SPECIALTY HOSPITAL OF MERIDIAN

CHNA REPORT

2016

HORNELLP.COM

HORNE
CPAs & BUSINESS ADVISORS

TABLE OF CONTENTS

Table of Contents

EXECUTIVE SUMMARY

The purpose of this Community Health Needs Assessment (CHNA) report is to provide The Specialty Hospital of Meridian with a functioning tool to guide the long term acute hospital (LTCH) as it works to improve the health of the community it serves. The Specialty Hospital of Meridian is a LTCH with an average length of stay of approximately 29 days. Predominant populations consist of patients of varying ages from 18 – 105 with diagnosis of wounds or post op infections and respiratory failure related illnesses.

The Specialty Hospital of Meridian cares for patients in at least a 100 mile radius. The rural south, due to its degree of high blood pressure, obesity, diabetes, non-compliance and many other co-morbidities have high volumes of patients with wound issues such as diabetic ulcers, vascular/arterial ulcers and especially stages of pressure ulcers. The Specialty Hospital of Meridian has been the healthcare facility to serve that population. Approximately 60% of the population of the LTCH consists of wound patients that without The Specialty Hospital of Meridian would have no other access to the quality care required to care for these wounds. At present, the Center for Medicare and Medicaid, through a bill signed into law in 2013, denies the wound patient access to care to LTCHs.

The criterion is very limiting and stringent. The patient population is now mostly acute care patients that have been in an ICU for 3 days and then admitted to the LTCH, and patients that have been on a ventilator for greater than 96 hours in the LTCH. This has limited patients that meet the LTCH criteria to The Specialty Hospital of Meridian to approximately 25-30%.

In addition, this report meets the guidelines of the Internal Revenue Service. The results of the CHNA will guide the development of Specialty's community health improvement initiatives and implementation strategies. This is a report that may be used by many of the hospital's collaborative partners in the community.

The assessment was performed and the implementation strategies were created by the Community Health Needs Assessment Steering Committee with assistance from HORNE LLP. The assessment was conducted in October, 2016.

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

The *response* section of this report describes how the hospital and its collaborative partners worked together to address identified health needs in our community during the past three years. The

EXECUTIVE SUMMARY (continued)

implementation describes the programs and activities that will address these health priorities over the next three years. We sincerely thank those who provided input for this assessment. We look forward to working closely with our community to help improve the overall health of those we serve.

The CHNA report is available on the hospital's website www.specialtyhospitalofmeridian.com, or a printed copy may be obtained from the hospital's administrative office.

Elizabeth Mitchell, EVP/COO/Adm.
The Specialty Hospital of Meridian

ABOUT THE HOSPITAL

The Specialty Hospital of Meridian is an acute-care long-term choice for non-permanent placement of a patient who needs extra medical attention in an acute hospital setting. Interdisciplinary treatment programs are designed for patients who are acutely ill with multisystem complications or failures and require long hospitalizations. Our healthcare professionals work hard to generate the highest potential outcomes and maximize each patient's freedom and independence while involving the patient and family in the treatment program.

The Specialty Hospital of Meridian has been providing specialized acute care for medically complex patients since 1994. It operates as a 49-bed long-term acute-care hospital and strives to deliver superior healthcare to the communities of Mississippi and surrounding states.

The Specialty Hospital of Meridian provides in-house physician coverage 24 hours a day. Hospitalists are physicians located directly in the hospital to handle patient admissions from any practice or group and care for patients throughout their hospital stay. The hospitalists are trained internal-medicine specialists dedicated to patient satisfaction and positive clinical outcomes. As well as the hospitalist program, The Specialty Hospital of Meridian has 24-hour emergency coverage.

As a long-term acute-care hospital, we are committed to the delivery of excellence in healthcare. We will maintain high standards of care and availability of resources, consistent with the expectations of our customers, in a cost-effective manner. Our mission is to care for our patients as well as our communities, defining our motto: "Restoring Quality to Life."

THE COMMUNITY HEALTH NEEDS ASSESSMENT

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

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

COMMUNITY HEALTH NEEDS ASSESSMENT STEERING COMMITTEE

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

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

Elizabeth Mitchell - *Administrator*
Jerome Pickard - *Director of Marketing*
Kawanda Johnson, RN, MSN - *Director of Nursing*
Sheila Dikes - *Director of Health Information Management*

THE COMMUNITY HEALTH NEEDS ASSESSMENT

COMMUNITY ENGAGEMENT AND TRANSPARENCY

We are pleased to share with our community the results of our Community Health Needs Assessment. The following pages offer a review of the strategic activities we have undertaken, over the last three years, as we responded to specific health needs we identified in our community. The report also highlights the updated key findings of the assessment. We hope you will take time to review the health needs of our community as the findings impact each and every citizen of our rural Mississippi community. Also, review our activities that were in response to the needs identified in 2013. Hopefully, you will find ways you can personally improve your own health and contribute to creating a healthier community.

