



St. Dominic's

ST. DOMINIC-JACKSON MEMORIAL HOSPITAL



2019-2021

**COMMUNITY HEALTH
NEEDS ASSESSMENT**

crescendo | 

TABLE OF CONTENTS

Introduction	1	Qualitative and Quantitative Primary Data Collection ...	27
Organizational Overview	2	Qualitative Interviews and Discussion Groups	28
<i>The Mission</i>	2	<i>Community Strengths</i>	28
<i>Signs of Excellence</i> ..	2	<i>Vulnerable Populations</i>	28
<i>The Calling</i> ..	2	<i>Themes and Areas of Consensus Among Discussion Groups</i> ..	28
<i>The Outreach</i>	3	<i>Initial Top Needs</i>	29
Description of the Community Served	4	<i>Personal “Top Three” Overall</i>	30
<i>Previous Community Needs Rankings</i>	4	<i>Consensus Challenges Overall</i>	30
Summary of 2019-2021 Prioritized Community Needs ...	5	Quantitative Community Telephone Survey	32
Community Health Needs Assessment 2019-2021	6	<i>Consumer Health Behaviors</i>	33
Assessment Methodology	6	<i>Health Issues Needing More Focus</i>	34
<i>How To Use This Study</i>	6	Two-phase Needs Prioritization Process	36
<i>Community Health Needs Assessment Participants</i>	6	Phase 1 Prioritized List of Needs	37
<i>Methodology Components</i>	6	Phase 2 Prioritized List of Needs	38
Highlights of a Changing Population Health		Implementation Strategy Considerations	39
Environment	7	Appendices	40
Overview of Health Status Changes	7	Appendix A: Community Health Needs	
Strategic Secondary Research	10	Assessment Survey	41
Demographic and Economic Indicators	11	Appendix B: Activities in Response to 2016-2018	
<i>Key Measures</i>	11	Prioritized Needs	43
<i>Median Age and Gender</i>	12	Appendix C: List of Prioritized Community Needs	44
<i>Ethnicity/Race</i>	13	Appendix D: Focus Group Moderator’s Guides	45
<i>Projection for Populations Born Before 1965</i>	15	Appendix E: Focus Group Details by Group	48
Social and Physical Environment	16	<i>Community Members, Group 1</i>	48
<i>Educational Attainment</i>	17	<i>St. Catherine’s Village Residents</i>	48
<i>Poverty Status</i>	19	<i>New Directions Group</i>	48
<i>Sexually Transmitted Infections</i>	22	<i>Patient Advisory Group</i>	49
<i>Leading Causes of Death</i>	23	<i>Organizational Leaders</i>	49
Access to Care	24	Appendix F: Leadership Prioritization Presentation ...	50
<i>Provider Concentrations</i>	24	Appendix G: Existing Nursing, Assisted Living	
<i>Health Insurance</i>	24	or Residential Care Facilities	57
<i>Transportation</i>	24	Appendix H: Organizations Included in CHNA	
Brief Health Status Summary	25	Research Outreach Efforts	58
Service Access and Utilization	25	Appendix I: Community Survey Frequency Tables	59
<i>Principal Diagnosis Groupings of St. Dominic’s Patients</i> ..	25	Appendix J: Community Services Resource Guide	68



2019-2021 Community Health Needs Assessment



INTRODUCTION *Every three years St. Dominic's conducts an assessment of the wellness and needs of community members, as well as of the available resources to fulfill their needs. The resulting document which follows is known as the Community Health Needs Assessment. It is used as a blueprint over the succeeding years to develop or support programs and services aimed at fulfilling the identified needs.*

THE MISSION *Inspired by the teachings of Jesus Christ and the witness of our founding Dominican Sisters, we provide compassionate care and hope as a healing ministry of the Catholic Church.*



Organizational Overview

St. Dominic-Jackson Memorial Hospital (St. Dominic Hospital), a 571-bed acute care facility in Jackson, Mississippi, traces its history to 1946, when the Dominican Sisters of Springfield, Ill., purchased the Jackson Infirmary in the center of the city. The infirmary was the foundation for a health system that today includes the acute care hospital, a continuing care community and a full range of outpatient and community services.

St. Dominic Hospital employees contribute to community member welfare not only through the provision of health services but also via voluntary community service and by employee funded charitable contributions to many local organizations in need.

St. Dominic Health Services, Inc. (St. Dominic Health Services or SDHS) sponsored by the Dominican Sisters, is the parent organization operating St. Dominic Hospital as well as St. Catherine's Village and St. Dominic Madison Health Services, Inc. In addition, St. Dominic Health Services operates Community Health Services—St. Dominic, Inc., which incorporates the outreach services of The Club at St. Dominic's, New Directions for Over 55, St. Dominic Community Health Clinic and the Care-A-Van screening program. As a whole, all of the services, entities and hospital are collectively referred to as St. Dominic's.

The St. Dominic's family of caregivers not only serves patients but also contributes to an atmosphere of care and compassion for those outside the hospital's walls. St. Dominic's strives to not only provide care for the sick but also to offer education and wellness services in order to improve the health status of the community and eliminate risk factors for more serious health problems.

Signs of Excellence

St. Dominic's commitment to its patients is illustrated through:

- Consistently high patient satisfaction scores
- Ongoing clinical performance initiatives
- Excellent medical outcomes
- National designations and awards

These outward signs of excellence are a result of St. Dominic's choice to focus on the patient, extending a level of compassion, quality, care and service that meets changing health care trends.

The Calling

Every human life is a sacred gift from God. At St. Dominic's, the team of caregivers view each individual as special – to be treated with the utmost respect. No matter the phase of life, St. Dominic's goal is to provide patients with exceptional care for all aspects of the human existence – body, mind and spirit. St. Dominic's strives to not only provide care for the sick but also to offer education and wellness services in order to improve the health status of the community and eliminate risk factors for more serious health problems.

God has called the Dominican Sisters to administer compassion and health care in His name to the people of Mississippi. St. Dominic's fulfills this mission through advanced medical services in a state-of-the-art hospital and outpatient center, through caring for older adults in a continuing care retirement facility, through primary and urgent care services, into the community through a number of wellness and outreach programs.

THE OUTREACH *St. Dominic's mission is put into action by establishing community and performing service in the name of Jesus Christ. To St. Dominic's, that means giving of our time, talents and resources to make the community a better place to live. St. Dominic's family of caregivers not only serves its patients, but also contributes to an atmosphere of care and compassion for those outside the hospital walls. Examples of some of these outreach efforts are shown below.*

Care-A-Van Outreach Program

One way that St. Dominic's reaches beyond its hospital walls and into the community is through its Care-A-Van outreach program. With health prevention as its focus, this 42-foot mobile screening bus travels throughout Central Mississippi conducting both screenings and educational programs for school-age children and the elderly. Each year the Care-A-Van program records over 12,000 direct contacts with children and senior adults at risk for health problems. These contacts represent over 2,000 hours of service from the Care-A-Van staff and volunteers.

St. Dominic Community Health Clinic

In the mid-1990s, St. Dominic's recognized the need to provide health care services for the homeless and working poor of Jackson's inner city. Through close ties with Stewpot Community Services and the Central Urban Ministry Center, St. Dominic's Community Clinic was established to serve those who cannot afford basic medical care. In addition to primary health care services, the clinic provides a variety of educational programs for children, adolescents and adults in an effort to promote disease prevention and safety among these segments of the population.

New Directions for Over 55

Realizing the population as a whole is aging, St. Dominic's created a wellness program to meet the unique needs of mature adults. Built on the premises that social interaction, enrichment opportunities and wellness education help promote healthy, active lifestyles among seniors, New Directions for Over 55 brings all these and numerous benefits together in a membership-based program.

The Club at St. Dominic's

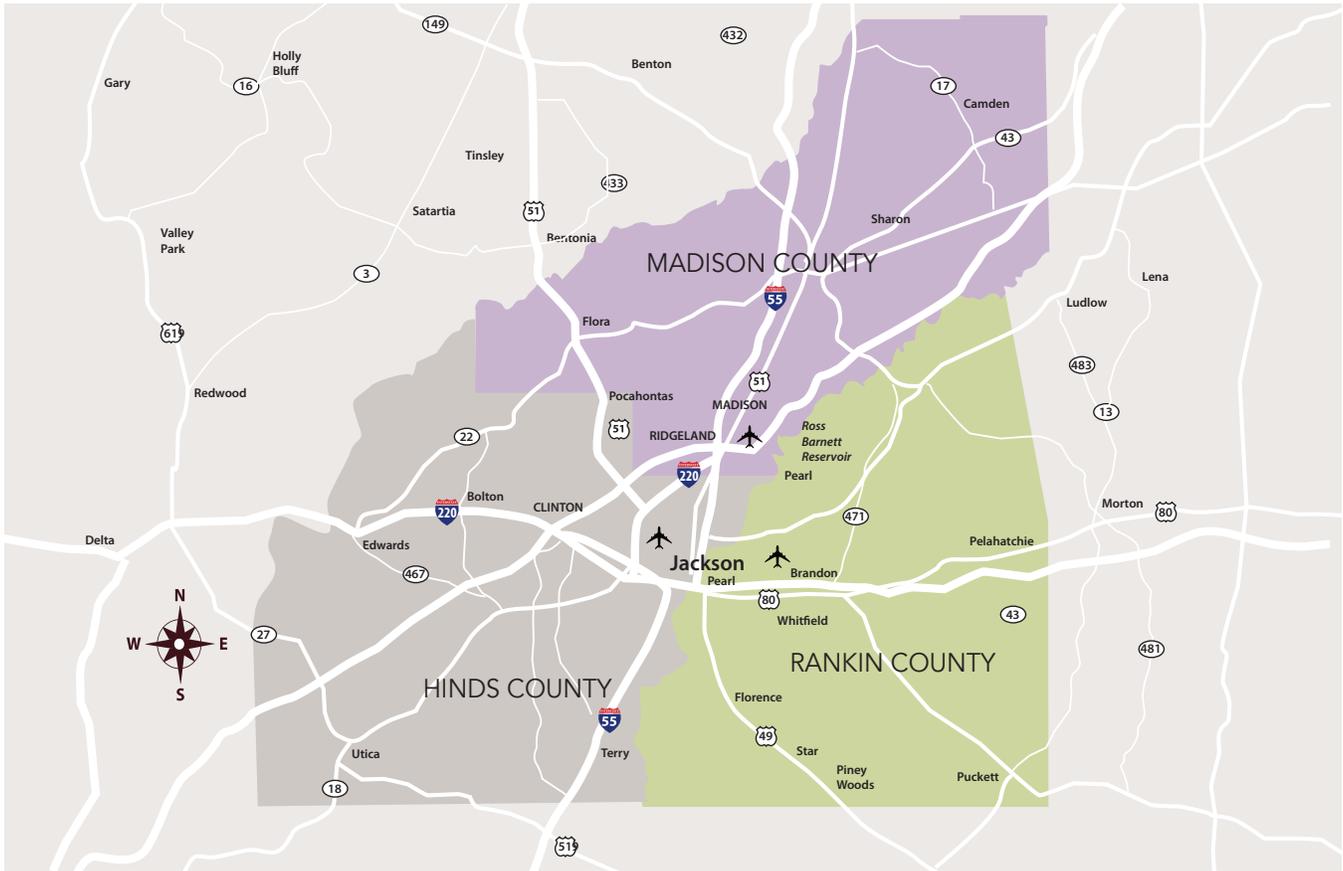
In the early 1980s, St. Dominic's began offering the general public and the corporate community a resource that focused on health prevention and total wellness. Today, The Club at St. Dominic's operates a leading fitness and wellness facility for individuals and families, St. Dominic's employees and local businesses wanting to improve the health of their workforce.

Madison School Nurse Program

Since its launch in 2008, St. Dominic's Madison School Nurse Program has provided school nurses to the elementary and middle schools in the Madison County School District. The program expanded in 2014 to provide an outreach program to Velma Jackson High School.



DESCRIPTION OF THE COMMUNITY SERVED *St. Dominic Hospital is a 571-bed acute care facility serving the Hinds, Madison and Rankin tri-county area of Mississippi.*



HINDS COUNTY

Population: 239,497
 Percent African-American: 71.7%
 Median household income: \$38,773
 Median age: 35.9

MADISON COUNTY

Population: 104,618
 Percent African-American: 38.1%
 Median household income: \$65,924
 Median age: 37.9

RANKIN COUNTY

Population: 152,080
 Percent African-American: 19.8%
 Median household income: \$59,370
 Median age: 37.2

Hinds County includes nearly half of the service area population. The county’s racial make-up is predominantly (71.7%) African American. In addition, residents have a much lower median household income compared to Madison and Rankin Counties and a higher percentage who indicate that they have a poor or fair health status. These two indicators often correlate with a higher level of community health needs.

Madison County residents tend to have higher household income and better health status compared to Hinds County. The county is racially diverse, with nearly 40% of its residents being African American.

Rankin County is the least racially diverse county in the St. Dominic’s service area, as only one of five residents (19.8%) are African American. Rankin and Madison Counties have fewer people living in poverty than Hinds County (6.4% and 9.3% compared to Hinds’ 25%).

Previous Community Needs Rankings

Based on the 2016–2018 assessment activities, the hospital enacted specific programs designed to impact the identified needs. The hospital developed implementation plan activities for the top three needs which also impact access to care and several related needs.

2016-2018 Prioritized Community Needs

Rank	Health Need
1	Access to care – affordable health care, prescriptions and related services; transportation to health care appointments; and, integration of care between providers
2	Behavioral health or mental health – Access, early detection and intervention
3	Chronic disease care and screening – especially for heart disease, cancer, diabetes, stroke and obesity
4	HIV prevention and treatment
5	Managing the expected growth in senior health services – Having enough physicians and other health care providers to serve a growing need

St. Dominic's has actively developed and implemented programs to address the prioritized needs. The table in Appendix B summarizes activities undertaken by the hospital to address the prioritized needs identified in the 2016-2018 CHNA.

SUMMARY OF 2019-2021 PRIORITIZED COMMUNITY NEEDS *Several methodologies were combined to develop a comprehensive and prioritized list of 2019-2021 community needs.*

The resulting prioritized list of community needs fall into three categories: Affordable Health care, Mental Health and Substance Abuse, and Lifestyle-related Conditions. The breadth of the categories of needs allows St. Dominic's to continue (or possibly expand) successful existing programs and to develop innovative approaches to possibly addressing multiple needs simultaneously. The list of the top need categories and more detailed opportunities for improvement are shown below.

2019-2021 Prioritized Community Needs

Rank	Health Need
1	<p>Access to Affordable Health care</p> <ul style="list-style-type: none"> Insurance coverage / co-pays / deductible Prescription medication assistance People with existing challenges of access to care (e.g., disabilities, low income individuals and families, etc.) People requiring behavioral health and medical / physical health care services (i.e., integrated care) Seniors - especially those with chronic conditions and those with co-morbid behavioral health and medical physical health issues Services for families facing homelessness
2	<p>Mental Health and Substance Abuse</p> <ul style="list-style-type: none"> MH and SA crisis services for adults MH counseling for adults Counseling for children and adolescents with mental illness or substance use issues Medication Assisted Treatment (MAT) programs Community Opioid strategies Post addiction support Endocarditis in the inpatient setting
3	<p>Lifestyle-related Conditions</p> <ul style="list-style-type: none"> Heart / cardiovascular health Diabetes Food security (difficulty affording or obtaining food) Obesity HIV/AIDS and other STIs

The Two-Phase 2 evaluation process used to arrive at the key areas of priority emphasis for future years is described in detail in the report.

Community Health Needs Assessment 2019-2021

ASSESSMENT METHODOLOGY

How To Use This Study

This study provides information about the approach and findings from the St. Dominic's Community Health Needs Assessment (CHNA). It includes a comprehensive review of health data and community input on issues relevant to community health in the Hinds, Madison, Rankin tri-county area that St. Dominic's serves. The assessment covers a wide range of topics and with community inputs helps to foster ongoing community discussion. We invite the reader to investigate and use the information in this report to help move toward solutions, the creation of goals and the implementation of activities leading to improved community health.

Community Health Needs Assessment Participants

St. Dominic Hospital reached out to an expansive and highly diverse group of individuals to participate in its CHNA leadership team and to contribute insight from community service organizations. Each member provided project insight, feedback regarding perceptions of area health needs, data evaluation and other guidance during the CHNA process. These individuals had a breadth of community health vision, knowledge and power to impact the well-being of the service area.

Methodology Components

The St. Dominic Hospital CHNA methodology includes a combination of quantitative and qualitative research methods designed to evaluate perspectives and opinions of area stakeholders and healthcare consumers – especially those from underserved populations. The methodology that was used helped prioritize the needs and establish a basis for continued community engagement – in addition to simply developing a broad, community-based list of needs.

The major sections of the methodology include the following:

- **Qualitative Interviews and Discussion Groups** – This primary research includes discussion groups and interviews with St. Dominic Hospital leadership, other community service providers and health care consumers who represent a span of healthcare consumers in the PSA.
 - **Quantitative Community Survey** – Another form of primary research utilized in this methodology are quantitative community surveys. A randomized large sample (n=300) telephone survey was done among adults (age 18+) in the primary service area. The survey included equal representation of all three counties and proportional representation of African Americans and other racial groups, as well as a diverse mix of economic strata and educational attainment levels.
 - **Two-phase Needs Prioritization Process** – Following the secondary research, qualitative interviews and the community rating of over 25 community health issues, an initial Phase 1 prioritized list of needs was created. Development of the initial list involved asking over 325 community and leadership team members: What do you think are the top one or two greatest health issues in the community? In Phase 2 the top needs were then evaluated to arrive at the key areas of priority emphasis for future years.
 - **Multivariate Data Analysis, Information Synthesis, and Report Creation** – Crescendo analyzed response data and developed tables and graphs that illuminate the results found in this report. The survey, accompanying frequency tables and cross tabulations are contained in the Appendices.
- **Strategic secondary research** – This type of research includes a thorough analysis of previously published materials that provide insight regarding the community profile and health-related measures. The “demographics and key indicators” table is shown below while others follow or are included in the appendices of this report.



