



Community Health Needs Assessment Leake County, Mississippi

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2016 Community Health Needs Assessment

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I. Introduction and Purpose

Healthy communities require reliable and convenient access to high-quality healthcare services. Leake County, Mississippi is a great place to live and work. Like all communities, Leake County has unique opportunities and challenges when it comes to meeting the healthcare needs of our citizens. Leake County enjoys a brand new hospital facility which opened in 2015 and is located in Carthage, the county seat. We have an excellent complement of well-qualified primary care providers including physicians, dentists and nurse practitioners. Our relative proximity to the Jackson metro area offers better access to specialty services and more tertiary hospital services than many similar communities enjoy. The county also offers a fairly wide array of outpatient diagnostic and therapeutic services.

As a rural community in one of the poorest states in the nation, Leake County faces unique challenges when it comes to meeting the health care needs of its citizens. Some of these include an older population; higher incidence of certain preventable health conditions like heart disease, diabetes, cancer and obesity; and limited availability of specialty care within the community.

The purpose of this assessment is to gather information required to produce change beneficial to the community's overall health. For this project, multiple perspectives on health needs may lead to re-conceptualizing problems or a prospective interventions, or may indicate the advisability of continuing current programs and services, adding new ones and/or changing or discontinuing services which are duplicative, unnecessary or unsustainable.

II. About Baptist Medical Center Leake

Baptist Medical Center Leake is a general acute care hospital located in Carthage, Leake County, Mississippi. Formerly Leake Memorial Hospital and founded in 1949, Baptist Medical Center Leake is currently a 25 bed critical access hospital (CAH) offering professional and compassionate health care to our community. At Baptist Leake, we believe our community deserves quality health care close to home.

Baptist Leake offers acute care and swing bed services, a 24-hour emergency department as well as routine laboratory services and diagnostic imaging to include routine x-ray, CT, MRI, vascular ultrasound, echocardiography. Additionally, the facility provides an array of

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outpatient services including wound care, podiatry, endoscopy, cardiology, diabetic foot care, and general surgery evaluation.

Baptist Leake also offers primary care (defined here as family medicine, pediatrics and preventive medicine) services from 3 clinic locations, all of which are located within the hospital's primary service area which is defined as Leake County.

III. About Mississippi Baptist Health System

Baptist Health Systems is the parent company of Baptist Medical Center, The Mississippi Hospital for Restorative Care, Baptist Medical Center Attala, Baptist Medical Center Leake, Baptist Medical Center Yazoo and a number of related healthcare services and programs. From its beginnings in 1908 as Jackson's first hospital, Baptist has continuously provided quality, compassionate, Christian-based medical care. A 15-member Board of Trustees, consisting of local business leaders, physicians and clergy, governs Baptist. Our medical staff includes approximately 450 board certified physicians representing more than 50 medical specialties.

IV. About Leake County

According to the Leake County Chamber of Commerce, Leake County is located in the geographic center of the State of Mississippi. The county is the only square-shaped county in the state at exactly 24 miles square. From territory obtained by the final cession of the Choctaw Indians under the Treaty of Dancing Rabbit Creek, Leake County was established on December 23, 1833.

The county was named for Walter Leake who served as Governor from 1822 to 1825. Leake County is the home of Governor Ross R. Barnett, who served Mississippi as Governor from 1960 to 1964.

Carthage was established as the county seat on July 31, 1834. The 40 acre tract for the town was deeded by Thomas S Harris and his wife Matilda. The selection of the name "Carthage" was influenced by settlers who had moved from Carthage, Smith County, Tennessee. The state legislature approved on May 12, 1837, the incorporation of the town of Carthage. The first courthouse was a log structure built in 1836. Construction of the second courthouse which was brick began in 1845. The third courthouse which stands today was erected in 1910.

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The county is comprised of 576 square miles. In addition to Carthage, the county encompasses 16 additional townships including Walnut Grove, Sebastapool, Lena and Thomastown.

For purposes of healthcare, Leake County is deemed rural qualifying for both the Centers for Medicare (CMS) Rural Health Clinics and Federal Office of Rural Health Policy Grant programs. (See Appendix E - Supplements)

A more detailed description of the hospital services area is provided in Section XI of this report.

V. Executive Summary –

Leake County is a vibrant and diverse rural community located in central Mississippi Baptist. Medical Center Leake (BMCL) recognizes that rural communities have unique challenges in meeting health needs, and is committed to serving the citizens of this community by engaging the local community and leveraging the community's resources with those of Mississippi Baptist Health System to provide improvements in the health and longevity of the citizens we serve. BMCL recognizes that truly measurable and sustainable improvements to the overall health of the community requires a partnership of all key stakeholders including the local hospital, elected and lay civic leaders, Mississippi Baptist Health System as we assist and encourage local citizens to assume greater responsibility for managing their health, living healthy lifestyles and making better healthcare decisions. We are also committed to provide resources dedicated to this goal within the limits of the community and its various stakeholders, to be good stewards of the resources with which we are entrusted and to leverage those resources for maximum health impact.

BMCL has conducted this Community Health Needs Assessment for the purposes of identifying opportunities to improve health and services within the community. The survey was made available to all members of the community with efforts to reach diverse and underserved groups in order to ensure their needs were considered and addressed. Numerous strengths were identified as well as opportunities to either offer new services or expand existing ones.

Results of this survey will be used by leaders and stakeholders to develop action plans designed to address the needs identified.

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VI. Oversight

This study was commissioned by the Baptist Medical Center Leake Board of Trustees. Members include William Grete, Chairman; Chris Anderson, Arthur “Skip” Jernigan, Michael Stevens and Bobbie K. Ware.

Development and implementation of the study was delegated to the Hospital Chief Executive Officer, Daryl W. Weaver.

VII. Methodology

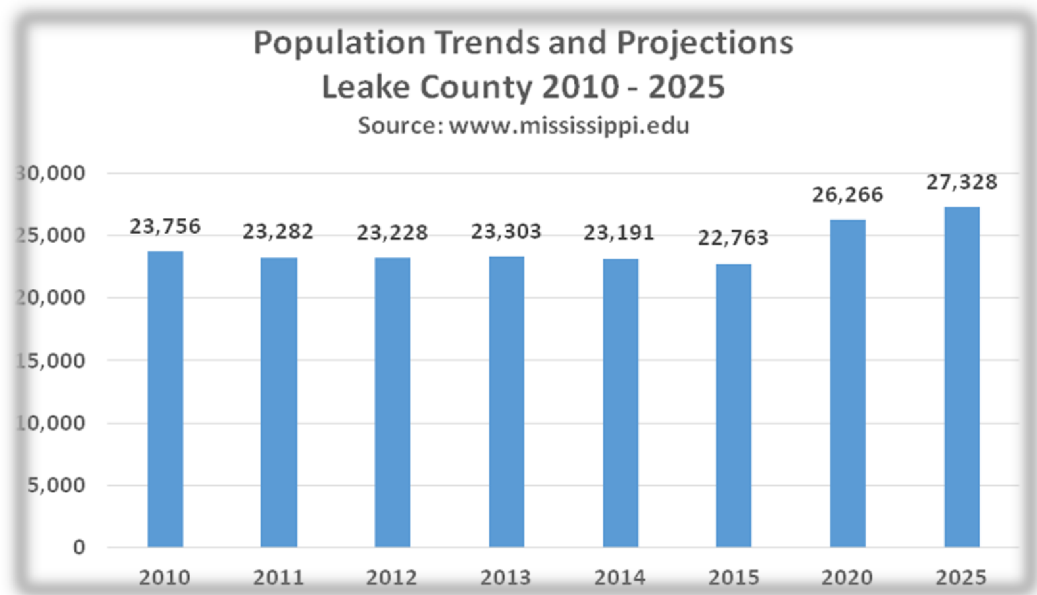
Baptist Medical Center Leake employed a multi-stepped approach to gathering information and soliciting feedback from publically available data, internal data sources and public opinion.

- A. Steps of the process included:
 1. Identification of the Community Served
 2. Collection and Review of Demographic and Community Data
 3. Development of a Survey Tool
 4. Invitation for Community Member to Participate in Survey
 5. Analysis of Survey Findings
 6. Development of a Mitigation Plan to Address Key Issues
- B. Information Gaps – Baptist Medical Center Leake made efforts to obtain the best and most timely information available for purposes of this study. Certain limitations are inherent in this type of analysis due to a number of factors including, but not limited to: availability of data, timeliness of data and limitations of sample size as well as personal biases of participants who chose to participate in the study.

VIII. Quantitative Analysis

A. Community Demographics

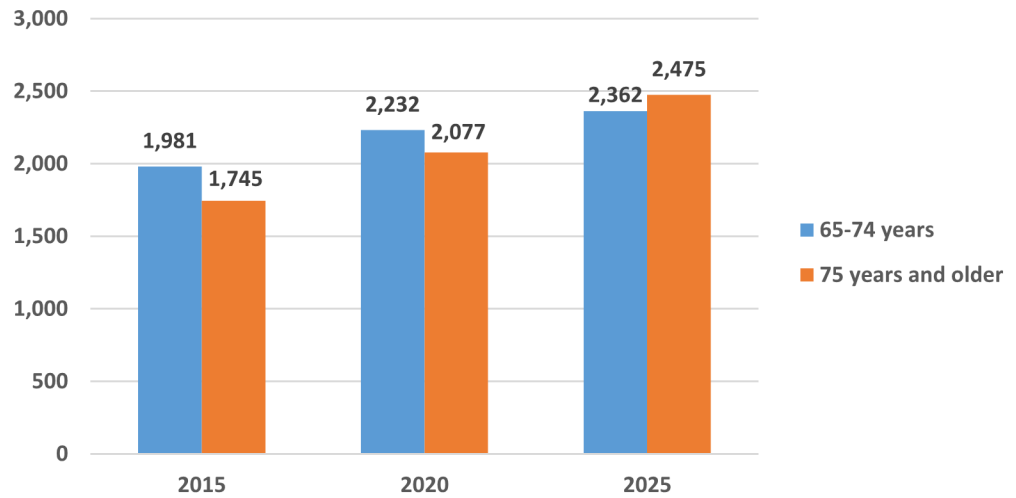
1. Population – As of the 2010 U.S. Census, the total population of Leake County, Mississippi was 23,756. The population is projected to decrease slightly over the next 20 years with modest increases expected for the out years 2020 and 2025.



Statistical projections keep the percentage of senior adult population (defined as 65 years or older) at a relatively constant level: 16 percent for 2015 and 2020 rising to 18% by 2025.

Population Projections - Age 65 and Over Leake County

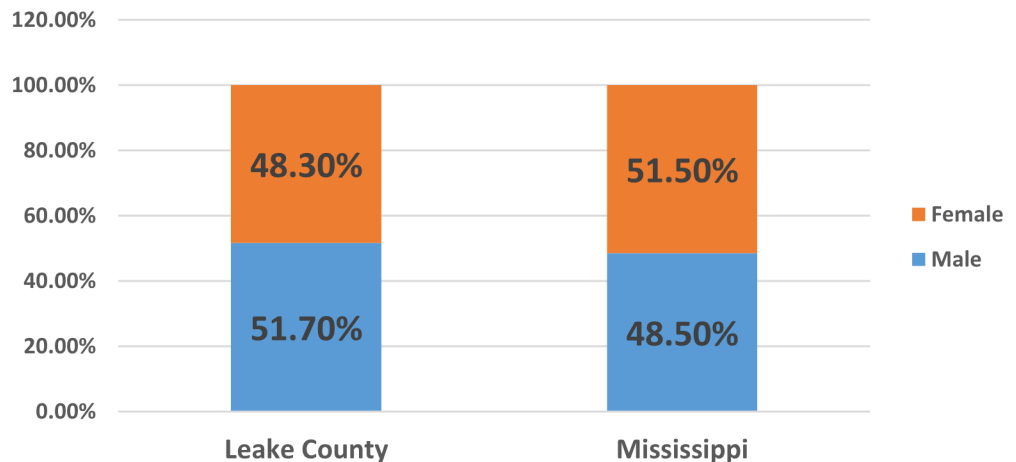
Source: www.mississippi.edu



- Gender – The gender composition of Leake County is estimated to be slightly more male (51.7%) than female (48.3%). This varies from the state which is estimated to be slightly more female than male.

Leake County Gender Mix vs. Mississippi 2015

Source: www.mississippi.edu

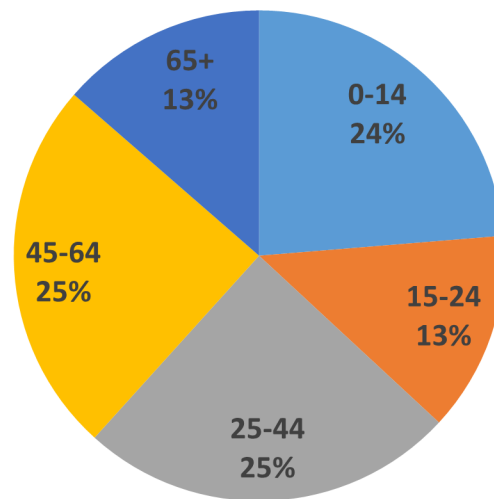


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3. Age – It should be noted that, while the State of Mississippi the over-65 population for Leake County to be 16% in 2015, data from suburbanstats.org has this number slightly lower at 13%. This is statistically significant, but not overly burdensome to the purpose and conclusions of this study. For purposes of planning, we can assume the number of over-65 population will remain fairly constant to slightly increasing.

Age Distribution, Leake County, 2015

Source: <https://suburbanstats.org>
Note: Detail may not total 100% due to rounding

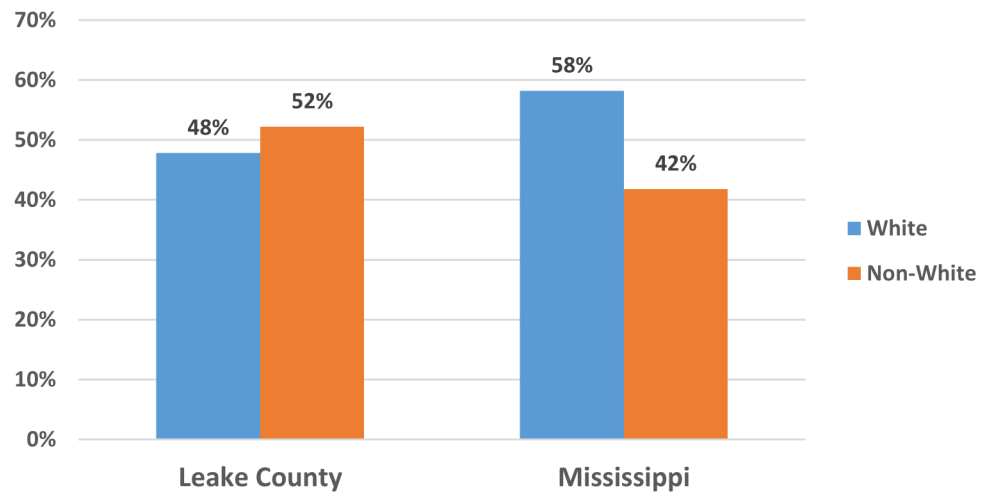


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4. Racial Demographics – The racial demographics of Leake County vary significantly from the state overall. It is estimated that the county population is 52 percent non-white compared to 42 percent for the state at-large.

**Racial Distribution
Leake County vs. Mississippi 2015**

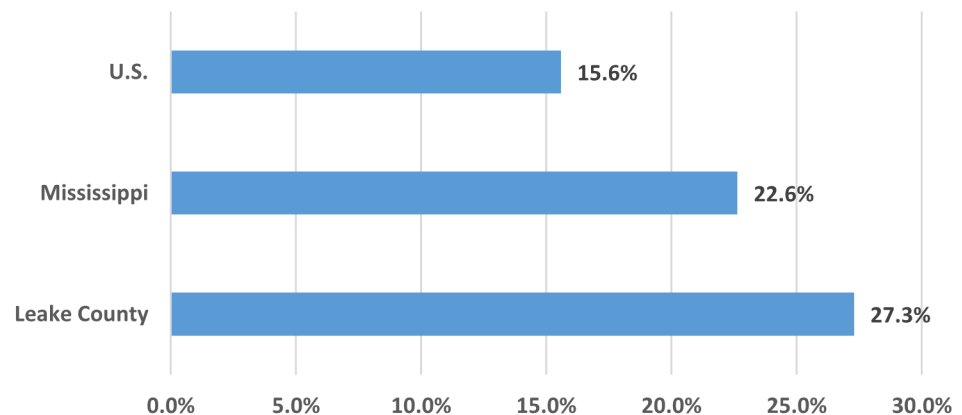
Source: www.mississippi.edu



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5. **Poverty and Unemployment** – The relationships between poverty and healthcare have been well documented. Research from the Morgridge Center for Public Service at the University of Wisconsin – Madison found in their study Poverty Fact Sheet: Poor and in Poor Health that (Appendix E – Supplemental) “In the United States, discussion about how to improve health often turns to either access to care or health behaviors like smoking or diet. These things matter, but there are also many social and economic factors that compromise health and impair the ability to make healthful choices in the first place that should be considered.” Beyond access to care, their study found that factors limiting access to health information and access to nutritious food also impact an individual’s prospects for healthy living beginning in childhood and progressing with age.

**Population % Living in Poverty
Leake County, Mississippi, and U.S. 2014**
Source: www.cividdashboards.com

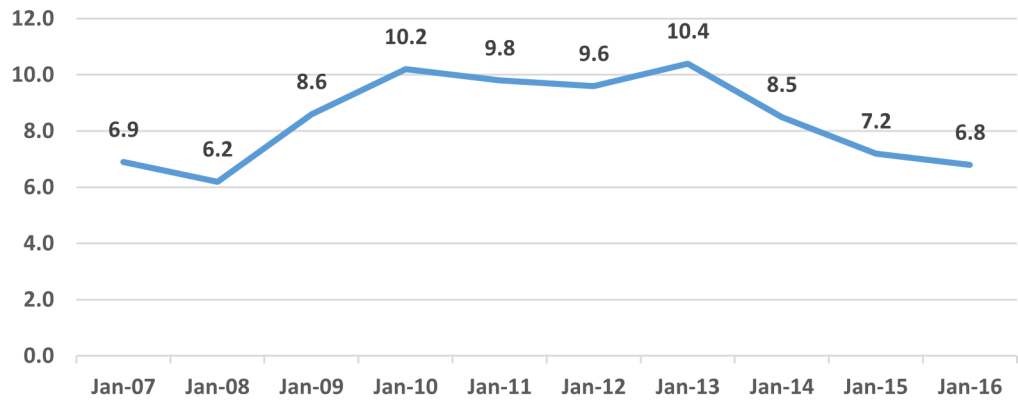


It is estimated that over 27% of Leake County’s population meets the definition of “living in poverty.” This compares to 22.6% for the state of Mississippi and more than 12 percentage points above the national average of 15.6%.

Unemployment – Leake County has seen improvement in unemployment statistics over the course of the national recovery from what has been termed “The Great Recession” of the past decade by policy makers.

Unemployment Rate, Leake County January 2007 - January 2016

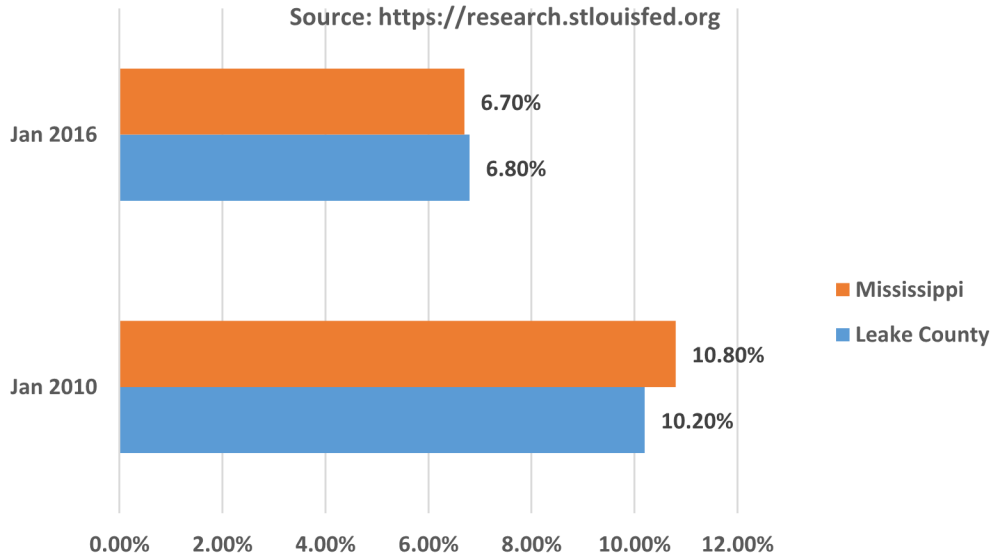
Source: <https://research.stlouisfed.org>



While significant improvement has been noted, Leake County’s recovery has been slightly less robust than the state. In 2010, Leake County’s unemployment rate (10.2%) was slightly lower than the state average of 10.8%. As of 2016, that number is slightly higher at 6.8% compared to a state average of 6.7%.

Unemployment, Leake County and Mississippi January 2010, January 2016

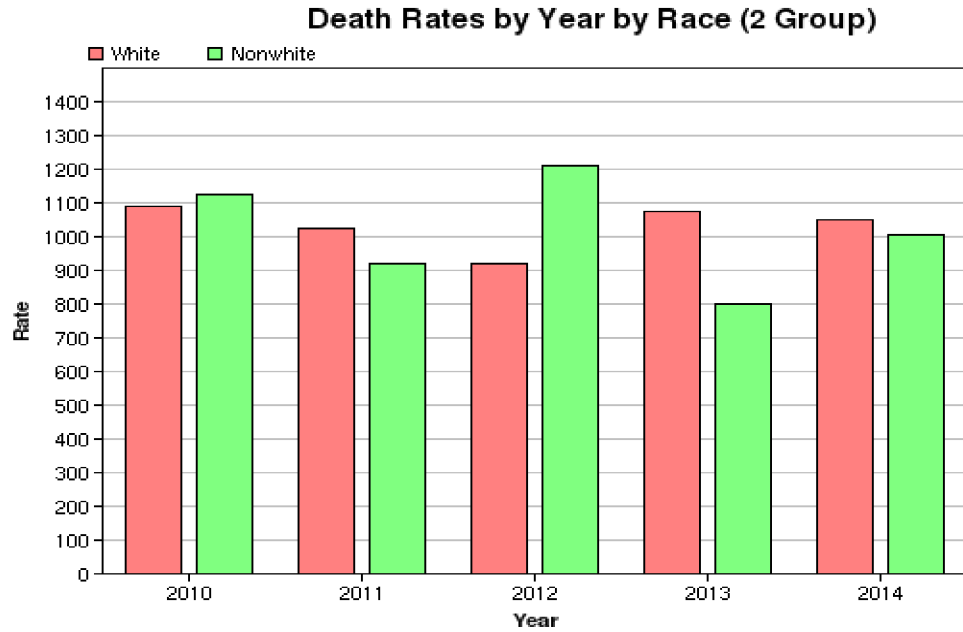
Source: <https://research.stlouisfed.org>



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6. Health Status

- a) Mortality – Age-adjusted mortality rates for Leake County are at relative parity for whites and non-whites.



Source: MS Dept. of Health/MSTAHRs

Major causes of death in age-adjusted frequency are: heart disease, cancer, other/non-specified conditions, injury, COPD, stroke and hypertension.

Leake County Mississippi
 Death Rates by Cause of Death 2010-2014

Cause	Number	Rate
Heart disease	319	261.2
Malignant Neoplasms (cancer)	291	229.3
Other diseases and conditions	131	109.5
Unintentional Injury	70	62
Chronic obstructive pulmonary disease (COPD) / Emphysema	78	61.5
Cerebrovascular diseases (Stroke)	52	42.6
Hypertension	49	40.8
Alzheimer's disease	40	33.7
Diabetes mellitus	42	33.2
Pneumonia & influenza	34	28.4
Nephritis, nephrotic syndrome and nephrosis (Kidney disease)	29	22.9
Suicide	15	15.3
Septicemia	17	13.5
Chronic Liver disease & cirrhosis	11	8.8
Certain conditions originating in perinatal period	11	8.8
Homicide and legal intervention	9	8.4
Other Infections and parasites	3	2.4
HIV/AIDS	2	1.9
Other external causes	2	1.7
Ulcer of stomach and duodenum	1	1
Birth defects	1	0.9
Maternal causes	1	0.8
Tuberculosis	0	0
Syphilis	0	0
Atherosclerosis	0	0
Total	1,208	988.5

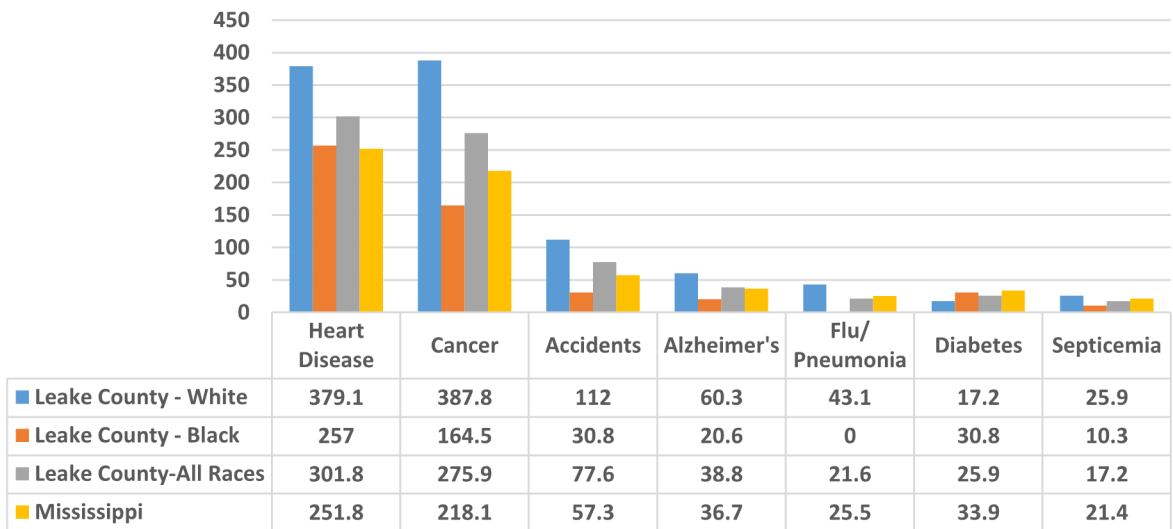
Source: Mississippi Dept. of Health/MSTAHRs

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- b) Causes of Death – For all racial groups, heart disease and cancer account for a disproportionate number of deaths, particularly among the Caucasian population.