DATA COLLECTION

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

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

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

Secondary data sources included:

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

COMMUNITY INPUT

COMMUNITY FOCUS GROUP

A community focus group was held at Specialty Hospital on Thursday, November 3, 2016. The participants in the group were carefully selected because they each represented a specific segment of the populations served. In addition, they can act as a continuous conduit between the community and the leadership of the hospital. These participants contributed to a structured discussion which was impartially facilitated by a healthcare consultant from HORNE LLP of Ridgeland, Mississippi.

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

Bro. Danny Lanier - *Northcrest Baptist Church**
Pastor LaBaron Hedgemon - *Freedom Rock Fellowship Church**
Dr. Lara Collum - *Meridian Community College*
Dr. Betty Davis - *Meridian Community College**
Jeannie Jones - *Southern Accents*
Billy Adam Calvert - *Southern Business*
Harry Mayer - *Harry Mayer Clothiers**

**unable to attend*

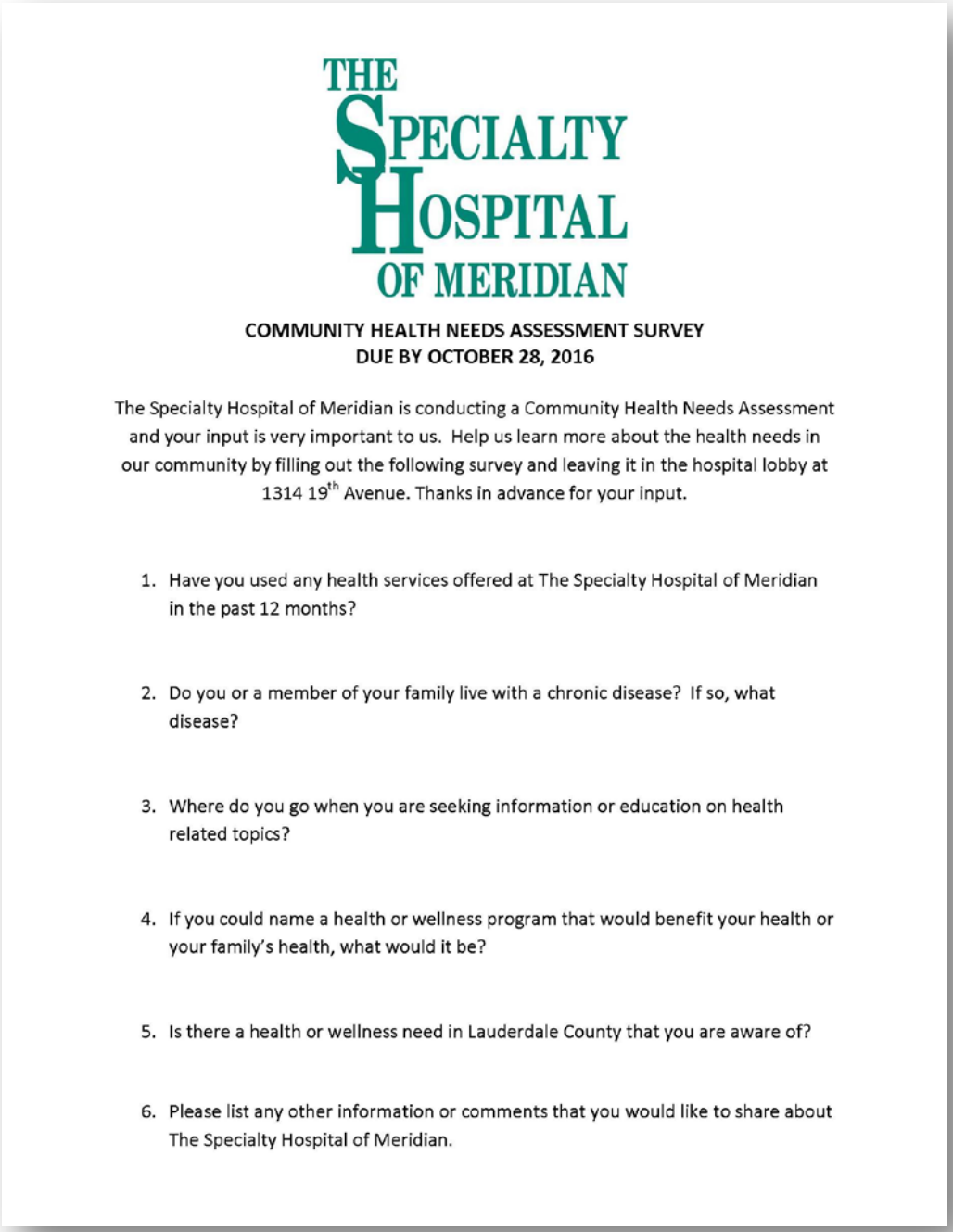
COMMUNITY SURVEY

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

In order to provide citizens of our services area with an opportunity to provide us their valuable insight, a Community Survey was published in the local paper. The survey ran in the *Meridian Star.* It was published on Saturday, October 22, 2016. *The Star* has a readership that covers Lauderdale County and surrounding areas.

COMMUNITY INPUT

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



THE SPECIALTY HOSPITAL OF MERIDIAN

COMMUNITY HEALTH NEEDS ASSESSMENT SURVEY
DUE BY OCTOBER 28, 2016

The Specialty Hospital of Meridian is conducting a Community Health Needs Assessment and your input is very important to us. Help us learn more about the health needs in our community by filling out the following survey and leaving it in the hospital lobby at 1314 19th Avenue. Thanks in advance for your input.

1. Have you used any health services offered at The Specialty Hospital of Meridian in the past 12 months?

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

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

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

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

6. Please list any other information or comments that you would like to share about The Specialty Hospital of Meridian.

COMMUNITY INPUT

INPUT FROM THE COMMUNITY

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

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

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

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

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

Suggestions included:

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

ABOUT THE COMMUNITY

Lauderdale County is a county located in Central Mississippi on the eastern border of the state, adjacent to the state of Alabama. The county seat is Meridian. The county has a total area of 715 square miles, of which 98.46% is land and 1.6% is water. According to the estimates of the 2015 census, there were approximately 78,524 residing in the county. Population has decreased 2.2% since 2010. About 50% of the county population resides in Meridian.