HIGHLIGHTS OF A CHANGING POPULATION HEALTH ENVIRONMENT

The three-year period from 2016-2018 saw multiple population health changes across the St. Dominic's service area and the nation.

Overview of Health Status Changes

Several longitudinal data sources were combined to develop an overview of the key changes in the service area. Most notably:

- The population has grown by 2.7%.
- The HIV Rate has steadily increased.
- Median Household Income has grown by 5.8%.
- Food insecurity has risen.

Demographics			
Measure	Service Area (2010)	Service Area (2018)	Change
Total Population	483,199	496,195	+ 12,996
Income	\$48,049	\$50,810	+\$2,761
Living in Poverty	16.4%	15.9%	-0.5%
Disabled	12.2%	12.2%	0.0%

SOURCE: 2018 American Community Survey, 2010 American Community Survey

- Population has increased by nearly 13,000.
- The poverty rate has fallen slightly, from 16.4% to 15.9%.

Health Status Indicators			
Measure	Service Area (2010)	Service Area (2018)	Change
HIV Rate	739.8	746.4	+0.9%
Age Adjusted Mortality	902.7	857.8	-5.0%
Child Mortality	81.7	N/A	N/A
Food Insecurity	20.0%	29.0%	+9.0%

SOURCE: County Health Rankings, 2015 Datasets, County Health Rankings, 2010 Datasets

- The HIV rate has slowly risen (+0.9%).
- More residents of the service area experience food insecurity compared to 2010 (+9.0%).

Chronic Disease Prevalence¹

Measure	Service Area (2010)	Service Area (2018)	Change
Heart Disease	233.8	201.4	-13.8%
Cancer	192.9	177.6	-7.9%
Diabetes	12.6%	11.2%	-1.4%
Stroke	46.4	41.0	-11.6%
Obesity	31.6%	32.2%	+0.6%

SOURCE: County Health Rankings, 2015 Datasets, County Health Rankings, 2010 Datasets

- Almost all chronic disease prevalence is down.
- Obesity is up slightly, from 31.6% to 32.2%.

Health Outcomes have remained relatively unchanged. Premature deaths are down, while measures such as poor Mental and Physical health are similar to 2010 averages.

Health Outcomes

Measure	Service Area (2010)	Service Area (2018)	Change
Premature Deaths ²	9,188.8	8,763.8	-425.0
Self-Report Fair or Poor Health	18.0%	19.0%	+1.0%
Poor Mental Health Days	3.5	3.7	0.2
Low Birth Weight	13.4%	12.4%	-1.0%

SOURCE: County Health Rankings, 2018 and 2010 Datasets, Community Commons 2015 and 2010 Datasets

Clinical Care

Measure	Service Area (2010)	Service Area (2018)	Change
Uninsured	18.0%	12.0%	-6.0%
Patient to PCP Ratio ³	1258:1	1259:1	1
Mental Health Provider Ratio ⁴	982:1	652:1	-330

SOURCE: Community Commons 2015 and 2010 Datasets

¹ Percentage and/or rates per 100,000 population

² Per 100,000 population

³ Number of residents per provider

⁴ Number of residents per provider

Social and Economic Factors

Measure	Service Area (2010)	Service Area (2018)	Change
HS Graduation Rate	76.0%	89.3%	13.3%
Unemployment	7.2%	4.8%	-2.4%
Children in Poverty	29.0%	23.0%	-6.0%
Housing Problems	17.0%	17.0%	-

SOURCE: County Health Rankings, 2018 and 2010 Datasets

- The number of children in poverty has declined in the St. Dominic Hospital Service Area. (29% to 23%).
- A higher percentage of the population in 2018 are high school graduates (89.3) than in 2010 (76.0%).



Strategic Secondary Research



DEMOGRAPHIC AND ECONOMIC INDICATORS *Population, age and disability status tend to drive the need for health care services while income, education and poverty level highly correlate to them. The following analysis of demographic factors such as these highlights the growing need for health care services in the area, as well as identifies structural causes of health care service usage.*

As identified in the most recent U.S. Census, service area residents tend to have several characteristics that heighten the urgency of developing a clear, proactive approach to meeting the health needs in the service area. Relative to the current status and compared to key national and state of Mississippi averages, the service area has the following characteristics:

- A lower median age among African American residents and a higher median age among white residents
- Lower median household incomes than the national average.
- More educational attainment than the Mississippi average
- Higher disability rates

The following demographic tables and discussion present key data reflecting these summary points and highlight the impact on community needs and the prioritization of issues.

Key Measures

The St. Dominic Hospital service area on average experiences better health quality measures than Mississippi as a whole. However, in many cases, Hinds County lags both the State, National and Service area averages.

Key Population Measures						
Measure	United States	Mississippi	Hinds Co.	Madison Co.	Rankin Co.	Service Area
Population	325,719,178	2,984,100	239,497	104,618	152,080	496,195
Median Age	38.1	37.5	35.1	36.9	36.9	36.3
Median Household Income	\$55,322	\$40,528	\$38,773	\$65,924	\$59,370	\$50,810
% Living in Poverty	11%	17.1%	19.9%	9.3%	6.4%	11.9%
Ethnicity						
% White	62.0%	57.2%	25.7%	55.9%	75.2%	52.2%
% African American	12.3%	37.4%	71.1%	38.1%	19.8%	42.9%
% Hispanic or Latino	17.3%	2.9%	1.5%	2.8%	2.5%	2.3%
% Asian or Pacific Islander	5.2%	1.0%	0.8%	2.4%	1.1%	1.4%
% Two or More Races	2.3%	1.0%	0.6%	0.5%	1.0%	0.7%
% No High School Diploma	12.3%	15.5%	12.6%	8.7%	9.1%	10.7%
% 16+ Unemployed	4.7%	5.5%	6.5%	3.7%	3.2%	4.8%

SOURCE: American Community Survey 2017

- Hinds County is the poorest in the service area, with a Median Household Income of \$38,773.
- The overall service area’s poverty rate (11.9%) is better than the Mississippi average (17.4%) but higher than the National average (11.0%).
- Hinds County is the largest of the three counties making up the St. Dominic Hospital service area, with a population of 239,497.

Median Age and Gender

The large difference between the median ages of African American and white community members indicates that programs designed to meet the needs of particular age groups may also benefit from an additional focus on cultural issues or other factors present in different racial groups.

Median Age and Gender						
Measure	United States	Mississippi	Hinds Co.	Madison Co.	Rankin Co.	Service Area
Median Age	38.1	37.5	35.1	36.9	36.9	36.3
Median Age by Ethnicity						
White	40.7	41.4	47.1	40.3	39.4	42.2
African American	34.2	33.3	31.9	33.0	35.4	33.4
Hispanic or Latino	29.2	24.1	29.4	20.3	25.9	25.2
Asian	37.1	35.5	44.4	38.2	29.0	37.2

SOURCE: American Community Survey 2017

- The median age of whites in Hinds County is nearly 50% higher than that of African Americans.
- Similar, though slightly smaller, differences are present in Madison and Rankin Counties.
- Hinds County has the highest median age of the three counties in the St. Dominic's service area.

Population 65 Years and Over						
Measure	United States	Mississippi	Hinds Co.	Madison Co.	Rankin Co.	Service Area
Age 65+	15.6%	15.7%	14.9%	13.9%	16.0%	14.9%
Age 65+ by Ethnicity						
White	18.9%	19.5%	25.4%	16.6%	24.1%	22.0%
African American	11.1%	10.6%	10.2%	9.4%	8.9%	9.5%
Hispanic or Latino	6.1%	3.7%	4.6%	2.7%	3.5%	3.6%
Asian	12.9%	8.6%	6.2%	7.1%	9.2%	7.5%
Two or More Races	6.1%	7.5%	6.7%	6.0%	6.0%	6.2%

SOURCE: ESRI Data 2018

- There is a much higher percentage of older white residents in the St. Dominic's service area.

Ethnicity/Race

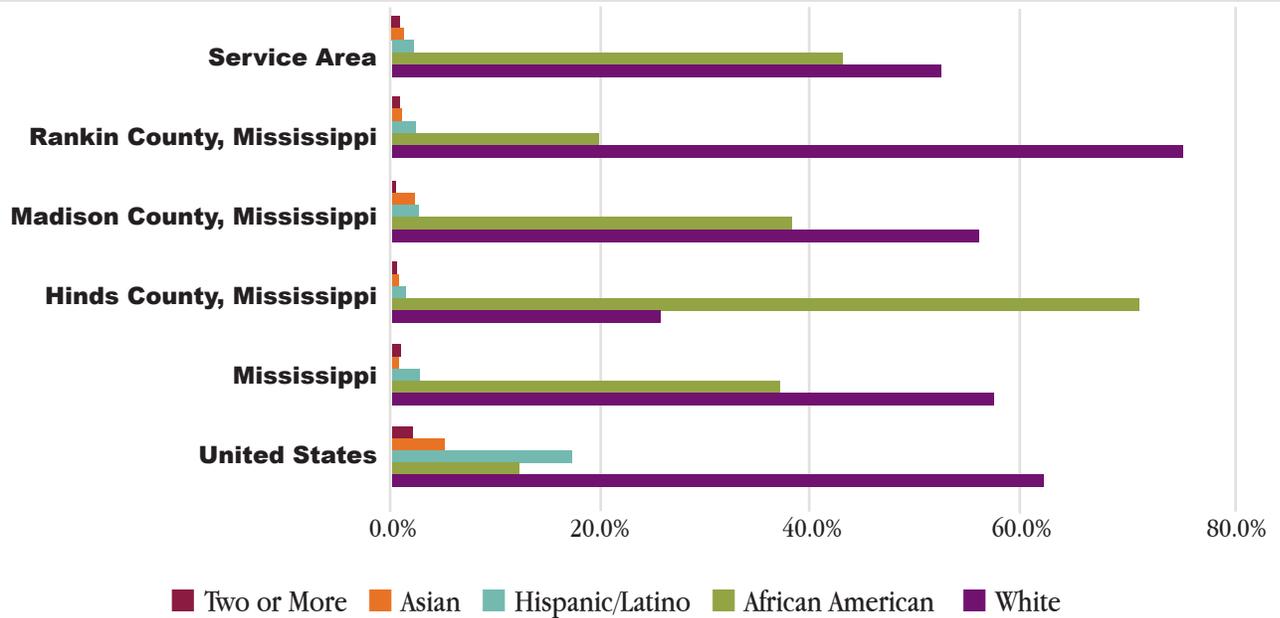
A large portion of the service area population (nearly half of African Americans and approximately one-third of whites) is under 30 years of age indicating that pediatric services and “young family”-oriented services may be needed.

Age of Population by Ethnicity						
Measure	United States	Mississippi	Hinds Co.	Madison Co.	Rankin Co.	Service Area
Under 18						
White	22.1%	22.3%	17.5%	24.6%	24.1%	22.4%
African American	19.1%	31.1%	30.9%	32.7%	30.3%	31.1%
18 to 29						
White	13.0%	12.7%	11.6%	10.3%	12.9%	11.8%
African American	15.3%	15.4%	16.4%	14.9%	15.5%	16.1%
30 to 44						
White	18.3%	18.1%	16.2%	18.6%	20.8%	18.9%
African American	20.3%	19.8%	20.2%	21.1%	23.6%	20.8%
45 to 64						
White	27.7%	27.4%	29.1%	29.8%	27.2%	28.1%
African American	24.0%	22.8%	22.1%	21.8%	22.0%	22.1%
65 and Older						
White	18.9%	19.5%	25.4%	16.6%	16.5%	18.6%
African American	11.1%	10.6%	10.2%	9.4%	8.7%	9.9%

SOURCE: ESRI Data 2018

- According to the U.S. Census Bureau, 2015 estimates, the population in the primary service area of Hinds, Madison and Rankin counties is approximately 496,000 people. Reflective of statewide demographics, nearly a quarter of all residents in these areas are under 18 years of age. The percent of those 65 and over is lower than the statewide representation of the senior citizen population.
- In the aggregated service area, approximately one in four residents are under age 18. In Hinds and Madison Counties, slightly more than three of ten (30.9%, 32.7% respectively) African Americans are under age 18.
- Approximately one of five service area residents are in the 18 to 29 age group.
- Rankin County has more similar age distribution patterns between African Americans and whites than Madison or Hinds Counties.
- In Hinds County, more than 25% of whites are over age 65. Hinds County and the entire service area have a disproportionate number of white and African American seniors.
- About three of ten whites in each county are between 45 and 64 years old – typically, in large part the “Baby Boomer” group characterized by the presence of older/fewer children at home, more active lifestyles and more positive health profiles than seniors.
- Fewer than one in 12 African Americans are age 65 or older.

Population by Ethnicity



The population is highly diverse along racial characteristics – reflecting the rich cultural qualities and demographic variations of the region. Given the differences, analysis of the needs (and development of programs to address the needs) may benefit from consideration of cultural nuances.

Population by Ethnicity

Measure	United States	Mississippi	Hinds Co.	Madison Co.	Rankin Co.	Service Area
White	62.0%	57.2%	25.7%	55.9%	75.2%	52.2%
African American	12.3%	37.4%	71.1%	38.1%	19.8%	42.9%
Hispanic or Latino	17.3%	2.9%	1.5%	2.8%	2.5%	2.3%
Asian	5.2%	1.0%	0.8%	2.4%	1.1%	1.4%
Two or More Races	2.3%	1.0%	0.6%	0.5%	1.0%	0.7%

SOURCE: American Community Survey 2017

- Rankin County is predominantly white (about 75.2%), Hinds County is predominantly African American (71.1%), and Madison County has the highest degree of racial mix (African American, approximately 40%, white approximately 55%).
- The service area has a much higher African American population than the national average and a slightly higher population than the Mississippi average.

Projection for Populations Born Before 1965

Using the year 1965 as a cutoff (the “Baby Boomer” generation) is a method to assess the future needs and quality/length of life of senior populations. The service area will see a larger decline in Baby Boomer populations (-9.8%) than the National (-5.2%) and Mississippi (-8.4%) averages.

Projections for Populations Born Before 1965						
Measure	United States	Mississippi	Hinds Co.	Madison Co.	Rankin Co.	Service Area
Population Born Before 1965 (2018)	92,871,808	850,999	64,671	27,799	41,950	44,806
Population Born Before 1965 (2023)	88,004,583	779,970	53,631	27,432	37,281	39,448
% Change 2018-2023	-5.2%	-8.4%	-17.1%	-1.3%	-11.1%	-9.8%

SOURCE: ESRI Data 2018, American Community Survey, 2017

- Projections show populations falling for those born before 1965 by almost 10%.
- Hinds County will see the sharpest decrease in populations born before 1965 (17.1%), and Madison will see almost no decrease at all (1.3%).



Social and Physical Environment

EDUCATIONAL ATTAINMENT *Educational attainment is highly correlated to income and health needs. Typically, those with more advanced education and higher household incomes tend to exhibit healthier lifestyles and lower health service needs. In St. Dominic's service area, there is an educationally diverse population.*

Educational Attainment						
Measure	United States	Mississippi	Hinds Co.	Madison Co.	Rankin Co.	Service Area
No High School Diploma	12.3%	15.5%	12.6%	8.7%	9.1%	10.7%
High School Graduate (includes equiv.)	87.7%	84.5%	87.4%	91.3%	90.9%	89.3%
Some College No Degree	59.8%	53.1%	49.4%	36.3%	50.0%	48.8%
Associate's Degree	8.5%	9.2%	8.6%	7.7%	10.0%	8.8%
Bachelor's Degree	19.6%	13.7%	17.0%	27.1%	19.6%	19.9%
Graduate or Professional Degree	12.2%	8.4%	12.4%	20.2%	11.2%	13.7%

SOURCE: ESRI Data, 2018

- Hinds County has the lowest Bachelor's Degree attainment in the service area (17.0%) but still has higher Bachelor's Degree achievement than the Mississippi average (13.7%).
- The overall service area attainment of both High School Diploma (89.3%) and Bachelor's Degree (19.9%) is slightly higher than the national average.
- One out of every two residents (50.0%) in Rankin County have at least some college experience.
- Madison County has the highest Graduate or Professional degree attainment in the service area (20.2%).



Educational Attainment by Ethnicity

Measure	United States	Mississippi	Hinds Co.	Madison Co.	Rankin Co.	Service Area
High School Graduate (includes equiv.)						
% White	89.9%	87.3%	93.6%	95.6%	92.0%	93.7%
% African American	85.9%	80.0%	83.0%	85.1%	83.9%	84.0%
% Hispanic or Latino	68.7%	67.8%	-	-	-	-
% Asian	86.9%	80.7%	-	-	-	-
Bachelor's Degree or Higher						
% White	35.8%	25.4%	43.5%	59.0%	32.4%	45.0%
% African American	21.4%	15.3%	21.6%	31.8%	12.0%	21.8%
% Hispanic or Latino	16.0%	17.9%	-	-	-	-
% Asian	53.8%	35.1%	-	-	-	-

SOURCE: ESRI Data, 2018

- White students average a higher High School graduation rate (93.7%) in the service area than do African American students (84.0%).
- Almost half of white students in the service area receive Bachelor's Degrees (45.0%) where less than one quarter of African American students do (21.8%).

Household Income

One of the biggest challenges facing the region is economic stress – the median income ranges from \$38,773 in Hinds County to \$65,924 in Madison County. For comparison, the U.S. median household income is \$55,332.