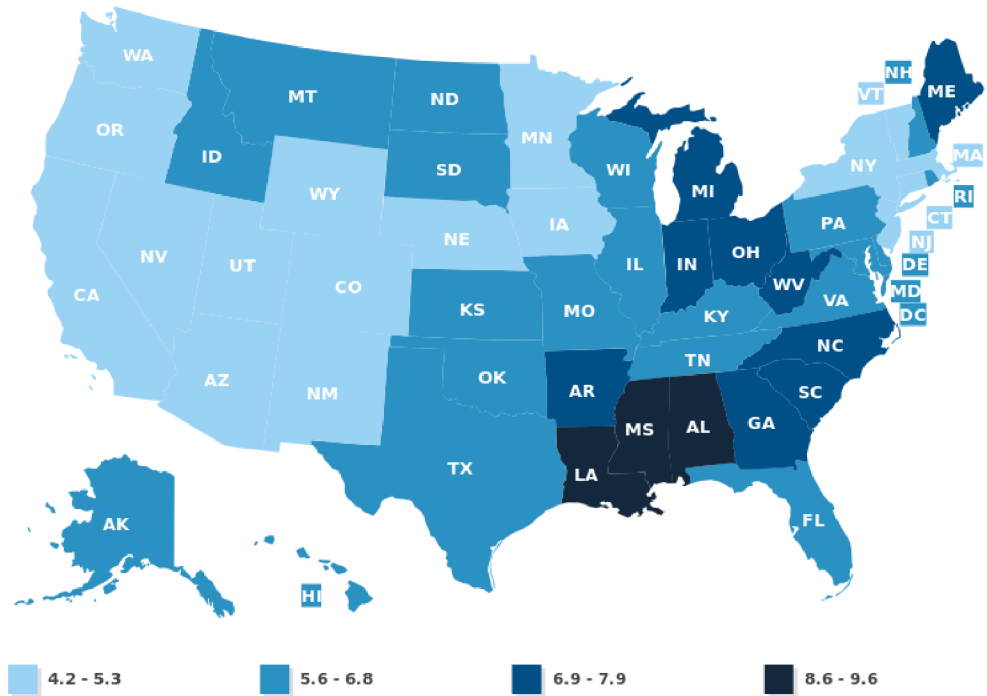
Mortality Rates by Causes of Death, 2014
 Rate per 100,000 population

Source: <http://msdh.ms.gov>



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- c) Infant Mortality/Low Birth Weight – Mississippi continues to lead the country in infant mortality and low-birth-weight babies.



Infant mortality, likewise remains high according to 2013 data from the Kaiser Family Foundation:

Infant Mortality for the Southern U.S.	
Location	Infant Deaths per 1,000 Live Births
United States	6
Alabama	8.6
Arkansas	7.9
Georgia	7
Louisiana	8.7
Mississippi	9.6
Source: Kaiser Family Foundation 2013	

- d) Cancer Incidence – Incidence of cancer of all types is higher for Leake County than the state-side average.

Cancer Rates for Leake County Mississippi

Source: Mississippi Cancer Registry

Year		2009	2010	2011	2012	2013	2009-2013
Population at Risk		23790	23779	23305	23253	23309	117436
Total Cases		118	113	115	134	141	621
Crude Rate		496.01	475.21	493.46	576.27	604.92	528.8
Age-Adjusted Rate		483.18	454.92	443.07	535.91	537.09	492.22
95% Confidence Interval	Lower	399.22	374.05	364.89	447.49	450.71	453.76
	Upper	579.67	548.26	533.49	636.89	635.65	533.12
Statewide Age-Adjusted Rate		482.23	485.81	474.56	465.32	459.95	473.37
Statewide 95% Confidence Interval	Lower	474.46	478.07	466.96	457.86	452.6	469.97
	Upper	490.1	493.64	482.25	472.88	467.39	476.78

B. Availability of Health Care Services

1. Physicians and Primary Care Providers – There are four full-time primary care (family and internal medicine) physicians practicing in Leake County plus a part-time pediatrician. Additionally, there are 11 full-time nurse practitioners providing a combination of adult and pediatric services. Of the 7 practice locations in Leake County, only 1 provides extended-hours care. There are currently no primary care services available after 8 p.m. Monday – Saturday and none on Sunday. During these hours, patients often utilize the hospital emergency department for needed services. Others may delay seeking care and/or travel to neighboring counties offering “urgent care” walk-in clinics.
2. Inpatient Rehabilitation Services / Swingbed – Baptist Medical Center Leake also offers sub-acute care services focused on care immediately following an acute condition, such as a serious illness or surgery that required hospitalization. Qualified patients need only follow-up care such that patient no longer medically needs to remain in the hospital for high-tech monitoring or complex diagnostic procedures. But, the patient is still not appropriate or ready for home-based care or recovery. The goal of the swing bed program is to return the patient to a permanent living situation as soon as possible. Although the patient under the swing bed program is in the hospital, the emphasis is on moving the patient to home or other living situation. Any of BMCL’s 25 beds, if available, may be used for this purpose on a given day such that the total hospital census never exceeds 25 total patients. Swingbed stays generally average about 10 days.
3. Emergency Care – Baptist Medical Center Leake offers the only hospital-based emergency services in Leake County. The BMCL Emergency Department operates 24 hours, seven days per week and is staffed by a qualified provider at all times. BMCL participates in the Mississippi state-wide trauma system as a level IV provider. Level IV trauma centers are generally licensed, small rural facilities with a commitment to the resuscitation of the trauma patient and written transfer protocols in place to assure those patients who require a higher level of care are appropriately transferred. These facilities may be staffed by a physician, or a licensed midlevel practitioner (i.e. advanced practice nurse). Major trauma patients are stabilized and transferred to facilities offering higher levels of care. This categorization does not contemplate that Level IV hospitals will have resources available for emergency surgery for the trauma patient.

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4. Outpatient Services - Baptist Medical Center Leake offers a fairly extensive array of diagnostic and therapeutic services. These include:
 - Laboratory services include routine testing on-site such as chemistry and blood bank services plus a wide array of bedside or “point of care” testing. The lab is CLIA certified. Testing for non-routine, non-urgent testing is collected on-site and transported to reference laboratories via courier.
 - Diagnostic Imaging - BMCL offers routine x-rays, CT services, diagnostic mammography, and ultrasound services. Mammography and ultrasound services are provided Monday – Friday during regular business hours. MRI services are provided twice per week via a mobile service available on the hospital campus.
 - BMCL also offers outpatient respiratory services as well as EKGs, cardiac stress testing and pulmonary function testing.
 - In addition to the above diagnostic services, BMCL offers outpatient treatment in the areas of gastroenterology/GI lab, podiatry/foot care and wound care. Several medical and surgical subspecialists provide patient consults and office visits through arrangement with the hospital on a regular basis as well. These include: cardiology, general surgery and ology services.
5. Long-term Care – Leake County is home to two nursing facilities (nursing homes) which offer an array of short and long-term care services. In addition to domiciliary care, they offer skilled services such as: licensed nursing care, physical therapy, speech therapy, occupational therapy, stroke rehabilitation, balance management, IV therapy, diabetes management, pain management, continence management, dialysis care and wound care. Only one of the two facilities qualifies as a skilled nursing facility accepting Medicare and Medicaid patients. There are two additional facilities in the community which qualify as “assisted living” homes.

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6. Mental Health – There are no inpatient mental health care services provided in Leake County. There are two providers of outpatient mental health services in Leake County: Weems Community Mental Health Center which provides services to all age groups, and Lackey Outpatient Behavioral Health servicing geriatric psychiatric patients.
7. Home Health Care and Hospice – There are three providers of home health services with offices located in Leake County and two dedicated outpatient hospice programs. There is no inpatient hospice service available in the community; however, BMCL will occasionally accept inpatient hospice patients upon request.
8. Medical Transportation – Ground ambulance transportation for Leake County is provided by Carthage Ambulance Service, Inc., which provides transport for emergency and trauma care as well as routine scheduled medical transportation. Medical control for the ambulance service is provided through the University of Mississippi Medical Center (UMMC), which operates the only Level I trauma service in the state. Emergency air transport services are provided primarily by AirCare from UMMC; although, other providers may occasionally transport based on specific patient needs and/or availability of equipment. BMCL provides an FAA certified helipad for purposes of medical transport. Air travel times between Carthage and UMMC is approximately 12 minutes under ideal conditions. There is very limited non-ambulance health care transportation available in the county. Medicaid transportation is available on a limited basis, but there are frequent scheduling difficulties.
9. Other Community-based Health Services – In addition to the above listed services, Leake County provides: 1 outpatient physical rehabilitation service (PT, OT, Speech) 4 dentists, 2 opticians, 1 chiropractor. There are six pharmacies located in the county, most in the city Carthage. None of them offer 24-hour services. The pharmacy service available after 9:00 p.m. is located in Jackson, about an hour away. There is 1 outpatient dialysis center in the county. Baptist Medical Center does not accept acute patients requiring dialysis services; although, we do occasionally take swingbed patients requiring dialysis, assuming they can be safely transported by standard vehicle to receive those services.

A listing of Community Providers and Health Resources is provided on the following pages

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HOSPITALS

Baptist Medical Center Leake
1100 Highway 16 East
Carthage, MS 39051 (601) 267-1100

PHYSICIANS & PRIMARY CLINIC

Baptist Medical Clinic Primary Care Center
1100 Hwy 16E
Carthage, MS 39051, (601) 267-1470

Baptist Medical Clinic Women's Health
302 Ellis Street
Carthage, MS 39051, (601) 267-1385

Baptist Medical Clinic Walnut Grove
110 Park Street
Walnut Grove, MS 39189, (601) 253-0173

Madden Medical Clinic
1071 East Franklin Street
Carthage, MS 39051, (601) 267-4562

Premier Medical Clinic of Carthage
407 South Valley Street
Carthage, MS 39051, (601) 298-0333

Sunshine Children's Clinic
303 Ellis Street
Carthage, MS 39051, (601) 267-0544

Walnut Grove Medical Clinic
199 Rimmer Street
Walnut Grove, MS 39189, (601) 253-2733

HEALTH DEPARTMENT

Leake County Health Department
204 Chipley Street
Carthage, MS 39051, (601) 267-3072

DIALYSIS CLINIC

DSI
312 Ellis Street
Carthage, MS 39051, (601) 267-6856

LONG TERM CARE

Golden Living Center
1101 East Franklin Street
Carthage, MS 39051, (601) 267-4551

Carthage Health and Rehab Center
302 East Franklin Street
Carthage, MS 39051, (601) 267-1355

MEDICAL TRANSPORTATION

Life Care EMS/Carthage Ambulance
101 W Water Street
Carthage, MS 39051, (601) 267-4104

HOME CARE AGENCIES & HOSPICE

Mississippi Home Care Agency
111 South Pearl Street
Carthage, MS 39051, (601) 267-5446

Infinity Hospice
206 N Van Buren
Carthage, MS 39051, (601) 298-0060

Sta-Home Home Health
Hwy 35 South
Carthage, MS 39051, (601) 267-8333

ASSISTED LIVING HOMES

Beehive
704 Hwy 16
Carthage, MS 39051
Walnut Grove Medical Clinic

Madden Lighthouse
242 Thaggard Rd
Madden, MS 39109, (601) 298-9888

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PHYSICAL REHABILITATION

Performance Therapy
1108 Hwy 16 E
Carthage, MS 39051, (601) 267-3241

DENTIST

Carthage Family Dentistry
Dr. Amye L. Shamburger
101 South Pearl Street
Carthage, MS 39051, (601) 267-5111

Dr. David Henderson
113 North Pearl Street
Carthage, MS 39051, (601) 267-5624

Dr. Thomas Gross
210 Hwy 16 E
Carthage, MS 39051, (601) 267-3884

Madden Dental Clinic
Dr. William Myers II
12646 Hwy 488
Carthage, MS 39051, (601) 267-5656

OPTOMETRY

Carthage Eye Clinic
Dr. Philip Marler
201 Hwy 16 E
Carthage, MS 39051, (601) 267-9351

Simmons Eye Clinic
Dr. Neil Simmons
110 N Van Buren Street
Carthage, MS 39051, (601) 267-7777

CHIROPRACTOR

The Chiropractic Wellness Center
305 Hwy 16 W
Carthage, MS 39051, (601) 267-3996

PHARMACY

Carthage Discount/Walgreen
602 Hwy 16 E
Carthage, MS 39051, (601) 267-4533

CVS
105 Hwy 16 W
Carthage, MS 39051, (601) 267-9195

Fred's Discount Pharmacy
300 S Pearl Street
Carthage, MS 39051, (601) 267-9146

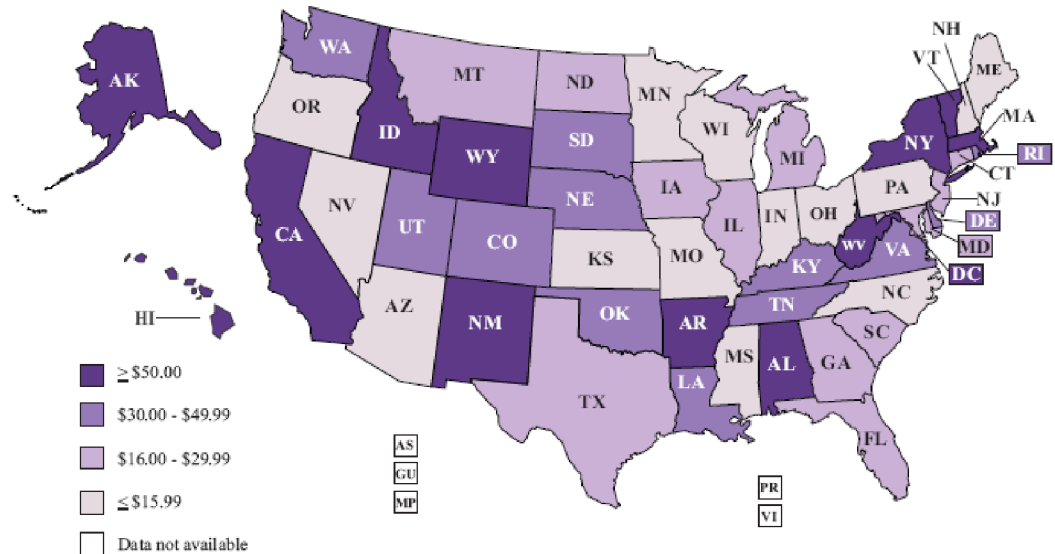
Moore's Pharmacy/The Prescription Shop
811 Hwy 16 E
Carthage, MS 39051, (601) 267-8078

Moore's Pharmacy Walnut Grove
103 Chadwick Avenue
Walnut Grove, MS 39189, (601) 253-2599

Wal Mart Pharmacy
905 Hwy 16 West
Carthage, MS 39051, (601) 267-5999

2016 Community Health Needs Assessment Opportunities for Improvement and Action Plan

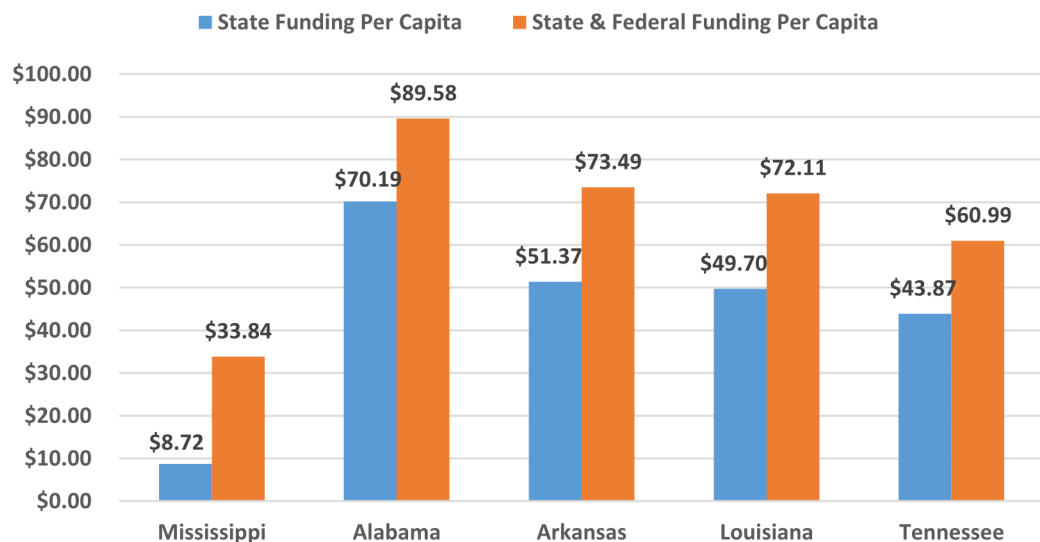
- C. Public Health Funding – In spite of ranking 1st among the fifty states for poverty and 8th for uninsured, Mississippi still ranks among the lowest states for public health spending per capita at less than \$15.99/day according to data provided by the National Conference of State Legislatures.



Even when compared to other states in our region, Mississippi falls far short of our relative peers.

Public Health Funding Per Capita FY2011 - FY2012

Source: <http://www.mspha.org> and <http://healthyamericans.org>



2016 Community Health Needs Assessment Opportunities for Improvement and Action Plan

These numbers represent the stark reality of the health care challenges facing Mississippians.

Impact of the Affordable Care Act – In a December 2014 *POLITICO* article entitled “Mississippi Burned, How the Poorest, Sickest State Got Left Behind by Obamacare,” (See Appendix E – Supplements) author Sarah Varney wrote,

“The first year of the Affordable Care Act was, by almost every measure, an unmitigated disaster in Mississippi. In a state stricken by diabetes, heart disease, obesity and the highest mortality rate in the nation, President Barack Obama’s landmark health care law has barely registered, leaving the country’s poorest and most segregated state trapped in a severe and intractable health care crisis.

“There are wide swaths of Mississippi where the Affordable Care Act is not a reality,” Conner Reeves, who led Obamacare enrollment at the University of Mississippi Medical Center, told me when we met in the state capital of Jackson. Of the nearly 300,000 people who could have gained coverage in Mississippi in the first year of enrollment, just 61,494—some 20 percent—did so. When all was said and done, Mississippi would be the only state in the union where the percentage of uninsured residents has gone up, not down.”

As of this publication, there is only 1 plan in Mississippi offering coverage under the “Patient Protection and Affordable Care Act” also known as “Obamacare.” And, there are currently no providers in Leake County accepting patient under this plan.

2016 Community Health Needs Assessment Opportunities for Improvement and Action Plan

IX. Qualitative Analysis

Baptist Medical Center Leake conducted a Community Health Needs Survey to assist leaders in:

1. Ascertaining views of the community related to perceived health, healthcare and the quality and accessibility to related services,
 2. Identifying gaps in service, and
 3. Formulating plans to address these shortcomings within the resources available to the organization.
- A. Data Gathering / Survey Tools – A survey tool was developed based those data points felt to be most significant in determining the public’s perceptions related to participants perceptions and experiences related to 1) their overall health 2) awareness of available services and 3) perceived needs for new and additional health services within the community. The survey was limited to 25 questions in order to maximize interest in participation. A Copy of the survey instrument is provided in Appendix A

Survey Participation / Access to Survey – Baptist Medical Center Leake made every attempt to solicit feedback from anyone in the community who wished to participate. The online survey was distributed via email, website, social media, local Main Street/Chamber, and other means of electronic communication. Instructions for accessing the online survey were distributed in highly trafficked areas by patients and visitors throughout clinics, Baptist Medical Center Leake, local civic and community meetings, local library with free online access is available, local businesses as well as other local media outlets.

A hardcopy survey was also made available to receive a diverse response in order to not exclude those who might not have internet access. Paper surveys were distributed at local civic and community meetings and events, local businesses, Baptist Medical Center Leake lobby and clinics. The completed hardcopy surveys were collected and entered to the online data for analysis.

2016 Community Health Needs Assessment Opportunities for Improvement and Action Plan

Focus Group Methodology - A critical component in gathering relevant community health needs data is conducting focus group interviews with community members who are interested in and represent the broader interests of the community, including those with special knowledge of or expertise in public health. A copy of the Focus Group Presentation is provided in Appendix B.

Two focus groups were conducted inviting participants across Leake County to attend. Information regarding the focus group that included the date, time, and location was disseminated by email, newspaper, the local Main Street Chamber, and local civic organization and community meetings. A series of questions were presented to the focus group serving as a guide for the meeting in which the attendees were asked to share their responses. The responses were in turn documented by a designated scribe.

- B.** Soliciting Participation - In order to maximize participation, the hospital conducted focus groups with various civic groups and organizations. Outreach was provided via the hospital website, social media, print and radio announcements, local civic organizations and major employers as well as internal hospital resources (employees and volunteers). A full list of outreach efforts is provided in Appendix B.
- C.** Participation Results – In all, 251 individuals participated in the survey either through one of our public forums or via the internet survey tool.

2016 Community Health Needs Assessment Opportunities for Improvement and Action Plan

X. Survey Results

- A. About the Survey Respondents – In total, 251 individuals from the community participated in the survey. There was a wide representation of age groups as follows:

Age Range of Survey Respondents	
18 to 24	5.6%
25 to 34	21.5%
35 to 44	18.3%
45 to 54	20.7%
55 to 64	17.5%
65 to 74	10.0%
75 or older	6.4%

Eighty percent of the participants were female. While this number differs from the overall population statistics (roughly equal male-to-female population) it is consistent with the U.S. Department of Labor’s published that women make 80% of the healthcare decisions for the family.

There was diverse ethnic representation in the responses with 73.7% identifying as Caucasian and 25.1% African-American. Numerous attempts were made to engage all ethnicities in the survey; however, Hispanic and American Indian participation was lower than hoped.

All educational levels were fairly well represented with college-educated adults making up the largest group of respondents at 51.4%. 76.5% reported being employed full-time. 12.4% were retired. All income ranges were represented; although, 23.5% preferred not to respond to the question.

2016 Community Health Needs Assessment Opportunities for Improvement and Action Plan

Income Range of Survey Respondents	
0 - \$24,999	15.5%
b. \$25,000 - \$49,999	16.3%
c. \$50,000 – \$74,999	21.1%
d. \$75,000 - \$99,999	10.4%
e. \$100,000 or more	13.1%
f. Prefer not to answer	23.5%

Over half of the survey respondents reported having some number of children living in their home below the age of eighteen.

When asked about insurance coverage, 82.1% of respondents said they have “commercial health insurance.” 12% had Medicare. 2% had Medicaid and 4% said they had no coverage at all.

- B. Perception of Health Status and Healthy Lifestyles – Over 90 percent of respondents reporting perceiving their general health as “good” to “excellent” with the largest percentage (44.2%) choosing the rating of “good.”

Personal Health Choices and Behavior	
I exercise at least 3 times a per week	34.7%
I eat at least 5 servings of fruits and vegetables each day.	14.7%
I eat fast food more than once per week	47.4%
I smoke cigarettes	15.1%
I chew tobacco	2.4%
I use illegal drugs	0.0%
I abuse or overuse prescription drugs	0.4%
I consume more than 4 alcoholic drinks per day	2.0%
I use sunscreen or protective clothing for planned time in the sun	36.3%
I receive a flu shot each year	72.5%
I have access to a wellness program through my employer	45.4%
None of the above apply to me	3.6%

2016 Community Health Needs Assessment Opportunities for Improvement and Action Plan

Many respondents acknowledged practicing healthy activities and lifestyle choices: 72.5% receive a flu shot annually. 45% report having access to a wellness program and 34.7% reported exercising at least 3 times per week. Sunscreen use was also high at 36.3%. Unsurprisingly, 47% report eating “fast food” at least once per week and 15.1% reported using cigarettes.

Of the respondents, almost all (96%) reported at least 1 preventive health measure taken in the past 12 months. The most common were blood pressure checks (77.7%), flu shots (68.5%), dental cleanings w/ x-rays and pap smears (women) at 50.6% each. 46.2% reported having an annual physical exam.

- C. Awareness of Local Health Offerings – Of 11 various health services offered by Baptist Medical Center Leake, 9 had at least a 50% awareness rating with survey respondents. The highest was “family medicine” with over 92% of respondents indicating awareness that these services were available. 74.5 were aware of the “wound care” services (although this question might have been interpreted by some as episodic care provided in the emergency department or primary clinic related to an acute injury). The lowest rated awareness scores were general surgery clinic and bone densitometry.
- D. Health Challenges – Survey respondents were provided with a list of 13 health challenges (including a choice of “no health challenges” and “other”) and asked to select the top 3 affecting them personally. 37.5 percent of respondents denied having health challenges, the most frequently listed challenges were overweight/obesity (32.7%), high blood pressure (30.7%), joint and back pain (24.3%) and diabetes (17.1%).
- E. Access and Barriers to Health Care Services – When asked “Where do you go for routine healthcare?”, 221 respondents (90.6%) listed “physician office.” 4.5% said they do not receive routine healthcare. 1.6% listed the health department, and less than 1% cited the emergency department. 85.5% responded affirmatively that they had someone they considered to be their “personal doctor.”

2016 Community Health Needs Assessment Opportunities for Improvement and Action Plan

94% of respondents said they are able to “visit a doctor when needed,” and 77.7% of respondents reported seeing a doctor within the past year. A similar number 75.7% said they receive their healthcare services in Leake County. For those respondents who say they cannot see a physician when needed 18% said they “cannot afford it.” 12% listed appointment availability as a barrier and another 12% cited “cannot take time off from work.”

When asked if they had changed doctors within the past 12 months, 85% have not. 4% said they had changed due to a change in health care coverage. 3.2% were dissatisfied with their prior provider and 2.4% said their provider had retired.

When asked about distance and travel time to a provider, almost 90% rated travel and convenience as “good,” “very good” or “excellent” with “excellent” being the most frequently cited response at 35.9%.

For emergency care, 27.5% of respondents said they had visited the emergency room at least once within the past year.

When asked, “What might prevent you from seeing a doctor if you were sick, injured or needed some type of health care?” 156 respondents (62.2%) said nothing would prevent them from seeking care. 22.7% cited “cost.” “Time off of work,” “convenient hours” and “lack of appointment times” were also cited but far less frequency.

What might prevent you from seeing a doctor if you were sick, injured, or needed some type of health care? Select all that apply.		
Answer Options	Response Percent	Response Count
a. Cost	22.7%	57
b. Frightened of the procedure	4.8%	12
c. Worried they might find something wrong	7.6%	19
d. Cannot get time off from work	9.6%	24
e. Hours not convenient	6.8%	17
f. Difficult to get appointment	7.2%	18
g. Do not trust or believe doctors	0.4%	1
h. No transportation or difficult to find transportation	0.8%	2
Nothing would prevent me from seeing a doctor at this time	62.2%	156

2016 Community Health Needs Assessment Opportunities for Improvement and Action Plan

XI. Summary of Findings and Conclusions

Based on the findings of both the quantitative and qualitative data gathered, Baptist Medical Center Leake has identified gaps in healthcare services within the community. While acknowledging its important role in meeting the healthcare needs of the community, BMCL also recognizes that truly “moving the needle” on healthcare for the community (i.e. improving the overall health of the community) implies shared responsibility and coordination of resources on the part of all stakeholders including the hospital, other healthcare providers, elected and non-elected officials as well the citizens, who are the ultimate consumers of healthcare services.

In analysis of both the quantitative and qualitative data gathered, Baptist Medical Center Leake identified opportunities to expand or improve services in three broad categories. These included: At-Risk Populations, Disease-Specific Needs and areas of Social Concern that impact the community’s short-term and long-health.

The recommendations and action plans which follow in Appendix D are grouped into four types of interventions:

1. Education – Those activities and resources that BMCL can provide, both internally and externally to assist individuals and/or partner organizations in addressing health-related issues.
2. Advocacy – Opportunities to engage with officials (both elected and appointed) who make or administer policies which directly or indirectly impact the health of the community.
3. Partnerships – BMCL will seek to work collaboratively with individuals, stakeholders, and outside organizations toward the overall goal of improving community health.
4. Provision of Services – Those services which BMCL plans to provide directly and independently to patients

A plan will be developed to address each gap in services or opportunity to provide new or expanded service with recommendations in one or more of these categories. The plan will be approved by the Board of Trustees and updated annually.

APPENDIX A
SURVEY INSTRUMENT



Community Health Survey/Leake

Community Health

Baptist Medical Center Leake supports Healthy Communities, Healthy People! We strive to continually improve the communities we serve by providing high quality health care services to the families of Leake County and surrounding communities. Your participation in this survey is vital to the goals of Baptist Medical Center Leake meeting the needs of the residents of Leake County. You may choose for your participation to be anonymous or you may choose to include your name and contact information. We appreciate your time and interest in Leake County's health needs.