Lauderdale County, Mississippi

ABOUT THE COMMUNITY

DEMOGRAPHICS

As of the census 2010, there were 80,261 people, making it the 8th most populated county in Mississippi. According to the 2015 estimates, there is a decrease in population of almost 2000 residents. There were approximately 31,090 households, and 20,613 families residing in the county. The population density is about 114.1 people per square mile. There were 34,698 housing units at an average density of 49.3 per square mile (Community Facts, United States Population, 2010).

According to the 2015 estimates, the racial makeup of the county was 54.5% White, 43.2% Black or African American, 0.3% Native American, 0.8% Asian, 0.1% Pacific Islander, and 1.1% from two or more races. 2.2% of the population was Hispanic or Latino of any race (Community Facts, United States Population, 2010).

There were 31,090 households out of which 33.8% had children under the age of 18 living with them, 41.70% were married couples living together, 20.0% had a female householder with no husband present, and 33.7% were non-families. 29.8% of all households were made up of individuals and 26.9% had someone living alone who was 65 years of age or older. The average household size was 2.46 and the average family size was 3.05 (Community Facts, United States Population, 2010).

The median income for a household in the county was $37,165 (2010-2014) and the per capita income for the county was $21,669 (2010-2014). About 20% of families and 23.3% of the population were below the poverty line, including 35.50% of those under age 18 and 14.9% of those ages 65 or over (Community Facts, United States Population, 2010).

PATIENT ORIGIN

Approximately 27.7% of the patients seen at Specialty Hospital over the past twelve months reside in Lauderdale County, Mississippi. An additional 23.9% reside in the three adjacent counties, Neshoba to the northwest, Newton to the west, and Clarke to the south. The percentage of inpatient to counties is 8.6% in Neshoba, 7.1% in Clarke, 4.5% in Newton, and 3.6% in Kemper. 10.3% of the patient population is from two counties in Alabama, Sumter and Choctaw, that are located east and southeast of Lauderdale County. Almost 22.1% of the patient population resides in Meridian, the county seat of Lauderdale. The remaining 16% of the patient population represents a variety of locations outside of the primary and secondary service areas.

ABOUT THE COMMUNITY

SERVICE AREA

Since a large portion of the inpatients seen at Specialty Hospital reside in Lauderdale County, with 79.5% of those living in Meridian, the county is considered the primary service area and will be the main focus of our assessment. However, as shown in the breakdown of patient origin above, Specialty Hospital serves a large number of patients in the surrounding counties, both in Mississippi and Alabama. Therefore, the surrounding counties of Clarke, Newton, Neshoba, Kemper, Sumter, and Choctaw would be considered the secondary service area.