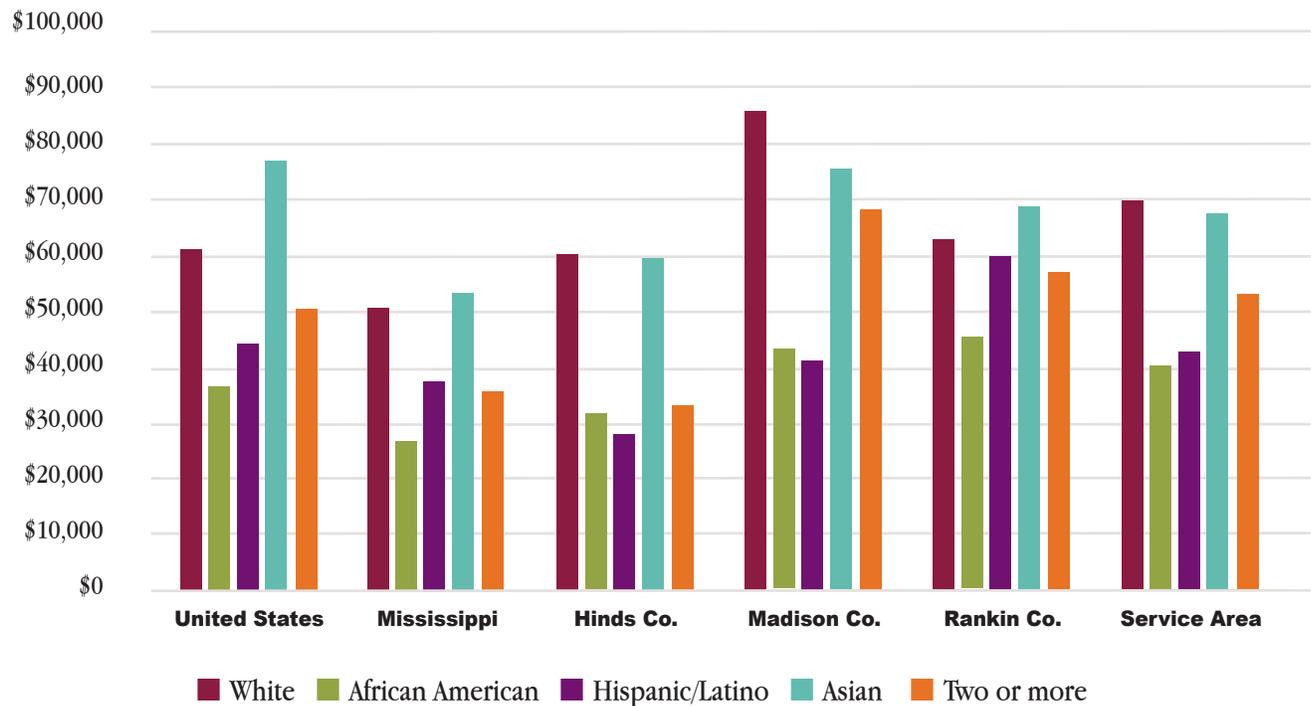
Median Household Income

Measure	United States	Mississippi	Hinds Co.	Madison Co.	Rankin Co.	Service Area
Median Household Income	\$55,322	\$40,528	\$38,773	\$65,924	\$59,370	\$50,810
White	\$61,018	\$50,525	\$60,495	\$86,049	\$62,891	\$69,811
African American	\$36,651	\$27,174	\$32,224	\$43,416	\$45,390	\$40,343
Hispanic or Latino	\$44,254	\$37,891	\$28,077	\$41,016	\$60,250	\$43,114
Asian	\$76,667	\$53,833	\$60,093	\$75,787	\$68,801	\$68,227
Two or More Races	\$50,513	\$35,956	\$33,819	\$68,750	\$57,132	\$53,233

SOURCE: American Community Survey, 2017

- There is a large income disparity between racial groups. On average, African American households earn approximately 40% less than the amount earned in white households.
- Madison County is the highest earning on average in the service area.
- Rankin County is where the highest median income for African American Households occurs (\$45,390).

Median Household Income by Ethnicity



The population is highly diverse along racial characteristics – reflecting the rich cultural qualities and demographic variations of the region. Given the differences, analysis of the needs (and development of programs to address the needs) may benefit from consideration of cultural nuances.



Percent Living in Poverty

Measure	United States	Mississippi	Hinds Co.	Madison Co.	Rankin Co.	Service Area
Living in Poverty	11.0%	17.4%	19.9%	9.3%	6.4%	11.9%
White	12.4%	14.1%	11.3%	4.6%	8.2%	8.1%
African American	26.2%	35.0%	28.9%	13.3%	28.9%	22.4%
Hispanic or Latino	23.4%	30.5%	35.4%	32.0%	16.5%	27.4%
Asian	12.3%	14.0%	21.0%	6.5%	6.0%	11.0%
Two or More Races	19.3%	29.0%	32.7%	20.5%	15.6%	23.4%

SOURCE: Community Commons, 2017 <https://engagementnetwork.org/assessment/>

- Hinds County has a percentage of the population living in poverty that is more than twice that of Madison and Rankin Counties and exceeds the state-wide level. Such severe poverty is indicative of high levels of other social needs such as housing, food, transportation and employment that may impact health outcomes and other needs of the population.
- African American poverty rates are far higher than that of whites. For example, in Madison County, nearly three times as many African Americans live in poverty as do whites. There are large (though not as large) differences in Rankin and Hinds Counties.

Disability Status

Disability rates have a direct correlation to health care service use. Nearly one in 12 Hinds and Rankin County residents has a known disability— below the Mississippi state average (16.4%) but above the U.S. average. There is not a significant difference between disability measures by United States and service area averages.

Living with Disability

Measure	United States	Mississippi	Hinds Co.	Madison Co.	Rankin Co.	Service Area
Any type of Disability	12.5%	16.4%	12.5%	10.4%	13.7%	12.2%
Hearing Disability	3.5%	4.1%	2.2%	2.7%	3.5%	2.8%
Vision Disability	2.3%	3.4%	2.3%	1.9%	2.7%	2.3%
Cognitive Disability	5.0%	6.8%	5.2%	3.9%	6.2%	5.1%
Ambulatory Disability	7.0%	10.2%	7.9%	6.3%	8.0%	7.4%
Self-care Disability	2.7%	3.7%	3.0%	2.7%	3.1%	2.9%
Independent Living Disability	5.8%	8.1%	6.5%	4.9%	5.9%	5.8%

SOURCE: American Community Survey, 2017

- Rankin County has the highest service area average of people with disability (13.7%).
- The most common disability in the service area is Ambulatory Disability (7.4%), which is in line with the National (7.0%) and Mississippi (10.2%) averages.

Health Status Variables

Hinds County has somewhat higher local rates of diabetes, HIV, infant mortality and food insecurity than many other counties and Mississippi overall. The table below shows key related statistics for service area counties, as well as several others in the region. All “rate” measures indicate the number of occurrences per 100,000 people.

Health Status Profile and Disease Burden						
Measure	United States	Mississippi	Hinds Co.	Madison Co.	Rankin Co.	Service Area
Diabetic ⁵	9.2%	12.7%	12.1%	9.7%	10.6%	11.2%
Total Deaths						
Infant Mortality Rate ⁶	6.5	10.1	11.3	7.6	7.4	9.5
Food Environment Index – Low Food Access	22.4%	25.8%	29.6%	25.4%	29.3%	28.7%
Drug Poisoning Deaths ⁷	15.6	11.5	5.0	6.6	12.5	7.6

SOURCE: Community Commons, 2017 <https://engagementnetwork.org/assessment/?REPORT=%7B%22indicator%22%3A%5B0%2C1%2C2%2C3%2C4%2C5%2C>

- The service area averages a higher rate of low food access (28.7%) than the Mississippi average (25.8%) and the national average (22.4%).
- Rankin county has the highest rate of drug poisoning deaths in the service area (12.5). Hinds (5.0) and Madison (6.6) are much lower. All three counties are well below the national average (15.6).
- The service area averages a higher infant mortality rate (9.5) than the national average (6.5).

Health Outcomes						
Measure	United States	Mississippi	Hinds Co.	Madison Co.	Rankin Co.	Service Area
Premature Death ⁸	7,222	11,893	10,389	7,498	6,994	8,632
Poor or Fair Health		22%	22%	16%	15%	18%
Poor Physical Health Days		4.4	4.1	3.4	3.3	3.6
Poor Mental Health Days		4.4	4.2	3.5	3.4	3.7
Low Birth Weight	8.2%	12.1%	15.8%	11.5%	10.4%	13.5%

SOURCE: Community Commons, 2017 <https://engagementnetwork.org/assessment/> County Health Rankings, 2017 http://www.countyhealthrankings.org/app/mississippi/2018/compare/snapshot?counties=28_049%2B28_089%2B28_121

- Low birth weight is an issue in the service area (13.5%) when compared with the state and national averages (12.1%, 8.2% respectively).
- Less people report poor physical health days in the service area than the state average.
- The county with the highest reported poor physical health days is Hinds County.

⁵ Age-adjusted

⁶ Per 1,000 births

⁷ Rate per 100,000 population

⁸ Years of potential life lost, rate per 100,000 population

Health Behaviors

Measure	United States	Mississippi	Hinds Co.	Madison Co.	Rankin Co.	Service Area
Adult Smoking ⁹	18.1%	23.4%	21.0%	13.3%	20.1%	19.2%
Adult Obesity	27.5%	35.3%	34.7%	28.4%	31.5%	32.4%
Food Environment Index – Low Food Access	22.4%	25.8%	29.6%	25.4%	29.3%	28.7%
Physical Inactivity	21.8%	31.3%	31.4%	26.9%	28.1%	29.5%
Access to Exercise Opportunities		58%	73%	87%	71%	77%
Excessive Drinking	16.9%	11.9%	13.3%	15.3%	13.2%	13.7%
Alcohol Impaired Driving Deaths ¹⁰		23%	18%	30%	23%	24%
Teen Births ¹¹	36.6	59.4	54.8	36.8	44.4	48.9

SOURCE: County Health Rankings, <http://www.countyhealthrankings.org/> Community Commons, 2017 <https://engagementnetwork.org/assessment/?REPORT>

- Binge/excessive drinking is higher in the service area (13.7%) than the Mississippi average (11.9%), but both the service area and Mississippi averages are lower than the national average (16.9%).
- Teen births in the service area are low (48.9) compared with the Mississippi average (59.4) but higher than the national average (36.6).
- Obesity is slightly lower in the service area (32.4%) than the Mississippi average (35.3%) but higher than the national average (27.5%).



⁹ Age-adjusted

¹⁰ Percentage of driving deaths involving alcohol

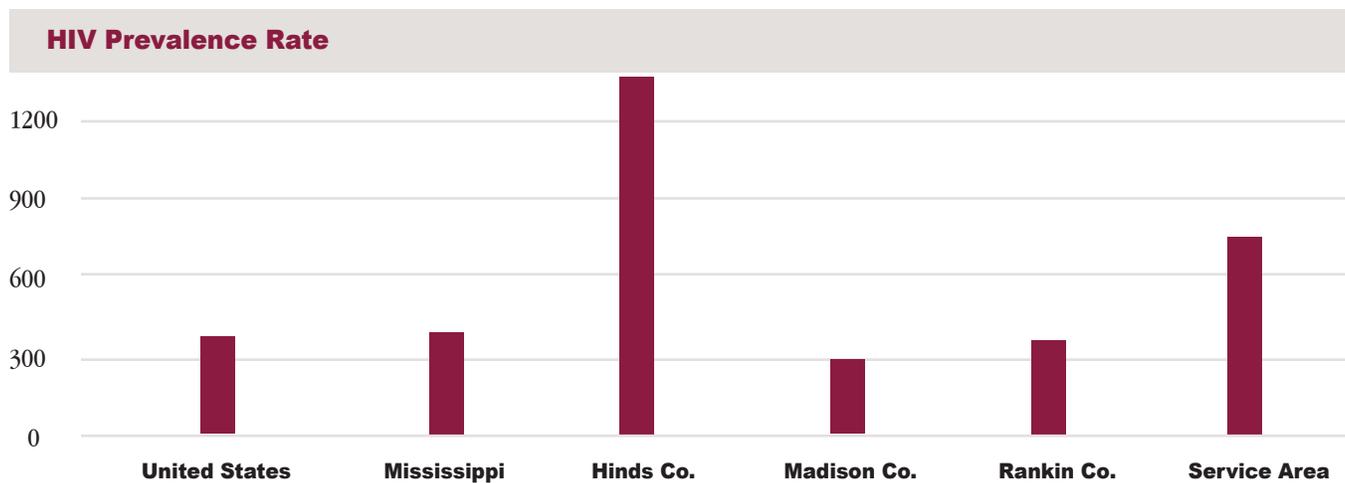
¹¹ Rate per 100,000 population

Sexually Transmitted Infections

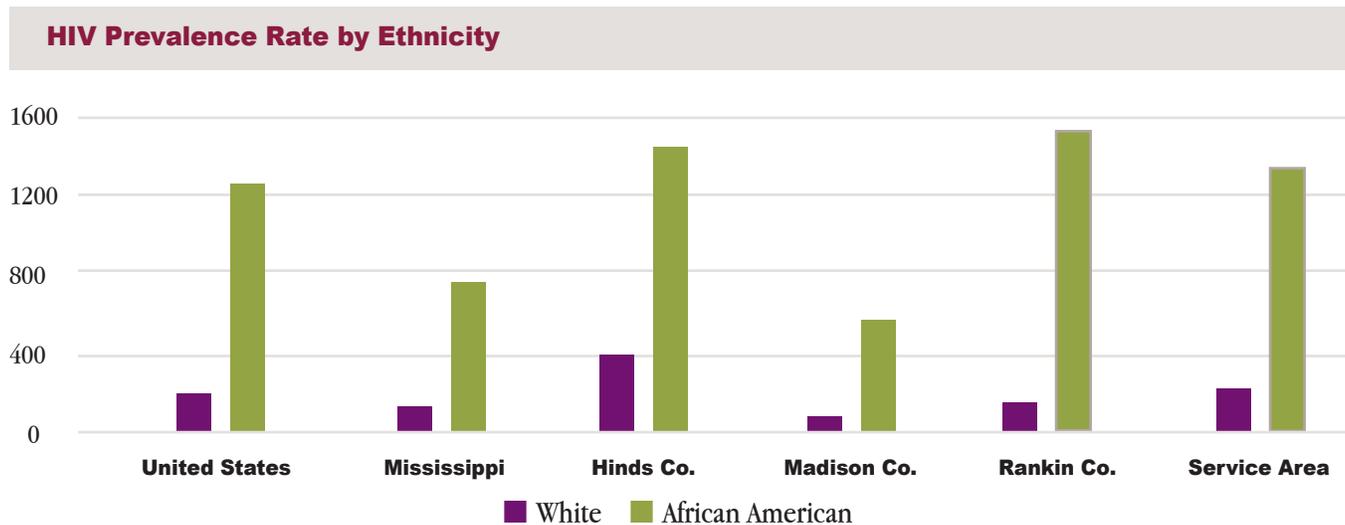
Sexually transmitted infections, especially HIV are very high in the service area, especially in Hinds County. These numbers show potential needs for education and prevention programs, as well as increased services for individuals who are HIV positive.

STI Measures						
Measure	United States	Mississippi	Hinds Co.	Madison Co.	Rankin Co.	Service Area
Sexually Transmitted Infections ¹²	497.3	672.1	1,173.8	511.3	342.9	785.4
HIV Prevalence ¹³	362.3	374.0	1,175.3	290.0	364.3	746.2

SOURCE: Community Commons, 2017 <https://engagementnetwork.org/assessment/?REPORT>



- HIV prevalence is much higher in Hinds County than the US, Mississippi or service area average. Hinds' number (1,175) is so high it skews the service area average, even though Madison (290) and Rankin (364.3) rank lower than the Mississippi average.

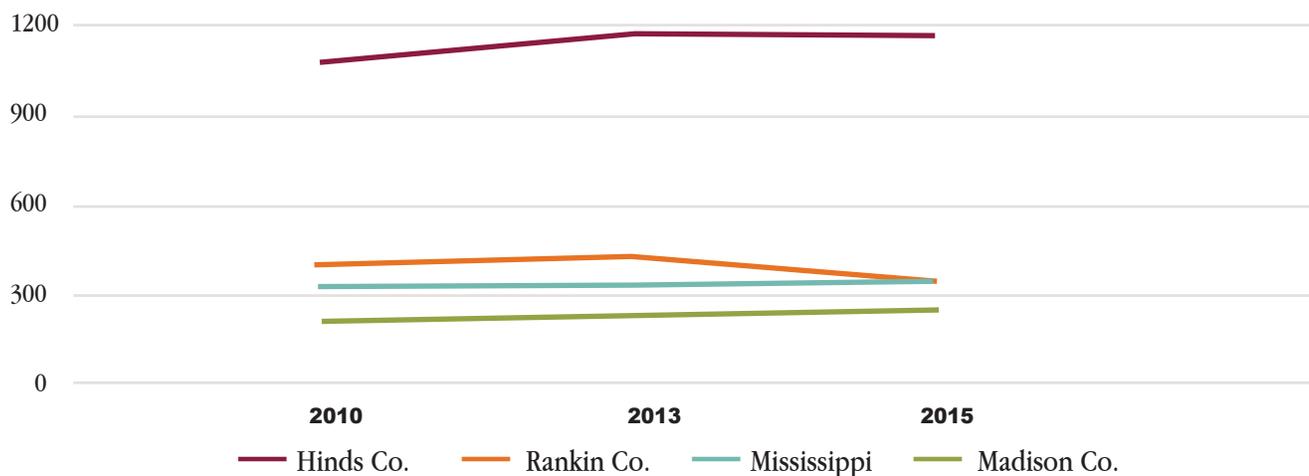


- African Americans are much more likely than whites to contract HIV.

¹² Number of newly diagnosed chlamydia cases per 100,000 population

¹³ Rate per 100,000 population

HIV Prevalence by Year



- Hinds County shows a slight uptick in prevalence since 2010. The other counties in the service areas show stable or falling rates.

Leading Causes of Death

The deaths that occur in the St. Dominic's service area mirror causes of death reported statewide; heart disease and cancer are the most common causes.