*** 1. What is your age?**

- 18 to 24
- 25 to 34
- 35 to 44
- 45 to 54
- 55 to 64
- 65 to 74
- 75 or older

*** 2. In general, how would you rate your overall health?**

- Excellent
- Very good
- Good
- Fair
- Poor

3. Where do you go for your routine healthcare?

- Physician's office
- Health Department
- Emergency Room
- Urgent Care Clinic
- I do not receive routine healthcare

Other (please specify)

*** 4. Are you able to visit a doctor when needed?**

- Yes
- No

5. If you answered NO to question 4, please check all that apply.

- a. No appointment available
- b. Cannot afford it
- c. Cannot take time off from work
- d. No transportation
- e. No specialist in my community for my condition
- Not applicable

Other (please specify)

*** 6. What type of healthcare coverage do you have?**

- a. Medicare
- b. Medicaid
- c. Commercial health insurance
- d. No healthcare coverage

Other (please specify)

*** 7. Please select the top 3 health challenges you face**

- Cancer
- Diabetes
- Overweight/obesity
- Lung disease
- High blood pressure
- Stroke
- Heart Disease
- Joint Pain or back pain
- Mental health issues
- Alcohol overuse
- Drug addiction
- I do not have any health challenges

Other (please specify)

*** 8. Do you have one person you think of as your personal doctor or health care provider?**

- a. Yes
- b. NO

*** 9. Do you receive your healthcare services in Leake County?**

- Yes
- No

*** 10. Thinking of the distance or time you travel to get to your doctor's office you most often visit, how would you rate the convenience of the location?**

- a. Excellent
- b. Very Good
- c. Good
- d. Fair
- e. Poor
- f. Don't have a usual place
- g. Don't know

*** 11. If you have changed doctors within the last 12 months, why did you change doctors?**

- a. Have not changed doctors
- b. Changed residence or moved
- c. Changed jobs
- d. Changed health care coverage
- e. Provider moved or retired
- f. Dissatisfied with former provider or liked new provider better
- g. Former provider no longer reimbursed by my health care coverage
- h. Owed money to former provider
- i. Medical care needs changed

Other (please specify)

*** 12. What is your 5 digit zip code?**

*** 13. Please select all statements below that apply to you.**

- a. I exercise at least 3 times a per week
- b. I eat at least 5 servings of fruits and vegetables each day.
- c. I eat fast food more than once per week
- d. I smoke cigarettes
- e. I chew tobacco
- f. I use illegal drugs
- g. I abuse or overuse prescription drugs
- h. I consume more than 4 alcoholic drinks per day
- i. I use sunscreen or protective clothing for planned time in the sun
- j. I receive a flu shot each year
- k. I have access to a wellness program through my employer
- l. None of the above apply to me

*** 14. Which of the following preventive procedures have you had in the past 12 months? select all that apply**

- a. Mammogram
- b. Pap smear
- c. Prostate cancer screening
- d. Flu Shot
- e. Colon/rectal exam
- f. Blood pressure check
- g. Blood sugar check
- h. Skin cancer screening
- i. Cholesterol screening
- j. Vision screening
- k. Hearing screening
- l. Cardiovascular screening
- m. Bone density test
- n. Dental cleaning/x-rays
- o. Physical exam
- p. None of the above

*** 15. What is your gender?**

Female

Male

*** 16. What is your race?**

a. African American

b. Caucasian

c. Asian

d. American Indian

e. Hispanic

Other (please specify)

*** 17. How long has it been since you last visited a doctor for a routine checkup?**

a. Less than a year ago

b. 1 – 2 years ago

c. 2 – 5 years ago

d. 5 or more years

e. Never

*** 18. How many times have you visited the Emergency Department in the past year?**

a. 0 times

b. 1 – 2 times

c. More than 2 times

d. Don't know

*** 19. What might prevent you from seeing a doctor if you were sick, injured, or needed some type of health care? Select all that apply.**

- a. Cost
- b. Frightened of the procedure
- c. Worried they might find something wrong
- d. Cannot get time off from work
- e. Hours not convenient
- f. Difficult to get appointment
- g. Do not trust or believe doctors
- h. No transportation or difficult to find transportation
- Nothing would prevent me from seeing a doctor at this time

Other (please specify)

20. How many children live in your household who are . . .

Less than 5 years old

5 to 12 years old

13 to 17 years old

*** 21. What is your current employment status?**

- a. Employed full-time
- b. Employed part-time
- c. Student
- d. Homemaker
- e. Unemployed
- f. Retired
- g. Disabled

*** 22. What is your household income range?**

- a. 0 - \$24,999
- b. \$25,000 - \$49,999
- c. \$50,000 – \$74,999
- d. \$75,000 - \$99,999
- e. \$100,000 or more
- f. Prefer not to answer

*** 23. What is the highest level of education you have completed?**

- a. Some high school
- b. High school graduate
- c. Some college
- d. College graduate

Other (please specify)

*** 24. What services are you aware are provided at BMC Leake? (select all that apply)**

- a. Podiatry
- b. Wound Care
- c. Diabetic Foot Care
- d. Cardiology
- e. Endoscopy
- f. General Surgery Evaluation
- g. Women's Health/Prenatal Care
- h. Family Medicine
- i. Pediatrics
- j. Bone Density testing
- k. Mammograms

Other (please specify)

25. How can Baptist Medical Center Leake better meet the health needs of Leake County?

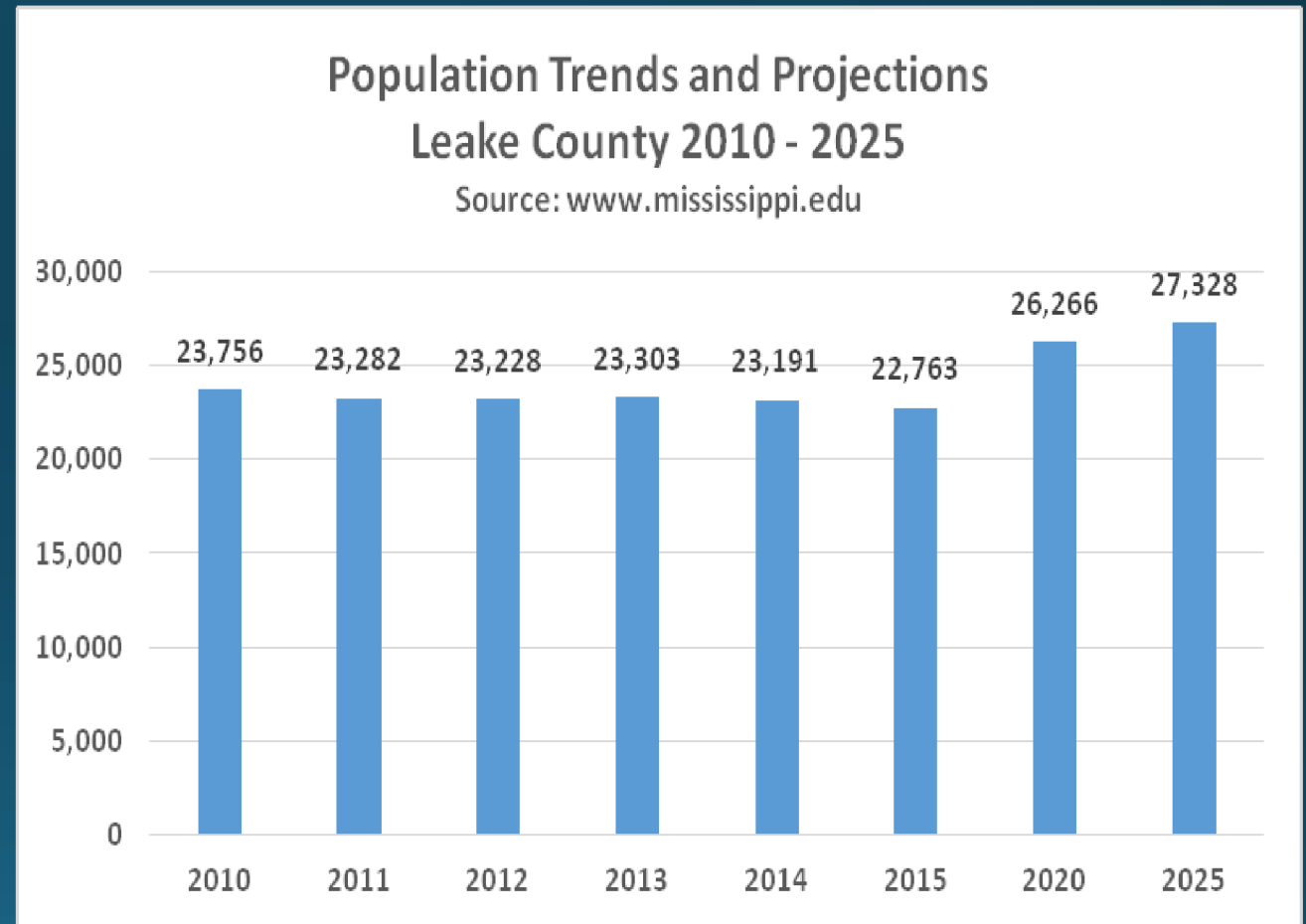
26. List your phone number and/or email address if you would like to be entered in the drawing for a YETI cooler. This is optional?

APPENDIX B
FOCUS GROUP PRESENTATION

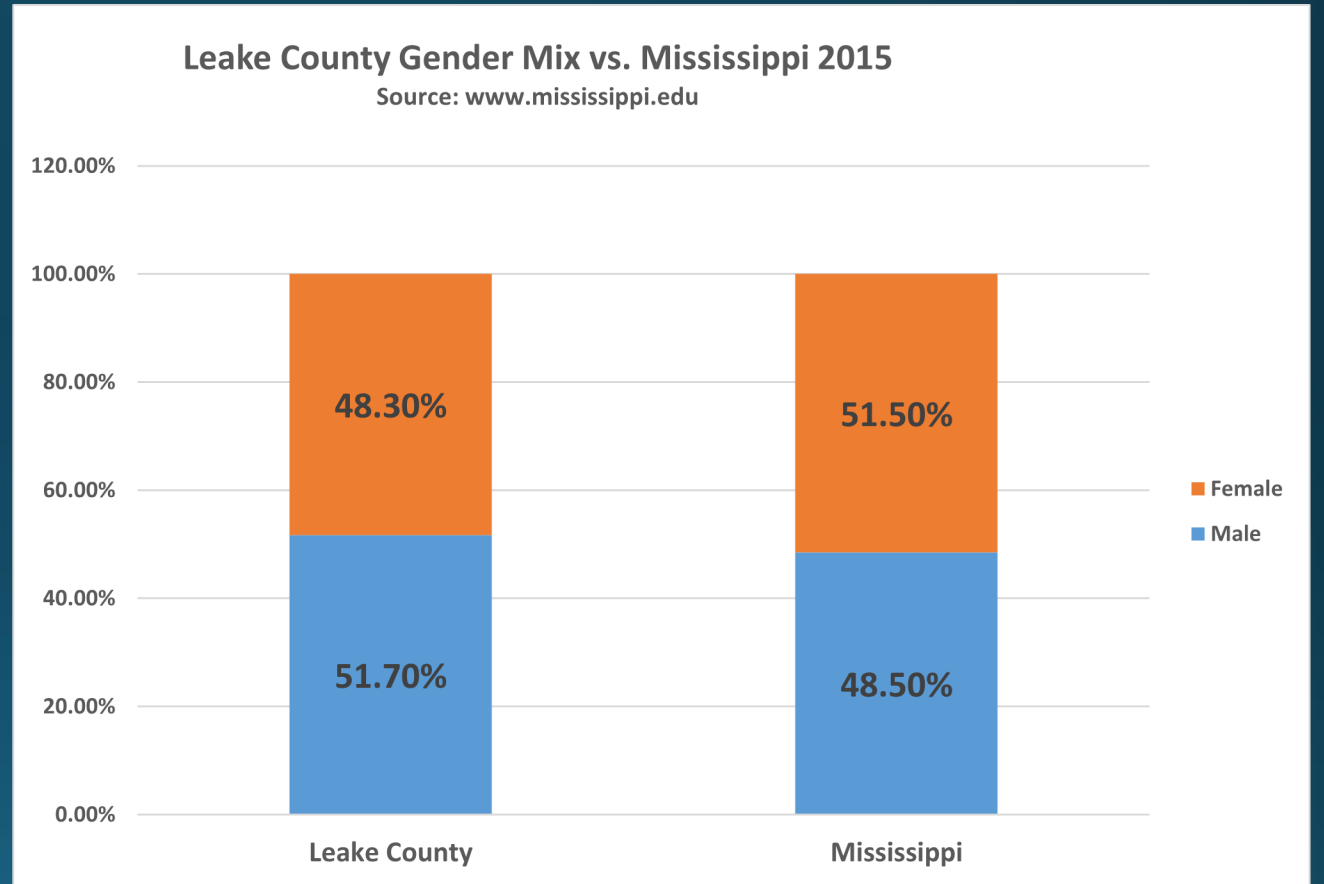
Community Health Needs Assessment



Population



Gender

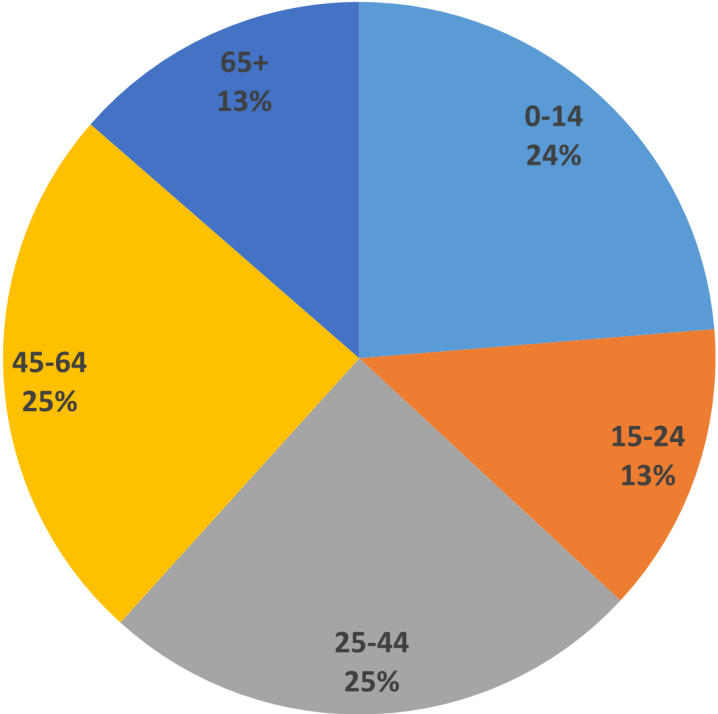


Age

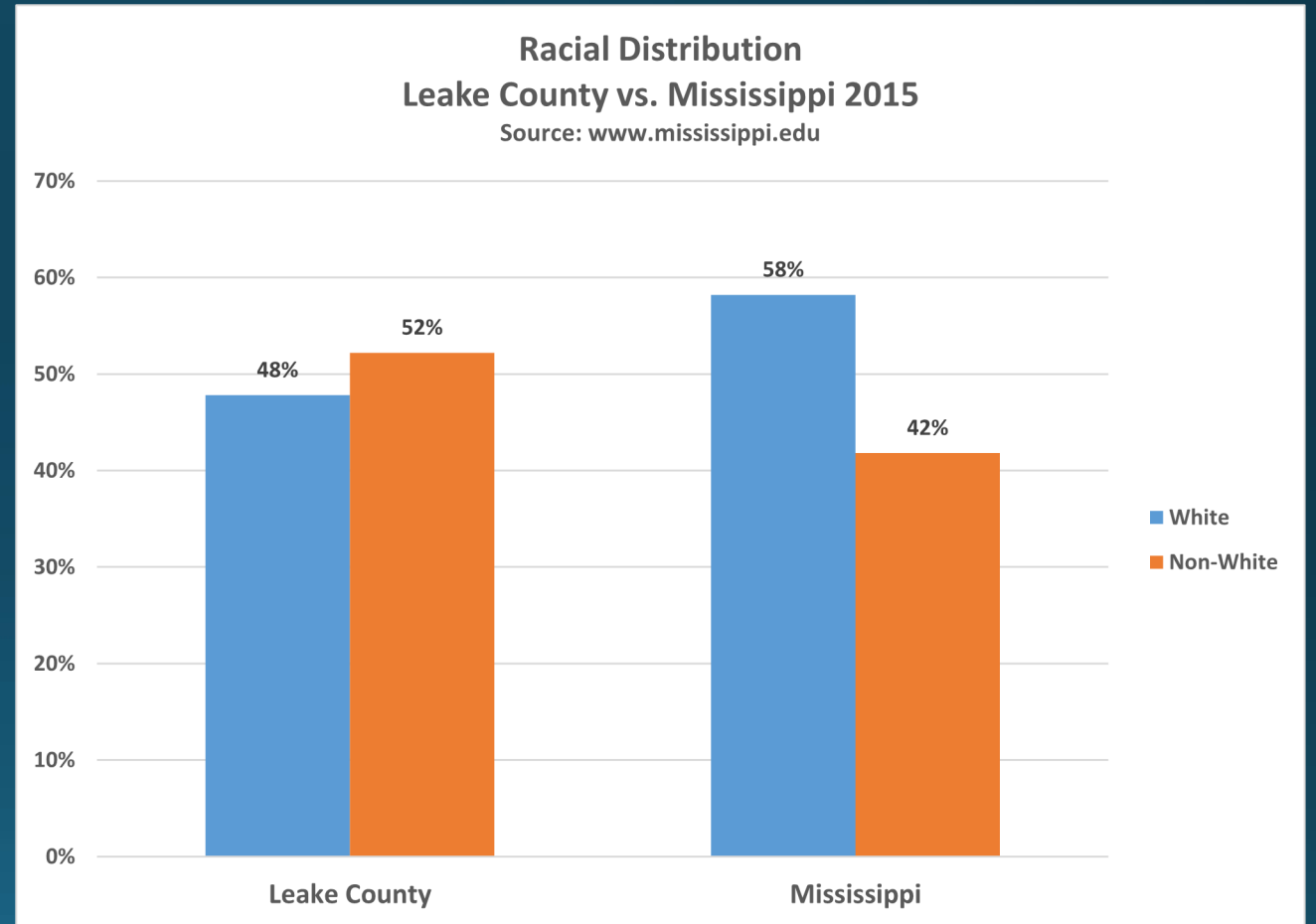
Age Distribution, Leake County, 2015

Source: <https://suburbanstats.org>

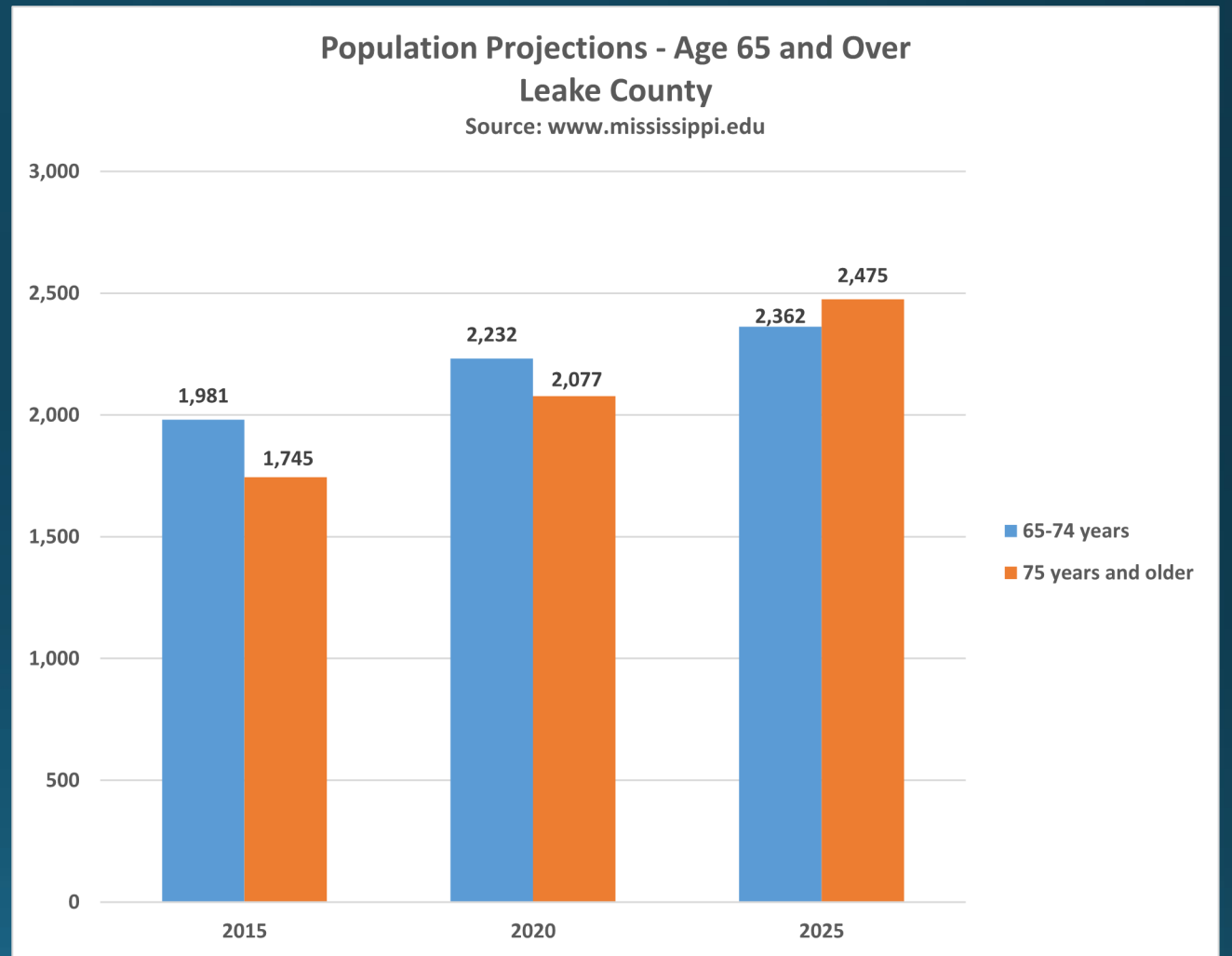
Note: Detail may not total 100% due to rounding