CHARACTERISTICS OF THE HEALTH OF THE SOUTHERN RURAL COMMUNITY

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

OBESITY IN MISSISSIPPI

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

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

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

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

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

CHARACTERISTICS OF THE HEALTH OF THE SOUTHERN RURAL COMMUNITY

OBESITY IN MISSISSIPPI (continued)

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

Obesity is harming Mississippi's children. Mississippi has the highest rate of childhood obesity in the nation. Nearly half of Mississippi children are overweight or obese, and children as young as eight years old are being treated for Type 2 diabetes and high cholesterol. This was unheard of just a decade ago. The idea that children will be sick and die younger than their parents is not acceptable.

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

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

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

CHARACTERISTICS OF THE HEALTH OF THE SOUTHERN RURAL COMMUNITY

HEART DISEASE AND STROKE IN MISSISSIPPI

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

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

Heart Disease and Stroke Risk Factors in Mississippi

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

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

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

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

CHARACTERISTICS OF THE HEALTH OF THE SOUTHERN RURAL COMMUNITY

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

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

LIFESTYLE AND DISEASE

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

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

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

CHARACTERISTICS OF THE HEALTH OF THE SOUTHERN RURAL COMMUNITY

RURAL HEALTH DISPARITIES

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

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

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

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

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

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

CHARACTERISTICS OF THE HEALTH OF THE SOUTHERN RURAL COMMUNITY

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

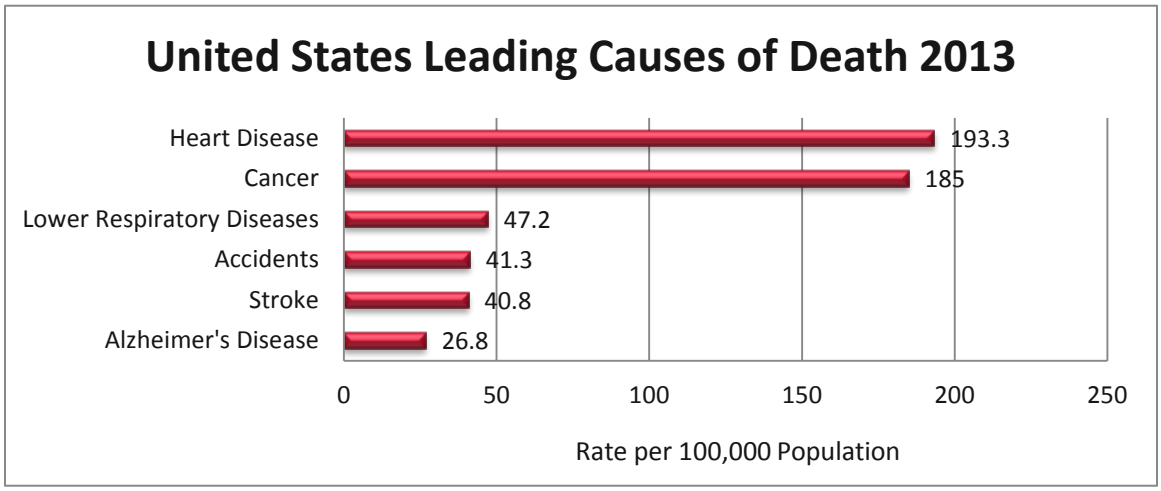
Since the rankings began in 1990, Mississippi — which has high rates of obesity and diabetes, low availability of primary care, and high incidence of infectious disease — has always ranked among the bottom three. Hawaii — which has low rates of obesity, smoking, cancer deaths, and preventable hospitalizations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

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

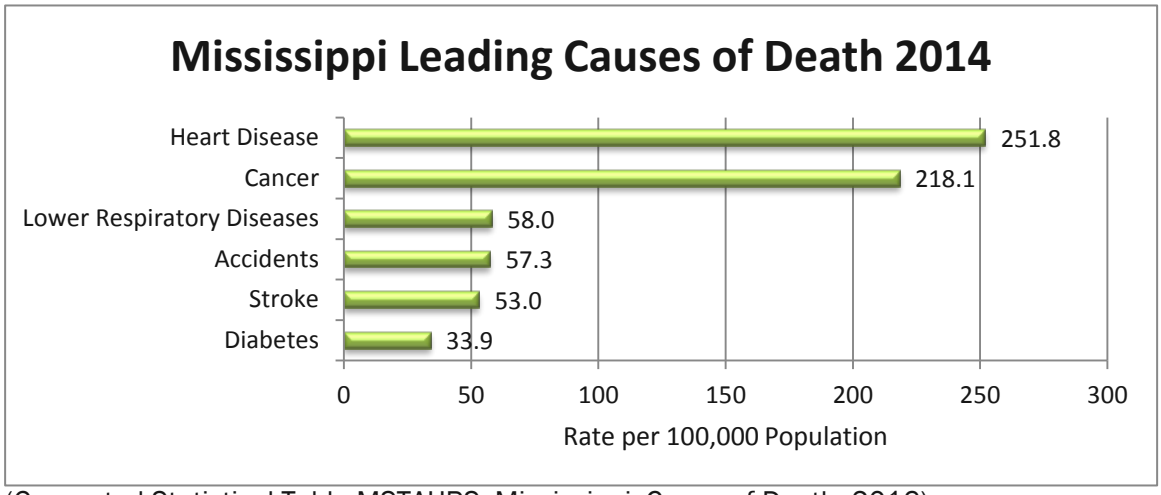
Overall, the rankings showed progress in some areas and not in others. The 2014 analysis found increases from the previous year in obesity and physical inactivity and decreases in infant mortality and smoking rates.