Leading Causes of Death¹⁴

Combined Service Area	White	African American	Total	Percent change rates 2010-2016
Cancer	161.7	199.5	177.6	-7.9%
Diabetes	19.6	38.9	26.6	-6.3%
COPD/Emphysema	55.5	28.7	48.6	+8.7%
Influenza	16.0	18.1	15.2	-18.2%
Cerebrovascular Disease	41.0	41.9	41.0	-11.6%
Septicemia	16.2	19.3	19.1	-8.1%
Kidney Disease	10.7	30.4	18.0	-12.2%
Alzheimer's Disease	45.6	37.2	42.5	+101.4%

SOURCE: Mississippi State Department of Health, Mississippi Statistically Automated Health Resource System, <http://mstahrs.msdh.ms.gov/table/morttable2.php>, 2018

- Cancer is the leading cause of death in the service area (177.6).
- Influenza deaths have declined most since 2010 (-18.2%)
- Deaths related to Alzheimer's disease have increased dramatically (+101.4%).

¹⁴ Rate per 100,000 population

Access to Care

Provider Concentrations

Measure	Mississippi	Hinds Co.	Madison Co.	Rankin Co.	Service Area
Primary Care Physicians	1,880:1	1,340:0	750:1	1,480:1	1,190:1
Dentists	2,190:1	1,060:1	1,440:1	1,600:1	1,367:1
Mental Health Providers	760:1	430:1	800:1	910:1	713:1

SOURCE: County Health Rankings, 2018 http://www.countyhealthrankings.org/app/mississippi/2018/compare/snapshot?counties=28_049%2B28_089%2B28_121

- Madison County has a much higher concentration of Primary Care Physicians (750:1) than Hinds (1,340:1) and Rankin (1,480:1) counties.
- The service area has a more robust presence of mental health providers (713:1) than the national average (760:1).

Health Insurance

Measure	Mississippi	Hinds Co.	Madison Co.	Rankin Co.	Service Area
Percent Uninsured (2015)	21%	20%	15%	16%	17%
Percent Uninsured (2018)	15%	13%	11%	11%	12%

SOURCE: County Health Rankings, 2018 http://www.countyhealthrankings.org/app/mississippi/2018/compare/snapshot?counties=28_049%2B28_089%2B28_121

- The service area has less uninsured residents today (12%) than it did in 2015 (17%).

Transportation

Measure	Mississippi	Hinds Co.	Madison Co.	Rankin Co.	Service Area
Driving Alone to Work	85%	85%	88%	87%	87%
Long Commute Driving Alone	31%	29%	26%	40%	32%

SOURCE: County Health Rankings, 2018 http://www.countyhealthrankings.org/app/mississippi/2018/compare/snapshot?counties=28_049%2B28_089%2B28_121

- Residents of Rankin County have, on average, longer commute times driving alone (40%)

Brief Health Status Summary

- The overall health of residents in the primary service area of St. Dominic's is reflective of the demographics and socio-economic disparities of the larger region with high rates of cardiovascular, sexually transmitted infections, diabetes and cancer.
- The area has a high level of obesity and inactivity.
- Access to physicians and dental providers is relatively good.
- Reports of poor health and sick days are a bit lower than statewide rates.
- Due to its number of hospice facilities, Madison County experiences a more than double age adjusted rate of death from cancer than other surrounding counties and statewide rates.

Service Access and Utilization

Principal Diagnosis Groupings of St. Dominic's Patients

St. Dominic's Patient Counts (2017)

As Reported to MHA -- Grouped by Principal Diagnosis CCS Grouping

Principal Diagnosis CCS Grouping	Patients
Diseases of the musculoskeletal system and connective tissue	22,826
Symptoms; signs; and ill-defined conditions and factors influencing health status	21,225
Diseases of the circulatory system	20,362
Neoplasms	13,937
Injury and poisoning	11,301
Diseases of the respiratory system	10,450
Diseases of the digestive system	10,201
Diseases of the nervous system and sense organs	9,699
Diseases of the genitourinary system	7,761
Mental illness	5,655
Endocrine; nutritional; and metabolic diseases and immunity disorders	4,615
Complications of pregnancy; childbirth; and the puerperium	4,156
Diseases of the skin and subcutaneous tissue	3,611
Infectious and parasitic diseases	2,150
Certain conditions originating in the perinatal period	1,831
Diseases of the blood and blood-forming organs	1,418
Congenital anomalies	328

St. Dominic's Patient Counts (2017)

As Reported to MHA -- Grouped by Principal Diagnosis CCS Grouping

Principal Diagnosis CCS Groupings - With Most Common Diagnosis Details	Patients
Diseases of the musculoskeletal system and connective tissue	22,826
Spondylosis; intervertebral disc disorders; other back problems	9,567
Other connective tissue disease	4,787
Other non-traumatic joint disorders	3,146
Symptoms; signs; and ill-defined conditions and factors influencing health status	21,225
Other screening for suspected conditions (not mental disorders or infectious disease)	8,842
Abdominal pain	4,290
Medical examination/evaluation	2,814
Diseases of the circulatory system	20,362
Nonspecific chest pain	4,210
Coronary atherosclerosis and other heart disease	2,121
Hypertension with complications and secondary hypertension	1,994
Acute cerebrovascular disease	1,882
Neoplasms	13,937
Maintenance chemotherapy; radiotherapy	3,107
Cancer of breast	2,526
Cancer of bronchus; lung	1,129
Cancer of prostate	1,055
Injury and poisoning	11,301
Complication of device; implant or graft	2,095
Sprains and strains	1,444
Complications of surgical procedures or medical care	1,322
Diseases of the respiratory system	10,450
Other lower respiratory disease	3,234
Other upper respiratory infections	1,835
Chronic obstructive pulmonary disease and bronchiectasis	1,243
Diseases of the digestive system	10,201
Other gastrointestinal disorders	2,141
Abdominal hernia	956
Appendicitis and other appendiceal conditions	194
Diseases of the nervous system and sense organs	9,699
Other nervous system disorders	2,834
Headache; including migraine	2,621
Multiple sclerosis	1,158

Qualitative and Quantitative Primary Data Collection



QUALITATIVE INTERVIEWS AND DISCUSSION GROUPS *Qualitative and quantitative data collection are the core of the research portions of the needs assessment. The secondary data research provides a framework with which to build a better understanding of the community. However, the qualitative and quantitative primary research techniques provided insight and color that illuminate the unique aspects of Community Needs in St. Dominic’s service area.*

Crescendo conducted a series of focus group discussions and individual interviews with community members and stakeholders. The purpose of these discussions was to solicit consumers’ and stakeholders’ opinions, feelings and expectations regarding the following:

Descriptions of what it means to be a healthy community:

- The current availability and access to health services in the area; and
- Community health needs in four broad categories: Social and Physical Environment Services, Disease Management and General Health Care, Mental Health and Substance Use Disorders, and Risk Prevention / Wellness / Staying Healthy.

The process engaged over 50 community members. Over the series of discussions a clear outline of community members’ issues and top needs emerged – many supported by insightful observations.

Community Strengths

At the start of the discussions, participants were asked what they enjoy about the area. In many discussions there was clearly a sense of pride about the area. The things people enjoy about the area include:

- Family in the area
- Quiet and the pace is a little slower
- Low cost of living with both a small town and big town feel
- Easy to access other areas nearby
- Living in harmony
- Low crime rate
- Getting to know your neighbors and involvement in the community

Those who live in St. Catherine’s Village also appreciate:

- The socializing and a good community of friends
- Support people and a sense of security
- Health needs that are well met
- Available health care resources

Vulnerable Populations

Health crises make us all vulnerable. The ability to withstand crisis is based on the personal, familial and community resources available to us to withstand those crises. The common features of the groups mentioned as being “most vulnerable” are that they have stretched financial, intellectual, time and/or energy resources.

As noted earlier, there is a body of evidence that suggests populations at risk often experience higher rates of chronic illness, poorer health and less stability in the community. Community members were asked “What groups of people are especially vulnerable to poor health and/or underserved from your perspective?” Despite the wide socio-economic range across the groups, and some unsupported opinions described as fact¹ there was great unanimity in regard to those in the community who are the most vulnerable or at-risk for poor health status.

- Groups without access to affordable care, e.g. people who make too much to qualify for publicly funded programs but can’t afford health insurance
- People with mental health disabilities, especially those who don’t have an advocate
- Family members and/or caregivers of those with special needs
- People experiencing homelessness
- Seniors living in isolation without transportation
- Substance abuse patients who come into the ER who don’t have after or ongoing care
- Undocumented immigrants, students

Themes and Areas of Consensus Among Discussion Groups

The qualitative discussion groups were held with a diverse group of community stakeholders to gain additional perspectives on key topics.

¹For example, there is a high incidence of TB among undocumented immigrants.



A total of five discussion groups were conducted with a combination of residents, organization leaders, younger people and seniors. Group discussions lasted from one hour to an hour and a half based on group attendance, participation and general discussion quality. The discussions used a formal interview guide and participants included:

- Community members recruited at random
- St. Catherine's Village residents
- Patient Advisory members
- New Directions members
- Board members and St. Dominic's staff

A discussion guide developed with the St. Dominic's team was used to pace the discussions. (See the guide in the Appendix.)

The groups provided an opportunity to discuss areas of difference in an open environment. In the words of social researcher Brene Brown: "Connection is the energy that is created between people when they feel seen, heard, and valued; when they can give and receive without judgment."²

²<http://www.oprah.com/spirit/brene-brown-interviewed-by-oprah-daring-greatly/2>

These groups had energy! In some cases, the themes, conclusions and suggestions between the focus discussions overlap. For example, homelessness was mentioned in several ways at different levels. The participants also suggest there are system-level access challenges, as well as program-level challenges, all of which impact community members.

Initial Top Needs

At the beginning group members were asked: "From your perspective what are the top critical community health-related issues?"

Initially, the top responses across the groups mirrored one-another and were largely consistent with the quantitative data in the subsequent community survey. The initial top areas of need in rank-order across the groups were:

- Cardio-vascular disease (including hypertension)
- Mental health and substance use disorders
- Diabetes and obesity
- Staffing shortages
- Stroke and neurology (including dementia disorders)

Personal “Top Three” Overall

At the end of the discussion after listening to one another and sharing their own perspectives, the participants were asked: “If you had to choose three issues among the issues that you mentioned, which of these do you feel need additional focus or attention by the whole community?”

Although there were a number of issues that were individually important (e.g. gun control, convenient services) there were several issues that were mentioned multiple times across multiple groups. They can be clustered as follows.

Access to and affordability of care

- Lack of access is largely an economic and insurance issue
- Lack of health and/or job-ready education is a contributing factor

Education

- About personal health and wellness
- Job-readiness
- Self-reliance; personal responsibility

Mental health and substance abuse disorders

- Depression and mental illness
- Substance use patients who come into the ER who don't have after or ongoing care

Lifestyle-related conditions

- Heart disease
- Diabetes and metabolic syndrome
- HIV

Consensus Challenges Overall

Some of these topics and others generated spirited conversation. The following highlights community health need challenges from both consumers and community partners that were identified during the research. In each case, the topic includes several points that support each theme, as well as interview quotations (de-identified) that illuminate respondents' perspectives. They are presented in alphabetical order.

Access and Emergency Department Utilization Issues

There was much discussion about access and/or the lack of services based upon one's insurance status. Some residents seemed overwhelmed by the logistics of navigating the multiple steps required to obtain care, especially in cases where there is no insurance coverage. Access and emergency department utilization continue to be linked due to efforts to change the Affordable Care Act. Some define access as getting in to see the doctor and some defined it as amount of time spent with the doctor. There is clearly a great difference in access-to-care experiences and the quality of providers based upon one's insurance status. Those on Medicare had the most positive things to say, yet several noted the difficulty of finding psychiatric, neurological and/or dementia specialists.

- “I had to take a doctor with availability rather than the one I wanted to see because it took so long.”
- “Access in terms of insurance needs can be difficult.”
- “For people without insurance it is pretty much their only resort to go to the ER.”
- “I have no insurance because I make too much to qualify [for Medicaid] and my employer does not provide insurance so I use the ER.”
- “It is frustrating because you have to get a referral to go to certain places.”
- “Some use the ER so they can get a work excuse.”
- “I have a great doctor; it was easy because I have two insurances; and I could get right in. She stays with me as long as needed.”

Affordability, Cost and Quality

Cost and quality also remain linked in the minds of consumers (despite many well-documented examples to the contrary). The role of money in the system and its ability to undermine providers' motivations was a theme among many participants. When one person in the first group said, “It seems to be more about the money than about care,” most in the room nodded their heads in agreement.

- “I am disappointed with the services available.”
- “I go to [another local hospital], and it seems to have gotten worse, the doctors and nurses don't seem to care anymore.”
- “They don't seem to care about people, it's about money.”
- “The cost of prescriptions is hard, especially for those on fixed incomes.”

Education and Support for Families and Caregivers

Although public health or health education was not mentioned specifically as a top need in any category, comments about the need for more education cut across all categories, especially the “social and physical environment” and “medical and disease management.” The general consensus was that people do not know about access and availability of health education and wellness services – except among those who have a generally closer relationship to St. Dominic’s and St. Catherine’s Village.

- “Education so that people do more for themselves.”
- “Alzheimer’s and dementia support groups.”
- “Lack of education about services available as well as about health care in general to be able to be an advocate for yourself or others.”
- Education of how to deal with diseases
- Education about different names of medications
- “We are looking for the medical community to guide us and help us understand our options.”
- “Without a good education, it’s hard to get a good job and without a good job it is hard to have access to good health care.”
- “Seniors without transportation are one of the most vulnerable groups.”
- “Family members and caregivers for people with dementia or special needs can really use support.”

Food

Lack of healthy food and good nutrition was a topic. For some this is a product of social isolation and poverty. For nearly all participants a poor diet is seen as a contributory factor leading to poor health, especially diabetes and heart disease. The link between this fundamental need and obesity was mentioned. To further contextualize the issue, food insecurity in the service area has risen from 20% to 29% since 2010.

- “Lack of healthy food supplements and those who could advise on it is a need.”
- “Weight control and balanced diet”

Homelessness

The challenge of homelessness was mentioned in all but one of the focus groups. Homelessness, “especially among the mentally ill”, was named by several as the biggest issue that fits in the category of social and physical environment. One participant used her “magic wand” to end homelessness. There was modest awareness of groups addressing the issue.

- “Sister Trinita’s clinic serves the homeless populations in downtown Jackson.”

Lifestyle-Related Conditions

Of the over 500 individual comments logged in the qualitative interviews, the most often mentioned are lifestyle related diseases or chronic conditions such as heart disease (10), high blood pressure (5), obesity (8), diabetes (8) and HIV (7).

- “Jackson and the State of Mississippi have been cited among the highest amount of HIV in the nation.”³
- “Sex education programs at school should discuss HIV and how to avoid it.”

Participants also frequently mentioned wellness and chronic, lifestyle-related conditions when asked “what is the one thing you would change.”

- “Move wellness ahead of cure”
- Diabetes
- Hypertension
- Personal responsibility

Mental Health and Substance Use Disorders

Mental Health and Substance Use Disorders was a topic area that was probed in some detail. About half of the people in one group said they have family with mental health issues. For many, it is linked to access and affordability. As one participant noted, “If you don’t have insurance it is very difficult to get help with substance abuse.”

For many there is still a stigma, and people don’t know how to deal with it. For some simply taking medication on a regular basis – especially when the person is feeling well – is a challenge.

When asked about the top needs in this area, the issues included:

- Depression
- Post-traumatic stress disorder
- Not enough child psychologists
- Overprescribing for ADHD
- Drug overdoses
- Opioid addiction
- Schizophrenia
- Bipolar diseases

³This is accurate. See the section on HIV.

QUANTITATIVE COMMUNITY TELEPHONE SURVEY *A randomized large sample (n=300) telephone survey was conducted among adults (age 18+) in the primary service area. The survey included equal representation of all three counties, and proportional representation of African Americans and other racial groups, as well as a diverse mix of economic strata and educational attainment levels. Sample design details are listed below.*

Total Sample

300 total respondents who had a primary residence in St. Dominic Hospital's PSA (Hinds, Rankin and Madison Counties) – the sample sizes reflecting differing populations by county. The sample size yields a total margin of error +/- 5.65%, at the 95% confidence interval.

Survey Instrument

The questionnaire included 26 closed-ended, need-specific evaluation questions; open-ended questions; and demographic questions. Research suggests that individuals sharing many of the demographic characteristics of the target population may provide socially desirable responses and thus compromise the validity of the items. Special care was exercised to minimize the amount of this non-sampling error by a careful assessment design effects (e.g., question order, question wording, response alternatives).

Telephone Data Collection

Trained telephone interviewers conducted interviews. Crescendo provided training in using the survey instrument and randomly audited surveys as they were conducted to ensure quality. The telephone interviewing procedures included:

- Random digit dialing techniques were employed to reach area households with telephones and cell phones, including those with unlisted or unpublished numbers. Interviews were completed with an adult over age 18.

- Up to three callbacks were made to complete an interview before substituting another name.

Respondent profiles (N=300)

Community Survey Income and Poverty Profile

Household Income Range	Percent of Respondents
Less than \$25,000	25.0
\$25,000 to \$50,000	36.6
\$50,000 to \$75,999	22.3
\$75,000 to \$100,000	7.1
\$100,000 or more	8.9

More than three of five (61.6%) have household income under \$50,000; one in four (25%) have income under \$25,000 per year.

- Approximately one in six respondents has income over \$75,000 per year. Given that health system users tend to be more concentrated among lower income groups, the data segmentation provides insight to needs among higher-need communities.
- The racial composition of the survey respondents skews toward African Americans.

Community Survey Race Characteristics

Race	Number of Respondents	Percent of Respondents
White	90	30.1
African American / Black	188	62.9
Hispanic	5	1.7
Other	17	5.3
Total	300	100.0

Consumer Health Behaviors

Most respondents (76.0%) indicate that they use a family doctor, health center or clinic for routine care; one of eight (12.3%) use the emergency room or walk-in urgent care.

Do you have a family doctor, or a place where you go for care?

	Frequency	Percent
Yes, family doctor, family health center, or clinic	228	76.0
Yes, emergency room, or walk-in urgent care	37	12.3
No	34	11.3
Total	299	99.7
Other	1	.3
Total	300	100.0

People choose health care providers and monitor their own health in highly diverse ways. Of all sources listed, “A physician or other health care worker” is the most commonly identified source. Although multiple responses were allowed during the survey, most people selected only one source – suggesting that many people have only one primary source of information.