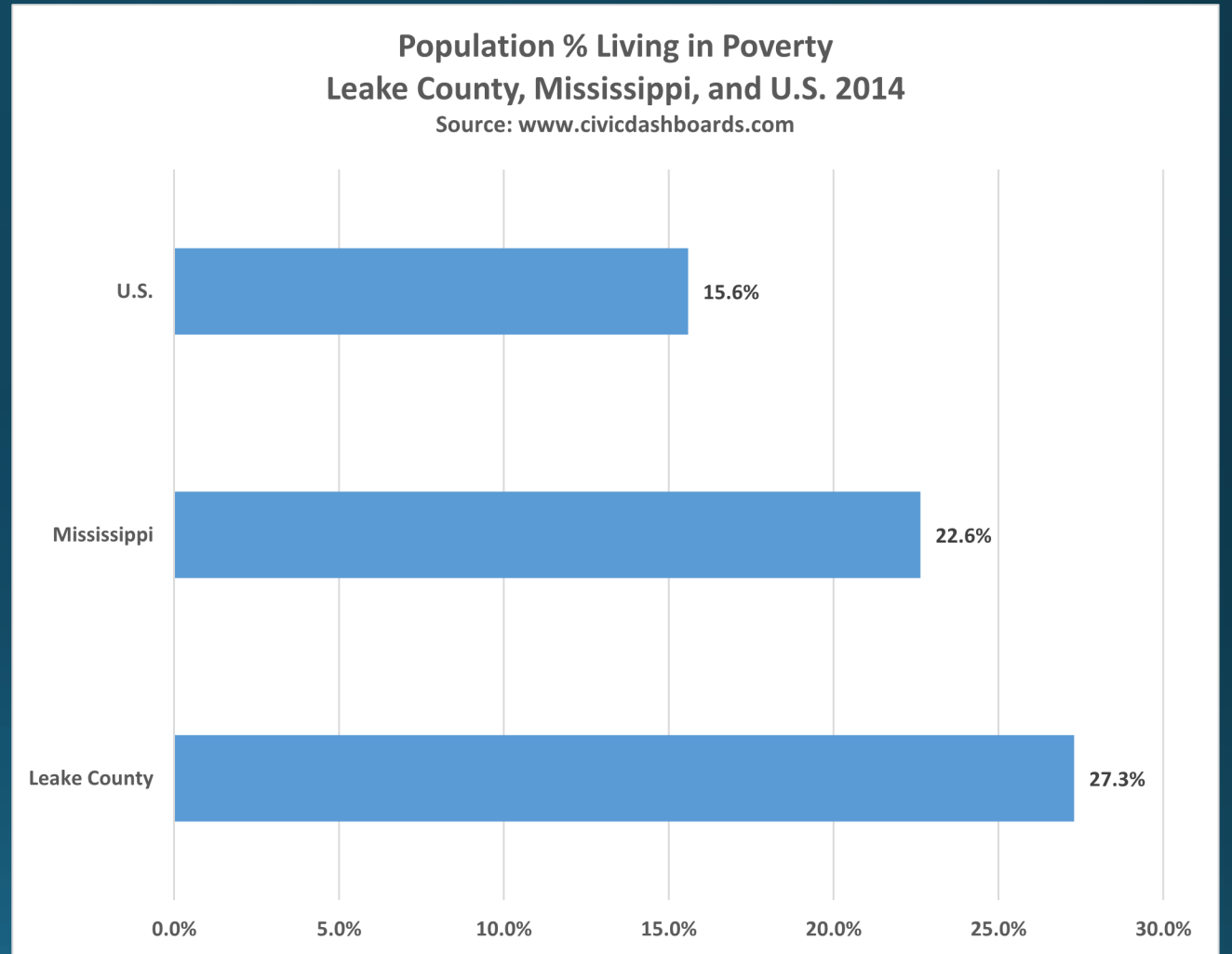
Racial Make-up



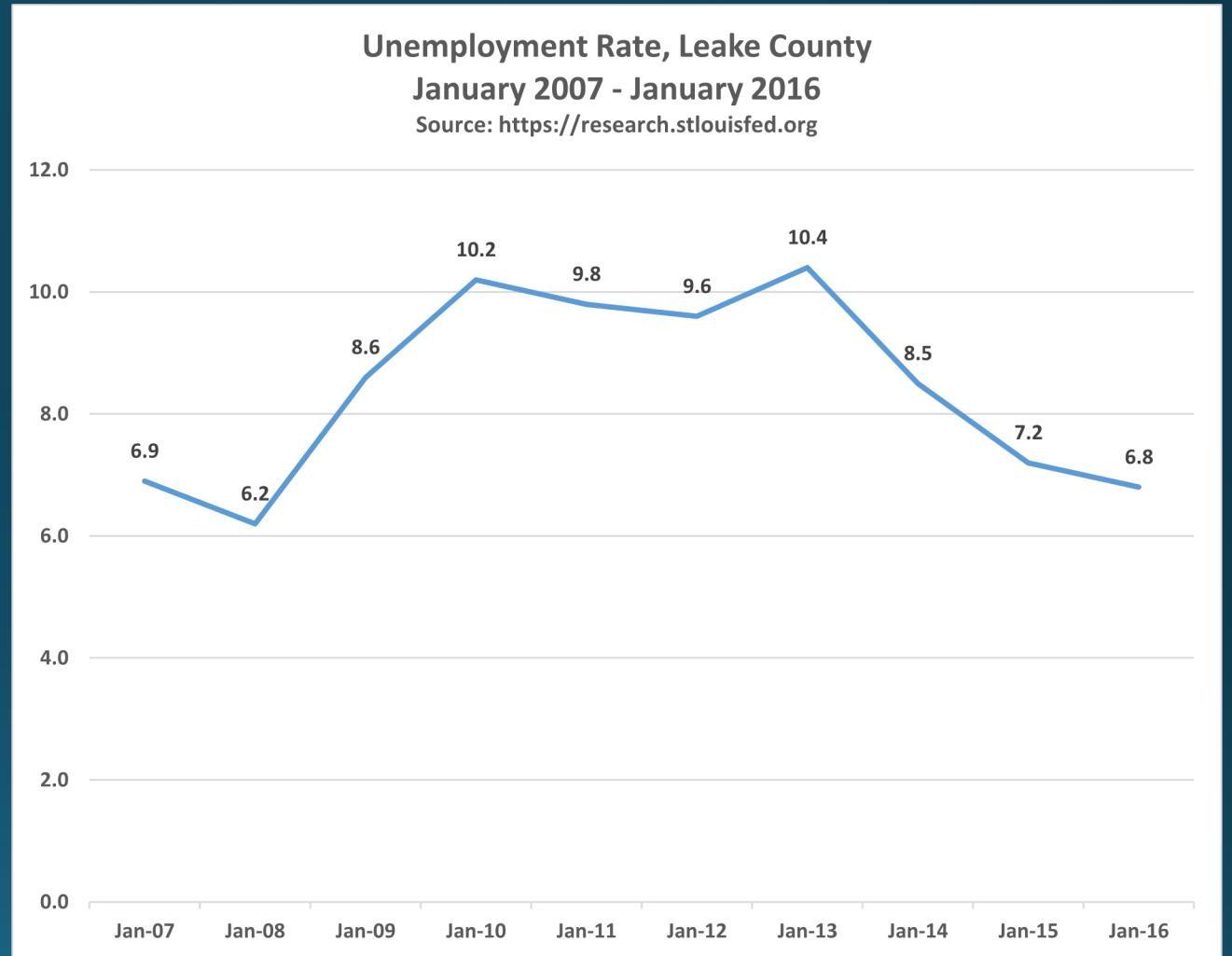
Population



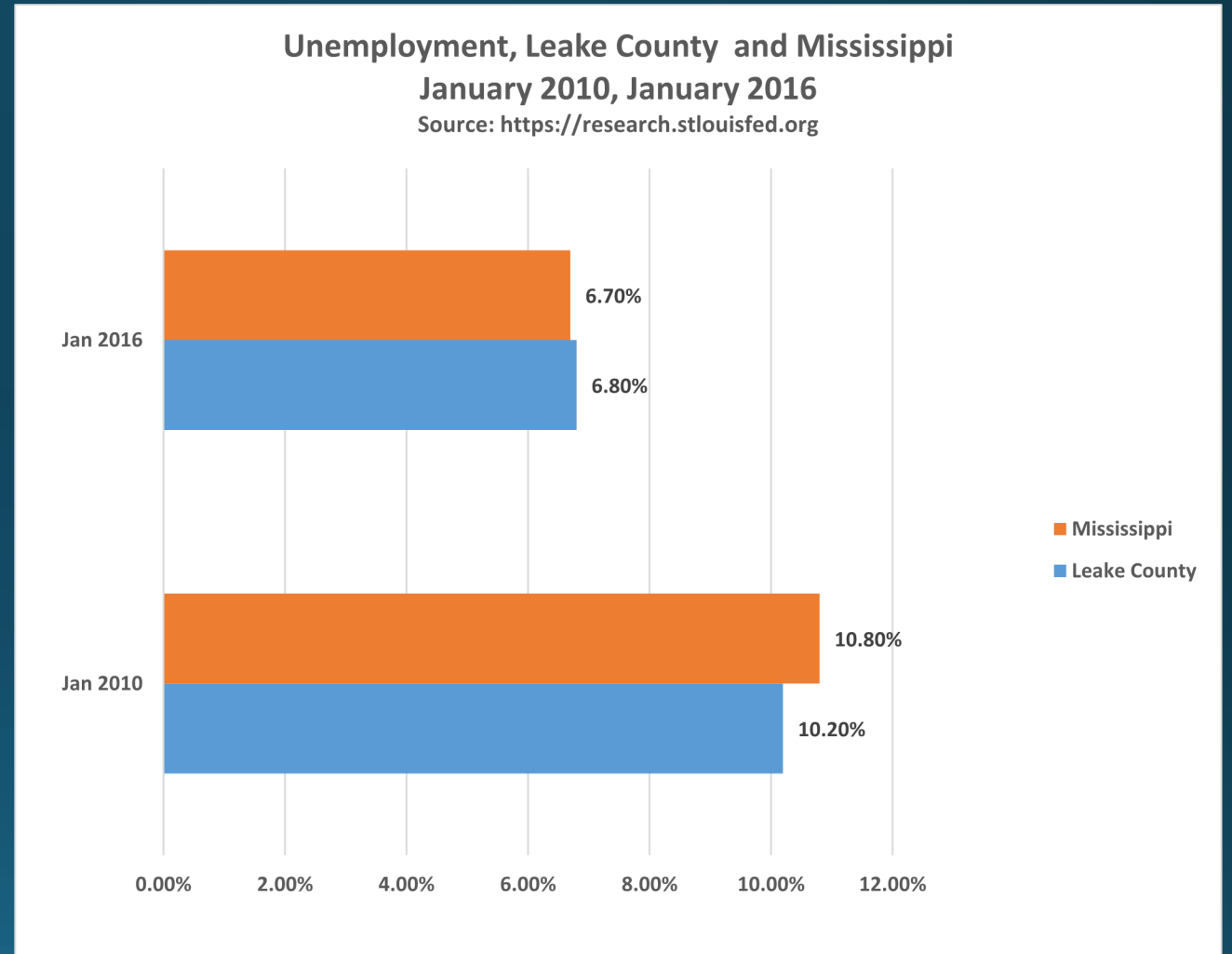
Poverty



Unemployment Leake County Trend



Unemployment Compared to State

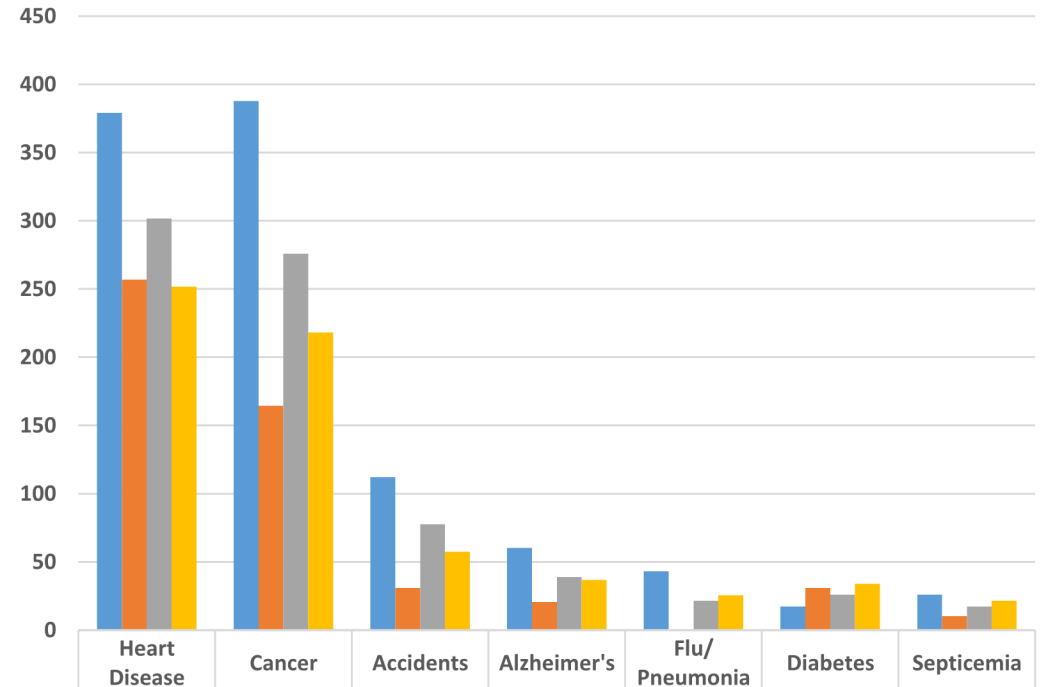


Mortality Causes of Death

Mortality Rates by Causes of Death, 2014

Rate per 100,000 population

Source: <http://msdh.ms.gov>



	Heart Disease	Cancer	Accidents	Alzheimer's	Flu/Pneumonia	Diabetes	Septicemia
Leake County - White	379.1	387.8	112	60.3	43.1	17.2	25.9
Leake County - Black	257	164.5	30.8	20.6	0	30.8	10.3
Leake County - All Races	301.8	275.9	77.6	38.8	21.6	25.9	17.2
Mississippi	251.8	218.1	57.3	36.7	25.5	33.9	21.4

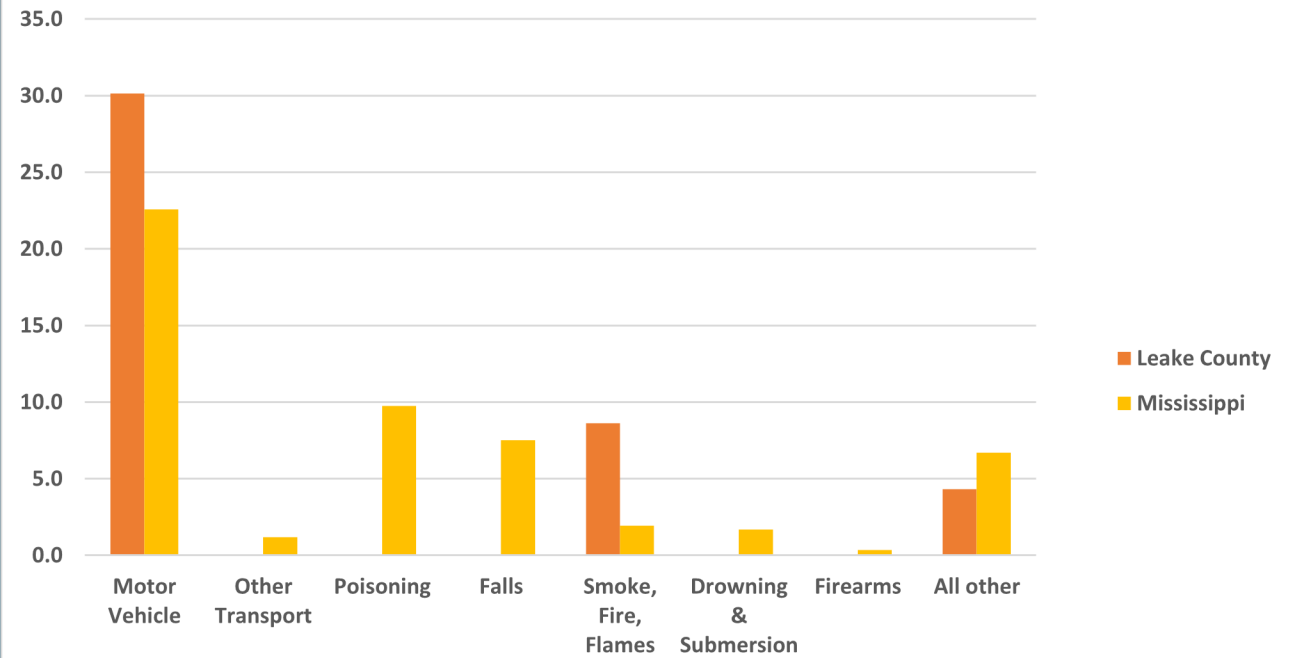
Mortality Causes of Death

Table 1 - Mortality Rates - Age Adjusted Causes of Death (Rate per 100,000)			
Indicator	Leake County	Mississippi	U.S.
Heart Disease - Overall	301.8	251.8	167.0
Heart Disease - White	379.1	288.5	
Heart Disease - Black	257	208.1	
Cancer-Overall	275.9	218.1	161.2
Cancer - White	387.8	245.7	
Cancer - Black	164.5	186.8	
Diabetes - Overall	25.9	33.9	21.0
Diabetes - White	17.2	28.5	
Diabetes - Black	30.8	44.2	
Source: http://msdh.ms.gov			

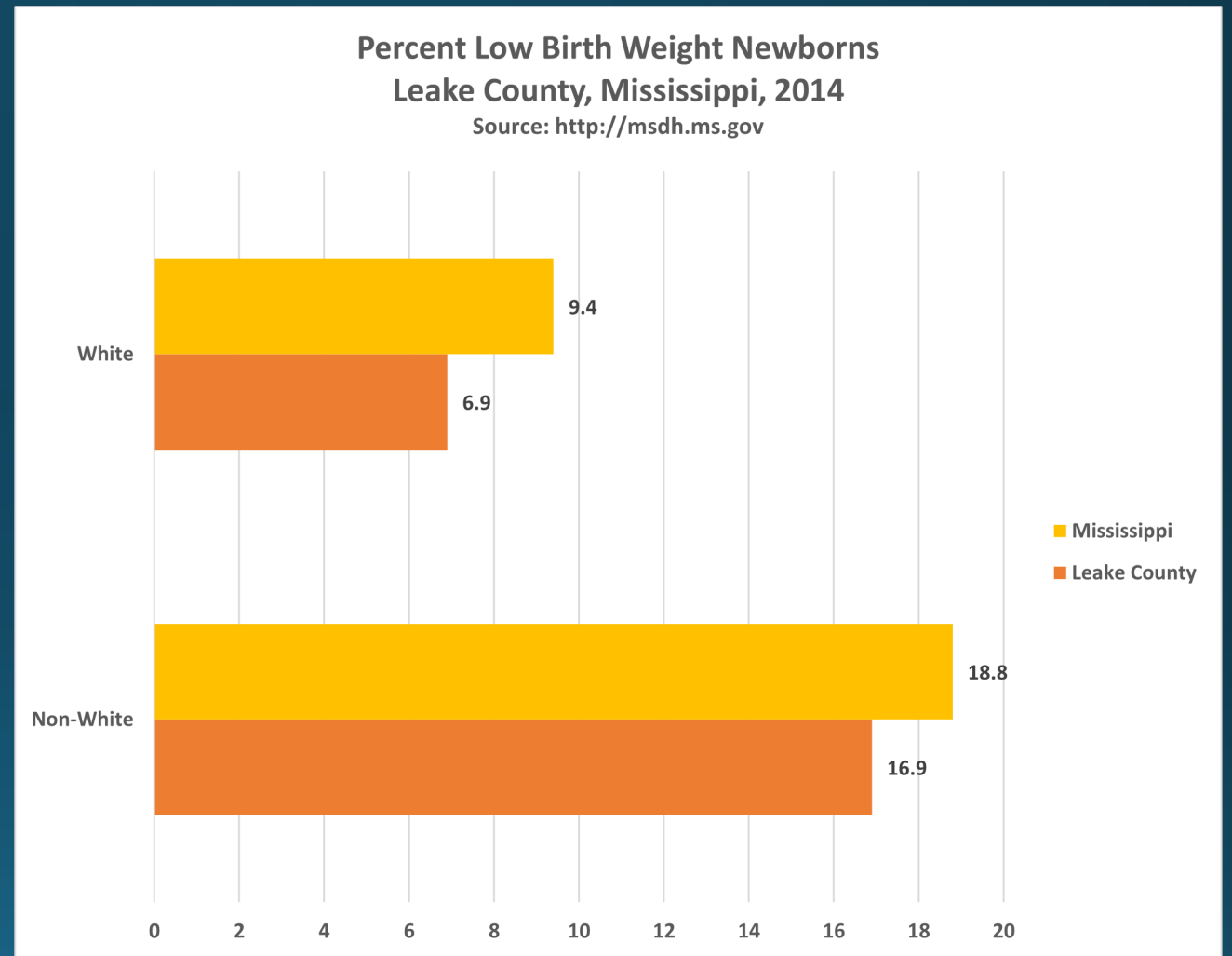
Accidental Death

2012 Age Adjusted Rates by Accidental Death,
Leake County and Mississippi

Source: <http://msdh.ms.gov>



Low-Weight Births



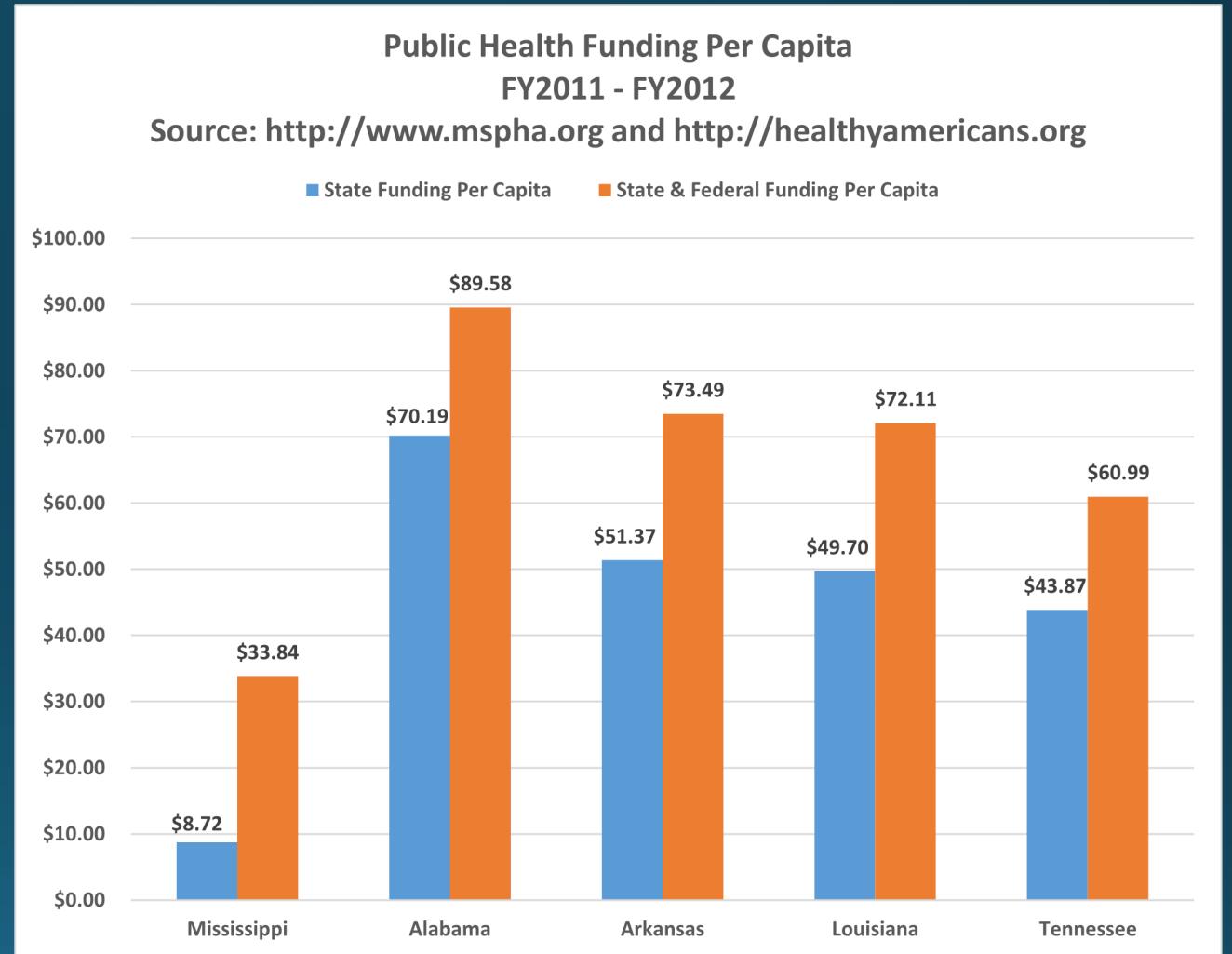
Infant Mortality

2012 Mississippi Infant Mortality Rates (deaths per 1,000 live births)			
Category	Overall State Rate	White Rate	Black Rate
Total Infant Mortality (age under 1 year)	8.8	5.4	12.4
Neonatal Mortality (age under 28 days)	5.5	3.2	7.9
Post-neonatal mortality (age 28 days to 1 year)	3.3	2.2	4.6

Hospital Bed Capacity

General Hospital Service Area 5					
Source: MS DOH Proposed State Health Plan - 2015					
Facilities	Licensed Beds	Abeyance Beds	Average Daily Census	Occupancy Rate	Average Length of Stay
Baptist Medical Center Leake	25	0	6.03	24.12	3.39
Central Mississippi Medical Center	415	0	74.74	18.01	4.73
Claiborne County Hospital	32	0	10.38	32.44	5.83
Crossgates River Oaks Hospital	149	0	54.49	36.57	5.61
Hardy Wilson Memorial Hospital	25	10	15.28	61.13	7.24
Holmes County Hospital and Clinics	25	10	1.87	7.46	2.07
King's Daughters Hospital-Yazoo City	25	0	8.63	34.53	3.80
Madison River Oaks Medical Center	67	0	16.96	25.31	3.21
Magee General Hospital	64	0	16.75	26.16	4.27
Mississippi Baptist Medical Center	541	0	292.78	54.12	5.52
Montfort Jones Memorial Hospital	35	36	16.48	47.08	4.73
Patients' Choice Medical Center of Smith County	29	0	6.28	21.66	14.61
River Oaks Hospital	160	0	56.76	35.48	3.63
River Region Health System	261	0	106.13	40.66	5.30
S.E. Lackey Critical Access Hospital	35	0	23.48	67.08	4.99
Scott Regional Hospital	25	0	5.18	20.71	3.29
Sharkey - Issaquena Community Hospital	29	0	7.52	25.94	5.01
Simpson General Hospital	35	0	10.57	30.21	5.76
St. Dominic-Jackson Memorial Hospital	417	0	311.93	74.80	4.20
University Hospital & Health System	664	0	455.75	68.64	6.16
Woman's Hospital at River Oaks	109	0	17.16	15.75	3.36
General Hospital Service Area 5	3,167	56	1,515.17	47.84	5.02

Public Health Funding



APPENDIX C
SURVEY RESULTS

Community Health Survey/Leake

Wednesday, July 06, 2016

251

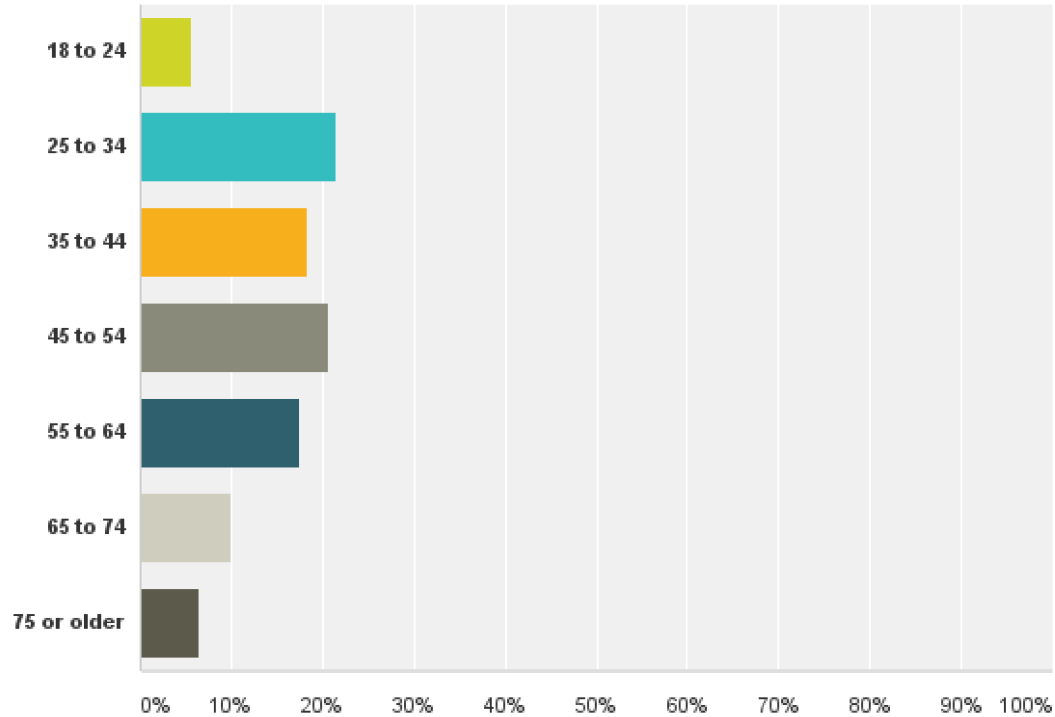
Total Responses

Date Created: Friday, April 22, 2016

Complete Responses: 251

Q1: What is your age?

Answered: 251 Skipped: 0



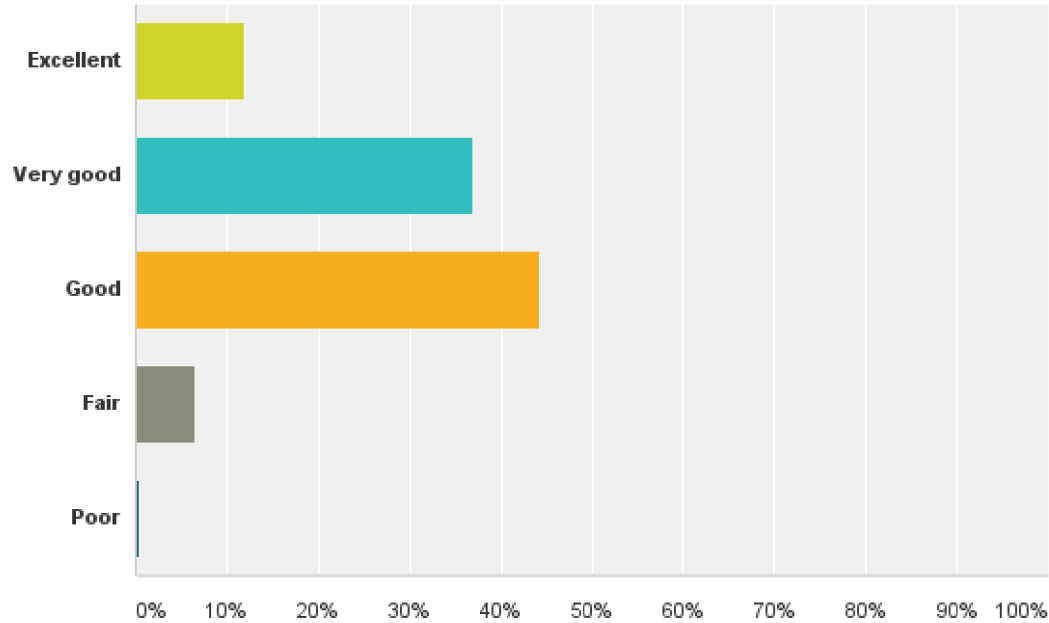
Q1: What is your age?

Answered: 251 Skipped: 0

Answer Choices	Responses
18 to 24	5.58% 14
25 to 34	21.51% 54
35 to 44	18.33% 46
45 to 54	20.72% 52
55 to 64	17.53% 44
65 to 74	9.96% 25
75 or older	6.37% 16
Total	251

Q2: In general, how would you rate your overall health?

Answered: 251 Skipped: 0



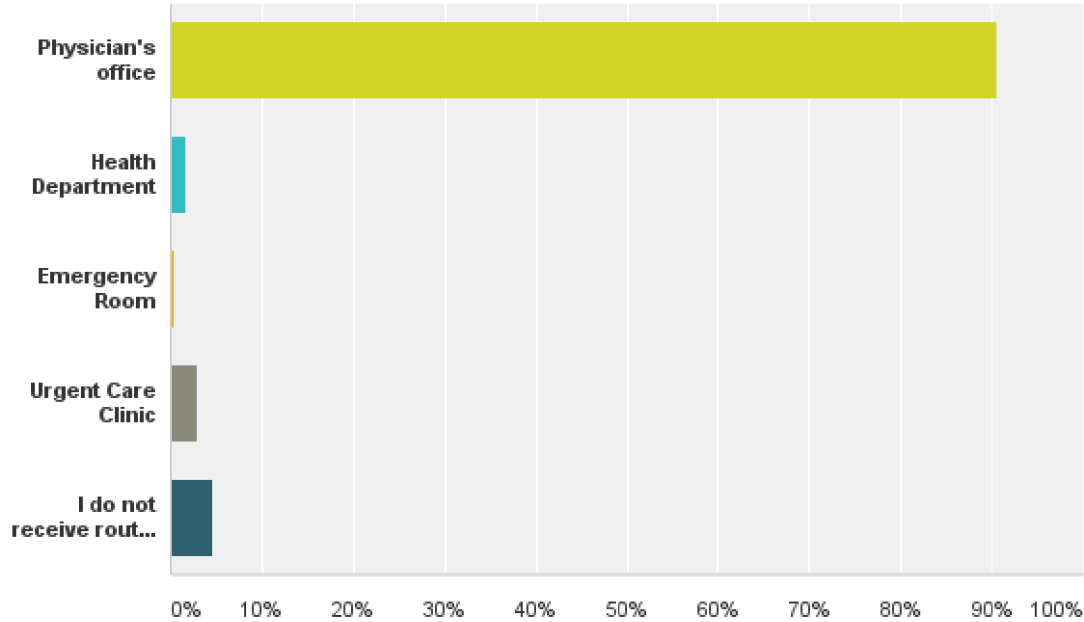
Q2: In general, how would you rate your overall health?