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

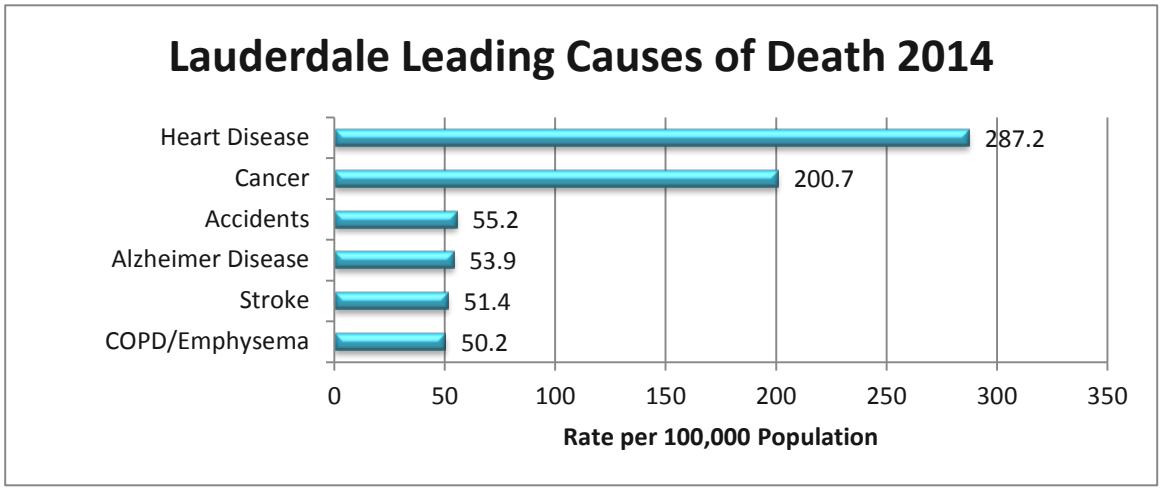
There has also been an 8% decline in cancer mortality since its peak in 1996. Cancer is the second leading cause of death in the US (heart disease is number one), and 2014 saw an estimated 1.6 million new diagnoses.



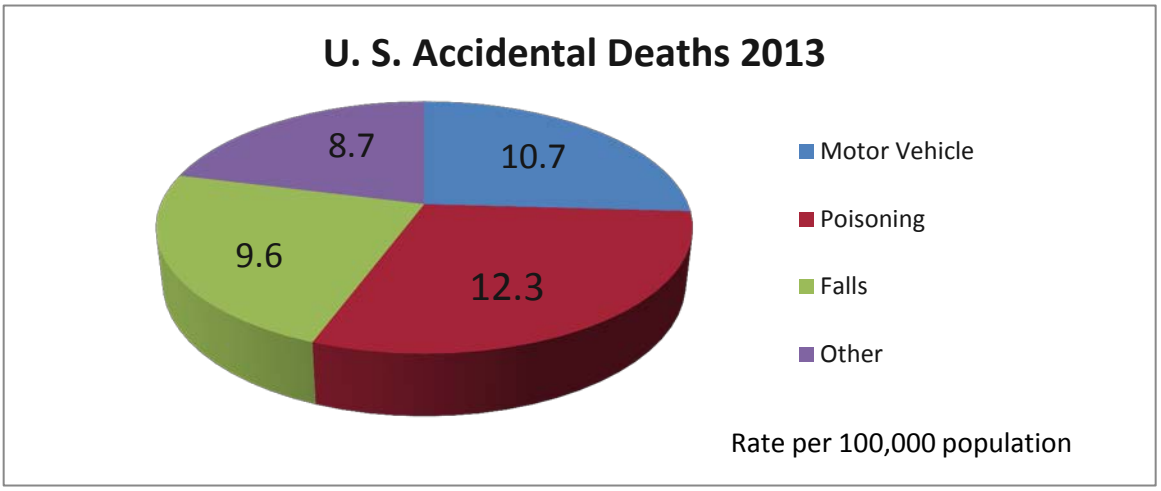
(Heron, M., 2016)



