

Specialty Hospital of Meridian

CHNA Report

November 2019

Approved by

The Board of Directors of Rush Care Inc. d/b/a The Specialty Hospital of Meridian
November 13, 2019



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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 25 days. Predominant adult populations consist of patients varying from 18 – 105 years old with many diagnoses to include wounds, post op infections, respiratory failure related illnesses and others.

The Specialty Hospital of Meridian cares for patients primarily within a 100-mile radius. The rural south, due to its degree of high blood pressure, obesity, diabetes, non-compliance, and many other co-morbidities, typically has high volumes of chronically ill patients requiring complex wound care, prolonged intensive respiratory care, and require multiple IV medications and transfusions. The Specialty Hospital of Meridian has been the healthcare facility to serve this population. LTCHs are facilities who specialize in patients with serious medical conditions which require special treatment for an extended period of time. LTCHs are a post-acute care option for patients transitioning from short-term acute hospitals and need additional care to restore health or return to optimum function. Most patients meeting the criteria for LTCH admission have spent multiple nights in an intensive care unit after having complex diagnoses and extensive diagnostic procedures.

In addition, this report meets the guidelines of the Internal Revenue Service. The results of the CHNA will guide the development of Specialty's Hospital'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 2019.

The main input was provided by previous patients, employees and community representatives. An opportunity to offer input was made available to the entire community through word of mouth, 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 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.

Kawanda Johnson, EVP/Administrator
The Specialty Hospital of Meridian

ABOUT THE HOSPITAL

THE SPECIALTY HOSPITAL OF MERIDIAN

The Specialty Hospital of Meridian has been providing 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 is a post-acute care choice for non-permanent placement of a patient needing extra medical attention in an acute hospital setting. An interdisciplinary approach is used to address LTCH patients who are acutely ill with multisystem complications and require lengthier hospitalizations. Our healthcare professionals work hard to generate the highest potential outcomes, to maximize each patient's freedom and independence, and to involve the patient and family in the treatment program.

The Specialty Hospital of Meridian provides in-house physician and emergency services coverage 24 hours a day. Hospitalists are physicians located directly in the hospital that collaborate with referring physicians on potential admissions and care for patients throughout their hospital stay. The hospitalists and other specialists working at The Specialty Hospital of Meridian are an essential part of interdisciplinary team and are dedicated to patient satisfaction and positive clinical outcomes.

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
SPECIALTY
HOSPITAL
OF MERIDIAN**

THE COMMUNITY HEALTH NEEDS ASSESSMENT

The Community Health Needs Assessment (CHNA) defines opportunities for healthcare improvement, creates a collaborative community environment to engage multiple change agents, and is an open and transparent process to listen and truly understand the health needs of 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 healthcare providers build stronger relationships with their communities, identify needs, and dedicate funding and other resources toward programs that clearly benefit local residents.