Answered: 251 Skipped: 0

Answer Choices	Responses
Excellent	11.95% 30
Very good	37.05% 93
Good	44.22% 111
Fair	6.37% 16
Poor	0.40% 1
Total	251

Q3: Where do you go for your routine healthcare?

Answered: 244 Skipped: 7



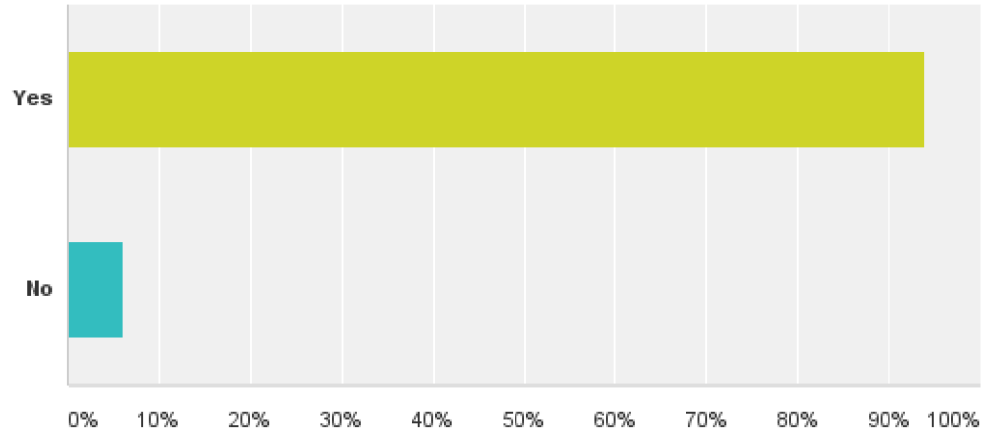
Q3: Where do you go for your routine healthcare?

Answered: 244 Skipped: 7

Answer Choices	Responses
Physician's office	90.57% 221
Health Department	1.64% 4
Emergency Room	0.41% 1
Urgent Care Clinic	2.87% 7
I do not receive routine healthcare	4.51% 11
Total	244

Q4: Are you able to visit a doctor when needed?

Answered: 251 Skipped: 0



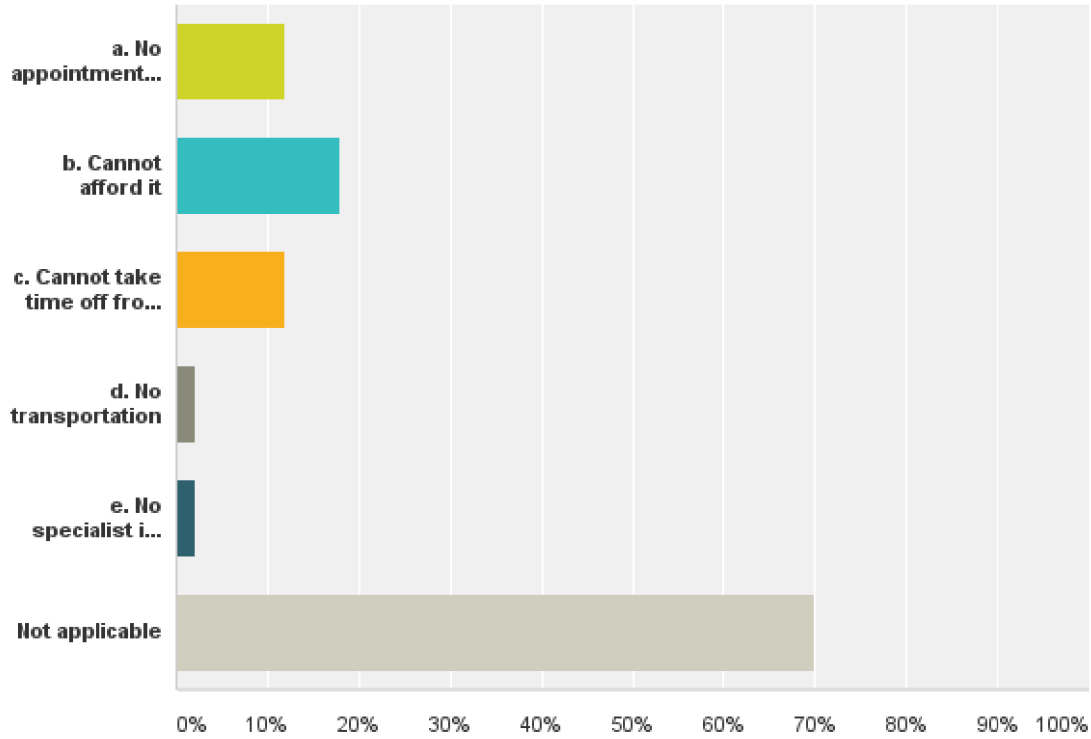
Q4: Are you able to visit a doctor when needed?

Answered: 251 Skipped: 0

Answer Choices	Responses
Yes	94.02% 236
No	5.98% 15
Total	251

Q5: If you answered NO to question 4, please check all that apply.

Answered: 50 Skipped: 201



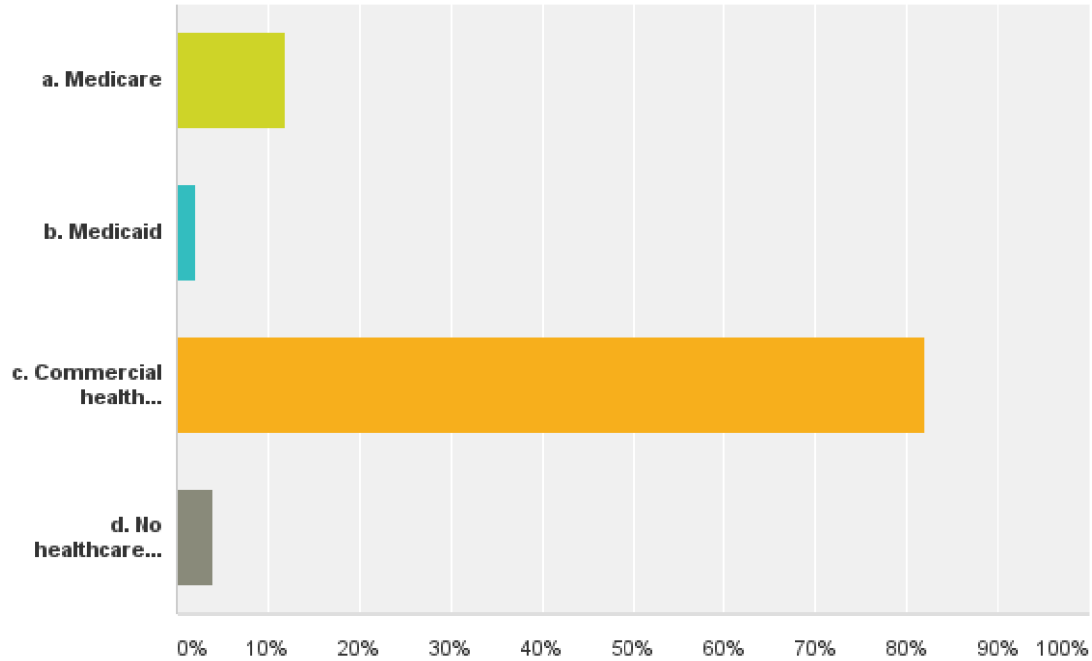
Q5: If you answered NO to question 4, please check all that apply.

Answered: 50 Skipped: 201

Answer Choices	Responses	
a. No appointment available	12.00%	6
b. Cannot afford it	18.00%	9
c. Cannot take time off from work	12.00%	6
d. No transportation	2.00%	1
e. No specialist in my community for my condition	2.00%	1
Not applicable	70.00%	35
Total Respondents: 50		

Q6: What type of healthcare coverage do you have?

Answered: 251 Skipped: 0



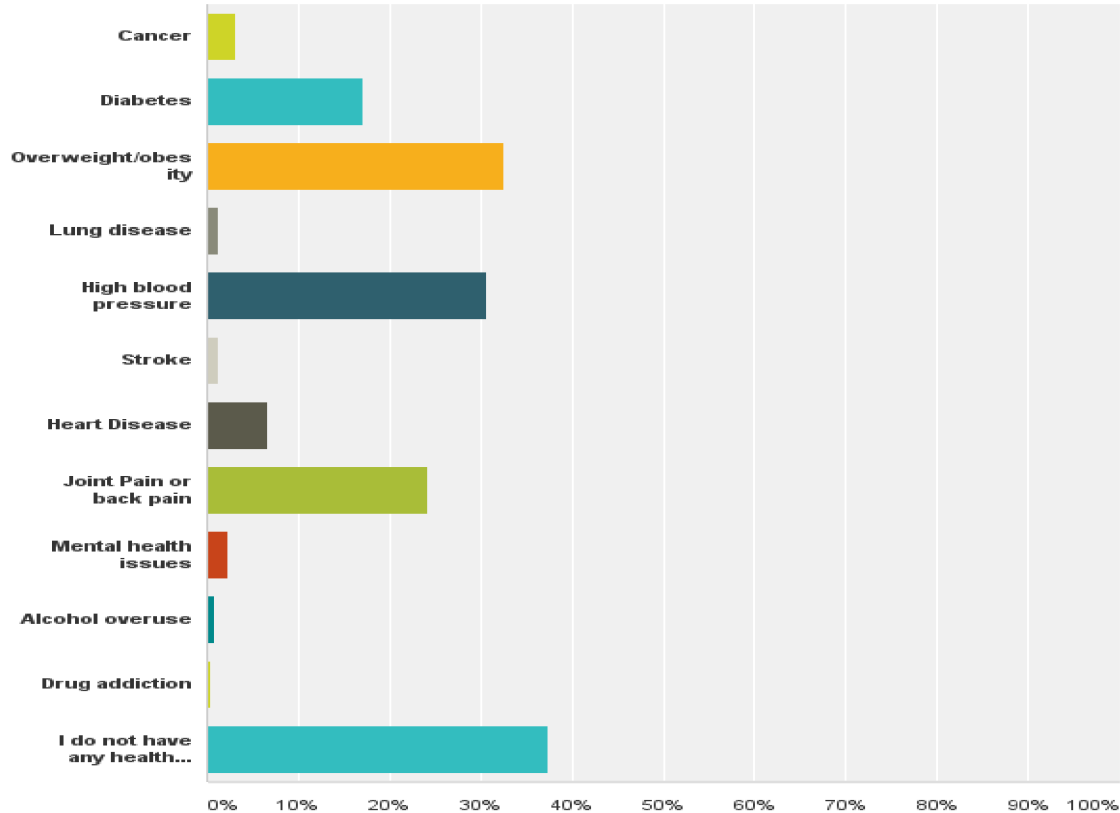
Q6: What type of healthcare coverage do you have?

Answered: 251 Skipped: 0

Answer Choices	Responses	
a. Medicare	11.95%	30
b. Medicaid	1.99%	5
c. Commercial health insurance	82.07%	206
d. No healthcare coverage	3.98%	10
Total		251

Q7: Please select the top 3 health challenges you face

Answered: 251 Skipped: 0



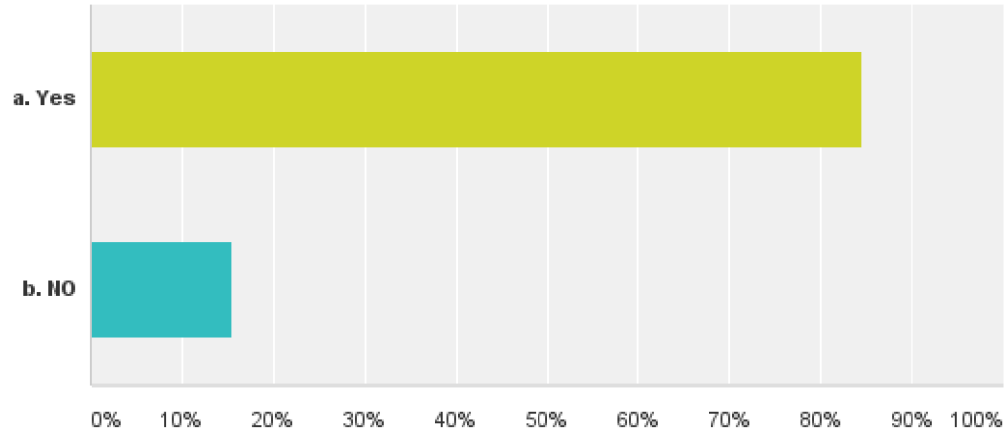
Q7: Please select the top 3 health challenges you face

Answered: 251 Skipped: 0

Answer Choices	Responses	
Cancer	3.19%	8
Diabetes	17.13%	43
Overweight/obesity	32.67%	82
Lung disease	1.20%	3
High blood pressure	30.68%	77
Stroke	1.20%	3
Heart Disease	6.77%	17
Joint Pain or back pain	24.30%	61
Mental health issues	2.39%	6
Alcohol overuse	0.80%	2
Drug addiction	0.40%	1
I do not have any health challenges	37.45%	94
Total Respondents: 251		

Q8: Do you have one person you think of as your personal doctor or health care provider?

Answered: 251 Skipped: 0



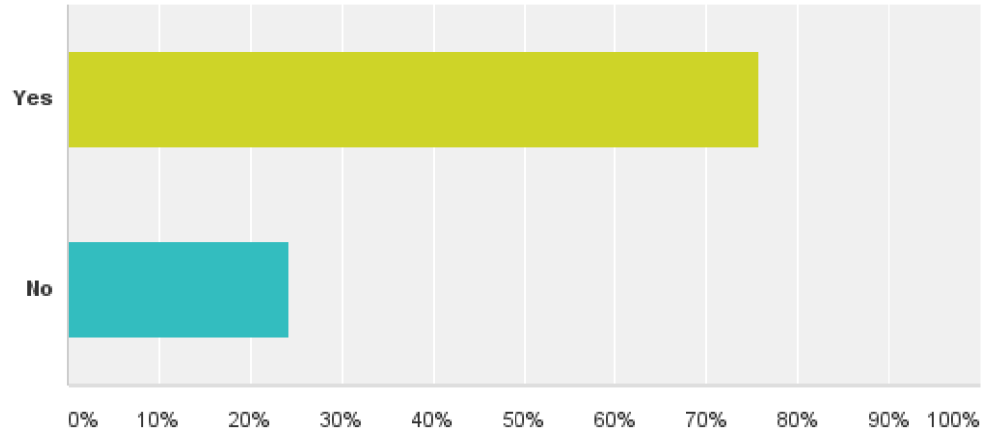
Q8: Do you have one person you think of as your personal doctor or health care provider?

Answered: 251 Skipped: 0

Answer Choices	Responses
a. Yes	84.46% 212
b. NO	15.54% 39
Total	251

Q9: Do you receive your healthcare services in Leake County?

Answered: 251 Skipped: 0



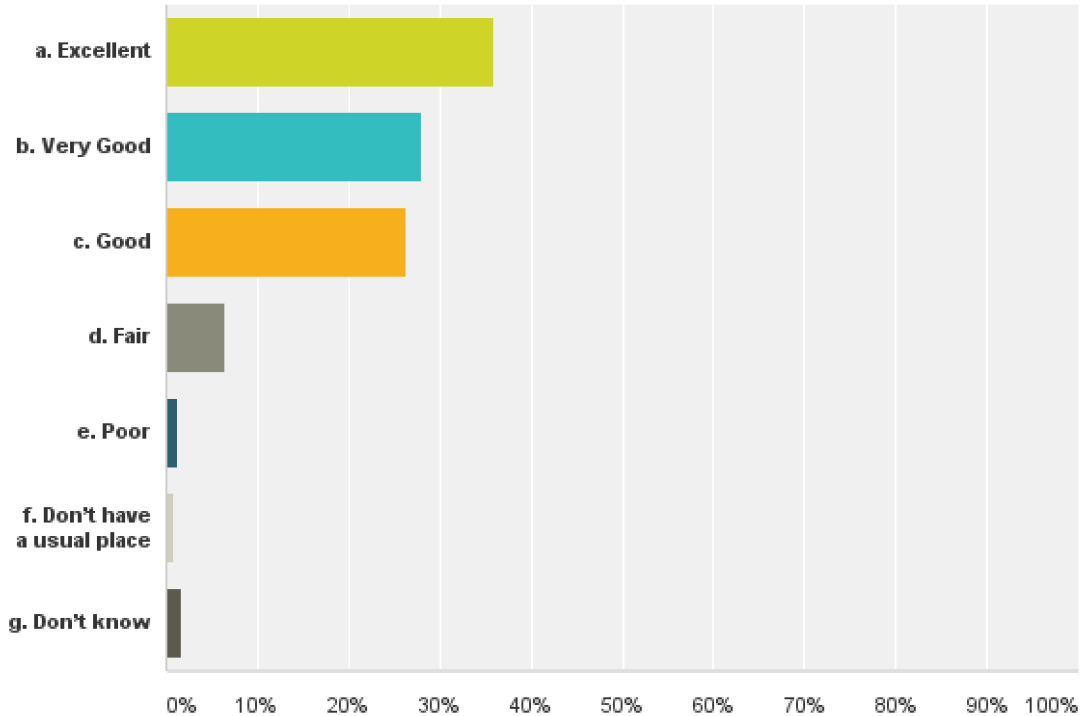
Q9: Do you receive your healthcare services in Leake County?

Answered: 251 Skipped: 0

Answer Choices	Responses
Yes	75.70% 190
No	24.30% 61
Total	251

Q10. Thinking of the distance or time you travel to get to your doctor's office you most often visit, how would you rate the convenience of the location?

Answered: 251 Skipped: 0



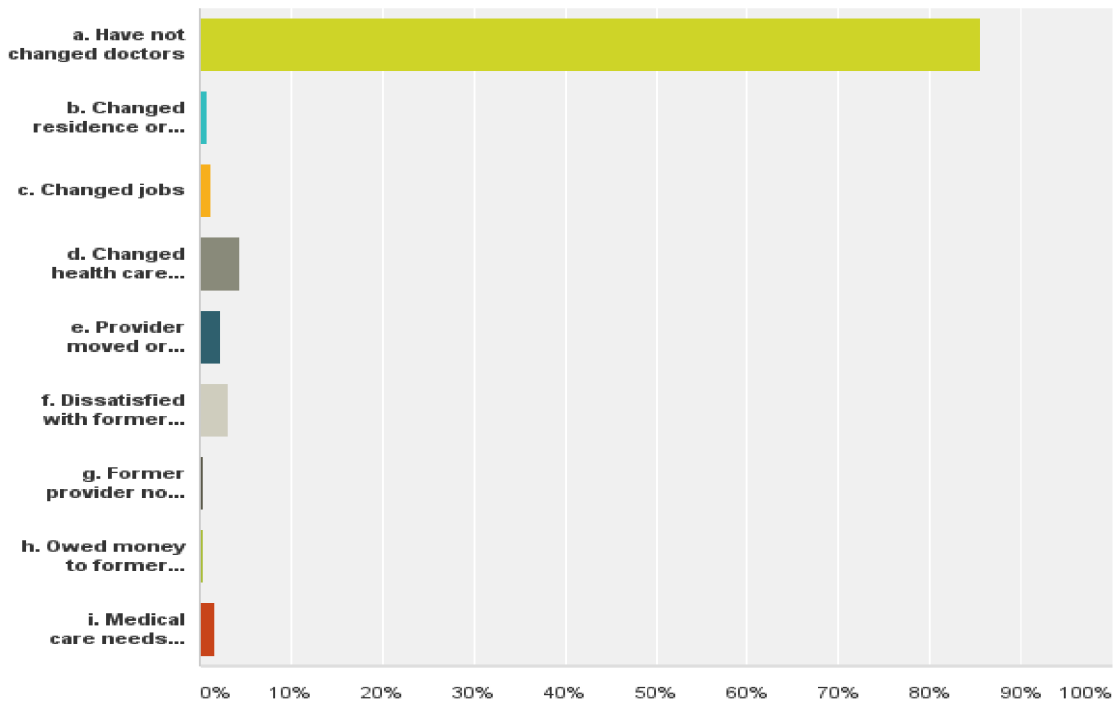
Q10. Thinking of the distance or time you travel to get to your doctor's office you most often visit, how would you rate the convenience of the location?

Answered: 251 Skipped: 0

Answer Choices	Responses
a. Excellent	35.86% 90
b. Very Good	27.89% 70
c. Good	26.29% 66
d. Fair	6.37% 16
e. Poor	1.20% 3
f. Don't have a usual place	0.80% 2
g. Don't know	1.59% 4
Total	251

Q11: If you have changed doctors within the last 12 months, why did you change doctors?

Answered: 251 Skipped: 0



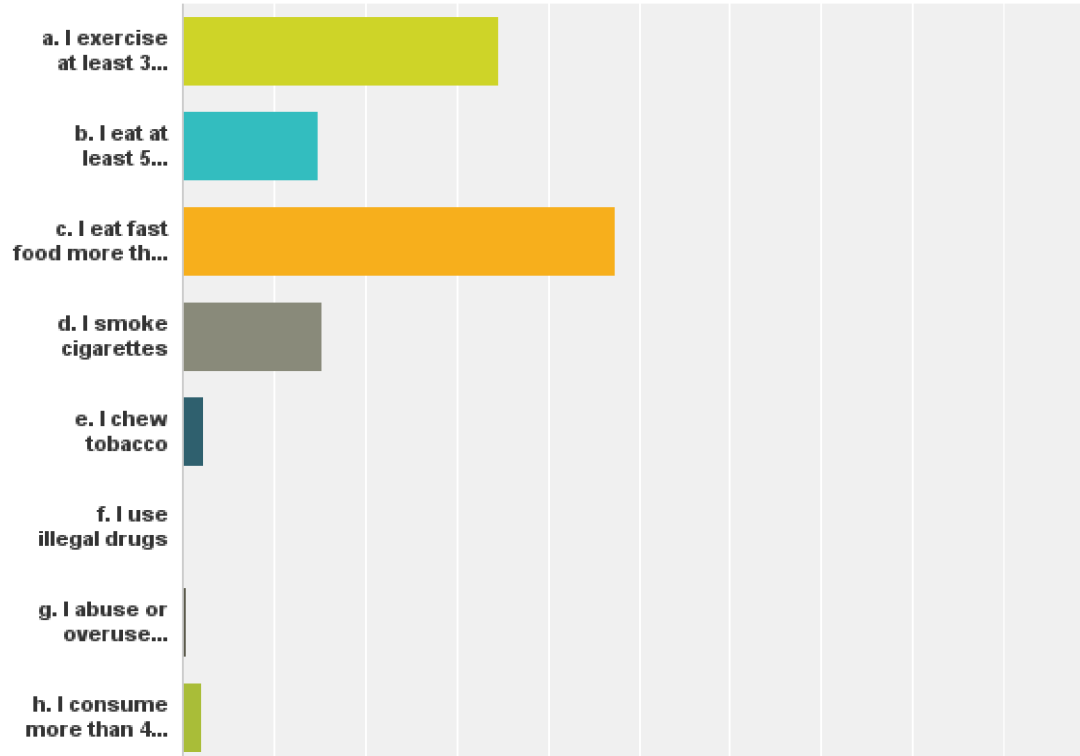
Q11: If you have changed doctors within the last 12 months, why did you change doctors?

Answered: 251 Skipped: 0

Answer Choices	Responses	
a. Have not changed doctors	85.66%	215
b. Changed residence or moved	0.80%	2
c. Changed jobs	1.20%	3
d. Changed health care coverage	4.38%	11
e. Provider moved or retired	2.39%	6
f. Dissatisfied with former provider or liked new provider better	3.19%	8
g. Former provider no longer reimbursed by my health care coverage	0.40%	1
h. Owed money to former provider	0.40%	1
i. Medical care needs changed	1.59%	4
Total		251

Q13: Please select all statements below that apply to you.

Answered: 251 Skipped: 0



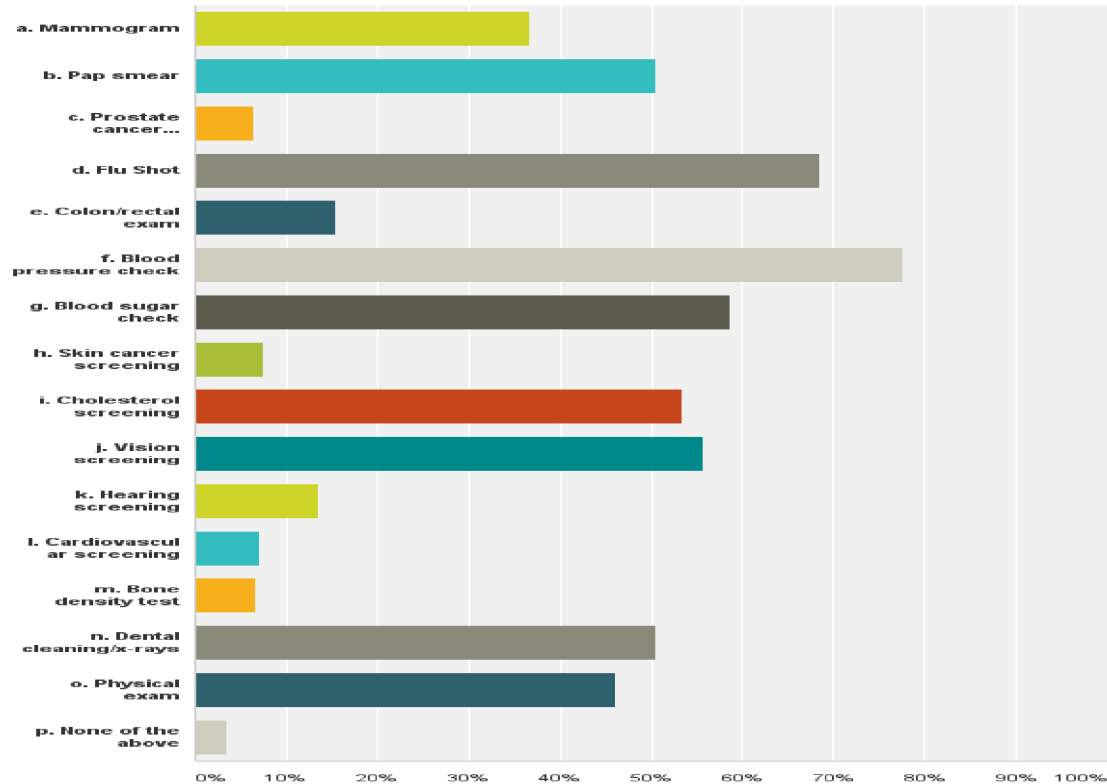
Q13: Please select all statements below that apply to you.