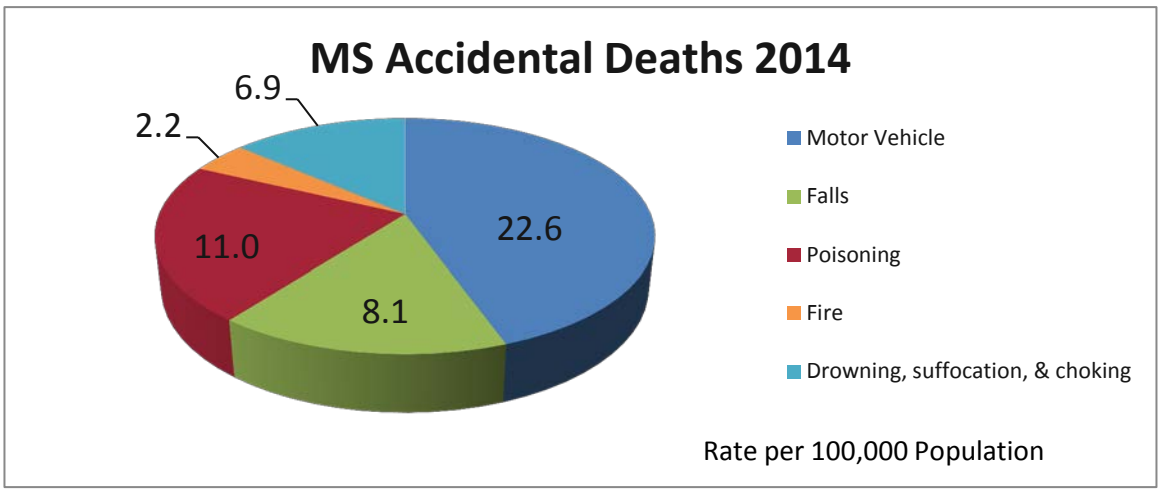
(Generated Statistical Table-MSTAHRS, Mississippi, Cause of Death, 2016)



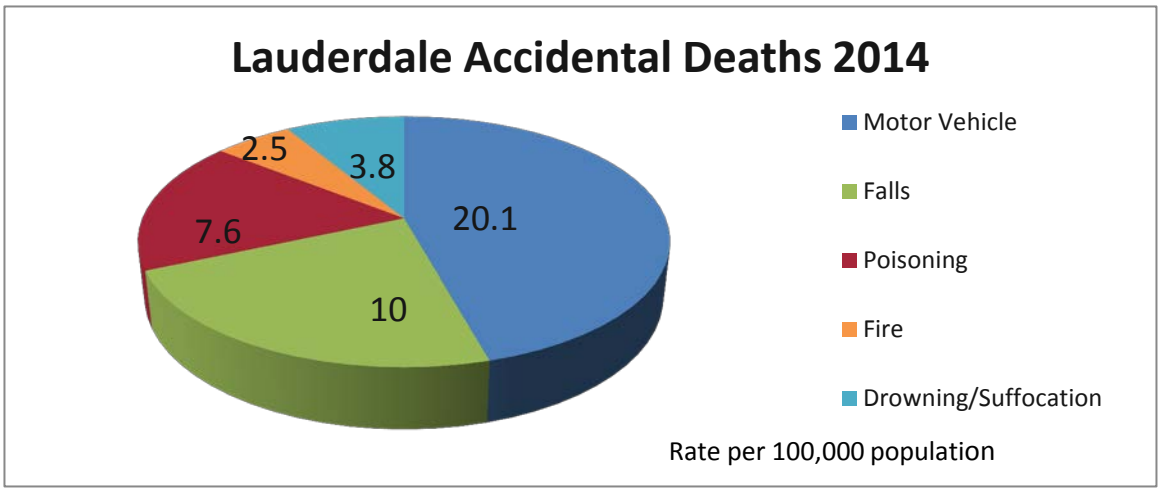
(Generated Statistical Table –MSTAHRS. Lauderdale, Cause of Death, 2016)



(Heron, M., 2016)



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



(Generated Statistical Table-MSTAHRS, Lauderdale, Unintentional Injury, 2016)

CHNA STRATEGIC ACTION RESPONSES

STRATEGIC ACTION RESPONSES

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

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

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

CHNA STRATEGIC ACTION RESPONSES

INITIATIVE: HEALTHY LIFESTYLE AWARENESS

- Provided a community wide and inpatient focus on obesity, tobacco use, and diabetes
- Provided health education services through community awareness while improving the overall population health
- Worked towards eliminating the legislative action determined by (law) which removed LTCH payment to patients requiring extensive, aggressive skilled wound care

TARGET POPULATION:

Targeted any adult that could benefit from health promoting factors, specifically those who live in a rural area, at risk population and those with chronic or co morbid conditions and patients with wounds (pressure, non-pressure, surgical, non-surgical) in East Mississippi and West Alabama within a 100 mile radius of Meridian.