COMMUNITY ENGAGEMENT AND TRANSPARENCY

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

DATA COLLECTION

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

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

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

Secondary Data Sources

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

ABOUT THE COMMUNITY

DEMOGRAPHICS

SERVICE AREA

Primary: Lauderdale County

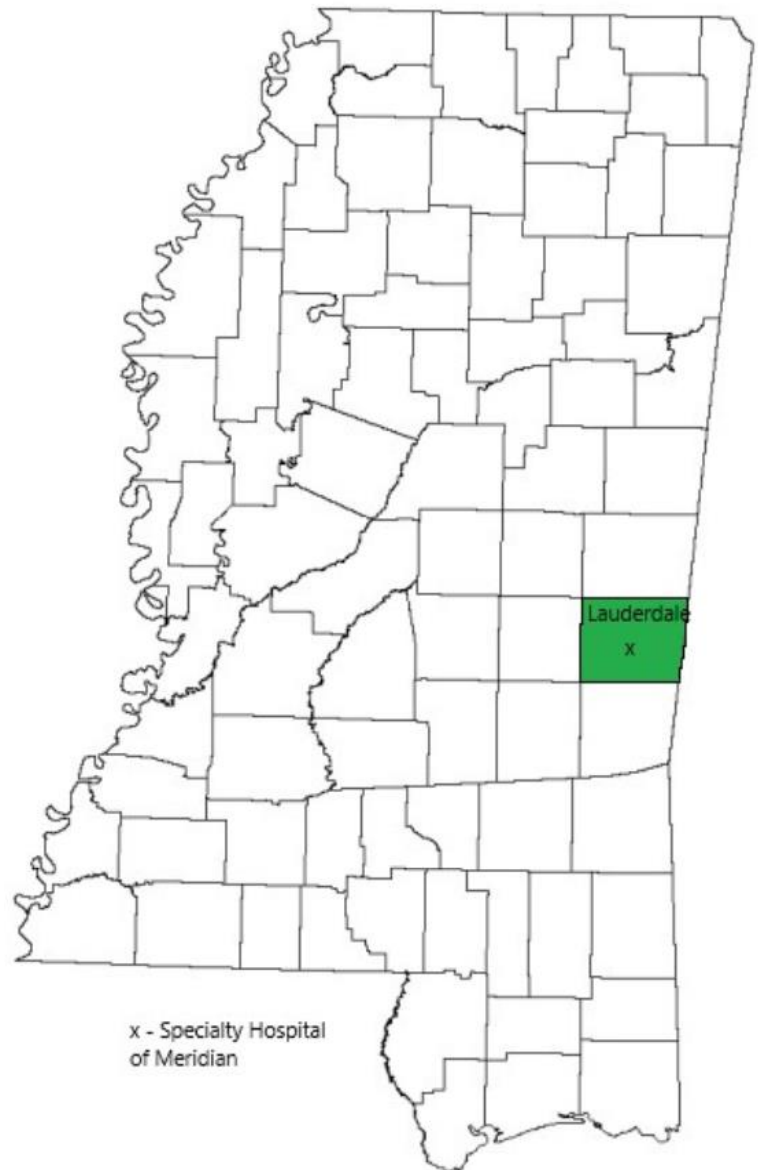
ABOUT THE SERVICE AREA

Lauderdale County is a county located on the eastern border of the state, adjacent to the state of Alabama. The county seat is Meridian. The county was named for Colonel James Lauderdale, and is included in the Meridian, Mississippi Micropolitan Statistical Area.

The county has a total area of 715 square miles, of which 704 square miles (or 98.4%) is land and 12 square miles (or 1.6%) is water. *

PATIENT ORIGIN

Approximately 28.49% of Medicare inpatients seen over the past twelve months reside in Lauderdale County, Mississippi. An additional 27.66% of those patients reside in the adjacent Mississippi counties of Clarke, Neshoba, Newton, Kemper, and Jasper. The percentage of Medicare inpatients in these counties is 7.58%, 7.23%, 5.54%, 5.19%, and 2.11%. An additional 8.9% of total Medicare inpatients seen reside in the adjacent Alabama counties of Choctaw and Sumter with the following percentage of Medicare inpatients, 5.91% and 2.99%. Almost 23.5% of the patient population resides in Meridian. The remaining 34% of the patient population represents a variety of locations mostly outside of the primary and secondary service areas.



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

POPULATION AND RACIAL MIX DATA*

LAUDERDALE COUNTY		
Population	78,221	
Racial Mix	White	41,504
	African American	33,465
	Hispanic	1,751
	Other	1,501
Median Household Income	\$41,340	



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

COMMUNITY INPUT

COMMUNITY SURVEY

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

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



Community Health Needs Assessment - The Specialty Hospital of Meridian

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 this survey. Thanks 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. Have you participated in any of The Specialty Hospital of Meridian's wellness events (in-services, health fairs, lunch & learns, etc.)?