What sources do you normally use to find out about healthcare providers, hospitals, your own health or to monitor your own health?

	Frequency	Percent
Social media	42	12.1%
A hospital’s website	37	10.7%
A physicians website	22	6.4%
Medical websites such as WebMD or Mayo Clinic	42	12.1%
A patient portal	6	1.7%
Healthcare.gov	23	6.6%
Healthcare rating sites like HealthGrades or US News & World Report	3	0.9%
A fitness tracker website like Fitbit or My Fitness Pal	6	1.7%
Newspaper	7	2.0%
Television	30	8.7%
A physician or other healthcare worker	86	24.9%
Magazine	3	0.9%
Friends and relatives	39	11.3%
Total	347	
Other	21	
Total		368

Health Issues Needing More Focus

As part of the survey, community members were read a list of health issues and asked to rate, “Which of the following do you feel need more focus by the community?” using a scale of 1 to 3 --where 1 means that No More Focus is needed, 2 is Somewhat More Focus Needed, and, 3 is Much More Focus Needed. The results were then analyzed and evaluated in total and by demographic groupings.

Cross Tabulation of Identified Community Needs and Age and Race/Ethnicity Much More Focus Needed									
	% within Age Group							What is your race?	
	Under 25	25 to 34	34 to 44	45 to 54	55 to 64	65 and older	Total	African American	Caucasian
Transportation services for people needing to go to doctor's appointments or the hospital	58.3%	43.5%	70.7%	65.2%	71.9%	54.3%	62.2%	66.7%	50.0%
Secure sources for affordable, nutritious food	66.7%	39.1%	51.7%	46.4%	64.9%	47.8%	51.0%	57.2%	37.2%
Affordable Quality Child Care	83.3%	47.8%	67.2%	53.6%	73.7%	41.3%	58.7%	63.9%	44.2%
Transportation	16.7%	30.4%	41.4%	53.6%	56.1%	37.0%	43.8%	51.7%	27.9%
Homelessness	91.7%	73.9%	82.8%	73.9%	70.2%	63.0%	74.0%	78.9%	62.8%
Job Readiness	50.0%	50.0%	60.3%	65.2%	63.2%	58.7%	59.7%	66.7%	47.7%
Primary Care Services	58.3%	37.0%	51.7%	58.0%	63.2%	54.3%	53.8%	58.9%	41.9%
Emergency Care and Trauma Services	58.3%	30.4%	48.3%	43.5%	57.9%	47.8%	46.5%	52.8%	33.7%
Specialty Services	41.7%	39.1%	44.8%	50.7%	43.9%	45.7%	45.1%	50.0%	36.0%
Long Term Care or Dementia Care	66.7%	41.3%	55.2%	62.3%	75.4%	65.2%	60.8%	60.6%	58.1%
Affordable healthcare services for people or families with low income	100.0%	76.1%	79.3%	81.2%	87.7%	76.1%	81.3%	83.3%	76.7%
Prescription Assistance	50.0%	43.5%	62.1%	69.6%	70.2%	58.7%	61.5%	63.9%	53.5%
Counseling services for Depression or Anxiety	75.0%	43.5%	70.7%	71.0%	77.2%	67.4%	67.4%	68.9%	66.3%
Counseling services for adolescents/children	50.0%	45.7%	75.9%	66.7%	75.4%	67.4%	66.3%	66.7%	65.1%
Early intervention for Substance use disorders	75.0%	56.5%	70.7%	66.7%	70.2%	63.0%	66.3%	70.6%	59.3%
MAT for Opioid Addiction	75.0%	54.3%	70.7%	75.4%	66.7%	58.7%	66.7%	65.6%	69.8%
Post-Addictions Treatment Support Programs	66.7%	60.9%	63.8%	65.2%	64.9%	63.0%	63.9%	61.7%	67.4%
Crisis Care Programs for mental health	75.0%	56.5%	77.6%	81.2%	75.4%	69.6%	73.3%	75.0%	68.6%
Programs for Diabetes and/or Obesity	83.3%	47.8%	69.0%	66.7%	68.4%	54.3%	63.2%	66.7%	58.1%
Caring for aging parents and resources to help	75.0%	39.1%	63.8%	59.4%	77.2%	65.2%	62.2%	66.7%	53.5%
Parenting Classes	50.0%	28.3%	53.4%	53.6%	66.7%	43.5%	50.3%	55.6%	37.2%
HIV AIDS Testing	83.3%	76.1%	81.0%	53.6%	66.7%	56.5%	67.0%	71.1%	55.8%
Heart Health or Cardiovascular Health	83.3%	41.3%	62.1%	56.5%	64.9%	56.5%	58.0%	64.4%	46.5%
Total	12	46	5	869	57	46	288	180	86

Percentage and totals are based on respondents.

Telephone Survey Ranking Results

By Domain

Domain	Health Issue Needing More Focus	Ranking
Access to Affordable Health care		
	Affordable health care services for people or families with low income	1
	Homelessness	2
	Prescription assistance	13
	Primary care services	18
Lifestyle-related Conditions		
	HIV AIDS testing	5
	Programs for diabetes and/or obesity	10
	Heart health or cardiovascular health	17
Mental Health and Substance Abuse		
	Crisis care programs for mental health	3
	Counseling services for depression or anxiety	4
	MAT for opioid addiction	6
	Counseling services for adolescents/children	7
	Early intervention for substance use disorders	8
	Post-addiction treatment support programs	9
Other Community Health Services or Needs		
	Transportation services for people needing to go to doctor's appointments or the hospital	11
	Caring for aging parents and resources to help	12
	Long term care or dementia care	14
	Job readiness	15
	Affordable quality child care	16
	Secure sources for affordable, nutritious food	19
	Parenting classes	20
	Emergency care and trauma services	21
	Specialty medical services	22

Two-phase Needs Prioritization Process



PHASE 1 PRIORITIZED LIST OF NEEDS *Following the secondary research, qualitative interviews and the community rating of over 25 community health issues, an initial prioritized list of needs was created. Development of the initial list involved asking over 325 community and leadership team members: What do you think are the top one or two greatest health issues in the community? An overall prioritized list of needs – the results of the research – is shown below.*

Top Health Issues in the Community from Phase 1 of the Prioritization

Issues	Percent of Community and Leadership Team Members
Drug Abuse	15.7%
Mental Health	12.7%
Affordable care	11.7%
Homelessness	11.7%
Obesity	11.3%
Senior Care	10.3%
Opioids	8.3%
HIV / AIDS	6.7%
Diabetes	6.7%
Heart Disease	6.0%
Transportation	4.7%
Access to care	3.7%

Issues	Percent of Community and Leadership Team Members
Nutrition and Food related	3.3%
Health Literacy	3.0%
Cancer Care	2.7%
Prescription drug affordability	2.7%
Job readiness	2.7%
Health Insurance	2.3%
Childcare	1.7%
Smoking	1.3%
Dementia	1.0%
Primary Care	0.7%
Children's Health care	0.3%
Other health care	0.3%



PHASE 2 PRIORITIZED LIST OF NEEDS *In Phase 2 the top needs were then evaluated to arrive at the key areas of priority emphasis for future years. The process included a meeting where leadership team and community members were asked to evaluate the secondary data results, the qualitative discussion results and the priority needs results from Phase 1.*

The resulting prioritized list of community needs fall into three categories: Affordable Health Care, Mental Health and Substance Abuse, and Lifestyle-related Conditions. The breadth of the categories of needs allows St. Dominic’s to continue (or possibly expand) successful existing programs and to develop innovative approaches to possibly addressing multiple needs simultaneously. The list of the top need categories and more detailed opportunities for improvement are shown below.

Prioritized Community Needs

Rank	Health Need
1	<p>Access to Affordable Health care</p> <ul style="list-style-type: none"> • Insurance coverage / co-pays / deductible • Prescription assistance • People with existing challenges of access to care (e.g., disabilities, low income individuals and families, etc.) • People requiring behavioral health and medical / physical health care services (i.e., integrated care) • Seniors - especially those with chronic conditions and those with co-morbid behavioral health and medical physical health issues • Services for families facing homelessness
2	<p>Mental Health and Substance Abuse</p> <ul style="list-style-type: none"> • MH and SA crisis services for adults • MH counseling for adults • Counseling for children and adolescents with mental illness or substance use issues • Medication Assisted Treatment (MAT) programs • Community Opioid strategies • Post addiction support • Endocarditis in the inpatient setting
3	<p>Lifestyle-related Conditions</p> <ul style="list-style-type: none"> • Heart / cardiovascular health • Diabetes • Food security (difficulty affording or obtaining food) • Obesity • HIV/AIDS and other STDs





IMPLEMENTATION STRATEGY CONSIDERATIONS *Also, during the final meeting, Leadership Team members (with the guidance and support of Deidra Bell, Executive Vice President and CFO, St. Dominic Health Services) worked collaboratively to build the foundation for Implementation Plan activities. Group members undertook efforts to identify an initial list of activities designed to address high priority need categories and several detailed opportunities for improvement. A summary of potential interventions which may be used to guide Implementation Strategies is listed below.*

Access to Affordable Health care

- Review and potentially modify hours of operation to better meet patient preferences.
- Support community-based health coaching, for example, in collaboration with churches, businesses or other community-located entities.
- Develop and execute a pilot project for expanded use of community health workers.

Lifestyle-related Conditions

Food security was identified as a root cause or correlative factor with several lifestyle-related conditions, as well as mental health issues. As such, it is included in this area

- Develop community outreach programs designed to engage at-risk populations in order to educate the community on healthy eating and food security.
- Expand use of community health workers and care coordinators in order to identify needs among higher-risk communities (e.g., HIV/AIDS patients, people at-risk for contracting HIV/AIDS, chronic disease sufferers and others) and connecting them with services and/or information.

- Highly economically depressed areas don't provide larger supermarkets, they have small community stores that don't provide fresher food.
- Engage neighborhood and other community associations that can support efforts to enhance the social and spiritual component of food. This may include activities such as supporting efforts to create neighborhood gardens, sharing rides to larger (e.g., less expensive and greater variety) grocery stores, supporting efforts for families to more frequently have family meals together and others.

Mental Health and Substance Abuse

Activities in this category were included in broader discussions among Leadership Team members and include the following:

- Reviewing options for Mental Health First Aid training for health care providers, first responders and others.
- Maintaining or further enhancing preventive and early intervention mental health education programs.
- Review current crisis services and modify, as needed.
- Additional outreach to community groups highly at-risk of contracting, or suffering from, HIV / AIDS.

Appendices



This document contains the following appendices:

APPENDIX A: COMMUNITY HEALTH NEEDS ASSESSMENT SURVEY

APPENDIX B: ACTIVITIES IN RESPONSE TO 2016-2018 PRIORITIZED NEEDS

APPENDIX C: LIST OF PRIORITIZED COMMUNITY NEEDS

APPENDIX D: FOCUS GROUP MODERATOR'S GUIDES

APPENDIX E: FOCUS GROUP DETAILS BY GROUP

APPENDIX F: LEADERSHIP PRIORITIZATION PRESENTATION

APPENDIX G: EXISTING NURSING, ASSISTED LIVING, OR RESIDENTIAL CARE FACILITIES

APPENDIX H: ORGANIZATIONS INCLUDED IN CHNA RESEARCH OUTREACH EFFORTS

APPENDIX I: COMMUNITY SURVEY FREQUENCY TABLES

APPENDIX J: COMMUNITY SERVICES RESOURCE GUIDE

APPENDIX A: COMMUNITY HEALTH NEEDS ASSESSMENT SURVEY

ST. DOMINIC HEALTH SERVICES COMMUNITY HEALTH NEEDS ASSESSMENT

Community Telephone - FINAL

Introduction and Objective

Hello, my name is (caller name). I am conducting a very brief survey on behalf of St. Dominic Hospital for the purpose of better understanding your perceptions of health needs and services in the area.

We have just a few short questions, and would really value your input.

Screening - To begin with I have just a few of demographic questions that help us groups the responses later.

1. In what year were you born?

[ENTER 4 DIGIT YEAR] [CODE REFUSE=9999 but terminate] If “1999” or later, will thank and terminate.

2. What is the highest grade or year in school you completed?

CHECK ONE

- Less than high school
- Graduated high school
- Some college or vocational training
- Graduated college (4-year Bachelor Degree)
- Completed Graduate or Professional school (Masters, PhD, Lawyer)

3. What is your race?

- African-American
- American Indian
- Asian
- Caucasian
- Hispanic
- Mixed Race
- Other

Which of the following ranges best describes your total annual household income last year?

- Less than \$25,000
- \$25,000 to \$50,000
- \$50,000 to \$75,999
- \$75,000 to \$100,000
- \$100,000 or more

4. Gender [MARK RESPONSE BASED ON VOICE RECOGNITION; DO NOT ASK]

- Male
- Female

5. Do you have a family doctor, or a place where you go for care?

- Yes, family doctor, family health center or clinic
- Yes, emergency room or walk-in urgent care
- No
- Other (specify) _____

[INTERVIEWER READ] A healthy community can include different things such as the availability of health care services including behavioral health to social, economic and environmental factors to lifestyle topics such as obesity, smoking, substance abuse, and healthy living issues.

6. Thinking broadly about health – mental, physical or spiritual - when I say a “healthy community” or “improving community health” what is the first thing that comes to mind?

OPEN ENDED _____

7. For the next question, I’m going to read you a number of issues and ask you Which of the following do you feel need more focus by the community?

We will use a scale of 1 to 3 --where 1 means that No More Focus is needed, 2 is Somewhat More Focus Needed, and 3 is Much More Focus Needed

[INTERVIEWER REPEAT SCALE AS NEEDED]

[ROTATE CATEGORIES, DO NOT READ

KEEP “MEASURES” IN CONSISTENT ORDER WITHIN DOMAIN]

8. Of all the issues we just discussed, what do you think are the top one or two greatest health issues in the community?

[RECORD TOP TWO]

9. What sources do you normally use to find out about health care providers, hospitals, your own health or to monitor your own health? [DON'T READ; RECORD TOP TWO MOST SIMILAR RESPONSE]

- Social media
- A hospital's website
- A physician's website
- Medical websites such as WebMD or Mayo Clinic
- A patient portal
- Healthcare.gov
- Healthcare rating sites like HealthGrades or US News & World Report

- A fitness tracker website like Fitbit or My Fitness Pal
- Newspaper
- Television
- Radio
- A physician or other healthcare worker
- Magazine
- Friends and relatives

THIS COMPLETES THE STUDY – THANK YOU FOR YOUR PARTICIPATION!

CATEGORY	NEEDS	No More Focus Needed (1)	Somewhat More Focus Needed (2)	Much More Focus Needed (3)	Don't know
Social, Economic, and Physical Environment Issues					
	Transportation services for people needing to go to doctor's appointments or the hospital	1	2	3	DK
	Homelessness	1	2	3	DK
	Secure sources for affordable, nutritious food	1	2	3	DK
	Affordable quality child care	1	2	3	DK
	Transportation	1	2	3	DK
	Homelessness	1	2	3	DK
	Job readiness	1	2	3	DK
Medical/Health Issues					
	Primary care services	1	2	3	DK
	Emergency care and trauma services				DK
	Specialty services	1	2	3	DK
	Long term care or dementia care	1	2	3	DK
	Affordable healthcare services for people or families with low income	1	2	3	DK
	Prescription assistance	1	2	3	DK
Mental health and Substance Use Disorders					
	Counseling services for depression or anxiety	1	2	3	DK
	Counseling services for adolescents / children	1	2	3	DK
	Early intervention for substance use disorders	1	2	3	DK
	MAT for opioid addiction	1	2	3	DK
	Post-addictions treatment support programs	1	2	3	DK
	Crisis care programs for mental health	1	2	3	DK

CATEGORY	NEEDS	No More Focus Needed (1)	Somewhat More Focus Needed (2)	Much More Focus Needed (3)	Don't know
Risky and Protective Lifestyle Behaviors					
	Programs for diabetes and/or obesity	1	2	3	DK
	Caring for aging parents and resources to help	1	2	3	DK
	Parenting classes	1	2	3	DK
	HIV AIDS testing	1	2	3	DK
	Heart health or cardiovascular health	1	2	3	DK

APPENDIX B: ACTIVITIES IN RESPONSE TO 2016-2018 PRIORITIZED NEEDS

Disparity or Community Need	Results	
	2016	2017
Access to Care/Senior Health Services	Served children and seniors in Hinds, Rankin, Madison and Sunflower counties through the Care-A-Van program. The mobile screening service hosted by St. Dominic's traveled to schools providing 434 screening programs and 183 educational programs, which resulted in 6,120 people served and 2,151 individuals referred for additional care. St. Dominic's employees also contributed 556 volunteer hours to the service.	Served nearly 4,200 vulnerable children and mature adults throughout the state in 2017 through the Care-A-Van program. The mobile screening service hosted by St. Dominic's traveled to schools screening and educational programs. St. Dominic's employees contributed approximately 600 volunteer hours to the service.
Access to Care		Added three care access points to the overall network, bringing the total up to 58 by the end of 2017. Early in the year St. Dominic's tele-stroke services were launched at Delta Regional Medical Center in Greenville. Later clinical outreach (specialists visiting rural areas) began operating in Kosciusko with Premier Medical Group and a new family medicine site was added in Flowood.
Behavioral or Mental Health	Conducted screening or education events in communities throughout the state. At five events 1,079 people were screened for anxiety and depression disorders. Another 12 events covered topics from general mental health to women's mental health and geriatric mental health. In some case screenings were also conducted. Just over 2,000 community members attended these events throughout the year.	Conducted screening or education events in communities throughout the state. At two events 700 people were screened for anxiety and depression disorders. Another nine events covered topics from general mental health to adult mental health, including geriatric mental health. Over 1,500 community members attended these events throughout the year.
Chronic Disease Care and Screenings	Conducted screening or education events at local businesses. The events focused on heart and cancer screenings. In all, 1,757 community members attended education events and/or were screened at 22 separate events.	Conducted screening or education events at local businesses. The events focused on heart and cancer screenings. In all, 1,487 community members attended education events and/or were screened at 20 separate events.
HIV Prevention and Treatment		Initiated social service referrals from St. Dominic's Community Health Clinic to the Mississippi Department of Health. In 2017 the Community Health Clinic had 13,162 patient visits. When appropriate, HIV prevention was discussed with patients. For testing, the clinic has partnered with the Mississippi Department of Health. Every other month a bus comes to the clinic to transport individuals who may have a need to the Department of Health for HIV testing.