Answered: 251 Skipped: 0

Answer Choices	Responses
a. I exercise at least 3 times a per week	34.66% 87
b. I eat at least 5 servings of fruits and vegetables each day.	14.74% 37
c. I eat fast food more than once per week	47.41% 119
d. I smoke cigarettes	15.14% 38
e. I chew tobacco	2.39% 6
f. I use illegal drugs	0.00% 0
g. I abuse or overuse prescription drugs	0.40% 1
h. I consume more than 4 alcoholic drinks per day	1.99% 5
i. I use sunscreen or protective clothing for planned time in the sun	36.25% 91
j. I receive a flu shot each year	72.51% 182
k. I have access to a wellness program through my employer	45.42% 114
l. None of the above apply to me	3.59% 9
Total Respondents: 251	

Q14: Which of the following preventive procedures have you had in the past 12 months? select all that apply

Answered: 251 Skipped: 0



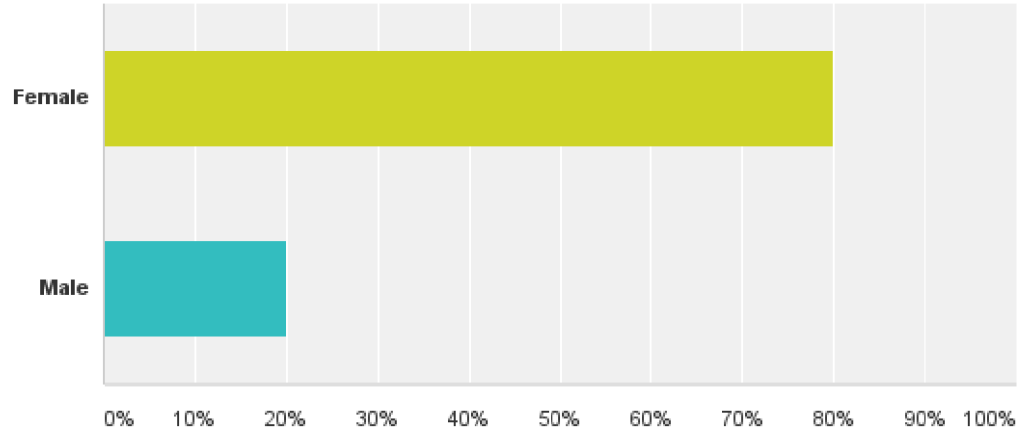
Q14: Which of the following preventive procedures have you had in the past 12 months? select all that apply

Answered: 251 Skipped: 0

Answer Choices	Responses
a. Mammogram	36.65% 92
b. Pap smear	50.60% 127
c. Prostate cancer screening	6.37% 16
d. Flu Shot	68.53% 172
e. Colon/rectal exam	15.54% 39
f. Blood pressure check	77.69% 195
g. Blood sugar check	58.57% 147
h. Skin cancer screening	7.57% 19
i. Cholesterol screening	53.39% 134
j. Vision screening	55.78% 140
k. Hearing screening	13.55% 34
l. Cardiovascular screening	7.17% 18
m. Bone density test	6.77% 17
n. Dental cleaning/x-rays	50.60% 127
o. Physical exam	46.22% 116
p. None of the above	3.59% 9
Total Respondents: 251	

Q15: What is your gender?

Answered: 250 Skipped: 1



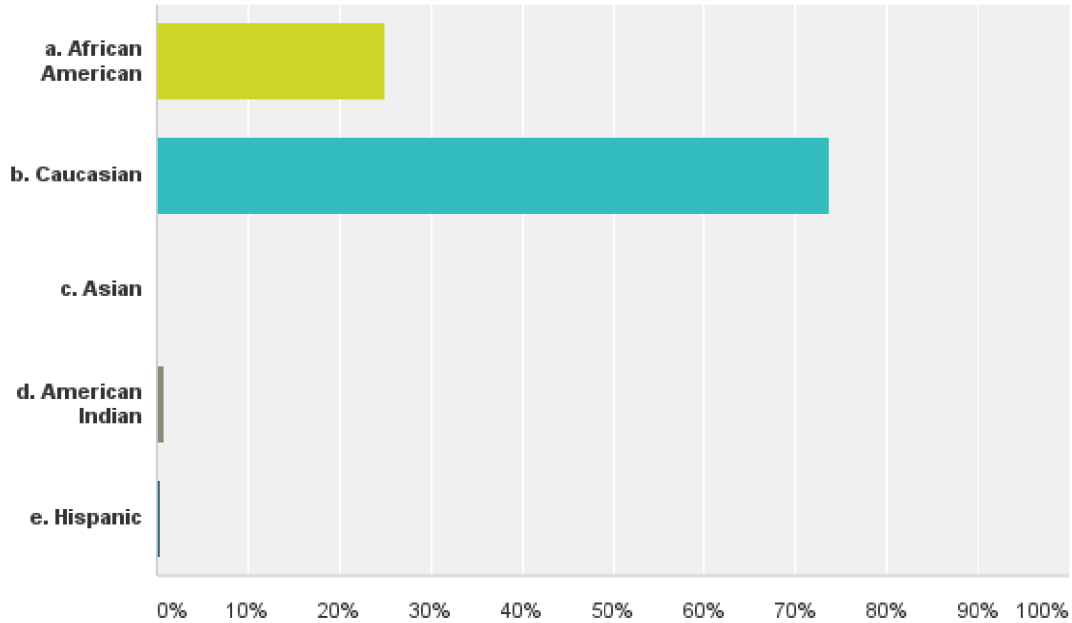
Q15: What is your gender?

Answered: 250 Skipped: 1

Answer Choices	Responses
Female	80.00% 200
Male	20.00% 50
Total	250

Q16: What is your race?

Answered: 251 Skipped: 0



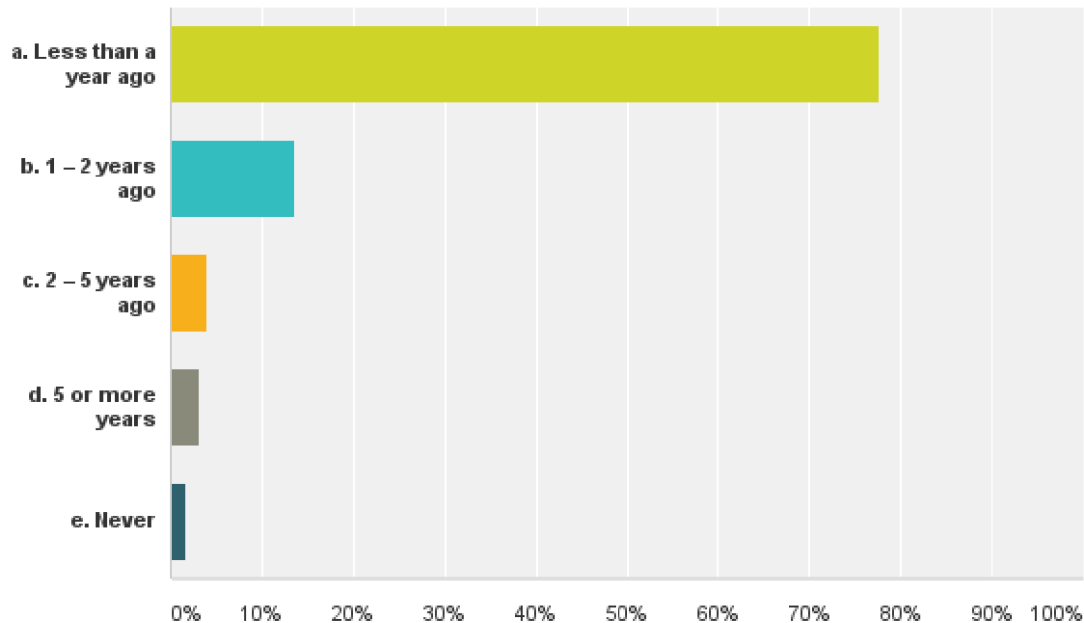
Q16: What is your race?

Answered: 251 Skipped: 0

Answer Choices	Responses
a. African American	25.10% 63
b. Caucasian	73.71% 185
c. Asian	0.00% 0
d. American Indian	0.80% 2
e. Hispanic	0.40% 1
Total	251

Q17: How long has it been since you last visited a doctor for a routine checkup?

Answered: 251 Skipped: 0



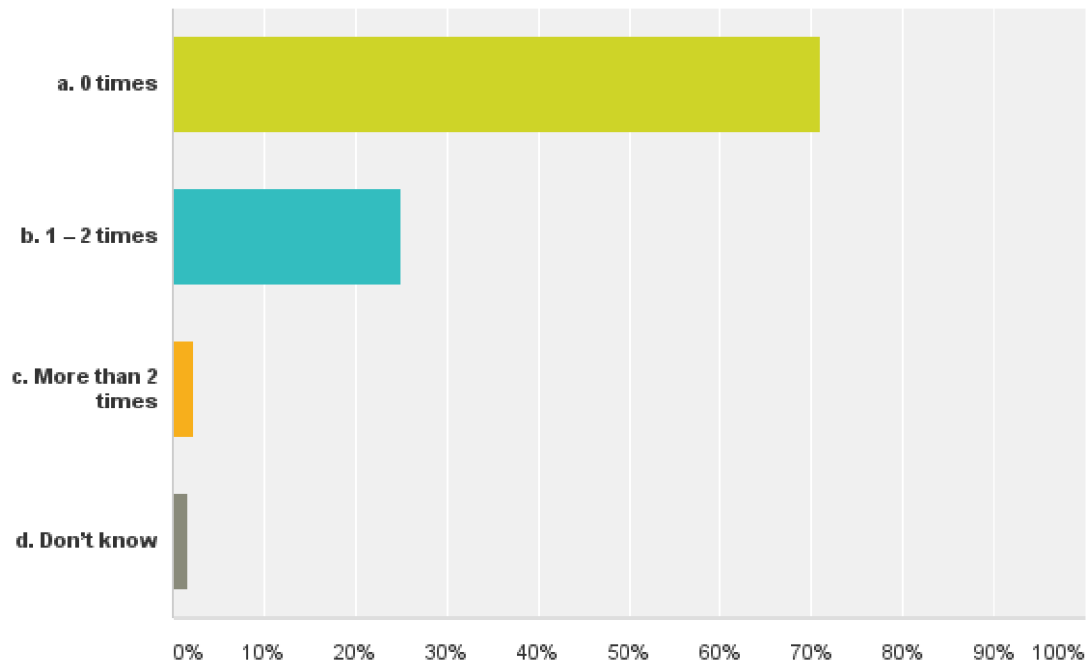
Q17: How long has it been since you last visited a doctor for a routine checkup?

Answered: 251 Skipped: 0

Answer Choices	Responses
a. Less than a year ago	77.69% 195
b. 1 – 2 years ago	13.55% 34
c. 2 – 5 years ago	3.98% 10
d. 5 or more years	3.19% 8
e. Never	1.59% 4
Total	251

Q18: How many times have you visited the Emergency Department in the past year?

Answered: 251 Skipped: 0



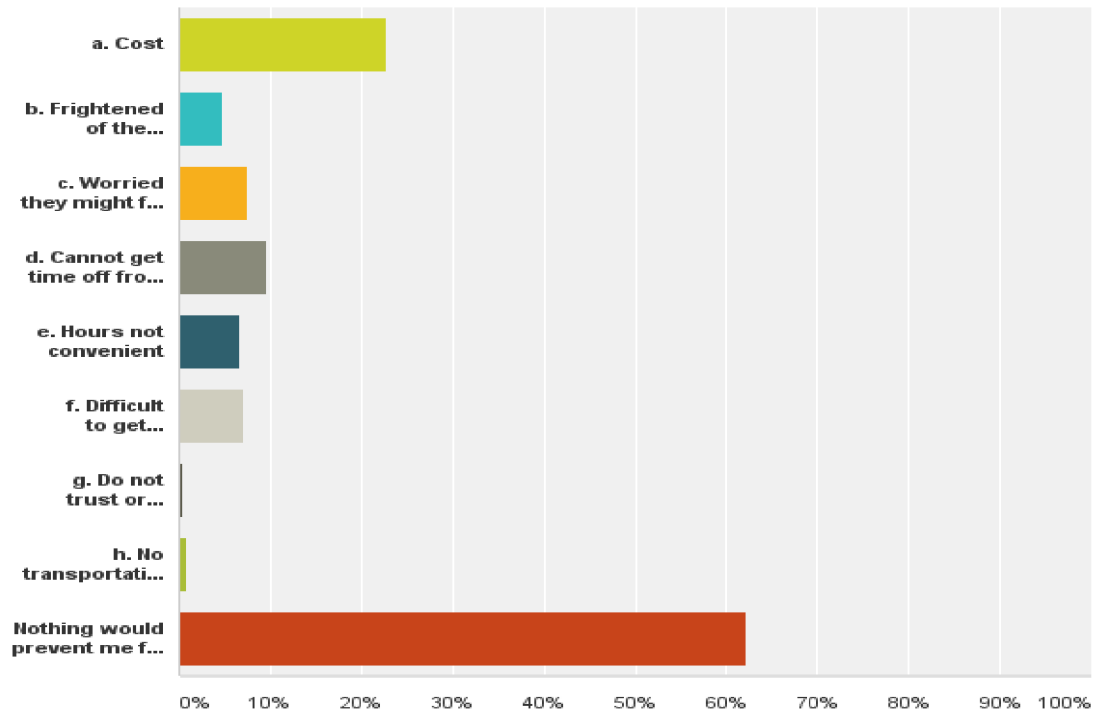
Q18: How many times have you visited the Emergency Department in the past year?

Answered: 251 Skipped: 0

Answer Choices	Responses
a. 0 times	70.92% 178
b. 1 – 2 times	25.10% 63
c. More than 2 times	2.39% 6
d. Don't know	1.59% 4
Total	251

Q19: What might prevent you from seeing a doctor if you were sick, injured, or needed some type of health care? Select all that apply.

Answered: 251 Skipped: 0



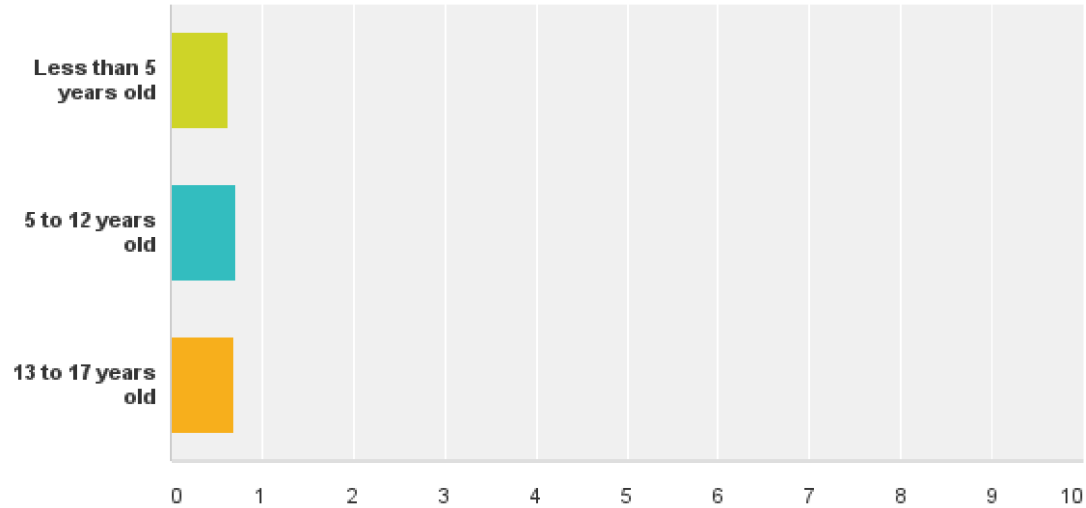
Q19: What might prevent you from seeing a doctor if you were sick, injured, or needed some type of health care? Select all that apply.

Answered: 251 Skipped: 0

Answer Choices	Responses	
a. Cost	22.71%	57
b. Frightened of the procedure	4.78%	12
c. Worried they might find something wrong	7.57%	19
d. Cannot get time off from work	9.56%	24
e. Hours not convenient	6.77%	17
f. Difficult to get appointment	7.17%	18
g. Do not trust or believe doctors	0.40%	1
h. No transportation or difficult to find transportation	0.80%	2
Nothing would prevent me from seeing a doctor at this time	62.15%	156
Total Respondents: 251		

Q20: How many children live in your household who are . . .

Answered: 163 Skipped: 88



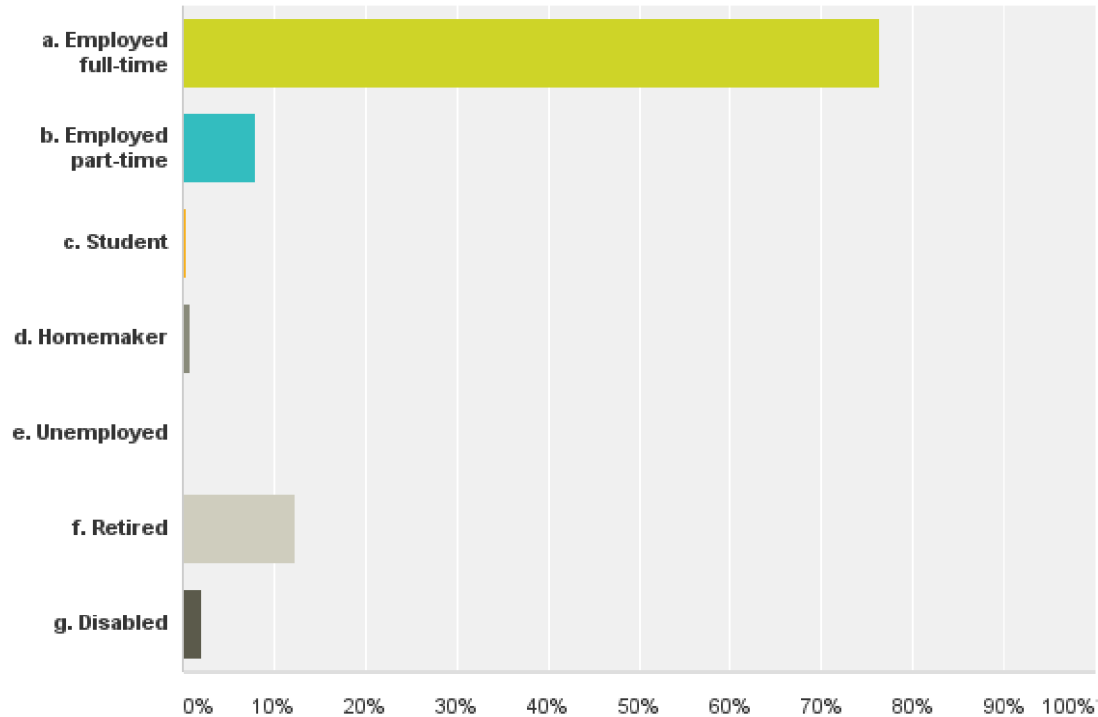
Q20: How many children live in your household who are . . .

Answered: 163 Skipped: 88

Answer Choices	Average Number	Total Number	Responses
Less than 5 years old	1	65	103
5 to 12 years old	1	85	119
13 to 17 years old	1	79	113
Total Respondents: 163			

Q21: What is your current employment status?

Answered: 251 Skipped: 0



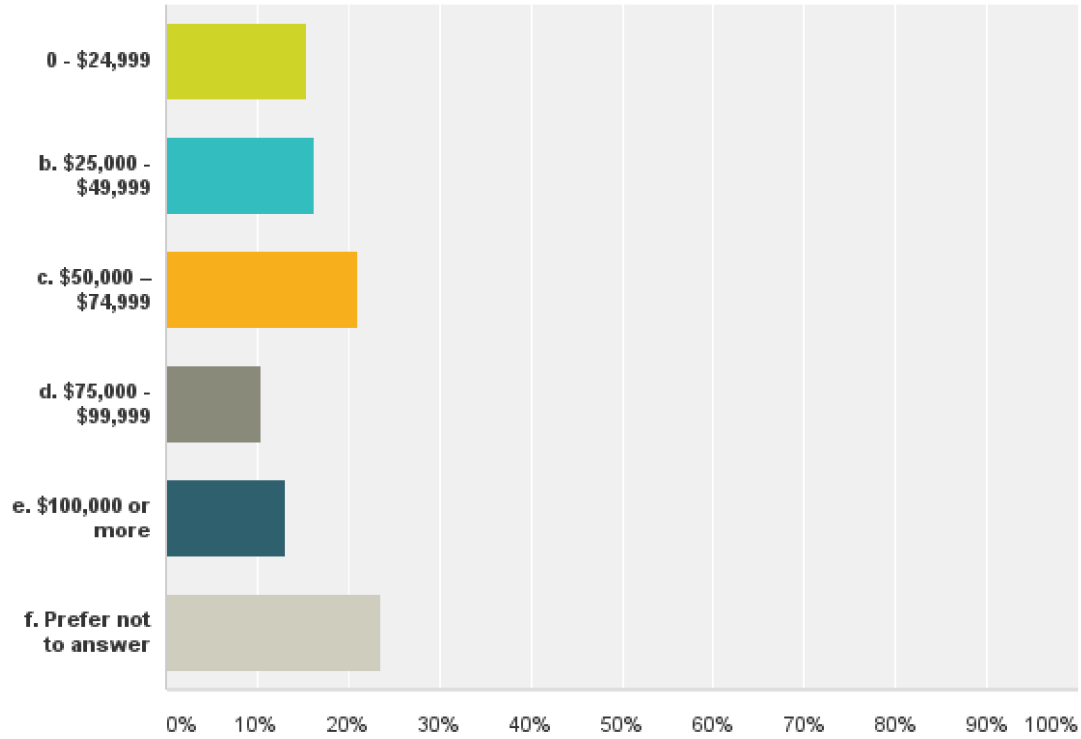
Q21: What is your current employment status?

Answered: 251 Skipped: 0

Answer Choices	Responses	
a. Employed full-time	76.49%	192
b. Employed part-time	7.97%	20
c. Student	0.40%	1
d. Homemaker	0.80%	2
e. Unemployed	0.00%	0
f. Retired	12.35%	31
g. Disabled	1.99%	5
Total		251

Q22: What is your household income range?

Answered: 251 Skipped: 0



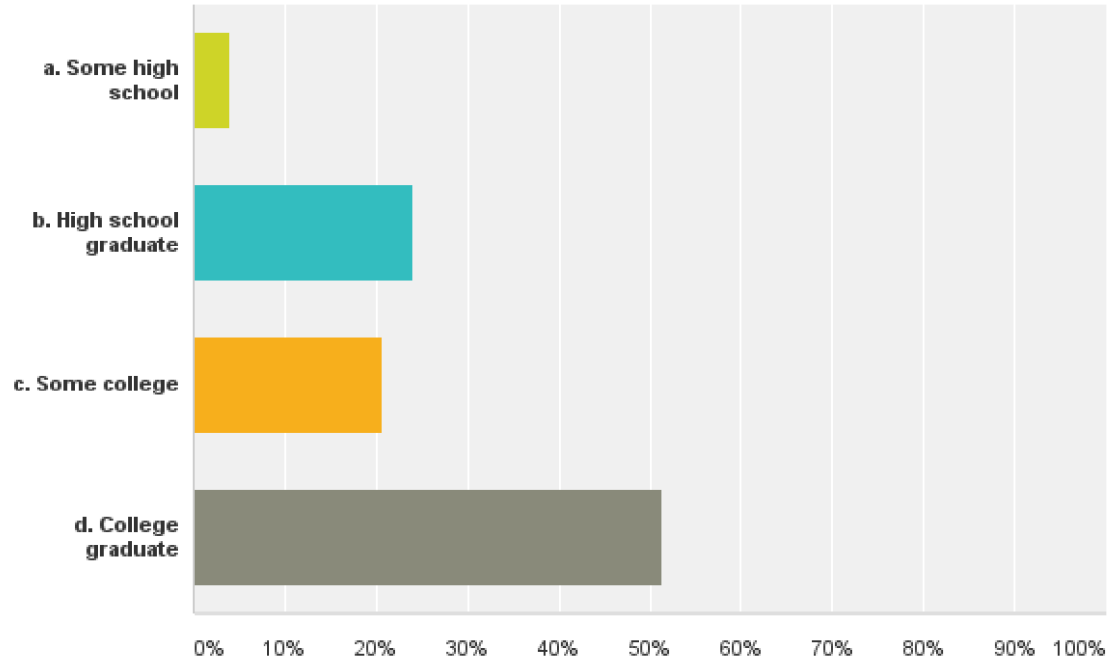
Q22: What is your household income range?

Answered: 251 Skipped: 0

Answer Choices	Responses
a. \$0 - \$24,999	15.54% 39
b. \$25,000 - \$49,999	16.33% 41
c. \$50,000 - \$74,999	21.12% 53
d. \$75,000 - \$99,999	10.36% 26
e. \$100,000 or more	13.15% 33
f. Prefer not to answer	23.51% 59
Total	251

Q23: What is the highest level of education you have completed?

Answered: 251 Skipped: 0



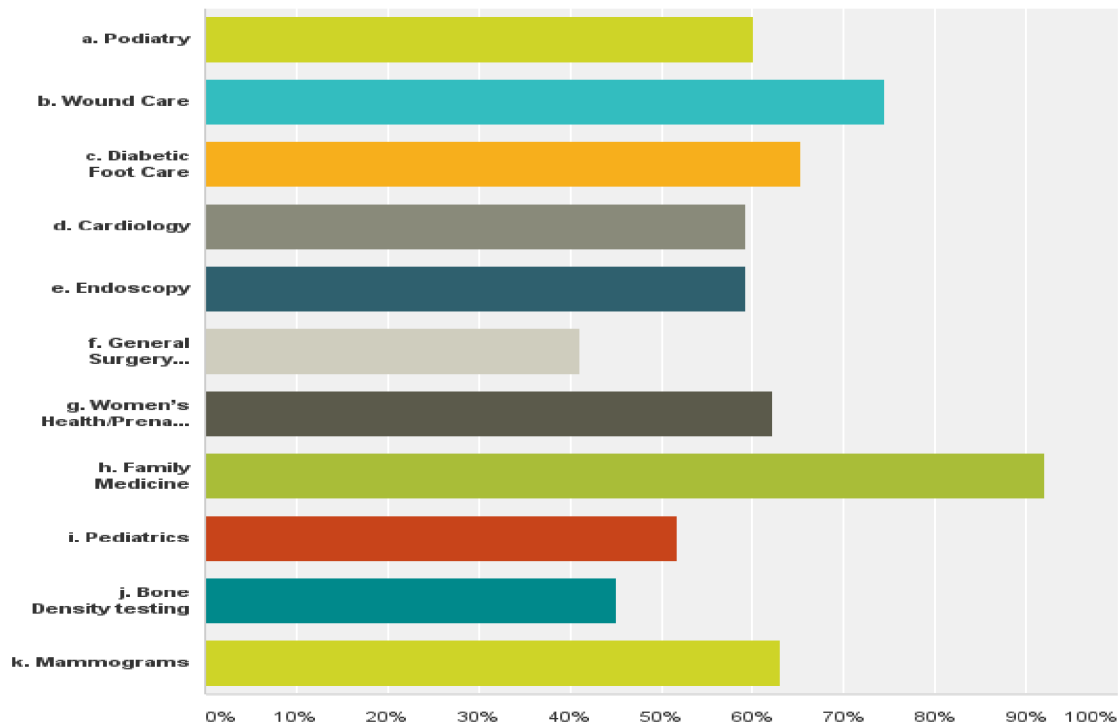
Q23: What is the highest level of education you have completed?

Answered: 251 Skipped: 0

Answer Choices	Responses
a. Some high school	3.98% 10
b. High school graduate	23.90% 60
c. Some college	20.72% 52
d. College graduate	51.39% 129
Total	251

Q24: What services are you aware are provided at BMC Leake? (select all that apply)

Answered: 251 Skipped: 0



Q24: What services are you aware are provided at BMC Leake? (select all that apply)

Answered: 251 Skipped: 0

Answer Choices	Responses	
a. Podiatry	60.16%	151
b. Wound Care	74.50%	187
c. Diabetic Foot Care	65.34%	164
d. Cardiology	59.36%	149
e. Endoscopy	59.36%	149
f. General Surgery Evaluation	41.04%	103
g. Women's Health/Prenatal Care	62.15%	156
h. Family Medicine	92.03%	231
i. Pediatrics	51.79%	130
j. Bone Density testing	45.02%	113
k. Mammograms	62.95%	158
Total Respondents: 251		

Community Health Survey/Leake

Q25 How can Baptist Medical Center Leake better meet the health needs of Leake County?