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

COMMUNITY HEALTH NEEDS ASSESSMENT STEERING COMMITTEE

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

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



HOSPITAL STEERING COMMITTEE

Kawanda Johnson, Administrator

Kammie Harris, Nurse Manager

Jerome Pickard, Marketing

Byron Salazar, Regional Health Educator, Mississippi Department of Health

Sonja Sparrow, Quality/Risk Management

Pamela Davis-Thomas, Department of Health

COMMUNITY FOCUS GROUP

A community focus group was held at The Specialty Hospital of Meridian on November 6, 2019. The participants in the group were carefully selected because they each represented a specific segment of the populations served. In addition, they can act as a continuous conduit between the community and the leadership of the hospital. These participants contributed to a structured discussion which was impartially facilitated by healthcare consultants from HORNE LLP of Ridgeland, Mississippi.



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

PARTICIPANTS IN THE COMMUNITY FORUM

Kawanda Johnson – Administrator
Justin Anders – Business Owner, UPS Store
Sheila Dikes – Marketing, The Medical Store
Kammie Harris – Nurse Manager
Jerome Pickard – Marketing
Fabrizio Salazar – Regional Health Educator, Mississippi Department of Health
Dr. Angel Savage – Mississippi State University
Sherry Shelby – Lauderdale County Schools, District Head Nurse
Charrisa Shirley – Home Instead Senior Care
Lisa Sollie – Mississippi State University
Sonja Sparrow – Quality/Risk Management
Pamela Davis – Thomas– Department of Health
Mark Wiggins – The Medical Store
Andrea Williams – Lauderdale County School System
Derrick Mason – Consultant, HORNE LLP
Barry Plunkett – Consultant, HORNE LLP

INVITED BUT UNABLE TO ATTEND

The hospital made a deliberate effort to include in the Community Focus Group a diverse cross section of the community served. Those who were unable to attend the meeting on November 6, were made aware of the purpose of the gathering and the importance of the input from the businesses, civic groups, or population segments they represent. Open dialogue remains fluid with the hospital's administration and the Focus Group members.

Percy Bland – Mayor of Meridian
Fannie Johnson – Meridian City Council
Brittney Mosley – Lauderdale Community Health Director
Cathy Raley – Northcrest Baptist Church Senior Adult Ministry Director



RURAL HEALTH DISPARITIES

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

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

WHAT ARE THE CAUSES OF RURAL HEALTH DISPARITIES?

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

ACCESS TO HEALTHCARE

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

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

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

SOCIOECONOMIC STATUS

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

HEALTH BEHAVIORS

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

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

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

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

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

THE UNHEALTHIEST STATE IN THE UNITED STATES

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

MISSISSIPPI IS NUMBER ONE

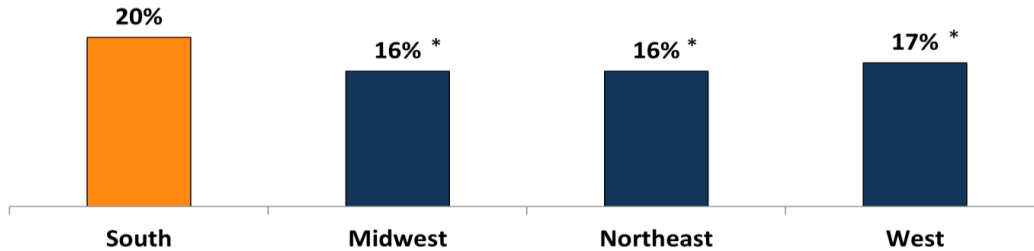
Unfortunately, that is not a ranking that we as a state can be proud. Along with having among the highest rates of cardiovascular disease, smoking, and obesity in America, the Magnolia State unfortunately touts the nation's largest percentage (25 percent) of youths living in poverty. All of these factors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