2018 Activities continue efforts from 2016 and 2017.

APPENDIX C: LIST OF PRIORITIZED COMMUNITY NEEDS

Top Health Issues in the Community from Phase 1 of the Prioritization

Issues	Percent of Community and Leadership Team Members
Drug abuse	15.7%
Mental health	12.7%
Affordable care	11.7%
Homelessness	11.7%
Obesity	11.3%
Senior care	10.3%
Opioids	8.3%
HIV / AIDS	6.7%
Diabetes	6.7%
Heart disease	6.0%
Transportation	4.7%
Access to care	3.7%

Issues	Percent of Community and Leadership Team Members
Nutrition and food related	3.3%
Health literacy	3.0%
Cancer care	2.7%
Prescription drug affordability	2.7%
Job readiness	2.7%
Health insurance	2.3%
Childcare	1.7%
Smoking	1.3%
Dementia	1.0%
Primary care	0.7%
Children's health care	0.3%
Other health care	0.3%



APPENDIX D: FOCUS GROUP MODERATOR'S GUIDES

ST. DOMINIC HEALTH SERVICES COMMUNITY HEALTH NEEDS ASSESSMENT

Community Discussion Guide - Core Template

Introduction and Objective

- Explain the general purpose of the discussion. As you were told in the recruiting process, the purpose of the discussion is to learn more about community health-related needs and currently available resources, and to collect your insights regarding service gaps and ways to better meet needs.
- Explain the necessity for note-taking, audio taping and reporting. The session is being audiotaped to assist us in recalling what you say. I will be describing our discussion in a written report. However, individual names will not be used.
- Seek participants' honest thoughts and opinions. Frank opinions are the key to this process. There are no right or wrong answers to questions I'm going to ask. I'd like to hear from each of you and learn more about your opinions, both positive and negative. Please be respectful of the opinions of others.
- Describe logistics. Restroom location; Refreshments; One hour and thirty minutes maximum.
- Describe protocol for those who have not been to a group before. For those of you who have not been to one of these discussions before, the basic process is that I will be asking questions throughout our discussion. However please feel free to speak up at any time. In fact, I'd encourage you to respond directly to the comments other people make. If you don't understand a question, please let me know. We are here to ask questions, listen, and make sure everyone has a chance to share and feels comfortable.
- Questions? Do you have any questions for me before we start?

Interview Questionnaire

1. **To start with, let's take a minute to go around the table, say our names and introduce ourselves. As you do, please share one thing you like about living in the community.**

Current Perceptions about Healthy Communities, Access and Top Needs

2. **When I say a "healthy community" or "improving community health" what is the first thing that comes to mind?**

PROBES: Types of issues (disease management, public safety, behavioral health, social services, environmental issues, economic issues, etc.), target groups, or individuals?

3. **At a high level, how would you describe the current availability and access to health services in the area?**

PROBE: Primary Care, Specialty Care, Emergency Care

4. **What groups of people are especially vulnerable to poor health and/or underserved from your perspective?**

Next I'd like to quickly go around the room and list the top health needs from your perspective [as seniors, community members, board members, etc.)

5. **From your perspective what are the top critical community health-related issues [that YOUR ORGANIZATION addresses?]**

Current Areas of Needs

Next, I'd like to talk about the most critical community health-related needs and their impact – particularly as they relate to activities where St. Dominic's may be able to contribute.

I am going to read four broad categories of needs: Social and Physical Environment Services, Disease Management and General Health Care, Mental Health and Substance Use Disorders, and Risky Behaviors, and Risk Prevention / Wellness / Staying Healthy.

For each area I'm going to ask two questions:

- What is the biggest issue in this category; and
- Who are the community stakeholders in the best position to help address this need?

Let's start with:

6. Social and Physical Environment services (e.g. homelessness, jobs,).

- What is the biggest issue in this category; and
- Who are the community stakeholders in the best position to help address this need?

7. Disease management and general health care (e.g., diabetes, cancer, cardiovascular disease, hypertension, infectious disease, Alzheimer's, etc.)

- What is the biggest issue in this category; and
- Who are the community stakeholders in the best position to help address this need?

8. Mental health and Substance Use Disorders (e.g., responses to stress, domestic violence, general clinical MH issues, etc.)

- What is the biggest issue in this category; and
- Who are the community stakeholders in the best position to help address this need?

9. Risky behaviors, HIV/AIDS, Risk Prevention, Wellness (Youth oriented programs, weight loss, smoking cessation, etc.).

- What is the biggest issue in this category; and
- Who are the community stakeholders in the best position to help address this need?

10. Do people generally know about access to and availability of services for these issues in the region?

PROBE: Why or Why Not?



11. If you had to choose three issues among the issues that you mentioned, which of these do you feel need additional focus or attention by the whole community?

Challenge Areas & Prompts For Moderator's use	Mentioned Q6 – Q9	Needing More Focus or Attention Q11
Social and Physical Environment Housing, Income, Public safety		
Chronic disease (diabetes, hypertension, etc.) Services for adults Services for adolescents / children		
Acute care Services Cancer, heart disease, diagnostics		
Homeless services		
Access to care issues Transportation Insurance / financial Language barriers Wait times to see a provider Cultural issues		
Transitional Housing Access / Availability (i.e. Group Homes)		
Emergency Department Care Utilization, Quality, Reliance		
Geriatric Population Behavioral Health Dementia, Alzheimer's Disease Treatment / Access / Stigma		
Mental Health Depression Anxiety Disorders Intellectual Disability Services for adults Services for adolescents / children		
Risk and Protective Lifestyle Behaviors HIV AIDS Testing Food and nutrition Wellness Domestic violence		
Substance use disorders (alcohol, others) Education Early intervention MAT for Opioid Addiction Post-treatment support / care		
[OTHER TO BE ADDED, AS NEEDED]		

Magic Wand Question

12. Finally, if there was one health issue that you personally could change in the area, what would it be?

PROBE FOR COMMUNITY ORGANIZATIONS AND LEADERSHIP

- Is this a short-term project or a long-term project?
- How would your organization be able to assist?

Thank you very much again for your time and thoughtful responses to our questions.

APPENDIX E: FOCUS GROUP DETAILS BY GROUP

Community Members, Group 1

The first discussion group brought the perspective of people with low incomes and disabilities, as well as one voice who saw the community and its people from the perspective of having traveled widely with the military.

Demographics

- Eight women, two men
- Ages mostly around 30s and 40s (one or two closer to retirement age)
- Two white, eight black participants

This group had the widest definition of what it means to be a health community including:

- Community coming together and caring for each other
- Health clinics available
- Education
- Good paying jobs
- Good water

When asked if there was one community health issue that you could change:

- Health education (3)
- Drugs
- Violence
- Free health care
- Mental health
- Public education system

St. Catherine's Village Residents

This was a very homogenous socio-economic group with the most experience with serious health issues and aging.

Demographics

- 12 women, two men
- Ages past or well-past retirement age
- All white with one participant of Hispanic origin
- Most grew up in or near Jackson

When thinking about what it means to be a healthy community, this groups' responses also reflected their experience and place in life:

- Access to care, including transportation
- Less high blood pressure, stroke, heart attack
- Communication with health care providers
- Mental health care
- Being able to access care if you don't have money
- Providers with training on neurological and geriatric issues

When asked if there was one community health issue that you could change:

- More support groups (Parkinson's and Alzheimer's specifically mentioned)
- Instantly know how to stop Alzheimer's (2)
- End homelessness
- Clearinghouse for information about support groups
- Move wellness ahead of cure
- Access to health care
- Personal responsibility

New Directions Group

While this group skewed older, its participants included both employed and retired people. Their common interest in health improvement made them a very active and engaged bunch with a high interest in and knowledge about health issues.

Demographics

- Four men and 12 women
- Ages over 55 with half near 55-65 and the half other closer to 65-75.
- Participants included five blacks (women), nine whites (four men, five women), one Hispanic and one Asian

The definition of what it means to be a healthy community included:

- Wholesome, nice, clean
- Available health care resources
- Low crime rate
- Active, living in harmony, progressive
- Getting to know your neighbors, involvement in the community
- Relatively free of illnesses
- Good education

When asked if there was one community health issue that you could change:

- Diabetes
- Hypertension
- Breast cancer (3)
- Cancer (2)
- Drug addiction
- Metabolic syndromes, Obesity
- Alzheimer's
- Elimination of ER use for everyday things
- Health self-management
- Mental health

Patient Advisory Group

While the Patient Advisory Group has been a semi-regular hospital-sponsored group it had recently been reorganized and had the dynamics of a community group that was familiar enough to joke with one another, but maintain its formality. Participants included people who are employed and knowledgeable about health care.

Demographics

- Ages were mostly 40-50, with few above 60 and one or two at or below 30
- Seven women, one man
- Six blacks (women) and two whites (one man, one woman)

When asked what it means to be a health community the group's combination of unfamiliarity, humor and formality was evident:

- Smoke-free businesses
- Physical and mental health
- Good catfish
- Healthy restaurants

When asked if there was one community health issue that you could change:

- More compassion in health care (2)
- Less medication for everything
- Better paying jobs for everyone (that could help people better afford health care) (5)
- Osteoporosis

Organizational Leaders

This group included two board and two staff members who were familiar with the health needs assessment process.

This group had the widest definition of what it means to be a health community including:

- Community coming together and caring for each other
- Health clinics available
- Education
- Good paying jobs
- Water



APPENDIX F: LEADERSHIP PRIORITIZATION PRESENTATION



2019-2021 Community Health Needs Assessment (CHNA)



Overview

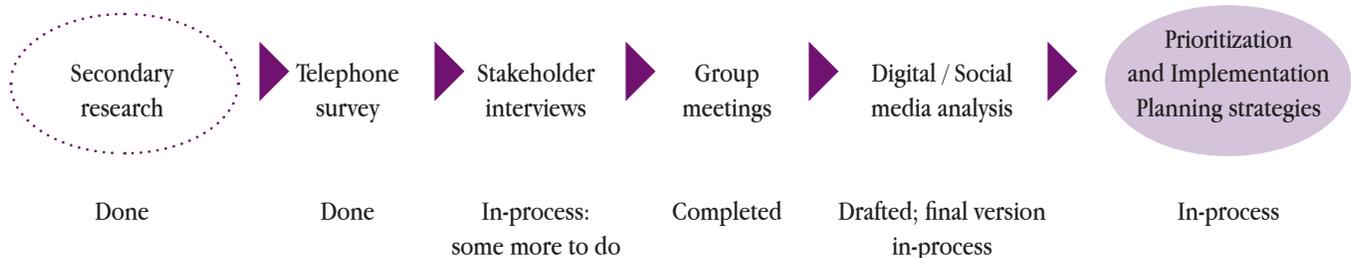
- ▶ Project Progress
 - Research conducted
 - Initial results
- ▶ Table Top Prioritization Exercise
- ▶ Next Steps
 - Finalize Qualitative Data and Interviews
 - Finalize Digital / Social media analysis
 - Report Development

Secondary Data

- ▶ Clear links between economics and health status continue
 - There positive changes in most areas despite on-going disparities
- ▶ Lifestyle-related disease and related issues
 - Heart disease
 - Diabetes plus obesity and related issues
 - COPD and other respiratory issues
 - HIV / AIDS

Project Progress

- ▶ Most components for the research methodology have been completed!



Secondary Data

Population Overview

Key Population Measures

Measure	United States	Mississippi	Hinds Co.	Madison Co.	Rankin Co.	Service Area
Population	325,719,178	2,984,100	239,497	104,618	152,080	496,195
Median Age	38.1	37.5	35.1	36.9	36.9	36.3
Median Household Income	\$55,322	\$40,528	\$38,773	\$65,924	\$59,370	\$50,810
% Living in Poverty	11%	17.1%	19.9%	9.3%	6.4%	11.9%

Ethnicity						
% White	62.0%	57.2%	25.7%	55.9%	75.2%	52.2%
% African American	12.3%	37.4%	71.1%	38.1%	19.8%	42.9%
% Hispanic or Latino	17.3%	2.9%	1.5%	2.8%	2.5%	2.3%
% Asian or Pacific Islander	5.2%	1.0%	0.8%	2.4%	1.1%	1.4%
% Two or More Races	2.3%	1.0%	0.6%	0.5%	1.0%	0.7%
% No High School Diploma	12.3%	15.5%	12.6%	8.7%	9.1%	10.7%
% 16+ Unemployed	4.7%	5.5%	6.5%	3.7%	3.2%	4.8%

SOURCE: American Community Survey 2017



Secondary Data

Key Changes 2015-2018						
	United States	Mississippi	Hinds Co.	Madison Co.	Rankin Co.	Total Service Area
Population (2015)	321,418,821	2,992,333	242,891	103,465	149,039	495,395
Population (2018)	325,719,178	2,984,100	239,497	104,618	152,080	496,195
Change	↑4,300,357	↓8,233	↓3,394	↑1,153	↑3,041	↑800
Median Age (2015)	36.5	37.0	33.9	37.3	38.0	36.4
Median Age (2018)	38.1	37.5	35.1	36.9	36.9	36.3
Change	↑1.6	↑0.5	↑1.2	↓0.4	↑1.1	↑0.1
Percent Living in Poverty (2015)	11.3%	17.6%	20.3%	9.8%	7.0%	12.4%
Percent Living in Poverty (2018)	11.0%	17.4%	19.9%	9.3%	6.4%	11.9%
Change	↓0.3%	↓0.2%	↓0.4%	↓0.5%	↓0.6%	↓0.5%
Percent Uninsured (2015)	13.0%	20.0%	21.0%	14.0%	15.0%	16.7%
Percent Uninsured (2018)	12.7%	15.0%	13.0%	11.0%	11.0%	11.7%
Change	↓0.3%	↓5%	↓8%	↓3%	↓4%	↓5%
Overall Health Outcomes (2015) [1-82, 1 Best, 82 Worst]			34	5	4	14
Overall Health Outcomes (2018) [1-82, 1 Best, 82 Worst]			39	3	1	14
Change			↑5	↓2	↓3	0
Median Income (2015)	\$53,889	\$54,906	\$53,843	\$90,531	\$73,107	\$72,494
Median Income (2018)	\$55,322	\$56,358	\$56,498	\$93,672	\$73,949	\$74,706
Change	↑\$1,433	↑\$1,452	↑\$2,655	↑\$3,141	↑\$842	↑\$2,212
Amount of Residents Per Primary Care Physician (2015)		1,901	1,256	834	1,544	1,211
Amount of Residents Per Primary Care Physician (2018)		1,880	1,340	750	1,480	1.19
Change		↓21	↑84	↓84	↓64	↓1,209.81

Secondary Data
Focus Area – HIV/AIDS

HIV / AIDS Rates per 100,000			
Report Area	Population Age 13+	Population with HIV / AIDS	Population with HIV / AIDS Rate (Per 100,000 Pop.)
Report Location (PSA total)	407,927	3,044	746.21
Hinds County, MS	199,857	2,349	1,175.3
Madison County, MS	84,817	246	290
Rankin County, MS	123,253	449	364.3
Mississippi	2,469,643	9,236	374
United States	268,159,414	971,524	362.3

SOURCE: Community Commons 2017

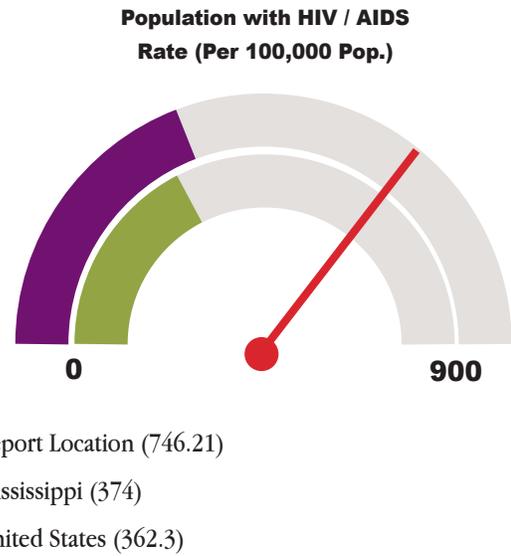
Qualitative Discussions

Those who are most vulnerable

- ▶ People experiencing homelessness
- ▶ Groups without access to affordable care
 - Students
 - Immigrants
 - Working people without insurance
- ▶ People with mental health disabilities
- ▶ Seniors living in isolation

Top Areas of Need

- ▶ Access to affordable care
 - Lack of access is largely an economic and insurance issue
 - Lack of health and /or job-ready Education is a contributing factor
- ▶ Mental health and substance abuse
 - Depression and SPMI
 - Substance use patients who come into the ER who don't have after or ongoing care
- ▶ Lifestyle-related conditions
 - Heart disease
 - Diabetes and metabolic syndrome
 - HIV



“I have no insurance because I make too much to qualify [for Medicaid] and my employer does not provide insurance...so I use the ER.”

