rush. The 90-minute time frame guides the care of the cardiac patient as it provides prompt, seamless and effective treatment. The patient is quickly evaluated and, when necessary, transported quickly and professionally to a tertiary care center for possible intervention. By working together, the barriers that stand between STEMI patients and prompt appropriate care are being removed.

**SPECIAL NEEDS OF THE SENIOR POPULATION:** H.C. Watkins Memorial Hospital provides community-based outpatient psychiatric care through the Senior Care Intensive Outpatient Therapy Program for senior adults, age 55 and older who suffer from depression anxiety and grief. The program does not require a physician referral for participation and also offers free transportation for participants who have that need.

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# CHNA STRATEGIC ACTION RESPONSES

## 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, addressing some of the needs identified will require expertise and financial resources far beyond what a critical access hospital can provide.

The hospital is aware of many lifestyle issues that face citizens of a rural southern state. 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 county. H.C. Watkins Memorial Hospital has identified three significant initiatives it will undertake over the next three years. These collaborative projects should help improve the health and overall quality of life in our community. Each project is described in another 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 years.

## HEALTH AND WELLNESS INITIATIVES

Over the next three years, H.C. Watkins Memorial Hospital, in concert with its many community partners will focus its energy in these four areas:

### 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

### 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 concentration on:

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

### SAFETY AND ACCIDENT PREVENTION

- 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

### 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.

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## HEALTH AND WELLNESS INITIATIVES

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

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