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



Figure 4

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



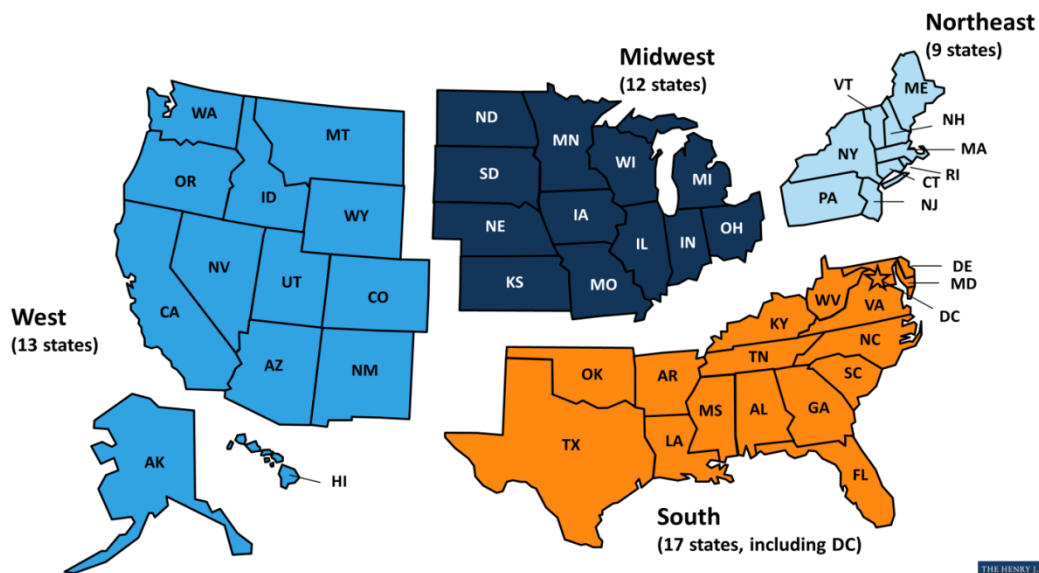
* Indicates a statistically significant difference from the South at $p < .05$ level.