Telephone Survey

- ▶ Method
 - N=300
 - Representative of Hinds, Rankin and Madison Counties
 - Demographically diverse
- ▶ Description of results
 - Stratified by age group, county and other factors
 - Aggregated at the total service area level, where helpful
 - Synthesized to identify “service area” level needs, as well as detailed sub-population issues

Top Needs Results

Three major “need categories” overall

- ▶ Affordable health care for the underserved
- ▶ Lifestyle-related conditions
- ▶ Mental health / Substance abuse services
Each has several “sub-categories” which we will discuss!
- ▶ Needs mentioned more often within specific demographics
 - Medication Assisted Treatment (MAT for opioid addiction) (Whites with incomes over \$50K)
 - Early intervention for substance use disorders (Black with incomes over \$50K)
 - Long-term dementia care (Whites with incomes over \$50K)
 - HIV / AIDS Testing (Black with incomes over \$50K)

Stratified Results

- ▶ Under age 45
 - HIV / AIDS
 - Homelessness
- ▶ Incomes under \$50,000
 - HIV / AIDS
 - Homelessness
 - Transportation
 - Job readiness
 - Mental health care (including crisis care)
- ▶ Age 45 and older
 - Mental health care (including crisis care)
 - Prescription (Rx) assistance
- ▶ Income above \$50,000
 - Quality childcare
 - Rx assistance
 - Obesity / diabetes programs
- ▶ Race / Ethnicity; Gender
 - Consistency

Results by County

Overall, Hinds and Rankin County’s ranked needs are very similar

- ▶ Hinds
 - Homelessness
 - Crisis care for mental illness
 - Mental health counseling
- ▶ Rankin
 - Homelessness
 - Crisis care for mental illness
 - Mental health counseling
- ▶ Madison
 - Homelessness
 - Transportation
 - Rx assistance
 - MAT / Opioid addiction care
 - Crisis care for mental illness
 - HIV / AIDS testing and care

Hospital Discharges

In-patient and Outpatient

- ▶ Degenerative disc and other back problems
- ▶ Chronic disease care (cancer, heart disease, high blood pressure, cerebrovascular disease)
- ▶ COPD and other respiratory issues
- ▶ Screenings, abdominal pain, headaches and others discomfort

Digital / Social Media Review

- ▶ Early indicators support existing initiatives
 - Depression and anxiety are leading and growing issues
 - Marijuana remains a big issue
 - Diabetes and hypertension concern is increasing in the community

Initial Consensus On Areas of Need

Qualitative and Quantitative Telephone Survey results...

- ▶ Affordable health care for the underserved
- ▶ Lifestyle-related conditions
- ▶ Mental health / Substance abuse services



Prioritization Discussion

Additional Priority Community Needs?

- ▶ Is this consistent with your expectations?
- ▶ Some common issues are NOT on the list. What might that indicate?
- ▶ Would you add to the list?

Details on Consensus Needs

AFFORDABLE HEALTHCARE

- Insurance coverage / co-pays / deductible
- Rx assistance
- People with existing challenges of access to care (e.g., disabilities, low income individuals and families, etc.)
- People requiring behavioral health and medical / physical healthcare services (e.g., integrated care)
- Seniors – especially those with chronic conditions and those with co-morbid behavioral health and medical / physical health issues
- Services for families facing homelessness

LIFESTYLE-RELATED CONDITIONS

- Heart / cardiovascular health
- Obesity
- Diabetes
- HIV / AIDS and other STDs
- Food security

Including support services (especially for seniors and underserved populations)

MENTAL HEALTH AND SUBSTANCE ABUSE

- MH and SA crisis services for adults
- MH counseling for adults
- Counseling for children and adolescents with mental illness or substance use issues
- Medication Assisted Treatment (MAT) programs
- Community Opioid strategies*
- Post addiction support
- Endocarditis in the inpatient setting**

NOTE: Things such as crisis care, health literacy, and transportation cut across all three categories.

* Very broad

** Not emerging in research but common

Translating Research into Action

Flesh-out a Few ideas for the Implementation Plan

Here is the set-up...

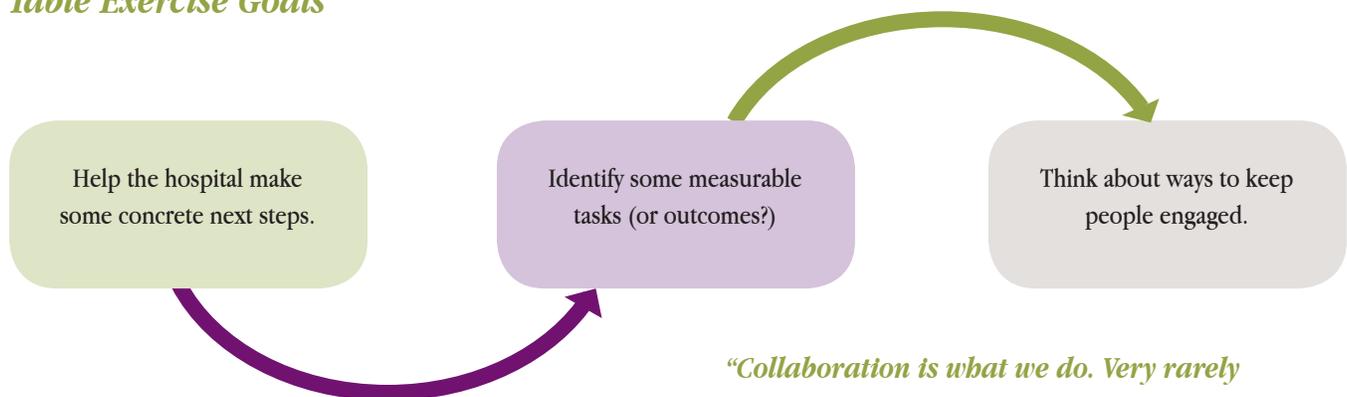
- ▶ You are the Chief Marketing Officer and have a \$150,000 per year discretionary budget (each year for three years)

We will break into groups, if helpful

Generate Some New Learning

Flesh-out a Few ideas for the Implementation Plan

Table Exercise Goals



Here is your assignment...

- ▶ Select a single issue within your “initial consensus need” or address system-level issues
- ▶ Define three initial requirements of steps; Who is engaged?
- ▶ Identify the hospital’s role: fully manage, lead and collaborate with others, or something else.

Note: Even through it may be the Hospital’s CHNA, St. Dominic’s does not “own” all the issues. Collaboration is often the best approach.

- ▶ Other success factors

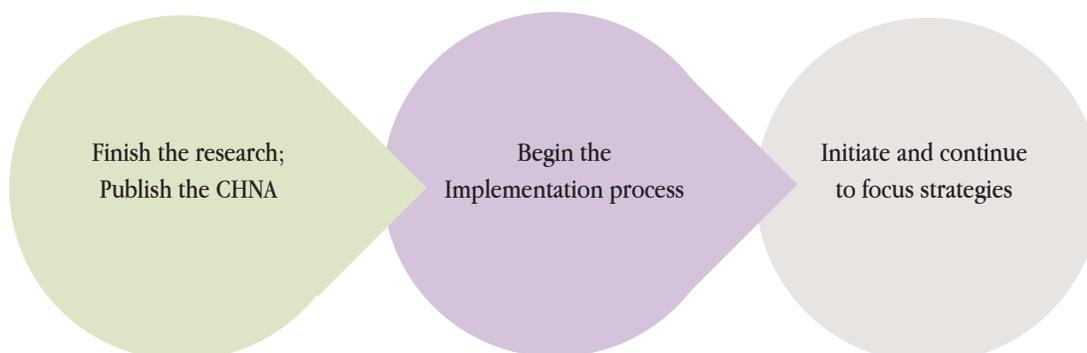
“Collaboration is what we do. Very rarely do we operate in silos.” –Stakeholder

Questions for Leaders to Think About...

To be included in the first onsite meeting next month

- ▶ Does the methodology seem reasonable?
- ▶ What people or organizations should we make sure that we engage?
- ▶ What are some of the major ways that health issues impact local businesses and other organizations?
- ▶ How do we involve all parties that need to be involved? How do we keep people engaged?
- ▶ How can your organization get involved? How can we help?

Table Exercise Summary and Review of Next Steps



APPENDIX G: EXISTING NURSING, ASSISTED LIVING, OR RESIDENTIAL CARE FACILITIES

Residential Care Alternatives - St. Dominic Hospital's Service Area

County	FACILITIES				BEDS			
	Total	Nursing Homes	Assisted Living Facilities	Residential Care Homes	Total	Nursing Homes	Assisted Living Facilities	Residential Care Homes
Hinds	41	15	10	16	2,177	1,563	392	222
Madison	13	5	6	2	897	455	341	101
Rankin	18	10	6	2	1,367	937	422	8

Beds per 100,000 Population

County	Population	Nursing Homes	Assisted Living Facilities	Residential Care Homes
Hinds	248,643	629	158	89
Madison	98,468	462	346	103
Rankin	145,165	645	291	6

Citation: MISSISSIPPI STATE DEPARTMENT OF HEALTH, 2015.
Health Facilities Licensure and Certification



APPENDIX H: ORGANIZATIONS INCLUDED IN CHNA RESEARCH OUTREACH EFFORTS

A sample of the community groups who were contacted in the research include:

St. Dominic Hospital	Mississippi Center for Justice
Catholic Charities - Parish Based Ministry	Mississippi Families for Kids
Bethany Christian Services	Mississippi Food Network
Boys & Girls Club	Mustard Seed
Catholic Charities – Rape Crisis Center	National Council on Alcoholism & Drug Dependence
Catholic Charities Jackson	Neighborhood Christian Center
Center for Pregnancy Choices	Operation Shoestring
City of Jackson Human & Cultural Services	Southern Poverty Law Center
Clinton Community Christian Corp.	Stewpot Community Services
DREAM Teen Outreach Program	Stewpot Ministries
Gateway Rescue Mission	Superintendent Canton Public Schools
Goodwill	Superintendent Jackson Public School System
Hinds Behavioral Health Services	The Center for Violence Prevention
Jackson Medical Mall Foundation	United Way of the Capital Area
Mid-Town Partners	Urban Rehab Inc.



APPENDIX I: COMMUNITY SURVEY FREQUENCY TABLES

2019-2021 Community Health Needs Assessment

Telephone Survey Database

FREQUENCY TABLES

Age Group				
	Frequency	Percent	Net Percent	Cumulative Percent
Under 25	12	4.0	4.0	4.0
25 to 34	46	15.3	15.3	19.3
34 to 44	59	19.7	19.7	39.0
45 to 54	70	23.3	23.3	62.3
55 to 64	61	20.3	20.3	82.7
65 and older	52	17.3	17.3	100.0
Total	300	100.0	100.0	
What is the highest grade or year in school you completed?				
	Frequency	Percent	Net Percent	Cumulative Percent
Less than high school	28	9.3	9.4	9.4
Graduated high school	96	32.0	32.1	41.5
Some college or vocational training	77	25.7	25.8	67.2
Graduated College (4-Year Bachelor Degree)	81	27.0	27.1	94.3
Completed Graduate or Professional school (Masters, PhD, Lawyer)	17	5.7	5.7	100.0
Total	299	99.7	100.0	
No response	1	.3		
Total	300	100.0		
What is your race?				
	Frequency	Percent	Net Percent	Cumulative Percent
African American	188	62.7	62.9	62.9
American Indian	6	2.0	2.0	64.9
Caucasian	90	30.0	30.1	95.0
Hispanic	5	1.7	1.7	96.7
Mixed Race	5	1.7	1.7	98.3
Other	5	1.7	1.7	100.0
Total	299	99.7	100.0	
No response	1	.3		
Total	300	100.0		

Which of the following ranges best describes your total annual household income last year?

	Frequency	Percent	Net Percent	Cumulative Percent
Less than \$25,000	56	18.7	25.0	25.0
\$25,000 to \$50,000	82	27.3	36.6	61.6
\$50,000 to 75,999	50	16.7	22.3	83.9
\$75,000 to \$100,000	16	5.3	7.1	91.1
\$100,000 or more	20	6.7	8.9	100.0
Total	224	74.7	100.0	
No response	76	25.3		
Total	300	100.0		

What is your gender?

	Frequency	Percent	Net Percent	Cumulative Percent
Male	115	38.3	38.3	38.3
Female	185	61.7	61.7	100.0
Total	300	100.0	100.0	

Do you have a family doctor, or a place where you go for care?

	Frequency	Percent	Net Percent	Cumulative Percent
Yes, family doctor, family health center or clinic	265	88.3	88.7	88.7
No	34	11.3	11.4	100.0
Total	299	99.7	100.0	
Other	1	.3		
Total	300	100.0		

Transportation services for people needing to go to doctor's appointments or the hospital?

	Frequency	Percent	Net Percent	Cumulative Percent
No More Focus Needed	32	10.7	10.7	10.7
Some More Focus Needed	79	26.3	26.3	37.0
Much More Focus Needed	179	59.7	59.7	96.7
Don't Know	10	3.3	3.3	100.0
Total	300	100.0	100.0	

Secure Sources for Affordable, Nutritious Food

	Frequency	Percent	Net Percent	Cumulative Percent
No More Focus Needed	31	10.3	10.3	10.3
Some More Focus Needed	113	37.7	37.7	48.0
Much More Focus Needed	147	49.0	49.0	96.7
Don't Know	9	3.0	3.0	100.0
Total	300	100.0	100.0	

Affordable Quality Child Care

	Frequency	Percent	Net Percent	Cumulative Percent
No More Focus Needed	28	9.3	9.3	9.3
Some More Focus Needed	89	29.7	29.7	39.0
Much More Focus Needed	169	56.3	56.3	95.3
Don't Know	14	4.7	4.7	100.0
Total	300	100.0	100.0	

Transportation

	Frequency	Percent	Net Percent	Cumulative Percent
No More Focus Needed	64	21.3	21.3	21.3
Some More Focus Needed	101	33.7	33.7	55.0
Much More Focus Needed	126	42.0	42.0	97.0
Don't Know	9	3.0	3.0	100.0
Total	300	100.0	100.0	

Homelessness

	Frequency	Percent	Net Percent	Cumulative Percent
No More Focus Needed	32	10.7	10.7	10.7
Some More Focus Needed	49	16.3	16.3	27.0
Much More Focus Needed	213	71.0	71.0	98.0
Don't Know	6	2.0	2.0	100.0
Total	300	100.0	100.0	

Job Readiness

	Frequency	Percent	Net Percent	Cumulative Percent
No More Focus Needed	20	6.7	6.7	6.7
Some More Focus Needed	99	33.0	33.0	39.7
Much More Focus Needed	172	57.3	57.3	97.0
Don't Know	9	3.0	3.0	100.0
Total	300	100.0	100.0	

Primary Care Services

	Frequency	Percent	Net Percent	Cumulative Percent
No More Focus Needed	32	10.7	10.7	10.7
Some More Focus Needed	107	35.7	35.7	46.3
Much More Focus Needed	155	51.7	51.7	98.0
Don't Know	6	2.0	2.0	100.0
Total	300	100.0	100.0	

Emergency Care and Trauma Services

	Frequency	Percent	Net Percent	Cumulative Percent
No More Focus Needed	40	13.3	13.3	13.3
Some More Focus Needed	120	40.0	40.0	53.3
Much More Focus Needed	134	44.7	44.7	98.0
Don't Know	6	2.0	2.0	100.0
Total	300	100.0	100.0	

Specialty Services

	Frequency	Percent	Net Percent	Cumulative Percent
No More Focus Needed	32	10.7	10.7	10.7
Some More Focus Needed	115	38.3	38.3	49.0
Much More Focus Needed	130	43.3	43.3	92.3
Don't Know	23	7.7	7.7	100.0
Total	300	100.0	100.0	

Long Term Care or Dementia Care

	Frequency	Percent	Net Percent	Cumulative Percent
No More Focus Needed	19	6.3	6.3	6.3
Some More Focus Needed	89	29.7	29.7	36.0
Much More Focus Needed	175	58.3	58.3	94.3
Don't Know	17	5.7	5.7	100.0
Total	300	100.0	100.0	

Affordable Health Care Services for People or Families with Low Income

	Frequency	Percent	Net Percent	Cumulative Percent
No More Focus Needed	13	4.3	4.3	4.3
Some More Focus Needed	48	16.0	16.0	20.3
Much More Focus Needed	234	78.0	78.0	98.3
Don't Know	5	1.7	1.7	100.0
Total	300	100.0	100.0	

Prescription Assistance

	Frequency	Percent	Net Percent	Cumulative Percent
No More Focus Needed	28	9.3	9.3	9.3
Some More Focus Needed	88	29.3	29.3	38.7
Much More Focus Needed	177	59.0	59.0	97.7
Don't Know	7	2.3	2.3	100.0
Total	300	100.0	100.0	

Counseling Services for Depression or Anxiety

	Frequency	Percent	Net Percent	Cumulative Percent
No More Focus Needed	24	8.0	8.0	8.0
Some More Focus Needed	79	26.3	26.3	34.3
Much More Focus Needed	194	64.7	64.7	98.0
Don't Know	3	1.0	1.0	100.0
Total	300	100.0	100.0	

Counseling Services for adolescents / children

	Frequency	Percent	Net Percent	Cumulative Percent
No More Focus Needed	23	7.7	7.7	7.7
Some More Focus Needed	78	26.0	26.0	33.7
Much More Focus Needed	191	63.7	63.7	97.3
Don't Know	8	2.7	2.7	100.0
Total	300	100.0	100.0	

Early intervention for substance use disorders

	Frequency	Percent	Net Percent	Cumulative Percent
No More Focus Needed	21	7.0	7.0	7.0
Some More Focus Needed	77	25.7	25.7	32.7
Much More Focus Needed	191	63.7	63.7	96.3
Don't Know	11	3.7	3.7	100.0
Total	300	100.0	100.0	

Medical Assisted Treatment for Opioid Addiction

	Frequency	Percent	Net Percent	Cumulative Percent
No More Focus Needed	22	7.3	7.3	7.3
Some More Focus Needed	67	22.3	22.3	29.7
Much More Focus Needed	192	64.0	64.0	93.7
Don't Know	19	6.3	6.3	100.0
Total	300	100.0	100.0	

Post-Addictions Treatment support programs

	Frequency	Percent	Net Percent	Cumulative Percent
No More Focus Needed	18	6.0	6.0	6.0
Some More Focus Needed	92	30.7	30.7	36.7
Much More Focus Needed	184	61.3	61.3	98.0
Don't Know	6	2.0	2.0	100.0
Total	300	100.0	100.0	

Crisis Care Programs for Mental Health

	Frequency	Percent	Net Percent	Cumulative Percent
No More Focus Needed	24	8.0	8.0	8.0
Some More Focus Needed	60	20.0	20.0	28.0
Much More Focus Needed	211	70.3	70.3	98.3
Don't Know	5	1.7	1.7	100.0
Total	300	100.0	100.0	

Programs for Diabetes and/or Obesity

	Frequency	Percent	Net Percent	Cumulative Percent
No More Focus Needed	19	6.3	6.3	6.3
Some More Focus Needed	94	31.3	31.3	37.3
Much More Focus Needed	182	60.7	60.7	98.3
Don't Know	5	1.7	1.7	100.0
Total	300	100.0	100.0	

Caring for Aging Parents and Resources to Help

	Frequency	Percent	Net Percent	Cumulative Percent
No More Focus Needed	24	8.0	8.0	8.0
Some More Focus Needed	91	30.3	30.3	38.3
Much More Focus Needed	179	59.7	59.7	98.0
Don't Know	6	2.0	2.0	100.0
Total	300	100.0	100.0	

Parenting Classes

	Frequency	Percent	Net Percent	Cumulative Percent
No More Focus Needed	42	14.0	14.0	14.0
Some More Focus Needed	102	34.0	34.0	48.0
Much More Focus Needed	145	48.3	48.3	96.3
Don't Know	11	3.7	3.7	100.0
Total	300	100.0	100.0	

HIV / AIDS Testing

	Frequency	Percent	Net Percent	Cumulative Percent
No More Focus Needed	26	8.7	8.7	8.7
Some More Focus Needed	63	21.0	21.0	29.7
Much More Focus Needed	193	64.3	64.3	94.0
Don't Know	18	6.0	6.0	100.0
Total	300	100.0	100.0	

Heart Health or Cardiovascular Health

	Frequency	Percent	Net Percent	Cumulative Percent
No More Focus Needed	25	8.3	8.3	8.3
Some More Focus Needed	99	33.0	33.0	41.3
Much More Focus Needed	167	55.7	55.7	97.0
Don't Know	9	3.0	3.0	100.0
Total	300	100.0	100.0	

What sources do you normally use to find out about healthcare providers, hospitals, your own health or to monitor your own health?