Answered: 116 Skipped: 135

#	Responses	Date
1	We have a wonderful facility, we need doctors that care and make sound judgment if there's something they can't handle send people where they can get help.	7/6/2016 9:57 AM
2	everything is good	7/6/2016 9:49 AM
3	Good doctors	7/6/2016 9:38 AM
4	better doctors	7/6/2016 9:36 AM
5	better doctors more specialists	7/6/2016 9:23 AM
6	Get more doctors	7/6/2016 9:16 AM
7	I believe it have	7/5/2016 8:58 AM
8	Clinic cost lessened for patients with no insurance. Many people will leave without being seen due to lack of money (\$50)	7/5/2016 8:55 AM
9	none excellent	7/5/2016 8:47 AM
10	You are doing it now.	7/5/2016 8:44 AM
11	Keep doing as doing and keep God First!	7/5/2016 8:40 AM
12	Baptist is Awesome!	7/5/2016 8:37 AM
13	They are doing great.	7/5/2016 8:33 AM
14	Get people that know what they are doing	7/5/2016 8:31 AM
15	I had a mammogram done there June 10th, 2016 and I have never been treated more professional and nice as I was at that time-Love Baptist-Leake -so proud of OUR new facility and plan to use it as often as I need it--	6/27/2016 11:06 PM
16	Nothing could be any better	6/27/2016 12:05 PM
17	I think you are doing a great job!	6/27/2016 10:09 AM
18	Clinic availability until 11pm at least-After hour clinic times later than 7 pm	6/26/2016 5:18 AM
19	Continue specialty services and add additional times when needed	6/26/2016 5:12 AM
20	Get better Health insurance	6/24/2016 10:55 PM
21	Hire in-house ED physicians instead of contract physicians, so the community will feel more comfortable coming to ED if needed. More advertisements of care that the hospital provides. To keep health care cost down admit patients with legit diagnoses.	6/24/2016 7:58 PM
22	more doctors	6/24/2016 9:07 AM
23	we need more doctors	6/24/2016 8:56 AM
24	get new doctors on staff	6/24/2016 7:19 AM
25	I think it is a wonderful facility	6/23/2016 6:47 PM
26	change the signs so people can better understand what doctor is where.	6/23/2016 4:13 PM
27	Keep doing as doing and keep God first!	6/23/2016 3:53 PM
28	Baptist is Awesome!	6/23/2016 3:51 PM
29	They are doing great!	6/23/2016 3:47 PM
30	n/a	6/23/2016 1:51 PM

Community Health Survey/Leake

31	N/A	6/23/2016 11:11 AM
32	Get more doctors	6/23/2016 10:45 AM
33	Bring in more doctors	6/23/2016 9:53 AM
34	better ER Staff	6/23/2016 9:46 AM
35	just do what they do only a little better because they already do a great job	6/23/2016 9:07 AM
36	more doctors	6/23/2016 8:58 AM
37	more doctors	6/23/2016 8:45 AM
38	more doctors	6/23/2016 8:38 AM
39	more doctors	6/23/2016 8:30 AM
40	bring in more doctors	6/23/2016 8:27 AM
41	more doctors	6/23/2016 8:16 AM
42	more doctor	6/23/2016 8:12 AM
43	Offer patient education on different disease processes free of charge to community.	6/23/2016 7:13 AM
44	na	6/23/2016 6:56 AM
45	Baptist Leake is doing an excellent job at providing quality medical care to the residents of this county. However, I think the community would benefit from Pediatric Services as well as a larger selection of Primary Care Physicians. I currently use a Primary for myself as well as a Pediatrician for my children outside of the Baptist Leake services due to this lack of selections.	6/23/2016 6:27 AM
46	Providing/Teaching the public routine healthcare such as treating fevers, when to seek medical attention, and layperson CPR.	6/23/2016 1:22 AM
47	Educate the public better about Emergency Medicine and set up a screening process in the ED so that the public stops abusing the systems and the hospital continues to thrive and doesn't go broke taking care of clinical issues in the emergency room.	6/23/2016 1:20 AM
48	BMCL should offer a 24/7 automated phone message system when the public/patients etc call the main phone number so that they can be directed to the appropriate unit.	6/22/2016 10:33 PM
49	free blood pressure, DM, cancer screenings at least once month	6/22/2016 10:15 PM
50	Improve wait times at the clinic; some walk-ins are turned away even on days that are specified as walk in. Call backs to patients need to be improved as well. I don't work at the clinic but I have had people complain to me that they were told they will be called back about labs or prescriptions but do not get a call. Maybe a phone nurse to do this? This nurse could take calls and speak with the NP/Physician and call pt's back. This has worked well in larger clinics.	6/22/2016 8:56 PM
51	I think they are doing a fine job.	6/22/2016 7:35 PM
52	nothing doing fine	6/22/2016 4:14 PM
53	offer more outpatient services	6/22/2016 4:09 PM
54	education in proper test ordering	6/22/2016 3:21 PM
55	The needs of mine and my family have been met with the healthcare of Baptist Medical Center Leake.	6/22/2016 3:08 PM
56	NA	6/22/2016 3:06 PM
57	Orthopedics may be a benefit due to the popularity of childrens sporting events.	6/22/2016 3:06 PM
58	faster service in the ER is a must and general specialty education to the public.	6/22/2016 3:00 PM
59	Get more Medical Doctors	6/22/2016 2:53 PM
60	Making sure that all people in Leake County are aware of the services,Working with the people individually with a cost effective plan to cover the services. Whether it be prepaid, or monthly payments, people need a way to get the proper medical care from the properly trained physicians.	6/22/2016 2:51 PM
61	I feel that BMC-L is doing a great job.	6/22/2016 2:51 PM
62	they meet the needs of Leake County	6/22/2016 2:50 PM
63	More primary care physicians	6/22/2016 2:45 PM

Community Health Survey/Leake

64	more thorough screening of ER MD's before hire.	6/22/2016 2:30 PM
65	education regarding early s/sx of strokes so that anticoagulants could be used	6/22/2016 2:26 PM
66	Provide chemo treatments for cancer patients	6/22/2016 2:18 PM
67	It would be nice to have an outpatient infusion center available.	6/22/2016 2:18 PM
68	More Doctors	6/22/2016 2:15 PM
69	It would be great to have an outpatient infusion center available.	6/22/2016 2:15 PM
70	Continue to treat others as you would want to be treated.	6/22/2016 2:12 PM
71	I think Baptist is doing a great job meeting the health needs of Leake County.	6/22/2016 1:50 PM
72	Baptist billing system is absolutely ridiculous....I got several different bills from different departments and when I tried to figure out what was what I was told I did not owe this clinic or the hospital any money but I owed someone in Jackson who I had never gone to (lab tests). You need one billing system that all BAPTIST affiliates can look at answer questions from and accept payments on. I equate this to going to a restaurant. Even though you placed your order with one waitress you must pay for each side separate, the drink separate and the entree separate. This is CRAZY!!!	6/22/2016 12:00 PM
73	Bring in more specialist to see people here in Leake county	6/22/2016 11:29 AM
74	I didn't have a good experience at BMC-Leake. I think that some of the staff doctors need to take more time with their patients and be more aware of their patients needs.	6/22/2016 11:26 AM
75	work with patients with low income	6/22/2016 11:21 AM
76	maybe offer free clinic	6/22/2016 10:21 AM
77	Not sure	6/22/2016 10:16 AM
78	I think BMC Leake is doing a wonderful job taking care of our needs.	6/22/2016 10:07 AM
79	The Baptist Medical Center is doing a good job!	6/22/2016 10:04 AM
80	more ancillary services	6/22/2016 9:59 AM
81	By providing more primary care.	6/22/2016 9:42 AM
82	After hours clinic until 9 pm Saturday and Sunday	6/22/2016 9:40 AM
83	They are doing a marvelous job as of now	6/21/2016 4:58 PM
84	Need more physicians	6/21/2016 4:14 PM
85	Doing an awesome job!!!!!!	6/21/2016 4:12 PM
86	Not aware of any	6/21/2016 4:09 PM
87	I think you are already doing a great job.	6/21/2016 4:02 PM
88	Get doctors to come here.	6/21/2016 3:58 PM
89	Install large ER sign at front entrance of hospital, I am a volunteer and have had several people come in desperate to get to the ER but thought front entrance was the proper choice.	6/21/2016 3:49 PM
90	Recruit more MD's	6/21/2016 3:15 PM
91	Need more doctors	6/21/2016 3:13 PM
92	Need more doctors	6/21/2016 3:10 PM
93	Nutrition/exercise program	6/21/2016 3:02 PM
94	They could hold heart health screenings at reduced prices on Saturdays. I think that Baptist in Jackson had that a while back, and St. Dominic offered this as well. It would be good if health insurance would cover that.	6/20/2016 7:47 PM
95	we need a dermatology	6/18/2016 10:43 PM
96	Add some knowledgeable Dr's.	6/18/2016 11:16 AM
97	Get some damn doctors. The doctor in leake county are a joke. And most of the nurse practitioners are a joke. I've seen them get drunk on the weekend then try to diagnosis a patient on Monday. The nurse practitioners are foolish. Dr. Perry is the only one who has any damn sense	6/17/2016 8:09 PM

Community Health Survey/Leake

98	Expand Clinic to other areas of Leake county	6/17/2016 1:10 PM
99	More clinics	6/17/2016 1:07 PM
100	Doing a great job! Continue to support community and add services.	6/17/2016 12:35 PM
101	Keep getting people in and out so they won't be there all day and night to see a doctor	6/17/2016 11:30 AM
102	The few times I have been to the hospital with family, I found nothing that needed to be changed. Excellent staff, very caring and knowledgeable.	6/15/2016 9:10 AM
103	More up to date providers and better quality of care. More skilled medical personnel	6/14/2016 10:55 PM
104	Better ER DOCTORS	6/14/2016 11:58 AM
105	Perhaps have some brown-bag lunch seminars on various health topics.	6/9/2016 10:11 PM
106	The "seamless transfers" to Baptist Jackson could be greatly improved. Upon my arrival I was treated as a "walk in" to Baptist Jackson Emergency Department. I waited 4 hours there before anyone would accept my transfer paperwork from Leake. I had already waited 8 hours at Leake for a simple CT. These transfer procedures & wait times need to be improved to better serve the county patients. We often choose Leake over Jackson for convinence. My suggestion is to have wait times monitored & Jackson triage should accept transfer papers instead of waiting for the doctor on duty to process it. There should not be additional paperwork & wait times for transfers. I also recommend providing free health fairs, services, smoking cessation, exercise & nutrition programs for the public. Sincerely, a BHA (Bachelor of Healthcare Administraion) degree holder & 25 year Leake county resident.	6/9/2016 2:49 PM
107	Get more doctors!	6/9/2016 1:02 PM
108	more late night clinic hours	6/9/2016 11:56 AM
109	It was advertised in the local that a patient could receive a mammogram for a certain amount. However, the patient was not told that there would be an additional charge for the reading of the mammogram, therefore they were charged an extra amount in addition to what was stated in the paper. This was very upsetting to the patient.	6/9/2016 11:30 AM
110	Continue to grow by adding services.	6/9/2016 10:50 AM
111	My mother was in swingbed at BMCL earlier this year and I can't speak highly enough of the care she received. Wonderful facility and we're fortunate to have you in Leake County. Thank you, thank you, thank you!	6/9/2016 10:29 AM
112	n/a	6/9/2016 10:08 AM
113	Nutrition or Weight Loss	6/8/2016 10:52 AM
114	I think they are doing a good job!	6/8/2016 8:38 AM
115	Continue to add services that aren't offered in this area so out of town visits will be less necessary	6/4/2016 7:38 AM
116	Psychiatrists that accept insurance	6/3/2016 4:05 PM

APPENDIX D
OPPORTUNITIES FOR IMPROVEMENT
AND IMPLEMENTATION STRATEGY

2016 Community Health Needs Assessment
Opportunities for Improvement and Action Plan



A. At-Risk Populations - Children / Pediatrics

Educate	Advocate	Collaborate	Participate
<p>Provide access to all Leake County K-6 Teachers with Access to GoNoodle education resources</p> <p>Provide instructors to area schools on health-related matters.</p>	<p>Promote Medicaid expansion alternatives to MS legislature.</p>	<p>Work with Leake County Board of Education to develop grade-specific health education goals and resources.</p> <p>Partner with school nurses to develop a strategic plan and/or provide materials related to age-specific health concerns.</p>	<p>Develop school-based clinics as child sites of our rural health clinics to provide, minimally, immunizations (2017) with the future goal of providing well-care and even sick care visits (2018).</p> <p>Promote the fact that BMCL has the only certified pediatric nurse practitioner in Leake County.</p>

B. At-Risk Populations - Men

Educate	Advocate	Collaborate	Participate
<p>Provide informational material on prostate screenings and testicular self-examination</p>		<p>Offer community free prostate screenings through local event.</p>	<p>Develop a urology clinic on campus</p>

C. At-Risk Populations – Senior Adults / Geriatric

Educate	Advocate	Collaborate	Participate
<p>Provide information on changes to Medicare coverage options including new and expanded programs on Medicare Advantage</p> <p>Host public educational meetings (at least semiannually) on health topics of interest to senior adults.</p>	<p>Support critical-access status for rural facilities as the primary means to the continuation of vital health services to rural communities.</p>	<p>Host and annual meeting with administrators for area homes for the aged (nursing homes and assisted living facilities) to identify key health service needs for their residents.</p>	<p>Expand and promote BMCL’s Hospital Auxiliary/Volunteer Program as a key point of contact with the senior-adult population.</p>

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D. At-Risk Populations - Women

Educate	Advocate	Collaborate	Participate
<p>Provide women’s health education seminars and materials for: examples - breast cancer, heart disease, osteoporosis</p>	<p>Advocate state elected officials for expansion of Medicaid</p>	<p>Partner with OB Hospitalist group to provide prenatal services in Leake County.</p>	<p>Provide women’s health clinic through our Rural Health Clinic structure</p> <p>Offer low cost mammograms and bone density screenings the month of October.</p> <p>Host educational community events on women’s health concerns.</p>

E. Disease/Condition-Specific – Accidental Injury / Trauma

Educate	Advocate	Collaborate	Participate
<p>Provide, at least annually, public information related to injury prevention and treatment.</p> <p>Provide quarterly education on seasons concerns related to accidents and trauma (e.g. heat-related disorders, sunscreen use, fire dangers, etc.)</p> <p>Provide safety/injury avoidance information to Neshoba County Fair</p> <p>Provide CPR Training and Certification to all area school coaching staff.</p>	<p>Support additional funding of the state-wide trauma system.</p> <p>Support additional/continued funding for the state’s burn center.</p> <p>Advocate for additional state resources for EMT education</p>	<p>Participate in the MS state-wide trauma system as a level and the Central Trauma Region as a means to continually improve trauma services to citizens of Leake County.</p> <p>Promote “Choose Baptist” as first choice for transfer of emergency patients as a means to enhance continuity of care.</p> <p>Invite local ambulance service to attend and participate in performance improvement projects and activities related to patient transfers.</p>	<p>Facilitate timely and appropriate transfer of Emergency patients area tertiary referral hospitals through review and analysis of performance metrics</p>

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F. Disease/Condition-Specific – Alzheimer’s/Memory Disorders

Educate	Advocate	Collaborate	Participate
Develop education material Provide educational resources and support programs for caregivers through state Alzheimer’s Organization.		Partner with area home health agencies to offer educational and support resources to patients’ families.	Host educational events on Alzheimer’s, serve as host for support group and serve as an advocate and volunteer at state and local events. Promote World Alzheimer’s day/Wear Purple. Create team for Alzheimer’s Walk.

G. Disease/Condition-Specific – Cancer

Educate	Advocate	Collaborate	Participate
Continue to sponsor annual “Pink Affair” or similar programs in Carthage as a means to raise awareness of breast cancer. Educational display for colorectal cancer in lobby in March. Promote lung cancer awareness month of November.		Participate / sponsor in MS Baptist Health Foundation’s Cycle for a Cure event annually.	Expand GI screenings for colorectal cancer.

H. Disease/Condition-Specific – COPD / Pulmonary

Educate	Advocate	Collaborate	Participate
Provide educational materials on COPD. Provide resources from MS Tobacco Coalition on lung awareness.		Provide flu shots free or at reduced cost for area employers. Provide flu shots free or at reduced cost for area schools. Partner with MS Tobacco Coalition local Rep at area events for distribution of educational materials.	<i>Promote flu vaccination in our all BMCL Rural Health Clinics.</i> <i>Continue requirement for all eligible employees to receive annual flu vaccination as a condition of employment.</i> <i>Consider development of an on-site sleep lab.</i>

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I. Disease/Condition-Specific – Diabetes

Educate	Advocate	Collaborate	Participate
Provide glucose screenings at area health fairs free of charge Provide education for better diabetic diet and care.		Work with area schools to provide information on nutrition, exercise and healthy lifestyles to students on a grade-appropriate basis	Provide access to an endocrine specialist at a weekly basis on the BMCL campus Offer Certified Diabetic Foot Care Specialist in BMC Leake clinics weekly. Offer Wound Care on BMCL campus weekly.

J. Disease/Condition-Specific – Stroke/CVA

Educate	Advocate	Collaborate	Participate
Provide public education, at least annually on stroke awareness, signs of stroke and early intervention “golden hour.”	Advocate for increased funding for the state-wide stroke network.	Participate in the state-wide stroke network as a primary stroke hospital. Host stroke education seminars for BMCL staff and local EMT staff.	Provide “golden hour” interventions on a 24-hour basis including CT with STAT interpretation and thrombolytic therapy available on-site

K. Disease/Condition-Specific – Heart Disease

Educate	Advocate	Collaborate	Participate
Provide basic CPR instruction at all area high school for juniors and seniors in collaboration with state-wide graduation requirements. Education resources offered and highlighted on heart disease the month of February.	Advocate state elected officials for ongoing support of the MS STEMI network.	Partner with Baptist Health Foundation and American Heart Association to underwrite/provide CPR training materials including demonstration dummies for area high schools. Highlight local area residents who have fought the battle of heart disease in Heart Disease month of February.	Expand services to provide access to a board-certified cardiologist at an on-site clinic at BMCL campus of a weekly basis (currently twice a month) All employees to receive on-site CPR certification. Provide ACLS certification for nursing staff Host National Go Red Day in February.

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L. Disease/Condition-Specific - Hypertension / Blood Pressure

Educate	Advocate	Collaborate	Participate
		Provide free blood pressure checks at area health fairs throughout the year.	Provide free blood pressure checks via hospital ED, rural health clinics as well as areas health fairs.

M. Disease/Condition-Specific – Kidney/Urinary Disease

Educate	Advocate	Collaborate	Participate
Provide information of proper collection of urine specimens for patients and staff as well as area collection sites such as nursing home.		Support efforts by MORA on organ donation Participate in national catheter-associated urinary tract infection (CAUTI) reduction study and programs	Provide a urology clinic on campus.

N. Disease/Condition-Specific – Mental Health

Educate	Advocate	Collaborate	Participate
	Actively advocate state elected officials for expanded funding for mental health services.	Work with Weems Community Mental Health Center to Partner with area school special needs departments offering life skills through assembly of our admission packets.	Provide outpatient geripsych services to Leake County

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O. Disease/Condition-Specific – Pneumonia and Influenza

Educate	Advocate	Collaborate	Participate
Provide annual community-wide education at the beginning of Flu season on signs, symptoms and early treatment options		Provide low-cost flu shots either on-site for through health fairs	Provide flu and/pneumococcal vaccines through our network of clinics Require all employees to receive annual flu vaccination as a condition of employment

P. Social Challenges Affecting Health - Access to Care

Educate	Advocate	Collaborate	Participate
Educate the community on low-cost options for primary care needs including our clinics and charity care programs	Advocate state legislators for continuation and expansion of the MS Physician and Dental Rural Scholarship programs	Work with area nursing and allied health professions schools to serve as clinical sites for students.	Provide in-kind support (e.g. office space and supplies for the monthly community free-clinic.

Q. Social Challenges Affecting Health - Employment

Educate	Advocate	Collaborate	Participate
Provide information to local high school students about health-related careers and professions.	Encourage state legislators to support rural scholarship programs for health-related professions	Serve as a clinical training site for nursing and allied health professions students. Host Career For a Day students interested in the health care field through our local Main Street Chamber Association.	Develop a scholarship program for areas students pursuing degrees in nursing and/or allied health professions Offer a summer nursing externship to local nursing students from local nursing schools.

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R. Social Challenges Affecting Health - Nutrition

Educate	Advocate	Collaborate	Participate
Pediatric Nurse Practitioner distributes healthy eating information to clinic patients. Provide Healthy Eating Choices information to local schools.		Work with Valley Services to provide health cooking classes	Visit local schools and provide healthy eating program to students.

S. Social Challenges Affecting Health – Poverty

Educate	Advocate	Collaborate	Participate
Educate the public regarding BMCL’s charity care program	Advocate for some form of expansion of Medicaid or other expanded coverage for the poor.	Support the monthly community free clinic currently provided by Dr. Perry with in-kind donations of material and support and encourage volunteer participation by BMCL staff	Provide alternative primary care options via rural health clinics for patients who currently attempt to access primary care through the ED.

APPENDIX E
SUPPLEMENTAL INFORMATION

LETTER FROM MISSISSIPPI

Mississippi, Burned

How the poorest, sickest state got left behind by Obamacare.

By SARAH VARNEY |



Jon Lowenstein/NOOR

THE LUNCH RUSH AT TOM'S ON MAIN IN YAZOO CITY HAD COME TO A close, and the waitresses, after clearing away plates of shrimp and cheese grits, seasoned turnip greens and pitchers of sweet tea, were retreating to the counter to cash out and count their tips. Wylene Gary was at the register ringing up the last of the \$6.95 lunchtime specials as we chatted about her job, a modest low-paying one of the sort all too common in Mississippi, America's most down-and-out state, where a full 20 percent of the population doesn't graduate from high school, 22 percent lives in poverty—and even more than that, a quarter of the state, goes without health care coverage.

Gary didn't have health insurance either, not that she hadn't tried. When the Affordable Care Act mandated that Americans buy coverage, she didn't want to be a lawbreaker: She had gone online to the federal government's new website, signed up and paid her first monthly premium of \$129. But when her new insurance card arrived in the mail, she was flabbergasted.

"It said \$6,000 deductible and 40 percent co-pay," Gary told me, her timid drawl giving way to strident dismay. Confused, she called to speak to a representative for the insurer Magnolia Health. "You tellin' me if I get a hospital bill for \$100,000, I gotta pay \$40,000?" Gary recounted. "And she said, 'Yes, ma'am.'"

Never mind that the Magnolia worker was wrong—Gary's out-of-pocket costs were legally capped at \$6,300. She figured that with a hospital bill that high, she would have to file bankruptcy anyway. So really, she thought, what was the point?

"This ain't worth a tooth," she said.

She canceled her coverage .

ADVERTISING

Replay

The first year of the Affordable Care Act was, by almost every measure, an unmitigated disaster in Mississippi. In a state stricken by diabetes, heart disease, obesity and the highest mortality rate in the nation, President Barack Obama's landmark health care law has barely registered, leaving the country's poorest and most segregated state trapped in a severe and intractable health care crisis.

"There are wide swaths of Mississippi where the Affordable Care Act is not a reality," Conner Reeves, who led Obamacare enrollment at the University of Mississippi Medical Center, told me when we met in the state capital of Jackson. Of the nearly 300,000 people who could have gained coverage in Mississippi in the first year of enrollment, just 61,494—some 20 percent—did so. When all was said and done, Mississippi would be the only state in the union where the percentage of uninsured residents has gone up, not down.

Why has the law been such a flop in a state that had so much to gain from it? When I traveled across Mississippi this summer, from Delta towns to the Tennessee border to the Piney Woods to the Gulf Coast, what I found was a series of cascading problems: bumbling errors and misinformation; ignorance and disorganization; a haunting racial divide; and, above all, the unyielding ideological imperative of conservative politics. This, I found, was a story about the Tea Party and its influence over a state Republican Party in transition, where a public feud between Governor Phil Bryant and the elected insurance commissioner forced the state to shut down its own insurance marketplace, even as the Obama administration in Washington refused to step into the fray. By the time the federal government offered the required coverage on its balky HealthCare.gov website, 70 percent of Mississippians confessed they knew almost nothing about it. "We would talk to people

who say, ‘I don’t want anything about Obamacare. I want the Affordable Care Act,’” remembered Tineciaa Harris, one of the so-called navigators trained to help Mississippians sign up for health care. “And we’d have to explain to them that it’s the same thing.”

Even the law’s vaunted Medicaid expansion, meant to assist those too poor to qualify for subsidized private insurance, was no help after the U.S. Supreme Court ruled that states could opt out. Bryant made it clear Mississippi would not participate, leaving 138,000 low-income residents, the majority of whom are black, with no insurance options at all. And while the politics of Obamacare became increasingly toxic, the state’s already financially strapped rural hospitals faced a new crisis from the law’s failure to take hold: They had been banking on newly insured patients to replace the federal support for hospitals serving the uninsured, which was set to taper off as people gained coverage. Now, instead of more people getting more care in Mississippi, in many cases, they would get less.

“We work hard at being last,” said Roy Mitchell, the beleaguered executive director of the Mississippi Health Advocacy Program, when we met in Jackson. “Even a dog knows the difference between being tripped over and being kicked.”

In fact, it’s hard to find a list where Mississippi doesn’t rank last: **Life expectancy. Per capita income. Children’s literacy.** “Mississippi’s people do not fare well,” wrote Willie Morris, a seventh-generation native son who grew up in Yazoo City, once a bustling trading center perched on the southern edge of the cotton-rich Delta. Today, nearly half of Yazoo City’s residents live in poverty; its people, like the Delta’s vast swamps, have largely been drained away, along with the farming and factory jobs that used to support them. In a state with a population that is still half rural, signs of impoverishment are everywhere: irrepressible kudzu vines pressing into the glass door of an abandoned building; tipsy wooden shacks that look neglected and forlorn are instead occupied with life. “The Depression, in fact, was not a noticeable phenomenon in the poorest state in the Union,” Eudora Welty wrote of Mississippi in the 1930s. It remains the poorest state today.

None of which bodes well for health coverage in Mississippi. Small businesses that dominate the economy typically don’t offer health insurance, and Mississippi’s public health program for the poor is one of the most restrictive in the nation. Able-bodied adults without dependent children can’t sign up for Medicaid in Mississippi, no matter how little they earn, and only parents who earn less than 23 percent of the federal poverty level—some \$384 a month for a family of three—can enroll. As a result, one in four adult Mississippians goes without health coverage. For African-Americans, the numbers are even

worse: **One in three** adults is uninsured.

It is difficult to untangle the state's dismal health from its past. For African-Americans, even going to a doctor can be a fraught historical act in Mississippi. There are the practical reasons that come from being poor and uninsured, but there is also a toxic legacy: the Jim Crow laws of living memory that barred blacks from most doctors' offices, the widespread practice of sterilizing black women as a form of birth control, a practice so common it became known as "Mississippi appendectomies." Perhaps it's no surprise then that Mississippians today are **less likely** than the rest of the country to seek primary care for chronic conditions and more likely to turn to hospitals when those ailments become more serious and expensive.

Gruesome ends await.

Mississippi has the highest rate of **leg amputations** in America and one of the lowest rates of **hemoglobin H1c testing**, used to monitor and prevent diabetes complications. Amputations on **African-Americans** are even more startling: 4.41 per 1,000 Medicare enrollees versus 0.92 for non-blacks. The state also has high **breast cancer** death rates, even though it has low breast cancer incidence rates. The cancer often isn't detected until it's too late.