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



Figure 1

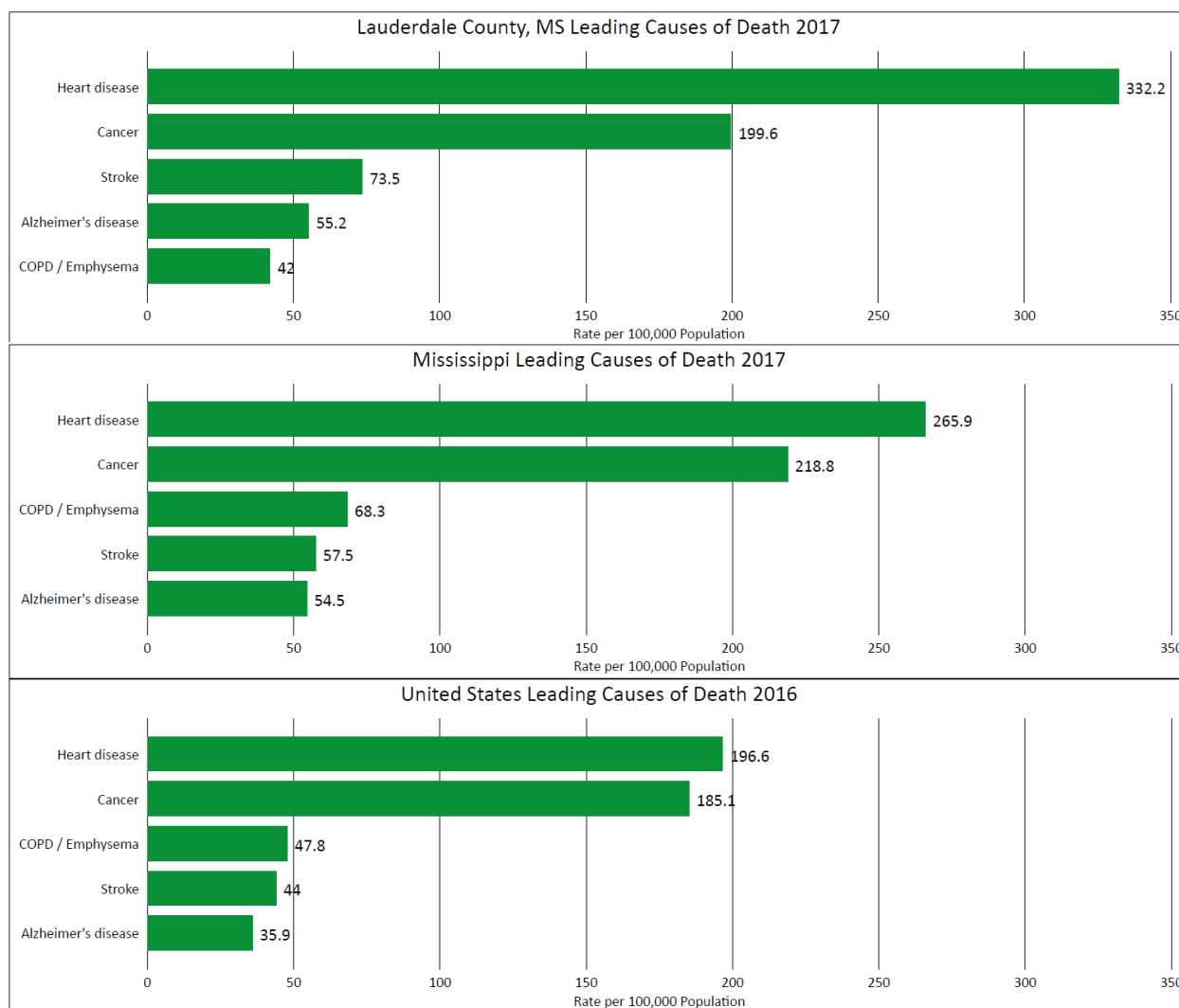
Census Regions and Divisions of the United States