GOAL, DESIRED OUTCOME:

- Educated the population on the selected health risk issues by promoting "Healthy Living" tips by educating community on the identified specific factors
- Reinstated the criteria to care for wound patients eliminating the access to the care problem

PROCESS / TIME FRAME / LOCATION:

Inpatient admissions documented from December 2013 through December 31, 2015 in East Mississippi and West Alabama.

- What were the activities?
    - Conducted Health Fairs, Health Educational Awareness programs and Inpatient education given to all patients regarding:
        - Smoking Cessation
        - Diet
        - Exercise
        - Diabetes Management
    - Promoted legislative action through House/Senate to extend wound reimbursement
    - Organized several visits to Washington D.C. to educate Senators and Representatives.

CHNA STRATEGIC ACTION RESPONSES

- When did they occur?
  - Every 1 -2 months for community awareness and several visits to and from Washington D.C. throughout December 2013 - December 2015.

- Where? Specific locations or geographic areas?
  - East Mississippi and West Alabama

- Measure of Success
  - Repeated invitations from the community (churches, hospitals, clinics, schools) to attend and participate in annual Health Fairs across East Mississippi and West Alabama.

- Number of locations served?
  - SHM, Scott Regional, North Ms. Med Center, Winston Medical Center, Grovehill Memorial Hospital, Choctaw Hospital, Antioch Missionary Baptist Church, East Central Community College, Women's Retreat Camp Garaywa, Marengo County, Hill Hospital, Pioneer Hospital, Tyler Homes Hospital, Bryant Whitfield Hospital, Central MS Wound Care Center.

COLLABORATIVE PARTNERS:

- Hospitals
- Home Health's
- Hospices
- Schools
- Churches

RESPONDING TO THE COMMUNITY

CLOSING THE GAP

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

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

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

PRIORITIZATION

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

- The County exceeds the State and U.S. in rate of deaths from heart disease.
- The County exceeds U.S. in rate of deaths from cancer but not the State.
- The County exceeds U.S. in rate of deaths from stroke but not the State.
- The County exceeds U.S. in rate of deaths from accidents but not the State.

RESPONDING TO THE COMMUNITY

PRIORITIZATION (continued)

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

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

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

IMPLEMENTATION PLANS

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

The hospital is aware of many lifestyle issues that face citizens of a rural southern state. Many of the lifestyle habits negatively impact the overall health of our community and are major contributors to several of the leading causes of death in our county. Specialty Hospital has identified three significant initiatives it will undertake over the next three years. These collaborative projects should help improve the health and overall quality of life in our community. Each project is described in another section of this report.

There are other health and wellness opportunities identified during the research portion of the CHNA. These possibilities will be considered as we develop our strategic action plans over the next three years.

HEALTH AND WELLNESS INITIATIVES

Over the next three years, Specialty Hospital, in concert with its many community partners will focus its energy in these three areas:

LIFESTYLE IMPROVEMENT

- Community Education
- Health Screenings
- Concentration on Lifestyle Habits Focusing on Specific Disease Entities
    - Hypertension
    - Diabetes
    - Heart Disease
    - Stroke
- Conduct Activities in the Geographic Area at the Greatest Risks
- Maintain Partnerships with Organizations that Routinely Serve the Population at the Greatest Disparity
- Nutritional Education
    - Patient
    - Public

WOUND CARE

- Education
    - Patient
    - Family and Caregivers
    - Community
        - Caring for Wound Patient
        - Accessing Wound Care Providers
- Legislative Education
    - Additional options
    - Access to Care
    - Legislative Permanent Fix to Caring for Wound Patients in LTCH
    - Washington, D.C. Visits Twice a Year

ELIMINATION OF TOBACCO USE

- Smoking Cessation
    - Begins at Admission
    - Assist and Acquire for Patient
        - Substitutions to replicate the Smoking Cessation

THANK YOU

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

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

REFERENCES

2007 Census Publications State and County Profiles Mississippi. (2007). *USDA Census of Agriculture.* Nov. 2016. Retrieved from: https://www.agcensus.usda.gov/Publications/2007/Online_Highlights/County_Profiles/Mississippi/