•

Mississippians are all too familiar with the dirge of bleak statistics. During my travels, I often heard, "*We know what the rest of the country thinks of us.*" It would become a point of pride, then, that in 2007, Mississippi actually appeared to be leading a health race it wanted to win. That fall, a full year before Obama's election to the White House put national health care reform on the agenda, the governor, Haley Barbour, called up the newly elected state insurance commissioner, Mike Chaney, a Vietnam vet from Vicksburg. The two Republicans had been friends since college; Chaney had been the rush chairman for Sigma Alpha Epsilon at Mississippi State University when Barbour pledged the fraternity. Now, the governor had an assignment for his old friend.

"He said, 'Chaney, I want you to get involved in something that the Heritage Foundation had talked about,'" Chaney, 70, recalled when I spoke to him at his Jackson office in June. Barbour, a folksy titan who had returned to rule over Mississippi politics after a successful

career as a Washington superlobbyist and national Republican Party chairman, had enraged advocates for the poor with a series of stringent new restrictions on Medicaid.

Bottom Line: In the United States, discussion about how to improve health often turns to either access to care or health behaviors like smoking or diet. These things matter, but there are also many social and economic factors that compromise health and impair the ability to make healthful choices in the first place that should be considered.

Poverty and Poor Health

Research has shown a link between poverty and poor health. People with more income tend to be healthier and live longer. What explains the connection? Many factors.

For one, lack of care. We know that 18.5% of the U.S. non-elderly population does not have health insurance, with low-income families especially vulnerable to being uninsured.

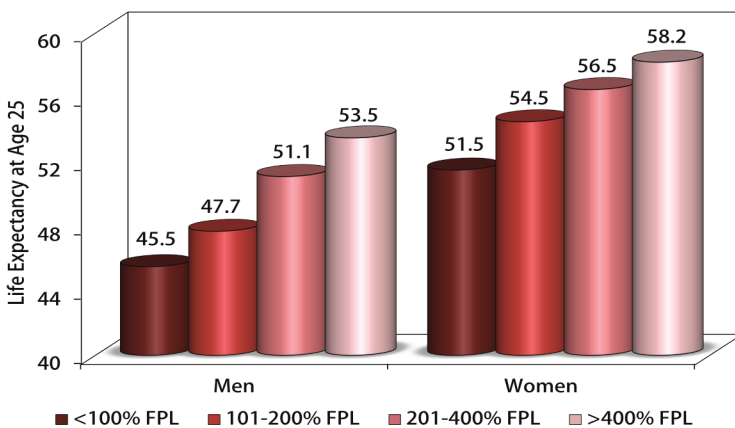
Nearly 70% of the uninsured population is poor or near-poor. The uninsured tend to forego preventative care and to wait until an illness is severe before seeking medical care.

The proportion of poor children not receiving any health care in a given year is twice that of higher-income children.

Another reason poverty affects health is that it often exposes people to unfavorable living and workplace conditions, stress, and pollution that affect health across the life course, starting in utero.

Brain science and developmental psychology studies suggest that the negative effects of early childhood poverty, from prenatal to age 5, might be especially harmful and long lasting. This is likely because the brain grows and changes rapidly during the first few years of life.

Projected Life Expectancy at Age 25 by Income



Notes: This chart indicates the number of years beyond age 25 that adults in different income groups can expect to live by their family income (% of federal poverty level or FPL). FPL is the income threshold at which an individual or family is considered poor. In 2012, it was \$23,492 for a family of four.

Source: National Longitudinal Mortality Study, 1988–1998.

Key Points

- Education, occupation, income, and assets—socioeconomic status or SES—are major determinants of health.
- Children are especially vulnerable to the negative health effects of poverty.
- Birth to age 5 is critical for development; just a few years of poverty may negatively affect a child’s life course.
- The U.S. has higher rates of child poverty than many other countries. In 2012, 22% of children in the U.S. were poor.
- As family income increases, the number of families reporting poor health decreases.
- Many health insurance consumers face limited options, high costs, and incomplete coverage.
- Some 32 million Americans will receive health insurance coverage if the Affordable Care Act is fully implemented as originally designed.

U.S. Health Care

The U.S. health care system includes private, employer-based coverage, and public coverage. In 2011, more than a hundred million low-income, disabled, and elderly beneficiaries were served by Medicaid and/or Medicare.

In addition, another 23 million people were covered by the Veterans Administration, Indian Health Service, and state and local subsidies for hospitals and community health centers.

In the U.S., we spend more money per capita on health care than similar nations, health insurance costs more, and many people are uninsured or underinsured.

The majority of countries that have much smaller uninsured populations have some sort of nationalized health insurance.

However, the United States is unique in that most insured people have private insurance. About three-quarters of those insured have private plans, and two-thirds of them receive insurance from their employers.

Since 2000 there has been a steady decrease in employer-based health insurance coverage.

Declining insurance coverage, rising costs, and health expenditures—which account for 16% of GDP—helped set the stage for health reform.

The Affordable Care Act (ACA) seeks to decrease the number of uninsured citizens and legal immigrants, while reducing costs for those insured and reforming private health insurance market regulations.

The ACA is a federal law that is expected to transform public and private health insurance coverage, operation of health care markets, affordability and accessibility of insurance, and financing of medical care.

“The most promising aspect of the Affordable Care Act is its potential to reduce disparities in health, and in the long run to reduce disparities in health and earnings potential.”

—Barbara Wolfe

Access to Care Isn't the Only Answer

Many times discussions about the health of a nation begin with how to improve health behaviors (reducing smoking, healthful eating, exercise) or how to increase access to health care in order to reduce the percentage of uninsured citizens. However, many other factors contribute significantly to health and they are important to note.

Material factors like unhealthy housing, unemployment, and food insecurity all affect one's health.

The amount of exposure one has to pollution and other biohazards can also lead to poor health.

Increased stress and social isolation can lead to conditions like heart disease and asthma.

People that are poor or near poor are usually most susceptible to the material factors and psychosocial conditions that lead to poor health.

"While access to medical care is important to health, there are many social factors that produce poor health in the first place."
—Stephanie Robert

SES and Health

Multiple measures of socioeconomic status (SES) are independently associated with health:

- Education, income, assets, and occupation have independent and compounding effects over the life course; and
- Race and SES affect health in overlapping *and* independent effects.

SES differences in health exist for almost all health measures.

SES differences in health exist across all nations and across time.

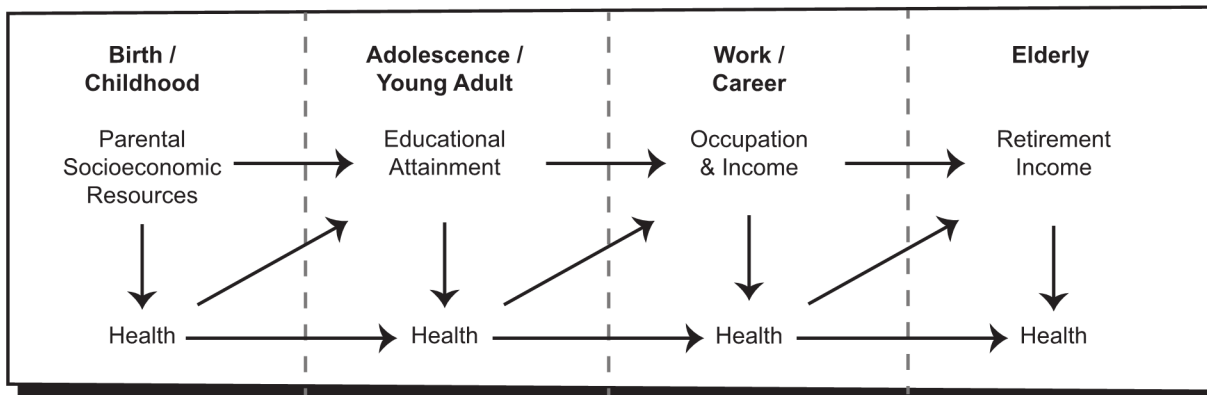
People with higher incomes have health problems too, of course; however, those at the bottom suffer disproportionately poor health.

SES in childhood affects adult health, regardless of adult SES.

Socioeconomic status exposes one to psychosocial and material conditions that affect the life course, making SES an important determinant of health.

Although the connection between SES and health is well established, how SES affects health remains largely undiscovered.

How SES and Health Affect Each Other over Time



Source: Stephanie Robert, 2012, "Social Policy Is Health Policy."

Social Policy as Health Policy

There are many social policies that researchers suggest may help reduce health disparities, such as:

- Raising the economic status of the poor through increasing the minimum wage and extending the Earned Income Tax Credit, which supports work by providing refundable tax credits to low-wage workers;
- Strengthening individuals through nutritional interventions, supports to manage stress, and programs to reduce smoking;
- Providing access to safe, high-quality child care to enable parents to work;
- Increasing the availability of training and employment programs for adults;
- Reinforcing the social safety net by providing more aid to jobless workers and more benefits to the poor; and
- Improving access to essential facilities and services to ensure adequate and secure housing, improve infrastructure, and reduce pollution.

This fact sheet was prepared by Dan Simon.

For a list of the sources used for this brief and further reading, visit www.irp.wisc.edu/publications/factsheets.htm.

To get involved (if you're not already), see <http://www.morgridge.wisc.edu>.

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National Rural Health Association

What's Different about Rural Health Care?

The obstacles faced by health care providers and patients in rural areas are vastly different than those in urban areas. Rural Americans face a unique combination of factors that create disparities in health care not found in urban areas. Economic factors, cultural and social differences, educational shortcomings, lack of recognition by legislators and the sheer isolation of living in remote rural areas all conspire to impede rural Americans in their struggle to lead a normal, healthy life. Some of these factors, and their effects, are listed below.

- **Only about ten percent of physicians practice in rural America despite the fact that nearly one-fourth of the population lives in these areas.** **
- Rural residents are less likely to have employer-provided health care coverage or prescription drug coverage, and the rural poor are less likely to be covered by Medicaid benefits than their urban counterparts.
- **Although only one-third of all motor vehicle accidents occur in rural areas, two-thirds of the deaths attributed to these accidents occur on rural roads.****
- Rural residents are nearly twice as likely to die from unintentional injuries other than motor vehical accidents than are urban residents. Rural residents are also at a significantly higher risk of death by gunshot than urban residents.
- **Rural residents tend to be poorer.** On the average, per capita income is \$7,417 lower than in urban areas, and rural Americans are more likely to live below the poverty level. The disparity in incomes is even greater for minorities living in rural areas. Nearly 24% of rural children live in poverty.
- **People who live in rural America rely more heavily on the federal Food Stamp Program,** according to The Carsey Institute at the University of New Hampshire. The Institute's analysis found that while 22 percent of Americans lived in rural areas in 2001, a full 31 percent of the nation's food stamp beneficiaries lived there. In all, 4.6 million rural residents received food stamp benefits in 2001, the analysis found.
- There are 2,157 Health Professional Shortage Areas (HPSA's) in rural and frontier areas of all states and US territories compared to 910 in urban areas.**
- **Abuse of alcohol and use of smokeless tobacco is a significant problem among rural youth.** The rate of DUI arrests is significantly greater in non-urban counties. Forty percent of rural 12th graders reported using alcohol while driving compared to 25% of their urban counterparts. Rural eighth graders are twice as likely to smoke cigarettes (26.1% versus 12.7% in large metro areas.) **
- Anywhere from 57 to 90 percent of first responders in rural areas are volunteers. **
- **There are 60 dentists per 100,000 population in urban areas versus 40 per 100,000 in rural areas****
- Cerebrovascular disease was reportedly 1.45 higher in non-Metropolitan Statistical Areas (MSAs) than in MSAs.**
- **Hypertension was also higher in rural than urban areas (101.3 per 1,000 individuals in MSAs and 128.8 per 1,000 individuals in non-MSAs.)****

- Twenty percent of nonmetropolitan counties lack mental health services versus five percent of metropolitan counties. In 1999, 87 percent of the 1,669 Mental Health Professional Shortage Areas in the United States were in non-metropolitan counties and home to over 30 million people **
- **The suicide rate among rural men is significantly higher than in urban areas, particularly among adult men and children.** The suicide rate among rural women is escalating rapidly and is approaching that of men. **
- Medicare payments to rural hospitals and physicians are dramatically less than those to their urban counterparts for equivalent services. This correlates closely with the fact that more than 470 rural hospitals have closed in the past 25 years.
- **Medicare patients with acute myocardial infarction (AMI) who were treated in rural hospitals were less likely than those treated in urban hospitals to receive recommended treatments** and had significantly higher adjusted 30-day post AMI death rates from all causes than those in urban hospitals. ***
- Rural residents have greater transportation difficulties reaching health care providers, often travelling great distances to reach a doctor or hospital.
- **Death and serious injury accidents account for 60 percent of total rural accidents versus only 48 percent of urban.** One reason for this increased rate of morbidity and mortality is that in rural areas, prolonged delays can occur between a crash, the call for EMS, and the arrival of an EMS provider. Many of these delays are related to increased travel distances in rural areas and personnel distribution across the response area. National average response times from motor vehicle accident to EMS arrival in rural areas was 18 minutes, or eight minutes greater than in urban areas. **

A National Rural Health Snapshot	Rural	Urban
Percentage of USA Population**	nearly 25%	75% +
Percentage of USA Physicians**	10%	90%
Num. of Specialists per 100,000 population**	40.1	134.1
Population aged 65 and older	18%	15%
Population below the poverty level	14%	11%
Average per capita income	\$19K	\$26K
Population who are non-Hispanic Whites	83%	69%
Adults who describe health status as fair/poor	28%	21%
Adolescents (Aged 12-17) who smoke	19%	11%
Male death rate per 100,000 (Ages 1-24)	80	60
Female death rate per 100,000 (Ages 1-24)	40	30

Population covered by private insurance	64%	69%
Population who are Medicare beneficiaries	23%	20%
Medicare beneficiaries without drug coverage	45%	31%
Medicare spends per capita compared to USA average	85%	106%
Medicare hospital payment-to-cost ratio	90%	100%
Percentage of poor covered by Medicaid	45%	49%
<p>Statistics used with permission from "Eye on Health" by the Rural Wisconsin Health Cooperative, from an article entitled "Rural Health Can Lead the Way," by former NRHA President, Tim Size; Executive Director of the Rural Wisconsin Health Cooperative</p>		

The National Rural Health Association strongly recommends that definitions of rural be specific to the purposes of the programs in which they are used and that these are referred to as programmatic designations and not as definitions. Programs targeting rural communities, rural providers, and rural residents do so for particular reasons, and those reasons should be the guidance for selecting the criteria for a programmatic designation (from among various criteria and existing definitions, each with its own statistical validity). This will ensure that a designation is appropriate for a specific program while limiting the possibilities that other unrelated programs adopt a definition, which is not created to fit that program.

Sources:

**Rural Healthy People 2010—"Healthy People 2010: A Companion Document for Rural Areas," is a project funded with grant support from the federal Office of Rural Health Policy. The full document is available for download at the following site:

<http://srph.tamhsc.edu/centers/rhp2010/Volume1.pdf>

***WWAMI Rural Health Research Center study, funded by the Federal Office of Rural Health Policy, described in:

Baldwin L-M, MacLehouse RF, Hart LG, Beaver SK, Every N, Chan L: Quality of care for acute myocardial infarction in rural and urban U.S. hospitals. Journal of Rural Health 2004;20(2):99-108.

For more information on WWAMI projects and publications, visit

<http://depts.washington.edu/uwrhrc/index.php>

Rural Health in the United States - 1999

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The Atlantic

Why Are There So Few Doctors in Rural America?

The rugged lifestyle has its appeal, just not for physicians.



The Adult Education Center building in Bethel, Alaska, in 1987. The town has modernized considerably since then. Rob Stapleton/AP

The airport in Bethel, Alaska, population 6,080, consists of one room with a concrete floor and a single baggage carousel. Rather than suitcases and duffles, though, it spins forth cardboard boxes scribbled with names and large plastic containers held together with duct-tape. I watched as one sturdy woman wrestled a Rubbermaid bin filled with tampons onto her luggage cart.

Alaska may have an overabundance of wildlife, natural beauty, and stick-to-itiveness, but it sorely lacks basic infrastructure. In small towns like Bethel, gasoline costs \$6 to \$8 a gallon, and there are few roads available to get consumer goods out of urban centers and into the shops that dot the grassy steppe. At the Swanson's grocery store in town, a can of Folger's coffee runs \$18.55, a gallon of apple cider goes for over \$20, and a box of Bisquick for \$12. Locals have few options other than to make the occasional journey to Anchorage, where they grab up basics and check their stockpiles as luggage.

Plenty of people from the "lower 48" have moved to Bethel for its rugged charm and unparalleled salmon fishing. But many others, the hyper-educated in particular, find the quirks of remote Alaskan life too daunting. Much of rural Alaska, like much of the rest of the rural U.S., faces a severe shortage of doctors and dentists.

"The situation in Alaska is unique because the population is so sparse, but it's not that much different than the rest of frontier America," said Jay Butler, director of community health services for the Alaska Native Tribal Health Consortium in Anchorage. "I grew up in North Carolina, and I see [that] the small towns that used to have hospitals; many of those towns don't have hospitals anymore."

There are about 6,000 federally designated areas with a shortage of primary care doctors in the U.S., and 4,000 with a shortage of dentists. Rural areas have about 68 primary care doctors per 100,000 people, compared with 84 in urban centers. Put another way, about a fifth of Americans live in rural areas, but barely a tenth of physicians practice there.

A few stopgap measures have aimed to fix the problem, at least temporarily. The National Health Service Corps offers scholarships to students who train as primary care doctors, as long as they agree to serve for a year in a designated shortage area. The Affordable Care Act also created new grants for programs that train doctors who will work in rural locations. Kansas, which has five counties with no doctors at all, recently opened a medical school geared entirely toward rural medicine.

Still, it will take thousands more dentists and doctors to alleviate the current shortfalls. Alaska alone needs to add 60 new physicians each year.

The day I left Bethel, a suicidal man ran at two police officers with a baseball bat, hoping the officers would shoot him dead. One officer fired at the man's chest, puncturing a lung. He had to be airlifted to a medical center in Anchorage, an hour's flight away.

When it comes to getting newly minted doctors into far-flung communities, the economics of healthcare work less like the free market and more like a complicated medieval bazaar.

The breakdown starts with medical education: There are too few applicants from rural areas applying to medical school, as Howard Rabinowitz, professor of family medicine at Thomas Jefferson University's Medical College, told CNN. And about half of the ones who do come from the countryside don't wish to return there after they graduate.

Medical students with country roots are more likely to return to the farm to open up their practices, but some studies suggest rural students are less likely to go to college in the first place. Residents practice near where they train, but many of the nation's most prestigious medical schools are in big cities—and they are less likely to enroll rural students.

After eight grueling years of school and with hundreds of thousands in student loan debt, many doctors are reluctant to give up a city's creature comforts for a more hardscrabble existence.

"Providers may graduate from a big school, and they realize they like the ballet."

A recent poll by Sermo, a social network for doctors, found that a lack of cultural opportunities topped the list of reasons it was hard to recruit rural physicians.

"[Providers] may graduate from a big school, and they realize they like the ballet," said Lyle McClellan, a dentist in Hillsboro, Oregon. "They don't necessarily want to go out on the tundra."

Bethel seems like Brooklyn compared with some of Alaska's smaller villages, where the traditional ways might take an outsider some getting used to. Three-quarters of the villages in the region are not connected by roads to a city with a hospital. One woman who lives in Unalakleet, a town of 650 just below the Arctic Circle, told me that popular pastimes include riding snow machines and hunting walruses. The 1,000-person community of Hooper Bay, on Alaska's west coast, is fiercely beautiful, but about a third of residents lack jobs and most rely on subsistence hunting and gathering. The local diversions include a video rental place, a youth rec center, and the gathering of "mousefood"—a delicacy that consists of root particles that villagers dig up from underground vole burrows.

Christian Rubio, Sermo's community director, says "it's not just the highbrow ballet stuff" that contributes to physicians' reluctance to move out to the bush.

"It might be the lack of diversity of food options," he said. "One rural doctor said he goes once a month with his wife to a big city to get food and go to movies and just get out."

Though some country doctors cite unusual perks—high schools with just 50 students in each grade, for example—others say they've faced prejudice in small towns.

Rubio said one gay psychiatrist responded that, while she liked the closeness she had with her rural patients, she also experienced homophobia. Another pediatrician said he moved back to the city after his small town's school principal prohibited his son from being on the cheerleading squad.

Even if they do hear the call of the wild, providers might find that there aren't enough patients to support a private practice. People in some rural regions are more likely to use Medicaid, the government health insurance program for the poor, which does not reimburse doctors for medical services as much as private insurance does.

What's more, doctors working in the hinterlands face geographic struggles that a Dupont Circle dermatologist can't fathom. In Alaska's villages, community health aides work out of single-room clinics, relying on shaky phone and Internet connections for back-up. Many Native Alaskans speak rare tribal tongues as their first language. Overt

complaining is not customary among some of the tribes, making it difficult for doctors to understand their symptoms. Transfers of patients to specialists or emergency rooms depend on the schedules of rickety charter planes, which often get "weathered up," or prevented from flying because of rain, snow, or some combination of the two.

Butler, from the Tribal Health Consortium, was once working out of a clinic on St. Lawrence Island, which floats just below the Bering Strait. One morning, there was a knock at the door and a local resident brought in a 14-year-old with a massive facial wound and cerebrospinal fluid pouring out of his nose. After the boy was stabilized, a blizzard rolled in, and Butler and the health aide spent the next six hours waiting for the weather to clear before a plane could come collect him.

And of course, having one doctor in a village means that doctor never gets a day off. "Country doctors doing family practice is kind of a 24/7 job," Dave Jones, board president of the California State Rural Health Association, told the [California Health Report](#). Doctors told Sermo that many country colleagues get burned out quickly, and some eventually come to resent most of their patients.

I asked several healthcare workers whether they'd be willing to move to Bethel. One Kansan dental hygienist said she wouldn't want to relocate this late in her career. A female dentist said she couldn't do her work in such a place because she has a faculty job.

Ji Choi, a dentist in Seattle who grew up in a small town, said he would consider moving to Bethel. His more cosmopolitan wife, though, probably not so much. "She needs her Barnes and Noble," he said.

"Sometimes dentists show up [in a rural area], and the wife hates it," McClellan said. "They'll stay a year and end up leaving. What's more common is for dentists to think they'll earn enough to travel to far-off places, but they don't necessarily want to live there."

Choi points out that dentists who are saddled with loans when they graduate might take jobs in clinics for underserved or needy populations because many such programs offer loan forgiveness plans. But after a few years, most move on.

"To stick with it, they really have to have the heart for it," Choi said. "And that has to come from within."

ADDENDUM TO
2016 COMMUNITY HEALTH NEEDS ASSESSMENT
April 12, 2018

**Addendum to Community Health Needs Assessment
Baptist Medical Center Leake
April 12, 2018**

In May 2017 Baptist Memorial Health Care Corporation of Memphis, TN (BMHCC) acquired a controlling interest in Baptist Medical Center Leake (BMCL). As part of a system-wide review of CHNA documentation for all entities, several items were identified which BMHCC senior management felt needed further documentation and/or clarification in order to further document compliance with §501(r) requirements. Therefore, the following addendum to BMCL's 2016 Community Health Needs Assessment has been prepared in accordance with the review findings and will be published in an updated copy of the entire document:

Outlets utilized for solicitation of community participation:

- Website
- Email
- Social media
- Baptist Medical Center Leake (Employee email, Information Desk, Clinic receptionist, Outpatient Admissions)
- Carthage Main Street Chamber (Annual membership banquet (250 attendees, membership email)
- Kicks96
- The Carthaginian
- Carthage-Leake County Library (6/20/16; 10 attendees)
- Carthage Rotary Club (6/3/16; 34 attendees)
- Tyson Foods (presentation via break room media, 1,500 viewed)
- CHNA Community Focus Group (6/7/16; 10 attendees)
- Leake County Health Network (via email)

Survey Methodology:

The online survey was widely distributed via email, hospital website, social media, local Main Street/Chamber, and other means of electronic communication. Instructions for accessing the online survey were distributed in areas highly trafficked by patients and visitors throughout clinics, Baptist Medical Center Leake, local civic and community meetings, local library where free online access is available, local businesses as well as other local media outlets.

A hardcopy survey was also made available to ensure opportunities for a diverse participation. Paper surveys were distributed at local civic and community meetings and events, local businesses, Baptist Medical Center Leake main lobby and clinics. The completed hardcopy surveys were collected and entered to the online data for analysis.

Addendum to Community Health Needs Assessment

Baptist Medical Center Leake

April 12, 2018

Page 2 of 3

Focus Group Methodology:

A critical component in gathering relevant community health needs data involves conducting focus group interviews with community members who are interested in and represent the broader interests of the community, including those with special knowledge of or expertise in public health. Additional input was solicited from the following organizations representing key informants, with specific information relate to public health and or rural health as well as organizations representing minorities and the traditionally underserved:

- Baptist Medical Center – Leake, Mary Burkes, RN, Case Manager
- Baptist Medical Center – Leake, Elise Spears, LPN, Discharge Planner/Social Services*
- Truelight Missionary Baptist Church
- Galilee Missionary Baptist Church
- First Baptist Martin Luther King Baptist Church
- Weems Community Mental Health Center, Deborah Eichelberger, Director *
- Leake County Health Network, Michelle McCann, Executive Director
- Leake County Health Department, Jodi Russell, Director*
- East Central Mississippi Healthcare Alliance, Jill Bishop, Executive Director*
- Standing Pines Elementary School of the Mississippi Band of Choctaw Indians, Jason Roberson, Principal *
- Mississippi Office of Rural Health, Rozelia Harris, Director*
- Mississippi Hospital Association, Tim Moore, Chief Executive Officer
- Mississippi Rural Hospital Alliance, Mendal Kemp, Executive Director*
- Tyson Foods, Inc. (local employer of predominantly low-skilled and minority workforce)

*Indicates individuals with specific knowledge or expertise in public health

One specific focus group was conducted specifically to include participants from across Leake County who may not be represented by a particular group or organization. Information regarding the focus group that included the date, time, and location was disseminated by email, newspaper, the local Main Street Chamber, and local civic organization and community meetings. A series of questions and timely articles were presented to the focus group serving as a guide for the meeting in which the attendees were asked to share their responses. The responses were, in turn, documented by a designated scribe.

Michelle McCann
Director of Community Education
Baptist Medical Center Leake
601-267-1206

1100 Highway 16 East, Carthage, Mississippi 39051

Leaders in Healthcare. Followers in Faith

Needs Identified but Not Addressed

Baptist Medical Center Leake is classified as a critical access hospital by the Centers for Medicare and Medicaid Services. By definition, it offers a limited array of services in a rural community. Given limited resources, we are unable to address each of the health needs that exist within our community and/or those needs identified in our survey. Needs were prioritized to facilitate the efficient and effective utilization of available resources. Some needs identified in our CHNA report may not have been addressed in our Implementation Strategy due to a lack of human or financial resources or expertise in a specific field or discipline. In some cases, those needs are already being addressed by community partners, programs and/or initiatives.

Annual Updates

The last paragraph of BMCLs 2016-2018 CHNA states that the plan will be approved by the organization's Board of Directors and updated annually. The original CHNA and Implementation Strategy was approved by the appropriate board on August 5, 2016. The 2017 annual update was adopted by the Board of Directors on September 21, 2017.

Following the merger with BMHCC, senior managers provided additional education and guidance on the IRS §501 requirements in January 2018 at which time BMHCC senior management recommended, that since annual updates are not a requirement under the regulations, that the BMCL Board of Directors consider suspending this provision for the remainder of the CHNA cycle. The newly-integrated senior management team, has already commenced the planning phase for the next round of Community Health Needs Assessments for all facilities in our system.