	Frequency	Percent	Net Percent	Cumulative Percent
Social media	40	13.3	14.3	14.3
A hospital's website	34	11.3	12.2	26.5
A physician's website	12	4.0	4.3	30.8
Medical websites such as Web MD or Mayo Clinic	33	11.0	11.8	42.7
A patient Portal	6	2.0	2.2	44.8
Healthcare.gov	16	5.3	5.7	50.5
Healthcare rating sites like HealthGrades or US News & World Report	1	.3	.4	50.9
A fitness tracker website like Fitbit or My Fitness Pal	2	.7	.7	51.6
Newspaper	5	1.7	1.8	53.4
Television	22	7.3	7.9	61.3
A physician or other healthcare worker	75	25.0	26.9	88.2
Magazine	3	1.0	1.1	89.2
Friends and relatives	30	10.0	10.8	100.0
Total	279	93.0	100.0	
Other	21	7.0		
Total	300	100.0		

What sources do you normally use to find out about healthcare providers, hospitals, your own health or to monitor your own health?

	Frequency	Percent	Net Percent	Cumulative Percent
Social media	2	.7	2.9	2.9
A hospital's website	3	1.0	4.4	7.4
A physician's website	10	3.3	14.7	22.1
Medical websites such as Web MD or Mayo Clinic	9	3.0	13.2	35.3
Healthcare.gov	7	2.3	10.3	45.6
Healthcare rating sites like HealthGrades or US News & World Report	2	.7	2.9	48.5
A fitness tracker website like Fitbit or My Fitness Pal	4	1.3	5.9	54.4
Newspaper	2	.7	2.9	57.4
Television	8	2.7	11.8	69.1
Radio	1	.3	1.5	70.6
A physician or other healthcare worker	11	3.7	16.2	86.8
Friends and relatives	9	3.0	13.2	100.0
Total	68	22.7	100.0	
System	232	77.3		
Total	300	100.0		

Cell or Landline?

	Frequency	Percent	Net Percent	Cumulative Percent
Landline	197	65.7	65.7	65.7
Cell	103	34.3	34.3	100.0
Total	300	100.0	100.0	

In what county do you live?

	Frequency	Percent	Net Percent	Cumulative Percent
Hinds	140	46.7	46.7	46.7
Madison	60	20.0	20.0	66.7
Rankin	100	33.3	33.3	100.00
Total	300	100.0	100.0	

APPENDIX J: COMMUNITY SERVICES RESOURCE GUIDE

Community Resources for Hinds, Madison and Rankin Counties

Organization	Telephone Number
Alcohol and Drug Dependency / Mental Health	
New Visions at CMMC (only detox)	601-376-2166
Harbor House	601-371-7335
New Roads	601-939-0007
Country Oaks	601-922-0802
COPAC	601-829-2500
AA Crisis Line	601-982-0081
St. Dominic's Behavioral Health Services	601-200-3090
Yana	601-982-9279
Alliance (Meridian)	877-853-3094
Billy Brumfield	601-948-2864
Brentwood	601-936-2024
Catholic Charities Born Free (pregnant)	601-922-0026
Warren Yazoo	601-634-0181
Pine Grove	800-821-7339
Isaiah House	601-346-4445
Friendship Connection	601-373-1533
My Father's House of Freedom	601-354-0950
New Life for Women	601-355-2195
Bridge to Recovery	601-977-9353
Adult Day Care Centers	
Baptist Adult Day Health Center, Clinton MS	601-926-1222
AIDS/HIV	
Aids Clinic	601-984-4155
UMMC	601-815-3396
AHF Health Center	601-368-3440
Domestic Violence Shelters	
Angel Wings Outreach Center, Mendenhall MS	601-847-5802
Catholic Charities	601-366-0222
Center for Violence Prevention	800-266-4198
Haven House, Vicksburg MS	601-638-0555

Rape Crisis	
Center for Violence Prevention	601-366-0222
Rape Crisis Center (Crisis Line)	601-982-7273
Rape Crisis Center (counseling)	601-366-0750
Clinics	
Jackson Medical Mall Clinic (UMMC)	601-709-5140
St. Dominic Community Health Clinic	601-944-0091
Jackson Free Clinic	601-355-5161
EJ Ivory Clinic	601-914-1789
Hospitals	
Batson Children's Hospital, Jackson MS	601-815-2005
Brentwood Behavioral Health, Flowood MS	601-936-2024
Merit Health Central, Jackson MS	601-376-1000
Merit Health Rankin, Brandon MS	601-825-2811
Merit Health Madison, Madison MS	601-855-4000
Mississippi Baptist Medical Center, Jackson MS	601-968-1000
Restorative Care Hospital, Jackson MS	601-968-1042
MMRC, Jackson MS	601-981-2611
Mississippi State Hospital, Whitfield	601-351-8000
Regency Hospital, Jackson MS	601-364-6200
Merit River Oaks, Flowood MS	601-932-1030
Select Specialty Hospital, Jackson MS	601-899-3011
St. Dominic Hospital, Jackson MS	601-200-2000
UMMC, Jackson MS	601-984-1000
Miscellaneous Resources	
American Cancer Society	601-321-5500
American Red Cross	601-353-5442
Jackson Medicaid Office	601-978-2399
DHS Reporting	800-222-8000
Hinds Co Human Resources Hope House (cancer patients)	601-9233950
Hope House (cancer patients)	601-981-1260
LIFE of MS	601-696-4009
Contact Crisis Line	601-713-4357
United Way of the Capital Area	601-360-0450
Vocational Rehabilitation	601-853-5100

Utility Assistance	
Calvary Baptist Church	601-354-1300
Clinton Com Christian	601-924-9436
Cornerstone Church	601-371-3323
Gateway	601-353-5864
Good Samaritan	601-355-6276
Hinds County Human Resources	601-923-3950
Lighthouse Ministries	601-969-1966
New Dimensions	601-969-9856
Rankin County Human Resources	601-825-1309
Salvation Army	601-982-4881
Food Resources	
Calvary Baptist Church	601-354-1300
Community Food Bank	601-353-2759
Cornerstone Church	601-371-3323
Families in Crisis	601-355-2535
First Baptist Jackson	601-949-1924
Food Share	601-982-3430
Galloway Methodist Grace Place (hot meal)	601-353-9691
Genesis House	601-354-3663
Good Samaritan Center	601-355-6276
High Impact Program	601-979-4100
Iona House	601-853-0205
Madison Counties Allied Against Poverty	601-859-8666
Madison County Stewpot	601-859-9211
MS Food Network	601-353-7286
Neighborhood Christian Center	601-354-8855
Operation Shoestring	601-353-6335
Salvation Army	601-982-4881
St. Andrews (hot meal)	601-354-1535
St. Matthew's Methodist	601-856-9581
Stewpot (hot meal)	601-353-2759
Meals on Wheels (Rankin)	601-683-2401



Counseling

Bridge to Recovery, Ridgeland MS	601-977-9353
Catholic Charities Solomon Counseling Center, Jackson MS	601-326-3719
Crossroads Counseling, Clinton MS	601-351-9877
Hinds Behavioral Health Services	601-321-2400
Imagine Behavioral Health, Jackson MS	601-982-5376
Metro Counseling	601-353-0502
Summit Counseling	601-939-5993
Reformed Theological Seminary, Jackson MS	601-923-1600
Region 8 Behavioral Health, Brandon MS	601-825-8800
Shepherd's Staff Counseling	601-664-0455
Three Oaks Behavioral Health	601-991-3080

Shelters

Wingard House (male & female must work) 1279 N. West Street 39202	601-906-1976
Billy Brumfield (males only) 1244 Gallatin St 39203	601-948-2864
Flowers House (women & children only) 355 Livingston St 39202	601-949-9262
Matt's House (females) 343 Adelle Street 39202	601-948-2873
Salvation Army (males & females) 110 Presto Lane 39206	601-982-4881
God's Homeless Haven (adults) 3559 Exchange St. 39212	601-720-5078

Day Shelters	
Opportunity Center 350 Capers Ave	601-351-8551
Grace Place Gallaway UMC 305 N Congress St (8:30-11:30 hot meal)	601-353-9691
Geri Psych	
Merit Health Central, Jackson MS	601-376-2650
Merit Health Rankin, Brandon MS	601-825-2811
Baptist Hospital	601-968-1051
St. Dominic's Behavioral Health - The Oakes	601-200-3090
Legal Resources	
ACLU of MS	601-355-6464
MS Volunteer Lawyers Project	601-960-9572
MS Center for Legal Services	601-948-6752
Adolescent Psychiatric Services	
Brentwood	601-936-2024
Alliance (Meridian)	601-483-6211
Pine Grove	601-519-1535
Pine Grove (at Night)	800-821-7339
Diamond Grove (Louisville)	888-349-6884
Memorial (Gulfport)	800-831-1700
Parkwood (Olive Branch)	800-477-3422
St Francis (Memphis phone# is for Jackson area rep)	662-292-0055
Crossroads (Alexandria LA)	800-737-3808
Oak Circle MS State Hospital (Commitments only)	601-351-8000
Assisted Living Facilities	
Admiral Retirement Center, Jackson MS	601-948-4161
Belmont Gardens, Vicksburg, MS	601-636-8006
Chateau Ridgeland, Ridgeland MS	601-977-9471
Harmony Court Assisted Living, Jackson MS	769-251-2098
Heritage House of Castlewoods, Brandon MS	601-919-1208
Hope House of Hospitality, Jackson MS	601-981-1260
Paradise Cove Assisted Living, Jackson MS	769-251-5207
Peach Tree Village, Brandon MS	601-933-1100
Ridgeland Point Assisted Living, Ridgeland MS	601-957-0727
Riggs Manor Retirement, Raymond MS	601-857-5011

St. Catherine's Village, Madison MS	601-856-0125
The Blake of Township, Ridgeland MS	601-500-7955
The Oaks at Trace Points, Clinton MS	601-926-1188
The Orchard, Ridgeland MS	601-856-2205
Trace Pointe, Clinton MS	601-926-1224
Villa South, Florence MS	601-845-1888
Home Health Agencies	
Amedisys	601-420-2056
Camellia	601-939-6428
Deaconess	601-933-4903
Gentiva	601-362-7801
Mid-Delta-Madison County Only	601-855-2400
Mississippi Home Care	601-352-5063
Sta-Home Health	601-961-4367
Hospice Agencies	



Alpha Healthcare and Hospice, LLC, Jackson MS	601-977-1198
Camellia Hospice, Flowood MS	601-932-9066
Compassionate Hospice Care, Jackson MS	601-923-8070
Cornerstone Palliative and Hospice, Clinton MS	601-925-0080
Gentiva Hospice, Jackson MS	601-983-3193
Holistic Care Hospice, Jackson MS	601-346-7737
Hospice Advantage, Jackson MS	601-956-9755
Hospice Care at Home, Jackson MS	601-713-0061
Hospice Ministries-Home, Ridgeland MS	601-898-1053
Kare-In-Home Hospice, Ridgeland MS	601-605-3881
Mid Delta Hospice, Canton MS	601-855-2400
Miracle Care Hospice, Jackson MS	601-982-1909
North Lion Hospice & Palliative Care, Jackson MS	601-321-8812
Our Family Home Hospice, Jackson MS	601-362-1712
Pax Hospice, Ridgeland MS	601-991-3840
Physician Hospice, Jackson MS	601-949-8900
Serenity Premier Hospice, Jackson/Vicksburg MS	601-968-9162
South West Hospice Care, Byram MS	769-524-3974
Southern Care, Clinton MS	601-924-8285
Sta-Home Hospice, Jackson MS	601-961-4367
Private Nursing /Sitter Services	
Amada Senior Care, Jackson MS	601-864-3752
AT Home and Personal Care, Byram MS	601-201-3421
Alpha Healthcare and Nursing, LLC	601-977-1198
Always There Senior Care, Brandon MS	601-260-1081
Caring Senior Service, Jackson MS	601-368-8467
Comfort Keepers, Jackson MS	601-206-1234
Compassionate Sitter Services, Jackson MS	601-291-0761
Covenant Caregivers, Madison MS	601-856-5660
F and S Sitters Ministry, Jackson MS	800-314-9278
Home Instead, Clinton MS	601-926-1181
Keba Care, Jackson MS	601-982-1762
Loving Hands, Jackson MS	601-213-2573

Marie Care, Jackson MS	601-497-4861
Metro East Healthcare Service, Jackson MS	601-317-0563
Nurse Stat, Jackson MS	601-991-2202
Orchard Care Inc., Ridgeland MS	601-856-2205
Oxford Healthcare, Jackson MS	601-982-7311
Patricia Sitters, Jackson MS	601-924-7268
Pro Nursing Clinton, Clinton MS	866-924-7062
Professional Private Duty Nursing, Jackson MS	601-982-4700
Senior Home Care, Madison MS	601-573-7970
Sitters LLC, Ridgeland MS	601-981-3661
Southern Health Care, Jackson MS	601-933-0037
T and L Sitter, LLC, Jackson MS	601-366-1911
Jackson Area Skilled Nursing Facilities	
Belhaven Nursing Home, Jackson MS	601-355-0763
Brandon Court Nursing Home, Brandon MS	601-664-2259
Brandon Nursing & Rehab Center, Brandon MS	601-664-2259
Briar Hill Rest Home, Florence MS	601-939-6371
Chadwick Nursing & Rehab Center, Jackson MS	601-372-0231
Clinton HealthCare, Clinton MS	601-924-2996
Community Nursing Home, Inc., Jackson MS	601-355-0617
Compere's Nursing Home, Jackson MS	601-948-6531
Cottage Grove Nursing Home, Jackson MS	601-366-6461
Forest Hill Nursing Center, Jackson MS	601-372-0141
Highland Home, Ridgeland MS	601-853-0415
Hinds County Nursing & Rehab Center, Jackson MS	601-362-5394
Jaquith/MS State Hospital, Whitfield MS	601-351-8051
Lakeland Nursing & Rehab Center, Jackson MS	601-982-5505
Madison County Nursing Home, Canton MS	601-855-5790
Magnolia Nursing Home, Jackson MS	601-366-1712
Manhattan Nursing & Rehab Center, Jackson MS	601-982-7421
Methodist Specialty Care Center, Jackson MS	601-420-7760
Nichols Center, formerly known The Home Place/Bond Home, Madison MS	601-853-4343
Pleasant Hills Community Living Center, Jackson MS	601-371-1700

Jackson Area Skilled Nursing Facilities (Continued)	
St. Catherine's Village--Siena Center, Madison MS	601-856-0125
The Arbor, Ridgeland MS	601-856-2205
Trinity Mission Health & Rehab of Clinton, LLC, Clinton MS	601-924-7043
VA State Home, Jackson MS	601-353-6142
Willow Creek Retirement Center, Jackson MS	601-863-4201
Wisteria Gardens, Pearl MS	601-988-6800
Transportation Services	
AMR Ambulance and W/C Van	601-982-7911
Madison Transit Citizens Services	601-855-5710
Medicaid Transport (MTM)	866-331-6004
Deaf Interpreter Services	
Deaf Links	601-941-8384/601-941-8145
Jackson Life Signs	601-940-2526
Low Income Housing	
Housing Authority	601-373-7040
Jackson Housing Authority	601-362-0885
Jackson Metro Housing Partnership Inc.	601-969-1895
US Department of Housing and Urban Development	601-965-4757
Jackson Area Cancer Support Groups	
St. Dominic's Cancer Support Group	601-200-3070
St. Dominic's Prostate Cancer Support Group	601-200-3070
Breast Cancer Support Group	601-376-1748
Gyn. Cancer Support Group	601-948-6262
Breast Cancer Support Group	601-948-6262
Other Jackson Area Support Groups	
St. Dominic's Caregivers Support Group	601-200-6768
First Baptist Church of Jackson	601-949-1949
Brain Injury Support Group	601-981-1021
St. Dominic's Stroke Support Group	601-200-3699