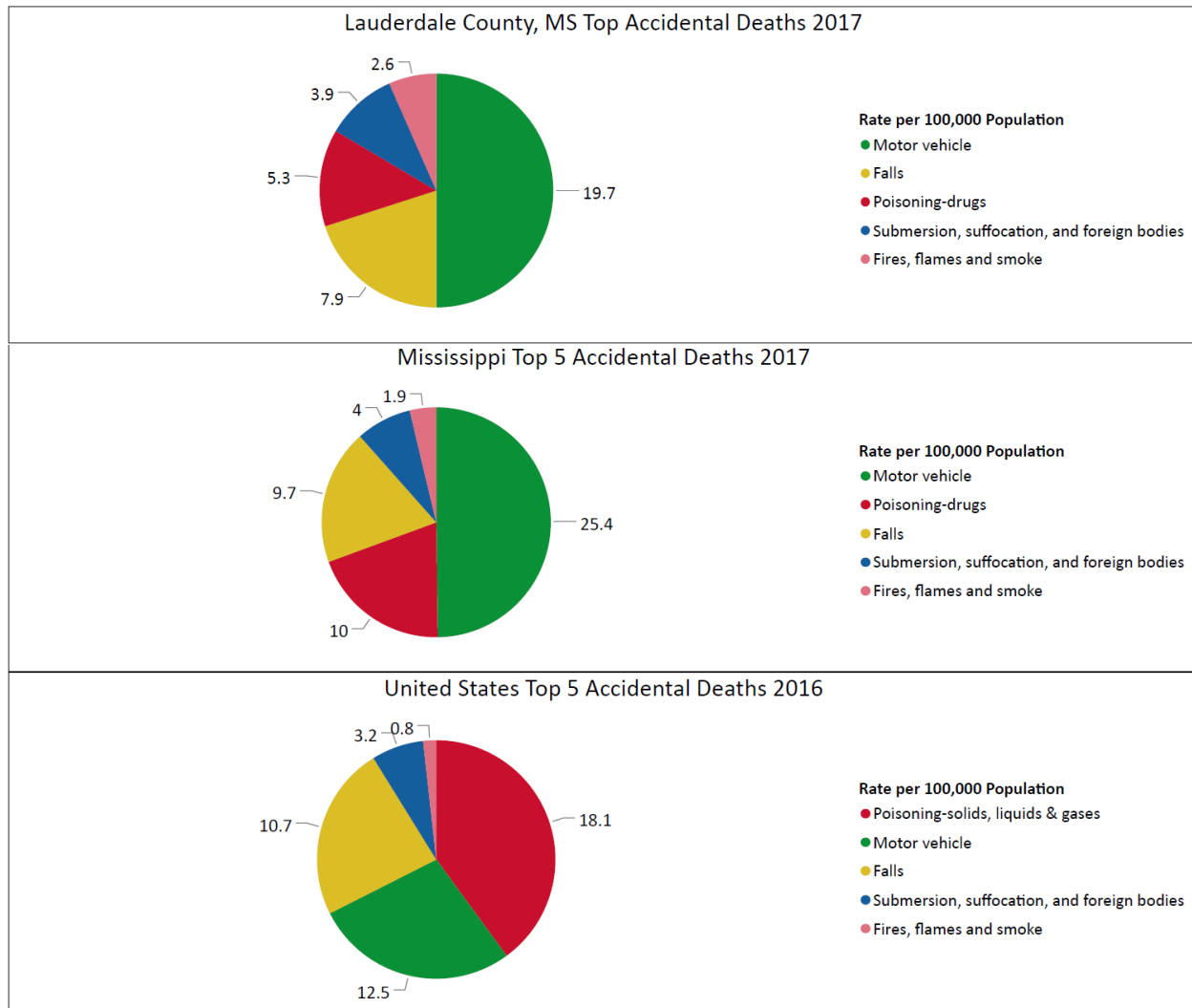
Source: http://www2.census.gov/geo/pdfs/maps-data/maps/reference/us_regdiv.pdf