Community Facts, United States Population. (2010). *United States Census Bureau American FactFinder*. Nov. 2016. Retrieved from: http://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml

Friedman, L.F. (2014, December 10). These are the Unhealthiest States in the US. *Business Insider.* Nov. 2016. Retrieved from: www.businessinsider.com/americas-health-rankings-2014-2014-12

Generated Statistical Table -MSTAHRS. (2016). Lauderdale, Cause of Death. Nov. 2016. Retrieved from: http://mstahrs.msdh.ms.gov/table/morttable1.php?level=0&rw=7&cl=0&race=6&sex=2&agep=15&eth=2&yer%5B%5D=2014&geography=1&cnty%5B%5D=37&delta1=0&grp%5B%5D=0&grp%5B%5D=1&grp%5B%5D=2&grp%5B%5D=3&grp%5B%5D=4&grp%5B%5D=5&grp%5B%5D=6&grp%5B%5D=7&grp%5B%5D=8&grp%5B%5D=9&grp%5B%5D=10&grp%5B%5D=11&grp%5B%5D=12&grp%5B%5D=13&grp%5B%5D=14&grp%5B%5D=24&grp%5B%5D=15&grp%5B%5D=16&grp%5B%5D=17&grp%5B%5D=18&grp%5B%5D=19&grp%5B%5D=20&grp%5B%5D=21&grp%5B%5D=22&grp%5B%5D=23&geom=3&standard=2

Generated Statistical Table-MSTAHRS, Lauderdale, Unintentional Injury. (2016). Nov. 2016. Retrieved from: http://mstahrs.msdh.ms.gov/table/morttable1.php?level=4&rw=7&cl=0&race=6&sex=2&agep=15&eth=2&yer%5B%5D=2014&geography=1&cnty%5B%5D=37&delta1=0&grp%5B%5D=0&grp%5B%5D=1&grp%5B%5D=2&grp%5B%5D=3&grp%5B%5D=4&grp%5B%5D=5&grp%5B%5D=6&grp%5B%5D=7&grp%5B%5D=8&grp%5B%5D=9&grp%5B%5D=10&geom=3&standard=2

Generated Statistical Table-MSTAHRS, Mississippi, Unintentional Injury. (2016). Nov. 2016. Retrieved from: http://mstahrs.msdh.ms.gov/table/morttable1.php?level=4&rw=7&cl=0&race=6&sex=2&agep=15&eth=2&yer%5B%5D=2014&geography=0&cnty%5B%5D=99&delta1=0&grp%5B%5D=0&grp%5B%5D=1&grp%5B%5D=2&grp%5B%5D=3&grp%5B%5D=4&grp%5B%5D=5&grp%5B%5D=6&grp%5B%5D=7&grp%5B%5D=8&grp%5B%5D=9&grp%5B%5D=10&geom=3&standard=2

Generated Statistical Table-MSTAHRS, Mississippi, Cause of Death. (2016). Nov. 2016. Retrieved from: http://mstahrs.msdh.ms.gov/table/morttable1.php?level=0&rw=7&cl=0&race=6 &sex=2&agep=15&eth=2&yer%5B%5D=2014&geography=0&cnty%5B%5D=99&delta1=0&grp%5B%5D=0&grp%5B%5D=1&grp%5B%5D=2&grp%5B%5D=3&grp%5B%5D=4&grp%5B%5D=5&grp%5B%5D=6&grp%5B%5D=7&grp%5B%5D=8&grp%5B%5D=9&grp%5B%5D=10&grp%5B%5D=11&grp%5B%5D=12&grp%5B%5D=13&grp%5B%5D=14&grp%5B%5D=24&grp%5B%5D=15&grp%5B%5D=16&grp%5B%5D=17&grp%5B%5D=18&grp%5B%5D=19&grp%5B%5D=20&grp%5B%5D=21&grp%5B%5D=22&grp%5B%5D=23&geom=3&standard=2

Heron, Melonie, Ph. D. "National Vital Statistics Reports" *Cdc.gov,* 30 June 2016. Nov. 2016. Retrieved from: https://www.researchgate.net/publication/298707680_Deaths_Leading_causes_for_2013

Coakley, E., Must, A., Spadano, J. (1999, October 27). The Disease Burden Associated with Overweight and Obesity. *The Jama Network*

Older Americans & Cardiovascular Diseases. (2016). American Heart Association Statistical Fact Sheet 2016 Update. Nov. 2016. Retrieved from: https://www.heart.org/idc/groups/heart-public/@wcm/@sop/@smd/documents/downloadable/ucm_483970.pdf

HORNELLP.COM