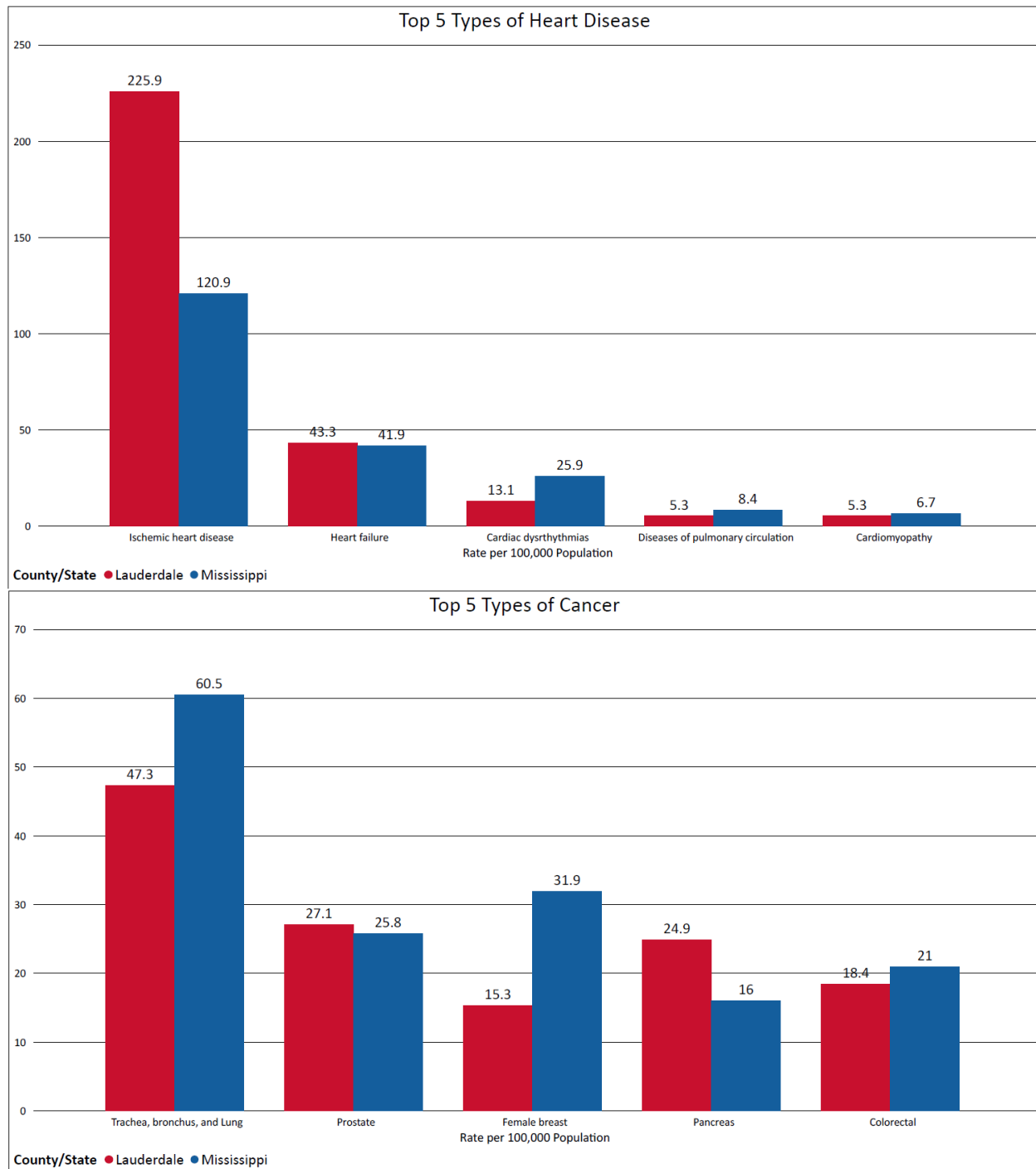
CAUSES OF DEATH



ACCIDENTAL DEATHS



HEART AND CANCER STATISTICS



2016 CHNA STRATEGIC ACTION RESPONSES

Socioeconomic challenges and knowledge deficits about living a healthy lifestyle in conjunction with the relationship between chronic diseases and personal health, contribute to a wide range of health care needs among rural communities in Mississippi and Alabama.

At the conclusion of the 2016 Community Health Needs Assessment (CHNA) conducted by The Specialty Hospital of Meridian, the CHNA Steering Committee identified critical opportunities to enhance the health needs for the people of our service areas. The group's vision was to improve community health in the area by improving access to resources that support a healthy lifestyle. The group also had a vision to improve the level of understanding of inpatient wound care to promote legislative action to extend wound care reimbursement.

In support of the 2016 Community Health Needs Assessment and ongoing community benefit initiatives; The Specialty Hospital implemented the following strategies to positively impact and measure community health improvement.

INITIATIVE 1: LIFESTYLE IMPROVEMENTS, LEGISLATIVE EDUCATION FOR WOUND CARE, AND TOBACCO CESSATION

- Provided education in a geographic area to patients and individuals on lifestyle improvements related to: hypertension, diabetes, heart disease and stroke.
- Conducted educational luncheons to healthcare professionals on wound care principles.
- Worked with local and national legislative delegation on education regarding the importance of wound care reimbursements in the LTCH setting.
- Provided all patients and families of The Specialty Hospital of Meridian with information regarding Smoking Cessation.
- Developed and displayed educational information boards throughout The Specialty Hospital of Meridian regarding tips on living a healthy lifestyle and the risk of smoking.

TARGET POPULATION

The Specialty Hospital of Meridian targeted the adult population within a 100-mile radius of Meridian in Mississippi and West Alabama who could benefit from health promoting information. The information was geared toward chronic and co-morbid conditions and patients suffering from wounds (pressure, non-pressure, surgical, non-surgical). Included in the target population would be state and national level Senators and Representatives.

GOAL, DESIRED OUTCOME

- To educate the surrounding population and patients about healthy lifestyle choices to promote better health.
- To increase partnerships with organizations and health care workers to continue health education.
- To educate Senators and Representatives on the lack of and importance of access to care for extensive inpatient treatment to improve clinical outcomes.

TIME FRAME / PROCESS / LOCATION

Inpatient admissions documented from January 2017 through December 2018 in East/North East Mississippi and West Alabama were used.

What were the activities?

- Conducted and participated in Health Fairs, Health Education programs, and Health Provider education regarding:
 - Diet
 - Diabetes Management
 - Healthy Life Choices
 - Wound Care
- Informational Boards were displayed around the hospital. Information included Smoking Cessation and Healthy Living tips.
- Several visits to Washington D.C. to educate Senators and Representatives were organized



When did they occur?

- Several community awareness projects throughout the reported years.
- Several visits to and from Washington D.C. throughout the reported years.

Where? (Locations in geographic area)

- East and North East Mississippi and West Alabama

Measure of Success

- Repeated invitations from the community and health care organizations to attend and participate in annual Health Fairs and employee educational in-services.
- The willingness of Mississippi and Alabama delegates to participate in legislation that improves healthcare access for wound care patients.

Number of locations served?

- Specialty Hospital of Meridian, North Mississippi Medical Center, University Medical Center Jackson, Winston Medical Center, Choctaw Hospital, Bryant Whitfield Hospital, Central MS Wound Care Center, South Central Hospital, Forest General Hospital, Wayne General Home Health, Sta-Home Health Agency and several local churches in Meridian.

Collaborative Partners

- Hospitals
- Home Health's
- Hospices
- Local 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, and lifestyle improvement.



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

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

PRIORITIZATION

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

IMPLEMENTATION PLANS

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

Many of the lifestyle habits negatively impact the overall health of our community and are major contributors to several of the leading causes of death in our service area. The Specialty Hospital of Meridian has identified three significant initiatives it will undertake over the next three years. Each of these initiatives has multiple components. These collaborative projects should help improve the health and overall quality of life in our community. Each project is described in detail in the following section of this report.

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



2019 CHNA STRATEGIC ACTION INITIATIVES

Over the next three years, The Specialty Hospital of Meridian along with the collaboration of many community partners, will follow a systematic approach and focus its efforts in these three areas:

INITIATIVE 1: CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)

- Lifestyle Improvement
- Causes of airway obstruction
 - Emphysema
 - Chronic Bronchitis
- Cigarette Smoking
 - Begins at Admission
 - Assist Patient with alternatives and prevention
- Risk Factors

INITIATIVE 2: DIABETES

- Lifestyle Improvement
- Public Education
 - Patient
 - Family and Caregivers
 - Community
 - Health Screenings
- Diabetic Wounds
 - Prevention
 - Diet and Lifestyle Improvements
 - Skin Care
 - Caring for Wounds and Wound Patients

INITIATIVE 3: HEART DISEASE

- Lifestyle Improvement
- Public Education
 - Patient
 - Family and Caregivers
 - Community
 - Health Screenings
- Risk Factors

THANK YOU

This comprehensive assessment will allow us to better understand the needs and concerns of our community. The Specialty Hospital of Meridian is proud to be coming back stronger to even better serve our community. As always, through our commitment to compassionate and mission-focused healthcare, we are honored to work closely with our collaborative partners in our community to provide outstanding healthcare and create a healthier world for the residents of Lauderdale County and surrounding area. Dedication to our values of performance, accountability, service, stewardship, integrity and teamwork has allowed us to continue, during these challenging months, to proudly serve our community.

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

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